

Preventative Health and Immunisations for Refugee and Migrant Background Patients



Clinical Education Event

May 19, 2026
6pm - 7.30pm



Acknowledgement of country

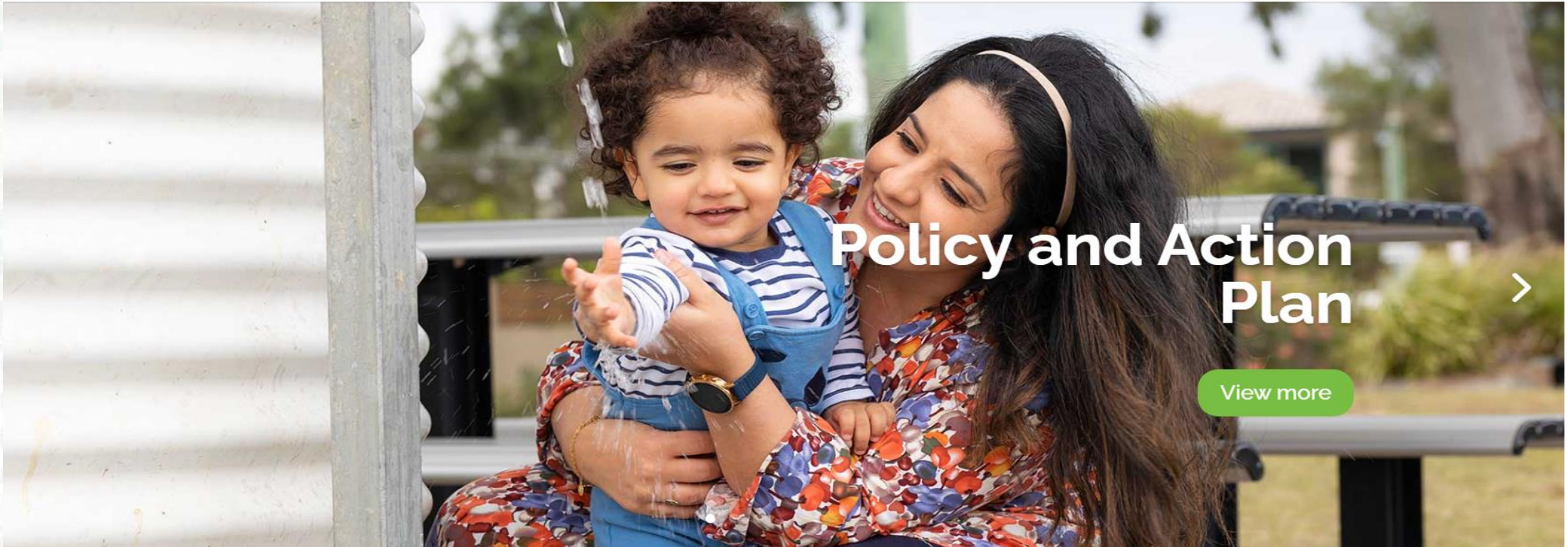
We acknowledge the traditional custodians of the lands where we are meeting and pay our respect to elders past and present.



Refugee Health Network Qld



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- 



Policy and Action Plan



[View more](#)

Introduction and Overview



Facilitator: Dr Rachel Claydon – Refugee Health Network Qld

Speakers:

- Dr Marianne Gale – Chief Health Officer Qld
- Faiza Abdulrahman - Refugee Health Advisory Group member
- Michel Gazal – Refugee Health Advisory Group member
- Dr Margaret Kay – GP, BSPHN Clinical Lead
- Amy Ryan – CNC, Refugee health nurse – Cairns

Questions: please use chat function

Thank you to Brisbane South PHN for funding and supporting this event



Dr Marianne Gale



Chief Health Officer – Queensland
Deputy Director-General Population Health

Faiza Abdurahman

Mater Refugee Health Advisory Group (G11)

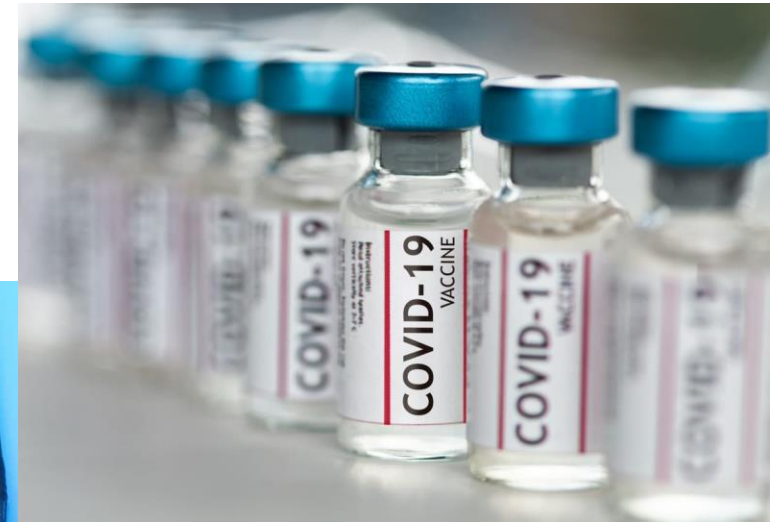


Michel Ghazal

Mater Refugee Health Advisory Group (G11)



Arabic Speaking Community Perspective on Preventative Health



Dr Margaret Kay

GP and Clinical Lead in Multicultural Health,
Brisbane South PHN



Preventative Health, Screening & Vaccination in Refugee Communities

Dr Margaret Kay

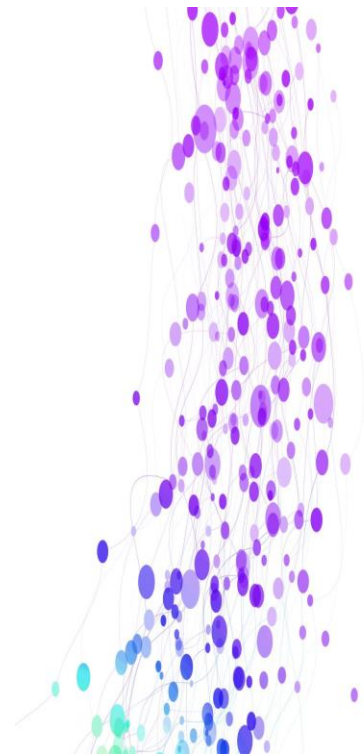
MBBS(Hons) PhD FRACGP



Preventive Health

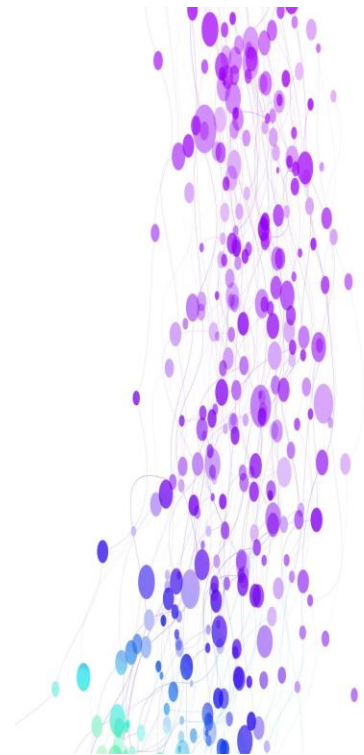
- Blood Pressure
- Blood Sugar level
- Cholesterol level
- Hepatitis B /C
- Weight / Height – BMI
- Diet
- Exercise
- Alcohol / Smoking / Drugs
- Psychological health

Not just once



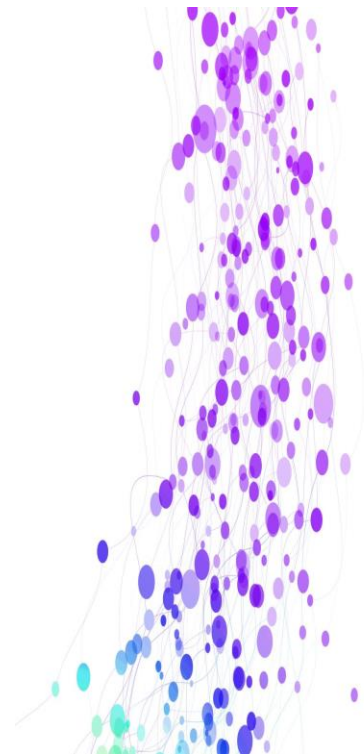
Screening

- Bowel Cancer
- Breast Cancer
- Cervical Screening



Vaccination

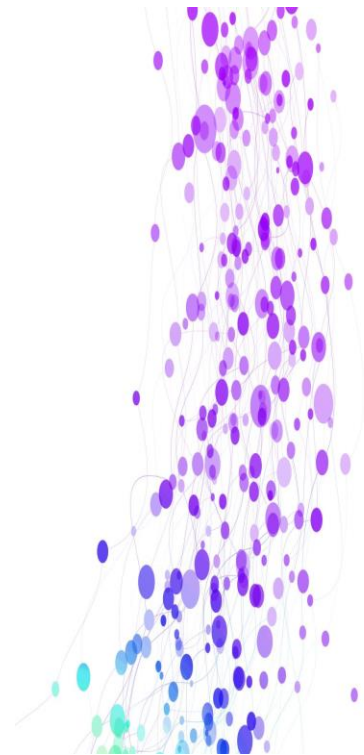
- Childhood
- Adolescent
- Recently arrived
- Catch-Up
- Pregnancy
- Older (>65y)
- Travellers – visiting friends and relatives (VFR)



General Comments

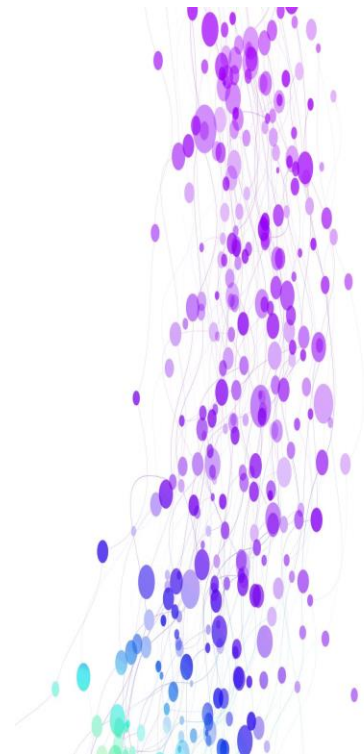
- Person-centred
- Health literacy
 - Literacy
 - Digital literacy
- Consent
- Trust / Time
- Community
 - Beliefs
 - Experiences
- Avoid assumptions

Communication



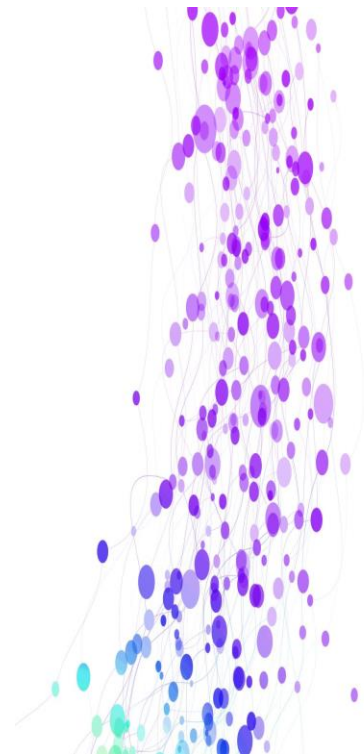
Vaccination

- Childhood
 - Split vaccines / return appt
- Adolescent
 - School



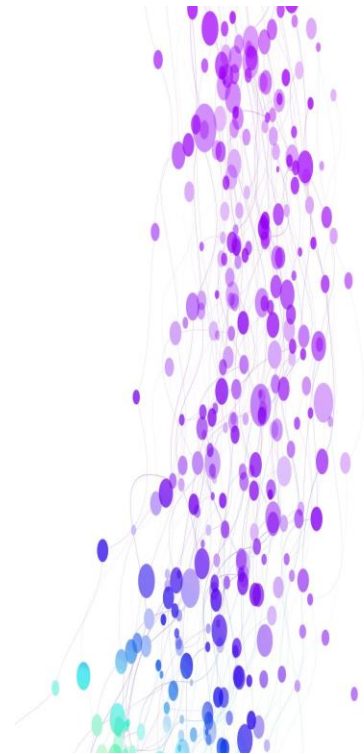
Vaccination

- Recently arrived
- Catch-Up
 - TAFE / Education needs
 - Work / Occupational requirements
- Reminders
- Family
- Prioritise
- Opportunistic vaccination



Vaccination

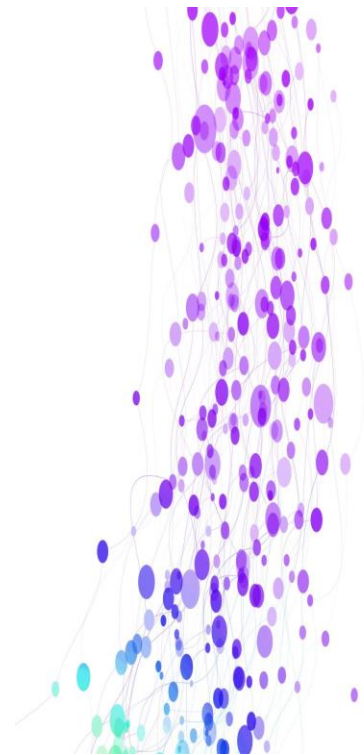
- Pregnancy
 - Flu / Whooping Cough / RSV
- Older (>65y)



Vaccination

- Travellers – visiting friends and relatives (VFR)
 - Health literacy
 - Family – who else is going

- Covid



Amy Ryan

Refugee Health Nurse - Cairns



Catch-Up Immunisation Schedules- Not one size fits all

Immunisation Schedule Queensland - Additional immunisation for people with medical risk conditions September 2025

BEFORE IMMUNISATION:

- Always review the [Australian Immunisation Register \(AIR\)](#) to check the patient's previous immunisation history.
- Check the online [Australian Immunisation Handbook](#) or download the handbook app for information about catch-up immunisation, timing of immunisation for specific risk groups.
- Record the correct details of all immunisations on the AIR as soon as possible after they have been administered (this is a mandatory requirement).

Key: Aboriginal and Torres Strait Islander, Medical Risk, Recombinant, SC Subcutaneous, IM Intramuscular, DL Deltoid, AL Anterolateral Thigh

| Age | Disease | Vaccine Brand | Reconstitute | Method & Site | Notes |
|-------------------------------------|----------------------------|---------------|--------------|---------------|--|
| Year 7 students (or age equivalent) | Human Papillomavirus (HPV) | Gardasil 9 | IM / DL | IM / DL | Immunocompromised people require 3 doses given at 0, 2 and 6 months. |

Immunisation Schedule Queensland - Adolescent and Adult Immunisation September 2025

BEFORE IMMUNISATION:

- Always review the [Australian Immunisation Register \(AIR\)](#) to check the patient's previous immunisation history.
- Check the online [Australian Immunisation Handbook](#) or download the handbook app for information about catch-up immunisation, timing of immunisation for specific risk groups.
- Record the correct details of all immunisations on the AIR as soon as possible after they have been administered (this is a mandatory requirement).

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Additional immunisation (also see immunisation for people with medical risk conditions)

| Age | Disease | Vaccine Brand | Reconstitute | Method & Site | Notes |
|-------------------------------------|----------------------------|---------------|--------------|---------------|--|
| Year 7 students (or age equivalent) | Human Papillomavirus (HPV) | Gardasil 9 | IM / DL | IM / DL | Immunocompromised people require 3 doses given at 0, 2 and 6 months. |

Immunisation Schedule Queensland - Childhood Immunisation September 2025

BEFORE IMMUNISATION:

- Always review the [Australian Immunisation Register \(AIR\)](#) to check the patient's previous immunisation history.
- Check the online [Australian Immunisation Handbook](#) or download the handbook app for information about catch-up immunisation, timing of immunisation for specific risk groups.
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Key: Aboriginal and Torres Strait Islander, Medical Risk, Recombinant, SC Subcutaneous, IM Intramuscular, DL Deltoid, AL Anterolateral Thigh

| Age | Disease | Brand | Reconstitute | Method & Site | Notes |
|-----------|--|---------|--------------|---------------|--|
| Birth | Hepatitis B - usually offered in hospital | IM / AL | | IM / AL | Should be given to all infants as soon as practicable after birth. The second dose is given within 24 hours and must be given within 7 days. |
| | Respiratory Syncytial Virus (RSV) | IM / AL | | IM / AL | Infants who are protected through maternal RSV vaccination do not routinely require immunisation. For further information refer to the Australian Immunisation Handbook . Note dose is weight and age dependent. Can be given at the same time as Hepatitis B vaccine. |
| | Tuberculosis 1-5 years living in Aboriginal and Torres Strait | IM / AL | | IM / AL | For further information refer to the Australian Immunisation Handbook . |
| 2 months | Diphtheria, tetanus, pertussis (including acellular pertussis) and poliovirus (inactivated) (DTaP-IPV) | IM / AL | | IM / AL | |
| 4 months | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 6 months | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 12 months | Measles, mumps, rubella (MMR) | IM / AL | | IM / AL | |
| 18 months | Measles, mumps, rubella, varicella (MMRV) | IM / AL | | IM / AL | |
| 4 years | Diphtheria, tetanus, pertussis (including acellular pertussis) (DTaP) | IM / AL | | IM / AL | |
| 5 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 7 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 11 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 15 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 18 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 20 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 25 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 30 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 35 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 40 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 45 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 50 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 55 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 60 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 65 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 70 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 75 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 80 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 85 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 90 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 95 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |
| 100 years | Poliovirus (inactivated) (IPV) | IM / AL | | IM / AL | |

- Refugees with medical risk factors (PCV20, Prevenar13, Pneumovax23)
- Refugee Adolescents & Adults (Adult schedule, School Immunisation schedule (inc HPV catch up), >65yrs schedule [Shingles/flu/Pneumococcal])
- Refugees under 5 (Join the NIP on catch-up vaccinations)
- Pregnant Refugee arrivals (RSV 28-36wks, dTpa, Influenza)
- Refugee arrivals can join the national influenza programs (available at GP/Chemist)

EXAMPLE SCHEDULE. 18-YEAR-OLD REFUGEE ARRIVAL WITH NO MEDICAL RISK FACTORS

On arrival:IPV¹,MMR¹, Varicella¹, dTpa¹, HepBA¹, ACWY,

4 weeks later:IPV², MMR², Varicella², dTpa², HepBA², HPV

4 weeks later:IPV³, dTpa³,

2 months later: HepBA³ (3rd dose 4 mth from 1st dose)



Migrants and refugees, especially children, must have access to vaccination services. Let's protect everyone!

#longlifeforall

8 May 2026

Re: Statement Regarding the Permissibility of the Influenza Nasal Vaccine

In the Name of Allah, the Most Merciful, the Most Compassionate

Assalamu Alaikum wa Rahmatullahi wa Barakatuh,

With the introduction of the influenza nasal vaccine, questions have arisen regarding the ingredients contained within the vaccine and its permissibility from an Islamic perspective, particularly due to the inclusion of porcine-derived gelatin.

After reviewing the matter from both a medical and fiqh perspective, it is important to note that if it is scientifically and medically established that the porcine gelatin utilised in the vaccine has undergone a complete chemical transformation whereby its original nature, composition, and properties no longer remain, then this matter falls under the recognised fiqh principle of Istihalah (substantial transformation).

According to this principle, many classical and contemporary scholars maintain that when an impure or prohibited substance is transformed entirely into a new substance with distinct characteristics and reality, the original ruling of impurity no longer applies.

This opinion has been adopted by numerous scholars and various contemporary fiqh academies and councils.

The basis of this position is the legal principle that a ruling is connected to its effective cause. Therefore, when the original impure substance ceases to exist in both form and reality, the ruling associated with it likewise ceases.

The jurists have cited several classical examples in support of this principle, including wine transforming into vinegar, impure substances becoming ashes through burning, and decomposed carcasses transforming into salt or earth.

Accordingly, if the gelatin present within the vaccine is no longer regarded, chemically or materially, as the original porcine substance, but rather as a completely transformed compound, then the ruling of impurity would not remain according to this recognised scholarly position.

Based upon this understanding, the use of such a vaccine would be considered permissible, particularly where the objective is medical protection, disease prevention, and public health benefit, and where the transformed substance no longer retains the ruling of the original prohibited material.

And Allah knows best. Wassalamu Alaikum wa Rahmatullahi wa Barakatuh,



Imam Akram Buksh
President of Council of Imams Queensland
Imam of Slacks Creek Masjid



Myths

Need to rationalize illness & disease is only human! At the core we are truth seekers. Impactful clinicians understand that cause-effect perception is understandable. Faith related decisions, may be unshakable.

GREATEST MYTHS

MMR vaccine & autism! Both occur in early childhood. The vaccine is administered at ages 12 & 18mths, at the ages and stages when developmental delays naturally emerge.

Confusion sparked by Wakefield! study in 1998 who claimed MMR=Inflammation= leads to a protein interfering with neurological development. Study unable to be replicated, fiscal fraud found, not a controlled study (gold standard), protein not found, & included only 12 participants. Alongside Wakefield's study, autism continued to rise in the context of steady/decreasing MMR vaccination rates. Subsequent research suggests autism causes are complex involving genetics and environmental factors. Incidence rates may be linked to increased screening, social awareness, broadening of diagnostic criteria.

Thimerosal (contains Mercury)! No longer used as a preservative in routine childhood vaccines in Australia for 20 years. Used in multi-dose vials (influenza, Covid-19, BCG) in trace amounts as a preservative with no evidence linking it to harmful effects. Additionally, found in Q-fever vaccine (livestock workers/abattoirs). Different to the mercury found in fish, broken down and excreted by the body very quickly.

Affiliated with ANIC

Australian Centre for Unity: Slacks Creek Mosque
16 Queens Rd, Slacks Creek QLD 4127
Phone: +61 431 201 164
Email: qld@councilofimams.org.au

FluMist Nasal Spray 2-5 yr olds (just updated 6-17yrs)



Alternative to Injection

Avoids having x2 needles 1 month apart for children <2

Live, weakened version of virus

Latex Free/Thiomersal free

Has hydrolysed gelatine from pork, trace elements of egg

Available at GP, Pharmacy, Community Clinics, Aboriginal @ Torres Strait Islander Community Controlled Clinics.

SIDE EFFECTS->

- Runny/blocked nose
- Mild headache
- Feels tired
- Loss of appetite



- **AVOID** if allergy to antibiotic gentamicin
- An egg allergy is generally okay



REFUGEE HEALTH
NETWORK QUEENSLAND

Resources

Cervical Cancer Screening

afya yako maisha yako ya baadaye

Pata Kipimo cha Uchunguzi wa Kizazi

Swahili | Kiswahili

Mlango wa uzazi ni nini?
Mlango wa uzazi ni sehemu ya mfumo wa uzazi. Iko juu ya uke na huunganisha uke na uterasi (mfuko wa uzazi).

HPV ni nini?
Virusi vya papiloma ya binadamu (HPV) ni virusi vya kawaida ambavyo hupitishwa kutoka kwa mtu hadi mtu kupitia mawasiliano ya kingono. Kijumuisha kuwasiliana kwa Kingono katika kugusana ngozi kwa ngozi. HPV ndiyo chanzo kikuu cha saratani ya mlango wa uzazi.

Saratani ya mlango wa uzazi ni nini?
Saratani ya mlango wa uzazi ni ugonjwa mkali. **Katika hatua za mapema, kunaweza kuswe na dalili za wazi.** Kipimo cha Uchunguzi wa Kizazi kinaweza kuona mabadiliko ambayo yanaweza kutokeza na kuwa saratani. **Kipimo hiki kinaweza kuokoa maisha.**

Je, unahitaji kupata kipimo hicho lini?
Ikiwa una umri wa miaka 25 au zaidi na umewahi kuwa na mawasiliano yoyote ya kingono, weka miadi na daktari au muuguzi kwa ajili ya kipimo. Unapaswa kuwa na Kipimo cha Uchunguzi wa Kizazi kila mara baada ya miaka mitano hadi uwe na umri wa miaka 74. Hata kama majibu ya kipimo chako cha mwisho yalikuwa mazuri, unapaswa kupokea ukumbusho wa kupanga kipimo chako kinachotulia.

Chanjo ya HPV ni nini?
Nchini Australia, kuna chanjo ambayo inasaidia kuinga watu dhidi ya HPV. Wanafunzi wote, kujumuisha wavulana, wa Mwaka wa 7 wanaweza kupata chanjo bure ya HPV. Kama

wewe ni mzazi au mlezi, utapokea barua ya kusaini na kurudi shuleni kwako kama ungependa mtoto wako apate chanjo. Chanjo hiyo itasaidia kuinga mtoto wako kutokana HPV wakati anapoanza shughuli za kingono au kuoza au kuolewa. Ikiwa mtoto wako amekosa kupata chanjo shuleni, anaweza bado kupata kwa bure hadi anakuwa na umri wa miaka 25. Kama ungependa kuchanjo kama mtu mzima, uliza daktari wako. Ikiwa umeshapata chanjo ya HPV bado unahitaji Kipimo cha Uchunguzi wa Kizazi kuanza umri wa miaka 25, kwani chanjo haiwezi kuinga dhidi ya kila aina ya HPV.

Chanjo hii ni salama, haisababishi saratani na haiteti matatizo ya kuzaa watoto.

Kipimo cha Uchunguzi wa Kizazi ni nini?
Kipimo cha Uchunguzi wa Kizazi kilibadilisha kwa Kipimo cha Pap Smear. Kinapima kwa HPV na kinafanywa na daktari au muuguzi au unaweza kukifanya wewe mwenyewe. Kipimo ni cha haraka na salama. Wakati mwingine unaweza kujisikia vibaya lakini hakumizi. Hakiaithiri ubikira. Unaweza:
• kuomba daktari au muuguzi wa kike
• kuomba kuwa na mkalimani
• kuchukua rafiki au mwenzi/mume.

true relationships & reproductive health
Kliniki. Elimu. Ushauri nasaha.


Queensland Government
true.org.au




Own It - Arabic. إنه الفحص الكشفي لعنق رحمك أنت. تحكّمي بـ


Own It - Cervical Screening


Cervical Screening Test - Self Collect


 **NATIONAL
CERVICAL SCREENING
PROGRAM**
A Joint Australian, State and Territory Government Program


**Cervical Screening Test -
how to collect your own sample**
Having a Cervical Screening Test every 5 years will help you stay healthy, both for yourself and your family.


- 


1. Your doctor or nurse will give you a self-collection swab and provide a private space for you.
- 


2. Wash then dry your hands. Have a look at the self-collection swab. The swab has one end you can hold and another for taking your sample.
- 

3. Find a comfortable position and remove your clothes from below the waist and take your underwear off. You can keep the rest of your clothes on.
- 

4. Twist the cap and remove the swab from the packaging. Do not touch the tip for collecting the sample.
- 

5. Insert the swab into your vagina a few centimetres. The swab may have a line or mark to show you how far to insert.
- 

6. Gently move the swab in a circular motion for 10-30 seconds. This should not hurt, but it may feel uncomfortable.
- 

7. Remove the swab from your vagina and place it back into the packaging. Make sure that nothing touches the tip that was in your vagina.
- 

8. Get dressed and wash your hands again.
-

9. Give the self-collection swab back to your doctor or nurse. The results of the test will be sent to your doctor or nurse.

If you have any questions or think you've made a mistake talk to your doctor or nurse. You can also:

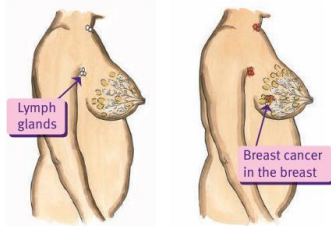
- visit health.gov.au/NCSP-multicultural for more information about cervical screening
- call **1800 627 701**
- call the Translating and Interpreting Service (TIS National) on **13 14 50** to get help in your language.

[National Cervical Screening Program – How to collect your own sample | Australian Government Department of Health, Disability and Ageing](#)

Breast Screen

What is breast cancer?

Breast cancer is unhealthy cancer cells that grow in the breast. These unhealthy cells can make you very sick. If these cancer cells are found early they can be treated.

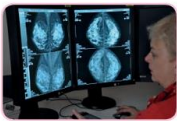


What is a breast screen?

A breast screen is a test to look for cancer cells in your breast.

A special X-ray machine is used to take a picture of the inside of your breast.

These pictures can help the doctors to see if there are cancer cells in your breasts.



A breast screen is the best way to check if your breasts are healthy.

A breast screen can show changes that are too small to see or feel.

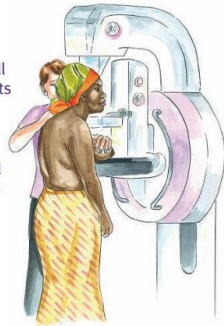
Who can have a FREE breast screen?

- All women aged 50 and older.
- Women from the age of 40 can also attend.
- It is most important to have a breast screen every two years.

What happens at a breast screen appointment?

A female radiographer will X-ray your breasts using a special X-ray machine.

Your breasts will be pressed for a very short time.



Get to know your breasts well.

Know what your breasts look like, their shape and how they feel. Every woman is different so get to know what is "normal" for you. Tell your doctor if you notice any changes in your breasts.

It is important to check your breasts regularly. There is no right or wrong way to check your breasts.

Here are 3 easy ways to check your breasts.

1. Check your breasts in the shower

- Press gently all over each breast with the tips of your fingers
- Feel up to your neck and collarbone
- Feel under the armpit



2. Check your breasts while in bed

- Lie flat with one arm under your head
- Press down gently all over each breast



3. Look at your breasts in the mirror

Look for:

- Redness or swelling
- Rashes or flaky skin
- Change in breast size or nipple change



ماذا يحدث خلال موعد فحص الثدي

يفتّر هذا الفيديو إجراءات فحص الثدي ضمن برنامجنا. ويشمل:

- كيفية التحضير لموعد فحص الثدي
- كيفية إجراء فحص الثدي
- ما الذي يحصل بعد الموعد.



النص

[Women from multicultural communities | BreastScreen Queensland](#)

Bowel Screening

सङ्कलन निर्देशनहरू



चरण १

तपाईंले निर्देशनहरू सहित परीक्षण गर्न आवश्यक सबै कुराहरू सहित मेलमा एउटा खाम प्राप्त गर्नुहुनेछ। तपाईंले गर्नु पर्ने भनेको २ वटा छुट्टै दिशा बाट २ सानो नमूनाहरू सङ्कलन गर्नु हो।



चरण २

एउटा सङ्कलन ट्युब लिनुहोस् र आफ्नो विवरणहरू थपुनुहोस्। पहिले मिसाब गर्नुहोस्, खासगरी शौचालय फ्लस गर्न मिल्ने शौचालय लाइनर राख्नुहोस्। यसले नमूनाको लागि तपाईंको दिशा सङ्कलन गर्नछ।



चरण ३

एकचोटि तपाईंले दिशा गरिसकेपछि, सङ्कलन ट्युब खोल्नुहोस् र छडीको टुप्पोलाई आफ्नो दिशामा अगाडि पछाडि ताड्नुहोस्। तपाईंलाई सानो नमूना मात्र चाहिन्छ। छडीलाई ट्युबमा फिर्ता राख्नुहोस् र ढक्कन बन्द गर्नुहोस्।



चरण ४

ट्युबलाई जिप लक झोलामा राख्नुहोस् र यसलाई चिसो ठाउँमा भण्डार गर्नुहोस्। फ्रिजमा राख्नुहोस्, तर यसलाई फ्रोजरमा नराख्नुहोस्।



चरण ५

जब तपाईं तपाईंको अर्को दिशा गर्नुहुन्छ, दोस्रो संकलन ट्युब संग प्रक्रिया दोहोर्‍याउनुहोस्।



चरण ६

फारम भर्नुहोस् र यसलाई तपाईंको २ नमूनाहरू सहित खाममा राख्नुहोस्। यसलाई सील गर्नु अघि खामको पछाडिको वेकलिस्ट पढ्नुहोस्। यदि तपाईं सक्नुहुन्छ भने, २४ घण्टा भित्र नमूनाहरू मेल गर्नुहोस्। हुलाक नि: शुल्क छ।

[National Bowel Cancer Screening Program – How to do the free test | Australian Government Department of Health, Disability and Ageing](#)

Lung Screening

ABOUT LUNG CANCER SCREENING




The best way to find lung cancer early is to have regular lung cancer screening.


Lung cancer is the leading cause of cancer death in Australia. But if found early, most cases can be treated successfully.


Tobacco cigarette smoking is the biggest risk factor for lung cancer.


Lung cancer is one of the most common cancers worldwide.


Lung cancer begins when cells grow out of control in the lungs.


Screening works by finding cancer early, before you have symptoms, when it is not as hard to treat or cure.

National Lung Cancer Screening Program – About lung cancer screening | Australian Government Department of Health, Disability and Ageing – multiple languages

Resources – Vaccinations



الإنفلونزا هي فيروس شديد العدوى يمكن أن يتسبب في إصابة بعض الأشخاص بالمرض شديد.

الأشخاص الأكثر عرضة لخطر الإصابة بأعراض خطيرة جراء الإنفلونزا هم الأطفال الصغار وكبار السن والحوامل والسكان الأصليين وسكان جزر مضيق توريس، بالإضافة إلى الأشخاص الذين يعانون من مشاكل صحية مثل السكري أو أمراض الرئة أو القلب.

يتغير فيروس الإنفلونزا كل عام، وقد يؤدي ذلك أحيانًا إلى اضطراب الأشخاص للذهاب إلى المستشفى أو الوفاة. يُعد الحصول على لقاح الإنفلونزا كل عام أفضل طريقة لحماية نفسك ومن حولك من الإصابة بالإنفلونزا.

سيكون لقاح الإنفلونزا متاحًا بسهولة ومجانًا لجميع سكان كوينزلاند في عام 2026. كما سيتوفر اللقاح على شكل رذاذ أنفي في عام 2026 للأطفال الذين تتراوح أعمارهم بين سنتين وثلاث وأربع وخمس سنوات (قبل بلوغهم سن السادسة).

الأعراض

عادةً ما تظهر عليك أعراض الإنفلونزا بعد بضعة أيام من التعرض للفيروس، ومن بين الأعراض ما يلي:



- [About influenza \(translated fact sheets\) | Health | Queensland Government](#)
- [Childhood vaccinations - Australian Government Department of Health, Disability and Ageing \(multiple translations\)](#)
- [Maternal vaccinations Australian Government Department of Health, Disability and Ageing \(some translations\)](#)

Resources – Vaccinations

Free nasal spray flu immunisation

All children aged 2 to 5 (before they turn 6) and children aged 6 to 17 years (inclusive) who struggle with getting a needle can now be vaccinated using a nasal spray instead of having an injection.

[Nasal spray flu immunisation | Vaccination Matters](#)

Translated resources - [About influenza \(translated fact sheets\) | Health | Queensland Government](#)

Resources - Vaccination

Council of Imams Qld – Statement Regarding the Permissibility of the Influenza Nasal Vaccine (2026)

COUNCIL OF IMAMS QLD

8 May 2026

Re: Statement Regarding the Permissibility of the Influenza Nasal Vaccine

In the Name of Allah, the Most Merciful, the Most Compassionate

Assalamu Alaikum wa Rahmatullahi wa Barakatuh,

With the introduction of the influenza nasal vaccine, questions have arisen regarding the ingredients contained within the vaccine and its permissibility from an Islamic perspective, particularly due to the inclusion of porcine-derived gelatin.

After reviewing the matter from both a medical and fiqh perspective, it is important to note that if it is scientifically and medically established that the porcine gelatin utilised in the vaccine has undergone a complete chemical transformation whereby its original nature, composition, and properties no longer remain, then this matter falls under the recognised fiqh principle of *Istihalah* (substantial transformation).

According to this principle, many classical and contemporary scholars maintain that when an impure or prohibited substance is transformed entirely into a new substance with distinct characteristics and reality, the original ruling of impurity no longer applies.

This opinion has been adopted by numerous scholars and various contemporary fiqh academies and councils.

The basis of this position is the legal principle that a ruling is connected to its effective cause. Therefore, when the original impure substance ceases to exist in both form and reality, the ruling associated with it likewise ceases.

The jurists have cited several classical examples in support of this principle, including wine transforming into vinegar, impure substances becoming ashes through burning, and decomposed carcasses transforming into salt or earth.

Accordingly, if the gelatin present within the vaccine is no longer regarded, chemically or materially, as the original porcine substance, but rather as a completely transformed compound, then the ruling of impurity would not remain according to this recognised scholarly position.

Based upon this understanding, the use of such a vaccine would be considered permissible, particularly where the objective is medical protection, disease prevention, and public health benefit, and where the transformed substance no longer retains the ruling of the original prohibited material.

And Allah knows best. Wassalamu Alaikum wa Rahmatullahi wa Barakatuh,



Imam Akram Buksh
President of Council of Imams Queensland
Imam of Slacks Creek Masjid



Accordingly, if the gelatin present within the vaccine is no longer regarded, chemically or materially, as the original porcine substance, but rather as a completely transformed compound, then the ruling of impurity would not remain according to this recognised scholarly position.

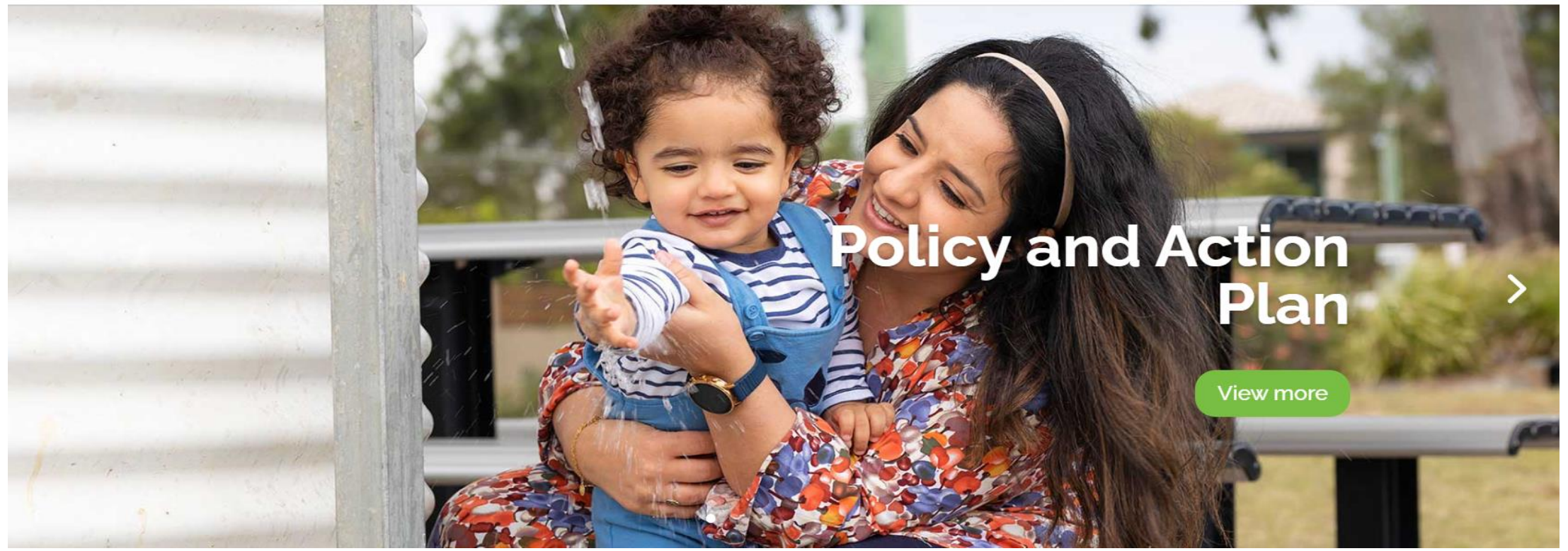
Based upon this understanding, the use of such a vaccine would be considered permissible, particularly where the objective is medical protection, disease prevention, and public health benefit, and where the transformed substance no longer retains the ruling of the original prohibited material.

<https://www.refugeehealthnetworkqld.org.au/wp-content/uploads/2026/05/CIQ-CIQ-Statement-On-Nasal-Vaccine.pdf>

Refugee Health Network Qld



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Policy and Action Plan

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Questions



Evaluation
