

### INFLUENZA VACCINE 2021-2022

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### DISCLOSURES



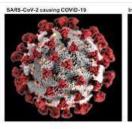
- I have no financial disclosures to make related to this presentation
- My family and I are fully immunized
- I get my flu shot on October 31

### **OBJECTIVES**



- Explain why influenza vaccine is especially important this year so that you promote it aggressively
- List the new things in this year's CDC Influenza
   recommendations so that you can use the vaccines correctly
- Explain who is NOT getting an influenza vaccine so that you are on the lookout for them

### SIBLINGS







Influenza	Sars-CoV-2/COVID
Respiratory virus spread by droplets	Respiratory virus spread by droplets and aerosols
Most infected people don't get severely ill	Most infected people don't get severely ill and many don't have any symptoms at all
Occurs primarily in the winter	Occurs year-round
Causes 12-60,000 deaths in the US every year	So far has caused >650,000 deaths in the U.S.
Can be treated with antiviral medications	Can be treated with monoclonal antibodies
We have several vaccines with 40-60% effectiveness	We have several vaccines with 60-85% effectiveness
We vaccinate everyone 6 months and older	We vaccinate everyone 12 years and older
About 30% of people don't get vaccinated	About 40% of people haven't gotten vaccinated

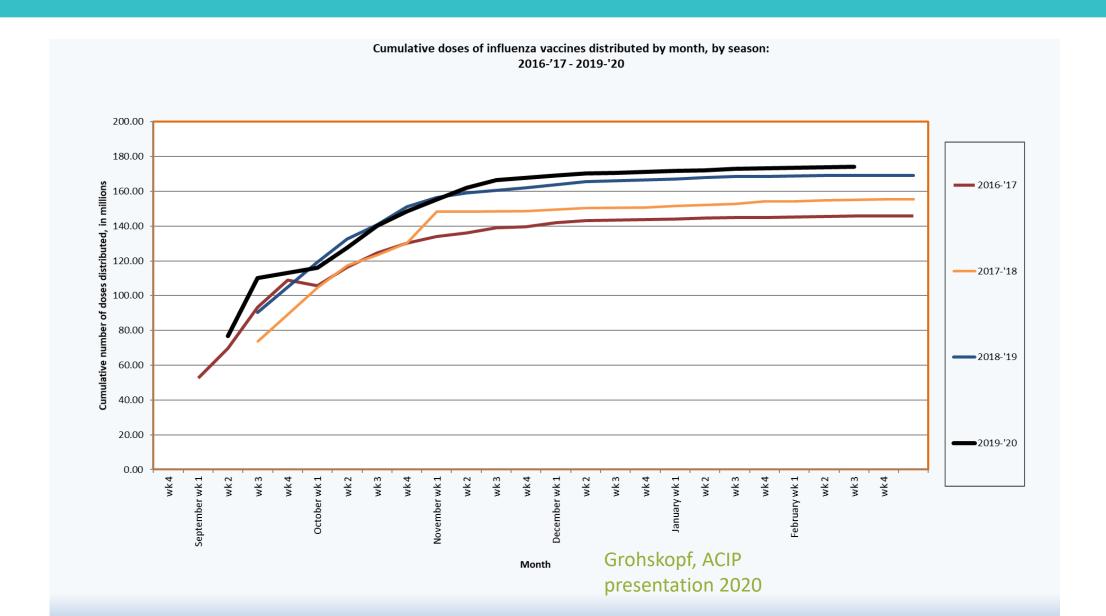
### HIGHLIGHTS FOR 2021-2022



- All Influenza vaccines are now quadrivalent containing 2 influenza A strains and 2 influenza
   B strains
- This year's vaccine is different than last years with changes to the influenza A (H1N1) and A
   (H3N2) components
- ccIIV4 (cell culture based vaccine) can now be used down to the age of 2 years
- Coadministration of influenza vaccine with other vaccines allowed but there are some guidelines
- Don't immunize in July or August except for pregnant women in their 3<sup>rd</sup> trimester of pregnancy and children under 9 getting their first of two doses

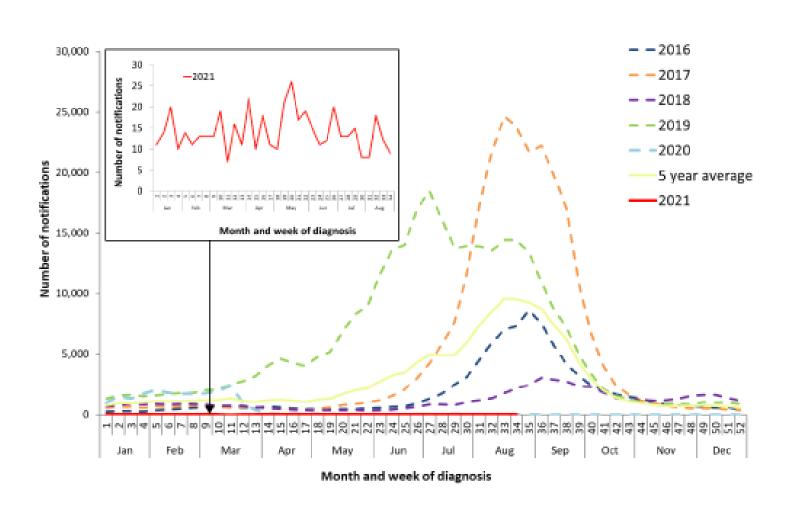
# NOW IS THE TIME-IT'S INFLUENZA VACCINE SEASON





### WILL INFLUENZA HAPPEN THIS WINTER?





Australia in 2021

https://www.who.int/docs/default-source/wpro---documents/emergency/surveillance/seasonal-influenza/influenza-20210728.pdf?sfvrsn=39dcc97a\_74

### INFLUENZA VACCINE IN A COVID ERA



#### More important than ever

- So we don't overburden the healthcare resources
- Because symptoms of influenza are identical with those of COVID so you will run the risk of quarantine if you get influenza
- Because co-infection with influenza and Sars-CoV-2 is possible and may be very severe

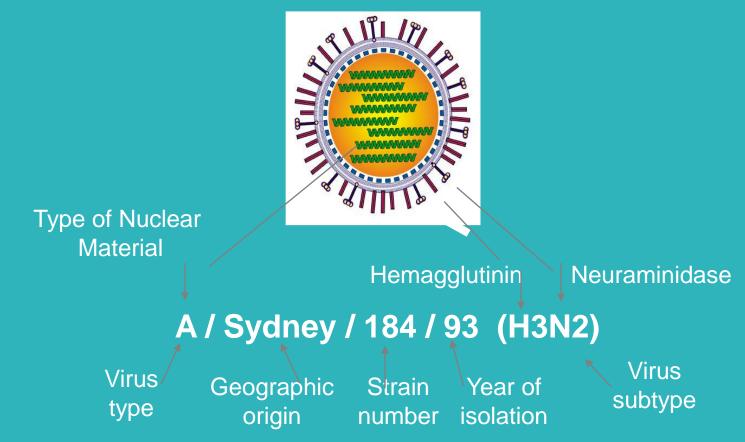
### May be challenging to give along with COVID vaccine

- Multiple mass vaccination events
- Tracking which vaccines have been given

### Difficult to judge demand

- . Hopefully demand will be high for the reasons above
- Some people may decide their risk of getting influenza is lower than usual because "everyone" is wearing a mask

### INFLUENZA VIRUS NOMENCLATURE



<sup>1.</sup> CDC. Atkinson W, et al. Chapter 13: Influenza. In: Epidemiology and Prevention of Vaccine-Preventable Diseases, 4th ed. Department of Health and Human Services, Public Health Service, 1998, 220

### UPDATE 2021-2022 INFLUENZA VACCINE STRAINS



Slightly different composition between the egg-based vaccines and the cell- or recombinant-based vaccines

For the egg based vaccines:

- A/Victoria/2570/2019 (H1N1)pdm09
- A/Cambodia/e0826360/2020 (H3N2)
- B/Washington/2019/(B/Victoria lineage)
- B/Phuket/2013 (Yamagata lineage)





2 of the 4 strains are new this year!

# VARIATION IN INFLUENZA VACCINE EFFECTIVENESS



Table. Adjusted vaccine effectiveness estimates for influenza seasons from 2005-2016

Influenza Season'	Reference	Study Site(s)	No. of Patients	Adjusted Overall VE (%)	95% CI
2004-05	Belongia 2009	WI	762	10	-36, 40
2005-06	Belongia 2009	WI	346	21	-52, 59
2006-07	Belongia 2009	WI	871	52	22 ,70
2007-08	Belongia 2011	WI	1914	37	22, 49
2009-10	Griffin 2011	WI, MI, NY, TN	6757	56	23, 75
2010-11	Treanor 2011	WI, MI, NY, TN	4757	60	53, 66
2011-12	Ohmit 2014	WI, MI, PA, TX, WA	4771	47	36, 56
2012-13	McLean 2014	WI, MI, PA, TX, WA	6452	49	43, 55
2013-14	Unpublished	WI, MI, PA, TX, WA	5990	51	43, 58
2014-15	ACIP presentation, Flannery	WI, MI, PA, TX, WA	9329	23	14, 31
2015-16*	ACIP presentation, Flannery	WI, MI, PA, TX, WA	7563	47*	39, 53*

https://www.cdc.gov/flu/prof essionals/vaccination/effectiv eness-studies.htm

# UPDATE EFFECTIVENESS FOR WHAT?



- 45% effective for prevention of an illness that brings you to the clinic and you need an influenza test
- More effective for preventing hospitalization
- Even more effective for preventing death





# Can you give the influenza vaccine too early?

### WANING INFLUENZA VACCINE EFFECTIVENESS



Table 4. Summary of Findings

					VE (95% CI), by Time After Vaccination	
Outcome	Participants, No. (Studies)	Studies, No.	Evidence Certainty <sup>a</sup>	ΔVE (95% CI)	15–90 d	91–180 d
Influenza A(H3)	10 736 cases, 27 689 controls	11	Moderate	-33 (-57 to -12)	45 (34 to 54)	13 (-10 to 31)
Influenza B	6424 cases, 17 877 controls	6	Low	-19 (-33 to -6)	62 (52 to 70)	43 (33 to 52)
Influenza A(H1)	5148 cases, 17 044 controls	5	Low	-8 (-27 to 21)	62 (35 to 78)	54 (43 to 63)

Aggregate odds ratios from the meta-analysis in Figure 2 were converted to VE values, stratified by influenza virus type/subtype and time since vaccination, with bootstrapped estimates used for ΔVE.

Abbreviations: CI, confidence interval; VE, vaccine effectiveness.

<sup>a</sup>Based on the Grading of Recommendations Assessment, Development and Evaluation.

# WHEN TO GIVE INFLUENZA VACCINE



- The goal is to immunize everyone by November 1
- Immunize children who need 2 doses of vaccine as soon as you can
- Immunize anyone who may not be back/come back by November 1
- Otherwise wait until September
- No recommendation for a second dose half-way through the season

# INFLUENZA-WHO DO WE WORRY ABOUT THE MOST?



#### HIGH RISK CONDITIONS

- Children under 5 years
- Pregnant women
- Adults over 50 years
- Everyone with chronic lung, heart, kidney, liver, neurologic diseases
- Residents of long-term care facilities
- Immunocompromised people
- American Indian/Alaskan Natives
- Persons with extreme obesity
- Children on chronic aspirin

### WHO ELSE IS VERY IMPORTANT TO IMMUNIZE?



- People who care for the high-risk groups
  - Household contacts
  - Other caregivers
- Health care personnel







### 2020-2021 INFLUENZA VACCINE PRODUCTS



TABLE 1. Influenza vaccines — United States, 2021-22 influenza season\*

Trade name (manufacturer)	Presentations	Age indication	μg HA (IIV4s and RIV4) or virus count (LAIV4) for each vaccine virus (per dose)	Route	Mercury (from thimerosal, if present), μg/0.5 mL
IIV4 (standard-dose, egg-based vaccines†)			l		
Afluria Quadrivalent	0.25-mL PFS§	6 through 35 mos <sup>§</sup>	7.5 μg/0.25 mL	IM <sup>¶</sup>	_
(Seqirus)	0.5-mL PFS§	≥3 yrs <sup>§</sup>	15 μg/0.5 mL	IM¶	_
	5.0-ML MDV <sup>5</sup>	≥6 mos <sup>5</sup> (needie/syringe)	15 μg/0.5 mL	IM <sup>¶</sup>	24.5
		18 through 64 yrs (jet injector)			
Fluarix Quadrivalent (GlaxoSmithKline)	0.5-mL PFS	≥6 mos	15 μg/0.5 mL	IM <sup>¶</sup>	_
FluLaval Quadrivalent (GlaxoSmithKline)	0.5-mL PFS	≥6 mos	15 μg/0.5 mL	IM <sup>¶</sup>	_
Fluzone Quadrivalent	0.5-mL PFS**	≥6 mos**	15 $\mu$ g/0.5 mL	IM <sup>¶</sup>	_
(Sanofi Pasteur)	0.5-mL SDV**	>6 mos**	15 µg/0.5 mL	IM¶	_
<u></u>	5.0-mL MDV**	≥6 mos**	15 μg/0.5 mL 7.5 μg/0.25 mL	IM¶	25

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ccllV4 (standard-dose, cell culture-base	d vaccine)				
Flucelvax Quadrivalent	0.5-ml PES	>2 yrs	15 µg/0.5 ml	IM <sup>¶</sup>	_
(Seqirus)	5.0-mL MDV	≥2 yrs	15 μg/0.5 mL	IM <sup>¶</sup>	25
HD-IIV4 (high-dose, egg-based vaccine <sup>†</sup> , Fluzone High-Dose Quadrivalent (Sanofi Pasteur)	0.7-mL PFS	≥65 yrs	60 μg/0.7 mL	IM¶	
allV4 (standard-dose, egg-based <sup>†</sup> vaccin Fluad Quadrivalent (Seqirus)	e with MF59 adjuvant) 0.5-mL PFS	≥65 yrs	15 μg/0.5 mL	IM¶	_
RIV4 (recombinant HA vaccine) Flublok Quadrivalent (Sanofi Pasteur)	0.5-mL PFS	≥18 yrs	45 μg/0.5 mL	IM¶	_
LAIV4 (egg-based vaccine <sup>†</sup> ) FluMist Quadrivalent (AstraZeneca)	0.2-mL prefilled single-use intranasal sprayer	2 through 49 yrs	10 <sup>6.5–7.5</sup> fluorescent focus units/0.2 mL	NAS	_

### PEDIATRIC DOSING-BE CAREFUL



TABLE 4. Dose volumes for inactivated influenza vaccines approved for children aged 6 through 35 months\* — United States, 2021–22 influenza season

Trade name (Manufacturer)	Dose volume for children aged 6 through 35 mos (µg HA per vaccine virus)
Afluria Quadrivalent (Seqirus)	0.25 mL (7.5 μg)
Fluarix Quadrivalent (GlaxoSmithKline)	0.5 mL (15 μg)
FluLaval Quadrivalent (GlaxoSmithKline)	0.5 mL (15 μg)
Fluzone Quadrivalent (Sanofi Pasteur)	0.25 mL (7.5 μg)
	or 0.5 mL (15 μg) <sup>†</sup>
Flucelvax Quadrivalent (Segirus)	0.5 mL (15 μg) <sup>§</sup>
(ages ≥2 yrs only; not approved for ages 6 through 23 mos) <sup>§</sup>	

### **ALLERGIES**



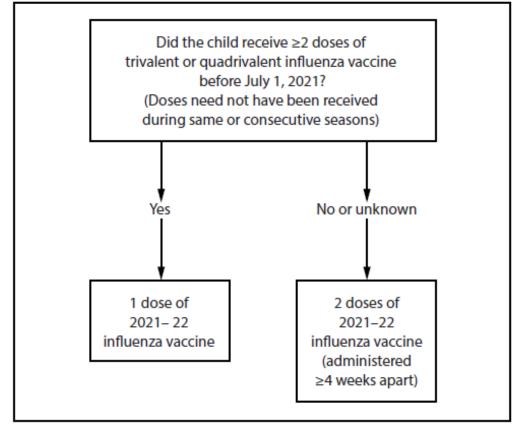
TABLE 3. Influenza vaccine contraindications and precautions for persons with a history of severe allergic reaction to a previous dose of an influenza vaccine\* — United States, 2021–22 influenza season

Vaccine (of any valency) associated with	Available 2021–22 influenza vaccines				
previous severe allergic reaction (e.g., anaphylaxis)	Egg-based IIV4s and LAIV4	cclIV4	RIV4		
Any egg-based IIV or LAIV	Contraindication <sup>†</sup>	Precaution <sup>§</sup>	Precaution §		
Any ccllV	Contraindication <sup>†</sup>	Contraindication <sup>†</sup>	Precaution <sup>§</sup>		
Any RIV	Contraindication <sup>†</sup>	Precaution <sup>§</sup>	Contraindication <sup>†</sup>		
Unknown influenza vaccine		Allergist consultation recommended			

## TWO DOSES OF INFLUENZA VACCINE FOR YOUNG CHILDREN-UPDATE



FIGURE. Influenza vaccine dosing algorithm for children aged 6 months through 8 years\* — Advisory Committee on Immunization Practices, United States, 2021–22 influenza season



\* For children aged 8 years who require 2 doses of vaccine, both doses should be administered even if the child turns age 9 years between receipt of dose 1 and dose 2. One dose of vaccine in this population provides very little protection!

MMWR Recomm Rep 2021;70(No. RR-5):1-28

# UPDATE VACCINES FOR OLDER (>65 YEARS) ADULTS



- High dose IIV4 (HD-IIV4)
- Recombinant IIV4 (RIV)
- Adjuvanted IIV4 (aIIV4)

- Probably all work better than other IIV vaccines
  - . HD-IIV3 24% more effective
  - 。 RIV 17-30% more effective
  - 。 allV3 ??63% more effective

No preference for these vaccines stated by CDC

CDC, MMWR 2020;69(8)



- OK to give COVID vaccine and influenza, or any other vaccine, at the same visit
- Some concern about cumulative adverse events, particularly with the adjuvanted influenza vaccine and other vaccine with non-aluminum based adjuvants (adjuvanted hepatitis B vaccine, adjuvanted zoster vaccine). Should at least give in opposite arms
- OK to give live virus vaccines on the same day (e.g. LAIV and MMR)
- If not given on the same day you should have 4 weeks between LAIV and other live virus vaccines (MMR, varicella)

### WHO SHOULD GET A FLU VACCINE?



# Everyone 6 months of age and

older!







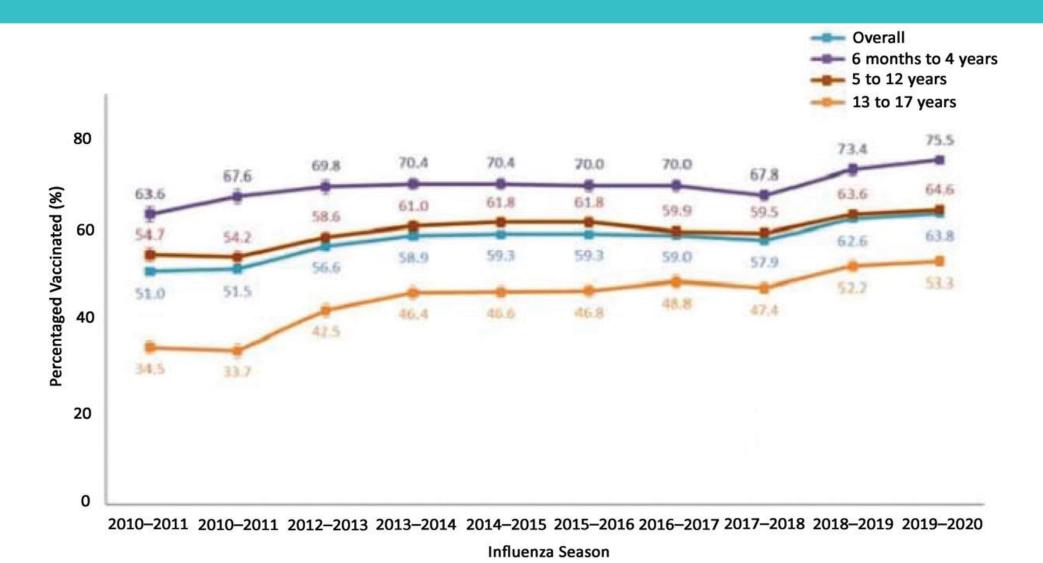






### INFLUENZA VACCINE COVERAGE-CHILDREN



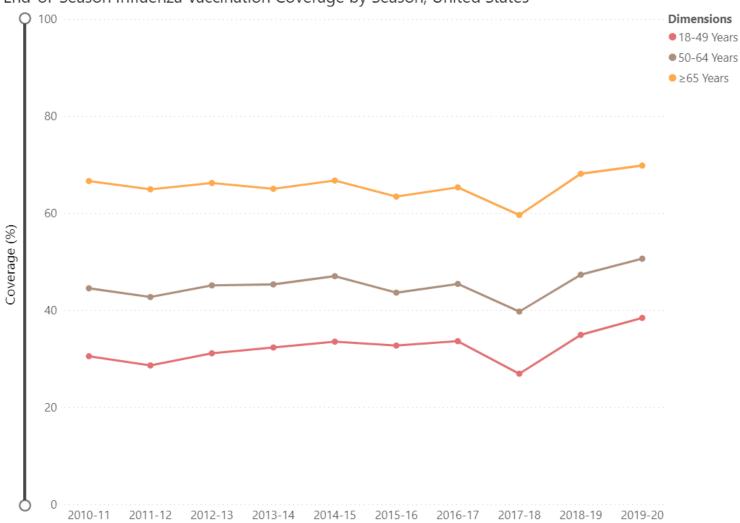


Pediatrics 2021;148(4):e2021053745

### **UPDATE** INFLUENZA VACCINE COVERAGE -ADULTS







https://www.cdc.gov/flu/fluvaxview/interactivegeneral-population.htm

### WHERE TO GO FOR MORE INFORMATION



San Diego HHSA Immunization Branch (SDIZ.org)

California Department of Public Health (www.cdph.ca.gov)

CDC (cdc.gov/vaccines)