

ACIP Influenza Vaccine Workgroup Considerations

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Workgroup summary on timing of recommendation (October 2007 ACIP meeting)

- If we wait to make a recommendation, what are we waiting for?
 - No critical data gaps
 - No clear indication that more data will be available in the near-term on feasibility or indirect protection
 - No clear indication that clear steps will be taken to prepare in the absence of a recommendation
- Waiting to expand recommendations may be helpful:
 - practitioners dealing with unprecedented number of new vaccine recommendations in last 2-3 years.
 - Education will be important – providers and parents.
 - Allow time to harmonize with other organizations (AAP, AAFP)

Three Options Discussed by Working Group

- 1) No change in current recommendation
- 2) Recommend influenza vaccine for all children through 18 years of age, beginning in 2008-09 season
- 3) Recommend influenza vaccine for all children through 18 years of age, beginning in 2009-2010 season

Most workgroup members favored option 3 (expand recommendations to include all children through 18 years of age, beginning with the 2009-10 influenza season).

- While indirect effects may be an added benefit of universal expansion to this age group, evidence for the direct benefit to vaccinated children is sufficient to recommend a change to a universal childhood recommendations.
- Vaccination providers who want to begin vaccinating all children in 2008-9 can do so using the current VFC “any child who wants it” indication, and these pilot efforts should be encouraged
- This allows for implementation and assessment planning, ordering vaccine, and harmonizing message with other professional societies.
- A few workgroup members favored expansion beginning with the upcoming influenza season (option 2), pointing out that implementation issues won’t be solved regardless of start date, and vaccine supply sufficient

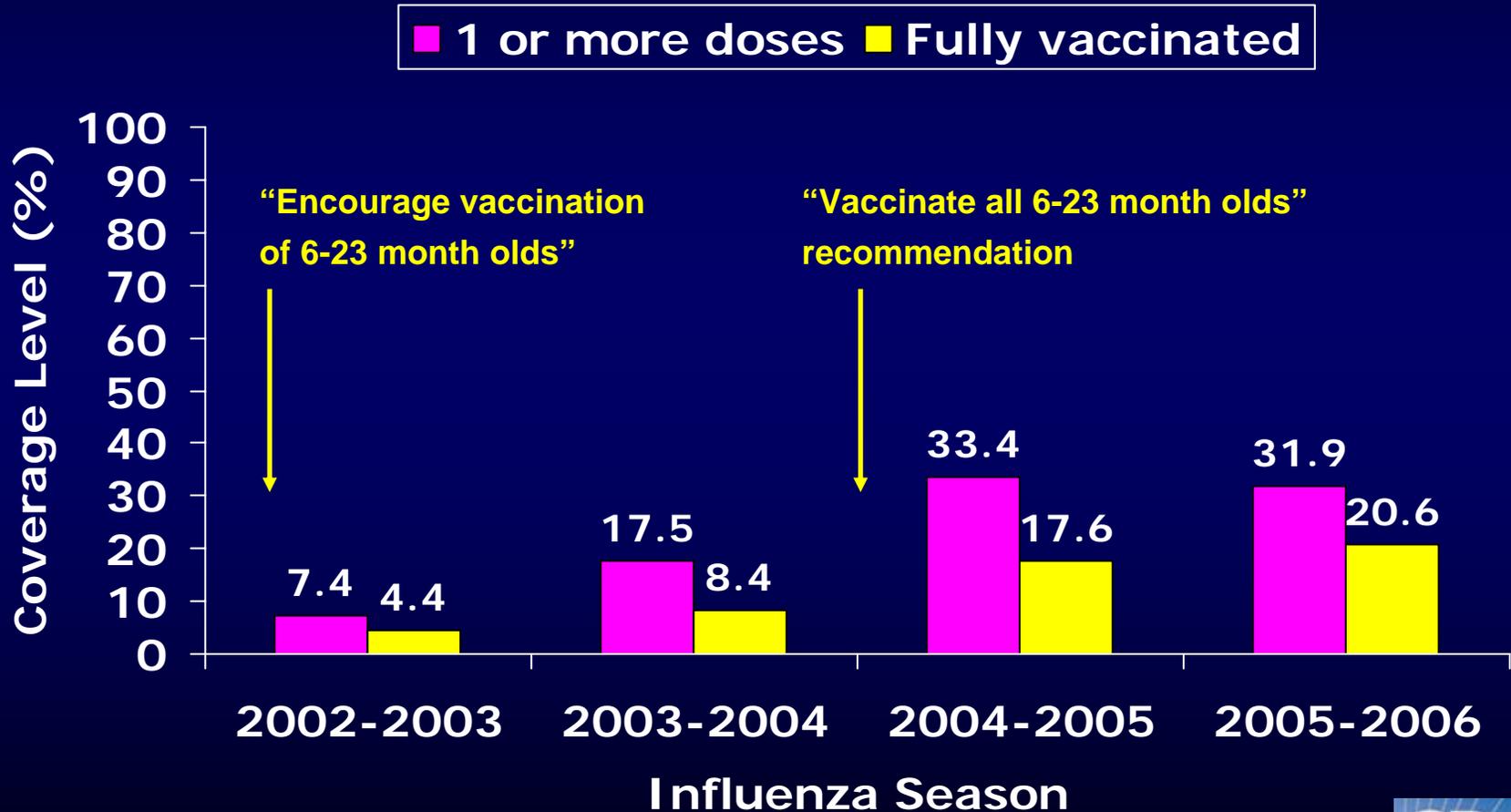
Rationale for Expanding Recommendations

- The recommendation to expand routine influenza vaccination to include school-age children and adolescents is based on:
 - 1) evidence that influenza vaccine is effective and safe for school-age children,
 - 2) evidence that influenza has substantial adverse impacts among school age children and their contacts (e.g., school absenteeism, increased antibiotic use, medical care visits, parental work loss),
 - 3) the expectation that a simple age-based influenza vaccine recommendation will improve current low vaccine coverage levels among the approximately 50% of school-age children who already had a risk- or contact-based indication for annual influenza vaccination, and
 - 4) the expectation that reducing influenza transmission among children will reduce influenza among their household contacts and within the community, and

Improved impact assessment is needed

- Working group strongly endorsed need (including resources) for expanded capacity to assess impact of program.
- This would include ability to assess less severe effects (e.g. clinic visits), and indirect effects
- Working group acknowledges several factors will challenge the ability to demonstrate indirect effects, including low coverage rates in the early years of implementation, variability in influenza epidemiology and vaccine effectiveness, and the small number of large population based studies among adults with lab-confirmed outcomes.

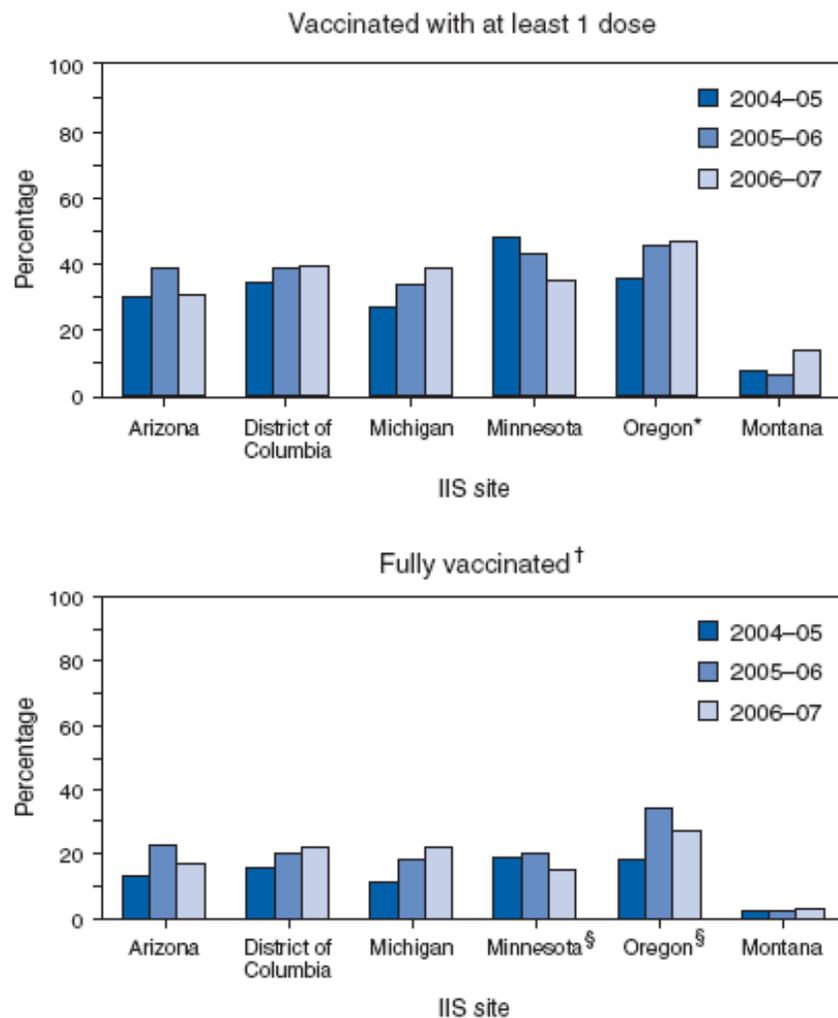
Influenza Vaccination Coverage among Children 6-23 Months of Age, National Immunization Survey, 2003-2006



Source: CDC. MMWR 2007;56:959-63



FIGURE 1. Influenza vaccination coverage among children aged 6–23 months — six immunization information system (IIS) sentinel sites, United States, 2004–05, 2005–06, and 2006–07 influenza seasons



Coverage levels slow to no increase over 3 years

Other recently introduced vaccines (varicella, hepatitis B, PCV7) have had much better coverage (43-73%) 3 years after initial recommendation

Source: CDC. MMWR 2007;56:963-5

SOURCE: CDC. Influenza vaccination coverage among children aged 6–23 months—six immunization information system sentinel sites, United States, 2005–06 influenza season. MMWR 2006;55:1329–30.



Expansion to all adults?

- The current recommendation states that anyone who wants to protect themselves against influenza should be vaccinated.
- There is no definite timeline for a universal vaccination recommendation and we will continue to evaluate evidence for a universal recommendation in this age group.
 - By vaccinating all school-age children evaluation of indirect effects may influence whether universal recommendation is necessary.
 - Other variables that may influence this decision include licensure of a better vaccine, indirect effects from vaccinating all school-age children, additional seasonal VE studies, public engagement on vaccination opinions, etc.