SAGE WHO Influenza Vaccine Recommendation: opportunities and challenges

7th Meeting with International Partners on Prospects for Influenza Vaccine Technology Transfer to Developing Country Vaccine Manufacturers

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SAGE WHO Position Paper on Influenza Vaccines - 2005

- In 2005:
  - Few countries with influenza vaccine programs
  - Supply of vaccines relatively small
  - Data on need for vaccine and epidemiology of influenza mostly from high-income countries

- Recommendation “In order of priority, the following groups may be targeted for vaccination…”
  1. Elderly and disables residents of long-term care facilities
  2. Non-institutionalized elderly with chronic diseases
  3. All individuals >6 months of age with chronic disease
  4. Elderly above a nationally defined age limit, irrespective of other risk factors
  5. Other groups defined on the basis of national data and capacities, such as contacts of high-risk people, pregnant women, health-care workers and others with key functions in society, as well as children 6–23 months of age
SAGE Influenza Vaccine Recommendations, 2012

In 2012,

- Wealth of epidemiologic and surveillance data from low income and tropical countries
- Increased vaccine supply globally
- Increased appreciation of seasonal influenza vaccines
  - use of monovalent 2009 H1N1 vaccines
- More data on efficacy of flu vaccines in developing countries
  - Data on pregnant women
- Interest in pandemic readiness
  - Been through 2009 pandemic
  - Lots of work to respond and prepare for avian influenzas
Summary of the SAGE Influenza Vaccine Recommendations, 2012

- Influenza vaccines are effective and safe and warrant increased use in all countries
- Five priority groups for countries using or considering introduction of seasonal influenza vaccines
  - Pregnant women – highest priority group
  - 4 other priority groups (not in order of priority)
    - Health-care workers
    - Children under 5 (particularly 6-23 months)
    - Elderly
    - Underlying health conditions
- Countries with existing influenza vaccination programs that target any of these subgroups should continue such programs
  - Consider incorporating pregnant women

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## Working Group’s Assessment of Influenza Risk and Influenza Vaccine Characteristics in Various Risk Groups

<table>
<thead>
<tr>
<th>Risk Group</th>
<th>Feasibility of Delivery</th>
<th>Disease Severity</th>
<th>Vaccine Effectiveness</th>
<th>Indirect Benefits</th>
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</thead>
<tbody>
<tr>
<td>Pregnant women</td>
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<td>+++</td>
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<tr>
<td>Healthcare workers</td>
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<td>+++</td>
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<td>Children, 2-5 years</td>
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<tr>
<td>Children, &lt; 2 years</td>
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<tr>
<td>Elderly</td>
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<tr>
<td>Underlying Health Conditions</td>
<td>+</td>
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</tbody>
</table>
SAGE influenza Vaccination Recommendations (continued)

- Countries should decide which other groups to target for influenza vaccination, based on:
  - Disease severity within individual risk group
  - Vaccine effectiveness in the risk group
  - Feasibility of delivery
  - Indirect effects
  - Cost-effectiveness
  - Opportunity cost

- Increased use of seasonal influenza vaccine globally supports enhanced influenza vaccine production capacity and thereby contributes to influenza pandemic preparedness
SAGE influenza vaccine recommendations

Challenges

Technical / scientific issues:
- Concerns regarding safety of immunizations in pregnant women
- Optimal immunization strategies need to be developed in many places
  - Effect of year-round flu circulation on timing of vaccination
  - Confirm benefits to newborns

Programmatic
- Ability of countries to consider influenza vaccine for addition to national vaccination programs
  - New vaccine introduction plans crowded already (e.g. HPV, rotavirus)
  - Annual vaccination complex
  - Expense of influenza vaccination
- Immunization programs that reach adults (HCWs, pregnant women, elderly, etc) are not in place in many places

Regulatory
- Country approvals
- WHO Prequalification
- Labelling related to pregnant women
- Shelf-life

Demand / acceptance
- Still need convincing evidence base for many countries
SAGE influenza vaccine recommendations

Opportunities

- Catalyzes interest in influenza vaccines among stakeholders
  - Ministries of Health – EPI programs
  - Manufacturers
  - Medical community
  - International partners (e.g. GAVI)

- Target groups more operationally manageable
  - Compared with 2005 recommendations

- Focus on pregnant women opportunity to strengthen MCH programs

- Comes at a time of increased vaccine supply

- Highlights value of recent influenza surveillance improvements (and provided positive feedback to these systems)
  - Seasonality, risk groups, disease burden data available for many places

- Increased seasonal vaccination will benefit countries’ pandemic readiness

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