

Multiple formulations of flu vaccine are available for persons aged 65 years and older. **The Advisory Committee on Immunization Practices does not state a preference for adjuvanted\*, high-dose or standard-dose flu vaccine for persons 65 years and older.<sup>1</sup> However, there is evidence that high-dose and adjuvanted flu vaccines are more effective than standard-dose, unadjuvanted vaccine in preventing medically-attended, lab-confirmed influenza infection in this population.**

**If multiple vaccine products are available and another adjuvanted vaccine is not planned for the visit, the Washington Vaccine Advisory Committee recommends that healthcare providers offer high-dose or adjuvanted flu vaccine to patients 65 years of age or older. Flublok Quadrivalent, a vaccine available in the 2019-20 influenza season with higher efficacy rates than standard dose flu vaccine, may also be considered for older adults.**

**Given unknown but theoretical concerns of increased reactogenicity when administering two adjuvanted vaccines, selection of a nonadjuvanted influenza vaccine may be considered when influenza vaccine and another vaccine containing a novel adjuvant are administered at the same time.<sup>1</sup> Examples of vaccines containing a novel adjuvant include Shingrix and Hekplisav-B. Vaccination should not be delayed if a specific product is not available and another opportunity to vaccinate the patient before the end of October is uncertain.**

*\*An [adjuvant](#) is a substance that enhances the body's immune response to a vaccine*

*Summary of immunogenicity and clinical efficacy/effectiveness data:*

- **Fluzone High-Dose** – Contains four times more antigen than the standard-dose flu vaccine and has been shown to produce a higher antibody response than standard-dose vaccine in older adults.<sup>2-3</sup>
  - One randomized controlled trial comparing the efficacy of high- vs. standard-dose flu vaccine showed the high-dose vaccine had 24% greater efficacy against any lab-confirmed influenza infection compared to standard-dose flu vaccine (95% CI: 9.7%-36.5%). Based on this study, the high-dose vaccine would prevent about 5 additional cases of lab-confirmed influenza for every 1000 people vaccinated.<sup>4</sup>
  - A separate study among those living in long-term care facilities reported high-dose flu vaccine was associated with a lower risk of respiratory-related hospital admissions compared with standard-dose vaccine.<sup>5</sup>
  - Recent meta-analyses showed that high-dose inactivated influenza vaccine was more likely than standard dose vaccine to prevent influenza and its complications.<sup>6-7</sup>
- **FLUAD™** – Approved through accelerated-approval process in November 2015,<sup>8-9</sup> FLUAD™ is the first adjuvanted flu vaccine marketed in the United States and was FDA licensed for use

starting in the 2016-17 flu season.

- Studies have shown that FLUAD™ induces antibody levels similar to those induced by flu vaccine without adjuvant.<sup>8</sup>
- One case-control study performed in Canada during the 2011–12 season showed that FLUAD™ was significantly more effective at preventing lab-confirmed influenza infection in older adults compared to a trivalent vaccine without an adjuvant.<sup>10</sup>
- A recent systematic review and meta-analysis showed that adjuvanted influenza vaccine is more effective than unadjuvanted vaccine at preventing influenza-related complications.<sup>11</sup>
- Flublok Quadrivalent – A randomized trial was conducted in 2014-2015 that showed Flublok Quadrivalent was more efficacious than standard dose flu vaccine.
  - The relative vaccine efficacy of Flublok Quadrivalent compared with standard dose flu vaccine was 30% (95% CI: 10–47). When restricted to persons aged ≥65 years, the relative vaccine efficacy was 17% (95% CI: -20%–43%).
  - Flublok Quadrivalent is manufactured without the use of influenza viruses or eggs, and may be used for persons with severe egg allergy.<sup>1</sup>

#### *Summary of safety data*

- Fluzone High-Dose – Recipients of high-dose influenza vaccine more commonly report mild and/or moderate side effects than recipients of standard-dose influenza vaccine.<sup>13</sup> The most common adverse events have been mild and temporary, and include pain, redness and swelling at the injection site, headache, myalgia, fever and malaise.<sup>5</sup>
- FLUAD™ – Some adverse events are reported more frequently after vaccination with FLUAD™ than vaccines without adjuvants. The most common adverse events experienced during clinical studies were mild to moderate, and included pain, redness at the injection site, headache, muscle aches, and malaise.<sup>8</sup>
- Flublok Quadrivalent – The most common (≥10%) injection site reactions were tenderness (48%) and pain (37%); the most common (≥10%) solicited systemic adverse reactions were headache (20%), fatigue (17%), myalgia (13%) and arthralgia (10%). The safety of simultaneous or sequential administration of two novel adjuvant-containing vaccines such as FLUAD™, Shingrix and Heplisav B has not been evaluated, and the ideal interval between vaccines is not known. Vaccines with newer adjuvants should be administered at separate sites from other vaccines that are given simultaneously.<sup>1</sup>

#### References

<sup>1</sup>CDC. Update: Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2019–2020 Influenza Season. *MMWR*. 2019;68(3):1–21. ([www.cdc.gov/mmwr/volumes/68/rr/rr6803a1.htm](http://www.cdc.gov/mmwr/volumes/68/rr/rr6803a1.htm))

<sup>2</sup>FDA. Vaccines, Blood & Biologics—Fluzone, Fluzone High-Dose and Fluzone Intradermal ([www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm112854.htm](http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm112854.htm))

<sup>3,4</sup>DiazGranados CA, Dunning AJ, Kimmel M, et al. Efficacy of high-dose versus standard-dose influenza vaccine in older adults. *N Engl J Med*. 2014; 371:635–645. ([www.nejm.org/doi/full/10.1056/NEJMoa1315727](http://www.nejm.org/doi/full/10.1056/NEJMoa1315727))

<sup>5</sup>Gravenstein S, Davidson HE, Taljaard M, et al. Comparative effectiveness of high-dose versus standard-dose influenza vaccination on numbers of US nursing home residents admitted to hospital: a cluster-randomised trial. *The Lancet Respiratory Medicine*. 2017; Vol 5, Issue 9, P738–746. ([www.thelancet.com/journals/lanres/article/PIIS2213-2600%2817%2930235-7/fulltext](http://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2817%2930235-7/fulltext))

<sup>6</sup>Lee JKH, Lam GKL, Shin T, et al. Efficacy and effectiveness of high-dose versus standard-dose influenza vaccination for older adults: a systematic review and meta-analysis. *Expert Rev Vaccine*. 2018;17(5):435–443.

([www.ncbi.nlm.nih.gov/pubmed/29715054](http://www.ncbi.nlm.nih.gov/pubmed/29715054))

<sup>7</sup>Wilkinson K, Wei Y, Szwajcer A, et al. Efficacy and safety of high dose influenza vaccine in elderly adults: A systematic review and meta-analysis. *Vaccine*. 2017;35(21):2775–2780. ([www.ncbi.nlm.nih.gov/pubmed/28431815](http://www.ncbi.nlm.nih.gov/pubmed/28431815))

<sup>8</sup>FDA. Vaccines, Blood & Biologics – FLUAD™ Approval

([www.fda.gov/biologicsbloodvaccines/safetyavailability/vaccinesafety/ucm473989.htm](http://www.fda.gov/biologicsbloodvaccines/safetyavailability/vaccinesafety/ucm473989.htm))

<sup>9</sup>FDA. FLUAD™ Clinical Review

([www.fda.gov/downloads/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/UCM474387.pdf](http://www.fda.gov/downloads/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/UCM474387.pdf))

<sup>10</sup>Van Buynder PG1, Konrad S, Van Buynder JL, et al. The comparative effectiveness of adjuvanted and unadjuvanted trivalent inactivated influenza vaccine (TIV) in the elderly. *Vaccine*. 2013; 31(51):6122-8.

([www.ncbi.nlm.nih.gov/pubmed/23933368](http://www.ncbi.nlm.nih.gov/pubmed/23933368))

<sup>11</sup>Domnich A, Arata L, Amicizia D, Puig-Barbera J, Gasparini R, Panatto D. Effectiveness of MF59-adjuvanted seasonal influenza vaccine in the elderly: A systematic review and meta-analysis. *Vaccine*. 2017;35(4):513–520.

([www.ncbi.nlm.nih.gov/pubmed/28024956](http://www.ncbi.nlm.nih.gov/pubmed/28024956))

<sup>12</sup>Dunkle LM, Izikson R, Patriarca P, et al; PSC12 Study Team. Efficacy of recombinant influenza vaccine in adults 50 years of age or older. *N Engl J Med* 2017;376:2427–36. <https://doi.org/10.1056/NEJMoa1608862>

<sup>13</sup>Kaka AS, Filice GA, Myllenbeck S, Nichols KL. Comparison of side effects of the 2015-2016 high-dose, inactivated, trivalent influenza vaccine and standard-dose, inactivated trivalent vaccine in adults >65 years. *Open Forum Infect Dis*. 2017;4(1).

<sup>14</sup>Food and Drug Administration Flublok Quadrivalent Package Insert:

[www.fda.gov/media/123144/download](http://www.fda.gov/media/123144/download)

#### Other Resources

CDC: [www.cdc.gov/flu/protect/vaccine/qa\\_fluzone.htm](http://www.cdc.gov/flu/protect/vaccine/qa_fluzone.htm)

CDC: [www.cdc.gov/flu/protect/vaccine/adjuvant.htm](http://www.cdc.gov/flu/protect/vaccine/adjuvant.htm)

CDC: [www.cdc.gov/flu/professionals/acip/immunogenicity.htm](http://www.cdc.gov/flu/professionals/acip/immunogenicity.htm)

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