

ACIP Update

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National Center for Immunization & Respiratory Diseases
Influenza Division



Recent ACIP Discussions

- ❑ Fewer presentations due to truncated February 2015 meeting
- ❑ Influenza surveillance update
- ❑ Discussion of approval of administration of Afluria® (bioCSL) via Stratis® jet injector (PharmaJet), for 18- through 64-yr.-olds
- ❑ Review of 2013-14 and preliminary 2014-15 vaccine effectiveness data (US Flu VE Network, MedImmune, Armed Forces Health Surveillance Center)

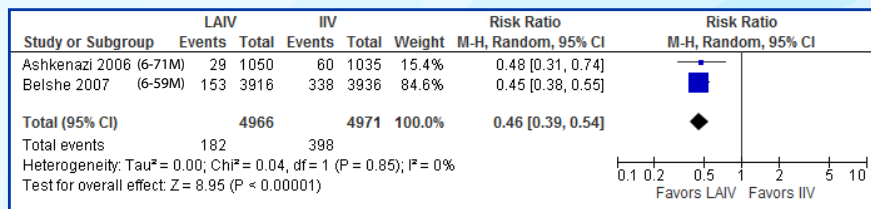
ACIP Discussion of Use of LAIV for 2- Through 8- yr olds

- ❑ Several studies suggested potential advantages of LAIV over IIV for children, including better vaccine efficacy and heterotypic protection.
- ❑ Several countries (Canada, the United Kingdom, Israel, Germany) and two U.S. states (Washington, Oregon) previously expressed some degree of LAIV preference for young children.
- ❑ In June 2014, ACIP recommended that LAIV should be used when available for healthy children aged 2 through 8 years, following GRADE assessment of data from 2 comparative RCTs.

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LAIV vs. IIV—2-8-year-olds—Lab-confirmed Influenza— Randomized Studies

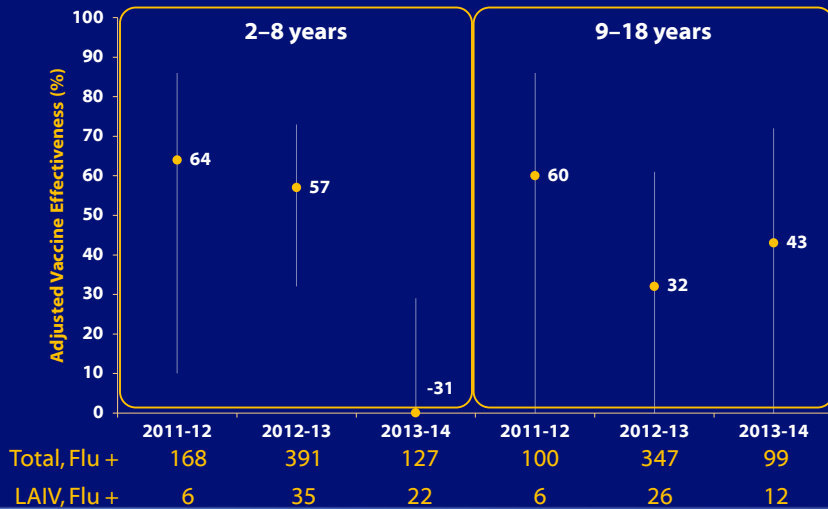
Studies (n)	Risk of Bias	Inconsistency	Indirectness	Imprecision	Effect		Quality
					RR [95% CI]	Risk Difference with LAIV [95% CI]	
2	Not serious	Not Serious	Not Serious	Not Serious	0.46 [0.39 – 0.54]	43 fewer per 1000 [37 – 49 fewer]	⊕⊕⊕⊕ High



- **Influenza cases included all influenza types/subtypes**
 - All A(H1N1), A(H3N2), and B
 - Without regard to antigenic similarity to viruses in vaccine

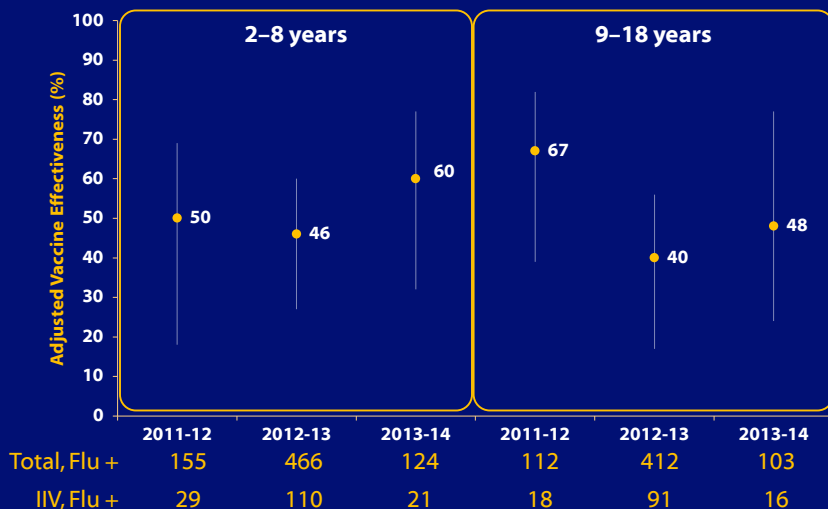
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LAIV effectiveness against medically-attended influenza, by season and age category



Presented at October 2014 ACIP meeting

IIV effectiveness against medically-attended influenza, by season and age category



Presented at October 2014 ACIP meeting

VE of LAIV Against A(H1N1)pdm09

- ❑ **Comparative studies of LAIV and IIV were conducted prior to 2009 pandemic**
 - No H1N1pdm09-specific efficacy data available from RCTs
 - Relatively little effectiveness data for monovalent LAIV
 - Few observational studies
 - Small numbers/large confidence intervals; potential confounding by late timing of vaccine availability
- ❑ **2013-14 was first H1N1-predominant influenza season since 2009 pandemic**
 - First clear indication of suboptimal effectiveness of LAIV for H1N1pdm09
- ❑ **Explanation for 2013-14 findings unknown, but**
 - LAIV H1N1pdm09 less stable than seasonal H1N1 LAIV viruses (Cotter et al, 2014)
 - Sequence in HA stalk confers higher susceptibility to thermal degradation
 - Potentially could affect stability and/or replicative fitness of the vaccine virus
- ❑ **Suboptimal VE for both LAIV and IIV observed in 2014-15**
 - Antigenically drifted H3N2 predominated
 - Data to be presented by Dr. Brendan Flannery later today

Use of LAIV for Children 2 through 8 Years Of Age

2014-15 language:

- ❑ “When immediately available, LAIV should be used for healthy children aged 2 through 8 years who have no contraindications or precautions.”

2015-16 language, approved by ACIP February 2015:

- ❑ “For healthy children aged 2 through 8 years who have no contraindications or precautions, either LAIV or IIV is an appropriate option. No preference is expressed for LAIV or IIV for any person aged 2 through 49 years for whom either vaccine is appropriate. “

Anticipated Topics for June 2015 ACIP Meeting

- ❑ Surveillance update
- ❑ Safety update
- ❑ Intradermal quadrivalent influenza vaccine (Fluzone® Intradermal Quadrivalent, Sanofi Pasteur)
- ❑ High-dose vaccine (Fluzone® high-Dose, Sanofi Pasteur) update
- ❑ Review any changes in proposed recommendations for 2015-16

Thank You!

For more information please contact Centers for Disease Control and Prevention

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