ACIP Update

Lisa Grohskopf, MD, MPH
Medical Officer
Influenza Division, CDC

National Adult and Influenza Immunization Summit
May 14, 2015

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
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.

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

<table>
<thead>
<tr>
<th>Studies (n)</th>
<th>Risk of Bias</th>
<th>Inconsistency</th>
<th>Indirectness</th>
<th>Imprecision</th>
<th>Effect</th>
<th>Risk Difference with LAIV [95% CI]</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Not serious</td>
<td>Not Serious</td>
<td>Not Serious</td>
<td>Not Serious</td>
<td>0.46</td>
<td>43 fewer per 1000 (37 - 49 fewer)</td>
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- Influenza cases included all influenza types/subtypes
  - All A(H1N1), A(H3N2), and B
  - Without regard to antigenic similarity to viruses in vaccine
LAIV effectiveness against medically-attended influenza, by season and age category

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

For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov    Web: www.cdc.gov

Thank You!