



Preliminary Estimates of 2017–18 Seasonal Influenza Vaccine Effectiveness against Laboratory-Confirmed Influenza from the US Flu VE and HAIVEN Networks

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Advisory Committee on Immunization Practices

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The New York Times

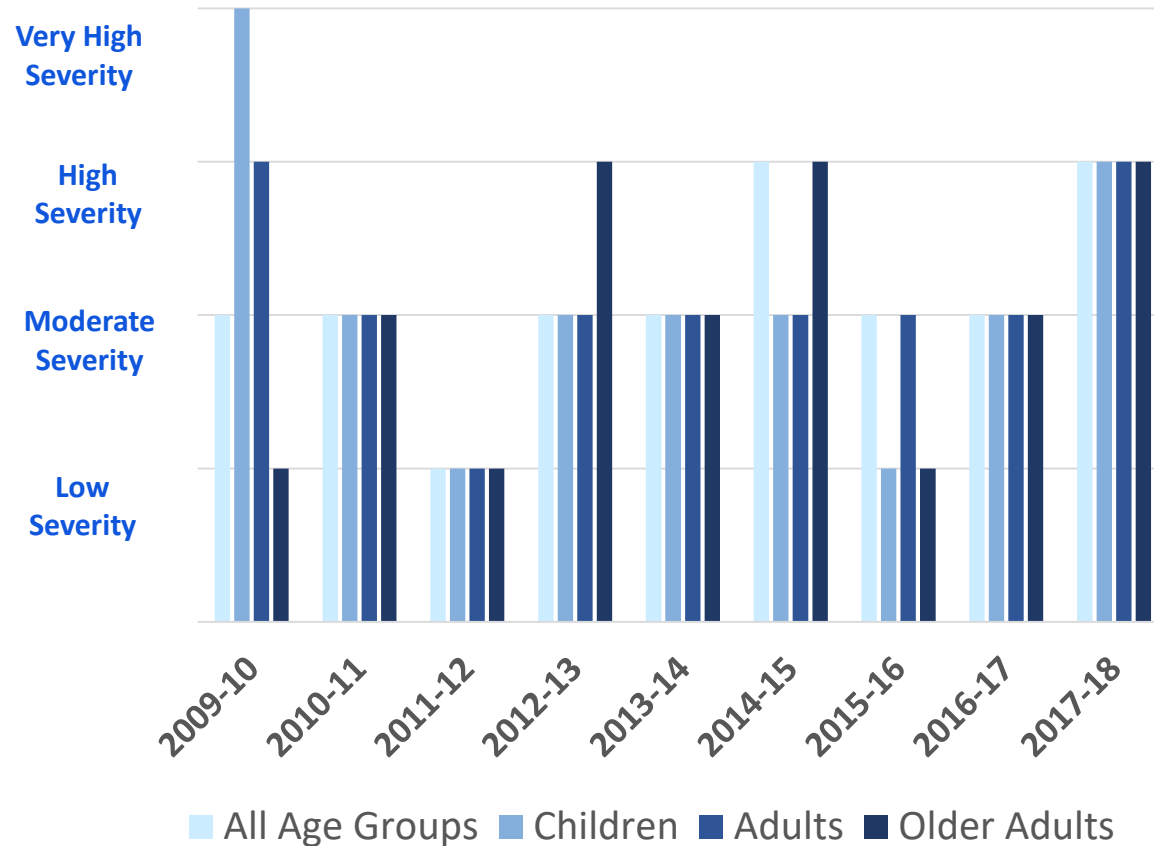
This Flu Season Is the Worst in Nearly a Decade



An emergency room nurse treating a flu patient in Vista, Calif., this month. Mike Blake/Reuters

Jan. 26, 2018

2017-18 was a High Severity season for all age groups



2017-18 was High Severity based on outpatient visits, hospitalizations, and deaths



US Influenza Vaccine Effectiveness (Flu VE) Network preliminary results

US Flu VE Network sites and principal investigators

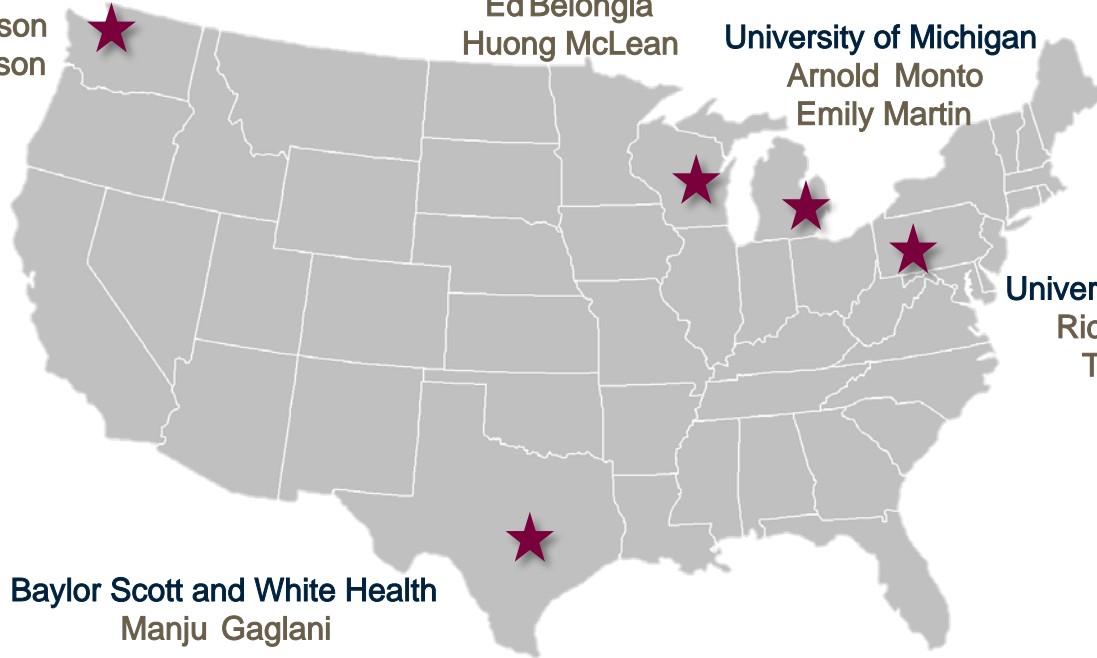
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US Flu VE Network Methods

Enrollees: Outpatients aged ≥ 6 months with acute respiratory illness with cough ≤ 7 days duration

Dates of enrollment: November 2, 2017–April 20, 2018

Design: Test-negative design

- Comparing vaccination odds among influenza RT-PCR positive cases and RT-PCR negative controls
- Vaccination status: receipt of at least one dose of any 2017–18 seasonal flu vaccine according to medical records, immunization registries, and/or self-report

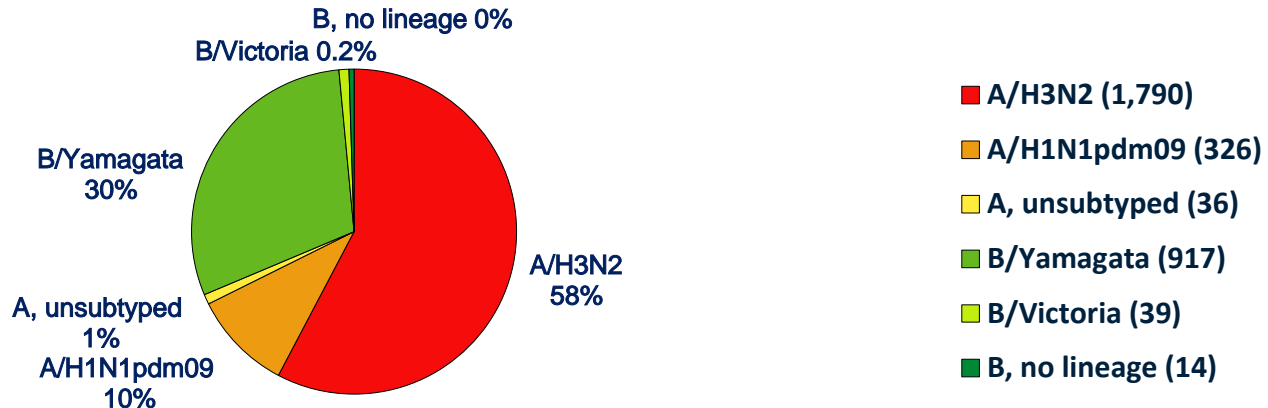
Analysis: $VE = (1 - \text{adjusted OR}) \times 100\%$

- Adjustment for study site, age, sex, self-rated general health status, race/Hispanic ethnicity, interval from onset to enrollment, and calendar time

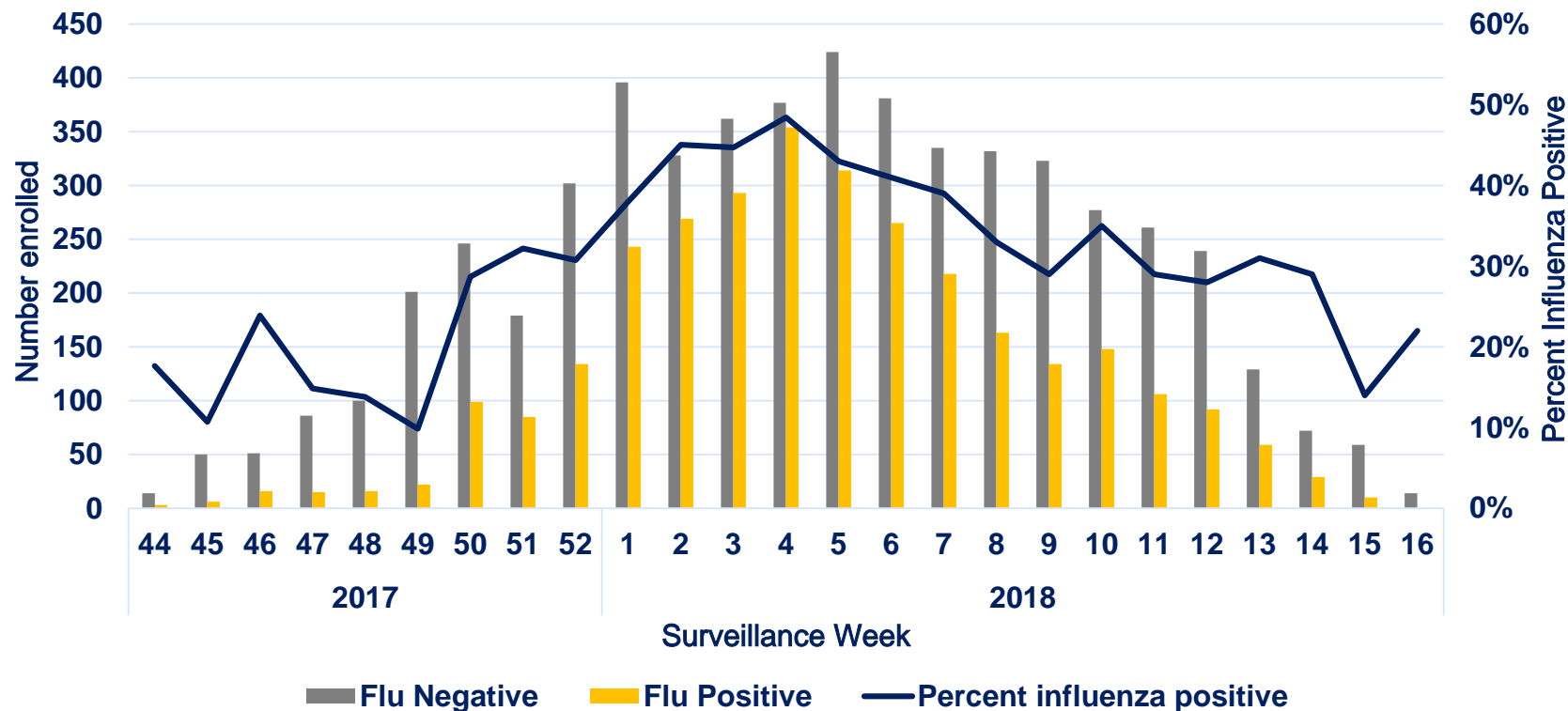
Preliminary End-of-Season Results

- 8635 enrolled from Nov 2, 2017–April 20, 2018 at 5 sites
- 3097 (36%) influenza RT-PCR positive
- 5538 (64%) influenza RT-PCR negative

Cases enrolled by (sub)type, N=3,097



Number of enrolled participants by influenza RT-PCR result and percent positivity by week of onset, Flu VE Network



Preliminary adjusted vaccine effectiveness against medically attended influenza by age group, 2017–18

	Influenza positive		Influenza negative		Vaccine Effectiveness			
	N vaccinated /Total	(%)	N vaccinated /Total	(%)	Unadjusted	95% CI	Adjusted*	95% CI
Any influenza A or B virus					VE %	95% CI	VE %	95% CI
Overall	1296/3097	(42)	2969/5538	(54)	38%	(32 to 43)	40%	(34 to 46)
Age group (yrs)								
6 mos–8	201/616	(33)	760/1380	(55)	60%	(52 to 68)	53%	(42 to 62)**
9–17	166/529	(31)	221/584	(38)	25%	(4 to 41)	29%	(8 to 46)
18–49	315/966	(33)	813/1893	(43)	36%	(24 to 45)	35%	(23 to 46)
50–64	301/571	(53)	583/938	(62)	32%	(16 to 45)	33%	(17 to 47)
≥65	313/415	(75)	592/743	(80)	22%	(-4 to 41)	20%	(-9 to 41)

* Multivariable logistic regression models adjusted for site, age, sex, race/ethnicity, self-rated general health status, interval from onset to enrollment, and calendar time. ** P-value <0.001 for age group-VE interaction term compared to all other ages combined.

Preliminary adjusted vaccine effectiveness against medically attended influenza A(H3N2) by age group, 2017–18

	Influenza positive		Influenza negative		Vaccine Effectiveness			
	N vaccinated /Total	(%)	N vaccinated /Total	(%)	Unadjusted		Adjusted*	
					VE %	95% CI	VE %	95% CI
Influenza A/H3N2								
Overall	813/1790	(45)	2969/5538	(54)	28%	(20 to 35)	24%	(15 to 33)
Age group (yrs)								
6 mos–8	131/337	(39)	760/1380	(55)	48%	(34 to 59)	37%	(17 to 52)**
9–17	118/335	(35)	221/584	(38)	11%	(-18 to 32)	10%	(-23 to 35)
18–49	218/581	(38)	813/1893	(43)	20%	(3 to 34)	14%	(-6 to 30)
50–64	166/298	(56)	583/938	(62)	23%	(0 to 41)	25%	(0 to 44)
≥65	180/239	(75)	592/743	(80)	22%	(-10 to 45)	17%	(-22 to 44)

* Multivariable logistic regression model adjusted for site, age, sex, race/ethnicity, self-rated general health status, interval from onset to enrollment, and calendar time. ** P-value = 0.05 for age group-VE interaction term compared to all other ages combined.

Preliminary adjusted vaccine effectiveness against medically attended influenza A(H1N1)pdm09 by age group, 2017–18

	Influenza positive		Influenza negative		Vaccine Effectiveness			
	N vaccinated /Total	(%)	N vaccinated /Total	(%)	Unadjusted		Adjusted*	
					VE %	95% CI	VE %	95% CI
<u>Influenza A/H1N1pdm09</u>								
Overall	96/326	(29)	2969/5538	(54)	64%	(54 to 72)	65%	(55 to 73)
Age group (yrs)								
6 mos–17	26/154	(17)	981/1964	(50)	80%	(69 to 87)	82%	(71 to 88)
18–49	27/99	(27)	813/1893	(43)	50%	(22 to 68)	48%	(17 to 67)
50–64	18/40	(45)	583/938	(62)	50%	(6 to 74)	45%	(-6 to 72)
≥65	25/33	(76)	592/743	(80)	20%	(-80 to 65)	10%	(-116 to 63)

* Multivariable logistic regression models adjusted for site, age, sex, race/ethnicity, self-rated general health status, interval from onset to enrollment, and calendar time.

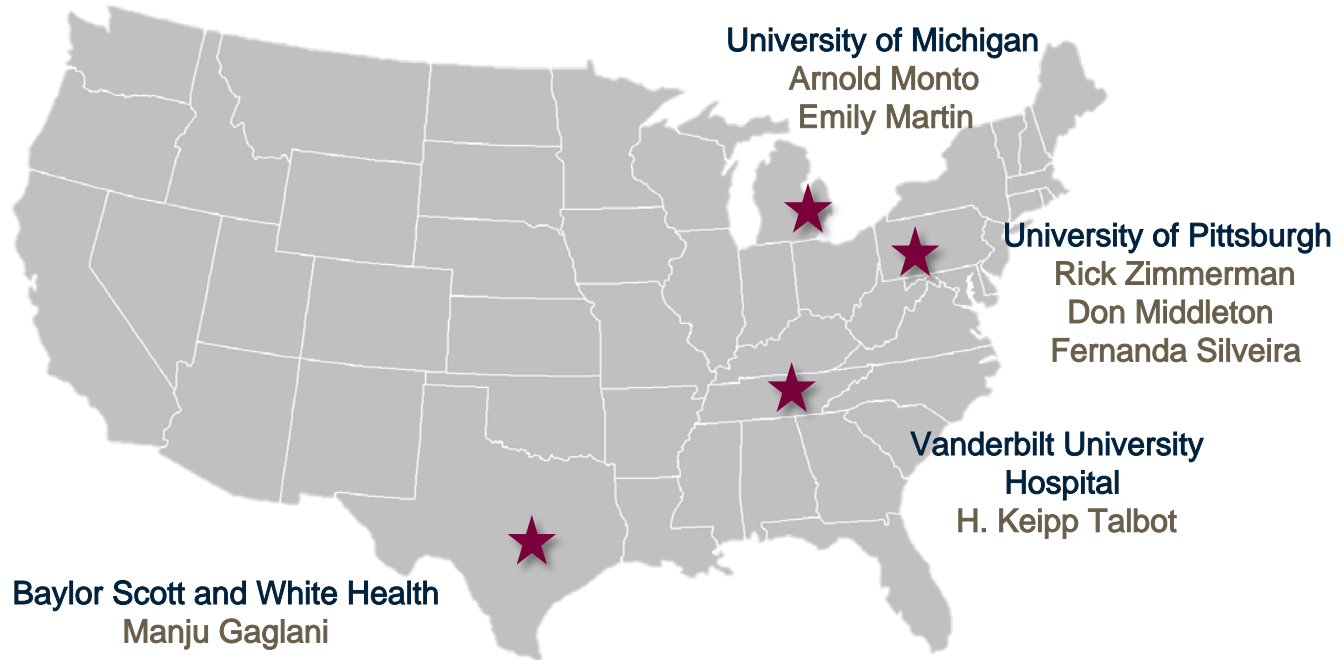
Preliminary adjusted vaccine effectiveness against medically attended influenza B by age group, 2017–18

	Influenza positive		Influenza negative		Vaccine Effectiveness			
	N vaccinated /Total	(%)	N vaccinated /Total	(%)	Unadjusted		Adjusted*	
					VE %	95% CI	VE %	95% CI
<u>Influenza B/Yamagata</u>								
Overall	372/917	(41)	2969/5538	(54)	41%	(32 to 49)	49%	(40 to 56)
Age group (yrs)								
6 mos–8	44/130	(34)	760/1380	(55)	58%	(39 to 71)	46%	(19 to 64)
9–17	45/161	(28)	221/584	(38)	36%	(7 to 57)	39%	(9 to 59)
18–49	68/268	(25)	813/1893	(43)	55%	(40 to 66)	57%	(42 to 68)
50–64	108/216	(50)	583/938	(62)	39%	(18 to 55)	45%	(24 to 60)
≥65	107/142	(75)	592/743	(80)	22%	(-19 to 49)	29%	(-12 to 55)
<u>Influenza B/Victoria</u>								
Overall	8/39	(21)	2969/5538	(54)	78%	(51 to 90)		

* Multivariable logistic regression models adjusted for site, age, sex, race/ethnicity, self-rated general health status, interval from onset to enrollment, and calendar time.

**US Hospitalized Influenza Vaccine
Effectiveness Network (HAIVEN)
preliminary results**

US Hospitalized Influenza Vaccine Effectiveness Network (HAIVEN) sites and principal investigators



HAIVEN Methods

Enrollees: Inpatients aged ≥ 18 years with acute respiratory illness with new or worsening cough or sputum production ≤ 10 days duration

Dates of enrollment: October 6, 2017 - April 28, 2018

Design: Test-negative design

- Comparing odds of influenza among vaccinated and unvaccinated enrollees
- Vaccination status: receipt of 2017–18 flu vaccine by self-report

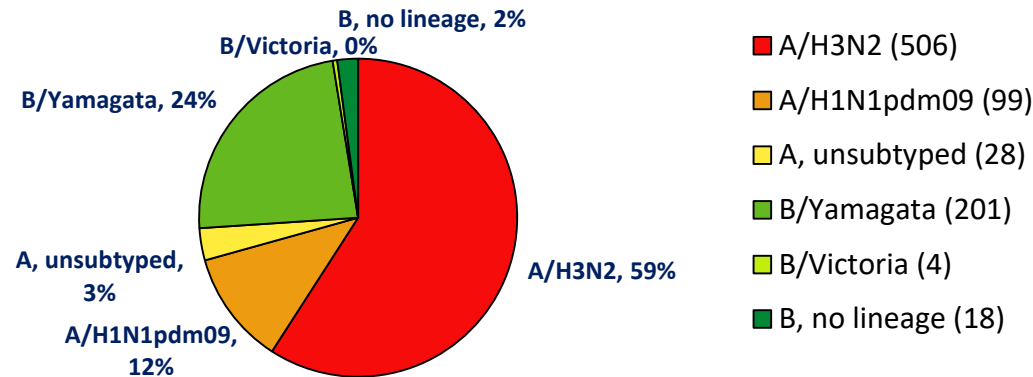
Analysis: $VE = (1 - \text{adjusted OR}) \times 100\%$

- Adjustment for age, site, days from illness onset to specimen collection, timing of illness onset, home oxygen use, and number of self-reported hospitalizations in the prior year

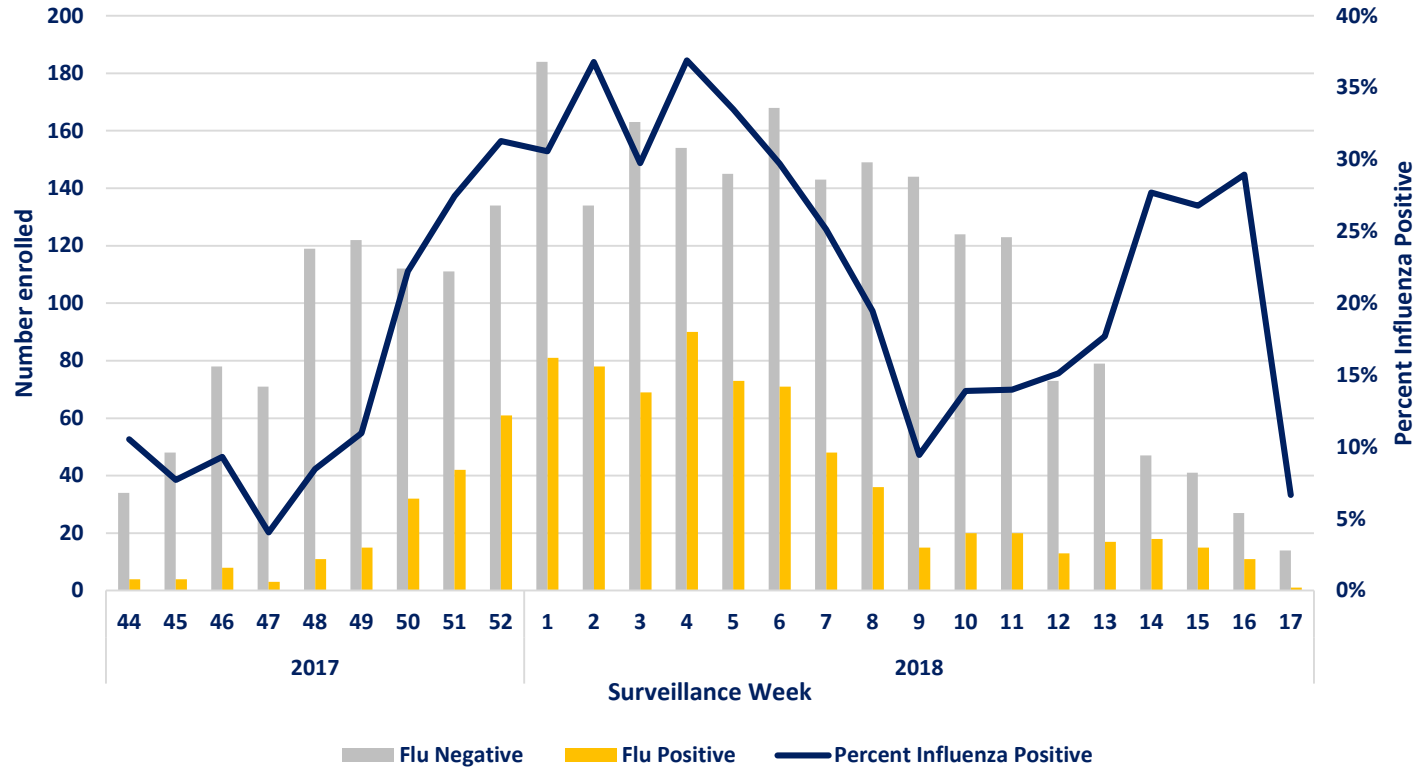
Preliminary HAIVEN end-of-season results

- 3597 enrolled from Oct. 6, 2017 - April 28, 2018 at 4 sites (10 hospitals)
- 856 (24%) influenza RT-PCR positive
- 2741 (76%) influenza RT-PCR negative

Cases enrolled by (sub)type, N = 856



Number of HAIVEN participants by influenza RT-PCR result and percent positivity by week of onset



Preliminary HAIVEN adjusted vaccine effectiveness against influenza hospitalization by age group, 2017–18

	Influenza positive		Influenza negative		Vaccine Effectiveness			
	N vaccinated /Total	(%)	N vaccinated /Total	(%)	Unadjusted		Adjusted*	
Any influenza A or B virus					VE %	95% CI	VE %	95% CI
Overall	509/856	(59)	1762/2741	(64)	19%	(5 to 30)	22%	(8 to 35)
Age group (yrs)								
18–49	69/160	(43)	325/639	(51)	27%	(-4 to 48)	18%	(-20 to 44)
50–64	121/258	(47)	551/959	(57)	35%	(14 to 50)	32%	(9 to 49)
≥65	319/438	(73)	886/1143	(78)	22%	(0 to 40)	24%	(0 to 41)

*Multivariate logistic regression models adjusted for age, site, days from illness onset to specimen collection, timing of illness onset, home oxygen use and number of self-reported hospitalizations in the prior year

Preliminary HAIVEN adjusted vaccine effectiveness against influenza A(H3N2) hospitalization by age group, 2017–18

	Influenza positive		Influenza negative		Vaccine Effectiveness			
	N vaccinated /Total	(%)	N vaccinated /Total	(%)	Unadjusted		Adjusted*	
					VE %	95% CI	VE %	95% CI
<u>Influenza A/H3N2</u>								
Overall	314/506	(62)	1762/2741	(64)	9%	(-11 to 25)	16%	(-5 to 32)
Age group (yrs)								
18–49	41/89	(46)	325/639	(51)	17%	(-29 to 47)	7%	(-53 to 44)
50–64	68/145	(47)	551/959	(57)	35%	(7 to 54)	33%	(2 to 54)
≥65	205/272	(75)	886/1143	(78)	11%	(-21 to 35)	14%	(-19 to 38)

*Multivariate logistic regression models adjusted for age, site, days from illness onset to specimen collection, timing of illness onset, home oxygen use and number of self-reported hospitalizations in the prior year

Preliminary HAIVEN adjusted vaccine effectiveness against influenza A(H1N1)pdm09 hospitalization by age group, 2017–18

	Influenza positive		Influenza negative		Vaccine Effectiveness			
	N vaccinated /Total	(%)	N vaccinated /Total	(%)	Unadjusted		Adjusted*	
					VE %	95% CI	VE %	95% CI
<u>Influenza A/H1N1pdm09</u>								
Overall	39/99	(39)	1762/2741	(64)	64%	(46 to 76)	58%	(36 to 73)
Age group (yrs)								
18–49	9/29	(31)	325/639	(51)	57%	(3 to 81)	33%	(-59 to 71)
50–64	15/37	(41)	551/959	(57)	50%	(1 to 74)	48%	(-3 to 74)
≥65	15/33	(45)	886/1143	(78)	76%	(51 to 88)	69%	(34 to 85)

*Multivariate logistic regression models adjusted for age, site, days from illness onset to specimen collection, timing of illness onset, home oxygen use and number of self-reported hospitalizations in the prior year

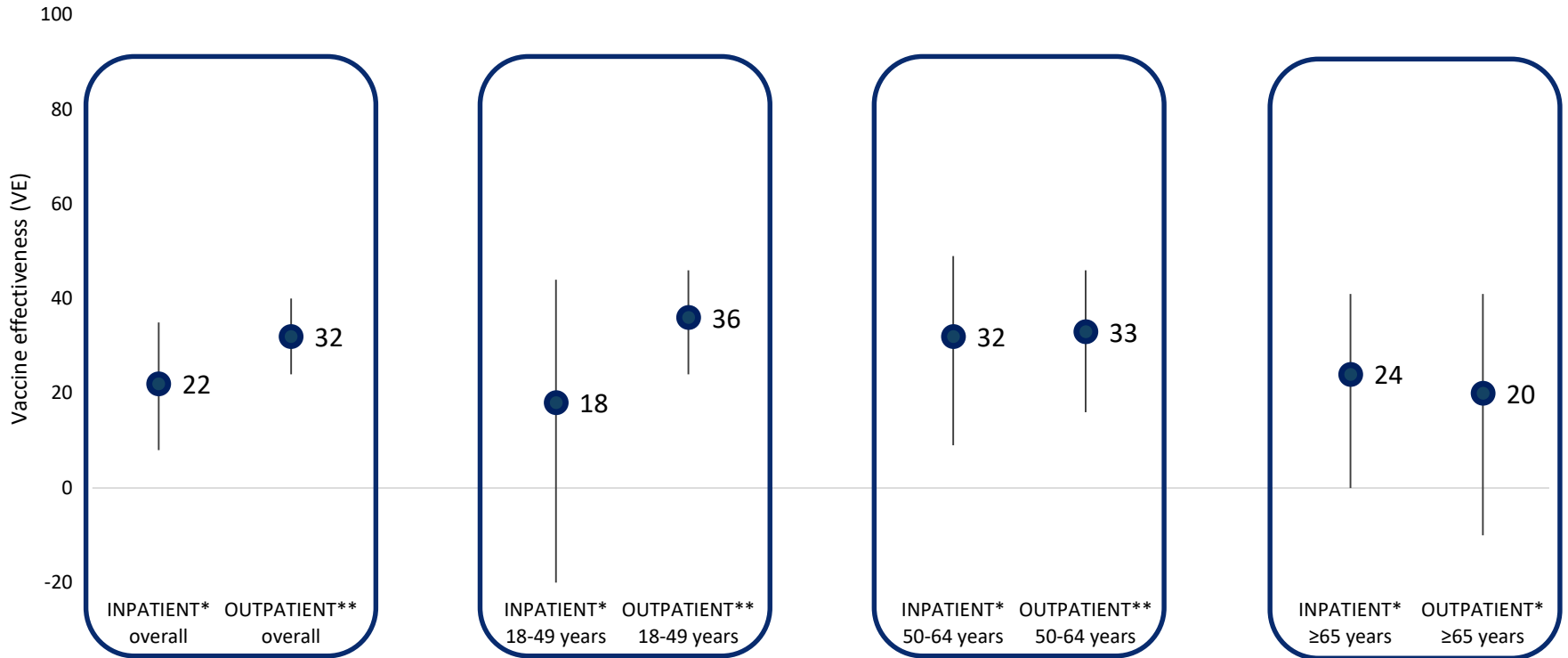
Preliminary HAIVEN adjusted vaccine effectiveness against influenza B/Yamagata hospitalization by age group, 2017–18

	Influenza positive		Influenza negative		Vaccine Effectiveness			
	N vaccinated /Total	(%)	N vaccinated /Total	(%)	Unadjusted		Adjusted*	
					VE %	95% CI	VE %	95% CI
<u>Influenza B/Yamagata</u>								
Overall	117/201	(58)	1762/2741	(64)	23%	(-4 to 42)	35%	(11 to 52)
Age group (yrs)								
18–49	11/29	(38)	235/639	(51)	41%	(-27 to 73)	46%	(-21 to 76)
50–64	27/61	(44)	551/959	(57)	41%	(1 to 65)	34%	(-13 to 62)
≥65	79/111	(71)	886/1143	(78)	28%	(-10 to 54)	33%	(-6 to 57)

*Multivariate logistic regression models adjusted for age, site, days from illness onset to specimen collection, timing of illness onset, home oxygen use and number of self-reported hospitalizations in the prior year

Comparing Outpatient vs Inpatient Adult Vaccine Effectiveness results, 2017-18

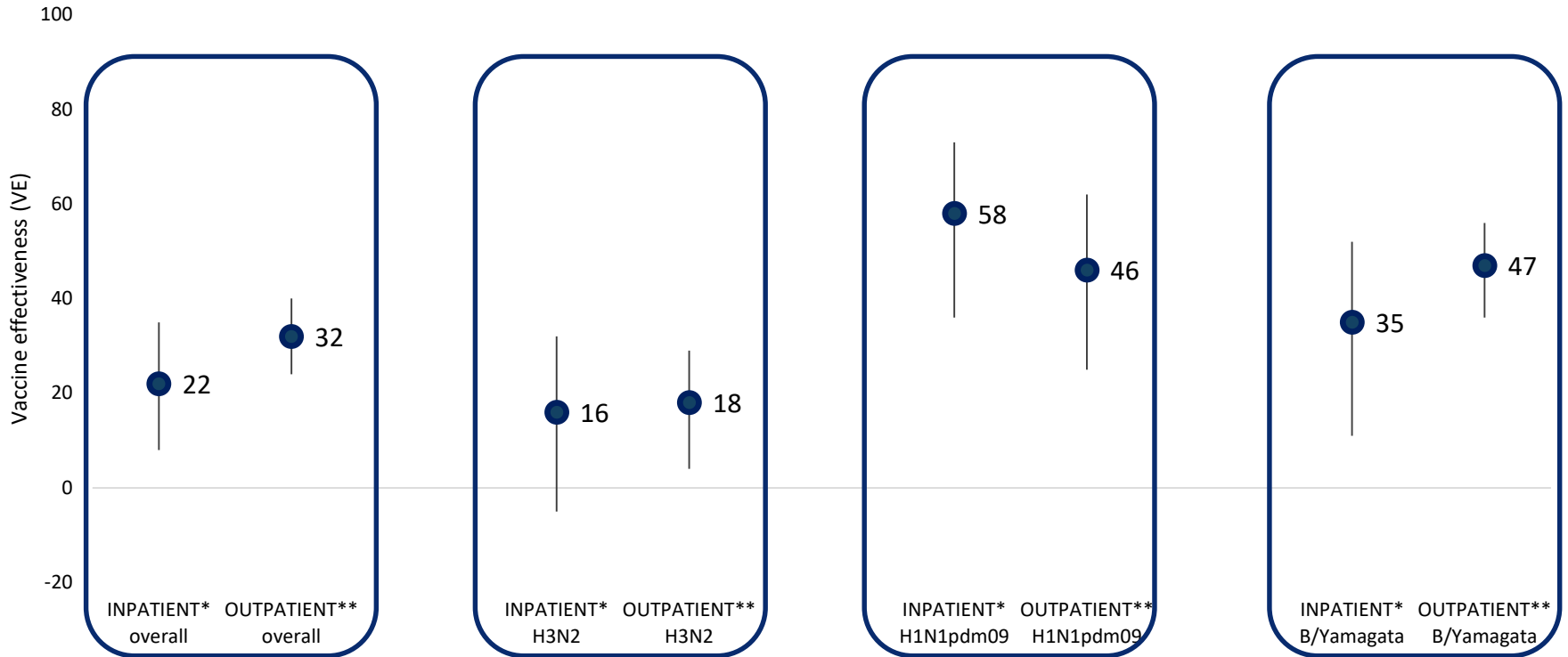
Comparison of VE estimates by age group among inpatient (HAIVEN) and outpatient (Flu VE) adults aged ≥ 18 yrs, 2017-18



* Multivariate logistic regression models adjusted for age, site, days from illness onset to specimen collection, timing of illness onset, home oxygen use, and number of self-reported hospitalizations in the prior year

** Multivariate logistic regression models adjusted for site, age, sex, race/ethnicity, self-rated general health status, interval from onset to enrollment, and calendar time

Comparison of VE estimates by virus type among inpatient (HAIVEN) and outpatient (Flu VE) adults aged ≥ 18 yrs, 2017-18



*Multivariate logistic regression models adjusted for age, site, days from illness onset to specimen collection, timing of illness onset, home oxygen use, and number of self-reported hospitalizations in the prior year

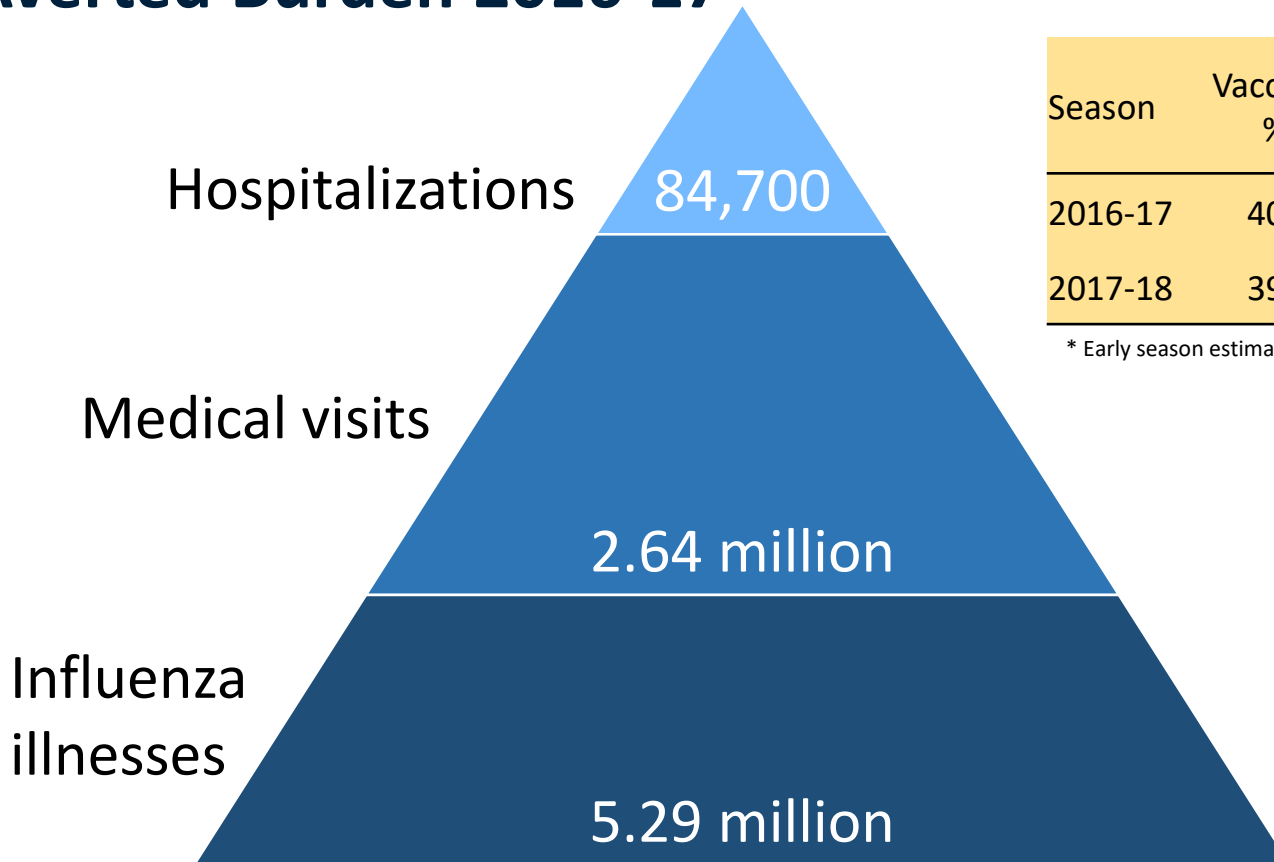
** Multivariate logistic regression models adjusted for site, age, sex, race/ethnicity, self-rated general health status, interval from onset to enrollment, and calendar time

Summary and Future Directions

Summary

- 2017-18 was an influenza season with high severity. A(H3N2) viruses were the predominant circulating virus.
- Influenza vaccination reduced outpatient visits for influenza-associated ARI by 40% (CI, 34% to 46%) among persons aged 6 months and older.
- Among adults, VE estimates were similar for outpatients and inpatients. Vaccination reduced influenza-associated hospitalization among adults by 22% (CI, 8% to 35%).
- VE estimates against A(H1N1)pdm09 (65%) and B/Yamagata (49%) viruses were higher than VE against A(H3N2) viruses (24%), similar to previous seasons.
- Final VE results will include VE by vaccine type (standard dose vs high dose IIVs for patients aged ≥ 65 yrs) and effects of prior season vaccination

Averted Burden 2016-17



Season	Vaccine coverage % (95% CI)	Vaccine effectiveness % (95% CI)
2016-17	40 (38–43) *	40 (32–46)
2017-18	39 (37–40) *	40 (34–46)

* Early season estimate, Nov 2016 and Nov 2017

Estimates of 2017-18 averted burden expected in fall 2018

Enhancements to work towards better vaccines and expand our evidence base

- Investigation into immunologic basis of influenza vaccine failures
 - Initiating collection of acute/convalescent sera from subset of influenza cases in US VE Network and HAIVEN
- Expanded enrollment for US Flu VE and HAIVEN Networks
- Expand evidence base for contribution of antigen dose and adjuvants on VE
- Understand effects of egg-adaptive changes on VE
 - Determining differences between egg-based and non-egg vaccines
- Engineer optimal vaccine viruses that have fewer disruptive egg-adaptive changes

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

