Influenza vaccines for 2018-19

Advice and FAQs

1. What types of flu vaccines will be available for 2018-19?

For the 2018-19 flu season a number of different influenza (flu) vaccines are available:

- **Live attenuated influenza vaccine (LAIV)** - A live flu vaccine licensed for use from 2-17 years of age, and given as a nasal spray. This vaccine is quadrivalent (contains four strains of flu - 2 A strains and 2 B strains).

- **Quadrivalent inactivated vaccine (QIV)** - Injectable flu vaccines, some of which are now licensed for use from 6 months of age. These vaccines are quadrivalent (contain four strains of flu - 2 A strains and 2 B strains)

- **Trivalent inactivated vaccine (TIV)** - Injectable flu vaccines, some of which are licensed for use from 6 months of age. These vaccines are trivalent (contain three strains of flu - 2 A strains and 1 B strain).

- **Adjuvanted trivalent inactivated vaccine (aTIV)** - An injectable flu vaccine that has an adjuvant added to work better in those aged 65 years of age and over. This vaccine is trivalent (contains three strains of flu - 2 A strains and 1 B strain).

2. Which flu vaccines should be used for which age groups?

The flu vaccine recommended for eligible individuals differs according to the individual’s age:

<table>
<thead>
<tr>
<th>Age</th>
<th>Preferred vaccine</th>
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</thead>
<tbody>
<tr>
<td>From 6 months up to 2 years of age</td>
<td>QIV</td>
</tr>
<tr>
<td>From 2 to 17 years of age</td>
<td>LAIV</td>
</tr>
<tr>
<td>From 18 to 64 years of age</td>
<td>QIV</td>
</tr>
<tr>
<td>65 years of age and older</td>
<td>aTIV</td>
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3. What is the evidence of clinical and cost-effectiveness of the different flu vaccines?

Fluad® (Seqirus), **adjuvanted trivalent inactivated vaccine (aTIV)**, was licensed late in 2017 and is available for use in the 2018-19 season.

JCVI (Joint Committee on Vaccination and Immunisation) concluded at its October 2017 meeting that aTIV is more effective and highly cost effective in those aged 65
years and over compared with the non-adjuvanted influenza vaccines currently used in the UK for this age-group. JCVI agreed that aTIV would be considered the optimal clinical choice for all patients aged 65 years and over. The JCVI specifically considered that the use of the aTIV should be a priority for those aged 75 years and over, given that non-adjuvanted inactivated flu vaccine has showed no significant effectiveness in this group over recent seasons.

JCVI have also reconsidered the use of **quadrivalent inactivated vaccines (QIV)**, which offer protection against two strains of influenza A and two strains of influenza B rather than two strains of influenza A and one strain of influenza B which is found in trivalent flu vaccines. As influenza B is relatively more common in children than older age groups, the main clinical advantage of these vaccines is in childhood. More recent modelling work by Public Health England (PHE) suggests that, the health benefits to be gained by the use of quadrivalent vaccines compared to trivalent vaccines, **is more substantial in at risk adults under 65 years of age, including pregnant women**. On average, use of quadrivalent over trivalent is likely to lead to reduced activity in terms of GP consultations and hospitalisations, with the overall public health benefit justifying the additional cost of the vaccines compared to trivalent vaccines.

4. Where can I get more detail of the clinical evidence and data about the best flu vaccines to use?


Supplemental data from PHE to support the Green Book: www.gov.uk/government/publications/flu-vaccination-supporting-data-for-adult-vaccines

5. Is there enough adjuvanted trivalent vaccine (aTIV) and quadrivalent influenza vaccine (QIV) for 2018/19?

Yes. Suppliers have confirmed that there will be enough aTIV and QIV to meet demand.

*aTIV*

Seqirus is the only manufacturer of the adjuvanted trivalent influenza vaccine FluaD®. They have confirmed that there will be enough supply for England and Wales subject to orders being placed by 5pm Thursday 29 March.

*QIV*

Sanofi Pasteur is producing a quadrivalent influenza vaccine again in 2018/19 and has confirmed they are able to fulfil orders of any size, provided these are made by 5pm Thursday 29 March.
Mylan is also offering a quadrivalent influenza vaccine in 2018/19 and have assured us that supplies are assured for all orders placed before the end of March. (Please note the Mylan QIV is licensed for use in those aged 18 and above only.)

It is possible that supplies of quadrivalent influenza vaccine from other manufacturers may be confirmed in the coming weeks.

6. The only adjuvanted flu vaccine is trivalent not quadrivalent, does this matter?

At present there are no adjuvanted quadrivalent influenza vaccines licensed in the UK.

Modelling work by PHE suggests that there are relatively small health benefits of quadrivalent vaccines in the elderly, compared to trivalent vaccines. **JCVI is clear that the best vaccine for those aged 65 and over is the currently licensed adjuvanted trivalent vaccine Fluad®.**

7. What advice is there on managing multiple vaccines for different patient cohorts safely in clinical settings?

General practices will already be used to handling more than one influenza vaccine for example; live attenuated influenza vaccine (LAIV) for most children and inactivated influenza vaccine for adults. The usual procedures for the safe administration of vaccines should be followed.

8. We have already ordered flu vaccines for the 2018-19 flu season, should we amend the order?

Please review your order to be sure you have ordered the appropriate vaccines, to offer the best protection next winter.

The clinical evidence base shows that use of adjuvanted trivalent inactivated vaccine (aTIV) for patients aged 65 and over, and quadrivalent inactivated vaccine (QIV) for under 65 at-risk patients, including all pregnant women, are clinically most effective and in the best interests of patients.

Clinicians are professionally responsible for forming their own clinical judgements, which take account of the most up to date and reliable scientific evidence, and must act in the best interests of patients. This is a contractual and professional duty. Independent expert clinical advice is that adjuvanted trivalent inactivated flu vaccine (aTIV) or quadrivalent vaccines (QIV) are the clinically preferred choices for the respective patient groups. Use of these vaccines is clearly in the best interests of patients, particularly given the association of flu with increased mortality.

General practices, and community pharmacies are asked to ensure that flu vaccine procurement for 2018/19 is aligned with the clinical evidence-base. If, after review, orders need to be amended and alternative vaccines ordered, this should be done promptly, meeting the deadlines for ordering, this will help reduce the risk of any financial implications.

If you encounter any difficulties with an individual manufacturer in changing your order to reflect the clinical evidence base, please advise your health board immunisation coordinator.
9. **What should we do if we want to amend our order for flu vaccines?**

In the first instance, we suggest you contact the supplier(s) you want to switch to. They have guaranteed to extend their order dates (see Q5), and maintain the same prices for that extended period, and will be able to discuss with you the process of switching your order. You will also need to contact any supplier(s) you have placed a provisional order with; although responsibility sits with you as the purchaser; the provider you are switching to may be able to provide advice on this.

10. **We have already ordered flu vaccines for 2018-19, will the suppliers of aTIV and QIV be offering competitive prices when I am ordering in February or March?**

There are a number of suppliers and Seqirus, Mylan and Sanofi Pasteur have confirmed that existing prices and discount structures for their respective products will be held until the ordering windows close. (see Q5 above for precise details, which differ by company).

11. **What happens if I miss the deadline for ordering?**

General practices and community pharmacies should make every effort to adjust their orders to be sure the vaccines they provide reflect the evidence base, and within the timeframes specified above. Orders made after the deadlines specified above cannot be guaranteed; but those needing to place a late order should discuss this with the relevant manufacturer directly who will handle this on a case-by-case basis.

12. **How are general practices reimbursed for aTIV and QIV?**

There is no change in the process of reimbursement for flu vaccines given.

13. **How are community pharmacies reimbursed for aTIV and QIV**

There is no change in the process of reimbursement for flu vaccines given.

14. **What does this mean for health boards?**

Health boards’ advice on this topic should be consistent with the national advice regarding vaccine choice for best protection of eligible individuals.

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