

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.¹ 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.¹ 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.²⁻³
 - 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.⁴
 - 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.⁵
 - Recent meta-analyses showed that high-dose inactivated influenza vaccine was more likely than standard dose vaccine to prevent influenza and its complications.⁶⁻⁷
- **FLUAD™** – Approved through accelerated-approval process in November 2015,⁸⁻⁹ 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.⁸
- 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.¹⁰
- A recent systematic review and meta-analysis showed that adjuvanted influenza vaccine is more effective than unadjuvanted vaccine at preventing influenza-related complications.¹¹
- 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.¹

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.¹³ 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.⁵
- 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.⁸
- 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.¹

References

¹CDC. 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)

²FDA. Vaccines, Blood & Biologics—Fluzone, Fluzone High-Dose and Fluzone Intradermal (www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm112854.htm)

^{3,4}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)

⁵Gravenstein 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)

⁶Lee 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)

⁷Wilkinson 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)

⁸FDA. Vaccines, Blood & Biologics – FLUAD™ Approval

(www.fda.gov/biologicsbloodvaccines/safetyavailability/vaccinesafety/ucm473989.htm)

⁹FDA. FLUAD™ Clinical Review

(www.fda.gov/downloads/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/UCM474387.pdf)

¹⁰Van 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)

¹¹Domnich 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)

¹²Dunkle 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>

¹³Kaka 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).

¹⁴Food and Drug Administration Flublok Quadrivalent Package Insert:

www.fda.gov/media/123144/download

Other Resources

CDC: www.cdc.gov/flu/protect/vaccine/qa_fluzone.htm

CDC: www.cdc.gov/flu/protect/vaccine/adjuvant.htm

CDC: www.cdc.gov/flu/professionals/acip/immunogenicity.htm

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