

NHS England South (South East): Position Statement on Influenza Vaccine for 2018/19 Season

Commissioning Position						
<ul style="list-style-type: none"> The advice from NHSE national team should be taken into account when placing orders for flu vaccines Prescribing of quadrivalent influenza vaccine is not currently recommended for use in patients aged 65 and over registered with a GP in NHS England South (South East) or those patients resident in Kent, Surrey, Sussex but not currently registered with a GP. General Practice should offer existing trivalent influenza or quadrivalent influenza vaccine to eligible patients in at risk groups under the age of 65. Patients aged 65 and over should be offered the adjuvanted trivalent vaccine (Fluad®), with priority being given to those aged over 75, in the event of insufficient vaccine supply to cover the whole over 65 cohort 						
Summary of evidence						
<ul style="list-style-type: none"> Influenza A remains the cause of most cases of influenza (around 69-76%); two strains are covered by the trivalent vaccine. One strain of Influenza B is included within the trivalent vaccine based on annual recommendations by WHO (World Health Organisation); the correct matching of this strain is around 54% (over the last 13 seasons). The quadrivalent vaccine includes both strains of influenza B in addition to the two strains of influenza A. Influenza B tends to peak later in the season (week 12 vs. week 5 for influenza A, although there is some variation year on year). There is evidence that influenza vaccine effectiveness wanes during the season, particularly in the elderly, and may no longer be effective when the B virus is prevalent. At this time, susceptible over 65s may already have suffered from influenza A before the B virus circulates. There is evidence of cross-protection in under 65s with the trivalent vaccine where there has been a mismatch of influenza B strain. The lack of randomised clinical trials in the elderly population coupled with ongoing uncertainty of the clinical value of vaccination in older age groups specifically means there is currently insufficient evidence that quadrivalent vaccination of adults will significantly reduce the burden of influenza B in Kent, Surrey, Sussex. Underpowered mortality surveillance data regarding this cohort of patients undermines any inferences that could be made regarding the impact of quadrivalent vaccination on mortality. PHE modelling concludes that the benefit of using quadrivalent vaccine compared with trivalent is 'more substantial in at risk adults under 65 years of age, including pregnant women.' The PHE review of the 16/17 influenza vaccine noted that there was a reduced vaccine effectiveness seen in the elderly. This reduced vaccine effectiveness was seen even though vaccine uptake was high in the 65+ age group and highest in those aged 75 and older. The JCVI at its meeting in October 2017 noted that an adjuvanted trivalent inactivated influenza vaccine (aTIV) in use for some time in other countries and now licensed in the UK for use in the elderly and available for GPs to order for the 2018/19 season. The available evidence indicated better immunogenicity and effectiveness for aTIV in comparison with non-adjuvanted inactivated influenza vaccines (IIV) in the elderly. The JCVI concluded that given the available evidence aTIV would be highly cost effective in both the 65-75 and 75 and over age groups. 						
Financial Implications						
<ul style="list-style-type: none"> The additional estimated costs to the local NHS budget of using QIV (prescribers should select the product with the lowest purchase price to the NHS) for at risk groups under the age of 65 and aTIV in people aged 65 and over are set out in the table below. 						
EligibleGroup	No Eligible (based on 16/17 data)	No Vaccinated	Uptake %	Vaccine Type	Additional Vaccine Cost	Total Additional Cost to the South East
Approx 53% of the over 65s, who are 65 to 74	503,700	345,094	68.5%	aTIV	£3.20	£1,104,301.20
Adult At Risk Groups inc pregnant women	512,039	233,756	44.3%	QIV (lowest cost)	£1.41	£329,595.96
TOTAL	1,015,739	578,850				£1,433,897.10