WHO Regional Office for Europe recommendations on influenza vaccination during the 2016/2017 winter season

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Influenza is an infectious disease that spreads from person to person mainly by coughing, sneezing and close contact. Influenza symptoms begin suddenly and can last from a few days to up to 2 weeks. Common symptoms include fever, cough, body aches and headache. While, influenza infection is usually mild and uncomplicated, it may occasionally cause severe disease, particularly among the elderly, pregnant women, young children, and persons with underlying medical conditions. Seasonal influenza vaccination is safe and the most effective means of preventing infection and severe outcomes caused by influenza viruses.

RECOMMENDED TARGET GROUPS FOR INFLUENZA VACCINATION

Vaccination can benefit all age groups, but is especially important for people at higher risk of serious influenza complications. Specific population groups may be targeted for vaccination depending on the objectives of the national vaccination programme, documented vaccine effectiveness, access to vaccine, and the ability to implement vaccination campaigns in the target groups.

The priority groups for influenza immunization are drawn from the 2012 WHO position paper on influenza vaccines¹ and include:

- pregnant women;
- individuals >6 months with chronic heart or lung diseases, metabolic or renal disease, chronic liver disease, chronic neurological conditions or immunodeficiencies;
- elderly persons over a nationally defined age limit, irrespective of other risk factors;
- residents of long-term care facilities for older persons and the disabled;
- children aged 6–59 months;
- health care workers including those who work in facilities that care for the elderly or persons with disabilities.

Additional information

Information sheets on reaction rates of seasonal influenza vaccines (available in English and Russian) http://www.who.int/vaccine_safety/initiative/tools/vaccinfosheets/en/

¹ Seasonal influenza vaccine, Weekly Epidemiological Record: 2012 (21); 87, 201–16 (www.who.int/wer/2012/wer8721.pdf)
COMPOSITION OF INFLUENZA VACCINES FOR 2016-2017

Due to the influenza virus’ continuous genetic and antigenic changes, WHO updates its recommendations for the composition of the vaccine twice a year for the northern and southern hemisphere, respectively. The viruses included in the vaccine are those predicted to be the most common in the forthcoming season. Because the composition of the vaccine is updated regularly to produce the best protection, vaccination against influenza is recommended every year before the season begins. As it takes approximately 6-8 months to produce influenza vaccines, recommendations for the vaccine composition for the northern hemisphere are published by WHO in February every year.

WHO recommends that *trivalent* seasonal influenza vaccines used in the northern hemisphere during the upcoming 2016-2017 influenza season includes the following:\(^2\,^3\):

- A/California/7/2009 (H1N1)pdm09-like virus;
- A/Hong Kong/4801/2014 (H3N2)-like virus;
- B/Brisbane/60/2008-like virus (Victoria lineage).

For *quadrivalent* vaccines it is recommended to include a B/Phuket/3073/2013-like virus (Yamagata lineage) in addition to the three viruses above. It should be noted that countries that use *trivalent* vaccine and expect B/Yamagata lineage viruses to predominate in the 2016-2017 season, may choose a B/Phuket/3073/2013-like virus in their influenza vaccines.

This year’s recommendation represents a change compared with the vaccine used for the 2015-2016 northern hemisphere influenza season. The main changes include:

- replacement of the A/Switzerland/9715293/2013 (H3N2)-like virus component with an A/Hong Kong/4801/2014 (H3N2)-like virus;
- in *trivalent* vaccines, replacement of B/Phuket/3073/2013-like virus component with a B/Brisbane/60/2008-like virus.

WHO will continue to monitor global influenza virus circulation and will provide updated recommendations as needed.

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