WHO/Europe interim recommendations on influenza vaccination during the 2010/2011 winter season

Introduction

Annual influenza vaccination is a safe and preventive health action that benefits all age groups. The priority groups for immunization that are listed in these interim recommendations are drawn from the most recent WHO position paper on influenza vaccines (1) and the recommendations of the Strategic Advisory Group of Experts on Immunization (SAGE) from July 2009 (2). The high-risk groups discussed in the European Centre for Disease Prevention and Control’s preliminary guidance for developing influenza vaccination recommendations for the 2010/2011 influenza season (3) are also compatible with those presented here.

The specific risk groups that may be most affected by influenza in the WHO European Region during the coming season may differ depending on whether pandemic influenza A(H1N1) 2009, influenza A(H3N2) or influenza B is dominant. WHO/Europe considers that it is still too early to predict the degree to which seasonal influenza viruses will co-circulate with pandemic (H1N1) 2009 viruses during the 2010/2011 northern hemisphere winter influenza season. During the current 2010 influenza season in temperate regions of the southern hemisphere, pandemic influenza A(H1N1) 2009 continues to circulate. Nevertheless, seasonal influenza A(H3N2) and influenza B are also being detected to different degrees in Australia, New Zealand, South America and South Africa (4–8). Countries are therefore advised to follow the WHO recommendation that influenza vaccination during the 2010/2011 northern hemisphere winter influenza season should include all three viruses (9).

WHO/Europe will continue to monitor global influenza virus circulation and will provide updated recommendations as needed. SAGE will also discuss seasonal influenza and pandemic (H1N1) 2009 vaccine at its meeting in November 2010. In the interim, the following recommendations have been prepared to assist Member States of the WHO European Region with planning vaccination programmes.
Interim recommendations

Target groups for vaccination

Member States should determine the prioritization of target groups for vaccination based on national surveillance data and local vaccination capacities. The priority groups targeted for vaccination will depend on the objectives of vaccination but any strategy should reflect the country’s epidemiological situation, resources and ability to access vaccine, and ability to implement vaccination campaigns in the targeted groups (10).

Priority groups that should be considered for immunization include:

- individuals six months of age and older with chronic heart or lung diseases, metabolic or renal disease, chronic liver disease, chronic neurological conditions (11), or immunodeficiencies;
- elderly people over a nationally defined age limit, irrespective of other risk factors;
- pregnant women (12),
- health care workers, including those that work in institutions for older people or those with disabilities;
- residents of institutions for older or disabled people; and
- other groups defined on the basis of national data and capacities.

Note: Member States should consider influenza vaccination programmes that target all people six months of age and older if they consider it feasible. This approach would further target young adult and adult populations that are not in the traditional risk groups for seasonal influenza vaccination, but which have been adversely affected by the pandemic (H1N1) 2009 virus. It would also increase the vaccination of people with undiagnosed chronic underlying conditions who would not otherwise be captured in programmes targeting known high-risk groups.

Influenza vaccination strategies

Influenza vaccination should include all three viruses recommended by WHO (9) for inclusion in influenza vaccines for the southern hemisphere 2010 winter season, as well as for the northern hemisphere 2010/2011 winter season: A/California/7/2009 (H1N1)-like viruses (the pandemic (H1N1) 2009 virus); A/Perth/16/2009 (H3N2)-like viruses; B/Brisbane/60/2008-like viruses.

Trivalent vaccines should be considered for logistical reasons, to avoid multiple injections, and to address the high burden of seasonal influenza in elderly populations.

People aged 65 years and older traditionally experience the highest morbidity and mortality rates from seasonal influenza. Although they are less likely to be infected by currently circulating pandemic H1N1 (2009) viruses, they have experienced the highest case fatality proportions associated with these pandemic influenza virus infections (13).
Note: WHO/Europe recognizes that some Member States may be considering the use of available stocks of monovalent pandemic (H1N1) 2009 vaccine to immunize their populations in advance of the 2010/2011 winter influenza season. If this is the only vaccine that is used, the recommendations of SAGE from July 2009 should be used to determine priority groups for vaccination (2). Nevertheless, monovalent pandemic vaccine will not be effective in reducing infections or complications associated with seasonal influenza A(H3N2) or influenza B virus infections. Seasonal influenza A(H3N2) and influenza B viruses continue to circulate globally and have the potential to circulate in the European Region during the coming influenza season. If circulating, influenza B and influenza A(H3N2) viruses may disproportionately infect vulnerable populations over the age of 65 years, given the residual immunity in some older populations to the pandemic (H1N1) 2009 viruses (14). As a result, WHO/Europe endorses vaccination activities that will increase population immunity to all three currently circulating viruses: A/California/7/2009 (H1N1)-like viruses (the pandemic (H1N1) 2009 virus); A/Perth/16/2009 (H3N2)-like viruses; and B/Brisbane/60/2008-like viruses.

Situation update

To assist Member States with their preparations for the coming 2010/2011 influenza season, WHO/Europe will continue to monitor influenza virus circulation in the temperate zones of the southern hemisphere where the influenza season normally occurs between April and September. Updates on the current situation can be found in the WHO/Europe weekly surveillance report (15).

References


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