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

Introduction

Annual influenza vaccination is a safe preventive health action that benefits all age groups. These recommendations aim to reduce morbidity and mortality in people at risk of developing severe disease due to influenza. The priority groups for immunization that are listed in these recommendations are drawn from WHO position papers 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 are also compatible with those presented here.\(^3\)

The specific risk groups that may be most affected by influenza may differ depending on whether the pandemic (H1N1) 2009 virus, the influenza A(H3N2) virus or the influenza B virus is the predominant circulating virus. While most illnesses caused by any of these types or subtypes of influenza will be uncomplicated, all can occasionally produce severe manifestations, particularly among those in higher risk groups. As the influenza season begins in the WHO European Region, early indications suggest the pandemic influenza A (H1N1) 2009 virus continues to circulate. Nevertheless, influenza B and influenza A(H3N2) viruses are also circulating in the Region.\(^4\) Countries are therefore advised to follow the WHO recommendations that influenza vaccination during the 2010/2011 northern hemisphere winter influenza season should include all three viruses.\(^5\)

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WHO/Europe will continue to monitor influenza virus circulation and will provide updated recommendations as needed. The following recommendations have been prepared to assist Member States of the WHO European Region with planning vaccination programmes.

**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.6

Priority groups that should be considered for immunization include:

- pregnant women7;
- individuals six months of age and older with chronic heart or lung diseases, metabolic or renal disease, chronic liver disease, chronic neurological conditions, or immunodeficiencies;
- health care workers, including those that work in institutions for older people or those with disabilities;
- elderly people over a nationally defined age limit, irrespective of other risk factors;
- 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 persons 6 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 (A/California/7/2009 (H1N1)-like virus (the pandemic (H1N1) 2009 virus); A/Perth/16/2009 (H3N2)-like virus; B/Brisbane/60/2008-like

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virus)\textsuperscript{9} recommended by WHO for inclusion in influenza vaccines for the northern hemisphere 2010/2011 winter season.

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

Persons 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.\textsuperscript{10}

Member States are encouraged to monitor immunization coverage among priority groups receiving influenza vaccines, especially elderly people.

\textbf{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\textsuperscript{11}. Nevertheless, monovalent pandemic vaccine will not be effective in reducing infections or complications associated with seasonal influenza A(H3N2) or influenza B virus infections. 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 virus (the pandemic (H1N1) 2009 virus); A/Perth/16/2009 (H3N2)-like virus; and B/Brisbane/60/2008-like virus.

\textbf{Situation update}

Updates on the current situation can be found in the WHO/Europe weekly surveillance report.\textsuperscript{12}


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