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WHO/Europe recommendations on influenza vaccination during the 2011-2012 winter season

INTRODUCTION

Influenza infection is usually mild and uncomplicated, but may occasionally cause severe disease, particularly among the elderly and persons with underlying medical conditions. Nonetheless, during the influenza pandemic in 2009/10 and again in the northern hemisphere season of 2010/11 severe and fatal disease was also observed in younger, otherwise healthy persons due to A(H1N1) infection. This reflects the typical change in the pattern of morbidity and mortality associated with the introduction of a novel virus.

Annual influenza vaccination is a safe and effective measure which can benefit all age groups, but is especially important for people at higher risk of serious influenza complications, and for people who care for high risk individuals. In healthy adults, influenza vaccine can prevent 70% to 90% of influenza-specific illness, and in the elderly, the vaccine reduces severe illnesses and complications by up to 60% and deaths by up to 80%. Specific population groups may be targeted for vaccination depending on the objectives of the national vaccination programme, access to vaccine, and the ability to implement vaccination campaigns in the targeted groups.

Influenza vaccination is most effective when circulating 'wild type' viruses are well-matched with vaccine viruses. Influenza viruses are constantly changing, and the Global Influenza Surveillance and Response System (GISRS), a partnership of National Influenza Centres around the world, monitors the influenza viruses circulating in humans. Based on the circulating viruses, WHO annually recommends a vaccine composition that targets the three most representative strains.

RECOMMENDED COMPOSITION OF INFLUENZA VACCINES FOR 2011-2012 NORTHERN HEMISPHERE INFLUENZA SEASON

The virus strains recommended for the Northern hemisphere 2011-2012 winter season are unchanged from those in the previous season and include: A/California/7/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens.ⁱ While it is still considered too early to forecast which influenza viruses will predominate during the upcoming northern hemisphere winter influenza season, early indications suggest that pandemic influenza A (H1N1) 2009 virus will continue to co-circulate with influenza B and influenza A(H3N2) viruses in the Northern hemisphere.ⁱⁱ This pattern has also been observed in the temperate regions of the southern hemisphere where the 2011 influenza season is coming to its end.ⁱⁱⁱ

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

RECOMMENDED TARGET GROUPS FOR VACCINATION

The priority groups for immunization listed in these recommendations are drawn from the WHO position papers on influenza vaccines^{iv} and the recommendations of the Strategic Advisory Group of Experts on Immunization (SAGE) from July, 2009.^v

- Priority groups that should be considered for immunization include:
 - Individuals >6 months with chronic heart or lung diseases, metabolic or renal disease, chronic liver disease, chronic neurological conditions^{vi}, immunodeficiencies;
 - Elderly persons over a nationally defined age limit, irrespective of other risk factors;
 - Pregnant women;^{vii}
 - Health care workers including those that work in homes that care for older persons or those with disabilities;
 - Residents of institutions for older persons and the disabled
 - Other groups defined on the basis of national data and capacities

NOTES:

1. Member States may consider influenza vaccination programs that target all persons 6 months of age and older if feasible and cost-effective. This approach would also 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.

2. The risk of complications due to influenza infection in pregnancy increases by trimester; it is therefore especially important that women in the second and third trimesters are vaccinated.
3. Nosocomial cases and outbreaks of influenza associated with infected healthcare workers are well-documented. Influenza outbreaks in hospitals can have severe consequences for especially vulnerable patients (e.g. immunocompromised persons, patients in intensive care units etc.). It is therefore critical that health care personnel working in these environments are vaccinated.

ⁱ WHO [web site]. Recommended composition of influenza virus vaccines for use in the 2011-2012 northern hemisphere influenza season

www.who.int/influenza/vaccines/virus/recommendations/recommendations_2011_12north/en/index.html .

ⁱⁱ WHO/Europe influenza surveillance [web site]. Copenhagen, WHO Regional Office for Europe, 2011 (<http://www.euroflu.org>, accessed 20 September 2011).

ⁱⁱⁱ WHO [web site]. Influenza update, 23 September 2011 Update number 143 (www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/index.html#southern)

^{iv} Influenza vaccines. Weekly Epidemiological Record, No. 33, 19 August 2005

^v Strategic Advisory Group of Experts on Immunization – report of the extraordinary meeting on the influenza A (H1N1) 2009 pandemic, 7 July 2009. Weekly Epidemiological Record, No. 30, 24 July 2009

^{vi} Centers for Disease Control and Prevention (CDC). Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). [erratum appears in MMWR Morb Mortal Wkly Rep. 2006 Jul 28;55(29):800]. *MMWR - Morbidity & Mortality Weekly Report* 2006;55(RR-10):1-42.

^{vii} H1N1 2009 influenza virus infection during pregnancy in the USA. *The Lancet*, Volume 374, Issue 9688, Pages 451 - 458, 8 August