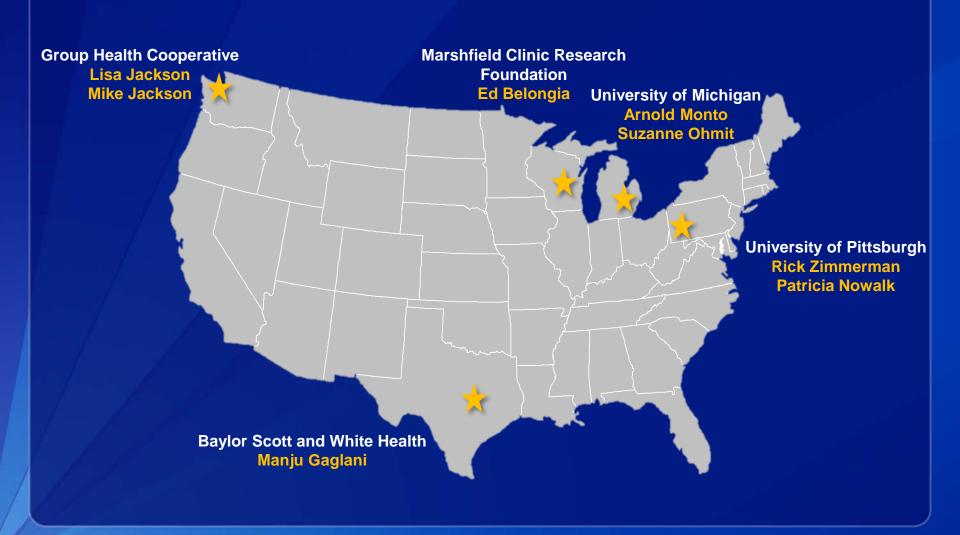
Interim Estimates of 2013–14 Seasonal Influenza Vaccine Effectiveness

Data from the U.S. Flu VE Network December 2, 2013 – January 23, 2014

Brendan Flannery, PhD
Influenza Division, National Center for Immunization & Respiratory Diseases, CDC
Presentation to ACIP
February 26, 2014



US Flu VE Network: 5 Sites and Principal Investigators



US Flu VE Network: Methods

Enrollees: Outpatients aged ≥6 months with acute respiratory illness with cough ≤7 days duration

Dates of enrollment: December 2, 2013–January 23, 2014

Methods: Prospective case-control study (test-negative design)

- All enrolled outpatients tested for influenza by RT-PCR
 - Cases: Outpatients with confirmed influenza (PCR-positive)
 - Controls: Outpatients without influenza (PCR-negative)
- Vaccination status: receipt of <u>at least one dose</u> of any 2013-14 seasonal flu vaccine confirmed by medical records and registries (2 sites) and self-report and medical records (3 sites)

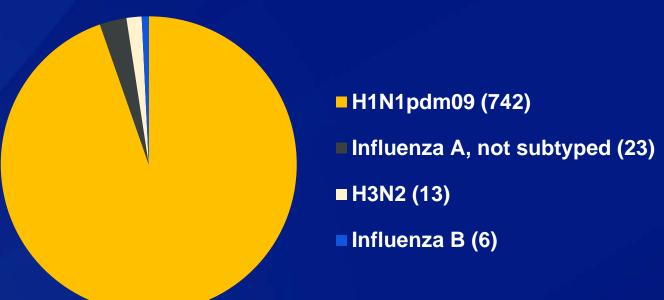
Analysis: $VE = (1 - adjusted OR) \times 100\%$

 Adjustment for study site, age, sex, race/Hispanic ethnicity, self-rated health, and days from illness onset to enrollment

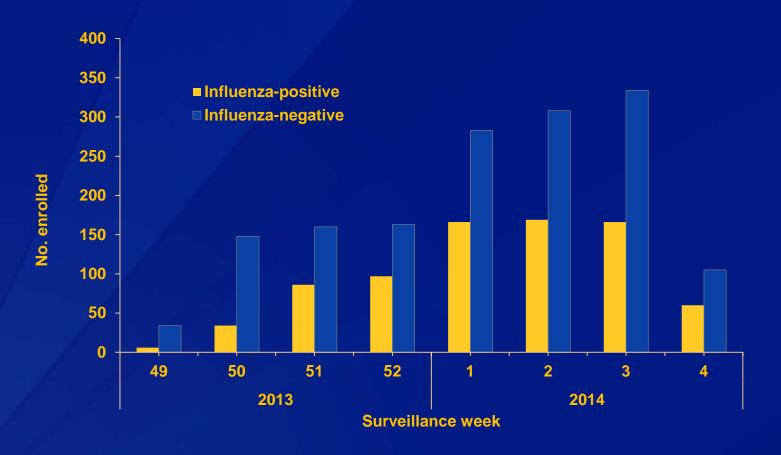
US Flu VE Network: Results

- 2,319 enrolled from Dec 2, 2013–Jan 23, 2014
- □ 1,535 (66%) influenza RT-PCR negative
- □ 784 (34%) influenza RT-PCR positive

Cases enrolled by (sub)type



Number of participants with ARI enrolled at 5 US Flu VE Network sites according to influenza RT-PCR result, by week of onset



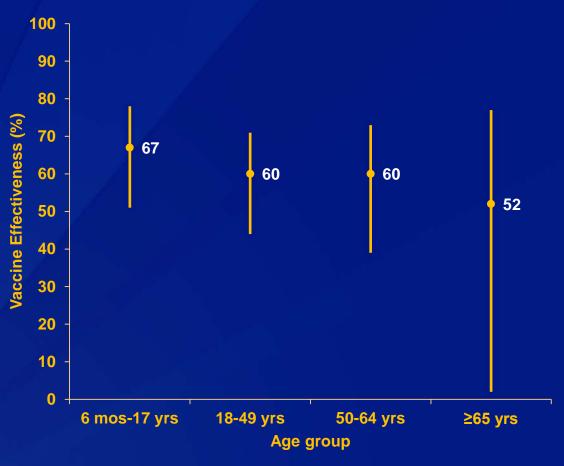
Note: Week 4 only includes patients with completed laboratory tests and thus does not reflect all enrolled patients during that week across study sites.

Interim adjusted VE estimates for ≥1 dose of 2013-14 seasonal influenza vaccine

	Flu pos	% vaccinated	Flu neg	% vaccinated	Adjusted VE	(95% CI)
Influenza A and B		1				
All ages	784	29%	1535	50%	61%	(52 to 68)
Age group (yrs)						
6 mos-17	172	24%	528	48%	67%	(51 to 78)
18–49	360	21%	536	38%	60%	(44 to 71)
50-64	195	37%	286	59%	60%	(39 to 73)
≥65	57	61%	185	79%	52%	(2 to 77)
Influenza A (H1N1pdm	09)					
All ages	742	28%	1535	50%	62%	(53 to 69)
Age group (yrs)						
6 mos-17	168	24%	528	48%	67%	(51 to 78)
18–49	339	21%	536	38%	61%	(45 to 72)
50–64	184	36%	286	59%	62%	(42 to 75)
≥65	5 1	59%	185	79%	56%	(7 to 79)

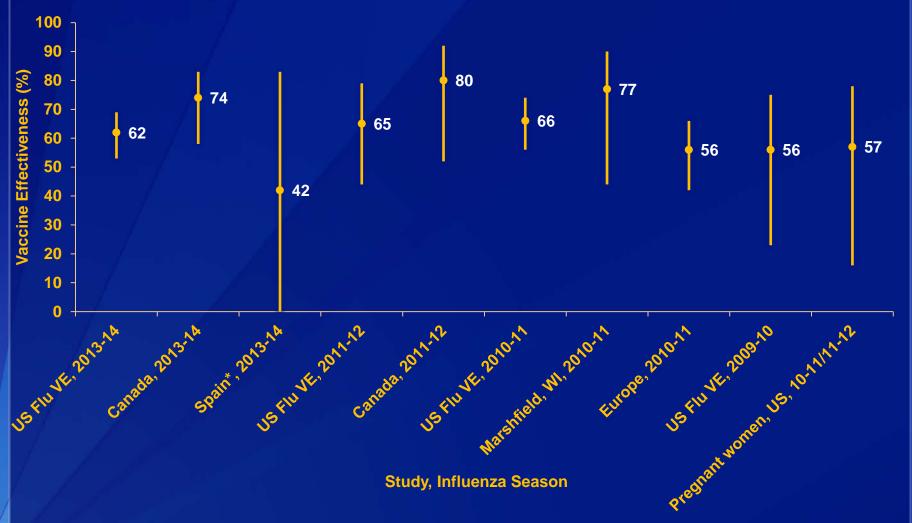
^{*} Vaccine effectiveness was estimated as 100% X (1 – odds ratio [ratio of odds of vaccination among flu-positive cases to odds of vaccination among flu-negative controls]) using logistic regression. Multivariate models adjusted for study site, age, sex, race/Hispanic ethnicity, self-rated health status, and days from illness onset to enrollment. Models for "all ages" include age as a categorical variable; age-specific models include age in years as a continuous variable.

Adjusted VE* and 95% Cls against influenza A and B for ≥1 dose of 2013–14 seasonal influenza vaccine, by age group



^{*} Vaccine effectiveness was estimated as 100% X (1 – odds ratio [ratio of odds of vaccination among flu-positive cases to odds of vaccination among flu-negative controls]) using multivariable logistic regression including study site, age, sex, race/Hispanic ethnicity, self-rated health status, and days from illness onset to enrollment.





^{*} Adjusted VE and 95% CI for primary healthcare patients: 42% (-97%-83%). Source: Castilla J, Eurosurveillance 2014.

Conclusions

- 2009 H1N1pdm virus predominated among influenza viruses identified from Dec 2, 2013-Jan 23, 2014 in U.S.
- Interim adjusted VE against H1N1pdm09 associated medically attended ARI = 62% (95% CI: 53-69)
 - Similar for all age groups
 - Similar to VE estimates for H1N1pdm09 from previous seasons
 - Consistent with laboratory data for current season
- Final analyses for 2013-14 season will investigate effects of prior vaccination
- Ability to estimate VE for H3N2 or B infections will depend upon final sample size

US Flu VE Network

- University of Michigan and Henry Ford Health System: Arnold S. Monto, MD, Suzanne E. Ohmit, DrPH, Joshua G. Petrie, MPH, Emileigh Johnson, Rachel T. Cross, MPH, Casey Martens, Marcus Zervos, MD, Lois Lamerato, PhD, Mary Ann Aubuchon, William Fredrick;
- University of Pittsburgh Schools of the Health Sciences and UPMC: Richard K. Zimmerman, MD, Mary Patricia Nowalk, PhD, Jonathan M. Raviotta, MPH, Heather Eng, Stephen R. Wisniewski, PhD, Charles R. Rinaldo, Jr, MD, Arlene Bullotta, Joe Suyama, MD, Evelyn Reis, MD, Donald B. Middleton, MD, Rhett H. Lieberman, MD, Michael Susick, MPH, Krissy K. Moehling, MPH, Mallory Schaffer, BS;
- Baylor Scott and White Health, Texas A&M University Health Science Center College of Medicine:
 Manjusha Gaglani, MBBS, Lydia Clipper, RN, Anne Robertson, AA, Kempapura Murthy, MPH, Monica Weir, Hope
 Gonzales, Martha Zayed, Teresa Ponder, Virginia Gandy, RN, Patricia Sleeth, RN, Sophia V James, MS,
 Michael Reis, MD, Cathleen Rivera, MD, David Morgan, MD, and Baylor College of Medicine: Pedro Piedra, MD,
 Vasanthi Avadhanula, PhD;
- Group Health Research Institute: Michael L. Jackson, PhD, Lisa A. Jackson, MD, C. Hallie Phillips, MEd, Joyce Benoit, RN, Lawrence T. Madziwa, MS, Matt B. Nguyen, MPH, Julia P. Anderson, MA;
- Marshfield Clinic Research Foundation: Edward A. Belongia, MD, Huong Q. McLean, PhD, Deanna Cole,
 Donna David, Sarah Kopitzke, MS, Tamara A. Kronenwetter Koepel, Jennifer K. Meece, PhD, Carla Rottscheit,
 Sandra K. Strey, Maria E. Sundaram, MSPH, Laurel A. Verhagen;
- *CDC*: Alicia M. Fry, MD, Swathi N. Thaker, PhD, Jessie Clippard, MPH, Ivo Foppa, PhD, Jill Ferdinands, PhD, LaShondra Berman, MS, Angie Foust, MS, Wendy Sessions, MPH, Sarah Spencer, PhD, Erin Burns, MA, Joseph Bresee, MD, Nancy Cox, PhD.