

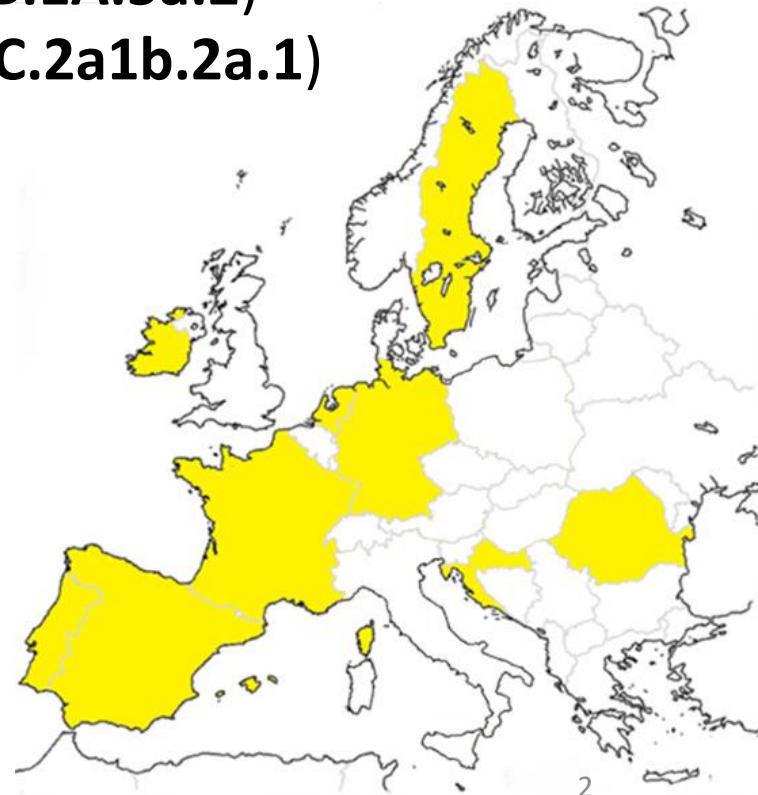


# Vaccine effectiveness against influenza A(H1N1)pdm09 and A(H3N2): I-MOVE primary care multicentre study, Europe, 2021–22

Esther Kissling, Epiconcept, on behalf of the I-MOVE primary care network

# Introduction

- In **2021-22 influenza A**, mainly **A(H3N2)**, circulating in Europe
- Northern Hemisphere (egg-based) vaccine recommendation:
  - A/Victoria/2570/2019 (H1N1)pdm09-like virus (clade **6B.1A.5a.2**)
  - A/Cambodia/e0826360/2020 (H3N2)-like virus (clade **3C.2a1b.2a.1**)
- I-MOVE primary care network
  - Estimating **influenza VE since 2008**
  - **Multicentre case control** study
  - **2021-22: 10 study sites in 9 countries**
- COVID-19 pandemic
  - Changes in healthcare-seeking guidance
  - High incidence of SARS-CoV-2 in 2021-22



# Methods

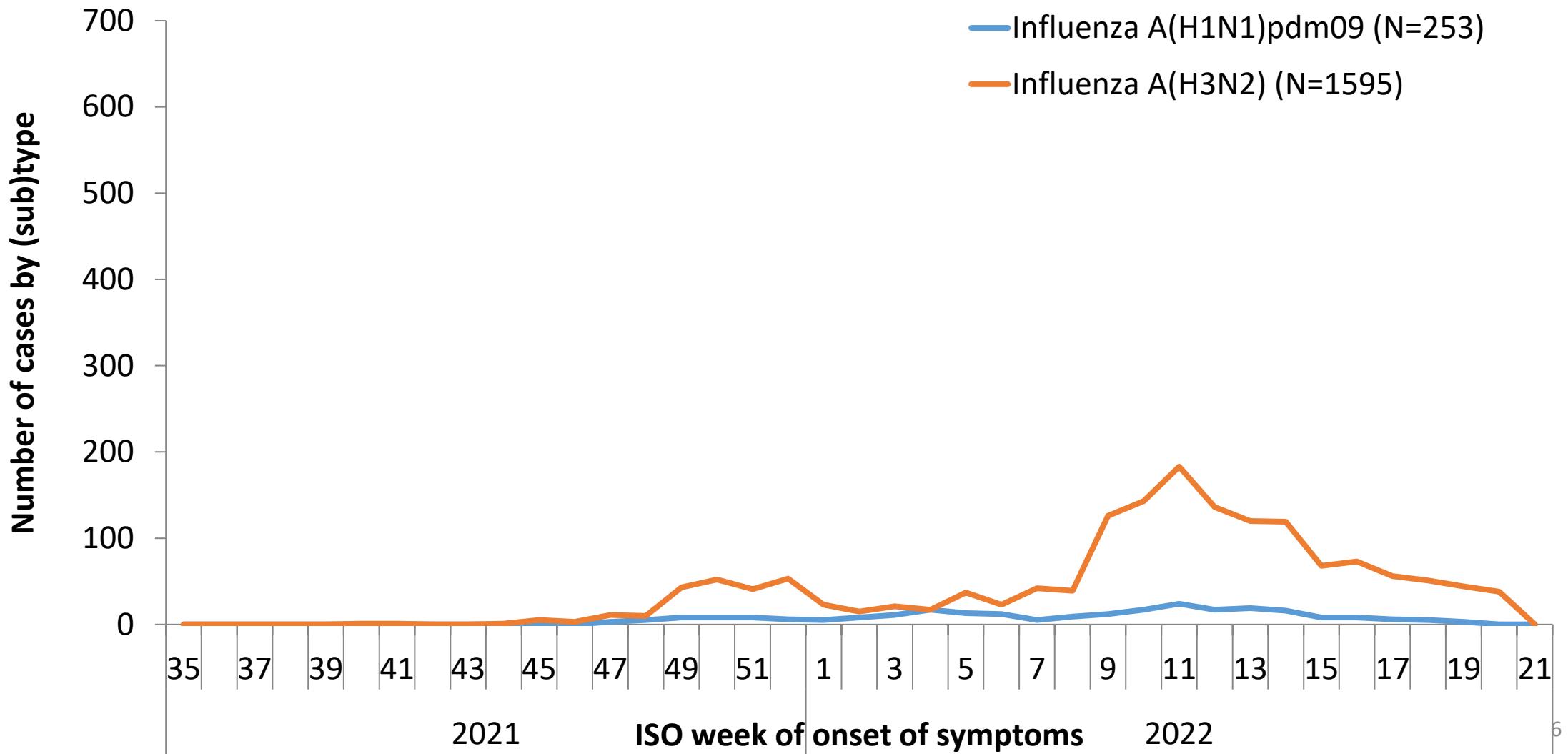
- Study population: Patients consulting primary care physicians
- **Systematic selection** of ILI/ARI patients to swab
- EU ILI or ARI; swabbed <8 days after symptom onset
- Test-negative design: (sub)type-specific analysis  
Case: **A(H1N1)pdm09, A(H3N2);**  
Control: influenza negative
- Vaccinated: Onset  $\geq$ 14 days after vaccination,  
**< 14 days excluded**
- Onset date unavailable in one site → imputation  
(using median days between onset and swab of pooled data)

# Methods

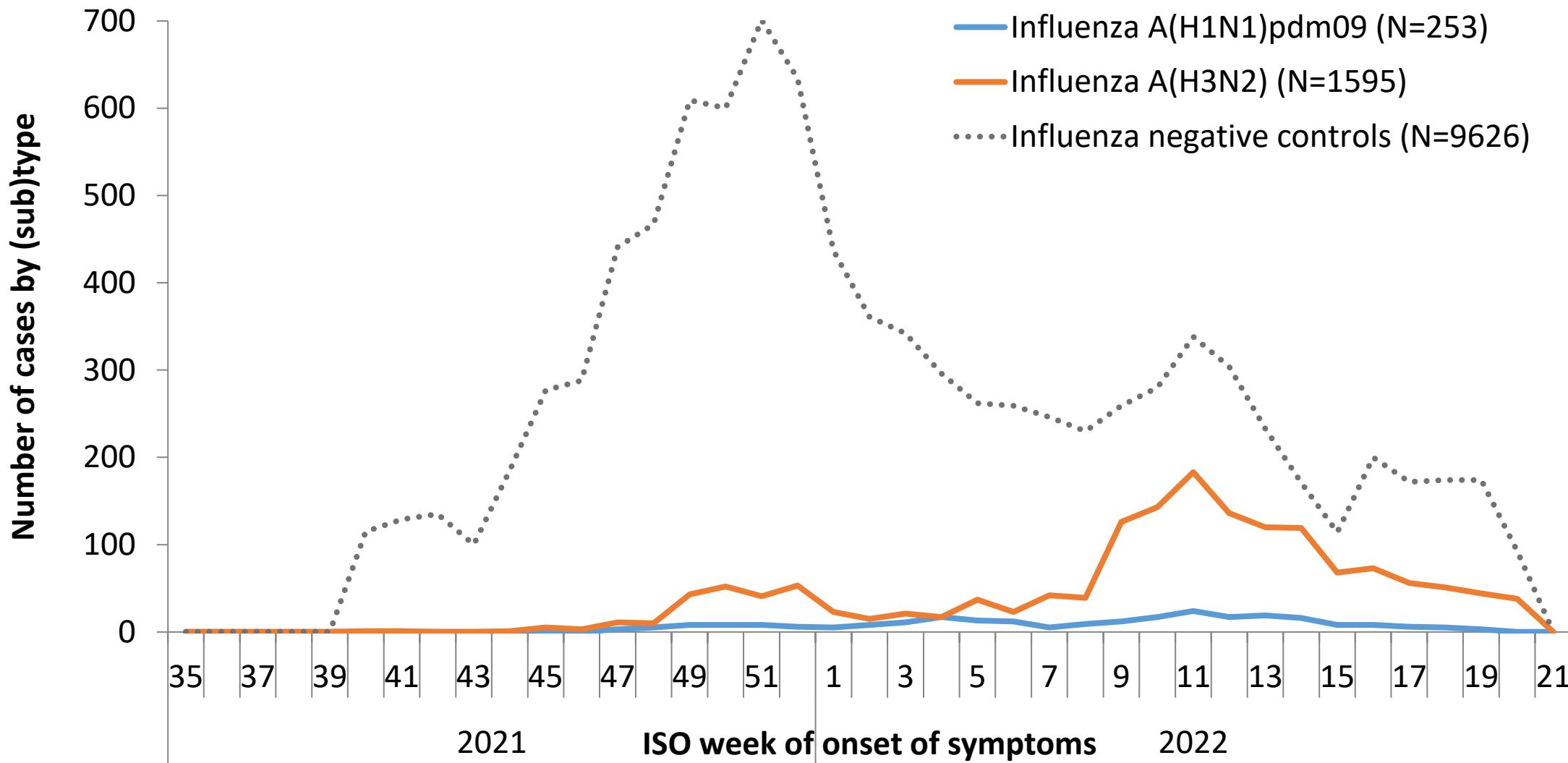
- Logistic regression  $VE = (1 - OR) * 100$ ; Complete case analysis; Individual data pooled with study site as fixed effect
  - Adjusted for age, sex, symptom onset date, presence of chronic condition
- Analysis by age, target group for vaccination, time since vaccination
- **Sensitivity analysis:** exclusion of SARS-CoV-2 positive controls (potential correlation of influenza and COVID-19 vaccination)\*
- 9/10 study sites systematically select samples for **genetic sequencing**

# Results

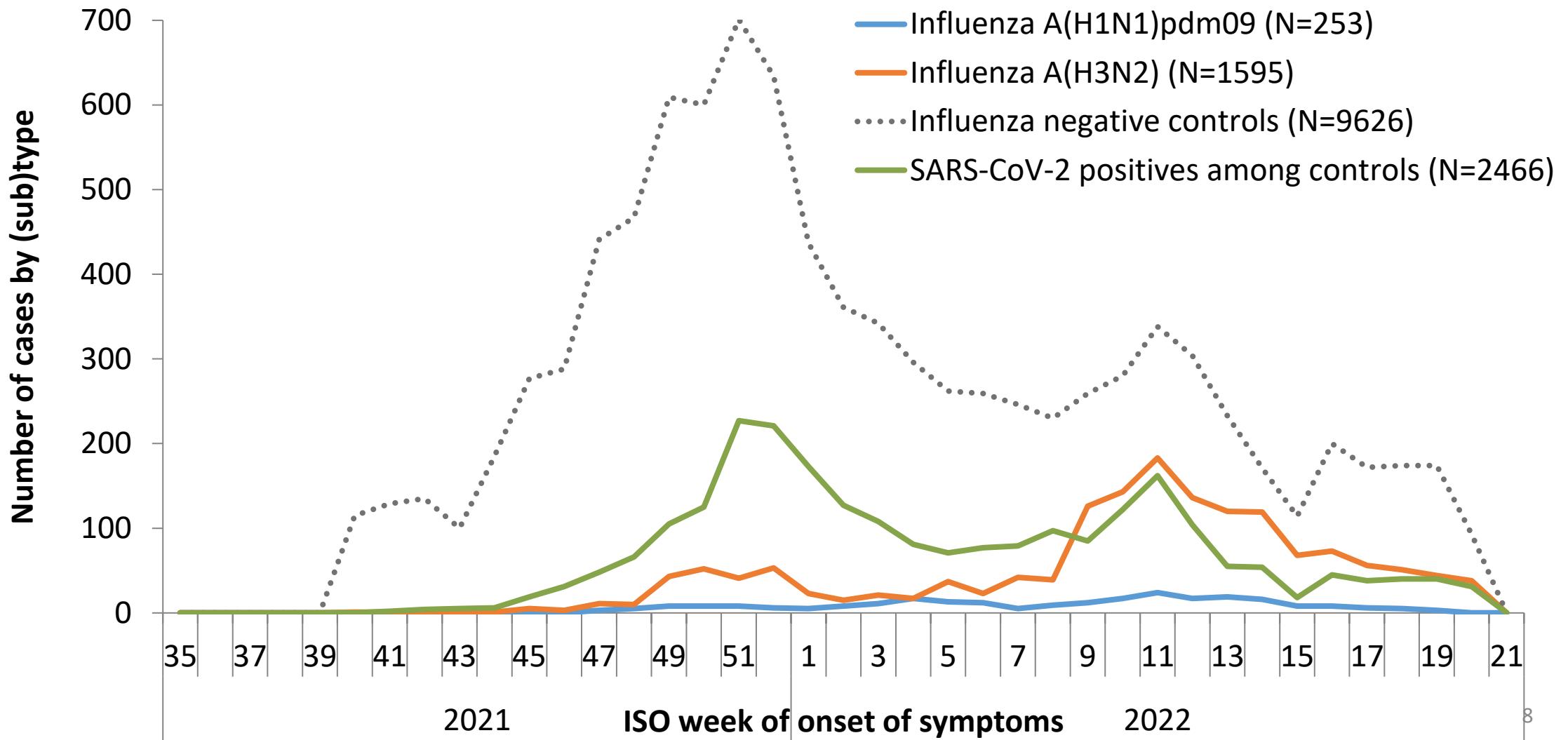
# Number of ILI patients by case status and week of symptom onset, I-MOVE primary care multicentre study, 2021–22



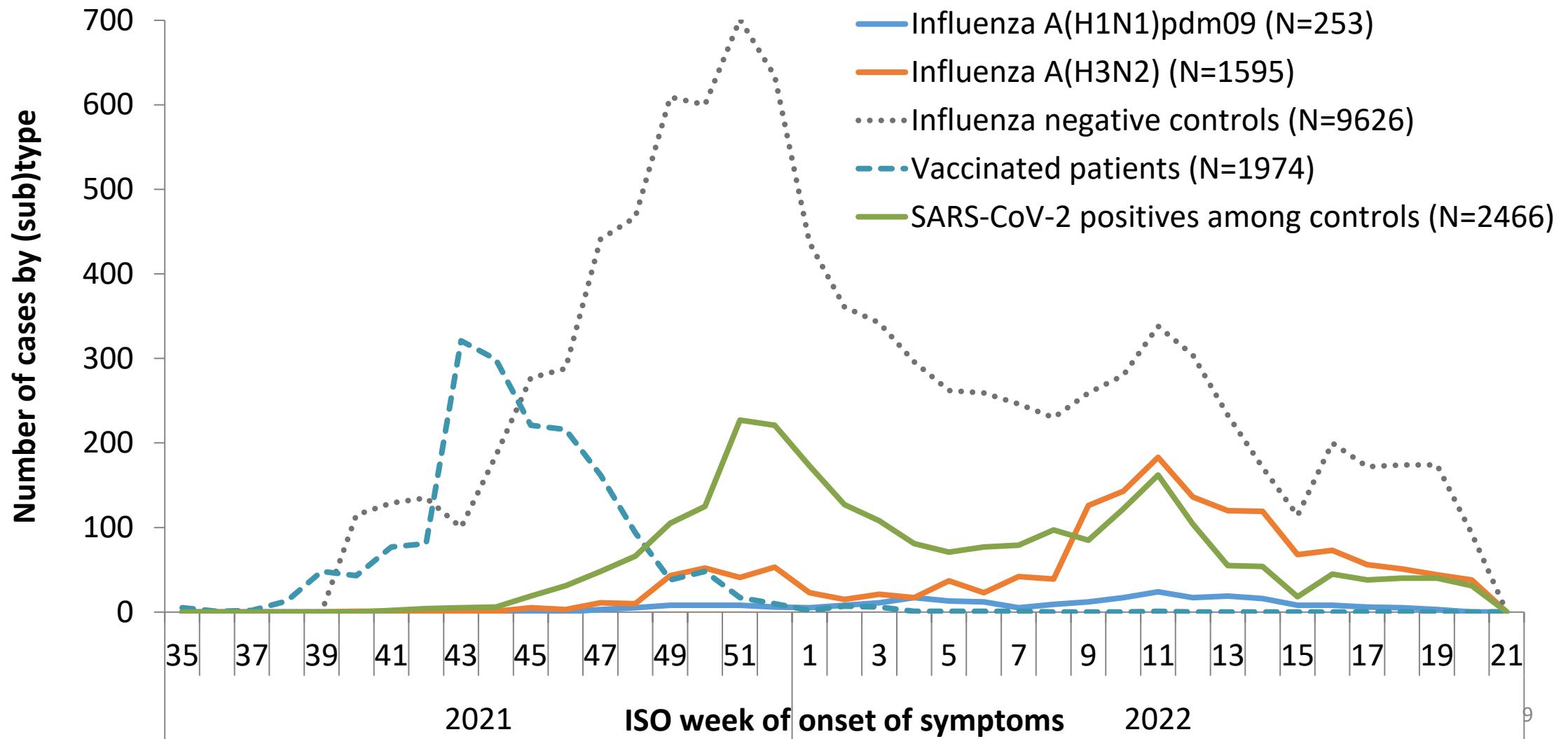
# Number of ILI patients by case status and week of symptom onset, I-MOVE primary care multicentre study, 2021–22



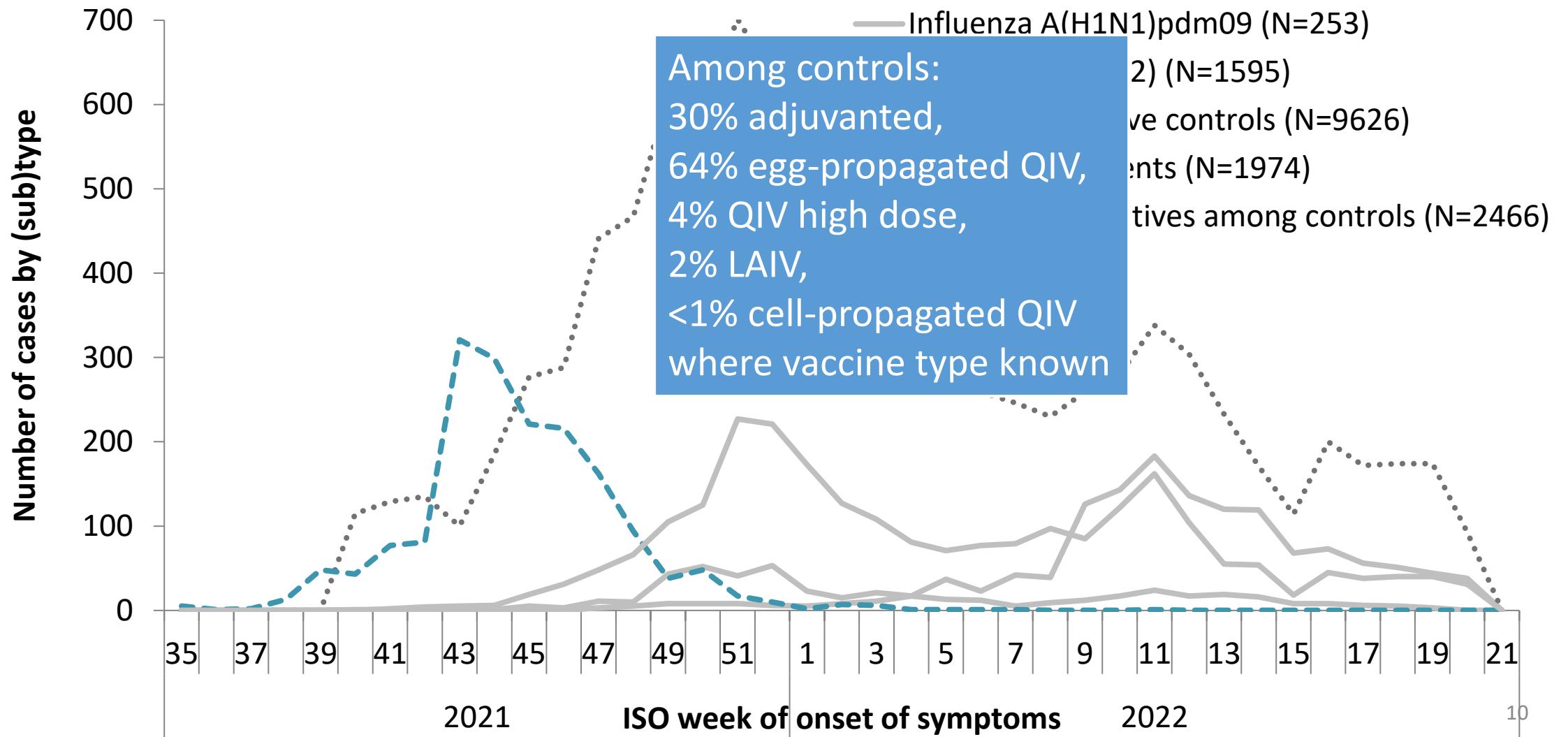
# Number of ILI patients by case status and week of symptom onset, I-MOVE primary care multicentre study, 2021–22



# Number of ILI patients by case status and week of symptom onset, I-MOVE primary care multicentre study, 2021–22

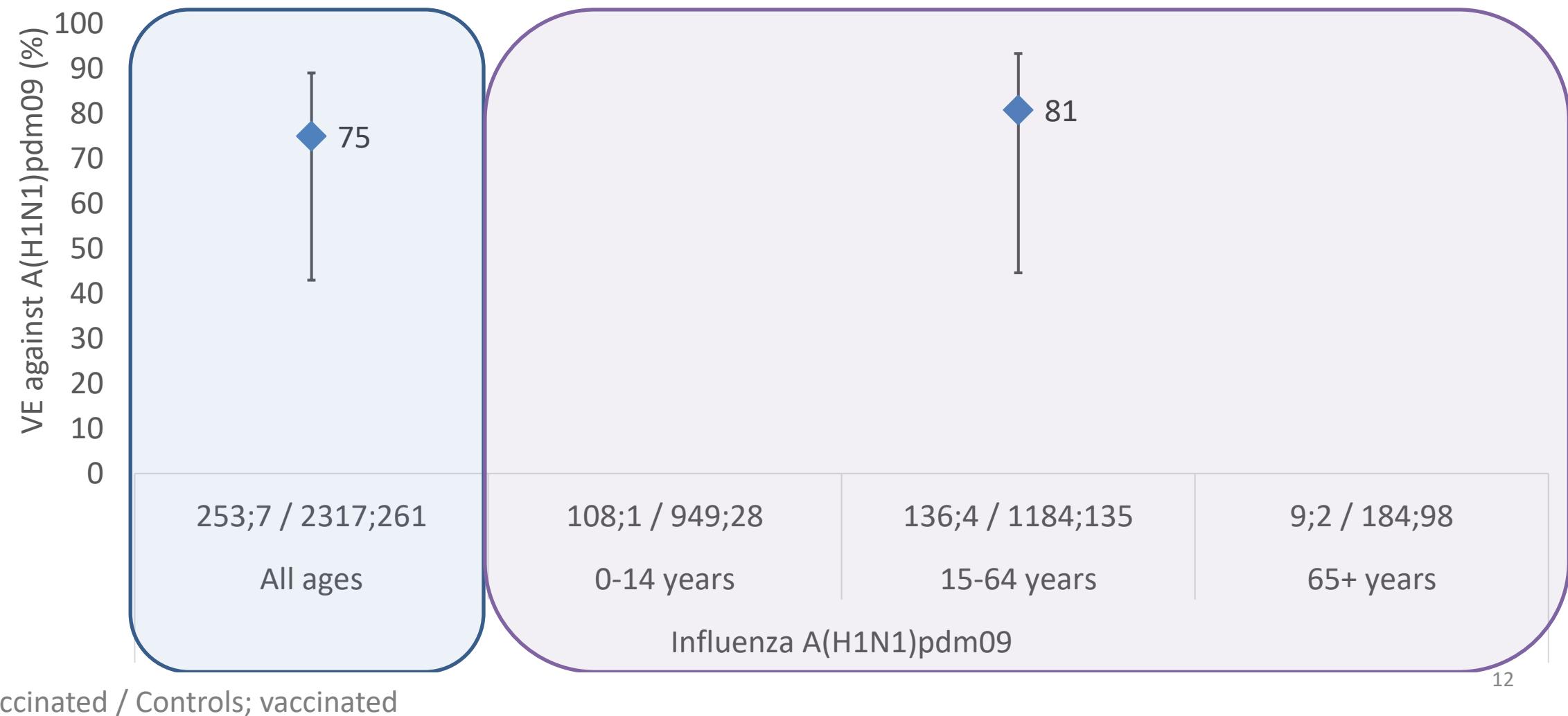


# Number of ILI patients by case status and week of symptom onset, I-MOVE primary care multicentre study, 2021–22

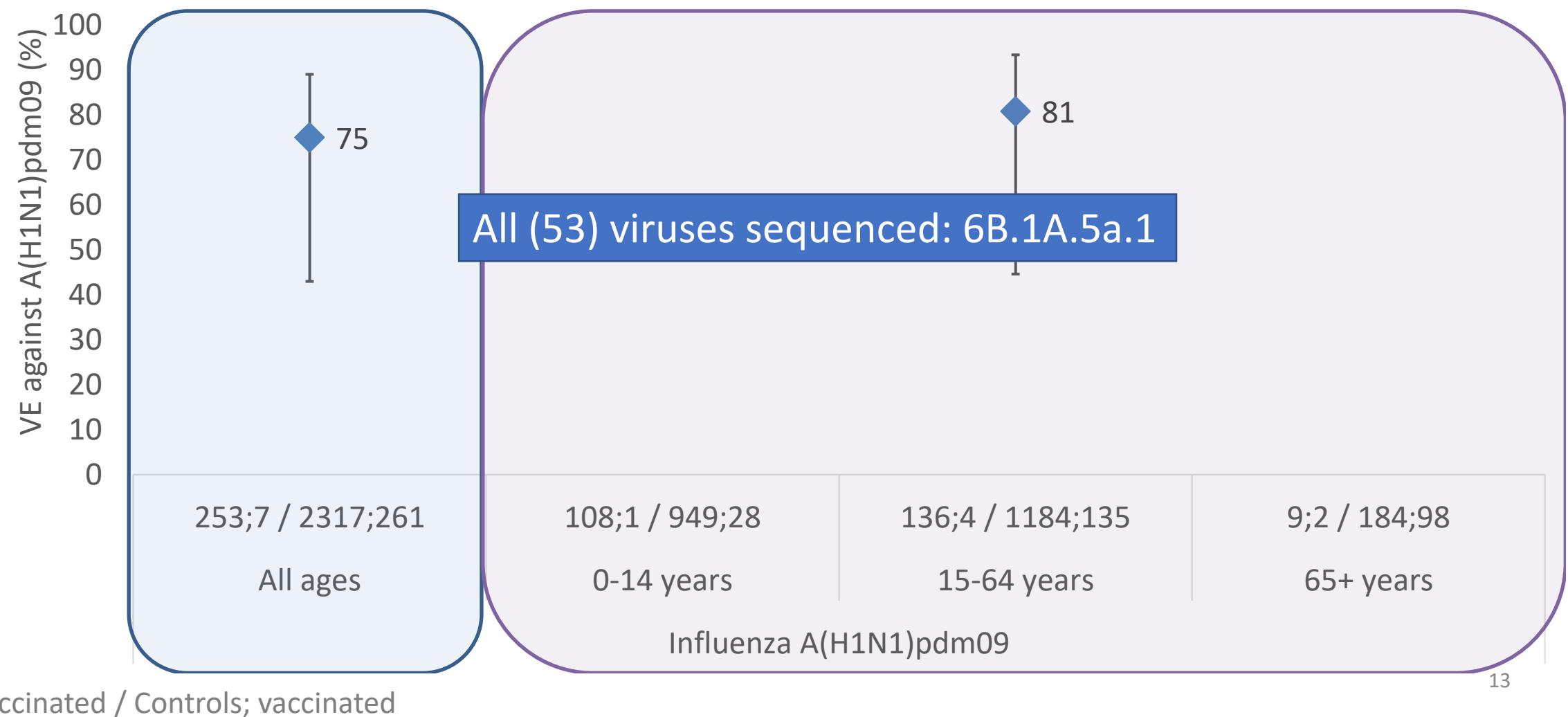


# Influenza A(H1N1)pdm09

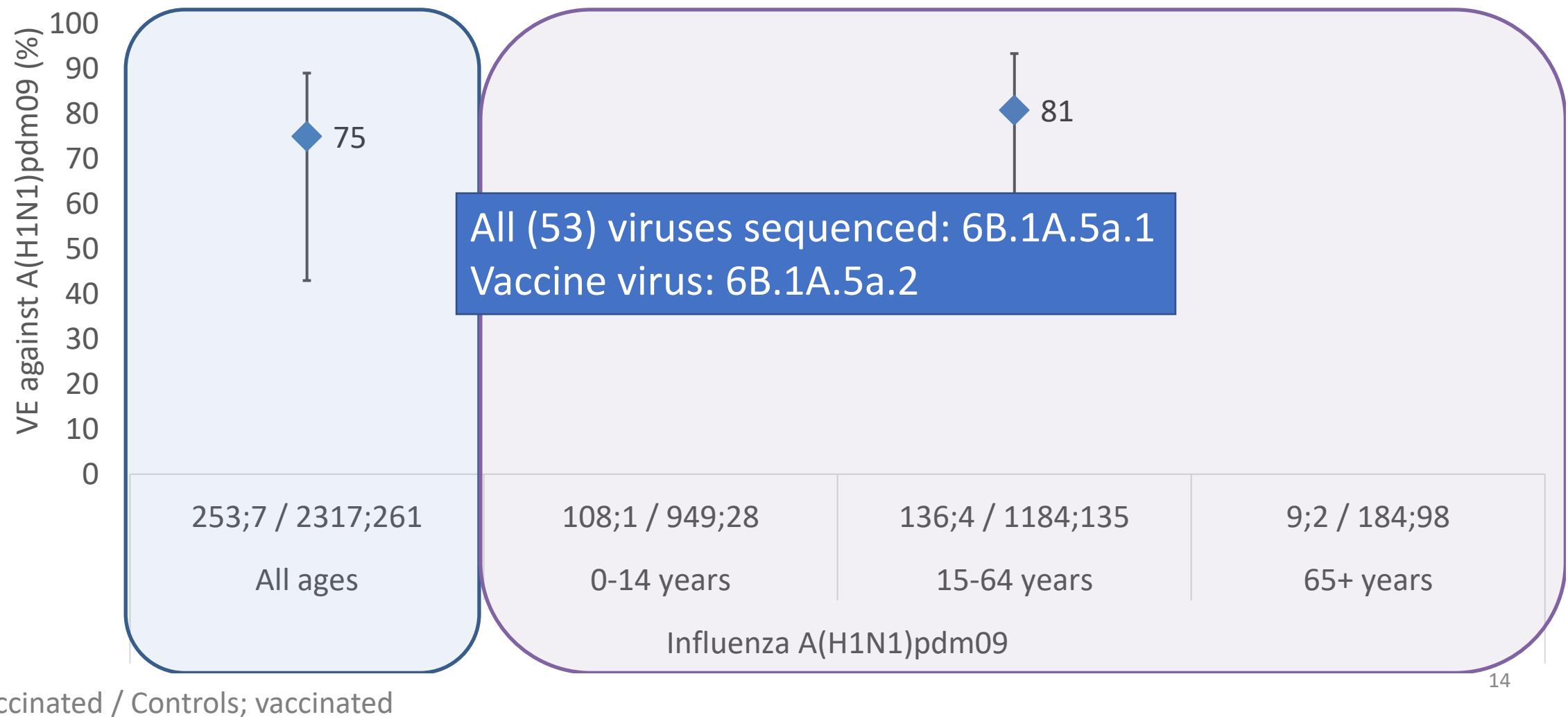
Pooled VE against A(H1N1)pdm09, all ages, by age group,  
I-MOVE primary care multicentre study, 2021–22 (FR, NL, DE)



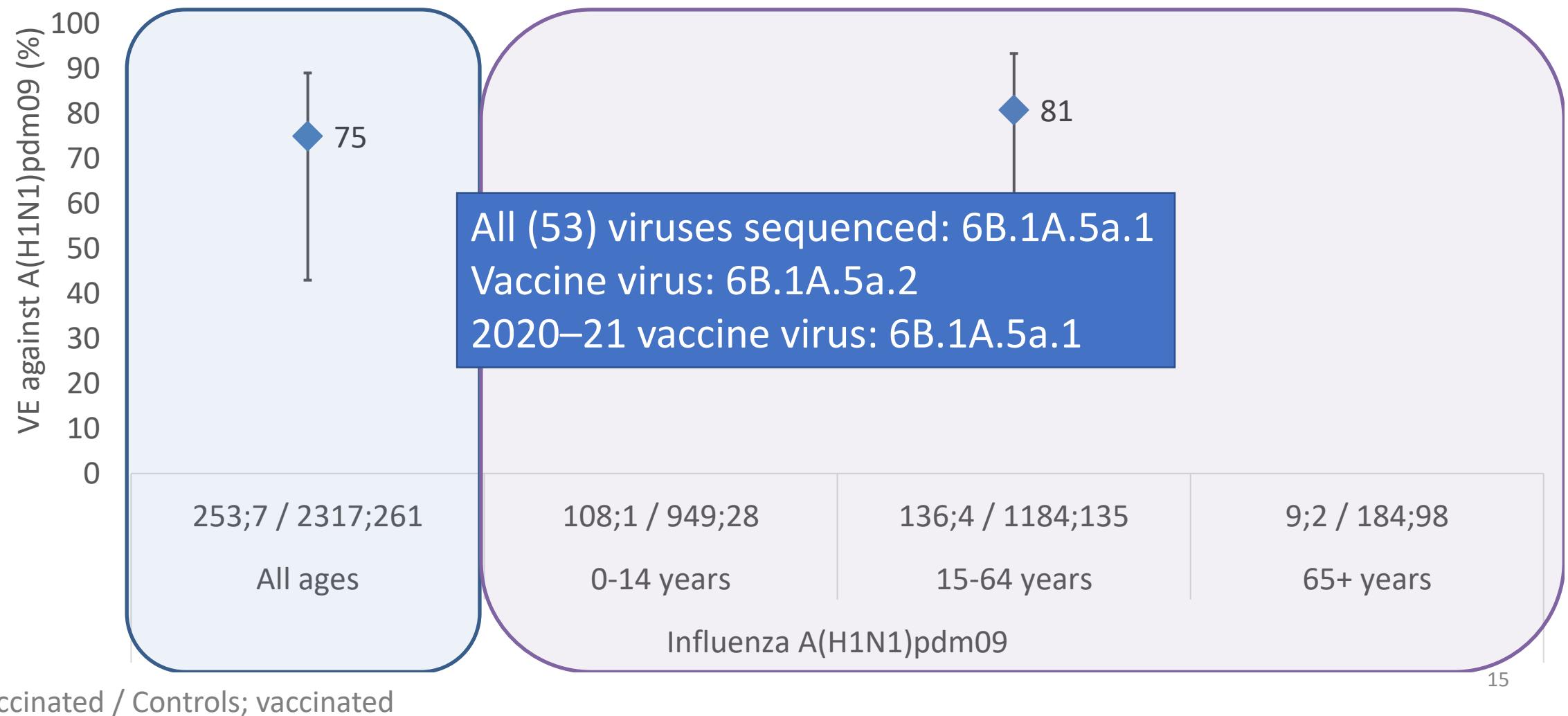
# Pooled VE against A(H1N1)pdm09, all ages, by age group, I-MOVE primary care multicentre study, 2021–22 (FR, NL, DE)



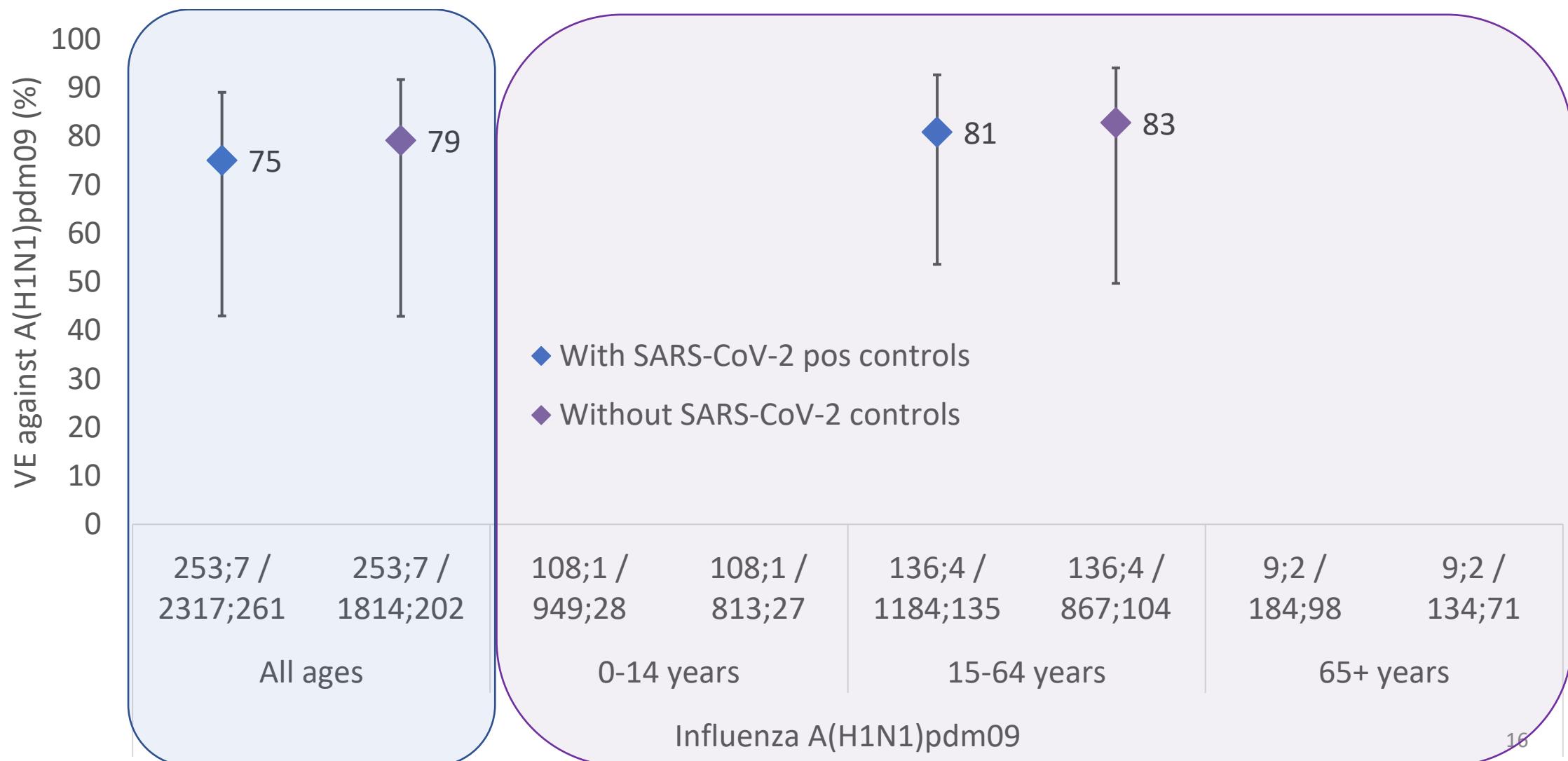
# Pooled VE against A(H1N1)pdm09, all ages, by age group, I-MOVE primary care multicentre study, 2021–22 (FR, NL, DE)



# Pooled VE against A(H1N1)pdm09, all ages, by age group, I-MOVE primary care multicentre study, 2021–22 (FR, NL, DE)

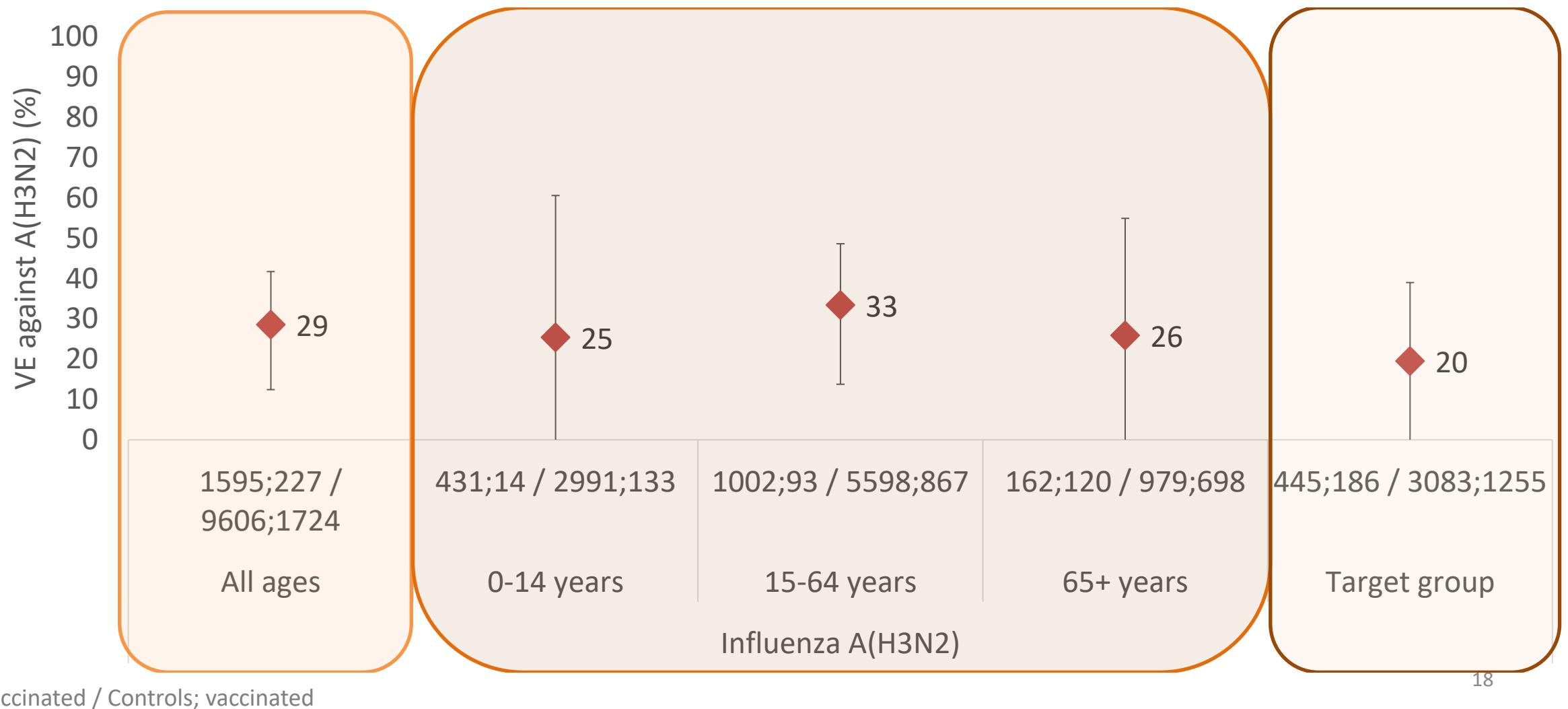


Sensitivity analysis: Pooled VE against A(H1N1)pdm09, all ages, by age group,  
in-/excluding SARS-CoV-2 positive controls, I-MOVE primary care multicentre study, 2021–22

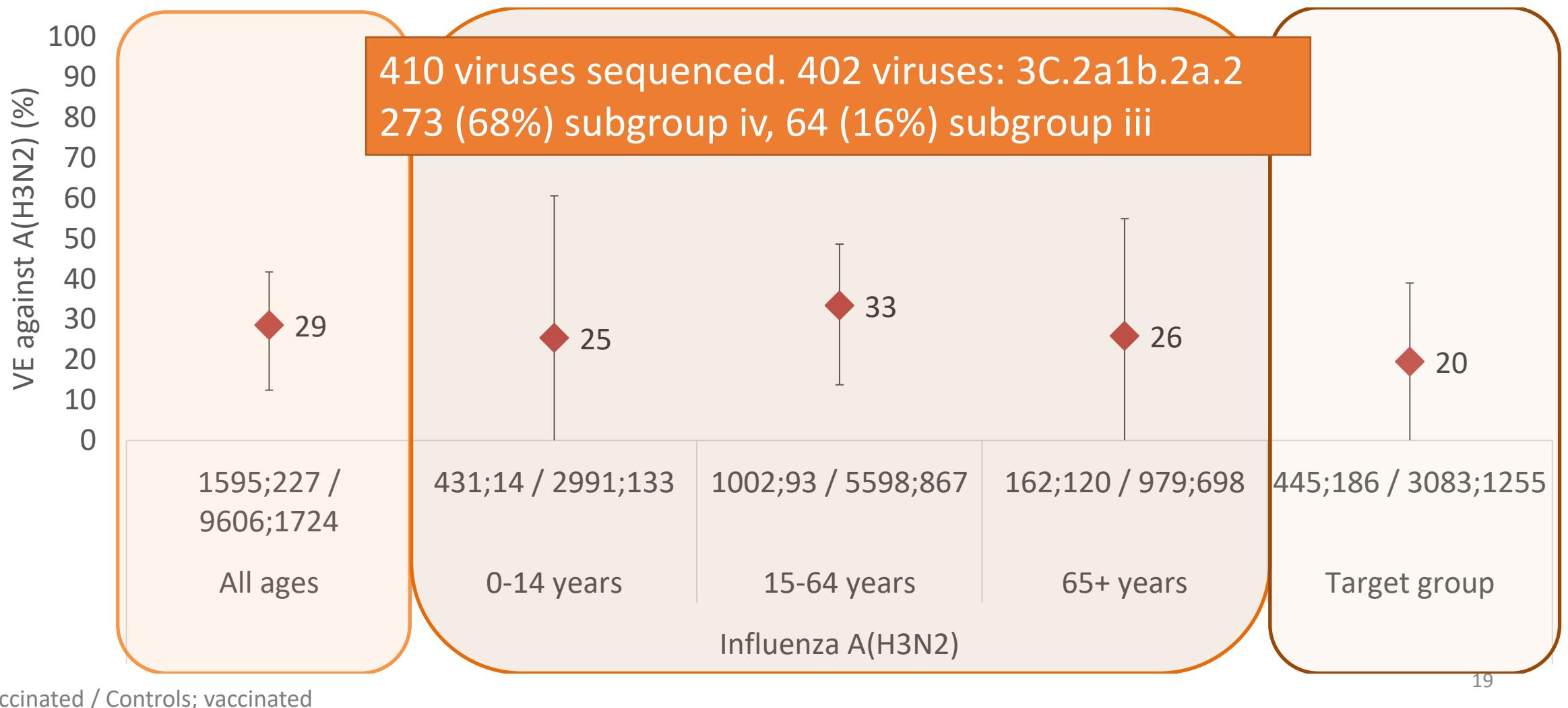


# Influenza A(H3N2)

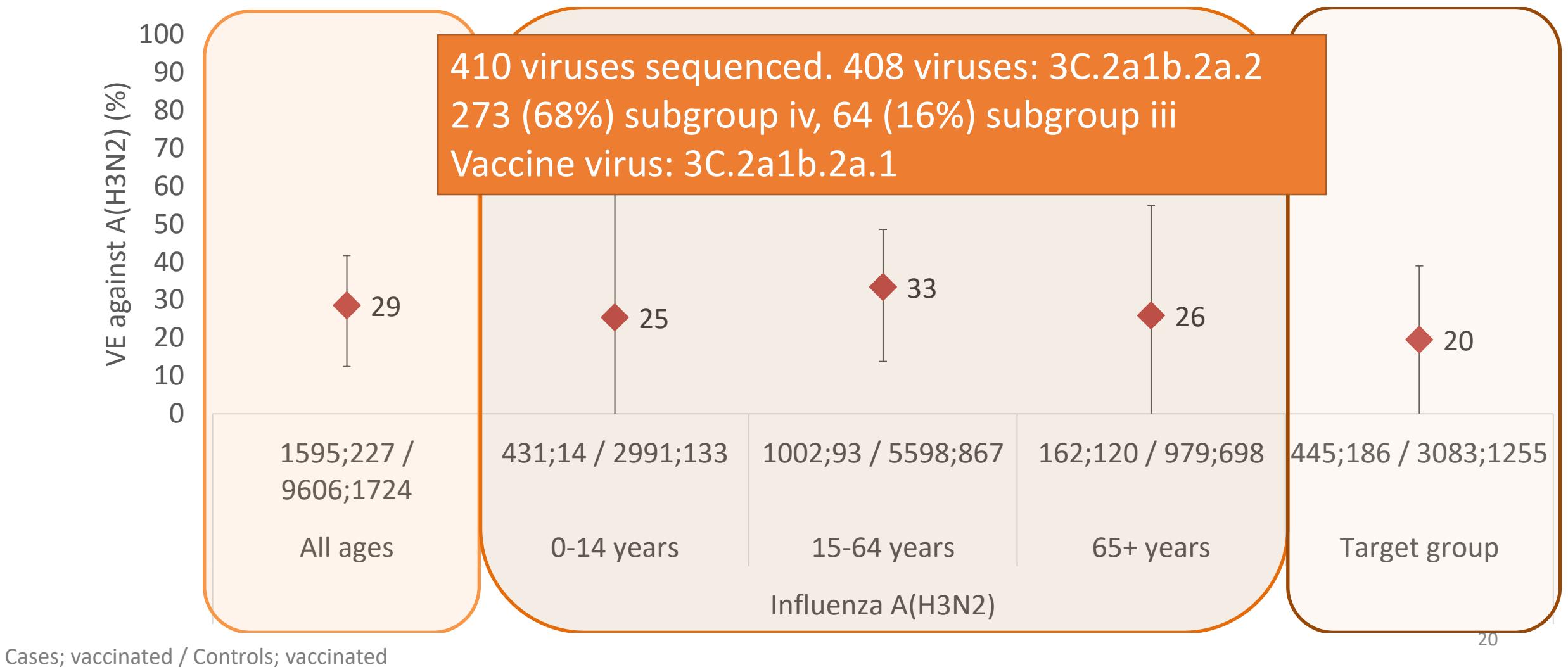
# Pooled VE against A(H3N2), all ages, by age and vaccine target group, I-MOVE primary care multicentre study, 2021–22



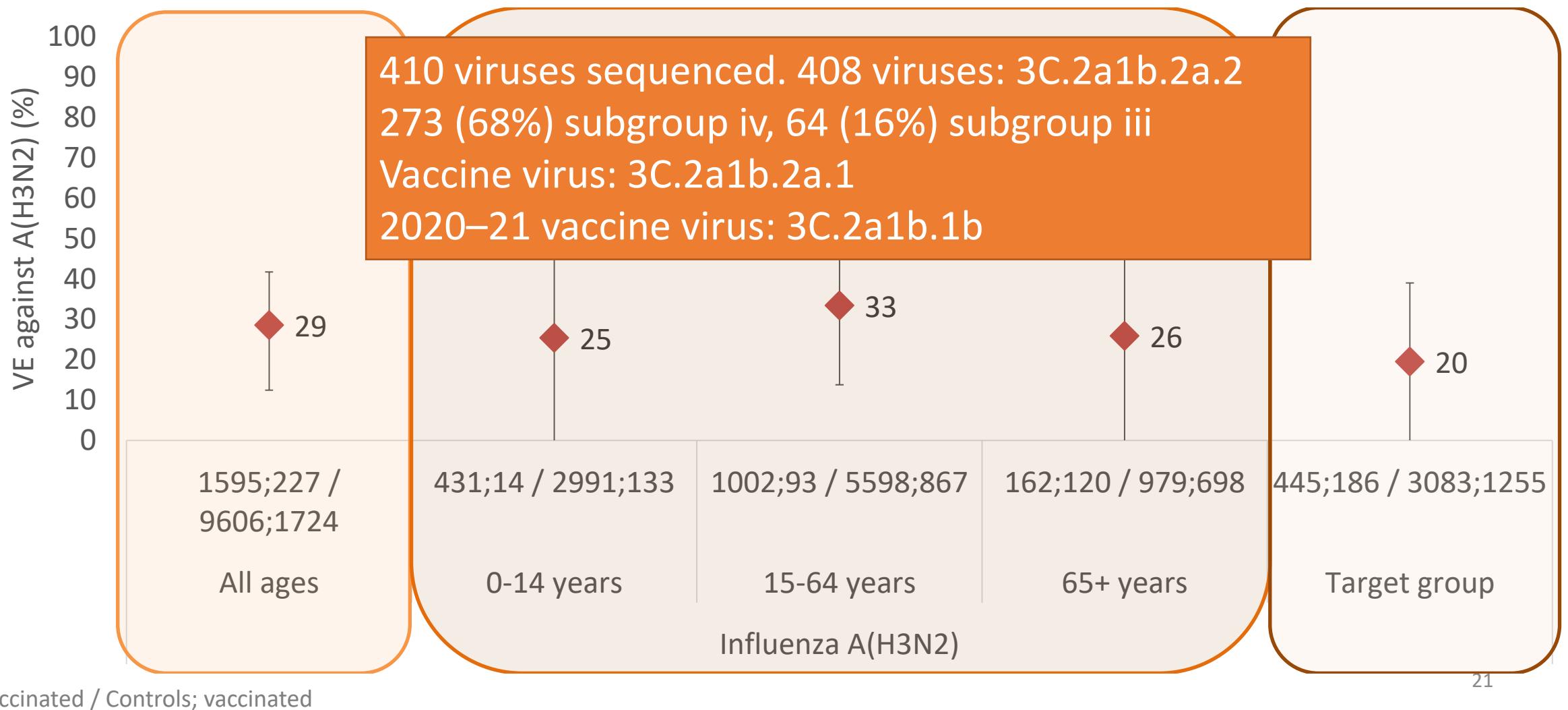
# Pooled VE against A(H3N2), all ages, by age and vaccine target group, I-MOVE primary care multicentre study, 2021–22



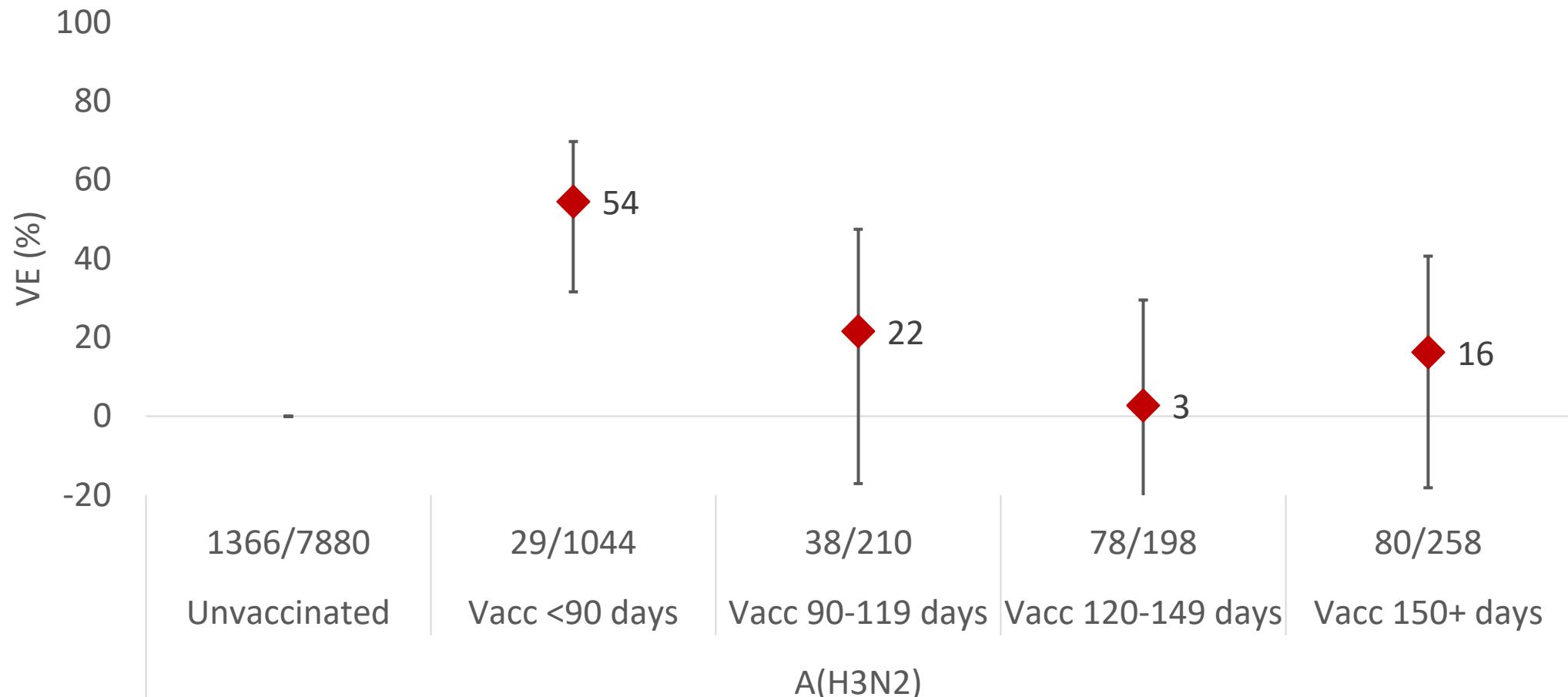
# Pooled VE against A(H3N2), all ages, by age and vaccine target group, I-MOVE primary care multicentre study, 2021–22



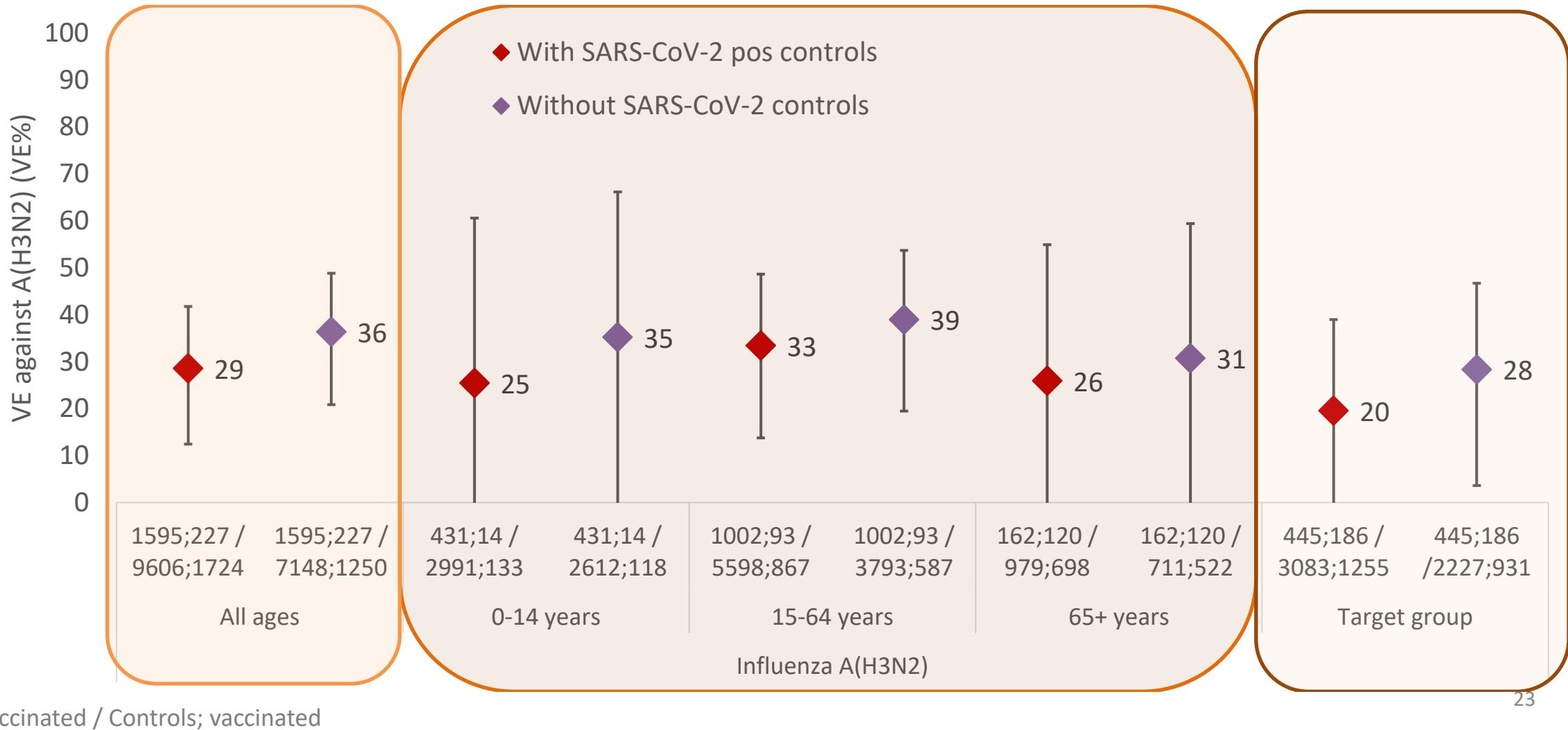
# Pooled VE against A(H3N2), all ages, by age and vaccine target group, I-MOVE primary care multicentre study, 2021–22



# Pooled VE against A(H3N2), all ages, by time since vaccination, I-MOVE primary care multicentre study, 2021–22



# Sensitivity analysis: Pooled VE against A(H3N2), all ages, by age and vaccine target group, in-/excluding SARS-CoV-2 positive controls, I-MOVE primary care multicentre study, 2021–22



# Discussion: VE against influenza A(H1N1)pdm09

- 2021–22 season: Mainly influenza A(H3N2), some A(H1N1)pdm09
- **VE against A(H1N1)pdm09: 75%**
  - Low numbers
  - **Highest I-MOVE A(H1N1)pdm09 VE since 2009** (often 50–59%)
  - Circulating variant 6B.1A.5a.1, vaccine variant 6B.1A.5a.2
    - Antisera against vaccine virus recognised 5a.1 viruses poorly\*
    - Lasting effect of 2020–21 vaccination on A(H1N1)pdm09?
    - Similar VE as UKHSA against emergency department visits \*\*
    - Bias due to differential exposures to virus among vaccinated and unvaccinated (due to COVID-19 restrictions)? Is it possible to have a bias only for one subtype?

\* WHO report on recommendations for vaccines for 2022-23 NH influenza season; \*\* <https://www.gov.uk/government/statistics/annual-flu-reports/surveillance-of-influenza-and-other-seasonal-respiratory-viruses-in-winter-2021-to-2022#vaccination>

# Discussion: VE against influenza A(H3N2)

- **VE against A(H3N2): 29%; similar by age group (25–33%)**
- **Comparable to I-MOVE A(H3N2) VE in other seasons**
- Indication that the **VE is lower in the vaccination target group**
  - Greater likelihood of **differential exposure** among vaccinated/unvaccinated among risk groups?
- Mainly **3C.2a1b.2a.2** circulating
  - Antisera against 2a.1 vaccine virus recognised 2a.2 viruses poorly\*
  - Compatible with low VE
- **Some indication that A(H3N2) VE declined over time:** long season

# Conclusions

- Long season; large study: reasonable precision
- Encouraging VE against A(H1N1)pdm09, although little circulation
- A(H3N2) VE lower at ~30%, as expected
- 25% of controls SARS-CoV-2 positive
  - VE higher (2–9% absolute) after exclusion of SARS-CoV-2 controls
- Important to question VE results in light of changes in healthcare systems and behaviour related to pandemic
- Excellent achievement to have I-MOVE VE estimates, given high workload at GP, regional PH and national PH level

# Big thank you in particular to study sites

- ❖ **Patients, influenza sentinel networks**
- ❖ **Study sites I-MOVE multicentre case control 2021–22**
  - ❖ **Croatia, IPH:** V Visekruna, S Kurečić Filipović, B Kaić, I Pem Novosel, G Petrovic, M Ilić, I Mlinarić
  - ❖ **France, Sentinelles:** A Vilcu, M. Mahmadi-Moindze, T Blanchon, A Falchi;  
**Institut Pasteur:** V Enouf, S van der Werf
  - ❖ **Germany, RKI:** S Buda, U Preuss, L Goerlitz, K Tolksdorf, R Duerrwald, M Wedde
  - ❖ **Ireland, HSE-HPSC:** L Domegan, J O'Donnell, A McKenna; **UCD-NVRL:** C Bennett, J Connell
  - ❖ **The Netherlands, RIVM:** M de Lange, A Meijer, F Dijkstra, R van Gageldonk; **Nivel:** M Hooiveld
  - ❖ **Portugal, Inst Nac Saude Dr Ricardo Jorge:** I Kislaya, A Machado, R Guiomar, A Rodrigues, V Gomez, B Nunes
  - ❖ **Romania, Cantacuzino Institut:** M Lazar, A Ivanciuc, ME Mihai
  - ❖ **Spain, CNE & ISCIII:** A Larrauri, C Mazagatos; **CNM & ISCIII:** F Pozo, I Casas
  - ❖ **Spain, ISPL, Navarra:** J Castilla, I Casado Buesa, I Martínez-Baz, C Burgui
  - ❖ **Sweden:** A Wiman, A Carnahan, N Latorre-Margalef, L Dillner
- ❖ **ECDC:** A Omokanye, S Bacci, M Kaczmarek, L Pastore Celentano
- ❖ **Epiconcept:** M Maurel, M Valenciano, A Moren, A Rose, V Nancey, C Laniece Delauney, A Nardone
- ❖ **Other partner institutes**

I-MOVE is part of the ECDC VEBIS project from July 2022.

## Big thank you in particular to study sites

- ❖ Patients, influenza sentinel networks
- ❖ Study sites I-MOVE multicentre case control 2021–22
  - ❖ Croatia, IPH: V Visekruna, S Kurečić Filipović, B Kaić, I Pem Novosel, G Petrovic, M Ilić, I Mlinarić
  - ❖ France, Sentinelles: A Vilcu, M. Mahmadi-Moindze, T Blanchon, A Falchi;  
Institut Pasteur: V Enouf, S van der Werf
  - ❖ Germany, RKI: S Buda, U Preuss, L Goerlitz, K Tolksdorf, R Duerrwald, M Wedde
  - ❖ Ireland, HSE-HPSC: L Domegan, J O'Donnell, A McKenna; UCD-NVRL: C Bennett, J Connell
  - ❖ The Netherlands, RIVM: M de Lange, A Meijer, F Dijkstra, R van Gageldonk; Nivel: M Hooiveld
  - ❖ Portugal, Inst Nac Saude Dr Ricardo Jorge: I Kislaya, A Machado, R Guiomar, A Rodrigues, V Gomez, B Nunes
  - ❖ Romania, Cantacuzino Institut: M Lazar, A Ivanciuc, ME Mihai
  - ❖ Spain, CNE & ISCIII: A Larrauri, C Mazagatos; CNM & ISCIII: F Pozo, I Casas
  - ❖ Spain, ISPL, Navarra: J Castilla, I Casado Buesa, I Martínez-Baz, C Burgui
  - ❖ Sweden: A Wiman, A Carnahan, N Latorre-Margalef, L Dillner
- ❖ ECDC: A Omokanye, S Bacci, M Kaczmarek, L Pastore Celentano
- ❖ Epiconcept: M Maurel, M Valenciano, A Moren, A Rose, V Nancey, C Laniece Delauney, A Nardone
- ❖ Other partner institutes



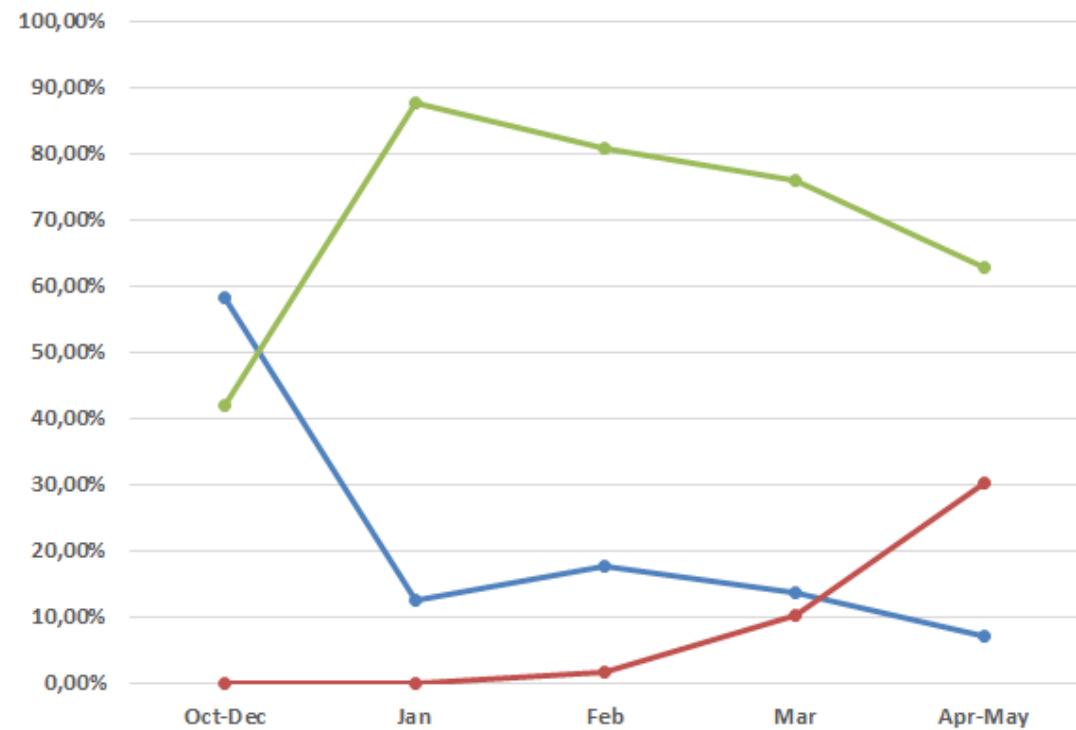
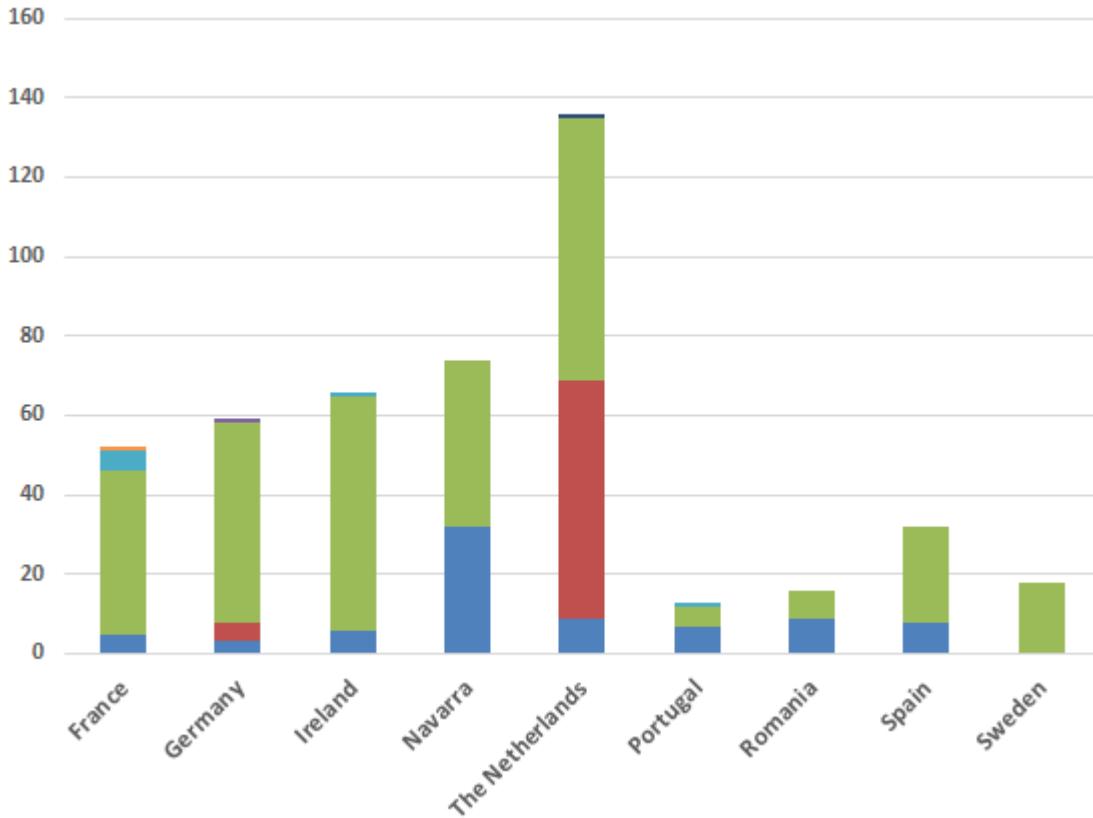
# Genetic drift AH3

## Jun 2022

	3C.2a1b.1a Denmark-like	3C.2a1b.1b HongKong-like	3C.2a1b.2a.1 Cambodia-like	3C.2a1b.2a.2 Bangladesh-like none	3C.2a1b.2a.2 Bangladesh-like E50K, F79V, I140K	3C.2a1b.2a.2 Bangladesh-like (i) and (ii)	3C.2a1b.2a.2 Bangladesh-like (iii)	3C.2a1b.2a.2 Bangladesh-like (iv)	Total						
France	5	9,6	1	1,9	-	-	-	-	52						
Germany	-	-	-	-	-	5	8,5	1	1,7	3	5,1	50	84,7	59	
Ireland	1	1,5	-	-	-	-	-	-	66	9,1	59	89,4	66		
Navarre	-	-	-	-	-	-	-	32	43,2	42	56,8	74			
Netherlands	-	-	-	-	1	0,7	59	43,4	1	0,7	9	6,6	66	48,5	136
Portugal	1	7,7	-	-	-	-	-	-	13	53,8	5	38,5			
Romania	-	-	-	-	-	-	-	-	16	56,3	7	43,8			
Spain	-	-	-	-	-	-	-	8	32	25,0	24	75,0	32		
Sweden	-	-	-	-	-	-	-	-	18	100,0	18				
<b>Total</b>	<b>7</b>	<b>1,5</b>	<b>1</b>	<b>0,2</b>	<b>-</b>	<b>65</b>	<b>13,9</b>	<b>2</b>	<b>0,4</b>	<b>79</b>	<b>17,0</b>	<b>312</b>	<b>67,0</b>	<b>466</b>	

# Genetic drift AH3

## Jun 2022



- 3C.2a1b.2a.2 Bangladesh (iii)
- 3C.2a1b.2a.2 Bangladesh
- 3C.2a1b.2a.2 Bangladesh (iv)

# Genetic drift AH1

## Jun 2022

	6B.1A.5a.2 Victoria-like	6B.1A.5a.2 Victoria-like K54Q+ ...	6B.1A.5a.1 Guangdong-like	6B.1A.5a.1 Guangdong-like P137S+G155E	Total	
France	-	-	27	100,0	-	27
Germany	-	-	3	100,0	-	3
Ireland	-	1	100,0	-	-	1
Navarre	-	-	-	-	-	-
Netherlands	-	-	29	100,0	-	29
Portugal	-	-	-	-	-	-
Romania	-	-	-	-	-	-
Spain	-	-	-	-	-	-
Sweden	-	-	-	-	-	-
<b>Total</b>	-	1	1,7	59	98,3	60