



Influenza Vaccine Safety Update and Proposed Recommendations for the 2023-24 Influenza Season

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Influenza Vaccine Safety Update

Vaccine Safety Update: 2022-2023 Influenza Season

- ~173 million doses of influenza vaccine distributed in United States*
- **Vaccine Adverse Event Reporting System (VAERS)** (co-managed by CDC and FDA)
 - No new safety concerns identified for influenza vaccines
- **Vaccine Safety Datalink (VSD)** (collaboration between CDC and 9 integrated healthcare organizations)
 - ~5.5 million doses of influenza vaccine administered in VSD
 - No new safety concerns identified in influenza vaccine monitoring**
 - Statistical signal for ischemic stroke after Pfizer-BioNTech bivalent mRNA COVID-19 vaccine in persons aged ≥65 years detected in VSD analysis for COVID-19 vaccine safety monitoring, previously presented to ACIP***
 - Post-signal analysis in VSD found an elevated rate ratio for ischemic stroke after simultaneous vaccination with Pfizer-BioNTech bivalent mRNA COVID-19 vaccine and high-dose or adjuvanted influenza vaccine, which has attenuated over time
 - Separate analyses did not detect an elevated rate ratio for ischemic stroke after influenza vaccine administered without bivalent mRNA COVID-19 vaccine

* [Weekly Flu Vaccination Dashboard](#) | [FluVaxView](#) | [Seasonal Influenza \(Flu\)](#) | [CDC](#)

** Outcomes monitored in VSD: acute disseminated encephalomyelitis, anaphylaxis, Bell's Palsy, encephalitis, Guillain-Barré syndrome, seizures, transverse myelitis

*** Shimabukuro T, ACIP presentation on April 19, 2023 [mRNA COVID-19 bivalent booster vaccine safety update \(cdc.gov\)](#)

Overview of Proposed Recommendations for 2023-24

Overview of Proposed Recommendations

- Vaccination of all persons aged ≥ 6 months who do not have contraindications continues to be recommended.
- Recommendations regarding timing of vaccination are unchanged from 2022-23.
- Changes include:
 - Updated U.S. influenza vaccine composition for 2023-24.
 - Proposed changes to the recommendations for vaccination for persons with egg allergy.

Timing of Vaccination

Timing of Influenza Vaccination

- Unchanged from last season.
- For most persons who need only 1 dose of influenza vaccine for the season, vaccination should ideally be offered during September or October.
- Vaccination should continue after October and throughout the influenza season as long as influenza viruses are circulating and unexpired vaccine is available.
- Vaccination during July and August are not recommended for most groups.
- Considerations for July and August vaccination are noted for adults, children, and pregnant persons.

Timing of Influenza Vaccination— Adults and Pregnant Persons in First/Second Trimester

- For most adults (particularly adults aged ≥ 65 years) and for pregnant persons in the first or second trimester, vaccination during July and August should be avoided unless there is concern that vaccination later in the season might not be possible.

Timing of Influenza Vaccination— Children

- **Children who require 2 doses:**
 - Should receive their first dose as soon as possible (including during July and August, if vaccine is available) to allow the second dose (which must be administered ≥ 4 weeks later) to be received, ideally, by the end of October.
- **Children who require only 1 dose:**
 - Vaccination during July and August can be considered for children of any age who need only 1 dose of influenza vaccine for the season.

Timing of Influenza Vaccination— Pregnant Persons in Third Trimester

- Vaccination during July and August can be considered because vaccination might reduce risk for influenza illness in their infants during the first months after birth, when they are too young to receive influenza vaccine.

Influenza Vaccine Composition for 2023-24

U.S. Influenza Vaccine Composition for 2023-24

- All vaccines available in the U.S. are quadrivalent.
- The 2023-24 composition includes updated influenza A(H1N1)pdm09 components.
- All U.S.-licensed influenza vaccines will include hemagglutinin derived from:
 - An influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus (egg-based vaccines)
An influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus (cell and recombinant vaccines)
 - An influenza A/Darwin/9/2021 (H3N2)-like virus (egg-based vaccines)
An influenza A/Darwin/6/2021 (H3N2)-like virus (cell and recombinant vaccines)
 - An influenza B/Austria/1359417/2021-like virus (B/Victoria lineage)
 - An influenza B/Phuket/3073/2013-like virus (B/Yamagata lineage)

Proposed Recommendations for Vaccination of Persons with Egg Allergy

Proposed Recommendations for Vaccination of Persons with Egg Allergy

- All persons aged ≥ 6 months with egg allergy should receive influenza vaccine unless a contraindication exists. Any influenza vaccine that is otherwise appropriate for the recipient's age and health status can be used (egg based or non-egg based).
- Egg allergy in and of itself necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of severity of previous reaction to egg.
- Severe and life-threatening reactions to vaccines can rarely occur with any vaccine and in any vaccine recipient, regardless of allergy history. Providers are reminded that all vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available. All vaccination providers should be familiar with their office emergency plan and be certified in cardiopulmonary resuscitation.

For more information, contact CDC
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TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

