**Flu Vaccination for Patients ≥ 65 Years**

**High-Dose Influenza or Adjuvanted for over 65?**

Adults age 65 and older have the highest risk for complications, hospitalizations and death from influenza. Yearly influenza vaccination is recommended.

There are five flu vaccine options for adults 65+ years:

- inactivated influenza trivalent vaccine (IIV3)
- inactivated quadrivalent vaccine (IIV4)
- high dose IIV3 (HD-IIV3)
- adjuvanted IIV3 (aIIV3)
- trivalent recombinant influenza vaccine (RIV3) (Flublok®-considered egg free)

The ACIP has not stated a preference among these vaccines, but two vaccines may provide improved protection for people 65 and older. Fluzone® High-Dose (Sanofi Pasteur) and Fluad® (Seqirus), both IIV3, address the decreased immune response in older people.

**Fluzone® High-Dose IIV3** contains four times the amount of hemagglutinin. A large study showed that high-dose IIV3 was 24.2% more effective than standard dose (IIV3) in preventing laboratory confirmed symptomatic influenza in adults ≥65 years. This trial also showed that HD-IIV3 was associated with a 7% relative reduction in all-cause hospitalizations, an 18% relative reduction in cardiorespiratory events potentially related to flu, and a 40 percent relative reduction in pneumonia (ref).

**Fluad® aIIV3** contains a standard dose of 15 mcg hemagglutinin (HA) for each strain with squalene (MF59) as an adjuvant. In clinical studies, aIIV3 was more effective than unadjuvanted vaccine in preventing laboratory confirmed influenza in those 65 and older. The vaccine is associated with more injection site reactions compared to standard-dose vaccine. In a large cohort study conducted in Italy over three seasons, the risk of hospitalization from influenza or pneumonia was 25 percent lower in patients who received adjuvanted vaccine compared with standard vaccine (ref).

**Action:** Encourage vaccination by the end of October and continue vaccinating through the season. A second dose of SD influenza vaccine later in the season is not recommended.