



Background

- Cell culture-based inactivated influenza vaccine (ccIV4) was developed because of concerns with egg-induced mutations in vaccine viruses.
- In 2022-23, approved age indication for ccIV4 in the US was expanded to all children aged ≥ 6 months.
- There is limited real-world data on ccIV4 effectiveness, particularly in young children.

Objective

- Estimate ccIV4 effectiveness in Wisconsin using the test-negative design during the 2023-24 influenza season.

Methods

Recruitment

- Prospective screening of outpatients (primary care, urgent care, ED, telehealth) with acute respiratory illness (ARI).
- October 20, 2023 – May 24, 2024.

Eligibility Criteria

- Age 6 months – 64 years.
- ARI with cough and illness duration ≤ 7 days.
- No influenza antiviral medication.

Influenza Case Status

- Respiratory specimens were tested using multiplex real-time reverse transcription polymerase chain reaction (RT-PCR) to identify influenza cases; controls were influenza-negative.

ccIV4 Vaccine Receipt

- Documented receipt ≥ 14 days prior to illness onset (age ≥ 9 years) or according to US Advisory Committee on Immunization Practices (ACIP) recommendations (age < 9 years).

ccIV4 Vaccine Effectiveness (VE)

- Estimated as $1 - \text{odds ratio} \times 100\%$ with adjustment for age and calendar time *a priori*, using logistic regression models.
- Analyses restricted to ccIV4 recipients and unvaccinated participants.

Conclusions

- ccIV4 generated substantial real-world effectiveness against medically attended, laboratory-confirmed influenza in 2023-24.
- ccIV4 effectiveness was highest in children 6 months to 3 years of age and for influenza B in persons 6 months to 64 years.

Acknowledgements

We would like to thank B. Arbs, E. Armagost, K. Beilke, A. Birdwell, K. Boese, B. Bradley, G. Burbey, D. Cole, J. Comfort, C. Cravillon, L. Deering, C. Delgadillo, S. Dewars, H. Dirx, T. Foss, B. Freund, T. Gault, J. Gibson, L. Graese, E. Gruenling, S. Guzinski, A. Harless, L. Heeren, D. Hertel, G. Heuer, B. Johnston, J. Karl, S. Karl, H. Karnowski, S. Kohl, D. Kohnhorst, S. Landin, K. Lassa, T. Le, C. Marcis, A. McGaver, K. McGreevey, V. Moon, A. Ollhoff, C. Payant, M. Racanelli, C. Rayburn, C. Reardon, M. Rotar, C. Rottscheit, J. Rozmarynowski, T. Santos, K. Scheffen, A. Serbiak, K. Seyfert, P. Singh, A. Slenczka, E. Stockheimer, M. Strupp, B. Weyhmiller, and providers, managers, and clinical staff at: Chippewa Falls Center, Lake Hallie Center, Wausau Center, MMC-Eau Claire, MMC-Marshfield, MMC-Minocqua, MMC-Weston, Nurse Line, and Care My Way.

Funding source: CSL Seqirus

Contact Information



Huong Nguyen
nguyen.huong@marshfieldresearch.org
1-715-389-3707 • marshfieldresearch.org/cceph



Results

Figure 1. Study Flow Chart

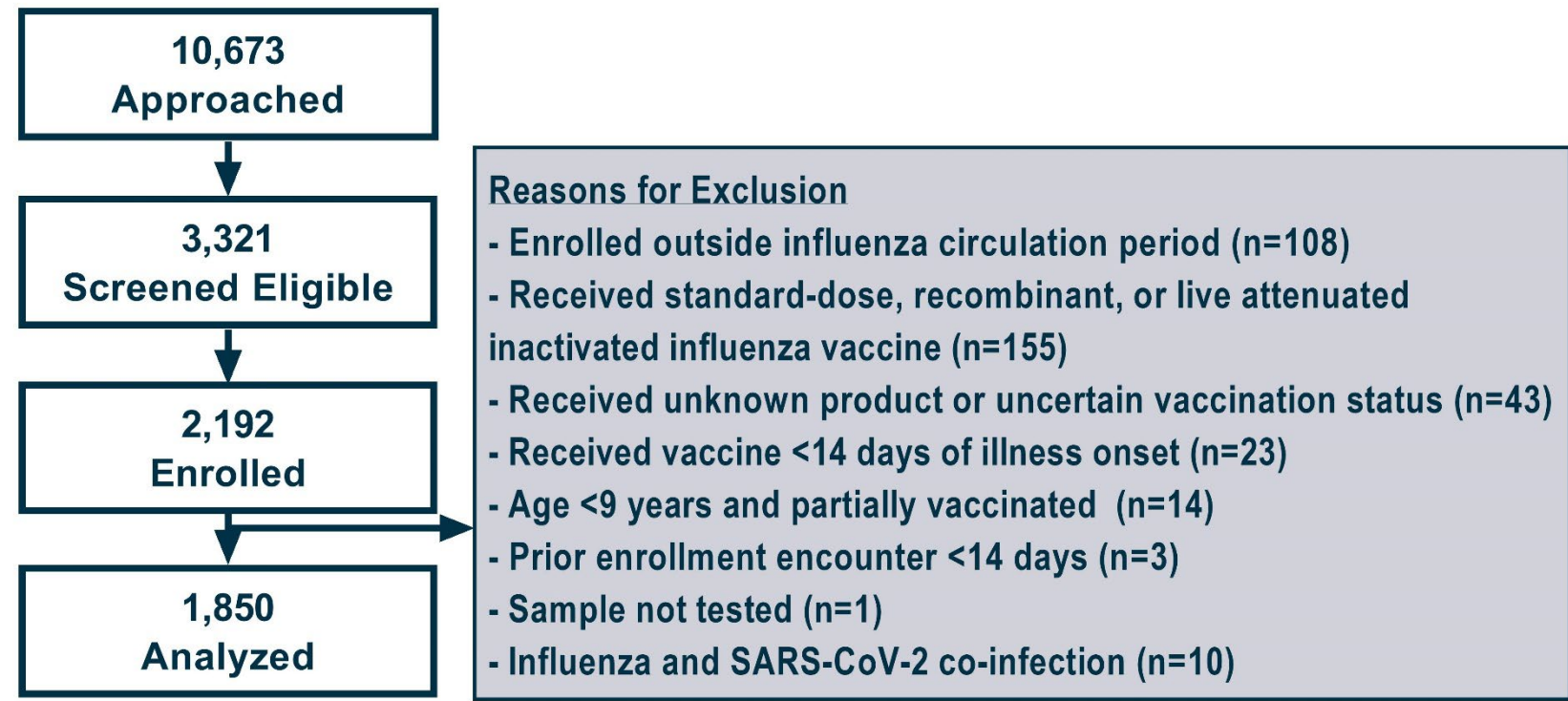


Table. Characteristics of the Study Population

		Total No. of Participants	No. (%) ccIV4	No. (%) Influenza A Positive	No. (%) Influenza A/H1N1pdm09 Positive	No. (%) Influenza A/H3N2 Positive	No. (%) Influenza B Positive	No. (%) Influenza Negative
Total		1850	470 (25)	356 (19)	267 (14)	56 (3)	149 (8)	1345 (73)
Age	6 months – 3 years	228	75 (33)	33 (14)	27 (12)	6 (3)	4 (2)	191 (85)
	4 – 8 years	230	61 (27)	38 (17)	29 (13)	7 (3)	27 (12)	165 (72)
	9 – 17 years	363	67 (18)	71 (20)	58 (16)	5 (1)	54 (15)	238 (66)
	18 – 64 years	1029	267 (26)	214 (21)	153 (15)	38 (4)	64 (6)	751 (73)
Sex	Female	1079	301 (28)	193 (18)	143 (13)	32 (3)	79 (7)	807 (75)
	Male	771	169 (22)	163 (21)	124 (16)	24 (3)	70 (9)	538 (70)
Race and ethnicity	Non-Hispanic White	1603	421 (26)	308 (19)	233 (15)	46 (3)	134 (8)	1161 (72)
	Hispanic	94	26 (24)	27 (18)	14 (15)	0	8 (8)	66 (70)
	Non-Hispanic Other	147	30 (18)	20 (21)	19 (13)	4 (3)	7 (5)	113 (77)
Self report of high-risk condition*	Yes	817	256 (31)	160 (20)	115 (14)	25 (3)	44 (5)	613 (75)
	No	1033	214 (21)	196 (19)	152 (15)	31 (3)	105 (10)	732 (71)
Self report of COVID-19 vaccination†	Yes	130	121 (93)	22 (17)	13 (10)	8 (6)	2 (2)	106 (82)
	No	1720	349 (20)	334 (19)	254 (15)	48 (3)	147 (9)	1239 (72)

*Based on self-report of asthma or another chronic lung disease, cancer, diabetes, heart disease including high blood pressure, immunocompromising condition, kidney disease, liver disease, obesity, and pregnancy in the 12 months preceding enrollment.
†Receipt of COVID-19 vaccine since September 1, 2023

Figure 2. Influenza Case Status and Week of Symptom Onset

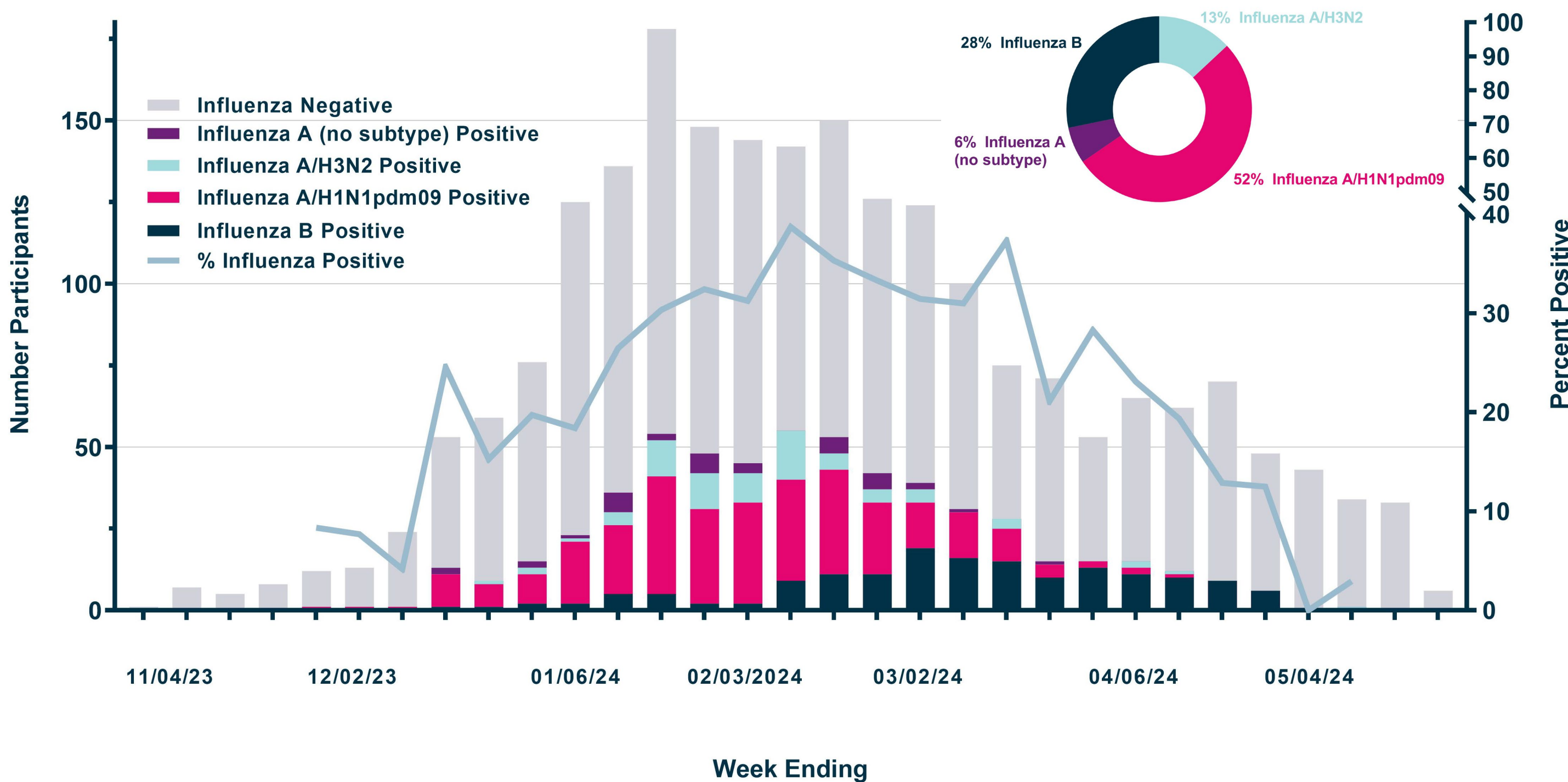
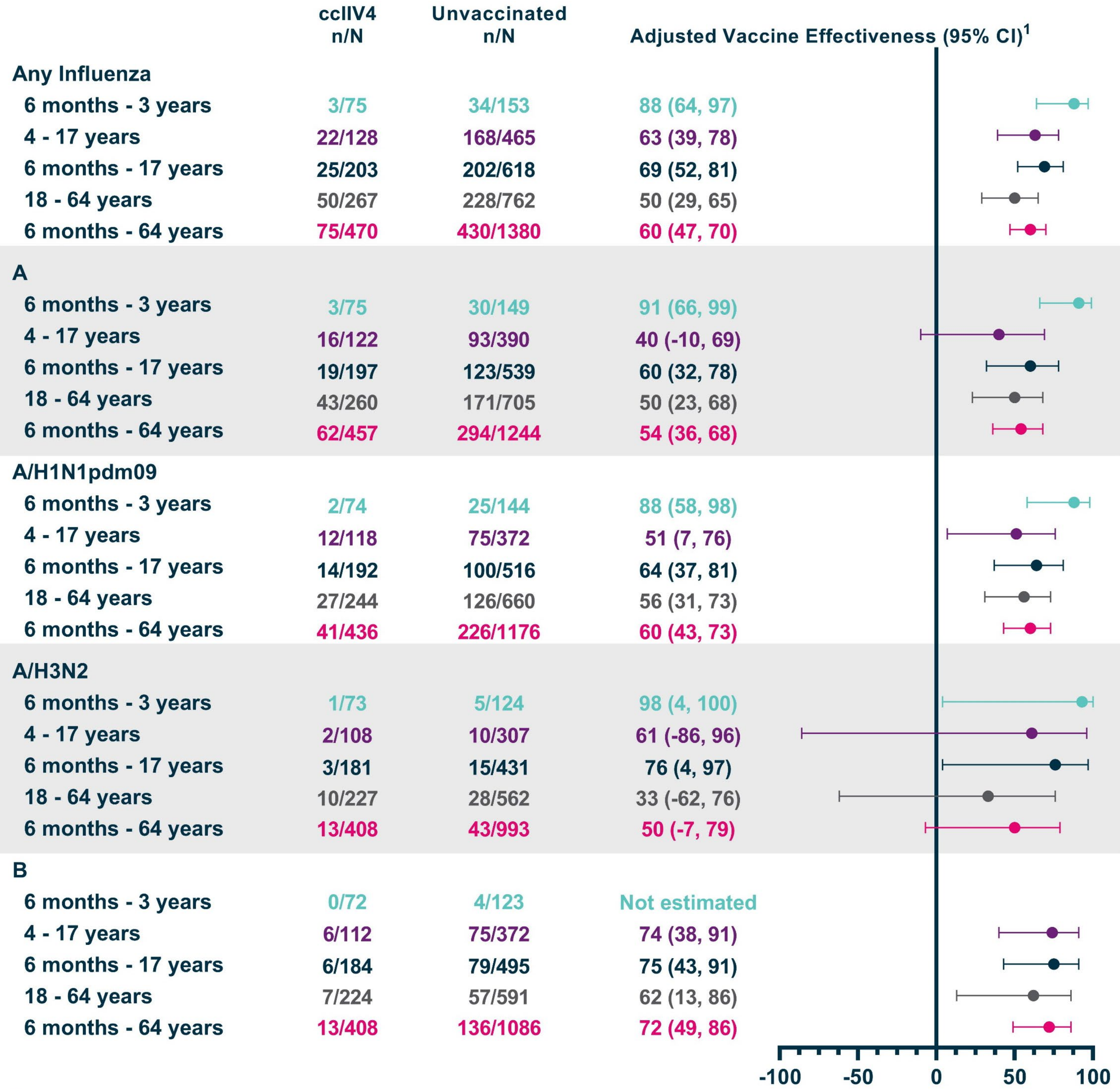


Figure 3. Effectiveness of ccIV4 by Influenza Type/Subtype and Age Group



¹All models were adjusted for age (spline for all ages and adult models, single year of age for pediatric age groups) and calendar time (pre-peak, peak, post-peak). Influenza A and A/H3N2 models also adjusted for COVID-19 vaccine receipt after September 1, 2023; influenza B models also adjusted for COVID-19 vaccine receipt after September 1, 2023, and presence of ≥ 1 high-risk medical condition.