

TAG RECOMMENDATIONS FOR INFLUENZA

Pan-American Health Organization (PAHO), 2024

PAHO



Pan American
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Organization



World Health
Organization

Americas Region

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2004 Recommendations

- Countries should establish and strengthen epidemiological surveillance of influenza and other acute respiratory infections to determine the characteristics of virus circulation in the countries. This recommendation is particularly important in tropical areas where more information is needed to understand the pattern of viral circulation. Gathered information will guide adequate vaccine formulation appropriate timing for vaccine administration; it will also allow countries to better measure the impact of the intervention.
- PAHO recommends that older adults, chronically ill individuals, immune-deficient populations, health professionals, pregnant women, and children aged 6-23 months be vaccinated; priority should be given to people aged ≥ 60 years.
- Countries should conduct studies that document the disease burden and economic impact of annual influenza epidemics. It is anticipated that results will support influenza immunization policies within the context of other national health priorities.
- All the countries of the Region should develop plans, in accordance with WHO guidelines, to respond to an influenza pandemic. The recent epizootic in Asia, with the occurrence of human cases of avian flu, characterized by high case-fatality rate, demonstrated the need for countries to be prepared for a possible pandemic.
- To help countries deal with the challenges related to influenza vaccine, PAHO should convene a group to consider issues of vaccine development, production, and procurement, and to make recommendations.

2006 Recommendations

Seasonal influenza

- All countries must strengthen the surveillance system to determine the burden of influenza, the cost-effectiveness of introducing influenza vaccine, and its impact, and to decide on the best vaccination strategy to use and when, particularly in tropical areas. PAHO should provide and disseminate guidelines on the use of the vaccine to countries.
- TAG recommends that all countries establish a seasonal influenza vaccination policy that aims to vaccinate with seasonal influenza vaccine children aged 6-23 months, health care workers, chronically ill individuals, and elderly adults.
- Countries using the vaccine should generate vaccination coverage data and document experiences and lessons learned from targeting high-risk groups. This will be useful for countries newly introducing the vaccine and in the event of a pandemic.
- PAHO should continue to promote mechanisms for the transfer of technology to increase Regional capacities in vaccine production and keep track of global supply.

Pandemic influenza

- All countries should continue strengthening, updating, and implementing their influenza pandemic preparedness plans. It is essential these plans be implemented at local level. TAG encourages countries to operationalize country plans by implementing drills with local involvement.
- PAHO should continue to hold the workshops for the preparation of national plans and stimulate the exchange of information on national preparedness through simulation exercises.

2009 Recommendations

Considering the current dynamic epidemiological situation of the influenza A(H1N1) virus and the current SAGE recommendations concerning the use of an influenza A(H1N1) vaccine, TAG makes the following recommendations, which may need to be updated based upon evolving information.

- The national objectives for vaccination against pandemic influenza should be to reduce morbidity and mortality and keep health services functioning. Therefore, priority groups for vaccination should be health care workers, pregnant women, and persons aged >6 months with chronic diseases (heart disease, diabetes, respiratory conditions, immunodeficiency, obesity). Depending on the epidemiological situation, availability of resources, and EPI capacity, TAG suggests the following additional risk groups to be prioritized: children aged 6 months to 4 years, healthy children aged 5-18 years, and healthy adults aged 19-49 years.
- Due to the annual high morbidity and mortality caused by seasonal influenza viruses, vaccination with the seasonal vaccine should be continued. Technical recommendations regarding the simultaneous administration of both influenza vaccines should be followed, when applicable. Continued epidemiological monitoring of the circulating influenza strains should be continued to inform decisions regarding the future composition of influenza vaccines.
- Countries should conduct retrospective studies to calculate baseline rates of GBS in different populations so that potential changes in the incidence of GBS associated with influenza A(H1N1) virus circulation, and potentially with influenza A(H1N1) vaccines can be detected.
- Countries should monitor the following events during the introduction of the vaccine: (1) serious events (require hospitalization, life-threatening, cause disability, fatal), (2) new events, (3) rumors, (4) events that occur in groups of people, and (5) programmatic errors.
- Countries should prepare social communication strategies to:
 - Maintain public trust by informing in a clear and transparent fashion;
 - Ensure that individuals and their families are using mitigating interventions for prevention;
 - Ensure that the public fully understands the recommendations and the reasons for vaccination of priority groups; and
 - Understand the general benefits and risks of events associated with vaccination when they occur.

- PAHO and WHO should continue to strengthen and prioritize the global regulatory network and national regulatory bodies that comply with WHO policy.
- In unique emergency situations, TAG endorses the SAGE recommendation which allows for countries to buy unlicensed vaccine. In these situations TAG also recommends that national regulatory authorities fast track their licensing procedures.
- In order to ensure comparability, countries should follow PAHO/WHO guidelines to strengthen and standardize surveillance systems.
- Ministries of Health should continue strengthening national influenza centers and influenza laboratories by allocating more resources.
- Countries should conduct retrospective hospital-based studies to more accurately determine morbidity and mortality of influenza A(H1N1).
- To promote dose-sparing and ensure equitable access to the limited pandemic vaccine supply, adjuvanted vaccine should be used whenever possible.
- Industrialized countries in the Region of the Americas with abundant pandemic vaccine access are encouraged to contribute vaccine supplies to countries with considerable less access. To do this, they should consider limiting their vaccine interventions to priority groups, as seconded by SAGE and TAG.
- Recognizing that Brazil and Mexico are embarking on influenza vaccine production, TAG encourages PAHO to develop a Regional strategic plan that will ultimately lead to Regional vaccine self-sufficiency.
- PAHO should revitalize the supply chain alliance that in the past successfully identified unused oversupply of vaccine in some countries that could be used in other resource-poor countries.
- To assure equitable access to an influenza A(H1N1) vaccine, countries should use the PAHO Revolving Fund for Vaccine Procurement to buy vaccine.

2011 Recommendations

- Ensure that pandemic preparedness plans include the vaccination component as an integral part of the response measures.
- Reiterate previous recommendations that countries vaccinate older adults, children, those with underlying conditions, and healthcare workers. Because of the vulnerability of pregnant women to complications from influenza infection, TAG urges countries to increase vaccine uptake of pregnant women.
- Encourage countries to strengthen their risk communication efforts and to engage scientific/professional organizations and societies in order to reach target populations.
- Urge countries to document influenza vaccination coverage in high-risk populations. As more countries in the Region are introducing influenza vaccine, it becomes more important to assess the impact of influenza and conduct vaccine effectiveness studies in high-risk populations.
- PAHO should continue to promote the transfer of technology for influenza vaccine production in the Region, in order to increase its availability.

2013 Recommendations

- TAG reiterates its and SAGE's previous recommendations on the vaccination of high risk groups against seasonal influenza, with special emphasis on pregnant women. Due to the vulnerability of pregnant women to complications from influenza infection, countries should strengthen vaccination of pregnant women.
- Countries should increase vaccination coverage in healthcare workers and identify the reasons for non-vaccination in this group in order to try to reduce these obstacles.
- Countries should improve the quality of coverage data on the influenza vaccine in high- risk populations, including the standardization of denominators.
- TAG encourages countries to continue evaluating the effectiveness and impact of the vaccine, which entails an effort to strengthen epidemiological surveillance, as well as immunization and laboratory programs.

2014 Recommendations

- TAG notes the progress made in influenza vaccine use and urges countries to expand the use of this vaccine and achieve higher coverage rates, in line with previous TAG and SAGE recommendations with an emphasis on pregnant women and health care workers.
- The TAG applauds the formation and progress of the Network for Evaluation of Influenza Vaccine Effectiveness (REVELAC-i) and encourages Latin American and Caribbean countries to continue to produce evidence on the performance and impact of the influenza vaccine; and to strengthen the integration among immunization, epidemiology, and laboratory.
- PAHO should support the continued strengthening of influenza surveillance and should analyze and present the data by geographical areas within countries, particularly in larger countries where the influenza epidemiology and seasonality varies by region.
- PAHO should continue to provide guidance to countries on choosing the most adequate vaccine for their epidemiological and contextual situation.

2015 Recommendations

- TAG recognizes the progress of countries in strengthening influenza surveillance and expanding vaccine use across the region.
- TAG also congratulates countries on making evidence-based changes to their vaccination policies, including changes regarding timing of influenza vaccination programs and most appropriate vaccine formulation.
- TAG urges countries to continue generating evidence on disease burden, seasonality of influenza virus circulation, vaccine effectiveness and impact, using national data sources and appropriate methods.
- TAG also recommends continuing the current strategies in place, vaccinating intensively prior to the peak of highest burden of influenza illness, optimally reaching very high vaccination coverage through a single campaign. Influenza vaccine should then continue to be offered to the unvaccinated through the routine health services throughout the influenza season.
- TAG recommends that large countries carry out sub-regional seasonality analyses or stratify analyses by microclimates in order to inform vaccine use as needed.

2021 Recommendations

- The TAG commends countries in the Region that offered other antigens during the COVID-19 vaccination campaigns, protecting millions from influenza and other VPDs.
- The TAG recommends that governments prioritize pneumococcal vaccination for children younger than 5 years rather than older adults. High coverage as per the recommended pneumococcal vaccine schedule for infants and children under 5 helps to protect both children and older adults from pneumococcal disease.
- In countries with a mature childhood pneumococcal immunization program reaching high coverages homogenously at local levels, decisions about initiating pneumococcal vaccination in older adults (using either PPV23 or PCV13) should consider the local disease burden and cost-effectiveness, as well as ensure that optimal coverage can be consistently achieved in the target population.
- The TAG acknowledges the limited availability of scientific data on the co-administration of COVID-19 and influenza vaccines and notes the SAGE recommendation to maintain an interval of 14 days between these vaccines.
- The TAG acknowledges the importance of not missing opportunities for immunization, but considering the potential for increased reactogenicity, particularly with influenza vaccines that might be more likely to cause local or systemic reaction, it recommends that NITAGs consider reviewing the available evidence, as well as their local epidemiology and capacity, and decide whether their country should co-administer COVID-19 and influenza vaccines. If countries decide to co-administer these vaccines, each vaccine should be given in a different arm, if possible, and the ESAVI surveillance network should monitor any adverse events.
- Available evidence does not indicate that *S. pneumoniae* is a clinically significant co-pathogen or secondary pathogen in patients with COVID-19, or that pneumococcal vaccination will influence the severity or outcome of COVID-19. However, in countries with existing adult pneumococcal vaccination programs, improving vaccine coverage and thereby reducing pneumococcal disease may alleviate the related burden on health systems.