

SEQIRUS

CELL-BASED SEASONAL INFLUENZA VACCINE TECHNOLOGY EXPLAINED

ACCORDING TO THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), THE BEST WAY TO PREVENT SEASONAL INFLUENZA IS FOR PEOPLE SIX MONTHS OF AGE AND OLDER TO RECEIVE AN ANNUAL INFLUENZA VACCINE.^{1*}



In February and September of each year, the World Health Organization (WHO) uses surveillance data to recommend **influenza virus strains for inclusion in vaccines** for the approaching Northern and Southern Hemisphere influenza seasons, respectively.²

Then, vaccine manufacturers begin the development process of their vaccines based on these specific recommendations.²

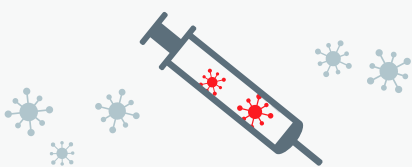
*The CDC makes no preferential recommendation for a specific influenza vaccine when more than one licensed, recommended, and age-appropriate vaccine is available.

SEASONAL INFLUENZA VACCINE EFFECTIVENESS MAY VARY FROM YEAR TO YEAR.^{2,3}

There are several factors that may impact vaccine effectiveness. One of them is strain mismatch due to changes in the circulating influenza virus strains or egg-adaptation:

Changes in the Circulating Influenza Virus Strains

After vaccine strain selection, changes in the circulating influenza virus strains can create a mismatch between the circulating influenza virus(es) and vaccine strains, which may contribute to reduced vaccine effectiveness.⁴



Egg-Adaptation

A mismatch can occur when the selected vaccine strains mutate inside the chicken egg during production.³



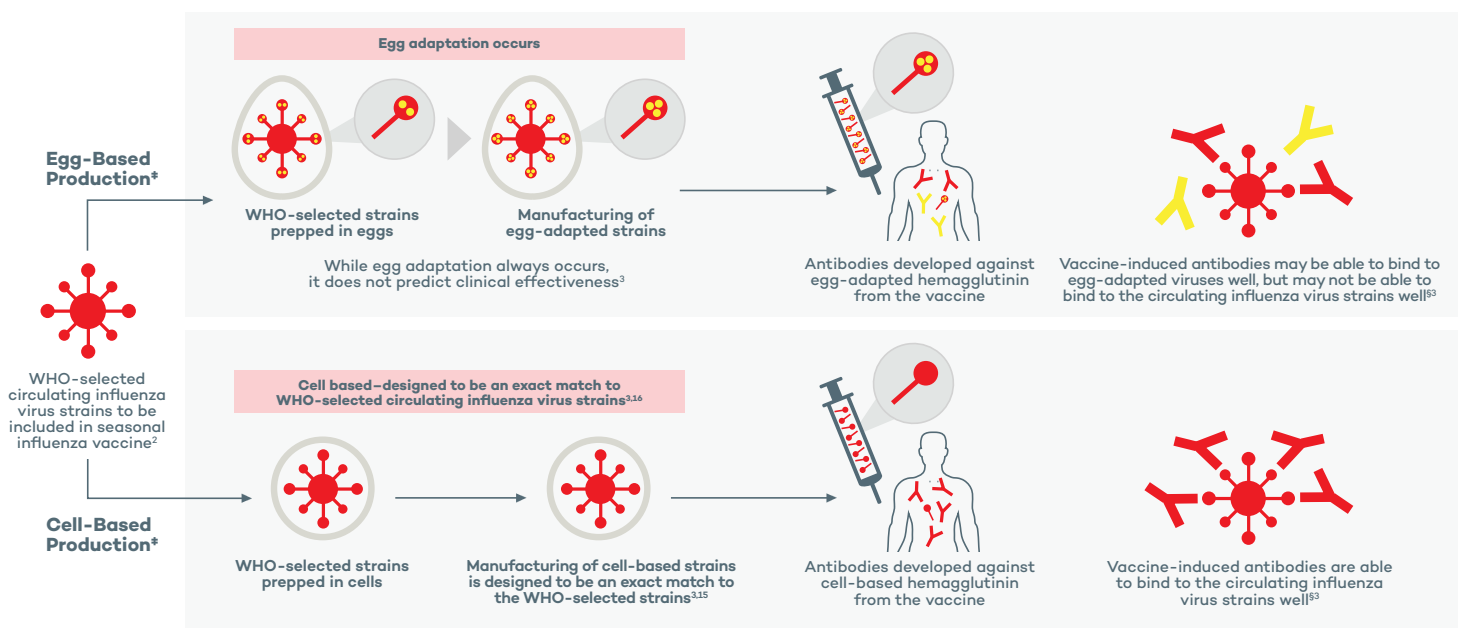
Strain mismatch occurred in 6 of the 10 influenza seasons between 2010/11 and 2019/20* in the U.S.; in half of these strain mismatch occurred due to egg-adaptation in the vaccine strains during vaccine production.⁵⁻¹⁴

*Preliminary end of season estimates for the 2019-2020 influenza season by the Centers for Disease Control and Prevention

CELL-BASED INFLUENZA VACCINES AVOID EGG-ADAPTATION

Some egg-adaptive mutations may cause hemagglutinin* to be antigenically different from the WHO-selected circulating influenza virus strains.^{3,15,16}

*Hemmagglutinin is a surface protein of an influenza virus.



*Match to the WHO-selected circulating influenza virus strains does not predict clinical effectiveness

*These graphics provide a simplified overview of the egg-based and cell-based influenza vaccine production processes

§This depiction assumes the circulating strain matches the WHO-selected circulating influenza virus strains

CELL-BASED INFLUENZA VACCINE MANUFACTURING IS AN ALTERNATIVE OPTION TO TRADITIONAL EGG-BASED MANUFACTURING.³

Cell-based influenza vaccines avoid egg-adaptation and are designed to produce an exact match to the virus strains selected by the WHO.^{3,15}

1 Centers for Disease Control and Prevention (CDC). (2021). Who Needs a Flu Vaccine and When. Retrieved from: <https://www.cdc.gov/flu/prevent/vaccinations.htm>. Accessed September 2021.

2 World Health Organization (WHO). (2021). Global Influenza Programme. Retrieved from: <https://www.who.int/teams/global-influenza-programme/vaccines>. Accessed September 2021.

3 CDC. (2021). Cell-Based Flu Vaccines. Retrieved from: <https://www.cdc.gov/flu/prevent/cell-based.htm>. Accessed September 2021.

4 Boni M.F. Vaccination and antigenic drift in influenza. *Vaccines*. 18;26(Suppl 3):C8-14.

5 Skowronski DM, Janjua NZ, De Serres G, et al. Low 2012-13 influenza vaccine effectiveness associated with mutation in the egg-adapted H3N2 vaccine strain not antigenic drift in circulating viruses. *PLoS One*. 2014;9(3):e92153. doi:10.1371/journal.pone.0092153

6 SJ, Parkhouse K, Gumina ME, et al. Contemporary H3N2 influenza viruses have a glycosylation site that alters binding of antibodies elicited by egg-adapted vaccine strains. *Proc Natl Acad Sci USA*. 2017;114(47):12578-12583. doi:10.1073/pnas.1712377114

7 Centers for Disease Control and Prevention. Update: Influenza activity—United States, 2010-11 season, and composition of the 2011-12 influenza vaccine. *MMWR Morb Mortal Wkly Rep*. 2011;60(21):705-712.

8 Ohmit SE, Thompson MG, Petrie JG, et al. Influenza vaccine effectiveness in the 2011-2012 season: protection against each circulating virus and the effect of prior vaccination on estimates. *Clin Infect Dis*. 2014;58(3):319-327. doi:10.1093/cid/cit736.

9 Gaglani M, Pruszyński J, Murthy K, et al. Influenza vaccine effectiveness against 2009 pandemic influenza A(H1N1) virus differed by vaccine type during 2013-2014 in the United States. *J Infect Dis*. 2016;213(10):1546-1556. doi:10.1093/infdis/jiv577.

10 Zimmerman RK, Nowalk MP, Chung J, et al. 2014-2015 influenza vaccine effectiveness in the United States by vaccine type. *Clin Infect Dis*. 2016;63(12):1564-1573. doi:10.1093/cid/ciw635.

11 Jackson ML, Chung JR, Jackson LA, et al. Influenza vaccine effectiveness in the United States during the 2015-2016 season. *N Engl J Med*. 2017;377(6):534-543. doi:10.1056/NEJMoa1700153.

12 Flannery B, Chung JR, Belongia EA, et al. Interim estimates of 2017-18 seasonal influenza vaccine effectiveness—United States, February 2018. *MMWR Morb Mortal Wkly Rep*. 2018;67(6):180-185. doi:10.15585/mmwr.mm6706a2

13 Flannery B, Kondor RJG, Chung JR, et al. Spread of antigenically drifted influenza A(H3N2) viruses and vaccine effectiveness in the United States during the 2018-2019 season. *J Infect Dis*. 2020;221(1):8-15. doi:10.1093/infdis/jiz543.

14 Dawood FS, Chung JR, Kim SS, et al. Interim estimates of 2019-20 seasonal influenza vaccine effectiveness—United States, February 2020. *MMWR Morb Mortal Wkly Rep*. 2020;69(7):177-182.

15 Rajaram, S., Boikos, C., Gelone, et al. (2020). Influenza Vaccines: The Potential Benefits of Cell-Culture Isolation and Manufacturing.

16 Subbarao K, Barr I. A tale of two mutations: beginning to understand the problems with egg-based influenza vaccines? *Cell Host Microbe*. 2019;25(6):773-775. doi:10.1016/j.chom.2019.05.012