

# Protect yourself and others



## Facts about vaccines against seasonal influenza (flu)

### Efficacy

- The coverage of circulating viruses by the virus strains contained in influenza vaccines varies from year to year but is frequently above 90%. No clear statement can, however, be made about the efficacy of the flu vaccination each flu season. Taking the various factors into consideration, studies estimate the vaccine's effectiveness against infection and mild illness to be between 20% and 80%. The protection the vaccine provides against severe influenza complications, however, is significantly higher.
- The efficacy of the influenza vaccination is influenced by various factors including the age and the immunocompetence of the person vaccinated and also the 'match' between the influenza vaccine and the influenza viruses that are currently circulating.
- The vaccine's efficacy is reduced in older people and those with chronic illnesses, especially if they have a weakened immune system. These individuals are particularly dependent on being well protected by the vaccinated people around them.
- Even without optimum vaccine efficacy, however, there is much to suggest that the influenza vaccination can reduce the severity of the disease, the risk of complications and influenza-related mortality.

Inactivated influenza vaccines can be administered at the same time as a COVID-19 vaccination or at any time before or after a COVID-19 vaccination.

### Possible undesirable effects

- Local reactions (pain, redness and itching at the injection site) are common. These are normally harmless and subside after one to two days.
- Systemic reactions (mild fever, muscle aches or a feeling of being ill) occur in some 5% to 10% of vaccinated individuals, in most cases for one to two days after vaccination.
- Very rarely (in around one case per million persons vaccinated) Guillain-Barré syndrome (GBS) will develop after an influenza vaccination. GBS is, however, caused much more frequently by infections with the influenza virus and/or other pathogens.

- Very rarely, urticaria, oedema, allergic asthma or anaphylactic shock (especially in the case of allergies to hen's eggs) may occur.

### Composition and ingredients

All influenza vaccines are quadrivalent (or tetravalent). This means, they contain components of four different influenza virus strains – two 'A' strains and two 'B' strains. Influenza viruses undergo constant genetic changes. The strains contained in the vaccine are newly aligned each year to the prevailing epidemiological situation, in line with WHO recommendations.

#### Inactivated influenza vaccines

- These influenza vaccines contain inactivated influenza viruses in the form of fragments or surface proteins.
- Inactivated influenza vaccines contain
  - no effect-enhancing additives (known as adjuvants);
  - no aluminium;
  - no mercury (e.g. thiomersal, an organic compound containing mercury).
- Inactivated influenza vaccines also contain water, additives for their preservation and stabilisation and slight residual traces of hen's egg proteins or aminoglycoside antibiotics.
- In addition to standard-dose influenza vaccines, a high-dose vaccine is also available to anyone aged 75 or over and to anyone aged 65 or over who is at particular risk. With its higher level of antigen, the high-dose vaccine has proven to be more effective than the standard dose in clinical terms for the age and risk groups concerned.

#### Attenuated live vaccine

In addition to the inactivated influenza vaccines, Switzerland has also approved an attenuated live vaccine for children and adolescents. This will not be available in Switzerland, however, for the 2023/24 flu season.

- This vaccine contains reproducible influenza viruses with greatly weakened pathogenicity, as well as water and adjuvants for preservation and stabilisation purposes.
- It may also contain slight residual traces of hen's egg proteins.