

### Concomitant administration of influenza and COVID-19 vaccinations

Dr Rajeka Lazarus







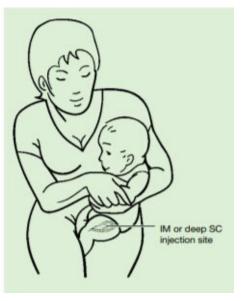


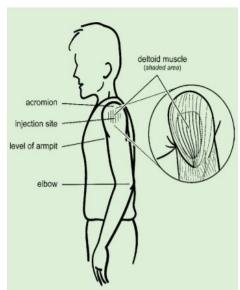




# Concomitant Vaccination Administration

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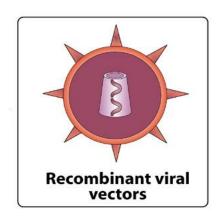




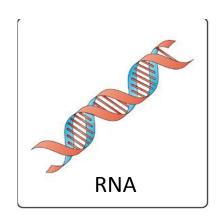
Antigen combination	Recommended Interval Between Doses	Examples/exception
Two or more inactivated	Simultaneously or at any interval between doses	Tdap and MenACWY – 28 days if not together PCV13 and PPV23 not to be given together
Inactivated and live	Simultaneously or at any interval between doses	
Two or more live injectable	28 days minimum interval, if not administered simultaneously	Yellow fever/MMR

Pneumococcal	QIV/TIV	
PCV13		Thompson et al 2018 Schwarz et al 2013 French et al 2012 Schwarz et al 2011
PCV13	+MF59	Young Song et al 2017
PPV23		Ofori-Anyinam et al 2017 Fletcher et al 1997
PPV14		Carlson et al 1979
PPV23	+MF59	Young Song et al 2015

Herpes Zoster		
Live HZ	TIV	Kerzner et al 2007
Subunit +ASO1B		Schwarz et al 2017
Live HZ	QIV	Levin et al 2018
Live HZ	PPV23	MacIntyre et al 201



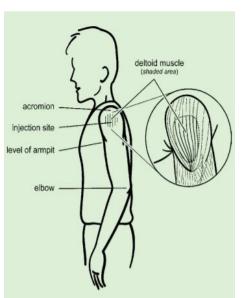
#### 'abundance of caution' CDC



'Avoid incorrect attribution of side effects' UKHSA







#### Uptake

Delivery

**Timing** 

Immune interference

Reactogenicity



Better uptake of VZ vaccine during overlap with influenza season

Mismatch between pneumococcal and influenza uptake

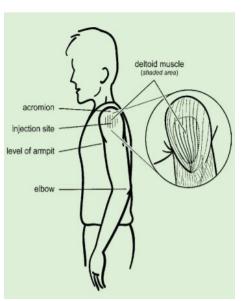


#### Confidence?

Missed opportunities for HPV vaccine at 50% of visits for influenza vaccine







#### Uptake

#### Delivery

#### **Timing**

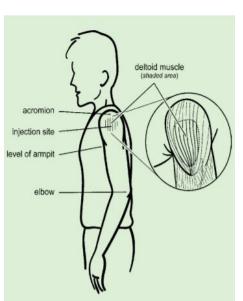
Immune interference

Reactogenicity









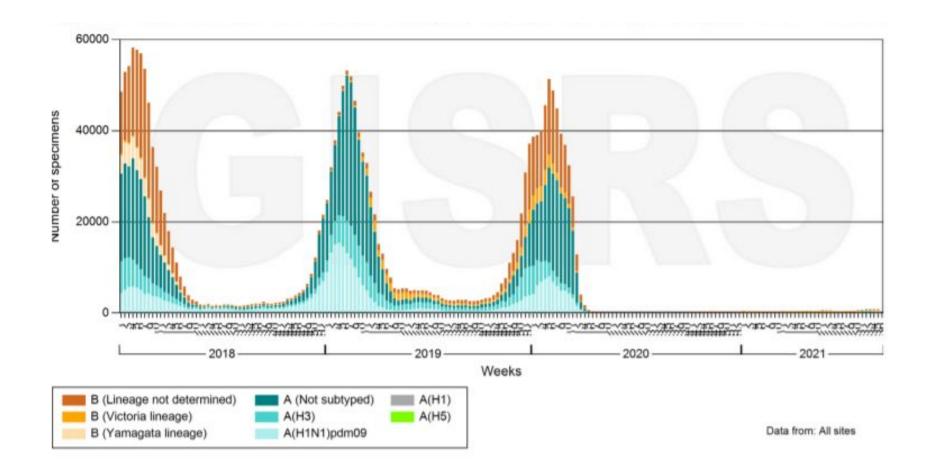
#### Uptake

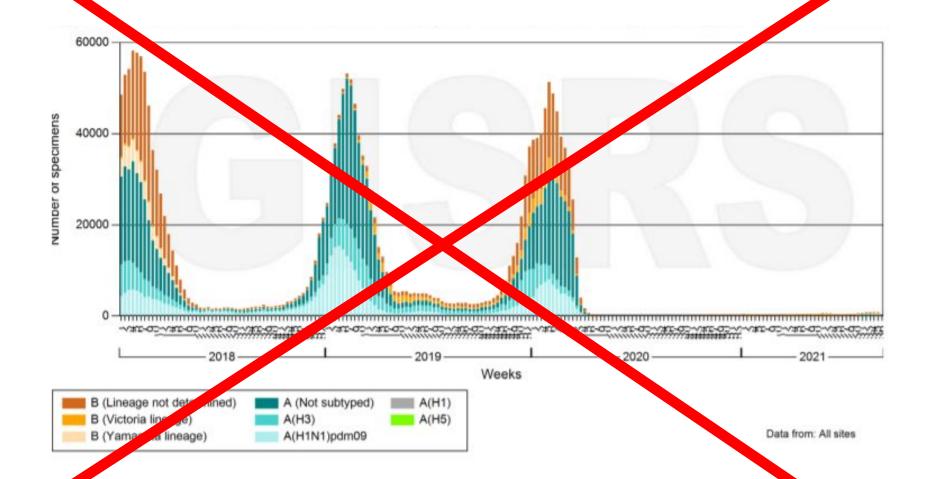
#### Delivery

#### **Timing**

Immune interference

Reactogenicity





#### THE LANCET

ARTICLES | ONLINE FIRST

Safety and immunogenicity of concomitant administration of COVID-19 vaccines (ChAdOx1 or BNT162b2) with seasonal influenza vaccines in adults in the UK (ComFluCOV): a multicentre, randomised, controlled, phase 4 trial

Rajeka Lazarus, DPhil A III • Sarah Baos, PhD • Heike Cappel-Porter, MMath • Andrew Carson-Stevens, PhD • Madeleine Clout, BSc • Lucy Culliford, PhD • et al. Show all authors

Open Access \* Published: November 11, 2021 \* DOI: https://doi.org/10.1016/50140-6736(21)02329-1

Reactogenicity

Local Reactions

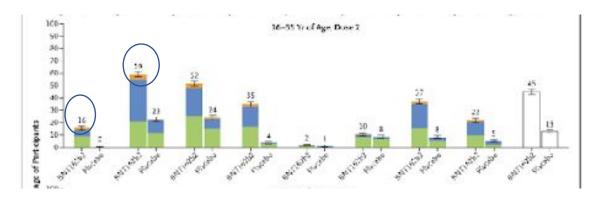
Systemic Reactions

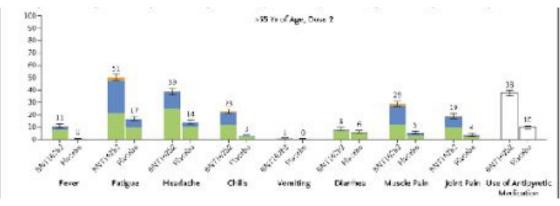
Safety and immunogenicity of ChAdOx1 nCoV-19 vaccine administered in a prime-boost regimen in young and old adults(COV002): a single-blind, randomised, controlled, phase 2/3 trial Ramasamy et al



At least 1 systemic event in 65% 18 to 55 years 72% in 56 to 59 year

#### Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine Polack et al





Severe adverse events Overall < 2% Fatigue 3.8% Headache 2% Reactogenicity

Systemic Reactions

Fever
Feverishness
Chills
Joint pains
Muscle pains
Fatigue
Headache
Malaise
Nausea
Vomiting
Diarrhoea

Number of participants reporting one or more systemic reaction

Clinically acceptable if absolute increase was less than 25%

Reactogenicity

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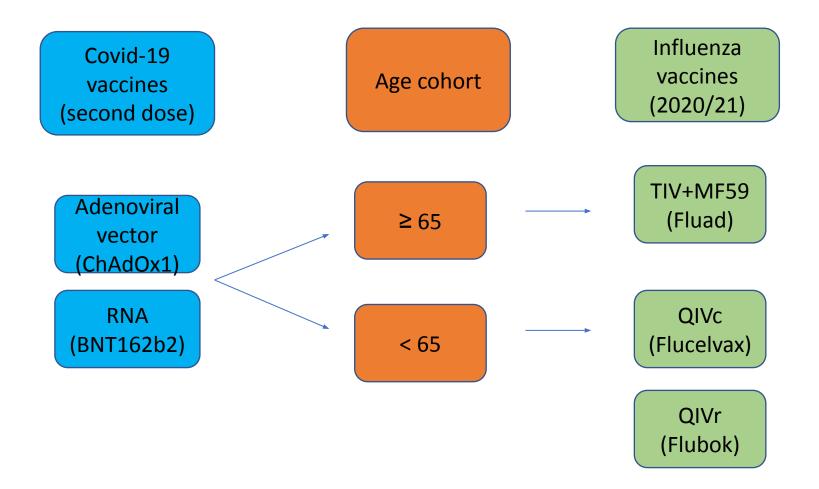
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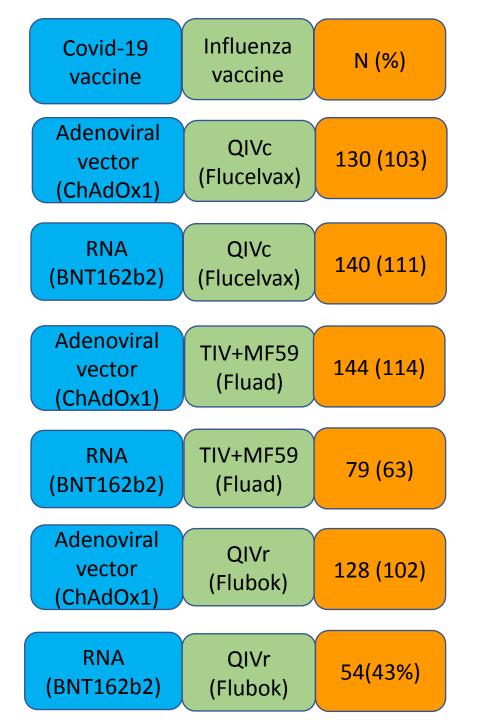
Immunogenicity

Acceptability

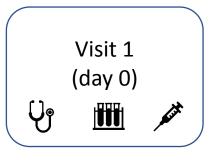
Lost work days



#### Study vaccines



#### Study cohorts



Visit 2 (day 21 to 28)

Visit 3 (day 42 to 48)

Covid-19 vaccine

Placebo (saline)

Age appropriate influenza vaccine

Covid-19 vaccine

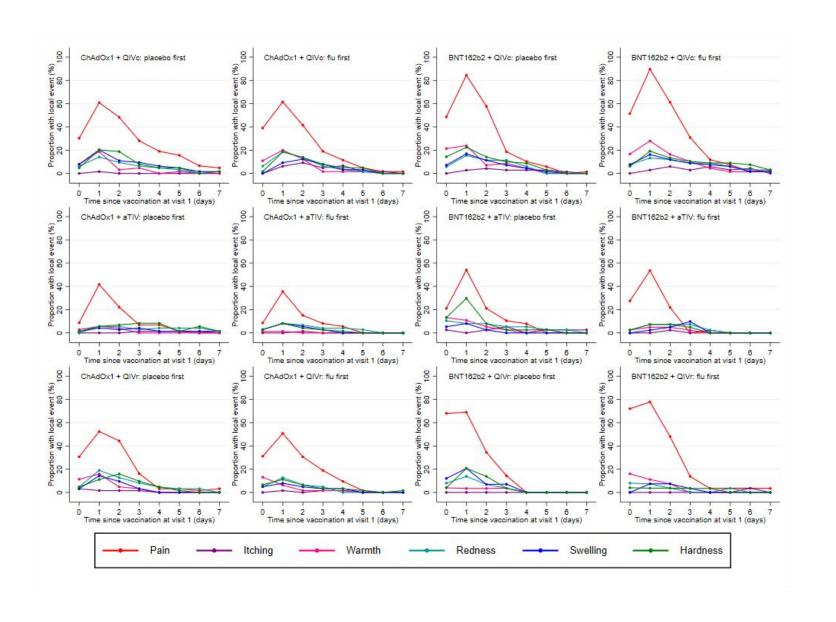
Age appropriate influenza vaccine

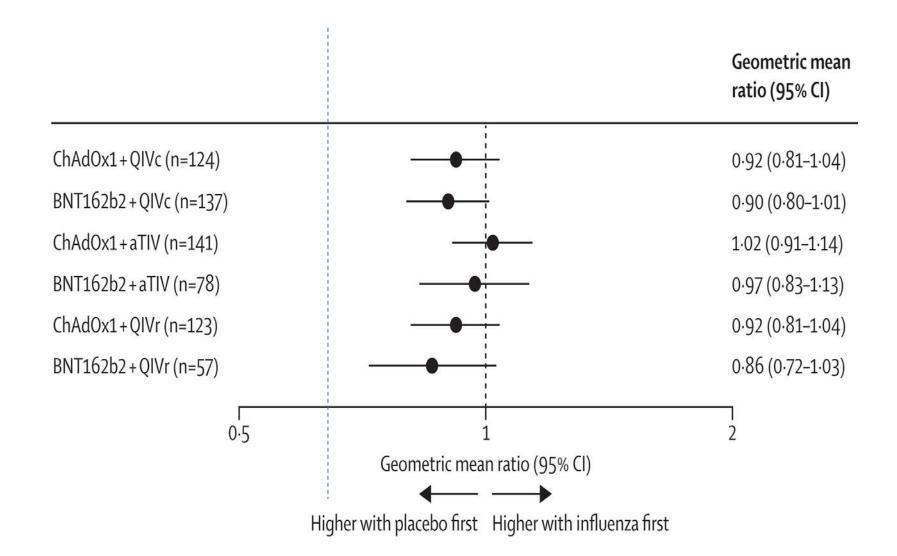
Placebo (saline)

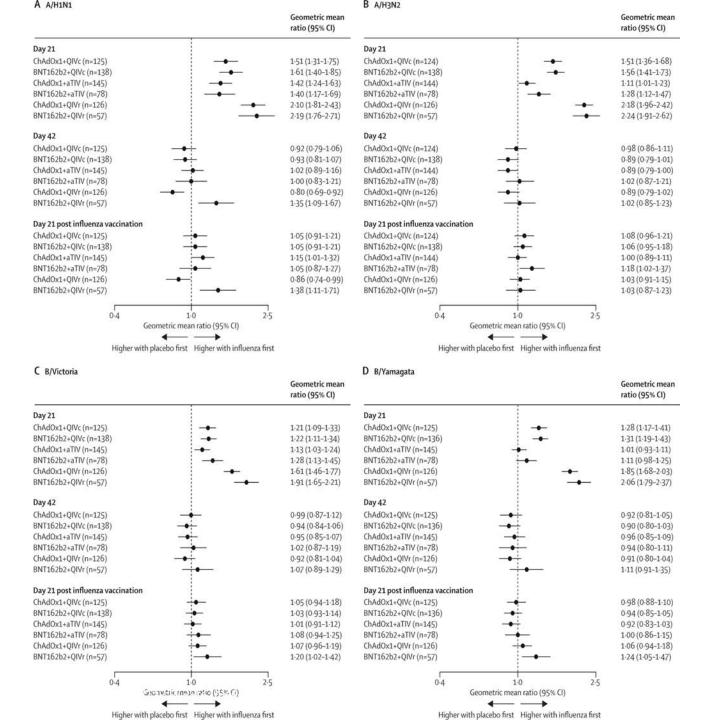
Age (years)	51 (Flucelvax) 69 (Fluad) 52 (Fluad)
Gender	58.5% female
Ethnicity	92.1 % white British
Previous influenza vaccine	85.2%
HCW	13 %

Number of participants experiencing one or more solicited systemic events in the 7 days after second COVID-19 vaccination/number of participants with the primary outcome in each group for each cohort

	Placebo first	Influenza first	
ChAdOx1+QIVc ITT	52/63	52/64	-1·29 (-14·69 to 12·11)
BNT162b2+QIVc ITT	54/67	59/68	6·17 (-6·27 to 18·61)
ChAdOx1+aTIV ITT	42/68	49/68	10·29 (-5·44 to 26·03)
BNT162b2+aTIVITT	25/35	24/41	-12·89 (-34·15 to 8·37)
ChAdOx1+QIVr ITT	43/60	46/62	2.53 (-13.25 to 18.31)
BNT162b2+QIVrITT	23/28	24/27	6.75 (-11.75 to 25.25)
		-50	-25 0 25 50
			Risk difference (95% CI)
			$\longleftarrow \longrightarrow$
		Fa	avours influenza first Favours placebo first







Only 9 participants stated that they would not have concomitant vaccination in the future (only 3 received concomitant vaccination)

Only 11(3.1%) of those employed had time off work due to vaccine related adverse events (only 7 received concomitant vaccination)

#### No safety concerns identified

No significant impact on the immunogenicity of second dose of COVID-19 vaccine

Need to consider broader points for implementation

#### Acknowledgements



















**University College London Hospitals** 

**NHS Foundation Trust** 



**BRIST** 



TRIALS CENTRE





**Primary care sites Knowle House Surgery** Newquay Health centre



