Management in Practice

For healthcare professionals in the United Kingdom only

This promotional article was written and funded by Sanofi in collaboration with Cogora. Sanofi has reviewed and had input into the content.

sanofi

Efluelda® TIV-HD ▼

Trivalent Influenza Vaccine [split virion, inactivated] High Dose, 60 mcg HA/strain

Click here for Efluelda TIV-HD prescribing information

Supemtek® TIVr

Trivalent Influenza Vaccine (recombinant, prepared in cell culture)

Click here for Supemtek TIVr prescribing information

Adverse event reporting can be found at the bottom of the final page.

SOLSTOCK / E+ / VIA GETTY IMAGES

QUICK GUIDE

Flu vaccine procurement: beyond price – why effectiveness matters

Practice managers play a pivotal role in early planning and supplier negotiations for annual flu vaccination programmes. For the majority of GP practices, cost and supply chain reliability are paramount. However, with a variety of vaccine options now available, vaccine effectiveness – which can vary greatly – is a crucial factor when making purchasing decisions.

Although delivery of flu clinics for the current winter season is over, many practices are already focusing on supplies for 2026/27.[1,2] Early planning affords the opportunity to assess suppliers, compare pricing, and secure inventory in a timely manner, particularly as some vaccine providers may offer incentives for advanced orders.[2]

In a logistical landscape of coordinating staff schedules, managing recalls, liaising with suppliers, and overseeing inventory, practice managers have a core objective: to facilitate high vaccination uptake across all eligible demographics.[3,4]

A balancing act in vaccine procurement

Contemporary flu vaccination is facing increased pressures. Reimbursement rates have not kept pace with rising staffing or operational expenses, and practices now compete with pharmacies for vaccine rollout.[5,6]

Given the demanding nature of flu clinic vaccine delivery, securing stock early can mitigate risks for the upcoming season.[2] In turn, supplier flexibility, delivery performance, and overall loyalty may all influence procurement decisions for vaccine provision ahead of time.

Continued overleaf →

Job code MAT-XU-2600787 (V1.0) **Date of preparation** March 2026

In the winter of 2024, the flu vaccine was estimated to have prevented around 96,000 to 120,200 hospitalisations in England alone.[7] While there was mixed uptake of the vaccine across age groups, it was high (74.9%) in those aged ≥65 – just fractionally short of the World Health Organization's 75% target.[3,7]

Nevertheless, there were still high levels of flu activity in the 2024/2025 season that had a significant impact on the NHS, including:[7]

- Hospital admission rates of 139.5 people per 100,000 (vs 94.2 per 100,000 in 2022/2023, and 77.5 per 100,000 in 2023/2024)
- Influenza vaccine effectiveness in real-world primary care settings is estimated at around 35% for older adults (65+) and up to 55% for children
- Against hospitalisation, vaccine effectiveness ranged from 38% in adults aged ≥65 years to 75% in children aged 2–17 years.

These data highlight the value of considering vaccine effectiveness during procurement to maximise patient benefit and reduce winter pressures – especially in older adults, where uptake is already high.

Understanding effectiveness across vaccine types

Vaccine effectiveness measures how well a vaccine protects against specific outcomes in real-world settings, such as medically attended flu cases, hospitalisations, or confirmed infections.[8] It is typically expressed as a percentage, reflecting the extent to which the vaccine reduces risk compared with unvaccinated individuals.

Effectiveness depends on many factors, not least how different flu immunisations are manufactured. There are five main types of inactivated influenza vaccines (IIVs) recommended in adult populations, named after their key characteristic(s):[9]

- IIVe: Grown (cultured) in hen's eggs
- aIIV: 'Adjuvanted' (added ingredients designed to boost the body's immune response; typically egg-based)
- IIV-HD: High-dose (for improved patency; may be egg-based)[10]
- IVc: Cultured in human-like cells (to avoid potential issues with animal egg allergies and/or so-called 'adaptive' mutations)[9,11]
- IIVr: 'Recombinant' vaccines are produced without using the flu virus or eggs, relying on coded genes designed to attack the virus.

How can practice managers make effectiveness decisions without clinical expertise?

General guidance on vaccines is provided by the Joint Committee on Vaccination and Immunisation (JCVI), whose annual recommendations feed into the National Flu Immunisation Programme Plan[12] and the GP Enhanced Service Specification outline.[13] For 2026/2027, the following options for first-line (preferred) or second-line (backup) treatment are planned to be recommended/reimbursable in adults:[14] see table 'General guidance on vaccines'.

In the 2023/24 season, in the 18-64 year old cohort, the recombinant vaccine reduced flu illness by around 24%, compared with 17% for the adjuvanted vaccine.[15] These data correspond to absolute effectiveness, and are not head-to-head comparisons. While a single-season result may not be definitive, it aligned with trends observed in preceding years.

The UK Health Security Agency's (UKHSA) most recent vaccine-effectiveness analyses, presented to JCVI in June 2025,[14] showed comparable performance of the cell-cultured inactivated vaccine (IIVc), the adjuvanted (aIIV) and high-dose (IIV-HD) vaccines in older adults, with overlapping confidence intervals across influenza A and B for the past three seasons.

Robust evidence supports recommended vaccines

Evidence from randomised clinical trials (RCT) and real-world evidence (RWE) further supports and builds on the UK's centralised vaccine recommendations:

- An RCT (randomised, double-blind, multicentre. N = 9003) involving over 8,000 adults aged 50 and older found that the recombinant vaccine offered 30% greater protection against confirmed influenza-like illness compared to the standard egg-based vaccine (absolute risk reduction [ARR] = 1.0%). The primary end point, influenza-like illness confirmed by RT-PCR, was met. [16]
- In another RCT (phase IIIb-IV, multicentre, randomised, double-blind, active-controlled, N = 31,989) involving over 30,000 adults aged ≥65, the high-dose vaccine met the primary end point (occurrence of lab-confirmed influenza at least 14 days post vaccination), demonstrating 24% superior efficacy vs standard dose (ARR = 0.5%)[10]
- RWE from Northern Ireland (2023/24) showed that the IIVc achieved 47.5% vaccine effectiveness against laboratory-

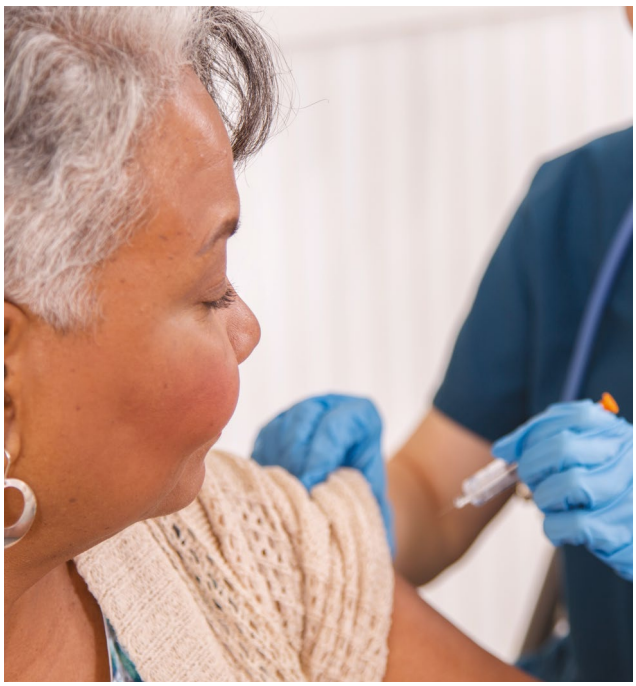
General guidance on vaccines

Recommended adult influenza vaccines at first- and second line that will be reimbursed in the UK in the 2026/2027 season, as per the JCVI recommendations.[14] The JCVI strongly advised against the egg-cultured vaccine in adults aged 65 or over. [14]

Treatment line	Aged 18 to 64 years in clinical risk group (including pregnant women)	Aged 65 years and over
First	**Recombinant** (IIVr)	
	Cell-cultured (IIVc)	
	High-dose (IIV-HD) in age 50–64*	**High-dose** (IIV-HD)
	Adjuvanted (aIIV) in age ≥50–64	**Adjuvanted** (aIIV)
Second	**Egg-cultured** (IIVe; limited reimbursement)	

*Recommended but off-label use.

Continued overleaf →



ANNA SOLOVEI / ISTOCK / GETTY IMAGES PLUS / VIA GETTY IMAGES

confirmed influenza overall, corresponding to an ARR of ≈ 6.6%.[17] Effectiveness was highest within 2–8 weeks of vaccination (67.5%; ARR ≈ 8.6%) and declined modestly thereafter.

These findings reinforce the notion that vaccine type can significantly influence clinical outcomes, particularly in high-risk groups.

Looking ahead: implications for practice managers

Cost considerations and supply logistics will always be critical – especially in a challenging environment for funding. However, when multiple vaccine types are available, effectiveness data can provide a more comprehensive understanding.

Selecting a vaccine supported by evidence may confer better protection for patients and enhance resilience for clinics and broader NHS services during the winter months, translating to fewer infections, GP visits and hospital admissions.

Practice managers, in collaboration with their clinical teams, are well-positioned to initiate these discussions early, balancing price, supply, and patient outcomes as planning commences for the 2026/27 season.

References

1 Stuurman AL et al. *PLoS One*. 2021;16(4):e0248943.
2 Gov.uk. Flu vaccination programme 2025 to 2026: information for healthcare practitioners. Available at: https://www.gov.uk/government/publications/flu-vaccination-programme-information-for-healthcare-practitioners/flu-vaccination-programme-2023-to-2024-information-for-healthcare-practitioners (accessed March 2026).
3 World Health Organization. Understanding drivers of influenza vaccine uptake. Available at: https://www.who.int/news-room/feature-stories/detail/understanding-drivers-of-influenza-vaccine-uptake (accessed March 2026).
4 UK Health Security Agency. Quality criteria for an effective immunisation programme. Available at: http://www.gov.uk/government/publications/quality-criteria-for-an-effective-immunisation-programme (accessed March 2026).
5 Gov.uk. Consultation: a review of the procurement of seasonal flu vaccine 2011. Impact assessment. Available at: https://www.gov.uk/government/publications/consultation-a-review-of-the-procurement-of-seasonal-flu-vaccine-2011-impact-assessment (accessed March 2026).
6 Murray E et al. *Int J Clin Pharm*. 2021;43(5):1163-1172.
7 Gov.uk. Flu vaccine prevented around 100,000 hospital admissions. Available at: https://www.gov.uk/government/news/flu-vaccine-prevented-around-100000-hospital-admissions (accessed March 2026).
8 McLean HQ et al. *Cold Spring Harb Perspect Med*. 2021;11(6):a038315.
9 University of Oxford. Flu vaccine. Available at: https://vaccineknowledge.ox.ac.uk/flu-vaccine#More-information-about-the-vaccine (accessed December 2025).
10 DiazGranados CA et al. *N Engl J Med*. 2014;371(7):635-645.
11 NICE. Influenza vaccine (inactivated). Available at: https://bnf.nice.org.uk/drugs/influenza-vaccine-inactivated/ (accessed March 2026)
12 Gov.uk. National flu immunisation programme 2025 to 2026 letter. Available at: https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan-2025-to-2026/national-flu-immunisation-programme-2025-to-2026-letter (accessed March 2026).
13 NHS England. General Practice Enhanced Service Specification. Seasonal influenza vaccination programme 2025/26 Version 1.0. Available at: https://www.england.nhs.uk/wp-content/uploads/2025/07/PRN01998-i-gp-enhanced-service-specification-2025-26-adult-and-at-risk-seasonal-influenza-vaccination.pdf (accessed March 2026).
14 JCVI statement on influenza vaccines for 2026 to 2027. Available at: https://www.gov.uk/government/publications/flu-vaccines-2026-to-2027-jcvi-advice-16-july-2025/jcvi-statement-on-influenza-vaccines-for-2026-to-2027. Last accessed: March 2026.
15 Whitaker, H. J., Kirsebom, F. C. M., Hassell, K., Quinot, C., Stowe, J., Hoschler, K., Zambon, M., Andrews, N. J., Watson, C. H., & Lopez Bernal, J. (2025). Effectiveness of influenza vaccines and duration of protection against hospitalisation in England: 2022/2023 and 2023/2024 seasons. Influenza and Other Respiratory Viruses, 19(12), e70194. https://pubmed.ncbi.nlm.nih.gov/41307445/
16 Dunkle LM et al. *N Engl J Med*. 2017;376(25):2427-2436.
17 Bucholc M et al. *Influenza Other Respir Viruses*. 2025;19(9):e70149.
18 Supemtek TIVr Summary of Product Characteristics. Available at: https://www.medicines.org.uk/emc/product/100729/smpc. Accessed March 2026.
19 Efluelda TIV-HD Summary of Product Characteristics. Available at: https://www.medicines.org.uk/emc/product/100678/smpc. Accessed March 2026
20 Chang LJ, et al. *Vaccine*. 2019;16;37(39):5825-5834
21 Folegatti P, et al Lancet Infect Dis. 2025 Oct;25(10):097-1105.

Adverse event reporting can be found at the bottom of the final page

Supemtek TIVr safety profile

Safety data for Supemtek TIVr are derived from the quadrivalent recombinant influenza vaccine as both vaccines are manufactured using the same process and have overlapping compositions.^[16,18] The most common reactions that occurred after Supemtek administration were injection-site reactions: tenderness was reported by 48%, and pain by 37%, in study participants 18–49 years of age. In study participants ≥50 years of age, injection site tenderness was reported by 34% and injection site pain by 19%.^[16,18] Immunogenicity and safety of Supemtek was assessed in children ages 9-17 years. Results showed an immunogenicity non-inferior to the one in 18-49 years old and no additional safety concerns were identified. ^[18,21] The severity of the adverse reactions was mild to moderate. Onset usually occurred within the first 3 days after vaccination. All resolved without sequelae.^[18] For the full list of adverse events please refer to the Summary of Product Characteristics.

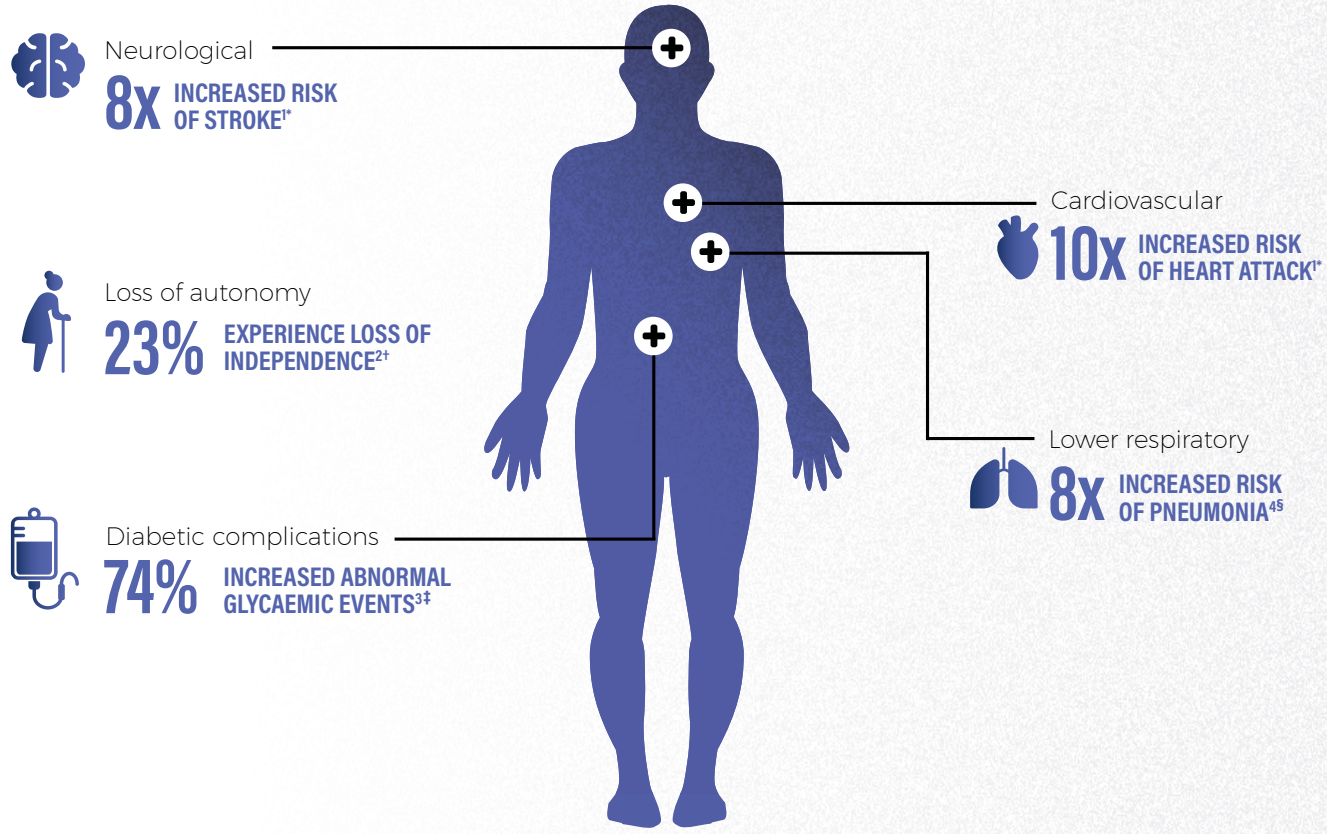
Efluelda TIV-HD safety profile

In clinical trials the safety profile of HD has been shown to be comparable to that of SD vaccines.^[19,20]

Efluelda TIV-HD is generally well-tolerated. The most frequently reported adverse reaction after vaccination was injection site pain, reported by 42.6% of study participants, followed by myalgia (23.8%), headache (17.3%), and malaise (15.6%). Most of these reactions occurred and resolved within three days of vaccination. The intensity of most of these reactions was mild to moderate. The intensity of most of these reactions was mild to moderate. Please refer to the Efluelda TIV-HD SmPC for full list of adverse events.

Efluelda TIV-HD is identical to Quadrivalent Influenza Vaccine (Split Virion, Inactivated) High Dose (QIV-HD) with the only difference of containing antigen from one less influenza B strain.

FLU CAN CAUSE COMPLICATIONS ACROSS MAJOR ORGAN SYSTEMS[1-4]



*Scottish case series analysis using national infection surveillance data identifying adults ≥40 years who had a first myocardial infarction (n=1,227) or stroke (n=762) between 1 January 2004 and 31 December 2014.[1]

†Canadian protective observational study including data from 925 patients aged ≥65 years admitted to hospital with influenza and other acute respiratory infections from 2011 to 2012.[2]

‡Retrospective cohort analysis of a US health plan comparing 54,656 adults (≥18 years of age) with type 2 diabetes and 113,016 non-diabetic controls.[3]

§Matched case-control and prospective cohort study among 3,234 Nicaraguan children aged 0-14 years from 2011 to 2018.[4]

Adverse events should be reported.
Reporting forms and information can be found at **www.mhra.gov.uk/yellowcard** or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to the Sanofi drug safety department on **0800 090 2314**. Alternatively send via email to **UK-drugsafety@sanofi.com**

REFERENCES

1 Warren-Gash C et al. Eur Respir J 2018;51:1701794
2 Andrew M K et al. J Am Geriatr Soc 2021;69:696-703
3 Samson SI et al. J Diabetes Sci Technol 2021;15:44-52
4 Kubale J et al. Clin Infect Dis 2021;73:e4288-e4295

Job code MAT-XU-2600787 (V1.0) | Date of preparation: March 2026

sanofi