

# Assessing High-Dose Versus Standard Dose Influenza Vaccine Protection Against Cardiovascular and Respiratory Hospitalizations

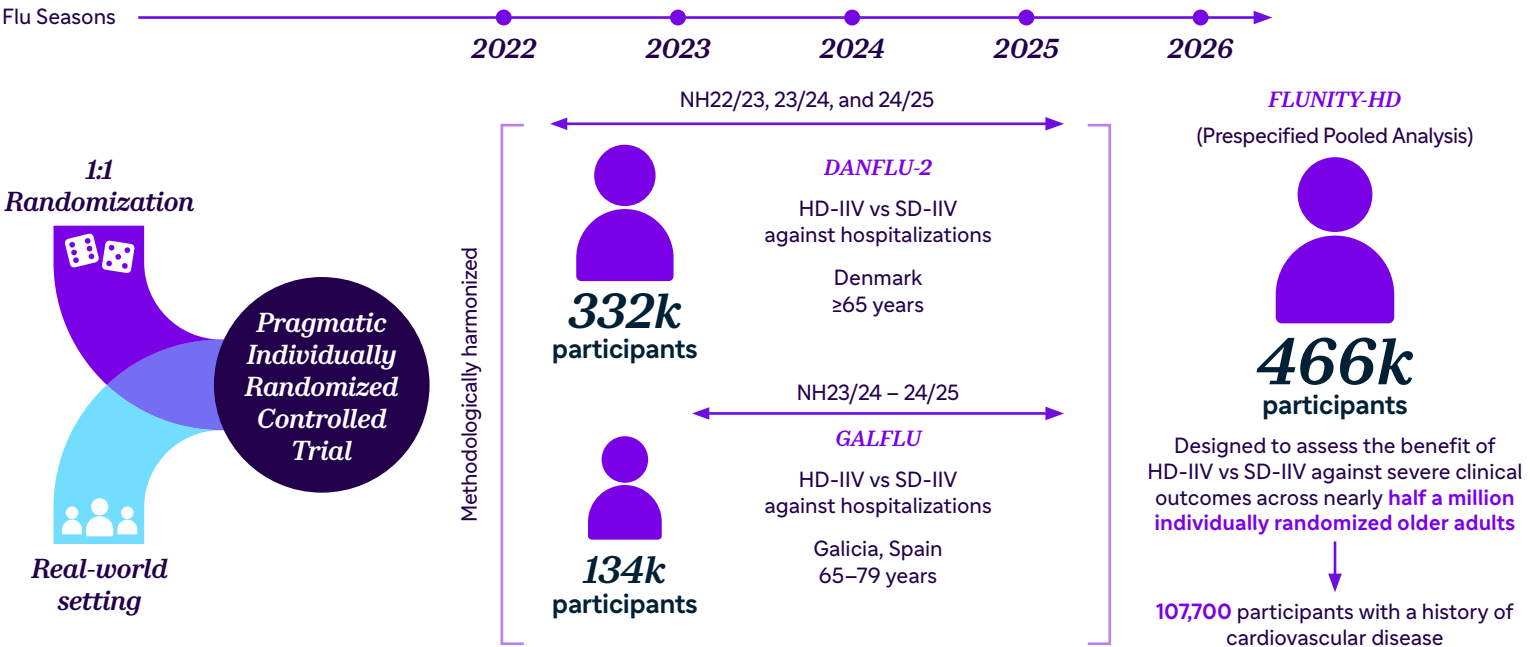
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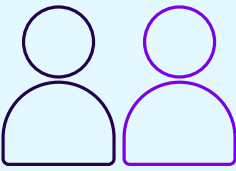
Microbiol Infect Dis AMJ. 2025; <https://doi.org/10.33590/microbiolinfectedisam/OVZF8370>

## STUDY OVERVIEW

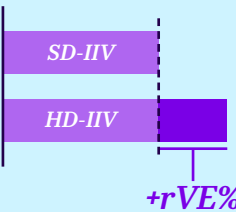
<b>Cardiovascular Burden of Influenza</b>	<b>FLUNITY-HD Study Design</b>
Influenza infection is associated with increased risk of acute cardiovascular events <sup>1</sup>	<b>Pre-specified pooled analysis</b> of methodologically harmonized, individually randomized <b>DANFLU-2</b> and <b>GALFLU</b> trials <sup>6-8</sup>
Older adults are particularly vulnerable to the cardiovascular effects of influenza infection <sup>1,2</sup>	The <b>SD-IIV</b> used are the <b>standard of care</b> in the populations and geography under study and are <b>licensed by the EMA</b> <sup>6-8</sup>
AHA/ACC guidelines recommend annual influenza vaccination for patients with established cardiovascular disease <sup>3,4</sup>	<b>Pragmatic design</b> using real-world healthcare registry data for all baseline data collection and follow-up <sup>7</sup>
<b>HD-IIV</b>	
Contains four-times the antigen of SD-IIV <sup>5</sup>	
Was developed to provide increased protection in older adults <sup>5</sup>	
Has demonstrated superior efficacy against LCI in a pivotal RCT <sup>6</sup>	

## Largest ever individually randomized influenza vaccine effectiveness study<sup>6-8</sup>





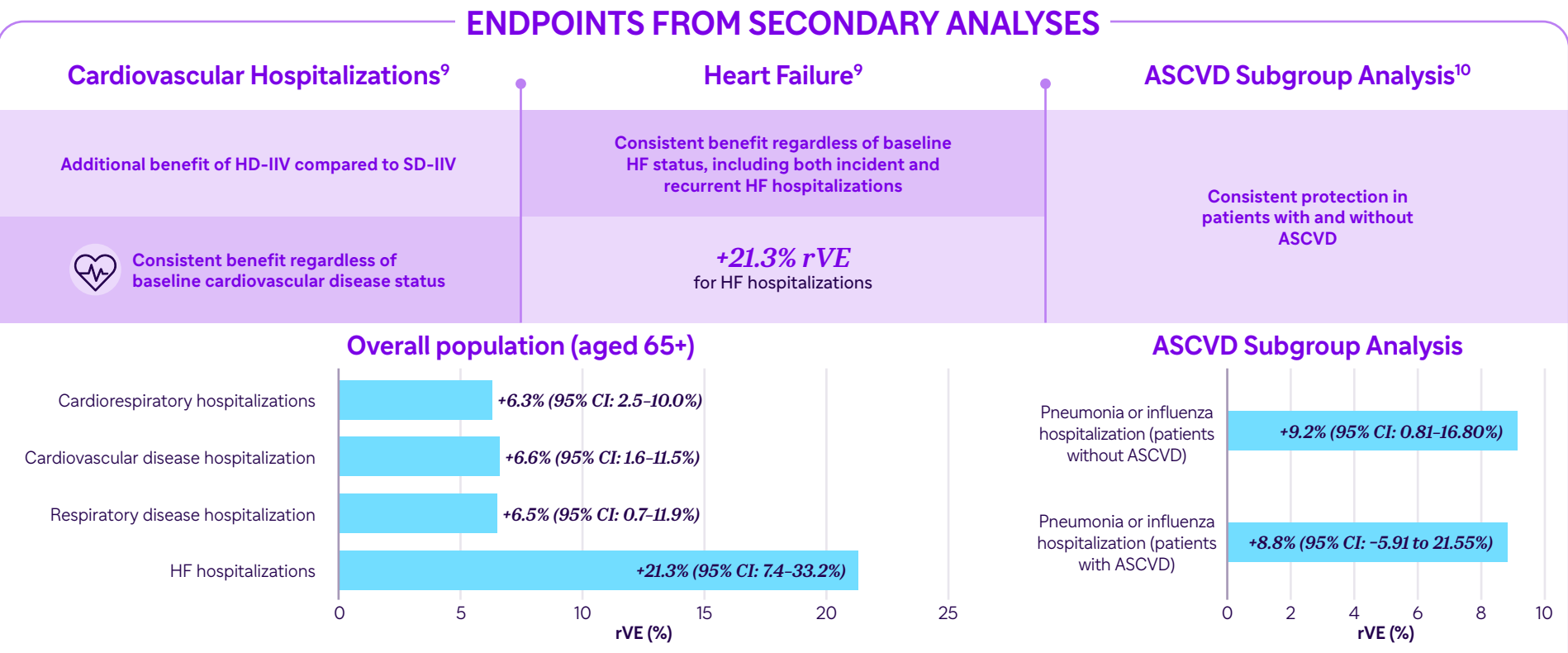
**aVE:**  
Outcomes in a vaccinated cohort compared to those in an unvaccinated or placebo cohort<sup>11</sup>




**rVE:**  
**Additional benefit** of high-dose vaccine compared to standard-dose vaccine, not absolute protection rates<sup>11</sup>

**+rVE%**


rVE in FLUNITY-HD shows how much **additional protection** older adults gain by choosing HD-IIV over SD-IIV<sup>7</sup>



### SUMMARY OF RESULTS

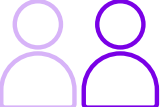


HD-IIV demonstrated **superior protection** compared to SD-IIV against cardio-respiratory hospitalizations. This reduction was driven by both cardiovascular and respiratory hospitalizations.<sup>9</sup>



**21%** ↓

HF hospitalization risk reduced by approximately **21%** with HD-IIV versus SD-IIV<sup>9</sup>



Benefits of HD-IIV over SD-IIV remained consistent across **patients with and without ASCVD**, with a trend in favor of HD-IIV in higher-risk groups.<sup>10</sup>


### Abbreviations:

ACC: American College of Cardiology; AHA: American Heart Association; ASCVD: atherosclerotic cardiovascular disease; aVE: absolute vaccine effectiveness; HD-IIV: high-dose inactivated influenza vaccine; HF: heart failure; LCI: laboratory-confirmed influenza; rVE: relative vaccine effectiveness; SD-IIV: standard-dose inactivated influenza vaccine; vs: versus.

### References:

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