

- A dynamic, compartmental, two-part model has been constructed to assess the clinical and economic impact of replacing conventional non-adjuvanted trivalent (TIV) or quadrivalent (QIV) seasonal influenza vaccine with adjuvanted TIV (aTIV) in the elderly in the United States healthcare setting.
- We found that, compared with the use of QIV in all age groups, use of aTIV in persons aged ≥ 65 years and QIV in persons < 65 years could reduce influenza cases by 11,166-1,329,200, hospitalizations by 1365-43,674, and deaths by 421-11,320, and increase quality-adjusted life-years (QALYs) by 3003-94,084.
- Total cost savings with aTIV relative to QIV ranged from \$27 million in a low intensity, low vaccine match season to \$934 million in a high intensity, high match season.
- Univariate sensitivity analysis of relative vaccine prices in the average intensity, average match season indicated aTIV could be marginally cost-saving relative to QIV at the currently published Medicare price for influenza vaccines offering enhanced efficacy in the elderly.
- Non-adjuvanted QIV would offset the benefits of aTIV if the prevalence of circulating mismatched influenza B strains exceeded 54.5%.

This summary slide represents the opinions of the authors. Sponsorship for this study was funded by Novartis Vaccines. Medical writing assistance for this study was provided by Gardiner-Caldwell Communications. For a full list of acknowledgments and conflicts of interest for all authors of this article, please see the full text online. Copyright © The Author(s) 2015. Creative Commons Attribution Noncommercial License (CC BY-NC).