

Influenza in cardiovascular disease (CVD) and the impact of vaccination: Highlights from ESC 2022

Impact of myocardial injury on mortality and adverse events in hospitalised patients with influenza: A prospective cohort study

Presenter: Amabile Valotta

Study size: n=145¹

Key findings

Influenza-related myocardial injury is:



prevalent in hospitalised patients with influenza¹



associated with a high probability of short- and mid-term adverse events (AEs)¹



hs-cTnT is a useful marker to identify patients with myocardial injury who are at risk of AEs¹

Evidence on influenza as a trigger for cardiovascular (CV) events and the impact of vaccination

Presenter: Ankeet Bhatt

An overview of published evidence

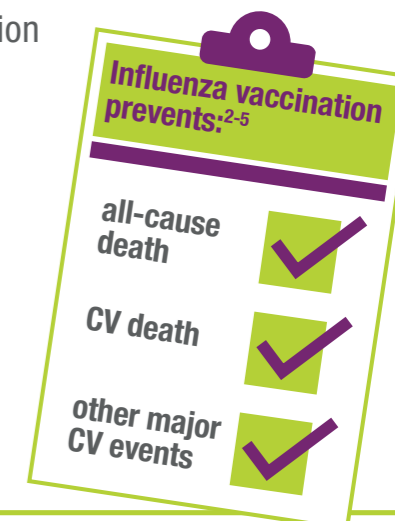
Several major professional societies recommend influenza vaccination in patients with CV⁶⁻¹⁰



Despite the recommendations, influenza vaccination rates in patients with CVD remain suboptimal¹¹



There is a need for novel vaccine implementation strategies, including promoting annual influenza vaccination, in order to ensure high quality cardiovascular care



DANFLU-1: Feasibility of a pragmatic randomised trial to assess the relative effectiveness of high-dose (HD) versus standard-dose (SD) QIV on severe cardiorespiratory outcomes in elderly adults

Presenter: Niklas Dyrby Johansen

Study size: n=12,551¹³

Key findings

rVE
64.4%
[95% CI 24.4–84.6%]

The incidence of **all-cause mortality** was significantly lower in the QIV-HD versus QIV-SD group*¹³

rVE
48.9%
[95% CI 11.5–71.3%]

The incidence of **all-cause mortality** was significantly lower in the QIV-HD versus QIV-SD group*¹³

A pragmatic, randomised trial of **QIV-HD** vs QIV-SD relying solely on registry-based data collection was concluded to be feasible¹³

Double-dose versus standard dose quadrivalent influenza vaccine (QIV) on major cardiopulmonary events in patients with acute coronary syndromes (ACS): The VIP-ACS trial

Presenter: Remo Furtado

Study size: n=1801 adults hospitalised for ACS¹¹

Double dose of quadrivalent influenza vaccine (QIV) was administered during hospitalisation for ACS¹¹
Single-dose QIV was administered 30 days after discharge¹¹

Key finding

Win ratio
1.02
(95% CI 0.79–1.32, p=0.84)¹²

Double-dose QIV did not reduce cardiorespiratory events compared with **single-dose**.¹²

The results do not undermine the importance of influenza vaccination in patients with high CV risk¹²

“We call on healthcare professionals to work together to break down the barriers to influenza vaccination in people with CVD and find new strategies to reach this vulnerable patient group” GII

Footnote: CI, confidence interval; ESC, European Society of Cardiology; rVE, relative vaccine efficacy; VIP-ACS, Vaccination against Influenza to Prevent cardiovascular events after Acute Coronary Syndrome. *These findings require confirmation in a fully powered future trial.

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