Abstract : P49


Ainara Mira-Iglesias1, Miguel Tortajada-Girbés3, F. Xavier López-Labrador1,4, Ángel Belenguer-Varea5, Mario Carballido-Fernández6, Empar Carbonell-Franco7, Concha Carratalà-Munuera8,9, Ramón Limón-Ramírez10, Joan Mollar-Maseser11, Maria del Carmen Otero-Reigada11, Germán Schwarz-Chavarri12, José Tuells13, Vicente Gil-Guilén9,14, Joan Puig-Barberá1,2,14, for the Valencia Hospital Network for the Study of Influenza and Respiratory Viruses Diseases

Introduction
We estimated the relationship between date of vaccination (DOV) and the probability of being positive for influenza in admissions with acute respiratory symptoms during the 2014/15 influenza season in Valencia Region.

Methods
Consecutive patients were enrolled per protocol, without knowledge of influenza vaccination status or influenza infection. Vaccination data was obtained from Valencia Region vaccine registry and influenza was confirmed by RT-PCR. Only registered vaccinated patients were included in our study.

We split patients in tertiles according to their vaccination date. We explored the heterogeneity of belonging to tertiles due to age, comorbidity, hospital and other confounders.

Following a test-negative design, we fitted a mixed effects logistic regression model to estimate the probability of influenza admission by tertiles of DOV after adjusting for age, gender, smoking habits, calendar time, socioeconomic status, previous health care contacts, and hospital as a random effect.

Results
We enrolled 1,599 immunized individuals 18 years old or older belonging to target groups for vaccination (Figure 2), 357 were positive for influenza (6 A(H1N1); 296 A(H3N2); 30 B/Yamagata; 25 A not subtyped).

Older age and being vaccinated in the previous season were related with earlier vaccination (Figure 3). By contrast, being female was related to a later vaccination (Figure 3).

Figure 1: Participating Health Districts (hospitals) and population.

Conclusions
We observed a significant influenza vaccine waning effect in protecting against admissions with A(H3N2) strain. Small numbers preclude valid conclusions for B/Yamagata or A(H1N1)pdm09.