

Gli Autori del seguente lavoro di revisione su 5 studi randomizzati, 49 di coorte e 10 di caso-controllo affermano che: “In questa popolazione di anziani in comunità, I vaccini sono apparentemente inefficaci nella prevenzione di influenza, sindrome influenzale, polmonite, ricoveri ospedalieri o morti da malattie respiratorie.

“L’efficacia della vaccinazione verso l’influenza era non significativa”.

In this population [in elderly individuals living in the community], the vaccines are apparently **ineffective** in the prevention of influenza, influenza-like illness, pneumonia, hospital admissions, or deaths from any respiratory disease, but are effective in the prevention of hospital admission for influenza and pneumonia and in the prevention of deaths from all causes.

Our findings show that, according to reliable evidence, the effectiveness of trivalent inactivated influenza vaccines in elderly individuals is modest, irrespective of setting, outcome, population, and study design.

Efficacy and effectiveness of influenza vaccines in elderly people: a systematic review

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Summary

Background Influenza vaccination of elderly individuals is recommended worldwide. Our aim was to review the evidence of efficacy and effectiveness of influenza vaccines in individuals aged 65 years or older.

Methods We searched five electronic databases to December, 2004, in any language, for randomised (n=5), cohort (n=49), and case-control (n=10) studies, assessing efficacy against influenza (reduction in laboratory-confirmed cases) or effectiveness against influenza-like illness (reduction in symptomatic cases). We expressed vaccine efficacy or effectiveness as a proportion, using the formula $VE=1-\text{relative risk (RR)}$ or $VE^*=1-\text{odds ratio (OR)}$. We analysed the following outcomes: influenza, influenza-like illness, hospital admissions, complications, and deaths.

Findings In homes for elderly individuals (with good vaccine match and high viral circulation) the effectiveness of vaccines against influenza-like illness was 23% (95% CI 6–36) and non-significant against influenza (RR 1·04, 0·43–2·51). Well matched vaccines prevented pneumonia (VE 46%, 30–58) and hospital admission (VE 45%, 16–64) for and deaths from influenza or pneumonia (VE 42%, 17–59), and reduced all-cause mortality (VE 60%, 23–79). In elderly individuals living in the community, vaccines were not significantly effective against influenza (RR 0·19, 0·02–2·01), influenza-like illness (RR 1·05, 0·58–1·89), or pneumonia (RR 0·88, 0·64–1·20). Well matched vaccines prevented hospital admission for influenza and pneumonia (VE 26%, 12–38) and all-cause mortality (VE 42%, 24–55). After adjustment for confounders, vaccine performance was improved for admissions to hospital for influenza or pneumonia (VE* 27%, 21–33), respiratory diseases (VE* 22%, 15–28), and cardiac disease (VE* 24%, 18–30), and for all-cause mortality (VE* 47%, 39–54).

Interpretation In long-term care facilities, where vaccination is most effective against complications, the aims of the vaccination campaign are fulfilled, at least in part. However, according to reliable evidence the usefulness of vaccines in the community is modest.