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The flu is anything but a trivial illness. Seasonal waves of influenza cause between one and between 1-5 million additional physician consultations, even more in years with strong influenza waves (Source: RKI).

Although influenza vaccination does not always prevent infection, it still offers the most effective protection – especially against complications. Vaccination should be given every year, as the duration of the protection is likely to last only one season, and the vaccine composition is adjusted.

The WHO announces the composition for the northern hemisphere annually in February/ March, and for the southern hemisphere in September. Vaccination is carried out with a quadrivalent influenza vaccine - as recommended by the STIKO since 2018.

The influenza vaccine for the northern hemisphere for the 2022/2023 season is composed of the antigens of globally circulating virus variants:

EGG-BASED INFLUENZA VACCINES

- A/Victoria/2570/2019 (H1N1)pdm09-like;
- A/Darwin/9/2021 (H3N2)-like virus;
- B/Austria/1359417/2021 (B/Victoria lineage)-like virus;
- B/Phuket/3073/2013 (B/Yamagata lineage)-like

STIKO RECOMMENDATIONS

For occupational indications, the Standing Commission on Vaccination (STIKO) recommends annual influenza vaccination for the following occupational groups (Epidemiological Bulletin 4/2022):

- Persons with increased risk, e.g. medical personnel
- Persons in facilities with extensive public traffic as well as persons who are a possible source of infection for at-risk persons under their care
- Persons with increased risk due to direct contact to poultry and wild birds

For persons ≥ 60 years of age, the STIKO continues to recommend inactivated quadrivalent high-dose vaccines.

Should employees over 60 years of age choose to receive the high-dose vaccine, they should contact primary care physicians' offices for this.

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