

# Improving Flu Immunization Rates & Protecting Public Health

AIM Virtual Exhibit Hall Webinar: CSL Seqirus  
JANUARY 20, 2026



Association of  
Immunization  
Managers

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# Improving Flu Immunization Rates and Protecting Public Health



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**Director of US Medical Affairs, CSL Seqirus**

Earned PhD in Molecular Biology from Princeton University; completed postdoctoral research and a teaching fellowship at Columbia University

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Joined CSL Seqirus in 2017 as a Medical Science Liaison, helping lead clinician-facing communication on influenza vaccines

# Today's agenda

1

## THE GROWING FLU BURDEN

- Seasonal trends
- Ongoing challenges

2

## OUR UNIQUE FLU VACCINATION SOLUTIONS

- Flu Campaign Kit
- FLUCELVAX® (Influenza Vaccine):  
The first and only enhanced flu vaccine for 6+ months\*<sup>1</sup>

\*Enhanced is defined as being differentiated compared to standard egg-based influenza vaccines for persons 6 months and older.

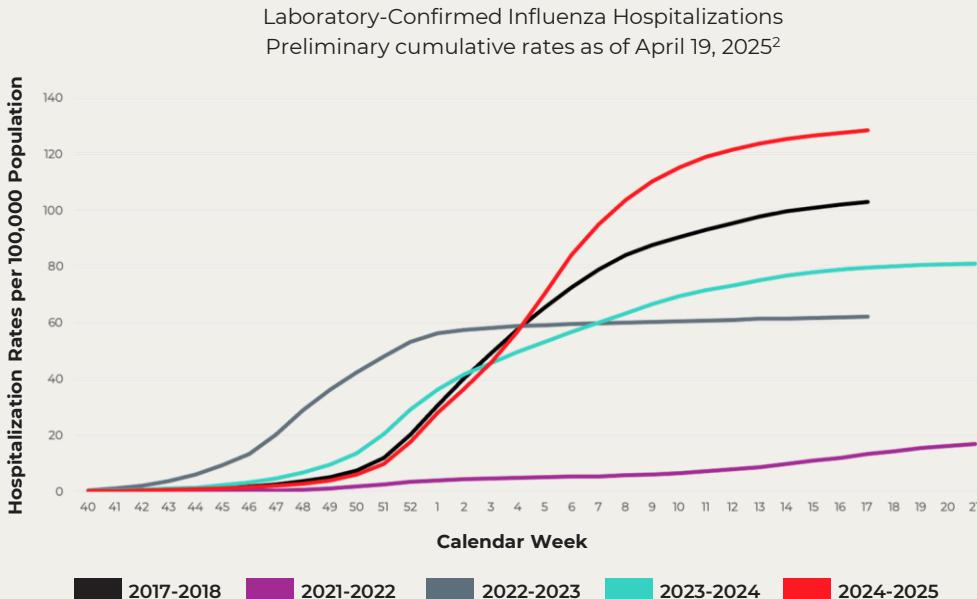
Reference: 1. FLUCELVAX. Package insert. Seqirus Inc.



1

# The Growing Flu Burden

# The 2024-2025 US flu season was **the first high-severity season since 2017-2018<sup>1</sup>**



**This past flu season was the worst in 15 years**  
with the CDC estimating there were up to:

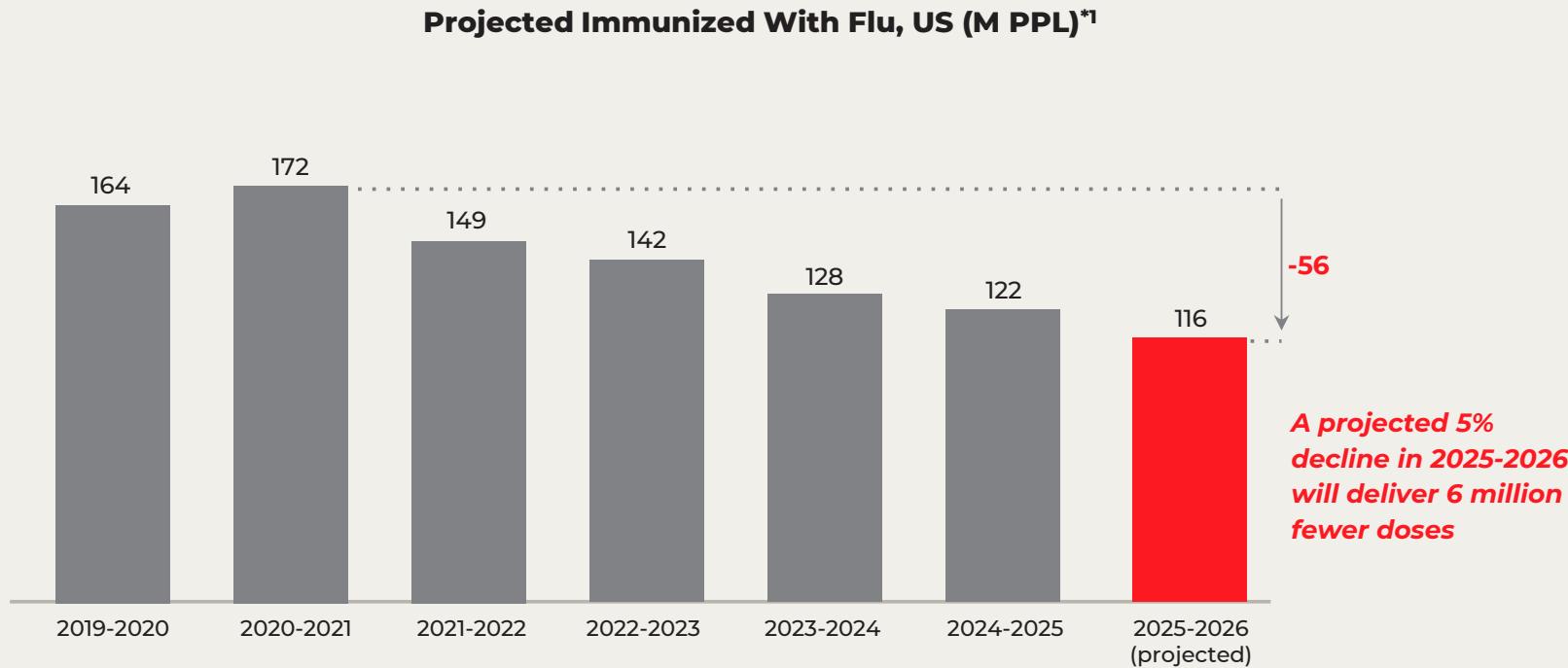
**82 MILLION** ILLNESSES<sup>3</sup>

**1.3 MILLION** HOSPITALIZATIONS<sup>3</sup>  The highest rate since 2010-2011<sup>1</sup>

**130,000** DEATHS<sup>3</sup>  Including 287 pediatric deaths<sup>4</sup>

**References:** 1. CDC. Influenza activity in the United States during the 2024-25 season and composition of the 2025-26 influenza vaccine. Accessed October 21, 2025. <https://www.cdc.gov/flu/whats-new/2025-2026-influenza-activity.html> 2. CDC. Laboratory-confirmed influenza hospitalizations. Accessed October 21, 2025. <https://gis.cdc.gov/GRASP/FluView/FluHospRates.html> 3. CDC. Preliminary estimated flu disease burden 2024-2025 flu season. Accessed October 21, 2025. <https://www.cdc.gov/flu-burden/php/data-vis/2024-2025.html> 4. CDC. Influenza associated pediatric mortality. Accessed November 14, 2025. <https://gis.cdc.gov/GRASP/FluView/PedFluDeath.html>

## Declining flu vaccination rates in the US add further cause for concern



<sup>1</sup>Based on projected IQVIA Medical + Retail claims through 9/13/2025

Reference: 1. Data on file. Seqirus Inc; 2025.

# Influenza has a severe impact across all populations



## PEDIATRIC PATIENTS

Vaccination rates **declined 22%** over the past 3 flu seasons<sup>\*1</sup>

Of the 287 flu-related pediatric deaths last season, **~90% of eligible children had NOT been fully vaccinated**<sup>2,3</sup>



## PATIENTS 18-64

The lowest adult vaccination rate **in the past 6 years**<sup>4</sup>

Flu accounted for **~200,000 flu-related hospitalizations and more than 10,000 deaths** among adults 18-64<sup>5</sup>



## PATIENTS 65+

Historically stable vaccination rates **declined 14%** over the past 3 flu seasons<sup>\*1</sup>

Adults +65 accounted for **~70-85% of flu-related deaths**, over recent years<sup>6</sup>

\*CSL Seqirus calculations based on medical and retail IQVIA claims data. Last 3 seasons include 2022-2023, 2023-2024, and 2024-2025.

**References:** 1. Weighted IQVIA medical + retail claims August 2019 through March 2024. 2. Reinhart K, et al. MMWR Morb Mortal Wkly Rep. 2025;74(36):565-569. 3. CDC. Influenza associated pediatric mortality. Accessed November 14, 2025. <https://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html> 4. CDC. Flu vaccination coverage, United States, 2023-24 influenza season. Accessed December 4, 2025. <https://www.cdc.gov/flu/av/coverage-by-season/2023-2024.html> 5. CDC. Preliminary estimated flu disease burden 2023-2024 flu season. Accessed December 4, 2025. <https://www.cdc.gov/flu-burden/php/data-vis/2023-2024.html> 6. CDC. Flu and people 65 years and older. Accessed October 27, 2025. <https://www.cdc.gov/flu/highrisk/65over.htm>

# It all adds up to an urgent need for more public health protection

Historically  
severe 2024-2025  
flu season<sup>1</sup>



Flu vaccination  
rates continuing  
to decline in  
the US<sup>2</sup>



Significant  
risks across  
populations

**Together, we can make a difference**

**References:** 1. CDC. 2025-2026 respiratory disease season outlook. Accessed September 17, 2025. <https://www.cdc.gov/cfa-qualitative-assessments/php/data-research/season-outlook25-26.html>

2. Data on file. Seqirus Inc; 2025.



②

# Flu Vaccination Solutions From CSL Seqirus

# FLU CAMPAIGN KIT

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POWERED BY

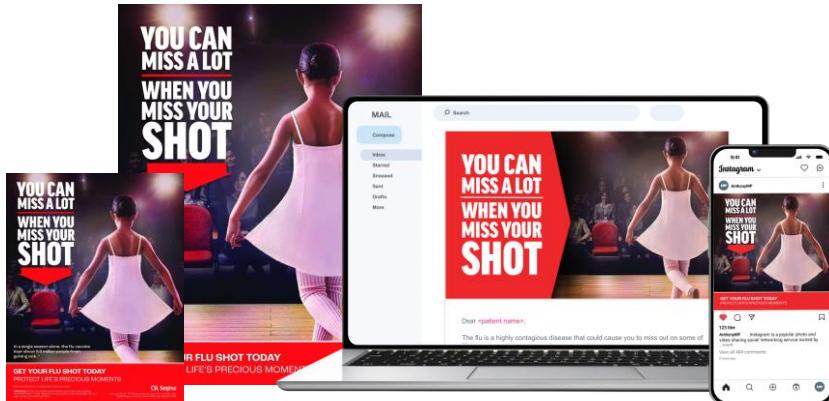
**CSL Seqirus**

Everything you need  
to run a **successful**  
**flu campaign**



# Give your patients the right motivation at the right time with a variety of in-office materials

## PATIENT AWARENESS



“Missing Out” Campaign

## CLINIC EDUCATION



Flu Vaccine Fast Facts Brochure

## STAFF ENGAGEMENT



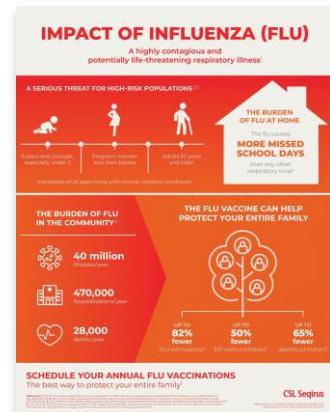
# Reinforce knowledge across your practice

giving you and your staff the confidence to make the strongest vaccine recommendation

## PATIENT AWARENESS



## CLINIC EDUCATION



## STAFF ENGAGEMENT



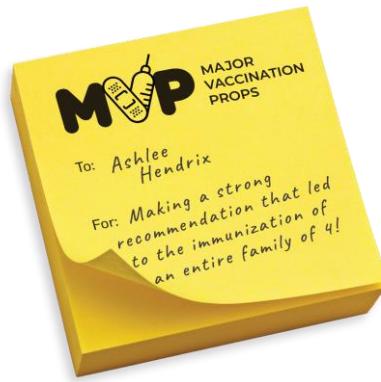
**Flu Clinic Readiness  
Office Schematic**

**Burden of Flu  
Infographic Poster**

**Importance of Strong HCP Vaccine  
Recommendation Flashcard**

# Keep flu vaccinations a top priority for your entire team, all season long, with the Major Vaccination Props (MVP) program

## PATIENT AWARENESS



## CLINIC EDUCATION



**Recognize** staff members for any effort that promotes vaccination with personalized sticky notes

**Reinforce** actions that make a big impact on patient well-being with a customizable leaderboard

## STAFF ENGAGEMENT



**Reward** staff members and keep the program fresh with a rotating MVP trophy

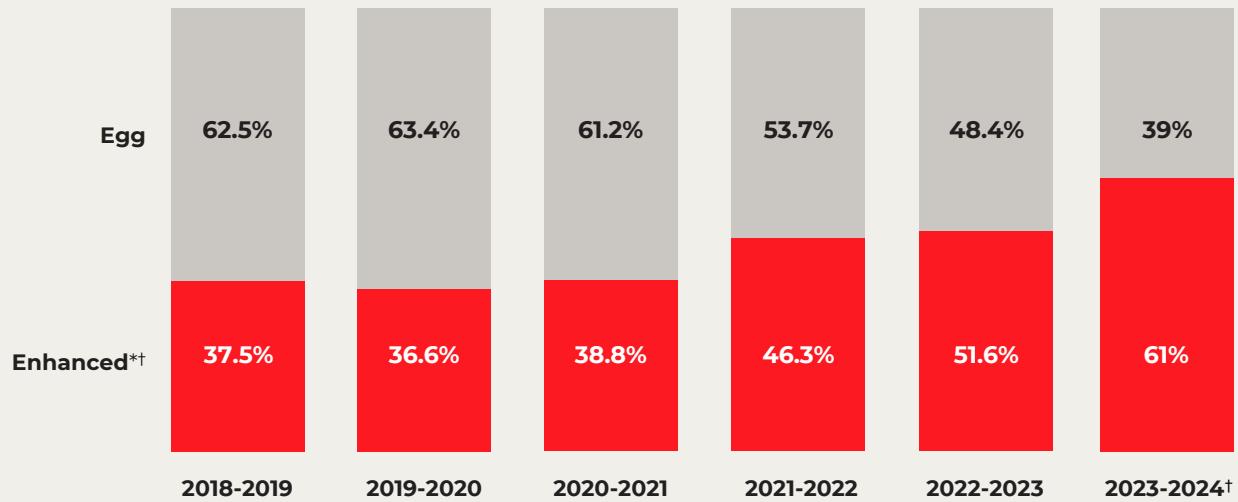
**Protecting patients  
6 months and older  
with FLUCELVAX, an  
enhanced flu vaccine  
built for the real world\*]**



\*Enhanced is defined as being differentiated compared to standard egg-based influenza vaccines for persons 6 months and older.

**Reference:** 1. FLUCELVAX. Package insert. Seqirus Inc.

# The flu vaccine market is increasingly shifting toward **enhanced vaccines\***<sup>†</sup>



CSL Seqirus is reinforcing its focus on delivering **enhanced flu vaccines** that improve clinical outcomes for both children and adults\*

\*Enhanced is defined as being differentiated compared to standard egg-based influenza vaccines.

<sup>†</sup>Includes FLUAD® (Influenza Vaccine, Adjuvanted), FLUCELVAX® (Influenza Vaccine), Fluzone® High-Dose (Influenza Vaccine), and Flublok® (Influenza Vaccine).

<sup>‡</sup>Through October 27 Retail, October 20 Medical.

**Reference: 1.** Weighted IQVIA medical + retail claims January 2018 through October 2023.

Fluzone High Dose and Flublok are trademarks of their respective owner.

# The first and only enhanced flu vaccine approved for patients 6+ months\*<sup>1</sup>



Only FLUCELVAX has shown a  
**real-world clinical benefit vs  
standard egg-based vaccines**  
in both children and adults.<sup>†2</sup>

\*Enhanced is defined as being differentiated compared to standard egg-based influenza vaccines for persons 6 months and older.

<sup>†</sup>Based on a PubMed search conducted 3/17/25 for published English-language RWE studies that included relative vaccine effectiveness vs a standard flu vaccine comparator.

**References:** 1. FLUCELVAX. Package insert. Seqirus Inc. 2. Data on file. Seqirus Inc; 2025.

# An enhanced flu vaccine built for real-world protection



## Robust Real-World Evidence

FLUCELVAX has shown greater reductions in flu and hospitalizations from flu complications vs standard egg-based vaccines in both children and adults<sup>1-5</sup>



## Closer Match to Circulating Strains

Cell-grown viruses were shown to be consistently more similar to circulating strains than standard egg-grown viruses\*<sup>6,7</sup>



## The Only Cell-Based Flu Vaccine

FLUCELVAX is the only flu vaccine approved for patients 6+ months that is made with advanced technology to avoid mutations during production that can reduce vaccine effectiveness<sup>7-10</sup>

\*Based on CDC antigenic characterization of the percentage of circulating A/H3N2 flu viruses that were similar to egg- or cell-grown reference viruses across the 2012-2013 through 2019-2020 US influenza seasons.

**References:** **1.** Stein AN, et al. *Influenza Other Respir Viruses*. 2025;19(11):e70180. **2.** Stein AN, et al. *Infect Dis Ther*. 2025;14(12):2693-2718.. **3.** Divino V, et al. *Vaccine*. 2020;38(40):6334-6343. **4.** Krishnarajah G, et al. *Vaccines (Basel)*. 2021;9(2):80. **5.** Divino V, et al. *Open Forum Infect Dis*. 2021;9(1):ofab604. **6.** Malosh RE, et al. *Clin Infect Dis*. 2023;76(3):540-549. **7.** Rockman S, et al. *Vaccines (Basel)*. 2022;11(1):52. **8.** Rajaram S, et al. *Ther Adv Vaccines Immunother*. 2020;8:2515135520908121. **9.** CDC. Cell-based flu vaccines. Accessed August 25, 2025. <https://www.cdc.gov/flu/vaccine-types/cell-based.html> **10.** FLUCELVAX. Package insert. Seqirus Inc.

# Clinical trial data



## Proven Efficacy



## Similar Safety

- Demonstrated absolute efficacy in children 2-17 years and adults 18-49 years<sup>1</sup>
- Showed non-inferior immunogenicity and seroconversion vs egg-based vaccines in children 6 months-3 years and adults 18+<sup>1</sup>
- The only flu vaccine made with advanced technology to demonstrate a safety profile similar to standard egg-based flu vaccines in patients 6+ months<sup>1</sup>

**RWE offers a complementary approach to clinical trials to assess seasonal influenza vaccine effectiveness.**

**Reference:** 1. FLUCELVAX. Package insert. Seqirus Inc.

# Associated with greater protection than standard egg-based flu vaccines<sup>1</sup>

in patients  
6 months–64 years

**Study design:** Retrospective, test-negative, case-controlled studies estimating the rVE of FLUCELVAX vs standard egg-based vaccines among individuals 6 months–64 years during the US 2023–2024 flu season

**6 Months–64 Years (N=106,779)**



**FEWER TEST-CONFIRMED**  
Flu Medical Visits  
vs standard vaccines

**rVE 19.8% (95% CI 15.7, 23.8)\*<sup>1</sup>**

\*A subgroup analysis of children 6 months–17 years had an rVE of 19.6% (95% CI 13.6, 25.3) (N=60,990) and a subgroup analysis of adults 18–64 years had an rVE of 18.5% (95% CI 12.1, 24.5) (N=45,789)

**Key study limitations:** The sensitivity and specificity of the influenza tests used are unknown; vaccination was not randomly assigned; the ability to attribute causality is limited as residual confounding cannot be fully excluded and it remains a potential source of bias; clinical and claims data sources can be incomplete

**Reference:** 1. Stein AN, et al. *Infect Dis Ther.* 2025;14(12):2693–2718.

The primary outcome reported in this study contains information not included in the Prescribing Information. These study findings should be interpreted with caution given the study limitations. This is not inclusive of all peer-reviewed RWE studies, which include different outcomes and age groups.

The data of FLUCELVAX (quadrivalent) is relevant to FLUCELVAX (trivalent) because both vaccines are manufactured using the same process and have overlapping compositions.

# Associated with greater protection than standard egg-based flu vaccines<sup>1</sup>

in high-risk patients  
6 months–64 years

**Study design:** Retrospective, test-negative, case-controlled studies estimating the rVE of FLUCELVAX vs standard egg-based vaccines among individuals 6 months–64 years during the US 2023–2024 flu season

## High-Risk Subgroup Analysis 6 MONTHS–64 YEARS (N=57,139)



15%

FEWER TEST-CONFIRMED  
Flu Medical Visits  
vs standard vaccines

rVE 14.7% (95% CI 8.7, 20.3)\*<sup>1</sup>

\*Included a subgroup analysis of individuals with CDC-defined risk factors for severe influenza outcomes during the 2023–2024 flu season<sup>2</sup>

**Key study limitations:** The sensitivity and specificity of the influenza tests used are unknown; vaccination was not randomly assigned; the ability to attribute causality is limited as residual confounding cannot be fully excluded and it remains a potential source of bias; clinical and claims data sources can be incomplete

**References:** 1. Stein AN, et al. *Infect Dis Ther.* 2025;14(12):2693–2718. 2. CDC. People at increased risk for flu complications. Accessed December 22, 2025. <https://www.cdc.gov/flu/highrisk/index.htm>

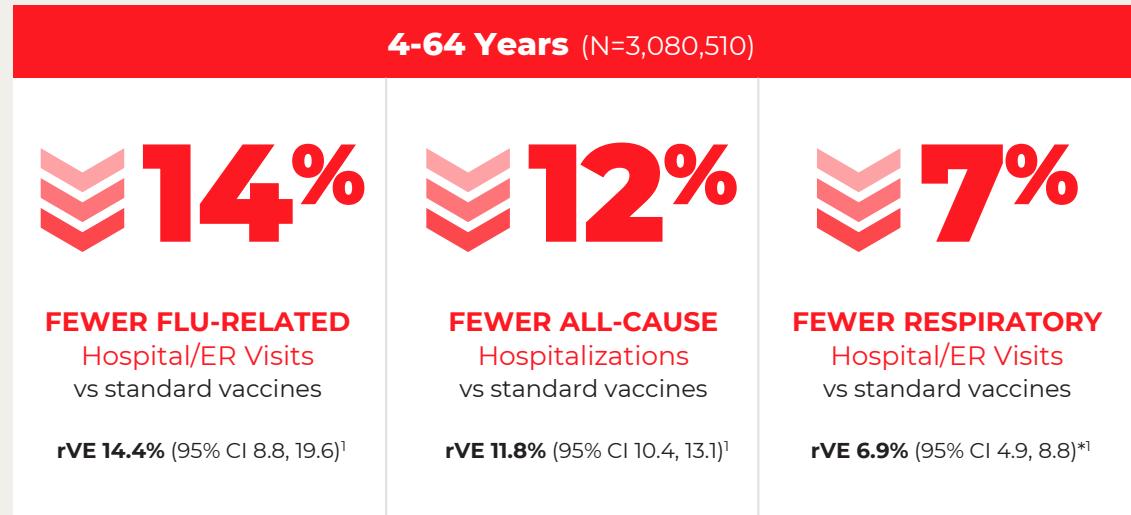
CDC-defined high-risk factors include diabetes, heart disease, and chronic lung disease (COPD)

The primary outcome reported in this study contains information not included in the Prescribing Information. These study findings should be interpreted with caution given the study limitations. This is not inclusive of all peer-reviewed RWE studies, which include different outcomes and age groups.

The data of FLUCELVAX (quadrivalent) is relevant to FLUCELVAX (trivalent) because both vaccines are manufactured using the same process and have overlapping compositions.

# Associated with greater protection than standard egg-based flu vaccines<sup>1</sup> in patients 4-64 years

**Study design:** Retrospective cohort study estimating the rVE of FLUCELVAX vs standard egg-based vaccines among individuals 4-64 years during the 2017-2018 US flu season



**Key study limitations:** Retrospective studies can only establish associations and not causal relationships; identification of all outcomes relied on observation of diagnosis codes so the potential for miscoding, misdiagnosis, or misclassification may still exist; study sample comprised of individuals who were largely commercially or self-insured

The select primary endpoints are presented here; all-cause hospitalization and respiratory hospitalizations were also evaluated. FLUCELVAX received FDA approval for patients 6 months and older in October 2021, after these studies were conducted.

<sup>1</sup>Represents respiratory events other than pneumonia and asthma/COPD/bronchial hospitalizations

**Reference:** 1. Divino V, et al. *Vaccine*. 2020;38(40):6334-6343.

The primary outcomes reported in this study contain information not included in the Prescribing Information. These study findings should be interpreted with caution given the study limitations. This is not inclusive of all peer-reviewed RWE studies, which include different outcomes and age groups.

The data of FLUCELVAX (quadrivalent) is relevant to FLUCELVAX (trivalent) because both vaccines are manufactured using the same process and have overlapping compositions.

# Associated with greater protection than standard egg-based flu vaccines<sup>1</sup>

in children  
6 months–17 years

**Study design:** Retrospective, test-negative, case-controlled study estimating the rVE of FLUCELVAX vs standard egg-based vaccines among individuals 6 months–64 years with a subgroup analysis of children 6 months–17 years (N=60,990) during the US 2023–2024 flu season

**6 Months–17 Years (N=60,990)**



**20%**

**FEWER TEST-CONFIRMED**  
Flu Medical Visits  
vs standard vaccines

**rVE 19.6% (95% CI 13.6, 25.3)<sup>1</sup>**

**Key study limitations:** The sensitivity and specificity of the influenza tests used are unknown; vaccination was not randomly assigned; the ability to attribute causality is limited as residual confounding cannot be fully excluded and it remains a potential source of bias; clinical and claims data sources can be incomplete

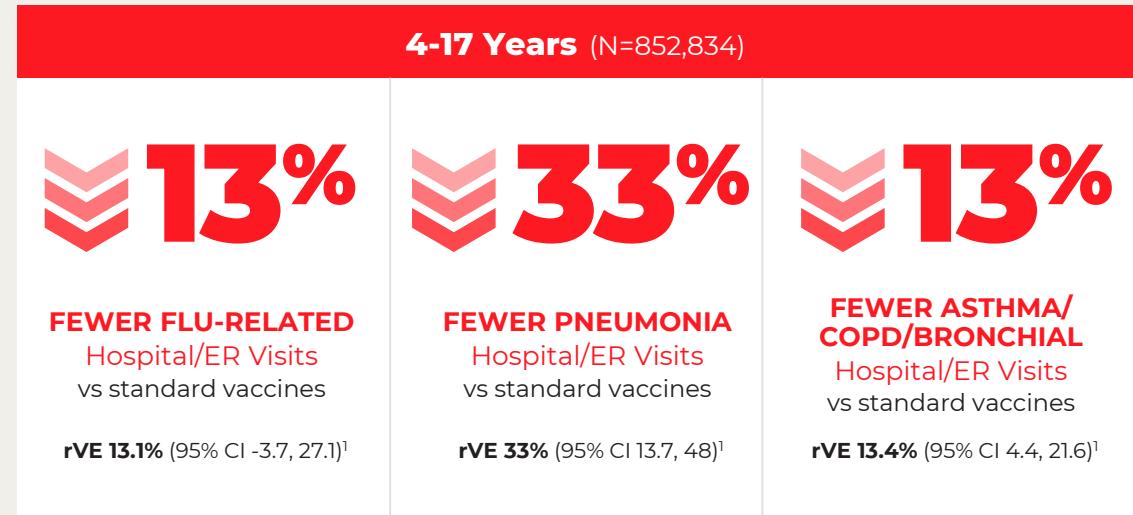
**Reference:** 1. Stein AN, et al. *Infect Dis Ther.* 2025;14(12):2693–2718.

The primary outcome reported in this study contains information not included in the Prescribing Information. These study findings should be interpreted with caution given the study limitations. This is not inclusive of all peer-reviewed RWE studies, which include different outcomes and age groups.

The data of FLUCELVAX (quadrivalent) is relevant to FLUCELVAX (trivalent) because both vaccines are manufactured using the same process and have overlapping compositions.

# Associated with greater protection than standard egg-based flu vaccines<sup>1</sup> in children 4-17 years

**Study design:** Retrospective cohort study estimating the rVE of FLUCELVAX vs standard egg-based vaccines among individuals 4-64 years with subgroup analyses focused on children aged 4-17 years during the 2017-2018 US flu season



**Key study limitations:** Retrospective studies can only establish associations and not causal relationships; identification of all outcomes relied on observation of diagnosis codes so the potential for miscoding, misdiagnosis, or misclassification may still exist; potential for residual confounding; study sample comprised of individuals who were largely commercially or self-insured

The select primary endpoints are presented here; all-cause hospitalization and respiratory hospitalizations were also evaluated. FLUCELVAX received FDA approval for patients 6 months and older in October 2021, after these studies were conducted.

**Reference:** 1. Divino V, et al. *Vaccine*. 2020;38(40):6334-6343.

The primary outcomes reported in this study contain information not included in the Prescribing Information. These study findings should be interpreted with caution given the study limitations. This is not inclusive of all peer-reviewed RWE studies, which include different outcomes and age groups.

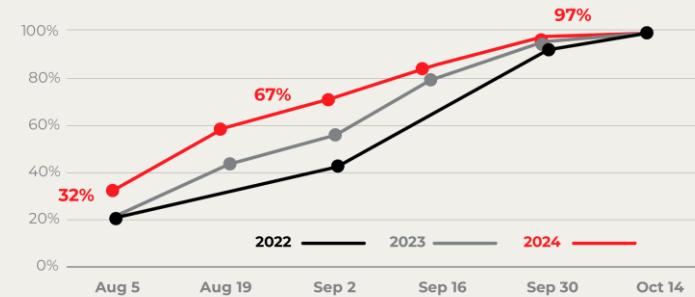
The data of FLUCELVAX (quadrivalent) is relevant to FLUCELVAX (trivalent) because both vaccines are manufactured using the same process and have overlapping compositions.

## Real-World Reliability



Nearly 100% of committed doses delivered by the end of September for the past 3 seasons<sup>1</sup>

## EARLY & RELIABLE DELIVERY SEASON AFTER SEASON



## Real-World Efficiencies



No other enhanced flu vaccine offers the operational benefit of a single SKU for all eligible patients 6 months and older<sup>2</sup>

## AVAILABLE THROUGH VACCINES FOR CHILDREN (VFC)

- Dedicated to delivering an early, consistent, and balanced supply of both private and VFC doses
- Allocation strategy prioritizes CDC VFC shipments to McKesson
- Accounts for added distribution step, so providers can vaccinate both patient populations simultaneously

References: 1. Data on file. Seqirus Inc; 2025. 2. FLUCELVAX. Package insert. Seqirus Inc.

# An enhanced flu vaccine built for real-world protection



**FLUCELVAX is the first and only  
enhanced flu vaccine approved  
for 6+ months<sup>\*†</sup>**

- Recommended by ACIP and AAP<sup>2,3</sup>
- Available through Vaccines for Children (VFC)

\*Enhanced is defined as being differentiated compared to standard egg-based influenza vaccines for persons 6 months and older.

References: 1. FLUCELVAX. Package insert. Seqirus Inc. 2. Grohskopf LA, et al. MMWR Morb Mortal Wkly Rep. 2025;74(32):500-507. 3. Committee on Infectious Diseases. Pediatrics. 2025;156(6):e2025073620.

CSL Seqirus is reinforcing its focus on delivering  
**enhanced flu vaccines** that improve clinical outcomes  
for both children and adults\*<sup>1,2</sup>

FOR INDIVIDUALS 6+ MONTHS<sup>1</sup>

**FLUCELVAX**  
Influenza Vaccine



FOR INDIVIDUALS 65+ YEARS<sup>2</sup>

**FLUAD**  
influenza vaccine,  
adjuvanted

\*Enhanced is defined as being differentiated compared to standard egg-based influenza vaccines.

References: 1. FLUCELVAX. Package insert. Seqirus Inc. 2. FLUAD. Package insert. Seqirus Inc.

## **FLUAD® (Influenza Vaccine, Adjuvanted) and FLUCELVAX® (Influenza Vaccine)**

### **INDICATION AND IMPORTANT SAFETY INFORMATION**

#### **INDICATIONS AND USAGE**

FLUAD is a vaccine indicated for active immunization for the prevention of influenza disease caused by influenza virus subtypes A and type B contained in the vaccine. FLUAD is approved for use in adults 65 years of age and older.

This indication is approved under accelerated approval based on the immune response elicited by FLUAD. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

FLUCELVAX is an inactivated vaccine indicated for active immunization for the prevention of influenza disease caused by influenza virus subtypes A and type B contained in the vaccine. FLUCELVAX is approved for use in persons 6 months of age and older.

### **IMPORTANT SAFETY INFORMATION**

#### **CONTRAINDICATIONS**

Do not administer FLUAD to anyone with a history of a severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine, including egg protein, or to a previous influenza vaccine.

Do not administer FLUCELVAX to anyone with a history of severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine.

#### **WARNINGS AND PRECAUTIONS**

If Guillain-Barré syndrome (GBS) has occurred within 6 weeks of receipt of previous influenza vaccine, the decision to give FLUAD or FLUCELVAX should be based on careful consideration of the potential benefits and risks.

Appropriate medical treatment must be immediately available to manage potential anaphylactic reactions following administration of FLUAD or FLUCELVAX.

## **FLUAD® (Influenza Vaccine, Adjuvanted) and FLUCELVAX® (Influenza Vaccine)**

### **WARNINGS AND PRECAUTIONS (continued)**

Syncope (fainting) may occur in association with administration of injectable vaccines. Procedures should be in place to avoid injury from fainting.

The immune response to FLUAD and FLUCELVAX in immunocompromised persons, including individuals receiving immunosuppressive therapy, may be lower than in immunocompetent individuals.

Vaccination with FLUAD or FLUCELVAX may not protect all vaccine recipients against influenza disease.

### **ADVERSE REACTIONS**

#### FLUAD:

The most common ( $\geq 10\%$ ) local and systemic adverse reactions in adults 65 years of age and older who received FLUAD were injection site pain (25%), injection site tenderness (21%), myalgia (15%), fatigue (13%) and headache (13%). Other adverse events may occur.

#### FLUCELVAX:

*Data for FLUCELVAX QUADRIVALENT are relevant to FLUCELVAX because both vaccines are manufactured using the same process and have overlapping compositions.*

In children 6 months through 3 years of age who received FLUCELVAX QUADRIVALENT, the most commonly reported injection-site adverse reactions were tenderness (28%), erythema (26%), induration (17%) and ecchymosis (11%). The most common systemic adverse reactions were irritability (28%), sleepiness (27%), diarrhea (18%) and change of eating habits (17%).

In children 4 through 8 years of age who received FLUCELVAX, the most commonly reported local injection-site adverse reactions were pain (29%) and erythema (11%). The most common systemic adverse reaction was fatigue (10%).

## **FLUAD® (Influenza Vaccine, Adjuvanted) and FLUCELVAX® (Influenza Vaccine)**

### **ADVERSE REACTIONS (continued)**

In children and adolescents 9 through 17 years of age who received FLUCELVAX, the most commonly reported injection-site adverse reactions were pain (34%) and erythema (14%). The most common systemic adverse reactions were myalgia (15%) and headache (14%).

In adults 18 through 64 years of age who received FLUCELVAX, the most commonly reported injection-site adverse reactions were pain (28%) and erythema (13%). The most common systemic adverse reactions were headache (16%), fatigue (12%), myalgia (11%) and malaise (10%).

In adults ≥65 years who received FLUCELVAX the most commonly reported injection-site reaction was erythema (10%). The most common systemic adverse reactions were fatigue (11%), headache (10%) and malaise (10%).

Other adverse events may occur.

**To report SUSPECTED ADVERSE REACTIONS, contact CSL Seqirus at 1-855-358-8966 or VAERS at 1-800-822-7967 or [www.vaers.hhs.gov](http://www.vaers.hhs.gov).**

**Before administration, please see the full US Prescribing Information for FLUAD and FLUCELVAX.**



# QUESTIONS?

# Thank You



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USA-FCV-25-0063 December 2025