

# Understanding HCPs perceptions of flu vaccines

Prepared for - SANOFI

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# Table of contents

- + Objectives, Methodology & Sample
- + Detailed Findings
  - Perceptions, Attitudes & Beliefs Regarding Vaccination
  - Planning for Influenza Season
  - 2022 Caseload, Brand Awareness & Usage
  - Perceptions of Fluzone HD
  - Willingness to Prescribe / Stock Fluzone
- + Bringing it all Together

# Objectives, Methodology & Sample

# Sanofi Pasteur has launched Fluzone HD in the private market (60+) for the 2022 season and now seeks to gain up-to-date insights



## Background

- The Australian government recommend to vaccinate against influenza anyone aged 6 months and over. However, free influenza vaccinations is only offered to particular groups of the community as part of the National Immunisation Programme (NIP), such as <5 years old, >65 years old, Aboriginals and Torres Islanders as well as those with comorbidities.
- Overall, the private market in AU represents an important proportion of the total vaccine doses administered and recommendation and uptake usually increases with age.
- In 2022, **Sanofi Pasteur launched Fluzone HD with a broader indication** (60+ years) in the private market
  - One of the Fluzone HD differentiators is stronger immune response in older adults who don't respond as well to standard dose (SD) influenza vaccine achieved through 4 times the normal dose of antigen
  - Fluzone HD has also been shown to be superior to SD vaccine in preventing influenza and influenza triggered cardiovascular events as well as reducing complications and all-cause hospitalisations
- In 2023, Sanofi strategy for Fluzone HD will involve targeting the following patient cohorts:
  - **Healthy consumers aged 60-64 years** (i.e., not covered by the NIP) and who are willing and able to pay a premium price out of pocket for Fluzone HD
  - **60+ year old patients covered by the NIP**, but who want the benefits of Fluzone HD and are willing and able to pay a premium price OOP



# This study will provide a robust, deep understanding of the influenza market to ultimately inform Fluzone HD brand strategy

## Objectives

 	<b>Business Objective</b> To help inform Sanofi Pasteur strategy by tracking attitudes and behaviours towards Fluzone HD and maximise its uptake/revenue in the private influenza market						
	<b>Research Objectives</b> <table><tr><td data-bbox="293 621 904 906"><b>Measure and monitor beliefs, attitudes and behaviours towards influenza and vaccination (consumers &amp; HCPs)</b></td><td data-bbox="904 621 2451 906"><ul style="list-style-type: none"><li>• Attitudes and behaviours towards influenza and vaccination including the understanding of the disease risk / burden</li><li>• Recommendation to patient and patient uptake for influenza vaccination</li><li>• Drivers and barriers for uptake of vaccination and preferred HCP vaccinator (consumers)</li><li>• Brand recognition (prompted / unprompted) including brands stocked in their practice</li><li>• Willingness to recommend individual brand (HCPs)</li></ul></td></tr><tr><td data-bbox="293 906 904 1149"><b>Reaction to Fluzone HD proposition and willingness to recommend (HCPs) / willingness to accept recommendation and pay (consumers)</b></td><td data-bbox="904 906 2451 1149"><ul style="list-style-type: none"><li>• Perceived benefits and barriers of Fluzone HD</li><li>• Drivers for uptake</li><li>• Likelihood of HCP's to recommend/stock Fluzone HD</li><li>• Likelihood of targeted consumers to accept to pay a premium price for Fluzone HD</li><li>• Evaluation of the key messages</li></ul></td></tr><tr><td data-bbox="293 1149 904 1239"><b>Tracking success against key performance indicators (KPIs)</b></td><td data-bbox="904 1149 2451 1239"><ul style="list-style-type: none"><li>• Determining KPIs and tracking performance over time</li></ul></td></tr></table>	<b>Measure and monitor beliefs, attitudes and behaviours towards influenza and vaccination (consumers &amp; HCPs)</b>	<ul style="list-style-type: none"><li>• Attitudes and behaviours towards influenza and vaccination including the understanding of the disease risk / burden</li><li>• Recommendation to patient and patient uptake for influenza vaccination</li><li>• Drivers and barriers for uptake of vaccination and preferred HCP vaccinator (consumers)</li><li>• Brand recognition (prompted / unprompted) including brands stocked in their practice</li><li>• Willingness to recommend individual brand (HCPs)</li></ul>	<b>Reaction to Fluzone HD proposition and willingness to recommend (HCPs) / willingness to accept recommendation and pay (consumers)</b>	<ul style="list-style-type: none"><li>• Perceived benefits and barriers of Fluzone HD</li><li>• Drivers for uptake</li><li>• Likelihood of HCP's to recommend/stock Fluzone HD</li><li>• Likelihood of targeted consumers to accept to pay a premium price for Fluzone HD</li><li>• Evaluation of the key messages</li></ul>	<b>Tracking success against key performance indicators (KPIs)</b>	<ul style="list-style-type: none"><li>• Determining KPIs and tracking performance over time</li></ul>
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<b>Tracking success against key performance indicators (KPIs)</b>	<ul style="list-style-type: none"><li>• Determining KPIs and tracking performance over time</li></ul>						

# A targeted sample in 2023 for GPs that differs from previous & inclusion of RPs means comparisons to 2021 is limited

## Definition segments

20min online survey; Fieldwork was conducted between 19<sup>th</sup> January and 13<sup>th</sup> February 2023



GPs

### General Practitioners



- GPs needed to have been practicing for 2 or more years
- GPs needed to **recommend** or **administer** influenza vaccines and **stock private vaccines** (those not funded by the NIP or state-based programs) at their clinic
- GPs **order** or having **input over which influenza vaccines are ordered** (NIP and/or private stock) or they administer influenza vaccines

N=100

- n=50 Engaged
- n=50 Prospective

N=39 work at Sanofi target list practices  
N=61 work at other practices  
Targeted sample means results are higher than previous 2021.



PNs

### Practice Nurses



- PNs needed to **recommend** or **administer** influenza vaccines and **stock private vaccines** (those not funded by the NIP or state-based programs) at their clinic
- PNs **order** or have **input over which influenza vaccines are ordered** (NIP and/or private stock) or they administer influenza vaccines

n=30

- N=14 work at Sanofi target GP practices
- N=16 work at other practices



RPs

### Retail Pharmacists



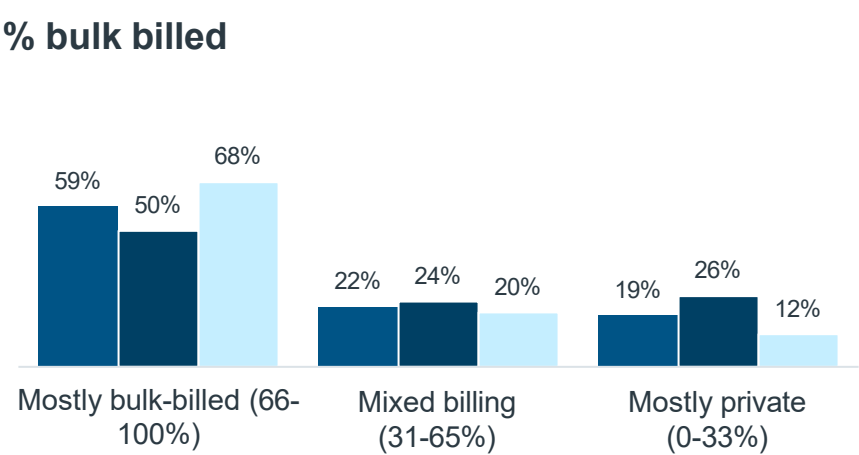
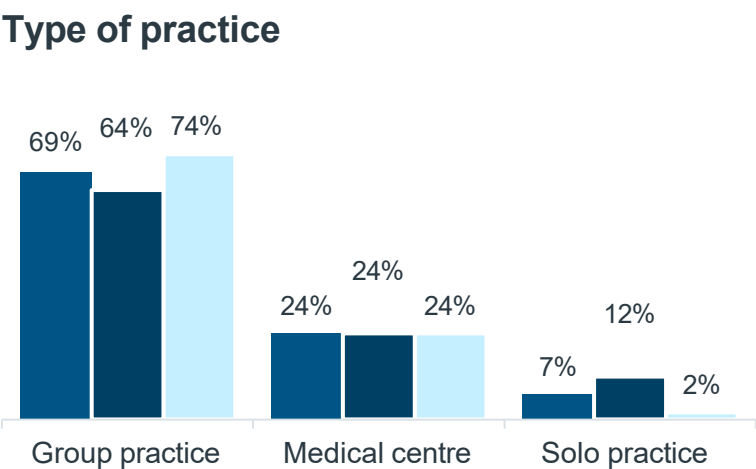
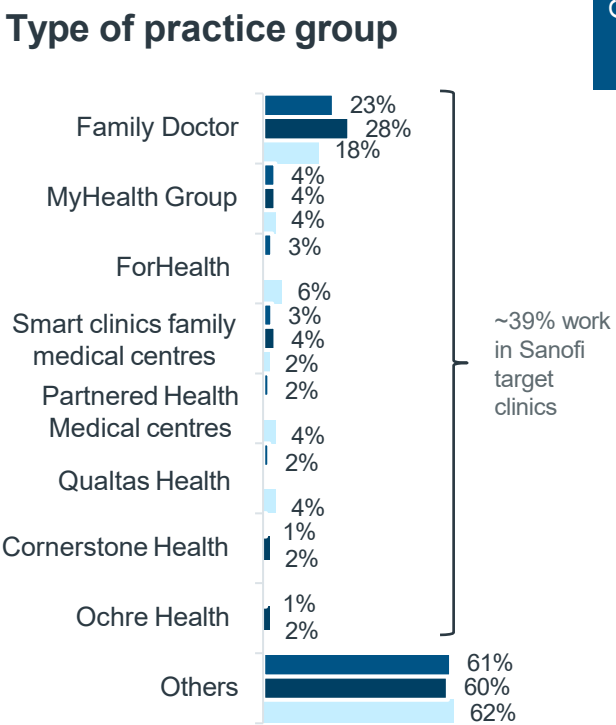
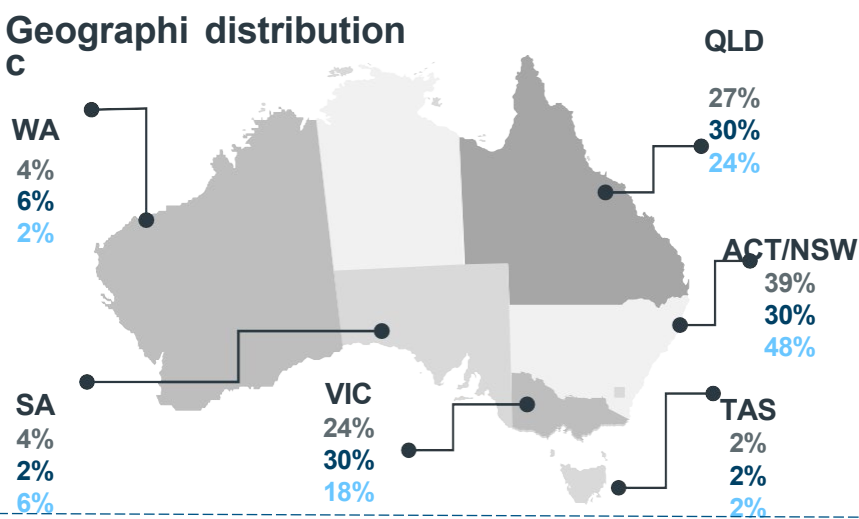
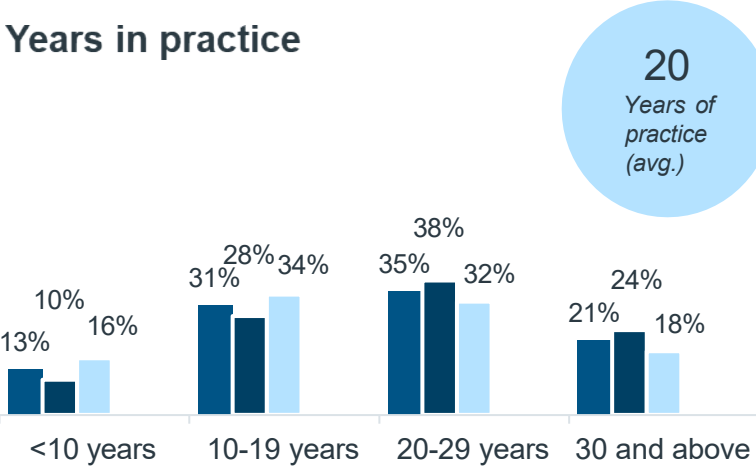
- Pharmacists needed to **recommend** or **administer** influenza vaccines and **stock private vaccines** (those not funded by the NIP or state-based programs) at their clinic
- Pharmacist order or having **input over which influenza vaccines are ordered** (NIP and/or private stock) or they **administer** influenza vaccines
- Pharmacists had to work in the any of the following pharmacies from Sanofi targets: Terry White Chemmart, Priceline, API, Amcal Chemist, Blooms the Chemist, Symbion, Sigma Healthcare, Pharmacy Warehouse, Pharmacy alliance, Cincotta Discount Chemist

n=100

This is the first time that RPs have been included in Sanofi flu research so there are targeted questions for RPs to understand their beliefs

# GPs were spread across Australia, typically in group practice setting, mostly as family doctor

## GP sociodemographic



80% of GPs work in metro area, 15% regional and rest in rural, similar distribution seen in Engaged and Prospective

Base: total GPs n=100, n=50 Engaged, n=50 Prospective  
S01A, S02, S09, Q41, Q44



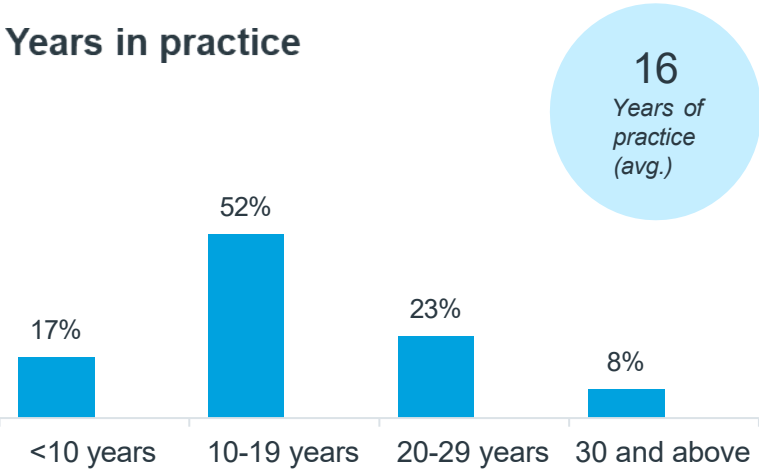
# ~3 in 10 pharmacists are from Priceline and Terry White and >50% work for big pharmacy banner majorly in metro area

## Pharmacists sociodemographic

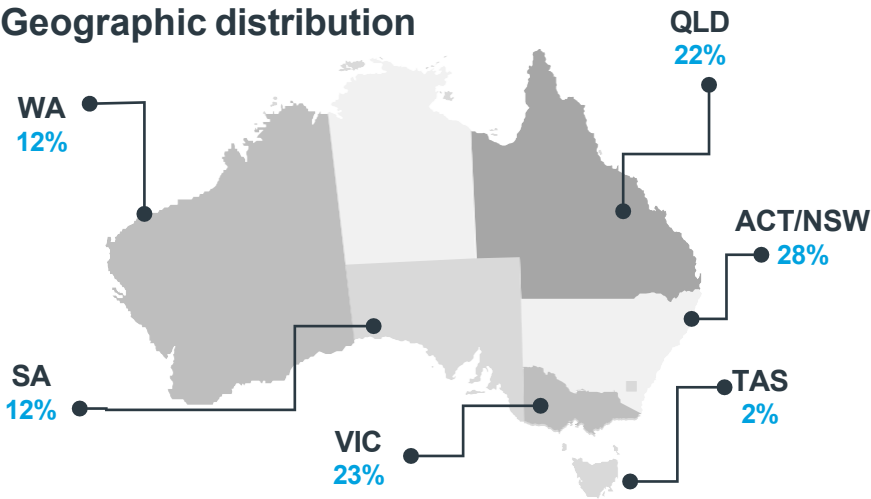


Pharmacist

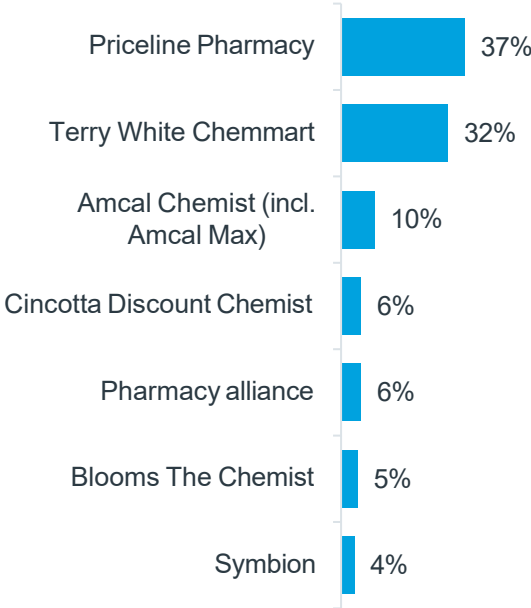
Years in practice



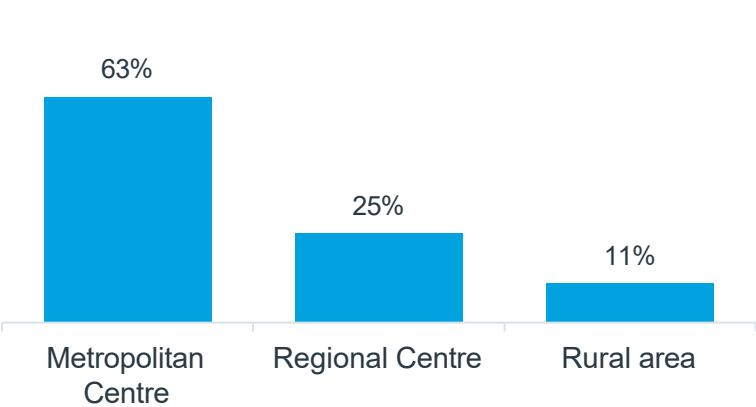
Geographic distribution



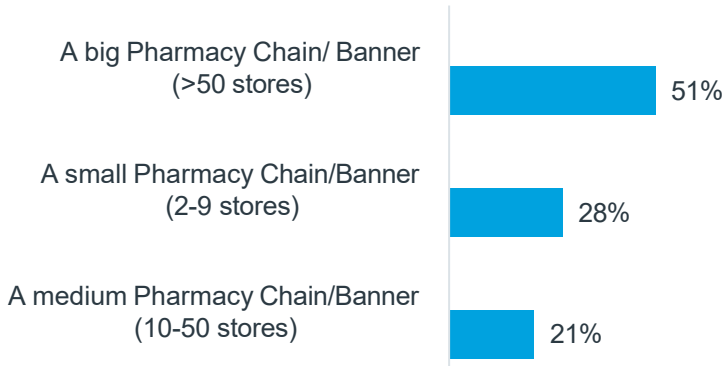
Chain/Banners of pharmacy\*



Type of practice



Type of pharmacy



Base: total n=100 Pharmacists | \* For this survey, we have recruited Sanofi targeted Pharmacy chain/banners S01A, S02, S07, S08, Q40

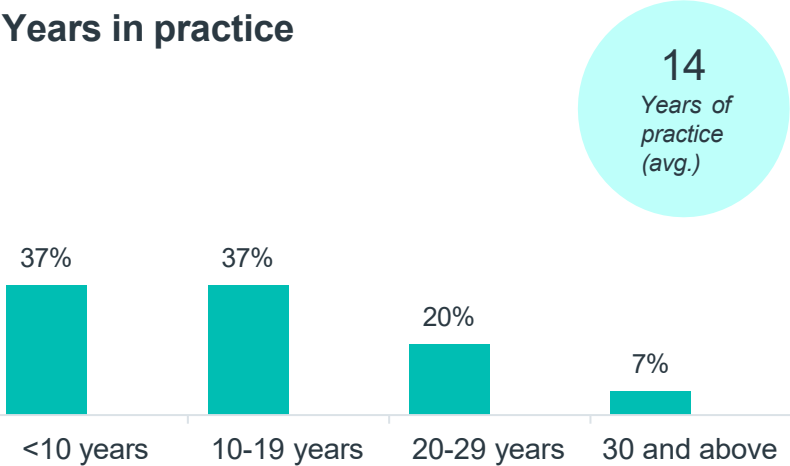


# The Practice nurses sample was spread across Australia with 14 years of experience and mostly bulk billed

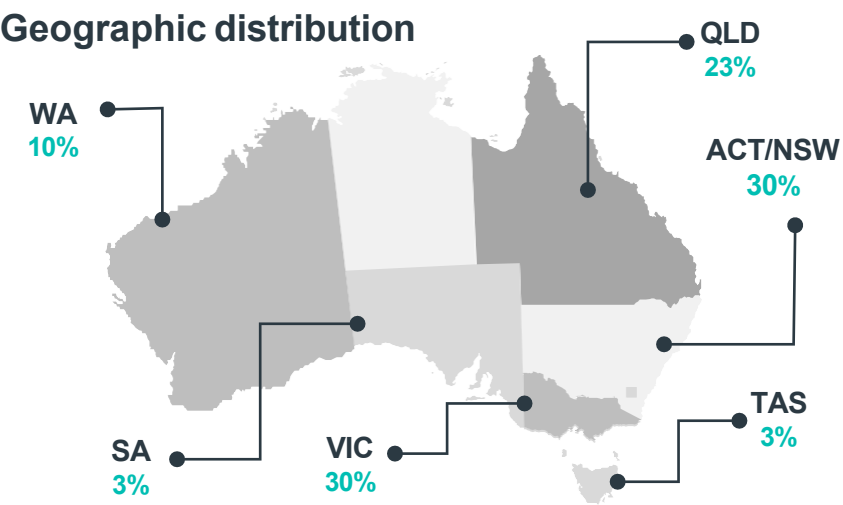


## Practice nurses sociodemographic

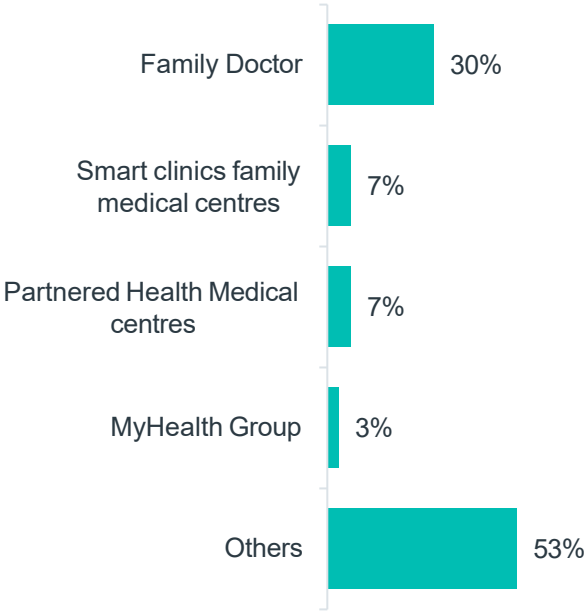
Years in practice



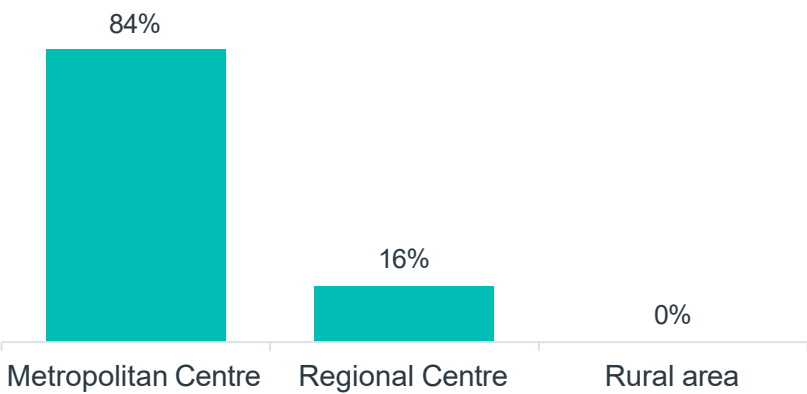
Geographic distribution



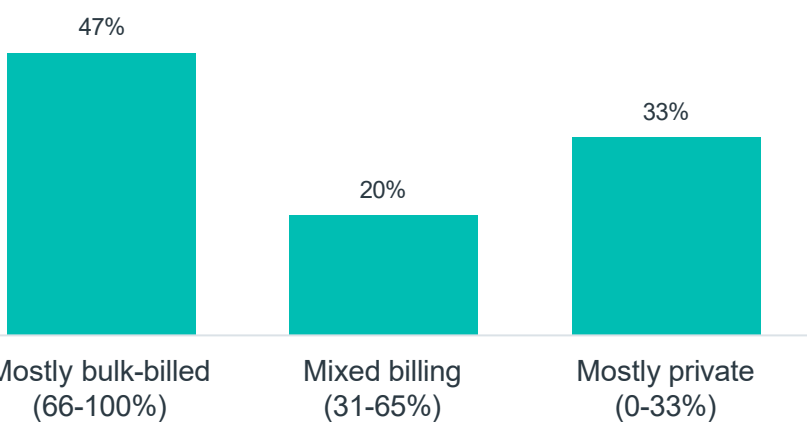
Type of practice group\*



Type of practice



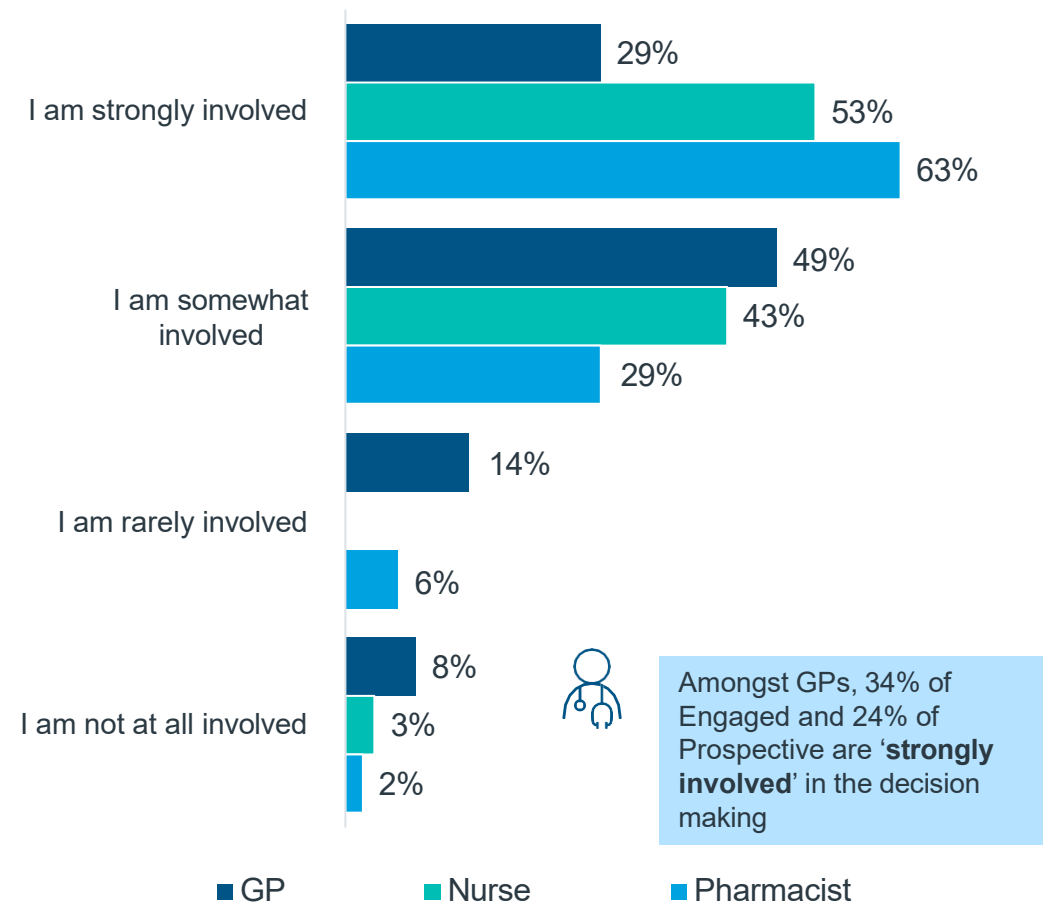
% Bulk billed



Base: total n=30 Practice nurses | \* Qantas Health, Ochre Health, ForHealth and Cornerstone Health offered but not selected by any nurses  
S01A, S02, S07, S08, Q40



## Pharmacists had highest involvement in specifying which vaccines are ordered by the practice followed by nurses



Base n=230 (n=100 GPs, n=30 Practice Nurses, n=100 Pharmacists)

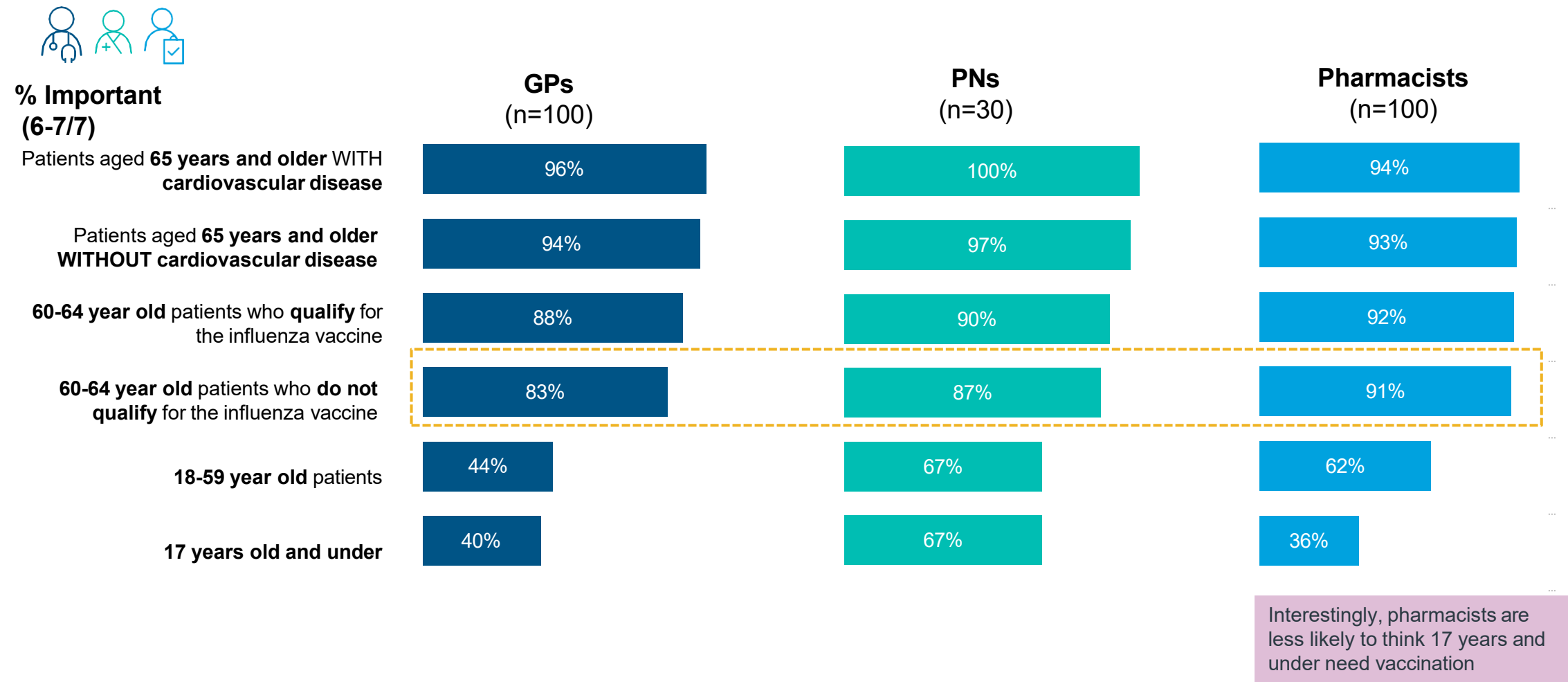
Q39. To what extent are you involved in which specific private influenza vaccine brands are ordered within your practice/clinic?

IQVIA | Sanofi | Understanding HCPs perceptions of flu vaccines | Feb'23

# **Perceptions, Attitudes & Beliefs Regarding Vaccination**

# All HCPs believe it's important for people 65+ to have their flu vaccine ~9 in 10 RPs think it's important for 60 - 64s to be vaccinated

HCP-perceived importance of influenza vaccine, by patient group



Base n=230 (n=100 GPs, n=30 Practice Nurses, n=100 Pharmacists)  
Q07. On a scale of 1-7, where 1= not important at all and 7= extremely important, how important do you consider it is that each of the patient groups below receive annual influenza vaccination?

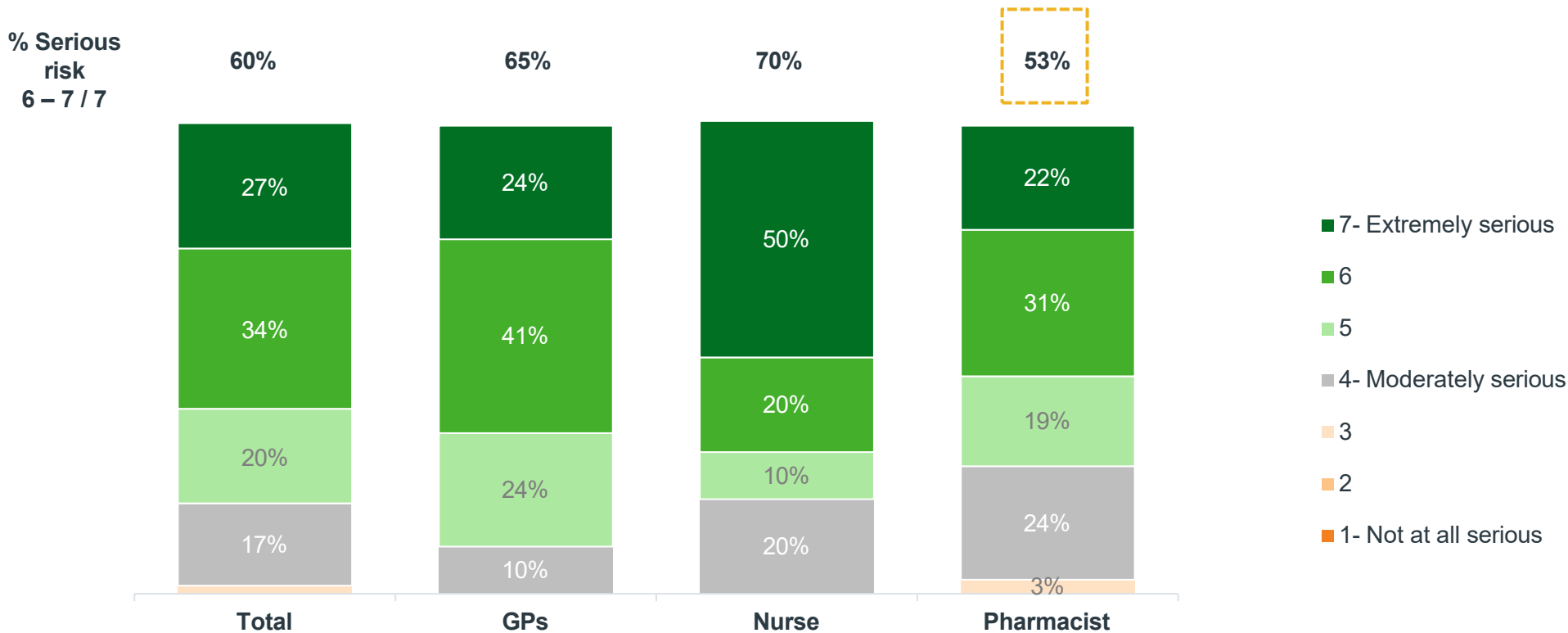
# 6 in 10 HCPs consider flu to be a serious public health risk in Australia – Pharmacists are less likely to

## Perceptions of influenza as a serious public health risk in Australia

To what extent do you consider influenza to be a serious public health risk in Australia?



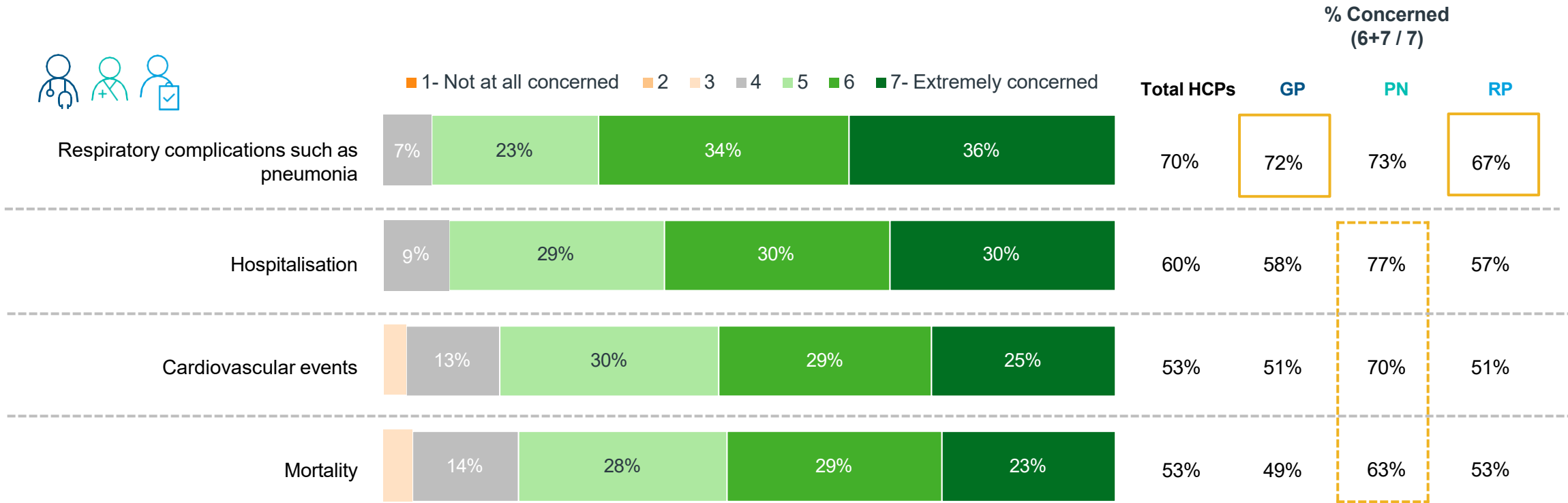
All HCPs



Base: total n=230 (n=100 GPs, n=50 Engaged, n=50 Prospective, n=30 Practice nurses, n=100 Pharmacists)  
Q13. To what extent do you consider influenza to be a serious public health risk in Australia?

# Although #1 concern; RPs are less likely to be concerned of risks of resp. complications related to flu with 60 – 64s than GP & PNs

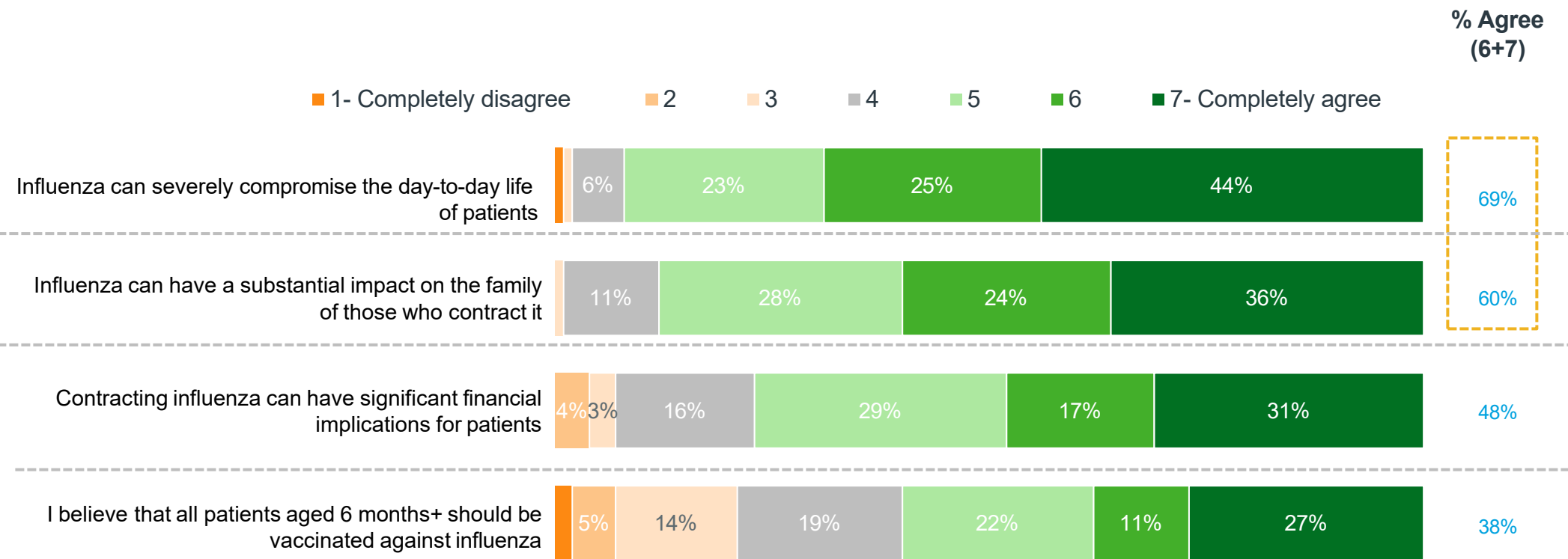
Perceptions of risks amongst 60-64 patients in relation to influenza



Base n=230 (n=100 GPs, n=30 Practice Nurses, n=100 Pharmacists) | Note: Data labels <3% are not shown for clarity.  
Q14. When considering your patients aged 60-64 years old, how concerned are you about the following risks related to influenza?

# Pharmacists still understand flu can have a significant impact on patients & their families

## Implications of influenza and vaccine – amongst Pharmacists



The ATAGI recommends all patients 6M+ should be vaccinated against influenza – as only 38% of pharmacists believe in this, there is an opportunity for Sanofi to educate pharmacists of this, especially considering ~70% of GPs agree <sup>1</sup>.

*\*Pharmacists only*

1. IQVIA conducted the Sanofi Influenza tracking W2 study in June 2022 (n=49 Engaged, n=45 Prospective)  
Base: n=100 Pharmacists || Note: Data labels <3% are not shown for clarity.  
Q11A. To what extent do you agree with the following statements

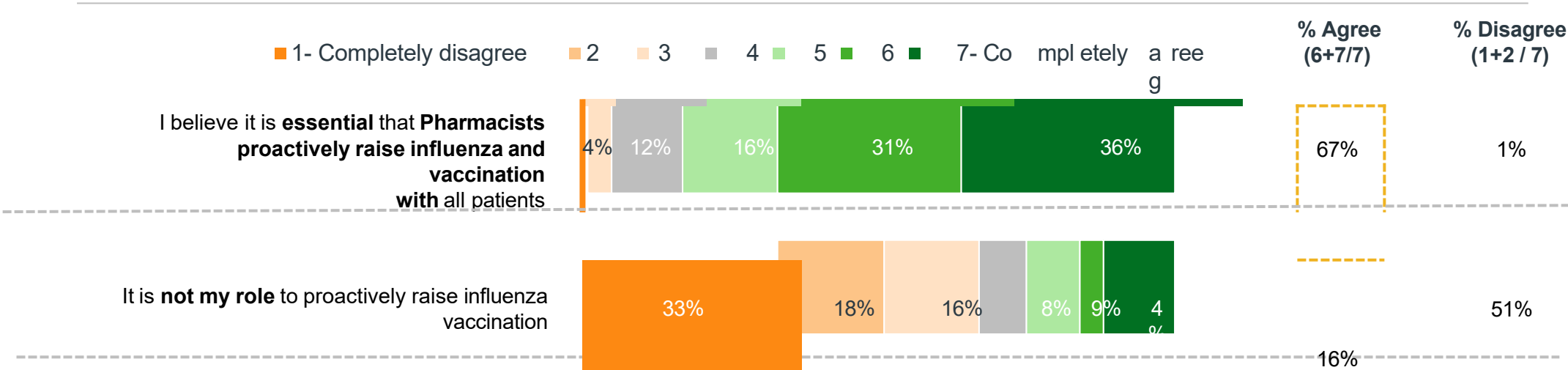


# Pharmacists see themselves as being essential, and for some it's their role to proactively raise flu vaccine with patients

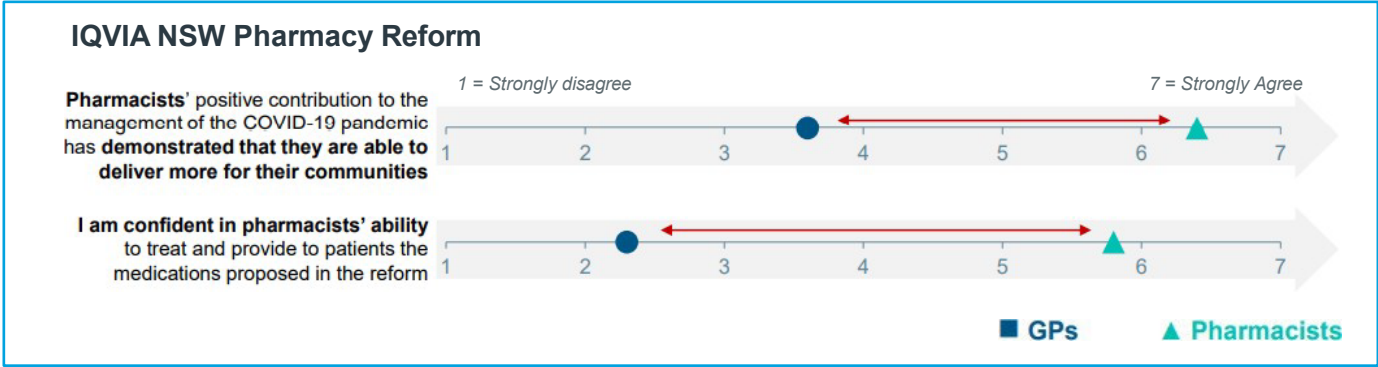
## Pharmacists perception of their involvement in flu vaccination



RP

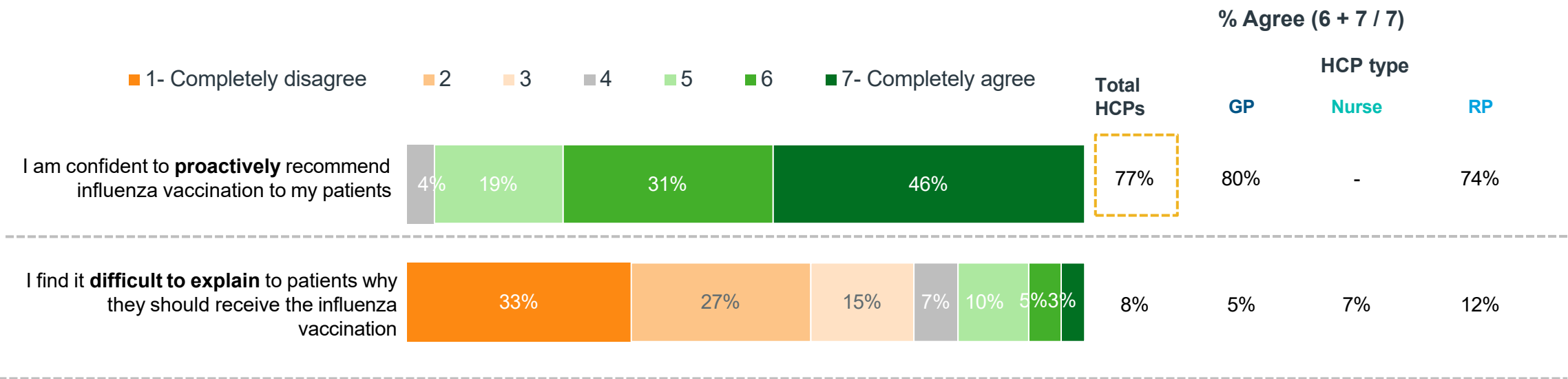


We know from the IQVIA NSW Pharmacy Reform research that pharmacists feel they have stepped up during the COVID19 pandemic and have demonstrated that they can deliver more to their communities – 76% of RPs also feel confident in their abilities to deliver public health (and travel) vaccinations. Pharmacists want to be able to continue to demonstrate they can play this role to take pressure off the health system.



# Whilst pharmacists are generally confident & most don't find it difficult proactively recommending flu vaccine with their patients...

## Attitudes & behaviours towards flu vaccinations – by HCP type



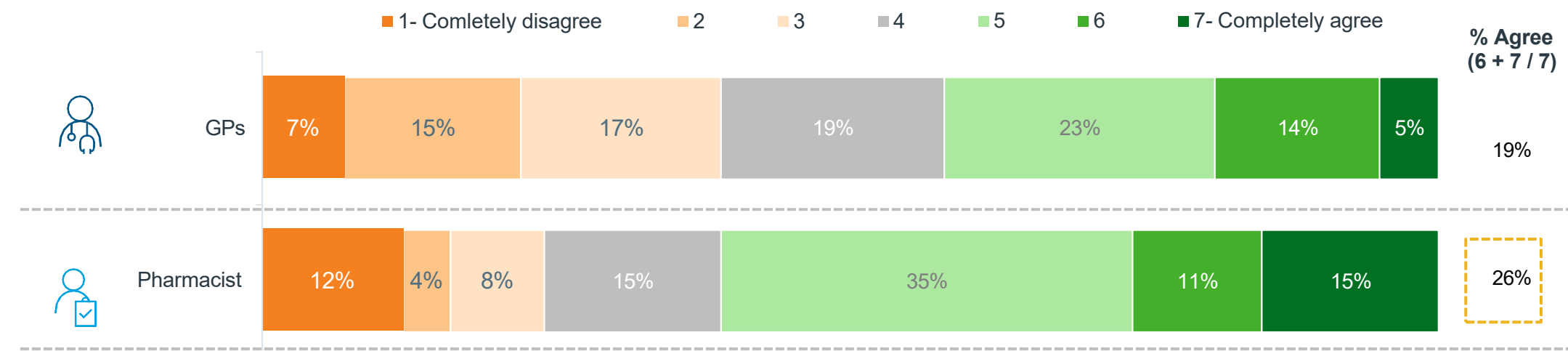
Prospective GPs confidence in proactively recommending flu vaccines to their patients has decreased from, 90% in 2021 to 70% in 2023. Engaged GPs confidence has also softened from 95% to 90%

Base n=230 (n=100 GPs, n=30 Practice Nurses, n=100 Pharmacists) | Note: Data labels <3% are not shown for clarity.  
Q11. To what extent do you agree with the following statements

# ...Many RPs simply don't get the opportunity to have these conversations because of time pressures

Attitudes & behaviours towards flu & vaccinations – GP & RP

I don't get the opportunity to give all the advice I want to about influenza vaccination because of other time pressures



Prospective (22%) are facing more time pressures than Engaged (16%)

Base: total n=100 GPs, n=100 pharmacists | Question have been asked to GP and Pharmacist only  
Q11. To what extent do you agree with the following statements



Pharmacists see themselves as playing an **essential role** in the fight against influenza. They have stepped up during the pandemic and are **confident** in managing conversations with patients around flu.

But they are **less likely to see the flu as a serious public health risk** which GPs & nurses believe, and only really think 60+ should be vaccinated against the flu.

- Educate pharmacists on the ATAGI guidelines and recommendations to vaccinate 6 months & over
- Incorporate / reference content from SKAI into Vaxiplace as a trusted third party website to help with pharmacists education
- Think of messaging that targets the individual and social similar to what was used during COVID19 (*I got vaccinated to help protect my family, friends and community*), in order to raise the need for everyone, including <60s to be vaccinated to protect those most at risk.



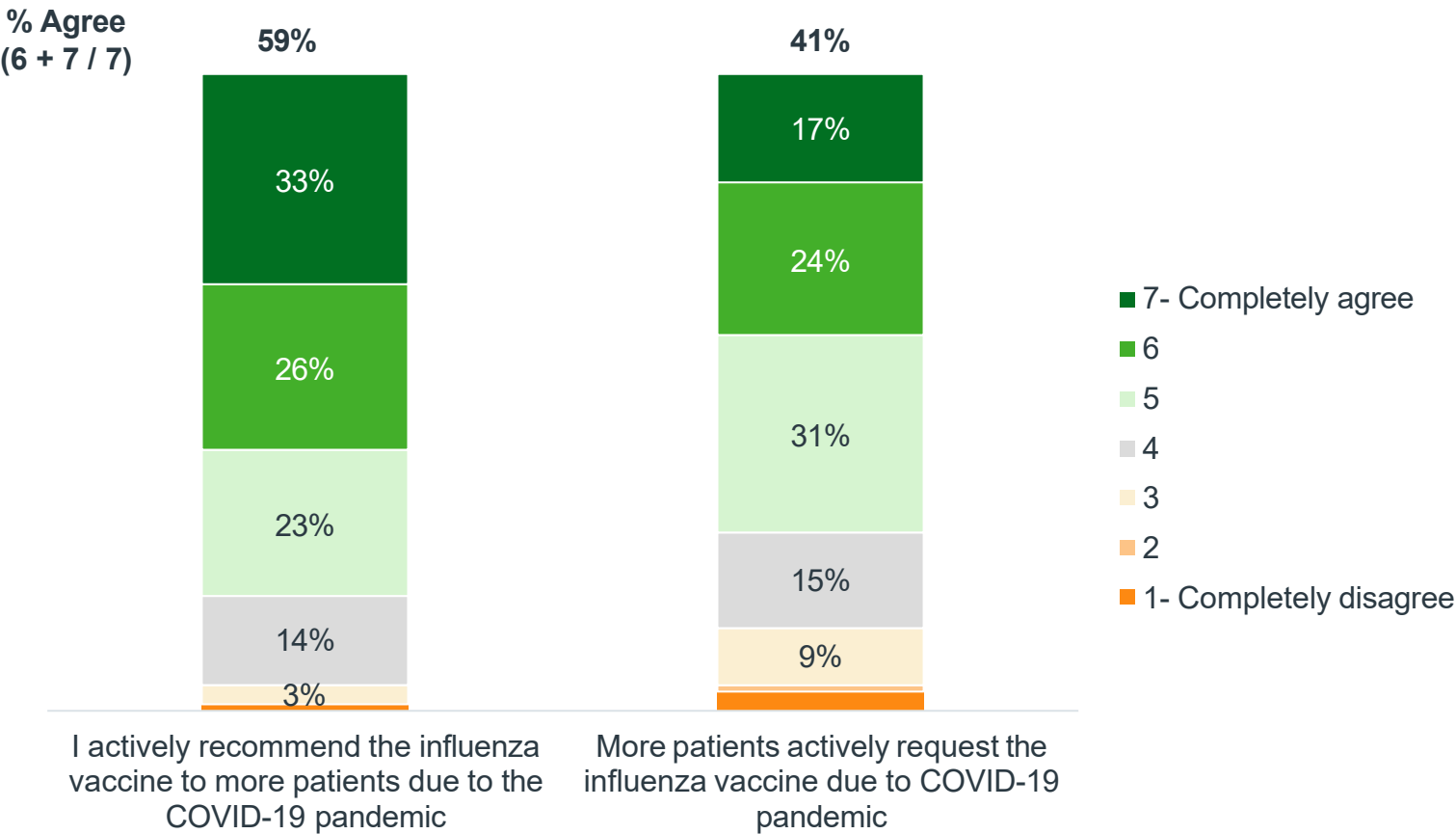
What impacts has the COVID19 pandemic had on flu vaccinations?

# COVID19 has impacted recommendations for flu vaccines and many HCPs are seeing patients proactively ask for it

## Perceptions of COVID19 & Flu



All HCPs



	% Agree (6 + 7 / 7)			
	Total HCPs	GP	PN	RP
I actively recommend the influenza vaccine to more patients due to the COVID-19 pandemic	59%	57%	83%	52%
More patients actively request the influenza vaccine due to COVID-19 pandemic	41%	37%	43%	43%

This aligns with what we heard from 60+ as 45% **proactively** raised the subject of flu vaccination with their HCPs in 2022. Many are out there actively requesting it.

Note: Values <3% not labelled  
Base n=230 (n=100 GPs, n=30 Practice Nurses, n=100 Pharmacists)  
Q14D. To what extent do you agree with the following statements

# Most HCPs believe it'll be easier to convince people to take the flu vaccine than a COVID19 vaccine

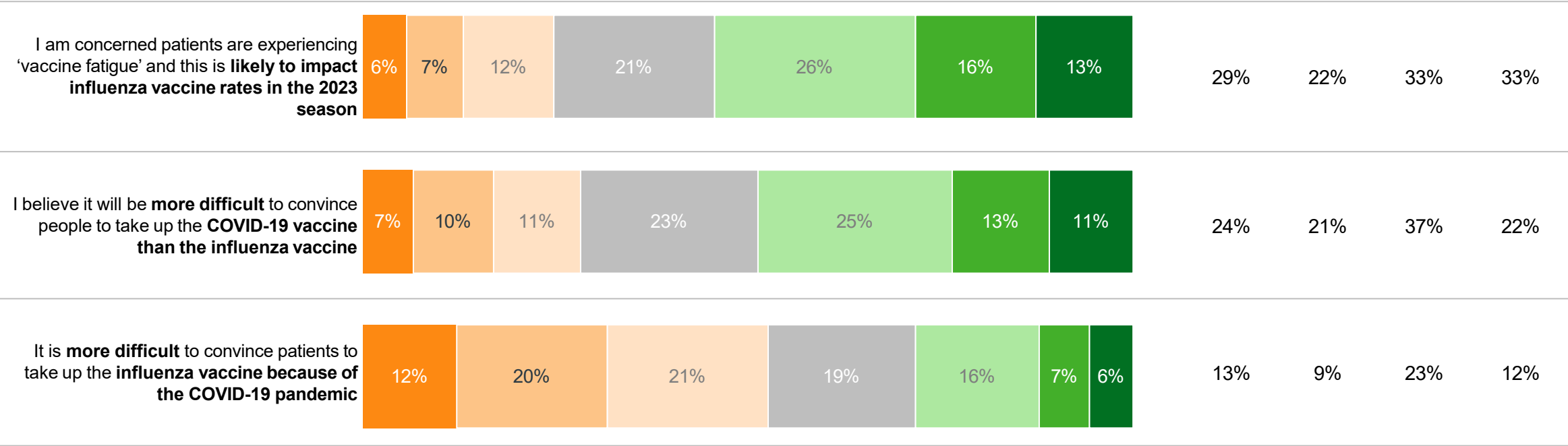
## Perception of COVID19 and Flu coadministration



% Agree ( 6 + 7 / 7 )

1- Completely disagree 2 3 4 5 6 7- Completely agree

Total HCPs GP PN RP



Vaccine fatigue may be a concern for some HCPs but this fatigue may be more targeted to younger patients as we heard from 60+ year old's that **53%** are concerned about **dual COVID19 / flu infection**; **57%** see **both diseases as equally as serious** – **64%** are just as likely to get a **flu vaccination** this year even if it was co-administered with COVID19.



# Almost all HCPs are aware of co-administration & feel comfortable talking to patients – 1 in 10 still want more data around safety

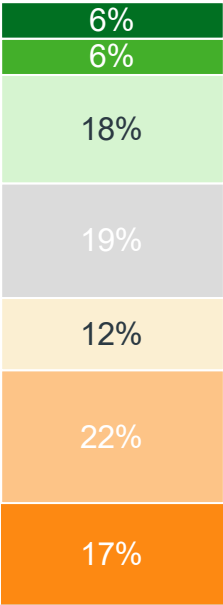
Perceptions of COVID19 & Flu



All HCPs

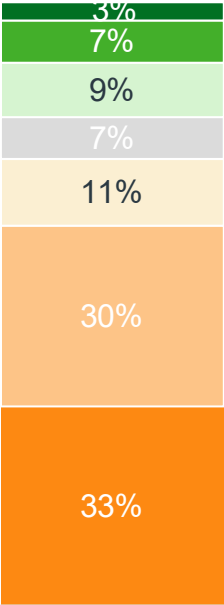
% Agree  
(6 + 7 / 7)

12%



I need more data around the safety of co-administration of influenza and COVID-19 vaccinations

10%



I am not confident having conversations with patients around co-administration of influenza and COVID-19 vaccinations

- 7- Completely agree
- 6
- 5
- 4
- 3
- 2
- 1- Completely disagree

% Agree (6 + 7 / 7)

I need more data around the safety of co-administration of influenza & COVID19 vaccinations

I am not confident having conversations with patients around co-administration of influenza and COVID19 vaccinations

## Awareness of co-administration of COVID-19 & flu vaccine (2023 vs 2022)

98%  
73% (E+P) <sup>1</sup>

GP

93%  
93%<sup>1</sup>

Practice Nurse

95%

Pharmacist

1. IQVIA conducted the Sanofi Influenza Pre Season Assessment in April 2022 (n=41 Engaged, n=40 Prospective, n=30 PNs)  
Base n=230 (n=100 GPs, n=30 Practice Nurses, n=100 Pharmacists)  
Q14D. To what extent do you agree with the following statements

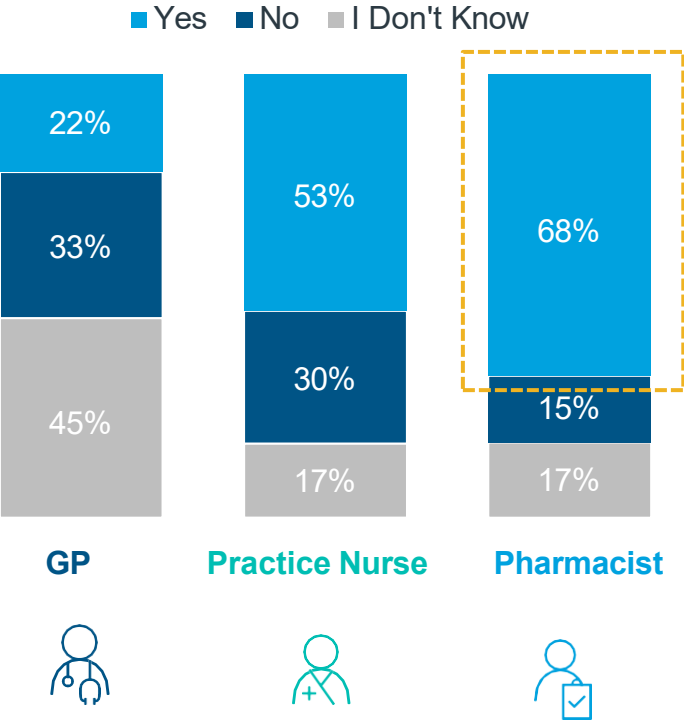


# Planning for influenza season

# Although many RP/PNs are getting ready for the upcoming flu season PNs aren't as prepared as last year - GPs are also behind

## Flu vaccination ordering for upcoming season

### Pre-ordering for upcoming season



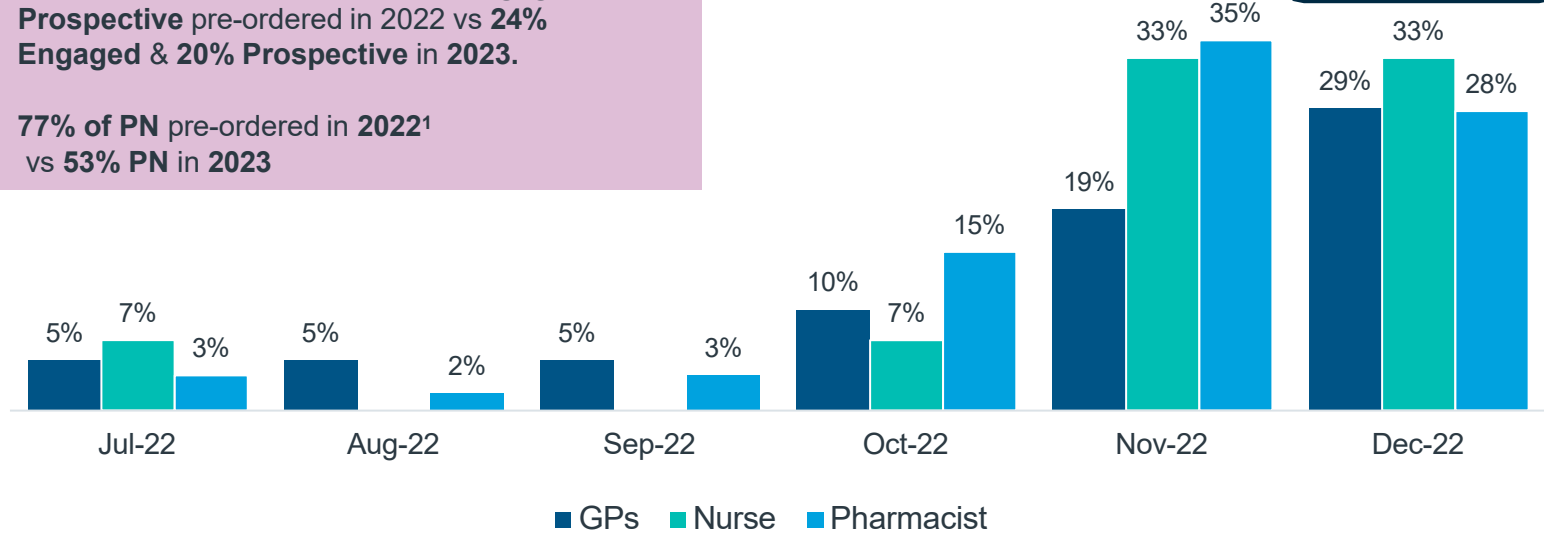
### Month pre-order placed

Base: among HCPs who have pre-ordered (n=22 GPs, n=16 Nurses, n=68 pharmacists)

IQVIA conducted **Influenza pre-season assessment<sup>1</sup>** in **April 2022**, **51% Engaged & 35% Prospective** pre-ordered in 2022 vs **24% Engaged & 20% Prospective** in 2023.

**77% of PN** pre-ordered in **2022<sup>1</sup>** vs **53% PN** in 2023

Most HCPs who have not already pre-ordered have done so in the past

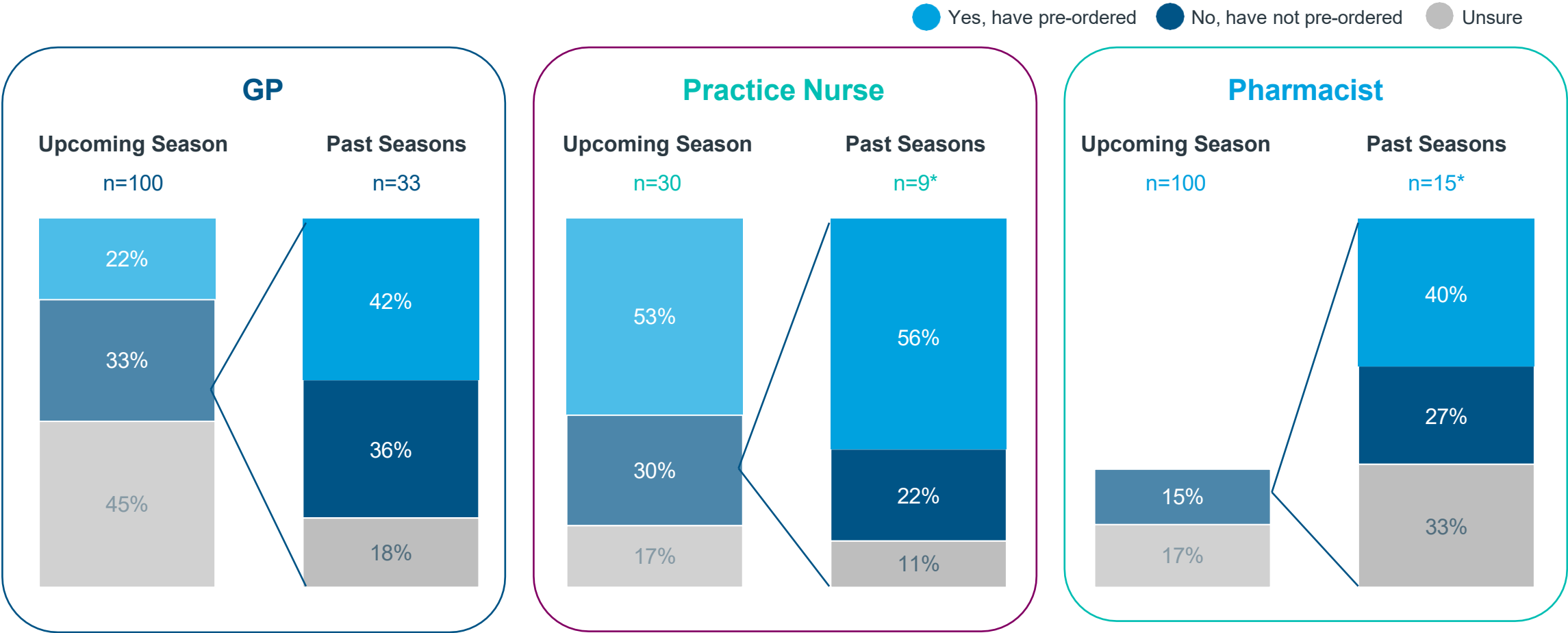


1. IQVIA conducted the Sanofi Influenza Pre Season Assessment in April 2022 (n=41 Engaged, n=40 Prospective, n=30 PNs)  
Base n=230 (n=100 GPs, n=30 Practice Nurses, n=100 Pharmacists)  
Q14F. Did your clinic/practice pre-order private influenza vaccines for the upcoming influenza season? If YES, please specify which month that pre-order was placed

Data shows % of HCPs

# The majority of those who haven't pre-ordered for 2023 season, actually pre-ordered flu vaxx in the past

Flu vaccination ordering – upcoming vs past season






Base: see graph / \*CAUTION: Small sample size  
Q14F. Did your clinic pre-order private influenza vaccines for the upcoming influenza season? / Q14H. Has your clinic pre-ordered private influenza vaccines in the past (i.e. for previous influenza seasons)?

Data shows % of HCPs



# No prioritisation of patients is happening, all HCPs are bringing flu vaccines up regardless of patients history

HCPs plan to recommend/discuss influenza for the upcoming vaccination season

		 GP	 Nurse	 Pharmacist
I plan to proactively raise the topic of influenza vaccine with all my patients regardless of their vaccination history	<div></div> 63%	73%	73%	51%
I plan to proactively raise the topic of influenza vaccine only with my high-risk patients (those who qualify for the NIP)	<div></div> 16%	13%	17%	19%
I plan to only bring up the influenza vaccine topic in some patients if time allows	<div></div> 13%	9%	0%	20%
I plan to proactively raise the topic of influenza vaccine only with my patients who have received the vaccine in the past	<div></div> 4%	5%	7%	3%
I plan to only discuss influenza vaccine when my patients raise the topic with me	<div></div> 3%	0%	3%	7%



Proactiveness to discuss about influenza with all the patients is slightly lower for both Engaged and Prospective from 2022<sup>1</sup> by 3% and 4% respectively

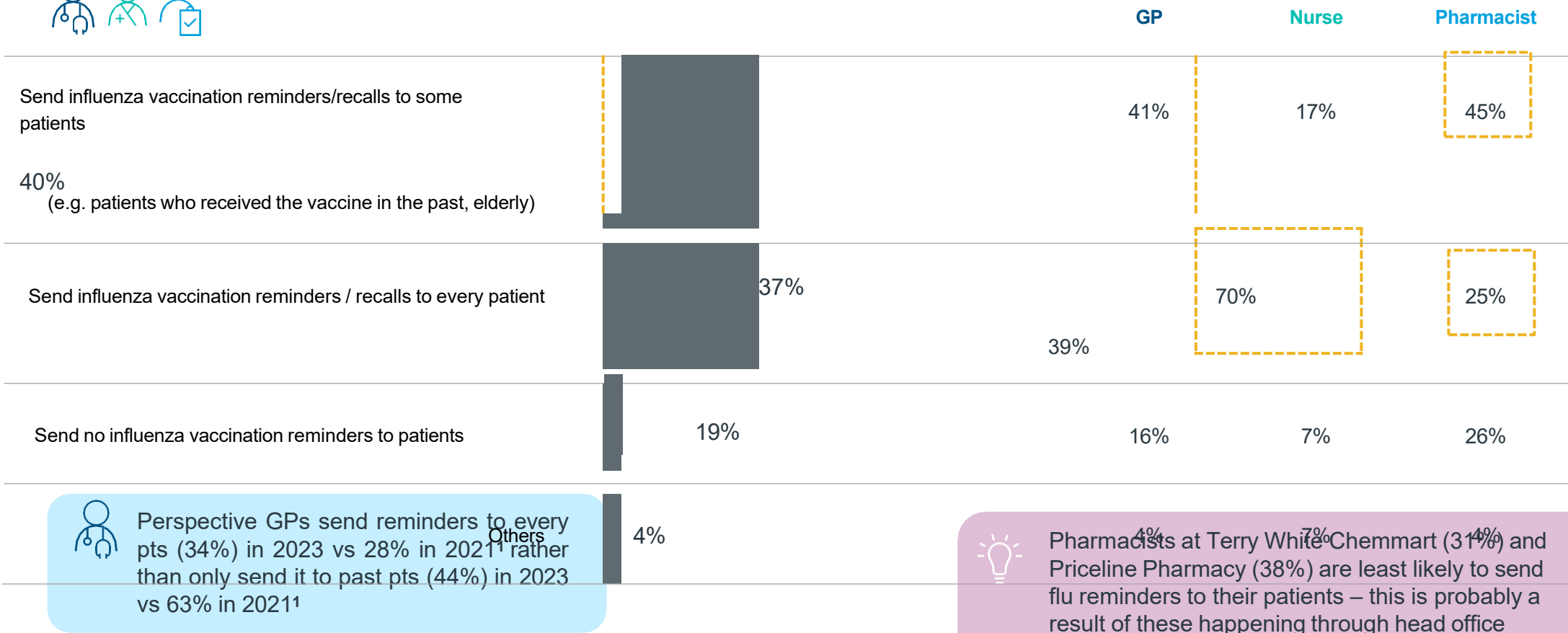


Time pressures for Pharmacists makes it challenging for them to proactively bring up flu vaccines.

1. IQVIA conducted the Sanofi Influenza Pre Season Assessment in April 2022 (n=41 Engaged, n=40 Prospective, n=30 PNs)  
Base n=230 (n=100 GPs, n=30 Practice Nurses, n=100 Pharmacists)  
Q14B. Thinking of the upcoming influenza vaccination season (April 2023 onward), which of the following approaches best describes how you are planning to recommend/discuss influenza vaccine with your patients?

# GPs & Pharmacists will send reminders to past patients whilst PNs prefer to send a broad message

How clinic/pharmacies are planning for upcoming influenza



1. IQVIA conducted the Sanofi Influenza Pre Season Assessment in April 2022 (n=41 Engaged, n=40 Prospective)  
Base: Total 230 (n=100 GPs, n=30 nurse, n=100 pharmacists )  
Q14C. Thinking of the upcoming influenza vaccination season (April 2023 onward), does your clinic/pharmacy plan to....



Pharmacists at Terry White Chemmart (31%) and Priceline Pharmacy (38%) are least likely to send flu reminders to their patients – this is probably a result of these happening through head office instead of being done by individual pharmacists.





**Pharmacists** are the most likely HCP to **plan ahead** and get ready for the upcoming flu season with the majority having **pre-ordered stock in Nov / Dec** for the 2023 season; workloads are holding other HCPs back from having already placed their pre-orders.

Most HCPs are planning to **proactively raise flu** with **all patients** with **GP & RP sending targeted reminders**; PN have a broad approach reminder to all patients. Despite this, there are still 1 in 4 Pharmacists who don't have any sort of reminder for patients.

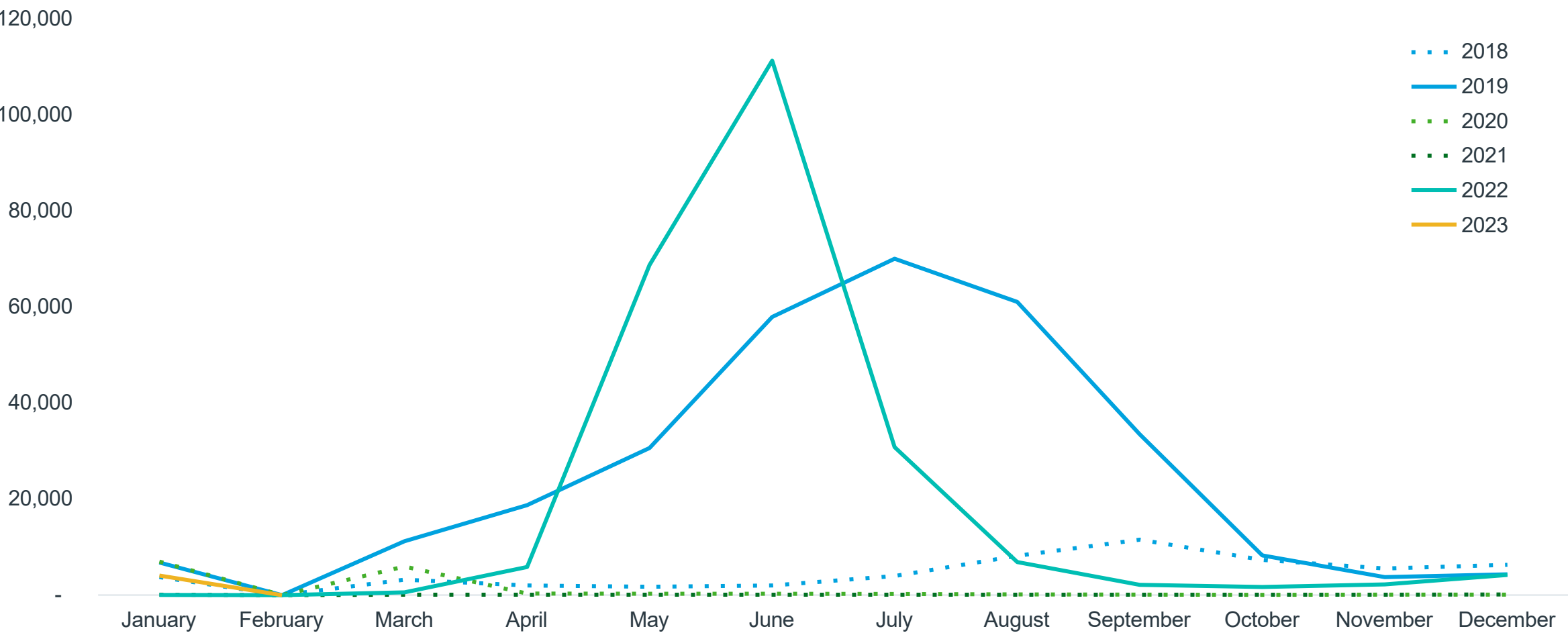
- As part of pre-ordering comms, Sanofi can support by providing a facility for **automatic vaccine reminders** to patients who've previously been vaccinated in their pharmacy / clinic.
- Consider targeted support **for Terry White Chemmart and Priceline Pharmacies** who have higher rates of no reminders being sent






# **2022 Caseload, Brand Awareness & Usage**

# Following COVID19 lockdowns, the 2022 flu season rebounded and was the highest seen in the last 5 years

*Annual Australian influenza statistics*



## The 2022 flu season was busy as HCPs were inundated with patients seeking support – almost 2x more than in 2021

Average # patients seen in typical month in influenza season		
	2021	2022*
	<b>Total GPs</b>	
	<b>549</b> <i>Patients</i>	<b>991</b> <i>patients</i>
	<b>Engaged</b>	
	<b>552</b> <i>patients</i>	<b>1,162</b> <i>patients</i>
	<b>Prospective</b>	
	<b>545</b> <i>patients</i>	<b>798</b> <i>patients</i>
	<b>Practice Nurses</b>	
	<b>441</b> <i>patients</i>	<b>608</b> <i>patients</i>
	<b>Retail Pharmacists</b>	
	-	<b>475</b> <i>patients</i>

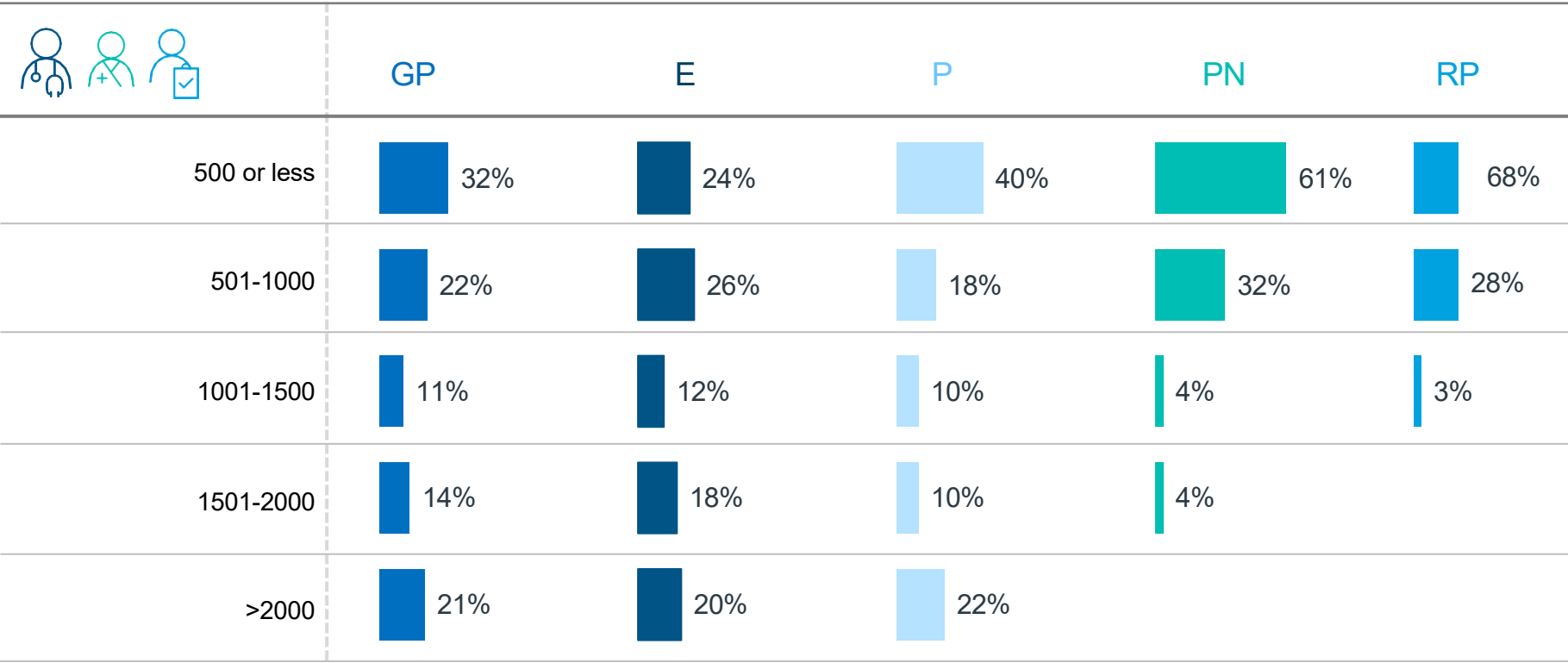
\*Outliers were removed from Q02 (for GP who have seen >2500 patients in a month) and (for PN and RP outliers are defined as any responses > [Mean + 2 x SD])  
 Base: Total n=100 GPs / n=50 Engaged, n=50 Prospective, n=30 Practise nurses, n=100 Pharmacists  
 Q02. Thinking specifically of the 2022 influenza vaccination season (April to July), approximately how many patients 'did you see face to face or via telehealth/phone in' for any type of consultation?  
 IQVIA | Sanofi | Understanding HCPs perceptions of flu vaccines | Feb'23



We know that during the 2022 flu season there were flu clinics that were run by GPs & PNs which may be impacting the significantly higher patient load in the 2022 flu vaccine season

# GPs see ~991 patients on average in a typical month during the flu season; pharmacists see 475 on average

Patient load in a typical month during influenza season



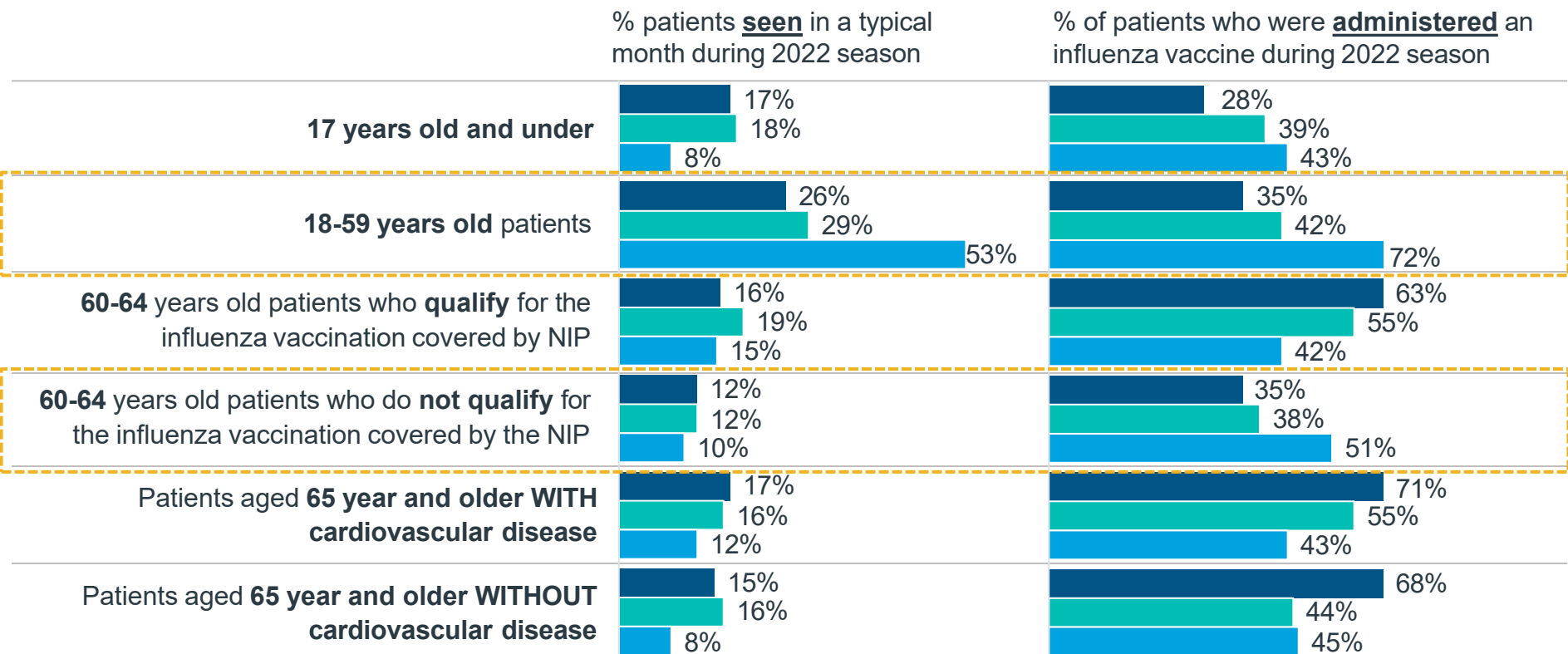
\*Outliers were removed from Q02 [ for GP who have seen >2500 patients in a month] and [for PN and RP outliers are defined as any responses > [Mean + 2 x SD] ]  
E Engaged P Prospective RP Retail Pharmacist  
Base: Total n=100 GPs / n=50 Engaged, n=50 Prospective, n=30 Practise nurses, n=100 Pharmacists  
Q02. Thinking specifically of the 2022 influenza vaccination season (April to July), approximately how many patients 'did you see face to face or via telehealth/phone in' for any type of consultation?

# RPs have seen & vaccinated a higher proportion of 18-59s; they are also vaccinating more healthy 60-64s

HCP 2022 influenza vaccination rates, by patient group



■ GPs ■ Nurse ■ Pharmacist



Although a smaller relative proportion of 60-64 healthy are visiting the pharmacist, the conversion to vaccination administration is half – this presents as an opportunity for Sanofi to leverage by supporting pharmacists in having conversations about Fluzone with this patient cohort.

Base: total 230 (n=100 GPs, n=30 Practise nurses, n=100 Pharmacists)  
Q03. Of those patients you saw face to face or via telehealth/phone in a one-month period during the 2022 influenza vaccination season (April to July), approximately what percent would be in each of the groups below?/ Q04. Of the patients in each of the below groups that 'you saw face to face or via telehealth/phone in a one-month period during the 2022 influenza vaccination season, what percent were administered an influenza vaccine?

# Vaccination rates by GP pt cohort remained relatively stable vs 2021, PN saw higher rates across most cohorts, particularly <17s

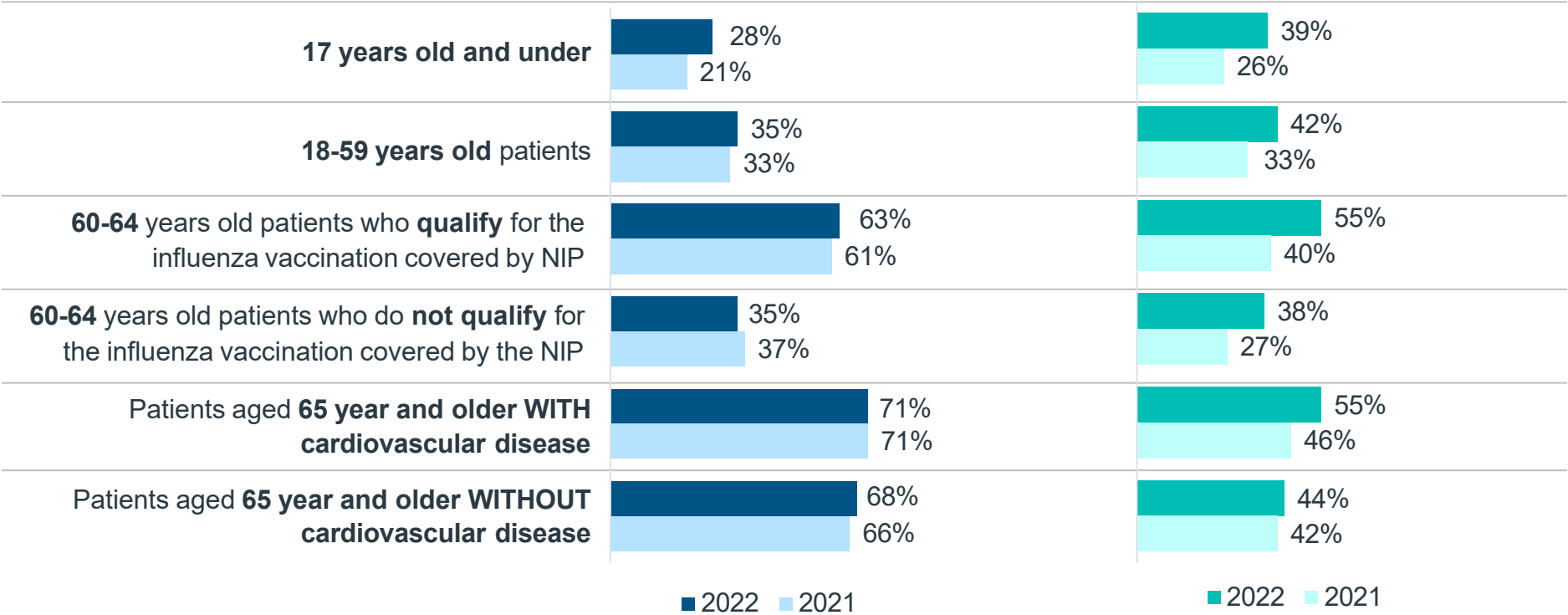
Influenza vaccination rates, by patient group - Tracked



% of patients who were **administered** an influenza vaccine

GP 2022 vs 2021

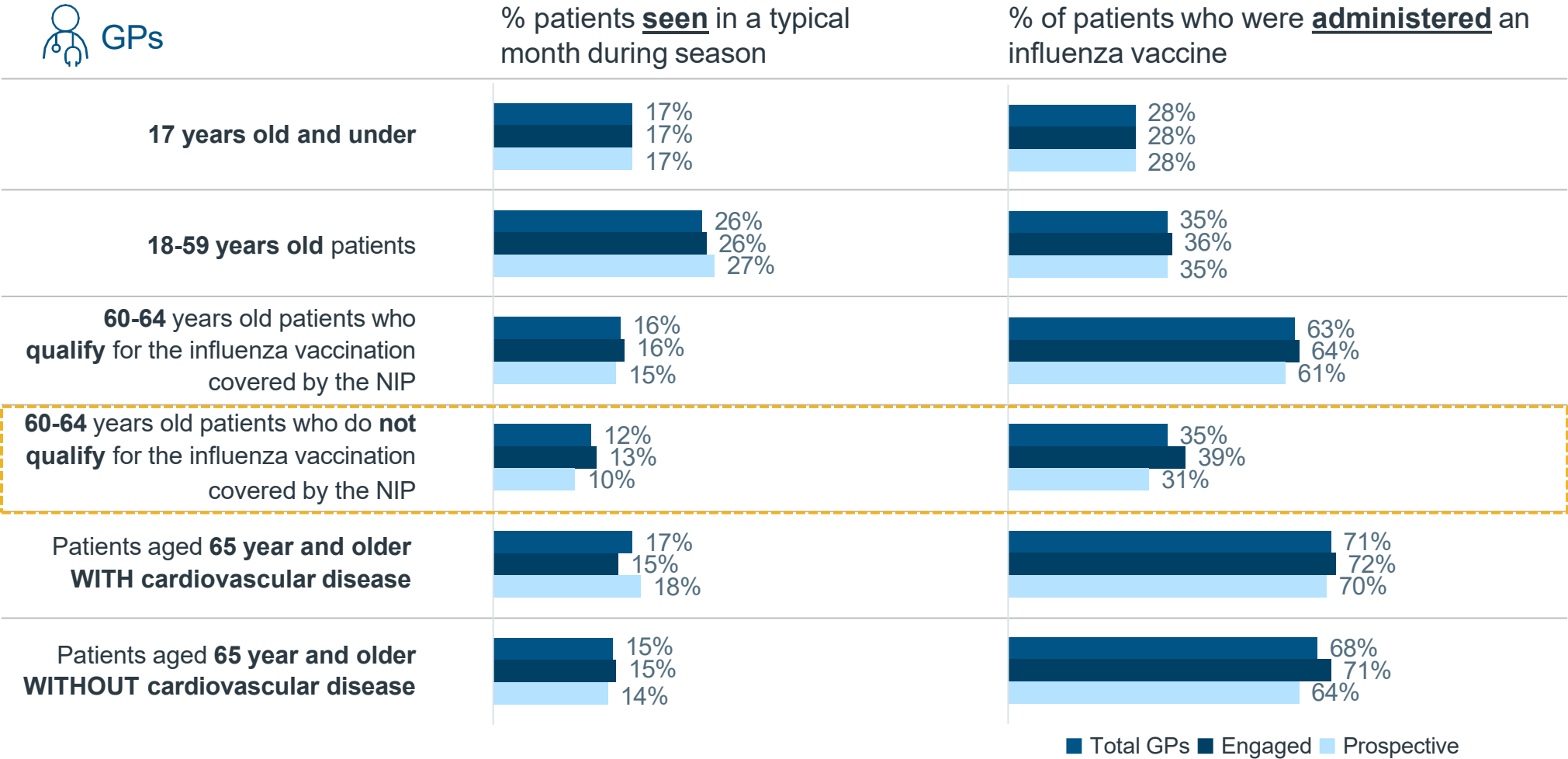
PN 2022 vs 2021



Base: n=100 GPs, n=30 Practise nurses in 2022, n=81 GPs (Engaged+ erspective), n=15 Practice nurses in 2021  
Q04. Of the patients in each of the below groups that 'you saw face to face or via telehealth/phone in a one-month period during the 2022 influenza vaccination season, what percent were administered an influenza vaccine?

# 1 in 3 GPs have administered a flu vaccination for 60-64 healthy patients; engaged GPs more likely to. Most vaccinating 65+

## Influenza vaccination rates by patient group, by GP segment



Base: total n=100 GPs / n=50 Engaged, n=50 Prospective  
Q03. Of those patients 'you saw face to face or via telehealth/phone' in a one-month period during the 2022 influenza vaccination season (April to July), approximately what percent would be in each of the groups below?/ Q04. Of the patients in each of the below groups that 'you saw face to face or via telehealth/phone' in a one-month period during the 2022 influenza vaccination season, what percent were administered an influenza vaccine?





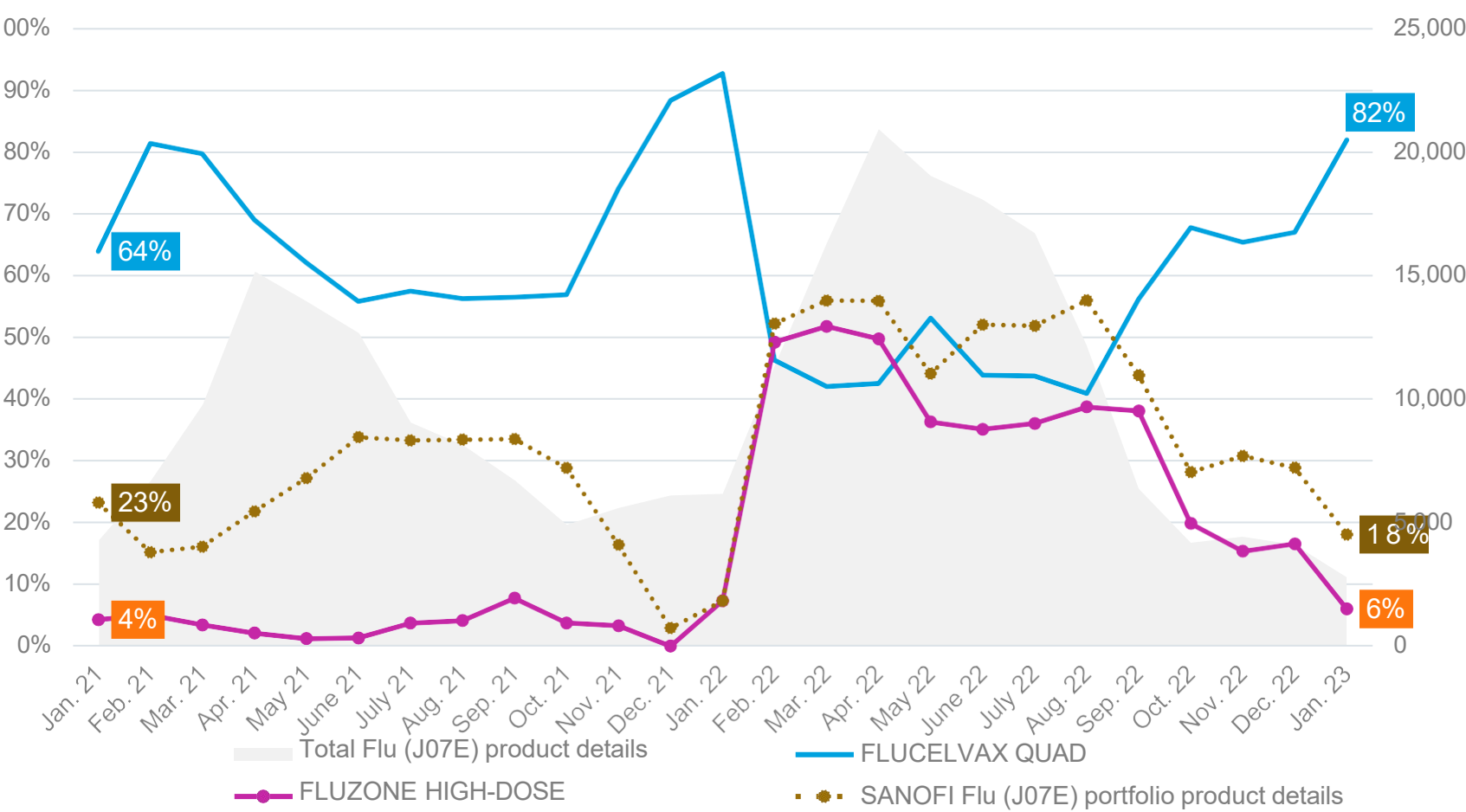
2022 was a significant rebound flu season following COVID19 lockdowns - **HCPs were under pressure** with **higher than normal patient volumes** during the flu season.

However this along with the Government initiative to provide free flu vaccinations did **lead to higher rates of vaccination**, particularly amongst the **18 – 59 yrs** and **60 - 64 healthy patient cohorts** who were vaccinated in **pharmacies**.



# During the 2022 flu season, there was strong detailing of Fluzone to GPs...

Share of Voice: Product Details, GP – Flu Vaccine market. RQ Tracking



Product Details

- Product details in the GP Flu market observed peaks in both April 2021 and 2022 in step with typical seasonal trends in this market over time – Fluzone activity was highest during 2022, achieving 52% SoV in the March 2022 quarter
- During pre-season periods, Seqirus' Flucelvax dominates GP engagement

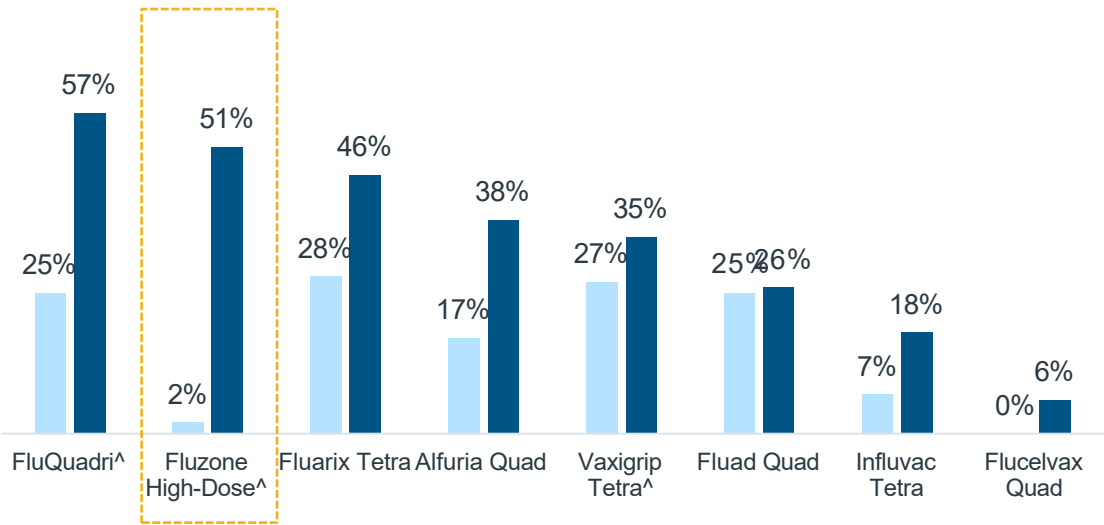
# ...has led to Fluzone being top of mind for half of GPs with ~8 in 10 now recognising the name of Fluzone

Unprompted / Prompted awareness of adult flu vaccine brands - GPs



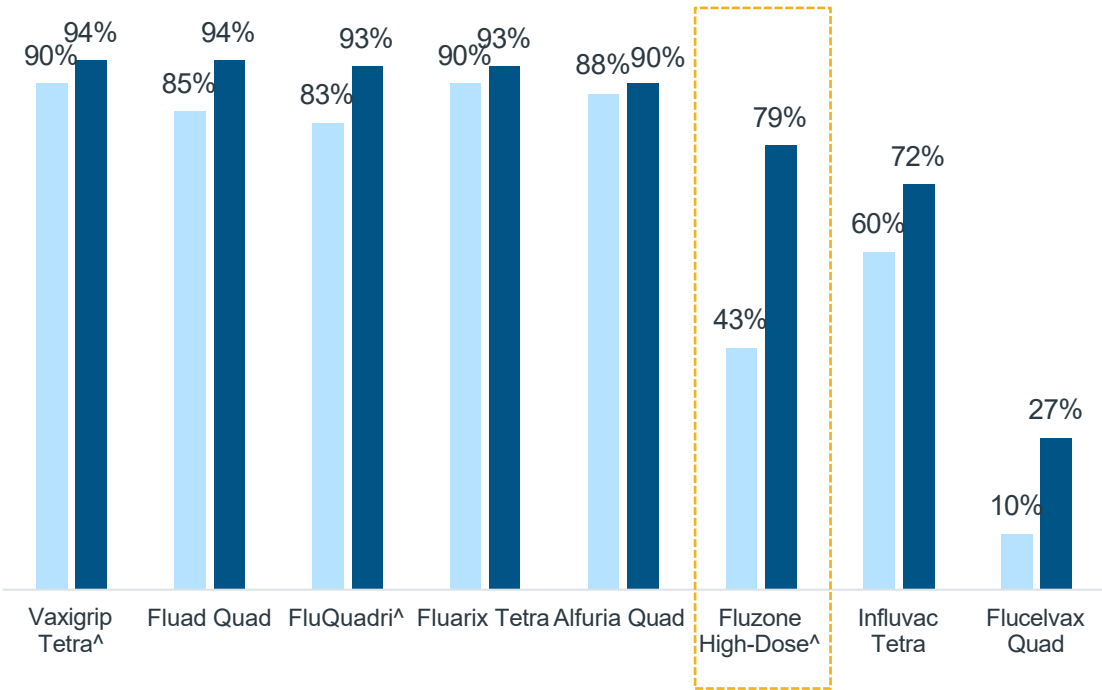
Unprompted awareness of vaccine brands

2021 2023



Prompted awareness of vaccine brands

2021 2023



Regardless of whether GPs work at Sanofi target practices or elsewhere, prompted awareness of Fluzone HD is 79% suggesting that not only has detailing being effective but there is greater buzz around it

^Sanofi Brands  
Base: total n=100 GPs in 2023, n=120 (Engaged + Prospectives) GPs in 2021  
Q08. Please list all influenza vaccines (available via NIP or privately), by brand name, that you are aware of for adult patients that are in market or about to be listed. /Q09. a) Which of the following influenza vaccine brands for adult patients were you aware of prior to this survey?

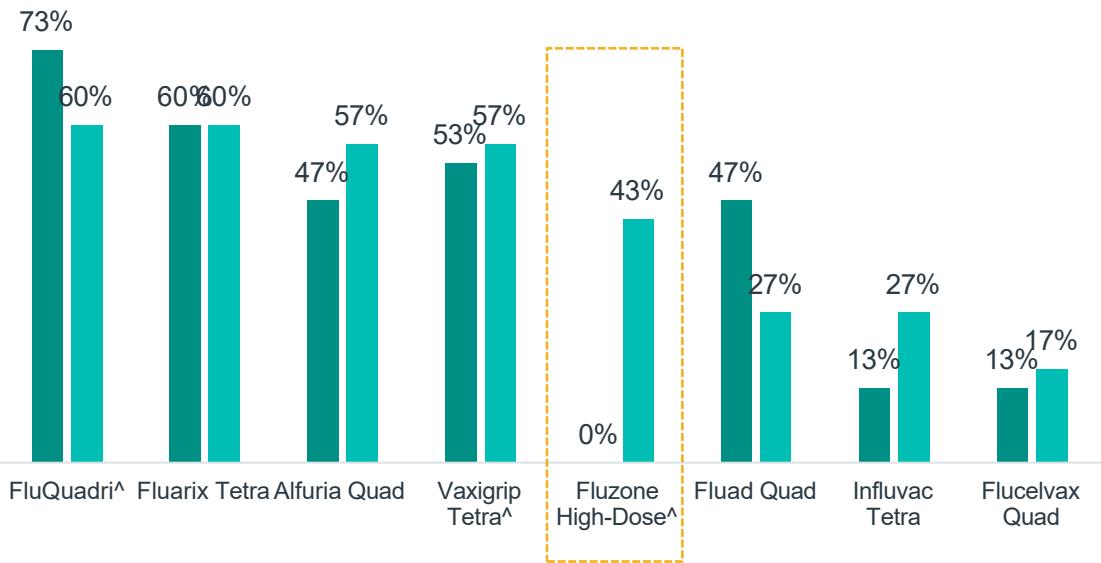
# Practice Nurses have also seen an increase in awareness vs 2021, with ~2 in 3 now aware of Fluzone when prompted

Unprompted / Prompted awareness of adult flu vaccine brands – Practice Nurses



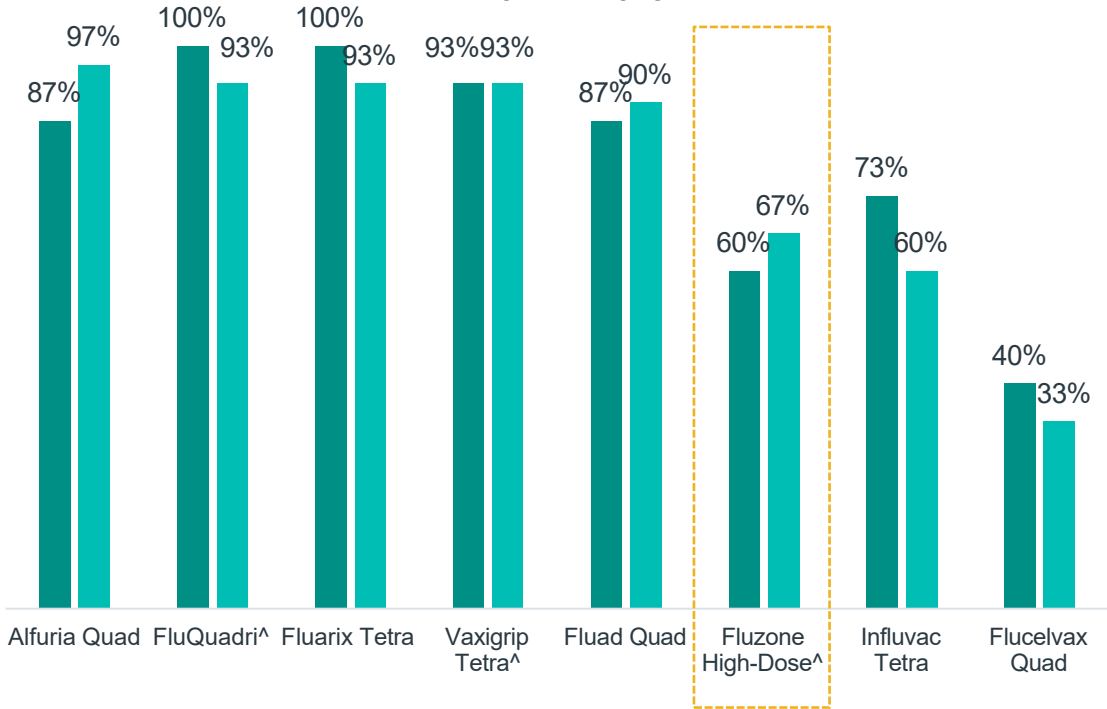
## Unprompted awareness of vaccine brands

2021 2023



## Prompted awareness of vaccine brands

2021 2023



Practices nurses from both Sanofi target GP practices and other centres have a similar awareness of Fluzone HD.

^Sanofi Brands

Base: total n=30 Practice nurses 2023, n=15 Practice nurses in 2021

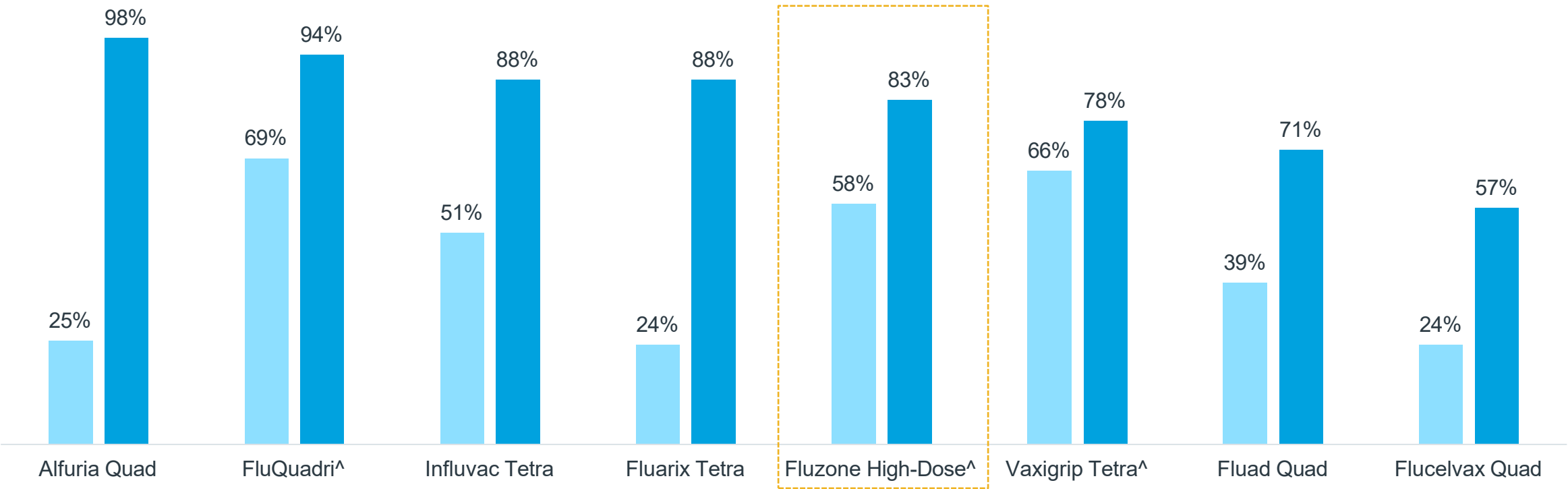
Q08. Please list all influenza vaccines (available via NIP or privately), by brand name, that you are aware of for adult patients that are in market or about to be listed. /Q09. a) Which of the following influenza vaccine brands for adult patients were you aware of prior to this survey?

# ~8 in 10 pharmacists who work in Sanofi target pharmacies are aware of Fluzone HD

Unprompted / Prompted awareness of adult flu vaccine brands – Pharmacists



Unprompted awareness   Prompted awareness



^Sanofi Brands. Reminder Pharmacists are from Sanofi target pharmacies  
Base: total n=100 Pharmacist  
Q08. Please list all influenza vaccines (available via NIP or privately), by brand name, that you are aware of for adult patients that are in market or about to be listed. /Q09. a) Which of the following influenza vaccine brands for adult patients were you aware of prior to this survey?

# FluQuadri is the most common privately stocked vaccine in GP practices, followed by Afluria in 2023, Fluzone high in pharmacy

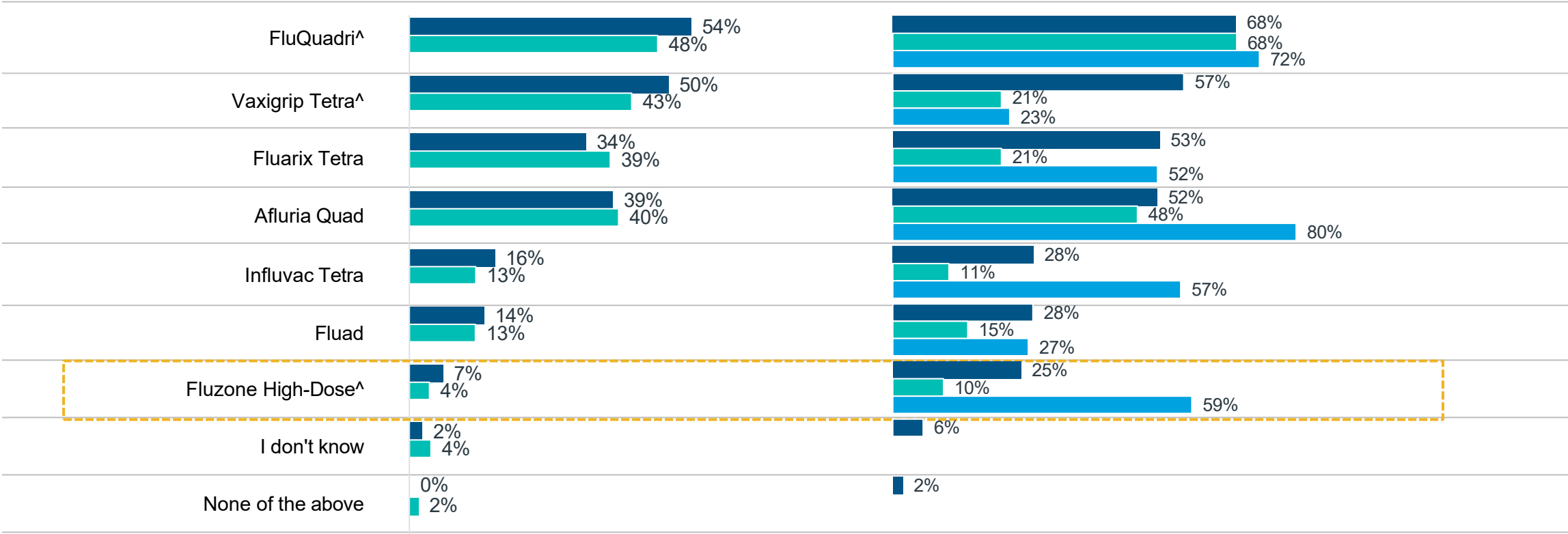
Flu Vaccine brands privately stocked in clinic/pharmacy - Tracked



■ GPs ■ Nurse ■ Pharmacist

2021

2023



^Sanofi Brands | Reminder Pharmacists are from Sanofi target pharmacies; GPs are from Sanofi target and non-target practices there's no difference between these  
Base: total n=100 GPs / n= 50 Engaged, n=50 Prospective, n=30 Practice nurses, n=100 pharmacists; n=120 Engaged + Prospectives GPs , n=15 Practice nurses in 2021  
Q09b. And which of these have you privately stocked in your practice in 2022?

Tracking is not available for pharmacist



Regardless of whether they are on Sanofi target lists or not, **awareness of Fluzone has grown** amongst GPs and Practice Nurses since it's launch.

It is also strong amongst pharmacists (from pharmacies Sanofi are affiliated with), suggesting **detailing has been effective at making Fluzone known to HCPs.**

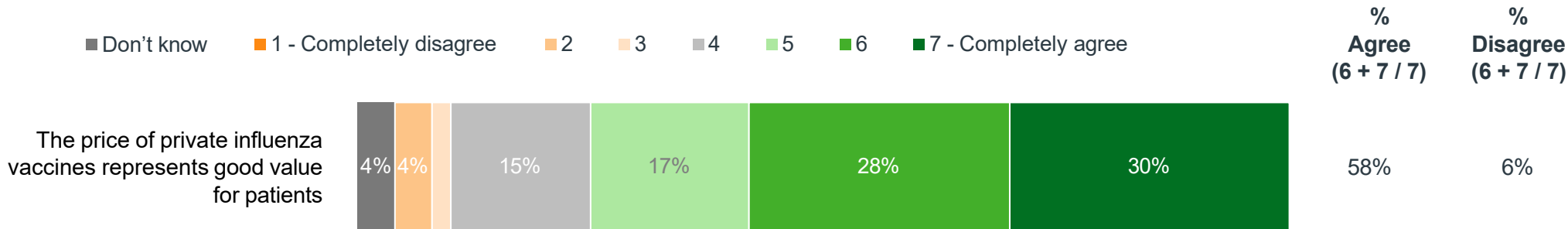


# Perceptions of Fluzone HD



# As a general perception, ~6 in 10 Pharmacists believe the price of private vaccine is good value for patients

Perception on price for private vaccine - Pharmacists



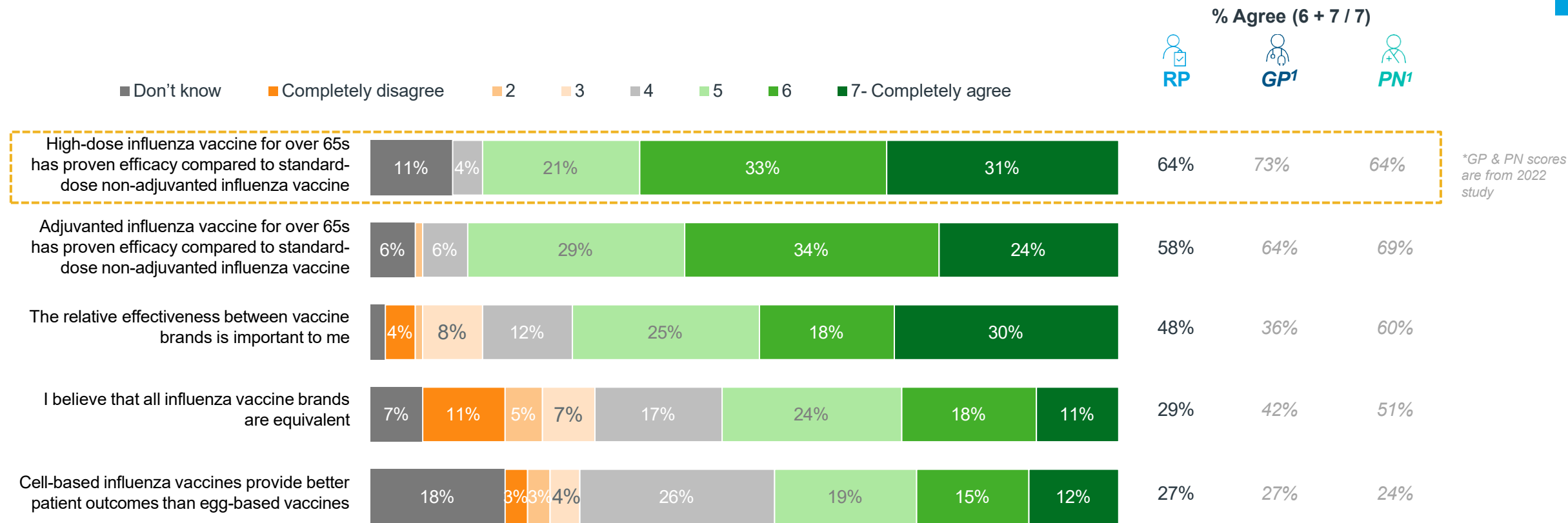
We know from 2021<sup>1</sup> research that 57% of GPs and 79% of PN see the price of private vaccines to represent **good value for patients**

Note: Values <3% not labelled  
1.IQVIA conducted the Sanofi Influenza W2 study in June 2022 n=142 GPs, n=33 Practice Nurse  
Base: n=100 Pharmacists  
Q11B. To what extent do you agree with the following statements?

Data shows % of HCPs

# ~2 in 3 RPs see high dose flu vaccines to be efficacious; 6 in 10 believes adjuvanted has greater efficacy to standard dose for 65+

## General perceptions of vaccine technologies - Pharmacists



1.IQVIA conducted the Sanofi Influenza W2 study in June 2022 n=142 GPs, n=33 Practice Nurse  
 Base: n=100 Pharmacists  
 Q11B. To what extent do you agree with the following statements?

Data shows % of HCPs

# We showed HCPs the de-branded profile of Fluzone HD (vaccine X) before getting their feedback...

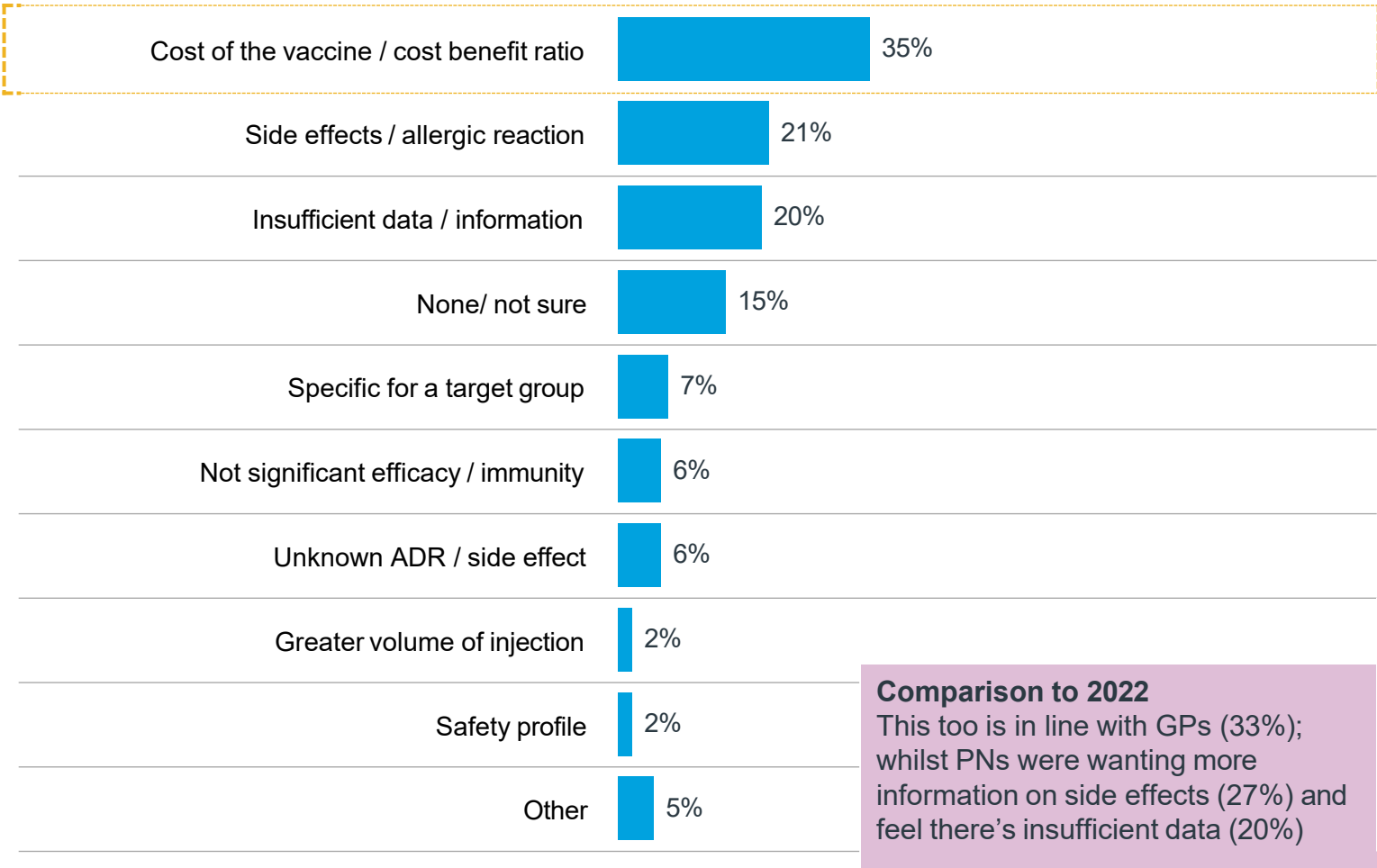
	Product Profile – Vaccine X			
Indication	<ul style="list-style-type: none"><li>Vaccine X is indicated for active immunisation for the prevention of influenza disease</li><li>Vaccine X is indicated for use in persons 60 years of age and older</li></ul>			
Composition	<ul style="list-style-type: none"><li>Vaccine X contains 60 micrograms of each recommended antigen strain (four times the amount of antigen than a standard dose vaccine)</li></ul>			
Mechanism of Action	<p>The indication of Vaccine X in adults 60 years of age and older is based on:</p> <ul style="list-style-type: none"><li>The demonstration of non-inferior immunogenicity between Vaccine X and Fluzone High-Dose Trivalent (TIV-HD) in persons 65 years of age and older (QHD00013), which allows the efficacy and effectiveness of Vaccine X to be inferred from that of TIV-HD.</li><li>Similar immune responses observed in subjects 60 to 64 years of age and in subjects 65 years of age and older (QHD00011), which allows for the extension of the efficacy and effectiveness of TIV-HD in adults 65 years of age and older to adults from 60 years of age and older.</li></ul> <p>Thus, Vaccine X is inferred to be more effective in preventing influenza and its complications, compared to standard dose inactivated influenza vaccine (15 micrograms of each of the strains) in adults 60 years of age and older</p>			
Dosing/Admin	<ul style="list-style-type: none"><li>The recommended dosage of Vaccine X is 1 dose of 0.7 mL, annually, in persons 60 years of age and older</li></ul>			
Trial Design	<ul style="list-style-type: none"><li>Phase IIIb-IV double-blind, randomized, active-controlled, multicentre trial conducted during the 2011–2012 (Year 1) and 2012–2013 (Year 2) influenza seasons in 126 research centres</li><li>Participants were adults ≥65 years randomized to receive Vaccine X or standard-dose vaccine (SD), and followed for 6–8 months post-vaccination for the occurrence of influenza and serious adverse events</li><li>31,989 participants were enrolled, with 15,991 and 15,998 randomized to receive Vaccine X and SD, respectively. Baseline characteristics of the recipients were similar</li></ul>			
Efficacy	Relative Efficacy to the Vaccine Components, Associated with Influenza-Like Illness, Adults 65 Years of Age and Older			
		Vaccine X N <sup>b</sup> =15,892 n <sup>c</sup> (%)	SD Inactivated Influenza vaccine N <sup>b</sup> =15,911 n <sup>c</sup> (%)	Relative Efficacy % (95% CI)
	Laboratory-Confirmed Influenza <sup>d</sup> caused by: - Any type/subtype <sup>e</sup>	227 (1.43)	300 (1.89)	24.2 (9.7; 36.5) <sup>f</sup>
Observational Studies	<p>Retrospective studies in more than 24 million patients aged 65 and older, over 8 seasons confirmed superior protection of Vaccine X compared to SD in the following complications:</p> <ul style="list-style-type: none"><li>Significant reduction in <b>cardio-respiratory hospitalisations 17.9%</b> [95% CI: 14.9%–20.9%]</li><li>Significant reduction in <b>pneumonia hospitalisations 13.4%</b> [95% CI: 7.3%–19.2%]</li><li>Significant reduction in <b>all-cause hospitalisation 8.1%</b>; 95% CI: [5.9%–10.3%]</li></ul>			
Safety	<ul style="list-style-type: none"><li>Vaccine X has a similar safety profile to TIV-HD</li><li>The safety of Vaccine X was assessed in a pooled analysis of two clinical trials in which 2549 adults from 60 years of age and older (378 adults from 60 to 64 years of age and 2171 adults 65 years of age and older) received Vaccine X.</li><li>The most frequently reported adverse reaction after vaccination was injection site pain reported by 42.6% of study participants followed by myalgia (23.8%), headache (17.3%), and malaise (15.6%). Most of these reactions occurred and resolved within three days of vaccination. The intensity of most of these reactions was mild to moderate.</li><li>Overall, adverse reactions were generally less frequent in participants aged 65 years and older than in participants aged 60 to 64 years.</li></ul>			

<sup>a</sup> Occurrence of at least one of the following respiratory symptoms: sore throat, cough, sputum production, wheezing, or difficulty breathing; concurrent with at least one of the following systemic signs or symptoms: temperature >37.2°C, chills, tiredness, headaches or myalgia. / <sup>b</sup> N is the number of vaccinated participants in the per-protocol analysis set for efficacy assessments. / <sup>c</sup> n is the number of participants with protocol-defined influenza-like illness with laboratory confirmation.  
<sup>d</sup> Laboratory-confirmed: culture- or polymerase-chain-reaction-confirmed. / <sup>e</sup> Primary endpoint. / <sup>f</sup> The pre-specified statistical superiority criterion for the primary endpoint (lower limit of the 2-sided 95% CI of the vaccine efficacy of TIV-HD relative to Standard dose inactivated influenza vaccine >9.1%) was met.



# Main concerns with Fluzone HD were cost, followed by side effects and need for real world data

## Main concerns of Fluzone HD – (Coded) - amongst Pharmacists



***'Price difference.** More clarification about what the total protection to the patient is - is the relative risk reduction just in comparison to SD, or total risk reduction?'*

***'Increased risk of side effects.** Studies are one thing, but **real world use** is another and if patients start having reactions to flu jabs they might stop getting them. This is the problem with COVID vaccines; the side effects can be horrible.'*

***'About pharmacists being able to administer them to patients of 60+ due to the cost** that has to paid in pharmacy vs having the flu vaccines done for **free at the GP**, a free vaccine or can spend **\$15-\$20**.'*

***'Patients will ask me if this vaccine has more side effects** than the standard and I would like to know if this is true and **what side effects** specifically are more apparent. More **past data information** looking at the **efficacy** between this vaccine vs the standard.'*




***'Cost to patient, does it come in pre-filled syringe for easier administration, storage conditions'***



Base: total n=100 pharmacists  
Q17. What are the main disadvantages or concerns you have about this influenza vaccination or information you would need before you were confident to recommend it to patients?

# Fewer cardiorespiratory hosp & preventing CV complications most impactful for GPs & PNs; RPs look for better protection

Impact of Fluzone HD key messages on decision to recommend

	 GPs	 Practice Nurses	 Pharmacists
Has <b>17.9% fewer cardiorespiratory</b> hospitalisations than standard-dose influenza vaccine	73%	70%	69%
Is <b>more effective in preventing influenza and influenza-triggered CV complications</b> than standard-dose vaccine	72%	77%	69%
Has <b>13.4% fewer pneumonia and influenza hospitalisations</b> than the standard-dose influenza vaccine	68%	63%	68%
Has <b>8.1% reduction</b> in all-cause <b>hospitalisations</b> than the standard-dose influenza vaccine	66%	63%	67%
Provides <b>24.2% better protection</b> against laboratory-confirmed influenza infection of any strain vs standard-dose	63%	70%	71%
<b>Safety and tolerability profile are similar</b> to trivalent high-dose influenza vaccine (confirmed in clinical trial)	61%	57%	62%
Contains <b>4 times the antigen</b> of standard-dose influenza vaccine	57%	60%	49%

Base n=230 (n=100 GPs, n=30 Practice Nurses, n=100 Pharmacists)  
Q18. Please now consider the following messages about Vaccine X and then rate the impact of each on your decision to recommend the vaccine?



# Overall the most impactful message for all HCPs is 24.2% better protection against laboratory-confirmed influenza infection

## Most impactful message



All HCPs

			HCP type		
			GP	PN	RP
Provides <b>24.2% better protection</b> against laboratory-confirmed influenza...vs standard	<div></div>	34%	27%	37%	41%
Is more <b>effective</b> in preventing influenza and influenza-triggered <b>CV complications</b>	<div></div>	18%	20%	23%	15%
Has <b>17.9% fewer cardiorespiratory</b> hospitalisations than standard-dose influenza vaccine	<div></div>	14%	17%	10%	12%
Has <b>13.4% fewer pneumonia</b> and influenza hospitalisations than the standard-dose influenza vaccine	<div></div>	11%	14%	3%	11%
Has <b>8.1% reduction</b> in all-cause <b>hospitalisations</b> than the standard-dose influenza vaccine	<div></div>	9%	11%	3%	8%
Contains <b>4 times the antigen</b> of standard-dose influenza vaccine	<div></div>	7%	3%	20%	8%
<b>Safety and tolerability profile are similar</b> to trivalent high-dose influenza vaccine (confirmed in clinical trials)	<div></div>	6%	8%	3%	5%

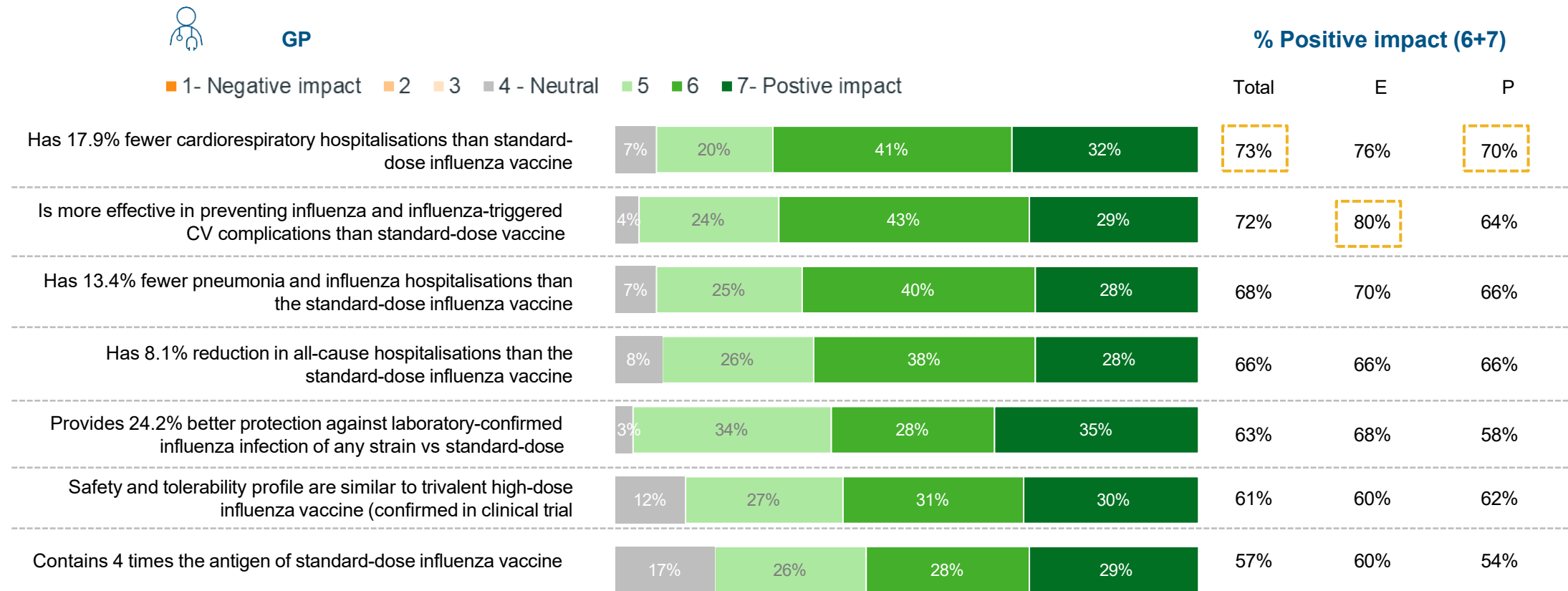
Base n=230 (n=100 GPs, n=30 Practice Nurses, n=100 Pharmacists)  
Q18A. After seeing the product profile what message has the most impact on your decision of recommending the vaccine



# 17.9% fewer cardioresp hospitalisations is the most impactful message overall

*Impact of Fluzone HD key messages on decision to recommend - GPs*

GP

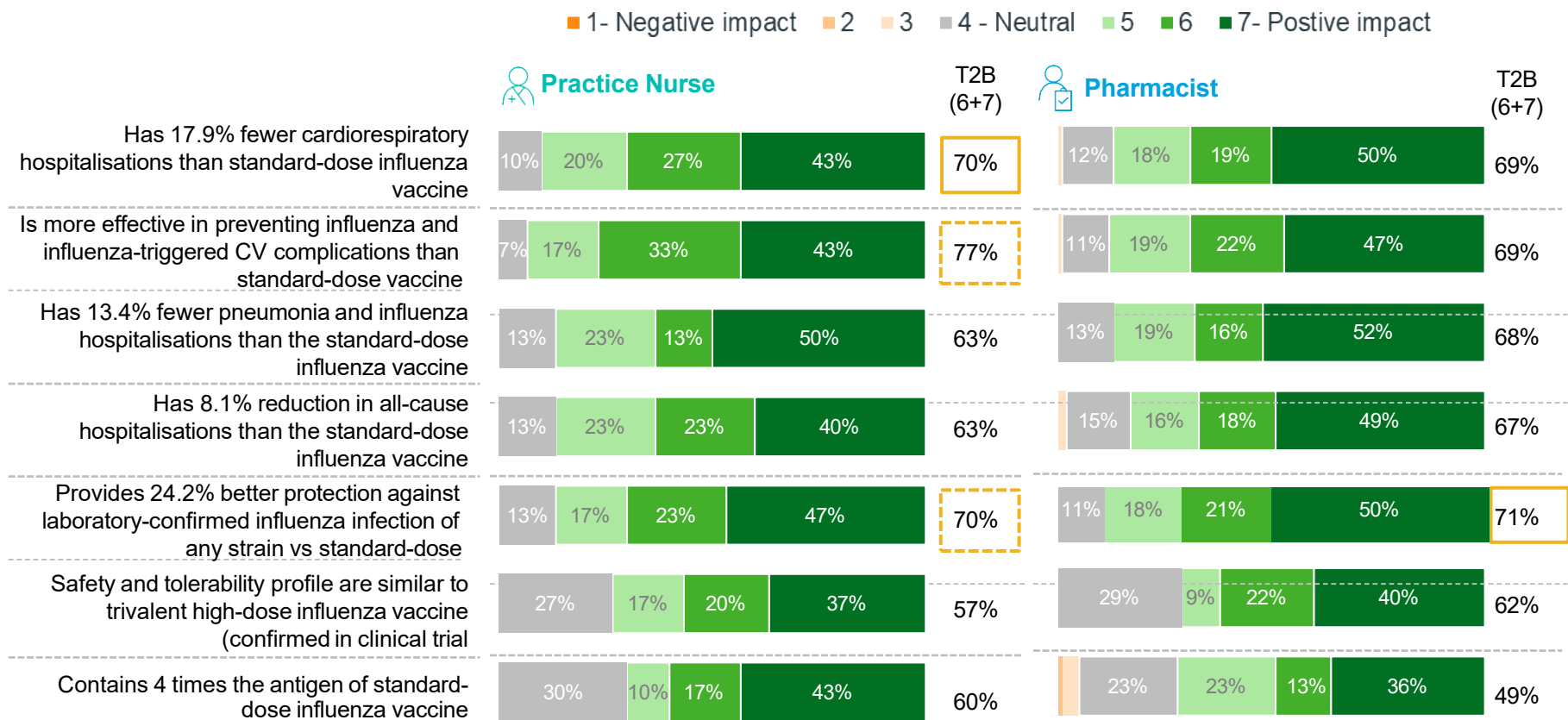


Base: total n=100 GPs, n=50 Engaged, n=50 Prospective | Note: Data labels ≤3% are not shown for clarity.

Q18. Please now consider the following messages about Vaccine X and then rate the impact of each on your decision to recommend the vaccine?

# CV complication was top-rated amongst PNs, while Pharmacists rated 24.2% better protection against lab confirmed influenza

Impact of Fluzone HD key messages on decision to recommend – PNs and Pharmacists



Base: total n= 30 Practice Nurses, n=100 Pharmacists | Note: Data labels ≤3% are not shown for clarity.  
Q18. Please now consider the following messages about Vaccine X and then rate the impact of each on your decision to recommend the vaccine?



**Pharmacists** are less likely to see **all flu vaccine brands as being equivalent** and can **understand and identify the benefits** of high dose, adjuvanted flu vaccination option for over 65s. **They therefore understand the nuances** and when shown the product profile of Fluzone.

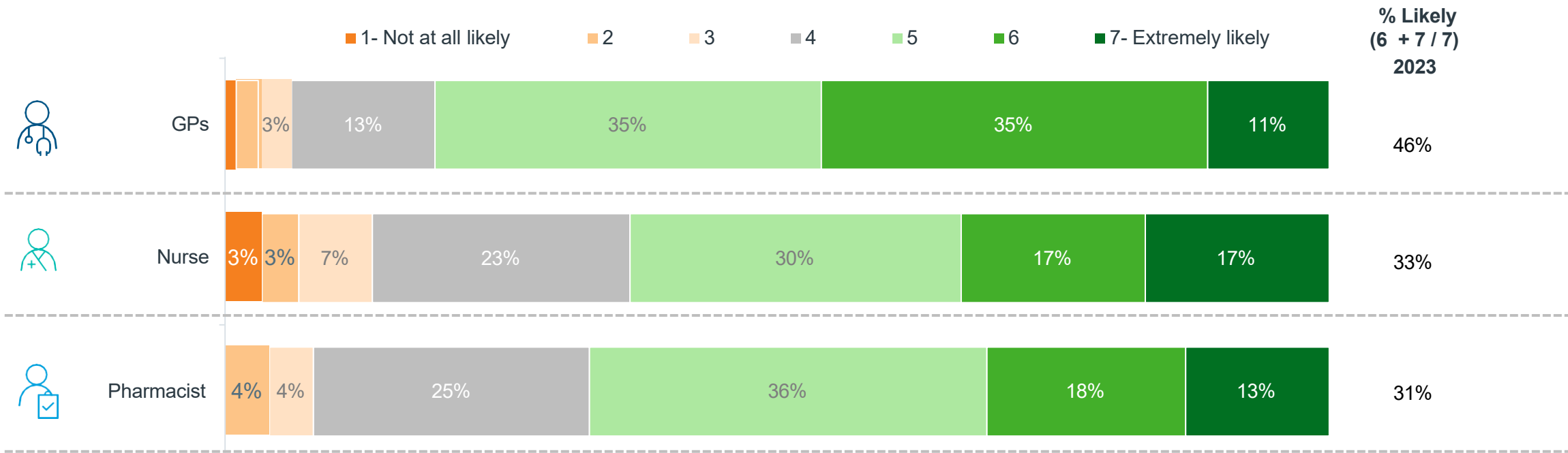
- Communications of Fluzone need to be **targeted** and **relevant** to different HCP types who find different messages to be more impactful



**Willingness to prescribe  
/ stock Fluzone**

# ~1 in 3 pharmacists and nurses are likely to stock Fluzone if it were available on the private market; 2 in 5 GPs are also likely

Likeliness to stock Fluzone as a private market option – by HCP type

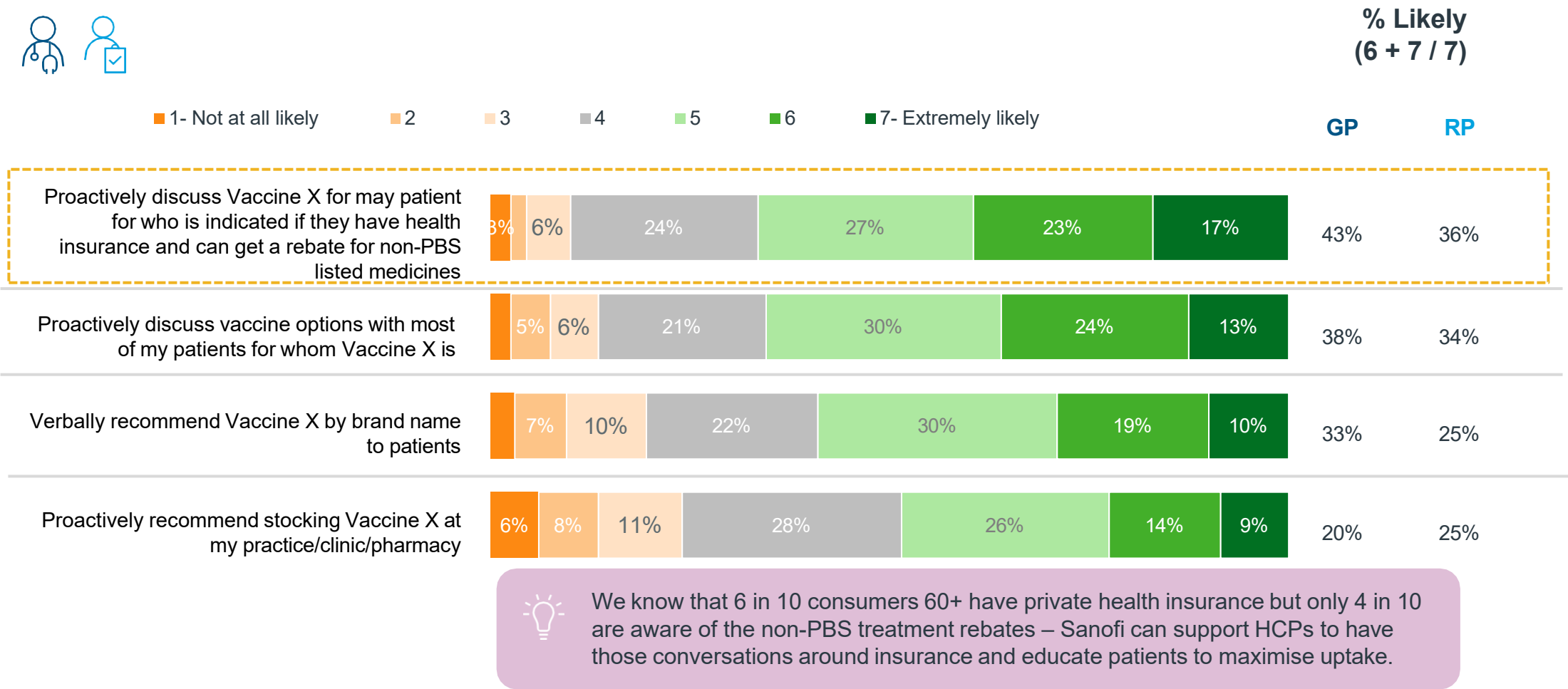


There is quite a gap in likeliness to stock, even before price has been brought into the equation. Many HCPs are undecided giving a 3 – 5 / 7 – the challenge will be convincing those undecided and removing barriers to influence stock.

Note: Data labels <3% are not shown for clarity.  
Base n=230 (n=100 GPs, n=30 Practice Nurses, n=100 Pharmacists)  
Q19A/ Q30. Now that you are aware that Vaccine X will again be available in Australia in 2023 on the private market, as it was in 2022. How likely are you to order stock of Vaccine X for your practice/pharmacy?

# ~2 in 5 GPs and ~1 in 3 Pharmacist will discuss Fluzone with their patients if they have health insurance and can claim rebate

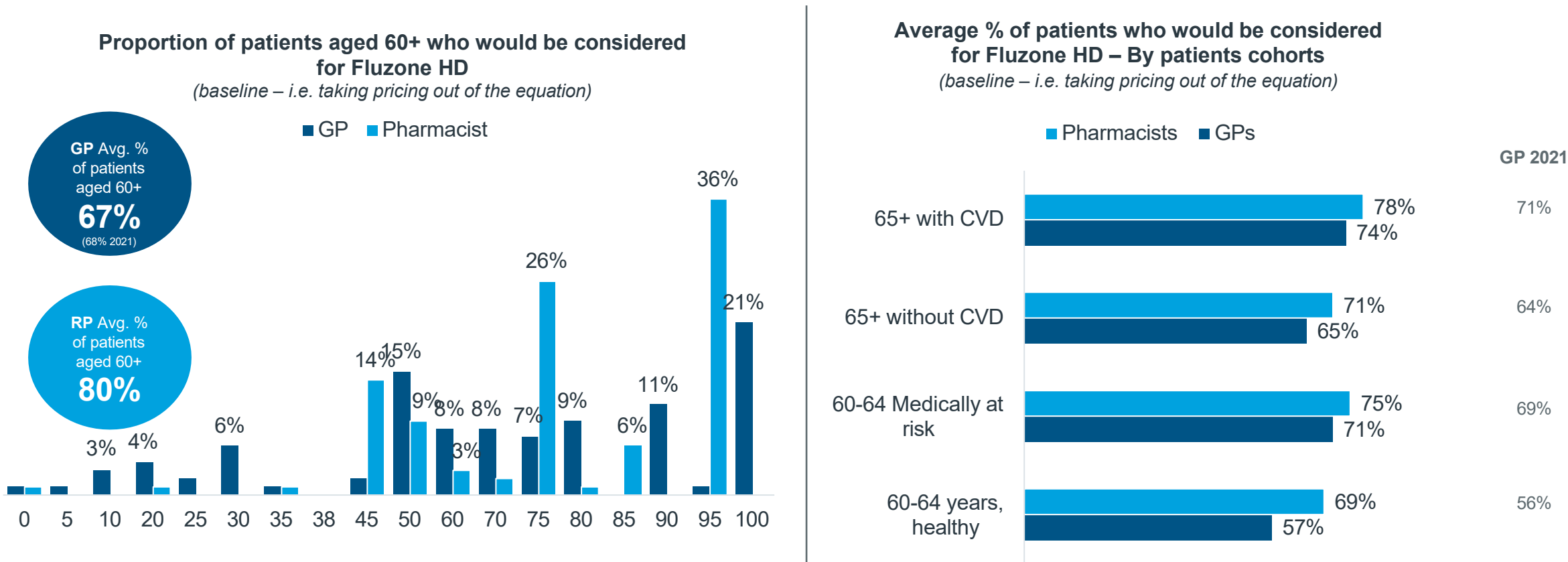
## Actions likely to take with Fluzone – GP / RP



Base n=100 GPs, n=100 Pharmacists  
Q29. Now that you are aware that Vaccine X will again be available in Australia in 2023 on the private market, as it was in 2022. How likely are you to do the following?

# In the absence of price, 67% of GPs & 80% of RPs would consider Fluzone to patients 60+; RPs consider 60-64 healthy more

Willingness to recommend Fluzone HD to 60+ patients – GPs / RPs

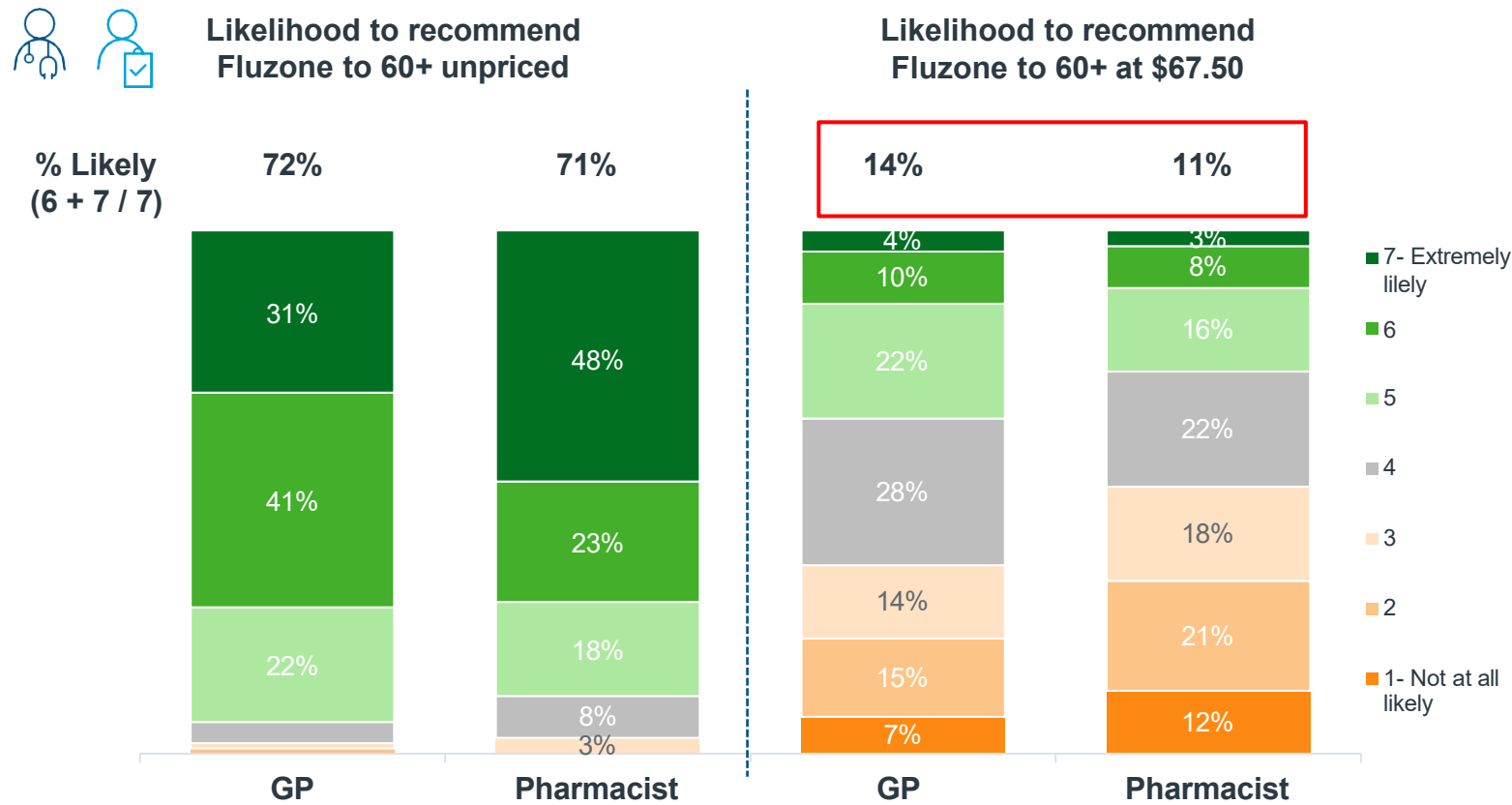


Values <3% not shown  
Base n=100 GPs, n=100 Pharmacists  
Q19C. Still taking pricing out of the equation, to what percent of your 60+ years old patients would you consider recommending Vaccine X to, overall? / Q21. You mentioned that you would recommend Vaccine X to xx% of your 60+ year old patients. How would your recommendation rate for Vaccine X vary across the following patient cohorts?



# ~71% of GPs & RP would recommend Fluzone for 60+ pts if price wasn't a factor, this drops to ~14% & 11% respectively at \$67.50

Likelihood to recommend Fluzone – GP, Pharmacist



14% of GPs is aligned with demand estimations during the 2021 pricing optimisation exercise.

This rises to 30% of GPs and 22% of RPs who would recommend Fluzone if a **patient has health insurance** and could subsequently get it for a lower OOP price.

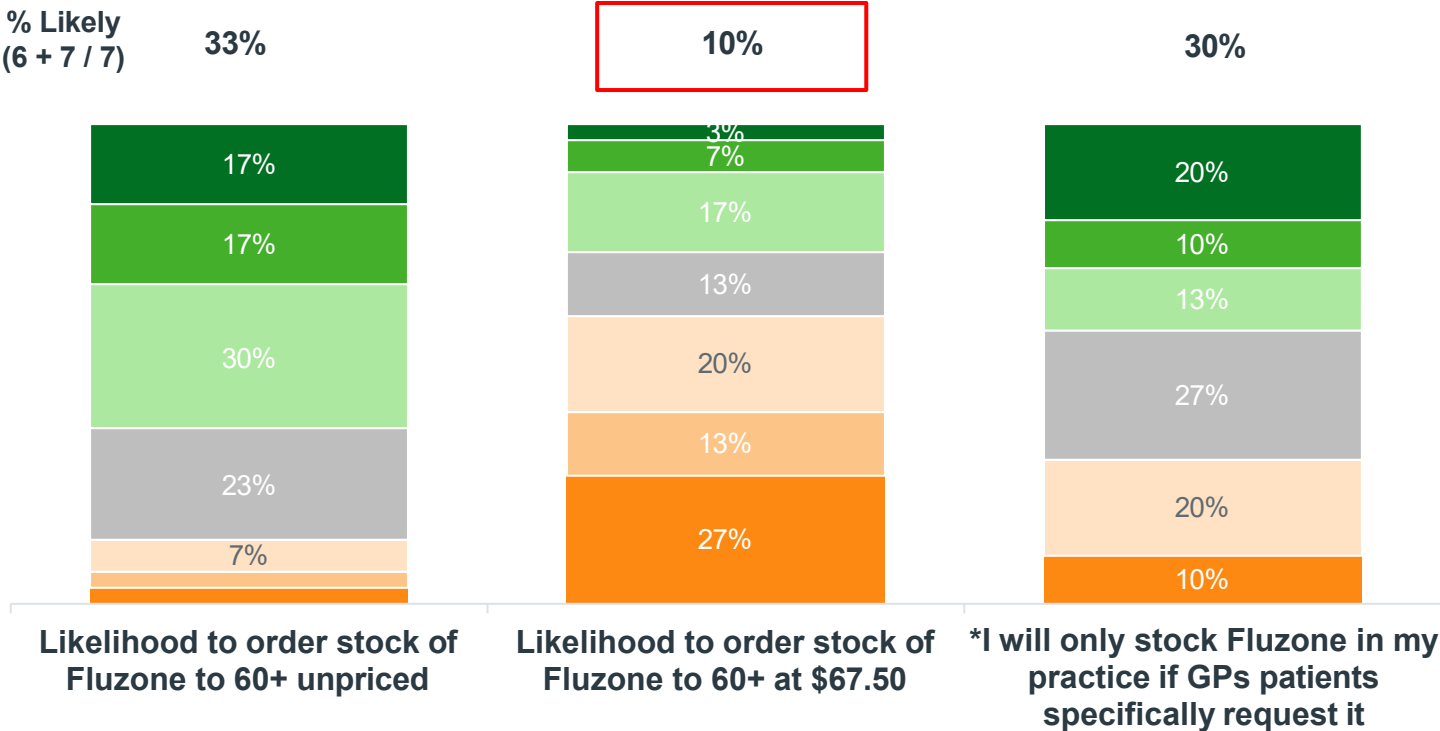
Base: n=100 GPs, n=100 pharmacists | Note: Data labels <3% are not shown for clarity.  
Q19B. Taking price out of the equation, how likely are you to recommend Vaccine X to patients aged 60+ years old?/ Q22B The current price of Vaccine X is \$67.50, how likely are you to recommend Vaccine X to patients aged 60+ years old, regardless of whether they are eligible for an NIP funded influenza vaccine.

# ~3 in 10 PN would order Fluzone if recommended by an HCP and when unpriced, at \$67.50 only 1 in 10 would order it

## Likelihood to stock Fluzone – PN



1- Not at all likely 2 3 4 5 6 7- Extremely likely



I don't feel **demand would be high enough**, I will leave that **risk with the local chemist**. We can provide a **private script** to patients that want it.

We **mostly have senior patients** who are on pensions or health care cards and this **may not be affordable** to them.

I **can't see patients in that age group spending that much** at this present time when they either qualify for a **free vaccine** or can **spend \$15-\$20**.

Patients are currently paying **no more than \$16** for a flu vaccine. However, the **age demographic** may be willing to pay the **extra**.

**Cost is very restrictive factor**. We tried to market this vaccine in the 2022 season and **very poor uptake**. due to **pandemic loss of income** many patients could not justify this **vaccine cost**.

Our **patient demographic and socio-economic status** of our patient catchment would be **reluctant to pay the amount** for the immunisation.



Base n=30 Practice Nurse | Note: Data labels <3% are not shown for clarity. \*Scale is 1=Completely disagree; 7 = Completely agree  
Q30. Now that you are aware that Vaccine X will again be available in Australia in 2023 on the private market, as it was in 2022. How likely are you to order stock of Vaccine X for your practice?/ Q30B. Vaccine X has a price of approximately AUD \$67.50 to patients, how likely are you to order stock of Vaccine X for your practice based on this price?/ Q38 To what extent do you agree or disagree with the following statements?



The **idea and proposition of Fluzone is positive, pharmacists would recommend it to patients**, including a higher proportion of **60 – 64 Healthy** when **unpriced** based on the profile of the product.

But the cost of Fluzone at \$67.50 is high, especially relative to other that **only 1 in 10 pharmacists would recommend it at the current price.**

- Working with **health insurance companies** to raise the profile of **non-PBS medication rebates** will help drive awareness of a cost reducing method.

**Bringing it all together**

# Key insights – Pharmacists

## The pharmacist mindset

**Pharmacists have the right attitude;** they have had the opportunity to take on additional responsibilities during COVID19 & have been able to deliver basic health services.

They see themselves as playing an **essential role** in the fight against influenza, and with the current pharmacy reform trials starting across Australia, **pharmacists are wanting to prove they can deliver services such as flu vaccinations on-going.**

- We know that Pharmacists want to learn and with their services being under the microscope a bit more, **Pharmacists are therefore a captive audience for education which is where Sanofi can step in.**

## A need for education

Pharmacists understand the risks of complications particularly with older patients, but they **don't appear to be aware of the ATAGI guidelines and recommendations to vaccinate all 6 months & over** against the flu; they're also less likely to think it's important to vaccinate <60s.

- Making resources such as Vaxiplace available for pharmacists to **learn more about flu vaccine guidelines with cheat sheets to help a conversation when time poor.**
- Incorporating SKAI content into Vaxiplace will give **additional weight** as a trusted third-party website.
- Consider influenza / COVID co-vaccination **CPD courses** to help drive engagement with pharmacists through Pharmacy Guild.

## Planning for flu season

Pharmacists **plan for flu season** but their planning and subsequent pre-ordering is Nov / Dec and **not in line with Sanofi's ideal pre-order season.**

- Support pharmacists with the tools to make it easier for them to **send engaging reminders that patients recall** to their patients in order to drive vaccination rates.
- Start these conversations early by engaging with pharmacists & PNs at the tail end of a typical flu season – **include incentives for ordering a specific number of vaccines before a specific date to encourage pre-ordering to be aligned.**

# Key insights – Pharmacists (continued)



## Creating advocates

Pharmacists understand the **differences between flu vaccine brands** and can see the **benefits** of a high dose, adjuvanted option for over 65s.

- **Targeted communications** focusing more on the **better protection and prevention of CV complications** have greater impact and are likely to drive recommendation of Fluzone, especially as they are likely to recommend it to **60 - 64 healthy** when price isn't a factor.
- The way Sanofi communicates with pharmacists about Fluzone therefore **needs to be relevant to them** and **not a one size fits all with GPs & PNs**.

## Consider the anchor

Pharmacists are more likely to see 18 - 59s and 60 - 64s who are not eligible for vaccinations under the NIP - this means their **anchor point for an out of pocket vaccination fee is around the \$20-30 mark**.

This is why **price is a significant barrier to pharmacists when recommending Fluzone**, with many unlikely to recommend at an out of pocket cost of \$67.50 **regardless of the superiority of the vaccination**.

However, **more would recommend if a patient is able to get a rebate through their health insurance** and therefore mean the out of pocket cost to patient is more in line with what's already in the market.

## Partnership opportunity

- Sanofi could consider partnering with **health insurance** companies to run campaigns that remind people of the **non-PBS medication rebate**.
- Consider including as a part of Fluzone comms, **reminders to ask whether patients have health insurance** as Fluzone is more affordable if their health insurance covers a portion of it
- Is there an opportunity to also consider incentives if pharmacists have a **target across the whole Sanofi flu vaccine family** and have a minimum number of Fluzone vaccines in order to receive an incentive – this could not only drive usage of all Sanofi flu vaccines as well as Fluzone specifically

# Key insights – GPs & Practice Nurses



## Overcoming barriers

Since launch, GPs are **now aware of Fluzone**, and they understand the **benefits** and the **superiority** of the product (though there's still room for improvement and further education).

The challenge still is the **price** where only 14% would recommend at \$67.50, but if a patient has health insurance this rises.

- **Empower GPs** to have conversations with their patients about their **health insurance** status to lessen the financial impact of Fluzone.

## Targeted messaging

Having a one-size fits all communication strategy won't result in effective engagement with different HCPs.

Messaging therefore needs to be **targeted and relevant** to HCPs who find **different messages more impactful**.

- Key communication for **nurses & GPs** is also '*better protection*' and '*more effective in preventing CV complications*'.
- '*Fewer cardiorespiratory hospitalisations*' is **impactful for GPs**
- '*4x antigen*' **resonates with nurses** as a secondary message.

## Co-administration

Whilst Practice Nurses are confident when it comes to managing general flu vaccination conversation, they are **anticipating more challenges this year because of COVID19** and think **vaccine fatigue will lead to hesitancy with flu**.

- Provide **education** to nurses on how they can **handle these challenging conversations** including objection handlers to help deal with hesitant patients
- To increase confidence **around co-administration** also include **data on safety**



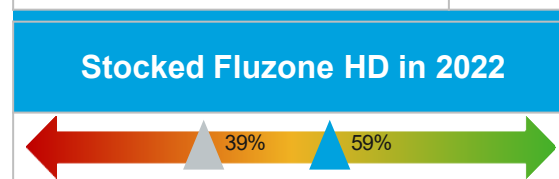
## Pharmacists (n=100)

**IMPLICATION:** 18 to 59 years old and 60-64 years old healthy usually go to pharmacies for flu vacc which we have also seen in consumer survey. More than 80% pharmacists are aware about Fluzone when prompted, while only 11% are willing to recommend it at \$67.50. More than 90% of Pharmacists are aware of coadministration of COVID-19 and Flu vacc and they don't find it difficult to convince patients to take up flu vacc due to COVID.

Opportunity for Sanofi to target this group by providing sufficient data and convince the product is value for money.

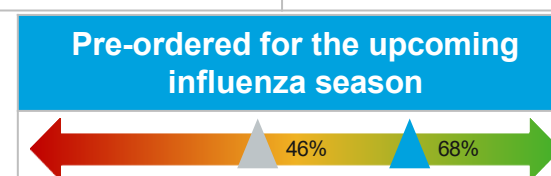
Patient flow (Avg. no. pts in last month)	
Total pts	475
Pt. administered flu vaccine	314
17 years old and under	43%
18-59 year old patients	72%
60-64 year old patients covered by the NIP	42%
60-64 year old patients not covered by the NIP	51%
65+ WITH CVD	43%
65+ WITHOUT CVD	45%

Awareness & recommendation of Fluzone (% of RPs)	
Aware (Unprompted)	58%
Familiar (Prompted)	83%
Likelihood to recc (Unprompted price)	71%
Likelihood to recc at \$67.50	14%

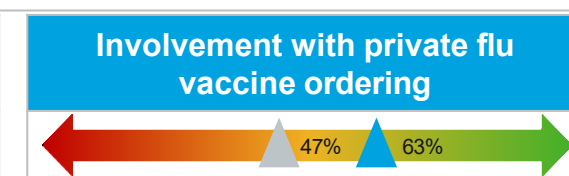


Attitudes towards flu	Disagree	Neutral	Agree
Perception of influenza as <b>public health risk</b>	40%		60%
Concerned of <b>respiratory complication</b> due to influenza	30%		70%
Influenza can severely <b>compromise</b> the <b>day-to-day life</b> of pts	30%		69%
Its essential role of <b>pharmacist</b> to proactively raise <b>influenza vaccination</b> to pts	32%		67%
Confidence of <b>actively recommending</b> influenza vaccination to pts	26%		74%
Recommending influenza vaccine due to <b>COVID19</b>	46%		52%
Difficulty to <b>convince</b> patients to take up influenza vaccine because of the <b>COVID19</b>	35%	53%	12%

Top 3 most impactful message
1. Provides <b>24.2% better protection</b> against <b>laboratory-confirmed influenza</b> infection of any strain vs standard-dose influenza
2. Is more effective in preventing <b>influenza</b> and <b>influenza-triggered CV complications</b> than standard-dose vaccine
3. Has <b>17.9% fewer cardiorespiratory hospitalisations</b> than standard-dose influenza vaccine



Top 3 disadvantages of Fluzone acc to Pharmacists
1. <b>Cost/benefits</b> ratio
2. <b>Side effects/allergic</b> reaction
3. Insufficient <b>retrospective</b> data



Vaccination reminder
1. <b>45%</b> would send the reminders to <b>past patients</b>
2. <b>26%</b> would <b>not send</b> any reminder

**GP**  
(n=100)

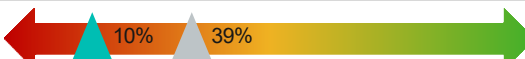
**IMPLICATION: 65+ with cardiovascular disease mostly visit their GPs for routine checks and opportunity to educate these cohorts with the added benefits of Fluzone. More than 60% see influenza as public health risk but only 11% would likely to recommend Fluzone at \$67.50. Clearly GPs are not much involved with pre-ordering and only 25% stocked Fluzone in 2022. Sanofi to target this group by providing support with pre-ordering and provide materials to educate 65+ with CVD cohort**

Patient flow (Avg. no. pts in last month)	
Total pts	991
Pt. administered flu vaccine	300
17 years old and under	28%
18-59 year old patients	35%
60-64 year old patients covered by the NIP	63%
60-64 year old patients not covered by the NIP	35%
65+ WITH CVD	71%
65+ WITHOUT CVD	68%
Awareness & recommendation of Fluzone (% of GPs)	
Aware (Unprompted)	51%
Familiar (Prompted)	79%
Likelihood to recc (Unprompted price)	72%
Likelihood to recc at \$67.50	11%
Stocked Fluzone HD in 2022	

Attitudes towards flu	Disagree	Neutral	Agree
Perception of influenza as <b>public health risk</b>	35%		65%
Concerned of <b>respiratory complication</b> due to influenza	28%		72%
Don't get time because of <b>time pressure</b>	22%	59%	19%
Confidence of <b>actively recommending</b> influenza vaccination to pts	20%		80%
Recommending influenza vaccine due to <b>COVID19</b>	41%		57%
Difficulty to <b>convince</b> patients to take up influenza vaccine because of the <b>COVID19</b>	32%	59%	9%
Top 3 most impactful message	Pre-ordered for the upcoming influenza season		
1. Provides <b>24.2% better protection</b> against <b>laboratory-confirmed influenza</b> infection of any strain vs standard-dose influenza			
2. Is more effective in preventing <b>influenza</b> and <b>influenza-triggered CV complications</b> than standard-dose vaccine	Recc of Fluzone (price unprompted)		
3. Has <b>17.9% fewer cardiorespiratory hospitalisations</b> than standard-dose influenza vaccine	1. <b>43%</b> would <b>proactively discuss</b> to pts who have <b>health insurance</b> and can get <b>rebate</b> 2. <b>38%</b> would <b>proactively discuss</b> only with <b>target pts</b>		
	Involvement with private flu vaccine ordering		
	Vaccination reminder		
	1. <b>41%</b> would send the reminders to <b>past pts</b> 2. <b>39%</b> would send <b>reminders</b> to <b>every pts</b>		


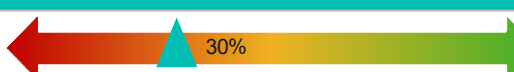
## Practice nurses (n=30)


**IMPLICATION:** Prompted awareness of Fluzone is lowest in Practise Nurses amongst all HCPs. More than 70% PNs see influenza as public health risk but only 10% would likely to recommend Fluzone at \$67.50 as they are extremely price sensitive. ~7 in 10 PNs would send vaccine reminders to everyone. Opportunity for Sanofi to target this group by increasing awareness of Fluzone and its benefits and building confidence with co-administration.

Patient flow (Avg. no. pts in last month)	
Total pts	608
Pt. administered flu vaccine	293
17 years old and under	39%
18-59 year old patients	42%
60-64 year old patients covered by the NIP	55%
60-64 year old patients not covered by the NIP	38%
65+ WITH CVD	55%
65+ WITHOUT CVD	44%
Awareness & recommendation of Fluzone (% of PNs)	
Aware (Unprompted)	43%
Familiar (Prompted)	67%
Likelihood to recc (Unprompted price)	33%
Likelihood to recc at \$67.50	10%
Stocked Fluzone HD in 2022	
	

Attitudes towards flu	Disagree	Neutral	Agree
Perception of influenza as <b>public health risk</b>	30%		70%
Concerned of <b>respiratory complication</b> due to influenza	27%		73%
Don't get time because of <b>time pressure</b>		10%	13%
Recommending influenza vaccine due to <b>COVID19</b>	17%		83%
Difficulty to <b>convince</b> patients to take up influenza vaccine because of the <b>COVID19</b>	20%	57%	23%

Top 3 most impactful message
1. Provides <b>24.2% better protection</b> against <b>laboratory-confirmed influenza</b> infection of any strain vs standard-dose influenza
2. Is more effective in preventing <b>influenza</b> and <b>influenza-triggered CV complications</b> than standard-dose vaccine
3. Contains <b>4 times the antigen</b> of <b>standard-dose</b> influenza vaccine

Pre-ordered for the upcoming influenza season

Stocking of Fluzone HD if GP recommends


Involvement with private flu vaccine ordering

Vaccination reminder
1. <b>70%</b> would send the reminders to <b>every</b> pt
2. <b>17%</b> would send <b>reminders</b> to <b>past</b> pts