

# Immune Reaction to Influenza Vaccination in High-Risk Cardiovascular Patients

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## DESCRIPTION

Influenza infection poses a significant threat to public health, particularly in individuals with underlying Cardiovascular Disease (CVD), who are at increased risk of severe complications and mortality. Vaccination remains the primary strategy for preventing influenza-related morbidity and mortality. However, concerns persist regarding the effectiveness of influenza vaccines in patients with high-risk cardiovascular conditions. This article deals with the immune response elicited by influenza vaccination in individuals with high-risk cardiovascular disease, enhances on key considerations for optimizing vaccine efficacy in this unsafe population.

## Interaction between influenza and cardiovascular disease

Influenza viruses can exacerbate cardiovascular conditions through various mechanisms, including systemic inflammation, increased thrombotic risk, and destabilization of atherosclerotic plaques. Patients with CVD are more susceptible to influenza-related complications, such as myocardial infarction, heart failure exacerbation, and stroke. Consequently, vaccination against influenza is important for reducing the burden of illness in this high-risk population.

## Immune response to influenza vaccination

The immune response to influenza vaccination involves the production of antibodies targeting viral surface antigens, primarily hemagglutinin and neuraminidase. In healthy individuals, vaccination typically induces robust antibody production, conferring protection against circulating influenza strains. However, the immune response in patients with high-risk cardiovascular disease may be attenuated or altered due to various factors, including advanced age, immune senescence, and concomitant medications.

## Challenges and considerations

Several challenges complicate the assessment of influenza vaccine immune response in patients with high-risk cardiovascular disease. These challenges include the heterogeneity of CVD phenotypes, variations in vaccine formulations and strains, and the presence of comorbidities and medications that may modulate immune function. Furthermore, the optimal timing of vaccination in relation to cardiovascular events or interventions remains uncertain.

## Clinical implications and strategies for optimization

Despite these challenges, influenza vaccination remains a cornerstone of preventive care in patients with high-risk cardiovascular disease. Healthcare providers should prioritize vaccination and implement strategies to enhance vaccine efficacy in this vulnerable population. Such strategies may include are

**High-dose or adjuvanted vaccines:** Enhanced formulations of influenza vaccines, such as high-dose or adjuvanted vaccines, have been developed specifically for older adults and individuals with weakened immune systems. These formulations have demonstrated improved immunogenicity and efficacy in certain high-risk populations.

**Timing of vaccination:** Coordinating influenza vaccination with routine cardiovascular care visits or hospitalizations presents an opportunity to maximize vaccine uptake and compliance among patients with CVD.

**Multidisciplinary collaboration:** Collaboration between cardiologists, primary care physicians, and infectious disease specialists is essential for promoting influenza vaccination, addressing vaccine hesitancy, and tailoring vaccination strategies to individual patient needs.

## Safety considerations

Safety concerns surrounding influenza vaccination in high-risk

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**Received:** 15-Feb-2024, Manuscript No. AOA-24-30881; **Editor assigned:** 19-Feb-2024, PreQC No. AOA-24-30881 (PQ); **Reviewed:** 04-Mar-2024, QC No. AOA-24-30881; **Revised:** 11-Mar-2024, Manuscript No. AOA-24-30881 (R); **Published:** 18-Mar-2024, DOI: 10.35841/2329-9495.24.12.438.

**Citation:** Georgia C (2024) Immune Reaction to Influenza Vaccination in High-Risk Cardiovascular Patients. Angiol Open Access.12:438.

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cardiovascular patients primarily revolve around the potential exacerbation of preexisting cardiovascular conditions. However, extensive clinical data indicate that influenza vaccines are generally well-tolerated in this population, with minimal adverse effects. Rare instances of adverse events, such as myocarditis or exacerbation of heart failure, have been reported but remain exceedingly uncommon. The overall benefit of vaccination in preventing influenza-associated cardiovascular complications far outweighs the minimal risks associated with the vaccine.

### Future directions

As our understanding of the immune response in high-risk cardiovascular patients continues to evolve, ongoing research endeavors aim to optimize influenza vaccination strategies customised to this specific population. This includes exploring an alternative vaccine formulations, such as high-dose or adjuvanted vaccines, to enhance immunogenicity. Additionally, efforts to elucidate the impact of novel therapeutic agents for

cardiovascular diseases on vaccine efficacy and safety are underway. Collaborative multidisciplinary approaches involving cardiologists, immunologists, and vaccinologists are essential in addressing the unique challenges posed by influenza vaccination in high-risk cardiovascular patients.

### CONCLUSION

Influenza vaccination is a vital preventive measure for reducing influenza-related morbidity and mortality in patients with high-risk cardiovascular disease. Understanding the aspects of vaccine immune response in this population is essential for optimizing vaccine efficacy and improving patient outcomes. By addressing challenges and implementing vaccination strategies, healthcare providers can enhance influenza vaccine uptake and contribute to the overall health and well-being of patients with high-risk cardiovascular conditions.