



International
Federation on
Ageing



Informing National Adult Immunization Strategies and Actions

Expert Meeting Roadmap

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Background

Older adults typically suffer elevated morbidity from infectious disease, leading to increased demand for healthcare resources and higher healthcare costs. Older adults and those with chronic medical conditions while growing in both numbers and disease burden globally are most susceptible to infections from vaccine-preventable respiratory diseases. The burden of infectious diseases is further exacerbated by the seasonal nature of many infections (for example, influenza, respiratory syncytial virus (RSV), COVID-19) leading to pressure on healthcare facilities which can exceed capacity at times of peak demand.

Each winter, season vaccine-preventable respiratory diseases (VPRDs) present a significant public health problem that affects millions of people globally with pressure experienced across various points of the primary, acute, tertiary, and long-term health care systems not to mention the unpaid care system of family and friends.

The magnitude of the problem is directly proportional to growing societal issues such as the increasing size of high-risk populations (older adults and those with chronic medical conditions), public awareness of the consequences of infectious diseases, complexity of vaccination recommendations, and easy access to recommended vaccines and vaccine administrators. There is also a reduction in vaccine confidence, and a general fatigue and ambivalence on being vaccinated that is only amplified with confusing public health messages on vaccination.

Waning public confidence in vaccination has been recorded worldwide over the past decade. This global trend is particularly apparent in both France, and Germany where 41% of French adults disagree that vaccines are safe compared to a global average of 13%. Additionally, strong vaccine hesitancy in Germany can be traced back to the 19th century.⁽¹⁾ Thus, despite having national immunization programs established within sound policy frameworks, the value of vaccination is often underestimated by society, and in part, by health care professionals, contributing to low adult vaccination rates.

Improving vaccination uptake requires continued engagement to produce a cohesive voice that supports improvements to vaccination policy, perceptions and practices, including enhanced awareness and education of health professionals and French and German citizens.

Life Course Vaccination

Population ageing, alongside migration and urbanization, are demographic upheavals of unprecedented magnitude that are driving agendas around the world. The United Nations (UN) projects that by 2050 there will be over 2.1 billion citizens aged 60 years and over.⁽²⁾ While this is cause for celebration, marking advancements in understanding the social determinants of healthy ageing, there is a tendency for government policy to frame all older people as frail, a burden, and costly.⁽²⁾

Evidence shows the life altering consequences of vaccine preventable diseases (VPDs) include diminished functional capacity and independence, and in some cases death.⁽³⁾ Functional decline from infections such as influenza, pneumonia, COVID-19, and RSV infection is more severe in older adults and those with chronic comorbidities. Greater attention is required to effectively highlight the social, economic, and health systems impacts of life course vaccination to policymakers, patient and advocacy groups, citizens, as well as health care professionals.⁽⁴⁾⁽⁵⁾

Vaccination has greatly helped reduce the burden of infectious diseases. According to the World Health Organization's (WHO) Global Advisory Committee on Vaccine Safety, only clean water

(a basic human right) performs better than vaccination at infectious disease prevention.⁽⁶⁾ While vaccination is a proven tool in reducing the burden of infectious diseases, the uptake rates of adult vaccination is inadequate at best.⁽⁴⁾

At-risk Groups

In Europe, the percentage of people with at least one chronic condition reaches 40% between the ages of 50 to 54 years and increases up to 80% after the age of 65 years.⁽⁴⁾⁽⁷⁾ Older people and those with chronic conditions such as diabetes, respiratory conditions, cardiovascular disease and cancer (known as non-communicable diseases) as well as people with immunocompromising conditions are significantly at-risk.⁽⁴⁾

There is an emerging and consistent body of research demonstrating the protective effects of influenza vaccination beyond that of preventing or minimizing the impact of the disease. In a longitudinal study of patients with Chronic Obstructive Pulmonary Disease (COPD), influenza vaccination was reported to decrease the number of hospitalizations for acute coronary syndrome, and this effect was amplified with multiple vaccinations over several flu seasons.⁽⁸⁾ Other studies of patients with chronic kidney disease indicate a parallel correlation of influenza vaccination reducing risk of acute coronary syndrome and heart failure.⁽⁹⁾ Despite this evidence, which adds to the scientific and social case for a comprehensive and well-resourced strategy to improve the uptake rates of adult vaccination, targets remain well below WHO standards in many European countries including France and Germany.

France and German Context

The International Federation on Ageing (IFA) reviewed aged care plans -including governmental organizations, regulations, strategies, and legislations in place to protect older adults' health and well-being - made publicly available for France and Germany. Of the reviewed sources, there revealed an apparent lack of policy efforts directed towards the promotion of immunization for older adults.⁽¹²⁻²³⁾ Given the lack of policy efforts supporting the immunization of older adults, there was subsequently a lack of policy efforts directed towards sub-populations of older adults, especially those receiving long-term care. Of the twelve reviewed sources, eleven made no mention of immunization efforts for older adults in or outside of long-term care. Thus, future initiatives promoting the health of citizens must include the promotion and support of immunization in older adults.

In France, the Ministry of Health sets the national health strategy, and implements policy for public health. The Ministry of Health sets the national immunization program annually, based on proposals from the Technical Commission on Immunization of the French National Authority for Health (La Haute Autorité de Santé). The French National Public Health Agency (Santé Publique France) monitors the implementation of the immunization plan and produces campaigns and information for patients and healthcare professionals to encourage vaccination.⁽²²⁾

The existence of an immunization plan does not automatically imply running a successful immunization program. A national immunization program must have defined goals, a structured national immunization plan, an implementation strategy for the defined plan, and a system to evaluate the success of the plan. Following these guidelines, Germany does not have an immunization program, as they lack defined goals, an implementation strategy and system of evaluation to monitor the success of their national immunization plan. Germany has 16 immunization plans, one in each federal state. However, in the perception of physicians and the public in Germany only the national plan, developed by the National Immunization Technical Advisory Group (NITAG), STIKO (Standing Committee on Vaccination), appears to be referenced commonly.⁽²³⁾

Beyond national policies and plans, both France and Germany require more robust public discourse surrounding the importance of vaccination across the life-course, and these conversations must be data-driven, guided by a comprehensive system for collecting disaggregated data on burden of disease, and vaccination coverage. Currently, neither country collects age-disaggregated publicly available data on the burden of disease and vaccine coverage rate for all four VPRDs present in this study. Thus, research findings indicated an ever present need to amplify and strengthen the role of civil society organizations (CSOs) in advocating for country-level policy reform to improve the status of adult vaccination rates for VPRDs.

Informing National Adult Immunization Strategies and Action

The International Federation on Ageing's recent study, *Informing National Adult Immunization Strategies and Action*, revealed critical gaps in the vaccination policy and advocacy landscapes in France and Germany. Further, civil society organizations represent a source of underutilised resources for advocating to improve the equitable promotion and access to adult vaccines and subsequently to increase national uptake rates.

To address these gaps, and to respond to rising concerns regarding vaccine uptake in older adult populations, IFA convened an expert meeting *Informing National Adult Immunization Strategies and Action*, in Brussels, Belgium on the 24th of September, 2024. The meeting included global expert delegates from multiple sectors and specialties, including academia, ageing, public health, chronic disease advocacy, and immunology. Collectively, experts deliberated on action required for increasing the accessibility, and subsequently, the uptake of vaccinations in older adults for COVID-19, pneumococcal pneumonia, influenza, and respiratory syncytial virus (RSV), while considering biopsychosocial, political, and country-specific factors that require immediate action.

The expert meeting included four, one-hour sessions providing a platform for expert presentations, and moderated discussions to advance understanding and synthesis of knowledge. The first session highlighted the status of adult vaccination rates in Germany and France and framed the meeting dialogue with a focus on evaluating the current landscape of high-level policies that address immunization for older adults. This session was opened by presentations from Prof. Catherine Weil-Olivier, Ms. Jade Pattyn, and Dr. Julian Witte.

The second session focused on assessing the status of immunization through the lens of prevention and discussed the strengths and weaknesses in national policies for adult immunization, covering best practices in ensuring optimal vaccine uptake for VPRDs in older adults. This session included expert presentations from Pr. Dr. Patrick Mahy on the importance and impact of vaccine and disease surveillance in Europe, and Dr. Laurent Louette on universal vaccination coverage and European vaccination across the life-course.

The third session provided space to discuss the implementation of vaccine strategies and highlight the functionality of vaccination strategies and policies once translated into action. This session included an expert presentation from Dr. Alex De Figueiredo, on the social and demographic determinants of vaccination and vaccine confidence.

The final session surrounded a discussion on vaccine equity, highlighting the importance of targeted immunization efforts and the role of CSOs. The session opened with an expert presentation from Mr. Mariano Votta on the importance of engaging civil society in vaccine advocacy efforts.

Roadmap for Successful Advocacy in Civil Society

Based on meeting deliberations, and perspectives of key experts and stakeholders, the expert meeting concluded with the creation of a Roadmap based on the discussed recommendations for addressing critical policy gaps and promoting joint action by CSOs to advance vaccination rates of French and German citizens.

Using the discussions from the expert meeting, IFA has created the below Roadmap to serve as a tool for CSOs and key stakeholders to prioritize adult immunization advocacy and influence policies which address specific local and national barriers to improved uptake. To ensure optimal buy-in and implementation of the Roadmap, the IFA plans to host follow up discussions with stakeholders discuss areas for further improvement. These will serve as an opportunity to continue strengthening the narrative on the advocacy of adult vaccination and allow stakeholders to present challenges and barriers in implementing advocacy actions. Identifying enablers through deliberations on best practices and resource sharing will support key organizations and stakeholders in translating the evidence into measurable actions.

The Roadmap for Action will optimally present advocacy strategies for other countries to tailor and implement in the context of their country's policies to advocate for improved national adult vaccination priorities and overall uptake rates.

Step 1: Identify Local Barriers and Build Evidence for Advocacy

Key stakeholders must begin by understanding the specific barriers to adult immunization at both a national and local level. Thus, the first step is to increase public understanding of potential barriers towards vaccine uptake. This could include conducting community assessments and surveys to identify issues such as vaccine hesitancy, logistical challenges, and understand how citizens perceive vaccine information and misinformation. Data should be collected on vaccination uptake across demographic groups, including on the basis of age, gender, ethnicity, and at-risk groups, to highlight what health and lifestyle disparities exist. By conducting a preliminary scan of the population, CSOs can then compile this evidence into accessible materials, that respond to the unique needs of their community demographics, thus better informing policymakers and the public on the tangible benefits of increasing adult immunization rates.

- **Recommendation for key stakeholders:** Conduct a baseline evaluation to understand the community's attitudes and engagements with vaccination across the life-course. Collect both quantitative and qualitative data to aide in developing short and long-term goals for increasing vaccine uptake amongst older adults, and to understand what barriers are currently in place.

Step 2: Create Demographic Targeted Advocacy Campaigns

To maximize impact, CSOs, in partnership with key stakeholders across sectors, should develop a unified advocacy strategy or action plan that brings together diverse stakeholders, including healthcare professionals, patient organizations, and community leaders. This collaboration should focus on shared policy goals, such as enabling pharmacy-based vaccination, implementing mandatory immunization policies in long-term care facilities (LTCFs), simplifying vaccination schedules, expanding and aligning recommendations for at risk groups, or increasing the sites of vaccination. Tailored messaging for decision-makers must be mindful in their framing, as to highlight vaccination as an investment in helping to protect populations, economies, and healthcare systems, rather than an expense. Further, they should align with broader health priorities, such as managing

chronic diseases, while also ensuring that messaging does not use complex language and provides a clear call to action. As such, public awareness campaigns must be localized and delivered by trusted messengers, emphasizing the personal, family, and community-level benefits of staying vaccinated.

- **Recommendation for key stakeholders:** Advocate for broad, simple and actionable recommendations for VPRDs for all eligible populations, along with a clear adult vaccination schedule. Identify the audience and create tailored campaigns and messaging. Create targeted messages that are reflective of a group's resources, priorities, and knowledge of vaccination.

Step 3: Ensure Accessibility of Information and Collaboration

Advocates must ensure that their campaigns reach their intended audiences. As such, stakeholders should also empower the populations they represent to collaborate and engage in self-advocacy. Ensuring the inclusion of older and at-risk adults in the creation and dissemination of advocacy efforts allows for messaging to be spread through word of mouth and more personal channels of advocacy. CSOs must engage in cross-sectoral advocacy to assist in the co-production or leveraging of existent resources, as often there are larger organizations who can help support calls to action.

- **Recommendation for key stakeholders:** Collaborate with members of civil society to capacity build and promote self-advocacy. Further, ensure that the resources created can be shared across a variety of mediums and platforms. For example, creating podcasts, paper newsletters, email communications, social media posts etc.

Step 4: Monitor Progress and Foster Accountability

To ensure the sustainability and transparency of adult immunization efforts, CSOs and key stakeholders, particularly governments, should establish clear, measurable targets for advocacy efforts, and ultimately vaccination rates. Progress must be tracked and shared publicly to build trust and maintain momentum. Regular evaluations of advocacy and vaccination campaigns are critical to identify areas for improvement, such as missed opportunities for vaccination, and vaccination advocacy efforts. Stakeholders should collect and review data on the performance of their campaigns and advocacy efforts, including social media reports, website data, survey findings, and event registration.

- **Recommendation for key stakeholders:** Assess the success of campaigns, monitoring the reach and accessibility to target demographics. Ensure that future advocacy efforts are adapted to address any gaps.

Conclusion

The Informing National Adult Immunization Strategies and Action, expert meeting served as an opportunity for knowledge exchange among experts in the fields of ageing and immunology, leaders in civil society, and health care professionals on challenges to increasing adult vaccination. This opportunity was sought following the identification of gaps in the policy and advocacy landscapes in both France and Germany, from in-depth research, and knowledge mobilization webinar held in July 2024. These gaps and discussions led to the convening of a high-level expert meeting, with the aim of mobilizing specific policy actions to improve adult vaccination uptake and advocacy efforts. This roadmap represents a plan forward, and a shared call to action from across stakeholder groups to protect older adults from VPRDs that threaten their health and well-being.

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