

Creating Cross Sectoral Consensus and Advocating for Pneumococcal Vaccination Amongst Older Adults in Canada

Consensus Statement and Recommendations

January 2026

Background

Canada's population is ageing at a pace that's reshaping health needs. With longer lives, comes a rising prevalence of noncommunicable diseases (NCDs) such as diabetes, heart disease, and chronic lung conditions.^(1,2) These conditions heighten vulnerability to vaccine-preventable infections, including pneumococcal pneumonia, and place older adults among those most likely to experience severe outcomes.⁽²⁾

Pneumococcal disease can present with a variety of symptoms including high fever, chills, aches, and sweating.⁽³⁾ Among older adults, symptoms may also include confusion or reduced alertness, and the risk of serious physical and cognitive complications is higher.⁽³⁾ These complications can include airway obstruction or lung collapse, infection in the chest cavity, inflammation around the heart, meningitis, and blood stream infections amongst other severe outcomes, including death.^(4,5) Pneumococcal meningitis alone is estimated to kill one in six older persons and is the eighth leading cause of death in Canada.^(4,6,7)

For many older adults, the impact extends well beyond the acute infection. Pneumococcal pneumonia is frequently followed by declines in mobility, endurance, and cognitive function - increasing reliance on caregivers, and reducing quality of life.^(3,4) These outcomes add pressure to families and caregivers, as well as to health and social systems already operating under significant strain - despite pneumococcal disease being largely preventable through timely vaccination.

Awareness of pneumococcal vaccines, including the options most appropriate for older adults, remains limited. Misperceptions about personal risk and disease severity further constrain uptake in populations most likely to benefit. Canada has set a target of 80% pneumococcal vaccination coverage among adults aged 65 and older by 2025, yet in 2023 only 54.7% had been vaccinated.^(8,9)

At the individual level, pneumococcal vaccination reduces the risk of illness, hospitalization, and death; supports cardiovascular health; and helps prevent the functional declines that threaten independence and quality of life.^(7,8,10)

The societal gains are equally clear. Vaccination helps limit transmission, reduces caregiver burden, supports workforce participation by preventing illness-related absences and early retirement, and eases pressure on health services.⁽¹¹⁾ Preventing severe infections such as pneumococcal pneumonia reduces avoidable hospitalizations and preserves system capacity. Vaccination also lowers long-term care costs and acts as a fiscal measure for debt sustainability.⁽¹¹⁾ Evidence shows that adult vaccines, including pneumococcal vaccines, generate more than \$2.5 billion in combined health and economic benefits for Canada each year.⁽¹⁰⁾

Driving Change through Cross-Sectoral Collaboration

Recognizing the diverse experiences, needs, and values of older adults is essential to effective advocacy, communication, and policy design. Achieving national vaccination targets and supporting health systems in an ageing society will require coordinated action across sectors. Advocacy efforts must emphasize the importance of comprehensive pneumococcal vaccination programs that reflect the needs, values, and heterogeneity of older adults.

Against this backdrop, the IFA engaged with experts and stakeholders from organizations of older persons, patient groups, and civil society to better understand the needs, challenges and actions necessary to improve pneumococcal adult vaccine uptake. These discussions centered on identifying barriers that limit uptake among older adults, determining how best to communicate these challenges to decision makers, and building consensus around feasible policy and programmatic approaches that can strengthen access to immunization.

Consensus Statement

Expert discussions revealed clear areas of agreement on the actions needed to strengthen pneumococcal vaccination programs for older adults and to support readiness across health systems.

1. Strengthen education and awareness among the public and healthcare providers

Experts consistently observed that the risks associated with pneumococcal pneumonia and the benefits of vaccination remain poorly understood by the general public. Participants described a range of knowledge-related barriers, including misinformation, media emphasis on “worst-case” vaccine narratives, inconsistent or unclear guidance, limited awareness of vaccine options among primary care teams, and a common misconception that pneumonia is not a serious illness. These gaps contribute to low prioritization of pneumococcal vaccination among older adults.

Healthcare providers also encounter barriers that limit their ability to initiate vaccination discussions. Time pressure, competing clinical responsibilities, and ageist assumptions may reduce the likelihood that clinicians raise the topic with older patients. In some settings, pneumococcal disease is still approached reactively rather than preventively, despite the heightened risk of severe outcomes in older adults. When conversations do not occur, older adults may be left without the information needed to make informed decisions.

As such, experts emphasized the need to strengthen both public information and provider education on the relevance of pneumococcal vaccination for older adults, and to encourage all levels of healthcare providers to raise the topic routinely.

2. Elevate political prioritization and integrate pneumococcal vaccination into the suite of recommended vaccines for older adults

Political commitment is essential for increasing vaccine uptake and reducing inequities. Publicly funded access, consistent messaging, and visible government investment signal that pneumococcal disease poses a serious threat and that vaccination is a standard component of preventive care. Without this prioritization, programs remain fragmented and uptake varies considerably across jurisdictions.

Integrating pneumococcal vaccination alongside other recommended adult vaccines was viewed as a practical strategy to normalize vaccination and strengthen awareness. Experts described pneumococcal vaccination as an “easy win,” noting both its direct protective effect and its role in creating additional opportunities for engagement with the health system.

Experts also pointed to the complexity of existing pneumococcal vaccination guidelines. Eligibility, dosing, and timing vary by age and risk profile, which often results in general advice urging individuals to consult a healthcare provider. While clinically appropriate, this may obscure clear action steps and weaken the perceived importance of vaccination. Therefore, incorporating pneumococcal vaccination into the routine suite of recommended vaccines for older adults is a practical way to encourage more proactive discussions and help increase uptake.

3. Strengthen vaccination uptake through standardized reminders and integrated care

Beyond broad health promotion activities, experts highlighted the value of direct, individualized reminders. Participants expressed support for standardized reminder systems (such as letters, phone calls, or text messages) to prompt adults to receive pneumococcal vaccination once they reach the recommended age, such as 65 years according to the Canadian Immunization Guide.⁽¹²⁾

The impact of these reminders can be strengthened when done in tandem with interdisciplinary and integrated efforts. Several participants noted that expanding the range of professionals involved in

vaccine communication, including pharmacists, amongst others (e.g., social workers, community health programs), could help distribute workload and provide more consistent, accessible information to older adults – at all intersections of the health and social care points

Engaging providers beyond physicians is particularly important given constraints on primary care capacity. Broadening the pool of professionals equipped to discuss pneumococcal vaccination can strengthen vaccine literacy, improve understanding and trust, and support informed decision-making among older adults. Together, these measures create more consistent pathways to vaccination and help close existing gaps in access, information, and awareness.

Conclusion and Acknowledgement

The initiative *Creating Cross-Sectoral Consensus and Advocating for Pneumococcal Vaccination Among Older Adults in Canada* drew attention to persistent gaps in policy, practice, and public awareness. Insights from subject matter experts outlined the urgency of improving access to pneumococcal vaccination and strengthening awareness of its importance for older Canadians.

The recommended actions emphasize strengthening education and awareness among both the public and healthcare providers; elevating political prioritization and integrating pneumococcal vaccination into the routine suite of recommended adult vaccines; and improving uptake through standardized reminder systems and more integrated, multi-provider approaches to care. Aligning provincial immunization programs with NACI guidance remains essential to ensure equitable, publicly funded access to appropriate vaccines for older adults. These measures - supported by enhanced provider training, clear policy direction, and consistent communication - can help close existing gaps in access, information, and awareness.

Advancing healthy ageing is a shared responsibility that spans disciplines, sectors, and regions. The International Federation on Ageing (IFA) extends its sincere appreciation to the expert interviewees and civil society representatives whose contributions informed the development of this consensus statement:

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- Office of the Seniors Advocate
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