

Policy Matters: Activating Policy Levers to Increase Prioritization of Adult Immunization



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Background

According to the latest census estimates from the Office for National Statistics, France is undergoing a significant demographic shift, with approximately 14.6 million people aged 65 and older as of 2025.¹ Projections indicate that by 2050, individuals aged 60 and over will make up 33% of the population.² With a current life expectancy of 81.9 years, these trends highlight the growing need for robust public health measures that support healthy ageing.³

The demographic shift is occurring alongside rising levels of chronic and non-communicable diseases (NCDs). NCDs, such as cardiovascular disease, diabetes, and chronic respiratory diseases continue to account for a substantial share of morbidity and mortality, with NCDs responsible for 79% of all deaths in France in 2021.⁴ While advances in medical care have extended lifespan, many older adults now live with complex health profiles characterized by functional decline and multiple co-existing conditions.⁵ These underlying health conditions significantly increase the risk of severe outcomes from vaccine-preventable diseases (VPDs), including influenza.

Impact of Influenza Infections in France

Despite a strong healthcare system and universal access to influenza vaccination for high-risk groups, the seasonal burden of influenza in France remains considerable. Each year, seasonal influenza affects 2-6 million people, resulting in 1 million general practitioner visits, 20,000 hospitalizations, and 9,000–10,000 deaths, 90% of which occur in adults aged 65+.⁶ Nearly one in four hospitalized adults lose autonomy.⁷ Despite this, vaccination coverage remains low: 53.7% in adults 65+, 46.5% in at-risk groups, and 25.3% in at-risk adults under 65.⁸

At the same time, the rising prevalence of NCDs reinforces the vulnerability of older adults and people with chronic conditions to influenza and its complications. In France, NCDs affect approximately three-quarters of adults over 60 and more than 85% of those over 70.⁹ For these populations, influenza is associated with increased morbidity, higher rates of hospitalization, excess mortality during seasonal peaks, and declines in functional ability - all of which intensify pressure on both acute and long-term care services.

The Role of NITAGs in Delivering Evidence-Based Recommendations

National Immunization Technical Advisory Groups (NITAGs) play a crucial role in supporting policymakers and immunization program managers by providing evidence-based recommendations. In France, the Comité Technique des Vaccinations (CTV) serves as the national NITAG and offers a robust scientific foundation for immunization policy. Established in March 2017, the CTV issues detailed recommendations on vaccines to guide public health decision-making.¹⁰

The CTV works in collaboration with the Transparency Committee (CT – Commission de la Transparence) and the Economic and Public Health Committee (CEESP – Commission d'évaluation économique et de santé publique) to develop and deliver vaccine appraisals. Its current membership includes healthcare professionals with expertise in pediatrics, infectious diseases, vaccinology, biology, health economics, public health, methodology, and epidemiology. It also includes two representatives from patient associations and healthcare user groups. In an advisory capacity, representatives from relevant ministries and other national regulatory and public health agencies contribute consultative input.¹⁰

A review of NITAGs in 34 countries found that the CTV demonstrates a high level of transparency publishing recommendations, meeting minutes, and agenda plans on official government websites. While the CTV includes a representative from the geriatric’s specialty, pediatricians continue to be more prominently represented among core members.¹¹ Therefore, despite its recognized effectiveness, opportunities remain to broaden the CTV’s multidisciplinary expertise. Expanding representation from geriatric medicine and other specialties relevant to older-adult health would better support a life-course approach to vaccination and ensure that evolving demographic and epidemiological needs are fully reflected in policy guidance.¹¹

Seasonal influenza vaccination in France is recommended annually for adults aged 65 years and older, as well as for individuals at heightened risk of severe or complicated disease, including those living with chronic conditions or obesity. Caregivers are also included among the recommended groups, recognizing their role in protecting vulnerable populations.¹²

National Immunization Programs Recommendations and Influenza Vaccine Policies

France’s National Immunization Program (NIP) provides free influenza vaccines to adults aged 65 years and older, individuals with chronic illnesses, and other vulnerable groups (see Table 1 for an overview of vaccine recommendations). The program also seeks to enhance indirect protection by encouraging vaccination among caregivers and healthcare workers.

For adults 65+, vaccination is recommended with a high-dose (Efluelda) or an adjuvanted (Fluad) vaccine; however, standard-dose vaccines remain acceptable within the NIP when enhanced options are not available.¹³ In practice, adults aged 65 and over and those in at-risk groups are now routinely offered these enhanced vaccines, which provide added protection for populations at increased risk of severe influenza outcomes.¹³

Table 1: Influenza Vaccination Recommendations in France.

Source	Target Group	Influenza Vaccination Recommendations
The Comité Technique des Vaccinations (CTV)	Older Adults (aged 65 and over)	Inactivated trivalent vaccine (EFLUELDA, and FLUAD)
	At-risk adults	Inactivated trivalent vaccine (VAXIGRIP, INFLUVAC, FLUCELVAX)
National Immunization Program and National Vaccine Policies (NIP)	Older Adults (aged 65 and over)	Inactivated trivalent vaccine (EFLUELDA, and FLUAD)
	At-risk adults	Inactivated trivalent vaccine (VAXIGRIP, INFLUVAC, FLUCELVAX)

Despite this broad eligibility, coverage remains below international benchmarks. During the 2024/2025 influenza season, national uptake reached 53.7%, falling considerably short of the WHO target of 75% for older adults and at-risk groups.^{14 15}

Persistent barriers continue to limit progress. Misconceptions contribute to vaccine hesitancy, while structural and informational barriers - particularly in marginalized or rural communities - impede timely access. These challenges are compounded by a fragmented adult immunization landscape that lacks the continuity, visibility, and prioritization characteristic of pediatric vaccination programmes.¹⁵

Examining Policy Gaps in the Implementation of NITAG Recommendations

France offers a compelling case study demonstrating the strong alignment between National Immunization Programs, vaccine policies, and its NITAG - the Comité Technique des Vaccinations.

The Haute Autorité de Santé (HAS) integrates CTV recommendations for older adults directly into the NIP, as shown in Table 1. While the HAS adopts these evidence-based recommendations, the need for more robust adult vaccination policies is clear (Figure 1).

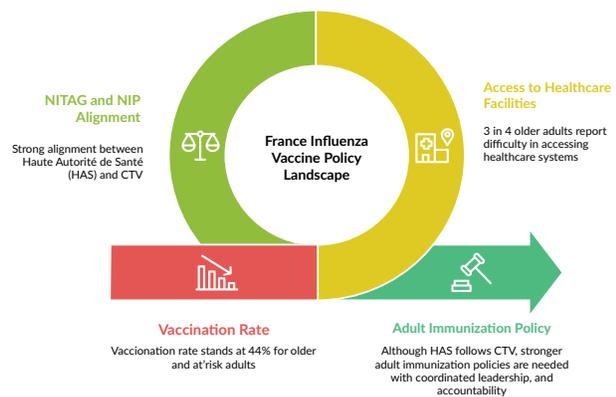


Table 1: Influenza Vaccination Recommendations in France

Meeting the needs of an ageing population will require renewed policy attention, including coordinated leadership, sustained funding, and clear accountability mechanisms across the health system. Preventive measures that promote healthy ageing are increasingly essential, yet adult vaccination continues to receive less visibility and prioritization compared with childhood programmes. Strengthening adult immunization strategies is therefore critical to ensuring equitable protection and long-term system readiness.

As outlined throughout this brief, demographic change and regional inequalities are placing growing pressure on France’s health system. Approximately 30% of municipalities are classified as medical deserts—areas with limited access to general practitioners, specialists, pharmacies, or care facilities.¹⁶

These regions, home to an estimated 5.4 million people (9–12% of the population), face structural barriers that impede timely healthcare, including preventive services for VPDs.¹⁶ Long travel distances and limited transportation options further constrain access for those most in need.

The combination of a rapidly ageing population and pronounced territorial disparities is eroding equitable access to care. Nearly three-quarters of older adults report difficulty obtaining healthcare across France, often leading to reduced treatment frequency or discontinuation with significant implications for health and independence.¹⁷ Barriers include high out-of-pocket expenses, long travel distances, and the complexity of navigating the healthcare system.¹⁷ User fees, not always fully reimbursed, add additional financial pressure, particularly for older adults with multiple chronic conditions.

Call to Action: Activating Policy Levers to Increase the Prioritization of Adult Immunization

Reducing the avoidable burden of influenza will require France to advance a more comprehensive, life-course National Immunization Programme that places greater emphasis on vaccination in the second half of life. Prioritizing adult immunization within national health strategies - particularly those focused on healthy ageing - is central to ensuring that prevention is integrated across the entire lifespan.

Global policy frameworks reinforce this direction. The [UN Decade of Healthy Ageing](#)¹⁸ (2021–2030) identifies vaccination as a critical component of healthy ageing and calls for life course immunization strategies to prevent disease and promote health across all ages. The [Immunization Agenda 2030](#)¹⁹ similarly embeds a life course approach within its strategic priorities. Most recently, the WHO [Framework to Implement a Life Course Approach in Practice](#)²⁰ highlights the opportunity for national immunization programmes to lead in operationalizing life course immunization.



Figure 2: Policy Recommendations and Calls to Action to advance Adult Influenza Immunization in France

Building on this global momentum, and in alignment with intergovernmental frameworks that increasingly recognize life course immunization as a cornerstone of healthy ageing, this call-to-action outlines three urgent policy priorities to strengthen equitable access to adult immunization services, address vaccine hesitancy and barriers, and close the gap in influenza vaccination among older adults (Figure 2).

Policy Action 1: Strengthening Equitable Access to Adult Immunization Services

Despite the strength of France’s public healthcare system, regional disparities and demographic pressures continue to limit equitable access to care. As noted earlier, approximately 30% of municipalities are classified as medical deserts, leaving an estimated 5.4 million people with restricted access to general practitioners, specialists, pharmacies, and other essential services, including vaccination.¹⁶ For older adults—who are more likely to rely on regular care—these geographic and logistical barriers translate into lower treatment frequency and reduced uptake of preventive measures such as influenza vaccination.

Addressing these inequities requires targeted investment in health infrastructure and workforce capacity in underserved regions, alongside the expansion of mobile, pharmacy-based, and other community-delivered vaccination models. Financial and logistical supports for individuals facing economic or transportation challenges can further reduce barriers to immunization.

Clear operational guidance for healthcare professionals and better coordination among national and regional authorities are essential to ensure that adult immunization services are consistently accessible and effectively delivered across all regions.

Policy Action 2: Addressing Vaccine Hesitancy and Information Barriers to Strengthen Adult Influenza Uptake

Adult influenza vaccination in France is shaped not only by issues of physical access but also by persistent vaccine hesitancy, misconceptions about influenza severity, and limited awareness of vaccines recommended specifically for older adults.²¹ These challenges are reinforced by a fragmented adult immunization landscape that lacks the continuity and visibility characteristic of pediatric programmes. Structural and informational barriers in marginalized and rural communities further constrain awareness and engagement.

Global trends since the COVID-19 pandemic highlight the magnitude of this challenge: 90% of countries have reported declining confidence in vaccine safety, and one in four people now question the safety of vaccines. Among adults aged 55 and older 26% express doubts about vaccine safety.²²

Reducing these gaps requires coordinated, evidence-based strategies to strengthen public confidence. Targeted educational campaigns, trusted-messenger and peer engagement, and community-based infrastructure can help build awareness and counter misconceptions. Integrating vaccination messaging into routine care, chronic disease management, and long-term care settings can normalize influenza vaccination as part of standard adult health. Approaches informed by social and behavioral sciences - such as tailoring messages to local contexts, equipping healthcare professionals with communication tools, and framing vaccination as a practical means of improving NCD management and supporting healthy ageing - are particularly effective.

Health authorities also play a central role in elevating these efforts by endorsing vaccination campaigns, resourcing communication initiatives, and mobilizing healthcare professionals and community actors. A comprehensive approach that ensures vaccines are available, affordable, and accessible - combined with consistent implementation of immunization recommendations and sustained support for providers - can help position influenza vaccination as a routine expectation in adult health and improve trust, information, and overall uptake across all populations.

Policy Action 3: Closing the Implementation Gap in Older-Adult Influenza Vaccination

Although influenza vaccination is provided free of charge for adults aged 65+ and other high-risk groups, coverage remains below national and international targets. Adults approaching higher-risk ages—such as those aged 60–64—likewise remain insufficiently protected.⁹

Strengthening protection for these populations requires full and consistent implementation of existing national recommendations, including the use of influenza vaccines specifically targeted for older adults.²³ Increased uptake of age-appropriate vaccines is associated with reduced hospitalizations, fewer influenza-related complications, and better preservation of functional ability - outcomes that collectively reduce pressure on the health system.²³ Complementary measures should include targeted communication for healthcare providers, older adults, and caregivers to clarify the benefits of enhanced vaccines and support informed decision-making.

Conclusion

France stands at a critical juncture in its approach to adult immunization. While the alignment between CTV recommendations and the National Immunization Program provides a strong foundation, persistent systemic gaps, financial barriers, geographic inequities, and limited integration of vaccination into routine care continue to undermine vaccine uptake among older adults. Strengthening equitable access to adult immunization services, addressing vaccine hesitancy and other barriers, and closing the gap in influenza vaccination among older adults will not only reduce the avoidable burden of influenza but also contribute to a more resilient and equitable healthcare system.

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Published January 2026 © Vaccines4Life