International Federation on Ageing

Vaccines 4 Life

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

Policy Brief – UK

Contents

Background

(UK), comprising England, Wales, Scotland, and Northern Ireland had an estimated population of 68,265,000 in 2023.[1] In 2022, approximately 19% of the UK population was aged 65 years or older, a figure projected to rise to 27% by 2072.[2]

The combination of an ageing population and increased life expectancy in the UK has contributed to the rising prevalence of NCDs, with two-thirds of adults aged 65 years and older expected to be living with multiple health conditions (co-morbidity) by 2035.[3] In accordance with an ageing population, chronic diseases and non-communicable diseases (NCDs), including cardiovascular disease (CVD), continue to account for the majority of the UK's health burden, responsible for 88.8% of all deaths in 2019.(4) The toll is heaviest among older adults, with CVD alone contributing to more than a quarter of all deaths among those aged 70–79.[4] While medical advances have extended life expectancy, a significant proportion of older adults are living with declining health. In England and Wales, only 57.7% of those aged 65 and over report being in good or very good health, while nearly 13% experience poor or very poor health.[5]

These agents are predisposing factors leading to a higher risk of complications from vaccine-preventable diseases (VPDs), including influenza, particularly for older adults. As the burden of age-related diseases grows, the need for targeted preventative strategies, such as adult influenza vaccination, becomes more pressing.

Impact of Influenza Infections in UK

The burden of infectious disease is not trivial and is further exacerbated by the rising prevalence of NCDs, which severely impacts the quality of life of older adults, contributing to functional decline, higher mortality rates, increased hospitalization, and placing further strain on an already overburdened healthcare system. In fact, in the 2024 influenza season, there was a sharp rise in hospitalizations, with over 5,000 people hospitalized in a single week - nearly four times the figure from the previous year.[6] Alarmingly, excess deaths due to influenza reached 14,500, the highest in the past five years.[7] By preventing illness and severe outcomes that lead to hospitalization, vaccines avert the use of health care resources to treat individuals who are directly and indirectly protected by them.

Although adult immunization delivers substantial health benefits, it has not achieved the same level of visibility, or system-wide integration as childhood immunization programs. At-risk adults also remain an underprioritized subgroup, with just over one-third of at-risk individuals (e.g., such as those with chronic or respiratory conditions) receiving the flu vaccine as of January 2025.[6,8] This reflects systemic barriers, such as gaps in eligibility, limited access, competing public health priorities, insufficient public education, and limited health service capacity for outreach. Addressing these gaps is essential to improving coverage among older and vulnerable populations.

The failure to prioritize adult immunization also carries significant economic consequences. Studies show that investing in adult vaccination can yield a societal return of up to 19 times the initial cost - equating to more than USD $4,600 in net benefits per fully vaccinated individual.[9] In the UK, it is estimated that every £1 invested in public health investments, including immunization, generates approximately £14 in economic and societal benefits.[10] In 2007, the Chief Medical Officer estimated that the societal value of the first ten vaccines introduced by the National Health Service (NHS) between 1947 and 2007 was £6.6 billion per year.[10, 11] This figure was based on the projected loss of 150,000 quality-adjusted life years (QALYs) over the lifetime, if vaccines were withheld.[10, 11]

Yet despite these clear economic and public health care benefits of immunization, current investment in adult immunization programs remains disproportionately low, particularly for the most vulnerable populations.

The Role of NITAGs in Delivering Evidence-Based Recommendations

National Immunization Technical Advisory Groups (NITAGs) play a crucial role in providing evidence-based recommendations to policymakers and immunization program managers.[12] In the UK, the Joint Committee on Vaccination and Immunization (JCVI) serves as the expert scientific advisory body, offering guidance on all vaccination matters.[13]

The Committee is comprised of members with expertise in general practice, public health, healthcare-associated infections, and health economics. JCVI also brings specific expertise in adult vaccination and ageing.

A review of 34 countries to evaluate the status of NITAGs identified the JCVI as demonstrating a high level of operational transparency.[13] Specifically, the review noted that meeting agendas and minutes are readily accessible online in the UK, and the JCVI publicly reports the inclusion of external experts - such as consultants from the World Health Organization (WHO), industry specialists, and other subject matter experts - in its deliberations and meetings.[13,14] Additionally, the JCVI provides information on how potential conflicts of interest are managed.[14]

In terms of influenza vaccination recommendations for older adults, the JCVI recommends the use of adjuvanted inactivated influenza vaccine (aIIV), high-dose inactivated influenza vaccine (IIV-HD), or recombinant inactivated influenza vaccine (IIVr) for individuals aged 65 years and older.[15] The inactivated influenza cell-culture vaccine (IIVc) may also be considered for use in this age group if all other options are unavailable.[15] However, the inactivated influenza egg-culture vaccine (IIVe) is not advised for use in this age group due to lower effectiveness.[15]

For at-risk adults between the ages of 18 to 64 years, the JCVI advises the use of inactivated influenza cell-culture vaccine (IIVc) or inactivated recombinant influenza vaccine (IIVr).[15] The adjuvanted inactivated influenza (aIIV) vaccine is now licensed from the age of 50 years, therefore aIIV can also be considered for use in those aged 50 to 64 years alongside IIVc and IIVr. JCVI recommends that the inactivated influenza egg-culture vaccine (IIVe) may be considered for use in this age group (18-64), if all other options are unavailable.[15]

National Immunization Programme Recommendations and Influenza Vaccine Policies

The UK's influenza vaccination program currently targets individuals aged 65 and over, as well as those aged 18–64 who fall into at-risk groups, such as people with diabetes, HIV/AIDS, chronic obstructive pulmonary disease (COPD), coronary heart disease, and other conditions.[16]

According to a 2023 NHS report titled, "Shaping the Future Delivery of NHS Vaccination Services," the aim of UK vaccine policies is to adopt an outcome-focused approach that reduces morbidity and mortality by increasing vaccine uptake and coverage.[17] To achieve this, the NHS plans to implement high-quality, accessible, and patient-tailored vaccination services, supported by targeted outreach and integrated teams to improve patient experience and cost-effectiveness.

Given close alignment between the National Immunization Programme (NIP) and the NITAG, the eligibility cohort for flu vaccination are based on the advice of JCVI as outlined in Table 1 below.[18, 19]

Table 1: Alignment between JCVI recommendations and NIP

Source	Target Group	Influenza Vaccination Recommendations
Joint Committee on Vaccination and Immunization (JCVI)	Older Adults (aged 65 and over)	• Adjuvanted inactivated influenza vaccine (aIIV). • High-dose inactivated influenza vaccine (IIV-HD), or recombinant inactivated influenza vaccine (IIVr). • Inactivated influenza cell-culture vaccine (IIVc) may also be considered for use in this age group if all other options are unavailable.
	*At-risk adults	For ages 18 to 64 years: • Inactivated influenza cell-culture vaccine (IIVc). • Inactivated recombinant influenza vaccine (IIVr). For ages 50 to 64 years: • The adjuvanted inactivated influenza (aIIV) vaccine. • Inactivated influenza cell-culture vaccine (IIVc). • Inactivated recombinant influenza vaccine (IIVr). • Inactivated influenza egg-culture vaccine (IIVe) may be considered for use if all other options are unavailable.[15]
National Immunization Program and National Vaccine Policies (NIP)	Older Adults (aged 65 and over)	• Adjuvanted quadrivalent influenza vaccine (aQIV). • High-dose quadrivalent influenza vaccine (QIV-HD). • Cell-based quadrivalent influenza vaccine (QIVc) may be considered only if all efforts to administer aQIV or QIV-HD have been exhausted.
	**At-risk adults	For ages 18 to 64 years: • Cell-based quadrivalent influenza vaccine (QIVc). • The egg-based quadrivalent influenza vaccine (QIVe) may be considered if QIVc is not available, and only after all alternative options have been explored.[18] For ages 50 to 64 years: • High-dose quadrivalent influenza vaccine (QIV-HD). • The egg-based quadrivalent influenza vaccine (QIVe) may be considered if QIV-HD is not available, and only after all alternative options have been explored.[18]

**JCVI – At-risk adults: Adults aged 18–64 years with underlying health conditions (such as chronic heart, lung, liver, kidney, or neurological disease, diabetes, or immunosuppression) that increase their risk of severe influenza.*

****NIP – At-risk adults: Adults aged 18–64 years with chronic medical conditions or immunocompromising states that place them at higher risk of influenza complications.*

The NIP closely follows JCVI recommendations, providing added specificity regarding certain vaccine types and strains.

Individuals are eligible for the free NHS flu vaccine if they are aged 65 or over, have certain long-term health conditions, are pregnant, live in a care home, are the main carer for an older or disabled person or receive a carer's allowance, or live with someone who has a weakened immune system.[19]

Examining Policy Gaps in the Implementation of NITAG Recommendations

The UK offers a case study that highlights a strong alignment between the NIP, vaccine policies, and its NITAG- the Joint Committee on Vaccination and Immunization. The NHS incorporates JCVI recommendations for older adults directly into NIPs, as outlined in Table 1 above.

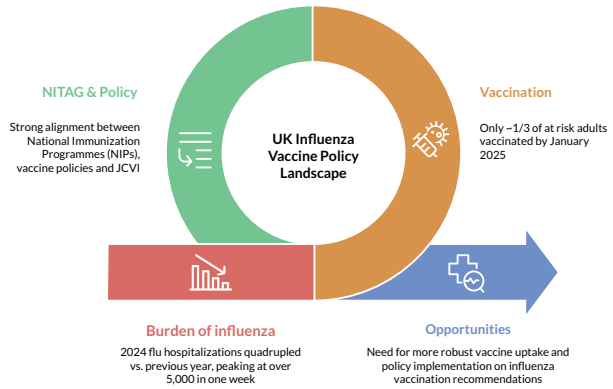

Figure 1. Influenza Policy Landscape across the UK

The processes for JCVI influenza vaccine recommendations involve a structured format, including expert discussion and consideration of various factors, such as vaccine efficacy, safety, quality of life, and cost-effectiveness.[20] Specifically, attainment of cost-effectiveness is considered to be crucial and the 'cornerstone of decision-making' for universal vaccination programs.[20] Additionally, the JCVI states a preference for evaluating data obtained over multiple influenza seasons and anticipates that high-quality comparative data may be generated from real-world surveillance of influenza vaccination programs.[20]

However, even with alignment between the NITAG and the NIP, JCVI's rigorous approach to vaccination recommendations for older adults, and the NITAG's support for life course immunization, the UK still faces a high and rising burden of influenza-related cases, hospitalizations, and deaths.

As outlined in Figure 1, although national immunization strategies closely follow JCVI recommendations, vaccine uptake among at-risk and older adult populations remains low, suggesting gaps in the on-the-ground implementation of immunization policy. Key to this is that while the NHS adopts the evidence-based recommendations from the JCVI within the NIP, the JCVI's role remains advisory; the committee does not have a role in regulation, procurement, or running immunization programs.[20]

While the UK benefits from a well-established advisory infrastructure, challenges persist in the implementation of adult vaccination strategies particularly for older adults. A more holistic, system-level approach that bridges scientific advice with policy execution is required.

To achieve more effective implementation of adult immunization policies and strategies, enhanced coordination between health departments, dedicated funding streams for adult immunization, and a robust accountability structure are strongly needed. Showcasing demographic trends and the healthcare cost implications of under-vaccination could help generate stronger political buy-in. Moreover, ensuring that older adults are meaningfully represented in vaccine advisory groups is essential to address their unique and specific needs.

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

To safeguard population health across the life course, national immunization programmes must evolve beyond their traditional childhood orientation. In the UK, where individuals over 50 now make up two in five people[21], a life-course immunization approach is no longer aspirational, it is essential. The burden of influenza related hospitalizations and mortality among older adults highlights critical gaps in current strategies.

While challenges persist in elevating the prioritization of adult influenza immunization – evidenced by consistently high disease burden and hospitalization rates – momentum at the global and intergovernmental levels has created new opportunities to strengthen national practices.

For instance, the UN Decade of Healthy Ageing[22] (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[23] similarly embeds a life course approach within its strategic priorities. Most recently, the WHO Framework to Implement a Life Course Approach in Practice[24] underscores the opportunity for national immunization programmes to lead in operationalizing life course immunization.

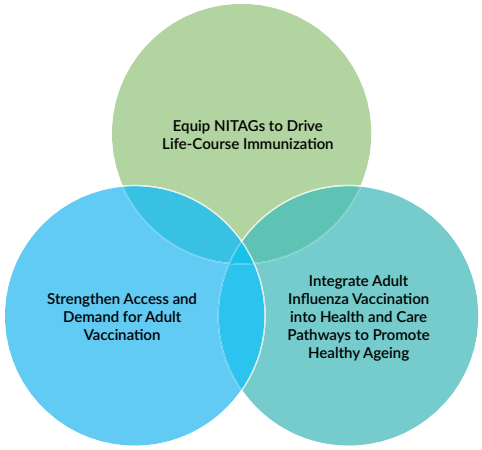

Figure 2. Policy Recommendations and Calls to Actions to Advance Adult Influenza Immunization in the UK

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 identifies three key priority policy areas essential to boosting adult influenza vaccine uptake and embedding vaccination into the UK's healthy ageing agenda (see Figure 2).

Policy Action 1: Equip NITAGs to Drive Life-Course Immunization

While there is close alignment between NITAG recommendations and the NIP, further policy action is required to improve adult vaccine uptake and reduce the rising burden of influenza across the UK. In particular, the JCVI must be better positioned to address adult immunization with greater intentionality and strategic foresight.

Strengthening the JCVI's authority, capacity, and scope, particularly by incorporating additional

expertise in older adult health and care services (such as long-term care) is essential in the context of a rapidly ageing population. Bridging current policy gaps will also require the integration of lived experiences and the broader determinants of health into decision-making processes.

Finally, improving the transparency and accessibility of JCVI recommendations is critical to building public trust, promoting accountability, and ensuring that adult immunization policy is responsive, inclusive, and evidence informed.

Policy Action 2: Integrate Adult Influenza Vaccination into Health and Care Pathways to Promote Healthy Ageing

Despite facing a higher risk of severe illness and complications from influenza, older adults remain underrepresented in routine immunization efforts. This gap is compounded by structural barriers, such as the exclusion of older populations from clinical trials, fragmented funding mechanisms for vaccination, and vaccine-specific policies that often operate in isolation rather than in synergy.

To overcome these challenges, influenza vaccination must be fully integrated into the broader health and care system. This includes embedding immunization into chronic disease management protocols, establishing clear immunization standards for care homes, and incorporating influenza vaccination as part of routine NHS health checks. Immunization, particularly against influenza, should be recognized not only as a tool for disease prevention, but as a critical component of healthy ageing.

Strategic communication, education, and advocacy efforts must also emphasize the broader health-promoting benefits of influenza vaccination, including its role in preserving function, independence, and quality of life. Framing vaccination as a means of enhancing longevity and wellbeing - not solely preventing illness - is critical to building political will towards prioritization of disease prevention and securing long-term investment in adult influenza vaccination to save lives and improve quality of life outcome measures for older adults.

Policy Action 3: Strengthen Access and Demand for Adult Vaccination

Improving influenza vaccine uptake among older adults requires tackling barriers related to awareness, access, and affordability. Although prevention is cost-effective, only 0.5% of EU healthcare spending currently goes toward vaccination. Targeted public campaigns should connect flu vaccination with healthy ageing, while pharmacies and digital platforms can serve as convenient access points, especially for underserved populations.

To generate stronger political will, age-disaggregated data must first be collected and presented in ways that demonstrate the high return on investment of adult vaccination. This includes improved quality-adjusted life years, reduced public health costs, and evidence of the healthcare burden of under-vaccination, such as increased hospitalizations, disability-adjusted life years, and rising costs amid limited assisted living availability.

An actionable package for policymakers that combine evidence, clear recommendations, and practical delivery strategies (e.g., vaccinating multiple generations in a single visit) is essential to support implementation of adult vaccination efforts and drive uptake.

Conclusion

Advancing adult influenza immunization in the UK is both a public health imperative and a strategic investment in healthy ageing. As the population continues to age, bold and coordinated policy action is needed to ensure that older adults are no longer overlooked in national immunization efforts. Strengthening the JCVI's mandate, embedding vaccination into health and care pathways, and activating cross-sector enablers are key to driving sustained progress.

The successful implementation of these measures will require strong political commitment and sustained investment in adult influenza vaccination strategies, particularly in the context of rising health system pressures, demographic shifts, and the increasing recognition of immunization as a cornerstone of healthy ageing.

With sustained leadership and the prioritization of its ageing population, the UK is well positioned to build a more inclusive and resilient immunization system, one that protects individuals across the life- course and mitigates the preventable burden of influenza.

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International Federation on Ageing
1 Bridgepoint Drive, Suite G.238
Toronto, ON, M4M 2B5, Canada

www.vaccines4life.com

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