

*DRAFT REPORT*

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# WORKING GROUP ON LIFECOURSE IMMUNISATION AND HEALTH SYSTEMS RESILIENCE

## Observations - Challenges- Strategies

**6th Life Course  
Immunisation Summit  
2021-2022**



## What Makes a Vaccination Program Successful?

- The main elements of ensuring a successful vaccination program implementation are centred around working closely with civil society, increasing information and digitalization, and improving communication and access to services for target populations (both affordability and physical proximity).
- Educating all healthcare professionals on infectious diseases prevention, new vaccine technology, safety, and delivery offers them the confidence to engage and advocate for vaccines.
- The COVID experience has shown that coordinated collaboration between all healthcare professionals (Physicians, Pharmacists and Nurses) is crucial for implementing vaccination policies.
- Community pharmacists and nurses must be integral in reaching and delivering vaccinations to older people. Working within communities with the help of healthcare professionals trusted by the communities could be a game-changer.

- For many years healthcare systems have failed to digitize vaccination registries, schedules, appointments and reminders for adult vaccinations in the way that has been done for COVID. This has limited our ability to know the exact coverage within communities/target populations, making it challenging to implement targeted policies and campaigns.
- Infectious disease prevention and vaccinations are not currently considered overarching topics in which every healthcare professional must be involved and trained throughout their careers.
- Community pharmacists and nurses do not currently have the tools needed - healthcare workers should check up on vaccination status at each interaction and make a collective effort to advise.
- Medical specialists (the ones not involved in infectious diseases), pharmacists, and nurses are not trained in infectious disease prevention, vaccine safety, and vaccine technology, resulting in a reluctance to actively promote and implement vaccination policies.

A cross country representative expert group looking at how the systems created during COVID can be utilised for future Life Course Vaccination strategies. Setting priorities for targeted intervention.

**Life Course Vaccines Digitization Task Force and Working Group**

Online awareness campaign, Resource Centre, and free webinars and training. Conveying a message of advocating vaccines in every consultation.

**HCPs Advocating Vaccines in Every Consultation Campaign for Nurses and Pharmacists**

**STRATEGIES**

**Lobbying for Improved Vaccines Training for HCPs Throughout Their Careers**

A campaign targeted at policymakers and medical bodies to increase essential vaccine training and provide training updates in national training programs for all HCPs, regardless of their speciality.

**HCPs Educational Campaign for Nurses and Pharmacists on New Vaccine Technology and Vaccine Safety**

Tasked with increasing knowledge of vaccine technology among healthcare professionals across all specialties, nurses and pharmacists. An online training program offering a deeper understanding of the various technologies and safety data.

## It is Time to Expand Adult Vaccinations

→ Rapid population growth globally combined with the increased prevalence of non-communicable diseases has led to a new crisis of people with chronic comorbid conditions and older people at high risk of vaccine-preventable diseases.

→ The scientific evidence is clear: vaccination is an essential public health tool to strengthen individuals' ability to maintain good health throughout their lives. Vaccination programmes deliver long-term cost savings and potential economic growth by avoiding illness.

→ With the electronic systems and the apps prepared for COVID, we are ready to develop and implement targeted adult vaccinations policies. We now have the tools to prioritise and significantly increase the vaccination coverage of pregnant women, people with chronic conditions, or other at-risk groups.

→ The vaccination delivery infrastructure developed for COVID-19 can reinforce adult vaccination across all vaccine-preventable diseases. The infrastructure must remain operational post-Covid for the countries to be prepared for any future pandemics.

→ We must shift the perception that vaccination is essential only in childhood and build an understanding to the public and the decision-makers that vaccination is one element of how we make sure that we maintain our health and well-being over the life course.

→ We must persuade the decision-makers that a Lifecourse immunisation approach is needed urgently to ensure the health systems' resilience and preparedness. It is impossible to address a synergistic pandemic of COVID-19 or any other future virus with an epidemic of Non-Communicable Diseases simultaneously.

→ We need to persuade governments that the momentum with people being used to using the COVID vaccination app, with HCPs being used to register vaccinations utilising the app, and the enormous health data that the health systems have collected is a unique opportunity to place vaccines at the centre of a preventative healthcare policy.

→ We need to persuade the governments that the most cost-effective way of keeping the systems operational and ready to address any future threats is to focus on adult vaccinations offsetting the cost of preparedness with the cost-saving from unnecessary hospitalisations.

Helping HCPs to maintain a continuous dialogue with people across the life course about the value of vaccinations. A strong vaccine policy needs to start at birth, but it also needs to have touchpoints throughout the life course.

### **HCPs Advocating Vaccines in Every Consultation Campaign**

Immunisation is a lifelong process, and a life-course vaccination calendar needs to be developed. Covering all vaccines to be given at different ages and even initially focused on different social groups. The development of a life-course vaccination App.

### **Lobbying for the Introduction of Lifelong Vaccination Digital Calendars**

## **STRATEGIES**

### **Improved Vaccine Life Course Vaccination Communication Working Group**

A Working Group dedicated to developing strategies that focus on producing trusted information and delivering coordinated communication consistent with scientific evidence. The goal is to equip HCPs with the tools to promote life course vaccines.

### **Advocating for Greater Investment in a Comprehensive Life Course Vaccinations Strategy**

Lobbying for increased investment in vaccination programmes to offer vaccines for free. Lobbying for the exploration of new technologies (e.g., adjuvants) that could help boost the effectiveness of vaccines in different populations (e.g., older adults).

## Protecting Gains Made Over the Past 2 Years

→ The need to address the COVID pandemic has forced us to take steps and achieve vaccination targets that would have been considered unthinkable before. COVID-19 vaccination may serve as proof that life course immunisation is possible.

→ Lack of national surveillance and vaccination registries for all citizens and the absence of logistics infrastructure to implement immunization strategies on a large scale were among the main obstacles that made policymakers reluctant to adopt a lifecourse immunization approach. Now we have them.

→ No other vaccine can do better than COVID in terms of acceptance. We also observed significant coverage rates against influenza, with people getting vaccinated to minimize risk and avoid unnecessary hospitalization during the pandemic.

→ The COVID experience has taught us that a Lifecourse Immunisation Policy is possible when political will and determination are combined with a mobilised society that understands the threat and wants to protect its members.

→ The extraordinary mobilisation to address the threat of COVID means that the lack of progress on Life-Course immunization over the previous years can be translated as a failure to communicate to governments and citizens the epidemiology, risk, burden and socio-economic impact of other vaccine-preventable diseases.

→ The challenge is to persuade the policymakers that the supply chains, the logistics infrastructure, the national registries for COVID, the end-user tools such as the apps, and the thousands of trained staff are precious for an even greater cause. The protection of all at all stages of life against all preventable diseases.

→ It is difficult to predict how COVID will evolve. In the possible scenario that vaccination against COVID will become seasonal, its wide acceptance could offer the opportunity to administer the Flu vaccine and possibly other vaccines at the same time under the banner of Winter Vaccines.

→ The public has been living for over two years under the constant threat of COVID, which has monopolised the discussion while all other infectious diseases slipped into the background. Underestimation of a danger that is not at the top of the head combined with the understandable need to live without an immediate threat could be challenging.

Building on the success of systems implemented for COVID. Electronic vaccination records are essential for a comprehensive life-course vaccination policy.

### **Advocating the Introduction of Life Course Electronic Vaccination Records Systems**

There is an overall increase in the public interest for vaccinations. We need to capitalize on this by establishing a trusted source of information for the public to access easily.

### **Capitalising on Trust in Vaccines and Sources of Information Developed for COVID**

## **STRATEGIES**

### **Lobbying for the Introduction of Lifelong Vaccination Calendar**

Lobbying for improved surveillance on both disease prevalence and vaccine uptake. A comprehensive vaccines calendar listing vaccines such as diphtheria, tetanus, pertussis vaccination and other vaccines which could be listed in the lifelong vaccination calendar.

### **Protecting Gains Made**

Ensure progress in immunisation is protected and call for more significant investment in promotion and prevention programs.

## Changing the Narrative - Elderly People

→ The COVID pandemic has altered the decision-making process dynamics among family members. In many cases, younger family members have been persuaded to get vaccinated to protect the elderly family members.

→ There has been a lot of discussion for many years on the burden of the health care systems due to the increasingly ageing population. In contrast, the narrative around protecting older people through vaccination and prevention strategies was extremely poor.

→ Life expectancy increases, and so does the public expectation of living longer, healthier and more active lives. The healthy ageing population is a game-changer in managing the burden of the healthcare systems in the years to come.

→ Three-quarters of the people who have died during the COVID pandemic are elderly. Many years of negligence to prioritise health prevention for the older age groups caught many governments and societies unprepared to address a pandemic for which the elderly are the most vulnerable.

→ We must reinforce people's understanding (including older adults and pregnant women) about waning immunity and the need to maintain higher levels of protection against COVID and for all vaccine-preventable diseases.

→ Until the COVID pandemic, the investment in health prevention across all age groups was extremely low across all European countries. The lessons learnt from the pandemic show that we must heavily invest in a life-course immunisation strategy that also focuses on the older ages.

→ We already consider vaccinations a foundation for preventing illness (against communicable and non-communicable diseases), benefiting the health systems' resilience and sustainability. The challenge is to persuade the decision-makers that budgets for prevention, including vaccination, must now become a priority.

→ The need to build a community-wide understanding of how vaccines work and vaccine safety has helped considerably boost vaccination health literacy. The challenge is to help people of all ages to understand the value of vaccination against other preventable diseases.

Healthcare professionals across all specialities should be prepared to use the momentum to explain in every contact with patients how the "family" immunity against various diseases such as influenza will help protect the elderly members.

### **HCPs Advocating Vaccines in Every Consultation Campaign**

The healthcare community to provide evidence on the financial benefit of broad preventive immunisation policy versus the cost burden for the healthcare systems based on surveillance and epidemiology data.

**Advocate for the expansion of the % GDP invested in health promotion and prevention programs, especially immunization**

## **STRATEGIES**

### **Build on the increased civic health literacy to build a broad vaccine culture**

Focus on increasing community engagement and multi-stakeholder collaboration. Spread the message to the citizens and make Life-course protection against vaccine-preventable diseases and the right to a healthy ageing life a demand supported by all.

### **Advocate for the establishment of vaccine schedules for all age groups**

The vaccination calendar that starts in childhood must follow a person at all stages of life. Maintain and expand the apps created for COVID to remind people and the healthcare system about the immunisation status of a person. Keep track of the vaccination rates for all diseases across all age groups from birth to old age.

## Compulsory Vaccinations vs Encouragement

→ Before COVID, there was a precedent of compulsory vaccinations for healthcare professionals, but it was only limited to specific vaccinations. There is a level of understanding among healthcare professionals on the necessity of immunisation when certain risks are involved.

→ Vaccination of the health care professionals is not only important to protect themselves and their patients but also the health systems resilience, especially during times of high pressure when usually understaffed facilities need all their resources.

→ It is encouraging that the vast majority of healthcare professionals got vaccinated. But the fact that some healthcare professionals refused to get vaccinated and preferred to lose their jobs could be translated into a lot that should be done until every healthcare professional is persuaded.

→ Healthcare professionals often consider themselves better positioned to assess and decide the best course of action for themselves. A decision not to be vaccinated is probably related to insufficient information and understanding, which also reflects on the advice they are offering to their patients.

→ Justification is critical for the acceptance of mandatory vaccinations. Any decision must be targeted, considering many parameters such as whether a disease is easily transmitted in a healthcare facility, the level of immunity within a healthcare facility, and who comes into contact with patients or vulnerable people.

→ Compulsory vaccination must be the last resort. The risk of reducing workforce vaccination must be considered when a decision is made. We need healthcare professionals who understand infectious diseases and vaccinations instead of those who reluctantly obey a mandate to keep their job.

→ Engaging and respecting those choosing not to get vaccinated. Opinions of those opposing vaccinations are often strong and polarised. We mustn't disconnect with them, listen to their views and persuade them based on their responsibility and duty to their facility and not put at risk vulnerable patients.

→ Health professionals are the most trusted voice in vaccination, and healthcare professionals can reinforce the wider community vaccine acceptance and demand. We must ensure that personal views and choices don't affect patients' advice, which must always be following the official public health recommendations.

An Expert Group should be established on Interventions to increase vaccination uptake among healthcare professionals to demonstrate the importance of vaccines by advocating patients and leading by example. Mandatory vaccines for HCPs to be a discussion topic.

**2022 Expert Working Group on HCP Vaccination and Leading by Example**

Appointed Champions who are there to discuss colleague's concerns about vaccines and address these concerns with the latest information and advice.

**HCP Support Contacts in Clinics and Hospitals**

**STRATEGIES**

**HCPs Advocating Vaccines to Their Colleagues Campaign**

Healthcare professionals should be mobilised to advocate vaccines to their colleagues (COVID, Influenza, amongst others) to protect themselves and their patients.

**2022 Expert Working Group on Compulsory Vaccines for HCP**

Learning the lesson from compulsory vaccination programs in healthcare and care home settings across Europe to be prepared for future pandemics.

## Building Trust Among Pregnant Women

→ Obstetricians and midwives play a vital role in educating and administering adequate and safe vaccines to pregnant women, as they are their primary care providers. Pregnant women are more likely to accept vaccination if their obstetrician recommends it.

→ COVID has offered a new opportunity. For the first time, a significant percentage of pregnant women in the developed world have accepted and trusted a vaccine. We need to enhance this change to increase all other maternal vaccination coverage.

→ The COVID experience shows that vaccine uptake is tied to the overall quality of services that a person (or a community) receives. Data demonstrate that pregnant women from deprived areas are less likely to receive vaccines.

→ Trust is the most critical aspect of maternal vaccination; trust in the provider, trust in the information, trust in the evidence, trust in the vaccine safety. To succeed in maternal vaccinations, we must focus on Access, Awareness, Affordability, Acceptance, and Activation. The five As.

→ The mother's immunization status should be evaluated and documented by the obstetrician or other health care provider during antenatal visits. After recommending a vaccine, there should be documentation that the vaccine was offered and that the patient accepted or declined it and the reason for declining.

→ COVID vaccination has produced one of the most extensive immunisation studies during pregnancy. Evidence backed up necessity and safety for vaccination during pregnancy are the critical drivers that will persuade mothers and will help increase maternal vaccinations.

→ Different groups require different approaches taking into consideration their cultural and socio-economic backgrounds. Many marginalised groups need different targeted messages or ways of accessing the health systems. Vaccination should be a key part of improving prenatal services to women from all areas.

→ At the early stages of the COVID campaign, the information on maternal vaccinations had been very mixed, confusing mothers and the healthcare professionals who advised them. When it comes to maternity or maternal vaccinations, a clear and consistent message is crucial.

Two Lives One-Shot - A campaign communicating the benefits of maternal vaccinations to be organised, targeting gynaecologists and the paediatricians.

### **An HCP Focused Maternal Vaccinations Campaign**

An Expert Group should be established on Strategies to increase pregnant women's vaccinations as an integral part of a Life Course Immunisation Policy and Approach.

### **2022 Expert Working Group on Increasing Maternal Vaccination Rates Across Europe**

## **STRATEGIES**

### **Material Vaccinations Social Media Campaign to the Public**

Two Lives One-Shot - A social media campaign targeting pregnant women (who during pregnancy are searching online for information) answering the most frequently asked questions informing them on the importance of vaccinations to protect themselves and the child.

### **Establish a cross-speciality collaboration between gynaecologists and pediatricians**

Ensure that the mother and the child are protected with one shot.

## Adolescent Vaccine Education Strategies and Messaging

→ Healthcare professionals play a key role in educating and supporting adolescents to understand their vaccine choices. HCPs are seen as trusted sources of information who have the proper training to advise correctly.

→ The role of peers is critical in vaccine uptake amongst adolescents. The adolescents' peers are very influential on vaccine decisions, as are other parents who talk about vaccines in the school setting. WhatsApp groups based on the discussion on vaccinations (peer-to-peer and parent-to-parent) significantly impact local uptake of certain vaccines within school/community groups.

→ Vaccine Education in Schools from an early age plays a vital role in Adolescent vaccine uptake. This might be teachers or other members and staff members within schools or immunization nurses delivering educational packages in schools.

→ The Importance of the Message is crucial to increasing vaccine uptake amongst adolescents. The message has to be straightforward. 'Get vaccinated because you can get very ill if you don't. Vaccines are safe, and vaccines work'.

→ HCPs often lack the time or necessary communication skills to explain vaccine choices to adolescents in a way that provides them with the information and reassurance they need. This can impact vaccine confidence and adolescent vaccine advocacy to peers.

→ Countering negative vaccine information within close school networks is a challenging task - especially as their use of social media within peer groups impacts vaccine uptake, both positively and negatively, depending on the influence of certain individuals within the Groups. We shouldn't underestimate the power these peer relationships have and how they are essential to how we respond.

→ The standard and consistency of school-based educational materials and programs on vaccines are often inconsistent. They range from country to country across Europe and within countries and even between different schools in the same regions. Clear resources need to be developed and vaccine education included in a school setting.

→ We must simplify the message - we currently spend too much time talking about the side effects of things that are very rare, and we don't celebrate enough the positives of vaccines (HPV, COVID and others)

Immunisation teams and HCPs could have standard questions that screen the young person's understanding of what the vaccine is for and what it will prevent and then offer reassurance and information where needed.

### **Preparing Healthcare Professionals to Answer Adolescents' Questions on Vaccines**

School-based Vaccine Immunisation Cards and Information could be co-developed with students. It's essential to make the immunisation experience a more pleasant, positive experience in both vaccine education and delivery. Target schools with low uptake of vaccines, schools in areas of high deprivation, and minority populations.

### **Co-production with Young people of Educational Resources for Schools**

## **STRATEGIES**

### **Creating Adolescent Vaccine Champions within Schools and Communities**

Adolescents are heavily influenced by their peers and often listen to their peers via social media, much more than they listen to adults. Adolescent vaccine champions, promoting the benefits of vaccination to their peers could be highly effective at spreading positive messages. Peer experience sharing of vaccine experiences could help allay unnecessary fears within vaccine programs.

### **Advocating a Strategic Approach and Simple Messaging**

Cooperate with young people to develop simply educational resources about vaccination programs. Keep the message simple and create educational resources that address the information needs that young people will think to increase young people's autonomy and consent procedures and increase uptake of the vaccination program.

## Parental Views, Intergenerational Influence and Transition to Adulthood

→ The need to balance differing views between parents and adolescents or Community Groups and Adolescents. In some instances, adolescents may make a vaccine decision that their parents may be against. The other conflict may arise in specific communities where vaccines are not supported (such as HPV)

→ Pursuing intergenerational communication strategies on Vaccines is essential. For example, intergenerational communications - grandparents to grandchildren could also work the other way around, allowing for vaccine advocates within families.

→ The continuing Role and importance of Parents as adolescent vaccine decision-makers / influencers can't be overlooked. It's always difficult to reach adolescence if we are talking about vaccines. The first source of information in many cases is still parents.

→ Transition to adulthood and create future vaccine advocates. Encouraging adolescents to understand the importance of vaccines and making them advocates for vaccines is very important. Today's adolescents will soon be adults and parents and will decide about vaccines for their children.

→ We must be aware of emerging and established Conflicting Views on vaccines between parents and adolescents. HCPs and schools must be prepared to address all scenarios, whether a parent says yes, and the young person refuses or vice-versa.

→ The reverse intergenerational approach may prove more difficult as it's debatable if teenagers and young people can influence their parents and grandparents in terms of vaccine uptake in most cases.

→ The difficulty of balancing the view of parents and adolescents at the same time. It is often difficult working together with parents and obtaining consent. There are occasions when you have teen consent just for the adolescent immunization that can have an aftereffect from the parent being upset with the decision process.

→ Transition to adulthood and right to decide - Allowing adolescents to make their own decision is essential in the transition process, but the paternal concerns and influence must be still managed on a case-by-case basis.

HCP training courses and online education on overcoming vaccine decision conflicts and understanding the views of both parties need to be provided to healthcare professionals as part of their ongoing training.

**Balance Differing Views and Build Bridges When a Conflict Between Adolescents and Guardians Exists**

Targeting parents who haven't consented for their child to be vaccinated improves parents' confidence in making decisions to have their child immunised against HPV/COVID etc.

**Healthcare Professionals Must Work with Parents Wherever Possible**

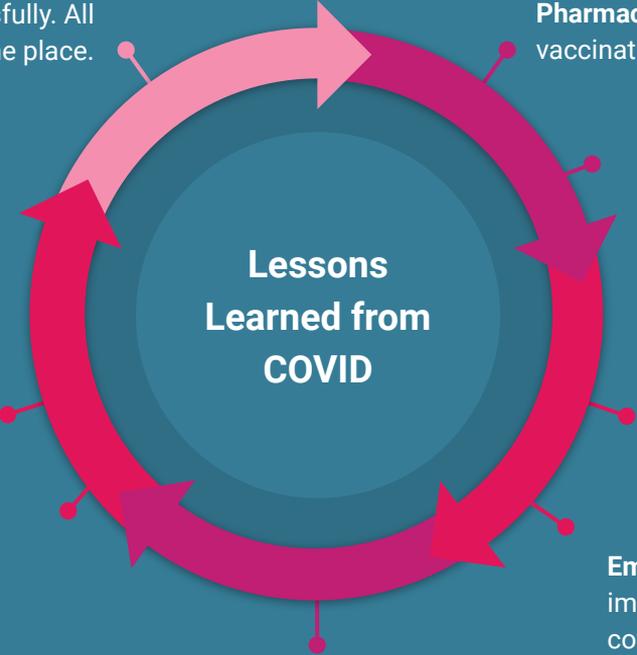
**STRATEGIES**

**Empower Adolescents as Vaccine Educators and Advocates Within Families**

We must encourage intergenerational conversation within families in the home. A vaccine awareness and 'talking' campaign are needed to promote an open exchange of vaccine views within family units.

**Empowering Adolescents and Young People to Think Positively About Vaccines as Part of a Healthy Lifestyle**

Once they reach adulthood, they will have taken on board some of this information and are more receptive to keeping up to date with their vaccine schedules and advocating vaccines to their own families.



## Lessons Learned from COVID

**Ease of Access** is paramount to implement vaccinations at a large scale successfully. All vaccinations should be given in the same place.

**Pharmacists are integral** in successfully delivering vaccinations at a large scale

**Addressing health inequalities** in access to information and care is important in increasing vaccination coverage.

**Vaccine Reimbursement** is crucial in persuading people to get vaccinated, removing a significant barrier

**Employers engagement** in vaccinations is important in increasing vaccination coverage

**Integration of vaccination status with primary care** and occupational medicine could be a standard of health maintenance.

**Previously existing Excluded Groups** for vaccinations are difficult to penetrate even during the pandemic.

**Targeted strategies** such as prioritizing the most at-risk populations could be successful when sufficiently explained and communicated.