

# WORKING GROUP ON INFLUENZA VACCINATION

Observations - Challenges- Strategies

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



## Health System Resilience - Expanding Influenza Vaccine Funding

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→ **We must protect influenza vaccine budgets at a time when rates are historically Low due to COVID measures.** Influenza will return, and progress on influenza vaccine research was limited as prevalence dropped. However, it's essential that we protect and grow influenza vaccine programmes across Europe.

→ **A robust influenza vaccine strategy is essential to health system resilience.** We need to understand better the advantages of flu vaccination in limiting the use of hospital resources and care through direct protection and community protection against hospitalization each season. Protecting Hospitals During Winter - Highlight the positive impact of flu vaccines in protecting hospitals during winter.

→ **We should be advocating moving towards fully funded flu vaccination programmes.** In order to offer maximum protection and uptake each season, we must remove the payer/cost barrier and include it as part of universal vaccination programs in Europe.

→ **We must learn lessons from COVID and use the established systems and processes for influenza.** For instance, COVID infections are registered in a central database and automatically categorized into risk groups, also detailing if you have got underlying diseases and whether you are vaccinated or not vaccinated.

→ Protecting the Increase in Uptake of Current Influenza Vaccines and defending the increase of influenza vaccine coverage rates will be challenging. The issue of cost plays a great deal in the decision-making process, and some may question whether the 75% coverage target is still relevant or achievable.

→ It is very hard to fully estimate and communicate the cost in the full economic model of influenza vaccine strategies, leaving the program open to being cut unless we improve surveillance and correctly present the preventative nature of current programs in terms of health system resources saved through vaccinations.

→ Financial support for all ages is challenging when health resources and budgets are stretched post-COVID. Funding for the 18-50 age range will be hard to achieve in short to medium term. In addition, even if funded other barriers to the prevention of current adult influenza vaccination need to be addressed. This is a specific challenge at a country or even more local level.

→ Some part of the COVID response infrastructure was only temporary during the pandemic, as was the budget allocation and investment. While some overlap can be achieved to increase influenza vaccine uptake, much of the infrastructure and budget may be COVID specific

We must reach out to decision-makers to ensure adequate funding for the future flu seasons is included in national health budgets.

### **Lobbying Decision-Makers to Provide Adequate Funding for Influenza Vaccine Programmes**

HCP-led Vaccine Policy Group looking at universal funding for Influenza vaccines for at least the next two years.

### **HealthCare Professional-Led Working Group on Universal Funding of Influenza Vaccines**

## **STRATEGIES**

### **A Winter Vaccines Program for COVID, Influenza and Other Respiratory Infections**

We need to be clear to policymakers that comprehensive investment in Winter vaccines is not just essential for COVID. COVID does not mitigate the need for comprehensive increased investment in national immunisation plans for respiratory infections, including, influenza, pneumococcal pneumonia, RSV and pertussis.

### **Utilizing COVID Infrastructure to Increase Influenza Vaccine Uptake**

Utilise the infrastructure developed by countries to keep records for COVID vaccinations and start keeping records for influenza vaccinations, setting the national registry base for adulthood vaccination.

## Influenza Vaccine Messaging and Vaccine Technology

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→ **We need to present Influenza vaccines in the Context of the Winter Vaccines Healthy Ageing** - It is essential that we communicate the benefits of the Flu Vaccine as part of winter protection while also

looking beyond flu for protection against cardiovascular complications of pneumonia.

→ **Understanding the importance of messaging to sustain and increase Influenza vaccine rates.** Both type and nature of messaging

are essential in terms of the narrative we use; We must move away from saying it's flu season to connect it with the context of COVID and protecting family members and broader society.

→ **Making the most of the influenza vaccines we have is important at this stage.** We need to vaccinate with the vaccine we have. Current

vaccines provide a certain degree of efficacy, safety and availability. There is no reason to switch to a modern-day influenza vaccine just because it's an mRNA vaccine.

→ **There is a need to improve Flu Vaccine effectiveness in the long term.** We are now used to COVID vaccines with 90% effectiveness,

whereas the flu vaccine efficacy is between 40-60% or even lower. So there is a need for improved efficacy in the long term. New Vaccine Technology offers us the chance to improve targeting bringing the vaccines closer to the actual circulating variants.

→ Convincing people to vaccinate against influenza can be challenging when efficacy is arguably lower than the COVID vaccines. This will prove challenging when presenting influenza vaccines as part of the winter vaccines message.

→ We must move away from the Protect the System Messaging that has worked so well during the pandemic to present Flu vaccines as an obvious healthy lifestyle choice.

→ New technology flu vaccines hold promise, but they are not sure to succeed and maybe some way off. We must build on where we are as a starting point. The 75% target is optimistic in Europe but must be the goal. Current flu vaccine efficacy and effectiveness in protecting against hospitalization and mortality for the elderly are not yet robust enough.

→ mRNA vaccines technology offers us an opportunity, but even with mRNA vaccines, the problem remains that hemagglutinin, the immunodominant protein, still changes and it would still have to be a vaccine every year. That said, we could delay the decision on the vaccine strain by three or four months because of the production of the vaccine.

Create and disseminate a "health package" for adults and the elderly regarding health maintenance. Emphasis must be given to the suitability of chronic patients as well.

**Presenting Influenza Vaccines as part of a Health Maintenance Package for the Elderly**

Extensive training of HCPs and nurses is needed to understand the mechanisms and the pros/cons of the various vaccine technologies. Providing HCPs with the latest vaccine information to build trust and advocate the use of seasonal influenza vaccines.

**Online Educational Materials and a Dedicated Campaign for HCPs on Influenza Vaccine Efficacy**

**STRATEGIES**

**The Importance of Clear Public Health Messaging**

Investment in clear, accurate, consistent public health messages. Building the Social and Economic case for greater investment in sustained Influenza Campaigns. This is as much about health and social care capacity as anything else.

**Pushing Forward Influenza Vaccine Development**

Working to improve vaccine efficiency and the possibility of developing new influenza vaccines that can be adapted to be more effective each flu season.

## Sub Group Focus and Influenza Vaccination Strategies

**→ We must reinforce and keep on communicating the importance of Influenza Vaccines for Pregnant Women - One shot, two lives.**

Vaccinating pregnant women will lead to more than 30 per cent reduction in infant hospitalization, and the infants the children younger than six months of age are actually at the highest risk of hospitalization

**→ The Importance of Vaccinating Children.** We need to target the highest risk children who could have complications if they catch flu, who fall into a risk group. However, Children are very effective flu spreaders, and we need to make sure prevalence is kept low to protect the elderly and vulnerable adult at-risk group. Plus, vaccinating children keeps parents in the workplace and has wider community transmission benefits.

**→ Focusing on Vaccinating Those With Underlying Health Conditions.**

There's an opportunity to build on the number of people with chronic conditions who were quick to have the COVID-19 vaccine.

**→ Flu Vaccination of HCPs.** One issue is around healthcare workers that have no intention of taking the flu vaccination. Most hospitals deal with somewhere between 60-80% of their staff. More substantial incentives or mandatory vaccinations are needed to increase coverage among HCPs.

→ Most HCPs advocate for vaccination against flu for pregnant women, but the uptake is very variable. Only 30-40% are vaccinated in many cases, highlighting a need to communicate the importance of better and the potential risk of not being vaccinated against influenza during pregnancy.

→ Governments have been reluctant to mobilize the argument that children should be vaccinated against COVID to protect the elderly. But that's a big part of why we vaccinate children against influenza. Plus, we need to better communicate the actual flu Burden in Children. Studies have also shown that somewhere between 0.5% to 10% of all children will seek medical advice per season.

→ Flu is often seen, even by those in at-risk groups, as a minor risk to health, even though it can have significant implications on the individual, as well as the demand for hospital resources each Winter

→ COVID has demonstrated that mandatory vaccines for HCPs are a very divisive issue. Given the historically lower efficacy rates of the flu vaccines, it would be a very difficult policy to implement. An alternative is to increase HCP education on the impact of non-vaccinated HCPs.

Flu Vaccine Education for HCPs and target groups (Pregnant Women in this case) is vital. We need to keep investing in vaccine education, and do this continue through HCPs' careers and people's lives. We need targeted communication, and Social Media strategies are required to engage women in influenza vaccination uptake.

#### **Flu Vaccine Education for HCPs and Target Groups**

An awareness campaign is needed to highlight the Risk of Catching Flu in At-Risk Groups. Highlighting the often-overlooked personal risks of catching flu if you are in a risk group.

#### **Influenza Awareness Campaign For At-Risk Groups Focusing on the Risk of Catching Flu**

## **STRATEGIES**

#### **Communicating the Importance of Vaccinating Children Against Influenza - Personal Risk and as Spreaders.**

Communicate the importance of children being asymptomatic spreaders of influenza infections and the risks for the whole family, especially the elders.

#### **Understanding and Responding to the Background Factors that Limit Uptake**

Understanding the different factors that may influence uptake. Looking at potential clinical indicators within the risk groups. Some people decide for themselves, even though the GP system says they're eligible. Reach marginalised communities and groups with the help of their community healthcare professionals.