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World Health Organization
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European Immunization Agenda 2030

Programmatic Considerations in Operationalizing Adult Immunization

Technical Meeting of the
Adult Immunization Board
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Adult Immunization within the context of Life-course approach to immunization

- A public health approach that recognizes the role of immunization as a strategy to prevent (vaccine-preventable) diseases and maximize health over one's entire life, regardless of an individual's age
- Requires immunization schedules (as reflection of vaccination policies)and programmatic considerations (such as delivery of and demand for immunization services) that respond to an individual's stage in life, their lifestyle and specific vulnerabilities/risks to vaccine-preventable diseases that they may face.

Globally, more than 80% of countries reported universal vaccination recommendations for pregnancy and the first three life course stages.

Countries with universal vaccination recommendations in 2021, %

AFR: African Region; AMR: Region of the Americas; eJRF: electronic Joint Reporting Form on Immunization; Gavi: Gavi ,the Vaccine Alliance; EMR: Eastern Mediteranean Region; EUR: European Region; SEAR: South-East Asia Region; WPR: Western Pacific Region; WB: World Bank.

* WB income group and Gavi eligibility as of July 2022.

Notes: Based on evidence of a vaccination recommendation for each life course stage according to the 2021 national immunization schedule as reported to WHO by countries. Percentage based on regional distribution of Member States (AFR, *n* = 47; AMR, *n* = 35; EMR, *n* = 21; EUR, *n* = 53; SEAR, *n* = 11; WPR, *n* = 27; World Bank low, *n* = 28; middle, *n* = 105; high, *n* = 58 income; and Gavi-eligible, low income, *n* = 27; Gavi-eligible, middle income, *n* = 46 and non-Gavi, *n* = 121.

Source: 2021 data collected via the 2022 WHO/UNICEF eJRF | Created March, 2023.

Status of adult immunization polices in Europe in 2023

	Member States reporting adult immunization (%)			
Antigen	Total (n=53)	HIC (n=36)	UMIC (n=14)	LMIC (n=3)
Health workers				
COVID-19 (%)	45 (85%)	29 (81%)	13 (93%)	3 (100%)
Seasonal Influenza (%)	**51 (96%)**	**35 (97%)**	**13 (93%)**	**3 (100%)**
Hepatitis B (%)	**17 (32%)**	**12 (33%)**	**5 (36%)**	**0 (0%)**
Measles-rubella containing vaccines (%)	**5 (9%)**	**4 (11%)**	**1 (7%)**	**0 (0%)**
Varicella (%)	**3 (6%)**	**2 (6%)**	**1 (7%)**	**0 (0%)**
Pregnant women				
COVID-19 (%)	52 (98%)	36 (100%)	13 (93%)	3 (100%)
Seasonal influenza (%)	**48 (91%)**	**34 (94%)**	**13 (93%)**	**1 (33%)**
Tetanus-containing vaccine (%)	**17 (32%)**	**17 (47%)**	**0 (0%)**	**0 (0%)**
Pertussis-containing vaccine (Tdap/aP) (%)	**17 (32%)**	**17 (47%)**	**0 (0%)**	**0 (0%)**
Older adults				
COVID-19 (%)	50 (94%)	34 (94%)	13 (93%)	3 (100%)
Seasonal Influenza (%)	**49 (92%)**	**35 (97%)**	**12 (86%)**	**2 (67%)**
Pneumococcal (%)	**16 (30%)**	**15 (42%)**	**1 (7%)**	**0 (0%)**
Herpes Zoster (%)	**7 (13%)**	**7 (19%)**	**0 (0%)**	**0 (0%)**
People with chronic conditions				
Seasonal Influenza (%)	**50 (94%)**	**35 (97%)**	**13 (93%)**	**2 (67%)**
Pneumococcal (%)	**22 (42%)**	**18 (50%)**	**4 (29%)**	**0 (0%)**

Source: WHO/UNICEF electronic Joint Reporting Form on Immunization (eJRF), WHO/UNICEF COVID-19 Vaccination Information Hub, and COVID-19 Maternal Immunization Tracker (COMIT)

Preprint: Vilajeliu, A.; Vega, V.; Gibson, R.; Nogareda, F.; Wang, X.; Brooks, D.; Wiysonge, C. S.; Cakmak, O. N.; Mere, O.; Marti, M.; Lambach, P.; Shendale, S.; Contreras, M.; Njambe, E.; Sparrow Jones, E. G.; Hombach, J.; Lindstrand, A. Global Status of Adult Immunization Post COVID-19 Pandemic. Preprints 2025, 2025030348. https://doi.org/10.20944/preprints202503.0348.v1

Challenges experienced while expanding immunization beyond childhood & adolescence

- Limited disease burden and effectiveness data informing vaccination policies (at least not as robust as childhood diseases & vaccines)
- High price of vaccines and financing limitations (adding high per-dose cost vaccines to already financially loaded programmes & stretched immunization schedules)
- Lack of established health care services for adults & elderly (compared childcare services)
- Limited immunization service delivery platforms to reach targeted individuals (limited integration to care for adults/elderly)
- Need to collaborate with additional stakeholders & structures (organizational heterogeneity)
- Difficulty in identifying the eligibles, particularly for risk-group vaccinations (in absence of interoparability between immunization information systems and other registries)
- Need for further efforts to empower health care workers (as they play the key role)
- Inadequate vaccine acceptance and demand among the targeted group (tailored efforts required to build vaccine confidence and public trust)

National immunization programmes may not be well-prepared to meet programmatic needs for expanding the programme to older age groups, as it was born as a childhood programme 50 years ago

Adding a vaccine to a programme
Disease – Vaccine – Programmatic domain

THE DISEASE

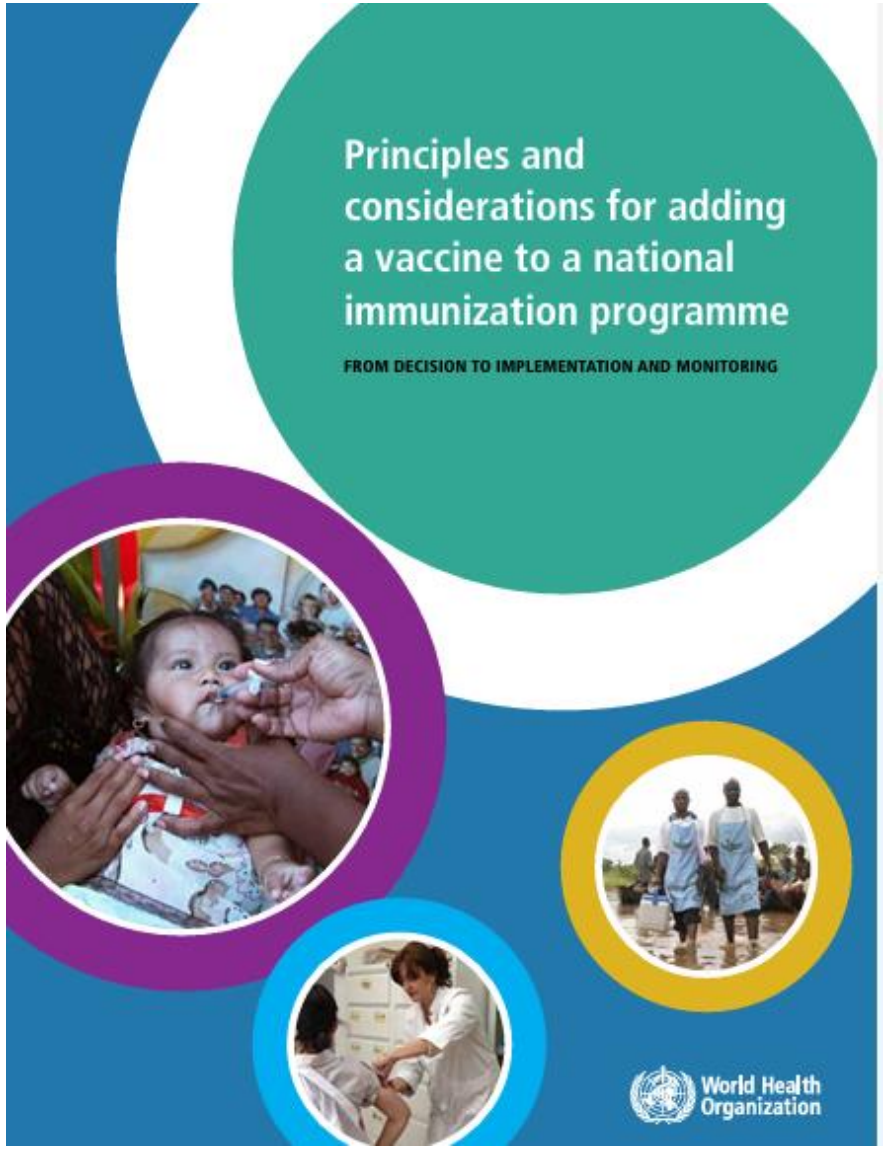
- Public health and political priorities, alignment with global and regional recommendations
- Disease burden
- Status of other disease prevention and control measures

THE VACCINES

- Performance and characteristics of available vaccines
- Economic and financial issues
- Availability of vaccine supply

SHOULD THE VACCINE BE INTRODUCED NOW?

STRENGTH OF THE IMMUNIZATION PROGRAMME AND HEALTH SYSTEM



Required key programmatic considerations

- Broadening NITAG's composition and strengthening collaboration between 3 levels (comprehensive immunization programme policy with life-course approach)
- Consolidating adult disease surveillance (robust data to inform policies and measure vaccination impact)
- Broadening governance structure of national immunization programmes – multidisciplinary and cross-sectoral coordination, including civil society organizations (coordinated advocacy efforts at policy level and collaboration at programme management level)
- Improving access to vaccines (particularly the ones for adults/elderly) at affordable prices
- Diversifying immunization service platforms and integrating vaccination services into antenatal, adult/elderly care and non-clinical settings
- Investing in electronic immunization registry (that is interoperable with other registries) that enables monitoring coverage for all ages and/or target groups
- Adjusting immunization safety systems to monitor safety of vaccines (to build and sustain public trust)
- Developing tailored communication strategies (informed by behavioral insights) to increase vaccine acceptance and demand for immunization
- Engaging community leaders and building partnerships with specialist networks for increased public demand and facilitating engagement of healthcare professionals

Conclusions

➢Continued advocacy support

- Life-course approach to immunization can improve health, support health system sustainability and promote economic prosperity
- There is global recognition of the importance of life-course approach to health in general and immunization specifically
- Countries are at different stages of implementing life-course approach to immunization, yet with few doing so comprehensively indicating the challenges faced

➢**Providing technical guidance**

- Development of a comprehensive ***technical guidance on programmatic considerations*** is required to accelerate operationalization of life-course approach to immunization, to supplement the evidence generated on vaccination policies (disease burden and effectiveness of vaccines) for adults & elderly