

Name: Sofia Duque

Country: Portugal

Affiliation: Hospital CUF Descobertas.
NOVA Medical School, Lisboa

Function: Geriatrician, Internist.

EuGMS Communication Director.

Main expertise: Geriatric Medicine. CGA,
Promotion of healthy ageing.



Adult Immunization Board – Country meeting:

*Session 7: Adult vaccination in Portugal in specific situations
and population groups, the way forward*

VACCINATION OF OLDER ADULTS



A collaboration of



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Questions to cover in talk

- What is understood in Portugal under “*older adults*” in vaccination recommendations?
- Which vaccine(s) are recommended, Are there (semi-)mandatory vaccines? How are the vaccinations funded for “*older adults*” ?
- What is the vaccine uptake and uptake trends in “*older adults*” ?
- What are the lessons learned from implementation of vaccination in “*older adults*” in Portugal? What might change in the future?

What is understood in Portugal under “older adults” in vaccination recommendations?

- **Vaccination Recommendations**

Guidelines published by the national health regulatory authority (DGS-Directorate-General of Health)

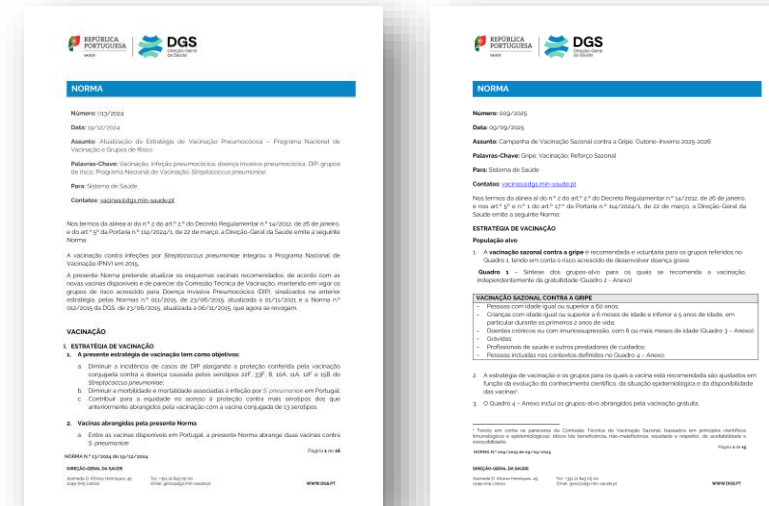
- In Portugal, there are no Vaccination Recommendations specifically targeted at **OLDER ADULTS** as a distinct group.
- Vaccination Recommendations are defined according to **chronological age** and the **risk of vaccine-preventable diseases**, considering medical conditions, occupational exposure, and the potential for disease transmission.

What is understood in Portugal under “older adults” in vaccination recommendations?

■ Vaccination Recommendations: 2-levels guidelines



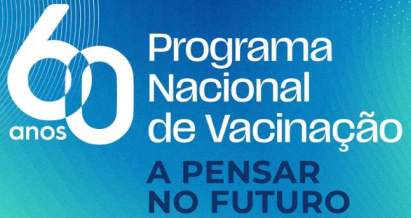
National Vaccination Program
universally free



Regulatory guidelines
not necessarily free
(in Portuguese: Normas)

Where can we find “older adults”? (65 +)

What is understood in Portugal under “older adults” in vaccination recommendations?



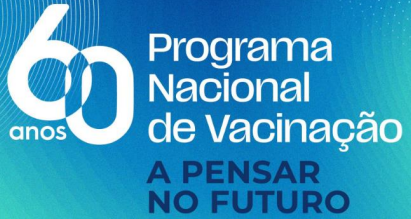
Blue Book of Vaccines, DGS 2025

National Vaccination Program (NVP)

- Launched 60 years ago
- Principles:
 - Universality
 - Free access**
 - Accessibility
 - Equity
 - Take all vaccination opportunities
- Not mandatory
- A strong communication narrative surrounding the NVP
- No chapter for “Older Adults”



What is understood in Portugal under “older adults” in vaccination recommendations?



National Vaccination Program (NVP)

- **Success case**

“one of the most consistent and successful” (...) “the biggest and most cost-effective public health program in the country”

“high vaccination coverage rates”

“high adherence rates among its population”

“the trust that the Portuguese place in the National Vaccination Program — built over decades — ensures that Portugal remains an international example of success in vaccination coverage.”

Blue Book of Vaccines, DGS 2025



Which vaccines are recommended and how are they funded?



Starting from Oct 2025

NVP:
Recommended
general schedule



Vacina/ Infecção-Doença	nascimento	2 meses	4 meses	6 meses	12 meses	18 meses	5 anos	10 anos	25 anos	45 anos	65 anos	10/10 anos
VHB Hepatite B	VHB 1	VHB 2		VHB 3								
Hib infecção por <i>Haemophilus influenzae b</i>		Hib 1	Hib 2	Hib 3		Hib 4						
DTPa difteria, tétano, tosse convulsa		DTPa 1	DTPa 2	DTPa 3		DTPa 4	DTPa 5					
VIP poliomielite		VIP 1	VIP 2	VIP 3		VIP 4	VIP 5					
Pn20 infecção por <i>Streptococcus pneumoniae</i>		Pn ₂₀ 1	Pn ₂₀ 2		Pn ₂₀ 3							
MenB infecção por <i>Neisseria meningitidis B</i>		MenB 1	MenB 2		MenB 3							
MenACWY <i>Neisseria meningitidis ACWY</i>					MenACWY							
VASPR sarampo, parotidite epidémica, rubéola					VASPR 1		VASPR 2					
HPV infecção por vírus do papiloma humano								HPV 1,2				
Tétano, difteria e tosse convulsa									Tdpa - Grávidas			
Tétano e difteria								Td	Td	Td	Td	Td

Diphtheria and
tetanus vaccine



totally free of
charge



Which vaccines are recommended and how are they funded?

What is understood in Portugal under “older adults” in vaccination recommendations?

▪ Vaccination Recommendations: 2-levels guidelines



National Vaccination Program
universally free



Regulatory guidelines
not necessarily free
(in Portuguese: Normas)

Where can we find “older adults”? (65 +)



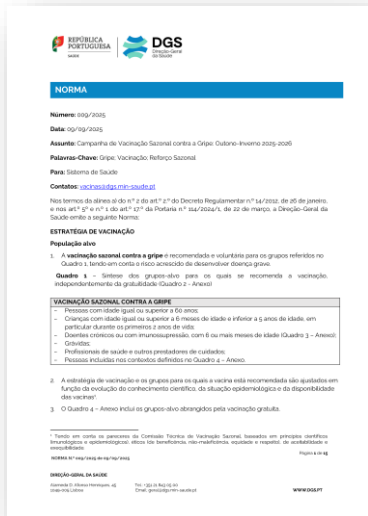
Diphtheria and tetanus vaccine

Influenza, COVID-19 and Pneumococcal vaccines

Which vaccines are recommended and how are they funded?

Influenza Vaccination Norma No. 009/2025 of 09/09/2025

- Recommended for **all people 60+, free of charge**
- Between September 23, 2025 and April 30, 2026
- (But not mentioned in the NVP schedule)



60 – 84 yo

- Community pharmacies
- NHS units (PC centres)
- inactivated trivalent influenza vaccine, standard dose

High-dose vaccine available in community pharmacies, by medical prescription, not reimbursed



85+ yo

- NHS units (PC centres)
- inactivated trivalent influenza vaccine, high-dose



Residential facilities and Continued Care Network

- inactivated trivalent influenza vaccine, high-dose



Which vaccines are recommended and how are they funded?

COVID-19 Vaccination Norma No. 010/2025, of 09/09/2025



- **Seasonal booster recommended for all people 60+, free of charge**
 - **1 dose per year**
 - **Additional dose** may be considered in cases of **severe immunosuppression** (active cancer, transplant, HIV infection, immunodeficiencies, asplenia, steroid therapy, immunosuppressive or immunomodulatory treatments, antibody-depleting techniques)
- Provided vaccine: Comirnaty LP.8.1®
- Between September 23, 2025 and April 30, 2026
- 3 months after COVID-19 infection
- (But not mentioned in the NVP schedule)

60 – 84 yo

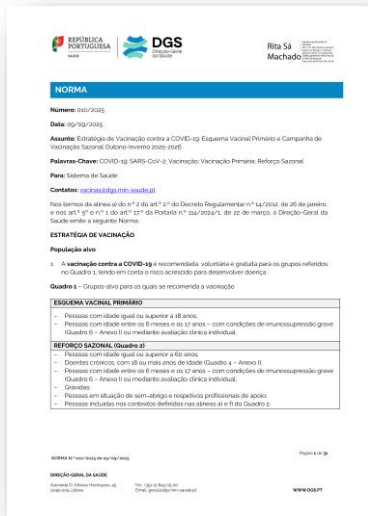
- Community pharmacies
- NHS units (PC centres)

85+ yo

- NHS units (PC centres)

Other vaccines in PT

- COVID-19 vaccine (recombinant, adjuvanted)
- by medical prescription, not reimbursed



Which vaccines are recommended and how are they funded?

Pneumococcal Vaccination Norma No. 013/2024, of 19/12/2024

- Recommended for **all people 65+**
- Provided vaccines: PPSV23, PCV20

Healthy 65+ yo



- PPSV23, by MP
- Paid
- 37-69% reimbursed

65+ yo, immunosuppression, FREE



- **PCV20 >> PPSV23**, by MP
- Severe chronic resp failure, CSF fistulas, cochlear implants, primary immunodeficiencies, HIV CD4+ <500, transplant candidates, active hematologic malignancy, nephrotic syndrome

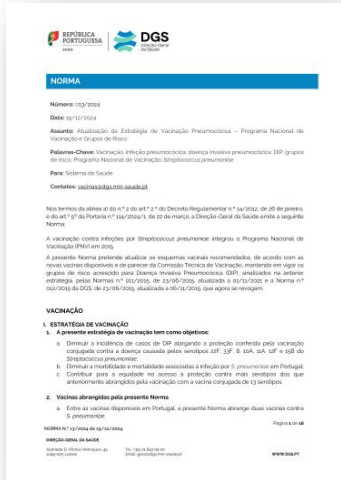
65+ yo w/ chronic conditions



- **PCV20 >> PPSV23**, by MP
- DM, Heart, Liver, Kidney, Resp dis, HIV CD4+ >500, immunosuppressive tx, cancer
- paid, 37-69% reimbursed

Other vaccines in PT

- **PCV13, PCV15**, by MP, 37-69 % reimbursed
- **PCV21**, by MP, not reimbursed



Which vaccines are recommended and how are they funded?

- Herpes Zoster, RSV and Pertussis vaccination are **not included** in the national DGS recommendations for adults
- Access to **the most effective vaccines** is **limited** (e.g., high-dose influenza vaccine for ≥ 85 years and pneumococcal conjugate vaccines)
- **Scientific societies** have been publishing position papers **supporting vaccination of older adults with several vaccines**

Which vaccines are recommended and how are they funded?

Pulmonology 30 (2024) 422–436

PULMONOLOGY

www.journalofpulmonology.org

SPECIAL ARTICLE

Influenza vaccination in older adults and patients with chronic disorders: A position paper from the Portuguese Society of Pulmonology, the Portuguese Society of Cardiology, the Portuguese Society of Diabetology, the Portuguese Society of Infectious Diseases and Clinical Microbiology, the Portuguese Society of Geriatrics and Gerontology, and the Study Group of Geriatrics of the Portuguese Society of Internal Medicine

F. Froes^{a,b}, A. Timóteo^{c,d,e}, B. Almeida^{f,g}, J.F. Raposo^{h,i,j}, J. Oliveira^{k,l}, M. Carrageta^m, S. Duque^{n,o,p,q}, A. Morais^{r,s,t,u,v,w}

^a Toxas Department, Centro Hospitalar Universitário Lisboa Norte, Lisboa, Portugal
^b Portuguese Society of Pulmonology (SPP), Portugal
^c Cardiology Department, Hospital de Santa Marta, Centro Hospitalar Universitário Lisboa Central, Lisboa, Portugal
^d NDM Medical School, Lisboa, Portugal
^e Portuguese Society of Cardiology (SPC), Portugal
^f APDP Diabetes, Lisboa, Portugal
^g Faculty of Health Sciences, University of Beira Interior, Covilhã, Portugal
^h Portuguese Society of Diabetology (SPD), Portugal
ⁱ Infection Control and Prevention and Antimicrobial Resistance Department, Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal
^j Portuguese Society of Infectious Diseases and Clinical Microbiology (SPIDMC), Portugal
^k Institute of Preventive Medicine, Almada, Portugal
^l Portuguese Society of Geriatrics and Gerontology (SPGG), Portugal
^m Hospital CUF Descobertas, Lisboa, Portugal
ⁿ Institute of Preventive Medicine and Public Health, Faculty of Medicine, University of Lisbon, Lisboa, Portugal
^o Study Group of Geriatrics of the Portuguese Society of Internal Medicine (NEGERM-SPMI), Portugal
^p Pulmonology Department, Hospital de São João, Centro Hospitalar Universitário São João, Porto, Portugal
^q Faculty of Medicine, University of Porto, Porto, Portugal
^r I3S – Instituto de Biologia Molecular e Celular, Instituto de Investigação e Inovação em Saúde, University of Porto, Porto, Portugal

Received 10 October 2023; accepted 14 November 2023
Available online 21 December 2023

^{*} Corresponding author at: Pulmonology Department, Centro Hospitalar Universitário São João, Porto, Portugal.
E-mail address: antonio.morais@spmi@gmail.com (A. Morais).

<https://doi.org/10.1016/j.pulmon.2023.11.003>
2531-0437/© 2023 Sociedade Portuguesa de Pneumologia. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

- high-dose inactivated (influenza) vaccines should be prioritized in all adults aged +65 years.

Pulmonology. 2024;30(5):422-436.

PULMONOLOGY

2025, Vol. 31, No. 1, 2451456
<https://doi.org/10.1080/20318625.2025.2451456>

OPEN ACCESS

Respiratory syncytial virus vaccination in older adults and patients with chronic disorders: A position paper from the Portuguese Society of Pulmonology, the Portuguese Association of General and Family Medicine, the Portuguese Society of Cardiology, the Portuguese Society of Infectious Diseases and Clinical Microbiology, the Portuguese Society of Endocrinology, Diabetes and Metabolism, and the Portuguese Society of Internal Medicine

Tiago Alfaro^{a,b}, Filipe Froese^c, Cláudia Vicente^d, Rui Costa^e, Cristina Gavina^{f,g}, Rui Baptista^{h,i}, António Malat^{j,k}, Saraiva da Cunha^l, João Sérgio Neves^{m,n}, Pedro Leuschner^{o,p}, Sofia Duque^{q,r} and Paula Pinto^s

^aPortuguese Society of Pulmonology (SPP), Lisbon, Portugal; ^bDepartment of Pulmonology, Unidade Local de Saúde de Coimbra, E.P.E., Coimbra, Portugal; ^cChest Department, Hospital Pulido Valente, Unidade Local de Saúde de Santa Maria, E.P.E., Lisboa, Portugal; ^dPortuguese Association of General and Family Medicine (APMGF), Lisbon, Portugal; ^eSaúde Medicina Apoiada, S.A., Porto, Portugal; ^fPortuguese Society of Cardiology (SPC), Lisbon, Portugal; ^gDepartment of Cardiology, Hospital Pedro Hispano, Unidade Local de Saúde de Matosinhos, E.P.E., Matosinhos, Portugal; ^hFaculty of Medicine, University of Porto, Porto, Portugal; ⁱDepartment of Cardiology, Unidade Local de Saúde de Entre Douro e Vouga, E.P.E., Santa Maria da Feira, Portugal; ^jFaculty of Medicine, University of Coimbra, Coimbra, Portugal; ^kCenter for Innovative Biomedicine and Biotechnology (CIBBI), University of Coimbra, Coimbra, Portugal; ^lClinical Academic Center of Coimbra (CAC), Coimbra, Portugal; ^mPortuguese Society of Infectious Diseases and Clinical Microbiology (SPIDMC), Lisbon, Portugal; ⁿDepartment of Infectious Diseases, Unidade Local de Saúde da Região de Aveiro, E.P.E., Aveiro, Portugal; ^oFaculty of Health Sciences, University of Beira Interior, Covilhã, Portugal; ^pPortuguese Society of Endocrinology, Diabetes and Metabolism (SPDEM), Lisbon, Portugal; ^qCardiovascular R&D Center (CIVIR), Department of Surgery and Physiology, Faculty of Medicine, University of Porto, Porto, Portugal; ^rDepartment of Endocrinology, Unidade Local de Saúde de São João, E.P.E., Porto, Portugal; ^sPortuguese Society of Internal Medicine (SPMI), Lisbon, Portugal; ^tInstituto de Ciências Biomédicas Abel Salazar (ICBAS), University of Porto, Porto, Portugal; ^uDepartment of Medicine, Unidade Local de Saúde de Santo António, E.P.E., Porto, Portugal; ^vHospital CUF Descobertas, Lisboa, Portugal; ^wInstitute for Preventive Medicine and Public Health, Faculty of Medicine, University of Lisbon, Lisboa, Portugal; ^xChest Department, Unidade Local de Saúde de Santa Maria, E.P.E., Lisboa, Portugal; ^yEnvironmental Health Institute (ISAHM), Faculty of Medicine, University of Lisbon, Lisboa, Portugal.

ARTICLE HISTORY
Received 30 October 2024
Accepted 6 January 2025

KEYWORDS
Respiratory syncytial virus; vaccines; older adults; chronic conditions; recommendations

ABSTRACT
Background: Respiratory syncytial virus (RSV) is an important cause of lower respiratory tract infection, hospitalisation and death in adults.
Methods: Based on evidence regarding the impact of RSV on adult populations at risk for severe infection and the efficacy and safety of RSV vaccines, the Portuguese Society of Pulmonology, the Portuguese Association of General and Family Medicine, the Portuguese Society of Cardiology, the Portuguese Society of Infectious Diseases and Clinical Microbiology, the Portuguese Society of Endocrinology, Diabetes and Metabolism, and the Portuguese Society of Internal Medicine endorse this position paper with recommendations to prevent RSV-associated disease and its complications in adults through vaccination.
Conclusion: The RSV vaccine is recommended for people aged ≥50 years with risk factors: chronic obstructive pulmonary disease, asthma, heart failure, coronary artery disease, diabetes, chronic kidney disease, chronic liver disease, immunocompromise, frailty, dementia, and residence in a nursing home and all persons aged ≥80 years. If it cannot be made available to this population, then the vaccine should be prioritized for individuals aged ≥75 years and those aged ≥50 years with risk factors. The vaccine should preferably be given between September and November and can be co-administered with the influenza vaccine. Ongoing studies on RSV vaccines may justify extending these recommendations in the future.

CONTACT Tiago Alfaro talfaro@spmi@gmail.com

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- RSV vaccine is recommended for (...) all persons aged ≥60 years. (...) prioritised for individuals aged ≥75 years

Pulmonology. 2025;31(1):2451456

GUIDELINES
CONSENSUS

Recomendações para a Vacinação contra o Herpes Zoster: Documento de Consenso da Sociedade Portuguesa de Medicina Interna e da Associação Portuguesa de Medicina Geral e Familiar
Recommendations for Herpes Zoster Vaccination: Consensus Report from the Portuguese Society of Internal Medicine and the Portuguese Association of General and Family Medicine

Sofia Duque^{a,b,c}, António Marinho^{d,e}, Paulo Almeida^{f,g}, Raul Marques Pereira^{h,i,j,k}, Raul Buzaco^{l,m}

Resumo:
O herpes zoster (HZ), ou zona, é causado pela reativação do vírus varicela zoster latente. Trata-se de uma doença com elevada incidência, associada a grande morbilidade, que pode originar ou agravar uma situação de fragilidade do doente, o que realça a importância da vacinação. Entre os fatores de risco para HZ e nevralgia pós-herpética (NPH), a sua principal complicação, encontram-se a idade, a imunossupressão e a presença de doenças crónicas. A vacinação é uma estratégia eficaz na prevenção do HZ e da NPH. Em Portugal, estão disponíveis duas vacinas contra o HZ: a vacina viva atenuada e a vacina recombinante, a qual apresenta elevada eficácia contra o HZ e suas complicações, especialmente nas populações de maior risco, imunodeprimidas e com imunossenescência que têm contraindicação para a formulação viva atenuada. Contudo, a vacina contra o HZ não consta do Programa Nacional de Vacinação nem existem recomendações nacionais específicas para a imunização. Assim, a Sociedade Portuguesa de Medicina Interna e a Associação Portuguesa de Medicina Geral e Familiar elaboraram um documento de consenso que estabelece orientações para a vacinação contra o HZ.
Recomenda-se a vacinação contra o HZ em todos os adultos com idade igual ou superior a 50 anos, assim como em adultos com idade entre 18 e 49 anos com risco elevado do zona, nomeadamente doentes com comorbilidades médicas ou imunossupressão. Os adultos imunocompetentes devem ser preferencialmente imunizados com a vacina recombinante, podendo receber a vacina viva atenuada em situações pontuais; os adultos imunocomprometidos só podem ser imunizados com a vacina recombinante. Recomenda-se a vacinação dos indivíduos com antecedentes de zona a imunização com a vacina recombinante de indivíduos previamente vacinados com a vacina viva atenuada. Salienta-se ainda a necessidade da promoção da literacia do doente aquando do ato de prescrição da vacina contra o HZ, bem como o papel ativo do médico na sensibilização para a importância da vacinação contra esta patologia.
Palavras-chave: Herpes Zoster; Idoso; Nevralgia Pós-Herpética; Vacina contra Herpes Zoster; Vacinação.

Abstract:
Herpes zoster (HZ), or shingles, is caused by the reactivation of the latent varicella zoster virus. It is a high-morbidity disease, associated with great morbidity, which might create or worsen a patient's frailty condition, thus reinforcing the importance of vaccination. Among the risk factors for HZ in Portugal, there are two available vaccines against HZ: the live attenuated vaccine and the recombinant vaccine, which shows high efficacy against HZ and its complications, especially in high-risk populations, immunodepressed and with immunosenescence that have contraindications for the live attenuated formulation. However, the HZ vaccine is not part of the National Vaccination Program and there are no specific national recommendations for immunization. Thus, the Portuguese Society of Internal Medicine and the Portuguese Association of General and Family Medicine have developed a consensus document that establishes guidelines for HZ vaccination.
It is recommended to vaccinate against HZ in all adults aged 50 years and over, as well as in adults aged 18–49 years at high risk of shingles, namely those with medical comorbidities or immunosuppression. Immunocompetent adults should preferably be immunized with the recombinant vaccine, while immunocompromised adults should only be immunized with the recombinant vaccine. It is recommended to vaccinate individuals with a history of shingles with the recombinant vaccine and previously vaccinated individuals with the live attenuated vaccine. It is also emphasized the need to promote patient literacy when prescribing the HZ vaccine, as well as the active role of the doctor in sensitizing for the importance of vaccination against this pathology.
Keywords: Herpes Zoster; Elderly; Post-herpetic Neuralgia; Vaccine against Herpes Zoster; Vaccination.







- Vaccination against HZ is recommended for all adults aged 50 years and over

Medicina Interna. 2023;30(3):180-191

What is the vaccine uptake and uptake trends in older adults?

Influenza Vaccination Coverage according to DGS data



	2023-2024	2024-2025	2025-2026
60+	66,27%	64,01%	 57,35%
60-69	52,29%	48,61%	 41,04%
70-79	75,54%	73,05%	 65,78%
80+	78,91%	-----	-----
80-84	-----	74,29%	 70,77%
85+	-----	85,40% 	 80,56%



Report 25-11-2025

What is the vaccine uptake and uptake trends in older adults?

Influenza Vaccination Coverage according to DGS data



RELATÓRIO SEMANAL | VACINAÇÃO SAZONAL | 25-11-2025

NÚMERO DE PESSOAS VACINADAS POR REGIÃO

	COVID-19		GRIPE	
	N.º de vacinas administradas	Cobertura vacinal (60+ anos)	N.º de vacinas administradas	Cobertura vacinal (60+ anos)
Norte	404.609	37,48%	707.957	65,58%
Centro	188.810	31,52%	339.518	56,68%
LVT	382.954	37,56%	545.207	53,48%
Alentejo	41.991	25,62%	73.368	44,77%
Algarve	30.294	21,16%	56.885	39,73%








Report 25-11-2025

What is the vaccine uptake and uptake trends in older adults?

COVID-19 Vaccination Coverage according to DGS data



	2023-2024	2024-2025	2025-2026
60+	56,14%	45,34%	 34,9%
60-69	45,49%	33,58%	 23,39%
70-79	62,78%	50,84%	 39,27%
80+	66,31%	-----	-----
80-84	-----	53,48%	 44,52%
85+	-----	65,27%	 55,89%

Report 25-11-2025

What is the vaccine uptake and uptake trends in older adults?

Pneumococcal Vaccination Coverage according to DGS data (2021)

≥65 years

19%

11,8% PCV 13

6,7% PPSV

0,8% PCV13 + PPSV23



Diphtheria-Tetanus Vaccination Coverage according to DGS data (2023)

≥65 years

87%



What are the lessons learned from implementation of vaccination in older adults in Portugal?

- **Very good compliance with Influenza vaccination, especially among older adults (85+)**
 - Legacy of annual influenza vaccination campaigns
 - Trust in the safety of vaccines
 - Consistent vaccination campaigns work
- **Declining acceptance of COVID-19 vaccination**
 - Influence of misinformation
 - Underreporting of COVID-19 infection (due to declining testing)
- Active surveillance of diseases is **needed!**
- **Real time vaccination coverage data** are limited to Influenza and COVID-19

What are the lessons learned from implementation of vaccination in older adults in Portugal?



- Pneumococcal vaccination is very well accepted (although medical advice is usually required)
- Herpes Zoster vaccination is very well accepted
 - Media awareness
 - Recognition of cases among relatives and friends
 - Fear of pain
- RSV vaccination is well accepted

Sometimes patients refuse, and the very next minute they ask for the medical prescription. Give them the right argument!

What might change in the future?

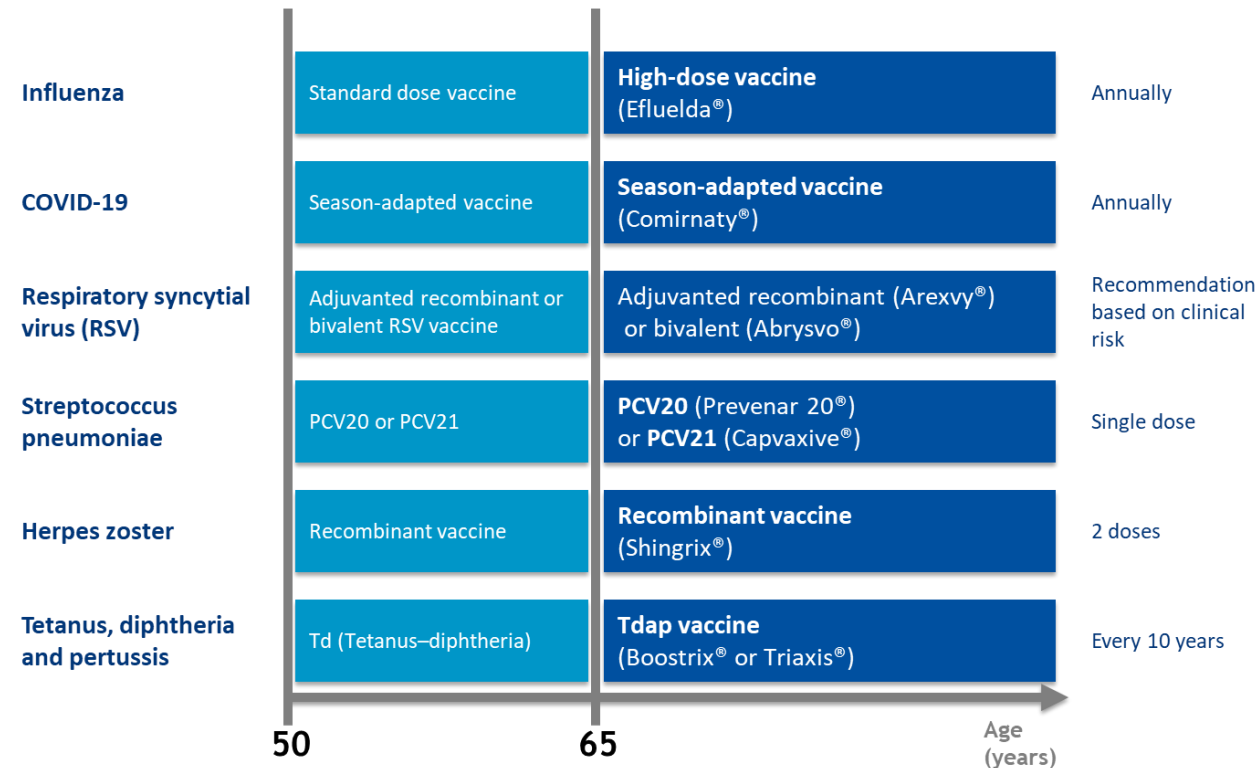
- More vaccines available
- Inclusion in the National Vaccination Program (even if some vaccines remain partially co-paid by citizens)
- Improved health literacy
- More public awareness campaigns
- Empower citizens (and limit the need for a medical prescription)



What might change in the future?

Vaccination of Older Adults in Portugal:

Recommendations from the Geriatrics Study Group of the Portuguese Society of Internal Medicine



Adult Immunization Board – Country meeting:

*Session 4: Implementation and delivery of
adult vaccination services in Portugal*

VACCINATION OF OLDER ADULTS



A collaboration of



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