



Overview of adult immunization in Finland: Successes, lessons learned and the way forward





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Introduction

Sharing knowledge and best practices is important to improving adult vaccination strategies across Europe. This review summarizes the discussions of the Adult Immunization Board (AIB) meeting held in Helsinki on December 4–5, 2024, which focused on Finnish adult immunization policies and practices.

The national vaccination program for adults

- By age: Td(ap), Influenza
- Adults in at-risk groups: Tdap, Influenza, TBE, Polio Pneumococcal, Hib, HepA/B, Meningococcal
 - <u>Temporary</u>: Avian influenza,
 COVID-19 (via EU joint procurement)
 - Recently discontinued: Mpox

Successes

- Centralized, publicly funded National Vaccination Program (NVP), supported by national evaluation for decision-making based on population-based registers (enable assessment disease burden, facilitate identification of groups, and enable evaluating coverage, impact, and safety)
- Centralized tender with lower vaccine prices, centralized procurement, uniform processes for vaccine administration by public health care.

Main challenges	Opportunities
Delays and mismatch between Finnish Institute for Health and Welfare (THL) recommendations and specific inclusions in the NVP	It is crucial to further streamline the vaccine inclusion process by making the system as efficient, cost-effective, and straightforward as possible
Inability to fully realize the potential of automated data processing, register data linking, and patient file harvesting via AI	A change in the law of secondary data use will enable better register-based data use and the evolution of data warehouses will involve refining inpatient and hospital case definitions and integrating data from diverse healthcare sources, including private healthcare and primary care providers
A barrier to conducting certain research in Finland is its small population size , which limits the availability of sufficiently large sample sizes for achieving statistically significant results	There is a strong need for international collaboration to gather sufficient data and statistical power for certain research questions
Improving adult vaccination coverage and expanding effective and cost-effective adult immunization programs.	Potential for "well elderly" clinics to create an easily accessible pathway for adults to get specific vaccines, and closer monitoring of the need for vaccines and/or booster doses
While there is a strong focus on elderly adults , particularly for COVID-19 and influenza vaccination, other at-risk groups (e.g. people at risk of severe disease because of an underlying chronic illness or immunosuppressive treatment) receive comparatively less attention	The quality of data for identifying risk groups , such as pregnant women, is expected to improve in the future
While reminders are sent to target groups by SMS or via client portal for influenza and COVID-19 vaccinations, such reminders are not widely-used for other vaccinations	Efforts to reach healthy adults can be enhanced. Healthcare providers could receive prompts through the patient data system to administer vaccinations based on individual needs
Budgetary and staffing limitations are affecting the public health system, including adult vaccination programs (which include rising cost of vaccines)	The dialogue with policymakers on adult immunization needs to be expanded and reinforced
The limited use of occupational health vaccinations , particularly those relevant to reducing absenteeism from work, poses a barrier to improving overall workforce health.	Occupational health training should place more emphasis on vaccinations, which are currently undervalued
Although smaller than in many other EU countries, socioeconomic and geographical inequalities remain a barrier.	Adult immunization campaigns need to be targeted to specific sub populations and messaging needs to be adapted to the needs and interests of these sub populations
Limited detailed knowledge of the population's acceptance and attitudes toward vaccination	It is crucial to evaluate the feasibility and acceptability of vaccinations to ensure high vaccination coverage (e.g Cultural, Behavioural and Media Insights Centre (CUBE)

Conclusion: While there are areas for further improvement, Finland's commitment to provide cost-effective, equitable, evidence-based vaccination programs with high coverage, including for at-risk subpopulations (e.g., social and health care workers, migrants, people at risk of severe disease because of an underlying chronic illness or immunosuppressive treatment, military conscripts), ensures continued progress. All meeting presentations are available on the AIB website