

The Role of Advocacy Organisations in Promoting Health through Vaccination

Consensus Statement

Expert Meeting

6 December 2019
London, United Kingdom



People with chronic diseases such as HIV, heart disease and lung disease, as well as those with complement deficiencies, may be at higher risk of developing complications from vaccine preventable diseases such as influenza, pneumonia and meningitis, including but not limited to sustained and diminished loss in functional ability, hospitalization and even death.¹ To illustrate, the highest rates of pneumonia in the United Kingdom (UK) are found amongst people with respiratory, heart and kidney disease,² individuals with rheumatoid arthritis have double the risk of infection compared with the general population,³ and adults living with HIV are at an approximately 40-times higher risk of invasive pneumococcal disease compared with age-matched HIV-negative adults.⁴

Vaccination throughout life is one of the most successful public health practices in history in the prevention of many debilitating diseases for everyone,⁵ including those with existing diseases or conditions. With the increasing need for long-term condition management and an ageing population, improving vaccine uptake is more critical than ever.

Patient and health advocacy organisations in the UK represent a wide range of populations, including those most vulnerable to the life altering consequences of vaccine preventable conditions. These organisations are also often considered a trusted source of information with outreach to thousands of people and their families.

For these reasons, the International Federation on Ageing (IFA) and Meningitis Research Foundation (MRF) convened the “Forum to Explore the Role of Patient Organisations in Vaccination” in London UK, gathering the leaders of health and patient advocacy organisations, alongside experts in immunisation, vaccine preventable diseases, and health policy, in an open and unbiased forum to develop tangible actions to improve vaccination rates for groups most at-risk in the UK.

Delegates left this forum with a rich understanding of the importance of collaboration to improve vaccination rates, as well as the challenges and opportunities health advocacy organisations face. A consensus amongst delegates was met on the following:

1. Continue the Momentum

In comparison to other countries, the UK is often considered one of the leaders in regard to vaccination uptake rates, with 72% of the at-risk group of older people vaccinated against influenza in 2018-19.⁶ While this progress is important, it is also fragile, and there is still room for improvement. Health advocacy organisations and key stakeholders must work together and beyond influenza vaccination to ensure momentum across all age groups.

2. Acknowledge and address barriers organisations may face in promoting vaccination

Patient and health advocacy organisations face a multitude of barriers when promoting vaccination to their constituents. For some organisations, it is a question of capacity, and for others, there are competing priorities reflecting broader issues and needs.

There are also structural barriers in place that may prevent organisations from promoting vaccination to their constituents. For example, in the UK there is confusing and inconsistent practice around whether HIV clinics can offer vaccinations, and patchy liaison between clinics and general practitioners (GPs) means that some GPs are not aware of the vaccination recommendations and their importance. It is vital that these structural barriers are removed to allow organisations to promote vaccination effectively.

3. A Life Course Approach to Vaccination is Essential

Vaccination must be normalised across the life course rather than being a discrete event in childhood. Vaccines are crucial to the health and functioning of adolescents, adults and older people as well.

4. Assuming Responsibility

Vaccination 'as a conversation' is most likely to happen between a person and a nurse or their GP, however this is not always the case. For this reason alone, associations that represent members and constituents play a critical role in education and promotion about vaccination schedules that can complement advice from a clinical expert.

5. Cross-Sectoral Collaboration

The formation of a cohesive, collective voice in the UK among unlike groups (including health advocacy organisations, health care providers and academics) is crucial to improving the delivery of vaccination information and promoting vaccination to at-risk groups. This collective voice must support a central agenda while at the same time acknowledge the differences and similarities of where organisations currently are in their response to vaccination promotion.

The closer alignment of patient organisations and vaccination experts will promote the credibility of organisations in providing vaccination advice, and can also provide a platform for organisations to share best practices and support those who are new to promoting vaccination to move forward successfully.

6. Forming Effective Messaging

Forming clear and effective messages on vaccination for people with different risk profiles is critical yet complex, with a paucity of scientific research on the topic. The topic of vaccination can at times be controversial with many not wanting to 'poke the bear', and very complex in terms of determining whether the vaccine is appropriate and / or available to a specific group of people. Processes for people to follow for vaccination varies between at-risk groups and depends on the underlying health condition in question, which makes it even more difficult to give clear and simple advice.

Nevertheless, organisations have a role to play in informing popular narratives, as well as individuals, through a strong understanding of the targeted audience and meaningful and appropriate messages. It is worth investing time and research into the nature and format of messages and communication channels to determine what works for what populations.

For queries relating to this document, please contact: macton@ifa.ngo

References

- 1 European Patients' Forum, (2018). Vaccination and patients with chronic conditions. Background Report. Retrieved from: <http://www.eu-patient.eu/globalassets/policy/vaccination/resources/background-report--vaccination-and-patients-with-chronic-conditions.pdf>
- 2 Chalmers, J. D., Campling, J., Dicker, A., Woodhead, M., & Madhava, H. (2016). A systematic review of the burden of vaccine preventable pneumococcal disease in UK adults. *BMC pulmonary medicine*, 16(1), 77
- 3 Costello, R., Winthrop, K. L., Pye, S. R., Brown, B., & Dixon, W. G. (2016). Influenza and pneumococcal vaccination uptake in patients with rheumatoid arthritis treated with immunosuppressive therapy in the UK: a retrospective cohort study using data from the clinical practice research datalink. *PloS one*, 11(4), e0153848.
- 4 British HIV Association, (2015). British HIV Association guidelines on the use of vaccines in HIV-positive adults 2015.
- 5 Ehreth, J. (2003). The global value of vaccination. *Vaccine*, 21(7-8), 596-600.
- 6 Nuffield Trust (2019). Adult flu vaccination coverage. Retrieved from <https://www.nuffieldtrust.org.uk/resource/adult-flu-vaccination-coverage>

International Federation on Ageing
1 Bridgepoint Drive, Suite G.238
Toronto, ON, M4M 2B5, Canada

www.vaccines4life.com

Published May 2020 © Vaccines4Life