



International  
Federation on  
Ageing



Vaccines  
4 Life

a contribution to the  
**Decade  
of healthy  
ageing**

# Improving Adult Vaccination Policy in Long-Term Care Settings

Roundtable Consensus Statement

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By International Federation on Ageing

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## BACKGROUND

The global population is rapidly changing, resulting in a shift in demographic distributions toward older ages, known as population ageing.(1) It is estimated that by 2050, 1 in 6 people in the world will be aged 60 years or older, with the proportion of this population and those 80 years or above doubling and tripling, respectively.(1) Occurring alongside this phenomenon is the increased prevalence of non-communicable diseases (NCDs) and the leading cause of death and disability globally.(2,3) Older people and those with chronic conditions, such as NCDs, are at high risk of severe and life-threatening complications from vaccine-preventable diseases (VPDs), including pneumococcal pneumonia, influenza, and pertussis.(4,5) These respiratory viral infections are a significant contributor to severe illness, increased mortality rates, decreased functional ability, decreased disability-adjusted life years (DALYs), and overall lower quality of life years (QALYs) for older adults and those with underlying chronic conditions.(6)

The unique communal living conditions within long-term care facilities (LTCFs) give rise to an increased risk and exposure to respiratory and other infectious diseases due to shared spaces and staff working closely with multiple residents.(7) The COVID-19 pandemic has highlighted the burden of infectious diseases on older adults living within LTCFs, with some reports showing 40% of all COVID-19-related deaths in such settings, globally.(8) Eliminating the risk of outbreaks has become increasingly important and high on the political agendas of all levels of government, given the potential burden on already stressed health systems. The pandemic has further emphasized the vulnerabilities of older adults in LTCFs with failures of inadequately equipped facilities, insufficient nursing and medical care, and sub-standard care to residents, including malnutrition and solitary social confinement.(9,10)

Toward improving rates of adult routine immunisation in long-term care (LTC) settings, the International Federation on Ageing (IFA) conducted the 'Improving Adult Vaccination Policy in Long-Term Care Settings' study, which is the first study of its kind and intended to deliver critical baseline data to help inform technical guidelines as well as governmental and civil society dialogue and policy actions to protect the health and well-being of LTC residents. The study aims to influence and help build a policy framework with the goal of reducing rates of morbidity and mortality associated with VPDs in LTC settings.

## IMPROVING ADULT VACCINATION POLICY IN LONG-TERM CARE SETTINGS ROUNDTABLE

IFA's work in the area of immunisation is embedded in a responsibility to older people globally, and in an effort to help influence and shape age-related policies that create an environment that enables older people to do what they have reason to value. Convened by the IFA, the Improving Adult Vaccination Policy in Long-Term Care Settings Roundtable meeting was designed to gather leaders in public health, alongside experts in immunisation, long-term care, and health policy, with the aim of an open and unbiased discussion to:

- Share the results of the 'Improving Adult Vaccination Policy in Long-Term Care Settings' study and identify the latest evidence on country-level gaps in policies regarding immunisation and long-term care.
- Discuss tangible opportunities to implement policy-based practices to ensure that residents in LTCFs have access and information to routine vaccinations.
- To identify tangible opportunities to build capacity to influence policy in informing the agenda of an anticipated in-person expert meeting.

The participants of the roundtable were brought together to represent civil society, non-governmental, and intergovernmental perspectives from diverse international organizations. The roundtable discussion was utilized to further understand country-specific gaps and needs for improved vaccine policies in LTC settings.

## **SUMMARY OF ROUNDTABLE DISCUSSION AND FINDINGS:**

The roundtable commenced with a detailed outline of the study's objectives, methodology, findings, and recommendations. The findings of the study (illustrated in Figure 1 - Appendix A) seek to identify the extent that vaccination within LTCFs is prioritized and comprehensively integrated within national aged care plans, national immunisation programs, and national peak organizations.

Experts participating in the roundtable viewed the findings as relevant, surprising, and representative of a greater need for advocacy for individuals residing in these LTC facilities. The discussions that followed the dissemination of project findings were largely centred around the importance of vaccination across the life course, the role of other demographic factors (such as income, place of residence, and gender) in promoting vaccination access, and the need for collaboration between all levels of government, civil society, and intergovernmental agencies. Questions around the scope of the project also highlighted areas for potential expansion of this project in future research including studying local-level policies, investigating policy changes following COVID-19, and further examining policies specific to the vaccination of employees and healthcare providers within LTCFs.

## **VACCINATION NARRATIVES**

Immunisation policy in long-term care settings is arguably a central tenet to the health, well-being, and functioning of residents, yet is largely absent in the dialogue at national and intergovernmental levels. Now, more than ever, there is a need to remove barriers to access appropriate immunisation throughout life, particularly in LTC settings, to ensure all people are protected and no one is left behind. (11) Through discussions, one idea that resonated among many participants was the need for a shift in narrative as it relates to immunisation from one of prevention to one of health promotion (such as categorizing immunisation within the same domain as nutrition in the promotion of health and well-being).

In expanding efforts to foster a more holistic view of immunisation, it is important to note that these efforts may inadvertently dilute the dialogue around specific considerations associated with vaccination and its crucial role in promoting the health of older adults. Although health promotion and a positive narrative of individual and holistic well-being may combat vaccine concerns and raise overall awareness of health and well-being, immunisation is a scientific health intervention, explicitly used to prevent and control infectious disease outbreaks(12). Vaccines are a vital tool in the battle against antimicrobial resistance and global health security, therefore, in shifting the vaccine narrative, it will be imperative to still preserve the multifaced and nuanced nature of adult vaccination(12).

In addition to a shift in narrative, addressing the interplay of ageism, sexism, and ableism and the identified policy gaps with regard to vaccination in LTC settings is necessary. Throughout the COVID-19 pandemic, gaps in vaccination policy were made even more apparent. This included the prioritization of certain demographics over others, a lack of accessibility for individuals with disabilities, and a lack of disaggregated data collection (13,14).



Inclusive and intersectional policy changes should reflect the diverse and unique experiences of older adults residing in LTCFs, with attention given to accessibility barriers such as health literacy levels, vaccine rationing in times of health crisis, and the pathways to receiving vaccinations for vulnerable groups. The historical lack of attention given to this vulnerable demographic reflects oversights in current policy and dialogue. Working to change the dialogue around LTC vaccination policy requires a holistic approach to ensure greater equity and combat discriminatory practices.

## **DATA COLLECTION**

One strategy that was discussed among roundtable participants to help elevate the dialogue to ensure older people have access to immunisation was the need for increased comprehensive data collection on immunisation rates within LTCFs. Without comprehensive data on vaccination rates within LTCFs, there is little evidence to support targeted messaging and campaigns for these facilities which were identified as a key method to promote vaccine uptake. The lack of data on vaccination rates, as found in the study, also plays a role in the lack of understanding regarding the costs and benefits of vaccination programs.

Cost-benefit analyses are an essential tool in advocating for policy change, yet this cannot be done without the evidence provided through comprehensive data reporting. Prioritization of vaccination within LTCFs cannot occur without evidence-informed reporting and data collection around current immunisation uptake in these settings.

## **INTERSECTION OF INTERNATIONAL AGENDA ITEMS**

Roundtable participants also highlighted the opportunity and need to align current efforts with key global initiatives such as the UN Decade of Healthy Ageing and the Immunisation Agenda 2030 (IA2030) by promoting and uniting the priority objectives of long-term care and immunisation across the life course. National-level frameworks and policy documents must recommend vaccination for LTC residents as a reminder for decision-makers of the role of immunisation in enabling people of varying levels of functions to be and do what they have reason to value. A right to health and healthcare should prioritize preventative measures, including immunisation. To demonstrate the importance of preventative measures to policymakers there is a need to highlight the widespread cost-savings that investing in immunisation provides. These discussions were supported by the evidence collected in the project, which highlighted the lack of current intersectoral collaboration in promoting vaccination in LTCFs.

The report also highlighted the key role of civil society organizations as advocates and liaisons between international, intergovernmental, and governmental frameworks. Utilizing these organizations can work to achieve the objectives set by roundtable experts for increased dialogue around health promotion and immunisation in LTC settings. Using the lessons from the COVID-19 pandemic on the importance of vaccination and the need for widespread and intersectoral collaboration should be leveraged to promote vaccination policy within LTCFs. Building capacity and collaboration across sectors and disciplines will strengthen and inform immunisation policies that include and protect older adults who are most vulnerable and at risk of rapid decline in function.

## VOICE AND MEANINGFUL ENGAGEMENT

Finally, and of critical importance is the need to ensure the meaningful inclusion of the voices and perceptions of LTC residents in research and advocacy efforts. Long-term care residents around the world are a diverse group, in terms of mental and physical capacities, experiences, and available resources(15). Utilizing the voices of older adults can provide unique insights, specific to the person, and allow the unique voices of older adults heard, their dignity and autonomy respected, and their human rights promoted and protected(16). Empowering older adults residing in these facilities is also a significant area that can be leveraged to better understand the lived experiences within LTC and the concerns of this demographic.

## CONCLUSION AND NEXT STEPS

Residents of LTCFs are at an increased risk of serious complications from vaccine-preventable diseases. Civil society and organizations recognize the critical role they play as key stakeholders across sectors to collaborate and prioritize improving adult vaccination policy in long-term care settings.

As next steps, the IFA plans to convene an in-person expert meeting to create a dialogue with the aim of influencing policy, at an intergovernmental and national level, around routine immunisation, and long-term care settings. The expert meeting will aim to develop strategies to influence policy and ensure the meaningful inclusion of immunisation in LTCFs, as well as recognize LTC residents as high-risk populations within national immunisation programmes with involvement from National Immunisation Technical Advisory Groups (NITAGs) and national peak organizations. Through these next steps, effective and influential advocacy action can be taken to tackle the increased burden of vaccine-preventable diseases, among at-risk groups, including older adults and long-term care residents.

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## APENDIX A

Figure 1: Summary of key findings from environmental scans across 19 countries

COMPONENT					
Country	National Aged Care Plan		National Immunization Programmes (NIP)		National Peak Organizations
	Immunization for older adults within the national aged care plan	Immunization in LTCFs within the national aged care plan	NIP specifies older adults in vaccination schedule	NIP acknowledges at-risk population in LTCFs	Civil society include immunization for LTCFs
Argentina	Does not meet criteria	Does not meet criteria	Meets criteria	Does not meet criteria	Does not meet criteria
Brazil	Partially meets criteria	Does not meet criteria	Meets criteria	Does not meet criteria	Does not meet criteria
Canada	Does not meet criteria	Does not meet criteria	Meets criteria	Partially meets criteria	Partially meets criteria
Mexico	Does not meet criteria	Does not meet criteria	Meets criteria	Does not meet criteria	Does not meet criteria
United States	Partially meets criteria	Does not meet criteria	Meets criteria	Does not meet criteria	Partially meets criteria
Australia	Meets criteria	Does not meet criteria	Meets criteria	Does not meet criteria	Partially meets criteria
China	Does not meet criteria	Does not meet criteria	Does not meet criteria	Partially meets criteria	Does not meet criteria
South Korea	Does not meet criteria	Does not meet criteria	Meets criteria	Does not meet criteria	Does not meet criteria
Greece	Does not meet criteria	Does not meet criteria	Meets criteria	Does not meet criteria	Does not meet criteria
Italy	Meets criteria	Does not meet criteria	Meets criteria	Does not meet criteria	Does not meet criteria
United Kingdom	Meets criteria	Does not meet criteria	Meets criteria	Partially meets criteria	Partially meets criteria
Bhutan	Does not meet criteria	Does not meet criteria	Partially meets criteria	Does not meet criteria	Does not meet criteria
India	Partially meets criteria	Does not meet criteria	Does not meet criteria	Does not meet criteria	Does not meet criteria
Thailand	Meets criteria	Does not meet criteria	Does not meet criteria	Does not meet criteria	Partially meets criteria
Lebanon	Does not meet criteria	Does not meet criteria	Does not meet criteria	Does not meet criteria	Does not meet criteria
UAE	Does not meet criteria	Does not meet criteria	Partially meets criteria	Does not meet criteria	Does not meet criteria
Qatar	Does not meet criteria	Does not meet criteria	Partially meets criteria	Does not meet criteria	Does not meet criteria
Kenya	Does not meet criteria	Does not meet criteria	Meets criteria	Does not meet criteria	Does not meet criteria
South Africa	Does not meet criteria	Does not meet criteria	Does not meet criteria	Does not meet criteria	Partially meets criteria

Meets criteria

Partially meets criteria

Does not meet criteria



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