



Criteria: Policies		
Indicators	Description	Status
Immunization ¹ for older adults is included in national aged care strategies.	Vaccination/immunization is not included in the National Strategy for an Ageing Australia. ^{1,2}	
The National Immunization Programme/Plan (NIP) specifies older adults in vaccination schedules.	As of April 2024, older adults 75+, people in care facilities, and people with underlying health conditions are eligible for a COVID-19 booster every 6 months. ²	
 COVID-19 (Age: 65+) Influenza (Age: 65+) DTap (Age: 18+) 	Inactivated influenza vaccines are available annually for people 65+. ^{3,4}	
 Pneumococcal pneumonia (Age: 18+) Respiratory syncytial virus (RSV) (Age: N/A) Shingles (Age: 65) 	1 dose of the pneumococcal vaccine (PPV23) is included in the NIP for adults 65 years old. ^{3,4}	
	A herpes zoster vaccine is available for people 65 years old, and an additional vaccine is available for people 70-79 or severely immunosuppressed people. ³	
National advisory committees on immunization (e.g., NITAGs) include expertise on ageing, geriatrics, internal medicine and/or adult vaccination, and a life course approach to immunization is included within decision- making processes and recommendations, with reference to key performance indicators and immunization rate targets specific to older adults.	It is difficult to find members of the United Kingdom's Joint Committee on Vaccination and Immunization (JCVI) who might have a focus on ageing/geriatrics/gerontology. The Committee appears to be largely immunology and pediatric focused/ informed.	

¹Vaccines examined in the GAAV include influenza, pneumococcal pneumonia, COVID-19, RSV, pertussis, and shingles.





Criteria: Funding		
Indicators	Description	Status
Vaccination is funded under the NIP and administered through the government program for at-risk populations, including older adults and people with chronic conditions.	COVID-19 vaccinations are covered for people 75+, people who have a weakened immune system, and/or those who live in institutional care facilities. ⁵⁻⁸ Influenza, shingles, and pneumococcal vaccines are free for people 65+ have a chronic condition, and/or those who live in institutional care facilities. ⁶⁻⁹ While the RSV vaccine is not included in the July 2024 NIP, RSV vaccinations will be free for people 75-79 as of September 2024 ¹⁰ .	
National strategies prioritize the need for continuous monitoring of allocated budgets related to the funding and reimbursement of vaccines and public health efforts for older adults.	In 2022, the UK healthcare expenditure was £283 billion. Adjusting for inflation, this is an expenditure decline of 4.5%. Out-of-pocket expenditure (paying for services without reimbursement) increased by 10.4%. Moreover, government investment in preventative care (including vaccination) decreased from 14.1% in 2021 to 8.2% of government healthcare spending in 2022. ¹¹ There were fewer vaccines administered in 2022, however, of those administered, many were dedicated through booster programs targeted at high-risk populations, such as older adults. ^{11,12}	

Criteria: Program		
Indicators	Description	Status
Easily accessible information (web pages, brochures, television/radio ads, social media) on adult immunization and health communication campaigns are targeted at older and at-risk adults to support a life course approach to immunization.	International Longevity Centre UK, founders of Supporting Active Ageing Through Immunization (SAATI), promotes easily accessible immunization information for older adults. Campaigns include media campaigns on shingles, as well as broader adult immunization policy events and patient working groups. ^{13,14} Further, the National Health Service (NHS) has educational campaigns targeted at dispelling vaccination myths and misinformation and promoting a life course approach to vaccination. ¹³	







Indicators	Description	Status
 Vaccination administrators are expanded to include other healthcare workers and professionals, such as pharmacists, nurses and support workers through easily accessed sites. Community health workers Medical and/or nursing students Midwives Nurses Paramedics Physician assistants Pharmacists Pharmacy technicians Support workers 	 Physicians, pharmacists, and nurses are eligible to administer vaccinations under the NIP. Nursing and medical students are allowed to administer influenza vaccines, after changes were made to the Human Medicines Regulations in 2022. It is unclear if administration privileges have been expanded to include COVID-19 vaccination, and if supervision is mandatory.¹⁵ Following patient group directions (PGDs), which are written instructions for the supply and/or administration of medication, midwives, paramedics, and pharmacists may administer prescribed or general sale list vaccinations.^{16,17} Physician assistants, while unable to administer medication via PGDs, are allowed to administer vaccines after completing specific training in immunization.¹⁸ Pharmacy technicians (assistants) are allowed to administer vaccinations, but only in centres that do not operate under a PGD.¹⁹ 	
Healthcare professionals are well-trained, informed, and upskilled on the benefits and administration of vaccines for older adults (e.g., specialized education on adult vaccination is included in medical curriculum, continuous education is available to healthcare professionals).	To operate under PGDs, healthcare professionals require PDG competency training. The UK Health Security Agency (UKHSA) produces PGD templates to support national immunization programs. Many healthcare professionals who follow PGDs also complete vaccine competency training during their education. ^{16,17,20}	
Clear administrative guidelines, including eligibility criteria and protocols, are defined for each vaccine.	PGDs provide clear written instructions for the supply and administration of medication and vaccines. ¹⁶	





Criteria: Performance		
Indicators	Description	Status
Goals and targets for reduction of VPD rates and adult immunization coverage are set out as part of the National Immunization Programme or Plan.	Specific vaccine-preventable disease reduction goals (in terms of rates of coverage) for adults are not outlined as a part of the NHS vaccination strategy. However, adult vaccination is considered when evaluating the delivery of vaccinations, with an emphasis on a life course approach to vaccination. ^{21,22}	
Coverage data for adult immunization is comprehensive, updated (2021 or earlier) and extends beyond coverage rates for influenza and COVID-19 through adult national immunization coverage data collection templates (e.g., <u>aNICs</u>).	Vaccination data is comprehensive and up to date as of August 2024. Data for COVID-19, influenza, shingles, DTap, and pneumococcal (PPV) vaccine uptake is available. ²³	
Collection and documentation of age- disaggregated data, including immunization and burden of disease rates, support evidence- informed decision-making and strategy development on vaccination.	Age-segregated data for vaccine coverage is available, as well as data on other socio-demographic populations (race, faith, qualifications, occupation, etc.). ^{24,25} Data on the burden of disease exists, but is primarily targeted at childhood VPDs, and is difficult to locate for the public. ²⁵	

Criteria: Equity		
Indicators	Description	Status
The NIP provides a specific focus on sub- groups of older adult populations at high risk of infectious diseases (e.g., cardiovascular diseases, diabetes, and other non- communicable diseases).	Populations with chronic diseases and immunocompromised adolescents are included in the routine immunization schedule but are not considered for older adults, other than severely immunosuppressed people needing shingles vaccinations. ^{26,27}	
Vaccine administrative pathways acknowledge and accommodate equity-based barriers, driven by the social determinants of health, to older adult sub-group populations, such as refugees, Indigenous populations, and older adults residing in rural settings.	The UKHSA Health Equity for Health Security Strategy has identified the following priority populations: people in contact with the criminal justice system, vulnerable migrants, people experiencing homelessness, and place-based inequality, and continues to focus on ethnicity and deprivation-based inequality. Specifics as to how these populations will be prioritized or better served in this strategy are unclear.	





Criteria: Long-Term Care Settings		
Indicators	Description	Status
The NIP explicitly acknowledges older residents (65+) in long-term care settings as at-risk, or high-risk populations.	COVID-19, Influenza, shingles, and pneumococcal vaccines are free and recommended for people with chronic condition(s), and/or those who live in institutional care facilities. ⁵⁻⁹	
Adult immunization is included in national long-term care strategies (if present).	It is unclear if a national long-term care strategy exists. ^{28,29}	

Criteria: Civil Society Organizations		
Indicators	Description	Status
Civil society organizations (e.g. community groups, NGOs, labour unions, patient organizations, professional organizations) provide evidence on immunization to help inform policy creation that is reflective of the needs of older adults across the country.	Civil society organizations such as the British Geriatrics Society (BGS), the British Society for Immunology, and the International Longevity Centre UK provide educational and advocacy campaigns that help inform immunization policy and knowledge mobilization efforts in the UK. ³⁰⁻³⁴	
Civil society organizations provide educational resources to constituents on the importance of adult vaccination across the country.		
Civil society organizations advocate to raise political and governmental will to invest in preventative measures and strategies, including the prioritization of adult vaccination.		

Legend		
Criteria is fully met		
Criteria is partially met		
Criteria is not met		
Insufficient/ inaccessible/unclear evidence.		





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