



IFA 16th Global Conference on Ageing: Challenge-Transformation-Change 28th June, Bangkok, Thailand

# Presidential Symposium on Immunisation for All Ages

**Executive Summary** 

## Presidential Symposium on Immunisation for All Ages – A life-course approach to vaccination to achieve health equity in Asia and beyond

The International Federation on Ageing (IFA) recently held its 16th Global Conference on Ageing entitled <u>Challenge, Transformation, Change</u> which aimed to influence and shape policy that improves the quality of life of current and future generations of older people. Hosted in Bangkok, Thailand, the conference was set against the backdrop of global population ageing and important international agendas that align and intersect with the United Nations Decade of Healthy Ageing. The IFA's 16th Global Conference boldly focused on themes not often prioritized and actioned in policy dialogue.

Building on the conference themes, IFA in collaboration with Sanofi hosted the Presidential Symposium on Immunisation for All Ages, joining experts across disciplines and sectors to emphasize the importance of vaccination and support improving adult vaccination rates globally. The session aimed to:

- 1. Understand the importance of a life-course approach to immunisation to foster healthy ageing and combat health inequities faced by older people.
- 2. Exploring challenges, gaps, and best practices for adult immunisation in Asia-Pacific, while providing global context.
- 3. Highlight the importance of high-quality data to understand the benefits of vaccination and develop evidence-driven recommendations for vaccination programs.

Moderated by Dr. Jane Barratt, Secretary General of IFA, the dialogue brought key recommendations forward to call to action to prioritize a life-course approach to immunization in the Asia region and globally.



Prof. Weerasak Muangpaisan, Vice president and Scientific Chair of the Thai Society of Gerontology and Geriatric Medicine and a member of the World Health Organization (WHO) South-East Asia Expert Panel on Healthy Ageing set the scene on the importance of vaccination to support healthy ageing, maintenance of intrinsic capacity and function. He highlighted the benefits of vaccination for older people beyond preventing infectious disease, which include improving quality of life and preventing mortality. (1) He additionally highlighted Ministry of Public Health initiatives in Thailand to provide free influenza vaccination.



Prof. Paul Van Buynder, a Public Health Physician and a Professor in the School of Medicine at Griffith University in Queensland, spoke about barriers to adult vaccination, including lack of data on the true burden of disease, vaccine hesitancy, public health messaging and communication, and challenges with access to vaccination (e.g., cost of vaccination, complicated pathways to receive vaccination). He called for building trust between the population, government, and health associations to address vaccine hesitancy and uptake, and a government-driven approach to vaccine programs.



<u>Prof. Stefan Gravenstein</u>, Professor of Geriatrics at Brown University, shared evidence on the burden of influenza in older people, particularly its impact on function. He presented evidence that vaccination can attenuate severe illness <sup>(2,3)</sup> and provide cardiovascular protection <sup>(4)</sup>, and that more immunogenic vaccines are more effective at preventing severe outcomes from influenza infection. <sup>(5)</sup>



Lastly, <u>Dr. Ryan Macfarlane</u>, Director at C&M International LLC and Secretariat for the Asia-Pacific Economic Cooperation (APEC) Vaccines Task Force, presented on the <u>APEC Vaccines Task Force</u> which sets out to ensure APEC member economies have resilient and sustainable lifecourse immunization programs by 2030. The action plan of the Task Force outlines targets to enable countries to recognize the value of vaccination and vaccine innovation, prioritize access and uptake of vaccination across the life-course, and establish proven and innovative mechanisms for sustainable immunization financing. <sup>(6)</sup>

#### Discussion

A comprehensive immunisation program throughout life (from infants to older age) is one of the most effective interventions toward achieving healthy equity in Asia and beyond. The risks for severe outcomes from respiratory viral infection are wide-ranging, including pulmonary and endocrine disease, obesity, and age. From an older person with high stable capacity to those who have a significant loss of capacity, routine immunisation can save lives and help to improve quality of life and function while reducing health system burden.

Immunisation was viewed by our experts as a critical pillar of healthy ageing and especially prominent through the UN Decade of Healthy Ageing and the WHO Immunisation Agenda 2030. Public health professionals together with those working in the fields of ageing and non-communicable diseases have a sound understanding of barriers that impact rates of adult vaccination and equity. Modifiable barriers such as developing public health messages that address varied levels of health literacy are relatively cost-neutral. However systemic issues such as unfunded or partially funded adult vaccines are an insurmountable cost to people who will suffer the most from VPDs – older people with weakened immune systems, and those with chronic medical conditions. For example, strong evidence was presented to suggest that infections from VPDs, such as herpes zoster and influenza, increase the likelihood of myocardial infarctions and stroke which in turn impact an individual's functional ability, leading to premature admission to a residential aged care setting.

Vaccination across the life course approach is a laudable goal to achieve widespread uptake of vaccination and protect the health and well-being of all populations. The case to government for a comprehensive vaccination schedule can only be made with appropriate epidemiological evidence and education on burden of disease, appropriate regulatory mechanisms affirming the effect and safety of vaccines, clear evidence-based messages from trusted professionals, and equitable access to vaccines.

Monitoring progress is an essential step toward improvements, exemplified by the APEC Regional Dashboard on Vaccination Across the Life-Course (Dashboard) which reflects status across 15 measures that relate directly to the pillars in its Action Plan. Findings from the Dashboard demonstrate that many governments do not include the social and economic benefits of vaccination, maintain a largely paediatric focus in national immunisation plans, and have low rates of adult coverage.

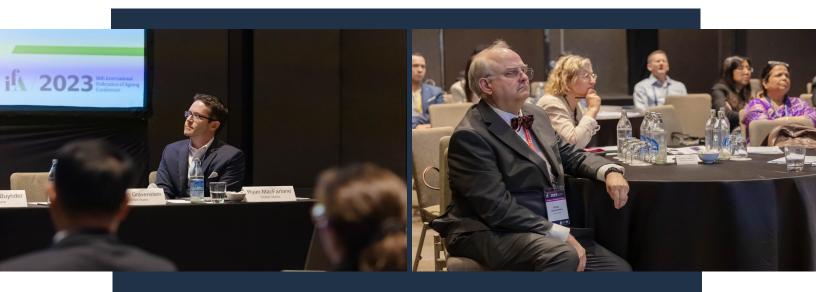
These findings demonstrate that continued work is needed to advance a life-course approach to vaccination in the Asia-Pacific region. Shifting the needle on health equity in Asia and beyond requires a vaccination program that is government-driven, mandatory, or at least funded, convenient to access, and supported by health care workers, with data that identifies coverages and gaps and uses the most effective vaccines.

The dialogue from this session indicates that we are not there yet when it comes to achieving a life-course approach to vaccination. While we are moving in the right direction, changes are not fast enough.

#### The Session



Vaccine-preventable diseases (VPDs) have an outsized impact on the health and functioning of older adults, who are often even more at-risk due to chronic comorbid conditions. Despite the adverse consequences, immunisation policies and programs lack foundational elements, which furthers health inequities and gaps in vaccine uptake in older people. The Presidential Symposium on Immunisation for All Ages brought forward expert voices from across disciplines and regions to advance sharing of global best practice, support the development of adequate vaccination programs and make strides towards healthy ageing for all.







### References

- 1. Lang PO, Aspinall R. Vaccination in the Elderly: What Can Be Recommended? Drugs Aging [Internet]. 2014;31(8):581–99. Available from: https://doi.org/10.1007/s40266-014-0193-1
- 2. Gravenstein S, Pop-Vicas A, Ambrozaitis A. The 2009 A/H1N1 pandemic influenza and the nursing home. Med Health R I [Internet]. 2010 Dec [cited 2023 Jul 24];93(12):382–4. Available from: https://pubmed.ncbi.nlm.nih.gov/21214077/
- 3. Ambrozaitis A, Gravenstein S, van Essen GA, Rubinstein E, Balciuniene L, Stikleryte A, et al. Inhaled Zanamivir Versus Placebo for the Prevention of Influenza Outbreaks in an Unvaccinated Long-term Care Population. J Am Med Dir Assoc [Internet]. 2005;6(6):367–74. Available from: https://www.sciencedirect.com/science/article/pii/S1525861005005335
- 4. MacIntyre CR, Mahimbo A, Moa AM, Barnes M. Influenza vaccine as a coronary intervention for prevention of myocardial infarction. Heart [Internet]. 2016 Dec 15;102(24):1953. Available from: http://heart.bmj.com/content/102/24/1953.abstract
- 5. Gravenstein S, Davidson HE, Taljaard M, Ogarek J, Gozalo P, Han L, et al. Comparative effectiveness of high-dose versus standard-dose influenza vaccination on numbers of US nursing home residents admitted to hospital: a cluster-randomised trial. Lancet Respir Med [Internet]. 2017 Sep 1 [cited 2023 Jul 24];5(9):738–46. Available from: http://www.thelancet.com/article/S2213260017302357/fulltext
- 6. Asia-Pacific Economic Cooperation. APEC Action Plan on Vaccination Across the Life-Course. 2020.

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

www.vaccines4life.com

Published August 2023 © Vaccines4Life