



Improving Vaccine Confidence in the Most Vulnerable Populations

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Background

Vaccination is regarded as a key development in contemporary medicine and one of the most effective public health strategies in history. Despite the historical triumph of vaccination which has led to the near eradication of many vaccine-preventable diseases (VPDs), there is growing evidence of vaccine delays or refusal, stemming from a lack of trust in the importance, safety, or effectiveness of vaccines.(1)

Governments in all regions of the world are seeing confidence in vaccines and vaccination delivery significantly decreasing, thus placing populations most at risk of serious and life-threatening complications at the front line of an already burdened health care system (1).

Many outbreaks of VPDs are in communities and institutional settings with low vaccination uptake rates.(1) Diminished vaccine confidence initiated by the novel COVID-19 vaccines, has further exposed disruptions in routine immunisation, thereby undermining the effectiveness and public health benefits of vaccination programs.(2)

Vaccine Confidence in Older and Vulnerable Populations

The global scale of immunisation disruption in conjunction with vaccination hesitancy calls for strategies that directly target improving vaccine confidence across the life course, including the largest growing global cohort, older persons. Older adults are some of the most vulnerable to infectious diseases due to a number of risk factors which increase with age such as immune senescence, inflammation, malnutrition, frailty, multi-morbidity, and polypharmacy.(3)

Older persons and those with chronic conditions are at a higher risk of developing complications from VPDs, triggering increased risks of morbidity and mortality accompanied by a lowered quality of life. (4) Routinely, national immunisation guidelines lack targeted evidence-based approaches to those populations most at-risk through awareness, knowledge, and practical implementation of simplified pathways. Increased VPD-related mortality rates among older adults compared with children reflect underlying structural economic, cultural, and political issues at play, including waning vaccine confidence.

Barriers and Opportunities

Vaccination uptake is driven by a range of behavioral and social drivers such as the way in which we think and feel, our motivation, social norms and processes, as well as the practical issues of being vaccinated as outlined by the World Health Organization (WHO) Behavioural and Social Drivers of Vaccination Framework.(5)

The interrelationship between these drivers influences the person-centered intent and incentive to be vaccinated, and helps to inform the nature of targeted messages, smoother pathways to vaccine administration, and identify when costs are the primary barrier to vaccination.

Barriers

The foundational factors leading to low vaccine coverage amongst populations are copious and complex. Societal distrust in the importance, safety, and effectiveness of vaccination, stemming from gaps in knowledge, health literacy, and awareness, has resulted in waning confidence, contributing to epidemiological shifts in the burden of VPDs.(1,6) These contributors to hesitancy are further amplified when overlaid with poor access to transportation to a vaccination centre, availability of the vaccine, and the burden of a financial cost.

The COVID-19 pandemic has both highlighted and magnified these barriers to vaccine confidence due to pre-existing anti-government sentiments, highlighting the political layer involved with lowered vaccine confidence.(7,8) Suspicion in vaccines and their development, persistent barriers, and delays to health services combined with a generally poor public understanding of why vaccines are an essential element of remaining healthy have further magnified the landscape of declining vaccine confidence.

Opportunities

To address low vaccination rates, an adequate understanding of the determinants of the problem, tailored evidence-based strategies to improve uptake rates, and monitoring and evaluation to determine the impact and sustainability of the chosen interventions for vaccine confidence, are required. (5) Identification and analysis of the barriers for older adults locally and addressing these gaps in education, availability, affordability, and access will help frame targeted and quality immunisation services, and in turn, increase trust.

The dialogue of vaccination confidence is grounded in a patient-centered approach, which includes comprehensive processes to assess the vulnerabilities and needs of population groups. Opportunities exist through trusted community circles including families and health care workers to educate and communicate about the risks and benefits of vaccines to build vaccination confidence capacity.

Path Towards Action

The expert meeting 'Improving Vaccination Confidence in the Most Vulnerable Populations' in Brussels, Belgium brought together leaders of public health and patient advocacy organisations, alongside experts in immunisation and health policy to discuss and determine tangible actions to improve vaccination uptake rates in the most vulnerable populations across Europe. Fundamental to all actions is the implementation of a life course approach to vaccination which is best sustained through dedicated investment in immunisation and its infrastructure, including human resources, in health systems.

Vaccination throughout life is an effective evidence-based public health intervention that builds an essential bridge between the United Nations (UN) Decade of Healthy Ageing and the Immunisation Agenda 2030 (IA2030). The knowledge captured during the course of the expert meeting informed five key action items viewed as necessary to regain trust in vaccines and improve immunisation coverage rates, particularly in the most vulnerable populations across Europe, to ascertain meaningful impact and required change.

1. Communication Strategies

Forming effective and targeted communication strategies can better integrate global immunization guidance to improve vaccine confidence. As a primary step towards targeted communication strategies, gathering behavioural insights amongst older adults, including perceptions of barriers to vaccination, is instrumental for immunization communication strategies, specifically tailored to the targeted populations. The opportunity to use evidence as a vehicle to reach unvaccinated older adults is required to address current gaps in communication strategies, such as context-specific messaging channels. Evidence-based messages and communication channels that are shaped and tested on targeted populations, older adults and patients' family members, help to combat hesitancy and promote an interdisciplinary and multi-sectoral collaborative public health strategy. To expand the trusted advisor circle, beyond family members and informed by gathered behavioural insights, health care professionals (e.g., physicians, nurses, care and social workers, dentists, and pharmacists) need to be included in the vaccine conversation, as a mechanism toward a more integrated approach.

As an outcome of effective communication, immunisation should be part of a positive narrative of individual well-being to combat vaccine concerns and build confidence. Vaccination must be a routine element, as are mammograms or prostate screening, in the health promotion plan for older persons, by integrating vaccines as a tool in the overarching concept of maintaining and improving function, complementary to good nutrition, physical activity, and mental health, to achieve healthy ageing.

2. Knowledge Generation

Primary health care systems are one of the most important entry points for older people and those with chronic conditions to access essential services, including those that are preventative, such as immunisation. Historically, and even more so, as a result of the pandemic, the lack of agedisaggregated data significantly impacts the development of strategies and actions that address specific vulnerable populations.

Population-based immunisation planning cannot be fulfilled without such robust and sustained data collection, which is then predicated on the monitoring and surveillance system and registries. In some countries, such as Italy and Canada, there is a need for the registries to be connected to reflect the true population burden and planning from a regional and provincial perspective, respectively.

Governments must first acknowledge this significant gap in data and pledge to invest in the necessary infrastructure which will, in turn, better inform immunisation strategies and policies, that are specifically targeted and relevant for older adults.

3. Immunisation Guidelines

Vaccination throughout life is best represented in governments' national immunisation plans and illustrated through general guidelines. Until recently, the life course approach to vaccination has been largely focused on children and pregnant women. However, the pandemic has, once again, exposed a lack of attention to the vulnerable population of older persons.

National and regional-based guidelines must specifically note the above-mentioned populations of older and vulnerable groups, to drive awareness and knowledge for older adults and health care providers administering vaccination to patients. The development of such guidelines and health consensus could be valuably informed by experts who reflect a range of specialties and disciplines, including geriatrics and experts in population ageing, which is a prerequisite for specific, clear, and accurate recommendations.

4. Prioritization of Vaccination Across the Health Workforce

Traditionally, health care professionals have poorer vaccination rates, relative to the population.⁽⁹⁾ This, in itself, is of concern when they are regarded as trusted sources of health information for patients. Using an integrated approach to improve immunisation in the most at-risk populations requires health care professionals who have specific knowledge, training, and sensitivity to demographic characteristics such as frailty, hearing impairment, and cognitive changes.

Front-line health care professionals have a responsibility to assess the immunisation needs of their patients, help inform their decisions, and provide a meaningful narrative about the role of vaccination in healthy ageing.

5. Integrating a Life Course Approach in Immunisation

Implementing a life-course integrated approach to immunisation is the most effective strategy to improve vaccine confidence, which can be operationalized through the development of a person-centered approach to vaccination to improve education, accessibility, and convenience of vaccination services for older adults.

Summary

The 'Improving Vaccine Confidence in the Most Vulnerable Populations' expert meeting in Brussels, Belgium responded to the emerging threat of lowered vaccine confidence. Five distinct actions needed at global and regional levels were agreed upon to regain trust in vaccination and improve uptake and immunisation coverage rates, specifically within the scope of vulnerable populations, across Europe.

The multi-layered barriers to vaccine confidence require a holistic and systems-integrated approach to prioritize immunisation through simplified vaccination pathways. Interdisciplinary and cross-sectoral collaboration that is underpinned by targeted investments in health care infrastructure is the steps to shift the institutional and historical focus away from treatment and toward vaccination health promotion. These steps must be supported by an evidence-based public health campaign that is developed to effectively inform those populations most at risk of serious and life-altering complications of VPDs, and as such prioritize adult vaccination amongst global agendas.

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