a contribution to the Decade of healthy ageing

International Federation on Ageing

Vaccines 4 Life

Improving Adult Vaccination Policy in Long-Term Care Settings

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Introduction

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)

Age increases the risk of many health conditions, which can often significantly impact intrinsic capacity, defined by the World Health Organization (WHO) as the composite of an individual's physical and mental capacities. For instance, of the 250,000 to 500,000 estimated deaths due to seasonal influenza, 67% occurred in people aged 65 years and older.(6) 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.(7)

Functional ability and intrinsic capacity can vary significantly across the second half of life, ranging from periods of relatively high and stable capacity to declining capacity and periods of significant loss of capacity and dependency for some individuals. A comprehensive national immunization plan across the life course must reflect a clear understanding of health in older age and the role that the environment plays in enabling people of varying levels of functions to do what they have reason to value. An environment is not neutral in its relationship with an individual and their health and well-being but is strongly influenced by a range of systemic and personal characteristics.

Long-Term Care and the Impact of COVID-19

In response to a rapidly ageing global population and the impact of VPDs on older people and those with chronic conditions, immunization policies that protect and respect the lives of this growing cohort should be evident in national (and local) healthy ageing and aged care strategies, which include long-term care. Long-term care (LTC) is defined differently, from country to country, but can be broadly described as a wide range of health and social support services. These programmes are both community- and residential-based (also known as nursing homes in some countries) (8) and serve residents with varying levels of independence.

The unique communal living conditions within resident facilities (hereafter referred to as 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.(9)

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.(10) 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 (particularly during the first wave of the pandemic), and substandard care to residents, including malnutrition and solitary social confinement.(11,12) In light of these failures in the care of LTC residents, particularly highlighted throughout the global pandemic, many governments have publicly announced both the review and long overdue investment in long-term care, including greater infection prevention and control and vaccination against routine infectious diseases including influenza, pneumonia, and pertussis.

The pandemic has also forced governments to refocus on the vulnerabilities of residents in LTC settings. It is not only necessary but urgent and timely to understand the immunization policies and guidelines in place to protect those populations living in LTCFs against VPDs. In addition to government-based policies, a key stakeholder in helping to influence and shape policy are local and national peak associations in ageing and aged care. Understanding these associations' networks and priorities can provide insight into the current prioritization of vaccination both independently and within LTCFs, as well as opportunities to build on existing programs of work in the future.

Methodology

A systematic review of government websites, peer-reviewed articles, and national peak organizations was used to gather and validate data on immunization policies in LTCFs across nineteen countries. The countries were selected across the six WHO regions (Argentina, Brazil, Canada, Mexico, the United States (US), Australia, China, South Korea, Greece, Italy, the United Kingdom (UK), Bhutan, India, Thailand, Lebanon, the United Arab Emirates (UAE), Qatar, Kenya, and South Africa) was informed by WHO technical advisors in the vaccine and ageing and health units.

This project sought to understand the degree to which adult immunization policies and guidelines (in aged care plans, national immunization programmes (NIPs), long-term care associations, and national peak organizations) existed in the implementation of vaccination programs against influenza, pertussis, and pneumococcal pneumonia to residents in LTCFs.

A stepwise process was used to understand the policy pathways to vaccination, beginning with an examination of the inclusion of LTC within federal aged care plans. Aged care plans include governmental organizations, regulations, and legislations in place to protect older adults' health and well-being, including national governments' role in regulating LTCFs. Next, national immunization guidelines and recommendations for older adults and residents of LTCFs from NIPs were reviewed.

Recognizing the role of national peak organizations in advocating for and representing older people and care workers, data was gathered on their roles, responsibilities, and priorities, including immunization, as part of safeguarding the health and well-being of older adults.

Findings: Immunization Policies in LTC

'Improving Adult Vaccination Policy in Long-Term Care Settings' 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 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. Ultimately, through the analysis of the policy landscape across nations, as it relates to vaccination within LTCFs, this study will help improve the uptake rates of routine immunization to those most vulnerable and those with declining capacity. Reflected with recommendations, the findings (Figure 1 Appendix A) are aligned with the following themes: aged care policies, national immunization programs, and national peak organizations.

National Aged Care Plans

Aged care plans are evident in all countries studied; however, the nature, form, and comprehensiveness varied significantly, particularly in reference to LTCFs. With the exception of Italy, Bhutan, and Kenya, LTC was noted in the overarching national aged care plans amongst studied countries; yet, for most countries, information

on the implementation and operation of LTCFs was sparse, leading to various challenges. In Mexico, for example, there are some unregistered LTCFs that are likely to operate in substandard conditions without a trained workforce.(13) These facilities are difficult for authorities to identify, which presents challenges in enforcing (the already minimal) regulations that are in place to protect the health and safety of the residents.

In the United States, however, LTC provisions were included in all reviewed aged care plans. The Nursing Home Reform Act (NHRA) documents the criteria for best practice in LTCFs; the LTC provisions of the Health Security Act include key elements of federal funding for home and community-based services, as well as improvements in LTC coverage under Medicaid (the federal health insurance program) and private insurance.(14–17)

Other aged care plans have a different focus. For example, in Kenya, legislative support for older adults appears to be on financial contributions, such as the Older Persons Cash Transfer program.(18–20) In the Republic of Lebanon, in response to an inadequate pension and health care plan (21,22), a National Strategy for Older Persons in Lebanon (2020-2030), which references the need for LTCFs, was launched. A key strategic objective within the plan is to develop a comprehensive model that includes the provision of primary and specialized care, as well as physiotherapy and LTC.(21) Specifically, there is a requirement to incorporate "LTC and palliative care in the chain of specialized services provided in the public and private sectors" and the need for "home health services within the welfare system" in Lebanon.(21)

Changes in governmental priorities often impact the cohesion of aged care systems. For example, in Italy, healthcare is administered federally through the Servizio Sanitario Nazionale, but LTC is not regulated under the federal healthcare framework or through other national aged care plans. Instead, LTC is regulated through various levels of government, legislation, and ministries.(23,24) This institutional fragmentation through the national aged care plan has led to differences in the quality of care, standards for best practices, and challenges in dealing with emergency outbreaks of infectious diseases. Similarly, in Lebanon, healthcare is highly fragmented, with the health system being primarily provided by the private sector and geared towards hospital-based acute care.(25) Many individuals are faced with no formal health coverage, with more than 80% of Lebanon's over 65 years of age lacking health and pension coverage.(25,26)

Despite the existence of aged care plans and policies in all 19 countries, immunization policies were scarce. Immunization was not noted in 80% of national aged care strategies. Immunization information was only evident in Australia, Italy, the United Kingdom, and Thailand, with all other countries aged care plans demonstrating a paucity of immunization guidelines (Figure 1, Appendix A). In the United Kingdom, for example, the plan for adult social care reform refers to the importance of the National Health Services (NHS) and Health Social Care (HSC), and specifically, the functions of vaccination and vaccination programs.(27) The government will continue to support the NHS in rolling out vaccination programs and remain responsive to new waves of either the COVID-19 pandemic or future pandemics.

Furthermore, regulations or recommendations specifically for immunization in LTCFs were not evident in the national aged care plans studied.

National Immunization Programmes

A National Immunization Program aims to increase national immunization coverage to help reduce diseases that can be prevented by vaccination. The program provides free or subsidized vaccines to protect eligible candidates against a range of diseases. (28)

While the concept of a life course integrated approach to immunization is embedded in the Immunization Agenda 2030, few countries can boast a comprehensive vaccination schedule that pays the same attention to the health of older people as it does to younger people and children.

About 60% of the countries studied (Argentina, Brazil, Canada, Mexico, the United States, Australia, South Korea, Greece, Italy, the United Kingdom, and Kenya) included older adults in vaccination schedules. NIPs in China, Bhutan, India, Thailand, Lebanon, the UAE, Qatar, and South Africa were specific to children. This means that these NIPs did not have influenza, pertussis, and pneumococcal pneumonia recommendations specific to older adults. In India, for example, the only recommendation for adult vaccination pertains to tetanus and diphtheria for pregnant women.(29,30) Common amongst countries with paediatric-driven NIPs, older adults were generalized as all those “18 years and older”, despite the increased risk of comorbidities and vulnerabilities to VPDs that are unique to older adults aged 60 years and older.

Although older adults were viewed as high risk for COVID-19 infection, in the post-pandemic era of planning and administering of vaccine programs, there is limited attention on older adults in LTCFs. Moreover, the national immunization guidelines for non-COVID diseases in older adults are often overshadowed by the number of

statements and guidelines in place for COVID-19. For example, the United Kingdom provides clear guidelines and a delivery plan for COVID-19 vaccination within registered LTCFs. However, such plans and procedures were not evident for routine vaccines, including influenza, pneumococcal pneumonia, and pertussis, in the UK Guidance on Best Practice in Vaccine Administration. Similarly, in Brazil, there are no policies on routine immunization in LTCFs for residents, excluding those for COVID-19, where residents must have up-to-date coverage.(31,32)

While 60% of countries studied had older adults as an eligible group in their NIPs, it was only Canada, the United Kingdom, and China that noted LTC. For example, the National Immunization Advisory Committee (NIAC) in China, which informs the NIP, recommends influenza vaccination of "high-risk" communities such as "people living in nursing homes or welfare homes and staff who take care of vulnerable, at-risk individuals"; and "people with high risk of complications from influenza, including adults 60 years of age and over".(33)

In Canada, the National Advisory Committee on Immunization (NACI) recommends influenza, pertussis, and pneumococcal vaccine, through the Canadian Immunization Guide (CIG), for older adults.(34,35) In relation to LTC, NACI recommends that the influenza vaccine is offered annually to anyone six months of age and older, noting that residents of nursing homes and other chronic facilities and adults 65 years of age and older are considered at high-risk of influenza-related complications, worsening of underlying conditions, or hospitalization.(36,37) NACI notes that "residents of long-term care facilities should receive all routine immunization appropriate for their age and risk factors, including acellular pertussis-containing vaccine."(38) The CIG states that residents of LTCFs should generally receive all routine immunization, as appropriate for their age and risk status, with emphasis on the vaccines for influenza, pneumococcal, and herpes zoster.(39) The CIG also notes that "programs and strategies should be implemented [for provinces and territories to follow] to ensure that annual influenza immunization occur."(34)

In the United Kingdom, the Joint Committee on Vaccination and Immunization (JCVI) provides influenza and pneumonia recommendations for older adults in the national immunization schedule.(40) Specific to LTC, for 2022 to 2023, influenza vaccination in the UK was offered to people living in LTCFs or residential care homes under the national immunization schedule, with the rationale of aiming to reduce the risk of morbidity and mortality.(41) However, pneumococcal vaccination is not recommended in national guidelines for residents of LTCFs, beyond the general direction that older adults over the age of 65 years or individuals with underlying health conditions that increase the risk of pneumococcal infection receive the PPV.(42)

National Patient and Advocacy Organizations

National organizations are advocates and trusted sources of information for older adults and their families, and many work to support and advocate for the improvement of systems and practices in the general community as well as LTCFs.

The Older Persons Advocacy Network in Australia, for example, offers free, independent, and confidential support and information to older adults and their families regarding government-funded aged care services.(43–45) Weleef, based in the UAE, is a community-based organization that runs regular training on best practices for professionals who offer a range of social services to older adults at their place of residence.(46)

Across all countries, the organizations were mature and known to be successful advocates for their constituents, yet approximately 30% (Canada, the United States, Australia, South Korea, the United Kingdom, Thailand, and South Africa) had information and guidance on immunization. The Korean Society of Infectious Diseases (KSID) creates health communication tools, including a guide on adult immunization. This guide recommends 10 vaccines for individuals over the age of 19 years at varying age intervals, including pertussis, influenza, and pneumococcal immunization for those over the age of 50 years.(47) Similarly, the Federation of Infectious Diseases Society of Southern Africa (FIDSAA) provides guidelines for immunization for older adults but, like the KSID, they do not provide LTC-based immunization guidelines, which is expected when NIP guidelines do not, themselves, recommend immunization for LTC settings.(48)

The South African Thoracic Society provides comprehensive immunization information, which includes reference to LTC stating that residents of LTCFs are at an increased risk of complications for infections due to the likelihood of the rapid spread of infection. Explicit LTC immunization information and guidelines, beyond a "high-risk" label, however, were not evident.(49)

In Canada, Immunize Canada, the Canadian Association of Retired Persons (CARP), and the National Institute on Ageing have general and older adult immunization-related publications. However, reference to residents in LTCFs is minimal. CARP provides an accessible immunization guide to vaccines that older adults should receive for full protection from VPDs. Immunize Canada references an external publication describing the importance of immunization for healthcare personnel in LTCFs to save residents' lives.(50) The National Institute on Ageing provides a reference in one publication mandating the pneumococcal vaccination for residents of LTCFs. Beyond this, immunization schedules for LTCFs were not found.(51)

AARP in the United States has numerous resources on the vaccination of older adults, such as a press release "Vaccines You Need After 50," that describes the requirements and the importance of immunization in older adults against influenza, pneumococcal pneumonia, tetanus, diphtheria, and pertussis (Tdap).(52) While AARP has various communication tools on aged care and vaccination, as a whole, immunization schedules for LTCFs, specifically, were not found or made available.

The National Council on Aging (NCOA) in the United States produces communication materials and resources to raise awareness and de-stigmatize vaccination for older adults. The NCOA's work in long-term services and support (LTSS) helps older adults and people with disabilities pay for the care they need at home.(53) In terms of vaccination, the NCOA provides funding and technical assistance for vaccines and has authored articles advocating the need for older adults to be vaccinated.(54,55) However, immunization schedules and explicit recommendations for residents in LTC were not found on NCOA's website.

The Immunization Action Coalition (IAC) in the United States aims to improve immunization rates and prevent VPDs through the distribution and creation of educational and awareness resources for healthcare professionals and the broader public sector.(56) Despite the overarching mandate information on vaccination schedules for LTCFs, it is limited to residents being classified as a group with increased exposure.(57)

Limitations

Across all countries studied, there is a paucity of information on vaccination policy in LTC settings which demonstrates a gap in policy but also reflects the developmental stages of planning and policy for older people in certain countries. Accessible grey literature, such as government programmes, immunization data, and aged care was inconsistent and illustrated the general lack of a joined-up public health approach to the issue of adult vaccination in LTCFs.

The full extent of the issue is also indicative of an absence or inadequacy of monitoring and surveillance. Available information is largely related to the pandemic and the impact of COVID-19 infections within LTCFs.

Discussion

The COVID-19 pandemic has forced global medical and public health systems around the world to adapt to high patient loads of respiratory diseases, bringing new learning opportunities amid health system disruptions.(58) Paradoxically, despite the pandemic highlighting the extreme vulnerabilities prevalent in LTC settings, such as residents of LTCFs in Canada accounting for 67% of all COVID-19-related deaths in 2021, adequate routine immunization guidelines in LTCFs consistently fall short across all study countries.(59)

The pandemic has created an increased sense of urgency for governing bodies around the world to protect individuals living in LTCFs. In Argentina, for example, the Ministry of Health identified individuals over the age of 70 years and those who were living in LTCFs as target populations to be among the first to be immunized for COVID-19.(60) The country also developed targeted messaging to convey the increased risk of COVID-19 infection to older adults and those living in communal settings.(60)

There is a unique opportunity for governments and civil society to use the lessons learned from COVID-19 to establish and improve infection control standards and guidelines, consider catch-up programs in LTCFs, and implement targeted messaging for residents and their families, all of which require political will and funded sustained policy actions. To help make sense of the potential next steps in advocating for policy change, this report highlights opportunities for national governments and policymakers to build upon and address the gaps in immunization policies for LTC settings.

National and Provincial Aged Care Policy

Political determinants of health (61) involve the systematic process of structuring relationships within government portfolios, the distribution of resources, and administering power to shape opportunities. In relation to policy gaps. The political determinants of health are acknowledged as critical factors for change.(62)

About two-thirds (68%) of countries studied reference LTCFs in their national/provincial aged care plans, however, there were fewer countries where legislation, regulations, and policies governed the standards and delivery of services. Comprehensive data collected in this study indicate a historical lack of attention and action to protect and respect the rights of LTC residents and their timely access to routine immunizations. Many national aged care plans, such as the Australian Department of Health and Aged Care guidelines set out how the government has and will continue to support the aged care sector (residential and home-based care)

to prevent, prepare, respond, and recover from COVID-19.(63) Despite these efforts, immunization is not addressed in the same way, even in the face of high rates of mortality and morbidity.

Rapid population ageing and the learnings from the COVID-19 pandemic represent foundational drivers which highlight the importance, feasibility, and potential success of leveraging and adapting existing aged care plans, in the face of future pandemics and disease outbreaks. For example, the Ontario provincial government in Canada has established Ontario's Long-Term Care COVID-19 Commission as the basis of reform, to provide increased measures for infection control practices and care standards.(64) Similarly, the Australian government has invested in the creation of resources that help to explain the recommended protocol for any new residents entering a LTCF with respect to their vaccination status.(65)

Role of Civil Society

Most of the national organizations reviewed for this study have well-established networks of older adults, advocates, caregivers, and professionals and can mobilize around actions to help drive policy decisions. Their active and trusted relationship with members and the public enables them to distill and communicate policies as well as provide mechanisms through which feedback can be shared and gathered in real-time.

Despite the high number and quality of professional outputs of civil society, many of these organizations do not have the expertise to provide immunization information and prioritize vaccines, particularly in LTC settings. The findings have demonstrated that unless there is an organization whose focus is immunization, immunization will likely not be prioritized. For example, organizations that had a mandate around immunization, such as the Korean Society of Infectious Diseases (KSID) or the Immunization Coalition in Australia, were more likely to promote the NITAG recommendations than those representing patient groups or older people more generally. Organizations in the field of ageing (and beyond) often do not have the expertise, funding, or bandwidth to prioritize immunization, even in instances where the inclusion of this information is highly relevant.(66) For example, as a member of civil society with a focus on LTC, COTA Australia's organizational outputs are centered around the quality-of-care standards for LTC residents. Despite the clear risk VPDs pose to LTC residents, immunization has been noticeably absent from the organization's outputs.

The aforementioned example is one of many that underscores the urgent need for civil society organizations to understand the connection between immunization, LTC, and older people. Civil society must also advocate for the rights of older people in LTCFs to ensure access to vaccines through the development of international standards of good practices and a coordinated and interdisciplinary approach. A coordinated approach includes building robust relationships amongst and across civil society, healthcare organizations, and community partners to ensure universal and consistent immunization messaging for residents and providers of LTCFs. Civil society organizations have the unique and considerable responsibility of conveying accurate and up-to-date information on preventative action to support healthy ageing and a life of good quality for older adults, including residents of LTCFs.(66) Consistent and mutually informed messaging from community partners, such as HelpAge, KSID, COTA, and the Immunization Coalition in Australia, not only helps to build a community of vaccine advocates but also mitigates the frequency and power of misinformation, ensuring widespread knowledge of evidence-based recommendations and policies.

Civil society can also play a crucial role in leveraging the voices and lived experiences of its members to help shape and inform policy change by applying pressure on governments when there is a lack of political will. In countries where there are no current policies regarding vaccination in LTCFs, civil society can provide the evidence and advocacy needed to inform policy creation that is reflective of the needs and experiences of their membership. These organizations should be formally recognized as trusted partners, with other stakeholders including government and nongovernmental organizations representing patient groups, in vaccination campaigns. Access to and dissemination of information on the latest vaccine information to their members, caregivers, and the broader community is a mechanism to reinforce governmental policies.

Immunization Policies in Long Term Care Settings

Two-thirds (63%) of the countries studied mentioned older adults as an eligible group within the NIP, yet there were no vaccine recommendations specific to residents in LTC settings (Appendix A, Table 1). The disproportionate focus on pediatric immunization continues to contribute to inequitable and ageist health policies that do not reflect the increased burden of disease that is experienced by older adults. Vaccines are a crucial preventative public health measure that can reduce the cost of care for individuals living in LTCFs. Previous research has also highlighted greater cost-savings associated with vaccinations for older adults, highlighting the considerable cost-effectiveness of vaccination against diseases, such as influenza, pneumococcal pneumonia, and pertussis.(67)

The immense complexities of existing healthcare systems and the clear lack of supportive policy can disadvantage individuals receiving care in LTCFs. In Argentina, for example, there is no one national institution that oversees all LTCFs.(68) This fragmentation has fostered considerable disparities in the policies and quality of services delivered across each facility. Additionally, the system fragmentation and variability in policies seen in many of the study countries leads to vaccine inequity, as health services are often more accessible in higher-income areas and regions.(23,68–70)

As highlighted earlier, Canada, China, and the United Kingdom were the only countries where residents in LTCFs were recognized as "high or at special risk" of serious complications from VPDs with their respective NIPs. The reference to LTC in these few countries highlights an understanding of the public health risk that LTC residents have to infection from VPDs, as well as the opportunity to further build upon and create comprehensive policies that consider the unique environments of LTCFs.

The COVID-19 pandemic demonstrated the ability of all governments to develop, implement, and monitor immunization policies for the health of all citizens and especially those most at-risk of serious complications and death. These lessons learned in the direst of circumstances must be leveraged to ensure that residents in LTCFs have access to routine vaccinations (e.g., influenza, pneumococcal pneumonia, pertussis, and shingles) in a timely and affordable manner. The COVID-19 pandemic has also highlighted the importance of ensuring that governments and policymakers consider the unique contexts of LTCFs and the increased risk these environments pose to residents when developing vaccine-related policies. National Immunization Technical Advisory Groups (NITAGs) will play an increasingly important role in identifying this underserved population in a post-pandemic landscape.

Recommendations

The development of successful vaccinations against COVID-19 has substantially altered the course of the pandemic.(71) Throughout the pandemic, countries utilized policies and regulations to promote vaccination against COVID-19 infection, with many countries identifying older adults and LTCF residents as priority groups. The inclusion of COVID-19 protection measures and immunization policies in many of the countries studied demonstrates an understanding of the increased risk that LTCF residents have to VPDs and the risk of developing comorbidities within this population. However, despite this risk, the 'Improving Adult Vaccination Policy in Long-Term Care Settings', a study in nineteen countries across WHO regions, highlighted the urgent need for technical guidelines for older adults residing in LTCFs.

Other innovations throughout the COVID-19 pandemic included an increase in infrastructure resources, such as cold-chain management, mass immunization centres, and increased training of vaccine administrators. The increase in political attention around immunization, catalyzed by the pandemic, should be built upon to drive further action toward the inclusion of comprehensive vaccination policies for other VPDs – such as influenza, pertussis, and pneumococcal pneumonia.

The following recommendations are set against the backdrop of the tragic loss of life among residents in LTCFs during the COVID-19 pandemic and highlights, for the very first time, the fundamental lack of governmental attention to routine immunization policies and practices in one of the most vulnerable populations within society.

Effective policies can be framed using the three pillars of the Immunization for All Ages (IFAA) initiative of prevention (such as raising awareness and knowledge), access (understanding and addressing structural and modifiable barriers), and equity (timely and affordable vaccines for all).(72) There exist unprecedented and untapped opportunities for the inclusion of immunization guidelines with LTCFs across nations which can be addressed through the following three key recommendations.

1. Call on governments to ensure the meaningful inclusion of immunization in LTCFs within regional and provincial/state aged care strategies and plans

2. Call on NITAGs to universally recognize residents in LTCFs as a population at high risk of serious and life-altering complications from VPDs

3. Call on civil society organizations (patient and advocacy organizations representing older people) to advocate for and act as vaccine champions for residents of LTCFs

1. Including LTC in National Aged Care Programs

A life-course approach to immunization and ageing is best represented within national and government-driven initiatives, including national age plans. As shown in the findings of the environmental scans, there is a crucial gap in the development of aged care strategies regarding LTCFs and adult immunization within these facilities. To directly address this gap, governments are called upon to include specific references to immunization in LTC settings within national age care plans, including immunization schedules, dose requirements, and vaccine implementation and operationalization strategies for these settings.

As new strategies are formed and created at the regional and national level, they should utilize the knowledge of diverse experts who reflect a range of specialties and disciplines, including geriatrics and experts in LTC settings who can provide valuable input towards the development of clear, specific, and accurate guidelines and recommendations.

2. Residents in LTC Recognized as At-Risk Groups in NIPs

Although immunization recommendations for adults exist among countries, there is often no consideration for the increased risk that older adults, particularly those residing in LTC settings, have to VPDs. Due to the nature of LTCFs often being shared spaces and with staff working in close proximity to residents, the unique communal living conditions in LTCFs increase residents' risk of exposure to respiratory and other infectious diseases.(9) Additionally, residents are more likely to have existing health problems which can place them at greater risk of infection due to comorbidities, frailty, and immunosuppression.(73) Therefore, it is recommended that immunization should be recognized as a key component of healthcare policy planning and that guidelines on vaccination in LTC are established and reflected within national immunization programs.

While pediatric vaccination is well-recognized globally and is a dominant feature in NIPs in all study countries, a comprehensive immunization program across the life course, and the importance of adult immunization in LTC settings, remains relatively unexplored. NITAGs must view residents in LTC and communal living spaces as populations at higher risk of serious and life-altering complications from VPDs. This prioritization is crucial for informing a comprehensive policy landscape and NIP.

3. National Peak Organizations as Advocates for LTCF Vaccination

Civil society across sectors and disciplines have the responsibility and opportunity to advocate and build efforts and initiatives toward the effective and appropriate implementation of immunization policy in LTC settings. This has become particularly relevant since the onset of COVID-19, which has magnified the risks of VPDs to older adults.

To mitigate the risks of VPDs for older adults and leverage their reach, civil society organizations in the field of ageing, aged care, and representing individuals at risk of VPDs due to chronic medical conditions are called upon to advocate for the rights of all residents within LTC. Without a strong and active voice of civil society, at national, provincial, and local levels, governments will be left to say 'we must do better for older people' in LTC settings.

As trusted information sources, civil society can play a pivotal role not only in helping to shape and influence vaccine policy but as champions for change. Building and expanding upon existing advocacy efforts, programs, initiatives, and activities towards the inclusion of immunization policies in LTC settings can help to encourage governments to prioritize and identify LTC as a high-risk environment for VPDs and react quickly to improve the functional and physical health of older adults, as has occurred during the pandemic. In addition to improving the functional and physical ability of older adults, advocating for increased immunization policies reduces the burden on healthcare systems and reduces healthcare costs, providing substantial long-term social benefits.

Conclusion

Immunization throughout the life course is an effective public health intervention that not only contributes to maintaining and improving population health across all ages but reduces the pressure and burden on healthcare professionals and systems.

Launched within the first and second waves of the COVID-19 pandemic, the UN Decade of Healthy Ageing and the WHO Immunization Agenda 2030 reflects ambitious stepwise agendas for healthier global populations. Yet on both counts, the lives of some of the most vulnerable groups in our society, residents in long-term care facilities, do not rate a mention with respect to routine immunization. The right to be vaccinated is a human right, regardless of age and place of home.

Improving Adult Vaccination Policy in Long Term Care Settings is a study that shines a powerful light on the gaps in vaccination policies in LTCFs. No countries included specific guidelines for LTCFs in their national immunization plan or aged care strategies. No countries with national peak organizations currently advocated for or provided explicit recommendations on routine vaccination in LTCFs. The absence of targeted policies places older adults that live in these settings at an increased risk for serious complications and often life-threatening vaccine-preventable infections such as influenza, pertussis, and pneumococcal pneumonia.

Not only did the study illustrate gaps in overarching global health systems, but more importantly, the vulnerabilities in an often forgotten, but high-risk population - residents of LTC settings. Healthy ageing is about creating environments (including immunization protection) and opportunities that enable people to be and do what they have reason to value, regardless of where a person lives their lives.

Despite the systemic failures and tragic loss of life seen throughout the COVID-19 pandemic, this benchmark study shows that LTC residents are still being abandoned by not being designated as high-risk or relevant populations for government funding and awareness, particularly in the context of immunization.

It is recommended that national governments implement a life-course approach to immunization through three priority action items, with the backdrop that all investments in older persons and aged care policies are reflective of the diversity across geographic and cultural contexts. These recommendations include:

- Call on governments to include specific references to immunization in LTCFs in national and provincial aged care strategies and plans

- Call on NITAGs to universally recognize residents in LTCFs as a population at high risk of serious and life-altering complications from VPDs

- Call on civil society organizations (patient and advocacy organizations representing older people) to advocate for and act as vaccine champions for residents of LTCFs

The story told about vaccination policies for residents in LTCFs through a comprehensive analysis of grey and peer-reviewed literature represents a complex tapestry of inadequate and nonexistent policies across national aged care agendas, national immunization plans, and key stakeholders that represent and inform dialogue on the health and well-being of those populations most at risk of VPDs.

The political will of governments and policymakers and the voice and engagement of civil society working together represents a powerful force toward addressing and mitigating the shortcomings illustrated in this study. Public health efforts to prevent the spread of COVID-19 and promote vaccination among those most at-risk of the infection exemplifies the drive and ability of governments to implement comprehensive vaccination campaigns and legislation to protect and promote all citizens, including residents in LTCFs.

Throughout the COVID-19 pandemic, civil society exercised direct advocacy and protection for older people around the world. Civil society organizations have proved the capacity to bridge inequalities by ensuring vulnerable populations, including residents in LTCFs, are not left behind. To build capacity, cross-disciplinary and cross-sectoral, and collaborative efforts will strengthen this movement toward the inclusion and protection of older adults to enable people to be and do what they have reason to value.

Appendix A

Figure 1: Figure 1: Summary of Environmental Scans Key Findings 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					
Brazil					
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Qatar					
Kenya					
South Africa					

"MEETS CRITERIA" "PARTIALLY MEETS CRITERIA" "DOES NOT MEET CRITERIA"

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