

Influencing Policy to Improve Adult Vaccination in Germany Consensus Statement

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Seasonal influenza, pneumonia, pertussis and shingles are life-altering diseases for older people and those adults with chronic conditions such as diabetes, heart and respiratory conditions. In Germany, an estimated 7,000 to 14,000 excess deaths are associated with influenza each year, and nearly 90% of these occur among older adults.¹² Further, adults in long-term care facilities experience high incidence of pneumonia leading to increased rates in morbidity and mortality.³

In addition to immunosenescence (the natural decline in immune function with age), secondary age-related effects such as chronic diseases increase the risk for vaccine preventable diseases (VPDs) in older adults.⁴ Combined, these factors contribute to a rapid decline in functional ability and can seriously affect the ability to care for oneself, resulting in adverse consequences for the individual, their families and society.⁵ This is a serious cause for concern in Germany, considering over 50% of adults over the age of 65 years have between one and three chronic diseases.⁶

Although vaccines effectively decrease the risk of developing VPDs and their associated complications, adult vaccination rates remain low, particularly for pneumococcal and influenza vaccine.^{7,8} Contributing to the low up-take rates among at-risk groups are systemic and attitudinal barriers. For example, a lack of awareness of the consequences of VPDs, a limited understanding of risk for disease, and an underlying mistrust of vaccinations have been associated with the poor uptakes in older adults.^{9,10} Thus, despite recommendations made by the Standing Committee on Vaccination (STIKO), and the availability of vaccination coverage for adults 60 years and over, improvement in uptake rates in Germany appears to hinge on public knowledge, attitude and access of vaccines.

To better understand the landscape of adult vaccination in Germany and map the known and potential barriers to uptake rates, the leaders of at-risk patient groups and experts in the fields of immunization, gerontology, health economics and specialists in communications, health policy and marketing gathered to discuss and make recommendations to change the status quo.

Central to the actions was the call for a multidisciplinary approach to immunization education and public health promotion based on the common understanding of a narrative about vaccination throughout life.

1. Greater Investment in Education and Awareness Campaigns for At-Risk Groups

Improving population education is a complex, multi-tiered process that requires intersectoral and multidisciplinary collaboration. There is a general lack of public education for at-risk groups around the serious nature of VPD, the risks associated with low vaccination uptake rates, and the correlation between vaccine preventable diseases and decline in functional ability.¹¹ To effectively address the limitations in patient understanding and improve perceptions around vaccine effectiveness, there must be greater investment in vaccination campaigns and educational resources.

It is important for stakeholders invested in increasing adult vaccination uptake rates to collaborate on creating messaging that triggers action, as knowledge is not always enough to motivate change.¹² Vaccine educational resources that aim to positively change attitudes of at-risk groups should focus on correcting misconceptions, reducing fear and eliciting a sense of collective responsibility.¹³ Key stakeholders involved in the development of these resources should include health care professionals, behavioural scientists, communication specialists and patient advocacy organizations.

2. Improve Vaccine Communication between Health Care Professionals and At-Risk Patients

As trusted sources for health information, health care professionals play a critical role in preventing and mitigating the impact of VPDs.¹⁴ Simple and effective actions such as frequent monitoring of a person's Impfpass or "vaccination records", regular conversations with patients on the safety and efficacy of vaccines and sharing self-vaccination testimonials that can help inform their decision-making process, and vaccination behaviour.

Factors other than vaccine hesitancy can impact adult vaccine uptake rates. The lack of formal clarification of the responsibilities of HCPs such as specialists to vaccinate, for example, can result in fewer conversations with at-risk patients. The importance of shared responsibility among HCPs should be emphasized and encouraged in policies as part of a broader approach to improving adult vaccination rates in Germany.

3. Apply a Life Course Approach to Adult Vaccination

Evidence to date shows that building intrinsic capacity in early life through a life course approach to immunization not only promotes herd immunity but leads to physiological and psychological resiliency in later life.¹⁵ Thus, measurements adopted within the measles law such as interdisciplinary vaccination by any HCP and joint awareness campaigns by several authorities, have merit, and are conducive to building healthier populations.

To effectively support population health, however, a life course immunization strategy should promote vaccines for the health and functioning of adolescents, adults and older adults. There is an opportunity for governments to build on the current status in the promotion and delivery of adult vaccination through stronger communication and collaboration with stakeholders and increased investment in education and awareness.

4. Develop a Multidisciplinary Knowledge Exchange Strategy to Improve Adult Vaccination Uptake

Developing effective adult vaccination policies and practices requires mutual collaboration between the various disciplines and sectors that shape the vaccination landscape. To promote the exchange of information and ideas between disciplines, a knowledge exchange strategy is needed. Such a strategy would address information gaps related to the interplay between vaccination, ageing, chronic diseases and functional ability, and aim to dispel misconceptions in at-risk groups. Knowledge sharing across a diverse body of expertise (including academia, industry, communications and behavioural specialists and patient and advocacy groups but also health care insurances) would not only lend credibility to vaccination resources but also promote the use of these resources within the different disciplines.

Conclusion

Enhancing the national immunization strategy to prioritize vaccination for older adults and those at increased risk for VPDs will not only reduce the burden for infectious diseases currently known but can act as a protective measure and serve as good practice for novel diseases such COVID-19.

Healthy older people contribute socially and economically to the fabric of Germany. New investment in the health promotion and prevention of vaccine preventable diseases must address education, communication, vaccinator pathways and collaboration across professional associations.

Strengthening immunization throughout life is central to a broad public health strategy that is built through multi stakeholder action and acknowledges the value of a life course approach to vaccination.

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