

Supporting Active Ageing Through Immunisation (SAATI)

Consensus Statement on Barriers & Call To Action

In late 2011, a group of leading European public health advocates and professionals¹ has created a dedicated partnership entitled SAATI – Supporting Active Ageing through Immunisation - to promote the development of better adult immunisation strategies and policies across Europe.

2012 has been designated by the European Union as the European Year for Active Ageing and Solidarity between Generations. During this year, SAATI partners will engage with policy makers and other stakeholders to examine how vaccination, as a prevention strategy, should be part of a comprehensive life course approach and be considered part of Europe's strategy for healthy ageing.

Given that:

- Europe's population is ageing rapidly. By 2025, nearly 50% of Europeans will be 50 years or older²
- The most crucial age at which to receive and better react to vaccines is the 5th to 6th decade of life, i.e. before the onset of immunosenescence^{3,4,5}
- Adult immunisation rates for a variety of serious vaccine-preventable diseases (such as flu, pneumonia, invasive pneumococcal disease, pertussis, diphtheria, herpes zoster & tetanus) are often low and unpredictable across Europe⁶
- The annual cost-burden for treating pneumonia alone across Europe is 10 billion Euros mostly due to in-hospital care and lost work days⁷
- Many antibiotics used to treat vaccine-preventable diseases are rapidly becoming obsolete and an estimated 25,000 Europeans die each year as a result of drug-resistant infection⁸

SAATI partners believe:

1. There needs to be an assessment of member-state adult vaccination policies and barriers in order to generate an informed discussion and action on preventative vaccination for healthy ageing

2. There needs to be a pro-active discussion at the European level on the value of an adult vaccination schedule, involving professional societies, the European Centre for Disease Prevention and Control, the European Union and patient and citizen representatives, with recommendations for adoption at national level
3. Vaccine information should be part of the development of a European health literacy strategy that allows European citizens to better understand the value of vaccines, assess their individual risk in relation to vaccine-preventable illness and manage their own health. This strategy should include the development of health management tools such as a European health passport

SAATI Partnership and the 2012 European Year for Active Ageing and Solidarity between Generations

The SAATI partnership was created on 28 October 2011 at a European stakeholder meeting on the Value of and the Barriers to Adult Vaccination.

During this meeting, SAATI identified a number of important barriers to effective adult immunisation in Europe. In 2012, the partnership aims to encourage an informed discussion among public health authorities, policy makers, professional medical societies and patient groups in order to address these barriers which include:

- **Confusing public messages on the benefits of vaccines**
Despite proof of the medical and economic value of vaccination, European citizens are often confused by inconsistent and misleading information coming from unqualified sources. This misinformation has a negative impact on public attitudes and on policy makers as well as on individual's willingness to be vaccinated. EU institutions and national health policy makers need to work with other stakeholders, including media, to improve public understanding of the science and safety of vaccines in order to help "normalise" the practice of adult vaccination.

As stated in the Council of the European Union Conclusion of 6 June 2011: *"Vaccination is the most effective and economical way of preventing infectious diseases and vaccines have led to the control, lower incidence and even elimination of diseases in Europe that in the past resulted in death or disability for millions of people."*⁹

- Inconsistent adult guidelines based on risk**

Unlike infant vaccination strategies, there are no consistent age-based vaccination recommendations for adults across European Member States. The widely acknowledged success of infant immunisation is due to the recommendations that set a number of vaccinations before the age of five. This standardised approach allows for an easy-to-follow protocol and timeline for both paediatricians and parents that results in consistent tracking, follow-up and measurable health outcomes. However, vaccination recommendations for adults are primarily based on risk-factors (underlying medical conditions) such as diabetes, HIV, asthma, etc. While it is important to prioritise vaccination for those individuals, there is growing evidence that risk-based guidelines alone are not an effective means to promote, educate and ensure successful immunisation rates in adults.¹⁰
- Treating illness rather than investing in prevention**

Across Europe, Member States have inconsistent funding policies regarding adult immunisation and vaccine-preventable diseases, some of which can be fatal. This may create or reinforce health inequalities amongst European citizens, moreover it is poor economic, health and medical science policy. Failure to vaccinate against vaccine-preventable illnesses increases the incidence and risk of proliferation of disease across Member States, and imposes a preventable burden on health budgets, as treatment is more costly than prevention in most cases. In addition, since treatment options are often limited to antibiotics, under-utilisation of vaccines may inadvertently contribute to the increasing public health threat of drug-resistant bacteria. Governments need to broadly fund adult vaccination to ensure equal access for all communities, maximise healthcare and financial resources, and contribute to active ageing of European citizens.
- A lack of natural advocates or “champions” for adult vaccination**

While several professional medical societies (such as geriatric, respiratory, HIV, cardiovascular, diabetes, etc.) recommend vaccination for their older patients, no multi-stakeholder group has made the concept of a comprehensive “adult vaccination schedule” their key area of focus. Additionally, from a patient advocacy perspective, prevention of secondary diseases tends to be less of a priority than the diagnosis and treatment of the main disease state. This lack of a natural “champion” for adult vaccination results in a low prioritisation in medical education, medical practice and health policy. This in turn impacts the measurement of true incidence levels and identification of vaccine-preventable diseases, such as pneumonia, flu, pertussis, invasive pneumococcal disease, herpes zoster, tetanus and diphtheria.

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For further information and all media enquiries, please contact:

Jessica Watson at the International Longevity Centre:

jessicawatson@ilcuk.org.uk

+44 (0)207 340 0440

+44 (0)7828 201 060 (mobile)

References

1. SAATI Partners

- Prof. Javier Garau – SAATI Chair and former President of ESCMID; Associate Prof. of Medicine, University of Barcelona; Head of Department of Medicine, Hospital Universitari Mutua de Terrassa, Barcelona – Spain
 - Mr. David Sinclair, Assistant Director, Policy and Communications, The International Longevity Centre - UK
 - Prof. Roberto Bernabei, Head of Geriatric Institute of Catholic University – Rome; President, Agency for Healthy Ageing – Italy
 - Prof. Hartmut M Lode, Head, Research Centre for Medical Studies, Institute for Clinical Pharmacology, Charité – Universitätsmedizin Berlin-Germany
 - Prof. Jean-Paul Stahl, Head of Infectious Disease Dept, Centre Hospitalier Universitaire de Grenoble – France
 - Ms. Michele Lawrence, Consultant Nurse in Health Protection & Director MMidas LTD - UK
 - Prof. David Taylor, University of London School of Pharmacy – Public Health & Policy - UK
 - Dr. Daphne Holt, Vice President, Confederation of Meningitis Organisations (COMO)
 - Ms. Christine Rolland, Vice President, European Federation Of Allergy and Airway Diseases Patients Association (EFA)
 - Dr. Ian Banks, President, European Men’s Health Forum (EMHF)
 - Ms. Hildrun Sundseth, Member of the Board, The European Institute of Women’s Health (EIWH)
 - Ms. Katharina Braun, Bundesarbeitsgemeinschaft der Senioren-Organisationen e.V. (BAGSO), Bonn - Germany
 - Ms. Sylvie St-Laurent, Senior Director, International Public Affairs, Pfizer PIO
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