

RECOMMENDATIONS ON HOW TO IMPROVE INFLUENZA VACCINES SUPPLY, FORECASTING AND DEMAND PREDICTABILITY


Seasonal influenza poses a significant but often under-recognised challenge to European health systems. Compared to other infectious diseases, influenza has one of the highest impacts in terms of mortality and incidence: it is estimated to cause up to 70,000 deaths in the EU/EEA each year.¹

Due to the COVID-19 pandemic, and taking into account the recent cases of Flurona, a condition of simultaneously contracting COVID-19 and influenza viruses, the demand for influenza vaccines has been increasing. To secure adequate doses for the European citizens, and protect them against influenza and serious complications, it is crucial to better anticipate the demand for future seasonal influenza vaccines and take appropriate measures to prepare for pandemic influenza vaccines industrial and delivery capabilities.


In light of the above, the following recommendations are proposed

To EU policymakers

1. Secure EU autonomy and support appropriate seasonal influenza industrial capacities and delivery capabilities as a cornerstone of pandemic preparedness by:

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- **Providing long-term guidance on the projection of EU vaccine needs to industry**, to ensure optimum **interpandemic capacity to meet the vaccine needs of citizens**. This is a particularly urgent action considering it can take up to 5 years to build and approve new industrial facilities.²
 - **Addressing vulnerabilities and strategic dependencies** related to the development, production, procurement, stockpiling and distribution of medical countermeasures, such as vaccines, **through the new European Health Emergency Response and Preparedness Authority (HERA)**.³

2. Streamline regulatory requirements as one of the objectives of the **EU Pharmaceutical Strategy** pursued by the European Commission (EC) in order to increase both flexibility and security of vaccines supply to European countries and to facilitate access for the European citizens through:

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- **Harmonisation of the packaging and labelling requirements** across EU countries,
 - **For instance**, the adoption of e-patient leaflets for injectable products, such as priority vaccines administered by health care professionals.
 - **Streamlining of vaccine batch release** processes beyond the EU,
 - For instance, reliance mechanisms between the EU and main exporting (to the EU) and importing (from the EU) country health authorities could address the current repetition of testing and subsequent vaccine supply and access delays.

¹ ECDC, Factsheet about seasonal influenza. Available at: <https://www.ecdc.europa.eu/en/seasonal-influenza/facts/factsheet>

² Gavi's long-term (5-years) investment strategy shall be considered as best practice by the European Commission when developing long-term guidance for the EU vaccine projections.

³ HERA is a central element of strengthening the European Health Union, which will aim to, amongst others, steer investments and actions in enhancing Europe's preparedness and readiness against cross-border health threats.

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To Member States

3. Anticipate and **secure accurate indications of vaccine annual demand** to then reinforce the dialogue between governments and industry:



- All EU country **demands should be communicated one year in advance (before December)** to help achieve security of vaccine supply and timely delivery (private pre-orders booked and tenders awarded).
- Routine earlier annual indications would enable appropriate industrial planning and anticipate potential capacity constraints for the upcoming influenza season to best meet citizen needs.

4. Develop long-term projections for vaccine demand, according to the WHO and / or country-specific vaccine targets to illustrate to **industry** the **long-term demand**.



- Inform decisions of industry investments for the EU that serve both **influenza seasonal** and **pandemic vaccines** needs.
- Help overcome the limitation of vaccine supply due to industrial infrastructure gaps.

RECOMMENDATIONS ON HOW TO COLLECTIVELY ENGAGE FOR HIGHER INFLUENZA VACCINATION COVERAGE OF EU CITIZENS

Civil, public health and medical societies, together with healthcare professionals and policymakers, play a crucial role in educating and empowering at-risk populations about the need and value of being vaccinated, as well as act as the bridge between communities and policymakers to prioritise prevention and reiterate the need for influenza vaccination. To unlock the potential of political and population engagement, the following recommendations are proposed

To EU policymakers

1. **Promote targeted evidence-based communications** on influenza vaccination and cooperation between the policymakers, the industry and health care professionals.

2. **Encourage** Member States to invest more in vaccination programmes within a strengthened national immunisation programme, as a strategic pillar of their national pandemic preparedness plan with special attention to improved infrastructures, capabilities and reimbursement.



This investment is key to improving and expanding access to vaccinations across all age groups, but with a particular focus on high-risk groups including older people and those with underlying chronic conditions.

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3. Guide and support Member States in establishing **multistakeholder committees at national levels to strengthen the implementation, including public health awareness campaigns, of national influenza immunization plans.** The committees may



- include representatives from civil society representing key stakeholder groups including health care professionals of medical societies, civil society organisations (CSOs), health economists, and patients' associations.
- collectively address the challenges associated with vaccine confidence, the heterogeneity of ageing populations, and varying levels of health literacy.

To Member States

4. Consider moving healthcare systems from **an illness model to a health prevention and promotion approach,** with vaccination as a central component of universal health coverage, and a clear national pandemic preparedness plan such as:



- immunisation is prioritised as part of an **extended prevention strategy** with a **strengthened surveillance system** both at national and regional levels, **and vaccination infrastructures that can support timely uptake of influenza or other vaccines.**
- reimbursement for influenza vaccines is ensured to the recommended population coverage.
- situational **barriers to vaccination are addressed** through collaboration with CSOs that may include complex and / or inaccessible vaccination pathways, inflexible health care settings that limit vaccination of the general population.
- the professions qualified to vaccinate are expanded.

5. Invest in educational **campaigns and trainings** about the value of vaccines and the risks from infectious diseases such as influenza, with the involvement of professional associations. This may include various strategies such as peer interviews to inform and motivate colleagues; **trainings on how to communicate about infectious diseases and notably influenza to patients,** as well as to the media; and advocate for **joint promotion of influenza vaccination amongst patients.**

These Recommendations represent the outcomes of expert discussions during the EU Virtual Roundtable Day on Influenza Vaccination. Please refer here to access full event report.

The event, organised by Sanofi and hosted by Members of the European Parliament, Dolors Montserrat (EPP, ES) and Sara Cerdas (S&D, PT) took place on 21 September 2021.

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