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**Decade  
of healthy  
ageing**

# Mobilizing Policy Action – Prioritizing Vaccination in Long Term Care

## Consensus Statement and Recommendations

### Expert Meeting

25 March 2024

Brussels, Belgium

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## Background

Global populations are rapidly ageing, with estimates indicating that the number of older people will exceed 2.1 billion by 2050. (1) This global trend calls for health and social services that ensure the highest quality of life for older people, through targeted efforts that respect their rights and protect their function.

The latter half of life can be best characterized by three nonexclusive trajectories of functional ability ranging from significant high capacity, to declining capacity and to significant loss of capacity. (2) Environments play an important role in determining our physical and mental capacity across the life course and into older age. Older people are diverse and experience a range of health and functional states, therefore a public health approach to ageing requires tailored health services and environments that support enhanced capacity. (2)

Long-term care (LTC), broadly described as a wide range of health and social support services, may support individuals with declining capacity or significant loss of capacity. (2,3) Where long-term care is provided in facilities (also known as nursing homes), these settings represent an environment which can be optimized to promote enhanced capacity.

Immunization throughout the life course is an effective public health intervention that contributes to maintaining and improving population health across all ages and reduces the burden on healthcare professionals and systems. Vaccination in LTC settings is one action that may be taken to prevent or slow declines in functional capacity of residents. Many considerations are needed to deliver these health services, with emphasis on fostering trust and creating enabling environments. This is especially crucial given that, during the COVID-19 pandemic a significant positive association was reported between trust in the social environment (including government and medical personnel) and the intention to be vaccinated. (4)

The residents of long-term care facilities (LTCFs) are a vulnerable population that should benefit from additional protective measures against infectious diseases due to their advanced age and numerous underlying diseases. Additionally, the unique congregate setting of LTCFs increases risk and exposure to infectious diseases, particularly respiratory diseases such as influenza, pneumococcal pneumonia, pertussis, COVID-19 and respiratory syncytial virus (RSV), due to shared spaces and staff working closely with multiple residents. (5)

The COVID-19 pandemic highlighted the burden of infectious diseases on older adults that live in LTCFs and a sub-standard level of care in many countries. (6) In response to these findings, several governments have initiated a long overdue review of infection prevention and control and vaccination against routine diseases, such as influenza, pneumonia, and pertussis, in these settings. Despite numerous calls for reform, and increased attention from governments during the pandemic, concrete policy to support immunization in LTCFs remains sparse, disjointed and largely absent.

## Mobilizing Vaccination Policy in Long-term Care Settings Expert Meeting

The International Federation on Ageing's recent study, *Improving Adult Vaccination Policy in Long-term Care Settings*, revealed critical gaps in aged care policy and national immunization programs that support vaccination of LTCF residents. (7) Across the 19 countries studied, not a single country had specific guidelines for LTCFs in the national immunization plan or aged care strategies. Furthermore, no national organizations advocated for or provided explicit recommendations on routine vaccination in LTCFs. (7)

To address these alarming findings, IFA convened an expert meeting *Mobilizing Policy Action – Prioritizing Vaccination in Long Term Care* in Brussels, Belgium on 25<sup>th</sup> of March 2024. The meeting included global expert delegates from multiple sectors and specialties, including academia, ageing, public health, chronic disease advocacy, and geriatricians and gerontologists. Collectively, experts deliberated on action required for improvements on vaccination in LTC, considering biopsychosocial, political, and country-specific factors that require attention.

## Consensus Statement

Based on meeting deliberations, and perspectives of key experts and stakeholders, consensus was gained on recommendations to address critical policy gaps and promote joint action required to advance vaccination of residents in LTCFs and protect their right to comprehensive health and social services.

### **1. Prioritize vaccination in LTCFs as a pillar of aged care strategies and plans.**

Despite clear evidence on the burden of VPDs in older people, particularly LTCF residents, and the value of vaccination to support healthy ageing across the life course, vaccination is not recognized as an important action to support the health of ageing populations.

Vaccination must be viewed as a key strategy to support older people, across the latter half of life and all levels of capacity to maintain and improve function and / or reduce the care burden. Given critical gaps, targeted attention is needed for those in LTC experiencing declining or significant loss of capacity.

To support this goal, governments should include vaccination of LTCF residents as a pillar of aged care and / or long-term care strategies and plans. This may be actioned through the development of standards, legislation, or regulations to ensure routine vaccination is accessible in LTC and plans are outlined for infection prevention and control, vaccination delivery, and health education on vaccination to health care providers, staff, and residents.

### **2. Increase monitoring and collection of data on vaccination in LTCFs.**

There is currently limited data collected on vaccination uptake in LTCFs. Investment in monitoring and surveillance is needed to understand vaccination trends and challenges within LTCFs, and population health risks, such as the risk of outbreaks in LTCFs. Improved data and monitoring can inform targeted interventions, standards and practices aimed at improving vaccination rates, and infection prevention and control. Additionally, should vaccination be included in LTC or aged care plans and strategies, monitoring and data collection will be crucial to measure success or achievement of goals.

Public health agencies can provide guidance and support to LTCF to improve data collection practices which may include mandating facilities to report vaccination rates among residents and staff to local health departments or relevant authorities. Regular audits and quality checks of vaccination data within LTCF will also help to ensure accuracy and completeness and address any discrepancies or gaps in data collection.

Positive reinforcement through incentives and recognition programs can also encourage facilities to prioritize data collection efforts.

**3. Include LTCF residents as a priority population in national immunization programs, with specific and tailored recommendations to this group.**

Given their unique risk factors, residents of LTCFs must be recognized as a high-risk group within national immunization programs (NIPs). Vaccination for these residents should be specified, reimbursed, and prioritized through delivery programs.

To support this aim, National Immunization Technical Advisory Groups (NITAGs), responsible for providing independent, evidence-based advice to national governments and health authorities on immunization policy and strategies, must consider the unique needs and increased vulnerability to infection of LTCF residents when developing recommendations. This requires consultation with experts on vaccination in older people and inclusion of experts such as geriatricians as NITAG members.

**4. Enhance a rights-based approach to vaccination in LTCF, acknowledging the ethical dimensions of ensuring access to health services and the right to health.**

A rights-based approach to health emphasizes that access to health care and the conditions necessary for good health are fundamental human rights that should be guaranteed to all individuals, without discrimination. Vaccination is a life-saving measure and must be viewed as a right for all older adults, regardless of their residence. The lack of efforts to protect those in LTCFs through vaccination ignores populations at great risk of VPDs. A rights and person-centred approach is required to ensure that the needs and values of older people are met and respected.

Emphasizing a person-centered approach may include the use of tailored vaccination plans which address residents' preferences and needs. Accessibility should be prioritized, including culturally sensitive outreach. Health education must be targeted to address vaccine hesitancy and the specific needs and values of LTCF residents.

## Conclusion

The *Mobilizing Policy Action – Prioritizing Vaccination in Long-Term Care* expert meeting was the result of identified policy gaps and roundtable discussions on much needed action to improve vaccination in LTC. These gaps and dialogue led to the convening of a high-level expert meeting with the aim of mobilizing specific policy actions to improve vaccination uptake within LTCFs. This consensus statement represents a shared call to action from across stakeholder groups to protect older adults living in LTCF from VPDs that threaten their health and well-being.

The recommendations underscore the need to protect LTCF residents and ensure the highest quality of life for these populations of older adults. Each of these recommendations can be broadly supported through the promotion of investment in prevention, multisectoral action and recognition of the broader societal benefits of vaccination, including reduced rates of hospitalization, reduction of health system burden and decreased healthcare spending. Additionally, implementation of these recommendations may be aided by understanding political priorities, and areas where national agendas may intersect and be leveraged to support these goals.

We call for collaborative efforts among healthcare, government, industry, and civil society to support implementation of these recommendations and advance policy to improve the lives of older people.

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