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Research Article

Addressing the Challenges of COVID-19 Pandemic on the Routine Vaccinations across Europe: Focus on Flu Vaccination -

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ABSTRACT

As Europe learns to live with the pandemic, it is crucial for Member States not only to follow a coordinated vaccination strategy for anti-COVID-19 vaccine deployment, but also to work to build a proper vaccine culture. This is fundamental to overcome the idea that vaccination is only needed at early ages, and to shift to a life-course vaccination approach and to a harmonized “for-life calendar” at the EU level. The routine immunization schedule has to be known, valued, spread and used in the interests of individuals and the community, improving the collaboration and dialogue with all the health-relevant stakeholders and institutions, and enhancing a more effective engagement of the civil society. The current pandemic is placing a huge strain on health systems, worldwide it forced to adapt and sometimes innovate in care management: what are the lessons learned for the vaccination systems? Are the new immunization plans ready to address the new health context? What are the best practices implemented to date and the recommendations to make for the update of national immunization plans? What are the contribution and the experience in the field of the different healthcare professionals involved and of citizens’ and Patients’ Advocacy Groups (PAGs)? Cittadinanzattiva [1], through its European branch Active Citizenship Network (ACN) [2], has tried to respond to these questions in the framework of its #VaccinAction2021 project entitled “Protecting the value of vaccination during - and after - the COVID-19 pandemic across Europe: impact, experiences and perspectives from citizens’ and patients’ advocacy groups & relevant stakeholders” [3]. As part of the project, two EU online surveys were developed: one realized in June 2021 during the first period of the Covid-19 vaccination campaign, and one in October/November 2021 in the middle of the campaign. The following article will show the results of the most recent survey.

Keywords: COVID-19 vaccination; Flu vaccination; European union; Immunization; Patients’ rights; Civic participation; Patients’ Advocacy Groups (PAGs)

INTRODUCTION

As demonstrated by the current COVID-19 pandemic, vaccination plays a central role in saving lives, protecting healthcare systems, and helping restore our economy. As stressed by President von der Leyen in her State of the Union 2020 Address [4], Europe needs to continue to handle the COVID-19 pandemic with extreme care, responsibility, and unity, and use the lessons learnt to strengthen the EU’s crisis preparedness and management of cross-border health threats. The development and deployment of safe and effective vaccines against COVID-19 remains an essential element in the management of and eventual solution to the public health crisis. At the same time, however, the so-called ‘routine vaccinations’ must not be forgotten. Immunization against measles, influenza, Human Papillomavirus (HPV), pneumococcal disease and several other illnesses are of enormous value. Neglecting these vaccine-preventable diseases would, in the long run, have potentially devastating effects [5]. The hope is that the positive legacy of the pandemic vaccination programme will be to build on the experiences and awareness developed over the past year. By continuing to mobilize healthcare professionals (HCPs), working with civil society groups, scaling up information systems and boosting communication, policymakers can ensure that routine immunization programmes emerge stronger from this crisis. Coordination at EU level is required to align efforts, show solidarity, and ensure good public health management for COVID-19 matters and beyond, and the protection of all EU citizens no matter where they live. To support Europe in its COVID-19 vaccination campaign, the European Commission adopted in July 2021 the EU Commission’s “key steps for effective vaccination strategies and vaccines deployment” Communication [6], advancing key measures in six specific areas for a short-term EU health preparedness. Taking into consideration these key steps were two surveys realized by Active Citizenship Network (ACN) in the framework of the EU project #VaccinAction 2021, launched during 2021 in online modality. The project focused to better contribute – starting from a citizens’ and healthcare stakeholders’ perspective - on understanding the impact of COVID-19 pandemic on the national immunization plans and to supporting the COVID-19 vaccination landscape, without forgetting the routine immunization schedules and its gains. The project has been shaped focusing on ACN’s commitment as a European network

to engage citizens and citizens’ associations and health stakeholders across Europe to better know and implement vaccination policies and to reflect together on problems and proposals. The first EU survey [7] part of the #VaccinAction2021 project was realized in June 2021 during the first period of the COVID-19 vaccine campaign, taking the liberty of putting the current COVID-19 vaccination campaigns in the background for a moment and focusing on the disruption of the so-called routine vaccinations. The second EU online survey [8] was realized in the second half of 2021, this time in the middle of the COVID-19 vaccination campaign, and it aimed at exploring the challenges of concomitant administration of vaccines against flu and COVID-19. With the contribution of an expert committee, the two EU online questionnaires were addressed to Patients’ Advocacy Groups (PAGs) and citizens’ organizations, national and international healthcare professionals, and representatives of national institutions dealing with vaccination. Through the surveys, the respondents explored what has been done and what should be done in their national immunization plans, based on their experiences and on the information that they received. Each survey was supported by a webinar, highlighting the results and data collected with the aim to foster some reflection moments and begin a confrontation between the involved stakeholders to observe common aspects, identify good and bad practices, and suggest proposals (Figure 1).

METHODS

In particular, the II EU online survey, realized in October-November 2021, entitled “During COVID-19 Vaccination



Figure 1: Cover image of the #VaccinAction2021 EU project entitled “Protecting the value of vaccination during -and after- the COVID-19 pandemic across Europe: impact, experiences and perspectives from citizens’ and patients’ advocacy groups & relevant stakeholders”.

Campaign: Addressing the challenges of concomitant deployment of COVID-19 and influenza vaccination” served as an ‘online focus’ group that would provide opinions and concerns on how this topic was being handled across Europe and proposals to resolve the probably unavoidable complexities deriving from the concomitant administration of vaccines against flu and COVID-19. The survey explores what has been done in this period of coexistence of both the COVID-19 vaccination campaign and of the flu vaccination one, and what should be done - based on the direct experience of the respondents. The questions refer to the period from October 2021 to November 2021 and it received 82 answers by high level experts (including healthcare professionals (GPs and not only), professionals working in vaccination centers, national institutional bodies, the European Joint Action on Vaccination (EU-JAV), leaders of PAGs and civic society organizations involved in immunization policies across Europe) coming from 23 countries: most of them from Belgium, France, Ireland, Italy, Malta, Portugal, Romania, Spain, UK; and others from Austria, Belgium, Denmark, Finland, Germany, Greece, Hungary, Poland, Slovenia. Being a qualitative rather than a statistical survey, the main goal was to cover at least half of European countries. Having reached such a high number of participating countries, the survey has widely succeeded in its objectives.

Why a survey? To listen directly from expert citizens and patients’ associations and national and EU vaccine stakeholders, about the needs and difficulties, and also good practices, experienced and to intercept any problems and phenomena that still didn’t emerge, on which there is not enough attention in the public debate. Why a specific focus on flu vaccination? Because of both external and internal reasons. Concerning the first, there has been a great attention to the concomitant deployment of both flu and COVID-19 vaccinations along 2021. Regarding instead internal reasons, the authors are committed to the general topic of adult vaccination. In particular, 2021 focused on flu vaccination [9], while 2022 is concentrated on other adult vaccinations, including measles, Human Papillomavirus (HPV), or pneumococcal disease [10].

As mentioned above, the survey took into consideration the “EU Commission’s key steps for effective vaccination strategies and vaccines deployment” to frame its questions, which were divided in the following specific sections: resources, access, monitoring, and communication, to which we also added a section on stakeholder engagement and a general information section delimiting the profile of each respondent. The resources area concerned whether there were sufficient resources to assure the capacity of vaccination services to deliver vaccines. Access regarded easy access to vaccines for target populations, both in terms of affordability and physical proximity and information. The monitoring area ensured that Immunization Information Systems and other vaccination registries are updated and ready to process vaccination data. The communication one concerned the degree of clear communication on the benefits, risks and importance of vaccines, thus promoting public trust and tackling the misinformation and disinformation. Lastly, the engagement section concerned the relevant stakeholders’ engagement in tackling the challenges of concomitant deployment of COVID-19 and flu vaccination.

THE VALUE OF CIVIC EVALUATION

Data contained within this survey have no statistical value but provide a picture in the field of vaccination through data collected mainly by civic and patient organizations. The methodology was

inspired by the method of civic evaluation, defined as the capacity for organized citizens to produce and use information to promote their own policies and participate in public policymaking, in the phase of definition and implementation as well as that of evaluation. In particular, civic evaluation can be defined as an action-research performed by citizens, through the use of established and verifiable methods, to issue reasoned judgements on realities that are significant for the protection of rights and the quality of life. According to this method, when citizens, despite their presumed lack of competence in the public sphere, organize themselves and take action together regarding public policies, they are able to produce and use information deriving from experts and other sources, as well as from their own direct experience with the issue being addressed. In this project, such method was implemented. This could be both an innovative side of this work, but could also represent a limitation to the study due to a series of difficulties and obstacles which may be encountered, such as: possible criticism towards the output since it will not be a statistically representative research; an official dialogue with institutions and professionals is not always easy. However, on the other hand, this methodology represents a form of expression of active citizenship. This because citizens become able to organize themselves autonomously, to mobilize human, technical and financial resources, and to act within public policies, through different methods and strategies, in order to protect rights and attend to the greater good. This is a wider concept of citizenship than the traditional one, which lists an assembly of rights and duties which asserts that an individual belongs to a national identity [11].

RESULTS

According to the answers received from the questions of the general info section, vaccination campaigns for flu, COVID-19 3rd dose, and Booster vaccination, started almost everywhere between late September and early October, except for the 3rd dose that in several countries had already begun before or during the summer. However, the answers underlined a great confusion within the same country on the start dates and differences between 3rd dose and booster, which perhaps denotes an unclear information and a lack of coordination at the European level, which, even on this occasion, could have helped since the COVID vaccination campaign was born as an EU campaign (Figure 2). On the positive side, regarding whether health authorities published recommendations on simultaneous administration of COVID-19 and influenza vaccines to simplify the vaccination process,

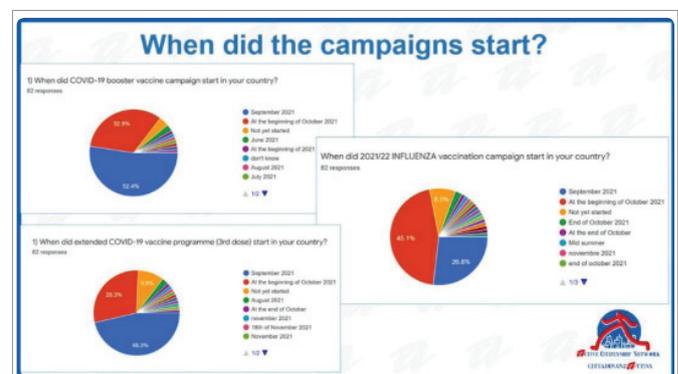


Figure 2: “When did the campaign start?” graph representing the responses given to ACN’s II EU survey “During COVID-19 vaccination campaign: addressing the challenges of concomitant deployment of COVID-19 and influenza vaccination”, 2021.

and whether the two vaccines were effectively given to certain groups at the same time, most of the answers (67%) responded positively and almost the same percentage confirms the concrete application, with some specificities and differences. Furthermore, according to most answers, the 2021 COVID-19 booster/extended vaccine programme did not disrupt or delay the deployment of the annual influenza vaccination programme. However, even in this case, different answers within the same country were recorded (Figure 3). A major topic was the prioritization of at risk groups in the early phase of the flu vaccination campaign, which was considered very well managed for the people between 60-80 years of age, but not the same can be said for young children (<6years old) and pregnant women. Above all, it was considered very badly handled for marginalized groups (migrants, refugees etc.). Worth noting is however the improvement in the attitudes and increase in awareness to flu vaccination compared to before the COVID-19 pandemic (Figure 4). Following ACN's life course immunization approach, respondents were asked if also other vaccines like pneumococcal – shingles - pertussis - or others, were recommended to be administered with the flu vaccine. Most of the answers were yes, in particular regarding recommendation of the pneumococcal vaccine. However, many negative cases, with no recommendations at all given were found, including countries like Ireland, France, Austria, and Malta. On the other hand, most of the respondents were assured with a timely and accurate vaccine supply for the influenza season: about 85% responded positively, and for 31% of them it was better than last year (Figure 5).

RESOURCES

Coming into the first thematic section regarding resources, the survey asked if there were sufficient resources to enable vaccination services to deliver the flu vaccination programme. Respondents answered that funded vaccination works very well, investing in HCPs training and communication on vaccination is good enough, new workforce recruitments and investment in healthcare infrastructure works quite bad and the planning to progressively invest in life-course immunization is considered bad (Figure 6). Concerning the priority of prevention in healthcare budgets, starting from the Next Generation EU Fund [12] and the National Resilience and Recovery Plans (NRRPs), which is a crucial topic during these times, most respondent did not know how to answer on whether the issue of immunization was given priority in the respondents' countries' NRRP or on whether there were some actions aimed at improving immunization included in the country's recovery plan. Moreover,

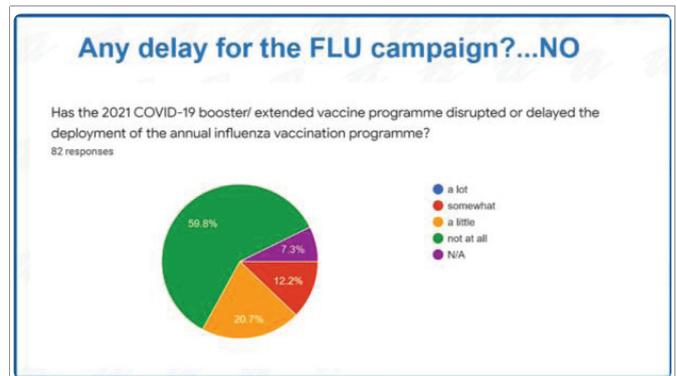


Figure 4: “Any delay for the flu campaign? NO” graph representing the responses given to ACN's II EU survey “During COVID-19 vaccination campaign: addressing the challenges of concomitant deployment of COVID-19 and influenza vaccination”, 2021.

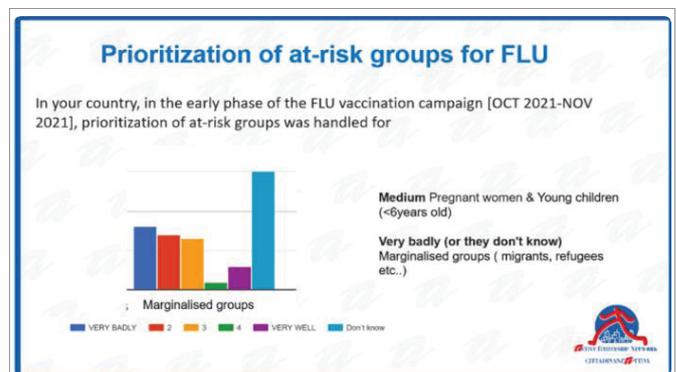


Figure 5: “Prioritization of at-risk groups for flu” graph representing the responses given to ACN's II EU survey “During COVID-19 vaccination campaign: addressing the challenges of concomitant deployment of COVID-19 and influenza vaccination”, 2021.

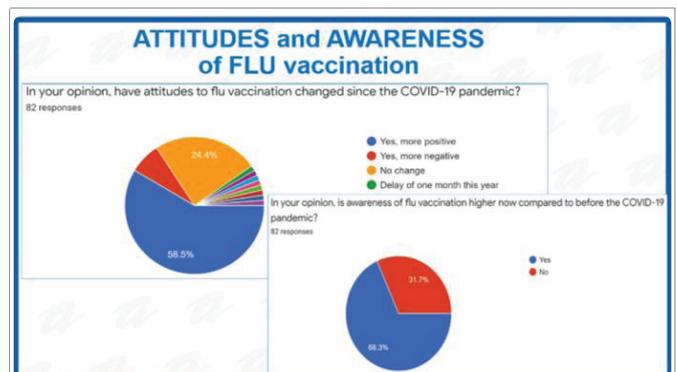


Figure 6: “Attitudes and awareness of flu vaccination” graph representing the responses given to ACN's II EU survey “During COVID-19vaccination campaign: addressing the challenges of concomitant deployment of COVID-19and influenza vaccination”, 2021.

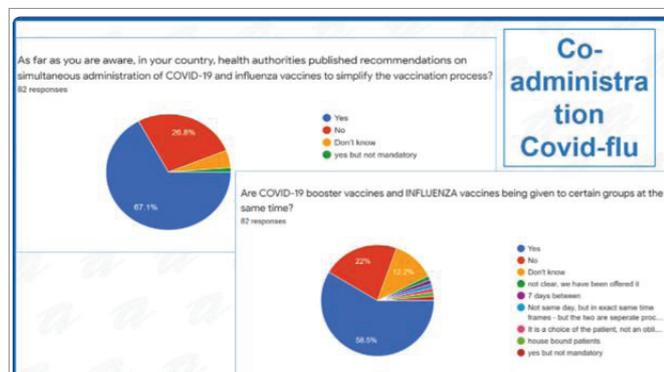


Figure 3: “Co-administration Covid-flu” graph representing the responses given to ACN's II EU survey “During COVID-19vaccination campaign: addressing the challenges of concomitant deployment of COVID-19 and influenza vaccination”, 2021.

looking at the single answers, what emerges is a great confusion also within the same countries (Figure 7).

Access

Coming into the second thematic section of the survey, the EU Commission's document claims that “vaccination services should



be made easily accessible for target populations, both in terms of affordability – and with physical proximity. Also, a clear and timely access, through relevant media, to information, is key”. On access to vaccines, the first question regarded who was in charge of administering the flu vaccine. As shown in the graph below, in most of the countries the point of reference for flu vaccination were the GPs, followed by vaccination centers, nurses, pediatricians, pharmacies, and employers. In this picture, the expansion of the vaccination administering channels and of the duration of the vaccination campaign was considered well-managed (Figure 8). On the question referring to whether the pharmacy-based flu vaccination was a feature of this year’s national influenza programme, the answers were ‘yes’ «more than in 2020» in France, Ireland, Italy, Portugal, UK, and ‘no’ in Austria, Belgium, Malta, Poland, Romania, Hungary, Spain. What can be observed is first of all the different approach in the various EU countries but also that, where it is implemented, it is judged in a positive way: very well in Ireland, well in France, quite well in Portugal and UK, well in Italy, except for the existing inequalities within the same country (Figure 9). Regarding an easy access to vaccination, most people were unaware about whether the new nasal way to administer the flu vaccine was available for children. Furthermore, also in this case there were very different answers within the same countries, underlining again the confusion and the differences among the countries and within them regarding, for example, different regional approaches.

Monitoring

On the monitoring thematic area, the EU Commission’s key steps document states that “to monitor the performance of the vaccination strategies, it is essential for the Member States to have suitable registries in place. This will ensure that vaccination data is appropriately collected and enables the subsequent post-marketing surveillance and ‘real time’ monitoring activities”. Respondents claimed that the capacity of the immunization monitoring system to gather flu vaccination data to “collect data to enable ‘real time’ monitoring activities” and “to collect the necessary data to remind and track those that fail to receive the vaccine” was quite bad; the same applies to having “a unique national immunization information system” and to the capacity to “empowering and training healthcare workers on this issue”. The answers are mostly very bad when talking about a monitoring system that facilitates ways to communicate with defaulters and the possibility to assess the vaccination status of all persons at each contact with the healthcare system (Figure 10).

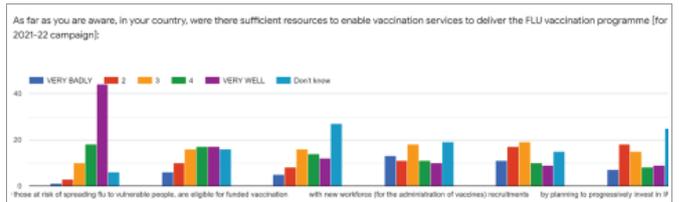


Figure 8: Graph representing the responses given to ACN’s II EU survey “During COVID-19 vaccination campaign: addressing the challenges of concomitant deployment of COVID-19 and influenza vaccination”, 2021.

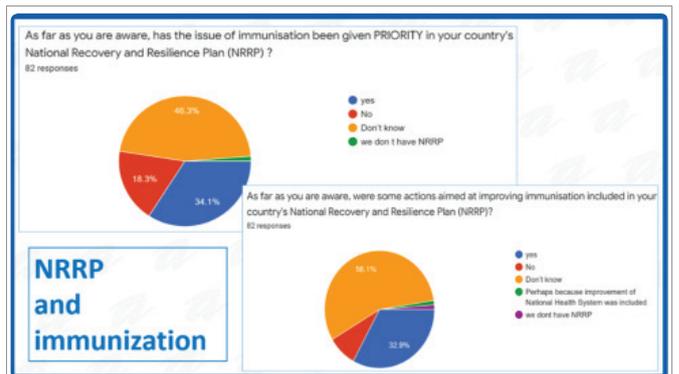


Figure 9: “NRRP and immunization” graph representing the responses given to ACN’s II EU survey “During COVID-19 vaccination campaign: addressing the challenges of concomitant deployment of COVID-19 and influenza vaccination”, 2021.

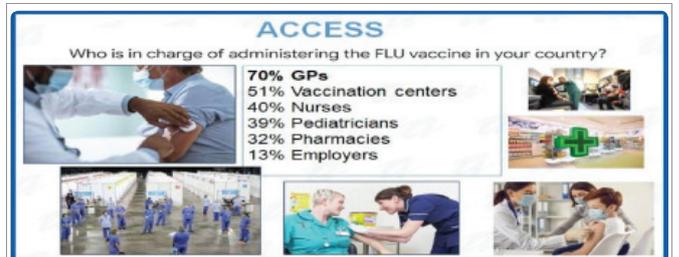


Figure 10: “Access” graph representing the responses given to ACN’s II EU survey “During COVID-19 vaccination campaign: addressing the challenges of concomitant deployment of COVID-19 and influenza vaccination”, 2021.

Communication

Quite weak were instead the communication activities for target populations and the guidance to HCPs on the programmatic management of the influenza vaccination alongside the COVID-19 one, including timing and location of vaccine supply, right time to vaccinate and co-administration to plan and advise patients and citizens accordingly. Weak and unclear communication to citizens also concerned information on clearly defined booking system and central points of contact. In most cases, not so common was the collaboration with key stakeholders including civil society groups. Analyzing these last points, it can be noticed that the services with which the citizen directly interacts go wrong (the booking system, a clear point of contact to ask for information, the collaboration with organizations and associations that could support him, etc.) and consequently the ease of access decreases.

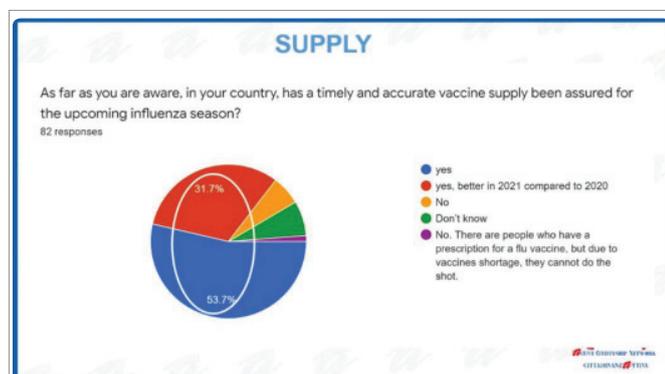


Figure 7: “Supply” graph representing the responses given to ACN’s II EU survey “During COVID-19 vaccination campaign: addressing the challenges of concomitant deployment of COVID-19 and influenza vaccination”, 2021.

Communication & stakeholder engagement

Remaining on the topic of communication, the Commission stated that “governments should ensure clear communication on the benefits, risks and importance of COVID-19 vaccines, thus promoting public trust and building public confidence in vaccines. Member States should coordinate efforts in tackling the misinformation and disinformation, in collaboration with international bodies and online platforms”. Concerning correct and clear information, the survey asked whether health authorities ran flu vaccination awareness campaigns and how does this compare to 2020: the answers tell us that the campaigns were carried out and for the most part they have remained on the same tenor as last year and that, in part, they have also been more incisive. When asked who was communicating about flu vaccination to the public, health professionals and health authorities were considered the main point of reference and trusted sources (Figure 11). On the contrary, civil society organizations and patients’ advocacy groups were not at all involved by national institutions in this kind of communication, while media were covering flu vaccination this autumn/season in a weaker way or with the same strength of last year, meaning there was no improvement in communication services (Figure 12).

Key proposals emerged from the EU survey

For each thematic section, suggestions and proposals were proposed to overcome issues related to both COVID-19 and flu vaccination in that area. Regarding resources, three main topics can be summarized among the numerous suggestions received: the first was to extend the categories of HCPs allowed to vaccinate against flu and the places where people can get vaccinated, in particular worksites and pharmacies. A second prominent topic regarded the need of greater investment and greater organization, including, for instance, more free vaccines, priority in NRRPs, more investment in primary care, increase the remuneration of vaccination, and permanent dedicate resources. Finally, improving communication and education through more campaigning and working on raising risk awareness, vaccine effectiveness, and dispel misinformation was also considered crucial (Figure 13). On the topic of access, few proposals were advanced to achieve a “flu vaccination with low obstacles”. As for the resources area, also in this section was suggested the need to extend the possibility to be vaccinated in different places, such as schools, pharmacies, gyms, mobile vaccination services, open days, and other non-medical places, and by different HCPs, including family doctors, general practitioners, pediatricians. The significance

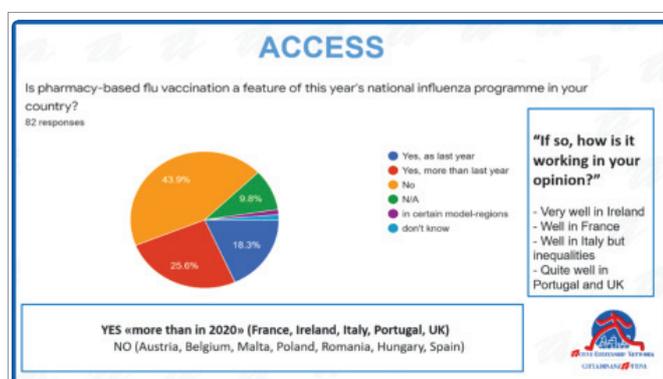


Figure 11: “Access” graph representing the responses given to ACN’s II EU survey “During COVID-19 vaccination campaign: addressing the challenges of concomitant deployment of COVID-19 and influenza vaccination”, 2021.

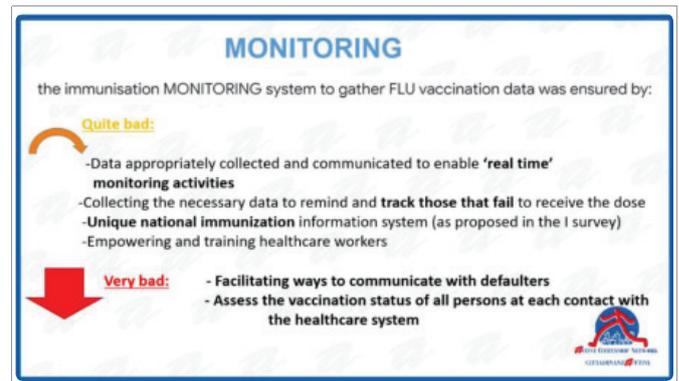


Figure 12: “Monitoring” graph representing the responses given to ACN’s II EU survey “During COVID-19 vaccination campaign: addressing the challenges of concomitant deployment of COVID-19 and influenza vaccination”, 2021.

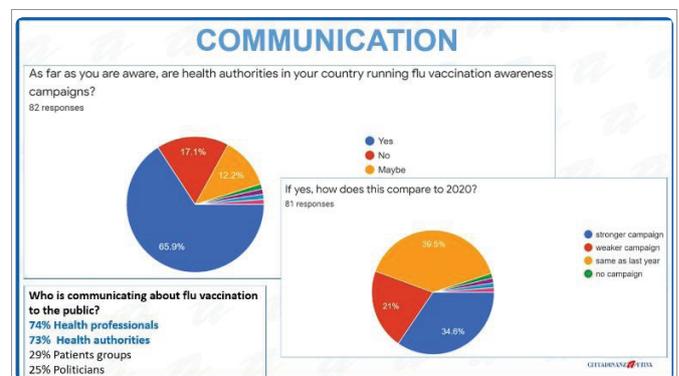


Figure 13: “Communication” graph representing the responses given to ACN’s II EU survey “During COVID-19 vaccination campaign: addressing the challenges of concomitant deployment of COVID-19 and influenza vaccination”, 2021.

of communication through more advertising and media attention, especially regarding the involvement of local services since the systems may vary across municipalities was also recognized. Lastly, guaranteeing an efficient supply of vaccines to HCPs delivering the service was a popular suggestion (Figure 14). To overcome monitoring issues related to flu vaccination, digitalization with the request to align the monitoring system used for COVID-19 also with other vaccinations, with a real time and active call and more HCPs involved to remind patients when vaccines are required, and an extension of the use of an electronic vaccination pass were the main recommendations. Providing correct and clear information on the data collected was also essential. All these issues can be tackled by achieving one important proposal, that is the need to establish a unique national immunization information system with a single EU register for vaccination to allow for an increased coordination in the EU (Figure 15). A first step to achieve this coordination must tackle the communication area. Trustful information and incisive communication consistent with scientific evidence and coming from only one source can be guaranteed only through coordinated information and communication campaigns involving community engagement and a bottom-up multi-stakeholders’ collaboration. Remaining on stakeholders’ engagement, there is the need to entrust communication to national and regional institutions in synergy to guarantee consistency between communication and real accessibility so as not to undermine credibility but to develop vaccine literacy among eligible groups. Also, personalized communications

combined with improved service delivery by HCPs could help in a more consistent deployment of COVID-19 and flu vaccines. Putting together citizens, patients' advocacy groups, scientific societies, HCPs, trusted local figures (i.e. religious leaders, community leaders) and marginalized groups could help increase health education and health literacy (Figures 16-20).

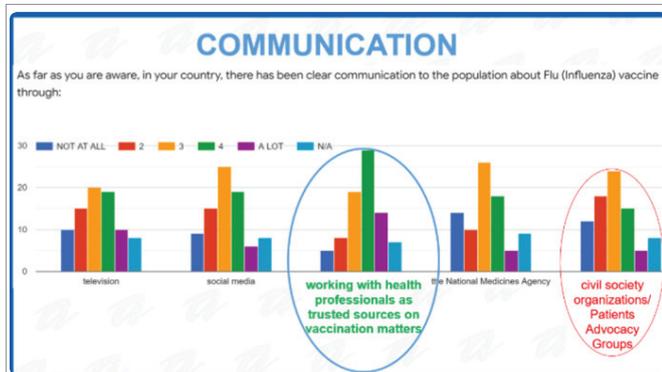


Figure 14: "Communication" graph representing the responses given to ACN's II EU survey "During COVID-19 vaccination campaign: addressing the challenges of concomitant deployment of COVID-19 and influenza vaccination", 2021.

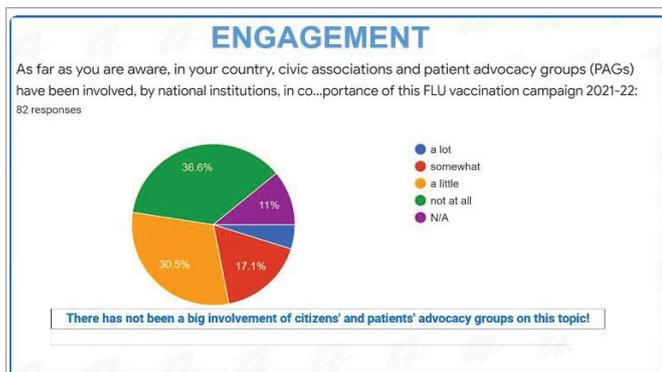


Figure 15: "Engagement" graph representing the responses given to ACN's II EU survey "During COVID-19 vaccination campaign: addressing the challenges of concomitant deployment of COVID-19 and influenza vaccination", 2021.

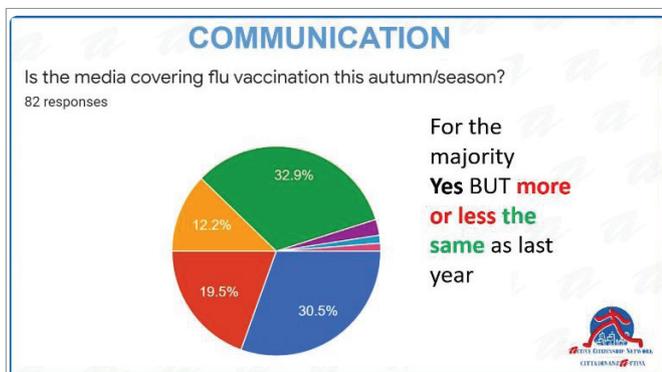


Figure 16: "Communication" graph representing the responses given to ACN's II EU survey "During COVID-19 vaccination campaign: addressing the challenges of concomitant deployment of COVID-19 and influenza vaccination", 2021.



Figure 17: Top three proposals on the issues related to the resources thematic area received during ACN's II EU survey "During COVID-19 vaccination campaign: addressing the challenges of concomitant deployment of COVID-19 and influenza vaccination", 2021.



Figure 18: Top three proposals on the issues related to the access thematic area received during ACN's II EU survey "During COVID-19 vaccination campaign: addressing the challenges of concomitant deployment of COVID-19 and influenza vaccination", 2021.



Figure 19: Top three proposals on the issues related to the monitoring thematic area received during ACN's II EU survey "During COVID-19 vaccination campaign: addressing the challenges of concomitant deployment of COVID-19 and influenza vaccination", 2021.

DISCUSSION AND CONCLUSION

Main key findings emerged from the survey demonstrate primarily a gradual improvement in awareness and attitudes to flu vaccination. Positive was also that COVID-19 booster campaigns generally did not disrupt annual influenza vaccination campaigns.



Figure 20: Top three proposals on the issues related to the communication thematic area received during ACN's II EU survey "During COVID-19 vaccination campaign: addressing the challenges of concomitant deployment of COVID-19 and influenza vaccination", 2021.

Flu vaccine supplies remained accurate and timely for the 2021/2022 flu season, not experiencing any delay. On the negative side, however, a general confusion within several countries about when the flu vaccination, COVID-19 3rd dose, and COVID-19 booster vaccination campaigns began and differences and unawareness about the services available were frequent. Above all, the data show that health systems were able to respond well to the short and medium-term goals but need to work to ensure sufficient capacity in the long term. That is why it is fundamental to give high priority to immunization systems in National Resilience and Recovery Plans (NRRPs). New health technologies such as online booking systems must be implemented across European health systems to overall improve citizens' experience of healthcare. Furthermore, civil society organizations must continue to do everything possible to build and maintain trust in vaccines. Science does not retreat in the face of obstacles, and nor should our trust in science. Either we are in favour of science and we are prepared to play an active role in increasing vaccination coverage, or we are in fact supporters of the viruses that can make us ill. This applies not only to COVID-19, but also to the so-called routine vaccinations, including those available to adults [13]. In this regard, adulthood protection against all vaccine-preventable diseases and avoiding unnecessary hospitalizations should remain a priority for the years to come. For this reason, the first training of Active Citizenship Network's #VaccinAction2022 EU project will focus on supporting the need to strengthen adult vaccination in Europe by providing concrete examples. It will consist of a two-hour training seminar on the 29th of April 2022 during the "European Immunization Week 2022" [14]. The training is open to leaders of civic and patient associations from different countries in order to respond to the need to be more updated and prepared to support and protect the value, in particular, of adult immunization and its related benefits to better identify, recognize and address the growing external factors that can negatively influence policy on vaccines in EU Member States and beyond, and improving the knowhow to recognize official sources of information and have the tools to support them.

DECLARATIONS

Each of the authors confirms that this manuscript has not been

previously published by another international peer-review journal and is not under consideration by any other journal. Additionally, all of the authors have approved the contents of this paper and have agreed to the submission policies of the journal.

AUTHORS' CONTRIBUTION

Each named author has substantially contributed to conducting the underlying research and drafting this manuscript. Additionally, to the best of our knowledge, the named authors have no conflict of interest, financial or otherwise.

CONFLICT OF INTEREST

The authors listed on the first page declare that they do not have any conflict of interest.

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