

# EICA-EUGMS stakeholders conference

*San Servolo, May 24-26, 2017*

EUGMS<sup>13<sup>th</sup></sup>  
INTERNATIONAL CONGRESS OF THE EUROPEAN UNION GERIATRIC MEDICINE SOCIETY  
DEVELOPING PREVENTIVE  
ACTIONS IN GERIATRICS

## *Recommendations*



Changing the vaccine paradigm:  
Stressing the importance  
of adult immunization

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# CONFLICT OF INTEREST DISCLOSURE

I have the following potential conflicts of interest to report

- Support for participation to expert meetings: MSD, GSK
- Research projects: Takeda, Sigma Tau

# Rationale of the conference

The conference has been planned  
in the frame of the  
**WHO healthy aging concept**

**“The process of developing and maintaining the functional ability that enables wellbeing in older age”**

Rather than focusing on the absence of disease,  
***Healthy Ageing***  
is considered from  
the perspective of the functional ability  
that enables older people to be,  
and to do,  
what they have reason to value.

# Pillars of life-course health promotion and disease prevention for WHO

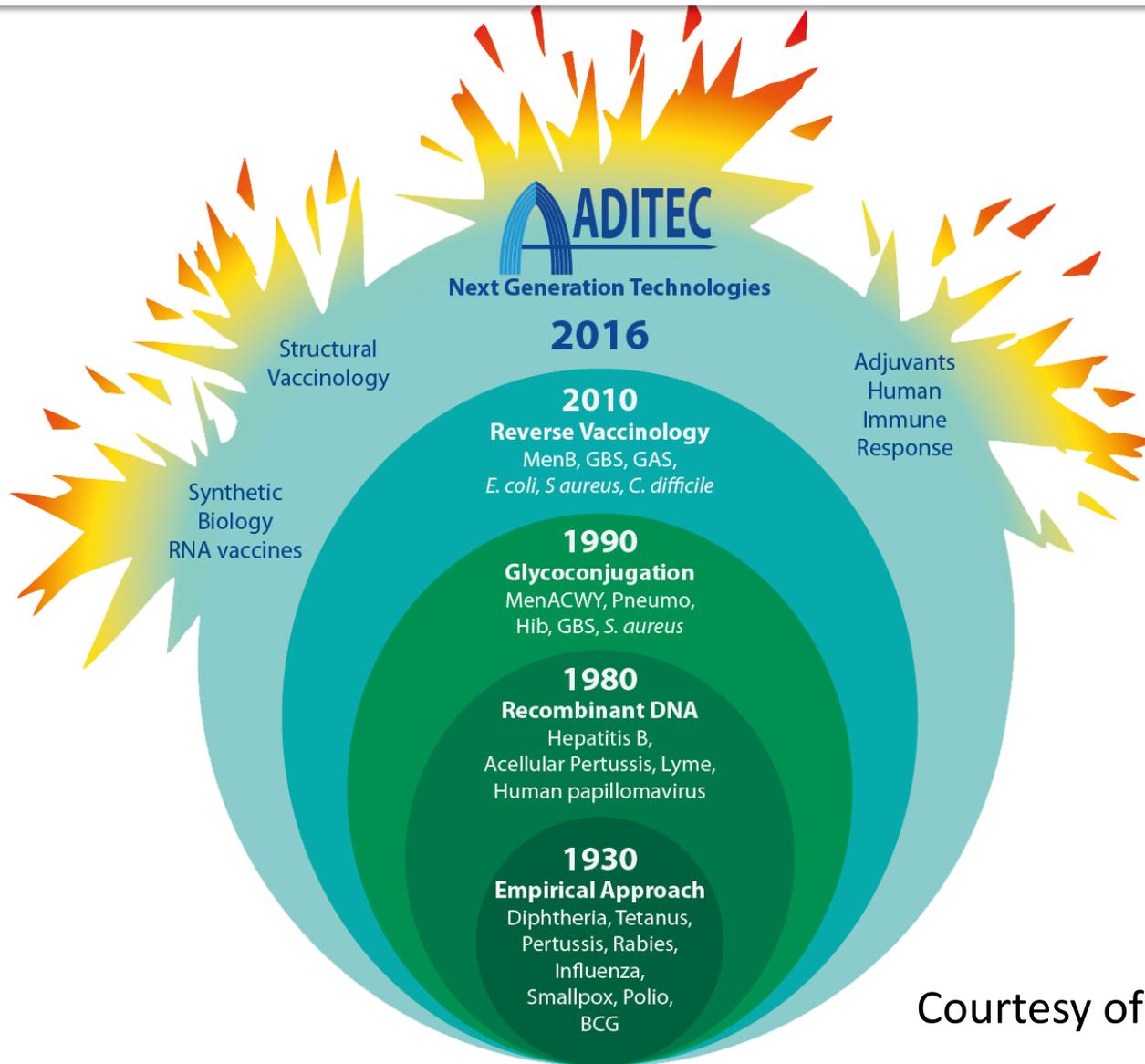
- **Nutrition**
- **Physical activity**
- **Smoking cessation**
- **Vaccination**

*(WHO meeting on  
“Immunization in the elderly,  
March 22-23, 2017,  
specifically for low-and middle-income countries)*

# Specific Objectives

- **Reviewing** the vaccines preventable diseases and the vaccine performance in older adults
- **Analysing** the impact of adult vaccinations programs currently adopted in Europe
- **Understanding** the challenge of skepticism toward vaccination in the general public, media, and health practitioners, **particularly in Europe, which is the most skeptical of all regions when it comes to vaccine safety** *(H. Larson, London School of Hygiene, Director of the Vaccine Confidence Project)*

# Vaccine development and next generation technologies



Courtesy of R. Rappuoli

# Preventable infectious diseases: a significant cause of morbidity and mortality in older adults

- **Influenza: Most influenza-related deaths occur in people aged =>65 years (90%)** In the EU, the number of excess deaths associated with influenza is estimated between **40,000 and up to 220,000** depending on seasonal variation
- **Pneumococcal pneumonia: mortality may reach 60% among older patient**  
*Streptococcus pneumoniae* is estimated to cause **≥30% of community-acquired** pneumonias requiring hospitalization in adults, which frequently leads to disability and death
- **Pertussis: A common and under-recognised infection, increasing in the last years.** In older adults with prolonging cough episode **diagnosis is often missed**, so they are a significant vector for transmission of pertussis to children
- **Tetanus** **Almost 2,000 cases occurred in Europe between 1999-2009.** More than two thirds of cases occur in people aged over 65 years
- **Herpes zoster: The main complication is postherpetic neuralgia, major cause of disability and loss of QL** The incidence of HZ and of postherpetic neuralgia (PHN) increases with advancing age, with **PHN reaching more than 20% in older patients**

# Benefits from vaccination: *not only prevention of IDs, but promotion of healthy aging*

- ***Avoid mortality and costs linked to VPD***

E.g. influenza vaccination coverage of 75% among individuals >65 yrs, in Europe would result in 1.6-2.1 million cases prevented, and 25,000-37,000 related deaths avoided, and in **€153-219 million saved in healthcare cost**<sup>21</sup>

- ***Reduce complications and hospitalisation for chronic diseases***

E.g. **CVD, T2D, COPD, renal and hepatic diseases** are more often associated to negative outcomes in case of infectious diseases<sup>2</sup>

- ***Decrease antibiotic use/polypharmacy***

E.g. **Antibiotic prescription was reduced by 64%** following influenza vaccination in Ontario, Canada<sup>3</sup>

- ***Decrease antibiotic-resistant infections***

E.g. Pneumococcal vaccines reduce the incidence of **penicillin-resistant *Streptococcus pneumoniae***<sup>4</sup>

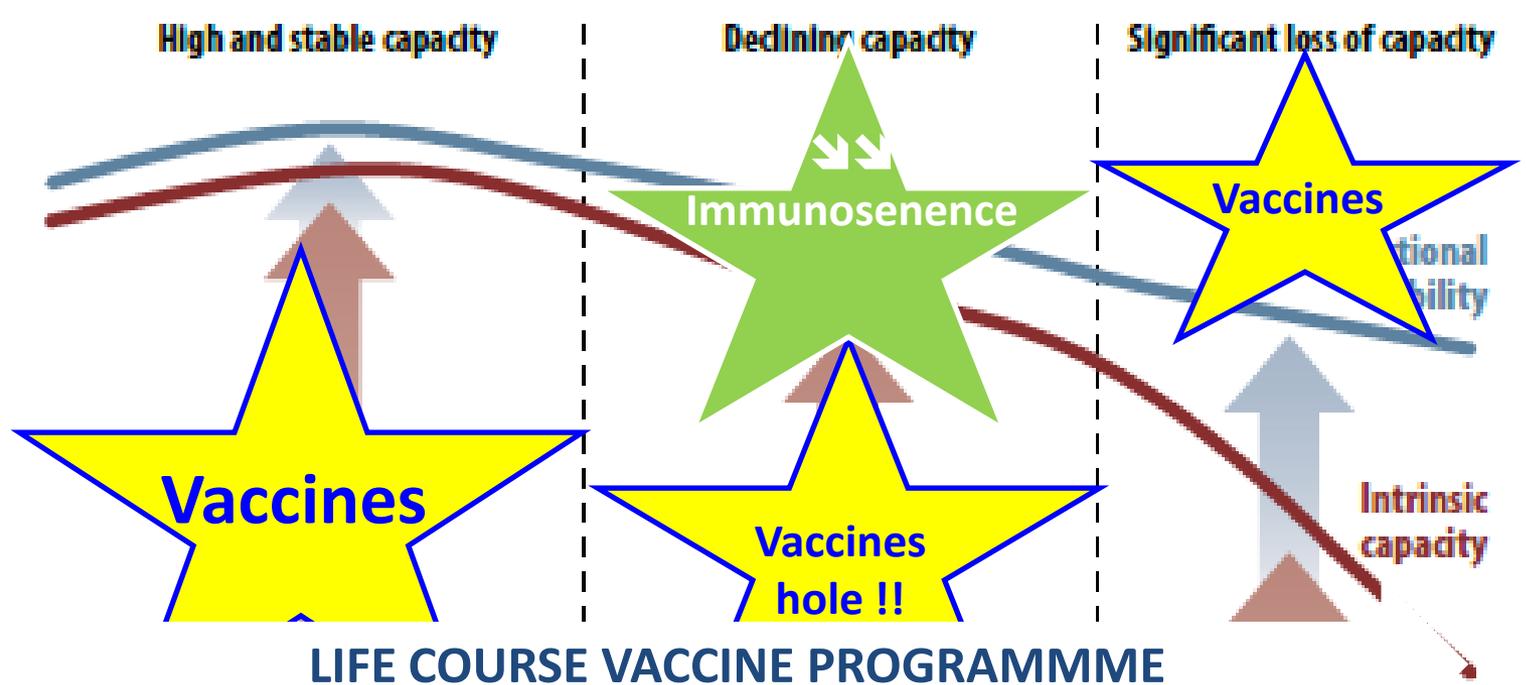
- ***Improve on QoL and reduction of NCDs***

E.g. Herpes zoster vaccine increases quality-adjusted life years in older persons by decreasing the burden of D, including **decreased risk of stroke**<sup>5</sup>. **Influenza and pneumococcal vaccination may reduce the incidence of MI up to 50%**<sup>6</sup>

<sup>1</sup>Preaud E et al, BMC Public Health, 2014, <sup>2</sup>Andre et al, Bull WHO, 2008, <sup>3</sup>Kwong et al, CID 2009:49,

<sup>4</sup>Song Expert Rev Respir Med. 2013 Oct;7(5):491, <sup>5</sup>Maggi S Aging Clin Exp Res. 2015 Feb;27(1):5-11,

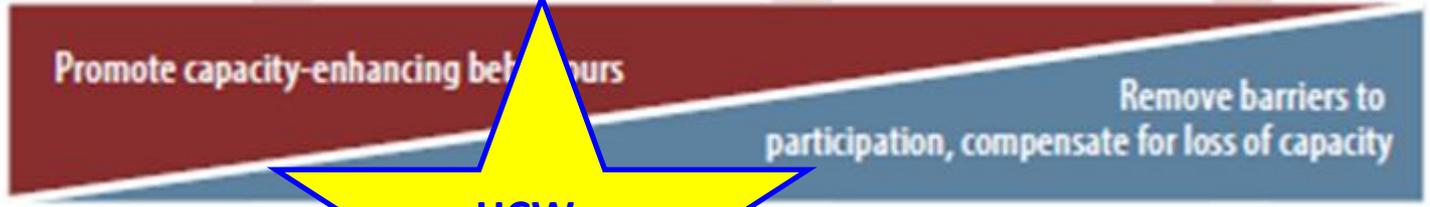
<sup>6</sup>Bonanni et al, J market access & health policy, 2015



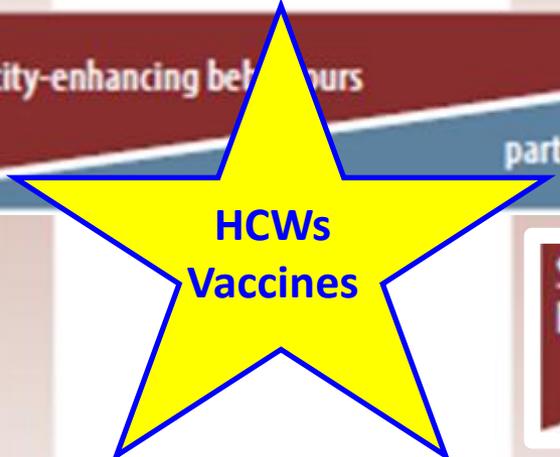
Health services:



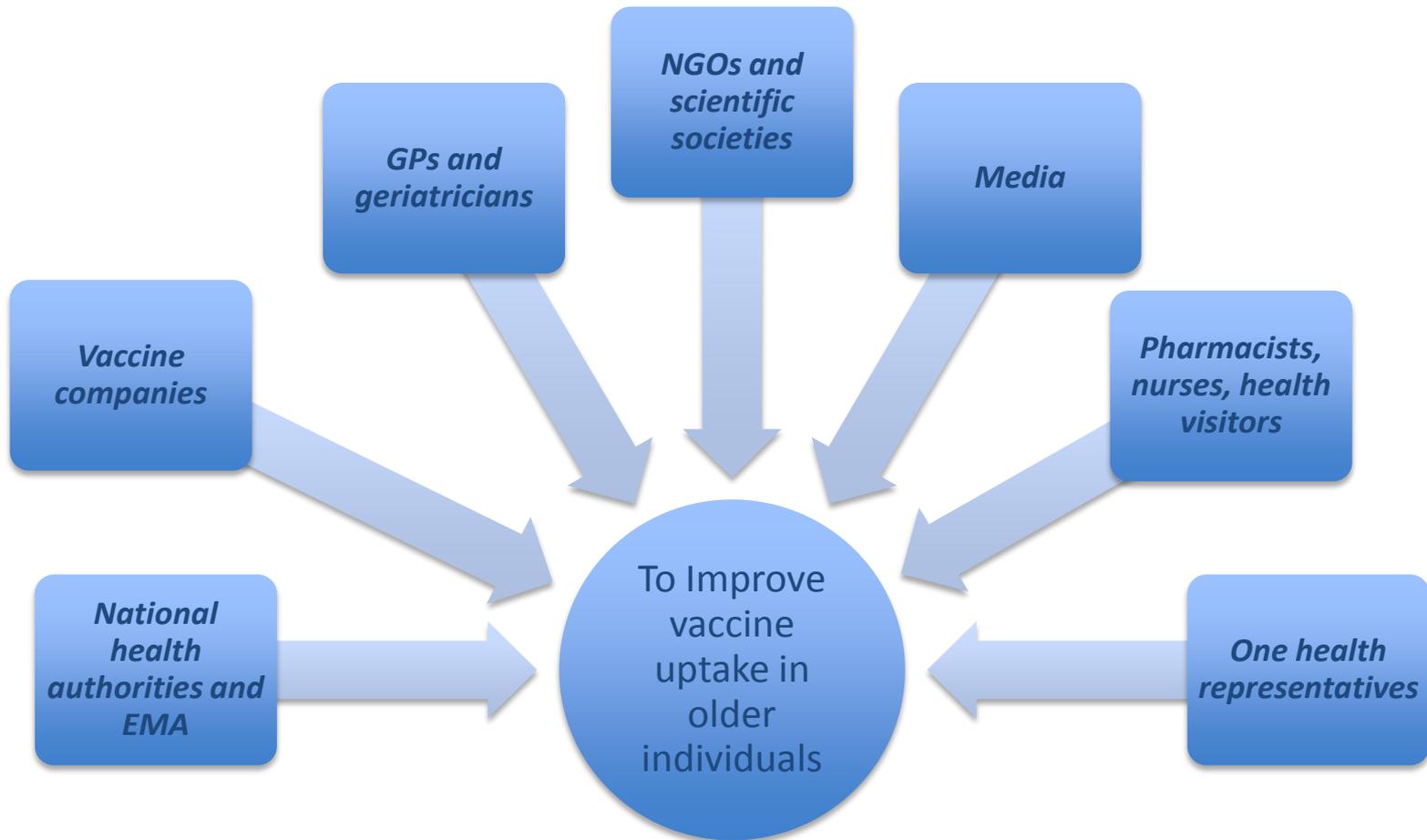
Environments:



Long-term care:



# Relevance of alliance and cooperation



# General Recommendations

- Need for EU level actions and studies: safety, efficacy, effectiveness, benefit-risk.
- Key role of public health authorities in the collection of data
- Clear roles and responsibilities of different stakeholders
- Funding models (complementarity between industry and public funding)
- Commitment to collaborative approaches and to explore valid suggestions (target diseases, biomarkers, improvement of reporting) to fulfil these objectives

# Recommendations from WGs

## *Geriatric medicine*

1. Harmonization of recommendations within Europe
2. Registries to record vaccine uptake, in order to be able to track performance in term of vaccine prescriptions and administrations by the variety of providers
3. Improve knowledge about safety and efficacy in the general population and health care professionals
4. Inform policy makers about cost/effectiveness of vaccine in older individuals

# Recommendations from WGs

## *Pharmacists, nurses, health visitors*

### *Barriers to vaccinations:*

1. skepticism about integrity of pharma and doctors
2. skepticism about capacity of professionals other than physicians to give vaccines

### *Incentives to vaccinations:*

1. reimbursement and increased Accessibility to vaccine (home nurses, pharmacists, etc)

# Recommendations from WGs

## ***Non-Governmental Organizations (NGOs)***

1. NGOs can be a strong voice in favor of V, and using social media to spread impartial and evidence-based information about V to a wider audience as a promising means of communication
2. provide harmonized schedules of V and WHO could provide region-specific recommendations

# Recommendations from WGs

## *Pharmaceutical industry*

1. Role in developing and improving vaccine efficacy
2. Increase manufacturing capacity, in order to avoid shortage and ensure pandemic preparedness
3. PI needs to be included as a full partner in discussions about vaccine implementation, as it is an instrumental partner in delivering the service in the field

# Recommendations from WGs

## *Media and science*

1. Anti-vaccine campaigners may be likened to soldiers: they are coordinated, organized, present a simple, but unified message and spread it via every available media
2. Advocates of adult vaccinations should learn this strategy, to spread the pro-vaccine message in a timely, organized, systematic manner

# Recommendations from WGs

## *One-health*

1. Role of veterinary medicine in the control of ID through collaboration with WHO
2. Emergence of new ID in selected countries
3. Use of antibiotics in animals and antibiotic resistance in humans

# Outcomes



Courtesy of San Servolo Servizi srl

**A truly multidisciplinary,  
multi-steps, coherent  
document for actions  
to be undertaken in order  
- to overcome  
the current hesitancy  
and skepticism toward  
vaccination in older adults  
in Europe  
&  
- to support the  
recommendations  
of the main scientific societies**