


How to Report on Life Course Immunization





What is life course immunization?

Every year, vaccines save millions of lives, and protect millions more from disease and disability. Most people are aware of routine vaccination for children to prevent diseases like polio and measles, but there is little public awareness about the growing number of vaccinations recommended for adolescents and adults.


These include the Human Papilloma Virus (HPV) vaccine, annual vaccination against influenza, COVID-19 and pneumonia and vaccination against cholera or Ebola and other infections, during outbreaks. The approach that enables individuals to get the vaccines and boosters that are necessary from infancy to old age is called life course immunization.



Immunization benefits human health at all stages of life

Journalists can educate audiences about this emerging imperative in public health, in these times where epidemics of vaccine preventable diseases are seen to spread quickly across countries, regions and continents.



The life course approach to immunization recognizes the role of immunization as a strategy to prevent disease and maximize health over one's entire life, regardless of an individual's age. With a life course line of action, immunization schedules and access to vaccinations must be based on a person's stage in life, their lifestyle, and the risks or vulnerabilities they may face to infectious diseases.



Coming up in this guide:

- Why is life course immunization critical to public health?
- What are the vaccines recommended throughout the life-course?
- Global progress towards life-course immunization
- Tips for journalists on how to report on life-course immunization

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Why is life course immunization critical to public health?

The short answer is because the risk of infectious diseases has risen worldwide for individuals, from childhood to older age groups.

Three major reasons account for the heightened risk of infections: the increasing number of outbreaks and spill-over infections from animals to humans, the global rise of non-communicable diseases (NCDs) such as diabetes and heart disease and the aging of populations.

Taking vaccines across the life span can contribute to our preparedness for future pandemics. The Asia-Pacific Economic Cooperation's (APEC), [action plan on vaccination across the life-course](#), emphasizes the importance of strong life-course immunization programs to face pandemics like COVID-19.

In the past few decades, the [average human lifespan has gone up](#) from 66.8 years in 2000 to 73.0 years in 2019. As people age, their immunity to infections, cancer and wound healing naturally declines. This why older people are more severely affected by COVID-19, Influenza, shingles and other infections.

Infectious diseases additionally account for suffering and death among older adults, because they can trigger long-term health consequences. A flu virus infection, for example can increase the risk of, heart attacks and stroke in the months following acute infection.

Conversely, people with pre-existing conditions such as NCDs are more severely affected by infectious diseases. For instance, unvaccinated adults with NCDs who were infected with SARS CoV-2 were more likely to be hospitalized, need critical care or die. COVID-19 vaccination greatly reduced the risk of hospitalization and death.

Sub-Saharan African countries have achieved the highest gain in life expectancy in the last two decades, to touch an average of around 60 years. This gain is at risk of being erased because of the extraordinary increases in hypertension, diabetes and other noncommunicable diseases (NCDs) and the lack of health services targeting these diseases. NCDs account for roughly half of hospital bed occupancy sub-Saharan Africa, and people in this region are being [affected at younger ages](#) than those in other parts of the world.

In addition, certain vaccine preventable infections can directly lead to non-communicable diseases. A Human Papilloma Virus infection can lead to cervical cancer; [hepatitis infection can put people at risk of liver cancer](#) and there is evidence to suggest that [malaria infections predispose people to cardiovascular disease](#)

Life course vaccination can thus protect against infections as well as reduce illness and death from NCDs, and this simple intervention can help people lead healthier lives as they pass through their various life stages.

Over the years, health systems have developed mechanisms and staff to deliver childhood immunizations at scale. However, policies and delivery platforms to provide high-quality, low-cost vaccination to adolescents and adults are incomplete and vary across most countries.

Journalists can also push for greater accountability and highlight why equitable, robust health systems are fundamental to delivering life course immunization.



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What are the vaccines recommended throughout the life-course?

There are a variety of vaccines recommended from childhood to old age:

Childhood vaccines: [Routine childhood immunizations](#), such as measles, mumps, and rubella (MMR), diphtheria, tetanus, and pertussis (DTaP), and polio vaccines, are essential for protecting children from various diseases. Additional vaccines, such as the second dose of measles-containing vaccine (MCV2), may be recommended to achieve optimal protection

Adolescent vaccines: [Vaccines recommended for adolescents](#) include the human papillomavirus (HPV) vaccine, which helps protect against certain types of cancer, and the meningococcal vaccine, which helps prevent meningococcal disease.

Adult vaccines: [Recommended vaccines for adults](#) include the influenza vaccine, which should be received annually, and the pneumococcal vaccine, which helps protect against pneumococcal disease, including pneumonia, meningitis, and bloodstream infections.

Pregnancy vaccines: [Vaccines recommended for pregnant women](#) include the pertussis, tetanus, and influenza vaccines, which help protect both the mother and the baby.

Vaccines for older adults: [Vaccines recommended for older adults](#) may include the influenza vaccine, the pneumococcal vaccine, and the shingles vaccine, which helps protect against shingles and its complications.

In December 2022, the WHO recommended a one or two-dose schedule of the HPV vaccine for girls of 9 to 14 years, a one or two-dose schedule for girls and women aged 15 to 20 years and two doses with a 6-month interval for women over 21 years. About 60% of WHO members states, reaching one-third of those eligible globally, have integrated HPV vaccination into their national immunization schedules for girls aged 9 to 14. Large gaps persist in low and middle income countries. Some countries have just begun to roll out HPV vaccination. In August 2023, for example, Sierra Leone launched a National Policy and Strategy for the Elimination of Cervical Cancer, a five-year roadmap focused on screening and treating women and vaccinating 90% of girls by age 15. And In Zimbabwe which launched its HPV vaccination program in 2018, 80% of girls received the first dose of the HPV vaccine by age 15 and 65% received the second dose in 2022.

Pregnant Woman	Newborn	Infant	Second Year of Life	Child	Adolescent	Adult	Older Person
Tetanus toxoid containing vaccine (TTCV) Seasonal influenza	BCG Hep B-BD	DTPCV Measles Rubella / HepB / PCV Rotavirus / Hib / Polio Japanese Encephalitis Meningococcal Rabies Seasonal influenza Typhoid / Yellow Fever	DTPCV booster Measles PCV3 (if 2+1 schedule) Cholera Seasonal influenza Hepatitis A Meningococcal Mumps Rabies	Diphtheria booster Tetanus booster Cholera Rabies Seasonal influenza Typhoid	Diphtheria booster HPV Tetanus booster Cholera Dengue Rabies Seasonal influenza Typhoid	- Cholera Dengue Rabies Seasonal influenza	- Cholera Rabies Seasonal influenza

Credit: <https://apps.who.int/iris/handle/10665/276546> and Internews

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Incorporating life-course immunization into healthcare systems ensures that individuals have access to these recommended vaccines at different stages of their lives, providing comprehensive protection against vaccine-preventable diseases.

The benefits of life course immunization extend beyond comprehensive disease prevention. Health systems become stronger when they incorporate platforms to vaccinate people across the life span. Not only do these platforms open up opportunities for health staff to educate the public about vaccine preventable diseases, they create skilled cadres of health workers who can be called upon to vaccinate large numbers of people in the event of a public health crisis such as COVID-19.

Life course immunization is also about promoting vaccine equity. It recognizes the importance of ensuring that [individuals of all ages](#), including marginalized populations, have access to vaccines and are protected against vaccine preventable diseases.

The life-course approach acknowledges the challenges to vaccination acceptance and seeks to address them. By integrating vaccination into [routine healthcare](#) and addressing concerns and misconceptions, this approach helps build trust and confidence in vaccines, leading to higher vaccination rates.



Global progress towards life-course immunization

The vision of the [Immunization Agenda 2030 \(IA2030\)](#) is “a world where everyone, everywhere, at every age, fully benefits from vaccines for good health and well-being.” The IA 2030 is guided by four core principles: immunization efforts must be people-centered, country-owned, partnership-based and data-guided.

Although progress has been made in extending vaccination beyond infancy, several countries have [yet to completely adopt all childhood vaccinations as recommended by the World Health Organization](#). These include the birth dose of the hepatitis B vaccine, the second dose of measles-containing vaccine (MCV2), and booster doses of the diphtheria, tetanus, pertussis vaccine.

Children who have reached the end of their first year of life may not have received all the necessary immunizations and be still prone to infections. To reduce this danger, it is critical to provide catch-up immunization at later stages.

Adolescents and adults with immunity gaps may act as [transmission sources](#) and may require catch-up immunization to protect themselves and reduce the danger of transferring infections to younger children who have not yet got their vaccinations.

There is still a great deal of work that needs to be done to roll out vaccination platforms for older age groups and priority populations and optimize the benefits of integration.



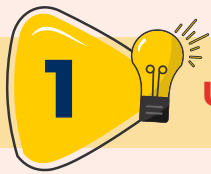
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Tips for journalists on how to report on life-course immunization

Journalists can provide accurate and informative coverage on vaccinations across the lifespan, helping audiences to make informed and responsible health choices.

Here are some tips to think about when reporting on this topic.



1 Understand and explain the evidence for vaccinating across the life span

Immunization during pregnancy can benefit a woman and her baby. Pregnant individuals have a higher likelihood of encountering complications related to influenza, such as premature birth, when compared to the general population.

Pertussis, commonly known as whooping cough, can indeed pose a significant risk to infants. However, it is important to note that vaccination during pregnancy has been shown to provide protection for them.

Adolescence is the best time to immunize against certain diseases. Evidence suggests that the human papilloma virus (HPV) vaccine is most effective when administered during early adolescence. Also, immunizing adolescents against [meningococcal bacterial](#) infections plays a vital role in safeguarding both their personal health and the health of the community.

Immunizing older people can prevent unnecessary hospital admissions and deaths from vaccine-preventable diseases. As we [journey through the aging process](#), our immune responses change in ways that makes older individuals more prone to infections and decreases their ability to respond to vaccines. Immunizations throughout adulthood, need to be optimally timed to elicit sufficient antibodies.

Individuals with certain chronic disorders may be at a higher risk of developing serious complications from infections such as influenza or pneumococcal disease, which can be prevented with vaccination. Immunizations given to people with diabetes, lung disease, or cardiovascular disease, for example, have the potential to prevent the need for hospitalization or critical care.

A [comprehensive study](#) found that combining influenza and pneumococcal vaccines has greater efficacy in preventing pneumonia and lowering mortality rates in the elderly population, outperforming the effectiveness of only administering the influenza vaccine.

Immunizing caregivers and healthcare professionals brings multiple benefits. Those who take care of ill, older or disabled people must stay infection free to avoid infecting those in their care. Protecting caregivers and healthcare professionals from vaccine-preventable diseases minimizes the risk of them spreading the disease to individuals who are more susceptible and may experience severe complications.

Moreover, by taking precautions to steer clear of both the flu and COVID-19, individuals can effectively carry out their responsibilities, thereby mitigating the strain on healthcare systems.

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**2**

Position vaccination through the lifespan as part of a healthy lifestyle

Among the many recommendations the World Health Organization (WHO) makes to promote health and prevent diseases among older adults, is [life-course vaccinations](#).

Immunizations received throughout one's lifetime can protect against diseases that tend to be more common in people of advanced age, such as the flu, pneumococcal disease, and shingles.

By reducing the risk of contracting these diseases people can enjoy better health and reduce physical dependence on others, as they age.

Vaccination is an integral part of other WHO strategies for healthy aging, namely to eat well, stay active, get regular health checkups, stop smoking and tobacco use, stay hydrated, and keep in touch with friends and family.

3

Ground your stories in reliable data

Evidence-based stories make for good journalism. Follow articles about the effectiveness of vaccines in peer reviewed journals such as the Lancet or BMJ. Look for articles that offer new findings on the value of the primary series of vaccines and boosters for various age groups.

Here are some data sources on vaccination:

1. [Let's Talk Vaccines](#) is a free online course to help journalists translate the language of vaccine science and the promise of vaccine access into compelling human stories and is available in 10 languages including French and Kiswahili.
2. The World Health Assembly has endorsed a new global vision and strategy, called the [Immunization Agenda 2030 \(IA2030\)](#), to save over 50 million lives over the next decade through vaccination.
3. [The WHO Global Immunization Dashboard](#) presents global trends and total numbers in reported cases of vaccine-preventable disease (VPD) up to 2022. These data can help monitor improvements and identify gaps for evaluation.

Research that offers insights on how adolescents, young adults and older people make decisions about vaccination can help you plan stories that can put a human face on your stories.

Always discuss the study findings with experts to better understand what the data means and ask how to interpret the findings for audiences in simple language that does not distort the findings.

4. [Working together: an integration resource guide for immunization services throughout the life course, World Health Organization.](#)
5. [Life-Course Immunization: A Driver of Healthy Ageing, Global Coalition on Ageing](#)
6. [Strengthening Global Health Security through Critical Immunization Programs:](#)
7. [Report of the CSIS Working Group on Routine Immunizations and Global Health Security, Center for Strategic and International Studies](#)

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**4**

Frame stories in terms of economic benefits and population-wide health

The vaccination story is more than a health story. By adopting a life-course perspective on vaccination, countries can bolster resilience against unanticipated health crises, [foster economic and social inclusivity](#), and facilitate economic progress. A comprehensive examination of 94 low- and middle-income nations suggests that the economic advantages derived from immunization result in a [return of \\$44 for each dollar invested](#). Upon examining several geographical areas, research conducted in the United States revealed significant cost reductions [over \\$15,000 per quality-adjusted life-year among those aged 65 and older](#).

Having high vaccine coverage is truly beneficial not only for the individual but also for the entire community. It has the potential to safeguard the well-being of the whole community by establishing herd immunity.

Ensuring that the population has achieved optimal levels of immunization against specific diseases, such as measles, can provide a protective shield for individuals who have not received vaccinations or have weakened immune systems.

5

Track the evolution of life course immunization efforts in your country

There is growing scientific consensus that the benefits of vaccination should be extended to all stages of life. However, adopting a life course approach to immunization has implications for policies, investments, programs and public engagement. You can track the evolution of life course immunization efforts in your country in the following ways:

How are vaccination and vaccine preventable diseases being monitored in your country? What kind of investments are being made to collect and analyse high quality data by the government and non-governmental actors?

What does that data reveal? Stories on country specific evidence about vaccination can help policy makers and the public get a grip on local realities and facilitate decision making about vaccination policies and platforms.

Who are the leading, trusted voices on vaccines in your country? What are they saying about the life course approach? Are there expert advisory panels on life course vaccination that coordinate across multiple sectors such as education, industry, health, religion and communications?

What are healthcare professionals telling their patients about life course immunization? Are they speaking in one voice?

Is public awareness of life course vaccination widespread? How do adults from different socio-economic backgrounds know and feel about taking vaccines periodically, throughout their lives?

What do schools and workplaces feel about participating in vaccination programs? Is the government integrating them into vaccination programs?

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Tell stories about how healthcare systems can support and improve life-course immunization

The complexities of delivering vaccination beyond the first year of life pose additional challenges for public health systems. With a strong platform for vaccination across the lifespan, the benefits of vaccination can be seen from infancy to old age and can improve confidence in the overall health system.

Some of the following questions can help you develop stories from several angles.

Is there a comprehensive immunization program that supports vaccine availability? Are immunization policies and service delivery throughout the life-course, including for appropriate catch-up vaccinations and booster doses, in place at the national and community levels? Are vaccines available for marginalized communities? Is immunization across the life course adequately resourced?

Is there a National Immunization Technical Advisory Group (NITAG) in the country? Does the NITAG review independent, evidence-based technical advice on a regular basis to ensure that immunization recommendations are appropriate and nationally relevant across the life course?

Are there public awareness campaigns to encourage vaccine uptake across the life course? Are civil society organizations actively involved in vaccine promotion?

Are healthcare professionals encouraged to adopt a life-course immunization approach and promote vaccine confidence and vaccination behavior among patients? Are healthcare professionals supported to be vaccinated? Is immunization data from national bodies available to healthcare professionals at the community-level?

Is life-course immunization integrated into healthy living and healthy ageing policies? Is there collaboration at the country-level with other sectors that supports vaccine delivery in non-clinical settings? Is there collaboration beyond the healthcare sector to ensure integration of immunization into context-specific programs, such as for education, nutrition, etc?

