

EFA response to WHO European Immunization Agenda 2030

As the umbrella organisation representing patients with allergy, asthma and COPD, the European Federation of Allergy and Airways Diseases Patients' Associations (EFA) applauds the WHO Regional Office for Europe for making immunisation one of the flagship initiatives in the years until 2030. In the consultation for the WHO European Programme of Work 2020-2025 we called for a solid framework for the expansion of vaccination coverage across the European region and reducing gaps in accessibility of vaccines. From our perspective, this includes fighting the increasing vaccine hesitancy, as well as misinformation about the benefits of immunisation.

The expansion of vaccination is set to benefit directly our patient community. This is especially crucial for the influenza and pneumococcus vaccination protecting against the flu and flu-originated diseases like pneumonia, a condition that is particularly serious for people living with a chronic respiratory disease. Regarding the immunization agenda 2030 draft strategy, we have the following comments:

On Strategic Priority 1 on Surveillance and monitoring of vaccine-preventable diseases we truly welcome WHO proposal to focus on "improving the reporting of adverse events following immunization, including investigation and response actions" (page 15). Undesired side effects of vaccines include, among others, allergic reactions that can potentially be life-threatening for people with allergy in medicines or some components thereof. Among others, COVID-19 pandemic has brought this issue to the spotlight: there were many anaphylactic cases reported following a shot across Europe and globally, adding up to the mistrust to vaccines. Therefore, EFA recommends safety should be a standing principle of every vaccine initiative of the future if we are to build and sustain trust, on the basis of full transparency and knowledge. Our community has been calling for the setup of registries to cluster secondary adverse reactions to vaccines, a tool that has been missing at national and regional levels in Europe for long.

On Strategic Priority 2, on Commitment and demand, we welcome the focus of WHO to establish champions and spokespersons to increase immunization awareness within the community. We encourage WHO to underpin more solidly the role of civil society organisations like patient groups to liaise between community and healthcare services.

On Strategic Priority 3, on Coverage and equity, we encourage WHO Europe to explore further the use of digital health for the immunization calendars to ensure timeliness depending on the health status and at all ages. We also call WHO to be more specific on the immunization framework to be proposed depending on the population group, and to encourage reimbursement levels based on public health outcomes. EFA's 2019 patients' survey ACCESS on diagnosis and care among asthma and COPD patients found out that over half (53%) of patients report being vaccinated against flu regularly, which is far too low. In addition, only 37% of patients receive pneumococcus vaccination. Moreover, immunization is that part of their care that patients have to fully cover for from their expenses - flu vaccination (14%), pneumococcus vaccination (13%)- (https://www.efanet.org/images/ShowLeadership/Report-Showleadership_FINAL.pdf).

On Strategic Priority 4, on Life course and integration, given that allergy and asthma affecting disproportionately the young and COPD being more prevalent among the elderly, we are content to see a particular focus on addressing vaccine-preventable diseases 'for all age groups across the life course'.

On Strategic Priority 5, on Outbreak and emergencies, we insist that timely, high-quality response to emergencies for immunization should be done in collaboration with patient groups, patient representatives and trying to address patient needs in an as tailored as possible manner, which go far beyond the merely delivery of immunization (page 20).