

Call for Action:

Life Course Immunisation Strategy – A Seamless Approach to Protection Across All Ages and Risk Groups



↓ Our Call for Action

We, the signatories representing clinicians, nurses, pharmacists, scientists and public health advocates, call on EU decision-makers and all European countries to adopt a comprehensive Life Course Immunisation Strategy. This strategy should include concrete targets for maternal immunisation, and their infant protection, adolescents, all individuals in clinical groups at risk, and older adults' vaccination coverage against respiratory infections such as Influenza, RSV, COVID-19, pneumococcal invasive diseases, meningococcal invasive diseases, and pertussis by 2027.

This Call for Action articulates a shared vision of a Europe where every person is protected from vaccine-preventable diseases at every stage of life. It aims to strengthen population resilience across the life course by reducing avoidable reliance on reactive healthcare and advancing preventive, value-based approaches that enable individuals to sustain health, autonomy, and self-direction. Vaccination serves as the most effective and foundational pillar of infection prevention at all life stages.

We therefore call on EU institutions and Member States to adopt a coordinated European Life Course Immunisation Strategy that unites policies across ages, risk groups and health systems.

Crucially, we urge the European Union to extend this collaboration beyond its borders, engaging with non-EU Member States in Europe and European Economic Association (EEA) partners. By fostering cross-border cooperation and aligning immunisation standards across the wider European continent, we can prevent regional disparities and accelerate the uptake of life-saving vaccines for all Europeans.

Achieving this requires a whole-of-society effort, engaging not only healthcare professionals but also patients, caregivers, civil society, social and long-term care sectors, and local communities.

Our appeal is rooted in the fundamental values of fairness, solidarity, and the protection of the most vulnerable, and aligns with the EU's as well as some other European countries wider goals of healthy ageing, resilient health systems, equity, and economic and social well-being. As signatories, we reaffirm our commitment to work collaboratively, share expertise, and build trust in vaccination across Europe. The time to act is now - Europe has the knowledge, the tools and the responsibility to deliver lifelong protection for all.

↓ The Challenge We Face

Europe has made tremendous strides in childhood vaccination, yet significant gaps persist across the life course, especially concerning acute respiratory infections.

Our youngest infants who face devastating RSV infections requiring hospitalisation, do not always benefit from an available prevention.

Pregnant women, more prone to infections and severe complications for both the pregnant person and the newborn, still lack access to vaccines that could protect themselves and their newborns.

Older adults suffer preventable complications and loss of independence from vaccine-preventable diseases like influenza, RSV, COVID-19 and pneumococcal infections.

People living with long-term non-communicable diseases, such as cardiovascular conditions, diabetes, chronic respiratory diseases, cancer and other non-communicable diseases (NCDs), are at an increased risk of developing complications, experiencing hospitalisation and developing secondary illness after infections from vaccine-preventable diseases.

Immunosuppressed individuals face a drastically higher risk of severe disease and poor outcomes following a respiratory infection. Additionally, healthcare workers are exposed to infectious agents daily. When they become infected, it causes three major problems:

- Reduced workforce capacity: Fewer staff are available to provide care
- Patient safety: Vulnerable patients are put at risk of exposure
- Community spread: Families and colleagues are also endangered

These outcomes are not inevitable; they represent **policy failures** that we have the power to address.

The evidence is clear: **Immunisation is not a series of isolated events, but a powerful, lifelong continuum of care that delivers profound public health and economic returns that benefit the whole of society, community and all the individuals involved.** This makes the case for the return on investment on life-course immunisation irrefutable. To fully realise the value of vaccination, we must immediately pivot from fragmented, age-specific programmes to a fully integrated, whole-life strategy on Life Course Immunisation, with an explicit focus on reducing the burden of respiratory infections and their consequences.

Our Ask

We urge EU decision-makers to commit to a comprehensive **seamless approach and strategy** protecting all Europeans from infancy through older age.

Specifically, we call for:

1. Prioritise Maternal and Infant Immunisation

The high rates of acute respiratory viral infections (ARVI) in children, coupled with their role in widespread virus transmission, offer an immediate opportunity for high-value gains.

- **Implement universal RSV immunisation programmes for pregnant women, neonates and infants** to protect all infants during their first RSV season
- **Ensure equitable influenza vaccine uptake in children:** Design programmes that offer clear clinician recommendations and convenient, affordable vaccination opportunities to improve uptake of influenza vaccine in children
- **Reinforce clear care pathways** for vaccinating pregnant women against infections due to influenza, RSV, pertussis and COVID-19, ensuring all healthcare providers coordinate seamlessly
- **Address the equity gap:** ensure all pregnant women, regardless of geography or socioeconomic status, can access these life-saving interventions

2. Strengthen Protection for Older Adults and Vulnerable Groups

Older adults bear the greatest burden of systemic outcomes from respiratory infections, and prevention is a key pillar of healthy ageing.

- **Launch targeted campaigns** addressing the disproportionate burden of infections, hospitalisations, and loss of quality of life and independence in older populations, and indirect costs including the households they belong in
- **Integrate vaccination into routine older adult care**, making it as standard as other preventive health measures
- **Ensure immunisation of people living with long-term non-communicable diseases**, such as cardiovascular conditions, diabetes, chronic respiratory diseases, cancer or other NCDs, as part of their routine disease management and secondary prevention measures

- **Prioritise immunosuppressed individuals:** Develop and implement clear, national guidelines for the safe and effective vaccination of high-risk and immunosuppressed patients against ARVIs with inactivated vaccines
- **Strongly promote vaccination of all healthcare professionals and health workers at large,** to promote patient safety, protect health workforce capacity and lead by example
- **Important vaccines** to consider include those against influenza, RSV, COVID-19, and pneumococci

3. Build Robust, Coordinated Systems

Systems must be put in place to improve and collect data in all European Member States: to measure, track, and effectively deliver protection against respiratory threats.

- **Fund comprehensive surveillance: Centralise and strengthen respiratory pathogen surveillance** (including RSV, influenza, COVID-19, other less publicised like parainfluenza/metapneumovirus) using **harmonised protocols** and **privacy-preserving data linkage** to quantify the true burden of disease and inform policy
- Implement a **single, secure, electronic vaccination record** accessible to all authorised professionals (GPs, nurses, pharmacists, specialists) to seamlessly track immunisation status and schedule boosters from infancy through older age
- **Establish European standardised competency:** Adopt validated competency assessment tools and resource professional bodies to provide **mandatory, tiered e-learning and certified training** to standardise vaccinator skills across all health care professional groups, including medicine nursing¹, pharmacy, and midwifery
- **Enable pharmacist scope of practice:** Review and update legislation to enable pharmacist vaccination, leveraging the fact that at least **56 countries around the world² already have enabling legislation**, making it possible to vaccinate an estimated **2 billion people** in community pharmacies globally
- Develop **guidelines for screening** of patients' vaccination status and vaccination needs assessment at hospital admission and discharge and at transitions of care
- **Make uptake rates the pivotal metric** of success, moving beyond vaccine availability to actual protection delivered
- **Publish** regularly vaccination rates achieved by individual EU member states

¹ Within the nursing domain, vaccination aligns closely with the core principles of nursing theory. As described by Virginia Henderson, Dorothea Orem, and reflected in the ICN definition, nursing aims to support individuals in achieving the highest possible level of self-care and autonomy. Promoting vaccination therefore forms part of the nurse's responsibility to enable people to use their full capacity to protect their own health and contribute to the wellbeing of the wider community.

² <https://www.fip.org/file/6210>

4. Invest in What Works

- **Recognise that vaccination delivers exceptional value:** every €1 invested generates approximately €13 in health and economic returns across all 27 Member States by reducing hospitalisations and long-term care needs
- **Address access, affordability, inequities and other logistical barriers** ensuring vaccines are available and recommended to all socioeconomic groups
- **Respond to the infodemic of misinformation,** addressing vaccine hesitancy through social and behaviour change communications
- **Combat low uptake** through clear communication that builds trust and addresses affordability barriers

↓ Our Commitment

We stand ready to work with EU institutions and Member States to:

- Share best practices and evidence-based strategies
- Support healthcare provider coordination and training
- Develop communication materials that build public trust
- Monitor implementation and measure population-level impact



This Call for Action is based on the outcomes of the Joint Coalition Partner Session at the 10th ESWI Conference, Valencia, 20 October 2025

Signatories

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 European Interdisciplinary Council on Ageing, EICA
 European Society for Clinical Virology, ESCV
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 European Specialist Nurses Organisation, ESNO
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 European Geriatric Medicine Society, EUGMS
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