

Recent developments in immunization policies

11 June 2026

ESWI Respiratory virus summit

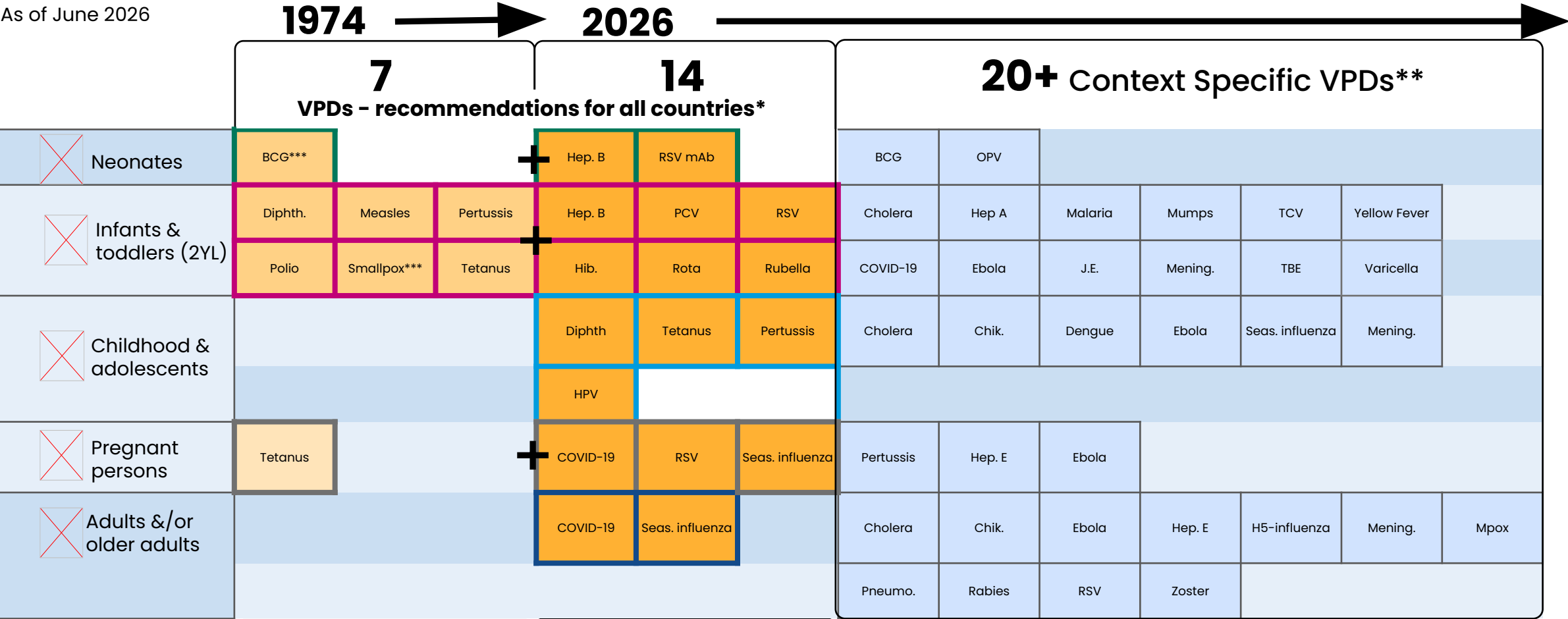
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From 7 Vaccine-Preventable Diseases (VPDs) in 1974 to more than 30 VPDs in 2026, of which 14 formally recommended for all countries

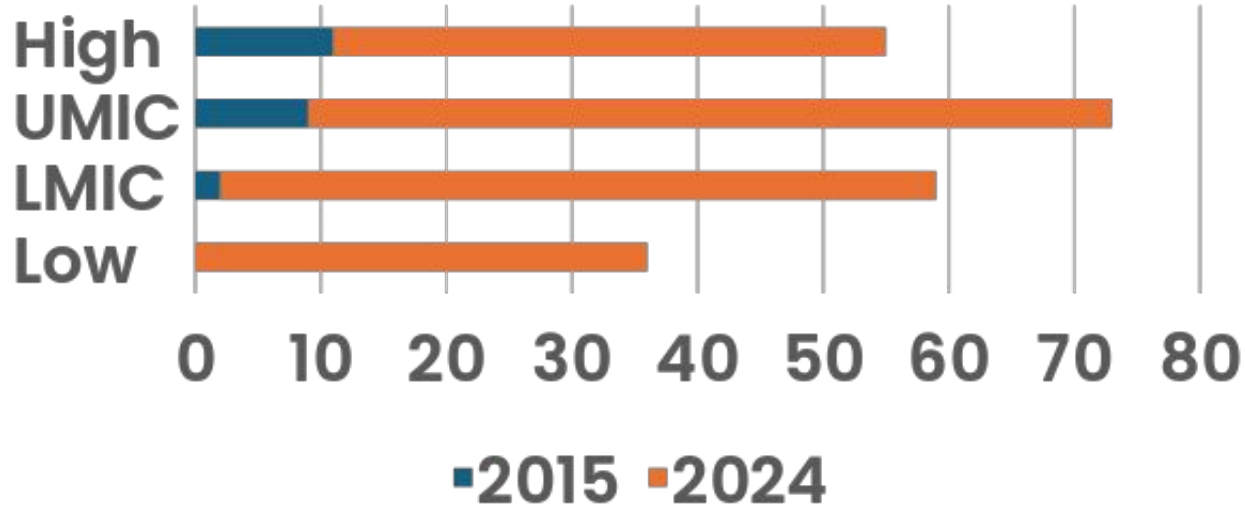
As of June 2026



*Fourteen VPDs with WHO recommendations for all countries: [WHO Vaccine Position Papers](#) . For COVID-19 vaccines (upcoming Position Paper in 2026), latest recommendations: [WHO SAGE meeting report March 2026](#) . **Not all context specific VPDs included in this slide have WHO Position Papers., some have published WHO guidance: [Considerations for pneumococcal vaccination in older adults](#); [Ebola vaccination, conclusions and SAGE recommendations](#) Context-specific refers to vaccines targeting VPDs in particular geographic areas or populations, and/or taking into account specific prerequisites or flexibilities of the immunization programme. ***Smallpox and BCG no longer formally recommended for all countries. More information: <https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization> BCG: bacillus Calmette–Guérin; Hib: Haemophilus influenzae type b; HPV: human papillomavirus; JE: Japanese Encephalitis; H5-influenza: H5 influenza; PCV: pneumococcal conjugate vaccine; RSV: respiratory syncytial virus; mAb: monoclonal antibody; Seas. influenza Seasonal Influenza; TBE: Tick-Borne Encephalitis; TCV: typhoid conjugate vaccine.

The majority of countries now recommend vaccination across all 7 stages of life

Countries with life course immunization programmes (2015–24)



- In 2015, only **7% (13) countries** had immunization programmes covering all 7 stages of life.
- This had grown to **52% (101), by 2024.**
- All income groups expanded programmes, particularly for adult/older adult stages – driven mostly by **COVID-19 vaccines.**
- The greatest absolute increase has been among the **upper-middle income strata.**

WHO COVID-19 vaccine recommendations following SAGE deliberations (March 2026)



WHO recommends that countries consider routine COVID-19 vaccination based on local COVID-19 epidemiology, population characteristics (including the prevalence of groups at higher risk of severe COVID-19 disease), access to COVID-19 vaccines, cost-effectiveness, acceptability, and programmatic feasibility.



Countries should determine the optimal timing for offering COVID-19 vaccination based on local COVID-19 epidemiology and the feasibility of vaccine delivery.

While currently no consistent seasonal pattern has been established for COVID-19, **co-administration of the COVID-19 vaccine with seasonal influenza vaccine (where applicable) or with other vaccines targeting the same population groups may improve uptake**. This approach can enhance convenience and therefore access, reduce the number of vaccination visits, and reduce programmatic costs.



WHO recommends that the **minimum interval between COVID-19 vaccine doses is 6 months**. For individuals who have had **test-confirmed SARS-CoV-2 infection, a minimum interval of 6 months from infection** can be considered if the person is due for a recommended COVID-19 vaccination.

WHO COVID-19 vaccine recommendations following SAGE deliberations (March 2026)

WHO Position Paper on COVID-19 Vaccines: expected publication end of July 2026

WHO recommendation	Targeted groups for routine COVID-19 vaccination	Number of doses <u>per year</u>
Countries <u>should consider</u> routine COVID-19 vaccination of groups at <u>highest risk of severe COVID-19</u>	• Oldest adults¹ • Older adults² with significant comorbidities³ or severe obesity⁴ • Residents in care homes for older adults and long-term care facilities • Moderately or severely immunocompromised individuals aged ≥6 months⁵	At least one, preferably two (about 6 months apart) ¹¹
Countries <u>may consider</u> routine COVID-19 vaccination of <u>additional groups</u> based on local context, cost-effectiveness, and programmatic feasibility	• Older adults² without significant comorbidities • Adults (not included in the older adult category)⁶, adolescents⁷, and children⁸ with significant comorbidities or severe obesity • Health workers and other care providers who have direct contact with individuals at high risk of severe COVID-19⁹	At least one
	• Pregnant adolescents and adults	One each pregnancy, at any stage, ideally during the second trimester ¹²
	• Healthy children aged 6–23 months¹⁰ only in countries with documented significant burden in this age group	Revaccination not routinely recommended

Notes: **1** Age threshold to be determined by countries; suggested at 75 or 80 years. **2** Age threshold to be determined by countries; suggested at 60 years of age. **3** Significant comorbidities include chronic cardiovascular disease, diabetes mellitus, chronic respiratory disease, chronic kidney disease, chronic liver disease, and neurological conditions. **4** Body mass index cut-off to be determined by countries. **5** Moderately or severely immunocompromised individuals, include those with active cancer, transplant recipients, and those being treated with immunosuppressives. Also included are people living with HIV with a current CD4 cell count of <350 cells µl, or with evidence of an opportunistic infection, or not on HIV treatment, or with a detectable viral load. **6** Age thresholds to be determined by countries; suggested those aged 18–59 years. **7** Age thresholds to be determined by countries; suggested 13–17 years. **8** Age thresholds to be determined by countries; suggested 6 months–12 years. **9** Can include staff of public and private health and social care centers and establishments, and co-habitants or caregivers of individuals who belong to groups at highest risk of severe COVID-19 disease. **10** Primary COVID-19 vaccination of children aged 6–23 months should consist of the number of doses recommended by national authorities. Revaccination is not routinely recommended for this age group. **11** The number of doses per year (one or two) should also consider cost-effectiveness and programmatic feasibility. **12** The aim is to optimize protection against maternal severe COVID-19, prevent adverse pregnancy outcomes, and protect the infant during the first months of life.

Towards immunization for all: protecting individuals, strengthening health systems, and advancing societal well-being and prosperity

Immunization Agenda 2030 vision



A world where everyone, everywhere, **at every age fully benefits from vaccines for good health and well-being**

The Future of Immunization towards 2050



Thank you



Quand j'étais petit, jusqu'à 2 millions de personnes mourraient chaque année de la variole. Ma génération a contribué à l'éradication de cette maladie.

— Joe, Royaume-Uni

Pour chaque génération, les vaccins agissent

Organisation mondiale de la Santé
Région européenne



Veo la vacunación como un acto de responsabilidad cívica. Estoy agradecida a los avances científicos que nos han permitido prevenir algunas enfermedades terribles.

— Elisa, Italia

Para cada generación, las vacunas funcionan

World Health Organization
European Region



We're very active in our community. Every year, we protect ourselves by getting vaccinated against flu.

—Richard and Margaret, UK

For every generation, vaccines work

World Health Organization
European Region

<https://www.who.int/campaigns/world-immunization-week/2026>