ESWI ACUTE RESPIRATORY VIRUS SUMMIT 2026

The Person Voice & Communication Gaps

Thinking about Vaccine Hesitancy and Older Adults

“Structural failures contribute to low vaccination uptake."

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MISFRAMING VACCINE HESITANCY: A STRUCTURAL PROBLEM

❌ Deficit-Model Assumption

- Hesitancy framed as an individual attitude problem
- Older adults positioned as passive, non-compliant
- Messaging assumes ignorance or irrationality
- Research designs systematically exclude older adults
- One-size-fits-all public health campaigns

→

✔ Evidence-Based Reality

- Structural ageism embedded in clinical practice
- Age-exclusionary trial design erodes institutional trust
- Paternalistic clinical encounters deter uptake
- Women & minorities face distinct informational environments
- Institutional trust — not attitude — drives acceptance

References: Larson et al., EBioMedicine 2016; Vaccine Confidence Project 2026; WHO Age-Friendly Environments Framework

THREE PILLARS OF STRUCTURAL FAILURE IN VACCINE COMMUNICATION

01

Ageism in Clinical Practice

- Paternalistic encounters undermine patient autonomy
- Older adults positioned as recipients, not decision-makers
- HCP communication rarely co-designed with older adults

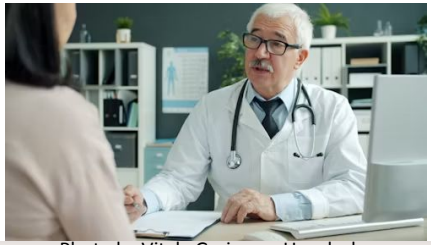


Photo by Vitaly Gariev on Unsplash

02

Age-Exclusionary Research Design

- Older adults systematically under-represented in trials
- Comorbidities & polypharmacy rarely captured
- Erodes evidence base AND patient trust simultaneously

Photo by Navy Medicine on Unsplash

03

One-Size-Fits-All Messaging

- Gender & age differences in confidence not addressed
- Minority communities lack culturally tailored support
- AI-generated misinformation exploits these structural gaps

Photo by Diane on Unsplash

References: Cherubini et al., Arch Intern Med 2011; ECDC Vaccine Report 2024; Karafillakis & Larson, Vaccine 2017; Bhanu et al., PLOS Medicine 2021

VACCINE UPTAKE IN OLDER ADULTS: TRUST, NOT IGNORANCE

Uptake gaps are real and consistent — the cause is trust, not lack of knowledge

01

Gaps are real, across many vaccines

Studies of flu, COVID-19 and shingles show significant *variation in uptake across communities.*

Gaps persist even after accounting for age, health status and income — pointing to causes beyond access alone.

Note: comparable, age-disaggregated data across vaccine types remains incomplete. Better surveillance is needed.

Razai et al., BMJ 2021 · ONS sociodemographic vaccination data, England 2021 · Bhanu et al., PLOS Medicine 2021

02

Barrier is institutional trust

Across Europe lower uptake is driven by mistrust of health institutions, cultural and language barriers.

Concerns are about side effects not ignorance of vaccines.

Lower institutional trust predicts lower uptake regardless of health literacy.

Karafillakis & Larson, Vaccine 2017 · Troiano & Nardi, Public Health 2021 · Bhanu et al., PLOS Medicine 2021

03

Community is essential, but not enough

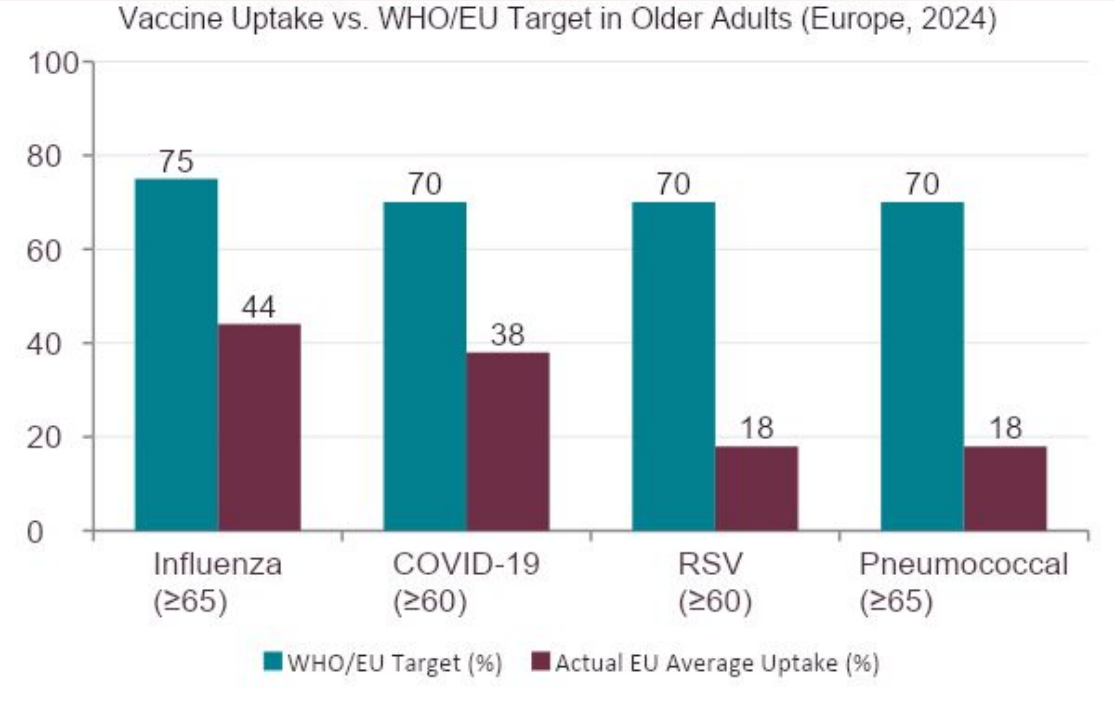
Trusted community voices and co-designed interventions *outperform top-down campaigns in flu, COVID-19 and HPV programmes.*

Robust trials specifically in older adults from underserved communities remain limited, this is a priority evidence gap.

Lorini et al., Hum Vaccin Immunother 2018 · Odone et al., Vaccine 2015 · MacDonald & SAGE Working Group, Vaccine

THE EVIDENCE-TO-ACTION GAP: AVAILABILITY ≠ UPTAKE

Vaccines exist. Structural barriers mean older adults still do not receive them.



Influenza

−31 pp

Below WHO 75% target despite decades of programmes

COVID-19

~−61 pp

Median EU/EEA coverage 14% (ages 60+), 2023–24 season (ECDC)

RSV

~−33 pp

England catch-up cohort 41.8% by Nov 2024 (first rollout year)

Pneumococcal

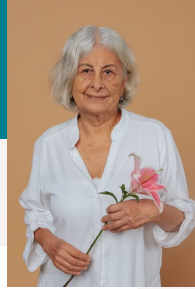
Variable

Varies widely (1–70% across Europe); chronic under-uptake in most countries

Photo by Age Cymru on Unsplash

References: ECDC Vaccine Scheduler 2024; WHO European Immunisation Agenda 2030; Pebody et al., Euro Surveill. 2023; Kislaya et al., Vaccine 2023

WHAT PERSON-CENTRED APPROACHES ACHIEVE



Evidence from co-designed interventions shows structural change works:

↑↑ Uptake increase

Community-based interventions co-designed with older adults consistently improve flu vaccine uptake compared to standard campaigns

Lorini et al., Hum Vaccin Immunother 2018; Zanobini et al., Vaccines 2022

↓↓ Misinformation susceptibility

Prebunking video ads (YouTube) significantly improved ability to identify manipulative content; inoculation effect demonstrated across cultures

Roozenbeek et al., Science Advances 2022

↑ Trust in HCPs

Shared decision-making consultations improve reported trust in healthcare providers and increase vaccine acceptance among hesitant older adults

Brewer et al., Psychol Sci Public Interest 2017

↑↑ Minority community reach

Tailored, multi-level approaches combining access, education & culturally competent HCP discussions maximise uptake in minority older adult communities

Bhanu et al., PLOS Medicine 2021

Photo by Fillipe Ditadi https://unsplash.com/@ditadi

References: Lorini et al., Hum Vaccin Immunother 2018; Brewer et al., Psychol Sci Public Interest 2017; Roozenbeek et al., Science Advances 2022; Bhanu et al., PLOS Medicine 2021

FROM DEFICIT MODEL TO PERSON-CENTRED STRATEGY

A Reorientation — Not a Peripheral Concern

1

Recognise Structural Ageism

Audit clinical pathways, trial inclusion criteria & messaging for embedded age bias.

2

Co-design with Older Adults

Involve older adults — especially women and minorities — as active co-designers of vaccine communication.

3

Address Intersecting Vulnerabilities

Gender, ethnicity and socioeconomic status compound hesitancy. Targeted strategies are essential, not optional.

4

Counter AI-Mediated Misinformation

Partner with digital platforms to surface evidence-based information and reduce algorithmic amplification of fear.

Photo by Danie Franco on Unsplash

References: WHO Age-Friendly Environments Framework; MacDonald et al., Vaccine 2015; Larson et al., EBioMedicine 2016; Roozenbeek et al., Science Advances 2022

Thank You

"Recognising structural ageism is not a peripheral concern.
It is a prerequisite for closing the gap between vaccine availability and vaccine uptake."

- → Low uptake is also structural problem
- → Older adults must be co-designers, not passive recipients
- → Person-centred strategies demonstrably close the gap