Subregional workshop for NITAG chairs, EPI managers and influenza focal points on influenza vaccination programmes, policy and evidence review*

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Introduction

More than 4.6 million cases of influenza are reported globally every year, out of which about 3 million are severe and half a million lead to death (1–3). Vaccination is considered the most effective control measure (3). As a high priority, the WHO Strategic Advisory Group of Experts on Immunization (SAGE) recommends seasonal influenza vaccination for high-risk groups, including older adults over 65 years old, health workers, pregnant women, and individuals with underlying health conditions (4). However, due to certain challenges, uptake of influenza vaccines in the WHO Eastern Mediterranean Region (EMR) remains suboptimal (5,6).

Through the Expanded Programme on Immunization (EPI), WHO has been working with partners to support sustainable influenza vaccination programmes and promote seasonal influenza vaccination in the EMR countries (7). To strengthen national seasonal influenza vaccination policies and programmes in the region, the WHO Regional Office for the Eastern Mediterranean (WHO/EMRO), in collaboration with the US Centers for Disease Control and Prevention (CDC), Partnership for Influenza Vaccine Introduction (PIVI), and the Task Force for Global Health, held a subregional workshop for chairs of the National Immunization Technical Advisory Group (NITAG), EPI managers, and Member States influenza focal points in February 2024.

Summary of discussions

Studies have shown that influenza vaccination is cost-saving and cost-effective, and the vaccines can be co-administered with other routine vaccines (8). However, certain challenges hinder the uptake of seasonal influenza vaccine in the EMR. These include limited integration with other national immunization programmes, weak or undeveloped seasonal influenza vaccination programmes in some countries, high cost of the vaccine in private sector facilities in some lowerincome countries, inadequate and inconsistent demand creation messages, lack of national seasonal influenza vaccination policy in some countries, competing priorities, lack of data and evidence-based studies to support policies on seasonal influenza vaccination, and limited coordination and collaboration between NITAGs and other stakeholders (9).

A new tool is now available for measuring and understanding the behavioural and social drivers of influenza vaccination, as well as the enablers and barriers (10). This standardized and adaptable tool includes a questionnaire with questions specific for SAGE target groups (quantitative), interview guides for recipients and stakeholders, including policymakers and hospital administrators (qualitative), and an implementation guide. Similarly, the influenza policy checklist provides a framework that Member States can use for the development and review of their national influenza vaccination policies and ensure that all key components, including funding, are included (11).

At country level, as of the time of the meeting, Jordan had finalized their national influenza vaccination policy and submitted it for endorsement, they had conducted a study to understand the behavioural and social drivers of seasonal influenza vaccination, and produced a video on seasonal influenza vaccination. Oman had developed their national seasonal influenza vaccination policy, including recommendations on the target groups and integration into the national immunization programme and other public health services. Since 2010 Iraq had been implementing a national seasonal influenza policy and had reached many individuals in the highrisk population group. They had integrated influenza vaccination and surveillance into a single policy and submitted it for approval. The Facilitated Assessment of Influenza Vaccination Programme Review (FAIR) tool, developed by PIVI and WHO, is being used to assess seasonal influenza vaccination at country level and it has been piloted in Bahrain (12).

Adopting a life-course and integrated approach to vaccination can help reduce mortality and morbidity due to vaccine-preventable diseases, reduce burdens on the health system, improve country preparedness for pandemics, and leverage EPI resources (13,14). In Bahrain, Egypt, Iraq, Jordan, Lebanon, Oman, and Saudi Arabia NITAG has played a vital role in supporting evidenceinformed influenza vaccination decision-making as well as in evidence-based studies to introduce new vaccines or add specific target groups.

^{*} https://applications.emro.who.int/docs/WHOEMCSR746E-eng.pdf?ua=1

Strong monitoring systems, in the form of aggregate systems or nominal electronic immunization registries, are essential for closing immunity gaps and measuring vaccination effectiveness. The electronic Joint Reporting Form (eJRF) is a key tool being used for monitoring global and regional immunization goals (15).

Recommendations

Participants made the following recommendations for Member States and WHO:

For Member States

1. Worktowardsfullintegration of influenza vaccination into life-course immunization and immunization systems and programmes.

- 2. Review and update national vaccine policies as needed using the influenza vaccine policy brief and checklist.
- 3. Identify and reach out to priority target groups given the limited resources.
- 4. Enhance influenza vaccination data gathering, data quality and digital integration.
- 5. Consider conducting vaccine acceptance and demand studies to identify and address reasons for low uptake.

For WHO and the Task Force for Global Health

- 1. Share relevant materials and tools with Member States.
- 2. Develop and share regional and global level evidence and information with NITAGs.
- 3. Support countries with training on influenza policyand decision-making.

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