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1This is a summary report of a meeting on the WHO-EM/CSR/515/E Consultative meeting to review progress in introducing seasonal influenza vaccination in the Eastern Mediterranean Region. https://applications.emro.who.int/docs/WHOEMCSR515E-eng.pdf?ua=1 .

Introduction

Influenza is a major cause of morbidity and mortality worldwide. WHO has developed a global influenza strategy (2019–2030) (1,2) to reduce the burden of seasonal influenza, minimize the risk of zoonotic influenza and mitigate the impact of pandemic influenza. The strategy promotes the use of 3 tools for the prevention and control of seasonal influenza, including non-pharmaceutical interventions to slow the spread of the illness; vaccination to reduce transmission, disease severity and serious complications and death; and antiviral medicines to treat illness and reduce the risk of serious complications and death.

Influenza vaccination is highly recommended to prevent severe disease in high-risk groups (3), however, vaccination coverage rates remain low in many countries, including those in the WHO Eastern Mediterranean Region (EMR) (4). Challenges to increasing the uptake of influenza vaccination in the region include insufficient local evidence, competing priorities, concerns about coadministration of COVID-19 and influenza vaccines, limited tracking and monitoring systems, inadequate collaboration between stakeholders, and vaccine hesitancy and misconceptions (2).

Vaccination coverage rates among high-risk groups are generally low and the number of vaccine doses distributed in the region is limited (2). Knowledge, attitude and practice studies conducted by WHO on influenza vaccination show different reasons for vaccination hesitancy among high-risk groups. These include concerns about vaccine safety and efficacy, vaccine cost, low risk perception about the disease, and lack of awareness about vaccine availability (5).

In September 2021, WHO/EMRO held a virtual consultative meeting to review progress in introducing seasonal influenza vaccination in EMR countries, review a draft regional action plan to increase uptake in the region (6), and promote synergies and integration between national immunization and seasonal influenza programmes. Participants included representatives of ministries of health, United States Centers for Disease Control and Prevention (CDC), the Task Force for Global Health, Partnership for Influenza Vaccine Introduction, the Institute of Public Health of Albania, Aga Khan University, and WHO.

Summary of discussion

Only 15 of the 22 countries in the region have national influenza vaccination policies and information about vaccination coverage is limited. In 11 of these countries, influenza vaccine is delivered by the public and private sectors.

Lessons from Oman, Qatar, Saudi Arabia, and other WHO regions

Lessons from Oman, Qatar, Saudi Arabia, Pakistan, the Americas, and other countries and regions (7) have shown that integrating influenza vaccination into the national expanded programme on immunization (EPI) can increase uptake and that government leadership through legislation, enforcement and allocation of resources are key for success in integrating influenza vaccine into routine EPI. Integrating seasonal influenza vaccination into routine EPI programmes can provide huge benefits such as maximizing the use of existing resources, increasing vaccination coverage rates, addressing common vaccination issues such as hesitancy, and generating demands at the community level. Such integration can also enhance response to other vaccine-preventable diseases and strengthen other vaccination programmes. Political commitment, strengthening surveillance systems, innovative service delivery, effective risk communication, and pooled procurement are crucial to enhance influenza vaccination at the

national level.

Oman, Qatar and Saudi Arabia have been implementing innovative and effective influenza vaccination programmes by integrating influenza surveillance data into the EPI database, using electronic defaulter tracking system, in-pharmacy vaccination services, and linking renewal of residency visas and hajj permissions to vaccination status.

Since 2005, Oman has been including seasonal influenza vaccination in its national EPI schedule, targeting 4 of the Strategic Advisory Group of Experts (SAGE) recommended groups – pregnant women, older adults, health workers, and people with chronic conditions – in addition to hajj travellers. To increase coverage, Oman has strengthened influenza surveillance systems, integrated electronic influenza surveillance data with the EPI database, implemented effective communication using different media and languages, and established effective public–private partnerships. All these helped increase vaccination coverage rates among the target groups to between 70% and 100% in 2020.

Qatar has been targeting all SAGE recommended groups, leading to almost doubling of the number of people vaccinated between 2018 and 2020. Strategies to increase uptake include holding a vaccination campaign between September and April, providing the vaccine for free in public and private health facilities, targeting media campaigns at high-risk groups and monitoring their impact closely, and monitoring vaccine uptake weekly.

Saudi Arabia has been implementing an action plan with 3 components – vaccination, social mobilization and awareness raising, and surveillance – with a goal to achieve 40% coverage by the end of 2024. The country recorded an increase in vaccination coverage rate for all high-risk groups from 2% in 2011 to 18% by 2020. Other strategies include in-pharmacy vaccination, digital vaccination coverage rate tracking, generation of local evidence on disease and economic burden, linking hajj permissions to influenza vaccination, and conducting educational sessions for healthcare workers.

Regional roadmap for increasing influenza vaccine uptake and utilization

WHO/EMRO has supported the development of a roadmap for increasing influenza vaccine uptake and utilization in the EMR for 2022–2027. The roadmap aims to support the development and implementation of evidence-based influenza vaccination policies, strengthening of vaccination programmes, and increasing vaccine access and uptake. For better targeting and prioritization, the roadmap classifies Member States into three groups (A, B

and C) based on their income levels and the status of their seasonal influenza vaccination. Recommended actions focus on 4 strategic priorities: generating national and regional evidence; developing and updating influenza vaccination policies; improving implementation of the national vaccination policies; and developing evidence-based strategies to increase influenza vaccine uptake.

Recommendations

To Member States

1. Make seasonal influenza a top priority of the health agenda considering the public health benefits already reported by some WHO Member States.
2. Follow a pragmatic approach to scaling-up the influenza vaccination agenda based on the 4 strategic priorities of the roadmap.
3. Integrate influenza vaccination into routine immunization programmes.
4. Seize the opportunities presented by the COVID-19 pandemic to increase access to immunization services, including influenza vaccination.

To WHO

1. Continue to provide technical support in collaboration with all partners to achieve the desired influenza vaccination goals for the region.

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