

Integrating immunisation into the EU cardiovascular strategy: a civic and patient perspective towards an EU respiratory health plan

Abstract

This perspective article examines the critical intersection of respiratory health, immunisation, and cardiovascular disease (CVD) prevention within the European Union's current public health policy framework.¹ Based on a comprehensive review of recent institutional developments—including the high-level dialogue at the European Parliament on March 18, 2026—this paper addresses the policy misalignment created by the initial omission of vaccination strategies from the draft “EU Cardiovascular Disease Strategy”.² Through a civic and patient-oriented framework, we analyze how adult immunisation functions as a crucial component of health infrastructure.^{3,4} The analysis concludes that bridging existing institutional silos through a dedicated “EU Respiratory Health Plan” is necessary to ensure a life-course approach to preventive cardiovascular care across Member States.^{5,6}

Keywords: immunisation, cardiovascular disease, public health policy, EU safe hearts plan, respiratory health, civil society organizations, patients' advocacy groups, public policy on vaccination, European union, patients' rights

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Abbreviations: CVD, cardiovascular disease; CSOs, civil society organizations; PAGs, patients' advocacy groups; SANT, European parliament's committee on public health; ECDC, centre for disease prevention and control

Introduction

At the launch of the 2024–2029 legislative term, the European Commission introduced the “EU Safe Hearts Plan”, explicitly recognizing immunisation as a primary preventive measure for cardiovascular health.¹ Despite this baseline, the European Parliament's Committee on Public Health (SANT).² released a draft report on an EU CVD strategy in January 2026.³ that failed to incorporate specific vaccination mandates or targets.

This policy omission creates a clear misalignment with established clinical consensus: as documented by the European Society of Cardiology (ESC), routine immunisation against respiratory pathogens significantly improves clinical survival rates and reduces acute hospitalization frequencies among patients with pre-existing cardiovascular conditions.⁴ This paper provides a critical analysis of this policy gap and outlines a structured framework for institutional alignment.

Methodological framework and limitations

The insights and policy assessments presented in this analysis were gathered through a multi-stakeholder engagement process led by the Active Citizenship Network,⁵ the European branch of the Italian NGO Cittadinanzattiva,⁶ between September 2025 and March 2026. The documentation and data synthesis framework comprised four primary pillars:

- I. Public consultation analysis:** A qualitative review of the 677 stakeholder responses—including targeted contributions from civil society.⁷ —submitted to the European Commission's public consultation on the EU cardiovascular health strategy in September 2025.⁸
- II. Policy gap evaluation:** Assessment of European public awareness data regarding respiratory threats, monitored through localized surveys, peer-reviewed literature,^{9,10} and digital public communication campaigns such as the “#CareForAll” initiative conducted in late 2025.^{4,6}
- III. Legislative text review:** Analysis of specific policy amendments drafted by the Steering Group on Prevention of Respiratory Infections¹¹ —of which Cittadinanzattiva-Active Citizenship Network is an official member —aimed at aligning the SANT

Committee report with the broader EU Safe Hearts Plan, as outlined in their official Manifestos¹² and independent policy analyses.¹³

IV. Institutional dialogue synthesis: A thematic synthesis of policy statements, manifestos, and multi-stakeholder calls to action generated during the high-level institutional dialogue titled “Council recommendation on the value of immunisation against respiratory infections: a step towards an EU Respiratory Health Plan?”, hosted at the European Parliament in Brussels on March 18, 2026.¹⁴

Methodological limitations and bias acknowledgement

This analysis is inherently qualitative and perspective-driven, reflecting the viewpoint of patient advocacy groups (PAGs) and civil society organizations (CSOs). It does not utilize primary quantitative methodologies, formal Delphi consensus techniques, or a systematic literature review protocol. A significant proportion of the analyzed policy literature originates from networks and institutional coalitions involved in public health advocacy. Consequently, readers should note potential self-referential bias in the source selection. The conclusions represent a thematic synthesis of stakeholder viewpoints designed to guide policy, rather than an independent epidemiological evaluation.

Analysis of clinical evidence and policy alignment

Dismantling institutional governance silos

A major structural barrier in European public health delivery is the persistence of “siloesd” governance, wherein immunisation frameworks and chronic disease management units operate under independent administrative and budgetary structures. Global guidelines from the World Health Organization (WHO) emphasize the necessity of integrating vaccination into the routine management of non-communicable diseases (NCDs).¹⁵ Clinical data confirms that immunisation against influenza, COVID-19, RSV, and pneumococcal disease reduces the risk of myocardial infarction and heart failure.^{4,15} Large-scale clinical studies and meta-analyses have robustly confirmed that influenza and pneumococcal vaccinations reduce the risk of major adverse cardiovascular events (MACE) by up to 30% in high-risk populations.^{16,17}

Integrating systemic vaccination protocols directly into chronic cardiovascular care pathways provides an empirical method for

Structural integration framework matrix

Integration level	Target action	Institutional driver	Policy outcome
Level 1: Clinical Practice	Systematic risk assessment via a mandatory respiratory vaccine checklist during standard adult cardiovascular consultations. ⁴	European Society of Cardiology (ESC) & National Medical Associations.	Reduction of acute cardiac events triggered by preventable respiratory infections. ²³
Level 2: Administrative / Budgetary	Synchronization of healthcare financing. Creation of joint national funding mechanisms bridging independent immunisation programs and NCD preventive funds. ^{15,18}	National Ministries of Health & European Commission (DG SANTE).	Mitigation of long-term healthcare expenditures and optimized allocation of preventive resources. ^{24,25}
Level 3: Data & Accountability	Standardized, mandatory reporting of adult and vulnerable patient vaccination coverage directly to national cardiovascular registries. ²²	European Centre for Disease Prevention and Control (ECDC).	Real-time tracking of vaccination coverage gaps and clear accountability metrics across Member States. ²⁶

Strategic policy recommendations

Based on the multi-stakeholder consensus identified during the March 2026 European Parliament policy dialogue—hosted by MEP

reducing avoidable morbidity. From an economic perspective, adult immunisation programs function as a protective investment that enhances health system resilience and mitigates long-term public expenditures, positioning immunisation as a core public health infrastructure.¹⁸ This paradigm aligns with previous Council conclusions on vaccination as an effective tool for preventing diseases.¹⁹

Demographic shifts and health literacy barriers

Demographic projections indicate that by 2050, approximately 30% of the European population will be aged 65 or older.²⁰ This shifting demographic profile expands the cohort of individuals vulnerable to severe respiratory infections that exacerbate secondary chronic conditions. Optimization of vaccine uptake is heavily dependent on health literacy.²¹

Currently, adult vaccination coverage across the EU remains highly fragmented. For example, data from the European Centre for Disease Prevention and Control (ECDC),²² indicated that median COVID-19 vaccination coverage among individuals aged 60 and above fell as low as 8.7% in certain regions during recent campaigns, demonstrating a profound implementation deficit.

Implementation challenges and structural inequalities

Achieving uniform integration of immunisation into cardiovascular strategies across the EU faces substantial barriers. Broad inequalities exist among Member States regarding healthcare infrastructure, public health funding, and regulatory approval pathways for adult vaccines. Logistical constraints—such as rural healthcare access and fragmented data monitoring systems—impede the tracking of adult vaccine coverage. Furthermore, economic considerations regarding the reimbursement models for adult vaccines vary widely, presenting financial hurdles for sustained uptake in lower-GDP Member States. These structural uncertainties must be factored into any proposed EU-wide targets.

Conceptual model for policy integration

To resolve current policy fragmentation and address the lack of structured interaction between preventive units, we propose a multi-level structural integration framework. This model is designed to bridge clinical practice, funding, and data collection, transforming independent public health initiatives into a unified preventative pathway.

Michalis Hadjipantela²⁷ and endorsed by the MEPs Interest Group “European Patients’ Rights & Cross-border Healthcare”²⁸ —the following structural actions are proposed to the European Parliament’s SANT Committee:

- A. Formal recognition of interconnectivity:** Formally acknowledge the clinical role of respiratory immunisation as an active preventative mechanism against cardiovascular disease progression within the final EU CVD strategy report.
- B. Policy harmonization:** Support and welcome the announced Council Recommendation on vaccination against respiratory infections, utilizing it as a foundational cross-policy bridge.
- C. Establishment of clear metrics:** Encourage the European Commission, in coordination with the scientific community, to define evidence-based, life-course immunisation coverage targets.
- D. Mandatory national reporting:** Convince Member States to report adult immunisation coverage annually to the ECDC, embedding these specific uptake metrics directly into their national cardiovascular disease plans.

Conclusions: A structured policy roadmap towards an EU respiratory health plan

The mitigation of cardiovascular risk within an aging European population requires an explicit transition from emergency-driven public health responses to integrated, preventative policy frameworks. The proposed sequential pathway is structured as follows:

- **Short-term:** Adoption of formal amendments within the European Parliament's impending final report on an EU cardiovascular disease strategy to establish immunisation as a core political and clinical priority.^{3,14}
- **Medium-term:** Fast-tracked implementation of the Council Recommendation on respiratory vaccinations to standardize cross-border coverage targets across the life course.¹²
- **Long-term:** Development of a comprehensive, dedicated EU Respiratory Health Plan in the upcoming institutional mandate,^{9,29} potentially supported by a formalized European Respiratory Care Alliance to unify institutional, professional, and patient advocacy actions.^{14,30}

Ahead of the policy dialogue at the EU Parliament, it was written: "Europe has a Beating Cancer Plan and a new Cardiovascular Health Plan — does it also need an EU Respiratory Health Plan?"²⁹ PAGs and CSOs leaders strongly assert that Europe needs a Respiratory Health Plan that prioritises prevention.³¹ The SARS-CoV-2 pandemic exposed the widespread vulnerability of healthcare systems: strengthening immunisation across the life course is one of the most effective investments for Europe's future because it protects not only individuals but also the long-term resilience of our societies.

Declarations

Each of the authors confirms that this manuscript has not been previously published by another international peer-review journal and is not under consideration by any other peer-review journal. Additionally, all of the authors have approved the contents of this paper and have agreed to the submission policies of the journal.

Authors' contribution

Each named author has substantially contributed in managing the described initiative and drafting this manuscript.

Conflict of interest

To the best of our knowledge, the named authors listed on the first page declare that they do not have any conflict of interest, financial or otherwise.

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