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Adult immunisation as a pillar of cardiovascular prevention: a paradigm shift in european community health and Governance

Abstract

The co-circulation of vaccine-preventable respiratory diseases imposes a severe burden on European healthcare systems, particularly affecting older adults and individuals with chronic conditions. While traditional public health paradigms have often treated infectious disease prevention and chronic disease management as distinct silos, emerging clinical and epidemiological evidence demonstrates a profound intersection between respiratory immunisation and cardiovascular prevention. As the European Union approaches a crucial political turning point in late 2026—marked by the upcoming European Commission Council Recommendations on Cardiovascular Diseases (CVDs) and the EU Safe Hearts Plan—this article explores the necessity of a coordinated, multi-stakeholder governance framework. By examining the vital role of Civic Society Organisations (CSOs) and Patient Advocacy Groups (PAGs), this paper outlines how integrating routine immunisation checks into adult chronic disease pathways can mitigate the "cost of inaction", reduce hospitalisations, and foster a more resilient, community-centred model of health and well-being across Member States.

Keywords: adult immunisation, cardiovascular prevention, health governance, public health policy, civil society engagement, european union, #vaccinaction2026

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Introduction: breaking the silos in adult public health

For decades, public health strategies within the European Union have disproportionately prioritised childhood immunisation, leaving adult vaccination under-prioritised. This historical gap leaves a substantial burden of disease, premature mortality, and productivity losses largely unaddressed. Today, the co-circulation of vaccine-preventable respiratory diseases continues to impact vulnerable populations severely, notably contributing to hospitalisations and severe illness among older adults and individuals with underlying health issues.

However, a modern understanding of *Community Health* requires breaking down traditional clinical silos. Protecting a community's well-being no longer implies merely reacting to acute infectious outbreaks or managing isolated chronic risk factors. Instead, it demands a holistic approach oriented towards lifelong prevention, recognizing that infectious diseases often act as potent triggers for acute cardiovascular events.

The 2026 EU policy turning point: the safe hearts plan

The European political landscape regarding cardiovascular health is reaching a critical nexus. Following the European Parliament's planned Plenary vote on the Own-Initiative Report (INI) for an EU Cardiovascular Diseases Strategy in mid-September 2026,[1] the European Commission is set to present two landmark Council Recommendations in December 2026. Integral to the ambitious *EU Safe Hearts Plan*,[2] these initiatives represent a significant leap forward in harmonising preventative clinical approaches across all Member States:

1. **The recommendation on health checks (SAFE):** A standardised EU protocol designed to promote uniform screening for prominent cardiovascular risk factors, such as high blood pressure, diabetes, and obesity, aiming to drastically curb premature deaths.
2. **The recommendation on vaccination:** A dedicated proposal aimed at promoting the immunisation of at-risk categories against respiratory infections, explicitly utilising vaccines as a vital preventive measure against secondary cardiovascular complications.

These synchronized policy measures aim to bridge the current fragmentation in diagnosis and shift European healthcare from a reactive model to one firmly rooted in proactive prevention.

Evidence-based prevention and the "Cost of Inaction"

To successfully implement these upcoming institutional recommendations, European healthcare systems must confront the "cost of inaction"—the socioeconomic and systemic burden borne by hospitals and communities when adult vaccination is neglected.

Data from the *"Study on Socio-Economic Value of Adult Vaccination"*[3] highlights that routine immunisation is not merely an infectious disease countermeasure, but an economic and structural stabilizer for public health. Rather than reinventing the wheel, the EU can look to successful national experiences that already demonstrate the efficacy of this combined approach. For instance, evidence from structured follow-up programmes, including Ireland's Chronic Disease Management Programme,[4] suggests that integrating preventive measures such as immunisation status checks into long-term cardiovascular care can improve vaccination uptake and reduce emergency visits, hospital admissions, and other high-cost healthcare use over time.

By identifying missing vaccinations during routine chronic care visits, this integrated model has proven highly effective in reducing avoidable hospital admissions, showcasing a tangible blueprint for community health optimization.

In this framework, promoting Ireland's best practice, where immunisation checks have been directly integrated into cardiovascular risk assessments, precisely during the Irish Presidency of the Council of the European Union could garner even greater attention and a decisive political impact, offering Dublin a strategic platform to steer Member States toward higher preventative health standards.

To ensure broader applicability across all EU Member States, this model can be adapted both to centralized healthcare systems—through national registries and standardized protocols—and to decentralized or regionalized systems, where regional health authorities implement flexible community care frameworks aligned with national targets. Notably, the details and systemic impact of the Irish model will be further explored in an upcoming initiative that has already received the official patronage of the Irish Presidency of the Council of the European Union as an Irish Presidency Associated Event. Titled *"Strengthening Europe's Health Security, Vaccination, Innovation and Public Trust"*, the event has been promoted by the Infectious Disease Alliance, Cittadinanzattiva-Active Citizenship Network, and the Irish Patients' Association.

The essential role of civic engagement and patient advocacy

Top-down policy frameworks and clinical guidelines are necessary, but they are insufficient without bottom-up community trust and mobilization. Civil Society Organisations (CSOs) and Patient Advocacy Groups (PAGs) are the essential engines driving the translation of policy into practice.

Organisations like the Active Citizenship Network (ACN)[5] (the EU branch of the Italian NGO Cittadinanzattiva[6]) have been instrumental in shaping this emerging preventative policy framework. Through proactive contributions to public consultations on the EU cardiovascular health strategy and active involvement in the Steering Group on Prevention of Respiratory Infections,[7] civic networks continuously advocate for the integration of immunisation into routine chronic disease management.

PAGs and CSOs fill a critical governance gap by:

- **Bridging communication demands:** Translating complex epidemiological data regarding the link between respiratory infections and CVDs into clear, empowering public health messaging that counters vaccine hesitancy.
- **Securing equity of access:** Highlighting structural barriers within local health systems to ensure that vulnerable, low-income, or rural demographics are not left behind by new EU screening protocols.
- **Ensuring accountability and monitoring:** Functioning as independent watchdogs to ensure individual Member States effectively implement the standardised protocols proposed by the EU.

However, practical implementation faces operational challenges, particularly reconciling fragmented national and regional digital health infrastructures to ensure seamless tracking during routine immunisation checks.

Conclusion: a multi-stakeholder call to action for community health

The upcoming policy dialogue surrounding the #VaccinAction2026 EU project [8] at the European Parliament in Brussels exemplifies the governance model required for the future of community health. Positioned strategically between the Parliament's INI vote and the Commission's December Council Recommendations, this dialogue unites institutions, healthcare professionals, industry leaders, and civil society. In this context, the #VaccinAction2026 initiative serves as a representative pilot and concrete example of this multi-stakeholder governance model in action.

The ultimate path forward requires forging broad, multi-stakeholder alliances and launching a unified Call to Action. By symbolically and practically committing to monitor and support the effective application of these political acts, Europe can ensure that adult immunisation is permanently recognized for what it truly is: a foundational pillar of cardiovascular prevention and an indispensable asset for the long-term sustainability of European community health (Figure 1).

Figure 1 Logo of the EU project "*#VaccinAction2026 – Protecting the value of vaccination across Europe*"

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.

Conflicts 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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