



ASSET

share and move to face nasty bugs

Gender Pattern and Vaccination

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GENDER IMPLICATIONS

The ASSET FINAL EVENT

*Share and move for mobilization and mutual learning at local,
national and international levels on Science in Society related issues
in epidemics and pandemics
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Overview

- Introduction
- Biological issues
- Research
- Pregnancy
- Healthcare workers
- Older persons
- Hard to reach groups





European Institute of Women's Health

- The European Institute of Women's Health is a health NGO founded in 1996
- Aims to ensure a sensitive approach to health policy, prevention, treatment, care and research in order to reduce health inequalities and improve quality of life
 - Policy briefs
 - Advocacy work on EU level
- Co-founders of the CLCI – **Coalition for a Life-course approach to Immunisation.**





Sex and Gender

Sex

- The organs you are born with
- The chromosome makeup that determines your sex
- Biologically defined by XY or XX chromosomes

Gender

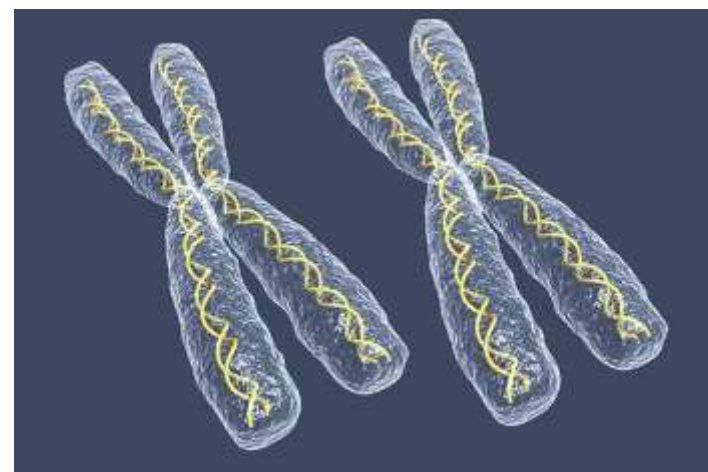
- Socially constructed characteristics of women and men
- Norms, roles and relationships of and between groups of women and men
- Norms that come with being of a particular sex, e.g. the female gender is expected to have certain characteristics, behaviours, and roles.





Biological Issues

- Sex differences in immune function are well established
 - for example, inflammatory immune responses are generally higher in females than in males
- Biologically, females and males differ in their immunological responses to seasonal influenza virus vaccines
- Women have higher antibody responses to influenza vaccinations – research shows that the antibody response of a woman to half a dose of influenza vaccine is equivalent to the antibody response of a man to the full dose
- Women also report a worse reaction to vaccinations than men do.





Research

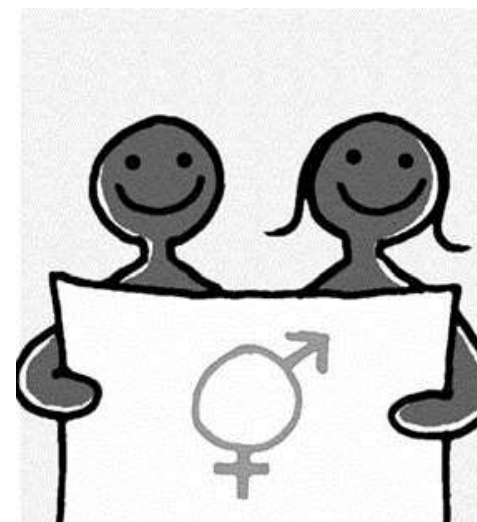
- Women are underrepresented in clinical trials - participation is especially low in early Phase I and I-II studies
- Contributes to lack of awareness among health care professionals about sex-specific differences across the lifespan- this creates problems with both diagnosis and treatment
- Pregnant women are generally excluded from clinical studies – but pregnant women get sick, and sick women get pregnant
- Women make up the largest proportion of the older population – but older people are generally excluded from clinical trials – this is an issue for both men and women.





Research

- EU regulation - Clinical Trial directive 536/2014 contains new rules for including pregnant and breastfeeding women in clinical trials – adopted in 2014
- Guarantees the appropriate representation of both sexes in clinical trials; also results must present gender/age breakdown
- It defines the conditions under which pregnant or breastfeeding women can participate in clinical trials.





Pregnancy

- Pregnant women:
 - More likely to have severe disease and hospitalisation with either seasonal or pandemic influenza
 - During pandemics, mortality rate for pregnant women is higher than non-pregnant women
- A number of reasons why pregnant women are more at risk
 - Hormonal changes during pregnancy
 - Immune function change
 - Physiological changes, e.g. increased demands on cardiovascular output
- The WHO recommends all pregnant women to receive vaccinations during the influenza season
 - Pregnant women should be given highest priority among all the risk groups.





Pregnancy

- Vaccine covers of pregnant women tend to lag behind the general population
 - Evidence points to pregnant women not knowing of the increased risks associated with pregnancy and influenza
 - Many health care providers do not recommend pregnant women to take influenza vaccine due to concerns over giving a vaccine to a pregnant woman
- Data on pregnancy and vaccinations is scarce – in terms of drivers and barriers for pregnant women, there is little evidence-based research.





Healthcare workers

- Female participation in the workplace varies across Europe but is lower than men – EU average 54% for women and 72% for men
 - Italy: 44% for women and 70% for men
 - Romania: 55% for women and 70% for men
 - Sweden: 69% for women and 80% for men
- Women represent more than 50% of the healthcare workforce in many countries; also, in most countries nurses, teachers and childcare workers are mainly female
 - For example 80% of employees in the Irish health services are women, and women account for 92% of nurses
- Studies have generally shown compliance rates from as low as 10% to 40-50% among health care workers, with no clear pattern of barriers/facilitators – more research is needed.





Older Persons

- Over-65s have a higher risk for severe influenza-related complications and highest risk of mortality – this includes both men and women
- Life expectancy for women in the EU is, on average, 5.5 years longer than that for men
- But - healthy life years difference is just 0.1 years difference in favour of women
- Older people are more likely to be poor than other groups, and women are more likely to be poor than men - older woman may find herself at a worse financial status due to the loss of spousal income.





Hard to Reach Groups

- Hard to reach groups may have adverse health outcomes - the complex interplay of social/economic marginalisation makes this a particular issue
- There are a number of minority groups in society which have adverse health outcomes and where women are particularly affected, for example:
 - Roma community
 - Isolated immigrant communities
 - Lower socioeconomic groups
- Need for an integrated interdisciplinary effort where systematic surveillance of trends in influenza uptake by hard to reach groups is implemented.





Hard to Reach Groups

- Gender is one of the most critical variables in terms of health outcomes
- Roma women are more likely to experience social exclusion than Roma men and suffer the added disadvantages
- Migrants – extremely vulnerable group with an uncertain vaccination background
- Limited MMR vaccination of children in Somali community in Sweden – only 70% of two-year olds in this community vaccinated against MMR
- Importance of **intersectional research** to address this.





Any questions?

