



SHARE AND MOVE TO FACE NASTY BUGS

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People with already existing conditions, such as cardiovascular diseases, diabetes, and pulmonary/respiratory disease, are at greater risk from influenza (Logue et al., 2011).

Women are more likely to have diabetes in their lifetime than men, and studies in the US show that women, particularly those in lower socioeconomic groups, receive less adequate diabetes care than men from the same socioeconomic group (WHO, 2010). Also, these women face more variability of the number of services received in addition to factors such as childcare and availability of transport, resulting in an unequal outcome between men and women.

Individuals with underlying medical conditions, for example cardiovascular problems, asthma, obesity, chronic lung disease, kidney disease, liver disease, immunosuppressant diseases, cancer, HIV, and diabetes, are one of the main risk groups of contracting influenza (WHO, 2012). However, these groups are not necessarily all being vaccinated. The individual person may be managing their health condition successfully, and despite coping effectively with a condition, do not view themselves as being part of an at-risk group for influenza (International Longevity Centre UK, 2011). Identification of the appropriate targets for influenza vaccination in these groups is often challenging, and require considerable effort and cost (WHO, 2012). In Europe, vaccination compliance rates are relatively low among chronically ill persons compared to the U.S. (Tell Me, 2012).

Healthy adults may also need vaccination against influenza over their life trajectory without having an underlying medical condition. While influenza is most virulent among the very young and among older persons, biological and hormonal changes across the life span can affect the exposure to influenza and the severity of the infection. For example, women experience a five to 10-year period of changes in hormone patterns caused by menopause (WHO, 2010), which may make them more vulnerable to influenza

infection.

The International Longevity Centre UK argue that vaccinations along the life course trajectory should be considered a normal part of adult life and not just childhood, and that emphasis on vaccination should include those over 50 years of age (2011). Lowering the age limit for vaccination may be effective in increasing vaccine uptake (ECDC, 2013). A Spanish study found that among those under 65 years of age with chronic conditions, influenza vaccination figures are very low at approximately 30% (Jiménez-García et al., 2010); changing the vaccination age limit to 50 and over may help increase this number.

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