

Beyond Childhood: The Case for Adult Vaccination in IndiaGayatri R Nair¹, S Adithya Prasad²Department of Community Medicine, ¹Amrita Institute of Medical Sciences, Kochi,² Dr. D. Y. Patil Medical College, Hospital & Research Centre, Dr. D. Y. Patil Vidyapeeth, Pune

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Vaccination is widely regarded as one of the most cost-effective public health interventions. While India has achieved substantial progress in childhood immunisation through initiatives such as the Universal Immunization Programme, adult immunisation remains largely underprioritised. Despite the availability of vaccines against influenza, pneumococcal disease, hepatitis B, and human papillomavirus (HPV), coverage among adults remains suboptimal.⁽¹⁾ This gap is particularly concerning given India's ongoing demographic and epidemiological transition.

By 2050, the global population aged over 65 years is projected to outnumber children under- five by twofold, with the majority of this ageing population residing in low- and middle-income countries.⁽²⁾ This demographic shift is particularly important as older adults are more susceptible to infections due to immunosenescence and declining functional reserve, a vulnerability further exacerbated by the presence of non-communicable diseases.⁽³⁾ The burden of vaccine-preventable diseases in adults is substantial. Pneumonia causes millions of cases and about 1.9 million deaths annually worldwide, especially in low- and middle-income countries. Pneumococcal disease contributes significantly to pneumonia cases, while influenza leads to considerable seasonal morbidity and mortality. In India, hepatitis B remains a major concern, with over 40 million chronic carriers and around 200,000 deaths each year.⁽⁴⁾ These figures highlight the potential value of adult vaccination as a preventive strategy.

Adult vaccination has been shown to reduce mortality, morbidity, hospitalisations, complications, and healthcare expenditure, with studies demonstrating good effectiveness and protective immune response against prevalent strains.⁽⁵⁾

Several factors contribute to low adult vaccine uptake in India. First, awareness among both public and private healthcare

providers remains limited. Vaccination continues to be widely perceived as a childhood intervention, and adult vaccine-preventable diseases are often underestimated. In routine clinical practice, adult vaccination is rarely discussed unless prompted by travel or occupational requirements. The absence of strong provider recommendation therefore remains a key barrier.

Second, vaccine hesitancy further affects uptake. Concerns about adverse effects, misinformation circulating through social media, and the absence of clear and consistent state-level recommendations can undermine public confidence in adult vaccines. ⁽⁶⁾ Without proper communication from trusted sources, individuals may struggle to identify credible health information.

Third, systemic and infrastructural challenges play a role. India is equipped with an extensive cold chain and vaccine delivery infrastructure built primarily for childhood immunisation programmes. However, adult immunisation currently lacks a clearly defined service delivery platform within routine health systems. ⁽²⁾ There is no widely adopted adult immunisation registry or card, and surveillance data for adult vaccine-preventable diseases remain fragmented.

Economic factors further influence uptake. Adult vaccines are predominantly financed through out-of-pocket expenditure, which limits affordability and accessibility.

Addressing these gaps requires a pragmatic and phased approach. Increasing awareness among healthcare providers is an important first step. Training programs and continuing medical education can help familiarise general practitioners with adult vaccine recommendations and encourage them to discuss vaccination during routine consultations.

Establishing "single-window" adult immunisation clinics within health facilities may simplify service delivery. A dedicated clinic, preferably located near the entrance or in an easily

identifiable area, can receive referrals from multiple departments while ensuring systematic vaccine delivery and documentation.

Integration of vaccination services with NCD clinics at primary health centres (PHCs) or family health centres (FHCs) could also help reach high-risk populations, particularly elderly individuals and patients with chronic diseases.

Strengthening documentation through adult immunisation cards or digital registries would improve continuity of care and generate reliable data for planning. In parallel, improved disease surveillance and periodic sero-surveillance studies could help quantify disease burden and guide policy decisions.

Public education campaigns and responsible use of social media are needed to address misinformation and improve vaccine confidence. Clear state-specific adult vaccination guidelines could further support consistent practice.

Finally, financial barriers may be reduced through targeted government support for high-risk groups, insurance coverage, employer-based vaccination programs, and public-private partnerships.

As India's population ages and the burden of chronic disease continues to rise, adult immunisation must be viewed as part of a life-course approach to health. Strengthening awareness, improving accessibility, and addressing financial and system barriers can help translate the proven benefits of vaccines into broader population impact.

The COVID-19 vaccination campaign demonstrated that

large-scale adult vaccination is operationally feasible in India when political commitment, digital infrastructure, and community mobilisation align. Building on these lessons, adult immunisation should be reframed as an essential component of life-course vaccination and comprehensive primary health care.

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