Comparative Analysis of Adult Vaccination Programs and HTA of Vaccines Approaches in the US, UK, and France. Lessons for Poland

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BACKGROUND AND OBJECTIVE

Adult vaccination programs are essential for reducing morbidity, mortality, and healthcare costs associated with vaccine-preventable diseases. In Poland, adult immunization coverage remains low, particularly for influenza, pneumococcal disease, shingles, and RSV. This study aims to compare adult vaccination strategies in the United States, United Kingdom, and France to identify best practices and cost-effectiveness approaches that could inform improvements in Poland's national immunization policy

METHODS

A comparative policy analysis was conducted using publicly available data on adult vaccination programs in the US, UK, and France. The analysis focused on program structure, vaccine availability, target populations, accessibility, and implementation strategies for four key diseases: shingles, influenza, pneumococcal disease, and RSV. Additionally, the role of health technology assessment (HTA) bodies and cost-effectiveness thresholds in shaping vaccine recommendations and reimbursement decisions was examined.

RESULTS

The UK's Joint Committee on Vaccination and Immunisation (JCVI), France's Haute Autorité de Santé (HAS), and the US Advisory Committee on Immunization Practices (ACIP) all incorporate HTA principles in vaccine policy-making. Cost-effectiveness plays a central role in determining eligibility and funding, particularly for newer vaccines such as Shingrix and RSV. For example, France and the UK have adopted Shingrix based on favorable cost-effectiveness profiles in older adults and immunocompromised populations. The US leverages insurance-based coverage and federal guidance to ensure access, with cost- effectiveness influencing ACIP recommendations. All three countries maintain robust surveillance systems and digital immunization registries to support evidence-based decision-making.

💡 Lessons for Poland 💡

Figure 1. Centralized coordination & HTA integration flow in UK

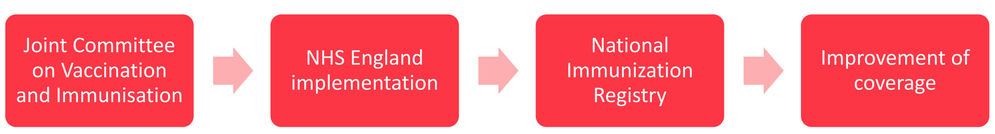


Figure 2. Adult vaccine uptake comparison in USA (2020-2024)

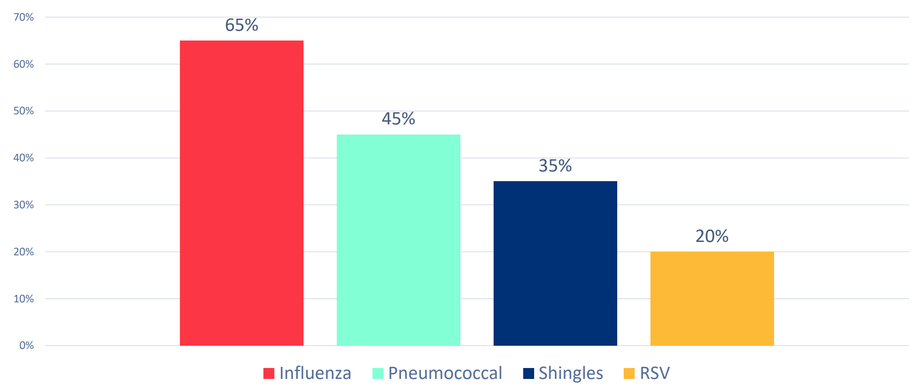
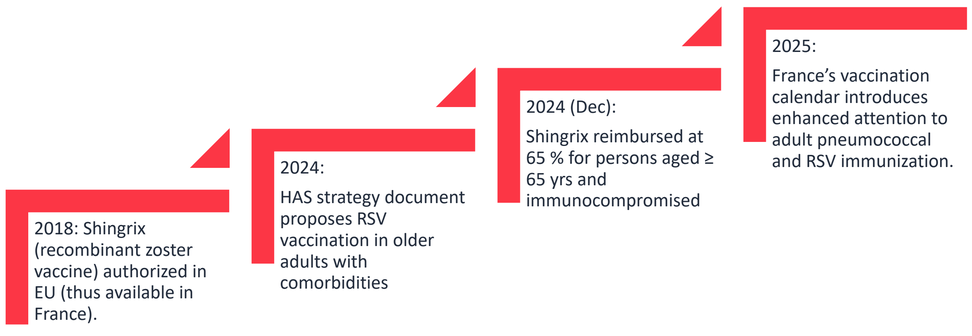
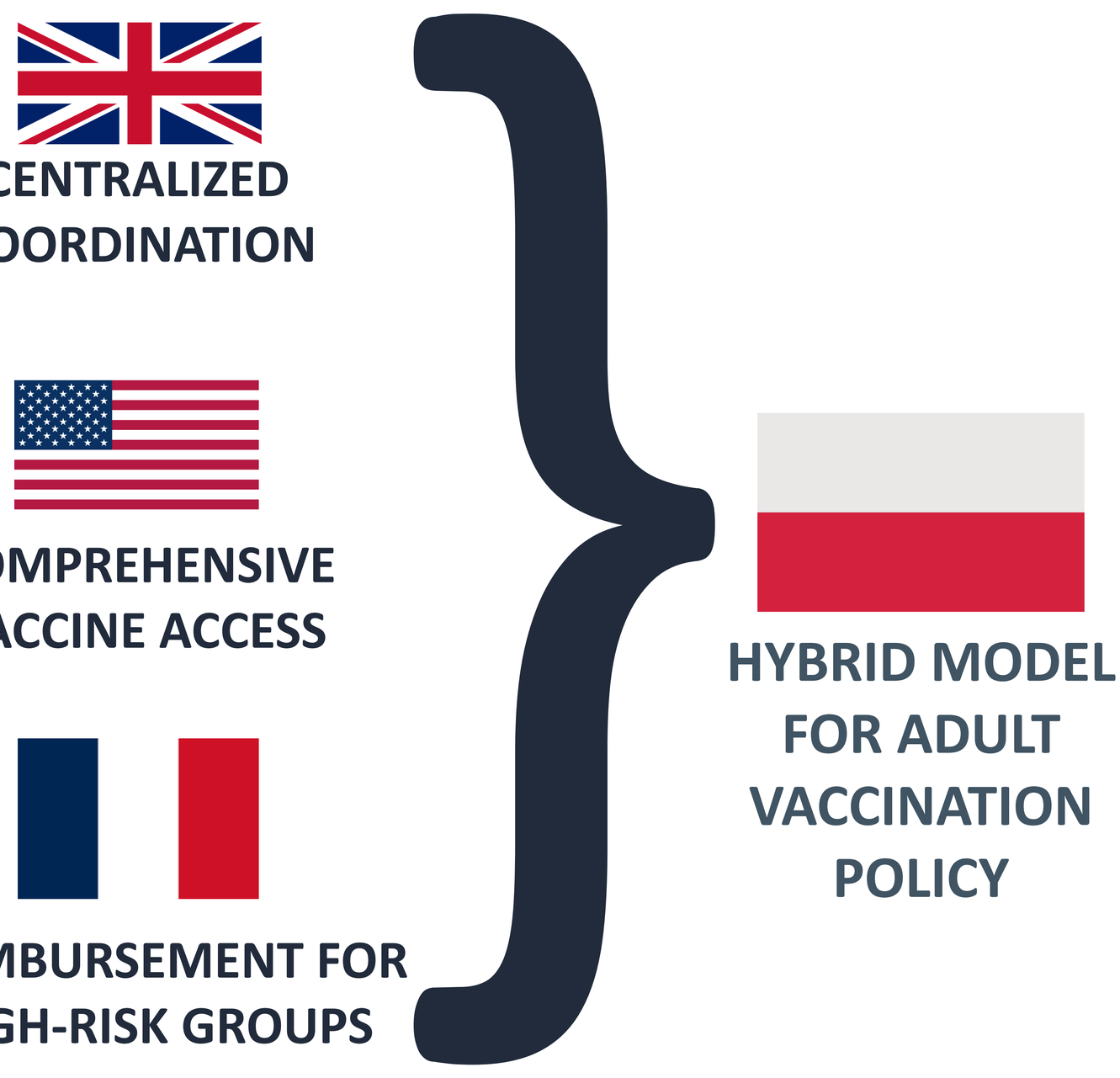


Figure 3. Timeline of vaccine adoption (2018–2025) in France





CONCLUSIONS

Poland can enhance its adult vaccination program by adopting a hybrid model: centralized coordination (UK), comprehensive vaccine access (US), and full reimbursement for high-risk groups (France). Incorporating HTA frameworks and cost-effectiveness analysis into national vaccine policy could improve resource allocation and support the adoption of newer vaccines. These strategies would strengthen public health infrastructure, improve vaccine uptake, and ensure more efficient use of healthcare resources.

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