

# The importance of vaccination to healthy ageing

"I hate the term anti-vax.  
It's so negative."

"How about pro-disease."

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# Context

- What is ageing?
- Biological, physiological, genetic markers
- Social constructs
- Not just the presence of or absence of disease
  
- Frailty
- Neurocognitive changes
- Multimorbidity



# Characterisation - phenotypic



Jeanne  
Calment



## Clinical Frailty Scale\*



**1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



**2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



**3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



**4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.



**5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



**6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



**7 Severely Frail** – Completely dependent for **personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



**8 Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



**9. Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

### Scoring frailty in people with dementia

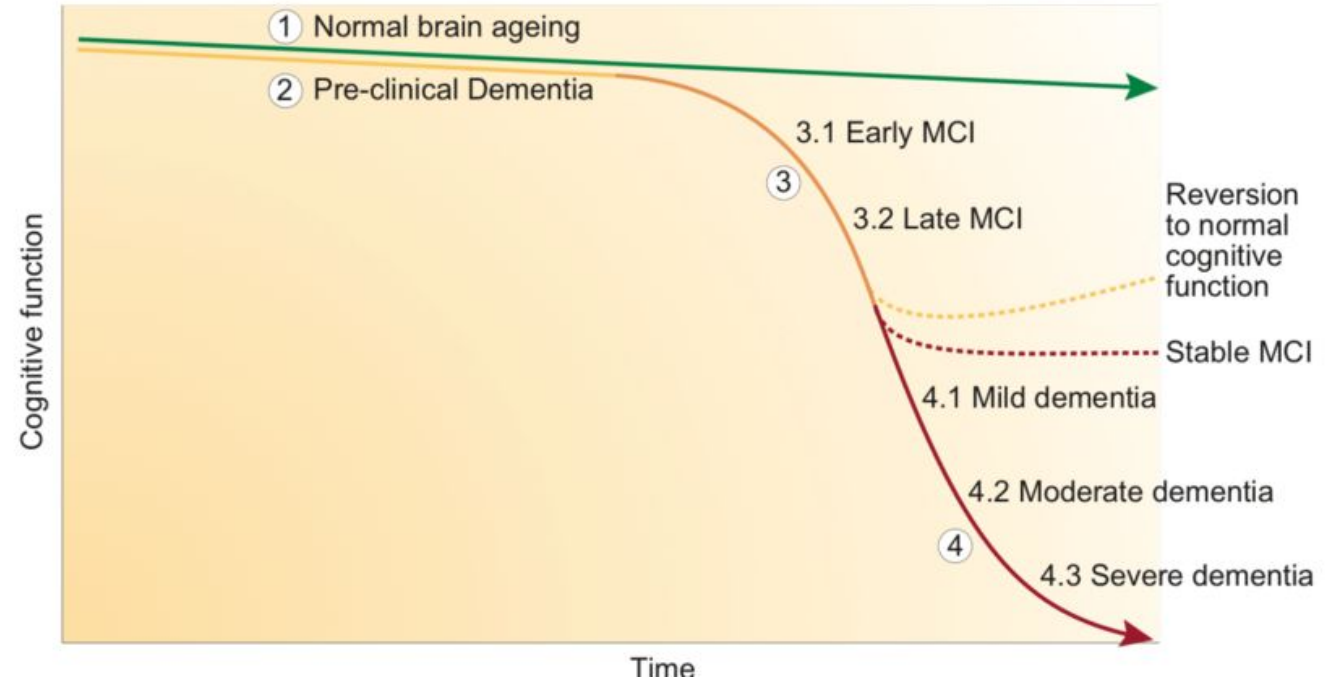
The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

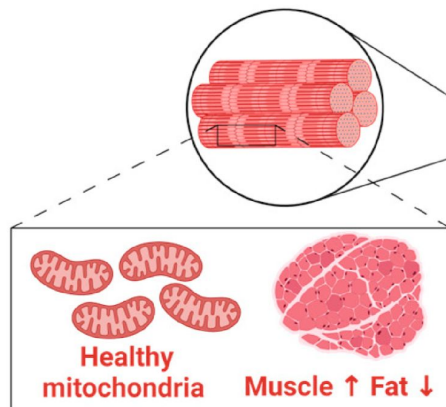
In **severe dementia**, they cannot do personal care without help.

\* 1. Canadian Study on Health & Aging, Revised 2008.  
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

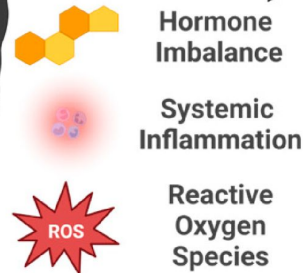
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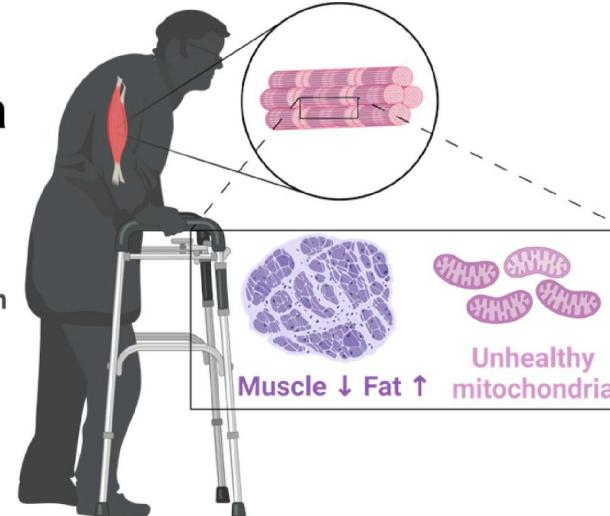
## Normal muscle fibers



## Sarcopenia

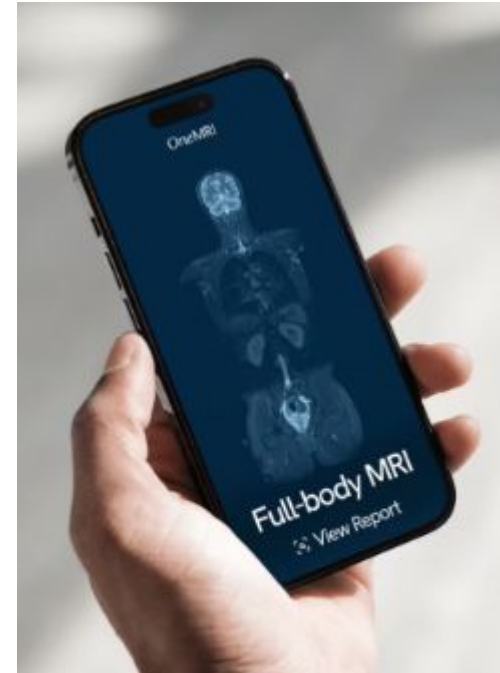


## Atrophied muscle fibers



# Geriatric medicine | Healthy ageing specialists

- The role of the Comprehensive Geriatric Assessment?
- When to manage medical issues:
  - Preventative practice [No issues/ at risk]
  - Reactive practice [Acute issue management]
  - Supportive practice [Chronic conditions]
- The role of the Multi-Disciplinary Team
- Emerging trends...



## Top 10 Longevity Biomarkers That Reveal How Well You're Ageing

January 21, 2026



Dr. Steven Lu  
Chief Medical Officer | MBBS (hons) | DCH FRACGP

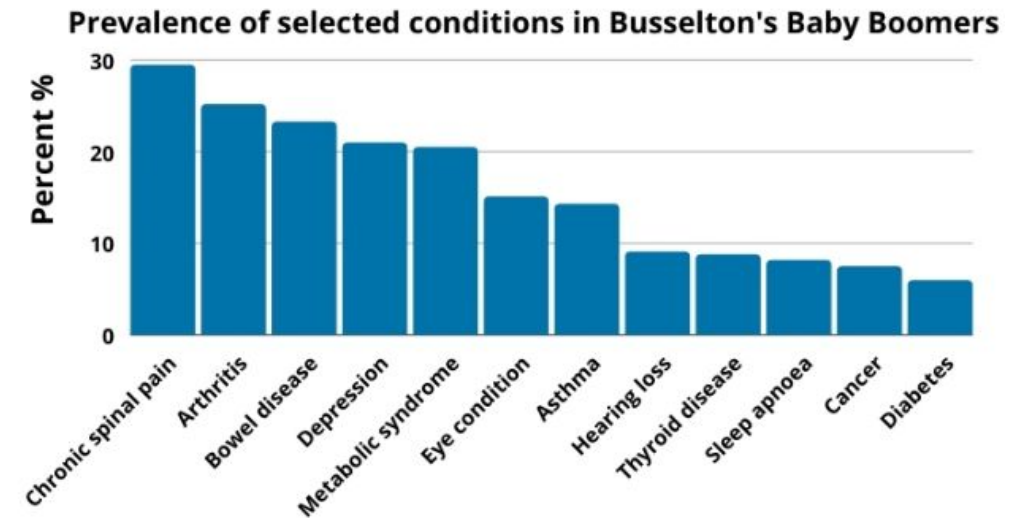
The wearable designed for lasting progress

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# Returning to patient centred care...

- Patients now:
  - Are better informed
  - Respect discussions about health, not being told what to do
  - Will seek out multiple sources
  - May not seek traditional 'medical' approaches
- Baby boomers value:
  - Quality of Life
  - Mental Health
  - Physical Health
  - Social connections
  - Volunteering



# How does this fit in with vaccination?

- Vaccination mitigates preventable diseases
- Supports the life goals of older persons in Australia
- Prevents deterioration of health impacting:
  - Frailty
  - Cognitive Disorders
  - Multimorbidity and complications
- Overall, vaccination:
  - Meets most baby boomers' value proposition for ageing
  - Reduces risk of complications leading to disability or need for care.

# Community dissonance with vaccinations

SCIENTIFIC  
REPORTS  
nature research

- Vaccine fatigue
- Misinformation
- Concern over adverse effects
- Government and institutional/ professional distrust
- Personal freedoms/ bodily autonomy
- Alternative health beliefs
- Cultural and Community influences
- Social media amplification of world and personal views

► Sci Rep. 2023 Jul 17;13:11219. doi: [10.1038/s41598-023-30883-7](https://doi.org/10.1038/s41598-023-30883-7)

**Psychological profiles of anti-vaccination argument endorsement**

[Dawn L Holford](#)<sup>1,✉</sup>, [Angelo Fasce](#)<sup>2</sup>, [Thomas H Costello](#)<sup>3</sup>, [Stephan Lewandowsky](#)<sup>1</sup>



# So, what can we do?

- Know your patient but don't assume
- Be willing to have discussions
- Recognise patients and families who do not or will not engage
- Provide scientific recommendations from recognised bodies
  - Allow time!
  - Signpost discussions
  - Printed leaflets, articles
  - Talk about fear and concern openly. Be a conduit for discussion
  - Reinforce the concept that vaccination is part of healthy ageing.
- Reinforce that vaccination is part of healthy ageing



# Other methods to assist with improving vaccination

- Working with GPs and allied health:

- Communicate with them.

- What works? How can you help?

- Coordinate at key time points (April for Influenza, when for COVID-19?)

- Work with pharmacies

- Will they have stock, vaccinator, upload to AIR/ MHR?

- Relieve pressure on GPs (if this is what GPs want)

- Empowering patients:

- Checklists

- Using the AIR alongside ATAGI recommendations



- Ensuring their expensive holiday isn't ruined by a vaccine-preventable disease



Vaccine: X  
Volume 19, August 2024, 100519



Strategies used to improve vaccine uptake among healthcare providers: A systematic review

Rosaline de Koning <sup>a, b</sup>, Mariana Gonzalez Utrilla <sup>a</sup>, Emma Spanaus <sup>a, c</sup>,  
Michael Moore <sup>a, d</sup>, Marta Lomazzi <sup>a, e</sup>  



# Other considerations in all age groups

- Nutrition
  - Under-nourished
  - Mal-nourished
  - Micronutrients
- Alcohol consumption
  - Total consumption and AFDs!
- Sleep
  - Insomnia (TTS, WASO)
  - Sleep quality
- Timing with acute and chronic diseases
- Timing with travel



Clinical Microbiology  
Reviews®

► [Clin Microbiol Rev. 2019 Mar 13;32\(2\):e00084-18. doi: 10.1128/CMR.00084-18](#)

## Factors That Influence the Immune Response to Vaccination

[Petra Zimmermann](#) <sup>a,b,c,d,e,✉</sup>, [Nigel Curtis](#) <sup>a,b,c</sup>



# In summary

- What is good health?
- Vaccination is a critical part of healthy ageing at all ages
- Oft overlooked
  - Reactive vs preventative
- Opportunist vaccination discussions
- State of health of patient
- Receptiveness to discussions
- Who has a part to play
  - How can you enhance this?

