

Seasonal influenza vaccination programme country profile: Estonia

2012-13 Season

Background information

Influenza immunisation policy	and general facts about Estonia
Volume indices of GDP per capita in 2011 and 2013 (EU-28=100) Source: Eurostat ^a	68 and 73 respectively
Health costs as % of GDP 2011 Source: Eurostat ^b	5.1%
Total population of the country, 2011 Source: Eurostat ^c	1 294 455
Population ≥65, 2011 Source: Eurostat ^c	229 440 (17.7% from the total population)
Population with chronic medical conditions <65 years, 2006 Source: ECDC (based on methodology by Fleming and Eliot, 2006) ^d	111 000 (8.6% from the total population)
Number of live births in 2011 ^e	14 679 (1.1% from the total population)
National seasonal influenza recommendations (e.g. age and target group recommendations and guidelines)	Recommendations available
URL link to Immunisation Guidelines for Estonia	http://terviseamet.ee/fileadmin/dok/Nakkushaigused/immunoprof/Lisa 1 vaktsiinid ja kasutamine.pdf
National Action Plan (NAP) as requested by EC	Plan not adopted
URL link to NAP	na

na: Not applicable EUROSTAT links:

^aGDP per capita 2013 (accessed 15.12.2014): http://ec.europa.eu/eurostat/statistics-explained/index.php/GDP per capita, consumption per capita and price level indices

http://www.ecdc.europa.eu/en/publications/Publications/0808 GUI Priority Risk Groups for Influenza Vaccination.pdf (Fleming, D.M. and A.J. Elliot, Estimating the risk population in relation to influenza vaccination policy. 2006 May 15; 24(20):4378-85)

bHealth expenditures 2011(accessed 15.12.2014): <a href="http://ec.europa.eu/eurostat/statistics-explained/index.php/General-government-expenditure-on-social-protection-and-health-explained/index.php/General-government-expenditure-on-social-protection-and-health-explained/index.php/General-government-expenditure-on-social-protection-and-health-explained/index.php/General-government-expenditure-on-social-protection-and-health-explained/index.php/General-government-expenditure-on-social-protection-and-health-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained-ind

^cTotal population and those > 65 years of age 2011(accessed 15.12.2014): https://ec.europa.eu/CensusHub2/intermediate.do?&method=forwardResult

^d Population with chronic medical conditions 2006:

e Number of live births in 2011(accessed 15.12.2014): http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00111&plugin=1

Seasonal influenza vaccination recommendations and payment mechanism for vaccination

Vaccination recommendations (popu	lation groups targeted by vaccination) ^a
Overall population	Recommended
Healthy children and adolescents	Recommended
Older population groups: ≥65 years of age	Recommended
Chronic medical conditions	Recommended: - Pulmonary diseases, - Neurologic diseases, - Cardiovascular diseases, - Renal diseases, - Hepatic diseases, - Haematological disorders, - Metabolic disorders, - Immunosuppressed individuals, - HIV/AIDS, - Morbid obesity, - Long-term aspirin use (children <18 years).
Pregnancy-related vaccination (including post-partum women)	Recommended: - For pregnant women, who are in the second and third pregnancy trimester during the influenza season; - Postpartum women
Healthcare workers	Recommended: - To all healthcare workers
Other occupational groups	Recommended: - Police & Fire service; - Military; - Border/Immigration control/ customs; - Public transport workers; - Educational staff; - Community services (energy, electricity, water); - Postal service; - Social care workers; - Laboratory workers working in other laboratories (not medical/public health laboratories, but who may work with avian influenza viruses in the environmental/academic sector); - Wildlife environmentalists (workers who work with birds directly e.g. bird ringing); - For those working in veterinary services; - Poultry and swine industry workers; - For families raising swine, poultry or geese.
Population groups in closed communities	Recommended: - For residents of long- term care facilities; - For prisoners; - For children in day care centres.
Household contacts or carer of:	Recommended:

^a Vaccination against seasonal influenza is recommended for all population of Estonia aged ≥6 months.

Payment mechanism for vaccine and its administration for the population groups targeted by seasonal influenza vaccine				
	For vaccine	For administration		
Overall population	Out of pocket	Out of pocket		
Healthy children and adolescents	Out of pocket	Out of pocket		
Older population groups (≥50; ≥65 years of age) ^a	Out of pocket	Out of pocket		
Chronic medical conditions groups (by group) ^a	Out of pocket	Out of pocket		
Pregnancy-related vaccination (including post-partum women) ^a	Out of pocket	Out of pocket		
Healthcare workers (including staff of long-stay care facilities) ^a	Out of pocket; Employer	Out of pocket; Employer		
Other occupational groups ^a	Out of pocket; Employer	Out of pocket; Employer		
Population groups in closed communities ^a	Out of pocket	Out of pocket		
Household contacts or care givers ^a	Out of pocket	Out of pocket		

^a No co-payment for vaccine and vaccine administration.

National insurance scheme: health contributions are paid to the insurance fund and then for this contribution there is a package of services received. It is not by default that you receive the services if you do not pay the insurance contributions.

National health service: taxes are paid by a citizen or resident of the country and this person is covered by the health service.

Out of pocket: not reimbursed, paid by receiver of vaccine.

Vaccination coverage rates

Vaccination coverage (%) in population groups targeted by seasonal influenza vaccination the from 2008-09 to the 2012-13 influenza season by method of data collection (administrative and /or survey)

Population group	Influenza season									
	2008–09 2009–10		2010-11		2011–12		2012–13			
	Admin.	Surv.	Admin.	Surv.	Admin.	Surv.	Admin.	Surv.	Admin.	Surv.
Overall population	-	-	-	-	-	-	1	-	1	-
Children/adolescents	NA	NA	NA	NA	NA	NA	1	NA	1	NA
Older population groups: ≥65 years of age	1	na	1	na	1.1	na	1	na	1	na
Chronic medical conditions groups	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Pregnant women a	_	-	-	-	NA	NA	NA	NA	NA	NA
Healthcare workers	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Staff in long-stay care facilities ^b	-	-	-	-	-	-	NA	NA	NA	NA
Residents in long stay care facilities ^b	-	-	-	-	-	-	NA	NA	NA	NA

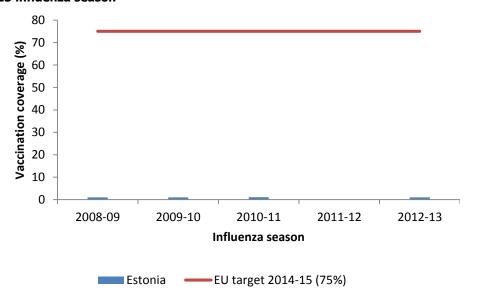
na: Not applicable

NA: Not available

^a VENICE started to collect vaccination coverage data for pregnant women after the A(H1N1)pdm09 (2010-11 influenza season).

^b VENICE started to collect vaccination coverage data for staff and residents in long-stay care facilities for the influenza season 2011-12.

Figure 1. Seasonal influenza vaccination coverage among those ≥65 years of age from the 2008–09 to the 2012–13 influenza season



Methods to monitor vaccination coverage, safety and effectiveness

Monitoring of vaccination coverage during the 2012-13 influenza season			
Method used to monitor influenza vaccination coverage			
Administrative method only			

Method used (administrative, survey) to monitor vaccination coverage by population group				
Administrative	Survey			
Adults: aged <u>></u> 65 years old Children age group (0-4; 5-14) Adults: age groups:1 5-49; 50-64	na			

na: Not applicable

Details on administrative method used (medical records vs. immunisation registry; manual vs. electronic) by population group					
Medical records Immunisation registry					
Manual	Electronic	Manual	Electronic		
No	Adults: aged <u>></u> 65 years old Children age group (0-4; 5- 14) Adults: aged:1 5-64	No	No		

Numerator assessment				
Pharmaceutical data	Administrative data	Frequency of numerator assessment		
Not used	Yes	Once, at the beginning of the influenza season		

Denominator assessment by population groups and data source				
Population group	Data source for population group			
Entire population	Yes			
Children and adolescents	Yes			
Adults	Yes			
Individuals with medical/risk conditions (clinical risk groups)	Not used			
Pregnant women	Not used			
Healthcare workers	Not used			
Essential public sector workers	Not used			
Prisoners	Not used			
Residents of long-term care institutions	Not used			
Educational institutions	Not used			
Other	Population by age groups (0-4, 5-14, 15-49, 50-64, >69			

Details for survey method used for the 2012-13 influenza season					
Type of the survey Survey mode Sampling strategy Sample size					
na	na	na	na		

na: Not applicable

Vaccine safety monitoring (adverse events following immunisation AEFV)					
Data collected at the national and at the regional level	Data linkage with immunisation registry	Details collected	Status of reporting	AEFV reported to	
Yes	No	Yes, case based data including age, sex and suspected symptoms should be reported		To the State Agency of Medicines	

Monitoring of influenza vaccine break-through ^a infections in vaccinated individuals					
Data collected Data linkage with immunisation registry Details collected					
There is no such system	na	na			

^a Break-through infection is defined as laboratory-confirmed influenza infection >14 days after seasonal influenza vaccination in the current season (i.e. vaccine failure).

Vaccine procurement and delivery

Influenza vaccine procurement and delivery, 2012–13 influenza season			
Number of doses			
Purchased	Distributed	Used	
NK	NK	NK	

NK: Not known

Type of vaccine/Product Name	Target groups	
Trivalent inactivated non-adjuvanted vaccines (TIV)		
Used		
Abbott; GlaxoSmithKline; Sanofi Pasteur	Children and adolescents; Healthy adults; Older adults (e.g. ≥65 years); Those with medical condition/s; Pregnant women; Residents of long stay care facilities; Health Care Workers; Other occupational groups	
Trivalent inactivate	ed adjuvanted vaccines (aTIV)	
Not used		
Trivalent live atte	enuated nasal vaccine (LAIV)	
Not used		
Quadrivalent atte	enuated nasal vaccine (LAIV)	
Not used		
Quadrivalent inactival	ted non-adjuvanted vaccine (QIV)	
Not used		

Promoting seasonal influenza vaccination

Promoting seasonal influenza vaccination during the 2012-13 influenza season			
Promotion activities with the general public and healthcare workers	Source of information (if yes)		
Genera	public		
Yes	Radio; TV; Newspapers; Leaflets; Posters; Website; socialmedia (facebook)		
Population	n over 65		
Yes	Radio; TV; Newspapers; Leaflets; Posters; Website;		
Pregnant	women		
Yes	Radio; TV; Newspapers; Leaflets; Posters; Website; socialmedia (facebook)		
Chronic medic	cal conditions		
Yes	Radio; TV; Newspapers; Leaflets; Posters; Website; social media (facebook)		
Healthcare	e workers		
Yes	Radio; TV; Newspapers; Leaflets; Posters; Website; Professional medical societies; Influenza forum for HCW		

Use of antiviral agents for treatment and chemoprophylaxis of influenza

Recommendations and/or guidelines (policy document) on antiviral use

Recommendations available

Use of antiviral agents for treatment and chemoprophylaxis of influen season	za during the 2012–13 influenza			
Use of antivirals for <u>treatment</u> for in-patients and out-patients who are at higher risk of developing influenza complications				
For in-patients who:				
For all people require hospitalisation due to influenza-like illness.	Recommended			
For out-patients who are at higher risk of developing influenza complications on the basis of their age or underlying medical conditions:				
 Adults aged ≥65 years; Individuals belonging to risk groups. Residents of nursing homes and other chronic-care facilities. 	Recommended			
 Children < 2 years; Children < 5 years; Women who are pregnant or postpartum (within 6 weeks after delivery). 	No recommendation			
Use of antivirals for <u>post-exposure</u> prophylaxis				
For family or other close contacts of a person at higher risk for influenza complications who have not been vaccinated with influenza vaccine at the time of exposure;	No recommendation			
For unvaccinated healthcare workers with occupational exposure and who did not use personal protective equipment at the time of exposure	No recommendation			
Use of antivirals for <u>pre-exposure</u> prophylaxis				
For individuals who are at high risk (e.g. severely immunosuppressed patients) for influenza-related complications who cannot otherwise be protected during times when a high risk for exposure exists	No recommendation			
Use of antivirals for <u>control of</u> influenza <u>outbreaks</u>				
For individuals in long-term care facilities/care for immunocompromised individuals if not vaccinated or if the circulating influenza strain does not match the vaccine strains	No recommendation			
For unvaccinated healthcare staff who provide care to individuals at high risk of developing complications in long-term care facilities/ care for immunocompromised patients if not vaccinated or if the circulating influenza strain does not match the vaccine strains	No recommendation			
For all health care staff regardless of whether they received an influenza vaccination if the circulating influenza strain does not match the vaccine strains	No recommendation			
Prisoners	No recommendation			
Educational institutions	No recommendation			
Existence of antiviral resistance surveillance system				
Antiviral resistance surveillance system	There is no antiviral resistance surveillance system in place			

Country profiles are based on the <u>Seasonal Influenza Vaccination in Europe</u> report produced by the European Centre for Disease Prevention and Control (ECDC) and the Vaccine European New Integrated Collaboration Effort III (VENICE III). The data are from the seasonal influenza vaccination survey for 2012–13 season in EU/EEA countries. During the validation process in June 2015, minor changes were introduced in some country profiles. Therefore, data may be different to those available in the report.