

Current challenges related to vaccination in Europe

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Policies and programmes in the EU

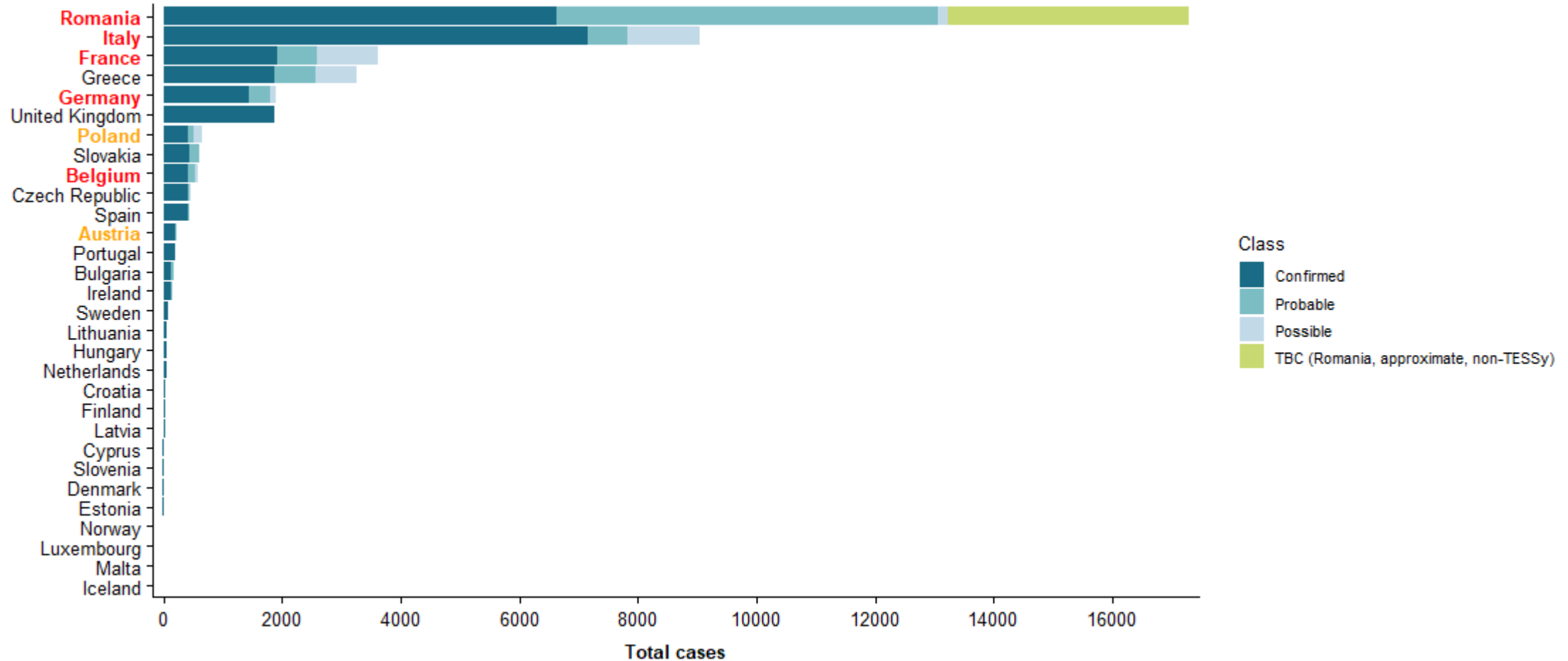
- Vaccination policies remain within the remit of EU Member States
- Policies vary considerably between countries: type of vaccines used, number of doses administered and timing
- Variation linked to social, economic, health system organisational or historical factors
- Differences contribute to a perception of diverging opinions on the vaccines themselves, in turn leading to growing levels of hesitancy

Measles - A challenging context: Current epidemiological situation and vaccination coverage in the EU/EEA

Six countries account for 90% of all cases

Measles case numbers by classification, Feb 2016 to Jan 2019

Countries with endemic transmission in 2017 shown in red; interrupted transmission shown in orange



Source: TESSy, data extracted on 27 March 2019

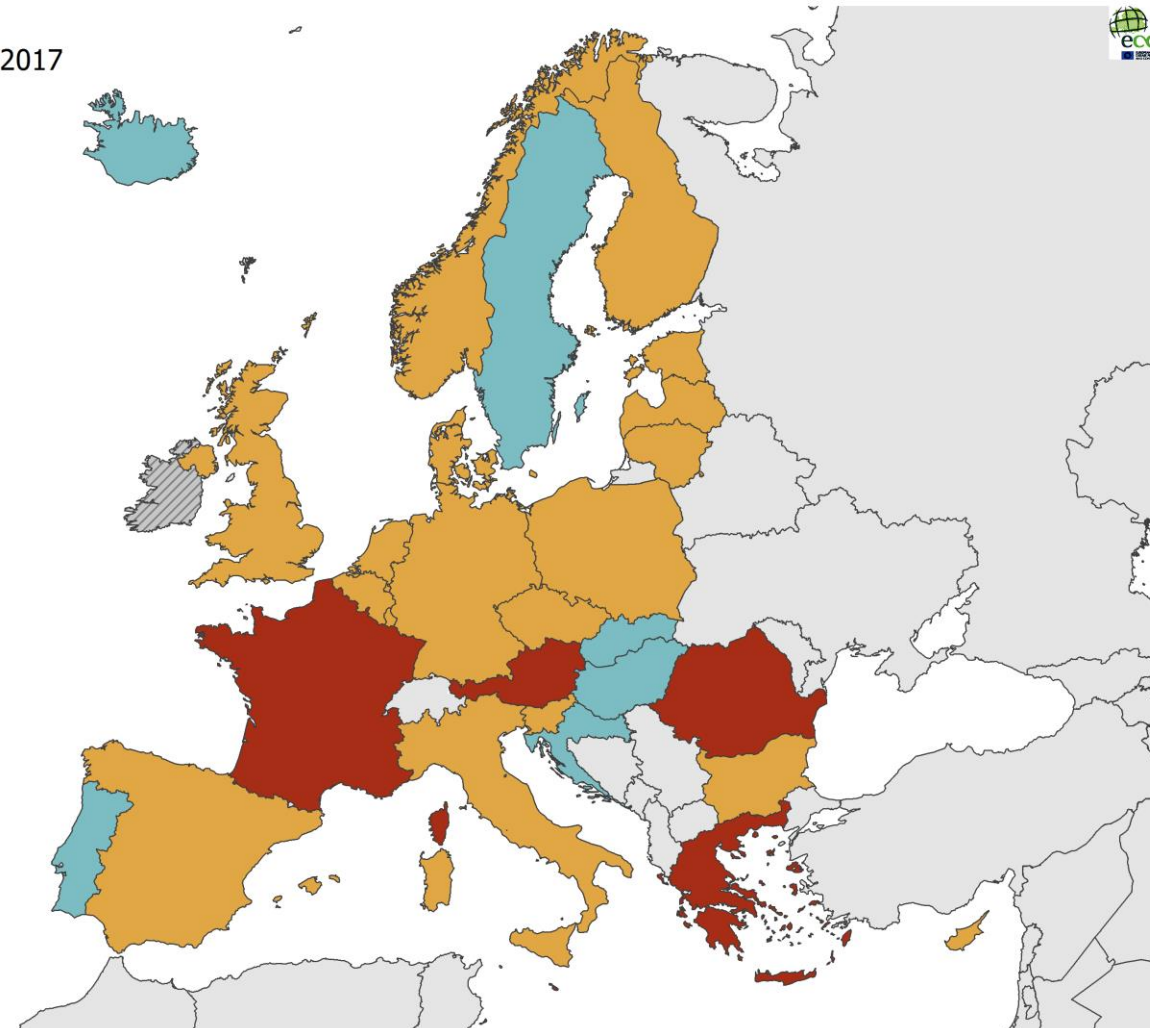
Vaccination coverage for the second dose of measles-containing vaccine, EU/EEA, 2017

Coverage of second dose of
measles-containing vaccine, 2017

- 0–84%
- 85–94%
- 95–99%

- No data
- Not included

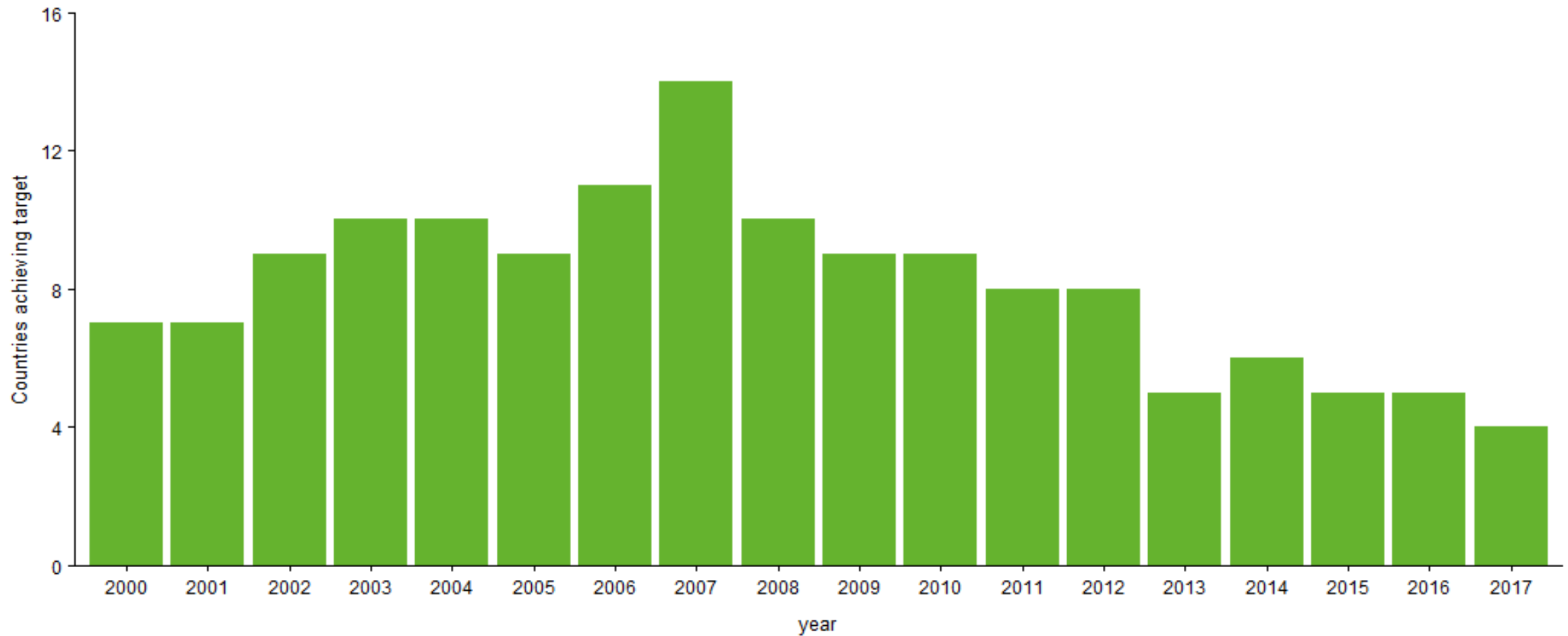
- Luxembourg
- Malta



Source: WHO/UNICEF Estimates of National Immunization Coverage

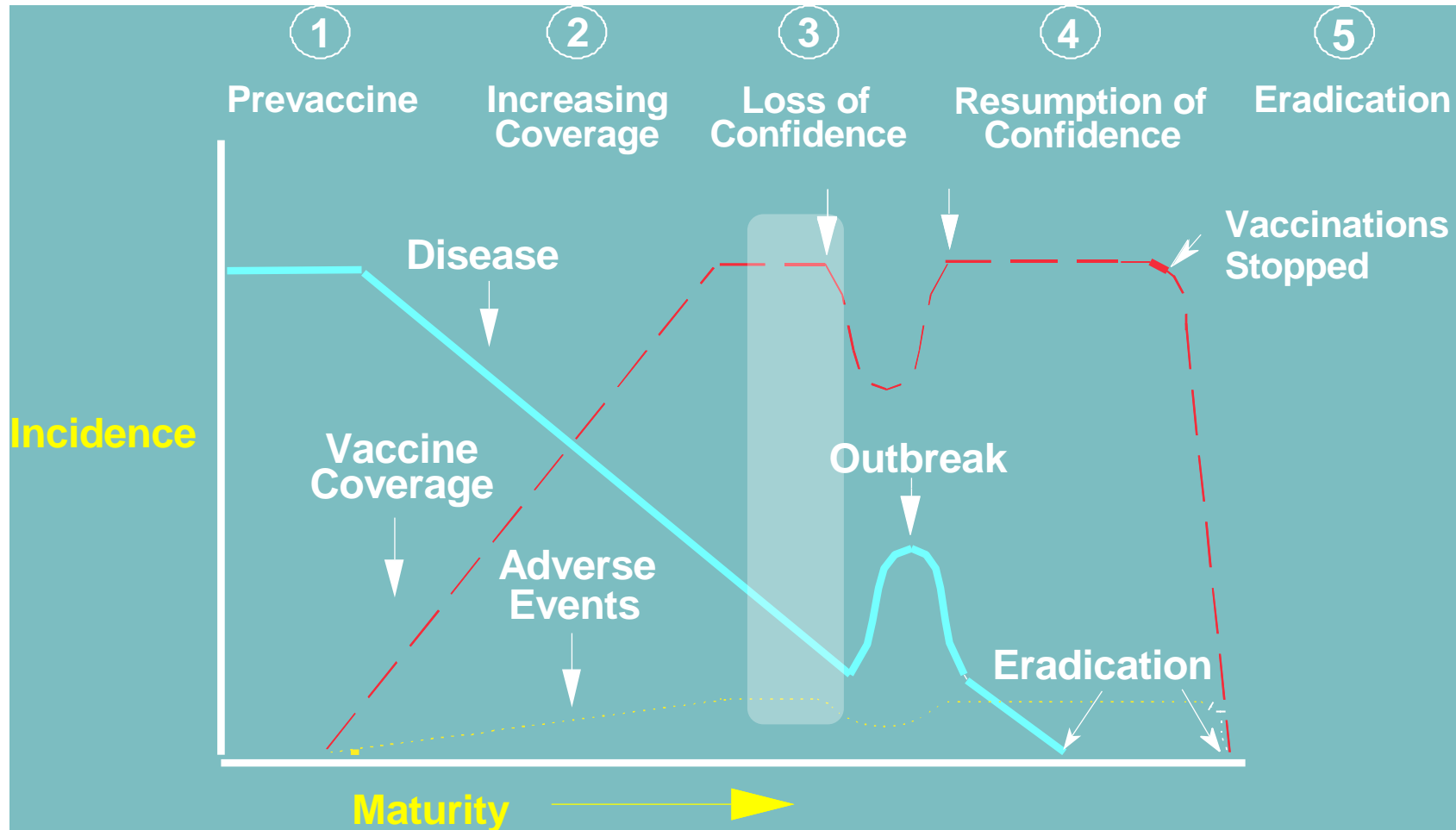
Produced 06 Feb 2019 using ECDC map maker: <https://emma.ecdc.europa.eu>

Falling trend in reaching 95% for 2 doses of MMR in EU/EEA



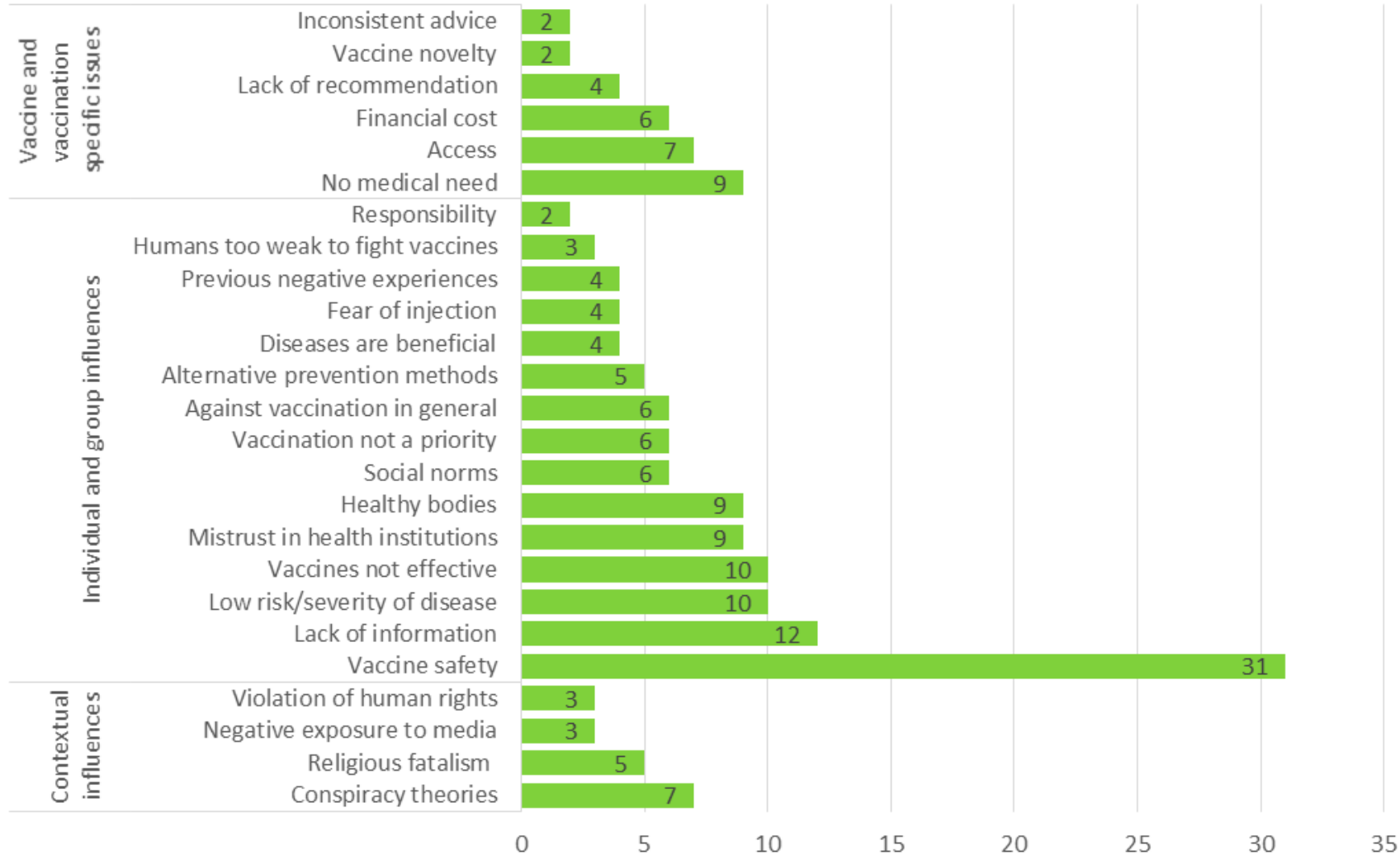
Reasons for low coverage

Vaccination paradox



Robert T. Chen, Suresh C. Rastogi, John R. Mullen, Scott W. Hayes, Stephen L. Cochi, Jerome A. Donlon, Steven G. Wassilak. The vaccine adverse event reporting system (VAERS). *Vaccine*, 1994, 12 (6): 542-550

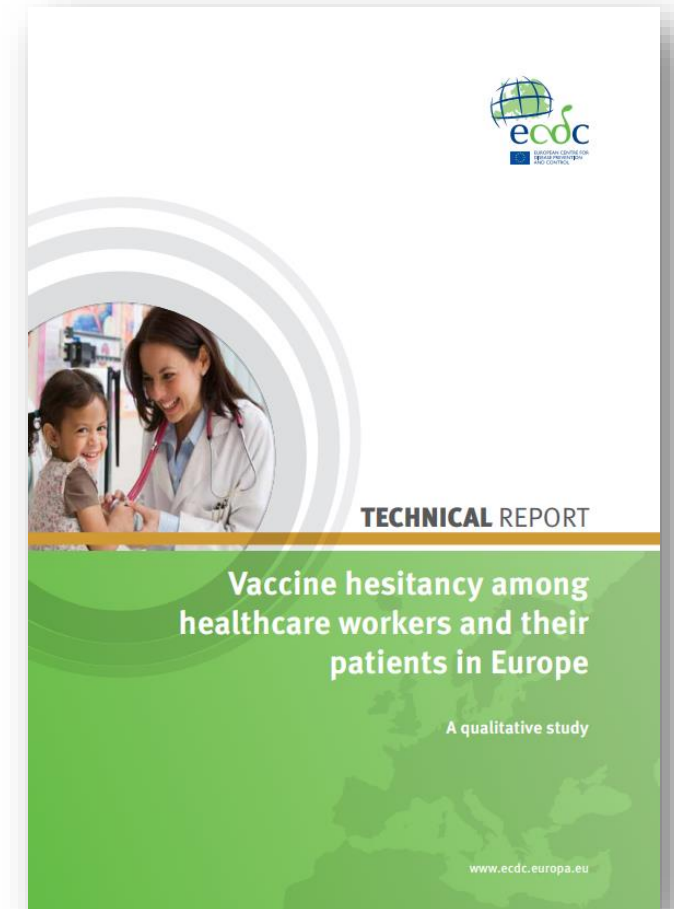
Vaccine hesitancy and its determinants in Europe



Hesitancy in healthcare workers in Europe



- Vaccine hesitancy in healthcare workers, HCWs, is present in all the countries which took part of the ECDC study
- Most important concern: vaccine safety
- Doctors have high level of trust in health authorities but mistrust pharmaceutical companies
- HCWs believe it is their role to respond to patient hesitancy
- Attitude and knowledge of HCWs can influence their vaccine uptake, their intention to recommend vaccination, and overall vaccination coverage



Key areas and options for response

Council Recommendations on increased cooperation on vaccination



3 main pillars for action:

- Tackling vaccine hesitancy and improving vaccination coverage
- Sustainable vaccination policies in the EU
- EU coordination and contribution to global health

COUNCIL RECOMMENDATION
of 7 December 2018
on strengthened cooperation against vaccine-preventable diseases

THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty on the Functioning of the European Union, and in particular Article 168(6) thereof,

Having regard to the proposal from the European Commission,

Whereas:

- (1) Pursuant to Article 168 of the Treaty of Functioning of the European Union (TFEU), a high level of human health protection is to be ensured in the definition and implementation of all Union policies and activities. Union action, which is to complement national policies, is to be directed towards improving public health, preventing physical and mental illness and disease, and obviating sources of danger to physical and mental health.
- (2) In accordance with Article 168(6) TFEU, the Council, on a proposal from the Commission may adopt recommendations for the purposes set out in that Article to improve public health, in particular in relation to combating major health scourges, and monitoring, early warning of and combating serious cross-border threats to health. Vaccine-preventable diseases are considered major health scourges.
- (3) Vaccination is one of the most powerful and cost-effective public health measures developed in the 20th century and remains the main tool for primary prevention of communicable diseases.

ECDC support to the Council Recommendation on vaccination



Establish a *European Vaccination Information Sharing system (EVIS)* in order to:

- Develop guidelines for a core EU vaccination schedule, examine feasibility of common vaccination card;
- Strengthen consistency, transparency and methodologies for vaccines assessment together with the National Immunisation Technical Advisory Groups (NITAGs);
- Design EU methodologies and guidance on data requirements for better monitoring vaccination coverage in cooperation with WHO;
- Establish a European vaccination information portal, with the support of the European Medicines Agency, EMA;
- Counter on-line vaccine misinformation and develop evidence –based information tool and guidance to support Member States in responding to vaccine hesitancy.
- In cooperation with EMA, monitor benefits and risks of vaccines and vaccinations at EU level, including post-marketing surveillance studies.

Options for response



Life-course approach needed;

- Strengthen routine immunisation: facilitate access, address concerns, and identify those who are not / are incompletely vaccinated
- Set up effective catch-up programmes where necessary for individuals having missed vaccination or too old to have been targeted by routine programmes
- Roll out and implement electronic immunisation information systems, for record-keeping but more broadly to strengthen the monitoring and performance of programmes, better assessment of vaccine coverage
- Strengthen the monitoring and follow-up on vaccination status of healthcare workers
- Empower healthcare professionals, at all levels, particularly in primary care to be effective advocates of vaccination (training in soft skills and hard skills, communication, etc.)

Options for response (2)

- Widen access opportunities and remove direct/indirect barriers (financial, structural, legal)
- Better partnership with other stakeholders (e.g. pharmacists but also HCPs at different levels – nurses, geriatricians, mid-wives) to raise awareness and build alliance
- Foster EU scientific collaboration on the assessment of evidence for decision-making on vaccination policies
- Develop evidence-based information and tools to counter vaccine hesitancy (e.g. online portal EU-branded; social media listening)

Final reflections on communication challenges related to vaccine hesitancy



How to ensure that we maintain and strengthen our position as a trusted source of scientific information?

- Being proactive, facilitating access to information and scientific expertise, coordination, transparency

How can we best prepare for a quickly evolving information/media landscape?

- Keep abreast of new developments and research, “listen”, adapt
- Recognising the importance of the topic and the need to allocate sufficient resources over time

How to ensure that the evidence being created is effectively applied?

- Sharing knowledge, work with multidisciplinary teams, partnerships and cross-dissemination

How can we “speak to the heart”?

- How to communicate differently? Value of storytelling

Thank you
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