

Minutes / Vaccination Working Group Session EAP Spring Meeting, 17 May 2019, Vilnius

Chairs: Hans Juergen Dornbusch, Lia Syridou

After approval of previous Minutes and current Agenda, updates of current coalitions were presented. These include the EU Joint Action on Vaccination (JAV), started in 09/2018 for 3 years, which combines several national collaboration projects, in order to strengthen cooperation(s) against vaccine preventable diseases. Following a vaccination proposal with input by EAP in coalition with the European Public Health Alliance (EPHA) presented to the EU Commission in early 2018, the JAV has received considerable financial support and endorsement by the European Parliament.

The EAP Vaccination Network has so far followed (and collaborated in) several subjects/programs including:

- Common methods to assess vaccination coverage
- Influenza Vaccination Coverage in Children / HCWs (ESWI)
- Vaccination of Migrant Children in Europe (ADVAC, ESPID)
- Vaccine shortages (Vaccines Europe)
- ADVANCE Project (ECDC)
- Electronic Immunisation Record in collaboration with ECDC – also reporting on the Austrian model where, hopefully, a national EIR will be developed.

New:

- Addressing the issue of vaccine hesitancy through a parent study conducted by EAPRASnet (in collaboration with LSHTM) in 18 European countries (manuscript under review).

The new initiative of Think Young/MSD was introduced and support asked for especially from Young EAP, where Andreas Trobisch showed interest.

Furthermore, EAP has joined an EU Commission “Coalition for Vaccination”. After a kick off meeting on March 4th in Brussels, organized by EU DG Sante’ a collaboration with the Vienna Vaccine Safety initiative (ViVI) and the European Medical Students Association (EMSA) has been developed, involving also EBP and YEAP.

EAP has also been invited to the Global Vaccination Summit organized by the European Commission in cooperation with the WHO on 12 September 2019 in Brussels in the EU Commission premises. The Secretary General will participate together with a YEAP member.

Emphasis was laid on the main goal of the EAP Vaccination WG, which is to increase vaccination coverage – a promising tool seems to be a prospective European Vaccination Card & Registry. In addition to contributions so far,(publications, statements, input, collaboration), another important task for the future should be lobbying: to inform and motivate opinion leaders and decision makers on national level.

An update on measles was given, showing that infection with this virus goes along with a T-cell deficiency over at least 2 months and, even worse, a B-cell deficiency lasting longer than 2 years and leading to increased mortality from infectious diseases in general. According to WHO there has been a 300% increase of measles cases in the winter season of 2018/19

compared to 2017/18. This partially had a positive effect on activities to cover vaccination gaps in some countries. Closing these gaps should be a major issue, with vaccination campaigns, checking vaccination record at every medical visit, “child-parent” vaccination, vaccinating when preparing for pregnancy or travelling abroad and, in particular, training and vaccinating HCPs ! In 2016 the highest number of measles cases was observed in the age group of young adults !

The WG has issued a letter to the Ukrainian Ministry of Health, calling for opportunity vaccinations, after Ukraine had had the by far highest measles incidence in Europe last year.

The 2017/18 influenza season with a predominance of type B Yamagata (as opposed to almost only influenza A strains in 2018/19), proved to be the most severe and deadliest season in 4 decades in the USA. Of the 186 deaths in children and adolescents in 2017/18 in the US, 80% were not vaccinated. Emphasis was laid on field and cost effectiveness of influenza vaccination, as well as the considerable herd protection of seniors by vaccinating children, since these are proven to be the main disseminators in households and community. Influenza vaccination in pregnancy has several benefits in protecting the mother and the fetus directly, and indirectly protecting the newborn by means of transplacental IgG transfer, which can prevent hospitalization of the infant in the first 6 months of life by > 90%.

Influenza vaccination coverage remains a problem also among HCWs in many countries, with few exceptions like Sweden and Finland reporting vaccination rates over 95%. HCWs need to be vaccinated in their work place, in order to raise vaccination rates.

Information was given on new vaccine concepts and how important medical recommendation and role model is, to motivate for immunization.

The vaccine confidence parent study has revealed that consultation with a paediatrician proves superior in terms of vaccination acceptance compared to GP consultation.

In mixed primary care systems pediatricians usually administer the vast majority of vaccinations. In countries with mainly family doctors/GPs in charge of paediatric primary care, appropriate training in preventive medicine and communication abilities is needed.

In the discussion, another request was made by Ukrainian representatives to assist with vaccine coverage issue, which was assured by EAP. Educational activities such as vaccination summer schools are planned for young doctors in Ukraine.

The Dutch Paediatric Society asked for EAP support regarding the planned implementation of rotavirus vaccination only for high risk subgroups (instead of universal infant vaccination as generally recommended) in the Netherlands. A joint statement of EAP, ESPGHAN and ESPID is being prepared.

Members debated the issue of compulsory vaccination – it was highlighted, that we need to learn from countries who have already implemented this with legal aspects to be considered.

Social media needs to be strongly involved (e. g “I vaccinate” in Netherlands), in order to promote pro vaccination attitudes.

The issue of repeated vaccine shortages in various countries is also being discussed in EMA.

The previously discussed frequent over reporting of national vaccine coverage rates has led to WHO graphs with separate “real and estimated” coverage numbers. Harmonization of related methodologies between countries has meanwhile become a major topic for ECDC.