

POLICY STATEMENT

Driving Pediatric Vaccines Recovery in Europe

October 2022

Background

Vaccination is one of the most powerful and cost-effective tools in the history of public health, with important health, economic and social benefits [1, 2]. Pediatric vaccination helps protect children and adults against serious, preventable and sometimes life-threatening diseases [3]. Childhood vaccination coverage in Europe has increased in recent decades, reaching very high levels at the end of the first decade of this century, and several countries have managed to achieve impressive results, such as the goal of over 95% measles vaccination coverage [4] [3].

Despite this impressive track record, in recent years, and even before the pandemic, this trend has been reversed in many countries or regions within Europe with an overarching trend of declining vaccination coverage across vaccines in 2019 compared to 2010 [4]. A high degree of variation and fluctuation in vaccination coverage rates in the EU over the 2010 to 2021 period has been observed for Diphtheria Tetanus Pertussis, Haemophiles influenzae type b, Hepatitis B, Measles, and Polio with some differences according to the doses considered. As a result, a number of European countries have experienced unprecedented outbreaks of vaccine-preventable diseases as measles outbreaks with cases in Europe more than tripling between 2017 and 2018 and leading to a total toll of 60.000 cases and 84 deaths from 2017 to 2019 [4, 5] [6-8].

Low and declining vaccination coverage rates in non-EU countries sharing borders with the EU, such as Ukraine, Bosnia-Herzegovina, Serbia or Moldova, are also a cause for concern, as any outbreak in these countries could easily spread to the EU [3, 9]. The current conflict in Ukraine led so far to at least 5,6 million refugees to be hosted in EU countries and has further increased the threat of outbreaks of vaccine-preventable diseases in the EU [10] [11].

Even before the onset of the COVID-19 pandemic, the European Union and its Member States recognized the need for concerted action to effectively address increased vaccination hesitancy, decreased vaccination coverage rates, and associated disease outbreaks. The pandemic has exacerbated these challenges by disrupting routine immunization programs across the region and by putting additional pressure on vaccination systems [12]. The WHO and UNICEF have reported that the COVID-19 pandemic has fueled the largest continued backslide in vaccinations in three decades, putting children at risk across the globe [13].

Any variation or fluctuation in vaccine coverage rates is a concern, as this signals a lack of resilience, reliability and predictability of the vaccination program. Any decrease in coverage rates is associated with an increase in unvaccinated and under vaccinated individuals and, in turn, a higher likelihood of vaccine-preventable disease outbreaks.

Purpose and scope

The aim of this policy is to provide key recommendations to support the development of strong and resilient immunization systems and concrete crisis preparedness plans across the EU that will ensure effective pediatric immunization and prioritize vaccination as an essential health service. Even though the level of infrastructure and staffing may vary across countries, these recommendations could and should be applied in all settings.

Call to action

It is recommended that governments, public health authorities and the related communities, as well as advocacy groups work together towards developing the following 5 pillars, with the final aim to build sustainable and resilient systems for health: monitoring, communication, equitable access, legislation & funding, and crisis-preparedness planning.

Monitoring. Government as well as regional and international organizations should invest in and guarantee real-time systematic vaccination data collection and robust disease surveillance. Electronic vaccination record should be available to every person in every country. The European Centre for Disease Prevention and Control (ECDC) should implement real-time data collection and disease surveillance systems to inform decision-making at EU and national levels, and the collected data should be shared publicly to ensure broad dissemination of the knowledge the data contains. EU electronic immunization records and vaccination cards, accessible across the EU, should also be implemented in line with the European Health Data Space.

Communication: Public awareness and communication campaigns should be launched at EU, national and local levels to raise awareness on the safety and importance of pediatric vaccination and combat misinformation around vaccines both online and offline. These campaigns, in addition to making information and materials on vaccination easily understandable and accessible, are of utmost importance to increase community health literacy, limit fake news and misinformation, and to reduce vaccine hesitancy among the public and healthcare professionals. Effective evidence-based communication between parents and healthcare workers is key to reinforce the positive message around vaccination. Public health education programs on vaccination should be integrated in the education curriculum and implemented as early as primary schools (as part of other prevention programs e.g. around road safety or nutrition) to ensure generational change and establish vaccination as a social norm.

In addition, solutions should be implemented to remind parents to vaccinate their children or to end a series of vaccinations. To support the parents in the best way possible, easy access to an overview of the child's vaccination status ideally supported by a notification system would increase chances for parents remembering to have their children vaccinated.

Equitable access. Easy and free access to vaccination are leading factors to increase vaccines uptake. EU member states must ensure that pediatric vaccinations are provided free of charge. Moreover, Member States should increase the range of providers that can administer vaccination beyond the traditional setting and develop outreach services to offer convenient access to vaccination for the population (e.g. through schools, nurses, pharmacists), limiting the need for parents to take hours off work to vaccinate their children (e.g. out-of-hours access to vaccination). Catch up campaigns targeted at hard-to-reach communities should be developed. Automated vaccination reminders should also become standard practice across the EU. Innovative vaccine-delivery points deployed for Covid-19 campaigns (e.g. drive-through clinics) could be leveraged for some routine immunization, including pediatric ones.

Efforts should be taken to improve coordination across EU countries and regions on vaccination with a focus on improving equity of access for citizens. The introduction of a joint EU clinical assessment of pediatric vaccines or enhanced collaboration in outbreak or pandemic contexts could be some steps in the right direction.

Legislation & Funding. First, governments should develop and implement an action plan for health professionals to increase their own immunization, protecting health workers, their patients, and the community and reinforcing a positive message about immunization through their example.

Policies and legislation should be adopted in all EU Member States to authorize vaccinators, in particular nurses and pharmacists, to administer vaccinations including in non-clinical and non-traditional settings, for example enabling them to administer vaccines at childcare or educational facilities. Mandatory vaccination policies, depending on local context, play a pivotal role.

The funding mechanisms in each country should incentivize a successful and comprehensive vaccination program with high coverage. This means that there should be a direct link between political ambitions to achieve this goal and the funding mechanisms. If a vaccination program is national, the budget responsibility should not be purely local simply to avoid conflicting interests.

The EU and Member States should leverage funding instruments available such as EU4Health and the Recovery and Resilience Facility and Instrument for Pre-Accession Assistance (IPA) to enhance vaccination program capabilities by funding appropriate reforms and infrastructure developments to recover and maintain high vaccination rates, as well as better equipped public health systems to address emerging infectious diseases.

Governments should also take initiatives to ensure transparency in research and technological development processes, as well as in the production and marketing of vaccines, to build public trust and combat vaccine hesitancy.

Crisis-preparedness plan: All Member States should put in place robust outbreak mitigation strategies and planning to be able to quickly respond to any vaccine-preventable disease outbreak. For example, sufficient infrastructure and healthcare worker capacity should be secured to provide additional vaccinations when necessary, and mobile vaccination units should be available in rural areas to reach those who cannot easily access traditional administration settings.

All EU Member States should have a robust and actionable crisis preparedness plan, in line with EU and international standards including the EU regulation on serious cross-border threats to health and the future WHO treaty on pandemic prevention, preparedness and response [14]. The EU's recently established Health Emergency Response Authority (HERA) should play an important role in European coordination and ensure availability of needed countermeasures to tackle health emergencies especially in situations where there is conflict and/or mass displacement of people.

The Council of the EU should put forward a new Council Recommendation, building on the 2018 Recommendation and the Joint Action on Vaccination, to ensure that remaining issues and gaps are properly addressed.

References

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