

## **Minutes – EAP Vaccination Working Group, Brussels, January 29<sup>th</sup> 2016**

Chair: Hans Juergen Dornbusch, Austria

Co-chair: Lia Syridou, Greece

### **Attendants:**

Hans Juergen Dornbusch welcomed the participants. The current agenda was unanimously approved as well as the minutes of the previous spring meeting in Bratislava.

### **Activity report**

Vaccination hesitancy was one of the main topics discussed. Hans Juergen Dornbusch informed about the HPV vaccination crisis in Japan. HPV vaccination coverage for girls decreased from >70% to 2% since recommendation of HPV immunization was suspended in 2013 (Lancet 2015; 385:2571) due to a (non-proven) HPV-associated immune-neuropathy syndrome. However, an EAP position paper advocated for HPV safety and encouraged the Japanese government to reconsider the implementation of HPV vaccination (J Paediatr Child Health 2015; 51:1146-7). In addition, and in accordance with a meta-analysis (Pediatr Infect Dis J 2015; 34:983-91) EMA recently confirmed the favorable safety profile of HPV vaccines.

Hans Juergen Dornbusch referred to the global problem of vaccination hesitancy with a focus on the USA, where the anti-vaccination movement has led authorities to implement more stringent vaccination policies in some areas. In order to draw the current picture of immunization hesitancy in the western world, an electronic survey addressing parents and paediatricians was announced to be launched by EAP in cooperation with AAP.

**HPV transition:** An update on the new HPV9 vaccine recently approved by FDA and EMA was presented by Hans Juergen Dornbusch. HPV9 is immunogenic in children, males and females with slightly higher local reactogenicity than its predecessors. Protection for up to 6 years against all 9 strains has been documented. Females seem to gain most profit from the 5 additional strains (with accelerated herd immunity when males are also immunized). As opposed to ACIP there are no recommendations for the use of HPV9 from EMA yet. An expert statement (van Damme et al. Vaccine Jan 2016) provides recommendations for transition from HPV2/4 to HPV9 for the age group 9-15 years.

### **Monitoring of vaccination coverage**

The quality of reporting with regard to vaccination coverage was discussed in light of a considerable difference between national reports and a “realistic” estimate by WHO. This seems to be mainly due to different methods of monitoring (national or provincial registries, pharmacy data etc.)

### **Electronic vaccination record**

The current situation on the existence and implementation of electronic vaccination records was presented. According to the Venice 2009 CIR (Computerized Immunization Registries) survey about half of the EU countries have such systems. Other e-vaccination registries were mentioned such as the Californian Kaiser Permanente system and a Swiss e-platform for individual registration and monitoring of the vaccination status ([www.meineimpfungen.ch](http://www.meineimpfungen.ch)).

## **Vaccine shortages**

Regarding the ongoing problem of recurrent vaccine shortages (including Pertussis, BCG and the diagnostic PPD as reported by Peter Altorjai from Hungary) a critical dialogue with industry on European level was proposed. The example of Germany was presented where a detailed table with information on vaccine shortages with respective industry contacts is available.

## **Immunisation of refugees**

The huge migration crisis that Europe and especially southern European countries such as Greece have been facing lately has raised the question of vaccination policies for refugees. A remarkable correspondence between EAP and WHO in terms of the necessity of immunizing migrants was presented, after Costas Dalucas had given a summary of the current refugee situation in Greece.

The question of national immunisation guidelines for refugees was raised in light of the WHO call to include all migrants into the National Immunization Programmes (NIP). Hans Juergen Dornbusch described the situation in Austria where health care including immunization of refugees is funded by the Ministry of Internal Affairs. Karin Geitmann reported on a national vaccination program for migrants in Germany with official documentation of their immunization status.

## **Discussion**

The need of a political force to cope with the growing anti-vaccination movement was proposed by Jean Christophe Mercier supporting the planned cooperation of EAP with AAP in this respect. In terms of combatting anti-vaccinist opinions Vladimir Pilosoff proposed that the scientific community should insist on the disclosure of the evidence based efficacy of vaccines.

Francis Rubel and Angel Carrasco commented on the advisory role the EAP should have concerning recommendations for vaccinations. Paediatricians must take a consultant role in the development of immunization programmes on national and European level, even though differences at regional levels in many countries will make the implementation of a common European vaccination program difficult.

Thomas Siebler from Luxemburg outlined the necessity for reporting adverse events following immunization (AEFI). Lia Syridou noted that there is low reporting on behalf of primary care doctors in Greece and that regular reminders are needed. Costas Dalucas suggested the Canadian e-platform as a template for adverse event reporting.

Karoly Illy mentioned that in the Netherlands youth doctors for preventive medicine and not primary care paediatricians are responsible for the vaccination of children.

Oana Pecurariu from Romania (ESPID representative) informed the participants that despite a high current vaccination coverage in Romania (around 90%), measles and rubella epidemics with cases of congenital rubella had been seen in previous years.

Jiri Zeman from the Czech Republic suggested that mandatory vaccination programmes (e. g. a certain vaccination status required for school attendance) could have a positive impact on coverage. In Austria MMR immunization gaps have led to more than 300 cases of measles only last year, with a considerable percentage among health care workers (HCW). As a consequence, also considering the

low influenza vaccination coverage of HCW, mandatory vaccination of HC personnel has recently been suggested by the Austrian bioethical committee.

Hans Juergen Dornbusch proposed the reporting of fatal or severe cases of vaccine-preventable diseases which was supported by Corinne Wyder from Switzerland.

There was general agreement on the call for participation of paediatricians in national and European immunisation committees and on the importance of a continuous dialogue with other health organizations promoting vaccination.

Hans Juergen Dornbusch & Lia Syridou