

Minutes – EAP Vaccination Working Group Meeting, Dublin, Ireland, 3 June 2016

Chairs: Hans Juergen Dornbusch, Austria and Lia Syridou, Greece

The session began with the unanimous approval of the current agenda and the minutes of the Vaccination Working Group session in Brussels on 29 Jan 2016. Jean-Christophe Mercier requested distribution of minutes and agenda via email prior to meetings, apart from upload to the homepage.

EAP Vaccination network:

ECDC - Electronic vaccination record

Hans Juergen Dornbusch reported on the current status of electronic immunization registries (EIRs) in European countries, on the commitment of ECDC to foster IIS (immunization information systems) in Europe and to involve EAP in their strategy. A second IIS technical expert meeting in Stockholm after Nov 2015 was scheduled for June 2016.

WHO correspondence - refugee vaccination in first entry countries

While a final reply by WHO to the EAP letter in terms of refugees' vaccination is still pending, the matter is being discussed according to personal communications. For the moment WHO Europe refers to the recent WHO-UNICEF-UNHCR statement on refugee vaccinations reflecting a general call for equitable access to vaccines for refugees and migrants.

ADVAC & ECDC – migrant vaccination in Europe

A joint ECDC and ADVAC (Advanced Vaccinology Course) alumni seminar during ESPID 2016 focused on vaccination of asylum seekers and migrants from conflict regions. 3.2 Mio infants in the Eastern Mediterranean Region have not received their 3rd dose of polio vaccine. Yet it was concluded that migrants in general seem not to represent an infectious disease threat to Europe. However, subgroups of migrants are overrepresented with respect to certain communicable diseases and may have lower vaccination coverage depending on the country of origin. Healthcare including vaccinations should be offered according to national standards. ECDC is developing evidence-based guidance on prevention and assessment of communicable diseases among migrants in the EU/EEA and provides this interactive link: https://www.researchgate.net/publication/287197954_Meeting_report_Evidence-based_guidance_Prevention_of_Infectious_Diseases_Among_Newly_Arrived_Migrants_to_the_EUEEA

WHO - Measles in German speaking countries

Recent measles outbreaks have been reported in Austria, Germany and Switzerland. In 2015 the measles incidence in Austria and Germany ranked 2nd and 3rd after Croatia. A WHO visit in Austria in April 2015 has led to the formation of a joint WHO-Europe MR elimination task force group for German speaking countries.

Vaccines Europe - Vaccine shortages

Regarding recurrent shortages, mainly affecting acellular Pertussis (aP) containing vaccines, communication with "Vaccines Europe" has been initiated. While no shortages are currently reported from Germany, Hungary and Turkey, aP-containing combination vaccines have

been unavailable in France, Spain, Greece, Austria and other countries, MenB- and partly Varicella vaccines in Cyprus and Malta. Mainly industry related reasons were discussed.

EAPRASnet - Vaccination hesitancy

Research on assessment of vaccination hesitancy (partly also affecting the migrant population) including an EAPRASnet article (PIDJ 2011) has resulted in a WHO reference paper by Heidi J Larson et al. (Vaccine 2015; 33:4165-75) leading to suggestions for intervention according to reasons for non-vaccination (complacency, convenience, lack of confidence) to which “calculation” was added in a recently submitted article by Cornelia Betsch et al. A respective parent survey by EAPRASnet is under discussion.

National reports and discussion

Refugee vaccination in **Greece** was presented by Lia Syridou: Currently there are 53.000 refugees in 25 centres and camps with 40% < 18 and 20% < 5 years of age. Aside of UNHCR, UNICEF, the Greek MoH (KEELPNO) and private companies, several NGOS (Médecins du Monde, MSF, Red Cross) are involved in refugees’ medical care. NGO s have a primary role in vaccinating refugees in Greece (expected to use EU-funded stock vaccines from other countries). Refugees who stay in Greece for more than a week are eligible to be vaccinated according to the National Immunization Program (NIP). Priority is given to MMR, DT(aP)-IPV, BCG, and - according to epidemiology - meningococcal and influenza vaccination. The lack of a common recording system hampers coordinated vaccination registry.

Since closure of the Hungarian border **Austria** has not only been a target but also a transit country with 200.000 transit refugees (who receive medical care, but no regular vaccinations) only in September 2015. 89000 refugees filed for asylum in Austria in 2015; asylum seekers are vaccinated according to the NIP. Priority is given to MMR, DTP (aP if available), MC4, and seasonal influenza vaccination.

In **Germany** 30% of refugee vaccinations are performed in camps, 70% in practices. Equal care was mentioned to be more important than equal distribution of refugees amongst different European countries; the problem should not be seen from a political point of view.

Poland is receiving a huge immigration wave from Ukraine, refugees who have lived in the country for more than 3 months are vaccinated according to the NIP.

Italy has recently received the largest influx from Libya, since the Turkey route was closed.

Currently > 1 million migrant children are living in **Turkey**. All infants are to be vaccinated according to the NIP. 1,5 million children have been vaccinated against MMR. There is also a malnutrition program running.

In summary, it was agreed that the **EAP should strengthen its voice towards the respective European authorities**, in order to achieve **equal distribution of vaccine supply**, and to **foster the implementation of a common (electronic) immunization registry (EIR, IIS)** as a most important tool to increase immunization coverage among the resident as well as the migrant population in Europe.