

Minutes – EAP Vaccination Working Group, Bratislava, May 30th 2015

Chairs: Hans Juergen Dornbusch, Austria; Gabriela Kubatova, Czech Republic

Attendants: Peter Altorjai, Sigita Burokiene, Angel Carrasco, Marita Cikovska, Stefano del Torso, Lukasz Dembinski, Diego van Esso, Karin Geitmann, Adamos Hadjipanayis, Karoly Illy, Kaja Julge, Carsten Lincke, Ana Neves, Francis Rubel, Maria Solomou, Lia Syridou, Maximilian Zach, Jernej Zavrsnik

Hans Juergen Dornbusch welcomed the participants. The current agenda as well as the minutes of the previous meeting in December 2014 in Brussels were approved.

Hans Juergen presented the future vision of an **active EAP Vaccination WG** with dedicated members rather than random participants and a responsive network ideally consisting of one colleague from each country. In addition, SG Adamos Hadjipanayis suggested to create an EAP support group with a respective section on the EAP website.

(Separation of the second workingfield „medicine“ was discussed later in the GA).

Hans Juergen informed about the **European vaccination survey** first presented in December 2014 in Brussels with responses from meanwhile 32 countries on the following questions: MMR vaccine coverage with 1 and with 2 doses? Implementation of Meningococcal C / ACWY / B vaccination? Recommendation and implementation of Rotavirus, gender neutral HPV, LAIV, Hexyon/Hexacima vaccination? Funding for vaccination damage? Methods for monitoring of vaccination coverage?

With the 2 major goals „**Coverage**“ & „**Harmonisation**“ the following topics were discussed, in order to define priorities for future WG activities:

Monitoring of vaccination coverage: With the example of measles epidemiology and National Action Plans according to the WHO elimination policy a discussion on the **quality of reporting** was started in relation to different monitoring methods (as reflected by the above survey).

Measures counteracting shortages in vaccine supply ? Penalties to be payed by companies not fulfilling their contracts have not proven effective. Current mergers of big companies may add to shortcomings in vaccine production and distribution. BCG, tetra- and pentavalent vaccines as well as a worldwide shortage on acellular pertussis vaccine were mentioned as current examples, partly even causing changes in national vaccination programs as reported for Hungary. Diego van Esso suggested a respective EAP-ECDC statement challenging the pharmaceutical industry.

Approach to vaccine refusal / “individualization”: Antivaccinists accounting for only 1-4% of the population have a significant effect on a generally growing uncertainty. Undervaccination in marginal social groups (e.g. Roma, orthodox religious communities) appears to be primarily due to wrong medical counseling.

The **WHO call for better coverage of young adults** ideally includes paediatricians vaccinating parents, gynecologists vaccinating prior to and during pregnancy and GPs regularly asking for and completing the vaccination record. These obvious goals are far from being achieved.

Mandatory vaccination ? In countries with MV high coverage is observed, although (as stated by Peter Altorjai, Hungary) consequences are rarely executed. Change of existing legal restrictions particularly regarding the liberty of the individual appears very difficult. Intensified information on vaccination should be the first step. Health care workers should be primarily addressed.

An **Electronic vaccination record** would enable simple registry and individual analysis of vaccination status with significant reduction of work load, improved reporting and most probably also increased coverage. Its development and implementation in collaboration with the ECDC was strongly supported.

Collaboration with EPA and ECDC

Stefano del Torso reported on the project “**Vaccination without borders**” previously presented by Pierluigi Lopalco (Head of Scientific Assessment Section, ECDC) at Europaediatrics 2015 in Florence: Based on an as yet rather weak legal framework at EU level, but with strong support by the scientific community the development of a common EU-wide document (**immunisation travel booklet**) to be recommended by the EU Council for setting minimal standards of vaccination is considered feasible.

The **National reports** were focused on effective actions for transporting the issue of vaccination to the population. Since there are generally recommended vaccines that are not even approved in some countries, Angel Carrasco suggested that governments should be forced to follow EU recommendations. Stefano del Torso reported on Italian MoH activities including social media. Maria Solomou stated that regular vaccination checks at school entry in Cyprus are followed by the recommendation of booster vaccination in public *or* private health care facilities. Lia Syridou suggested to ask for an informed consent with denial of vaccination to be signed. According to Francis Rubel, vaccination at paediatric primary care level - being highly effective - should be forced and responsibilities for occurrence of vaccine preventable diseases in educational facilities should be more clearly defined. Peter Altorjai reported on vaccine shortages in Hungary, an industry supported „pneumo-postcard“ sent from children to grandparents aiming at increased herd effects and suggested cooperation with an IT expert who is deeply involved in the vaccination scene. Jernej Zavrnik mentioned problematic counselling regarding influenza vaccination because of vaccine failures due to drift strains. In this respect Diego van Esso requested intensified R&D activities by the industry.

The Session ended with the announcement of the ambitious WHO European Vaccine Action Plan 2015-2020 http://www.euro.who.int/_data/assets/pdf_file/0008/276659/EVAP-factsheet.pdf