

## THE CHALLENGES OF LIFE-COURSE VACCINATION TO ENHANCE PUBLIC HEALTH PROTECTION IN EUROPE: A MULTI-STAKEHOLDER APPROACH

28 February 2018, European Parliament

### Speakers

Panel I: Prevent diseases without borders: global and European perspectives

- **Martin Seychell**, Deputy Director General, DG SANTE
- **MEP Kateřina Konečná** (GUE/NGL, CZ)
- **MEP Giovanni La Via** (EPP, IT)
- **Nedret Emiroglu**, Director of the Division of Health Emergencies and communicable Diseases, WHO Regional Office for Europe

Panel II: Improve individual and public health: perspectives, needs, expectations across Europe

- **Maurice Kelly**, Quality Improvement Health Protection Emergency Management, Health Services Executive HSE, Ireland
- **Paolo Bonanni**, Italian Society of Hygiene, Preventive Medicine and Public Health (SiTi)
- **Charles Howard**, Head of Research, Think Young
- **Michele Calabrò**, European Health Parliament, European Health Management Associations
- **Claudio Cricelli**, President Società Italiana Medicina Generale (SIMG), Past President UEMO European Union of General Practitioners

### Key highlights

- **Martin Seychell**: We need to reinforce life-long vaccination, from both a health and economic perspective. Supply: problem is that industry is disinvesting, we will be dependent on import of vaccines. It cannot only be the Commission or governments or the pharma industry talking about vaccines.
- **Nedret Emiroglu**: Strong political commitment to immunisation as priority and partnerships will be pivotal in achieving high regional vaccination coverage rates. Monitoring disease surveillance is one of the essential components.
- **Paolo Bonanni**: Life time vaccination calendar is meant to coagulate the scientific world and healthcare practitioners to propose the best possible immunisation schedule.

### Panel Debate

#### Panel I: Prevent diseases without borders: global and European perspectives

**Martin Seychell:**

- Main challenge from policy perspective is that the topic is often overlooked.
- Vaccination is one of the most powerful and cost-effective public health interventions.
- Diseases that used to be common place are now increasingly rare thanks to vaccination.
- Vaccination also reduces disease specific treatment costs.

- AMR is increasingly a challenge, vaccination also has a role there, directly or indirectly. Vaccinations can limit the spread of infections and therefore limit AMR.
- Low coverage rates are further declining in certain countries.
- Pressure on hospitals etc, because health care systems are overloaded. This could be prevented or at least alleviated.
- We were very close to eradicating polio globally. We should not assume that polio free status is something automatic.
- Vaccines are still underused. We are overlooking the potential of lifelong vaccinations. Vaccines are important through all stages of life. There is a widely held perception that vaccine preventable diseases only affect children, this is not the case. Measles often affect young adults, who were not vaccinated as children.
- We need to reinforce life-long vaccination, from both a health and economic perspective.
- Council conclusions called on MS to expand vaccination beyond childhood.
- Increase awareness regarding health benefits of lifelong vaccination.
- There are even health professionals that are not vaccinated which is completely unacceptable.
- Surveillance systems, using new technologies.
- Patient records must travel cross-border, this is particularly important for vaccination.
- Commission is convinced that vaccination needs to be put and kept on political agenda.
- Strong partnership with international organisations, WHO and MS. Emphasise role of civil society, professional organisations.

**Kateřina Konečná:**

- Co-rapporteur vaccines INI and EP contact person for ECDC.
- Glad that Commission will take action in this area.
- EP notes that vaccine hesitancy has become a worrying trend.
- Unscientific information on vaccination and media coverage destroys public trust in vaccines.
- Many measles cases were due to the fact that people were not vaccinated.
- EU: most infectious diseases were eradicated but that doesn't mean we're safe. If parents don't vaccinate their kids, these kids could pose a danger to public health.
- Vote on the INI on vaccine hesitancy in ENVI in March and in plenary in April.
- Hopefully there will be some compromises that would be in line with first draft resolution.

**Mariano Votta:**

- Important question is how to implement proposal in MS.

**Nedret Emiroglu:**

- We are on track regarding the objective of sustaining polio free status in EURO states. There is also big progress on Hep B. Regarding immunisation coverage rates we are extremely concerned of decline that we see in EURO region.
- Challenges: complacency, coverage, cost and access to vaccine supplies with proper systems being in place (vaccine shortages).
- Steady progress towards measles elimination goal, but large outbreaks in 2017 are reminders. Children and young adults died this year because of measles. 80% of the cases are from EU MS, largest outbreaks in Italy, Romania, Greece.

- Steady progress towards rubella elimination goal. We did not reach target, but progress is there.
- One of 21 new-borns are not immunised in EURO region which is worrying trend.
- Vaccine hesitancy is multifactorial.
- Leading actions of WHO Europe to address immunisation challenges on website.
- Strategies and policies in European vaccine action plan and EU joint action plan for vaccination are fully aligned with WHO priorities.
- Strong political commitment to immunisation as priority and partnerships will be pivotal in achieving high regional vaccination coverage rates.
- Monitoring disease surveillance is one of the essential components.

**Giovanni La Via:**

- Ready to cooperate with organisations, NGOs.
- It is not an easy task because there is a lot fake news on vaccines across Europe.
- We are waiting for political commitment from Commission side, from Council side there is some effort.
- From EP side we are ready to cooperate, particularly in the ENVI committee.
- EP will only coordinate because of competencies and role of MS.
- All stakeholders involved in the process work towards getting better results.

**Panel II: Improve individual and public health: perspectives, needs, expectations across Europe**

**Maurice Kelly – The decline in HPV vaccine uptake in Ireland – reversing the trend:**

- HPV vaccine uptake rates in Ireland had fallen from an all-time high of 87% to approximately 50% in a short space of time.
- Very strong anti-vaccine lobby in Ireland led to this decline.
- Initial response of HSE: plan agreed for September 2016 to provide additional promotion of information about the vaccine safety and effectiveness. Public relations and media launch, use of social media.
- Campaign had limited effect.
- 2017 campaign: broader approach. Coalition to join voices on social media, working with others, reviewing and revising public materials, government stakeholders, empowering the vaccinators, working with international experts, GPs and pharmacists etc.

**Paolo Bonanni:**

- 2010 organisation proposed for first time vaccination for adults. Adult vaccination calendar.
- Vaccination calendar proposed by a coalition of scientific societies and professional organisations of physicians with the aim to offer an immunisation plan from 0 to 100 years.
- Life time vaccination calendar is meant to coagulate the scientific world and healthcare practitioners to propose the best possible immunisation schedule.
- Update calendar every two years.
- Innovative aspects of lifetime vaccination calendar, e.g. introducing dTap/IPV at adolescent age, decennial booster with dTap; HPV vaccination offered to at least two female age cohorts and to 12-year-old males.

- Deep impact on political decisions for the country. After 3 years, national vaccination plan was public in 2017. Calendar was published in the law.
- Vaccination plan is one of most advanced in the world, but bad news was that due to vaccination hesitancy coverage declined massively.
- Results show that we have increased in just 6 months the coverage through the compulsory vaccination law.

**Charles Howard** – Youth Vaccine Perception (survey in Belgium)

- Key findings of survey: in general, positive attitude among Belgian students towards vaccines. Depending on how well informed they were on vaccines, that had a positive influence on perception of benefits of vaccines.
- 10% of students believed that it is important to be vaccinated because it's the social norm.
- Lowest awareness level with regards to the benefits of vaccination against AMR.
- Regard contribution to vaccine hesitance concerns on safety and efficacy, preference for alternative medicines, distrust in pharmaceutical companies and lack of reliable information on illness.
- Better access to transparent and reliable information best way to increase the uptake of vaccinations.
- Focus groups: large majority of young people believe the EU should monitor and ensure MS have equal levels of vaccine coverage.
- Huge majority of respondents said that social media had a detrimental effect on trust in vaccines.
- Recommendations: ensure EU policy and targets for vaccination coverage across MS.

**Michele Calabrò:**

- Vaccines committee is very necessary following the outbreak of disease that should have been eradicated in Europe.
- EU immunisation information system: committee is working towards a policy recommendation focused on the introduction of electronic EU vaccination passport within an overall personal eHealth record. The aim is to facilitate citizens' access to information, ease surveillance and data collection, facilitate cross-border recognition and exchange of data, simplify the work of health care practitioners in tracking and verifying immunisation history of EU citizens.
- Tackling vaccine hesitancy and planning and forecasting (tackling problem of shortages, common guidelines for vaccines planning and forecasting, facilitate data collection to anticipate trends and needs, facilitate cross border information exchange and free movement of vaccines, encourage regular dialogue industry-national governments).
- Publication will be released on 24th of April at final European Health Parliament Plenary (to take place in EP).

**Claudio Cricelli:**

- Since 2018, Italian scientific societies shall be accredited by the minister of health in order to elaborate and issue to the national clearinghouse a set of clinical EB guidelines.
- Only officially accredited bodies shall produce and submit official EB guidelines.
- SIMG adopted the national schedule of vaccination and law and the sage documents.

- Immunisation guidance shall be produced also according to WHO handbook for guidelines development.
- Key point is to talk to patients.
- At times it will make more sense to formulate a good practice statement rather than the application of GRADE: good practice statements represent recommendations that SAGE feels are important, but are not.

**Debate with audience:**

**Jasna Karacic**, Croatian Association for the Promotion of Patients' Rights:

- Big problem with protests, vaccine hesitancy in Croatia, there needs to be good communication. This is mainly a MS issue.

**Paolo Bonanni:**

- Some consumer associations are today main drivers of anti-vaccine propaganda (in Italy there is one organisation driving a lot of movements and asking for absurd controls on vaccines).
- How to tackle that problem? Citizen organisation should be involved, but some of them are extremely bad.

**Stephen McMahon**, Irish Patients' Associations:

- Where a vaccine has been scientifically proven of being effective, risks are clearly explained.
- Not approving certified vaccines is the new smoking.

**Member of Audience** from Denmark:

- Approach in Denmark and Sweden: a lot of communication with citizen about need to prevent diseases, and not in first place about the tools.
- Kindling their commitment to wanting to prevent diseases, thereby we are acquainting them with different type of tools. We are arguing you should be aware of the need to prevent diseases. Change the narrative.

**Maurice Kelly:**

- One size doesn't fit all, it varies from MS to MS. It is useful to share ideas but there is no one solution.
- Scandinavian approach to HPV was for Ireland very weird because it focused on the sexual transmittance of HPV, but it worked for Sweden, so it really depends.

**Martin Seychell:**

- Happy that there is a lot of agreement on what needs to be done. Commission's thinking reflects comments on this panel. Council recommendations we are working on cover a lot of these themes.
- Supply: problem is that industry is disinvesting, we will be dependent on import of vaccines.
- Need to involve all stakeholders (not just an expert issue!) and have a proper dialogue.
- Responsibility that public health NGOs and health professionals have.

- What disappoints me is that some well-meaning public health NGOs don't want to engage on that issue.
- We should not just talk about vaccines but about preventing disease. We tend to think that infectious diseases are something of the past in our part of the world. But infectious diseases have never been really gone.
- Medical students should spend more time on learning about infectious diseases. This is very dangerous, because it is a skill that gets lost.
- It would be meaningless to explain the benefit-risk ratio of an oncology drug if people don't know anything of cancer. People need to know about the disease. There is a lot of complacency about measles, people still think this is a childhood disease alone.
- Fake news has existed as long as news exists. The issue is that we have left the vacuum. Fake news is so dangerous because we have left the open arena and many people use this as their only source of information. There must be real news to fight fake news.
- It cannot only be the Commission or governments or the pharma industry talking about vaccines. This will trigger conspiracy theories. This should not be a proxy for the fact that at the bottom of this there might be growing distrust in official authorities and governments.
- There must be a dialogue, it's not just about putting pamphlets etc.
- We should not always assume that decrease in vaccination rate is only due to fake news. This is also due to practical reasons (get the vaccine in the pharmacy, then go to the doctor and get it done etc). Getting vaccination is really impractical for people who are not as mobile etc. It is possible if you organised things better. It's a matter of organisation.
- The life course vaccination calendar in Italy is very good and could be combined with new technologies to remind people.
- It is not always that people deliberately don't get vaccinated. Sometimes people just miss it.