

International Vaccination Policies: Maximizing benefit of vaccines Measles as an example

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Child and adolescent Health – Merely Child's Play?

Krems, Lower Austria, Austria, 21-22 June 2017



"International Vaccination Policies: Maximizing benefit of vaccines – measles vaccination as an example"

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I have no actual or potential conflict of interest in relation to this presentation

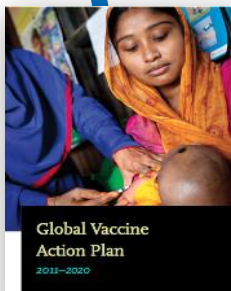
Presentation outline

1. WHO policy documents
2. Measles: elimination goal, current status and challenges
3. Implementing policies through strategies
4. The way forward

WHO policy documents

Region eliminates measles and rubella

National policies



European Vaccination Action Plan (EVAP): VISION

*“A European Region **free** of vaccine-preventable diseases, where all countries provide **equitable access to high-quality, safe, affordable vaccines and immunization services throughout the life-course**”*



European Vaccine Action Plan
2015-2020

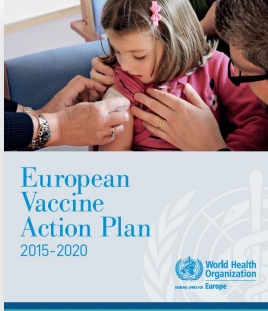
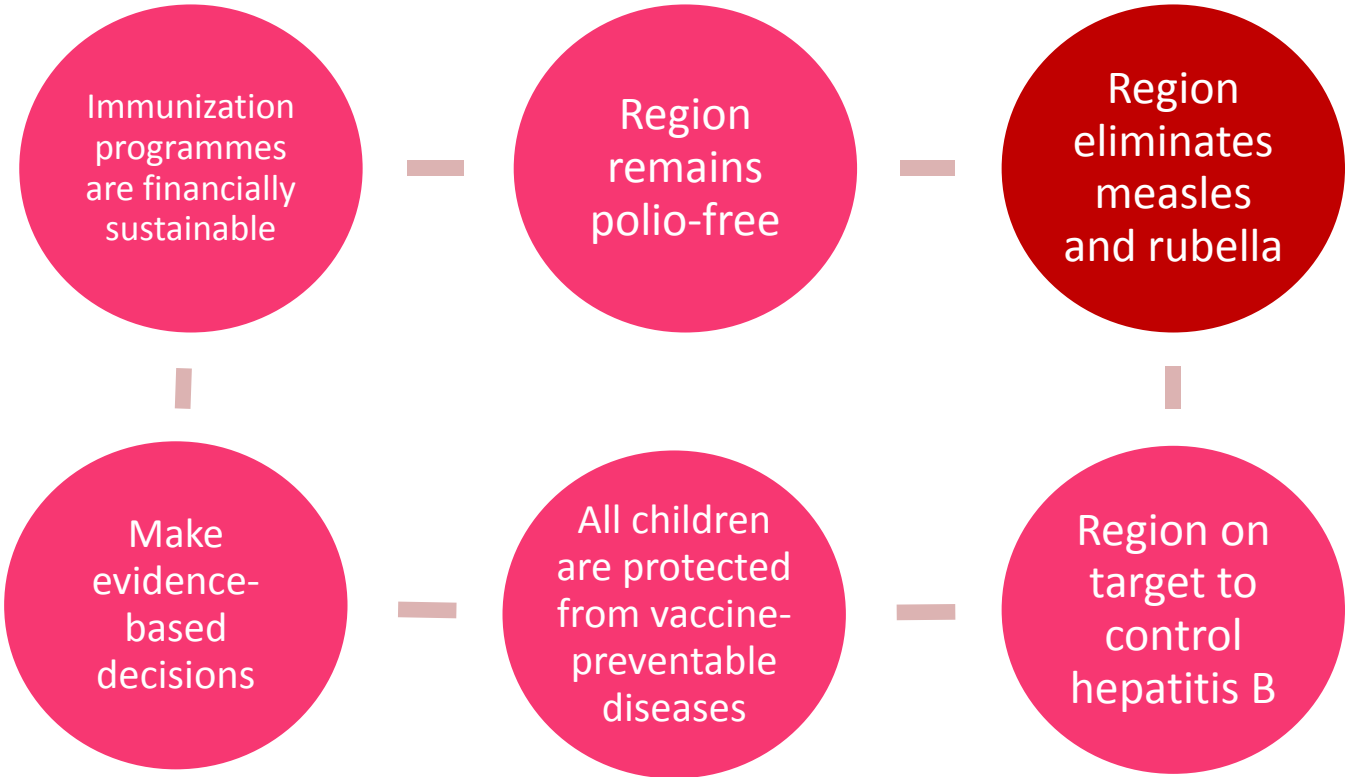


World Health Organization
REGIONAL OFFICE FOR Europe

Through adoption of the European Vaccine Action Plan in 2014:
All European Member States pledged to do more!



EVAP: Goals



EVAP: Objectives

All countries
commit to
immunization as a
priority

Individuals understand
the value of
immunization services
and vaccines and
demand vaccination

The benefits of
vaccination are
equitable extended
to all people
through tailored,
innovative
strategies

Strong immunization
systems are an
integral part of a
well-functioning
health system

Immunization
programmes have
sustainable access
to predictable
funding and high-
quality supply

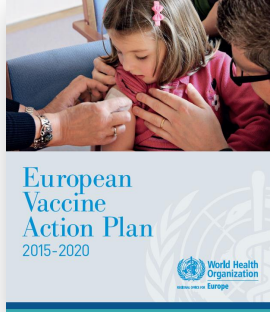


European
Vaccine
Action Plan
2015-2020



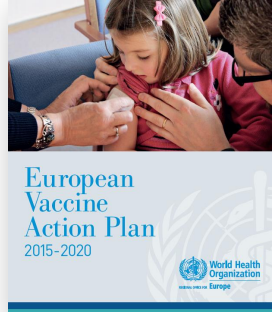
EVAP addresses remaining challenges

- Lack of commitment
- Immunity gaps
- Vaccine hesitancy and refusals
- Weak integration with health systems
- Inequitable access
- Gaps in surveillance and reporting



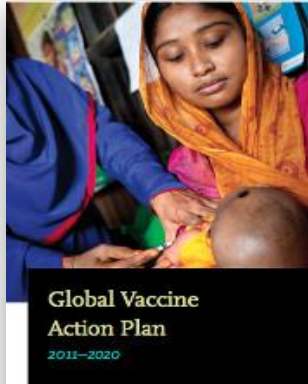
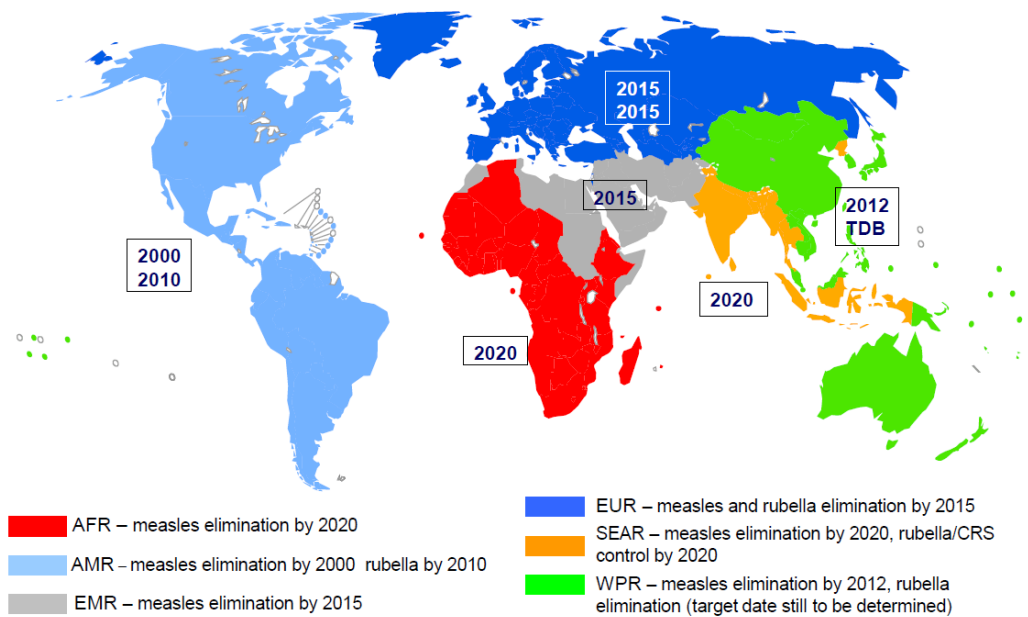
EVAP leads the way to:

- **Better data:** strengthening disease surveillance and annual reporting; strengthening immunization information systems through introduction of electronic registries
- **Better decision making:** strengthening independent national advisory bodies (NITAGs) to support evidence-based policies
- **Better reach:** tailoring immunization programmes to reach underserved groups
- **Better communication:** improving dialogue to address vaccine hesitancy and complacency
- **Better visibility:** reporting on targets and indicators will demonstrate progress and remaining challenges



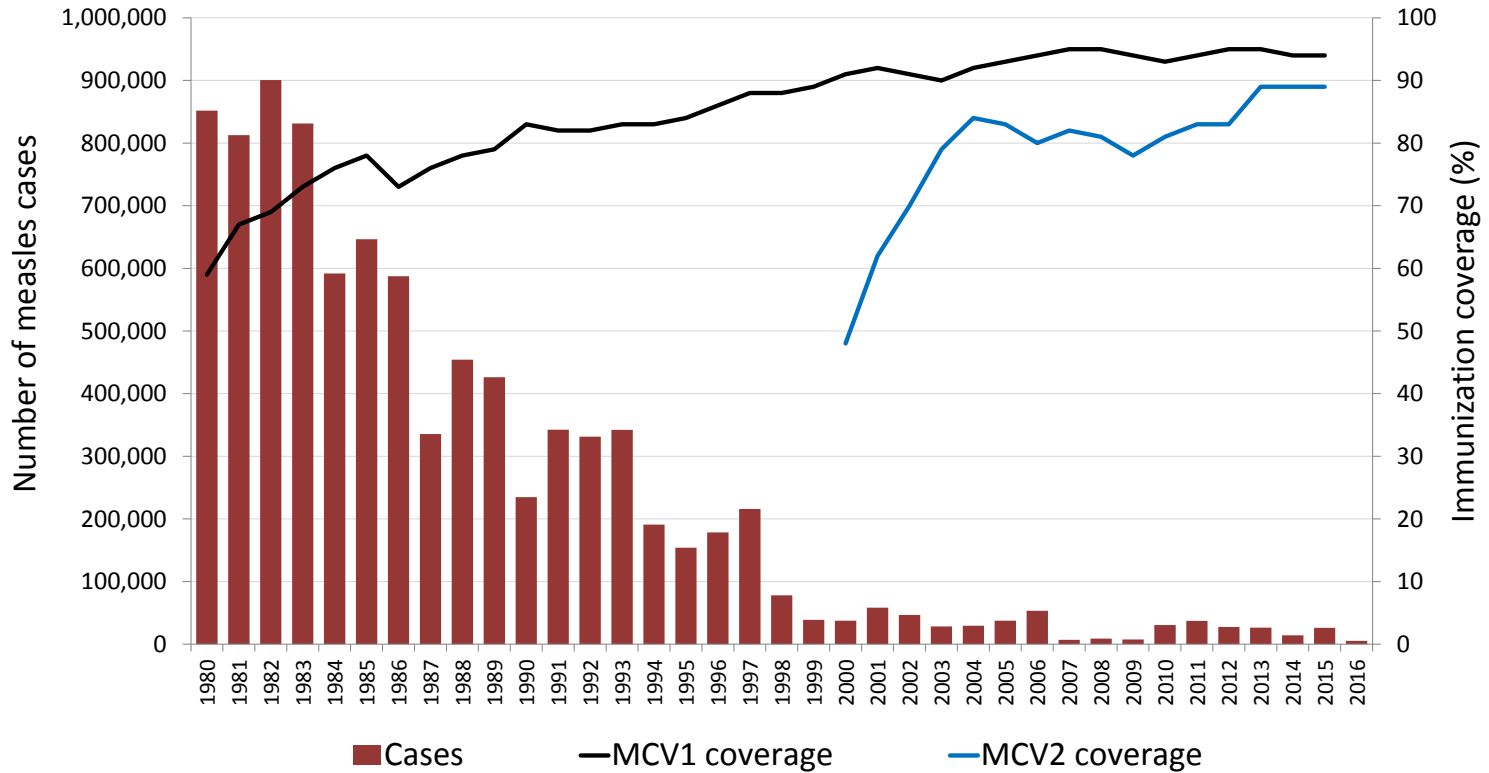
Measles: elimination goal, current status and challenges

All 6 WHO Regions have measles elimination goals



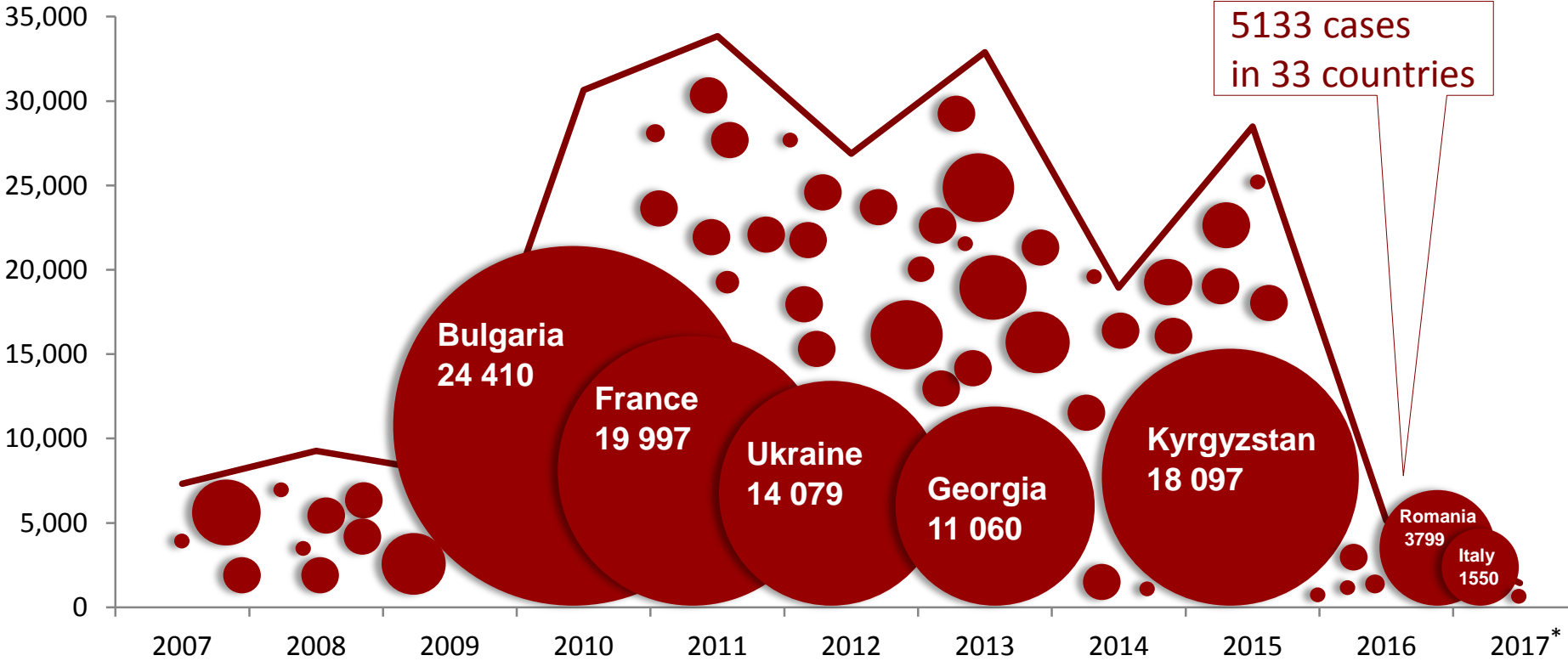
Elimination:
The interruption of indigenous transmission in a defined geographical area for at least 12 months in the presence of a well-performing surveillance system

Number of measles cases and coverage with measles-containing vaccine, WHO European Region, 1980-2016



Data source: Coverage data - WHO/UNICEF JRF (as of 20 October 2016), Cases - CISID

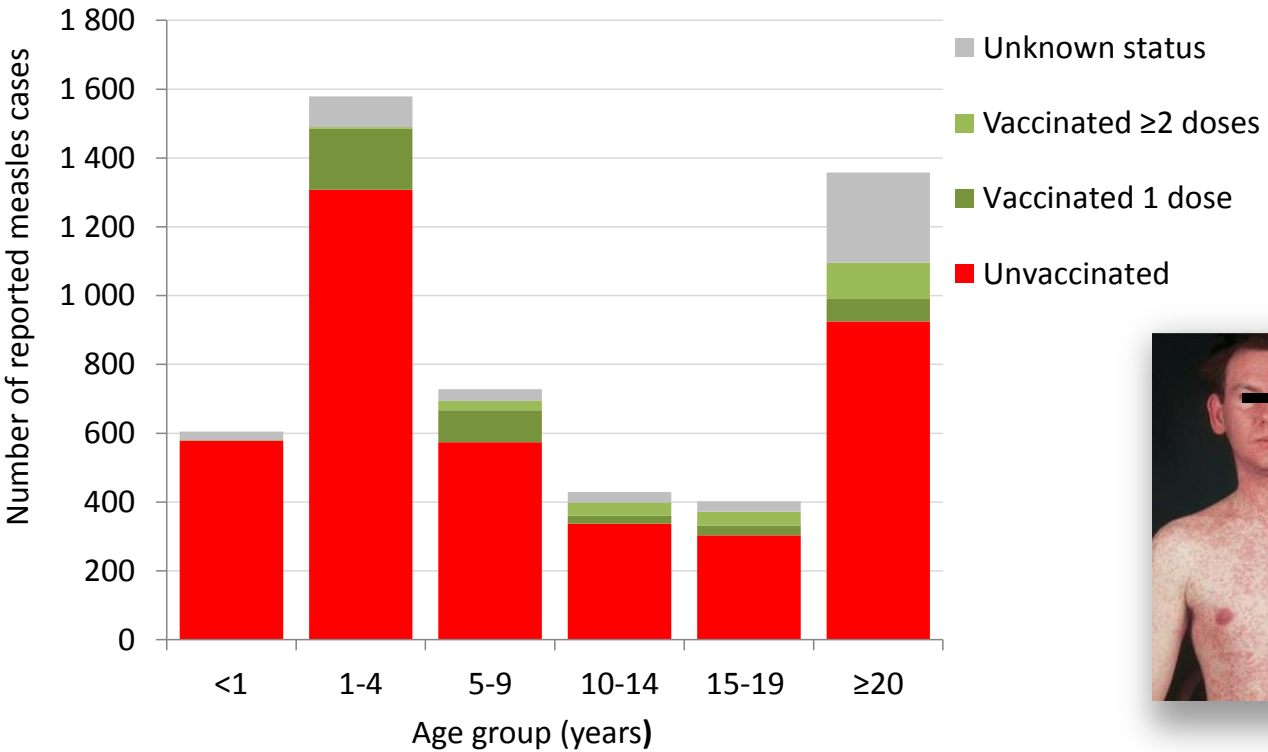
Number of measles in the WHO European Region, 2007-2017*



Data source: CISID, extracted 31 March 2017

* Jan-Feb 2017

Age distribution and vaccination status of measles cases, WHO European Region, 2016



Data source: CISID, extracted 31 March 2017

Measles outbreaks occurred in several susceptible populations

**Unvaccinated
children**

**Unvaccinated
adolescents**

**Unvaccinated
adults**

**Roma
communities**

**Religious
communities**

**Traveller
communities**

**Health
workers**

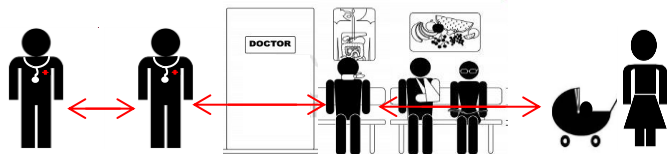
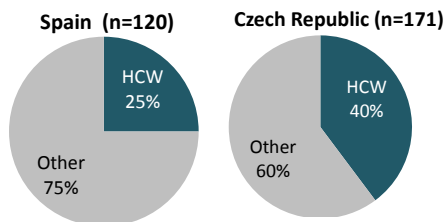
**Followers of
anthroposophy**

Main public settings for measles outbreaks

Health-care settings

12 countries reported nosocomial transmission in recent years

In 2014:



13-19 times higher risk of acquiring measles in susceptible HCWs than for the general public

Educational facilities

Day care centres

Kindergardens

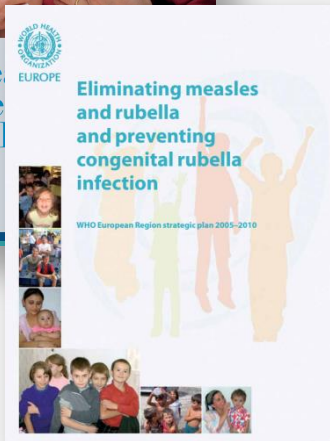
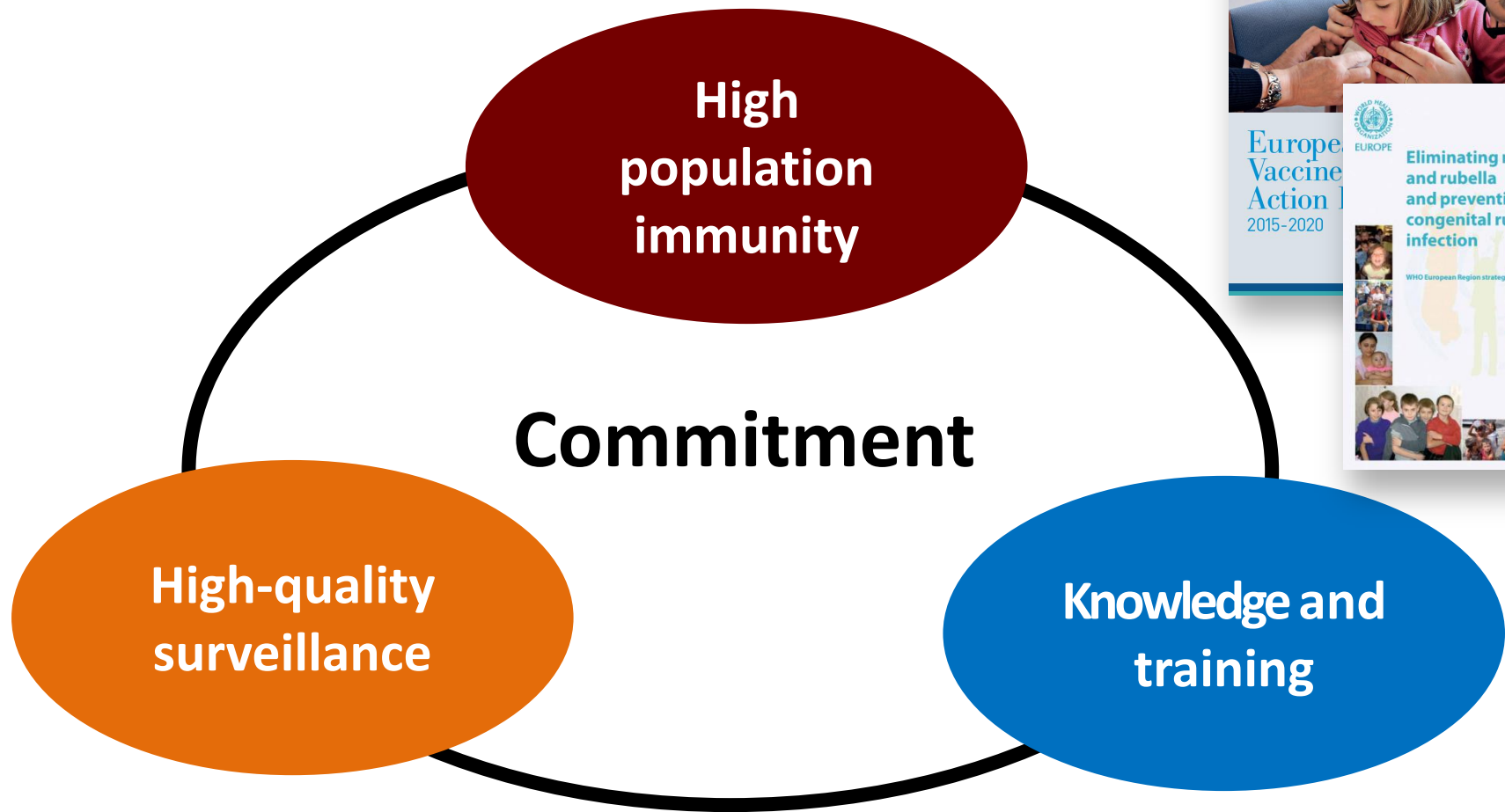
Schools

Anthroposophic
Schools

Universities

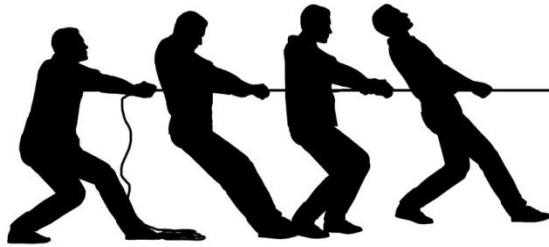
At least **8** countries have reported outbreaks in educational facilities in recent years

Implementing policies through strategies



Reaching and maintaining high population immunity

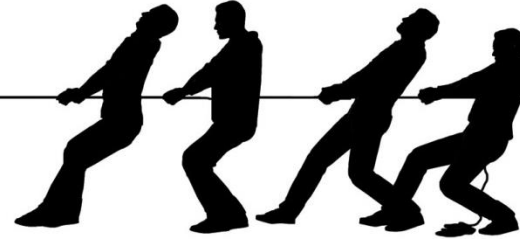
Aim



To achieve a high vaccination coverage of at least 95% with 2 measles vaccine doses

To close population immunity gaps

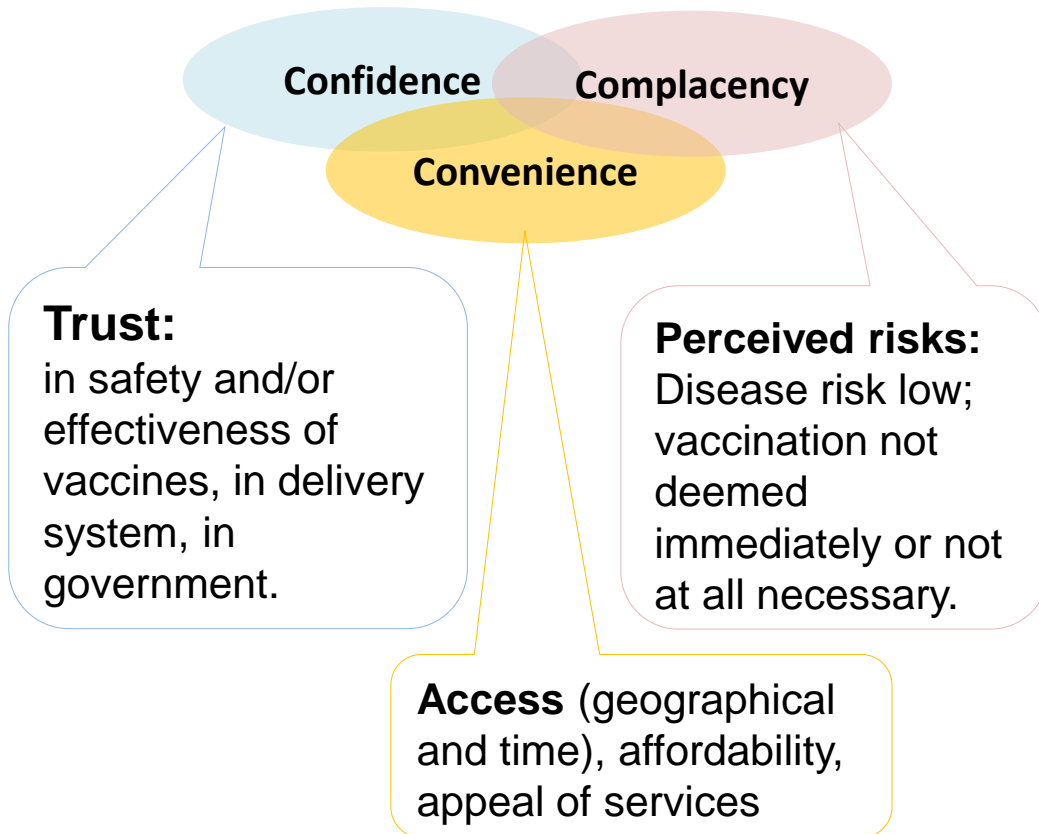
Challenges



Vaccine hesitancy

Immunization programme limitations

Vaccine hesitancy: determinants

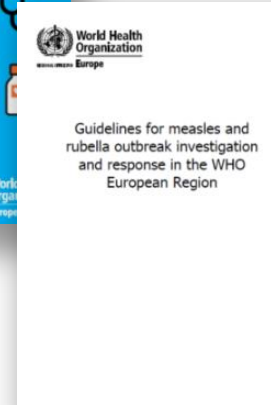


Immunization programme limitations

- Lack of timely monitoring of coverage
- Limited ability to follow up unvaccinated individuals/groups
- Lack of communication strategies
- Health workers not properly educated on vaccines
- Inflexibility of vaccine services
- Vaccine supply issues
- Delayed outbreak response

Examples of activities and policies to reach and maintain high population immunity

- Vaccination registers with reminder systems
- Supplementary immunization activities
- Tailoring Immunization Programmes
- Opportunity vaccination
- Pre-school entry policies
- Pre-travel vaccination
- Health workers policies



The way forward

The future:

1. Equity

2. Sustainability

3. Life course

4. Integration

EVAP GOALS

Immunization
programmes are
financially
sustainable

All children are
protected from
vaccine-
preventable
diseases

Region
eliminates
measles and
rubella

Region remains
polio free

Region on target
to control
hepatitis B

Make evidence-
based decisions

Summary

- Global and Regional policies on vaccination are in place
- Strategies to eliminate measles (and rubella) in line with current policies
- More commitment to achieve immunization goals
- More efforts needed to implement policies and monitor progress

Colleagues at Vaccine-preventable Diseases and Immunization Unit

- Myriam Ben Mamou
- Catharina De Kat-Reynen
- Dragan Jankovic
- Theodoros Kaloumenos
- Patrick O'Connor
- Siddharta Datta
- Simarjit Singh