

Approccio alla raccomandazione vaccinale nell'Unione Europea

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Table 1: Recommended Routine Immunization - Summary of WHO Position Papers

Antigen	Children (see Table 2 for details)	Adolescents	Adults	Considerations (see footnotes for details)
BCG ^a	3-4 doses			Essential ICI ^b
Hepatitis B ^a	3-4 doses (see footnotes for schedule options)	3 doses (for high-risk groups if not previously immunized) (see footnotes)		Essential and low birth weight Co-administration and combination vaccine Optimal schedule Optimal dose Transmission and population risk unless Type of vaccine
Polio ^a	3 doses, with DTP			Essential and low birth weight Co-administration and combination vaccine Optimal schedule Optimal dose
DTP ^a	3 doses	Booster (Tc) (see footnotes)	Booster (Tc) in early adulthood or pregnancy	Essential and low birth weight Co-administration and combination vaccine Optimal schedule Optimal dose
Haemophilus influenzae type b ^a	3 doses, with DTP			Essential and low birth weight Co-administration and combination vaccine Optimal schedule Optimal dose
Pneumococcal polysaccharide ^a	1 dose, with DTP			Essential and low birth weight Co-administration and combination vaccine Optimal schedule Optimal dose
Rotavirus ^a	Rotary 2 doses with DTP RotaTeq 3 doses with DTP			Maximum age limits for rotavirus vaccine Optimal schedule and DTP and DTPa Combination vaccine with early vaccination Indication of cases by prevention of general usage is not recommended at this time
Meningitis ^a	1 dose	1 dose (girls)		Essential and low birth weight Co-administration and combination vaccine Optimal schedule Optimal dose
Recommendations for certain regions				
Japanese Encephalitis ^a	Live attenuated vaccine: 1 dose Booster after 1 year	Absent brain-derived vaccine: booster every 3 years up to 10-15 years of age		Vaccine options
Yellow Fever ^a	1 dose, with measles			Co-administration
Recommendations for some high-risk populations				
Typhoid ^a	Vi polysaccharide vaccine: 1 dose, T2/Tc for oral vaccine: 3-4 doses Booster dose: 3-7 years after primary series			Definition of high-risk Vaccine options Duration of use Definition of high-risk Definition of high-risk Vaccine options Definition of high-risk Definition of high-risk
Cholera ^a	Oral (WC-RB): 3 doses > 2.0 yrs, booster every 6 months, 2 doses adults/children > 6 yrs, booster dose every 2 nd year (Shanchol & mCholera): 2 doses at 0 yrs, booster dose after 3 years			Definition of high-risk Definition of high-risk Vaccine options Definition of high-risk Definition of high-risk
Meningococcal ^a	1 dose (in 2 year of age, non-conjugate)			Vaccine options Definition of high-risk Definition of high-risk
Recommendations for immunisation programmes with certain characteristics				
Mumps ^a	2 doses, with measles			Coverage (90% > 95%) Certification status Coverage (90% > 95%) Certification status Priority target Definition of high-risk Lower strategy for outbreak
Malaria ^a	1 dose (see footnotes)	1 dose (alternative strategy: adolescent girls & 20-60 year age women) (see footnotes)		Coverage (90% > 95%) Certification status Priority target Definition of high-risk Lower strategy for outbreak
Influenza ^a	First vaccine ever: 2 doses, 14 days apart Annual: 1 dose only (see footnotes)	1 dose from 6 years of age, Re-vaccinate annually (see footnotes)		Coverage (90% > 95%) Certification status Priority target Definition of high-risk Lower strategy for outbreak

Notes: a) See <http://dx.doi.org/10.1186/14752875-1-1> for more details on vaccine options. b) For most recent version of this table and possible updates.

This table summarizes the WHO most accurate recommendations. It is designed to assist the development of country specific strategies and is intended to assist use by health care workers. Country specific schedules should be based on local epidemiology, programme, resource availability considerations. Some vaccine are already recommended, some vaccine may have contraindications to certain vaccines.

Nazioni con vaccinazioni obbligatorie

Country	Mandatory Vaccines
Belgium	Polio
Bulgaria	Childhood vaccines
Czech Republic	Childhood vaccines
France	BCG/D/T/IPV
Hungary	BCG/Hib/DTaP/IPV/MMR/HepB
Italy	D/T/IPV/Hep B
Latvia	BCG/D/T/P/IPV/MMR/Hib/HepB/TBE/Adults- Td
Poland	BCG/HepB/D/T/P/IPV or OPV/MMR
Slovakia	DTwP/IPV/Hib/HepB/MMR/BCG/Td
Slovenia	DTaP/IPV/Hib/HepB/MMR/BCG

VENICE - 2007

Vaccinazione Epatite B - HCW

Table 5. Vaccination of individuals who are at increased risk by their occupation. Hepatitis B vaccination survey in Europe, January 2009. (n=27)

Occupational group	Countries		Total
	With routine immunisation program (n=20)	With selective immunisation program (n=7)	
Healthcare workers (including students and trainees)			
Recommended	BE, BG, CZ, CY, EE, FR, DE, HU, IE, IT, LV, LT, LU, PT, RO, SK, SI, ES, MT, PL (n=20)	DK, FI, IS, NL, NO, SE, UK (n=7)	27
Laboratory staff			
Recommended	BE, BG, CY, EE, FR, DE, HU, IE, IT, LV, LT, LU, PT, RO, SK, SI, ES, MT, PL (n=19)	DK, FI, IS, NL, NO, SE, UK (n=7)	26
Not recommended	CZ (n=1)		1

Vaccinazione Epatite B – tossicodipendenti

Table 4. Hepatitis B vaccination of individuals who are at increased risk by their lifestyle. Hepatitis B vaccination survey in Europe, January 2009. (n=26)

Risk group	Countries		Total
	With routine immunisation program (n=19)	With selective immunisation program (n=7)	
Injecting drug users (IDUs)			
Recommended for all IDUs	BE, BG, CY, EE, DE, HU, IE, IT, MT, LU, PT, SK, SI, ES, FR (n=15)	DK, FI, IS, NL, NO, SE, UK (n=7)	22
Recommended for only regular IDUs	CZ (n=1)		1
Recommended for only intermittent IDUs			0
Not recommended	LV, PL (n=2)		2
Not known	LT (n=1)		1

Ci sono possibilità potenziali di un consenso sulla migliore strategia vaccinale ?

- Ci sono differenze sulle raccomandazioni per la vaccinazione anche in paesi dove i tassi di incidenza sono simili.
- Queste raccomandazioni sono sotto la responsabilità dell'autorità sanitaria di ciascun singolo paese membro.
- Il principale valore aggiunto dell'UE è di fornire le informazioni sufficienti a garantire il miglior processo decisionale possibile a livello nazionale.
- Tale valore si può raggiungere informando tempestivamente gli stati membri sui risultati e andamenti epidemiologici, nonché sui processi decisionali.
- Ci sono differenze nelle raccomandazioni vaccinali all'interno delle varie fasce di età, nonostante tassi d'incidenza simili.
- Una tempestiva informazione di carattere epidemiologico a riguardo di eventuali decisioni per programmi di immunizzazione sarebbe il miglior valore aggiunto possibile.
- Un migliore valore aggiunto per l'UE sarebbe quello di informare tempestivamente gli stati membri sui risultati epidemiologici correnti e sulle raccomandazioni relative all'immunizzazione.

Gruppo di lavoro CE per la sorveglianza delle malattie invasive da N. meningitidis sierogruppo C - 2002

TABLE 4
Factors associated with making a recommendation about introducing HPV vaccination into the national immunisation schedule of a country (univariable analysis) (N=27); VENICE' 2007 survey

Factor	Recommendation made (N=12)		Recommendation not made (N=15)		p value
	n	%mean	n	%mean	
Data to support analyses for decision-making process					
Availability of different types of epidemiological data to support analyses needed for the decision-making process (score ^a range per country 0-5) ^b	12	3.9 ^a	15	3.9 ^a	1.0
Ad hoc studies to support decision-making process					
1. HPV infection burden studies (completed project)	1	8	3	20	0.605
2. Mathematical modelling to evaluate the expected epidemiological impact of vaccination (completed project)	3	25	1	7	0.29
3. Economic assessment undertaken	6	50	5	33	0.45
Additional factors investigated					
1. Country population size (millions) ^c (Eurostat 2006 data)	12	30.7 ^a	15	5.9 ^a	0.004
2. Europe's geographic region ^c					0.09
north (N=5)	2	17	3	20	
south (N=6)	3	25	3	20	
east (N=8)	1	8	7	47	
west (N=8)	6	50	2	13	
3. National GDP (millions US\$) ^d (IMF 2005 data)	12	965.163 ^a	15	115.633 ^a	0.003
4. Coverage of first dose of MCV ^e (WHO 2005 data)	12	89.0 ^a	15	94.0 ^a	0.04

Capabilities of Immunisation Register

- **Reminder/ Recall notifications**
Only eight of the countries have the ability to issue reminder/recall notifications to the vaccinee. Ten countries issue reminder/recall notifications to the health care providers

Country	Issue Reminder to Vaccinee	Issue Reminder to Health Care Provider
Hungary	No	Yes
Ireland	Yes	Yes
Ireland	Yes	Yes
Italy	Yes	Yes
Netherlands	Yes	Yes
Portugal	Yes	Yes
Romania	No	Yes
Spain	Yes	Yes
Sweden	Yes	Yes
United Kingdom	Yes	Yes
Total	8	10

Overview of the capabilities of CIR

Country	Record of completed vaccinations	Feedback information to Health Providers	Manage Vaccine Inventories	Link with Surveillance Data	Useful in Pandemic	Adverse Events Recorded	Link with Adverse Events Databases
Belgium	No	Yes	Yes	No	Yes	No	No
Denmark	Yes	Yes	No	No	No	No	No
Germany	No	No	No	No	No	No	No
Hungary	Yes	Yes	No	No	No	No	No
Iceland	No	Yes	Yes	Yes	Yes	Yes	Yes
Ireland	No	Yes	No	No	No	No	No
Italy	Yes	No	Yes	No	Yes	No	Yes
Netherlands	Yes	Yes	Yes	No	No	No	No
Norway	Yes	Yes	No	Yes	Yes	No	No
Romania	Yes	Yes	No	No	Yes	No	No
Portugal	Yes	Yes	Yes	No	Yes	Yes	Yes
Slovenia	No	Yes	Yes	No	No	Yes	
Spain	Yes	Yes	Yes	No	Yes	Yes	
Sweden	Yes	Yes	No	Yes	Yes	Yes	
United Kingdom	Yes	Yes	No	No	No	No	Yes
Total	10	13	7	3	8	5	2

PubMed Search: PubMed

Italian healthcare workers' views on mandatory vaccination.
Tafuri SS, Martinelli DD, Caputi GG, Arbore AA, Giamberini CC, Piroso RR
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Abstract
BACKGROUND: Mandatory vaccination has contributed to the success of immunisation programmes but voluntary vaccination allows people to be responsible for their own health. There are benefits from both policies and the arguments between them remain subject to debate within and without the scientific community, both nationally and internationally. The aim of this study is to assess the opinions of those who actually work in the Vaccination Service in the Apulia Region.
METHODS: The survey was carried out using a self-administered standardised anonymous questionnaire given to all of the Vaccination Service employees in the Apulia Region.
RESULTS: Of 302 completed questionnaire replies, 6.4% stated that mandatory vaccination should be abandoned now, 21.2% that it should be phased out, and 74.4% that it should be retained.
CONCLUSION: An educational program should be set up to explain to Vaccination staff the value and worth of voluntary compared to mandatory vaccination and why high vaccination rates do not have to depend on compulsion.

PMID: 1911903 [PubMed - indexed for MEDLINE] PNUCID: PNUC279237 Free PMC Article

MeSH Terms
LinkOut - more resources

PubMed Search: PubMed

Overcoming mandatory vaccination policy: first steps
[Article in Italian]
Fano A, Cinquetti S, Menegon T, Napoleone G, Bassoletto L, Valicconi M
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Abstract
Steps toward overcoming mandatory vaccination policy follow two main tracks: scientific and administrative. Scientific issues address starting conditions of the program in Veneto Region and monitor the effects of policy. Plans to serological regional programs and participation to national campaigns of vaccination, Veneto Region has achieved high coverage for all actively promoted vaccinations. Specific projects have been implemented in order to improve vaccination system quality, particularly with regard to infectious diseases and vaccine adverse events surveillance, training workers and informatization. On 23rd March 2007 Veneto Region passed the regional law number 7 called "Disposizione dell'obbligo vaccinale per i rischi evolutivi" (becoming in force for children born since January 1st 2008). The law provides for the institution of a scientific committee having the task of monitoring both vaccination coverage and preventable infectious diseases incidence after overcoming mandatory vaccination policy.

PMID: 1877258 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms
LinkOut - more resources

Towards the suspension of compulsory vaccination in Italy: balancing between public health priorities and medico-legal and juridical aspects

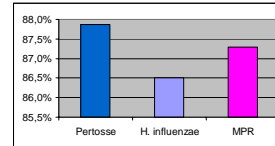
A. MOLINELLI, A. BONSGNORRE, A. QUERCETI, G. K'ARIDI, M. MARTINI, P. DURANDO
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"...even we consider as desirable the actual tendency ongoing in Italy to overcome the <compulsory offer of vaccinations, thus following a more conscious, ethical and modern Public Health approach for the prevention of IDs, we also strongly believe that this might be successfully obtained only if performed at a national level, inside a well structured plan, coordinated by the Ministry of Health, in close collaboration with all the Regions."
(IPMH 2009)

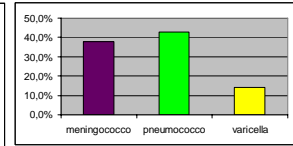
- Legislation to make HPV vaccine mandatory has undermined public confidence and created a backlash among parents. There is nothing more important to the success of public health policies than to ensure community acceptability.
- In the absence of an immediate risk of serious harm, it is preferable to adopt voluntary measures, making state compulsion a last resort

Vaccinazioni

•Raccomandate



•Facoltative



Grazie per l'attenzione

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