



EUROPEAN
HEALTH PARLIAMENT

COMMITTEE ON A EUROPEAN VACCINE INITIATIVE

Knowledge is the best vaccine

2017-2018



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Vaccination is the most powerful preventive public health intervention to protect populations against a large number of communicable diseases. Yet, across Europe, coverage rates are too low and decreasing, and both the supply and access to vaccines remain a major policy challenge.

Taking time out of their busy lives, the bright young health care professionals of the European Health Parliament's Vaccination Committee have invested energy and passion into this issue. Anybody who cares not just about health, but about knowledge and the advancement of science should be very grateful to them.

This is a new, clear, compelling voice in the EU policy landscape – that of young Europeans working on health care. The set of recommendations they present here shows that future generations want better healthcare for Europe's citizens, and that they are willing to fight for it. So, it has been an absolute privilege for my colleagues and for me, personally, to support and encourage the Vaccines Committee through this process. Their work on three key challenges - vaccines hesitancy, immunisation information systems and vaccine supply and demand - will feed into our own thinking at the European Commission, as we drive forward on the topic of vaccination in accordance with President Juncker's last State of the Union speech.

And I hope the mission of the Vaccines Committee is only beginning: now that they have a clear idea of what they are calling for, the challenge for these young professionals is to help find ways to turn their recommendations into concrete action. I hope they will continue to bring new ideas and draw attention to the issue of vaccination. I hope they will continue to advocate for better coverage and education. And I hope that together we will be able to create a coalition of the willing for a healthier Europe.

Executive summary

Vaccination programmes are a European success story, but they have recently become victims of their own success. Many well-known vaccine-preventable diseases (VPDs) have made a comeback. Measles was on-track to be eradicated by 2020, but Europe observed a 4-fold increase in measles cases in 2017 compared to 2016.¹ This backsliding has many causes, but it is an unacceptable state of affairs. We, the EHP Vaccine Committee, urge the European Institutions to:

1. Empower Health Care Professionals (HCPs) to act on vaccines, use pharmacies as additional settings to provide vaccines and curate trustworthy digital information online;
2. Establish an electronic vaccination passport to ensure people know and act in their best interests on vaccinations;
3. Increase dialogue between manufacturers and national health authorities to improve the vaccine forecasting.

Thank you

The EHP Vaccines Committee would like to thank the European Institutions and agencies, international organizations, and all the stakeholders that have inspired this set of recommendations through extensive conversations and guidance, such as:

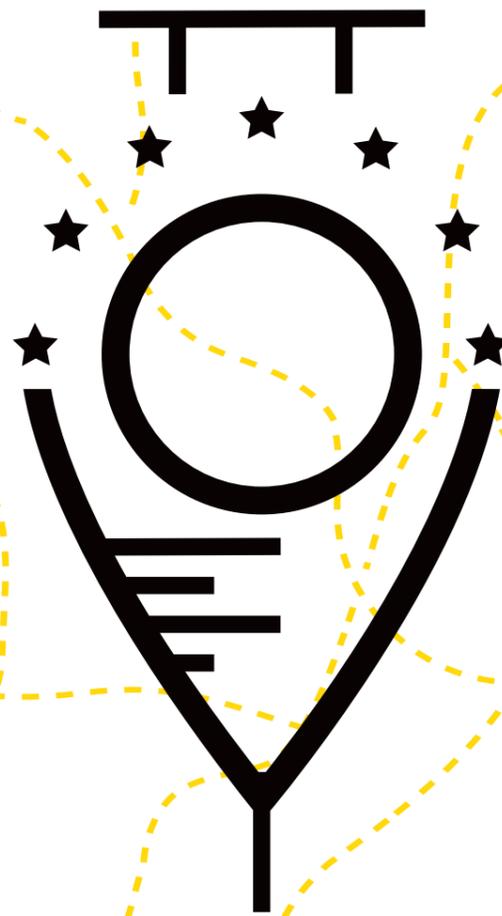


Coalition for
Life-Course
Immunisation



KNOWLEDGE IS THE BEST VACCINE

Promoting and Improving Vaccination Rates Across the EU



DEVELOPING
VACCINATION
PROGRAMMES



BUILDING
EUROPEAN UNITY



CREATING
INNOVATIVE
SOLUTIONS

Introduction

For the last 6 months we have looked at the topic of vaccines, discussing widely with key actors and experts. There are many issues around this complex topic. We decided to tackle 3 critical areas, ones that it would be appropriate for European Institutions to lead and implement.

As the voice of young professionals in healthcare across Europe, the recommendations presented here would see a meaningful and positive benefit to health across the EU. They would save lives, ease suffering and create a better health future. It is the responsibility of every European citizen to take action in this area. The backsliding we saw in 2017 needs to be reversed. History will not look kindly on those who threaten the future that fully realised vaccination programmes hold.

Vaccine Hesitancy

PROBLEM

Vaccine rates across Europe are decreasing. Vaccine hesitancy is a key driver of this.^{2,3} Should this trend continue, we will see: increased public health risks, at-risk population groups put in danger, additional costs for healthcare systems, and avoidable deaths.

The WHO SAGE Working Group has identified a model of determinants of vaccine hesitancy based on "3 Cs", which stand for confidence, complacency and convenience.⁴

RECOMMENDATIONS

These "3 Cs" can be meaningfully mitigated by 3 concrete European actions:

1. Encourage HCPs to act more on vaccines;
2. Promote in pharmacy-delivered vaccination;
3. Strategically curate the digital world.

The "3 Cs" model is summarized below.

THE "3 CS" MODEL OF VACCINE HESITANCY⁴



RECOMMENDATION #1

All HCPs must become ambassadors for vaccination

Knowledge is the best vaccine. Doctors, nurses, pharmacists and midwives are largely trusted by society. They are, and must be, at the centre of vaccination delivery and advocacy. They have the power, awareness and responsibility of bringing vaccines and vaccine information from science to citizens. To do so, more focus must be placed on the vaccines topic as well as communication during their university education and professional training. Part of European Institutions' and Member States' work in the coming years could focus on ensuring that coordinated and complete modules are included in the HCPs curricula. HCPs must lead from the front. It is their responsibility to ensure they are vaccinated, to protect themselves and their at-risk patients. HCPs must encourage people to take the necessary vaccinations for themselves and their families. They must be the highest vaccinated sub-population, and any measure to ensure this would be deemed acceptable by our committee.

RECOMMENDATION #2

Increase vaccination opportunities by empowering pharmacists and pharmacies

To address the problem of convenience, new delivery settings must be adopted to ease HCPs job and get vaccination and information closer to the population. With this regard, we believe that pharmacies and pharmacists could and should play a bigger role. Pharmacies are present in urban and remote areas, hold convenient opening hours and facilitate quick walk-in consultations. Pharmacy-delivered vaccination, administered by pharmacists or other HCPs, has already been implemented in ten Member States,^{5,6,7,8} plus Norway and Switzerland. Outcomes have been positive in terms of coverage rates, clinical governance and citizens satisfaction.⁹ We call on the European Institutions and the Member States to adopt a step-by-step plan to support and improve pharmacy-delivered vaccination in Europe.

Appropriate training and tools to ensure the safety, capability and efficacy of the service must be provided, and dedicated policies following national pricing and reimbursement schemes should be agreed. The role of pharmacists in infection prevention and in the fight against antimicrobial resistance was also tackled by the EHP Committee on Antimicrobial Resistance.

RECOMMENDATION #3

A European task force to curate trustworthy content online

Vaccine hesitancy is driven in part because understanding science is difficult. The people driving questionable content related to vaccines have legitimate fears, but are finding the wrong outlet and answers. Both problems can be solved by creating a European digital trust mark.

Evidence shows that sensational stories outperform science-based content. This is a general threat to Member States. For vaccines, it is a matter of life and death. It is imperative that access to reliable, science-based information is facilitated for people to take informed decisions for vaccination. To address this, several initiatives have been launched, including the WHO Vaccine Safety Net,¹⁰ a global network and trust mark for vaccine safety information websites. Indications show that trust marks work, but their potential is untapped due to a lack of funding and coordination across Member States.

We call for coordinated action through the creation of a co-funded task force formed by EU Institutions, WHO, ECDC, Member States, social media and internet companies. This task force should reinforce online data analysis and social media monitoring to promote valid sources of information and identify misleading digital content. A collaborative structure would strengthen already active initiatives. This would empower citizens, patient associations and consumer associations, who would better understand and promote the societal benefits of herd immunisation. Ultimately, we want to see the good work of the Vaccine Safety Net universally adopted as a European Union supported trust mark.

Immunisation information systems

PROBLEM

Infectious diseases, like European citizens, cross borders. A lack of information about vaccination history and requirements, as well as fragmented vaccine schedules, create numerous problems. Lack of information risks double vaccination, increases costs for healthcare systems, and vaccine delays. Doctors have incomplete records for their patients, and people who need vaccination may not know it. Using modern digital capacity, a fundamental rethink is needed and achievable at European level.

RECOMMENDATION #1

A digital revolution - European vaccine e-Passport

We recommend the implementation of a European Vaccines e-Passport: a digital solution to manage vaccine data across Europe.

For European citizens, a vaccine e-Passport will increase their vaccine knowledge, provide a secure history, and highlight gaps in their immunization schedule. This would create meaningful cost savings for healthcare systems. Algorithms would anonymously provide inputs to health authorities to identify coverage rates, improving vaccine planning and forecasting. There would also be an opportunity to develop this platform to enable Member States to identify immunization gaps in vulnerable populations, such as refugees and migrants.

There are two ways this solution could be realised: a centralised system could be scaled, or a decentralised system could be fostered.

An example of a centralised system is MesVaccins.net.¹¹ With about 500,000 electronic records, the French tool provides individuals living

in France with the opportunity to log the vaccination they received, get booster reminders and receive personalised advice on what vaccination they may need. Vaccines can be administered by several HCPs such as doctors, nurses, pharmacists, and in different places. Hence, the e-Passport would help to facilitate communication between the various HCPs taking care of the same patient and national authorities. The programme is recognised by the WHO and the ECDC. Gaining buy-in across countries to deploy the same system would help create better vaccine coverage.

Another way this solution could be realised would be through a decentralised system on the blockchain. This would see a horizontal project set out at European level to create a unified citizen file for EU residents. Creating such a system would be a major project for Europe, but within the realm of technological possibility. While performing transactions that require high levels of trust, it is possible to use modern methods for people to retain control of their data, while remaining anonymous and secure.

Establishing predictable vaccine supply and demand

PROBLEM

Europe is central to global vaccine research and production. More than 80% of vaccines are produced in the European Union and exported worldwide.¹² In line with the European Commission's Joint Action on Vaccination 2018-2020¹³ and the Employment, Social Policy, Health and Consumer affairs Council (EPSCO) Conclusions of December 2014, the EHP Vaccines Committee supports the need to improve the supply and demand of vaccines. We believe that the implementation of the below outlined measure will strive towards achieving this goal.

RECOMMENDATION #1

Telling the future...improved vaccine forecasting

In 2015, 77% of the European Region countries reported vaccine shortages.¹⁴ A major cause of this is inaccurate prediction of supply and demand. Understanding complex and lengthy manufacturing timelines or control and release processes for vaccine manufacture means a clear and harmonised ordering process is paramount.

It can take up to 24 months to manufacture a vaccine and 5 to 10 years to build and license a new facility.¹⁵ Hence, vaccine shortages could be in part mitigated by an improvement in vaccine forecasting amongst Member States. Equally, it would allow national governments to budget and allocate resources accordingly.

Identification of guidelines on vaccine forecasting would support national competent health authorities on how to design and manage good forecasting processes. It would harmonise disparities between Member States on how demand is calculated. To do this, there is need for an early and continuous dialogue between manufacturers and health authorities.

RECOMMENDATION #2

Investing in the future - keeping the vaccines industry in Europe

Vaccine development and production has a deep European history. We would like Europe to maintain its global leadership in vaccine production. To do this, we need to provide the right incentives to the industry, to keep Europe globally competitive, and to ensure continued investment in R&D and innovation.

Conclusions

OUR MESSAGE TO EUROPEAN POLITICAL LEADERS

Vaccines play a vital role in society. They keep us healthy. They keep us protected. They keep us one step ahead of rapidly evolving diseases. They are the pathway toward a future without disease. Why is it then that we are still in disagreement over issues as perplexing as using them? Encouraging them? Making them available on a wider scale? The EHP Vaccines Committee strongly urges the adoption of our policy recommendations. It is time for all of us to take the initiative and lead with a strong voice for pan-European vaccination plans and the promotion of science-based, life-saving facts.

Let us tackle hesitancy by creating empowered HCPs, new delivery settings and trustworthy digital information in a strategic and effective way; let us work to create a vaccination e-Passport to ensure people know and act in their best interests on vaccinations; and let us increase the dialogue between manufacturers and national health authorities to improve the vaccine forecasting.

It's time Europe takes the lead. Let us be the voice of reason. Let the news not cover measles outbreaks in Italy or Spain,¹⁶ but research breakthroughs, innovative treatments and leading healthcare professionals. We want to be known as the generation that perfected healthcare and early intervention, not the ones that regressed. Two centuries after the first vaccine was born, vaccines need to be the "*Trending Topic*" once again - for the right reasons this time.

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