

Legislation regarding organization of immunisation in Slovenia

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Global immunisation



‘One of the most successful public health interventions to control infectious diseases’

From History to Future

- ▶ Communicable diseases have been among the most important public health problems for centuries
- ▶ They pose a threat to everyone, regardless of age, gender, lifestyle, socio-economic status...
- ▶ Prevention of disease through immunization benefits all people, resulting in better health and economic and social yield at global, national and community levels

From History to Future

- ▶ Immunization is a cost-effective and life-saving intervention, preventing unnecessary disease, disability and death
- ▶ This is even more important because of the pandemic potential of communicable diseases

Legislation

- ▶ The Contagious diseases act adopted in 1995 and amended in 2005 is the umbrella act for the field of communicable diseases control
 - vaccination is mandatory against diphtheria, measles, mumps, rubella, pertussis, Haemophilus influenzae type b, poliomyelitis, tetanus and hepatitis B

Major issues of the by-law on vaccination

- ▶ Management
- ▶ Quality assurance
- ▶ Safety issues
- ▶ Evaluation

Program essentials

- ▶ Reliable vaccine supply
- ▶ Central expertise supporting local experts
- ▶ Routine vaccination – free of charge
- ▶ Integrated computerised child–health system
- ▶ Training

Vaccination in Slovenia

- ▶ Ministry of Health
 - Annual program release and monitoring
 - Health service network, concessions, steering committees
 - Funds: free to every child; for adults tetanus and rabies only
- ▶ Steering Committee on Vaccination
 - Vaccination exceptions
- ▶ Steering Committee on evaluation of side effects
 - Causality

Vaccination in Slovenia

- ▶ Communicable Diseases Center NIPH
 - Vision, program creation, new vaccines
 - Coordination, guidelines, recommendations
 - Surveillance: incidence, coverage, immunity and susceptibility of the population and specific target groups, AEFI
 - Identification of groups and regions with low coverage and innovative approaches for to hard-to-reach groups
 - Health promotion and education

Vaccination in Slovenia

- ▶ Unit for Distribution of Vaccines NIPH
 - Central procurement (quality, storage, tracing and monitoring)

- ▶ Good practice – quality control system in:

Ensuring vaccine quality: cold chain

Immunization: safe injections

Waste: safe disposal of infective materials

Vaccination in Slovenia

- ▶ Vaccination providers (pediatricians, school doctors...) – vaccination in public and private health sector
 - Incorporation in preventive program – pre-school, school
 - Good practice, vaccine safety, partnership
 - Assessing health condition and contraindications
 - Permanent education

Vaccination safety

- ▶ Of great importance are both:
 - quality of vaccines
 - performance of the procedure itself
- ▶ Vaccination safety includes:
 - effective management and coordination, competent health personnel and following the standard operational procedures,
 - safe vaccines
 - safe vaccines management
 - obtaining accurate data and providing prompt data flow

Vaccination safety

- ▶ Standard procedures are established concerning
 - application of vaccines, contraindications (temporary and permanent), response to allergic reactions and other vaccine associated side effects
- ▶ The adverse events following immunization registry is set up and the procedure of reporting reactions is established
 - Medical doctors are obliged to file written reports on adverse events following immunization (questionnaire)

Vaccination monitoring

▶ registering

- data on individual vaccinations performed
- individual adverse events following immunization
- contraindications concerning individual vaccines
- vaccination coverage

Vaccine coverage

- ▶ is monitored through analyzing annual reports by vaccination performers and comparing them with the number of newborns per year and the number of distributed doses of vaccines.
 - 95% of children in Slovenia receive three doses of diphtheria, tetanus and polio vaccine before the age of two years,
 - 92% of children of the same age group receive one dose of measles, mumps, rubella vaccine

Evaluation of the programme

- ▶ to determine population immunity and susceptibility
- ▶ to recognise non immunised pockets
- ▶ to recognise gaps in immunity
- ▶ to identify risk/target/prority groups
- ▶ surveillance (incidence, paterns ...)

To improve vaccination

- ▶ Optimise the use and coverage of existing vaccines
- ▶ Introduce combination vaccines – simplify schedule
- ▶ Early immunisation
- ▶ Immunisation strategies for all age groups and risk groups

Incidence reduction after introduction of vaccination

▶ Disease	before vaccination	after vaccination
▶ Diphtheria	2.265 (1946)	1 (1967)
▶ poliomyelitis	667 (1953-57)	9 (1978)
▶ Tetanus	866 (1927-47)	1 (2008)
▶ Measles	67.228 (1950-68)	0 (since 2000)
▶ Mumps	10.216 (1977)	32 (2008)
▶ Rubella	11.642 (1988)	0 (2008)
▶ Hib-meningitis	22 (1999)	2 (2008)

Short-term goals

- ▶ Vaccination safety – incorporation in the educational program for medical students at every level of education
- ▶ Vaccination promotion – for all ages using modern interactive approaches:
 - health promotion for parents (school for parents, pre-school, school children, youth, and adults)
 - e-communication – dynamic portals
 - Communication program - media

Long-term goals

- ▶ Effective strategies and prudent investment in immunization are necessary to improve the health care system for everyone
- ▶ The principles of proportionality and ethics will guarantee equal and just access to health care
- ▶ We should ask ourselves if we do enough to ensure successful immunization and whether our efforts result in improving the quality of life

The Way Forward = Improvements

- ▶ recreation of computer-assisted web based immunization register;
- ▶ communicating with the public on individual communicable diseases and individual vaccinations against them;
- ▶ informing the public on consequences of vaccination exemptions as well as informing the public on vaccination risk factors;
- ▶ making sure every vaccination performed is recorded in the individual's vaccination booklet;

The Way Forward = Improvements

- ▶ achieving consistent reporting of vaccinations performed
- ▶ achieving consistent reporting and clarification of every AEFI
- ▶ informing the public on legal aspects of mandatory vaccination
- ▶ considering the possibility of a voluntary vaccination regime for certain vaccines in the future

The Way Forward = Improvements

- ▶ Professional collaboration and responsibility
- ▶ Partnership with parents
- ▶ Avoid confrontation
- ▶ Highlight the vaccines benefits
- ▶ Overcome anti-vaccine lobbies
- ▶ Rewards for compliance
- ▶ Compensation in case of damage

Let's never forget...

- ▶ Vaccination is by far the best thing that has ever come out of medical science for reducing the burden of human suffering and premature death, especially among children

Childhood Immunization Schedule Slovenija 2009/10



ESSOP 2009 Maribor