

Vaccines

Question:

Recently we all read and hear controversial information about vaccinations. Many parents decide to refuse from vaccinations. My children attend public Greek school. The school requires providing information about made vaccines. Are the actions of the school administration rightful? Is the presence of vaccinations mandatory for visiting children's educational institutions in Cyprus? (10/09/2014)

Response:

In 2010, the Vaccine European New Integrated Collaboration Effort (VENICE) network, conducted a survey among the VENICE project gatekeepers to learn more about how national vaccination programs are implemented, whether recommended or mandatory. Information was collected from all 27 EU Member States, Iceland and Norway. In total 15 countries do not have any mandatory vaccinations; the remaining 14 have at least one mandatory vaccination included in their program. Vaccination against polio is mandatory for both children and adults in 12 countries; diphtheria and tetanus vaccination in 11 countries and hepatitis B vaccination in 10 countries. For eight of the 15 vaccines considered, some countries have a mixed strategy of recommended and mandatory vaccinations. Mandatory vaccination may be considered as a way of improving compliance to vaccination programs. However, compliance with many programs in Europe is high, using only recommendations.

Vaccinations are one of the most important tools of primary prevention. All countries in the European Union (EU) have a long tradition of implementing vaccination programs. In the presence of such a large variety of vaccines on offer, the way vaccination programs are organised differs considerably between countries. The vaccines included in the program, the type of vaccine used, the total number of doses administered, and the timing of the vaccinations vary. Vaccines can also be offered in many different ways: usually, the vaccines included in the routine (childhood) vaccination program are paid for by the national healthcare system, whereas in some countries other vaccines need to be paid for up front by the recipient. There are also large differences in whether vaccinations included in the national programs are recommended or mandatory. Mandatory vaccination can be enforced by legislation, even though the term 'mandatory' has to be interpreted differently in different countries.

The Vaccine European New Integrated Collaboration Effort (VENICE) is a European network of experts working in the field of immunisation. All 27 EU Member States plus Iceland and Norway participate in VENICE. In each country a so called gatekeeper for VENICE is identified among the national experts in vaccine-preventable diseases. Cyprus, is a participating Country of the VENICE Operational Contact Points in the participating EU/EEA countries and contact point is the medical and Public Health Services Surveillance Unit. In 2007, VENICE conducted a survey on immunisation programs. The survey also included some questions whether vaccinations were recommended or mandatory. Of the 28 participating countries, 10 reported mandatory vaccinations for different vaccines in their national immunisation program.

In the meantime, vaccination programs have changed. New vaccines have been added to the immunisation programs and legislation about recommended and mandatory vaccinations may have changed. In 10 April 2014, the European Commission approved a Joint Procurement

Agreement, enabling all EU countries to procure pandemic vaccines and other medical countermeasures as a group, rather than individually. Joint procurement enables Member States (MS) to ensure that pandemic vaccines and medicines are available in sufficient quantities and at a correct price should a cross border health threat emerge.

However, the potential of the Joint Procurement Agreement is not limited to the vaccines for pandemics, rather it reaches beyond this, for the purchase of medical countermeasures for other infectious diseases such as botulism, anthrax, hepatitis B or polio. Signing of the Joint Procurement Agreement does not imply any immediate financial commitment for MS. A financial commitment will only be necessary when they sign contracts following procurement procedures launched on the basis of the Agreement. The call for a joint procurement mechanism came from MS after reflecting on the lessons learned from the 2009 H1N1 influenza pandemic (popularly known as 'swine flu').

On October 2013, the EU adopted a Decision to improve preparedness across the EU and strengthen the capacity to coordinate response to health emergencies. This Decision entered into force on 6 November 2013. Amongst others, the Decision provides for the establishment of the necessary arrangements for the development and implementation of a joint procurement of medical counter-measures. For the first time the EU can trigger its pharmaceutical legislation to accelerate the provision of vaccines and medicines in the event of any health emergency, including pandemics.

The Vaccine European New Integrated Collaboration Effort (VENICE) III project is the evolution of the two previous projects (VENICE I and VENICE II) in the field of vaccination. The first VENICE was performed in 2006-2008, sponsored by EC-DG SANCO; VENICE II, committed and funded by ECDC, was carried out in the years 2009-2013. Twenty-seven MS and two EEA/EFTA countries (Iceland and Norway) participated in the project. VENICE III started in September 2013, with the aim of collecting, sharing and disseminating information on national immunization programs through a network of professionals and providing information useful to build up methodologies and provide guidance, built for improving the overall performance of the immunization systems in the EU/EEA MS. The project covers several important topics in the field of vaccination; collection of information on selected vaccination programs at national and sub national level, monitoring of the status of introduction of new vaccinations in MS, investigation and improvement of the quality of vaccination coverage data. The duration of the project is 2 years, renewable for further two years. The main change of VENICE III is that the VENICE network will migrate into an official ECDC Vaccine Preventable Diseases network, with experts appointed by the Competent Bodies of each MS.

The policy for the programs of vaccinations in Cyprus, is determined by the Ministry of Health subject to the instructions of the World Health Organization (WHO) and especially of the Extended Vaccinations Program. The program of childhood vaccinations in Cyprus is formed and reformed in accordance to the epidemic form of infections, the level of health, and the social and financial conditions of our country, as well of International scientific data. In accordance to this program, vaccines against infectious diseases cover children of early childhood that may constitute a serious risk to Public Health. A well-organized program regarding vaccinations it is in reality a key- element to a healthy system since it constitutes the basis of evaluating the Health System of each country. Upon their entry to the Elementary School, pupils, until the age of 5-6 shall be covered with specific vaccines whilst it is true that the parents must present to the school, upon their children registration, the Health Book or the Vaccination Card of their children.

In Cyprus, the relevant domestic Law of 2004, provides – although contains some flaws – great protection to the public for many issues regarding the management of our medical needs.

The Law recognizes the Right for medical care only with the patient's consent and connects it directly with the Right to the provision of Information. Our consent for proposed therapies is only true however when we are correctly and promptly informed of the said therapy or even of the vaccination in order to give our consent or rejection. The domestic Law, provides to all of us the Right to reject therapies for any reason and obligates the providers of Health the duty to inform us for all risks or dangers or disadvantages of the therapies proposed to us.

According to the domestic Law, vaccinations are not mandatory, but EUROPEAN LAWS are set above the domestic laws, unless they interfere significantly with public safety or public health or ethics of a MS.

As already discussed here in, Cyprus is a contracting party to the European vaccination programs.

Dear reader, your question rise a lot of questions involving not only moral ethics but also the freedom to take decisions about our children. It is for this point however, that some scholars or academics or even politicians argue for the good of public health and some others for our right to take our own decisions even if we are voluntarily exposing ourselves in risking our health. In any case, the definition of what is rightful is defined differently in people's minds.