



European Economic and Social Committee

SOC/592

Strengthened cooperation against vaccine preventable diseases

DRAFT OPINION

Section for Employment, Social Affairs and Citizenship

Council Recommendation on Strengthened Cooperation against Vaccine Preventable Diseases

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For the attention of the section members

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1. Conclusions and recommendations

1.1 At European level

- 1.1.1 Member State cooperation on vaccines should involve consideration of the role of vaccines throughout a person's life and should explicitly deal with vaccinations for children, adolescents, adults and elderly people across borders. European Centre for Disease Prevention and Control (ECDC) data shows that diseases such as measles, that used to be childhood diseases, are now affecting teenagers and young adults as a result of waning immunity. This, together with cross-border migration flows and the availability of new vaccines targeting specific age groups (e.g. HPV, meningococcal disease, herpes zoster) calls for a life-cycle approach to vaccination.
- 1.1.2 For today's children, their parents' hesitancy with regard to vaccines represents one of the greatest dangers to their well-being – the result of long-standing scientific evidence being undermined to promote an anti-vaccination agenda. This wider trend of suspicion of experts and scientific consensus must be tackled through evidence-based communication, increased transparency and awareness raising if we are to avoid the epidemics of measles that have gripped the EU and the recent fatal cases of diphtheria. Public engagement in research and innovation programmes such as the "Science with and for Society" programme is one of the tools the Commission should use to educate on the benefits of vaccination.
- 1.1.3 The EESC calls on the Commission to raise awareness of the role vaccines play in protecting people from debilitating diseases by celebrating European immunisation day. Such a forum should use tailored communication to educate Europeans, in particular parents, children, healthcare professionals, migrants, minority groups and other population groups at increased risk of severe outcomes of vaccine preventable diseases. All communication channels, including mainstream and social media, should be used to provide science-based and accessible information for citizens and organisations. An intergenerational learning approach in vaccine-related communication would also help promote vaccination across the generations and tackle suspicion.
- 1.1.4 In an age where information and communication are increasingly digital, and where new technologies provide multiple opportunities to improve vaccination access and uptake, the Union must work towards improving Europeans' vaccine literacy to tackle hesitancy, and digital health literacy must be improved to enable access to and processing of digital information on vaccines.
- 1.1.5 It must always be remembered that human and animal health are inextricably linked. The European Food Safety Authority estimates that 75%¹ of infectious diseases that affect humans have their origin in animals. The ever-rising threat of antimicrobial resistance (AMR) also connects human and animal health. In this context, vaccines do not just prevent diseases, they contribute to the fight against AMR by reducing the unnecessary use of antimicrobials. This societal value is not reflected in EU support mechanisms, however, and there is no market incentive for farmers to use vaccines over cheaper products that exacerbate AMR. The EESC

¹ [European Food Safety Authority, "How do animal diseases affect humans?"](#)

recommends that, in the coming revision of the CAP, the Commission includes subsidies for farms that demonstrate the high rate of vaccination coverage needed to mitigate the economic and health threats of AMR.

1.2 At national level

- 1.2.1 We must ensure that preventable diseases from our distant past or which can be prevented by new generations of vaccines will never again reappear in our future. Healthcare professionals, including pharmacists, nurses, doctors as well as school and workplace medical services, are a cornerstone in tackling vaccine hesitancy as they play a key role in guiding and advising patients. The EESC urges Member States to invest in providing continuous training so as to enable healthcare professionals, and pharmacists in particular, to become ambassadors for vaccination and a bulwark against the dreadful public health consequences of the anti-vaccine movement. Vaccination could also be performed by doctors to ensure that potential acute reactions or anaphylactic shocks are managed safely.
- 1.2.2 Healthcare professionals are also at risk of exposure to a wide range of diseases. As an advisory body representing workers, employers and other interest groups, the EESC calls on the Member States to ensure full and effective implementation of Directive 2000/54/EC providing that if there is a risk to health and safety of workers due to exposure to biological agents for which effective vaccines exist, their employers should offer them vaccination.
- 1.2.3 Beyond healthcare professionals, Member State efforts to reach out to population groups at increased risk of severe outcomes of specific vaccine preventable diseases such as children, pregnant women, the elderly, minority groups and populations with specific underlying health conditions or exposed to sexually transmitted diseases such as human papillomavirus (HPV), hepatitis A and B, must be stepped up. The combination of routine check-ups such as paediatric or occupational health check-ups with immunisation programmes could help tackle sub-optimal coverage rates.
- 1.2.4 Europe is currently facing a historic and challenging situation as the age structure of the European population has started to go into reverse. Preventive measures such as adult vaccination should be considered as one tool to tackle this challenge while contributing to the European objective of active and healthy ageing.
- 1.2.5 The EESC notes with concern, however, that despite the 2009 target set by the Council of reaching 75% flu vaccination for older groups, only one Member State has achieved this target. Given that influenza in the elderly is at best debilitating and at worst deadly, Member States should look to redouble their efforts towards reaching this target.
- 1.2.6 Challenges currently facing Member States range from vaccine hesitancy to demographic changes in relation to population ageing and the increased movement of people, which have an impact on the risks of pathogen exposure across the Union. The EESC calls on the Member States to share best practices and know-how in addressing these challenges.

2. General comments

- 2.1 The EESC supports the Commission's three-pillar approach towards strengthened cooperation against vaccine preventable diseases as a timely response to the urgent health threats facing the EU today, namely vaccine hesitancy, declining coverage for specific diseases, unprecedented outbreaks of vaccine- preventable diseases, discrepancies between national vaccination programmes and vaccine shortages.
- 2.2 The EESC welcomes the proposed activities to increase synergies between vaccination and related policies, including those on crisis preparedness, e-Health, Health Technology Assessment, R&D and pharmaceutical industry, at national, European and international level. A concerted effort is critical to tackling the challenges that currently hamper the effectiveness of vaccination programmes across the Union.
- 2.3 Vaccination, the main tool for primary prevention, has been able to make Europe polio-free and eradicate other diseases like smallpox by preventing disease in individuals while interrupting the circulation of viruses. Outside Europe, globalisation has resulted in increased cross-border flows of viruses, pathogens and diseases as well as people. Recent migration flows have accelerated this trend. Vaccination significantly contributes to global health as diseases are not confined within national nor regional borders.
- 2.4 In the European Union, vaccination programmes fall under the remit of the Member States. As a result, various immunisation strategies co-exist within the EU, with some Member States having implemented advanced programmes targeting specific diseases throughout the life cycle, and/or addressing geographic specificities. Considering that the spread of diseases knows no borders, the EESC supports the Commission's proposal to develop guidelines on an EU common vaccination schedule to facilitate the compatibility of national schedules.
- 2.5 The lack of harmonisation of vaccine schedules within the Union is also an impediment to freedom of movement and residence that is one of the fundamental rights of EU citizens and their family members. Indeed, as outlined in the Commission communication, it may be challenging for people, particularly for children, to resume vaccination when moving across borders. Such harmonisation should however not result in a reduction of the range of vaccines available.
- 2.6 In its conclusions of December 2014², the Council recognised that although vaccinations are an effective tool in public health, re-emerging communicable diseases such as tuberculosis, measles, pertussis and rubella, which can cause a high number of infections and deaths, still present a public health challenge. These recent developments make Member State cooperation against vaccine preventable diseases even more pressing.
- 2.7 In light of the above, the Council Recommendation on strengthened cooperation between Member States, industry and stakeholders at EU level is a step in the right direction. The EESC fully supports enhanced action in the field of vaccination.

²

[Council Conclusions on vaccinations as an effective tool in public health, 1 December 2014](#)

3. **Specific comments**

- 3.1 The EESC supports the Commission's view that digital tools such as a common EU citizens' vaccination card, retrievable through electronic immunisation information systems, and a web-portal to raise awareness of the benefits and safety of vaccinations, could help meet the objectives outlined in the communication. In this regard, the Commission should work with the Member States to increase Europeans' digital health literacy so as to maximise the benefits of these digital tools.
- 3.2 Considering the shift in the burden of traditionally paediatric diseases towards later stages in life, as well as the availability of new vaccines that can prevent diseases in adults and the older age groups, Member States are encouraged to consider vaccination programmes across the entire life cycle, taking into account the most cost-effective vaccination strategies to prevent disease according to the needs of various age groups (for instance adolescents, pregnant women, individuals with chronic conditions and minority and older age groups).
- 3.3 As highlighted by Mr Juncker in his 2017 State of the Union address, children are still dying from vaccine preventable diseases such as measles. The risk to children from unvaccinated classmates represents a significant threat. School placement may need to be conditional on proof of vaccination to ensure high vaccination coverage rates. In this context, schools and educators should be better informed about the role of vaccines to be able to communicate with parents and children about vaccination. This educational aspect is a critical factor as schools play a central role in the decision-making process of parents.
- 3.4 Vaccine preventable cancers threaten to burden the adolescents of today with deadly cancers when they grow older. Facing a rising cancer burden, the EU Member States have made the fight against cancer a top priority on their policy agenda. Experience shows that properly-implemented vaccination policies can achieve almost complete elimination of diseases, such as human papillomavirus-related (HPV-related) infections. The provision of HPV vaccination to adolescents should be looked at as a major aspect of cancer control programmes, as they are a unique category of vaccine preventable cancers.
- 3.5 Adult vaccination is sometimes the only available preventive solution to tackle a specific disease, such as influenza or herpes zoster, whether to avoid it entirely or to reduce its severity. In the European Union, one in four people will suffer from herpes zoster during their lifetime while up to nearly 40 000 people die prematurely each year due to causes associated with influenza. These figures can only be lowered through vaccination.
- 3.6 Considering the reported hesitancy among healthcare workers themselves, as well as cases and outbreaks of vaccine-preventable diseases due to transmission from healthcare staff, implementation of and compliance with vaccination programmes for healthcare workers should be carefully monitored and sustained with adequate training, in the interest of patient safety as well as for healthcare workers' own protection, in line with Directive 2000/54/EC.
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