

WHO Regional Office for Europe

Vaccine-preventable diseases and Immunization programme

Immunization Programme in the WHO European Region

Hepatitis B and other vaccine preventable diseases

3rd National Irish Immunization Conference, 3 May 2006

Dr John Spika, WHO Regional Office for Europe

Immunization in the European Region - overview of presentation -

- Vaccine Preventable Diseases and Immunization Programme (VPI) organization
- Challenges in the Region
- Achievements by area of work













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Plan stratégique pour la Région européenne de l'OMS, 2005-2010













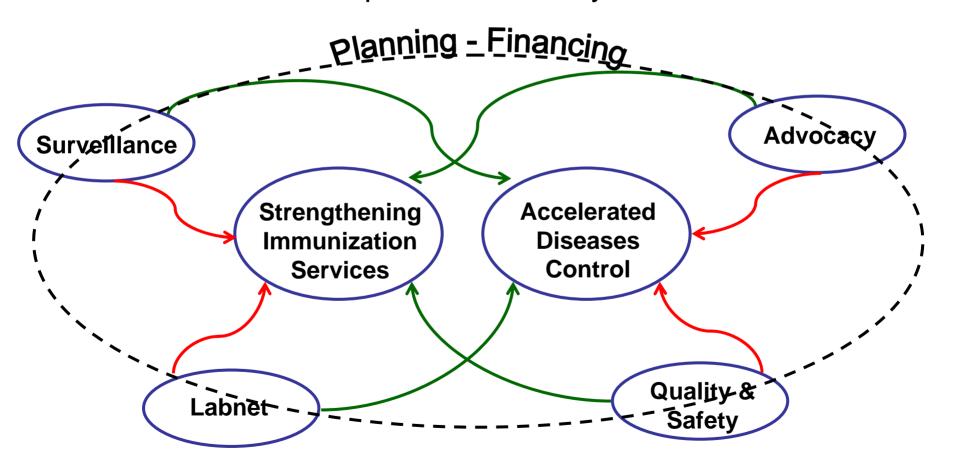






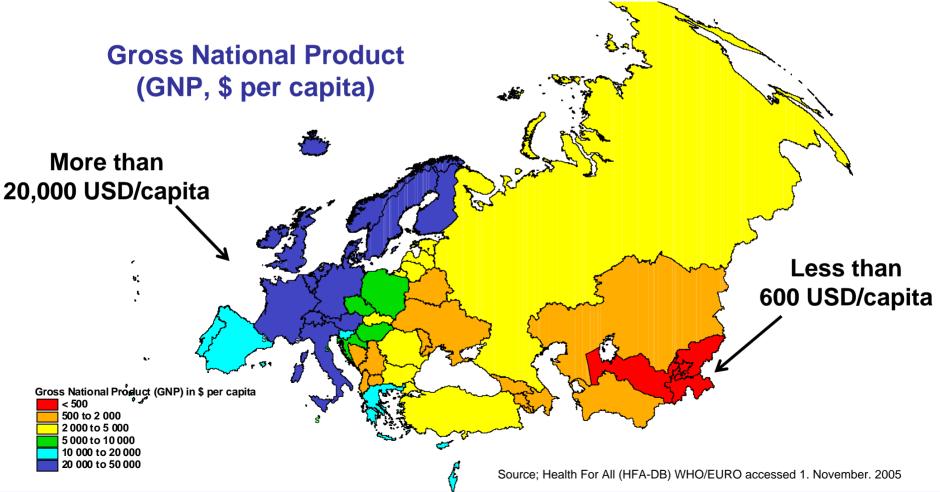
FOCUS: Vaccine Preventable Diseases and Immunization

All activities are converging toward "strengthening immunization services" and "accelerated disease control" with sustainable impact on health systems



Extreme diversity in the Region

- GNP difference between west & east is more than 30 times
- At least 5 different blocks in the Region

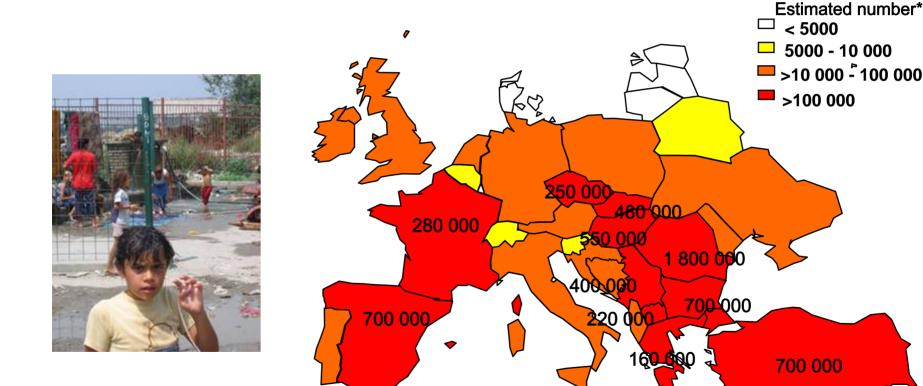


Health care systems and reforms; impact on immunization

- Health sector reform a challenging impact on routine immunization services
- Limitations in consensus building for national policies
- Decentralization "pushed" more than "prepared"
- Family doctors lacking updated training on immunization, surveillance, quality and safety
- Private sector entering in immunization arena difficult supervision, reporting and quality control
- Vaccine procurement through local supplier quality assurance and prices

Marginalized groups in Europe

- Minority groups are most vulnerable in many countries
- Low access to health services and poor living conditions



Minority rights groups' lower estimates



< 5000

>100 000

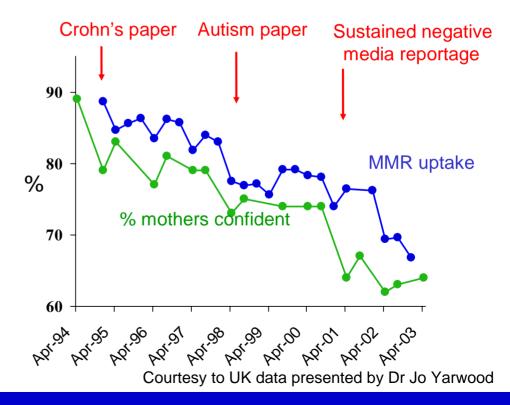
5000 - 10 000

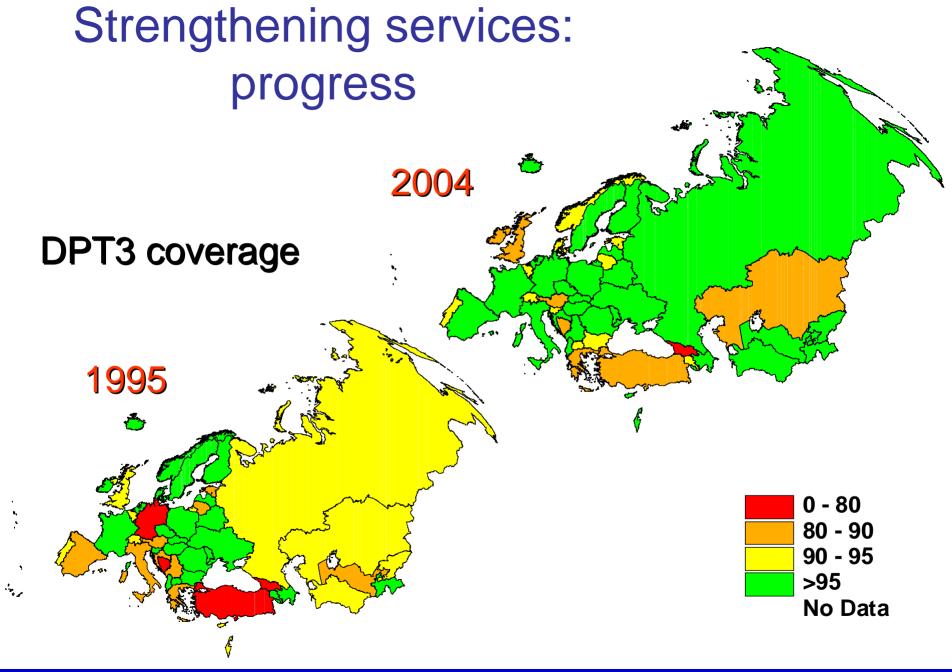
Allegations for safety of vaccines

- Growing concern in several countries in the Region
- Damaging the immunization programmes seriously

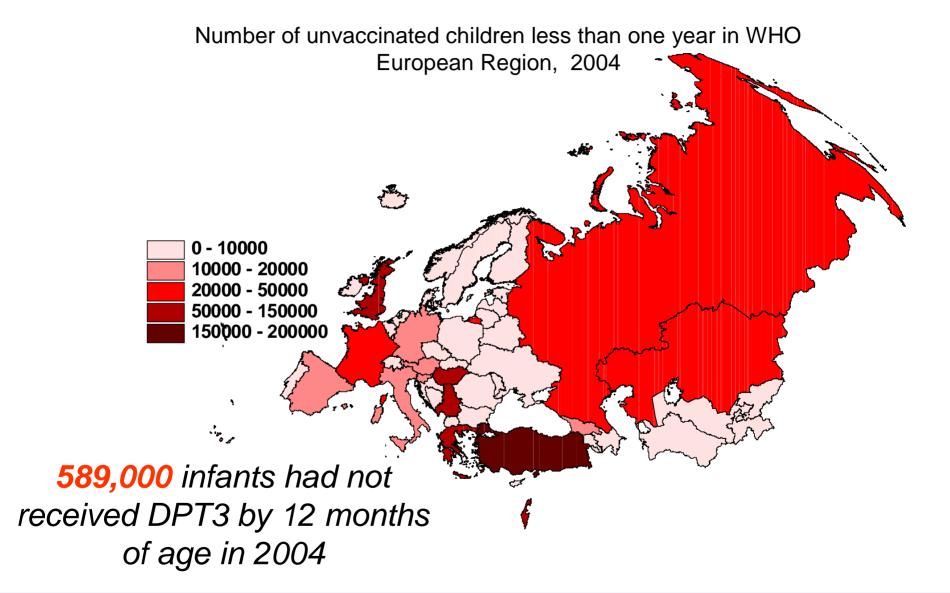


MMR uptake at 16 months and proportion of mothers believing in complete or almost complete safety of MMR vaccine



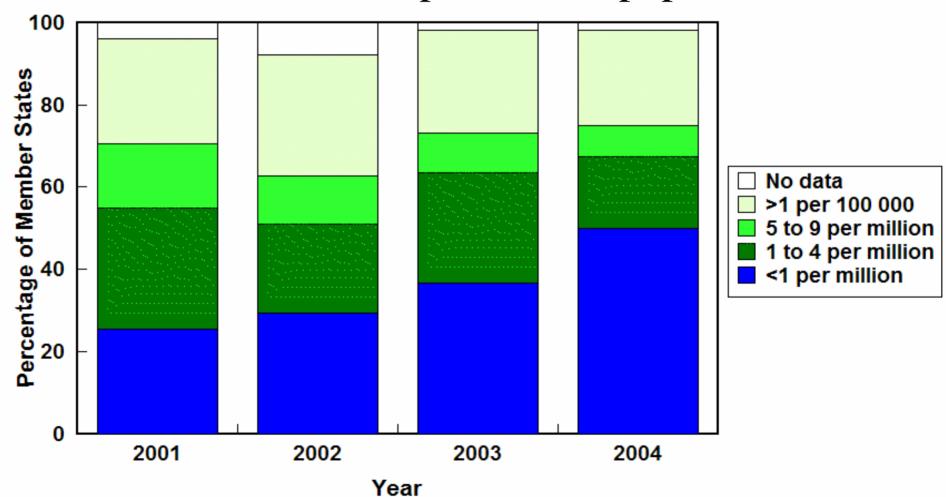


Strengthening Services: the remaining challenge

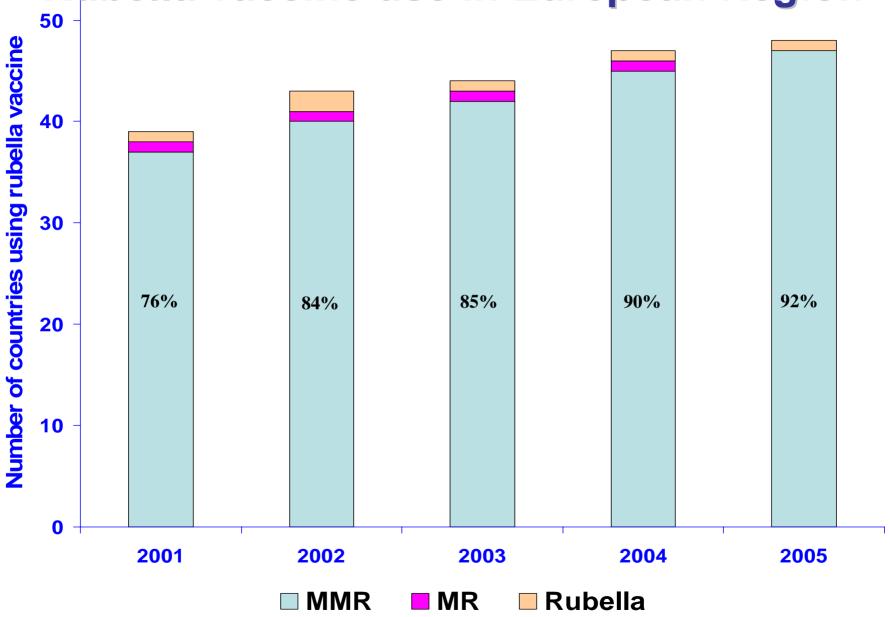


Measles elimination criteria:

Incidence <1 case per million population

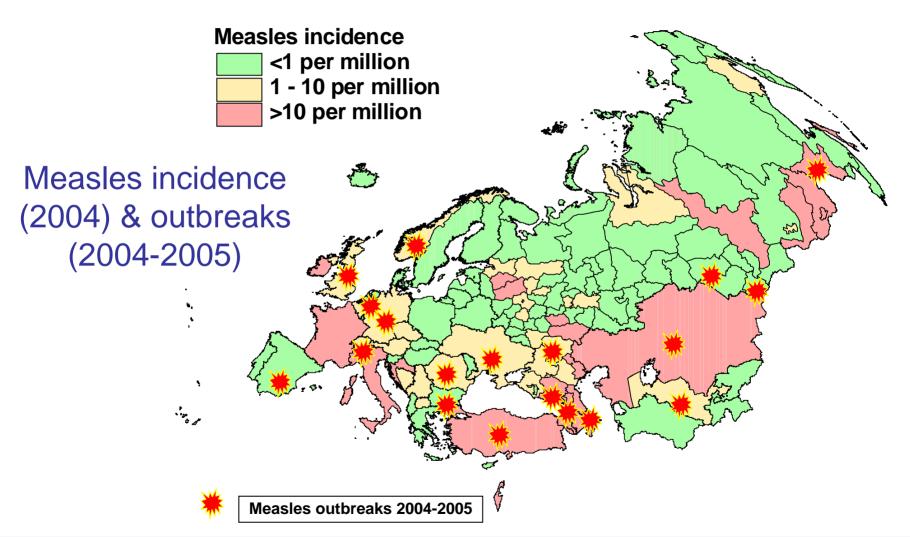


Rubella vaccine use in European Region





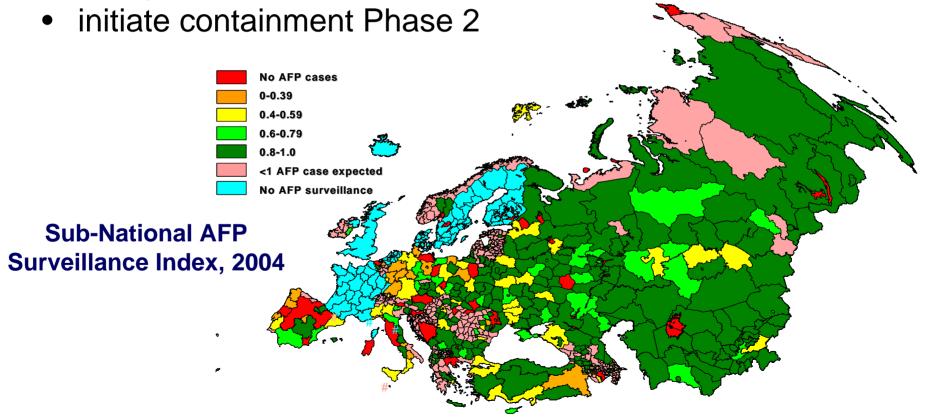
Measles elimination:challenges



Accelerated Disease Control: Polio

After Certification in 2002, maintain polio-free status:

- sustain high population immunity
- sustain laboratory based surveillance for wild polioviruses
- timely detection and response to importation (wild or VDPV)



Polio Containment Progress – Phase I

Containment objective for Phase I:

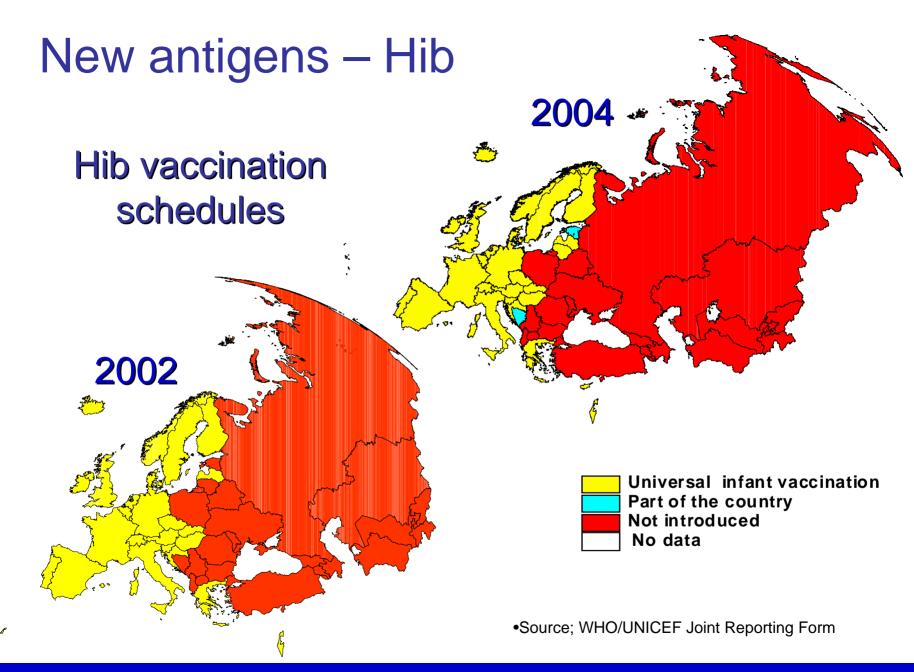
- Laboratory survey and inventory
- BSL-2 safety requirements

•	Laboratories included in the search	55 288
•	Laboratories responded	55 216
•	Total	99.9%

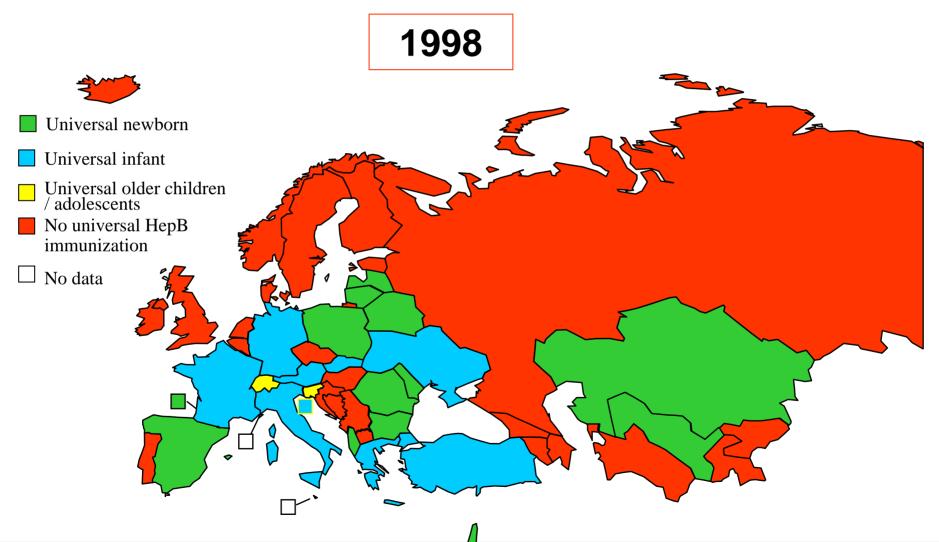
25/52 countries reported:

- Laboratories storing wild polio infectious material 116
- Laboratories storing wild polio infectious/potentially infectious materials

27/52 countries reported no infectious materials



Hep B immunization policy, WHO/European Region



Hep B immunization policy, WHO/European Region

2004 Universal newborn Universal infant Universal older children / adolescents No universal HepB immunization

Current Hepatitis B Disease Burden¹

	Total	Deaths From
Region	Deaths	Chronic Infection
AFRO	69,000	90%
AMRO	12,000	92%
EMRO	21,000	90%
EURO	51,000	94%
SEARO	143,000	92%
WPRO	325,000	95%
Global	620,000	94%

¹ Year 2000



Future Hepatitis B Disease Burden¹

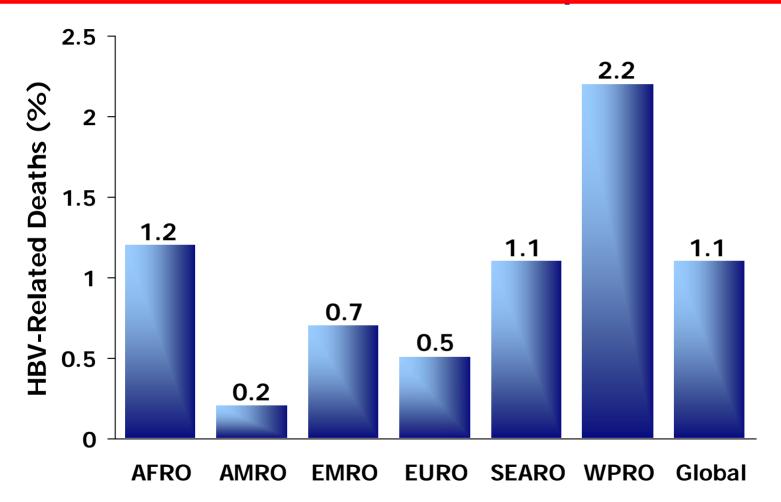
	Total		
	Infections	Chronic	Total
Region	(millions)	<u>Infections</u>	Deaths ²
AFRO	18.5	2,915,000	276,000
AMRO	1.3	174,000	28,000
EMRO	5.3	663,000	96,000
EURO	2.9	365,000	56,000
SEARO	17.4	2,386,000	368,000
WPRO	19.3	3,230,000	581,000
Global	64.8	9,733,000	1,405,000 ³

¹ 2000 birth cohort over course of lifetime without vaccination

² Acute hepatitis B and chronic HBV infection

^{3 95%} from chronic infection and 5% from acute hepatitis B

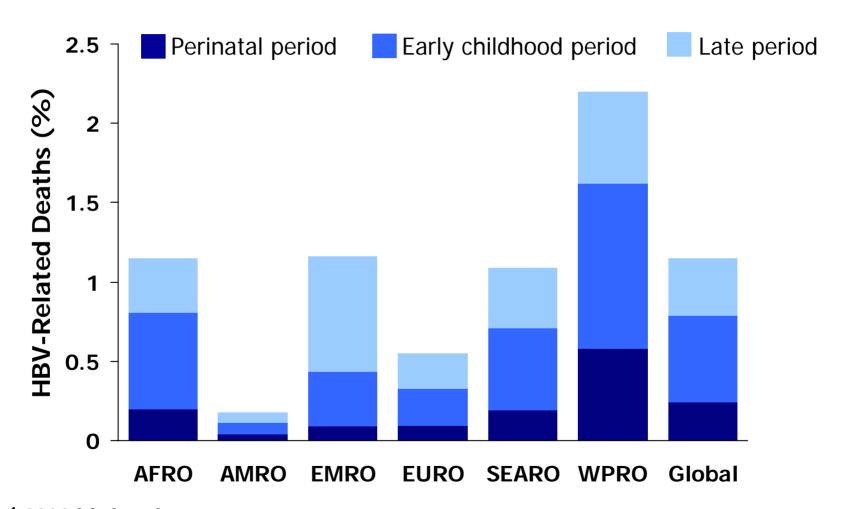
Proportion of Total Deaths in the 2000 Birth Cohort from Hepatitis B¹



¹ Future deaths in 2000 birth cohort, without vaccination



Proportion of Total Deaths from Hepatitis B, By Age at Infection¹



¹ 2000 birth cohort

Hepatitis B vaccine (HepB3) coverage in the WHO **European Region, 2000 Coverage category** 0 - 8080 - 90 90 - 95 >95 No Data

•The designations employed and the presentation of this material do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



Source: WHO/UNICEF Joint Reporting Form

Hepatitis B vaccine (HepB3) coverage in the WHO **European Region, 2004 Coverage category** 0 - 8080 - 90 90 - 95 >95 No Data

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Immunization Quality & Safety: Objectives

- 1. **AEFI surveillance**: In-country training and follow up focusing on increased sensitivity, case definition, analysis
- 2. Eliminate vaccine freezing: evaluation and supervision for action
- 3. Vaccine regulations: NRA assessment & GTN training
- 4. Stock Management: Adopt "Model Quality Plan" and Effective Vaccine Store Management assess., GTN training
- 5. Reduce needle-stick injuries: Evaluate effectiveness of policy and progress made on behavior change
- 6. Waste Management: Develop appropriate national policy

Advocacy for immunization European Immunization Week

Annual initiative to raise awareness, improve communication and advocate for immunization across the Region

- > Every child's need and right to be protected
- Special focus placed to reach vulnerable groups









vaccine Safety Net



http://www.who.int/immunization_safety/safety_quality/vaccine_safety_websites/en

