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From: General Secretariat of the Council
To: Permanent Representatives Committee/Council

Subject: **Employment, Social Policy, Health and Consumer Affairs Council session on 7 December 2018**
Tackling vaccine hesitancy at EU and national level: Challenges and possibilities in a digitalised world
- *Exchange of views*

Delegations will find in the Annex a text prepared by the Presidency as a basis for the public exchange of views on 'Tackling vaccine hesitancy at EU and national level: Challenges and possibilities in a digitalised world' taking place at the Council (EPSCO) session scheduled for 7 December 2018. In order to structure the exchange of views, the Presidency has prepared a set of questions that are set out at the end of the text.

**Tackling vaccine hesitancy at EU and national level:
Challenges and possibilities in a digitalised world**

BACKGROUND AND CHALLENGES

Vaccination is one of the greatest public health achievements in the 20th century that has facilitated the global eradication of smallpox as well as the elimination of polio and led to a significant reduction of the burden of formerly wide-spread diseases such as diphtheria and tetanus. Even though there is broad scientific consensus on vaccinations being one of the most important and effective preventive options that are available in modern medicine, vaccine preventable diseases are a growing threat to public health in most parts of Europe. There are various reasons for this disparity between theoretical knowledge and its practical implementation, one of them is growing vaccine hesitancy. Today's communication and information technologies that allow the rapid and easy spread of all kinds of messages, including misinformation on vaccines and vaccinations, could lead to anxiety over vaccination. At the same time, the rapid development in this field could on the other hand contribute to improve the promotion of health and the prevention of disease.

Vaccine hesitancy and waning confidence

Misconceptions about vaccination have shifted the public focus away from the benefits of vaccination towards distrust in science and fear of possible adverse reactions. There are a number of factors at play behind this increased hesitancy, that might not even all be understood yet. As vaccine-preventable diseases have decreased thanks to routine vaccination in the past, citizens do not anymore perceive vaccine preventable diseases as the life-threatening risk they can be. They are therefore not sufficiently aware of the vital role of vaccination in saving lives and the risks of non-vaccination. Other factors playing a role include a lack of reliable information and, in some cases, distrust in the providers of the available information, a lower acceptance of any potential risks associated with vaccines administered to healthy persons (in particular children), a lack of understanding of the individual versus community benefits of vaccination and media controversies on vaccine safety fuelled by misinformation. Communication technologies allowing the rapid and easy global spread of messages and the permanent access to potentially unreliable information via

the internet have provided many new platforms that speed up the distribution of anxiety and misinformation on vaccines and vaccinations. In a number of EU Member States anti-vaccine groups, aided by social and mainstream media, are gaining attraction and have started influencing the public opinion and politics.

A recently published report on the state of vaccine confidence in the EU¹ points out that although the majority of citizens in the EU still believe in the importance, effectiveness and safety of vaccines, vaccine confidence in the WHO European region is lower than that in other regions and a number of countries have faced important confidence crises during the past 20 years which may be part of the explanation for devastating measles outbreaks in certain EU Member States.

Effects of insufficient vaccine coverage

Overall vaccination coverage differs markedly across EU Member States, with many falling below the target of 95% coverage which is needed to ensure herd immunity. As a prominent example, only four EU/EEA countries achieved at least 95% vaccination coverage for both doses of measles-containing-vaccine in 2017.

A number of EU Member States and neighbouring countries are therefore currently facing unprecedented outbreaks of vaccine-preventable diseases. In 2017 alone, over 14,000 persons in the EU contracted measles - more than three times the number reported in 2016. In the past two years, more than 57 persons died due to measles and two due to diphtheria. Europe is failing to eliminate measles in line with agreed WHO targets.

Another effect of insufficient vaccination coverage is that the risk of poliovirus reintroduction in the EU persists, putting the Union's polio-free status at risk.

¹ https://ec.europa.eu/health/sites/health/files/vaccination/docs/2018_vaccine_confidence_en.pdf

There are around 33 000 cases of cervical cancer detected each year and about 15 000 deaths from this form of cancer in the EU each year². About 70 % of all cases of cervical cancer are caused by infections with human papilloma virus (HPV). These cases could be rapidly reduced of up to 90% by HPV vaccination of teenage girls and young women³.

ADDRESSING KEY BARRIERS AND FACILITATORS TO EFFECTIVE VACCINATION COVERAGE

As a first step to addressing low vaccination coverage rates it is crucial to understand the mechanisms that lead to the low uptake of vaccines in Europe.

According to a recently published report on the organisation and delivery of vaccination services in the EU⁴, Member States report that vaccine hesitancy is one of the main barriers to effective vaccination coverage regarding measles and to effective implementation of childhood vaccination programmes. Other reported barriers to effective vaccine coverage against measles are a failure to reach vulnerable groups of the population, a lack of awareness in the population in general, insufficient training or vaccine hesitancy among health professionals, the organisation, provision and financing of vaccination services, short-term shortages of vaccines, and a lack of electronic national and international vaccination registers. Some countermeasures mentioned in the report are the inclusion of measles vaccination in publicly funded health services, awareness raising campaigns and the use of a monitoring system overseeing vaccinations.

As regards adult vaccination against influenza, main barriers to effective vaccination coverage reported by Member States include lack of awareness among the general population, with people being unaware of the potentially serious consequences of infection, and the related issue of vaccine hesitancy / anti-vaccination movements as well as out-of-pocket payments. A facilitator for effective influenza vaccination coverage reported by Member States is media campaigns to raise awareness in the general population and among health workers.⁵

² <https://ecdc.europa.eu/en/human-papillomavirus/factsheet>

³ <http://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/news/news/2018/10/hpv-vaccination-protecting-girls-now-from-cervical-cancer-in-their-future>

⁴ https://ec.europa.eu/health/sites/health/files/vaccination/docs/2018_vaccine_services_en.pdf

⁵ https://ec.europa.eu/health/sites/health/files/vaccination/docs/2018_vaccine_services_en.pdf

Main factors influencing vaccination uptake identified by a recently published report by an expert panel on effective ways of investing in health⁶ include on the positive side access to reliable information about vaccination, exposure to positive media messages, building trust in institutions and providers, and building confidence in vaccination and on the negative side exposure to rumours and myths undermining confidence in vaccines and failure by some healthcare providers to counter these myths and provide evidence-informed advice.

One of the factors currently changing and influencing health care in general and therefore also affecting the vaccination sector is the ongoing digitalisation in the health care sector. For the field of vaccinations, one of the main achievements of digitalisation is the development of electronic immunisation information systems (IIS), which have been implemented by eight Member States on a national basis and many more of them on subnational level by the end of 2016⁷. Those systems have a high potential in improving public vaccine supply by optimizing data quality on coverage rates and helping to identify vaccination gaps and underserved population groups. They could also improve vaccination coverage rates by offering additional facilities such as reminder systems. Their use however also points to new areas of conflicting interests and makes further considerations on fields such as data protection and individual rights, ethics and comparability of systems necessary.

⁶ https://ec.europa.eu/health/expert_panel/sites/expertpanel/files/020_vaccinationpgms_en.pdf

⁷ <https://ecdc.europa.eu/sites/portal/files/documents/immunisation-systems.pdf>

ISSUES AND DISCUSSION TOPICS

Against the background set out above, **the Council** is invited to consider the following questions:

1. A recent study⁸ shows that vaccine hesitancy decreased in some European countries but increased in others. The ongoing measles outbreak in Europe proves that vaccine hesitancy that may lead to low vaccination coverage rate is an important cross-border threat to health in Europe. What are the reasons for the variations in vaccine hesitancy between Member States and how can they be addressed? Which efforts are necessary to systematically fight vaccine hesitancy and low vaccination coverage rates in the European Union in order to eliminate this cross border health threat? Is there any best practice that has helped your Member State to increase vaccination coverage? Could you mention an example of a successful measure that could be implemented in other Member States?
2. The rapid spread of messages and the easy access to information via the internet provides a platform for anti-vaccination activists and makes it more and more difficult for the general public to identify trustworthy sources of information regarding vaccinations. How can Member States best synergise to fight misinformation and fake news on vaccines and vaccination in the media and especially on the Internet?
3. The ongoing digitalisation is driving changes in all parts of the health care systems. Which benefits and challenges will digitalisation bring to the area of vaccination and how could it help to improve vaccination coverage rates?

⁸ https://ec.europa.eu/health/sites/health/files/vaccination/docs/2018_vaccine_confidence_en.pdf