

Estonian pupils' immunization coverage and the affecting factors

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Aim

To introduce

- how immunization has been carried out in Estonia;
- what are the affecting factors and possible methods to increase the coverage of vaccination among Estonian pupils



Background information

- Immunization is voluntary in Estonia
- The National Immunization Schedule is set up on a national level and applies to the whole country
- Immunization program vaccines are free of charge for children and dT vaccine for adults in Estonia
- Parents' agreement is needed for vaccination of children
- The vaccination of preschool children is performed by a family physician or nurse. The vaccination of school-aged children is organized by the school nurse on the basis of the immunization schedule

Immunization Schedule in Estonia, 2016

| AGE | Hep B | BCG | DTP | OPV | Hib | MMR | dT |
|------------|-------|-----|-----|-----|-------|-----|--------|
| 12 hours | Yes | | | | | | |
| 1-5 days | | Yes | | | | | |
| 1 month | Yes | | | | | | |
| 3 months | | | Yes | Yes | Yes | | |
| 4,5 months | | | Yes | Yes | Yes | | |
| 6 month | Yes | | Yes | Yes | Yes | | |
| 1 year | | | | | | Yes | |
| 2 years | | | yes | Yes | Yes | | |
| 7 years | | | | Yes | | | Yes |
| 12 years | | | | | | | Yes |
| 13 years | | | | | Yes * | Yes | |
| 17 years | | | | | | | Yes |
| >18 years | | | | | | | Yes ** |

HPV (2 doses) will be added for girls aged 12 - 14 from 2018

* Hep B administered only for children who were not immunized at birth

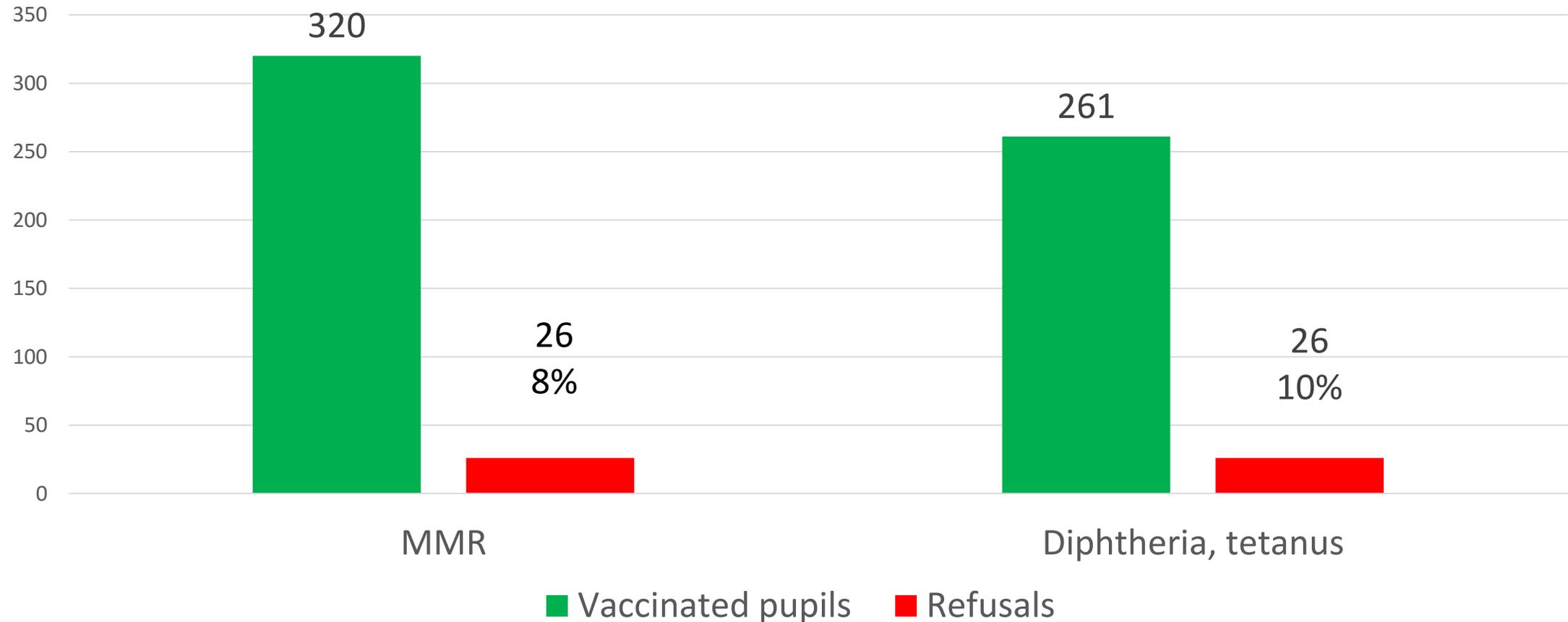
** Free of charge booster every 10 years for adults

Vaccination coverage in Estonia 2011 - 2016

| Vaccination coverage in a age groups | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|--|------|------|------|------|------|-------------|
| Diphtheria, tetanus (7 month-14 years) | 97,1 | 97,0 | 96,7 | 96,4 | 96,2 | 95,9 |
| Pertussis (7 month-10 years) | 96,3 | 96,3 | 96,0 | 95,7 | 95,4 | 95,2 |
| Measles, rubella, mumps (1-14 years) | 96,6 | 96,3 | 96,0 | 95,7 | 95,5 | 95,4 |
| HebB (2 years) | 95,0 | 94,7 | 94,7 | 94,1 | 93,4 | 92,5 |
| Hib (2 years) | 93,5 | 95,1 | 95,1 | 95,0 | 94,1 | 93,8 |
| Polio (7 month-14 years) | 97,1 | 97,0 | 96,7 | 96,4 | 96,2 | 95,9 |
| Tuberculosis (0-11 month) | 97,0 | 97,9 | 95,9 | 95,1 | 95,5 | 95,1 |

* Vaccination refusals 5,5%

No of vaccination refusals in 2015/16 school year on an example of two Tallinn schools*



*French Lyceum and Gustav Adolf Gymnasium

Possible reasons of refusing from vaccination

- Favourable epidemiological situation
- Insufficient level of knowledge about vaccination
- People do not trust information coming from state
- Doubts about the effectiveness of vaccination
- Doubts about vaccine safety
- Sceptical attitude towards new vaccines
- Voluntariness of immunization in Estonia
- Controversial information on the Internet

Estonian Health Board, 2017

Reasons of refusal told by parents



- Doubt about vaccine efficiency
- Belief that naturally acquired immunity is preferable
- Fear of autism spectrum disorder
- Concerns about added ingredients in vaccines
- Fear that child will suffer other complications from vaccine
- Belief that child will get illness from vaccine
- Pain/stress from multiple injections for child
- Family`s life style

Anti-vaccine movements

Almost as long as there have been vaccines, there has been an anti-vaccine movement. The misinformation promoted by antivaccinationists can infect parents and make them vaccineaverse.

David H. Gorski, MD, PhD



religious
groups

homeopathy
naturopathy
alternative medicine



followers of
conspiracy theories

Best communication

Emphasize on vaccine protection
not about vaccine safety or risk



Let's talk about protection

Practical guidance
for health care providers
to enhance childhood
vaccination uptake

www.ecdc.europa.eu

Manual and communication guide
for vaccinators



Effective strategies (1)

- Reminding parents that healthcare providers, too, want what is best for their children
- Explaining that healthy children must be vaccinated to protect more vulnerable children who can't be vaccinated (kids with cancer, autoimmune diseases, transplant recipients, newborns)
- Providing evidence-based responses to concerns and info on potential morbidity/mortality of vaccine-preventable diseases

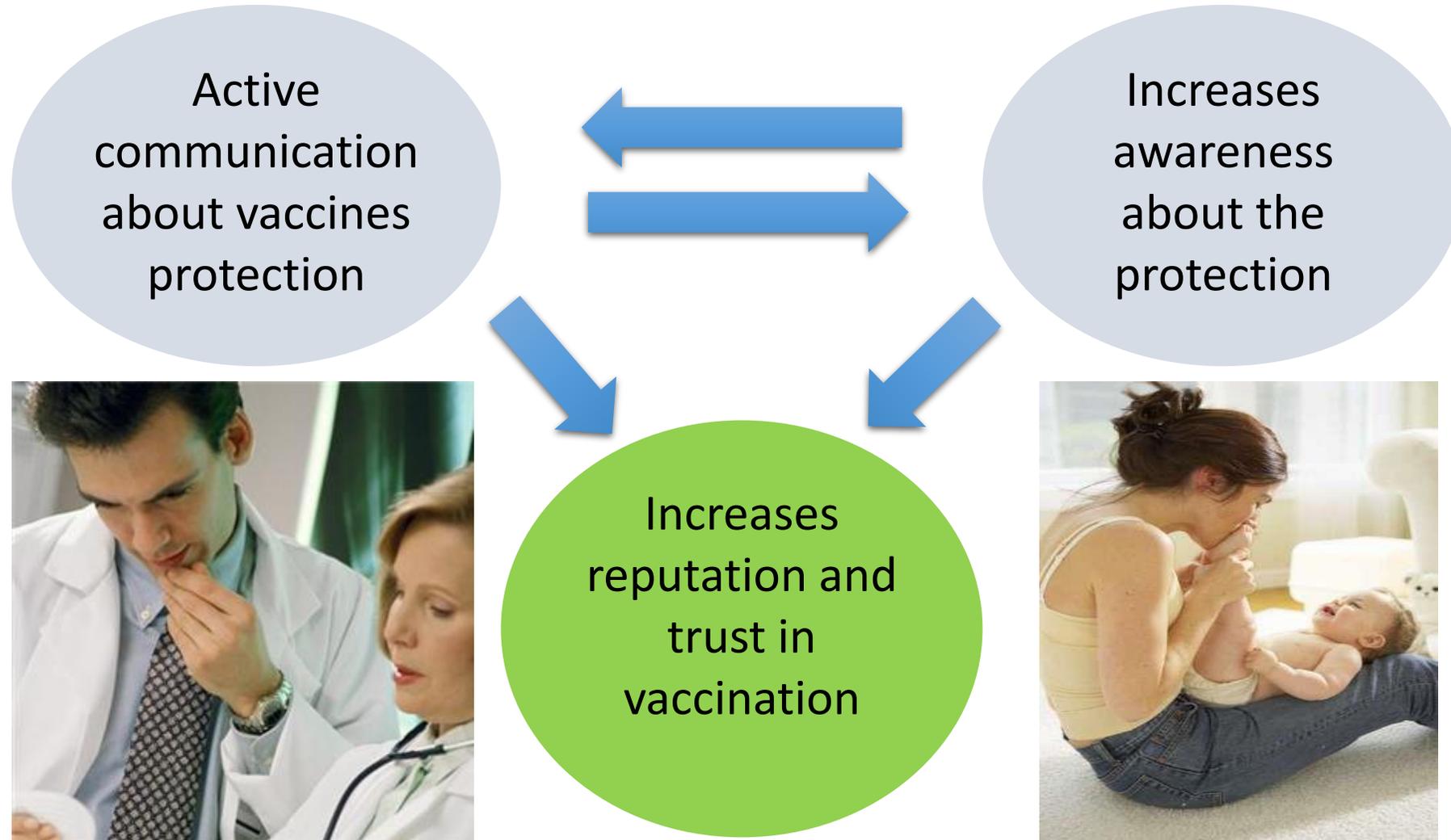


Effective strategies (2)

- Being the positive role model for your patients
- Communicating real life examples instead of facts
- Offering an alternative schedule for vaccination
- Noticing and recognising those who feel positive about vaccination
- Storing immunization data online and making a record in the immunization passport



Conclusion



Thank you for your attention!

