

Prevention and control of viral hepatitis through adolescent health programmes in Europe

Ljubljana

15-16 March 2007

Meeting's aims

- Actual theme: prevention and control of diseases preventable by vaccines in European and other industrialized countries
- Objectives: to provide an overview of the importance of reaching adolescents, currently existing youth health systems, and countries with childhood and adolescent immunization programmes in Europe
- Identify obstacles and limitations to the setting up, implementing and evaluating of vaccination programmes for children and adolescents
- Consider the role of various partners
- Highlight issues
- Discuss lessons learnt and opportunities

Context

- Mainly European context
- Communicable diseases still present, e.g. pertussis
- Country examples
 - Increasing rates of hepatitis B in young girls
 - More deaths from hepatitis B than from AIDS in at least one country
- New vaccines against different diseases effective but costly
- Value of hepatitis B vaccine experience for introduction of HPV
- Experience with HPV will be valuable for other adolescent vaccines
- Adolescent immunization can be delivered routinely or through campaigns, in the private or the public sector, in clinic-based (health centres), community, or school-based settings; legal (consent) and medical issues (chronic illness)

Context (2)

- Policies can be adapted and changed:
 - initial hepatitis B vaccine policy of targeting risk groups unsuccessful; age-based targeting more effective
 - policies are being adapted to introduce new vaccines – e.g. meningococcal C and pneumococcal vaccines
- Following the approval of a vaccine, providers have to adopt recommendations, parents and patients to accept those recommendations, and governments have to make the vaccine available (e.g. funding)
- Many different providers (private, public), professional organizations and funding arrangements exist within and among countries

Context (3)

- In resolution WHA58.15 on global immunization strategy, adopted in 2005, the World Health Assembly urged Member States to meet immunization targets expressed in the United Nations General Assembly special session on children; to adopt the Strategy as the framework for strengthening of national immunization programmes, with the goal of achieving greater coverage and equity in access to immunizations, of improving access to existing and future vaccines, and of extending the benefits of vaccination linked with other health interventions to age groups beyond infancy; to ensure that immunization remains a priority on the national health agenda, ...

Context: adolescents

- Adolescents - about one fifth of the global population
- Recognition of adolescents as a positive force in society
- Growing interest in young people's health at school and university (e.g. HPV); intersectoral approach to adolescent health: health and education
- School health services play a specific role in preventing and responding to health problems
- Many countries include vaccination of 9-20 year olds in national immunization schedules, mostly booster doses (diphtheria and tetanus), delivered through routine visits, campaigns and/or school-based activities

Context: adolescents (2)

- Early, mid and late stages: great physical and mental changes within the short time
- A time of thinking, relation to others, sense of invulnerability - all have implications of communication
- Psychosocial development, sexuality, conformity and peer influence, cognitive development, autonomy and recognition of responsibility; ability to accept arguments despite apparent rebellion
- Influence of family, parents and teachers greater than is apparent
- Little perception of future consequences because of their sense of invulnerability and lack of relevance to them or their peers of a disease that may possibly manifest far in the future, yet surveys indicate a certain fear of disease is a motivator for vaccination
- Generally good interest in immunization, but mixed knowledge about vaccines; better knowledge among girls; influence by doctor and parents much greater than that of media
- Knowledge may be good (e.g. about contraception and STIs) but putting it into practice may be difficult or not done

Context: adolescents (3)

- Risks and serious consequences to health (HIV, STIs, maternal mortality)
- Consent and confidentiality: fear of parents and other adults finding out about the consequences of their actions (e.g. pregnancy or STIs)
- Legal and policy restrictions (parental consent, contraception, STI treatment)
- Some are hard to reach; when they are not at school, where are they? Globally, less than half outside the industrialized countries attend secondary school
- Needs: safe and supportive environment, protection by adults through information and school to understand and interact with the world; user-friendly health services and counselling adapted to each country or region
- Vulnerability - one third experience stressful events and 1/5 tumultuous development
- Few adolescents routinely attend primary care where vaccines are traditionally administered

Context

- Strong public health traditions in countries represented at meeting
- Infrastructure (physical and human resources) generally exists
- Globally, older children are reached by campaigns but sometimes through routine immunization
- Continuing complexity of immunization schedules
 - federal and national practices
 - hepatitis B vaccine doses - from 3 to 2
- Mandatory versus voluntary immunization, with variants: obligatory to offer vaccination but freedom to refuse

Context

- In European countries with adolescent vaccination programmes, coverage rates are generally high, with supportive public attitudes but:
 - incomplete and scattered data
 - coverage affected by deprivation, ethnicity and mobility
 - rates vary depending on individual vaccine
 - anti-vaccination lobbies and media scares do have an effect
- New vaccines being introduced or in the pipeline with long intervals between launch and implementation of vaccine programme
- Wide variety of decision-making processes
- Mostly centralized purchase of vaccines

Lessons learnt

- Among countries represented at the meeting, school health services exist in most but not all countries
- With school attendance mandatory for high proportions of adolescents, vaccination at school makes sense, and high uptake can be achieved cost effectively, with high compliance and better ability to verify immunization status
- There is no "one size fits all" solution – national, regional, cantonal or municipal approaches have to be formulated
- Efficient administration needed to contact adolescents and recall them for vaccination - electronic systems ideal
- National procurement is a powerful negotiating tool for lowering purchase price of vaccines

Lessons learnt (2)

- Vaccinators – in different countries vaccination is done by doctors and/or nurses
- Parents, teachers and adolescents need to be involved early in discussions about adolescent vaccination
- Sociocultural differences – popular misperceptions exist about mandatory status of vaccination; across the world, doctors occupy different hierarchical positions in society, and the presence of vaccine-preventable diseases varies
- Mandatory systems lead to higher coverage rates, free provision of vaccines and guaranteed infrastructure, and compensation systems for adverse reactions
- Funding - public/private
- Schools offer opportunities for health promotion (e.g. sexual health); success of health promoting schools programmes; several global initiatives

Lessons learnt (3)

- Some countries have specific programmes to contact hard-to-reach groups of adolescents with risky behaviours
- Gaps in knowledge (adolescents and adults); but good awareness among adolescents and mothers about poliomyelitis, hepatitis B and DTP vaccines – Internet not a major source of information for mothers regarding infant immunization
- Key roles of parents, families and teachers; evidence that dialogue with doctor had to be initiated by parents – needs to be encouraged
- Mothers are key decision-makers in the family about vaccination, but want to participate more in the process
- Safety issues important but mothers feel that they are not sufficiently well informed because of misleading information
- Generally religion not an obstacle to success of immunization programmes

Issues

- Hard and fast traditions, practices and perceptions - how easy will it be to change them?
- Cultural sensitivities are felt about mandatory vaccination and consent
- In some countries the possibility of opting out from mandatory immunization programmes is protected constitutionally
- Quality of call-recall systems and data collection (instances of Internet-based databases exist); data protection issues need to be resolved; software used should be compatibility and user-friendly
- Coverage data for adolescent vaccination are absent or incomplete
- WHO and UNICEF do not routinely collect coverage information for adolescent immunization
- Lack of harmonization of immunization schedules (but little can be done)

Issues (2)

- Logistic considerations for school immunization are complex (timing, location, presence of parents and doctors, vaccine delivery and cold chain); strong coordination is needed
- How to balance and embed immunization campaigns within routine school health services?
- Supply and demand; danger of raised expectations not met and funding difficulties
- The number of countries with school-based systems is declining
- School-based, private and mixed systems – there are concerns that, with school health systems under the control of education ministries, health and funding may be given lower priority;
- Mixed systems can offer benefits but need coherence, coordination and good communication between all parties

Issues (3)

- Communication issues - parents and adolescents have different information needs; adolescents' embarrassment about certain issues and need for privacy and confidentiality; irrational fears (of needles for injection but piercing is acceptable); fear of side effects and injection; low rate of recall of information given at school
- Parental consent, minors' consent (assent) and legality thereof (e.g. Switzerland), action in case of parental opposition; concept of "capacity to understand" and "competence"; disconnect between practice for immunization and other medical procedures ("treatment")
- Engagement of media, faith organizations, politicians, education authorities, primary health care providers and professional organizations
- Health promotion could be broadened to include immunization, yet health promoters seem to be resistant to embrace health protection

Issues (4)

- Health care providers alone cannot meet adolescents' needs: there has to be partnership and networking
- Vaccinators, teachers, parents and young people need to work in partnership
- Vaccination should be integrated into other interventions in health systems (e.g. sexual health education, sports examinations)
- Various approaches being successfully used by countries to reach adolescents
- Campaigns can place heavy burdens on nursing and other immunization staff

Action points for the future

- Every country has a duty to offer immunization to every child
- Promote the rights of adolescents by basing decisions on the Charter for the Rights of the Child
- Resolve consent issues - from individual interventions to blanket assents
- Countries should work towards lowering the age of consent to 12 years for immunization and other medical procedures ("treatment")
- Redefine the EPI approach, designed to reach infants, in order to accommodate adolescent vaccination
- Reduce time between launch of a new vaccine and financing and implementation of an immunization programme

Action points for the future

- Motivate and secure existing services in order to reach adolescents and to assure funding of new vaccines
- Retain and protect school health services
- Estimate costs of school-based programmes
- Instigate action where school programmes no longer exist and where private sector is not adequate to reach adolescents or where they are poorly covered by insurance
- Take steps to reach out-of-school, deprived or disadvantaged groups

Action points for the future

- Bring paper-based call-recall systems into the electronic age
- Improve collection and quality of data on vaccine coverage of adolescents; use Internet-based approaches with harmonized databases (successful examples) and check vaccine documentation
- Institute training - from undergraduate medical students to postgraduate courses and continuous education
- Generate and disseminate clear and authoritative information to counter anti-vaccination lobbies