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National immunization program in Latvia

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Content

- Legislation
- Immunization schedule
- Immunization of risk groups
- Hepatitis B immunization policy
- Impact of hepatitis B vaccination



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General Provisions for Vaccination

- Cabinet determines:
 - Mandatory vaccinations for general public
 - State budget covers the cost of mandatory vaccinations
 - Mandatory vaccinations for persons with occupational hazards
 - Cost is covered by the employer
 - Additional mandatory vaccinations in case of epidemic
- All expenditures relating to non-mandatory vaccinations are covered by individuals
 - Cabinet can determine relief for certain groups



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Conditions for Vaccination

- Only registered vaccines can be used
- Staff involved in storage, transportation and usage of vaccines are responsible for related safety issues
- Cabinet determines safety requirements
- Medical staff which performs vaccination should be certified
- Vaccinations should be recorded



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Complications Caused by Vaccination

- Notification is mandatory for healthcare providers according to Cabinet Regulations
- Centre for Disease Prevention and Control investigates reported cases
- Health Inspectorate evaluates procedures performed by healthcare staff



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Vaccine supply chain network

**Centre for
Disease
Prevention and
Control of Latvia**

- **Forecasting, ordering,
monitoring, surveillance**

**National Health
Service**

- **Tendering, payment**

**Private service
(Wholesalers)**

- **Distribution**



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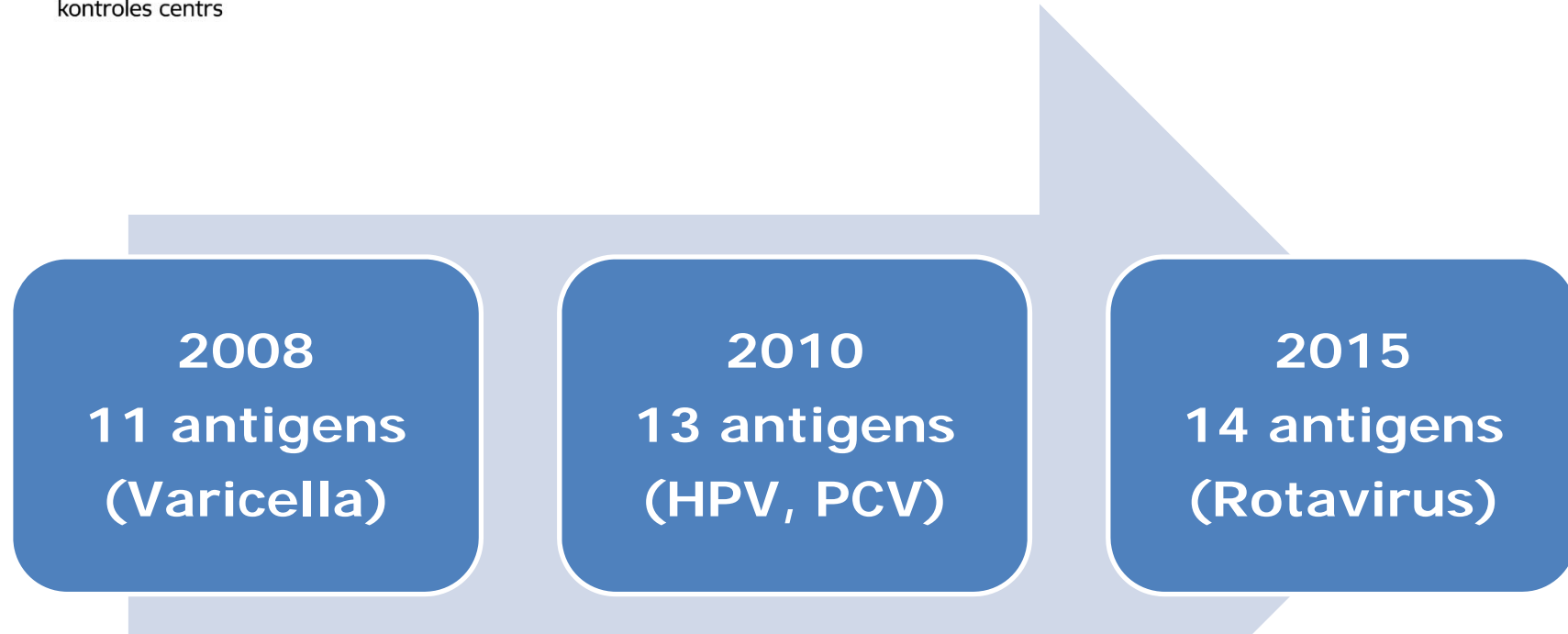
General mandatory vaccinations

- Childhood vaccination schedule
- Td immunization of adults
- Post-exposure rabies vaccination
- Hepatitis B in haemodialysis patients
- Tick-borne encephalitis for orphans and children in highly endemic areas



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Progress of Immunization programme



New combined vaccines in 2010:

- **DTaP-IPV-Hib-HB (4 doses)**
- **DTaP-IPV (7 years)**
- **Td-IPV (14 years)**

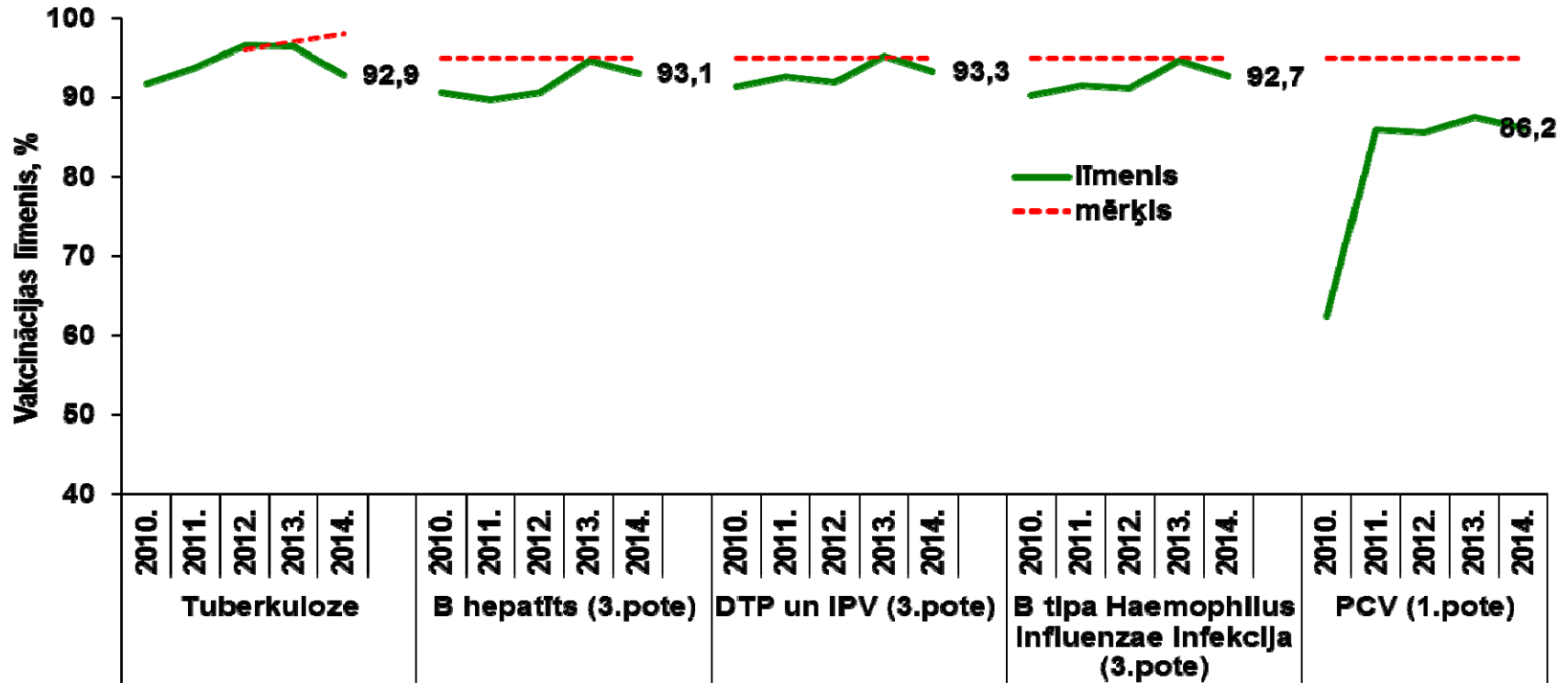
Cabinet Regulation

“Vaccination regulations” 8



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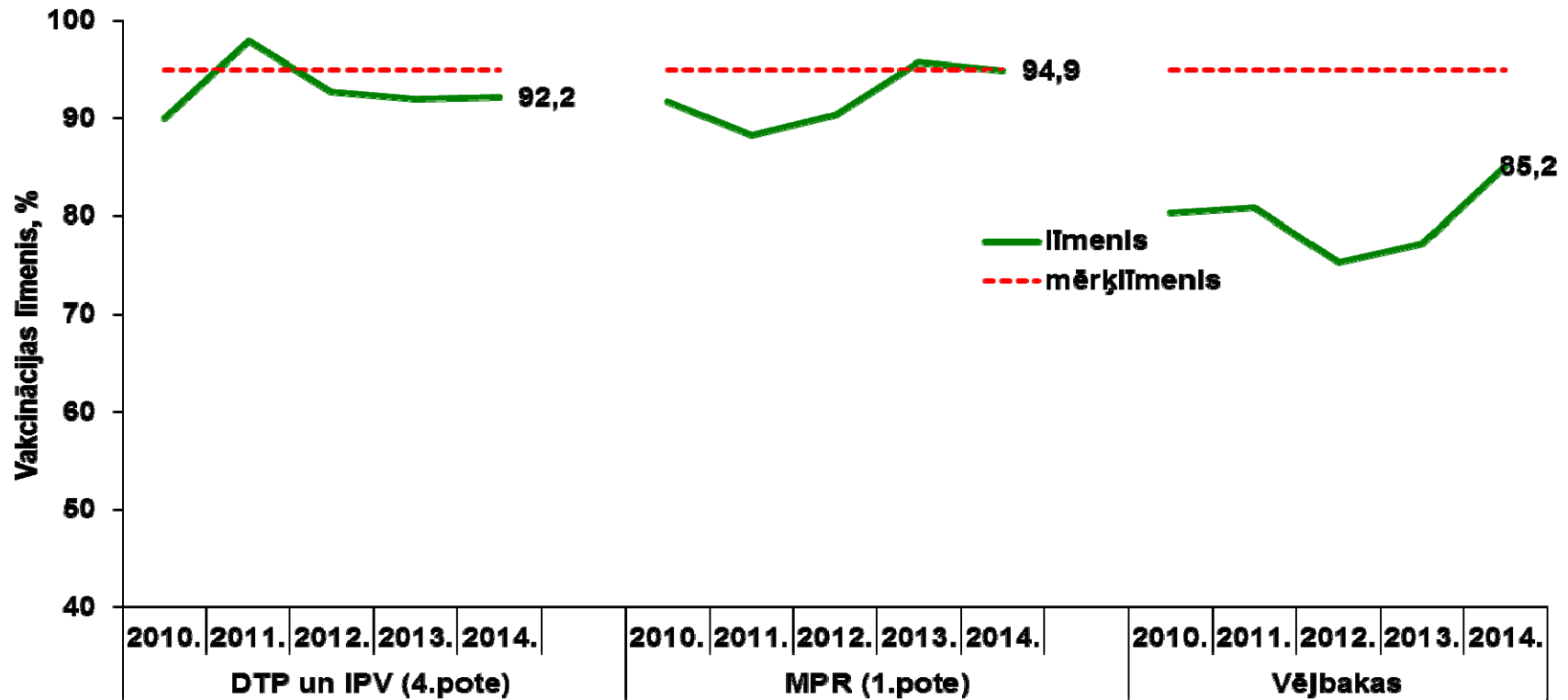
Immunization coverage First year of life





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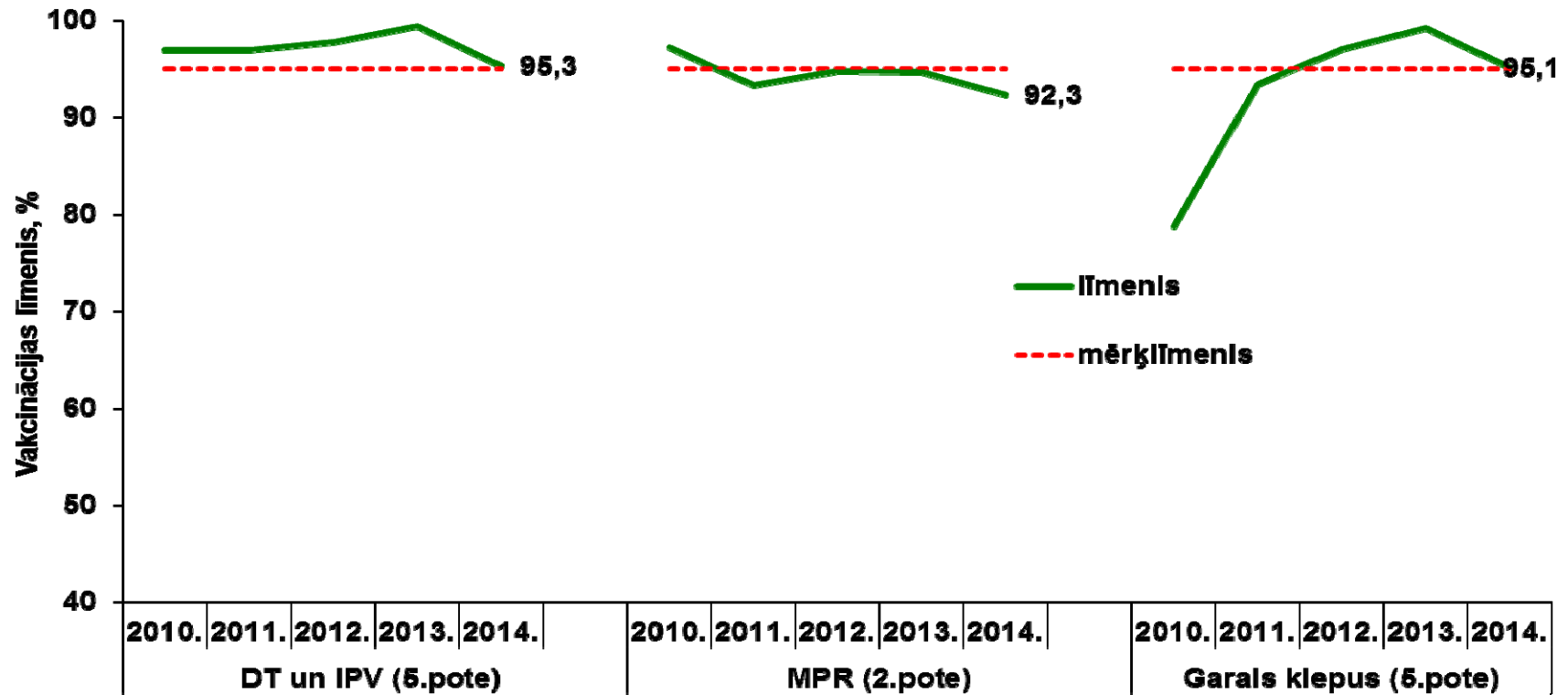
Immunization coverage Second year of life





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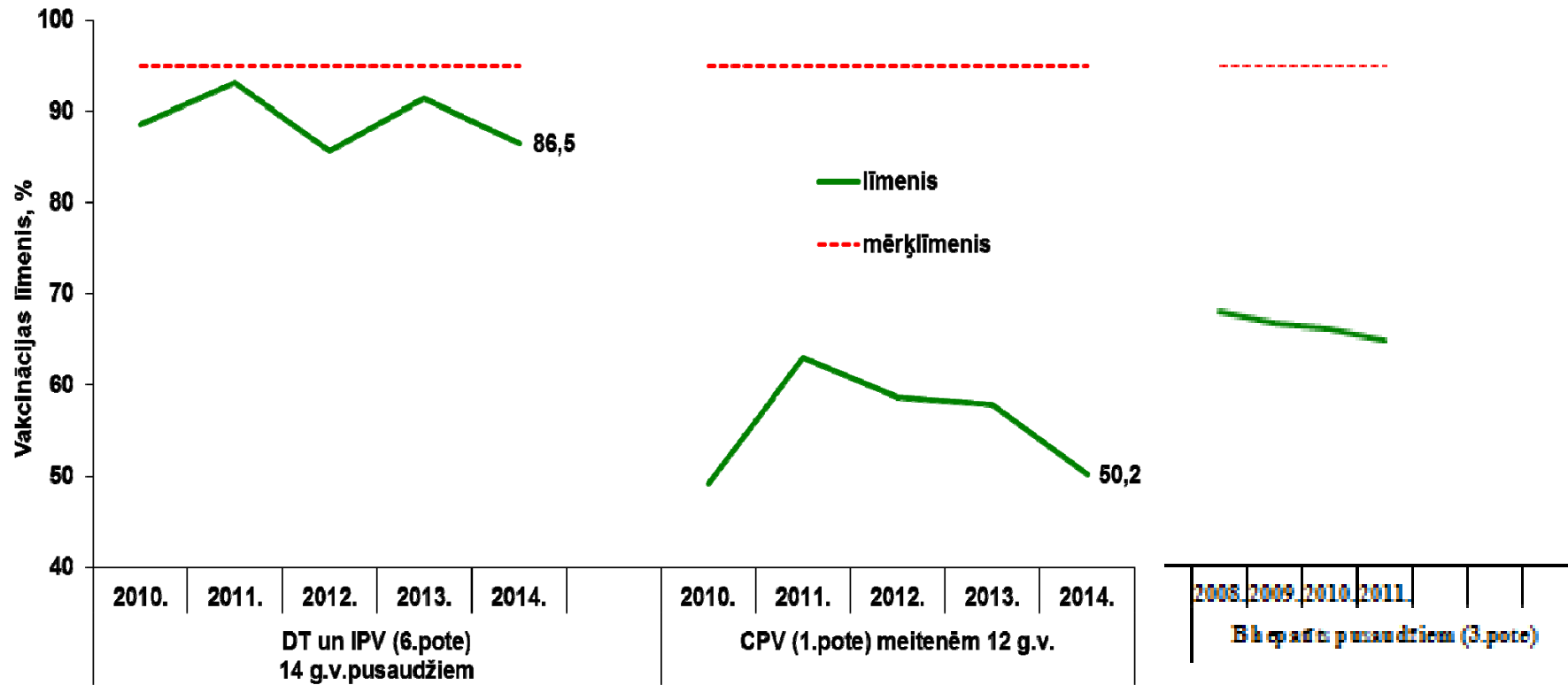
Immunization coverage 7 years





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Immunization coverage 14 years





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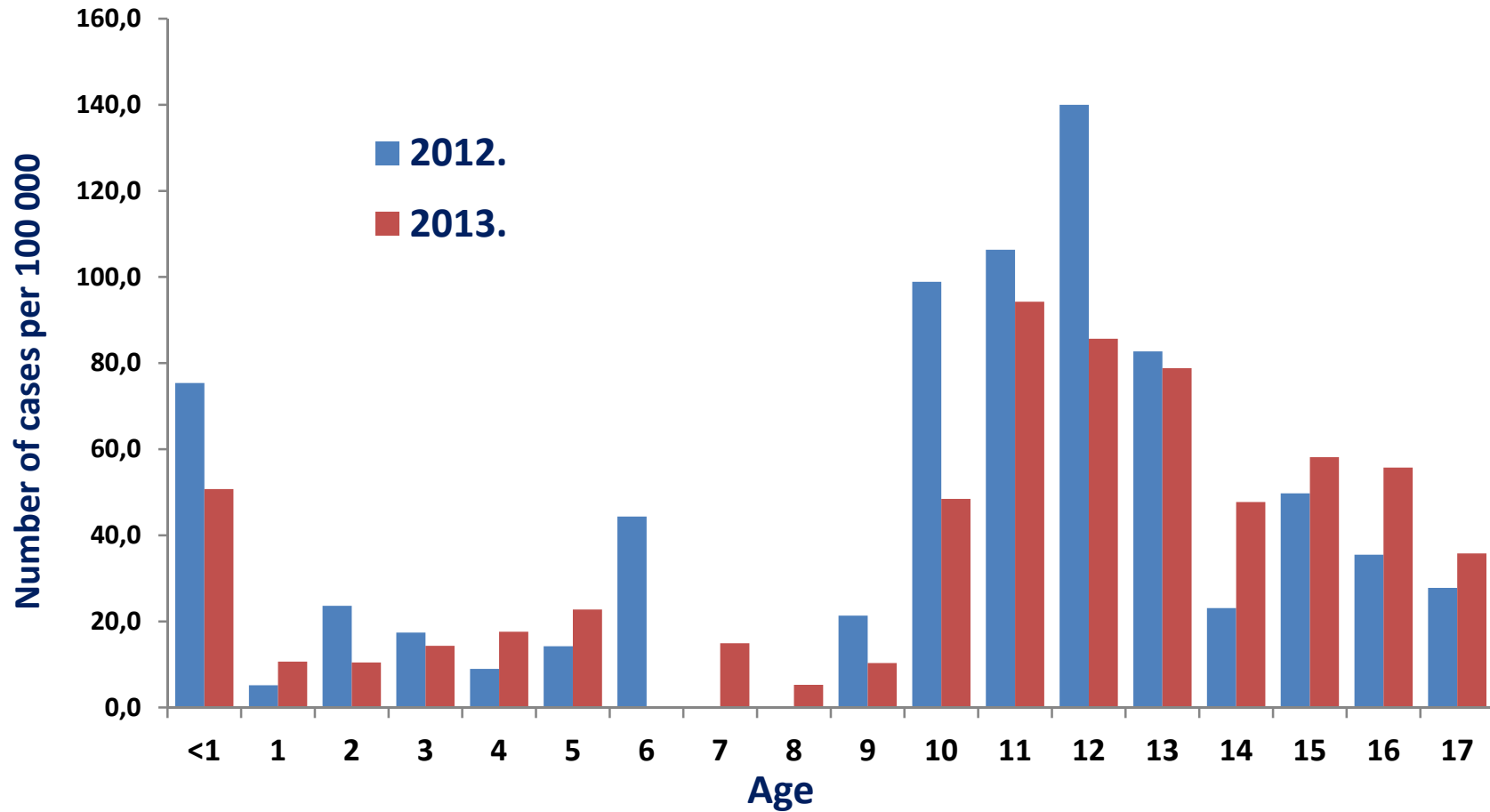
Impact of immunization programme

Disease	2012	2013	2014
Acute hepatitis B	82	87	70
incl. children	1	1	2
Diphtheria	8	14	13
incl. children	3	7	2
Pertussis	264	202	81
Measles	3	0	36
Rubella	8	0	1
Mumps	41	15	11
Varicella	3896	2856	2611



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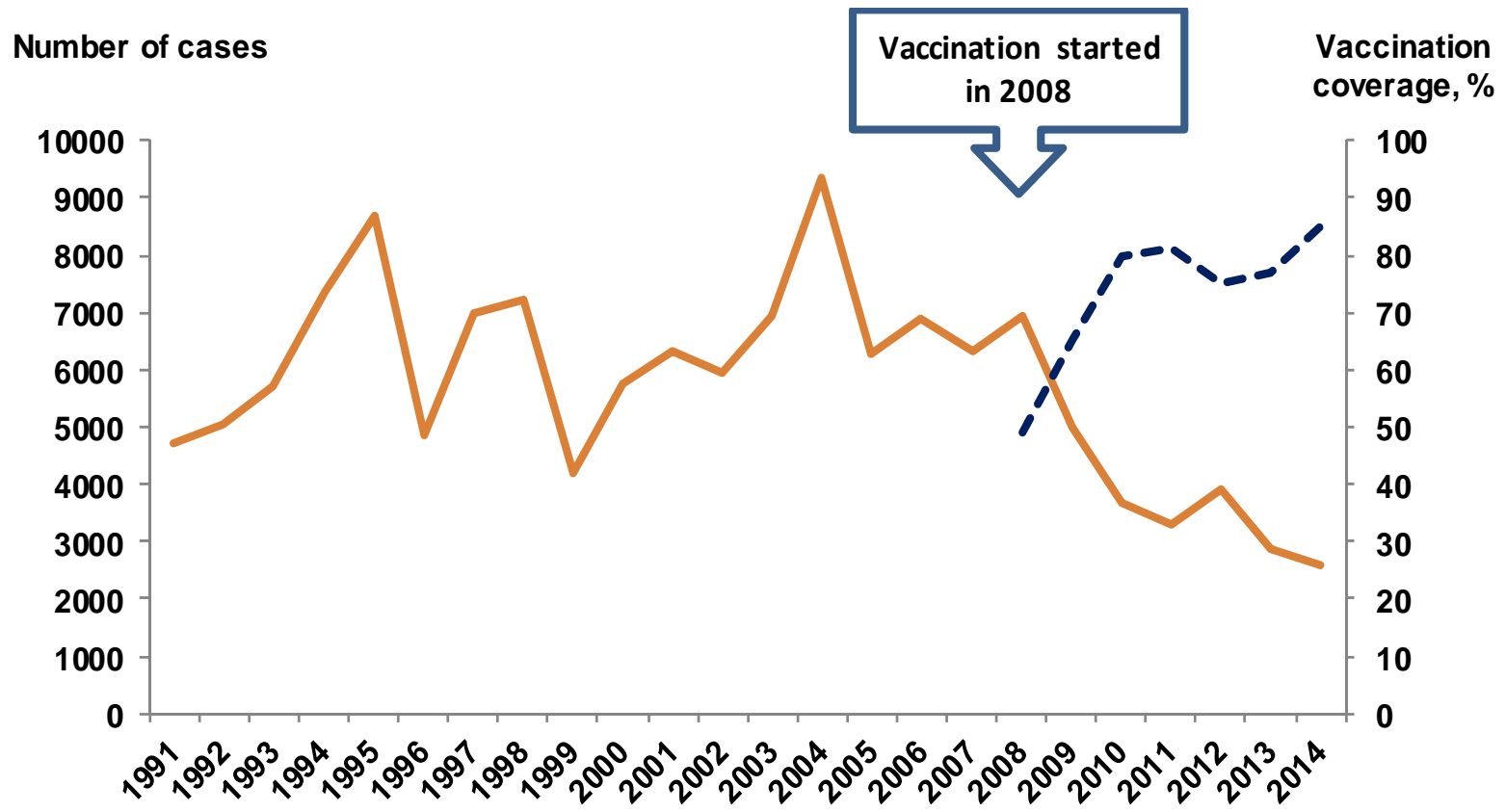
Impact of the second aT booster on pertussis morbidity in target age groups





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Impact of immunization on varicella morbidity





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Proportion of written refusals against vaccination

Vaccines	%			
	2010	2012	2013	2014
BCG	1,0	1,1	1,3	1,5
DTP/IPV 3	1,7	2,1	2,3	2,6
Hep B 3	2,0	2,2	2,4	2,7
PCV 2	0,8	3,7	3,8	4,3
MMR 1	1,6	2,4	2,2	2,6
Varicella	4,8	4,8	5,9	6,0
DTP/IPV 4	1,5	2,2	2,1	2,4
HPV 3	-	12,2	12,4	12,9



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Hepatitis B vaccination in children (1)

- From 1997 universal immunization of new-borns
- Three shots schedule:
 - 0-12 hours
 - 1 months
 - 6-8 months
- HBsAg screening of pregnant women
 - HBsAg(+) – four Hep B vaccine shots, no i/g
- From 2006 catch-up immunization of adolescents (14 years)



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Hepatitis B vaccination in children (2)

Until 2010

0-12 hours (HepB1)

1 months (HepB2)

3 months (DTaP-IPV-Hib1)

4,5 months (DTaP-IPV-
Hib2)

6 months (DTaP-IPV-Hib3)

6-8 mēneši (HepB3)



From 2010

DTaP-IPV-Hib-HepB (3 shots):

2 months

4 months

6 months

AND

New-born vaccination for
children born to HBsAg(+)
mothers or with unknown
HBsAg status



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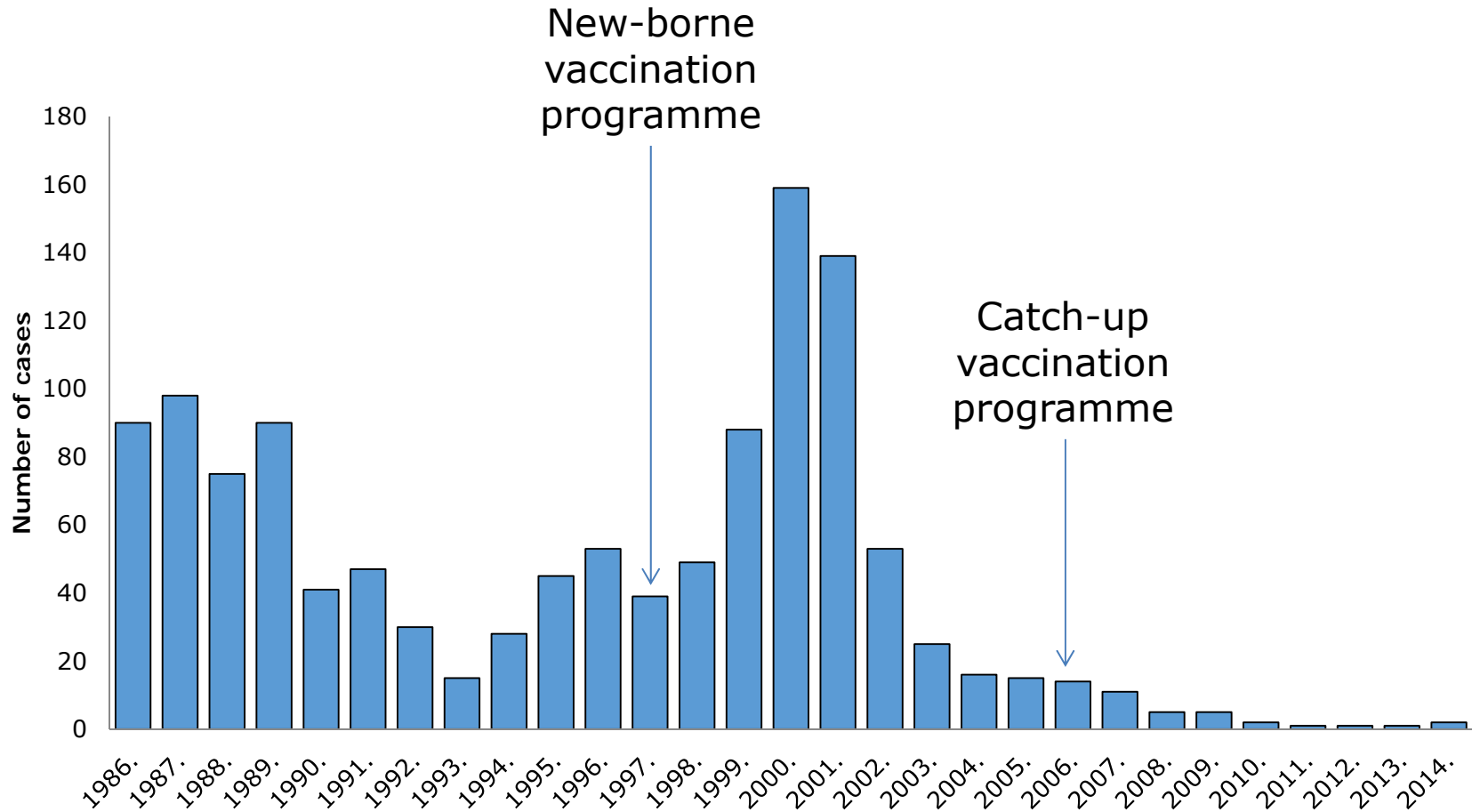
Reasons for introduction of hexavalent vaccine

- HBsAg(+) is about 0,7% among pregnant women [2005]
- Effective screening programme
- Other considerations
 - 3 shots vs 6 shots
 - Less visits/burden to healthcare
 - Less missed opportunities
 - Less risks related to immunization procedures
 - Less medical wastes
 - Less expenditures (payments for immunization procedures)



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Cases of acute hepatitis B in children under 18 years, 1986 - 2014





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Mandatory Vaccination of Persons Employed in Specific Occupations

- Hepatitis B*
 - Healthcare workers and auxiliary staff
 - List of specialities
 - Medical students
 - Workers of manicure, pedicure, tattooing and prising services
- Tick-borne encephalitis
- Rabies
- Yellow fever

** At least once a month come into direct or indirect contact with patients or human biological materials*



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Mandatory Vaccination of Persons Employed in Specific Occupations

- Employers are responsible for:
 - Risk evaluation of each employee according to functional duties and conditions of work
 - Payment / reimbursement of vaccination
 - Supervision of vaccinations and storing of the lists of the staff under the risk and immunization records (40 years in case of the risk of Hep B)



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