



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health  
**Health Security**

Luxembourg, 28 April 2023

**Joint meeting of the General Working Group of the Health Security Committee and the vaccination sub-group of the Public Health Expert Group**

**Audio meeting on immunisation**

**Chair:** Head of Unit, European Commission, DG SANTE B2

**Audio participants:** AT, BE, BG, CZ, CY, DE, DK, EE, EL, ES, FI, FR, HU, HR, IE, IT, LT, LV, MT, NL, PL, PT, RO, SE, SI, SK, NO, IS, LI, DG SANTE, DG ECHO, HERA, HaDEA SG, ECDC, EMA, WHO, EY, Kantar

***This meeting reached 90+ participants***

**Main messages:**

**1. Epidemiological update of polio and measles in EU/EEA countries with specific focus on vaccination coverage – presentation by ECDC**

The **European Centre for Disease Prevention and Control (ECDC)** gave an epidemiological update on polio and measles. On 24 April, ECDC [published two reports](#) on threats of outbreaks in EU/EEA countries due to persistent gaps in vaccination coverage.

- **Polio:** published estimates indicate that the COVID-19 pandemic did not significantly impact polio vaccine coverage levels in the EU/EEA. The majority of EU/EEA countries show a vaccination coverage of 90% or higher. However, the reviewed data indicate that a suboptimal protection across the EU/EEA remains.
- **Measles:** in 2022, 127 cases of measles and zero deaths were reported by 15 out of 30 EU/EEA Member States. The overall notification rate was 0.3 cases per 1 000 000 population. This was significantly lower than in 2018/2019 before the start of the SARS-CoV-2 pandemic in Europe, and slightly higher than the rate observed in 2021 (0.1). The substantial decrease in the numbers was likely due to the COVID-19 pandemic (control measures, repurposing of healthcare services, possible under-reporting). An increasing trend is already visible as of March 2023. However, the overall vaccination coverage in EU/EEA remains sub-optimal (<95% with two doses of measles-containing-vaccine).

**ECDC** stressed the importance of continuous high-quality integrated surveillance, rigorous outbreak response, increase in the uptake of routine childhood immunisation, and catch-up campaigns as needed.

**2. WHO actions on polio and measles in Europe and globally with specific focus on vaccination coverage – presentation by WHO**

The **World Health Organization (WHO)** reported that wild **poliovirus** (WPV1) detections data showed significant reduction in genetic clusters and geographical coverage in 2022. This gives an optimistic view about the odds of interrupting final sporadic wild poliovirus chains in 2023. The 36<sup>th</sup> annual meeting of the Regional Certification Commission for Poliomyelitis Eradication concluded that the WHO European

Region continued to be free of endemic polio in 2022. However, increase in detected circulating vaccine-derived poliovirus type 2 (cVDPV2) globally is a threat to eradication.

With regards to the cVDPV2 outbreak in **Ukraine**, two acute flaccid paralysis cases were detected, the last case was in December 2021. Massive population movement, low vaccination coverage, cold chain and logistics disruptions, competing priorities, and limited human resources for polio response pose challenges in responding to the cVDPV2 outbreak. WHO established several standard environmental sampling sites in Ukraine. WHO is planning to do a new outbreak response assessment in the coming weeks. The scope of response was broadened by carrying out assessments of outbreak response and risk assessment in neighbouring countries.

Data shows that the COVID-19 pandemic had a significant impact on **measles**-containing-vaccine first- and -second dose coverage globally. In 2021, data showed the lowest measles first dose coverage since 2008. The impact of COVID-19 on the first vaccine dose coverage varied between and within countries. Some subnational areas fell further behind compared to the national coverage. Localised immunity gaps present a serious outbreak risk even when national coverage is high.

### **3. Up-date on (measles) vaccination policies by HSC members**

**SE** gave a short presentation about their national **voluntary** vaccination policy. A voluntary vaccination programme is in place since 1940 (Tuberculosis, Diphtheria, Tetanus). SE has a national paediatric vaccination programme in place. Overall, the Swedish population has a high degree of trust in institutions and in healthcare staff. School based vaccination for school-aged children has been seen as a highly effective tool in the country. The national measles vaccination coverage remained stable during the COVID-19 pandemic. Declines in local areas with previous low coverage has been noticed. As there is a general high trust and acceptance, SE believes that making vaccination mandatory might change the trust and acceptance in a negative way.

**FR** gave a short presentation about their national **mandatory** measles vaccination policy. Since 2018, 11 vaccination types are mandatory for all children born from 1 January 2018 onwards. These vaccinations are required for the admission in any children's community (school, day care). The vaccine confidence/ in favour of vaccination in 2022 was 84.6%.

**PT** highlighted that they had a high vaccination coverage before the start of the pandemic. Consequently, no major signs or evidence of changes in vaccine coverage has been noticed during the past two years. In cases some changes will be notified, PT will apply their regular vaccination mechanism. COVID-19 vaccination is still under discussion, the recommendation will most likely align with the seasonal influenza recommendations.

**SE** stressed that usefulness of countries sharing their measles vaccination uptake approaches.

Many other countries shared their national vaccination plans in the chat during the meeting. The Commission compiled all responses in an excel file and shared the document with the HSC members.

### **4. Polio detection in wastewater surveillance systems and strengthening Member States capacity on wastewater surveillance – presentation by HERA**

The HERA incubator set up a wastewater surveillance monitoring systems for COVID-19; a common approach to establish a systematic surveillance of SARS-CoV-2 and its variants in wastewaters in the EU. A survey on wastewater capacities has been carried out in March 2022 and will be re-launched in the

coming weeks. Wastewater surveillance allows for early detection of poliovirus but needs to integrate these result in public health considerations. A Joint Action is in place on wastewater surveillance to extend the support programmes under the HERA Incubator, to strengthen the detection and identification of SARS CoV-2 variants and build on preparedness to other serious cross-border health threats. The Joint Action also ensures that duplication of work/activities are avoided.

**PT** asked if HERA could clarify how it plans to go from identifying the best diagnostic equipment towards a specific surveillance system being implemented by the Member States. **HERA** replied that this specific Joint Action is intended to strengthen information exchange and bridge the gap between now and the proposal of the new Wastewater Monitoring Directive. The directive lists specific requirements for wastewater monitoring to be carried out by Member States. The Commission's final proposal should clarify this implementation. Joint actions are set up to reinforce best practices, share information and ensure that all actions and resources are directed towards one common goal.

#### **5. Up-date regarding current and possible future joint procurement of (non-COVID-19) vaccines in the EU/EEA and support to non-EU countries – presentation by HERA**

HERA gave an update on Joint Procurements. Joint Procurements were already in place for a while but gained more interest since COVID-19. Current Joint Procurements/ framework contracts in place: COVID-19 therapeutics (2), COVID-19 vaccines (1), Mpox vaccine (1), pandemic influenza vaccines (2). Besides these six existing contracts, HERA is working on a number of potential future Joint Procurements.

**DK** stressed that the Joint Procurement process could be improved. Information is sometimes limited on the efficacy, safety, and added value of the products, leading to difficulties in deciding whether or not to participate in a Joint Procurement. **SE** agrees with **DK**. **HERA** thanked **DK** and **SE** for their comment and will look on how to improve the Joint Procurement framework. The **Commission** will organise a dedication session on Joint Procurement.

#### **6. EU actions to promote vaccination – presentation by Kantar and consortium,**

##### **6.1 Service contract to identify obstacles to vaccination of physical, practical or administrative nature and develop recommendations– presentation by the contractor (Kantar and consortium)**

The project to identify obstacles to vaccination is managed by HaDEA, with DG SANTE and ECDC, funded under the EU4Health programme. It seeks to address physical obstacles to vaccination by identifying best or promising practices in the field through the Commission's Best Practice Portal and pilot those practices in volunteering Member States. The work is being carried out by a consortium led by Kantar. It started in September 2022 and will run over 36 months. The objective is to increase vaccination coverage rates in EU Member States for COVID-19, polio, meningitis, measles, mumps and rubella, human papillomavirus, booster vaccine for tetanus, and seasonal influenza. Recommendations will be shared at the end of the project.

The **Commission** asked which onsite visits will be carried out. **Kantar** responded that the onsite visits are related to school vaccination and information accessibility to the parents (ES, IE), information accessibility and reminders through a digital system (DK), geographical/physical vaccination access (vaccine bus) (NL), vaccination access to people who have difficulties to access the overall national healthcare programmes (migrants and seasonal workers) (IT).

LI asked if the project is exclusively for EU Member States and not for EEA countries. The **Commission** responded that this project is indeed focused on EU Member States only, however, also countries beyond the EU can profit from this project.

### **6.2 “United in protection” vaccination communication campaign – presentation by DG SANTE communication team**

Since October 2022, the Commission/DG SANTE has been running a vaccination communication campaign called [United In Protection](#), which aims to raise the awareness of the benefits of vaccination under the slogan Get vaccinated: Make vaccines work. Vaccination policy is a competence of national authorities, but the European Commission supports EU countries in coordinating their policies and programmes. The Commission is noticing a decrease in vaccine confidence and is therefore responding with this communication campaign. Collaboration with healthcare professionals, health ministries and micro influencers (e.g. YouTube and Instagram to reach the younger generation) has proven essential to reach the target audiences.

SE asked in which language the posters and materials are available. As SE could then maybe distribute the material among the Education Ministries to reach schools (if not already done). The Commission responded that all the material is available in all EU languages on the [campaign website](#).

PT asked how all the material can be linked to the immunisation awareness week. The **Commission** recommended to have a look at the EU twitter account for further information and by having a look and using the UnitedInProtection hashtag.

### **6.3 Study on the coherence, complementarity and continued relevance of actions in the Council Recommendation on strengthened cooperation against vaccine-preventable diseases in view of possible similar policy initiatives in the future – presentation by the contractor (Ernst & Young and consortium)**

EY shared information on their current study to assess the continued relevance of actions implemented under the Council Recommendation on strengthened cooperation against vaccine-preventable diseases from 2018, taking lessons learned from the COVID-19 pandemic into account. The study is centred on three main areas of analysis focusing on relevance, coherence and complementarity. So far, eight countries (BE, CZ, HR, EE, IE, SE, NL, ES) contributed. In order to further enhance data collection, EY is welcoming stakeholders contributions from other Member States. The study will be finalised by the end of June, 2023.

## **7. AOB**

### **7.1 Follow-up: launch of survey on the medium and longer-term strategy for COVID-19 vaccination policy in EU/EEA countries**

DG SANTE announced the launch of a follow up survey in the coming days, on the medium and longer-term strategy for COVID-19 vaccination policy in EU/EEA countries published by ECDC. The results are planned to be presented during the HSC meeting on 24 May 2023.

### **7.2 Sudan - National Public Health Laboratory in Khartoum**

ECDC's Epidemic intelligence team detected a news article during routine screening activities which reported that one of the groups involved in the Sudanese conflict had seized the National Public Health Laboratory in Khartoum and removed laboratory personnel. The National Public Health laboratory is considered the only reference laboratory in Sudan and handles samples of pathogens which include the

poliomyelitis virus, measles, and tuberculosis. Media reports that WHO representative in Sudan considers the occupation of the laboratory a "high risk of biological hazard", particularly as there is no accessibility to the lab technicians in order to them to contain the biological material. WHO is **worried that those that are occupying the lab can be exposed to diseases - WHO is preparing a risk assessment on this**. ECDC has contacted WHO and EEAS to ask for further information and will keep monitoring the event via the media.

### **7.3 Observatory Venice Summer School 2023**

The Commission reminded the HSC members that the [Observatory Venice Summer School 2023](#) on Health Security: from public health to strengthening health systems in Venice, Italy, **23-29 July 2023** is open for registrations. The summer school will provide a platform to discuss health security from different dimensions, to understand how it has been shaped after the last legislative developments in the European Union and what the WHO is doing to strengthen health security across the globe. The summer school offers a week of learning, interacting and debating. The course is aimed at European, national, regional and local policy-makers; those responsible for alert and preparedness systems; managers in primary, secondary and tertiary health care; civil protection officials and all those with responsibilities for addressing health security in general.