

All EU countries have established childhood vaccination programmes to reduce the spread of many infectious diseases and related deaths, although the number and type of compulsory or recommended vaccines vary to some extent across countries.

In recent years, some parts of Europe witnessed a steep resurgence of vaccine-preventable diseases due to declining vaccine coverage driven at least partly by anti-vaccine campaigns. To counter these alarming trends, over the past years the European Commission has repeatedly called for stronger efforts and cooperation to tackle vaccine hesitancy and improve vaccination coverage to reduce the spread of vaccine-preventable diseases (European Commission, 2018). This has become even more important following the COVID-19 pandemic to avoid any additional burden on health systems.

The confinement measures following the COVID-19 outbreak have resulted in a sharp reduction in the spread of communicable diseases like measles between March and August 2020, but these reductions may only be temporary if vaccination coverage does not go up. One of the indirect consequences of the COVID-19 pandemic is that it disrupted the implementation of routine vaccination programmes in some countries, as some people feared exposure to the new virus, and restrictions on the movement of people impacted children's accessibility to immunisation services (WHO, 2020).

Vaccination against measles is included in all national childhood vaccination programmes in Europe, whereas vaccination against hepatitis B has been included in a growing number of countries, but not yet in most Nordic countries and Hungary (ECDC, 2020a). WHO has recommended a coverage of at least 95% of children with two doses of measles-containing vaccine and three doses of the hepatitis B vaccine by 2020 (WHO, 2012; WHO, 2017).

In 2018, on average across EU countries, 94% of one-year-old children received at least one dose of measles vaccination. Half of EU countries had not reached yet the target of at least 95% coverage (Figure 6.3). Measles outbreaks have occurred in recent years in several countries, even in those that had previously eliminated or interrupted endemic transmission. In 2019, WHO announced that Albania, the Czech Republic, Greece and the United Kingdom had lost their measles elimination status due to continuous transmission in 2017 and 2018. During the 12-month period from March 2019 to February 2020, the highest number of measles cases were reported in France (2 466), Romania (1 542), Italy (1 353), Bulgaria (1 347) and Poland (1 032). Most measles cases were reported among people who were not vaccinated, including children below

age one who were too young to have received the first dose of the vaccine but also adolescents and adults (ECDC, 2020b).

On average, 93% of one-year-old children received hepatitis B vaccination in 2018 across those EU countries where this vaccination was part of the national immunisation programme. The vaccination rate was above the 95% target in several countries such as Malta, Portugal, Belgium, Cyprus, the Slovak Republic, Greece, Latvia, Luxembourg and Italy. However, less than 90% of one-year-old children were covered in Austria, Bulgaria, Germany, Montenegro and Switzerland (Figure 6.4). Data on childhood vaccination rate for hepatitis B are not available in most Nordic countries except Sweden, because this vaccine is not yet part of the general infant vaccination programme, although it is provided to high-risk groups.

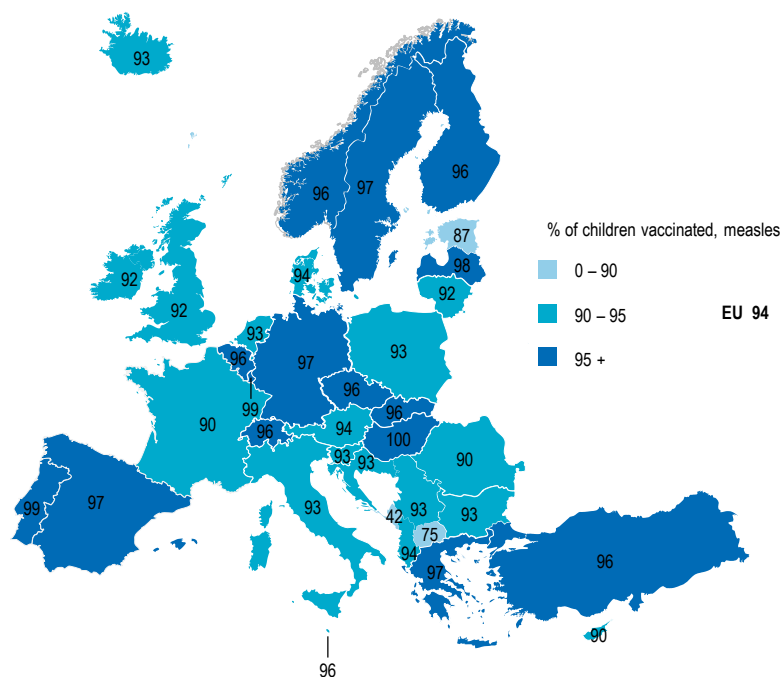
Definition and comparability

Vaccination rates reflect the percentage of one-year-old children who have received the respective vaccination (at least one dose of measles-containing vaccine and three doses of hepatitis B vaccine). The age of complete immunisation differs across countries due to different immunisation schedules. For those countries recommending the first dose of measles vaccine after age one, the indicator is calculated as the proportion of children less than two years of age who have received that vaccine. Thus, these data reflect the actual policy in a given country and the age group is not always strictly comparable across countries.

References

- ECDC (2020a), *Monitoring the Responses to Hepatitis B and C Epidemics in the EU/EEA Member States, 2019*, Stockholm.
- ECDC (2020b), *Monthly measles and rubella*, Stockholm.
- ECDC (2020c), *Communicable Disease Threat Report, Week 28, 5-11 July 2020*, Stockholm.
- European Commission (2018), *Proposal for a Council Recommendation on Strengthening Cooperation against Vaccine Preventable Diseases*, European Commission, Brussels.
- WHO (2020), *Special feature: immunisation and COVID-19*, Geneva.
- WHO (2017), *Global Hepatitis Report*, Geneva.
- WHO (2012), *Global Measles and Rubella Strategic Plan: 2012-20*, Geneva.

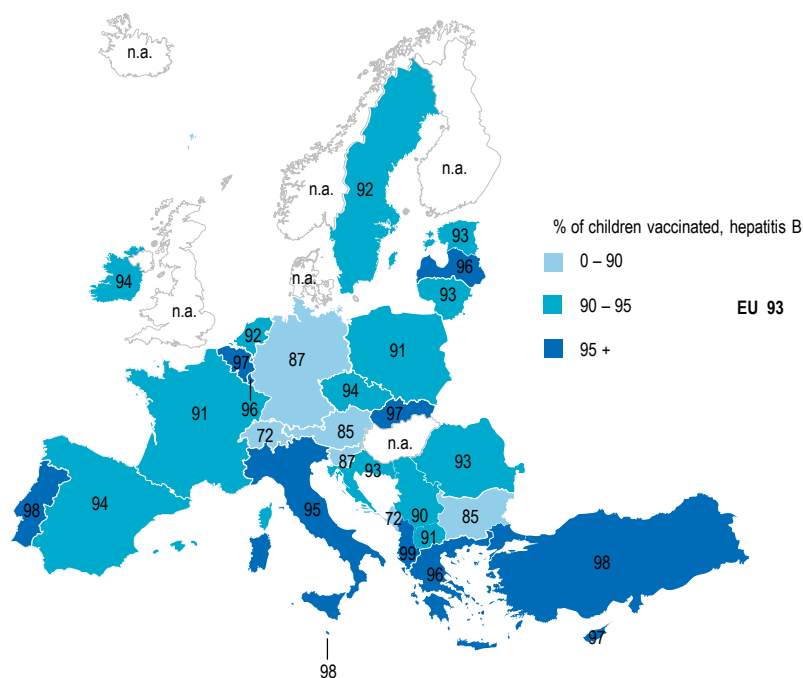
Figure 6.3. Vaccination against measles, children aged 1, 2018



Note: The EU average is unweighted.
Source: WHO/UNICEF.

StatLink <https://stat.link/snpwgo>

Figure 6.4. Vaccination against hepatitis B, children aged 1, 2018



Note: The EU average is unweighted. Data for Denmark, Finland, Iceland, Norway and Hungary are not available because national childhood vaccination programmes do not include hepatitis B. Data are not available for the United Kingdom. Data for Slovenia refer to children aged 5-6.
Source: WHO/UNICEF.

StatLink <https://stat.link/wq109a>



From:

Health at a Glance: Europe 2020

State of Health in the EU Cycle

Access the complete publication at:

<https://doi.org/10.1787/82129230-en>

Please cite this chapter as:

OECD/European Union (2020), "Childhood vaccinations", in *Health at a Glance: Europe 2020: State of Health in the EU Cycle*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/b12f9db2-en>

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document, as well as any data and map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area. Extracts from publications may be subject to additional disclaimers, which are set out in the complete version of the publication, available at the link provided.

The use of this work, whether digital or print, is governed by the Terms and Conditions to be found at <http://www.oecd.org/termsandconditions>.