

Childhood, health inequalities, and vaccine-preventable diseases

Factsheet

THE MEASLES VACCINE HAS SAVED¹
>20 million lives
WORLDWIDE SINCE 2000

Vaccination is a highly cost effective health intervention. It saves millions of people from certain infectious diseases, disability, and death each year.

Vaccines **protect health and well-being** and support the achievement of **the Sustainable Development Goals (SDGs)**.

Europe is a world leader in controlling vaccine preventable diseases².

However, there were **outbreaks** of measles and cases of diphtheria, pertussis, and mumps in Europe in 2016-2017.

1 in 10



children in the European region remain vulnerable to potentially life-threatening diseases as they have not received a basic set of vaccinations usually delivered in infancy³.

Vaccination hesitancy is [on the rise](#)⁴. Some parents are deciding not to [vaccinate their children](#)⁵ due to fears of unproven side effects, lack of information or underestimating consequences for the health of their children and herd immunity.

Inequalities in access to childhood immunisation persist. Like other medical interventions, [vaccination is subject to the social gradient](#)⁶, [contributing to health inequalities](#)⁷. Wealth distribution, maternal education, place of residence, the sex of the child, and poverty are linked to levels of vaccination coverage^{8,9}. It is important to consider these factors when designing universal vaccination programmes that respond to the needs of low socio-economic groups.

The level of vaccination varies between Member States.

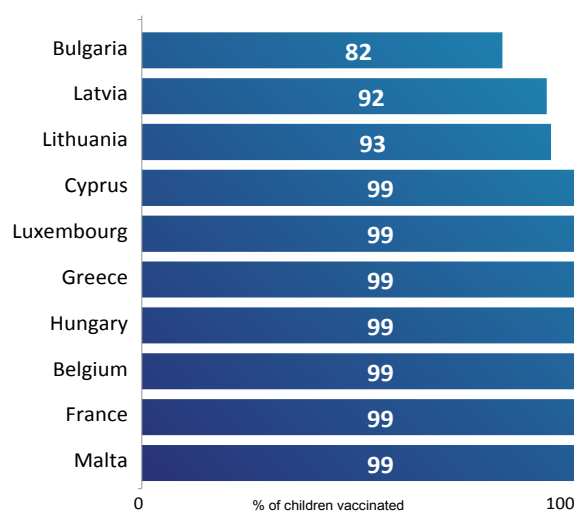
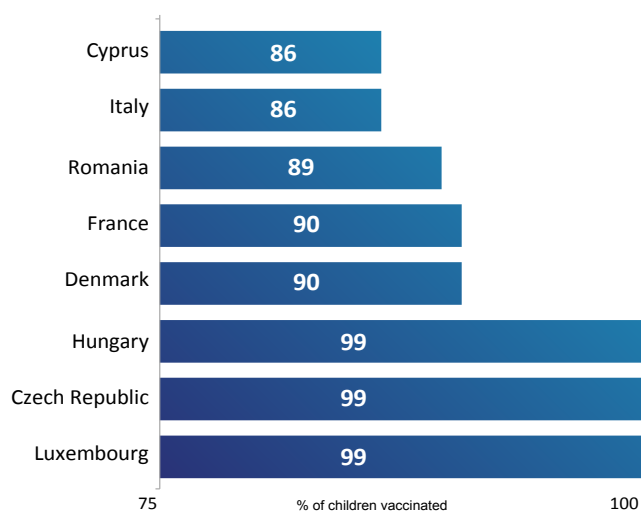


Chart 1. Percentage of children vaccinated against measles, mumps and rubella in 2014 (left); against polio in 2014 (right). Source: ECHI Data Tool <http://ec.europa.eu/health/dyna/echi/datatool/index.cfm>

In 2017 in EU/EEA area, 87% of people who contracted measles were never vaccinated. 37% of known cases were in children less than five years of age, while 45% cases were in those aged 15 years or older¹⁰. The highest incidence rates¹¹ were reported amongst babies less than one year old (367.2 cases per million) and children from 1 to 4 years of age (161.7 cases per million) - too young to have received the first dose or complete the recommended dosage of vaccination¹². They are the most at risk of complications and death.

Vulnerable and excluded families



Due to lack of aggregated European data, it is difficult to fully examine vaccination rates by socio-economic status. However, the information that is already available offers – to some extent – the potential to investigate and predict trends. For example, only 35% of children in families facing multiple health vulnerabilities seen by [Medecins du Monde International Network](#)¹³ were vaccinated against MMR, while 58% had not been vaccinated against tetanus.

Migrant and refugee children

Migrant and refugee children (c. 25% of the total migrant population in Europe) are [considered](#)

[the group at greatest risk for vaccine-preventable diseases](#)¹⁴ because they may not have been vaccinated in their country of origin or may not have completed the vaccination course. Less than one third of Member States have specific directives on immunisation focusing on migrants and refugees, including children.

The Roma children

Studies show a [higher rate of infectious diseases amongst Roma than the majority population](#)¹⁵. The little available data on vaccination uptake in the Roma population¹⁶ suggests that with some exceptions (Croatia, Hungary, and the Czech Republic) the Roma population, particularly migrant Roma, have lower or much lower rates of childhood vaccination uptake. [Some evidence suggests that](#) the probability that a Roma child will be vaccinated against diphtheria, pertussis and tetanus (DPT), polio, and MMR is about 55%-60% that of a non-Roma child¹⁷.

Raising awareness and improving levels of health literacy are important to overcoming vaccine hesitancy but are not sufficient.

Equitable access to safe and cost-effective vaccines is vital to protect the general child population, and children from disadvantaged backgrounds in particular. This includes migrants, ethnic minorities, those with low socio-economic status, and from rural communities and underserved urban areas.

What international institutions are doing.

WHO Europe 2015-2020 European Vaccine Action Plan helps strengthen national immunisation programmes by assisting in capacity building activities and better information sharing and surveillance. It also helps Member States maintain demand for vaccines and develop a more coordinated approach to provide equitable access to them.

The European Commission supports EU countries to coordinate their immunisation policies and programmes¹⁸. It encourages Member States to ensure optimal coverage of childhood immunisation, and to cooperate on cross-border health threats and response preparedness. It will launch a Joint Action on Vaccination in 2018. The Commission has also organised a public consultation resulting in a proposal for 'Strengthened cooperation against vaccine preventable diseases'.



What more can be done¹⁹

1. Grant free of-charge access to specific health services, including national immunisation schemes for all children residing in Europe.
2. Integrate universal access to childhood immunisation into policies designed to benefit groups facing multiple vulnerabilities, such as the Roma and migrants.
3. Revise legislation and policies which restrict access to childhood vaccination for marginalised populations.
4. Promote appropriate legislation and actions, and provision of a legal commitment to public funding for immunisation.
5. Design childhood immunisation services with respect to principles of accessibility, adequacy, and cultural sensitivity. Integrate childhood immunisation services into a wider child-centred early years and transition-to-adolescence system.
6. Strong health systems are needed to deliver and to improve immunisation coverage and equity. Public and health workforce resilience to vaccine safety fears can be improved through increased capacity-building within immunisation programmes.
7. Ensure responsive, inclusive, participatory and representative decision-making to boost confidence in childhood immunisation among the public. Address vaccine hesitancy and other barriers in accessing vaccination.
8. Invest in health promotion and disease prevention, and in improving health literacy, focusing on those children and families in greatest need. Address underlying inequalities when addressing vaccine hesitancy among various population groups.
9. Invest in comparable data at local, regional, and national level that can be used to measure inequalities in childhood immunisation coverage.
10. Align local, regional, national, and European level actions on sustainable vaccination policies with work on health inequalities and sustainability.

What EuroHealthNet's members are doing²⁰

- Developing better communication with the public and within the health community. Information is produced in a variety of formats and disseminated via a range of media, adapted to local linguistic diversity, sensory impairment, and existing levels of (health) literacy. For example, in Sweden the Public Health Authority prepared videos and online presentation materials for parents, organises dialogue groups and trains the parents as educators - all in Somali language²¹.
- Ongoing education and training for the health workforce, including in approaches to the underserved population groups. Nurses and community-based health staff are being involved. In Greece, a specific evidence-informed project – promoted by our member PROLEPSIS - has been developed to address awareness, information, and skills gaps in terms of attitudes and knowledge towards vaccination²².
- Routine checks on vaccination status are integrated into regular health consultations.
- Addressing socio-economic determinants underlying vaccination coverage gaps, in particular those related to financial and statutory accessibility (ensuring that vaccinations are affordable, available and accessible regardless one's financial or legal status).
- In Greece, communication campaigns are specifically designed to target different socio-economic and health professionals groups²³. In Scotland more qualitative research is planned to better understand vaccine hesitancy (information from NHS Scotland).

Visit www.EuroHealthNet.eu for more information

FOOTNOTES

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