



**COUNCIL OF  
THE EUROPEAN UNION**

**Brussels, 20 May 2011**

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**SAN 102**

**NOTE**

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from: Council Secretariat  
to: Permanent Representatives Committee (Part I)/Council  
Subject: EMPLOYMENT, SOCIAL POLICY, HEALTH AND CONSUMER AFFAIRS  
COUNCIL MEETING ON 6 JUNE 2011

Childhood immunisation: successes and challenges of European childhood immunisation and the way forward  
- *Adoption of Council conclusions*  
(Public debate, pursuant to Article 8(3) CRP [proposed by the Presidency])

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1. The Working Party on Public Health discussed and agreed on the draft Council conclusions as set out in the Annex.
2. COREPER is invited to confirm the Working Party's agreement and submit the draft conclusions for adoption by the Council (EPSCO) at its meeting on 6 June 2011.
3. The Council is invited to adopt the draft conclusions and forward them for subsequent publication in the Official Journal.

**Draft Council conclusions**

**Childhood immunisation: successes and challenges of European childhood immunisation and the way forward**

The Council of the European Union

1. RECALLS that under Article 168 of the Treaty on the Functioning of the European Union, Union action is to complement national policies and be directed towards improving public health by covering in particular the fight against the major health scourges; it is also to encourage cooperation between the Member States in the field of public health and, if necessary, lend support to their action, and respect the responsibilities of the Member States for the organisation and delivery of health services and medical care;
2. RECALLS that under Article 168 of the Treaty on the Functioning of the European Union, the Member States, in liaison with the Commission, are to coordinate among themselves their policies and programmes;
3. RECALLS Decision No 2119/98/EC setting up a network for the epidemiological surveillance and control of communicable diseases in the Community, which requires timely scientific analysis in order for effective Community action to be undertaken;
4. RECALLS Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004 establishing a European Centre for Disease Prevention and Control, which supports existing activities, such as relevant Community action programmes in the public health sector, with regard to the prevention and control of communicable diseases, epidemiological surveillance, training programmes and early warning and response mechanisms, and should foster the exchange of best practices and experience with regard to vaccination programmes;

5. RECOGNISES that while childhood immunisation is the responsibility of individual Member States and various vaccination schemes exist in the EU as regards their professional content, their mandatory or voluntary character or their financing, there is added value in addressing this issue at a European level;
6. RECOGNISES that possible joint efforts to improve childhood vaccination may also benefit from improved synergies with other EU policy areas with special regard to vulnerable groups, for example the Roma in certain Member States;
7. WELCOMES the outcomes of the expert level conference “For a Healthy Future of Our Children – Childhood Immunisation”, held in Budapest on 3-4 March 2011, where participants examined successes and challenges of childhood immunisation in the European Union and underlined the need to achieve and maintain timely, high childhood immunisation coverage in both general and under-vaccinated populations; having quality data for monitoring coverage and surveillance of vaccine-preventable diseases at sub-national, national and EU levels; and co-ordinating and refining communication strategies to target under-vaccinated population groups or those who are sceptical about the benefits of vaccination;
8. NOTES that while childhood immunisation programmes have been instrumental in controlling infectious diseases in Europe, many challenges still remain;
9. RECALLS that the most effective and economical way of preventing infectious diseases is through vaccination, where vaccination exists;
10. NOTES that increasing mobility and migration raise a number of health related questions, which are also relevant for childhood immunisation;

11. UNDERLINES that vaccines have led to the control, lower incidence and even elimination of diseases in Europe that in the past caused death and disability for millions of people, and that the global eradication of smallpox and the elimination of poliomyelitis from most countries in the world are excellent examples of successful vaccination programmes;
12. NOTES that measles and rubella epidemics continue to occur in several European countries and UNDERLINES that Europe failed to meet the goal of eliminating measles and rubella by 2010, because of lower-than-required vaccination coverage prevailing at sub-national levels, and therefore RECALLS the resolution of the World Health Organisation (WHO) of 16 September 2010 on renewed commitment to the elimination of measles and rubella and prevention of congenital rubella syndrome by 2015 and sustained support for polio-free status in the WHO European Region;
13. UNDERLINES the importance of identifying and addressing population groups at increased risk of vaccine preventable diseases and at the same time NOTES the significance of the fact that susceptible populations differ from one country or region to another;
14. INVITES Member States to:
  - assess and map barriers and challenges affecting access to, and reach of, vaccination services and refine and/or strengthen their national or sub-national strategies accordingly;
  - make efforts to maintain and strengthen their processes and procedures for offering vaccines to children with unknown or uncertain vaccination history;
  - make efforts to maintain and strengthen public trust in childhood immunisation programmes and the benefits of vaccination;
  - make efforts to increase health professionals’ awareness of the benefits of vaccines and strengthen their support for immunisation programmes;
  - reinforce education and training of health professionals and other relevant experts on childhood immunisation;

- co-operate closely with local communities, involving all relevant actors and networks;
- identify under-vaccinated groups and ensure their equitable access to childhood vaccinations;
- ensure close co-operation of relevant public health, paediatric and primary care services for the continuous follow-up and evaluation of individual vaccination records, including the timeliness of vaccine administration from birth until adulthood;
- make efforts to improve laboratory capacity in the field of diagnostics and surveillance of the vaccine preventable diseases;
- consider the use, where appropriate, of innovative vaccines proven to be effective and cost-effective, to address unmet public health needs;
- consider introducing or further developing immunisation information systems, including improved registration, where applicable, and pharmacovigilance systems.

15. INVITES Member States and the Commission to:

- further develop co-operation among national and sub-national immunisation services, further refine and co-ordinate monitoring of vaccination coverage as well as reporting systems;
- make efforts to reinforce the surveillance of vaccine preventable diseases; refine information systems as well as immunisation registers, where applicable;
- consider shaping the methodology for the use of common indicators for vaccination to support EU-wide data collection in close collaboration with the WHO;
- consider which systems and procedures could help to ensure proper continuity of immunisation of individuals when changing the place of residence between Member States;
- foster the improvement of immunisation programmes;

- co-operate in tailoring approaches and communication strategies in engaging with the concerns of those who are sceptical about the benefits of vaccination;
- i. share experiences and best practices to improve vaccination coverage of children against vaccine-preventable diseases in general, as well as amongst under-vaccinated population groups;
- ii. in order to facilitate the exchange of information between vaccine service providers, to identify with the support of the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA) a non-exhaustive list of elements suggested for inclusion in national, sub-national immunisation cards or health booklets. This has to be done in due respect of Member States' own public health policies while taking into account the elements for vaccination certificates listed in Annex 6 of the WHO International Health Regulations. This information should be easily understandable within the EU.

16. INVITES the Commission to:

- ensure synergy between the promotion of childhood vaccination and the implementation of relevant EU legislation and policies, while fully respecting national competences;
- examine with the ECDC and the EMA in close cooperation with and taking into account the work done so far by the WHO, the options to
  - identify commonly agreed guidance and methodologies for reaching out to broader populations, including evidence-based links between vaccination and diseases,
  - identify commonly agreed methodologies for monitoring and assessing vaccination coverage and real level of protection in the community;
  - identify methodologies for monitoring of public support for vaccination programmes;

- facilitate the development and implementation of communication strategies aimed at engaging with persons who are sceptical about the benefits of vaccination providing clear, factual information about the advantages of vaccination;
  - provide guidelines and tools to help Member States to design efficient communication messages;
  - develop multilingual EU vaccination resources for health care professionals and the public with the aim to provide objective, easily accessible (web and/or paper based) and evidence-based information on vaccines and immunisation schedules including vaccines used in the Member States;
  - facilitate regional and EU-wide projects for increasing access to vaccination for transnational under-vaccinated groups.
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