Immunisation is one of the most cost-effective public health interventions, saving between two and three million lives worldwide annually. In addition, an extra two million lives could be saved with the introduction of vaccines such as meningococcal, pneumococcal and rotavirus vaccines. Each year, 2.5 million children worldwide still die of diseases that can be prevented with vaccination [1].

While many new vaccines will soon be on the market, several challenges still remain concerning the existing vaccines and immunisation policies, even in the World Health Organization (WHO) European Region where vaccination uptake at the national level is generally high, with rates over 90% [2]. However, these figures conceal the fact that many vaccinations are not administered in a timely way – i.e. according to the recommended national vaccination schedules – as well as the disparities in vaccination coverage at subnational levels. Both factors increase the risk of outbreaks of vaccine-preventable diseases, such as measles; and indeed outbreaks of measles have again been occurring in western Europe since 2006 [3]. Regardless of the European country there are pockets of susceptible populations, contributing to an estimated 600,000 children (based on the coverage rates) in the Region, that miss their routine vaccination annually.

These susceptible populations, which include certain ethnic and religious minorities as well as some migrant populations, are not vaccinated because they often lack the knowledge about the importance of immunisation or access to the services. In some extreme cases, the willingness to vaccinate is influenced by an unfounded scepticism among parents [4] about the effectiveness and safety of vaccines, fuelled by anti-vaccination movements with dubious motives.

These issues were recently pointed out in editorials published in Vaccine [5], the Weekly Epidemiological Record [6] and the European Journal of Public Health [7], which addressed the importance and the future of immunisation in Europe, and clearly stated the need to keep timely immunisation high on the agenda and boost routine immunisation programmes.

**European Immunization Week**

European Immunization Week (EIW) is an annual event, held in April. It provides a framework for politicians and health professionals in the WHO European Region to analyse and address the challenges of immunisation at national and subnational levels. Activities include the promotion of timely vaccination by carrying out a range of targeted advocacy activities as well as concrete outreach activities to reach vulnerable and hard-to-reach groups.

Since its inception in 2005, EIW has grown considerably. In 2008, 32 countries participated in the initiative, covering three quarters of the Region’s population. They organised a wide range of immunisation-related activities involving parents, children, healthcare workers, policy-makers, politicians and the media. Fourteen countries reported targeting vulnerable and hard-to-reach groups, varying from minority populations, such as the Roma and migrants – including foreign workers and political refugees – to abandoned children, religious objectors, prisoners, the military, hepatitis B risk groups and geographically hard-to-reach groups.

Several countries organised outreach activities to assess people’s vaccination status and inform them about the importance of timely vaccination and where these could be obtained. Supplementary immunisation activities resulted in almost two million persons being immunised during EIW.

As the initiative was born from a resolution adopted in 2005 by all the European Region’s Member States to work towards the elimination of measles and rubella in the Region by 2010, many countries placed extra emphasis on measles vaccination, for example by organising consultations for policy-makers to address remaining challenges to measles elimination, trainings for healthcare workers to properly register administered vaccinations, as well as by addressing young adults directly and raising their awareness about the importance of knowing their immunisation status and following up on doses needed beyond childhood [8].

**EIW 2009**

For its fourth EIW, 20-26 April, the World Health Organization is leveraging innovative Internet-based viral techniques and social media to advocate for immunisation across Europe. The initiative, launched in 36 countries, is spearheaded by an animated YouTube video that aims to spread the EIW message by word-of-mouth (virally) online as well as drive users to an informative website (www.euro.who.int/eiw2009). Social networking sites Facebook, VKontakte and StudiVZ are being used to reinforce the message.

Starting on 22 April, millions of individuals were contacted electronically and encouraged to view a short video prepared by the WHO Regional Office for Europe. The potential perils facing young children are presented in a film available on 16 video-sharing websites and more than 120 social communication sites, blogs and discussion forums. The campaign website (www.euro.who.int/eiw2009) contains sections on reasons to vaccinate, myths about vaccination, questions and answers and links to recent reports on outbreaks of vaccine-preventable diseases in the European Region.
This week’s edition of Eurosurveillance joins these efforts with a selection of articles on immunisation issues, which reminds us of the urgency of advocating for vaccination in Europe. For instance, D Schmid et al. [9] describe an ongoing outbreak of rubella in two provinces in Austria. One hundred and forty three cases have occurred since October 2008, 20 of them in soldiers in different military camps. The authors question whether the 2010 target for measles and rubella elimination in the entire European Region is realistic. In another article, D Whyte et al. [10] discuss the epidemiology of mumps in Ireland, noting a high proportion of cases in the age group 15-24 years in the Mid-West of Ireland. The authors therefore stress the importance to increase awareness of the disease in the school, college and university settings. Preventive measures implemented to limit mumps transmission in these settings over recent years in the Mid-West of Ireland include vaccination of close contacts, isolation for five days and hand hygiene.

Next, C Fazio et al. [11] report the results of molecular analyses of Neisseria meningitidis serogroup C strains obtained from two outbreaks of invasive meningococcal disease in northern Italy. The paper highlights the importance of molecular typing in identifying new variants and detecting hyper-virulent clones, which are crucial in monitoring and preventing the disease. The last paper in this issue describes the European Union-funded “Vaccine safety: attitudes, training and communication” (VACSATC) project [12], established in 2006 to study perceptions of immunisation and vaccine safety, to improve training of healthcare professionals on vaccine safety and to improve the availability of information on vaccine safety on the Internet that adheres to good information practices.

Beyond 2009

Given that at least 26 outbreaks of vaccine-preventable infections in the European Region have been described in the literature since early 2008 [13] (and there were likely many more not written up), there is good reason for all countries in the Region to be vigilant. It is also interesting to note that in 2005-2006, measles epidemics in six former Soviet Union countries accounted for over 75% of cases reported in the Region. This reversed in 2007-2008, when seven western European countries accounted for over 75% of the reported cases.

Hopefully, more parts of the world will join the efforts of Europe, as well as the Vaccine Week in the Americas, in marking European Immunization Week as an extra push to boost routine immunisation programmes. The vaccination of children and risk groups remains a year-round activity and should therefore be kept high on the national health policy agenda all year long.

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