



EUROPEAN IMMUNIZATION WEEK 2008

No. 16, 2008

The European Immunization Week (EIW) was launched in 2005 by the World Health Organization (WHO) Regional Office for Europe to provide Member States with a framework for communication and advocacy, through which they could boost immunization rates.

While significant progress has been made in the fight against vaccine-preventable diseases, gaps in coverage rates show that communicating the importance of immunization, especially among marginalized groups, is paramount. The growing interest of Member States in joining the EIW, with 10 new countries joining the third EIW that will take place from 21 to 27 April 2008, is an indicator of its success, www.euro.who.int.

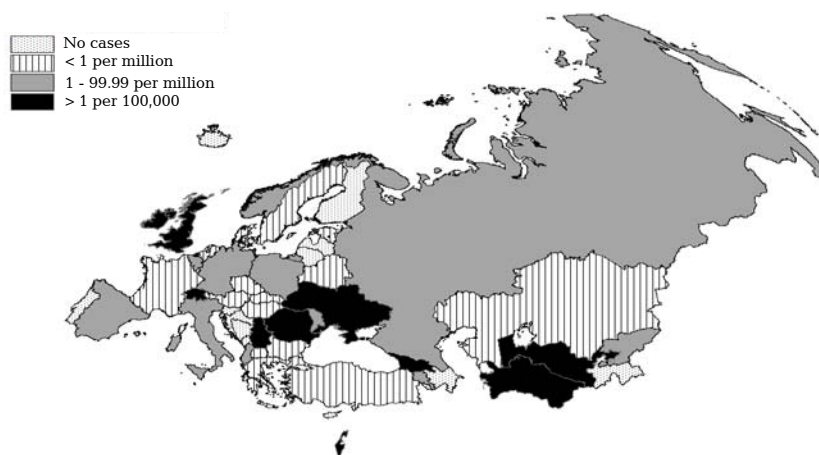
Concerning tendencies

The resolution that gave birth to EIW called for measles and rubella elimination, for which the regional strategic goal is set for 2010, through strengthened immunization services. The average routine vaccination coverage for childhood diseases is higher than 90% in the WHO European Region, which consists of 53 Member States and over 885 million people. However, full protection can only be achieved by 95% coverage rates, and regional country averages mask inequities both within and between countries. There are many pockets of non-vaccinated children and young people across the Region, which increases the risk of spreading disease across borders. Some 600,000 infants yearly miss their basic three doses of diphtheria-tetanus-pertussis (DTP) immunization, and around 32,000 children die every year from vaccine-preventable diseases.

The role of communication

Some of the non-immunized children and young adults belong to hard-to-reach groups that lack balanced information about the importance of immunization. Another issue is a growing anti-vaccination sentiment and scepticism among parents, particularly among well-educated parents in the western part of the Region. To counter this trend, EIW is focusing on providing accurate, balanced and understandable information about the risks of diseases and the benefits of immunization. Thousands of promotional materials, TV

Figure 1. Measles incidence in the WHO European Region, 2007



and radio broadcasts, writing contests and seminars for journalists, hot lines and web sites will spread the message about immunization during the Week, highlighting the interactivity of the event.

Variety of target groups

This year a record of 33 countries are participating in EIW. Each country chooses the target groups for their communication and advocacy activities. As well as parents, health-care workers, the media, politicians and young adults, specific vulnerable groups such as Roma communities, the military and religious objectors are specific targets for EIW 2008. The choice for these target groups is based on each country's (sub) national challenges and experiences with regard to immunization. For instance, during the 2006-2007 measles outbreaks in Albania, Romania, Serbia, Greece and Italy, the vast majority of cases occurred among the Roma and migrant population groups. In 2007, measles outbreaks reported in western European countries including Belgium, Germany, Ireland, and Switzerland, were due to pockets of susceptible people, mainly vaccine objectors, which had built up over the last few years.

Measles a special focus

Some Member States use EIW to advocate for the prevention of specific diseases such as polio or diphtheria, while others choose to boost the national immunization programmes in general.

A major focus of EIW since its inception has been measles and rubella. Despite major successes, measles cases have indeed dropped over 90%

in the last decade, measles and rubella elimination still deserves serious attention. While more than half of all Member States in the WHO European Region met the target of reported measles incidence below the threshold of less than 1 per million of population in 2007, [Figure 1](#), those successful countries account for only 33% of the Region's population, and the spread of measles outbreaks, such as recently seen in Switzerland and Austria, is a major concern.

Successful initiative

The EIW is gathering regional momentum. From nine participating countries at the start in 2005 to 33 this year, EIW is a dynamic force for achieving regional immunization targets. All countries that participated in EIW 2007 said that they believed it would lead to greater vaccination coverage in the future.

Commentary

Anti-vaccination sentiments and pockets of marginalized, non-immunized groups in the WHO European Region continue to pose a threat of outbreaks of contagious diseases, making it a sub-national, national as well as international problem. To close these gaps and keep immunization on the political agenda throughout the Region, it is essential to continue communicating and advocating for the need for immunization of every one of the 10.3 million children born in the Region every year. The EIW, coordinated by the WHO Regional Office for Europe, is an important means to this end.

(WHO Regional Office for Europe)

16 April 2008

Individually notifiable diseases

Number of notifications received in the Department of Epidemiology, SSI (2008 figures are preliminary)

Table 1	Week 15 2008	Cum. 2008 ¹⁾	Cum. 2007 ¹⁾
AIDS	0	11	10
Anthrax	0	0	0
Botulism	0	0	0
Cholera	0	0	0
Creutzfeldt-Jakob	0	4	2
Diphtheria	0	0	0
Food-borne diseases of these, infected abroad	6 3	78 22	147 27
Gonorrhoea	1	97	106
Haemorrhagic fever	0	0	0
Hepatitis A of these, infected abroad	0 0	15 5	10 4
Hepatitis B (acute)	0	4	7
Hepatitis B (chronic)	0	44	76
Hepatitis C (acute)	0	4	2
Hepatitis C (chronic)	1	107	85
HIV	1	58	84
Legionella pneumonia of these, infected abroad	2 0	31 12	27 4
Leprosy	0	0	0
Leptospirosis	1	2	4
Measles	0	5	1
Meningococcal disease of these, group B of these, group C of these, unspec. + other	1 1 0 0	20 8 4 8	21 10 6 5
Mumps	0	13	3
Neuroborreliosis	1	19	25
Ornithosis	0	1	1
Pertussis (children < 2 years)	3	31	26
Plague	0	0	0
Polio	0	0	0
Purulent meningitis Haemophilus influenzae Listeria monocytogenes Streptococcus pneumoniae Other aethiology Unknown aethiology Under registration	0 0 3 0 0 2	0 1 32 10 7 10	1 5 41 5 8 -
Rabies	0	0	0
Rubella (congenital)	0	0	0
Rubella (during pregnancy)	0	0	0
Shigellosis of these, infected abroad	1 1	18 16	14 7
Syphilis	0	32	28
Tetanus	0	0	0
Tuberculosis	4	118	95
Typhoid/paratyphoid fever of these, infected abroad	0 0	9 7	4 4
Typhus exanthematicus	0	0	1
VTEC/HUS of these, infected abroad	5 1	35 12	48 15

¹⁾ Cumulative number 2008 and in corresponding period 2007

Selected laboratory diagnosed infections

Number of specimens, isolates, and/or notifications received in SSI laboratories

Table 2	Week 15 2008	Cum. 2008 ²⁾	Cum. 2007 ²⁾
Bordetella pertussis (all ages)	1	37	45
Gonococci of these, females of these, males	10 2 8	115 24 91	95 13 82
Listeria monocytogenes	0	9	16
Mycoplasma pneumoniae Resp. specimens ³⁾ Serum specimens ⁴⁾	1 0	38 45	215 230
Streptococci ⁵⁾ Group A streptococci Group B streptococci Group C streptococci Group G streptococci S. pneumoniae	2 2 0 2 32	48 30 4 36 414	43 25 7 34 430
Table 3	Week 13 2008	Cum. 2008 ²⁾	Cum. 2007 ²⁾
MRSA	4	142	-
Pathogenic int. bacteria ⁶⁾ Campylobacter S. Enteritidis S. Typhimurium Other zoon. salmonella Yersinia enterocolitica Verocytotoxin- producing E. coli Enteropathogenic E. coli Enterotoxigenic E. coli	35 2 11 10 6 0 2 10	434 70 95 176 58 31 21 76	578 70 74 133 75 50 36 34

²⁾ Cumulative number 2008 and in corresponding period 2007

³⁾ Resp. specimens with positive PCR

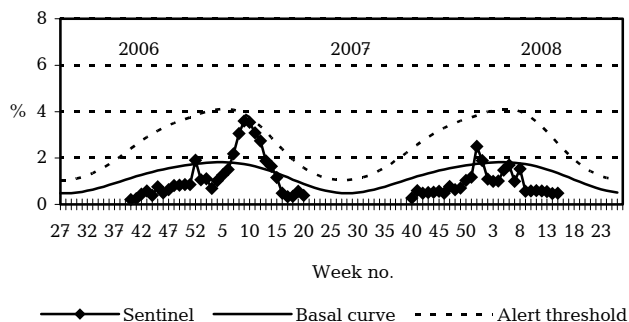
⁴⁾ Serum specimens with pos. complement fixation test

⁵⁾ Isolated in blood or spinal fluid

⁶⁾ See also www.germ.dk

Sentinel surveillance of the influenza activity

Weekly percentage of consultations, 2006/2007/2008



Sentinel: Influenza consultations (as percentage of total consultations)

Basal curve: Expected frequency of consultations under non-epidemic conditions

Alert threshold: Possible incipient epidemic