

EFPC Statement on Vaccination and Primary Health Care



It is well documented that take up of vaccination, one of the most cost effective and protective public health measures against infectious diseases, is declining in parts of Europe. This is leading to outbreaks of measles, polio and seasonal flu epidemics, for example. In addition, under-vaccination for viruses such as the HPV will have longer-term consequences on the prevalence of cervical, head and neck, and other types of cancer. It also has relevance for antimicrobial resistance (AMR), an emerging challenge considering the global increase in disease caused by drug-resistant bacteria, due to overuse and misuse of antibiotics. Vaccination represents an effective way to stop people getting infected effectively preventing the need to use antibiotics.

The populations most affected by these outbreaks are children, older people and other vulnerable populations such as the homeless and displaced migrants, also people with a weak immune response.

EFPC believes that more can be actioned through community-orientated Primary Health Care to achieve the levels of vaccination required to protect the community and individuals. There are three clear objectives:

1. To increase the uptake of all approved vaccines across Europe to ensure protection of the whole community. This herd immunity effect will protect individuals who have a particular vulnerability and cannot be vaccinated, such as in cases of immuno-suppression.
2. To raise awareness and education within the whole community to decrease vaccine resistance and hesitance and counter the effects of false science and of misleading claims propagated through social media.
3. To ensure the collection and sharing of data across all parts of the healthcare system, for effective surveillance and monitoring, to ensure vaccination status is known both at individual and at population levels, safeguarding public health across our communities and Europe

To achieve these objectives EFPC believes that:

1. Primary Care professionals, including GPs, Nurses, Midwives, Social Workers and Therapists need additional, shared *education* on immunisation tailored to their tasks. This should prepare them not only with the appropriate *knowledge and evidence*, but equips them also with the *communication skills* to really hear, understand, and address effectively and efficiently the beliefs and resistance of individuals they may encounter in the community. When families feel very vulnerable for a multitude of reasons they often find it hard to trust those who

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- are seen to have authority and power. Communities need to feel empowered through good communication to trust in primary health care available to them.
2. Primary Care organisations must work with policymakers and funding organisations to ensure that vaccination is universally and freely available on a time-flexible basis to all members of the community regardless of age or health status.
 3. Primary Care organisations must continue to argue for effective data systems to be interoperable to other systems, including administrative data systems, public health data and hospital data. Maternity records and child health data sets should also be linkable and accessible to all healthcare staff to ensure coverage levels are monitored locally and at population level. Such systems are unavoidably complex, resource intensive and open to data protection issues. However, these have been addressed in countries such as Sweden, Norway and Western Australia so lessons can be learned.
 4. Primary Health Care staff should role model vaccination uptake and protect themselves, their families and patients.
 5. EFPC will continue to represent its members and Primary Care through its active involvement with the Global Vaccination Summit and the European Steering Group on Influenza Vaccination and engagement with the European Public Health Association (EPHA) and address vaccination and AMR through PRIMORE and PIE.
 6. Provision of vaccines by organisations with limited legitimacy and where there could be a conflict of interest, should be discouraged .

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