

Date last modification of documentation sheet: 01-06-2012

Compared to previous version documentation sheet (12-03-2010) the following issues were adapted:

- New section on relevant policy areas added to the documentation sheet

<i>ECHIM Indicator name</i>	D) Health interventions: health services 56. Vaccination coverage in children
<i>Relevant policy areas</i>	<ul style="list-style-type: none"> - Health inequalities (including accessibility of care) - Health system performance, quality of care, efficiency of care, patient safety - Health threats, communicable diseases - (Preventable) Burden of Disease (BoD) - Child health (including young adults)
<i>Definition</i>	Percentage of infants who have been fully vaccinated against important infectious childhood diseases.
<i>Calculation</i>	Percentage of infants reaching their 1st birthday in the given calendar year who have been fully vaccinated, according to national vaccination schemes, against pertussis, diphtheria, tetanus and poliomyelitis, and percentage of infants reaching their 2nd birthday in the given calendar year who have been fully vaccinated against measles, mumps and rubella.
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> - Calendar year - Country - Region (according to ISARE recommendations). - Socio-economic status
<i>Preferred data type and data source</i>	<p>Preferred data type: administrative data, vaccination registers</p> <p>Preferred data source: WHO-HFA N.B.: WHO-HFA uses data from WHO centralized information system for infectious diseases (CISID)</p>
<i>Data availability</i>	Data on vaccination coverage for all selected diseases are available for all EU-27 Member States, as well as for the other countries participating in the Joint Action for ECHIM. Data for diphtheria, measles, pertussis, poliomyelitis and tetanus are available for the period 1970-2008. Data for rubella for most countries are available for the period 1991-2008. Data for mumps for most countries are available for the period 1991-2003. ISARE-3 project has collected data on vaccination coverage in children, but only for one region per country. No data according to socio-economic status available.
<i>Data periodicity</i>	Data are collected annually.
<i>Rationale</i>	Immunisation is one of the most powerful and cost-effective forms of primary prevention. A classical prevention strategy which should be maintained to continue effective protection.
<i>Remarks</i>	<ul style="list-style-type: none"> - This indicator is identical to EU Open Method of Coordination (OMC)/Social Protection Committee (SPC) indicator HC-P6 - Child Health Indicators of Life and Development (CHILD) project recommends slightly different definition, which also includes immunisation rates for haemophilus influenza type b, hepatitis B, and meningococcus C. - The OMC was set up at the Lisbon European Council of March 2000. Within the OMC, Member States agree to identify and promote their most effective policies in the fields of Social Protection and Social Inclusion. As such the OMC represents an important common EU policy. Therefore ECHIM feels it is preferable to join in with the OMC work for this indicator and apply the same definition.
<i>References</i>	<ul style="list-style-type: none"> - Health Indicators in the European Regions (ISARE) project: http://www.isare.org - WHO-HFA database: http://data.euro.who.int/hfad/ - CISID: http://data.euro.who.int/cisid/ - Indicators adopted by the EU Social Protection Committee: http://ec.europa.eu/employment_social/spsi/common_indicators_en.htm - CHILD project, final report: http://ec.europa.eu/health/ph_projects/2000/monitoring/fp_monitoring_2000_frep_08_en.pdf

Work to do

- Check with WHO-Europe why data for vaccination against mumps are not up to date.