A model to collect vaccination coverage data from EU/EEA countries: a proposal of the VENICE network


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Stockholm, 10th December 2010
Vaccine strategy and vaccine coverage

- Every vaccination strategy should be monitored through regular vaccination coverage (VC) assessment.
- Good quality data should be available not only at national but also at European level.
- Data comparability among countries is important.
Vaccine coverage data collection: a complex matter. Results from a VENICE survey (2007)

- Different methodology
- Different validation
- Different information collected
- Different data format
- Different availability of computerized registers
- Different ages covered
- Different performance indicators
- Same objective: collect data on vaccine coverage

Vaccination coverage data collection in EU/EEA countries

- ECDC is collecting many data on communicable disease
- Is it possible to collect data on vaccination coverage in EU/EEA countries in the future?
  - What methodology?
  - What contents (information)?
  - From how many Member States?

VENICE activity: “Expert Consensus on vaccination coverage data collection in EU/EEA countries”

- This activity is focused on the collection of vaccination coverage data existing in Member States in a standardized manner
What is the VENICE network

- Improving vaccination programmes in the European Union and EEA/EFTA countries: information – Knowledge – Performance (GRANT/2008/006)

- **VENICE II project**: since December 2008, funded by ECDC
- **VENICE I project**: 2006-2008, funded by DG-SANCO

- General Objective of the VENICE project: Promoting and sharing **knowledge** and **best practices in vaccination policies**, through the creation of a collaborative European **network** of experts working in immunization programmes

- Participating countries: 27 EU countries + Norway and Iceland
- [http://venice.cineca.org/index.html](http://venice.cineca.org/index.html)
VENICE Consensus on VC data collection in EU/EEA countries: objectives

General objective

To develop a consensus document on a feasible model for vaccination coverage data collection among EU/EEA countries in order to improve and standardize data collection.

Specific objectives

- To define the minimum data set for vaccination coverage data collection at EU level and the format for data collection.
- To assess the characteristics of the vaccination coverage data collected in each state through a specific survey.
- To formulate recommendations for assessing vaccination coverage and collecting coverage data in MSs.
- To improve the accessibility of vaccination coverage data to all health care professionals.
VENICE Consensus on VC data collection in EU/EEA countries: methods (1)

- October 2010 – May 2011
- Revision of literature
- Identification of a **Working Group of experts**

- Preparation of the draft of the **Consensus Document** by the working group (main writer – call conference – email):
  - minimum core data set and format for data collection
  - VENICE recommendations for coverage data collection

- Sharing of the Consensus Document with the VENICE gatekeepers (**Stockholm, 9th December 2010**), in order to:
  - verify the feasibility of the proposed model
  - discuss crucial points of coverage data collection and recommendation
VENIENCE Consensus on VC data collection in EU/EEA countries: methods (2)

• Conducting a **survey** on current vaccination coverage assessment and quality of coverage data among the VENIENCE MS:
  - to update the information collected through the previous VENIENCE survey
  - to collect some information useful to evaluate the applicability of the proposed model to EU/EEA countries
  - to assess the quality of vaccination coverage data collected in MS (data validation, different sources, private sector, performance indicators)

• Elaboration of the final document (by **May 2011**)
**Characteristics of the proposed system for VC data collection (1)**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Description</th>
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<tbody>
<tr>
<td>Web based</td>
<td>Reduction of reporting bias (Also data collected in paper form at national level should be transmitted electronically to ECDC)</td>
</tr>
<tr>
<td>Flexible</td>
<td>Future collection of further information and higher level of detail (i.e. risk groups)</td>
</tr>
<tr>
<td>Representative</td>
<td>The data should reflect data available in each country (from more than one source if available). The system should allow to update data over time.</td>
</tr>
<tr>
<td>High coverage of MSs</td>
<td>Data for all countries should be collected and presented.</td>
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### Characteristics of the proposed system for VC data collection (2)

<table>
<thead>
<tr>
<th>Acceptable</th>
<th>User friendly by member states and politically acceptable</th>
</tr>
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<tbody>
<tr>
<td>Sustainable</td>
<td>Part of a stable informative process</td>
</tr>
<tr>
<td>Comparable</td>
<td>Comparable with data already collected in Europe (i.e. WHO)</td>
</tr>
<tr>
<td>Detailed</td>
<td>Sub national data, data from special groups or specific age groups</td>
</tr>
<tr>
<td>Timely</td>
<td>Monitoring of possible changes in vaccination coverage</td>
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For which vaccines vaccination coverage data will be collected?

Will vaccination coverage data be collected for childhood and/or adult vaccinations?

Will vaccination coverage data be collected by agent or vaccine product?

Will vaccination coverage data be collected for single vaccine doses or full immunisation series?

Will vaccination coverage data for special risk groups be collected?
Will vaccination coverage be reported by birth cohort or age group?

For which birth cohorts vaccination coverage data will be collected?

Which information on methods of vaccination coverage assessment will be collected?

How information on the methods of vaccination coverage assessment will be collected?

At which level will coverage data be collected (national, regional, county level)?

All these issues will be discussed with the VENICE gatekeepers at the VENICE Meeting, the 9th of December 2010 in Stockholm.
Conclusion

- Collection of existing VC data in EU/EEA countries could be more efficient and representative with a standardized data collection fitting the European needs.
- A flexible system could be adapted to new needs in the future.
- Data accessibility to all health professionals could be improved.
- ECDC interaction with participating countries would be promoted.
Thank you for your attention!

http://venice.cineca.org