THE ORGANIZATION AND DELIVERY OF
VACCINATION SERVICES IN THE EUROPEAN UNION

POLAND

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Poland

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Governance

Recommendations for the implementation of vaccinations in Poland are prepared by:

1. the Paediatric Team of Experts on the Protective Vaccination Programme at the Ministry of Health, and

2. the Sanitary-Epidemiology Group at the Chief Sanitary Inspectorate.

Recommendations result from the analysis of national data on the incidence of specific infectious diseases and infections. They also take into account the recommendations and reports of the Advisory Committee on Vaccination of the European Centre for Disease Prevention and Control (ECDC) and the recommendations of the World Health Organization (WHO).

Entities that carry out vaccinations keep medical records regarding mandatory vaccinations, including storing immunization cards and making entries confirming the vaccination, and prepare reports on mandatory vaccinations and reports on the vaccination status of persons covered by preventive health care, which they provide to the state county (*powiat* – the middle level of Polish territorial self-government) sanitary inspector.

The National Institute of Public Health–National Institute of Hygiene (*Narodowy Instytut Zdrowia Publicznego–Państwowy Zakład Higieny* (NIZP-PZH)), the health research and expert advisory institution in Poland prepares annual reports.

There are no acts addressed exclusively at migrants living in Poland. Legal regulations apply to the general population in Poland and, where appropriate, they also take into account the needs and/or obligations of migrants (Sakowski, 2012).

The obligation to vaccinate according to the immunization programme applies to everyone who stays in Poland for more than three months. The Act on preventing and combating infections and infectious diseases does not provide an exception for any specific population group (e.g. refugees, religious objectors, etc.).

If non-citizens are legally resident in Poland and registered with a general practitioner, regardless of health insurance cover, they can receive free vaccinations under the immunization programme up to the age of 19. Indeed, such immunizations might be mandatory. For persons who do not have health insurance entitlements, the costs of mandatory vaccinations, medical qualification tests or specialist consultations are financed from the state budget (from the part managed by the Minister of Health).

Primary care physicians are the primary source of information about vaccinations. The facilities of the State Sanitary Inspectorate are in constant contact with vaccination points, providing them with refunded vaccines, monitoring reporting and publishing information materials on websites. However, there are no standard procedures in this area and the quality of information available in individual facilities is very variable. The Chief Sanitary Inspector conducts the campaign "Vaccinating the willingness to vaccinate" (*Zaszczep w sobie chęć szczepienia*) and publishes legal acts regarding this issue.

A nationwide campaign, "Vaccinate yourself with knowledge!" (*Zaszczep się wiedzą*!), which promotes reliable information and sources of vaccination information, has been under way since 2015. The campaign emphasizes the need for a responsible approach to the idea of vaccinations. The main tool is the website *www.zaszczepsiewiedza.pl*, where people looking for answers to the question "why is it worth it to vaccinate?" will find the most important information.

Another important source of information is the portal *szczepienia.info*, created in 2007 and run by the National Institute of Public Health–National Institute of Hygiene, which is accredited by Vaccine Safety Net WHO.

According to the Law dated 5 December 2008 on the prevention and control of infections and communicable diseases in humans (OJ L 2008 No. 234 item 1570):

1. Persons issuing a live birth certificate are obliged to attach an immunization card and a vaccination booklet for the child;

2. Persons carrying out vaccinations, e.g. primary care physicians, must (a) maintain medical records concerning mandatory vaccination, including keeping immunization cards and making entries confirming the completion of vaccination; (b) prepare reports on the mandatory vaccinations carried out and reports on the vaccination status of persons covered by preventive health care, and provide the State County Sanitary Inspector with such reports.

3. The Chief Sanitary Inspector shall announce in a communiqué, in the official journal of the Minister of Health, the Protective Vaccination Programme for a given year, with detailed indications concerning the use of particular vaccines, resulting from the current epidemiological situation, not later than 31 October of the year preceding the implementation of the programme.

4. The health-epidemiological stations (at the state county level) shall determine the annual demand for vaccines, store the vaccines and supply the vaccinating service providers with them. The entities obliged to prepare the quantitative demand for vaccines used for the performance of the mandatory vaccination, together with the schedule of vaccine deliveries, and to prepare reports on the types, numbers, serial numbers and validity dates of vaccines, are the authorities of the State Sanitary Inspectorate. The entity responsible for reporting on the implementation of vaccine delivery schedules is the central distributor appointed by the Minister of Health.

5. The Minister of Health determines by way of an executive regulation the entities obliged to draw up a quantitative demand for vaccines used for mandatory vaccinations, together with a schedule of supplies of vaccines, their storage and distribution.

Key agencies

The immunization programme is established as a national policy by the Ministry of Health and the General Sanitary Inspectorate, in cooperation with the Sanitary-Epidemiology Board (*Rada Sanitarno-Epidemiologiczna*) and the Paediatric Group of Experts for Vaccination (*Pediatryczny Zespół Ekspertów ds Szczepień Ochronnych*). The Board is an advisory group and consists of: epidemiologists, paediatricians, infectious disease physicians, microbiologists and sanitary inspection members. The programme is published before 31 October in the year preceding the implementation of the programme as a Ministry of Health directive approved by the General Sanitary Inspectorate.

Immunization programmes

In Poland vaccinations included in the immunization schedule are mandatory for children and adolescents (0–19 years old). This means that every child residing in Poland can receive vaccines refunded by the state, but it also means that parents are obliged to show up to vaccination visits (Article 5 of the Act on preventing and combating infections and infectious diseases – *Journal of Laws*, Dz. U. 2008, No. 234, Item 1570). Refusal to vaccinate usually means triggering an administrative procedure, which typically involves a monetary fine.

Mandatory vaccinations are set by Polish law and pertain to all children residing in Poland for longer than three months. Each child at birth receives an immunization card which is stored at the general practitioner's office and is used to monitor progress through the immunization schedule. Based on this card, the general practitioner calls parents for Well-Baby visits and administers scheduled vaccines as part of developmental monitoring. The current immunization schedule (2018) includes 11 mandatory vaccines, against tuberculosis, hepatitis B, diphtheria, tetanus, pertussis, poliomyelitis, *Haemophilus influenzae* type b, pneumococci, **measles**, mumps and rubella (MMR). The immunization schedule also includes a separate section describing which additional vaccines are recommended, but their cost has to be met by parents[4] (e.g. rotavirus vaccines or meningococcal vaccines).

4 *Mandatory vaccinations in Poland*, http://szczepienia.pzh.gov.pl/en/stories/mandatory-vaccinations-in-poland/.

The Polish immunization programme includes:

1. The mandatory immunization programme,
2. The mandatory immunization programme for risk groups,
3. The recommended immunization programme.

Since 2013 the National Programme for Fighting Influenza has been educating the public and building awareness of the risks associated with **influenza** and its complications. This is a social initiative by independent medical experts. The assumptions of the programme were created in cooperation between experts of the Working Group on Influenza, the National Institute of Public Health–National Institute of Hygiene and the Polish Society of Health Education. In 2016, 205 territorial self-government units financed older people's vaccination against influenza.[5]

Vaccination coverage

The average coverage with the MMR vaccine in Poland in 2015 was 96.7% (for children having two doses of MMR). In 2017, 63 cases of measles were registered. The last death due to measles in Poland was recorded in the 1990s.[6]

Of all the infectious diseases covered by epidemiological surveillance in Poland, most cases are caused by influenza. Every year during the peak influenza season, which in Poland most often runs from January to March, influenza and influenza-like illness result in an overloading of the primary health care system and become a leading cause of sickness absence, generating significant economic and social costs (Wojtyniak & Goryński, 2016). In the 2016/17 season a record number of influenza and influenza-like cases were recorded. In total, 4 919 110 people fell ill, 20% more than for the same period of the previous influenza season. There have also been 25 deaths due to influenza and its complications. Most often they occurred in people over 65 who are the most vulnerable to influenza complications (Wojtyniak & Goryński, 2016).

5 *Szczepienia*, Ogólnopolski Program Zwalczania Grypy, http://opzg.pl/szczepienia.

6 http://szczepienia.pzh.gov.pl/szczepionki/odra/6/#szczepionki-przeciw-odrze-w-programie-szczepien-ochronnych.

According to data collected by sanitary-epidemiological stations, a total of 799 958 people in 2015 were vaccinated against influenza in the whole of Poland, i.e. 2.1% of the population. Compared to 2014, the number of vaccinated patients decreased by 7.6%. Most people who were vaccinated were aged over 65 (with a coverage in this age group of about 7%) (Wojtyniak & Goryński, 2016).

Financing

Vaccines listed as mandatory are paid for by the Ministry of Health, and the costs of the immunizations are paid by the National Health Fund (the third-party payer of health services in Poland). Mandatory vaccines are given in practices/hospitals/clinics that contract with the National Health Fund (patients do not need to pay for it directly). However, recommended vaccines and immunizations need to be paid for either by patients individually, by employers or from individual private insurance funds. Vaccines are also available on the private market (where costs are fully covered by patients)[7]. Sanitary-epidemiological stations determine the annual need for vaccines, store the vaccines and supply them to vaccination service providers.

The **measles** vaccine is given in a combined form as a measles, mumps and rubella (MMR) vaccine. Vaccination against measles belongs to the mandatory (free) set of vaccinations given to children in Poland aged 13–14 months and 10 years of age. They are financed from the budget of the Ministry of Health.

Children over 10 years of age who have not received two doses of MMR vaccine should be given the missing vaccine not later than by the age of 19 years. Vaccinations against measles, mumps and rubella are recommended (but not financed from the budget of the Ministry of Health) to persons:

- not vaccinated against measles, mumps and rubella as part of the mandatory vaccination, who receive two doses of vaccine at least four weeks apart, and

- young women, especially those working in children's environments (kindergartens, schools, hospitals, clinics), and young men to prevent congenital rubella, especially those not vaccinated as part of the mandatory vaccination.

It is not recommended to administer the vaccine during pregnancy, and women should not become pregnant in the first month after vaccination.

Vaccination against **influenza** belongs to the recommended set of vaccinations, which means that the vaccinated person covers the cost of the vaccine. More and more territorial self-government units are active in influenza prevention, so that in these territories older people have the opportunity to access influenza vaccination free at the point of delivery.

Provision

In Poland vaccinations are carried out in therapeutic entities by doctors in individual medical practices, individual specialist medical practices or group medical practices, or by nurses and midwives in individual medical practices, individual specialist practices or group practices of nurses and midwives.

Mandatory vaccination is performed exclusively by health care providers under agreements concluded with the National Health Fund for the provision of basic health care or other scope of services, if so provided by the agreement. Only vaccine preparations registered and available on the Polish market may be used in the implementation of the mandatory and recommended vaccination programmes.

Compliance with the scope of services and dates of vaccination are supervised by the State Sanitary Inspectorate in accordance with Article 5 (3) of the Act on the State Sanitary Inspection.

Box 1 Mandatory vaccinations in Poland

Mandatory vaccinations are carried out by doctors, nurses, midwives and school hygienists. In practice, the vaccination system is based on primary health care. General practitioners qualify for vaccination and constitute the main source of information. Nurses also perform vaccinations and record the administration of each vaccine on paper vaccination cards.

7 *Poland*, http://venice.cineca.org/documents/poland_ip.pdf.

Key barriers and facilitators

The state very clearly supports vaccination against measles by financing it from public funds and making it mandatory, but in 2017 almost 30 000 people in Poland evaded vaccination.

The very active anti-vaccination movement in Poland is a barrier to vaccination. Proponents of the anti-vaccination movement believe that the substances contained in vaccines are more harmful to health than the diseases against which they protect. It is argued that vaccines contain mercury, aluminium and formaldehyde, substances with toxic effects and many negative side-effects on health.

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