THE ORGANIZATION AND DELIVERY OF
VACCINATION SERVICES IN THE EUROPEAN UNION

ROMANIA

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Romania

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Governance

The agency in charge of developing and overseeing implementation of national vaccination plans and programmes is the Ministry of Health. The Ministry of Health establishes the national vaccination schedule, approves the national immunization programme and organizes the centralized procurement of vaccines. The National Centre for Communicable Diseases Surveillance and Control of the National Institute of Public Health coordinates the programme implementation and is responsible for the epidemiological surveillance of vaccine-preventable diseases, and the evaluation of vaccine coverage and vaccine supply; it also coordinates the surveillance of post-vaccination adverse reactions. The District Public Health Authorities (the representatives of the Ministry of Health at district level, 41 districts plus the Bucharest Public Health Authority) are responsible for the local implementation of the national immunization programme, ensuring that the vaccines are distributed to the family medicine physicians and reimbursing doctors for providing the service. They are also in charge of promoting vaccination.

The national immunization programme is developed at the national level. Its implementation is supervised at district level by the District Public Health Authorities. Vaccination is performed by family doctors (except for those vaccines administered at birth in neonatal departments, in tuberculosis outpatient clinics, in health units hosting abandoned children, and in vaccination centres where vaccinations are performed on request or in case of epidemics).

A national immunization programme is usually developed and updated every two years. The programme includes two sections: vaccination of the population at specific ages, according to a national vaccination schedule (Table 1), and vaccination of risk groups (Table 2).

Table 1 Vaccination of the population at specific ages, according to the national vaccination schedule

Recommended age	Vaccine	Administered by
within first 24 hours	Hepatitis B vaccine	Maternity departments
2–7 days	BCG	
2 months	DTPa-VPI-Hib-Hep. B Pneumococcal conjugate vaccine	Family doctor
4 months	DTPa-VPI-Hib-Hep. B Pneumococcal conjugate vaccine	Family doctor
11 months	DTPa-VPI-Hib-Hep. B Pneumococcal conjugate vaccine	Family doctor
12 months	**Measles, Mumps and Rubella Vaccine**	**Family doctor**
5 years	**Measles, Mumps and Rubella Vaccine**	**Family doctor**
6 years	DTPa-VPI	Family doctor
14 years	Vaccine against diphtheria, tetanus, and acellular pertussis (Tdap) for adults	Family doctor

Table 2 Vaccination of risk groups

Vaccine	Groups at risk
Vaccine against diphtheria and tetanus for adults (Td) or adsorbed Tetanus toxoid if Td is not available	Pregnant women
Vaccines against influenza	**In accordance with WHO methodology**
Measles, Mumps and Rubella Vaccine	**People exposed by close contact**
Other vaccines approved by the Ministry of Health for specific outbreak situations	People with increased risk

Vaccinations are recommended but not mandatory for all types of vaccines. A draft Vaccination Law to make vaccination mandatory (by checking the vaccination history of children when they start school) was issued in 2017 and generated intense public debate. At the time of writing, the Law has been withdrawn from parliamentary debate with the intention of being included in the new Health Code that the current government wants to promote.

Childhood vaccinations are recorded in the National Electronic Vaccination Registry introduced in 2011. The Registry is administered by the National Centre for Communicable Diseases Surveillance and Control of the National Institute of Public Health. The database is updated monthly by maternity departments and family doctors. The reports generated by the system are submitted by the physicians to the District Public Health Authorities in order to obtain reimbursement for the services provided. The District Public Health Authorities have access to the National Electronic Vaccination Registry in order to verify the physicians' reports, as well as to generate analyses of immunization coverage in their districts.

Since 2001 a Migrant Health Department at the Romanian office of the International Organization for Migration has provided health assessments for transiting refugees upon their arrival, and pre-departure health assessments as required by the countries of resettlement, with the purpose of prevention and control of communicable diseases. Foreigners who have obtained a protection form in Romania and foreigners who have acquired a right of residence in Romania have the same rights to health care as Romanian citizens.

From 2002 so-called health mediators have been introduced within the national "Promotion of Mother and Child Health at Community Level" programme to enhance access to health care services among the Roma population. Health mediators are mainly women recruited from the Roma community, who receive specific training and are employed by the local authorities to facilitate communication between medical staff and the Roma community.

There are no other specific measures for objectors to vaccination, except the general information campaigns and the information and medical advice provided for each patient by family physicians or any other medical staff.

The draft of the Vaccination Law does not allow religious or other exemptions from vaccination, except for medical conditions that are certified by a special vaccination committee.

The current legislation does not include any explicit sanction for citizens or parents related to vaccination. Government Decision no. 857/2011 regarding sanctions for non-compliance with the public health regulations states that "non-compliance […] with measures for prevention and tackling of communicable diseases, laid down in the existing norms" is sanctioned with fines between 5000 and 10,000 lei (over €1000–2000). Considering immunization is a measure for "prevention of and fighting communicable diseases", this article might count as an existing sanction.

Different drafts of the Vaccination Law included either sanctions for parents refusing vaccination or sanctions for parents refusing to receive information on vaccination. Both versions were highly contested by adherents to the anti-vaccination movement.

Vaccination coverage is calculated as the percentage of children enrolled at all family doctors vaccinated in accordance with the vaccination schedule, of all the children enrolled at all family doctors. Data are collected at district level (by the District Public Health Authorities) twice a year: in February, for children aged 18 months, and for other children as foreseen by the national vaccination schedule, and in August, for children aged 12 months and 24 months, and for other children as foreseen by the national vaccination schedule. Data are collected actively by reviewing documents at the offices of at least 30% of family doctors, and passively for the rest, through the documents reported by family doctors to the District Public Health Authorities. Data are compared by random sampling with data in the National Electronic Vaccination Registry. Data from the District Public Health Authorities are sent in a specific reporting form to the National Centre for Communicable Diseases Surveillance and Control of the National Institute of Public Health. Vaccination coverage is calculated for BCG, Hep B, DTPa, Hib, VPI, MMR and Td for the total population of children, and per rural/urban residence, at district, regional and national level. The methodology was published by the National Centre for Communicable Diseases Surveillance and Control of the National Institute of Public Health on their site in 2016.

Provision

Measles

Family doctors provide all immunizations included in the national immunization programme (except for those vaccines administered at birth in neonatal departments), including measles, mumps and rubella (MMR) vaccines, following a general health status evaluation of the patient to ensure that the vaccine can be safely provided.

Public health services elaborate, implement and evaluate the national immunization programme and organize the centralized procurement of the vaccines and vaccine distribution. Community nurses provide information on vaccination. If the vaccines provided under the national immunization programme are missing or insufficient (e.g. due to delays in centralized procurement), pharmacies sell these vaccines, as well as other vaccines not included in the national immunization programme.

Influenza

Family doctors provide immunization to the people at risk on their list, or to anybody else at their request, following a general health status evaluation of the patient to ensure that the vaccine can be safely provided.

Public health services conduct vaccination awareness campaigns and organize the centralized procurement of vaccines and their distribution for some of the groups at risk. Pharmacies sell vaccines to defined groups at risk or anyone else who wants to get vaccinated against influenza.

Financing

Measles vaccines are free of charge at the point of delivery. Vaccines against measles are provided under the national immunization programme and covered by the state budget allocated to the Ministry of Health. Vaccines under the national immunization programme are procured by the Ministry of Health through a centralized procedure and distributed to the District Public Health Authorities. In addition, the Ministry of Health distributes the other funds for the national immunization programme to the District Public Health Authorities or other implementing entities (e.g. health units hosting abandoned children, vaccination centres).

The District Public Health Authorities distribute vaccines to family doctors and pay them for the provision of vaccines from the dedicated funds for Health Programmes received from the Ministry of Health. In case of documented vaccine shortages, parents might buy vaccines from pharmacies, but otherwise measles vaccination costs are covered. All children in Romania are entitled to free health services, including vaccination, regardless of the status (insured or uninsured) of their parents.

For influenza, vaccines are free of charge at the point of delivery for the population at risk. Vaccines against influenza are provided for the population at risk under the national immunization programme and covered by the state budget allocated to the Ministry of Health. Vaccines under the national immunization programme are procured by the Ministry of Health through a centralized procedure and distributed to the District Public Health Authorities. In addition, the Ministry of Health distributes the other funds for the national immunization programme to the District Public Health Authorities or other implementing entities (e.g. hospitals for the vaccination of medical and auxiliary staff, vaccination centres, etc.).

There is no mandatory financial obligation for employers. Some companies offer to their employees as a nonfinancial benefit so-called "health subscriptions" – a package of (mainly preventive) health services, including vaccination, to be provided by private health care providers (these contracts for health services between companies and private health care providers were initiated in the late 1990s).

The District Public Health Authorities distribute vaccines to family doctors and pay them for the provision of vaccines from the dedicated funds for Health Programmes received from the Ministry of Health. The population not included in the risk groups, or even the population at risk in case of vaccine shortages, may buy the vaccine from pharmacies. However, some persons at risk are covered by the national immunization programme, regardless of their status (insured or uninsured).

Key barriers and facilitators

Childhood vaccinations against measles

Gaps in child coverage with vaccinations against measles are due to the objections of parents influenced by the anti-vaccine movement, delays in vaccine procurement, insufficient information among the population, concern of family doctors about providing vaccinations, and the increase in the number of seasonal cross-border migrants – children of these migrants may not follow the same vaccination schedule as Romanian-born children because they come from countries that may have different epidemiological profiles and/or different vaccination schedules.

The last epidemiological report, for 2016, showed that the measles outbreak also affected many children under one year old (408 cases out of 2435) who were not eligible for MMR vaccination. The coverage rate of vaccination against measles was 87.1% for the first dose and 74.5% for the second dose.

A survey on the public perception of vaccination conducted by the Romanian Institute for Evaluation and Strategy in 2017 showed that only 67% of those interviewed did not agree with the statement "adverse reactions post vaccinations outweigh the benefit of vaccination"; these were mainly adults between 36 and 50 years of age and from rural areas. Of those interviewed, 92% were aware of the measles outbreak in Romania, but only 43% of them considered the lack of vaccination to be the main cause.

Adult vaccinations against influenza

Gaps in adult vaccinations against influenza might be due to the non-compliance of people with medical recommendations, insufficient information among the population or concerns of family doctors about providing vaccinations, and vaccine shortages. In 2016 the Ministry of Health distributed 500 000 doses of vaccine against influenza and 499 650 persons were vaccinated. As only the population at risk is included in the national immunization programme, while the rest of the population is supposed to pay for their own influenza vaccine, the coverage is very low – 2.5% in 2016. For the population at risk, the coverage was 2.9% for pregnant women, 8.2% for persons over 65 years old, 17.8% for patients with chronic diseases, 31% for medical personnel, and 47.5% for institutionalized persons.

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