THE ORGANIZATION AND DELIVERY OF
VACCINATION SERVICES IN THE EUROPEAN UNION

MALTA

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Malta

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Governance

The Primary Child Health and Immunization Unit is responsible for primary health care and prevention of illness in children within the community. Its services include Well-Baby Clinics, the National Immunization Service and the School Health Service. It forms part of the Primary Health Care Service within the Ministry for Health. The Minister for Health also appoints an Advisory Committee on Immunization whose remit it is to advise on immunization schedules and the inclusion of vaccines in the public health service. The Communicable Diseases Unit within the Directorate for Health Promotion and Disease Prevention is responsible for surveillance, including the surveillance of vaccine-preventable disease.

Vaccination programmes are organized at a national level. In the public health services, vaccines are centrally procured and distributed. Immunizations are delivered within primary care health centres distributed throughout the country. In specific immunization campaigns, local councils may also be involved as sites for immunization delivery.

It should be noted that in Malta there is a significant private health sector in primary care and community paediatrics. Several immunizations are delivered through these providers and are paid for out-of-pocket or via private health insurance. Vaccines which are not covered by the public health sector may be obtained privately. Under-reporting of immunization from the private sector remains an issue.

There is no national vaccination plan. Vaccination is guided by the public immunization schedule (http://deputyprimeminister.gov.mt/en/phc/pchyhi/Pages/National-Immunization-Schedule.aspx).

Vaccination is regulated through the **Prevention of Disease Ordinance**, Chapter 36 of the Laws of Malta, Articles 54–67 (http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8595). Diphtheria, tetanus and polio vaccination are mandatory. There is a legal notice that still refers to mandatory immunization of girls against rubella by the time they are 13 years old. However, this refers to the period when girls were immunized against rubella between the ages of 10 and 13 and in practice this has been superseded by the MMR vaccine in line with the national immunization schedule. Under the Prevention of Disease Ordinance, the Minister has the power to prescribe mandatory vaccination as follows: "any disease as the Minister may prescribe until such time as full and continued protection of the child against these diseases is ensured".

Public vaccination programmes are based on the Common database (CdB) which is maintained by the Public Registry. The immunization service has access to the government common database and is responsible for call and follow-up.

Specific active immunization programmes are carried out with refugees and irregular immigrants. Usually this is part of the medical screening that takes place upon arrival in the country. There are no religious objectors but persons who object to vaccination are being encountered increasingly frequently.

There are no incentive schemes or sanctions currently in place. Parents are strongly encouraged to have their children vaccinated prior to school entry.

Vaccination coverage is calculated at the national level.

Provision

Measles

Childhood vaccinations against measles are delivered as part of the MMR in the vaccination schedule. In the public primary care sector these are delivered by nurses who run the immunization clinics. In the private primary care sector, MMR vaccines tend to be administered by general practitioners or private community paediatricians. Nurses are regulated by the Council for Midwives and Nurses under the Health Care Professions Act. The immunization service is accountable to the Primary Care Management team which includes the Chief Nursing Manager in primary care. Private general practitioners are regulated by the Medical Council under the Health Care Professions Act. They are not managerially accountable and are self-employed.

The public health service may be involved in the coordination of specific vaccination efforts with groups such as refugees and irregular immigrants. The public health service does not offer a parallel service to that offered by the public primary care facilities. The communicable disease surveillance unit is accountable to the Superintendent of Public Health.

The School Health Service consists of a team of doctors and nurses who provide monitoring of primary child health and well-being as well as preventive care services in all State and Church Schools in Malta and Gozo. The emphasis is on the early detection of developmental, growth, sensory and learning problems, as well as physical disorders. To this end, pre-school developmental assessments are carried out before school entry, i.e. at pre-kindergarten level. These assessments, which are carried out in the parents' presence, involve taking a medical and family history, conducting a language, physical and social development assessment, height and weight measurement, as well as checking vaccination records.

Throughout the school year, the school doctors and nurses carry out a number of procedures with the following being of relevance to vaccination:

- rechecking and updating vaccination records for all Year 1 pupils;
- checking of vaccination records and TB screening of all non-Maltese pupils; and
- the administration of diphtheria, tetanus and polio vaccine (booster) to Year 10 pupils, along with an MMR catch-up campaign running in parallel.

The team works in close collaboration with the National Immunization Service through regular updating and inputting of vaccines in the central national

immunization database, administration of some vaccinations in schools and catch-up campaigns for missed vaccinations. The School Health Service is accountable to the management of Primary Health Care but works closely with the Department of Paediatrics, which is based at the main hospital.

Community nurses based in the health centres and the School Health Service play an important role in the implementation of the immunization programme since they issue the call/recall, administer the immunizations and carry out the data entry. Community nurses work within the immunization service.

Pharmacies sell vaccines from community retail pharmacies. Vaccines may be administered in the pharmacy setting in the private sector by general practitioners or paediatricians normally carrying out a private clinic adjacent to (or embedded within) the pharmacy premises. Pharmacists do not administer immunizations routinely, but may do so under supervision.

Influenza

In the public primary care sector vaccinations against influenza are delivered by nurses who run the immunization clinics. In the private primary care sector influenza vaccines tend to be administered by general practitioners.

Public health services organize and coordinate the influenza vaccination campaign, including advising on specifications, procurement, etc., but the public health service is not directly involved in administering influenza vaccinations.

Adult influenza vaccination is primarily carried out through immunization clinics at health centres by community nurses working in the immunization service. Persons caring for housebound relatives can phone for a special arrangement to be made such that the housebound person is given the influenza vaccine by the community domiciliary nursing service.

Pharmacies sell influenza vaccines from community retail pharmacies. Vaccines may be administered in the pharmacy setting in the private sector by general practitioners normally carrying out a private clinic adjacent to (or embedded within) the pharmacy premises. Pharmacists do not administer immunizations.

Financing

Childhood vaccinations against measles are free of charge at the point of delivery. The cost is covered through the statutory financing system via the general government budget. Vaccines are procured through the Central Procurement Supplies Unit.

If patients choose to have the MMR vaccination privately, then they formally pay the full cost out-of-pocket unless they have a private insurance scheme which partly or fully covers childhood vaccinations.

The seasonal influenza vaccine for the year 2017/18 was available free of charge from all health centres. In the first week the campaign was launched, priority was given to:

- All persons aged 55 years and over
- Children between 6 months and 59 months of age
- Persons of any age suffering from chronic diseases of the lungs, heart, liver or kidneys, diabetes, and any immunodeficiency conditions, including HIV and AIDS - in these cases, the Schedule V Control Card or a recent medical certificate stating the person's medical condition should be presented.

After the first week the influenza vaccine was available free of charge for all persons over the age of 6 months while stocks lasted. It is likely that the same or highly similar criteria will continue to apply in future.

The costs of vaccines and vaccine services are covered under the statutory financing system via taxation from the general government budget, and through the Central Procurement and Supplies Unit.

Those persons who opt to take the influenza vaccine privately usually order it at the local pharmacy and pay for the full cost out-of-pocket. As government coverage has widened, the number of persons opting to pay for the vaccine privately appears to be coming down.

Over the past decade the government has widened the criteria for influenza vaccination with practically all those wishing to have the vaccine being able to access it free of charge after the first week while stocks are available. It is not reported that stocks have been totally depleted and that demand has not been met.

Key barriers and facilitators

Measles

Childhood vaccination against measles is widely available through the immunization clinics in the health centres. There are no financial barriers to access and vaccination is provided to all children in the country irrespective of nationality, etc. The main barriers being encountered are rising vaccine scepticism and 'fake news' on social media which requires constant rebuttal by health professionals.

Influenza

Adult vaccinations against influenza are widely available and promoted heavily. Over the years the criteria for vaccination have been extensively widened and one cannot really talk of unmet need in this area. For housebound and bedbound persons, domiciliary vaccination through the community nursing service is also available. Occasionally, difficulties have been encountered in the past in procuring stock at national level in a timely manner.