THE ORGANIZATION AND DELIVERY OF
VACCINATION SERVICES IN THE EUROPEAN UNION

CZECH REPUBLIC

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Czech Republic

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Governance

Legislation on vaccination

The act on public health protection (Act No. 258/2000 Coll.) defines the obligation to undergo specified mandatory vaccinations for all people with permanent residence in the Czech Republic as well as for those with a residence permit for 90 days and above. Types of mandatory vaccination (whether regular, specific or exceptional) and vaccination schedules are defined in implementing regulations (Ministry of Health's Decree No. 537/2006 Coll., on vaccination against infectious diseases, last amended by Ministry of Health's Decree No. 355/2017 Coll.). These include vaccination against diphtheria, tetanus, pertussis, poliomyelitis, hepatitis B, *Haemophilus influenzae* type B, **measles**, mumps and rubella (MMR) for all, and vaccination against tuberculosis, pneumococcal diseases and rabies only in defined cases.

In addition to mandatory vaccination, there are vaccinations that are not mandatory but are still covered by social health insurance (Act No. 48/1997 Coll., on social health insurance). These include vaccines against human papillomavirus (for girls and boys aged 13 to 14 years), **influenza** and pneumococcal diseases **for defined groups** (i.e. seniors aged 65 years and older), pneumococcal and meningococcal diseases and **influenza for patients with immunity disorders**.

Additionally, health insurance funds operate individual prevention programmes that provide full or partial reimbursement to their insured members for vaccinations

against other diseases such as tick-borne encephalitis or meningococcal disease or **influenza**.

Measles

Vaccination against measles is part of the mandatory regular vaccination scheme. All people with permanent residence in the Czech Republic or having a residence permit for 90 days and above are obliged to be vaccinated against measles.

The vaccination programme is organized at national level, with the Ministry of Health publishing the vaccination schedule in its decree. Currently, vaccination against measles is given together with vaccination against mumps and rubella, and should be provided as follows: the first dose to children aged 13 to 18 months and the second dose to children aged 5 to 6 years. If there are medical reasons, a child can be exempted from vaccination or the vaccination can be postponed, but this fact must be recorded in the child's medical record, as otherwise not undergoing a vaccination is viewed as a violation of the law.

The main state authorities in charge of controlling observance of the law are the Regional Public Health Authorities. There are 14 of them, one in each region. These authorities control vaccination coverage by birth year of the respective cohorts.

In practice, the authorities check, on a continuous basis, children by the first letter of their family name, based on the population registry. In administrative procedures parents are responsible for their children up to the age of 15. They can be fined up to CZK 10 000 (€400) if their child has not followed the vaccination schedule. The Regional Public Health Authorities impose a fine, and, if it is not paid, the customs office enforces it. The fines are state budget income.

If a person does not undergo a mandatory vaccination and is not registered with any general practitioner (*see* below), the Regional Public Health Authority decides in an administrative procedure which general practitioner will provide the vaccination and the person must receive it.

There are no specific targeted measures in the national vaccination plan regarding specific groups of the population (e.g. refugees, religious objectors), since measles vaccination is mandatory for all residents, including these groups (although financing differs – *see* below).

Apart from fines, there is another factor that encourages parents to follow the vaccination schedule with their children. Children without proper vaccination, if not exempted for medical reasons or due to lifelong immunity, cannot be, according to the law, accepted into preschool facilities. This does not apply to mandatory school education. Providers of preschool services can be fined up to CZK 500 000 (€20 000) if they accept an unvaccinated child. There has been a wide public debate on this topic in recent years. However, the findings of the Czech Constitutional Court supported this legal provision, based on the argument that it would be "an act of social injustice if nonvaccinated children without serious medical reasons were accepted into a preschool facility, thus benefiting from the willingness of others to take the minor risk of being vaccinated" (JUD282605CZ).

Estimation of vaccination coverage

By law the health insurance funds are required to report to the Ministry of Health the number of vaccinated children by age cohorts according to the mandatory vaccination schedule. The denominator is the total number of children in the given age cohort based on the population registry. Reporting is due at the end of April for the preceding calendar year.

Since January 2018 vaccination against measles is also listed in the mandatory specific vaccinations, applying to people taking up new jobs at infection or dermatovenereology departments.

Influenza

Vaccination against influenza is not mandatory in the Czech Republic. Nevertheless, for defined groups it is covered by the social health insurance system. According to the Act No. 48/1997 Coll., on social health insurance, these groups are as follows:

1. people aged 65 and over,
2. people with pharmacology treatment due to chronic cardiovascular, pulmonary, renal or diabetes conditions,
3. people after splenectomy or after blood formation cells transplantation,

4. people living in long-term care facilities, or in homes for older people, facilities for people with physical disabilities, or social care facilities with special regimes (i.e. facilities for people with dementia or Alzheimer's disease),

5. people with limited spleen functionality, or with serious immunodeficiencies requiring long-term follow-up treatment at specialized departments, or after invasive meningococcal or pneumococcal disease.

Until 2010 vaccination against influenza was part of the mandatory vaccination schedule. As a mandatory specific vaccination, it applied to people working at places with higher risk of infectious disease, namely long-term care facilities, homes for older people, facilities for people with physical disabilities, and social care facilities with special regimes.

The 2010 legislative changes moved the influenza vaccination from the mandatory (which was free for eligible people) to the voluntary schedule, but at the same time explicitly, by law, covered it under social health insurance, dropping the group of employees but broadening the categories of eligible patients.

Estimation of vaccination coverage

Health insurance funds are, by law, required to report to the Ministry of Health the number of people vaccinated against seasonal influenza. The denominator is the total number of people based on the population registry. Reporting is due at the end of April for the preceding calendar year.

Provision

Measles

Providers responsible for vaccination against measles are primary health care providers, namely general practitioners for children and adolescents. They are legally obliged to ensure and provide mandatory vaccination to their registered children. In practice, general practitioners fulfil their duty by inviting children for regular vaccination according to the vaccination schedule. No case has been reported where a health care provider has been fined for "not ensuring" the vaccination of a child. General practitioners may ask the Ministry of Health to provide them with contact details for their registered children from the population registry. If a child is not registered with any general practitioner, the Regional Public Health Authority decides which general practitioner will provide the vaccination and the person must receive it.

State monitoring and control is based on children's medical records in general practice offices, and is intended to ensure high vaccination coverage. General practitioners are obliged to provide the authorities with the necessary information and medical records or face a fine.

Influenza

Adult vaccination against influenza is provided by primary health care providers, namely general practitioners for adults, or by physicians in long-term health or social care facilities. If a vaccination is offered by employers, it is provided by an occupational medicine provider. It can be also provided by the Regional Institutes of Public Health (but not by the National Institute of Public Health).

Financing

Measles

Vaccination against measles is covered by social health insurance and is free of charge at the point of delivery. Primary care doctors receive the vaccines directly from distributors, who are reimbursed directly by the health insurance funds. Reimbursement for vaccine provision is included in general practitioners' capitation payments or paid fee-for-service in the case of an unregistered patient.

For people not covered by the social health insurance system, such as refugees, the state pays for vaccines and their provision directly, because vaccination is also mandatory for these people. Payment to providers is channelled through regional budgets.

Influenza

Vaccination against influenza is covered by social health insurance for defined groups of people (*see* the Governance section above). For these people, vaccination (i.e. the vaccine and its provision) is free of charge at the

point of delivery for the cheapest vaccine. Otherwise the patient has to co-pay.

If a vaccination is offered by employers, and is provided by an occupational medicine provider, it is usually also free of charge for the patient.

For all the others, it is a paid service, both for the vaccine and its provision. However, all health insurance funds have special prevention programmes for their insured, above the statutory insurance coverage. They contribute to (i.e. reimburse) their insured members for any kinds of vaccines that are not covered by statutory health insurance, up to a certain financial limit. Usually, only vaccines are covered, not their provision, and a claim for reimbursement must be made to the health insurance fund (i.e. the patient pays first and is then reimbursed).

Key barriers and facilitators

Measles

Key barriers: false stories among new parents regarding the side-effects of mandatory vaccination. The National Institute of Public Health and the Ministry of Health are responsible for health literacy and the dissemination of public health-related information. Their outreach is, however, limited.

Facilitators: fines and the vaccination requirement for preschool facility admission, as described above.

Influenza

Since vaccination against influenza is voluntary and free of charge only for some people, it is not too widely used. Promoting free-of-charge vaccination by more employers would help to increase coverage rates. However, simply including it as part of employment benefit packages does not increase coverage, because people compromise over different benefits and often choose other ones (such as contributions towards a vacation).

References

Act No. 258/2000 Coll., on public health protection.

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