THE ORGANIZATION AND DELIVERY OF
VACCINATION SERVICES IN THE EUROPEAN UNION

LATVIA

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Latvia

Daiga Behmane, Oksana Martinuka

Governance

Childhood vaccination against measles – agencies and roles

According to Cabinet Regulation No. 330 'Vaccination Regulations' (2000),[1] the following public agencies are responsible for organizing and providing the vaccination programme: the Centre for Disease Prevention and Control[2], the National Health Service[3] and the State Agency of Medicines[4]. The agencies are under the jurisdiction of the Ministry of Health.

The Centre for Disease Prevention and Control is responsible for planning, coordinating and monitoring the implementation of the state immunization programme, and also plans the total number of vaccines necessary for implementation of the vaccination calendar, and coordinates it with the Ministry of Health. In addition, the Centre for Disease Prevention and Control analyses the immunization indicators and morbidity of inhabitants and the use of vaccines. Each month the Centre compiles data on the vaccine orders by institutions and submits the total order for vaccines to the drug wholesaler. Drug wholesalers ensure storage and supply of vaccines to vaccination institutions according to the list of vaccination institutions submitted by the Centre for Disease Prevention and Control.

1 https://likumi.lv/ta/en/en/id/11215-vaccination-regulations.
2 https://www.spkc.gov.lv/lv/.
3 http://www.vmnvd.gov.lv/.
4 https://www.zva.gov.lv/.

The National Health Service is responsible for tendering and purchasing vaccines used in the state immunization programme in the country and for the reimbursement of drug wholesalers for vaccines. Together with the Centre for Disease Prevention and Control, the National Health Service evaluates the results of vaccinations and the use of vaccines, and works to maximize vaccination coverage rates.

The State Agency of Medicines ensures drug certification by issuing permits and licences to drug wholesalers. Only vaccines registered in the Medicinal Product Register of Latvia can be used.

The Ministry of Health has established the State Immunization Advisory Council to professionally evaluate issues related to vaccination and the state immunization programme, provide proposals for solutions, and evaluate the demand for vaccines.

According to Cabinet Regulation No. 330 'Vaccination Regulations' (2000), the implementation of immunization policy is organized nationally.

Vaccination is organized and implemented by vaccinating institutions (medical treatment institutions, mostly general practitioners) which conform to the mandatory requirements for performing vaccinations.

The National Public Health Strategy 2014–2010 defines key elements of the state immunization policy, and monitors performance indicators and actions to achieve these indicators.

Childhood vaccination against measles – vaccination plans

Childhood vaccination against measles is voluntary. A routine two-dose measles vaccination is included in the vaccination schedule.

Adult vaccinations against influenza – vaccination plans

There is a public health strategy to improve vaccination coverage for seasonal influenza vaccination, and respective seasonal influenza vaccination recommendations have been developed (e.g. recommendations for age groups, risk groups and target groups).

Character of vaccinations

According to Cabinet Regulation No. 330 'Vaccination Regulations' (2000), vaccination is mandatory for state institutions and vaccination providers but voluntary for the general public. There are no sanctions for vaccinators, parents or other citizens who refuse vaccinations.

Patients or parents can refuse vaccinations without any legal consequences. If a patient or their legal representative declines vaccination, a medical practitioner explains the health consequences and then draws up a refusal in writing which has to be signed by the person who has refused to be vaccinated.

Vaccination against influenza for those classified as belonging to the health risk groups, persons aged over 65 years of age and occupational target groups (e.g. health care professionals) is recommended, but vaccination is voluntary.

System for call and recall

Latvia does not have a computerized immunization registry or other computerized record systems with the capacity to issue reminders or recall notifications to patients. However, medical practitioners or vaccinating institutions are responsible for monitoring patients and they have to notify patients regarding the necessity for vaccination.

An electronic immunization register within e-health is under development.

Targeted measures

There are no asylum-seeker or refugee-specific vaccination policy documents. In accordance with the Asylum Law, asylum-seekers receive state-funded emergency medical assistance and primary health care (including vaccination), taking into account the special reception needs of asylum-seekers. Also, there are no special districts for refugees and no territorial vaccination strategy documents. In Latvia there are no data on vaccination coverage for special risk groups (migrants, refugees, ethnic minorities, or socially and economically disadvantaged people).

There is an annual information campaign to raise awareness among the general public and health professionals regarding vaccination against seasonal influenza.

Childhood vaccination against measles – coverage

In Latvia immunization coverage is analysed at two administrative levels, regional and national. It uses an administrative method based on monthly reports from all vaccination providers to the regional level and from there to the national level. Vaccinating institutions submit aggregated data on the number of vaccinated individuals in the reporting month, broken down by vaccine-preventable disease and whether it was the first or second vaccination. The number of vaccinated individuals is used as the numerator.

For children of 12–15 months of age receiving their first dose of measles vaccine, the number of children in that age group is used as the denominator.

For 7-year-old children receiving their second dose of measles vaccine, the total number of 7-year-old children reported by the Central Statistical Bureau of Latvia[5] is used as the denominator.

Latvia assesses vaccination coverage for measles quarterly and annually.

Adult vaccinations against influenza – coverage

National Health Service data on reimbursed vaccine doses (for children aged 6–23 months, persons aged 65 years or more, persons with chronic diseases and pregnant women) are used for influenza vaccination coverage estimates. Immunization of health care workers is not reimbursed and not reported separately, and the total number of pregnant women and persons with certain chronic diseases is unknown.

In addition, vaccination providers report monthly the number of patients vaccinated against influenza, covering both the total number and the number of children. Denominators to assess coverage are the size of the population and the number of children aged from 6 months to 18 years.

Latvia assesses vaccination coverage for influenza both monthly and by season.

5 https://www.csb.gov.lv/en/statistika/db.

Provision

In Latvia measles vaccination is routinely provided to all children. Routine vaccinations are organized and implemented by vaccinating institutions, mostly general practitioner practices, which conform to the mandatory requirements laid down in laws and regulations for medical treatment institutions and their units and with the basic requirements for hygiene and infection control in a medical treatment institution. General practice personnel also provide vaccinations in the event of an outbreak (e.g. measles). Each month vaccination institutions prepare the vaccine order, taking into account the number of persons to be vaccinated and the current amount of vaccines left in stock. Vaccine stock should be kept to a minimum by ordering monthly only the quantity of vaccine required until the next delivery.

Inhabitants have the right to choose a vaccinating institution or a medical practitioner to perform the vaccination.

In Latvia there has been no routine vaccination in school-based health services since 2008.

Drug wholesalers are responsible for the procurement and distribution of vaccines to vaccination services and also to pharmacies for some vaccines (for example against seasonal influenza).

Primary health care providers are responsible for identifying adults in high-risk groups and prescribing the influenza vaccine for them.

Healthy adults usually receive their seasonal influenza vaccine in the vaccination services room.

Financing

All expenditures related to routine vaccinations, their organization, supervision and monitoring, the acquisition of vaccines, drawing-up of medical documentation, vaccine injection, as well as the treatment of any side-effects caused by vaccination, which have been included in the minimum package of services provided for inhabitants specified in laws and regulations, are funded from the state budget.

If an outbreak or epidemic of measles is recorded in Latvia, the primary care physician has to collect information on the vaccination status of affected people and their

contacts (adults and children who have not had measles and who have not been vaccinated against measles; people who have not had measles and have been only partially vaccinated, people whose vaccination against measles is not recorded), and must vaccinate non-immunized individuals. Expenses for these vaccinations are covered from the state budget.

In case of an epidemic or threat, the Minister of Health is entitled to issue an order for the mandatory vaccination of specific groups of inhabitants in extraordinary cases and to purchase supplementary vaccines within the scope of budgetary resources allocated in the budget of the Ministry of Health.

For persons classified as belonging to one of the risk groups (persons suffering from chronic respiratory diseases, chronic cardiovascular diseases, chronic metabolic disorders, chronic kidney diseases, immunodeficiency, or undergoing immunosuppression therapy), persons aged 65 years and more, and pregnant women (at any stage of pregnancy), the National Health Service covers 50% of the cost of the influenza vaccine from the state budget. For the remaining cost of the vaccine (50%) and its administration, individuals need to pay out-of-pocket, unless costs are covered by their employer or health insurance.

For healthy adults, the vaccine cost and vaccine administration fees are not covered from the state budget.

Key barriers and facilitators

Immunization data show that vaccination coverage of the first measles, mumps and rubella (MMR) dose is above the target level (>95%). By the end of 2017, 96.4% of children aged 12–15 months had received the first dose of measles vaccine. However, the measles vaccination coverage among eligible schoolchildren is below the target level. By the end of 2017, 88.9% of 7-year-old children had received the second dose of measles vaccine.

Latvia saw a short-term (September–December 2017) shortage in MMR vaccine, probably due to manufacturer production problems.

In 2015 the Latvian Centre for Disease Prevention and Control conducted a survey on missed opportunities for childhood vaccination. The survey showed that lack of availability of vaccines and accessibility problems were not among the reasons given by respondents for missing vaccinations. Economic barriers for childhood vaccination were also rarely reported. Insufficient vaccination coverage is likely to be related to the attitudes or other commitments of parents. A possible reason for low measles vaccination coverage rates among 7-year-old children is parental forgetfulness. Some parents also did not consider vaccination necessary for older children.

Potential barriers for low seasonal influenza vaccination coverage among adults might be the financial burden of vaccine costs and vaccine administration fees. Furthermore, receiving the vaccine can be difficult for those adult groups for whom influenza vaccination is recommended but for whom vaccine costs are only partially reimbursed.

Potential barriers to influenza vaccination related to patients might include lack of awareness about the health threats posed by influenza and the benefits of vaccination, misperceptions about vaccine safety, fears of adverse effects, inconsistent advice or health care providers not recommending vaccination.

Potential barriers to influenza vaccination related to health care providers might include medical practitioners' negative attitudes towards influenza vaccination and influenza vaccine hesitancy among health care workers.

References

CDPC (2018) Vaccination schedule, Riga: Centre for Disease Prevention and Control [https://www.spkc.gov.lv/lv/tavai-veselibai/infekcijas-slimibas/vakcinacija, accessed 16 October 2018].

Cabinet of Ministers (2010) Cabinet Regulation No. 330 "Vaccination Regulations", Riga: Cabinet of Ministers [https://likumi.lv/doc.php?id=11215, accessed 16 October 2018].