THE ORGANIZATION AND DELIVERY OF
VACCINATION SERVICES IN THE EUROPEAN UNION

SWEDEN

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Sweden

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Governance

National immunization programmes are developed by the Public Health Agency but decisions about which diseases will be included in the national immunization programme are made by the government. County Councils and municipalities are responsible for the implementation of the national immunization programme, including the procurement of vaccines. All the vaccinations included in the national immunization programme must be provided free of charge to the target population. The Public Health Agency may issue national recommendations on vaccinations against diseases that are not included in the national immunization programme, e.g. vaccination against influenza and hepatitis B. Such recommendations are not binding, but County Councils, regions and municipalities decide on the implementation of the recommendations and on possible costs for the patients. County Councils can even decide on regional vaccination programmes (e.g. rotavirus, hepatitis B) which are free of charge.

All vaccinations are voluntary in Sweden. There are no sanctions in place for non-vaccination. Vaccinations according to the national immunization programme should be offered to all children up to 18 years of age, including migrant children. An assessment of immunization status is included in a health examination offered to migrants. The vaccination of adult migrants is not funded and in general they have to pay for vaccinations themselves.

Measles

For vaccinations in the national immunization programme, annual vaccination coverage data are collected regarding children at the age of 2 years from all Child Health Care Units. Every unit reports data about the vaccination status (vaccinated, unvaccinated, unknown) among their enrolled children. Reports are first collected and compiled at the regional level and then sent to the Public Health Agency. The denominator used for estimating coverage is the number of children enrolled in Child Health Care Units. Reports on vaccination status cover about 99% of children registered in the national population register.

Since 2013 the vaccinations included in the national immunization programme should be reported to the national immunization register. In the future, vaccination coverage will be estimated using the data from the national immunization register; in that case the number of children registered in the national population register will be the denominator.

Influenza

Most activities regarding vaccination against influenza in Sweden are performed by the 21 County Councils. These are responsible for procurement of vaccines, communication campaigns, administration of vaccines, payment schemes, etc. As a result, there are 21 different levels of activity regarding influenza. Some counties do more to try to get adults in risk groups to get vaccinated, while others do less.

At the national level the Public Health Agency of Sweden publishes recommendations on influenza vaccination, including defining the recommended risk groups. These recommendations are not mandatory for counties to adopt, but they are widely adopted. For risk groups, see the English summary in the recommendations: https://www.folkhalsomyndigheten.se/publicerat-material/publikationsarkiv/r/rekommendationer-om-influensavaccination-till-riskgrupper/.

Varying methods are used to estimate the vaccination coverage rate at county council level, including data from the regional vaccination registry (for about a third of the counties), financial systems, surveys of older people (65+), patient record systems, and doses distributed. Most counties have no information on why a person has been vaccinated except age. This means it is impossible for nearly all counties to calculate a vaccination coverage rate in any risk group except among older people (65+). Likewise, at the national level only a combined weighted average (by population) can be calculated for people aged 65+ years. Data from a subset of counties is used to calculate a coverage rate for lower age groups, but this is as a percentage of the total population in each age group (as noted, no other denominator is available). One or two regions can estimate coverage among pregnant women but no such estimate is possible at the national level. The only denominator for adults that can be used for estimating vaccination coverage is the population registry. Risk group specific denominators are missing and thus it is impossible to calculate vaccination coverage by risk group or for "risk group adults" in general. For those aged 65 and over, there is a clear denominator (number of people aged 65 years and older).

Provision

Measles

Vaccination against measles is given to children at age 18 months and 7–8 years. The first dose of MMR-vaccine is provided by Child Health Care and the second dose by School Health Care. Vaccinations are in general administered by Child and School Health Care nurses.

Vaccinations within Child Health Care are provided during regular health visits according to the schedule for the National Child Health Care Programme. The same visits also include other items, such as the assessment of a child's health and development. The National Board of Health and Welfare has issued guidelines for Child Health Care, available at http://www.socialstyrelsen.se/publikationer2014/2014-4-5 (in Swedish only).

Influenza

Most influenza shots are given in primary care. Community nurses may administer influenza shots in long-term care facilities. Some pharmacies also began in 2018 to offer vaccinations. In these cases, nurses visit certain days a week to administer vaccines, including influenza. These are private initiatives but with some remuneration from the County Councils.

Financing

Measles

Vaccines within the national immunization programme are funded via taxation and are provided free of charge.

Influenza

In most counties, but not all, influenza vaccination is free of charge for risk groups, e.g. adults with medical risk factors and older people (65+). The regional county councils collect taxes locally to finance the provision of health care services in their regions. Patients pay a fee for influenza vaccination in four of the 21 regions. Employers pay for the vaccination of their staff, for example health care workers.

Key barriers and facilitators

Measles

Vaccination coverage for childhood vaccination against measles has been high in Sweden since the introduction of the MMR vaccine in 1982; 96% of children are vaccinated at the age of 2 years. The coverage for two doses of MMR-vaccine has been 95%.

Facilitators: a long tradition in Sweden of well organized child health care, school-based vaccination delivery and high levels of trust in Child Health Care nurses among parents.

Influenza

Barriers: decentralized procurement, different levels of funding for communication and vaccination efforts, varying by county council; difficulties in reaching target groups (e.g. it is not possible to do vaccinations within prenatal care); low vaccine effectiveness.

Facilitators: high levels of confidence in health care staff recommendations regarding vaccination, high internet connectivity of the population, high media interest in influenza, good compliance through the childhood vaccination programme.