



Tightening measures for compliance with vaccination in Serbia

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Description

When the anti-vaccination lobby started in 2012 its campaign against the mandatory measles, mumps, and rubella vaccination in Serbia, coverage fell below the EU targeted threshold of 95% and an outbreak of measles occurred at the end of 2014. As a response, the government tightened the legislation, but failed to implement a promotional campaign to strengthen trust in the national vaccination programme.

In Serbia, vaccination is mandatory and free of charge for six types of vaccines for children aged 0-14 years old. For a long time, immunisation coverage of all vaccines in Serbia has been above 95% for all types of vaccines, until recently. The anti-vaccination lobby for the measles, mumps, and rubella (MMR) vaccine has been active in the country since 2012, blaming the MMR vaccine for autism and opposing mandatory MMR vaccination. The supporters of the lobby shared their views on the subject mainly through social media and on private TV stations.

This MMR vaccine comprises a two-part vaccination; it is administered at the age of two and before the child reaches his or her seventh birthday. Until 2011, MMR vaccination coverage in Serbia was above 95%, which is the targeted level for eliminating measles and rubella adopted in the "European Vaccine Action Plan 2015–2020". In 2011, the coverage was 98% for 2 year olds and 96.5% for 6-7 year olds, while in 2013 it started to decrease and in 2014 it fell to 85.6% and 89.2%, respectively. An outbreak of measles occurred at the end of 2014, with 605 reported cases at the beginning of 2015 (Republic Institute of public health, 2015).

The government's response to the low vaccination compliance was to tighten the penalties for parents who refuse to

vaccinate their children. The new Law on the Protection of the Population from Infectious Diseases was adopted at the end of February 2016. The new penalties for parents who do not vaccinate their children are now €1,230, three times more than before. Another measure adopted is a restriction on enrolment at pre-school and primary school if the child is not properly immunised (except when medically exempted).

The adoption of the new law brought on reactions from the anti-vaccination lobby, which organised street protests in Belgrade and in several other cities in March 2016. They demanded the lifting of the obligation to give the MMR vaccination.

Outlook & Commentary

Serbian health authorities responded to the low rates of compliance with MMR vaccination by tightening the legislation, but failed to address the problem by engaging in active communication with the parents and the general public. Evidently the actions of the anti-vaccination lobby created an atmosphere which had a negative impact on MMR vaccination coverage. By downplaying the influence of this lobby, health authorities missed the opportunity to restore public confidence in the vaccination programme.

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The regulation of vaccinations is being debated in many European countries. A survey conducted in 2010 on ways of implementing national vaccination programmes shows that of the then 27 EU countries, only eight countries from the Central and Eastern Europe region (Bulgaria, Czech Republic, Hungary, Latvia, Poland, Romania, Slovakia and Slovenia) enforce MMR vaccination as mandatory (Haverkate et al., 2012). The same survey shows that the means of implementing childhood vaccination programmes was not a factor in differing vaccination coverage. High coverage was achieved in countries (e.g. France, Italy and Malta) where vaccination is voluntary by campaigns to raise awareness of the positive effects of vaccination, and by ensuring the availability of safe and effective vaccines.

Yaqub et al. (2014) reviewed the recent literature on attitudes to vaccination and concluded that hesitant attitudes are more commonly caused by mistrust (distrust of doctors and/or distrust of the government sources and pharmaceutical companies) than information deficit. Their recommendation is that the rebuilding of trust in the institutions involved with vaccination is a multi-stakeholder problem requiring a co-ordinated strategy.

Since measles is one of the most infectious diseases, which has been an important cause of death and disability among young children, early childhood care requires continuous education of the parents and affirmative promotion of public health policies. Public health cannot be preserved by legislative measures only, if the general population has no trust in healthcare policies. In order to restore trust in public health policies, the Serbian government should analyse and rationalise the reasons beyond the low vaccination coverage and then

provide the adequate support to all stakeholders in the vaccination chain who will communicate relevant information to the hesitant parents.

Further reading

European Vaccine Action Plan 2015-2020:

<http://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/publications/2014/european-vaccine-action-plan-20152020>

Haverkate, M., et al., Mandatory and recommended vaccination in the EU, Iceland and Norway: results of the VENICE 2010 survey, 2012, Euro-surveillance, Volume 17, Issue 22, 2012.

Yaqub O., et al, Attitudes to vaccination: A critical review, Social Science & Medicine Elsevier 112 (2014) 1-11

Health Statistics Yearbook Serbia, 2014, 2013, 2011, Republic Institute of Public Health, Belgrade

Republic Institute of public health, The recent epidemiology on measles in Serbia, 2015:

<http://www.batut.org.rs/index.php?content=1109>

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