



# Anti-vax movement, vulnerable communities and measles immunity in Bulgaria

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*The debate on obligatory and voluntary vaccination in Bulgaria was sparked again due to cases of measles in the Plovdiv region of central Bulgaria in March 2017. The officially-reported vaccination rate against measles exceeds 95% and practically amounts to almost full coverage, according to Health Ministry data. However, the anti-vax movement is quietly gaining momentum among the middle classes while the existence of high-risk and isolated communities may result in a measles outbreak.*

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## Description

The immunisation calendar in Bulgaria envisages 14 shots, including re-immunisation for all children up to 7 years, including against measles. Measles is one of the most socially important vaccine-preventable diseases affecting both children and adults.

In 2017 in Bulgaria, fears spread that a major measles epidemic might take place again after some cases were reported in Roma neighbourhoods. Public fears grew after neighbouring Romania registered measles cases from September 2016, with a death toll of nearly 20 people by March 2017. The first fatal case of measles in Bulgaria occurred in the beginning of April 2017. A total of 53 people from the Plovdiv region in central Bulgaria had been diagnosed with measles by mid-April 2017. Of them, 38 were from 0 to 4 years of age.

A 90% vaccination rate is usually considered enough to create good community-level protection. However, the protection level might not be sufficient when the remaining 5-10% of persons without immunity happen to be concentrated in certain deprived and marginalised communities, as appears to be the case with Roma in Bulgaria. The incidence of measles over the last decades has been restricted to isolated cases or small outbreaks affecting between several tens and about 150

persons per year, with the exception of 2010 when a major epidemic led to more than 22 thousand registered cases and took a significant death toll, especially among Roma children. This led to some improvement in the vaccination rates among children of Roma communities. Roma health mediators were also more heavily involved in the national immunisation campaigns following the epidemic. There has been a trend, since the beginning of the 21st century, among some better-off groups to avoid immunisation as an informed choice. Yet, sometimes the underlying information can be misleading. For example, despite apparently overwhelming epidemiological evidence that there is no causal relationship between measles vaccine and autism, it did not prevent vaccination rates from falling in some developed countries. Such effects were also seen among Bulgarian middle class families.

In Bulgaria, there are no precise statistics to show how many children have not received a measles shot in due time (13 months of age) as there are many children registered to have received the shot who actually have not. This is due to informal networks and support groups of parents and physicians; followers of the anti-vax movement. Though vaccines are

mandatory, consequences for families for refusing a vaccination shot for children are far from harsh. Parents have the right to refuse an immunisation with a written statement and signature in the paediatrician journal. Parents might then receive a summons from the Regional Health Inspectorate to pay a fine, ranging from 50 to 200 Bulgarian leva (25 to 100 euro). Other consequences for families refusing vaccinations for their children are lack of access to child allowances and restrictions on the child attending nursery and kindergarten. All that leads to corruption in the health system or the issuing of fake documents.

The debate between anti-vax movement followers and immunisation supporters took place mainly in social media and on some TV shows. The main epidemiology expert in Bulgaria, Angel Kunchev MD, stated in a debate that the state is spending 47 million Bulgarian leva (23 million euros) on vaccination shots per year, so it is the responsibility of parents to at least take children to doctors to be vaccinated.

## Outlook & commentary

Recent measles outbreaks in Bulgaria and Romania showed that the disease can still spread in some communities, despite the immunisation efforts of the Ministry of Health, awareness campaigns and the existence of a national immunisation calendar. Measles immunisation coverage in Bulgaria is probably not high enough to ensure immunity for all. Due to a lack of exact figures on children who have not received this shot and adults who have not been vaccinated in due time, it is hard to know precisely what the overall immunity against measles in the country is at present.

The Ministry of Health should also be more active, not only with Roma communities but also in the debate with parents in the anti-vax movement, not only with restrictions and penalties but also with positive campaigns targeting those parents.

## Further reading

Национална програма за елиминация на морбили и вродена рубеола 2005-2010 (National programme for the elimination of measles and congenital rubella)

Healthcare 2015 Statistical Yearbook, National Statistical Institute

Oliver, A. (ed.), Equity in Health and Healthcare. Views from ethics, economics and political science. Proceedings from a meeting of the health equity network, The Nuffield Trust, 2003

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