



EDITORIAL

Towards a maximum vaccination calendar: Assessment of a strategy[☆]



Hacia un calendario vacunal de máximos. Balance de una estrategia

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This year, 2015, marked 40 years since the first routine vaccination schedule was approved in Spain. Although the vaccination schedules in the various Autonomous Communities are currently based on that proposed by the Inter-regional Council of the National Health System (CISNS), the differences between them are obvious, not only in terms of the age bands in which particular doses are administered, but above all in the application of certain vaccines not included in that schedule.

The Spanish Association of Paediatrics (AEP) has deemed it a priority objective to achieve a single maximum vaccination schedule, as the only way to maintain the principle of equity in preventive health care and to facilitate compliance with immunisations, both for children who move to a different Autonomous Community and in their place of residence. For this purpose, the AEP, through its Advisory Committee on Vaccines (CAV-AEP), as the representative and sole mouthpiece of all paediatric scientific societies on matters of vaccination, defends the right of children and adolescents to receive the best protective coverage against immunopreventable infectious diseases, according to unbiased scientific evidence, consistent with fairness and with the optimum cost-benefit ratio. In the AEP's opinion, childhood preventive care ought to have pride of place in the State's health budgets.

The progress made in the last few years in advancing this line of action has not been without difficulties, which

we have managed to overcome through hard work, without giving way to discouragement. Spanish paediatricians have witnessed the determination and firmness shown by the CAV-AEP in persuading the health care authorities that pneumococcal, varicella and meningococcal B vaccines should be incorporated into the vaccination schedule, as is the case in many countries with good health care systems. The fruitless meetings held with those formerly in charge of the Directorate General of Public Health at the Ministry of Health, Social Services and Equality, the disparaging comments made with very little evidence by some regional political leaders and by the Professional Medical Association, and the unjustifiable and gratuitous attacks from the President of a certain scientific society with a substantial political bias, accusing us of alleged conflicts of interest, are now a thing of the past. The light finally dawned, and at the beginning of 2015 we were delighted to receive the agreement of the CISNS to include the pneumococcal vaccine in all child vaccination schedules throughout 2015–2016, as well as bringing forward the administration of human papilloma virus vaccine to the age of 12, both of which had been persistently demanded by the AEP.

The upheaval unleashed by the health authorities of the time through the abrupt and unjustifiable withdrawal of varicella vaccine from pharmacies, restricting its use exclusively to hospitals, affected the whole population, giving rise to unprecedented situations, such as the desperate scramble to find the vaccine in pharmacies in neighbouring countries like France, Portugal and Andorra. Although the CAV-AEP always tries to maintain a cautious, diplomatic attitude, it adopted a public position radically opposed to this untenable situation, given the weakness of the arguments put forward by the public authorities. Fortunately, those of us who

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attended the 63rd AEP Congress held in Bilbao in June this year witnessed the announcement by the Ministry of Health that varicella vaccine was to be included in the routine vaccination schedule, albeit for administration in infancy from 2016, and was also to be made freely available in community pharmacies. These commitments were confirmed a month later by the CISNS.

The availability of a vaccine for meningitis B, the disease responsible for 7 out of every 10 cases of meningitis in Spain, where between 400 and 600 cases were recorded in 2014, has marked a turning-point in the fight against this serious condition. The vaccine was initially qualified by the Spanish Agency for Medicines and Health Care Products (AEMPS), a body under the authority of the Ministry of Health, Social Services and Equality, as being for hospital use, on the basis of its pharmacological characteristics and its novelty, under Spanish legislation. As a result of the unanimous disagreement of paediatricians with this measure, which was out of line with that adopted by the European Medicines Agency, and the widespread social pressure demanding that it be included in the vaccination schedule, or at least made freely available in pharmacies, the AEMPS finally authorised pharmacies to sell the meningitis B vaccine from October 2015, being classified as for "unrestricted medical prescription". In view of the substantial demand that has arisen and to avoid the foreseeable shortage of supply, the AEMPS itself has authorised the marketing, on an exceptional basis, of 60 000 new doses of the vaccine.

The growing incidence of whooping cough in very young infants, before administration of the first dose of vaccine, currently makes it advisable to vaccinate pregnant women, seeking thereby to protect newborns and infants during the first months of life. This recommendation, rapidly adopted by some Autonomous Communities, entails the potential risk of creating an occasional shortage. In response to this situation, the CAV-AEP advises delaying the administration of the booster dose until the age of 6 so as to make doses available for vaccinating pregnant women.

In this issue of *Anales de Pediatría*, as has become customary in recent years, the CAV-AEP presents its proposed maximum vaccination schedule for 2016,¹ taking into account the available evidence on the safety, effectiveness and efficiency of childhood vaccines, as well as the epidemiology of immunopreventable diseases in Spain. A point to highlight is the substantial change that will affect hexavalent vaccines (DTaP + Hib + IPV + HepB), as a 2 + 1 pattern is proposed (2, 4, 12 months), omitting the 6-month dose and moving the booster dose from 18 to 12 months. As regards pneumococcal vaccine, the CAV-AEP reaffirms its position that in the light of the new published scientific data, the conjugate 13-valent vaccine (PCV13) is the most suitable for inclusion in Spanish schedules for children.

At this point the CAV-AEP must be congratulated for its staunch defence of the unified maximum vaccination schedule, which it has conducted while maintaining its independence from both the pharmaceutical industry and the social pressure exerted by certain patients' associations. Always adhering to the solid foundation of scientific

evidence, it has refused to enter into debates with anti-vaccination groups or to engage with their indiscriminate presence in sensationalist programmes on certain media outlets. Favouring voluntary vaccination, despite the pressures from some sectors of society, it sees information and training on vaccines for society and for health care professionals as the best vehicles for maintaining and improving the high vaccination coverage rates we enjoy, especially among very young children. This way of proceeding is now very favourably regarded not only by the Ministry of Health, which has begun to ask for our views on incorporating new vaccines into the schedule, but also by the paediatric community and society at large, as they consider it appropriate in a modern, moderate scientific society like the AEP.

The work of the CAV-AEP does not end there. It offers periodic face-to-face training for paediatricians at its by-now prestigious vaccine sessions, and also, as a new development from this year, for paediatric MIRs (specialty registrars or residents) at a session specifically designed for them. This training is rounded off with a programme of distance courses on our online platform CONTINUUM.² Those taught so far have been in great demand. The work being carried out by the CAV's website,³ recognised as a reliable site by the WHO, enables our members to access the online Vaccine Manual, the question-and-answer section and the outreach work for families, also on open access and shared, in addition, with the AEP's EnFamilia site.⁴ The uptake of the "Unete a la tropa supersana" (Join the super-healthy gang) campaign,⁵ designed in collaboration with the Nutrition and Physical Exercise Committees of the AEP, has exceeded all expectations.

Trying to be objective, the assessment of the strategy designed by the CAV-AEP to achieve a maximum vaccination schedule could not be more positive. The prestige it has acquired has led to the formulation of the vaccination schedule for Latin America and also, this year, the vaccination schedule for immunocompromised patients, both of them in collaboration with the Latin-American Association of Paediatrics (ALAPE), the Latin-American Paediatric Infectious Diseases Society (SLIPE) and the Portuguese Paediatric Society. In our view this must be the way forward, working day by day to earn recognition for a Committee that has now been in operation for 21 years and is the only official mouthpiece for Spanish paediatrics in the area of vaccination.

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