Immunization policies in Romania

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Legal framework

- Government Decision no. 155/2017 on the approval of national health programs for 2017 and 2018 (adopted once at two years)

- Order of the Minister of Health no. 377/2017 on the approval of the Technical Norms for the Implementation of National Public Health Programs for 2017 and 2018 (adopted once at two years)

- Law on the vaccination of persons in Romania (adopted by the Romanian Senate in October 2017, under debates in the Chamber of Deputies)
National Vaccination Programme

Includes vaccinations in the first 24 hours up to 14 years, in the maternity and at the GPs cabinet; the National Immunization Program is addressed exclusively to children.

These are the recommended vaccinations for certain population categories, as WHO recommends.
NATIONAL VACCINATION CALENDAR

First 24 hours
- Hep B

2-7 days
- BCG

2 months
- Hep B
- Hexavalent vaccine (DTPa-VPI-Hib-Hep. B)
- Pneumococcal Vaccine

4 months
- Hexavalent vaccine (DTPa-VPI-Hib-Hep. B)
- Pneumococcal Vaccine

11 months
- Hexavalent vaccine (DTPa-VPI-Hib-Hep. B)
- Pneumococcal Vaccine
Measles, mumps and rubella (MMR)

Tetravalent vaccine (DTPa-VPI) / VPI

DTPa vaccine adults

14 ani

6 ani

5-7 years

Measles, mumps and rubella (MMR)

12 months

Measles, mumps and rubella (MMR)

NATIONAL VACCINATION CALENDAR
Diphtheria tetanus vaccine for adults (dT) or adsorbed tetanus toxoid (ATT) in situations where dT is not available

HPV vaccination

Influenza vaccine

Contacts from the outbreak

Measles, mumps and rubella (MMR)

Exceptional epidemiological situations

Other vaccinations approved by MoH

Pregnant women

11 to 14 years girls

People in risk population groups set by the WHO

Exceptional epidemiological situations

VACCINATION OF POPULATION RISK GROUPS
Law on the vaccination of persons in Romania

OBJECTIVES

- control of preventable diseases by vaccination
- ensuring equitable access to the same services, quality and innovation
- continuous provision of public health
- correct information on vaccination prevention modalities
Vaccination is mandatory for children in nurseries and covers diphtheria, tetanus, whooping cough, polio, measles, mumps, rubella, type B hepatitis. In case of outbreaks, classes are suspended.

The state provides compensation for the occurrence of adverse effects directly linked to vaccination. Permanent contraindications for certain vaccines will be certified.

Vaccinology courses to be taught in medical schools. Health professionals must provide the public with complete, accurate and evidence-based information. Schools have to provide children with information on vaccination.

Vaccine makers may carry out awareness campaigns by themselves or in partnership with the Ministry of Health.

- The bill expressly describes the responsibilities of all parties involved in vaccination, including the Ministry of Health, the Ministry of Education, health professionals, and parents. Also, fair penalties were established for each party.
- **THE TECHNICAL WORKING GROUP FOR VACCINATION ACTIVITIES COORDINATION (TGVAC)** is established as an advisory committee to the Ministry of Health and its main role is to draft the National Vaccination Strategy. County Vaccination Committees are to be established.
- Some vaccines may be reimbursed by the National Health Insurance House.
Stakeholders involved

Ministry of Health
Central authority
Public procurement of vaccines, from MoH budget

National Institute of Public Health
Technical central authority, centralizes vaccine requests from county directorates

County Health Directorates
Centralizes requests from GPs, receives the vaccines dozes procured at national level and disseminates them to the GPs

GPs cabinets
Vaccinations from the National Vaccination Calendar are performed and some other vaccines that MoH acquires

Target population is vaccinated
Public procurement procedures by MoH

TYPES OF PROCEDURES

Negociation without prior announce (emergency)

- An emergency acquisition
- Applied for a limited period of time
- Not as a result of activities that contracting authorities could have mitigated

Open tender

- Prior announce in SEAP
- Awarding criteria: lowest price
- Delivery terms: 1-3 months

Negociation without prior announce

- Applied only if no other alternative is available on the market
Conclusion

- Strengthen further monitoring so that cases of measles for example are detected on time;
- We also need to keep stock of regular vaccines so we can provide vaccines for at least six months;
- We need to address anti-vaccination groups and find out why they advocate anti-vaccination;
- We have to work as closely as possible with family doctors and of course to trust them;
- Increase the accessibility to medical services;
- Education and information campaigns with the support of all stakeholders from the system;
- Advocate for upgrade of the immunization calendar;
- Promote life long immunization benefits and reimbursement of vaccines for adult population – risk groups;