

VENICE II: GO ON COMBINING OUR EFFORTS TOWARDS A EUROPEAN COMMON VACCINATION POLICY!

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Following two years of the first VENICE (Vaccine European New Integrated Collaboration Effort) project's work towards a European common vaccination policy, a new project was launched on 23 December 2008: VENICE II.

Vaccines are licensed in the European Union with common indications, but national vaccination policies, immunisation programme delivery services and health services infrastructures are quite different among European countries. The countries use different methods to monitor vaccination coverage and adverse events, which makes a comparison difficult. However, the impact of national vaccination programmes extends beyond the political borders. Insufficient communication and understanding of the different immunisation programmes within Europe were felt to be a major impediment to optimising immunisation policies in all Member States.

In the period from 2006 to 2008, the VENICE project involved all 27 EU Member States and two EEA/EFTA countries (Iceland and Norway). It created a European network of experts [1], documented a common interest in sharing information, tools and expertise regarding vaccination policy [2-5], collected information on immunisation programmes, management of adverse events and vaccine coverage assessment through web based surveys, monitored the introduction of two recently licensed vaccines, human papillomavirus (HPV) and rotavirus vaccination, [2,4,5], and designed communication tools and procedures.

VENICE II, funded by the European Centre for Disease Prevention and Control (ECDC), is coordinated by the National Centre for Epidemiology, Surveillance and Health Promotion of Istituto Superiore di Sanità (Italy). Four other partners are involved in the project: the Institut de Veille Sanitaire (France), the Health Protection Surveillance Centre (Ireland), the National Institute of Public Health (Poland) and the CINECA consortium of public universities for Information and Communication Technology (Italy). VENICE II should involve the same 29 countries that participated in the previous project and is trying to maintain the same network of experts (national gatekeepers) that were contact persons for VENICE.

The duration of the contract is two years, renewable for a total of four years. The objectives of the first two years are:

- To collect information on vaccination programmes at national and sub-national level,
- To assess the variability of vaccine coverage at national and sub-national level,
- To collect information on the status of introduction and the implementation of new vaccinations,
- To collect and share national key documents representing good practice in immunisation policy.

Specifically, the following activities are planned for the first ten months of 2009:

- A survey on national and sub-national vaccination programmes against tick-borne encephalitis,
- A survey on seasonal influenza vaccination coverage focusing on specific population groups and sub-national differences,
- A repository for documents regarding good practice in the area of quality assessment/assurance in vaccination (as manuals for quality assurance, quality assessment tools, technical guidelines, immunisation policies, monitoring, global review, good practices in the field of vaccination programmes),
- An update of the previous VENICE survey on HPV vaccination introduction.

In some countries, there is significant variation in the vaccination programmes at sub-national [6], regional, area or district level, not always well known at national level. Moreover, there is evidence that no vaccination programme will be able to control or eliminate vaccine preventable diseases without efforts dedicated specifically to risk groups and hard to reach populations, including ethnic minorities, migrants and refugees [7]. VENICE II will address the lack of information related to sub-national variations and different population groups.

In order to achieve these objectives, a web-based platform will allow the management of rapid surveys, the maintenance of an information database and a forum for a wide network of experts. The current VENICE website (<http://venice.cineca.org>) will be re-organised accordingly, while incorporating all results and documents from the previous project.

The road towards a common policy is still long, but the sharing of experience and expertise, the integration of available tools and

knowledge, and the strong collaboration among Member States are essential to reduce the heterogeneity of vaccination programmes in Europe and create a common model and common tools.

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