

VACCINATION PROGRAMS: CURRENT SITUATION IN SPAIN

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Introduction

Spain is divided into 17 regions, called "autonomous communities" (AC). Each community has its own health care delivery system. They have different vaccination schedules, a particular organization for dispensing vaccines and its own vaccine advising committee. There is also a schedule recommended by the Spanish Association of Pediatrics (AEP).

Methods

The aim of this survey was to determine the status of vaccination in different AC. A questionnaire was sent to a representative primary care pediatrician from each AC. It included questions in regard to vaccines administered (age and type), place and personnel in charge of it, the existence of a regional vaccine advising committee, the role of pediatricians in vaccine administration and immunization record systems.

Results

TABLE 1.- Vaccines administration patterns in different autonomous communities

VACCINE	AGE OF ADMINISTRATION														AC (n)			
	0m	1m	2m	4m	6m	8m	12m	15m	18m	3y	4y	6y	10y	11y		12y	13y	14y
Hepatitis B	█	█	█	█	█													8
DTaP, IPV, Hib			█	█	█	█	█	█	█									15
Meningo C			█	█			█	█	█									4
MMR							█	█	█		█	█						3
5th DTP										█	█							13
6th dT																█	█	1
Chickenpox								█	█			█	█	█	█	█	█	15
HPV													█	█	█	█	█	13

DTaP: Diphtheria Tetanus acellular Pertussis; d: adults; Hib: Haemophilus influenzae vaccine; MMR: Measles Mumps Rubella; HPV: Human Papillomavirus; m: months; y: years (*) if chickenpox disease not suffered previously

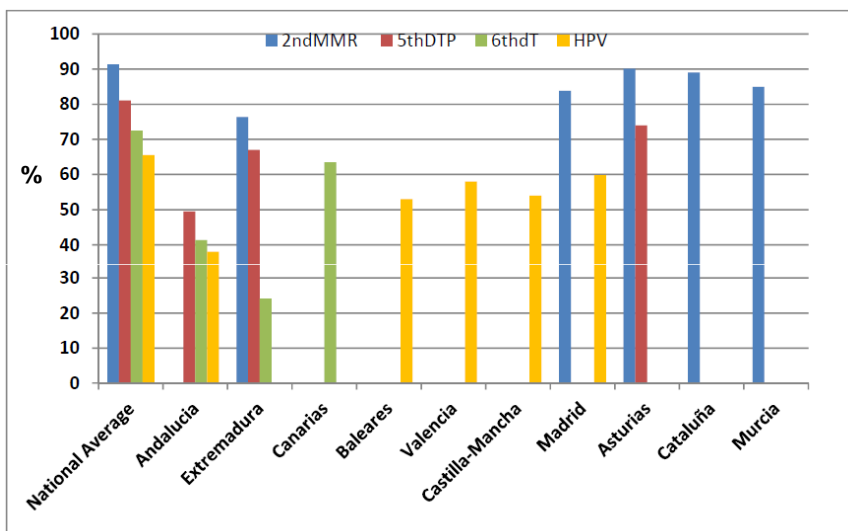
In 70 % of AC there is a regional vaccine advising committee

There are between **two and five different administration patterns** for each vaccine (table 1), and the composition of the fifth and sixth dose of diphtheria and tetanus differs from one AC to another.

The average national coverage for MMR vaccine is 96,8% for the first dose and 91,3% for the second dose, being in four AC below this media (chart 2).

Children under six years are vaccinated in primary care settings, reaching coverage rates higher than 95% in all AC. **In children over six years** vaccinations are administered progressively in schools and the **average national coverage goes down** (chart 2). Immunization record systems are different between AC.

CHART 2.- Average national coverage, autonomous communities below the media



Discussion

- 1- Since there are no epidemiological differences between AC, the **vaccine schedule should be unique** and based on that proposed by the AEP
- 2- There should be a **single database immunization record**, available nationwide
- 3- New **strategies** should be considered **to increase vaccination coverage in children older than six years**

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