

CED Resolution

Vaccinations

NOVEMBER 2019

I - INTRODUCTION

The Council of European Dentists (CED) is a European not-for-profit association which represents over 340,000 dentists across Europe. The association was established in 1961 and is now composed of 33 national dental associations from 31 European countries.

A key objective for the CED is contributing to the protection of public health and vaccination is a key factor for achieving this.

State authorities should recognise the valuable role dentists can play in promoting vaccination and in the provision of vaccines, within their scope of competence, particularly amongst healthy patients given the large number of citizens who visit their dentist annually.

To support their efforts, they should be offered opportunities for continuing education and training on vaccination in accordance with national recommendations.

This resolution outlines the CED position on vaccination, especially for HPV, its relationship with antimicrobial resistance and calls for support of vaccination programmes at national and European level, in the best interest of all Europeans.

II – VACCINES

Immunisation through vaccination is the most efficient and cost-effective public health measure to prevent communicable diseases. Goal 3 of the UN 2030 Agenda for Sustainable Development (SDG) - 'ensure healthy lives and promote well-being for all at all ages' - stresses the importance of access to and use of vaccines for the health of all people. Alongside this, the European Council published its Recommendation on strengthened cooperation against vaccine-preventable diseases¹ in 2018 to initiate action at EU and national level, including to help tackle vaccine hesitancy, support research and development and strengthen EU cooperation on vaccine-preventable diseases.

From a public health point of view and for prevention purposes, CED also calls for the full vaccination of dental staff, free of charge and regularly testing their antibody status.

III – HPV AND ORAL CANCER

The Human papillomavirus (HPV) is a very common disease, infecting more than 80% of the population at some point in their life.² Many of the infections will not cause serious harm but some of the HPV strains can lead to cancer. HPV 16 is the most carcinogenic strain and the most frequent type detected in HPV related cancers in Europe.³ It is estimated that 5% of cancers are caused by HPV.⁴

Many citizens and policymakers are aware that HPV causes cervical cancer, but HPV is also the main cause for cancers in different parts of the head and neck, especially the oropharynx. More than 70% of cancers in this area of the back of the tongue, the soft area at the back of the roof of the mouth, tonsils and back wall of the throat are caused by HPV.⁵ This number is

¹ European Council (2018). *Recommendation on strengthened cooperation against vaccine-preventable diseases*. Retrieved from https://eur-lex.europa.eu/legal-content/GA/TXT/?uri=OJ:JOC_2018_466_R_0001

² Luyten, J., Engelen, B. & Beutels, P. *HEC Forum* (2014) 26: 27. Retrieved from <https://link.springer.com/article/10.1007%2Fs10730-013-9219-z>

³ De Sanjosé S, Quint WG, Alemany L, Geraets DT, Klaustermeier JE, Lloveras B, et al. Human papillomavirus genotype attribution in invasive cervical cancer: a retrospective cross-sectional worldwide study. *Lancet Oncol*. 2010 Nov;11(11):1048-56

⁴ National Cancer Institute. HPV and cancer. Retrieved from <https://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hpv-and-cancer>

⁵ Cancer Research UK. *Head and neck cancer risk*. Retrieved from <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/head-and-neck-cancers/risk-factors#heading-Ten>

expected to increase further over the next years, also due to a decline in tobacco-related oral cancers.⁶ Men are more likely than women to develop this type of cancer. 13 800 cases are diagnosed in the EU annually, with 11 000 found in men and 2 800 in women.⁷

The HPV vaccination is the best way of preventing people from catching the virus and potentially developing one of the cancers caused by HPV. Vaccinations are among the most cost-effective public health interventions and can contribute to the efficiency of and cost-savings in health care systems.

All EU member countries recommend the vaccination, but not all recommend them for boys/men and girls/women.⁸ This can lead to the vaccination not being reimbursed in some healthcare settings. Since males face the same risks of catching an HPV infection, they should have the same access to the vaccination as females. In the end, the more people – boys and girls, men and women – are vaccinated, the less likely it will be for those who are not vaccinated to catch the virus, i.e. creating a herd immunity.

IV – VACCINATION AND ANTIMICROBIAL RESISTANCE

With Antimicrobial Resistance (AMR) responsible for an estimated 25,000 deaths per year in the EU and incurring EUR 1.5 billion per year in healthcare costs and productivity losses in the EU, it is imperative to acknowledge the role vaccines have in the fight against AMR.⁹ Vaccinations are a very effective way to prevent people from getting infected in the first place, consequently avoiding the use of antibiotics. It is crucial that the existing vaccines are used efficiently to reduce such preventable diseases and even death caused by AMR. Additionally, it is critical to develop new vaccines to treat especially those diseases that are caused by now antibiotic-resistant bacteria, like multi-drug resistant tuberculosis (MDR-TB), and those common diseases for which no vaccine exists so far, for instance Group A Streptococcus.

V - CED POSITION

The CED appreciates the work done at national and EU level to promote vaccinations and to counter online misinformation and fake news about vaccinations.

The CED

- stresses that healthcare workers, including dentists, play a key role in working towards the goal of improved vaccination coverage rates.
- supports an inclusive approach to HPV vaccinations so that both boys and girls receive coverage, creating a herd immunity that also protects the most vulnerable;
- supports the EU's public awareness initiative on vaccination during the European Immunisation Week;
- supports the EU's work on countering online vaccine misinformation, including the upcoming vaccines information portal, and developing evidence-based information tools and guidance to support Member States in responding to vaccine hesitancy, which is of particular importance for Member States with active anti-vaccine groups.

⁶ Mehanna, H., Beech, T., Nicholson, T., El-Hariry, I.A., McConkey, C., Paleri, V., & Roberts, S.K. (2013). Prevalence of human papillomavirus in oropharyngeal and nonoropharyngeal head and neck cancer--systematic review and meta-analysis of trends by time and region. *Head & neck*, 35 5, 747-55.

⁷ Castellsagué X, Alemany L, Quer M, Halc G, Quirós B, Tous S, et al. HPV Involvement in Head and Neck Cancers: Comprehensive Assessment of Biomarkers in 3680 Patients. *J Natl Cancer Inst*. 2016 Jan 26;108(6):djv403

⁸ European Center for Disease Control and Prevention. *Vaccination Scheduler*. Retrieved from <https://vaccine-schedule.ecdc.europa.eu/Scheduler/ByDisease?SelectedDiseaseId=38&SelectedCountryIdByDisease=-1>

⁹ European Commission. *AMR: a major European and Global challenge*. Retrieved from https://ec.europa.eu/health/amr/sites/amr/files/amr_factsheet_en.pdf

- recommends that vaccination should be free of charge, be included in the national immunisation schedules, in compliance with national rules, administered at a young age and before the first sexual encounter;
- recommends vaccination as the most effective tool to prevent AMR as well as being the most successful and cost-effective public health intervention;
- encourages the Commission to propose for a common vaccination card / passport for EU citizens, that takes the different national vaccination schedules into account and is compatible with electronic immunisation information systems and recognised for cross-border use;

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