

National vaccination schemes and applicable strategies in the framework of participation in Frontex coordinated activities

FORTUNATO D'ANCONA

MAY 2019

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ISO 3166-1 Member state Codes

AT	Austria
BE	Belgium
BG	Bulgaria
CH	Switzerland
CY	Cyprus
CZ	Czech Republic
DK	Denmark
EE	Estonia
FI	Finland
FR	France
DE	Germany
ES	Spain
GB	United Kingdom
GR	Greece
HR	Croatia
HU	Hungary
IS	Iceland
IE	Ireland
IT	Italy
LI	Liechtenstein
LT	Lithuania
LU	Luxembourg
LV	Latvia
MT	Malta
NL	The Netherlands
NO	Norway
PL	Poland
PT	Portugal
RO	Romania
SE	Sweden
SI	Slovenia
SK	Slovakia

Abbreviations

EEA	European Economic Area (Iceland, Liechtenstein and Norway)
ECDC	European Centre for Disease Prevention and Control
EU	European Union
IIS	Immunisation Information System
JO	Joint Operation
MS	Member state
NFPoC	National Frontex Point of Contact
OSH	Occupational Safety and Health
SAC	Schengen associated countries

Table of contents

Acknowledgments #3

Respondents who provided an answer via email, or filled in the questionnaire on the web platform. #4

ISO 3166-1 Member state Codes #5

Abbreviations #6

Executive summary #8

Introduction #9

The importance of vaccination #10

Methods #13

Results #14

Limitations #26

Conclusion and recommendation #27

Annex1: paper version of the survey #28

Annex 2: Glossary for the survey #37

Executive summary

As part of a larger project focusing on operational Occupational Safety and Health (OSH) issues across the working environment of the personnel deployed to Frontex operational activities, the European Border and Coast Guard Agency shall implement a mechanism to assess and oversee the vaccination/immunisation status of all participants in the Agency's operational activities (Decision of the Executive Director R-ED-2018-1).

The heterogeneity of vaccination strategies and recommendations for general population (children and adults) across member states is well known. However, very little information is available on specific groups, such as police officers and/or border guards, who either carry out regular duties in their countries, or are involved in special assignments, as in the case of Frontex coordinated activities.

Therefore, Frontex organised a short survey to explore existing recommendation or requirements for vaccinations for deployed resources assigned by the national partner authorities (Member states and Schengen associated countries) to Frontex coordinated activities. If available, information on vaccination recommendations for police officers and/or border involved in their routine duties was also collected.

The secondary objective of the survey was to raise awareness on both the need of considering vaccinations as a useful tool to improve the OSH of all personnel deployed by Frontex via national partner authorities, and on the importance of recommendations/procedures for such personnel.

The questionnaire was sent to all 32 National Frontex Points of Contact of Frontex national partner authorities (one for each member state plus the Schengen associated countries). A total of 23 of them provided the requested information, thus allowing for a good response rate (70%) considering the heterogeneity of the participating institutions. This result is encouraging, as it shows that National Frontex Points of Contact may have an interest in the topic of occupational health.

Overall, the most evident result was the heterogeneity of participating institutions, adopted procedures, attitudes toward vaccination for adults, and existing procedures to recommend adequate vaccinations in the case of missions/assignments abroad.

This suggests that the personnel participating in Frontex coordinated activities could have different vaccination statuses. This could raise a risk of transmitting preventable diseases during Frontex coordinated activities, even though Frontex generally funds the immunisation of deployed personnel.

A uniform set of recommendations for the vaccination of police officers involved in Frontex coordinated activities should be prepared and adopted in all member states.

Introduction

As part of a larger project focusing on operational Occupational Safety and Health (OSH) issues across the working environment of the personnel deployed to Frontex operational activities, the European Border and Coast Guard Agency shall implement a mechanism to assess and oversee the vaccination/immunisation status of all participants in the Agency's operational activities (Decision of the Executive Director R-ED-2018-1).

The heterogeneity of vaccination strategies and recommendations for general population (children and adults) among all member states is well known¹, but there very little information is available on specific groups, such as police officers and/or border guards, who either carry out regular duties in their countries, or are involved in special assignments, as in case of Frontex coordinated activities.

Furthermore, the situation is complicated by the lack of a vaccination schedule for adults in all the member states, the difficulty to manage information on vaccine status for each individual at national level (e.g. lack of an Immunisation Information System that includes vaccination records for adults) and the different recommendations for individuals at higher risk for occupational activities/situations.

Therefore, Frontex organised a short survey to explore existing recommendations or requirements for vaccinations for deployed resources assigned by the national partner authorities (Member states and Schengen Associated member states) to Frontex coordinated activities. If available, information on vaccination recommendations for police officers and/or border guards involved in their routine duties also collected.

The secondary objective of the survey was to raise awareness on both the need of considering vaccinations as a useful tool to improve the OSH of all personnel deployed by Frontex via national partner authorities, and on the importance of recommendations/procedures for such personnel.

¹ ECDC. Vaccine schedules in all member states of the European Union. <https://vaccine-schedule.ecdc.europa.eu/> Last access 5 November 2018

The importance of vaccination

Vaccination is the most effective measure that exists to protect against infectious disease. There are now highly effective and safe vaccines available against many diseases that in the past have been the cause of serious illness, long term disability and death. Routine vaccination of children is a cornerstone of the fight against infectious disease in the EU, and all countries in the EU/EEA have comprehensive childhood vaccination programmes in place. There is also an increasing move to the vaccination of adults against some infections, either because this is needed to maintain the effect of vaccinations given in childhood, or because the infection against which the vaccine acts is more likely to occur or to cause severe disease in adults (some infections that may usually cause mild illness in children are more likely to cause severe illness in adults).

Despite the clear benefits and the long track record of safety of these vaccines, there remain sections of the population within the EU/EEA that are not vaccinated. The consequence of missing out on vaccination is not only that those individuals who are not vaccinated are vulnerable to acquiring diseases themselves, but also that as the number of unvaccinated individuals increases in a population, so the risk of outbreaks increases, which can affect new-born babies who are still too young to be vaccinated and can be particularly susceptible to the severe effects of infection. The reasons for this are varied, including lack of knowledge of the benefits, uncertainties about safety, lack of easy access to medical services, and religious or cultural beliefs. A particularly vulnerable group in this respect are those migrating from parts of the world where humanitarian crises or civil unrest has resulted in the disruption of vaccination programmes.

Vaccine-preventable diseases (VPD) in the European Union and the European Economic Area (EU/EEA) follow different patterns according to the specific disease and country, and vary over time. Several VPDs are described below in more detail.

Sizeable population groups across the EU/EEA are hesitant towards or even refuse vaccination, which has led to a decline in vaccination coverage for several vaccines and continued outbreaks of vaccine-preventable diseases such as measles, with cases spreading from one country to others, causing avoidable deaths.^{2,3} Measles continues to spread across Europe as the coverage of two doses of measles-containing vaccine in many countries is below the target of 95% required to achieve elimination. The latest WHO-UNICEF estimates of national immunisation coverage

2 European Centre for Disease Prevention and Control (ECDC). Let's talk about hesitancy. Enhancing confidence in vaccination and uptake. Stockholm: ECDC; 2016. Available from: <https://ecdc.europa.eu/sites/portal/files/media/en/publications/Publications/Lets-talk-about-hesitancy-vaccination-guide.pdf>

3 European Centre for Disease Prevention and Control (ECDC). Risk of measles transmission in the EU/EEA. Rapid Risk Assessment. Stockholm: ECDC; 2018. Available from: https://ecdc.europa.eu/sites/portal/files/documents/Measles-rapid-risk-assessment-European-Union-countries_o.pdf

(WUENIC) for the first⁴ and second⁵ doses of measles-containing vaccine show that only four EU/EEA countries (Hungary, Portugal, Slovakia and Sweden) reported at least 95% vaccination coverage for both doses in 2017⁶. European measles surveillance data collected since 1999 show that measles outbreaks have occurred during most years within the EU. Larger outbreaks have been experienced every few years, notably in 2002-03 (37,679 cases), 2010-11 (65,213 cases) and 2017-18 (33,299 cases), with deaths and cases of lifelong disability occurring as a consequence. New measles cases unfortunately continue to occur in most EU/EEA countries among different age groups. During January 2016 - February 2019, importations contributed 4% of cases, with most imported cases originating in other EU/EEA countries.

Pertussis (whooping cough) has been increasing in recent years in the EU/EEA across all age groups and the overall reported number of cases in 2016 and 2017 was 48,446 and 42,242, respectively. An overall number of 21,985 and 23,886 confirmed cases of invasive pneumococcal disease has been reported in the EU/EEA in 2016 and 2017, mainly occurring among children, older adults and individuals at risk. Invasive meningococcal meningitis, a severe often fatal form of meningitis, continues to occur as isolated cases or in small clusters, affecting all age groups (3,274 and 3,221 confirmed reported cases in 2016 and 2017, respectively). Diphtheria is a rare disease in the EU/EEA, however sporadic cases are reported every year: the overall number of cases of *Corynebacterium diphtheriae* infections reported in the EU/EEA were 28 in 2016, 18 in 2017 and 7 in 2018. Concerning poliomyelitis, the last wild polio virus infection in Europe occurred in 1998, and the World Health Organisation declared the European Region polio-free since 2002. Nonetheless, in 2018, two countries in the WHO European Region (Bosnia-Herzegovina and Romania) were considered at high risk of establishing substantial poliovirus transmission in the event of reintroduction, and the current situation in Ukraine remains of concern⁷.

Additionally, none of the European Union (EU) Member States can currently demonstrate that they reach the EU target of 75% influenza vaccination coverage for vulnerable groups. More encouragingly, approximately half of the EU Member States reported increased use of newer influenza vaccines that provide broader protection during the 2017/18 season. Also, six Member States reported using newer immunisation strategies which target additional age groups such as children.⁷

Increased rates of migration to and within the EU/EEA in recent years have made the development of migration policy, including health policy, a priority for the region. Travelers and migrant populations entering the EU/EEA, and particularly children, are at risk of developing infectious diseases in the same way as other EU populations, and in some cases may be more vulnerable. It is important, therefore,

- 4 World Health Organization. WHO-UNICEF estimates of MCV1 coverage [Internet]. Geneva: WHO; 2018 [cited 29 January 2019]. Available from: http://apps.who.int/immunization_monitoring/globalsummary/timeseries/tswucoveragemcv1.html
- 5 World Health Organization. WHO-UNICEF estimates of MCV2 coverage [Internet]. Geneva: WHO; 2018 [cited 29 January 2019]. Available from: http://apps.who.int/immunization_monitoring/globalsummary/timeseries/tswucoveragemcv2.html
- 6 European Centre for Disease Prevention and Control. Monthly measles and rubella monitoring report, March 2019. Stockholm: ECDC; 2019. Available from: <https://ecdc.europa.eu/sites/portal/files/documents/measles-monthly-report-march-2019.pdf>
- 7 European Centre for Disease Prevention and Control. Seasonal influenza vaccination and antiviral use in EU/EEA Member States – Overview of vaccine recommendations for 2017–2018 and vaccination coverage rates for 2015–2016 and 2016–2017 influenza seasons. Stockholm: ECDC; 2018. Available from: <https://ecdc.europa.eu/sites/portal/files/documents/seasonal-influenza-antiviral-use-2018.pdf>

that they should benefit from the same level of protection as indigenous populations with regard to infectious diseases, including those which can be prevented by routine vaccinations. Low coverage for some vaccines, along with low immunity for some diseases, may result in susceptible refugees developing diseases such as measles and chickenpox (varicella), given the high incidence of these in some areas of the EU. Consequently, screening and vaccination programmes may be of benefit for them to ensure their protection and well-being, and each Member State may decide on the level of services to offer to such individuals. Vaccinations to consider among refugees, along the lines of national guidelines and recommendations, include: measles (using MMR vaccine and prioritising children up to 15 years of age); poliomyelitis (for children and adults coming from countries currently exporting poliovirus such as Afghanistan and Pakistan, infected countries such as Somalia, or countries which remain vulnerable to international spread, including Cameroon, Equatorial Guinea, Ethiopia, Iraq, Israel, and the Syrian Arab Republic); meningococcal disease (preferably with vaccines against meningococcal serogroups A, C, W-135 and Y or, if a country does not use the quadrivalent vaccines, with vaccines against serogroups A and/or C, if available); diphtheria (using diphtheria-tetanus-pertussis vaccine in accordance with national guidelines) and influenza, according to the season. Migrants do not generally pose a health threat to the host population. The risk to European residents of being affected by outbreaks occurring among refugee populations remains extremely low since the compromised hygiene, overcrowding and limited access to clean water responsible for their transmission are specific to the reception facilities in which they are occurring⁸.

ECDC has recently issued public health guidance to EU/EEA Member States to facilitate effective screening and vaccination for priority infectious diseases among newly arrived migrant populations⁹.

8 European Centre for Disease Prevention and Control. Communicable disease risks associated with the movement of refugees in Europe during the winter season – 10 November 2015, Stockholm: ECDC; 2015. Available at: <https://www.ecdc.europa.eu/sites/portal/files/media/en/publications/Publications/refugee-migrant-health-in-european-winter-rapid-risk-assessment.pdf>

9 European Centre for Disease Prevention and Control. Public health guidance on screening and vaccination for infectious diseases in newly arrived migrants within the EU/EEA. Stockholm: ECDC; 2018. Available at: <https://ecdc.europa.eu/en/news-events/ecdc-issues-migrant-screening-and-vaccination-guidance>

Methods

A questionnaire (Annex 1) was developed in August 2018.

It includes seven sections:

- 1) Respondent's details.
- 2) Vaccinations for general adult population.
- 3) Vaccinations for police officers routinely working in their home member states.
- 4) Vaccinations for police officers deployed in the EU context (e.g. for Frontex JOs)
- 5) Vaccinations for police officers assigned to return/readmission operations to outside the EU
- 6) Comments on regional/local variability
- 7) General comments on the context of this survey

The questionnaire included a total of 23 questions. The majority of questions were closed (single or multiple choice), but a field for further comments for each section, or for more detailed answers, was included.

An electronic version of the survey questionnaire (e-survey) was developed in the esurveyspro.com platform.¹⁰ A short pilot was carried out with two member states (Germany and Sweden) to collect comments and improve the questionnaire. An email with a link to the e-survey and the invitation to fill it in was sent to the 32 National Frontex Contact Points (NFPOC) in all Member states and in the 4 Schengen Associated Member states (i.e. Switzerland, Norway, Liechtenstein, and Iceland) on September 13, 2018, with deadline October 8. Two reminders were subsequently sent to the NFPOCs, and the deadline was extended to October 19.

The completed questionnaires were downloaded from the e-survey platform as pdfs, and were analysed using Microsoft Excel®. A draft of the report was elaborated and as sent to the NFPOC for validation/comments/suggestions for revision.

¹⁰ eSurveysPro.com Online Survey Software. <https://www.esurveyspro.com/> Last Access 5 November 2018

Results

Twenty-three respondents provided an answer. Seven respondents provided feedback to the validation request (Table 1).

Table 1: Responses to the survey

	Number	Member States
Via email:	2	CH; LI;
Via e-questionnaire	21	AT; BG; CZ; DE; DK; EE; ES; FI; FR; GR; HU; IT; LT; LU; LV; MT; NL; PL; PT; SE; SK
No response	9	BE; CY; GB; HR; IS; IE; NO; RO; SI
Feedback to validation request	7	EE; ES; FR; LU; LV; PL; SK

Switzerland and Liechtenstein declared via email that they had no specific recommendations for personnel deployed in the EU countries for Frontex coordinated activities, and inquirers were referred to Switzerland's immunisation plan. Furthermore, Liechtenstein stated that they currently do not deploy police officers outside their territory.

The following tables and analysis only include respondents (n=23).

To collect information about the vaccination recommendations for adults in general population, the NFPOC was asked to verify information provided by the ECDC Vaccine Scheduler¹¹ managed by the European Centre for Disease Prevention and Control (ECDC), a public database including all recommended/mandatory vaccinations for general population (Table 2).

Table 2: Information on vaccination for general adult population available in the ECDC Vaccine Scheduler

	N %	Member states
Database updated	16 (100%)	BG; CZ; DE; EE; FI; FR; GR; IT; LT; LU; LV; MT; PL; PT; SE; SK;
Database not updated	0 0%	
Total	16	
Lack of competency to verify	5	AT; DK; ES; HU; NL
Not applicable	1	CH
No answer	1	LI

¹¹ <https://vaccine-schedule.ecdc.europa.eu/>

All member states that were able to check the information found an updated source. The information in the database provides a background on vaccination strategies for adults in every member state. However, as strategies change over the years and compliance does not reach 100%, the presence of a recommended/mandatory vaccination for adults in a specific member state does not imply that every adult in that state is vaccinated. Table 3 reports all recommended/required vaccinations for police officers routinely working in their home member state. The table shows a large heterogeneity in each national authority's approach (recommended or mandatory), and in the types of vaccination, epidemiological situation, availability of specific documents or general recommendation from competent authorities. Influenza, hepatitis B and tetanus are the most common vaccinations recommended/required.

Table 3: Vaccination for police officers working in their home member state on routine duties.

Vaccine	AT	BG	CH	CZ	DE	DK	EE	ES	FI	FR	GR	HU	IT*	LI	LT	LU	LV	MT	NL	PL	PT	SE	SK
Diphtheria	RPO	-	-	-	MPO	-	RPO	RPO	RPO	MPO	-	SC	MPO	-	SC	-	RPO	MPO	MPO	MPO	-	-	RPO
Hepatitis A	RPO	-	-	MPO	MPO	-	SC	RPO	RPO	SC	RPO	SC	-	SC	-	SC	-	SC	MPO	SC	-	-	RPO
Hepatitis B	RPO	RPO	RPO	MPO	MPO	-	RPO	RPO	RPO	MPO	RPO	SC	MPO**	RPO	SC	-	RPO	MPO	MPO	MPO	RPO	-	RPO
Human papillomavirus (HPV)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Influenza	RPO	RPO	SC	-	RPO	-	SC	-	RPO	RPO	RPO	RPO	RPO	-	MPO	-	-	RPO	-	RPO	RPO	-	SC
Measles	RPO	-	-	-	RPO	-	-	-	RPO	RPO	RPO	-	MPO	-	-	-	-	MPO	MPO	MPO	-	-	-
Mumps	RPO	-	-	-	RPO	-	-	-	RPO	RPO	RPO	-	MPO	-	-	-	-	MPO	MPO	MPO	-	-	-
Neisseria meningitis ACWY	RPO	-	-	-	-	-	-	-	SC	SC	-	-	MPO	-	-	-	-	-	-	-	-	-	-
Neisseria meningitis B	RPO	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Neisseria meningitis C	RPO	-	-	-	-	-	-	-	SC	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pertussis	RPO	-	-	-	MPO	-	-	-	RPO	SC	-	-	MPO	-	-	-	-	MPO	-	MPO	-	-	-
Pneumococcal conjugate vaccine	RPO	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pneumococcal Polysaccharide Vaccine	RPO	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Polio	RPO	-	-	-	MPO	-	-	-	MPO	-	-	-	MPO	-	-	-	-	MPO	MPO	SC	-	-	-
Rubella	RPO	-	-	-	RPO	-	-	-	RPO	RPO	RPO	-	MPO	-	-	-	-	MPO	MPO	MPO	-	-	-
Tetanus	RPO	RPO	-	-	MPO	-	-	RPO	RPO	RPO	MPO	SC	MPO	-	SC	-	-	MPO	MPO	MPO	RPO	-	RPO
Tick borne encephalitis (TBE)	-	-	SC	-	SC	-	SC	-	SC	SC	-	SC	-	MPO	-	RPO	-	RPO	-	SC	-	-	SC
Tuberculosis	-	-	-	-	-	-	-	-	RPO	RPO	-	-	-	-	-	-	RPO	SC	-	-	-	-	-
Varicella	RPO	-	-	-	RPO	-	-	-	-	-	-	-	MPO	-	-	-	-	MPO	-	-	-	-	-
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rabies	-	SC	-	-	-	-	-	-	SC	-	-	-	-	-	SC	-	-	-	-	-	SC	-	-
Japanese encephalitis	-	-	-	-	-	-	-	-	SC	-	-	-	-	-	-	-	-	-	-	-	SC	-	-
Typhoid	-	SC	-	-	-	-	-	-	SC	-	SC	-	SC	-	-	-	-	-	-	-	SC	-	-
Yellow Fever	-	-	-	-	-	-	-	-	SC	-	-	-	-	-	-	-	-	-	-	-	SC	-	-
Crimean-Congo haemorrhagic fever	-	-	-	-	-	-	-	-	SC	-	-	-	-	-	-	-	-	-	-	-	SC	-	-

-: Not recommended; **RPO**: Recommended for work as a police officer (occupational health); **MPO** Mandatory for work as a police officer (occupational health); **SC** Recommended or mandatory only for certain areas of the member states, or in special conditions or duties- the Crimean-Congo haemorrhagic fever vaccine is available and registered only in Bulgaria

IT*: The response refers to police officers under the Ministry of Defence. In Italy there are also other police officers under the Ministry of Interior

** Depending on age

Eight member states have at least one mandatory vaccination for police officers working in their home member state on routine duties and three do not have any recommended or mandatory vaccination for this group. The range of recommended/mandatory vaccination in a member state depends on the special conditions. The number of vaccinations that are recommended in each member state in presence of special conditions (e.g. only for certain areas of the member state or duties) ranges from 0 to 10, while the number of recommended and/or mandatory vaccinations range from 0 to 16. Only one member state has 10 mandatory vaccinations for police officers working in their home member state on routine duties.

Twenty-one member states provided information on whether and how police officers working in their home member state on routine duties have to report their vaccination status: 15 member states require proof of vaccination status, and 13 states save this information in the personal health file of each police officer (Table 4).

Table 4: Proof of vaccination status through certificate/vaccination card for police officers working in their home member state on routine duties (n=21).

Member state	Information on vaccination status is not requested	No, information is collected without any request for proof	Vaccination card/certificate of vaccination is required	Information is stored in the personal health file of the officer
AT				X
BG			X	X
CH				
CZ				X
DE			X	
DK	X			
EE			X	X
ES				X
FI			X	X
FR			X	X
GR	X			
HU			X	X
IT			X	X
LI				
LT			X	
LU			X	
LV			X	
MT			X	X
NL			X	X
PL			X	X
PT			X	
SE	X			
SK			X	X
Total	3	0	15	13
%	14%	0%	71%	62%

A wide heterogeneity in the Authorities issuing the recommendations/requirements for police officers working in their home member state on routine duties (Table 5) was also observed across member states, reflecting different organisational patterns. The Ministry of Health was the authority most often involved (85% of the member states). Interestingly, only one member state reported the involvement of occupational health authorities.

Table 5: Authorities issuing recommendations/requirements for police officers working in their home member state (n=20)

	Ministry of Health	Ministry of Interior	Ministry of Foreign Affairs	Border Guard authorities/ services	Police services	Ministry of Defence	Other (specify)
AT	X	X			X		
BG	X	X					
CH							
CZ	X						
DE	X				X		
DK							
EE	X						
ES	X				X		
FI	X						Occupational Health
FR	X	X					
GR	X						
HU					X		
IT	X					X	
LI	X						
LT	X			X			
LU							
LV	X	X					
MT	X						Armed Forces of Malta
NL						X	
PL	X	X		X			
PT	X				X		
SE							
SK	X	X					
Total	17	6	0	2	5	2	2
%	85%	30%	0%	10%	25%	10%	10%

Eighteen of the 23 member states (78%) reported the existence of official recommendations/requirements for vaccination for police officers deployed in the EU context (e.g. for Frontex JOs) (Table 6). Two of them reported having recommendations only for special conditions, while seven reported having at least one mandatory vaccination for officers deployed in the EU context. As for previous cases, a very high heterogeneity was also observed.

Table 6: Vaccinations for police officers deployed in the EU context (e.g. for Frontex JOs).

Vaccine	AT	BG	CH	CZ	DE	DK	EE	ES	FI	FR	GR	HU	IT*	LI	LT	LU	LV	MT	NL	PL	PT	SE	SK
Diphtheria	RPO -	NS	NS	MPO	SC	NS	SC	RPO	MPO	NS	SC	MPO	NS	RPO	NS	RPO	RPO	MPO	MPO	MPO	RPO	RPO	MPO
Hepatitis A	RPO -	NS	NS	MPO	SC	NS	SC	RPO	MPO	NS	SC	SC	NS	RPO	NS	RPO	RPO	-	MPO	MPO	SC	RPO	MPO
Hepatitis B	RPO	RPO	NS	MPO	SC	NS	SC	RPO	MPO	NS	SC	MPO**	NS	RPO	RPO	RPO	RPO	RPO	MPO	MPO	RPO	RPO	MPO
Human papillomavirus (HPV)	-	NS	NS	-	NS	-	NS	-	-	NS	-	NS	-	NS	-	-	-	-	-	-	-	-	-
Influenza	RPO	RPO	NS	NS	RPO	-	NS	-	RPO	RPO	NS	RPO	RPO	NS	-	-	-	RPO	-	RPO	RPO	-	SC
Measles	RPO	-	NS	NS	RPO	-	NS	-	RPO	MPO	NS	-	MPO	NS	-	RPO	-	MPO	MPO	MPO	RPO	RPO	-
Mumps	RPO	-	NS	NS	RPO	-	NS	-	RPO	MPO	NS	-	MPO	NS	-	RPO	-	MPO	MPO	MPO	-	RPO	-
Neisseria meningitidis ACWY	RPO	-	NS	NS	RPO	SC	NS	SC	MPO	NS	-	MPO	NS	-	-	-	-	RPO	-	SC	-	-	SC
Neisseria meningitidis B	RPO	-	NS	NS	-	SC	NS	-	SC	-	NS	-	-	NS	-	-	-	RPO	-	RPO	-	-	SC
Neisseria meningitidis C	RPO	-	NS	NS	-	SC	NS	-	-	MPO	NS	-	-	NS	-	-	-	RPO	-	SC	-	-	SC
Pertussis	RPO	-	NS	NS	MPO	-	NS	-	RPO	RPO	NS	-	MPO	NS	-	-	-	MPO	-	MPO	-	RPO	-
Pneumococcal conjugate vaccine	-	NS	NS	-	NS	-	NS	-	-	NS	-	NS	-	NS	-	-	-	-	-	-	-	RPO	-
Pneumococcal Polysaccharide Vaccine	-	NS	NS	-	NS	-	NS	-	-	NS	-	NS	-	NS	-	-	-	-	-	-	-	RPO	-
Poliomyelitis	RPO	-	NS	NS	MPO	-	NS	-	SC	MPO	NS	-	MPO	NS	-	-	-	MPO	MPO	SC	-	RPO	-
Rubella	RPO	-	NS	NS	RPO	-	NS	-	RPO	MPO	NS	-	MPO	NS	-	RPO	-	MPO	MPO	MPO	-	RPO	-
Tetanus	RPO	RPO	NS	NS	MPO	SC	NS	SC	RPO	MPO	NS	SC	MPO	NS	RPO	RPO	-	MPO	MPO	MPO	RPO	RPO	MPO
Tick borne encephalitis (TBE)	-	NS	NS	SC	-	NS	-	SC	-	NS	SC	NS	SC	NS	-	-	RPO	SC	SC	SC	-	-	SC
Tuberculosis	-	NS	NS	-	NS	-	NS	-	-	RPO	NS	-	-	NS	-	-	RPO	SC	-	-	-	RPO	RPO
Varicella	RPO	-	NS	NS	RPO	-	NS	-	-	RPO	NS	-	MPO	NS	-	RPO	-	MPO	-	-	-	RPO	RPO
Cholera	RPO	-	NS	NS	-	NS	-	-	-	-	NS	-	SC	NS	-	-	-	SC	-	SC	-	RPO	SC
Rabies	RPO	-	NS	NS	-	NS	-	-	-	-	NS	-	SC	NS	MPO	-	-	SC	-	SC	-	-	SC
Japanese encephalitis	RPO	-	NS	NS	-	NS	-	-	-	-	NS	SC	SC	NS	-	-	-	SC	-	SC	-	RPO	-
Typhoid	RPO	-	NS	NS	-	NS	-	-	-	RPO	NS	-	SC	NS	-	-	-	SC	-	SC	-	RPO	-
Yellow Fever	RPO	-	NS	NS	-	NS	-	-	-	-	NS	-	SC	NS	-	-	-	SC	-	SC	-	RPO	-
Crimean-Congo haemorrhagic fever																							

-: Not recommended; **RPO**: Recommended for work as a police officer (occupational health); **MPO** Mandatory for work as a police officer (occupational health); **SC** Recommended or mandatory only for certain area of the member state or in special conditions or duties- the Crimean-Congo haemorrhagic fever vaccine is available and registered only in Bulgaria.
 ** Depending on age **NS**: no specific recommendation exists
 IT*: The response refers to police officers under the Ministry of Defence. In Italy there are also other police officers under the Ministry of Interior
 EE: Police officers deployed in the EU context visit the Infectious Diseases Clinic before travelling/deployment for a consultation, and are vaccinated according to the recommendations of the Estonian Health Board and the WHO

Eighteen member states provided information on whether and how police officers are deployed in EU context have to provide their vaccination status (Table 7). Fourteen member states require vaccination status, and twelve stored it in each officer's personal file.

Table 7: Proof of vaccination status through certificate/vaccination card for police officers deployed in the EU context (e.g. for Frontex JOs). (n=18).

Member state	Information on vaccination status is not requested	No, the information is collected without any request of proof	Vaccination card/ certificate of vaccination is requested	Information is stored in the personal health file of the officer
AT			X	X
BG			X	X
CH				
CZ				
DE			X	
DK			X	
EE				
ES				X
FI			X	X
FR			X	X
GR				
HU			X	X
IT			X	X
LI				
LT			X	
LU	X			
LV			X	
MT			X	X
NL			X	X
PL			X	X
PT	X			
SE				X
SK			X	X
Total	2	0	14	12
%	11%	0%	78%	67%

Interestingly, two member states declared that the information was not required nor included in personal files.

Table 8 shows the authorities issuing the recommendations/requirements for police officers deployed in the EU context (e.g. for Frontex JOs): Ministries of Health, Ministries of Interior and Police services were the most common (respectively 72%, 33%, 33%).

Table 8: Authorities issuing the recommendations/requirements for police officers deployed in the EU context (e.g. for Frontex JOs). (n=18)

	Ministry of Health	Ministry of Interior	Ministry of Foreign Affairs	Border guard authorities/ services	Police services	Ministry of Defence	Other (specify)
AT	X	X			X		
BG	X	X					
CH							
CZ							
DE	X				X		
DK	X						
EE							
ES	X				X		
FI	X						Occupational Health
FR	X	X					
GR							
HU					X		
IT	X					X	
LI							
LT	n.a.	n.a.	n.a.	n.a.	n.a.		n.a.
LU							Travel Clinic Centre Hospitalier de Luxembourg
LV	X	X					
MT	X						Armed Forces of Malta
NL						X	
PL	X			X			
PT	X						
SE					X		
SK	X	X					
Total	13	6	1	2	6	2	4
%	72%	33%	6%	11%	33%	11%	22%

n.a. = not available

High heterogeneity was also observed among the authorities issuing the recommendations/requirements. Many member states may have sought support from travel medicine centres or epidemic intelligence centres for a risk evaluation, as described in Table 11, for police officers deployed in the EU context, but only Luxembourg, in this area, explicitly mentioned the involvement of their centre for travel medicine.

Fourteen member states reported the existence of official recommendations/requirements for police officers assigned to operations outside the EU (e.g. return/readmission operations) (Table 9). This heterogeneity could be due to different previous experiences of missions in member states with different risks.

Table 9: Existence of official recommendations/requirements for police officers assigned to return/readmission operations outside the EU

Vaccine	AT	BG	CH	CZ	DE	DK	EE	ES	FI	FR	GR	HU	IT*	LI	LT	LU	LV	MT	NL	PL	PT	SE	SK
Diphtheria	NS	-	NS	NS	MPO	SC	NS	SC	RPO	MPO	NS	NS	MPO	NS	NS	RPO	RPO	NS	MPO	MPO	RPO	RPO	MPO
Hepatitis A	NS	SC	NS	NS	MPO	SC	NS	SC	RPO	SC	NS	NS	SC	NS	NS	RPO	-	NS	MPO	SC	RPO	RPO	MPO
Hepatitis B	NS	SC	NS	NS	MPO	SC	NS	SC	RPO	MPO	NS	NS	MPO**	NS	NS	RPO	RPO	NS	MPO	MPO	RPO	RPO	MPO
Human papillomavirus (HPV)	NS	-	NS	NS	-	NS	NS	-	NS	NS	-	NS	-	NS	NS	-	-	NS	-	-	-	-	-
Influenza	NS	SC	NS	NS	RPO	-	NS	-	RPO	-	NS	NS	RPO	NS	NS	-	-	NS	-	RPO	RPO	-	SC
Measles	NS	-	NS	NS	RPO	-	NS	-	RPO	MPO	NS	NS	MPO	NS	NS	RPO	-	NS	MPO	MPO	RPO	RPO	-
Mumps	NS	-	NS	NS	RPO	-	NS	-	RPO	RPO	NS	NS	MPO	NS	NS	RPO	-	NS	MPO	MPO	RPO	RPO	-
Neisseria meningitis ACWY	NS	SC	NS	NS	RPO	SC	NS	SC	SC	MPO	NS	NS	MPO	NS	NS	-	-	NS	SC	SC	-	-	SC
Neisseria meningitis B	NS	SC	NS	NS	-	SC	NS	-	SC	-	NS	NS	-	NS	NS	-	-	NS	-	SC	-	-	SC
Neisseria meningitis C	NS	SC	NS	NS	-	SC	NS	-	-	NS	NS	NS	-	NS	NS	-	-	NS	-	SC	-	-	SC
Pertussis	NS	-	NS	NS	MPO	-	NS	SC	RPO	RPO	NS	NS	MPO	NS	NS	-	-	NS	-	MPO	-	-	-
Pneumococcal conjugate vaccine	NS	-	NS	NS	-	-	NS	-	-	NS	NS	-	NS	NS	NS	-	-	NS	-	-	-	RPO	-
Pneumococcal Polysaccharide Vaccine	NS	-	NS	NS	-	-	NS	-	-	NS	NS	-	NS	NS	NS	-	-	NS	-	-	-	RPO	-
Poliomyelitis	NS	SC	NS	NS	MPO	-	NS	SC	SC	MPO	NS	NS	MPO	NS	NS	-	-	NS	MPO	SC	-	RPO	-
Rubella	NS	-	NS	NS	RPO	-	NS	-	RPO	MPO	NS	NS	MPO	NS	NS	RPO	-	NS	MPO	MPO	-	RPO	-
Tetanus	NS	-	NS	NS	MPO	SC	NS	SC	RPO	MPO	NS	NS	MPO	NS	NS	RPO	-	NS	MPO	MPO	RPO	RPO	MPO
Tick borne encephalitis (TBE)	NS	SC	NS	NS	SC	-	NS	SC	SC	-	NS	NS	SC	NS	NS	-	RPO	NS	SC	SC	SC	RPO	-
Tuberculosis	NS	-	NS	NS	-	-	NS	-	SC	RPO	NS	NS	-	NS	NS	-	RPO	NS	-	-	-	RPO	RPO
Varicella	NS	-	NS	NS	RPO	-	NS	-	SC	-	NS	NS	MPO	NS	NS	RPO	-	NS	-	-	-	RPO	-
Cholera	NS	-	NS	NS	RPO	-	NS	SC	SC	-	NS	NS	SC	NS	NS	-	-	NS	-	SC	RPO	RPO	SC
Rabies	NS	SC	NS	NS	RPO	-	NS	SC	SC	-	NS	NS	SC	NS	NS	-	-	NS	SC	SC	-	-	SC
Japanese encephalitis	NS	SC	NS	NS	SC	-	NS	SC	SC	-	NS	NS	SC	NS	NS	-	-	NS	SC	SC	RPO	-	SC
Typhoid	NS	SC	NS	NS	MPO	-	NS	SC	SC	MPO	NS	NS	SC	NS	NS	-	-	NS	SC	SC	RPO	-	SC
Yellow Fever	NS	SC	NS	NS	SC	-	NS	SC	SC	MPO	NS	NS	SC	NS	NS	SC	RPO	NS	SC	SC	SC	RPO	SC
Crimean-Congo haemorrhagic fever	SC																						

-: Not recommended; **RPO**: Recommended for police officers (occupational health); **MPO**: Mandatory for police officers (occupational health); **SC**: Recommended or mandatory only for certain areas of a member state, or in case of special conditions or duties- the Crimean-Congo haemorrhagic fever vaccine is available and registered only in Bulgaria.

** Depending on age **NS**: no specific recommendations exists

IT*: The response refers to police officers under the Ministry of Defence. In Italy there are also other police officers under the Ministry of Interior

LI: Recommendations of the National Vaccination Service for those planning to visit different member states. Provided if a specific vaccination is required to travel to a specific member state, or if a cooperation partner (e.g. Frontex) requires a specific vaccination.

Fourteen member states provided information on whether police officers assigned to return/readmission operations outside the EU should provide their vaccination status (Table 10).

Table 10: Demonstration of vaccination status by certificate/vaccination card for police officers assigned to return/readmission operations to outside the EU (n=14).

Member state	Information on vaccination status is not required	No, the information is collected without requiring any proof	Vaccination card/ certificate of vaccination is required	Information is stored in the personal health file of officers
AT			X	X
BG			X	X
CH				
CZ				
DE			X	
DK			X	
EE				
ES				X
FI			X	X
FR			X	X
GR				
HU				
IT			X	X
LI				
LT				
LU				
LV			X	
MT				
NL			X	X
PL			X	X
PT	X			
SE				X
SK			X	X
Total	1	0	11	10
%	7%	0%	79%	71%

Table 11 shows the authorities issuing the recommendations/requirements for police officers deployed in the EU context (e.g. for FRONTEX JOs). Most of these recommendations were issued by the MoH.

Table 11: Authorities issuing the recommendations/requirements for police officers assigned to return/ readmission operations outside the EU (n=14)

	Ministry of Health	Ministry of Interior	Ministry of Foreign Affairs	Border guard authorities/ services	Police services	Ministry of Defence	Other (specify)
AT	X	X			X		
BG	X						
CH							
CZ							
DE	X				X		
DK	X						
EE							
ES	X				X		
FI	X						Occupational Health
FR	X	X					
GR							
HU							
IT	X					X	
LI							
LT							
LU							
LV	X	X					
MT							
NL						X	
PL	X						
PT	X			X			
SE							Swedish Prison and Probation Service
SK	X	X					
Total	12	4	0	1	3	2	2
%	86%	29%	0%	7%	21%	14%	14%

Table 12 reports the existence of specific procedures for the assessment of the risks of infectious diseases for police officers assigned to return/readmission operations outside EU, aimed at providing individual recommendations (e.g. travel medicine, epidemic intelligence).

Fifteen member states reported having specific risk assessment procedures to evaluate the needs for specific prophylaxis. Most member states relied on travel medicine services, the medical intelligence of each organization or the expertise

of National Public Health Institutes. Similar patterns of consultation may also be adopted by other member states, but not within a systematic process.

Table 12: Existence of specific procedures for the risk assessment of infectious diseases for police officers assigned to return/readmission operations outside EU aimed at providing individual recommendation (e.g. travel medicine, epidemic intelligence) (n=23)

Member state	Yes/ not	Comments
AT	No	
BG	Yes	Current epidemiologic situation is under surveillance by many organisations, and bulletins are published
CH	No	
CZ	No	
DE	Yes	Medical intelligence of the German Army
DK	No	Other vaccinations recommended by MoH
EE	Yes	If symptoms occur after return, they visit Infectious Diseases Clinic
ES	Yes	Foreigner Health
FI	Yes	Consultation of the National institution for health and welfare working under the Ministry of Social Affairs and Health
FR	Yes	Monitoring by several information sources of the risk of vaccine-preventable diseases
GR	No	
HU	Yes	We manage the biological risk evaluation according to the WHO recommendations
IT	Yes	Risk evaluation and intervention for the member state to be deployed
LI	No	
LT	No	
LU	No	
LV	Yes	Recommendations of the National Vaccination Service for those planning to visit different member states, and provision of the recommended vaccines
MT	Yes	Consultation with the National Health Immunisation Centre and the ECDC for recommendations, re-vaccinations, and disease prevention
NL	Yes	Specific procedure and use of our own epidemic intelligence
PL	Yes	Additional internal document in Border Guard Guidelines by the Office of Technology and Supply at the Headquarters of the Border Guard. This document on the basis of the epidemiological situation in member states where the officers are deployed, suggests appropriate vaccine recommendations
PT	Yes	Involvement of travel medicine services
SE	Yes	Recommendations based on a consultation with the national health services
SK	Yes	Close cooperation with travel medicine offices

The survey also explored the existence of potential heterogeneity within each member state among the different local organizations. All member states declared that they adopted the same procedures at the national level.

Limitations

This survey achieved a good response rate (70%), but some limitations should be considered.

- More than one police organization/body might be active in each member state. As an example, in Italy some police officers are serve under the Ministry of Defence, while others are under the Ministry of the Interior. Only one respondent for each member state was consulted for this survey. These organisations could have different procedures and rules for vaccination recommendations/requirements.
- The respondents to this survey could have been subjects that do not routinely work on health policies. Therefore, some questions could have been misunderstood, or answers could be partially incorrect. The questionnaire was self-administered, and, when possible, the indicated source or an alternative source was consulted for validation. However, respondents, in many cases, did not provide details or links to the documents reporting information on vaccination strategies. This did not allow us to verify whether the questions had been correctly interpreted. In some cases, respondents specifically stated the absence of written documents/procedures.
- The vaccination status of police officers could be the result of their exposure to several opportunities for vaccinations, including: the national schedule for general population (children and adults); recommended or required vaccinations for police officers for their daily or extraordinary duties, including missions abroad; individual consultations with travel medicine centres for leisure travels. However, all these opportunities can happen at different stages of life, therefore the rules could have been different, or the compliance of the person could have been suboptimal. This makes it impossible to consider a police officer as protected based only on the result of the survey.
- Some procedures (e.g. risk assessment and personalized recommendation before a mission abroad) might have been implemented randomly in some member states and systematically in others, due to different organisational methods. This aspect was not investigated.
- As this was the first attempt to collect all this information, some answers might have been less detailed for some member states than for others.
- The questionnaire did not investigate the procedures for each type of assignment due to the high variability of situations, and to the choice of not strictly linking this survey with Frontex-coordinated activities assignment. This is a limitation as it does not allow us to know whether vaccinations are a real prerequisite for participation in Frontex coordinated activities, nor the extent of vaccination coverage for recommended/required vaccinations among police officers participating in Frontex coordinated activities.

Conclusion and recommendation

Twenty-three member states provided the requested information, showing a good response rate (70%) in a highly heterogeneous a group of participating institutions. This result is encouraging, showing that National Frontex Contact Points are interested in the topic of vaccination in occupational health.

Overall, the most evident result is the variability among participating institutions, adopted procedures, attitude to vaccination for adults, and existence of procedures for missions abroad.

This variability suggests that the personnel participating in Frontex coordinated activities are likely to have different vaccination statuses, and could be exposed to a risk of transmitting preventable diseases during Frontex coordinated activities, even though Frontex generally funds the immunisation of all deployed personnel.

Uniform recommendations for the vaccination of police officers involved in Frontex coordinated activities should be prepared and adopted in all member states in order to reduce the risk of communicable diseases that could affect the health of deployed personnel and compromise Frontex's mission.

Annex1: paper version of the survey



Warsaw 06/11/2018

National vaccination schemes and strategies applicable in the context of participation in Frontex coordinated activities

Dear colleagues,

Vaccination is one of the most efficient tool to prevent infectious diseases. In Europe, they are routinely offered to the population of any age with different schedule in every country.

Frontex is aiming to harmonize the approach to vaccinations for all personnel deployed to Frontex coordinated activities. The development of a strategy vaccination monitoring tool would become one element of Frontex new Occupational Safety and Health (OSH) policy. The idea has been previously discussed among participating Member States and Frontex on various occasions within the Frontex Pooled Resources Network (PRN) meetings format.

As notified during the 34 PRN meeting, which took place 20-21 February 2018 in Athens, Pooled Resources Unit (PRU) is initiating the first necessary step to map the prevalent vaccination schemes and strategies of all participating Member States (MSs/SACs) regarding their engaged personnel in the context of Frontex operational activities. The task will be undertaken with the support of Dr. Fortunato D'Ancona from the Italian National Health Institute, the leader of the VENICE II and VENICE III project on the mapping of vaccinations on European level via surveying.

Herewith, we would like to kindly ask for your support of this mapping exercise and your active participation in the survey "National vaccination schemes and strategies applicable in the context of participation in Frontex coordinated activities".

The survey encompasses the following objectives:

- Gathering and making available current data about the prevalent vaccination schemes at national level for personnel deployed from Member States to Frontex coordinated activities;
- Increasing the vaccination related health risk awareness among both national stakeholders and Frontex personnel dealing with staffing and staff deployment duties;
- Stimulating all relevant stakeholders dealing with staffing and staff deployments to review, and potentially adjust/enhance their own approach regarding vaccination schemes as well as review strategies for personnel engaged within Frontex coordinated activities;
- Building up on the elaborated map/matrix in order to contribute to the development/improvement of recommendations for vaccinations in the context of Frontex operational activities.

As vaccinations are already covered in the Frontex' financing scheme and related unit costs/daily fees, we do hope to receive 100% response rate to our survey from all Member States who have received this invitation.

We will appreciate your replies by 8 October 2018 (COB).

Once the data is collected, in case of doubts, we might approach you with request for additional clarifications. A final report is planned to be ready and distributed by the end of the year.

After introducing the survey and asking for the details of the respondents the survey included the following sections:

Frontex - European Border and Coast Guard Agency

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- A)Vaccination for the general adult population;
- B)Vaccination for police officers working in their home Member State on daily routine;
- C)Vaccination for police officers deployed in the EU context;
- D)Vaccination for police officers assigned to return/ readmission operations to outside the EU;
- E)Comments on regional variability;
- F)General comments to the context of this survey;
- G)Glossary.

Due to the fact that the topic is mainly medical, it could be necessary to collaborate with your dedicated medical services in your authority or an expert in vaccination issues or occupational health for filling in some sections of the questionnaire.

In order to response to the Section A. of the Survey, please access the provided current data available for your country under the European Centre for Disease Prevention and Control (ECDC) (<https://vaccine-schedule.ecdc.europa.eu/>) choosing your country in "quick search" section.

Please also find under section G. a very short glossary with the main key definitions which will help you to answer the survey.

Please be informed that the questionnaire can be accessed many times and that each information entered is not saved unless clicking the button "SAVE AND CONTINUE LATER".

Additionally, please be informed that the survey can be filled in by several persons. If you wish to share the survey with other colleagues, please forward them the email with the link to the survey.

Once you are sure that the questionnaire is completed, please click on the button "FINISHED" in the bottom: then you CANNOT modify the questionnaire anymore.

Should you need more information or technical assistance please contact person(s) for further questions. In case of any problem to accessing to these information please contact OSH@frontex.europa.eu

Thank you and kind regards,

1. Details of Respondent

First Name:

Surname:

Affiliation:

Email address:

Country:

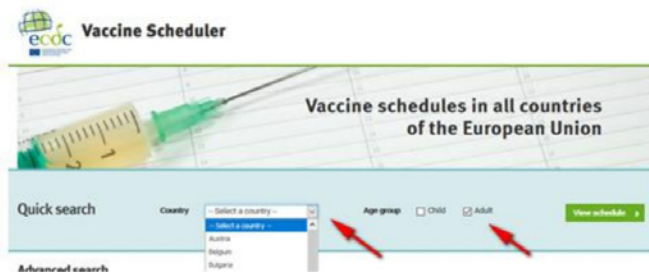
Annotations:

2. Section A. Vaccination for the general adult population

The European Centre for Disease Prevention and Control (ECDC-Stockholm) provides a public access to a database with the recommended/mandatory vaccinations for the general population. In order to avoid duplication of efforts we will use these information to get the recommendation for adults in Europe. However we invite you to verify if these information are updated.

We provide you the link and the instruction to look your national vaccination schedule as is in the ECDC database.

- <https://vaccine-schedule.ecdc.europa.eu/>
- Choose your country in "quick search" section
- Please select and click the box for 'adult'



Please, if necessary, consult your dedicated medical services in your authority or an expert in vaccination issues or in occupational health.

The ECDC web site contain the vaccination schedule for all the MS/EAA countries. Is this schedule updated?

- We don't have the competency to verify
- Yes, the schedule is updated
- No, the schedule need to be updated (If no, please specify)
Click here to enter text.

3. Please provide any useful comment for further clarification to your answers in Section A.

Click here to enter text.

4. Section B. Vaccination for police officers working in their home Member State on daily routine.

Please provide for each vaccination any specific (not for the general population) recommendation or requirement for the police officers working in their home Member State (daily routine).

	No recommendation exists	Recommended because working as police officer (occupational health)	Mandatory because working as police officer (occupational health)	Recommended/Mandatory only for certain area of the country or in special condition or duties (if yes, provide more details in the comment field)	Police Services
Diphtheria					
Hepatitis A					
Hepatitis B					
Human papillomavirus (HPV)					
Influenza					
Measles					
Mumps					
Neisseria meningitis ACWY					
Neisseria meningitis B					
Neisseria meningitis C					
Pertussis					
Pneumococcal conjugate vaccine (PCV)					
Pneumococcal Polysaccharide Vaccine (PCV)					
Poliomyelitis					
Rubella					
Tetanus					
Tick borne encephalitis (TBE)					
Tuberculosis					
Varicella					
Cholera					
Rabies					
Japanese encephalitis					
Typhoid					
Yellow Fever					

5. Is the vaccination status demonstrated with a certificate/vaccination card? (more than one answer permitted)

- No, it is not requested
- No, the information is collected without any request of proof
- Yes, it is requested the vaccination card/certificate of vaccination
- Stored in the personal health file of the officer
- Depending on regional/local legislation/organization

6. Which authorities did they issue the recommendations/requirements? (more than one answer permitted)

- Ministry of Health
- Ministry of Interior
- Ministry of Foreign Affairs
- Border guarding authorities/services
- Police Services
- Other (Please specify)

[Click here to enter text.](#)

7. Please provide the references for the main document(s) in the original language along with the English translation ONLY for the title. Please also specify if they are public or classified/restricted. If it is possible please, hereby include (if available) the respective link (download).

[Click here to enter text.](#)

8. Please provide any useful comment for further clarification to your answers in section B.

[Click here to enter text.](#)

9. Section C. Vaccination for police officers deployed in the EU context (e.g. for FRONTEX JOs)

Is there an official recommendation/requirement for vaccination for police officers deployed in the EU context (e.g. for FRONTEX JOs)

- Yes
- No (If no, move to question number 14.)

10. Please provide for each vaccination any specific (not for the general population) recommendation or requirement for the police officers deployed in the EU context (e.g. for FRONTEX JOs)

	No recommendation exists	Recommended because working as police officer (occupational health)	Mandatory because working as police officer (occupational health)	Recommended/Mandatory only for certain area of the country or in special condition or duties (if yes, provide more details in the comment field)	Police Services
Diphtheria					
Hepatitis A					
Hepatitis B					
Human papillomavirus (HPV)					
Influenza					
Measles					
Mumps					
Neisseria meningitis ACWY					
Neisseria meningitis B					
Neisseria meningitis C					
Pertussis					
Pneumococcal conjugate vaccine (PCV)					

Pneumococcal Polysaccharide Vaccine (PCV)					
Polio					
Rubella					
Tetanus					
Tick borne encephalitis (TBE)					
Tuberculosis					
Varicella					
Cholera					
Rabies					
Japanese encephalitis					
Typhoid					
Yellow Fever					

11. Is the vaccination status demonstrated with a certificate/vaccination card for police officers deployed in the EU context (e.g. for FRONTEX JOs)? (more than one answer permitted)

- No, it is not requested
- No, the information is collected without any request of proof
- Yes, it is requested the vaccination card/certificate of vaccination
- Stored in the personal health file of the officer
- Depending on regional/local legislation/organization

12. Which authorities did they issue the recommendations/requirements for police officers deployed in the EU context (e.g. for FRONTEX JOs)? (more than one answer permitted)

- Ministry of Health
- Ministry of Interior
- Ministry of Foreign Affairs
- Border guarding authorities/services
- Police Services
- Other (Please specify)

Click here to enter text.

13. Please provide the references for the main document(s) in the original language along with the English translation ONLY for the title. Please also specify if they are public or classified/restricted. If it is possible please, hereby include (if available) the respective link (download).

Click here to enter text.

14. Please provide any useful comment for further clarification to your answers in section C.

Click here to enter text.

15. Section D. Vaccination for police officers assigned to return/ readmission operations to outside the EU

Is there an official recommendation for vaccination for police officers assigned to return/readmission operations to outside the EU?

- Yes
- No (If no, move to question number 20)

16. Please provide for each vaccination any specific (not for general population) recommendation or requirement for police officers assigned to return/ readmission operations to outside the EU.

	No recommendation exists	Recommended because working as police officer (occupational health)	Mandatory because working as police officer (occupational health)	Recommended/Mandatory only for certain area of the country or in special condition or duties (if yes, provide more details in the comment field)	Police Services
Diphtheria					
Hepatitis A					
Hepatitis B					
Human papillomavirus (HPV)					
Influenza					
Measles					
Mumps					
Neisseria meningitis ACWY					
Neisseria meningitis B					
Neisseria meningitis C					
Pertussis					
Pneumococcal conjugate vaccine (PCV)					
Pneumococcal Polysaccharide Vaccine (PCV)					
Poliomyelitis					
Rubella					
Tetanus					
Tick borne encephalitis (TBE)					
Tuberculosis					
Varicella					
Cholera					
Rabies					
Japanese encephalitis					
Typhoid					
Yellow Fever					

17. Is the vaccination status demonstrated with a certificate/vaccination card for police officers assigned to return/ readmission operations to outside the EU? (more than one answer permitted)

- No, it is not requested
- No, the information is collected without any request of proof
- Yes, it is requested the vaccination card/certificate of vaccination
- Stored in the personal health file of the officer
- Depending on regional/local legislation/organization

18. Which authorities did they issue the recommendations/requirements for police officers assigned to return/readmission operations to outside the EU? (more than one answer permitted)

- Ministry of Health
- Ministry of Interior
- Ministry of Foreign Affairs
- Border guarding authorities/services
- Police Services
- Other (Please specify)

Click here to enter text.

19. Please provide the references for the main document(s) in the original language along with the English translation **ONLY** for the title. Please also specify if they are public or classified/restricted. If it is possible please, hereby include (if available) the respective link (download).

Click here to enter text.

20. Is there any specific procedure for the evaluation of the risks in the area of infectious diseases for the officer assigned to return/ readmission operations to outside EU in order to produce individual recommendation (e.g. travel medicine, epidemic intelligence)?

- No
- Yes (if yes, please specify)

Click here to enter text.

21. Please provide any useful comment for further clarification to your answers in section D.

Click here to enter text.

22. Section E. Comments on regional/local variability

The survey is designed to collect recommendations/requirements at national level. Is there a regional/local variability of these procedures in your country or other information that you would like to report in this section?

Click here to enter text.

23. Section F. General comments to the context of this survey

The survey ends at this point. We hereby give you the possibility to write any comment on the information you provided above, in order to allow us perform a better and more accurate analysis based on the results. Please use this space also to inform us about initiatives in your country related to vaccination of the police officers working in their home Member State on daily routine or deployed in European context or assigned to return/readmission operations to outside the EU.

Click here to enter text.

Section G. Glossary for the survey

Police officer: Synonym for all relevant officers of Frontex national partner authorities, therefore encompassing police officers, border guards and other related law enforcement personnel equally;

Deployed officer: officer engaged and deployed to Frontex operational activities and/or any other Frontex coordinated activity, administered by the Operational Resource Management System (OPERA) and therefore member of the European Border and Coast Guard teams (EBCGT pool);

Police officer assigned to return operations: any officer engaged with return and/or readmission activities either on national or on European level;

Mandatory vaccination: A vaccine is defined as mandatory if every officer must receive it by law without the possibility to choose to accept the uptake or not, regardless of whether a legal or economical or other kind of implication exists for the refusal;

Recommended vaccination: A vaccination is recommended when included in the national immunisation programme or any national official document dedicated to vaccination of the officer independent of being funded or partially funded or not funded.

Annex 2: Glossary for the survey

Police officer: Defining all relevant officers of Frontex national partner authorities, therefore encompassing police officers, border guards and other related law enforcement personnel equally;

Deployed officer: officer engaged and deployed in Frontex operational activities and/or any other Frontex coordinated activity, administered by the Operational Resource Management System (OPERA) and therefore a member of the European Border and Coast Guard teams (EBCGT pool);

Police officer assigned to return operations: any officer engaged with return and/or readmission activities at either a national or a European level;

Mandatory vaccination: A vaccine is defined as mandatory if every officer must receive it by law, regardless of any legal or economic reason for refusal;

Recommended vaccination: A vaccination is recommended when included in the national immunisation programme or any national official document dedicated to vaccination of officers, either totally or partially refunded, or not refunded.



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