
ŠSSFD Position paper: "Vaccine Equity"

The Students' section of the Slovenian Pharmaceutical Society (ŠSSFD) is the national association representing numerous pharmacy, laboratory biomedicine, cosmetic science, and industrial pharmacy students in Slovenia. ŠSSFD recognizes the importance of equity in distribution and access to vaccines as an essential step in combating the SARS-CoV-2 pandemic and increasing vaccination rates against other vaccine-preventable diseases.

During the COVID-19 vaccination campaign, the Slovenian government has primarily addressed vaccine equity in physical accessibility by reorganizing healthcare centers and establishing mobile units. All COVID-19 vaccines are free and available to citizens with permanent or temporary residence and those employed in Slovenia, regardless of whether they are insured (1). Those without insurance (e.g., applicants for international protection and refugees) have to provide a social security number upon registration. The same principle stands for other mandatory vaccinations covered by health insurance or the state budget for those without insurance. With that in mind, ŠSSFD concludes that low vaccination rates for COVID-19 (below 60% at the beginning of April (2)) are not a consequence of uneven access. Surveys show that low vaccination rates could be linked to the media's lack or poorly coordinated flow of information about vaccine safety and efficacy. ŠSSFD suspects other sources contributing are information overflow, and lack of counseling services, especially in rural areas.

ŠSSFD recognizes the Slovenian government's effort to donate the excess doses of vaccines to ensure collective immunity at the global level. Slovenia has donated approximately 1,4 million vaccine doses to the COVAX mechanism alongside financial aid worth 500.000 € until the end of March (3). Slovenia was one of the eight-member countries of the European Union that joined the initiative to donate vaccines to low-income economies such as Syria, Egypt, and the countries of Southeast Asia (4).

Acknowledging the importance of high vaccination rates for vaccine-preventable diseases, ŠSSFD is satisfied with Slovenia's strategy and statistics related to the area. The national vaccination strategy is drawn up each year by the National Institute of Public Health ([NIJZ](#)) and approved by the health ministry. The current program provides mandatory vaccinations for preschool children for diphtheria, tetanus, pertussis, Haemophilus influenzae, mumps, measles, hepatitis B, poliomyelitis, and rubella. Optional vaccinations include vaccines against tick-borne meningoencephalitis, pneumococcal infections, and human papillomavirus infections (HPV) for girls in primary school (5). According to data acquired from the National Institute of Public Health in 2020, Slovenia has relatively high mandatory vaccination rates targeted at around 95% for vaccine-preventable diseases in preschool children (diphtheria, tetanus, pertussis, poliomyelitis, and Haemophilus influenzae b - 95,2%, measles, mumps, and rubella - 94,3% and HPV - 49,8%). In contrast, vaccination rates for optional vaccinations (HPV, tick-borne meningoencephalitis) are low. ŠSSFD sees an opportunity for improvement in establishing classes for young parents to guide and counsel instead of just providing them with reading material such as brochures (6).

ŠSSFD acknowledges the role of pharmacists' as one of the most accessible healthcare professionals spreading awareness about the importance of vaccines with the potential to increase vaccination rates. In Slovenia, legal provisions are not currently in place for pharmacists to vaccinate; however, the Slovene Chamber of Pharmacy ([LZS](#)) recently started a campaign to support influenza vaccination in community pharmacies as it has been a common practice in some European countries. The leading cause was the low vaccination rate for influenza in Slovenia (around 6,8% season of 2019/20). Expanding vaccination services to community pharmacies is crucial in lowering the incidence rate of vaccine-preventable diseases. Such actions bring substantial benefits because of accessibility (even distribution of pharmacies in rural and urban areas with one pharmacy for approximately 6000 people), no need for appointments, professional counseling, and promotion of vaccination, and easier control of side effects. The pilot project started in November 2021 in approximately 10 to 15 community pharmacies. The project results are promising and will probably lead to legislative amendments to enable pharmacists' involvement in vaccination and expansion to other vaccine-preventable diseases (7).

To do our part, ŠSSFD designed a task force in collaboration with medical students associations by designing infographics about vaccine safety, efficacy, and importance in different populations (children, pregnant women, elderly, patients) during the pandemic. We think vaccination programs are a complex task possible only with better coordination between the government, non-governmental organizations, media, and healthcare professionals (doctors, nurses, pharmacists).

References:

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