Expert Panel on Compulsory Vaccinations of Premature Babies in Poland

Fundacja Wczesniak Rodzice-Rodzicom - On 3rd July 2012, the Expert Panel dedicated to compulsory vaccinations of premature babies took place on the initiative of the Premature Baby Foundation (Fundacja Wcześniak). The discussion was led by Prof. Maria Katarzyna Borszewska-Kornacka, the President of Polish Neonatal Society and Voivodship Consultant in Neonatology for Mazovian voivodship. Expert Panel was participated amongst other by National Consultant in Pediatrics, Neonatology, President of Polish Society of Vaccinology, Voivodship Consultant in Immunology.

Prof. Maria Katarzyna Borszewska-Kornacka, the President of Polish Neonatal Society and Voivodship Consultant in Neonatology for Masovia voivodship drew differences between the compulsory vaccination schedule in Poland and Europe, concerning especially:

• compulsory pneumococcal conjugate vaccinations for all children,
• acellular pertussis vaccinations.

In Poland there is the National Health Programme for the years 2007-2015, in which a newborn and the prevention of prematurity as well as low birth weight are of priority. However, there is still a lack of complex solutions and effective programmes, even those supporting parents of premature babies. A part of the gap is filled by nongovernmental organizations such as the Premature Baby Foundation Parents for Parents (Fundacja Wcześniak Rodzice-Rodzicom).

Panel discussion served the recommendation provided by Polish body of experts as well as by the American Academy of Pediatrics and the CDC (Centers for Disease Control) which shows the necessity to vaccine prematurely born babies at the same as babies born on time.

The vaccination schedule of newborns who are significantly premature, that is born between 23. and 32. weeks of gestation, developed by Prof. Maria K. Borszewska-Kornacka and created in the Clinic of Neonatology and Intensive Neonatal Care, Medical University of Warsaw met with the approval of the both national consultants participating in the discussion as well as of the rest of participants. Thus, we recommend vaccinations of premature babies according to chronological age, with the same, that is full doses. Additionally, conjugate vaccinations are recommended chosen willingly also by a wealthier group of parents. Therefore, these vaccinations should be refund by the Ministry of Health. Experience of the Clinic of Neonatology and Intensive Neonatal Care, Medical University of Warsaw shows that children born between the 27. and 32. week of gestation can receive the first vaccinations DTP-a-HBV-IPV-HIB, PCV (they receive hepatitis B in the first 24 hours) even as soon as in the 8. week of life. More premature newborns are vaccinated in the 80. or, unfortunately, even in the 100. day of life. It is safe to administer the aforementioned vaccinations in the neonatal unit (in the ICU or Neonatal Pathology Unit). There is the possibility of observation as long as for several days after the vaccination (the American Academy of Pediatrics recommends 48 hours of such a observation). Vaccination adverse events do not occur more often in premature babies than in babies born on time. The following are the most often ones: apnoeas, bradycardia and desaturations. More dangerous complications are avoided because those babies receive the first vaccinations during the hospitalization enabling to monitor biological parameters. There remains to consider the possibility to perform next vaccinations during a one day hospitalization, especially in the children in whose complications after the first vaccination have been observed. While developing a new vaccination schedule for the year 2013, it also seems advisable to settle the principles of compulsory hepatitis B vaccinations. Savings can be made by performing tests in all pregnant women.

In the view of the National Consultants in Pediatrics and Neonatology as well as experts in the area of immunology and public health, and first of all, pediatric neurologists present on the meeting, there is no reason for the qualification for stable treatment of a prematurely born baby by a pediatric neurologist.

The participants of the Panel Meeting expressed a consistent opinion regarding the necessity to expand the prevention against RSV infection. Today the Agency of the Evaluation of the Medical Technology is responsible for a significant limitation of the group of premature babies qualified for this prophylaxis every year.
The representative of the Ministry of Health, Mrs Joanna Kujawa, assured the participants of the meeting that the resort is fully open to take into consideration suggestions and opinions of the experts which should be passed as soon as possible, which will enable development of logistics of the vaccination programme for the year 2013. Mrs Joanna Kujawa assured the participants about financial support of conjugate vaccinations.

All participants of the Expert Panel is asking the Ministry of Health to urgently acknowledge prematurely born newborns as a basic risk group to indicate them to definitive acellular pertussis vaccine, and introduce to the vaccination schedule for the year 2013 the following:

1. conjugate vaccines for premature babies
2. pneumococcal vaccinations for all babies
3. a modification of tuberculosis vaccinations liberalizing an absolute limit of body weight of 2000 g and the possibility to perform a vaccination on the day of discharging a premature baby home (also with body weight of 1800 g or 1900 g)

The participants of the Expert Panel find essential to complete the vaccination schedule with an attachment showing the necessity of:

- vaccination of prematurely born babies according to chronological age with providing indicative and safe time of vaccine administration depending on the baby's maturity at the time of birth;
- administration of the first vaccinations (BCG, hepatitis B, DTP-a-HBV-IPV-HIB, PCV – 6- or 5-valent highly conjugated at the best) in stable babies born earlier than in the 32. week of gestation a few days before discharging them from the neonatal department. Such a strategy will enable to reduce considerable delays (even by 40 weeks) in beginning vaccinations in premature babies actually observed.

The participants of the meeting committed themselves to spread the knowledge concerning the aim and safety of vaccinations in prematurely born babies relaying on help guaranteed by local authorities.