Routine immunization profile **Slovakia**



Progress towards achieving European Vaccine Action Plan goals, 2017

Goal	Indicator	Status	Goal	Indicator	Status
1	Sustain polio-free status ^a (Current risk)	Yes (Low)	4	Meets vaccination coverage targets DTP3 national immunization coverage ≥95% ^d ≥90% DTP3 coverage achieved in ≥90% of districts ^e	Yes Yes Yes
	Measles elimination status ^b	Eliminated	5	Make evidence-based decisions about introduction of new vaccines*e	Yes
2	Rubella elimination status ^b	Eliminated		3	NITAG made a recommendation about PCV NITAG made a recommendation about RV NITAG made a recommendation about HPV
3	Control hepatitis B infection ^c	Validation pending	6	Achieve financial sustainability of the national immunization programme**	Yes

^{*}New vaccines introduced or not introduced based on NITAG evidence-based recommendations

Demographic, income and health expenditure summary, 2017

Total Population ^f	5 447 662
Live births	56 510
Surviving infants	56 219
<5 years	280 142
<15 years	837 239
Neonatal mortality rate (per 1000 live births) ^f	2.8
Infant mortality rate (per 1000 live births) ^f	4.6
Number of districts ^e	79
GNI (per capita, in USD) ^g	16 650
Health spending as % of total government expenditure ^g	12

Immunization schedule, 2017e

Birth	HepB_Pediatric
2M	DTaPHibHepBIPV, PCV
4M	DTaPHibHepBIPV, PCV
10M	DTaPHibHepBIPV, PCV
14M	MMR
5Y	DTaPIPV
10Y	MMR
12Y	DTaPIPV
30Y	Td



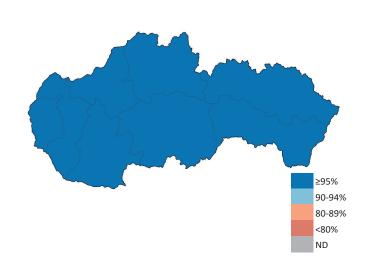
 $[\]hbox{**Country self-sufficient for procuring routine vaccines}$



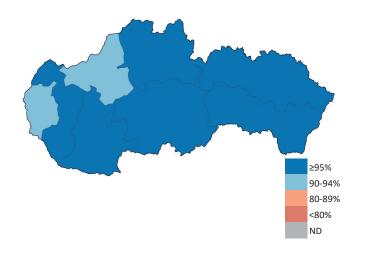
Vaccine coverage estimates, 2013-2017^d

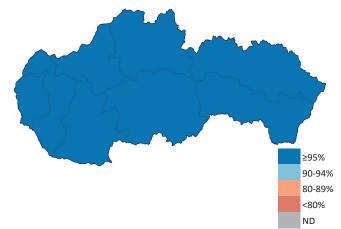
	2013	2014	2015	2016	2017
BCG	NR	NR	NR	NR	NR
HepB-BD	ND	ND	ND	ND	ND
DTP1	99	99	99	99	99
DTP3	98	97	96	96	96
HepB3	98	97	96	96	96
Hib3	98	97	96	96	96
Pol3	98	97	96	96	96
PCV3	98	96	96	96	96
Rotac	NR	NR	NR	NR	NR
RCV1	98	97	95	95	96
MCV1	98	97	95	95	96
MCV2	99	98	98	97	97
	100		50		0 ND NR

DTP3 reported coverage by subnational area[†], 2017^e



MCV1 reported coverage by subnational area[†], 2017^e MCV2 reported coverage by subnational area[†], 2017^e





Number of reported cases of vaccine-preventable diseases, 2013-2017^e

	2013	2014	2015	2016	2017
Measles	0	0	1	0	7
Mumps	218	1559	1707	203	29
Rubella	0	0	0	0	0
Congenital rubella syndrome	0	0	0	0	0
Diphtheria	0	0	0	0	0
Tetanus	0	0	0	0	-
Pertussis	907	1123	334	289	191
Hepatitis A	204	735	883	1366	673
Varicella	18 385	16 910	17 745	22 962	18 102

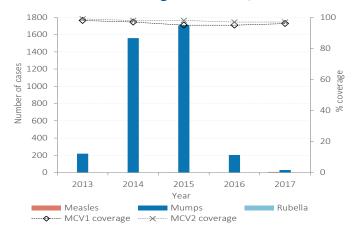
Surveillance with laboratory confirmation of cases, $2017^{\rm e}$

Measles	Yes
Rubella	Yes
Congenital rubella syndrome	Yes
Rotavirus	No
Invasive meningococcal disease	No
Invasive pneumococcal disease	No
Invasive <i>Haemophilus influenzae</i> disease	No

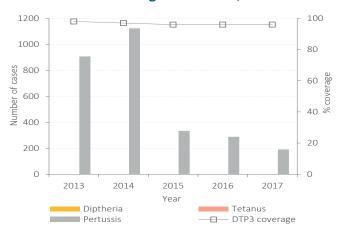
Note: Case-based surveillance (with laboratory confirmation of cases) assessed for measles, rubella, and congenital rubella syndrome. Hospital-based sentinel surveillance and/or population-based surveillance (both with laboratory confirmation of cases) assessed for rotavirus, invasive meningococcal disease, invasive pneumococcal disease, and invasive *Haemophilus influenzae* disease.



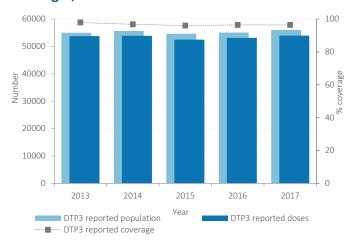
Number of reported measles, mumps and rubella cases^e and MCV coverage estimates^d, 2013-2017



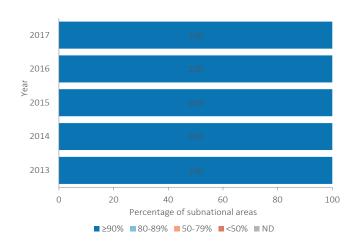
Number of reported diphtheria, tetanus and pertussis cases^e and DTP3 coverage estimates^d, 2013-2017



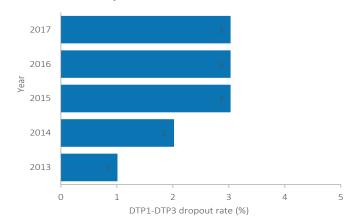
Reported target population, reported number of DTP3 doses administered and DTP3 reported coverage^e, 2013-2017



Percentage of districts by DTP3 reported coverage^e, 2013-2017



DTP1-DTP3 dropout rate, 2013-2017d



Note: Dropout rate is calculated using WUENIC

Immunization system characteristics, 2017

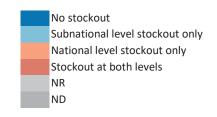
Sustained access to WHO accredited polio, measles, and rubella laboratories NITAG in place that meets six WHO criteria Yes National system in place to monitor AEFIs Yes Communication plan in place to respond to vaccine safety-related events No safety-related events Yes Vaccine hesitancy assessment performed within last 5 years Mandatory proof of immunization at school entry No		
National system in place to monitor AEFIs ^e Ves Communication plan in place to respond to vaccine safety-related events ^e Vaccine hesitancy assessment performed within last 5 years ^e	Sustained access to WHO accredited polio, measles, and rubella laboratories ^h	Yes
Communication plan in place to respond to vaccine safety-related eventse Vaccine hesitancy assessment performed within last 5 years e	NITAG in place that meets six WHO criteria ^e	Yes
Vaccine hesitancy assessment performed within Yes last 5 years ^e	National system in place to monitor AEFIs ^e	Yes
last 5 years ^e	Communication plan in place to respond to vaccine safety-related events ^e	No
Mandatory proof of immunization at school entry ^e No	Vaccine hesitancy assessment performed within last 5 years ^e	Yes
	Mandatory proof of immunization at school entry ^e	No

Note: The six WHO NITAG criteria are 1. legislative or administrative basis for the advisory group; 2. formal written terms of reference; 3. at least five different areas of expertise represented among core members; 4. at least one meeting per year; 5. circulation of the agenda and background documents at least one week prior to meetings; 6. mandatory disclosure of any conflict of interest



Vaccine stockouts by administrative levele, 2013-2017

BCG NR NR NR NR	NR
DTP No Subnational Subnational Subnational Subnat	tional
HepB No Subnational Subnational Subnational Subna	tional
Hib No Subnational Subnational Subnational Subna	tional
Pneumo No Both Both No	No
Rota NR NR NR NR	NR
OPV NR NR NR NR	NR
IPV No Subnational Subnational Subnational Subnational	tional
Measles No No No Subnational Subna	tional
HPV * * * NR	NR
TT No No No ND	ND



Abbreviations

AEFI	Adverse event following immunization	MCV1	measles-mumps-rubella vaccine, first dose
BCG	Bacille Calmette-Guerin vaccine for tuberculosis	MCV2	measles-mumps-rubella vaccine, second dose
CRS	congenital Rubella Syndrome	MMR	measles-mumps-rubella vaccine
DT	diptheria-tetanus-containing vaccine	ND	Data not available
DTP	diptheria-tetanus-pertussis-containing vaccine	NITAG	National Immunization Technical Advisory Group
DTP1	diphtheria-tetanus-pertussis-containing vaccine, first dose	NR	Not relevant as vaccine not included in immunization schedule
DTP3	diphtheria-tetanus-pertussis-containing vaccine, third dose	OPV	oral polio vaccine
GNI	Gross national income	PCV	pneumococcal conjugate vaccine
НерВ	hepatitis B	PCV3	pneumococcal conjugate vaccine , third dose
НерВ	hepatitis B vaccine, third dose	Pol3	polio-containing vaccine, third dose
НерВ	BD hepatitis B vaccine, birth dose	RCV1	rubella-containing vaccine, first dose
Hib	Haemophilus influenzae type b	Rotac	rotavirus vaccine-complete series
Hib3	Haemophilus influenzae type b vaccine, third dose	Td	tetanus-diphtheria-containing vaccine
HPV	human papillomavirus	TT	tetanus toxoid vaccine
IPV	inactivated polio vaccine	W,M,Y	Weeks, Months, Years
MCV	measles-containing vaccine		

Data sources

- a European Regional Commission for Certification of Poliomyelitis eradication (RCC) meeting report: www.euro.who.int/32ndRCC
- b European Regional Verification Commission for Measles and Rubella Elimination (RVC) meeting report: www.euro.who.int/7thRVC
- c European Vaccine Action Plan 2015-2020 Midterm report
- $d \\ WHO/UNICEF \ Estimates \ of \ National \ Immunization \ Coverage \ (WUENIC): (http://www.who.int/immunization/monitoring_surveillance/data/en/)$
- e WHO/UNICEF Joint Reporting Form on immunization (JRF)
- f World Population Prospects: The 2017 Revision, New York, United Nations
- g World Bank, World Development Indicators
- h Polio Laboratory Network: www.euro.who.int/poliolabnetwork & Personal communication based on annual accreditation process of the European Measles and Rubella Laboratory Network

Map disclaimer

† The boundaries and names shown and the designations used on the maps do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

^{*}Data on HPV stockouts have only been collected in JRF since 2016