



Dutch National Immunisation Programme (NIP)

The RIVM continuously monitors the effectiveness and safety of the NIP in order to keep the programme optimal.

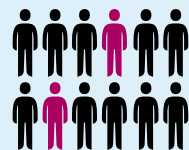
Introduction of target disease into the NIP

- 1957 Diphtheria (D)
- Pertussis (Pe)
- Tetanus (T)
- Polio (Po)
- 1974 Rubella (R)
- 1976 Measles (Me)
- 1987 Mumps (Mu)
- 1993 Haemophilus influenzae type b (Hib)
- 2002 Meningococcal C (MenC) disease
- 2006 Pneumococcal (Pneu) disease
- 2009 Human papillomavirus (HPV)
- 2011 Hepatitis B (HepB)



National Institute for Public Health and the Environment
Ministry of Health, Welfare and Sport

Highlights in the NIP surveillance



Area 1 - Surveillance of vaccination uptake

National vaccination coverage data

2014 - 2015

- > 94% of newborns is vaccinated
- Uptake for MMR-2 is below the WHO-target of 95%
- Uptake for HPV (2 doses) increased to 61%

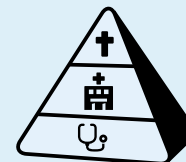


Area 2 - Surveillance of adverse events

Enhanced spontaneous reporting of adverse events following immunisation

2014 - 2015

- Decreased number of reported adverse events

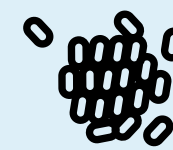


Area 3 - Disease surveillance

Notifications by law, mortality, hospital admissions and general practitioner consultations

2014 - 2015

- Disease burden highest for invasive pneumococcal disease (IPD)
- Reduced number of IPD after introduction of 10-valent PCV
- Increased pertussis incidence



Area 4 - Pathogen surveillance

Laboratory data

2014 - 2015

- Increase in circulating pertactin-deficient pertussis strains



Area 5 - Immunosurveillance

Seroprevalence data from a representative sample

2014 - 2015

- People vaccinated against diphtheria remain protected for long time
- The design of a new seroprevalence survey (Pienter3) got approval of the medical ethical committee

Vaccinations

