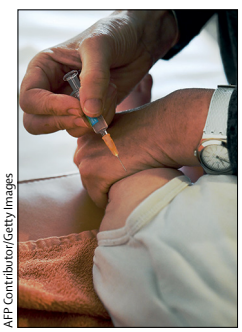
Addressing decreasing vaccine coverage in the EU



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In recent years, the European Union (EU) has seen large outbreaks of vaccine-preventable diseases such as measles due to declining vaccine coverage, supply shortages, and growing vaccine hesitancy. To address the challenges facing vaccination programmes, the European Commission set an ambitious goal: to put together a Recommendation to strengthen cooperation against vaccine-preventable diseases in EU countries. A roadmap for the Recommendation was published on Dec 4, 2017, and was opened for public consultation for 4 weeks. The European Academies Science Advisory Council (EASAC) and the Federation of European Academies of Medicine (FEAM) publicly responded to the roadmap on April 19.

EASAC and FEAM warned the European Commission against a one-size-fits-all approach. They state that solutions to improve vaccine coverage need to be tailored to each member state, and that the proposal to align and coordinate vaccination schedules in the member states will most likely be "an enormous and futile effort". The Recommendation should recognise that not all vaccines are of equal relevance for public health and individual protection, and should include a priority list for vaccines that are in high need. It should present strategies to invest in research and innovation for vaccines that need improvement. Furthermore, to tackle vaccine hesitancy with optimal communication approaches, the input of social scientists will be essential. EASAC and FEAM also call for the establishment of a European vaccination card and registry, to track vaccination status across the EU, and a monitoring system for vaccine shortage.

The Recommendation has the potential to be momentous, bringing together EU member states in a common goal towards better vaccine coverage. As we went to press, a proposal for the Recommendation was scheduled to be published on April 26. The European Commission should take heed of the medical community's feedback to clarify the scope and aims of the proposal, or risk continuing to lose the gains for public health brought by immunisation in Europe. ■ *The Lancet*

For the **European Commission's roadmap** see https://ec.europa.eu/info/law/better-regulation/initiatives/ares-2017-5925775_en

For **EASAC and FEAM's commentary** see https://easac.eu/fileadmin/PDF_s/reports_statements/Vaccination/EASAC_FEAM_Commentary_on_Vaccines_April_2018_FINAL.pdf

Solitary confinement of children and young people

Amelie-Benoist/BSIP/Science Photo Library

Last week, in a joint statement, the British Medical Association (BMA), the Royal College of Psychiatrists, and the Royal College of Paediatrics and Child Health called for an end to the solitary confinement of children and young people held in UK detention facilities. According to a survey from the HM Inspectorate of Prisons, 38% of boys detained in the UK have spent time in solitary confinement, physically and socially isolated from others, with almost no purposeful interaction or environmental stimuli, for periods that can stretch for up to 80 days. Worsening staff shortages and increased violence within the youth justice system have also led to growing numbers of children held in their cells for over 22 h a day—conditions of informal solitary confinement.

The damaging effect of isolation on children is unequivocal. Solitary confinement of young people, at a critical phase of neurological, physiological, and social development, has a serious risk of long-term developmental impairment and psychological harm. The practice is known to be associated with increased risk of suicide and self-harm, and there is evidence that it creates problems with reintegration, failing to tackle the root causes of disruptive or violent behaviour.

The BMA also published guidance for doctors working within the youth justice system until this ban is enacted, reiterating that their primary duty is to the young person. Prison doctors should never certify someone as fit for solitary confinement, and have a duty to visit regularly, typically daily, and carefully monitor those subject to this practice, raising concerns about any negative impact on their health and wellbeing.

Despite a growing international consensus—from groups including the UN Committee on the Rights of the Child and the European Committee for the Prevention of Torture—that solitary confinement should never be used for children or young people, the practice is widespread not only throughout the UK youth justice system, but in many other systems worldwide. In order to end this damaging practice, non-solitary options must be prioritised, and given the resources and staff required to end the damaging and futile isolation of vulnerable young people. ■ *The Lancet*

For more on the **joint statement** see https://www.bma.org.uk/collective-voice/policy-and-research/equality/the-medical-role-in-solitary-confinement/our-joint-position-statement-on-the-medical-role-in-solitary-confinement

For more on the **guidance for doctors working in the youth justice system** see https://www.bma.org.uk/collective-voice/policy-and-research/equality/the-medical-role-in-solitary-confinement