

Editorial note: Dear colleagues! We continue introducing opinions of the leading specialists in the sphere of infectious diseases and vaccination on the issues of pneumococcal infection and vaccination abroad. In this issue we present to you an interview with Zsófia Mészner – MD, Professor of children's infectious diseases and pediatrics at the Faculty of Medicine of the Budapest University.

Zsofia Meszner

National Institute of Child Health, Hungary

Pneumococcal infection in Hungary

Author affiliation:

Zsofia Meszner, MD, PhD, Professor of Pediatric Infectious Diseases and Pediatrics, Medical Department Budapest University, Hungary

Address: H-1123 Budapest, Diyszegi st. 64. Hungary, e-mail: zmeszner@gmail.com

Recieved: 24.01.2014. **Accepted for publication:** 24.02.2014

— *When Pneumococcal conjugated vaccine (PCV) was introduced in your country into National Immunization program (NIP)?*

— The decision was made in 2008, starting from the 1st of November that year.

— *What is the schedule of PCV vaccination? How many different vaccines are administered to the child during one visit?*

— At the beginning we used the 3 + 1 schedule, that is at 2, 3, 4 months and at 18 months. As the take up was rather quick, and we could reach over 80% of all eligible infants by April 2009, a 2 + 1 schedule was introduced (2, 4 months and 15 months). On average, max 2 shots/visit were done (DaPT-IPV-Hib + PCV).

— *What were the main reasons for PCV introduction?*

— Pediatricians in general practice expressed their opinion at several forums, because the PCV7 vaccine was available since 2004 on the private market, but was too expensive for the average patient, and that was the reason for the introduction on a voluntary base, but free for the families as the costs to it. A passive, lab based surveillance has also been introduced along with the immunization program.

— *What PCV vaccine is used in NIP (no brand names)? What is the rationale for choose of this particular vaccine?*

— At first, in 2008 and 2009 only PCV7 was available. Later on our data from the surveillance showed serotype 3 and 19A as a problem, so therefore PCV13 could be chosen.

— *How the new vaccination was accepted by parents and general public?*

— Generally exceptionally well, but from the start there had been antivaccine rumors and activities. Fortunately, the majority of the parents welcome this prevention possibility!

— *How does mass media demonstrate value of vaccines? Has your country a problem with antivaccination organizations?*

— The antivaccination movement is present, but not yet as a major problem. The mass media gives space to them, but is in favour of immunization — thanks to God...

— *Have you implement any special education program for physicians and/or public about pneumococcal diseases and vaccination?*

— In Hungary CME Continuous Medical Education is in place, and every doctor has to earn credit points — Pneumococcal disease and its prevention is part of the scientific program on these courses. The same is true for nurses and pharmacists CME courses.