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Reply to letter to the Editor from S. C. Arya and N. Agarwal

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We thank the authors Arya and Agarwal [1] for their interesting ideas on linking special events like birthdays and Christmas to increase immunisation coverage. This type of action may indeed be useful, where logistic and financial barriers hinder compliance and it is presumed that people have no negative attitude towards vaccination. This may be the case in many underdeveloped countries. In industrialised countries, however, and especially in Switzerland and Germany, the reasons for low vaccine acceptance predominantly include concerns regarding vaccine efficacy, vaccine overload, fear of adverse effects, low risk perception, personal conviction that natural infection is beneficial, use of complementary medicine and distrust of the pharmaceutical industry and of the government [2–7].
In Switzerland, during the European Immunization Week 2013, MMR-vaccinations were offered at a reduced price at a well-known travel centre in Canton Zurich. Only two people came to be vaccinated.
As part of the initiative to eliminate measles in Switzerland by 2015, the Federal Office of Public Health, together with the health departments in the 26 cantons, have developed a strategy targeting different segments of the population that include, among others, a nation-wide information campaign via the media, clear guidelines for the schools and daycare centres in case of a measles outbreak (children not vaccinated will be excluded for 21 days), and that the cost of MMR-vaccination for adults will be covered by health insurance for a limited period [8]. Strategies that should also be promoted are school-based vaccinations, vaccination offered to new military recruits and a restructuring of the medical education curriculum for health care providers. Our analysis in another study showed that adolescents living in cantons that do vaccinate in the schools with the help of school nurses have higher MMR-vaccine coverage than those living in cantons without this service [9]. In Switzerland, all teenage boys 18 years of age are required to enlist in the military; this would be the last easy opportunity to administer catch-up vaccinations. Because doctors are the most important source of information regarding vaccination for parents, and some health-care providers do advise patients against vaccination or postponing it, the medical educational curriculum should be re-structured with emphasis on the importance of immunisation. This would ensure more support from health professionals as they would be more assertive in promoting vaccinations to their patients [3, 7, 10].
Measles vaccination coverage is currently 89% at two doses for adolescents 16 years of age, 77% for young adults' ages 20–29 years and 49% for those between 17–42 years living in Switzerland [11–13]; coverage of 95% is needed to eliminate measles. More efforts are needed to achieve this goal: to change the attitudes and perceptions of the general public and health-care professionals by improving their knowledge, which cannot be realised in such a short time.

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Letter to the Editor:
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