

Interoperability of IIS in the EU

Findings from EU-JAV Work Package 5: Strengthening IIS Interoperability in Europe

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AIB Technical Meeting 2026: Vaccine records and recall systems in Europe to strengthen adult vaccination

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WP5: Immunisation information systems to strengthen surveillance of vaccine coverage

- Core mission: delivering and sharing concrete tools for stronger national responses to vaccination challenges
- Strengthening European cooperation
- Strengthening interaction of IIS
- Improving vaccine data systems, supply management, and research collaboration
- Increasing public trust in vaccines
- Assess the interoperability of immunization information systems in Europe
- Develop a tool to estimate vaccine coverage data
- Develop an online platform to visualize and share the data
- Conduct a feasibility study for a coordinated cross border MMR vaccination campaign
- Study reminder systems

Methods

- Two surveys in 20 countries
- **Survey 1** (2019, repeated 2022, 17 responded)
 - adapted from ECDC 2017 survey¹
 - IIS implementation status, data quality, data collection
- **Survey 2** (2022, 10 responded)
 - focused on interoperability and cross-border data exchange capabilities compliance with the European Interoperability Framework (EIF)²
 - interoperability across technical, semantic, and organizational levels
 - barriers and enablers for cross-border health data exchange

1) European Centre for Disease Prevention and Control. Immunisation information systems in the EU and EEA - Results of a survey on implementation and system characteristics. Stockholm: ECDC; 2017

2) European Commission. New European Interoperability Framework: Promoting seamless services and data flows for European public administrations. Luxembourg: Publications Office of the European Union; 2017.

Main findings

Implementation landscape:

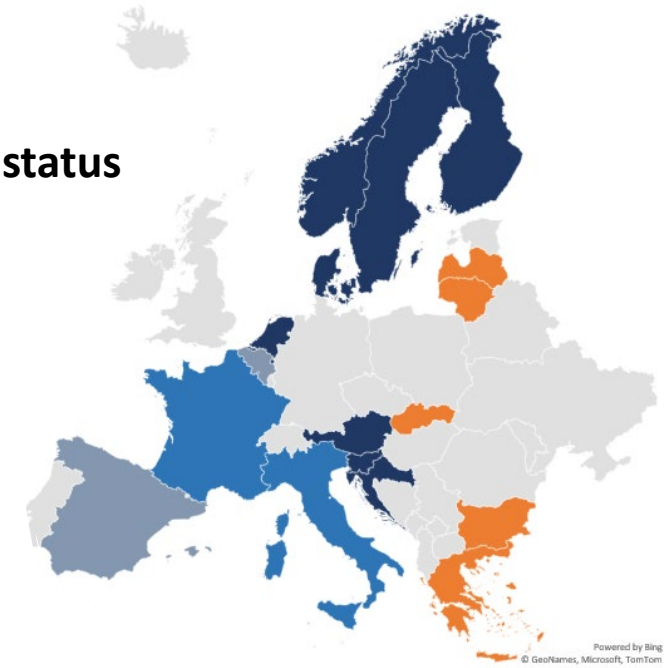
- **10/17 countries** operational IIS (8 national, 2 regional: Italy, Spain), **2** in pilot phase, **5** without IIS
- **COVID-19 acceleration:** Austria and Croatia have developed new systems 2019 -> 2022, Spain created REGVACU, Belgium scaled Vaccinnet

Data quality and coverage:

- **Completeness:** 60-95% for routine vaccinations (wide variation)
- **Private sector gap:** Only 6/12 IIS capture private provider data
- **Historical limitations:** Most systems cover only past 5-10 years
- **Population linkage:** 9/12 linked to registries; 3/12 cannot calculate accurate coverage

IIS implementation status 2022

- National
- National pilot
- Regional (subnational)
- No IIS
- No data



Data collection:

- **Legal basis:** Mandatory reporting (9/12) vs. Voluntary (3/12: France, Netherlands, Spain)
- **Vaccine identification:** Mostly manual entry (8/12); limited automation (barcode 4/12, RFID 2/12)
- **Core data universal:** Date, product, dose, batch, provider
- **Variable collection:** Healthcare worker status (5/12), adverse events (8/12), contraindications (4/12)

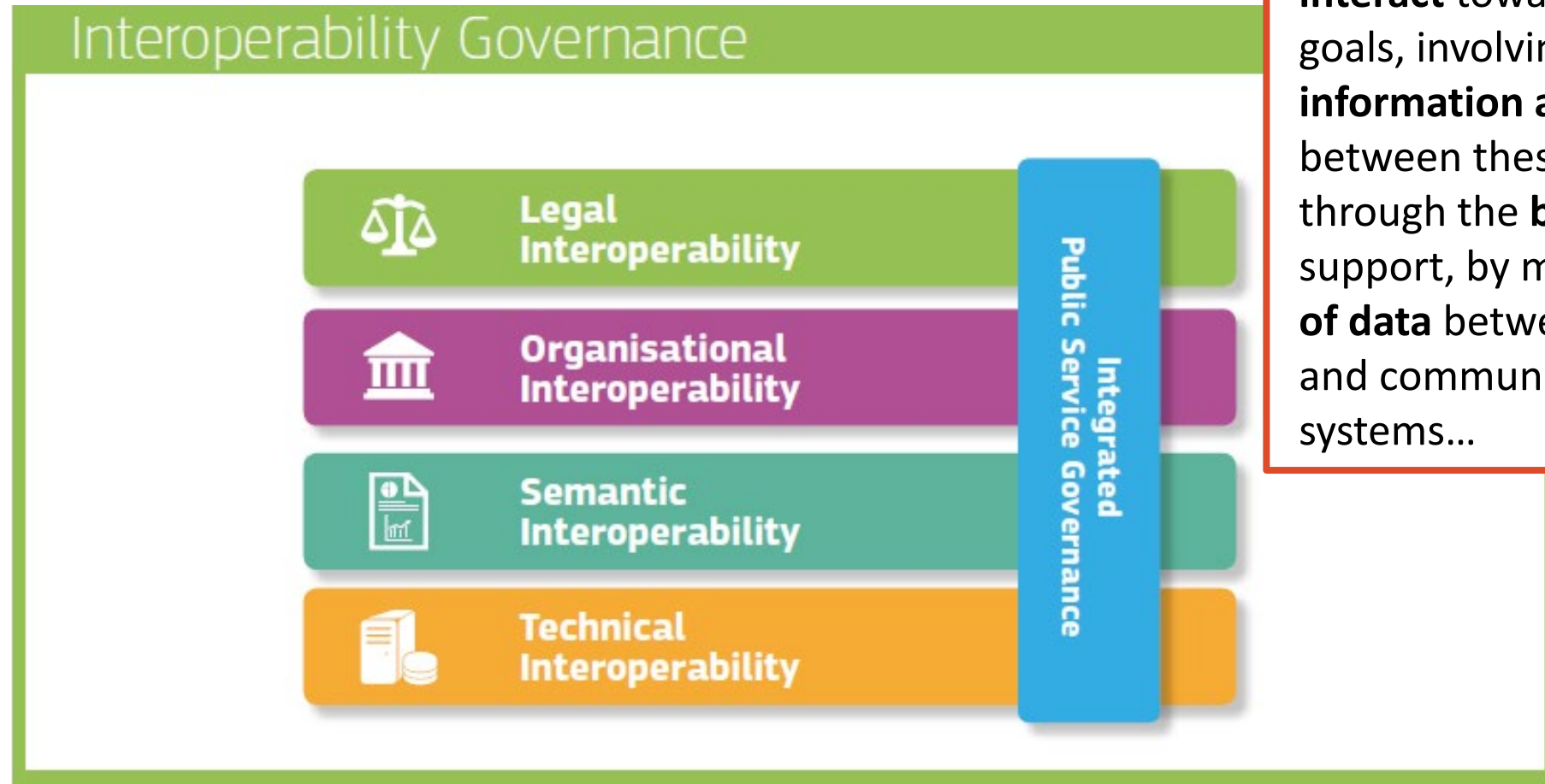
Technical interoperability gaps

- Vaccine coding inconsistency: Mix of ATC codes, SNOMED CT, and local classification systems—no unified standard
- Identification methods vary: Manual entry, barcode scanning, RFID—different levels of automation across countries
- No real-time data exchange infrastructure: Countries cannot query each other's systems in real-time
- Subnational fragmentation: regional IIS's + related registries that cannot communicate with each other
- Limited API standardization: HL7 FHIR adoption incomplete; most systems use proprietary interfaces

Semantic interoperability gaps

- Data element definitions differ: "Vaccination date" may mean administration date, recording date, or reporting date depending on country
- Population denominators inconsistent: 3/12 countries lack linkage to civil/healthcare registries
- Foreign vaccination recording: Only 8/12 countries can record vaccinations administered abroad
- Dose numbering ambiguity: Primary series vs. booster definitions not harmonized (especially problematic for COVID-19)

Interoperability layers (nEIF)



...the ability of organisation to **interact** towards mutually beneficial goals, involving the **sharing of information and knowledge** between these organisations, through the **business processes** they support, by means of the **exchange of data** between their information and communication technology (ICT) systems...

European Commission. New European Interoperability Framework: Promoting seamless services and data flows for European public administrations. Luxembourg: Publications Office of the European Union; 2017.

Available at: https://ec.europa.eu/isa2/sites/default/files/eif_brochure_final.pdf

Minimum viable interoperability standard (MVIS)

Foundational elements (already present in most systems):

- Unique person identifiers (personal identification number, healthcare ID, immigration number)
- Population denominators: systems linked to civil or healthcare registries
- Core vaccination data (universally collected across all systems):
 - Vaccination date
 - Vaccine product name/type
 - Dose number in series
 - Batch/lot number
 - Administering provider/location

MVIS: required technical standardization

- **Secure API infrastructure:**

- Real-time query capabilities for cross-border lookups
- Authentication/authorization mechanisms (similar to DCC Gateway model)
- Privacy-preserving data minimization protocols
- Transport security (TLS encryption, secure endpoints)

- **HL7 FHIR Standard – technical layer:**

- RESTful API protocols for data exchange
- Standardized messaging mechanisms between national systems
- Interoperable endpoints and service definitions

MVIS: required semantic standardization

- **Uniform coding system:**
 - Primary: ATC classification for international comparability
 - Supplementary: Mapping tables to SNOMED CT and local product codes
 - Mandatory linking between national codes and international standards
- **HL7 FHIR standard – semantic layer:**
 - Structured resource definitions for vaccination records (Immunization, Patient resources)
 - Common vocabulary bindings and terminologies
- **Common data model – agreed minimum dataset:**
 - Beyond core fields, include: target disease, vaccination setting (primary care, pharmacy, hospital, mass campaign), manufacturer, route of administration
- **Harmonized definitions:**
 - "Vaccination date" = administration date (not recording/reporting date)
 - Primary series vs. booster dose classification
 - Valid dose criteria (minimum intervals, age requirements)
- **Foreign vaccination protocols:** Standardized process for recording vaccines administered outside country

MVIS: required legal and organisational standardization

- **Mandatory data collection legislation:** Legal requirement for healthcare providers to report all vaccinations, including private sector providers
- **Cross-border data sharing agreements:**
 - GDPR-compliant framework for health data exchange -> EHDS
 - Mutual recognition of vaccination records
 - Clear data protection impact assessments
- **EU-level governance structure:** Central coordination body responsible for common standards
- **Clear institutional responsibilities:** Single national authority accountable for IIS operations and data quality

Key messages

- **Technical problems can be solved:** DCC proved EU-wide interoperability can work (> 2 billion certificates). The barriers preventing sustainable cross-border vaccination data exchange are political and financial, not technical.
- **The opportunity:** COVID-19 demonstrated rapid deployment is possible with political will. European Health Data Space provides the legal groundwork for permanent cross-border health data exchange and sustainable governance structures.

Thank you!

Literature

- Buble T. European Joint Action on Vaccination (EU-JAV); WP5 – Report on interoperability of IIS in the EU area (Deliverable 5.2). Work package 5 – Task 5.1. Brussels: European Joint Action on Vaccination; 2022.
- European Centre for Disease Prevention and Control. Designing and implementing an immunisation information system. Stockholm: ECDC; 2018.
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