MVF congress ‚Low-threshold vaccination services - in schools, companies, pharmacies and practices'.

Low-threshold starts with communication

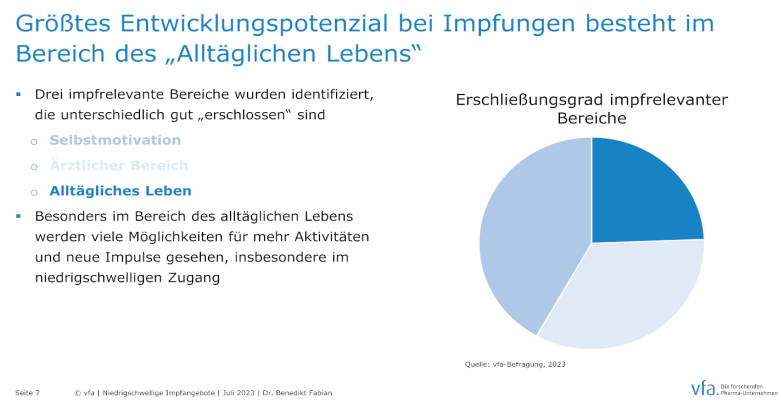
With the fourth event on the topic of vaccination, ‚Monitor Versorgungsforschung' is expanding its view to European best practice approaches on the one hand and to very practical findings from low-threshold vaccination services already existing in Germany, both in pharmacies and in companies as well as in the broad, but so far not very well-known field of activity of the public health service on the other.

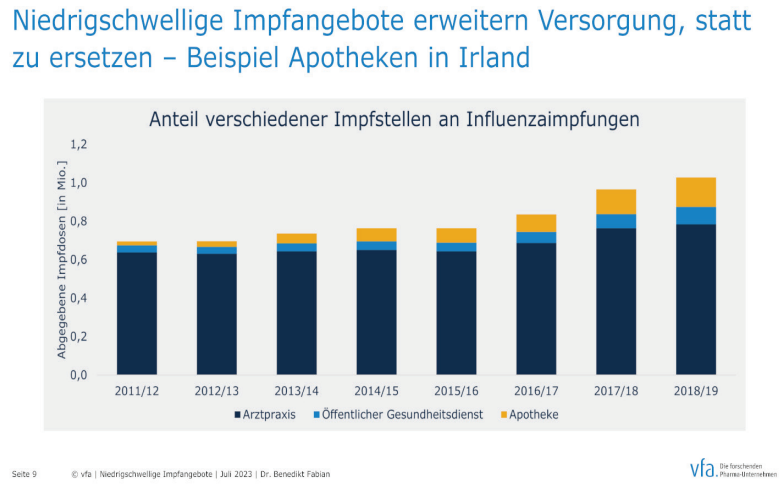
>> Although vaccinations are among the most important and effective preventive measures available in medicine, almost all routine vaccinations during and after the Corona years point in one single direction: down wards. Prof. Dr. Reinhold Roski, the editor of ‚Monitor Versorgungsforschung', outlined in clear words the extremely urgent need for action if politics as well as society only want to come close to meeting the vaccination goals formulated by WHO and also STIKO. The controversial discussions during Corona have clearly damaged confidence in vaccinations in general. Moreover, ‚vaccinated or unvaccinated' has increasingly become a political question of faith in recent years.

In addition, many people consider their individual risk of disease to be low and seem to have more fear of side effects than confidence in a positive vaccination effect. Also, some people in general trust the expertise less, which has become particularly visible in the politicised topic of vaccinations.

According to Roski, this trend is reinforced by the fact that some people who are willing to be vaccinated have not dared to go to the waiting room in recent years because of the risk of corona infection. Roski: ‚But we also see that the proportion of people who are clearly in favour of vaccination has decreased. This has been a trend for some time, and unfortunately Corona has deepened it.' Nevertheless, the number of explicit opponents of vaccination is only about 6%, since most people are basically willing to be vaccinated. However, they need information and access to vaccination options that are as low-threshold as possible, beyond the classic vaccination services offered by general practitioners. Roski: ‚That's why you should talk to people about vaccination where it is easier for them to get there or where they are already. This could be schools, businesses, pharmacies or even doctors' offices if people are there for other reasons. On all these occasions, people should be asked about vaccination.' However, the question of which of these opportunities and offers are most effective is difficult to answer, as different groups would prefer different solutions. This should be discussed at the MVF congress ‚Low-threshold vaccination services', which asks the following main questions: What options are there and what experience do we have with them? And: ‚What is successful and already works in Europe?

Fig. 1: From lecture ‚Low-threshold vaccination services in Europe' by Dr Benedikt Fabian, Association of Research-Based Pharmaceutical Companies, MVF congress ‚Low-threshold vaccination services' on 05.07.23.







Fabian: Vaccination fatigue, scepticism or even vaccination laziness?

This question was answered by Dr. Benedikt Fabian, who is responsible for the topics vaccines and pandemic prevention at the German Association of Research-Based Pharmaceutical Companies (vfa) and is in charge of the vfa's Vaccines Committee. Fabian began his lecture, which dealt with an overview of low-threshold vaccination services in Europe, with an inventory and the statement that ‚we in Germany really have a lot of catching up to do in achieving vaccination goals'.

He gave the example of the influenza vaccination rate in the population aged 65 and over. Before the corona pandemic, the rate was only 38%, but it had risen to 47% due to the high awareness of respiratory illness caused by the covid. However, hopes that this trend would stabilise were quickly

dashed, and the current figure is 43% of the population over 65 years of age who have been vaccinated against influenza. This is very far from the WHO vaccination target of 75%. Even though there are not many countries in Europe that reach this target, there are some. Denmark is one of them, but Great Britain and Ireland are not far from it either.

According to Fabian, the situation is similar for HPV vaccination. According to the RKI's Epidemiological Bulletin 48/2022, the vaccination rate for 14-year-old girls is 61.4%, although only 44% are fully vaccinated. In boys, on the other hand, the rate of first vaccination is 32.7%, about half as high as in girls, and the difference between first and complete vaccination is even greater, at 16.8%. And this for a vaccination that could ‚actually protect against cancer'.

Despite all this, the general support for vaccination is actually very high, which can be seen clearly in the vaccination rates in the infant and child sector. According to the Epidemiological Bulletin 48/22 of the RKI, the vaccination rate is over 90%. However, a negative trend can be observed for all vaccination types from 2015 onwards. The only exception with rising vaccination rates is measles vaccination, to whose success the Measles Protection Act, which came into force on 1 March 2020, has certainly contributed.

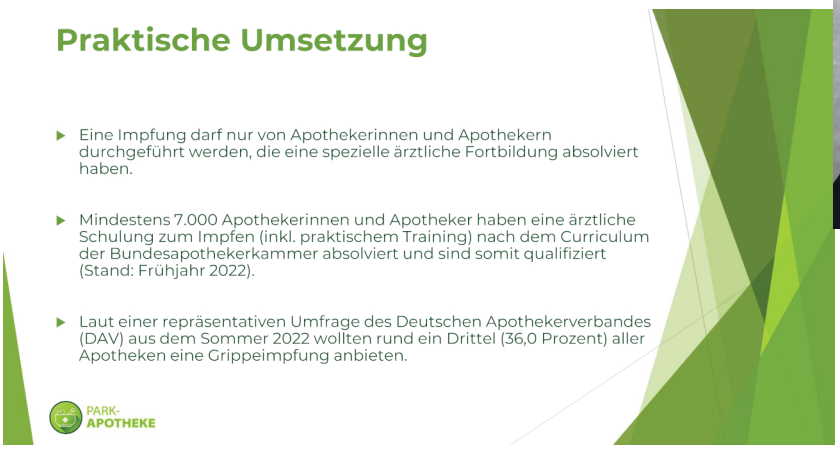
Is it really vaccination fatigue, vaccination scepticism or even vaccination laziness that is the reason, asked Fabian, who simply wanted to raise this idea, which was then also taken up by some of the subsequent speakers.

In his opinion, there are too few opportunities in everyday life to get vaccinated quickly. And on the long way to the doctor's appointment, the vaccination can quickly be delayed and important booster vaccinations are not taken care of in time or not at all.

According to Fabian, the vfa conducted a survey on the topic of vaccination in which relevant stakeholders and actors of the health system were asked about possible development potentials in various areas of vaccination. Three relevant areas were identified: the area of people's self-motivation, the medical area and the part of everyday life. The majority of the interviewees saw the greatest potential for development here, because both the area of self-motivation and the medical area are well developed and work well, as can be seen from some vaccination rates. Now more low-threshold vaccination services are needed, including company doctors and the public health service, if the ‚public health service is further strengthened and has more resources available to reach people'.

Best practice examples from other European countries also show what works. In Ireland, for example, the option of flu vaccination at the pharmacy was introduced as early as the 2011/2012 flu season. But - contrary to initial assumptions - this did not lead to people only getting vaccinated at the pharmacy instead of going to the doctor. Rather, the new vaccination option has generally increased social awareness of the importance of flu vaccination. This has led to an increase in the number of Irish people being vaccinated against influenza, both in doctors' surgeries and at the Public Health Service. This in turn has led to Ireland falling just short of the WHO target of 75% vaccination coverage for the over 65s. Fabian also discussed:

- Denmark (vaccination reminder system),
- Estonia (increasing the number of vaccination centres) ,
- City of Bremen (mobile vaccination teams for Covid-19, outreach services in low health literacy settings) ,
- United Kingdom (structured school vaccination programmes for girls and boys aged 12 years and older, first-time vaccination rate for 14-year-olds of >80% for both sexes .



NIEDERSCHWELLIGE IMPFANGEBOTE

in Schulen, Betrieben, Apotheken und Praxen

Rost: ‚Pharmacists willing to vaccinate will spit in their hands in autumn'.

Germany is far from being as far along as Portugal. Nevertheless, Kristin Rost, a pharmacist in private practice in Hartha, Saxony, was able to report on her own first and positive experiences with vaccination in her pharmacy.

The fact that pharmacists in Germany can participate in flu vaccination at all can be traced back to the Measles Protection Act, with which the legislator, with the clear goal of increasing vaccination rates in Germany, amended § 132j of the German Social Code, Book V to the effect that agreements on regional model projects for flu vaccination in pharmacies could be made since 2020. In the first year, two state pharmacy associations (LAV) would have used this, in the second year and during the vaccination season 2020/2021, already four LAV would have used it to conclude corresponding contracts with health insurance funds so that vaccination could be carried out in model projects. In the following season, eight LAVs would havepushed ahead with pilot projects with mostly regionalhealth insurance funds. With the new regulations of the Nursing Care Bonus Act of 2022, pharmacies were then authorised nationwide to vaccinate adults against influenza. According to Rost, the German Pharmacists' Association then established contractual regulations with the GKV-Spitzenverband, which has led to many phar-

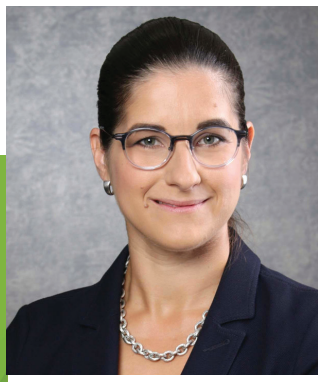


Fig. 2: From the lecture by Kristin Rost, pharmacist in private practice in Saxony: Low-threshold vaccination services - first experiences with vaccination in my pharmacy, MVF congress Low-threshold vaccination services on 05.07.23.

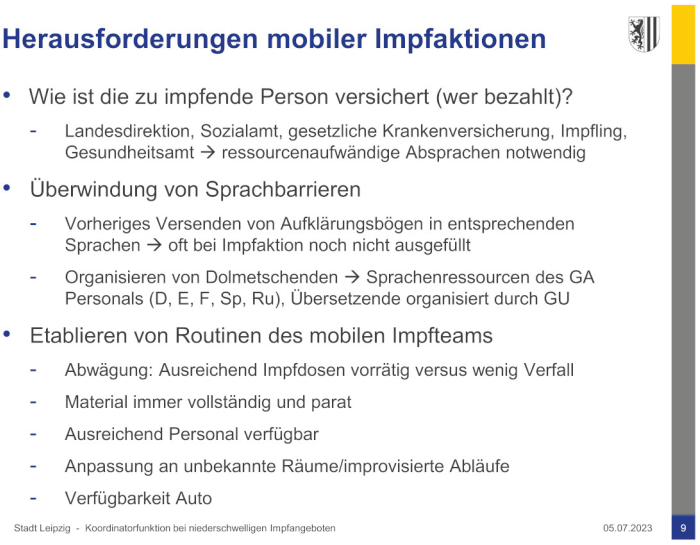
macies being able to vaccinate since then.

But what does that look like in practice? asked pharmacist Rost purely rhetorically. Because vaccinations may only be carried out by pharmacists in pharmacies, which also means that this task cannot be delegated. In order to be allowed to vaccinate, pharmacists must also complete special further medical training according to a curriculum of the Federal Chamber of Pharmacists, which, as of spring 2022, more than 7,000 pharmacists have done. A similar number - about one third - of all German pharmacists want to offer these vaccinations since then. Whether they will actually do so from this year's flu season, however, still depends on the creation of further contractual regulations and uniform solutions. Rost: ‚Many of the pharmacists who are willing to vaccinate will definitely spit on their hands in autumn and push the whole thing forward.

While in many other countries, such as France, Denmark, Switzerland, Great Britain, the USA, Canada, Israel and Australia, flu vaccinations in pharmacies have long been routine, Germany, according to pharmacist Rost, is only at the beginning. This is despite the fact that no appointments are necessary for vaccinations, that pharmacies have favourable opening hours for working people and that long waits in a waiting room full of sick people can be avoided. Those who are currently looking for a flu vaccination can also do so online via the pharmacy consumer portal*, which can be used to search for pharmacies in the vicinity that offer the service ‚flu vaccination'.

Rost does not see any possible competition with doctors in private practice. Customers who want to be vaccinated but do not regularly visit a doctor's office, a family doctor or have the possibility to be vaccinated in their work environment come to her. In addition, it is mainly young working mothers with their children who come to her, and she is sure that she will not take a single vaccinated person away from the doctors in the neighbourhood. Rost: ‚If we want to increase the vaccination rate, we have to create as many offers as possible that are tailored to people's needs and requirements and therefore most practicable for them.'

Fig. 3: From lecture ‚Coordinator function in low-threshold vaccination offers? Who can take on the role of coordinator at all?' by Dr Birte Pantenburg, Leipzig Health Department, MVF specialist congress ‚Low-threshold vaccination services' on 05.07.23.



Pantenburg: ‚Low-threshold starts with communication'.

The public health service (ÖGD) does not take away any potential vaccinators from the medical profession either. ‚Coordinator function for low-threshold vaccination offers? Who can take on the role of coordinator at all?' asked Dr. Birte Pantenburg from the Leipzig Health Department in her presentation, which described the vaccination situation among risk groups (MSM*, sex workers), homeless people, drug users and, very recently, many asylum seekers. In addition, every health office is responsible for vaccinations. This is the case, for example, with infectious diseases, where all contact persons must be vaccinated within a certain time interval in order to minimise the risk of a possible outbreak of the disease. This is very time-consuming, especially in special settings such as shared accommodation in the asylum sector.

Medical counselling and, to a lesser extent, care for people without easy access to traditional medical care is also the task of the subsidiary individual medicine to be provided by the ÖGD. Pantenburg: ‚We take care of the people who fall through the cracks of our generally very good medical care system.

According to the legal basis of the Infection Protection Act (IfSG), which came into



force on 1 January 2001, the tasks of the ÖGD include, according to § 20, protective vaccinations and other measures of specific prophylaxis. According to Pantenburg, the public health offices should inform the population about the importance of protective vaccinations in a target group-specific manner, whereby the existing evidence on existing vaccination gaps should be taken into account when informing the population. The supreme health authorities of the Länder - i.e. each Land individually - can also determine that the respective health authorities carry out vaccinations free of charge. It applies that if the person affected by the measure has a claim against another cost bearer, the latter is obliged to bear the costs in kind. In addition, § 34 stipulates that the health authorities and the community facilities mentioned in § 33 should jointly inform the persons in their care or their guardians about the importance of complete vaccination protection appropriate to their age and sufficient according to the recommendations of the Standing Commission on Vaccination and about the prevention of communicable diseases.

When Dr. Pantenburg deals with the issue of low-threshold in her work environment, she says the very first thing is that such services must be known by the respective clientele. Pantenburg: ‚People who don't know that low-threshold vaccination offers exist, or even more fundamentally that certain vaccinations exist at all, can never accept offers, no matter how good they are.' If the important task of communication works, one can think about everything else: only short waiting times for an appointment or, in the best case, none at all, as well as vaccinations without an appointment at all.

*www.mein-apothekenmanager.de

*MSM: Männer, die Sex mit Männern haben

This is exactly what many people who are willing to be vaccinated want, but it is often difficult for the vaccinating side to implement. If, in addition, it is ensured that only short or no journeys are necessary and costs for the vaccinated are low or, ideally, eliminated altogether, vaccination rates could be increased.

All this is not so trivial, because the public health service has many equally important tasks, especially in the area of asylum, and overcoming language barriers and creating trust are essential for successful vaccination. Since the law on the public health service in the Free State of Saxony stipulates that the public health service must carry out vaccinations, the Leipzig health office, for example, has set up its own vaccination centre. There, vaccination consultations are also offered on the subject of measles and both standard vaccinations and travel advice are given. The yellow fever vaccination centre of the city of Leipzig is also located here. In addition, according to Pantenburg, the counselling centre for sexually transmitted infectious diseases offers free and anonymous vaccinations.

Last but not least, mobile vaccination campaigns were carried out by the Leipzig Health Department to vaccinate refugees against measles, standard vaccinations and locks, as well as vaccinations for influenza and hepatitis A+B for drug users and Corona vaccinations for immobile people. ‚We currently have the situation that within a very short period of time we have many new refugees in Leipzig, most of whom do not speak German, who hardly find any connection to the general practitioner system and who also often come to us with a limited state of health and in some cases also bring infectious diseases with them that we have not seen here in Germany for a very long time,' Pantenburg explained.

However, thanks to the clear distribution of tasks, there is no need for an additional coordinator function for refugees. For the majority of the citizens to be vaccinated, however, the public health officer sees it as the duty of the established medical profession. They could best take over the coordination role if - and this is a prerequisite - it is known who has been vaccinated against what and when. Of course, it would be fantastic if all those who have not yet been vaccinated were written to in Denmark, but the northern neighbour had already introduced a digital vaccination register in 2013. ‚In this country, because of the lack of a vaccination register, health insurance companies could perhaps find out the vaccination status of the population via billing data, but sometimes with a long delay.

Illert: Vaccination in case of increased occupational or work-related risk

Dr. med. Juliane Illert specialises in the ‚workplace environment' mentioned by Rost. In her lecture ‚Low-threshold vaccination offers in occupational medicine', the medical director and head of the Central German Institute for Occupational Medicine in Leipzig reported on occupational medical care, starting with participation in occupational safety committees, occupational medical screening (every 3 years), risk assessment according to the Maternity Protection Act, gradual reintegration after illness, to psychological care as well as further training and health promotion. Since occupational medicine is basically a private sector activity through contracts with companies, all services rendered must also be paid for by the client, as it is not possible to settle accounts with health insurance companies without further ado. This also applies to vaccinations, which are anchored by the STIKO or, as in Saxony, additionally by the SIKO. Illert: ‚That's why we always have to ask the very specific question of who bears the costs for the vaccination depending on the type of vaccination?'

Their actions are determined by the Occupational Health and Safety Act, which is about the protection of employees - this also applies to the issue of vaccination. ‚For us, vaccination is in the foreground exactly when there is an increased occupational or work-related risk,' Illert explained. Here it is not so much the recommendations of the STIKO or SIKO that count, but rather what the Occupational Health and Safety Act or certain occupational medicine guidelines - such as in risk assessments for occupational travel or in the Biological Substances Ordinance - stipulate according to the activities and the associated hazards. Occupational health vaccinations include:

- Standard vaccinations: catch-up and booster vaccinations
- Indication vaccinations due to health risks
- Vaccinations due to increased occupational or work-related risk
- and in accordance with the risk assessment pursuant to the Occupational Health and Safety Act (ArbSchG) .
- Occupational Medicine Precautionary Ordinance (ArbMedVV)
- Biological Substances Ordinance (BioStoffV)
- Protection against Infection Act (IfSG) with the compulsory measles and covid-19 vaccinations
- for the protection of third parties in the context of occupational activities
- Vaccinations for occupational travel

Occupational health physician Illert also sees the task of pre-communication first and foremost in low-threshold vaccination offers. The main issue, she says, is always





Fig. 4: From lecture ‚Low-threshold access to vaccinations through occupational medicine' by Dr. med. Juliane Illert, Medical Director, Specialist in Occupational Medicine, Medical Director, Mitteldeutsches Institut für Arbeitsmedizin GmbH, MVF congress ‚Low-threshold vaccination services' on 05.07.23.

Citation

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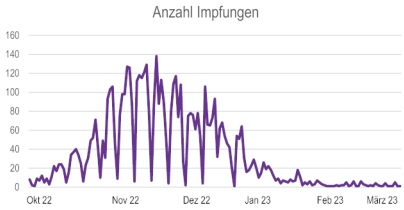
‚Who are we reaching with our message?‘ A survey conducted by the Forsa Institute on the question of why patients did not want to take up an offered Corona vaccination shows how decisive communication is for the success of such campaigns. The reasons given were, among many others, answers such as ‚I don’t feel sufficiently informed about the vaccination‘ or ‚I don’t have the time‘. According to Illert, it is precisely these reasons that ‚we can pick up on one-to-one in the occupational context‘, also because in-company examination or vaccination services there is usually far more time available for patient contact than is the case with established specialists or general practitioners. Occupational medicine would thus have the opportunity not only to address health-related restrictions, but above all to provide information about the advantages and disadvantages of vaccines. Illert concludes: ‚Vaccination saves lives. Company doctors can also save lives.‘



Fig. 5: From lecture ‚How can a health insurance fund support low-threshold vaccination services?‘ by Christine Enenkel, DAK-Gesundheit Sachsen, MVF congress ‚Low-threshold vaccination services‘ on 05.07.23.

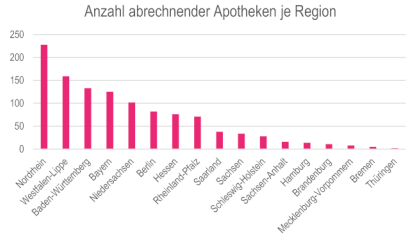
IMMER MEHR APOTHEKEN IMPFEN DAK-VERSICHERTE SEIT OKTOBER 2022 GEGEN INFLUENZA

Impfsaison Oktober 2022 – März 2023



DAS ANGEBOT UND DIE INANSPRUCHNAHME DURCH DAK-VERSICHERTE IST IN DEN REGIONEN UNTERSCHIEDLICH AUSGEPRÄGT

Erste Impfsaison 2022/23 in Apotheken: Anzahl abrechnender Leistungserbringer je Bundesland (Region)



Enenkel: digital vaccination card planned

Finally, Christine Enenkel, head of the DAK regional office in Saxony, reported on declining vaccination rates for flu protection. A special evaluation of DAK accounting data from 2019 to 2021 shows the regional vaccination occurrence according to Corona in a national comparison. According to the report, a negative trend is to be diagnosed in all federal states except for Bavaria (+2%) and Schleswig-Holstein (+1%), with Saxony (-14%) and Bremen (-15%) being the worst performers. This trend also applies to all vaccination types except measles. In the area of first vaccinations, for example, a nationwide decrease of 31% for diphtheria, pertussis, tetanus and poliomyelitis and -26% and -22% for first HPV vaccinations for boys and girls, respectively, can be observed.

The DAK wants to counteract this with letters and a digital solution, which is currently being developed together with Bitmarck, a large IT software service provider. A digital vaccination certificate is planned that will access the data in the ePA and the telematics infrastructure. Enenkel: ‚The future will look like this: all those who want to work with an app will have an electronic vaccination card on their smartphone and it will also be possible to directly link the billing data with the vaccinations and thus always be automatically informed about the current vaccination status.‘ In addition, every user:in will automatically receive not only a digital reminder, but also the necessary information for it.

In the future, with the electronic patient record (ePA), insured persons will have their vaccination data stored in a secure place and always in view. An important prerequisite for this is that the electronic patient file as an opt-out variant now comes quickly. This does not yet exist, but is being planned by Gematik. In the future, the DAK app will connect all digital services in a customer-friendly way.

According to the head of the DAK, counselling and information are among the most important tasks of the SHI, along with contract design and the creation of a procedure for direct billing, which - she hopes - will ‚function unbureaucratically‘. This procedure could contribute to setting incentives for service providers to promote the highest possible supply of vaccinations in pharmacies.

This is also because the age group up to 35, which was particularly frequently affected by flu in the last flu season compared to previous years, does not regularly go to the family doctor. The need to make an appointment is a frequently cited obstacle to vaccination, but the general practitioners do not usually offer regular vaccination appointments. Enenkel: ‚Besides the family doctors, we consider the pharmacy to be one of the most important service providers for low-threshold vaccination offers and are very pleased that this is now moving forward.‘ Even though pharmacy-based vaccination activity in the first influenza vaccination season of 2022/2023 was quite varied across Germany, he said, ranging from more than 200 pharmacies vaccinating in North Rhine to very few in the new federal states - with pharmacist Rost in Hartha being one of the laudable exceptions. <<

By: MVF Editor-in-Chief Peter Stegmaier