7th MVF Vaccination Congress 'Vaccination status 2024'

On HZV, pharmacies and collective responsibility

What is vaccinated where and with what success? This was the topic of the 7th MVF Vaccination Congress entitled 'Vaccination Status 2024', which - as in previous online congresses - focussed on how to actually achieve an increase in vaccination rates. This is because vaccination rates are generally poor, i.e. too low and in some cases far too low. This applies to many vaccine-preventable diseases, including influenza, measles and RSV, an infection that can cause serious complications such as cardiovascular events and for which there are completely new vaccination options.

>> The European Centre for Disease Prevention and Control (ECDC) warns of rising measles cases in Europe due to insufficient vaccination rates. The EU centre expects a further increase in the coming months, as vaccination coverage is far too low in many countries, and the ECDC is therefore calling on national health authorities to close immunity gaps and achieve a vaccination rate of over 95% with the second dose. 'Overall, vaccination rates are too low for many vaccine-preventable diseases, which raises the question of how the WHO's vaccination targets can actually be achieved,' explained the editor of 'Monitor Versorgungsforschung', Prof Dr Reinhold Roski, in his welcome address to the congress.



Prof. Dr. Reinhold Roski, MVF editor and moderator of the MVF specialist congress 'Impfstatus 2024' on 4 September 2024

Even the BILD newspaper warned of vaccination fatigue and wrote: 'Are Germans tired of vaccination?' (1) And in another article in the same newspaper: 'Epidemic control authority warns: measles is back! Eight cases in six weeks in Berlin alone.' Roski: 'How can the vaccination targets of the WHO and STIKO, which everyone agrees on, actually be achieved? Even a national vaccination plan like the one for influenza is obviously not enough. Roski continues: 'That's why we're looking again today at the question: How can we actually achieve the increase in vaccination rates?', 'Where is what being vaccinated and with what success?' And: 'BILD is probably right about one thing: perhaps we need to find more drastic words to shake people up instead of just calling for 'more intensive vaccination education' and 'equal access to vaccines', as the ECDC does.'

Schifelbein: 'Vaccination provision needs to be rethought'

Tina Schifelbein, Infection Protection Officer at the Ministry of Social Affairs, Health, Integration and Consumer Protection of the State of Brandenburg, discussed vaccination strategies in Germany in detail in her presentation. She focussed in particular on national and regional efforts to increase vaccination rates from a ministerial perspective. She covered various aspects such as the legal framework, public health initiatives and specific campaigns aimed at different population groups. The most important points are:

1. national coordination: the establishment of the national immunisation steering group (nali) aims to coordinate immunisation efforts at federal and state level, focusing on cooperation between the various healthcare stakeholders without the influence of vaccine manufacturers.
2. local implementation in Brandenburg: The public health service in Brandenburg operates 18 health authorities that provide immunisation services and educational work. The legal framework obliges these offices to promote nationwide immunisation.
3. school health initiatives: In accordance with the Infection Protection Act, immunisation status checks are integrated into school medical examinations, particularly for measles. This ensures that children fulfil the required vaccination standards before starting school.
4. municipal partnerships: various alliances such as 'Healthy Growing Up' and 'Healthy Ageing' focus on specific age groups and promote vaccination awareness and access to vaccinations, especially for children and the elderly.
5. public awareness campaigns: campaigns such as 'Germany is looking for the vaccination passport' and local measures during the Covid-19 pandemic aim to engage the public and encourage vaccination through understandable messages
6. Digital innovations: Discussion points to the potential of a digital vaccination passport to make it easier to track vaccination status, as well as reminders for upcoming vaccinations to improve vaccination compliance.
7. access initiatives: Mobile vaccination teams and vaccination buses have been deployed to reach underserved populations, including those with language barriers or low socioeconomic status.
8. to-dos for the future: The need for ongoing education and awareness campaigns is emphasised, particularly in relation to HPV vaccination, which is essential for cancer prevention.

Overall, Tina Schifelbein's presentation emphasised a multi-faceted approach to increasing vaccination rates, focusing on legal, educational and community-based strategies to ensure comprehensive public health coverage. She also explained what specific measures have already been taken at national level to increase immunisation rates, how the National Immunisation Steering Group (NaLI) works in practice and the role of the health authorities in Brandenburg in the immunisation strategy. Also: how vaccination rates among children and adolescents are monitored through statutory examinations (school entry and school leaving examinations) and what strategies are recommended for older people in Brandenburg to avoid vaccination.

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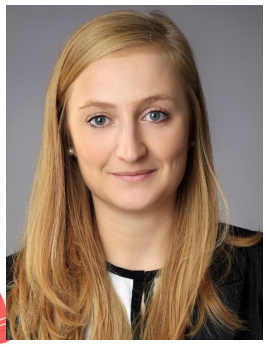




Fig 1: From the presentation by Tina Schifelbein, Infection Protection Officer at the Brandenburg Ministry of Social Affairs, Health, Integration and Consumer Protection: 'What can be done to (further) increase the vaccination rate?'; MVF specialist congress 'Impfstatus 2024' on 4 September 2024.

According to Schifelbein, it is important to always keep the regional circumstances in mind: Brandenburg is the federal state with the second-lowest population density in Germany. This means that Brandenburg has an average of around 86 inhabitants per square kilometre. The density of doctors also varies considerably: while Potsdam, for example, the independent state capital of Brandenburg, with its almost 180,000 inhabitants, has 321 doctors working in outpatient practices according to the State Medical Association, there are only 78 doctors working in outpatient practices in Prignitz, which has around 76,000 inhabitants. This means that, in purely mathematical terms, one doctor in Potsdam cares for 570 patients, whereas in Prignitz there are 972 patients for every doctor, almost twice as many. This shows that the different distribution of doctors and the increasing shortage of specialists alone mean that healthcare provision, including vaccinations, needs to be rethought in general.

According to Schifelbein, one question needs to be answered as a matter of priority: How can low-threshold immunisation offers be brought to the population? During the coronavirus pandemic, for example, mobile vaccination teams were deployed alongside vaccination centres to provide vaccinations to vulnerable groups of people in care homes in particular. Now, the entire population must be taken into account for all types of vaccination, including people with a migration background, which is sometimes accompanied by a language barrier. Schifelbein: 'Information and vaccination campaigns must not only be provided in German, but must be available in several languages and take social factors into account.'

Immunisation is primarily carried out by doctors in private practice, but pharmacies should also be considered. According to Schifelbein, vaccination is a complementary task of thehealth authorities, which they carry out together with the statutory health insurance physicians.

However, the aim now is to get as many vaccinations as possible into the population, which is why pharmacies must also be authorised, as they were during the coronavirus pandemic. A new draft of the current Pharmacy Reform Act states that vaccination in pharmacies is to be expanded to include inactivated vaccines. This is an option, especially in the wake of the shortage of doctors, in order to be able to offer more vaccinations to the population again. Tina Schifelbein's call: 'In order to fulfil our vaccination task, we should bring all stakeholders to the table.' The important question at this point is who would be responsible for the first step of setting up a 'vaccination round table', asked 'Monitor Versorgungsforschung', referring to the past six vaccination congresses with similar demands. Her answer, given from the technical level of a health ministry: 'We would welcome it if a round table on immunisation moderated by the ministry were to be established at state level.

Matusiewicz: 'Pharmacies are the petrol stations of health'

Prof Dr David Matusiewicz from the Essen School of Economics & Management also addressed the role of pharmacies in vaccination efforts in Germany in his keynote speech. In his presentation entitled 'The role of pharmacies in vaccination: today and in the future', the speaker, who is a recognised specialist in the field of digital medicine, highlighted various aspects of pharmacies' involvement in vaccinations, including challenges and opportunities. The key points of his presentation:

1. expanded role of pharmacies: since the Corona pandemic, pharmacies have been allowed to administer vaccines, which has been positively received by both pharmacists and the public. This expansion of services is seen as an opportunity to strengthen the role of pharmacies in the healthcare system. Detailed problem: Multiple-dose container (6-pack) - always six people, otherwise the rest have to be thrown away (unsustainable and uneconomical); individual packaging for influenza (little waste).
2. implementation challenges: despite positive feedback, there are logistical challenges, such as the need for multiple doses of vaccine and concerns about profitability, which may prevent pharmacies from taking on full vaccination services.
3. public perception and access: Many patients prefer to be vaccinated in pharmacies because they have shorter waiting times and it is less crowded than in doctors' surgeries. The benefit is that pharmacies can serve as convenient points of contact for vaccinations, especially during off-peak hours; especially during off-peak hours when doctors' offices are closed (Wednesday afternoons or Saturdays).
4. economic considerations: The financial viability of immunisation services in pharmacies is a problem. The speaker points out that the reimbursement for immunisationsmay not sufficiently cover the costs, which makes some pharmacists reluctant to offer these services.
5. collaboration with healthcare providers: there is a need for better collaboration between pharmacists and physicians to streamline vaccination efforts. The speaker mentioned the existing tensions between the two professions regarding responsibilities and reimbursement.
6. potential for innovation: The speaker advocates the use of digital tools, such as an app to track immunisation status, to improve patient engagement and compliance. This could help solve the problem of outdated immunisation records.

7. future directions: He emphasises the importance of adapting pharmacy practice to the changing needs of the healthcare system, including the integration of pharmaceutical services and improved patient education about vaccination. Overall, the keynote speech by Matusiewicz, who spent several weeks interning in a pharmacy in preparation for his recent book 'Pharmacy of the Future' (2), emphasises the great potential of pharmacies to contribute to public health through vaccination. However, he recognises that there are still various obstacles that need to be overcome before pharmacies can have their full impact. Doing so, however, makes perfect sense, as the pharmacy is 'one of the few places in the healthcare system where I can go to an academic or an appointment'. According to Matusiewicz, this is a real asset, providing absolutely low-threshold access to any health problem or the question of how to get a vaccination quickly and spontaneously without having to make an appointment weeks in advance or spend a lot of time in the waiting room.

From a purely economic point of view, vaccination is also part of the changing value chain of the pharmacy industry: if it used to be 'around the pill', then 'beyond the pill', it is now 'around the customer'. However, vaccination in pharmacies is more than just low-threshold access or an additional source of income. From the pharmacy's point of view, this authorisation means much more: an expansion of expertise for pharmacists, which above all increases the attractiveness for young people. Matusiewicz: 'If pharmacies can provide even more advice, explain apps and also vaccinate in the future, the traditional job description will take on a different and, above all, modern setting.' His conclusion: 'Pharmacies can help to relieve the pressure on doctors' surgeries and increase vaccination rates in the population. They are in favour of this, but the task must fit into the respective concept and pay off economically, because the pharmacist is a businessman.'

Göbel/Birkner: „HZV contract leads to higher vaccination rates"

In their joint presentation, Daniela Göbel, Manager of the HzV contract, and Dr Benjamin Birkner, Senior Manager Data Science at GWQ ServicePlus AG, reported on the 'Impact of participation in GP-centred care (HzV) on vaccination rates'. According to them, the 'HausarztPlus' contract is a full-service contract for GP-centred care. As Daniela Göbel explained, this 'creates a parallel system to the regular healthcare services'. HzV focuses on GPs in order to guarantee close-knit care for the insured. Patients first visit their chosen GP as part of the programme, who then coordinates their further care. This puts the GP in the spotlight: the aim of the HCP programme is to use GPs as the first point of contact and guide in the healthcare system. In this role, GPs enable targeted and individualised care for insured persons, e.g. through preventive services, vaccinations, avoidance of duplicate examinations or hospital stays.'.

Another focus of HausarztPlus is the promotion of digital structures, whereby pilot projects allow care modules to be implemented quickly, enabling insured persons to be offered services that are not yet available in the regular healthcare system.

For example, doctors who use innovative tools such as video consultations or shared decision-making receive an innovation bonus. Another focus is on preventive services: For example, check-ups can be billed annually instead of every three years as is the case in standard care. Vaccinations are a central component of prevention, which GWQ has integrated into the GPPlus contract since 2014 alongside a wide range of other services.

The aim of the accompanying analysis is to measure the effect of enrolment in the GP Plus contract on the vaccination rate within the vulnerable group of insured persons over 60 years of age. A longitudinal quasi-experimental analysis design was chosen in order to quantify the effect of enrolment, particularly over time. The analysis takes into account both temporal and individual constant effects of all observed individuals. For this analysis, a total of 24,459 insured persons with observed participation in HausarztPlus in the period from 2015-2022 were compared with a control group of 232,694 insured persons with regular care only.

The analysis presented by Benjamin Birkner shows that the probability of vaccination increases by an average of 1.85 percentage points with enrolment in the GP+ contract. The average increase is strongest for the flu vaccination at +3.32 percentage points. There is a positive and intensified effect of enrolment on the general vaccination rate over the duration of participation. In the first three years of participation, a constant increase in the vaccination rate of around 2 percentage points on average can be seen. This effect increases with longer enrolment. In the fifth year of participation, the vaccination rate shows the strongest effect with an increase of more than 5 percentage points.



Prof. Dr. David Matusiewicz, Professor of Business Administration, in particular Health Management at the Essen School of Economics and Management.

What is special about this is that the immunisation rate increases even without any special financial incentives, which Birkner believes proves the effectiveness of the GWQ contract in promotingpreventative care. Birkner: 'To summarise, we have successfully demonstrated that enrolment in the HZV contract leads to higher vaccination rates, especially over a longer participation period. This shows that the HZV contract has a positive and sustainable effect on preventive healthcare.'

Pletz: 'The disease burden of RSV infection is massively underestimated'

Professor Mathias W. Pletz, Director of the Institute, Specialist in Internal Medicine and Infectiology and Specialist in Internal Medicine/Pneumology at the Institute of Infection Medicine and Hospital Hygiene at Jena University Hospital, addressed what he believes are often underestimated respiratory viral infections - in particular the respiratory syncytial virus (RSV). In his lecture entitled 'Importance of RSV vaccinations - newborns, children, pregnant women, the elderly', he explained that these infections are not just 'mild colds', but can also cause serious complications such as cardiovascular events (e.g. heart attack or heart failure) in addition to pneumonia, although these are often not causally linked to the infection. One example he gave: 'A patient suffers a heart attack weeks after an RSV infection on 4 September 2024, but nobody asks about a connection with a previous cold.' The RSV disease burden

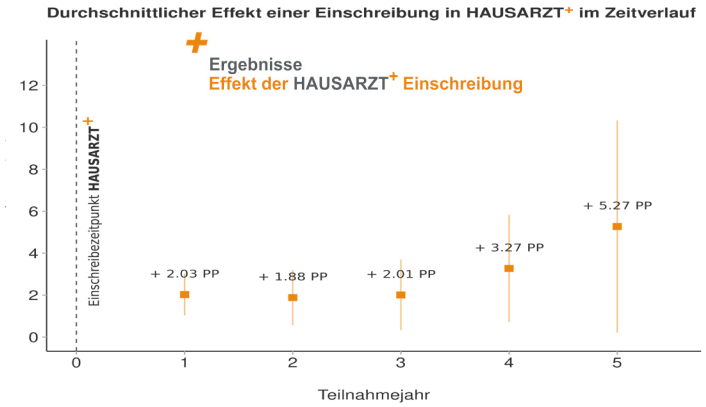
is considerable, with around half a million deaths worldwide every year - especially in children under two years of age - this has been known for some time - but, according to more recent data, also in older adults and immunocompromised patients. Pletz: 'The disease can be compared to influenza in terms of its severity for individual patients, although RSV cases are often underreported.' However, according to Pletz, the long-term consequences are also serious cardiovascular events and occur in a third of patients.

The failure of active vaccination in the 1960s - as Pletz went on to explain - was due to the fact that the formalin method used at the time changed the structure of the vaccine virus in such a way that the antibodies produced did not neutralise the virus in the event of an infection, but - when introduced into the cells - only made the disease worse. Modern RSV vaccines, on the other hand, would avoid this error by stabilising the fusion protein of the virus in its natural structure. According to Pletz, there are now passive immunisations with monoclonal antibodies (e.g. Nirsevimab) for infants that protect them for six months and significantly reduce RSV infections and hospital admissions. However, active vaccines are also available for older adults and pregnant women. The STIKO recommends the use of nirsevimab for all newborns before their first RSV season to reduce hospitalisations and deaths. In older adults, the vaccination is primarily recommended for anyone over the age of 75 and for people over the age of 60 with pre-existing conditions and comorbidities. However, the G-BA has now clarified the following regarding the STIKO's current recommendation for prophylaxis against RSV in newborns with the active ingredient 'Nirsevimab': 'In this case, an entitlement to benefits for people with statutory health insurance cannot be regulated by the vaccination guideline.' The reason given by the G-BA: This is not a classic vaccination, nirsevimab is not a vaccine against the RS virus, but a monoclonal antibody, the administration of which constitutes an 'other measure of specific prophylaxis' (Section 2 No. 10 of the Infection Protection Act). When asked by MVF, Pletz considers this justification to be untenable. From an immunological and medical point of view, a distinction is made between active vaccination, in which the immune system produces the antibodies itself, and passive vaccination, the administration of antibodies. The administration of nirsevimab is therefore also a vaccination. The assessment of a passive vaccination is obviously a novelty for the G-BA, there is still some learning to be done here'.





Fig. 2: From the presentation by Daniela Göbel, Manager HzV, and Dr Benjamin Birkner, Senior Manager Data Science at GWQ ServicePlus AG: 'Impact of participation in GP-centred care on vaccination rates'; MVF specialist congress 'Impfstatus 2024' on 4 September 2024.



Wulkotte: 'The decisive factor is the will to protect others by vaccinating yourself'

Elisa Wulkotte MSc PH, research associate in the Vaccination Prevention/ STIKO Department, Division of Infection Epidemiology at the Robert Koch Institute, finally presented the topic 'Understanding the vaccination behaviour of hospital staff - current study results on influenza vaccination'. She referred to the results of an online survey of hospital staff on influenza vaccination (OKaPII study), which was carried out this year from 22 to 24 October.

The study took place from 2 April to 2 June.

This was a sample of 8,351 employees from 72 clinics, 58.0% (CI: 56.9; 59.1) of whom said they had been vaccinated against influenza in the 2023/24 season (September to March inclusive). However, according to Elisa Wulkotte, the OKa-

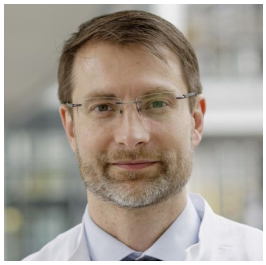
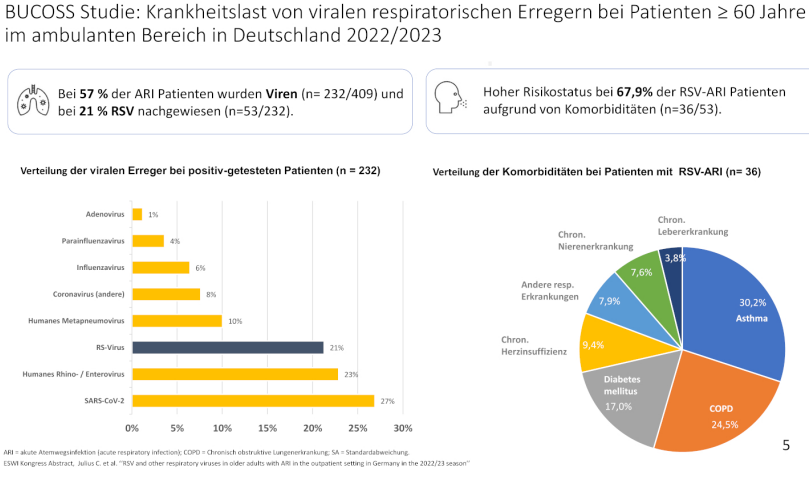


Fig. 3: Prof. Dr Mathias W. Pletz, Institute Director, specialist in internal medicine and infectiology, specialist in internal medicine/pneumologyat the Institute of Infection Medicine and Hospital Hygiene at Jena University Hospital: 'Importance of RSV vaccinations - newborns, children, pregnant women, the elderly'; MVF specialist congress 'Vaccination status 2024'



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Citation

Stegmaier, P.: „On HZV, pharmacies and collective responsibility“, in „Monitor Versorgungsforschung“ (05/24), S. 30–34. http://doi.org/10.24945/MVF.05.24.1866-0533.2657

PII study not only examines vaccination rates, but also takes a social and behavioural science approach in order to understand the concerns, reservations and motivations of hospital staff regarding influenza vaccination. This is because no targeted measures can be developed without a deep understanding of these factors. The focus is therefore on the question of why people do or do not get vaccinated in order to develop customised strategies based on this.

The results show, among other things, that men are vaccinated more frequently than women and that the vaccination rate increases with age. However, relevant differences in vaccination rates are mainly seen between professions: High-risk personnel who are regularly in contact with vulnerable patient groups such as oncological or geriatric patients are vaccinated more frequently, although the difference is not as great as one would expect. It is also noticeable that the medical service was best protected against influenza with a vaccination rate of 80%, while the vaccination rates for nursing staff and therapeutic professions were significantly lower at around 50%. The reasons for deciding in favour of or against vaccination are varied: vaccinated people most frequently cited self-protection as a motive, followed by the recommendation of others and the protection of those around them. Among the unvaccinated, a low perception of risk and fears played a major role. Many also do not see themselves personally at risk or believe that the vaccination could trigger the disease - according to Wulkotte, 'a myth that persists'. Practical hurdles such as unfavourable vaccination times, on the other hand, were mentioned less frequently.

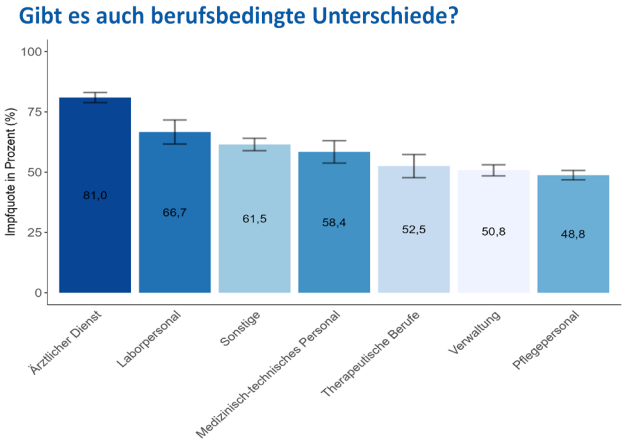
In order to better explain the behaviour, the 5C model was used, which describes psychological factors such as trust in vaccination, risk perception and the willingness to take responsibility for the community. The RKI analysis shows that the most important factor for vaccination behaviour is the feeling of responsibility for others, followed by trust in the safety of the vaccination.

In her conclusion, Elisa Wulkotte explained that there are many reasons why hospital staff do not vaccinate: Those who had been vaccinated cited self-protection as the main motive, while for those who had not been vaccinated, low risk perception, concerns about the safety of the vaccination and a lack of prioritisation were decisive factors. In general, the decision to vaccinate is significantly influenced by confidence in the safety of the vaccination and a sense of responsibility towards others, or 'collective responsibility'. <<

von: MVF-Chefredakteur Peter Stegmaier



Fig. 4: From the presentation by Elisa Wulkotte, research associate in the Department of Infection Epidemiology, Vaccination Prevention Division of the RKI: 'Understanding the vaccination behaviour of hospital staff - current study results on influenza vaccination'; MVF specialist congress 'Impfstatus 2024' on 4 September 2024.



Literature:
1: https://t1p.de/jjw6p
2: https://t1p.de/nkik2

Link to the documentation:
https://t1p.de/ota5k

or via QR-Code: