

# Seasonal influenza vaccination programme country profile: Germany

#### 2012-13 Season

#### **Background information**

Influenza immunisation policy a	and general facts about Germany
Volume indices of GDP per capita in 2011 and 2013 (EU-28=100) Source: Eurostat <sup>a</sup>	122 and 122 respectively
Health costs as % of GDP 2011 Source: Eurostat <sup>b</sup>	7.0%
Total population of the country, 2011 Source: Eurostat <sup>c</sup>	80 219 695
Population ≥65, 2011 Source: Eurostat <sup>c</sup>	16 518 121 (20.6% from the total population)
Population with chronic medical conditions <65 years, 2006 Source: ECDC (based on methodology by Fleming and Eliot, 2006) <sup>d</sup>	6 832 000 (8.5% from the total population)
Number of live births in 2011 <sup>e</sup>	662 685 (0.8% from the total population)
National seasonal influenza recommendations (e.g. age and target group recommendations and guidelines)	Recommendations available
URL link to Immunisation Guidelines for Germany	www.stiko.de/en
National Action Plan (NAP) as requested by EC	A plan was not developed, but a respective policy is in place
URL link to NAP	na

na: Not applicable EUROSTAT links:

<sup>a</sup>GDP per capita 2013 (accessed 15.12.2014): <a href="http://ec.europa.eu/eurostat/statistics-explained/index.php/GDP">http://ec.europa.eu/eurostat/statistics-explained/index.php/GDP</a> per capita, consumption per capita and price level indices

http://www.ecdc.europa.eu/en/publications/Publications/0808 GUI Priority Risk Groups for Influenza Vaccination.pdf (Fleming, D.M. and A.J. Elliot, Estimating the risk population in relation to influenza vaccination policy. 2006 May 15; 24(20):4378-85)

bHealth expenditures 2011(accessed 15.12.2014): <a href="http://ec.europa.eu/eurostat/statistics-explained/index.php/General-government-expenditure-on-social-protection-and-health-explained/index.php/General-government-expenditure-on-social-protection-and-health-explained/index.php/General-government-expenditure-on-social-protection-and-health-explained/index.php/General-government-expenditure-on-social-protection-and-health-explained/index.php/General-government-expenditure-on-social-protection-and-health-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained/index.php/General-government-explained-ind

<sup>&</sup>lt;sup>c</sup>Total population and those > 65 years of age 2011(accessed 15.12.2014): <a href="https://ec.europa.eu/CensusHub2/intermediate.do?&method=forwardResult">https://ec.europa.eu/CensusHub2/intermediate.do?&method=forwardResult</a>

<sup>&</sup>lt;sup>d</sup> Population with chronic medical conditions 2006:

e Number of live births in 2011(accessed 15.12.2014): http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00111&plugin=1

# Seasonal influenza vaccination recommendations and payment mechanism for vaccination

Vaccination recommendations (population g	roups targeted by vaccination)	
Overall population	No recommendation	
Healthy children and adolescents	No recommendation	
Older population groups: ≥60 years of age	Recommended	
Chronic medical conditions	Recommended:  - Pulmonary diseases; - Neurologic diseases; - Cardiovascular diseases; - Renal diseases; - Hepatic diseases; - Haematological disorders; - Metabolic disorders; - Immunosuppressed individuals; - HIV/AIDS.	
	No recommendation:  - Morbid obesity  - Long-term aspirin use (children <18 years).	
Pregnancy-related vaccination (including post-partum women)	Recommended: Vaccination is recommended to all pregnant women in the 2nd and 3rd trimester; to women with other clinical risk indication also in the 1st trimester.	
	No recommendation: Postpartum women if not vaccinated during pregnancy.	
Healthcare workers	Recommended: To all healthcare workers	
Other occupational groups	Recommended:  - Laboratory workers working in other laboratories (not medical/public health laboratories, but who may work with avian influenza viruses in the environmental/academic sector);  - Wildlife environmentalists (workers who work with birds directly e.g. bird ringing);  - Poultry industry workers.	
Population groups in closed communities	Recommended: - For residents of long- term care facilities;	
	No recommendation: - For prisoners; - For children in day care centres	
Household contacts or carer of:	Recommended:	
	No recommendation: - Infants <6months of age; - ≥65 years of age.	

Payment mechanism for vaccine and its administration for the population groups targeted by seasonal influenza vaccine				
	For vaccine	For administration		
Overall population	na	na		
Healthy children and adolescents	na	na		
Older population groups (≥50; ≥65 years of age) <sup>a</sup>	National insurance scheme; Private insurance; Employer	National insurance scheme; Private insurance; Employer		
Chronic medical conditions groups (by group) <sup>a</sup>	National insurance scheme; Private insurance; Employer	National insurance scheme; Private insurance; Employer		
Pregnancy-related vaccination (including post- partum women) <sup>a</sup>	National insurance scheme; Private insurance	National insurance scheme; Private insurance		
Healthcare workers (including staff of long-stay care facilities) <sup>a</sup>	Employer; National insurance scheme; Private insurance	Employer; National insurance scheme; Private insurance		
Other occupational groups	Employer; National insurance scheme; Private insurance	Employer; National insurance scheme; Private insurance		
Population groups in closed communities	National insurance scheme; Private insurance	National insurance scheme; Private insurance		
Household contacts or care givers <sup>a</sup>	na	na		

na: Not applicable

**National insurance scheme**: health contributions are paid to the insurance fund and then for this contribution there is a package of services received. It is not by default that you receive the services if you do not pay the insurance contributions.

**National health service**: taxes are paid by a citizen or resident of the country and this person is covered by the health service.

Out of pocket: not reimbursed, paid by receiver of vaccine.

### **Vaccination coverage rates**

Vaccination coverage (%) in population groups targeted by seasonal influenza vaccination the from 2008–09 to the 2012–13 influenza season by method of data collection (administrative and /or survey)

Population group					Influenz	a seasor	1			
	2008	3-09	2009	9–10	2010	<b>)–11</b>	2011	L-12	2012	2–13
	Admin.	Surv.	Admin.	Surv.	Admin.	Surv.	Admin.	Surv.	Admin.	Surv.
Overall population	na	29.8	na	26.6	na	32.2	na	28.8	na	30.2
Children/adolescents	na	na	na	na	na	na	na	na	na	na
Older population groups: ≥60 years of age	NA	52.8	NA	47.5	NA	54.3	NA	52.6	NA	50.0
Chronic medical conditions groups	NA	43.3	NA	39.8	NA	46.2	NA	42.9	NA	41.5
Pregnant women a	-	-	-	-	NA	NA	NA	NA	NA	23.2
Healthcare workers	NA	30.5	NA	27.3	NA	25.8	NA	NA	NA	NA
Staff in long-stay care facilities <sup>b</sup>	-	-	-	-	-	-	NA	NA	NA	NA
Residents in long stay care facilities <sup>b</sup>	-	-	-	-	-	-	NA	NA	NA	NA

na: Not applicable

NA: Not available

a No co-payment for vaccine and vaccine administration.

<sup>&</sup>lt;sup>a</sup> VENICE started to collect vaccination coverage data for pregnant women after the A(H1N1)pdm09 (2010-11 influenza season).

<sup>&</sup>lt;sup>b</sup> VENICE started to collect vaccination coverage data for staff and residents in long-stay care facilities for the influenza season 2011-12.

Figure 1. Seasonal influenza vaccination coverage among those ≥60 years of age from the 2008–09 to the 2012–13 influenza season

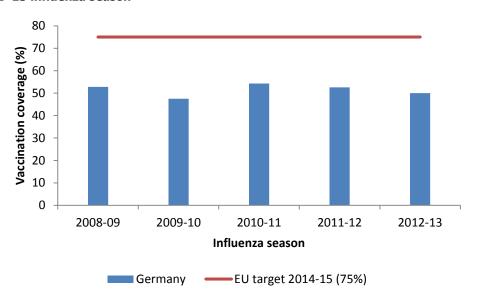


Figure 2. Seasonal influenza vaccination coverage among adults (≥18 years) with chronic medical conditions from the 2008–09 to the 2012–13 influenza season

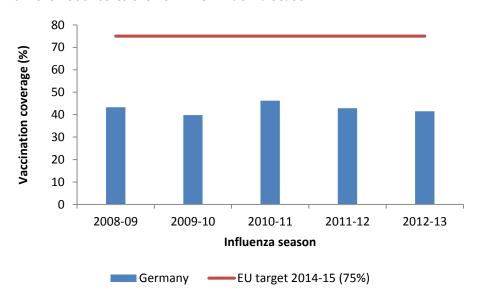
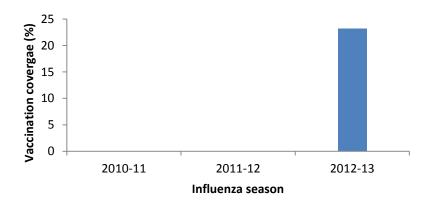
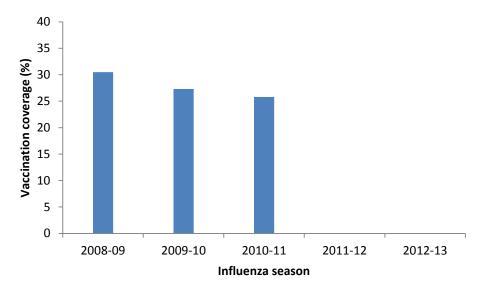


Figure 3. Seasonal influenza vaccination coverage among pregnant women from the 2010-11 to 2012-13 influenza season



Note: VENICE started to collect vaccination coverage data for pregnant women after the A(H1N1)pdm09 (2010–11 influenza season).

Figure 4. Seasonal influenza vaccination coverage among healthcare workers from the 2009–10 to the 2012–13 influenza season



## Methods to monitor vaccination coverage, safety and effectiveness

Monitoring of vaccination coverage during the 2012-13 influenza season
Method used to monitor influenza vaccination coverage
Survey method only

Method used (administrative, survey) to monitor vaccination coverage by population group			
Administrative Survey			
	Individuals with underlying chronic diseases: telephone survey     Elderly: Telephone survey     Pregnant women: Face-to-Face		

na: Not applicable

Details on administrative method used (medical records vs. immunisation registry; manual vs. electronic) by population group					
	Medical records Immunisation registry				
Manual	Electronic	Manual	Electronic		
na	na	na	na		

na: Not applicable

Numerator assessment				
Pharmaceutical data	Administrative data	Frequency of numerator assessment		
Not used	Not used	Not used		

Denominator assessment by population groups and data source			
Population group	Data source for population group		
Entire population	Not used		
Children and adolescents	na		
Adults	Not used		
Individuals with medical/risk conditions (clinical risk groups)	Not used		
Pregnant women	Not used		
Healthcare workers	Not used		
Essential public sector workers	Not used		
Prisoners	Not used		
Residents of long-term care institutions	Not used		
Educational institutions	Not used		
Other, please specify	Not used		

na: Not applicable

Details for survey method used for the 2012-13 influenza season					
Type of the survey	Survey mode	Sampling strategy	Sample size		
Individual, pregnant women*	Face-to-face	Non-probability: following snowballing techniques. Application of weighting factors.	1,025 pregnant women		
Individual, adults	By telephone (mobile or landline)	Nationwide cross-sectional survey using computer assisted telephone interviewing. Telephone numbers were randomly generated through the method of Waksberg, adopted by Gabler and Häder for Germany.  Application of weighting factors.	1,519 adults		

<sup>\*</sup>Survey was only conducted for the season 2012-13.

#### Scientific studies conducted for vaccination coverage; vaccine safety and vaccine effectiveness

- 1) Studies on vaccination coverage:
- Methods: Utilization of reimbursement claims data, telephone surveys, face-to-face interviews following snowballing techniques
- Publications:

Coverage among pregnant women: <a href="http://www.ncbi.nlm.nih.gov/pubmed/24928791">http://www.ncbi.nlm.nih.gov/pubmed/24928791</a> Coverage among target groups: <a href="http://www.ncbi.nlm.nih.gov/pubmed/23113995">http://www.ncbi.nlm.nih.gov/pubmed/23113995</a>

- 2) Studies on vaccine effectiveness:
- Methods: sentinel surveillance (test-negative design), screening method;
- Publications:

Test-negative design: <a href="http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20701">http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20701</a>
Screening method: <a href="http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19561">http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20701</a>

- 3) Studies on vaccine safety
- Method: The self-controlled case series methodology
- Publication (GBS & flu vaccination 2009/10): http://www.ncbi.nlm.nih.gov/pubmed/24817531

Vaccine safety monitoring (adverse events following immunisation AEFV)					
Data collected at the national and at the regional level	Data linkage with immunisation registry	Details collected	Status of reporting	AEFV reported to	
Yes	Not possible	Yes, case based data with a personal identifier and suspected symptoms should be reported	Mandatory	Local public health office -> regulatory authority	

Monitoring of influenza vaccine break-througha infections in vaccinated individuals				
Data collected	Data linkage with immunisation registry	Details collected		
Yes	Not possible	Case based data should be reported to the national level		

<sup>&</sup>lt;sup>a</sup> Break-through infection is defined as laboratory-confirmed influenza infection >14 days after seasonal influenza vaccination in the current season (i.e. vaccine failure).

## **Vaccine procurement and delivery**

Influenza vaccine procurement and delivery, 2012–13 influenza season				
Number of doses				
Purchased	Distributed	Used		
13 322 945	NK	NK		

NK: Not known

Type of vaccine/Product Name	Target groups		
Trivalent inactivated non-adjuvanted vaccines (TIV)			
Used			
Abbott; Baxter; GlaxoSmithKline; Pfizer/CSL Australia; Sanofi Pasteur; Novartis (non adjuvanted)	Children and adolescents; Older adults (e.g. ≥60/65 years); Those with medical condition/s; Pregnant women; Residents of long stay care facilities; Health Care Workers; Other occupational groups		
Trivalent inactivate	ed adjuvanted vaccines (aTIV)		
Crucell (virosomal vaccines); Novartis (adjuvanted/Squalene (MF59)	Older adults (e.g. ≥60/65 years)		
Trivalent live atte	enuated nasal vaccine (LAIV)		
Astra Zeneca	Other target group: Preferential recommendation for use of LAIV in children aged 2-6 years with medical conditions, for children aged 7-18 with chronic medical conditions either LAIV or TIV should be used.		
Quadrivalent atte	enuated nasal vaccine (LAIV)		
Not used			
Quadrivalent inactivat	ted non-adjuvanted vaccine (QIV)		
Not used			

### **Promoting seasonal influenza vaccination**

Promoting seasonal influenza vaccination during the 2012–13 influenza season				
Promotion activities with the general healthcare workers	public and Source of information (if yes)			
General public				
No	na			
Population over 65				
Yes	Leaflets; Posters; Website			
Pregnant women				
Yes	Leaflets; Posters; Website			
Chronic medical conditions				
Yes	Leaflets; Posters; Website			
Healthcare workers				
Yes	Leaflets; Posters; Website; National medical publications			

na: Not applicable

## Use of antiviral agents for treatment and chemoprophylaxis of influenza

#### Recommendations and/or guidelines (policy document) on antiviral use

Recommendations available

Use of antiviral agents for treatment and chemoprophylaxis of influent season	za during the 2012–13 influenza			
Use of antivirals for treatment for in-patients and out-patients who are at higher risk of developing influenza complications  For in-patients who:				
For out-patients who are at higher risk of developing influenza complications on the basis of their age or underlying medical conditions:				
<ul> <li>Adults aged ≥65 years;</li> <li>Individuals belonging to risk groups.</li> <li>Women who are pregnant or postpartum (within 6 weeks after delivery).</li> </ul>	Recommended			
<ul> <li>Children &lt; 2 years;</li> <li>Children &lt; 5 years;</li> <li>Residents of nursing homes and other chronic-care facilities.</li> </ul>	No recommendation			
Use of antivirals for <u>post-exposure</u> prophy	laxis			
For family or other close contacts of a person at higher risk for influenza complications who have not been vaccinated with influenza vaccine at the time of exposure;	No recommendation			
For unvaccinated healthcare workers with occupational exposure and who did not use personal protective equipment at the time of exposure	No recommendation			
Use of antivirals for <u>pre-exposure</u> prophylaxis				
For individuals who are at high risk (e.g. severely immunosuppressed patients) for influenza-related complications who cannot otherwise be protected during times when a high risk for exposure exists	No recommendation			
Use of antivirals for <u>control of</u> influenza <u>outbreaks</u>				
For individuals in long-term care facilities/care for immunocompromised individuals if not vaccinated or if the circulating influenza strain does not match the vaccine strains	No recommendation			
For unvaccinated healthcare staff who provide care to individuals at high risk of developing complications in long-term care facilities/ care for immunocompromised patients if not vaccinated or if the circulating influenza strain does not match the vaccine strains	No recommendation			
For all health care staff regardless of whether they received an influenza vaccination if the circulating influenza strain does not match the vaccine strains	No recommendation			
Prisoners	No recommendation			
Educational institutions	No recommendation			
Existence of antiviral resistance surveillance system				
Antiviral resistance surveillance system	There is an antiviral resistance surveillance system in place			

Country profiles are based on the <u>Seasonal Influenza Vaccination in Europe</u> report produced by the European Centre for Disease Prevention and Control (ECDC) and the Vaccine European New Integrated Collaboration Effort III (VENICE III). The data are from the seasonal influenza vaccination survey for 2012–13 season in EU/EEA countries. During the validation process in June 2015, minor changes were introduced in some country profiles. Therefore, data may be different to those available in the report.