

National Vaccination Strategy

Short version



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Council

Within the strategy of the
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2020

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* The authoritative version of the National Vaccination Strategy (NVS) is the full-length version; it is available on the FOPH website: www.foph.admin.ch

The requirement for a national vaccination strategy



Vaccination protects the community as a whole – including its most vulnerable members – from serious communicable diseases

Before the advent of vaccination, serious communicable diseases, such as measles, diphtheria, polio, pertussis and smallpox, regularly swept through human populations, wiping out a large fraction of many communities. **Wide-spread vaccination** has thankfully reduced the incidence of these diseases in most countries. The world was even declared entirely smallpox-free in 1980, thanks to a globally coordinated programme.

Vaccination ranks among the most effective and cost-efficient health measures, because it not only protects the vaccinated individuals themselves, but also indirectly protects those who cannot be vaccinated – such as new-born babies and people with allergic reactions to vaccines. Nevertheless, as for any medical intervention, vaccination is not entirely without risks, and recommending any vaccination involves weighing up risks against benefits.

The Swiss vaccination schedule presents the vaccination recommendations required to protect the population

The Swiss vaccination schedule is developed by the Federal Commission for Vaccination and approved by the Federal Office of Public Health (FOPH). It defines which vaccines are recommended for the whole population, and at what age they should be taken. It also provides recommendations for

specific cases, such as people with chronic diseases, those living close to or with sick or vulnerable persons, users of intravenous drugs, people engaging in risky sexual behaviours, etc.

Vaccination rates are not always high enough in Switzerland to protect the population

Despite having an advanced healthcare system, Switzerland has only partially reached its objectives in terms of vaccination, both for **individual protection** and **collective immunity**. Vaccination coverage is usually high for young children, but in older age groups coverage drops and varies widely from one region to another. Lower vaccination rates allow infections to spread through the population. For instance, flares of measles still occur in parts of Switzerland, taking advantage of locally low rates of vaccination.

No vaccination is compulsory in Switzerland; everyone can decide for themselves. Some people avoid vaccines because they harbour doubts about their effectiveness, or fear harmful side-effects. More often, people miss vaccinations because of lack of information, because access to vaccinations is not easy enough, or simply because they forget to make the necessary appointments with a doctor or healthcare service, especially for booster doses.



The Swiss Epidemics Act requires a national programme on vaccination

The Swiss Epidemics Act of 28th September 2012 (in force since 1st January 2016) entrusts the Federal Office of Public Health with the elaboration of a **national vaccination programme**. This programme will be developed through the implementation of the National Vaccination Strategy.

The National Vaccination Strategy acts as a framework strategy to strengthen the vaccination system in Switzerland

The **National Vaccination Strategy** is a framework strategy. Its role is to ensure optimal collaboration between all the parties involved in vaccination in Switzerland: national and cantonal authorities, institutions, healthcare and education professionals. The strategy makes it easier for other strategies related to transmissible diseases to reach their objectives, such as the Strategy on Seasonal Influenza, the Strategy on Antibiotic Resistance and the National Strategy for the Monitoring, Prevention and Control of Healthcare-Associated Infections.

The National Vaccination Strategy, reinforced by further strategies aimed at specific diseases, will contribute to lowering the frequency of communicable diseases and the associated complications.

With this strategy, Switzerland takes part in an international effort on public health described in WHO's 2011-2020 Global Vaccine Action Plan (WHO, 2013), and in the European 2015-2020 Vaccine Action Plan (WHO Europe, 2014). One of the objectives of these action plans is the complete eradication of pathogens responsible for some epidemics, such as the measles virus.

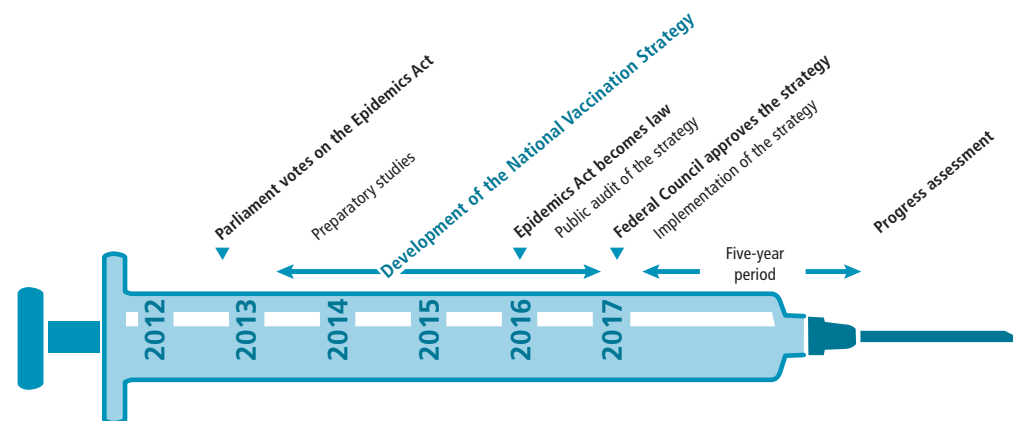
Genesis of the strategy

The groundwork for the strategy started in 2012, following the passage of the Epidemics Act through the federal parliament.

The preparatory work consisted in:

- 4 planning workshops, involving over 30 experts and stakeholder representatives;
- 4 studies on the issues to be addressed and the actions with highest potential:
 - a study on the challenges encountered in the field of vaccination in Switzerland;
 - a systematic literature review identifying the actions with the highest potential to increase vaccination rates;
 - a qualitative study focussing on people sceptical about vaccines, in order to identify the factors affecting decisions about vaccination;
 - a phone opinion poll on 1200 people in Switzerland.
- a public audit of a draft version of the strategy, by the cantons and the parties involved.

The Federal Council approved the strategy in January 2017. Implementation begins in 2017.



Challenges

Obtain strong collaboration and commitment from all parties involved in vaccination

In Switzerland, vaccination involves many parties: the federal level, the cantons, healthcare and education professionals, health and training institutions, childcare centres, insurance companies, private companies and civil society organisations. One of the main challenges is to establish **efficient collaboration between parties** – all the way from the authorisation of a new vaccine by the official regulatory agency, through the preparation of official recommendations, to the implementation of the vaccination schedule by the Swiss Confederation, the cantons and healthcare professionals.

Healthcare professionals must be able to provide good advice on vaccination. They need adequate training and the proper tools to help patients. For instance, an **electronic vaccination record** (connected to an expert system) would allow the vaccination status of patients to be ascertained easily, and vaccine reminders could be sent automatically, so that people can receive booster vaccines or catch up with missing vaccinations.

The population must be well informed and aware of the collective interest

Negative information about vaccination is easily available on the Internet, and can spread uncertainty among the general public. Parents in particular are likely to question the usefulness of some vaccines for their children. Public information about vaccinations should be objective, and include possible adverse effects. To maintain and increase the trust of the public, the vaccination process must be as transparent as possible, including the process leading to the recommendations in the **Swiss Vaccination Schedule**.

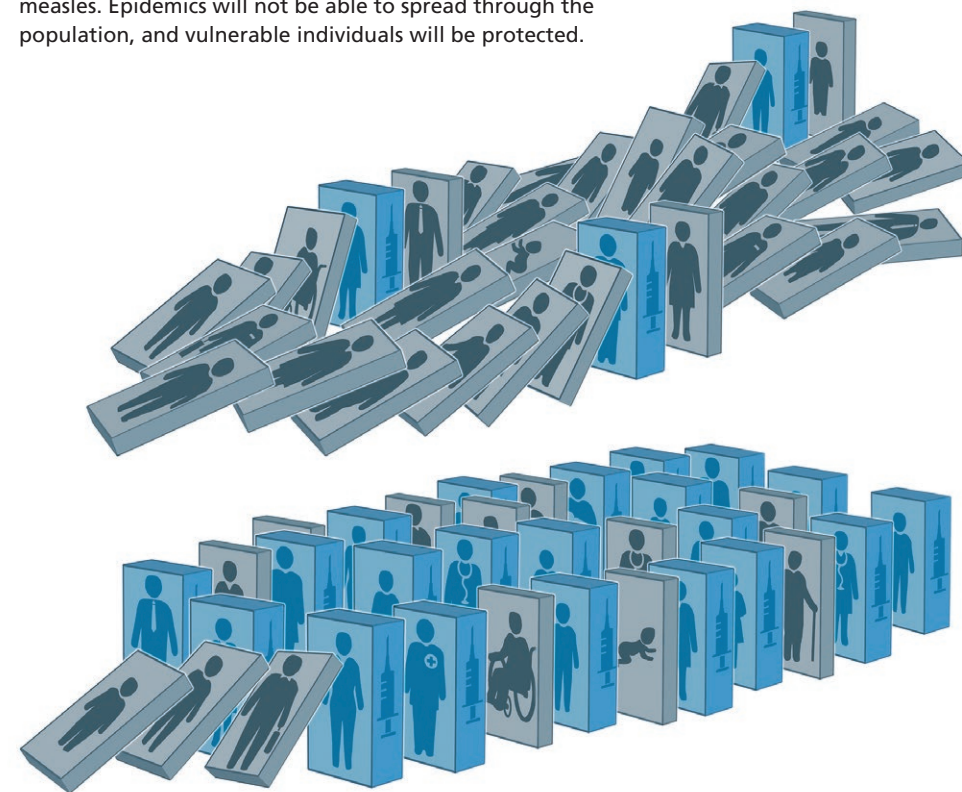
One of the objectives of the national strategy is to make sure that the collective interest is borne in mind when individuals decide for or against taking a vaccine. For diseases such as measles, a high rate of vaccination is required

in the population to reach the threshold of **herd immunity**, the minimum coverage required for an epidemic to be stopped before it can spread. For other diseases, a high rate of vaccination is required to indirectly protect vulnerable individuals that cannot be vaccinated, such as new-born babies or people with a deficient immune system.

Although vaccination is an individual decision, it therefore includes a collective public health dimension. The government has an important role to play in representing the collective interest.

Herd immunity

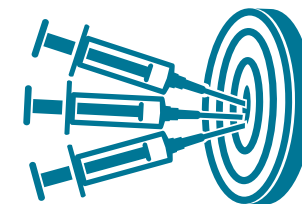
A high rate of vaccination in a population provides it with **herd immunity** against communicable diseases, such as measles. Epidemics will not be able to spread through the population, and vulnerable individuals will be protected.



Objectives of the national vaccination strategy

The objective of the strategy is that: “The population as well as healthcare professionals consider the officially recommended vaccinations as very important to the wellbeing and health of the public, and act accordingly.” Its general objective is the following:

The level of protection by vaccinations must reach the goals defined in the Swiss Vaccination Schedule, official recommendations and national strategies for specific diseases, for the general population as well as for vulnerable individuals and groups.



This general objective implies **3 strategic objectives** and **3 key points**:

1. The parties involved consider vaccinations to be essential to the health of the population. It is their duty to inform and vaccinate as required.

- *The following parties are actively involved in vaccination activities: health authorities, healthcare professionals and institutions, professional associations, schools, childcare and training institutions, research institutes, insurance and pharmaceutical companies.*

2. The population trusts the official vaccination recommendations, and realises the importance of vaccines in protecting individuals as well as the population as a whole.

- *The general public is well informed; therefore everyone can make informed decisions about vaccination.*

3. Everyone has easy access to vaccinations and to clear and relevant information on the topic.

- *Barriers to vaccination are reduced or removed.*

The National Vaccination Strategy

Axes of intervention

Parties involved

Areas for action

Empowerment and accountability of partners		1a. Swiss Vaccination Schedule: ensure a transparent development process and efficient implementation
		1b. Promote professional advice and vaccination
		1c. Compensate in a transparent way healthcare providers for advising and vaccinating
		1d. Improve the supply of vaccines
		1e. Foster communication with and between the parties
Communication and services for the population		2a. Inform the population in an efficient, coherent, complete and focused way
		2b. Promote information and vaccination in schools and kindergartens
		2c. Improve access to vaccination for adults
		2d. Promote the use of electronic vaccination records using the reference expert system
		2e. Ensure adequate compensation in case of vaccine injury
Training and coordination		3a. Improve the training of healthcare professionals
		3b. Organise and promote the sharing of successful experiences between cantons
Monitoring, research and assessment		4a. Monitor vaccination coverage
		4b. Conduct impact studies on vaccination recommendations and evaluate promotion activities
Specific strategies		5. Develop and implement national strategies to prevent and combat vaccine preventable diseases



Confederation



Cantons, municipalities



Healthcare professionals



Healthcare institutions



Pharmaceutical companies



Professional associations



Insurance companies



Schools and childcare centres

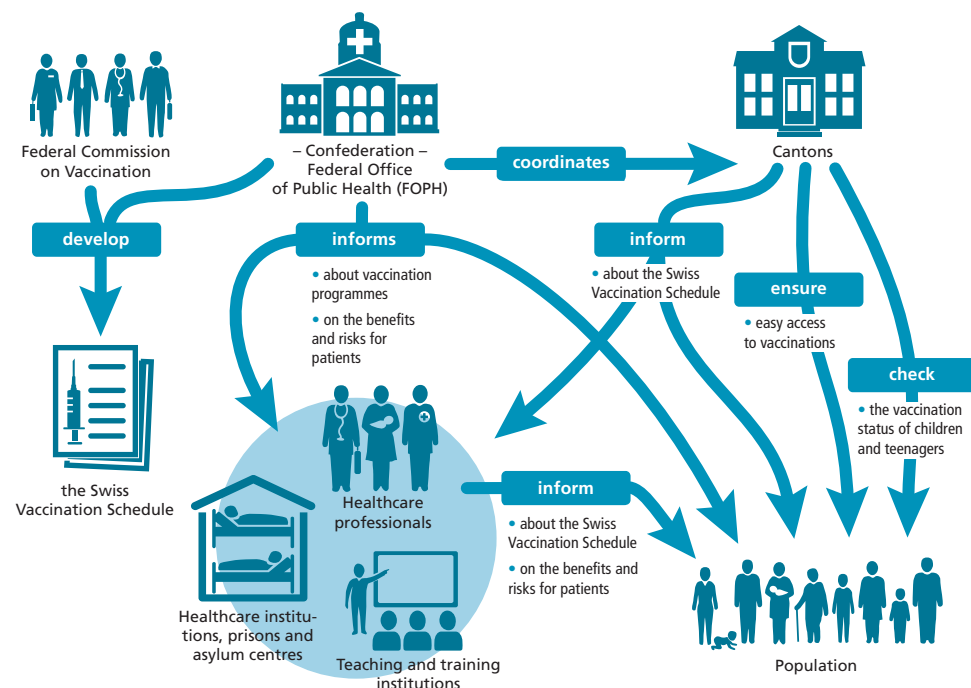


Teaching and training institutions



Research institutions

Flowchart of responsibilities according to the Epidemics Act



Implementing the National Vaccination Strategy

The Federal Council approved the strategy in January 2017. From early 2017, FOPH leads the implementation of the strategy. Implementation consists of concrete actions with a defined timeline, and a description of expected results and of the responsibilities of each partner, including in terms of funding. The actions required by the strategy will not be implemented simultaneously, but in an order defined by the degree of urgency and the importance in reaching the strategy's objectives.

5 Axes of intervention 15 Areas for action

Intervention axis 1 Empowerment and accountability of partners

The first axis includes 5 areas for action, focused on the partners involved in vaccination: the Swiss Confederation, the cantons, healthcare professionals and institutions, professional associations, insurance companies, and vaccine production and distribution companies.

1a The Swiss Vaccination Schedule: ensure a transparent development process and efficient implementation

The Federal Office of Public Health (FOPH) provides adequate information on the development of official vaccination recommendations, including details on the membership, independence criteria and deliberations of the Federal Commission for Vaccination, as well as its official opinions and argumentations.

FOPH evaluates the requirements of healthcare professionals regarding the presentation and clarity of the Swiss Vaccination Schedule.

Modern teaching methods are provided to healthcare professionals (e.g. e-learning). The electronic vaccination record using the reference expert system is made more user-friendly and better known.

1b Promote professional advice and vaccination

FOPH and the cantons encourage doctors to systematically discuss vaccination with patients. They provide tools such as checklists, electronic applications or fact-sheets.

Sending vaccine invitations or reminders is made easier, in part through the electronic vaccination record.

Cantons make sure that information related to vaccination is systematically provided in schools.

The provision of advice on vaccination by medical staff, childcare staff and midwives is encouraged. Pharmacists are encouraged to get training on vaccination and to inform the public about the official recommendations.

Employers are reminded of their responsibilities. In health professions in contact with at-risk populations, the vaccination status of staff should always be checked before hiring, and the required vaccinations should be notified.

Insurance companies contribute to informing the public and encouraging vaccination. They also contribute with financial incentives to the use of the electronic vaccination record.

1c Compensate in a transparent way healthcare providers for advising and vaccinating

Healthcare price-setting organisations consider the options available to explicitly remunerate vaccination and advice by doctors. They consider the possibility of including advice on vaccination more explicitly in the fees of school doctors and nurses, and other healthcare professionals, such as childcare staff and midwives.

1d Improve the supply of vaccines

To avoid bottlenecks in the production and delivery of essential vaccines, an early warning system is to be set up to alert the health authorities. In emergencies, authorisations can be given to temporarily allow the sale of imported vaccines in their original packaging.

A compulsory reserve stock of vaccines essential to public health is constituted.

In collaboration with the Swiss Army's central pharmacy, and in the case of an emergency, FOPH examines the possibility of acquiring vaccines that are available abroad but not authorised for sale in Switzerland.

1e Foster communication with and between the parties

FOPH, the cantons, medical associations, universities, technical colleges and health software producers all identify and address the communication needs of the partners about vaccination.

FOPH supports networks of experts, such as InfoVac, designed to foster communication about vaccination for healthcare professionals.

FOPH collaborates with the cantons to increase the number of doctors and pharmacists receiving the FOPH online bulletin.

The reference expert system, connected to the electronic vaccination record, provides healthcare professionals with rapid access to updates on vaccination recommendations.

New developments regarding the safety and efficiency of vaccines are rapidly communicated to the relevant parties, especially news about harmful side-effects and necessary precautions. The parties must be informed before the media covers vaccination-related events.

FOPH supports information exchanges between healthcare professionals, in order to promote good coordination between the parties involved in vaccination.

Intervention axis 2 Communication and services to the population

The second axis focuses on the general population. Five areas for action contribute, from different angles, to increasing the adherence of the population to the vaccination schedule.

2a Inform the population in an efficient, coherent, complete and focused way

Information on vaccination must be easily accessible to the public. It should reflect up-to-date scientific knowledge and be tailored to different target groups.

FOPH ensures that healthcare professionals have access to the communication tools required to inform patients.

A communication concept is set up with experts as a framework to design means of communication.

Switzerland participates in the activities of the European Immunization Week.

2b Promoting information and vaccination in schools and kindergartens

Childcare centres and schools raise the awareness of parents about vaccination and the actions required in case of epidemics. Kindergartens request vaccination records from parents, in order to improve the information that they provide.

The vaccination status of pupils is checked when they join and leave the school system. Parents are kept informed about missing vaccinations.

Paediatricians and doctors are mainly responsible for the adequate vaccination of their patients. However, cantonal authorities make sure that catch-up vaccination is offered in schools, and – possibly – childcare centres.

Cantonal authorities, schools and kindergartens inform parents about measles and the vaccine against this disease. They make them aware of their responsibility in protecting other children by vaccinating their own. The children themselves are also made aware of this.

For children of school age and younger, checking the vaccination record, advice to patients and vaccination itself must be coordinated. To achieve this, cantonal health authorities design procedures and inform the partners of their responsibilities.

2c Improve access to vaccination for adults

Vaccinations and information on vaccination are made available in easily accessible places: pharmacies, hospitals, clinics, private companies, administration offices, NGOs, home-care organisations, immigrant centres, prisons, etc.

Walk-in vaccinations could be made available at a reduced price during national vaccination days or during the European Immunization Week (for instance the seasonal flu vaccine).

Vaccinations are offered free of charge to vulnerable sub-groups, such as undocumented migrants, immigrants marginalised for language reasons, and injectable drug users.

Doctors – including gynaecologists – use consultations to systematically ascertain the vaccination status of patients, and give the recommendations required by the Swiss Vaccination Schedule, using means such as post mail, e-mail, text messages, phone calls, or the electronic vaccination record.

Doctors, pharmacists and home-care organisations set up visible and easily accessible vaccination opportunities.

Cantons examine the possibility of creating the legal foundation that would allow pharmacies to perform vaccinations without prescription under certain conditions, for instance for vaccinations deemed essential to public health, or vaccinations that must be repeated regularly (such as the seasonal flu vaccine).

Employers consider the possibility of making vaccinations available at the workplace, in particular for the flu vaccine.

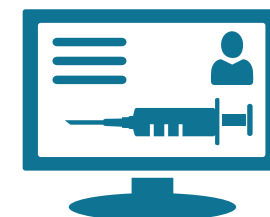
All vaccinations covered by basic health insurance under the Health Insurance Act are reimbursed without deductible amounts, as long as they fulfill the criteria of effectiveness, adequacy and efficiency.

2d Promote the use of electronic vaccination records using the reference expert system

The objective is that, by 2022, 50% of paediatricians and family doctors will use the electronic vaccination record and the reference expert system (software allowing the automatic comparison of the vaccination record with up-to-date official recommendations from the Swiss Vaccination Schedule). To promote the use of the electronic vaccination record, the company running the reference expert system organises, in conjunction with FOPH, training courses for doctors, in priority paediatricians and gynaecologists.

By 2022, 60% of children under seven years of age should possess an electronic vaccination record, as well as 10% of the general population. The opportunity to create an electronic record should be systematically offered to women of child-bearing age and to men at military recruitment.

Primary care doctors are encouraged by FOPH to include the electronic vaccination record in the electronic file of their patients, and to enable a functioning interface with the reference expert system.



2e Ensure adequate compensation in case of vaccine injury

In the rare cases where vaccines cause health problems, the process of requesting and obtaining financial and moral compensation must be streamlined, ensuring that it is simple, fair and sufficiently fast. FOPH provides fact sheets for the general public and healthcare professionals presenting:

- the list of known harmful side-effects of vaccinations;
- the list of medical criteria required to establish a causal relationship between vaccines and harmful side-effects;
- the list of criteria required to assess the level of seriousness of side-effects.

FOPH updates the compensation process according to the latest scientific results, informing the general public and healthcare professionals about any changes.

Intervention axis 3 Training and coordination

*This axis focuses on the training of healthcare professionals.
The objective is that vaccination should be included as a theme
in all undergraduate and graduate curricula.*

3a Improve the training of healthcare professionals

FOPH analyses the present situation in terms of teaching about vaccination in all health-related curricula, to identify any gaps or weaknesses.

All health-related professional curricula should include training on vaccination and public health, which are sufficiently detailed to allow health professional to provide adequate information for informed decision-making.

Education and training about vaccination is strengthened for all health-care professions, including for childcare staff, midwives and nursing home staff. Professional umbrella organisations are responsible for organising the training.

FOPH and umbrella organisations encourage the sharing of information and experiences, using the InfoVac network and website.

Providers of training on health-related topics use innovative teaching methods and share their teaching tools. Collaboration between different training pathways

is encouraged (for instance between medicine and midwifery curricula).

3b Organise and promote the sharing of successful experiences between cantons

FOPH collects the demands of the cantons regarding information and the sharing of best practices.

Depending on the results of this consultation, FOPH coordinates the sharing of best practices between cantons, either through a website or through workshops and working groups.

FOPH organises, as required, workshops or working groups to design pilot projects.

Intervention axis 4 Monitoring, research and assessment

*This axis facilitates the assessment of the impact and success
of the actions linked to the Strategy.*

4a Monitor vaccination coverage

Surveys monitor the vaccination rate of children at ages 2, 8 and 16, for all vaccinations recommended by the Swiss Vaccination Schedule. Additional studies are carried out as required to determine which factors influence the vaccination rate.

New methods are developed to collect vaccination coverage data for adults and at-risk populations. A working group is set up – with participants from the cantons, FOPH and relevant partners – to monitor the survey results and identify weaknesses and needs.

4b Conduct impact studies on vaccination recommendations and evaluate promotion activities

Assessment studies are carried out to ensure that the actions promoting vaccination are appropriate and efficient. The results of these studies can be used to plan further action and adapt the Swiss Vaccination Schedule.

The Federal Commission for Vaccination, FOPH and Swissmedic monitor and analyse the data on the harmful side-effects of vaccination, in order to take the risk-benefit balance into account when updating official vaccination recommendations.

Intervention axis 5 Strategies for specific diseases

This axis connects the National Vaccination Strategy with other national strategies focusing on specific communicable diseases.

5 Develop and implement national strategies to prevent and combat vaccine preventable diseases

National strategies on specific diseases are updated, in accordance with the objectives and guiding principles of the National Vaccination Strategy. New strategies can be initiated if required, as long as the burden for the parties is bearable.

The main partners take part in the design and implementation of the disease-specific strategies. The Confederation and cantons are in charge of coordination.



Impressum

Publisher: Federal Office of Public Health, January 2017

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Summary, graphical design, infographics and layout:
Pont F, Magnin P-A, Communication in Science Sàrl

Photos: Guillaume Mégevand

Translation: Pont F, Christie D

Distribution and orders:

www.bundespublikationen.admin.ch

Article number: 316.522.eng

FOPH publication number: 2017-OEG-06

This publication is also available in German, French and Italian.

For more information about the NVS, visit www.bag.admin.ch/NSI
(German) or www.ofsp.admin.ch/SNV (French)