



Seasonal influenza vaccination in EU/EEA, influenza season 2011-12

VENICE II Consortium

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Developed by
Darina O'Flanagan
Suzanne Cotter
Jolita Mereckiene

Contents

Abbreviations	3
Acknowledgments	3
ISO 3166-1 Country Codes.....	4
VENICE National Gatekeepers and Contact Points.....	5
Summary.....	6
Background.....	7
Objectives	8
Aim of the study	8
Specific objectives	8
Methodology	8
Study Design	8
Data collection.....	8
Data handling	8
Data processing	8
Pilot study.....	9
Study time	9
Data analysis.....	9
Expected deliverables.....	9
Results	9
Response rate.....	9
Groups recommended for seasonal influenza vaccine	9
Age groups.....	9
Clinical risk groups.....	11
Pregnancy related vaccination	12
Individuals recommended vaccination by occupation.....	13
Health Care Workers (HCWs)	13
Other occupations	14
Individuals recommended vaccine by other population groups.....	15
Payment scheme and funding mechanism applied for influenza vaccination.....	16
Vaccination coverage data	22
Measured by administrative method.....	22
Estimated by survey methods	25
Vaccination coverage monitoring	26
Existing mechanisms to monitor vaccination coverage	26
Numerator assessment	29
Type of administrative method for numerator assessment	31
Denominator assessment.....	32
Vaccine procurement	35
Vaccination sites.....	36
Promoting of seasonal influenza vaccination.....	39
Communication with public	39
Communication with health professionals.....	40
Future changes for influenza season 2012-13 and 2013-14	41
Conclusions.....	42
Reference List	45
Appendix : Questionnaire.....	45

Abbreviations

ECDC	European Centre for Disease Prevention and Control
EEA	European Economic Area
EU	European Union
GPs	General Practitioners
HCWs	Health Care Workers
NAP	National Action Plan
MoH	Ministry of Health
MSs	Member States
VENICE	Vaccine European New Integrated Collaboration Effort
CINECA	Consortium of University, Bologna, Italy
VC	Vaccination Coverage
WHO	World Health Organization

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ISO 3166-1 Country Codes

AT	Austria
BE	Belgium
BG	Bulgaria
CY	Cyprus
CZ	Czech Republic
DK	Denmark
EE	Estonia
FI	Finland
FR	France
DE	Germany
GR	Greece
HU	Hungary
IS	Iceland
IE	Ireland
IT	Italy
LV	Latvia
LT	Lithuania
LU	Luxembourg
MT	Malta
NL	The Netherlands
NO	Norway
PL	Poland
PT	Portugal
RO	Romania
SK	Slovakia
SI	Slovenia
ES	Spain
SE	Sweden
UK	United Kingdom
ENG	England
WL	Wales
NI	Northern Ireland
SC	Scotland

VENICE National Gatekeepers and Contact Points

Austria	Christina Kral, Jean Paul Klein
Belgium	Pierre Van Damme, Martine Sabbe, # 1Ç1E~# °E°æ ~
Bulgaria	Mira Kojouharova
Czech Republic	Bohumir Kriz, Jan Kyncl
Cyprus	Chrystalla Hadjianastassiou, Soteroulla Soteriou
Denmark	Palle Valentiner-Branth
Estonia	Natalia Kerbo, Irina Filippova
Finland	Tuija Leino
France	Daniel Levy-Bruhl , Isabelle Bonmarin
Germany	Sabine Reiter, Ole Wichmann
Greece	Theodora Stavrou
Hungary	Zsuzsanna Molnàr
Iceland	Thorolfur Gudnason
Ireland	Suzanne Cotter
Italy	Fortunato D'Ancona, Maria Cristina Rota
Latvia	Jurijs Perevoscikovs
Lithuania	Egle Savickiene
Luxemburg	Berthet Francoise
Malta	Tanya Melillo
The Netherlands	Bianca Snijders, Hester de Melker
Norway	Berit Feiring
Poland	Iwona Paradowska-Stankiewicz
Portugal	Paula Valente, Teresa Fernandes
Romania	Rodica Popescu, Adriana Pistol, Gratiana Chicin
Slovakia	Helena Hudecova
Slovenia	Alenka Kraigher, Veronika Učakar
Spain	Aurora Limia
Sweden	Annika Linde, #ngrid Uhnno
United Kingdom	Richard Pebody

Summary

In Europe, influenza occurs in regular annual epidemics in the winter season. Annual influenza epidemics are associated with high morbidity and mortality. Severe illness and complications are more common in certain risk groups; these include those with other chronic medical conditions like diabetes, immunosuppression, or cardiovascular and respiratory diseases, older individuals (often classified as 65 years of age and older). The main public health intervention to prevent influenza is influenza vaccination.

The aim of this survey was to update the data on seasonal influenza immunisation policy changes and to obtain vaccination coverage data in the European Union (EU) member states (MSs), Norway and Iceland for the 2011-12 influenza season.

An electronic based design of the survey was undertaken in November 2012. A standardised questionnaire was developed. Gatekeepers in each MS entered data directly on-line. Of 29 countries invited to participate in the survey 28 responded (AT did not respond).

Of 28 responding countries 20 countries had influenza vaccine recommendations for those aged 65 years and older. DE,GR, IS and NL recommended vaccination for those aged 60 years and older, MT and PL recommended vaccination for those aged 55 years and older and IE for those aged 50 years and older; in SK vaccine was recommended for those aged over 59 years. Seven countries recommended vaccine for children: three of them (EE,PL,MT) for children of all ages; LV and SI for children aged ≥ 6 months- 2 years; FI ≥ 6 months -3 years and SK for children aged ≥ 6 months – 12 years.

Of 28 responding countries 26 recommended influenza vaccine for HCWs; twenty of these had recommendations to vaccinate all HCWs; six recommended vaccination for only some HCWs. Approximately one-third of MSs recommended vaccination for those working in essential (n=7), military (n=11) and veterinary (n=6) services, or for people working in the poultry (n=9) or pig (n=7) industry.

In all 28 countries people with chronic pulmonary, cardiovascular and renal diseases, haematological or metabolic disorders, immunosuppression due to disease or treatment, were recommended influenza vaccine; in 25 countries individuals with HIV/AIDS were also recommended vaccine. In 21 countries vaccine was recommended for individuals suffering from hepatic and neurologic diseases; 15 countries recommended vaccine for those with long-term aspirin use (children <18 years old). Ten countries had recommendations to vaccinate those with morbid obesity.

Of 28 responding countries 23 recommended vaccination of pregnant women. Twenty two countries recommended vaccination of all pregnant women; one of which recommended vaccine only for those pregnant women with another clinical risk. Thirteen of 23 countries recommended influenza vaccination for pregnant women in any trimester of pregnancy.

Vaccination coverage measured by administrative or estimated by survey methods for the season 2011-12 was known in 21 countries for older populations (those aged 55, 60 and 65 years and older) and ranged from 1.7% (LV) to 77.2% (NL). The coverage among health care workers was known in ten countries, ranging from 6.4% (PL) to 54.4% (RO). The coverage for clinical risk groups was known in eight countries ranging from 31% (PT) to 82% (NI). The coverage for pregnant women was known in six countries: ranging from 2.4% (SI) to 58% for all pregnant women in NI. The coverage for residents of long-term care stay facilities was available in three countries: 78.99% in SK, 88% in IE and 91% in PT.

There were a number of changes in seasonal influenza vaccination policy among some countries in comparison to previous influenza season and some countries demonstrated progress in obtaining additional coverage data not previously available. PL and IE provided vaccination coverage data for HCWs measured by administrative method. IE also provided vaccination coverage data for residents in long stay care facilities for the first time. In PL vaccine was recommended to pregnant women in 2011-12 (there was no such recommendation previously). Vaccine was also recommended for those with morbid obesity in PL and PT. Vaccine coverage varied across different age, targeted and risk groups. Substantial increase in vaccination coverage among older population was reported by PL and LT. For the same population group slight decreases in uptake were observed in NL,FR,NO,PT,SK,SI. Coverage remained stable in the remaining countries that reported vaccination coverage for the older population. Vaccination coverage in among HCWs and clinical risk groups remained low. There continues to be a substantial gap between official recommendations in relation to influenza vaccination uptake among risk groups and what is actually achieved in most EU countries.

Background

Influenza is a contagious viral respiratory infection, which typically occurs as epidemics during the winter months in temperate zones. Although the illness caused by influenza is usually self-limiting, even in those outside recognised risk groups it can cause considerable impact on an individual's daily life. At a population level, large numbers of mild to moderate cases increases demands on health services and decreases productivity in the workforce with the associated economic cost and social disruption. (1-3) Disease burden varies from year to year among countries, making it hard to estimate the annual number of deaths or economic impact. Annual influenza epidemics are associated with high morbidity and mortality. ECDC estimates that on average nearly 40,000 people die prematurely each year from influenza in the European Union / European Economic Area (EU/EEA) countries covered by VENICE. (4) For each death there are many hospitalisations resulting from disease complications. The most effective single public health intervention to mitigate and prevent seasonal influenza is vaccination.(5) Unlike for most childhood vaccinations the European policy is of protection of those at higher risk either directly by vaccinating them or indirectly by vaccinating those that are likely to infect them (health care workers and pregnant women). Hence overall estimates of the vaccine used is of little value and the primary indicators of success in implementation of vaccination programmes are the group coverages, the proportion of specific targeted populations who have been vaccinated.

In December 2009 the European Council of Ministers unanimously recommended that EU Member States (MS) adopt and implement national action plans to achieve 75% vaccination coverage in all at risk groups by the winter season of 2014-15. (6) The selection of risk groups followed guidance from ECDC and recommendations of WHO: older individuals (often defined as 65 years and older) and people of all ages above 6 months with underlying medical conditions (here referred to as the clinical risk groups).(7-9) The same recommendation encouraged MSs to adopt and implement national, regional or local action plans or policies to improving seasonal influenza vaccination including among health care workers and to measure uptake in all risk groups. MS were also encouraged to report on a voluntary basis to the European Commission on the implementation of the Recommendation. With some augmentation ECDC supported VENICE surveys are the most effective way of doing this without placing additional reporting burdens on MS (<http://venice.cineca.org/allbytopic.html>).

Objectives

Aim of the study

The aim of this survey was to update the data on seasonal influenza immunisation policy provided in a previously conducted survey and to obtain vaccination coverage data in the European Union (EU) member states (MSs), Norway and Iceland for 2011-12 influenza season.

Specific objectives

- To assess seasonal influenza immunisation programmes for the 2011-12 season;
- To identify country specific recommendations for different risk groups for the 2011-12 season;
- To obtain the vaccination coverage data for 2011-12 influenza season for age, risk, targeted groups and total population;
- To obtain information in relation to payment for seasonal influenza vaccine during the 2011-12 season;
- To identify anticipated (in the near future) policy changes in the MSs

Methodology

Study Design

The electronic survey was developed on a web-based platform with protected access for nominated gatekeepers from each MS. This survey was a collaborative study between the European Centre for Disease Prevention and Control (ECDC), VENICE Project and European Union (EU) and European Economic Area (EEA) Member States (MS). Each MS previously identified and enrolled gatekeepers, who are responsible for conducting all VENICE surveys inside their countries. Currently in the VENICE project there are 27 EU and two EEA (NO and IS) participating countries.

Data collection

A standardised questionnaire was developed using close-ended questions predominantly. Information was sought on population groups recommended influenza vaccination (age, occupation, medical risk or other social situation), whether countries had mechanisms in place to monitor influenza vaccine uptake and whether uptake was monitored, the method used to monitor uptake, recent vaccination coverage results by population group, season, payment and administration costs for vaccine, health care setting where vaccine was typically administered, methodology used to promote influenza vaccines and how this activity is supported and finally, information was sought on planned policy or operational changes over the next couple of years (Appendix 1).

Data handling

The electronic questionnaire was developed and placed on VENICE website in September-October 2012 by CINECA, which was available for all participating countries (<http://venice.cineca.org>). The electronic questionnaire was filled in beginning November by gatekeepers in each country and saved. Non-responders were followed up. The data was analysed in December 2012. A preliminary report was sent back to gatekeepers in January 2013 for data validation and comments. The report was finalised in February 2013.

Data processing

Gatekeepers in each MS entered data directly on-line.

Pilot study

The questionnaire was pilot tested by four VENICE project-leading partners: Italian Istituto Superiore di Sanità (ISS), the French Institut de la Veille Sanitaire (INVS), CINECA Consortium of University, Bologna, Italy and the Irish Health Protection Surveillance Centre (HPSC). The piloting of the study was undertaken in late October 2012. After the pilot study, the questionnaire was reviewed and amended as necessary.

Study time

MSs were asked to complete the electronic questionnaire between 26th October and 16th of November 2012. The accompanying letter to MSs explained the objectives and rationale of the study.

Data analysis

The data were analysed using MS-Excel.

The main indicators analysed included:

1. Description of population groups recommended influenza vaccination (age, occupation, medical or social condition risk);
2. Monitoring of influenza vaccine uptake (by country and methodology);
3. Vaccination coverage results by population group, season and method it was measured;
4. Costs associated with programme and who pays (state or individual) and how this impacts on uptake;
5. Usual venues for influenza vaccination;
6. Methodologies used to promote influenza vaccines and how and who supports this activity;
7. Planned policy or operational changes over the next couple of years.

Expected deliverables

The expected output of this survey is development of a technical report to inform policy makers at European, EU and national level as well as those working in the field of influenza vaccination programmes in the member states.

Results

Response rate

Of 29 countries invited to participate in the survey 28 responded. AT did not respond. Data for UK were provided for four administrative regions of this country (ENG,SC,WL,NI). In the section of this report related to influenza vaccination policy UK is calculated (denominator) as one country; however in other sections of this report relating to vaccination coverage, uptake monitoring, vaccine procurement, promotion of seasonal influenza these administrative regions of the UK are calculated separately. All countries that completed questionnaire, except LU, validated the data in this report.

Groups recommended for seasonal influenza vaccine

Age groups

Of 28 responding countries seven recommended seasonal influenza vaccine for children without clinical risk condition. All countries reported that they recommended seasonal influenza vaccine for older population groups (regardless of medical risk condition). However there was variation across the countries with regard to specific age groups (both children

and adult) for whom vaccine was recommended. Detailed information is presented in table 1.

Table 1. Age groups for children and adults recommended seasonal influenza vaccination in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=28)

Age groups		Total
Children		
Not recommended for healthy children of any age	BE,BG,CY,CZ,DK,FR,DE,GR,LU,LT,IS,IE,IT,RO,SE,ES,HU,PT, NO, NL,UK (ENG,WL,NI,SC)	21
Recommended for all children \geq 6 months - <18 years	EE*,PL,MT	3
Recommended for some age groups in children	FI,LV,SK,SI	4
\geq 6 months – 2 years	LV,SI	2
\geq 6 months – 3 years	FI	1
\geq 6 months – 12 years	SK	1
Adults		
Recommended for all adults > 18 years old	EE*	1
Not recommended to adults of any age	-	0
Recommended for some adult (older) age groups	BE,BG,CY,CZ,DK,FI,FR,DE,GR,HU†,IS,IE,IT,LV,LT,LU,MT,NO,PL,PT,RO,SK,SI,ES,SE,NL,UK(ENG,WL,SC,NI)	27
\geq 50 years	IE‡	1
\geq 55 years	MT,PL	2
\geq 59 years	SK	1
\geq 60 years	DE,GR,IS,NL	4
\geq 65 years	BE,BG,CY,CZ,DK,IT,LV,LT,EE,FI, FR,RO,SE,ES,HU,PT, LU,NO,SI, UK (ENG,WL,NI,SC)	20

* Vaccination against seasonal influenza is recommended for all population of EE aged \geq 6 months.

† In the 2010-2011 season there were changes in policy, with new policy to vaccinate those aged \geq 65 years instead of those aged \geq 60 years in HU (which was recommended for the previous season). VC was calculated for both groups.

‡Seasonal influenza vaccine is recommended and provided by National Immunisation programme for all \geq 65 years of age, but the National Immunisation Advisory Committee recommends the vaccine for any adult \geq 50 years of age or older- but this has not been implemented or supported by the National Health Services Executive (HSE) (mismatch between official recommendations and actual operational activity).

Comments:

In SK there is compulsory and recommended vaccination supported by law (official recommendation). There is recommendation also for other risk groups (such as e.g. pregnant women) but this is usually only verbal recommendation not supported by law. To add some group to “official recommendation” there is a need to change the law which is quite difficult and long-lasting process. In this survey questionnaire “recommended groups” means only those that are recommended officially thus supported by law.

In two of the 28 responding countries seasonal influenza vaccination was included in the adult immunisation schedule. In FI influenza vaccination is included in the childhood immunization schedule (for 6-35months old children)(table 2).

Table 2. Inclusion of influenza vaccine in to routine immunisation schedule in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=28)

Immunisation schedule	Countries	Total
Included in childhood immunisation schedule	FI	1
Included in adult immunisation schedule*	GR, DE	2
Included in childhood and adult immunisation schedule†	-	0
Not included, only for at risk groups‡	BE±,BG,CY,CZ, DK,IE,IS,IT, NO,FI, SI,NL,ES,LT,LV,MT,RO,SE,SK,PL,HU,PT, LU,UK (ENG,NI,WL,SC)	24
Not included to the immunisation schedule, even for risk groups	EE§	1

* We mean that there is an official immunisation schedule for adults in the country.

†We mean that there is one common official immunisation schedule for children and adults in the country.

‡We mean that there is no official immunisation schedule for adults, but there is recommendation who should be vaccinated with regard to age and/or clinical risk indication (e.g. vaccine is recommended for those ≥ 65 and for those with clinical risk aged ≥ 6 months).

§ Vaccination against seasonal influenza is recommended for all population of EE aged > 6 months. Vaccination against seasonal influenza is not included to the immunisation schedule, even for risk groups.

± Included in the programmes for nursing homes.

Clinical risk groups

All 28 survey participating countries reported that seasonal influenza vaccine was recommended for patients with chronic pulmonary, cardiovascular and renal diseases, haematological or metabolic, immunologic disorders. Twenty five countries recommended vaccination of individuals with HIV/AIDS. Twenty one countries recommended vaccination of individuals with hepatic and neurologic disease and in 23 countries individuals with any condition affecting respiratory function (table 3). Vaccine for those with morbid obesity was recommended in ten countries.

Table 3. Clinical risk groups recommended influenza vaccine in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=28)

Clinical risk groups	Recommended	No recommendation
Chronic pulmonary (including asthma) disease	BE,BG,CY,CZ,DK,EE,FR,DE,GR,FI,IS, IE,IT,LV,LT,MT,RO,SK,SI,SE,PL,NL, ES,HU,PT, LU,NO, UK (ENG,WL,NI,SC)	
Cardiovascular (except hypertension) disease	BE,BG,CY,CZ,DK,EE,FR,DE,GR,IS,FI, IE,IT,LV,LT,MT,RO,SK,SI,SE,PL,ES, NL,HU,PT, LU,NO, UK (ENG,WL,NI,SC)	
Renal disease	BE,BG,CY,CZ,DK,EE,FR,DE,FI, GR,IS,IE,IT,LV,LT,MT,RO,SK,NL, SI,SE,PL,ES,HU,PT, LU,NO, UK (ENG,WL,NI,SC)	

Haematological or metabolic disorders (including diabetes mellitus)	BE,BG,CY,CZ,DK,EE,FI,FR,DE,GR,IS,NL,IE,IT,LV,LT,MT,RO,SK,SI,SE,PL,ES,HU,PT, LU,NO, UK (ENG,WL,NI,SC)	
Immunosuppressed due to disease or treatment (including asplenia/splenic dysfunction, organ transplantation, cancer, but other than HIV/AIDS)	BE,BG,CY,CZ,DK,EE,FR,FI,DE,GR,IS,IE,IT,LV,LT,MT,RO,SK,SI,SE,PL,ES,NL, HU,PT, LU,NO, UK (ENG,WL,NI,SC)	
HIV/AIDS	BE,BG,CY,CZ,DK,EE,FR,FI,DE,GR,IS,IE,IT,LV,LT,MT,RO,PL,ES,HU,PT, NL, LU,NO UK (ENG,WL,NI,SC)	SK,SE*, SI
Hepatic disease	BE,BG,CY,DK,FI,EE,DE,IS,IE,IT,MT,RO, NO,SK,SI,SE,ES,HU,PT, PL,UK (ENG,WL,NI,SC)	CZ,FR,GR,LV,LT, LU,NL
Chronic neurologic diseases or neuromuscular conditions	BE,CY,DE,EE,FR,FI,CZ,IE,IS,IT,LT,RO,SE,SI,ES,PT,PL,LU,NO GR,UK (ENG,WL,NI,SC)	BG, DK,LV,MT,SK,HU,NL
Long-term aspirin use (in children up to 18 years old)	BE,CY,EE,FI, GR,IE,IS,IT, LV,SI,ES,HU,PT,LU,PL	BG,CZ,DE, FR, LT,DK,MT, RO,SE,SK,NO, NL, UK (ENG,WL,NI,SC)
Any condition affecting respiratory function	BE,CY,CZ,FR,DE,DK,EE,GR,IE,IS,IT,MT,FI,SE†,SI,SK,ES,HU,PT,LU,RO,PL,NL	BG,LT,LV, NO, UK (ENG,WL,NI,SC)
Morbid obesity (Body Mass Index (BMI) ≥ 40)	DK, FR,IE,IT‡,SE,ES,HU,NO, PT‡, PL	BE,BG,CY,CZ,DE,FI,EE,IS,NL,LT,LV,MT,LU,RO,SI, SK,GR, UK (ENG ,WL,NI,SC)

*-AIDS is indication for getting influenza vaccine.

†- e.g. mild asthma is not included.

‡-BMI >30

Pregnancy related vaccination

Of 28 responding countries 23 indicated that influenza vaccine was recommended for pregnant women. Twenty two countries recommended vaccination of all pregnant women and one country (SE) recommended it for those pregnant women with an additional clinical indication only. Thirteen countries recommended vaccine at any stage of pregnancy and 10 countries recommended vaccine in either the 2nd or 3rd trimester (table 4).

Table 4. Pregnancy related influenza vaccine recommendation EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=28)

Pregnancy related vaccination	Countries	Total
No recommendation	BG,LV,MT, SK ,NL	5
Recommended for all	BE,CY,DE,DK,EE,ES,FR,GR,IS,FI, CZ,IE,IT,LT,RO,SI,HU,PT,LU,NO, PL,	22

	UK (ENG,WL,NI,SC)	
Recommended only for those with other clinical risk indication	SE*	1
Stages of pregnancy (n=23)		
Any trimester	ES,IE,IS,LT,RO,SI,HU,FI,CZ, FR, SE,PL, UK (ENG ,WL,NI,SC)	13
Either 2nd or 3rd trimester	BE,CY, DE†,DK,EE,GR,IT, PT,LU,NO	10
Postpartum women if not vaccinated during pregnancy‡		
No recommendation	BE,BG,CY,CZ,DE,ES,FR,GR,IS,LU, FI, EE,NL,IT,LT,LV,MT,PL,RO,SE,SI,SK,HU,PT, NO, IE,UK(SC, ENG,WL,NI)	27
Recommended only for those with other clinical risk indication	DK	1

*Those not vaccinated with Pandemrix 2009 are recommended vaccination to prevent H1N1pdm2009.

† For pregnant women with underlying diseases vaccination is recommended from 1st trimester onwards.

‡ Up to 6 weeks after delivery.

Individuals recommended vaccination by occupation

Health Care Workers (HCWs)

Most countries (n=20) reported that influenza immunisation was recommended for all HCWs; six countries recommended vaccination of some HCWs; in two countries vaccine (DK,SE) was not recommended to this population group. Details presented in a table 5.

Of 28 countries where influenza vaccine is recommended to HCWs, all countries reported that vaccination of HCWs is not mandatory in their country and there are no plans to introduce mandatory vaccination of HCWs in the coming influenza seasons 2012-13 and 2013-14. However FI and IE reported that mandatory vaccination of HCWs was under discussion at the time when survey was conducted. Conducting data validation it was already known that mandatory vaccination will not be introduced in FI and unlikely in IE. However in FI, for certain departments (for example departments for haematological malignancies) the staff has to be vaccinated. All un-vaccinated have to be moved to other departments etc. This regulation is more to the employers, not to the individual workers.

Table 5. Influenza vaccine recommendations for HCWs in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=28)

Recommendation to HCWs	Countries	Total
Not recommended at all to HCWs	SE , DK	2
Recommended to all HCWs	BE,BG, CZ, CY,DE,ES,FR,GR,IE,IS,IT, LV,LT,MT,PL,RO,SI,HU,LU, UK(SC,ENG,WL,NI)	20
Recommended to some HCWs	SK,PT,NO, FI, EE§,NL	6
Staff with close contact with patients. *	SK,PT,NO,FI,EE,NL	6
Staff with no contact with patients, but contact with potentially contaminated material †	PT	1
Staff without close contact with patients or contaminated material‡	-	0

Other	SK±	1
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Definition to describe HCWs:

* Clinical and other staff, including those in primary care, who have regular, clinical contact with patients. This includes staff such as doctors, dentists and nurses, paramedical professionals such as occupational therapists, physiotherapists, radiographers (radiologists), ambulance workers and porters, and students in these disciplines;

†Laboratory and other staff (including mortuary staff) who have direct contact with potentially infectious clinical specimens and may additionally be exposed to pathogens in the laboratory. This includes those in academic (or commercial research) laboratories who handle clinical specimens. They do not normally have direct contact with patients;

‡Non-clinical ancillary staff who may have social contact with patients, but not usually of a prolonged or close nature. This group includes receptionists, ward clerks and other administrative staff working in hospitals and primary care settings and maintenance staff such as engineers, gardeners, cleaners, etc. These staff may be exposed to other specific occupational risks which require their own surveillance programmes.

Reference: The ENG Association of National Health Occupational Physicians (ANHOPS) guidance on Immunisation of healthcare workers defines three categories of healthcare workers

http://www.hpa.org.ENG/web/HPAweb&HPAwebStandard/HPAweb_C/1195733758763

§ Direct contact with patients, including family doctors, services and workers of children facilities.

± Staff with contact with focal points of infection and not specifically with contaminated material.

Other occupations

Of 28 responding countries influenza vaccination is recommended for essential and military services in seven and 11 countries respectively; for poultry industry workers in nine countries. Three countries recommended vaccination of educational staff. Eleven countries reported that vaccine was not recommended to any of these occupational groups (presented in a table 6).

Table 6. Other occupations recommended seasonal influenza vaccine HCWs in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012 (n=28)

Other occupations	Recommended	No recommendation
Essential services (police & firemen)	BG,EE,ES,IT,MT,PL,LU	BE,CY,DE,FR,GR,IE,SK,HU, NO,SI
Military	BG,DE,EE,ES,GR,IT,MT,SI,SK, LU,PL	BE,CY,FR,IE,HU,NO
Veterinary services	CY,EE,HU,IT,MT,SI	BE,BG,FR,DE,GR,IE,LU,NO,PL,SK, ES
Poultry industry	BE,CY,DE,EE,GR,IE,IT, SI,HU	BG,FR,PL,SK, LU,NO,MT,ES
Families that raise pigs, poultry or waterfowl (ducks, swans, geese)	BE,CY,DE,EE,IE,IT,SI	BG,FR,GR,MT,PL,SK,HU,LU,NO, ES
Airline workers	EE,FR*,PL	BE,BG,CY,DE,ES,GR,SI, IE,IT,MT,SK,HU,LU,NO
Public transport workers	BG,EE, PL, LU	BE,CY,DE,ES,FR, IT,SI, GR,IE,MT,SK,HU,NO
All educational staff (e.g. primary/secondary schools, preschool centres, kindergartens, crèches)	EE,PL,LU	BE,BG,CY,DE,ES,FR, IT,SI GR,IE,MT,SK,HU,NO
Educational staff of very young children	EE,LU,PL	BE,BG,CY,FR,DE,GR,HU,IE,IT, MT,NO,SK,SI,ES

(e.g. preschool centres, kindergartens, crèches)		
Border control/ Immigration/custom control	EE,MT,PL	BE,BG,CY,DE,ES,FR,SI,GR,IE,IT,SK,HU,LU,NO
Energy sector	EE	BE,BG,CY,DE,ES,FR, IT,SI GR,IE,MT,PL,SK,HU,LU,NO
Finance and banking sector	EE,PL	BE,BG,CY,DE,ES,FR,SI,LU GR,IE,IT,MT,SK,HU,NO
None	CZ,DK,LV,LT,RO,SE,PT,FI,IS,NL ,UK(ENG,WL ,NI,SC)	

*FR-crew members;

Other occupations recommended vaccine and comments:

NL-Veterinary service, military service depending on mission abroad; personnel working in prisons, paid by the employer (ministry of justice).

MT-Abattoir, working in prisons, cleansing departments.

NO- Farmers that raise pigs.

UK(ENG,WL,NI,SC)- Front line social workers.

ES-In addition to groups recommended that are specified in a table above vaccine is recommended to persons who work in penitentiaries and other judicial centers.

DK- There are no general recommendations for other workers, it is up to the employers to decide.

EE- Vaccination against seasonal influenza is recommended for all population of Estonia aged ≥ 6 months. For some occupational groups vaccination is being paid by employer.

HU- For the above indicated occupational groups (e.g. police, firemen, military, etc) state recommendation not exists, but the local occ. health services provide vaccination free for employees.

DE – It is recommended to vaccinate employees of establishments/institutions highly frequented by the public (however, there is no specific definition which facilities these are).

Individuals recommended vaccine by other population groups

Twenty five of 28 survey participating countries recommended vaccination of residents of long-term care facilities. Household contacts of babies ≤ 6 months of age were recommended vaccine in nine countries; contacts of those with clinical risk were recommended vaccine in 15 countries; contacts of immunosuppressed individuals were recommended vaccine in 17 countries (table 7).

Table 7. Other population groups recommended seasonal influenza vaccine in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012 (n=28)

	Recommended	No recommendation
Long-term care facilities		
Residents of long-term care facilities	BE,BG,CY,CZ,DE,EE,FI,ES,FR,NL,GR,IE,IS,IT,LT,MT,PL,RO,SI,SK,HU,PT,LU,NO,UK (ENG,WL,NI,SC)	DK,LV,SE
Household contacts of		
Babies ≤ 6 months of age	BE,EE,GR,IT,LT,PT*, FR*,LU ,PL	BG,CY,CZ,DE,DK,ES, IS, LV,MT,IE,RO,SI,SE,SK,HU,FI,NO, NL, UK (ENG,WL,NI,SC)
Persons with clinical risk indication	BE,BG,CY,CZ,DE,EE,ES,GR,IE,IS,IT,LT,LU,PL,NL	DK,FR,LV,MT,FI,RO,SE,SI,SK,HU,PT, NO, UK (ENG,WL,NI,SC)

Immunosuppressed individuals	BE,BG,CY,DE,DK,EE,ES,GR,IE,IS,IT,LT,LU,PL,SE,NL,UK(ENG,WL,NI,SC)	CZ,FR,LV,MT,RO,SI,FI,SK,HU,PT,NO
The elderly (e.g. those ≥ 65)	BE,BG,EE,GR,IE,IS,IT,LT,LU,PL	SK,CY,CZ,DE,DK,ES,FI,FR,HU,LV,MT,NO,PT,RO,SE,SI,NL,UK(ENG,WL,NI,SC)

* Households members of infants <6 months with risk factor.

Other:

IE-Those likely to transmit influenza to a person at high risk for influenza complications (including household contacts and out-of-home care givers).

NI, SC-clinical judgment of the physician, carer of individual in an at risk group.

Payment scheme and funding mechanism applied for influenza vaccination

Of seven countries that recommended seasonal influenza vaccine for children: three countries provided both vaccine and vaccine administration free to all; one country provided free vaccine administration to all and partly funded the cost of vaccine for all;; in three countries the full cost of vaccination was borne by paediatric recipients.

Of 28 countries that recommended seasonal influenza vaccine for older population, 14 countries offered both vaccine and administration of vaccine free of charge for all older recipients. In addition, in eight countries vaccine and its administration was free for some. Detailed information is presented in table 12. Vaccines are funded by National health insurance fund and MoH in most countries.

Table 8. Payment scheme and funding mechanism for child and adult influenza vaccinations with no clinical risk in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012.

Payment scheme	For vaccine itself	For vaccine administration
Children (n=7)		
Free for all	FI,MT,SK*	FI,MT,SK*, LV
Full cost paid by recipient	EE,SI,PL	EE,SI,PL
Partly funded for all	LV	-
Adults (older population) (n=28)		
Free for all	CY [†] ,DK,IS,IT, MT,FI,RO,SK*,ES,HU,UK(ENG,WL,NI,SC),LU,SI,NL	CY [†] ,CZ,DK,FI,IT,MT,RO,SK*,ES,HU,LU,UK(ENG,WL,SC,NI),PT [§] ,LV,NL
Free for some	DE,GR,IE [‡] ,LT,FR,SE,PL [^] ,PT [§]	DE,GR,IE [‡] ,LT,FR,IS,SE,PL [^]
Full cost paid by recipient	BG,EE,NO	BG,EE,NO,SI
Partly funded for all	BE, LV [±]	BE
Other	CZ	
Funding for children's vaccination (n=4)		
National health insurance fund	LV,SK	
Ministry of Health	MT	
Government (vaccine), local health authority (administration)	FI	

Funding for adults vaccination (n=25)	
National health insurance fund	CZ,DE**,DK,GR,IS, LV,SK,LU,BE,SI,FR
Other:	CY,IE,MT,SE,PL,HU,UK (ENG,WL,NI,SC), IT,RO,PT,ES,FI,NL,LT
Ministry of Health	CY,RO, MT, HU, PT,LT,NL
Government Health Services Executive (HSE)	IE
Local government	PL, SE***
Government (vaccine), local health authority (administration)	FI
Regional Health System (part of National Health System)	ES,IT
Central funding through the NHS	UK(ENG,NI,SC,WL)

*The vaccination is officially recommended for healthy children 6 months - 12 years and elderly people 59 years and older if a doctor consider it necessary. These groups should have the full reimbursement of the vaccine and its administration.

†The vaccine was free for all adults over 65 years of age being vaccinated in the Public Sector.

‡ Funding for vaccination for those who get it free (eligibility dependent usually to those on lower income or chronic illness) is from government through the Health Services Executive (HSE). Not actually called the national health insurance fund but similar in that tax payer funds it.

§Vaccine was free for some based in social criteria and for public nursing homes residents. Vaccine administration was free within the NHS.

± Healthy children from 6 month to 23 months and healthy adults older than 65 can get vaccine which is partly funded (50%) and administrated free of charge except patient tax which is paid by all patients. All other healthy adults and children should pay full cost (paid vaccination).

**Influenza vaccine also paid by private Health insurance (HI) fund (approximately 12% of German population belong to private HI).

***The 21 countries who are economically responsible for health care.

^The vaccine was recommended to people >55 years old, but local government funded only for people >65 years old.

Among the 28 participating countries, 14 indicated that vaccine and its administration was free to all for those with clinical risk; in two countries vaccine was free, but administration of vaccine was only free for some; four countries reported that recipients from these groups must pay full vaccine cost and administration (table 9).

Of 23 countries that recommend vaccine for pregnant women nine countries provide both vaccine and its administration free of charge for all pregnant women. In two countries vaccine is free for all but administration free applies for some. One country offers vaccine administration free of charge for all but vaccine is partly funded for all.(table 9) Vaccines are funded by National health insurance fund and MoH or public health service in most countries.

Table 9. Payment scheme and funding mechanism in risk group's for influenza vaccination in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012.

Payment scheme	For vaccine itself	For vaccine administration
Clinical risk groups (n=28)		
Free for all	DE,DK,RO,ES,FR,IE§,LT,FI, IS,IT,MT,SI,SK+,HU, UK (ENG,WL,NI,SC),LU,NL	CZ,DE,DK,ES,FR,IT,LT,FI, MT, RO, SK+,HU, UK (ENG,WL,NI,SC),LU PT**,NL

Free for some	CY*,GR,SE	CY*, GR,IE\$,IS,SE
Full cost paid by recipient	BG,EE,PL,NO	BG,EE,NO,PL,SI
Partly funded for all	BE, LV, PT**	BE,LV
Other	CZ±	
Pregnancy related vaccinations (n=23)		
Free for all	DE,DK, FR,IE,IS,IT, RO,ES,HU, FI, UK(ENG,NI,SC,WL)	DE,DK,ES,FR,IT,RO,HU, FI ,PT**,UK (ENG,NI,SC,WL)
Free for some	CY,GR, SE‡	CY,GR,IE,IS,SE‡,LU
Full cost paid by recipient	EE, LU,NO, CZ,PL,SI	EE,NO, CZ,PL,SI
Partly funded for all	BE, PT**	BE
Different schemes adopted between pregnant and post-partum	LT	LT
Funding for clinical risk groups (n=24)		
National health insurance fund	CZ,DE!,DK,FR,GR,IS, LV,SI,SK, LU, BE	
Other:	CY,IE,MT,RO,PT,HU,SE, ES, IT,FI,LT,NL, UK(ENG,NI,WL,SC)	
Ministry of Health	CY,RO,MT,PT,HU,LT,NL	
Government Health Services Executive (HSE)	IE	
The counties economically responsible for health care	SE	
Regional Health System (part of National Health System)	ES", IT	
Central funding through the NHS	UK(ENG,NI,WL,SC)	
Government (vaccine), local health authority (administration)	FI	
Funding for pregnancy related vaccinations (n=18)		
National health insurance fund	DE!,DK,FR,GR,IS,LU, BE	
Other:	CY,IE,SE, UK (WL,SC,ENG,NI),RO,PT,HU,ES,IT,FI,LT	
Ministry of Health	CY,RO,PT,HU	
Government Health Services Executive (HSE)	IE	
The counties economically responsible for health care	SE	
Government (vaccine), local health authority (administration)	FI	
Regional Health System (part of National Health System)	ES", IT	
Central funding through the NHS	UK(ENG,NI,WL,SC)	
Different schemes adopted for pregnant and post-partum	LT^	

*The vaccine was free for all people at risk being vaccinated in the Public Sector that were entitled free Medical care according to their financial income. Regarding the immunization in the Private sector it was not free unless for those who had private health insurance.

† The vaccination is officially recommended for risk groups regardless the age with some chronic disease specified above if a doctor considers it necessary. These groups should have the full reimbursement of the vaccine and its administration. The pregnant or postpartum women insured in private health insurance companies were fully reimbursed for the vaccine and its administration. The pregnant or postpartum women insured in state insurance company must have fully paid for the vaccine and its administration. Private insurance companies paid fully but anyway the finances are from the budget of Ministry of Health. However this group is not officially recommended and thus there is no official reimbursement. It is only upon the decision of the private health insurance companies.

‡ Influenza vaccination was recommended to pregnant women without underlying conditions, not vaccinated with Pandemrix 2009, to prevent A(H1N1)pdm and to those with medical risk conditions specified for "risk groups".

§ Approximately 40% of Irish population are covered by medical card entitling them to free health services (including vaccination if recommended by national guidance). If not entitled to such free service but they are recommended vaccine then they pay for administration of vaccine (but not vaccine).

** Vaccine administration was free within the NHS.

± The cheapest vaccine free, for more expensive you have to pay the difference.

^Ministry of Health funded vaccination for all pregnant women, for postpartum women 'full cost paid by recipient' scheme applied.

! Influenza vaccine also paid by private Health insurance fund (approximately 12% of German population belong to private Hi).

"Funding of vaccines: Vaccines officially recommended are funded by Regional Health System. The National Health System in Spain is made up of the Health Systems of every Region.

Of 25 countries that recommend vaccine to HCWs 14 countries offered both vaccine and administration free of charge for all HCWs; six countries offered both vaccine and administration free of charge for some; in two countries vaccine was free for all (IS,IE), but administration of vaccine was free for some. In 11 countries the cost of vaccines are funded by employers.

Funding for vaccination of other occupations is presented in a table 10. Of 18 countries nine provide vaccine and its administration free to all, and four countries free to some. One country (IE) provides vaccine free to all, but administration of vaccine is free only to some. In 14 countries vaccines are funded by national health insurance funds, government, public health or employers.

Table 10. Payment scheme for HCWs and other occupations in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012

Payment scheme	For vaccine itself	For vaccine administration
Health Care Workers (HCWs) (n=27)		
Free for all	DE,ES,IS,IT,LT,IE*,MT,RO,HU,PT†,BE,UK(ENG,NI, SC,WL),FI,DK, SI,NL	DE,ES,IT,MT, RO,HU,PT†,LT,BE,UK(ENG,NI,WL, SC)FI,DK,SI,NL
Free for some	CY‡,EE,FR‡‡,GR,SK§§,NO	CY‡,EE,FR‡‡,GR, IS,SK§§,IE*,NO
Full cost paid by recipient	CZ,PL§	CZ,PL§
Different schemes adopted	BG ±,LU^	BG±,LU^
Other	LV	LV
Other occupations (n=18)		
Free for all	DE,ES,IE,IT,MT,SK§§,HU!,NO,SI,WL	DE,ES,IT,MT, SK§§,HU!,NO,SI,WL
Free for some	CY,EE,GR,LU**	CY,EE,GR,IE,LU**

Full cost paid by recipient	PL	PL
Partly funded for all	BE,FR‡‡	BE,FR‡‡
Different schemes adopted	BG***	BG***
Funding for HCWs (n=23)		
National health insurance fund	FR,IS	
Paid by employer	BE,DK,EE,DE!!,IE,PT,SK, NO,SI,PL,NL	
Paid by government	GR,MT,FI,	
Paid by public health	HU	
Ministry of Health	CY,RO,LT	
Other	ES, IT, UK(ENG,WL,SC,NI)	
Regional Health System (part of National Health System)	ES,IT	
Central funding through the NHS	UK(ENG,WL,SC,NI)	
Funding for other occupations (n=16)		
National health insurance fund	ES,FR,GR,CY	
Paid by employer	EE,NO,BE,SI,SK,WL	
Paid by government	IE,MT,LU	
Paid by public health	HU	
Paid either by health insurances or employer	DE!!	
Regional Health System (part of National Health System)	IT	

* Vaccine when provided to those recommended vaccine is free of charge and purchased by the Health services executive (HSE), this is government funded. Administration to all HCWs employed by HSE is free. For other HCWs employers should organise free administration but it is not clear if this happens (low uptake rates suggest that not all employers do so). Workers in occupations recommended vaccines, if entitled to medical card, could get administration from GP free of charge. We do not have information on whether employers of these workers pay for administration.

† Free for NHS professionals. For the private sector health services free for workers paid by employer.

‡The vaccine was free for all HCW employed by the government when being vaccinated in the Public Sector. For the non - public servant HCWs, it was administered for free by the Public Sector only if they were entitled free Medical care according to their financial income.

§ Full cost paid by recipient or by the employer in some institutions (out-patient clinic, institutes).

± Full cost paid by recipient or by the employer in some hospitals.

^Free of charge for some, paid by recipients for others. Vaccine is free of charge for all employees in the health care industry. It is funded by government (vaccine supply free of charge) and employers (vaccine administration). For self-employed, the costs of the vaccine and its administration are paid by the recipient.

! For the above indicated occupational groups (e.g. police, firemen, military, etc) state recommendation not exists, but the local occ. health services provide vaccination free for employees.

** Public servants and employees receive the vaccine free of charge. Others pay the full cost of the vaccine and its administration.

*** Sometimes paid by the employer, sometimes by the recipient.

!! Influenza vaccine also paid by private Health insurance fund (approximately 12% of German population belong to private Hi). Vaccination is recommended employees of establishments/institutions highly frequented by the public or persons who care for unvaccinated vulnerable patients.

§§ The vaccination and its administration should be paid by the employer for the professional groups exposed to risk which are officially recommended the vaccination, such some HCW and military service.

‡‡For the vast majority the part not borne by the social security is reimbursed by private insurances Free vaccination is currently being generalised to all HCW.

LV-did not specify other category.

Comments:

EE-vaccination against seasonal influenza is recommended for all population of Estonia aged > 6 months.

SE- Some counties offer vaccination for free to HCWs despite that it is not a national recommendation.

Of 25 countries that recommend vaccine to residents of long-term care stay facilities 15 offer vaccine and its administration free to all; in IE vaccine is free for all but vaccine administration costs might rarely apply for some (rare); in SI vaccine is free for some, but vaccine administration full cost paid by recipient (table 11). Vaccination is funded by national insurance funds in eight countries and by MoH in seven of these countries.

Table 11. Payment scheme for residents of long-stay care facilities and household contacts in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012.

Payment scheme	For vaccine itself	For vaccine administration
Residents of long-term care stay facilities (n=25)		
Free for all	CY*,DE,ES,IS,IT,LT,MT,RO,SK,HU,UK (ENG,WL,NI,SC),LU,NO,FI,IE,NL	CY*, DE,ES,FI,IS,IT,LT,MT,RO,SK,HU, UK (ENG,WL,NI,SC),LU,NO,NL
Free for some	BE,BG,FR,GR,SI,PT†	BE, BG,FR,GR,PT†, IE
Full cost paid by recipient	EE,PL	EE,PL ,SI,
Other	CZ‡	CZ‡
Household contacts (n=22)		
Free for all	DE,DK,ES,FI,IE,IT,UK (ENG,WL,SC,NI),NL	DE,DK,ES,FI,IT,PT,UK (ENG,WL,SC,NI),NL
Free for some	CY,GR,SE	CY,GR,IE,SE
Full cost paid by recipient	BG,CZ,EE,IS,LT§,LU,PL,SK	BG,CZ,EE,IS,LT§,LU,PL,SK
Partly funded for all	BE,FR,PT±	BE,FR
Funding for residents of long-term care facilities (n=23)		
National Health insurance fund	CZ,DE**,FR,GR,IS,SI,SK, LU	
Other:	BG,CY,IE,MT,HU, IT, UK(ENG,NI,SC,WL),NO,RO, BE,PT,ES,FI,LT,NL	
Ministry of Health	CY,RO, MT, PT,HU,LT,NL	
The cost is paid sometimes by the MoH	BG	
Some national but some would be private	IE	
Health Care Facility	NO	
Regional Health System (Part of National health System)	ES, IT	
Government (vaccine), local health authority (administration)	FI	
Health Authorities of the region	BE	
Central funding through the NHS	UK (ENG,NI,SC,WL)	
Funding for household contacts (n=14)		
National (statutory) Health insurance fund	BE,DE**,DK,FR,GR	
Other:	CY,IE,PT, UK (ENG,NI,WL,SC) ,FI,IT,ES,SE^,NL	

Government pays Health Services Executive (HSE)	IE
Ministry of Health	CY,PT,NL
Central funding through the NHS	UK (ENG,NI,WL,SC)
Regional Health System (Part of National health System)	ES, IT
Counties	SE [^]

*The vaccine was free for all people being vaccinated in the Public Sector that were entitled free Medical care according to their financial income.

† Vaccine administration was free within the NHS.

‡ The cheapest vaccine should be free, for more expensive you have to pay the difference.

§ Vaccine was free for household's contacts if they belong to risk group.

± Only for contacts of babies <6 mo with clinical risk factors

** Influenza vaccine also paid by private Health insurance fund (appr. 12% of German population belong to private Hi).

[^] There is no national responsibility for vaccination funding, it is up to the 21 counties to decide whether to charge and how much. More than half the counties give the vaccine for free to the specified risk-groups.

When a vaccine is recommended for a new age, risk or targeted group automatic public funding follows such recommendations in nine countries. Ten countries reported that following new recommendations there was an increased likelihood that public funding may be provided, but this was not automatic (table 12).

Table 12. Implications for funding when vaccine is recommended to a new age, risk or targeted group. Seasonal influenza vaccination survey, November 2012. (n=28)

Funding availability	Countries	Total
Automatic public funding once a recommendation is made	SK,ES,FI,FR,IS,LV,MT,RO,UK(ENG,NI,SC,WL)	9
Increased likelihood that public funding may be provided but not automatic	BE,DE*,GR,IE,IT,LT,LU,PT†,SE,NL	10
No link between recommendations and funding	BG,CZ,EE,HU,NO,PL,SI	7
Did not respond	DK,CY	2

*Very high likelihood. After a recommendation is endorsed, the Federal Joint Committee will include this in a guideline for vaccination reimbursement, unless they have a sufficient reason not to do so.

†Before issuing a recommendation it is evaluated if there is public funding available, mainly if it includes -free vaccination.

Vaccination coverage data

Measured by administrative method

Overall 24 countries provided VC calculated for different age and population groups using administrative methods:

BG,CY,DK,HU,IS,IE,IT,LV,LT,LU,NL,NO,PL,PT,RO,SK,ES,FR,ENG,SE,SI,WL,SC,NI. Two countries (MT,EE) that provided vaccination coverage data in previous VENICE surveys, did not provide data for the season 2011-12. Influenza VC among older population (≥ 59 ; ≥ 60 , ≥ 65 years of age) was measured in 18 countries in the 2011-12 season. The VC among those ≥ 65 varied from 1.7% in LV to 77.2% in NL. VC for clinical risk groups was reported by six countries (three MSs: UK,NL,FR) and ranged from 29.7% in FR to 73.6% in NL. In addition NO reported a

combined vaccination coverage of 42% for both clinical risk groups and those aged ≥ 65 together. Estimates of coverage for residents in nursing homes were provided by three countries (SK,PT,IE) and VC reported was 78.9%, 91%, and 88% respectively. Four countries (one MSs) provided VC data for pregnant women. Nine countries were able to provide VC data for HCWs with a wide range reported, from 6.4% in PL to 54.4% in RO. Details are presented in table 13.

Table 13. Vaccination coverage measured by administrative method in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012.(n=24)

Country	Vaccination coverage (%) influenza season 2011-12
Entire population (n=13)	
BG	2.91
CY	12.05
IS	14.2
IT	17.8
LV	0.4
PL	4.5
RO	3
SK	7.5
SI	4.89
LT	6.4
HU	10.3
NO	9
NL	65.7
Children (n=5)	
$\geq 6-23$ months	
IT	2.2
LV	0.1
SI	0.14
2-4 years	
IT	4.2
SI	0.38
5-8 years	
IT	4.5
≥ 6 months-4 years	
PL	1.4
≥ 6 months -15 years	
SK	2.7
5-14 years	
PL	2.4
5-18 years	
SI	0.5
9-14 years	
IT	3.3
15-17 years	

IT	3.6
Older age groups	
≥59 year age group (n=1)	
SK	21.9
≥60 year age group (n=2)	
HU	31.1
NL	56.2
≥65 year age group (n=18)	
DK	51
SE	44
FR	54
IE	56.3
IT	62.7
LV	1.7
LT	18.5
PL	14.2
RO	20.9
ES	57.7
ENG	74
WL	67.7
SC	76.6
NI	77
HU	31.3
LU	45.1
SI	16.2
NL	77.2
Other age groups (n=3)	
18-44 years	
IT	3.4
45-65 years	
IT	12.0.
15-64 years	
PL	3.1
16-58 years	
SK	4.4
Health Care Workers (n=9)	
IE	18
PL	6.4
SI	15.7
ES	24.7
RO	54.4
ENG	44.6
WL	30.9
NI	21

PT	32
Clinical risk groups aged ≥ 6months-64years (n=6)	
FR	29.7
ENG	51.6
WL	50.0
NI	82
SC	59.7
NL	73.6
Pregnant women (n=4)	
ENG	27.4 all(50.8 at risk; 25.5 healthy)
WL	31.7 (healthy pregnant women)
NI	58 (all pregnant women)
SC	33.3 all(60 at risk; 39.6 healthy)
Residents in social care facilities (n=3)	
PT	91
IE	88
SK	78.9
Staff in nursing homes(n=3)	
IE	13.5
PT	28
ENG	45.2
All clinical risk groups and ≥ 65 together (n=1)	
NO	42
Other: Health care workers in GPs practice (n=1)	
NL*	65.1

*NL- Vaccination coverage was for all healthcare workers in general practitioners practices 8.6% and 56.5% for part of the healthcare workers in general practitioners practices. The vaccination coverage of 65.1% is an indication that in most 65.1% of all practices all of most people are vaccinated.

Comments:

BE- Vaccine coverage estimated at 90% in residents of nursing homes in the Flemish Community, according to the distribution of vaccines.

DK-The vaccination coverage in the whole population and by age group is measured, but only information on influenza vaccinations given to risk groups is known. Vaccinations given to healthy individuals on their own cost are unknown.

FR-The vaccine coverage is given for the 65 years old and plus (belonging or not to clinical risk groups) and for the population at risk under 65 years old (29.7%), given a global VC at 48.8 for the persons belonging to a clinical risk group or over 64 years old. I don't have the VC for the clinical risk groups whatever the age.

ES-Some Regions recommend immunisation of ≥ 60 years. The media coverage in these Regions for age group 60-64 years was 29.92% in 2011-2012. Only few Regions have information of coverage in other risk groups, but the information for the whole country is scarce.

IE- uptake reported for HCWs in HSE publicly funded acute hospitals (80% hospitals participated). Uptake reported for population > 65 years is incomplete as new IT system was put in place during year.

DE-vaccination coverage for HCW, clinical risk groups, and population ≥ 60 years is currently assessed in a 2012-13 telephone survey. Data will become available middle of 2013.

Estimated by survey methods

Three countries (FR,PT,NO) estimated VC using survey methods. DE also reported that vaccination coverage is estimated conducting telephone survey; however at the time of VENICE survey vaccination coverage data were not available.

VC estimated by survey method among older population (≥ 65 years) varied from 36% in NO to 64.1% in FR. The reported VC in clinical risk groups varied from 31% in PT to 45.6% in FR; vaccination coverage for HCWs was calculated at 12% in NO.

Table 14. Vaccination coverage estimated by survey methods in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=3)

Countries	Vaccination coverage (%) influenza season 2011-12
Entire population (n=1)	
PT	16.4
Older age groups (n=3)	
≥ 65 year age group	
FR	64.1
NO	36
PT	43.4
Other age groups (n=2)	
≥ 15 years	
NO	11
FR	23.4
Health care workers (n=1)	
NO	12
Clinical risk groups (n=3)	
FR	45.6
NO	37
PT	31

Comments:

DE - Survey for 2011-12 vaccination coverage was conducted, results are pending. Data will be available in April/May of 2013.

FR-Two surveys :1/ Among adults ≥ 15 years old Global VC= 23.4% VC among high-risk group= 50% VC among 65 and + (≥ 65 years group included in the population at risk)= 50%. I don't have the VC for those with clinical risk2/ among children < 15 years old at risk only= 11%. From the data, I have estimated the VC for the population at risk whatever the age to be 45.6% ($\Rightarrow \geq 65$ years +).

Vaccination coverage monitoring

Existing mechanisms to monitor vaccination coverage

Of 31 (including different parts of UK) responding countries seasonal influenza vaccination coverage was measured for the entire population in 19 countries (SK,BE,BG,CY,DE,DK,EE,HU,IS,IT,LT,LU,LV,NO,PL,RO,SI,PT,UK(ENG)). The following countries do not measure vaccination coverage among entire population: CZ,ES,FI,FR,GR,IE,MT,SE,UK(WL,NI,SC),NL.

A minority of countries (SK,IT,UK(ENG,WL,NI)) have a mechanism for monitoring seasonal influenza vaccination coverage for all groups for whom vaccination is recommended. Seven countries reported that they do not have mechanisms to monitor vaccine coverage for any group (BE,BG,CY,CZ,EE,GR,IS).

The following 19 countries reported that they had mechanisms to monitor vaccination coverage for some (but not all) population groups:

DE,DK,ES,FI,FR,HU,IE,LT,LU,LV,MT,NO,PL,PT,RO,SE,SI,UK(SC),NL. Details for which these countries have mechanism to monitor vaccination coverage presented in a table 15.

Table 15. Mechanism to monitor vaccination coverage by population groups in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=19)

Population groups	Have mechanism to monitor vaccination coverage	Do not have mechanism to monitor vaccination coverage	Not applicable
Occupational setting			
HCWs			
All HCWs	DE,ES,HU,PT,RO,SI,SC	DK,FI,FR,LU,LV,MT,PL,NL	SE
Some HCWs:	IE,LT,NO		
If some, specify:			
Staff with close contact with patients	IE,LT,NO		
Staff with no contact with patients, but contact with potentially contaminated material		IE,LT,NO	
Staff without close contact with patients or contaminated materials	IE	LT,NO	
Other occupations			
Military*		DK,DE,HU,IE,LV,LT,MT,PL,RO,SI,ES	SC,FI,NO,NL,PT,SE
Essential services (police& firemen)		DK,HU,LT,LU,MT,PL,RO,ES	FI,FR,DE,IE,LV,NO,PT,SE,SI,NL,SC
Veterinary services		DK,HU,IE,LV,LT,LU,MT,PL,RO,SI	FI,FR,DE,NO,PT,NL,SE,ES,SC
Poultry industry		DK,DE,HU,IE,LV,LT,LU,MT,PL,RO,SI,	FI,FR,NO,PT,NL,SE,ES,SC
Families that raise pigs/poultry/wild fowl (geese, ducks, swans)		DK,DE,HU,IE,LV,LT,LU,MT,PL,RO,SI	FI,FR,NO,PT,NL,SE,ES,SC
Airline workers		DK,FR,HU,LV,LT,LU,MT,PL,RO	FI,DE,IE,NO,PT,SI,NL,SE,ES,SC
Public transport workers		DK,HU,LV,LT,LU,MT,PL,RO	FI,FR,DE,IE,NO,PT,SI,NL,SE,ES,SC
Educational staff		DK,HU,LV,LT,LU,MT,PL,RO	FI,FR,DE,IE,NO,PT,SI,NL,SE,ES,SC
Custom staff/ Border/immigration staff		DK,HU,LV,LT,LU,MT,PL,RO	FI,FR,DE,IE,NO,PT,SI,NL,SE,ES,SC
Energy sector workers		DK,HU,LV,LT,LU,MT,	FI,FR,DE,IE,NO,PT

		PL,RO	SI,NL,SE,ES,SC
Finance and banking workers		DK,HU,LV,LT,LU,MT,PL,RO	FI,FR,DE,IE,NO,PT SI,NL,SE,ES,SC
Clinical risks§			
Chronic pulmonary (including asthma) disease	FR,DE,PT,SC,NL	DK,FI,HU,IE,LV,LT,LU,MT,PL,RO,SI,ES,SE,NO	
Cardiovascular (except hypertension) disease	FR,DE,PT,SC,NL	DK,FI,HU,IE,LV,LT,LU,MT,PL,RO,SI,ES,SE,NO	
Renal disease	FR,DE,PT,SC,NL	DK,FI,HU,IE,LV,LT,LU,MT,PL,RO,SI,ES,SE,NO	
Hepatic disease	DE,PT,SC	DK,FI,HU,IE,LV,LT,LU,MT,PL,RO,SI,ES,SE,NO,FR,NL	
Haematological or metabolic disorders (including diabetes mellitus)	FR,DE,SC,NL	DK,FI,HU,IE,LV,LT,LU,MT,PL,RO,SI,ES,SE,NO,PT	
Chronic neurologic diseases or neuromuscular conditions†	FR, PT,SC,NL	FI,HU,IE,LV,LT,LU,MT,PL,RO,SI,ES,SE,NO,DE	
Immunosuppressed due to disease or treatment	FR, SC,NL	DK,FI,HU,IE,LV,LT,LU,MT,PL,RO,SI,ES,SE,NO,PT,DE	
HIV/AIDS	FR, SC,NL	DK,FI,HU,IE,LV,LT,LU,MT,PL,RO,ES,NO,PT,DE	SI,SE
Long-term aspirin use (in children up to 18 years old)		DK,FI,HU,IE,LV,LT,LU,MT,PL,RO,SI,ES,PT,NL	NO,FR,DE,SC,SE
Pregnancy	HU,RO,SI,SC	DK,FI,IE,LV,LT,LU,MT,PL,ES,SE,NO,FR,DE,PT,NL	
Any condition affecting respiratory function	FR,NL	DK,FI,HU,IE,LV,LT,LU,MT,PL,RO,SI,ES,SE,DE,PT,NO	SC
Other population groups‡			
Residents of long-term care facilities (nursing homes and other chronic-care facilities)	FR,IE,PT	DK,FI,DE,HU,NO,LT,LU,LV,MT,PL,RO,SI,ES,SC,NL	SE
Household contacts of persons for whom vaccination is recommended		DK,FI,DE,HU,LT,LU,LV,MT,NO,PL,RO,ES,SE,FR,IE,PT,SC,NL	SI

*Not known- FR,LU.

†Not known- DK.

‡ Unpaid carers SC.

§ Known other medical conditions: obesity and cancer in PT.

Comments:

ES-Regions monitor coverage and send this information at National level annually. Some Regions monitor several or every group in which immunization is recommended.

BE-Health interview survey, organised once in four years.

DE-The main tool for assessment of coverage are telephone survey. For several of the medical conditions the power is not adequate to have a good estimate. The survey is not powered to estimate coverage in pregnant women.

Numerator assessment

Of 28 responding countries 24 countries (BE,BG,CY,DK,FR,DE,HU,IS,IE,IT,LV,LT,LU,MT,NL, NO,PL,PT,SK,SI,ES,SE,UK(ENG,WL,SC,NI),FI) use administrative record data, surveys or pharmaceutical data to measure the numerator for assessing influenza vaccination coverage. The type of numerator used for assessment and the time when it was last conducted for each country is detailed in table 16. EE,RO,CZ,GR did not use (or reported as unknown if these methods were used) any of methods described below in table 16.

Table16. Method/s to use for vaccination coverage assessment in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=24)

Country	Method/Last conducted (month, year)
Health record data	
Medical records (excluding computerised records) (n=0)	
-	
Computerised medical records (not specific to immunisation) (n=7)	
IT	January 2013
ES	April 2012
SE	September 2012
ENG	January 2012
WL	Not specified
SC	March 2012
NL	July 2012
Immunisation registry (routinely collected information) (n=7)	
DK	September 2012
IT	January 2013
LV	April 2012
LT	May 2012
PT	April 2012
ES	March 2012
SE	September 2012
Immunisation survey (active collection of immunisation data)(n=7)	
DE	Ongoing since April 2012
FI	Not specified
NO	April 2012
PT	April 2012
SI	May 2012
IE	May 2012
NI	Monthly with end of season report for uptake as 31st of March
Survey type	
Household survey, in person (n=0)	

Individual interview, in person (n=1)	
BE	June 2008
Telephone survey (n=3)	
DE	Ongoing since April 2012
NO	April 2012
PT	April 2012
Mail survey (n=3)	
CY	May 2007
FR	Mar 2012
SE	Mar 2009
Pharmaceutical data (n=5)	
Pharmaceutical distribution data (from industry)	
BE	June 2012
IS	June 2012
SK	Jun 2011
PT	Jun 2012
LU	March 2011
Pharmaceutical distribution data (from national purchaser) (n=8)	
BG	Mar 2012
CY	Jan 2012
IS	June 2012
MT	May 2011
SK	Jun 2012
NO	Apr 2012
PT	April 2012
PL	Not specified
Pharmaceutical sales data (from private pharmacies)(n=2)	
CY	Jan 2012
PT	Jun 2012
Prescription data (n=4)	
DE	September 2012
HU	April 2011
LU	March 2011
SK	July 2012

Comments:

SK – For vaccination coverage assessment we use the distribution and sale data directly from the pharmaceutical companies and the prescription data from the insurance companies (the pharmacies).

IE- survey of uptake among HCWs employed in HSE funded hospitals and long term care facilities for 2011-2012 season.

The details on survey methods that were used in four countries provided in table 17.

Table 17. Details for survey method used assessing vaccination coverage in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012.(n=3)

Country	Sampling strategy	Specified probability sampling	Sample	Response
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		method	size	rate
PT	Probability sampling	Stratified (assessment, LQAS*)	2395	77
NO	Probability sampling	Stratified (assessment, LQAS*)	2000	16
IE	Comprehensive	All HSE funded acute hospitals	56	80

*Lot quality assessment sampling.

IE uptake sought from each hospital

Type of administrative method for numerator assessment

Of 30 responding countries (four administrative regions of UK included) 22 assess numerator (BG,CY,DK,EE,FR,HU,IE,IT,LV,LT,LU,NO,PL,PT,RO,SK,SI,ES,SE,UK(ENG,NI,SC)). Twelve of them (BG,DK,EE,FR,IE,IT,NO,PL,SI,ES,UK(ENG,NI)) use two types of administrative method and seven countries use three (CY,HU,LV,LU,RO,SK,SE). LT assesses numerator data using four methods; and PT use six and UK(SC) one method to assess the numerator. The following eight countries (BE,CZ,DE,FI,GR,IS,MT,NL) reported that they do not routinely use administrative methods to measure the numerator (table 18).

Table 18. Administrative method used for vaccination coverage assessment in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=30)

Administrative method	Countries	Total
Numerator not assessed	BE,CZ,DE,FI,GR,IS,MT,NL	8
Numerator assessed	SK,BG,CY,DK,EE,ES,FR,HU,IT,LT,LU,LV,NO,PL,PT,RO,SE,SI,UK(ENG,NI)	20
Aggregate collection of number of vaccines administered	HU,LV,LT,PT,RO,SE*	6
Aggregate collection of number of vaccines distributed (industry)	LU,PT,SK	3
Aggregate collection of number of vaccines distributed (national purchaser)	BG,CY,LT,NO†,PT	5
Aggregate collection of number of vaccines sales (private pharmacies)	CY,PT	2
Payment/ reimbursement claims	DK,FR,IE,LV,LU,UK(NI,SC)	7
Number of people vaccinated	EE,HU,IE,IT,LT,PL,PT,RO,SK,SI,SE,UK(ENG),ES	13

*Aggregate collection of number of vaccines distributed in the county.

†Aggregate collection of number of doses distributed from all wholesalers in Norway combined with information on number of doses used.

Twenty countries (four administrative regions of UK included) collect data for numerator assessment annually or at the end of influenza season, most of them in spring (table 19). Eight countries (DK,LT,FR,HU, UK(NI,SC,WL, ENG) assess vaccination coverage more frequently (monthly, fortnightly or weekly).

Table 19. Interval of vaccination coverage assessment in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=30)

Country/ Interval at which numerator data assessed	Comments
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Annually (n=13)	
BG	March-April
CZ	end of April
EE	January
FI	in the end of April
DE	Integrated in whole-year health monitoring surveys
IS	June each year
IT	April (in Feb preliminary data)
MT	end of April
PL	the fourth quarter of the year
SK	After the influenza season - May, June every year
ES	March-April
NL	April-June
SE	Different counties use different methods
Once, at the end of flu season (n=7)	
CY, LV, LU, NO, PT, RO, SI	
Monthly (n=3)	
DK, LT, UK(NI)	
Weekly (n=4)	
UK(ENG, WL, SC), FR*	
Every two months (n=1)	
HU	
Never (n=1)	
GR	
Other (n=2)	
Different intervals for different groups†	
IE	
Health interview survey each 4 years	
BE	

* Weekly during the vaccine campaign (October to January).

† IE-monthly for elderly from payment system, twice during season for HCWs and residents of long term care facilities (HSE funded, not the private facilities yet) (hospital survey).

Denominator assessment

Ten countries (four administrative regions of UK included) reported that they can measure denominator data for some HCWs categories; No one country have denominator for other occupational groups (e.g.military and emergency service workers). Nine countries (seven MSs) have denominator data for individuals with medical conditions (table 20).

Table 20. Denominator availability in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=31)

Population group	Denominator available	Denominator not available	Not applicable
Occupation groups			

	DE,HU,IE,PT,RO,SI, ES, UK(ENG,WL,NI)	BE,BG,CY,CZ,DK,E E,FI,FR,GR,IS,IT,LV ,LT,LU,MT,NO,PL, SK, UK(SC),NL	SE
HCWs			
Denominator for all HCWs	DE,HU,PT,RO,SI, ES, UK (ENG,WL, NI)		
Some HCWs:	IE		
Staff with close contacts with patients	IE		
Staff with no contacts with patients, but contact with potentially contaminated material		IE	
Staff without close contacts with patients or with potentially contaminated material	IE		
Other occupational groups			
Essential services (Police & Firemen)		HU,RO,ES	DE,IE,PT,SI, UK(ENG,WL,NI)
Military personnel		DE,HU,RO,SI,ES	IE,PT, UK(ENG,WL,NI)
Poultry industry personnel		DE,HU,IE,RO,SI	PT,ES, UK(ENG,WL,NI)
Pig industry personnel		HU,IE,RO	DE,PT,SI,ES, UK(ENG,WL,NI)
Veterinary services personnel		HU,IE,RO,SI	DE,PT,ES, UK(ENG,WL,NI)
Families that raise pigs/poultry/wild fowl (geese, ducks, swans)		DE,HU,IE,RO,SI	PT,ES, UK(ENG,NI)
Airline workers		HU,RO	DE,IE,PT,SI,ES, UK(ENG,WL,NI)
Public transport workers		HU,RO	DE,IE,PT,SI,ES, UK(ENG,WL,NI)
Educational staff		HU,RO	DE,IE,PT,SI,ES, UK(ENG,WL,NI)
Border/immigration		HU,RO	DE,IE,PT,SI,ES, UK(ENG,WL,NI)
Custom		HU,RO	DE,IE,PT,SI,ES, UK(ENG,WL,NI)
Energy sector		HU,RO	DE,IE,PT,SI,ES, UK(ENG,WL,NI)
Finance and banking		HU,RO	DE,IE,PT,SI,ES, UK(ENG,WL,NI)
Medical condition categories			
	DE,HU,RO,SI, NL, FR, UK(ENG,WL, SC)	BE,BG,CY,CZ,DK,E E,FI,GR,IS,IT,LV,LT ,LU,MT,NO,PL,SK,	

		SE,IE,PT, UK(NI), ES	
Chronic pulmonary (including asthma) disease patients	DE, FR,NL, UK(ENG,WL,NI, SC)	HU,RO,SI,UK(NI)	
Cardiovascular (except hypertension) disease patients	DE, NL,FR, UK(ENG,WL,NI, SC)	HU,RO,SI,UK(NI)	
Renal disease patients	DE, NL, FR, UK (ENG,WL,NI, ,SC)	HU,RO,SI,UK(NI)	
Hepatic disease patients	DE, UK(ENG,WL,NI,SC)	HU,RO,SI, FR,UK(NI)	NL
Hematological or metabolic disorders (including diabetes mellitus) patients	DE, FR, NL UK(ENG,WL,NI, ,SC)	HU,RO,SI,UK(NI)	
Chronic neurologic diseases or neuromuscular conditions	UK(ENG,WL,NI, SC), FR	HU,RO,SI,UK(NI), DE	NL
Immunosuppressed due to disease or treatment†	FR,NL,UK(ENG,WL ,NI,SC)	HU,RO,SI,UK(NI), DE	
HIV/AIDS patients	FR, NL,UK (ENG,WL,NI,SC)	HU,RO,UK(NI), DE	SI
Long-term aspirin users (in children up to 18 years old)		DE,HU,RO,SI, FR, UK(ENG,WL),	UK(NI,SC),NL
Pregnant women	HU,RO,SI, UK (ENG,WL,NI,SC)	FR, DE	NL
Any condition affecting respiratory function	FR,NL	DE,HU,RO,SI, UK(ENG,WL,NI)	UK(SC)
Other group categories			
	NO,SK,UK(WL,SC), PT	BE,BG,CY,CZ,DK, EE,FI,FR,DE,GR,H U,IS,IE,IT,LV,LT,LU ,MT,PL, NL,RO,SI,ES,SE,UK (ENG, NI)	
Population of <u>residents</u> of long-term care facilities (nursing homes and other chronic-care facilities)	SK,UK(WL),PT	NO,UK(SC)	
Number of household <u>contacts</u> of persons for whom vaccination is recommended	UK(WL)	SK,NO,UK(NI,SC)	
Population other category, specify:	NO*,(WL,SC)†		

*It has been estimated that persons belonging to the risk groups and persons 65 years or older amount to about 19 % of the total population.

† Carers.

Comments:

IE-For HCW denominator data, this information is provided from the Human resources departments in HSE funded acute hospitals.

DK-Aan interactive module, where uptake of vaccinations given in the national programme with 3 months delay, by age, municipality, year etc. Is available: <http://www.ssi.dk/Smitteberedskab/Sygdomsovervaagning.aspx>

FI- Only age wise data are known.

SE-Different counties use different methods to assess vaccine coverage. For about one third of the population register-data are available. Some use record-data, others doses delivered, others questionnaires.

NI- monitors uptake rates collectively for clinical risk groups aged under 65 years rather than by each specific at risk condition. The exception is pregnancy where coverage is monitored.

Vaccine procurement

The total number of doses of seasonal influenza vaccine purchased, distributed and used for the 2011-12 influenza season varied widely across countries (data are provided in a table 21). Twelve countries of 29 that responded were not able to provide these data.

Table 21. Vaccine procurement in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=29)

Country	2011-12 purchased doses	2011-12 distributed doses	2011-12 used doses
BE	NK	2800000	NK
BG	214600	214600	NK
CY	101992	94762	94762
FI	NK	1009971	NK
HU	1305000	1270000	NK
IS	60000	45384	NK
IE	850630	702450	NK
LT	NK	NK	114725
MT	80000	76000	75200
NO	NK	517000	466000
PT	1900000	1900000	1350000
RO	1015115	1015115	650589
SK	596900	407417	407417
SI	161600	137233	100390
ES	NK	NK	8678616
NL	4200000	3956010	3637545
NI	NK	NK	408 000
NK for purchase distributed and used No. o doses.	CZ,DK,EE,FR,DE,GR,IT,LV,LU,PL,SE,UK(ENG)		

NK-not known

WL,SC-did not respond.

Comments:

DE- Not applicable to the German system.

NI – data relates to vaccine to support the official flu vaccination programme including healthcare worker vaccination but excludes vaccines purchased separately for other occupational groupings and those vaccinated outside the recommended groups.

Most countries (n=28) reported that trivalent inactivated intramuscular influenza vaccine was used (table 22).

Table 22. Vaccine type used in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=28)

	Countries	Total
Trivalent inactivated intramuscular influenza vaccine	BE,BG, CY ,CZ,DK,EE,FI,FR,DE,GR,HU,IS,IE,IT,LV,LT,LU, MT,NO,PL,PT,RO,SK,SI,ES,SE, NL, UK(ENG,NI,WL,SC)	28
Trivalent attenuated nasal vaccine	PL	1
Trivalent inactivated intradermal vaccine	BE,CZ,SK*	3

* SK-Trivalent inactivated intradermal influenza vaccine which is not reimbursed but offered to some risk groups. WL-did not respond.

Vaccination sites

Both public and private health sectors are used for vaccine administration in 26 countries (four administrative regions of UK included). In IT and HU vaccination is carried out only in the public sector and in EE vaccine is administered only in the private sector (table 23). Eight countries provided information on the proportion of influenza vaccinations administered in public and/or private sector. Twenty one countries did not provide these data.

Table 23. Health sector(s) and proportion for administration of influenza vaccine in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=31)

Country	Health Sector	Proportion public	Proportion private
DK	Both public and private	80	20
EE	Private	-	100
IE	Both public and private	90	10
IT*	Public	NK	-
LU	Both public and private	5	95
PT	Both public and private	45	55
ES†	Both public and private	95	5
CY	Both public and private	55.7	44.3
SC	Both public and private	95	5
HU	Public	NK	-
NK for both public and private	BE,BG,CZ,FI,FR,DE,GR,IS,LV,LT,MT,NO,PL,RO,SK,SI,SE,NL, UK(ENG,WL,NI)		

NK-not known.

*IT Vaccine is available also in the private pharmacy. However the implementation of the influenza immunisation plan is only inside the public sector.

†Rough estimate.

Twenty seven and twenty two countries (four administrative regions of UK included) reported that most common supplies of vaccine are given in GP practices or workplaces (table 24).

Table 24. Outlets for influenza vaccine administration in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012.

	Countries	Total
GPs	SK,BE,BG,CZ,CY,DE,DK,EE,ES,FR,GR,HU,IE, IS,IT,LT,LU,LV,MT,NO,RO,SE,SI, NL, UK (ENG,WL,NI)	27
Workplaces	BE,DK,EE,FR,DE,GR,IS,IE,IT,LV,LU, MT,NO,PL,PT,SK,SI,SE, NL ,UK (ENG,WL,NI)	22
Pharmacies	FI,FR,IS,IE,LV,MT,PT,UK (ENG,WL)	9
Walk-in clinics	BE,DK,EE,FI,FR,DE,GR,IS,CY, IT,LV,NO,PL,SI,ES,SE,UK (ENG)	17
Hospitals	BE,BG,CZ,CY,DK,EE,FR,DE,GR,HU,IS,IE,LV,LT, LU,MT,NO,PL,PT,SK,SI,ES,SE, NL UK (ENG,WL,NI)	27
Schools	IS	1
Supermarkets	UK (ENG,WL)	2

Other outlets:

BG-immunisation services.

HU-occupational health services.

NO-Public health services.

PT-primary health care settings.

NL-nursing homes etc.

ES- there are no public GPs surgeries but primary health care centres.

Doctors and nurses were reported as most common who administer influenza vaccines (table 25).

Table 25. HCW professions that can administer influenza vaccine in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=30)

	Countries	Total
Doctors	BE,BG,CZ,CY,DK,EE,FI,FR,DE,GR,HU,IS,IE, NL IT,LV,LT,LU,MT,NO,PL,PT,RO,SK,SI,ES,SE,UK(ENG,WL,NI)	30
Nurses	BE*,BG,DK,CY,EE,FI,FR,IS,IE†,IT,LT, MT,NO,PL,PT,RO,SK,SI,ES,SE,UK (ENG,WL,NI)	23
Pharmacists	IE,PT,UK (ENG,WL)	4

* Nurses can administer vaccines in the presence of a doctor.

†Nurses can administer if vaccine prescribed by doctor and they are trained to administer vaccine.

SC –no response.

Of 24 responding countries (four administrative regions of UK included) 15 reported that they need to have special protocol (e.g. license, standing order) to administer vaccine if vaccine is administered by anyone other than doctor (table 26).

Table 26. The need of special protocol for influenza vaccine administration in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=24)

	Countries	Total
Special protocol needed	SK,BE,BG,CY,DK,EE,FR,IE,LT,NO,RO,SE, UK(WL,NI,ENG)	15
Special protocol not needed	ES,FI,IS,IT,MT,PL,PT,SI	8

No response- CZ,DE,GR,HU,LU,LV,SC.

Five countries (SK,DE,DK,LT,LU) reported full refund for vaccine and administration to private sector for vaccination of those at risk. Ten countries reported that there is no any refund to private sector at all for influenza vaccination (table 27).

Table 27. Refund from the government/insurance fund (or corresponding body) to private institution for influenza vaccination in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=27)

Refund from the government/insurance fund (or corresponding body)	For vaccine itself	For vaccine administration
Full refund for all vaccinated individuals	-	-
Full refund for those at risk (e.g. ≥ 65; clinical risk groups)	SK,BE,DE,DK,ES,IS,LT, LU,MT,SI	SK,CZ,DE,DK,LT,LU
No refund to private sector at all	BG,CY,EE,FI,FR,LV, NO,PL,RO,SE	BG,CY,EE,ES,FI,FR,IS,LV, MT,NO,PL,PT,RO,SE
Partial refund for those at risk (e.g. ≥65; clinical risk groups)	CZ,GR	GR,IE
Partial refund for all vaccinated individuals	NL	BE,NL
Partly funded	PT	
No response	HU,IT	HU,IT
Arrangement vary between Health Boards and Local Authorities	UK(WL)	UK(WL)

ENG, SC and NI- no response.

Comments:

IE- If an individual is in recognised risk group and recommended vaccine and if they are eligible for free medical services, then full refund to private practitioner through public health payment system. Many private health insurance policies would provide some cover for GP visit and vaccine administration might be reimbursed for some.

SI- no refund to public and private health sector.

PT – vaccine partly funded for all who have a medical prescription.

ES-Not really a refund. Vaccine can be given by Regional authorities to private clinics in order to vaccinate officially recommended groups.

Most countries (four administrative regions of UK included) do not have any financial incentives to the vaccine administrators to achieve higher vaccination coverage (table 28).

Table 28. Financial incentive to vaccine administrators for influenza vaccination in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=30)

	Countries	Total
No financial incentive	SK,BE,BG,CY,DE,DK,EE,ES,FI,FR,GR,HU, IE,IS, LT,LU,LV,MT,NO,PL,PT,RO,SE,SI, NL UK (ENG,NI)	27
There is financial incentive	CZ,IT,UK(WL)	3

SC-no response.

The principal outlets for seasonal influenza vaccination reported by all countries (four administrative regions of UK included) were primary health care settings (table 29).

Table 29. Principal outlets for seasonal influenza vaccination in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=31)

Health care setting	Vaccine administered	Total
Primary care (General Practitioners)	BE,BG,CY,CZ,DK,EE,FI,FR, NL,DE,GR,HU,IS,IE,IT,LV,LT,LU, MT,NO,PL,PT,RO,SK,SI,ES,SE,UK(ENG,WL ,NI,SC)	31
Hospital	BE,CY,EE,DE,GR,HU,IS,IE,LT,MT,NO,PT,ES,SE,UK(ENG,NI)	16
Outpatient care clinics	BE,BG,CY,EE,FI,DE,GR,IE,IS,NO,PL,PT,SK,SI,ES,SE,UK(ENG,SC)	18
Occupational health services	BE,EE,FI,FR,DE,GR,HU,IE,IS,NO,PL,PT,SK,ES,SE,UK(ENG,NI)	17

Other outlets for vaccination:

BG-Immunization services.

DK,SE,CZ-Private vaccination clinics.

IE-in 2011-2012 pharmacists provided with vaccine for adults only. In long term care facilities attending GPs would prescribe vaccine (and GP or nurse would administer on site usually).

IT-GPs.

MT -Community settings like local councils, institutions.

NO-Public health services.

PT- Pharmacies.

SI,NL-Home for elderly people.

Promoting of seasonal influenza vaccination

Communication with public

Specific information materials (table 30) for the general public existed in 27 countries (four administrative regions of UK included). Specific information for other population groups- pregnant women or individuals with chronic medical conditions existed in 11 and 17 countries respectively.

Table 30. Specific information materials for the public in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012.

	Information exist	Information do not exist
Specific information to general public	BE,BG,CY,CZ,DK,EE,FI,FR,DE,HU,IS, IE,IT,LT,LU,MT,NO,PL,PT,RO,SK,ES, NL,UK (ENG,WL,NI,SC)	
Specific info to pregnant women	CY,FI,FR,DE,IS,IE,LT,NO,UK (ENG,NI,SC)	BE,BG,CZ,DK,EE,HU, IT,LU,MT,PL, PT,RO,SK,ES,NL
Specific info to persons with chronic medical conditions	BG,CY,DK,FI,FR,DE, NL IS,IE,LT,MT,NO,SK,UK(ENG,WL,NI,SC)	BE,CZ,EE,HU, IT,LU,PL,PT,RO,ES
Information do not exist to any of those groups	GR,LV,SI,SE*	

* Not on the national levels, the counties may inform in different ways.

Other:

FI ,MT-children.

IE elderly > 65 years.

SE Risk groups (+65 and medical).

DE elderly > 60 years.

Various media campaigns (radio, TV or news papers) were used in 29 countries (four administrative regions of UK included) during 2011-12 influenza season. Detailed information is specified in table 31.

Table 31. Mass media campaigns to promote the seasonal influenza vaccine for the public in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=29)

Mass media campaigns	Used	Total
Radio	BE,BG,CY,CZ,DK,EE,FR,HU,IS,IE,LT,LU,MT,PL,PT,RO,SK,ES, UK (WL,NI,SC)	21
TV	BG,CY,DK,EE,FR,HU,LT,LU,MT,RO,SK,ES,UK(NI,SC)	14
News papers	BG,CY,DK,EE,FR,DE,IS,IE,IT,LT,LU,MT,PL,PT,SK,ES,UK (ENG,NI,SC)	19
Leaflets	BE,BG,CY,CZ,DK,EE,FI,FR,DE,HU,IS,IE,SK,NL, IT,LT,NO,PL,ES,UK (ENG,WL,NI,SC)	23
Posters	BG,CY,CZ,DK,EE,FI,FR,DE,IE,IT,LT,LU,MT,NL, ES,UK (WL,NI,SC)	18
Website	BE,CY,CZ,DK,EE,FI,DE,HU,IS,IE,IT,LT,LU,MT,NO,PL,PT,RO,SK,ES, SE, NL,UK(WL,NI,SC)	25
Other: press conference	MT,SK,UK(SC)	3

SC-Twitter.

LV,SI,GR – not applicable.

Media campaigns were sponsored by the national health authorities in 26 countries and by the pharmaceutical sector in seven countries. Details are presented in a table 31.

Table 34. Sponsors of the media campaign for the public in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=29)

	Sponsored	Total
National/regional health authorities	BE,BG,CY,CZ,DK,EE,FI,FR,DE,IS,NL IE,IT,LT,LU,MT,NO,PL,RO,SK,ES,SE, UK (ENG,WL,NI,SC)	26
Pharmaceutical sector	BG,CZ,EE,IE,LT,NO,ES	7
Public service announcement*	CZ,DK,HU,MT,PL,PT,SI	7

* Advertisement content and production is provided by government or industry, including national health authority, with air time (radio, TV) or space (newspapers, magazines) provided by media company at no charge.

Other:

DK- private vaccinations clinics.

Table 35. Direct advertising to the consumer by pharmaceutical industry/doctors in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=29)

	Countries	Total
Direct advertising exists	DE,SK,BG,CZ,CY,EE,IE,LT,LV,PL,PT	11
Direct advertising does not exist	BE, DK,ES,FI,FR,GR,HU,IS,IT, NL,LU,MT,NO,RO,SE,SI, UK (WL,NI)	18

SC,ENG no response.

BG -Pharmaceutical industry.
 EE -Leaflets, TV, radio, articles.
 IE -In 2011-2012 season the Irish pharmaceutical society advertised that vaccine could be obtained from the pharmacies. This was new and reflected change in legislation allowing pharmacists to administer.
 LV -Booklets, posters.
 LT -Radio shows, posters of pharmaceutical industry.
 PL -Direct meetings doctors - pharmaceutical representatives.
 SK -Pharmaceutical companies use their own way of influenza vaccination promotion, especially leaflets put directly in front of GPs ambulatory care centre.
 PT -Only for medicaments that do not require a medical prescription (Influenza Vaccine requires a prescription).

Communication with health professionals

Specific information materials (table36 and 37) for health professionals regarding seasonal influenza vaccination (e.g. leaflets, posters) existed in 14 countries for the 2011-12 influenza season. Professional medical societies and website were the most common source of information (four administrative regions of UK included).

Table 36. Specific information to HCWs in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=31)

Specific information to HCW	Countries	Total
Existed	BG,CY,CZ,FI,DE,GR,IE,RO,ES,SE,UK(ENG,WL,NI,SC)	14
Did not exist	BE,DK,EE,FR,HU,IS,IT*,LV,LT,LU,MT,NO,PL,PT,SK,SI,NL	17

* Not at national level.

Table 37. Mass media campaigns to promote the seasonal influenza vaccine for HCWs in EU/EEA countries in 2011-12 influenza season. Seasonal influenza vaccination survey, November 2012. (n=14)

Mass media campaigns	Used	Total
Radio (HCW)	IE,NI	2
TV (HCW)	IE,NI	2
News papers (HCW)	IE,UK(ENG,NI)	3
Leaflets (HCW)	IE, FI,DE,ES,UK(ENG,WL,NI,SC)	8
Posters (HCW)	FI,DE,IE,UK(WL,NI,SC)	6
Website (HCW)	FI,DE,GR,IE,RO,SE,UK(WL,NI,SC)	9
Professional medical societies	BG,CY,FI,DE,IE,RO,ES,UK(NI,SC)	9
National medical publication of HCWs	FI,DE,IE,UK(SC)	4

Other:

CZ-Scientific seminars for HCWs.
 CY-With Circulars from the Ministry of Health.
 WL-Training sessions and regional meetings.

Comments:

ES-Every promotion material directed to general population and/or health professionals were design and provided at Regional level.
 SE-The strategy this year was to focus on information to health-care staff to increase vaccination coverage. The direct promotion was performed in the counties but supporting information was available on webpage's form the National agencies involved. Different local media may have been used in different counties.

Future changes for influenza season 2012-13 and 2013-14

Significant policy or operational changes occurring in the near future were foreseen in five countries. Nine countries requested some technical support from ECDC. Details are presented in a table 38 and table 39.

Table 38. Changes occurring for 2012-13 and 2013-14 influenza season in EU/EEA countries. Seasonal influenza vaccination survey, April 2012.

Countries	Policy, operational or technical changes in 2012-13 season
FR	Expertise of the inclusion of healthy childhood vaccination planned in 2012
DE	Availability of live-attenuated influenza vaccines
PT	free immunisation for =>65 years
FI	Family members of all targeted groups are allowed to get free vaccinations, also workers in day care, men and women entering military service (not all military personnel).
	Policy, operational or technical changes in 2013-14 season
IE	Some discussions about possible future mandatory vaccination for HCWs- nothing definite and probably unlikely

Table 39. Assistance or technical support from ECDC for seasonal influenza. Seasonal influenza vaccination survey, April 2012.

Countries	Assistance or technical support from ECDC
CZ	Materials for campaigns and campaigns itself; workshops
DK	European data on the burden of influenza in pregnant women
EE	Consultations of experts; scientific materials
GR	Administrative method in order to estimate coverage
IE	General updates and advice is always welcome
LV	European guidelines on coverage data collection and assessment
LU	Promoting influenza immunization; reducing fears about vaccines
MT	To help set up a monitoring system to assess vaccination coverage within different groups
PT	Effectiveness of vaccine; Length of immunity from vaccine

Conclusions

1. Seasonal influenza vaccine was recommended in 2011-12 influenza season:

- Of 28 responding countries 20 countries had influenza vaccine recommendations for those aged 65 years and older. DE,GR, IS and NL recommended vaccination for those aged 60 years and older, MT and PL recommended vaccination for those aged 55 years and older and IE for those aged 50 years and older; in SK vaccine was recommended for those aged over 59 years. Seven countries recommended vaccine for children: three of them (EE,PL,MT) for children of all ages; LV and SI for children aged ≥ 6 months- 2years; FI ≥ 6 months -3 years and SK for children aged ≥ 6 months – 12 years.
- Of 28 responding countries 26 recommended influenza vaccine for HCWs; twenty of them had recommendations to vaccinate all HCWs; six recommended vaccination for only some HCWs. Approximately one-third of MSs recommended vaccination for those working in essential (n=7) and military (n=11) and veterinary (n=6) services, or for people working in the poultry (n=9) or pig (n=7) industry;
- In all 28 countries people with chronic pulmonary, cardiovascular and renal diseases, haematological or metabolic disorders, immunosuppression due to disease or treatment, were recommended influenza vaccine; in 25 countries individuals with HIV/AIDS were also recommended vaccine. In 21 countries vaccine was recommended for individuals suffering from hepatic and neurologic diseases; 15 countries had recommendation for those with long-term aspirin use (children <18 years old). Ten countries had recommendations to vaccinate those with morbid obesity;
- Of 28 responding countries 23 recommended vaccination of pregnant women. Twenty two of them recommended vaccination of all pregnant women; one only those pregnant women with another clinical risk. Thirteen of 23 countries recommended influenza vaccination for pregnant women in any trimester of pregnancy.

2. Monitoring influenza vaccine coverage:

- Of 31 (including different parts of UK) most countries have mechanisms to monitor vaccination coverage among all or some of the groups targeted for vaccination. Six countries (IT, SK, UK (ENG, WL, NI)) had mechanisms to monitor vaccine coverage for all risk groups; 19 could monitor only some risk groups; and seven countries did not have a mechanism for monitoring any risk group. NO has a mechanism to monitor vaccine coverage among those aged 65 years and older and clinical risk groups combined together. FR, NL, DE, PT and UK(SC) have mechanisms to monitor vaccine coverage in some clinical risk groups; FR, IE, PT among residents of long-term care facilities; HU, RO, SI, SC have mechanism to monitor coverage for pregnant women; ten countries have mechanism to monitor coverage among HCWs (DE, ES, HU, RO, SI, SC, IE, LT, NO).
- Of 28 responding countries 24 countries (except EE, RO, CZ, GR) use different methods (health records or pharmaceutical data, or surveys) for numerator assessment. The most common type of administrative methods used are the number of people vaccinated (n=13), aggregate data on the number of vaccines administered (n=6) or from reimbursement claims (n=7). Twenty countries estimate the numerator annually or at the end of influenza season;

- The following countries (DE,HU,PT,RO,SI,ES,IE,UK(ENG,WL,NI)) have denominator data for HCWs; these countries (DE,HU,RO,SI,NL,FR,UK (ENG,WL,SC)) have denominator data for some clinical risk groups and three countries (SK,UK(WL),PT) have denominator data for residents of long term care facilities.

3. Vaccination coverage measured by administrative or estimated by survey methods in 2011-12:

- Was known in 21 countries for older populations (those aged 55,60 and 65 years and older) and ranges from 1.7% in LV to 77.2% in NL between countries;
- The coverage among health care workers was known in ten countries, ranging from 6.4% in PL to 54.4% in RO;
- The coverage for clinical risk groups was known in eight countries ranging from 31% in PT to 82% in NI;
- The coverage for pregnant women was known in six countries: ranging from 2.4% in SI to 58% for all pregnant women in NI;
- The coverage for residents of long-term care stay facilities was available in three countries: 78.99% in SK, 88% in IE and 91% in PT.

4. Payment and administration for vaccines in 2011-12:

- In 14 countries vaccine is free for all older population recipients (aged 55,60 and 65 years and older) and in three countries free for all vaccine recommended children groups;
- In 14 countries vaccine and its administration is free for all and in three countries free for some of those with chronic illness; in four countries full cost must be paid by recipient for both vaccine and its administration;
- In nine countries vaccine and its administration is free to all and in three countries free to some pregnant women. In five countries full cost for vaccine and administration must be paid by recipient;
- In 14 countries vaccine and administration is free for HCWs recipients; in 11 of them it is funded by employer;
- In 15 countries vaccine and administration costs are free for all and in five countries vaccine is free for some recipients in long term care stay facilities.
- Vaccines and its administration to recipient (free for all, partly funded for all or free for some) are funded by National health insurance funds or MoH in most countries.

5. Promoting vaccination in all countries:

- Of 31 countries (including different parts of UK) most countries (n=27;) have specific information materials for general public. In 26 countries media campaigns are sponsored by national health authority and in seven campaigns

are sponsored by pharmaceutical sector. Fourteen countries had specific information to target HCWs.

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Appendix : Questionnaire

National seasonal influenza vaccination survey for 2011-12 influenza season in EU/EEA, September 2012

COUNTRY: _____

GATEKEEPER: _____

NAME OF PERSON WHO FILLS QUESTIONNAIRE (IF DIFFERENT FROM ABOVE):

TITLE: _____

CONTACT EMAIL: _____

CONTACT PHONE NUMBER: _____

All questions for seasonal influenza vaccination coverage and vaccination policy refer to the 2011-12 influenza season.

VACCINATION COVERAGE DATA, INFLUENZA SEASON 2011-12

For the attention of those countries that recommend seasonal influenza vaccine for children without other clinical risk (e.g. vaccine is recommended to all children ≥ 6 months – 4 years) - if vaccination coverage data are available for children please indicate it below as requested.

Q1. Please indicate vaccination coverage data measured by administrative method

Entire population

Vaccination coverage was not measured for entire population

Vaccination coverage (%) _____

Children

Vaccine not recommended for this group

Vaccine recommended for some or all children but vaccination coverage was not measured for this group

Vaccination coverage was measured for this group

Age group for which vaccination coverage measured (specify) _____

Vaccination coverage (%) _____

Age group vaccination coverage measured (specify) _____

Vaccination coverage (%) _____

Age group vaccination coverage measured (specify) _____

Vaccination coverage (%) _____

Older age groups

≥ 50 year age group

Vaccine not recommended for this group

Vaccine recommended for this group but vaccination coverage was not measured for this group

Vaccination coverage was measured for this group

Vaccination coverage (%) _____

≥ 55 year age group

Vaccine not recommended for this group

Vaccine recommended for this group but vaccination coverage was not measured for this group

Vaccination coverage was measured for this group

Vaccination coverage (%) _____

≥60 year age group

Vaccine not recommended for this group

Vaccine recommended for this group but vaccination coverage was not measured for this group

Vaccination coverage was measured for this group

Vaccination coverage (%) _____

≥65 year age group

Vaccine not recommended for this group

Vaccine recommended for this group but vaccination coverage was not measured for this group

Vaccination coverage was measured for this group

Vaccination coverage (%) _____

Other age groups

Please indicate age group vaccination coverage measured _____

Vaccination coverage (%) _____

Please indicate age group vaccination coverage measured _____

Vaccination coverage (%) _____

Please indicate age group vaccination coverage measured _____

Vaccination coverage (%) _____

Health care workers

Vaccine is recommended but vaccination coverage was not measured for this group

Vaccine not recommended for this group

Vaccination coverage was measured for this group

Vaccination coverage (%) _____

Clinical risk groups

Vaccination coverage was not measured for this group

Vaccination coverage was measured for this group

Vaccination coverage (%) _____

Pregnant women

Vaccine is recommended but vaccination coverage was not measured for this group

Vaccine not recommended for this group

Vaccination coverage was measured for this group

Vaccination coverage among all pregnant women (%) _____

Vaccination coverage among pregnant women with clinical risk (%) _____

Vaccination coverage among healthy pregnant women (%) _____

Residents in social care facilities (e.g. nursing homes, other long stay care facilities)

Vaccine is recommended but vaccination coverage was not measured for this group

Vaccine not recommended for this group

Vaccination coverage was measured for this group

Vaccination coverage (%) _____

Vaccination coverage (%) _____

Q2. What was the vaccination coverage among other groups for which vaccination coverage data are available in your country but not mentioned above?

Please indicate group _____

Vaccination coverage (%) _____

Please indicate group _____

Vaccination coverage (%) _____

Please indicate group _____

Vaccination coverage (%) _____

Additional comment (specifying question it relates to) _____

Q3. Please indicate vaccination coverage data estimated by survey methods

Q4. Was the survey carried out in your country to estimate vaccination coverage for seasonal influenza?

Yes

No

If yes, please indicate estimated vaccination coverage for following groups: This part opens only if answer is "yes" (survey was carried out).

Entire population

Vaccination coverage (%) _____

Vaccination coverage was not estimated for entire population

Children

Vaccine not recommended this group

Vaccination coverage was not estimated for this group

Vaccination coverage was estimated for this group

Age group for which vaccination coverage estimated (specify) _____

Vaccination coverage (%) _____

Age group vaccination coverage estimated (specify) _____

Vaccination coverage (%) _____

Age group vaccination coverage estimated (specify) _____

Vaccination coverage (%) _____

Older age groups

≥50 year age group

- Vaccine not recommended this group
- Vaccination coverage was not estimated for this group
- Vaccination coverage was estimated for this group

Vaccination coverage (%) _____

≥55 year age group

- Vaccine not recommended this group
- Vaccination coverage was not estimated for this group
- Vaccination coverage was estimated for this group

Vaccination coverage (%) _____

≥60 year age group

- Vaccine not recommended this group
- Vaccination coverage was not estimated for this group
- Vaccination coverage was estimated for this group

Vaccination coverage (%) _____

≥65 year age group

- Vaccine not recommended this group
- Vaccination coverage was not estimated for this group
- Vaccination coverage was estimated for this group

Vaccination coverage (%) _____

Other age groups

Please indicate age group vaccination coverage estimated _____
Vaccination coverage (%) _____

Please indicate age group vaccination coverage estimated _____
Vaccination coverage (%) _____

Please indicate age group vaccination coverage estimated _____
Vaccination coverage (%) _____

Health care workers

- Vaccine not recommended this group
- Vaccination coverage was not estimated for this group
- Vaccination coverage was estimated for this group

Vaccination coverage (%) _____

Clinical risk groups (chronic diseases/underlying conditions)

- Vaccination coverage was not estimated for this group
- Vaccination coverage was estimated for this group

Vaccination coverage (%) _____

Pregnant women

Vaccine is recommended but vaccination coverage was not measured for this group

Vaccine not recommended for this group

Vaccination coverage was measured for this group

Vaccination coverage among all pregnant women (%) _____

Vaccination coverage among pregnant women with clinical risk (%) _____

Vaccination coverage among healthy pregnant women (%) _____

Residents in social care facilities (e.g. nursing homes, other long stay care facilities)

Vaccine is recommended but vaccination coverage was not measured for this group

Vaccine not recommended for this group

Vaccination coverage was measured for this group

Vaccination coverage (%) _____

Vaccination coverage (%) _____

Q5. What was the vaccination coverage among other groups for which vaccination coverage data was estimated by conducting survey but not mentioned above?

Please indicate group _____

Vaccination coverage (%) _____

Please indicate group _____

Vaccination coverage (%) _____

Please indicate group _____

Vaccination coverage (%) _____

Additional comment (specifying question it relates to) _____

GROUPS RECOMMENDED FOR SEASONAL INFLUENZA VACCINE in 2011-12 influenza season

Individuals recommended vaccination by age

Healthy children

Q6. For which of the following *children's* age groups without other clinical risk indication (chronic diseases/underlying conditions) was seasonal influenza vaccine recommended (tick that applies)?

Not recommended for healthy children of any age

Recommended for all children \geq 24 months - <18 years

Recommended for all children \geq 6 months - <18 years

Recommended for some paediatric age groups

If recommended to some children age group/s, specify (tick all that applies): This sub question opens only if answer is “recommended for some age groups”

- ≥6 months – 2 years
- ≥6 months – 3 years
- ≥6 months – 4 years
- ≥6 months – 12 years
- Other

If other, specify age group_____

Q7. If vaccine was recommended for *children without other clinical risk indication* (chronic diseases/underlying conditions) what payment scheme was applied to seasonal influenza vaccine for them? This question opens only if answer is “recommended for children”

For vaccine itself

- Free for all
- Free for some
- Partly funded for all
- Full cost paid by recipient
- Other
- Other, specify_____

For vaccine administration

- Free for all
- Free for some
- Partly funded for all
- Full cost paid by recipient
- Other
- Other, specify_____

Q7a. If influenza vaccination is free (to all, some or partly funded) who funds this vaccination? This question opens only if answer is “free for all, some, partly funded”

- National (statutory) Health insurance fund
- Private Health insurance
- Other
- Other, specify_____

Adults (older age groups)

Q8. For which of the following *adult’s* age groups (including older individuals) without other clinical risk indication (chronic diseases/underlying conditions) was seasonal influenza vaccine recommended (tick that applies)?

- Not recommended for adults of any age
- Recommended for all adults ≥18 years old
- Recommended for some adult (older) age groups

If recommended to some adult age group, specify (tick that applies): This sub question opens when answer is “recommended for some adult age groups”

- ≥50 years
- ≥55 years

- ≥ 60 years
 - ≥ 65 years
 - Other
- If other, specify age group _____

Q9. If vaccine was recommended for adults without other clinical risk indication (chronic diseases/underlying conditions) (e.g. for those aged ≥ 65) what payment scheme was applied to seasonal influenza vaccine for them? This question opens only if answer is “recommended for adults”

For vaccine itself

- Free for all
 - Free for some
 - Partly funded for all
 - Full cost paid by recipient
 - Other
- Other, specify _____

For vaccine administration

- Free for all
 - Free for some
 - Partly funded for all
 - Full cost paid by recipient
 - Other
- Other, specify _____

Q9a. If influenza vaccination is free (to all, some or partly funded) who funds this vaccination? This question opens only if answer is “free for all, some, partly funded”

- National (statutory) Health insurance fund
 - Private Health insurance
 - Other
- Other, specify _____

Q10. Was the seasonal influenza vaccine included in the ROUTINE immunisation schedule during the 2011-12 influenza season? (tick that apply)

- Included in childhood immunisation schedule
- Included in adults’ immunisation schedule*(link to definition below)
- Included in childhood and adults’ immunisation schedule**

(link to definition below)

- Not included, only for at risk groups*** (link to definition below)

* We mean that there is an official immunisation schedule for adults in the country.

* *We mean that there is one common official immunisation schedule for children and adults in the country.

***We mean that there is no official immunisation schedule for adults, but there is recommendation who should be vaccinated with regard to age and/or clinical risk indication (e.g. vaccine is recommended for those ≥ 65 and for those with clinical risk aged ≥ 6 months).

Additional comment (specifying question it relates to) _____

Individuals recommended vaccination by clinical risk groups

Clinical risk groups (chronic diseases, underlying conditions)

Q11. For which of the following clinical risk groups was seasonal influenza immunisation recommended?

Chronic pulmonary (including asthma) disease

Recommended No recommendation

Cardiovascular (except hypertension) disease

Recommended No recommendation

Renal disease

Recommended No recommendation

Hepatic disease

Recommended No recommendation

Haematological or metabolic disorders (including diabetes mellitus)

Recommended No recommendation

Immunosuppressed due to disease or treatment (including asplenia/ splenic dysfunction, organ transplantation, cancer, but other than HIV/AIDS)

Recommended No recommendation

HIV/AIDS

Recommended No recommendation

Chronic neurologic diseases or neuromuscular conditions

Recommended No recommendation

Long-term aspirin use (in children up to 18 years old)

Recommended No recommendation

Any condition that can compromise respiratory function

Recommended No recommendation

Morbid obesity (Body Mass Index (BMI) ≥ 40)

Recommended No recommendation

Other recommendation

If other, specify: _____

Q12. What payment scheme was applied for these clinical risk groups?

For vaccine itself

Free for all

Free for some

Partly funded for all

Full cost paid by recipient

Other

Other, specify _____

For vaccine administration

Free for all

Free for some

Partly funded for all

Full cost paid by recipient

Other

Other, specify _____

Q12a. If influenza vaccination is free (to all, some or partly funded) who funds this vaccination? This question opens only if answer is “free for all, some, partly funded”

National (statutory) Health insurance fund

Private Health insurance

Other

Other, specify _____

Q13. If different payment schemes were applied to these groups, please specify _____

Pregnancy related vaccination

Q14. Was the seasonal influenza vaccine recommended to pregnant women?

Recommended for all

Recommended only for those with other clinical risk indication

No recommendation

Q14a. If recommended please indicate stages of pregnancy at which vaccine was recommended? This sub question opens only if answer is “recommended for all or only with other clinical risk indication”

Any trimester

Either 2nd or 3rd trimester

Q15. Was the seasonal influenza vaccine recommended to postpartum* women if not vaccinated during pregnancy?

Recommended for all

Recommended only for those with other clinical risk indication

No recommendation

* Up to 6 weeks after delivery. If in your country postpartum different, please specify _____

Q16. Was recommended influenza vaccine to HCWs voluntary or mandatory for 2011-12 influenza season? (this question opens if vaccine is recommended to HCWs)

Voluntary

Mandatory

Comment if needed _____

Q17. If there is any plan to introduce mandatory vaccination of HCWs in your country in the coming influenza seasons (e.g. 2012-13; 2013-14)?

No

Yes, season 2012-13

Yes, season 2013-14

Q18. What payment scheme was applied for vaccination of pregnant and/or postpartum women?

For vaccine itself

Free for all

Free for some

Partly funded for all

Full cost paid by recipient

Other

Other, specify _____

For vaccine administration

Free for all

Free for some

Partly funded for all

Full cost paid by recipient

Other

Other, specify _____

Q18a. If influenza vaccination is free (to all, some or partly funded) who funds this vaccination? This question opens only if answer is “free for all, some, partly funded”

National (statutory) Health insurance fund

Private Health insurance

Other

Other, specify _____

Q19. If different payment schemes were applied to these groups (pregnant versus postpartum), please specify _____

Additional comment (specifying question it relates to) _____

Individuals recommended vaccination by occupation

Health care workers

Q20. Which groups of Health Care Workers (HCWs) were recommended seasonal influenza vaccine? (tick that apply)

Not recommended at all to HCWs

Recommended to all HCWs

Recommended to some HCWs:

Q.20a. If recommended to some, specify: This sub question opens only if answer is “recommended for all or only with other clinical risk indication”

Staff with close contact with patients. * (link to definition below)

Recommended No recommendation

Staff with no contact with patients, but contact with potentially contaminated material ** (link to definition below)

Recommended No recommendation

Staff without close contact with patients or contaminated material*** (link to definition below)

Recommended No recommendation

Other

Other, specify _____

Q21. What payment scheme was applied to HCWs whom influenza vaccine was recommended? (tick that apply)

For vaccine itself

Free for all staff
Free for some staff
Partly funded for all staff
Full cost paid by staff
Other
Other, specify _____

For vaccine administration

Free for all staff
Free for some staff
Partly funded for all staff
Full cost paid by staff
Other
Other, specify _____

Q21a. If influenza vaccination is free (to all, some or partly funded) who funds this vaccination? This question opens only if answer is “free for all, some, partly funded”

National (statutory) Health insurance fund
Paid by employer
Paid by government
Paid by public health
Private Health insurance
Other
Other, specify _____

Q22. If different payment schemes were applied for some of these groups, please specify _____

Definition to describe HCWs:

* Clinical and other staff, including those in primary care, who have regular, clinical contact with patients. This includes staff such as doctors, dentists and nurses, paramedical professionals such as occupational therapists, physiotherapists, radiographers (radiologists), ambulance workers and porters, and students in these disciplines;

** Laboratory and other staff (including mortuary staff) who have direct contact with potentially infectious clinical specimens and may additionally be exposed to pathogens in the laboratory. This includes those in academic (or commercial research) laboratories who handle clinical specimens. They do not normally have direct contact with patients;

*** Non-clinical ancillary staff who may have social contact with patients, but not usually of a prolonged or close nature. This group includes receptionists, ward clerks and other administrative staff working in hospitals and primary care settings and maintenance staff such as engineers, gardeners, cleaners, etc. These staff may be exposed to other specific occupational risks which require their own surveillance programmes.

Reference: The UK Association of National Health Occupational Physicians (ANHOPS) guidance on Immunisation of healthcare workers defines three categories of healthcare workers
http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1195733758763

Additional comment (specifying question it relates to) _____

Other occupations

Q23. In which other occupational settings was influenza immunisation recommended for workers?

Essential services (Police & Firemen)

Recommended No recommendation

Military

Recommended No recommendation

Veterinary services

Recommended No recommendation

Poultry industry

Recommended No recommendation

Families that raise pigs, poultry or waterfowl (ducks, swans, geese)

Recommended No recommendation

Airline workers

Recommended No recommendation

Public transport workers

Recommended No recommendation

All educational staff (e.g. primary/secondary schools, preschool centres, kindergartens, crèches)

Recommended No recommendation

Educational staff of only very young children (e.g. preschool centres, kindergartens, crèches)

Recommended No recommendation

Border control

Recommended No recommendation

Immigration/custom control

Recommended No recommendation

Energy sector

Recommended No recommendation

Finance and banking sector

Recommended No recommendation

None

Other, specify: _____

Q24. What payment scheme was applied to occupational groups mentioned above? (tick that apply) This question opens only if answer is "recommended for all or some"

For vaccine itself

Free for all

Free for some

Partly funded for all

Full cost paid by recipient

Other

Other, specify _____

For vaccine administration

Free for all

Free for some

Partly funded for all

Full cost paid by recipient

Other

Other, specify _____

Q24a. If influenza vaccination is free (to all, some or partly funded) who funds this vaccination? This question opens only if answer is “free for all, some, partly funded”

National (statutory) Health insurance fund

Paid by employer

Paid by government

Paid by public health

Private Health insurance

Other

Other, specify _____

Q25. If different payment schemes were applied for some of these groups, please specify _____

Additional comment (specifying question it relates to) _____

Individuals recommended vaccine by other population groups

Q26. Was influenza vaccine recommended to residents of long-term care facilities (nursing homes and other chronic-care facilities)?

Recommended No recommendation

Q27. What payment scheme was applied to residents of long-term care facilities if vaccine was recommended? This question opens only if answer is “recommended ”

For vaccine itself

Free for all

Free for some

Partly funded for all

Full cost paid by recipient

Other

Other, specify _____

For vaccine administration

Free for all

Free for some

Partly funded for all

Full cost paid by recipient

Other

Other, specify _____

Q27a. If influenza vaccination is free (to all, some or partly funded) who funds this vaccination? This question opens only if answer is “free for all, some, partly funded”

National (statutory) Health insurance fund

Private Health insurance

Other

Other, specify _____

Q28. Was influenza vaccine recommended to the household contacts of the following risk groups:

Babies ≤ 6 months of age

Recommended No recommendation

Persons with clinical risk indication

Recommended No recommendation

Immunosuppressed individuals

Recommended No recommendation

The elderly (e.g. those ≥ 65)

Recommended No recommendation

Other, specify: _____

Q29. What payment scheme was applied to household contacts if vaccine was recommended? This question opens only if answer is “recommended to all or some”

For vaccine itself

Free for all

Free for some

Partly funded for all

Full cost paid by recipient

Other

Other, specify _____

For vaccine administration

Free for all

Free for some

Partly funded for all

Full cost paid by recipient

Other

Other, specify _____

Q29a. If influenza vaccination is free (to all, some or partly funded) who funds this vaccination? This question opens only if answer is “free for all, some, partly funded”

National (statutory) Health insurance fund

Private Health insurance

Other

Other, specify _____

Q30. If different payment schemes were applied for some of these groups, please specify _____

Q31. If vaccine is recommended for a new age, risk or targeted group, what are the implications for funding?

Automatic public funding once a recommendation is made

Increased likelihood that public funding may be provided but not automatic

No link between recommendations and funding

Different for different age, risk or targeted groups

If different, please specify _____

Other

Other, specify _____

Additional comment (specifying question it relates to) _____

MONITORING VACCINATION COVERAGE

Q32. Does your country measure seasonal influenza vaccination coverage among the entire population?

- Yes
- No

Q33. For which groups for whom vaccination is recommended do you have a mechanism for monitoring seasonal influenza vaccination coverage?

- All
- None
- Some

Q33a. If Some, please specify groups for which you do have mechanism to monitor uptake in the following table (answer yes or no for each sub-group within each category):

*Not applicable here means that influenza vaccine was not recommended for this group of population (e.g. answer “No recommendation” for border control services in Q28).

Occupational setting	Yes/No/ Not applicable*
HCWs	
If yes, specify <input type="checkbox"/> All <input type="checkbox"/> Some as per recommendations (this sub question opens only if answer is “Some”)	
Staff with close contact with patients	
Staff with no contact with patients, but contact with potentially contaminated material	
Staff without close contact with patients or contaminated material	
If option “other” was chosen in question Q22a please specify _____	
Other occupational settings	
Essential services (Police & Firemen)	
Veterinary services	
Poultry industry	
Pig industry	
Families that raise pigs/poultry/wild fowl (geese, ducks, swans)	
Airline workers	
Public transport workers	
Educational staff	
Border/immigration staff	
Custom staff	
Energy sector workers	
Finance and banking workers	
Other, specify:	
Medical condition	Yes/No/ Not

	applicable*
Chronic pulmonary (including asthma) disease	
Cardiovascular (except hypertension) disease	
Renal disease	
Hepatic disease	
Haematological or metabolic disorders (including diabetes mellitus)	
Chronic neurologic diseases or neuromuscular conditions	
Immunosuppressed due to disease or treatment	
HIV/AIDS	
Long-term aspirin use (in children up to 18 years old)	
Pregnancy	
Any condition	
Other, specify:	
Other groups	
Residents of long-term care facilities (nursing homes and other chronic-care facilities)	
Household contacts of persons for whom vaccination is recommended	

Q34. Which of the following method/s does your country use to measure the numerator in assessing influenza vaccination coverage? (you can tick more than one)

Health record data

- Medical records (excluding computerised records)
Last conducted: MM/YYYY Never
- Computerised medical records (not specific to immunisation)
Last conducted: MM/YYYY Never
- Immunisation registry (routinely collected information)
Last conducted: MM/YYYY Never
- Immunisation survey (active collection of immunisation data)
Last conducted: MM/YYYY Never

Survey type

- Household survey, in person
Last conducted: MM/YYYY Never
- Individual interview, in person
Last conducted: MM/YYYY Never
- Telephone survey
Last conducted: MM/YYYY Never
- Mail survey
Last conducted: MM/YYYY Never

Pharmaceutical data

- Pharmaceutical distribution data (from industry)
Last conducted: MM/YYYY Never
- Pharmaceutical distribution data (from national purchaser)
Last conducted: MM/YYYY Never
- Pharmaceutical sales data (from private pharmacies)
Last conducted: MM/YYYY Never
- Prescription data
Last conducted: MM/YYYY Never

Other, specify: _____

Q35. If administrative method used please indicate which of the following are used to measure the numerator assessing influenza vaccination coverage (you can tick more than one)

- Aggregate collection of number of vaccines administered
- Aggregate collection of number of vaccines distributed (industry)
- Aggregate collection of number of vaccines distributed (national purchaser)
- Aggregate collection of number of vaccines sales (private pharmacies)
- Payment/ reimbursement claims
- Other

If other, specify:

Q36. If survey method used, what sampling strategy was used?

Non probability sampling

- Quotas
- Convenience
- Other

If other, please specify _____

Probability sampling (random)

- Simple random
- Systematic
- Stratified (assessment, LQAS*)
- Multistage
- Cluster (EPI)
- Other

Other, specify _____

*Lot Quality Assessment Sampling

Q37. What was the sample size?

Number of respondents, specify _____

Q38. What was response rate to the survey?

Specify (%) _____

Q39. What is the most frequent interval at which numerator data assessing influenza vaccination coverage is collected?

- Never
- Monthly
- Every two months
- Every three months
- Once, at the end of flu season
- Annually, specific date/time of year _____
- Other, specify: _____
- Different intervals for different groups whom vaccine is recommended,

specify _____

Q40. Which of the following population/denominator data does your country have to assess vaccination coverage?

*Not applicable here means that influenza vaccine was not recommended for this group of population (e.g. answer “No recommendation” for border control services).

Occupation groups	Yes/No/ Not applicable*
Denominator for all HCWs	
If yes, specify <input checked="" type="checkbox"/> All <input checked="" type="checkbox"/> Some as per recommendations (this sub question opens only if answer is “Some”)	
Staff with close contact with patients	
Staff with no contact with patients, but contact with potentially contaminated material	
Staff without close contact with patients or potentially contaminated material	
If option “other” was chosen in question Q22a please specify _____	
Essential services (Police & Firemen)	
Military personnel	
Poultry industry personnel	
Pig industry personnel	
Veterinary services personnel	
Families that raise pigs/poultry/wild fowl (geese, ducks, swans)	
Airline workers	
Public transport workers	
Educational staff	
Border/immigration	
Custom	
Energy sector	
Finance and banking	
Occupation group population data, other specify:	
Medical condition categories	Yes/No/ Not applicable*
Chronic pulmonary (including asthma) disease patients	
Cardiovascular (except hypertension) disease patients	
Renal disease patients	
Hepatic disease patients	
Hematological or metabolic disorders (including diabetes mellitus) patients	
Immunosuppressed due to disease or treatment	
HIV/AIDS patients	
Long-term aspirin users (in children up to 18 years old)	
Pregnant women	
Patients with any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration	
Chronic neurologic diseases or neuromuscular conditions	
Medical category population other, specify:	
Other group categories	Yes/No/ Not

	applicable*
Population of <u>residents</u> of long-term care facilities (nursing homes and other chronic-care facilities)	
Number of household <u>contacts</u> of persons for whom vaccination is recommended	
Population other category, specify:	

VACCINE PROCUREMENT

Q41. What was the total number of doses of seasonal influenza vaccine purchased in your country for influenza season 2011-12? (The input is of type "number") _____

Number doses _____

Unknown

Q42. What was the total number of doses of seasonal influenza vaccine distributed in your country for influenza season 2011-12? (The input is of type "number") _____

Number doses _____

Unknown

Q43. What was the total number of doses of seasonal influenza vaccine used in your country for influenza season 2011-12? (The input is of type "number") _____

Number doses _____

Unknown

Q44. Please indicate the vaccine type used in your country in 2011-12: (you can tick more than one)

Trivalent inactivated intramuscular influenza vaccine

Trivalent live attenuated nasal vaccine

Other, specify _____

VACCINATION SITES

Q45. In what Health Sector(s) is seasonal influenza vaccine administered?

(Check all that apply)

Public

Private

Q46. Influenza vaccinations administered per private and public sectors

a. (Estimated percentage of influenza vaccinations administered in the PUBLIC sector (The input is of type "number") _____

b. Estimated Percentage of influenza vaccinations administered in the PRIVATE sector (The input is of type "number") _____

Q47. Please select where vaccines are administered (supplies are given) (check list)

GPs surgeries

Hospitals

Workplaces

Schools

Pharmacies

Supermarkets

Walk-in clinics

Other, specify _____

Q48. Please select the different HCWs that can administer vaccines: (check list)

- Doctors
- Nurses
- Pharmacists
- Others

If other, specify _____

Q49. If administered by anyone other not a doctor is the special protocol needed to administer vaccine (e.g. licence, standing order)?

- Yes
- No

Q50. If vaccine is administered by private health sector (e.g. private family doctor, general practitioner or private hospital) does the private institution get a refund from the government/insurance fund (or corresponding body)?

For vaccine itself

- Full refund for all vaccinated individuals
- Partial refund for all vaccinated individuals
- Full refund for those at risk (e.g. ≥ 65 ; clinical risk groups)
- Partial refund for those at risk (e.g. ≥ 65 ; clinical risk groups)
- No refund to private sector at all
- Other

If other, specify _____

For vaccine administration

- Full refund for all vaccine administrations
- Partial refund for all vaccine administrations
- Full refund for those at risk (e.g. ≥ 65 ; clinical risk groups)
- Partial refund for those at risk group (e.g. ≥ 65 ; clinical risk groups)
- No refund to private sector at all
- Other

If other, specify _____

Q51. Is there a financial incentive to the vaccine administrators to achieve high vaccination coverage?

- Yes
- No

If yes, specify _____

Q52. What were the principal outlets for seasonal influenza vaccination?

- Primary health care settings (General Practitioners, Family Doctors)
- Hospital settings
- Outpatient care clinics
- Occupational health services
- Vaccination in other health service setting for general public
- Other

Other, specify _____

PROMOTING OF SEASONAL INFLUENZA VACCINATION 2010-11 INFLUENZA SEASON

Communication with public

Q53. Did your country prepare a specific information campaign to inform the following groups about seasonal influenza vaccination?

- | | |
|--|--|
| a. General public | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Pregnant women | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Persons with chronic medical conditions | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Other groups | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, please specify: _____

Q54. Which of the following did your country use to inform public? (tick all that apply)
(check list)

- Radio
 - TV
 - News papers
 - Leaflets
 - Posters
 - Website
 - Other
- Other, specify _____

Q55. Who sponsors the media campaigns for public for seasonal influenza vaccination programme? (tick all that apply) (check list)

- National/regional health authorities
 - Pharmaceutical sector
 - Public service announcement*
 - Other
- Other, specify _____

* Advertisement content and production is provided by government or industry, including national health authority, with air time (radio, TV) or space (newspapers, magazines) provided by media company at no charge.

Q56. In your country is there direct advertising to the consumer by pharmaceutical industry/doctors or others?

- Yes
 - No
- If yes, specify _____

Additional comment (specifying question it relates to) _____

Communication with health professionals

Q57. Did your country prepare a specific information campaign for HCWs about seasonal influenza vaccination?

- Yes
- No

Q58. If yes, which of the following did your country use for HCWs? (tick all that apply)
(check list)

- Radio
- TV
- News papers
- Leaflets
- Posters
- Website
- Professional medical societies
- National medical publication of HCWs
- Other
- Other, specify _____

FUTURE CHANGES FOR INFLUENZA SEASONS 2012-13 OR 2013-14

Q59. Are there significant policy, operational or technical changes occurring in the near future (e.g., lowering the age at which immunisation is recommended for older persons, introducing immunisation of very young children etc.)?

Yes

2012-13 season, specify: _____

2013-14 season, specify: _____

No

Q60. Are there any areas where you would wish assistance or technical support from ECDC?

Yes

Specify: _____

No

Thank you very much for your time – if you have enquiries please contact Jolita Mereckiene (jolita.mereckiene@hse.ie)