

## GERMANY

In Germany approximately 90% of vaccines are given in the offices of private physicians. The remaining 10% are given in public health clinics, schools, or day care centers through special programs of the Länder or by occupational health physicians. Physicians can choose among all available licensed vaccines. Combined vaccines, as the hexavalent product, are widely used. Vaccines are not produced locally.

Immunisation in Germany is voluntary. There are no school or day care requirements regarding immunization, either nationally or in any state. Immunisation status is checked at school entry mandatory. These data have to be delivered to the Robert Koch Institute (RKI). The RKI is responsible for measuring the vaccine coverage at the national level. There are great differences between the vaccine coverage between the Länder and the counties within the Länder. A plan for Eliminating Measles has been launched in 1998 and MMR coverage is increasing in the recent years.

Nationwide data are available at the RKI Homepage ([www.rki.de](http://www.rki.de), Infektionsschutz/Impfen/Impfstatus).

The Standing Vaccination Committee (STIKO) is the major federal commission concerned with vaccination issues. The immunization schedule recommended by STIKO is published by the Robert Koch Institute (RKI). RKI provides all administrative support to STIKO. Although STIKO may only recommend vaccines which are licensed in Germany, it is important to note that these recommendations have no legal authority. Further, STIKO recommendations do not have to be approved or endorsed by the Ministry of Health. Thus, there are no official government recommendations at the national level and no mandatory vaccines. The federal states make the official recommendations for the populations within their geographic jurisdiction and usually follow STIKO recommendations closely. To date, the Länder, at a minimum, have always followed STIKO recommendation and may be more expansive. For example, some states may recommend viral influenza vaccine for a greater proportion of their population than STIKO. Besides the immunisation schedule for babies, children, adolescents and adults in Germany the STIKO makes also recommendations for special occupational groups (e.g. medical staff (HepA;B, Influenza), police (HepB), travellers, patients with chronic diseases, special risk groups (drug users (HepB), homosexuals (HepA,B), prisoners, pregnant women, close contacts to newborns (pertussis) etc.

Although the vaccination plan is nationally recommended, regions can decide independently to include in the schedule also vaccinations for other diseases, on the basis of the local epidemiological situation.

The national vaccination plan approved in 2005 includes recommendations on PCV, MEN-C and chicken pox vaccinations for selected groups of individuals (i.e. individual with high risk of acquiring the infection and/or developing severe clinical picture), but Regions can also decide for additional vaccination policies at local level.

There is no central government financing for childhood immunizations. The vast majority (90%) of vaccines are purchased in the private sector and 90% of these are paid for by statutory insurance policies. Statutory insurance is paid for by payroll taxes on employees and employers. Children are covered by their parents' policies. The remaining 10% of vaccines purchased in the private sector are paid by supplemental private insurance policies or travellers (travel-related vaccines are not free of charge). The remaining 10% of administered vaccines not purchased in the private sector are provided by the states as part of special immunization programs in the schools or as part of day care catch-up programs.

Recommended immunisation schedule for babies, children, adolescents and adults in Germany (source: German Standing Committee on Vaccination (STIKO): 7/2006 [http://www.rki.de/cln\\_011/nn\\_975940/DE/Content/Infekt/EpidBull/Archiv/2006/30\\_\\_06,templateId=raw,property=publicationFile.pdf/30\\_06](http://www.rki.de/cln_011/nn_975940/DE/Content/Infekt/EpidBull/Archiv/2006/30__06,templateId=raw,property=publicationFile.pdf/30_06))

	<b>DTaP<sub>1</sub></b>	<b>Hib<sub>1</sub></b>	<b>HepB<sup>1</sup></b>	<b>IPV<sup>1</sup></b>	<b>Pneumo-coccal</b>	<b>Men C</b>	<b>MMR<sub>2</sub></b>	<b>Vari-cella</b>	<b>dTaP</b>
<b>Birth</b>			Yes <sup>3</sup>						
<b>2 months</b>	Yes	Yes	Yes	Yes	Yes (PCV)				
<b>3 months</b>	Yes	Yes <sup>4</sup>	Yes <sup>4</sup>	Yes <sup>4</sup>	Yes (PCV)				
<b>4 months</b>	Yes	Yes	Yes	Yes	Yes (PCV)				
<b>11-14 months</b>	Yes	Yes	Yes	Yes	Yes (PCV)	Yes <sup>5</sup>	Yes	Yes	
<b>15-23 months</b>							Yes	Yes <sup>6</sup>	
<b>5- 6 years</b>									Yes
<b>9-17 years</b>			Yes <sup>7</sup>	Yes					Yes
<b>&gt; 18 years</b>									
<b>&gt; 60 years</b>					Yes (PPV) every 6 years				

**Legend:**

- D: diphtheria vaccine (normal dose);                      d: low dose diphtheria vaccine (booster dose)
- aP: acellular pertussis vaccine,                              ap: low dose acellular pertussis vaccine (booster dose)
- Hib: haemophilus InfluenzaeTyp B vaccine              IPV: inactivated polio vaccine
  
- HepB: hepatitis B vaccine                                      Men C: meningococcal type C conjugate vaccine

PCV: pneumococcal heptavalent conjugate vaccine; PPV: pneumococcal 23-valent polysaccharide vaccine  
MMR: measles, mumps, rubella vaccine; MMRV: combined measles, mumps, rubella, varicella vaccine

- <sup>1</sup> Given at least 4 weeks apart with a required minimum of six months between final (11-14 months dose) and penultimate dose
- <sup>2</sup> Minimum interval of 4 weeks required between doses
- <sup>3</sup> Recommended for newborns of HbsAg positive mothers or to mothers with unknown HbsAg status
- <sup>4</sup> Given only if administered as a combination vaccine containing a pertussis component (aP), otherwise the second dose is recommended at 4 months
- <sup>5</sup> One dose in the 2nd year of life; should not be administered simultaneously with MMR+monovalent Varicella vaccine or MMRV vaccine
- <sup>6</sup> Second dose if administered as combined MMRV-vaccine
- <sup>7</sup> Primary HepB vaccination for previously unvaccinated persons and completion of the course in those incompletely vaccinated