

Mapping Study Influenza: Inventory of activities in the prevention of seasonal influenza in Switzerland

**Within the framework of the national strategy for the
prevention of seasonal influenza (GRIPS)**

**Jana Gerold
Séverine Erismann
Kaspar Wyss**

Elaborated on behalf of the Federal Office for Public Health (FOPH)

Basel, October 2018

Summary

Background and objective

One of the measures defined in the Public Health Research Action Area of the National Strategy for the Prevention of Seasonal Influenza (GRIPS) is the creation of an inventory (mapping study). This involves, among other things, the collection of data on ongoing influenza prevention measures, as well as projects and activities initiated by the cantonal authorities and different health institutions. The analysis of the measures implemented, and the impacts observed, should give access to a broad variety of preventive measures in order to enable actors (e.g. health authorities, institutions and professionals) to start or optimise their own activities. The Swiss Tropical and Public Health Institute was requested to carry out the mapping study.

Methods/approaches

The aim of the study was to create a Swiss-wide inventory of influenza prevention measures and experience, particularly addressing target groups of influenza vaccination recommendations. Organisations from all 26 cantons were included in the study, in order to detect any regional differences. The questionnaire was developed in collaboration with the Federal Office of Public Health. In the period between October 2017 and January 2018, the study team contacted individuals from 335 organisations by e-mail. In addition, 108 experts participated in 30- to 45-minute standardised telephone interviews. These respondents represented 97 organisations: cantonal authorities, national and cantonal umbrella and professional associations, pharmacies, hospitals, old people's and nursing homes, childcare centres, birthing centres and medical practices.

Results

Cantonal authorities participating in this study are adequately informed about activities within their own canton and are actively involved in the field of influenza prevention. From a strategic perspective, they serve a steering or intermediary function in facilitating access to influenza vaccination. Authorisation for pharmacies to provide vaccination is granted by the cantons, and influenza vaccination is offered by pharmacies in 18 of the 26 number of cantons. These pharmacies offer influenza vaccination for the "healthy adult" target group, although regulations vary from one canton to another. In one specific canton, a government decision was adopted requiring all listed hospitals to implement a written influenza vaccination plan at the hospital level.

From an operational perspective, individual cantons were found to be highly active in public communication efforts, addressing in particular those target groups covered by influenza vaccination recommendations, but also the general population as well as private and occupational contacts. In addition, influenza vaccinations are offered within the cantonal administration to cantonal administration staff.

National **umbrella and professional associations** are important partners for national working and expert groups, e.g. National Vaccination Strategy (NVS) or GRIPS. They contribute to influenza prevention measures by developing guidelines and adopting positions on influenza prevention as aids for their members.

Flu prevention measures in hospitals starting from the 1980, initially focused principally– on implementation of vaccination campaigns, as is the case with the National vaccination flu campaigns. Since around 2008, the emphasis was increasingly placed on communication strategies with vaccination recommendations for self-protection among risk groups. In addition, communication materials for contact persons called for solidarity and protection of risk groups. In 2013/2014, hospitals increasingly shifted towards recording cases of nosocomial influenza and introducing provisions encouraging staff to wear masks. Since 2015/2016, in a number of hospitals, isolation precautions have been implemented, and visitors have also been encouraged to practise hand hygiene and sneeze etiquette and to use surgical masks. At the same time, rapid diagnostic tests for influenza were introduced, as well as internal sentinel surveillance (Sentinella) units for monitoring flu cases in their own institution.

Not all hospitals implement these interventions, but all the hospitals surveyed offer free vaccinations for staff and pay particular attention to hygiene measures. In all the hospitals surveyed, the vaccination status of staff is documented. In general, routine measures also include systems for monitoring of hand hygiene. However, mask-wearing compliance is not systematically monitored as part of influenza prevention efforts.

In large hospitals (university and cantonal hospitals, hospital groups), responsibility for running various campaigns generally lies with a team comprising chief physicians and representatives of Hospital Hygiene, Infectious Diseases, Corporate Communication, Nursing Management and Occupational Medical Services. The campaigns include budgetary planning for individual activities, monitoring and sometimes also evaluation of measures.

In most **old people's and nursing homes**, influenza prevention efforts focus on comprehensive hygiene measures and vaccination programmes. In the institutions surveyed, free vaccination is offered – though not always taken up – for staff with direct patient contact. In some cases, mask-wearing guidelines exist for when a threshold defined by the institution is reached, but without concomitant monitoring to date.

Free vaccinations are also offered for staff in the **childcare centres** surveyed, but take-up is very limited. In this sector, basic hygiene measures such as hand hygiene play a greater role than mask-wearing, as it is important for young children to be able to see the faces of the people caring for them.

In the **birthing centres** surveyed, influenza prevention measures are restricted to hygiene regulations and mask-wearing recommendations - for midwives and visitors with respiratory symptoms.

The **medical practices** surveyed offer influenza vaccinations for their staff, for patients with an increased risk of complications, and for the general public. The costs for staff vaccinations are borne by the employer; whilst costs for patients and the public are paid for privately or are covered by health insurers. Patients are informed about the influenza vaccination during individual consultations but also via materials displayed in waiting rooms. Patients' vaccination status is noted in their medical records (usually electronically).

The national Flu Vaccination Day is designed as a low-threshold influenza vaccination programme for medical practices, but in terms of the number of vaccinations, Flu Vaccination Day is not particularly relevant for practices as they provide vaccinations throughout the season. However, Flu Vaccination Day is used – not only by practices, but also by hospitals or – to launch prevention activities and to make their participation in the national campaign visible. In 2018, to raise awareness at the national level and send out a strong signal, Flu Vaccination Day is being sponsored by the Swiss Medical Association (FMH), in cooperation with the College of Primary Care Medicine (KHM) and pharmaSuisse.

Conclusions

Overall, four general conclusions can be drawn from the analysis of the inventory of cantonal authorities' and health/care institutions' influenza prevention measures, projects and activities, and their impacts:

1. The intercantonal and cross-institutional collaboration of dedicated prevention teams is having positive effects

Effective influenza prevention measures are connected with intercantonal collaboration and activities of broad networks of dedicated experts as well as health policy initiatives.

The intercantonal and cross-institutional working group "Groupe Latin" in French-speaking Switzerland, comprising cantonal experts from a wide variety of organisations, is an example of operational synergies in the area of influenza prevention and treatment in health and care institutions.

The Zurich cantonal government's decision to require all listed hospitals to implement a written influenza vaccination plan, together with the joint campaign by the Zurich Hospitals Association (VZK), is an example of a successful cross-institutional initiative.

2. Commitment to influenza prevention varies among groups of actors

Representatives of the national and cantonal umbrella and professional associations were involved in the policy advice area -or example through their committee work

in the development of GRIPS. The umbrella and professional associations are important actors for guidelines and guidance for professional groups. This strategic area shows potential, since in some cases there were reports of out-dated guidelines or even non-existent guidance or recommendations, particularly for the areas of inpatient and outpatient care for persons with an increased risk of complications.

The political and strategic leadership of health departments and Cantonal Medical Officers in prevention and health promotion varied considerably from canton to canton and shows potential for increased commitment in the area of public health.

3. Individual actors, especially hospitals and primarily university hospitals, are playing a pioneering role

The results of the study indicate that university hospitals in particular are continually promoting new influenza prevention measures. The following positive reinforcement factors should be mentioned: interdisciplinary implementation of measures and campaigns; regular evaluations as a learning process; surveillance of influenza infections; and a supportive leadership culture at the institutional level.

4. Packages of measures are becoming increasingly important

The national reference framework and the implementation of measures for influenza prevention indicate that isolated single measures are being developed into comprehensive packages of measures. The participatory involvement of all parties (staff, patients, visitors) and the targeting of specific professional groups in the implementation of measures appear to be additional important factors that promote acceptance. In addition, shared responsibility is believed to point the way ahead, with staff and management, patients and visitors demonstrating their commitment to influenza prevention.