THE ORGANIZATION AND DELIVERY OF
VACCINATION SERVICES IN THE EUROPEAN UNION

AUSTRIA

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Austria

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Governance

In Austria the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection (*Bundesministerium für Arbeit, Soziales, Gesundheit und Konsumentenschutz*, BMASGK) is responsible for procurement of vaccines in the national vaccination programme. In close collaboration with the National Vaccination Board (*Nationales Impfgremium*)[1] and based on its scientific advice, the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection annually issues national recommendations for vaccinations (BMASGK, 2018a), which include information on available and recommended vaccinations and are designed mainly for doctors, pharmacists and health professionals. The Austrian recommendations are developed and published at the national level. At the regional level, counselling and vaccination centres[2] are in place, which carry out vaccinations, provide information on vaccinations and also advise other providers. Vaccinations in Austria are voluntary, and population registries do not serve as a basis for vaccination programmes. However, selected infectious diseases such as measles have to be reported to a national registry (*Epidemiologisches Meldesystem*) to ensure containment of the disease (BMASGK, 2018b).

1 The NIG consists of national experts, For more information please refer to: https://www.bmgf.gv.at/home/Gesundheit/Gesundheitsfoerderung_Praevention/Impfen/Expertinnen_und_Experten_des_Nationalen_Impfgremiums.

2 For more information on the regional counselling and vaccination centres please refer to: https://www.gesundheit.gv.at/service/beratungsstellen/impfen.

Several of the vaccinations included in the national vaccination plan are provided free of charge for children under the age of 15 years, in line with the free national immunization programme. This programme covers diseases occurring very frequently, as well as more rare but severe diseases (BMGF, 2017a). The following vaccines are included in the national immunization programme for children at defined age groups: vaccines against measles, mumps and rubella (MMR), diphtheria, Haemophilus influenza type B, hepatitis B, human papillomavirus (HPV), meningococci of groups A, C, W135 and Y (MEC-4), pertussis, pneumococcal, poliomyelitis, rotavirus and tetanus (BMASGK, 2018a).

In the context of the global measles and rubella elimination programme of the World Health Organization (WHO), **vaccinations against measles** (as part of the combined vaccination against MMR) are free of charge for all persons above the age of 9 months (BMASGK, 2018a). However, between 2012 and 2014 the vaccine was available free of charge until the age of 45 years only. Since 2014 there have been no upper age limits for the free measles vaccine any more. In 2014 the then Ministry of Health initiated a public awareness campaign (*keinemasern.at*), which was described by outside observers as creative and innovative, seeking to encourage vaccination among both infants and unimmunized adults (WHO, 2016). However, in 2015 Austria still had the second highest rate of measles cases per one million inhabitants (35.3) in the EU (ECDC, 2016).

In 2016 measles vaccination rates were analysed in depth using a population-based mathematical model at the national level (BMGF, 2016). According to the results of these calculations, in 2015, in children aged between 2 and 5 years, measles vaccination coverage rates for the first dose reached 92% and were about 10% lower for the second dose. In particular, children born between 2008 and 2010 and young adults born in the 1990s had lower immunization rates. It was estimated that about half a million persons aged between 15 and 30 years were not protected against measles. Measles incidence stood at 10.4 cases per one million population in 2017.

In addition to the awareness campaign, the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection provides a national action plan on MMR-elimination, information leaflets in German, English, Arabic, Turkish, Croatian and Slovak, and recommendations for refugees (high priority to immunize against measles in refugee homes) and persons working in refugee care (BMASGK, 2018c).

About 5–15% of the population in Austria are infected with influenza each year and many of them suffer from the disease. **Vaccinations against influenza** are not covered by the free national immunization programme but are recommended in Austria for all children (starting from the age of six months) and all adults. A special recommendation is in place for several groups at high risk, e.g. health workers, persons above the age of 50 years or persons affected by chronic disease. Vaccinations are not documented in a central register in Austria. Therefore, there are no detailed data available on the number of administered vaccines or vaccination coverage rates. Data from the pharmaceutical industry (the Austrian Association of Vaccine Manufacturers, ÖVIH) indicate that the vaccination coverage rate against seasonal influenza is below 10%. The influenza situation in Austria is monitored by an Influenza Surveillance System. These data are reported to the European Surveillance System operated by the European Centre for Disease Prevention and Control (ECDC) (AGES, 2018).

Provision

Provider organizations and professionals involved in administering **childhood vaccinations against measles** in Austria include:

- Physicians. Only physicians can prescribe vaccinations.
- The national immunization programme is implemented by the nine federal states and organized differently at the federal state level, involving mainly paediatricians, general practitioners and public health officers.
- The national immunization programme is also implemented in schools, involving public health officers, school physicians, paediatricians and general practitioners.
- There are also ambulances and vaccination centres that administer MMR vaccines.

According to the national recommendations, the first dose of the MMR-vaccine should be administered at the age of 9 months, followed by a second dose three months later.

When the first vaccination is carried out at the age of one year or later, the second dose should be administered in an interval of at least four weeks, but as soon as possible (BMASGK, 2018a).

Provider organizations and professionals involved in administering **vaccinations against influenza** in Austria include:

- Primary health care providers, such as general practitioners, paediatricians, occupational health physicians, public health officers, and internists, as well as regional and local counselling and vaccination centres. In some provinces, outpatient clinics may also provide vaccinations against influenza or provide vaccinations bought by patients at pharmacies.

Relevant professional standards and guidelines are detailed in the national recommendations, as different types of vaccines against influenza should be chosen according to different age or risk groups.

Financing

Childhood vaccinations against measles are free of charge in Austria. Patients do not need to cover any costs at the point of delivery. Vaccinations provided in the national immunization programme are covered by the federal government (two thirds) and by provinces and social health insurance funds (one sixth each). Vaccines in the national immunization programme, including vaccines against MMR, are procured by tenders covering several years.

Vaccinations against influenza are not publicly covered and have to be paid by patients out of pocket. Influenza vaccines are only available on prescription, and doctors carrying out the vaccination charge a fee. Social health insurance funds may promote influenza vaccinations by covering part of the costs, such as in annual promotion periods when vaccines are available in pharmacies at a reduced price. Some employers and health insurance funds also cover the costs for the vaccinations, such as employers of health care workers (BMASGK, 2018a).

Key barriers and facilitators

The current epidemiological situation in Austria points to the need for a higher immunization coverage for both measles and influenza. All vaccinations in Austria are voluntary and authorities are often limited to making recommendations. Scepticism about vaccinations in Austria has some sort of "tradition" and is often based on *"personal philosophy or groundless fears about side effects […] and, there are even quite a number of health workers who are anti-vaccine"* (WHO, 2016). There are also vaccination critics strongly opposing vaccinations.

Regarding **childhood vaccinations against measles,** sometimes parents of young children are not aware of the importance of having their children vaccinated. However, vaccine hesitancy also seems to play a role. In young adults it can be assumed that many of them are simply not aware of the fact that they are not protected against measles. This is why authorities initiated a broad awareness-raising campaign on measles in 2014, promoting free-of-charge vaccinations for all age groups. To further reduce vaccine hesitancy, the annual European Immunization Week campaign is used to raise awareness (Kreidl & de Kat, 2017). Having the MMR-vaccine free of charge in Austria and strongly recommending it in the national recommendations are two key facilitators of its uptake. Paediatricians who are close to the patients and participate in the programme are another crucial element for achieving effective vaccination coverage rates among children in Austria.

Coverage of **adult vaccinations against influenza** in Austria is low, mainly due to lack of awareness and vaccine hesitancy. Kunze & Kunze (2015) further suggest the *"most extensive recommendations for influenza vaccination worldwide"* are not adequately implemented due to *"ignorance, lack of social marketing and the predominance of a distinct discordance within the health system in general, and the Austrian medical fraternity in particular"*. Kunze, Böhm & Groman (2013) even describe Austria as a country that is *"resistant to influenza vaccination"*, as the impact of influenza on public health seems to be misjudged by the population and even the opinion of health care workers is divided. Furthermore, there is no vaccination reminder system for adults in place.

Even where contributions by employers or social health insurance funds reduce the costs of vaccinations against influenza, the remaining financial barriers, with patients generally having to pay for the vaccination out of pocket, can reduce access (Hoffmann et al., 2016). Hoffmann et al. (2016) also suggest involving and incentivizing general practitioners to support vaccinations against influenza, as they are often more trusted by the patients than the media or the internet.

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