

Vaccination Strategy Canton AG



Stephan Koch, Senior Consultant Vaccination Center KSA



Content

- Strategic planning DGS
- Strategy of KSA / KSB
- Constraints
- Lessons learned / 1st Evaluation
- Communication Networking
- Impressions



Strategic planing of DGS

Kantonsspital Aarau

9/9 hospital-based Vaccination Centers, Starting with KSA /KSB (Pfizer)

potential: ≥15'000/week

Later to involve District hospitals

(Moderna)

potential: ≥15'000/week

10 / 300 Mobile teams for long term care facilities (Moderna)

190/600 General Practitioners

(Moderna/Vector-based vaccines)

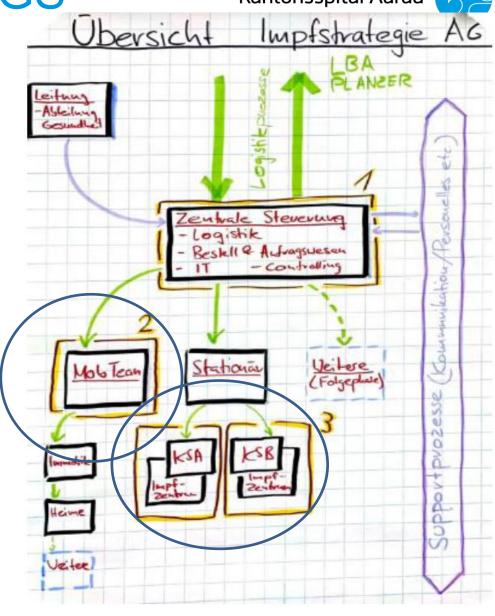
potential: ≥ 10(-30)'000/week

50/200 Pharmacies (Vector-based

vaccines)

potential: $\geq 3(-10)'000/\text{week}$

In 5 months 100% vaccine coverage in AG





Strategy of KSA / KSB

1 Sensitization campaign for Immunisation

- Personal letter & Flyer informing about mRNA vaccine sent to all hospital staff
- build vaccine confidence
 - ensure high COVID-19 vaccination coverage

2 Recruitment of staff

- Personal letter to retired personnel (doctors, nurses and administrators)
- Add in whatsap groups of med students of BE, BS and ZH
- recruit personnel with high performing und assisting in vaccinating

3 Establishment of vaccination center

- Infrastructure
- Staff roster
- Process planning (timing and coordination: Medical, Documentation & Order team)
- Financing (Canton)
- Preparing toolkits
 - Electronic Booking (Terminland®)
 - SOPs
 - Documentation
 - Patient flyers



Within 14 days the vaccination center was ready for tests: 180 HCW of Covidwards vaccinated during 3 days for standardization of processes.

Training



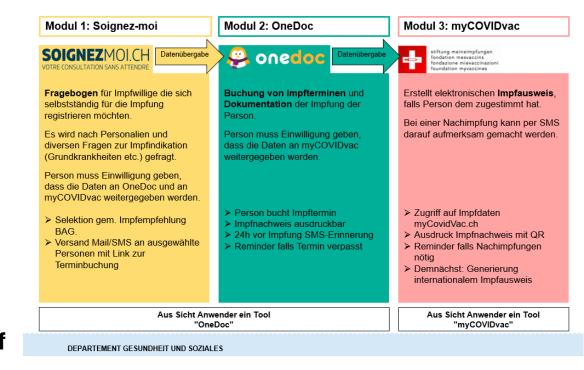


- Training of staff on the job
 - (Contra-)Indication for vaccine
 - Vaccine Storage and Handling
 - Mobile team for longterm care facilities
 - Emergency training (anaphylactic reactions)
 - Infection prevention and control recommendations
- Continuous adaptation of established processes
 - Administration!



Constraints

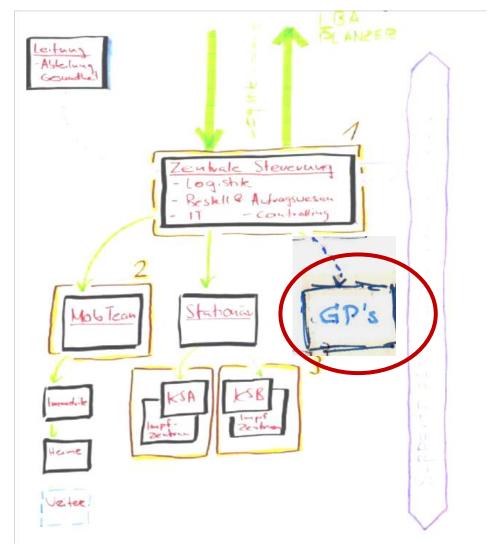
- BAG was not ready with registration platform and documentation software
- own registration platform (,Terminland') crashed (9000 accesses per minute)
- Shortness of vaccine supplies
- Vulnerable persons: Inaccurate self declaration (involvment of GPs for attestations)





Lessons learned

- Preparation for desasters is a need !!
- Lots of irritation by(print) media !!
- Vaccine shortage is a fact!
- Coordination of logistics between BAG, Canton and Hospitals is a finding process (clash of cultures)
- Self declaration has its limit: Who knows them best?
 - --- > early involvement of GPs is key!



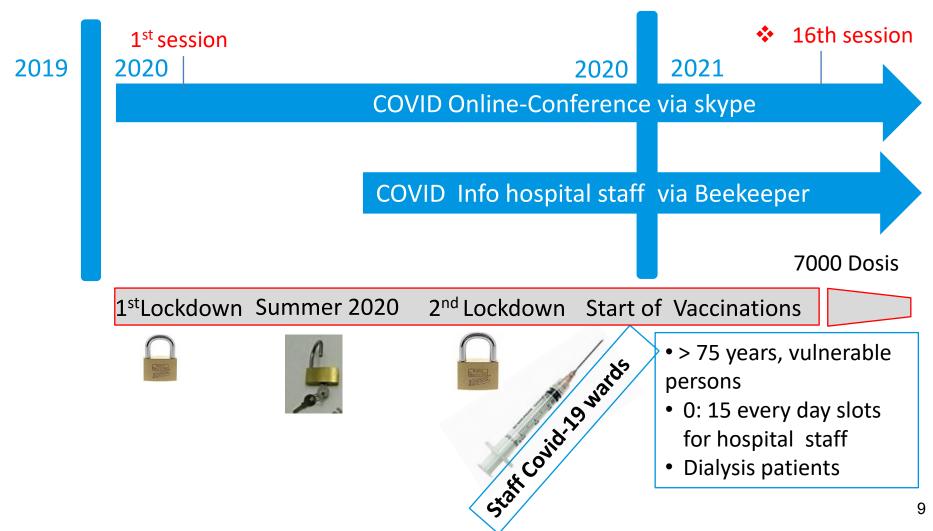


2nd dose

- 10 % Persons did not show ! ?
 - Hospital own IT System
 - Onedoc
 - Appointment another day (earlier oder later)
 - Not registered in one system
 - System did not confirm the appointment
 - Refused tried another vacc. Center



Communication* - Networking



^{*}Health Department (medical and adminstrive), assisiation of physicions AG, Infektious disease Departments of KSA, KSB, Hirslanden Group), GP's



And in the future

Actual situation!

- Shortness of vaccines
- Enthusiastic demand during the ongoing pandemic
- Waiting for release of new vaccines

What about in 3 months?

Demand will gradually decrease?

Covarage of 60 % reached?



A threat for whom?

Immunization services have been disrupted significantly during the COVID-19 pandemic, threatening the achievements in the eradication and elimination of major vaccine preventable diseases (VPDs) like polio and measles. More than 80 million children under the age of one are estimated to be affected by disruptions in routine immunization services in more than 68 countries and are at risk of polio, measles, diphtheria, pertussis, tetanus, hepatitis B, *Hemophilus influenza* type b, pneumococcus, and rotavirus infections ¹.



















Vaccinated persons are very grateful and appreciate the work done at the vaccination centers!