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# Putting prevention into practice – case studies from four countries

## EUROPREV Prevention workshop

EUROPREV ran a 60-minute workshop on the implementation of prevention at the European Wonca-congress in Basel in September 2009. Four case studies were presented. These included:

- Influenza vaccination in the elderly and health-care workers in Australia;
- Programmatic prevention in Belgium using a comprehensive "Health Guide";
- Colorectal cancer screening in Slovenia;
- Consideration of programmatic delivery of Human Papilloma Virus Vaccination in Spain.

The four case studies covered the prevention areas of immunisation and cancer screening. These case studies are summarised below. A general discussion followed the presentations, highlighting the common ingredients for successful implementation.

### Case study 1

Associate Professor John Litt, Australia: Influenza vaccination in Australia – a tale of two populations

#### Background

Influenza is common [1, 2] and causes significant morbidity each year, especially in the elderly [3, 4]. Most countries have guidelines that recommend influenza vaccination in the elderly and health-care workers (HCWs) [4]. While vaccination rates are approaching desired levels in the elderly, they are disappointing in HCWs [5].

#### Implementation program

Figure 1 shows the change in influenza coverage in the elderly population over a 13-year period. Key factors in improving coverage include:

- region-based advisory committee(s);
- development of a national expert group on influenza – the influenza specialist group (ISG);
- media reporting of influenza vaccine shortage coupled with tailored messages to address beliefs and misconceptions about immunisation;
- a GP-targeted immunisation program with local support workers;
- a fee for service item for vaccination by practice nurses;
- vaccine provided free to at risk groups at GP surgeries;
- regular monitoring and review of coverage.

Figure 2 shows the level of influenza vaccine coverage in various HCW groups. Little improvement has been seen in coverage over a 12-year period.

HCW vaccination against influenza has remained static for a number of possible reasons:

- variable education and organisational support/programs;
- persisting misconceptions about immunisation;
- immunisation guidelines not promoted;
- prevailing ethos of voluntary immunisation rather than mandatory.

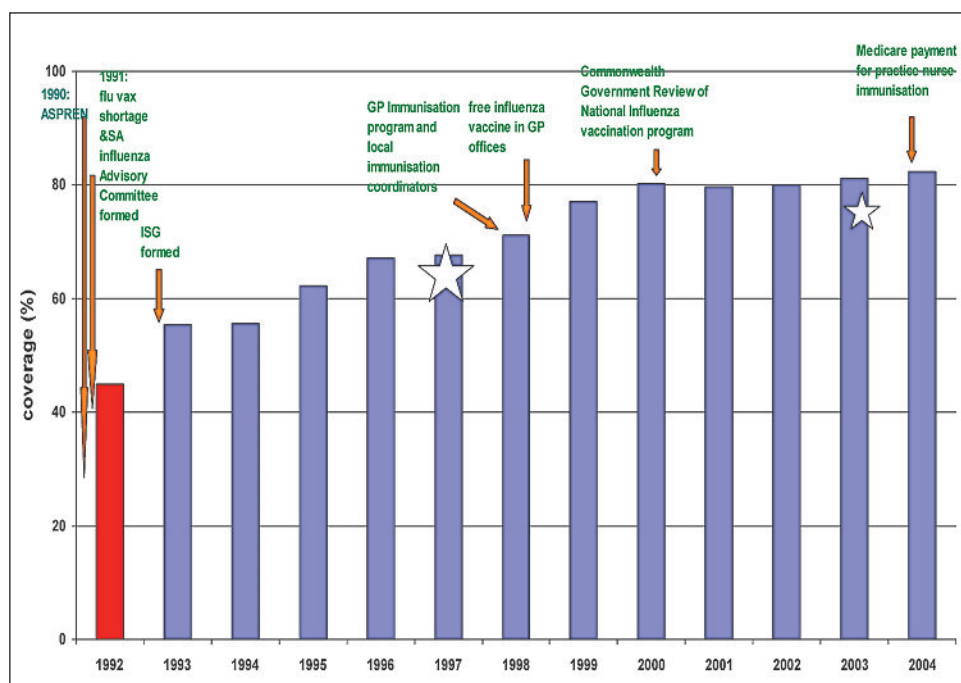


Figure 1  
Influenza vaccination coverage levels in the elderly in SA: 1992–2004.

#### Conclusions

There is a need to maintain and improve education activities, especially to HCWs. Also there is a need to ensure easy access to HCW vaccination programs. Consideration should be given to mandatory requirement for health-care facilities to ensure signed records are kept from all direct care staff who decline vaccination.

### Case study 2

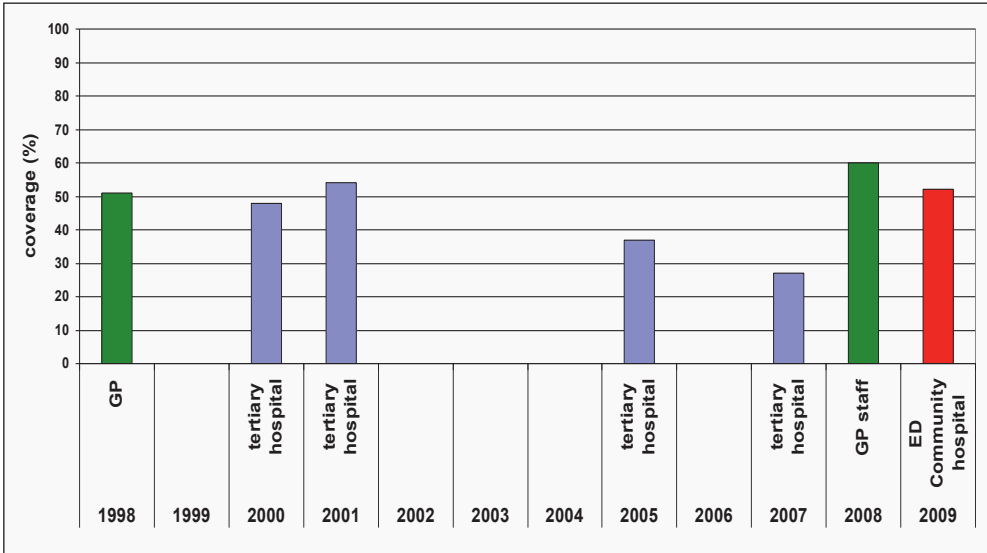
Annelies Van Linden, Veerle Van der Stighelen, Leo Pas, Pat Wyffels, Belgium: Programmatic prevention – Using the "Health Guide"

#### Background

In Belgium, prevention is mainly performed in a general opportunistic manner.

#### Implementation

17 validated Flemish guidelines on prevention were integrated into one "health guide". To collect information about past preventive activities and antecedents, a



**Figure 2**  
Influenza vaccine coverage in health-care workers (HCW) in Australia: 1998–2009.

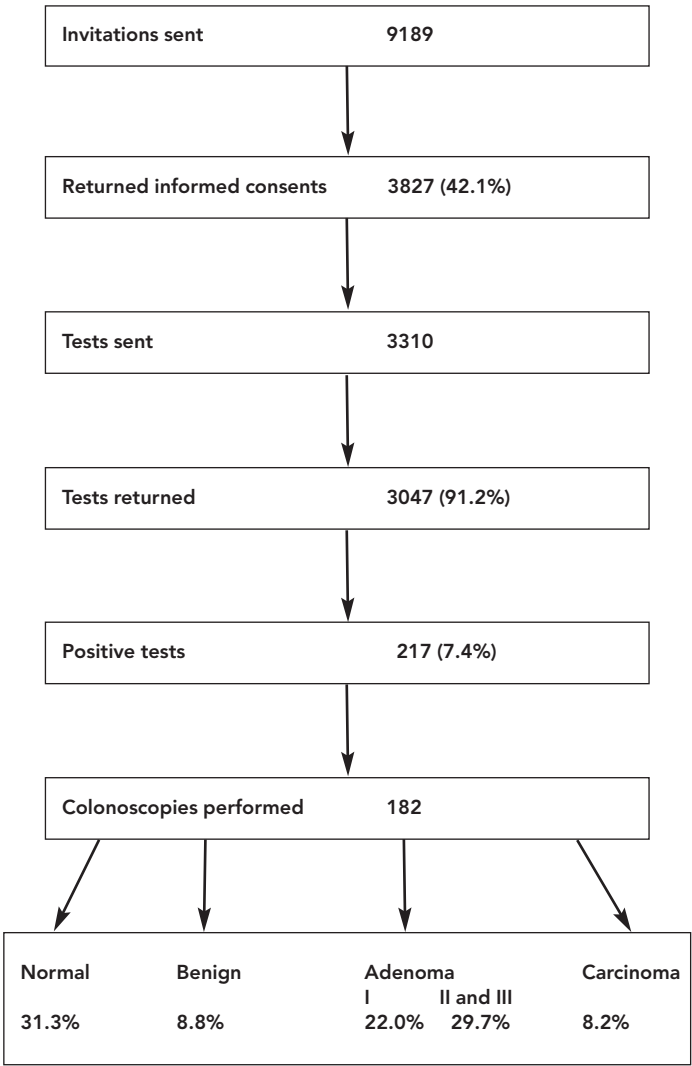
questionnaire is filled in by patients aged 40 years and above. Interaction between patient and physician enhance a shared responsibility to set up an individual prevention plan. Recording provided data allows a recall system to be organised. Local authorities supported this program by inviting the population to contact their GP.

*Preliminary results*

Letters to the community were enhanced by messages from the GP. Patient motivation was important. Computerised tools seemed necessary to start programmatic prevention.

*Conclusions*

Patients willingly provide information and a comprehensive Electronic Health Record summary stimulates the GP to set up individual prevention plans to initiate programmatic prevention.



**Figure 3**  
Pilot results of colorectal cancer screening.

**Case study 3**

*Associate Professor Mateja Bulc, Slovenia: Colorectal cancer screening – the Slovene experience*

*Background*

The incidence of colorectal cancer in Slovenia in 2006 was 1284 cases: 12.7% in men and 10.5% in women. It is the prevalent cause of death from all malignant diseases (682 deaths in 2006), and only 12.9% are diagnosed at an early stage.

*Implementation of Screening*

- program was piloted in 2008 and started in 2009;
- target population: 50–69-year-old men and women, every second year;
- estimation: 260 000;
- using an Immunochemical fecal occult blood test and colonoscopy in cases who tested positive (estimation: 6%).

The goals of the program:

- 25–30% decrease of coloncancer mortality (200 lives per year);
- 20% decrease of colon cancer incidence (300 per year);
- early stage diagnosis over 50% in 10 years.

*Pilot results*

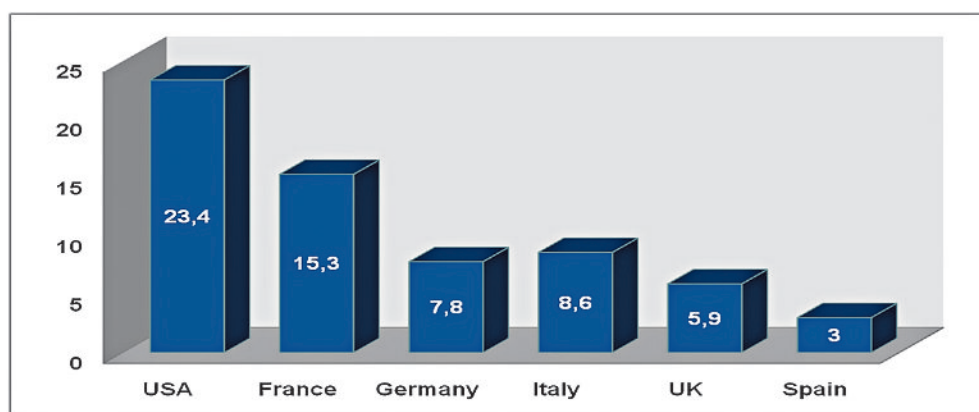
See figure 3.

*Conclusions*

Pilot results show that the program was needed and well performed. The population was motivated. Family physicians’ advice to people in doubt was very important.

**Case study 4**

*Pilar Kloppe, Carlos Brotons, Spanish Society of Family and Community Medicine: Human Papilloma Virus Vaccination in Spain: views from a scientific society differs from policy makers*



**Figure 4**  
Prevalence of cervical cancer in Europe and the United States.

### Background

The prevalence of cervical cancer in Spain is very low when compared with other countries. The estimated prevalence is 3% while in other European countries it is 2–5-fold higher and in the United States it is 23.4% (fig. 4).

### The scientific evidence

At the present time, the effectiveness of the (Human Papilloma Virus) HPV vaccination in the recommended age-range is unknown; safety data is uncertain; and 20–30% of cervical cancers are not avoidable because they are associated with serotypes that are not included in the vaccination. HPV vaccination should also not replace cervical cancer screening.

### Implementation

A survey was conducted in 11 European countries. It showed that girls between 11 and 13 years old are the group of women in which the vaccination is most recommended, although there was considerable variability. In general, the HPV vaccination was done as part of a specific program and/or national campaign, when women fulfilled age criteria. Vaccinations were mostly carried out by GPs or gynaecologists. In Spain, the current recommendation is to finance HPV vaccination for all girls 11–12 years old. Implementation is recommended through GPs/nurses working in primary care centres.

### Conclusion

For all these reasons, the Spanish Society of Family and Community Medicine, through the national program for prevention and health promotion (PAPPS), considers that it is premature to include the HPV vaccination in the national vaccine calendar as it is recommended by the Spanish Government.

### Summary

P.R.A.C.T.I.C.E [14], an implementation framework that highlights common ingredients that promote successful implementation uptake, was used to summarise the common, effective implementation strategies across the four case studies.

- Principles: For three of the four programs, there was agreement on the principles that underpinned the implementation process
- Receptivity: A range of strategies to promote patient and GP receptivity were used. These included: provision of free vaccine or testing, offer of a health assessment, and focus on a target area considered to be worthwhile

- Ability: Ability/capacity was enhanced by tools such as a comprehensive electronic prevention record and provision of support – for example practice nurses to provide immunisation
- Coordination: Most of the programs included a coordinated approach with a clear plan, teamwork and clarification of roles and responsibilities
- Targeted: Each of the four programs had a specific target prevention area and some addressed known and potential barriers to implementation: for example identify and counter immunisation misperceptions, target waiverers with GP advice
- Iterative: Only one program had used an iterative approach (influenza immunisation). The repeated cycles of reassessment of performance and program tweaking led to improved vaccine uptake
- Collaboration: All implementation interventions involved a degree of collaboration, especially with practice nurses
- Effectiveness: A range of effective (empirically evaluated) implementation strategies were used including: a health summary sheet, computer decision support tools and directed incentives.

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