UKS
Universitätsklinikum
des Saarlandes

05.04.2019

Stand der Masern- und Rötelnelimination aus deutscher Sicht – Maßnahmen und Erfahrungen

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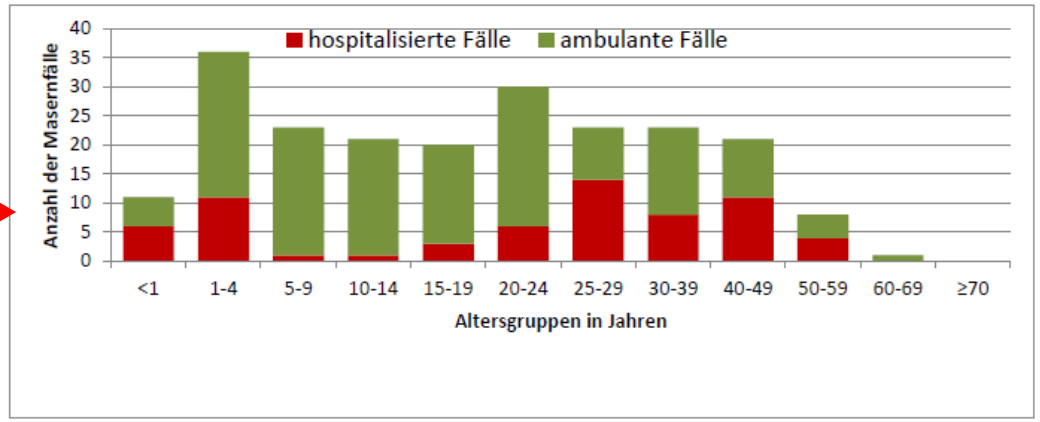
Masernvirus (Quelle: RKI)

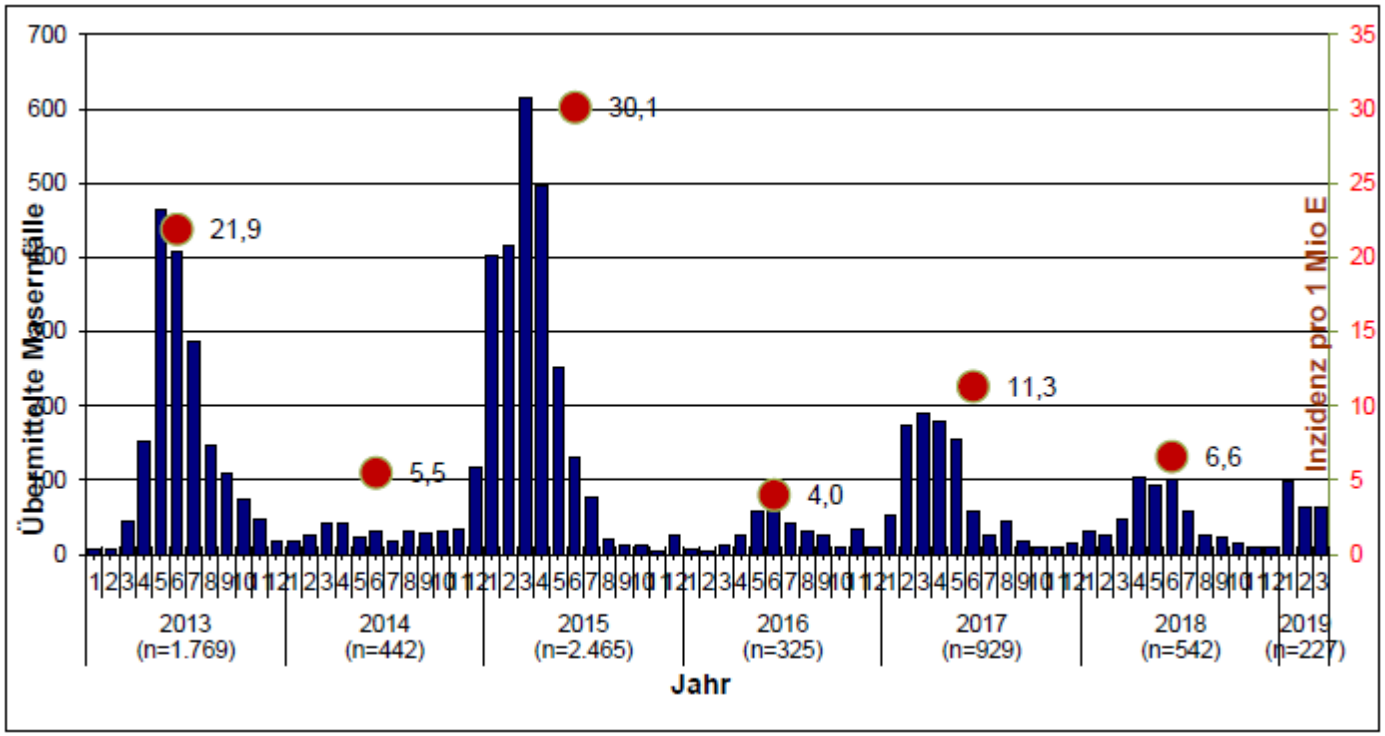
65/152 = 43% bzw. 65/227 = 29%

Jahr	Fälle	Todesfälle
2017	929	1
2018	543	0
2019	227	0



Stand: 18.03.2019

(Stand: 05.04.2019: 236, Quelle: Survstat)



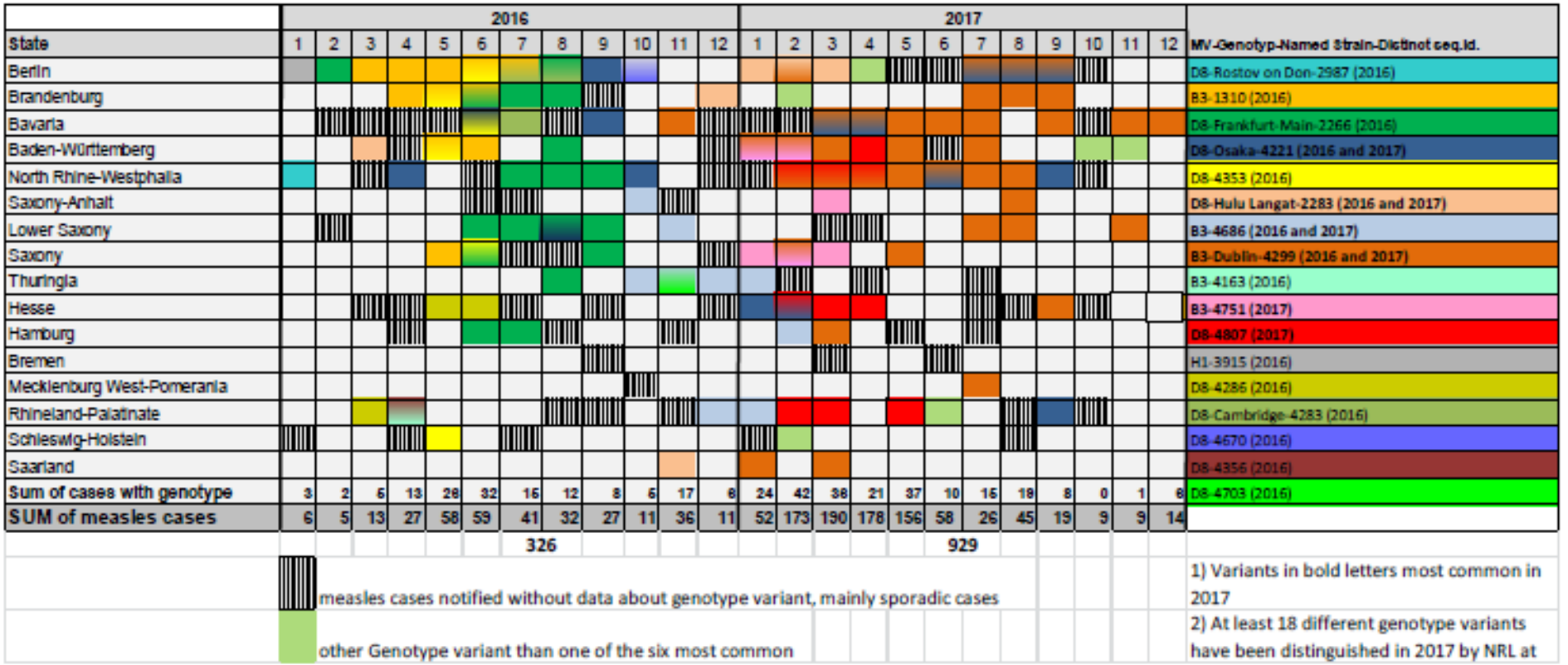
Masernvirus (Quelle: RKI, Stand: 18.03.2019)

Tab. 1: Übermittelte Fallzahlen nach Bundesland pro Woche in den letzten 26 Meldewochen (MW 34-MW 6) **(Stand: 18.03.2019; n=187)**

Meldejahr	2018														2019											
Meldewoche	**39**	**40**	**41**	**42**	**43**	**44**	**45**	**46**	**47**	**48**	**49**	**50**	**51**	**52**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	
SH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
HH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0	1	0	4
NS	1	0	1	0	1	1	1	1	0	0	0	0	0	0	0	0	3	1	1	4	1	5	4	6	3	34
NRW	2	1	0	0	1	2	0	0	0	0	0	0	1	0	1	13	13	25	2	5	4	4	6	8	9	97
HE	0	0	1	1	0	0	0	0	0	0	0	0	1	0	3	1	1	2	3	0	1	0	3	1	1	19
RP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1	1	3	1	8
BW	2	1	0	0	0	0	0	0	1	0	1	0	0	1	0	1	0	4	2	1	1	5	3	12	4	39
BAY	0	2	0	1	1	0	0	0	1	1	1	2	1	0	0	2	1	4	3	7	4	2	1	1	2	37
B	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	2	0	0	1	0	0	0	1	3	1	10
SA	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	3	1	3	1	0	0	1	0	1	12
ST	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
TH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	2
	5	6	2	2	3	3	1	1	3	2	3	2	4	1	5	21	22	38	16	19	11	18	20	35	22	265

Masern in der BRD – zirkulierende Genotypen und Varianten

Most common sequenced Genotype Variants by Federal State, Germany, 2016 and 2017



	2016												2017												
State	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	MV-Genotyp-Named Strain-Distinct seq.Id.
Berlin																									D8-Rostov on Don-2987 (2016)
Brandenburg																									B3-1310 (2016)
Bavaria																									D8-Frankfurt-Main-2266 (2016)
Baden-Württemberg																									D8-Osaka-4221 (2016 and 2017)
North Rhine-Westphalia																									D8-4353 (2016)
Saxony-Anhalt																									D8-Hulu Langat-2283 (2016 and 2017)
Lower Saxony																									B3-4686 (2016 and 2017)
Saxony																									B3-Dublin-4299 (2016 and 2017)
Thuringia																									B3-4163 (2016)
Hesse																									B3-4751 (2017)
Hamburg																									D8-4807 (2017)
Bremen																									H1-3915 (2016)
Mecklenburg West-Pomerania																									D8-4286 (2016)
Rhineland-Palatinate																									D8-Cambridge-4283 (2016)
Schleswig-Holstein																									D8-4670 (2016)
Saarland																									D8-4356 (2016)
Sum of cases with genotype	3	2	6	13	28	32	16	12	8	6	17	8	24	42	38	21	37	10	15	18	8	0	1	6	D8-4703 (2016)
SUM of measles cases	6	5	13	27	58	59	41	32	27	11	36	11	52	173	190	178	156	58	26	45	19	9	9	14	
							326											929							

measles cases notified without data about genotype variant, mainly sporadic cases

other Genotype variant than one of the six most common

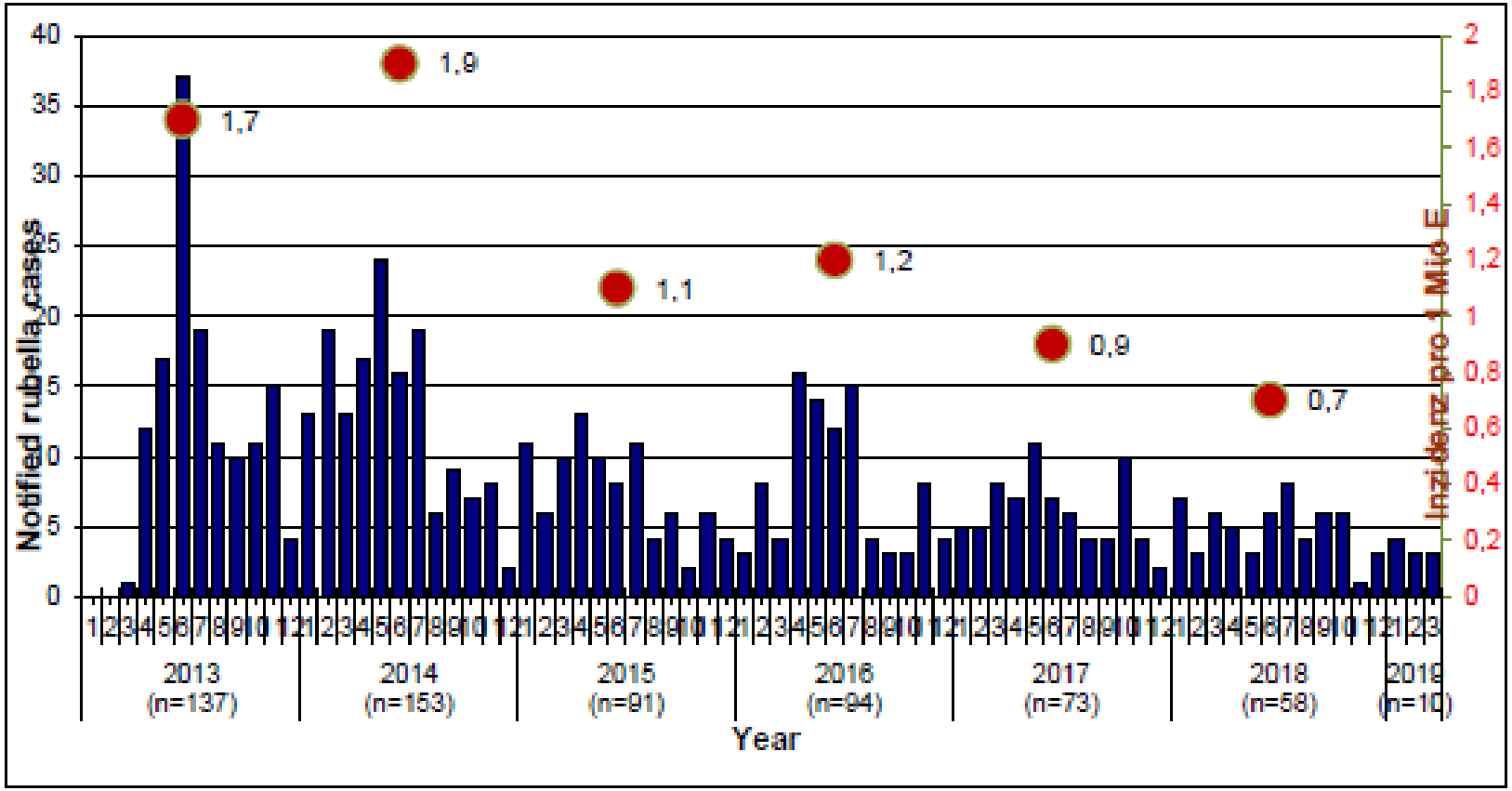
1) Variants in bold letters most common in 2017

2) At least 18 different genotype variants have been distinguished in 2017 by NRL at

Quelle: Bericht der NAVKO an WHO Europe (April 2018)

Rötelnvirus (Quelle: RKI, Stand: 18.03.2019)

Abb. 7: Dem RKI übermittelte Rötelnfälle in Deutschland pro Monat und Jahr 2013 bis 2019 (Stand: 18.03.2019). In rot die jährliche Inzidenz pro 1 Million Einwoner



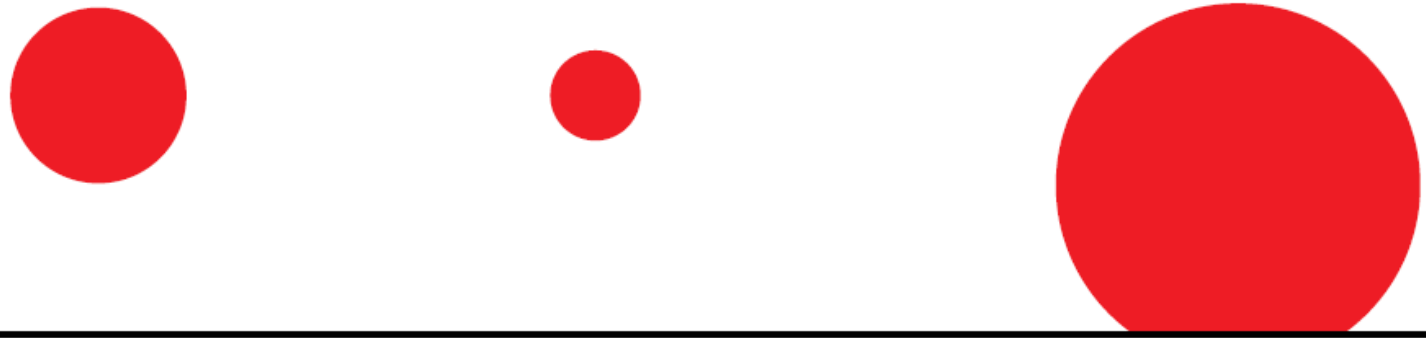
Problem: Fehlende Darstellung der Transmissionsketten und Nichtnachweis von ausgeschlossenen Fällen

Konsequenz: Nichterfüllen der WHO-Vorgaben für den Eliminationsnachweis!

Nationaler Aktionsplan 2015–2020 zur Elimination der Masern und Röteln in Deutschland

Hintergründe, Ziele und Strategien

Stand: Juni 2015



Vision: Dauerhafte Erreichung der Elimination der Masern und Röteln in Deutschland als Beitrag für eine weltweite Eradikation der Masern und Röteln

Strategische Ziele	Operationalisierbare Ziele	
Ausdruck eines starken politischen Willens mit Unterstützung durch relevante Akteure	Aufklärung und Information der Bevölkerung	enübersteht
	Erhöhung der Impfquoten für MR-Standardimpfungen für Kinder und Erwachsene, die nach 1970 geboren sind	sen- d Kommunen Dosis- d Kommunen ei einer ern- bzw.
	Optimierung von Monitoring und Evaluation	stens 80 % % der bundesweit
Zielerreichung bis:	2015	2016 2017 2018

Zielerreichung:

Quelle: https://clipartfest.com/

M: ∅ R: ?

M: ? R: ∅

?

Quelle: NAP

2017 Annual Status Update on Measles and Rubella Elimination

Germany

Actions taken at national level:

- Adoption of the "Act to modernize the epidemiological surveillance of communicable diseases" in June 2017. It regulates among others the contact tracing and isolation of rubella cases and their close contacts.

- Financing of individual catch-up immunisations is guaranteed with recommendations of the Standing Committee on Vaccination in Germany for all people born after 1970

- Appointment of the "National Steering Committee on Vaccination" in May 2016. Members are representatives of the health ministries of the states, the Federal Ministry of Health, and of national institutions and associations. Establishment of several working groups in 2017 in order to improve vaccination coverage especially in adults

- Development of a national regulation to improve the remuneration of occupational physicians with regard to standard vaccinations supported by MOH

- Field study evaluating various measures in practices to improve information on measles vaccines funded by the Federal Chancellery in Germany

- Discussion of the surveillance data and quality of surveillance with Public Health stakeholders on several meetings and conferences at national and regional level

- Development and discussion of a national generic guideline to support health authorities in measles and rubella surveillance and outbreak management. Publication is scheduled for 2018.

- Campaigns of Statutory Health Insurances like AOK that cover [illegible] one [illegible] the population in Germany.

- Annual campaigns of the National Association of Statutory Health Insurance Physicians to inform about vaccination recommendations

- Semiannual mandatory external quality assessment for each laboratory in Germany for anti-Rubella and, since 2017 as proposed by the NVC, anti-Measles IgG and IgM.

- Ongoing national information campaign of the German Federal Centre for Health Education (BzGA). In 2017, the Federal Centre for Health Education continued campaign on vaccination against measles using the slogan "Germany is searching for the vaccination card". The educational campaign predominantly addresses adolescents and young adults, and supplements the existing information for parents of young children.
  - Promotion video „Germany is looking for the vaccination card" is shown in cinemas all over Germany, combined with an advertisement for the respective online micro-site
  - Online decision-aid for the measles-mumps-rubella-vaccination was relaunched on the website www.impfen-info.de
  - Power-Point-presentation designed for physicians to give lectures on benefits and risks of vaccination is published online
  - Brochure "Vaccine protection for the whole family – 20 questions 20 answers" which includes the current vaccine schedule is published in an updated layout

- Specific events in the context of the European Immunization Week e.g.
  - Project of the MOH to illuminate a widely visible building of the university hospital in Berlin (Charité) for three days with a slogan and information on measles vaccination in order to raise public awareness for the importance of measles-vaccination for health protection
  - Reference to EIW 2016 and National Action Plan on measles and rubella elimination as well as publication of current vaccination rates in scientific bulletin, in online-newsletter, and on Twitter
  - Up-dating of "Responses on 20 common objections against vaccinations by Robert Koch-Institute and Paul Ehrlich Institute (also in English)

Actions taken at regional level:

- Realisation of the "Preventive Health Care Act" (endorsed in July 2015) at regional level. The act promotes vaccine-related prevention through a range of legal measures:
  - expansion of routine health examinations into older age-groups until age 18 in order to improve access and close immunisation gaps
  - evidence of vaccination counselling by a doctor must be presented for a child to be accepted to a day-care facility
  - costs for routine vaccinations administered by occupational physicians can be reimbursed by health insurances
  - If and to the extent that it is necessary to fulfil obligations, the employer may collect process or use employee personal information about e.g. their vaccination status to decide on the employment relationship or the nature of employment.
  - Especially in terms of measles it regulates the possibility of a more rapid exclusion of susceptible measles contacts in community facilities

- Occasional supplemental immunization activities at school level and universities e.g. in Hamburg, Bremen, Schleswig-Holstein and Rhineland-Palatinate, Thuringia, Saarland, North Rhine-Westphalia, Bavaria

- Specific vaccination consortia to improve vaccination rates and information of the population at regional level e.g. in Berlin and Bavaria

- Regional information campaigns concerning measles (e.g. media campaigns, leaflets, advertisement in journals, promotion posters for pharmacies and general practitioners, press releases, cinema spots)

- Recurrent press releases on regional measles cases and possibilities for prevention at regional level

- Recurrent or annual regional meetings on vaccinations e.g. in North Rhine-Westphalia, Bavaria, Bremen, Lower Saxony, Mecklenburg-Western Pomerania and Schleswig-Holstein

- Specific events in the context of the European Immunization Week 2016 at regional level

- Development and adoption of the "Measles and Rubella elimination plan of Berlin" (BEMREP) in 2017

- Vaccination [illegible] school projects with mobile [illegible] accompanying ambulances visiting different schools in Berlin

- Mobile [illegible] with well-equipped vaccination bus for asylum seekers and refugees in Berlin since 2016

- Recurrent checks of vaccination cards including subsequent individual vaccination advice, especially in schools (students of different age groups) and other community facilities in e.g. Bavaria, Brandenburg, Rhineland-Palatinate, Saarland, North Rhine-Westphalia, Mecklenburg-Western Pomerania, Saxony, Baden-Wurttemberg

- Establishment of recall systems for vaccinations or check-ups for children and adolescents in Bavaria, Bremen, Hesse, Mecklenburg-Western Pomerania, Rhineland-Palatinate, Saarland, Saxony, Saxony-Anhalt and Thuringia

- Arrangements for vaccination catch-ups in occupational medicine e.g. in Mecklenburg-Western Pomerania, Rhineland-Palatinate, Schleswig-Holstein

- Facilitated access to vaccination of high risk population groups e.g. in Schleswig-Holstein, Saarland, North Rhine-Westphalia, Thuringia, Berlin

- Partly web-based education projects targeting children and adolescents e.g. in schools to improve vaccination status e.g. in Saxony, Saxony-Anhalt, Mecklenburg-Western Pomerania, Brandenburg, North Rhine-Westphalia and Baden-Wurttemberg

- Provision of educational materials for community facilities (e.g. schools, day care centres) concerning immunology, microbiology and immunization e.g. in Baden-Wurttemberg, Brandenburg, Bremen, Mecklenburg-Western Pomerania, Saarland, Saxony, Thuringia, North Rhine-Westphalia and Rhineland-Palatinate

- Advanced trainings on vaccinations, e.g. for physicians or midwifes

- General agreements of public health services with health insurance organizations to apply costs for immunizations and immunization campaigns at regional level e.g. in Mecklenburg-Western Pomerania

- Actions taken to contain outbreaks: post-exposure vaccinations in affected populations, press releases strongly encouraging the population to receive catch-up immunizations, information of private practitioners and population, guidelines, possibility for practitioners to vaccinate beyond their primary field (Berlin), compulsory vaccination for health care workers at university hospitals (Berlin)

Koordination?

Zielgerichtete Aktivitäten:

Nationale Verifizierun
nächste Bundesregie

Impfdefizite in D
ausreichende Res

1. Deutschland brauch
2. Der Öffentliche Ge
   muss die Abrechnu
3. Abrechnungsmöglic
4. Impfmanagement in
5. Schutzimpfungen
   durchgeführt und ei
6. Schutzimpfungen b
   und einheitlich dok

Quelle: https://clipartfest.com/

Nicht-öffentlich!

der Nationa
zum Sachstan

Empfehlungen der

Angesichts der unbe
personell und finanziell stärkeres Engagement aller Beteiligten am Impfwesen in Deutschland an. Sie sieht dabei den NAP mit seinem breiten politischen als auch fachlichen Konsens gleichermaßen als Grundlage wie auch als Verpflichtung an, die bestehenden Defizite schnell und umfassend anzugehen.

Die NAVKO ihrerseits ist dabei gerne bereit, ihre Rolle als Unterstützer von geeigneten Strategien und Maßnahmen zur Erreichung und zur Überwachung des Fortschrittes hinsichtlich des Eliminationszieles verstärkt wahrzunehmen. Sie bietet in diesem Zusammenhang an, einen strukturierten Dialog (vergleichbar dem Vorgehen der externen Qualitätssicherung in Krankenhäusern) mit den am Impfwesen Beteiligten in Abstimmung mit dem Bundesgesundheitsministerium durchzuführen.

Öffentlich!

Nach Häufung von Masern-Erkrankungen

26.03.2019, 16:49 Uhr

Spahn für Impfpflicht in Kitas und Schulen

Quelle: tagesspiegel.de

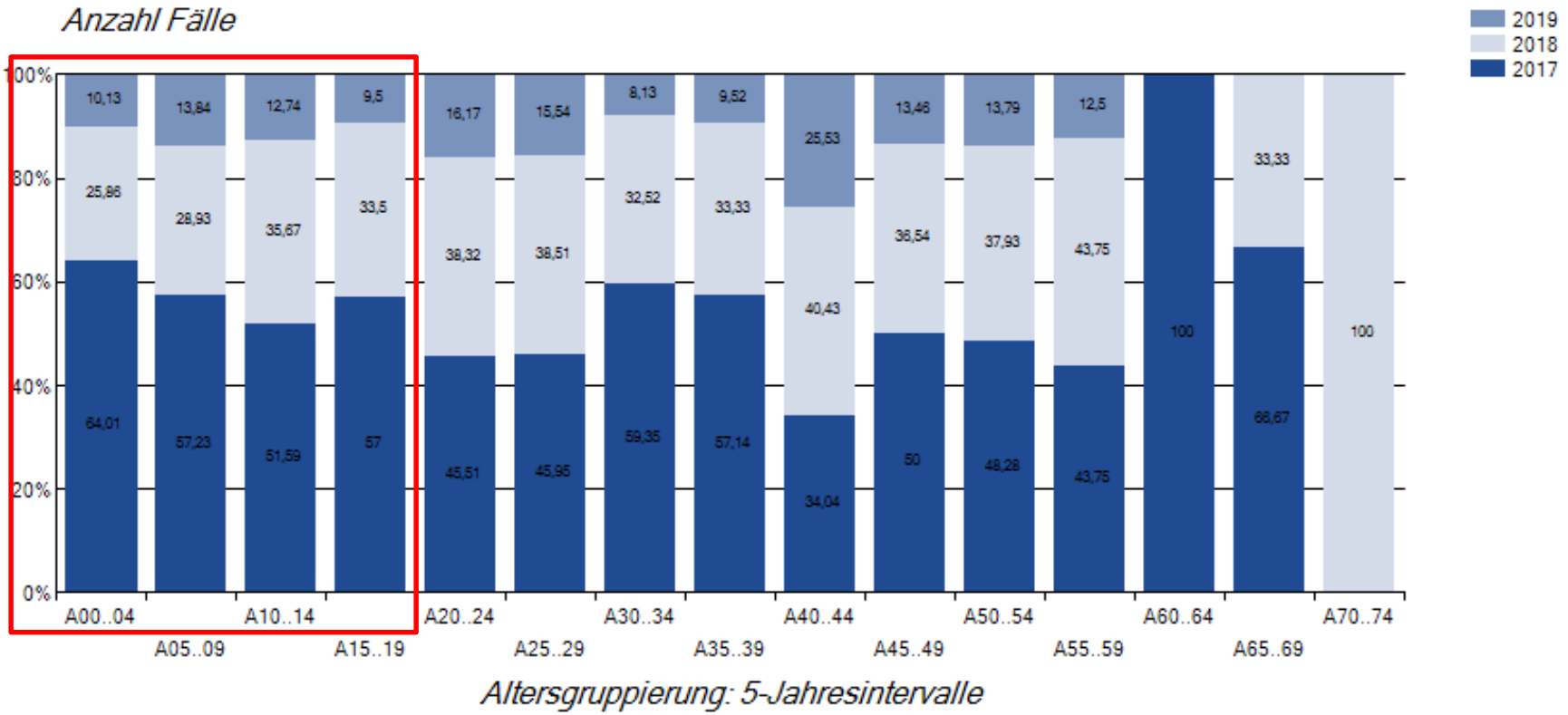
Der Gesundheitsminister hält es für rechtlich möglich, eine Impfpflicht in Gemeinschaftseinrichtungen umzusetzen.

Bundesgesundheitsminister Jens Spahn bei der CDU-Landtags

Bereiten diese Herren da etwa gerade eine Impfpflicht vor? *bild: imago/watson montage*

Quelle: watson.de

Masernvirus – Altersverteilung (Quelle: Survstat, Abfrage vom 01.04.2019)



§34 IfSG

(10a) Bei der Erstaufnahme in eine Kindertageseinrichtung haben die Personensorgeberechtigten gegenüber dieser einen schriftlichen Nachweis darüber zu erbringen, dass zeitnah vor der Aufnahme eine ärztliche Beratung in Bezug auf einen vollständigen, altersgemäßen, nach den Empfehlungen der Ständigen Impfkommission ausreichenden Impfschutz des Kindes erfolgt ist. Wenn der Nachweis nicht erbracht wird, benachrichtigt die Leitung der Kindertageseinrichtung das Gesundheitsamt, in dessen Bezirk sich die Einrichtung befindet, und übermittelt dem Gesundheitsamt personenbezogene Angaben. Das Gesundheitsamt kann die Personensorgeberechtigten zu einer Beratung laden. Weitergehende landesrechtliche Regelungen bleiben unberührt.

Masern und Röteln – Eliminationsstatus Deutschland

~~2007~~

~~2010~~

~~2015~~

~~2020~~

…?

- ***Impfpflicht ???*** ⇒ **Zahlreiche Alternativen !!!**
- Hilfestellung durch Selektivverträge mit der GKV?