

Criteria: Policies		
Indicators	Description	Status
National aged care strategies include discussion of older adult immunization. ¹	<p>Germany is committed to the Second UN World Ageing Plan (MIPAA), and in 2007 developed a National Plan of Action based on the UN's plan alongside the United Nations Economic Commission for Europe (UNECE)'s "Challenges and Opportunities of Ageing Societies."¹⁻²</p> <p>The National Plan of Action discusses vaccinations, predominantly within the context of COVID-19, but does not go into detail of how vaccines are distributed or targeted towards older adults.²</p>	Yellow
<p>The National Immunization Programme/Plan (NIP) specifies older adults in vaccination schedules.</p> <ul style="list-style-type: none"> ✓ COVID-19 (Age: 65+) ✓ Influenza (Age: 65+) ✗ DTap (Age: 18+) ✗ Pneumococcal pneumonia (Age: 18+) ✗ Respiratory syncytial virus (RSV) (Age: N/A) ✓ Shingles (Age: 65) 	<p>There are no mandatory vaccinations in Germany.</p> <p>The National Immunization Programme vaccination schedule for Germany states that for those ≥60 years (at least) 3 antigen contacts are recommended against COVID-19, at least one of which should be a vaccination.⁴</p> <p>The national vaccine schedule for Germany recommends that those ≥60 years of age should receive one dose of the influenza vaccination annually.⁴</p> <p>DTap is recommended for people 18+.⁴</p> <p>The use of one dose of the 20-valent conjugate vaccine (PCV20) is recommended for the standard vaccination of people ≥60 years of age and the vaccination of people ≥18 years of age with risk factors. The pneumococcal vaccination is recommended for all people with certain previous illnesses, regardless of age.</p> <p>RSV is not included in the NIP.^{2,3}</p>	
National advisory committees on immunization (e.g., NITAGs) include expertise on ageing, geriatrics, internal medicine and/or adult vaccination, and a life course approach to immunization is included within decision-making processes and recommendations, with reference to key performance indicators and immunization rate targets specific to older adults.	Germany's NITAG includes representation from an expert in geriatrics. The NITAG prioritizes a life course approach to immunization. ²⁻⁴	

¹Vaccines examined in the GAAV include influenza, pneumococcal pneumonia, COVID-19, RSV, pertussis, and shingles.

Criteria: Funding		
Indicators	Description	Status
Government programs reimburse vaccines included in the NIP for at-risk populations, including older adults and people with chronic conditions.	There are 100+ different health insurance companies in Germany—statutory health insurance (SHI) and private. SHI and private systems differ in terms of accessibility, number of personal contributions, and benefits. ⁵ Therefore, there is not a national approach to vaccination coverage.	
National strategies prioritize the need for continuous monitoring of allocated budgets related to the funding and reimbursement of vaccines and public health efforts for older adults.	In 2021, Germany's health expenditure was €498 billion, accounting for 12.8% of the national GDP. ⁶ Germany's healthcare system is decentralized and complex, making it difficult to define funding for sub-priorities under the Healthcare and Medical Technology portfolio. Information on the reimbursement and out-of-pocket expenses for vaccination against vaccine-preventable respiratory diseases is not made reasonably accessible.	

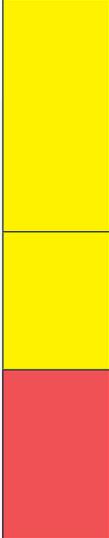
Criteria: Program		
Indicators	Description	Status
Campaigns target older and at-risk adults by providing easily accessible information (web pages, brochures, television/radio ads, social media) on adult immunization and promoting a life course approach to immunization.	Germany's messaging supports a life course approach to immunization. ⁷ The RKI provides resources on a variety of vaccine topics as well as sharing the Standing Committee on Vaccination (STIKO)'s vaccination recommendations. Resources include the vaccination calendar, a Vaccinations A-Z web page, and information sheets. Currently, non-education-based campaign work is limited and largely inaccessible. ⁴⁻⁷	
Policy supports expansion of vaccination administrators to include other healthcare workers and professionals, such as pharmacists, nurses, and support workers, through easily accessible sites. <ul style="list-style-type: none"> <input type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Medical/Pharmacy and/or nursing students *with supervision <input checked="" type="checkbox"/> Midwives <input checked="" type="checkbox"/> Nurses (including Nurse Practitioners) <input type="checkbox"/> Paramedics <input checked="" type="checkbox"/> Physicians <input checked="" type="checkbox"/> Physician assistants <input type="checkbox"/> Pharmacists <input type="checkbox"/> Pharmacy technicians <input type="checkbox"/> Support workers 	Overall, there is a lack of clear information for a general audience to reasonably acquire information on the location availability of vaccination administration. ⁸⁻¹⁰ Physicians and nurses can administer all vaccines included in the NIP. Midwives are allowed to administer COVID-19 vaccines. It is not clear if they have the authority to administer other vaccines in the NIP. Physician assistants, who have completed the necessary training, are allowed to administer COVID-19 vaccinations. It is not clear if they have the authority to administer other vaccines in the NIP. ¹¹	

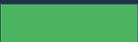
Criteria: Program		
Indicators	Description	Status
Healthcare professionals are well-trained, informed, and upskilled on the benefits and administration of vaccines for older adults (e.g., specialized education on adult vaccination is included in medical curriculum, continuous education is available to healthcare professionals).	<p>Healthcare professionals are well-trained, informed, and upskilled on the benefits and administration of vaccines for older adults, supported by clear administrative guidelines, including eligibility criteria and protocols, and are identified, nationally, for each vaccine.¹²⁻¹⁵</p> <p>Still, given the limited coordination and clarity of responsibilities between healthcare professionals and physicians, vaccination responsibilities remain unclear, and recommendations may be subject to the personal bias of the administrator. It has been noted that continuing education programs may aid in improving this issue.¹³</p>	
Authorities define clear administrative guidelines, including eligibility criteria and protocols, for each vaccine.	<p>Clear administrative guidelines concerning procedures, storage, preparation, injection, and reporting are defined for influenza and pneumococcal pneumonia.</p> <p>There is no specified information available for COVID-19 and/or RSV vaccination.¹⁵</p>	

Criteria: Performance		
Indicators	Description	Status
National Immunization Programmes or Plans set goals and targets for the reduction of VPD rates and adult immunization coverage.	Goals and targets for reduction of VPD rates and immunization are not set out as part of the NIP. ^{3,14,15}	
Coverage data for adult immunization is comprehensive, updated (2021 or earlier) and extends beyond coverage rates for influenza and COVID-19 through adult national immunization coverage data collection templates (e.g., aNICs).	<p>In Germany, a national immunization register does not exist. The Robert Koch Institute (RKI) is responsible for data collection, including vaccination rates as of December 2024.</p> <p>The Robert Koch Institute (RKI) reports annually on vaccination. These include vaccinations against influenza, pneumococci, herpes zoster, diphtheria, tetanus, pertussis, and measles as well as the vaccination against tick-borne encephalitis (TBE) recommended in designated risk areas. The annual reports include information on geographic region and age-disaggregated data.¹⁶⁻¹⁸</p>	
Stakeholders and/or authorities collect and document age-disaggregated data, including immunization and burden of disease rates, to support evidence-informed decision-making and strategy development on vaccination.		

Criteria: Equity		
Indicators	Description	Status
The NIP provides a specific focus on sub-groups of older adult populations at high risk of infectious diseases (e.g., cardiovascular diseases, diabetes, and other non-communicable diseases).	The Standing Committee on Vaccinations gives recommendations for older adult vaccinations (60+) and people with chronic conditions but does not outline recommendations for specific high-risk older adult subpopulations. ¹⁹	
Vaccine administrative pathways acknowledge and accommodate equity-based barriers, driven by the social determinants of health, to sub-groups of populations, such as refugees, Indigenous populations, and older adults residing in rural settings.	Germany has targeted measures for marginalized/high-risk populations based on the social determinants of health, specifically refugees and asylum seekers. ⁵	

Criteria: Long-Term Care Settings		
Indicators	Description	Status
The NIP explicitly acknowledges older residents (65+) in long-term care settings as immunosuppressed, at-risk, or high-risk populations.	<p>The NIP includes recommendations for vaccinating employees in reception centres and shared accommodation facilities (and other groups facing occupational risks). It does not specify older adults or long-term care facilities, and only includes discussion of vaccination against seasonal influenza.</p> <p>COVID-19, pneumococcal pneumonia, and RSV are not discussed.^{3,5,16}</p>	
National long-term care strategies (if present) include adult immunization.	<p>The Charter of the Rights of People in Need of Assistance and Care” includes discussion of the rights of older people in long-term care to receive health-promoting support, including preventative care such as check-ups and vaccinations, however, no implementation strategies are outlined in the charter.²⁰</p> <p>There is limited to no discussion of immunization of older adults in long-term care facilities, with few exceptions regarding COVID-19 vaccination strategies. In cases where immunization is mentioned, details are not expanded upon as to how this would be ensured.^{2,5,21}</p>	

Criteria: Civil Society Organizations		
Indicators	Description	Status
Civil society organizations (e.g. community groups, NGOs, labour unions, patient organizations, professional organizations) provide evidence on immunization to help inform policy creation that is reflective of the needs of older adults across the country.	There is limited campaign work focused on adult immunization efforts in general. In a review conducted by the IFA, five CSO organizations were found to be promoting vaccination among older adults, which includes the German National Association of Senior Citizens; the Working Group Social Democratic Party 60 Plus; the German Respiratory Society; The German Heart Foundation, and the German Diabetes Association.	
Civil society organizations provide educational resources to constituents on the importance of adult vaccination across the country.	The promotion of vaccination between these organizations, however, is limited. ²²⁻²⁶	
Civil society organizations advocate to raise political and governmental will to invest in preventative measures and strategies, including the prioritization of adult vaccination.	There is, however, a strong focus on highlighting the need for more accessible public vaccinations for underserved and marginalized populations, which include older adults. ²⁷⁻²⁹	

Legend	
Criteria is fully met	
Criteria is partially met	
Criteria is not met	
Insufficient/ inaccessible/unclear evidence.	

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