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WP 7 COMMUNICATION

SUBTITLE: SiS in Pandemic Best Practice Award for GPs

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ASSET

Action plan on SiS related issues in Epidemics and Total Pandemics

7th RTD framework programme

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Responsible partner: **PROLEPSIS**

Contributing partners: **LYON, EIWH, IPRI, ISS, NCIPD, TIEMS, DMI, UMFCO, HU, ZADIG**

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D7.11 GP Award Report

Task: 7.7 - SiS in Pandemic Best Practice Award for GPs

Leader: PROLEPSIS

Other contributors: LYON, EIWH, IPRI, ISS, NCIPD, TIEMS, DMI, UMFCO, HU, ZADIG

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EXECUTIVE SUMMARY

ASSET is an EU-funded cooperative program which combines a multidisciplinary set of expertise in order to effectively address scientific and societal challenges raised by pandemics and associated crisis management.

Engagement, gender equity, science education, open access, ethics and governance are thus the keywords encompassed in the main action plan launched in 2001 by the European Commission, with the aim to foster public engagement and a sustained two-way dialogue between science and civil society.

This activity was designed to raise awareness of SiS themes among general practitioners in Europe. The project offered a prize to give recognition to individuals or groups of general practitioners who have best included SiS aspects in pandemic preparedness in order to improve the quality of communication with their patients and the local community. Three 3.000 € prizes were given each year, starting from the second year of project life as educational grants to be used at any of the partner organization. The context was open to all GPs and GP registrars working in any MS and was ill be advertised through GP European societies and national medical associations. The task leader was in charge of organizing and advertizing the context, and established an independent jury.

This report describes the activities implemented over the project's lifetime to meet the obojectives of this task. We describe the prosess of designing the best practice award criteria, the setting up of the jury and the winners of the award.



1. Introduction

The objective of **Task: 7.7 - SiS in Pandemic Best Practice Award for GPs** was to raise awareness of SiS themes among general practitioners in Europe. The project offered a prize to give recognition to individuals or groups of general practitioners who have best included SiS aspects in pandemic preparedness in order to improve the quality of communication with their patients and the local community. Three 3.000 € prizes were given each year, starting from the second year of project life as educational grants to be used at any of the partner organization. The context was open to all GPs and GP registrars working in any MS and was well advertised through GP European societies and national medical associations. The task leader was in charge of organizing and advertising the context, and established an independent jury task to widely disseminate the scientific results of ASSET to the wider scientific community.

The leader of the task is PROLEPSIS while the contributors include: LYON, EIWH, IPRI, ISS, NCIPD, TIEMS, DMI, UMFCD, HU, ZADIG

2. Best Practice Award Process

2.1 Best Practice award jury

The award jury was decided by the consortium to comprise three (3) senior members of the consortium. These are:

1. Valentina Possenti – Scientific Coordinator of the ASSET project - valentina.possenti@iss.it
2. Professor Manfred Green - Professor and Head, School of Public Health, University of Haifa - manfred.s.green@gmail.com
3. Dr Agoritsa Baka – hellenic centers for Disease Control - agoritsabaka@gmail.com

2.2 Best Practice Award - evaluation criteria

1. Relevance to the subject of the award
2. Scientific background of the intervention (scientific evidence used, validity and reference publications)
3. Impact of the activity (magnitude of approached population, outcome and results of intervention (quantifiable results, if any)
4. Implementation of the activity (methods, innovative techniques used to approach the public or incorporate SiS issues)
5. Sustainability and multiplier effects (duration of activity, plans for repeat or continuation, dissemination)

The criteria are prioritized as above from 1 to 5, which implies their weight in the event of score ties. Each criterion is awarded a score of 1 to 4 points.

2.3 Award Description



The award was set at **3,000€** to be used as an **educational grant**. More specifically:

- To attend a public health related European conference (such as ESCAIDE, EUPHA or relevant). In this case the award amount will cover for the winner's registration, travel and accommodation expenses
- To attend the ASSET Summer School 2016 in Rome. In this case the award amount will cover for the winner's travel and accommodation expenses to attend the summer school in Rome.
- To spend 5-10 working days working in one of the ASSET partner organizations
- Other educational activity/ies, related to public health preparedness and Science in Society (SiS)

The award cannot be used for the procurement of medical or electronic equipment. The award cannot be provided as cash reimbursement or bulk transfer to an individual's or an association's bank account without supporting documentation such as invoices of travel and accommodation expenses, registration expenses, etc.

3. First ASSET Best Practice award – 2015

The 1st Asset award was issued in 2015. The aim of the award was:

- Forge a partnership with complementary perspectives, knowledge and experiences to address effectively scientific and societal challenges raised by pandemics and associated crisis management
- Explore and map SiS-related issues in global pandemics
- Define and test a participatory and inclusive strategy to succeed
- Identify necessary resources to make sustainable the action after the project completion.

In that particular year ASSET focused on specifically awarding health professionals in the primary health sector (GPs or groups of GPs) who have implemented an activity or intervention to:

- Improve the response of local communities or groups of people to deal with outbreaks of infectious diseases, such as influenza, measles, pertussis (whooping cough).
- Promote immunizations for children or adults for the prevention of diseases such as influenza, measles, rubella, pertussis (whooping cough)

In that year ASSET focused on initiatives, concluded or on-going, implemented in 2014-2015 in any of the EU 28 Member States.

The 1st announcement as well as the application and nomination forms are available in Annex 1.

3.1 First ASSET award winners

Three applications forms were received and no nomination forms. Of these 2 were rejected as incomplete. The winner of the 1st award was:

A smartphone's application called MyPED

Luigi Lubrano, Italy – Italian Federation of Pediatricians



A smartphone application (MyPED) which provides a child's growth (height and weight) monitoring and reminders to medical appointments and vaccinations, as well as other important functions that are shown below.

The winner used the ASSET award to attend the following conferences:

1. XX SIMRI Congress, Rome 13-15 Oct 2016 The meeting of Italian Society of Pediatric Respiratory Disease, is a conference for sharing information and experience on pediatric respiratory diseases, with the aim of reviewing successful strategies, and identifying barriers to the implementation of more recent medical knowledge.

The main topics were:

- Infections and Asthma
 - Severe Asthma management
 - Respiratory emergencies
 - Ciliary disease and mucociliary clearance
 - Obstructive Sleep Apnea Syndrome
 - Long term ventilation
 - Cystic Fibrosis
 - Bronchiolitis
 - Respiratory Rehabilitation
2. 13° Congresso Pediatria On Line, Lazise (VR), 17-19 Mar 2017 Meeting in general pediatrics: General Pediatrics conference.

The congress was an opportunity to meet many pediatricians and learn about news in literature, vaccinations, and management of the most common pediatric diseases. We participate also to workshops to improve diagnostic and therapeutic techniques.

In the winner's words Myped App development after the ASSET award:

"Our project's target population was essentially represented by the parents of children and adolescents and by pregnant women. The initial objective was estimated in about 1,000 downloads per month. In the first week after the publication of MyPED we have reached about 300 downloads without having yet rolled out any promotional activities.

In 2016 we performed a series of activities and projects to promote MyPED:

- *Promotion through congresses and courses*
- *Promotion in studies of Pediatricians and Gynecologists*
- *Promotion by the FIMP including the creation of a poster for the Pediatricians' and Gynecologists' studies*
- *Promotion in children's hospitals and in pediatric emergency departments*
- *Promotion through FIMP's and MSD's Newsletter*
- *Promotion through MyPED's, IoVaccino, FIMP e prevenzione (20000 views from the publication of the post), Facebook pages*
- *MYPED website (www.myped.it)*
- *Promotion by articles of professional bloggers*
- *Implementation of Keyword ASO on Apple AppStore®*



- Other promotional activities are under study:
- Partnership with Prenatal and Plasmon corporations
- Promotion on “Rete informazione Vaccini” Facebook page
- Promotion during prenatal courses

We think that a tool immediately available on the phone that offers medical and health news published in real time as well as the opportunity to monitor the health and growth of their children, will allow physicians to communicate quicker and easier with their patients. If we will be able to reach a large portion of the population then we ought to offer an effective promotion of vaccination as well as a prompt diffusion of medical information and advice on good clinical practices. This tool will be of great help in the case of influenza pandemics or other diseases epidemics, or in any situation that requires immediate contact with the population.”

Since only one award was given that year the consortium decided that in the two following years 4 awards would be distributed.

4. Second ASSET Best Practice award – 2016

The 2nd Asset best practice award was issued in 2016. The aim of the award as in 2015 was to:

- Forge a partnership with complementary perspectives, knowledge and experiences to address effectively scientific and societal challenges raised by pandemics and associated crisis management
- Explore and map SiS-related issues in global pandemics
- Define and test a participatory and inclusive strategy to succeed
- Identify necessary resources to make sustainable the action after the project completion.

In that particular year ASSET focused on specifically awarding health professionals in the primary health sector GPs or groups of GPs who have best included Science in Society (SiS) aspects in order to improve the quality of communication about epidemics and pandemics with their patients and with local communities.

More specifically:

- Improve the response of local communities or groups of people to deal with outbreaks of infectious diseases, such as influenza, measles, pertussis (whooping cough) etc
- Promote immunizations for groups of children or adults for the prevention of diseases such as influenza, measles, rubella, pertussis (whooping cough) etc.
- Prevent the outbreak of infectious diseases among migrant/refugee populations,
- Improve primary health care services to better respond to outbreaks of infectious diseases.

4.1 Second ASSET award winners

1. Promotion of immunization - Dr Dora Nakouti, MD- Internal Medicine and Infectious Diseases private practitioner- Karditsa, Thessaly- Greece

This private practicing physician in a rural area in central Greece implements initiatives to promote immunization among the local population.



- Information regarding the importance of immunization and the appropriate vaccinations needed
- Leaflets and presentations to different age groups
- Pregnant women through the most popular local newspapers about the importance of immunization against seasonal flu, tetanus and whooping cough.
- Information about brucellosis and the importance of consuming pasteurized dairy products through speeches in rural areas.
- Information about malaria, the way it is transmitted and the methods of protection through the newspapers.

As a consequence, almost all patients including the majority of pregnant women have already been informed and vaccinated against the seasonal flu and pneumococcus. Many local organizations in the local town have shown enthusiasm and are interested in informing people in order to protect public health, hence networks of cooperation have been established.

Description of practice which was awarded

My name is Theodora Nakouti. I am a specialist in Internal Medicine and also have a sub specialization in Infectious Diseases. I have currently worked in the private sector since 2013. The summer of 2016 I started to work in a town of Central Greece, which is called Karditsa. In my area the increased frequency of brucellosis as well as the appearance of some spontaneous cases of malaria are an important issue. Additionally, the partial immunization with vaccines of adults is another major problem.

Thus, during this period I took the following actions I informed:

1. All my patients regarding the importance of immunization and the appropriate vaccinations each of them needs to do.
2. The population for the need of immunization via delivering leaflets and speeches to many age groups.
3. Pregnant women through the most popular local newspapers about the importance of immunization against seasonal flu, tetanus and whooping cough.
4. About brucellosis and the importance of consuming pasteurized dairy products through speeches in rural areas.
5. People about malaria, the way it is transmitted and the methods of protection through the newspapers.

As a consequence, almost all my patients including the majority of pregnant women have already been informed and vaccinated against the seasonal flu and pneumococcus. Additionally, many local organizations of my town have shown enthusiasm and are interested in informing people in order to protect public health.

In conclusion, it seems that both people and authorities are willing to participate in these actions. My goal is to keep on informing the population through media. Moreover, I would like to raise other doctors' interest in my area, so as a more comprehensive intervention will take place.

Description of educational activities

Thanks to the ASSET award, I had the opportunity to attend two very interesting conferences. The first one was the **16th European AIDS Conference in Milan** and the other one was the **European Scientific Conference on Applied Infectious Diseases Epidemiology in Stockholm**.



Both of them were extremely interesting with an exciting scientific program offering new knowledge. During these, fruitful discussions took place. They regarded every session of AIDS and all the other infectious diseases as well.

The presentation of the EACS Guidelines, the co-morbidities with HIV and the long-term effectiveness of drugs were the highlights of the conference according to me. On the other hand, the presentation of epidemiology of almost all the infectious diseases and the description of the way every country diagnoses and records each disease, made me give some thought so as to find new ways to approach people and inform them for the various diseases and the way they could protect themselves.

2. Multidisciplinary intervention to enhance vaccination coverage - Dr. Magda Gavana, MDHealth Centre of Nea Michaniona, Central Macedonia, Greece

Multidisciplinary intervention to enhance vaccination coverage in the Health Centre of Nea Michaniona's catchment area (population approx. 51,000) was designed with a three year perspective.

First phase: Targeted the health care personnel and patients of the local Health Centre as well as the personnel of the cleaning services of the municipality using personnel meetings, posters, leaflets and opportunistic pro vaccination advice during consultations.

Second phase: Meetings and promotional events scheduled with the local parents' associations and the open care centres for the elderly in order to inform them about the need to vaccinate and resolve any anti-vaccination issues. Vaccination services are scheduled to be upgraded with the additional help of the nursing staff.

Influenza vaccinations in health care personnel accounted for 62.42% and 65.71% for 2015 and 2016 accordingly. In the catchment population aged 60+ the respective proportions were 11.80% and 12.13%, while pneumococcal vaccinations reached 4.63%. The municipality cleaning services workers were immunized against Hepatitis A to a proportion of 75.5%. Human Papilloma Virus (HPV) vaccinations were focused on the catch-up population aged 13-18 and it reached 5.11%.

Description of the practice awarded

The ASSET award was granted to our team for the design and implementation of a multidisciplinary intervention to enhance vaccination coverage in the Health Centre of Nea Michaniona's catchment area, with a three year perspective.

Immunization rates for children in our population are comparable to the nation's average, according with the most recent National Immunization Survey. Vaccinations in adults are not recorded regularly and there is no uniform approach to immunization – promoting activities at the local level. Our team existing of two General practitioners, a Health visitor and one administrative worker, intended to acquaint the local population with and establish the vaccination services of the Health Centre.

Up to now the intervention was targeted mainly at the health care personnel and the patients of the Health Centre, using personnel meetings, posters, leaflets and opportunistic pro-vaccination advice during consultations. Our team started a collaboration with the local municipality, setting as first target the cleaning services workers. Also while conducting health promotion interventions at local schools, students and teachers were informed about the opportunity to get vaccinated without cost in the Health Centre



During the second phase of the intervention, meetings and promotional events were scheduled with the local parents' associations and the open care centres for the elderly in order to inform them about the need to vaccinate and resolve any anti-vaccination issues. At the same time the vaccination services are scheduled to be upgraded with the additional help of the nursing staff.

Some results of our interventions on specific population groups are listed below: Influenza vaccinations in the health care personnel accounted for 62.42% and 65.71% for 2015 and 2016 accordingly. In the catchment population aged 60+ the respective proportions were 11.80% and 12.13%, while pneumococcal vaccinations reached 4.63%. The municipality cleaning services workers were immunized against Hepatitis A to a proportion of 75.5%. Human Papilloma Virus vaccinations were focused on the catch-up population aged 13-18 and it reached 5.11%.

3318 doses of vaccines were administered to children these two years, a number representing a small proportion of the population's coverage, accounting for the public health services' supplementary role to that of the private sector.

This year our team has grown, consisting of two GP's, a health visitor, an administrative clerk, two pediatricians and a dietician, all committed to health promotion.

Description of educational activities using the ASSET Best Practice Award

The first activity we attended was the **Summer School on Science in Society** related issues in pandemics, which was held at the **National Centre for Diseases Prevention and Health Promotion (CNaPPS)** of the **Istituto Superiore di Sanita (ISS)** in Rom from **May 30 to June 1, 2017**. The Summer School approached the issue of pandemics from various and diverse points of view: We analyzed ethical, societal and legal issues, talked about participatory governance, tackled resilience, vaccine hesitancy and gender issues. All this knowledge will help us better understand and overcome the problems we have with vaccination uptake from the public and the health professionals.

The second activity we attended was the **European Forum of Primary Care conference: "The citizen voice in Primary care, a social commitment to health for all"**, that took place in **Porto, Portugal 24 – 26 September 2017**.

The above conference was a great opportunity to exchange ideas with other primary care professionals on the issue of public participation and democratic control on the decisions concerning public health issues. We once again reaffirmed the approach we have established, on creating common grounds with the different population groups and trying to place common targets and action plans.

3. Working group immunizations - Dr Dorica Sandutu, MD, Working Group on Immunizations, National Society of General Practitioners, Romania

Activities of the Immunization Working Group of Romanian National Society of General Practitioners, consisting of 11 GP from different area of the country, dedicated its activities in 3 main areas of interest:

- Up to date information regarding vaccination, delivered to fellow GPs – in national and local conferences



- Organizing workshops and debates at international conferences; to name a few - on Migrant child vaccines, pregnant women vaccines, or vaccine's electronic records
- Actions designed to raise awareness, interactive seminars with patients, on a national scale, providing information about benefit, indications, real adverse reactions of vaccines, etc

See activities in sites www.snmf.ro/en/WG.htm; www.vaccinologie.ro; www.edumedical.ro/category/vaccinare

Description of practice which was awarded

As the Immunisation Working Group of Romanian National Society of General Practitioners, we are 11 GP from different area of the country, dedicated to activities in 3 main areas of interest:

1. Being up to date in information regarding vaccination, and deliver them to fellow GPs – in national and local conferences
2. Organising workshops and debates at international conferences; to name a few - on Migrant child vaccines, pregnant women vaccines, or vaccine's electronic records
3. Actions designed to raise awareness, interactive seminars with patients, on a national scale, providing information about benefit, indications, real adverse reactions of vaccines, etc.
4. Presence in Media, Website for doctors, Website for patients, on Social networks, Facebook group <https://www.facebook.com/groups/vaccinuri>
5. We are asked to contribute on future projects regarding vaccination, training programmes for implementing new vaccines in National Immunisation Programme

In the current context of a terrible measles outbreak with 9900 confirmed measles cases and 36 deaths, and as WHO declared Romania at high risk for Measles and Polio, our actions must continue and our efforts must double.

We are planning to organize seminars and workshops dedicated to our fellow GPs, the main vaccine providers in Romania, to update the information regarding National Immunisation Programme and introduction of PCV since October 2017, vaccine coverage level, vaccine recovery principles, etc. These will be held equally, in different parts of the country.

As in the previous years, the IWG will continue to meet parents and patients of all ages, to provide information regarding the importance of being vaccinated, to limit the (spread of) vaccine preventable diseases.

On a separate note, we dedicate all our attention to vaccine opposants people, organizing special meetings with them, inviting not only GPs, but epidemiologists, immunologists and other medical professionals.

We strongly believe the results of this actions will rise the immunization acceptance and vaccine coverage.

Description of educational activities

We used the ASSET Best Practice Award for 3 members of Immunisation Working Group to attend the **Second International Congress on Controversies in Primary and Outpatients Care 6-8.10.2017 Zagreb**. There was a lot of information we benefited of, for rising our quality of care we shared with our colleagues from Romania. The occasion was perfect to establish connection with other GPs, talking about our practice's problems in general, and National Immunisation Program, vaccine uptake, vaccine deniers, and so on.



Only one of us attend **ASSET Final Event 30-31.10.2017 Rome.**

It was a great joy for me to meet again some of the colleagues from the second ASSET Summer School. In my opinion the most interesting and usefull presentations were those regarding communication with patients, wich I shared to my Immunisation group and to the other GP fellows. It is very helpful to us becouse we will implement this informations to deal better with present mesles outbreak we confront ; we tried so hard to limit its effects in Romania, but unfortunately tere are 9900 cases and the 36th death occurred last week.

We definitely will be able to promote better immunizations for our patients to prevent new cases of measles, or influenza (the season 2017/2018 about to begin) and the other vaccine preventable disease according to our NIP.

4. First national vaccination coverage survey of Greek Roma children - Dr. D. Papamichail, RN, PhD, National School of Public Health, Athens, Greece

Research on Roma health is fragmentary as major methodological obstacles often exist. Reliable estimates on vaccination coverage of Roma children at a national level and identification of risk factors for low coverage could play an instrumental role in developing evidence-based policies to promote vaccination in this marginalized population group.

The study showed inadequate vaccination coverage of Roma children in Greece, much lower than that of the non-minority child population. This serious public health challenge should be systematically addressed, or, amid continuing economic recession, the gap may widen. Valid national estimates on important characteristics of the Roma population can contribute to planning inclusion policies.

Description of practice which was awarded

Dimitris Papamichail from National School of Public Health of Athens, coordinated a national vaccination coverage survey of Roma children in Greece. The other members of the research team were Ioanna Petraki, Chrisoula Arkoudis, Agis Terzidis, Elisabeth Ioannidis, Emmanouil Smyrnakis, Alexis Benos and Takis Panagiotopoulos.

Research on Roma health is fragmentary as major methodological obstacles often exist. Reliable estimates on vaccination coverage of Roma children at a national level and identification of risk factors for low coverage could play an instrumental role in developing evidence-based policies to promote vaccination in this marginalized population group.

We carried out a national vaccination coverage survey of Roma children. Thirty Roma settlements, stratified by geographical region and settlement type, were included; 7–10 children aged 24–77 months were selected from each settlement using systematic sampling. Information on children's vaccination coverage was collected from multiple sources. In the analysis we applied weights for each stratum, identified through a consensus process.

A total of 251 Roma children participated in the study. A vaccination document was presented for the large majority (86%). We found very low vaccination coverage for all vaccines. In 35–39% of children 'minimum vaccination' (DTP3 and IPV2 and MMR1) was administered, while 34–38% had received HepB3 and 31–35% Hib3; no child was vaccinated against tuberculosis in the first year of life. Better



living conditions and primary care services close to Roma settlements were associated with higher vaccination indices.

Our study showed inadequate vaccination coverage of Roma children in Greece, much lower than that of the non-minority child population. This serious public health challenge should be systematically addressed, or, amid continuing economic recession, the gap may widen. Valid national estimates on important characteristics of the Roma population can contribute to planning inclusion policies.

After the publication of our findings regarding very low vaccination coverage among Roma children in Greece and in the context of measles outbreaks in many European countries, including Greece, Greek Ministry of Health together with Hellenic Center for Disease Control and Prevention (KEELPNO) performed mass vaccination campaign with MMR vaccine for Greek Roma children.

Description of educational activities

Our team used ASSET Award for General Practitioners in order to improve communication regarding low vaccination coverage of Roma people in Greece trying to sensitize primary health care workers and the public about prevention of epidemics from vaccine preventable diseases. We mainly intended to widely communicate our findings to the European public health scientific community aiming to improve the response of local communities or groups of people to deal with outbreaks of infectious diseases, such as measles or pertussis, and promote vaccination among vulnerable populations such as Roma.

We used ASSET Award for General Practitioners for:

- Paying Open Access charges for a publication of our main findings in the European Journal of Public Health
- (<https://academic.oup.com/eurpub/article-lookup/doi/10.1093/eurpub/ckw179>)
- Presenting our work on **ASPHER Young Researchers Forum 2017** (<https://www.aspher.org/young-researchers-forum.html>)
- Attending **NOHA Fall School in Humanitarian Action 2017 / Brussels**, (<https://nohanet.org/news-events/noha-fall-school-in-humanitarian-action-2017-brussels>)

During these international educational activities our team had the great opportunity:

- To communicate our main findings regarding inadequate vaccination coverage of Roma children in Greece -much lower than that of the non-minority child population to large scientific audience and to the society,
- To critically discuss with scientists from other European countries facing the same Roma inclusion policy problems,
- To address this serious public health challenge systematically, especially during this period of continuing economic recession in our country.

5. Third ASSET BEST PRACTICE award - 2017

The 3rd Asset best practice award was issued in 2017. The aim of the award as in 2016 was to:



- Forge a partnership with complementary perspectives, knowledge and experiences to address effectively scientific and societal challenges raised by pandemics and associated crisis management
- Explore and map SiS-related issues in global pandemics
- Define and test a participatory and inclusive strategy to succeed
- Identify necessary resources to make sustainable the action after the project completion.

In that particular year ASSET focused on specifically awarding health professionals in the primary health sector GPs or groups of GPs who have best included Science in Society (SiS) aspects in order to improve the quality of communication about epidemics and pandemics with their patients and with local communities.

More specifically:

- Improve the response of local communities or groups of people to deal with outbreaks of infectious diseases, such as influenza, measles, pertussis (whooping cough) etc
- Promote immunizations for groups of children or adults for the prevention of diseases such as influenza, measles, rubella, pertussis (whooping cough) etc.
- Prevent the outbreak of infectious diseases among migrant/refugee populations,
- Improve primary health care services to better respond to outbreaks of infectious diseases.

5.1 Third Asset award winners

1. Influenza vaccination promotion - Dr. Dikla Agur Cohen, family physician, Head of Yokneam "Emek Hashalom" primary care clinic, Clalit Health Services, Israel

1. Special invitation by telephone calls for high-risk groups - the elderly and children with chronic diseases
2. Vaccination of confined persons during home visits
3. Vaccination at doctors' offices during routine medical visits
4. Vaccination of clinic personnel with advertising photos of the stuff being vaccinated as role models
5. Creating awareness- publishing an article in the local newspapers about the influenza disease and the advantages of vaccination written by one of our physicians
6. Vaccination campaigns in designated days, when the clinic remains open till late evening for intensive vaccination operations.
7. Vaccination of patients with chronic diseases who are invited to follow-up visits by the clinic nurses.
8. Influenza vaccination for all pregnant women as part of their routine follow-up in the mother and child healthcare unit ("Tipat Halav").

Description of practice which was awarded

Influenza vaccination promotion in "Yokneam Emek Hashalom" primary care clinic, Clalit Health Services, Yokneam, Israel.

My name is Dikla Agur-Cohen.



I am a board-certified family physician since 2009 and I manage a unique community medical center in Yoqneam (a fast-growing city in the north of Israel) that serves about 8500 patients. The clinic was opened in November 2016.

Our vision focuses on Health promotion and lifestyle intervention including physical activity, nutrition, smoking cessation and stress reduction.

During the autumn (since September every year) we make an effort to promote the percentage of influenza vaccination rate of our patients by several actions:

1. Special invitation by telephone calls for high-risk groups - the elderly and children with chronic diseases
2. Vaccination of confined persons during home visits
3. Vaccination by the clinic's physician in their office during routine medical visits
4. Vaccination of the clinic personnel and publish photos of the stuff being vaccinated as role models
5. Creating awareness- publishing articles in the local newspapers about the influenza disease and the advantages of vaccination written by our physicians
6. Vaccination campaigns in designated days, when the clinic remains open till late evening for intensive vaccination operations.
7. Vaccination of patients with chronic diseases who are invited to follow-up visits by the clinic's nurses.
8. Influenza vaccination for all pregnant women as part of their routine follow-up in the mother and child healthcare unit.

Description of educational activities

In addition, to my work in the clinic, I am engaged with a wide range of academic activities in the department, of family medicine, Clalit health service, Haifa and Western Galilee district and the The Ruth and Bruce Rappaport Faculty of Medicine, Technion, Israel Institute of Technology, Haifa, Israel.

My academic activities include: clinical mentoring, teaching courses, faculty development coordinator and leading of a four-year Continuous Medical Education program for family medicine residents.

During the year of 2017 **I attended two courses of EACH that were conducted in England (In London and in Cambridge).**

EACH is an International Association for Communication in Healthcare that promote effective evidence-based patient-centred healthcare communication between patients and healthcare practitioners throughout the world.

27 - 29 March 2017; "How to Teach" Course

This three day, residential course is directed towards teachers of health professionals. The course is participant-centred and experiential.

The focus is on how to teach, especially facilitation of small groups.

As a result of this workshop I can apply educational theory to designing effective communication skills training and describe key components of effective experiential communication skills training sessions **6-8 September 2017; EACH Summer Event**



I participate the following workshops:

1. Communication in healthcare training: effective workshop design and facilitation. Conducted by Marcy Rosenbaum & Jonathan Silverman
2. Breaking the taboo: bringing the personal into teaching communication and reflection on death, dying and grief. Conducted by Veronica Selleger & Bryan Vernon
3. Integrating diversity into communication skills training conducted by Andy Ward & Nisha Dogra
4. Qualitative Research: the practical guide to starting a Grounded Theory study from first principles. Introduction to research about communication skills learning in the workplace
5. Knowledge translation in health communication: linking research, policy and practice. Conducted by Sara Rubinelli & Nicola Diviani

No need to tell, how good Physician- patient communication can contribute to promote adherence for immunization.

Disseminating knowledge about effective communication between patients, relatives and health professionals, extolling best practices including immunization and preventive medicine with the changing needs of health delivery and increasing moves towards a person-centered approach incorporating shared responsibility and decision making

2. Occupational health - Dr. Theodora Christopoulou MD MSc, Occupational Physician Manager OTE Telecommunications, Occupational Physician

The aim of this intervention is to raise awareness of the need for influenza vaccination in high risk groups. The target population is field technicians, shop employees who contact with the public as well as pregnant and employees with chronic diseases.

Sensitization of employees and their families, reduction of absenteeism from influenza. Reducing unnecessary usage of antibiotics and reducing transmission of influenza virus.

Description of practice which was awarded

Please provide a short description (max 2 pages) of the activities for which you received the award. Please add any information on relevant activities which may have been implemented since you were awarded the ASSET best practice.

OTE Group is the largest telecommunications provider in the Greek market, and, together with its subsidiaries, forms one of the leading telecom groups in South-eastern Europe.

OTE Group offers the full range of telecommunications services: from fixed-line and mobile telephony, broadband services, to pay television and ICT solutions. In addition to its core telecommunications activities, the Group in Greece is also involved in maritime communications, real-estate and professional training.

Our aim in OTE Group is to create a safe and creative workplace for our people, a total of 13.000 employees, which is our biggest capital.

The premises of OTE Group extend from Alexandroupoli to Crete. We have also premises in places such as Chios, Lesbos, and Kos which function as entrance gates for refugees into Europe.



In our company a team of health experts (10 occupational health physicians, 3 nurses and 6 health visitors) work for the prevention and handling of various health issues ensuring healthy work environment for employees, our customers and partners.

Our aim is to raise awareness of the need for influenza vaccination in high risk groups. Our target population is field technicians, shop and call centers employees who come into contact with the public as well as pregnant and employees with chronic diseases.

In addition, all our technicians who work outdoors are also vaccinated for tetanus, moreover technicians who work underground are vaccinated for hepatitis A, too.

Our results were the sensitization of employees and their families, reduction of absenteeism from influenza. As well reducing unnecessary use of antibiotics and reducing transmission of influenza virus.

The medical team informs the employees sending targeted emails to the aforementioned high-risk groups, organizes large-scale meetings in order to inform and carries out group vaccinations.

All employees receive information and training to ensure implementation of Health standards at work.

Description of educational activities

The ASSET –best practice award was used to participate in **European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) 2017**.

We have chosen ESCAIDE because it has been a meeting point which facilitates scientific knowledge and experience exchange among exceptional scientists. This conference hosts scientists from all over the world.

It has given us the opportunity to attend, learn and discuss scientific advances and the current public health challenges.

From the various topics about a wide range of infectious diseases, surveillance, outbreak investigations and public health microbiology we attended what it drew our attention was the observance of the past, present and future of diseases elimination processes and achievement of better results by working in teams and the improvement of seasonal influenza surveillance.

We are going to follow and implement the best practices especially in our company. We are going to communicate with our human staff using simple and clear messages. We are going to use in the best way the intranet network means (mails, my net). We are going prevent through vaccination the most frequent infection, influenza. Our aim is to improve more in:

Communication- Education –Raise of Awareness

- Through the increase of Knowledge level of our human staff focusing on the accuracy of information.
- Importance of the influenza.
- Implementation of the influenza vaccination.

Our aim is to reduce the transmission of influenza virus and to reduce the absenteeism of our employees due to seasonal influenza.



Management, Health team and employees work systematically to ensure a healthy work environment. The Health issues are considered vital for the successful and sustainable future of the Group. The OTE Group Health Policy aims to support the operational units of the Group.

3. Influenza vaccination promotion - Patronatul Medicilor de Familie Bucuresti-Ilfov, Romania

The Patronatul Medicilor de Familie Bucuresti-Ilfov (GP Business Association - Bucharest and Ilfov County) is running activities to raise awareness among GPs and primary care nurses about different models of practice and also to promote change towards a new model of practice in primary care in Romania. To do so we have so far organised over 20 lectures, oral presentations and workshops at conferences in the past 3 years. We plan to expand our reach with the use of new technologies, social media and webinars on our website.

Introduction

Following the health sector reform in Romania in 1999, which saw the introduction of national health insurance, primary care was privatised. Over 90% of GPs work in single-handed practices with just one GP and one nurse, even if more GPs share a building. This model of practice is inefficient and can not respond adequately to public health needs, including to outbreaks of infectious diseases.

Methods

In order to improve the services we are aiming to change the model of practice in primary care in Romania. To achieve this we are running activities to raise awareness among GPs and primary care nurses of different models of practice and also to promote change towards a new model of practice. Our focus is on patient centered models, group practice and enhanced teams of primary care professionals. So far we have organised over 20 lectures, oral presentations and workshops at conferences.

Results

Our activities are ongoing and thus far we have reached in the past 3 years approx. 3000 GPs and 100 nurses in Romania, meaning approx. 1/4 of total GPs. Initial reactions of rejection and disbelief that change is possible have morphed into curiosity and involvement.

Discussion

There is still a long road ahead to transition from solo-handed primary care practices to group practices and teams in Romania. After the initial phase of raising awareness and promoting change, it is time for the next phases to achieve better services, including those needed for a better response to outbreaks of infectious diseases.

Description of educational activities

The ASSET Best Practice Award was used to fund two much needed activities. One was a study visit for one member involved in our work to observe a GP practice in the Danish health system, between 14-15th December 2017. The second is the development of our website so we can use it to reach more GPs and nurses in Romania through webinars, the use of social media and new technologies.

The study visit participant, Dr Monica Paula Bătăiosu, a general practitioner and tutor in Ilfov County, Romania, is a member of Patronatul Medicilor de Familie București- Ilfov and she is involved in the activities of PMFB. Dr Bătăiosu visited 2 family medicine centers in Denmark, one in the Mørkøv, the other in Hoelbach.

From Dr. Bătăiosu's report:



"I discussed with doctors who own these clinics. We discussed about the primary care position in the health system, about training programmes of students and residents, especially those who are preparing to become family doctors.

I attended a few medical consultations, I spent a few hours with doctors, nurses and lab nurses. I had the opportunity to ask questions about how the consultation develops, how the lab machines and devices are used and also about the transmitted and stored data in their information database.

I found out important information about the role of every member of the team and communication with hospitals and other levels of the health system.

I saw how the training of the students develops.

In return, I related about the situation in Romania – the stage at which family practice is, about our IT system, as well as the efforts made by the family doctors organizations in order to improve our primary care system."

The development of the Patronatul Medicilor de Familie Bucuresti-Ilfov website (www.pmfb.ro) means the expansion of the website from a small sized presentation. Internet site created in 2009 to a modern new interactive website, aiming to reach by the end of next year all 1300 GPs in Bucharest and Ilfov County and their primary care nurses and, in a few years, all 11.000 GPs in Romania and over 20.000 primary care nurses. The website will integrate existing social media and other communication resources for simplified content management and will launch a webinar section with the aim to disseminate faster and in a more accessible manner information about different models of practice, presented until now only to the on-site audience in the room. The website will also feature information about the ASSET Best Practice Award which funds the development and a link to the ASSET project.

4. RespiRo - Romanian Primary Care Respiratory Group

The Romanian Primary Care Respiratory Group – RespiRO was founded in 2015 and operates under the auspices of the Romanian National Society of Family Medicine (SNMF) and the National Centre for Family Medicine Studies (CNSMF). Its main goal is to increase the quality of primary health care for patients with respiratory diseases.

The objectives of the RespiRO Group are:

- developing state-of-the-art practices to provide quality services in primary health care for patients with respiratory diseases and disseminating these models at national level;
- developing/adapting and disseminating at regional/national level support materials to help primary care teams to make the best decisions on patients with respiratory diseases (guides, protocols, etc.);
- developing/adapting patient information materials and using various opportunities to increase the level of medical education of the population in the field of prevention and care of respiratory diseases;
- initiating and conducting research in the field of respiratory diseases in primary care in order to support the understanding of respiratory disease epidemiology, the behaviour of physicians and patients in relation to these diseases in Romania;
- adopting position papers in relation to punctual aspects of the practice of family doctors in the field of respiratory diseases and supporting the CNSMF and SNMF in formulating scientifically-based positions with respect to health decision makers or media representatives, etc., regarding the approach of respiratory diseases in primary care.



One example is the ongoing RespiRO - IPCRG Stop Smoking programme, run under the auspices of the International Primary Care Respiratory Group and supported by a Global Bridges grant, which goal is to increase the capacity of healthcare professionals working in primary care to treat tobacco dependence. The project use a "cascade" approach, targeting in Romania a potential total number of almost 43000 patients each year (Table 1).

Capacity Building - Teaching the teachers of primary healthcare professionals to treat tobacco dependence (Global Bridges Project 25678413)

Table 1: estimated participant and beneficiary numbers

Activity	Romania
Participants in the international teachers' workshop (1st level)	4
Participants in the in-country teaching other teachers (2 nd level)	15-20
Primary healthcare professionals taught (3rd level)	250
Average patient numbers per GP/FP	1600
Estimate of patients who smoke per GP/FP	344
Potential total numbers of patients benefiting each year	43000

The specific objectives of this programme are:

- to teach and develop a sustainable network of primary care teachers in Romania, skilled in the management of tobacco dependence and to assist them to develop systems that best support implementation in routine practice (Very Brief Advice + pharmacological treatment + behavioural support);
- to support these teachers in developing and implementing a national programme to spread this knowledge in the on-going education of primary healthcare professionals, including the development of distance learning resources;
- to adapt existing resources on the treatment of tobacco dependence to Romanian context;
- to increase the capacity of family physicians in treating tobacco dependence;
- to improve the health outcomes of patients with tobacco dependence seen in primary care by increasing the number of quit attempts and the number of successful quits.

The 2nd level (see Table 1) took place in October and the interest of our colleagues was so high that we did not have 15-20 participants but 32! The 3rd level is ongoing and scheduled to continue in 2018.

Description of educational activities

The ASSET Best Practice Award was used to facilitate the participation of the four participants in the international teachers' workshop (1st level) to the IPCRG World Conference (31 May - 2 June 2018, Porto, Portugal). This was a perfect opportunity to share experience with colleagues from other countries (the Stop Smoking programme is running simultaneously in Bulgaria, Macedonia and the Kyrgyz Republic) and meet our mentors.



The IPCRG Education Subcommittee meeting planned to take place during the conference was another benchmark due to the feedback and solutions to sustain the programme in the coming years, so that a larger number of family doctors can have access to knowledge and develop skills to support their patients during the smoking cessations attempts.

6. Conclusions and Recommendations

The aim of Task 7.7 was to raise awareness of SiS themes among general practitioners in Europe. The project offered a prize to give recognition to individuals or groups of general practitioners who have best included SiS aspects in pandemic preparedness in order to improve the quality of communication with their patients and the local community active participation.

The consortium achieved the task objectives by delivering nine (9) awards of 3000€ and is especially satisfied as the awards reached people implementing at local and regional levels. A number of recommendations should be considered based on this 3-year experience:

1. In order to attract interventions and practices at the local and regional levels it is necessary to keep the application process simple without too many prerequisites such as comprehensive evaluation data.
2. An award of this kind should be opened up to a wider audience so as to include different medical specialities as well as other health care personnel
3. Dissemination efforts should be more prominent in countries of Northern and central Europe.



Annex 1: 1st Announcement, application and nomination forms

ANNOUNCEMENT

1st ASSET- BEST PRACTICE AWARD FOR GENERAL PRACTITIONERS



ASSET AIM

ASSET – Action Plan on SiS Related Issues in Epidemics and Total Pandemics is a 4-year FP7 EU co funded project which aims to:

1. Forge a partnership with complementary perspectives, knowledge and experiences to address effectively scientific and societal challenges raised by pandemics and associated crisis management
2. Explore and map SiS-related issues in global pandemics
3. Define and test a participatory and inclusive strategy to succeed
4. Identify necessary resources to make sustainable the action after the project completion.

AIM OF THE AWARD

The ASSET project aims at awarding individual GPs or groups of GPs who have best included Science in Society (SiS) aspects in order to improve the quality of communication about epidemics and pandemics with their patients and more importantly with the local communities.

More specifically:

The ASSET project will award health professionals in the primary health sector (GPs or groups of GPs) who have implemented an activity or intervention to:

- improve the response of local communities or groups of people to deal with outbreaks of infectious diseases, such as influenza, measles, pertussis (whooping cough)
- promote immunizations for groups of children or adults for the prevention of diseases such as influenza, measles, rubella, pertussis (whooping cough).

This year ASSET focuses on initiatives, concluded or on-going, implemented in 2014-2015 in any of the EU 28 Member States, the EEA countries (Iceland, Liechtenstein and Norway), Israel and Switzerland



AWARD DESCRIPTION

Three European health professionals in the primary health sector (preferably GPs or group of GPs) will be **awarded 3,000€ each as an educational grant**. This grant in collaboration with the ASSET consortium could be used for education related activities, such as:

- To attend a public health related European conference (such as ESCAIDE, EUPHA or relevant). In this case the award amount will cover for the winner's registration, travel and accommodation expenses
- To attend the ASSET Summer School 2016 in Rome. In this case the award amount will cover for the winner's travel and accommodation expenses to attend the summer school in Rome.
- To spend 5-10 working days working in one of the ASSET partner organizations
- Other educational activity/ies, related to public health preparedness and Science in Society (SiS)

The award cannot:

- be used for the procurement of medical or electronic equipment
- be provided as cash reimbursement or bulk transfer to an individual's or an association's bank account without supporting documentation such as invoices of travel and accommodation expenses, registration expenses, etc.

APPLICATION PROCESS

Any European GP or group of GPs can apply for the ASSET Award by sending a completed "*ASSET AWARD application form*" to the dedicated email account: ASSETaward@proleptis.gr

- Application deadline: **February 15th 2016**

In order to be valid, the complete Application Form (including all requested information) for each activity should be submitted within the foreseen deadline.

NOMINATION PROCESS

Any individual health professional or member of the public can nominate a GP or group of GPs working in any European Union Member State (EU MS) by completing the relevant "*ASSET AWARD nomination form*" (fill Adobe document) and mailing it to the dedicated email account: ASSETaward@proleptis.gr

Nominations need to include contact details for the nominee, in order for the ASSET consortium to contact him/her directly to officially apply for the award.

Nomination deadline: **January 15th 2016**

Download the application and nomination forms from the Asset website:

<http://www.asset-scienceinsociety.eu/>



ANNOUNCEMENT

2nd & 3rd ASSET- BEST PRACTICE AWARD FOR GENERAL PRACTITIONERS



ASSET AIM

ASSET – Action Plan on SiS Related Issues in Epidemics and Total Pandemics is a 4-year FP7 EU co funded project which aims to:

5. Forge a partnership with complementary perspectives, knowledge and experiences to address effectively scientific and societal challenges raised by pandemics and associated crisis management
6. Explore and map SiS-related issues in global pandemics
7. Define and test a participatory and inclusive strategy to succeed
8. Identify necessary resources to make sustainable the action after the project completion.

AIM OF THE AWARD

The ASSET project aims at awarding GPs or groups of GPs who have best included Science in Society (SiS) aspects in order to improve the quality of communication about epidemics and pandemics with their patients and with local communities.

More specifically:

The ASSET project will award health professionals working in the primary health sector (GPs or groups of GPs) who have implemented an activity or intervention to:

- improve the response of local communities or groups of people to deal with outbreaks of infectious diseases, such as influenza, measles, pertussis (whooping cough) etc
- promote immunizations for groups of children or adults for the prevention of diseases such as influenza, measles, rubella, pertussis (whooping cough) etc.
- prevent the outbreak of infectious diseases among migrant/refugee populations,
- improve primary health care services to better respond to outbreaks of infectious diseases.



ASSET focuses on initiatives, concluded or on-going, implemented in the years 2015-2016 in any of the EU 28 Member States, the EEA countries (Iceland, Liechtenstein and Norway), Israel and Switzerland.

AWARD DESCRIPTION

Four (4) health professionals or groups of health professionals working in the primary health sector will be **awarded 3,000€ each as an educational grant**. This grant in collaboration with the ASSET consortium can be used for education related activities, such as:

- To attend a public health related European conference (such as ESCAIDE, EUPHA or relevant). In this case the award amount will cover for the winner's registration, travel and accommodation expenses
- To attend the ASSET Summer School 2017 in Rome. In this case the award amount will cover for the winner's travel and accommodation expenses to attend the summer school in Rome.
- To spend 5-10 working days working in one of the ASSET partner organizations (pls refer to the ASSET website for more information - <http://www.asset-scienceinsociety.eu/>)
- Other educational activity/ies, related to public health preparedness and Science in Society (SiS), pending on appropriate description and justification and approval by the ASSET Award committee.

The award cannot:

- be used for the procurement of medical or electronic equipment,
- be provided as cash reimbursement or bulk transfer to an individual's or an association's bank account without supporting documentation such as invoices of travel and accommodation expenses, registration expenses, etc.

APPLICATION PROCESS

Any European GP or group of GPs or other primary care health professionals can apply for the ASSET Award by filling in and submitting the online application form - <http://www.asset-scienceinsociety.eu/>

- Application deadline: **October 15th 2016**

In order to be valid, the complete Application Form (including all requested information) for each activity should be submitted within the foreseen deadline.

NOMINATION PROCESS

Any individual health professional or member of the public can nominate a GP or group of GPs or other primary health care professional working in any European Union Member State (EU MS), the EEA countries (Iceland and Norway), Israel and Switzerland by completing and submitting the on line "ASSET AWARD nomination form" - <http://www.asset-scienceinsociety.eu/>

Nominations should include contact details for the nominee, in order for the ASSET consortium to contact him/her directly to officially apply for the award.

Nomination deadline: **October 31st 2016**

To take part in the ASSET Best Practice award please follow this link:
<http://www.asset-scienceinsociety.eu/>

NOMINATION/APPLICATION FORM



GENERAL APPLICANT INFORMATION

Applicant details

Organisation official name
Official address
Legal status Public / Private
Contact person
Surname
First name
Gender
Title
Position
Phone
E-mail

1. Please describe the activity you would like to nominate as best practice in the area of Science in Society including relevance to the subject of the award – *up to 1000 words*. Please include in your description duration of the activity and target population.
2. Please describe the scientific background of the activity - scientific evidence, validity and reference publications, i.e. what is the evidence base behind your activity – *max 500 words*.
3. Please describe how the activity was implemented – methods & means, particular role of innovative techniques used to approach the public – *max 1000 words*.
4. Please describe the impact of the activity – size of approached population, outcome and results of intervention. Please provide quantifiable results, if any – *up to 1000 words*.
5. Please describe sustainability efforts and multiplier effects implemented - plans for repeat or continuation. Please attach as annexes any relevant dissemination material – *up to 1000 words*.

Please indicate your preference:

If I receive the ASSET Award, I would like to YES NO

- Attend a public health related European conference (such as ESCAIDE, EUPHA or relevant). In this case the award amount will cover for the winner's registration, travel and accommodation expenses.
- Attend the ASSET Summer School 2016 in Rome. In this case the award amount will cover for the winner's travel and accommodation expenses to attend the summer school in Rome.
- Spend 5-10 working days working in one of the ASSET partner organizations.
- Other educational activity/ies, related to public health preparedness and Science in Society (SiS) – *please specify*: