

# Table Of Content

<b>Innovative Immunisation Hubs</b> .....	<b>3</b>
<b>Summary</b> .....	<b>4</b>
<b>Work Package</b> .....	<b>5</b>
Coordination of the Project .....	5
Dissemination of Project Outputs .....	5
Evaluation and COVID Aspects .....	5
Closing Gaps in Immunisation Coverage .....	5
Increasing Health Literacy : Life-course and Risk Groups .....	5
Systematic Check-ups of Vaccination Status .....	5
<b>Coordinator, Leader contact and partners</b> .....	<b>14</b>
EUROPEAN ACADEMY OF PAEDIATRICS AISBL .....	14
EUROPEAN ACADEMY OF PAEDIATRICS AISBL .....	14
EUROPEAN PARENTS ASSOCIATION .....	14
EUROPEAN PARENTS ASSOCIATION .....	14
TERVEYDEN JA HYVINVOINNIN LAITOS .....	14
TERVEYDEN JA HYVINVOINNIN LAITOS .....	14
TERVEYDEN JA HYVINVOINNIN LAITOS .....	14
PRAKSIS .....	14
PRAKSIS .....	14
PRAKSIS .....	14
Associação para Investigação e Desenvolvimento da Faculdade de Medicina .....	14
EUROPEAN UNIVERSITY CYPRUS .....	14
EUROPEAN UNIVERSITY CYPRUS .....	14
EUROPEAN UNIVERSITY CYPRUS .....	14
EUROPEAN UNIVERSITY CYPRUS .....	14
UNIWERSYTET RZESZOWSKI .....	14
UNIVERZITET U BEOGRADU - Filozofski fakultet .....	14
UNIVERZITET U BEOGRADU - Filozofski fakultet .....	14
UNIVERZITET U BEOGRADU - Filozofski fakultet .....	14
<b>Outputs</b> .....	<b>18</b>
Initial Leaflet .....	18
End-of-project Booklet .....	18
Website and Social Media Channels .....	18
Communication/ Dissemination Plan .....	18
Communication/ Dissemination Report .....	18
Evaluation Plan .....	18
Press Releases presenting the ImmuHubs and their work in 6 European countries .....	18
Report, COVID/ influenza: impact on future vaccine uptake .....	18
Internal/ External Evaluation Report .....	18
Podcast describing community engagement .....	18
Videos introducing the ImmuHubs .....	18
Report on Health Literacy Impact Analysis in target populations .....	18
Online publication of the Symptom Survey results .....	18
Litreview 'Difficult to reach populations for immunization in the EU' .....	18
Videos presenting the 2 ImmuHubs for people with chronic conditions .....	18

White Paper 'European Strategy for family-centred vaccine access and update' . . . . . 18  
ImmuHubs Impact Analysis . . . . . 18

# Innovative Immunisation Hubs

JA2015 - GPSD [705038]

START DATE: 01/05/2021

END DATE: 30/04/2024

DURATION: 36 month(s)

CURRENT STATUS: Ongoing

PROGRAMME TITLE: 3rd Health Programme (2014-2020)

PROGRAMME PRIORITY: -

CALL: Call for Proposals for Project Grants under the Annual Work Programme 2020 of the 3rd EU Health Programme

TOPIC: Increased access to vaccination for disadvantaged, isolated and difficult to reach groups of population

EC CONTRIBUTION: 989104.39 EUR

KEYWORDS: Access, Disadvantaged Populations, Health Literacy, Immunisation, Innovation Hubs, Isolated Groups, Life-Course Immunisation, Vaccine Preventable Diseases, Vaccine Uptake, Vaccines

## Project abstract

**Objectives** Recent outbreaks of vaccine preventable diseases have brought to light important gaps in immunization coverage in Europe. Specific population groups have not had sufficient access to vaccines due to socioeconomic, cultural, geographic or health reasons.

**Activities** The Innovative Immunisation Hubs ('ImmuHubs') project will

- 1) Establish proactive partnerships with citizen groups, public health agencies, key stakeholders and the general public to improve access to vaccination in disadvantaged, isolated, and difficult to reach population groups in 8 European countries, according to best practices for community partnerships.
- 2) Create innovative immunisation actions, which will increase vaccine uptake across borders, generations and population groups.
- 3) Develop sustainable solutions for vaccine protection of EU citizens, including during and after the COVID pandemic.

**Type and number of persons benefiting from the project** Cyprus, Greece, Finland, Portugal, Poland, and Serbia, will each be hosting 3 ImmuHubs representing

- 1) disenfranchised populations
- 2) isolated/closed communities and
- 3) ethnic/cross-border populations.

Two additional ImmuHubs will engage populations with health risks. A set of digital/analogue tools will be deployed to measure the impact of actions taken.

**Expected results**

- 10% increase in the uptake of childhood and life-course vaccines
- >75% accuracy in awareness of the immunisation status
- 80% accurate understanding of vaccination needs specific to the population group
- 20% increase in planned consultations with health mediators and professionals
- 20% increase in intergenerational vaccine communication in the household/family unit

**Type and number of outputs to be produced** The 3-year project will generate 24 deliverables dedicated to:

- management (4),
- dissemination activities (4),
- evaluation and COVID-aspects (4),
- ImmuHubs (4),
- health literacy in families/risk groups (4),
- systematic check-ups/analysis/sustainability (4).

# Work package

## Work Package 1: Coordination of the Project

Start month: 1

End month: 36

Work Package Leader: VIVI

### Description of work

The ImmuHubs Management WP consists of administrative and management activities for the project. The objectives are to coordinate all work conducted in the project, to oversee the tasks and work packages, to ensure sound financial management of the project and production of deliverables, and to report to the EC via the contracted reports. WP1 is led by ViVI and will execute oversight over all ImmuHubs Actions. Using a four-eyes principle, evaluation and quality assurance activities will be undertaken by THL in WP 3.

### Task 1.1 Composing an Initial Leaflet [mo 1-2; ViVI]

At the beginning of the project, a lay language Initial Leaflet will be created to promote the project and must be produced at the beginning. The project Leaflet will provide our audience in different parts of Europe with an attractive and written project overview of the main project objectives and mandatory deliverables. The initial leaflet will be part of the first set of deliverables scheduled in the first trimester of the project focusing on the vision of the project to pave the way towards our goals. It will be written in a language understandable to lay audiences and professionally translated into EU languages, plus those spoken in the countries involved in the ImmuHubs project. The brochures will be distributed in high resolution printed format (handed out at conferences and events) and electronic version (PDF file) downloadable from the project website ([www.ImmunisationHubs.eu](http://www.ImmunisationHubs.eu)).

### Task 1.2 Synergy with other WP

- WP2 Dissemination [ViVI]
  - WP3 Evaluation [THL]
  - WP4 Closing gaps [EAP]
  - WP5 Increasing health literacy [EPA]
  - WP6 Systematic check-ups [ViVI]
- ### Risk 1.1 Risks and Mitigation

The risks with setting up a website are minimal. Delays may be possible due to necessary clearance/ approvals. To save time, the beta version will be provided to the Executive Committee (EC) and Stakeholder Forum (SF) for their respective approvals prior to production. Professional graphics and PR experts at EAP will be consulted, as well.

### Task 1.2 Project coordination and technical management [mo 1-36; ViVI]

To ensure the optimum performance, the OpenPM<sup>2</sup> project management

methodology designed by the European Commission will be rolled-out. According to PM<sup>2</sup>, we will manage and organize the

project effectively and deliver tangible solutions and measurable benefits.

A Project Handbook will be issued in month 6, to be updated regularly. It includes the Work Plan, the Risk/Quality Management Plan, Project Plans for ImmuHubs [WP4], a Communication/ Dissemination Plan [WP2], and an Evaluation Plan [WP3].

Three meetings will be organised: The kick-off meeting (F2F , month 1 in Brussels) will create a common understanding of teams and their roles, setting the tone of the rest of the project. ViVI management staff will be preparing the meeting. The kick-off meeting will mark the official launch of the project. In the kick-off meeting, the project teams come to agreement on the Project Charter, which documents a project's vision, goals, strategy, methodology, participants, schedules, key milestones and expectations and other critical information.

An Interim Meeting (F2F at THL in Finland; month 18) will ensure orderly progress of ImmuHub actions and WP (at their half-time mark), discussing changes and re-arrangements of the work plan and timely decisions. The project teams will discuss progress, reporting, work plan, modifications, successes and risks. THL and the EAB will be conducting the Interim Evaluation (see WP3). To keep project partners in 10 countries informed, in between meetings, teleconferences and virtual meetings will allow for close monitoring and for urgent matters to be resolved rapidly. The PM will ensure that adequate documentation (meeting minutes) is maintained of what was decided, minutes are circulated among the partners afterwards for comments before preparing the final version. The pre/post-meeting documents will be concise

## Work Package 2: Dissemination of Project Outputs

Start month: 1

End month: 36

Work Package Leader: ViVI

### Description of work

The objective of this horizontal work package is to create, evaluate and disseminate the knowledge generated in this project, and to enable the means and channels for communication, among the project partners as well as with the stakeholders. This dissemination & communication work package will be 'harvesting' and broadcasting the ImmuHubs in WP 4-5 ('Closing Gaps' and 'Increasing Health Literacy'). National government stakeholders (THL), Citizen Groups (PRX), Health Professional Organisations (EAP; ViVI) and Patient Organisations (EPA) will raise awareness of the ImmuHubs. This WP (WP2) will also drive the overall impact of the global user survey and focus groups in WP5 and the systematic check-ups developed in WP6.

Task 2.1. Website, Updates and Meeting Communications [mo 1-36; ViVI; EAP; EPA]

In the first weeks of the project ViVI will set up a well-designed website for the

ImmuHubs generating visibility and maximum impact. To this end, the ViVI team has already acquired the [www.immunisationhubs.eu](http://www.immunisationhubs.eu) web domain and the affiliated email and social media channels. The website will briefly present the scope and aims of each WP and give the members of the ImmuHubs sufficient space to present their work, aims and accomplishments. Regular updates will be made throughout the 36 months of the ImmuHubs Programme, including meeting reports.

With regards to day-to-day internal communication matters, ViVI will be the main point of contact. With each meeting, a press release with status updates will be issued to the general public and the European Commission (month 1, 18, 36). Additional means of communication via social media communication, videos, podcasts etc, will also be leveraged. All partners, especially EPA and members of the Stakeholder Forum will actively support the lay person communication aspects of the ImmuHubs meetings and results providing active outreach and messaging to the general public.

#### Task 2.1 Synergy with other WP

- WP2 Dissemination [ViVI]
- WP3 Evaluation [THL]
- WP4 Closing gaps [EAP]
- WP5 Increasing health literacy [EPA]
- WP6 Systematic check-ups [ViVI]

Task 2.1 Risks and Mitigation

With public communication there is always a risk of miscommunication. To ensure the accuracy of the facts conveyed, the Communication Board (CB) will be reviewing key communications to minimise the risk of any miscommunication. The CB will be lead. by the Team Facilitator and Project Manager.

#### Task 2.2 Communication/Dissemination Roadmap [mo 2-5; EUC; ViVI, EAP, EPA]

EAP will be in charge of dissemination activities, including visibility of the ImmuHubs project both online and offline as well as among the scientific and stakeholder community. EAP will be supported by the WP Leaders. This includes the effective communication of the results and outcomes of the ImmuHubs as well as the transfer of knowledge to the Commission and relevant stakeholders. This task aims to communicate the project itself and its results to a multitude of audiences, including policymakers, academia, media, health professionals, and citizens. It also aims to convey the innovations generated by the ImmuHubs with a focus on the end-user perspective. EAP and ViVI will be coordinating public communication offline and online (website, social media) but all participants will contribute to message amplification. Together, the participants of this proposal have a broad reach social media, including a twitter following of 60000+. The team will be using all common social media platforms, video coordination, press liaison and networking and cross fertilization activities.

To achieve these aims and implement a number of communication methods/tools and publications (including social media) EAP and partners will agree on a Communication/Dissemination Plan (D2.2; m6) by month 6.

#### Task 2.1 Synergy with other WP

- WP2 Dissemination [ViVI]
- WP3 Evaluation [THL]
- WP4 Closing gaps [EAP]

- WP5 Increasing health literacy [EPA]

## Work Package 3: Evaluation and COVID Aspects

Start month: 1

End month: 36

Work Package Leader: THL

### Description of work

THL as the public health agency in the ImmuHubs team, will be in charge of internal evaluation of the ImmuHubs processes. In accordance with the Evaluation Plan, THL will provide critical input into the ImmuHubs design and execution as well as critical evaluation throughout. THL is in a unique position to assess the utility of the ImmuHubs outputs for EU member states and the EU Public Health Programme overall. THL as leading leader of the Vaccine Hesitancy WP (WP8) in the EU Joint Action on Vaccination (EU-JAV) will also be able to ensure that the ImmuHubs are complementary to EU Actions on disease prevention and immunisation, as outlined in the EU-JAV and the EU Roadmap on Vaccination. THL will also evaluate that ImmuHub actions are taking the 'new normal' during the COVID-19 pandemic into account, in particular with the prospect of a COVID-19 vaccine and the combined disease/public health impact of COVID-19 and influenza.

External Evaluation: Throughout the Evaluation WP, THL will work closely with ViVI as Coordinator as well as with CHAFEA and the members of the External Advisory Board (EAB) including representatives of ECDC, EMA, ESPID and ESCMID as well as Families Fighting Flu as a disease specific advocacy group.

### Task 3.1 Creation of an Evaluation Plan [mo 1-5; URZ, ViVI, THL, EAP]

THL will create an Evaluation Plan objectively specifying purpose, questions, study design, method, measurement instruments, and the task, responsibilities and timing of the evaluation. An evaluation plan is a written document that clearly sets out the proposed details of an evaluation - what will be evaluated, how and when. The evaluation plan should include information about what the evaluation is trying to do (what is to be evaluated, the purposes of the evaluation and key evaluation questions) and how it will be done (what data will be collected, how and when, how data will be analysed, and how and when results will be reported).

#### Task 3.1 Synergy with other WP

WP1: Management [ViVI]

#### Risk 3.1 and Mitigation

There is a small risk that the estimation of the evaluation plan is unclear in the first 5 months as we start the project. THL is supporting URZ by making the evaluation plan accurate, clear and objective.

### Task 3.2 Evaluation of ImmuHubs Design, Progress and Impact [mo 2-11; THL, ViVI, EAP, PRX]

THL will evaluate progress of overall project at the following vital timepoints

providing public health input during the design of ImmuHubs

- Following the launch date of the ImmuHubs, ensure that all ImmuHubs are active as planned.
- Half-way through the active period of ImmuHubs, ensure that all ImmuHubs are continuing to utilize and iterate the intervention in accordance with the Evaluation Plan. Small videos will be generated introducing the ImmuHubs in layperson language to be disseminated via the ImmuHubs Website and social media.
- Near the completion of the project, to ensure that dissemination activities have included all content and goals described in the proposal. This information will be integrated in the Evaluation Report [Task 3.4]

THL will ensure seamless integration of ImmuHub Actions within the greater context of the EU Joint Action on Vaccination and the EU Roadmap on Vaccination. THL as a key player in the EU-JAV and EU Roadmap on Vaccination via H2020 and other projects, is in an ideal position to achieve this alignment of ImmuHub Actions with European action and activities. To promote public visibility for ImmuHubs, THL and partners will be creating press releases in multiple EU languages.

Task 3.2 Synergy with other WP

- WP 2 'Dissemination' [ViVI] Risk 3.3 and Mitigation

ImmuHubs will be established in 6 countries with different and heterogeneous working processes and languages. There is a risk that the implementation of the ImmuHubs project and other projects does not occur simultaneously. This may cause delays in reporting to related projects in Europe. Reversely, projects cond

## Work Package 4: Closing Gaps in Immunisation Coverage

Start month: 1

End month: 36

Work Package Leader: EAP

Description of work

WP 4 will be dedicated to concrete action to close immunisation gaps in difficult to reach or under- vaccinated populations in the European Region. To this end, we will be setting up 6 Innovative Immunisation Hubs ('ImmuHubs') in Cyprus, Finland, Greece, Poland, Portugal, and Serbia. Each country will set up hubs dedicated to three target populations in each country:

In WP4, EAP/EPA will be assessing the impact of ImmuHubs Action on health literacy in the respective target populations. The impact of ImmuHubs Action on vaccine uptake will be analysed in WP 6.

Task 4.1 Partnering with the communities

[mo 1-9; PRX; EAP; THL, AIDFM , EUC, URZ, UBE]

Praxis (PRX), an NGO focused on community work and in, and advocacy for difficult to reach populations, will be leading this task. Community outreach will be done according to UNICEF and WHO guidance (see Methods and Means Section).

#### Task 4.1 Synergies with other WP

- WP 3 'Evaluation' [THL]
- WP 5 'Health Literacy' [EPA]

#### Risk 4.1 and Mitigation

Especially with isolated, deprived and difficult to reach population groups it may be difficult to find rapport at first. There is always a risk of failure/delays when setting up a specific ImmuHub. This risk will be mitigated by giving ImmuHubs Leaders a one-year timeframe to familiarise themselves with the respective communities prior to starting any ImmuHub action.

#### Task 4.2 Setting Up Immunisation Hubs in 6 European countries [mo 4-11; EAP; THL, PRX, AIDFM, EUC, URZ, UBE]

After familiarizing themselves with the local communities, ImmuHub leaders will be deciding the details of ImmuHub implementation on-site using a grass-roots approach. The remaining 9 months in year 1 of the ImmuHubs project will be dedicated to user-testing and allocation of tools and tasks at specific settings. The ImmuHubs (each representing one of the 3 population groups per country) will be set up in: Cyprus by EUC, Finland by THL, Greece by PRX; Poland by URZ, Portugal by AIDFM, and Serbia by UBE. Each ImmuHub consists of a local ImmuHub team and 30-50 participants linked to a specific mobile health unit, community and day-care centre, assisted

living facility, clinic, church and/or spiritual centre, kindergarten, and mobile school, temporary living facility for homeless people and seasonal workers, etc.

EAP, with support from THL and PRX, will be generating 3 videos, each of them presenting Immunisation Actions targeting the same populations across 6 European Countries. These will be shown at the Interim Meeting in month 18 in Helsinki.

#### Task 4.2 Synergies with other WP:

- WP 3 'Evaluation'[THL]
- WP 5 'Health Literacy' [EAP]

#### Risk 4.2 and Mitigation

As in Risk 4.1, delays may occur when user-testing digital and analogue tools. To mitigate this risk, we will be able to resort to EPA for rapid access to test user panels and will be able to develop mobile apps which have previously been prototyped, iterate, user-tested and validated. We will be able to build on this experience and set up the tools faster. Yet, translation into local languages will take time which is why WP6 has one year to get the tools ready for all 18 ImmuHubs planned in WP 4.

ImmuHubs will be running for one year. With the VAccApp, we will be using shared methodologies across sites and populations and consistent digital and analogue tools to improve vaccine uptake and the quality and timeliness of vaccination check-ups.

year two of the project), ViVI will be conducting a Design Thinking Workshop at the interim Meeting in Helsinki at month 18 to define the next iteration at the time of the mid-term meeting (half time of ImmuHubs Action). This will give the opportunity for immediate feedback and exchange of ideas among ImmuHubs leaders, as well as among ImmuHubs, Commission representatives, the Advisory Board and the Stakeholder Forum. After this opportunity to fine-tune actions at the different ImmuHubs, the actions will be entering a second iteration

## Work Package 5: Increasing Health Literacy : Life-course and Risk Groups

Start month: 1

End month: 36

Work Package Leader: EPA

### Description of work

#### Task 5.1. Symptom Survey

[mo 1-8; EPA; ViVI ]

The Symptom Survey started with a collaboration between ViVI and patient/parent representative organisations including Families Fighting Flu (FFF; members of the EAB), Make Mothers Matter (MMM). In this task, the European Parents' Association (EPA) will broaden the reach of the survey to the entire WHO European Region allowing detailed analyses of population groups. The Survey ([www.symptomsurvey.org](http://www.symptomsurvey.org)) will evaluate the subjective impact of COVID-19/flu signs and symptoms from a patient/ parent's perspective. It will place these in context with the participants' willingness to be vaccinated. This dovetails nicely with the public health study conducted in Finland allowing to compare the results obtained there with other EU Member States and neighbouring countries. The results will also help the interpretation of symptoms measured by the ViVI ScoreApp to lend a voice to parents/patients and their perspective on health priorities. Task 5.1 therefore helps to fine-tune the patient/parent reported outcomes (PRO) used on the Finnish 'OmaOlo'/ViVI ScoreApp platform in WP 3, Task 3.3.

#### Task 5.1 Synergy with other WP

- WP3 'Evaluation - COVID-19 Aspects'

#### Risk 5.1 and Mitigation

A survey response is defined as a respondent receiving and completing a survey. There are two risks. The first one is a low return rate in the online survey. The second risk is mid survey dropout, which does not count towards the survey response rate. To mitigate this risk, the survey instrument and its aims/rationale have been already validated between ViVI and MMM (Advisory Board Member) prior to inception of the ImmuHubs. The Survey was scaled and launched swiftly and publicly before the start date. Return rates are usually high (ca. 20-30%) for online surveys at MMM and FFF. Considering the global membership of MMM and FFF, the target number of 3000+ users will be realistic. EPA reaches parents in the entire WHO European Region; detailed analyses will be possible.

#### Task 5.2 Litreview and Focus Groups [mo 4-11; UBE ViVI, EPA]

Few studies have been done thus far to identify disadvantaged and under vaccinated populations groups in the EU. During the preparatory phase (business case phase according to PC2 terminology), ViVI in collaboration/ coordination with the entire ImmuHubs team, has ready started preliminary work for systematic a literature review on difficult to reach populations for immunisations in the EU. The

methodology for the litreview has been registered with PROSPERO. The litreview will provide additional impact and visibility for the ImmuHubs consortium with public health stakeholders and the wider immunisation action community. The conduct of this scientific document dovetails nicely with dissemination activities in WP 6.

Based on this literature review, UBE with EPA will be organising focus groups among parents and families to explore in depth, intergenerational aspects of vaccine uptake.

The focus groups will be led by the lead at UBE who will be recruiting participants via EPA. UBE has significant subject matter expertise in decision-making science especially with regards immunisation, thus will be in a prime position to make use of existing resources in the ImmuHubs project and generate novel insight. The results of the focus groups will be published as part of the strategy white paper in Task 5.4, below.

Task 5.2 Synergy with other WP

- WP4 'Closing Gaps in Immunisation Coverage' [EAP]

Risk 5.2 and Mitigation

There is no risk anticipated for the organisation of a Focus Group per se. Should there be restrictions on social gatherings due to COVID-19 social distancing rules, precluding in-person focus groups, these will be replaced by online formats via Slack and Zoom whiteboards.

Task 5.3 Immunisation Action for patients with high-risk conditions [mo 12-24; AIDFM, EAP, PRX]

The PRX team will be setting up a small ImmuHub among people living with HIV/AIDS and h

## Work Package 6: Systematic Check-ups of Vaccination Status

Start month: 1

End month: 36

Work Package Leader: VIVI

Description of work

Task 6.1 Integrating and Piloting the ViVI ScoreApp with OmaOlo [mo 1-8; ViVI, THL]

Task 6.1 will be piloting a patient/parent facing version of the ViVI ScoreApp to be combined with OmaOlo ([www.omaolo.fi](http://www.omaolo.fi)), the Finnish public health App for self-monitoring and contact tracing for COVID-19. The ViVI ScoreApp allows ILI patients and their families to (self-) score their level of disease severity in case of influenza and COVID-19. The tool will be used in WP 3 (THL) Task 6.3 will be assessing the impact of disease severity on the willingness to be vaccinated against influenza [and COVID-19, if applicable in the future. The app will be accessible via <https://score.vi-vi.org/> in English, Swedish, and Finnish

Task 6.1 Synergy with other WP

- WP 5 'Increasing Health Literacy' – Task 5.1: 'SymptomSurvey'

Risk 6.1 and Mitigation

Presently the first wave of COVID-19 is tapering off in Finland. It remained very mild with less than 7000 laboratory confirmed cases and mostly concentrated in the main Helsinki area. Whether a second will materialize, is difficult to predict.

Influenza and other acute respiratory infections will likely be prevalent in seasons and years to come in all age groups, and the apps of this proposal will be tested with influenza and other ILI patients in case there is no second wave.

Task 6.2 Analogue solution for vaccination check-ups at ImmuHubs [mo 2-10; PRX; ViVI, EPA]

The PRX team will develop an analogue version for target populations lacking access to smartphones. The analogue solution will capture basic vaccination data in a user-friendly way for those who prefer paper-based materials. A basic set of risk factors based on medical history will be captured, as well. This will be a short form (card or mini booklet) focused on only the most important data. The analogue solution will be provided in the languages needed at ImmuHubs (as determined in WP 4).

Task 6.1 Synergy with other WP

- WP 4 'Closing Immunisation gaps' [ViVI] Risk 6.1 and Mitigation

The analogue solution to record basic vaccination data will create a basic paper-based record. For data analysis the data collected on paper will be scanned to be included in the ImmuHub information system. This practice entails a risk of error and loss of information when handwritten data are not legible. To mitigate this risk, we will go through data management process that encompasses all the processes deployed to collect, structure, manage and use data.

Task 6.3 Adapting and Deploying the VAccApp [mo 2-11; ViVI, EPA]

In Task 6.1, ViVI will provide the ViVI VAccApp for user-testing in collaboration with EPA, and for the integration into the ImmuHubs in WP 4; 'Closing Immunisation Gaps'. The App will also be translated into the respective languages. Elements of the ViVI Health Survey will be built in to help users assess their personal risk profile and immunisation strategy.

Task 6.3 Synergy with other WP

- WP 4 'Closing Immunisation gaps' [EPA] Risk 6.3 and Mitigation

There is a risk that ImmuHub users may be requiring a language that has not yet been made available through translation. This risk always exists with difficult to reach populations. To mitigate this risk, we will make use of year one to take stock of all languages needed. This should prevent delays in year two, i.e. during the implementation phase.

Task 6.4 Analysis of the Impact of ImmuHubs on Vaccine Uptake [mo 12- 33; ViVI, THL]

This Task will provide the data analysis for all 18+2 ImmuHubs for an in-depth Impact Analysis to be integrated into the Final Report .Each of the 18 ImmuHubs will aggregate their respective data on impact on vaccine uptake. Analysis will be based on aggregate data across the WP3 grid (3 population groups x 6 countries) in addition to 2 ImmuHubs focused on populations with chronic conditions.

(HIV/AIDS/IVDA and asthma). ViVI data analysts will provide detailed assessment of ImmuHubs with computer simulations for different po

## COORDINATOR



VIENNA VACCINE SAFETY INITIATIVE EV (VIVI)

EBERSWALDER STRASSE 34  
10437 BERLIN

Germany

WEBSITE: <http://www.vi-vi.org>

## PARTNERS



EUROPEAN ACADEMY OF PAEDIATRICS AISBL

Street: Via Giacomelli 20  
City: 35126 Padova

Country: Italy

Website: <http://www.vi-vi.org>



EUROPEAN ACADEMY OF PAEDIATRICS AISBL

Street: Via Giacomelli 20  
City: 35126 Padova

Country: Italy

Website: <http://www.vi-vi.org>



EUROPEAN PARENTS ASSOCIATION

Street: Untere Viaduktgasse 51/6  
City: 1030 Wien

Country: Austria

Website: <http://www.vi-vi.org>

EUROPEAN PARENTS ASSOCIATION

Street: Untere Viaduktgasse 51/6  
City: 1030 Wien



Country: Austria  
Website: <http://www.vi-vi.org>



TERVEYDEN JA HYVINVOINNIN LAITOS  
Street: MANNERHEIMINTIE 166  
City: 00271 HELSINKI  
30  
Country: Finland  
Website: <http://www.vi-vi.org>



TERVEYDEN JA HYVINVOINNIN LAITOS  
Street: MANNERHEIMINTIE 166  
City: 00271 HELSINKI  
30  
Country: Finland  
Website: <http://www.vi-vi.org>



TERVEYDEN JA HYVINVOINNIN LAITOS  
Street: MANNERHEIMINTIE 166  
City: 00271 HELSINKI  
30  
Country: Finland  
Website: <http://www.vi-vi.org>



PRAKSIS  
Street: 57 STOURNARI STREET  
City: 104 32 ATHENS  
Country: Greece  
Website: <http://www.vi-vi.org>



PRAKSIS  
Street: 57 STOURNARI STREET  
City: 104 32 ATHENS  
Country: Greece  
Website: <http://www.vi-vi.org>



PRAKSIS  
Street: 57 STOURNARI STREET  
City: 104 32 ATHENS

Country: Greece  
Website: <http://www.vi-vi.org>



Associação para Investigação e Desenvolvimento da Faculdade de  
Medicina  
Street: Av. Prof. Egas Moniz  
City: 1649-028 Lisbon

Country: Portugal  
Website: <http://www.vi-vi.org>



EUROPEAN UNIVERSITY CYPRUS  
Street: 6 Diogenes Street  
City: 1516 Nicosia  
22006

Country: Cyprus  
Website: <http://www.vi-vi.org>



EUROPEAN UNIVERSITY CYPRUS  
Street: 6 Diogenes Street  
City: 1516 Nicosia  
22006

Country: Cyprus  
Website: <http://www.vi-vi.org>



EUROPEAN UNIVERSITY CYPRUS  
Street: 6 Diogenes Street  
City: 1516 Nicosia  
22006

Country: Cyprus  
Website: <http://www.vi-vi.org>



EUROPEAN UNIVERSITY CYPRUS  
Street: 6 Diogenes Street  
City: 1516 Nicosia  
22006

Country: Cyprus  
Website: <http://www.vi-vi.org>



UNIWERSYTET RZESZOWSKI  
Street: Al Rejtana 16C  
City: 35-959 Rzeszow

Country: Poland  
Website: <http://www.vi-vi.org>



UNIVERZITET U BEOGRADU - Filozofski fakultet  
Street: CIKA LJUBINA  
City: 11000 BELGRADE

Country: Serbia  
Website: <http://www.vi-vi.org>



UNIVERZITET U BEOGRADU - Filozofski fakultet  
Street: CIKA LJUBINA  
City: 11000 BELGRADE

Country: Serbia  
Website: <http://www.vi-vi.org>



UNIVERZITET U BEOGRADU - Filozofski fakultet  
Street: CIKA LJUBINA  
City: 11000 BELGRADE

Country: Serbia  
Website: <http://www.vi-vi.org>

## Initial Leaflet

VIVI

Innovative Immunisation Hubs (ImmuHubs)

Expected on: 31/07/2021

Provides a brief overview of the ImmuHubs project, including the project's goals, and the challenges for planning and implementing effective and sustainable immunisation actions in 8 European countries. Criteria: The deliverable will be deemed acceptable if the first version is ready at the beginning of the project as an attractive written document project overview. Target Groups: The general public, health stakeholders, opinion leaders, healthcare workers, CHAFA.

## End-of-project Booklet

VIVI

Innovative Immunisation Hubs (ImmuHubs)

Expected on: 30/04/2024

A concise (ca. 10 page) booklet describing of the main outcomes, results, achievements, benefits. Criteria: The deliverable is deemed acceptable once project records are gathered and stakeholders are satisfied. Target Group: The general public

## Website and Social Media Channels

VIVI

Innovative Immunisation Hubs (ImmuHubs)

Expected on: 30/06/2021

ImmuHubs website and social media channels (twitter, linkedin) summarising the project's objectives and progress. Criteria: The deliverable is deemed acceptable if contents are aligned with social media guidelines to maintain a consistent voice and quality standard across Hubs. Target Groups: The general public and a members-only section for project participants.

## Communication/ Dissemination Plan

EAP

Innovative Immunisation Hubs (ImmuHubs)

Expected on: 31/07/2021

Plan for communicating the project itself and its results to a multitude of audiences. Criteria: The deliverable is deemed acceptable if the audience,

message, method and timing of the dissemination are clearly outlined in the dissemination plan to ensure awareness increase, information, engagement and promotion. Target Group: The ImmuHubs project teams

## Communication/ Dissemination Report

EAP

Innovative Immunisation Hubs (ImmuHubs)

Expected on: 30/04/2024

Summarises the dissemination activities of the ImmuHubs and is designed to reach the various target groups in an effective and efficient way. An elaborated preview will be provided at month 18 as part of the Interim Technical Report. Criteria: The deliverable is deemed acceptable if it sets out all the activities online and offline to promote the project. Target Groups: CHAFAEA, European Commission

## Evaluation Plan

URZ

Innovative Immunisation Hubs (ImmuHubs)

Expected on: 31/07/2021

Plans for evaluation activities, including indicators, data sources, methods and stakeholder analysis. Criteria: The deliverable is deemed acceptable if it defines efficient tools to measure progress in implementing the project; assesses project effectiveness and efficiency through exploring and analysing the outcomes and impacts. Target Group: The ImmuHubs project teams, IE, EAB, CHAFAEA.

## Press Releases presenting the ImmuHubs and their work in 6 European countries

THL

Innovative Immunisation Hubs (ImmuHubs)

Expected on: 30/04/2022

A project document sent to journalists on behalf of ImmuHubs to announce news or events associated with the Project. Criteria: The deliverable is deemed acceptable if it is released and disseminated in multiple EU languages. Target Groups: The general public, stakeholders and healthcare professionals

## Report, COVID/ influenza: impact on future vaccine uptake

THL

Innovative Immunisation Hubs (ImmuHubs)

Expected on: 31/01/2023

Provides the results of the analysis of the OmaOlo/ViVI ScoreApp project to the EAB and the SF. It quantifies work performed and completed in measurable terms. Key data will later be prepared for a publication. Criteria: The deliverable is deemed acceptable if it compares the impact of COVID and influenza on the participants' willingness to vaccinate. Its timeliness will show if the project is on track or; if adjustments have to be made if the project is behind its schedule. Target Groups: EAB, CHAFAE. Later: SF, the scientific community

## Internal/ External Evaluation Report

THL

Innovative Immunisation Hubs (ImmuHubs)

Expected on: 30/04/2024

Reports the results of the internal (IE) and external (EAB) evaluation following the interim and final meeting. Criteria: The deliverable is deemed to be acceptable if it is focused on the methodology required to do a good intervention effectiveness evaluation. Target Groups: CHAFAE, European Commission, Stakeholder Forum, Project participants

## Podcast describing community engagement

PRAKSIS

Innovative Immunisation Hubs (ImmuHubs)

Expected on: 28/02/2022

Combines the curatorial process of gathering and editing raw materials about community engagement to ImmuHub programme. Criteria: The deliverable is deemed acceptable if accessible and self-explanatory, able to neutralize the level of mediation, and enabling a community to share their voices and hear one another. Target Group: The general public

## Videos introducing the ImmuHubs

EAP

Innovative Immunisation Hubs (ImmuHubs)

Expected on: 30/04/2022

Presents Immunisation Actions targeting 3 populations in 8 EU countries. Criteria: The deliverable is deemed acceptable if is released in multiple EU languages where the ImmuHubs will be established. Target Groups: The general public, healthcare workers.

## Report on Health Literacy Impact Analysis in target populations

EAP

Innovative Immunisation Hubs (ImmuHubs)

Expected on: 30/04/2024

Evaluates the impact of ImmuHubs on health literacy in target populations.

Criteria: The deliverable is deemed acceptable if it evaluates impact in 6 eligible+ 2 additional countries with 3 difficult to reach populations in each.

Target Groups: Stakeholders, opinion leaders, healthcare workers; CHAFEA.

## Online publication of the Symptom Survey results

VIVI

Innovative Immunisation Hubs (ImmuHubs)

Expected on: 31/01/2022

Evaluates the subjective impact of COVID- 19/flu signs and symptoms from a patient/ parent's perspective. Criteria: This deliverable is deemed accepted if

was able to solicit opinions from different countries in the EU and /or WHO European Region allowing the analysis of population groups. Target Groups:

General public, EPA, MMM and FFF members

## Litreview 'Difficult to reach populations for immunization in the EU'

EAP

Innovative Immunisation Hubs (ImmuHubs)

Expected on: 30/04/2022

A summary of literature sources to describe disadvantages and difficult to reach populations in 8 EU countries. Criteria: The deliverable is deemed

acceptable if the methodology was accepted in PROSPERO. Target Groups: Stakeholders, opinion leaders, healthcare workers

## Videos presenting the 2 ImmuHubs for people with chronic conditions

PRAKSIS

Innovative Immunisation Hubs (ImmuHubs)

Expected on: 31/05/2023

Presents Immunisation Actions targeting 2 populations in Portugal and Greece.

Criteria: The deliverable is deemed acceptable if is released in multiple EU

languages where all the ImmuHubs will be established. Target Groups: The general public, stakeholders, opinion leaders and healthcare professionals

## White Paper 'European Strategy for family-centred vaccine access and update'

EPA

Innovative Immunisation Hubs (ImmuHubs)

Expected on: 30/04/2024

Describes an integrated European Strategy for increasing vaccine uptake in the family context and risk-aware vaccine implementation. Criteria: The deliverable is deemed acceptable if it provides practical information related to family-centred vaccine access in 8 different countries. Target Groups: The general public, health stakeholders, opinion leaders, healthcare workers

## ImmuHubs Impact Analysis

VIVI

Innovative Immunisation Hubs (ImmuHubs)

Expected on: 30/04/2024

Evaluates the impact of ImmuHubs on immunisation coverage in target populations. Criteria: The deliverable is deemed acceptable if the ImmuHubs action successfully engages difficult to reach populations or at-risk populations. Target Groups: Stakeholders, opinion leaders and healthcare workers