

EXECUTIVE SUMMARY

Situation

A vaccine providing protection against COVID-19 is widely seen as a core tool for ending the pandemic. Public health authorities need to take several critical decisions in anticipation of vaccines becoming available in 2021.

Overall objective

Assist public health decision-makers by identifying areas of consensus among Swiss experts for the deployment of one or more novel COVID-19 vaccines. Specifically, we aimed to address:

- A. Necessary criteria for vaccine implementation
- B. Priority groups for early vaccination and groups requiring special consideration
- C. Strategies for vaccine deployment and administration
- D. Strategies for improving vaccine acceptability

Methods

The Center for Primary Care and Public Health (Unisanté) in Lausanne, Switzerland conducted an online Delphi consensus process with a convenience sample of 65 experts (Figure). Experts represented the following areas: Vaccinology/Infectious Disease, Family Medicine, Public Health, Paediatrics, Gynaecology, Ethics, Sociology, Hospital Medicine, Geriatrics, and Pharmacy. There were 45% women and 55% men. Finally, 46% were from German, 48% French, and 6% Italian-speaking Switzerland.

We asked participants a series of clarification questions to determine acceptable thresholds and priority groups. Experts then scored statements from 0 (complete disagreement) to 10 (complete agreement), and provided free-text comments in two rounds. Agreement scores are presented using medians and interquartile ranges (IQR). Statements with a median ≥ 8 and a lower bound of the interquartile range ≥ 7 were considered as reaching consensus.

Results

Flow of participants and number of statements in each round.

September

65 of 98 experts
invited agree to
participate (66%)



October

47 participate in
1st round (72%)
29 statements



November

48 participate in
2nd round (74%)
22 statements

TABLE: KEY STATEMENTS FROM THE DELPHI PROCESS



Reaching consensus

		Median¹ (IQR)
A	A vaccine should have at least 50% efficacy to justify widespread implementation	9 (7 – 10)
	COVID-19 vaccines should only be widely implemented after safety has been confirmed by a completed phase 3 trial with ≥3 months follow-up after the second vaccine dose for ≥15,000 participants (i.e. a trial with ≥30,000 participants)	8 (7 – 10)
	If multiple vaccines are available, we should accept whatever vaccine types have been shown to be efficacious and safe in completed phase 3 trials	9 (8 – 10)
B	In the first phase of vaccine deployment, we should vaccinate frontline healthcare professionals and people ≥65 years old with risk factors ²	10 (9 – 10)
	In the second phase, we should vaccinate people ≥65 years old without risk factors and people aged 18 to 65 with ≥1 risk factors ³	
	In the third phase, we should vaccinate non-medical essential workers and, if sufficient safety data are available, pregnant women	
	Ultimately, we should aim to vaccinate as large a portion of the population as possible	9 (8 – 10)
	Widespread vaccination of children and adolescents should not be an early priority	8 (7 – 10)
	Among pregnant women, non-replicating viral vector and mRNA vaccines should require additional safety data as compared to recombinant protein and inactivated virus vaccines to ensure safety and the absence of congenital anomalies or birth defects	9 (8 – 10)
	Patients who are immunocompromised should be offered vaccination	9 (8 – 10)
C	Covid-19 vaccines should be covered by basic insurance with a medical prescription (Art. 26)	10 (8 – 10)
	In addition to basic insurance, vaccines should be provided free of charge in the setting of national or cantonal vaccination campaigns	10 (9 – 10)
D	The Federal Office of Public Health should devote resources to the analysis of conversations on social media to assess public perception of COVID-19 vaccines and continuously improve its communication strategy	9 (8 – 10)
	Healthcare professionals should receive specific training in how to discuss a COVID vaccine, with special attention to those who are hesitant to receive a vaccine	8 (7 – 10)



Not reaching consensus

		Median (IQR)
A	Vaccine use prior to completing phase 3 trials (intermediary results) would only be justified in volunteers at high risk of severe COVID	8 (5 – 9)
	We should accept whichever vaccines are deemed efficacious and safe after evaluation by Swissmedic, regardless of which country developed or produced the vaccine	8 (6 – 9)
B	People who live with someone with ≥1 risk factors, but are not themselves at risk, should be vaccinated at the same time as their close contact(s)	8 (6 – 9)
C	People should be vaccinated irrespective of whether they have had a previous confirmed or suspected infection with SARS-CoV-2	7 (3 – 9)
	People should not be tested for SARS-CoV-2 antibodies prior to immunization, even by a rapid test	5 (2 – 8)
	If a 2-dose vaccine is available in limited quantities and the efficacy with 2 doses in phase 3 trials is ≥70%, we should begin by giving 1 vaccine dose to as many people as possible, rather than giving the vaccine to half as many people to ensure 2 doses are available	7 (2 – 9)
	When vaccines first become available, they should only be administered at specialized sites with sufficient infrastructure to ensure vaccine storage and expertise to manage potential vaccine side-effects	8 (6 – 9)
D	The Federal Office of Public Health should provide positive incentives to encourage COVID-19 vaccination	7 (3 – 9)
	The Federal Office of Public Health and cantonal authorities should avoid using negative incentives to increase uptake of a COVID-19 vaccine	9 (3 – 10)
	Vaccination should be mandatory for individuals with certain activities, such as frontline healthcare professionals	8 (4 – 9)

¹ Statements reaching consensus are shown in **green**. Statements not reaching consensus are shown in **orange**.

² Risk factors as defined by the Federal Office of Public Health and updated regularly on their website.

³ Experts voted on which groups to include in the 2nd and 3rd phases: 1) People aged ≥65 years old without FOPH risk factors; 2) People aged 18 to 65 with ≥1 FOPH risk factors; 3) Non-medical essential workers; and 4) Pregnant women.