



Office of the State Comptroller | 2020

**The State of Israel Response to the COVID-19 Crisis
Special Interim Report**

Community Health Services During the COVID-19 Crisis

**Preparations by the Ministry of Health
and the Health Maintenance
Organizations to Administer Flu
Vaccinations before Next Winter
(2020-2021)**

The final report will be published in 2021

Abstract

BACKGROUND

While dealing with the COVID-19 outbreak, the health system is required to ensure continuity of essential medical services in the community, in order to maintain public health and avoid deterioration in the health of patients. For example, primary health services and specialist medicine must continue to function, while providing regular treatments for the chronically ill. Routine medicine in the community as winter approaches also includes flu vaccinations to reduce the incidence of the illness in general and thus the need for hospitalization in particular. This is essential during the spread of COVID-19, in order to reduce the strain on doctors and hospitals and enable the health system to deal more effectively with the pandemic.

KEY FIGURES

**3.4
million**

Number of flu vaccine doses ordered by the end of August 2020 for winter 2020-2021

**1.75
million**

Number of people who were vaccinated against flu in winter 2018-2019

60.4%

Percentage of people aged 60+ who were vaccinated against flu in winter 2018-2019

36%

Percentage of health system staff who were vaccinated against flu in winter 2018-2019

50%

Reduction in actual visits to clinics in March-April 2020 compared to January-February 2020

35.1%

Reduction in patients diagnosed with a stroke in March 2020 compared to March 2019

53%

Of consultations with family doctors through Leumit Health Services in April 2020 took place remotely.

Key Findings

- ❖ Each winter preparations must be made for seasonal flu outbreaks, but in the winter of 2020-2021, seasonal flu will be accompanied by new cases of COVID-19. The best time for starting vaccination against seasonal flu is in September. When the preliminary audit findings were finalized in early September 2020, preparations to deliver the 3.4 million vaccines ordered were not yet complete.
- ❖ In Israel, there is a low vaccination rate against seasonal flu for health system staff, in comparison to developed countries. For example, in the winter of 2018-2019, only 36% of workers in the health system were vaccinated, compared to rates of 50%-78% in developed countries.
- ❖ During and after the first lockdown following the outbreak of the COVID-19 pandemic, there was a drop in the number of people who came to community clinics, outpatient clinics in hospitals and hospital emergency departments for treatment. For example, in April (week 15), about 24,500 people came to family clinics in a week, compared to 71,200 in a week before the outbreak began. The medical condition of some patients seen by all the health maintenance organizations (HMOs) was serious and they needed urgent treatment and without it they were in danger.
- ❖ The Ministry of Health did not prepare an optimal plan to reduce public reluctance to seek treatment in community clinics or hospitals, or to calm the fears of medical personnel about providing services to patients.
- ❖ During the COVID-19 crisis the use of remote medicine increased considerably. For example, remote consultations by family doctors in the Leumit Health Services rose from 22% in the months January-February 2020 to 53% in April 2020. It emerged that the health services gave staff technical training on the provision of remote medicine via mobile phones, video calls and other media. However there was no training based on medical guidelines, involving the professional associations in the Israel Medical Association¹, for identifying medical situations and patient characteristics that would be appropriate for remote care, and the proper conditions for providing remote treatment.
- ❖ Remote medical services are not available and accessible to everyone, including populations needing special assistance, those with poor digital literacy, or those who do not have a computer or a smartphone, or where there is no internet infrastructure.

1 The Israel Medical Association unites organizations in a range of specialist medical fields, such as the Family Doctors Association, the Israel Association of Chest & Thorax Surgery, the Israel Orthopedics Association.

Key Recommendations

- ❖ To ensure that as many people as possible are vaccinated against flu, safely and at the right time, the State Comptroller's Office recommends that the Ministry of Health and the health maintenance organizations should prepare a vaccination plan, including the required number of medical personnel; define the criteria for determining which groups should be vaccinated and publish these criteria; locate suitable premises for performing vaccinations; arrange the physical conditions to protect therapists and patients; consider home vaccinations for at-risk groups with complex medical conditions; set a target date to commence vaccinations (as soon as possible after the vaccine is received), and finally: to ensure vaccination of residents of institutions, particularly the elderly, and prepare a campaign to explain the importance of vaccination against seasonal flu.
- ❖ In view of the relatively low rate of flu vaccinations among health service workers, about 36% in the winter of 2018-2019, and according to the Ministry – about 47% in 2019-2020, the Ministry of Health and HMOs should prepare a strategy to raise this rate as close as possible to the Ministry's target vaccination rate of 85%-90% for all health system workers. On this matter, they should also examine the tools used by other countries to achieve high rates of vaccination.
- ❖ Due to the importance of vaccination against seasonal flu, expected high demand for vaccination this winter, and limited stocks of vaccine, the Ministry of Health should ensure that HMOs report vaccination rates once a week to the National Center for Disease Control, as instructed by them. This is essential for real-time monitoring of trends, proper regulation of vaccination rates, and to encourage the public – particularly at-risk groups – to be vaccinated.
- ❖ The options for returning to routine physical visits to clinics in general should be examined, including at times of restrictions on public movement (if any), in order to determine the optimal method of maintaining treatment continuity and providing safe, clean routes to allay public fears about seeking treatment in person if necessary. Once this is done, the arrangements must be explained to the public; explanations should be given at national level and in each local clinic, and in particular with the focus on populations at risk.
- ❖ The Ministry of Health together with the professional associations in the IMA must complete the process of drawing conclusions about remote medicine drawn from experience to date, and work to maintain capabilities that have developed since the outbreak of the pandemic. These capabilities can be implemented in normal times and for any future emergencies, including in preparations for any further waves of COVID-19.
- ❖ The Ministry of Health and the professional associations should draw up medical guidelines for the proper combination of frontal medicine and remote medicine, in particular the response for populations with special needs, and prepare plans to provide assistance for patients with poor digital literacy.

- ✓ In response to the interim audit findings, the Ministry of Health provided details of actions already being taken and planned for the near future, in line with the Audit recommendations.