



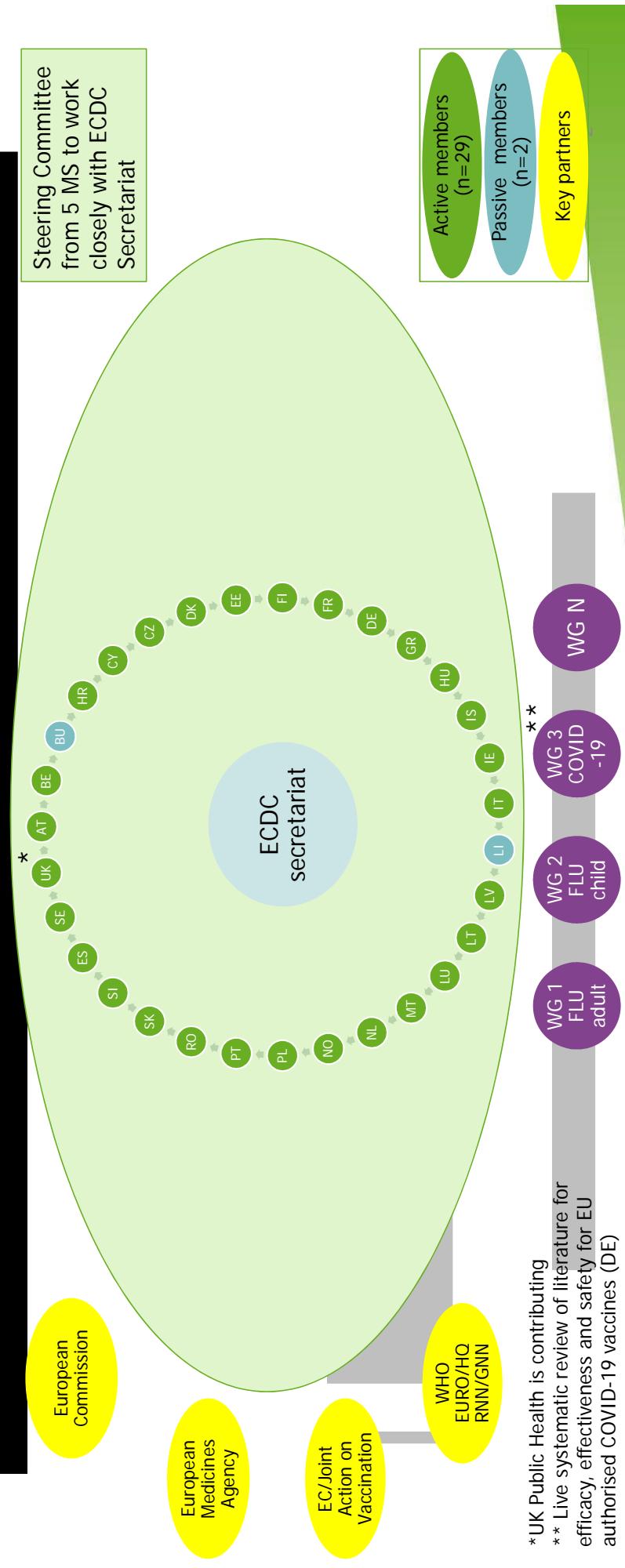
State of play with national vaccination strategies in the EU/EEA and the UK – dialogue meeting held 23 October, 2020

on behalf of the EU/EEA NITAG Collaboration 27 October, 2020

HSC Meeting, 27 October 2020

EU/EEA NITAG Collaboration group

- Collaboration between EU/EEA National Immunisation Technical Advisory Groups formed in 2018
- Focus is to identify and summarize scientific evidence in the literature on vaccines authorised in EU/EEA for use in routine immunization



Overview of country vaccination preparedness plans collected



- Is a vaccine deployment plan for COVID-19 vaccines currently under [REDACTED]
- Have you developed recommendations for priority groups to be vaccinated in the initial phases of the campaigns when vaccines are in short supply?
- What evidence will be/have been considered and by whom in order to prioritise the target groups for vaccination?
- Please provide information on how vaccines will be delivered...
- Please provide information on how product-specific monitoring systems will be organised to document vaccine coverage, safety, effectiveness and acceptance

Response rate: 21/31 EU/EEA MS and the UK

Availability of vaccination preparedness plans

- Vaccination preparedness plans were mentioned to be available in almost all of the 21/21 countries attending the dialogue meeting.
- However, it is still work in progress in all countries due to the many unknowns;
- A handful have come further and developed interim recommendations for groups to be vaccinated first:



Priority groups mentioned

- Health care workers and social workers, different definitions available
- Older people (>60+, >55+)*
- [REDACTED] or severe COVID-19 outcomes,
or being residents in long-term care facilities/institutions

*UK interim advice is entirely age based

- Older adults in a care home and care home workers
- All those 80+ and health and social care workers
- All those 75+
- All those 70+
- All those 65+
- All those 60+
- All those 55+
- All those 50+
- Rest of the population (priority to be determined)

Evidence to be considered for prioritisation and reprioritisation of target groups when needed

- Mathematical modelling assessing impact of vaccination:
[REDACTED] safety and efficacy by age and target group, characteristics of vaccines as well as availability;
- Epidemiological surveillance data, analysis of country specific data (e.g. on hospitalization and mortality) and information from the literature on groups at higher risk of severe disease and death due to COVID-19;
- Equity, justice, fairness, transparency;
[REDACTED] Acceptance assessments (only 54% of individuals >64 years will accept vaccination in Finland)

Logistical considerations

- Use of existing vaccination delivery services incl. delivery services for seasonal influenza vaccines and structures for the roll out of COVID-19 vaccination
- Some countries responded that vaccine storage, transport and cold chain requirements will need to be assessed as more information about COVID-19 vaccine characteristics become available i.e., the potential need for additional ultra low temperature cold chain.

Monitoring system for coverage, safety, effectiveness and acceptance



- Monitoring coverage using electronic immunisation registries:
[redacted]
- Countries with other systems for coverage in place:
[redacted]
- Routine safety reporting with signal detection available in all EU/EEA countries.
In October, MoH in [redacted] proposed a law to indemnify SARS-CoV-2 vaccinated beyond product liability. Background rates for possible adverse events of special interest in general populations to be investigated.
- Effectiveness to be assessed in studies/ Acceptance in surveys/focus groups

*Countries developing or currently considering ad hoc electronic immunisation registries for COVID-19 vaccine monitoring:
[redacted]