

Vaccination program for senior citizens

NGO:
TIMESLOT:



INTRODUCTION AND CONTEXT

Improve the quality of living for seniors

Vaccination is one of the most cost-effective health interventions available, saving millions of people from illness, disability and death each year¹. In the Netherlands, vaccination is usually associated by the public with either the broad immunization schedules for infants and children, or with vaccines necessary when traveling to exotic locations. Much [less awareness exists on the benefits that vaccination can bring to senior citizens](#).

KBO-PCOBⁱⁱ strives to change this. As the largest elderly association of the Netherlands, with a quarter million members, the organization fights for a society where seniors can participate fully. KBO-PCOB engages in meaningful dialogue with stakeholders on various levels in order to represent the interests of its members; but also serves as an important source of information for both its members and the broader public.

Since 2015, KBO-PCOB has increased its efforts to [prevent disease and improve the quality of living for seniors through vaccination](#). Through the participation in the EU Health Awards, it is our ambition to further promote this as a best practice and to disseminate the results to citizens and other stakeholders in EU Member States.



Numerous diseases impact welfare elderly people

There are numerous diseases that can have a serious impact on the health and general welfare of elderly people.

Seasonal influenza is a vaccine-preventable disease that each year infects approximately ten to thirty per cent of Europe's population, and causes hundreds of thousands of hospitalizations across Europe. Older people, younger children and those with chronic conditions suffer the mostⁱⁱⁱ. In the Netherlands, around 90% of deaths caused by influenza is 65 years or older^{iv}.

Streptococcus pneumoniae is the most common cause of community acquired bacterial pneumonia, whereby hospital mortality has been estimated at 15%^v. The bacterium can cause a range of infections known as invasive pneumococcal disease. Pneumococcal infections can occur at any age but are most likely to happen in children younger than two years of age and adults over 65^{vi}. Before a vaccination schedule was introduced in the Netherlands in 2006, around 400 people died of infection per year.

Herpes zoster (HZ), caused by the reactivation of the virus responsible for chickenpox, is highly age dependent. The most common complication of the disease, which is characterized by a painful rash, is the difficult-to-treat post herpetic neuralgia (PHN). PHN can be described as neural pain, in more serious cases even inhibits the possibility to lead a 'normal' life. The incidence of PHN varies between 9% among HZ patients in 60-64 years of age and > 50% among HZ patients >80 years of age, leading to prolonged loss of quality of life and high burden of illness^{vii}. An increase of more than 70% of HZ cases is expected to take place between 2008 and 2050.

Vaccination rates are falling

With a greying population across the EU, active aging and the mitigation of growing healthcare costs are high on the agenda. Vaccination is a proven tool to support these goals. Yet vaccination rates (VCR) are too low, and in some cases, falling. For influenza, **a VCR median of 44.7% was reported in the EU in 2012-2013, falling far short of the agreed upon WHO and EU target of 75%**. A 2015 study reported that pneumococcal **vaccination in the Netherlands could prevent hundreds of hospitalizations**. Vaccination against HZ is virtually non-existent in the Netherlands, despite the acknowledged health relevance (both in terms of clinical and societal rationales).^{viii}



However, political interest in improving this situation has been limited. Although a national program for influenza vaccination exists, the competent authorities have been unable to prevent a drop in VCR taking place since 2009. Pneumococcal vaccination is mandated for children since 2006, but a decision on whether **to include the elderly in a vaccination scheme has been postponed for years**. This was also the case for HZ vaccination with clear policy being postponed for a number of years when the efforts described in this case began.

Furthermore, a number of other stakeholders need to be activated in order to improve VCR among seniors. General practitioners (GPs) are aware of influenza vaccination but often do not have or share the relevant information on other vaccination which benefit the elderly. Healthcare insurers do not offer compensation for the costs of pneumococcal and HZ vaccination, whilst the price of those vaccines in pharmacies can be far out of reach for the average senior citizen. And lastly, there is a small but worrying voice of distrust of vaccination in society, combined with unawareness among the general public.

Results/deliverables

1. Key media coverage

NOS (evening television news, reach: 2 million),

NOS.nl (national news, online reach: 690.000 per day)^x

A 1:35 minute report on a PHN patient highlights the importance of HZ vaccination, and an interview with Vanderkaa covers the discussion on the mitigation of hospitalization risks through vaccination.

The online article also refers to a research conducted by the University Medical Center of Utrecht University, highlighting the fact that hospitalization can be halved if pneumococcal vaccination is introduced through an RVP for the elderly. See [here](#)



RTL Nieuws (national news medium, online reach: 2.712.000/month)^x

In an article titled 'A vaccination program for the elderly: why?' seven questions on the KBO-PCOB proposal are answered. Vanderkaa is quoted on the weaker immune system of elderly people and the need for an RVP comparable to the one that exists for children. Furthermore, the article highlights that such schemes already exist in other West-European countries.

Other media coverage includes press wire ANP, nu.nl (national news medium, online reach: 1,9 million/day), Business News Radio (online reach: 470.200/month), and several print articles. In addition, KBO-PCOB members were informed via the organization's magazine Nestor (print reach: 361.000). See [here](#)



2. Parliamentary Questions

Following the attention to elderly vaccination in national news media, MP Henk Krol (50PLUS) asked Martin Van Rijn, State Secretary for Health, Welfare and Sport, to earmark budget for an RVP for the elderly. Van Rijn answered in a written response on 5 November 2015^{xi} that he would await the decision of the Dutch Health Council on a specific vaccine for HZ.

The Health Council was to decide whether the vaccine, which is already available on the open market, should be included in the mandatory healthcare packages offered by insurers, or through an RVP. This meant that the concept of an RVP for seniors was tied to this decision, which had already been postponed numerous times.

Nonetheless, the request for funding an RVP for seniors means that the importance and logic of the attention to vaccination for the elderly has been further established, even though a vaccination schedule was still far off.

3. Petition

Due to the continued delay in a decision on the HZ vaccine, the healthcare benefits that an RVP for the elderly could deliver were unnecessarily delayed. KBO-PCOB decided to further increase pressure so that the barriers to the access to vaccines could be lowered by political stakeholders. Hence, on 29 March we offered a petition to the Dutch Parliament.

The petition, which was presented to the Committee for Health, Welfare and Sport, asked the parliamentarians to request the state secretary to take responsibility for an [effective and future proof vaccination policy](#) through:

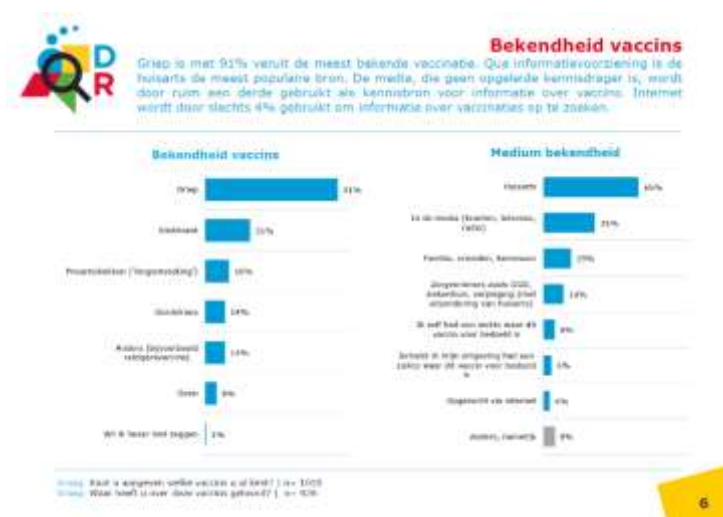
- Making sure that the elderly can make an informed choice about whether or not to vaccinate;
- Making vaccines financially accessible;
- Taking a quick decision on three vaccinations, including whooping cough, HZ and pneumococcal disease.
- The petition was supported by Ted van Essen, a leading Dutch GP who is very active in raising vaccination awareness among the elderly.

On 19 April, the parliamentary committee indicated that they had asked the state secretary for a response, thus further increasing the urgency at the policy level.

4. Research

As there remained uncertainty about the Health Council's decision on the financial road to be taken with the HZ vaccine, and as the state secretary delayed any principled decision on an RVP for the elderly, KBO-PCOB decided to offer policy makers and other stakeholders more insights into the urgency of the matter.

With the help of a third party, research was conducted among the elderly in order to gauge their knowledge on the availability and benefits of vaccination. Direct Research did quantitative research in June 2016, using a representative sample of n=1010 Dutch people at the age of 60 and older.



The outcomes were worrying:

- Whilst 91% had some knowledge about vaccines for influenza, only 16% and 14% were aware of the existence of vaccines for pneumococcal and HZ respectively.
- If the costs were to be covered, an average of 38% would get vaccinated against HZ, whooping cough or pneumococcal, whilst 28% did not know. This is in stark contrast with the 5% actual vaccination rate for those three diseases reported in the research.
- 75% of the respondents agreed that the government is responsible for the distribution of information about vaccinations, with only 16% answering that the government does enough for the vaccination of the elderly.
- Two thirds of the respondents called for an RVP for the elderly, with one respondent warning against the danger of “class vaccination”: those who have money to get [a vaccine].”

The research results were shared with the broader public through an article in the Telegraaf, the Netherlands' newspaper with the biggest reach in print and online.

By that time, the Health Council had advised against including the HZ vaccine in an RVP for the elderly, or the inclusion in the mandatory healthcare insurance. Whilst the estimated QALY of the vaccine (Zostavax) was determined to be between €20.000 and €40.000, the Council argued that because HZ does not pose a danger to society's health, nor does it manifest as an epidemic, there was no public role to be taken. However, when determining whether the vaccine should be included in the mandatory healthcare insurance, the Council was unable to reach unanimity. This disagreement, whereby two out of the twelve members argued that the vaccine was in fact essential healthcare, is quite unique.

KBO-PCOB regretted this advice firstly because of our belief that research demonstrates the added value of HZ vaccination. The Health Councils' recommendation that the vaccine should remain available for purchase by individuals leads, in practice, to a virtual complete lack of vaccination. More importantly, the OTC price of around €150 per vaccine is an unbreakable barrier for the vast majority of seniors. But awareness is also inhibited: the lack of information from both the government and GPs was unlikely to change following the decision to leave the vaccine to the market.

But what KBO-PCOB regretted even more, was that this decision meant another postponement of a meaningful discussion on the need for programmatic vaccination of the elderly. The Health Council's recommendation to wait for a HZ vaccine which is not expected to be marketed before 2018 meant that thousands of cases of HZ are not prevented, as a numerous instances of PHN. Furthermore, the decision on pneumococcal was again delayed.

5. Advertorial and animated video

KBO-PCOB therefore decided to further raise awareness. We again reiterated the benefits vaccination can offer for seniors towards our membership base, through an in-depth article in magazine Nestor. Furthermore, KBO-PCOB commissioned an animated video in order to clarify the concept of elderly vaccination. The video, which runs for 2:28 minutes, was distributed via our owned channels and YouTube. See [here](#)



STAKEHOLDER ENGAGEMENT

Throughout the campaign, KBO-PCOB has engaged with a range of stakeholders directly in order to promote the interest of its membership base through raising awareness and lowering the barriers of vaccination.

This includes, but is not limited to, the following:

- Members of the [Dutch Parliament](#) (Lower House); Among others through the petition offered in March 2016, and through the dissemination of the results of the research conducted in the summer of 2016
- [Netherlands National Institute for Public Health and the Environment \(RIVM\)](#), tasked with the promotion of public health and a safe living environment; Contacts about the need for better information about vaccination aimed at the elderly
- [Association of Pharmacists \(KNMP\)](#); KBO-PCOB discussed the information provided by pharmacists, as not all pharmacies were able to supply seniors with the information they needed on vaccination.
- [General Practitioners](#); Through our contact with the thought leader on elderly vaccination, Ted van Essen, as well as media attention we have raised awareness on the issue among GPs.
- [Insurers](#); Zilveren Kruis, an insurance label of market leader in healthcare insurer Achmea, offers a complementary insurance package tailored to members of KBO-PCOB. Such a 'collectivity' can offer additional benefits next to the normal extras a complementary insurance offers. We are in far-developed discussions to include the vaccines for HZ and pneumococcal in this collectivity.

Results

The goal of KBO-PCOB's efforts was to [maximize the clear and proven health benefits](#) that can be achieved through the vaccination of the elderly [in effective and sustainable manner](#). In the actions outlined above, a number of results were already described. A short recapitulation of the results, categorized into awareness of and access to vaccines, is offered below.

Elderly vaccination reached tens of people and came onto the political agenda

We have repeatedly communicated to our membership base directly. [Articles, statements and the animated video were shared](#) through our owned channels, including magazine Nestor and our website. These channels do not only reach our own members, but also the elderly in general. This audience, and the general public, has also been engaged via various articles in national news media. Through coverage in numerous tier 1 national newspapers and online media, including the evening television news, broad awareness was raised.

[Several tens of people contacted KBO-PCOB](#) over the period covered by our activities, in order to get more information on vaccination for the elderly. We have a 'member service', allowing people to contact us about all relevant topics about the elderly. Both via telephone and email, we have distributed information and raised awareness. Some of the callers were [referred to us by the Patient Federation](#), the umbrella organization of patient associations in the Netherlands – further highlighting the important role KBO-PCOB has started to play on the topic.

We are proud to report that [Kijksluiter has decided to create two video animations](#) on the topic described here, namely the pneumococcal and HZ vaccines. Kijksluiter is a prize-winning organization creating videos containing the information of official patient information leaflets/subscriptions. They have a library of more than 1,000 videos providing easy access to information about medicines to patients by giving them the possibility to watch the video at home. The videos about pneumococcal and HZ vaccines are currently being produced, with release expected in July 2017 – thus creating further awareness for the benefits of vaccination.

The attention in general news media also reached other stakeholders. In addition to that, politicians were further informed via direct contact and the distribution of the research results. As a result, [elderly vaccination and the need for an RVP came onto the political agenda](#), through oral questions in parliament, the petition and written requests.

Policy makers were engaged both directly and indirectly. Two results stood out. First, the [Ministry of Health, Welfare and Sport has recognized KBO-PCOB as a partner](#) who will be consulted when the elderly need to be reached regarding vaccination^{xii}. Second, [the RIVM has improved its information distribution](#). On our request, the agency drafted an article for our magazine Nestor. Furthermore, they created a factsheet with additional, easier-to-access information for their website.

As we have already indicated above, the contact with GPs as well as Ted van Essen playing an important role as a thought leader on vaccination of the elderly, raised awareness among the stakeholder group of healthcare providers.

As the above underlines, KBO-PCOB believes in [action across sectors](#) – it is important to not just look at government *or* healthcare providers, but to look at the entire ecosystem that can contribute to higher VCR among elderly.

Access still a challenge

However, awareness is not the only barrier to vaccination of seniors. Access is inhibited by other factors, most importantly costs. With a single vaccine for HZ costing upwards of €150, a situation of societal inequality is created. Resolving this is a primary goal for KBO-PCOB. Whilst the result we aimed for – an RVP for the elderly – has not yet been achieved, significant steps have been made.

Even though Zostavax, the HZ vaccine currently available on the market, was deemed unfit for an RVP, we are pleased that [the general concept of vaccination for seniors is now accepted into politics](#). The significant healthcare gains are understood better both on the individual and the societal level. We have showcased the logic behind vaccination for seniors: comparing it to the almost universally accepted schedule for children, and placing it in the context of a greying population and the importance of aging healthily. We are therefore confident that, with our continuous engagement and pressure, we will be able to get closer to universal acceptance of the need for such a schedule for the elderly.

Yet policymaking takes time. Before we have a fully-fledged RVP for the elderly, time will inevitably have passed. Hence, we are also trying to lower barriers via two other ways. Pharmacists could not always supply the information seniors asked for when considering vaccination.

KBO-PCOB has therefore been in direct contact with the [Association of Pharmacists \(KNMP\)](#). The association has, as a consequence, [communicated our concerns to its membership base](#).

Second, we are in far-developed discussions to [include the vaccines for HZ and pneumococcal in the collective insurance offered to KBO-PCOB members via healthcare insurer Zilveren Kruis \(Achmea\)](#). We hope that these vaccines will be part of the insurance package of 2018, which would give the 55.000 seniors currently signed up to this collective instant access to these important vaccines, with the potential to reach our full membership base of over 250.000 seniors.



CONCLUSION

As indicated above, we will continue to push for a RVP (Rijksvaccinatieprogramma) for the elderly. [We truly believe in the importance of preventing diseases](#) which have not only a serious consequence on healthcare systems' sustainability when [faced with an aging population](#), but also have a profound impact on the individuals' lives of those affected.

Creative measures are needed to reach those concerned. We can no longer suffice with a leaflet in the doctor's office, or simply hope for the best. [Through leading and encouraging collaboration between stakeholders KBO-PCOB has effectively put elderly vaccination on both the political agenda and the radar of senior citizens](#). And because the seed for action has now been planted and is beginning to grow, we only need to nurture for now.

Over the past one year and a half we have focused our primary attention on HZ and pneumococcal, mostly because the influenza vaccine is already organized and paid for at the national level. However, the VCR has been declining since 2009. This is a worrying trend. KBO-PCOB therefore intends to switch its focus on this issue.

Furthermore, we believe that the role of an elderly organization such as KBO-PCOB is important not just in the Netherlands. [We believe in the transferability of our approach](#), even though healthcare systems vary per EU Member State. Participating in this project is the first step in distributing what we believe to be a best practice. We will continue doing so over the coming time, and [sincerely believe in the important role the EU Health Award plays in supporting that effort](#).



SOURCES

ⁱ <http://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization>

ⁱⁱ KBO-PCOB is a partnership of the two national associations Unie KBO and PCOB. Whilst the individual associations continue to exist, the partnership allows for a more significant presence in the political arena through the combined expertise and membership base. The project described in this paper was initiated by Unie KBO, and is now undertaken by KBO-PCOB. For clarity's sake, KBO-PCOB will be used consistently in this paper, notwithstanding that some activities were undertaken by Unie KBO before the formalized partnership.

ⁱⁱⁱ http://ecdc.europa.eu/en/healthtopics/seasonal_influenza/Pages/index.aspx#sthash.b2eGDqxY.dpuf

^{iv} http://www.rivm.nl/Documenten_en_publicaties/Professioneel_Praktisch/Richtlijnen/Infectieziekten/LCI_richtlijnen/LCI_ri chtlijn_Influenza

^v - See more at: http://ecdc.europa.eu/en/healthtopics/pneumococcal_infection/Pages/factsheet-health-professionals.aspx#sthash.BtRmhz8.dpuf

^{vi} http://ecdc.europa.eu/en/healthtopics/pneumococcal_infection/Pages/factsheet-general-public.aspx#sthash.DebeUjzm.dpuf

^{vii} http://www.ephor.nl/media/1302/europe-expro_health_relevance_of_shingles_vaccination_interactive_version_31082015.pdf

^{viii} http://www.ephor.nl/media/1302/europe-expro_health_relevance_of_shingles_vaccination_interactive_version_31082015.pdf

^{ix} <http://nos.nl/artikel/2047275-ouderenbond-pleit-voor-inentingsprogramma-65-plussers.html>

^x <https://www.rtlnieuws.nl/nieuws/binnenland/een-vaccinatieprogramma-voor-ouderen-waarom-eigenlijk>

^{xi} https://www.tweedekamer.nl/kamerstukken/brieven_regering/detail?id=2015Z20679&did=2015D42057

^{xii} <https://www.rijksoverheid.nl/binaries/rijksoverheid/documenten/kamerstukken/2016/09/30/kamerbrief-met-reactie-op-advies-over-vaccinatie-tegen-gordelroos/kamerbrief-met-reactie-op-advies-over-vaccinatie-tegen-gordelroos.pdf>