

# COVID-19 and vaccination against pneumococci

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## Executive summary

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Health Council of the Netherlands



Is the COVID-19 pandemic a reason to prioritise certain target groups for the vaccinations for the elderly against pneumococci that will be starting this autumn? The Committee on Vaccinations of the Health Council of the Netherlands answers that question from the Minister of Public Health, Welfare and Sport in this advisory report.

The Health Council of the Netherlands recommended in 2018 that elderly people aged between 60 and 80 should be protected against some of the disease burden from pneumococcal infections by offering them a vaccination once every five years. An average of 15% of elderly people admitted to hospital with pneumococcal pneumonia or an invasive pneumococcal illness (inter alia meningitis and septicaemia) will die; patients who have survived a pneumococcal illness continue to run an elevated risk of death for several years. The National Institute for Public Health and the Environment (RIVM) has

made preparations for implementing that advisory report through a National Programme for Pneumococcus Vaccination in Adults (Nationaal Programma Pneumokokken-vaccinatie Volwassenen, NPPV) in which people aged 60, 65, 70 and 75 will be invited from this autumn onwards to get vaccinated against pneumococci. After five years, the entire target group would then be protected (except those who are already 76 and over before this autumn).

### **The most vulnerable group are those aged over 70**

The severity of the clinical course of disease caused by pneumococcal infections and COVID-19 increases with age. Because the COVID-19 pandemic is new, there is only very limited information available about the disease burden of COVID-19 in combination with illnesses caused by pneumococcal infections.

There are no indications at this moment that certain groups are running a greater risk of getting a pneumococcal infection on top of a COVID-19 infection (co-infection). People aged 70 and above have an elevated risk of a severe clinical course for both pneumococcal infections and COVID-19. Based on this combination of factors, the committee believes people aged from 70 to 79 are the most vulnerable.

### **Prioritising those aged over 70**

The committee recommends prioritising people aged 70 to 79 for vaccination against pneumococci. This will avoid some of the most vulnerable people becoming severely ill due to pneumococci and this may possibly also result in a reduced burden of care delivery. At the moment, 550,000 doses of vaccine are available for the NPPV. The Dutch government is attempting to purchase additional doses. If not enough doses are available for all people aged



70 to 79 when the pneumococcus vaccinations start in autumn, the committee recommends starting by vaccinating those aged 75 to 79 first. As soon as there are enough doses, people aged 70 to 74 can be vaccinated, starting with the oldest. Implementation aspects also play a role in this. The committee recommends reassessing the situation after one year.

### **COVID-19-patients as a new medical high-risk group**

In addition to the new vaccination programme for the elderly, there have already been pneumococcus vaccinations for several years for medical high-risk groups (people with severely compromised immune systems). The committee thinks it is reasonable to assume that patients who have suffered a severe form of COVID-19 and thereby suffered damage to their lungs will be more susceptible to illnesses caused by pneumococcal infections.

It recommends monitoring this and provisionally designating this group as a medical indication for pneumococcus vaccination.

The current advice does not have any direct consequences for the vaccinations on offer in the National Influenza Prevention Programme. The committee can well imagine that the COVID-19 pandemic will lead to greater interest in vaccination programmes, including the one against influenza.



The Health Council of the Netherlands, established in 1902, is an independent scientific advisory body. Its remit is “to advise the government and Parliament on the current level of knowledge with respect to public health issues and health (services) research...” (Section 22, Health Act).

The Health Council receives most requests for advice from the Ministers of Health, Welfare and Sport, Infrastructure and Water Management, Social Affairs and Employment, and Agriculture, Nature and Food Quality. The Council can publish advisory reports on its own initiative. It usually does this in order to ask attention for developments or trends that are thought to be relevant to government policy.

Most Health Council reports are prepared by multidisciplinary committees of Dutch or, sometimes, foreign experts, appointed in a personal capacity.

The reports are available to the public.

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