

# Review of the National Immunisation Programme schedule

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## Executive summary

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Health Council of the Netherlands



The National Immunisation Programme (RVP) was set up in 1957 to protect society from serious infectious diseases. The programme, which offers vaccinations to children up to the age of 18, has been expanded various times over the years. In 2021, the State Secretary for Health, Welfare and Sport asked the Health Council for an advisory report on the RVP. This included a request to review the current schedule, consider the desirability of adjustments, and indicate the extent to which there is scope to deviate from the schedule. This advisory report was drawn up by the Council's permanent Committee on Vaccinations.

### **Vaccinations in the Netherlands**

Vaccinations administered in the Netherlands fall into three categories: public vaccination programmes (such as the RVP), regular, collectively-funded care (such as vaccination

for medically at-risk groups) and individual health care (such as travel vaccinations and employee vaccination programmes). The extent of the Health Council's involvement differs for each category. Inclusion in the RVP is always based on a Health Council advisory report, with the Council applying a fixed assessment framework. The RVP schedule was designed to satisfy a wide range of considerations, such as aiming to secure optimum and long-term protection, minimising the number of times children receive injections, and ensuring they receive no more than two injections on each occasion.

### **Minor adjustments to the RVP schedule**

In its review of the RVP vaccination schedule, the committee drew on a summary report prepared by the RIVM and on peer-reviewed, systematic literature reviews and meta-analyses. All vaccinations in the RVP contribute

to one or more of the programme's goals: protecting as many individuals in vulnerable groups as possible, maintaining herd immunity and eliminating serious infectious diseases. The committee recommends that all vaccinations in the RVP be retained. It also recommends adjusting the ages at which certain vaccines are given. This will better ensure optimum protection. The new schedule recommended by the committee is shown on the next page.



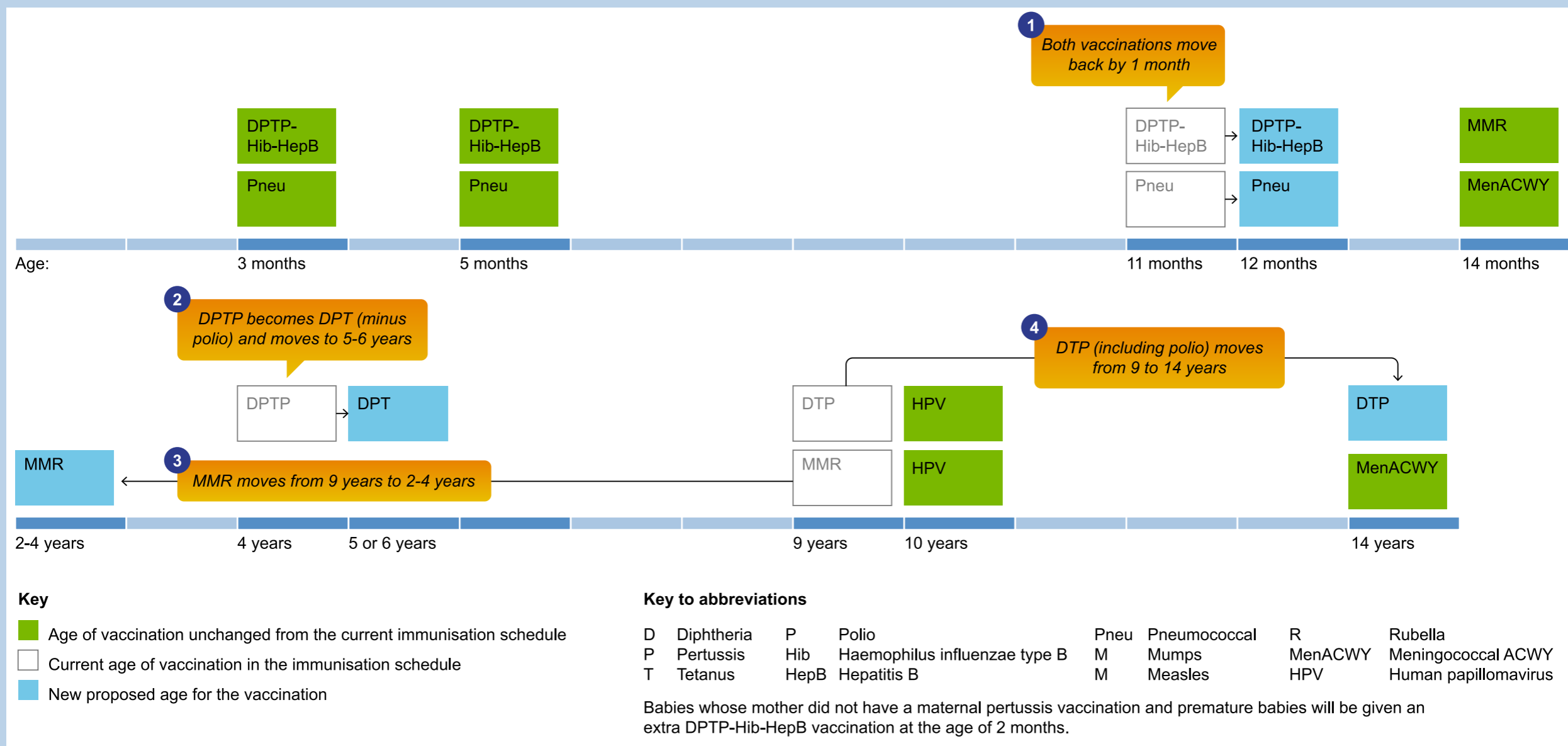


Figure 1 Four proposed changes to the current National Immunisation Programme



### Expanding vaccination options

The committee believes that the proposed adjustments to the vaccination schedule will optimise the protection offered by the RVP. Accordingly, the committee does not believe it would be desirable to introduce greater flexibility into the RVP, for example by giving the option of skipping vaccinations or offering a choice of ages at which vaccinations can be given. That could lead to reduced protection for both individuals and groups and more outbreaks of vaccine-preventable diseases. In this regard, providing good information to parents is important. However, the committee does recommend exploring the merits of catch-up vaccinations for young adults who have missed certain vaccinations in the RVP, as is already the case for vaccination against HPV.

Vaccines that are not included in the RVP – because they do not meet the assessment criteria used by the committee for vaccination of the population – can still provide health benefits for individuals. For these vaccines, the

committee sees more possibilities to respond to the need for flexibility and customisation that exists among a segment of the population. These vaccines include the chickenpox and meningococcal B vaccines, and a vaccine that offers protection against more types of HPV. Some of the possible health benefits remain lost, since the uptake of these vaccinations is low. A number of factors have contributed to this low uptake. For example, awareness of the vaccines among doctors and the general public is sometimes patchy. Another factor that plays a role is that these vaccines are not included in the basic health insurance package and not everyone can afford them. The committee believes it is important to maximise awareness of these vaccines and to make them accessible for people who wish to have them. Accordingly, it recommends that the design of the vaccination system be adjusted. Here, too, the provision of good information is important.

### Keeping records

Centralised record-keeping (‘who has received which vaccines’) is essential to obtain up-to-date insights into the uptake and effectiveness, impact and safety of vaccinations within and outside of the RVP. Measures taken in the context of the General Data Protection Regulation (GDPR) have made it harder to keep such records. The committee endorses the initiatives taken to optimise the central record-keeping system.



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.

