Revised assessment framework for vaccinations

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Health Council of the Netherlands

contents

01 introduction

1.1 Motivation

The Health Council of the Netherlands' permanent Committee on Vaccinations, hereinafter 'the Committee', issues advisory reports on the vaccinations available within the framework of vaccination programmes such as the National Immunisation Programme (NIP). Since 2013, the Committee has used a general assessment framework for this.[1] As it has become apparent that the existing assessment framework is insufficiently suited to and not far-reaching enough for the vaccines that are currently authorised for marketing or are expected to be authorised in the coming years, the Board of the Health Council has decided – in close consultation with the Committee – to revise the assessment framework. This revised framework is applicable from 1 January 2024.

1.2 Methodology

The Committee has drawn up an inventory of the changes that needed to be made to future-proof the assessment framework. This involved consultations with experts and input by observers from the National Institute for Public Health and the Environment (RIVM), the Medicines Evaluation Board (MEB), the National Health Care Institute and the Ministry of Health, Welfare and Sport. A list of the Committee members, consulted experts and observers can be found at the end of this advisory report. The Board of the Health Council then adopted the revised assessment framework.

1.3 Reading guide

Chapter 2 explains the existing assessment framework and the need to make changes. This chapter also gives a condensed overview of the methodology adopted by the World Health Organization (WHO), Germany's permanent Committee on Vaccinations (*Ständige Impfkommission*, STIKO) and the UK's Joint Committee on Vaccination and Immunisation (JCVI). Chapter 3 sets out the additional considerations and points for attention addressed in the advisory reports on vaccinations, such as a vaccination programme's cost-effectiveness and programmatic implementation aspects. Lastly, Chapter 4 outlines the revised assessment framework, which consists of the assessment criteria, additional considerations and points for attention.

02 need to make changes to the existing assessment framework

Since 2013, the Committee on Vaccinations has used a general assessment framework to advise on vaccinations in the European and Caribbean Netherlands. This framework consists of two elements: the spectrum of vaccination care – which encompasses three categories – and the assessment criteria. The past 10 years have shown that classification into categories of vaccination care is not required and that some criteria are no longer as applicable as they once were.

2.1 The spectrum of vaccination care

2.1.1 Advisory report from 2013

The spectrum of vaccination care concept was introduced in the Health Council's advisory report from 2013, *The individual, collective and public importance of vaccination*.[1] The spectrum encompasses three categories: the public interest, essential care (the collective interest) and the individual interest. For each vaccination that the Committee issues an advice about, it assesses to which category that vaccination belongs.

Vaccinations are in the public interest if they protect against diseases that are serious in nature and/or extent, that potentially have a huge impact on social life and where the government is generally perceived as needing to take the initiative to protect public health. The vaccinations included in the NIP are examples of vaccinations that are classified as being in the public interest.

At the opposite end of the spectrum are vaccinations that are in the individual interest. According to the 2013 framework, the government does not need to set up a programme to make these vaccinations available, as their purpose is to protect individuals in specific cases. As a rule, the Committee does not issue advice on this type of vaccinations. Examples of these vaccinations include travel vaccinations, such as against yellow fever.

The essential care category sits between the public interest and individual interest categories (this category is sometimes also referred to in the assessment framework as 'the collective interest'). It includes vaccinations that do not primarily serve the public interest – for example because the burden of disease (number of patients) is limited – but that could be deemed essential care for certain population groups. This is the case when the burden of disease for a group or groups of individuals is considered significant and it is considered important that everyone in those groups has equal access to the vaccination in question. According to the advisory report from 2013, this means that the vaccination should be financed collectively (e.g. through the Healthcare Insurance Act).

Examples of vaccinations that fall into the essential care category include vaccinations for medical risk groups.

2.1.2 Proposed change

The Committee has relied on the assessment framework for its advisory reports for 10 years now. In that time, it has become apparent that it is difficult to classify vaccinations into the public interest, essential care and individual interest categories and that this classification is not required for funding and implementation, as well as unnecessarily complex. In the first instance, the Committee focuses on the question of which group or groups should be vaccinated. In the case of vaccinations for children, the Committee usually advises on the question whether a certain vaccination should be included in the NIP. When it comes to vaccinations for adults, the advice focuses on the question whether a vaccination programme should be set up. Issuing this kind of advice does not require making a distinction between the three aforementioned categories or classifying vaccinations accordingly.

Furthermore, the classification into the three categories mainly pertains to vaccination implementation and financing. While these are important and relevant considerations, issuing advice on implementation and finding is not one of the primary tasks of the Health Council. Moreover, practice has proven that vaccination implementation and funding does not depend on the classification the Committee has been using. The Health Council has designated some vaccinations as ‘essential care’, but given the importance of equal access, these have been treated as ‘public interest’ in practice. Accordingly, these vaccinations have been implemented and made available as part of a programme. An example of one such vaccination is the one for elderly people against seasonal flu.
The vaccination against Q fever has also been implemented and made available as part of a programme in order to guarantee the quality of the vaccination.

In conclusion, classifying vaccinations into vaccination care categories is not required for advice, implementation or financing. Consequently, this element has been removed from the assessment framework and the Committee will no longer use it as a basis for advice.

2.2 Assessment criteria

2.2.1 Advisory report from 2013

Alongside the spectrum of vaccination care, the advisory report from 2013 specifies seven assessment criteria for advice about vaccinations (see first box on next page). For the Committee to classify a vaccination as being in the public interest, all seven criteria must apply. If the vaccination in question is to be classified as essential care, only four of the seven criteria apply (see second box on next page). Ordinarily, the Committee does not assess vaccinations that may be classified as being

in the individual interest. Subject to market authorisation, such vaccinations will be made available to individuals in other ways.

Criteria for including a vaccination in a public programme that have applied since 2013

Seriousness and extent of the burden of disease

1. The infectious disease is leading to a substantial burden of disease in the population:
   - the infectious disease is serious for individuals, and
   - the infectious disease is affecting/will potentially affect a substantial group.

Effectiveness and safety of the vaccination

2. The vaccination is leading to a substantial reduction in the burden of disease in the population:
   - the vaccine is effective in preventing disease or reducing symptoms;
   - the required vaccination coverage (if eradication of the disease or herd immunity is the aim) is achieved.
3. Any detrimental health effects of the vaccination (side effects) do not detract from the health benefit in the population.

Acceptability of the vaccination

4. The inconvenience an individual experiences due to individual vaccination is in reasonable proportion to the health benefit for the person himself and the population as a whole.
5. The inconvenience an individual experiences due to the total vaccination programme is in reasonable proportion to the health benefit for the person himself and the population as a whole.

Cost-effectiveness of the vaccination

6. The relationship between costs and health benefit is favourable in comparison with that of other possibilities of reducing the burden of disease.

Prioritisation of the vaccination

7. Opting for the vaccination serves a (potentially) urgent public health interest.

Criteria for being able to characterise a vaccination as essential care that have applied since 2013

Seriousness and extent of the burden of disease

1. The infectious disease is leading to a substantial individual burden of disease.

Effectiveness and safety of the vaccination

2. The vaccination leads to a substantial reduction in the burden of disease, meaning that the vaccine is effective in preventing disease or reducing symptoms.
3. Any detrimental health effects of the vaccination (side effects) do not detract from the health benefit.

Cost-effectiveness of the vaccination

4. The relationship between costs and health benefit is favourable in comparison with that of other possibilities of reducing the burden of disease.

2.2.2 Proposed changes

In the current situation, three of the seven criteria used to assess whether a vaccination should be classified as being in the public interest are no longer as applicable as they once were. These are criterion 1 on the

burden of disease, criterion 6 on cost-effectiveness and criterion 7 on prioritisation.

Criterion 1: Burden of disease

The first criterion specifies that the infectious disease is leading to a substantial burden of disease in the population, that it is serious for individuals and that it is affecting a substantial group. Traditionally, a disease is considered serious if it leads to hospitalisation or death. When it comes to issuing advice on new vaccines in practice, however, there are very few diseases that are both serious and could affect a substantial group. COVID-19 did meet both these conditions, but remains an exception – for now. Particularly diseases that affect children often do not meet both the 'serious' and 'substantial' conditions. As an example, chicken pox affects many children each year, but leads to hospitalisation or death in only very few cases. Nevertheless, there may be sufficient cause to consider vaccination if the disease is not serious, but could still affect a substantial group. In this case, the burden of disease is so high (given the size of the affected group) that it could lead to overstretched or disrupted healthcare services and/or a disruption to society.

As a result, the burden of disease criterion will be changed in such a way that vaccination may be considered if an infectious disease is serious and/or the disease affects (or could affect) a substantial group.

Another drawback of the burden of disease criterion is that it is based on the presumption that the objective of vaccination is to reduce the burden of disease. However, vaccination may also be considered for reasons in addition to reducing the burden of disease alone. Examples of such reasons are the potential to stamp out (i.e. eradicate or eliminate) a disease, the need to preserve herd immunity or the indirect protection of risk groups. In the Netherlands, for instance, there is a vaccination programme for polio with the dual objective of preventing the disease from affecting the population and contributing to the elimination of polio worldwide. Vaccination against meningococcal ACWY prevents the disease from affecting vaccinated groups, but also leads to herd immunity, so that other (non-vaccinated) groups are also protected. Vaccination against the rotavirus is another example of a programme that protects not only vaccinated babies (aged between six and 24 weeks), but also risk groups that are too young to be vaccinated (babies under the age of six weeks).

Finally, vaccination may serve a social interest, such as preventing the overstretching or disruption of primary and secondary healthcare services in the event a large group of people is affected by a disease in a relatively short period of time (e.g. in winter).

To sum up, vaccination may have a number of different objectives. Consequently, a criterion specifying that the objective of the vaccination

must be defined has been added to the assessment framework. This must include the proviso that alternatives to vaccination will also be considered in order to achieve the objective, such as immunisation or hygiene measures.

Criterion 6: Cost-effectiveness

The sixth criterion specifies that the relationship between costs and health benefit is favourable in comparison with that of other possibilities of reducing the burden of disease. When it comes to issuing advice with regard to this criterion in practice, the Committee reviews the available cost-effectiveness analyses for the vaccination in question. It then weighs up the incremental cost-effectiveness ratios (ICER) of different vaccination strategies and compares them to the current, frequently used reference value for preventive measures of €20,000 per quality-adjusted life year (QALY – see box on next page). However, there is no formal upper limit for a vaccination's cost. If the ICER is above the current reference value of €20,000 per QALY, the cost-effectiveness is assessed as unfavourable, but this in itself is not necessarily a reason not to vaccinate. Whether the Committee adjudges an unfavourable cost-effectiveness to be acceptable used to depend on the seriousness and social impact of the disease and the effectiveness and safety of the available vaccines. For instance, it advised to include vaccination against meningococcal ACWY in the NIP on medical and scientific grounds, although this vaccination was not cost-effective by the standard of the current reference value. The reverse has also happened: on medical and scientific grounds, the Committee advised not to include vaccination against chicken pox in the NIP, while in certain scenarios this vaccination can have a favourable ICER.

In sum, the Committee looks first at the medical criteria for vaccination on the basis of the latest scientific insights, including acceptability. Subsequently, the cost-effectiveness is being looked at and taken into account in the advice. Even so, cost-effectiveness (i.e. an ICER below the reference value) is not a criterion that has to be met before a positive advice on vaccination can be issued. It will therefore no longer be treated as an assessment criterion, but as an additional consideration instead. In this way, cost-effectiveness will continue to be a factor in the assessment framework as a whole. As has been the norm in recent years, any advice issued will still include an overview of the available cost-effectiveness analyses, if relevant. In addition to presenting the outcomes of these analyses, the Committee will also discuss their limitations. Finally, the Committee will continue to refer to cost-effectiveness analyses in order to compare different vaccination scenarios. A more detailed description of this element can be found in Chapter 3.

Incremental cost-effectiveness ratio (ICER) as a reference value

The incremental cost-effectiveness ratio (ICER) is the difference between two possible interventions (or between an intervention and taking no action) divided by the difference in health benefit. The ICER is expressed as an amount of money (in euros) per quality-adjusted life year (QALY).

Criterion 7: Prioritisation

The seventh criterion specifies that opting for the vaccination serves a (potentially) urgent public health interest. A prioritisation criterion has been included in the work agenda that has been prepared for the Committee since 2016. Given that this makes the seventh criterion redundant, it has been removed from the assessment framework.

2.3 Work agenda

The work agenda details which vaccinations the Committee will issue advice about in the years to come. A ‘consultative body for prioritisation’ has been set up to determine the work agenda. Together, the participants in this consultative body – being the Health Council, the MEB, RIVM and the National Health Care Institute – prepare a draft work agenda by drawing on a longlist of potential topics, such as conditions with an established burden of disease, new vaccines or new scientific insights that could lead to changes in existing vaccination programmes.

The topics are prioritised and put on the work agenda – or not, as the case may be – on the basis of various criteria. These include the burden of disease of the condition on society and individuals, with the general principle that conditions with a higher burden of disease are given higher priority. The pandemic potential of pathogens is also taken into account. For example, the threat of a large-scale outbreak of a specific disease may be cause to issue an advice. Furthermore, (new) scientific insights into the condition, the related vaccines and/or vaccination must be available for a topic to be put on the work agenda. This is because the Health Council issues its advice on the basis of the latest scientific insights, which therefore need to be available.

The Ministry of Health, Welfare and Sport, which sits in on meetings of the consultative body as an observer, has final responsibility for adopting the definitive work agenda, taking into account concerns in society about the various conditions, vaccines and vaccinations. The consultative body for prioritisation meets at least twice a year. Every meeting culminates in a work agenda for the next three years. Current events may necessitate an additional consultation meeting, potentially leading to changes in or additions to the work agenda.

In the weeks prior to a consultation meeting, vaccine manufacturers will be given the opportunity to inform the participants about the latest developments in the vaccine field by means of ‘horizon scans’. These may

include information such as details of clinical trials or the definitive or expected authorisation dates of new vaccines. To give an insight into which vaccines have been authorised in the present year and which ones have been put on the work agenda, the publication of the work agenda is accompanied by an overview of newly authorised vaccines and an explanation of the prioritisation process.

2.4 Issue of advice in the form of scenarios

In addition to issuing advice on the inclusion of specific vaccines in the NIP or changes to the existing availability of vaccinations, the Committee may also issue advice in the form of vaccination scenarios if required. Based on different epidemiological situations, the Committee plots various vaccination scenarios to determine – if at all possible – the most suitable vaccination intervention, with priority given to the one offering the greatest health benefit. This gives the party that requested the advice various realistic options to consider for policy decisions. An example of such an advice is the advice on long-term vaccination against COVID-19 published in 2023.

2.5 Caribbean Netherlands

The islands of Bonaire, Sint Eustatius and Saba are part of the Kingdom of the Netherlands. Pursuant to this status, these islands are covered by the NIP and have equal access to other vaccinations made available by the government. Hence, the Committee also issues advice on vaccinations in the Caribbean Netherlands. In order to arrive at a balanced vaccination advice, the Committee will endeavour to gain the fullest possible understanding of the situation on the islands and make as accurate an assessment as possible. However, it should be noted that very little epidemiological information is available for most diseases on these islands, making the issue of specific advice complicated.

In addition, the Caribbean Netherlands includes three constituent countries of the Kingdom of the Netherlands: Curaçao, Aruba and Sint Maarten. On occasion, these countries may also request advice from the Health Council. This happened, for instance, during the COVID-19 pandemic. Whenever the Committee receives such a request for advice, it will use the assessment framework to assess the best vaccination solution for the three countries.

2.6 Vaccination assessment methodology at the WHO, STIKO and JCVI

Before they receive market authorisation, all vaccines are assessed for effectiveness and safety. In Europe, this is the responsibility of the European Medicines Agency (EMA). Acting on the advice of the EMA, the European Commission decides whether to authorise a vaccine for market. In the Netherlands, the Minister of Health, Welfare and Sport can then request advice from the Health Council on whether a programmatic deployment of the vaccine is called for. In most cases, a parallel advice is

requested from the National Health Care Institute on whether the vaccine should be included in the basic health insurance package (under the Healthcare Insurance Act) for medical risk groups on the basis of the package criteria (necessity, effectiveness, cost-effectiveness and feasibility). A key question in this regard is whether the risk is personal in nature (indicated prevention) or whether inclusion would be a matter of care-related prevention. Finally, having studied the advice of both organisations, the Minister will make a decision about the vaccination.
If the decision is to organise a public vaccination programme, RIVM will be tasked with implementing this programme (procurement, set-up, communication, etc.).

The way vaccines and vaccination programmes are assessed and advised on differs from country to country. In the document 'Principles and considerations for adding a vaccine to a national immunization programme', the World Health Organization (WHO) specifies various points to consider when weighing up whether to introduce a vaccination.[2]
For the disease itself, these are the priority, the burden of disease, and whether there are alternatives to vaccination to combat the disease.
For the vaccine, these are its performance and characteristics, financial and economic considerations, and sufficient availability.

In Germany, the permanent Committee on Vaccinations (*Ständige Impfkommission*, STIKO) uses a set of six groups of questions that are concluded with an assessment.[3] The six groups of questions pertain to the priority, the pathogen, the disease caused by the pathogen, the vaccine, the immunisation strategy and the implementation.

In the UK, the Joint Committee on Vaccination and Immunisation (JCVI) uses no fixed assessment framework, but does include elements such as the burden of disease and the vaccine's safety in its assessment.

03 additional considerations and points for attention

In addition to the assessment criteria, there are various other topics that the Committee addresses when issuing advice on vaccinations. These are not assessment criteria that must be met before a positive advice on vaccination can be issued, but topics that are relevant in relation to the vaccination and are therefore also considered for the eventual advice. They are: cost-effectiveness, implementation, support and uptake, and vaccination availability outside of existing programmes as well as abroad. Together, the assessment criteria and the additional considerations and points for attention form the revised assessment framework for vaccinations.

3.1 Cost-effectiveness

For relevant vaccinations, the Committee will also include cost-effectiveness data in its advice. To do this, it will refer to the cost-effectiveness analyses that have been performed for the Netherlands, as well as those for other countries. As has been the norm up to this point, the Committee will also discuss the limitations of these analyses and any caveats in addition to presenting the outcomes. This is because any cost-effectiveness analysis involves various assumptions that may influence the outcome to a greater or lesser extent, and this may differ for the Netherlands compared to other countries. Examples of assumptions that influence a vaccination's cost-effectiveness to a great extent are the epidemiology of the disease and the effectiveness and costs of the vaccine.

In addition, the Committee will weigh up the outcomes of the cost-effectiveness analyses when comparing different vaccines (or vaccine types) and their vaccination schedules, as it did for its 2023 advice on the vaccination of elderly people against pneumococcal disease. To compare vaccines and vaccination schedules, the Committee will look at various relevant outcome measures, such as the health benefit to be gained and the number of vaccinations. In the event that different vaccines and vaccination schedules yield comparable results and it is advisable to recommend only one, the Committee may also consider the ICER of the various schedules.

3.2 Implementation

Depending on the vaccination and the target group, the implementation of a vaccination or vaccination programme may be a relevant topic to include in the advice. Occasionally, the Committee issues an advice on implementation – or elements thereof – on substantive medical grounds. It did this, for instance, in the case of the vaccination against seasonal flu, for which the vaccine must be offered annually before the start of the flu season for reasons of effectiveness. There may be other reasons for the

Committee to issue and advice on implementation, such as specific vaccine properties (e.g. shelf life, or specific storage requirements in the case of COVID-19 vaccines). Implementation aspects may also be relevant when vaccination is recommended for a specific target group that is difficult to identify. Alongside any obstacles, the Committee will also look into opportunities to improve or simplify implementation, for example by investigating whether certain vaccinations could be made administered simultaneously or by the same party (GP, Well-Baby Clinic).

3.3 Uptake and support

Generally speaking, the uptake of vaccinations made available by the government – such as the vaccinations in the NIP – is high. It is essential to ensure that the uptake of and support for public vaccination programmes is and remains high, for example to achieve herd immunity. The various opinions and sentiments among the population with regard to vaccinations can play a role in this regard. When issuing advice, the Committee will strive to provide an insight into the support for, acceptance of, and expected uptake of new vaccinations that are considered for introduction, based among other things on scientific data or hearings with patient groups, professional organisations and other stakeholders. Where necessary, the advice may touch on such topics as the use of uptake-enhancing interventions. In addition, data will be gathered – insofar as available – on the uptake among specific groups with underlying conditions or health disadvantages. Specific interventions may be considered to achieve optimal vaccination coverage for groups with a potentially lower uptake.

3.4 Vaccination availability outside of existing programmes

Usually, the Committee advises on the availability of vaccinations through a public vaccination programme and specifies which target group(s) qualify for participation. If the advice is not to make a vaccination available through a public vaccination programme, a case may still be made for vaccination of specific target groups or individuals. When issuing advice, the Committee will describe as comprehensively as possible when this scenario applies, and which groups might qualify.

Special vaccination guidance has been developed for medical risk groups that are generally at an elevated risk of serious infections, such as people without a spleen. In the case of vaccinations for medical risk groups against specific diseases, the Committee may provide a broad outline of which groups might qualify for vaccination, as it did when issuing advice on vaccination against seasonal flu and COVID-19. The exact scope and implementation is a matter for RIVM, in consultation with professional organisations. Additionally, the National Health Care Institute assesses whether indicated prevention applies for specific medical risk groups and whether the vaccine should be included in the basic health insurance package for these groups.

The Health Council has no remit to issue advice on vaccinations at the level of individuals. Nevertheless, the Committee's advice may, when relevant, include recommendations on offering/improving the availability of and access to specific vaccines for people who might want to benefit from them outside of existing vaccination programmes.

3.5 Vaccination availability abroad

Usually, the Committee also presents an overview of the availability of a vaccination abroad. Vaccination programmes in other countries may differ from those in the Netherlands for a variety of reasons. As an example, the epidemiology of the disease in that country – i.e. how the disease manifests itself – may differ from the one in the Netherlands. Moreover, different countries apply different considerations when assessing vaccines and deciding on setting up vaccination programmes. Where possible and relevant, the Committee will endeavour to illustrate the differences between countries in order to provide context to the considerations and advice for the Netherlands and other (neighbouring) countries.

3.6 Follow-up advice

There may be a variety of reasons to revisit a previously issued advice. Examples include changes to a disease's epidemiology leading to a reduced or increased burden of disease, the availability of new vaccines, or new scientific insights about vaccines or vaccinations. Through the consultative body for prioritisation, the Health Council, the MEB, RIVM and the National Health Care Institute can all suggest to put certain topics back on the agenda. When issuing advice, the Committee usually indicates potential reasons for reviewing the advice and, if relevant, how soon this could be done.

04 the revised assessment framework

In its revised form, the assessment framework contains five assessment criteria. These must all be met before a positive advice on vaccination can be issued. They stipulate that there must be a substantial burden of disease, that the vaccine must be sufficiently effective and safe, and that vaccination must be acceptable. In addition to the assessment criteria, there are additional considerations and points for attention, such as cost-effectiveness. These are described in Chapter 3. Together, the new assessment criteria and the additional considerations and points for attention form the revised assessment framework for vaccinations – see box below.

The revised assessment framework

Criteria

Seriousness and extent of the disease
The infectious disease is leading to a substantial burden of disease:
The infectious disease is serious for individuals, and/or the infectious disease is affecting/will potentially affect a substantial group.

Objective of the vaccination
One (or multiple) objective(s) must be defined for the vaccination.
Examples of objectives include reducing the burden of disease; stamping out (i.e. eradicate or eliminate) a disease; preserving herd immunity; indirectly protecting risk groups; or vaccination in the public interest, e.g. to prevent the overstretching or disruption of healthcare services and/or a disruption to society. Alternatives to vaccination, such as immunisation or hygiene measures, must also be considered.

Effectiveness of the vaccination
The vaccine is effective in preventing disease or reducing symptoms

Safety of the vaccination
Any detrimental health effects of the vaccination (side effects) do not detract from the health benefit.

Acceptability of the vaccination
The inconvenience an individual experiences due to individual vaccination is in reasonable proportion to the health benefit for the person himself and the population as a whole.

Additional considerations and points for attention

Cost-effectiveness
The Committee will describe the available cost-effectiveness analyses and, if relevant, weigh up the outcomes when comparing different vaccines and their vaccination schedules.

Implementation
Occasionally, the Committee may issue an advice on implementation or elements thereof, for example on substantive medical grounds, because of specific vaccine properties or to reach specific target groups that are difficult to identify.

Uptake and support
When issuing advice, the Committee will strive to provide insight into the support for and expected uptake of new vaccinations that are being considered for introduction. Where necessary, the advice may touch on the use of uptake-enhancing interventions.

Vaccination availability outside of existing programmes
If the advice is not to make a vaccination available through a public vaccination programme, a case may still be made for a dedicated vaccination programme for specific target groups or individuals. The Committee will describe as comprehensively as possible when this scenario applies, and which groups might qualify.

Vaccination availability abroad
Usually, the Committee presents an overview of the availability of a vaccination abroad. Where possible and relevant, the Committee will illustrate the differences between countries in order to provide context to the considerations and advice for the Netherlands and neighbouring countries.

Follow-up advice
There may be a variety of reasons to revisit a previously issued advice, such as changes to a disease's epidemiology, the availability of new vaccines, or new scientific insights about vaccines or vaccinations. The Committee will indicate whether there is a case for reviewing advice on a vaccination and, if relevant, how soon this could be done.

references

1 Health Council of the Netherlands. *The individual, collective and public importance of vaccination.* The Hague: Health Council of the Netherlands, 2013; publication no. 2013/21E.

2 *Principles and considerations for adding a vaccine to a national immunization programme. From decision to implementation and monitoring.* Geneve: WHO, 2014.

3 S*tandard Operating Procedure of the German Standing Committee on Vaccinations (STIKO) for the systematic development of vaccination recommendations*. Berlin: Robert Koch Institute, 2018.

Committee and consulted experts[a]

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[a] Consulted experts are consulted by the committee because of their expertise. Consulted experts and observers are entitled to speak during the meeting. They do not have any voting rights and do not bear any responsibility for the content of the committee's advisory report.

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.

This publication can be downloaded from www.healthcouncil.nl.

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