



October 26, 2021

## **The Impact of COVID-19 on Routine Vaccination**

**Webinar organized by the FEAM European Biomedical Policy Forum**

The COVID-19 pandemic had huge implications on the healthcare systems across Europe. Although the rapid development, distribution and application of effective COVID-19 vaccines were rightly heralded as a great success, the hyper focus on the pandemic has also impacted and delayed routine operational procedures, creating longer waiting lists and leading to disruption of routine vaccination schedules. Social distancing and overloaded healthcare systems, led to declining vaccination coverage rates, but with large variations among EU countries, especially in the first semester of 2020, when pandemic measures implemented to mitigate the outbreak promoted the cancellation of appointments for both adults and children. But which lessons can we learn from the success of the COVID-19 vaccination rollout - with over 70% of Europe's adult population now fully vaccinated - and how we can improve vaccine uptake across Europe? On the 26th October 2021, the [FEAM European Biomedical Policy Forum](#) hosted a webinar with experts from European authorities and stakeholders to discuss those challenges and draw conclusions on the impact that COVID-19 had on routine immunization programs. Prevention and control of infectious diseases demand joint efforts and imply close intersectoral collaboration to improve planning and communication about vaccines.

For clarification, 'routine vaccinations' are defined as those vaccinations that are recommended for defined eligible individuals at national or sub-national level (<https://www.vaccinEurope.eu/>).

### **Current situation in Europe**

Many studies in the past confirmed that routine vaccination can prevent up to 20 infectious diseases and related cancers (<https://www.ecdc.europa.eu/en/immunisation-vaccines/facts/vaccine-preventable-diseases>). A recent multi-country [GSK \(GlaxoSmithKline\) survey](#) on the impact of COVID-19 on infant routine vaccination, interviewed around 5,000 parents and found out that half of the parents had either cancelled, or delayed, their child's scheduled meningococcal disease (meningitis) vaccination during the COVID-19 pandemic. Although the COVID-19 pandemic has overwhelmingly disrupted routine vaccination, it is still difficult to establish a clear picture of the impact on vaccination programmes in the EU. This is largely due to the huge variations existing between countries in their range of available vaccines and their cost to citizens, with some countries choosing to publicly fund all their available vaccines, and others opting otherwise. In average, about 22% of infants in the EU had interrupted vaccination programmes. In Italy, 1 in 3 children had postponed their

vaccinations (0-2 years old were mainly affected), whereas in Spain, immunization coverage declined by 5 to 60%, depending on the age of the child and the type of vaccine. Contrarily, in the Netherlands, there was a limited impact on infant vaccination, especially after catch-up programs. However, it is important to note that this was in the early stages of the pandemic, and due to the great efforts of the different stakeholders involved in pediatric vaccination (public health bodies, nurses, GPs, pediatricians and the scientific societies), these interruptions were addressed and the largest part of the missed vaccinations were covered in catch-up programs.

The impact of the COVID-19 pandemic on routine adult vaccination is significantly more difficult to calculate due to an overall lack of data and monitoring that prevent the realization of an accurate comparison between countries. This decline has been more keenly felt in some European countries than others, with lower income countries typically faring the worst. For example, in Romania, the coverage rate for the measles, mumps, and rubella (MMR) vaccine has dropped below 95 per cent. Whilst the United Kingdom (UK) and France have centralized national registers on vaccinations, countries such as the Netherlands have no such centralized platforms. Differently, Spain and Italy have more autonomous regional healthcare systems, thus leading to inconsistent data between regions. These discrepancies clearly show the need for an improved registry of vaccinations across Europe and for introducing a common European vaccination schedule. On the other hand, the COVID-19 pandemic demonstrated the value of a timely monitoring in achieving 70% full course vaccination of adults in 9 months. This is an astonishing feat when considering that this percentage of uptake has never been achieved for the influenza vaccine, despite decades of continuous efforts.

## Obstacles to Vaccination

Despite the success of the COVID-19 vaccination rollout, the pandemic also highlighted some key obstacles to vaccination that must be tackled to improve the uptake of routine vaccination across Europe:

- **Vaccine hesitancy/refusal** - With the COVID-19 vaccination coverage, most European countries have reached a plateau around the 75-80 % mark. However, it is important to note that there are also countries in Europe who still have low coverage amongst adults and the general population alike, such as Romania and Bulgaria. Furthermore, there seems to remain a degree of vaccine hesitancy or outright refusal amongst the population. Surveys conducted across Europe when the COVID-19 vaccines were still in development stage, showed that 40-50% of adults regularly stated that they would not have taken a COVID-19 vaccine once approved. With the eventual arrival of those vaccines, this indication on vaccination uptake turned out to be false. A mixture of clear and consistent communication, as well as targeted approaches, helped to increase uptake and subside vaccine hesitancy, an approach that should also be extended to routine vaccinations. It is still important to note that vaccine hesitancy is a problematic term, as it assumes that all unvaccinated people are inherently skeptical of vaccines, whereas in fact they may be simply misinformed or may have some logistical difficulty in getting vaccinated.
- **Vaccine accessibility** - The physical and logistical obstacles to vaccination are equally important factors as vaccine hesitancy, in the reasons why some people remain unvaccinated. Efforts should be invested to make vaccination processes as simple as possible, removing bureaucratic hurdles. In the UK, 25 years ago, an important issue concerning childhood vaccination was raised, as gaps in time between doses were too

long. Once those schedules were accelerated, consequently, the uptake of full vaccination increased dramatically. This acceleration of scheduling is one alternative that could improve access to vaccines.

- **Communication** - The COVID-19 pandemic has highlighted that clear and consistent communication is vital for a successful vaccination rollout. A coherent message from a trusted source, such as healthcare professionals, is an invaluable method to inform the public and address their concerns. It is vital to promote a consistent message across all domains, coming from healthcare professionals, journalists, and politicians.
- **Data/Monitoring** - The COVID-19 vaccination rollout has demonstrated the benefit of having a more strengthened, centralized data system to monitor the uptake. This should be replicated for routine vaccination in the future, but it still requires a huge investment in infrastructure and finances from all national governments.

### Learning from the COVID-19 pandemic, what can we do better in the future?

When the COVID-19 pandemic emerged in early 2020, policymakers and European agencies did not react rapidly to the emergency, as there were not rapid response mechanisms in place at that time. The recent introduction of the Health Emergency Preparedness and Response Authority (HERA) is a welcome acknowledgement of the need for a more reactive authority in the future, although some issues remain to be clarified, as the financial support that such a service requires, as well as resources needed. Furthermore, during the initial outbreak of the COVID-19 pandemic, not enough cross-border transfer of information was implemented, with countries retreating into isolationist tendencies, with significant lack of healthcare resources to tackle the pandemic. There were huge inconsistencies between European countries, with Romania, Poland, Estonia and Bulgaria all lagging behind the other EU countries, in terms of the pace of vaccination. On the other hand, the general success of the vaccination rollout has demonstrated good practice that should be closely followed in the future. Overall, the COVID-19 pandemic has shown the importance of strengthening vaccine literacy, improving logistics of vaccination, and increasing investment to a level which is suitable for a full-scale immunization project. In view of most EU countries having less than 0.5% of their healthcare spend invested in vaccination, investment should be highlighted as a key area for the future. Finally, future routine vaccination programmes can, and must, be supported by better communication, better data collection and greater collaboration between countries. All aspects discussed in this public debate should be carefully analyzed to plan and react better in the future.

Here below, a few suggestions for immediate actions that policy stakeholders could support to recover and improve vaccine rates:

- Prioritize routine immunization as an essential service across the life-course
- Improve access to routine immunization services through expanded delivery services
- Ensuring financing for vaccination programs
- Strengthen immunization data systems
- Build trust and confidence in vaccination

**Additional material available:**

1. [Agenda and speaker information](#)
2. [Full Recording of the event](#)
3. [Presentation from Vaccine Europe](#)

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**About the FEAM European Biomedical Policy Forum**

*The FEAM European Biomedical Policy Forum provides a platform for discussion on key policy issues for the biomedical community. The Forum is an initiative from the Federation of European Academies of Medicine (FEAM). It aims to bring together representatives from academia, research charities, industry, European and national trade associations and professional bodies, regulators, public health bodies, and patient and consumers groups. If you would like further information or becoming a partner, please contact [elisa.corritore@feam.eu](mailto:elisa.corritore@feam.eu).*