

To: [redacted] 5.1.2e [redacted] 5.1.2e @open.ac.uk; [redacted] 5.1.2e [redacted] 5.1.2e @p-95.com]
From: [redacted] 5.1.2e
Sent: Sun 11/1/2020 5:51:45 PM
Subject: RE: Chapter 3 (vac programmes) revised
Received: Sun 11/1/2020 5:51:45 PM
[Chapter 3 Vaccination programmes v1.6.docx](#)

Dear [redacted] 5.1.2e

Thanks again for reviewing this – I tweaked the text a bit further (relevant sections highlighted in yellow), I think this is the near final version – but any further comments are welcomed.

My plan is to now reconsider in the chapter on 'how vaccines work' the bit on protecting against infection and against disease transmission – I think this should link a bit better to subsequent chapters where this is mentioned – 4 and the VE chapter.

In case you are interested to follow webinars on covid-19 vaccination, I've copied some info below.

With best wishes,

[redacted] 5.1.2e

Dear ADVAC Alumni, ADVAC lecturers and other interested participants,

We have been requested to share the attached flyer on a webinar series to explore the challenges of vaccination during a pandemic - from trials to operational challenges. These webinars will take place during November, commencing on Monday, 2 November.

Speakers include [redacted] 5.1.2a [redacted] 5.1.2e [redacted] 5.1.2e Oxford COVID19 vaccine trials), [redacted] 5.1.2e [redacted] 5.1.2e [redacted] 5.1.2e Holy name Medical Center) and [redacted] 5.1.2e [redacted] 5.1.2e in population health, BIU Azrieli Faculty of Medicine

Registration at the following link: <https://medicine.biu.ac.il/en/webinarCovidNov2020>

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From: 5.1.2e <5.1.2e@rivm.nl>
Sent: 29 October 2020 20:35
To: 5.1.2e <5.1.2e@open.ac.uk>; 5.1.2e <5.1.2e@p-95.com>
Subject: RE: Chapter 3 (vac programmes) revised

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As an aside – tetanus is also an interesting one: we have a universal programme aiming to reduce the overall burden of disease (but without the benefit of herd-immunity), and a selective programme for people with injuries (which helps since it contains immunoglobulin whilst the vaccination given only protects for tetanus after a future injury).

I started explaining this in the text but then realised it would take me to midnight and would confuse matters seriously *

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From: 5.1.2e <5.1.2e@rivm.nl>
Sent: 29 October 2020 17:47
To: 5.1.2e <5.1.2e@open.ac.uk>; 5.1.2e <5.1.2e@p-95.com>
Subject: RE: Chapter 3 (vac programmes) revised

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Dear 5.1.2e

Your comments about universal and selective programmes made me think that the section on 'aims of vac programmes' should be rewritten somewhat, I'll have a go this evening.

Best wishes, 5.1.2e

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From: 5.1.2e <5.1.2e@rivm.nl>
Sent: 28 October 2020 20:10
To: 5.1.2e <5.1.2e@open.ac.uk>; 5.1.2e <5.1.2e@p-95.com>
Subject: Chapter 3 (vac programmes) revised

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Dear 5.1.2e and 5.1.2e

I have now revised chapter 3 on vaccination programmes – please find the latest version attached.

I changed the order somewhat, starting with the history of programmes, and then going on about the theory (aims etc). Important changes are highlighted in yellow.

I rephrased the bit about universal and selective programmes. It made me wonder whether vaccination of school children to protect the elderly from influenza is an example of selective or universal vaccination. I think the latter, although you could argue its main aim is to protect a certain population subgroup at increased risk of infection (which I defined as the aim of selective vaccination programmes). I didn't mention it specifically. It comes up now when discussing vaccination of 15-30 year olds against SARS-CoV-2 to protect the elderly: I guess I would also call this a universal programme.

Unrelated to this: In some other discussions today, the term herd-immunity came up (as it does daily nowadays). People seemed to feel strongly that this term applies to when the herd-immunity threshold is achieved. When more generally talking about indirect protection, the terms 'indirect effect', 'indirect protection', 'herd effect' or 'herd immunity effect' were felt more appropriate. I think we discussed it before (can't find the e-mail thread now) – but do we want to stick to our use of the term herd-immunity as we do – or replace it with any of the four alternatives?

With best wishes,

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