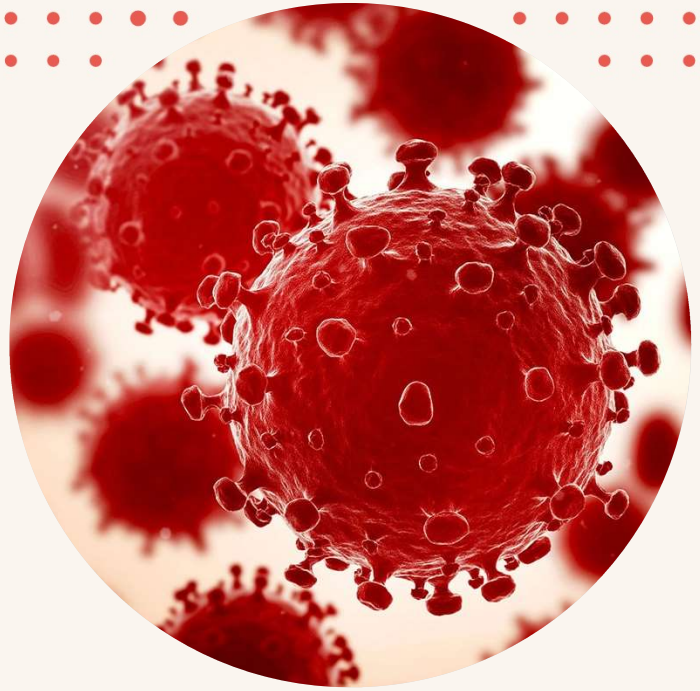
Priority groups for coronavirus vaccination: experiences from Norway



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Plan

1. National criteria for priority setting
2. Coronavirus vaccination: lives vs life years?
3. Priority according to geography?

1

2014

NOU
Norges offentlige utredninger 2014: 12
Åpent og rettferdig –
prioriteringer i helsetjenesten

2016

DET KONGELIGE
HELSE- OG OMSORGSDEPARTEMENT
Meld. St. 34
(2015–2016)
Melding til Stortinget
Verdier i pasientens helsetjeneste
Melding om prioritering

Goal

- «Maximize healthy life years (QALYs), fairly distributed»

Criteria

1. **Health benefit**
   - The priority of an intervention increases with the expected health benefit (and other relevant welfare gains) from the intervention

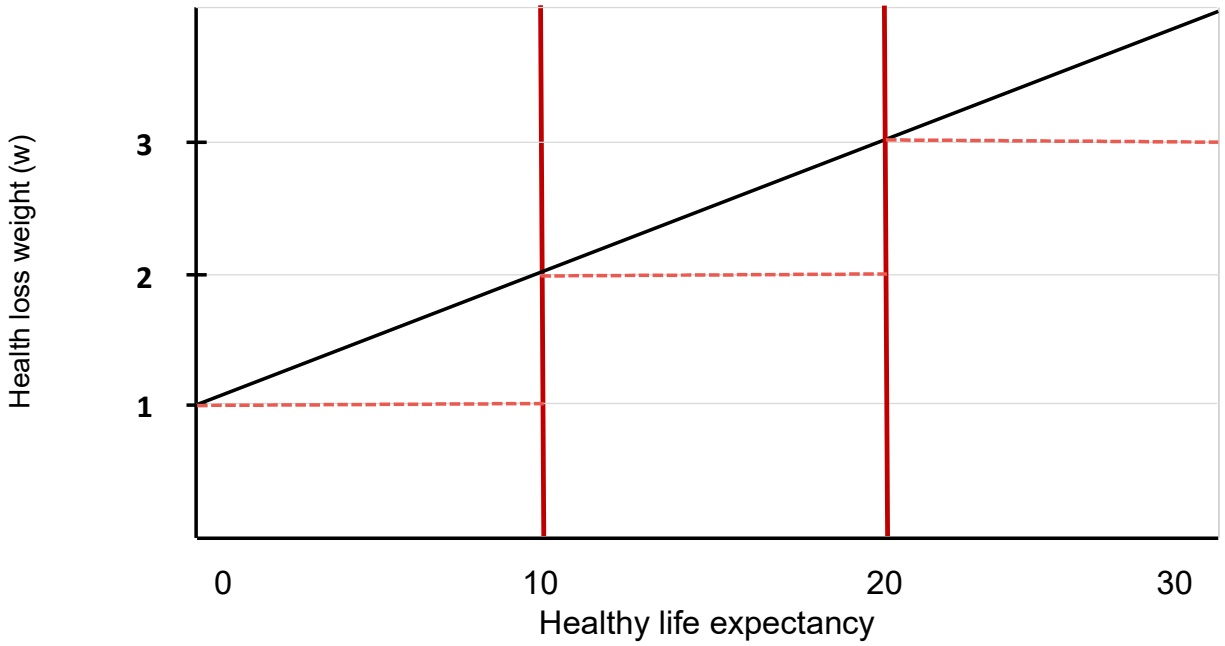
2. **Resource use**
   - The priority of an intervention increases the less resources it requires

3. **Severity of disease**
   - The priority of an intervention increases with the **expected future health loss** of the beneficiary

Prioritarian framework

- Maximize healthy life years, with extra weight to health gains for the worse off»

1 2 3



Underlying marginal weighting function

2

Eli Feiring
Reidun Førde
Søren Holm
Ole F. Norheim
Berge Solberg
Gry Wester

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Five goals

- Reduce the risk of death
- Reduce the risk of severe illness
- Maintain essential services and critical infrastructure
- Protect employment and the economy
- Re-open society

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Values

- Equal respect
- Wellbeing
- Equity
- Trust
- Legitimacy

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Norwegian Public Health Institute recommended

- People living in nursing homes
- Critical health personnel
- Age > 85 years
- Age 75-84 years
- Age 65-74 years & Age < 65 with comorbidities
- …..

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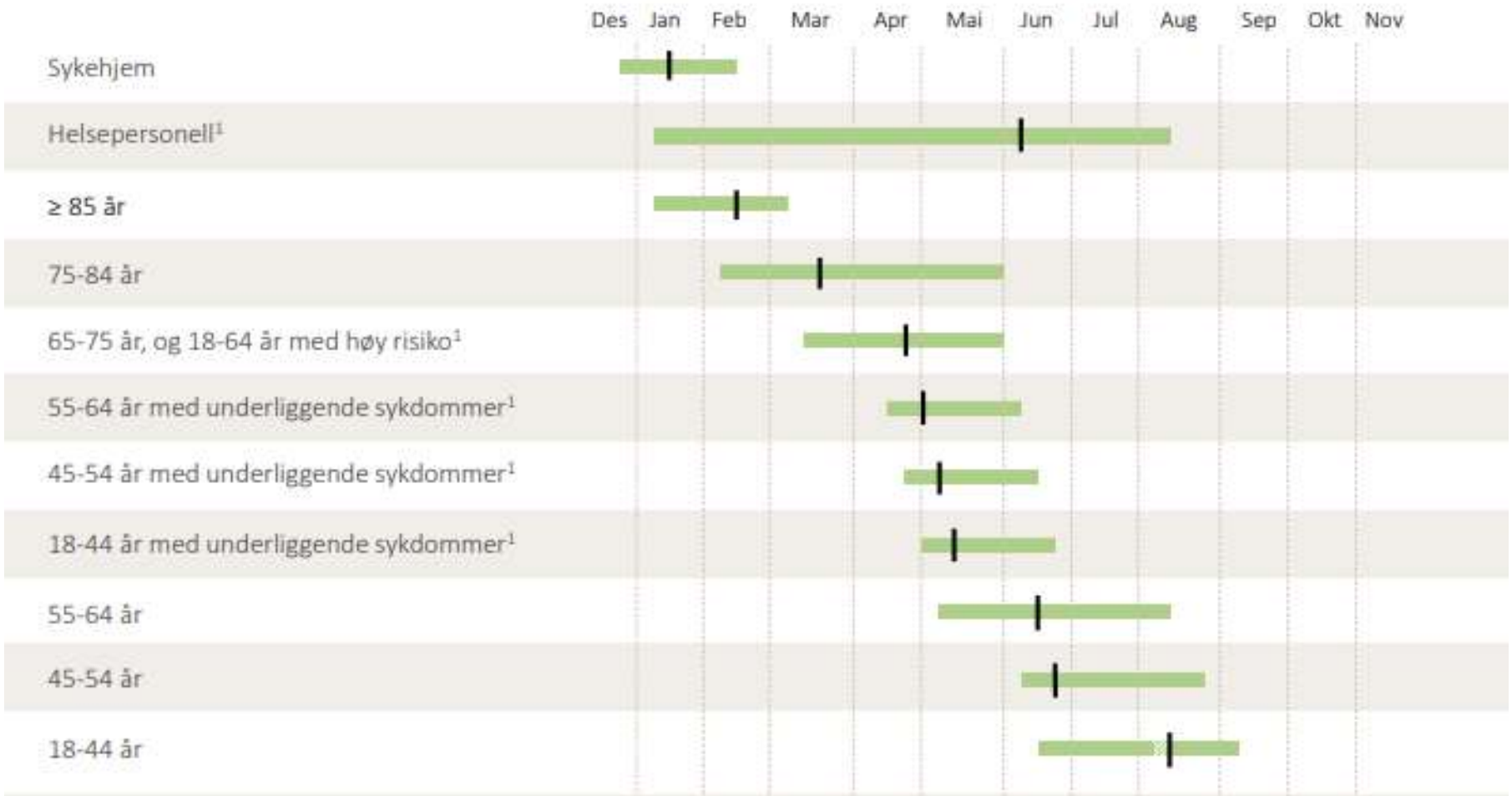

ANTALL DOSER ('1000)	Levert	53	197	319*	497*	730	1 230	1 380	1 140	2 680	1 500	390	390
ANTALL DOSER ('1000)	Distribuert	2	126	400	520	710	1 210	1 380	1 020	1 970	210	-	-

Saving lives vs life years

- Infection fatality rate (IFR) increases substantially with age and comorbidity
- IFR >> 10 times higher at age 75 compared to age 55
- Life years gained is about 2 times higher at age 55 compared to age 75
- IFR by age were much more important than life years gained in preliminary modelling studies

- Maximizing lives saved has indirect utility → important for reopening society

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3

Dynamic priority setting

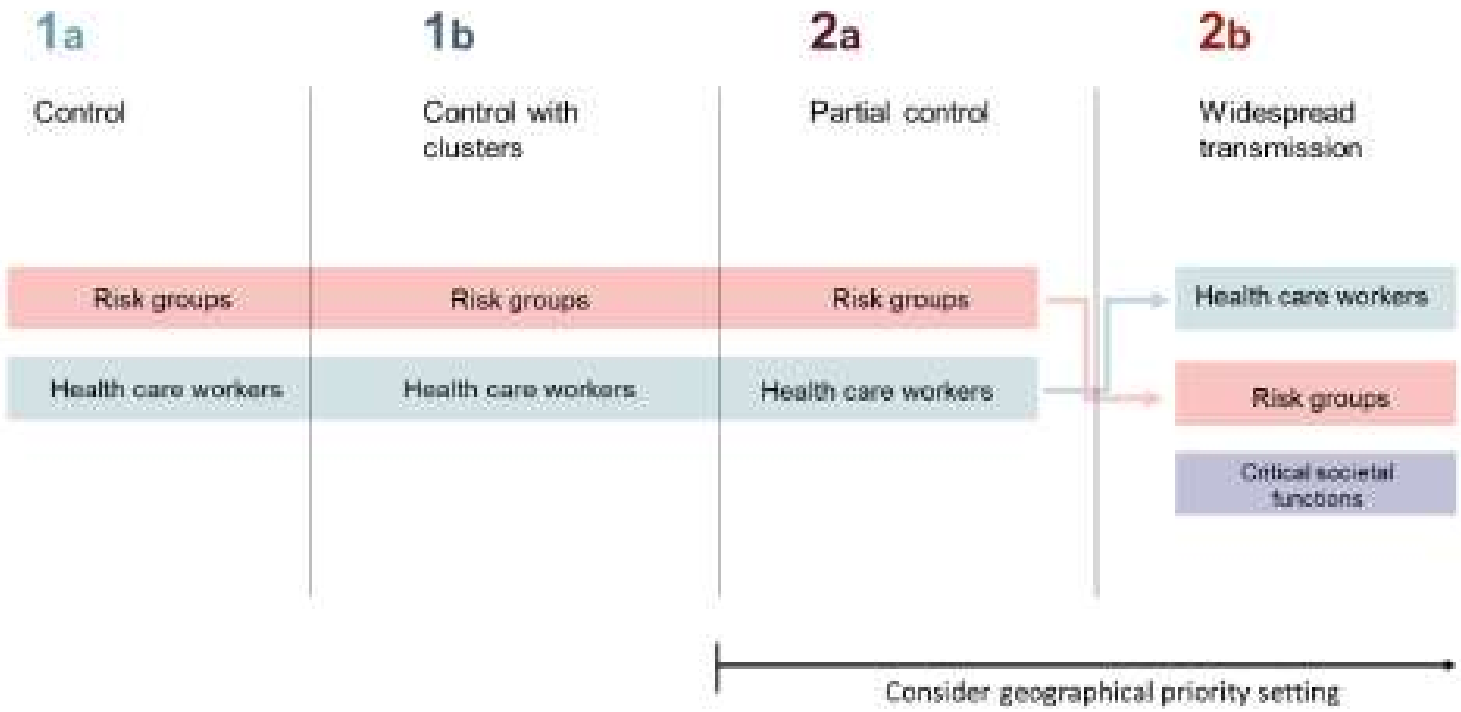
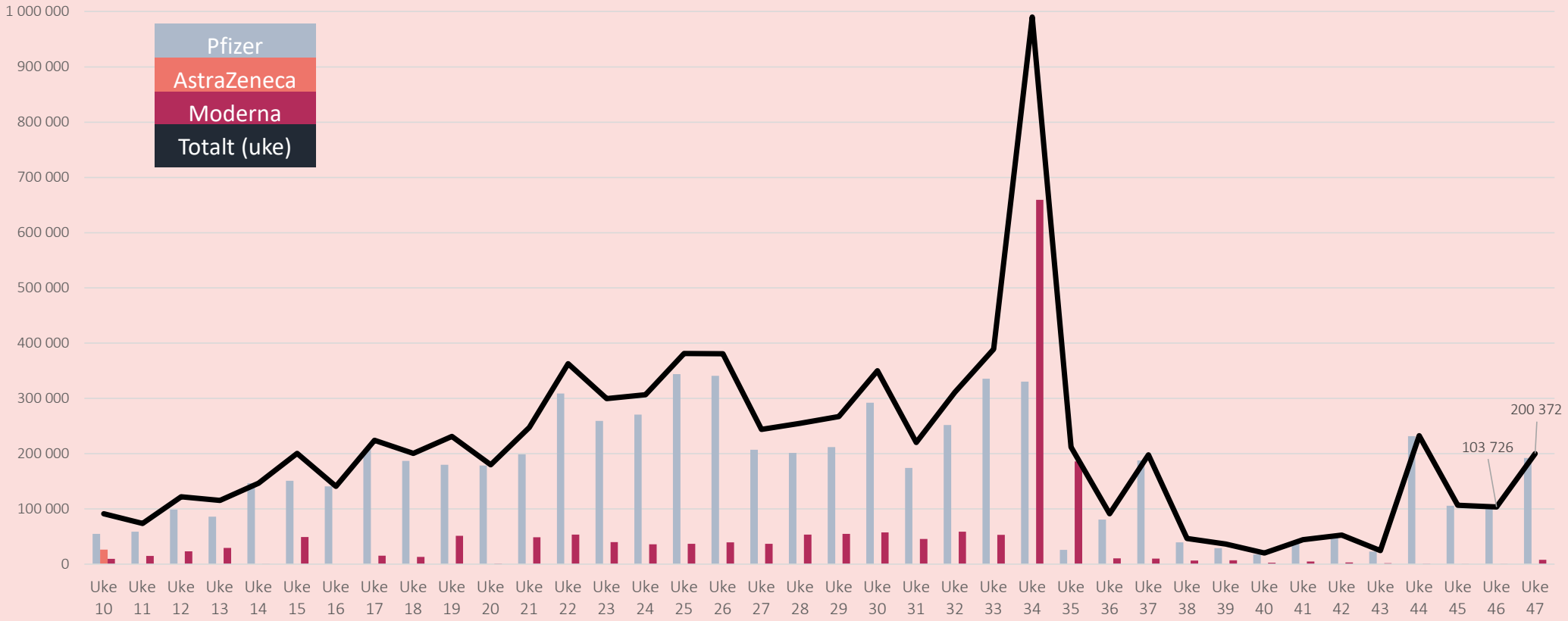
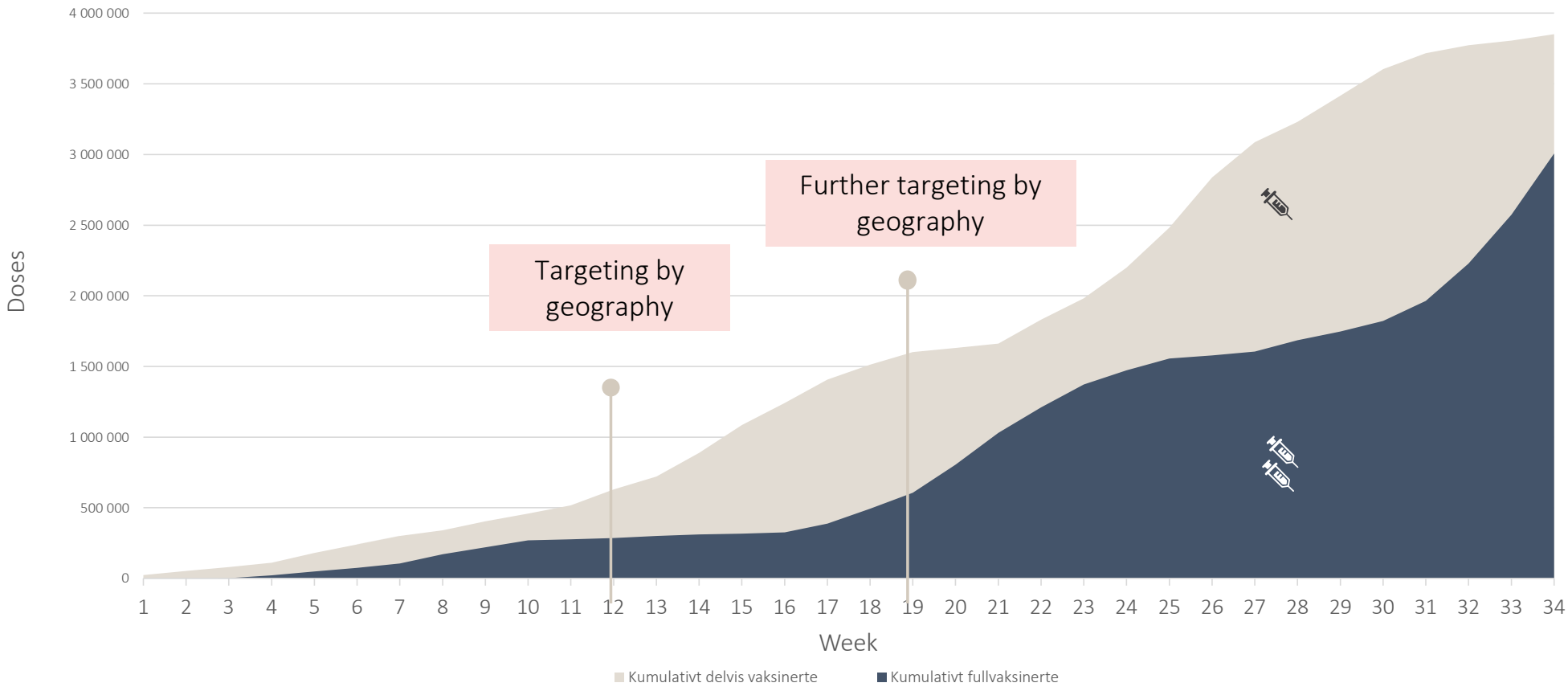


Figure 3. Dynamic prioritisation by scenarios

Distributed doses per week



Tall hentet 30.11.21
Kilde: www.fhi.no


4 000 000
3 500 000
3 000 000
2 500 000
2 000 000
1 500 000
1 000 000
500 000
0
Doses
Targeting by geography
Further targeting by geography
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34
Week
Kumulativt delvis vaksinerte
Kumulativt fullvaksinerte

VG LIVE VGTV VG+ SPORT TV-GUIDE TIPS OSS KJØP VG+ Søk

Ordførere i Østlands-kommuner krever flere vaksiner

Ordførerne i flere av kommunene som er rammet av mutasjonsutbrudd, Nordre Follo, Sarpsborg og Fredrikstad, krever at vaksineringen nå må konsentreres om de mest tettbygde områdene.

NRK Nyheter Sport Kultur Humor Distrikt Mer

Troms og Finnmark Tips oss Se Nordnytt Hør P1 Finnmark Hør P1 Troms Om oss Siste nytt om korona i nord

Ordførere mener Nord-Norge betaler en høy pris for skjevfordeling av vaksiner

Både Alta og Tromsø opplever uoversiktlige smitteutbrudd. Ordførerne mener regjeringens skjevfordeling av vaksiner må ta sin del av skylden og stanses.

– HELT FEIL: Tromsø-ordfører Gunnar Wilhelmsen har tidligere stilt seg bak geografisk skjevfordeling av vaksiner. Nå har han snudd fullstendig.
FOTO: TERJE PEDERSEN/NTB

Inghild Eriksen
Journalist

André Bendixen
Journalist

Publisert 3. juli kl. 17:31
Oppdatert 3. juli kl. 18:35

Why priority according to geography?

- Areas with high burden of infection:
  - more vulnerable to an overloaded health service
  - higher burden of infection control measures
  - at higher risk for severe disease and death

- A vaccine will be more effective in areas with high burden of infection

- Trade-off between equal access and efficiency

Summary

- National criteria for priority setting
  - Compatible with prioritarian framework
- Coronavirus vaccination programme
  - Rank order according to risk of death and severe disease
    - Age
    - Comorbidity
    - Essential health workers
    - Geography

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