

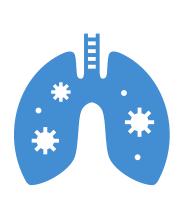
# Labour productivity impact of respiratory infections in the Netherlands

Ekkehard Beck<sup>1</sup>, Cornelis Boersma<sup>2,3,4</sup>, Mees Molenaar<sup>2</sup>, Simon van der Pol<sup>2</sup>, Maarten J Postma<sup>2,3</sup>, Tjalke A Westra<sup>1</sup> <sup>1</sup>Moderna Inc., Cambridge, MA, USA <sup>2</sup>Health-Ecore B.V., Zeist, The Netherlands; <sup>3</sup>Unit of Global Health, Department of Health Sciences, University Medical Center Groningen (UMCG), University of Groningen, The Netherlands: <sup>4</sup>Department of Management Sciences, Open University, Heerlen, The Netherlands.

# Introduction

### Methods

EPH49



Respiratory infections significantly burden healthcare systems <sup>1</sup>. Vaccines for conditions like influenza and RSV are available, but coverage among healthy working adults is low. Winter seasons see a rise in absenteeism due to acute respiratory infections (ARI), productivity losses and workforce leading to pressure. Vaccinating healthy adults could reduce sickness leave and secure labour productivity in the

The general approach chosen here concerns the linkage of:

1. national registration on sickness leave incidence (ideally ageand illness-specific) <sup>2,3</sup>,

2. duration of leave (for example, in hours or days)<sup>2,3</sup>,

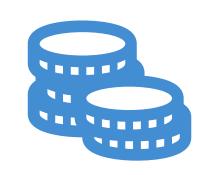
3. adequate costing of such hours and days <sup>4</sup>,

4. an estimate of vaccines' effectiveness production on losses <sup>5,6</sup>.

Netherlands.



Currently, there is a lack of comprehensive data concerning absenteeism resulting from respiratory infectious diseases and its economic impact, as well as how vaccines may influence the productivity losses.



We aim to estimate the size of sickness leave in The Netherlands, related to respiratory infections and the potential for respiratory vaccines to reduce this burden.

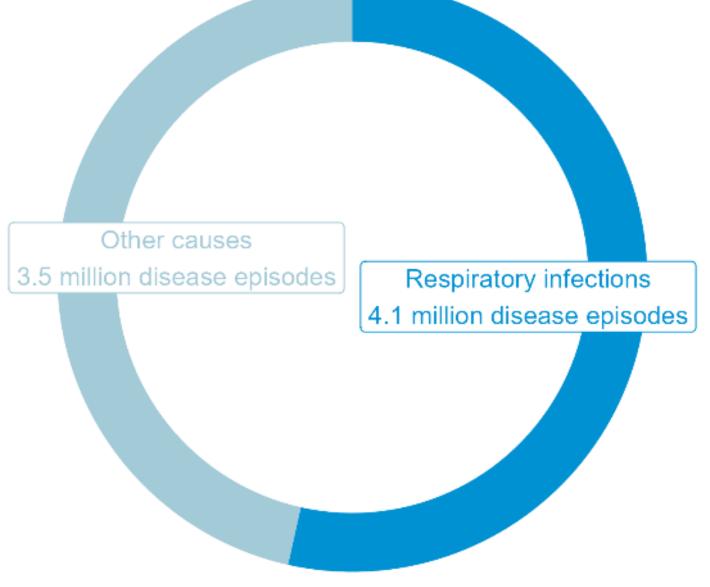
A targeted literature review identified public sources on sickness leave. A scoping review on vaccine effectiveness for influenza, RSV, COVID-19, pertussis, and pneumococcal focused on working-age adults, preferring CDC (US) and JCVI (UK) sources<sup>5,6</sup>. Clinical trial efficacy generally exceeds realworld effectiveness. We integrated clinical trial and real-world data conservatively, considering all aspects. Sickness leave was monetarily valued using Dutch pharmaco-economic guidelines, assuming negligible mortality in healthy working adults<sup>4</sup>.

A comparative analysis evaluated current non-vaccination against a hypothetical 50% vaccination coverage with 60% effectiveness (40%-80% in credibility analysis). Sickness days, production losses, and potential monetary benefits of vaccination were estimated.

#### Results

Potential impact of vaccination strategies

Impact respiratory infections on productivity



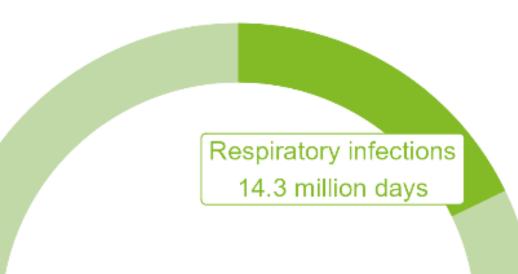
In 2023, **7.6 million** episodes of sickness leave were reported in the Netherlands of which an estimated 53.5% could be considered to relate to respiratory diseases.



**Prevented sickness leave:** 4.3 million days (2.9-5.7 million days)



Monetary savings: **€1.4 billion (€0.95 – €1.9 billion)** 



14.3 million days would relate to respiratory diseases. In total, this represents a monetary value of **€4.7** billion.

# Conclusion

Our analysis shows that a relevant amount of absence days due to sickness leave can be avoided with adult respiratory vaccines at **4.3 million days** in The Netherlands, corresponding to **savings** of €1.4 billion. Obviously, these savings should be weighed against the vaccination costs within the context of cost- and cost-effectiveness analyses. Notably, it seems high time to get vaccinations against diseases on a shared agenda between respiratory employers, employees and the three Ministries of Health, Finance and Economic Affairs.



HEALTH-ECORE

#### References

- 1. Reukers D, van Asten L, Hooiveld M, Jongenotter F, de Lange M, Teirlinck A. Surveillance of Acute Respiratory Infections in the Netherlands: Winter 2022/2023. SARS-CoV-2, Influenza Virus, RSV and Other Respiratory Viruses. Rijksinstituut voor Volksgezondheid en Milieu RIVM; 2023. doi:10.21945/RIVM-2023-0378
- 2. NEA 2023 Resultaten in vogelvlucht | CBS. Accessed September 2, 2024. https://www-cbs-nl.proxyub.rug.nl/nl-nl/maatwerk/2024/20/nea-2023-resultaten-in-vogelvlucht
- 3. Statistiek CB voor de. Ziekteverzuim. Centraal Bureau voor de Statistiek. Accessed April 4, 2024. https://www.cbs.nl/nl-nl/visualisaties/dashboard-arbeidsmarkt/werkenden/ziekteverzuim
- 4. Ministerie van Volksgezondheid W en S. Richtlijn voor het uitvoeren van economische evaluaties in de gezondheidszorg (versie 2024) - Publicatie - Zorginstituut Nederland. January 16, 2024. Accessed September 2, 2024. https://www.zorginstituutnederland.nl/publicaties/publicatie/2024/01/16/richtlijn-voor-hetuitvoeren-van-economische-evaluaties-in-de-gezondheidszorg
- 5. CDC. Centers for Disease Control and Prevention. October 10, 2024. Accessed October 14, 2024. https://www.cdc.gov/index.html
- 6. Joint Committee on Vaccination and Immunisation. GOV.UK. Accessed October 14, 2024. https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation

www.health-ecore.com - contact: simonvanderpol@health-ecore.com

moderna

This study was sponsored by Moderna, inc. EB and TW are employees of Moderna, Inc. and may hold stock / stock options in the company.