



Ran Balicer

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How Israel is managing its rapid COVID vaccine rollout

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*To date, Israel has vaccinated more of its population than any other country. **Ran Balicer (Clalit Health Services and Ben-Gurion University)** explains the strategy and organisation of the rollout, and the country's efforts to tackle misinformation and vaccine hesitancy.*

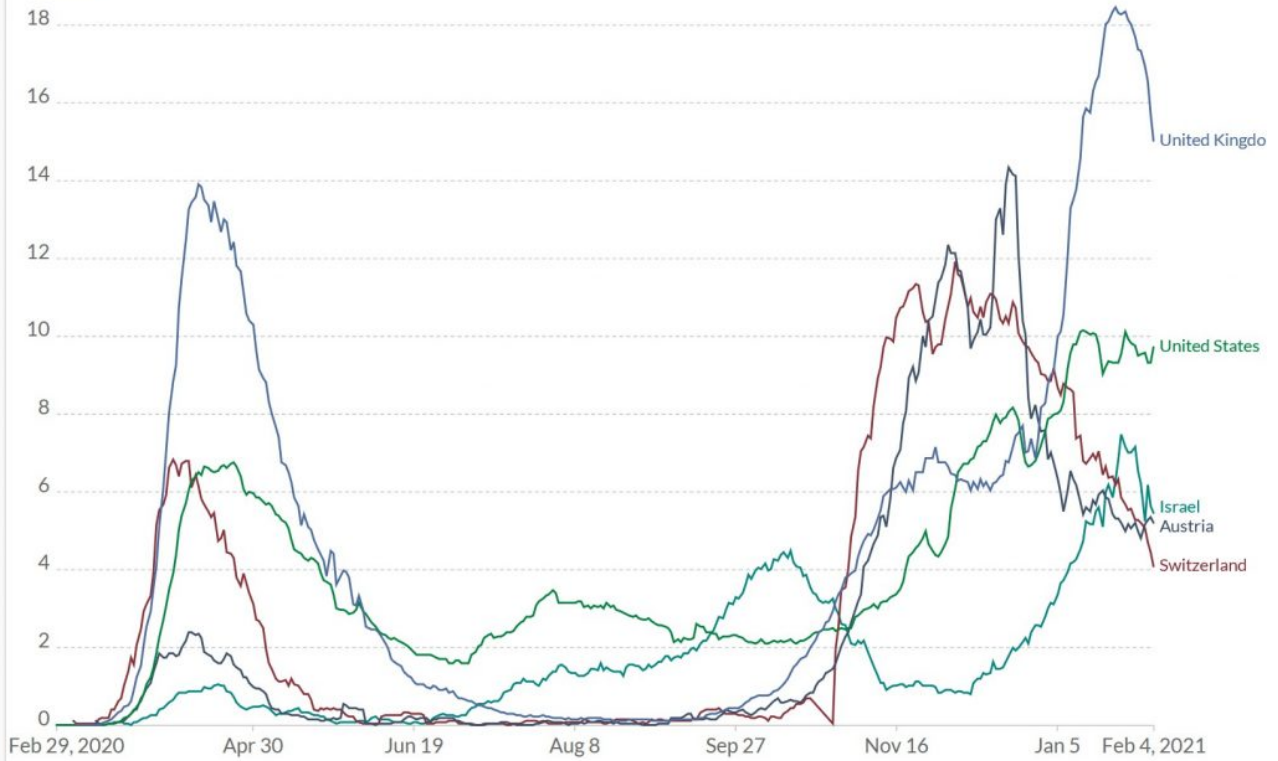
The pandemic is still rampant in Israel. In January 2021, we saw COVID infections peak at one of the highest levels in the world. It has been extremely difficult to contain the virus, despite three full lockdowns and a series of partial shutdowns. Half the new infections are due to the new COVID strain, and we have had the highest mortality since the beginning of the pandemic.

In late December the country launched a highly complex vaccination campaign at rapid speed. The country has provided over five million vaccine doses to more than three million people. Ninety per cent of 70-79 year-olds have already had one dose, and over 70% of over-60s have had two.

Daily new confirmed COVID-19 deaths per million people

Shown is the rolling 7-day average. Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.

LINEAR LOG



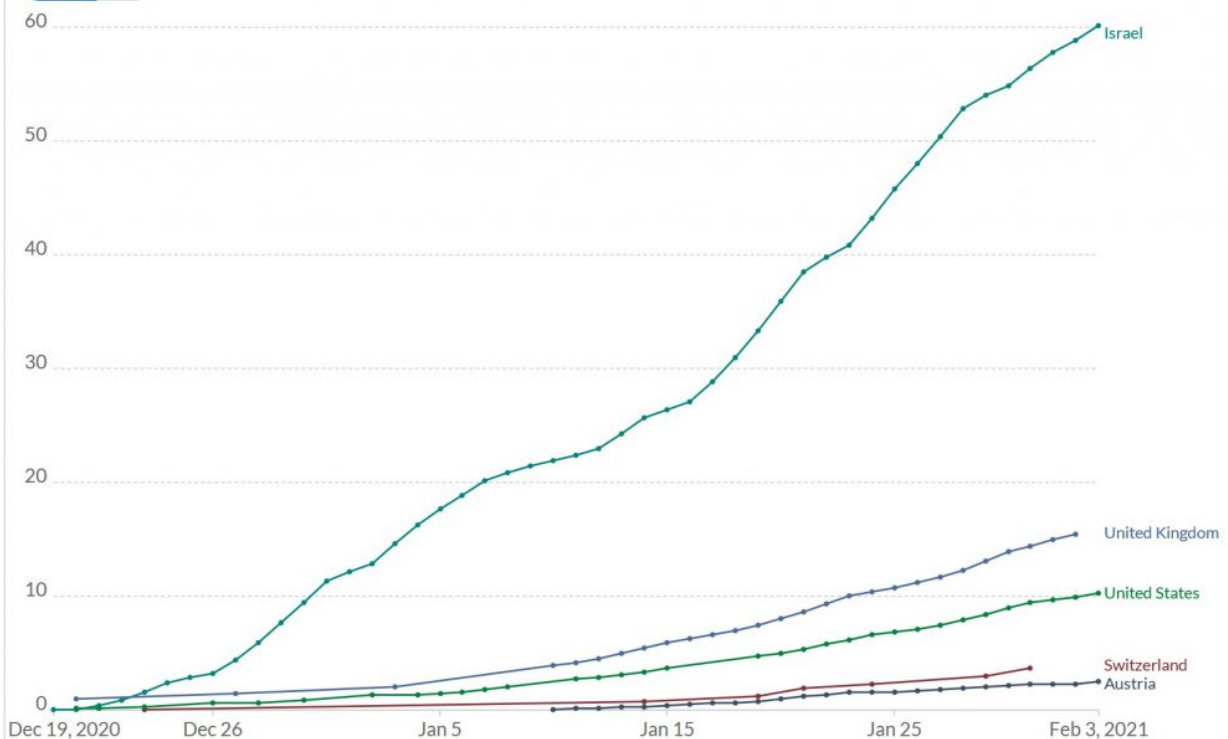
Source: Johns Hopkins University CSSE COVID-19 Data - Last updated 5 February, 06:02 (London time)

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Cumulative COVID-19 vaccination doses administered per 100 people

This is counted as a single dose, and may not equal the total number of people vaccinated, depending on the specific dose regime (e.g. people receive multiple doses).

LINEAR LOG



Source: Official data collated by Our World in Data - Last updated 4 February, 09:30 (London time)

Clalit Research Institute is a health data and innovation centre that collaborates with the World Health Organization. To assess vaccine effectiveness in real-world settings, Clalit uses an extensive, 20-year database of full electronic health records. Preliminary analysis released a month ago suggested that on days 5-12 following vaccination, positive COVID results are the same for both the vaccinated and the unvaccinated (with 200,000 people in each group). But the graphs diverge on day 14, with a 33% decline among the vaccinated elderly in days 14-17, with no similar trend among the unvaccinated. The trend seemed to continue, but at the time we did not have enough follow-up data – millions of vaccinations ago.

What have been the main elements of the mass vaccination campaign?

An extensive healthcare system with a high level of digitalisation

Israel's existing four health insurance schemes cover the whole population. Creating vaccination apps was straightforward because the health system is highly digitised. When people come in for their vaccine they show an ID or health card, and we send them an invitation for their second dose immediately. To contact the elderly, who don't necessarily do well with digital, we use call centres. Vaccinating the bedridden has been a challenge, since the Pfizer jab needs deep-freezing and can't be shaken. For such cases we vaccinate their family members and transport people to the vaccination centre and back by ambulance. More than 60% of this segment of the population have now received the jab.

Simplicity of the prioritisation scheme



Photo: Jernej Furman via a CC BY 2.0 licence

Israel did not introduce a complicated prioritisation scheme, even though we had the necessary data. Instead we simply gave over-60s and healthcare workers priority. There is a clear trade-off between targeting and speed and we opted for the latter. Since then, the age groups have extended gradually to include all age groups.

Sticking to the original vaccination protocol

We decided to stick to the two-dose protocol, as we already knew that we had enough supply to cover the population, and we did not know for sure what would happen if we only gave one. We were also worried that without a booster dose, there might not be an adequate build-up of antibody titers to tackle new drifted strains.

Tight logistics with flexibility that minimises vaccine waste

The transportation and internal supply chains are tightly organised but with flexibility at delivery. The vaccines' shelf life once they come out of the deep freeze is limited, so if we have leftover doses, we inject anyone near the clinic, and send text messages urging people to attend no matter what age group they're in. We waste no more than 0.01% of doses.

Campaign against misinformation and vaccine hesitancy from the beginning

Misinformation has been a challenge, especially in disenfranchised communities. Some ultra-Orthodox districts had posters claiming the vaccine would cause infertility. Our first rule was transparency: we were clear about what we know and what we don't know, and that has built trust and helped change the minds of people who were worried. Credible sources of data, continuously updated, and disseminating evidence are the best ways to counteract misinformation. Leaders got the vaccine live on TV. We have used culturally-adapted messages for different groups, including ultra-Orthodox and Arab-Israeli communities, and translated them where necessary. Local leaders were key to building trust, because many of these communities are very hierarchical.

Several other factors were helpful. Firstly, Israel is a relatively small country, with a population of about nine million, and it is geographically condensed – all aiding delivery efficiency. Second, five million doses is a small dent in the international supply chain, but meaningful here. Thirdly, we have experience of mobilising our health workforce during emergencies.

When mass vaccination makes COVID just another winter illness, and the risk of hospitals being overwhelmed by coronavirus patients is contained, we will have succeeded. Then we can start fixing the deep scratches the pandemic has left in the fabric of society.

This post represents the views of the author and not those of the COVID-19 blog, nor LSE. It is based on Ran Balicer's contribution to [How to Make COVID-19 Vaccination a Success: policy priorities and implementation from Israel and around the world](#), an event hosted by the LSE in January 2021.

About the author



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