Vaccination: the situation in France September 2017

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Santé publique France

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Veyrier du Lac
« A partir de 2018, les enfants de moins de deux ans devront être vaccinés contre 11 maladies »

After the prime minister’s general policy speech, Health Minister Agnès Buzyn said that she will submit to the parliament a law proposition making it compulsory for young children below 2 years old, 8 vaccines which are for the moment recommended, in addition to 3 the vaccines currently compulsory (Dtpolio).

This decision is a public health need. France has very high vaccine coverage for compulsory vaccines, better than many countries, but they are not such satisfactory for several recommended vaccines. This situation is the cause of epidemics and re-emergence of diseases with hospitalisations and avoidable deaths. These transmitted diseases are also particularly dangerous for infants and fragile persons: vaccination is not a single act but it is also intended to protect family members and the community. To be vaccinated allows to protect oneself and to protect others.
WHAT IS THE CONTEXT?

- Coexistence of mandatory and recommended vaccinations in the French vaccination schedule is difficult to explain and to understand.
- Mandatory vaccines are not available alone which is being contested by the antivaccine movement.
- Recommended vaccines are considered as optional.
- Vaccine coverage is very high for mandatory vaccinations and combined vaccines but not enough for other recommended vaccines.
- Distrust between population and health care workers for several years.
## COEXISTENCE OF MANDATORY AND RECOMMENDED VACCINATIONS FOR YOUNG CHILDREN

### Vaccination : êtes-vous à jour ?

#### 2017 calendrier simplifié des vaccinations

<table>
<thead>
<tr>
<th>Âge approprié</th>
<th>1 mois</th>
<th>2 mois</th>
<th>4 mois</th>
<th>5 mois</th>
<th>11 mois</th>
<th>12 mois</th>
<th>16-18 mois</th>
<th>6 ans</th>
<th>11-13 ans</th>
<th>14 ans</th>
<th>25 ans</th>
<th>45 ans</th>
<th>65 ans et +</th>
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<tbody>
<tr>
<td>BCG</td>
<td>✔️</td>
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<td>Diphtérie-Tétanos-Poliomyélite</td>
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<td>Haemophilus Influenzae de type b (HIB)</td>
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<td>Méningocoque C</td>
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<td>Rougeole-Oreillons-Rubéole</td>
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<tr>
<td>Papillomavirus humain (HPV)</td>
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<td>✔️</td>
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<td>Zona</td>
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</tbody>
</table>

- **Rattrapage possible jusqu'à 15 ans**
- **Rattrapage possible jusqu'à 24 ans**
- **Tous les ans**
## Situation for the Different Vaccines and Vaccine Coverage

<table>
<thead>
<tr>
<th>Vaccin</th>
<th>Introduction</th>
<th>Status</th>
<th>Vaccine Coverage</th>
<th>Tendency</th>
</tr>
</thead>
<tbody>
<tr>
<td>DT Polio</td>
<td>1938, 1940, 1964</td>
<td>Obligation</td>
<td>98 %</td>
<td>Stable</td>
</tr>
<tr>
<td>Pertussis</td>
<td>1966</td>
<td>Recommendation, combined with other antigens</td>
<td>98 %</td>
<td>Stable</td>
</tr>
<tr>
<td><em>Haemophilus influenzae b</em></td>
<td>1993</td>
<td>Recommendation combined with other antigens</td>
<td>97 %</td>
<td>Stable</td>
</tr>
<tr>
<td>Hépatite B</td>
<td>1995</td>
<td>Recommendation combined with other antigens since 2008</td>
<td>88 %</td>
<td>42 % in 2007</td>
</tr>
<tr>
<td>Pneumococcus</td>
<td>2006</td>
<td>Recommendation – not combined</td>
<td>95 %</td>
<td>Progression</td>
</tr>
<tr>
<td>ROR – 1st dose</td>
<td>1983</td>
<td>Recommendation</td>
<td>91 %</td>
<td>Stable</td>
</tr>
<tr>
<td>ROR – 2th dose</td>
<td>2005 (before 2 year)</td>
<td>Recommendation</td>
<td>79%</td>
<td>Progression</td>
</tr>
<tr>
<td>Meningococcus C</td>
<td>2010</td>
<td>Recommendation</td>
<td>70</td>
<td>Progression</td>
</tr>
</tbody>
</table>
DISTRUST AND VACCINE HESITANCY INCREASING AMONG THE GENERAL POPULATION

A(H1N) vaccination campaign

Very favourable  | Somewhat favourable  | Somewhat unfavourable  | Very unfavorable

Baromètres santé SPF - 18-75 years old
# RELUCTANT TO SOME VACCINES

<table>
<thead>
<tr>
<th>People averse to some vaccinations</th>
<th>2010</th>
<th>2014</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>People averse to some vaccinations</td>
<td>53 %</td>
<td>45 %</td>
<td>42 %</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>2010</th>
<th>2014</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pandemic flu A (h1n1)</td>
<td>41 %</td>
<td>7 %</td>
<td>3 %  ***</td>
</tr>
<tr>
<td>Seasonal flu</td>
<td>11 %</td>
<td>19 %</td>
<td>15 %  ***</td>
</tr>
<tr>
<td>Hepatitis B / Hepatitis</td>
<td>10 %</td>
<td>13 %</td>
<td>13 %</td>
</tr>
<tr>
<td>BCG</td>
<td>1 %</td>
<td>2 %</td>
<td>2 %</td>
</tr>
<tr>
<td>ROR (MMR)</td>
<td>1 %</td>
<td>1 %</td>
<td>2 %  ***</td>
</tr>
<tr>
<td>HPV</td>
<td>&lt;1 %</td>
<td>8 %</td>
<td>6 %  ***</td>
</tr>
<tr>
<td>DTP</td>
<td>&lt;1 %</td>
<td>1 %</td>
<td>2 %  **</td>
</tr>
<tr>
<td>All vaccinations</td>
<td>2 %</td>
<td>2 %</td>
<td>2 %</td>
</tr>
</tbody>
</table>

Spontaneous answers among 18-75 years old who declared that they are unfavourable to at least one vaccination

Comparaison between 2014 and 2016 : ** : p<0,01, *** : p<0,001.
PERCEPTION OF VACCINATION ACCORDING THE REGION

Baromètre santé 2016 SPF - 18-75 years old
ATTITUDE OF GENERAL PRACTITIONERS TOWARDS IMMUNIZATION

- very favourable
- mostly favourable
- mostly unfavourable
- very unfavourable

Baromètres médecins généralistes 1994-2009
Panel DREES-Inpes-ORS PACA 2014
DECISION PROCESS
• Different reports and action plan 2012 -2017

• 2015: Senator Hurel’s report ➞ action plan for a new vaccination policy and a public debate about vaccination

• 2016 January : Minister announcement : organisation of a Citizen concertation with an orientation committee
CITIZEN CONCERTATION APRIL TO NOVEMBER 2016
CITIZEN CONCERTATION

Two juries: Citizens and health professionals

- Online Participative platform
- Opinion surveys
- Auditions 45

ção 2 questions:
- How to improve confidence?
- How to improve vaccine coverage?
QUALITATIVE STUDY ( MAY - JUNE 2016 )

• Very low level of knowledge about vaccines

• To be mandatory or not is THE most important criterion of the perception of the vaccination

• Beliefs about vaccination are deeply rooted in accordance with mandatory or not mandatory vaccination

• When vaccination is compulsory, it means for people that they delegate the decision to vaccinate and they do not have to answer questions by themselves

• Most people interviewed did not want abolition of the Law

• The Doctor is very important : trusting the doctor is the key and the Doctor attitudes is another key
DISTRUST AMONG POPULATION AND HEALTHCARE WORKERS

- 40% of the population declare that they have doubts about vaccination security (Larson 2016)

- In case of suppression of compulsory vaccination for DTP, >15% of GPs would not insist on importance of vaccination (2007 and 2015)

- 13% of parents would not vaccinate their children with DTP if these vaccines were no longer mandatory (2016), especially among disadvantaged parents

- Parents who look for information on the internet are more susceptible to be less favourable to vaccination and more inclined to not vaccinate their children against DTP, if these vaccines were no longer compulsory.
A vaccination plan is imperative and essential with 2 goals:
- Individual and collective protection (infants, pregnant women, people with chronic diseases, old people, etc.)
- A strong, long-term commitment of the state and health authorities

Suppression of the coexistence of compulsory and recommended vaccines
- Either suppression of compulsory vaccines
- Or extension of compulsory vaccines for a limited period
- With or without exemption
- Requirement at day care center, kindergarten and at school?
CONDITIONS

- Transparency
- Information, listening and communication
- Official Website for public and health professionnals
- Education and training for health professionnals for more commitment
- Education at school
- Research

- Simplification in the vaccine path
  - Vaccine record
  - Vaccine available
  - Accessibility
  - Free of charge
- Compensation for damage due to side effects
- Action plan at regional level
Décision n° 2015-458 QPC du 20 mars 2015

Constitutional Concil has confirm that these obligations are conform to the constitution

Décision du 8 février 2017

The concil of state considered that the minister has to make these vaccines available and ask her to do it in a time limit of 6 months except if the law is extended the number of compulsory vaccination
From 2018 children under two years old will have to be vaccinated against 11 diseases
QU'EST-CE QU'UN VACCIN ?

La fabrication d'un vaccin se déroule en deux temps : d'abord la production de l'antigène, puis sa mise en forme pharmaceutique. C'est un processus long et complexe, qui fait l'objet de très nombreux contrôles systématiques par les fabricants et les autorités publiques.
LE PROCESSUS DE LA CONCERTATION CITOYENNE

Site concertation-vaccination.fr

45 auditions

avril
Enquêtes d’opinion

juillet
Jurys session 1

sept.
Jurys session 2

14 sept. - 14 oct.
Espace participatif en ligne

14 oct.
Restitution des avis des jurys

30 nov.
Présentation des conclusions du CO

COMITÉ D’ORIENTATION
Total cas > 24 000
Pneumonies graves > 1500
Encéphalites : 31
Décès : 10

Parmi les 10 décès, 7 sont survenus chez des sujets immunodéprimés

Tous ces cas et complications auraient pu être évités si l’objectif d’une couverture à 95 % avait été atteint, par protection directe ou immunité de groupe.
Dispositif d’enquêtes périodiques visant à mieux connaître les comportements, attitudes, connaissances et opinions des Français en matière de santé et à suivre ces indicateurs dans le temps.

Créé en 1992 pour …

- aider au pilotage de programmes nationaux de prévention
- “orienter” les campagnes de communication,
- Contribuer à l’évaluation des politiques publiques.

Des enquêtes qui reposent sur …

- des échantillons constitués par sondage aléatoire
- des interviews réalisées par téléphone fixes et mobiles

Le baromètre 2016 : 8 janvier au 2 août 2016

- 15 216 interviews réalisées auprès de 15 à 75 ans résidant en France métropolitaine
- Taux de participation de 52 % pour l’échantillon « fixes » et 48 % pour l’échantillon « mobiles »
- Durée moyenne des entretiens téléphoniques : 38 minutes