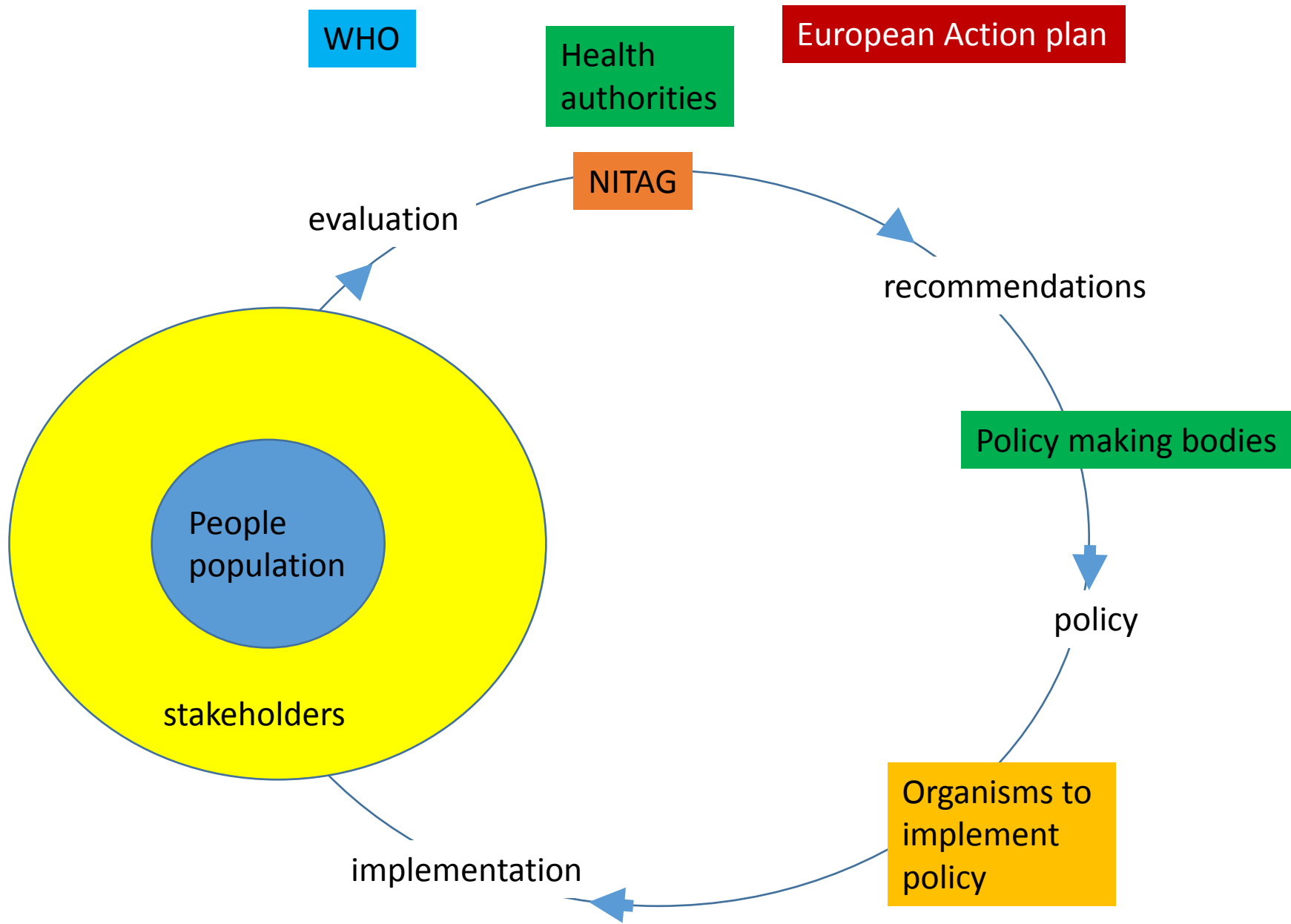
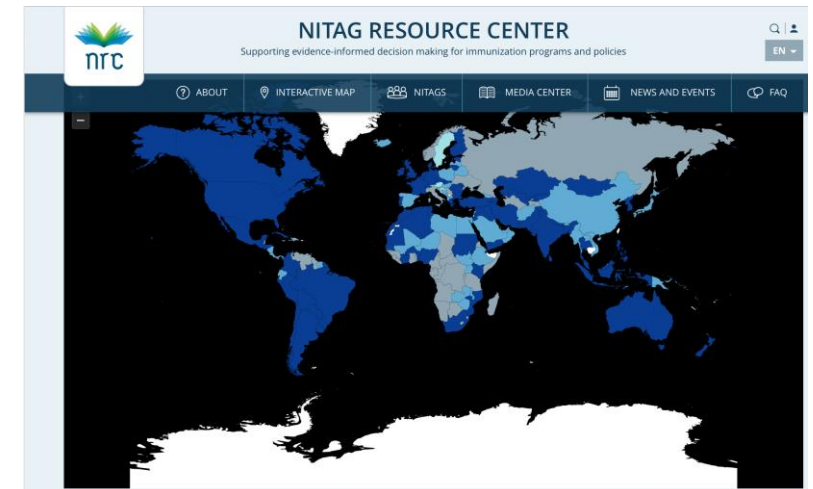


Comment améliorer la
couverture vaccinale ?



National Immunization Technical Advisory Groups (NITAGs) are Technical Resources

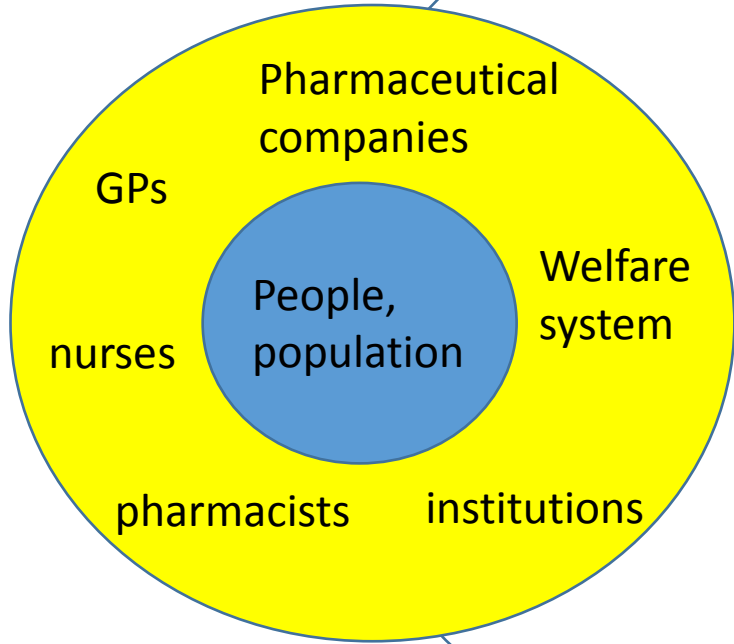
- To propose a National Immunization Policy based on:
 - Public health benefit of large scale immunization in a population to be specified (global or targeted)
 - Overall disease burden
 - Protection of vulnerable individuals by reducing transmission (vaccinated or not with herd immunity)
 - Potential elimination of the disease
 - Cost-savings
- Knowledge, synthesis
- Translation of evidence into recommendations



Uptake

Epidemiological impact
Adverse events

evaluation



implementation

Strategy : Communication, organization, reimbursement, incentives

WHO

Health authorities

European Action plan

NITAG

recommendations

Knowledge: burden, costs
Evidence: vaccine efficacy, safety

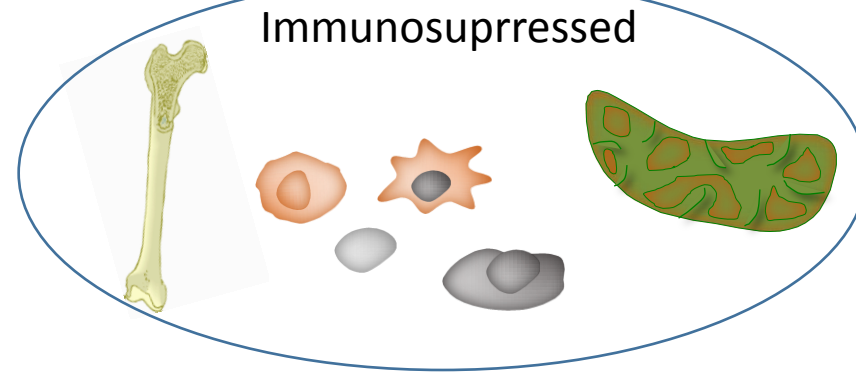
Health authorities
Governments
Professional societies
Health systems
different roles and interests

policy

Objectives : **target coverage**

Organisms to implement policy

$\geq 65y$: 19/30
 $\geq 60y$: 6/30
 $\geq 55y$: 2/30
 $\geq 50y$: 2/30
 $\geq 59y$: 1/30



$< 18y$: 9/30
 $\geq 6m-2y$: 2/30
 $\geq 6m-3y$: 1/30
 $\geq 6m-5y$: 1/30
 $\geq 6m-12y$: 1/30
 2-4Y : 1/30
 2/11Y : 1/30
 4/11y : 1/30

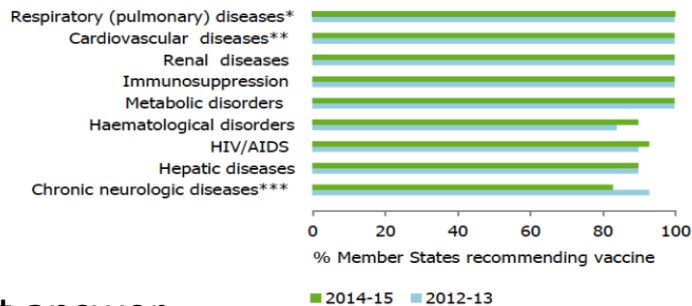


Flu vaccine
 Recommendations
 30 EU countries*



24/30

Comorbid conditions



* 1 didn't answer

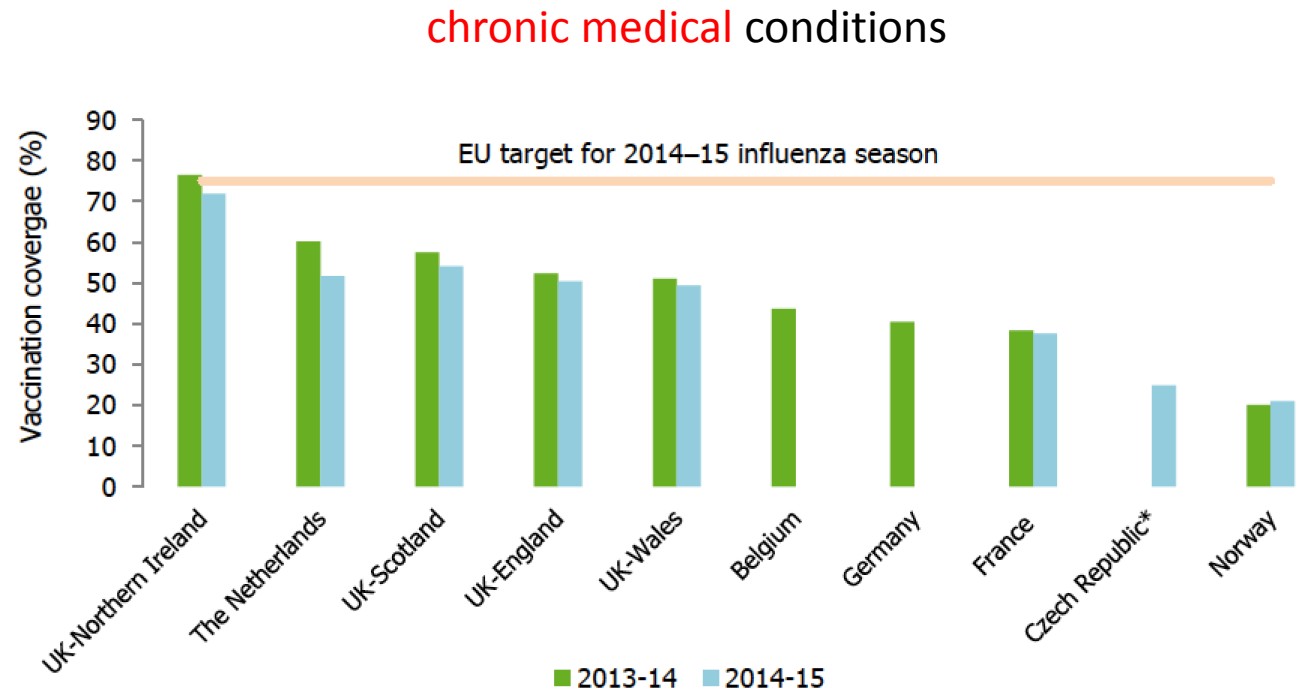


23/30 all pregnancy
 4/30 at risk pregnancy



19/30

Roughly the same recommendations but the coverage is different within countries and globally far from the WHO objectives



Source: National seasonal influenza vaccination survey, December 2015

* ≥65 years of age, with chronic medical condition

The impact of European vaccination policies on seasonal influenza vaccination coverage rates in the elderly

Patricia R. Blank,^{1,2,*} Matthias Schwenkglenks^{1,2} and Thomas D. Szucs¹

Survey based on a questionnaire following 4 axes

1. Management of seasonal influenza vaccination programs
2. Influence of health care workers
3. Role of information and communication
4. Access to vaccine

Implemented policy elements to increase influenza vaccination coverage rates in 16 European countries, in 2009

	GB	NL	FR	ITA	SWE	POL
CVR%	78	82	69	60	54	16
Recommendation for all 65+	Green	Green	Green	Green	Green	Green
National Objective/year 65+ & High risk	Red	Green	Red	Red	Red	Red
Monitoring CVR each year	Green	Green	Green	Green	Green	Red
HCW have objective to achieve in HR group	Green	Red	Light Green	Light Green	Red	Red
Incentives	Green	Green	Light Green	Red	Light Green	Red
Vaccine reimbursement 100%	Green	Green	Green	Green	Light Green	Light Green
Letter for free flu vaccine	Green	Green	Green	Red	Light Green	Red
Awareness campaign (radio/TV)	Green	Green	Light Green	Red	Red	Green
Awareness campaign (press)	Green	Red	Green	Green	Green	Green
Awareness flyers in waiting rooms	Green	Green	Green	Red	Red	Green
Awareness web site	Red	Green	Green	Red	Red	Green

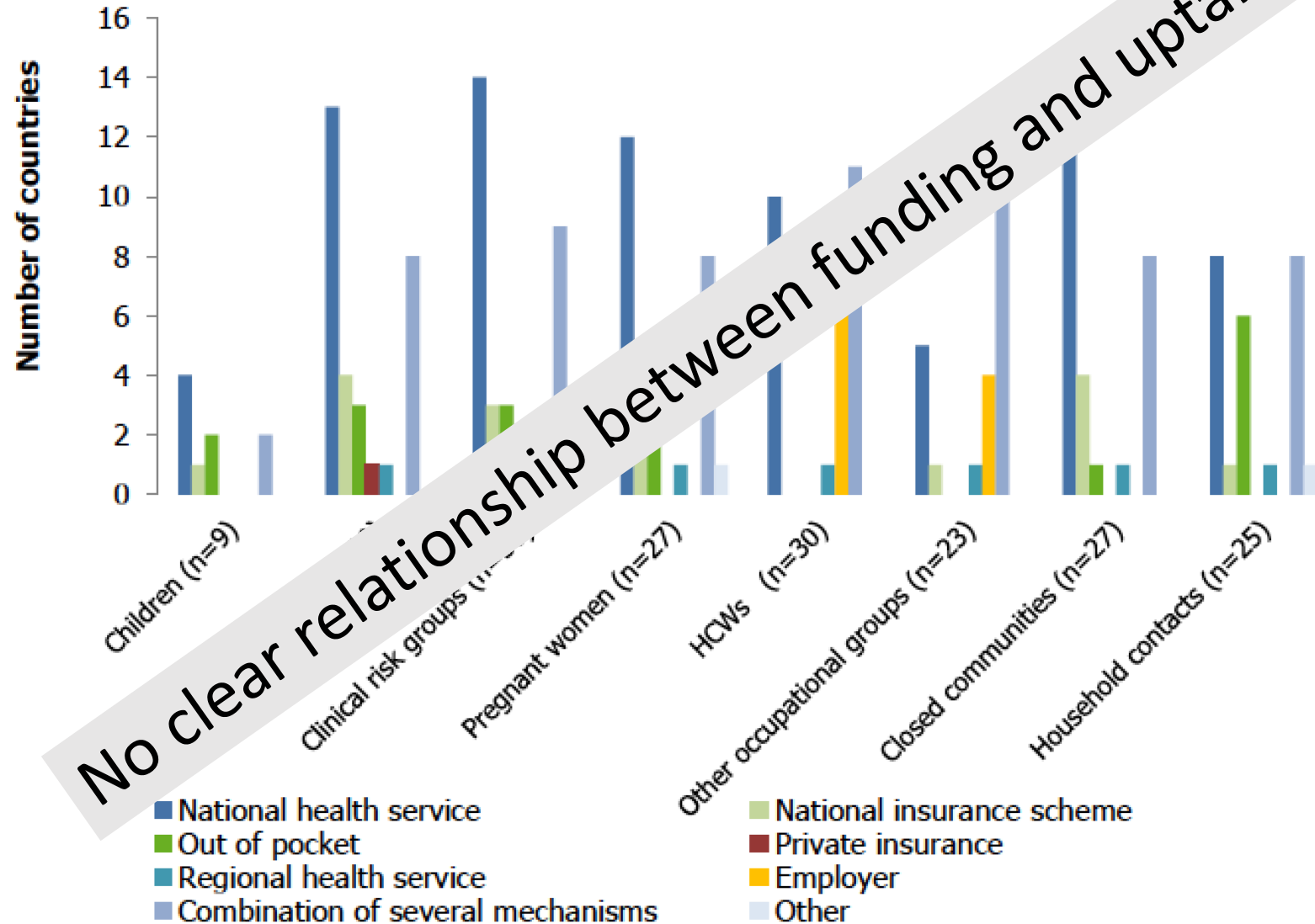


Partial or not uniformly performed

Adaptated from P Blank Human Vaccines & Immunotherapeutics 8:3, 328–335; March 2012;

Funding

Payment mechanisms for vaccine in population groups recommended for seasonal influenza vaccination, 2014–15 influenza season





Public Health
England

Annual Flu Plan – each Spring

Tripartite holistic prevention and control plan:
Department of Health; NHS-England and PHE



- policy decisions in relation to the flu season
- oversight of supply of antiviral medicines
- procurement and distribution of flu vaccine
- oversight of vaccine supply and strategic reserve
- delivery of vaccine programme
- monitoring and reporting of key indicators related to flu, including flu activity, vaccine uptake and vaccine effectiveness
- respiratory hygiene campaign

Pebody High level hearing on flu
vaccine implementation,
Luxembourg, April 2015



Different steps in the vaccine campaign



- Annual CMO letter and Annual Flu Plan;
- Green book update;
- Publicity campaigns for public and health professionals e.g. NHS employers;
- Immunisation targets e.g. 75% for >65 year old and HCW programmes;
- Letter recommending GPs prescribe antivirals once flu circulating based on surveillance

Annual Flu campaign in France

- Objective
 - Free vaccine for the at risk population based on a **voucher**
 - To give confidence back in vaccination
 - Simplification for Flu shot

The screenshot shows the ameli.fr website interface. At the top, there are navigation tabs for 'Accueil portail', 'Assurés', 'Professionnels de santé', and 'Employeurs'. Below this is a search bar and a 'Recherche' button. The main content area is titled 'Vaccination contre la grippe saisonnière' and includes a sub-header 'La campagne nationale de vaccination contre la grippe saisonnière se déroule du 6 octobre 2016 au 31 janvier 2017. Le point sur la campagne, le dispositif mis en place et les modalités pratiques.' There is also a section for 'En pratique' with 'Services en ligne' and 'Sites utiles'.

Maladie

Même en cas de faible épidémie, les risques liés à la grippe restent élevés, surtout chez les personnes fragiles.

L'ANNÉE DERNIÈRE, **77%*** DES CAS DE **GRIPPE** admis en réanimation étaient

65+ ANS | DES SENIORS | DES MALADES CHRONIQUES | DES FEMMES ENCEINTES

POUR ÉVITER L'HOSPITALISATION, PASSEZ À LA VACCINATION.

#lagrippejedison

* Source : Santé publique France pour l'hiver 2015 - 2016.

5 BONNES RAISONS de passer à **LA VACCINATION** contre la grippe

- LA GRIPPE EST DANGEREUSE**
Elle peut provoquer des complications graves : pneumonie, aggravation d'une maladie chronique existante, perte d'autonomie... voire des décès.
- LA GRIPPE EST IMPRÉVISIBLE**
Les virus changent d'une année sur l'autre. On ne peut prévoir l'arrivée de l'épidémie. Alors n'attendez pas pour vous faire vacciner !
- LE VACCIN SAUVE DES VIES**
Il aide à combattre le virus et réduit le risque de complications graves. C'est le meilleur moyen de se protéger ; ainsi, il réduit le risque de décès liés à la grippe de 35% en moyenne chez les 65 ans et plus.
- LE VACCIN EST SANS DANGER**
Les effets indésirables sont sans gravité : petite fièvre, douleur et rougeur au point d'injection.
- LE VACCIN PROTÈGE VOTRE ENTOURAGE**
Il réduit le risque de transmission à vos proches.

Document réalisé en collaboration avec le ministère des Affaires sociales et de la Santé et Santé publique France.

65 ANS ET + | MALADES CHRONIQUES | FEMMES ENCEINTES

POUR ÉVITER L'HOSPITALISATION, PASSEZ À LA VACCINATION.

PARLEZ-EN AVEC VOTRE MÉDECIN | ameli.sante.fr

% of the population receiving the vaccine voucher for free in France

Period	Global population	At risk population	≥ 65 y	< 65 y at risk
2008-9 TNS SOFRES	N=4744 25%	N=1703 66%	N=960 93%	N=468 38%
2014-15 Kantar Health	N=4830 27%	N=1781 68%	N=1038 91%	N=480 46%

Health care providers





DRUGS IN CONTEXT

REAL-WORLD MEDICINE



A continuous publication, open access, peer-reviewed journal

ACCESS ONLINE

ORIGINAL RESEARCH

Influenza vaccination: key facts for general practitioners in Europe—a synthesis by European experts based on national guidelines and best practices in the United Kingdom and the Netherlands

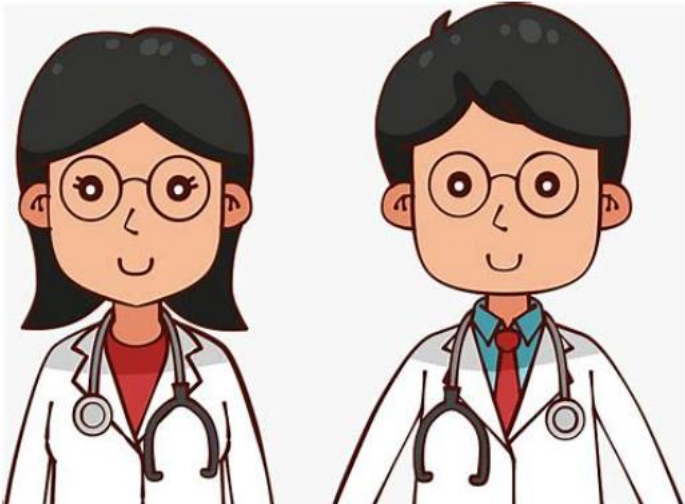
George Kassianos¹, Patricia Blank², Oana Falup-Pecurariu³, Ernest Kuchar⁴, Jan Kyncl^{5,6}, Raul Ortiz De Lejarazu⁷, Aneta Nitsch-Osuch⁸, Gerrit A van Essen⁹



The key role of the GPs

NICE guideline: Flu vaccination scope

GPs' role



The [Health and Social Care Act 2012](#) makes GP practices and other providers **responsible for ensuring** that everyone who is eligible is **invited personally** to have their flu vaccine. They are also responsible for encouraging their own staff to be vaccinated and putting the procedures in place to do this.

NHS England teams commission GPs and community pharmacies to deliver the flu vaccination programme locally.



Formation

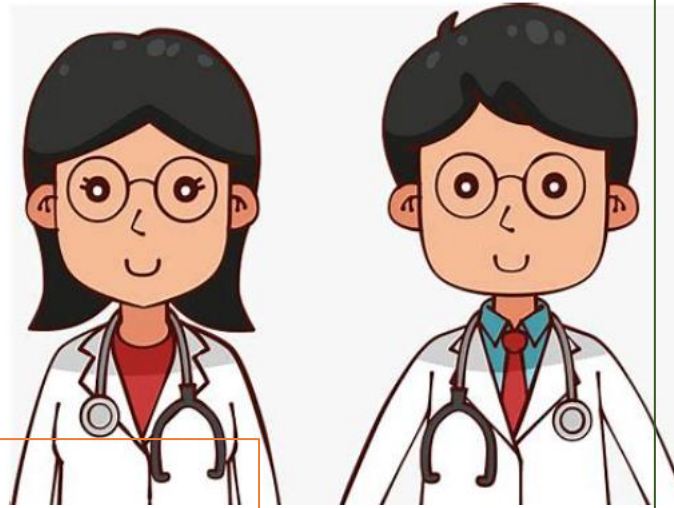
They must know
the guide lines
Vaccines characteristics
Effectiveness

Implication

The physicians should:
Have a Responsible for vaccination program
Have a register of eligible individuals
Ensure they are all contacted
Update the register
Submit accurate data on the number of patients eligible
Ensure stockpile is enough
Follow people who do not respond or fail to attend the appointment
Collaborate with others
Have flexible opening hours

Relation

They must provide medical advice on vaccination guidelines, answer specific questions from patients.

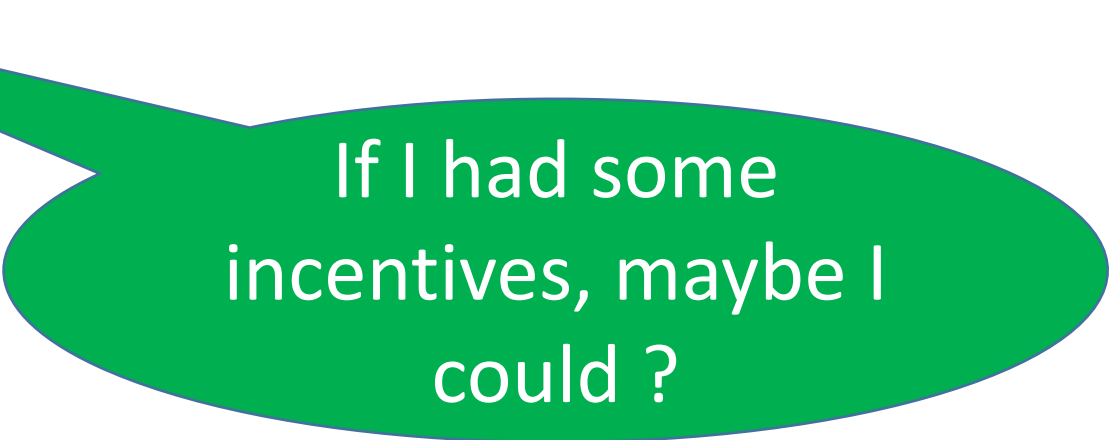
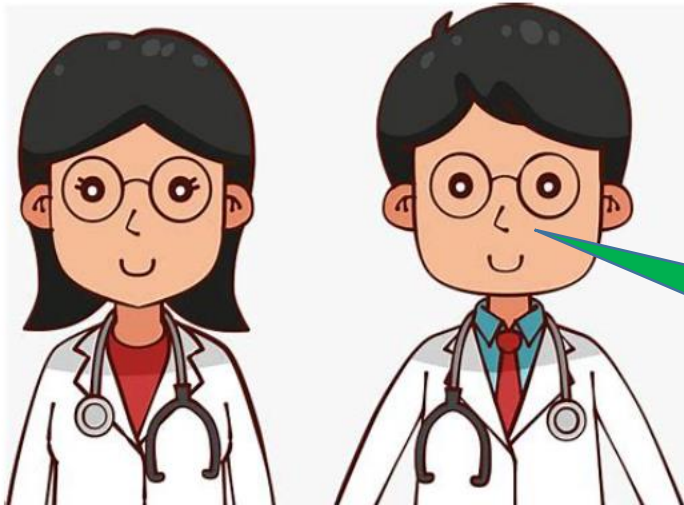


Organisation

They must
Send a written notification or tel call & informational material (vaccinations hours..)
organise and implement the vaccination program



And what else?



If I had some
incentives, maybe I
could ?



Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed



Review article

The influence of welfare systems on pay-for-performance programs for general practitioners: A critical review



Mehdi Ammi*, Grant Fortier

Typology of Welfare System explains national P4P experiences

Liberal (UK, US, NZ) : more enthusiastic, target-based, strong medical associations support, generous incentives, high participation **but modest program impact**

Corporatist: less enthusiastic, fierce medical association opposition, variable participation, participation-based, lower incentives. **Difficult to define the impact**

P4P is not the panacea!!!



ELSEVIER



Strategies intended to address vaccine hesitancy:
Review of published reviews



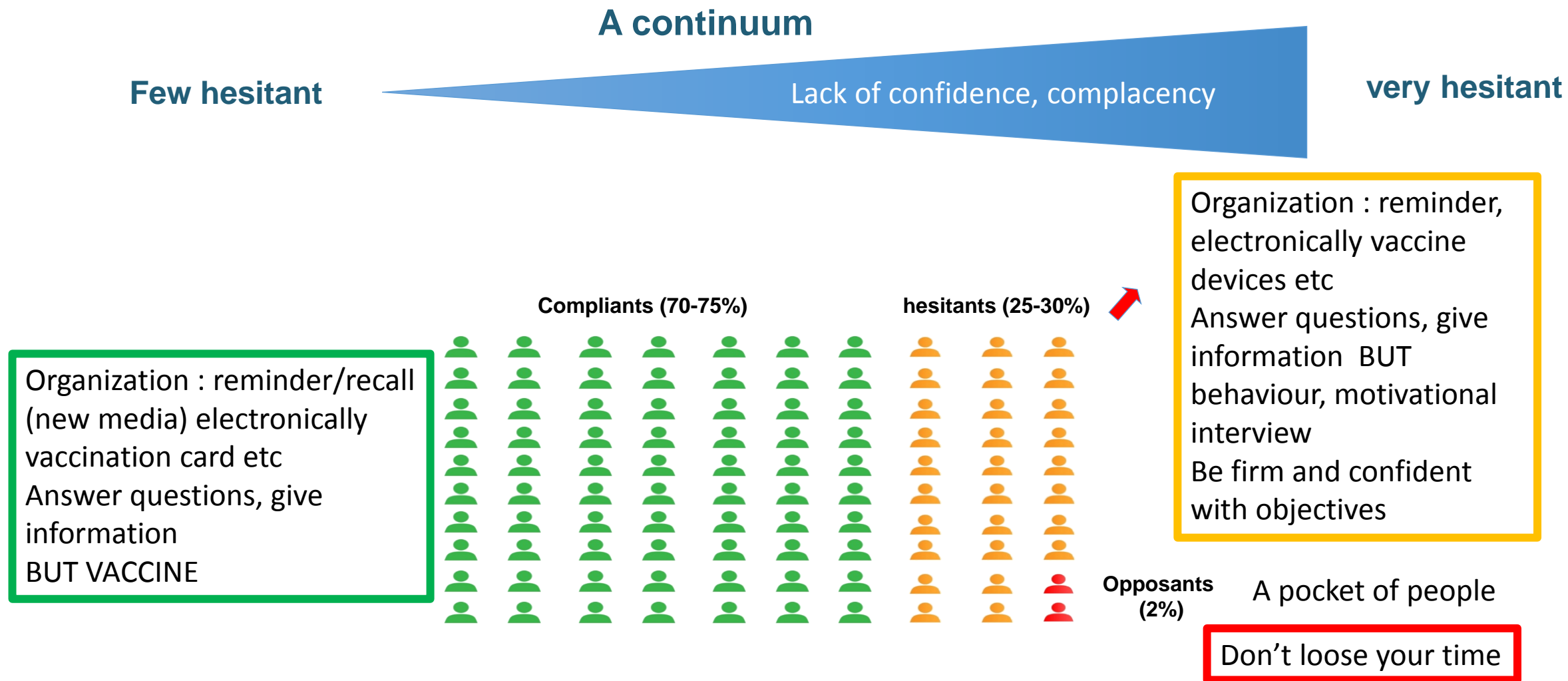
Eve Dubé^{a,*}, Dominique Gagnon^a,
Noni E. MacDonald^{b,1}, the SAGE Working Group on Vaccine Hesitancy²

15 published literature reviews or meta-analysis : effectiveness of different interventions to reduce vaccine hesitancy and/or to enhance vaccine acceptance a

No strong evidence to recommend any specific recommendation to address vaccine hesitancy refusal

- Reminders /recall for patients and health-care providers are effective tools to improve vaccine uptake among various groups and in different settings, limited evidence for vaccine-hesitant individuals
- No sufficient evidence with parental incentives and quasi-mandatory interventions. Do not adequately address the underlying causes of vaccine hesitancy and refusal
- Many traditional educational tools (e.g. information pamphlets) had little or no impact on vaccine hesitancy and can be counterproductive
- mass vaccine promotion campaigns may enhance positive attitudes towards vaccination and, ultimately, increase coverage rates

Vaccine hesitancy: the response cannot be global



Motivational interviewing

To speak to...

≠

To work with...



Flu vaccination is for your Health
You must be vaccinated
I don't understand your opposition



If I well understand you have some fears
to be vaccinated for Flu but you know you
are at risk. May I inform you on the
vaccine safety

Partnership, non judgement, altruism, evocation

Enhancing Access to Vaccination Services

Client-based interventions

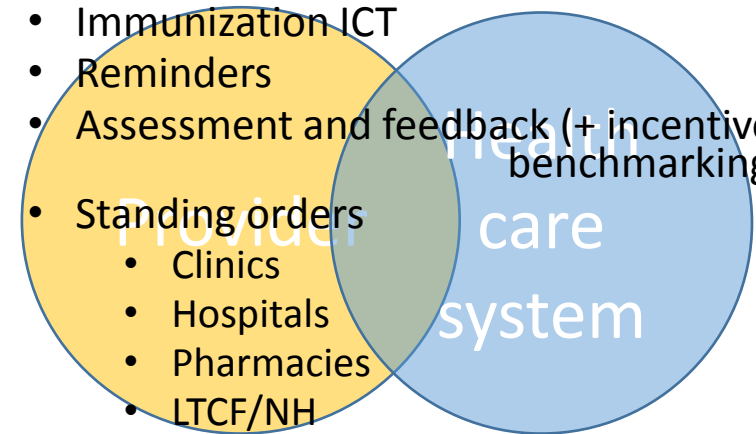
- Access ↑
 - Home visits
 - Reduce Client Costs
 - Vaccination programs in child care and
 - Vaccination programs in WIC settings
- Demand ↑
 - Client/Family incentive-rewards
 - Client reminder/recall systems
 - Community based interventions (combination)

Adult vaccination clinic ?

Patient

Provider & HCS-based interventions

- Immunization ICT
- Reminders
- Assessment and feedback (+ incentives, benchmarking)
- Standing orders
 - Clinics
 - Hospitals
 - Pharmacies
 - LTCF/NH



Insufficient supportive data

- Client-held paper immunisation card
- Clinic-based education (alone)
- Community-wide education (alone)
- Monetary sanction policies
- Provider education (alone)



Multicomponent interventions to improve vaccine uptake

