

**JNI** 18<sup>es</sup> Journées  
Nationales  
d'Infectiologie

du mercredi 21 au vendredi 23 juin 2017  
Palais du Grand Large, Saint-Malo



**Saint-Malo**  
et la région Bretagne



# Atelier Interactif Vaccination et Migrant « L'enfant adopté ou migrant »

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Coordonateur InfoVac

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CHI Créteil



ACTIV



Said, 3 ans originaire de Syrie arrive en France après un long périple qui l'a fait passer successivement par la Turquie, l'Autriche, l'Allemagne. Il est en bon état général, n'a aucune pathologie décelables en dehors de poux et d'une gale traité par Ascabiol® et Ivermectine. Les parents se souviennent qu'il a reçu des vaccins en Syrie, mais n'ont pas de document, ne se souviennent ni des noms des vaccins ni des dates.



## QUESTION 1

QUEL(S) EXAMEN(S) LUI PROPOSEZ VOUS ?

1. Sérologie Hépatite B (Ag et Ac Hbs)
2. IGRA
3. Sérologie anti-tétanique
4. Sérologie rougeole
5. Aucun des examens précédents



## Question 1 Réponses



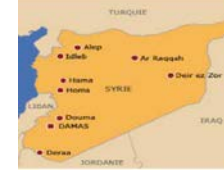
Quel (s) examen(s) lui proposez vous ?

1. **Sérologie Hépatite B (Ag et Ac Hbs)**
2. **IGRA**
3. **Sérologie anti-tétanique**
4. **Sérologie rougeole**
5. **Aucun des examens précédents**



## Question 2

Quel(s) vaccin(s) lui proposez-vous d'emblée ?



1. Hexavalent
2. ROR
3. Prevenar®
4. Méningo C
5. BCG



## Question 2

### Réponses

Quel(s) vaccin(s) lui proposez-vous d'emblée ?

1. Hexavalent
2. ROR
3. Prevenar®
4. Méningo C
5. BCG



### Question 3

Demandez-vous des sérologies  
après les vaccins suivants ?

1. Tétanos
2. Diphtérie
3. Polio
4. Rougeole
5. Hépatite B



## Question 3

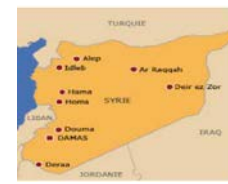
### Réponses



Demandez-vous des sérologies après  
les vaccins suivants ?

1. Tétanos
2. Diphtérie
3. Polio
4. Rougeole
5. Hépatite B





Sarah, 7 ans arrive de Gambie, ses parents réfugiés politiques sont depuis quelques semaines en France, attendant un éventuel droit d'Asile. Elle ne dispose d'aucun document sur ses vaccinations, mais les parents sont sûrs qu'elle a reçu tous les vaccins recommandés en Gambie.

A l'examen, elle est en bon état général, ne présente aucune pathologie et a une cicatrice de BCG.



## Question 4

Quel(s) vaccin(s) lui proposez-vous d'emblée ?

1. Hexavalent
2. ROR
3. Prevenar®
4. Méningo C
5. BCG



## Question 4

### Réponses

Quel(s) vaccin(s) lui proposez-vous d'emblée ?

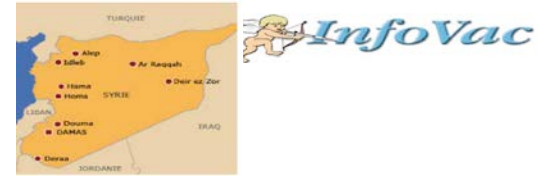
1. Hexavalent
2. ROR
3. Prevenar®
4. Méningo C
5. BCG



## Question 5

Demandez-vous des sérologies après les vaccins suivants ?

1. Tétanos
2. Oreillons
3. Hépatite B
4. Aucun examen



## Question 5

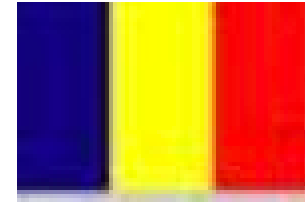
### Réponses

Demandez-vous des sérologies après les vaccins suivants ?

1. Tétanos
2. Oreillons
3. Hépatite B
4. **Aucun examen**



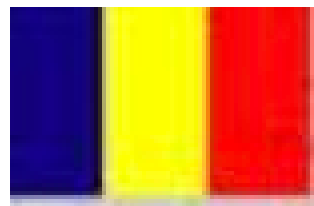
Franck 3 ans est un petit ROM originaire de Roumanie viens d'arriver en France et vous le voyez pour une pneumonie d'allure Franche lobaire aigue. Les parents savent très peu de chose sur ses vaccins. Et il a une trace nette de BCG au bras gauche



## Question 6

Quelle est ou quelles sont les maladies à prévention vaccinale qu'il a le plus de risque de contracter ?

1. Diphtérie
2. Rougeole
3. Pneumocoque
4. Méningo C



## Question 6

### Réponses

Quelle est ou quelles sont les maladies à prévention vaccinale qu'il a le plus de risque de contracter ?

1. Diphtérie
2. Rougeole
3. Pneumocoque
4. Méningo C



## Tableau I

### Examens à effectuer systématiquement dans le cadre d'une adoption

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Evaluation du risque tuberculeux :

- examen clinique (cicatrice vaccinale ?)
  - IDR systématique de référence
  - radiographie pulmonaire de face :
    - systématique chez les enfants de plus de six ans
    - seulement en cas d'IDR > 0 ou en cas de signes d'appel pour les enfants de moins de six ans
- 

Parasitologie des selles

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NFS plaquettes

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Sérologies

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Ag et Ac HBs  | <input type="checkbox"/> syphilis   |
| <input type="checkbox"/> sérologie VIH | <input type="checkbox"/> hépatite C |

La mise à jour du calendrier vaccinal est un des objectifs prioritaires de la prise en charge médicale des enfants arrivant de l'étranger.

### Elle dépend

- de l'âge des enfants,
- du pays d'origine,
- de la connaissance des antécédents médicaux et vaccinaux.

### Le praticien peut s'aider

- de l'interrogatoire,
- des documents accompagnant l'enfant,
- de l'examen clinique (cicatrices de BCG),
- du site internet de l'OMS,
- Éventuellement de quelques dosages d'anticorps simples à réaliser,
- enfin d'Infovac...



## Immunization, Vaccines and Biologicals

Immunization, Vaccines and Biologicals

Vaccines and diseases

Global Vaccine Action Plan

▶ [WHO policy recommendations](#)

▶ [National programmes and systems](#)

▼ [Monitoring and surveillance](#)

[Surveillance and burden](#)

[Monitoring systems](#)

[Data and statistics](#)

[Quality, safety and standards](#)

▶ [Research and development](#)

[Resource materials](#)

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### Immunization surveillance, assessment and monitoring

#### INFORMATION FOR ACTION

Our focus is to monitor and assess the impact of strategies and activities for reducing morbidity and mortality of vaccine-preventable diseases. Collection, analysis and interpretation of surveillance data is vital to guide vaccination policies and programmes and ensure immunization targets are being reached.

#### GLOBAL GOALS

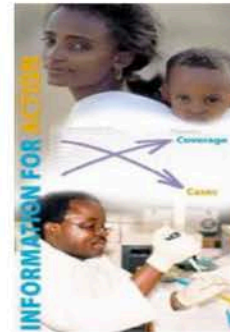
Our activities are guided by the principles set out in the Global Vaccine Action Plan (GVAP), a global framework set out to achieve the Decade of Vaccines (DoV) vision of delivering universal access to immunization by 2020, and beyond.

Through strengthening of routine immunization programmes to meet coverage targets and accelerate control of vaccine-preventable diseases, the aim is to reach – and exceed – the Millennium Development Goal (MDG) 4 target for a two-thirds reduction in child mortality by 2015.

#### CORE ACTIVITIES

- [Disease Surveillance and Burden](#)

Information on the current burden of vaccine preventable diseases, including disease-specific estimates of morbidity and mortality and global laboratory surveillance networks.



WHO

#### Recent Immunization Data

↓ [Summary presentation of routine immunization key indicators](#)  
pptx, 2.46Mb

[Immunization coverage - Fact Sheet](#)

[Couverture vaccinale - Aide mémoire](#)

↓ [Vaccine Introduction Slides](#)  
pptx, 1.20Mb

[Country Profiles, Data and Statistics on Immunization](#)

[Country Summaries of WHO/UNICEF estimated coverage](#)

[Global Health Observatory \(GHO\) - Immunization Page](#)

#### Highlights

↓ [Progress and Challenges with Achieving Universal Immunization Coverage: 2015 Estimates of Immunization Coverage](#)  
pdf, 2.44Mb

[Global routine vaccination coverage, 2015](#)

[Progress towards regional measles elimination - worldwide, 2000–2015](#)

[Global Manual on Surveillance of Adverse Events Following Immunization](#)

↓ [Working Draft – New WHO Vaccination Coverage Cluster Survey Manual](#)  
pdf, 7.05Mb

↓ [Denominator\\_Guide](#)  
pdf, 600kb



## Immunization, Vaccines and Biologicals

Immunization, Vaccines and Biologicals

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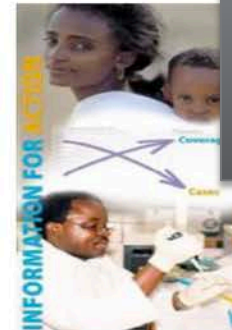
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## WHO vaccine-preventable diseases: monitoring system. 2017 global summary

Last updated 31-May-2017 (data as of 23-May-2017)  
Next overall update Jul-2017













Saudi Arabia  
Senegal  
Serbia  
Seychelles  
Sierra Leone  
Singapore  
Slovakia  
Slovenia  
Solomon Islands  
Somalia  
South Africa  
South Sudan  
Spain  
Sri Lanka  
Sudan (the)  
Suriname  
Swaziland  
Sweden  
Switzerland  
**Syrian Arab Republic (the)**  
Tajikistan  
Thailand  
The former Yugoslav Republic of Macedonia  
Timor-Leste

OK





**Number of reported cases**
*(Click for retrospective incidence data for Syrian Arab Republic (the))*

Diphtheria		–	–	–	0	0	0	80	366
Japanese encephalitis		0	–	–	0	0	–	–	–
Measles		66	45	594	740	13	146	535	1'478
Mumps		85	–	–	45	52	7'780	–	–
Pertussis		20	29	–	35	4	124	39	430
Polio*		0	0	1	35	0	0	13	312
Rubella		1	0	5	1	1	2	–	–
Rubella (CRS)		0	–	–	0	0	–	–	–
Tetanus (neonatal)		2	1	–	0	1	15	55	91
Tetanus (total)**		3	2	–	1	13	17	71	244
Yellow fever		0	–	–	0	0	0	–	–

\* Polio refers to all polio cases (indigenous or imported), including polio cases caused by vaccine derived polio viruses (VDPV). For desagregated data please click on this hyperlink:

<https://extranet.who.int/polio/public/CaseCount.aspx>

it does not include cases of vaccine-associated paralytic polio (VAPP) and cases of non polio acute flaccid paralysis [AFP]).

\*\* Neonatal Tetanus and Total Tetanus cases equality may be the result from a lack of non-Neonatal Tetanus surveillance system.



## WHO vaccine-preventable diseases: monitoring system. 2017 global summary

Last updated 31-May-2017 (data as of 23-May-2017)  
Next overall update Jul-2017



Equatorial Guinea  
Eritrea  
Estonia  
Ethiopia  
Fiji  
Finland  
France  
Gabon  
**Gambia (the)**  
Georgia  
Germany  
Ghana  
Greece  
Grenada  
Guatemala  
Guinea  
Guinea-Bissau  
Guyana  
Haiti  
Honduras  
Hungary  
Iceland  
India  
Indonesia

OK





**Immunization Schedule** (2016 or latest available)

Vaccine	Schedule
BCG	birth;
DTwP	18 months;
DTwPHibHepB	2, 3, 4 months;
HepB	birth;
HPV	9-13 years; +6 months;
IPV	4 months;
Measles	9, 18 months;
MR	9, 18 months;
OPV	birth; 2, 3, 4, 9, 18 months;
Pneumo_conj	2, 3, 4 months;
Rotavirus	2, 3, 4 months;
TT	1st contact; +1, +6 months; +1, +1 years;
VitaminA	6, 12, 18, 24, 20, 36 months;
YF	9 months;

Hovering over an antigen reveals its fuller definition

Entire country	Comment
Yes	
Yes	
Yes	
Yes	
No	
Yes	
Yes	
Yes	From June 2017
Yes	
Yes	
Yes	15-49 years
Yes	

Next update: Mid-July 2017

WHO-UNICEF estimates<sup>6</sup>

*(Click for full retrospective WHO-UNICEF coverage estimates data for Gambia (the))*

Vaccine	2015	2016	2017	2018	2019	2020	2021	2022
BCG	98	96	98	98	99	98	85	
DTP1	99	98	99	99	97	98	89	
DTP3	97	96	97	98	80	92	63	
HepB3	97	96	97	98	91			
HepB_BD	98	96	93	97	95			
Hib3	97	96	97	98	90			
IPV1	71							
MCV1	97	96	96	95	89	86	69	
MCV2	77	73	53	56				
PAB	92	92	82	92	92	85		
PCV3	97	96	96	98				
Pol3	96	97	96	98	84	94	53	
RCV1								
RotaC	97	92	7					
YFV	97	96	97	95	85			

## WHO vaccine-preventable diseases: monitoring system. 2017 global summary

Last updated 31-May-2017 (data as of 23-May-2017)  
Next overall update Jul-2017



Select a country

Gambia (the)

<b>Development status:</b>	Least developed	<b>GNI / capita (US\$):</b>	1	<b>Infant (under 12 months) mortality rate:</b>	2
		<b>GDP / capita (US\$):</b>	1	<b>Child (under 5 years) mortality rate:</b>	2

### Population data in thousands<sup>3</sup>

	2016	2015	2014	2013	2012	2000	1990	1980
Total population	2'055	1'991	1'928	1'867	1'807	1'267	917	604
Births	85	83	81	80	78	57	43	31
Surviving infants	81	79	78	76	74	54	40	28
Pop. less than 5 years	377	366	356	346	336	239	175	118
Pop. less than 15 years	948	919	893	866	839	583	423	272
Female 15-49 years	483	469	454	440	426	302	211	143

(Click for retrospective incidence data for Gambia (the))

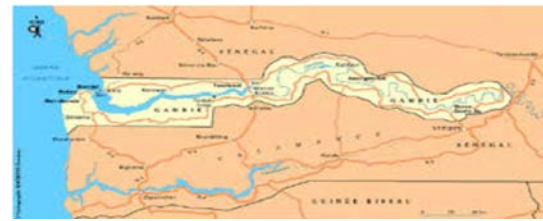
### Number of reported cases

	2016	2015	2014	2013	2012	2000	1990	1980
Diphtheria	0	0	0	0	0	0	—	0
Japanese encephalitis	—	0	0	0	0	—	—	—
Measles	45	71	1	0	0	336	—	284
Mumps	0	0	0	0	0	—	—	—
Pertussis	0	0	0	0	0	0	—	157
Polio*	0	0	0	0	0	6	1	1
Rubella	4	1	35	66	39	—	—	—
Rubella (CRS)	0	0	0	0	0	—	—	—
Tetanus (neonatal)	0	0	0	0	0	2	44	—
Tetanus (total)**	0	0	0	0	0	2	—	567
Yellow fever	0	0	0	0	1	—	—	—

\* Polio refers to all polio cases (indigenous or imported), including polio cases caused by vaccine derived polio viruses (VDPV). For desegregated data please click on this hyperlink:

<https://extranet.who.int/polis/public/CaseCount.aspx>

it does not include cases of vaccine-associated paralytic polio (VAPP) and cases of non polio acute flaccid paralysis (AFP1).



# DOSAGE DES AC ANTI VACCINAUX

## Hépatite B

- L'antigène HBs et les anticorps antiHBs doivent être demandés si l'enfant n'a pas été vacciné contre l'hépatite B
- En cas de vaccination douteuse ou partielle, un dosage des anticorps anti-HBs un mois après une injection de rappel est plus utile :
  - un taux supérieur à 100 UI témoigne de la mise en place d'une mémoire immunitaire prolongée.
  - Un taux plus faible justifie une dose supplémentaire six mois après.

## Pour les vaccins DTCP, en cas de vaccination incomplète ou douteuse :

- un dosage des anticorps antitétaniques un mois après une injection de rappel est le plus utile.
  - Un taux supérieur à 1 UI témoigne de la mise en place d'une mémoire immunitaire prolongée et doit faire pratiquer les rappels aux âges habituels.
  - Un taux plus faible doit faire pratiquer une dose supplémentaire six mois après ;
- le dosage des anticorps antidiphtériques est inutile : cette vaccination est toujours liée à celle contre le tétanos

Tableau II

Type d'anticorps	Volume de sang (ml)	Nombre de B	Coût (€)	Seuil de positivité (sauf indication contraire du laboratoire)
<input type="checkbox"/> Tétanos	2	70	19	> 1 UI
<input type="checkbox"/> Diphtérie	1		28*	> 1 UI
<input type="checkbox"/> Rougeole	1	120	32	> 150 UI
<input type="checkbox"/> Rubéole	1	40	10	> 15 UI
<input type="checkbox"/> Oreillons	1	70	19	> 450 UI
<input type="checkbox"/> Varicelle	1	120	32	> 1,2 UI
<input type="checkbox"/> Hbs.	1	70	19	> 10 UI (protection à court terme)
				> 100 UI (mémoire immunitaire)

# Qui n'est pas inscrit à InfoVac ?

☞ [infovac-france@wanadoo.fr](mailto:infovac-france@wanadoo.fr)



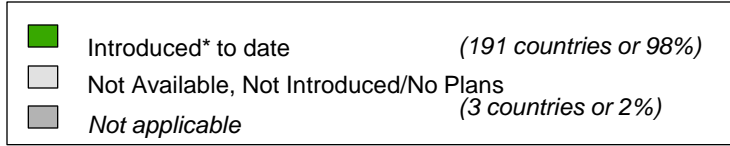
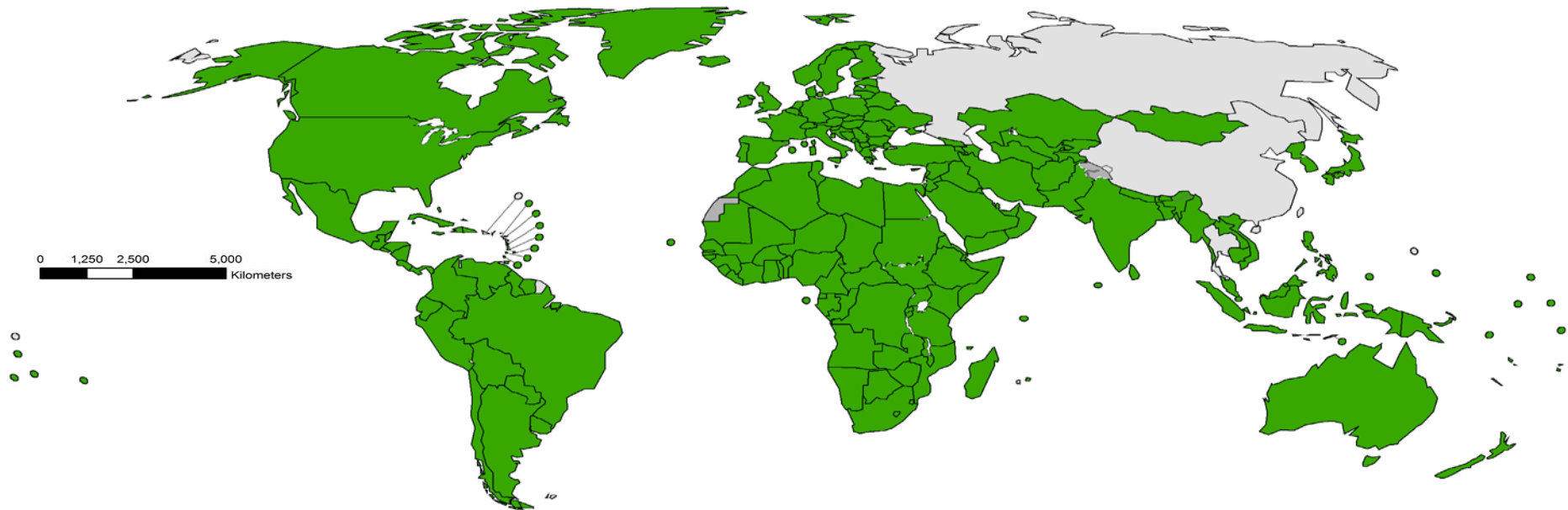
© Bruno Heitz

BACK-UP

# VACCINE IN NATIONAL IMMUNIZATION PROGRAMME UPDATE

APRIL 2017

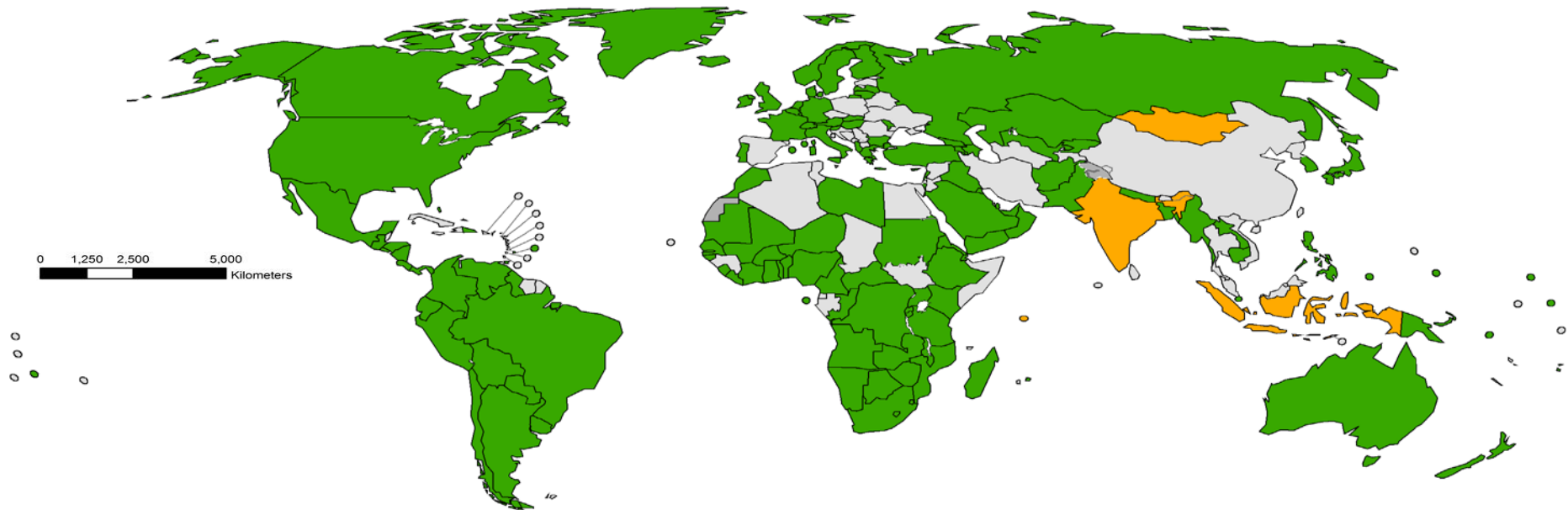
# COUNTRIES WITH HIB VACCINE IN THE NATIONAL IMMUNIZATION PROGRAMME;



\* Includes partial introduction



# COUNTRIES WITH PNEUMOCOCCAL CONJUGATE VACCINE IN THE NATIONAL IMMUNIZATION PROGRAMME; AND PLANNED INTRODUCTIONS IN 2017

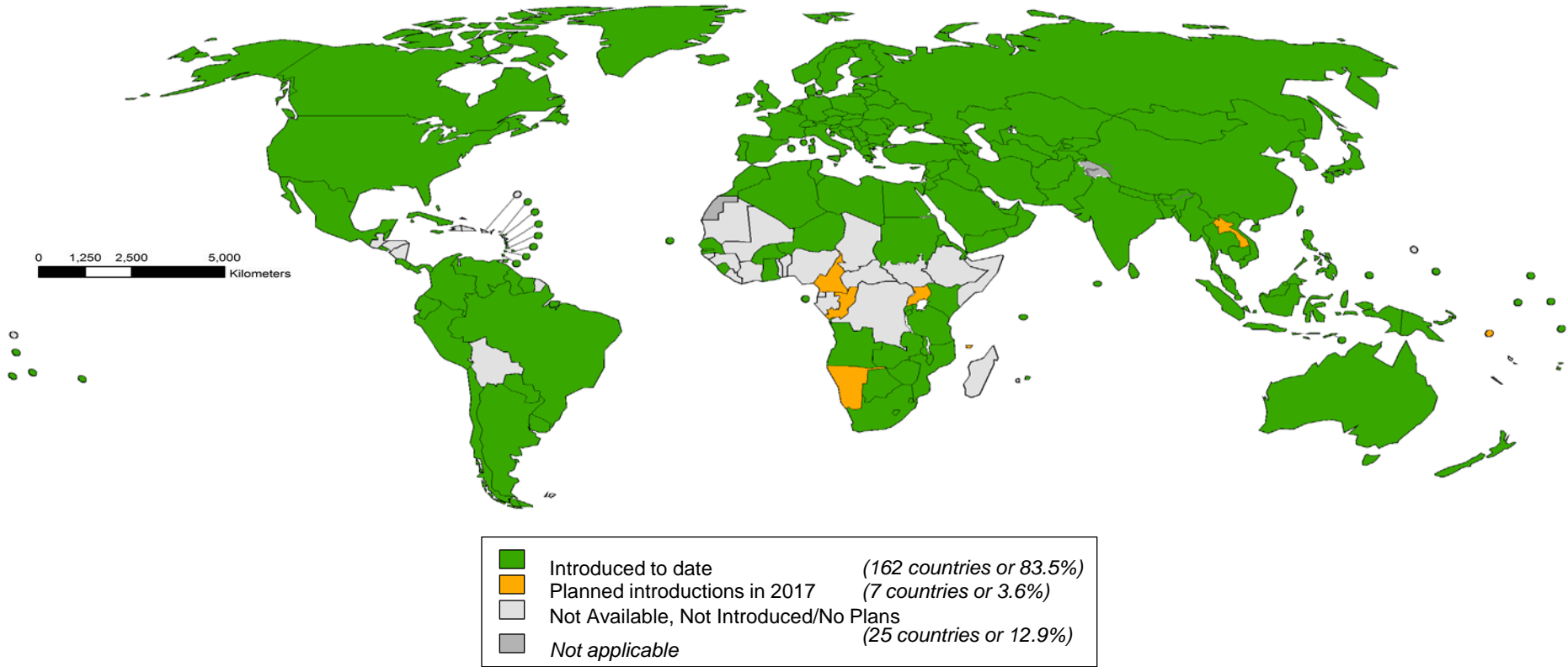


<span style="color: green;">■</span>	Introduced* to date	(133 countries or 68.6%)
<span style="color: orange;">■</span>	Planned introductions in 2017	(4 countries or 2.1%)
<span style="color: lightgrey;">■</span>	Not Available, Not Introduced/No Plans	(57 countries or 29.4%)
<span style="color: darkgrey;">■</span>	Not applicable	

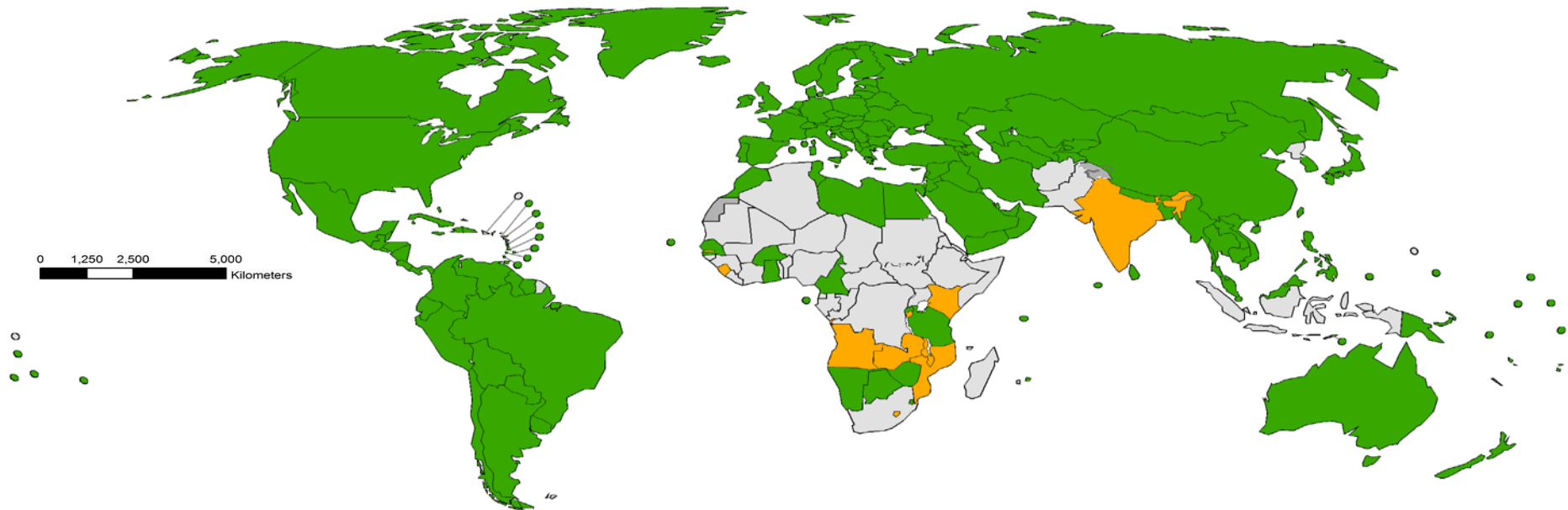
\* Includes partial introduction



# COUNTRIES USING MEASLES SECOND DOSE VACCINE TO DATE; AND PLANNED INTRODUCTIONS IN 2017









# COUNTRIES WITH RUBELLA VACCINE IN THE NATIONAL IMMUNIZATION PROGRAMME; AND PLANNED INTRODUCTIONS IN 2017



	Introduced to date	(153 countries or 78.9%)
	Planned introductions in 2017	(10 countries or 5.2%)
	Not Available, Not Introduced/No Plans	
	Not applicable	(31 countries or 16%)

# COUNTRIES WITH HEPATITIS B BIRTH DOSE (HEPB-BD) VACCINE IN THE NATIONAL IMMUNIZATION PROGRAMME

	HepB-BD introduced to date	<i>(97 countries or 49%)</i>
	HepB-BD only for infants born to HBsAG-positive mothers	<i>(22 countries or 11%)</i>
	HepB in schedule but no HepB-BD	<i>(71 countries or 37%)</i>
	HepB given only for risk groups or adolescents	<i>(4 countries or 2%)</i>
	Not available	
	Not applicable	

Data source: WHO/IVB Database as at 14 April 2017 and ECDC published data at <http://vaccine-schedule.ecdc.europa.eu/Pages/Scheduler.aspx>

194 WHO Member States

Map production Immunization Vaccines and Biologicals (IVB),

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. ©WHO 2017. All