Comment améliorer la couverture vaccinale ?
WHO

Health authorities

European Action plan

NITAG

evaluation

recommendations

Policy making bodies

policy

Organisms to implement policy

People population

stakeholders

implementation
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 heard immunity)
    • Potential elimination of the disease
    • Cost-savings
  • Knowledge, synthesis
  • Translation of evidence into recommendations

Uptake

Epidemiological impact
Adverse events

People, population

Pharmaceutical companies
GPs
nurses
pharmacists
institutions

Health authorities
Governments
Professional societies
Health systems
different roles and interests

Policy

Organisms to implement policy

Objectives: target coverage

Knowledge: burden, costs
Evidence: vaccine efficacy, safety

Evaluation

Strategy: Communication, organization, reimbursement, incentives

European Action plan
Flu vaccine Recommendations 30 EU countries*

*1 didn’t answer

Comorbid conditions

- Respiratory (pulmonary) diseases*
- Cardiovascular diseases**
- Renal diseases
- Immunosuppression
- Metabolic disorders
- Haematological disorders
- HIV/AIDS
- Hepatic diseases
- Chronic neurologic diseases**

% Member States recommending vaccine

2014-15 2012-13

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

≥65y: 19/30
≥60 y: 6/30
≥55y: 2/30
≥50y: 2/30
≥59y: 1/30

≥6m-2y: 2/30
≥6m-3y: 1/30
≥6m-5y: 1/30
≥6m-12y: 1/30
2-4Y: 1/30
2/11Y: 1/30
4/11y: 1/30

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.
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

<table>
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<tr>
<th>Recommendation</th>
<th>GB</th>
<th>NL</th>
<th>FR</th>
<th>ITA</th>
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<tr>
<td>CVR%</td>
<td>78</td>
<td>82</td>
<td>69</td>
<td>60</td>
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<tr>
<td>National Objective/year 65+ &amp; High risk</td>
<td></td>
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<tr>
<td>Monitoring CVR each year</td>
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<tr>
<td>HCW have objective to achieve in HR group</td>
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<th>Incentives</th>
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<tr>
<td>Vaccine reimbursement 100%</td>
</tr>
<tr>
<td>Letter for free flu vaccine</td>
</tr>
<tr>
<td>Awareness campaign (radio/TV)</td>
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<tr>
<td>Awareness campaign (press)</td>
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<tr>
<td>Awareness flyers in waiting rooms</td>
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<tr>
<td>Awareness web site</td>
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Partial or not uniformly performed

Adapted from P Blank Human Vaccines & Immunotherapeutics 8:3, 328–335; March 2012;
Payment mechanisms for vaccine in population groups recommended for seasonal influenza vaccination, 2014–15 influenza season.

No clear relationship between funding and uptake.

Ecdc report 2015.
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

Pebody High level hearing on flu vaccine implementation, Luxembourg, April 2015
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
% of the population receiving the vaccine voucher for free in France

<table>
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<tr>
<th>Period</th>
<th>Global population</th>
<th>At risk population</th>
<th>≥ 65 y</th>
<th>&lt; 65 y at risk</th>
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<tr>
<td>2008-9</td>
<td>N=4744</td>
<td>N=1703</td>
<td>N=960</td>
<td>N=468</td>
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<td>TNS SOFRES</td>
<td>25%</td>
<td>66%</td>
<td>93%</td>
<td>38%</td>
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<td>2014-15</td>
<td>N=4830</td>
<td>N=1781</td>
<td>N=1038</td>
<td>N=480</td>
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<tr>
<td>Kantar Health</td>
<td>27%</td>
<td>68%</td>
<td>91%</td>
<td>46%</td>
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Health care providers

- GPs
- Nurses
- Pharmacists
- Pharmaceutical companies
- Welfare system
- Institutions

Quality, no shortage

- Reimbursement distribution
- Local policy (LTCF)

vaccination
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 Kyncl⁵,⁶, 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.
They must provide medical advice on vaccination guidelines, answer specific questions from patients.

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

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

Kassianos et al Drugs in Context 2016; 5: 212293. DOI: 10.7573/dic.212293 ISSN: 1740-4398
And what else?

If I had some incentives, maybe I could?
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!!!**
15 published literature reviews or meta-analysis: effectiveness of different interventions to reduce vaccine hesitancy and/or to enhance vaccine acceptance. 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

A continuum

Few hesitant

Lack of confidence, complacency

very hesitant

Compliants (70-75%)

hesitants (25-30%)

Opposants (2%)

Organization: reminder, electronically vaccine devices etc
Answer questions, give information BUT vaccine
Be firm and confident with objectives

Organization: reminder/recall (new media) electronically vaccination card etc
Answer questions, give information BUT VACCINE

A pocket of people

Don’t loose your time

Motivational interviewing

To speak to...

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

≠

To work with...

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 schools and child care centers
  • Vaccination programs in WIC settings
• Demand↑
  • Client/Family incentive-rewards
  • Client reminder/recall systems
  • Community based interventions (combination)

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)

Courtesy J Flamaing
Multicomponent interventions to improve vaccine uptake

- Patient
  - Home
  - NH
  - Caregiver
  - Age
  - Risk
  - Recommend
  - Invite
  - Aware
  - Guide
  - Pay/Control

- Provider
  - GR
  - Specialist
  - Pharmacist
  - Nurse
  - EMR
  - Vaccination clinic

- Health care system
  - National
  - Regional
  - Private
  - VPD surveillance
  - Vaccination registry

Courtesy J Flamaing