Vacciner, c’est protéger

Pr Geneviève Chêne
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Liens d’intérêt

★ Aucun lien personnel avec un industriel pharmaceutique, ni une ONG, ni une association

★ Méthodologiste d’essais vaccinaux pour l’Inserm, l’ANRS, le Vaccine Research institute, le NIH, dont les vaccins peuvent être fournis par les industries pharmaceutiques productrices : Jansen & Jansen, Merck
Measles incidence, EU/EEA, 2017 - 2018
Continued challenge in the EU

Notification rate of measles (per million), Jan 2017–Jul 2018
- 0
- 0.01–0.99
- 1.00–9.99
- 10.00–19.99
- ≥20.00

UK – England
> Jan. 2018
Adolescents and adults >15 years

Bordeaux, Nouvelle Aquitaine (FR)
> Nov. 2017
Young adults

Luxembourg

Portugal (north)
> March 2018
Hospital (incl. HCW) → community

Italy
> Jan. 2017
Children under five – Young adults

Romania
Children under five

Greece
> May 2017
Roma communities: general population

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This project has received co-funding from the European Union’s Health Programme under Grant Agreement no. 801495.
Measles incidence, EU/EEA, 2017 - 2018
Continued challenge in the EU

Figure 4. Vaccination coverage for the second dose of measles-containing vaccine by country, 2015–2016, WHO*, EU/EEA countries

Measles containing vaccine coverage
second dose*, 2015–2016
0–49%
50–94%
95–99%
No data
Not included

*WHO, reported estimates

ECDC. Map produced on: 09 Jan 2019
ECDC map maker: https://ecdc.europa.eu
DISTRUST IN VACCINES

0%

45.5%

“I think vaccines are not safe”

European Commission: ec.europa.eu/health/vaccination/overview_en
European Centre for Disease Prevention and Control: ecdc.europa.eu
@EU_Health  #EUvaccines

Vaccines are safe
RECOMMENDATIONS

COUNCIL

COUNCIL RECOMMENDATION
of 7 December 2018
on strengthened cooperation against vaccine-preventable diseases
(2018/C 466/01)

(27) A Joint Action on Vaccination, co-funded by the third Programme for the Union’s action in the field of health starting in 2018, is to focus on sharing best practices on national vaccination policies and identifying requirements regarding electronic immunisation information systems, vaccine forecasting, prioritisation of vaccine research and development, and research to address vaccine hesitancy.

HEREBY RECOMMENDS THAT THE MEMBER STATES:

1. Develop and implement vaccination plans, at national and/or regional level, as appropriate, aimed at increasing vaccination coverage with a view to reaching the goals and targets of the WHO’s European Vaccine Action Plan by 2020. These plans could include, for example, provisions for sustainable funding and vaccine supply, a life-course approach to vaccination, capacity to respond to emergency situations, and communication and advocacy activities.

2. Aim to achieve by 2020, for measles in particular, a 95% vaccination coverage rate, with two doses of the vaccine for the targeted child population, and work towards closing the immunity gaps across all other age groups, with a view to eliminating measles in the EU.

3. Introduce routine checks of vaccination status and regular opportunities to vaccinate across different stages of life, through routine visits to the primary healthcare system and through additional measures taken, for example when beginning (pre-)school, in the workplace or in care facilities, according to national capacities.

4. Facilitate access to national and/or regional vaccination services, by:

   (a) simplifying and broadening opportunities to offer vaccination, leveraging community-based providers; and

   (b) ensuring targeted outreach to the most vulnerable groups, including socially excluded groups, so as to bridge inequalities and gaps in vaccination coverage.

5. Encourage and cooperate with higher education institutions and relevant stakeholders to consider including and strengthening training on vaccine-preventable diseases, vaccinology, and immunisation in national medical curricula and any continuing medical education programmes for healthcare workers across all sectors whenever advisable, to strengthen their key role in aiming for higher vaccination coverage rates.
Superbugs and anti-vaxxers make WHO's list of 10 global health threats

By Holly Yan, CNN

Updated 0558 GMT (1358 HKT) January 21, 2019

L'Obs > Santé

Etats Unis : des enfants de parents anti-vaccins réclament le droit à être vaccinés

Dans le "Washington Post" du dimanche 10 février, un adolescent de l'Ohio, Ethan Lindenberger, a raconté comment il a tenté de convaincre sa mère, militante anti-vaccins. En vain.

Par L'Obs Publié le 13 février 2019 à 14h54
Family physicians are well positioned to improve child vaccination rates given frequent interactions with parents and children with other illnesses or attending check-ups. These interactions can be used as opportunities to raise awareness. Family physicians and nurses do not have to be the exclusive providers of vaccines. Better access could be achieved by improving availability of vaccines from other providers (e.g. pharmacists, providers of community services, subject to appropriate training) and ensuring equity-driven vaccination programmes. Healthcare and other workers engaging in communication and dialogue related to vaccination should be supported with specific training to address vaccine concerns from hesitant individuals, in particular in relation to safety and side effects.

18. Convene a Coalition for Vaccination to bring together European associations of healthcare workers as well as relevant students’ associations in the field, to commit to delivering accurate information to the public, combating myths and exchanging best practice.
European Joint Action on Vaccination
Prof. Geneviève Chêne, coordinator

Identify technical requirements, operational structures and mechanisms for cooperation to increase confidence, maximize synergies between experts and policy makers, strengthen sustainability of immunization programs

20 partners: 17 Member States and 3 Associated countries
3 years (started 1st August 2018)
Budget: 5,800 k€

5 major topics
- Scientific evidence for national programs
- Digital immunisation information systems
- Concept of data warehouse on demand and supply
- Vaccine research priority-setting framework
- Vaccine confidence

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EU-JAV by work-packages/topics

The work programme is organised into 8 work packages (WP)

WP 1 COORDINATION
WP 2 DISSEMINATION
WP 3 EVALUATION
WP 4 INTEGRATION IN NATIONAL POLICIES & SUSTAINABILITY
WP 5 IMMUNISATION INFORMATION SYSTEMS (IS)
WP 6 VACCINE SUPPLY AND PREPAREDNESS
WP 7 VACCINE RESEARCH AND DEVELOPMENT (R&D)
WP 8 VACCINE HESITANCY

This project has received co-funding from the European Union’s Health Programme under Grant Agreement no. 801495.
EU-JAV stakeholders

53 international and 526 national stakeholders identified by 17 partners from the project, classified in the SH mapping into different categories:

- International and European organisations (e.g. ECDC, WHO Europe, EMA, WHO, OECD)
- Authorities, policy and decision makers (MoH, Public health agencies)
- Research and Academia
- Healthcare professionals
- Pharmaceutical industry and manufacturers
- Patients and civil society
- Religious institutions
- Media, opinion makers
Digital immunisation information systems: strengthen surveillance systems of vaccine coverage

Core: interoperability of available health information systems, vaccine reminder systems

Concrete tools
- Common methods to estimate vaccine coverage at the regional levels, open-source computer algorithms
- Assessment of vaccine reminder and recall systems

Pilot
- Platform for cross-border vaccine coverage assessment
- Feasibility of a coordinated cross border measles vaccination campaign

Pilot platform for cross border vaccine common information sharing platform regarding IIS

- Several countries or regions have IIS and can provide coverage estimates by smaller geographical areas
- The vision is to use existing IIS to provide cross-europe MMR coverage estimates using the same standardized methodology and potentially identify coverage gaps also in areas with crossing borders
Vaccine demand and supply

★ Core: common basic principles for vaccine demand levels of risk, open dialogue with manufacturers on supply

★ Concrete tools
  ★ Review previous experiences of vaccine shortages and responses
  ★ Model for mapping vaccine needs
  ★ Plan to anticipate changes in vaccination schedule
  ★ Review of financing mechanisms able to sustain sustainable purchase of stocks

★ Pilot
  ★ Design of a data warehouse for European data sharing of vaccine supply and demand to prevent shortages
Research and development

★ Core: priority-setting for vaccine research, innovative mechanisms of funding
★ Concrete tools
  ★ Concept and prototype for a vaccine R&D priority-setting framework
  ★ List of health research priorities in the field of vaccination
  ★ Mapping and assessment of possible funding mechanisms to decrease fragmentation
★ Pilot
  ★ Application to a small number of vaccines on unmet needs for specific age categories

Priorities for vaccine research and development
- Subset of 3-6 different vaccines, different stages of life to be used as pilots: Pertussis, Measles, HPV, Flu
- Concept framework for decision-making on research priorities
- General methodology established: i) list of experts, ii) framework to define annual priorities at EU level
Hesitancy: from research to intervention

★ Core: dissemination of best practices and interventions to overcome hesitancy

★ Concrete tools
  ★ Systematic overviews of barriers and enablers, safe and efficacious interventions
  ★ E-learning platform to share best practices, information and training
  ★ Monitoring tool to survey sentiments and opinions through social media

★ Pilots
  ★ Strategy of communication targeting young people (ambassadors, school competitions)
  ★ Pre- and in-service educational activities in medical and paramedical curricula
In summary

★ Novel political commitment, key to success of immunization: decrease complacency from decisions to actions

★ Vaccine preventable diseases and perspective: fight against AMR

★ JAV: supporting EU coordination and all SH involved

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