

Vaccination in France: Changing the Public Perception

Consensus Statement

Produced by the International Federation on Ageing (IFA) as an outcome from the *Vaccination in France: Changing the Public Perception* Expert Meeting held 9-10 December 2019 in Lyon France, with the support of Pfizer Global.



European Interdisciplinary Council on Ageing



Consensus Statement

The long-term sequelae of vaccine preventable diseases (VPDs) globally, while known to be serious, are likely to garner greater attention from governments with the trend in population ageing expected to reach more than 2.1 billion older people by 2050.¹ Older adults with comorbid conditions and associated complications are at a higher risk of contracting VPDs, resulting in disproportionately higher rates of hospitalization, loss of functional capacity and independence, and death.²

Despite the availability of vaccines against diseases such as influenza, pneumonia and shingles, the European burden of VPDs in people over 65 years of age persists.² In France, seasonal influenza accounts for on average 9,000 deaths in people aged over 65 years during each epidemic period, amounting to approximately 11% of all-cause deaths.³ Furthermore, studies have estimated 1,600-3,500 deaths may be attributable to pneumonia infections annually in France among adults, 95% of those being over 60 years of age.^{4,5}

It has been globally established that life course vaccination schedules support the maintenance of functional ability and provide a welcome boost to the immune system in older age. However, negative public perceptions of vaccines, primarily due to a lack of knowledge and hesitancy, are among the key barriers preventing adequate vaccination uptake rates.

On the one hand, perceptions around risks and safety concerns associated with vaccines have led to a rise in vaccine hesitancy across Europe,⁶ with 35% of older people unsure of the value and efficacy of vaccination in 2016.⁷ On the other hand, older people and patients most at-risk to VPDs struggle to find information linking the benefits of vaccination to their specific condition (including cardiovascular diseases, diabetes, respiratory conditions).⁸

Due to the limited data available on vaccination coverage of patients with chronic conditions, health care providers may also lack awareness of the fulsome impact of VPDs on chronic conditions, and therefore may be unequipped to effectively fill these knowledge gaps among their patients.⁸ In some regions of France, as few as 24% of students studying medicine reported being vaccinated against influenza in the 2014-15 season, indicating vaccine hesitancy even among health care providers.⁹

The effective reach of professional, patient and advocacy organizations with their local constituents is essential to addressing vaccine hesitancy and improving vaccination uptake rates on a national scale. For these reasons, IFA convened the expert meeting “Vaccination in France: Changing Public Perceptions” in Lyon, France in December 2019 as a point of connection for leaders of patient organizations, experts in gerontology and immunization, and health care professionals to deliberate and agree upon potential strategies to address negative public perceptions of vaccination.

Towards the common goal of improving the public perception of vaccination in France, as a means of increasing vaccination rates and thereby improving the health of older people, delegates agreed that the following actions must occur.

Life course vaccination narrative

Public health messages on the importance of life course vaccination are currently not crafted to adequately explain the protective effects against VPDs as well as the life altering consequences of common infectious diseases. This is especially with respect to older adults and the concept of health capital within the framework of healthy ageing. Greater global awareness around the protective effects of influenza and pneumonia vaccines on reducing the prevalence of devastating cardiovascular complications among older people could improve the life course vaccination narrative. From a broader

societal perspective, this also includes the beneficial role of vaccination in reducing antimicrobial resistance.

The development of a digital advocacy toolkit is a tangible action that could galvanise cooperation across disciplines and sectors, as can continuing education initiatives using Massive Open Online Courses (MOOCs) for health professionals and citizens.

Multidisciplinary collaboration

Health care professionals including pharmacists play a pivotal role in promoting and improving the uptake rates of vaccination throughout life. Certification as vaccinators in the case of pharmacists is critical alongside continuing education for all practitioners in the advancement of future vaccines across age groups.

There is value in a unified approach to advocate common concerns about at-risk populations and the benefits of vaccination across all ages. Patient and advocacy organizations using a bottom-up approach are a force in the quest to prioritise life course vaccination, and in doing so, stimulate community engagement and knowledge dissemination.

Co-designing awareness-raising initiatives among professional organizations, civil society and decision-makers is also a valuable method of aligning robust public health messages around the life course vaccination narrative. Successful advocacy practices could be shared in a Pan-EU forum (i.e. webinar or consortium) given similarities that exist among European populations.

Building good practices

Local initiatives such as *Immunizer Lyon* provide important models to be considered in improving vaccine uptake rates on a national scale. As a means of increasing the influence and reach of grassroots initiatives promoting life course vaccination, establishing links to broader global healthy ageing frameworks such as the World Health Organization Age-friendly Cities and Communities program could provide an interesting opportunity.

The “Vaccination in France: Changing the Public Perception” expert meeting represents the coming together of unlike groups to bridge professional boundaries with one voice to advocate for improved inclusive vaccination practices across France.

Stakeholders agree that improving vaccination uptake requires continued engagement to produce a cohesive voice that supports improvements to vaccination perceptions and practices, including enhanced awareness and education of health professionals and French citizens.

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References

- ¹ Weinberger, B. (2018). Vaccines for the elderly: current use and future challenges. *Immunity & Ageing*, 15(3). doi:10.1186/s12979-017-0107-2.
- ² Esposito, S., *et al.* (2018). The public health value of vaccination for seniors in Europe. *Vaccine*, 36, 2523-2528.
- ³ Bonmarin, I., Belchior, E., and Levy-Bruhl, D. (2015). Impact of influenza vaccination on mortality in the French elderly population during the 2000–2009 period. *Vaccine*, 33, 1099-1101.
- ⁴ Rouveix, E., *et al.* (2013). Streptococcus pneumoniae vaccinal coverage in hospitalized elderly patients in France. *Médecine et maladies infectieuses*, 43, 22-27.
- ⁵ Beutels, P., *et al.* (2015). Etude médicoéconomique de vaccins: Vaccination antipneumococcique des adultes/Cost-effectiveness of adult pneumococcal vaccination using polysaccharide and/or conjugate vaccines in France. *Rapport pour le Haut Conseil de la Santé Publique*.
- ⁶ Karafillakis, E., *et al.* (2017). The benefit of the doubt or doubts over benefits? A systematic literature review of perceived risks of vaccines in European populations. *Vaccine*, 35(37), 4840-4850.
- ⁷ Rey, D., *et al.* (2018). Vaccine hesitancy in the French population in 2016, and its association with vaccine uptake and perceived vaccine risk-benefit balance. *Euro Surveill*, 23(17).
- ⁸ European Patients' Forum. (2018). Vaccination and patients with chronic conditions. Background Report. Retrieved from: <https://bit.ly/2Fp2hA5>.
- ⁹ Kerneis, S., *et al.* (2017). Vaccine education of medical students: a nationwide cross-sectional survey. *American Journal of Preventive Medicine*, 53(3), 97-104.