

Hésitation vaccinale : Comment faire face ?

Pr Amandine Gagneux-Brunon

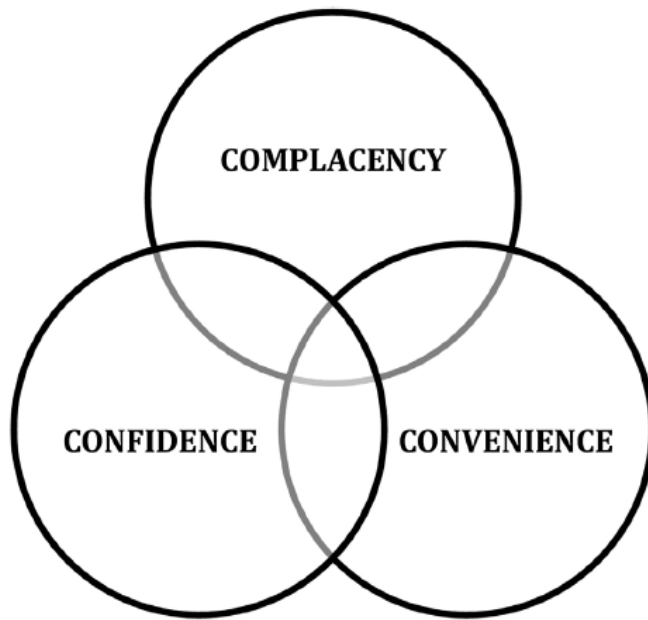


Fig 2. "Three Cs" model of vaccine hesitancy.

D'après le Strategic Advisory Group of Experts (SAGE) on Immunization OMS 2013

Confidence

"trust in (i) the effectiveness and safety of vaccines, (ii) the system that delivers them, including the reliability and competence of the health services and health professionals, and (iii) the motivations of policy-makers who decide on the need of vaccines"³ (p4162)

Complacency

"perceived risks of vaccine-preventable diseases are low and vaccination is not deemed a necessary preventive action"³ (p4162)

Constraints / Convenience

"physical availability, affordability and willingness-to-pay, geographical accessibility, ability to understand (language and health literacy) and appeal of immunization service affect uptake"³ (p4163)

Open access

Protocol

BMJ Open Sample study protocol for adapting and translating the 5C scale to assess the psychological antecedents of vaccination

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Calculation

individuals' engagement in extensive information searching; deliberate comparison of the risks of infections and vaccination from which to derive an informed decision²

Collective responsibility

"willingness to protect others by one's own vaccination by means of herd immunity (flip side: willingness to have a free ride when a sufficient number of other people are vaccinated)"² (p7).

COVID-19 pandemic context

Compliance
Conspiracy

Geiger et al, 2021

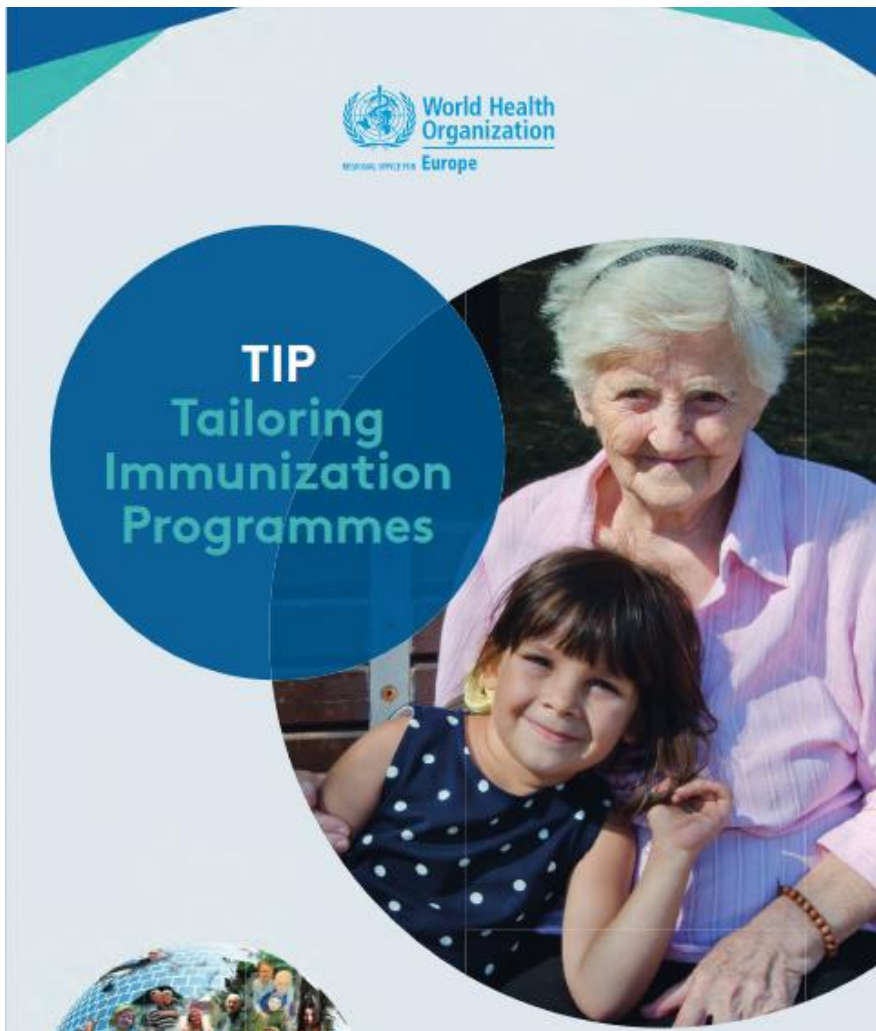
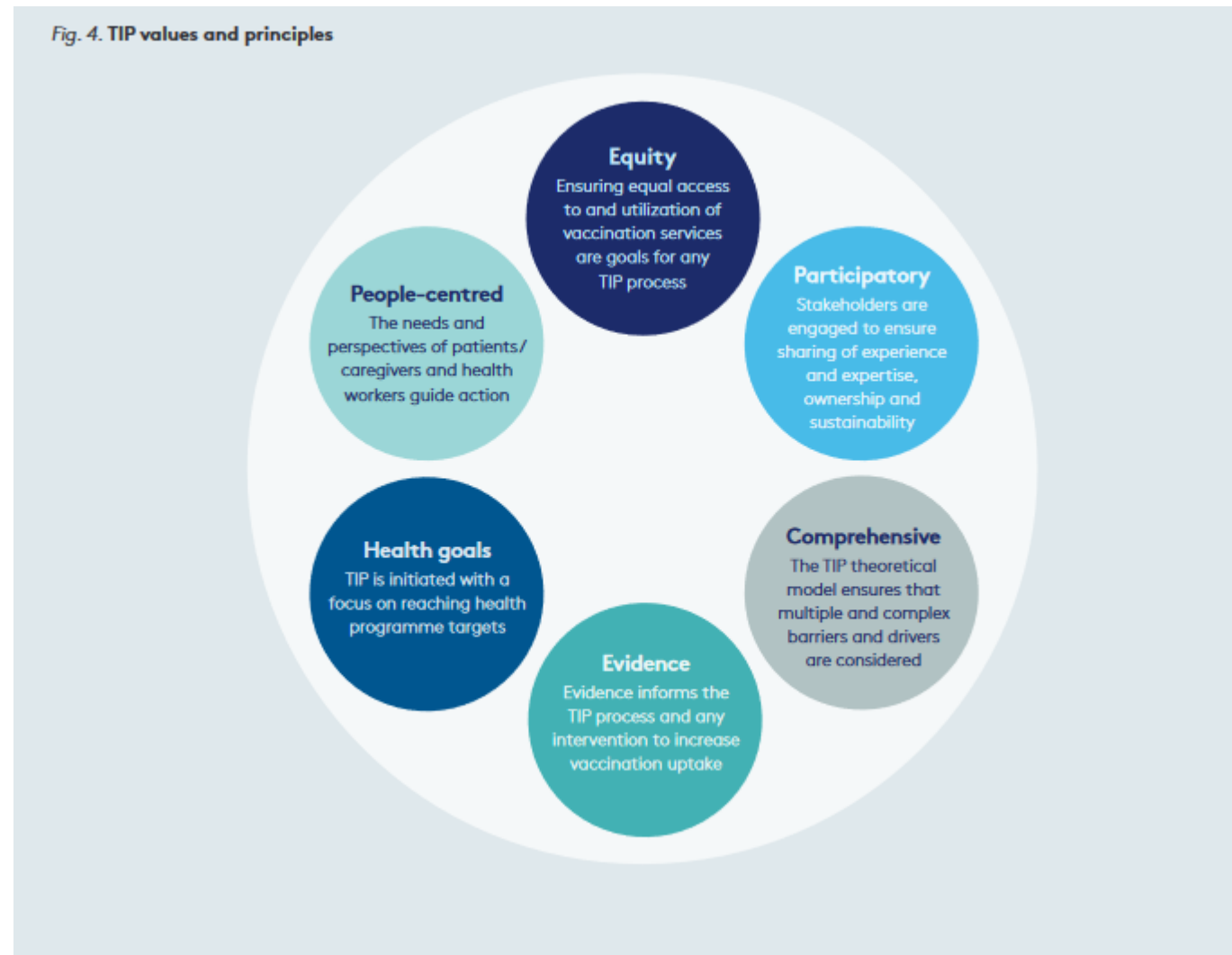


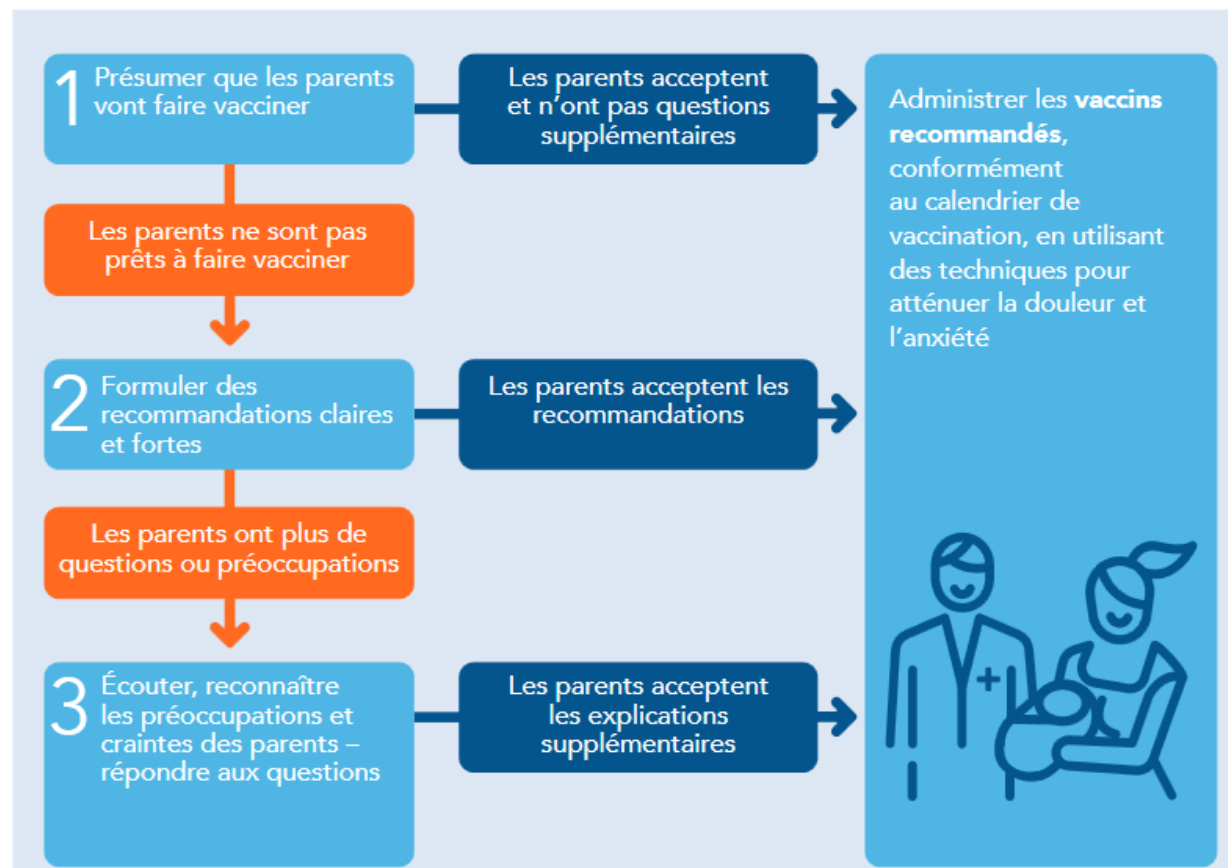
Fig. 4. TIP values and principles



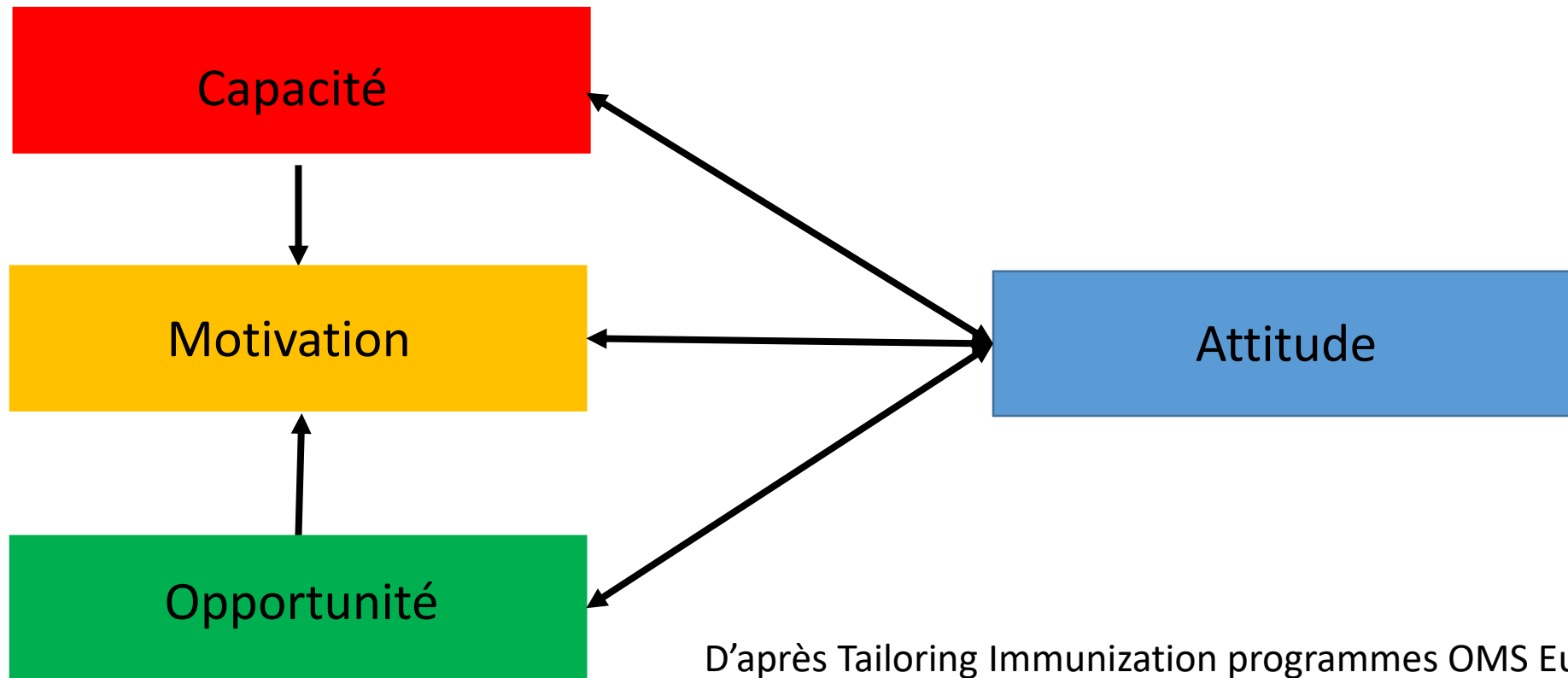
<https://apps.who.int/iris/bitstream/handle/10665/329448/9789289054492-eng.pdf>

A l'échelle individuelle du professionnel

Figure 5. Recommandations de communication de base pour la vaccination



Modèle OMS: Capacité, Motivation, Opportunité (COM-B)

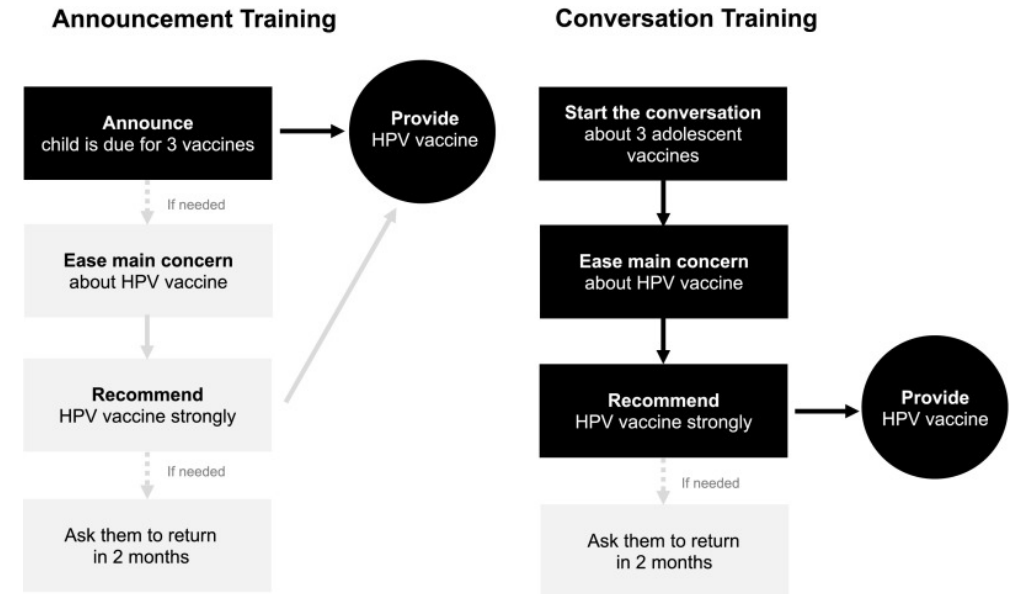
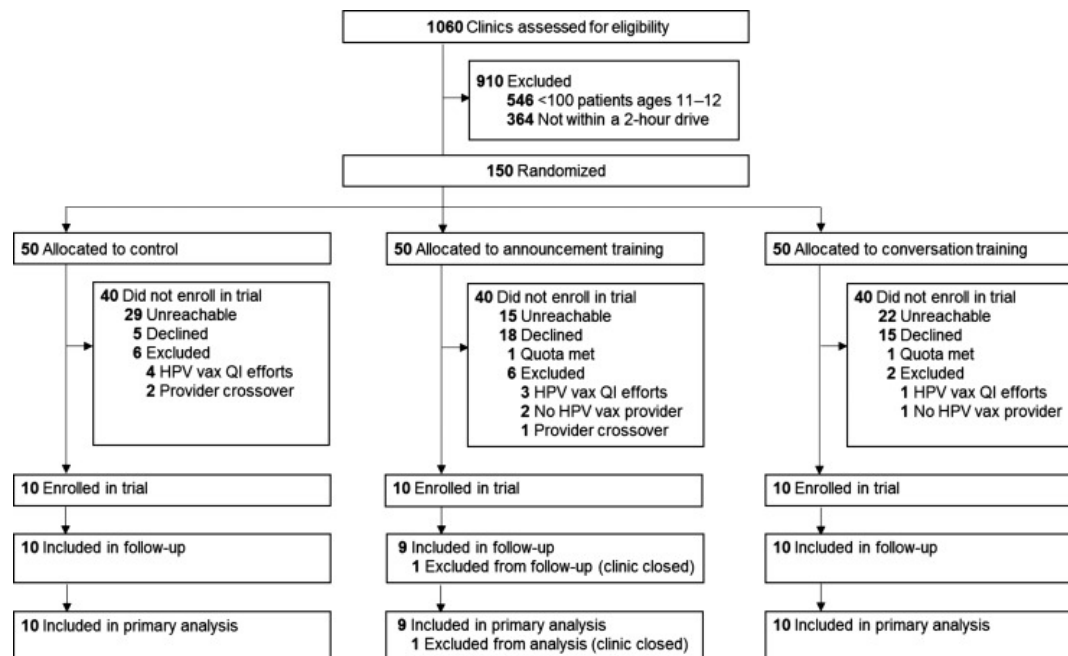


Quelques exemples d'intervention

	Capacité	Opportunité	Motivation	Exemples
Éducation	X		X	Information sur la maladie prévenue et le vaccin
Formation	X	X		Formation pour les professionnels
Persuasion			X	Story-telling
Incitation			X	Loterie
Coercition			X	Obligation vaccinale
Restriction		X		Port du masque pour les professionnels non vaccinés
Organisation		X	X	Vaccination gratuite sans rendez-vous
Modèle		X	X	Identification d'influenceurs

La communication présomptive

Efficacité d'une communication présomptive



Dans cet essai randomisé en cluster, une communication présomptive « c'est le jour de la vaccination de votre enfant contre HPV » permettait d'augmenter la couverture vaccinale contre HPV, comparativement au groupe contrôle et au groupe « conversations ».

Provider communication and HPV vaccine uptake: A meta-analysis and systematic review

N. Loren Oh^{a,b}, Caitlin B. Biddell^b, Blythe E. Rhodes^c, Noel T. Brewer^{c,d,*}



Table 2

Provider communication and HPV vaccination uptake.

	<i>N</i>	<i>k</i>	Pooled OR (95% CI)	<i>I</i> ²
Provider recommendation				
Initiation	226,224	59	10.1 (7.6, 13.4)	99.4
Completion	33,282	8	5.2 (1.9, 13.8)	98.6
Follow through	9406	12	1.8 (1.3, 2.5)	71.1
Provider discussion				
Initiation	5913	10	12.4 (6.3, 24.3)	93.9

Note. NIS-Teen = National Immunization Survey Teen. *k* = number of effect sizes. OR = odds ratio.

L'entretien motivationnel

L'entretien motivationnel: définitions et principes

- L'EM:
 - Méthode de communication centrée sur la personne
 - But: de renforcer sa motivation à changer de comportement en pointant son ambivalence intrinsèque et en la dépassant.
- **Méthode efficace pour augmenter la couverture vaccinale des nourrissons** (Gagneur et al. Eurosurveillance 2019)
- Grands principes:
 - Instaurer une culture axée sur la collaboration et la compassion
 - Favoriser l'engagement dans la relation et cibler l'objectif de l'intervention
 - Comprendre le parent ou l'aidant et s'adapter à ses besoins particuliers

Compétences en entretien motivationnel

Compétences	Objectifs	Exemples
Questions ouvertes	Susciter des réponses Evaluer où en est le patient	« Que savez-vous...? »
Valoriser l'interlocuteur	Encourager le patient ou le parent	« Protéger votre enfant est votre priorité »
Ecoute réflexive et résumés	Permettre à la personne de nuancer et de rectifier ses propos	« Vous avez lu, entendu des choses sur la vaccination des enfants et l'autisme »
Demander-Partager- Demander	Demander: demander au parent ou au patient ce qu'il sait, et lui demander la permission de compléter ses connaissances Partager: fournir des renseignements ou des conseils sur le sujet Demander: vérifier si le parent ou l'aidant a compris l'information et ce qu'il compte faire avec	« Que savez-vous ? » « Puis-je me permettre de compléter un peu? » « Quel sens donnez-vous à cette nouvelle information? »

<https://www.canada.ca/fr/sante-publique/services/rapports-publications/releve-maladies-transmissibles-canada-rmtc/numero-mensuel/2020-46/numero-4-2-avril-2020/article-6-canvax-vaincre-reticence-vaccination.html>

Entretiens motivationnels

RESEARCH

A postpartum intervention for vaccination promotion by midwives using motivational interviews reduces mothers' vaccine hesitancy, south-eastern France, 2021 to 2022: a randomised controlled trial

Pierre Verger¹, Chloé Cogordan¹, Lisa Fressard¹, Virginie Gosselin², Xavier Donato³, Magalie Biferi⁴, Valérie Verlomme⁴, Pierre Sonnier⁵, Hervé Meur⁶, Philippe Malfait⁷, Patrick Berthiaume⁸, Lauriane Ramalli⁷, Arnaud Gagneur²

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6. Agence Régionale de Santé Provence-Alpes-Côte-D'Azur, Marseille, France
7. Santé publique France (French National Public Health Agency), Marseille, France
8. Les formations perspective santé Inc., Montréal, Québec, Canada

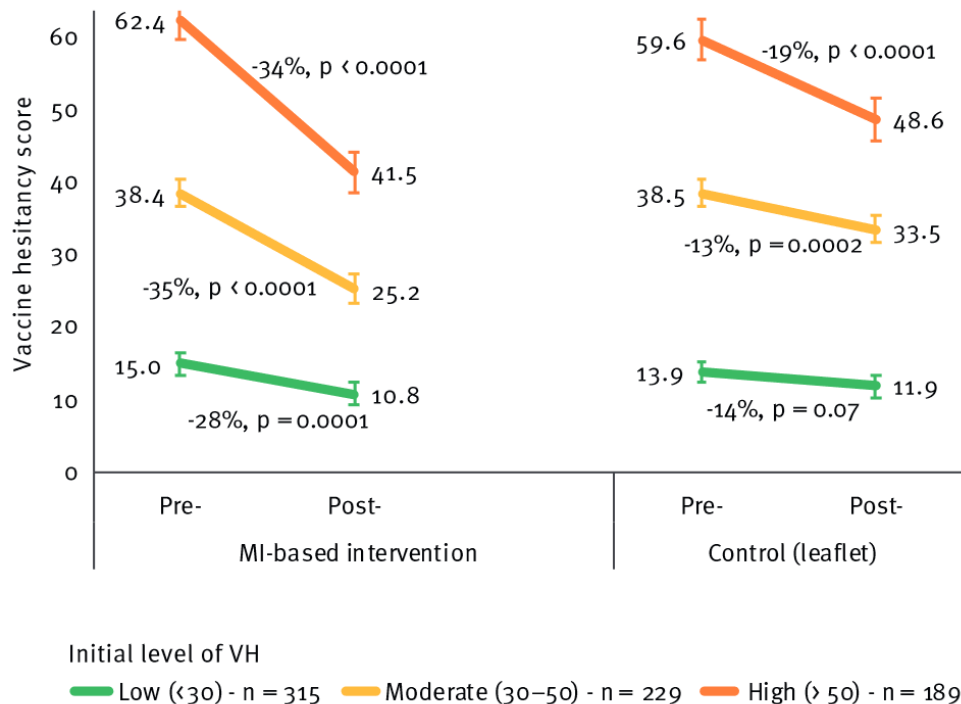
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Citation style for this article:
Verger Pierre, Cogordan Chloé, Fressard Lisa, Gosselin Virginie, Donato Xavier, Biferi Magalie, Verlomme Valérie, Sonnier Pierre, Meur Hervé, Malfait Philippe, Berthiaume Patrick, Ramalli Lauriane, Gagneur Arnaud. A postpartum intervention for vaccination promotion by midwives using motivational interviews reduces mothers' vaccine hesitancy, south-eastern France, 2021 to 2022: a randomised controlled trial. Euro Surveill. 2023;28(38):pii=2200819. <https://doi.org/10.2807/1560-7917.ES.2023.28.38.2200819>

Article submitted on 10 Oct 2022 / accepted on 17 Apr 2023 / published on 21 Sep 2023

FIGURE 2

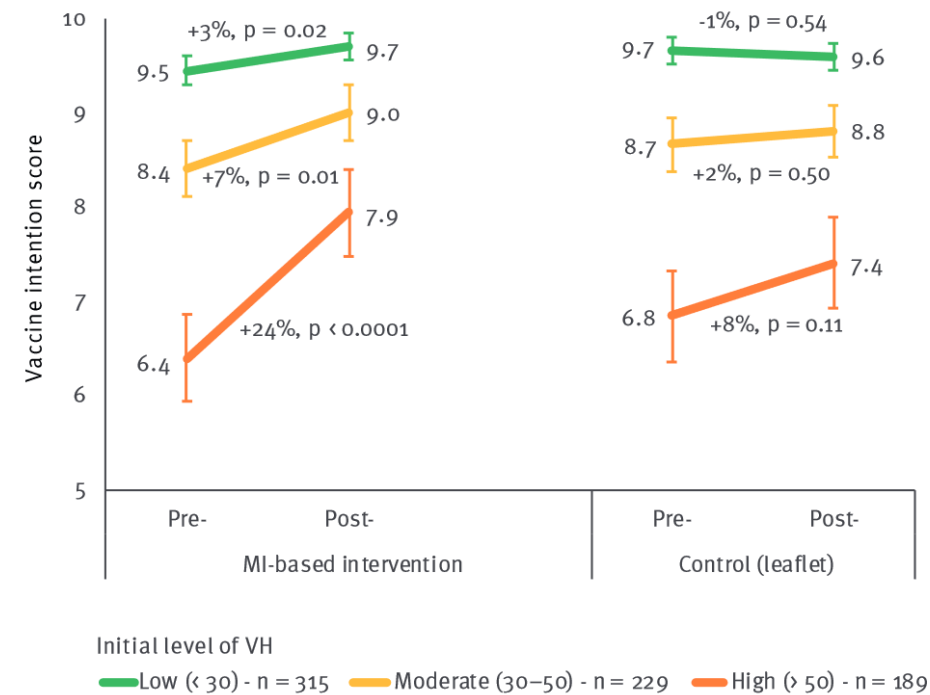
Changes in vaccine hesitancy scores by intervention group according to initial vaccine hesitancy category, south-eastern France, November 2021–April 2022 (n = 733)



Entretiens motivationnels

FIGURE 4

Changes in vaccination intention scores by intervention group according to initial vaccine hesitancy category, south-eastern France, November 2021–April 2022 (n = 733)



Coups de coude « Nudges »

Augmenter la couverture vaccinale contre la grippe saisonnière

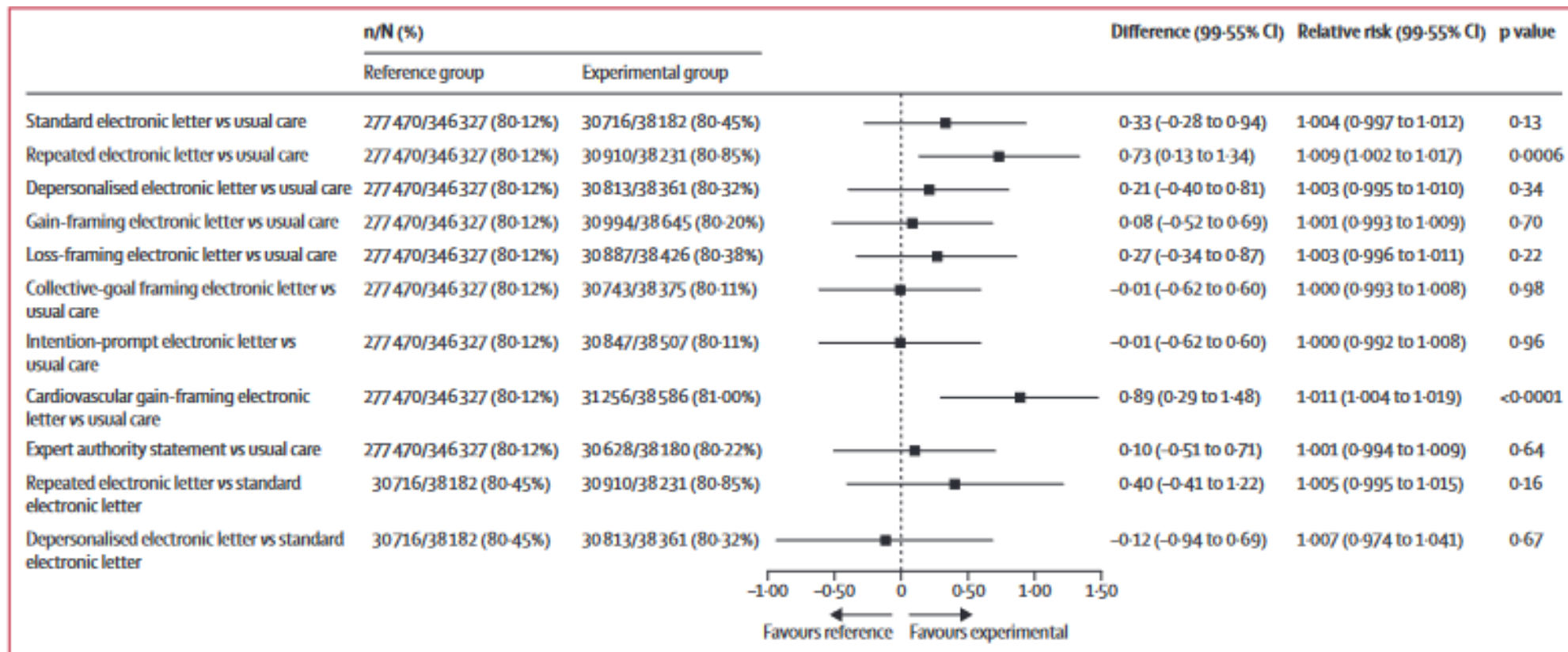
Etude menée pour la saison 2022/2023

Tous les danois de plus de 65 ans sont éligibles sauf si vivant en EHPAD, sauf si non éligible à l'envoi de courrier électronique

Un message portant sur la prévention CDV est associé à plus de vaccination

Johansen ND, Vaduganathan M, Bhatt AS, Lee SG, Modin D, Claggett BL, et al. Electronic nudges to increase influenza vaccination uptake in Denmark: a nationwide, pragmatic, registry-based, randomised implementation trial. The Lancet [Internet]. 2023 Mar 5 [cited 2023 Mar 22]; Available from: <https://www.sciencedirect.com/science/article/pii/S0140673623003495>

Standard electronic letter	Standard informational electronic letter (appendix p 3)	--	--
Repeated electronic letter	Standard electronic letter sent at randomisation and again 14 days later	Priming and hot state activation	--
Depersonalised electronic letter	Standard electronic letter without recipient name	Depersonalisation	--
Gain-framing electronic letter	Text added to standard electronic letter	Gain framing	"Vaccinations help end pandemics, like COVID-19 and the flu. Protect yourself and your loved ones."
Loss-framing electronic letter	Text added to standard electronic letter	Loss framing	"When too few people get vaccinated, pandemics from diseases like COVID-19 and the flu can spread and place you and your loved ones at risk."
Collective-goal framing electronic letter	Text added to standard electronic letter	Collective goal	"78% of all Danes aged 65 years and above were vaccinated against influenza last year. Help us achieve an even higher goal this year!"
Intention-prompt electronic letter	Text added to standard electronic letter	Active choice and implementation-intention prompt	"Many people find it helpful to make a plan for getting their flu vaccine. We encourage you to record your appointment time here: [blank space]"
Cardiovascular gain-framing electronic letter	Text added to standard electronic letter	Gain framing (cardiovascular)	"In addition to its protection against influenza infection, influenza vaccination also seems to protect against cardiovascular disease such as heart attacks and heart failure."
Expert-authority statement electronic letter	Text added to standard electronic letter	Expert authority and credibility of sender	"I recommend everyone over the age of 65 years to get vaccinated against influenza"—Tyra Grove Krause, Executive Vice President, Statens Serum Institut."



Taux de couverture vaccinale dans le bras contrôle 80 %

Il faut envoyer 117 messages sur le risque cardiovasculaire pour une vaccination supplémentaire

L'efficacité est la meilleure chez les sujets qui ne se sont jamais fait vacciner.

Electronic Nudges to Increase Influenza Vaccination in Patients With Chronic Diseases

A Randomized Clinical Trial

Niklas Dyrby Johansen, MD, PhD; Muthiah Vaduganathan, MD, MPH; Ankeet S. Bhatt, MD, MBA, ScM; Daniel Modin, MD; Safia Chatur, MD; Brian L. Claggett, PhD; Kira Hyldekær Janstrup, PhD; Carsten Schade Larsen, MD, DMSc; Lykke Larsen, MD, PhD; Lothar Wiese, MD, PhD; Michael Dalager-Pedersen, MD, PhD; Lars Køber, MD, DMSc; Scott D. Solomon, MD; Pradeesh Sivapalan, MD, PhD; Jens Ulrik Stæhr Jensen, MD, PhD; Cyril Jean-Marie Martel, PhD; Tyra Grove Krause, MD, PhD; Tor Biering-Sørensen, MD, MSc, MPH, PhD

Objectif: augmenter la couverture vaccinale contre la grippe saisonnière des 18-65 ans à haut risque

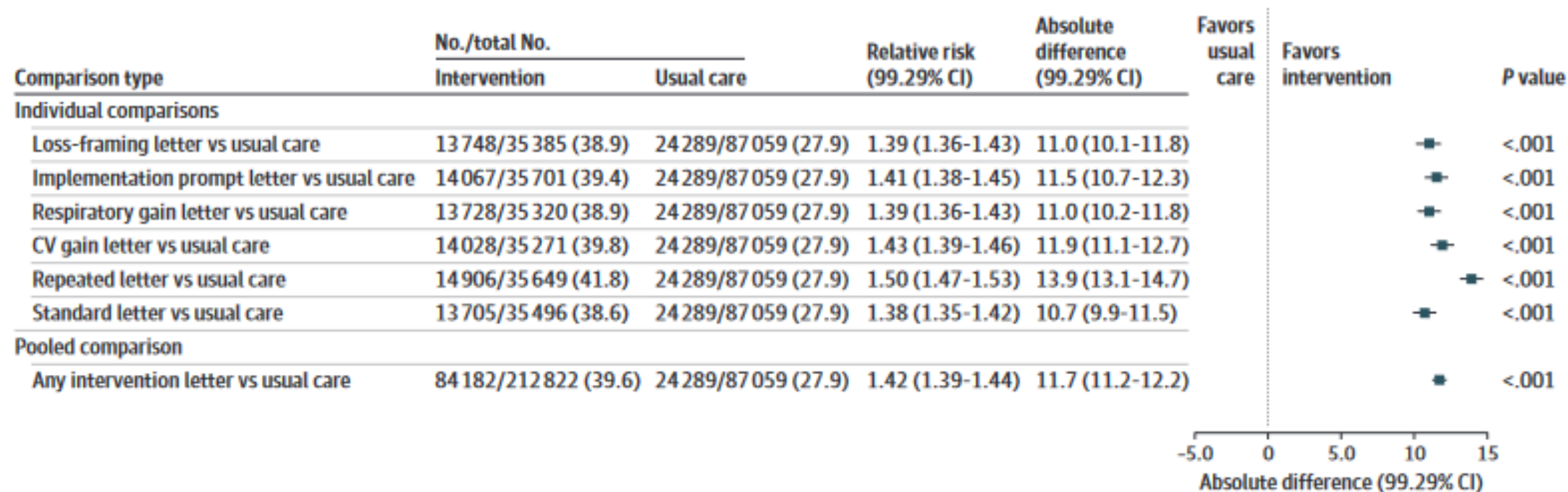
Critère principal de jugement:

Vaccination contre la grippe saisonnière avant le 1^{er} Janvier 2024

Critère de jugement secondaire:

Timing de la vaccination

Figure 2. Results for Primary End Point of Influenza Vaccination Receipt



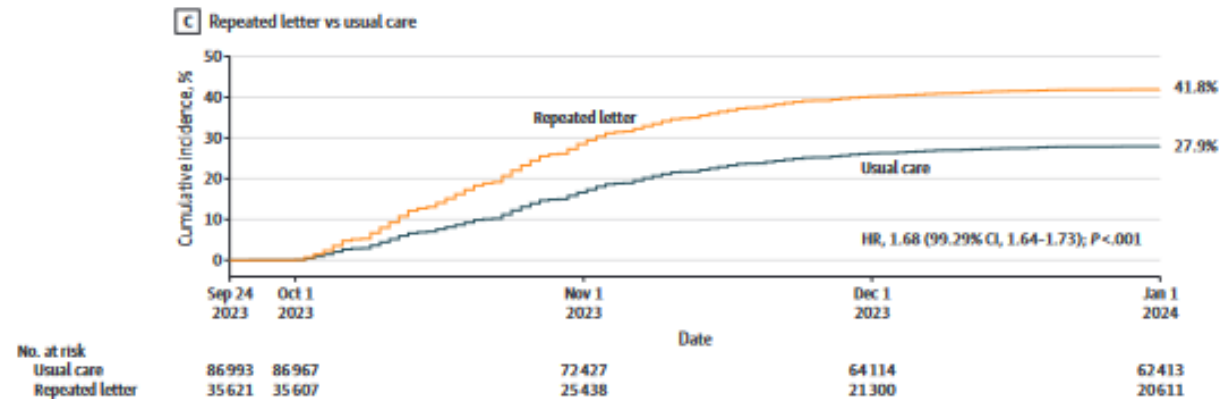
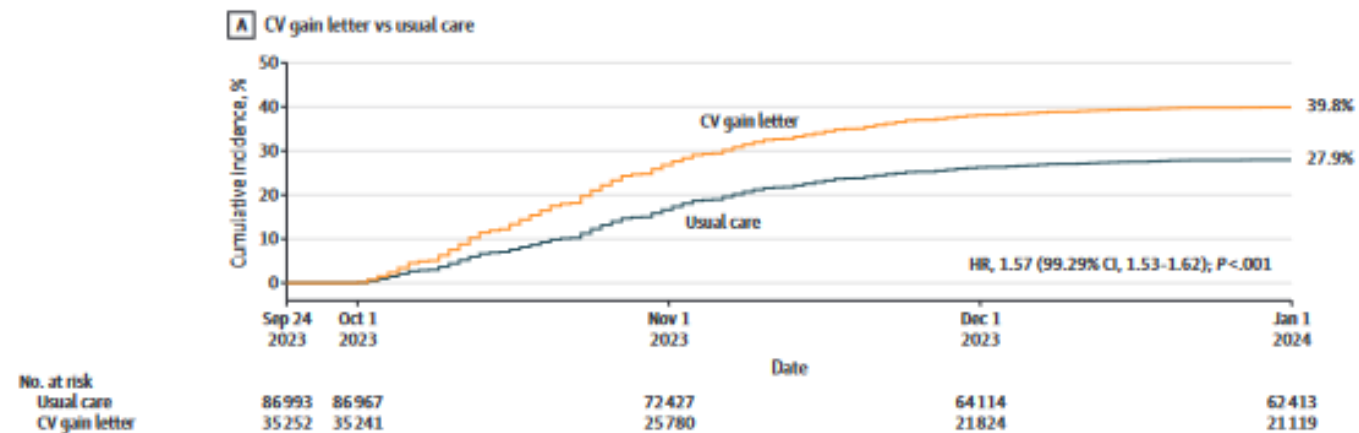


Figure 4. Results for 4 of 7 Comparisons for Secondary End Point of Time to Influenza Vaccination Receipts

Effet des envois répétés et des messages ciblés sur l'impact cardiovasculaire et respiratoire de la vaccination.



En contexte d'urgence humanitaire

RESEARCH

“Vaccinating your child during an emergency is more important than ever”: a randomised controlled trial on message framing among Ukrainian refugees in Poland, 2023

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TABLE 1

Messages used in the intervention and control groups to Ukrainian refugee mothers living in Poland, 2023

Group	Message
Control	Dare to be healthy
Intervention 1: trust	Schedule routine vaccinations for your children while you are in Poland! Protect their health and shield them from vaccine-preventable diseases. The Polish health system has a strong immunisation programme that has been successful in preventing serious diseases in children using the highest quality vaccines.
Intervention 2: access	Schedule routine vaccinations for your children while you are in Poland! Protect their health and shield them from preventable diseases. Getting your child vaccinated in Poland is easy and convenient.
Intervention 3: risk aversion	Schedule routine vaccinations for your children while you are in Poland! Protect their health and shield them from preventable diseases. Vaccinating your child during an emergency is more important than ever as your child might be more vulnerable to infectious diseases.

Mères réfugiées ukrainiennes en Pologne

3 messages testés, un groupe contrôle

Mesure de l'intention de faire vacciner en Pologne son ou ses enfants âgés de de moins de 7 ans

En contexte d'urgence humanitaire

TABLE 3

Primary outcomes for each of the four randomised groups, Ukrainian mothers living in Poland, June 2023–July 2023

Primary outcome	Crude OR		p value	Adjusted OR		p value
	OR	95% CI		AOR	95% CI	
Intention to get a child vaccinated in the next 6 months in Poland						
Control	Reference			Reference		
Trust	1.85	1.01–3.40	0.046	1.64	0.86–3.14	0.133
Access	1.34	0.73–2.47	0.340	1.35	0.72–2.54	0.354
Risk aversion	2.35	1.29–4.28	0.005	2.35	1.24–4.42	0.008
Clicking on vaccination scheduling link						
Control	Reference			Reference		
Trust	1.03	0.77–1.38	0.837	1.07	0.78–1.48	0.661
Access	1.15	0.86–1.54	0.331	1.28	0.94–1.75	0.124
Risk aversion	1.35	1.01–1.79	0.040	1.53	1.12–2.09	0.008

AOR: adjusted odds ratio; CI: confidence interval; OR: odds ratio.

Odds ratios were adjusted for the following variables: age of child; perceived importance of vaccination; social norm; knowledge of vaccination; trust in healthcare providers; likelihood of returning to Ukraine. The outcome 'intention to vaccinate a child in the next 6 months in Poland' was also adjusted for the baseline values of this question.

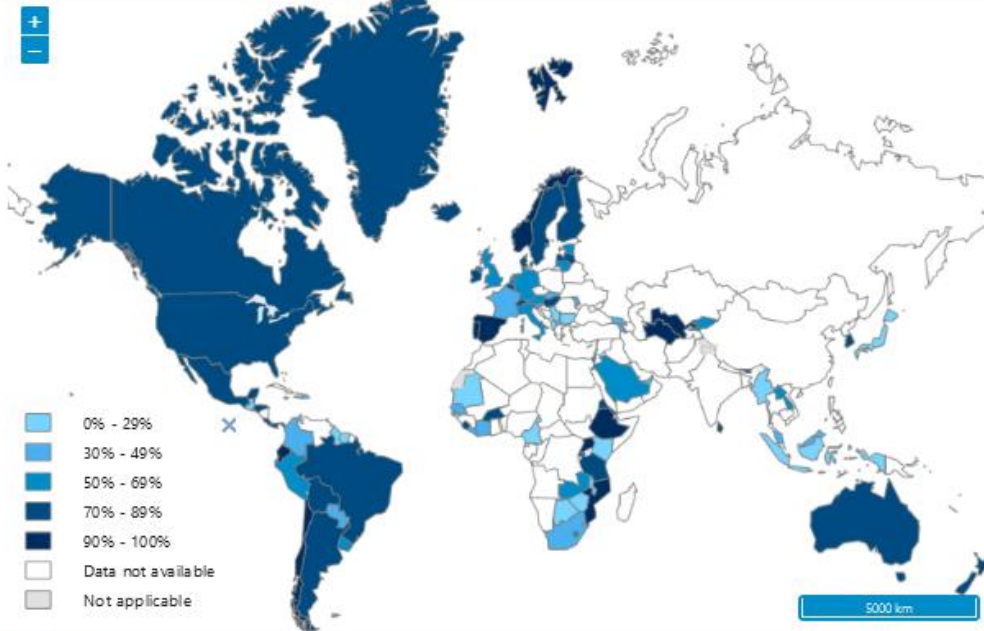
Une communication basée sur la prévention d'un risque est plus efficace qu'une intervention basée sur la confiance ou les aspects pratiques

Créer des opportunités de vaccination

La vaccination en milieu scolaire : un dispositif pour obtenir de fortes couvertures



HPV vaccine first dose programme coverage 2022



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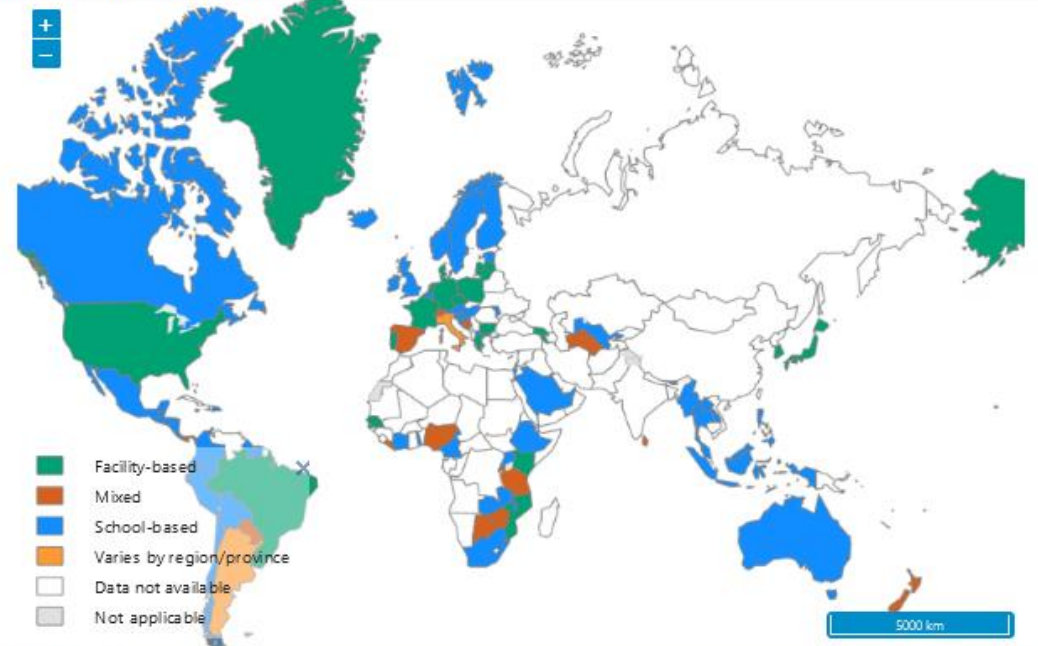
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HPV vaccine primary delivery strategy



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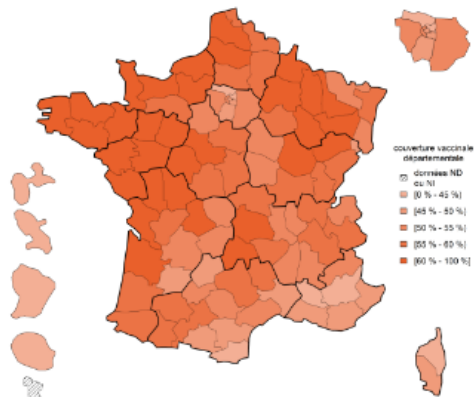


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Couverture vaccinale HPV en France Fin 2023

Figure 6. Couvertures vaccinales contre les papillomavirus humains au moins 1 dose à 15 ans, chez les jeunes filles nées en 2008, France*



*Les données issues du SNDS pour la Guyane ne couvrent pas l'ensemble du territoire et surestiment très vraisemblablement la couverture vaccinale. Source : SNDS-DCI, Santé publique France, données mises à jour au 31/12/2023

Figure 7. Couvertures vaccinales contre les papillomavirus humains 2 doses à 16 ans, chez les jeunes filles nées en 2007, France*

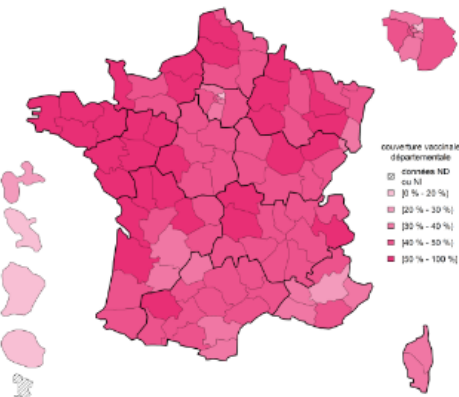


Tableau 6. Couvertures vaccinales contre les papillomavirus humains au moins 1 dose à 15 ans et 2 doses à 16 ans, chez les jeunes filles, en 2022 et en 2023, Auvergne-Rhône-Alpes, France

Zone géographique	Papillomavirus (Filles)			
	Au moins 1 dose à 15 ans		2 doses à 16 ans	
	2022 (%)	2023 (%)	2022 (%)	2023 (%)
01 - Ain	50,3 %	55,1 %	44,2 %	46,8 %
03 - Allier	51,8 %	59,5 %	46,9 %	50,3 %
07 - Ardèche	42,6 %	53,4 %	37,2 %	42,4 %
15 - Cantal	47,3 %	60,9 %	46,3 %	49,1 %
26 - Drôme	42,5 %	52,0 %	36,8 %	40,6 %
38 - Isère	49,7 %	56,6 %	43,3 %	47,6 %
42 - Loire	44,0 %	51,4 %	37,5 %	40,6 %
43 - Haute-Loire	44,8 %	55,4 %	42,4 %	43,9 %
63 - Puy-de-Dôme	58,7 %	64,1 %	50,4 %	54,1 %
69 - Rhône	46,0 %	51,3 %	40,5 %	42,4 %
73 - Savoie	51,7 %	57,8 %	46,2 %	50,6 %
74 - Haute-Savoie	43,4 %	50,0 %	36,1 %	40,8 %
Auvergne-Rhône-Alpes	47,6 %	54,3 %	41,6 %	44,9 %
France hexagonale	48,8 %	55,6 %	42,4 %	45,7 %
France entière*	47,8 %	54,6 %	41,5 %	44,7 %

100 000 vaccinations au collège
300 000 vaccinations en ville en parallèle
Augmentation de 7 % de la CV chez les filles et 13 % chez les garçons (étude Vaccicol SPF en attente de publication)

Campagne de vaccination en milieu scolaire (données SPF Janvier 25)

Tableau 2. Couvertures vaccinales (%) régionales contre HPV au moins 1 dose chez les filles nées en 2011, au 30/09/2023 (avant la campagne) et au 31/12/2023 (à l'issue de la 1^{re} phase de la campagne) et au 30/06/2024 (à l'issue de 2^{de} phase de la campagne), France

Régions	Au moins 1 dose			Augmentation de la CV au moins une dose (points)	Deux doses au 30/06/2024 (%)
	Avant campagne au 30/09/2023 (%)	Après la 1 ^{re} phase au 31/12/2023 (%)	À l'issue de la campagne au 30/06/2024 (%)		
Auvergne-Rhône-Alpes	38	54	61	23	38
Bourgogne-Franche-Comté	35	55	62	27	39
Bretagne	50	73	81	31	52
Centre-Val de Loire	40	61	66	26	42
Corse	20	34	39	19	27
Grand Est	41	58	64	23	39
Hauts-de-France	47	65	72	25	42
Île-de-France	30	46	53	23	33
Normandie	52	65	76	24	40
Nouvelle-Aquitaine	40	61	69	29	45
Occitanie	35	49	56	21	32
Pays de la Loire	47*	61*	70	23	41
Provence-Alpes-Côte d'Azur	32*	48*	56	24	33
Total France hexagonale	39	56	63	24	38

Tableau 1. Couvertures vaccinales (%) régionales contre HPV au moins 1 dose chez les garçons nés en 2011 au 30/09/2023 (avant la campagne) et au 31/12/2023 (à l'issue de la 1^{re} phase de la campagne) et au 30/06/2024 (à l'issue de 2^{de} phase de la campagne), France

Régions	Au moins 1 dose			Augmentation de la CV au moins une dose (points)	Deux doses au 30/06/2024 (%)
	Avant campagne au 30/09/2023 (%)	Après la 1 ^{re} phase au 31/12/2023 (%)	À l'issue de la campagne au 30/06/2024 (%)		
Auvergne-Rhône-Alpes	25	40	47	22	30
Bourgogne-Franche-Comté	24	43	50	26	33
Bretagne	34	59	67	33	46
Centre-Val de Loire	26	47	51	25	34
Corse	9	22	25	16	19
Grand Est	29	47	52	23	33
Hauts-de-France	32	49	55	23	32
Île-de-France	20	35	41	21	27
Normandie	38	48	59	21	31
Nouvelle-Aquitaine	26	48	54	28	38
Occitanie	23	35	40	17	25
Pays de la Loire	35*	47*	56	21	32
Provence-Alpes-Côte d'Azur	19*	33*	38	19	23
Total France hexagonale	26	42	49	23	31

Les interventions multi- composantes

Effectiveness of interventions to increase healthcare workers’ adherence to vaccination against vaccine-preventable diseases: a systematic review and meta-analysis, 1993 to 2022

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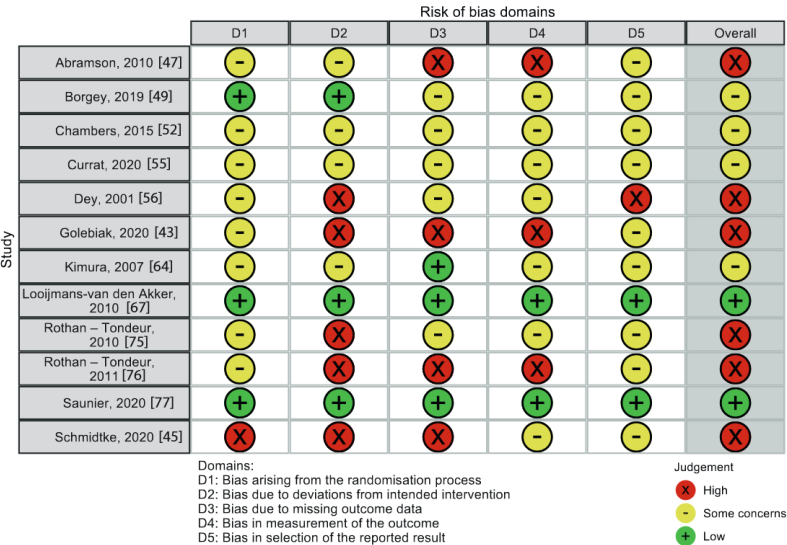
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Citation style for this article:
Clari Marco, Albanesi Beatrice, Comoretto Rosanna Irene, Conti Alessio, Renzi Erika, Luciani Michela, Ausili Davide, Massimi Azzurra, Dimonte Valerio. Effectiveness of interventions to increase healthcare workers’ adherence to vaccination against vaccine-preventable diseases: a systematic review and meta-analysis, 1993 to 2022. Euro Surveill. 2024;29(9):pii=2300276. <https://doi.org/10.2807/1560-7917.ES.2024.29.9.2300276>

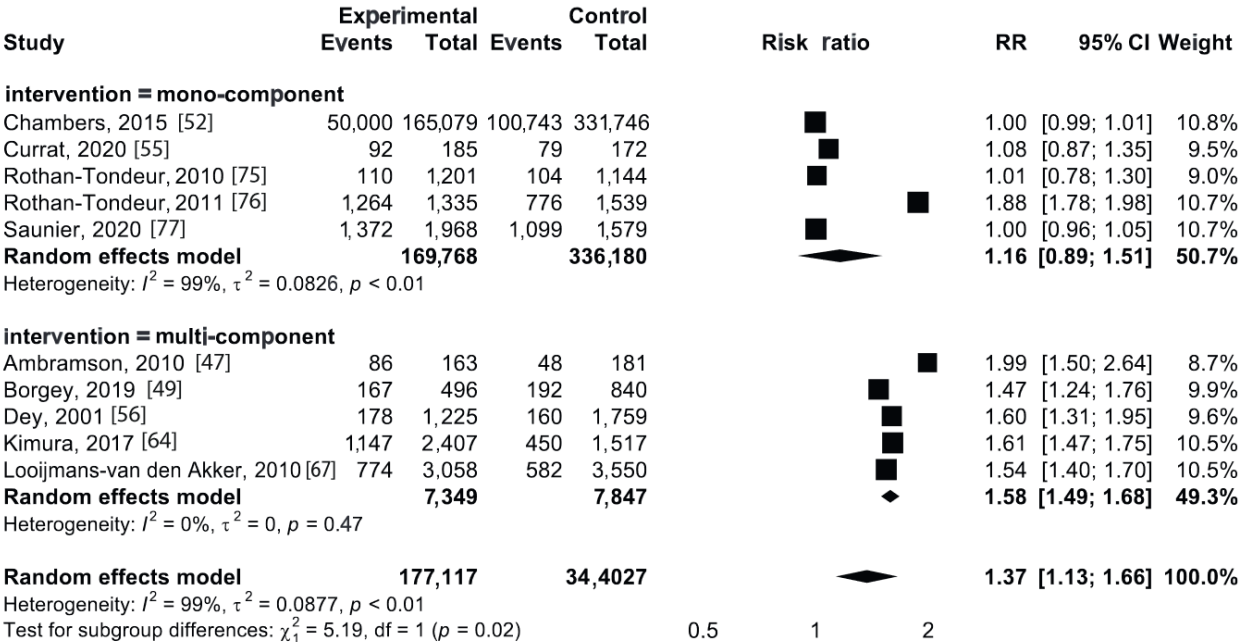
Article submitted on 22 Mar 2023 / accepted on 13 Dec 2023 / published on 29 Feb

Peu d’études faiblement biaisées
Peu d’études randomisées
Plus forte efficacité des interventions dites multi-composantes

A. Randomised controlled trials



A. Randomised controlled trials



Vaccination contre HPV

Intervention multi-
composante dans des
cabinets médicaux aux
Etats-Unis

Fact sheet

Outil d'aide la décision
Un site web personnalisé
Des images
Une formation à la
communication

Dempsey *et al.* JAMA pediatrics
2018

Table 2. HVP Vaccine Series Initiation and Completion, All Ages and Sexes Combined: Control vs Intervention Difference-in-Differences Comparison of Baseline to Postimplementation Periods^a

Variable	Control				Intervention				Difference in Differences ^b	
	No. Eligible for HPV Dose	% of Eligible Who Received HPV Dose	OR (95% CI)		No. Eligible for HPV Dose	% of Eligible Who Received HPV Dose	OR (95% CI)			
			Unadjusted	Adjusted ^c			Unadjusted	Adjusted ^c		
Series Initiation										
Baseline	8246	37.1	1.13	1.11	7757	31.6	1.61	1.62	1.42	1.46
Postintervention	7295	38.9	(1.05-1.21)	(1.03-1.20)	8163	42.9	(1.49-1.73)	(1.51-1.75)	(1.28-1.58)	(1.31-1.62)
Series Completion										
Baseline	2783	73.6	0.66	0.65	2206	73.5	1.05	1.01	1.59	1.56
Postintervention	2747	68.1	(0.57-0.76)	(0.56-0.75)	2507	72.4	(0.90-1.22)	(0.87-1.18)	(1.30-1.95)	(1.27-1.92)

Abbreviations: HPV, human papillomavirus; OR, odds ratio.

^a Intraclass correlation coefficients, in order of model presentation, are 0.104 and 0.151.

^b Ratio of ORs from control vs intervention groups describing the change from

baseline to postimplementation time points in the proportion of eligible patients initiating or completing the HPV vaccine series.

^c Models adjusted for medical specialty (pediatrics or family medicine), practice type (public or private), patient age, sex, and insurance.

Une intervention multi-composante pour la vaccination HPV des adolescents

Education, Motivation, Mobilisation (EMM) : Information et/ou éducation sur les infections HPV et la vaccination dans les collèges à destination des adolescents – parents – intervenants

Facilitation d'accès (FA) : Journées de vaccination au sein des collèges (avec la participation des centres de vaccination)

Formation des médecins généralistes (MG) : Formation HPV à destination des médecins généralistes

Ces composantes seront évaluées seules ou combinées

La facilitation d'accès n'a pas été évaluée sans l'EMM





Effectiveness of a School- and Primary Care–Based HPV Vaccination Intervention

The PrevHPV Cluster Randomized Trial

Nathalie Thilly, PhD; Morgane Michel, PhD; Maïa Simon, PhD; Aurélie Bocquier, PhD; Amandine Gagneux-Brunon, PhD; Aurélie Gauchet, PhD; Serge Gilberg, PhD; Anne-Sophie Le Duc-Banaszuk, MD; Sébastien Bruel, MD; Judith E. Mueller, PhD; Bruno Giraudeau, PhD; Karine Chevreul, PhD; for the PrevHPV Study Group

Table 2. HPV Vaccination Coverage for 11- to 14-Year-Old Adolescents at Baseline and 2 Months After End of Intervention in Participating Municipalities^a

Characteristic	Median (IQR) value		Group 3: at-school vaccination plus adolescents' education and motivation (n = 16)	Group 4: adolescents' education and motivation (n = 15)	Group 5: GPs' training (n = 15)	Group 6: control (n = 15)
	Group 1: at-school vaccination plus adolescents' education and motivation plus GPs' training (n = 15)	Group 2: adolescents' education and motivation plus GPs' training (n = 15)				
All adolescents aged 11-14 y						
At baseline, %	11.7 (10.3 to 19.4)	12.0 (8.2 to 17.1)	14.8 (12.3 to 19.2)	15.0 (10.7 to 19.4)	8.9 (6.7 to 14.5)	13.8 (10.9 to 17.2)
At 2 mo, %	23.8 (12.7 to 37.1)	20.1 (12.2 to 24.8)	30.0 (24.3 to 34.1)	17.5 (12.8 to 27.3)	11.7 (9.1 to 24.4)	17.8 (14.0 to 24.1)
Difference, percentage points	8.1 (2.7 to 20.3)	5.1 (3.0 to 7.9)	14.2 (9.1 to 17.3)	6.6 (2.0 to 8.7)	4.0 (2.0 to 7.3)	4.6 (1.9 to 7.4)
Girls aged 11-14 y						
At baseline, %	22.7 (16.2 to 31.0)	22.2 (15.8 to 28.7)	25.4 (21.5 to 34.6)	23.7 (19.3 to 29.6)	16.0 (11.8 to 24.7)	27.3 (16.4 to 31.7)
At 2 mo, %	37.7 (21.2 to 46.2)	27.0 (18.5 to 33.3)	38.4 (31.6 to 42.7)	31.0 (22.6 to 35.8)	20.4 (15.1 to 33.3)	29.1 (25.8 to 34.6)
Difference, percentage points	7.4 (2.6 to 19.8)	3.7 (2.0 to 6.0)	10.3 (4.6 to 13.0)	5.5 (−0.3 to 9.0)	3.4 (0.3 to 6.7)	3.3 (1.3 to 10.4)
Boys aged 11-14 y						
At baseline, %	3.0 (1.0 to 7.3)	4.0 (2.6 to 7.4)	3.7 (2.3 to 6.6)	5.2 (1.9 to 7.7)	1.8 (0 to 4.7)	3.4 (2.2 to 5.9)
At 2 mo, %	13.7 (4.8 to 25.8)	11.5 (5.2 to 18.1)	22.0 (17.2 to 27.4)	11.2 (5.2 to 15.4)	7.4 (3.4 to 10.6)	7.2 (5.5 to 13.8)
Difference, percentage points	8.9 (2.7 to 22.9)	7.7 (3.0 to 10.8)	17.1 (12.1 to 22.6)	6.0 (3.3 to 8.6)	5.1 (1.1 to 10.0)	4.2 (2.2 to 6.9)

Quelques éléments de langage à utiliser ou proscrire ?

Attributs	Éléments de communication	Exemples
Maladie prévenue Situation épidémique	Cancer Maladie qui touche les collègues, les patients	Vaccination HPV Vaccination grippe des professionnels
Sécurité	Vaccin sûr et largement utilisé, Ne pas évoquer le terme de bénéfice/risque	Vaccination grippe
Efficacité	Efficacité élevée et durable	Vaccination HPV Rappels successifs vaccination COVID
Couverture vaccinale	Couverture vaccinale supérieure à 90 % dans certains pays Couverture vaccinale chez les collègues	Vaccination HPV Vaccination COVID et grippe
Protection des autres	Effet indirect, immunité de groupe Effet sur la transmission	Vaccination HPV Vaccination COVID

D'après Godinot et al. Vaccine 2021, Diaz Luevano BMJ Open 2021, Chyderiotis Vaccine 2021

Des questions ?
merci de votre attention