THE ORGANIZATION AND DELIVERY OF
VACCINATION SERVICES IN THE EUROPEAN UNION

FRANCE

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France

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Governance

The Ministry of Health is responsible for developing and overseeing the implementation of national vaccination plans and programmes. Each year the national immunization programme is set out by the Minister of Health on the basis of proposals made by the Technical Commission on Immunization of the French National Authority for Health (*Haute Autorité de Santé*). Implementation is the responsibility of regional health agencies (*Agences regionales de santé*) that are charged with ensuring that the provision of health services meets the needs of the population and with implementing regional health policies in relation to mother and child health (*protection maternelle et infantile*). Health care providers are obliged to report cases of measles to the relevant regional health agency.

The French National Public Health Agency (*Santé publique France*), created through the merger of two key public health bodies, the French Institute for Public Health Surveillance (*Institut de Veille Sanitaire*) and the National Institute for Prevention and Health Education (*Institut national de prévention et d'éducation pour la santé*), monitors the implementation of the immunization plan. It provides statistics on the share of the targeted population that has been immunized and on the number of cases of vaccine-preventable diseases. Infant vaccination coverage is mainly calculated through the returns of mandatory health certificates when a child reaches their second birthday. More recently, and for older children, vaccine coverage is also measured through the databases of the statutory health insurance about health care utilization. All health services that are reimbursed through the statutory health insurance are registered in these databases (*see* for instance:

http://invs.santepubliquefrance.fr/Dossiers-thematiques/Maladies-infectieuses/Maladies-a-prevention-vaccinale/Couverture-vaccinale/Donnees/Grippe). Statutory health insurance is the single public payer for health services in France, and through various schemes it covers more than 99% of the resident population.

The National Public Health Agency is also in charge of raising the awareness of the population about the importance of immunizations against vaccine-preventable diseases such as measles and influenza. It produces information materials for patients, parents and health professionals, including leaflets, flyers and posters, as well as vaccination campaigns through the media and the Internet. Many of these documents are also available online. A website managed by the National Public Health Agency provides comprehensive information on immunization programmes and vaccines.[1] It aims to increase the trust of the population in publicly organized vaccination programmes and to provide all the information needed about vaccination. A version for health professionals has also been launched in 2018.

Since January 2018 there have been 11 mandatory immunizations for children before the age of two. These are against tetanus, diphtheria, poliomyelitis, *Haemophilus influenzae* type b, pertussis, *Streptococcus pneumoniae* (pneumococcal vaccine), group C *Neisseria meningitidis* (meningococcal C vaccine), hepatitis B, rubella, measles and mumps.

Vaccination against measles is thus compulsory for children who must receive two injections between the ages of 1 and 2 years for all children born since January 2018. In order to extend immunization coverage, children born after 1980 should also have received two doses. Unvaccinated children are not admitted to any kind of social life (day nurseries, crèches, schools, leisure activities, holidays camps, etc.). There is no further sanction or fine for parents who do not have their children vaccinated, but they could be legally pursued for compromising their child's health.

Immunization against measles is recommended for health professionals and professionals working with young children.

Immunization against seasonal influenza is recommended for all people aged 65 years and over, as well as for individuals with certain chronic conditions (such as lung diseases, cardiovascular diseases, neurological diseases, kidney and liver diseases, diabetes, cancers and immunity disorders), pregnant women, obese people, relatives of particularly vulnerable newborns (such as premature newborns, newborns with congenital heart disease, immune deficits, lung disease, or neurological disease). Immunization against influenza is also recommended for residents of nursing homes irrespective of their age, as well as for health professionals, including pharmacists, and people working in the travel sector (e.g. on ships and planes).

Provision

Childhood vaccinations against measles

Most childhood vaccinations against measles are administered by self-employed general practitioners. However, they can also be administered by hospital doctors, nurses (if prescribed by a doctor), in public vaccination centres, in mother and child health services, and by midwives for pregnant women, cohabitating relatives, and relatives of newborns under the age of eight weeks.

When the vaccination is to be administered by a self-employed health professional, it is first prescribed by a physician; the parents then have to obtain the vaccine from a pharmacy and return with it to the health professional who administers the vaccination. When administered in a public vaccination centre, or a mother and child health service, the prescription, delivery and administration of the vaccine are usually done by the health care provider.

Adult vaccinations against influenza

Most adult vaccinations against influenza are also performed by self-employed general practitioners. However, they can also be administered by hospital doctors, nurses (for at-risk adults for whom vaccination is indicated), in a public vaccination centre, in a medical centre managed by the statutory health insurance, by a midwife (for women and relatives of a newborn at high risk), and by mother and child health services for children below 7 years and pregnant women.

For individuals who are not at increased risk, when the vaccination is to be administered by a self-employed health professional, it is first prescribed by a physician,

1 https://vaccination-info-service.fr

then the patient has to obtain the vaccine from a pharmacy and return with it to the health professional who administers the vaccination.

Every year in the autumn the statutory health insurance sends a personal invitation to be vaccinated against influenza to all insured people covered by the recommendations (with the exception of pregnant women and obese people, who are difficult to identify as such in the database). The person will be given the vaccine for free from a pharmacist when showing the invitation letter, and will then visit a health professional (doctor, nurse or midwife) to receive the vaccination.

If a person of the targeted population does not receive an invitation (e.g. pregnant women and obese people), a physician can prescribe the vaccine on a specific form and the patient will receive the vaccine for free from the pharmacist.

Since October 2017 pharmacists have been allowed to vaccinate against influenza, on a voluntary basis. A pilot was conducted in two regions (Auvergne-Rhône-Alpes and Nouvelle Aquitaine) for the influenza season 2017/18. For the next season (2018/19) the pilot will be extended to two additional regions (Occitanie and Hauts-de-France). It is foreseen that all pharmacists in all the regions of France, including overseas departments, will be allowed (if they want to) to vaccinate against influenza from October 2019 onwards.

Financing

Childhood vaccinations against measles

In France vaccines used in both mandatory and recommended immunizations are covered by statutory health insurance.

When immunization against measles is administered by a self-employed health professional, patients can receive the vaccine for free from a pharmacy (on production of their statutory health insurance card) when they are between 1 and 17 years of age. If they are 18 years or older, the costs are covered by statutory health insurance at a rate of 65%, with the remaining costs covered for about 95% of the population by complementary voluntary health insurance. In practice, the vast majority of the population receives the vaccine for free and the pharmacist is reimbursed by the statutory and complementary health insurance. Patients have to pay 70% of the service fee for the visit to the health professional who administers the vaccine. The remaining 30% of the service fee is covered for about 95% of the population by complementary voluntary health insurance.

When the vaccines are administered in public vaccination centres, or mother and child health services, they are usually free at the point of delivery and no payment has to be made out of pocket for the vaccines or their administration. The costs of the vaccines are covered by statutory health insurance. Vaccination centres are financed by the state, and mother and child health protection services by local government at department level.

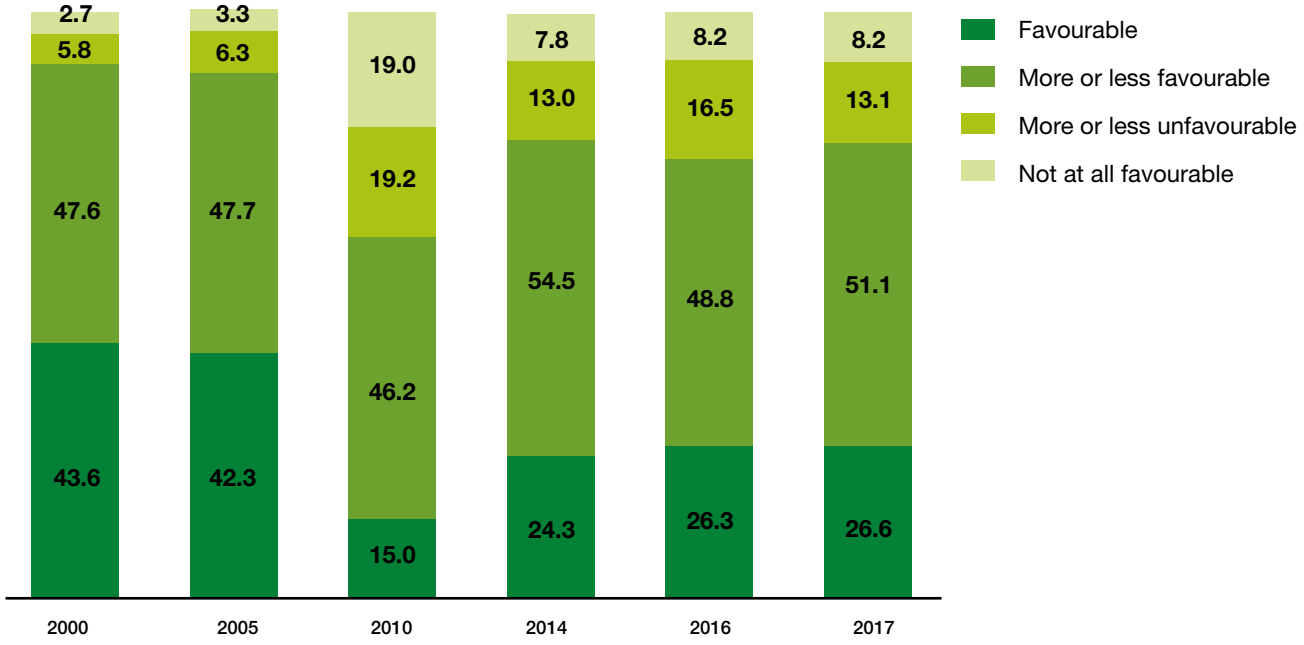
Adult vaccinations against influenza

Vaccines for immunizations against influenza are also fully covered by statutory health insurance for the targeted population and there are no out-of-pocket payments. When immunizations against influenza are administered by a self-employed health professional, people can obtain the vaccine for free from the pharmacy if they belong to the targeted population groups and provide their invitation letter from the statutory health insurance or the specific form for prescription. Patients then have to pay 70% of the service fee for the visit to the health professional who administers the vaccine. The remaining 30% of the service fee is covered for about 95% of the population by complementary voluntary health insurance cover. When the vaccines are administered in a public vaccination centre, or by a mother and child health service, they are free at the point of delivery and no payment has to be made.

Key barriers and facilitators

The main barriers for effective immunization coverage in France are public (mis)perceptions on immunization and the safety of vaccines, oversight and negligence. According to the regular Health Barometer survey, favourable attitudes towards vaccination declined markedly between 2000 and 2017 (Figure 1). In 2010 almost 40% of respondents had negative attitudes towards immunization. This was mainly due to the failure of the H1N1 campaign, with negative media reports, lack of involvement of private physicians, concerns over the safety of vaccines, and sometimes beliefs that immunization is recommended under the pressure of pharmaceutical companies for vested financial interests.

Figure 1 Attitudes towards vaccination (in %) among 18–75 year-olds in France, 2000–2017



Sources: Baromètres santé, 2000, 2005, 2010, 2014, 2016, 2017, Santé publique France

Although attitudes towards vaccination have again improved (with only 2.2% of the population against all types of immunizations), distrust towards some vaccines persists. Immunization against influenza shows the highest rate of distrust (nearly 15% of people aged 18 to 75 years in 2017), with people aged between 25 and 49 years having the most negative attitudes.

In the 2016 Health Barometer survey (Gautier et al., 2017), parents of children aged between 1 and 15 years were more in favour of immunization than any other groups of the population (i.e. people without children or with children below 1 or above 15 years; OR adjusted by age, gender, level of education, income and region = 1.2; $p<0.01$). However, one quarter of parents surveyed in 2016 reported that they had refused a recommended vaccination because they thought the vaccines were not safe or useful; 17% reported that they had postponed an immunization recommended by their doctor because they were unsure; and over a quarter reported that they had accepted an immunization despite having had doubts about its efficacy.

The main facilitators of effective vaccination coverage in France are excellent access to immunization services, public coverage of the costs of vaccinations, and information and education campaigns.

Reference

Gautier A et al. (2017). Adhésion à la vaccination en France: résultats du Baromètre santé 2016. *Bulletin Epidémiologique Hebdomadaire, Hors-série Vaccination*, 21–7.