

B5_ Oral presentations - ABSTRACTS

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Vaccination Policy, Vaccine Uptake, and Vaccine Hesitancy in Switzerland

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Recent compulsory vaccination laws in Italy (2017) and France (2018) have sparked public interest. We will discuss vaccine policies and strategies in the Swiss context, where there are no federal compulsory vaccinations, the Federal Office of Public Health (FOPH) makes vaccine recommendations, and vaccine programs are delegated to the cantons. This workshop provides an overview of 1) childhood and HPV vaccination policies and introduces methodologies that seek to understand determinants of 2) immunization rates and 3) vaccine hesitancy in Switzerland.

1. The success of federal vaccination policies is regularly evaluated by monitoring vaccine coverage among 2, 8 and 16-year olds in a 3 year cycle. Vaccination cards of a representative sample of children living in Switzerland are collected to determine coverage in terms of sex, age, and canton. Results assess crude coverage but also adherence to the vaccination schedule. In 2007, HPV vaccination for girls aged 11-14 was introduced in the national vaccination schedule and included boys in 2015. Coverage 10 years into the recommendation is still low at 56%. The FOPH conducted a population-based survey in 2014 among women 18-49 to assess determinants of (non-)vaccination and hints at a lack of information.

2. In Switzerland, HPV vaccination uptake among young women ranges from 31 to 80% across cantons. We performed a multilevel spatial analysis to investigate demographic, socioeconomic, cultural and cantonal influences on spatial variation with data from the Swiss National Vaccination Coverage Survey. We will first describe how we used Bayesian regression models including spatial autocorrelation to analyze the data. Second, we will present our findings, which show that both canton and community opinions about vaccination contribute to variations in HPV vaccine uptake.

3. This presentation provides an overview of the methods and early findings of an on-going national study on vaccine hesitancy and under-immunization in Switzerland (www.nfp74.ch/en/projects/out-patient-care/project-tarr). The mixed-methods approach combines qualitative methods (in-depth interviews with parents and biomedical and CAM providers, observations of medical consultations and discourse analysis of vaccine information sources) and quantitative methods (telephone surveys of 1,350 parents and 722 adolescents) in order to better understand the determinants of vaccine hesitancy for childhood vaccinations and HPV vaccines in Switzerland.

Regional and cantonal variations in timely adherence to measles vaccination scheme in Switzerland, 2005-2016

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Introduction

Measles vaccination coverage varies among the cantons in Switzerland. But very little is known about adherence to recommendations in terms of timeliness of administration. This study examines the timely uptake of measles vaccine and highlights cantonal and regional variations.

Method

Measles vaccine data for 2-, 8- and 16-year old children over four survey periods from the Swiss National Vaccination Coverage Survey (SNVCS) were analyzed. Age at dose 1 and 2 and the interval between dose 1 and 2 were calculated based on the date of birth and dates of vaccinations. For each canton, the quartiles and cumulative distributions of the time of vaccine administration were calculated and compared for each age group and survey period.

Results

There is a clear change in vaccination uptake behavior over time and considerable variance among the cantons. The most prominent differences can be observed in the earlier periods and for the 16-year-olds. The largest variation was found in the interval between dose 1 and 2 between Glarus (71.5 months, SE: 1.4) and Schwyz (158.4 months, SE: 0.8) during period 2005-07. Notable differences are also seen in recent years (2014-2016): In Geneva, 50% of the vaccinated toddlers get their first dose of measles vaccination at 9.4 months of age (SE: 0.1) while in Appenzell Innerrhoden the median is 3.1 months higher (12.5 months, SE: 0.1). There is also a trend to vaccinate early in the other urban French-speaking cantons, Neuenburg and Waadt, compared to other regions in Switzerland.

Conclusion

There are cantonal and regional differences in the timely uptake of measles vaccination in Switzerland, emphasizing the importance of evaluating the dates of administration to monitor the adherence to vaccination recommendations. Adaptations to the nationally recommended vaccination schedule explain some of the observed temporal changes, but not the differences among the cantons.

Evaluation du projet pilote de vaccination contre la grippe en pharmacie en Valais

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Introduction

Dans le cadre d'un projet pilote, des pharmaciens ont reçu l'autorisation, dès l'automne 2016, de pratiquer la vaccination contre la grippe saisonnière en Valais. La vaccination s'adressait aux personnes âgées de 16 à 65 ans, en bonne santé et qui n'avaient pas de médecin traitant. Elle était effectuée sans ordonnance. Seuls les pharmaciens formés ont été autorisés à pratiquer la vaccination. L'Observatoire valaisan de la santé (OVS) a évalué ce projet pilote.

Méthodes

Les buts étaient d'évaluer le nombre et les caractéristiques des personnes vaccinées, les modalités de la vaccination et ses suites, ainsi que la satisfaction des clients. Des questionnaires (en français et en allemand) ont été développés par le groupe de pilotage du projet et adressés aux pharmaciens ayant participé au projet pilote, aux clients, à l'ensemble des pharmaciens du canton ainsi qu'à l'ensemble des médecins de premiers recours du canton.

Résultats

Entre octobre 2016 et janvier 2017, 202 clients ont été vaccinés dans 16 pharmacies par 18 pharmaciens. 57% des clients vaccinés étaient des femmes. L'âge médian des clients était de 50 ans et 37 (18%) étaient âgés de plus de 65 ans. 101 clients vaccinés (50%) ont répondu à un questionnaire complémentaire portant en particulier sur leur satisfaction. La quasi-totalité de ces clients ont rapporté être très satisfaits de la prestation, 99% ayant indiqué un score de satisfaction de 4 ou de 5 (max=5). 93% des clients vaccinés en pharmacie souhaitent se faire vacciner à nouveau l'an prochain et 98% d'entre eux souhaitent le refaire en pharmacie. Les pharmaciens ont majoritairement (88%) rapportés être en faveur de la possibilité de fournir cette prestation. Les médecins de premier recours ont autant rapporté que cette offre était pertinente (44%) que non-pertinente (40%).

Conclusions

La vaccination contre la grippe en pharmacie par un pharmacien formé, sans prescription médicale, est réalisable. La satisfaction des clients ayant été vaccinés dans le cadre de ce projet pilote est très élevée.

Title: Political prioritization of neglected tropical diseases: Moving beyond the 2020 Roadmap**Aya Pastrana, Nathaly**

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Background: Neglected tropical diseases (NTDs) are diseases of poverty that affect over one billion people. The omission of these diseases in the millennium development goals mobilized NTD champions to raise their political prioritization. This study analyzed the process that has taken these diseases to their current political positioning.

Methods: The Shiffman and Smith political priority framework consisting of four determinants: actor power, ideas used to portray the issue, political context, and issue characteristics, guided this study. Global policy documents and World Health Assembly resolutions from 2000 - 2016 related to NTDs were analyzed and informed a total of 12 interviews conducted with stakeholders representing varied sectors within the global NTD community.

Results: The commitment of a small group of political champions helped build evidence of the NTD global burden that informed the creation of policies, influenced funding allocation and led to structural changes. The creation of the NTD concept has been successful in driving recognition to these diseases as evidenced in the number of funders and actors that now constitute the NTD community. Political moments including meetings with key global health actors, the release of guiding documents such as the NTD Roadmap, and the creation of the Sustainable Development Goals, provided favorable opportunities to position NTDs as a global health priority. Effective interventions to address priority NTDs have been set but efforts should be increased to also target neglected NTDs.

The responsibility of endemic countries is central to making sure NTDs are prioritized globally and nationally, including requesting funds, allocating internal resources, and making sure implementation happens. The role of communities and civil society is essential to advocate at the national level. Funds from long standing donors need to be sustained and complemented with additional sources of funding. Drug donations are key to provide treatment to affected populations but efforts should also develop diagnostic tools and other types of interventions within the context of health systems strengthening.

Conclusion: Although NTDs have gained political prioritization over the years as a result of the commitment of key actors in providing evidence to portray the issue, creating the NTD concept and engaging actors from different sectors; much needs to be done to sustain commitment and efforts beyond reaching the 2020 NTD Roadmap.

Plasmodium infection as a risk factor for hypertension in adults: Results from a population-based survey in south-central Côte d'Ivoire

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Background: Plasmodium infection (PI) is hypothesized to be a risk factor for the increasing burden of hypertension in low- and middle-income countries. However, there is a lack of epidemiologic evidence on the link between these pathologies. We investigated the association between PI and hypertension in adults in a malaria-endemic setting.

Methods: We randomly-selected 1019 adults for the Côte d'Ivoire Dual Burden of Disease Study (CoDuBu), nested within the Taabo Health and Demographic Surveillance System in south-central Côte d'Ivoire. Rapid diagnostic test (RDT) and microscopy were performed to detect PI using venous blood. Body temperature (BT) was measured, and blood pressure (BP) was measured thrice, three minutes apart, at rest. Participants also had interviews on hypertension risk factors. Using the mean of the last two BP measurements and questionnaire data, we defined prehypertension as systolic BP (SBP) of 120-139 mmHg or diastolic BP (DBP) of 80-89 mmHg without physician-diagnosed hypertension, and hypertension as SBP \geq 140 mmHg or DBP \geq 90 mmHg or physician-diagnosed hypertension. Using multinomial regression, we estimated the adjusted odds ratios (OR) and 95% confidence intervals (CI) of prehypertension and hypertension, in relation to PI.

Results: In 997 participants (18-87 years, 50% male), age- and sex-adjusted prevalence of PI (RDT/microscopy), prehypertension and hypertension were 10% (95%CI: 8%-12%), 33% (30%-35%) and 22% (20%-25%) respectively. Hypertension prevalence in plasmodium positive vs. negative was 14% vs. 24% (χ^2 P=0.029). Overall, we observed non-significant associations between PI and hypertension. But PI was significantly negatively associated with hypertension in participants without self-reported fever (OR: 0.41 [0.17-0.99]; P(interaction)=0.039) or BT \leq 36.5°C (OR: 0.22 [0.06-0.83]; P(interaction)=0.034). Microscopic PI showed significant positive associations with hypertension in participants with self-reported fever (OR: 5.02 [0.91-27.8]; P(interaction)=0.029) or BT >36.5°C (OR: 3.18 [1.02-9.97]; P(interaction)=0.014). We observed similar results with prehypertension.

Conclusion: The link between PI and hypertension may depend on different susceptibility factors. Influence of PI on hypertension reflects the importance of diagnosis/treatment of malaria before hypertension diagnosis in this setting. Future longitudinal studies considering infection frequency and host genetic variations will clarify susceptibility mechanisms.

Etat des lieux de la lutte contre le marché informel de médicaments au Togo : dispositifs et limites

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Introduction : Le déséquilibre entre les forts taux de morbidité et l'accès aux soins de santé primaire et aux médicaments de qualité pour de nombreuses populations dans les pays de l'Afrique Subsaharienne s'exprime désormais par la diffusion extensive et l'utilisation inconsidérée de médicaments de qualité inférieure et falsifiés ou faux médicaments, vendus sur le marché informel. Les conséquences sanitaires sont d'autant plus dramatiques que les faux médicaments en circulation restent notamment les antimicrobiens, les médicaments cardiovasculaires et les vaccins. L'objectif de l'étude est de faire un état des lieux documentaire et empirique de l'action publique de la lutte contre les faux médicaments au Togo et, partant des résultats, proposer une stratégie inclusive de toutes les approches.

Méthodes : Notre recherche a consisté en une double démarche. La première, théorique, a examiné de manière critique les principaux écrits ayant trait à cette problématique. La deuxième qualitative de type ethnographique, a été effectuée du 15 au 25 février 2016 dans la commune de Lomé et dans la région maritime. Elle a conduit à réaliser des entretiens individuels approfondis et de groupes avec des cibles de vendeurs, consommateurs, des organisations de la société civile, des ménages, des groupes communautaires et des acteurs du dispositif de lutte. Celle-ci a été couplée des observations des espaces et scènes de vente.

Résultats : Il ressort qu'en dépit de l'existence d'outils nationaux et internationaux, la pauvreté des ménages, l'automédication culturelle, l'ignorance des populations concernant les risques sanitaires que comportent les médicaments du marché informel, le faible engagement politique, les lacunes réglementaires et la corruption, constituent des freins à la réussite des actions de lutte contre cette pratique.

Conclusion : La répression et l'application de la loi devraient se renforcer. Cependant, la réussite de ces opérations exige du gouvernement davantage d'engagement dans le secteur de la santé, dans la sensibilisation, la formation, la résorption du chômage et la réduction de la pauvreté. Pour la sécurité des patients et des populations en général, une instauration d'une couverture sanitaire universelle, en priorité en faveur des plus vulnérables et la lutte contre la corruption s'avèrent urgentes.

Mots clés : marché informel, faux médicaments, médicaments de qualité inférieure et falsifiés.