

# Adolescent Health programme and its contribution to the success of vaccination

Country: FRANCE

# 1) Childhood vaccination schedule 2006

Age	DTaP	IPV	HIB	Hep B	MMR	dT	Pn 7
2 months(1)	X	X	X	X			X
3 months	X	X	X				X
4 months	X	X	X	X			X
12 months					X		X
16-18 mo	X	X	X	X	X		
6 y	DT	X		Catch-up if needed	Catch-up if needed		
11-13 y	X	X		Catch-up if needed	Catch-up if needed		
16-18 y		X				X	

## 2.1) How are the children/adolescents reached? School medicine system.

- There is a school medicine system which has been used for HB vaccination from October 1994 until the 1<sup>st</sup> of October 1998 but no more since then

## 2.2) How are the children/adolescents reached?

### Other channels

- Private general practitioners and pediatricians
- Public vaccination centers
- MCH centers (<6yrs)
- Others ...

### 3) Who are the vaccinators?

- For children under 6, and for all vaccines, roughly 45% of the children are vaccinated by GP, 45% by pediatricians, 10% by MCH, for older no information

#### Administrators:

- doctors, midwives
- nurses only under medical prescription

## 4) Training of the vaccinators?

- During the whole current medical courses, approximately 4 hours are devoted to vaccinations.
- Additional formation for microbiologists, infectious diseases specialists, pediatricians, ...
- National guide on immunization updated in 2006, widely distributed and available on the internet.

## 5) Financing of child and adolescent vaccination

- All recommended vaccines are free (public sector) or refundable (65% by Social security system + remaining by mutual system) in the private sector
- Doctor consultation free in public sector, or refundable (65% by Social security system + remaining by mutual system) in the private sector

## 6) Decisions on introduction of new vaccines

Recommendations made by:

- Advice of technical committee endorsed by General Direction of Health /MOH

Challenges to introduce new/additional vaccines for adolescents in your country

- Administrative inertia, price of the vaccines, complexity of the channels

## 7) Coverage data

- Survey of school children in 2003-2004:

	11years	15 years
• BCG %	99,5	99,8,
• DTPolio %	92,4 ( $\geq 5$ d)	80,5 (6 d)
• Pertussis %	90,1 ( $\geq 4$ d)	57,4 (5 d)
• Hep B 3-4 d%	33	42,4
• MMR 1 dose %	94	94
2 doses %	55	65

## 8) Strengths of the immunization programmes

- Good implementation in infants
- No school programmes related to immunization

### Practices

- The schedule is theoretically checked at school and parents advised if a booster or a dose is lacking

## 9) Challenges of the immunization programmes

- No school children or adolescent programmes have been implemented in France since the stopping of Hep B pre-adolescent immunization programme in 1998
- Booster doses coverage suboptimal

## 10) Conclusions

- Good vaccination coverage for “old vaccines” (BCG, DT Polio), delivered early in life
- Moderate to bad compliance of the population to “new vaccines”, especially Hep B vaccine
- No specific vaccination programmes in school children and adolescents in France