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aged ≥ 65 years ($n = 121,097$) and those < 65 with diabetes, chronic respiratory, cardiovascular, neuromuscular, or liver diseases ($n = 102,001$), we calculated standardized IFV uptake rates from IFV reimbursement claims and used segmented regressions to analyze the effect on these rates of the 2009 pandemic and new recommendations.

Results

In 2015, standardized IFV uptake rate was 49% in the older group; in the younger group, it ranged from 11% (liver diseases) to 20% (heart failure). In the older group, IFV uptake increased slightly in 2009 (+3 percentage points, pp), decreased in 2010 (-8 pp) and progressively decreased until 2015 (-0.9 pp per season). The curves were very similar among the younger people with diabetes, respiratory or valvular heart diseases, or heart failure. After publication of the new recommendations, IFV uptake increased by 5 pp for liver diseases, but did not change for coronary heart diseases, stroke or neuromuscular diseases. People with the latter two conditions had however already been receiving vouchers for free vaccine from the NHIF for several years (as all these groups now do).

Conclusions

Our results confirm inadequate IFV coverage that has worsened since the 2009 pandemic in most targeted groups. Impact of the new recommendations varied by disease. Efforts should be strengthened to implement evidence-based interventions for improving IFV coverage.

Key messages:

- In most targeted groups, IFV uptake rates decreased after 2009 and have decreased or stagnated since 2010, below the target levels.
- Results suggest that new recommendations alone, without providing free access to the vaccine has no significant impact on IFV uptake.

Influenza vaccine coverage trends among targeted groups from 2006 to 2015, in France

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Background

Influenza vaccine (IFV) coverage in France remains far below the national target. New IFV recommendations were issued for people with coronary heart disease, stroke, and neuromuscular diseases in 2011 and with liver diseases in 2013. We studied trends in IFV uptake among selected targeted groups over 10 years, and the impact on these trends of the 2009 A/H1N1 pandemic and the new recommendations.

Methods

Retrospective longitudinal study (2006-2016) in a 1/97 representative sample of the French National Health Insurance Fund (NHIF) database (EGB). Focusing on people