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Original article

Socioeconomic inequalities to accessing vaccination against human papillomavirus in France: Results of the Health, Health Care and Insurance Survey, 2012

Inégalités socioéconomiques dans l'accès à la vaccination contre les papillomavirus humains en France : résultats de l'enquête Santé et protection sociale, 2012

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Abstract

Background. – In France, human papillomavirus (HPV) vaccination coverage among adolescents and young women is low and decreasing. We analysed data from the 2012 Health, Health Care and Insurance Survey with the aim of identifying factors associated with this vaccination. We also compared the socioeconomic profile of unvaccinated young women to that of women who do not undergo cervical cancer screening (CCS).

Methods. – Data were collected through interviews and self-administered questionnaires completed by a randomised sample of Health insurance beneficiaries. Two analyses were performed using Poisson regression: one to investigate the determinants of CCS uptake in women aged 25–65 years old ($n = 4508$), the other to investigate the determinants of HPV vaccination in young women aged 16–24 years old ($n = 899$). A sub-analysis was performed in 685 “daughter–mother” couples from the same household in order to analyse the association between participation to CCS in mothers and HPV vaccination in daughters.

Results. – Factors significantly associated both to a lower CCS uptake and to an insufficient HPV vaccination were the lack of a complementary private health insurance ($P = 0.023$ and $P = 0.037$, respectively) and living in a family with a low household income ($P < 0.001$ and $P = 0.005$, respectively). A low education level was associated to a lower CCS uptake ($P < 0.001$). The absence of CCS uptake in the last three years in mothers was associated to a lower level of HPV vaccination in their daughter ($P = 0.014$).

Conclusion. – Women who do not undergo CCS and HPV unvaccinated young women tend to be of modest socioeconomic status. Unvaccinated young females tend to have mothers who do not undergo CCS and are therefore at risk of benefiting from none of the two cervical cancer preventive measures. The current implementation strategy concerning HPV vaccination in France may therefore increase inequalities regarding cervical cancer prevention.

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Keywords: Vaccination coverage; Human papillomavirus; Cervical cancer screening; Socioeconomic determinants; France

Résumé

Position du problème. – En France, les couvertures vaccinales (CV) du vaccin contre les papillomavirus humains (HPV) des adolescentes et des jeunes femmes sont insuffisantes et en régression. Nous avons analysé les données de l'Enquête santé et protection sociale de 2012 afin d'explorer les facteurs associés à cette vaccination. Nous avons également comparé le profil socioéconomique des jeunes femmes non vaccinées à celui des femmes participant au dépistage du cancer du col par frottis cervico-utérin (FCU).

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Méthodes. – Les informations ont été recueillies par interview et auto-questionnaire sur un échantillon aléatoire représentatif des bénéficiaires de l'Assurance maladie. Deux analyses ont été effectuées par régression de Poisson : l'une pour investiguer les facteurs associés au dépistage du cancer du col chez les femmes de 25–65 ans ($n = 4508$), l'autre pour investiguer les facteurs associés à la vaccination HPV chez les jeunes filles de 16–24 ans ($n = 899$). Une sous-analyse a été effectuée chez 685 couples « filles–mères » d'un même ménage afin d'étudier la relation entre réalisation du FCU chez la mère et vaccination HPV chez la fille.

Résultats. – Les facteurs significativement associés à la fois à une moindre participation au dépistage par FCU et à une moindre vaccination HPV étaient le fait de ne pas disposer d'une couverture complémentaire maladie privée ($p = 0,023$, $p = 0,037$, respectivement) et de vivre dans une famille à revenus faibles ($p < 0,001$; $p = 0,005$, respectivement). Un bas niveau d'éducation était associé à un moindre dépistage par FCU ($p < 0,001$). L'absence de dépistage de la mère par FCU dans les trois dernières années était associée à une moindre vaccination HPV chez la fille ($p = 0,014$).

Conclusion. – Les femmes qui ne participent pas au dépistage par FCU et les jeunes femmes non vaccinées contre le HPV appartiennent plutôt aux catégories sociales les plus modestes. Les jeunes filles non vaccinées ont tendance à avoir des mères qui ne participent pas au dépistage par FCU et risquent donc de ne bénéficier d'aucune des deux mesures de prévention du cancer du col. Les modalités actuelles de mise en œuvre de la vaccination HPV en France risquent ainsi de creuser les inégalités vis-à-vis de la prévention du cancer du col.

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Mots clés : Couverture vaccinale ; Papillomavirus humain ; Dépistage du cancer du col ; Déterminants socioéconomiques ; France

1. Background

Human papillomavirus virus (HPV) vaccination of adolescents and young women was recommended in France in March 2007 for the prevention of cervical cancer [1]. Up to 2012, vaccination with a three dose regimen was recommended for adolescents aged 14 years old, with a catch-up offered to young women aged 15–23 years old who had not yet started their sexual life or in the year following the beginning of their sexual activity. In 2013, the target group was modified to young girls aged 11–14 years, with a catch-up until 19 years of age, irrespective of sexual activity. The HPV recommendation was issued in addition to cervical cancer screening (CCS) based on the Pap smear, which is recommended for women aged 25–65 years old every three years after two normal initial Pap tests carried out a year apart [2]. According to different sources, coverage of CCS in France was estimated between 55% (Pap smears reimbursement data) and 80% (self-declared population-based studies) in the target group, with a lower coverage in groups of the population with a low socioeconomic background [3–7].

HPV vaccination is almost exclusively administered in France through the private sector, at a price of around 110–120 € per dose depending on the manufacturer. The patients purchase the vaccine at pharmacies on a medical prescription. The Pap smear is often performed by a gynaecologist at a variable price of around 25–40 €. Virtually the whole French population is covered by the National Health Insurance Fund (NHID), which covers 65% of the price of the vaccine, and Pap smear. An optional complementary private health insurance covers the remaining 35% of the costs for those affiliated (more than 90% of the population). The 65% of the vaccine price reimbursed by the social security does not have to be paid to the pharmacy in advance by the client, this payment is made to the pharmacy directly by the social security after the purchase has been made.

The monitoring of vaccination coverage (VC) in France is conducted by the French Institute for Public Health

Surveillance (Institut de veille sanitaire, InVS), in collaboration with different French institutions. Monitoring HPV vaccination is routinely performed using vaccines reimbursement data [8]. Since its recommendation in 2007, HPV vaccination is insufficiently implemented. As of December 2015, less than 15% of the target group had gone through the complete vaccination schedule at the age of 16, with a decreasing trend since 2011 [9]. HPV vaccination coverage estimates for France are among the lowest reported by the European Union countries [10].

This situation questions about the reasons underlying this insufficient HPV vaccination coverage. We analysed data from the Health, Health Care and Insurance Survey (Enquête santé et protection sociale, ESPS) conducted in 2012 by the Institute for Research and Information in Health Economics (Institut de recherche et de documentation en économie de la santé, Irdes), with the objective of exploring socioeconomic determinants of HPV vaccination. We also aimed to specifically compare, as in other countries [11–16], the socioeconomic profiles of young women vaccinated with HPV and of women undergoing CCS, in order to see whether these profiles are similar, as has already been suggested [16].

2. Methods

2.1. Study population

In order to address these issues, questions on HPV vaccination and CCS uptake were included in the ESPS questionnaire which collected a vast amount of information. ESPS survey is based on a sample of individuals over 18 insured by one of the three most important national health insurance funds: the one for salaried workers (with the exception of state employees and employees of some special funds), the one for farmers and employees of the agricultural sector, and the one for self-employed people. It represents about 85% of the population. The ESPS survey interviews these individuals and the members of their households, thereby including individuals

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