

Organization of the French Technical Vaccination Committee

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Prevention and control of HPV and HPV related cancers in France: the current landscape and way forward

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HAS : National Health Authority

• Evaluating Health Products and Technologies

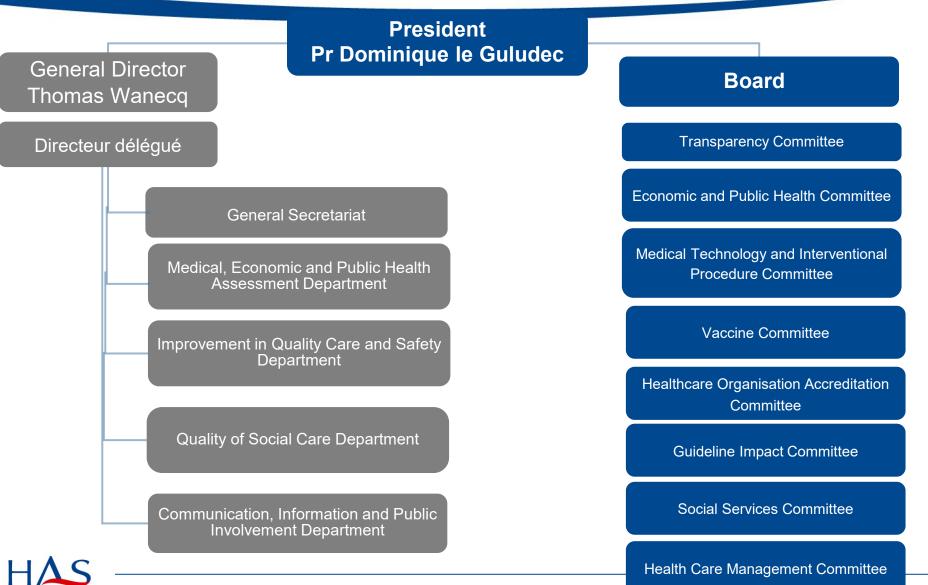
- **Drug** and Medical Device **Evaluation**
- Procedure and Intervention Evaluation
- Health Economic Evaluation

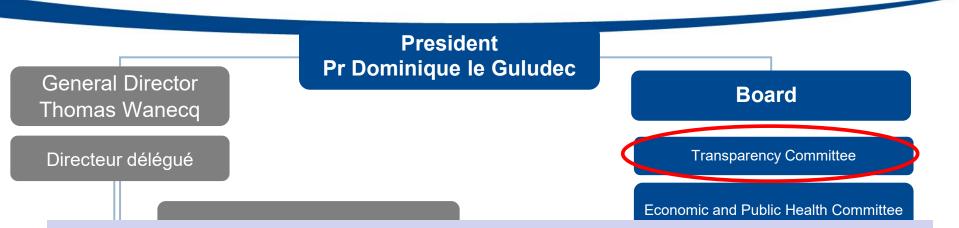
Recommending Best Practices

- Best Practice Guidelines
- Public Health Guidelines
- Vaccine Guidelines
- Health Pathways and Relevant Care
- Tools and Patient Safety Programs
- Accreditation of Computerized Physician Order Entry (CPOE)

Measuring and Improving

- Accreditation of Hospitals and Clinics
- Evaluation of Social Care Services and Facilities
- Quality and Safety Indicators of Care
- Physician and Medical Team Accreditation for High-Risk Practices
 - Public Information and Quality of Care Management





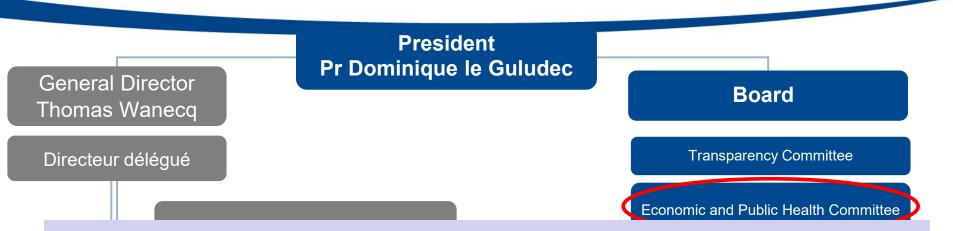
Evaluate vaccines with Marketing Authorisation; Provide recommendations for vaccines with respects to reimbursement by the National Health Insurance Fund; Publish relevant and independent scientific information on vaccines;

Quality of Social Care Department

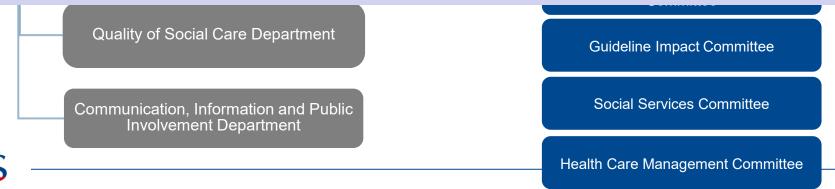
Communication, Information and Public Involvement Department **Guideline Impact Committee**

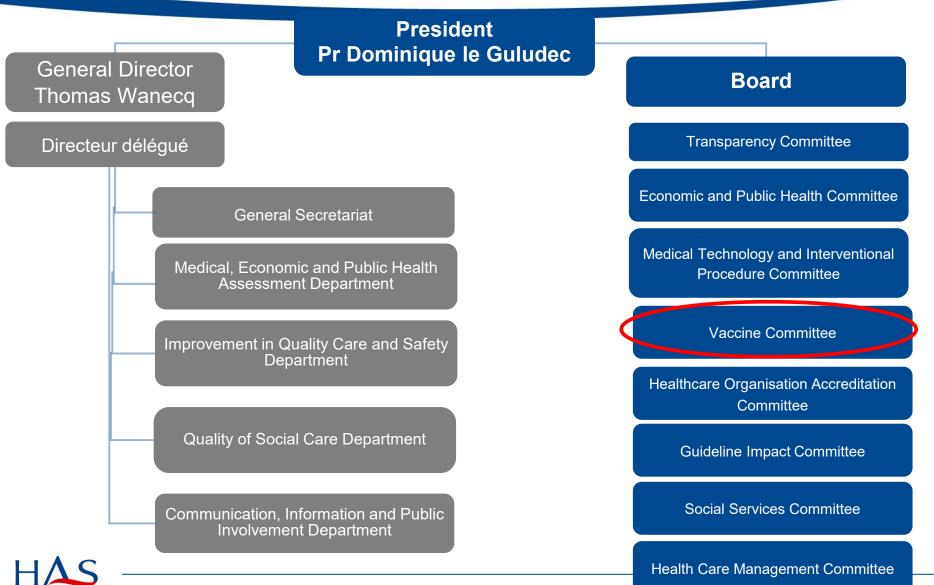
Social Services Committee

Health Care Management Committee



Give public health recommendations and technology appraisals based on clinical and economic evidence; Review technology assessments from manufacturers and issues opinions on their efficiency; Give an economic opinion on vaccines.





Before being moved to the HAS, the CTV was a commission of the HCSP



Technical Vaccination Committee (CTV)

Vaccination policy is developed by the **Ministry of Health** after receiving the opinion of the National Health Authority (HAS).

The CTV is tasked with preparing the HAS' Board deliberations:

- Vaccine recommendations, including urgent Ministry of Health requests, or request from patients, or professionals' associations, or pharmaceutical company submission :
 - with epidemiological data,
 - studies on the benefits and risks of vaccination,
 - the absence of vaccination at the individual and collective levels,
 - and medico-economic studies
- Immunisation schedule
- Mandatory vaccinations
- Minimal disclosures required in publicity campaigns for vaccines

Technical Vaccination Committee (CTV)

Composition

- > 28 members with voting rights
 - 1 President, appointed by the President of the board from among the members of the board ;
 - 3 Vice-Presidents: the President of the transparency committee, the President of the Economic and Public Health Committee, one Vice-President appointed by decision of the board from among the 25 members below.
 - 25 members appointed by decision of the College for a period of three years, renewable twice
 - 23 members in the fields of paediatric medicine, general practice, infectiology, vaccinology, biology, methodology and epidemiology, health economics, public health, occupational medicine, gerontology, microbiology, and immunology;
 - 2 members chosen from among the members of an association of patients and users of the health system.
- 9 institutional members with consultative vote

 Selection of CTV members with strict rules for preventing links of interest (Health Transparency Database) in a context of strong
Suspicion

Method

The CTV's bureau :

- decides on the procedure for the appraisal after examining the questions and organises the modalities of response
- defines the composition of the working group

Participation:

- ➢ Working group (CTV members, experts of the HAS, interviews, ..)
- Economic and Public Health Committee
- Public comment if no emergency after publication of the draft

Investigation procedure

- Emergency situation
 - e.g. Covid vaccine
- AVIVAC = no change of strategy
 - e.g. influenza vaccine with three (trivalent) or four (quadrivalent) valences
- RECOVAC = new strategy
 - New vaccine
 - Evolution of strategy

Example: HPV recommendations and advices

Years	Haut Conseil de la Santé Publique		HAUTE AUTORITÉ DE SANTÉ
03/2007	Screening cancer & Gardasil : girls 14 years & women 15-23 yers	04/2007	CT: Gardasil ASMR=3
12/2007	Cervarix < Gardasil	03/2008	CT Cervarix
12/2010	Cervarix = Gardasil		
10/2011	Young women Gardasil ? Young girls and women 14-23 years	02/2012	CT Gardasil
09/2012	HPV vaccine: girls 11-14 years & women <20 years	03/2013	CT: Cervarix & Gardasil ; 65% reimbursement by National Health Insurance Fund
02/2014	Cervarix: 2 doses if 11-14 years		
03/2014	Gardasil 2 doses if 11-13 years		
02/2016	Men CEGID (HIV screening)		
02/2017	Gardasil 9: girls 11-14 ans; women <20 years	09/2017	CT: Gardasil 9 economic evaluation
12/2019 & 3/2020			Men Gardasil 9 CT: reimbursement; ASMR = 3
$\square \land \bigcirc$ -			

Example: HPV recommendations Gardasil 2007 (HCSP then HAS CT)

- > HCSP : analysis
 - ✓ Cervical cancer incidence
 - ✓ HPV: etiology of precancerous lesions and cancer 15-25 years after infection
 - ✓ Gardasil vaccine efficacy against infection = 95% (MSD)
 - ✓ Undesirable effect= not severe
 - ✓ Age of sexual intercourse: 3% before 15 years
 - ✓ Cervical cancer screening by cervical smear; risk of lower screening

HCSP: Recommendation:

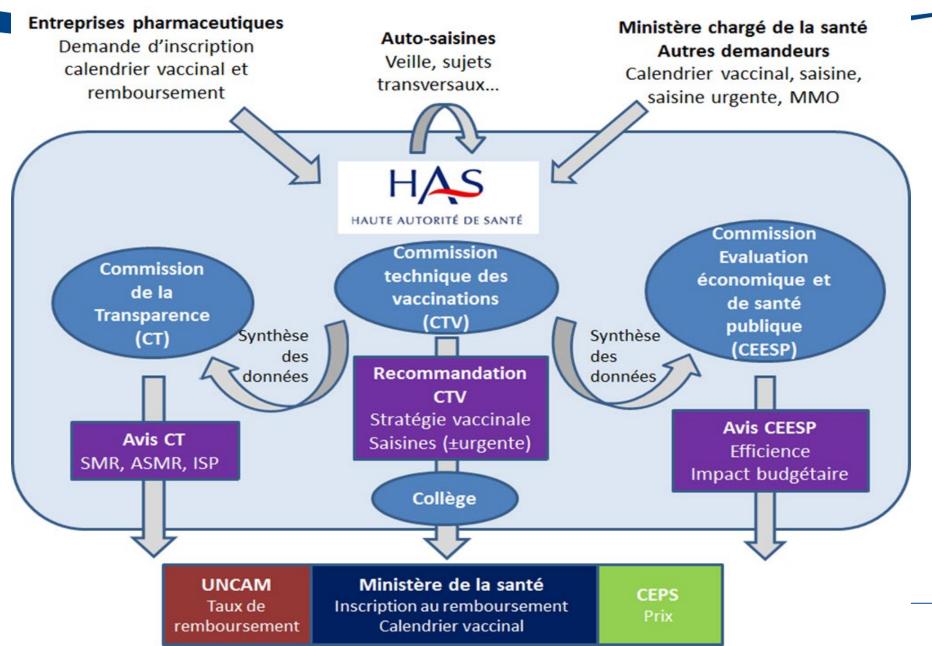
- ✓ Emphasize the value of screening
- ✓ Gardasil vaccination at the age of first sexual intercourse (14 years)
- ✓ Catch-up to age 23
- > HAS CT:
 - ✓ Analysed MSD data
 - ✓ Reimbursement 65%

Example: HPV recommendations Gardasil 9 men 2019 (HAS)

> Analysis

- ✓ Insufficient HPV vaccine coverage in young girls (24%) and in MSM boys (18%)
- ✓ Vaccine efficacy on pre-cancerous lesions in girls (large drop-off); efficacy on anogenital lesions in men = 89.9 %
- ✓ Vaccine efficacy on other cancers (ENT): unknown
- ✓ Vaccine safety = OK
- ✓ Medico-economic study
- ✓ Vaccination of boys =
 - leverage for vaccination of girls
 - ethics
- > Public review: 194 participants
- Recommendation (final)
 - ✓ Boys 11-13 years: 2 doses
 - ✓ Boys 14-19 years: 3 doses
 - ✓ MSM < 27 years: 3 doses
 - **CT**: reimbursement 65%

Evaluation of both vaccination recommendations and of vaccines at the HAS



Thank you for your attention.



CTV : composition

Présidente : Vice-présidents :	Elisabeth BOUVET Pierre COCHAT, Président de la CT Valérie PARIS, Président de la CEESP Daniel FLORET, ancien Président du CTV au HCSP		
23		9 membres avec	
	Dominique ABITEBOUL, conseiller médical INRS	voix	
oix délibérative	Marc BAGUELIN, Economie de la santé	consultatives	
	Laurent BELEC, PU-PH, microbiologie		Directeur de la sécurité sociale (DSS)
	Muriel BELIAH-NAPPEZ, Médecin de secteur du Territoire		Directeur général de la santé (DGS)
	Agathe BILLETTE DE VILLEMEUR, santé publique		Directeur central du service de santé des
	claire BOQUILLOD, carde de santé néonatologie		armées (SSA)
	Chantal CATEAU, Association Le lien		Directeur général de l'enseignement
	Bruno CHABANAS, Médecin service de santé univ.		scolaire (DGESCO)
	Jean de VAUGELADE DU BREUILLAC, médecine générale		Directeur général du travail (DGT)
	Olivier EPAULARD, infectiologie		Directeur général de l'Agence nationale
	Sylvie ESCOLANO, ingénieur de recherche		de sécurité du médicament et des produits
	Patricia GARCIA MERIC, PH, pédiatrie		de santé (ANSM)
	Valérie GARNIER, pharmacien		Directeur général de l'Agence nationale
	Agnès GAUTHERET-DEJEAN, PU-PH, microbiologie		de santé publique (ANSP)
	Emmanuel GRIMPREL, PU-PH, pédiatrie		Directeur de la Caisse nationale de
	Marianick LAMBERT, membre de l'association Familles		l'assurance maladie des travailleurs
	Rurales, administratrice du CISS		salariés (CNAM),
	Jean-Daniel LELIEVRE, PU-PH, immunologie clinique		Directeur de la Caisse centrale de la
	Judith MUELLER, santé publique		mutualité sociale agricole (MSA).
	Claire ROUBAUD-BAUDRON, gériatre		
	Sydney SEBBAN, pédiatrie		ou leurs représentants
	Véronique TESSIER, sage-femme		
-	Jean-Nicolas TOURNIER, infectiologie		
	Jeremy WARD, sociologue		

Children vaccine scheduler in France

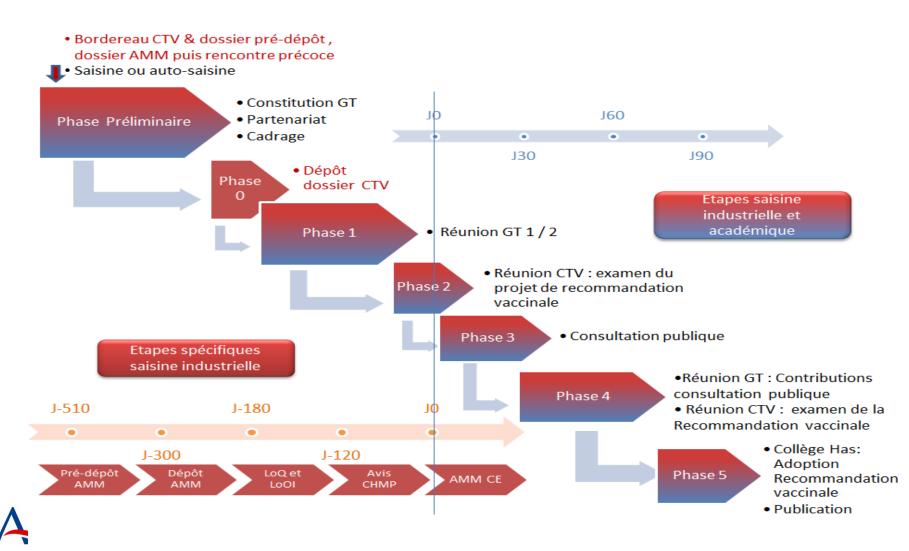
	Birth				Months	5			Years										
		2	4	5	6	11	12	16-18	2	5	6	11	12-13	14	15	17	18		
Coronavirus disease (COVID-19) ¹												COVID-19 ⁴							
tuberculosis	BCG ⁵																		
diphtheria		D	D			D					D		d						
tetanus		π	π			π					π	1	п						
pertussis		acP ⁶	acP			acP					acP	а	ср						
poliomyelitis		IPV	IPV			IPV					IPV	I	PV						
Haemophilus influenzae type b infection		Hib	Hib			Hib													
hepatitis B	HepB ⁷	НерВ	НерВ			НерВ													
pneumococcal disease ²		PCV	PCV			PCV			PCV13+PPSV23 ⁹										
meningococcal disease ³				MenC			MenC						MenC ¹⁰						
measles					MEA	\S ¹¹	MEAS	MEAS									MEAS ¹³		
mumps							MUMPS	MUMPS									MUMPS ¹³		
rubella					RUBE RUBE														
human papillomavirus infection												н	PV (F/M)	15			.6		

Adults vaccine scheduler in France

	Birth				Month	S				Years																
		2	4	5	6	11	12	16-18	2	5	6	11	12	13	14	15	17	18	19	24	25	35	45	65	74	≥ 7
Coronavirus disease (COVID-19) ¹																			соуі	(D-19 ⁴						
tuberculosis								BCG ⁵																		
diphtheria		D	D			D					D		d								d ⁶		d		d7	
tetanus		Π	Π			Π					π		π								Π6		π		Π7	
pertussis		acP ⁸	acP			acP					acP		аср													
poliomyelitis		IPV	IPV			IPV					IPV		IPV								IPV ⁶		IPV		IPV ⁷	
Haemophilus influenzae type b infection		Hib	Hib			Hib																				
hepatitis B	HepB ¹⁰	НерВ	НерВ			НерВ						HepB ¹¹														
pneumococcal disease ²		PCV	PCV			PCV											PC	/13+PPSV	23 ¹²							
meningococcal disease ³				MenC			MenC																			
measles					ME	AS ¹⁴	MEAS	MEAS						MEAS ¹⁵						MEAS						
mumps							MUMPS	MUMPS																		
rubella							RUBE	RUBE						RUBE ¹⁵						RI	JBE ¹⁷					
human papillomavirus infection													HPV (F	/M) ¹⁸												
influenza																									IIV4	
herpes zoster																								ZO	S ²⁰	
<																										>

RECOVAC (new strategy)





AVIVAC (integration into an existing strategy)

Situations

- Availability of a new vaccine that can be integrated into an existing defining strategy
- Extension of indication or a major modification to marketing autorisation that doesn't change a defined strategy

Principal steps

