

EP0256

ePoster Session

Vaccine research news between microbiota, seroprotection and attitudes

Vaccination discrepancies between general practitioners' attitudes toward their patients and practices for their children: a French nationwide cross-sectional study

Nelly Agrinier¹, Marion Le Marechal¹, Lisa Fressard², Pierre Verger³, Céline Pulcini⁴

¹*Université de Lorraine, Faculté de Médecine, Ea4360-Apemac, Nancy, France*

²*Ors Paca, Observatoire Régional de la Santé Provence-Alpes-Côte D'azur, Marseille, France*

³*Ors Paca, Marseille, France*

⁴*Université de Lorraine, Faculté de Médecine de Nancy, Ea4360-Apemac, Vandoeuvre-Lès-Nancy, France*

Background: Not much is known about physicians' attitudes towards vaccination for their own child(ren) and their recommendations to their patients.

Material/methods: In 2014, with the support and the collaboration of the organisation of research, studies, evaluation and statistics (DREES), and the national institution for health prevention and education (Inpes) we conducted a cross-sectional survey on a national panel of French general practitioners (GPs). The questionnaire collected information on GPs, and we focused here on those with child(ren) aged between 2 and 25 years old, to know whether their own child(ren) were vaccinated against measles, mumps and rubella (MMR), hepatitis B (HepB), meningococcal meningitis C (MenC) or HPV, and if they recommended never/sometimes/often/systematically these four vaccines to their patients. Using multiple correspondence analysis and agglomerative hierarchical cluster analysis, we identified and quantified the prevalence of various levels of discordance among GPs for MMR, MenC and HepB. We used the clusters as a dependent variable and tested all their potential correlates with bivariable and multivariable binary logistic regression models.

Results: Among the 1582 participants in the survey, 1038 (66%) reported at least one child aged from 2 to 25. We identified discordant vaccination behaviours between their patients and children (Table). The cluster analysis identified two clusters reflecting some discordance according to GPs' vaccine behaviours with their patients and with their children: 37% (95%CI=33-39%) of GPs had a low level of discordance, meaning that they reported more often systematic vaccine recommendations to their patients than the average and most of them had all of their children vaccinated against the three vaccines; 60% (95%CI=58-64%) of GPs had a high level of discordance. Multivariable logistic regression showed that men, GPs who practiced solo and those practicing alternative medicine (e.g. acupuncture or homeopathy) were more prone to present high levels of discordance.

Conclusions: Many GPs have discordant behaviours regarding the vaccination of their child(ren) and of their patients. This might be a marker of vaccine hesitancy for GPs, and needs further investigation.

Table. Bivariate associations between GPs' recommendations and their own children vaccinations for four vaccines (N=1,038)

<i>Frequency of vaccine recommendations</i>	<i>Decision for their children</i>	
	<i>All of them vaccinated</i>	<i>None or only some of them vaccinated</i>
No. (%)		
<hr/>		
MMR (to non-immune adolescents and young adults)		
Always	627 (61.05)	8 (0.78)
Not always	369 (35.93)	23 (2.24)
Meningococcal meningitis C (to ages 2-24 – <i>catch-up</i>)		
Always	323 (31.70)	55 (5.40)
Not always	290 (28.46)	351 (34.45)
Meningococcal meningitis C (to 12-month-old infants)		
Always	418 (41.26)	144 (14.22)
Not always	194 (19.15)	257 (25.37)
Hepatitis B (to adolescents – <i>catch-up</i>)		
Always	309 (30.26)	31 (3.04)
Not always	482 (47.21)	199 (19.49)
Human papilloma virus (to girls aged 11-14)		
Always	113 (22,78)	136 (27,42)
Not always	17 (3,43)	230 (46,37)
<hr/>		