



70^{es} #JPIP
Journées Pharmaceutiques Internationales de Paris

Actualités en infectiologie

Un nouvel élan pour la vaccination

La vaccination, quelles idées reçues ?

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Quelques idées reçues

- **Les vaccinations sont inutiles !**
- **Les vaccinations sont dangereuses!**
- **Il est inutile de se faire vacciner contre des maladies qui ont disparu du territoire national !**
- **On vaccine les enfants trop jeunes!**
- **C'est inefficace, voire dangereux d'administrer plusieurs vaccins simultanément!**

Les vaccinations sont inutiles!



La réponse immunitaire induite par la maladie est plus efficace que celle induite par la vaccination.

Attention au respect de la chaine du froid !!!

C'est vrai... Mais !

Au cœur de l'épidémie de rougeole (2008-2012)

> 24 000 cas de rougeole



- > 1 000 cas de pneumopathies graves
- 30 complications neurologiques (encéphalite, myélite).
- 10 décès par pneumopathie, myocardite et encéphalite.

Trois décès en 2018

Et si on arrêta de se vacciner !

1970

Couverture vaccinale:
80 % chez les nourrissons
370 cas
0 décès

Coqueluche

1975

Suspicion d'effets secondaires graves
Suspension de la vaccination
Recherche de vaccins plus sûrs

1979

Couverture vaccinale: 10 % chez les nourrissons
> 13 000 cas
41 décès



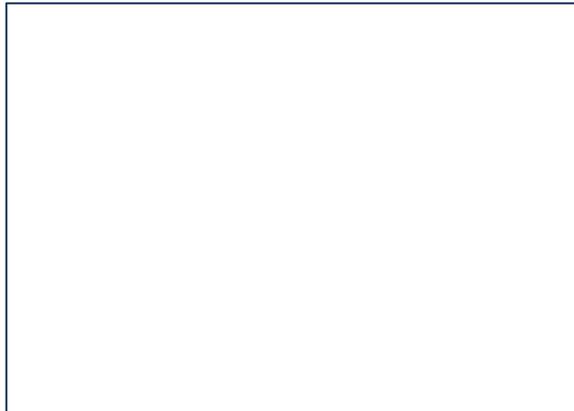
Les vaccinations sont inutiles!!!



Ce n'est pas la vaccination qui est responsable de la diminution des maladies infectieuses, mais l'amélioration de l'hygiène, l'assainissement, la qualité de l'eau, la nutrition!

Oui et non !

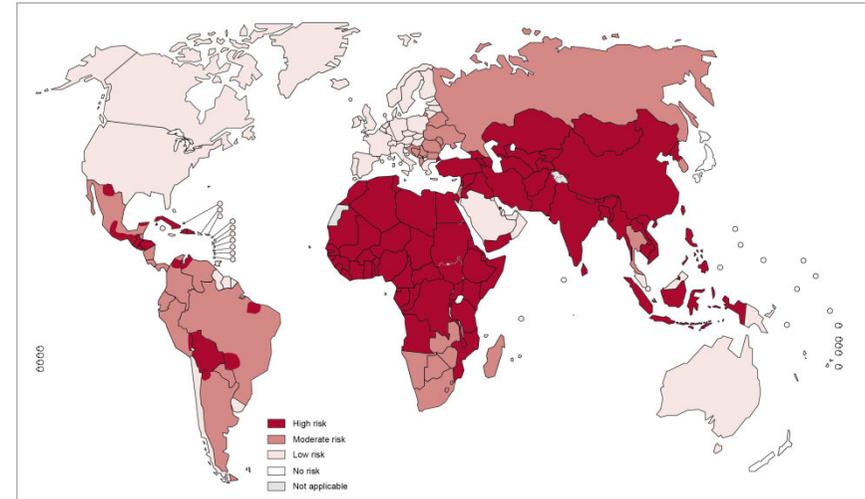
C'est vrai pour le choléra !



C'est faux pour la rage



Distribution of risk levels for humans contacting rabies, worldwide, 2011



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2012. All rights reserved.

Data Source: World Health Organization
Map Production: Control of Neglected
Tropical Diseases (NTD)
World Health Organization



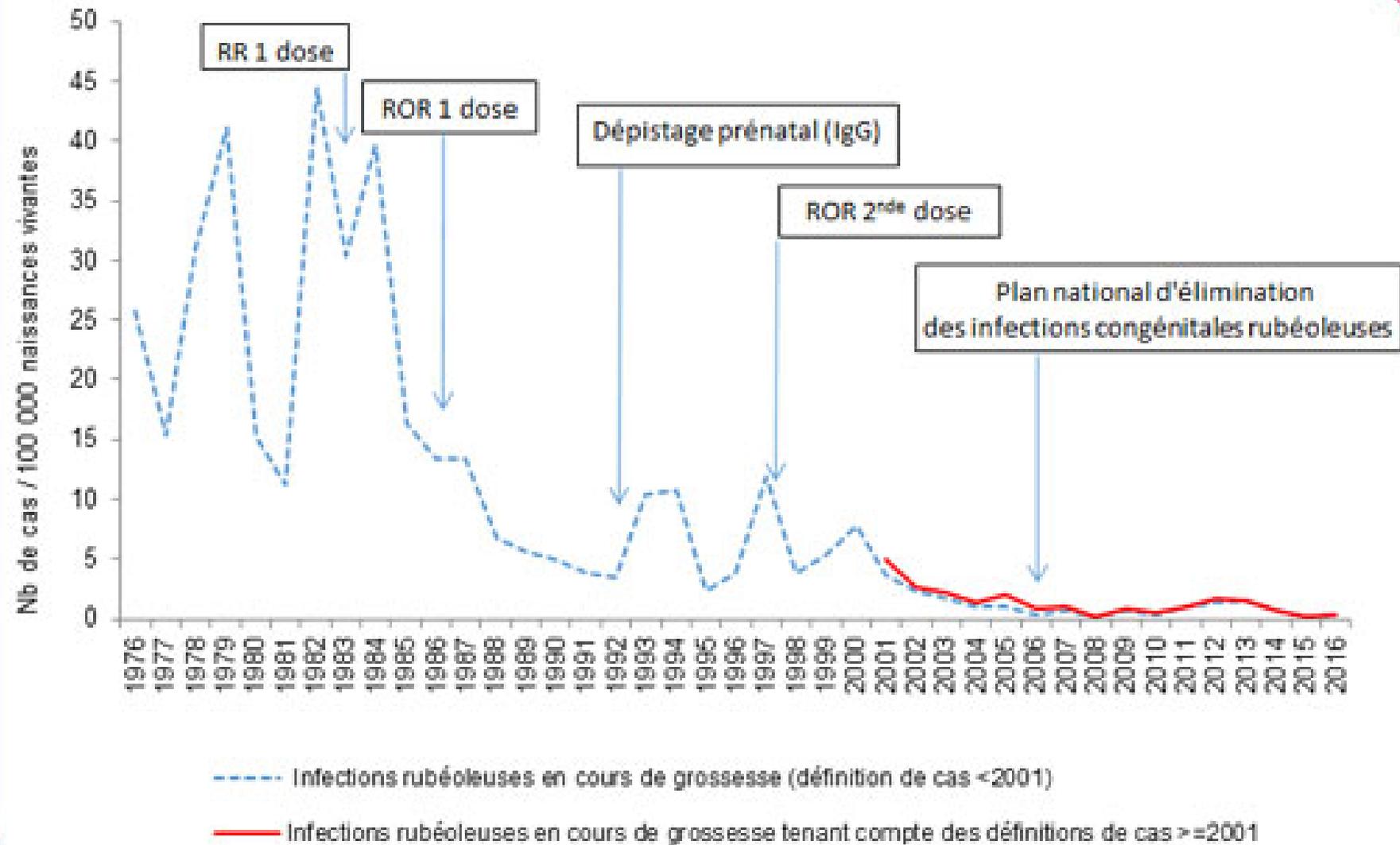
La France est officiellement indemne de rage depuis 2001

Les cas de rage en France proviennent tous d'animaux contaminés à l'étranger

Pourquoi ?

- Vaccination orale des renards par des appâts et vaccination des animaux domestiques
- Vaccination préconisée pour certaines catégories professionnelles

Grâce à la vaccination: élimination de la rubéole



Les vaccinations sont dangereuses!



Contre-indications ? OUI

- Réactions allergiques à l'un des composants du vaccin
- Grossesse et immunodépression sévère (pour les vaccins vivants atténués)

Effets indésirables ? OUI

- Réactions locales (douleurs, érythème ...)
- Réactions générales (fièvre, myalgies, arthralgies, voire Guillain-Barré...)

Effets indésirables graves ? Aucune preuve

- Autisme et ROR (fausse rumeur !)
- Maladies auto-immunes, myofasciite à macrophages ...

L'affaire Wakefield !

le « faux lien » entre l'autisme et le vaccin ROR



Early report

**Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and
pervasive developmental disorder in children**

*A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson,
P Harvey, A Valentine, S E Davies, J A Walker-Smith*

THE LANCET • Vol 351 • February 28, 1998

L'étude

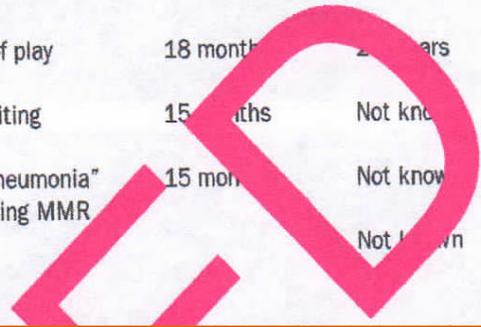
Case no.	Diagnosis	Vaccination	Time from first exposure to onset of symptoms	Features associated with exposure	Age at onset of symptoms	
					Behaviour	Bowel
1	Autism	MMR	1 week	Fever/delirium	12 months	Not known
2	Autism	MMR	2 weeks	Self injury	13 months	20 months
3	Autism	MMR	48 h	Rash and fever	14 months	Not known
4	Autism? Disintegrative disorder?	MMR	Measles vaccine at 15 months followed by slowing in development. Dramatic deterioration in behaviour immediately after MMR at 4-5 years	Repetitive behaviour, self injury, loss of self-help	4-5 years	18 months
5	Autism	None—MMR at 16 months	Self-injurious behaviour started at 18 months		4 years	
6	Autism	MMR	1 week	Rash & convulsion; gaze avoidance & self injury	15 months	18 months
7	Autism	MMR	24 h	Convulsion, gaze avoidance	21 months	2 years
8	Post-vaccinial encephalitis?	MMR	2 weeks	Fever, convulsion, rash & diarrhoea	19 months	19 months
9	Autistic spectrum disorder	Recurrent otitis media	1 week (MMR 2 months previously)	Disinterest; lack of play	18 months	2 years
10	Post-viral encephalitis?	Measles (previously vaccinated with MMR)	24 h	Fever, rash & vomiting	15 months	Not known
11	Autism	MMR	1 week	Recurrent "viral pneumonia" for 8 weeks following MMR	15 months	Not known
12	Autism	None—MMR at 15 months	Loss of speech development and deterioration in language skills noted at 16 months			Not known

Autisme

ROR

Temps entre ROR et symptômes

Âge Premiers symptômes



Quel est le problème ?

Conflits d'intérêt / Problèmes d'éthique

28 janvier 2010, Jugement:

36 manquements au code de déontologie médicale

Article du Lancet (1998): 12 patients avec un « nouveau syndrome » (entérocolite et autisme régressif) associé à une vaccination ROR

En fait

- 3 des 9 enfants avec « autisme régressif » :
 - ⇒ un seul avec un diagnostic d'autisme régressif
- 12 enfants « précédemment normaux »:
 - ⇒ 5 avec des problèmes de développement antérieurs au ROR
- Quelques enfants avec des problèmes comportementaux quelques jours après le ROR:
 - ⇒ données: problèmes comportementaux plusieurs mois auparavant
-

Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities ranging from lymphoid nodular hyperplasia to atypical ulceration. Histology showed patchy chronic inflammation in 11 children and reactive ileal lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (two). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls ($p=0.03$), low haemoglobin in four children, and a low serum IgA in four children.

Interpretation We identified associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time with possible environmental triggers.

Lancet 1998; **351**: 637–41
See Commentary page

Inflammatory Bowel Disease Study Group, University Departments of Medicine and Histopathology (A J Wakefield FRCS, A Anthony MB, J Linnell PhD, A P Dhillon MRCPatn, S E Davies MRCPatn) and the **University Departments of Paediatric Gastroenterology** (S H Murch MB, D M Casson MRCP, M Malik MRCP, M A Thomson FRCP, J A Walker-Smith FRCP), **Child and Adolescent Psychiatry** (M Berelowitz FRCPsych), **Neurology** (P Harvey FRCP), and **Radiology** (A Valentine FRCP), **Royal Free Hospital and School of Medicine, London NW3 2QG, UK**

Correspondence to: Dr A J Wakefield

Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and bloating and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features, of these children.

Patients and methods

12 children, consecutively referred to the department of paediatric gastroenterology with a history of a pervasive developmental disorder with loss of acquired skills and intestinal symptoms (diarrhoea, abdominal pain, bloating and food intolerance), were investigated. All children were admitted to the ward for a week, accompanied by their parents.

Clinical investigations

We took histories, including details of immunisations and exposure to infectious diseases, and assessed the children. In 11 cases the history was obtained by the senior clinician (JW-S). Neurological and psychiatric assessments were done by consultant staff (PH, MB) with HMS-4 criteria.¹ Developmental assessments included a review of prospective developmental records from parents, health visitors, and general practitioners. Four children did not undergo psychiatric assessment in hospital; all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis.

After bowel preparation, ileocolonoscopy was performed by SHM or MAT under sedation with midazolam and pethidine. Paired frozen and formalin-fixed mucosal biopsy samples were taken from the terminal ileum; ascending, transverse, descending, and sigmoid colons, and from the rectum. The procedure was recorded by video or still images, and were compared with images of the previous seven consecutive paediatric colonoscopies (four normal colonoscopies and three on children with ulcerative colitis), in which the physician reported normal appearances in the terminal ileum. Barium follow-through radiography was possible in some cases.

Also under sedation, cerebral magnetic-resonance imaging (MRI), electroencephalography (EEG) including visual, brain stem auditory, and sensory evoked potentials (where compliance made these possible), and lumbar puncture were done.

Laboratory investigations

Thyroid function, serum long-chain fatty acids, and cerebrospinal-fluid lactate were measured to exclude known causes of childhood neurodegenerative disease. Urinary methylmalonic acid was measured in random urine samples from eight of the 12 children and 14 age-matched and sex-matched normal controls, by a modification of a technique described previously.² Chromatograms were scanned digitally on computer, to analyse the methylmalonic-acid zones from cases and controls. Urinary methylmalonic-acid concentrations in patients and controls were compared by a two-sample *t* test. Urinary creatinine was estimated by routine spectrophotometric assay.

Children were screened for antiendomyseal antibodies and boys were screened for fragile-X if this had not been done

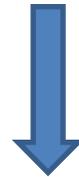
Rétractation
de 10 des 13 auteurs

Article rétracté
en février 2010

Following the judgment of the UK General Medical Council's Fitness to Practise Panel on Jan 28, 2010, it has become clear that several elements of the 1998 paper by Wakefield et al. are incorrect, contrary to the findings of an earlier investigation. In particular, the claims in the original paper that children were “consecutively referred” and that investigations were “approved” by the local ethics committee have been proven to be false. Therefore we fully retract this paper from the published record.

Les effets indésirables

Est-ce que les vaccins entraînent des EI graves ?



Nécessité de preuves scientifiquement établies
Ne pas confondre temporalité et causalité

Importance
de la pharmacovigilance/des études pharmaco-épidémiologiques

Vaccin HPV

Étude ANSM/Assurance Maladie



Risques de maladies auto-immunes



■ Population:

- jeunes filles âgées de 13 à 16 ans
- ≈ 840 000 vaccinées [Gardasil[®], HPV 6,11,16,18 (93 %) ou Cervarix[®], HPV 16,18 (7 %)]
- ≈ 1,4 million non vaccinées

■ Analyse de la fréquence de survenue de maladies auto-immunes (14 types de pathologies)

Sclérose en plaques, syndrome de Guillain-Barré, lupus, sclérodermies, vascularites, polyarthrite rhumatoïde/artrites juvéniles, myosites, syndrome de Gougerot-Sjögren
Maladies chroniques inflammatoires de l'intestin, maladie cœliaque, purpura thrombopénique immunologique, diabète de type 1, thyroïdites, pancréatites

*Vaccins anti-HPV et risques de maladies auto-immunes: études pharmaco-épidémiologique
Rapport final-Septembre 2015*

Étude ANSM/Assurance Maladie



Risques de maladies auto-immunes



■ Durée moyenne du suivi

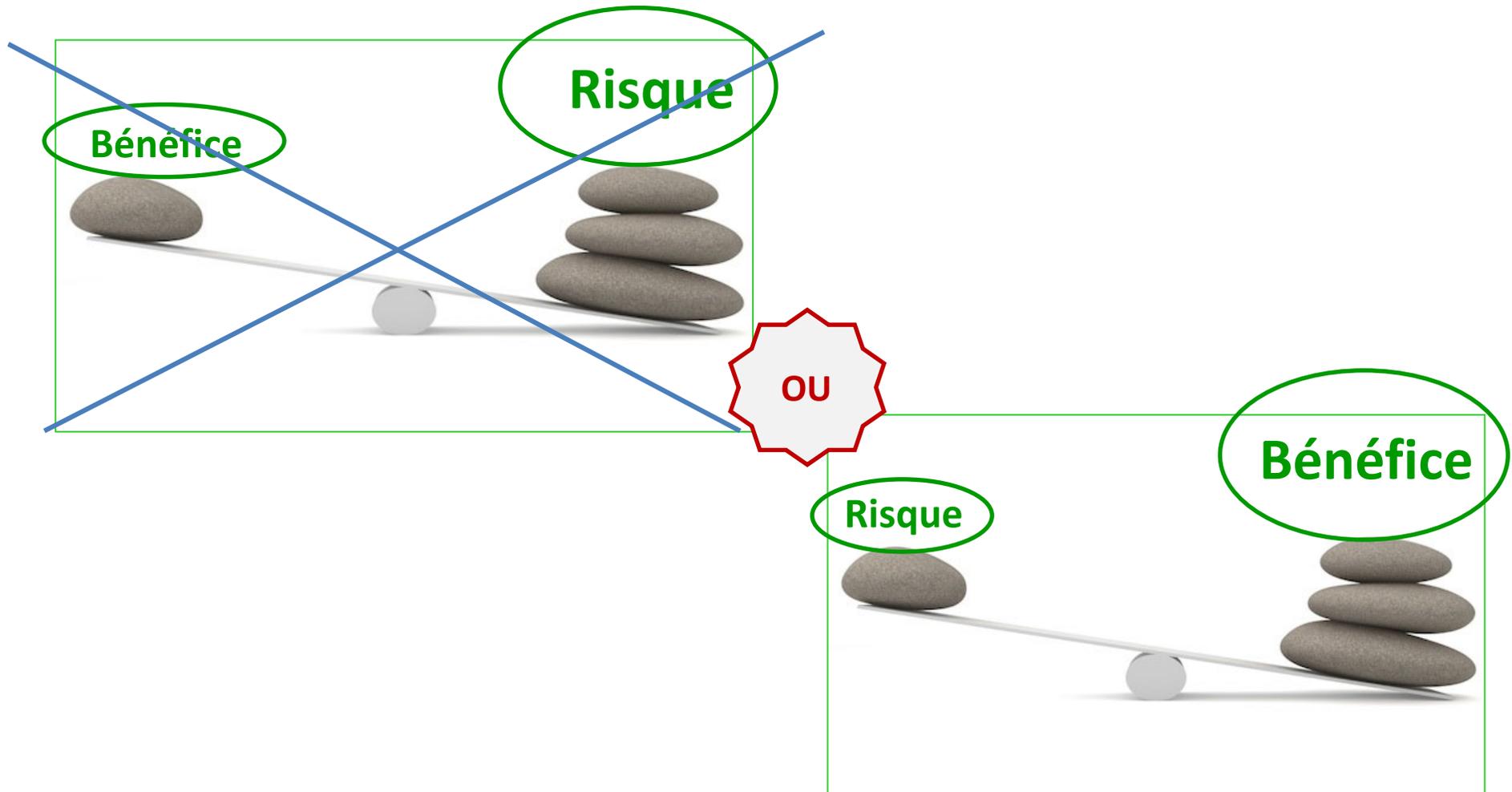
- Jeunes filles non vaccinées: 25,3 mois
- Jeunes filles vaccinées: 19,8 mois

Résultats

1 à 2 cas supplémentaires de syndrome de Guillain-Barré (SGB)
Pour 100 000 jeunes filles vaccinées

*Vaccins anti-HPV et risques de maladies auto-immunes: études pharmaco-épidémiologique
Rapport final-Septembre 2015*

Le vaccin est un médicament

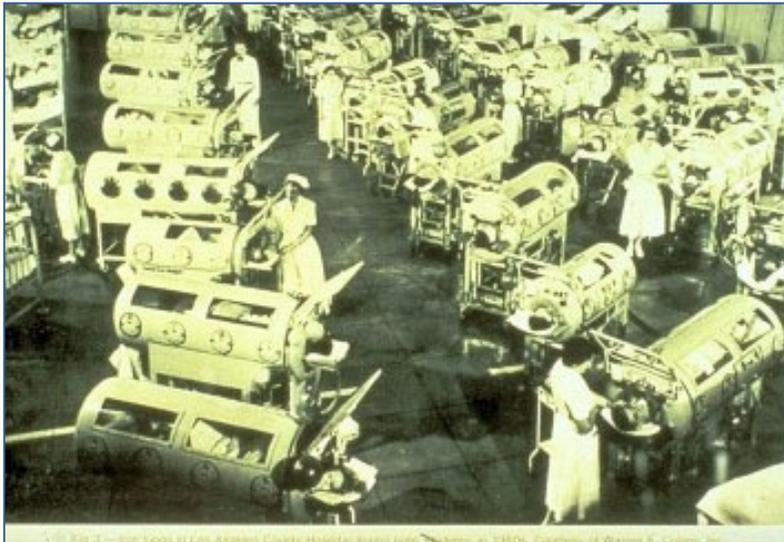


**Il est inutile de se faire vacciner contre des maladies
qui ont disparu du territoire national**



Exemple: la poliomyélite

3.9. 3. Quelques questions



“Les poumons d’acier”
Los Angeles, 1952

Source: CDC

37 cas notifiés en 2017

La transmission endémique se poursuit au **Pakistan**, au **Nigéria** et en **Afghanistan**, ce qui pourrait entraîner près de 200 000 nouveaux cas chaque année, dans les 10 ans à venir au niveau mondial.

OMS, mars 2018

On vaccine les enfants trop jeunes!



En raison de la plus grande vulnérabilité des très jeunes enfants aux maladies évitables par la vaccination

**C'est inefficace, voire dangereux
d'administrer plusieurs vaccins simultanément !**



NON

crainte fréquente

surcharge du système immunitaire des nourrissons par la vaccination

Nombre d'antigènes contenus dans les vaccins bien inférieur à celui des molécules antigéniques d'origine microbienne auxquelles les nourrissons sont exposés dès la naissance

Exemple: 30 milliards de bactéries vont coloniser l'intestin (une centaine de molécules antigéniques par bactérie)

Offit PA, Quarles J, Gerber MA, et al. Addressing parents' concerns: do multiple vaccines overwhelm or weaken the infant's immune system? *Pediatrics*2002;109:124-129.

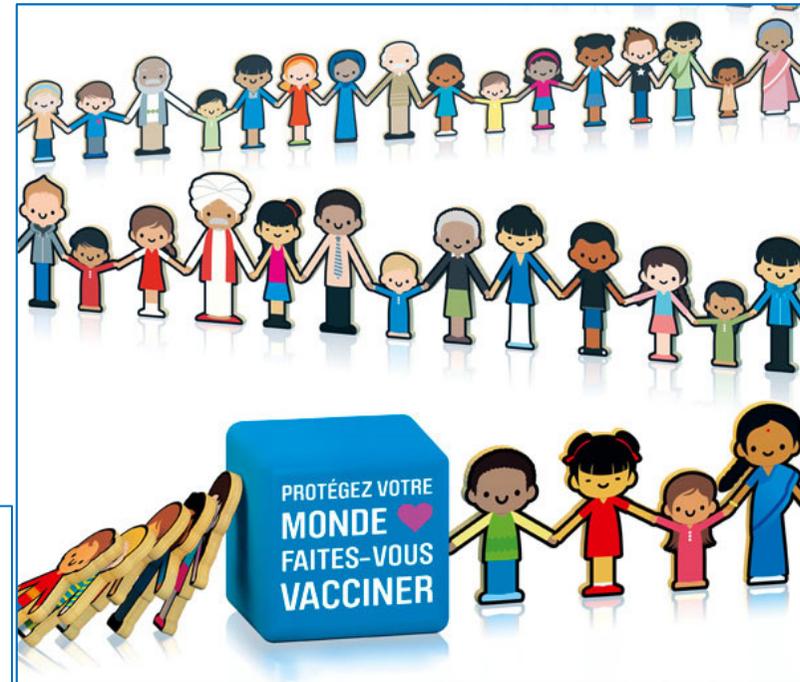
Vaccine Hesitancy Among General Practitioners and Its Determinants During Controversies: A National Cross-sectional Survey in France.

Verger P¹, Fressard L², Collange F², Gautier A³, Jestin C³, Launay O⁴, Raude J⁵, Pulcini C⁶, Peretti-Watel P².

Perceptions of vaccines utility (line %)	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
Today some vaccines recommended by authorities are not useful ^b	38.3	35.3	20.0	6.4
Children are vaccinated against too many diseases ^b	53.1	26.7	14.6	5.5

Un nouvel élan pour la vaccination

**La vaccination :
une priorité
de santé publique**



**Merci
de votre attention**