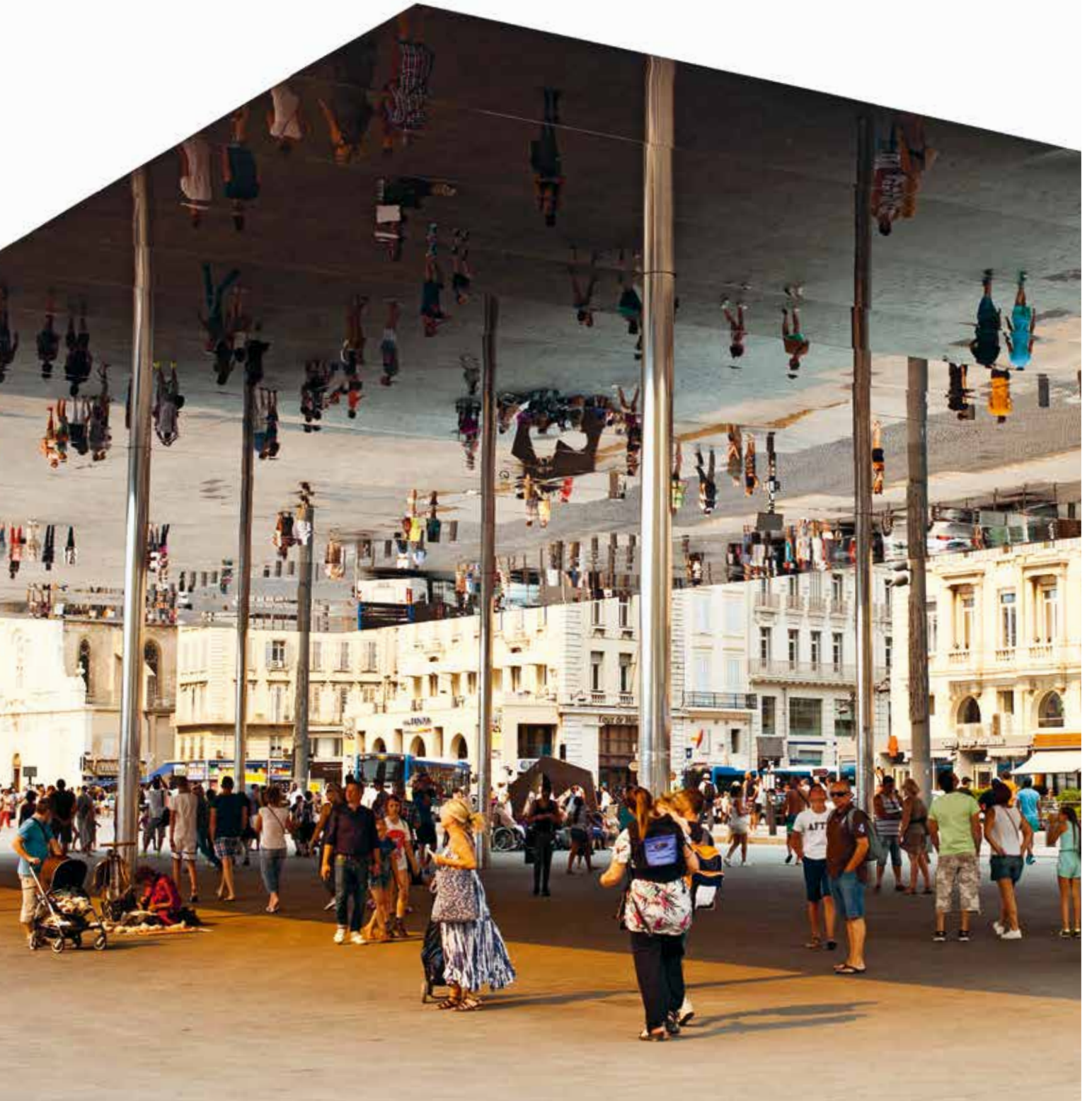


# ANNUAL REPORT 2018



# CONTENTS

Foreword	P. 01
Santé publique France's challenges and priorities	P. 02
Our governance	P. 06
Our general organisation	P. 08
An institutionally eventful year	P. 10

## ■ ANTICIPATE 12

<b>Focus: Nutri-Score, a nutritional quality indicator</b>	<b>P. 14</b>
Géodes: immediate access to public health indicators	P. 16
Targeted training based on the agency's needs	P. 17
Investigations into a salmonella epidemic among infants	P. 18
STI survey: young people particularly affected	P. 19
Consent: know how to give it, know how to hear it	P. 20
A broader scope for Santé publique France's Barometer	P. 21
HAls and AR: launch of 5 surveillance and prevention missions	P. 22
Coset: a long-term unit for monitoring worker health	P. 23

## ■ UNDERSTAND 24

<b>Focus: Crisis communication: preparing for the unexpected</b>	<b>P. 26</b>
<i>Mois sans tabac</i> 2018: an unprecedented rise in the number of participants	P. 28
Illnesses linked to smoking in women: a worrying dynamic	P. 29
Measles epidemic: resurgence in the number of cases in 2018	P. 30
Flu 2017-2018: an atypical double epidemic	P. 31
Support for HIV testing every three months	P. 32
Blood donor selection criteria: results of the Complidon survey	P. 33
Arterial hypertension: developments in prevalence, treatment and control between 2006 and 2015	P. 34
Expert opinion on the strategy to combat a potential flu pandemic	P. 35
Antilles: assessment of the toxicity of chlordecone	P. 36
Update on exposure to arsenical pesticides in vineyards	P. 37
«Espa-13 Novembre»: assessment of the psychological impact of the attacks on the population	P. 38
NOYADES survey: a highlight of Santé publique France's activities during the summer of 2018	P. 39

## ■ TAKE ACTION 40

<b>Focus: Vaccination campaign in Mayotte</b>	<b>P. 42</b>
Appraisal of the previous year for Alcool info service	P. 44
Alcohol and pregnancy: initiatives to educate women	P. 45
Vaccination: a new space dedicated to health professionals	P. 46
Publication of «Communicating for all: a guide to accessible information»	P. 47
Surveillance of the heatwave episode in the summer of 2018	P. 48
Mobilisation of the Health Reserves at health centres in Guyana	P. 49
<b>Santé publique France in the regions</b>	<b>P. 50</b>

A diversified partnership policy	P. 54
Dialogue with society activities	P. 56
MISI: cross-disciplinary activity dedicated to the scientific and international strategy	P. 58

# FOREWORD

**T**his activity report lays out the priorities, issues and challenges facing Santé publique France, as well as the main orientations for the near future, and lists the key events during its activity in 2018. It is divided into three main sections – «Anticipate», «Understand» and «Act» – that highlight the continuum between monitoring, surveillance and alert, thereby providing insight into the agency’s expertise, the reach of its actions and the broad diversity of its assignments. A fourth section entitled «Taking action in the regions» addresses the territorial aspect, which is central to Santé publique France’s growth. Its endeavours in terms of preventive healthcare, health promotion and reducing health, social and regional inequalities are an inherent part of all its efforts.

Other areas are also explored in greater depth in this activity report: the steering of Santé publique France’s scientific and international strategy, dialogue with society, which is an integral part of all aspects of its endeavours, and its response to health threats, alerts and crises using tools to manage these specific situations. ■

# SANTÉ PUBLIQUE FRANCE'S CHALLENGES AND PRIORITIES

**In this section, the chairwoman of the Board of Directors and the Director-General take a look back at 2018 and, more generally, lay out the agency's health policy, its priorities, the challenges to face and its future prospects.**

## What were the high points and key endeavours that characterised 2018?

**Marie-Caroline Bonnet-Galzy** – From an institutional perspective, the high point of this year was of course the Inter-ministerial Health Committee, which met at Santé publique France on 26 March 2018. The Prime Minister Edouard Philippe and the Minister for Solidarity and Health Agnès Buzyn, accompanied by 11 ministers, came to present 25 flagship measures that form part of the National Health Strategy over the next five years. This very symbolically significant event reflects the recognition of the agency and the priority placed on prevention in the government's health policy.

**François Bourdillon** – Vaccination, undoubtedly. It's an indicator of the efforts by the minister, who has made it mandatory for children under the age of 2. Given that the goal is to improve vaccine coverage and heighten confidence, we introduced indicators on these two aspects. The culmination of this endeavour was the catch-up vaccination programme in Mayotte, where coverage was very poor: 14,000 children were vaccinated in six weeks [see pages 42-43].

Another event that needs to be mentioned is the launch of the portal of conclusive prevention data, which crystallised one of the agency's objectives, namely developing prevention based on proven effective practices.

Meanwhile, our overseas programmes reflect the efforts of the agency and its employees, whether during the major survey in Mayotte to assess and improve the population's health, studies in the Antilles to identify the percentage of the population carrying chlordecone<sup>1</sup> [see p.36] or the major public debate that we initiated to present the scientific results and prepare responses to reduce the risks that this population poses for several centuries ahead.

We also organised meaningful health democracy efforts in Gard (regarding polluted mining sites), in Soulaïnes-Dhuys, where nuclear waste is stored, and in Guidel, Brittany, where the public debate on transverse agenesis of the upper limbs [see p.57] enabled us to explain the endeavours undertaken by Santé publique France.

In terms of health safety, the agency issued an alert and investigated the salmonella epidemic affecting infants [see p.18] and also monitored a measles epidemic [see p.30]. Meanwhile, the enquiry into episodes of drowning [see p.39] was reported

nearly 600 times in the media through to the start of the summer – all outlets combined –, which serves as an effective prevention tool. Lastly, another concern for our epidemiologists is to plan ahead for the potential transmission of West Nile fever<sup>2</sup> in the south of France. This year, they have nevertheless identified autochthonous grouped cases and sounded the alert, which was an important factor in securing blood donations.



« Concerning the Objectives and Performance Contract, it's important for us to have reference points and for the reporting tools to be coherent »

Marie-Caroline Bonnet-Galzy,  
Chairwoman of the Board of Directors



One remarkable figure emerged during 2018, namely the 1 million fewer smokers.

What are your thoughts on this victory? And what do you attribute it to?

**FB-** It's undoubtedly a victory for public health. The prevalence curve was stable for years and we weren't expecting this kind of figure, which is the result of a very consistent public policy, along with the introduction of plain packets, the increase in reimbursements on nicotine substitutes, the price of cigarettes, etc. *Mois sans tabac* [see p.28], which was initiated and organised by Santé publique France, also helped to consolidate this result. Every year, this social marketing effort is joined in the regions, in each territory, by many participants implementing nearly 10,000 local initiatives. The other victory is the annual measurement of the prevalence of tobacco use, something that I wanted and which allows us to measure changes in this figure every year. There were 1 million fewer smokers between 2016 and 2017 and I hope this trend will be long-term, we're making efforts to secure this.

« The 1 million fewer smokers in 2016-2017 is the result of a very consistent policy, as well as the introduction of effective social marketing »

François Bourdillon,  
Director-General



How is social marketing becoming a tool for continuing to conduct and develop initiatives?

**FB-** Social marketing is the use of marketing and all of its methods and tools to encourage an audience to voluntarily change a behaviour for their own benefit or the community's benefit. What's very important is to accurately define your chosen target and to determine its attitudes so that you can try to change them. Today, with digital we're able, through media and non-media communication campaigns and all of the drivers on the ground, to resonate with people in order to achieve greater awareness and behavioural changes. The other objective we achieved is helping to de-normalise smoking and therefore contribute to people smoking less. When you've got a million fewer smokers, it's because there are people who've stopped smoking, as well as because young people aren't starting. Social marketing is all the more efficient because it serves as a thread throughout the year and even because it recurs from one year to the next.

On the topic of governance, in 2018 you held a seminar with the members of the board. What main orientations for the near future emerged?

**MCBG-** This seminar very much demonstrated all of the board members' desire to be involved, conduct oversight and monitor in their roles supporting the steering of Santé publique France. They asked to be kept informed by the agency more regularly, to obtain its productions in a more personalised way and to have more time to make decisions. I therefore decided to create two internal commissions, one in charge of strategy, the other in charge of auditing and risk management, each comprising half of the board members. We also confirmed that the seminar will continue on into the future and be held every year.

What actions did you undertake to ensure that the Objectives and Performance Contract would result in multiannual scheduling as adopted by Santé publique France?

**MCBG-** This is the first Objectives and Performance Contract signed by Santé publique France for the next five years (2018-2022). As the chairwoman of the board, my aim is to ensure that it translates into the agency's steering and daily running. This means setting the milestones and the objectives of scheduling and, at the same time, establishing a method of regular reporting for the board and the supervisory authority. What's important is that we have regular points of reference, that we share the same fundamentals, that we monitor these and that the presentational tools are consistent. This isn't always an obvious approach to take, because what often happens is that divisions readjust them based on new events and, for

the board members, it's complicated and disruptive to switch reference system. Our monitoring and our control need to take a long-term view and ensure continuity.

### Alongside the other three governance bodies<sup>3</sup>, how do you tackle the high points that will punctuate this scheduling?

**MCBG-** These three bodies are represented on the board by their president, without voting rights. They participate freely based on the items on the agenda and submit an annual report to the board. All three were invited to our seminar. I also make a point of visiting each of these bodies once a year. As for the two internal commissions, each of them will be competent for one or two of these committees, with which they will have a special relationship. Their presidents will, depending on the subject, be invited to participate in the commission in order to form closer ties between these bodies and the board members.

### Reducing health, social and regional inequalities underpins all of Santé publique France's endeavours. How is this achieved?

**FB-** At the level of Santé publique France, we mainly activate three levers: firstly, all of our epidemiological studies incorporate the socioprofessional categories, at least so these inequalities can be documented; meanwhile, our social marketing campaigns are put through pre-tests per socioprofessional category to measure their effectiveness and are often rectified to ensure they are universally understood, particularly concerning smoking, alcohol, sedentary lifestyles, excess weight and obesity, which are markers of the most disadvantaged sectors of society; lastly, for all of our publications we develop what's known as «universal accessibility», to ensure that everyone understands them. Additionally, in collaboration with Quebec-based researchers, we produced a *Guide to accessible information*, which is aimed at all professionals who publish brochures for the general public [see p.47]. It formalises recommendations on being universally intelligible. Similar work is being prepared for prevention and remote assistance, thereby enabling a high-quality response to be provided.

### How is the regional aspect taken into account in Santé publique France's strategy?

**FB-** We believe that without the regional aspect, the agency doesn't exist. When we created Santé publique France, the entire team's very firm intention was to put in place regional delegations in the form of the regional units. Within the regional health agencies, as well as under the guidance of Santé publique France, their role is to alert, monitor and investigate, and their professionalism is universally recognised. In 2018, there were three important reorientations: the first is the creation of the exchange groups on professional practices

(Gepp), which meet to discuss a topic with the business line concerned in order to assess the regional challenges and compare the prevalence, no longer with the national result but from territory to territory. Each time, a report will provide a summary of this work and I've suggested that the editorials should be written by one of the regional health agencies.

**MCBG-** The director of one regional health agency is a member of the board, and in every debate the question of how to inter-link the national strategy and regional strategy comes up regularly. I believe it's very important to ascertain the regional dimension given the territorialisation of our policy, to adapt our operations to local participants, to take them into account and to provide them with the right tools to help them understand the realities on the ground and develop relevant prevention policies. In other words, it's about adapting to the needs of the territories, rather than the other way around!

**FB-** This is the ambition that we're putting in place: to have regional knowledge to assist the public health policy. To achieve this, four areas of work are under way – cancer, smoking, alcohol and suicide – and each of the regions will produce its own report. The idea is that each regional health agency has all of the elements it needs to conduct its actions. Lastly, aside from alerts, monitoring, surveillance and investigation, the assessment of prevention actions is now an activity that needs to be rolled out and strengthened. There are shortcomings in this area and it's an important focus in terms of regional policy.

### Does Géodes, Santé publique France's cartographic monitoring tool, respond to this concern?

**FB-** Absolutely! To assist the public policy, we're now able to provide to the regional health agencies [see p.16] elements – indicators and data – on the scale of a region, a department and a commune.

### What are the challenges for the coming years, given the environmental disruptions?

**FB-** Environmental repercussions on health, particularly exposure to all kinds of pollution, are obviously a key public health topic for the agency and for the coming years. Air pollution, which causes 48,000 deaths per year, is the second or third most important determinant of health in France.

We've created incentivising tools, the quantitative health impact assessments (*évaluations quantitatives de l'impact sur la santé*, EQIS), which can indicate the health impact of air pollution in terms of mortality, as well as measure the improvement achieved if it's reduced by 10%, 20%, 30%. These EQIS are a powerful advocacy tool for communes, departments or even regions that want to get involved in combating air pollution. In addition, biomonitoring studies of levels in individuals will produce a major impact in terms of preventive healthcare

and health promotion. For example, on the topic of pesticides we've invested in a «multi-site» survey in France to research the potential causality links between health and the use of pesticides. This is a major investment (€13 million) by the Environmental Health Division, which established the protocol and submitted it to the Ecology Ministry. The *Direction générale de la santé* («Directorate General for Health») and the Anses<sup>4</sup> are helping to finance it.

« The regional and territorial aspect is at the very foundation of Santé publique France's strategies »

François Bourdillon



The website « *Agir pour bébé* », which will launch in June 2019 and is aimed at parents of young children (pregnant women and the first 1,000 days of a child's life), is different in that it incorporates environmental issues and exposure to chemical products. It's important, because their potential effects are not at all widely known among the general public.

### What are the board's priorities for Santé publique France in the coming years?

**MCBG-** Firstly, to ensure that Santé publique France achieves greater recognition in civil society as a benchmark and trusted

agency, and for its expertise to be made accessible to citizens. I feel this is important in today's difficult climate, which is casting doubt on expertise. The second priority is to unite and ensure the professional development of all our monitoring and vigilance partners, who we are directly responsible for. This is an important steering topic for the board, because what's at stake is Santé publique France's credibility. Lastly, our third priority is to shift France from a curative mindset to a preventive dynamic. There's a long road ahead here and we hope that Santé publique France will be the key driver of this! ■

« Our priority is to shift France from a curative mindset to a preventive dynamic and we hope that Santé publique France will be the key driver of this »

Marie-Caroline Bonnet-Galzy

1. Pesticide and endocrine disruptor
2. Virus transmitted by mosquitoes
3. The Scientific Board (CS), the Ethics and Professional Conduct Committee (CED) and the Committee for Orientation and Dialogue with Society (COD).
4. French agency for food, environmental and occupational health & safety



# OUR GOVERNANCE

## ORGANISATION

**S**anté publique France's executive management is comprised of a Director-General, a Deputy Director-General, a Scientific Director and a Deputy Scientific Director. As a scientific and health expertise agency, it is responsible for:

- epidemiological observation and monitoring the health of populations;
- monitoring risks to the health of populations;
- promoting health and reducing health risks;
- developing prevention and health education;
- preparing for and responding to exceptional health situations;
- launching health alerts.

The agency is structured around nine scientific and cross-functional divisions and six divisions that provide support and assist activity. It is responsible for the regional units, which work in close collaboration with the general managers of the regional health agencies.

## OUR WORKFORCE

645  
employees as of 31/12/2018

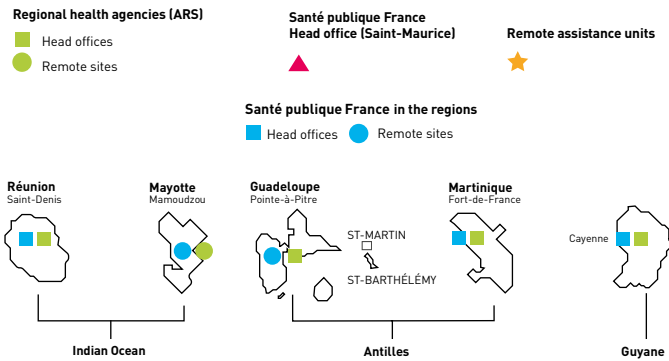
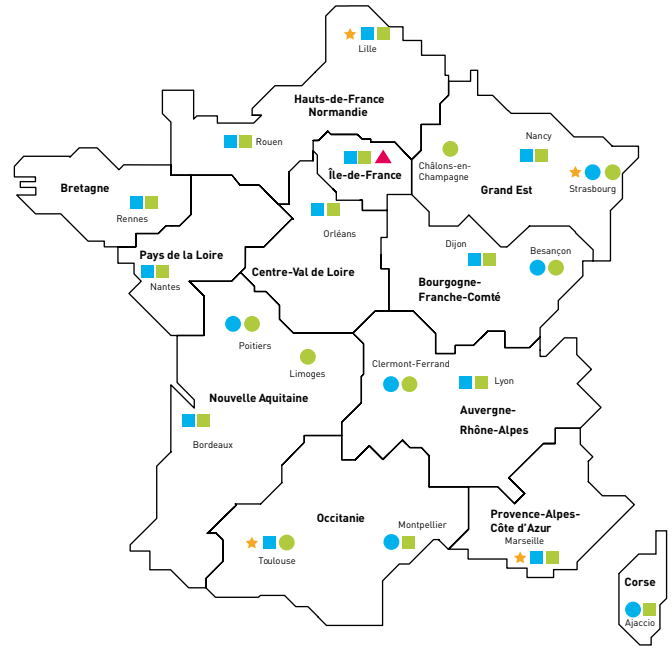
- 569 full-time equivalent employees
- 55 interns, 35 of whom based in regions
- 15 apprentices
- 24 trainees
- 875 training initiatives, 476 employees trained
- 44: average age
- 262 individuals working remotely
- 71.2% / 28.8% male/female
- 3,198 reservists recruited





# REGIONAL ORGANISATION

To conduct its activities, Santé publique France has regional units under its authority, which work in collaboration with the general managers of the regional health agencies. A unit performs an operational mission in the field of monitoring, surveillance and alert. The agency also implements the national health monitoring and surveillance system, for which it defines orientations and oversees and coordinates actions in compliance with the missions entrusted to the regional health agencies. Santé publique France signs agreements with the regional health agencies that cover the implementation of its missions and stipulate how the regional units operate. The agency also has four remote assistance units that respond to the public's queries seven days a week.



# INTERNATIONAL RELATIONS

Santé publique France is a member of the International Association of Public Health Institutes (IANPHI), the International Union for Health Promotion and Education (IUHPE) and EuroHealthNet. The main office of the IANPHI secretariat works in conjunction with the Scientific and International Office of Santé publique France.

# GOVERNANCE BODIES

## THE BOARD OF DIRECTORS (BOD)

Comprised of 33 members (including nine government representatives), who are appointed for a four-year period, renewable once, the Board of Directors is responsible for giving a verdict on the agency's main strategic orientations, its activity programme and the human and financial resources required to conduct its activities.

## THE SCIENTIFIC BOARD

The 27 members of the Scientific Board (*Conseil scientifique*, CS) are appointed at the proposal of the Director-General for a four-year period, renewable by decision of the Chairman of the Board of Directors. The CS's assignments include giving an opinion on the agency's orientations in terms of research, expertise, scheduling and scientific partnerships. It also helps to prepare the national and European public health policies.

## THE ETHICS AND DEONTOLOGY COMMITTEE

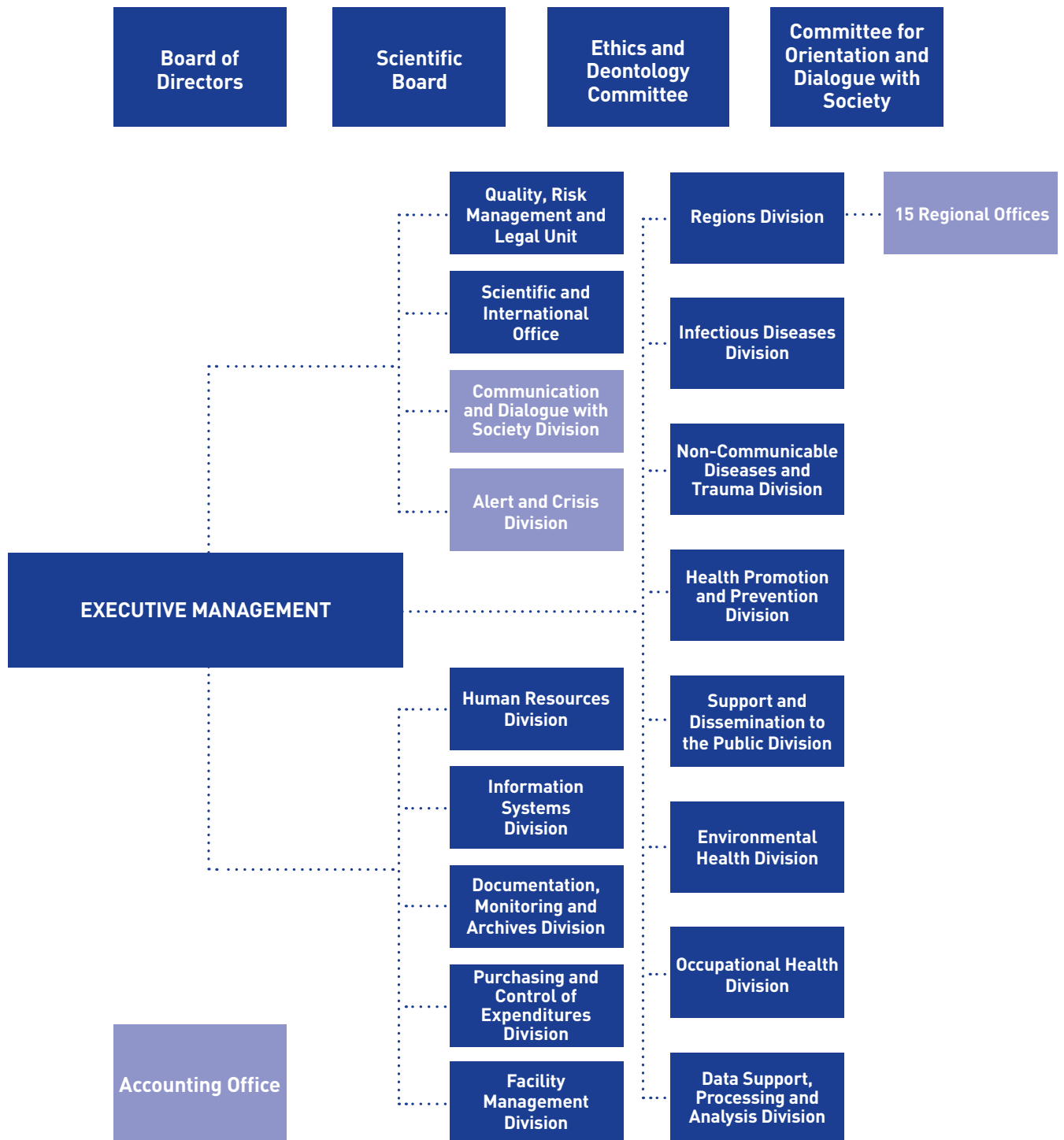
Comprised of seven members appointed by the Chairman of the Board of Directors for a four-year period, the Ethics and Deontology Committee (*Comité d'éthique et de déontologie*, CED) contributes to the policy on preventing conflicts of interest implemented by the agency and to assessing the system that guarantees employees' independence when they speak at public events, notably in connection with private companies, trade unions, academic societies, etc.

## THE COMMITTEE FOR ORIENTATION AND DIALOGUE WITH SOCIETY

Selected via a call for applications, the members of the Committee for Orientation and Dialogue with Society (*Comité d'orientation et de dialogue*, COD) are appointed for a renewable four-year period. The COD has four missions: contribute to the quality of the agency's actions and to optimising its methods of communication (notably in the event of a health crisis), establish a hierarchy for its priorities in the various areas of activity and enable it to participate in public health debates.

# OUR GENERAL ORGANISATION

## ORGANISATION CHART:



The list of the members of the Board of Directors, Scientific Board, Ethics and Deontology Committee and Committee for Orientation and Dialogue with Society is on page 60.

## THE EXECUTIVE MANAGEMENT TEAM:



**François Bourdillon,**  
Director-General



**Martial Mettendorff,**  
Deputy Director-General



**Jean-Claude Desenclos,**  
Scientific Director



**Mili Spahic,**  
Cabinet Director

## EXECUTIVE COMMITTEE (in alphabetical order)



**Eric Amaudry,**  
Director,  
Human Resources  
Division



**Véronique Bony,**  
Director,  
Support and  
Dissemination to  
the Public Division



**Catherine Buisson,**  
Director,  
Occupational Health  
Division



**Bruno Coignard,**  
Director,  
Infectious Diseases  
Division



**Sebastien Denys,**  
Director,  
Environmental  
Health Division



**Virginie Dubois,**  
accountant



**Viviane Foucrot,**  
Director,  
Purchasing and  
Control of  
Expenditures  
Division



**Anne Gallay,**  
Director,  
Non-Communicable  
Diseases and Trauma  
Division



**David Heard,**  
Director,  
Communication and  
Dialogue with Society  
Division



**Paul-Henri Lampe,**  
Director,  
Information  
Systems Division



**Anne Laporte,**  
Director,  
Regions Division



**Yann Le Strat,**  
Director,  
Data Support,  
Processing and  
Analysis Division



**Nicole Pelletier,**  
Director,  
Alert and Crisis  
Division



**Sylvie Quelet,**  
Director,  
Health Promotion  
and Prevention  
Division



**Anne-Catherine Viso,**  
Director,  
Scientific and  
International Office



# AN INSTITUTIONALLY EVENTFUL YEAR

There were several highlights in 2018, chief among them the signature of the Santé publique France Objectives and Performance Contract. The meeting of the Interministerial Health Committee, which took place at the Saint-Maurice offices, discussions with MPs from the Social Affairs Commission and the third edition of the Santé publique France annual meetings were also key events.

## THE SIGNATURE OF THE OBJECTIVES AND PERFORMANCE CONTRACT

Madame Agnès Buzyn, the Minister for Solidarity and Health, came to the Saint-Maurice offices to sign Santé publique France's 2018-2022 Objectives and Performance Contract (*Contrat d'objectifs et de performance*, COP). This forms part of the implementation of the National Health Strategy (*Stratégie nationale de la santé*, SNS), which also runs for five years. This document conveys the signatories' joint aim to ensure that the authorities have a reference body whose expertise is recognised at both a European and international level in the fields of preventive healthcare and health promotion, surveillance, health monitoring and public health intervention.

The COP was built using a collaborative approach, coordinated by the General Inspectorate of Social Affairs (*Inspection générale des affaires sociales*) in liaison with the various stakeholders. More than 50 interviews were conducted to ascertain the expectations of healthcare bodies, organisations and professionals. Six interministerial working groups were then set up to jointly determine the six strategic and operational objectives below:

- Improve and optimise epidemiological observation and health risk monitoring.
- Develop and guarantee the effectiveness of preventive healthcare and health promotion actions.
- Optimally ensure preparations for and the response to health threats, alerts and crises.
- Contribute, in terms of expertise, to the public health policies implemented at a regional and international level.
- Ensure efficient management and steering.
- Develop institutional partnerships, links with research and openness towards civil society.

During this visit, Ms Buzyn voiced her support to all employees and her keen interest in their work. ■



« Today, I expect Santé publique France to support at the highest possible level, within a new framework, the ministerial ambitions and efforts to deliver excellence and transparency, as well as efficiency and modernisation in an increasingly constrained budgetary context »

Ms Agnès Buzyn,  
Minister for Solidarity and Health

## AN INTERMINISTERIAL COMMITTEE ON SANTÉ PUBLIQUE FRANCE'S PREMISES



**Saint-Maurice, 26 March 2018.** Santé publique France hosted a meeting of the Interministerial Health Committee, during which the Prime Minister Édouard Philippe and the Health Minister Agnès Buzyn presented the health plan entitled «Prevention Priority». This symbolic choice placed an emphasis on the issue of preventive healthcare and health promotion. During a press conference following the meeting, the outline of the National Public Health Plan was presented. ■

## THE SANTÉ PUBLIQUE FRANCE ANNUAL MEETINGS

**Paris, 29, 30, 31 May 2018.** This third edition, which was held at Université des Saints-Pères, was opened by Jérôme Salomon, Director General of Health, and François Bourdillon, Director-General of Santé publique France, and was also attended by over 1,100 people. Two plenary conferences, 12 sessions and two workshops provided the opportunity to share experiences in health monitoring and prevention and intervention actions. Now a key public health meeting, this event – at which more than 100 French and foreign speakers appeared – brought together public health participants, institutional figures, scientists, associations and reservists, who discussed topical subjects, including the following themes: «Nutri-Score: challenges and position in a nutritional policy», «Alerts and responses: how to transition from a signal to an alert» and «How to protect health in the face of climate change». ■



## DISCUSSIONS BETWEEN MPS AND EMPLOYEES ON THE THEME OF PREVENTIVE HEALTHCARE

**Saint-Maurice, 11 April 2018.** The Social Affairs Commission of the French National Assembly visited Santé publique France's premises. During this visit, which took preventive healthcare as its theme, four meetings were held to allow MPs to discuss with the agency's teams the themes that they chose: «Perinatality and early childhood», «Addiction prevention», «Health and environment» and «Hepatitis C prevention». ■



## SANTÉ PUBLIQUE FRANCE AT THE OCCUPATIONAL MEDICINE AND HEALTH CONGRESS

**Marseille, 5, 6, 7, 8 June 2018.** Santé publique France attended the 35th edition of this congress, which covered several topics, including recent changes to the occupational health system in France. The event provided an opportunity to give an update on these developments and contribute the latest knowledge. ■

## THE FIRST SANTÉ PUBLIQUE MEETINGS IN GUYANA

**Cayenne, 17 to 19 January 2018.** Jointly organised by the regional health agencies (*agences régionales de santé, ARS*) of Martinique, Guadeloupe, Guyana and Santé publique France, this event brought together 225 health professionals to debate, based on field experience, the health issues facing the territories of the Antilles and Guyana. These meetings provide an opportunity to present the health of overseas populations using various indicators (Barometers and STEPS studies), as well as to illustrate these territories' issues and specific challenges. ■





# ANTICIPATE

To preserve the health of all, every day, Santé publique France, through surveillance systems, monitors health indicators, measures the health impact of major determinants such as tobacco and alcohol, and defines the actions that need to be taken in order to anticipate potential crises.



# NUTRI-SCORE: A NUTRITIONAL QUALITY INDICATOR

**The Nutri-Score, which first appeared on the packaging of certain food products in November 2017, was designed to enable consumers to make more relevant choices about nutritional quality.**

The European regulation INCO requires member countries to ensure that a table stating food content such as calories, fat, carbohydrates, protein, salt, etc. appears on all prepackaged food products. However, these figures are still difficult for consumers to decipher and interpret. This is why, as part of the 2016 health act, France decided to introduce additional labelling to enable consumers to assess at a glance the nutritional quality of the products they buy.

## A COLOURED LOGO

Following a lengthy consultation involving consumers, manufacturers, retailers, scientists and the public authorities, the principle of this labelling was confirmed. With several studies having demonstrated the tangible impact that logos with meaningful colours have on consumer choices, the Nutri-Score was adopted on 31 October 2017 and first appeared on certain food packaging the following month. It allows a product to be positioned on a five-level scale ranging from A (green) to E (dark orange), from the highest nutritional quality to the lowest. It also has the dual benefit of allowing consumers to compare items in the same store department, as well as different brands of the same type of product.

## NUTRI-SCORE ADOPTED BY 110 MANUFACTURERS

This simplified labelling on packaging, which is easy to understand and far more visible, also encourages manufacturers to reformulate their products in order to improve the nutritional quality and obtain a better Nutri-Score assessment. Manufacturers that wish to place this logo on their packaging are registered and sign regulations governing use. They are then assisted and supported throughout the process by Santé publique France, which answers all of the technical and legal questions they may be asked.



**91%**

of French people are in favour of the Nutri-Score appearing on packaging

**77%**  
of French people think  
the information provided by  
the Nutri-Score  
is reliable

The first to sign up to this initiative were three major retailers, Auchan, Leclerc and Intermarché, as well as the national brands Danone, Fleury Michon and McCain, which have since been followed by around 100 manufacturers and retailers. Smaller producers have also joined the initiative. Nearly all sectors are now represented: dairy and baked products, tinned food and ready meals, the latter being very much the dominant product.

### **FIRMLY ESTABLISHING THE NUTRI-SCORE WITH A TV CAMPAIGN**

To improve consumers' awareness of this labelling and encourage them to choose products with the highest nutritional qualities, Santé publique France developed a TV campaign, which was broadcast in May 2018. Two studies were conducted to measure French people's attitude towards the logo (see *inset below*): the findings show that packaging containing the Nutri-Score gives the brand a better image among the vast majority of consumers (7 out of 10). This credibility and legitimacy also mean the labelling can be used as a marketing tool for manufacturers to showcase their products.

### **EUROPEAN ROLLOUT**

Santé publique France is also working on rolling out the Nutri-Score<sup>1</sup> Europe-wide, encouraging businesses and farmers to join the initiative and pointing out that the European legal framework very clearly allows use of this labelling. Brands have already decided to get involved, without their government giving a verdict, as have retailers, including Auchan, which will be placing the logo on its products in Portugal. Countries including Belgium and Spain have also decided to support Nutri-Score and recommend its introduction.

Santé publique France is proactive in all cases, offering manufacturers and retailers the same service as French companies, whether in terms of adopting the graphic design or questions about technical matters and calculations. The agency also helps governments to adapt the regulations governing use and provides them with communication tools. ■

1. Nutri-Score is a trademark protected at both a French and European level



### **UNE ADHÉSION MASSIVE AU NUTRI-SCORE**

A study was launched in 2018 to ascertain how French people perceive and use the Nutri-Score, as well as to measure how extensively this labelling has been adopted.

Two survey phases – before and after the TV campaign broadcast in May – were conducted via an online questionnaire that 1,005 and 2,000 people respectively answered.

The questions concerned, firstly, the awareness, understanding and use of this labelling and, secondly, the recognition of the advert and its impact.

The results speak for themselves: 75% of those surveyed said,

at the end of May, that they knew about the Nutri-Score, while 93% said it is easy to locate on packaging and understand. It is also extremely credible, with 77% of French people trusting the information it provides and 87% supporting its mandatory use. Of those who already know about the Nutri-Score, 90% say they are or could be influenced when buying a product.



# GÉODES: IMMEDIATE ACCESS TO PUBLIC HEALTH INDICATORS

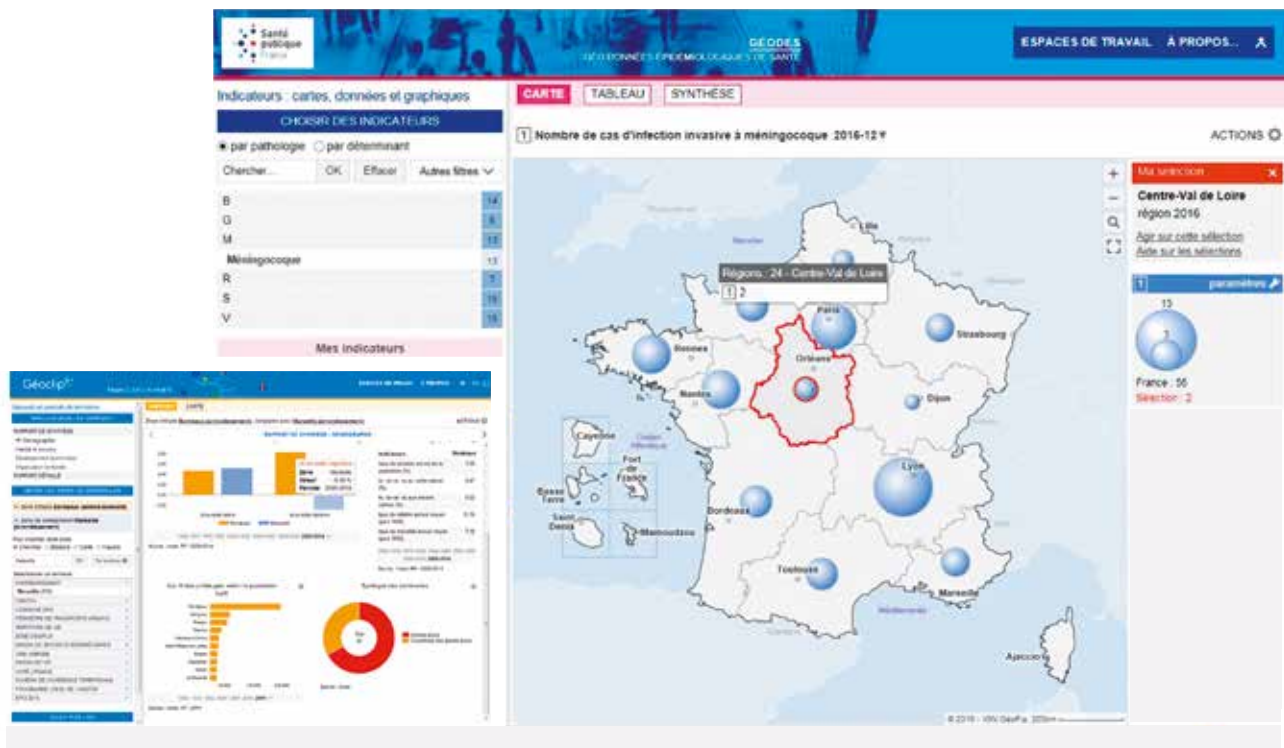
Every year, the agency produces numerous public health indicators based on its surveillance systems, epidemiological or behavioural surveys and medical-administrative databases (SNDS<sup>1</sup>). To improve their visibility and make them easily accessible to all – scientists and researchers, institutional organisations (supervisory bodies, ARS, communes), journalists, partners and associations, the general public, etc. –, Santé publique France set out to have a modern presentational tool. To this end, it created its own monitoring tool called Géodes, which presents indicators based on three main types of visualisation: dynamic maps, tables and summaries.

Over the course of a year, a very large number of indicators have been incorporated into this tool, listed by pathology and determinant (alcohol, tobacco, mental health, sexual health, etc.), by year, by age range, by gender and by geographical area (region or department). As a result, Géodes allows queries to be conducted in real time nationwide.

For example, to find out the number of stroke-related hospitalisations in Brittany in 2016, all you need to do is select from a drop-down menu the pathology, year and geographical area, then hover the cursor over the appropriate region on the map to view the corresponding indicator. It's also possible to export a map (in PDF or jpeg format) or a spreadsheet (in Excel format) for use in an article or publication. Lastly, a form allows users to ask questions to Santé publique France employees or request clarifications. Géodes was launched on 15 January 2019 and can be accessed at <https://geodes.santepubliquefrance.fr>.

« To improve the visibility of and accessibility to the indicators it produces, Santé publique France has created a modern presentational tool »

1. National health data system (Système national des données de santé)



VISIT [WWW.GEODES.SANTEPUBLIQUEFRANCE.FR](http://WWW.GEODES.SANTEPUBLIQUEFRANCE.FR)



## TARGETED TRAINING BASED ON THE AGENCY'S NEEDS

**S**anté publique France has developed a training programme dedicated to its employees. This involves educating them in – or perfecting their knowledge of – the use of certain software, databases and methods in order to optimise their skills and give them all the tools they need for their analyses and the execution of their projects. Sessions have been scheduled to take place between October 2018 and December 2019, covering both training requests stated during annual appraisals and the February 2018 survey of users of the SNDS<sup>1</sup>.

■ **As far as statistics are concerned**, one- or two-day modules were devised for beginner or advanced training in the software SAS, Stata and R.

■ **«Mixed methods»**: this term is used to refer to a combination of quantitative and qualitative methods. The human sciences (sociology, ethnology) have incorporated some of the agency's epidemiological work. As such, theoretical sessions have been dedicated to the «human and social sciences and their methods», «the contribution of human sciences to public health» and «the combination of qualitative and quantitative». N'vivo, the qualitative data analysis software, was also presented.

■ **Some users of the SNDS** working in different divisions – who were trained by the CNAM<sup>2</sup> and authorised to use this system's data – wanted to explore certain aspects in greater depth.

This training is provided by the SNDS representatives of the Data Support, Processing and Analysis Division.

■ As part of the **implementation of the SACS<sup>3</sup>**, training in learning how to use the SurSallD<sup>4</sup> application is provided for duty personnel. ■

« The agency has devised a training programme dedicated to its employees to educate them in or perfect their knowledge of the use of certain software programs and databases »

1. National health data system (*Système national des données de santé*)
2. Conservatoire national des arts et métiers
3. Heatwave health alert system (*Système d'alerte canicule santé*)
4. Health surveillance of emergency situations and deaths (*Surveillance sanitaire des urgences et des décès*)

# INVESTIGATIONS INTO A SALMONELLA EPIDEMIC AMONG INFANTS



**A**t the end of November 2017, the National Reference Centre (*Centre national de référence*, CNR) for salmonella at the Institut Pasteur received and identified an unusual number of strains of salmonella of the Agona serotype (eight in eight days) in infants. An alert was triggered and the epidemiological investigations conducted by Santé publique France – in liaison with the DGS<sup>1</sup>, the DGCCRF<sup>2</sup> and the CNR<sup>3</sup> – identified a total of 39 infants whose median age was 4 months. Their parents were surveyed to determine the date on which the illness occurred, ask them about the food consumed three days before the initial symptoms, the type of treatment (outpatient or hospital), etc.

The CNR's analysis of the strains in these babies, who resided in ten different regions of France, confirmed that they all belonged to the same epidemic clone (i.e. that they all formed part of the same epidemic). Concerning their food before symptoms occurred, powdered milk of various brands was quickly identified, all of which were produced at the same site<sup>4</sup> in France. As these discoveries came to light, the DGCCRF was informed in real time so that it could determine the number(s) of the suspected batches, as well as the period during which they were manufactured at the factory.

At the same time, using a new technique called whole genome sequencing (WGS), the CNR conducted retrospective research into salmonella Agona strains in infants since the year 2000.

It emerged that the epidemic profile of the cases in 2017 was the same as that of isolated strains in an epidemic dating from 2004-2005, which affected more than 140 babies. The cause was again baby milk produced at the same factory, meaning that this strain persisted at the site for 12 years.

This investigation resulted in an article published in the online journal *Eurosurveillance* in January 2018, as well as two hearings at the French Senate and National Assembly during the course of 2018. ■

« The identification of eight strains in eight days of salmonella of the Agona serotype in infants triggered an alert and epidemiological investigations »

1. Directorate General for Health (*Direction générale de la santé*)

2. Directorate general for competition, consumer affairs and fraud prevention (*Direction générale de la concurrence, de la consommation et de la répression des fraudes*), which is responsible for inspection measures concerning powdered milk, particularly for infants.

3. National reference centre (*Centre national de référence*)

4. The milk produced in this factory was exported worldwide and was subject to withdrawal and recall measures in 85 countries.



# SURVEY OF STIs: YOUNG PEOPLE PARTICULARLY AFFECTED

Since the start of the 2000s, the resurgence of the sexually transmitted infections (STIs) *Chlamydia trachomatis* and gonococcus required the introduction of epidemiological surveillance, implemented by Santé publique France, with the participation of doctors and volunteer laboratories. The survey conducted in 2012 as part of a quality control by the ANSM<sup>1</sup> of all French bacteriology laboratories was used to estimate the total number of chlamydia and gonococcus infections diagnosed in France, totalling around 77,000 and 15,000 cases. In 2017, the LaborST survey, conducted for the first time together with all public and private medical biology laboratories, updated these indicators for 2016 and produced estimates according to gender, age and region for the first time.

Published in July 2018, the results<sup>2</sup> of this survey show a very significant increase in new diagnoses compared with 2012. 267,097 people diagnosed with a chlamydia infection. There was a prevalence among women, with the youngest age group

of 15 to 24-year-olds the most affected, notably those living in the Paris region, at 5,682 cases per 100,000 inhabitants and, to a lesser extent, in the overseas departments (1,761/100,000). Meanwhile, the number of people diagnosed with gonococcus infections was estimated at 49,628, with men more affected than women, particularly 15 to 24-year-olds, irrespective of the region in which they reside.

Alongside the publication of these figures, a digital communication campaign aimed at young people was conducted on the website onsexprime.fr and on social media. Featuring their habits, notably the concept of life hacking, in a quirky manner, the advert ended with the tagline «A condom can save your life. Always keep one on you». ■

Around **267,097**  
cases of *chlamydia* infections  
diagnosed in 2016

1. French national agency for medicines and health products safety (*Agence nationale de sécurité du médicament et des produits de santé*)

2. These results do not reflect the full reality of chlamydia and gonococcus infections, as these two STIs often go unnoticed and are therefore neither brought up in doctor appointments nor diagnosed.





# CONSENT: KNOW HOW TO GIVE IT, KNOW HOW TO HEAR IT

«OK. NOT OK». This is the tagline of the digital campaign launched in October-November 2018 by Santé publique France, which addresses the issue of consent in sexual relations, notably during the «first time». Audio testimonials from teenagers and young adults lasting 6 to 8 minutes each were collected and posted on the website onsexprime.fr. They spoke about their embarrassment, hesitation, doubts and difficulties (or otherwise) in speaking about their desires and wishes, recounting experiences exclusively in a one-to-one setting.

The graphical treatment accompanying these podcasts humorously featured the mouth, a vehicle for the spoken word and dialogue, as well as sexual interaction. The goal of this campaign is to make young people think about the complexity of consent and the uncertainty of their own inclinations (a person isn't always completely sure about what they do or don't want), as well as to encourage verbal dialogue, listening to each other and to legitimise the expression of their desire or

disagreement. Each podcast ended with a message reiterating the importance of speaking and listening to each other: «Say what you feel, ask before, say yes, change your mind, etc. When it comes to sex, people don't always want to talk or listen. But it's essential so that you know everything is really ok.»

This campaign was assembled based on data from the 2016 edition of Santé publique France's Barometer, which focused on sexual health. The results, which were published alongside the campaign, show that 11% of women gave in to their partner's expectations during their first encounter, compared with 7% of men. They also indicate that 8% of young females aged 15 to 17 have already experienced forced sex or attempts at forced sex, compared with 1% of young males.

This initiative, which gave rise to numerous partnerships with radio stations, digital audio platforms and social media, was well received and was given extensive coverage in the print media, on the radio, on the TV and on the web. ■

« The goal of this campaign was to make young people think about consent, encourage listening to each other and legitimise the expression of their desire or disagreement »

OK.  
PAS  
OK.



VISIT  
[WWW.ONSEXPRIME.FR](http://WWW.ONSEXPRIME.FR)





## A BROADER SCOPE FOR SANTÉ PUBLIQUE FRANCE'S BAROMETER

**A**s an essential tool in Santé publique France's work, the Health Barometer was traditionally overseen by the Inpes<sup>1</sup> every five years. In 2018, the agency looked into broadening the scope of the themes studied and regularly producing data at a regional level, including the overseas departments. Meanwhile, the publication frequency will now be annual. Lastly, the brand «Le Baromètre de Santé publique France» has been registered.

After the survey was presented to all of the divisions, they were worked with to determine which subjects they would like to see addressed in Santé publique France's Barometer. A working group comprised of representatives of each of the divisions was assembled to gather requirements for 2019 and subsequent years. The 2019 edition of the survey includes an inter-divisional questionnaire and brand-new themes, such as a module on cardiovascular disease and arterial hypertension. The data produced will all appear in Géodes, the new indicator presentational tool (see p. 16).

In liaison with executive management, it was also decided that from 2020, a more extensive survey would be conducted to produce data at a regional level. The regional epidemiology units will be involved in preparing the questionnaires to take into account regional specifics, as well as in utilising the data collected, in similar fashion to the production of the first *Public*

*Health Bulletins* in January 2019 on the theme of Smoking, based on the 2017 Santé publique France Barometer.

Lastly, partnerships will be able to be initiated on certain subjects, as is the case in 2019, regarding gambling and games of chance together with the *Observatoire des Jeux* monitoring unit, which reports to the Ministry for the Economy, Finance, Action and Public Accounts. ■

« A working group comprised of representatives of each of the divisions was assembled to gather requirements for 2019 and subsequent years »

1. National institute of health education and prevention (*Institut national de prévention et d'éducation pour la santé*)

# HAI<sup>S</sup> AND AR: LAUNCH OF 5 SURVEILLANCE AND PREVENTION MISSIONS

**U**nder decree no. 217-129 of 3 February 2017, Santé publique France was entrusted with steering the national missions of the support centres for the prevention of healthcare-associated infections (*Centres d'appui pour la prévention des infections associées aux soins*, CPIas). To this end, a call for projects was issued to the CPIas to implement – by delegation of the agency – coordination, surveillance, information and prevention at a national scale in the area of healthcare-associated infections (HAIs) and antibiotic resistance (AR). To support Santé publique France in this project, a committee for national missions on healthcare-associated infections (*Comité Missions nationales infections associées aux soins*, CMNIAS) was put in place on 17 July 2017. This body, responsible for developing and assessing calls for projects, gave a verdict on five major national missions:

- The surveillance and prevention of AR and HAIs in outpatient care and in the medical-social sector.
- The surveillance and prevention of AR in healthcare establishments.
- The surveillance and prevention of the risk of infection related to surgery and interventional medicine.
- The surveillance and prevention of infections related to invasive procedures.
- Support for measures regarding assessment, training, communication and documentation.

The CMNIAS prepared two sets of specifications, one general and one specific to each of the missions. The call for projects was launched on 8 December 2017, with a submission deadline of 30 January 2018. Ten applications were received by Santé publique France and examined, in collaboration with the CMNIAS, using a previously validated assessment scale. In total, six CPIas were chosen (alone or in combination) between October and November 2018 to handle these five national missions for a five-year period (from 1 April 2018 to 31 March 2023) and will be assessed based on an annual activity report that will be analysed by the CMNIAS. ■

« A call for projects was issued to the CPIas to implement – by delegation of the agency – coordination, surveillance, information and prevention in the area of HAIs and AR at a national level »





# COSET: A LONG-TERM UNIT FOR MONITORING WORKER HEALTH



The Coset<sup>1</sup> programme is a surveillance system designed to describe and monitor, over the long term, the health, exposure to occupational disturbances and working conditions of the current and former working population in France in order to study the relationship between work and health and identify populations at risk. Coset draws on the analysis of data concerning workers affiliated with the main welfare schemes. To achieve this, two very large cohorts of workers have been set up by Santé publique France in partnership with the schemes concerned: the first is comprised of agricultural workers (employees or otherwise) affiliated with the MSA<sup>2</sup>, the second is comprised of artisans, merchants and self-employed professionals who are members of the *Sécurité sociale des indépendants*<sup>3</sup> scheme. Information concerning employees who are part of the main French public health insurance scheme will also be drawn from the «Constances» cohort, a project led by the Inserm<sup>4</sup> in collaboration with the French national health insurance fund.

The recruitment phase, which began in 2017, continued in 2018 with the dispatch of additional invites: a total of 270,000 people among MSA affiliates and 450,000 among members of the *Régime social des indépendants* scheme were invited by mail to participate in Coset by answering an online questionnaire about their health and working conditions. When the recruitment phase ended in July 2018, around 27,000 agricultural workers and 20,500 self-employed persons had responded. These individuals will be re-surveyed every two or three years. Unless those contacted object, this information will be supplemented by administrative data (healthcare reimbursements, sick leave, etc.) taken from the databases of the schemes and collected both for the questionnaire respondents and a group of non-respondents for comparison purposes. According to the timetable, an appraisal of the recruitment will be published in 2019 and the initial global epidemiological appraisals will come in 2020. The results of analyses of specific pathologies or populations will follow from 2020. ■

27 000 and  
20 500  
Respectively, the number of  
agricultural workers and  
self-employed persons participating  
in Coset

1. Coset is an acronym of Cohortes pour la surveillance épidémiologique en lien avec le travail («Cohorts for epidemiological surveillance in connection with work»). The first stage of this project was described in the 2017 activity report.  
2. *Mutualité sociale agricole*, a social insurance agency  
3. Formerly the *Régime social des indépendants* (RSI)  
4. National institute of health and medical research (*Institut national de la santé et de la recherche médicale*)





# UNDERSTAND

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Listen to populations, conduct studies, share knowledge.  
All of these actions help to advance knowledge about the population's health.  
Understanding behaviours, as well as the related environmental impacts,  
means preventing risks and sustainably promoting health for the long term.

# CRISIS COMMUNICATION: PREPARING FOR THE UNEXPECTED

**In preparation for highly stressful or major health risk situations, Santé publique France has devised crisis management tools for rolling out ad hoc communication. It shares this expertise and combines it with other experiences within a network encompassing European and Asian countries. To reach audiences, even those with very limited access to reading material, the agency undertakes a so-called «universal design» approach for all of its communication materials.**

« In the current climate of disinformation and rumours fuelled by the internet, Santé publique France has sought to achieve advanced expertise in monitoring and crisis communication »

**S**anté publique France's missions regularly bring it face to face with the challenges of crisis communication. Its monitoring of the risks to populations, preparing for and responding to health threats, alerts and crises, and its ability to trigger a health alert make it a preferred contact for the press and the media during exceptional health situations. Its social marketing skills and its expertise in public communication also make it a top-tier organisation for devising and implementing a crisis communication initiative aimed at affected populations.

In the current climate of disinformation and rumours fuelled by the internet and social media, and as the risk of mistrust towards institutions often complicates how information is received, Santé publique France has sought to achieve advanced expertise in monitoring and crisis communication in order to more effectively plan ahead for situations that pose an «opinion-related risk» and arm its crisis management tools ahead of time. As a major strategic and operational factor in exceptional health situations, crisis communication was therefore the subject of considerable effort at Santé publique France during the course of 2018.

## EXPERIENCES AND BEST PRACTICES EXCHANGED BETWEEN EUROPE AND ASIA

In addition to training its employees in crisis communication and implementing media, internet and social media monitoring tools, the Communication and Dialogue with Society Division joined an international network of crisis communication professionals run by the Asia-Europe Foundation (ASEF). Every year, the members of this network meet for a two-day workshop called the High-Level Meeting on Risk Communication for Public Health Emergencies. Designed to foster the exchange of experiences and best practices concerning communication during exceptional health situations, this annual seminar brings together the communication teams of the leading public health institutes in Europe and Asia. The World Health Organisation and the WHO Europe are partnered with the event, to which they contribute by sharing their crisis management expertise.

Paris was the location for the 2018 edition of this seminar, which was jointly held by the ASEF (*Association Santé Environnement France*) and Santé publique France. Bringing together around 30 countries on the topic of targeted communication for isolated or precarious audiences, the goal was to discuss the challenges around «no one left behind» communication that is able to target its audiences without stigmatising them, make the information accessible without misrepresenting it and alert without causing concern.

## DESIGNING AFFINITY-BUILDING COMMUNICATION MATERIALS AND UNIVERSALLY ACCESSIBLE TOOLS

This gave Santé publique France the opportunity to showcase its abilities in the design of affinity-building communication materials, designed in partnership with the audiences targeted and disseminated through community networks. Designed and put in place ahead of time, these well-established structures are valuable information channels during a crisis situation, both due to their colla-

« The main learnings from this top-level seminar will enable a crisis communication protocol to be established »

borative method of creation, which fosters trust, and their methods of dissemination, which are based on long-standing partnerships with carefully targeted media outlets.

The method of designing universally accessible tools, according to the rules of «health literacy», was also presented to the participants, with Santé publique France having advanced expertise in this field with the 2018 publication of its new reference work *Communicating for all: A guide to accessible information* (see p.47). This methodology for designing communication tools can be used to create communication materials intended to inform audiences with poor access to reading material in order to make prevention messages accessible to as many people as possible.

The *Meeting on Risk Communication* was above all an opportunity to conduct a simulation exercise organised with the support of specialised consultants, which enabled the participants to tackle the main issues surrounding communication in a health crisis: the preparation of language elements for decision-makers, media training exercises, the preparation of key messages for the population, the implementation of decision trees to assess the behaviours to conduct, etc. The main learnings from this top-level seminar will enable a crisis communication protocol to be established and provide input for upcoming considerations to continue to advance Santé publique France's response capability during exceptional health situations. ■





# MOIS SANS TABAC 2018: AN UNPRECEDENTED RISE IN THE NUMBER OF PARTICIPANTS

With previous editions of *Mois sans tabac* («No Smoking Month») having established awareness of this event, in 2018 the emphasis was placed on two major innovations. Firstly, the necessary preparations for stopping smoking in order to transform the trial: five different adverts were shown on television and the internet during October, at a rate of one per week. The objective was to give participants an idea of what they would experience the following month, highlighting both the difficulties and benefits of their smoking cessation attempt. Although the initiative on social media was different, it included the same principle of preparation but with a revisited graphical treatment very different from previous years.

The other key event of the 2018 edition was a media partnership with TF1, in which a programme called *It's the last one, I promise* was shown every Saturday between 10:45 and 11:30 am from 20 October to 24 November. The comedian Titoff and Rachel Legrain-Trapani – both ambassadors of *Mois sans tabac* – as well as seven anonymous people, all coached by the doctor and tobacco addiction specialist Anne Borgne, took up the challenge of stopping smoking. As in previous years, 33 regional events, the fan zones, provided the opportunity for meetings

with health professionals and associations in the field. Ultimately, *Mois sans tabac* 2018 saw a very strong rise in visits on social media, on the website [tabac-info-service.fr](http://tabac-info-service.fr) (2,021,084 unique visitors) and calls to the hotline 3989.

Lastly, initial assessments of the impact of the 2016 edition show that 21% of those who participated were still not smoking when the survey was conducted, six months after stopping smoking. This figure also should be viewed alongside an unprecedented achievement in France: whereas prevalence remained stable between 2016 and 2017, this time there were a million fewer smokers, an impressive achievement (see p.3).

242,579  
participants, up 54%  
compared with 2017



# ILLNESSES LINKED TO SMOKING IN WOMEN: A WORRYING DYNAMIC

# 71%

The rise in deaths  
from lung cancer  
among women  
between 2002 and 2015

Since the start of the 1970s, the prevalence of smoking among women has considerably and continuously risen. In 2017, it was equivalent to the prevalence among men in the 45-54 age group for the first time in France. A study was conducted to assess the consequences of this situation and describe the impact, in mainland France, on three illnesses: lung cancer, chronic obstructive pulmonary disease (COPD) and myocardial infarction.

In women, the incidence of lung cancer rose 72% between 2002 and 2012<sup>1</sup>. Concerning COPD flare-ups, the incidence of hospitalised female patients doubled between 2002 and 2015<sup>2</sup>, as was the case with myocardial infarction before the age of 65<sup>3</sup>. Meanwhile, deaths from lung cancer and COPD rose 71% and 3%<sup>4</sup> respectively. The incidence of lung cancer and COPD is expected to continue rising among women for 15 to 20 years due to their passive smoking. However, a significant decrease in the prevalence of smoking could have rapid benefits on the occurrence of myocardial infarction.

Another study of around 12,000 pregnant women who gave birth in mainland France in 2016 found that the prevalence of smoking during the third trimester was 16.2%, this figure varying from region to region (being higher in the Nord and Ouest regions). This rate remains one of the highest in Europe and means that of the 30% of women who say they smoked before becoming pregnant, less than half (46%) had stopped<sup>5</sup>. Of the remainder, 45% had reduced their consumption (37.2% halving it) and 9% had made no changes. Women who had a lower level of education and income, who already had children and who had an unplanned pregnancy reduced their consumption proportionally less. ■

1. This figure remained stable among men
2. Concerning COPD, the incidence of hospitalised men rose by 30% during the same period
3. The incidence of hospitalisations for myocardial infarction before the age of 65 rose 16% among men
4. Deaths from lung cancer fell 15% and 21% among men
5. During the third trimester of pregnancy



# MEASLES EPIDEMIC: RESURGENCE IN THE NUMBER OF CASES IN 2018

**S**anté publique France is responsible for the epidemiological surveillance of measles and, to support its efforts, has several sources of data that it analyses: mandatory declarations collected and submitted by the ARS, emergency department admissions reported by the Oscour network (*Organisation de surveillance coordonnée des urgences*, «organisation for the coordinated surveillance of emergency admissions») and vaccine coverage data collected by the directorate for research, studies, evaluation and statistics (*Direction de la recherche, des études, de l'évaluation et des statistiques*, DREES) of the Ministry for Solidarity and Health and by the national health insurance cross-schemes information system (*Système national d'information inter-régimes de l'Assurance maladie*, Sniiram), as well as periodic surveys, such as the seroprevalence survey.

The findings show that in 2018, and since the start of the year, there was an epidemic resurgence in measles, with a rapid increase in the number of cases, which reached a peak at the end of March (week 13). At that time, 59 French departments were affected, the biggest outbreak being in Nouvelle-Aquitaine, where 50% of cases were located. This was followed by a decrease, then a stabilisation, from June, with 40 cases per week and 84 departments reporting at least one case. The epidemic continued to subside (15 weekly cases at the end of September), before resuming, with a peak of 23 cases in mid-October, a resurgence that was mainly linked to an outbreak in Seine-Saint-Denis.

Ultimately, 2,902 cases were reported in 2018 in 88 departments; three were confirmed in Mayotte at the end of the year, with a major risk of extension to this island due to insufficient vaccine coverage and populations in a precarious situation (see pages 42-43). In total, 89% of cases occurred in unvaccinated or insufficiently vaccinated subjects and 23% of the total number of patients required hospitalisation. Three deaths occurred: two in immunosuppressed individuals and a third in an unvaccinated individual. ■

89%

of cases occurred  
in unvaccinated or insufficiently  
vaccinated individuals



2,902  
cases of measles  
reported in 2018



## 2017-2018 FLU: AN ATYPICAL DOUBLE EPIDEMIC

**F**rom the start of October until mid-April every year, Santé publique France coordinates flu surveillance at a national level, which draws on a huge network of partners, notably clinicians, virologists, epidemiologists, etc. The epidemic between the start of December 2017 and the end of March 2018 was atypical in more than one respect. Firstly, it began early and lasted 16 weeks (compared with 9 to 10 weeks normally), beating all duration records since the 1980s. Next, it was characterised by its moderate intensity in outpatient medicine but also a very high number of emergency admissions (more than 75,000 people), followed by hospitalisation in over 10% of cases (around 9,700), notably to intensive care in the most serious cases (over 2,900 people). It was also characterised by a high number of deaths, with 13,000 attributed to it.

Furthermore, two epidemics followed each other: the first peak was mainly due to an H1N1 virus, known for its severe forms in young adults, on whom it also had a significant impact; in February, for seven weeks, a second wave was caused by the Yamagata lineage B virus, which caused numerous hospitalisations and a high number of deaths, particularly among the over-65s. This virus was not previously considered very dangerous for this age group. The mortality rate caused by this epidemic reiterates the importance of prevention, notably vaccinating at-risk individuals. ■

13,000 :  
deaths attributable :  
to the flu :



# SUPPORT FOR HIV TESTING EVERY THREE MONTHS

In 2017, the French national authority for health (*Haute autorité de santé*) recommended quarterly HIV testing for men who have sex with men (MSM). However, the behavioural surveys conducted by Santé publique France found that half of MSM did not undergo annual testing. Responding to this data and the recommendations, Santé publique France initiated the «Mémodépistages» trial starting in April 2018. This initiative, aimed at MSM who had more than one male partner, was rolled out in four regions (Île-de-France, Provence-Alpes-Côte d'Azur, Auvergne-Rhône-Alpes and Occitanie). It aims to assess the effectiveness of a programme to encourage quarterly HIV testing, based on the creation of a personalised solution. Complementing the existing offering<sup>1</sup>, it also has the advantage of assessing the acceptability and feasibility of combined testing for sexually transmitted infections using self-sampling at home.

Via an online campaign, around 7,158 men were offered the opportunity to take part in the initiative and 3,348 accepted. They were sent a self-sampling kit<sup>2</sup>, which they then had to return to the partner laboratories. The test results were announced by a CeGIDD partnered with the initiative. In an online area, they could then schedule their next screening at a CeGIDD, at a laboratory or order an HIV self-test kit or a new HIV self-sampling kit. This trial will end in December 2019. ■

« The Mémodépistages trial aims to assess the effectiveness of a programme to encourage quarterly HIV testing, based on the creation of a personalised solution »

1. There are numerous testing methods and locations: the free information, screening and diagnosis centres (*Centres gratuits d'information, de dépistage et de diagnostic, CeGIDD*), laboratories (upon presentation of a reimbursable medical prescription), self-test kits available in pharmacies since 2015 and rapid diagnostic guidance tests conducted by certain associations, the results of which are available in 30 minutes.

2. This kit, which is not available outside the study, tests for HIV, hepatitis B, hepatitis C and syphilis based on a self-collection blood sample, and chlamydia and gonococcus infections based on a urine, oral and anal sample.





## BLOOD DONOR SELECTION CRITERIA: RESULTS OF THE COMPLIDON SURVEY

Since July 2016, blood donor selection criteria have changed and allow MSM to donate blood, provided they have not had sexual relations with a man during the previous 12 months. In collaboration with the French blood agency (*Établissement français du sang*, EFS) and the armed forces blood transfusion centre (*Centre de Transfusion Sanguine de Armées*, CTSA) Santé publique France launched the Complidon survey, which aimed to assess donor compliance with blood donation selection criteria.

The survey, to which nearly 110,000 donors responded, found that contraindication to blood donation for MSM is not always strictly followed: 0.73% of male donors had sexual relations with men during the 12 months preceding their last donation, without stating this during the pre-donation interview. With the aim of changing the selection criteria concerning MSM, Complidon indicated that 46% of MSM would have stated they had sexual relations with men if the period of abstinence were shorter and that 0.56% of men had sexual relations with men during the four months before they donated.

At the same time, epidemiological surveillance of blood donors found that the risk of HIV transmission by transfusion remained stable, and at a very low level, during the two 18-month periods that preceded and followed the inclusion of MSM in blood donations.

The results of Complidon and from blood donor surveillance will provide input for the public authorities' decisions on the conditions governing access to donations for MSM. As such, the *Direction générale de la santé* asked Santé publique France to conduct analyses of the residual risk of HIV transmission by transfusion based on two scenarios:

- Permitting blood donations by MSM who have not had sexual relations with men during the last four months.
- Permitting blood donations by MSM under the same conditions as for other donors, i.e. not having had more than one sexual partner during the four months before donating.

The results of these analyses will be published in 2019. ■

« The results of Complidon and from blood donor surveillance will provide input for the public authorities' decisions on the conditions governing access to donations for MSM »

# ARTERIAL HYPERTENSION: DEVELOPMENTS IN PREVALENCE, TREATMENT AND CONTROL BETWEEN 2006 AND 2015

« In 2015, one patient in two was unaware they had high blood pressure »



Arterial hypertension (AH) is the most common chronic illness in France, affecting one adult in three. Often asymptomatic, it is not always diagnosed. However, AH can cause stroke, myocardial infarction and other cardiovascular diseases, as well as kidney failure and even dementia. The ESTEBAN population study (2014-2016), including a health examination with a blood pressure measurement, updated the data of the national nutrition and health study (*Étude nationale nutrition santé*, ENNS) from 2006. AH was defined by systolic blood pressure values higher than or equal to 140 mm of mercury and/or diastolic blood pressure values higher than or equal to 90 mm of mercury or by the reimbursement of at least one antihypertensive treatment.

The results indicated a stabilisation in AH prevalence from 2006 onwards, as 30% of the population still had high blood pressure in 2015. As in 2006, one patient in two was unaware they had high blood pressure. Meanwhile, the treatment of high blood pressure declined over the same period, with a decrease in the proportion of women pharmacologically treated. Lastly, there was no improvement in the control of AH, with less than one patient in two having checked blood pressure (that of one AH person in four), i.e. below the threshold of 140/90 mm of mercury. Analyses are currently being conducted to attempt to ascertain the profile of people with high blood pressure and those not treated or not checked for their AH. This research was covered in an article in the *Bulletin épidémiologique hebdomadaire* («weekly epidemiological bulletin») in April 2018 and in several presentations at congresses. ■

« Analyses are currently being conducted to attempt to ascertain the profile of people with high blood pressure and those not treated or not checked for their AH »

# EXPERT OPINION ON THE STRATEGY TO COMBAT A POTENTIAL FLU PANDEMIC

As far as strategic stocks of health products are concerned, France's anti-pandemic plan<sup>1</sup> is structured around three core components: the first involves the ability to very quickly produce a sufficient number of vaccines once the strain has been identified<sup>2</sup>, the second consists of building antiviral stocks and the third is based on barrier measures and building a stock of surgical masks. Given the scientific developments, the DGS asked Santé publique France to conduct a study of antivirals to determine whether France's strategies were still suitable.

Following a call for applications, a group of experts was assembled, which then produced a benchmark to look at trials conducted in other countries. It subsequently spoke with numerous other experts, institutional parties and scientists and, based on all of these elements, submitted its verdict to the French ministry of health. The findings show that the risk of a pandemic cannot be ruled out and that it is necessary to be prepared for this and respond where applicable. In addition, there have been no notable developments since the recommendations issued by the French public health council (*Haut conseil de santé publique*). It is therefore important to preserve the antivirals currently available, which offer the general public

the level of protection they are entitled to expect, provided they are administered early on, i.e. within 48 hours of the first symptoms. The same observation was made concerning vaccines that are still valid. The experts therefore recommend maintaining the status quo. Their verdict will be published during 2019. ■

« The experts concluded that the antivirals currently available offer the general public the level of protection they are entitled to expect and that France must maintain a strategic stock »

1. The term pandemic is used when 30% of the population is affected.

2. As the strain is not known, it is impossible to prepare and produce vaccines in advance.





# ANTILLES: ASSESSMENT OF THE TOXICITY OF CHLORDECONE



Chlordecone, used from 1973 to 1993 on banana plantations in the Antilles, is a pesticide whose toxicity has been studied in-depth: as a potential carcinogenic, endocrine disruptor, reprotoxic<sup>1</sup> and neurotoxic substance, it is persistent in soil for 600 or 700 years, notably contaminating food crops. Two studies, entitled Matphyto-DOM and Kannari, were conducted, the first on banana plantation workers and the second on the general adult population.

To be able to study and analyse the links between exposure to chlordecone among the population of banana plantation workers and the potential health effects, Santé publique France assembled a cohort of 14,000 people based on social security and archive data. In 2018, a preliminary phase was implemented and consisted of observing mortality among these workers and its causes, and comparing this data with data on the general population, without initially taking into account their exposure to chlordecone and other pesticides. No notable difference was observed. The next stage will consist of calculating the mortality and morbidity ratios according to the different degrees of exposure.

It was also necessary to identify all of the pesticides that these workers had been exposed to at the same time as chlordecone and after it was banned in 1993. The study, called Matphyto-DOM, examined the history of all pesticides used on banana plantations from the 1970s to the present day, identified exposed workers according to general agricultural census data and studied the health toxicity of each of these pesticides.

Meanwhile, the Kannari study, conducted in collaboration with the Anses<sup>2</sup>, the results of which were published in October

2018, highlighted chlordecone exposure, i.e. that the pesticide was detected in the blood of 90% of participants, although at different levels (it was 10 times higher than average in 5% of participants). As far as prostate cancer is concerned, the incidence rates in Martinique and Guadeloupe are among the highest in the world, at 161.1 and 163.6 cases per 100,000 inhabitants respectively.

As part of the Chlordecone 3 Plan, Santé publique France took part in a symposium in the Antilles from 16 to 19 October 2018, which was attended by experts, scientists, institutional parties, industry participants, associations and the general public. The results of the Kannari study on the general adult population's exposure to chlordecone and other pesticides, indicators on prostate cancer monitoring, the results of the Matphyto-DOM study and the preliminary results from the retrospective cohort of banana plantation workers were presented. ■

« The Matphyto-DOM examines the history of all pesticides used on banana plantations from the 1970s to the present day »

1. A potential cause of reproductive problems

2. French agency for food, environmental and occupational health & safety [Agence nationale de sécurité sanitaire de l'alimentation, de l'environnement et du travail]

# UPDATE ON EXPOSURE TO ARSENICAL PESTICIDES IN VINEYARDS

60,000 to 100,000 agricultural workers have been exposed to arsenical pesticides

The use of arsenical pesticides was banned in France in 1973, except in vineyards, where they were used until 2001 to combat grape diseases such as esca and dead arm disease. However, inorganic arsenic is classified as a proven human carcinogen by the International Agency for Research on Cancer (IARC) and the European Union. The agricultural system's list of registered occupational diseases also recognises a certain number of cancers caused by exposure to these types of pesticides. Given this context and the fact that the interval between exposure and illness can be as much as 40 years, Santé publique France initiated an unprecedented study to calculate the prevalence of exposure among vineyard workers and estimate the number of people affected.

A tool was designed to achieve this – a crop-exposure matrix called Matphyto-Arsenic – and is used to historically assess the use of arsenical derivatives on agricultural crops. In addition, the ten-year agricultural censuses precisely describe – number, age, gender, etc. – the population present on vineyards in 1979, 1988 and 2000. Cross-referencing these two databases produced an estimate of the number of people who were exposed to arsenical pesticides in viticulture, namely between 60,000 and 100,000 depending on the period in question, one third of whom were women. These results highlight the need to raise awareness among occupational physicians, workers and general practitioners in order for the latter to conduct more in-depth medical supervision and provide better post-occupational monitoring.

In May 2018, the study was the subject of a presentation to the specialised agricultural commission of the *Conseil d'orientation des conditions de travail* («working conditions advisory committee»), an article in the *Bulletin épidémiologique hebdomadaire* and a report published in December 2018. ■





## «ESPA-13 NOVEMBRE»: ASSESSMENT OF THE PSYCHOLOGICAL IMPACT OF THE ATTACKS ON THE POPULATION

**E**ight to 11 months after the attacks of November 2015, Santé publique France launched a post-attack public health survey entitled *Espa-13 Novembre*, which resulted in two articles in the edition of the *Bulletin épidémiologique hebdomadaire* dedicated to the impact of the attacks. This effort to gather testimonials via an online questionnaire was aimed at individuals who had been injured or threatened and those who had experienced the sudden loss of a loved one, as well as direct witnesses and those who intervened, policemen, firemen, health workers, etc. – in short, individuals liable to develop post-traumatic stress disorder. The goal was to assess the psychological and traumatic impact of these events on both the civil population and emergency workers, and to conduct an initial appraisal of the use of care structures.

A total of 575 members of the general public and 837 emergency workers answered the web questionnaire, the results of which highlight the considerable impact of the attacks. The findings show that

54% of those under direct threat, 27% of on-site witnesses, 21% of nearby witnesses and 54% of bereaved individuals most likely suffer from post-traumatic stress disorder. Of these individuals, 46% said they had not received any regular treatment from a psychologist or doctor. Meanwhile, 3% of the emergency workers suffer from post-traumatic stress disorder and 14% experience significant anxiety. These figures highlight both the impact of the attacks on the population and the need for early psychological treatment. The findings show that it is essential to inform not only those whose lives were directly threatened but also the witnesses and bereaved individuals about the benefit of being tested for post-traumatic stress disorder, a chronic and debilitating condition. ■

# NOYADES SURVEY: A HIGHLIGHT OF SANTÉ PUBLIQUE FRANCE'S ACTIVITIES DURING THE SUMMER OF 2018

The eighth edition of the NOYADES survey, coordinated by Santé publique France and conducted in collaboration with the *Direction générale de la santé* and the ministries of the interior, sport and the ecological and inclusive transition, took place between 1 June and 30 September 2018. The goal was to compile a census of all drowning incidents in mainland France and overseas, describe the circumstances under which they occurred, characterise the profiles of the victims and assess developments compared with previous surveys. The data is collected via questionnaires provided by emergency services responding to drowning incidents (firemen, SAMU (emergency medical aid service), SMUR (emergency medical care and intensive care)) and emergency departments if a person involved in a drowning incident is admitted to hospital.

Although they are still provisional, the survey results indicate an increase in the gross number of drownings in 2018 compared with the 2015 survey. This situation could be due to good weather conditions favourable for swimming, as well as, in part, the optimisation of the health surveillance system. Overall, one quarter of accidental drownings occur in swimming pools (particularly among children aged under 6), one quarter in watercourses and water bodies (primarily the intermediate ages), 40% in the sea (particularly the over-65s) and 10% in miscellaneous other locations.

# 21%

One in five incidents of accidental drowning results in death.

This figure is 6% among children aged under 6 and 36% among the over-65s

The NOYADES survey was the subject of four reports posted throughout the summer on Santé publique France's website, thereby enabling intermediate reports to be circulated and providing a reminder of advice on preventing drowning. These reports were extensively featured in the media, with a total of 611 instances across all channels: printed press, television, radio and the web.

The final report will be published in June 2019 and the results will be used to define new drowning prevention strategies. ■







# TAKE ACTION

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Taking action means both getting organised in order to respond to crises or exceptional health situations and leading national awareness-raising campaigns. On an everyday basis, it means acting in close proximity with the population, encouraging behavioural changes and creating the conditions for better health.

# VACCINATION CAMPAIGN IN MAYOTTE

**In May 2018, the Indian Ocean regional health agency and Santé publique France conducted an exceptional vaccination campaign in Mayotte that considerably reduced the risk of epidemics on the island.**

**110**  
health reservists  
deployed

## **+** THE HEALTH RESERVES

The Health Reserves can be mobilised at any time by the French ministry of health or the regional health agencies. Comprised of thousands of volunteer professionals from the health sector, they have for the last ten years been providing support to healthcare providers faced with exceptional health situations.

**D**ue to insufficient vaccine coverage among children aged under 6, two cases of whooping cough were detected on Mayotte by the surveillance systems of Santé publique France Indian Ocean during the first two weeks of November 2017. The first was identified in the emergency department of the *Centre hospitalier de Mayotte* (CHM), thanks to the OSCOUR®<sup>1</sup> network, while the second was reported by one of the sentinel doctors in Mayotte.

Investigations were conducted in liaison with the CHM laboratory and the Indian Ocean regional health agency (ARS-OI) to identify a potential unusual phenomenon and/or potential grouped cases. The initial results indicated a resurgence in cases of whooping cough since the start of 2017. A decision was therefore made to conduct a vaccine catch-up operation by the health authorities, namely the French ministries of health and overseas departments, the ARS-OI and Santé publique France. Vaccination campaigns had already been conducted in 2006 and 2009<sup>2</sup>.

### **AN EXCEPTIONAL HEALTH SITUATION**

Vaccine coverage in 2010 was considered good in children aged 24 to 59 months (93% rate), except for *Haemophilus influenzae* type B (Hib, 90%) and measles-mumps-rubella (MMR, 85%). Subsequently, vaccination access difficulties in the department indicated a worsening of the vaccine situation, particularly for children under the age of 6.

Investigations conducted by the authorities indicated that around 17,000 children had insufficient vaccine coverage. Several field missions together with local participants and all of the stakeholders needed to be carried out in advance to prepare for this initiative more effectively.

### **EXTENSIVE LOGISTICS**

The goal of this major campaign was to vaccinate up to 40,000 children aged 0 to 6 within a six-week period to provide them with effective protection against serious or even fatal diseases and reduce the risk of an epidemic. Numerous participants took part in its organisation, including the ARS, the departmental council, the PMI (*Protection Maternelle et Infantile*), the CHM and the divisions of Santé publique France (Alert and Crisis, Regional Offices, Communication, Infectious Diseases, Human Resources, etc.).

Over a six-week period, 110 reservists were mobilised and 90,000 vaccine doses were delivered to and stored in Mayotte, with the support of all of the teams at Santé publique France, notably the Alert and Crisis Division. 39 temporary vaccination centres were set up on-site – covering more than one commune in two – to facilitate access for all of the island's inhabitants. Each week, eight of the 39 centres were open for two or three days. Meanwhile, the vaccination teams were comprised of at least one doctor and assisted by translators to facilitate dialogue with the general public. Medical coordinators from the Health Reserves, who were in constant contact with the Alert and Crisis Division and local participants, were tasked with monitoring and coordination between reservists (vaccination teams, teams in charge of logistics, pharmacists, etc.).



**14,000** :  
children were vaccinated :  
in six weeks :

### COMMUNICATING WITH THE POPULATION ON THE GROUND

An information campaign aimed at all members of the general public was jointly conducted by Santé publique France and the ARS. The slogan «All children need to be vaccinated to be properly protected» was disseminated on billboards and in a radio advert, providing a reminder of the individual and community benefits of vaccination. Local participants – leaders of religious communities, mayors, health professionals, PMI units, schools, family associations, etc. – also undertook major efforts to notify the general public and answer their main questions. Families understood the issues at stake, with many of them visiting each of the centres. As a result, the immunisation status of 24,408 children aged under 6 was verified and 13,497 children were vaccinated. ■

1. Organisation for the coordinated surveillance of emergency admissions (*Organisation de la surveillance coordonnée des urgences*)

2. The vaccines administered were MMR (measles, mumps, rubella), DTPP (diphtheria, tetanus, polio, pertussis) and the pneumococcal vaccine.



# APPRAISAL OF THE PREVIOUS YEAR FOR ALCOOL INFO SERVICE

**A**lcool info service is a remote support service (over the telephone and internet) that operates 7 days a week to provide information, advice, support and guidance to alcohol users and their families. The service is provided by experienced professionals who respond to queries over the telephone on 0 980 980 930 (lines are open from 8 am to 2 am) or via the internet, chat and personalised Q&A sessions. The website [alcool-info-service.fr](http://alcool-info-service.fr) also provides information and support content and forums for the general public, as well as a directory for finding the nearest specialised support facility.

In 2018, *Alcool info service* received 21,444 queries all services combined, mostly calls, although the proportion of other services is on the rise. Of these queries, 17,948 were support requests, with 58% coming from users and 40% from their loved ones. 82% of users stated that they drank regularly and 15% said they also consumed another substance (tobacco, cannabis, etc.).

These individuals are mostly males (56%) over the age of 40 (55%). Meanwhile, 76% of loved ones are female and 34% are spouses. In addition to requests for information or guidance to treatment facilities, individuals who reach out to *Alcool info service* are looking for immediate assistance or support in dealing with suffering or a difficult situation. Users request help in reflecting on their consumption, while loved ones seek advice on restoring communication with the user or helping them.

Lastly, the website was visited 2,345,465 times, up 53% compared with 2017, and 4,248,903 pages were viewed (up 34%). ■

**17,948** :  
The number of :  
support queries :  
registered by :  
*Alcool info service*, :  
58% of which from users :  
and 40% from loved ones :



➔ VISIT [WWW.ALCOOL-INFO-SERVICE.FR](http://WWW.ALCOOL-INFO-SERVICE.FR)



## ALCOHOL AND PREGNANCY: INITIATIVES TO EDUCATE WOMEN

« For the first time, a national estimate was unveiled of foetal alcohol spectrum disorders diagnosed in newborns »

1. Between 2006 and 2013, 3,207 newborns (one birth per day) presented at least one indicator of foetal alcohol spectrum disorders, of whom 452 (one birth per week) were affected by foetal alcohol syndrome

In France, alcohol consumption during pregnancy is the leading cause of non-genetic mental disability and social maladjustment in children. One of the main effects in newborns is called foetal alcohol syndrome (FAS), which can be «complete», i.e. characterised by all of the criteria of this disability, or «partial» if the child only presents some of these disorders. It is very difficult to diagnose, firstly because mothers are very reluctant to admit that they drank while pregnant and secondly because these problems – children who are hyperactive, disruptive, failing academically, etc. – may have multiple causes and are sometimes detected late.

To mark International FASD Awareness Day on 9 September 2018, Santé publique France presented, for the first time, a national estimate of disorders diagnosed in newborns and caused by foetal alcohol syndrome<sup>1</sup>, as well as the results of the 2017 Santé publique France Barometer concerning this issue. This date also marked the launch of an information campaign via press releases and a digital banner initiative, accompanied by videos from three web influencers suggesting strategies to avoid alcohol consumption. The message was very clear: «*Because no one can say for sure that just one glass doesn't pose a risk to your baby, it's best to drink no alcohol at all while pregnant.*»

Lastly, an «Alcohol and pregnancy» area dedicated to health professionals was created on the website Alcool-info-service, providing a host of information on epidemiological data concerning foetal alcohol syndrome, as well as screening for alcohol consumption, treatment for women, paediatric diagnosis, etc. ■

# VACCINATION: A NEW SPACE DEDICATED TO HEALTH PROFESSIONALS

« This “Pro space”,  
created in collaboration  
with independent experts,  
is designed to support  
professionals in  
their daily activities »

As vaccination is one of the priority areas of its scheduling, Santé publique France has been stepping up its efforts in recent years to promote this topic as widely as possible. After the 2017 launch of the website [vaccination-info-service.fr](http://vaccination-info-service.fr) dedicated to the general public, a space specially designed for health professionals was unveiled in April 2018 to mark European Immunisation Week.

This «Pro space», created in collaboration with independent experts, is designed to support professionals in their daily activities and help them to answer their patients' questions. To this end, it provides reliable and up-to-date information on the immunisation schedule, scientific data and opinions, changes to the law, vaccines available in France, etc. Comprised of seven sections, it expands on all aspects of vaccination, from the legal to the scientific and practical questions.

The «Controversies» section covers the main controversies concerning vaccine safety (e.g. vaccination against hepatitis B and multiple sclerosis, the harmfulness of aluminium in adjuvants, etc.), providing the opportunity to set the record straight, give more information about the source of certain incorrect information and convey the stance of French scientific institutions on these issues.

Like the rest of the website, this space will be regularly updated and expanded. ■

VACCINATION  
INFO SERVICE.FR  
Espace professionnel

FAQ CALENDRIER DES VACCINATIONS 2018 RECHERCHE ACCÈS ESPACE GRAND PUBLIC

ASPECTS SCIENTIFIQUES ASPECTS PRATIQUES MALADIES ET LEURS VACCINS RECOMMANDATIONS VACCINALES SPÉCIFIQUES ASPECTS RÉGLEMENTAIRES ASPECTS JURIDIQUES ASPECTS SOCIOLOGIQUES

## QUELS SERONT LES VACCINS DU FUTUR ?

**Vaccins du futur**

Pr Odile Launay, infectiologue à l'hôpital Cochin, à Paris, et directrice du Centre d'investigation clinique en vaccinologie, aborde les vaccins de demain. Ces nouveaux vaccins vont cibler des populations particulières, comme les femmes enceintes par exemple, et permettront de prévenir des maladies comme le paludisme, le VIH/sida, le Chikungunya, le Zika ou encore Ebola.

Pr Odile Launay  
infectiologue et maladies infectieuses et parasitaires (Paris Descartes)

00:07 01:56

Voir la transcription de la vidéo

ACCESS THE PROFESSIONAL SPACE OF VACCINATION-INFO-SERVICE.FR



# PUBLICATION OF «COMMUNICATING FOR ALL: A GUIDE TO ACCESSIBLE INFORMATION»



Producing information and being understood by as many people as possible, particularly the most vulnerable audiences – who may have a disability, be in a situation of economic instability or in trouble with the law, who may not speak French fluently or have very poor literacy skills, etc. – is a concern for the public authorities. Santé publique France has been working with these various audiences for many years to devise brochures and videos that deliver preventive healthcare and health promotion messages that are accessible to them.

To devise these materials – whether printed or digital information –, a whole series of best practices and recommendations have been identified, further developed by scientific work conducted in collaboration with the Quebec interdisciplinary chair in research on literacy and inclusion, and supplemented by international literature. This expertise has been summarised and is the subject of a book called *Communicating for all: a guide to accessible information*, which forms part of a so-called «universal design» approach. Dedicated to health professionals, the medical-social sector, local authorities, hospitals and any public or private organisation that receives the public and creates and circulates information, it formalises recommendations on being universally understood and provides prac-

tical recommendations, ranging from font size to the choice of images, content, formulation, the approach to structuring information hierarchically and layout.

Given that one French person in six has difficulties understanding and taking on board the information they need in order to be independent, the guide is a much-needed initiative. This was recognised by the *Association pour adultes et jeunes handicapés* (Apajh, «association for adult and young disabled people»), which gave it an award in the «universal accessibility» category during the 14th edition of its *Trophées*. ■

« Forming part of a so-called “universal design” approach, *Communicating for all* is intended for any organisation that receives the public and creates and circulates information »



# SURVEILLANCE OF THE HEAT WAVE EPISODE IN THE SUMMER OF 2018



From 1 June to 15 September every year, Santé publique France implements the «heat wave and health» surveillance system, in which several of its divisions are involved. Between 24 July and 8 August 2018, France experienced a major heat wave that beat maximum temperature records, notably at night<sup>1</sup>. Heat wave alert thresholds were exceeded in 67 French departments, affecting more than 39.8 million people, or 70% of the mainland population. During these two warmest weeks, 5,676 emergency admissions due to heat-related illnesses – heatstroke, dehydration and hyponatremia<sup>2</sup> –, 58% of which resulted in hospitalisation, and 1,963 SOS Médecins consultations were recorded<sup>3</sup>. The over-75s accounted for more than half of emergency admissions and two thirds of hospitalisations.

There were also 1,480 excess deaths, a 15% higher death rate. Although the over-75s accounted for more than half of these deaths, the highest relative impact was recorded among 65 to 74-year-olds (up 26%). In addition, four fatal heat-related work accidents, reported by the *Inspection médicale du travail* («occupational health inspectorate»), occurred among men aged 45 to 56.

During the summer, around 779,000 prevention documents were distributed in France to 6,300 organisations that ordered them, notably facilities attending to vulnerable or exposed individuals: emergency departments, reception centres, accommodation and social rehabilitation centres, care and home support centres, retirement homes, crèches, etc. 10,000 copies of a special advert were also published in the prevention magazine of the *Organisme professionnel du bâtiment et des travaux publics* (occupational safety administration for the building and public works sector). Lastly, TV and radio ads were broadcast from 31 July to 9 August and the partnership with the RATP on posters in metro and bus stations was launched on 24 July. ■

1,480  
The number of  
excess deaths,  
a 15% higher death rate

1. 37.6°C was recorded in Lille (27 July) and 41.3°C in Béziers (4 August). There were also record night-time temperatures, including 30.3°C in Perpignan (4 August).

2. This illness is a side effect of excessive hydration that is not offset by a balanced diet in individuals who under-eat.

3. Data established by the SurSaUD app (health surveillance of emergency situations and deaths).



## MOBILISATION OF THE HEALTH RESERVES AT HEALTH CENTRES IN GUYANA

**M**anaged by Santé publique France, the Health Reserves are comprised of 3,000 volunteer health professionals who can be urgently mobilised to provide support in any exceptional health situation. In 2018, the offshore care and prevention centres, located nearby several rivers in Guyana, experienced unprecedented issues with medical care availability. This situation exposed communes in the interior of the department to a major health risk. To support the health system and ensure the continuity of healthcare, the regional health agency (ARS) in Guyana decided to mobilise the Health Reserves.

A dozen reservists, both general practitioners and emergency doctors, travelled to help the teams at the centres in Camopi, Trois-Sauts, Papaïchton, Apatou, Grand-Santi and Saint-Georges to temporarily contend with the peak activity. During this assignment, the circumstances they had to work under for nine weeks were unusual, involving an isolated location, tro-

pical climate and specific illnesses. They also had to adapt to different conditions: travel by canoe, a complex procurement process, disrupted communication networks, etc. Nevertheless, one of the reservist doctors described the experience as «*a very enriching mission from both a human and cultural perspective and a medical viewpoint*». ■

« One of the reservist doctors described the experience as “*a very enriching mission from both a human and cultural perspective and a medical viewpoint*” »

# SANTÉ PUBLIQUE FRANCE IN THE REGIONS

Santé publique France is active on the ground in every territory through its regional units, which support local public health policies as an extension of the agency's missions. The publication of periodic *Bulletins de santé publique*, each of which is dedicated to a specific topic, is one illustration of the agency's regional endeavours, as are the highlights of each of the regional units detailed in the following pages.

## THE STATE OF PLAY IN VACCINE COVERAGE AT A DEPARTMENTAL LEVEL



As part of European Immunisation Week (23-29 April 2018), Santé publique France simultaneously published, in a coordinated and homogenous manner, 18 editions of the *Bulletin de santé publique* (BSP) – one per region –, providing an update on vaccine coverage for various valencies at the level of a region and each of its departments. The history and epidemiological context of each vaccine-preventable disease was described in these publications, followed by departmental and national vaccine coverage indicators for comparison purposes. Data from Santé publique France's 2017 Barometer on vaccination and behaviours were also included.

These *Bulletins* are intended for all local public health participants, the regional health agencies (ARS), vaccination centres, the Regional Council, the departmental councils, the national education ministry, etc. The aim was to provide data to enable public health policies to conduct initiatives at a local level and

educate the population in order to optimise vaccine coverage. Work is under way to refine the level of density of the indicators, if not at a commune level then at least at the level of groups of communes.

This initiative is set to continue into the long term and be repeated every year, again as part of European Immunisation Week. Aside from producing indicators, the local partners can participate by producing articles on their prevention and vaccine education endeavours. ■

« The aim is to help local decision-makers implement a public health structure based on evidence »

# 1

## EPIDEMIOLOGY OF ATTEMPTED SUICIDES IN NORMANDY

A descriptive analysis of attempted suicides resulting in hospitalisation from 2008 to 2014 was conducted by Santé publique France Normandy, based on data from the medicalised information system programme in Medicine, Surgery, Obstetrics and Dentistry. Conducted at a regional and infra-departmental level (health and neighbourhood territories), this study, which highlights significant territorial inequalities in the region, characterised the most affected populations and territories and described hospitalisations due to attempted suicides. ■

# 4

## CIRCULATION OF THE WEST NILE VIRUS IN 2018 IN PACA-CORSE

In 2018, the circulation of the West Nile virus (WNV) in the French Mediterranean region presented unusual characteristics: a high number of cases, a primarily urban circulation and the emergence of lineage 2 for the first time. In this context, based on recommendations from the assessment of the human surveillance system created by Santé publique France Paca-Corse in 2017, it is necessary to review the terms of multidisciplinary surveillance in mainland France. ■

# 2

## TESTING FOR OVEREXPOSURE TO CADMIUM AT A FORMER INDUSTRIAL SITE IN HAUTS-DE-FRANCE

In 2017, the Hauts-de-France regional health agency (ARS) organised testing for overexposure to cadmium and early kidney damage among the population in an area affected by historic soil pollution around a former foundry. Santé publique France Hauts-de-France analysed the results, indicating that exposure, which was moderately higher than among the population in the region, was not altered by the consumption of local products. These conclusions provide input for considerations about the relevance of continuing this testing in its current form. ■

# 5

## AUVERGNE-RHÔNE-ALPES: RESURGENCE IN CASES OF LEGIONNAIRES' DISEASE

With 106 cases reported in June, the Auvergne-Rhône-Alpes (ARA) region experienced an unprecedented resurgence in cases of Legionnaires' disease in 2018. Real-time monitoring of the situation and an investigation of four suspected grouped cases were conducted together with the ARS and the national reference centre (CNR) for Legionnaires' disease. The cartographic tool developed in the regions and a study identifying areas of excess incidence of the disease in ARA were very useful in this endeavour. A debriefing conducted in October by the ARS and Santé publique France ARA produced a shared appraisal of this episode together with the CNR, the *Direction générale de la santé* (DGS) and the Infectious Diseases Division of Santé publique France. ■

# 3

## CRYPTOSPORIDIOSIS EPIDEMIC AT A LOIRE-ATLANTIQUE SCHOOL

180 people were affected by a cryptosporidiosis epidemic at a school. Investigations coordinated by Santé publique France highlighted the probable contamination of food containing organic raw milk served in the canteen. The parasite *C. parvum* llA15G2R1 was found in calves nearby the laboratory manufacturing the product, containing the same genotype as found in those affected. Advanced control analyses were put in place at the producer. ■

# 6

## DIJON AND GENLIS: INVASIVE MENINGOCOCCAL W DISEASE (MM W) INFECTIONS

Following a spatio-temporal spate of invasive meningococcal W disease (IMD) infections on the Dijon campus at the end of 2016, followed by a vaccination campaign and an absence of new cases for one year, epidemiological monitoring identified excess incidence in 2018 in the same age group in the same area, although off-campus. A new vaccination and information campaign was launched in collaboration with 300 private practice doctors and 107 community pharmacies. ■



# 7

## LYME BORRELIOSIS: RESULTS OF THE ALSA(CE)TIQUE 2014-2015 STUDY

The results of the Alsa(ce)tique 2014-2015 study of 388 doctors in Alsace were made public on 29 March at a regional press conference. The findings include confirmation of the high incidence of Lyme borreliosis in the Alsace departments (around 2,200 cases per year). They also emphasise the importance of prevention, notably during outdoor activities in forests and in public or private gardens, with a particular focus on 5 to 9-year-olds, the most affected age group. ■

# 10

## FORMER MINING SITES IN GARD: STUDY ON LEAD, ARSENIC AND CADMIUM EXPOSURE

In 2018, Santé publique France completed the study on exposure among populations around two former mining sites in Gard (Croix-de-Pallières and Carnoulès). The study highlighted overexposure among the participants to arsenic and, to a lesser extent, cadmium and identified the factors – linked or otherwise to the sites – that contribute to this exposure. Proposals to reduce exposure were formulated with the help of an external multidisciplinary support committee, which consulted various stakeholders. ■

# 8

## RADIOACTIVE WASTE STORAGE CENTRE IN AUBE: RESULTS OF A COMPLEMENTARY STUDY

A complementary study was conducted to confirm the persistence of excess lung cancer cases, identified in 2010 among men in a 15 km area around the radioactive waste storage site in Aube. The results, presented during a public meeting in the autumn of 2018, show the persistence of excess deaths from lung cancer during the 1998-2012 period, although no causal link with the storage site was able to be established. Considerations are currently under way regarding the most suitable health surveillance to continue around the site. ■

# 11

## EMISSIONS FROM A CHEMICALS LABORATORY IN MOURENIX (NOUVELLE-AQUITAINE)

Santé publique France was contacted by the Nouvelle-Aquitaine ARS regarding the health impact on local residents from long-standing emissions of volatile organic compounds and sodium valproate from a laboratory. A characterisation of the emissions was requested and, while waiting for the data, Santé publique France Nouvelle-Aquitaine incorporated a study on the reprotoxic and carcinogenic indicators in the epidemiological studies under way in the Lacq basin. Furthermore, a *Groupe d'alerte en santé travail* (Gast, occupational health alert group) was set up to examine this issue and was expanded to environmental health matters. ■

# 9

## HIGH PREVALENCE OF CHILD LEAD POISONING IN GUYANA

The initial results of the GuyaPlomb study, which analysed lead exposure among Guyanese children aged 1 to 6, were presented at the Santé publique France annual meetings in Antilles-Guyana in January 2018. They showed average blood lead levels of 22.8 µg/L, higher than the values recorded in mainland France, Martinique and Guadeloupe (15.1 µg/L, 20.0 µg/L and 21.7 µg/L respectively). Furthermore, the estimated prevalence of child lead poisoning in Guyana is 20.1%, compared with 1.5% in mainland France, the Antilles and Réunion. The subject is a major public health concern across Guyana. This data will be supplemented in 2019 by research into lead exposure risk factors among the population surveyed. ■

# 12

## CHLORDECONE IN THE ANTILLES: RESULTS OF THE KANNARI SURVEY

Santé publique France Antilles participated in presenting the main results of the Kannari study to local partners and, more specifically, of the exposure segment led by Santé publique France. The results of this study show a high level of exposure among the general population, with more than 90% of tested samples showing detectable concentrations of chlordane. These conclusions were debated during a symposium held in Martinique in October 2018. A new Kannari study is scheduled as part of the new ministerial action plan. ■

# 13

## DENGUE OUTBREAK IN REUNION ISLAND

As a result of the dengue fever epidemic in Réunion since January 2018, Santé publique France Indian Ocean rolled out several surveillance measures: biological, emergency admissions for dengue fever based on data from the Oscour® network, dengue fever cases resulting in hospitalisation and dengue-like syndromes via the network of sentinel doctors. The number of consultations due to dengue-like syndromes conducted by doctors in 2018 totalled over 26,000. ■

# 14

## TRAVELLER COMMUNITY: EPIDEMIOLOGICAL SURVEILLANCE OF THE NEVOY RALLY (CENTRE-VAL DE LOIRE)

At the start of 2018 there was a regional measles epidemic notably affecting the traveller community. This major health incident prompted Santé publique France Centre-Val de Loire to implement an epidemiological measure, which required the full-time presence of an epidemiologist, during the Nevoy rally (28 April to 6 May 2018). No illness with epidemic potential was identified during the event. ■

# 15

## RISK OF LEAD POISONING IN VAL-D'OISE AND YVELINES

Together with the ARS, Santé publique France Île-de-France (IDF) carried out initiatives to educate the population about testing for child lead poisoning in 19 communes in Val-d'Oise and Yvelines, both of which are affected by historic waste water spillages that caused lead poisoning in the soil. Monitoring of the testing was implemented by Santé publique France IDF and will continue in 2019 to assess the impact of the awareness actions and to help guide efforts. ■

# 16

## BRITTANY: INVESTIGATIONS INTO FOUR CASES OF TRANSVERSE AGENESIS OF THE UPPER LIMBS

Santé publique France Brittany, in collaboration with the Breton register of birth defects, conducted an investigation into four cases of transverse agenesis of the upper limbs, which occurred in the same commune in Morbihan between 2011 and 2013. Although there was a significant excess incidence, no exposure common to all four cases and liable to explain the phenomenon was identified. A meeting to present the results to the families concerned and the population was held in the commune of Guidel in November 2018, in partnership with the ARS Brittany. A call for applications was launched to form a scientific committee of experts and an orientation and monitoring committee. ■

## 2018 ARS REFERRALS

1. Investigation of an unexplained collective syndrome at the University Hospital Centre in Pointe-à-Pitre – ARS Guadeloupe, Saint Martin, Saint Barthélémy – 06/02/18
2. Assess the health and social consequences, notably medical-psychological, associated with cyclonic activity in Saint Martin and Saint Barthélémy – ARS Guadeloupe, Saint Martin, Saint Barthélémy – 19/02/2018
3. Exposure of inhabitants to industrial waste on the territory of the communes of Sète and Frontignan – Request for methodological support – ARS Occitanie – 08/01/18
4. Rise in the number of cancers in Houplin-Ancoisne – ARS Hauts de France – 27/03/18
5. Risk of cancer linked to rearing laying hens at the company Gallès in Tarn – ARS Occitanie – 06/04/18
6. Pollution in the Saint-Cybard district of Angoulême – ARS Nouvelle-Aquitaine – 28/05/2018
7. Road surface production plant in Périgny – Assessment of the impacts on human health – ARS Nouvelle-Aquitaine – 01/06/18
8. Request for expertise: operation of a metal processing and industrial chromium plating plant in Beynost – ARS Auvergne-Rhône-Alpes – 31/05/18
9. Indoor air quality in the Lacq industrial basin – ARS Nouvelle-Aquitaine – 25/06/18
10. Prevalence of cancer in the Etang de Berre industrial basin – Request for support – ARS PACA – 13/07/18
11. Disused medieval lead and silver mines in Melle (79) – Exposure of the local population to lead – ARS Nouvelle-Aquitaine – 12/07/2018
12. The INDEX study – ARS PACA – 20/07/18
13. Study on the exposure of populations around the mining sites of Croix de Pallières and Carnoulès – ARS Occitanie – 15/06/18
14. Impact on the health of local residents from Sanofi Chimie waste in Mourenx (64) – Chem'Pôle 64 industrial platform – ARS Nouvelle-Aquitaine – 01/08/18
15. Suspected combination of cancers and neurodegenerative diseases at the joint research unit 1332 of INRA – ARS Nouvelle-Aquitaine – 23/07/18
16. Request for support in assessing the health impact of actions implemented as part of the atmospheric protection plan in the Toulouse metropolitan area – ARS Occitanie – 13/11/18
17. Suspected grouped cases of malignant neuroepithelial tumours among the patients of a doctor in the Bordeaux suburbs (Sainte Eulalie) – ARS Nouvelle-Aquitaine – 03/12/18

# A DIVERSIFIED PARTNERSHIP POLICY

To successfully conduct its missions, the agency collaborates in various areas with a large number of partners from the public, institutional, private and voluntary sectors, both French and international, at a national, regional and departmental level. This is reflected by three studies and one agreement implemented in collaboration with the Ile-de-France regional health observatory, Airparif, the International Agency for Research on Cancer, France's *Institut national du cancer* and the *Collège de médecine générale*.

## In liaison with local authorities

### THE HEALTH BENEFITS ANTICIPATED FROM LOW-EMISSION ZONES

Paris city hall has tasked Airparif<sup>1</sup> with modelling the impact of a measure to combat air pollution, which consists, in a first scenario, of banning the oldest and most polluting vehicles from entering Paris, which would make the capital a low-emissions zone. A second scenario involves expanding this restricted traffic area to part of the *Métropole du Grand Paris* (until the A86). To support the roll-out of this project, the regional health observatory (*Observatoire régional de santé, ORS*) in Île-de-France published, in collaboration with Airparif and Santé publique France, an innovative forward-looking assessment of the impact of such a measure on public health based on each of these scenarios.

This study received the agency's methodological support in terms of the quantitative health impact assessments (EQIS) to estimate the anticipated health gains from the air pollution reductions determined by Airparif. As part of the study with the ORS, the anticipated health benefits and, more specifically, the number of preventable cases were calculated for:

- deaths among the over-30s;
- underweight term infants;
- the occurrence of ischaemic heart disease in adults and asthma in children.

The findings notably show that expanding the Paris zone to the A86 could have a positive effect on the population of Greater Paris in terms of social equity, insofar as it would also reduce the exposure of residents living in disadvantaged suburbs. This work also helped to consolidate the assessment methods that can be applied to other environmental risk factors and other measures to reduce air pollution with a view to encouraging their greater implementation in France. ■

1. Association for monitoring air quality in Île-de-France

## In liaison with health professionals

### JOINT INITIATIVES WITH THE COLLÈGE DE LA MÉDECINE GÉNÉRALE

Santé publique France has signed an agreement with the *Collège de médecine générale* (CMG) for the period from 1 January 18 to 31 December 2019 to conduct joint initiatives involving the CMG and the agency's various divisions. The following initiatives were conducted in 2018:

■ **The CMG regional day events in the PACA region (June), Occitanie (September) and Brittany (December), including a session on «Vaccination: inform, motivate, restore trust»,** jointly organised with Santé publique France.

■ A Santé publique France stand at the **12th CMG national congress from 5 to 7 April 2018 at the Palais des Congrès (Paris) and the conduct of two sessions on the themes:** «The medical response to catastrophic events: example of the hurricanes in the Caribbean, mobilisation of the Health Reserves» and «Vaccination: inform and restore trust».

■ A seminar on the theme «Talking to adolescents about their health» during the **Santé publique France annual meetings – Event of 31 May 2018.**

■ **A survey of a panel of general practitioners** on practices/expectations/methods of providing information, particularly in the areas of preventive healthcare and health promotion.

■ **Information to general practitioners:** a «*Moi(s) sans tabac*» themed information letter was circulated in October 2018. ■

In liaison with international organisations

## CANCERS ATTRIBUTABLE TO LIFESTYLE AND ENVIRONMENT



Coordinated by Santé publique France, the collaborative project implemented by the IARC<sup>1</sup>, initiated and funded by the INCa<sup>2</sup>, brought together around 80 experts from France's leading research and public health institutions to determine the proportion of cancers attributable to lifestyle or environment. Thirteen risk factors were studied, including smoking, alcohol, diet, excess weight, obesity, infections, occupational exposure, air pollution, etc.

Working groups were formed for each of these factors. The aim was to use data, similar to data from 2005, that was representative of the French population and, assuming a ten-year interval between exposure and the risk of cancer, determine the attributable fraction for each of the factors among the population aged 30 and over, by location and gender. Taking into account the number of new cancers in 2015, this attributable fraction was applied to them to assess the percentage of cases attributable to each factor.

According to the findings of this analysis, 41% of new cancer cases in 2015 among adults (140,000) are attributable to lifestyle and environment. This means that they could be prevented by acting, through prevention, on all of the risk factors studied. Smoking is the main factor at around 70,000 cases, followed by alcohol (28,000), poor diet (19,000) and excess weight (19,000). These are followed, to a lesser extent, by professional exposure, UV light, radiation and air pollution. ■

1. International Agency for Research on Cancer  
2. Institut national du cancer

**140,000** :  
new cancer cases in 2015 were :  
thought to be due to lifestyle :  
or environment :

In liaison with a partner agency

## UV LIGHT: RESULTS OF THE 2015 BAROMÈTRE CANCER

A chapter of the 2015 edition of the *Baromètre cancer*, conducted in partnership with the INCa, examined natural and artificial UV light (tanning booths and lamps). The analysis and the results of this survey of 15 to 75-year-olds (representative of the French population) indicate that although the level of information is satisfactory, with 9 out of 10 people being convinced that UV light is carcinogenic, nearly 3 out of 4 people say they get sunburned when first exposed. This causes a burn on the skin.

Nevertheless, incorrect beliefs have persisted since the previous editions in 2005 and 2010 and have even worsened, particularly regarding the lack of consequences in adulthood from sunburn during childhood and the need to prepare your skin before going on holiday by exposing it to UV light. This leads to a combination of risks of skin cancer (including melanomas, which are rarer and account for 10% of skin cancers but are more dangerous due to the risk of metastasis), cataracts and age-related macular degeneration (AMD).

As far as behaviours are concerned, despite the simplicity of protection methods (staying in the shade, staying covered up, etc.), these are not always routinely followed on sunny days, with even sunglasses only worn by 41% of people. However, parents are attentive to protecting their children, with 70% doing so if children are aged under 4 and 50% if aged under 15. Respondents aged 15 to 75 do not protect themselves sufficiently (just 22.1% stay in the shade, 14.4% apply sunscreen every two hours, 18.3% wear a hat or cap, etc.). What's more, despite the use of artificial UV light being banned for minors, such use has been observed.

For the first time, questions were asked about worker exposure. Nearly one person in five routinely or often works in the sun (gardeners, agricultural and construction workers, etc., *ed.*) without always having appropriate personal or group protective equipment. Efforts to educate these workers and their employers is required, as is the implementation of suitable solutions. ■





# DIALOGUE WITH SOCIETY ACTIVITIES

**Dialogue with civil society is an integral part of many of Santé publique France's endeavours, whether in terms of involving the general public in its epidemiological work, consulting citizens, presenting the results of surveys during public meetings or taking part in hearings.**

In 2018, the agency continued to roll out its policy on openness towards and dialogue with society, an endeavour that acts as an extension of the efforts it has already undertaken, as part of the guidelines given in the 2016 prefiguration report, and that reflects the commitments made during the signature of the charter on openness towards civil society signed in December 2016. Together with six other public bodies on health and environmental risk research, expertise and assessment (Anses<sup>1</sup>, BRGM<sup>2</sup>, Ifsttar<sup>3</sup>, Ineris<sup>4</sup>, IRSN<sup>5</sup>, Irstea<sup>6</sup>), Santé publique France shares three commitments to enhancing the quality of dialogue with society:

- Support civil society representatives in acquiring the skills necessary for their involvement and take their contribution into account to assess the actions conducted.
- Share the available scientific knowledge, as well as uncertainties, gaps in knowledge, questions and controversies.
- Ensure that work is more transparent by making the final results and the methods used to achieve these results public as soon as possible.

## **CIVIL SOCIETY'S PARTICIPATION IN SANTÉ PUBLIQUE FRANCE'S ENDEAVOURS**

Stakeholders' involvement in the agency's projects is multifaceted and organised in several ways. As such, Santé publique France implements participatory epidemiological studies, creates interfaces for dialogue with actors within multiple committees, jointly prepares initiatives (website, study protocols), makes study results and surveillance data available on the internet (notably on the Géodes platform), participates in public presentations of surveillance data [see below] and may contribute to public hearings [see below].

## **SHARING EXPERIENCES WITH OTHER PUBLIC ORGANISATIONS**

In 2018, as part of the openness charter, Santé publique France and its six partners met to share their initiatives and resources on this subject. They produced a comparative analysis of their respective measures on openness towards society and proposed prospective areas of work to their executive management. The agency also shared its experience in openness towards society with other health sector participants: the *Haute autorité de santé* (HAS), the *Conférence nationale de santé* (CNS) and the *Institut national de santé publique* (INSPQ).

## **THE DESIGN OF PARTICIPATORY EPIDEMIOLOGICAL INVESTIGATIONS AROUND POLLUTED SITES AND LAND**

Several studies were initiated or completed in 2018 around industrial sites, namely the sites in Lacq, Gardanne and Fos. These quantitative studies employing mixed methods address the social context and the health concerns. Conducted on the population – from local residents to health professionals, associations, journalists, local authorities, etc. –, their goal is to:

- ascertain their perception of the industrial site and its impact on health and the environment, the role played by the various participants, the legal, political and media aspects of the situation and their expectations concerning health investigations;

- identify differences in viewpoints between the various participants.

Dialogue and consultation with the stakeholders takes place throughout the process, including the presentation and discussion of the study protocols, presentation during site monitoring committees in Lacq and the presentation of results during public meetings.

## **COMMITTEE FOR ORIENTATION AND DIALOGUE WITH SOCIETY (COD)**

This new governance body, comprised of 19 people from civil society, continued its work on guiding the agency's activity programme, which began in 2017. In 2018, the committee met five times in a plenary session to discuss the chosen topics. The working groups addressed several subjects and produced orientation and dialogue memos, which were discussed with the Santé publique France teams. The operation of the COD was established by an internal regulation that was approved by the board of directors at the end of 2018.

## **PARTICIPATION IN PUBLIC HEARINGS**

In 2018, the agency participated in three types of hearings:

- The *États généraux de l'alimentation* convention on food issues, which brought together participants from the agriculture and food industries to discuss 14 themes. Santé publique France participated in workshop no.9 on «Facilitating universal adoption of a healthy diet».
- The *États généraux de la prévention du cancer*, organised by the *Ligue contre le cancer*, at which one of the workshops covered

health democracy.

■ The organisation committee for the public hearing on perpetrators of sexual violence, organised by the French federation of the CRIAVS<sup>7</sup>, based on an HAS methodology, in which it participated, notably to produce an expert report on sexual violence in terms of preventive healthcare and health promotion.

## **PUBLIC PRESENTATIONS OF OUR SCIENTIFIC WORK**

### **Guidel: transverse ageneses of the upper limbs**

In France, investigations into birth defects are conducted in liaison with partner registers in several regions. Concerning transverse ageneses of the upper limbs, there were 14 cases: three in Loire-Atlantique, seven in Ain and four in Morbihan. Three investigation reports were made public by Santé publique France in October 2018. The presentation of the results (in December 2018) was organised together with the families in Guidel, in the department of Morbihan, to provide explanations and answer questions, as well as to discuss suggestions on how to proceed. A summary package was posted on the agency's website and an email address was created for those who wish to report a case of ageneses.

Following a referral to three ministries (Health, Environment and Agriculture), a call for applications was launched to create a scientific committee and a committee on openness towards society.

### **Antilles: agricultural worker exposure to chlordecone and other pesticides**

A Santé publique France delegation travelled to the Antilles to present the results of studies on exposure among the general adult population to chlordecone and other pesticides, the surveillance of prostate cancer and results from the Matphyto-DOM study, which examined the history of all pesticides used on banana plantations from the 1970s to the present day. Alongside a scientific symposium attended by nearly 200 experts (see p.36), two meetings – one in Martinique, the other in Guadeloupe – provided the opportunity to present these results to the population and MPs, which were able to ask questions and debate with Santé publique France, the Anses, the InCa<sup>8</sup> and the *Direction générale de la santé*.

### **Complidon: presentation of the results of the survey of blood donor selection criteria**

In July 2016, blood donor selection criteria changed and now allow men who have sex with men (MSM) to donate blood, provided they have not had sexual relations with a man during the previous 12 months. In liaison with the EFS<sup>9</sup> and the CTSA<sup>10</sup>, Santé publique France initiated the Complidon survey, which aimed to assess donor compliance with selection criteria (see p.33). All of the results were presented to the committee for monitoring<sup>11</sup> the decree establishing blood donor selection criteria.

### **Nutri-Score: logo launch seminar**

To mark the launch of the Nutri-Score logo (see pages 14-15), Santé publique France and the ministries for Solidarity and Health brought together researchers, experts, food manufacturers, consumer associations and public health professionals to present the logo rollout methods. ■

## **2018 HEARINGS**

### **NATIONAL ASSEMBLY AND SENATE**

- «Lactalis» – February and April
- Youth preventive healthcare mission – March
- Occupational illnesses in industry – April
- Draft bill on social security funding (PLFSS), expenditure efficiency – May
- Proposed law on guidance for the future of health – September
- 2019 finance act – prevention in overseas territories – October
- Draft finance act for the 2019 health mission – October
- National health and environment plan (PNSE) – November
- MPI mission – November
- TAUL – Transverse ageneses of the upper limbs – November

### **COURT OF AUDITORS**

- IAS survey – Healthcare-associated infections – March
- Eye care: reorganising treatment – April
- 2018 campaign on monitoring recommendations – policy on combating excessive alcohol consumption – May
- «HIV prevention and treatment» survey – May and September
- Survey on obesity prevention and treatment – December

### **MISSIONS OF THE IGAS (GENERAL INSPECTORATE OF SOCIAL AFFAIRS)**

- Response to demand for unscheduled treatment – April
- Plant protection products – November
- Health risk control – December

### **OTHER**

- Levothyroxine in a medicine information mission – February
- System for preventing French occupational risks by the *Direction générale du travail* (directorate general of labour) – March
- Combating tobacco and alcohol addictions by the CESE – social and environmental economic council – June

1. French agency for food, environmental and occupational health & safety (*Agence nationale de sécurité sanitaire de l'alimentation, de l'environnement et du travail*)
2. Office for geological and mining research (*Bureau de recherches géologiques et minières*)
3. French institute of science and technology in transport, planning and networks (*Institut français des sciences et technologies des transports, de l'aménagement et des réseaux*)
4. National institute for the industrial environment and risks (*Institut national de l'environnement industriel et des risques*)
5. Institute for radiation protection and nuclear safety (*Institut de radioprotection et de sûreté nucléaire*)
6. National institute of research in science and technologies for the environment and agriculture (*Institut national de recherche en sciences et technologies pour l'environnement et l'agriculture*)
7. Resources centres for individuals working with the perpetrators of sexual violence (*Centres ressources pour les intervenants auprès des auteurs de violences sexuelles*)
8. *Institut national du cancer*
9. French blood agency (*Établissement français du sang*)
10. Armed forces blood transfusion centre (*Centre de Transfusion Sanguine des Armées*)
11. Under the guidance of the *Direction générale de la santé*, this committee brings together patient, donor and rights defence associations and health agencies.

# MISI: A CROSS-FUNCTIONAL INITIATIVE DEDICATED TO THE SCIENTIFIC AND INTERNATIONAL STRATEGY

**The Scientific and International Office is responsible for a series of cross-functional initiatives concerning conflict of interest management, scientific training, supervision of the expertise process, interactions with research and European and international collaborations.**

**R**eporting to the executive management, the Scientific and International Office oversees Santé publique France's scientific and international strategy. It also acts as the scientific secretariat for two of the agency's governance bodies – the Scientific Board (CS) and the Ethics and Deontology Committee (CED) – and two internal bodies, the Internal Deontology Committee (*Comité Interne de Déontologie*, CID) and the Collegial Committee for Project Assessment (*Comité Collégial d'Évaluation des Projets* – CCEP).

## **THE SCIENTIFIC BOARD (CS)**

Chaired by Prof. Philippe Quénel, following the verdict on the 2018-2022 schedule, the CS has undertaken to conduct further analysis of several of the agency's programmes. It has formulated its recommendations for four of these (mental health, living environments that promote health, work and health, scientific and international strategy). It also issued a verdict on the 2019 schedule. From June to September 2018, it conducted the external assessment of the activities of the chair on promoting the health of the population of the EHESP<sup>1</sup> as part of partnership agreements connecting it to Santé publique France.

## **THE ETHICS AND DEONTOLOGY COMMITTEE (CED)**

Chaired by Ms Martine Bungener, this committee issued a verdict on the public-private partnerships set up by the agency as part of rolling out the Nutri-score: verdict no. 2018-01 concerning the Nutri-Score and the associated public-private partnerships<sup>2</sup>. In addition, the outline of an initial CED seminar on the issues of collective ethics and deontology in health agencies was suggested. Considerations regarding the implementation of a scientific integrity policy were initiated. This work will continue in 2019.

## **PREVENTION AND MANAGEMENT OF CONFLICTS OF INTEREST**

Created in March 2017, the internal professional conduct committee (*Comité interne de déontologie*, CID) is responsible for examining public declarations of interest (*déclarations publiques d'intérêts*, DPI) from agents and external partners and developing best practices regarding professional conduct, particularly in terms of relations with the private sector. It assesses the risk of conflicts of interest and, where applicable, proposes prevention and management measures to the Director-General. In 2018, the CID examined nearly 100 DPIs on which a verdict was required.

## **SUPERVISION OF THE CONSULTATION PROCESS**

In 2018, two expert committees appointed in June 2017 continued their work: the first, concerning the «Strategy on building a stock of medical countermeasures to contend with an influenza pandemic» (*see p.35*), issued its verdict in 2018; the second was tasked with «Territorial health resources in exceptional health situations». In January 2018, another expert committee on «Preventive healthcare and health promotion» was set up. A public call for applications was launched, together with Anses<sup>3</sup>, in December 2018 to form an expert committee on «transverse agenesis of the upper limbs».

Given that the agency refers to four other types of committees, which rely on external qualified individuals<sup>4</sup>, it became necessary, two years after the agency's creation, to produce an initial appraisal in order to optimise their running. This is one of the MiSI's contributions to the internal audit of the expertise and professional conduct process, carried out by the «Quality and risk control» mission.

## SCIENTIFIC TRAINING AND PROMOTION

The scientific training programme, which aims to further the employees' public health skills, gave 170 of them the opportunity to take part in 12 courses introducing the agency's professions, while 78 employees took three training sessions (one to three days) coordinated by the MiSI and prepared together with the divisions and partners. To develop vocational training in preventive healthcare and health promotion – notably for the ARS, local authorities, associations and healthcare establishments and professionals –, two partnerships were initiated with the EHESP and the Isped<sup>5</sup> at the University of Bordeaux. Concerning training in intervention epidemiology, Santé publique France is fully committed, together with the EHESP, to the scientific coordination of the three-week IDEA<sup>6</sup> course, which aims to train public health professionals, including those of the ARS and the agency, in intervention epidemiology methods. In 2018, 14 of the agency's scientists contributed to the facilitation of the course and a further five were trained. Furthermore, in 2018, Santé publique France hosted between six and eight medicine and pharmacy interns per half-year period at the Saint-Maurice site and around ten at the regional units. Lastly, although it is dedicated to project prioritisation, the CCEP<sup>7</sup> also acts as a forum for scientific discussion: 16 projects were examined, of which five thesis proposals could be financed by the agency under the partnership with Université Paris-Est.

## EUROPEAN AND INTERNATIONAL INVOLVEMENT

### The scope of scientific training

Santé publique France is wholly committed to maintaining a top-tier European and international network of epidemiologists. With three sites accredited by the ECDC<sup>8</sup> for hosting EPIET<sup>9</sup> trainees, it has received two, each coming from a European country. Two employees also joined this programme. The agency also contributes its skills to two projects aimed at strengthening surveillance capabilities outside European countries:

■ Firstly, for the MediPIET<sup>10</sup> project, which aims to enhance prevention and control capabilities for infectious diseases and health threats, it helped to introduce an intervention epidemiology training programme in the Mediterranean region and the Balkans.

■ Secondly, it is a partner of the AMP (*Agence de médecine préventive*) for the RIPOST<sup>11</sup> project, which aims to enhance the technical and managerial capabilities of professionals from public health institutions in six partner countries<sup>12</sup> in epidemiological monitoring and surveillance, community-based monitoring, alert, decision support and response. In 2018, the agency helped to coordinate this project, prepare an intervention epidemiology course that took place in Ouidah (Benin) and prepare an intervention epidemiology manual adapted to the African context.

### European projects financed by the European Commission and the ECDC

Santé publique France is currently involved in nine projects, including four financed by the Horizon 2020 programme, three by the European Union Health Programme and two by the ECDC. These concern biomonitoring, cancer screening, frailty in older people, vaccination, antibiotic resistance and the development of a European health information system and its security. In 2018, the joint action «InfAct, Information for Action»<sup>13</sup>,

coordinated by Sciensano (Belgium), was launched. Three of the agency's divisions are stakeholders, in collaboration with the Direction générale de la santé, the Irdes<sup>14</sup> and the Inserm.

### Scientific and technical dialogue with our counterparts

The agency has several collaboration instruments in order to facilitate this dialogue. In 2018, it:

- hosted the European seminar organised by EuroHealthnet<sup>15</sup> on interventions and public policies concerning the health of children under the age of 2 (12-13 June 2018, Saint-Maurice);
- jointly organised together with the Asia-Europe Foundation (ASEF)<sup>16</sup> a meeting on risk communication in health emergency situations (10-11 October 2018, Paris) [see pages 26-27];
- hosted, together with the Anses, as part of the agreement on collaboration<sup>17</sup> between the European public health institutes<sup>18</sup>, the annual meeting (24 and 25 January 2018);
- renewed the collaboration agreement with the Quebec public health expertise and reference centre (November 2018). ■

1. *École des hautes études en santé publique*

2. <http://www.santepubliquefrance.fr/Sante-publique-France/Deontologie-et-ethique>

3. French agency for food, environmental and occupational health & safety (*Agence nationale de sécurité sanitaire de l'alimentation, de l'environnement et du travail*)

4. Between 2016 and the end of 2018, more than 60 committees were created.

5. Institute of public health, epidemiology and development (*Institut de santé publique, d'épidémiologie et de développement*)

6. *Cours international d'épidémiologie appliquée* – <https://idea.ehesp.fr/formation/>

7. *Comité collégial d'évaluation des projets*

8. European Centre for Disease Prevention and Control

9. European Programme for Intervention Epidemiology Training

10. Project funded by the European Commission

11. RIPOST lasts for five years and is funded by the West-African Health Organisation (WAHO) thanks to financial backing from the French ministry for Europe and foreign affairs and the *Agence française de développement* (AFD)

12. Benin, Burkina Faso, Côte d'Ivoire, Guinea, Niger, Togo

13. [https://webgate.ec.europa.eu/chafea\\_pdb/health/projects/801553/summary](https://webgate.ec.europa.eu/chafea_pdb/health/projects/801553/summary). This action aims to create a long-term European health information system.

14. Institute for research and documentation in health economics (*Institut de recherche et documentation en économie de la santé*)

15. <http://www.eurohealthnet>: this seminar is a «country visit» organised as part of the contractual agreement between EuroHealthnet and the European Commission (Directorate-General for Employment, Social Affairs and Inclusion) as part of the Employment and Social Innovation programme (EaSI).

16. <http://www.asef.org/projects/themes/public-health/4492-hi-level-meeting-on-risk-communications-for-public-health-emergencies> and <https://www.santepubliquefrance.fr/Actualites/High-Level-Meeting-on-Risk-Communications-for-Public-Health-Emergencies-Sante-Publique-France-accueil-30-pays-asiatiques-et-europeens>

17. International Collaboration for Health: ICIVHealth

18. Norway, the Netherlands, the United Kingdom



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**Published by**

Santé publique France  
12, rue du Val d'Osne  
94415 Saint-Maurice cedex  
Tel.: 33 (0) 1 41 79 67 00  
[www.santepubliquefrance.fr](http://www.santepubliquefrance.fr)

**Publication Director:**

François Bourdillon  
Coordination: Communication and Dialogue with  
Society Division

**Design/production:**

Eskimots (with Laëtizia Lafond for layout)

**Photo credits:**

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ISSN: 2647-1965

ISBN: 979-10-289-0571-2



