

ANNUAL REPORT 2017



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----- THE EXECUTIVE COMMITTEE -----



From top to bottom and left to right: Éric Amaudry, Paul-Henri Lampe, Pascal Empereur-Bissonnet, Hamid Aïssat, François Bourdillon, Anne Gallay, Franck Golliot, David Heard, Martial Mettendorff, Mili Spahic, Marie-Julie Montarry, Jean-Claude Desenclos, Karine Grouard, Véronique Bony, Anne Laporte, Emmanuelle Bauchet, Sébastien Denys, Céline Deroche, Didier Che, Nicole Pelletier, Catherine Buisson, Vivianne Foucoult, Sylvie Quelet. Absents : Pierre Arwidson, Bruno Coignard, Valérie Derrey, Virginie Dubois, Yann Le Strat, Philippe Magne, Anne-Catherine Viso.



SANTÉ PUBLIQUE FRANCE'S EXECUTIVE COMMITTEE BRINGS TOGETHER THE REPRESENTATIVES OF THE AGENCY'S THEME-SPECIFIC AND CROSS-DISCIPLINARY BOARDS. EVERY DAY, SANTÉ PUBLIQUE FRANCE SEEKS TO HONOUR ITS COMMITMENT TO PROTECT THE POPULATION, TO REACT TO PERSISTENT SOCIAL INEQUALITIES AND SUSTAINABLY MODERNISE OUR HEALTHCARE SYSTEM.

----- SANTÉ PUBLIQUE FRANCE | 2017 ANNUAL REPORT -----

“FOR SANTÉ PUBLIQUE FRANCE, IT IS TIME TO FOCUS ON STRATEGIC DEVELOPMENT”

MARIE-CAROLINE BONNET-GALZY,
CHAIRWOMAN OF THE BOARD OF DIRECTORS

1 WHAT WAS YOUR MINDSET AFTER BEING APPOINTED CHAIRWOMAN OF SANTÉ PUBLIQUE FRANCE’S BOARD OF DIRECTORS BY THE PRESIDENT OF THE REPUBLIC?

I was extremely honoured to be chosen by the government for such an important position, for at least three reasons: firstly, I was chosen by Ms Agnès Buzyn and confirmed by the parliamentary committees, secondly, I succeeded Prof Lionel Collet who had been assisting with the development of the agency since 2014, and, of course, I became a member of the wonderful workforce formed by Santé publique France!

I was also extremely happy - after spending seven years at Lille Métropole, then at the French General Commission for Equality of the Territories (Commissariat général à l'égalité des territoires) to find myself in more direct contact with exciting matters which will help local healthcare, behaviour and prevention to progress.

2 WHAT ARE YOUR GOALS AS CHAIRWOMAN OF THE BOARD OF DIRECTORS?

As non-executive chairwoman, my role is to support the agency’s general management which, with its team, implements departmental objectives and



defines strategic guidelines. The Board of Directors ensures that work priorities are successfully fulfilled and, in this respect, I will be vigilant regarding the achievement of general objectives. In 2018, the goal is to successfully complete the property transaction - on a financial, scheduling and practical level - to guarantee a high-quality work space.

During my time in office, I will seek to:

- ensure the board works effectively by having a relevant agenda and ensuring proper preparation of the issues addressed and a real synergy with the chairmen of the various boards and committees;
- guarantee the autonomy of the agency’s expert appraisal, with which I associate the consistency of our publications;
- build high-quality ties - based on the mutual understanding of ambitions and constraints - with the Direction générale de la santé (DGS - French Directorate General for Health) and beyond this with all State representatives within the board; I hope to be a go-between and facilitator.

3 DURING YOUR HEARING WITH THE NATIONAL ASSEMBLY YOU INSISTED ON THE NEED TO CHANGE THE PARADIGM IN TERMS OF PREVENTION...

It’s all about changing France’s image when it comes to prevention, namely that of a country which is too focussed on curative measures and does not place enough importance on prevention. In order to be successful, it is imperative to involve all players, starting with healthcare professionals, mobilise the necessary resources, better communicate and rely on all partners... And Santé publique France needs to direct activities in order to guarantee the consistency and effectiveness of our public prevention policies. •

“PUBLIC HEALTH IS AT THE HEART OF OUR MISSIONS AND TOGETHER WE SEEK TO ACHIEVE THIS WORK”

FRANÇOIS BOURDILLON, DIRECTOR GENERAL

1 WAS SANTÉ PUBLIQUE FRANCE’S FIRST FULL YEAR OF OPERATION... HOW HAS THE AGENCY EVOLVED?

In 2017, we celebrated our first anniversary. The year was first of all marked by the grouping together of all staff from the Paris region at the Saint-Maurice site. This was an important step. The aim is to promote optimal working conditions during this period when the third building is under construction. We are developing a new work community, have created a multiannual programme over five years, and established a Performance Contract with all stakeholders. Since the meeting of the various establishments, a lot of progress has been made. You will find out more about the evolutions in this annual report. They are a cause for celebration.

2 WHAT ARE THE MAIN ACTIONS THAT STAND OUT IN YOUR MIND?

The scientific soundness and quality of work carried out remain key to our activities. Simply reading through the following pages is enough to reveal the huge amount of work carried out by the Santé publique France teams on an almost universal level. Taking action to ensure good health for all is a founding principle and daily source of motivation, but it also requires the development of activities and public policies which have meaning, really change behaviour and involve measures that truly impact health inequalities. The change made, since 2016, to our preventive healthcare and health promotion approaches has been consolidated. We are making progress regarding vaccination, the prevention of alcoholism and smoking, and diet and exercise, even though we need more relays. Now, we need to develop new approaches. Acting not only on the determinants of health, but also with respect to populations, while taking into account the different stages of life is a major step forward.



3 WHAT ARE THE PROSPECTS TODAY?

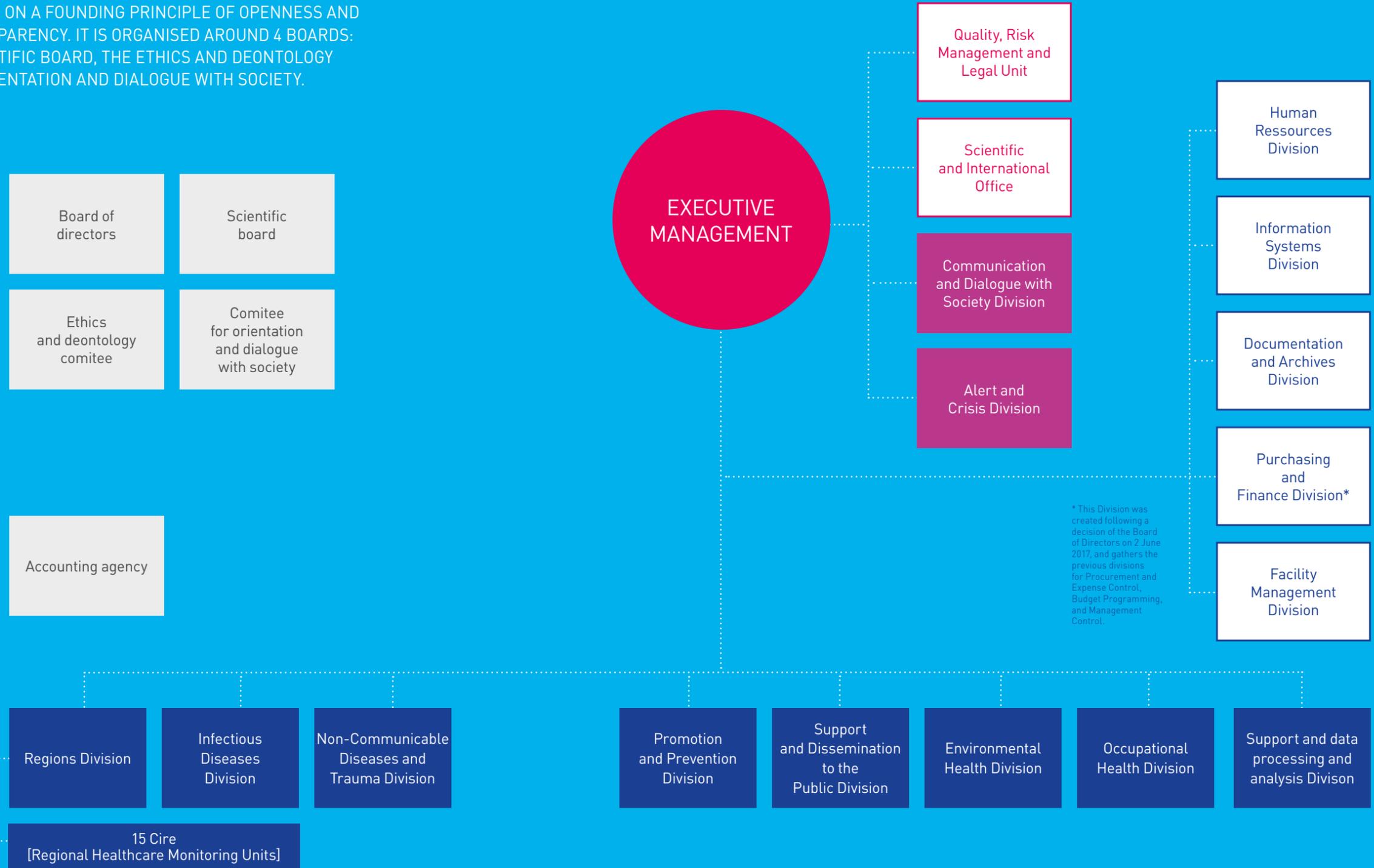
This in-depth transformation started in 2015 requires that we continue to work collectively, in order to bring our projects and programmes to life, adapt to the new collaboration and cooperation models and finally, develop our shared internal culture. The very recent creation of the Support, Processing and Data Analysis Division (Direction appui, traitements et analyses des données - DATA -) responds to this desire to continue to adapt our agency to societal, digital and scientific evolutions and challenges. In the future, our goal is to produce indicators, which are useful in decision-making and actions and available to all, in a manner which respects scientific independence. •

GENERAL ORGANIZATION

THE AGENCY'S GOVERNANCE IS BASED ON A FOUNDING PRINCIPLE OF OPENNESS AND DIALOGUE WHICH GUARANTEE TRANSPARENCY. IT IS ORGANISED AROUND 4 BOARDS: THE BOARD OF DIRECTORS, THE SCIENTIFIC BOARD, THE ETHICS AND DEONTOLOGY COMMITTEE, THE COMMITTEE FOR ORIENTATION AND DIALOGUE WITH SOCIETY.

The Board of Directors (BoD) on 31 December 2017

Anne-Claire Amprou, incumbent; Benoît Vallet, substitute; Annaïck Laurent, incumbent; Pierre Ricordeau, substitute; Frédéric Teze, incumbent; Marie-Odile Nicot, substitute; Benoît Lavallart, incumbent; Anne Paoletti, substitute; Catherine Mir, incumbent; Xavier Strebelle, substitute; Véronique Gaste, incumbent; Brigitte Moltrecht, substitute; Jean-Marc Debonne, incumbent; Maryline Gyga-Genero, substitute; Jean-François Juery, incumbent; Claire Vincenti, substitute; Ivan Postel-Vinay, incumbent; Gaëlle Nerbard, substitute; François-Xavier Brouck, incumbent; Saïd Oumeddour, substitute; Jean-Yves Grall, incumbent; Cécile Courreges, substitute; Emmanuel Rusch, incumbent; Bernadette Devictor, substitute; Béatrice Gueneau-Castilla, incumbent; Florence Condroyer, substitute; Yves Levy, incumbent; Geneviève Chene, substitute; Jean-Louis Bensoussan, incumbent; Thierry Arnaud, substitute; Alfred Spira, incumbent; Elisabeth Elefant, substitute; Yves Charpak, incumbent; Catherine Bernard, substitute; Catherine Aumond, incumbent; Gérard Raymond, substitute; Marie-Claude Feinstein, incumbent; Nicolas Brun, substitute; Katia Baumgartner, incumbent; Alain Chabrolle, substitute; Zehira Ben-Ahmed, incumbent; Alain Prunier, substitute; Isabelle Maincion, incumbent; Bernard Jomier, substitute; Martine Joly, incumbent; Dominique Polton; Jérôme Salomon.



* This Division was created following a decision of the Board of Directors on 2 June 2017, and gathers the previous divisions for Procurement and Expense Control, Budget Programming, and Management Control.

GILLES-LAURENT RAYSSAC,
CHAIRMAN OF THE COMMITTEE
FOR ORIENTATION AND DIALOGUE
WITH SOCIETY.(COD)



The Committee for Orientation and Dialogue with Society (COD) on 31 December 2017

Vincent Alberti, Bernard Basset, Ségolène Baelde, Danielle Cousein Hiebel, Stéphane Delaunay, Stéphane Desmichelle, Blandine Esquerre, Pierrick Fostier, Caroline Geneau, Nathalie Gelbert Baudino, Angelika Gross, Thomas Laurenceau, Nadine Lebon Salles, Lénaïk Porrot, Gilles Laurent Rayssac, Marie-Pierre Samitier, Didier Seyler, Françoise Tenenbaum, Dominique Wiart.

1 WHAT WERE THE COD'S PRIORITIES IN 2017?

The challenge of this first year was to establish and legitimise our committee: it is our duty to show that the legislator and those that inspired it were right to gamble on a citizen governance body which «helps to develop public debates and collective thinking on health problems» within Santé publique France. As soon as the committee was formed, we were consulted by the teams about nutrition and exercise, barrier measures against the flu and alcohol.

2 HOW DOES YOUR WORK FIT IN WITH THAT OF SANTÉ PUBLIQUE FRANCE?

We either respond to requests from the teams or we consider matters that we deem important. In general, we believe that our role is to direct Santé publique France's work by ensuring dialogue between the agency and the civil partnership for which the COD carries on the baton. At Santé publique France, our opinions are independent; our credibility is based on the quality of our recommendations and our ability to communicate what we perceive to be social demand in terms of health, including mental health.

3 WHAT ARE YOUR PROSPECTS FOR THE COMING YEAR?

This year, we will work on developing a measure that we proposed to Santé publique France and which was added to its work programme: it involves defining the outlines of a citizen consultation on the matter of nutrition, on the one hand, and, on the other hand, preparing the launch of pilot projects with the civil partnership on the same theme. In 2018, we will also seek to develop a multiannual work programme which will take into account social and territorial inequalities when it comes to health. •

1 AS A SPECIALISED AGENCY, WHAT IS THE ROLE OF THE SCIENTIFIC BOARD IN GUARANTEEING HIGH-QUALITY EXPERTISE?

In order to be high-quality, scientific expertise must respect ethics, the only thing that guarantees its independence, and be open to society. The Scientific Board's role is to ensure that problems fall within the scope of the agency's mission, suitable experts from various disciplines are appointed and that the appraisal process makes it possible to hear all theories and produce opinions reflecting all discussions.

PHILIPPE QUENEL,
CHAIRMAN OF
THE SCIENTIFIC
BOARD



2 WHAT WERE THE MAIN RECOMMENDATIONS MADE BY THE SCIENTIFIC BOARD IN 2017?

It issued a recommendation on the agency's performance contract and its 2018-2022 programme, at the same time paying tribute to the construction of two tools making it possible to understand the agency's scientific policy and meet the objectives of the National Healthcare Strategy (Stratégie nationale de santé - SNS) and public health priorities. The Scientific Board recommended that the agency clarify its objectives in terms of improving health and reducing social and territorial health inequalities, better incorporating global health issues, increasing transparency regarding the criteria which determine its programme choices and freeing itself from the "burden of history" of its three main components in order to make the principle of continuum fully effective.

3 WHAT ARE THE BOARD'S UPCOMING PROJECTS?

The Scientific Board plans to study the lines of the multiannual programme in more detail, not with the aim of carrying out an ex ante scientific appraisal of each of the projects, but in order to analyse the programme based on the general recommendations that we have made. This work will allow us to identify the principle of continuum in the implementation of its missions, which will serve as a lever to achieve better quality, in terms of health monitoring and reactions to health alerts •

The Scientific Board (CS) on 31 December 2017

Sabine Baron, Agathe Billette De Villemeur, Alain Braillon, Xavier Briffault, Sylvaine Cordier, Florence Cousson-Gélie, Fabrizio Faggiano, Karine Gallopel-Morvan, Jean-Francois Gehanno, Fabien Girandola, Céline Guillaume, Thierry Lang, Catherine Le Galès, Pierre Lombraïl, Gwenn Menvielle, Laurence Meyer, Isabel Nogueur, Philippe Quenel, Victoire Roussel, Rémy Slama, Brenda Spencer, Sudre Philippe, Christophe Tzourio, Annemiek Van Bolhuis, Laurence Watier, Yazbeck Chadi.

1 HOW DOES THE CED SUPPORT THE ESTABLISHMENT?

The CED's mission is to ensure that citizens and social players place lasting trust in the agency's productions, guarantee fair treatment and protect everyone's rights. The CED must therefore take into account the vulnerability of populations and make policy proposals to public authorities, which preserve civic and social rights. It also deals with all specific matters submitted to it by the



MARTINE BUNGENER,
CHAIRWOMAN OF THE ETHICS
AND DEONTOLOGY COMMITTEE
(CED)

agency's management (or one of its agents) and seeks to prevent conflicts of interest in all spheres of its activity.

2 WHAT ARE THE MAIN PROJECTS YOU HAVE BEEN WORKING ON IN RECENT MONTHS?

The committee was formed a year ago and held three one-day meetings. In 2017, its task mainly involved producing an recommendation (No. 2017-01) regarding the organisation of the new agency, while taking into account our ethics issues. The CED then tackled designing, developing, formalising, discussing and adopting its internal regulations before launching new projects for 2018.

3 WHAT ARE YOUR COMMITTEE'S FUTURE AMBITIONS?

Throughout the year, the CED wants to take the time to reflect on a series of ethical matters likely to impact the agency's activities, and which it considers appropriate to handle in advance, without waiting to be faced with urgent requests. Moreover, we are also examining ethical matters regarding the study on "Residents living near crops, pesticides and health". For the first time, the CED has also started to consider the contribution that it can make to the development of a scientific integrity policy for the agency •

The Ethics and Deontology Committee (CED) on 31 December 2017

Jean Bouyer, Martine Bungener, Frédérique Claudot, France Filiatrault, Marc Guerrier, Michelle Hadchouel, Olivier Hamel.



In order to preserve the health of all, Santé publique France, through surveillance devices, ensures on a daily basis the monitoring of health indicators, measures the health impact of major determinants such as tobacco and alcohol, and defines the actions which need to be taken in order to anticipate possible crises.

SAINTS

VACCINATION, NEWBORNS, INFORMATION ON THE 2017 VACCINATION PROGRAMME

Cross-disciplinary activity



The citizen consultation held in 2016 by Santé publique France, under the chairmanship of Prof Alain Fischer, had concluded that a temporary extension of the vaccine obligation for newborns was necessary, both in order to maintain and increase vaccination coverage and help restore the French population's trust in vaccines. The extension of the vaccine obligation from 3 to 11 vaccines, making mandatory all vaccines planned in the vaccination schedule of children aged 0 to 2 for entry into any community infrastructure, was therefore one of the first public health measures implemented by Ms Agnès Buzyn when she was appointed in May 2017.

The monitoring of vaccination coverage, assessment of the epidemiological impact on vaccination strategies and promotion of vaccination are a major part of Santé publique France's programming. Support for this governmental measure falls under the scope of the agency's missions. Responses to the numerous media requests, both from the mainstream and professional press, concerning the epidemiological and sociological data have led to the decision to extend the vaccination obligation and the preparation of measures intended to accompany its implementation on 1 January 2018, and therefore constituted one of the agency's projects in 2017.

The vaccination programme is part of a continuum between the expertise, monitoring and informing of the public and players, and health promotion. The national and regional epidemiological data provided by the Infectious Diseases Division [Direction des maladies infectieuses - DMI] and the Regional Intervention Units (Cire) of Santé publique, compliance and behaviour data provided by the Health Barometer, the assessment of the actions carried out, social marketing expertise of the Direction de la prévention et de la promotion de la santé (DPSS - Division for Preventive Healthcare and Health Promotion), and the ability of the Division of Communication and Dialogue with Society [Direction de la communication et du dialogue avec la

société - Dircom) to mobilise the media and network leaders, make it possible to guide the decision-making process of public authorities and deploy the agency's intervention strategy.

Santé publique France therefore takes a very clear position in its mission supporting public policies and players - notably healthcare professionals - and informing the public, in an effort to build things together and develop social dialogue. In this respect, a "vaccine"-themed support group, composed of professionals from the field (general practitioners, infectious disease specialists, pharmacists, midwives etc.) was created in 2017 and assists with the development of information and practice support tools.

Therefore, during the course of the year, the following was made available, published and presented:

- **data from the 2016 Health Barometer on vaccination compliance**, reluctance, perceptions and practices, which gave rise to a special edition of the Weekly epidemiological Bulletin (Bulletin épidémiologique hebdomadaire - BEH) on vaccination. It includes two articles on how the French perceive vaccinations, one article presenting the results of the qualitative study carried out in 2016 as part of the citizen consultation, and one article assessing vaccination coverage and epidemiological impact data with a view to clarifying the need for an increase in vaccination coverage;
- **two educational packages (Extension of the obligation to 11 vaccinations and Vaccination: collective protection)** intended for the media and presented during press

conferences. Numerous information and promotion tools have also been disseminated to enhance the general public's knowledge (vaccination schedule, leaflets, press announcements, update and enhancement of the website vaccination-info-service.fr, communication campaigns on social networks etc.), and that of healthcare professionals (Repères pour votre pratique (points of reference for your practice) collection, information reminders via medical software, online TV programmes on a medical training website etc.) and players (discussion and training days), in particular to mark European Immunization Week (organisation of preparation and feedback seminars, supporting regional partnerships, running of a digital platform dedicated to sending newsletters, creation of an educational file etc.).

In 2017, the website vaccination-info-services, a real backbone in Santé publique France's intervention strategy when it comes to vaccination, was viewed more than 3.2 million times. The extension of the vaccination-info-services website intended for healthcare professionals was launched and a first version will be online during the European Immunization Week 2018.

Finally, the teams have been regularly asked to contribute to drafting language elements or strategic notes for public decision-makers, and in particular the Ministry of Health as part of the preparation of government press conferences, public hearings related to the vote of the law (National Assembly, Senate) or the assessment of public policies (Cour des Comptes, the French supreme audit institution).

Visit: www.vaccination-info-service.fr

MISSIONS

"Monitoring is at the heart of the missions of a public health agency in order to identify priority populations to target and keep track of the impact of prevention programmes."

JEAN-CLAUDE DESENCLOS,
SCIENTIFIC DIRECTOR

HEALTH CHALLENGES

"Promoting the consideration of health challenges in public decision-making, using science in advocacy: this is our driving force. By using knowledge, mobilising the press and networks, increasing the presence of the agency on social media and talking with the stakeholders and citizens, we give the agency visibility which enhances its effectiveness."

DAVID HEARD,
DIRECTOR OF THE
COMMUNICATION AND
DIALOGUE WITH SOCIETY
DIVISION

KNOWLEDGE

“Our work is based on epidemiological and behavioural data, the knowledge of determinants, and the results of various studies. All of this knowledge allows us to fully implement preventive healthcare and health promotion activities suited to the various populations.”

SYLVIE QUELET,
DIRECTOR OF THE HEALTH PROMOTION AND PREVENTION DIVISION



NUTRITION, INFORMING CONSUMERS

LAUNCH OF NUTRI-SCORE

HEALTH PROMOTION AND PREVENTION



While displaying the table of nutritional values (number of calories or kilojoules, fat, saturated fatty acids, carbohydrates, proteins, sugar, salt content etc.) has been mandatory since December 2016, it remains hard to interpret. Following the law of 26 January 2016 on the modernisation of our healthcare system - which seeks to ensure the consumer is better informed of the nutritional quality of products, in the most precise, global and accessible way possible - Santé publique France created the NUTRI-SCORE brand and its logo based on the work of Prof Serge Hercberg’s team (university Paris-13), but also on the expertise of the ANSES (French Agency for Food and Environmental and Occupational Health & Safety), and the Haut Conseil de la santé publique (French High Council for Public Health). The NUTRI-SCORE logo is designed to be easily visible and understandable, highlighting the letter corresponding to the nutritional quality of the product (from A to E). Companies in the agri-food and mass distribution sector can choose whether or not to add it to their packaging. Several stores and brands have already adopted the initiative •

Visit mangerbouger.fr



EXPERTISE, ALCOHOL

EXPERT OPINIONS ON THE EVOLUTION OF THE PUBLIC DISCOURSE ON ALCOHOL CONSUMPTION IN FRANCE

→ HEALTH PROMOTION AND PREVENTION

The Mildeca¹ and the Directorate General for Health asked **Santé publique France and the National Cancer Institute** (Institut national du cancer - InCA) to issue proposals in order to update the public discourse on alcohol. A committee of eight independent experts was created following a call for applications. According to these experts, the public discourse includes all of the State’s stances, i.e. recommendations regarding consumption, oral statements, written publications and actions of official bodies (information, health warnings, awareness-raising campaigns) as well as regulations.

Their work drew on:

- interviews with their French and foreign peers and stakeholders (associations involved in the health sector or federations representing economic interests);
- the analysis of France’s current situation (consumption levels, regulatory history and points of reference, impact of advertising on young people etc.);
- the calculation of the lifetime mortality risk based on different consumption levels;
- a qualitative study on the French population’s perception of the public discourse.

The experts made their opinion public on 4 May 2017. Among the ten recommendations issued:

1. “The health risks related to alcohol consumption throughout life increase with the amount consumed” and “if you consume alcohol, in order to limit health risks, we recommend that you: do not consume more than 10 standard drinks per week and no more than 2 standard drinks per day; do not consume alcohol every day of the week”;
2. Increase awareness regarding new consumption points of reference;
3. Ensure public authorities have a strong media presence in order to counterbalance the influence of advertising by alcohol manufacturers •

1. Inter-ministerial mission to combat drugs and addictive behaviour.

Visit: www.alcool-info-service.fr



10
RECOMMENDATIONS
ISSUED BY THE GROUP
OF EXPERTS

THE ELDERLY, PREVENTION

THE “BONNE JOURNÉE, BONNE SANTÉ” PLAN

→ **HEALTH PROMOTION AND PREVENTION**

Created in partnership with the pension fund ¹, this fun, positive plan was designed for healthcare professionals, ranging from the medico-social to social sectors, who work with elderly people in a precarious situation, to allow them to discuss preventive healthcare and health promotion matters, encourage interactions and build ties. “Bonne journée, bonne santé” includes tools allowing individual or collective interventions (dialogue cards, professional recommendation sheets, support handbook, educational software in DVD form)

Media are also given to the elderly (a “My habits today and tomorrow” notice, a perpetual calendar and a set of stickers) to allow them to adopt recommendations on an everyday basis, but also in the long term, as well as make them aware of areas for vigilance; in other words, to encourage the elderly to anticipate the future. Training workshops have been proposed to pension fund professionals and partner networks to make it easier to embrace and support the dissemination of this tool, available free of charge. All resources for professionals can be accessed via the professional space on the website

10 %
IT’S THE PERCENTAGE
OF FRAIL PEOPLE
OVER 55

pourbienvieillir.fr, run by Santé publique France •
 1.Retirement insurance, MSA (Social security for agricultural professions), Social security for the self-employed, Agirc (complementary retirement for independent workers), and Arrco (complementary retirement for employees).
Visit: www.pourbienvieillir.fr



WORKERS

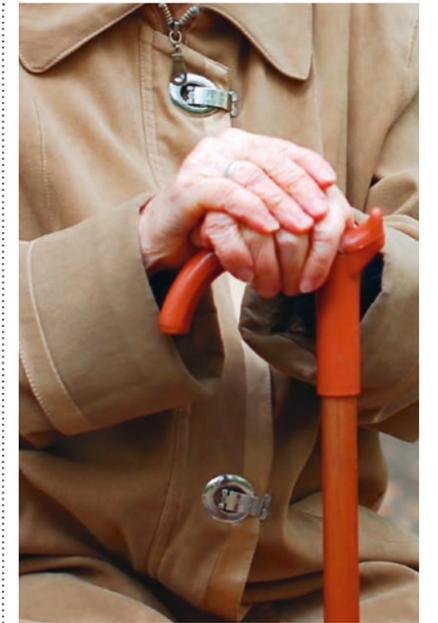
“Relying on all occupational health players (healthcare professionals, institutions and researchers), we monitor the health of employees in order to improve the prevention of occupational risks.”

CATHERINE BUISSON,
 HEAD OF THE OCCUPATIONAL HEALTH DIVISION

AGEING, DEPENDENCE

BEH N° 16-17
DEDICATED TO
AGEING AND ITS
FRAILTIES

→
NON-COMMUNICABLE
DISEASES AND TRAUMA



Today, people aged over 60 represent a quarter of the population and may represent a third in 2040. While life expectancy after 50 in France is the highest in the EU for women (37 years vs 35 in 2014 in the EU), the number of years spent in good health after 60 (20.6 years) remains inferior to the one observed in European countries. “With ageing, polyopathy becomes the rule, altering functional capabilities in everyday life. Monitoring the health of the elderly therefore requires the initial monitoring of the evolution of diseases whose frequency is related to ageing as well as that of their determinants (cardio-/neurovascular diseases, cancer, neurodegenerative diseases, tobacco, alcohol, nutrition etc.), but also the evolution of health on a more global level based on indicators before loss of independence.” This issue of the *Bulletin épidémiologique hebdomadaire (BEH - weekly epidemiological bulletin)* therefore

focuses on these “general health indicators”: life expectancy without incapacities, frailty, multimorbidity, as well as falls, important risk factors of dependency in the elderly. We estimate that almost 5 million people aged over 55 are fragile or suffer from multimorbidity. As for falls, they occur in one in every three people aged over 65, and result in one million hospital visits and 10,000 deaths each year. The reversibility of the fragility process and efficacy of the treatment of chronic illnesses such as falls makes it possible to limit the impact on health and increase the usefulness of their identification. Insofar as avoiding/delaying the appearance of dependency is central to public health, the monitoring of these indicators will make it possible to anticipate the future burden of dependency and therefore to quantify needs regarding healthcare and the prevention of dependency •

EPIDEMIOLOGICAL MONITORING, COHORT, OCCUPATIONAL RISKS

LAUNCH OF TWO COSET COHORTS MSA AND THE SELF-EMPLOYED

→ **OCCUPATIONAL HEALTH**

Coset (Cohorts for epidemiological monitoring related to work) is a study whose purpose is to monitor the health of the active population, regardless of professions and activity sectors. In this context, two cohorts were launched in 2017, one in partnership with the social security scheme for the self-employed (Régime social des indépendants - RSI) and the other with the Social security for agricultural professions (Mutuelle sociale agricole - MSA -)¹. Coset-Self-employed, launched on 6 July, monitors artisans, retailers, the self-employed, or spouse co-workers; Coset-MSA, launched on 20 November, concerns professionals from the farming world, whether employees, farmers or spouse

co-workers. This study set itself the following objectives:

- monitoring health and occupational exposure of workers and former workers over time;
- observing and describing the ties between the specific features of each occupation, working conditions and health problems;
- issuing recommendations regarding risk prevention for workers.

Using a volunteer system, the two cohorts respectively invited 300,000 RSI affiliates and 180,000 workers under the farming regime, all randomly selected, to fill out an online questionnaire on their health, lifestyle, working conditions, and current and past occupational exposure. The data

collected from workers will be completed by information regarding their healthcare and career, notably available from social protection bodies. The first results regarding self-employed workers and the agricultural professionals will be produced starting in 2019. The Coset epidemiological system will allow the health of workers to be monitored over many years •

1. It became the Sécurité sociale pour les indépendants on 1 January 2018.



METHOD, MONITORING SYSTEMS

SURVEILLANCE AND MONITORING AT THE HEART OF THE AGENCY'S MISSIONS

→ **THE AGENCY**

The purpose of health surveillance is to detect and anticipate risks for public health with a view to issuing warnings and taking early action. It is based on monitoring systems and the reporting and responsive analysis of indicators, which can constitute a danger for health. It also includes the monitoring of social networks and international surveillance, which identifies threats before they spread throughout the national territory. The responsive analysis of indicators from these various sources makes it possible to identify dangers and threats to health, in order to warn and propose management options to decision-makers (Ministry of Health and ARS (Regional Health Agencies)). It implies a permanent ability to analyse and assess (on a regional and national level), with the possibility of launching urgent investigations in the field.

Monitoring has broader objectives than alerts. In addition to the detection of health threats, monitoring makes it possible to assess the extent of health phenomena (obesity, tobacco, and chronic illnesses), track them over time and



space, characterise the affected people and populations and help to assess public health interventions. It is also interlinked with research. Organised in a system, it can be specific to a given field (cancer, tobacco addiction, infectious diseases, behaviour etc.) or non-specific (syndromic surveillance), and target the general population or specific vulnerable or priority populations. It takes the form of the production of indicators which give rise to objectives. Monitoring applies to all fields and health phenomena (mortality, morbidity, exposure, determinants of health, behaviour, attitudes and practices, perception etc.) •

TELECOMMUTING

Two major events in 2017: the entry into force of our internal regulations and the scale-up of telecommuting. It allows agents to better reconcile their professional and personal life while ensuring our objectives are fulfilled. At the end of 2017, a third of the agency's workforce worked from home."

ÉRIC AMAUDRY,
DIRECTOR OF THE HUMAN
RESOURCES DIVISION

MONITORING, PREVENTION

CALL FOR PROPOSALS FOR NATIONAL MONITORING AND PREVENTION MISSIONS FOR HEALTHCARE-ASSOCIATED INFECTIONS

→ **INFECTIOUS DISEASES**

The steering of the national missions of the Centres d'appui pour la prévention des infections associées aux soins¹ (CPias - Support Centres for the Prevention of Healthcare-Associated Infections) was entrusted to Santé publique France by decree No. 2017-129 of 3 February 2017. The agency therefore launched a call for projects to the CPias (for a five-year term, 2018-2023) for the implementation of national monitoring and prevention missions in the field of healthcare-associated infections and antibiotic resistance. To support Santé publique France in this project, the comité "Missions nationales infections associées aux soins" (CMNIAS - Committee dedicated to National Missions regarding Healthcare-Associated Infections) was created, with the following scope of work:

- defining the specifications of this call for projects;
- assessing the quality of the applications;
- assessing, every year, the CPias appointed based on their activity reports.

The CMNIAS also defined the areas of intervention of the CPias:

- monitoring and prevention of antibiotic resistance and healthcare-associated infections in the context of ambulatory care and the medico-social sector, as well as in healthcare establishments;
- monitoring and prevention of the risk of infection related to surgery and interventional medicine;
- monitoring and prevention of infections related to invasive procedures;
- supporting preventive measures regarding assessment, training, communication, and documentation. Certain national activities will remain part of Santé publique France's remit.

Notably:

- national coordination of the reporting of antibiotic resistance, directly related to the agency's alert missions; → national inquiries on prevalence (healthcare establishments, medico-social establishments and ambulatory care);
- monitoring of antibiotic use in ambulatory care;
- promoting vaccination and monitoring the vaccination coverage of healthcare professionals.

1. An infection is said to be associated with healthcare if it arises at the start or end of a patient's treatment (diagnostic, therapeutic, palliative, preventive, educative, surgical) by a healthcare professional.



LEAD POISONING, OCCUPATIONAL ILLNESS

CASES OF LEAD POISONING DIRECTLY OR INDIRECTLY RELATED TO OCCUPATIONAL EXPOSURE

→ **OCCUPATIONAL HEALTH**



Following the reporting of a case of lead poisoning in employees subcontracted to a large telephone company, assigned to renovating underground cable networks, as well as cases of lead poisoning in the children of at least one of these employees, an alert was launched by Santé publique France on 2 June 2017. Handled by the Occupational Health Alert Groups [1] of the region in question, the inquiry detected very high levels of lead in the blood (more than 359 µg/L) of three employees and one manager, the most seriously affected having lead levels of 1,115 µg/L (reference value: 85 µg/L in an adult male). This employee's children (aged 6 months to 12 years old) were also contaminated. As the environmental investigation conducted in this family did not detect any domestic or environmental source of exposure to lead, it was concluded that the exposure was indirectly linked to the father's occupational exposure, most likely due to

the transfer of lead dust from his workplace. Following this report, the French General Labour Department asked the telephone operator to take measures to control the exposure of its subcontractors' employees. The Occupational Health Inspectorate ensured that occupational physicians were informed, the regional health insurance funds took action to ensure that the principals made the subcontractors aware of the health risk related to the removal of used cables and imposed preventive measures •

1. The Occupational Health Alert Groups (Groupes d'alerte en santé travail Gast) are regional groups, organised from 2008 by the InVS (French Institute for Public Health Surveillance) to provide a rapid and suitable response to reported events, in collaboration with regional institutions and players (ARS, Direccte (French Regional Directorate for Companies, Competition, Consumption, Work and Employment), CHU (teaching hospitals)).

13
HEALTH EVENTS REPORTED BY THE GAST IN 2017

ARCHIVES

The Documentation, Monitoring and Archives Division provides internal training to agents regarding resources, tools and documentary and archiving practices. In 2017, it also created a unique online journal and database consultation tool - the Kiosque -, launched the project to merge documentary databases for the agency's publications, which will be uploaded to the intranet and Internet in 2018, and grouped together the archives and documentary resources of former establishments, i.e. **20 tonnes of paper.»**

CÉLINE DEROCHE,
DIRECTOR OF THE DOCUMENTATION AND ARCHIVES DIVISION

SCIENCE FROM STREET

Listening to the populations, carrying out studies, sharing knowledge... All of these actions help to develop knowledge about the population's health. Understanding behavioral, as well as the related environmental impacts, means preventing risks and sustainably promoting health.

AIR QUALITY, POLLUTION, FINE PARTICLES

THE AIR MONITORING AND HEALTH PROGRAMME IS CELEBRATING ITS 20TH ANNIVERSARY

→ **ENVIRONMENTAL HEALTH**

Santé publique France's Air Monitoring and Health Programme (Programme de Surveillance Air et Santé - PSAS -) was developed as a long-term programme to monitor the effects of atmospheric pollution on health. This programme tracks the evolution of scientific knowledge, regulations, pollution measures and health data, with the goal of responding as effectively as possible to societal expectations regarding the protection of the population's health. In order to do so, since 1997, in accordance with the Law on air and rational use of energy (LAURE*), the Psas has been monitoring and characterising the short and long-term effects of atmospheric pollution using various epidemiological tools. Today, around twenty cities, representing a population of 15 million people, take part in the programme which in twenty years has produced 120 quantitative health impact assessments (EQIS) on 55 French urban

areas. The PSAS also monitors emission reduction public policies - local, national and European - in order to determine the impact on health and provide its support regarding the management of air quality. This monitoring is carried out by Santé publique France and its Regional Intervention Units (Cire), in collaboration with a network of partners - in particular the ADEME (Agency for the Environment and Energy Management), the AASQA (Officially Approved Associations for Air Quality Surveillance), INSERM (French National Institute of Health and Medical Research), INERIS (National Institute for the Industrial Environment and Risks) and ORS Île-de-France (Regional Healthcare Observatory for the Paris region). All of these expert appraisals seek to ensure air quality •

1. Law No. 96-1236 of 30 December 1996 on air and the rational use of energy.



PSAS TIMELINE

- **1997:** launch of the PSAS in 9 cities.
- **1998-2004:** first studies carried out on the short-term effects of air pollution on mortality and hospitalisation.
- **1999-2004:** European project Apheis.
- **2004:** study of the relationships between temperatures, atmospheric pollution, and mortality in 9 French cities during the 2003 heatwave.
- **2008-2011:** European project Aphekom.
- **2010:** start of monitoring of the long-term effects of air pollution.
- **2011-2015:** the PSAS was extended from 9 to 20 cities
- **2016:** quantitative health impact assessment (EQIS) in mainland France.
- **September 2017:** presentation of the EQIS in the Arve valley.
- **December 2017:** presentation of the economic assessment of chronic exposure to fine particles on mortality in mainland France.

ENVIRONMENT

“Our activities seek to objectify the existence of a connection between environmental exposure and health impacts in order to take suitable preventive actions.”

SÉBASTIEN DENYS,
DIRECTOR OF
THE ENVIRONMENTAL
HEALTH DIVISION



BIOMONITORING
PUBLICATION OF VOLUME 2 OF THE PERINATAL COMPONENT

→
ENVIRONMENTAL HEALTH

While volume one of the perinatal component of the National Biomonitoring Programme sought to study the exposure of pregnant women to pollutants, in particular organic pollutants, in the environment (bisphenol A, phthalates, pesticides, dioxins etc.), this second volume analyses their exposure to metals and metalloids. In order to do so, this study - entrusted to Santé publique France by the French Ministry of Health and Ministry of the Environment - uses a sub-sample of a cohort of 4,145 pregnant women (who gave

birth in 2011), the results of which made it possible to produce, for the first time, reliable national indicators concerning exposure levels and methods, which constitute major public health issues.

Levels of thirteen metals and metalloids were measured - aluminium, antimony, total arsenic, cadmium, caesium, chrome, cobalt, tin, mercury, nickel, lead, uranium, vanadium - and with the exception of uranium, all were found in the body of these pregnant women, with the main sources of exposure being tobacco and food. For example, the mercury and arsenic levels, greater than those detected in other countries, can be partly explained by differences in behaviour, in particular a greater consumption of seafood. Moreover, the lead and mercury levels were lower than those previously measured in France. All of the results of the biomonitoring programme's perinatal component show that it is possible to take action, and in an even more effective way given that healthy limits have been defined •

PRECOCIOUS PUBERTY, ENVIRONMENTAL EXPOSURE, ENDOCRINE DISRUPTORS

RESULTS REGARDING PRECOCIOUS PUBERTY INCIDENCE DATA

HEALTH, ENVIRONMENT, NON COMMUNICABLE DISEASES AND TRAUMA

Precocious puberty is a condition characterised by the appearance of the clinical signs of puberty before the age of 8 in girls and 9 in boys. Precocious puberty can be central, by the early activation of the hypothalamic-pituitary axis, due to a brain (tumour, irradiation, trauma) or peripheral condition, related to rare genetic mutations, ovarian or adrenal tumours, or congenital adrenal hyperplasia. The most frequent form is idiopathic central precocious puberty (ICPP), i.e. central without an identified cause. It constitutes more than 90% of cases in girls.

Santé publique France has set up a national monitoring system for certain key indicators in an effort to establish possible connections with exposure to endocrine disruptors¹, based on the extent of proof in international literature. This includes precocious puberty and that is why a study was carried out in collaboration with the clinicians at Robert-Debré hospital in Paris, in order to describe the incidence of ICPP in girls and boys in mainland France. It shows that girls are ten times more affected than boys (between 2011 and 2013, 1,173 cases per year vs 117 cases) and highlights pronounced geographic heterogeneity, similar in girls and

boys (with high incidence rates around Toulouse and Lyon). This data suggests that risk factors affect large, adjacent areas, which would be compatible with environmental exposure, in particular to endocrine disruptors, or other geographically determined causes •

1. An endocrine disruptor is an exogenous substance or mixture that alters function(s) of the endocrine system and consequently causes adverse health effects in an intact organism, or its progeny, or (sub)populations (WHO definition).

3,871
CASES OF PRECOCIOUS PUBERTY RECORDED BETWEEN 2011 AND 2013



DATA PROCESSING

“Our data processing and analysis activities have led us to strengthen our personal data management policy and the related processing procedures.”

YANN LE STRAT,
HEAD OF THE SUPPORT AND DATA PROCESSING AND ANALYSIS DIVISION

BUDGET

“2017 was dedicated to ensuring the continuity and quality of accounting operations in the agency, through the versatility of our agents and increasingly cross-disciplinary nature of our services.”

VIRGINIE DUBOIS,
ACCOUNTING OFFICER

DATA PROCESSING AND ANALYSIS

NEW DATA DIVISION

SUPPORT AND DATA PROCESSING AND ANALYSIS



Having noted the underuse of some of the agency's data and the sometimes insufficient highlighting of the results, in 2016, the General Management tasked a work group with reflecting on the creation of a cross-disciplinary structure responsible for data, which would pool all the necessary resources internally. Having been the subject of two reports, then a prefiguration procedure led by Yann Le Strat, the creation of this new division was enacted by the vote of the Board of Directors on 23 November 2017.

The DATA's main missions are to provide support - regarding data processing and analysis - and allocate ad hoc skills to all division for their programming, manage "syndromic surveillance" and "modernise the collection, analysis and recovery of data", notably in order to make indicators available. The spheres of action of this new

division will apply to data management, statistical analysis, geomatics, metrology, the modernisation of information systems and computer applications. In order to do so, it is organised into three units:
→ "Applications, big data and syndromic surveillance";
→ "Support and methods for studies and investigations regarding monitoring";
→ "Support with the design, implementation, and use of investigations" •

REVIEW OF THE DEPLOYMENT OF THE ONLINE REPORTING TOOL E-DO

Thirty-three notifiable diseases (ND) require that Santé publique France be notified by means of a Cerfa form. In order to simplify this procedure, the online application tool e-DO was launched in April 2016. Currently, it is operational for HIV/aids and other NDs will be gradually added, the next in line being tuberculosis.

In 2017, 526 biologists and 325 clinicians signed up to use the tool. As for the number of declarations, it is constantly increasing, with 6,987 electronic declarations (63%), (compared to 4,034 paper declarations (37%)). These figures highlight the ability of notifiers and health authorities to adapt to this new system.

OVERWEIGHT, EXERCISE

ESTEBAN: RESULTS REGARDING CORPULENCE AND EXERCISE

→ NON-COMMUNICABLE DISEASES AND TRAUMA

17%
IS THE PERCENTAGE OF OVERWEIGHT ADULTS IN FRANCE, A FIGURE WHICH HAS REMAINED STABLE SINCE 2006

The objectives of the Esteban study 2014-2016

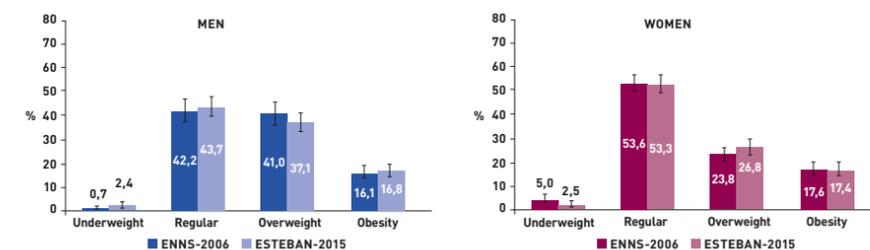
(Health study on the environment, biomonitoring, exercise and nutrition), conducted by Santé publique France, as part of the National Nutrition and Health Programme (Programme national nutrition santé - PNNS) are:

- to observe and analyse food consumption and the nutritional status of the population aged 6 to 17 and 18 to 74;
- to measure the level of physical activity (frequency, duration, intensity) and sedentary lifestyle (time spent inactive or in front of screens etc.) of this same population (6-74 years old).

The first two chapters of the Nutrition component of this study, published in 2017, delivered results. They showed that the prevalence of overweight and obesity, compared to the National Nutrition and Health Study (Etude nationale nutrition santé - ENNS -) conducted in 2006, has

stabilised. However, the prevalence of slimness increased from 8 to 13%, an increase which mainly concerned girls aged 11 to 14. Concerning exercise, in 2015, 53% of women, 70% of men, 28% of boys, and 18% of girls aged 6 to 17 fulfilled the recommendations of the World Health Organisation (WHO). However, these figures, compared to those of the ENNS, show that the level of physical activity of women, of all ages, decreased, while it increased in men aged 40 to 54. Almost 90% of adults stated that they were sedentary for 3 or more hours each day and 41% for more than 7 hours. As for children, physical inactivity considerably increased in children aged 6 to 10, remained significant in children aged 11 to 14, but tended to decrease in the 15-17 age group between 2006 and 2015. In fine, these results show rather low levels of activity and very high levels of sedentary lifestyle both in children and adults •

Distribution of body size of adults aged 18-74 according to sex, comparaison ENNS 2006/Esteban 2015



The corpulence accounts for the body mass index (bmi) expressed according to 4 classes (references who): underweight (bmi <18.5), normal (18.5 < bmi <25.0), overweight (25.0 < bmi <30.0) and obesity (bmi > 30.0).



FARMERS, PESTICIDES

AGRICULTURE AND THE INCIDENCE OF PARKINSON'S DISEASE

→ OCCUPATIONAL HEALTH



Since 2014, Santé publique France has been developing, in collaboration with INSERM (U10148, CESP - Centre de recherche en épidémiologie et santé des populations - Centre for research in epidemiology and public health) a monitoring programme for neurodegenerative diseases (Parkinson's disease, motor neuron disease, dementia, including Alzheimer's disease). It is in this context that a thesis (1) was submitted in order to determine whether there is a connection between the agricultural profession and the development of Parkinson's disease and estimate the risk, which we believe to be higher in this population. How? By comparing incidence in affiliates of the MSA and affiliates of other health insurance authorities. The comparison showed that with around 1,800 new cases of Parkinson's disease per year in farmers aged 55 and over, incidence is

13% higher than in the affiliates of other health insurance authorities. The authors of the works attribute the results - without excluding the role of other risk factors - to occupational exposure to pesticides, which led them to study the role of pesticides in a non-professional context, i.e. in people residing in farming regions. A slightly higher incidence was observed, in particular in wine-growing regions, including among people not working in agriculture. Currently, Santé publique France is conducting a study in order to characterise exposure of these local residents to pesticides •

1. Entitled "Relation between agricultural characteristics and two neurodegenerative diseases, Parkinson's disease and amyotrophic lateral sclerosis", this thesis was defended by Sofiane Kab at Paris-Saclay university.

REGIONS

"2017 was dedicated to enhancing Santé publique France's regional activities, with expertise brought closely into line with regional health policies and a strong shared culture reasserted with each meeting of the teams or during crises such as those experienced in the West Indies at the end of the year."

ANNE LAPORTE, DIRECTOR OF THE REGIONS DIVISION

FINANCES

During this post-merger period, we adopted a budgetary, accounting, and financial risk management approach, initiated Santé publique France's future purchasing policy and optimised the management of travel with the use of online bookings."

VIVIANNE FOUCOULT, DIRECTOR OF THE PURCHASING AND CONTROL OF EXPENDITURES DIVISION

STUDIES

“We conduct studies in order to better understand the connection between non-communicable diseases and their main risk factors. These increasingly precise indicators allow the management and assessment of public policies in close proximity with the populations.”

ANNE GALLAY,
DIRECTOR OF THE
NON-COMMUNICABLE
DISEASES AND TRAUMA
DIVISION

INFORMATION TECHNOLOGY

“2017 saw the creation and deployment of the virtual desktop solution for the first three CIRE managing this project and the launch of the DSI (Information Systems Division) reorganisation project, taking the form, notably regarding support, of significant improvements in the continuity of call handling and their qualification.”

PAUL-HENRI LAMPE, DIRECTOR
OF THE INFORMATION SYSTEMS
DIVISION



HIV, GAY CRUISING SPOTS

**HIV: FIRST RESULTS
OF THE PRÉVAGAY
STUDY**



INFECTIOUS DISEASES

The Prévagay study [1] was conducted from September to December 2015 in five French cities - Lille, Lyon, Montpellier, Nice and Paris - on men who have sex with men (MSM) and who frequent gay cruising spots (bars, saunas, backrooms), with the main objective of estimating the prevalence of HIV in this population and describing preventive behaviour. This study took place in a specific epidemiological context: while prevention has evolved (prevention incorporating both behavioural measures, screening strategies and anti-retroviral treatments), MSM constitute the only group where the number of new cases of HIV diagnosed is not decreasing, and where the systematic use of condoms is decreasing. In total, 2,646 MSM took part in the Prévagay study, by taking a few drops of blood from their fingertip, placed on blotting paper, and answering an

anonymous questionnaire about their behaviour. The data collected estimates a high prevalence of HIV (14.3%) with variations depending on the city. The population surveyed, from five cities, is relatively well screened and benefits from good access to therapeutic treatment, thus meeting UNAID's [2] first two objectives. For the authors of this study, these positive results must, nonetheless, be put into perspective as they only concern a specific group of MSM and the incidence of HIV remains high •

1. This study was carried out in partnership with the Centres nationaux de référence (CNR - National Reference Centres) for HIV and hepatitis B, C and Delta viruses, with the Équipe nationale d'intervention en prévention et santé pour les entreprises (Enipse - National Team for Preventive Measures and Health in the Workplace) and INSERM, with the financial support of the ANRS (France Recherche Nord & Sud sida-HIV hépatites) (National Agency for Research into Aids and Viral Hepatitis), Sidaction and the Regional Health Agencies of the five cities concerned.
2. These two objectives seek to ensure that 90% of people living with HIV are aware of their seropositivity and that 90% of those infected with and having been screened for HIV receive a lasting antiretroviral treatment by 2020.

MORTALITY, CANCER

PREDICTION OF INCIDENCE AND MORTALITY DUE TO CANCER IN MAINLAND FRANCE IN 2017

NON-COMMUNICABLE DISEASES AND TRAUMA

In line with objective 15 of the Cancer Plan 2014-2019, the purpose of the predictions of cancer incidence and mortality is to estimate the number of new cases/deaths on a national level in order to quickly understand the population's needs in terms of treatment. This statistical modelling, based on the data collected by the cancer registers of the FRANCIM network and those on mortality provided by the CépiDc-INSERM [1] for the period 1975-2013, is carried out in the context of the Partnership Work Programme (Programme de travail partenarial - PTP) involving Francim/Hospices civils de Lyon/Santé publique France/Institut national du cancer.

Nineteen solid tumours were analysed - and for the first time mortality projections were produced for liver cancer - based on three scenarios for the evolution of incidence and mortality between 2013 and 2017. As a result, the number of new cases of cancer for 2017 was estimated at 214,000 in men and 186,000 in women, and the number of deaths, 84,000 and 66,000 respectively. Prostate, lung and colorectal cancer are, in that order, the most frequent cancers in men and result in the greatest number of deaths. In women, breast, lung and colorectal cancer are the most common. Lung cancer is becoming the first cause of female cancer mortality •

1. Centre d'épidémiologie sur les causes médicales de décès (Centre for Epidemiology on the Medical Causes of Death) /Institut national de la santé et de la recherche médicale (French National Institute of Health and Medical Research)



HEALTH, POPULATION

HEALTH OF THE FRENCH POPULATION



NON-COMMUNICABLE DISEASES AND TRAUMA

200

HEALTH INDICATORS REGARDING THE FRENCH POPULATION IN THE 2017 EDITION OF THE REPORT "HEALTH OF THE FRENCH POPULATION"

The 2017 edition of the report on "The Health of the French Population" was published on 11 May. This year, this document focuses in particular on regional data and social inequalities when it comes to health. In order to do so, 18 regional profiles, completing the regional indicators of the various chapters, as well as a socio-health typology of the territories - created with the help of the National Federation of Regional Health Observatories (Fédération nationale des observatoires régionaux de santé - FNORS -) and the ORS network - were drawn up, making it possible to better understand socio-territorial differences. In total, this publication provides more than 200 indicators, summarised in an infographic available on www.santepubliquefrance.fr •

YOUNG PEOPLE, NUTRITION, EXERCISE

DIET AND EXERCISE OF YOUNG PEOPLE:
REVIEW OF ACTIONS TAKEN AND PROPOSED
AREAS FOR IMPROVEMENT

→
HEALTH PROMOTION
AND PREVENTION

Action 11.6 of the Cancer Plan 2014-2019, managed by Santé publique France, seeks to develop and promote, from primary school, education regarding nutrition and exercise, in particular during extracurricular time. In order to do so, the agency identified measures taken in this area in France (in 2013-2014) and compared this data with data in literature in order to make proposals regarding prevention and the promotion of diet and exercise. In view of the effectiveness criteria of the measures mentioned in

literature, the analysis of measures identified highlighted the need to further promote measures concerning the environment and involving parents. In this respect, and in order to facilitate the deployment of the most effective measures for various determinants of health, Santé publique France is working on the creation of a register listing said measures and which provides players in the field with all the information necessary for their implementation. •

KEY FIGURES

- **46% of measures concern both food and exercise.**
- **34% last one year or longer.**
- **68% are implemented in the school environment.**
- **21% involve parents.**
- **96% of measures identified concern individual determinants, 28% interpersonal determinants (involvement of parents, intergenerational workshops etc.), 10% concern environmental determinants (improvement of the food offer, creation of an environment conducive to exercise).**



SHARING EXPERIENCES

LES RENCONTRES
DE SANTÉ PUBLIQUE
FRANCE

→ GENERAL MANAGEMENT

Les Rencontres de santé publique (Santé publique's encounters) (30-31 May 2017) and les Rencontres de la réserve (The Reserve's encounters) (1 June), organised by Agnès Buzyn, Minister of Solidarity and Health, brought together a thousand participants, professionals from the health, social, education, institutional, scientific, association and reservist sectors. The common theme of these days, "Individual and collective determinants, what are the driving forces for action?" was adopted for plenary conferences, in workshops and sessions, which all provide opportunities to share experiences regarding health monitoring and preventive and intervention measures.

During the sessions on 30 and 31 May, several themes were discussed ("alcohol and pregnancy", "breast cancer screening", "the effects of endocrine disruptors on health" etc.) and three workshops were dedicated to the strategy regarding preventing social inequalities when it comes to health, the response to local public health needs and the establishment of a dialogue with stakeholders. As for the session on 1 June, it allowed participants to understand, through concrete examples of intervention, the diversity of professions at the Réserve sanitaire (Health Reserve), the multitude of interventions and interdisciplinary nature of methods •

Find the sessions on
www.rencontresantepubliquefrance.fr

THE HEARINGS

NATIONAL ASSEMBLY

- Vaccination obligation for children under 24 months, *September*.
- Finance Commission – Finance Bill 2018-R38-Health, *October*.
- Round table regarding tobacco taxation, *October*.
- Inter-inspection mission on the use of phytosanitary products, *November*.

MISSIONS OF THE IGAS
(GENERAL INSPECTORATE
OF SOCIAL AFFAIRS)

- Health and exercise mission, *April*.
- Mission regarding the GPEEC (gestion prévisionnelle des emplois, des effectifs et des compétences - provisional management of jobs, staff and expertise), *September*.
- Mission regarding the Observatory for Food or the assessment of public health nutrition policies, *November*.
- Mission regarding health assistance by medical students, *December*.

MISSIONS OF THE IGAS
AND INSPECTORATE
BODIES

- Mission regarding the prefiguration of a compensation scheme for victims of pharmaceutical products (CGAAER -General Council for Food, Agriculture and Rural Space) - IGF (General Inspectorate for Finance) - Igas mission), July.
- General economic and financial control mission - request for an interview on the assessment of the creation of Santé publique France (Ates mission), September.
- Mission regarding governmental communication (IGA (General Inspectorate of Administrative Affairs), IGAS, IGF mission), October.

COURT OF AUDITORS

- Monitoring of recommendations regarding alcohol made by the Court of Auditors, *March*.
- The vaccination policy, *June*.
- Inquiry into pricing systems for accidents in the workplace and occupational illnesses, *October*.
- Response to the inquiry into cardio-/neurovascular diseases, *October*

COUNCIL OF STATE

- Intervention on the theme "Health and data security".

TALKING ACTION

Taking action means both being 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 the evolution of behaviour and creating the conditions for better health.



**SUPPORT,
HEALTH RESERVE**

**MOBILISATION
FOLLOWING THE
HURRICANES IN THE
WEST INDIES**

→
ALERTS AND CRISES

In September 2017, Hurricanes Irma, Maria and José hit the West Indies, causing considerable material damage. As the treatment offer on-site was affected, the various units of the Alert and Crisis Division (DAC) were quickly mobilised at the request of the Ministry of Health and this continued until December 2017. The Health Reserve unit ensured the mobilisation of hundreds of professionals in order to meet the requests for support made by the local health authorities. In total, more than 500 medical reservists from 24 different professions (epidemiologists, hospital directors, health and environment engineer, doctors, nurses, nursing auxiliaries, logisticians, coordinators etc.) worked in shifts on-site, i.e. around forty teams. These professionals helped local authorities and care and medico-psychological teams working with the residents of Saint-Martin and Saint-

Barthélemy. In parallel, the Pharmaceutical Establishment unit purchased, stored and transported the necessary products and equipment in response to this exceptional situation. For Saint Martin and Saint-Barthélemy, 12 tons of products and equipment (medical devices, repellents, vaccines, medicinal products etc.) were deployed. The alert and crisis coordination unit provided its expertise in epidemiology and prevention by assessing the health risks, monitoring the epidemiological situation, and giving daily updates and weekly summaries on the situation in Saint-Martin and Saint-Barthélemy •

+500
RESERVISTS FROM
24 DIFFERENT
OCCUPATIONS MOBILISED

PROTECTION

“We organise the management of exceptional health situations and to this end, we have professional, motivated and responsive teams which take every measure to anticipate and respond to these situations. It is the agency’s responsibility given the population’s expectations regarding protection.”

NICOLE PELLETIER,
DIRECTOR OF THE ALERT
AND CRISIS DIVISION

MANAGEMENT, HEALTH RESERVE

**SUPPORT FOR THE EXCEPTIONAL MENINGOCOCCUS W135
VACCINATION CAMPAIGN IN DIJON**

→ **ALERTS AND CRISES**

The Health Reserve unit mobilises healthcare professionals to help official structures (hospitals, ARS, embassies etc.) when an exceptional health situation results in a request for human support. In 2017, it provided methodological and human support to the Bourgogne-Franche-Comté ARS responsible for organising an exceptional vaccination campaign on the university campus in Dijon. At the end of 2016, a meningococcal epidemic was reported among students at the University of Bourgogne in Dijon. The Bourgogne-Franche-Comté Regional Healthcare Agency launched a large-scale vaccination campaign. Numerous players at Santé publique France offered the ARS support during this period: the Regions Division, (and the Regional Intervention Unit), the Division of Infectious Diseases, the Division of Healthcare Promotion and Prevention, the Communication and Dialogue with Society Division, the Alert and Crisis Division. Within the Alert and Crisis Division, the Health Reserve unit ensured the mobilisation of around fifteen reservists - nursing students, medical regulation assistants, nurses, doctors, epidemiologists etc.

**THE RESERVISTS PROVIDED HELP IN
THREE DIFFERENT WAYS:**

- **Support for the ARS in the organisation of the campaign,** management of the vaccination centre and in verifying that the target population understood and was satisfied during the campaign;
- **Support for the ARS in the management of the toll-phone number:** organisation of the telephone platform and response to the users; (see CIRE action 1 page 43)

→ **Backup of local teams**

(University hospital and army hospital teams) responsible for vaccinations (welcome, medical assessment, vaccination, traceability) in a dedicated vaccination centre set up on campus.

During the first month, more than 500 calls were handled via the toll-phone number and 14,000 people were vaccinated. These missions, requiring extensive backup in the short term, are typical of missions for which the Alert and Crisis Division prepares itself on a daily basis. These missions are essential for public health •



Visit: www.vaccination-info-service.fr



PHARMACEUTICAL FACILITY

IMPLEMENTATION OF A TACTICAL STOCK MANAGEMENT TOOL - SIGESSE

→ **ALERTS AND CRISES**

Santé publique France's Pharmaceutical Facility manages the strategic stock of medicinal products and health products on behalf of the State. Its role is to acquire, store and organise, as may be relevant, the distribution of the necessary products provided for in the national health threat response plans. In parallel, the Pharmaceutical Establishment supports Regional Health Agencies (ARS) and healthcare establishments with the management of their tactical resources.

Part of the SAMU and managed by its own establishments, the tactical resources are dedicated to enhancing:

- the scope of intervention of the emergency medical aid for the treatment of numerous victims during exceptional health situations;
- the pharmaceutical stocks of a healthcare establishment in the context of a French white plan.

That is why, along with the zone ARS and healthcare establishments, the Pharmaceutical Establishment developed the SIGeSSE software (information and management system for exceptional health situations"), which allows:

- the real-time monitoring of tactical stocks (product reference documents, indication of products and missing quantities etc.);
- access to indications on the availability of batches and their localisation.

92 healthcare facilities now use this tool to manage their stock on an everyday basis. The regional (ARS), zone (ARSZ, zone SAMU) and national authorities (Santé publique France, DGS), at all times have access to exhaustive, immediate and uniform information on the availability of these resources throughout the entire territory •

ASSISTANCE

"In 2017, the major challenge was to complete integration in the agency, in particular in terms of human resources management, the listening activity which includes specific constraints (night, weekend or shift work, uninterrupted service etc.)"

VÉRONIQUE BONY,
DIRECTOR OF THE SUPPORT AND DISSEMINATION TO THE PUBLIC DIVISION

ASSESSMENT

"Improving the scientific quality of our works through assessment, developing new expertise through training, organising the sharing of experience within the agency and with our foreign colleagues, in particular from western Africa, who we need to support through training."

ANNE-CATHERINE VISO,
DIRECTOR OF THE SCIENTIFIC AND INTERNATIONAL OFFICE

LISTENING, SUPPORT

2017 REPORT

→ **SUPPORT AND DISSEMINATION TO THE PUBLIC**

The Support and Dissemination to the Public Division (DADP) provides a direct service to the public via remote assistance or the distribution of prevention tools (printing of brochures, posters etc., and distribution of free condoms). In terms of remote support, the DADP finances external systems, but also proposes three internal systems used in the field of addictions: Drogues Info Service, Alcool Info Service and Joueurs Info Service, which offer telephone hotlines and websites. The call centres, situated in Lille, Marseilles, Toulouse and Strasbourg responded to more than 93,000 requests in 2017 (calls, chats or question-answers).

While telephone calls remain the main means of communication, use of the chat service is constantly increasing. In total, more than 25,000 discussions have taken place since 2013, with chats increasing from 1,500 in 2013 to more than 7,000 in 2017. Chats notably make it possible to reach a younger public; under 30s represent more than 50% of chatters while they represent only 34% of callers. Forums are another tool proposed via the websites. Older than chats, they allow Internet users to discuss the problems they encounter. Contributions increased from 350 in 2010 to more than 4,400 in 2017. Particularly used by alcohol consumers, in 2017, the forums provided an area for codeine consumers to talk (see box) •

CLOSE-UP ON CODEINE

Misuse of medicinal products containing codeine by teenagers in a festive environment (purple drink) led to the suspension of the free sale of these medicinal products. Since 17 July, it has been necessary to have a prescription to acquire these products. Those people who have regularly consumed these products for years have suddenly been forced to stop taking them. Faced with this imposed withdrawal, they turned to Drogues Info Service, which has seen an increase in requests - from 2 to 10, then 15 per day - since 17 July. At the end of July, contributions to forums on this topic increased from 0 to more than 40 per week.



LISTENING, SMOKING CESSATION

SECOND EDITION OF #MOISSANSTABAC (#MEWITHOUTTOBACCO)

→ HEALTH PROMOTION AND PREVENTION

Following the success of its first edition, the Ministry of Solidarity and Health and Santé publique France, in partnership with the public health insurance authority, reiterated the social marketing operation #MoisSansTabac throughout the entire month of November 2017. By preserving the positive attitude and using humour, emphasis was placed on the collective momentum. Therefore, on social networks, 16 theme-based teams were created - on the basis of the lifestyle of the participants (home birds, partygoers etc.), the method used to help stop smoking (patch, coaching, vaping, etc.) or reasons for stopping (for my children, family etc.) - and 17 regional teams, allowing each participant to join a team (or create their own team within a company for example). From October, an entire communication campaign was implemented: a mobile fan zone, a fun, interactive space, stopped off in 12 major cities (Amiens, Angers, Brest, Bordeaux, Dijon, Marseilles, Paris, Rouen, Saint-Étienne, Toulouse, Tours and Metz), radio and TV adverts, web banners and a 6-episode online series in partnership with France télévision entitled Quand Laurent décide d'arrêter la cigarette! (When Laurent decided to stop smoking!), with Laurent Romejko coached by his friend Michel Cymes... Other actions, both national and regional, were taken, like those of sport partners also at the heart of the #MoisSansTabac. Numerous sports leagues and federations took part: The national rugby league, national volleyball league, French basketball federation, French handball federation,

French federation for multisport clubs and French federation for sports for all. For example, the professional football league deployed a strong communication campaign around the #MoisSansTabac operation: 22 clubs (55%) publicised the operation. The results of this second edition show the strong mobilisation of the participants and the collective enthusiasm it generated: more than 158,000 people signed up, 707,438 quit smoking kits were distributed, the website Tabac Info Service was visited by 1.2 million unique visitors, and the Tabac Info Service telephone line, 3989, received 12,540 calls. On social networks, the Tabac Info Service Facebook page #MoisSansTabac has 102,787 fans and finally, the coaching application was downloaded 105,633 times. •



Visit www.tabac-info-service.fr

INFECTIOUS DISEASES

“In 2017, the Infectious Diseases Division mobilised its expertise to support public policies regarding the investigation and management of numerous epidemics (meningitis, measles, hepatitis A, Salmonella Agona etc.) and the monitoring of all infectious diseases (from HIV to antibiotic resistance as well as arboviruses or vaccination coverage). The Infectious Diseases Division also continued and strengthened its partnerships, with the renewal of National Reference Centres, by holding a seminar with infectious disease specialists and issuing a call for projects for national missions led by the Support Centres for the Prevention of Healthcare-Associated Infections (Centres d'appui à la prévention des infections associées aux soins -CPIas).”

BRUNO COIGNARD,
DIRECTOR OF THE INFECTIOUS
DISEASES DIVISION

EPIDEMIC, FORMULA MILK

SALMONELLA AGONA EPIDEMIC

→ INFECTIOUS DISEASES

Several years ago, Santé publique France and the National Salmonella Reference Centre (CNR-Salm) used historical data to establish detection and threshold overrunning algorithms for each serotype of human salmonellosis. They are used each week to look for unusual increases or grouped cases of strains of a specific serotype from the strains received by the CNR-Salm. This led Santé publique France to trigger an alert on 1 December, following identification by the CNR-Salm of 8 cases of Salmonella Agona in newborns aged 8 days. Working along with the CNR, the French Directorate General for Competition, Consumer Affairs and Prevention of Fraud Direction générale de la concurrence, de la consommation et de la répression des fraudes - DGCCRF) and the General Directorate for Health (Direction générale de la santé - DGS), Santé publique France's epidemiologists questioned the children's parents about any exposure likely to have been a source

of contamination by salmonella: food, drink, contact with cases of diarrhoea among family and friends, contact with animals etc. The preliminary results of the investigation strongly suggest that the milk sold by three different brands, all produced on the same site, were behind these infections, and resulted in the withdrawal and immediate recall of the 12 batches concerned. A contaminated newborn who had consumed milk belonging to another batch, but produced on the same site, before developing symptoms, was then identified by the CNR. In parallel, the inspection of the factory revealed contamination in the factory environment. The Minister for Economic Affairs and Finances then recalled all milk produced since February 2017 and suspended marketing and exports. Two toll-free numbers were set up: one to respond to questions from parents whose children had consumed one of the products recalled, the other to give health recommendations and reiterate hygiene principles •



SCREENING

HIV: A NEW CAMPAIGN TO ENCOURAGE HIV SCREENING

→ HEALTH PROMOTION AND PREVENTION

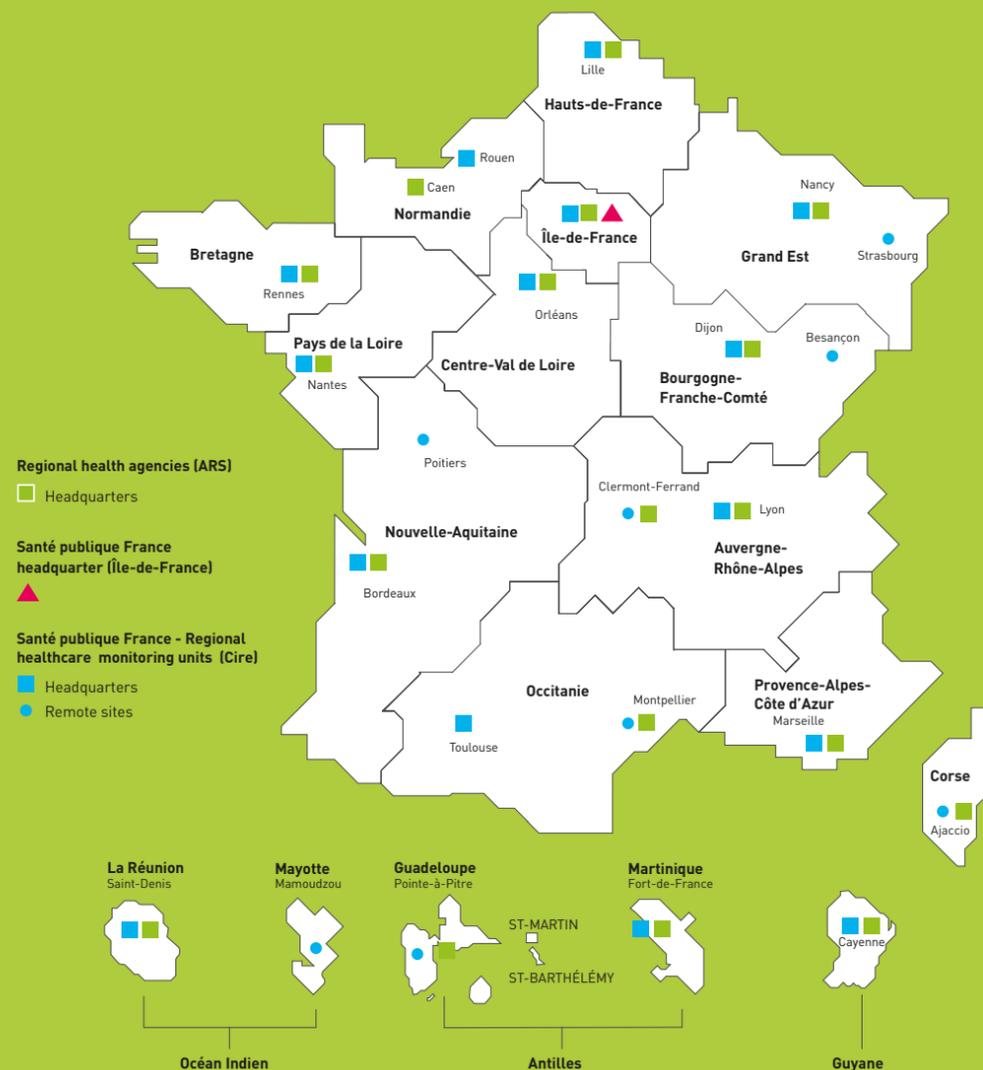


To mark World Aids Day (1 December 2017), Santé publique France published updated data on HIV infections and bacterial sexually transmitted infections in France. Along with the Ministry of Solidarity and Health and the public health insurance authority, the agency also launched a new prevention campaign - to encourage the diversity of the HIV screening offer: serology, Rapid Diagnostic Guidance Tests (RDGT), self-testing etc. The campaign was deployed on posters, in the press and online. Targeting everyone, in particular the most exposed populations, the purpose of this campaign was to remove barriers to screening, whether psychological, namely the stress of waiting for results or the fear of being stigmatised, or more everyday life, such as lack of time or difficulty obtaining an appointment. Five visuals, each representing a target population in everyday life, highlighted the advantages of each HIV screening method •

Visit www.sexosafe.fr

TAKING ACTION IN THE REGIONS

IN RECENT YEARS, THE REGIONAL INTERVENTION UNITS (CIRE) HAVE SEEN AN EVOLUTION IN THEIR ACTIVITIES, THROUGH THE REFOCUSING OF THE MONITORING ACTIVITY REGARDING UNUSUAL OR COMPLEX EVENTS, OR EVENTS REQUIRING AN IN-DEPTH EXPERT APPRAISAL, THROUGH THE INCREASE OF THE THEME-BASED AND TERRITORIAL DATA OFFER REGARDING THE STATE'S SURVEILLANCE OF HEALTH AND THROUGH THE REGIONAL OFFER OF EXPERTISE AND SKILLS NECESSARY FOR THE DEVELOPMENT AND ASSESSMENT OF SANTÉ PUBLIQUE'S INTERVENTIONS



01

OUTBREAK OF SEROGROUP B AND W MENINGOCOCCAL DISEASE IN 2017: FROM DETECTION TO THE ASSESSMENT OF SANTÉ PUBLIQUE FRANCE INTERVENTION

BOURGOGNE-FRANCHE-COMTÉ, BRITTANY AND ÎLE-DE-FRANCE INTERVENTION UNITS

Three meningococcal meningitis warning signs were detected in Dijon, in the east of the Côtes-d'Armor region and in Paris. The CIRE, along with the business line departments, carried out their new missions by providing support to the ARSs in the areas of monitoring, the detection of aggregates, triggering of alerts, and definition of the population to vaccinate, communication with the target public, intervention of the Health Reserve and the assessment of vaccination campaigns. (See intervention of reservists page 37)

02

HEALTH IMPACTS OF ATMOSPHERIC POLLUTION IN THE ARVE VALLEY

AUVERGNE-RHÔNE-ALPES CIRE

In response to strong local expectations, in 2016-2017, the Environmental Health Division and the Auvergne-Rhône-Alpes CIRE, in partnership with ATMP ARA (Association for the monitoring of air quality in the Auvergne-Rhône-Alpes region), carried out a quantitative assessment of the health impact of atmospheric pollution in the Arve valley between 2012-2013. The results confirmed the substantial impact of fine particles (PM 2.5) on the mortality of inhabitants in the valley. They were presented in September 2017 in Chamonix in the presence of three ministers (Solidarity and Health, Ecological and Sustainable Transition, Transport).

03

STUDIES CONDUCTED AROUND THE ALTEO INDUSTRIAL SITE IN GARDANNE (13)

PACA-CORSE CIRE

In February 2017, the Directorate-General for Health and Labour asked Santé publique France to assess the relevance and feasibility of carrying out an epidemiological investigation on populations exposed to the activity of the Altéo factory, in Gardanne, and the factory's employees. Among the studies proposed, the site monitoring commission specialised in "Land", which met at the end of 2017, asked that two studies be carried out in 2018 on the context and local expectations, and on mortality.

04

THE GROUPE D'ÉCHANGE DE PRATIQUES PROFESSIONNELLES (GEPP - EXCHANGE GROUP ON PROFESSIONAL PRACTICES) ASSESSMENT OF THE MONITORING OF ACUTE RESPIRATORY INFECTIONS (ARIS) AND ACUTE GASTROENTERITIS (AGE)

PAYS DE LA LOIRE CIRE

In 2017, the GEPP's assessment, coordinated by the Pays de la Loire CIRE, on the monitoring of AGE and ARIs in health care facilities for dependent elderly individuals (Ehpad), demonstrated the very positive impact of this approach both on the collaborative momentum between CIREs and the quality of the tools produced for local players. The results in terms of the rationalisation of resources and improving practices led to the Gepp being proposed as an operating model for other themes within Santé publique France.

REFERRALS TO THE ARS

1. Cluster of serious illnesses in the personnel of a school in Solliès-Toucas - PACA ARS - 09/12/16
2. Study on a potential link between prostrate problems and chemical products - PACA ARS - 19/12/16
3. Outdoor air quality in Auvergne- Rhône-Alpes - Auvergne-Rhône-Alpes ARS - 30/12/16
4. Descriptive study on cancers near the Ocréal incinerator - Occitanie ARS - 17/01/17
5. Unexplained collective syndrome at the DRAAF (Regional Directorate for Food, Agriculture and Forestry) in Chalon-en-Champagne - Grand Est ARS - 16/02/17
6. Hydrogen sulfide emissions in Saint-Palais - Centre-Val de Loire ARS - 09/01/17
7. Management of sites polluted by mining activities - Auvergne-Rhône-Alpes ARS - 25/01/17
8. Expert appraisal of the methodology and results of the Fos Epséal study - PACA ARS - 03/03/17
9. Echillais waste incineration factory - questions about the impact on human health - Nouvelle-Aquitaine ARS - 16/03/17
10. Work group on the monitoring of health in the population around the CiGéo project - Grand Est ARS - 14/03/17
11. Atmospheric pollution and environmental exposure related to waste processing activities - Châtenois storage centre for non-hazardous waste - Grand Est ARS - 24/04/17
12. Health impacts of manure spreading - Île-de-France ARS - 30/05/17
13. Health impact of the factory's atmospheric emissions - PACA ARS - 22/06/17
14. Request for technical support concerning the health situation in proximity to the active industrial site (Montreuil SNEM) - Île-de-France ARS - 03/07/17
15. Creation of a committee of experts to define the metal concentration alert thresholds requiring soil rehabilitation measures in Viviez - Occitanie ARS - 17/07/17
16. Request for support with the INDEX and DIAB13 studies - PACA ARS - 11/07/17
17. Request for an opinion - Health consequences - Fire at AM Environnement - Corsica ARS - 29/08/17
18. Exposure to pesticides, a health risk which is increasingly well assessed by epidemiological studies - Bourgogne-Franche-Comté ARS - 12/09/17
19. Increase in the number of cases of cancer in Férin - Île-de-France ARS - 08/11/17
20. Pollution of the environment near an ICPE (Facilities subject to restrictions relating to environmental protection) in Pomponne - Île-de-France ARS - 16/11/17
21. Rehabilitation project for the Saint-Exupéry college in Vincennes - Île-de-France ARS - 24/11/17
22. Assessment of the health risks related to the Sano company in Aramon (30) - Occitanie ARS - 07/12/17
23. Whooping cough vaccination coverage - Normandy ARS - 04/12/17
24. Intoxication of pupils at Gustave-Violet college in Prades - Occitanie ARS - 06/10/17
25. Health impacts of activities at the Guiana Space Centre

05
HEPATITIS A EPIDEMIC IN 2017 AND TARGETED VACCINATION CAMPAIGNS IN THE CIRE REGIONS

A hepatitis A epidemic particularly affected men who had sexual relations with men (MSM) in 2017 and widely impacted the regions (Auvergne, Rhône-Alpes, Hauts-de-France, Île-de-France, Normandie, Nouvelle-Aquitaine, Occitanie and PACA). The epidemic reached a peak this summer in most regions. Since then, while the number of new cases has been decreasing, cases in males are still predominant. Santé publique France supported, through dating social media sites, vaccination information and promotion actions regarding MSM led by the ARS via the CeGIDD (Free information, screening and diagnosis centre), the Corevih, their networks and associations.

06
FRANCO-BELGIAN EPIDEMIC OF FLU-LIKE SYNDROMES IN A POTATO PROCESSING FACTORY
HAUTS-DE-FRANCE CIRE

During the summer, grouped cases of flu-like syndromes were observed in employees of a potato-processing factory situated at the Franco-Belgian border. More than one hundred employees visited French and Belgian A&E departments between the end of July and the start of August. Based on the clinical elements and results of investigations coordinated by the Hauts-de-France CIRE along with the ARS, the diagnosis of Pontiac fever (benign legionella infection) was reached.

07
MONITORING SYSTEM FOR WATERBORNE AGE: REVIEW OF THE PILOT STUDY IN 7 FRENCH DÉPARTEMENTS
OCCITANIE CIRE

The study seeks to assess the feasibility of monitoring waterborne epidemics throughout the whole of France. Aggregates of acute gastroenteritis cases were selected and field studies were carried out in order to assess their waterborne plausibility based on microbiological, meteorological and environmental arguments. The 67 aggregates selected in 2014 and 2015 involved almost one million exposed individuals. For half of them, it was possible that the source of infection was waterborne.

08
HEALTH IMPACT OF A DROUGHT IN MAYOTTE
INDIAN OCEAN CIRE

From December 2016 until March 2017, Mayotte experienced an unprecedented drought. More than 65,000 people, i.e. 31% of the island's population, were deprived of water for four months. An enhanced epidemiological monitoring system was implemented by the CIRE in order to detect a possible deterioration of the health situation. This made it possible to highlight a very substantial increase in consultations for acute diarrhoea in the area impacted by water restrictions.

09
MEASLES EPIDEMIC IN THE MOSELLE DÉPARTEMENT
GRAND EST CIRE

Between January and April 2017, 69 cases of measles were identified in the Metz and Forbach sectors: 62% were not vaccinated, 54% were under 5, 23% were nosocomial cases and one case suffered from a neurological complication. This episode was caused by insufficient vaccination coverage among the paediatric medical staff and the precarious migrant populations, as well as the difficulty managing treatment in a hospital setting (notably waiting areas).

10
Q FEVER OUTBREAK RELATED TO VISITING A FARM OPEN TO THE PUBLIC,
CENTRE-VAL DE LOIRE CIRE

Following the reporting of 2 cases of *Coxiella burnetii* in June 2017, a joint investigation by the Cires and the Infectious Diseases Division, made it possible to identify 15 confirmed cases and 15 suspected cases of Q fever along the 139 people questioned, related to visiting a farm open to the public. Those at risk of complications benefited from suitable treatment. This investigation illustrates the necessity of raising awareness among farmers and farms welcoming the public.

MISI: A CROSS-DISCIPLINARY MISSION

Reporting to the General Management, the Scientific and International Office (Mission scientifique et internationale - MiSi) leads and coordinates Santé publique France's scientific strategy, as well as its interactions with research. It coordinates several cross-disciplinary duties supporting scientific and health assessment activities:

- prevention and management of conflicts of interest;
- scientific training; - supervision of the assessment process; - ranking of programmes and projects. It is also responsible for the administrative elements of the two governing bodies, the Scientific Board (CS) and the Ethics and Deontology Committee (CED).

THE SCIENTIFIC BOARD

Under the chairmanship of Prof Philippe Quénel, the Scientific Board issued two important opinions in November 2017: one on the 2018-2022 work programme and the other on the performance contract 2018-2022.

PREVENTION AND MANAGEMENT OF CONFLICTS OF INTEREST

The Internal Ethics Committee (Comité interne de déontologie - CID), responsible for examining the public declarations of interest from agents and external partners and developing good practices regarding professional conduct, in particular in terms of relations with the private sector, was created on 31 March 2017. The CID issued opinions for the attention of the directorate general regarding 71 public declarations of interest from external partners (out of a total of 477).

Martine Bungener was elected chairwoman of the CED on 24 January 2017. The CED issued its opinion regarding the organisation of the agency with respect to professional conduct for external partners and agents, prior to the deliberation of the Board of Directors of 12 March 2017, as provided for by the texts governing the creation of the agency. Frédérique Claudot was appointed Compliance Officer by the Director General, under decree No. 2016-779 of 10 June 2016 regarding compliance officers in authorities and health bodies.

DEVELOPING EXPERTISE

For Santé publique France, creating its first expert committees was a priority. Three committees were active in 2017, a fourth was created in 2017 and will be established in 2018: - The "Alcohol" expert committee, jointly created with the French National Cancer Institute (InCA) to meet a joint request by the DGS and the Mildeca, issued its "Opinion on the evolution of the public discourse on alcohol consumption in France": (www.santepubliquefrance.fr > The agency > Expert opinion French version)

- Two expert committees were established in June 2017:
→ an expert committee regarding the "Strategy for developing a series of medical countermeasures in the context of an influenza pandemic";
→ an expert committee regarding "Territorial health facilities in an exceptional public health situation".
- an expert committee regarding "Preventive healthcare and health promotion" was appointed in November 2017.
In light of the health assessment charter and going further than the expert committees, the agency developed a typology for the agency's committees, which was adopted by the Board of Directors. This typology specifies the rules for appointing members and deliverables produced for the existing 51 committees.

SCIENTIFIC TRAINING AND THE CONNECTION WITH RESEARCH

Santé publique France has an active policy regarding scientific training intended for agents and members of its network. For example: 12 introductory courses on the Agency's business lines, which brought together 227 agents and 32 agents took part in the workshop to raise awareness regarding preventive healthcare and health promotion, organised with the support of the International Union for Healthcare Promotion and Education (Union internationale pour la promotion et l'éducation à la santé - UIPES -) and the School of Advanced Studies in Public Health (Ecole des hautes études en santé publique - EHESP -). In total, 120 people benefited from 6 specialised training modules and workshops organised by the MiSi in 2017.

The agency also supported the DGS and the EHESP with the creation of a training programme in health monitoring and security. The agency also helps with the training of epidemiologists in the field on a European level, by welcoming them each year in the context of the ECDC's training activities (from a few weeks up to two years). As part of a partnership agreement with Paris-Est university, Santé publique France is financing three PhDs in public health (two started in 2016 and one in 2017).

"SANTÉ PUBLIQUE FRANCE THURSDAYS"

In 2017, eight scientific seminars, organised in Saint-Maurice, mobilised 56 speakers. They make it possible to develop a shared scientific culture within Santé publique France. Given the momentum, which the agency wants to give to social marketing in healthcare prevention and promotion, a seminar was dedicated to it with two internationally renowned speakers: Prof Gérard Hastings (University of Stirling, United Kingdom) and Prof Karine Gallopel-Morvan (EHESP).

AN INTERNATIONAL AND EUROPEAN COMMITMENT

In order to enhance public health capacities, Santé publique France is responsible for the administration of the International Association of Public Health Institutes, (IANPHI, www.ianphi.org). In this respect, along with Ukraine's Public Health Centre and the support of WHO Europe, a meeting of the European network was organised in Kiev (Ukraine) in April 2017 and, in October 2017, the annual global meeting was organised with the US bureau and National Institute of Health (ISS), in Italy, bringing together 120 general directors and chairmen of institutes.

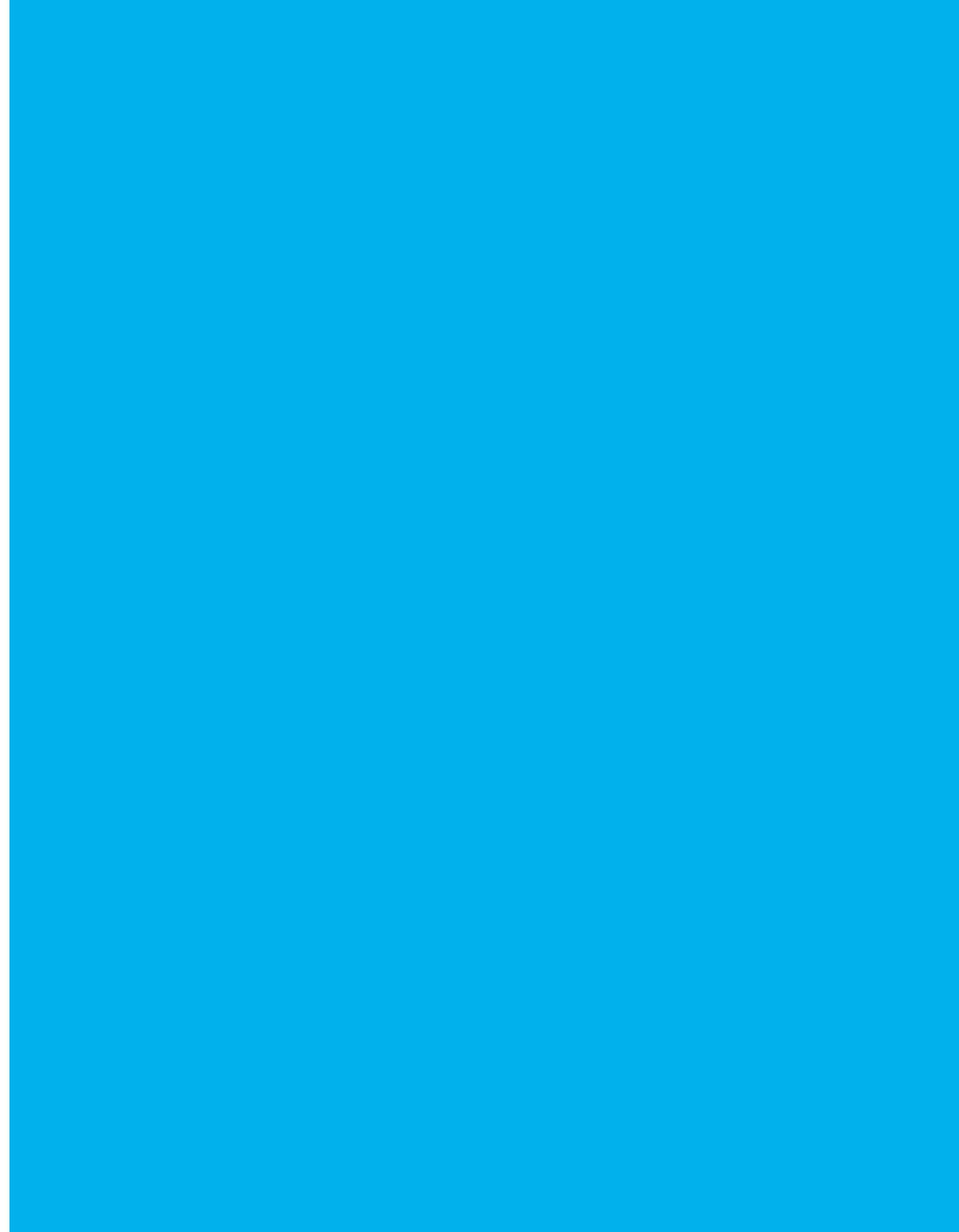
The commitment in western Africa continued through PREPARE and RESPONSE projects: - PREPARE, with Expertise France, whose goal is to train a rapid response team in 8 districts of Guinea; 5 epidemiologists from Santé publique France contributed to training activities in 2017. - RESPONSE, with the Preventive Medicine Agency (Agence de médecine préventive - AMP) and in which the agency participates, will enhance national public health capacities in French-speaking countries and create a network of national institutions in the areas of monitoring, alert and response to epidemics.

COLLABORATIONS IN EUROPE

In 2017, Santé publique France played a role in the creation of several joint European projects, for example regarding vaccination and health information. These joint projects were launched in 2018. Contributing to the ECDC's activities (www.ecdc.europa.eu), whether at governance body (board of directors and advisory forum), programme or study level, is important, in particular when it comes to vaccination.

COLLABORATING WITH QUEBEC

In the context of the France-Quebec Observatory of Health and (Solidarity Observatoire franco-québécois de la santé et de la solidarité - OFQSS) the Quebec National Institute of Public Health (Institut national de santé publique du Québec - INSPQ -) and Santé publique France organised a France-Quebec exchange on the reluctance regarding vaccination on 7 December.



Célia / Guillaume / Fatima / Cécile / Mireille / Eric / Raphaël / Audrey / Marie-Josée / Delphine / Denise / Christine / Vanessa / Adel / Pierre / Sonia / Azimafousse / Lydéric / Florence / Olivia / Alexis / Elsa / Leslie / Sabine / Delphine / Marie / Anne-Sophie / Yaya / Clément / Pierre / Emmanuelle / Claire / Emilie / Christophe / Pascal / Emanuelle / Emmanuel / Danielle / Nathalie / Laetitia / Laetitia / Michaëlla / Judith / Malek / Lotfi / Bénédicte / Anne / Laura / Anne / Sibylle / Pascale / Edwige / Cynthia / Marie-Laure / Isabelle / Frédérique / Emilie / Myriam / Alexandra / Lucile / Emilie / Christophe / Isabelle / Nathalie / Véronique / Archana / Corinne / Khadija / Sonia / Sébastien / François / Corinne / Vanina / Marjorie / Patricia / Philippe / Sandie / Linda / Charlotte / Alexiane / Jean-Louis / Eléonore / Julien / Karine / Elise / Cécile / Stéphanie / Sandrine / Oriane / Laurence / Mathias / Asli / Virginie / Catherine / Thierry / Lisa / Clémentine / Gaëlle / Sacha / Christine / Saraniya / Michel / Laure / Thierry / Laurie / Jérémie / Luisiane / Céline / Christine / Olivier / Catherine / Nathalie / Françoise / Christine / Kathleen / Christine / Laura / Laetitia / Martine / Juliette / Edouard / Pascal / Jérôme / Emilie / Didier / France-Line / Alice / Khadoudja / Laurence / Julie / Francis / Marie-Elodie / François / Amandine / Chloé / Bruno / Anne-Claire / Mélanie / Véronique / Kevin / Sandrine / Marie-Frédérique / Anne / Philippe / Magali / Marie / Annabelle / Anne / Florent / Maria Clara / Catherine / Côme / Jamel / Elise / Félicie / Jennifer / Clara / Perrine / Florence / Lionel / Karine / Henriette / Thiery / Carole / Elsa / Laurent / Laurène / Corinne / Frédéric / Grégoire / Vénus / Pauline / Marie-Christine / Olivier / Nicolas / Sébastien / Aurore / Sébastien / Clémentine / Céline / Valérie / Guilhem / Valérie / Jean-Claude / Stherlyne / Paule / Nadège / Bintou / Ndeye Licka / Isabelle / Clément / Alexandra / Frédéric / Martine / Agnès / 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