

Ré-Conf-ISS - Réunion Island, Lockdown, Social Inequalities in Health

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General	
Identification	
Detailed name	Réunion Island, Lockdown, Social Inequalities in Health
Sign or acronym	Ré-Conf-ISS
CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation	RNIPH, MR-004, INDS (MR 5219300420)
General Aspects	
Medical area	Psychology and psychiatry
Study in connection with Covid-19	Yes
Pathology (details)	Mental health
Health determinants	Geography Social and psychosocial factors
Keywords	housing conditions, self-reported health, social and geographic epidemiology, Réunion island, phone survey, Covid-19 epidemic context, residential district deprivation level
Scientific investigator(s) (Contact)	
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Unit CIC1410 / EQUITY (CERPOP)

Organization INSERM / CHU de La Réunion

Collaborations

Participation in projects, networks and consortia No

Others This public health research project involved a scientific partnership both with the EQUITY team from the UMR1295 at Toulouse (CERPOP - Centre d'Epidémiologie et de Recherche en santé des POPulations) and the Reunion island Regional Observatory of Health (ORS).

Funding

Funding status Public

Details ANR Recherche-Action Covid-19 (wave 8)

Governance of the database

Sponsor(s) or organisation(s) responsible CHU de La Réunion

Organisation status Public

Presence of scientific or steering committees Yes

Labelling and database evaluation The research project Ré-Conf-ISS was validated by the Covid-19 Scientific Restricted Board of the Réunion's CHU on 30th April 2020. The same day, the study was registered on the public directory of the INDS under the number MR 5219300420, and on the internal directory of the Data Protection Officer (DPO) of the Réunion's CHU. These regulatory proceedings were done with the help of the project manager of the Réunion's CHU DRCL.

Additional contact

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Unit	ORS de La Réunion
Organization	ORS de La Réunion

Main features

Type of database

Type of database	Study databases
Study databases (details)	Not-repeated cross-sectional studies (except case control studies)
Database recruitment is carried out by an intermediary	A population file
Database recruitment is made on the basis of:	Another treatment or procedure
Database recruitment is carried out as part of an interventional study	No
Additional information regarding sample selection.	The Ré-Conf-ISS study planned to enroll a statistical sample of 900 adult persons selected via the telephone directory within the 114 major Réunion districts as defined by the Insee Réunion-Mayotte, following the quotas of adult inhabitants for these main districts and their deprivation level (Besson 2018).

Database objective

Main objective	<p>Primary objective:</p> <p>To describe, just after the lockdown implemented for tackling SARS-Cov-2 epidemic, the self-reported state of health of the Reunionese population according to the residential district deprivation level.</p> <p>Secondary objectives:</p> <ul style="list-style-type: none"> - To describe, just after the lockdown event, the self-reported state of health of the Reunionese population according to the housing conditions experienced during the lockdown. - To describe, just after the lockdown event, the self-reported state of health of the Reunionese population according to the individual
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socioeconomic characteristics: age class and gender, employment status and socioprofessional category, education level.

- To compare the self-reported general stress level between the regional studies conducted on Réunion island: during the lockdown event (Confin-Aou study) versus after the lockdown event (Ré-Conf-ISS study).

- To compare the psychologic impact of the lockdown event between France main land and Réunion island using the results from the Epidemic national survey and the Ré-Conf-ISS regional survey respectively.

Inclusion criteria	<ul style="list-style-type: none">- Major (aged 18 years and older)- Living on the island before 17 March 2020- Stayed on the Réunion territory within all through the lockdown event (between March 17th and May 11th)- Without curatorship
Population type	
Age	<ul style="list-style-type: none">Adulthood (19 to 24 years)Adulthood (25 to 44 years)Adulthood (45 to 64 years)Elderly (65 to 79 years)Great age (80 years and more)
Population covered	General population
Pathology	
Gender	<ul style="list-style-type: none">MaleWomanOther
Geography area	Regional
French regions covered by the database	La Réunion
Detail of the geography area	Enrollment of the 900 participants within the 114 reunionese major districts as defined by the Insee Réunion-Mayotte in 2018
Data collection	
Dates	
Date of first collection (YYYY or	05/2020

MM/YYYY)

Date of last collection (YYYY or MM/YYYY)	07/2020
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Size of the database

Size of the database (number of individuals)	[500-1000[individuals
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Details of the number of individuals	900
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Data

Database activity	Data collection completed
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Type of data collected	Declarative data Administrative data
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Declarative data (detail)	Phone interview
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Details of collected declarative data	The questionnaire used for the phone interview had 115 items. It comprised 7 general chapters: the individual socio-economic characteristics (education level, employment status, socioprofessional category, financial difficulties during lockdown), housing, equipment, environment close to the habitat occupied during the lockdown, the exposure to the epidemic, the psychological state (stress, anxiety, social relationships and activities during lockdown), the addictive behaviors and lifestyle, nutritional status and physical activity, as well as the healthcare use. Two specific chapters dealt with potentially vulnerable sub-populations: the children health reported by the co-enrolled parent and intimate partner violence. The study main outcome was the level of stress since the beginning of the confinement period measured on a scale from 0 (total absence of stress) to 10 (maximum imaginable stress).
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Administrative data (detail)	Commune, postcode and residential major district
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Presence of a biobank	No
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Health parameters studied	Health event/morbidity Health care consumption and services
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Care consumption (detail)	Medical/paramedical consultation
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Procedures

Data collection method	In the course of progressive deconfinement, a one-shot telephonic cross-sectional survey conducted on a 900 individuals sample drawn from the Reunionese population has been implemented since May 13, 2020, to describe the participants state of health according to their socioeconomic characteristics.
Classifications used	Common nomenclatures: major district, typology of reunionese major districts deprivation level and socioprofessional category by the Insee. Special nomenclatures: to promote the comparison of findings between epidemiological studies, shared items were chosen from national research (Epidemic) and regional research (Confin-Aou): sociodemography, living and working conditions during the lockdown event, exposure to the SARS-Cov-2 epidemic, psychologic impact and addictive behaviours.
Quality procedure(s) used	This study was designed and conducted by the clinical investigation center of la Réunion (CIC1410). Phone data collection layed on its survey platform comprising 3 creole-speaking investigators. This platform was reinforced by the enrollment of 2 temporary workers. The database development was done by a datamanager of the team using the Ennov Clinical® software. Data hosting was ISO 9001:2008 certified. Ennov Clinical® integrates its customers' applications in a datacenter located on two mirror sites (Poitiers and Roubaix) offering optimal security conditions. Access to the datacenter is strictly controlled, uninterrupted power supply is guaranteed, weather conditions are controlled and a fire safety system is included (regularly updated and checked). The servers are protected by a firewall and an updated anti-virus system. Customer data is managed in strict compliance with the rules of confidentiality, access is controlled by SSL certificate and all exchanges are encrypted. Ennov Clinical® complies with FDA recommendations regarding "Guidance for computerized systems used in clinical trials", electronic signature (21 CFR Part 11?) and international standards for health data hosting. In the Ré-Conf-ISS study, access to the database was secured (personal identifier and password) with different levels of security depending on the roles assigned to users. The data were entered on the eCRF (CS Online module Ennov Clinical® software) by data entry operators of the CIC. A data entry guide was made available to operators. A data validation plan, jointly defined between the

coordinating investigator and the Methodology and Data Management center, was developed and described in detail the controls to be executed for each variable. The quality control of data being entered was exhaustive. Once the entry was made, the consistency of the data was checked, errors, omissions or inconsistencies were mentioned (CS Tests module). The data freeze / thaw process was performed in accordance with the procedure implemented in the Center for Methodology and Data Management.

Participant monitoring No

Followed pathology

Links to administrative sources No

Promotion and access

Promotion

Link to the document [Note-de-synthese_Re-Conf-ISS_vf.pdf](#)

Description Preliminary results of the Re-Conf-ISS study: Summary note

Link to the document [ijerph-19-13932-v2.pdf](#)

Description Main article of the study for international valorisation

Link to the document <https://pui.univ-reunion.fr/les-nouveautes/locean-indien-traverse-par-lepidemie-de-covid-19>

Description A collective book, published in 2024 by the Presses Universitaires Indianocéaniques, including findings from the Ré-Conf-ISS study.

Link to the document <https://anr.fr/fr/ressources/cahiers-thematiques/inegalites-vulnerabilites-solidarites-societe/>

Description Review of actions and projects funded in 2005-2023 by the French National Research Agency (ANR) on the themes of inequality, vulnerability, solidarity and society. Report including the Ré-Conf-ISS study.

Access

Presence of document that lists variables and coding procedures Yes

Terms of data access (charter for data provision, format of data, availability delay)

To define

Access to aggregated data

Access on specific project only

Access to individual data

Access on specific project only