

The Italian Action Against Vaccine Hesitancy

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Over recent years, Europe has been facing up the spreading problem of Vaccine Hesitancy (VH). Since 2002-2005, a pilot question has been included in the annual World Health Organization (WHO) and United Nations Children's Fund (UNICEF) Joint Reporting Form (JRF), in order to monitor and understand the motivation behind the increasing number of reports on vaccine hesitancy [1]. This growing phenomenon has resulted in decreasing vaccine coverage trends all over Europe. Despite the fully financed vaccination programs provided by the Italian National Health Service, in Italy the immunization coverage rates have decreased since 2012 and are still below the expected national targets (95% coverage target rates set by the Italian Ministry of Health [2]. Specifically, in Italy the vaccine coverage against measles, mumps and rubella was 86.6% in 2014 and no region met the coverage target rates [2]. The failure to reach the goal of 95% vaccine coverage and the progressively decreasing vaccine rate, in particular among infants, caused the endemic transmission of measles and rubella. Moreover, in 2017 Italy detected an increase in the number of measles cases comparing with previous months and years: between the 1st January and the 15th October 2017, 4689 cases were reported to the surveillance system highlighting two cases of encephalitis and four deaths. The vaccination status was known for 93.4% of cases, 89.0% of which resulted to be unvaccinated [3]. The United States (US) Centers for Disease Control and Prevention (CDC) in Atlanta issued a warning for travelers to Italy on 17th April 2017, due to a measles outbreak [4]. In contrast to what happened in other European countries such as in Romania, where over 7,000 cases and 31 deaths from January to June 2016 [5] concerned mainly small children, in Italy 74% of cases occurred among adolescents and young adults. Such a difference in age in subjects living in the two countries could be explained by the different levels of vaccine uptake after vaccine introduction [6].

To face up the outbreak of measles and to contrast the VH, Italy worked on a new national immunization plan. The Italian Ministry of Health showed considerable commitment to push the new National Immunization Prevention Plan (Piano Nazionale Prevenzione Vaccinale, PNPV) 2017-19 [2] forward and to raise the economic resources needed to support its implementation, guaranteeing fully financed vaccination programs for both children and adults [7,8].

The new immunization schedule has introduced:

- New vaccines and new target populations (meningococcus B, rotavirus and varicella for children; the quadrivalent meningococcal; the HPV vaccines extended to males in adolescence; zoster and anti-pneumococcal disease immunizations for elder and at risk populations).
- The implementation of electronic immunization registers.
- The encouragement to sanction physicians who do not recommend vaccinations and the introduction of new laws to limit pre-school admissions for unvaccinated children.

Although some of the new immunization programs were already available in the previous PNPV, the new schedule extends them to the whole country thanks to the inclusion in the list of the Essential Levels of Care (Livelli Essenziali di Assistenza, LEA) approved by the Italian Parliament in 2017 [9], offering all vaccines actively and free of charge. After the approval of the latest PNPV, in June 2017 the Italian Parliament promoted a new law with the aim of easily and rapidly achieving the goal of 95% vaccine coverage. Hence, all the vaccinations listed in PNPV, excluding meningococcal B and C, pneumococcal and Rotavirus, have become obligatory. The excluded vaccinations remain freely available but not subject to any obligation [10]. If parents refuse to vaccinate their children, the local health authority schedules an appointment with them, in order to provide further information on vaccinations and to promote their execution. In case parents still refuse to have their children vaccinated, an administrative penalty is imposed on them. Additionally, school admission is permitted only to vaccinated children. In conclusion, the Italian Health Authorities are strongly trying to ensure that the ambitious vaccine coverage targets set in the PNPV can be met, maintaining all vaccines freely available. Despite it may seem undemocratic, compulsory vaccination is required to stop the spread of dangerous epidemic diseases due to VH.

References

1. Marti M, de Cola M, MacDonald NE, Dumolard L, Duclos P. Assessments of global drivers of vaccine hesitancy in 2014-Looking beyond safety concerns. *PLoS One*. 2017; 12: e0172310.
2. National Immunization Prevention Plan 2017- 2019. Italian Ministry of Health, the Italian Official Gazette February 18th 2017.
3. Istituto Superiore di Sanità (ISS). Measles weekly Bulletin. Italian Surveillance System for Measles and Rubella.
4. Travelers' Health. Measles in Italy. Center for Disease Control and Prevention. 2017.
5. Epidemiological update: Measles - monitoring European outbreaks, European Center for Disease Control and Prevention. 2017.
6. Filia A, Del Manso M, Baggieri M, Magurano F, Rota MC. Ongoing outbreak with well over 4,000 measles cases in Italy from January to end August 2017 - what is making elimination so difficult? *Euro Surveill*. 2017; 14: 37.
7. Ferre F, de Banfis A, Valerio L, Longhi S, Lazzari A, Fattore G et al. Italy: health system review. *Health Syst Transit*. 2014; 16: 1-168.
8. Signorelli C, Guerra R, Siliquini R, Ricciardi W. Italy's response to vaccine hesitancy: An innovative and cost effective National Immunization Plan based on scientific evidence. *Vaccine*. 2017; 35: 4057-4059.
9. Definizione e aggiornamento dei livelli essenziali di assistenza. Italian Ministry of Health, The Italian Official Gazette. January 12th 2017.
10. Disposizioni in materia di vaccini. Italian Ministry of Health, the Italian Official Gazette June 7th 2017.