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Influenza vaccination in Italy: current scenario and critical issues

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Influenza-like illnesses affect around 8-9% of the Italian population each year, but the cumulative incidence has shown important variations throughout time, from 4% to 15% [1, 2]. Incidence rates show the lowest values among the elderly and the highest among children [2]. Looking at data from the 1999/2000 season onwards, the peak of incidence rate was as low as 2.7 cases per 1000 persons and as high as 16 per 1000 persons. Elderly individuals (≥ 65 years old) and people with chronic medical conditions are at higher risk for influenza-related complications and deaths and are recommended vaccination by the World Health Organisation [3]. In line with that, the last Italian National Immunisation Plan (NIP) recommends influenza vaccination to all elderly individuals and to people at risk because of chronic diseases at any age. Pregnant women and healthcare workers are also recommended vaccination. The NIP also indicates 95% as the optimal goal of vaccination coverage and 75% as the minimum target [4].

Annual influenza vaccination in Italy is provided free-of-charge by the Local Health Authorities or by general practitioners. In particular, the latter may be considered the real “operations managers” of influenza vaccination because of their close contact with the potential targets [5].

Currently, three types of influenza vaccines are available in Italy: the trivalent inactivated and adjuvanted vaccines, which contain A(H1N1), A(H3N2), and a B strain (belonging to Victoria or Yamagata lineage) and the quadrivalent inactivated vaccines that contain both the B strain lineages beyond A(H1N1) and A(H3N2). The recommendations released by the Italian Ministry of Health (MoH) for the 2018/2019 season have for the first time encouraged preferential use of the adjuvanted trivalent vaccine in individuals ≥ 75 years of age and the quadrivalent inactivated vaccines in younger age groups [6]. Nevertheless, there is heterogeneity among

Italian regions with respect to the procurement of single vaccine types because of fiscal federalism.

Following the NIP, the Italian MoH recommendations highlight the importance of achieving a minimum vaccination coverage of 75% and to aim for 95% [6]. Nonetheless, in Italy, the vaccination coverage did not ever reach the minimum goal. In fact, after an increasing trend up to the 2005/2006 season, vaccination coverage among elderly individuals started to decrease reaching values below 50% in the 2014/2015 and 2015/2016 seasons with important regional differences [7]. Data from the last season showed a national coverage of 52.7% among elderly individuals with a range from 35.3% to 63.4% across Italian regions. Evidence suggests that the reduction of vaccination coverage led to a significant increase in influenza-like illnesses [8]. Furthermore, in Italy, a +13% excess mortality linked to the peak in influenza was shown in the 2015 winter season in elderly individuals [9].

Actually, the 2018/2019 season seems to show a turnaround, with a growing percentage of people requiring to be vaccinated and a projected increase in vaccination coverage [10]. The increased demand could help improve vaccination coverage, although it remains important to also strengthen the commitment of public health authorities [11] and access to vaccination.

DISCLOSURE

The author reports no conflict of interest.

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