



ASSET

share and move to face nasty bugs

Perspectives at national level

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VACCINATION/VACCINE HESITANCY

The ASSET FINAL EVENT

*Share and move for mobilization and mutual learning at local,
national and international levels on Science in Society related issues
in epidemics and pandemics
Rome, 30-31.10.2017*



co-funded by the EU. GA: 612236

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Vaccine hesitancy

Hesitancy is as old as vaccination itself

Hesitancy can affect any vaccination programme



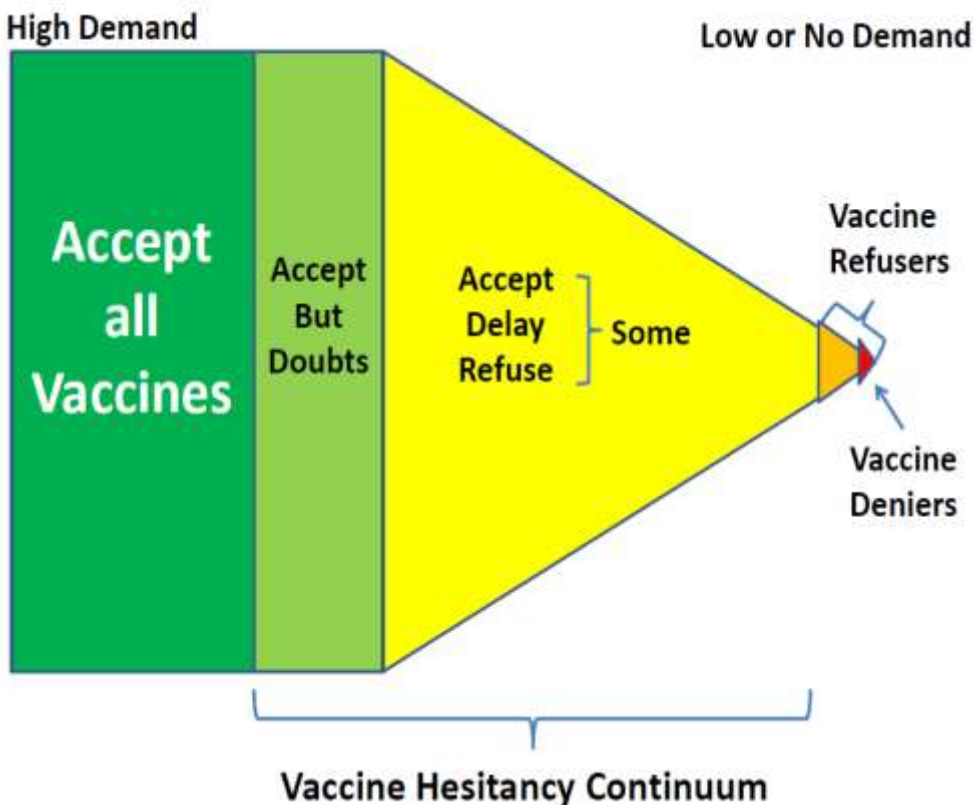


Definition of vaccine hesitancy

Vaccine Hesitancy

- refers to delay in acceptance or refusal of vaccines *despite availability of vaccine services*
- *complex and context specific varying across time, place and vaccines*

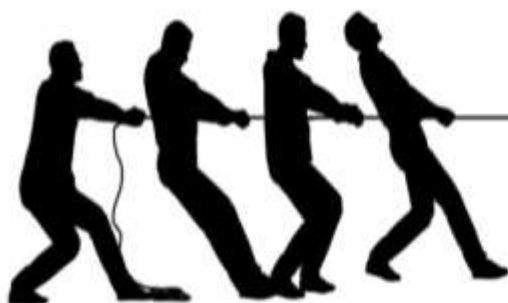
Problem in high-, middle- and low-income countries





Reaching and maintaining high population immunity

Aim



Challenges



To achieve a high vaccination coverage (eg. of at least 95% with 2 measles vaccine doses)

To close population immunity gaps

Vaccine hesitancy

Immunization programme limitations





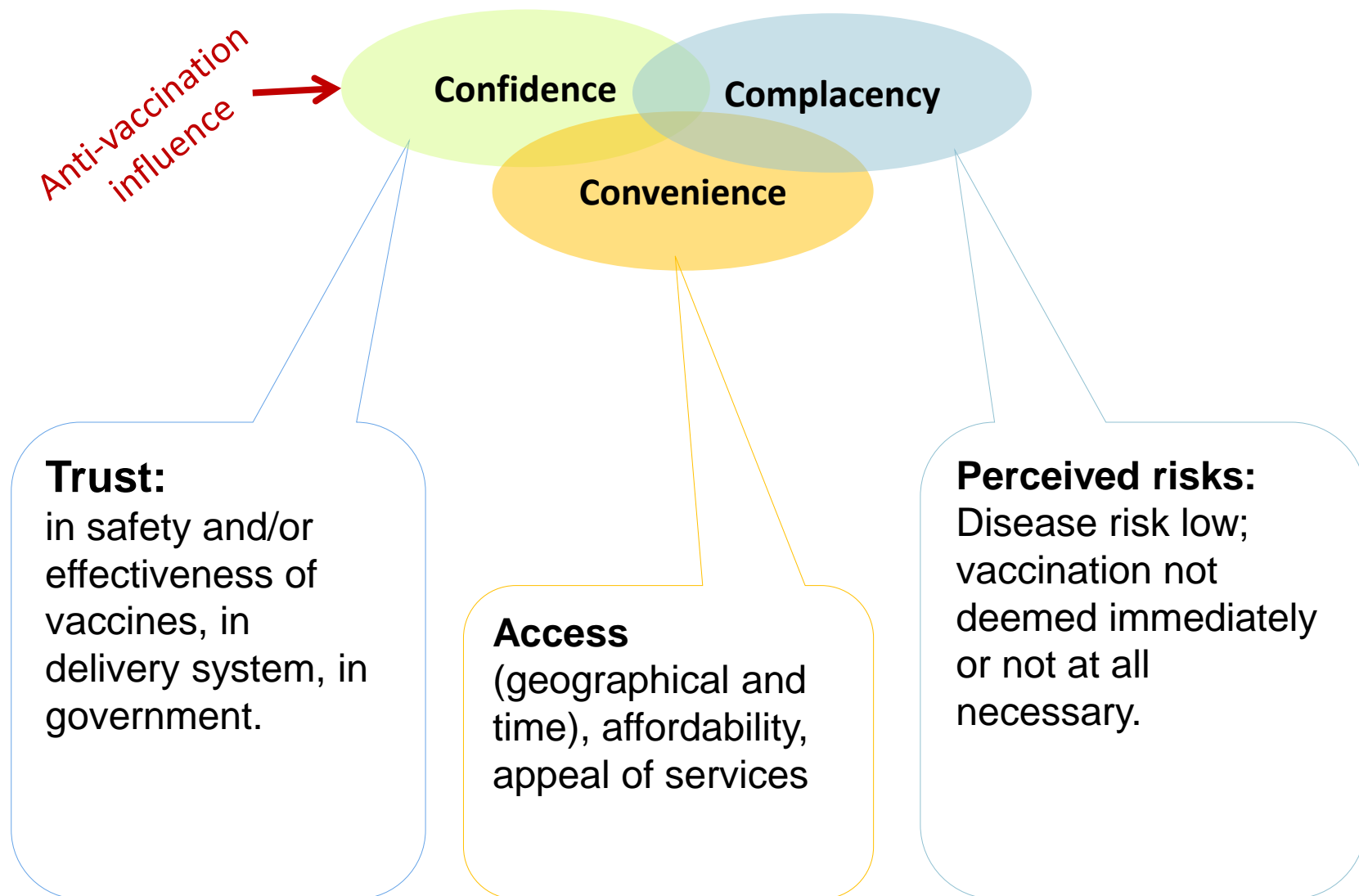
Immunization programme limitations

- Lack of timely monitoring of coverage
- Limited ability to follow up unvaccinated individuals/groups
- Lack (in quantity and quality) of communication strategies ←
- Health workers not properly educated on vaccines
- Inflexibility of vaccine services
- Vaccine supply issues
- Delayed outbreak response





Determinants of vaccine hesitancy





Italy: Country information



21 Regions: Regional Health Authorities

146 Local Health Units

Total population: 59,797,977





Italian National Health System



Italian Ministry of Health



The Regions

- Definition of objectives to reach in order to improve population health status
- National health planning
- Determination of Essential Levels of Assistance (ELA) to be provided to any citizen, uniformly throughout the whole national territory

- Autonomous in operating strategies
- Ability to legislate on health issues, respecting the general principles
- Determination of further Levels of Assistance to be provided to any citizen, uniformly throughout the whole regional territory

State-Regions Conference

Approval of Agreements concerning National Health Policy



Organization of the vaccinations: where and who?

Regional Health System

Local Health Unit

Local Health Unit

Local Health Unit

Local Health Unit

Department of Prevention

Department of Prevention

Department of Prevention

Department of Prevention

Vaccination Service

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Vaccination Service





Other relevant partners of the Vaccination Service: general practitioners and family paediatricians

- They are part of the NHS
- They must run the same objectives
- Work in synergy with vaccination services
- Provide assistance (diagnosis and therapy) from birth till 16 year-old-age (FP) and along the rest of life (GP)
- and Prevention through:
 - Promotion of the vaccinations
 - Monitoring of the vaccination status and its adherence with national/regional vaccination schedule
 - Surveillance of possible AEFI
 - *Administration of vaccines* (only in some LHUs)





VC Trend for polio3 in 24 month-old children

Regione	2011	2012	2013	2014	2015	2016	Difference 2016- 2015
	POL3	POL3	Polio(a)	Polio(a)	Polio(a)	Polio(a)	
Piemonte	95,90	96,50	96,68	96,21	95,16	95,13	-0,03
Valle d'Aosta	95,60	96,30	93,69	90,61	93,40	90,86	-2,55
Lombardia	97,00	96,70	95,95	95,02	93,48	92,80	-0,68
P.A. Bolzano	89,00	89,30	88,76	88,46	87,45	85,05	-2,39
P. A. Trento	95,90	95,40	94,46	92,74	92,83	92,98	0,15
Veneto	95,30	94,70	93,73	91,71	91,27	91,97	0,70
FVG	96,00	95,30	94,35	92,20	90,37	89,42	-0,95
Liguria	96,70	96,80	95,83	95,74	94,60	94,33	-0,27
Emilia Romagna	96,50	96,30	96,10	94,80	94,03	93,26	-0,77
Toscana	96,20	95,30	95,83	95,43	94,98	94,37	-0,61
Umbria	97,80	97,50	97,10	95,90	93,90	94,54	0,64
Marche	97,20	97,60	97,02	93,66	92,02	92,35	0,33
Lazio	96,60	98,90	96,74	97,55	95,26	96,86	1,59
Abruzzo	99,10	99,70	97,75	96,58	95,72	97,10	1,39
Molise	99,00	97,60	98,06	96,65	94,32	97,30	2,98
Campania	91,90	93,30	n.p.	93,19	91,34	92,71	1,36
Puglia	96,90	96,50	95,65	94,64	93,80	93,34	-0,46
Basilicata	98,60	99,80	99,03	98,84	97,83	97,35	-0,47
Calabria	95,90	95,80	94,25	96,07	95,32	95,84	0,52
Sicilia	94,80	95,70	95,30	93,48	91,94	91,63	-0,30
Sardegna	96,10	93,30	96,19	96,12	95,05	95,66	0,61
Italia	96,10	96,10	95,74	94,71	93,43	93,33	-0,10





VC Trend for polio3 in 36 month-old children

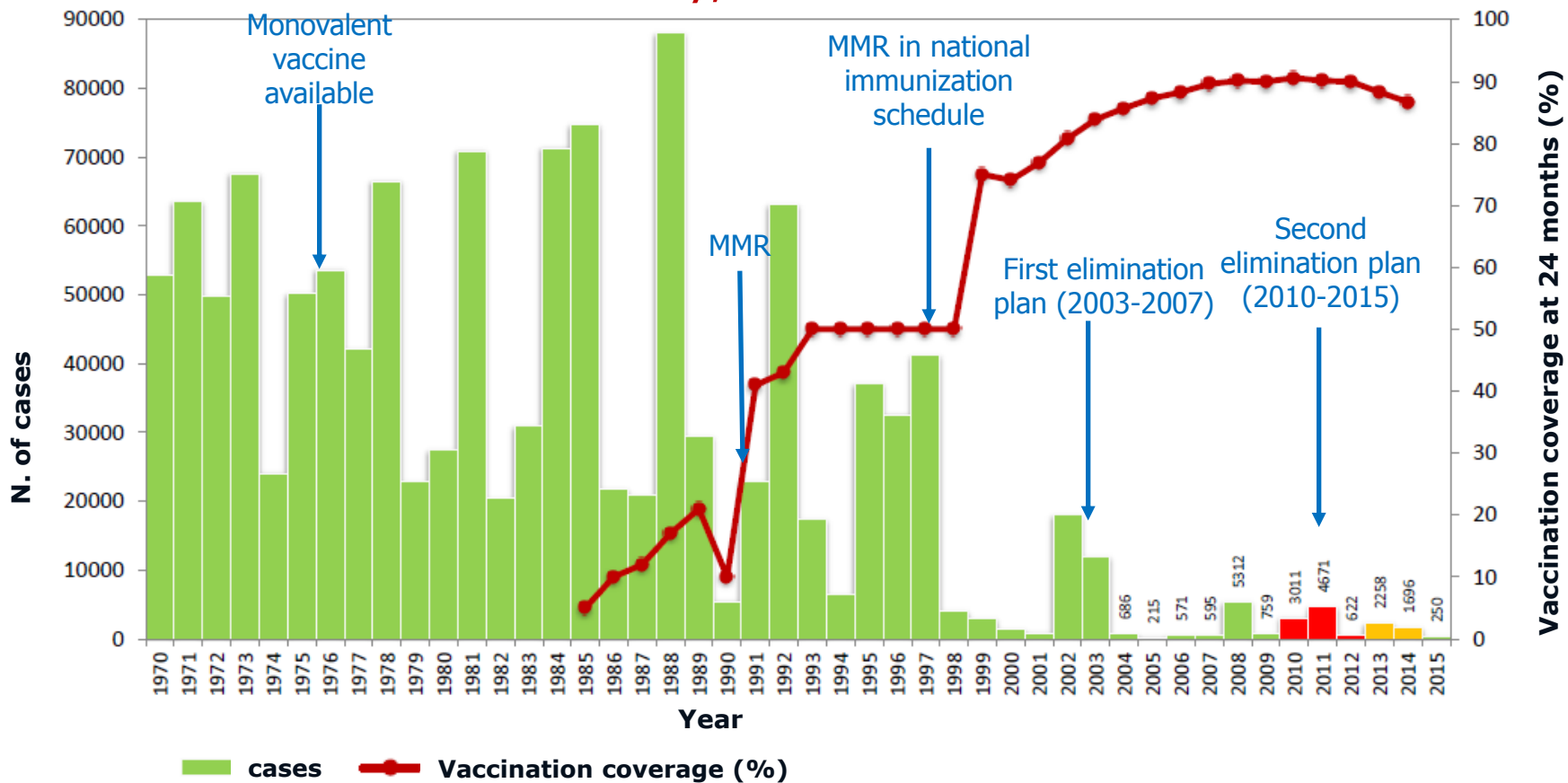
Difference between VC 24 and 36 months

Coorte	2010	2011	2012	2013
	2013	2014	2015	2016
Regione	Polio(a)	Polio(a)	Polio(a)	Polio(a)
Piemonte	n.d.	96,87	96,24	95,33
Valle d'Aosta	93,39	93,88	94,49	94,21
Lombardia	96,30	95,95	96,25	93,95
P.A. Bolzano	93,07	92,09	91,12	90,76
P. A. Trento	95,45	94,57	93,12	93,14
Veneto	95,09	93,94	92,32	91,09
FVG	95,29	94,86	92,26	91,99
Liguria	99,05	96,18	96,28	95,93
Emilia Romagna	n.d.	96,42	95,42	94,45
Toscana	n.d.	95,19	94,19	93,45
Umbria	97,67	96,48	95,83	94,48
Marche	97,94	96,96	94,95	93,75
Lazio	n.d.	n.d.	99,01	96,09
Abruzzo	97,77	97,22	96,64	96,80
Molise	93,30	97,27	96,40	97,40
Campania	n.d.	94,33	93,54	92,71
Puglia	96,79	96,01	95,70	94,62
Basilicata	99,78	99,12	98,57	98,36
Calabria	95,77	95,84	96,20	96,25
Sicilia	96,36	96,13	94,51	93,21
Sardegna	n.d.	97,18	95,99	96,32
Italia	96,33	95,71	95,37	94,10

	2010	2011	2012	2013
Polio	Polio	Polio	Polio	Polio
	N.D	0,19	0,03	0,17
	-2,91	0,19	3,88	0,81
	-0,40	0,00	1,23	0,48
	3,77	3,33	2,66	3,31
	0,05	0,11	0,38	0,31
	0,39	0,21	0,61	-0,18
	-0,01	0,51	0,06	1,61
	2,25	0,35	0,54	1,34
	N.D	0,32	0,62	0,42
	N.D	-0,64	-1,24	-1,53
	0,17	-0,62	-0,07	0,58
	0,34	-0,06	1,29	1,73
	N.D	N.D	1,46	0,83
	-1,93	-0,53	0,06	1,09
	-4,30	-0,79	-0,25	3,08
	N.D	N.D	0,35	1,37
	0,29	0,36	1,06	0,82
	-0,02	0,09	-0,27	0,53
	-0,03	1,59	0,13	0,93
	0,66	0,83	1,03	1,27
	N.D	0,99	-0,13	1,26
	0,23	-0,03	0,66	0,67



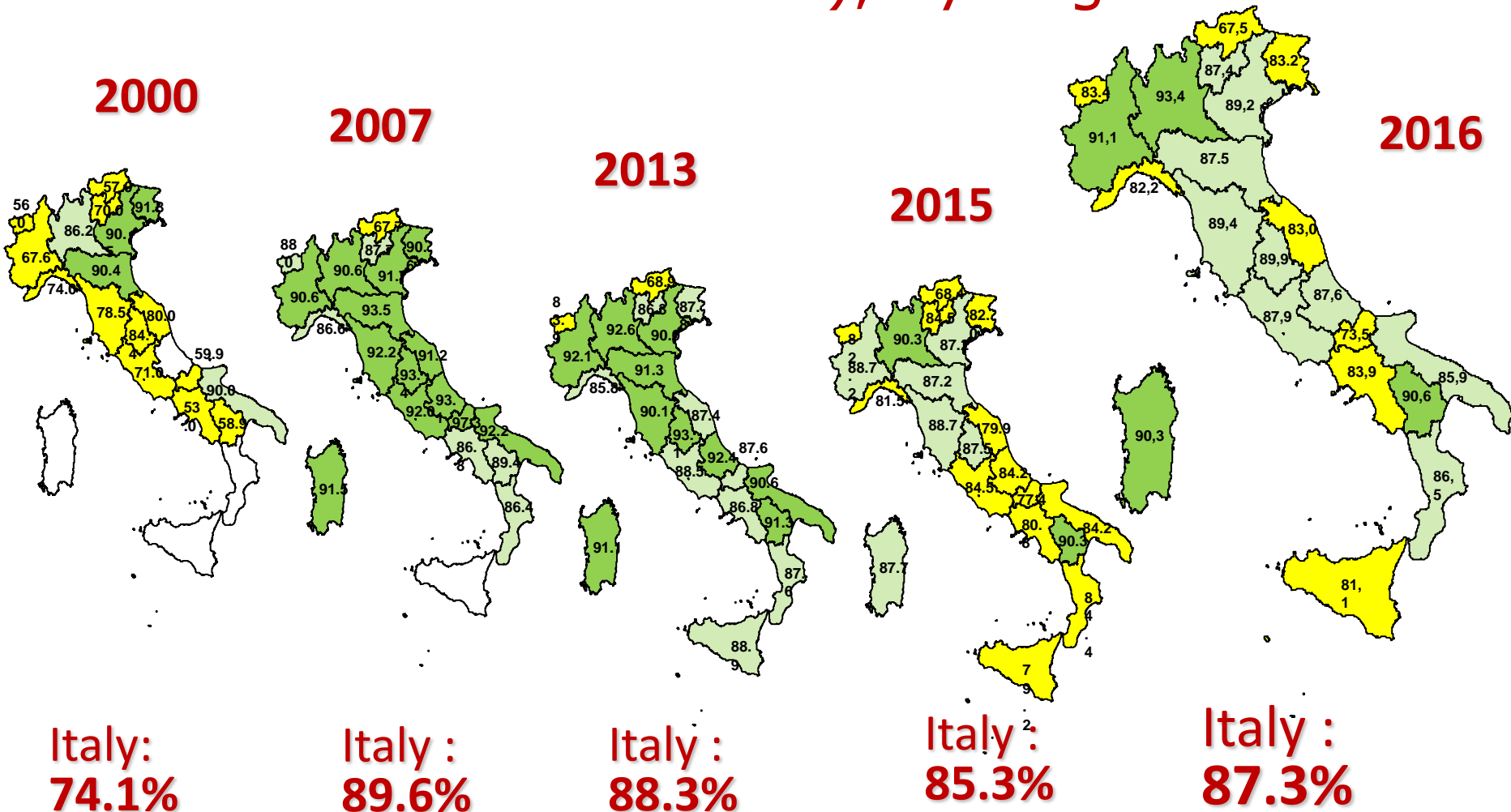
N. of reported measles cases and measles vaccination coverage (in 24 month-old children), by year Italy, 1970-2014.



■ Source: MOH, statutory notification system (1970-2007)
■ Source: ISS, enhanced measles surveillance (2008-2012)
■ Source: ISS, integrated measles-rubella surveillance (2013 – 2015)



Measles vaccination coverage (in 24 month-old children), by Region



Source: Italian MoH

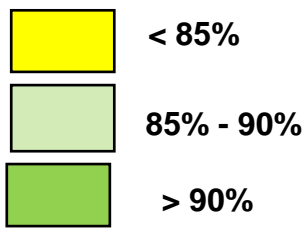
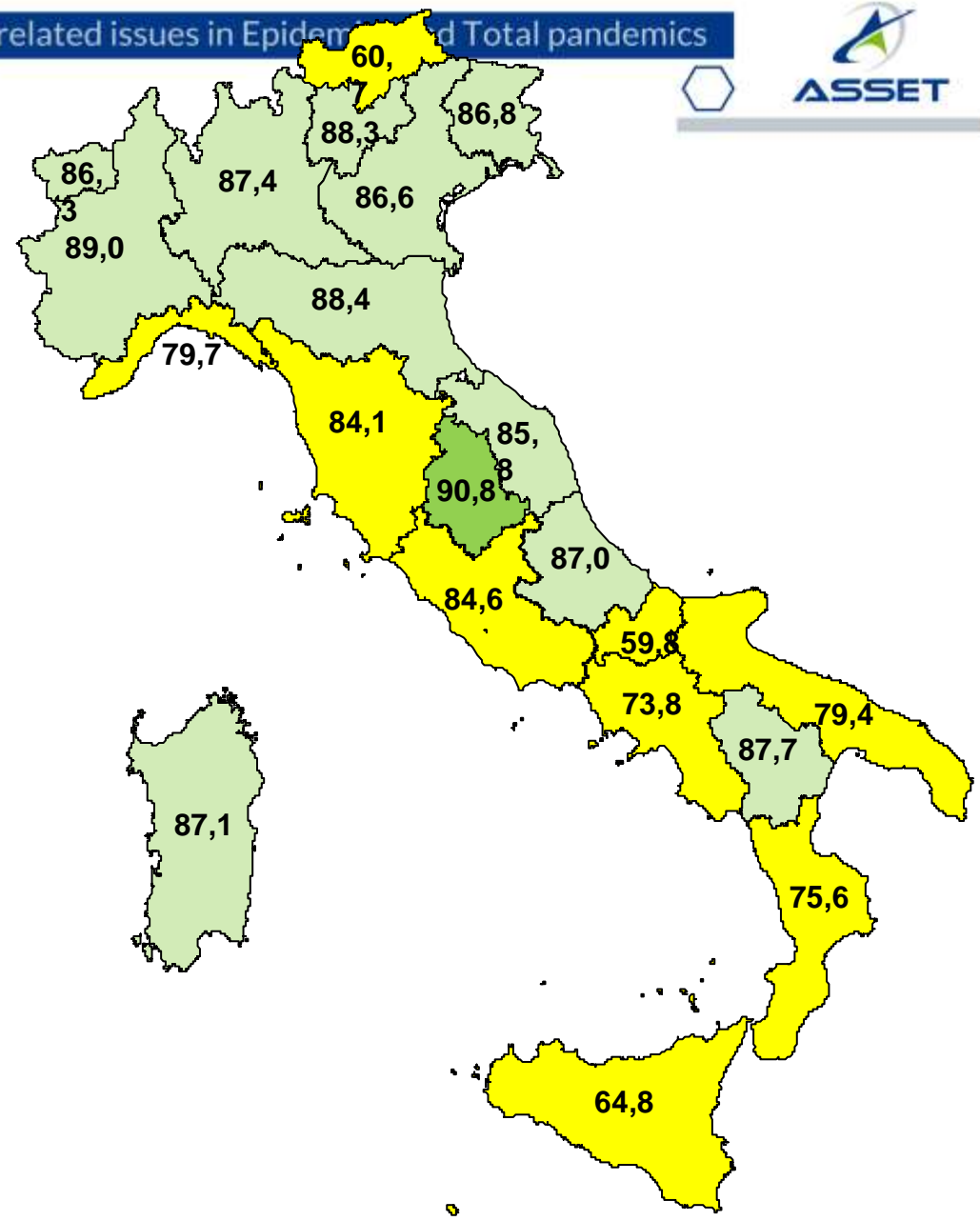




Measles vaccination coverage, 2nd dose in 7 year-old children, by Region

2016

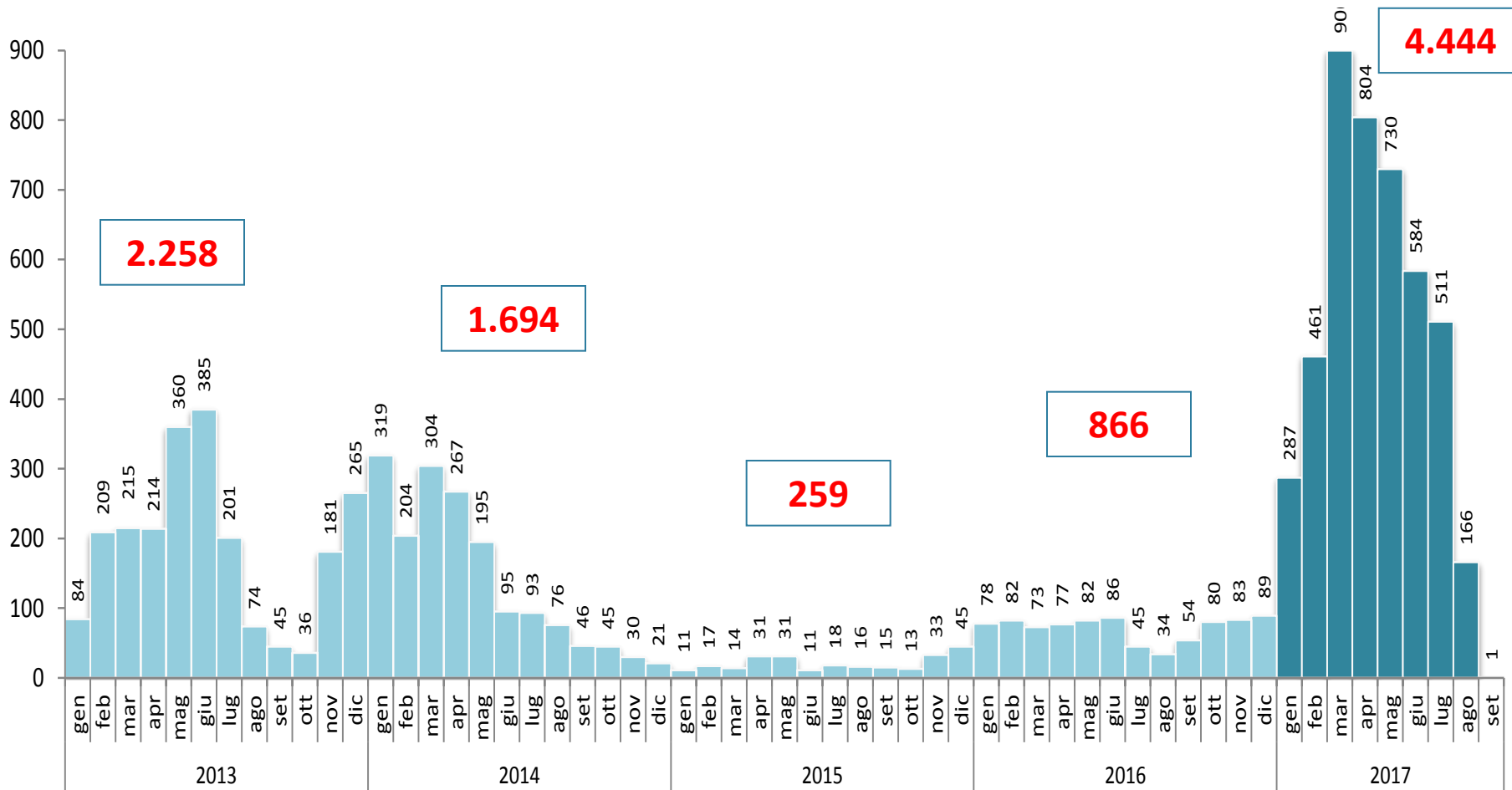
Italy: 82,2%



Fonte: Ministero della Salute

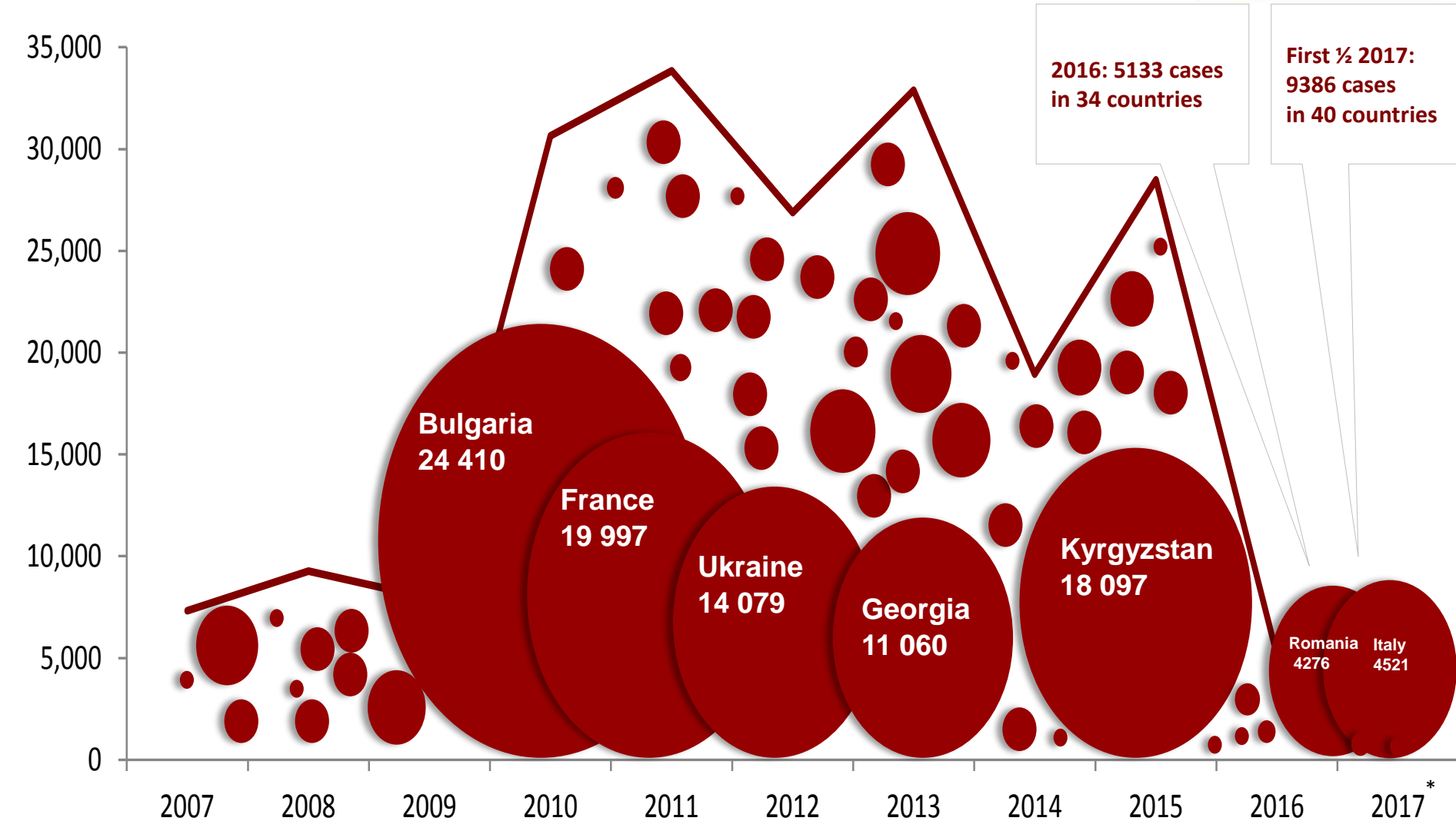


N of measles cases. Italy, 2013-2017 (3 September 2017)



Source: Integrated surveillance system for measles and rubella





Data source: CISID, extracted 1 August 2017

* Jan-Jun 2017





The role of the Ministry of Health

1. Fulfilling national and international objectives and agreements
2. Be a promoter of a decision-making process based on evidence
3. Support the search for evidence
4. Mediate priority actions





What tools available in the context?

- NIP: “PNPV 2017-2019”
- Further technical documents/recommendations
- NITAG
- Additional Working Groups on specific issues
- CCM projects
- Close cooperation with other relevant stakeholders at national and international level
- Targeted surveys among Regions





“PNPV 2017-2019”: goals

- + harmonization of vaccine strategies in place in the country
- + guaranteeing to the entire population the full benefits of vaccination
- + equity in access to high-quality vaccines, available in time (by preventing, as much as possible, of shortages), and immunization services of an excellent standard
- + eliminating and reducing the burden of VPDs
- + reducing inequalities in the country
- + improving the health of the population





"PNPV 2017-2019": a multistrategic approach

- the obligation to certify the completion of the vaccinations schedule for the school entry.
- implementation of the Informatic National Immunization Registry
- continuous monitoring of possible lack in supporting national vaccination strategies and active offer of vaccinations from physicians and health care employees dependent and contracted with the National Health System, with possible auditing and peer reviews, in close collaboration with the professional orders and professional and trade unions, which may also lead to the adoption of disciplinary or contractual sanctions





“PNPV 2017-2019”: a multistrategic approach

- the progressive introduction of vaccination among the tasks provided for in the national agreement of the GPs and FPs
- new negotiating and procurement mechanisms to reduce the expense of purchasing vaccines
- Promoting Education (MIUR MdS-Protocol)
- Encourage Communication, Information / Education, Dialogue (CCM Projects, Health Litteracy Project)





MoH's activities in vaccine acceptance and demand

- projects on the topic, which serve to provide the basics of knowledge needed to build proper institutional communication on vaccinations through various actions such as:
 - monitor public confidence in vaccine programs and information needs;
 - describe the phenomenon of vaccine refusal / delay, its dimension, determinants, the possible impact on the population's health;
 - develop an assisted decision-making system for vaccinations (eg via the "vaccinarsi.org" website of the Italian Hygiene Society and other sites specifically dedicated to vaccination);
 - monitoring the correctness of vaccine information available on the Internet;
 - develop multi-objective health communication strategies and interventions on preventable infectious diseases and vaccinations, as a mean to increase vaccine coverage;
 - defining and evaluating information, dissemination and awareness-raising tools on the importance of vaccination and the awareness of vaccine-based adherence;





MoH's activities in vaccine acceptance and demand

- identify online information tools (such as institutional websites or promotions from scientific societies or patient or citizen associations) on vaccine-preventable diseases and vaccines, to be widely promoted to provide guidance to the general population, risk groups, and to the health workers themselves, in order to obtain reliable information.
- periodically review the scientific literature on efficacy and safety of vaccinations;
- develop and disseminate information and communicative material on vaccination, which has a national relevance for the dissemination of active immunization programs included in the LEAs, and to meet the need for operators to have standard materials to support their work;
- create regional internet information portals on preventable diseases and vaccinations, structured in two areas, public and intranet (specific for vaccine operators), to enable the activation of differentiated strategies;
- develop models on the risks / benefits of vaccinations that may be available in case of media emergencies.





**Thaks for your
patience**



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