

VISITA DELL'OMS IN ITALIA E RACCOMANDAZIONI DELLA COMMISSIONE REGIONALE EUROPEA DI VERIFICA



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Italy: Country information



21 Regions: Regional Health Authorities

146 Local Health Units

Total population: 60,782,668



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

Vaccination Service

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Vaccination Service



OTHER RELEVANT PARTNERS OF THE VACCINATION SERVICE: THE FAMILY PAEDIATRICIAN

- Is part of the NHS
- Works synergically with vaccination services
- Provides assistance (diagnosis and therapy) from birth till 16 year-old-age
- and Prevention through:
 - Promotion of the vaccinations
 - Monitoring of the vaccination status and its adherence with national/regional vaccination schedule
 - Surveillance of possible AEV



MEASLES AND RUBELLA VACCINATION PROGRAMME IN ITALY

Introduction of
monovalent
measles and
rubella vaccines

- Rubella vaccine available since 1972. Initially, selective vaccination of adolescent females
- Measles vaccine available since 1976.

Introduction of
combined
MR/MMR vaccine

- Early 1990s: combined MR/MMR vaccines introduced
- Universal vaccination of all newborns recommended but offered free of charge only in some Regions

Two-dose MMR
schedule

- 1999: MMR included in the national routine childhood vaccination schedule (1 dose at 12-15 months).
- 2001: MMR free of charge in all Regions
- 2003: 2-dose vaccine schedule adopted
- 1st dose at 12-15 months, 2nd dose at 5-6 years



NATIONAL VACCINATION SCHEDULE (VNP 2012-2015)

Vaccine	birth	3 rd mese	5 th mese	6 th mese	11 th mese	13 th mese	15 th mese	5-6 y	11-18 y	>65 y	Every 10 years
DTPa		DTPa	DTPa		DTPa			DTPa	dTpa		dT
IPV		IPV	IPV		IPV			IPV			
HBV	HBV	HBV	HBV		HBV						
Hib		Hib	Hib		Hib						
MMR						MMR	MMR [#]	MMR [#]			
PCV		PCV	PCV		PCV						
Men C						Men C			Men C		
HPV									HPV		
Influenza										Flu	
Varicella									Var		

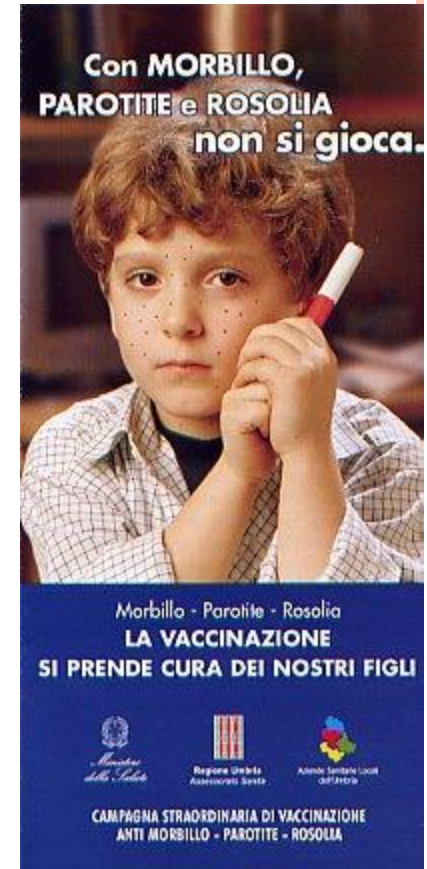
MMR2: second dose or catch-up



First Italian National Measles and Congenital Rubella Elimination Plan 2003-2007

- approved in November 2003
- Objectives:
 - ✓ to interrupt endemic measles
 - ✓ to reduce the incidence of congenital rubella syndrome to <1 case/100.000 live births

by 2007



PROGRESS IN MEASLES ELIMINATION AND CONGENITAL RUBELLA PREVENTION IN ITALY 2003-2010

➤ MCV coverage for the 1st dose in children 2 years of age increased from:

➤ **83.9%** in **2003** (range by region 53.4%-96.6%) to

➤ **90.6%** in **2010** (range by region 81.0% - 95.4%)

➤ 2nd MMR dose at 5-6 years of age, introduced in all geographical regions (birth cohort 2004)

➤ Supplementary vaccination campaign in birth cohorts 1991-1997

➤ Statutory surveillance of rubella in pregnancy and congenital rubella introduced in January 2005

➤ Implementation of enhanced surveillance system for measles (April 2007)



THE NEW NATIONAL MEASLES AND CONGENITAL RUBELLA ELIMINATION PLAN, ITALY

❖ approved as Agreement State-Regions of 23 March 2011

Objectives

- Eliminate endemic measles transmission
- Eliminate endemic rubella transmission
- Reduce incidence of congenital rubella to < 1 case/100.000 live births

by 2015



VACCINATION COVERAGE IN ITALY 2000-2013

Year	POL3	DTP3	DT-DTP3	EpB3	MMR1	M-MMR1	Hib3
2000	96,6	87,3	95,3	94,1	74,1	74,1	54,7
2001	95,8	93,3	95,9	94,5	76,1	76,9	70,2
2002	95,9	92,9	96,8	95,4	79,8	80,8	83,4
2003	96,6	95,8	96,6	95,4	82,0	83,9	90,4
2004	96,8	94,0	96,6	96,3	85,1	85,7	93,8
2005	96,5	94,7	96,2	95,7	82,7	87,3	94,7
2006	96,5	96,2	96,6	96,3	88,2	88,3	95,5
2007	96,7	96,5	96,7	96,5	89,6	89,6	96,0
2008	96,3	96,1	96,7	96,1	89,7	90,1	95,7
2009	96,1	96,0	96,2	96,1	89,9	90,0	95,6
2010	96,3	96,2	96,4	95,8	90,5	90,6	94,6
2011	96,1	95,8	96,3	96,0	89,9	90,1	95,6
2012	96,2	96,0	96,2	96,1	89,2	90,0	94,8
2013	95,4	95,3	95,4	95,3	88,1	88,1	94,5



VACCINATION COVERAGE IN ITALIAN REGIONS, 2013

Region	POL3	DTP3	DT-DTP3	EpB3	MMR1- MMRV	M-MMR1- MMRV	Hib3
Piemonte	96,7	96,6	96,8	96,5	92,1	92,1	96,2
Valle d'Aosta	93,7	93,2	93,8	93,1	83,5	83,9	92,9
Lombardia	96,0	95,8	96,0	95,8	92,6	92,6	95,2
P.A. Bolzano	88,8	88,3	88,8	88,3	68,9	68,9	89,4
P.A. Trento	94,5	94,3	94,4	94,1	86,3	86,3	93,6
Veneto	93,7	93,7	93,8	93,5	89,8	90,0	93,3
Friuli Venezia Giulia	94,3	94,2	94,6	93,8	87,8	87,8	93,7
Liguria	95,7	95,8	95,8	95,7	85,6	85,8	95,3
Emilia Romagna	96,1	95,8	96,0	95,8	91,1	91,3	95,3
Toscana	95,8	95,9	96,0	95,7	90,0	90,1	95,7
Umbria	97,1	96,7	96,8	96,6	93,0	93,1	96,6
Marche	96,8	96,7	96,8	96,7	87,4	87,4	96,7
Lazio	98,0	97,9	97,9	99,1	88,5	88,5	97,8
Abruzzo	97,7	97,7	97,7	97,7	92,4	92,4	97,7
Molise	94,6	94,6	94,6	94,6	84,5	84,5	94,6
Campania	92,7	92,7	92,7	92,7	86,8	86,8	92,6
Puglia	95,7	95,7	95,7	95,7	90,6	90,6	95,6
Basilicata	99,0	99,0	99,0	99,0	91,3	91,3	99,0
Calabria	94,2	94,2	94,2	94,2	87,6	87,6	80,8
Sicilia	95,3	95,3	95,3	95,3	88,9	88,9	95,3
Sardegna	96,8	96,8	96,8	96,8	91,1	91,1	96,7
Italy	95,4	95,3	95,4	95,3	88,1	88,1	94,5



CRITICAL ISSUES: VACCINATION COVERAGE

- Serious problems with movements against vaccinations and some judgments on liability
- Low MMR vaccination coverage in children (for both 1st and 2nd dose)
- Delays in the vaccinations schedules
- Low vaccination coverage in adolescents: how to reach them?
- Women of childbearing age are not sufficiently protected
 - postpartum vaccination
 - identify susceptible women before their first pregnancy
 - improve awareness of women and physicians (GPs , gynecologists)



CONCLUSIONS

- Italy was unable to reach the initial elimination goals
- More efforts are needed
- Surveillance of measles needs to be strengthened



Key observations and challenges (da OMS)

10.1 Vaccination

Italy has put in place the vaccination strategies for measles and rubella elimination as recommended by WHO Regional Office for Europe.²⁶ However, vaccination coverage is reportedly sub-optimal and even declining in some Regions. It is also recognized that substantial numbers of women of childbearing age remain susceptible to rubella

There is, therefore, a need for constant vigilance to promptly identify and close immunity gaps in the population.

Significant gaps in immunity against measles and rubella have been documented among adolescents and young adults.

Health care workers are high-risk populations groups as are Roma communities and immigrants.

Italy continues to make efforts to reach out to vulnerable children in these population groups but pockets of unvaccinated and under-vaccinated children remain.

Acceptance of the MMR vaccine varies widely. Although anti-vaccine sentiment is generally considered low in Italy, there seems to be a growing number of complacent parents and health providers. As a result, some children either receive vaccination late or not at all. The MoH is planning to develop health provider training courses to increase awareness on the benefits of vaccination.

10.2 Surveillance

Italy has the appropriate infrastructure for the surveillance of measles and rubella and to prevent and control outbreaks whenever they arise.

The NRL undertakes molecular surveillance of measles and rubella; however, it does not receive samples from the regional laboratories for confirmatory testing.

The specimens of suspected measles and rubella cases should be forwarded to the NRL for confirmation and appropriate samples should be submitted for PCR and genotyping.



Conclusions and Recommendations

We wish to compliment the significant efforts of the MoH to control measles and rubella nationwide and the excellent work of the Directorate General of Health Prevention and the National Institute of Health in collecting, compiling and analysing high quality disease surveillance data.

Italy faces important challenges to reaching the measles and rubella elimination goal. Consistent with the renewed commitment to eliminate measles and rubella and prevent CRS in Italy, the mission team generated a number of recommendations, some policy and some of a technical nature, which are submitted herewith for the consideration of the MoH.



National Plan of Action

The National Plan of Action for the elimination of measles and rubella should be updated and extended in collaboration with the regional health authorities and stakeholders including professional associations. These professional associations have already been instrumental in harmonizing the national immunization schedule and can help to achieve the targeted goals. In addition, civil societies have the potential to contribute to achieve of these goals.



Vaccination Campaign

Health workers

Surveillance and outbreak response

There is a need to further enhance integrated measles and rubella surveillance



Table 2. Summary of Recommendations

Area	Activity	Expected outcome	Specification
Political commitment	Improve political commitment at national level, regional and local level	Shared ownership and increased responsibility by all regions Secure adequate funding for activities	
National Plan of Action	Establish a new National Plan of Action for measles and rubella elimination and prevention of CRS in cooperation with all stakeholders including regional health authorities.	Official national guidelines in line with key elimination strategies	
Vaccination campaign	A high quality wide-age range vaccination campaign	Closure of population immunity gaps	The target population for the campaign should take into account the epidemiology of both measles and rubella
Health workers	Improve training and communication skills Immunize susceptible health workers	Protected health workers Better trained advocates of vaccines	

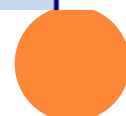


Table 2. Summary of Recommendations

Area	Activity	Expected outcome	Specification
Surveillance	Further enhance the integrated measles and rubella surveillance Link case-based laboratory data and epidemiological data	Better description of virus transmission patterns Improve rate of laboratory confirmation and ability to discard cases	
	Ensure timely and complete reporting to international surveillance institutions	Timely and complete reporting of data	
Communication	Finalise the communication plan	Increase in public trust and confidence in vaccines, minimize the negative impact of vaccine related events	Refer to the manual: "Vaccine Safety Events: managing the communications response"
Rubella elimination	Increase the importance of reporting of rubella and laboratory confirmation, strengthen CRS surveillance and conduct rubella outbreak investigations	Enhanced rubella surveillance	Report on rubella cases to international institutions
National Verification Committee (NVC)	Comply with the approved Framework for Verification and policies developed by WHO. Ensure that the immunization and surveillance programmes work closely with the NVC	Revitalised NVC	
Civil society organizations	Establish closer partnership with civil society organisations such as Lions Club International	Helpful for activities such as fundraising, effective advocacy and public awareness in promoting vaccination.	



Political commitment

It appears that currently there is improved political commitment to measles and rubella elimination at national level but there is need to carry it forward to the regional and local level. In addition, we recommend that the MoH:

- a) Mobilize the 21 regions in order to forge a stronger commitment among them to ensure shared ownership, and responsibility for, the national elimination goals
- b) Identify gaps in funding, human resources and technical support to ensure that the goals for measles and rubella elimination can be achieved and sustained
- c) To ensure that an effective National Immunization Technical Advisory Group (NITAG) is established, supported, strengthened and made transparent
- d) Reconfirm full political commitment to provide the required documentation for the WHO measles and rubella verification process in a complete and timely fashion.





Thanks!

