

LETTER TO THE EDITORS

Vaccination programmes against invasive disease in Italy, with particular regard to Valle d'Aosta

L. SUDANO

Regional Department of Public Health, Veterinary and Work Environment Service, Valle d'Aosta Region

Key words

Personal experience • Constitution • Vaccines

This letter is based on my experience of technical meetings aimed at preparing documents on vaccination programmes for the Conferenza Stato Regioni.

The message I would like to convey is that these technical committees are often made up not of healthcare personnel, but of administrative staff members who are not experts and who consider only political/administrative aspects.

In Italy, the National Health Service has been decentralized since 2001. This means that all 21 Italian Regions, with the strategic support of the Ministry of Health, are responsible for organizing and delivering all health services, and for allocating the necessary budgets.

With regard to vaccinations, a National Vaccination Committee has been established. This Committee is composed of representatives of the Regional Health Authorities, Ministry of Health, National Institute of Health and scientific societies and has the task of drawing up the National Immunization Plan. Each Region appoints representatives, who participate in technical board meetings. However, these representatives do not always possess the expertise required for the important decisions that they are called upon to take.

I have taken part in many meetings of technical boards dealing with the phases of introduction into vaccination calendars of various vaccines, such as anti-pneumococcal conjugate vaccine (PCV) and anti-meningococcal C conjugate vaccine (Men C). The debate preceding the final approval of the introduction of these vaccines into the Ital-

ian immunization schedule was laborious and excessively long. Some Regions, which apply the opinions of experts, had introduced the meningococcal C and pneumococcal vaccinations before their approval at the national level. Differences in target groups and types of offer can still be observed. This condition gave rise to a "patchwork" and consequently the vaccination coverage rates were very different from Region to Region.

In 2006, PVC and Men C vaccinations were introduced in my Region, Valle d'Aosta, where few cases of meningitis disease were registered annually. However, a laboratory that uses PCR methods to detect the microorganisms involved is not available. The vaccination coverage rate for Men C was 84.3% in 2009 and 86.0% in 2010. The PVC vaccination coverage rate was 85.0% in 2009 and 89.7% in 2010. No cases of meningitis disease have been reported in the last few years and paediatricians have observed a decrease in otitis of about 60%. This approximate evaluation indicates the considerable advantages conferred by vaccinations.

It is important to raise public awareness of the benefits of immunization programmes. Moreover, the culture of immunization programmes needs to be spread to decision-makers, who play a key role in the choice of health strategies. In addition, university research should increasingly promote the prevention of infectious diseases through vaccination.

Finally, I hope that the technical working groups are composed of highly qualified medical personnel.

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■ Correspondence: Luigi Sudano, Regional Department of Public Health, Veterinary and Work Environment Service, rue De Tillier 30, 11100 Aosta - E-mail: l.sudano@regione.vda.it