

# Lifetime Immunization Schedule



**Adult Immunization Board (AIB)**

***Country meeting:***

***Adult Immunization in Italy:  
successes, lessons learned  
and the way forward***

**6 – 7 December 2023**  
*Hotel Baglioni, Florence, Italy*

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# How the whole story started: an original intuition of the Italian Society of Hygiene and Public Health

## Adult vaccination calendar, 2010 - by age

Vaccino ▼	Gruppo di Età ►	19-49 Anni	50-64 Anni	≥ 65 Anni
Tetano, Difterite, pertosse per adulti (Tdpa)		1 dose Tdpa booster ogni 10 anni		
Papillomavirus Umano (HPV)		3 Dosi (fino a età massima in scheda tecnica)		
MPR		2 dosi (0, 4-8 settimane)		
Varicella (o MPRV)		2 dosi (0, 4-8 settimane)		
Influenza		1 Dose all'anno	1 Dose all'anno	
Pneumococco (polisaccaridico 23-valente)		1 Dose		1 Dose
Epatite A		2 Dosi (0, 6-12 mesi)		
Epatite B		3 Dosi Pre Esposizione (0, 1, 6 mesi) - 4 Dosi Post. Esposizione (0, 2, 6 settimane + booster a 1 anno) o Pre Esposizione imminente. (0,1,2,12)		
Meningococco		1 Dose (Quadrivalente polisaccaridico o coniugato)		



Raccomandato in presenza di fattori di rischio (clinico, epidemiologico, occupazionale, viaggiatori internazionali, stile di vita o altro)



Per tutti i soggetti che incontrano requisiti di età e/o in assenza di evidenza di immunizzazione pregressa

# How the whole story started: an original intuition of the Italian Society of Public Health

## Adult vaccination calendar, 2010 - by disease or life condition

Vaccino	Indicazione	Gravidanza	Condizioni di Immuno-Compromissione* (escl. HIV), farmaci, radiazioni	Infezione da HIV		Diabete, Cardiopatie, Malattie polmonari croniche, Alcolismo cronico, Fumo	Asplenia (compresa Splenectomia selettiva e Deficit terminale del complemento)	Epatopatia cronica	Insuff. Renale, Nefrop. in fase terminale, Emodialisi	Perso n. Sanitario
				Conta Linf. T CD4+ <200 cell./μl	≥200 cell./μl					
Tetano, Difterite Pertosse (Tdpa)				1 dose ogni 10 anni						
Papillomavirus Umano (HPV)				3 Dosi per le Donne fino a età indicata in scheda tecnica (0, 1-2, 6 mesi)						
MPR		Controindicato		2 Dosi (0, 4-8 settimane)						
Varicella		Controindicato		2 Dosi (0, 4-8 settimane)						
Influenza				1 Dose all'anno**						
Pneumococco (Vaccino Polisaccaridico 23-valente)				1 Dose						
Epatite A				2 dosi			2 dosi	2 dosi		
Epatite B				3 dosi				3 dosi	3 dosi	
Meningococco				1 dose			1 dose	1 dose		



Raccomandato in presenza di fattori di rischio (clinico, occupazionale, stile di vita o altro)



Per tutti i soggetti che incontrano i requisiti di età e/o in assenza di evidenza di immunizzazione pregressa

# Deep media impact of two vaccination calendars proposed in 2010 for adults/elderly and children/adolescents (the latter in collaboration with paediatric societies)

## Corriere della Sera 'Vaccines for the young elderly'

**PROPOSTA CALENDARIO VACCINAZIONI PER GLI ADULTI E PER GLI ANZIANI**  
a cura della Società Italiana di Iggiene, Medicina Preventiva e Sanità Pubblica (SIIPI)

Vaccino	Gruppo di Età	19-49 Anni	50-64 Anni	≥ 65 Anni
Tetano, Difterite, pertosse per adulti (Tdpa)		1 dose Tdpa booster ogni 10 anni		
Papillomavirus Umano (HPV)		3 Dosi (fino a età massima in scheda tecnica)		
MPR		2 dosi (0, 4-8 settimane)		
Varicella (o MPRV)		2 dosi (0, 4-8 settimane)		
Influenza		1 Dose all'anno	1 Dose all'anno	
Pneumococco (polisaccaridico 23-valente)		1 Dose		1 Dose
Epatite A		2 Dosi (0, 6-12 mesi)		
Epatite B		3 Dosi Pre Esposizione (0, 1, 6 mesi) - 4 Dosi Post. Esposizione (0, 2, 6 settimane + booster a 1 anno) o Pre Esposizione imminente. (0,1,2,12)		
Meningococco		1 Dose (Quadrivalente polisaccaridico o coniugato)		

     Raccomandato in presenza di fattori di rischio (clinico, epidemiologico, occupazionale, viaggiatori internazionali, stile di vita o altro)  
     Per tutti i soggetti che incontrano requisiti di età e/o in assenza di evidenza di immunizzazione pregressa

**Proposta di calendario vaccinale per l'Età Pediatrica e Adolescentiale (0-18 anni) a cura di SIIPI-FIMP-SIP VERSIONE FINALE APPROVATA IL 8.7.2010**

Vaccino	0gg - 30gg	3° mese	5° mese	7° mese	11° mese	13° mese	15° mese	5°-6° anno	12°-18° anno
DTPa		DTPa	DTPa			DTPa**		DTPa**	dTpa***
IPV		IPV	IPV			IPV		IPV	
Epatite B	EpB-EpB*	Ep B	Ep B			EpB			
Hib		Hib	Hib			Hib			
MPRV o MPR + V							MPRV o MPR + V	MPRV o MPR + V	MPRV*** o MPR + V ^
PCV ^^		PCV13	PCV13			PCV13			
Men C							Men C §		Men C §
HPV									HPV^o
Influenza							Influenza^o		
Rotavirus			Rotavirus #						
Epatite A							EpA ##		EpA ##

INTERPRETAZIONI DELLE ETA DI OFFERTA DEL CALENDARIO  
 3° mese si intende dal 61° giorno  
 5°-6° anno si intende dal 4° compleanno ai 6 anni (5 anni e 364 giorni)  
 7° mese sta ad indicare da 6 mesi e 1 giorno fino a 6 mesi e 29 giorni  
 12° anno da 11anni e 1 giorno fino al 12° compleanno

Corriere della Sera **Lunedì 23 Agosto 2010**

Si vive di più e si continua a viaggiare. Ecco perché è meglio rinnovare gli scudi alle malattie infettive

# I vaccini per «giovani anziani»

*Gli antidoti a virus e batteri usati da bambini vanno ripetuti*

Tra 20 anni in Italia ci saranno 16 milioni e mezzo di over 65 anni e 5 milioni e mezzo di over 80. La vita media sarà di 82,2 anni per gli uomini e 87,5 anni per le donne. I centenari, oltre settemila oggi, probabilmente saranno quasi 30 mila. L'Italia è uno dei luoghi al mondo dove si vive più a lungo. L'importante è restare in forma, prevenire fin da giovani malattie e patologie

**1 a 10**  
Il rapporto costo-benefici dei vaccini: per ogni euro investito nella prevenzione se ne risparmierebbero 10



1964 in fila per la vaccinazione antinfluenzale. Ogni anno sono 5-8 milioni gli italiani colpiti, per un costo di 2,86 miliardi di euro (Corbis)

## Il calendario per adulti e anziani

     Per tutti i soggetti che incontrano requisiti di età e/o in assenza di evidenza di immunizzazione pregressa  
     Raccomandato in presenza di fattori di rischio (clinico, epidemiologico, occupazionale, viaggiatori internazionali, stile di vita o altro)

Vaccino	Gruppo di età		
	19-49 anni	50-64 anni	più di 65 anni
Tetano, difterite, pertosse per adulti (Tdpa)	1 dose Tdpa booster ogni 10 anni		
Papillomavirus umano (HPV)	3 dosi (fino a età massima in scheda tecnica)		
MPR**	2 dosi (0*, 4-8 settimane)		
Varicella (o MPRV)	2 dosi (0, 4-8 settimane)		
Influenza	1 dose all'anno	1 dose all'anno	
Pneumococco (polisaccaridico 23-valente)	1 dose		1 dose
Epatite A	2 dosi (0, 6-12 mesi)		
Epatite B	3 dosi Pre esposizione (0, 1, 6 mesi) - 4 dosi Post. esposizione (0, 2, 6 settimane + booster a 1 anno) o Pre esposizione imminente. (0,1,2,12)		
Meningococco	1 dose (quadrivalente polisaccaridico o coniugato)		

0\* la prima dose \*\*MenB, Parotite, Rosolia

Fonte: Società Italiana di Iggiene, Medicina preventiva e Sanità pubblica (SIIPI)

CORRIERE DELLA SERA

## **Health Authorities start to take inspiration from the Vaccination Calendars proposed by Scientific Societies**

- **The contents of the calendar for risk groups are almost identical to the updated Adult/Elderly Calendar 2011 of the Italian Society of Hygiene, the part on immunization of healthcare workers is perfectly overlapping**
- **A missed opportunity (*to be addressed in the forthcoming Plan*): the NVP 2012-14 did not introduce the concept of Lifetime Vaccination Calendar**

# The 2012 “*Calendario Vaccinale per la Vita*” (Lifetime Vaccination Calendar)

... a vaccination calendar proposed by a coalition of Scientific Societies and Professional Organizations of physicians, with the aim to offer an immunization plan from 0 to 100 years



## ***‘Calendario Vaccinale per la Vita’*** **(Lifetime Vaccination Calendar): defining best practices for HCWs and the public**

- The Lifetime Vaccination Calendar is meant to coagulate the scientific world and healthcare practitioners (public health, paediatricians, GPs) to propose **‘the best possible immunization schedule’** updated regularly, following the most recent discoveries and scientific evidences
- No intent to substitute public health decision makers, rather a strong support initiative for Regional Health Authorities, to possibly integrate the vaccination offer guaranteed as ***Essential Level of Care*** (in Italian: **LEA**) by the National Vaccination Plan...
- ... but also, and mainly, **an important guide to doctors and nurses** on what to inform about and to propose in the interest of population health from an individual point of view

# The four societies

- **Italian Society of Hygiene, Preventive Medicine and Public Health (SItI)**
- **Italian Society of Paediatrics (SIP)**
- **Italian Federation of Family Paediatricians (FIMP)**
- **Italian Federation of General Practitioners (FIMMG)**



**They represent more than 50,000 physicians in Italy**





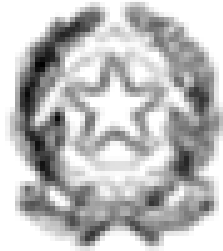
# 'Calendario Vaccinale per la Vita 2012'

(boxes: additional vaccines to the NVP)

Vaccino	0gg-30gg	3° mese	5° mese	7° mese	11° mese	13° mese	15° mese		6° anno	12°-18° anno	19-49 anni	50-64 anni	> 64 anni
DTPa		DTPa	DTPa		DTPa				DTPa**	dTpaIPV	1 dose dTpa*** ogni 10 anni		
IPV		IPV	IPV		IPV			IPV					
Epatite B	Ep B- EpB*	Ep B	Ep B*		EpB						3 Dosi Pre Esposizione (0, 1, 6 mesi) - 4 Dosi Post. Esposizione (0, 2, 6 settimane + booster a 1 anno) o Pre Esposizione imminente. (0,1,2,12)		
Hib		Hib	Hib		Hib								
MPRV o MPR+V					MPRV o MPR+V				MPRV o MPR+V	MPR**** o MPR+V^	2 dosi MPR**** +V (0-4/8 settimane)		
Pneumococco		PCV13	PCV13		PCV13		PCV13^^			PCV13/PPV23 (vedi note)		PCV13	
Meningococco					Men C§					MenACWYconiugato	1dose		
HPV										HPV*	3 dosi fino a età massima in scheda tecnica		
Influenza					Influenza**						1 dose all'anno		1 dose all'anno
Rotavirus		Rotavirus#											
Epatite A								EpA##		EpA##	2 dosi (0-6-12 mesi)		

     Vaccinazione raccomandata per l'età  
      Vaccinazione raccomandata per "rischio"  
      Vaccinazione indicata per l'età

..... we have now two calendars



*'of the Essential Levels of Care'*

# **Interim activities 2012-2014**

**Indicazioni del Board del Calendario Vaccinale per la Vita\***

**in merito alla vaccinazione antipneumococcica dei soggetti a rischio**

**Stagione 2013-14**

**Indications of the Lifetime Vaccination Calendar  
Board on Anti-Pneumococcal Vaccination  
in At-Risk Subjects**

# Interim activities 2012-2014






3° month	4° month	5° month	6° month	11° month	13° month	14° -23° month
Hexavalent + PCV13 <i>Beginning 3° month (day 61)</i>		Hexavalent + PCV13 <i>15 days after dose 2 of MenB, beginning 5° month (day 121)</i>		Hexavalent + PCV13		
					MPR or MPRV	
<b>MenB</b> <i>15 days after hexavalent + PCV13 (day 76)</i>	<b>MenB</b> <i>1 month after the first dose (day 106)</i>		<b>MenB</b> <i>1 month after the second dose, beginning 6° month (day 151)</i>		<b>MenB</b>	
						MenC

## Proposed Vaccination Schedule for Men B (December 2013)

# Calendario Vaccinale per la Vita 2014 (Siti, SIP; FIMP, FIMMG)

Vaccino	Ogg-30gg	3° mese	4° mese	5° mese	6° mese	7° mese	11° mese	13° mese	15° mese	⇨	6° anno	12°-18° anno	19-49 anni	50-64 anni	> 64 anni	
DTPa		DTPa		DTPa			DTPa				DTPa**	dTpaIPV	1 dose dTpa*** ogni 10 anni			
IPV		IPV		IPV			IPV				IPV					
Epatite B	EpB-EpB*	Ep B		Ep B*			Ep B						3 Dosi: <i>Pre Esposizione</i> (0, 1, 6 mesi) 4 Dosi: <i>Post Esposizione</i> (0, 2, 6 sett. + booster a 1 anno) o <i>Pre Esposizione imminente</i> (0, 1, 2, 12)			
Hib		Hib		Hib			Hib									
Pneumococco		PCV13		PCV13			PCV13	PCV13 <sup>AA</sup>			PCV13/PPV23 (vedi note)		PCV13			
MPRV								MPRV			MPRV					
MPR								MPR			oppure MPR	MPR	oppure MPR + V	2 dosi MPR**** + V (0-4/8 settimane)		
Varicella									V		MPR + V					
Meningococco C								Men C o MenACWY coniugato	Men C o MenACWY coniugato			MenACWY coniugato 1dose				
Meningococco B		Men B	Men B		Men B			Men B	Men B							
HPV												HPV <sup>5</sup> : 2-3 dosi (in funzione di età e vaccino); fino a età massima in scheda tecnica				
Influenza							Influenza <sup>oo</sup>				1 dose all'anno		1 dose all'anno			
Herpes Zoster															1 dose#	
Rotavirus		Rotavirus##														
Epatite A									EpA###			EpA###		2 dosi (0-6-12 mesi)		

	Cosomministrare nella stessa seduta			Opzioni di cosomministrazione nella stessa seduta o somministrazione in sedute separate
	Somministrare in seduta separata			Vaccini per categorie a rischio

Firstly presented October 1, 2014

# **From the 'rationale' of the Lifetime Vaccination Calendar 2014 (1)**

***'Two years after the first edition, we can say that the Lifetime Vaccination Calendar reached many of its objectives. Actually, it has become:***

- 1. a reference document for national, regional and local institutions, being explicitly cited as the basis for new deliberations of regional vaccination plans;***
- 2. a guidance document on the 'best practices' of vaccination offer to the public;***
- 3. the object of refreshment course and meetings for doctors, nurses and public health nurses, and the other HCWs involved in vaccination practices;***
- 4. an example of collaboration among different Scientific and Professional Societies'***

## From the 'rationale' of the Lifetime Vaccination Calendar 2014 (2)



- *'Furthermore, it should be emphasized that the Italian Law n. 189/2012 (art.3) recognizes that 'those who perform a healthcare profession and apply guidelines or good practices accredited by the scientific community, do not respond under the penal law for a light negligence'.*
- *Substantially, those HCWs who follow the indications of the Lifetime Vaccination Calendar, if found professionally responsible, will only respond for a serious negligence*
- *Such disposition represents a further prompt for Scientific Societies, who, while defining good practices, realize an effective preventive and judicial tutorship for all professionals involved in the vaccination world'*

# Innovative aspects of the Lifetime Vaccination Calendar 2014

- Introduction of dTap/IPV at adolescent age, decennial booster with dTap
- PCV13 to one or more age cohorts  $\geq 65$  years and to risk subjects at any age
- Universal MenB in infancy (3+1; 2+1 since month 6 of age)
- MenACYW135 to all adolescents (both first dose and booster), alternative to MenC in infancy
- Universal varicella vaccination of toddlers with MPRV (or MPR+V), with indication of the possible co-administrations with Men B, Men C, Men ACYW135
- HPV vaccination offered to at least two female age cohorts and to 12-year old males
- Universal Rotavirus vaccination
- Zoster vaccination to at least an age cohort of elderly and to all risk subjects



SHORT REPORT

 OPEN ACCESS 

## The 2016 Lifetime Immunization Schedule, approved by the Italian scientific societies: A new paradigm to promote vaccination at all ages





Paolo Bonanni <sup>a</sup>, Giampietro Chiamenti <sup>b</sup>, Giorgio Conforti <sup>b</sup>, Tommasa Maio <sup>c</sup>, Anna Odone <sup>a</sup>, Rocco Russo <sup>d</sup>,  
 Silvestro Scotti <sup>c</sup>, Carlo Signorelli <sup>a</sup>, Alberto Villani <sup>d</sup>, & The Scientific Board of “Lifetime Immunization Schedule”<sup>\*</sup>

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<sup>c</sup>Italian Federation of General Practitioners (FIMMG), Rome, Italy; <sup>d</sup>Italian Society of Geriatrics (SIG), Rome, Italy

Table 1.

Vaccine	Birth First 30 days	3rd month	4th month	5th month	6th month	7th month	11th month	13th month	15th month	⇔	6th year	12th-18th year	<del>44-48</del> 49 years	50-64 years	> 64 years
DTaP <sup>§</sup>		DTaP		DTaP			DTaP				DTaP**	dTapIPV	dTap*** subsequent booster every 10 years		
IPV		IPV		IPV			IPV			IPV					
Hepatitis B	HepB - HepB*	Hep B		Hep B*			Hep B						3 Doses: Pre-exposure(0, 1, 6 months) 4 Doses: Postexposure(0, 2, 6 sett. + booster after 1 year) or immediate Pre-exposure(0, 1, 2, 12 months)		
Hib		Hib		Hib			Hib								
PCV - PPSV		PCV		PCV			PCV	^^PCV			PCV/PPSV			PCV	
MMRV							MMRV				MMRV				
MMR							MMR				or MMR + V	MMR	or MMR + V	2 doses MMR**** + V (0-4/8 weeks)	
Varicella									V						
Men-C							Men C or conjugate MenACWY		Men C or conjugate MenACWY			conjugate MenACWY 1 dose			
Men-B		Men B	Men B		Men B		Men B		Men B			Men B	Men B		
HPV												HPV <sup>¶</sup> : 2-3 doses (according to the age and the type of vaccine); maximum age for vaccination according to the product characteristics			
Influenza							Influenza <sup>¶¶</sup>					1 dose every year	1 dose every year		
Herpes Zoster															1 dose#
Rotavirus		Rotavirus##													
Hepatitis A									HepA###			HepA###		2 doses (0-6-12 months)	

	Simultaneous administration		Simultaneous administration or various sequential administrations
	Immunizations in sequential administrations		Immunizations for risk groups

# National Vaccination Plan 2017-2019: Vaccination Schedule

Vaccino	Ogg-30gg	3° mese	4° mese	5° mese	6° mese	7° mese	11° mese	13° mese	15° mese	⇨	6° anno	12°-18° anno	19-49 anni	50-64 anni	> 64 anni	
DTPa** IPV		DTPa IPV		DTPa IPV			DTPa IPV				DTPa*** IPV	dTpaIPV	1 dose dTpa**** ogni 10 anni			
Epatite B	EpB-EpB*	Ep B		Ep B			Ep B						3 Dosi: <i>Pre Esposizione</i> (0, 1, 6 mesi) 4 Dosi: <i>Post Esposizione</i> (0, 2, 6 sett. + booster a 1 anno) o <i>Pre Esposizione imminente</i> (0, 1, 2, 12)			
Hib		Hib		Hib			Hib									
Pneumococco		PCV		PCV			PCV	PCV^^			PCV/PPSV (vedi note)				PCV+PPSV	
MPRV								MPRV			MPRV					
MPR								oppure MPR + V			oppure MPR + V	MPR	oppure MPR + V^	2 dosi MPR***** + V^ (0-4/8 settimane)		
Varicella									V							
Meningococco C								Men C				MenACWY coniugato				
Meningococco B*^		Men B	Men B		Men B			Men B								
HPV												HPV*: 2-3 dosi (in funzione di età e vaccino)				
Influenza								Influenza°°				Influenza°°			1 dose all'anno	
Herpes Zoster															1 dose#	
Rotavirus		Rotavirus##														
Epatite A									EpA###			EpA###		2 dosi (0-6-12 mesi)		

# Main innovations in the *'Calendar for Life 2016'*

- **Vaccinations of pregnant women to protect the newborn: influenza and pertussis**
- **Proposal to start planning the extension of universal influenza vaccination to children**
- **Varicella in all Regions**
- **Meningo B for at risk adolescents and young adults, prospectively for all adolescents with 2 doses**
- **Possibility to anticipate the first dose of rotavirus vaccine at the 6<sup>th</sup> week of life**
- **HTA evaluation of the 9-valent HPV vaccine as the paradigm for optimal protection in the perspective of universal adolescent immunization (females+males)**



## Commentary

## The recommended lifetime immunization schedule from the board of vaccination calendar for life in Italy: A continuing example of impact on public health policies



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### A B S T R A C T

The Vaccination Calendar for Life is an alliance of scientific and professional societies of public health physicians, paediatricians and general practitioners in Italy which provides a periodical update on the ideal, scientifically driven vaccination calendar throughout lifetime. Since 2012, the Lifetime Immunization Schedule has represented a benchmark for Regional and National Authorities to set up the updated list of vaccines provided actively and free of charge to infants, children, adolescents, adults and the elderly by inclusion in the Triennial National Vaccination Plan (TNVP), and in the Essential Levels of Care (LEA). The impact of the different editions of the Lifetime Immunization Schedule on the TNVP was deep, representing the inspiring source for the present vaccination policy. The 2019 edition called for more attention to pregnant women immunization; risk groups vaccination; uniform high coverage with the MMRV vaccine; extension of Meningococcal B vaccination also at adolescent age; use of quadrivalent conjugate meningococcal vaccine also at 1 year of life; progressive decrease of the age of free-of-charge offer of influenza to  $\geq 60$  and then to  $\geq 50$  year-old population; implementation of flu immunization ages 6 months-6 years; HPV vaccination also offered to 25-year old women at the time of the first screening (gender neutral immunization already offered); sequential PCV13-PPV23 pneumococcal vaccination in 65 year-old subjects; increased coverage with rotavirus vaccine in infants and zoster vaccine in the elderly.



# Lifetime Immunization Schedule

4th Edition 2019



Vaccine	Birth First 30 days	3rd month	4th month	5th month	6th month	7th month	11th month	13th month	15th month	⇨	6th year	12th - 18th year	19-49 years	50-64 years	> 64 years	
DTaP		DTaP		DTaP			DTaP**				DTaP**	DTaP	dTAp*** every 10 years			
IPV		IPV		IPV			IPV				IPV	IPV				
Hepatitis B	HepB*	Hep B		Hep B			Hep B									
Hib		Hib		Hib			Hib									
PCV - PPSV		PCV		PCV			PCV	PCV^^			PCV13/PPSV23			PCV13/PPSV23		
MM RV							MM RV		MM RV		MM RV****					
MM R							MMR			or	MMR**** + V^					
Varicella								V		MMR + V						
Men-C							Men ACWY conjugate	Men ACWY conjugate		Men ACWY conjugate	Men ACWY conjugate	Men ACWY conjugate				
Men-B			Men B 3 doses (2 doses after insertion of "English" schedule in SPC - see text below)					Men B	Men B		Men B	Men B #	Men B			
HPV												HPV	HPV			
Influenza							Influenza**				Influenza		Influenza			
Herpes Zoster														HZ	HZ***	
Rotavirus		Rotavirus***														
Hepatitis A											HepA****					

Simultaneous administration	Simultaneous administration or various sequential administrations
Immunizations in sequential administrations	Immunizations for risk groups



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# Vaccine

journal homepage: [www.elsevier.com/locate/vaccine](http://www.elsevier.com/locate/vaccine)



## Commentary

Maintain and increase vaccination coverage in children, adolescents, adults and elderly people: Let's avoid adding epidemics to the pandemic  
Appeal from the Board of the Vaccination Calendar for Life in Italy:  
Maintain and increase coverage also by re-organizing vaccination services and reassuring the population



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# **MAINTAIN AND INCREASE VACCINATION COVERAGE IN CHILDREN, ADOLESCENTS, ADULTS AND ELDERLY PEOPLE: LET'S AVOID ADDING EPIDEMICS TO THE PANDEMIC**

## **Appeal issued on April 23, 2020**

**The following urgent actions are indispensable:**

**1. Ensure keeping up pediatric vaccination coverage in infants, school-age children and adolescents, with no interruption of active calls and scheduled sessions.**

Ensure sufficient personnel to carry out immunization activities in all Regions, considering vaccination services as a crucial point to maintain population health.

**2. Re-organize pediatric and adolescent vaccination offer**

The details of the re-organization processes may vary from one Region to another, depending on the different organizational models

**Some principles of action can be outlined:**

- involvement of primary care pediatricians in the administration of vaccines (reduces movement of families, and encourages administration in concomitance with infant health checks);
- co-administration of more than 2 vaccines in the same session;
- acceptance by appointment, which must be scheduled in order to avoid simultaneous presence of other subjects in the waiting room

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### **3. Establish catch-up programs for missed vaccinations after the start of the COVID-19 emergency.**

#### **- Catch-up actions for children and adolescents who missed any vaccination during the COVID-19**

- This should be accomplished for both mandatory vaccinations for access to school (hexavalent; Measles-Mumps-Rubella-Varicella or MMRV), and for strongly recommended vaccines (conjugated pneumococcus, conjugated meningococcus quadrivalent ACWY/C, meningococcus B, HPV in adolescence)
- It should be reminded that all co-administrations are possible unless expressly excluded in the Summary of Product Characteristics (SPC)
- For vaccines to be administered in 3 doses as a basic course, minimum interval between doses reminded, and recall that a discontinued vaccination course should never be re-started



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- 4. Prepare tenders for the supply of flu vaccines with extreme urgency and with suitable quantities to increase coverage in all Regions**
  - Available doses at the international level are limited in number
  - The Board of the Vaccination Calendar for Life asked for the immediate publication of the Circular letter of the Ministry of Health on Influenza Vaccination for the 2020/2021 Season as a matter of urgency, and called for concrete actions to be taken to promote a high level of uptake in the next autumn:
    - also including healthy children between 6 months and 6 years of age
  - It is important to pay attention to the use of the most age-appropriate vaccines, as mentioned in the Ministerial Circulars (quadrivalent vaccines for the population aged 6 months to 75 years; adjuvanted trivalent vaccines for the population 75 years).

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### **5. Prepare plans to increase vaccination coverage against influenza, pneumococcal diseases, diphtheria-tetanus-pertussis and herpes zoster**

- Strong actions to increase vaccination for pneumococcus, diphtheria-tetanus-pertussis (dTpa) and zoster should also be planned
- An earlier and longer duration of the Influenza immunization campaign should be provided, with an organizational model characterized by social distancing and biocontainment both in the settings of family medicine and in those of vaccination centers.
- Increase of vaccine supply - central intervention of the State through ad hoc resources. This should aim at supporting the ordinary budgets of the Regions
  - extremely urgent to increase protection for all diseases that could be added to COVID-19. Great risk of bacterial superinfection after viral infections (such as pneumococcal pneumonia after influenza)
  - largely underestimated number of cases of whooping cough in the elderly or chronically ill adults also poses difficulties in the differential diagnosis with COVID-19
  - social importance of vaccination against herpes zoster and post-herpetic neuralgia, with treatment issues that might even be more complex in the current situation

# **New Board of the Lifetime Vaccination Calendar: 2023 activities**

- **Sub-division of tasks between political/strategical direction (presidents e coordinator), and technical-scientific group (coordinator and 4 representatives of each society/federation)**
- **First activity 2023: board position on the public health utilization of the new long-lasting monoclonal antibodies against RSV (date of issue on press agencies and online: February 16, 2023)**
- **Writing and proposal of a new Vaccination Calendar for Life 2023/24**



# Conclusions

- **The Board of the Lifetime Vaccination Calendar represents a unique alliance of scientific societies and professional associations, created to propose the 'ideal' vaccination schedule' based on scientific evidence of efficacy, effectiveness and safety**
- **Its proposal were taken as the backbone of the National Vaccination Plan 2017-19, one of the most complete vaccination offers available internationally**
- **The Board has published its proposals in the international literature, to make them known, and to offer inspiration for possible similar initiatives**
- **It constitutes a recognised player in setting up vaccination strategies by Italian health authorities.**
- **Will continue to propose the best possible vaccination offer for all ages of life**