



Letter to the Editor

Vaccines: The oxymoron of Italian health policy

Vaccination is a delicate topic in many Western countries, including Italy. The case series by Wakefield and coworkers suggested that the measles, mumps, and rubella (MMR) vaccine may

Predispose to behavioral regression and pervasive developmental disorder in children [1]. Although their paper was retracted [2], it received wide publicity and triggered concerns and doubts about the vaccines safety. The growing mistrust of vaccines, and more generally of science, has led to a drop of MMR vaccination in many European countries, including Italy. Due to a fall in immunization coverage in the years 2011–2015, the Italian government was forced to decree that vaccination against measles, varicella, mumps, rubella, pertussis and *Haemophilus influenzae* type b became mandatory [3]. The Italian immunization coverage was 85%, one of the lowest among the European Countries (i.e. Portugal and Russia: 98%, Spain, Sweden and Germany: 97%, Norway: 96%, Finland: 94%, United Kingdom: 92%, France: 90%) [3]. This governmental action was useful, because the immunization coverage against measles increased from 85% to 91.68% in Italy [4]. Despite the World Health Organization's (WHO) recommendations- which include routine immunization for all children against polio, measles, rubella, HPV, hepatitis B, *Haemophilus influenzae* and *Pneumococcus*- the immunization coverage against measles in Italy is still not sufficiently high to guarantee a herd immunity. As a matter of fact, according to the World Health Organization (WHO) a 93–95% vaccine coverage is required to produce herd immunity against diseases in a given population.

Unfortunately, the current Italian “populist” government has proposed an amendment which required parents to provide evidence of 10 routine vaccinations when enrolling their children in nurseries or preschools, for one year [5]. This amendment was approved by the Italian Upper House (Senato) of Parliament, but has been rejected by the Lower House (Camera dei Deputati). In terms of public health policies, should the above amendment be approved in the months to come, the Italian population (60.6 millions people) would be exposed to a growing risk of contracting/transmitting infectious diseases. The current law proposal shows the ambiguity of the Italian government on major health policies and a disrespect of the WHO recommendations.

In a recent interview, the actual Health Minister stated that the new law proposal will promote a “flexible obligation” [6]. She explained that the newly proposed law will promote the recommendation (and not the obligation) to vaccinate. Vaccination will be mandatory only in Italian regions displaying a low immunization coverage, or in case of an outbreak. A lack of a secure vaccine coverage, or a further fall in immunization, and a higher risk of measles outbreak, could be the consequences of the Italian government's health policy.

From a medical point of view, this law proposal is unacceptable. Why should a population without herd immunity be exposed to the threat of a measles outbreak before being vaccinated?

The oxymoron - “flexible obligation”- should rise many concerns both in the Italian and European scientific communities and in the population. Health policies should be based on solid scientific data and should guarantee the well-being of a given population. From our perspective, these incongruous health policies are the consequence of a cultural and political problem. We perceive an increasing distrust of modern Medicine generated by a growing misinformation amplified by medical blogs created by non medical personnel. On this ground, both the Italian and the European Scientific Associations should take action and help the government to elaborate more thoughtful health policies. Furthermore, mass media campaigns to elucidate the efficacy of vaccines and the benefits of herd immunity especially for the youngest should be carried out to change health behaviours.

Conflict of interest

All authors have not conflicts of interest.

Author Agreement/Declaration

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