

Presidenza del Consiglio dei Ministri



MOTION

THE IMPORTANCE OF IMMUNISATION

24 April 2015

It is an alarming fact that the decrease in immunisation coverage has brought about a considerable rise in the cases of measles worldwide. In Italy alone 1,686 cases were reported in 2014, the highest number in Europe. Even the WHO has explicitly urged Italy to take measures against this outbreak. Moreover, various cases of meningitis, some even fatal, have been recorded in different regions. The NBC has taken stock of these data and stresses its deep concern about the increasingly widespread tendency to defer or even to refuse the compulsory vaccinations which are recommended by the Healthcare Authorities and universally recognised as being efficacious.

With regard to this phenomenon, the NBC stresses¹ how vaccinations are one of the most efficient preventive measures, with a particularly positive risk/benefit ratio, having not only an important healthcare value but also an intrinsic ethical one.

Consequently the NBC considers it urgent to call the attention of the Italian society to the value of assuming personal and social responsibility and invites the Government, the Regions and the competent institutions to make an increased effort so that both mandatory and recommended vaccinations might achieve appropriate immunisation coverage (95%). In particular it is necessary to mobilise the doctors and healthcare facilities of the region and promote effective information, communication and education campaigns aimed at stressing the importance of immunisation at individual and collective level and to draw citizens' attention to making conscious responsible choices in their own interest. With regard to this, the spread of falsehoods and prejudices cannot but be stigmatised, for example those concerning the existence of a presumed correlation between vaccinations and the rise of autism, an hypothesis that has been dismissed of any scientific foundation, as has been once again demonstrated in a recent study².

It must be remembered and stressed that for reasons of proven safety and efficacy, vaccinations are numbered among the measures given priority in the planning of healthcare coverage interventions for the population.

The fact that they are also intended for children for the most part, furthermore introduces an important factor of equity, since it allows the protection of a category of vulnerable subjects. Moreover, the immunisation programmes come under parental responsibility according to the criterion of the highest interest of the child and his/her right to be vaccinated. The consequence of any type of refusal is that the risk of frequenting many places increases for the children (hospital, school, gyms, swimming-pools, public and private playgrounds, etc.) which become risky by very reason of this refusal. The more vulnerable subjects who cannot be vaccinated for health reasons are put in serious jeopardy.

¹ See: National Bioethics Committee, *Le vaccinazioni*, 1995.

² A. Jain et. al., *Autism Occurrence by MMR Vaccine Status Among US Children With Older Siblings With and Without Autism*, JAMA (The Journal of American Medical Association) 2015; 313 (15): pp. 1534-1540; DOI:10.1001/jama.2015.3077. It must be remembered that the scientific publications that claimed a link between vaccinations and the onset of autism have been withdrawn and that the main author of such thesis has been charged with fraud.

Furthermore, it must be underlined that, as a basis of the decision to be vaccinated, as well as the protection effect of immunisations (the so-called *herd immunity*) and the reasons connected to this of a solidarist and cooperative nature, must be added further reasons regarding personal interest: in the absence of a proper immunisation diffusion, the individual risk of falling ill is greatly superior to the risks linked to the vaccination itself. It must not be forgotten in fact that the eradication of an infectious disease cannot be guaranteed exclusively by other hygiene-healthcare measures, as shown by the re-emergence of recent epidemics in the industrialised countries too.

For this scope the NBC recommends:

1. Advertising and information campaigns on mandatory and recommended vaccinations at national level, to be implemented without delay and based on consolidated scientific documentation, including efficient communication on internet sites and detailed written and oral information at individual level, so as to make citizens aware of the ongoing strategies and the benefits in relation to the possible risks.

2. Information and awareness campaigns for healthcare centres, family doctors, family paediatricians and the professionals involved in immunisation programmes, as well as school employees.

3. The commitment on the part of the healthcare institutions to organise specialised centres specifically dedicated to the immunisation of subjects most at risk.

4. The analysis of the regional area so as to introduce more efficient organisation modalities, also with the main objective of overcoming the differences existing today in the different Italian regions in the respect of constitutional principles.

5. The respect of the mandatory nature of an adequate prophylactic immunisation for healthcare professionals and the personnel working in schools of all levels – and in general in places most frequented by children – according to their specific activity.

6. The commitment – particularly by family doctors and attending paediatricians – to give sufficient information regarding their patients, highlighting how vaccinations constitute one of the most efficient treatments, with a very positive risk/benefit ratio.

7. The continuous monitoring of non-immunisation (owing to forgetfulness or for medical, ideological, religious, psychological reasons etc.) both at national and single municipality level with the aim of identifying those who need to be encouraged to do vaccinations (*compliance*) and stressing any immunisation coverage deficiencies, especially in children.

8. The classification of “healthcare and public hygiene emergencies” in such a manner as to be able to study and draw up “*healthcare emergency recovery plans*” to be sanctioned and set up when needed case by case.

9. The setting up of repeated actions and adoption of emergency measures in urgent situations and - possibly legislative interventions – needed to restore or achieve an acceptable level of health safety which can be obtained by keeping immunisation coverage high.

In conclusion, the Committee considers that every possible effort must be made to achieve and maintain an optimum immunisation coverage through education programmes for the public and the healthcare professionals, not excluding the possibility of making them compulsory in emergency cases.

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The text of the motion was voted on and unanimously approved by those present in the plenary sitting: Profs. Salvatore Amato, Luisella Battaglia, Bruno Dallapiccola, Antonio Da Re, Lorenzo d’Avack, Mario De Curtis, Riccardo Di Segni, Carlo Flamigni, Paola Frati, Silvio Garattini, Assunta Morresi, Demetrio Neri, Andrea Nicolussi, Laura Palazzani, Rodolfo Proietti, Massimo Sargiacomo, Monica Toraldo di Francia, Grazia Zuffa.

The members without the right to vote expressed their approval: Dr. Carla Bernasconi, Dr. Rosaria Conte, Prof. Anna Teresa Palamara, Dr. Carlo Petrini.

Profs. Carlo Caltagirone, Stefano Canestrari, Cinzia Caporale, Carlo Casonato, Francesco D’Agostino, Marianna Gensabella, Giancarlo Umani Ronchi, Lucetta Scaraffia were absent in the plenary session but endorsed the opinion at a later date.