



Vaccinations and regional inequalities in Italy

Nearly five decades after the inception of the Italian National Health Service, the country maintains favourable health outcomes internationally, in part attributable to sustained high vaccination coverage. However, findings from the recent study published in *The Lancet Public Health* by The Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) Italian Collaborators¹ underscore widening regional inequities that might compromise the effectiveness and equity of immunisation programmes.

Italy continues to demonstrate resilience in childhood immunisation. Coverage for the ten mandatory vaccines has returned to pre-pandemic levels, and uptake of non-mandatory vaccines—such as meningococcal B, meningococcal C, rotavirus, and pneumococcal vaccines—is increasing. Nevertheless, these gains are heterogeneously distributed.² In 2023, regions like Emilia-Romagna and Tuscany reported over 97% coverage for poliomyelitis and the five other components of the hexavalent vaccine, whereas Sicily and the Autonomous Province of Bolzano lag behind at approximately 90%.

Disparities are more pronounced in adolescent immunisation. HPV vaccination coverage shows gradual improvement, yet remains highly variable. In 2023, Lombardy and Umbria achieved first-dose coverage of 85% among adolescent females, while Sicily reported only 49%, highlighting critical gaps in regional public health strategies.³

Older adults and vulnerable populations are similarly affected. Despite the relevance of influenza, pneumococcal, and herpes zoster vaccines, uptake remains suboptimal. Veneto stands out with a herpes zoster vaccination coverage of 55% among those 65 years and older, in stark

contrast to the national average of less than 15%.⁴

These discrepancies reflect the urgent need for a nationally coordinated yet locally adaptive immunisation strategy. The National Immunisation Plan calls for broader vaccine access, including through schools, hospitals, and pharmacies, alongside strengthened organisational capacity and public engagement.⁵ Immunisation equity must be prioritised not only as a moral and public health necessity, but as a strategic investment with long-term health and economic returns.

We declare no competing interests.

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- 2 Ministry of Health. Le coperture vaccinali dell'età pediatrica e dell'adolescente. 2023. https://www.pnrr.salute.gov.it/imgs/C_17_bancheDati_38_6_5_file.pdf (accessed April 14, 2025).
- 3 Ministry of Health. (2023). Commento tecnico alle coperture vaccinali al 31.12.2023 per HPV. https://www.pnrr.salute.gov.it/imgs/C_17_bancheDati_39_0_3_file.pdf (accessed April 14, 2025).
- 4 Signorelli C, Pennisi F, D'Amelio AC, et al. Vaccinating in Different Settings: Best Practices from Italian Regions. *Vaccines (Basel)* 2024; **13**: 16.
- 5 Pennisi F, Mastrangelo M, De Ponti E, et al. The role of pharmacies in the implementation of vaccination coverage in Italy. Insights from the preliminary data of the Lombardy Region. *Ann Ig* 2024; **36**: 363–69.

For the **National Immunisation Plan** see <https://www.regioni.it/news/2023/08/31/piano-nazionale-di-prevenzione-vaccinale-pnpv-2023-2025-e-calendario-nazionale-vaccinale-intesa-csr-2-8-2023-gazzetta-ufficiale-n-194-del-21-8-2023-655990/>