

Policy Matters: Activating Policy Levers to Increase Prioritization of Adult Immunization



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Background

According to the most recent census estimate from the Office for National Statistics, in 2024, 24.3% of Italy's population was aged 65 years and older, making it one of the oldest populations in Europe.¹ This proportion is projected to rise to nearly 34% by 2050, one of the highest in the European Union (EU).² The average age in Italy is currently 46.6 years, a number that has been steadily increasing over time.¹

As the population continues to age, chronic and non-communicable diseases (NCDs), including cardiovascular disease (CVD), diabetes, and chronic obstructive pulmonary disease (COPD), remain the leading contributors to Italy's health burden. In 2021, NCDs accounted for 81.5% of all deaths across the country. An estimated 35% of women and 20% of men aged 65 and older live with multiple health conditions (co-morbidity).² Although on average, women tend to live longer than men, they often also experience more years with health-related limitations that affect their daily lives.²

These underlying conditions increase the risk of complications from vaccine-preventable diseases (VPDs), such as influenza, particularly among older adults. As the burden of age-related diseases continues to grow, the need for targeted preventive strategies, such as adult vaccination, becomes increasingly urgent.

Impact of Influenza Infections in Italy

In Italy, the burden of infectious diseases remains significant and is further exacerbated by the growing prevalence of NCDs, which substantially reduces the quality of life for older adults by limiting their ability to carry out daily activities. This dual burden contributes to functional decline, increased mortality, higher hospitalization rates, and places additional strain on an already overextended healthcare system.³

A retrospective study estimated that influenza is associated with an average of 21,500 excess hospitalizations per season in Italy, with the majority of cases occurring among older adults and children.³ These findings suggest a significant underestimation of the true burden of influenza and outlines the need for enhanced testing and surveillance to more accurately assess disease impact. Preventing illness and severe outcomes through vaccination reduces the demand for healthcare services and protects both directly vaccinated individuals and those indirectly shielded through herd immunity.³

Despite the substantial health benefits offered by adult immunization, it has not achieved the same level of visibility or integration into public health systems as childhood immunization programs. At-risk adults remain underprioritized, with only 52.5% of older adults receiving the influenza vaccine in the 2024-2025 season across Italy⁴ – down from 53% in 2023-2024.⁵ This decline reflects systemic barriers, including eligibility gaps, limited access, competing public health priorities, inadequate public education, and insufficient healthcare infrastructure for outreach. Addressing these challenges is essential to improving immunization coverage among older and vulnerable populations.

The failure to prioritize adult vaccination also carries significant economic repercussions. Evidence suggests that investing in adult immunization can generate a societal return of up to 19 times the initial cost, translating to over USD \$4,600 in net benefits per fully vaccinated individual.⁶ In 2021, Italy's health expenditure accounted for 9.4% of its Gross Domestic Product (GDP), notably lower

than the EU average of 11%.⁽²⁾⁽⁷⁾ On a per capita basis, Italy's health spending was approximately one-third below the EU average.⁷ Specifically, regarding influenza, the estimated hospital-related burden alone reached €123 million annually.³ Additionally, despite having one of the oldest populations in Europe, Italy allocated less than 10% of its health budget to long-term care (LTC) in 2021.⁽²⁾⁽⁷⁾

The Role of NITAGs in Delivering Evidence-Based Recommendations

National Immunization Technical Advisory Groups (NITAGs) are central to evidence-informed vaccination policy, offering guidance that supports program planning and decision-making. In Italy, the NITAG was created by the Ministry of Health upon the proposal of the Director General of Health Prevention.⁸

During the COVID-19 pandemic, routine operations were suspended as vaccination policy shifted to emergency structures. A new NITAG was appointed in September 2021 and formally re-established in early 2022, with a mandate to reinforce the credibility of vaccination programmes, strengthen governance and conflict-of-interest management, and improve coordination with regional and global advisory.⁸

The NITAG includes members with expertise spanning public health, epidemiology, immunology, infectious diseases, psychology and behavioral science, pediatrics, and forensic medicine.⁸ Yet important gaps remain. The absence of a geriatrician or ageing specialist and the lack of economic expertise limits its capacity to address the growing policy demands of older-adult immunization.⁹

Its consultative role is further constrained by limited transparency: recommendations are not consistently shared through official public reports, and key documents such as meeting agendas, terms of reference, and supporting materials are not made publicly available in advance⁽⁸⁾⁽¹⁰⁾ These constraints affect the timeliness and visibility of its work. For instance, although the NITAG recommends influenza vaccination for adults ≥65 years and has expanded this to include adults aged 60–64 and individuals at elevated risk, a comparative review of NITAGs in 34 countries found that Italy had not published updated recommendations or supporting evidence on the Global NITAG Network.¹⁰

As of 2025, the NITAG's mandate is approaching renewal, and a new appointment has not yet been publicly confirmed.¹¹ Discussions within the Ministry of Health on strengthening prevention financing - including a potential increase to the 2026 prevention fund - signal recognition of the structural pressures currently faced by the immunization system.¹¹

National Immunization Programs Recommendations and Influenza Vaccine Policies

Italy's influenza vaccination program currently targets several high-risk groups, including individuals aged 65 and older, recently expanded to include adults aged 60–64, individuals with underlying medical conditions that increase the risk of influenza-related complications, and healthcare workers amongst others.¹² The country offers quadrivalent influenza vaccines, which provide protection against four strains of the virus: two type A strains (H1N1 and H3N2) and two type B strains.¹² For the next flu season (2025-2026), the recommendation will offer trivalent influenza vaccines.¹³

Despite the close alignment of the NITAG with the National Immunization Program (NIP), key challenges remain, especially in ensuring consistent uptake and ongoing progress across the nation. Table 1 summarizes eligibility for free influenza vaccination in Italy, which includes adults aged 65 and older as well as individuals with chronic health conditions such as asthma, diabetes, or cardiovascular disease.¹²

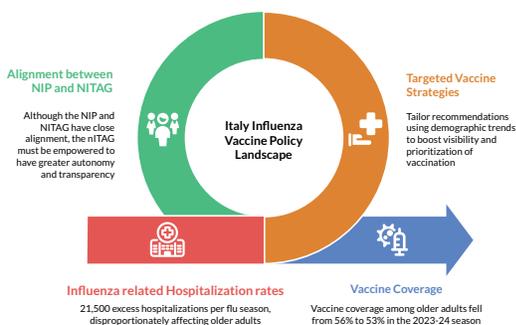
Table 1: Influenza Vaccination Recommendations in Italy

Source	Target Group	Influenza Vaccination Recommendations
National Immunization Program and National Vaccine Policies (NIP)	Older Adults (aged 65 and over)	<ul style="list-style-type: none"> • High-dose TIV (HDTIV) • Adjuvated TIV • *Cell-based TIV
	At-risk adults	<ul style="list-style-type: none"> • Standard-dose TIV

*Cell-based TIV is for all ages, but it should be noted that for individuals aged 65 years and older the preferred vaccine is either HDTIV or Adj TIV.⁽¹⁴⁾⁽¹⁵⁾

Examining Policy Gaps in the Implementation of NITAG Recommendations

Figure 1- Influenza Polic Landscape across Italy



Alongside the already staggering impacts of influenza disease burden in Italy, including high case counts, hospitalization, and mortality rates, current estimates are likely a significant underestimation of the true burden of influenza, particularly among older adults across the nation.³

Although the NITAG’s guidance is generally aligned with the Ministry of Health’s Prevention Department and integrated into the National Immunization Prevention Plan, key implementation gaps persist, particularly in ensuring consistent adoption and sustained momentum across regions of the country.

Across the nation, systemic barriers continue to impede the development and implementation of effective adult vaccination strategies (see figure 1). Specifically, there is a growing need for a more holistic, life-course approach to immunization, along

with stronger representation of older adults within decision-making bodies, including the NITAG. Leveraging demographic trends and healthcare expenditure data, particularly in Italy, is essential to raising the visibility and prioritization of vaccination for older populations.

Call to Action: Activating Policy Levers to Increase the Prioritization of Adult Immunization

To protect population health at every stage of life, the NIP and vaccine policies across Italy must evolve beyond their traditional childhood focus. Despite the substantial health benefits offered by adult immunization, it has not yet achieved the same level of visibility or integration into public health systems as childhood vaccination programmes, evidenced by consistently high disease burden and hospitalization rates as well as insufficient healthcare infrastructure to support effective outreach.

Although implementation challenges, momentum at the global and intergovernmental levels has created new opportunities to strengthen national practices and policies.

The UN Decade of Healthy Ageing¹⁶ (2021–2030) identifies vaccination as a critical component of healthy ageing and calls for life course immunization strategies to prevent disease and promote health across all ages. The Immunization Agenda 2030¹⁷ similarly embeds a life course approach within its strategic priorities. Most recently, the WHO Framework to Implement a Life Course Approach in Practice¹⁸ highlights the opportunity for national immunization programmes to lead in operationalizing life course immunization. Building on this global momentum, and in alignment with such intergovernmental frameworks that increasingly recognize life course immunization as a cornerstone of healthy ageing, this call-to-action outlines three urgent policy priorities to increase adult influenza vaccination and embed life-course immunization into Italy’s healthy ageing agenda (see figure 2).

Policy Action 1: Empower the NITAG with Mandate, Expertise and Transparency

As Italy’s NITAG awaits formal appointment, its role remains central to shaping national vaccine policy and sustaining public confidence. To fulfil this mandate effectively, the committee must be well positioned to support a comprehensive life-course approach to immunization and to address emerging population health needs.

As noted in international analyses and comparative assessments of NITAG functioning, challenges can arise where adult immunization programmes remain underprioritized or where expertise in ageing and geriatrics is not systematically embedded within advisory structures.¹⁰ Given Italy’s demographic profile, strengthening attention to adult and older-age immunization represents an important opportunity to further align policy with population needs.

In addition, transparency and consistency in NITAG processes remain areas for continued improvement. Ensuring timely public access to key outputs - such as recommendations, meeting agendas, terms of reference, and supporting evidence - can further strengthen trust, accountability, and stakeholder engagement.¹⁰

Continued strengthening of Italy’s NITAG will be essential to maximizing its impact. This includes sustained resourcing, clear accountability mechanisms, and the integration of multidisciplinary expertise, particularly in ageing and geriatrics, to support evidence-informed guidance that fully reflects adult health needs across the life course.



Figure 2: Policy Recommendations and Calls to Actions to Advance Adult Influenza Immunization in Italy

Policy Action 2: Secure National Investment in Adult Immunization and Healthy Ageing

The limited investments in adult immunization and overall health spending in Italy reflect the chronic under-prioritization of older adults across the health and social care systems. Despite the clear public health and economic benefits, funding for adult vaccination remains disproportionately low, particularly for the most vulnerable groups. As populations continue to age, scaling up adult vaccination is not only a medical priority but also a fiscal imperative for a sustainable healthcare future.

Funding for adult influenza vaccination in Italy remains inadequate. Italy's overall health spending (9.4% of GDP in 2021)² and per capita expenditure are both well below the EU average, while influenza alone imposes an estimated €123 million in hospital-related costs annually.³ Given Italy's ageing population and the fact that less than 10% of its health budget is directed to long-term care, stronger funding for prevention (including adult influenza vaccination) represents a high-value, preventive investment.⁽²⁾⁽⁷⁾ National investment is urgently needed to embed immunization into chronic disease management, geriatric care, and long-term care pathways. Securing sustainable funding is critical to ensuring influenza vaccination becomes an integral part of these systems.

Policy Action 3: Close Data Gaps and Expand Access to Drive Adult Immunization

Across the country, the lack of granular, localized epidemiological data severely restricts the ability of the NITAG to provide context-sensitive, evidence-based recommendations. Without accurate and regionally disaggregated data on vaccination coverage, barriers, and outcomes, national strategies risk missing the mark, overlooking inequities, and leaving vulnerable populations behind.

Equally important is investment in robust, regionally disaggregated data systems to monitor coverage, identify barriers, and reduce inequities. Without accurate, real-time surveillance and monitoring tools, strategies risk misdirecting resources and failing to protect the most vulnerable. Italy must therefore prioritize interoperable data platforms and targeted studies to address gaps in access.

At the same time, scaling innovative delivery models, such as pharmacy-based vaccination, mobile outreach units, and digital scheduling tools, can extend access and uptake among older adults. Coupled with strong public messaging, these investments can shift the policy narrative from crisis-driven response to sustainable prevention. Recognizing adult vaccination as a core investment in the resilience of Italy's healthcare system is essential to meeting the needs of an ageing population.

Conclusion

Italy stands at a critical juncture. The convergence of demographic change, underutilized immunization infrastructure, and renewed global momentum offers a unique opportunity to rethink and revitalize the country's approach to adult vaccination.

Ensuring that older adults are protected from preventable illnesses is a matter of public health, economic foresight, and intergenerational justice. A life course approach to immunization must become a foundational pillar of Italy's healthy ageing agenda.

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