

Some Observations on the Role of Primary Health Care in Vaccinations in a Region of the North- East of Italy

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Received: 31 Aug 2025; **Accepted:** 05 Sep 2025; **Published:** 09 Sep 2025

Citation: Filippo de Nicoellis. Some Observations on the Role of Primary Health Care in Vaccinations in a Region of the North- East of Italy. *Microbiol Infect Dis.* 2025; 9(4): 1-1.

I would like to share some reflections on the situation of Primary Health Care in the Italian region of Friuli Venezia Giulia. The current complexity of medical work, the surge in patient demands and visits to medical practices, the crisis of the trust-based doctor-patient relationship, and the workload that is neither adequately managed nor fairly compensated entail new challenges which are already enough to put the Regional Health System under strain. Very few physicians are willing to work in Primary Health Care, and at present there are no valid public incentives for them to relocate to a region which is geographically distant from those areas where there are still several doctors.

It cannot be denied that this situation will make access to both flu and any other vaccination increasingly difficult and inconvenient for the population over the age of 65. Unfortunately, the role played by the General Practice in making vaccines available and accessible has so far been underestimated. Furthermore, the Italian press has at times portrayed community health services as essentially useless, or at least inadequate to properly care for patients. I find it particularly concerning that, in the most recent national contract for the sector, many of the tasks assigned to Primary Health Care are aimed primarily at filtering access to Emergency Departments, rather than focusing on prevention and the stratification of patients' health risks.

For various reasons, including those mentioned above, in Italy there are fewer and fewer young doctors who wish to work in

the sector. Many choose to work abroad, where they find better working conditions and higher compensation. In our region, Friuli Venezia Giulia, we are already facing serious difficulties, since the number of physicians is lower than what would theoretically be necessary to ensure healthcare coverage in all the municipalities of our territory. Furthermore, although Specialists and Nurses are professionals who could provide specialist consultations and home-based vaccinations for non-transportable patients, as well as basic diagnostics and joint visits together with General Practitioners, also their presence is currently insufficient.

All these things considered, I believe that only the rapid implementation of Community Health Centers (Case della Comunità), as provided for in the National Recovery and Resilience Plan, could represent a solution. These facilities would offer healthcare structures open 24 hours a day, distributed across the territory, and capable of ensuring access to essential vaccinations.

Ensuring a further expansion of the healthcare facilities network will be difficult. One possible proposal could be that the municipalities involved activate District Clinics (Ambulatori di Distretto) without costs or additional burdens for physicians. Unfortunately, in our region, we are instead witnessing a reduction in the time that doctors can realistically dedicate to vaccinations, an activity which, in my humble opinion, should be one of the primary responsibilities of Community Medicine.