

Commentary

Flu Vaccination in the Workplace: A Public Health Campaign at the University of Salerno

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Abstract

This short commentary examines the model developed by the University of Salerno to promote influenza vaccination among academic and administrative staff. It serves as an example of best practice for increasing vaccination coverage and promoting a culture of prevention in the workplace.

Keywords: Influenza vaccination, Public health campaign, Vaccination in the workplace, Salerno's model

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Description

Seasonal influenza poses a significant burden on global healthcare systems [1]; Although vaccines are considered safe and efficacious, vaccination rates remain low compared to the thresholds recommended by international health authorities. This has repercussions not only on public health in terms of expenses and costs but also on decreased productivity, absenteeism, and resulting economic losses [2]. Promoting influenza vaccination in the workplace is a form of collective prevention, ensures operational continuity, and supports organizational well-being an issue of growing importance in contemporary public health. The article "The University of Salerno's Model for Seasonal Influenza Vaccinations in the Workplace" [3] describes the experience developed by the University of Salerno, in collaboration with the local health authority, in which an organizational model is proposed to increase vaccination uptake among university employees during the influenza season. In fact, the impact of influenza can ripple through all university activities, from administrative and research functions to teaching. Vaccination thus becomes a preventive measure social and institutional as well as clinical capable of promoting strategic investment in the institution's resilience, aimed at bridging the gap between vaccination intentions and concrete action through occupational medicine.

In addition to providing a theoretical model, the article examines the multi-level methodological and organisational aspects of the vaccination campaign, which integrates prevention into the daily routine of working life. The simplification of the process, accessibility, digitalisation, proximity to workers, the relationship of confidence with the familiar environment, and institutional collaboration are the key

elements for a local and pragmatic vaccination campaign.

Workers can use a digital system that enables flexible, intuitive online booking; they can fit vaccination around their work without wasting time on factors like taking time off, waiting times, or physical travel factors that often limit workers' participation in preventive campaigns. The existing relationship between employees, the occupational health doctor, and healthcare staff, based on trust and authority, provides the foundation for direct and encouraging communication in a perceived safe environment, which helps reduce vaccine hesitancy. The workplace can become a favourable setting for the implementation of preventive measures [4], in line with recent public health strategies addressing the issue of "local and community vaccination". When a worker is vaccinated, in fact, prevention is achieved in all the settings they frequent, thereby expanding the pool of potential uninfected individuals.

From a methodological perspective, the model presented by the University of Salerno is advantageous in that it is partially replicable. The interesting aspect is highlighted by the cooperation with other institutions, such as local health services. The fact that this initiative is offered free of charge reinforces the message that the institution is convinced of the importance of prevention and ensures completely equitable access, eliminating any socio-economic disparities. The authors emphasise that participation in the campaign depends not only on the availability of the vaccine or on simple trust in the vaccine and vaccination, but on the level of trust in institutions and the perception of health risks [5].

In short, the model goes beyond mere healthcare services, presenting a public health strategy that uses occupational medicine to protect both individuals and the academic and social community as a whole, by encouraging greater participation and promoting a more accessible and inclusive culture of prevention. On the one hand, the university promotes healthy behaviour through information campaigns and effective communication strategies; on the other, it acts in its capacity as an educational and scientific institution by opposing, more or less directly, the scientific misinformation that underlies vaccine hesitancy [6].

Although a potentially replicable method is presented, the model is nevertheless closely related to the specific context of the University of Salerno, which collaborates with local health authorities; its applicability in other work contexts or university settings should be assessed. Furthermore, it would be useful to develop a predictive model that highlights the long-term economic and organisational implications.

Conclusion

The proposed model demonstrates that vaccination should not be viewed exclusively as an individual choice, but also as a shared responsibility that can influence the well-being of the workplace community and the resilience of institutions. Prevention in the workplace constitutes a strategic investment in human capital and corporate welfare. This translates into collective protection not only for workers, but for everyone including vulnerable individuals with whom they come into contact, even outside the workplace.

The article highlights three key aspects for public health strategies: Health prevention, institutional organization, and public communication. The program's success shows that a vaccination campaign is effective when the healthcare system reaches out to users, removes logistical barriers, and encourages participation. This project is more than a local best practice. It offers a model of health governance that relies on cooperation between educational institutions and local services. In this model, proximity, digitalization, and direct communication should become standard for future national prevention policies. In an age characterized by emerging global health challenges and the need to strengthen trust in scientific institutions, experiences such as the one described in the article offer useful insights for developing more participatory, efficient, and sustainable vaccination policies.

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