

Depending on the year, seasonal influenza affects between 4 and 50 million people across EU countries, Iceland, Norway, Switzerland and the United Kingdom, and 15 000 to 70 000 people die every year of causes associated with influenza (ECDC, 2020). Older people are at higher risk of serious complications and death from influenza. With the new coronavirus, older people will face an increased risk of viral infection during the 2020/21 winter season. Although influenza vaccination is never fully effective in preventing all influenza viruses that may spread in a given year, it does offer protection and can effectively reduce the burden of seasonal influenza.

WHO recommends that 75% of elderly people be vaccinated against seasonal influenza, and a 2009 EU Council Recommendation also set a goal of 75% vaccination coverage among older people (European Union, 2009). In addition to older people, the European Council also recommends influenza vaccination for persons with chronic conditions and health workers, and WHO recommends influenza vaccination for pregnant women and children as well.

All EU countries have national recommendations to promote influenza vaccination among older people, although the specific age threshold varies across countries. Despite this, in 2018 the flu vaccination coverage among the target group of people aged 65 and over was less than 50% in the majority of EU countries. On average, only 39% of people aged 65 and over were vaccinated against influenza, and no country reached the recommended target of 75% vaccination coverage (Figure 6.5). Vaccination rate against influenza among older people was particularly low in Central and Eastern European countries, with rates below 25% in all countries reporting these data.

Vaccination rates against influenza have gone in the wrong direction over the past decade in most EU countries. In countries like the Slovak Republic and Slovenia, vaccination coverage has halved between 2008 and 2018.

A 2019 Eurobarometer survey asked people who had not been vaccinated against influenza or other infectious diseases what were the reasons for this (European Union, 2019). On average across EU countries, over two in five people aged 65 and over reported that they did not get vaccinated in the past five years because they did not see the need for them. About one in five people in this age group who were not vaccinated for the past five years thought that they were still protected by vaccines they had received earlier. About one in ten people aged 65 and over who were not vaccinated thought that vaccines were not safe and could have side-effects or that vaccines were only necessary for children. One in five people aged over 65 also reported that they did not have vaccinations recently because this had not been offered to them by their general practitioner or another doctor. Some older people also reported that it was not

easy to get access to vaccination and others also said that the vaccine was too expensive (Figure 6.6).

Strategies to increase vaccination coverage against influenza among older people need to address all these different beliefs and barriers. Targeted approaches through personalised invitations or phone calls to the target population, awareness building among health care providers, financial incentives to encourage health professionals to provide vaccinations and the provision of influenza vaccinations in pharmacies can help increase influenza vaccination coverage (WHO, 2018). The COVID-19 pandemic provides an opportunity to raise again public awareness of the benefits of vaccination in general and against seasonal influenza in particular, at a time when both the influenza viruses and the new coronavirus will spread in the 2020/21 winter season.

Definition and comparability

Influenza vaccination rate refers to the number of people aged 65 and older who have received an annual influenza vaccination, divided by the total number of people over 65 years of age. In some countries, the data are for people over 60 years of age.

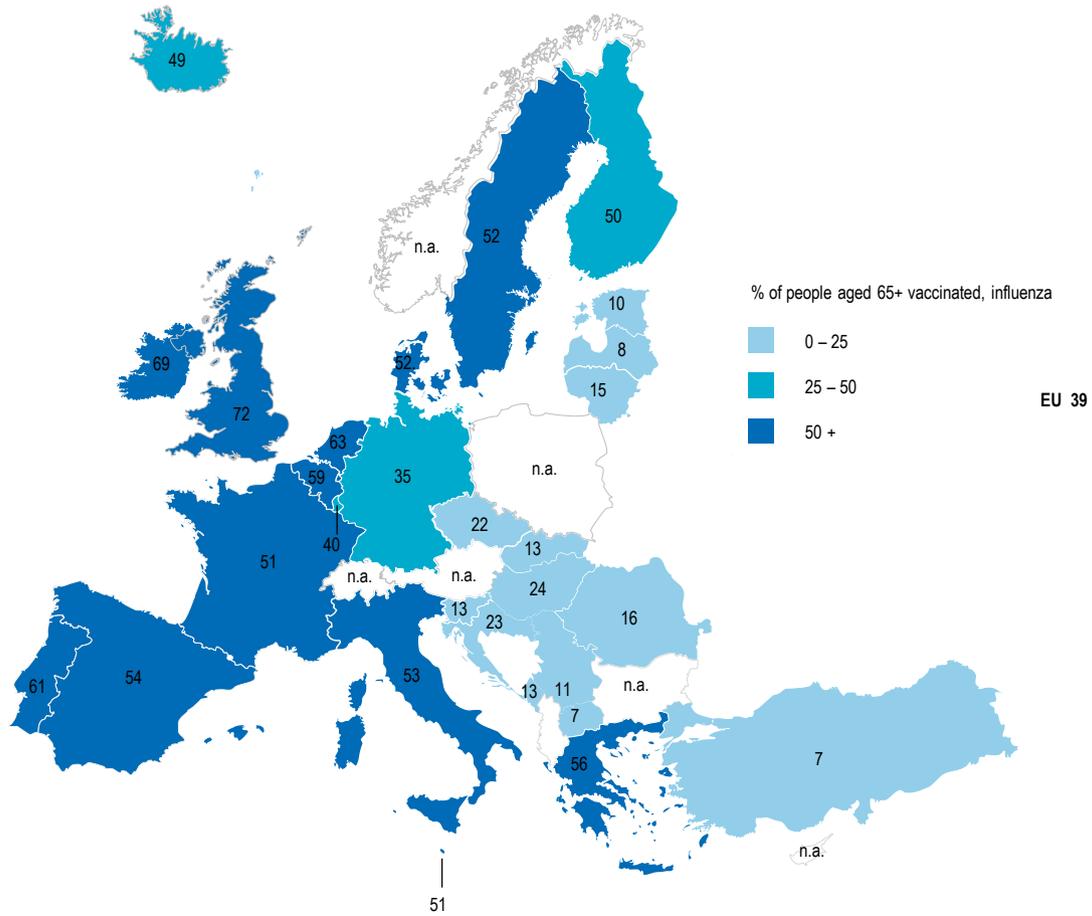
The main limitation in terms of data comparability arises from the use of different data sources, whether survey or programme, which are susceptible to different types of errors and biases. For example, data from population surveys may reflect some variation due to recall errors and irregularity of administration.

The Special Eurobarometer survey on Europeans' attitudes towards vaccination conducted in 2019 asked respondents who did not have any vaccination in the past five years to report all the reasons for not being vaccinated.

References

- ECDC (2020), *Factsheet about seasonal influenza*, Stockholm.
- European Union (2009), "Council Recommendation of 22 December 2009 on Seasonal Influenza Vaccination (2009/1019/EU)", *Official Journal of the European Union*.
- European Union (2019), *European attitudes towards vaccinations*, Special Eurobarometer 488, Brussels.
- WHO (2020), *Influenza vaccination coverage and effectiveness*, Copenhagen.
- WHO (2018), *The organisation and delivery of vaccination services in the European Union*, Copenhagen.

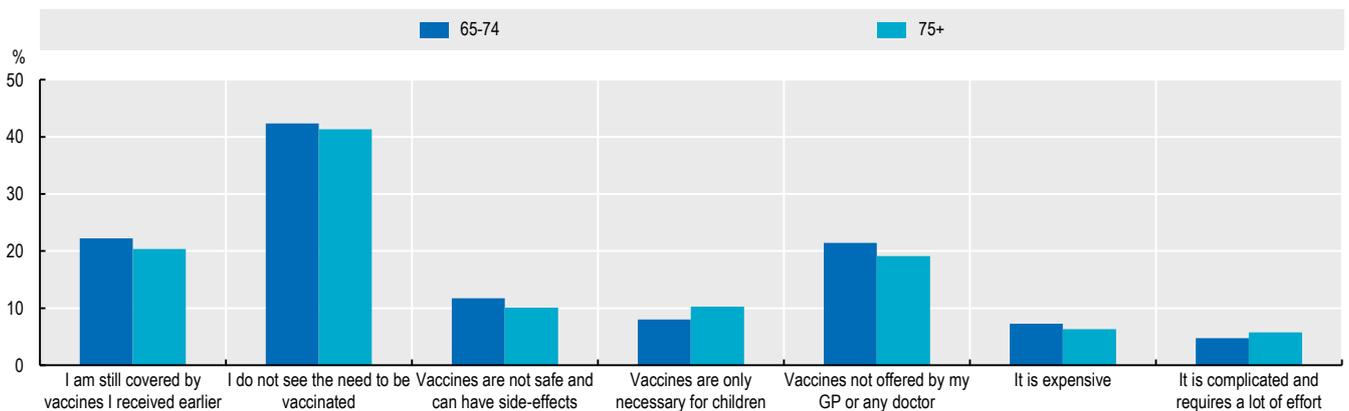
Figure 6.5. Vaccination against influenza, people aged 65 and over, 2018 (or nearest year)



Note: The EU average is unweighted.
Source: OECD Health Statistics 2020 and Eurostat Database.

StatLink <https://stat.link/2kzj0v>

Figure 6.6. Reasons for not getting vaccinated among people aged 65 and over, 2019



Source: Eurobarometer 2019.

StatLink <https://stat.link/dub7ix>



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