

5.11. Influenza vaccination for elderly people

Influenza is a common infectious disease worldwide and affects persons of all ages. For example, on average, between 5% and 20% of the population in the United States contracts influenza each year (CDC, 2009b). Most people with the illness recover quickly, but elderly people and those with chronic medical conditions are at higher risk for complications and even death. Between 1979 and 2001, on average, influenza accounted for more than 200 000 hospitalisations and 36 000 deaths per year in the United States (CDC, 2009b). The impact of influenza on the employed population is substantial, even though most influenza morbidity and mortality occurs among the elderly and those with chronic conditions (Keech *et al.*, 1998). In Europe, influenza accounts for around 10% of sickness absence from work, while the cost of lost productivity in France and Germany has been estimated to be in the range of USD 9.3 billion to 14.1 billion per year (Szucs, 2004).

Immunisation against seasonal influenza (or flu) for older people has become increasingly widespread in OECD countries over the past decade. Influenza vaccination for older people and patients with chronic conditions is strongly recommended in Europe, the United States and other countries (Nicholson *et al.*, 1995).

Figure 5.11.1 shows that in 2007 the average percentage of the population aged 65 years and over who were vaccinated for influenza is 56%. However, a wide variation in vaccination rates exists, ranging from 24% in the Czech Republic to 78% in Australia.

Figure 5.11.2 indicates that while the OECD average increased markedly between 1998 and 2003, the average rate remained relatively stable between 2003 and 2007. From 2003, some countries marginally increased their coverage whereas others reduced their coverage, most notably some of the countries which were already below the OECD average, such as the Slovak Republic and Hungary.

A number of factors have contributed to the current levels in influenza immunisation rates in OECD countries, including greater acceptance of preventative health services by patients and practitioners, improved public health insurance coverage for vaccines and wider delivery by health care providers other than physicians (Singleton *et al.*, 2000). A number of barriers need to be overcome in some countries if they wish to further increase their cover-

age rates. For example, possible reasons put forward for the relatively low vaccination rates in Austria include poor public awareness, inadequate insurance coverage of related costs and lack of consensus within the Austrian medical profession about the importance of vaccination (Kunze *et al.*, 2007).

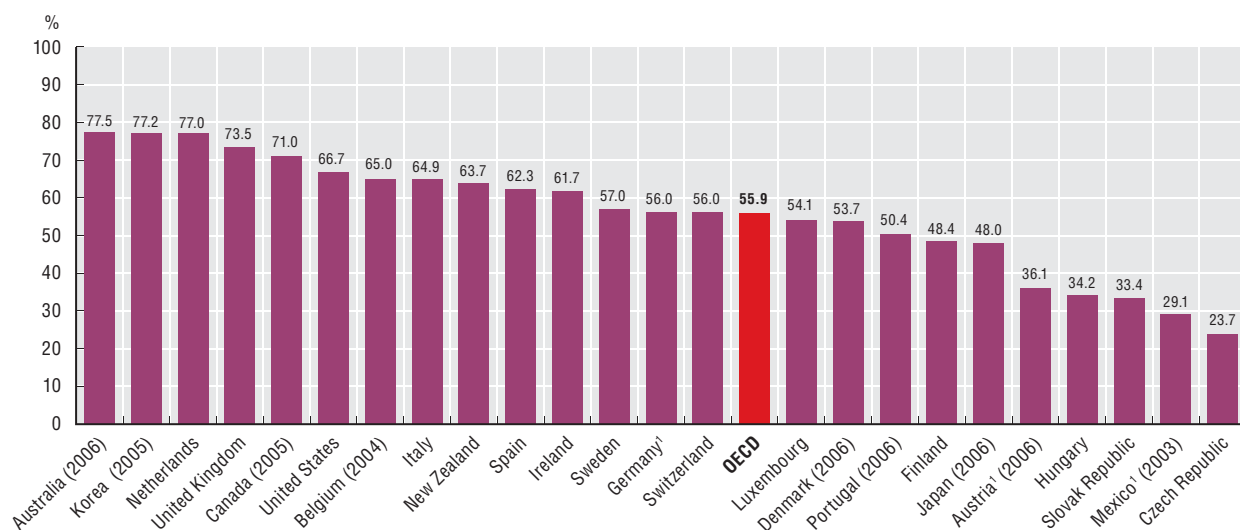
Particularly virulent strains of the virus, similar to the H5N1 avian influenza subtype, can cause pandemics with a much wider impact than seasonal influenza. The impact of influenza not just on the health of people but also on economic activity has been demonstrated again by the H1N1 epidemic (also referred to as “swine flu”). Although the economic impact of the H1N1 epidemic has not been fully assessed, the World Bank estimated in 2008 that a severe flu pandemic could cost the global economy up to 4.8% of world domestic product (Burns *et al.*, 2008).

The WHO reports that vaccines are one of the most valuable ways to protect people during influenza epidemics and pandemics. Other measures include anti-viral and other drugs, social distancing and personal hygiene. Although established national infrastructure and processes for seasonal vaccination programmes can signal an enhanced preparedness to respond to an influenza outbreak, the best scientific evidence suggests that the seasonal influenza vaccines that are routinely provided across OECD countries offer little or no protection against influenza A (H1N1). The development and distribution of effective vaccines takes more than six months (WHO, 2009b).

Definition and deviations

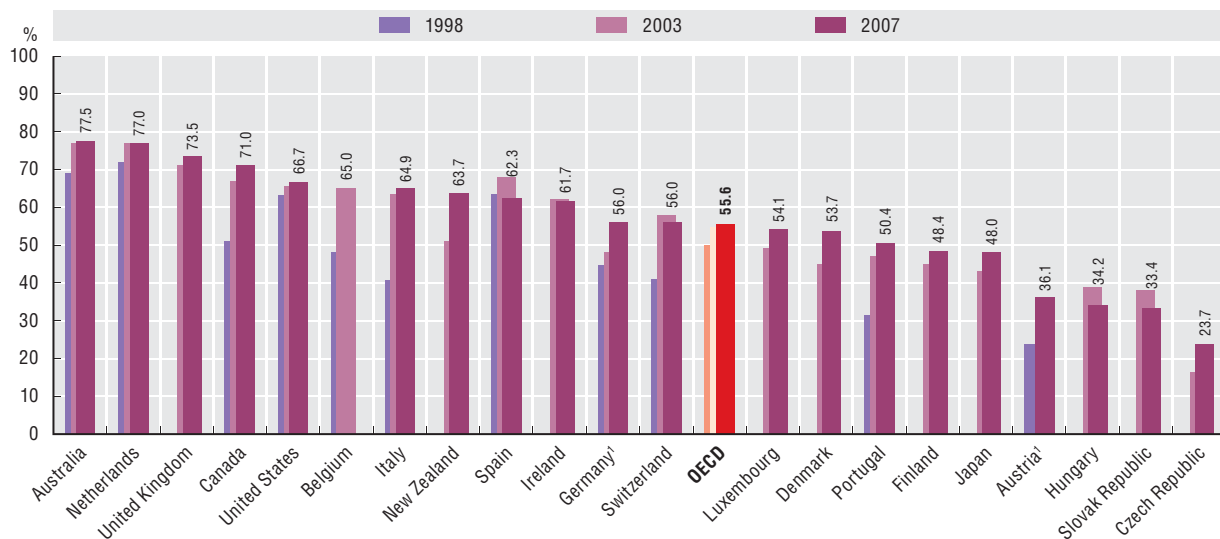
Influenza vaccination rate refers to the number of people aged 65 and older who have received an annual influenza vaccination, divided by the total number of people over 65 years of age. The main limitation in terms of data comparability arises from the use of different data sources, whether survey or 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.

5.11.1 Influenza vaccination coverage, population aged 65 and over, 2007 (or latest year available)




1. Population aged 60 and over.

5.11.2 Vaccination rates for influenza, population aged 65 and over, 1998-2007 (or nearest year available)



1. Population aged 60 and over.

Source: OECD Health Data 2009.

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