

Influenza is a common infectious disease affecting 5-10% of adults and 20-30% of children. Seasonal influenza causes 4-50 million symptomatic cases in the UE/EEA each year, and 15 000-70 000 European citizens die every year of causes associated with influenza (ECDC, 2016). Epidemics of influenza can result in high rates of worker absenteeism and place high demands on health systems from increases in medical visits, hospitalisations, and medication usage including antibiotics. Vaccination has proven to be an effective tool in reducing the burden of seasonal influenza and is usually managed at the primary level of health care (see Chapter 2). Older people are at high risk for serious illness from influenza and WHO recommends vaccination in this group. A review of vaccination drivers and barriers found that among elderly populations, personalised postcards or phone calls were effective in increasing vaccination coverage while barriers included social disadvantage, smoking, and lack of social support (ECDC, 2013). In addition to older people, the European Council recommends influenza vaccination for persons with chronic medical conditions and health care workers. Along with these groups, WHO recommends influenza vaccination also for pregnant women and children.

In 2003, countries participating in the World Health Assembly committed to attaining influenza vaccination coverage among the elderly population of 50% by 2006 and 75% by 2010. A 2009 EU Council Recommendation also set a goal of 75% vaccination coverage of older age groups by the winter of 2014-15 or as soon as possible (European Union, 2009). All EU countries have recommendations for influenza vaccination among older people although the ages vary across countries. A handful of EU countries also recommend vaccination for children or adolescents. Figure 6.30 shows that in 2014, the EU average influenza vaccination rate for people aged 65 and over was 49.5%. There was very high variation across countries with over a 50-fold difference between the highest and lowest rates. Vaccination rates were as low as 1.4% in Estonia, where influenza vaccination is recommended but not free. Latvia also showed low rates at 2.8%. None of the EU countries met the 2010 target of 75% coverage in 2014, with only the United Kingdom (72.8%) and the Netherlands (72.0%) coming close.

Figure 6.31 shows rates of vaccination coverage in 2004 and 2014. Overall vaccination coverage has decreased across the European Union from 57.4 in 2004 to 53.5 in 2014. Notable drops in coverage were seen in Slovenia, with rates of 30% in 2004 dropping to 11% in 2014. The Slovak Republic, Luxembourg, France, Croatia and Italy also showed declines of over 20% during this time period. These decreases may be related to changing vaccination behaviour following the 2009 flu pandemic (also referred to as “swine flu”). Following the increased rates of vaccination across Europe during the pandemic, overall rates lowered to below pre-pandemic levels in subsequent years (Caille-Brillet, 2013).

Significant increases were seen in the Czech Republic, Denmark and Portugal with increases over 30% between 2004 and 2014. The largest increase was seen in Lithuania where rates jumped from 1.8% to 21.1%. Changes over time should be interpreted with some caution because of changes to the way vaccination rates were calculated in some countries (see box on “Definition and comparability”). Progress toward 75% coverage among older adults has been heterogeneous across the European Union and met with a number of issues including a low perception of risk, fear of side effects, and issues of cost among others (ECDC, 2014).

An important aspect in improving vaccination coverage is monitoring, which is necessary to identify gaps and ensure appropriate coverage. Reinforcing this aspect of national programmes is important to guide and improve future efforts.

Definition and comparability

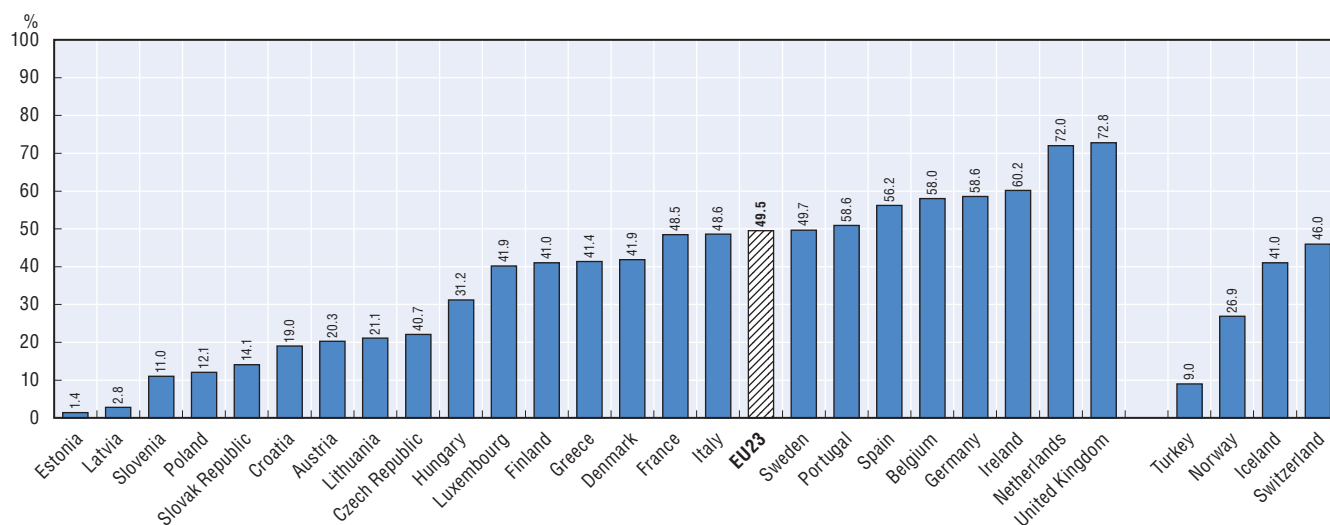
Influenza vaccination rate refers to the number of people aged 65 and older who have received an annual influenza vaccination, divided by the total number of people over 65 years of age. In some countries, the data are for people over 60 years of age.

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.


References

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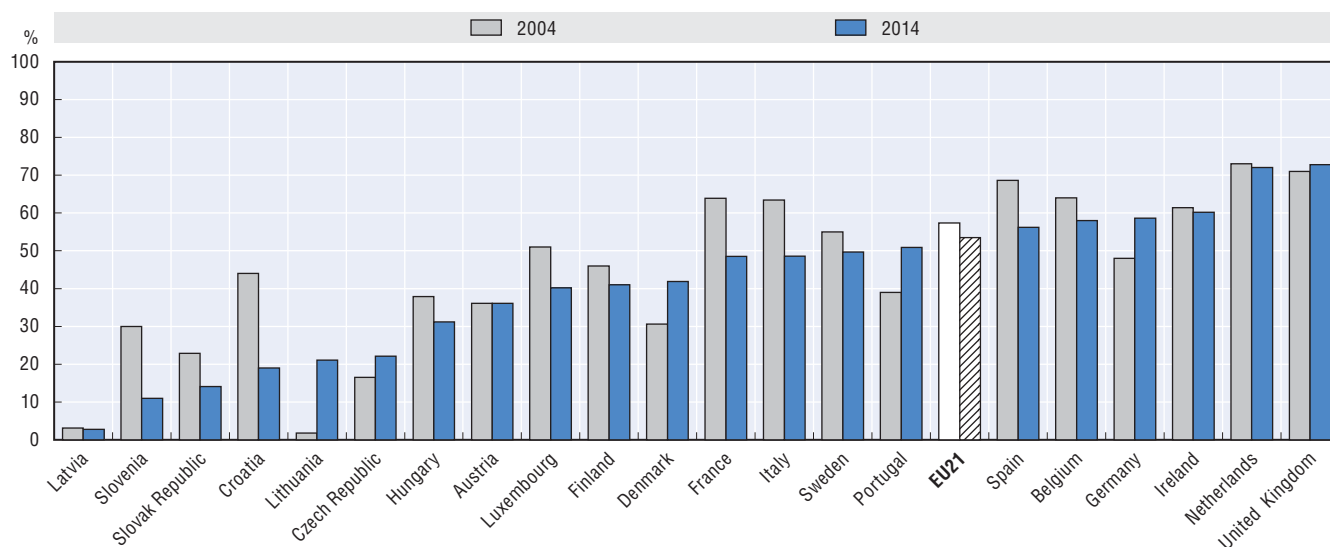
6.30. Influenza vaccination coverage, population aged 65 and over, 2014 (or nearest year)




Source: OECD Health Statistics 2016; Eurostat Database.

StatLink  <http://dx.doi.org/10.1787/888933429657>

6.31. Influenza vaccination coverage, population aged 65 and over, 2004-14 (or nearest year)



Source: OECD Health Statistics 2016; Eurostat Database.

StatLink  <http://dx.doi.org/10.1787/888933429664>



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