5.12. Influenza vaccination for older 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, 2009). 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, 2009). 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 many OECD countries over the past decade. Influenza vaccination for older people and patients with chronic conditions is strongly recommended by governments and vaccination experts in Europe, the United States and other countries (Nicholson *et al.*, 1995).

Figure 5.12.1 shows that, in 2009, the percentage of the population aged 65 and over who were vaccinated against influenza was 56% on average across OECD countries. However, there is a wide variation in vaccination rates, ranging from 1% in Estonia, 22 % in Slovenia and the Czech Republic, up to 75% in Australia, 77% in the Netherlands, and 88% in Chile and Mexico. The high rate in Chile reflects the participation in an annual widespread vaccination campaign. The rate in Mexico likely reflects the intensive vaccination activities related to the 2009 H1N1 pandemic.

Figure 5.12.2 indicates that while the OECD average increased markedly between 1999 and 2004, it remained relatively stable between 2004 and 2009. Since 2004, 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 Slovenia and Hungary.

A number of factors have contributed to the current high levels in influenza immunisation rates in some OECD countries, including greater acceptance of preventive 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 other countries if they wish to further increase their coverage 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 sub-type, can cause pandemics with a much wider impact than seasonal influenza. The potential impact of influenza not just on the health of people but also on economic activity has been demonstrated again by the 2009 H1N1 epidemic (also referred to as "swine flu"). Although assessments of the economic impact of the H1N1 epidemic differ, 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).

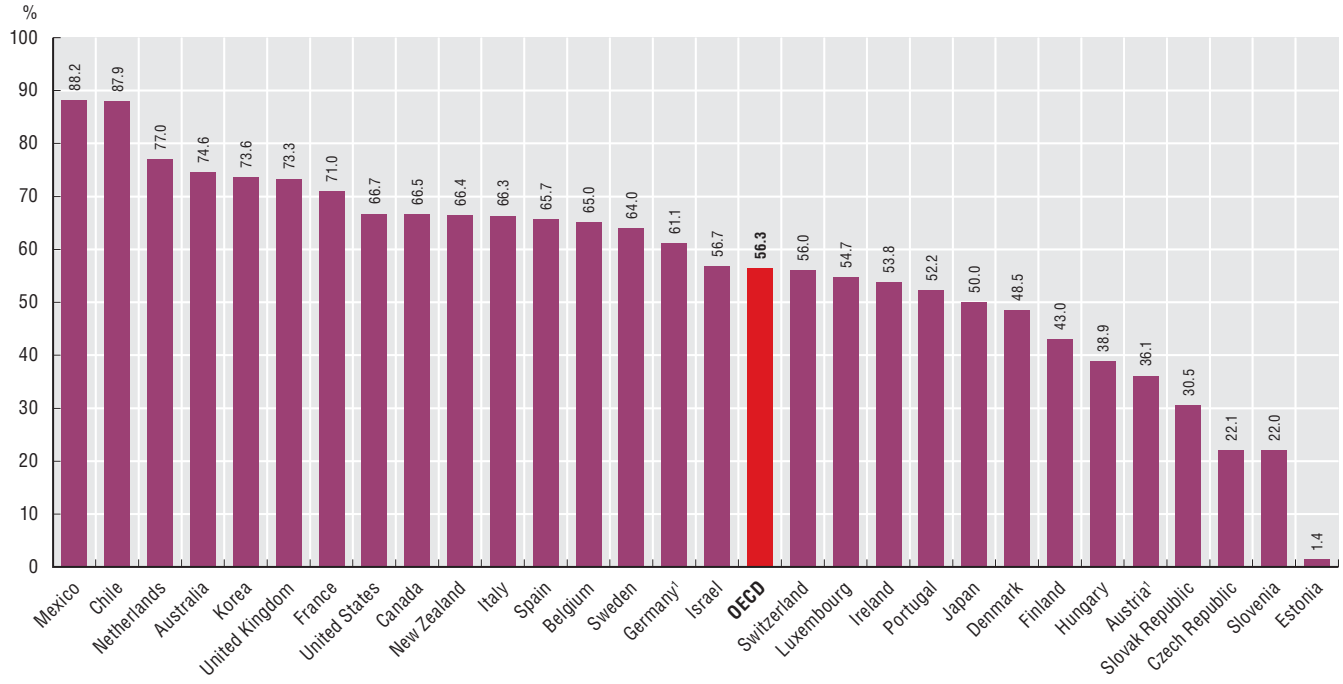
WHO reports that vaccines are one of the most valuable ways to protect people during influenza epidemics and pandemics. Other measures include anti-viral and other drugs, social distancing and personal hygiene. Established national infrastructure and processes for seasonal vaccination programmes can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

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. 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.

Information on data for Israel: *http://dx.doi.org/10.1787/888932315602*.

5.12.1 Influenza vaccination coverage, population aged 65 and over, 2009 (or nearest year)

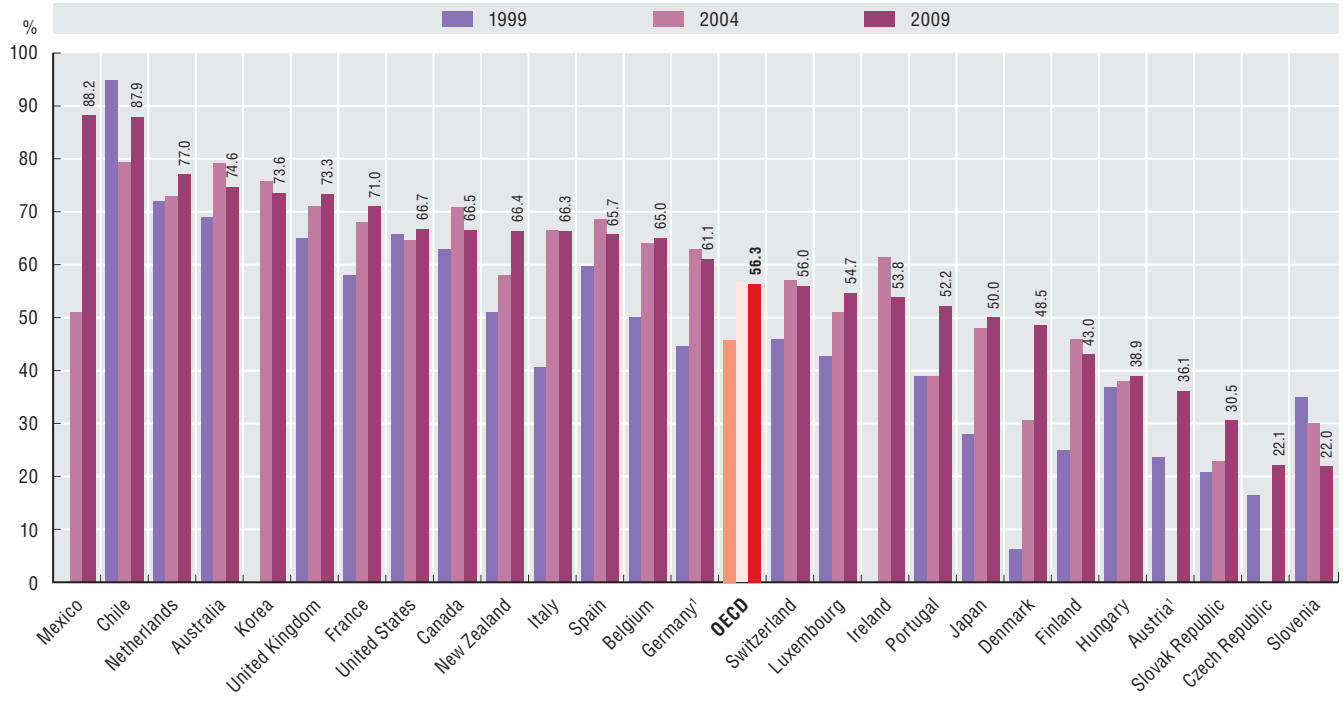


1. Population aged 60 and over.

Source: OECD Health Data 2011.

StatLink http://dx.doi.org/10.1787/888932525590

5.12.2 Vaccination rates against influenza, population aged 65 and over, 1999-2009 (or nearest year)



1. Population aged 60 and over.

Source: OECD Health Data 2011.

StatLink http://dx.doi.org/10.1787/888932525609