

Influenza is a common infectious disease world-wide and affects persons of all ages. 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. For example, between 2000 and 2008, influenza along with other acute upper respiratory infections accounted for about 44 000 hospitalisations per year in France and 77 000 in Germany. 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 (*e.g.* 85-90% of people who die from influenza in France and Germany are over 65 years of age).

Immunisation against seasonal influenza (or flu) for older people has become increasingly widespread in many European countries over the past decade. Influenza vaccination for patients with chronic conditions and other at-risk groups is also strongly recommended in many countries.

In 2008, more than half of the population aged 65 years and over were vaccinated for influenza in 14 European countries (Figure 3.4.1). There is a wide variation in vaccination rates, ranging from lows of 21% in the Czech Republic and 26% in Slovenia, to over 75% in the Netherlands and the United Kingdom.

Figure 3.4.2 indicates that while the European average increased markedly between 1998 and 2003, it remained relatively stable between 2003 and 2008. From 2003, some countries marginally increased their coverage whereas others reduced it, most notably in countries which were already below the EU average, such as Slovenia, the Slovak Republic and Hungary.

A number of factors contributed to the rise in influenza immunisation rates in most European countries over the past decade, including greater acceptance of preventive health services by patients and practitioners, improved public health insurance coverage for vaccines, and wider delivery by health

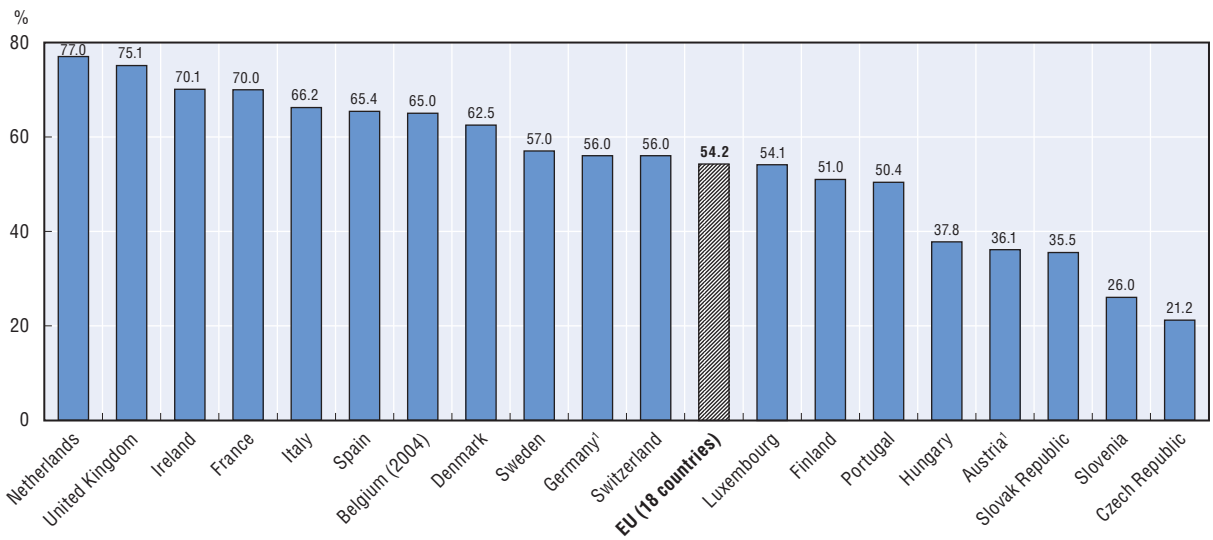
care providers other than physicians. However, a number of barriers need to be overcome in some countries if they wish to increase their coverage rates further. For example, possible reasons put forward for the relatively low vaccination rates in Austria include poor public awareness, inadequate insurance coverage of related costs, and lack of consensus within the Austrian medical profession about the importance of vaccination (Kunze *et al.*, 2007).

New types of influenza, such as the H1N1 “swine flu”, have emerged in recent years and prompted rapid responses to contain the pandemic. While symptoms of the H1N1 influenza are mild in most people, a minority have suffered severe disease with some dying from it. The majority of those people who have suffered severely from the disease have other chronic medical conditions such as asthma or heart disease. But there have also been cases of people who became severely ill without any underlying condition (European Commission, 2010c). A series of public health measures used to combat seasonal flu have been used to combat new strains of influenza in Europe, including massive vaccination campaigns for risk groups (European Commission, 2010c).

#### Definitions 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.

3.4.1. Influenza vaccination coverage, population aged 65 and over, 2008 (or nearest year available)

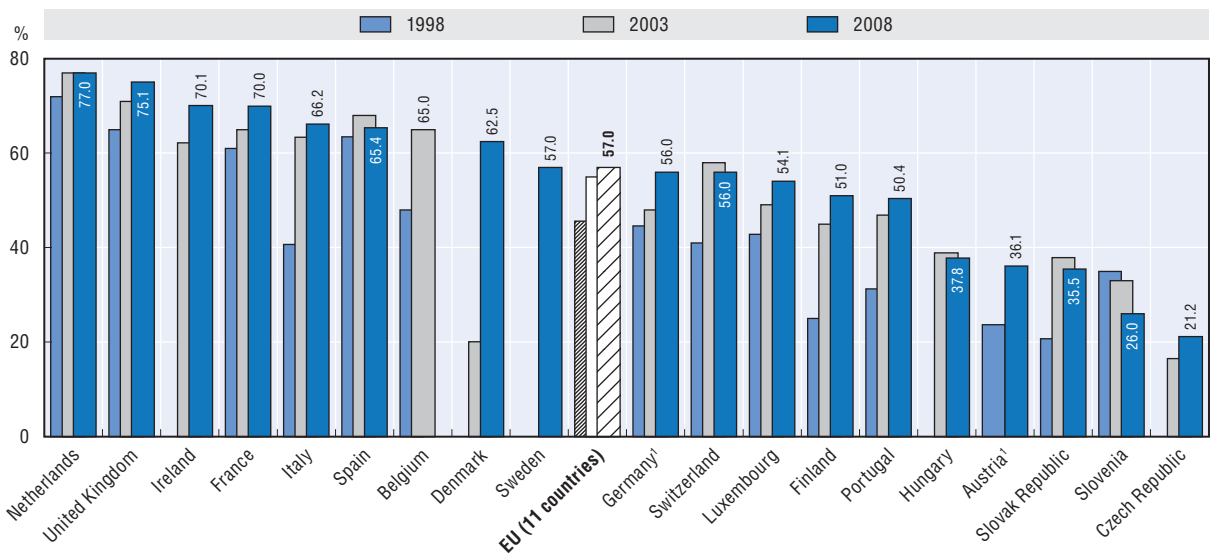


1. Population aged 60 and over.

Source: OECD Health Data 2010.

StatLink <http://dx.doi.org/10.1787/888932336787>

3.4.2. Vaccination rates for influenza, population aged 65 and over, 1998-2008 (or nearest year available)



1. Population aged 60 and over.

Source: OECD Health Data 2010.

StatLink <http://dx.doi.org/10.1787/888932336806>



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