Influenza is a common infectious disease that affects between 5 and 15% of the population each year (WHO, 2014). Most people with the illness recover quickly, but elderly people and those with chronic medical conditions are at higher risk of complications and even death. Influenza can also have a major impact on the health care system. In the United Kingdom, an estimated 779 000 general practice consultations and 19 000 hospital admissions were annually attributable to influenza (Pitman et al., 2006).

Vaccines have been used for more than 60 years, and provide a safe means of preventing influenza. While influenza vaccines have shown positive results in clinical trials and observational studies, there is a need for more high quality studies on the effectiveness of influenza vaccines for the elderly. Nevertheless, appropriate influenza vaccines have been shown to reduce the risk of death by up to 55% among healthy older adults as well as reduce the risk of hospitalisation by between 32% and 49% among older adults. In 2003, countries participating in the World Health Assembly (WHA), including all EU member states, committed to the goal of attaining vaccination coverage of the elderly population of at least 50% by 2006 and 75% by 2010 (WHA, 2003).

Figure 4.10.1 shows that around 2012, across 21 EU member states for which data were available, the average influenza vaccination rate for people aged 65 and over was 43%. Vaccination rates across Europe range from 1% in Estonia to 76% in the United Kingdom. Whilst there is still some uncertainty about the reasons for such cross-national differences in vaccination rates, studies have highlighted that the lack of public health insurance coverage may be an important determinant in explaining low uptake in some countries. Studies have also shown that personal contact with a doctor is a key determinant of uptake, and that better information through mass-media campaigns, patient and provider education initiatives, and recall and reminder systems can play an important role in improving vaccination rates. In Estonia, for example, influenza vaccination is not publicly covered.

Figure 4.10.2 indicates that between 2002 and 2012, vaccination rates across the European Union remained stable. There is no uniform trend across Europe. Some countries such as Germany have maintained their vaccination rates over the last decade, countries such as the Slovak Republic, France, Spain, Slovenia, Hungary, Finland, Luxembourg, Ireland and the Netherlands have seen a decrease in the rates while countries such as Denmark, Italy, Belgium, Portugal, the United Kingdom and the Czech Republic have seen a rise between 2002 and 2012. Only the United Kingdom attained the 75% coverage target in 2012, but this target was also nearly met in the Netherlands. 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").

In June 2009, the WHO declared the first influenza pandemic since 1968-69 (WHO, 2009). Within 23 weeks of the first diagnosis of the H1N1 influenza virus (also referred to as "swine flu"), there were over 53 000 confirmed cases across all EU member states, Iceland, Liechtenstein and Norway (ECDC, 2011). The estimated infection attack rates remained low in the overall population but were high amongst young people aged 5-19 years. Following the development, testing and production of a H1N1 vaccine, most EU member states included the 2009-10 seasonal influenza vaccine and the pandemic vaccine into their influenza vaccination programmes. Despite the worldwide focus on H1N1, numerous studies have shown that vaccination rates against the virus were lower than expected in a large number of countries. In part, this may be due to the easing of concerns about the threat of H1N1 amongst the general population by the time the vaccine became available.

Definitions 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. A number of countries changed the way in which influenza vaccination rates were calculated between 2005 and 2012. These countries are: Denmark, Germany, Luxembourg, Switzerland and the United Kingdom.

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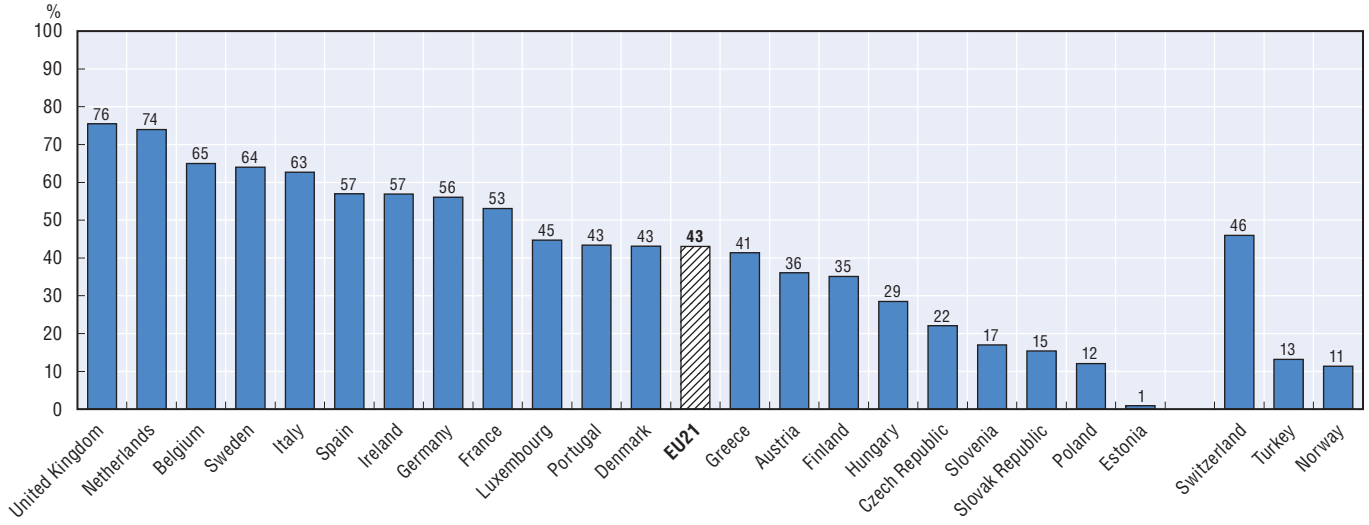
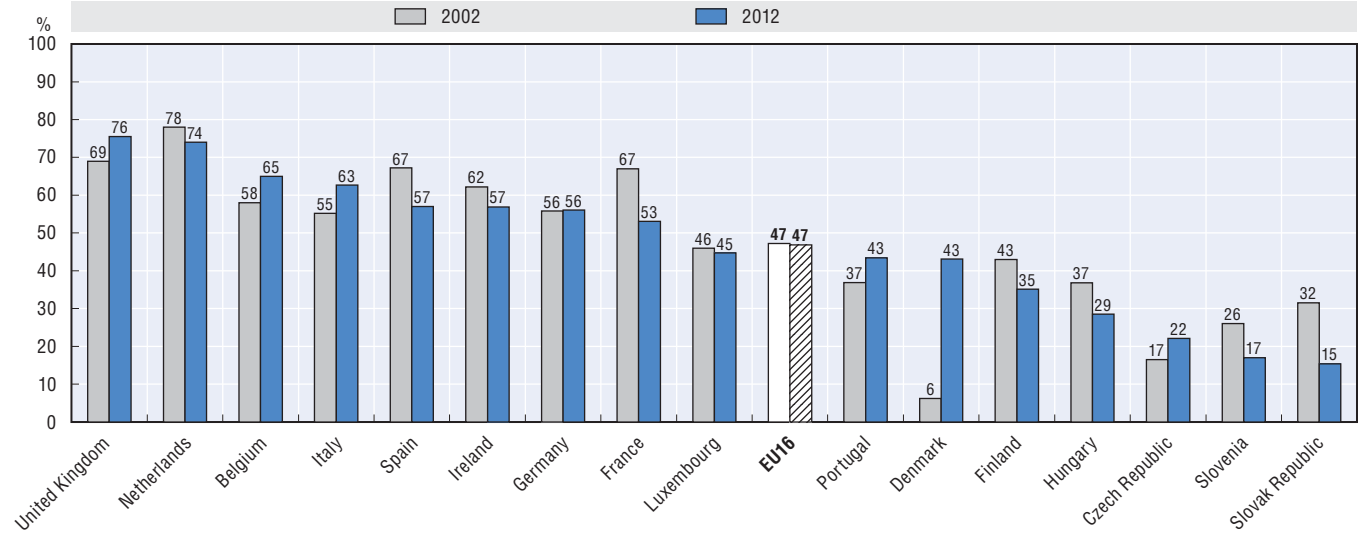
4.10.1. Vaccination rates for influenza, population aged 65 and over, 2012 (or nearest year)



Source: OECD Health Statistics 2014, http://dx.doi.org/10.1787/health-data-en.

4.10.2. Trends in vaccination rates for influenza, population aged 65 and over, 2002-12 (or nearest year)



Source: OECD Health Statistics 2014, http://dx.doi.org/10.1787/health-data-en.

StatLink http://dx.doi.org/10.1787/888933155759

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