PREVENTING HOSPITALISATION IN EUROPE SERIES

Lessons from the Most Recent Winter Season

12 May 2026 – Sparks Meeting (Brussels)

Executive summary

On 12 May 2026, Sanofi and the European Health Management Association (EHMA) convened a closed-door roundtable in Brussels as the first event in a three-part series on preventing hospitalisation in Europe. The discussion brought together clinicians, public health experts, patient advocates and healthcare professionals to reflect on the most recent winter season, its burden for the healthcare system and start identifying practical lessons for strengthening prevention ahead of the next one.

Participants agreed that respiratory diseases burden such as RSV in infants, influenza and COVID-19 across the lifespan continue to be underestimated and they place significant pressure on European health system across Europe, contributing to avoidable hospitalisations, ICU occupancy, workforce shortages and delays in care. However, the level of strain varied between countries and settings. Countries and settings where immunisation is easily accessible and embedded into routine care with appropriate coverage appeared better equipped to manage winter pressures and maintain continuity of care.

A clear message emerged from the discussion: effective tools, such as vaccines, reduce avoidable winter hospitalisations and strengthen healthcare systems sustainability already exists, but remain underused. Participants highlighted that immunisation should be recognised, not only as an infectious diseases prevention tool but also as an important component of health system resilience, especially under winter pressures, and healthy living.

Calls to Action

1. Recognise life course immunisation as pilar of healthy living, healthy ageing and health system resilience

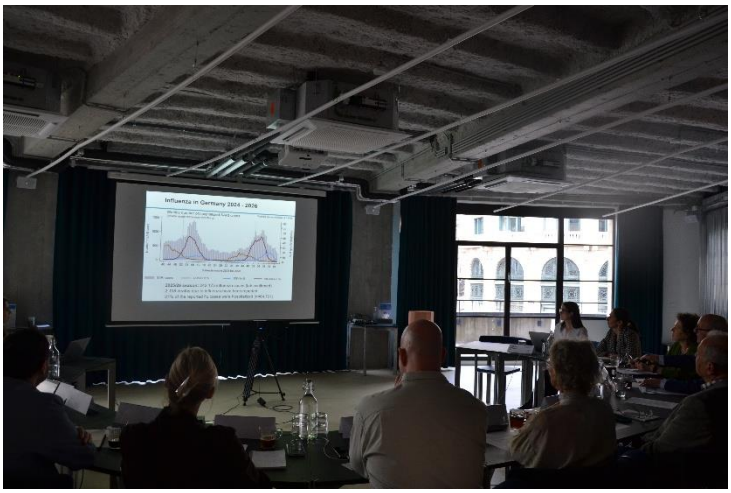
Immunisation against respiratory viruses such as RSV and influenza should increasingly be integrated into healthy living, healthy ageing and health system resilience strategies to help sustain strong public health impact by reducing avoidable hospitalisations and pressure on healthcare systems.

2. Improve equitable access to immunisation

Health systems should reduce practical barriers and make immunisation easier to access through primary care, hospitals, pharmacies, community services and outreach to vulnerable populations.

3. Strengthen surveillance, local data and public confidence

Better local data, stronger surveillance at the hospital level and clearer and tailored communication are needed to support evidence-based policymaking, improve immunisation uptake, address misinformation and strengthen public confidence in immunisation programmes.



The 2025/2026 winter season – What happened?

Influenza remains underestimated

Influenza continues to be a major driver of winter pressure, but its burden is often underestimated. In Germany alone, the most recent winter season saw more than 240,000 lab-confirmed cases of influenza, 27% of which required hospitalisation, with around 20% of hospitalised patients admitted to intensive care. Around 95% of influenza-related deaths were among adults aged 60 and over. The implication for prevention strategy is important: influenza must be understood as a systemic infection, not only a respiratory illness, with downstream cardiovascular, neurological and functional consequences that current public messaging rarely captures.

> *"Influenza is not only a respiratory disease. It is a systemic infection that can increase the risk of myocardial infarction, stroke and loss of autonomy after infection"*
>
> **— Prof. Thomas Weinke**

RSV infant immunisation: when public health impact counts

The experience of RSV infant immunisation showed that high uptake is possible when prevention programmes are well designed. Clear communication with parents, strong healthcare professional engagement, public funding and continuous evaluation were all identified as critical success factors.

In a regional example from Spain, uptake reached around 85% among children born out of season and over 90% among children born during the season. Effectiveness against RSV-related hospitalisation was reported in the 84 to 87% range, while national-level data suggested that several thousand infant hospitalisations were avoided during the first season of implementation. This lesson extends beyond RSV infant protection; successful programmes require more than a recommendation. They need simple delivery, trusted messengers, active follow-up and a willingness to evaluate where gaps remain.

Critically, comprehensive infant protection strategies that ensure all infants are protected throughout the entire RSV season — including the 50% of hospitalised infants who are born before the season begins — maximise this impact and support healthcare system resilience across multiple seasons."

Influenza: the gap surveillance is hiding

Participants raised concern that influenza remains under-reported. While RSV and bronchiolitis surveillance has improved, paediatric influenza surveillance remains weaker, making it harder to assess the true burden and build the case for stronger prevention.

Vaccination coverage remains low in several settings, despite evidence and expert experience suggesting that influenza vaccination can be particularly effective and help reduce severe disease and hospitalisation. Better outpatient, and hospital-linked surveillance is needed to understand the burden of influenza, including vaccination status, hospitalisations and severe outcomes.

> *"We have to stop thinking that vaccination is only for children. We have to promote the idea that it runs through all ages — teens, pregnant women, at-risk young people, and the elderly."*
>
> **— Prof. Catherine Weil-Olivier**

What works, what doesn't: variation between countries

Access and delivery are the binding constraints

Vaccination uptake depends not only on whether vaccines or immunisation solutions are available, but on how easy they are to receive. Where immunisation is offered through familiar and convenient settings, such as primary care, community pharmacies, nursing homes and home-based outreach, uptake improves and hospitals are better protected during winter peaks.

Portugal's experience showed this clearly: influenza vaccination coverage reached 72.7% among adults over 65 and around 87% among the oldest age groups, supported by primary care centres, community pharmacies and nursing teams reaching

people in nursing homes and at home. Other country examples also showed that strong primary and municipal care can help keep more care outside hospitals and maintain routine services. Where access is fragmented, uptake falls.

The healthcare worker vaccination gap

One of the most consistent concerns raised across countries was low influenza vaccination among healthcare workers themselves, with rates reported as low as 35 to 40% in some hospital settings. Contributing factors include low perceived personal risk, residual COVID-related vaccine fatigue, hesitancy on mRNA platforms, and in some cases simple needle aversion. The implication for system planning is direct: healthcare workers behave much like the general population and have barriers and challenges in getting vaccinated. However, protecting them protects the vulnerable patients in their care. Closing this gap should be treated as part of patient safety and can be tackled through strategies which include easier on-site access, peer-led communication, visible leadership from trusted professionals and a stronger link between staff vaccination and patient protection.

Local data as the lever that moves stakeholders

Local, real-world evidence is one of the strongest tools for improving immunisation programmes. Data on immunisation effectiveness, uptake and reductions in hospital admissions from a variety of causes can make the benefits of prevention more concrete for policymakers, healthcare professionals and the public. Examples from the discussion showed that local evidence can help shift perceptions among clinicians who are sceptical, and can support higher uptake when used in targeted communication with healthcare professionals and patients. Every health system should invest in producing local evidence on what vaccination prevents, including how many hospitalisations it helps avoid across conditions, which patient populations are being overlooked and where delivery needs to be improved.

> *"We need to have more local data to convince the stakeholders first, the healthcare professionals second, and the patients third."*
>
> **— Dr. Jaime Jesús Pérez Martín**

Communication, trust and the public conversation

Communication remains one of the biggest challenges for respiratory virus prevention. Public health messages often rely on technical language or focus narrowly on risk groups, but this does not always resonate with people's daily concerns. Immunisation should be framed more positively: as a way to continue daily activities, protect family members, avoid severe disease, bring solid public health impact and reduce pressure on health systems. This is particularly important in a post-pandemic context, where fatigue and mistrust remain high and anti-vaccine narratives continue to circulate online.

Communication also needs to be more tailored. People from migrant backgrounds, older adults, people with chronic conditions, parents and healthcare professionals may have different concerns and may require different channels and languages. Healthcare professionals also need better support. Clinicians, nurses and pharmacists are among the most trusted sources of information, but they need clear tools, consistent messages and confidence in the evidence to communicate effectively with patients.

> *"We should treat the public as a major stakeholder — not start by defining policy at the top and trying to implement it downwards."*
>
> **— Prof. Catherine Weil-Olivier**

Looking Ahead

This first event established a clear baseline: the tools to reduce avoidable winter hospitalisations exist, but their reach is uneven, their delivery infrastructure is inconsistent, and the public conversation around them needs renewal, all of which creates gaps in prevention. Building on these insights, Event 2 will shift the focus from country experience to implementation, with a specific focus on older adult vaccination, examining what works at system level, how better-performing models can be scaled, and how prevention and immunisation can be embedded into routine care and winter preparedness planning. The final event in autumn 2026 will bring the resulting recommendations to policymakers, in time for vaccination ahead of the next winter season.

The evidence from the most recent winter season is clear: where prevention and immunisation is well delivered, hospitalisations fall. Closing the gap between what we know and what we do is the work ahead.

Roundtable participants

Speakers

Prof. Thomas Weinke — Ernst von Bergmann Hospital
Dr. Jaime Jesús Pérez Martín — Regional Ministry of Health, Murcia / Spanish Association of Vaccinology
Prof. Catherine Weil-Olivier — Paris VII University

Roundtable participants

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Dr. Alexandre Lourenço — NOVA School of Public Health
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Dr. Francisco Rodríguez Lozano — Cancer Patients Europe
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