PREVENTING HOSPITALISATION IN EUROPE SERIES

Preventing Respiratory Infections in Older Adults in Europe: What Works?

1 July 2026 – Sparks Meeting (Brussels)

Executive summary

On 1 July 2026, Sanofi and the European Health Management Association (EHMA) convened the second closed-door roundtable in the three-part series on preventing hospitalisation in Europe, "Preventing Respiratory Infections in Older Adults in Europe: What Works?". Building on Event 1, the discussion shifted from why action is needed to what works in practice, bringing together clinicians, public health experts, researchers, patient advocates and policy voices from different countries to examine what it takes to scale effective prevention strategies for respiratory infections in older adults.

Participants agreed that **the tools to reduce avoidable winter hospitalisations already exist**: vaccination, pharmacy-based delivery, call-and-recall systems, vaccination reconciliation pathways have all shown measurable impact, when implemented well. The discussion also reframed the burden itself: respiratory infections such as influenza are systemic events with documented downstream consequences for cardiovascular health and functional independence, yet this link often falls to reach GPs, cardiologists or the public.

A consistent message ran through the session: progress at scale is not blocked by a lack of evidence, but by structural and financial barriers, by communication that only reaches the already convinced, and by inconsistent measurement that prevents countries from learning from one another. These insights will directly inform the policy recommendations that will be presented to policymakers at Event 3 on 13 October at the European Parliament.

Calls to Action

1. Respiratory infection prevention should be part of healthy ageing and chronic disease policies

Preventing respiratory infections goes far beyond avoiding winter colds - it means reducing pneumonia, hospitalisations, preventing complications such as cardiovascular events, and helping older adults preserve their independence. It is a core pillar of healthy ageing and a societal, economic and clinical imperative Cardiology and geriatrics guidelines should systematically include vaccination status checks, and vaccination coverage data in high-risk patient groups should be routinely collected and published. The EU Safe Heart Plan and the European Society of Cardiology (ESC) Clinical Consensus Statement point in the right direction – national guidelines now need to follow.

2. Effective delivery models exist. Now they must be scaled

Pharmacy-based vaccination, call-and-recall systems, integrated primary care and vaccination reconciliation pathways have demonstrated measurable impact when implemented effectively. The challenge is no longer identifying what works, but creating the conditions to scale these proven models across health systems.

3. Scale is blocked by systems, not by lack of evidence

The principal barriers to improving vaccination uptake are structural rather than scientific. Procurement delays, reimbursement gaps, fragmented governance, inconsistent vaccination pathways and limited data infrastructure continue to prevent successful local initiatives from becoming sustainable national programmes.

4. Communication must speak to what matters most to people

Current vaccination campaigns often focus on disease risk and clinical messaging, reaching primarily those who are already convinced. Participants highlighted the need for communication that resonates with older adults - emphasising the prevention of hospitalisation, the preservation of independence, and support for healthy ageing - while remaining evidence-based and avoiding overstatement of vaccine benefits.

5. Healthcare workers are both a barrier and an opportunity

Pharmacy-based Healthcare professionals remain the most trusted source of vaccination advice, making them a critical lever in guiding patient decisions. However, declining vaccination uptake among healthcare workers risks undermining confidence at the very moment hesitant individuals seek reassurance. Prioritising the education, engagement and vaccination of healthcare professionals is therefore essential.

6. Preventing hospitalisation requires partnerships beyond the immunisation community

We cannot rely on immunisation programmes alone to protect older adults. Participants highlighted the need to engage a broader coalition -including healthcare professionals across specialties, pharmacists, patient organisations, local authorities, social care providers, community leaders and the media -to reach vulnerable and under-served populations. Preventing avoidable hospitalisations requires coordinated action across the wider health and community ecosystem.

What works: Delivery models that address the systemic burden

The session opened with a shift in framing: **from evidence to implementation**. Tools already exist to reduce avoidable hospitalisations in older adults, the question is what it takes to scale and replicate them.

Access and delivery models that have scaled

- Pharmacy-based vaccination was highlighted as a highly effective “quick fix” that has demonstrably improved uptake in multiple countries. However, it still faces resistance from GP unions in many settings.
- Call-and-recall systems, well established in the UK, remain among the most effective structural tools for reaching eligible populations.
- Participants described framing five key vaccines together as the 'Big 5 for the elderly' (Flu, Covid, RSV, Pneumo & Shingles) as an example to follow – a simple, coherent way to move patients from single-disease thinking to an integrated vaccination schedule.
- Portugal was cited as a strong model of integration: a national health system covering roughly 85% of the population through family doctors, strong community connections, and a pharmacist partnership for lower-risk groups, with higher-risk patients managed through healthcare centres.

> *"Pharmacy vaccination has been a revolution in public health."*
>
> **— David Sinclair, ILC UK**

Beyond the acute episode: the systemic burden

Flu is far more than a respiratory illness. Participants underlined its documented links to stroke, diabetes, cardiovascular events and functional decline – evidence that too often fails to reach GPs or the general public. Much of this starts with language: influenza is a systemic infection, not merely a pulmonary one, yet clinical communication rarely reflects this. Telling a patient "the flu vaccine prevents myocardial infarction and stroke" sends a strong message, and several participants highlighted that this framing is largely absent from current messaging.

- Acute cardiac events are frequently triggered by respiratory infections in at-risk patients, as acute inflammation can create a systemic inflammatory response.
- Frailty and functional decline are well documented in geriatrics but remain distant concepts for patients and the public. Evidence on reduced heart attacks and preserved independence needs to move to the forefront of communication.
- Data show a clear correlation between healthy life years and flu vaccination rates; investing in adult flu vaccination improves both individual lifespan and countries’ global healthy-ageing rankings.
- Eight studies now link vaccination to reduced dementia risk – a powerful but still underused argument in communication
- A critical data gap remains: vaccination coverage data in cardiology patients is largely absent, limiting the case that can be made to cardiologists and policymakers.

> *"Acute cardiac events are often triggered by respiratory infections. Vaccination should be seen as cardiovascular prevention, like smoking cessation."*
>
> **— Dr Fiona Ecarnot, University Hospital of Besançon**

Integration is the right direction, but silos persist

The European Society of Cardiology (ESC) issued a Clinical Consensus Statement, and the EU Safe Hearts Plan explicitly includes vaccination as a flagship action. However, this is not yet reflected in national recommendations in many countries. An early-stage vaccination reconciliation pilot at CHU Besançon hospital in France was described as a leading example of what integration within a cardiology care pathway can look like. Despite such progress, a major structural gap persists: vaccination is still discussed in silos – different vaccines, different disease areas, different stakeholders – rather than as part of a common prevention thread.

> *"We need to move from a single-disease programme to a more integrated approach – vaccination should be part of early detection and care closer to home."*
>
> **— Dr Thea Kølsen Fischer, University of Copenhagen**

From evidence to policy: fixing the system conditions

Communication, trust and broadening the coalition

Current flu campaigns were described as reaching those already willing to get vaccinated. Participants agreed that communication must connect to what people actually fear – hospitalisation, a heart attack, loss of independence, not being there for family – rather than technical, risk-group-focused messaging. Roughly 85% of people reportedly do not understand current vaccine messaging from authorities, underlining the need for a fundamental rethink of communication strategy.

- The message must be positive and functional, focusing on quality of life, staying active, and being present for family.
- Overclaiming should be avoided: absolute statements such as “vaccines are 100% effective” or “flu vaccination prevents heart attacks” risk undermining trust if a vaccinated patient later experiences a cardiac event. Communication should focus on the primary value of vaccination, with additional benefits framed carefully.
- HCPs remain the most trusted source for hesitant patients – most vaccine-hesitant individuals (excluding the roughly 8% who are firmly anti-vax) still bring their doubts to their GP, making HCPs a critical point of influence. It is therefore particularly concerning that, according to the latest ECDC report, influenza vaccination rates among healthcare workers are declining across all seven countries that report comparable data. Strengthening HCP training and confidence is likely to have more impact than tackling misinformation directly.
- Specific resistance among nurses needs to be addressed, potentially through framing around professional duty of care.
- Health systems, local authorities, patient advocacy groups, cardiologists and social actors are largely absent from vaccination advocacy today. The community needs to be broadened.
- Inequalities persist even in high-performing systems (e.g. rural access gaps in Denmark), and migrants face specific barriers including language and differing social norms. Current strategies barely reach an estimated 16–17 distinct vulnerable population groups, which together represent 25–60% of a population depending on the country. Each group requires its own tailored approach rather than a single, one-size-fits-all campaign.

> *"Flu campaigns no longer work – they only speak to the already convinced. We need to speak to what people are actually worried about."*
>
> **— Prof. Marc Van Ranst, KU Leuven**

Removing barriers to scale

Several structural barriers were identified as consistently preventing effective approaches from scaling beyond pilot stage:

- Procurement and reimbursement bottlenecks (e.g. France's slow price agreements, financial risk for GPs on pre-ordered, unconsumed vaccines).
- Schedule and co-administration guidelines remain inconsistent across countries, and vaccines are often planned as competing priorities rather than a single schedule. As highlighted during the discussion, for example, in the Netherlands rolling out shingles vaccination reduced the space available to introduce high-dose influenza vaccination. Planning needs to be end-to-end across the full vaccine schedule, not vaccine-by-vaccine.

In federated systems like Belgium, regional autonomy over vaccination decisions can create policy fragmentation. FA minimum package of structural conditions – access, financing, schedule and co-administration clarity, and data infrastructure – should be defined and recommended at national level, even within federated systems.

Measuring, comparing and incentivising

Inconsistent measurement across countries was flagged as a persistent barrier to learning and accountability. Participants pointed to three practical levers: standardised KPIs spanning prevention through to hospitalisation, a digital vaccination card as a delivery tool, and incentive models - not mandates - that link vaccination uptake to performance. Two examples were cited. In the UK, incentive models have taken the form of hospital performance bonuses. In the Netherlands, cardiologists co-authored their own risk-group vaccination guidelines through the Long Alliance programme, building ownership rather than imposing guidance from the top down. A more direct UK tactic was also highlighted: requiring unvaccinated healthcare workers to wear an identifying badge reportedly had "an astonishing effect" on uptake.

> *"The community of vaccination needs to move the needle. We need to generate a wave of action."*
>
> **— Prof. Henrique Lopes, Universidade Nova de Lisboa**

Towards the European Parliament Discussion

This second roundtable demonstrated that Europe already has many of the tools needed to reduce avoidable hospitalisations among older adults. The discussion highlighted policy insights that require further political attention.

Where prevention and immunisation are well delivered, hospitalisations fall. Event 3 will bring these lessons to policymakers as concrete, endorsed recommendations ahead of the next winter season.

Participants

Speakers

- Dr Fiona Ecarnot – University Hospital of Besançon
- Prof. Marc Van Ranst – KU Leuven / UZ Leuven
- David Sinclair – International Longevity Centre UK

Panellists

- Prof. Thomas Weinke
- Prof. Cornelis Boersma - University of Groningen
- Prof. Henrique Lopes - Universidade Nova de Lisboa
- Dr Thea Kølsen Fischer - University of Copenhagen
- Bianca Ferraiolo – Active Citizenship Network
- Dr Cláudia Vicente – ULS Baixo Mondego
- Greet Hendrickx – University of Antwerp

Moderator

- Tamsin Rose

Organisers

- Alexis Strader — EHMA
- Guillaume Letellier – Sanofi
- Anabelle Monnet – Sanofi
- Linda Vercammen – Sanofi