

Preventing Hospitalisation in Europe

A Call for Coordinated EU and
National Action on Respiratory
Infection Prevention

Executive summary

Every winter, respiratory infections drive avoidable hospitalisations across Europe, straining health systems, workforce capacity and public finances. Influenza, RSV and COVID-19 remain underestimated across the lifespan, contributing not only to respiratory hospitalisations but also to cardiovascular and other complications, while the level of strain they cause varies significantly between countries and care settings.

That is why the European Health Management Association (EHMA) and Sanofi came together to organise the **Preventing Hospitalisation in Europe event series**, gathering healthcare professionals, policymakers, public health experts and patient representatives from across Europe to examine what the key challenges are, what works, and how European and national policies can better support prevention, protect citizens and healthcare systems in future winter seasons.

One of the main takeaways of the event series is that **much of this pressure is preventable**. Where immunisation is easily accessible and embedded into routine care, health systems are better equipped to manage winter pressures and maintain continuity of care. Pharmacy-based delivery and call-and-recall systems can improve access and uptake, while integrated care pathways support early intervention. These approaches have demonstrated measurable impact where implemented well. Respiratory infections can have consequences beyond the initial infection, particularly for older and at-risk adults, including cardiovascular complications, hospitalisation and loss of independence. We know many of the approaches that can reduce this burden, but they are not consistently implemented across Europe. Gaps in financing, delivery, communication and data continue to limit their impact.

These priorities align with the growing consensus among European health stakeholders on the need to strengthen prevention. The International Federation on Ageing (IFA) Consensus Statement on adult immunisation¹ identifies a number of complementary priority action areas, including strengthening immunisation across the life course, improving access and delivery, addressing data and monitoring gaps, and building stronger political commitment. Together, these efforts reinforce the case for making prevention a more systematic feature of health policy and practice across Europe.

CORE POLICY ASK

Embed respiratory infection prevention as a core part of resilient health systems across the life course and at both EU and national levels, to reduce avoidable hospitalisations and strengthen preparedness for future winter seasons.

¹ International Federation on Ageing. (2026). NCDs and immunisation – Advancing coordinated advocacy and action. [NCDs-and-Immunisation---Advancing-Coordinated-Advocacy-and-Action.pdf](#)

This report sets out six policy priorities to close that gap. Based on the evidence and expert recommendations gathered throughout the Preventing Hospitalisation in Europe event series, it calls on EU policymakers and Member States to:

1. Embed respiratory infection prevention within healthy ageing and chronic diseases management policies
2. Scale the delivery models that have already proven their worth
3. Remove the structural and financial barriers that limit the uptake of proven approaches
4. Invest in the data and measurement systems needed to learn across border
5. Close the healthcare worker vaccination gap as a matter of patient safety
6. Tailor communication and broaden the coalition working on prevention

The case for action

The most recent, 2025/26 winter season illustrated this pattern clearly. When influenza, COVID-19 and RSV circulated simultaneously, hospitals filled quickly, staff capacity was stretched, and the most vulnerable patients faced the greatest risk of severe complications and loss of independence.

The implication for prevention strategy is important: influenza needs to be understood as a systemic infection, not only a respiratory illness, with downstream cardiovascular, neurological and functional consequences that current public messaging rarely captures.

Across the Union, the European Commission estimates that seasonal influenza vaccination alone already prevents tens of thousands of deaths each year, a figure that illustrates both the impact of vaccination and the burden that remains where uptake is suboptimal².

At national level, Germany's experience during the 2025/26 season illustrates what that pressure looks like in practice. Germany recorded **239,922 laboratory-confirmed influenza cases**, of which 27% required hospitalisation (n=64,791) and around one in five of those admitted needed intensive care. Some 2,158 deaths were attributed to influenza, approximately 95% of them among adults aged 60 and over³.

More broadly, over 107,000 patients in Germany were hospitalised that season with laboratory-confirmed influenza, COVID-19 or RSV, of whom around 20,000 needed intensive care and more than 4,100 died. The average work absence linked to respiratory infections reached 9.5 days, underlining that prevention has a direct impact on workforce capacity as well as on hospital beds. According to RKI data, during the 2024/2025 winter season, 34.5% of people aged 60 and older were vaccinated against influenza, which is the lowest level since 2008/2009⁴.

These impacts also carry significant economic costs through hospital and intensive care admissions and workforce absence. Prevention should therefore be assessed not only in terms of programme costs, but also in terms of avoided healthcare expenditure and wider societal benefits. In France, for example, adults aged 65 and over accounted for more than two-thirds of influenza-related hospitalisation costs in severe seasons between 2010 and 2018, as reported in the Flunomics report⁵.

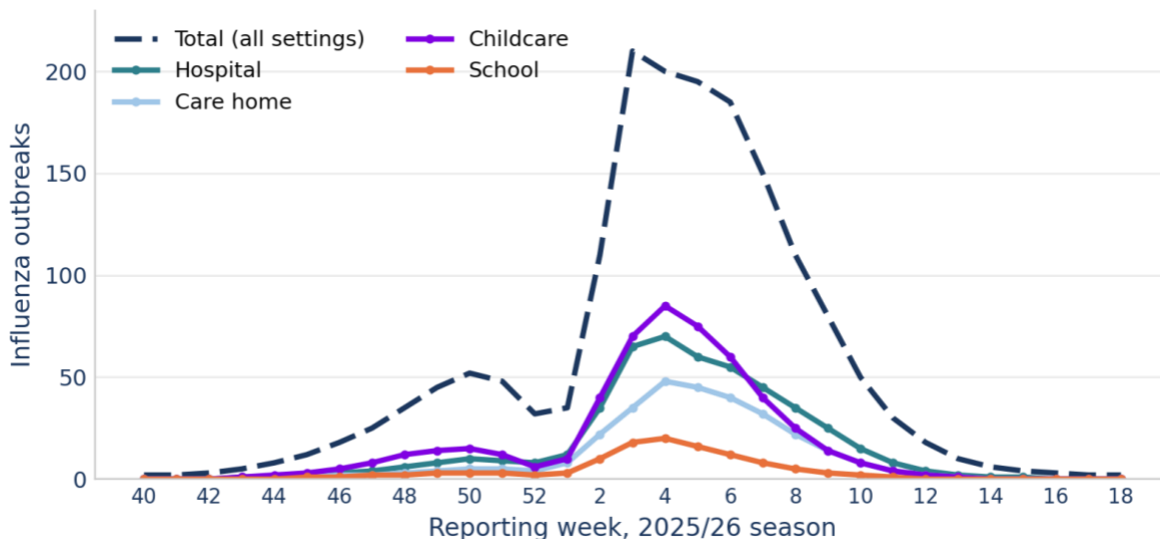
37,000
deaths prevented
each year across the EU
through seasonal influenza
vaccination alone
(European Commission, 2026)

² European Commission. (2006). *Respiratory infections*. [Respiratory infections - Public Health - European Commission](#)

³ Weinke, T. (2026, May 12). *Lessons from the most recent winter season* [Presentation slides, citing Robert Koch Institute, Working Group Influenza data of 6 May 2026]. Preventing Hospitalisation in Europe roundtable, Brussels, Belgium.

⁴ Weinke, T. (2026, May 12). *Lessons from the most recent winter season* [Presentation slides, citing Robert Koch Institute, Working Group Influenza data of 6 May 2026]. Preventing Hospitalisation in Europe roundtable, Brussels, Belgium.

⁵ Sanofi. (2025). Flunomics report: Assessing the impact of previous influenza seasons on people, health systems and economies (MAT-GLB-2505578 v2.0).



Weekly influenza outbreaks by setting, Germany, 2025/26 season (national surveillance data)

This systemic link is increasingly recognised in cardiology. Acute cardiac events are frequently triggered by respiratory infections in at-risk patients, as the inflammatory response places acute strain on the cardiovascular system; infection is now understood to precipitate up to 27.2% of acute heart failure hospitalisations⁶.

Evidence now links influenza vaccination with a **30% reduction in the risk of major adverse cardiovascular events**. This is reflected in European Society of Cardiology (ESC) clinical consensus statement⁷, which recognises vaccination against influenza and other respiratory infections as part of cardiovascular disease prevention. Yet despite the evidence and its inclusion in clinical guidelines, these arguments remain largely absent from current public messaging and from cardiology practice itself, where vaccination coverage data in cardiac patients is still largely unrecorded⁸.

This link is increasingly recognised at EU level too: **a new Council Recommendation on the value of immunisation against respiratory infections as a preventive measure for cardiovascular diseases** is currently under consideration, which is an opportunity to embed this evidence directly into EU policy⁹.

Underlying clinical data show why: influenza has been associated with a **tenfold increase in the risk of myocardial infarction**, an eightfold increase in the risk of stroke and an eightfold increase in the risk of

"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

⁶ Ecartot, F., Amuthavalli Thiyagarajan, J., Barbagallo, M., et al. (2025). Infectious diseases, cardio-cerebrovascular health and vaccines: Pathways to prevention. *Aging Clinical and Experimental Research*, 37, 80. <https://doi.org/10.1007/s40520-025-02968-y>.

⁷ Heidecker, B., Libby, P., Vassiliou, V. S., et al. (2025). Vaccination as a new form of cardiovascular prevention: A European Society of Cardiology clinical consensus statement. *European Heart Journal*, 46, 3518–3531. <https://doi.org/10.1093/eurheartj/ehaf384>

⁸ European Health Management Association, & Sanofi. (2026, July 1). Preventing hospitalisation in Europe series: Preventing respiratory infections in older adults in Europe: What works? [Roundtable report].

⁹ European Commission. (n.d.). Life course immunisation. Directorate-General for Health and Food Safety. https://health.ec.europa.eu/vaccination/life-course-immunisation_en

pneumonia, alongside a 23% chance of lasting loss of autonomy and 74% more hyperglycaemic episodes among people living with diabetes¹⁰.

The correlation extends to population-level outcomes: countries with higher adult influenza vaccination rates also tend to report **more healthy life years among older adults**, linking investment in adult immunisation directly to national healthy-ageing performance. This connection ought to be amplified more in wider healthy ageing policy discourse.

Where vaccination and immunisation are easy to access and embedded in routine care, health systems are more capable of managing winter pressures and maintaining services throughout the season. A regional RSV immunisation programme in Murcia, Spain, running since the 2023/24 season, offered proof that strong delivery design works: uptake reached around 85 to 90% depending on timing, with effectiveness against RSV-related hospitalisation reported in the 84 to 87% range¹¹.

National Spanish surveillance reached a similar conclusion at scale, estimating a **74 to 75% reduction in RSV-related hospitalisations** and between 9,364 and 9,875 admissions avoided across the country in the programme's first season¹². The scale of hospitalisations avoided also illustrates the potential economic value of well-designed immunisation programmes. Where access remains fragmented, data limited, or uptake low, the same respiratory infections continue to drive avoidable admissions, ICU pressure, workforce absences and delayed procedures.

Coverage still varies widely across the EU. In Portugal's most recent flu season, coverage reached 72.7% among adults over 65¹³, well above France's 56.7%¹⁴ and Poland's under 16% among the same age group for the 2025/26 season; all remain below the 75% benchmark used for at-risk groups¹⁵. Coverage gaps are not confined to adults either: while RSV and bronchiolitis surveillance has improved, **paediatric influenza surveillance remains comparatively weak**, making it harder to assess the true burden and build the case for stronger prevention across the life course. According to the Flunomics report, which compared the 2024/25 season across seven countries, differences in testing, reporting and timeliness also make it hard to compare burden across borders. In Italy, for instance, a record 16 million cases of influenza-like illness were recorded that season, but no official data were published on hospital or intensive care admissions by age¹⁶.

“Acute cardiac events are often triggered by respiratory infections. Vaccination should be seen as cardiovascular prevention, like smoking cessation.”

— Dr Fiona Ecarnot

Portugal (adults 65+)	72.7%
Denmark (recent estimate)	75%
France (adults 65+)	56.7%
EU benchmark (at-risk groups)	75%

¹⁰ Weinke, T. (2026, May 12). *Lessons from the most recent winter season* [Presentation slides]. Preventing Hospitalisation in Europe roundtable, Brussels, Belgium.

¹¹ Pérez Martín, J. J. (2026, May 12). *RSV immunisation in the Region of Murcia* [Presentation slides]. Preventing Hospitalisation in Europe roundtable, Brussels, Belgium.

¹² Mazagatos, C., Mendioroz, J., Rumayor, M., et al. (2024). Estimated impact of nirsevimab on the incidence of respiratory syncytial virus infections requiring hospital admission in children < 1 year, weeks 40, 2023, to 8, 2024, Spain. *Influenza and Other Respiratory Viruses*, 18(5), e13294. <https://doi.org/10.1111/irv.13294>.

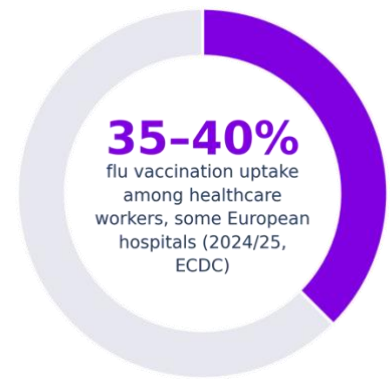
¹³ European Health Management Association, & Sanofi. (2026, May 12). *Preventing hospitalisation in Europe series: Lessons from the most recent winter season* [Roundtable report].

¹⁴ Santé publique France. (2026, April 15). Bulletin infections respiratoires aiguës. Édition nationale. Semaine 15.

¹⁵ European Centre for Disease Prevention and Control. (2025). Survey report on national seasonal influenza vaccination recommendations and coverage rates in EU/EEA countries, 2024/25.

¹⁶ Sanofi. (2025). Flunomics report: Assessing the impact of previous influenza seasons on people, health systems and economies (MAT-GLB-2505578 v2.0).

Healthcare workers show one of the most consistent vaccination gaps across Europe: uptake has been found to be as low as 35 to 40% in some hospital settings¹⁷. According to the latest ECDC report (2024/25 season), vaccination coverage among healthcare workers is remains low, with a median coverage of around 32%, despite an increase from 22.1% in 2023/24 and substantial variation between countries and sectors¹⁸. In France, national estimates for the 2025/26 season put healthcare worker coverage at around 20%¹⁹. Since healthcare workers behave much like the general population in their own vaccination decisions, this has direct consequences for the vulnerable patients in their care.



¹⁷ European Health Management Association, & Sanofi. (2026, May 12). *Preventing hospitalisation in Europe series: Lessons from the most recent winter season* [Roundtable report].

¹⁸ European Centre for Disease Prevention and Control. (2025, November 17). Survey report on national seasonal influenza vaccination recommendations and coverage rates in EU/EEA countries, 2024/25.

¹⁹ Weil-Olivier, C. (2026, May 12). *Winter epidemic season: Influenza in children* [Presentation slides]. Preventing Hospitalisation in Europe roundtable, Brussels, Belgium.

What works: delivery, communication and trust

The barrier to progress is rarely a lack of evidence. **Delivery models that work already exist**; the challenge is scaling them, and reaching people who remain unconvinced or simply overlooked.

The UK's experience illustrates why: setting a clear age recommendation for flu vaccination created a social norm around it, so that turning 65 became synonymous with getting vaccinated, while weekly national data allowed local and national decision-makers to respond to gaps in real time.

However, these approaches only work where the health system is trusted and where gaps in uptake can be seen clearly: in Central and Eastern Europe, trust in healthcare runs nearly 50% below the EU average, and national coverage targets can mask sharp local failures that only granular data reveal²⁰.

Communication itself remains part of the problem. Campaigns built around technical, risk-group-focused messaging tend to reach only those already willing to be vaccinated, leaving others untouched. Hesitancy is narrower than it appears, and most who express doubt still bring it to their GP, **making healthcare professionals the decisive point of influence** rather than mass-market persuasion campaigns. Building that trust starts with data: robust evidence is what convinces stakeholders first, healthcare professionals second, and patients third.

Healthcare professionals across disciplines have distinct but complementary roles to play. GPs remain central to addressing patients' questions and concerns; nurses and pharmacists are trusted sources of advice; and specialists, including cardiologists and geriatricians, can integrate vaccination status checks into routine care. To fulfil these roles effectively, however, they need clear guidance, consistent messages and confidence in the evidence.

The messaging itself still needs work: **roughly 85% of people reportedly do not understand the vaccine messaging** they receive from health authorities²¹. In the post-pandemic context, the **issues and concerns shaping people's attitudes have changed, and vaccination messaging needs to evolve accordingly**. Overclaiming also carries its own risk, since absolute statements such as 'vaccines are 100% effective' can undermine trust if a vaccinated person later falls ill, so communication needs to lead with the primary value of vaccination and frame additional benefits carefully.

"Pharmacy vaccination has been a revolution in public health."

— David Sinclair

"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

²⁰ Sinclair, D. (2026, July 1). *What works: Improving adult vaccination uptake to tackle respiratory disease* [Presentation slide]. International Longevity Centre UK. Preventing Hospitalisation in Europe roundtable, Brussels, Belgium.

²¹ European Health Management Association, & Sanofi. (2026, July 1). Preventing hospitalisation in Europe series: Preventing respiratory infections in older adults in Europe: What works?

Nor is the public a single audience: current strategies barely reach an estimated 16 to 17 distinct vulnerable population groups, together representing between 25% and 60% of a population depending on the country, and each requires its own tailored approach rather than a single campaign²². For example, migrant communities may need information in their own language and through channels that reflect their social norms, while messaging for older adults should focus on staying active and independent. Life-course framing matters too: vaccination should be understood as relevant across all ages, not just for children, extending to teenagers, pregnant women, at-risk younger adults and older people.

Patient experience shapes acceptance as much as clinical evidence does. In Spain's RSV immunisation programme, healthcare professionals' own understanding and communication with parents proved to be the first determinant of acceptability, and early evaluation of the campaign flagged a **coverage gap, with some infants leaving the maternity ward without being immunised**, prompting direct adjustments to close it²³. The lesson generalises: successful programmes evaluate not only how many people they reach, but who is still being missed

²² European Health Management Association, & Sanofi. (2026, July 1). Preventing hospitalisation in Europe series: Preventing respiratory infections in older adults in Europe: What works? [Roundtable report].

²³ Pérez Martín, J. J., & Zornoza Moreno, M. (2024). Implementation of the first respiratory syncytial (RSV) immunization campaign with nirsevimab in an autonomous community in Spain. *Human Vaccines & Immunotherapeutics*, 20(1), 2365804. <https://doi.org/10.1080/21645515.2024.2365804>

Calls to action

Based on the robust evidence and expert recommendations gathered throughout the Preventing Hospitalisation in Europe event series, reducing avoidable hospitalisations from respiratory infections requires action across six connected fronts, from clinical practice and delivery models to financing, data and public trust. We therefore call on EU policymakers and Member States to implement the following actions:

01 Embed respiratory infection prevention within healthy ageing and chronic diseases management policies



Respiratory infection prevention should be treated as part of cardiovascular health and healthy ageing, not simply winter preparedness. EU and national clinical guidelines should routinely integrate vaccination into cardiovascular and geriatric care, building on the EU Safe Hearts Plan and ESC guidance.

03 Remove the structural and financial barriers that prevent proven approaches from scaling



Procurement delays, reimbursement gaps, fragmented governance and weak data infrastructure continue to prevent effective local approaches from becoming national programmes. Countries should establish a minimum package of conditions for access, financing, clear schedules and data, including across federated health systems.

05 Close the healthcare worker vaccination gap as a matter of patient safety



Healthcare professionals are among the most trusted sources of vaccination advice, yet uptake remains low. Vaccination should be treated as a patient safety priority, supported by convenient on-site access, peer-led communication and visible leadership.

02 Scale the delivery models that have already proven their worth



Pharmacy-based vaccination, call-and-recall systems, integrated primary care and hospital-based vaccination pathways can improve access and uptake but remain unevenly implemented. Successful models from Portugal and the UK should be scaled, alongside a coherent “Big 5” approach covering flu, COVID-19, RSV, pneumococcal and shingles vaccination.

04 Invest in the data and measurement systems needed to learn across borders



Inconsistent measurement limits accountability and prevents countries from learning from one another. Standardised KPIs, digital vaccination records and stronger surveillance can help policymakers track progress from prevention through to hospitalisation and identify gaps in coverage and burden. Crucially, data must be collected, analysed and made available promptly so that it can inform policy and operational decisions within relevant planning cycles.

06 Tailor communication and broaden the coalition working on prevention



Communication should focus on what matters to people: avoiding hospitalisation, cardiovascular complications and loss of independence; rather than simply repeating generic vaccination messages. A broader prevention coalition should bring together immunisation experts, specialists such as cardiologists, pharmacists, patient organisations, local authorities and social care.

The path forward

Europe already possesses many of the tools it needs to reduce avoidable hospitalisations among older adults and other at-risk groups. What is missing is not evidence, but the coordination, financing and delivery conditions required to put that evidence into practice at the scale the challenge demands. The recommendations in this report offer EU and national policymakers a concrete starting point ahead of winter 2026/27, closing the gap between what is known to work and what is currently delivered.

Embedding prevention into the design of resilient, age-ready health systems is not a cost to be managed, but an investment: one that eases pressure on hospitals, protects health system capacity through future winters, and helps people stay healthy, independent and present for their families for longer.

Delivering on this agenda means treating the people it is designed to protect as partners in shaping it, not simply as its recipients. Policy defined at the top and implemented downwards has consistently struggled to reach the populations who stand to benefit most.

Where prevention and immunisation are well delivered, hospitalisations fall. Closing the gap between what we know and what we do is the work ahead.

“The community working on vaccination needs to move the needle. We need to generate a wave of action.”

— Prof. Henrique Lopes

“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