

# Toward a Council Recommendation on the value of immunisation against respiratory infections

## EXECUTIVE SUMMARY



Core  
policy  
ask:

**We call for a new Council Recommendation on the value of immunisation against respiratory infections.**

In a world of rising health threats and mounting pressure on health systems, **the EU has a clear opportunity and responsibility to lead on preparedness by reinforcing investment in public health prevention.** Preventing and mitigating respiratory infections is not only a public health priority but also a vital component of EU resilience; safeguarding citizens, economies, and essential services from the destabilising effects of large-scale outbreaks.

As other global actors reduce their long-term public health investments, the EU can step forward to fill the gap and champion a model of long-term resilience. **Immunisation against respiratory infections is a proven, cost-effective tool** that strengthens strategic autonomy, reducing economic losses and reliance on emergency measures and external supplies during crises.

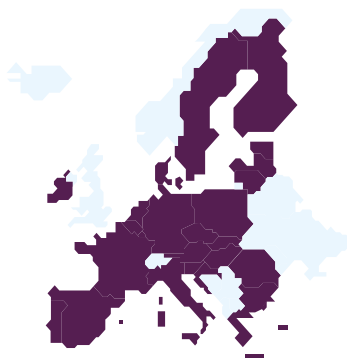
The EU has already taken steps to promote immunisation against influenza with the [2009 Council Recommendation on Seasonal Influenza Vaccination](#). This provides a strong foundation. However, to match the scale of today's challenges and address the reality of other respiratory infections, some with pandemic potential, further action is needed. These infections can overwhelm healthcare systems, disrupt essential services, and undermine workforce capacity and economic stability.

**Safe and effective immunisation tools are available and the prevention of severe outcomes is both feasible and cost effective.** A comprehensive EU approach will save lives, protect economic productivity, and maintain public trust while ensuring that the EU is prepared for future cross-border health threats. Now is the time for the EU to take responsibility and act decisively to protect the health and security of its citizens.

### A new Recommendation should:

#### Call on Member States to:

- **Invest in immunisation** to meet current and future public health needs.
  - Leverage the flexibilities of the [New Economic Governance Framework \(NEGF\)](#) to **exclude immunisation expenses, from individual country spending cap calculations.**
  - Fund **initiatives for education, training, and best practice exchange** on immunisation for healthcare professionals (HCPs).
- **Implement an annual EU-wide coverage target for flu, COVID-19, RSV and pneumococcal disease** using the 75% uptake target for flu in at risk populations as a benchmark to increase immunisation rates across the life course.
- **Strengthen surveillance and data collection** by expanding existing flu surveillance systems to include COVID-19, pneumococcal disease and RSV.
- **Address vaccine mis- and disinformation** and strengthen vaccine confidence through transparent, evidence-based communication and targeted community engagement among the public and HCPs.



#### Invite the European Commission to:

- **Commit dedicated funding for immunisation** in EU budget planning to expand access, accelerate innovation, and support vaccine confidence monitoring by reinstating the State of Vaccine Confidence in the EU reports.
- **Issue** clear instructions to Member States on budgeting for prevention under **NEGF flexibilities.**
- **Support the European Centre for Disease Prevention and Control (ECDC)** by establishing harmonised guidelines for how EU Member States report immunisation coverage data.
- **Support the implementation of digital infrastructure** to enable immunisation coverage rates (ICR) as a programme performance indicator.
- **Invest in targeted guidelines** on embedding immunisation education and outreach into medical training and daily practice.
- Integrate immunisation into wider **EU health and resilience strategies.**

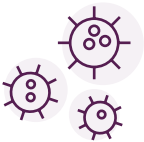


# THE BURDEN OF RESPIRATORY INFECTIONS DEMANDS RENEWED EU ACTION

**Respiratory infections (RIs) are among the most common infectious diseases in Europe, and many of their most serious consequences are preventable.** RIs such as respiratory syncytial virus (RSV), pneumococcal disease, COVID-19 and influenza (flu) pose a significant and evolving threat to public health in Europe, affecting a range of at-risk groups including older adults, young children, pregnant people and those with underlying health conditions such as chronic respiratory, cardiovascular, metabolic or kidney diseases. Their cumulative burden, combined with rising health threats and mounting pressure on health systems, underlines the urgent need for stronger prevention and preparedness.

**The EU has both the opportunity and responsibility to lead by investing in long-term preparedness and resilience, with immunisation as a proven, cost-effective tool** to protect citizens, safeguard economies and build capacity in responding to emergencies. Despite overwhelming evidence that immunisation saves lives, prevents hospitalisations, increases preparedness and reduces healthcare costs, consistent low immunisation coverage across Member States continues to leave millions unprotected.

## Public health burden of respiratory infections



### Influenza (commonly known as flu)

Flu is not just a cold. It is a serious respiratory infection that can lead to pneumonia or respiratory failure. **1 in 5 Europeans are infected each year with flu.**<sup>1</sup> The disease is associated with an estimated 70,000 deaths annually across Europe.<sup>2</sup> Older adults are particularly vulnerable, with those aged 65 and over facing mortality rates up to 35 times higher than younger age groups.<sup>2</sup> Influenza also targets children. Every influenza season there are three children affected for every adult.<sup>3</sup>



### COVID-19

COVID-19 can still pose a threat to at risk groups who are not immunised against it. Since the beginning of the pandemic, there have been over **274 million confirmed cases** and approximately 1.6 million excess deaths across Europe between 2020 and 2023.<sup>4,5</sup>



### Respiratory syncytial virus (RSV)

RSV affects all populations but **can be particularly serious for infants, older adults** and those with **chronic health conditions**. RSV in young children can place a burden on the whole family, impacting parents' quality of life and daily activities.<sup>6</sup> Each year in Europe, it leads to around 213,000 hospitalisations in children under 5 and approximately 158,000 hospitalisations in adults aged 65 and above.<sup>7</sup> Despite its substantial impact, the true burden of RSV in older adults remains poorly understood due to limited routine testing and the absence of standardised surveillance protocols and could be far greater than current estimates.<sup>8</sup>



### Pneumococcal disease

Pneumococcal disease is a bacterial infection that it is a **leading cause of pneumonia** and can progress to invasive forms such as bloodstream infections, which carry a higher risk of death. Incidence of the disease is highest among infants under one and adults aged 65 and over.<sup>9</sup> Despite the availability of safe and effective vaccines, in the EU **17,700 confirmed cases of invasive pneumococcal disease (IPD) were reported in 2022.**<sup>9</sup>

## Socioeconomic burden of respiratory infections

Respiratory infections including **COVID 19, RSV, influenza and pneumococcal disease** also impose a profound socioeconomic burden through lost working days, reduced productivity, increased healthcare expenditure, and gaps in preparedness.



## A widening immunisation gap

Despite the growing recognition of the burden of respiratory infections, the numbers tell a clear story: **Europe is falling short on respiratory infection prevention.**

**Flu:** In the 2023-24 influenza season, median coverage among older adults was just **46%**, with uptake reaching as low as **12% in Slovakia.**<sup>12</sup> Only **Denmark and Ireland** consistently met the 75% target.<sup>12</sup> **France, Italy, Portugal, Spain, Romania, Croatia and Slovenia** all saw declining coverage.<sup>12</sup> Other vulnerable populations like children are also being prioritised for flu immunisation, given their high disease burden and the risk of transmitting infections to older populations.<sup>13-15</sup>

**COVID-19:** In [2023-24](#) just **12%** of adults aged 60 and above received a COVID-19 vaccine in the EU.<sup>16</sup> For older adults aged 60–69, most reporting countries fell below **35%** with **Romania, Hungary, Malta, Bulgaria, Lithuania, and Slovakia** reporting uptake under **3%**.<sup>16</sup> Among those aged 80+, **Denmark** and **Sweden** led the way with 89% uptake, while **Ireland** came close to the target at **73%**.<sup>16</sup> Since their introduction in December 2020, COVID-19 vaccines have [saved](#) more than 1.4 million lives in the WHO European Region.<sup>17</sup>

**Respiratory syncytial virus (RSV):** Since 2023, the EU [approved](#) RSV immunisation tools suitable for protecting newborns and young infants, as well as vaccines for adults focusing on the most vulnerable.<sup>18</sup> As RSV immunisation programmes are relatively recent, robust, real-world data on coverage gaps are not yet available. Nonetheless, prevailing low awareness of the disease and immunisation solutions threatens uptake.

**Pneumococcal disease:** Disparities in pneumococcal immunisation persist across the life course. The **average vaccination coverage in the EU and UK is 18% for people from risk groups and 24% for older adults** while coverage for children stands at 88%.<sup>19</sup> Data availability also varies considerably. 98% of countries [officially reported](#) childhood pneumococcal immunisation, while only 26% collected for people from clinical risk groups and older adults.<sup>19</sup> According to the ECDC, 30%<sup>20</sup> of European Economic Area (EEA) countries have either no recommendations for adult pneumococcal vaccination or recommendations based only on risk factors.



*Combination vaccines, which have long been used in routine immunisation, remain an important tool for improving immunisation programme efficiency. By protecting against multiple diseases in a single vaccination, they reduce the number of appointments required. New combination vaccines are in development for respiratory infections, including COVID-19, influenza, and RSV, offering potential to further strengthen prevention strategies.*

## Immunisation is a cost-effective public health prevention tool with quick and measurable impact:

Prevention measures play a central role in effectively and sustainably preventing the spread and reducing the severity of the burden of respiratory infections to populations, health systems and economies. In terms of public health, immunisation against respiratory infections:

- > **Lowers disease incidence and complications** by equipping the immune system to respond effectively.
- > **Protects long-term lung health** by preventing lower respiratory tract infections.
- > **May build herd immunity** and helps stop outbreaks, shielding those who can't be vaccinated and, in some cases, contributing to the eradication of disease.
- > **Strengthens healthcare systems** by lowering the cost-burden of hospitalisations and long-term care.
- > **Supports healthy, productive societies** by reducing missed work and school days across all age groups.



**High immunisation rates contribute significantly to both economic and social prosperity.** They reduce healthcare costs, prevent productivity losses, and help workforces remain healthy and efficient, supporting economic growth and limiting absenteeism. By keeping populations healthy, immunisation also reduces pressure on healthcare systems and reinforces economic security across Europe. **Adult immunisation programmes can return up to 19 times their initial investment** and in the case of pneumococcal immunisation – 33 times.<sup>21</sup> Annual seasonal influenza immunisation can save up to €332 million in healthcare costs in Europe by preventing hospitalisations and visits to general practitioners.<sup>22,23</sup>

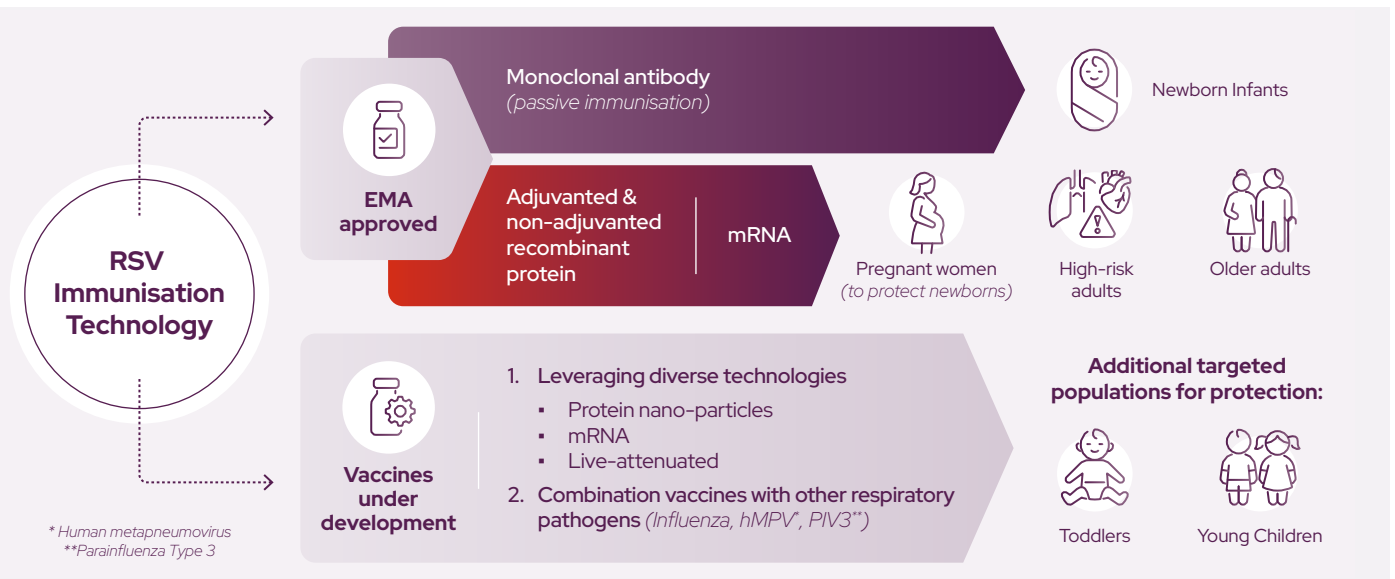
## Innovation is central to public health preparedness and resilience

Scientific advances are continually reshaping how we prevent diseases, making immunisation strategies faster to develop, broader in reach, and better tailored to diverse population needs. This progress is critical to addressing some of Europe's most pressing health challenges.



- > In older adults, flu vaccination can [lead to a 36% reduction in flu-related mortalities](#).<sup>24</sup> Childhood flu vaccination can [reduce hospitalisation in children up to 65%](#).<sup>25</sup>
- > While the full impact of RSV immunisation programmes in older adults, newborns and at-risk infants remains to be fully captured, all available evidence to date indicates **high effectiveness in preventing RSV-associated hospitalisations**, with reductions exceeding 70%.<sup>26,27</sup>
- > Among adults aged 65 and over, vaccines were [67% effective](#) in preventing COVID-19-related death in the EU.<sup>28</sup>
- > Prior pneumococcal vaccination is [associated with reduced mortality](#) among elderly patients hospitalised with pneumonia.<sup>29</sup>

Historically, immunisation tools were limited to a narrow set of technologies. Over recent decades, however, scientific advances have expanded the range of vaccine platforms and delivery approaches. This has opened new possibilities to address a broader spectrum of pathogens and to better meet the specific needs of different population groups, such as children, older adults, or individuals with particular health conditions. Continued innovation in immunisation technologies supports prevention strategies across the life course and reinforces preparedness for emerging infectious threats.



## A life-course approach to immunisation

A life-course approach to immunisation ensures protection at every age, not just in childhood, but throughout adulthood and into older age, including for those with chronic conditions or weakened immunity. While childhood vaccination programmes are well-established across Europe, strategies for adults and at-risk groups remain inconsistent, underdeveloped, and too often overlooked.

By 2050, 30% of Europe's population will be over 65, with over 50% expected to live with at least one chronic condition.<sup>31</sup> Today, while life expectancy at age 65 now exceeds 20 years, more than half of these years are impaired by chronic illnesses and disabilities.<sup>32</sup> As the immune system weakens with age, so too does resistance to infection, heightening vulnerability to both acute and chronic respiratory illnesses.

## The broader impact of respiratory infection immunisation

The benefits of immunisation extend beyond reducing disease severity. Immunisation plays a key preventative role in lowering the risk of exacerbation and initiation of non-communicable diseases (NCDs) and helping to address antimicrobial resistance (AMR).

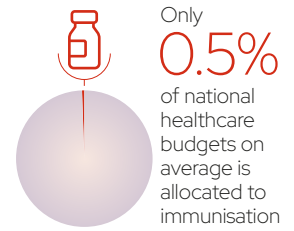
**Cardiovascular disease (CVD):** Preventing respiratory infections such as flu, pneumococcal disease, COVID-19 and RSV through life-course immunisation is a simple and cost-effective way to reduce not only their direct burden, but also their potential impact on the cardiovascular system. Immunisation against these infections has been shown to **lower the risk of myocardial infarction, stroke, and heart failure** by mitigating systemic inflammation and preventing infections that strain the cardiovascular system.<sup>33</sup> People are 6 times **more likely** to suffer a heart attack if diagnosed with flu **even when they have not had a previous CVD diagnosis**.<sup>34</sup> However, **evidence** has shown a 33% reduction in CVD related deaths when CVD patients are vaccinated against flu.<sup>35</sup> In individuals with existing heart conditions, a clinical consensus **document** from the **European Society of Cardiology** highlights the importance of immunisation as a preventive strategy that improves survival, reduces hospitalisations, and enhances quality of life.<sup>32</sup>

**Chronic respiratory diseases (CRD):** COPD and asthma are the **most prevalent CRDs**, with 80% of CRD deaths caused by COPD.<sup>36</sup> Deaths due to asthma are of serious concern as evidence suggests that many of these cases are manageable, especially in the younger age groups. **At least 70%** of COPD exacerbations are infectious in origin, with respiratory infections identified in approximately 30% of cases.<sup>36</sup> When it comes to asthma, mounting evidence suggests that prevention of RSV in infancy could lower the risk of developing asthma later in life. **Immunisation against infections such as pneumococcal, influenza, COVID-19 and RSV are important preventive healthcare measures in patients with COPD and asthma**.<sup>37</sup> Despite this, immunisation **coverage** remains low due to barriers including availability, lack of information and vaccine hesitancy.<sup>38</sup>

**Antimicrobial resistance (AMR):** Immunisation also plays a critical role in addressing AMR by helping to **prevent** the emergence and transmission of drug-resistant and drug-sensitive infections, and the associated antibiotic use.<sup>39</sup> Real-world **evidence** demonstrates that **immunisation against pneumococcal disease decreased pathogen carriage and infections** in individuals 65 years of age or older, substantially reduced antibiotic prescriptions and diminished the circulation of resistant strains.<sup>40</sup> Antiviral vaccines, such as those for **influenza and RSV**, indirectly reduce antibiotic use by preventing illnesses often misdiagnosed and treated with antibiotics. Studies show that **influenza immunisation can reduce** antibiotic use by 11–50%.<sup>21</sup>

## Key challenges undermining respiratory infection immunisation in the EU

**Fragmented and delayed data reporting:** Currently, data collection remains fragmented. In its 2023/24 COVID-19 vaccination [report](#), the ECDC covered 27 EU/EEA countries, yet only a handful of countries reported uptake for at risk populations.<sup>36</sup> Furthermore, age-based reporting was inconsistent, using broad percentage bands rather than precise rates for those aged 60+, limiting comparability with influenza data. Delays in reporting further weaken preparedness. While the [European Respiratory Virus Surveillance Summary \(ERVISS\)](#) aims to provide weekly epidemiological summaries for flu, RSV and COVID-19, due to a lack of reporting and low testing volumes in Member States, data is inconsistent and unreliable.



**Underinvestment in immunisation:** Despite the growing burden of respiratory infections and ageing populations, only **0.5%** of national healthcare budgets on average is allocated to immunisation.<sup>41</sup> This is too low to meet rising public health needs. Limited investment in immunisation has contributed to persistent gaps in uptake and delays in the inclusion of new vaccines in national immunisation schedules. Without adequate and sustained funding, Member States risk falling short in ensuring timely access to immunisation and responding effectively to current and future respiratory infection threats.

## CORE POLICY ASK

### A new Council Recommendation on the value of immunisation against respiratory infections

**A new Council Recommendation is a timely and strategic opportunity to enhance the EU's collective capacity to strengthen public health prevention and lead on preparedness.** While monitoring immunisation coverage remains a national competence, the COVID-19 pandemic clearly demonstrated that preparedness, data sharing, and public health outcomes are deeply interconnected across borders. Immunisation is a proven cost-effective tool that strengthens strategic autonomy, protecting the health and security of EU citizens. **A new Recommendation would provide an updated EU-level framework to support Member States in boosting immunisation against respiratory infections.**

## A new Recommendation should call on Member States to:

### 1 Invest in immunisation to meet current and future public health needs.

- Leverage the flexibilities of the New Economic Governance Framework (NEGF) to **exclude prevention, and particularly immunisation expenses, from individual country spending cap calculations.** This would align with what is requested for defence expenses.
- **Fund initiatives for education, training, and best practice exchange on immunisation** for healthcare professionals as called for in the [Czech Council Conclusions](#) on *Vaccination as one of the most effective tools for preventing disease and improving public health* and ensure the programmatic inclusion of the full spectrum of health professions.

### 2 Implement an annual EU-wide coverage target for flu, COVID-19, RSV and pneumococcal disease using the 75% uptake target for flu in at risk populations as a benchmark to increase immunisation rates across the life course.

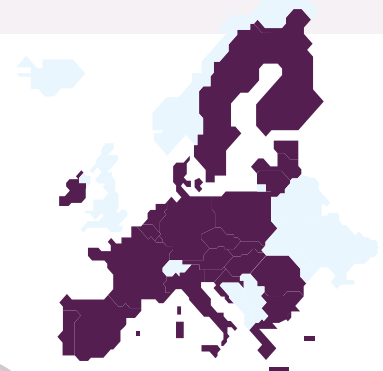
- **Targets should be:**
  - **Tailored to the needs of specific population and risk groups**, including children, older adults, pregnant people, and individuals with chronic conditions.
  - **Guided by ECDC recommendations** and aim for the highest possible levels of protection within each group within realistic timelines.
- **Implementation should be supported by practical measures** such as reminder systems, the use of existing immunisation visits to deliver additional recommended immunisations, integrated delivery in alternative settings, ensuring immunisation tools are available and funded, and removing unnecessary prescription requirements.

### 3 Implement or strengthen integrated surveillance and data collection

- In line with the WHO's [updated](#) Global Immunization Surveillance and Response System (GISRS) guidance, which calls for expanding influenza surveillance systems to include additional respiratory infections like COVID-19, pneumococcal disease and RSV.<sup>42</sup>

### 4 Address vaccine mis- and disinformation and strengthen vaccine confidence

- Through transparent, evidence-based communication and targeted community engagement among the public and healthcare professionals as called for in the [Czech Council Conclusions](#).



## To support Member States in these efforts, a new Recommendation should invite the European Commission to:

### 1 Commit EU funding to boost immunisation

Dedicated financial support is essential to expand access to immunisation and strengthen the resilience of immunisation programmes across EU Member States. Targeted investment through health and research funding streams can accelerate innovation, improve immunisation delivery systems, and reduce inequities in access. Further, investment in public communication campaigns to develop trust in the safety of immunisation and combat mis and disinformation is critical, including reinstating the continuous monitoring of vaccine confidence in the EU. The **next Multiannual Financial Framework (MFF) should include a dedicated and generous health budget** to support such initiatives. Prioritising immunisation in future EU budget planning would amplify the impact of national efforts and contribute to broader goals of public health preparedness and prevention.

### 2 Issue clear instructions to Member States on budgeting for prevention under NEGF flexibilities

The [New economic governance framework](#) (NEGF), issued in April 2024, explicitly allows Member States more leeway for “economic and social resilience” spending under which health prevention qualifies. In the short term, **advise Member States to grant extra deficit leeway for prevention today, in the 4 to 7 years extension period.** In the long term, advise the exclusion of targeted immunisation and screening spending from the 3% deficit/GDP rule and classify it as capital investment under the European Accounting System.

### 3 Establish harmonised guidelines for how EU Member States report immunisation coverage data to the ECDC

To support higher immunisation coverage and more effective public health responses, **the European Centre for Disease Prevention and Control (ECDC) should be resourced to collect, analyse, and report immunisation and epidemiological data for respiratory infections in a timely and centralised manner.** Harmonised guidelines for Member States, with granular, relevant indicators and examples of good practice, would enable more accurate data collection and facilitate regular, comparable reporting across the EU.

### 4 Support the implementation of digital infrastructure toward increased VCR

**Robust digital infrastructure and accurate data on disease levels and immunisation coverage is critical for identifying gaps, reaching vulnerable populations, evaluating programme effectiveness, and guiding resource allocation.** Denmark offers a strong example of how digital tools can be leveraged to improve immunisation rates.<sup>43</sup> Its national Immunisation Information System (IIS) includes a central electronic vaccination registry (EVR), reminder and recall functionality, and disaggregated data on coverage by region and risk group. Both patients and healthcare professionals have access to these records, which enhances vaccine confidence and uptake. During the COVID-19 pandemic, this infrastructure enabled Denmark to identify low-uptake areas in real time and deploy mobile immunisation teams.

### 5 Invest in healthcare professionals (HCPs) to improve immunisation uptake

Healthcare professionals, and particularly those in the [nursing domain](#), are among the most trusted sources of health advice and play a critical role in informing, motivating, and supporting patients to get immunised.<sup>44</sup> [Evidence](#) shows that individuals are 14 times more likely to be vaccinated when recommended by their doctor, nurse, or pharmacist.<sup>45</sup> **Embedding immunisation education and outreach into medical training and daily practice is essential to ensure consistent, informed engagement.** The EU can support this by developing targeted guidelines and promoting the integration of immunisation into healthcare professional curricula and continuing professional development.




### 6 Integrate immunisation into wider EU health and resilience strategies

**Integrating immunisation into broader EU health and resilience strategies is essential to ensure long-term, system-wide impact.** Just as [Europe's Beating Cancer Plan](#) successfully incorporated HPV immunisation as a core prevention measure, with dedicated targets, funding mechanisms, and monitoring frameworks, public health prevention like RI immunisation should be similarly embedded into other key EU policy agendas. This includes integrating immunisation into the EU's work on healthy ageing, antimicrobial resistance (AMR), pandemic preparedness, and non-communicable diseases (NCDs), particularly cardiovascular disease (CVD), where RIs act as both direct threats and amplifiers of existing health burdens.

## APPENDIX

### About the Steering Group

The Steering Group on Prevention of Respiratory Infections is composed of the following members:

	<b>Active Citizenship Network</b>		<b>European Specialist Nurses Organisation</b>
	<b>Adult Immunization Board</b>		<b>International Longevity Centre UK</b>
	<b>Coalition for Life Course Immunisation</b>		<b>Vaccine Confidence Project</b>
	<b>Dutch Immunisation Foundation (De Nederlandse Immunisatie Stichting)</b>		<b>Vaccines Europe</b>
	<b>European Federation of Allergy and Airways Diseases Patients Associations</b>		<b>World Association for Infectious Diseases</b>
	<b>European Scientific Working group on Influenza</b>		<b>World Medical Association</b>

For further information regarding the manifesto, the Steering Group or its activities, please contact the Secretariat at [respiratorySG@acumenpa.com](mailto:respiratorySG@acumenpa.com).

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