Flunomics Report

From vaccination to protection – Understanding the influenza protection gap in older adults



Italy

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Second edition | 2026

sanofi

Italy

Italy offers free influenza vaccination from age 60, with national and regional recommendations supporting age-specific protection for this population. Yet vaccination coverage among adults aged 65+ has declined for four consecutive seasons, while older adults continue to account for a substantial share of severe influenza burden. The key challenge is translating this strong policy foundation into higher uptake of influenza vaccines, possibly specific to age and risk profiles, and ultimately, stronger protection for older adults.

Italy at a glance



Total population:
~59 million[1]

Population aged 60+ years:
19.4 million (approx. 33% of total population)[2]

Population aged 65+ years:
14.8 million (approx. 25% of total population)[2]

National influenza policy

Italy offers **free influenza vaccination from age 60**. Recommendations also prioritize people with chronic conditions and other nationally defined at-risk groups.[3] For adults aged 60+, national guidance preferentially recommends age-specific vaccine approaches, in line with authorized indications.[4]

Italy has one of Europe's oldest populations, with **approximately one-third of the population aged over 60 and one-quarter over 65**.[2] This makes protection against seasonal influenza increasingly important for healthy aging and the sustainability of the healthcare system.[5]

Evidence from Italy consistently shows that this group experiences the **greatest burden of influenza-related complications**, **hospitalizations**, and **mortality**.[6,7]

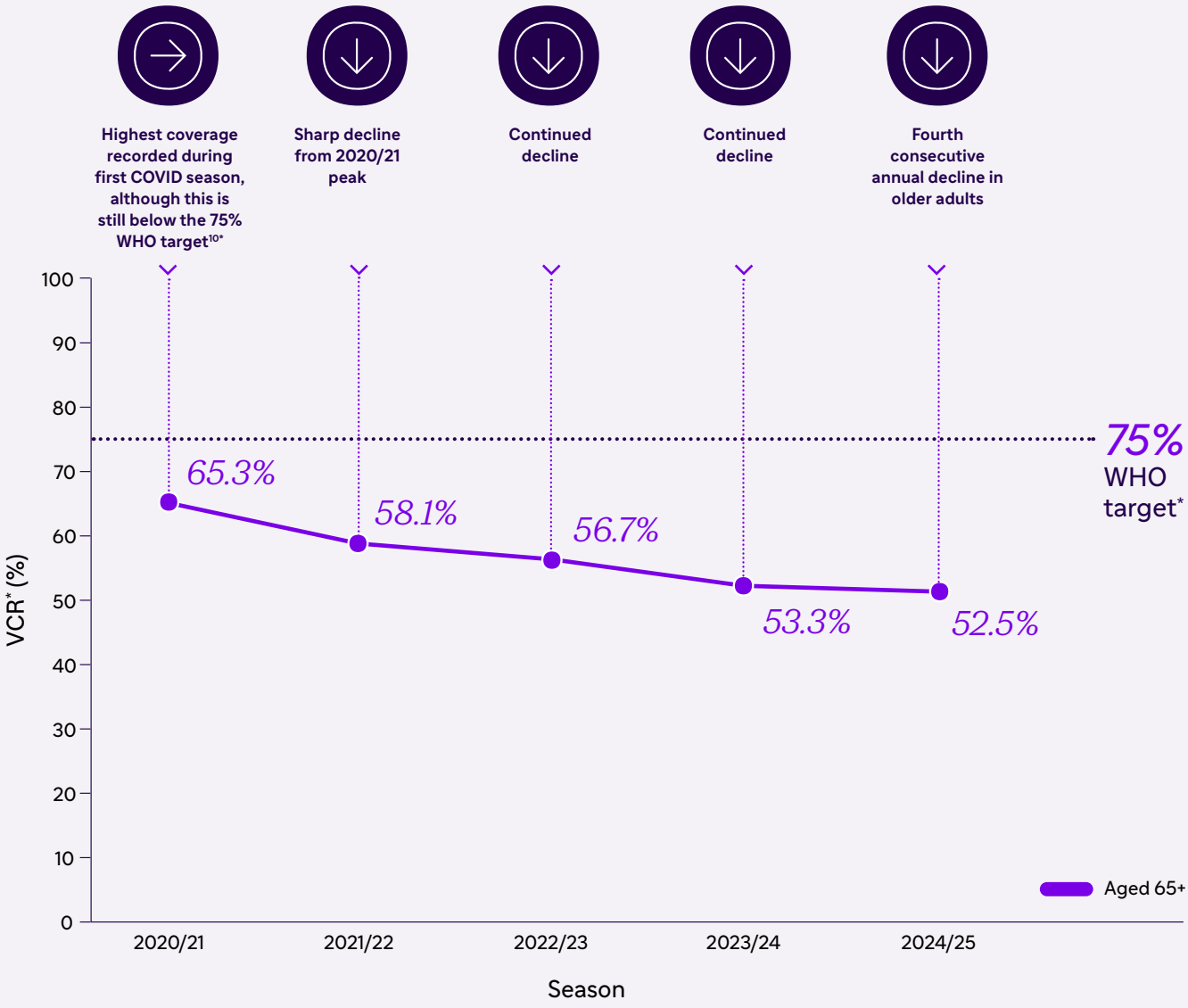


In 2024, the influenza-related hospitalization rate among adults aged 65+ years reached 11.7 per 100,000 population, nearly **double the 5.91 recorded in 2023**.[8]

National influenza vaccination recommendations are developed in collaboration with the **Istituto Superiore di Sanità** and the **Regions and Autonomous Provinces**, providing a shared framework for regional implementation.[4]

Vaccination coverage among adults aged 65+ continues to decline

Five-year influenza vaccination coverage rate (VCR)[9]



Influenza vaccination coverage among adults aged 65+ **declined from 65.3% in 2020/21 to 52.5% in 2024/25** — a reduction of 12.8 percentage points over four seasons, with coverage remaining below the World Health Organization (WHO) target of 75% throughout the five-year period shown.[9,10]

Uptake also varies within the older population. In PASSI d'Argento interviews conducted during the calendar years of 2023 and 2024, 68.5% of adults aged 65+ with at least one chronic condition reported influenza vaccination in the previous 12 months, compared with 54.0% of those without a chronic condition.[11] While coverage was higher among adults aged 65+ living with chronic conditions, it **remained below the WHO target**.[10,11]

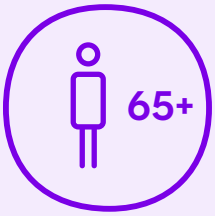
National recommendations extend free influenza vaccination to adults from age 60, but national coverage reporting groups older adults from age 65.[3,9] As a result, routine national VCR data do not provide equivalent visibility of uptake among adults aged 60–64, limiting the ability to assess coverage across the full age group targeted by national recommendations.

** VCR: vaccination coverage rate; WHO: World Health Organization.*

HCP perspectives

Primary care healthcare professionals (HCPs) recommend influenza vaccination, but approaches to identifying and prioritizing high-risk adults vary

Primary care HCPs reported **high levels of influenza vaccination recommendation and guideline familiarity**, alongside varied use of tools to identify and prioritize high-risk older adults.



96%
Routinely recommend influenza vaccination to all adults aged 65+ they see, regardless of their potential risk of complications*

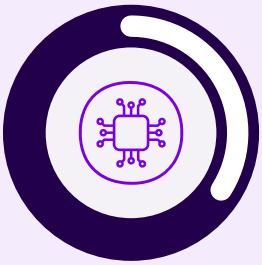
Strategies used to **identify and prioritize high-risk older** adults include:



59%
Conduct outreach to ensure high-risk patients are aware of and have access to vaccination†



45%
Use electronic health record (EHRs) to automatically flag high-risk patients†



34%
Use tools or algorithms to stratify patients based on risk factors such as comorbidities†



Key takeaway: Strong recommendation does not necessarily translate into systematic follow-up: while almost all surveyed primary care HCPs recommend vaccination to adults aged 65+, fewer report using proactive tools to identify and reach those at higher risk.

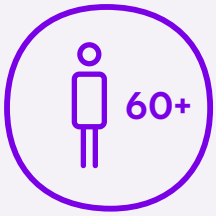
Source: *Ipsos online survey conducted on behalf of Sanofi among HCPs in Italy; fieldwork conducted 10-16 June 2026. Results reflect the views and practices of the surveyed sample.*

Bases: *Primary care HCPs (n=101).*

**** Question PA7:*** *Primary care HCPs were asked to what extent they agreed or disagreed with statements concerning influenza prevention and vaccination among adults aged 65+ and how this is managed in their practice/pharmacy. Figures shown represent respondents selecting "strongly agree" or "tend to agree." (other answer options were: "strongly disagree", "tend to disagree", "neither agree nor disagree" and "I don't know").*

† Question PB6: *Primary care HCPs were asked what tools or strategies they operate in their practice/pharmacy to ensure high-risk older adults are identified and prioritized for flu vaccination; respondents could select multiple responses from a list of potential response options. The figures shown were not necessarily the most frequently selected answer options by surveyed HCPs.*

A shared national and regional framework supports age-specific influenza protection



Strong national policy foundations

Italy has **long-standing national recommendations for influenza vaccination**, with adults aged 60+, people living with chronic conditions, and other at-risk groups prioritized for vaccination.[4]

Vaccination is recommended and offered free of charge to adults aged 60+, with **national guidance preferentially recommending age-specific influenza vaccines** for this population, in line with authorized indications.[4] These approaches help align influenza protection more closely with the increased risk of severe outcomes with age.[3,4]



A shared framework delivered through regional healthcare systems

National influenza vaccination recommendations are developed in collaboration with the **Istituto Superiore di Sanità** and the **Regions and Autonomous Provinces**, providing a shared framework for implementation across **Italy's 21 individual regional healthcare systems**.[4,12]

Vaccination programs are then organized and delivered through regional healthcare systems, with **regions responsible** for operational aspects such as **procurement**, **campaign organization and local delivery**.[4,12] General Practitioners (GPs) remain an important part of vaccine delivery and patient engagement across Italy.[12]

Regional implementation of age-specific influenza vaccination

National recommendations recognize the importance of aligning influenza vaccination with age and risk, with age-specific influenza vaccines preferentially recommended for adults aged 60+ in line with authorized Summary of Product Characteristics (SmPC) indications.[4,12] Within this shared national framework, regional healthcare systems determine how vaccination programs are operationalized locally, including procurement, campaign organization and delivery.[4,12] The examples below illustrate how selected regions implement age-specific influenza vaccination in practice.

National recommendation

Influenza vaccination is recommended and **offered free of charge to all adults aged 60+ years**. Vaccines should be used in line with their authorized SmPC.

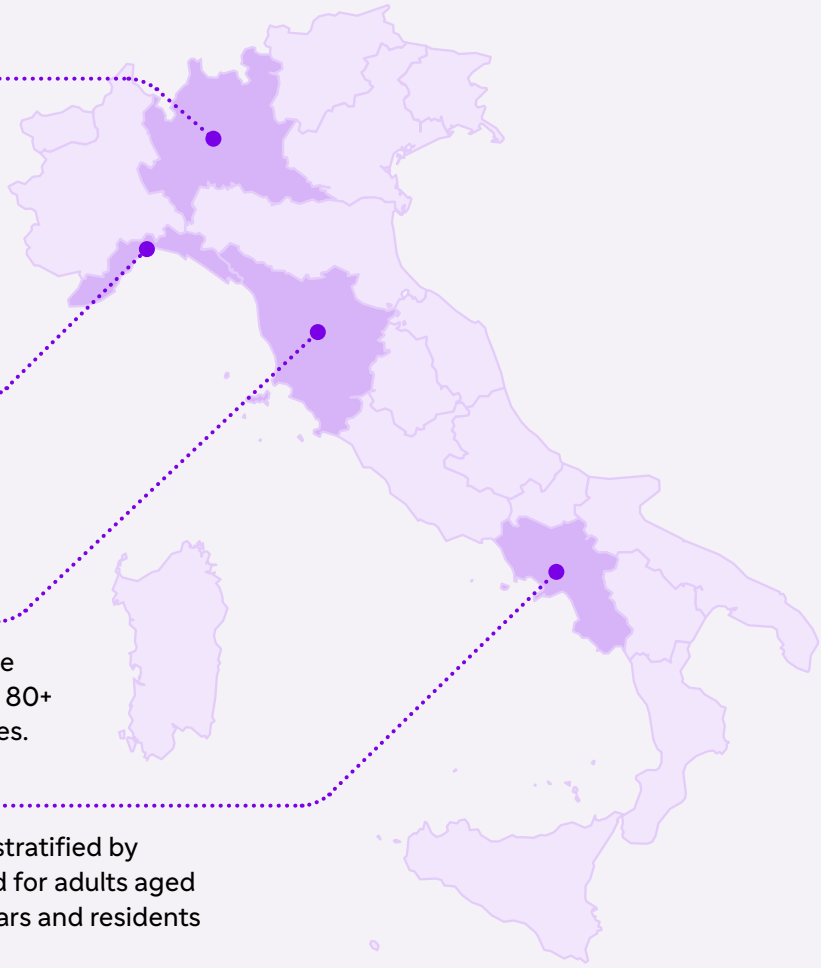
Regional case studies:[13*]

Lombardy
Vaccination recommendations are stratified by age, with different approaches used for adults aged 60–75 years and those aged 75+ years, as well as residents of long-term care facilities.

Liguria
Vaccination recommendations are stratified by age, with different approaches used for adults aged 60–74 years and those aged 75+.

Tuscany
Vaccination recommendations place additional emphasis on adults aged 80+ years and residents of nursing homes.

Campania
Vaccination recommendations are stratified by age, with different approaches used for adults aged 65–74 years and those aged 75+ years and residents of long-term care facilities.



Regional implementation approaches show an increasing focus on age-specific influenza vaccination among adults aged 60+. Over time, several regions have lowered the age thresholds at which these vaccines are used within their authorized SmPC indications, reflecting a growing focus on aligning protection with age-related risk. Differences in implementation thresholds illustrate how the shared national recommendation can be operationalized through different regional vaccination programs.

** Regional recommendations may evolve between seasons and are presented as examples of age-based implementation approaches rather than a comprehensive review of all Italian regions.*

HCP perspectives

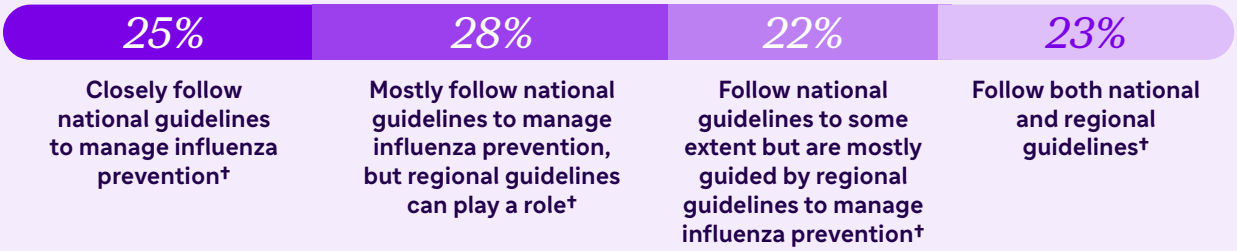
National and regional influenza guidance is well recognized in primary care*

Primary care HCPs reported high familiarity with **both national and regional influenza guidance** specifically in relation to older adults (aged 65+).

94%
Very or somewhat familiar with regional guidelines*

87%
Very or somewhat familiar with national guidelines*

When asked how they follow national and regional influenza guidance specifically in relation to older adults (aged 65+), **primary care HCPs** noted:



Key takeaway: High familiarity with both national and regional guidance provides a strong foundation for influenza prevention in primary care. The opportunity is to ensure that this awareness consistently translates into age-specific influenza vaccination of eligible adults in line with national recommendations.

Source: *Ipsos online survey conducted on behalf of Sanofi among HCPs in Italy; fieldwork conducted 10-16 June 2026. Results reflect the views and practices of the surveyed sample.*

Bases: *Primary care HCPs (n=101).*

**** Question PB1:*** *Primary care HCPs were asked how familiar they were with national influenza vaccination guidelines when it comes to flu prevention specifically in relation to adults aged 65+. Figures shown represent respondents selecting "I am very familiar" and "I am somewhat familiar" (other answer options were: "I am not very familiar", "I am not at all familiar" and "I don't know").*

† Question PB2a: *Primary care HCPs were asked how closely they follow national immunization guidelines for influenza vaccination among adults aged 65+ in their practice; figures represent percentage of respondents selecting each option.*

Why might vaccination uptake be declining

Recent Italian studies provide insight into factors that could be contributing to persistently low vaccination uptake among people aged 65+.

Factors contributing to declining uptake



Perceived influenza risk remains relatively low[14]

Perceptions of influenza severity and personal vulnerability remain moderate among most people



COVID-era vaccination momentum has faded[14]

Coverage increased substantially during the COVID-19 pandemic before declining again in subsequent seasons



Exposure to health information from unverified online sources may influence risk perception[14]

Reliance on non-institutional online sources was associated with a lower perception of influenza severity

HCP perspectives

Confidence, information, and practical delivery challenges can affect influenza vaccination among adults aged 65+

Surveyed primary care HCPs described a combination of **confidence**, **information**, **and practical delivery challenges** when asked about optimizing influenza protection among adults aged 65+.

57%



Cite vaccine hesitancy or distrust, particularly following COVID-19*

28%



Cite misinformation or disinformation (media, social media, internet)*

27%



Cite concerns about side effects or adverse reactions*

25%



Cite organizational or logistical challenges (scheduling, workflow)*

22%



Cite low perception of influenza risk or underestimation of disease*

Source: *Ipsos online survey conducted on behalf of Sanofi among HCPs in Italy; fieldwork conducted 10-16 June 2026. Results reflect the views and practices of the surveyed sample.*

Bases: *Primary care HCPs (n=101).*

**** Question PA5:*** *Primary care HCPs were asked in their own words to summarize the main challenges to optimizing influenza protection among adults aged 65+ seen in their practice/pharmacy. Unprompted open-ended responses were collected with GenAI-supported probing and analyzed using GenAI-assisted thematic analysis of verbatim free-text responses to identify key themes. Themes shown represent mentions from open-ended responses and should not be interpreted as majority consensus.*

HCP perspectives

What HCPs said*

Open-ended responses provide further context for implementation in practice. Surveyed primary care HCPs identified **vaccine availability**, **territorial GP coverage**, **free access**, **communication and multiple vaccination settings** among aspects they felt worked well. They also described practical challenges relating to distribution, communication, administration and healthcare capacity.



GP, Italy

> *"Multiple access possibilities e.g. family doctor, vaccination centers, pharmacies, nursing homes."*

Key takeaway: Primary care HCP perspectives suggest there is no single explanation for under-vaccination: confidence and risk perception interact with practical delivery challenges, indicating that improving uptake is likely to require action on both patient engagement and implementation.

Taken together, published evidence and HCP perspectives point to multiple factors that may affect influenza vaccination uptake, spanning risk perception, confidence, information and practical delivery. This highlights the importance of considering **both patient-level and implementation barriers when seeking to understand declining coverage** among older adults.

Source: *Ipsos online survey conducted on behalf of Sanofi among HCPs in Italy; fieldwork conducted 10-16 June 2026. Results reflect the views and practices of the surveyed sample.*

Bases: *Primary care HCPs (n=101).*

**** Questions: PB3:*** *Primary care HCPs were asked about the practical implementation of influenza prevention guidelines for older adults, whether national, local or regional, including what works well in practice and what does not. Unprompted open-ended responses were analyzed using GenAI-assisted thematic analysis of verbatim free-text responses to identify key themes. Themes shown represent mentions from open-ended responses and should not be interpreted as majority consensus. Quote reproduced from an individual HCP response.*

Older adults account for a substantial share of severe influenza burden

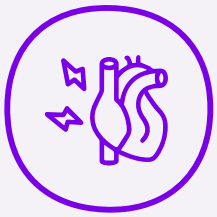
As highlighted in the **first edition of Flunomics**, people aged 65+ continue to account for the majority of severe influenza outcomes in Italy.[15] Recent **Ministry of Health Hospital Discharge Record** (SDO) data provide a current indicator of this burden: in 2024, the hospitalization rate for influenza among people aged 65+ reached 11.7 per 100,000, nearly double the 5.91 per 100,000 recorded in 2023.[8]

However, the **full influenza-specific burden is difficult to quantify**. Italy's surveillance system has increasingly shifted toward reporting broader acute respiratory infections rather than influenza-specific outcomes, and recent data on the wider influenza-specific burden - including mortality, complications and age-stratified severe outcomes - remain limited. As a result, **routine surveillance may not fully capture the wider burden** associated with influenza, including complications recorded beyond the primary influenza diagnosis.[7]

The burden of influenza extends beyond the lungs



Up to 10×
higher risk of heart attack[16]



Up to 8×
higher risk of stroke[16]



5%
point increase in ILI activity was associated with a 24% higher heart failure hospitalization rate within the same month[17]



74%
Increase in abnormal glycemic events[18]

These complications are particularly relevant to older adults, who are more vulnerable to severe influenza-related outcomes.[19]

The wider clinical consequences can translate into substantial healthcare use. Historical estimates help illustrate the scale of this burden in Italy.

Historical influenza-related hospitalization burden in Italy

*(11-season mean estimates, 2008/09–2018/19)[7]**

Excess influenza-associated hospitalizations† (overall population)	21,536 per season
Excess influenza-associated hospitalizations† in adults aged 65+ years	16,125 per season
Average influenza hospitalization cost	€2,159
Estimated annual hospital costs associated with influenza	€123.4m‡

Historical modeling indicates a substantial influenza-associated hospitalization burden among adults aged 65+ across the 11 seasons studied.[7] While these estimates predate the most recent influenza seasons, they illustrate the concentration of severe hospital burden in older adults and the associated healthcare costs. However, it should be noted that age-specific and all-age estimates were modeled separately and are not additive.[7]

** Most recent available influenza-related hospitalization burden estimates available at the time of report development.*

† Influenza-associated excess hospitalizations were modeled using syndromic influenza-like illness activity and hospitalization data for a pre-specified set of ICD-9-CM diagnostic codes, including influenza, pneumonia and influenza, other respiratory diseases, diseases of the circulatory system, and other specified diagnoses. See Fattore et al. (2024) and Supplementary Table A1 for the full list of diagnoses and codes. Age-specific and all-age estimates were modeled separately and are not additive.[7]

‡ Historical estimates based on an 11-season analysis covering 2008/09–2018/19; presented as the most recent influenza-specific hospitalization burden estimates identified at the time of report development.[7]

HCP perspectives

Primary care HCPs report substantial influenza-related pressure across primary care and hospital capacity

Surveyed primary care HCPs report that influenza places **substantial pressure on healthcare services**, with impacts visible in both day-to-day primary care and wider hospital capacity:

98%



Rate influenza as placing a very high or moderately high burden on the healthcare system*

62%



Experience longer clinic hours during influenza season†

62%



Experience high demand for home visits during influenza season†

61%



Experience increased patient demand in their clinical setting during influenza season†

57%



Experience increased hospitalizations or hospital-bed shortages during influenza season†



Key takeaway: The experiences of the surveyed HCPs suggest that influenza creates operational pressure across the care pathway during influenza season, affecting clinic workload, home-visit demand, and hospital capacity.

Source: *Ipsos online survey conducted on behalf of Sanofi among HCPs in Italy; fieldwork conducted 10-16 June 2026. Results reflect the views and practices of the surveyed sample.*

Bases: *Primary care HCPs (n=101).*

**** Question PC1a:*** *Primary care HCPs were asked to think about winter pressures caused by viral respiratory infections and to characterize the extent of burden influenza places on healthcare systems each year; the figure shown represents respondents selecting "very high" or "moderately high" burden (other answer options were: "not very high", "no burden" and "I don't know").*

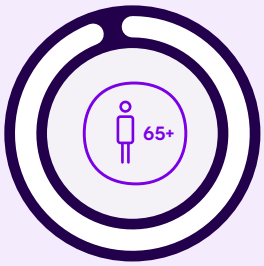
† Question PC2: *Primary care HCPs were asked which signs of system strain they typically experience in their practice during influenza season; respondents could select multiple responses from a list of potential response options. The figures shown were not necessarily the most frequently selected answer options by surveyed HCPs.*

HCP perspectives

Primary care HCPs recognize influenza as relevant to cardiovascular health in adults aged 65+

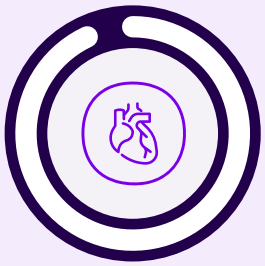
Surveyed primary care HCPs recognize influenza as relevant to cardiovascular health in older adults, with most reporting that **cardiovascular risk influences** how they think about influenza prevention:

94%



Agree that contracting influenza significantly increases the risk of cardiovascular events among adults aged 65+*

93%



Agree that cardiovascular health management should consider influenza vaccination*

98%



Consider annual seasonal influenza vaccination very or fairly important as a preventive intervention for cardiovascular patients†

Key takeaway: Cardiovascular risk is not viewed in isolation from influenza prevention: surveyed primary care HCPs largely recognize the connection between influenza and cardiovascular events and see vaccination as relevant within cardiovascular preventive care.

Source: *Ipsos online survey conducted on behalf of Sanofi among HCPs in Italy; fieldwork conducted 10-16 June 2026. Results reflect the views and practices of the surveyed sample.*

Bases: *Primary care HCPs (n=101).*

**** Question PA7:*** *Primary care HCPs were asked to what extent they agreed or disagreed with statements concerning influenza prevention and vaccination among adults aged 65+ and how this is managed in their practice/pharmacy. Figures shown represent respondents selecting "strongly agree" or "tend to agree." (other answer options were: "strongly disagree", "tend to disagree", "neither agree nor disagree" and "I don't know").*

† Questions PD2: *Primary care HCPs were asked how important they consider a range of preventive interventions for cardiovascular patients in their healthcare system; figures shown represent respondents selecting "very important" or "fairly important" (other answer options were: "not at all important", "not very important" and "I don't know").*

Closing the gap between risk and protection

Strengthening influenza protection in Italy will require **action across three areas**: improving vaccination uptake and visibility, translating age-specific vaccination recommendations into routine practice, and more systematically identifying and engaging older adults through routine care.

1 Improve vaccination uptake and visibility among older adults

Challenge

Vaccination coverage among adults aged 65+ has declined over recent seasons and remains below the WHO target.[9,10] National recommendations extend free influenza vaccination from age 60, but **national coverage reporting does not provide a corresponding 60+ measure**, limiting visibility of uptake across the full population covered by the age-based recommendation.[3,9]

Opportunity

Support vaccination uptake among older adults while improving age-specific coverage visibility so that progress can be assessed more closely against national recommendations.

How this could be achieved

- **Strengthen targeted communication and outreach** to older adults, including around influenza risk and the importance of seasonal vaccination.
- **Use routine healthcare interactions and reminder systems** to identify and engage eligible adults.
- **Explore greater age granularity** in national coverage reporting, including visibility of uptake among adults aged 60–64.

2 Translate age-specific influenza vaccination recommen-dations into routine practice

Challenge

Italy has established national and regional recommendations supporting age-specific influenza vaccination for adults aged 60+, **yet vaccination coverage among older adults remains below recommended levels**, highlighting an ongoing gap between policy and protection in practice.

Opportunity

Build on the existing national and regional policy framework by strengthening implementation of age-specific vaccination recommendations and supporting consistent opportunities for eligible adults to receive vaccination in line with national guidance.

How this could be achieved

- **Support HCPs in identifying eligible adults** and recommending age-specific influenza vaccination in line with national guidance.
- **Ensure age-specific vaccination options are incorporated** into seasonal vaccination pathways in line with authorized indications.
- **Monitor uptake** to understand how effectively age-specific recommendations are translating into vaccination in practice.

3

Strengthen vaccination opportunities through routine care

Challenge

Older adults and people living with chronic conditions face an increased risk of severe influenza outcomes, **while vaccination uptake among adults aged 65+ remains below recommended levels**.[9-11] Influenza prevention therefore needs to remain visible within routine care for older adults, including those living with chronic conditions.

Opportunity

Strengthen opportunities to **assess and discuss influenza vaccination during routine healthcare interactions** with older adults and people living with chronic conditions.

How this could be achieved

- **Incorporate influenza vaccination status** into routine primary-care and chronic-disease reviews.
- **Use appropriate reminder and recall approaches** to support timely vaccination among eligible older adults.
- **Support HCP conversations** about influenza risk and vaccination with clear, evidence-based information.

Methodology

Flunomics brings together **publicly available epidemiological**, **vaccination**, **economic and policy evidence** to examine **how influenza affects older adults** across **nine countries**:



Together, these data provide a broader understanding of how influenza burden, protection, and health system performance interact in aging populations.

The report incorporates **the most recent evidence available for each country at the time of analysis**, including data from the **2025/26 influenza season where published**. Where newer surveillance data were not yet available, the latest validated national datasets and longer-term trends were used to provide context. As reporting schedules differ between countries, the reference period varies by market.

The evidence framework

Flunomics examines five interconnected dimensions of protection:

Dimension	Focus
Epidemiological impact	Influenza burden, including cases, hospitalizations, Intensive care unit (ICU) admissions and mortality, with a focus on older adults.
Vaccination coverage	Influenza vaccination coverage trends among older adults, including the most recent publicly available national estimates.
Economic impact	Published evidence describing the direct and indirect costs of influenza to individuals, health systems and society.
Policy & system impact	How vaccination recommendations are implemented in practice, including delivery, access, surveillance and system performance.
Opportunity	Evidence-informed opportunities to strengthen protection for older adults based on observed burden and implementation gaps.

Country approach

Each country chapter follows a consistent analytical framework comprising five sections:



Epidemiological impact



Vaccination coverage



Economic impact



Policy & system impact



What needs to change

Recognizing that **health systems are organized differently across countries**, policy and system analyses are undertaken either at national level or through selected regional case studies, depending on how influenza vaccination programs are delivered. This approach allows the report to assess how policy translates into real-world protection while respecting **differences in governance**, **implementation and data availability**.

Interpreting the findings

Flunomics is intended to **support informed discussion rather than direct comparison between countries**. Surveillance systems, case definitions, reporting practices, age thresholds and data availability differ substantially across markets. As a result, vaccination coverage is the only indicator presented comparatively across all countries; all other findings are interpreted within their national context.

Where evidence gaps exist – particularly in age-specific hospitalization, mortality or economic data – they are explicitly identified throughout the report. These **gaps are treated as important findings**, highlighting **opportunities to strengthen surveillance**, **improve visibility of influenza burden and better inform future policy and implementation**.

Dr Marco Del Riccio contributed the foreword and provided scientific advice on the identification, interpretation, and presentation of evidence included in this report.

Survey research element

To support the findings of this report and further explore the burden of influenza in each of the countries covered by this report, **Sanofi sponsored an independent survey of frontline HCPs** to understand real-world perspectives on optimizing influenza protection among older adults, the extent and challenges of annual flu burden, and how well existing guidelines translate into successful implementation.

Ipsos, a market research agency based in the UK, conducted the research on behalf of Sanofi. The following table summarizes the key aspects of survey design.

Survey parameters	
Data collection:	Computer-Assisted Web Interviewing (CAWI). A semi-structured questionnaire designed to collect both quantitative metrics (closed list, option select, rating scale, numeric responses) and qualitative feedback (open-ended free-text response), rendered for online self-completion by respondent. All respondents were self-selecting, all data shown is therefore based on those healthcare professionals who chose to take part in the survey
Sample type:	Non-probability, unstratified, therefore not designed to be statistically representative of the respective HCP universes in each country. Instead, specific minimum numerical targets for subgroups (region, years in practice, practice type) were applied to ensure a good level of sample diversity and geographical coverage
Sample source:	Online panels of relevant HCPs who have opted-in to receive invitations to participate in market research surveys
Sample size:	n=1353 across 8 countries and 5 HCP classifications (countries/HCP types per table below)
Sample quotas:	Applied to country and HCP type within country (see quota table below)
Data analysis:	• Responses aggregated into simple descriptive statistics (e.g. percentage of sample selecting response option/range of response or mean score for numeric responses) • Open-ended/free-text questions were analyzed by generative AI and organized into response themes (percentage of sample where all or part of response attributed to derived theme) • No weighting or calibration applied to dataset
Eligibility and screening criteria:	• Must have spent between 3-40 years working within current role • Must spend 70% of professional time in clinical setting (seeing patients/customers) • GPs/Family practitioners (FPs)/Nurses working in clinic/office-based practices; Pharmacists working in retail pharmacies (single location or with multiple branches under same ownership); Specialists working in clinic/medical centers or in hospital settings; Cardiologists must not be working in specialized fields only • Minimum 150 (primary care HCPs) and 100 patients (secondary care HCPs) seen in a typical month and at least 20% within defined older age category • No pharmaceutical company work as consultant or researcher
Fieldwork dates:	28th May to 13th July 2026 inclusive

Survey sample size by country and HCP type									
HCP type*	England	France	Germany	Italy	Spain	Portugal	Canada	USA	Total
Primary care									
GP/FP*	100	101	100	101	54	50	51	155†	**712**
Retail Pharmacist	-	50	51	-	-	-	31	54	**186**
Nurse	-	-	-	-	51	-	-	-	**51**
Secondary care									
Pulmonologist	50	50	-	-	-	-	-	-	**100**
Cardiologist	-	50	50	-	53	50	51	50	**304**
Total	**150**	**251**	**201**	**101**	**158**	**100**	**133**	**259**	**1353**

** HCP = healthcare professional; GP = general practitioner; FP = family practitioner.*

† 50 working in health systems/large clinics and included internal medicine working in primary care.

References

1. Istat. Demographic Indicators – Year 2025. Stable population thanks to migration. The decline in fertility continues, and life expectancy is rising. Available at: https://www.istat.it/en/press-release/demographic-indicators-year-2025/ [Last accessed: October 2026]. 2. Istat. Resident population by age, sex and marital status on 1 January 2025. Demo – Demographic Statistics. Available at: https://demo.istat.it/app/?a=2025&i=POS&l=en [Last accessed: October 2026]. 3. Ministero della Salute. Prevenzione e controllo dell'influenza: raccomandazioni per la stagione influenzale. Available at: https://www.salute.gov.it/new/it/tema/influenza/vaccinazione-contro-linfluenza/ [Last accessed: October 2026]. 4. Ministero della Salute. Influenza, pubblicata la Circolare con le raccomandazioni per la stagione 2026-2027. Available at: https://www.salute.gov.it/new/it/news-e-media/notizie/influenza-pubblicata-la-circolare-con-le-raccomandazioni-la-stagione-2026-2027/ [Last accessed: October 2026]. 5. Eurostat. Population structure and ageing. Available at: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_structure_and_ageing [Last accessed: October 2026]. 6. Giacchetta I, et al. The burden of seasonal influenza in Italy: a systematic review of influenza-related complications, hospitalizations, and mortality. Influenza Other Respir Viruses. 2022;16:351–365. 7. Fattore G, Pongiglione B, Vezzosi L. Excess hospitalizations and in-hospital mortality associated with seasonal influenza in Italy: an 11-year retrospective study. BMC Infectious Diseases. 2024;24:227. 8. Ministero della Salute, Direzione generale della programmazione e dell'edilizia sanitaria – Ufficio 9. Rapporto annuale sull'attività di ricovero ospedaliero – Dati SDO 2024. Rome: Ministero della Salute; 2026. p. 2 [PDF p.12]. Available at: https://www.salute.gov.it/new/it/pubblicazione/rapporto-annuale-sullattivita-di-ricovero-ospedaliero-dati-sdo-2024/?tema=Assistenza%20ospedaliera%20(SDO) [Last accessed: October 2026]. 9. Ministero della Salute. Vaccination coverage data. Available at: https://www.salute.gov.it/new/it/tema/influenza/dati-coperture-vaccinali-influenza/ [Last accessed: October 2026]. 10. World Health Organization. Understanding drivers of influenza vaccine uptake. Available at: https://www.who.int/news-room/feature-stories/detail/understanding-drivers-of-influenza-vaccine-uptake [Last accessed: October 2026]. 11. Istituto Superiore di Sanità. Sorveglianza PASSI d'Argento. Vaccinazione antinfluenzale tra gli anziani: dati per l'Italia, 2023–2024. EpiCentro. Available at: https://www.epicentro.iss.it/passi-argento/dati/VaccinazioneAntinfluenzale [Last accessed: October 2026]. 12. Euro Health Observatory. Italy Health System Summary 2024. Available at: https://eurohealthobservatory.who.int/docs/librariesprovider3/publicationsnew/hit-summaries-no-flags/hit-summary-italy-2024-final-(002).pdf [Last accessed: October 2026]. 13. Finzi G, et al. Strategia vaccinale integrata per la prevenzione di influenza, COVID-19, pneumococco e RSV. L'Ospedale. 2026;79:6–28. 14. Riccio M, et al. What shapes influenza attitudes and behaviors in Italy? Insights from a cross-sectional study. Hum Vaccin Immunother. 2026;22:2616142. 15. Sanofi. Flunomics report: assessing the impact of previous influenza seasons on people, health systems and economies. Paris: Sanofi; 2025 Oct. Available at: https://www.sanofi.com/assets/dotcom/content-app/articles/your-health/2025/flunomics/sanofi-flunomics-report-2025-EN.pdf [Last accessed: October 2026]. 16. Warren-Gash C, et al. Laboratory-confirmed respiratory infections as triggers for acute myocardial infarction and stroke: a self-controlled case series analysis of national linked datasets from Scotland. Eur Respir J. 2018;51:1701794. 17. Kytömaa S, et al. Association of influenza-like illness activity with hospitalizations for heart failure: the Atherosclerosis Risk in Communities Study. JAMA Cardiology. 2019;4:363–369. 18. Samson SI, et al. Quantifying the impact of influenza among persons with type 2 diabetes mellitus: a new approach to determine medical and physical activity impact. J Diabetes Sci Technol. 2021;15:44–52. 19. Volpe M, et al. Cardiovascular disease related to influenza infection and the protective role of influenza vaccination. Int J Cardiol. 2026;448:134178.

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MAT-GLB-2604347-v3.0-10/2026