*Flu*nomics Report

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



England

Developed in collaboration with
Dr Marco Del Riccio, MD
Assistant Professor in General and Applied Hygiene,
University of Florence, Italy
Specialist in Hygiene and Preventive Medicine

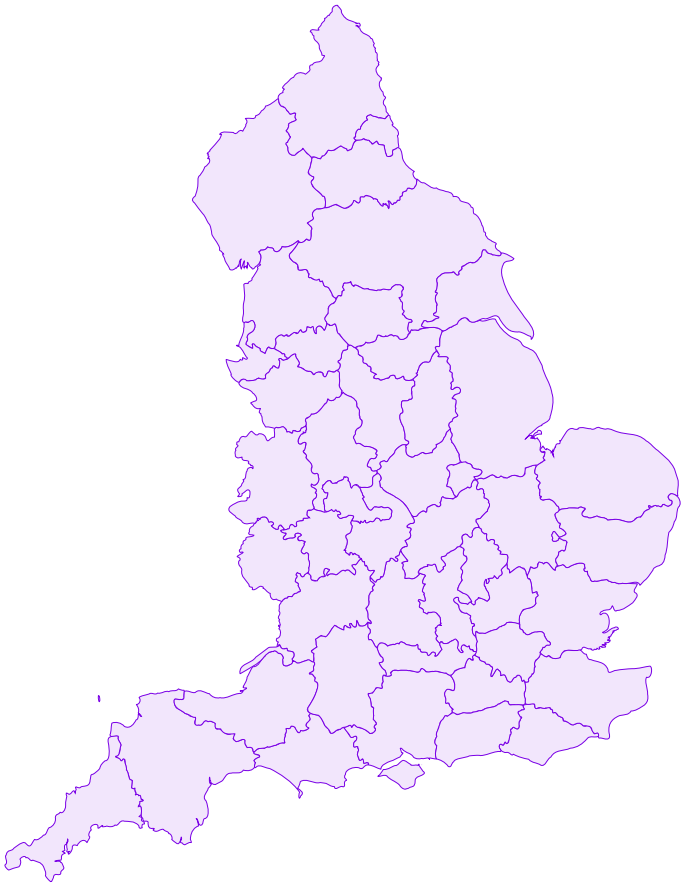
Second edition | 2026

sanofi

England

England has a well-established influenza vaccination programme and recommendations that recognise the specific protection needs of people aged 65+. Yet vaccination coverage has gradually fallen from previous highs, particularly among adults aged 65–74, while severe influenza continues to disproportionately affect older adults.[1-5] The challenge is therefore both to reach those who remain unvaccinated and ensure vaccination strategies reflect age-related risk.

England at a glance



Total population (2025):
58.8 million[6]

Adults aged 65+:
11.2 million (19%)[6]

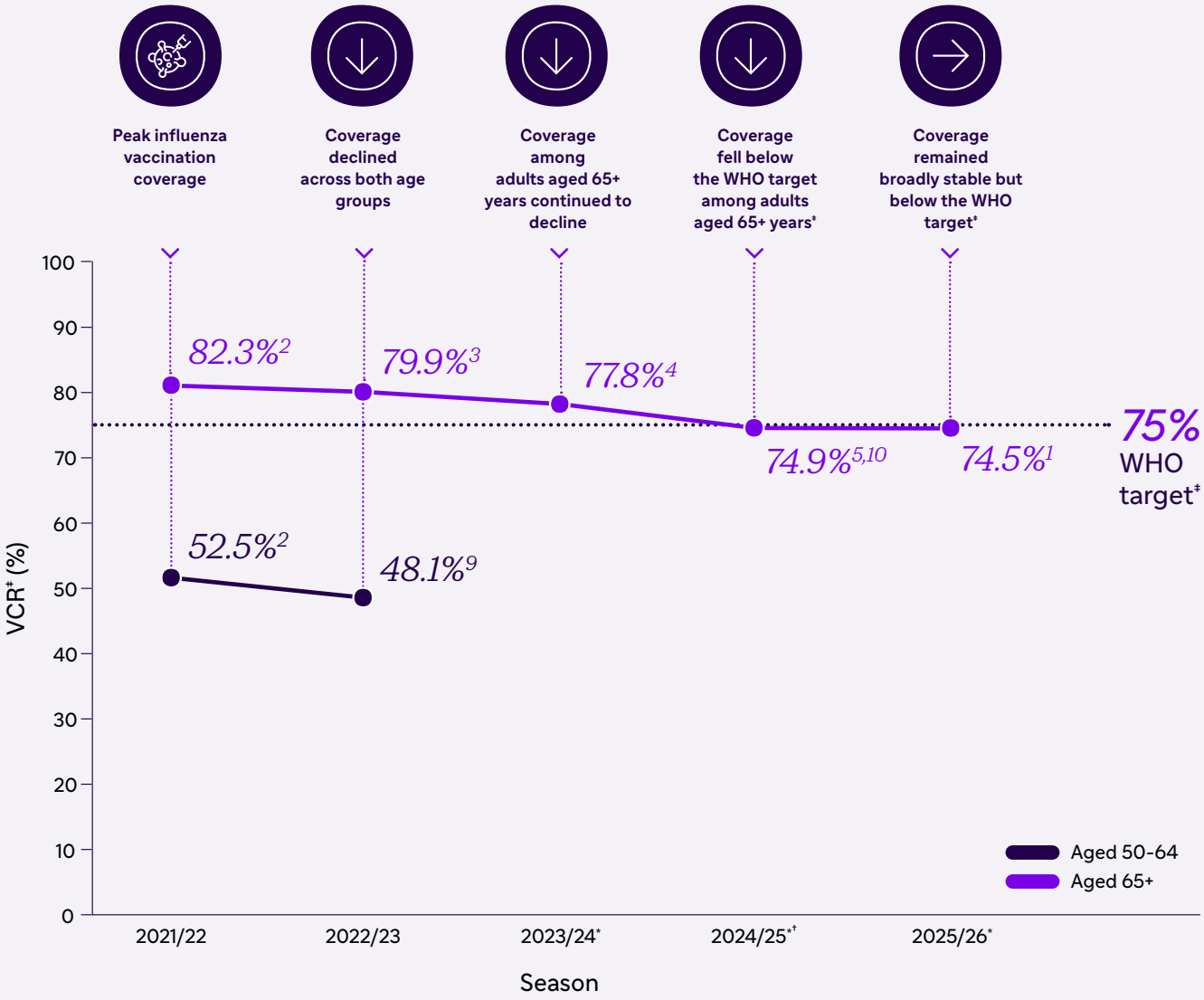
Adults aged 50+:
22.4 million (38%)[6]

National influenza policy

Annual influenza vaccination is recommended for **adults aged 65+ years and other eligible risk groups** in England.[7] For adults aged 65+, national guidance recommends vaccine options developed to provide greater protection in older adults, reflecting the increased risk of severe influenza with age.[8]

Vaccination coverage among adults aged 65+ increased from around 72% before the COVID-19 pandemic to a peak of 82.3% in 2021/22, but has **declined in every subsequent season**, reaching 74.5% in 2025/26, below the World Health Organization (WHO) target of 75%.[1-5,8]

Five-year influenza vaccination coverage rate (VCR)



For the **first time**, during the 2025/26 season, the **UK Health Security Agency** (UKHSA) reported influenza vaccination coverage separately for adults aged 65–74 years and those aged 75+ years.[11] Uptake was 68.1% among adults aged 65–74 compared with 81.1% among those aged 75+, revealing a **marked difference in coverage within the older population**.[11] This greater age-specific visibility helps identify where vaccination uptake remains lowest.

Increasing influenza vaccination coverage remains a central programme objective. However, VCR data cannot show whether preferential vaccine recommendations for older adults are translating consistently into vaccination practice.

** From 2023/24, national VCR for the wider 50–64 population is not reported following the withdrawal of the temporary universal vaccination offer for this age group; eligible adults under 65 in clinical risk groups continue to be monitored separately.*

† UKHSA advises that uptake among adults aged 65+ in 2024/25 is not directly comparable with previous seasons because the vaccination programme for adult cohorts began on October 3, 2024, rather than September 1 as in earlier seasons. This should be considered when interpreting the five-year trend.[10]

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

Older adults continue to experience substantial severe influenza burden

Influenza is associated with substantial hospitalisation and excess mortality[1,4,5]

	2023/24	2024/25	2025/26
Influenza-related hospitalisations (per 100,000)*	77.5	140.0	100.1
Influenza-attributable excess mortality†	4,431	9,740	3,798
Influenza-attributable excess mortality 65+ (% of total)‡	NR§	NR§	3,442 (90.6%)

Estimated influenza-attributable mortality was **lower in 2025/26** than the updated estimates for both 2024/25 and 2023/24, although the shorter reporting period for 2025/26 limits direct comparison between seasons.[1,4,5] In 2025/26, the cumulative hospital admission rate declined from the previous season but remained higher than in 2023/24.[1,4,5] **Older adults continue to account** for the vast majority of influenza-attributable mortality. In 2025/26, adults aged 65+ years accounted for 90.6% of estimated influenza-attributable deaths.[1]

The differing patterns in hospitalisation and mortality highlight why **no single indicator can fully capture the severity of an influenza season**. These measures reflect different dimensions of burden and do not necessarily move in parallel, making it important to consider multiple outcomes when assessing the impact of influenza on older adults and the National Health Service (NHS).

These findings show that substantial influenza burden persists among adults aged 65+, highlighting the importance of increasing vaccination coverage and implementing age-specific vaccination recommendations.

** Hospitalisation rates are across all ages and taken from the relevant UKHSA annual report for each season and are based on sentinel surveillance data rather than all NHS hospitals in England. During the 2025/26 season, 28 volunteer NHS trusts (26 regular reporters) participated in the UKHSA Severe Acute Respiratory Infection (SARI) Watch, compared with more than 200 NHS provider trusts operating in England.[1] Hospitalisation rates are therefore intended to monitor trends over time and should not be interpreted as national counts of influenza admissions.*

† Mortality figures use the latest retrospectively updated estimates reported by UKHSA in its 2025/26 annual epidemiological report. Estimates for 2023/24 and 2024/25 cover weeks 40–20, while the 2025/26 estimate covers weeks 40–13; comparisons between seasons should therefore be interpreted with caution.[1,4,5]

‡ Values shown are the estimated number of influenza-attributable deaths among adults aged 65+ years; percentages indicate the proportion of total influenza-attributable deaths occurring in this age group. An updated age-specific mortality estimate is shown only for 2025/26, as corresponding revised estimates for adults aged 65+ were not reported for the preceding two seasons.

§ NR = not reported.

Influenza vaccination is associated with a lower incidence of cardiovascular events

Recent evidence reinforces that the **consequences of influenza extend beyond respiratory illness**. A 2025 systematic review and meta-analysis found that laboratory-confirmed influenza was associated with a **5.37-fold increased risk of acute myocardial infarction** and a **4.72-fold increased risk of stroke** both within 28 days of infection (based on estimates from heterogeneous Scientific Committee on Consumer Safety studies).[12]

Observational studies using linked English healthcare data also **suggest an association between influenza vaccination and lower incidence of cardiovascular events.**[13,14]



28%

lower observed incidence of first acute cardiovascular events

An observational study of 193,900 adults in England found a 28% lower incidence of first acute cardiovascular events during days 15–28 following influenza vaccination (incidence ratio [IR] 0.72; 95% confidence interval [CI] 0.70–0.74).[13]



39%

lower observed risk of myocardial infarction in adults aged 65+

A separate United Kingdom (UK) observational study found influenza vaccination was associated with a 39% lower risk of myocardial infarction among adults aged 65+.[14*]

As these studies are observational, the **findings demonstrate associations rather than causation** and may be affected by bias or residual confounding. Nevertheless, they add to evidence that influenza prevention may have relevance beyond respiratory outcomes, particularly for older adults at increased cardiovascular risk.

** Based on data from 1997 to 2011, of adults aged 65 years, without previous influenza vaccination, from UK general practices, registered with the Clinical Practice Research Datalink.*

Healthcare professional (HCP) perspectives

Primary care HCPs identify severe outcomes as important measures of influenza burden[15*]

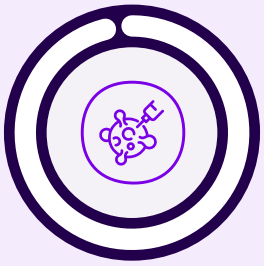
The burden observed through national surveillance data is **consistent with the experiences of primary care HCPs**. When asked which measures were important in assessing the impact of influenza on adults aged 65+, clinicians consistently cited **indicators of severe disease and its consequences**, reinforcing that influenza is associated with far more than a transient respiratory illness.*

99%



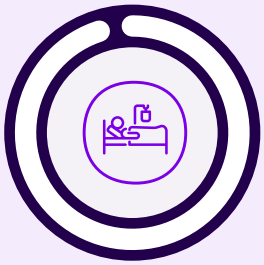
of primary care HCPs cited that influenza infection rates in the community were important in assessing the impact of influenza on older adults*

98%



of primary care HCPs reported that influenza-related exacerbation of chronic comorbidities (reducing health complications versus preventing infections) was important in assessing the impact of influenza on older adults*

97%



of primary care HCPs noted that influenza-related hospitalisations generally were important in assessing the impact of influenza on older adults*

97%



of primary care HCPs stated that influenza-related mortality was important in assessing the impact of influenza on older adults*

Source: *Ipsos online survey conducted on behalf of Sanofi among HCPs in England; fieldwork conducted 28 May–16 June 2026. Results reflect the views and practices of the surveyed sample.*[15]

Base: *Primary care HCPs (n=100).*[15]

****Question PA9:*** *HCPs were asked how important several metrics were for assessing the impact of flu on your older adults (aged 65+); the figures shown represent respondents selecting 'fairly' or 'very' important (other answer options were: "not very important", "not at all important", and "I don't know").*[15]

Severe influenza creates wider pressures across society and the NHS

Severe influenza extends beyond hospital admissions and mortality, **placing pressure on NHS services, workforce productivity and wider society**.* Preventing severe influenza in adults aged 65+ years therefore has benefits beyond individual protection.[16]

Workforce productivity



2.4 million working adults could contract influenza each year[16]

4.8 million working days lost annually[16]

Economic impact



£644 million annual loss to the UK economy[16]

Approx. £272 lost economic output per infected worker[16]

NHS pressure



Compared with other months, the influenza season was associated with:

- **27,000+** additional emergency admissions from accident and emergency (A&E) per month[16]
- **16,000** additional patients per month waiting 4+ hours for hospital admission from A&E[16]
- Approx. **3,000** additional elective procedures cancelled per quarter[16]

Influenza also affects working lives and household finances[16†]



2–4 days

Average working days lost due to having influenza or caring for a dependent with influenza



35–46%

Average reduction in productivity among those working while ill with influenza or caring for a dependent with influenza



40–60%

Surveyed working-age adults who had influenza or cared for a dependent with influenza, reporting out-of-pocket costs or lost wages

The effects of influenza are therefore felt across individuals, families, workplaces and the NHS. While older adults experience the greatest burden of severe illness and mortality, influenza is more than a respiratory infection. It can contribute to serious complications, including cardiovascular events, while also disrupting healthcare delivery, reducing workforce productivity, and increasing healthcare utilisation and associated costs.

** UK workforce and economic figures are modeled estimates.[67] NHS estimates are based on secondary analyses of aggregated NHS England/NHS Digital data and represent associations with the influenza season rather than events directly attributable to influenza; causal inferences cannot be drawn.[16]*

† Findings relate to UK working-age adults and draw on RAND Europe's UK public survey and, for working days lost, its supporting literature review.[16]

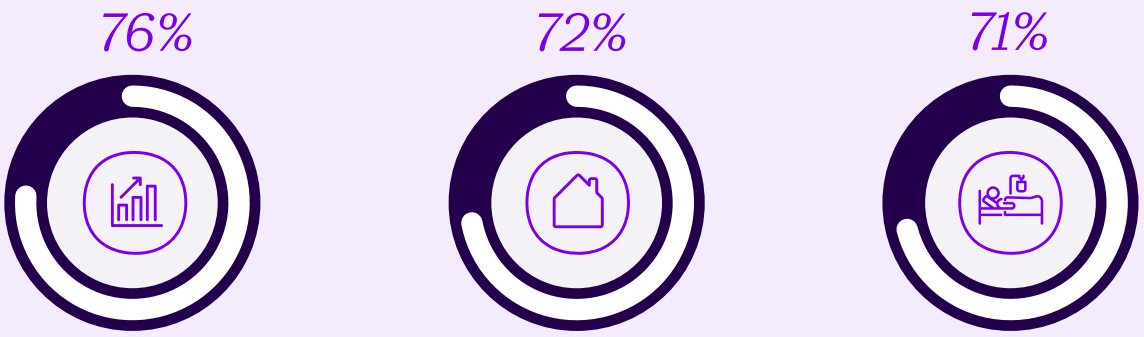
HCP perspectives

Primary care HCPs identify substantial winter pressure associated with influenza[15]

These wider system pressures are also recognised by frontline HCPs, who report that influenza season places substantial strain on NHS capacity through **increased patient demand**, **hospital pressures and workforce disruption**.*

Primary care HCPs describe influenza as a major driver of winter system pressures

Signs of system strain clinicians experience



Increased patient demand in my clinical setting*

High demand for home visits*

Increased hospitalisations and bed shortages*

***Source:** Ipsos online survey conducted on behalf of Sanofi among HCPs in England; fieldwork conducted 28 May–16 June 2026. Results reflect the views and practices of the surveyed sample.[15]*

***Base:** Primary care HCPs (n=100).[15]*

***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.[15]*

National policy recognises the increased influenza risk faced by older adults

England has a nationally coordinated influenza vaccination programme delivered through primary care and community pharmacies. It is overseen by the **Department of Health and Social Care**, with guidance from the **Joint Committee on Vaccination and Immunisation (JCVI)**.[17] For adults aged 65+, national guidance preferentially recommends vaccine options shown to provide greater protection in older adults, reflecting their increased risk of severe influenza outcomes.

The policy framework is national, but its impact depends on how consistently recommendations translate into vaccination opportunities and uptake in practice.

Transferable implementation approaches from adult vaccination programmes[18-20]*

What works	How this supports protection
Coordinated planning across health and care services	Supports coordinated delivery and efficient use of vaccination capacity and resources.
Multiple vaccination settings	Improves convenience and creates more opportunities for eligible adults to be vaccinated.
Targeted local engagement	Can help reach underserved populations and adults less likely to access vaccination through routine routes.
Embedding vaccination into routine care	Creates opportunities to identify eligible adults and offer vaccination during existing healthcare encounters.

These approaches illustrate how national vaccination policy can be supported through practical delivery mechanisms. However, the remaining gap in vaccination coverage — particularly among adults aged 65–74 — indicates that **opportunities remain to improve how eligible older adults are identified**, **reached and supported to access vaccination**.

**These examples draw on implementation experience from influenza and other adult vaccination programmes. Their relevance to seasonal influenza vaccination should be interpreted as transferable learning rather than direct evidence of improved influenza vaccination uptake.*

HCP perspectives

Primary care HCPs identify confidence, risk perception, access, and delivery barriers to influenza protection among adults aged 65+[15*]



72%

Confidence & Trust in Vaccination *(hesitancy, misinformation, anti-vaccine beliefs, safety concerns, vaccine fatigue)*

Misinformation, negative perceptions, and vaccine hesitancy were the most frequently identified themes in General Practitioners' (GPs) unprompted verbatim responses.



58%

Access & Convenience Barriers *(frailty, mobility, transport, housebound status, appointment availability, care home delivery, clinic accessibility)*

GPs also identified practical challenges in reaching older adults who may have difficulty accessing vaccination through routine routes.



45%

Practice Delivery, Capacity Challenges & Resource Constraints *(staffing, clinic capacity, workload, operational delivery, logistics)*

Workforce and operational constraints were another prominent theme identified in GPs' responses.



32%

Patient Compliance & Perceived Need/Perceived Seriousness of Influenza *(belief it is not a serious threat, "I don't need it", low risk perception, complacency)*



28%

Side Effect Concerns *(real or perceived)*

What GPs said*



GP, England

"Access to vaccines - a lot of older patients have mobility issues, are housebound, have dementia related diseases and many more making it difficult for them to present at the practice. Other times, limited staff makes it even more difficult to carry out residential visits."

Source: *Ipsos online survey conducted on behalf of Sanofi among HCPs in England; fieldwork conducted 28 May–16 June 2026. Results reflect the views and practices of the surveyed sample.[15]*

Base: *All primary care HCPs (n=100).[15]*

**** Question PA5:*** *Primary care HCPs were asked in their own words to summarise the main challenges to optimising influenza protection among adults aged 65+ seen in their practice/pharmacy. Unprompted open-ended responses were collected with generative AI (GenAI)-supported probing and analysed 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. Percentages represent the proportion of respondents whose unprompted open-ended responses were coded to each theme. Top 4 mentioned themes only shown above. Quote reproduced from an individual HCP response.[15]*

Closing the gap between risk and protection

England has a nationally coordinated influenza vaccination programme and guidance identifying **multiple age-specific influenza vaccine options for adults aged 65+ years**. However, this population continues to experience substantial influenza-related hospitalisations, cardiovascular complications, and NHS pressure. The following recommendations focus on **strengthening the implementation of national guidance** to increase vaccination coverage and ensure vaccine use reflects age and risk.

1 Ensure national vaccination policy, commissioning and delivery consistently translate evidence into protection for adults aged 65+



Challenge

Vaccination coverage among adults aged 65+ remains below the WHO target, with 2025/26 data showing lower uptake among adults aged 65–74 than those aged 75+. **Coverage data also do not show which vaccine older adults receive**, limiting visibility of how national guidance is implemented across vaccination settings.

Opportunity

Strengthen alignment between national guidance, commissioning, purchasing and delivery, while retaining sufficient flexibility to respond to population need and local circumstances.

How this could be achieved

- **Improve visibility** of how national recommendations are translated into commissioning, purchasing and delivery decisions.
- **Explore opportunities to offer influenza vaccination in secondary care settings**, including during routine outpatient appointments and before hospital discharge, particularly for eligible adults at increased risk of severe influenza outcomes.
- **Ensure local delivery models can respond** to clinical evidence and population need.

2 Embed influenza vaccination within healthy ageing, chronic disease management and routine NHS care



Challenge

Influenza can exacerbate existing health conditions and is associated with serious complications, including cardiovascular events. However, **influenza vaccination is not always considered within the wider context** of healthy ageing and chronic disease prevention.

Opportunity

Integrate influenza prevention **more consistently into routine care** for older adults and people living with chronic conditions.

How this could be achieved

- **Incorporate influenza vaccination status into routine reviews** for eligible older adults and people living with chronic conditions, including during routine secondary care interactions, particularly for people with underlying clinical risk factors, and offer or signpost vaccination where appropriate.
- **Support appropriate conversations** about influenza risk across cardiovascular and other relevant long-term condition pathways.
- **Provide HCPs with clear, evidence-based information** on the wider complications associated with influenza.

3

Strengthen influenza vaccination within winter preparedness and prevention planning

Challenge

Seasonal influenza is associated with **pressure across NHS services**, **workforce productivity and the wider economy**, while adults aged 65+ account for the majority of influenza-attributable mortality. The timing of vaccination is also important to ensuring protection is established when seasonal influenza pressure is greatest.

Opportunity

Give **influenza prevention greater consideration within winter resilience**, capacity planning and longer-term healthy-ageing strategies.

How this could be achieved

- **Incorporate influenza burden and prevention** into winter resilience and capacity planning, including supporting coordinated planning to help eligible adults receive vaccination within the appropriate seasonal window.
- **Use age-stratified hospitalisation and mortality data** to identify where severe burden is greatest.
- **Consider the wider health and economic impact** of influenza when assessing the value of prevention.

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 ageing 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, hospitalisations, 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

Recognising that **health systems are organised differently across countries**, policy and system analyses are undertaken either at national level or through selected regional case studies, depending on how influenza vaccination programmes 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 hospitalisation, 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 optimising 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 summarises 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
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 analysed by generative AI and organised 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/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 centres or in hospital settings; Cardiologists must not be working in specialised 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. UK Health Security Agency. Influenza in the UK, annual epidemiological report: winter 2025 to 2026. Available at: https://www.gov.uk/government/statistics/influenza-in-the-uk-annual-epidemiological-report-winter-2025-to-2026/influenza-in-the-uk-annual-epidemiological-report-winter-2025-to-2026 [Last accessed: October 2026]. 2. UK Health Security Agency. Seasonal influenza vaccine uptake in GP patients: winter season 2021 to 2022. Available at: https://www.gov.uk/government/statistics/seasonal-influenza-vaccine-uptake-in-gp-patients-winter-season-2021-to-2022 [Last accessed: October 2026]. 3. UK Health Security Agency. Surveillance of influenza and other seasonal respiratory viruses in the UK, winter 2022 to 2023. Available at: https://www.gov.uk/government/statistics/influenza-in-the-uk-annual-epidemiological-reports/surveillance-of-influenza-and-other-seasonal-respiratory-viruses-in-the-uk-winter-2022-to-2023 [Last accessed: October 2026]. 4. UK Health Security Agency. Surveillance of influenza and other seasonal respiratory viruses in the UK, winter 2023 to 2024. Available at: https://www.gov.uk/government/statistics/surveillance-of-influenza-and-other-seasonal-respiratory-viruses-in-the-uk-winter-2023-to-2024/surveillance-of-influenza-and-other-seasonal-respiratory-viruses-in-the-uk-winter-2023-to-2024 [Last accessed: October 2026]. 5. UK Health Security Agency. Influenza in the UK, annual epidemiological report: winter 2024 to 2025. Available at: https://www.gov.uk/government/statistics/influenza-in-the-uk-annual-epidemiological-report-winter-2024-to-2025/influenza-in-the-uk-annual-epidemiological-report-winter-2024-to-2025 [Last accessed: October 2026]. 6. Office for National Statistics. Mid-year population estimates, England and Wales, June 2025. Available at: https://www.ons.gov.uk/file?uri=/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales/mid20252023localauthorityboundaries/mye25tablesew.xlsx [Last accessed: October 2026]. 7. UK Health Security Agency. Flu vaccination programme 2025 to 2026: information for healthcare practitioners. Available at: https://www.gov.uk/government/publications/flu-vaccination-programme-information-for-healthcare-practitioners/flu-vaccination-programme-2023-to-2024-information-for-healthcare-practitioners [Last accessed: October 2026]. 8. 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]. 9. UK Health Security Agency. Seasonal influenza vaccine uptake in GP patients: winter season 2022 to 2023. Available at: https://assets.publishing.service.gov.uk/media/64d21e33a4045e000da84be5/GP-patients-flu-annual-report-2022-2023.pdf [Last accessed: October 2026]. 10. UK Health Security Agency. Seasonal influenza vaccine uptake in GP patients in England: winter season 2024 to 2025. Available at: https://www.gov.uk/government/statistics/seasonal-influenza-vaccine-uptake-in-gp-patients-winter-season-2024-to-2025/seasonal-influenza-vaccine-uptake-in-gp-patients-in-england-winter-season-2024-to-2025 [Last accessed: October 2026]. 11. UK Health Security Agency. Seasonal influenza vaccine uptake in GP patients in England: winter season 2025 to 2026. Available at: https://www.gov.uk/government/statistics/seasonal-influenza-vaccine-uptake-in-gp-patients-winter-season-2025-to-2026/seasonal-influenza-vaccine-uptake-in-gp-patients-in-england-winter-season-2025-to-2026 [Last accessed: October 2026]. 12. Nguyen TQ, et al. Systematic review and meta-analysis of respiratory viral triggers for acute myocardial infarction and stroke. Cardiovasc Res. 2025;121:1330–1344. 13. Davidson JA, et al. Primary prevention of acute cardiovascular events by influenza vaccination: an observational study. Eur Heart J. 2023;44:610–620. 14. Streeter AJ, et al. Influenza vaccination reduced myocardial infarctions in United Kingdom older adults: a prior event rate ratio study. J Clin Epidemiol. 2022;151:122–131. 15. Data on file. Ipsos. Perspectives from frontline healthcare professionals involved in influenza prevention: England. Market research commissioned by Sanofi. 2026. REF-345434. 16. Romanelli RJ, et al. The societal and indirect economic burden of seasonal influenza in the United Kingdom. Available at: https://www.rand.org/content/dam/rand/pubs/research_reports/RRA2100/RRA2165-1/RAND_RRA2165-1.pdf [Last accessed: October 2026]. 17. Department of Health & Social Care. Independent report: JCVI statement on influenza vaccines for 2025 to 2026. Available at: https://www.gov.uk/government/publications/flu-vaccines-2025-to-2026-jcvi-advice/jcvi-statement-on-influenza-vaccines-for-2025-to-2026 [Last accessed: October 2026]. 18. NHS North of England Commissioning Support Unit (NECS). Systems Vaccination Operations Centre (SVOC). Available at: https://www.necsu.nhs.uk/what-we-offer/managed-services/clinical-support/systems-vaccination-operation-centre-svoc/ [Last accessed: October 2026]. 19. NHS Midlands and Lancashire Commissioning Support Unit. Pharmacy support to Lancashire and South Cumbria COVID-19 vaccination programme. Available at: https://medsopt.midlandsandlancashirecsu.nhs.uk/publications/case-studies/pharmacy-support-to-lancashire-and-south-cumbria-covid-19-vaccination-programme/ [Last accessed: October 2026]. 20. UK Health Security Agency. RSV vaccination for older adults and pregnant women in the East of England region: synthesis of learning from a community pharmacy pilot. Available at: https://www.gov.uk/government/publications/rsv-vaccination-for-older-adults-and-pregnant-women-in-the-east-of-england/rsv-vaccination-for-older-adults-and-pregnant-women-in-the-east-of-england-region-synthesis-of-learning-from-a-community-pharmacy-pilot [Last accessed: October 2026].

sanofi

www.sanofi.com

MAT-XU-2603377-v1.0-10/2026