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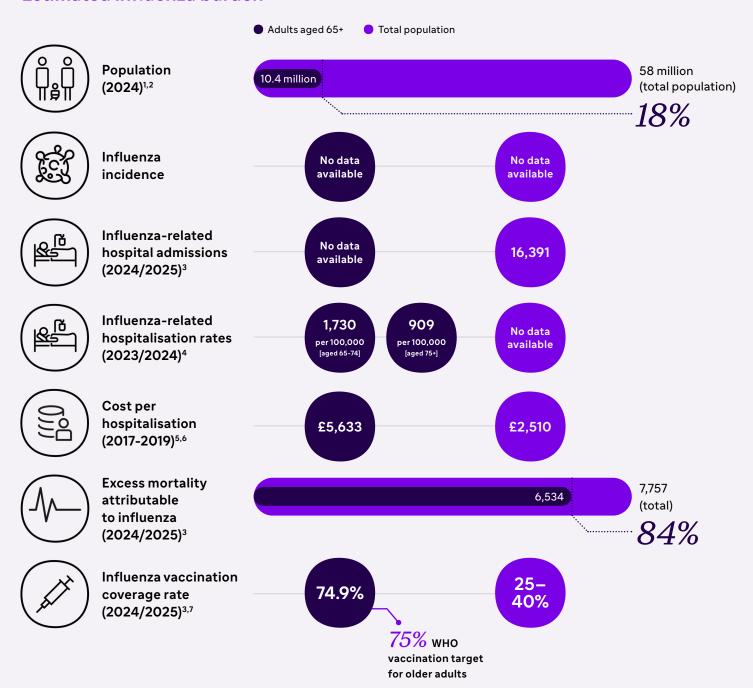
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Despite having a long-established universal influenza vaccination programme, England, in the 2024/2025 season, was marked by *substantial winter system strain* where elevated excess mortality was recorded and national hospitalisation reporting remained limited. Cost per hospitalisation for adults aged 65 and older was more than *two times higher* than that for the total population. In addition to this, older adults made up 84% of excess mortalities attributable to influenza.

Estimated influenza burden





Data and Limitations

The UKHSA did not publish total influenza case numbers for the 2024/2025 season. Available reports covered just 29 of 202 NHS Trusts (public organisations that deliver healthcare services on behalf of the National Health Service) in England, documenting 16,391 hospitalisations — indicating that this data only accounts for approximately 15% of NHS Trusts in England.^{3,8} However, when taking into consideration that approximately 30,000 individuals were hospitalised with influenza annually between 2016 and 2020, the 2024/2025 hospitalisation numbers, for just a fraction of the total NHS Trusts in England, clearly illustrate the severity of the season.⁹

This pattern aligns with a marked increase in influenza-attributable excess mortality — reaching 7,757 deaths in England, as recorded by UKHSA using historical baselines.³ Adults over the age of 65 made up 84% (6,534) of these excess mortalities.³

The Economic Impact

Due to incomplete national reporting on hospital admissions, the total economic burden of influenza-related hospitalisations in 2024/2025 cannot be precisely determined. However, the available figures indicate a substantial rise in recent years in healthcare costs for older adults.

Based on the most recently available data from 2018, it is estimated that the average cost of an influenza-attributable hospitalisation for adults aged 65 and over was approximately £5,633 in England, which is twice as high as the average cost for the total population at £2,600. 5,6

All in all, these figures reinforce the broader economic strain placed on the NHS by influenza in older populations — particularly during high-severity seasons where under-protection persists.





Policy Landscape

In 2024/2025, the national influenza vaccination programme for adults in England began in October.¹⁰ This shift aimed to address concerns around waning vaccine effectiveness, ensuring stronger protection during the anticipated peak of influenza circulation.¹¹ In line with evolving international guidance, the Joint Committee on Vaccination and Immunisation (JCVI) recommended a transition to three-strain (trivalent) vaccines for the season.^{10,11}

Adults aged 65 and older were eligible for a free NHS influenza vaccine, with age-appropriate formulations available. While England's influenza vaccination coverage in older adults approached the WHO target in 2024/25, the burden remained high, likely due to a combination of factors: delayed programme start, limited hospital reporting, and real-world barriers to timely protection. Even when coverage is high, vaccine effectiveness can wane before peak flu circulation, and older adults often face a greater risk of complications from flu-triggered exacerbations of chronic conditions—amplifying system strain despite strong policy intent. However, modelling from the UKHSA estimates that the 2024/2025 influenza vaccination programme averted between 96,000 and 120,000 hospital admissions due to influenza in England.

Collating influenza data across the entire UK remains a challenge due to the devolved nature of healthcare systems in England, Scotland, Wales and Northern Ireland. Each nation operates its own surveillance infrastructure, reporting protocols, and healthcare service structures, which can result in variations in data availability, frequency, and format. While England often provides the most granular and regularly updated figures, this does not always reflect trends across the UK as a whole. As such, interpreting national-level influenza burden or vaccine impact requires careful consideration of these structural differences and, where possible, greater coordination in data collection and reporting across the devolved nations. Greater alignment would enable a clearer understanding of how policy intent translates into practice and help to identify opportunities to ensure older adults receive effective, timely protection in future seasons.





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