Flunomics

Snapshot: Germany

Assessing the impact of previous influenza seasons on Germany's people, health system and economy

Developed in collaboration with Dr Marco del Riccio, MD,
Assistant Professor, University of Florence, Italy
Specialist in Public Health and Preventive Medicine

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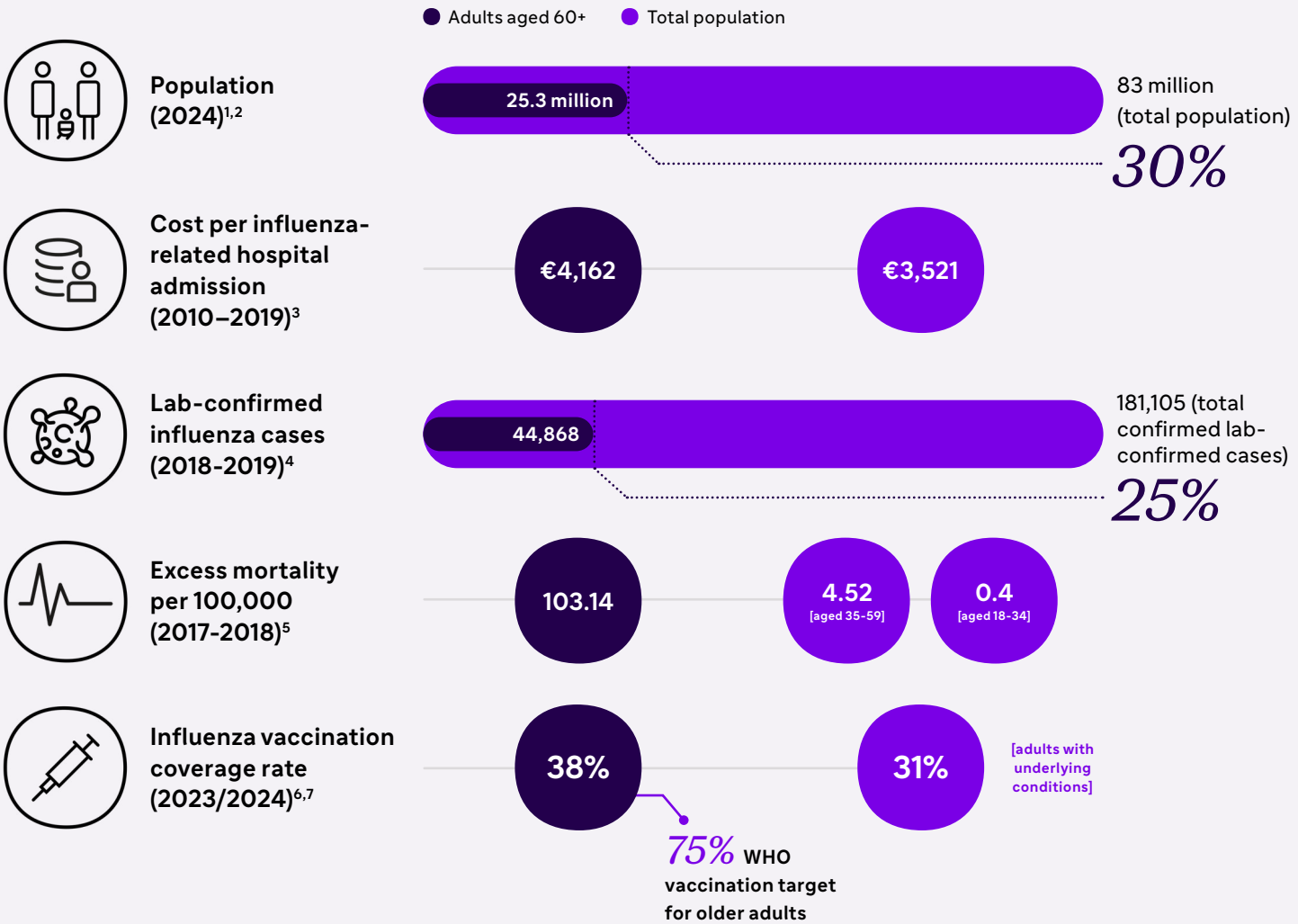
Germany

Germany's 2024/2025 influenza season again showed that *older adults are at higher risk of serious illness*. However, changes in how national data is reported make it harder to capture the full impact in a single-season snapshot. Following the onset of the COVID-19 pandemic, the Robert Koch Institute (RKI) adjusted its reporting approach: it no longer publishes seasonal surveillance reports including totals for influenza-attributable excess hospitalizations, excess deaths, or excess GP visits. Instead, the RKI now focuses on tracking trends as they happen, including how different viruses behave across the season — a core priority for public health surveillance. The detailed results of various surveillance components, including virological data, the outpatient disease burden of acute respiratory diseases and the inpatient disease burden of severe acute respiratory infections, are published in weekly reports and subsequent seasonal summaries in the Epidemiological Bulletin.

To give a clearer picture of how influenza affects older adults, this report uses historical data from 2018/2019 — the last year with estimates of excess disease burden. Where comparisons are made, they use distinct age groups (people aged ≥60 vs people aged <60) to ensure the analysis is robust and meaningful. Together, these data highlight a consistent challenge: older adults in Germany continue to face a high burden from influenza, often without adequate protection.

Estimated influenza burden



Data and *Limitations*

Germany's influenza surveillance system, led by the Robert Koch Institute (RKI), continues to provide robust weekly data on case detections, circulating strains, and hospital activity. However, these figures are primarily designed for real-time monitoring of seasonal trends rather than retrospective influenza burden analysis.

Prior to the COVID-19 pandemic, the RKI published annual reports *estimating excess hospitalizations, deaths, and GP visits due to influenza*.[4,8-11] However, no seasonal reports have been published since the COVID-19 pandemic, and while some seasonal summaries are now included in the Epidemiological Bulletin, they focus largely on virological trends and pathogen distribution.

As a result, the most recent comprehensive burden data (including estimates of excess disease burden) remain those from the *2018/2019 season*.[11] For 2024/2025, only partial indicators are available (e.g., notification data of lab-confirmed cases and hospitalizations). To preserve comparability across countries, this report therefore combines historical burden estimates with current-season surveillance, while clearly noting the limitations of both. The data shows the variability between influenza seasons, clearly highlighting the difficulty in predicting the severity of any upcoming season.

The German influenza data, particularly from the 2018/2019 season, highlights a critical nuance in how influenza burden presents in older adults. Excess GP consultations were comparatively low in those aged 60 and over (1,500 excess consultations per 100,000, versus 5,800 per 100,000 in adults aged 35–59 and 4,500 per 100,000 in those aged 15–34), however, this same age group experienced significantly higher rates of hospitalization, and in the 2017/2018 season saw significantly higher rates of influenza-attributed mortality.[3,4,8-11]

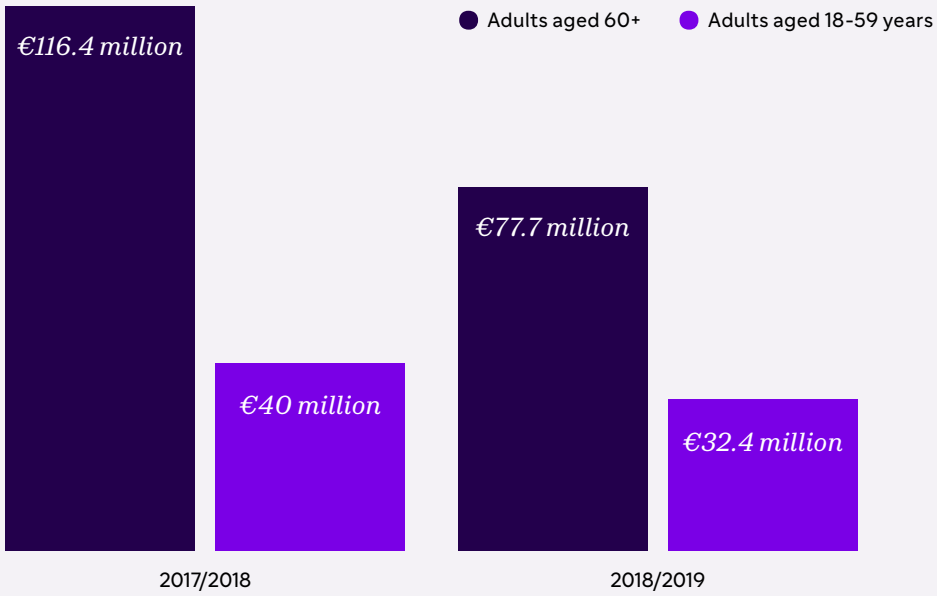
This disconnect between lower outpatient activity and higher severe outcomes suggests that, even when fewer infections are recorded, illness in older adults is far more likely to lead to serious complications. It reinforces the need to assess influenza risk not just by incidence, but by severity and healthcare system impact — particularly in high-risk populations.

The Economic *Impact*

Estimates of Germany's influenza-related healthcare costs are derived from retrospective data covering 2010 to 2019, when the average cost of hospitalization was *€3,982 for adults aged 18-59*, rising to *€4,162 for patients aged 60 and older*.[3] In 2019, influenza led to the *hospitalization of 18,661 people aged 60 and older and 8,138 people aged 18–59, at a cost of €77.7 million and €32.4 million*, respectively.[3] The burden was even greater during the 2017/2018 season, with *27,966 hospitalizations among those over 60 and 10,039 among 18–59-year-olds, generating costs of €116.4 million and €40 million*.[69] In both seasons, individuals aged 60 and above accounted for more than half of the total economic burden of influenza-related hospitalizations.[3]

It is important to note that these figures are based on lab-confirmed hospitalizations only and do not include outpatient visits or unconfirmed cases. As such, they provide a conservative estimate of the true economic burden.

Overall cost of influenza-related hospitalizations in €



Policy *Landscape*

Germany's Standing Committee on Vaccination (STIKO) continues to recommend annual influenza vaccination for adults aged 60 and older, specifically noting that they *should receive a vaccine tailored to them*.[12,13] Yet uptake remains well below WHO targets: for the 2023/2024 season, just 38% of people aged 60 and over were vaccinated, according to the Robert Koch Institute.[7] In response to the 2024/2025 season's severity, 19.9 million vaccine doses were made available by late October — including age-appropriate formulations.[14] Despite adequate supply and infrastructure, coverage remained low.

This reflects a wider challenge observed across many countries: *even with clear recommendations and sufficient supply, achieving high vaccination rates among older adults remains difficult*. Continued investment in communication strategies, confidence-building, and targeted outreach could help strengthen uptake over time. A stepwise approach that gradually raises coverage toward the WHO target may offer a practical and sustainable path forward.

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