



## Snapshot: Spain

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

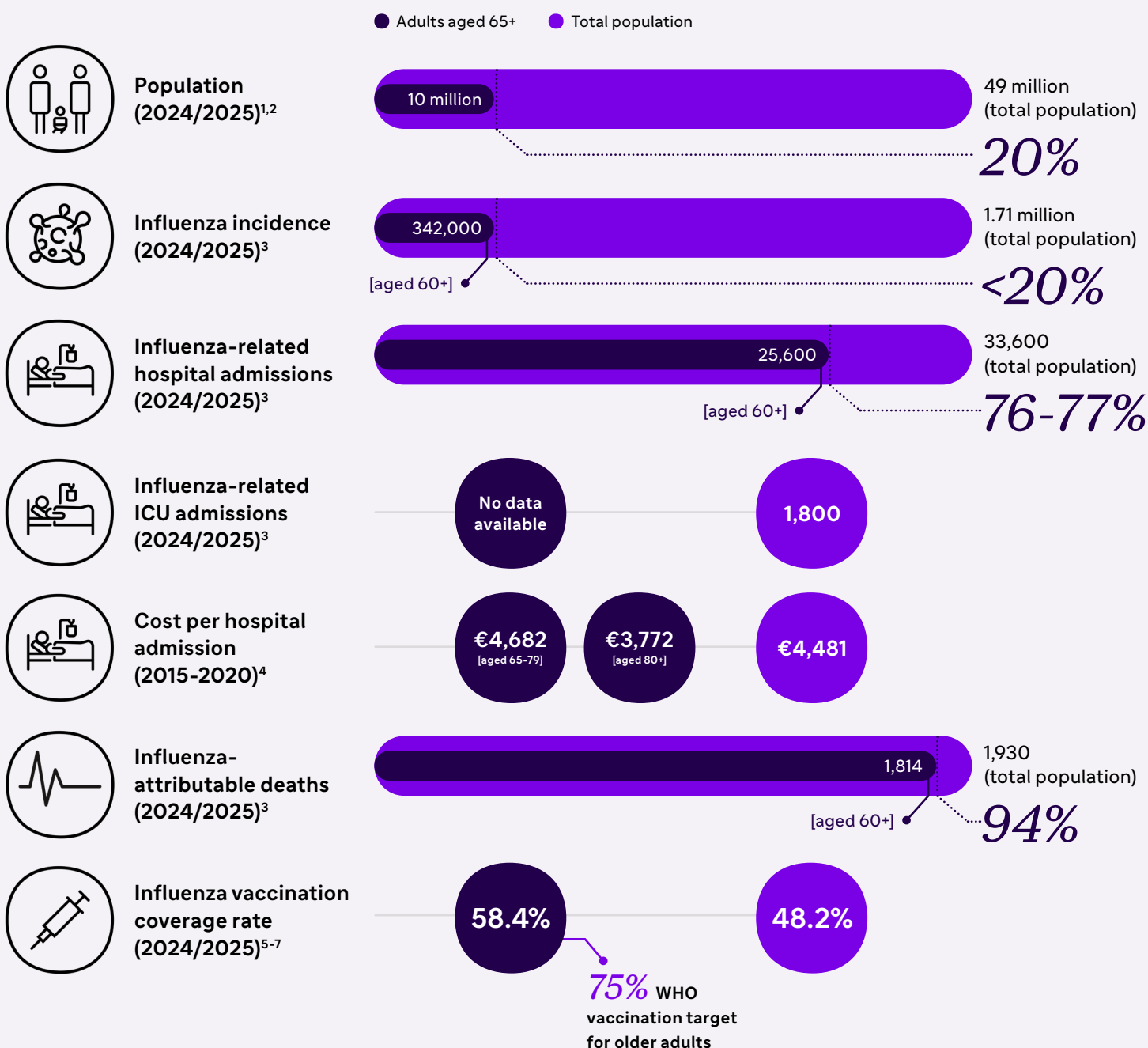
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Spain's *2024/2025 influenza season reflected ongoing challenges* in data completeness and vaccination coverage among older adults, with national uptake remaining below target, and gaps in age-specific reporting limited full assessment of impact. Though local news reports noted that this was a particularly severe influenza season, reporting inconsistencies and missing mortality data make it difficult to fully capture the true burden.

## Estimated influenza burden



Up to week 20 of 2024/25, Spain recorded an estimated **1.71 million** influenza cases, **~33,600** hospitalizations, **~1,800** ICU admissions, and **~1,930** influenza-attributable deaths.<sup>3</sup>





## Data and *Limitations*

Based on consolidated data from the Sistema de Vigilancia de Infecciones Respiratorias Agudas (SiVIRA), Spain recorded an estimated *1.71 million symptomatic influenza cases, approximately 33,600 hospitalizations, around 1,800 ICU admissions*, and approximately *1,930 influenza-attributable deaths* during the 2024/25 season (data up to epidemiological week 20).<sup>3</sup>

While this represents a lower severity season compared to 2023/2024, the *prolonged duration of virus circulation led to a higher total case count*.<sup>8</sup> Notably, *94% of all influenza-related deaths and over three-quarters of hospitalizations occurred in individuals aged 60 and over*, reinforcing the disproportionate impact on older adults.<sup>3</sup>

Despite improved national surveillance, important limitations remain. These include:

- Under-detection of influenza among older adults not presenting to care
- Incomplete linkage between clinical severity and vaccination status
- Absence of real-time data disaggregated by vaccine type or formulation
- Potential under-reporting of ICU admissions and post-discharge outcomes

These gaps limit the precision with which vaccination program effectiveness and health system impact can be assessed. Ongoing improvements in age-stratified surveillance and outcome monitoring will be essential to guide future influenza prevention strategies.

## The Economic *Impact*

Influenza hospitalization was estimated to cost approximately *€4,682 per admission in adults aged 65–79 years* and an average of *€3,772 for people aged 80 and over*.<sup>4</sup> Though the average cost per hospital admission for older adults did not vary greatly from the mean cost for the total population (€4,481), given that older adults made up a greater proportion of hospitalizations, it can be assumed that older adults were the greatest contribution to the overall economic burden of influenza.<sup>4</sup>

The inability to generate a full national cost estimate is not just a data gap — it is a *visibility gap*. It limits policymakers' capacity to quantify returns on prevention investment and undermines efforts to prioritize influenza protection in national planning. Closing this gap should be a strategic priority: more complete and timely data would enable better resource allocation, clearer accountability, and more targeted interventions for those at greatest risk.

## Policy *Landscape*

Vaccination coverage among adults aged 65 and older fell to 58.4% during the 2024/2025 season, *down from 66% in the previous season* and the steady state of 66–69% that had been held since the COVID-19 pandemic, pushing the needle further away from the WHO's 75% coverage target.<sup>5–7</sup>

The drop in vaccination coverage is particularly concerning given the clear age gradient observed in influenza burden during the 2024/2025 season. Older adults experienced the highest rates of hospitalization and influenza-related complications.

Strengthening influenza protection in Spain will require more than updated recommendations. It demands robust follow-through: ensuring appropriate formulations reach those most at risk, closing data gaps that obscure performance, and embedding real-world delivery metrics into post-season evaluations.



# References

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