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Pneumococcal vaccination in Europe - the current situation



Health and care
Inequalities
International
Prevention
Life expectancy
Disease and Conditions

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What is the Pneumococcal Vaccination Atlas?

The Pneumococcal Vaccination Atlas monitors pneumococcal vaccination coverage, recommendations, and funding across 42 European countries. This briefing compares findings from Wave 1 (2021) and Wave 2 (2024) across three population groups: infants, at-risk groups, and older adults.

The current picture in Europe

Coverage

88.9% **Infant coverage** average across 38 countries	**34.3%** **At-risk coverage** average across 11 countries	**36.8%** **Older adult coverage** average across 15 countries

Recommendations

40 **Countries recommend for infants**	**34** **Countries recommend for at-risk groups**	**32** **Countries recommend for older adults**

Funding

40 **Countries fund vaccination for infants**	**28** **Countries fund vaccination for at-risk groups**	**26** **Countries fund vaccination for older adults**

Key changes between 2021 and 2024

	Infants	At-risk groups	Older adults
Coverage	-0.55%	+9.71%	+7.31%
Recommendations	1 increase, 0 decreases	4 increases, 2 decreases	6 increases, 0 decreases
Funding	No changes	3 increases, 2 decreases	4 increases, 0 decreases

What do these changes mean?

A tale of two tiers

The Atlas highlights a stark divide between infant and adult vaccination across Europe:

- Infant programmes are almost universal in both recommendation and funding, with average coverage of 88.9%.
- Adult vaccination lags well behind: coverage is lower, data are patchier, recommendations are less consistent, and funding gaps are wider.
- Older adults and at-risk groups face the greatest risk of severe pneumococcal disease, yet they are the least consistently protected.
- Hospitalisations and long-term complications from pneumococcal disease create avoidable pressure on health systems – pressure that modest investment in adult vaccination could help reduce.

Progress is real – but uneven and incomplete

More countries now recommend and fund vaccination across all three groups than in 2021, and adult coverage is improving. But progress remains fragile:

- Coverage data for adult groups are unavailable in most Atlas countries, making it impossible to assess programme effectiveness fully.
- Funding has expanded in some countries but contracted in others.
- The slight dip in infant coverage is a reminder that gains cannot be taken for granted.

There is still a data gap problem

Coverage data for at-risk groups are available for only 11 of 42 countries, and for older adults for just 15 of 42. When countries do not track vaccination uptake systematically, they cannot identify gaps, target interventions, or assess return on investment. Stronger national registries are therefore essential to evidence-based policymaking.

Policy opportunities

The comparison between Wave 1 and Wave 2 points to a clear set of priority actions for policymakers, health systems, and advocates across Europe:

Close the funding gap for adult vaccination

- The eight countries with partial or no public funding for older adult vaccination, and the six with gaps in funding for at-risk groups, should be prioritised for policy reform.
- Full public funding remains the most effective way to ensure equitable access.

Extend and standardise at-risk recommendations

- Definitions of 'at-risk' vary widely across countries, strengthening the case for greater harmonisation at EU and regional level.
- A common framework would reduce inequity and support more meaningful cross-country comparisons.

Lower age thresholds for older adult programmes

- Countries that currently target only people aged 65+ should consider whether extending eligibility to those aged 60 or 50+ could broaden protection meaningfully.
- Evidence suggests that vaccine-preventable pneumococcal disease is common across older age groups, not only among those aged 65 and over.

Invest in vaccination data infrastructure

- Governments without national vaccination registries covering adult groups should be supported – including through EU-level initiatives – to build this capacity.
- Without robust coverage data, it is impossible to judge whether programmes are working or to target improvements effectively.

Protect and reinforce infant programme gains

- The slight decline in infant coverage between waves should prompt targeted action to identify which countries are underperforming and why.
- Parental engagement, vaccine confidence, and programme delivery quality all require continued attention.

Set a coverage target for pneumococcal vaccination

- European policymakers should set a 75% coverage target for pneumococcal vaccination, aligning it with current influenza vaccination targets.
- EU Member States should adopt this target, building on the Council's 2009 target of 75% influenza vaccination coverage.

Conclusion

The Pneumococcal Vaccination Atlas shows real but incomplete progress. Coverage has improved for the groups that need it most, more countries are recommending and funding vaccination, and growing political attention to pneumococcal disease is translating – albeit slowly – into policy action.

But the gaps remain stark. Fewer than a third of Atlas countries have full coverage data for adult groups. Millions of older people and at-risk individuals across Europe are either not eligible for vaccination under national programmes or face financial barriers that limit uptake. And the slight reversal in infant coverage is a warning that progress cannot be assumed.

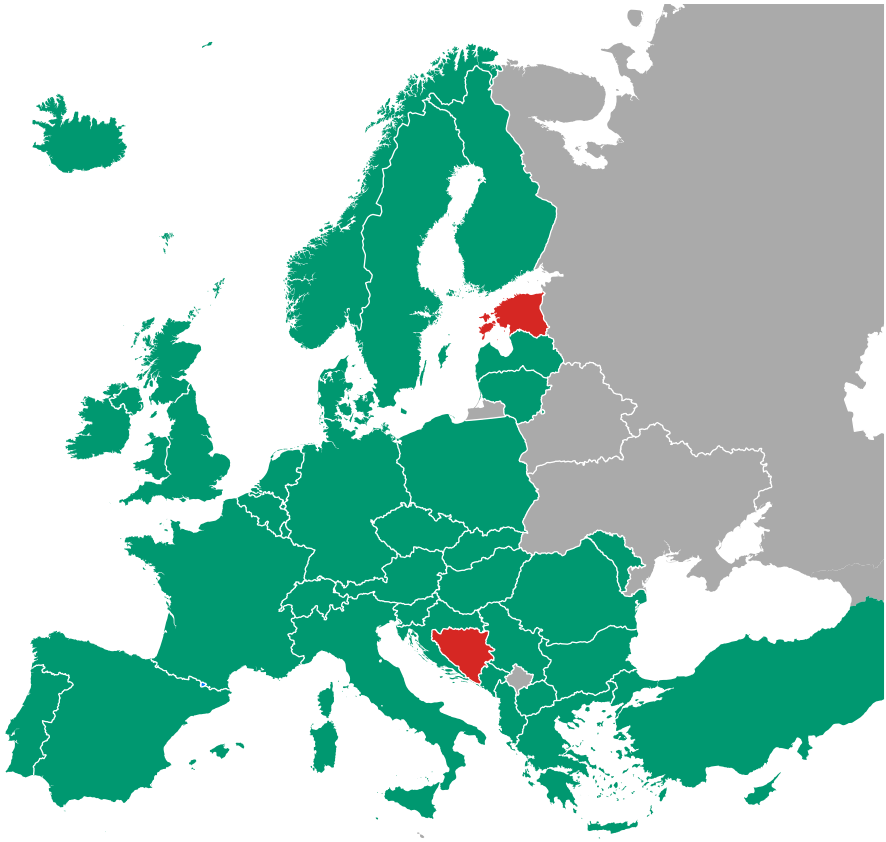
The Atlas provides a strong evidence base for change. The task now is to turn that evidence into durable, equitable vaccination policy across all 42 countries – so that pneumococcal disease becomes *preventable in practice*, not just in principle.

Appendix

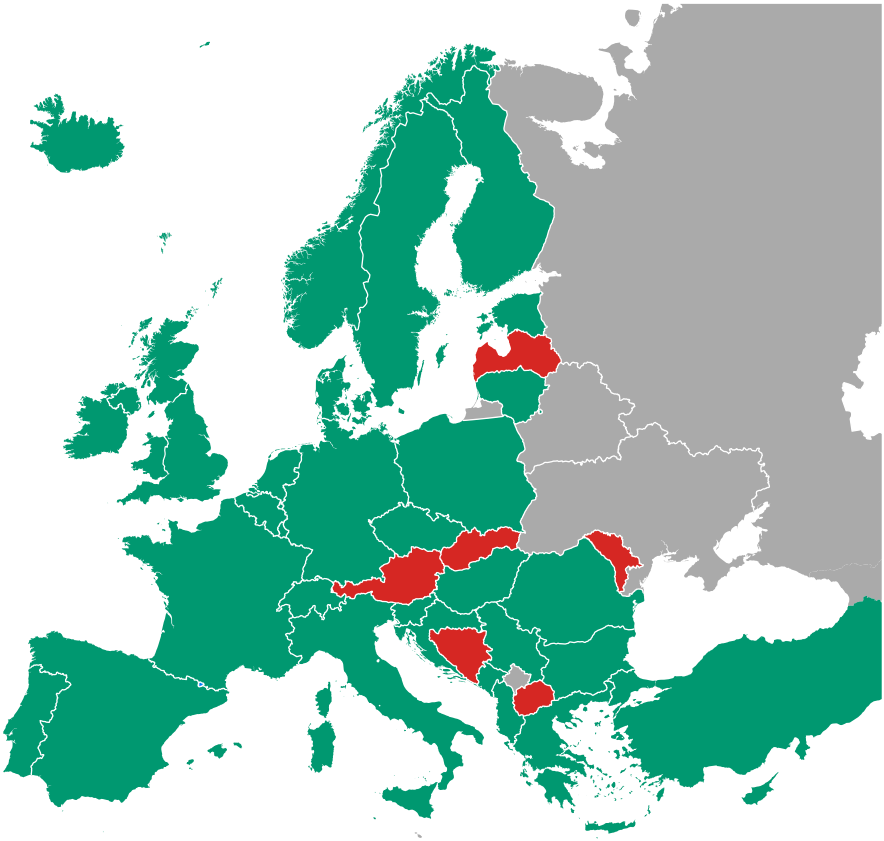
Recommendations

Key: Recommendation | No recommendation

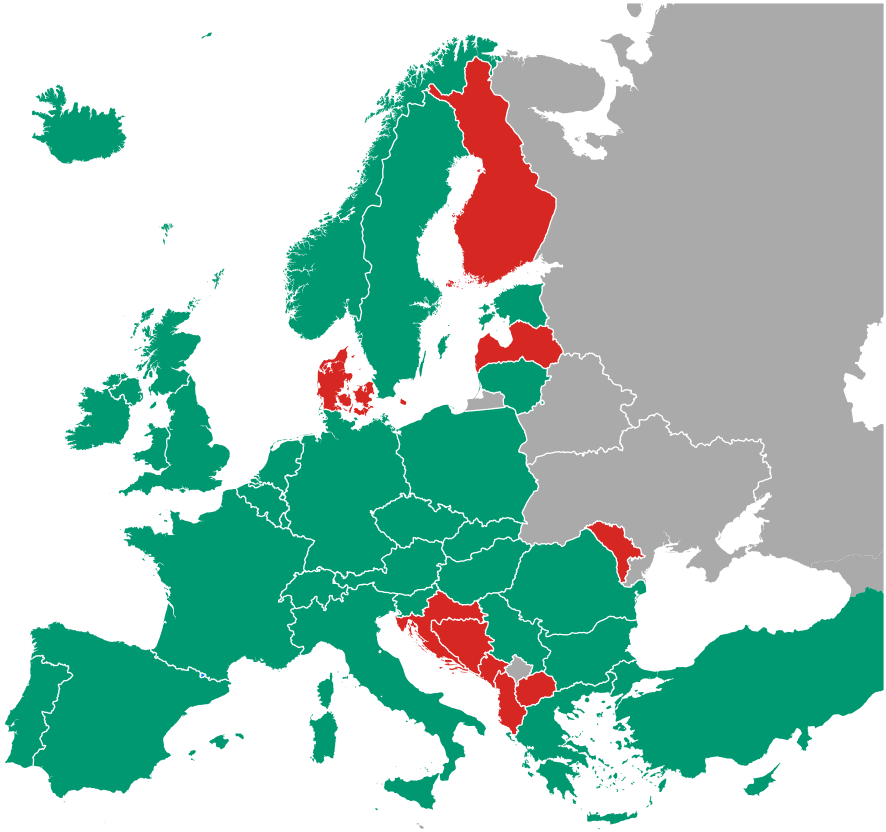
Infants



At-risk groups



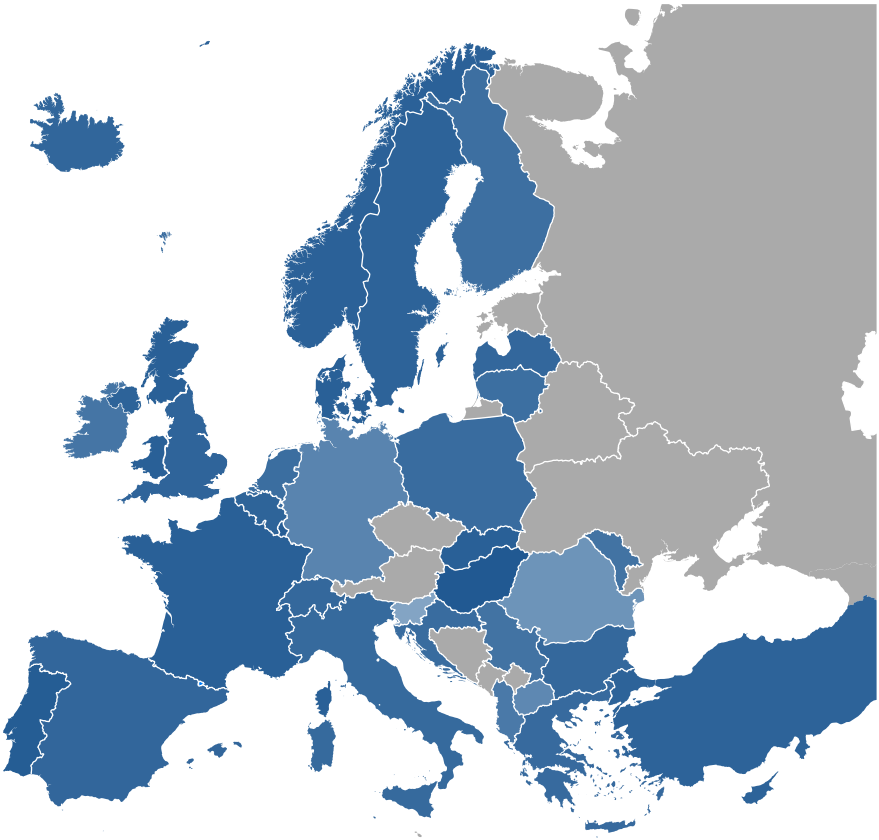
Older adults



Coverage

Key: 100% | No data

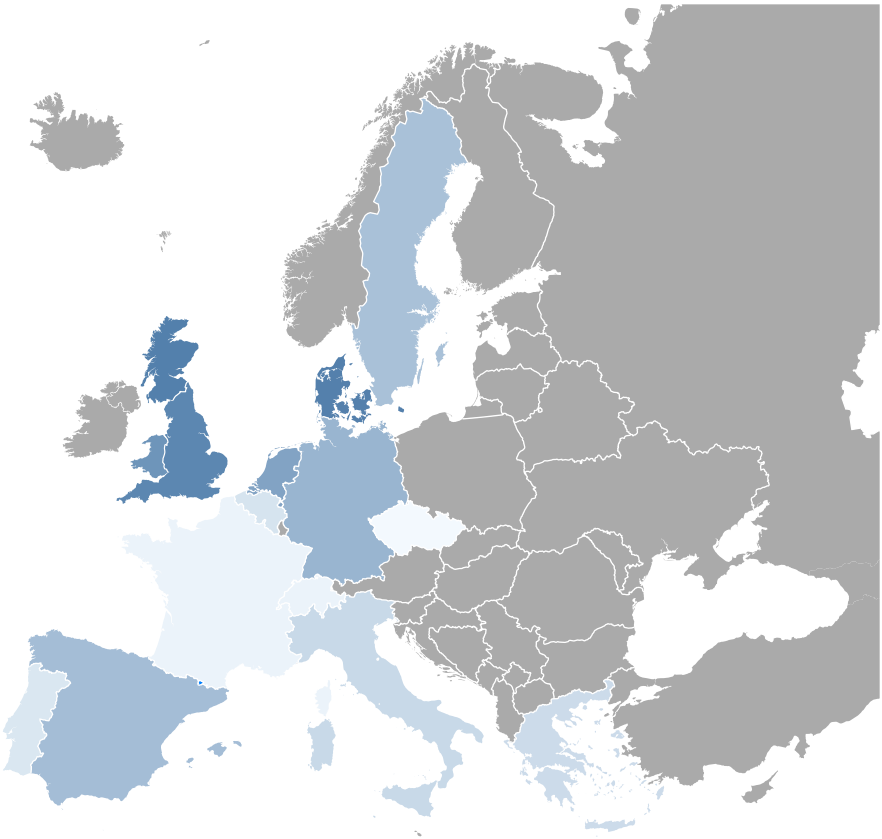
Infants



At-risk groups



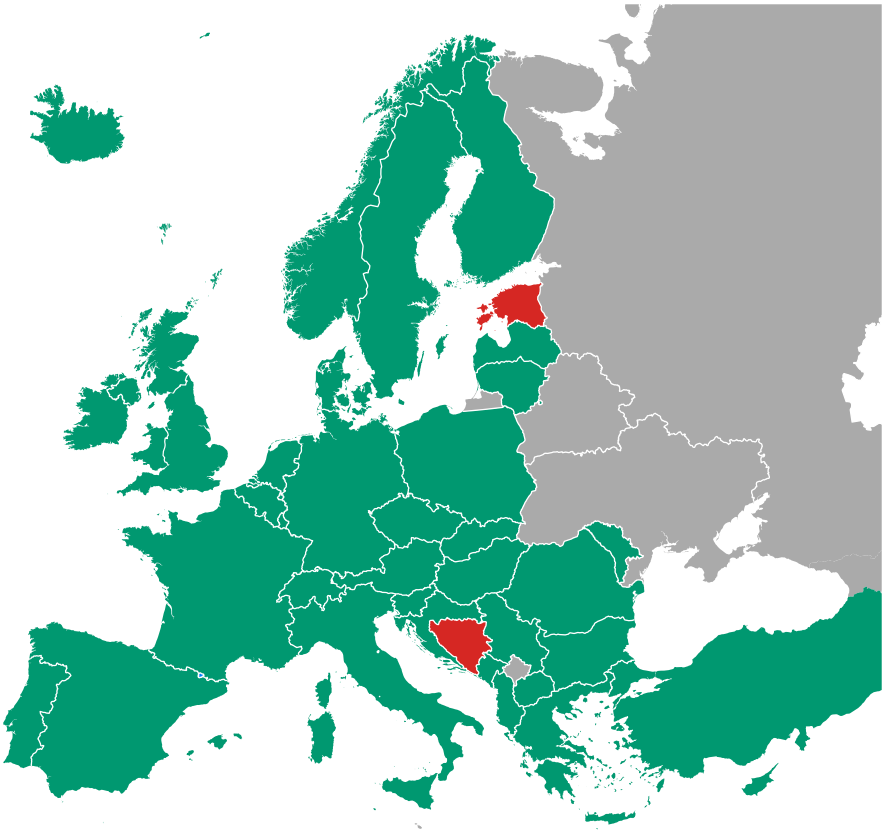
Older adults



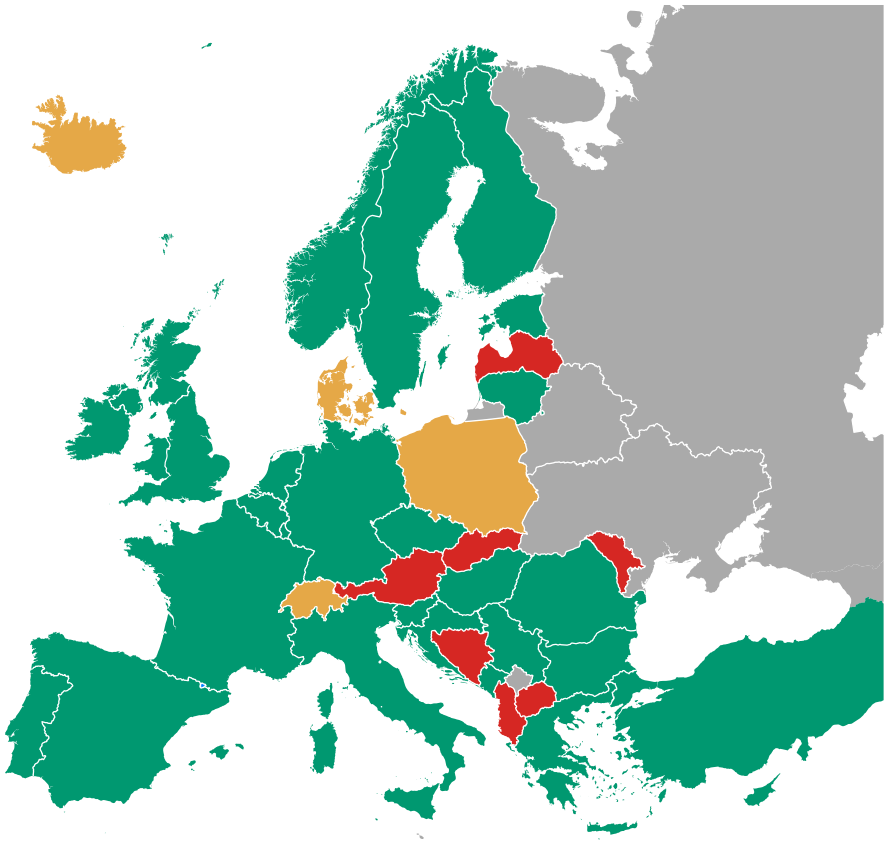
Funding

Key: Fully funded | Not funded or partially funded | No recommendation

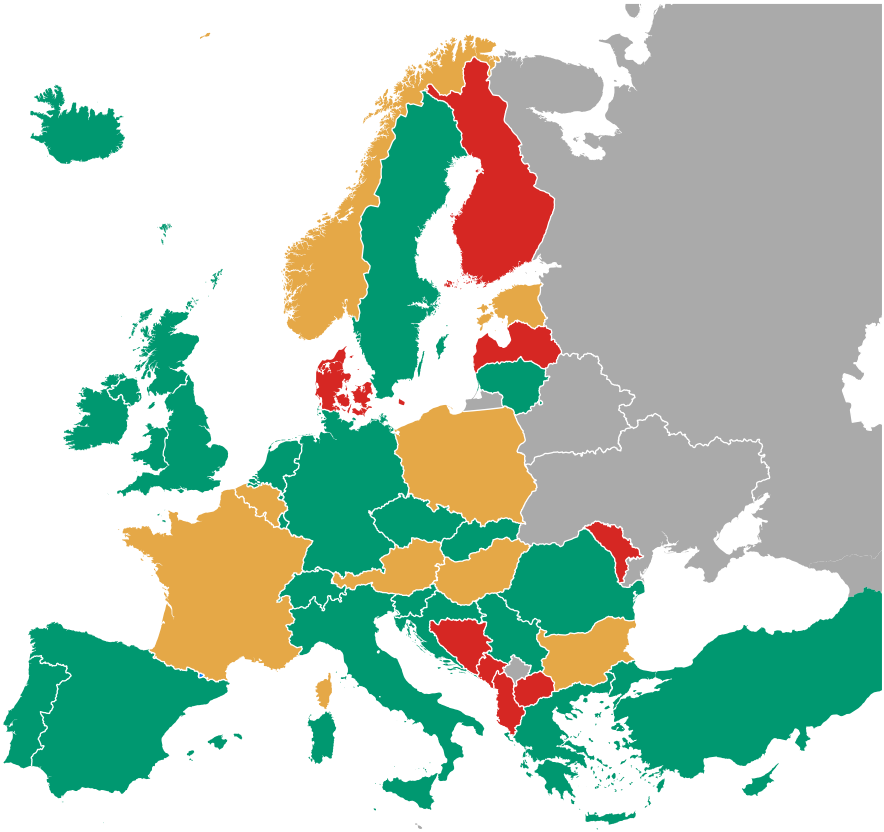
Infants



At-risk groups



Older adults



About ILC

ILC is the UK's leading authority on the impact of longevity on society. We combine evidence, solutions and networks to make change happen.

We help governments, policymakers, businesses and employers develop and implement solutions to ensure we all live happier, healthier and more fulfilling lives. We want a society where tomorrow is better than today and where future generations are better off.

ILC wants to help forge a new vision for the 100-year life, where everyone has the opportunity to learn throughout life, and where new technology helps us contribute more to society.

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