

Vaccination against Covid-19 and Influenza in Switzerland: Perceptions and Attitudes

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Abstract: Although vaccinations can prevent severe influenza and COVID-19, coverage in risk groups in Switzerland remains low. We conducted two online surveys among 601 individuals aged ≥ 65 years and 130 health care professionals (HCPs) to explore perceptions, awareness, and vaccination attitudes. 62 % of patients were unaware that annual COVID-19 vaccination is recommended for them and 43 % were unaware of it for Influenza. Only 20 % of patients expressed readiness to receive a COVID-19 vaccine, compared with 37 % for influenza. The most important driver of vaccination uptake was a recommendation by an HCP. These findings highlight the persistent gaps in risk perception and awareness among older adults in Switzerland and underscore the critical role of HCPs in improving vaccination uptake.

Keywords: Vaccination rates, COVID-19, influenza, survey, elderly

Impfung gegen Covid-19 und Grippe in der Schweiz: Wahrnehmungen und Einstellungen

Zusammenfassung: Obwohl Impfungen schwere Verläufe von Influenza und COVID-19 verhindern können, bleibt die Impfquote in Risikogruppen in der Schweiz niedrig. Wir führten zwei Onlinebefragungen unter 601 Personen ≥ 65 Jahre und 130 Gesundheitsfachpersonen durch, um Wahrnehmungen, Wissen und Einstellungen zur Impfung zu untersuchen. 62 % der Patient:innen wussten nicht, dass eine jährliche COVID-19-Impfung für sie empfohlen ist; 43 % waren bezüglich Influenzaimpfung uninformiert. Nur 20 % zeigten Bereitschaft, sich gegen COVID-19 impfen zu lassen, gegenüber 37 % für Influenza. Wichtigster Prädiktor für eine Impfung war eine Empfehlung durch eine Gesundheitsfachperson. Die Ergebnisse verdeutlichen anhaltende Lücken in der Risikowahrnehmung und im Wissen älterer Erwachsener in der Schweiz und die zentrale Rolle von Gesundheitspersonal zur Verbesserung der Impfaufnahme.

Schlüsselwörter: Impfquoten, COVID-19, Grippe, Umfrage, ältere Menschen

La vaccination contre la Covid-19 et la grippe en Suisse: perceptions et attitudes

Résumé: Bien que la vaccination puisse prévenir les formes graves de grippe et de COVID-19, la couverture des groupes à risque reste faible. Nous avons réalisé deux enquêtes en ligne auprès de 601 personnes ≥ 65 ans et 130 professionnels de santé sur les perceptions, connaissances et attitudes vaccinales. 62 % des patients ignoraient la recommandation de vaccination annuelle contre la COVID-19 et 43 % celle contre la grippe. Seuls 20 % étaient prêts à recevoir un vaccin COVID-19, contre 37 % pour la grippe. La recommandation d'un professionnel de santé était le principal déterminant. Ces résultats mettent en évidence des lacunes persistantes chez les personnes âgées et le rôle clé des professionnels de santé pour améliorer la couverture vaccinale.

Mots clés: Taux de vaccination, COVID-19, grippe, enquête, personnes âgées

Introduction

Viral respiratory diseases inflict a significant burden on the health care system in Switzerland. In the 6 hospitals that participated in the CH-SUR hospital surveillance (now discontinued), 1652 people were hospitalized with influenza and 3484 people were hospitalized with COVID-19 in the 2023/24 season (1). In these 6 hospitals, there were 70 deaths with influenza and 246 with COVID-19. Almost 80 % of hospitalized people were above the age of 65 (1), underscoring why this age group is designated as “high-risk population” for COVID-19 and influenza by the Swiss Federal Office of Public Health (FOPH) and the Federal Commission for Vaccination (Eidgenössische Kommission für Impffragen, EKIF) (2, 3). Several hospitals in the canton of Vaud had to postpone elective surgical procedures during the winter of 2024/2025 (4). As vaccinations have shown to be a major preventive factor against hospitalizations and

a severe course of the disease (5, 6), the FOPH and EKIF are currently recommending annual vaccinations against influenza, COVID-19 (both over the age of 65 years) and also respiratory syncytial virus (RSV, from the age of 75, or 60 years with specific comorbidities) since 2024. Despite the broad EKIF recommendations (3), widely available vaccines (7), and extensive public campaigns by the FOPH, vaccination rates are very low in Switzerland: While the target of the World Health Organization (WHO) is to vaccinate 75 % of the at-risk population, the estimated annual influenza vaccination rates in the at-risk population are only between 18–39 % in Switzerland and on average 45.7 % in the European Union (8–12). For COVID-19, vaccination rates in the at-risk population in Switzerland are estimated to be even lower, at a maximum of 18 % in 2023/24 and 12 % in 2024/25 (estimated vaccination rates based on data from the following source: (13)). Similarly, the median coverage in the EU in > 60-year-olds is at 14 % (14).

To better understand the reasons behind the low vaccination rates in the at-risk population in Switzerland, we conducted a survey following the 2023/24 season, investigating current perceptions and opinions from both health care professionals (HCPs) and the at-risk population (people from the age of 65 years) regarding annual vaccinations. The results aim to contribute to a better understanding of vaccination attitudes in both HCPs and the general population to develop better strategies to address existing knowledge gaps.

Methods

Study Design

This study was initiated, designed and funded by Moderna and was performed in adapted versions in several countries. Only the outcomes from participants in Switzerland are analyzed and presented here. The study included two parallel online surveys targeting 1) HCPs including general practitioners (GPs) and pharmacists, and 2) individuals aged ≥ 65 years (at-risk population, further referred to as patients) throughout Switzerland. The surveys were conducted in collaboration with the market research provider Dynata, an online digital collection company based in the United Kingdom, which has panels with active respondents around the world (consumer, B2B, patients, and HCPs) (15). Dynata utilized its proprietary online panels for participant recruitment and market-appropriate rates, and provided the equivalent of 25 GBP (Great Britain Pound) to GPs answering the survey and 40 GBP to pharmacists. For the general population (denoted as patients) the incentive for survey participation was 0.50–0.75 GBP, which respondents can collect as points for retailer vouchers. We present a descriptive analysis of selected survey questions and provide a list of all questions and answers in the supplementary.

HCP survey

The HCP survey was conducted between 8 November and 22 November 2024. Participants were required to be currently practicing as GP or pharmacist within Switzerland. Due to the inherent difficulty in recruiting licensed HCPs, no strict demographic quotas (e.g. age, gender, region) were applied. Demographic characteristics were collected to ensure broad representation.

HCP participants were recruited from Dynata's existing verified medical panel. Panel members had previously been profiled according to their medical specialty (GPs or pharmacists), and only those relevant to the study topic were invited for the current survey. The medical panel was established using several recruitment channels, including the purchase of verified contact lists from local medical associations (with prior consent for third-party contact), referrals from existing panelists, as well as professional recruiter networks. All applicants underwent a rigorous verification process prior to inclusion in the panel. This process included submission of a valid medical registration ID, a government-issued form of identification, and contact information. Only after successful verification, individuals were admitted to the medical panel. Data on the HCPs' pre-

ferred language, years in practice, and practice localization (canton) were gathered in the survey.

Patient survey

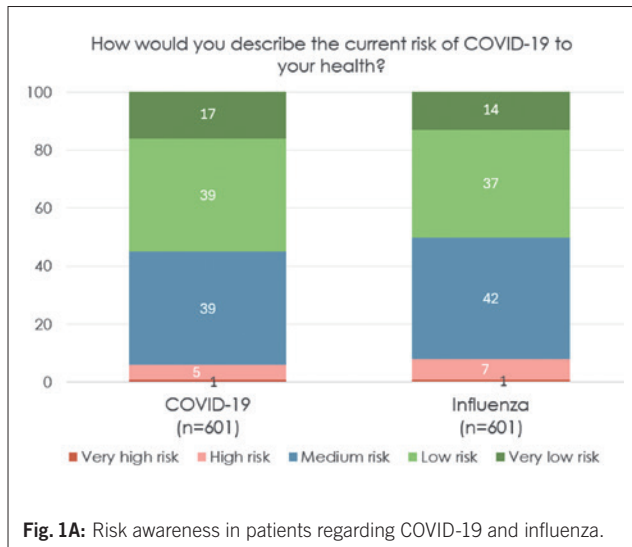
The parallel patient survey targeted individuals aged ≥ 65 years (at-risk population, as they are recommended annual vaccinations against influenza and COVID-19 at the time of the survey) residing in Switzerland and was conducted between 25 October and 11 November 2024. Enrollment in the patient panel occurred via self-registration through an online form, which was sent to selected people (≥ 65 years) from an already existing panel from Dynata. To verify the authenticity of the applicants, a series of internal validation surveys concerning their medical condition(s) was administered. Only verified individuals were included in the final patient panel, and their preferred language, gender, age, and number of annual doctor visits were inquired. In contrast to the HCP sample, it was more feasible to monitor quotas for gender and language. However, flexibility in age quotas was necessary, given the variability introduced by condition-specific prevalence within the target population.

Results

Characteristics of survey participants

In total, 130 HCPs including 50 GPs and 80 pharmacists, as well as 601 adults aged ≥ 65 (patients; at-risk population) filled in the survey (see [Tab. 1](#) for characteristics). The majority of HCPs has been in practice since more than 11 years (71%), and French speakers were slightly overrepresented in this survey with regards to the overall popula-

130 HCPs (50 GPs & 80 Pharmacists)		Patients (601 adults aged ≥ 65 years)	
Time in practice	> 11 years (71 %) 10–6 years (17 %) 5–3 years (6 %) < 3 years (6 %)	Gender	Male (65 %) Female (35 %)
Greater region	Eastern Switzerland (53 %) Western Switzerland (34 %) Southern Switzerland (13 %)	Age	65–69 years (37 %) 70–74 years (31 %) 75–79 years (22 %) 80–84 (8 %) 85–89 (2 %)
Preferred language	German (54 %) French (41 %) Italian (5 %)	Preferred language	German (70 %) French (29 %) Italian (1 %)
		HCP visit	A few times per year (73 %) Every few years (21 %) Every month (5 %) Every week (1 %)
		Chronic health conditions	Yes (54 %) No (46 %)
		Vaccination over the past 12 months	Influenza only (21 %) COVID-19 only (5 %) Both (15 %)



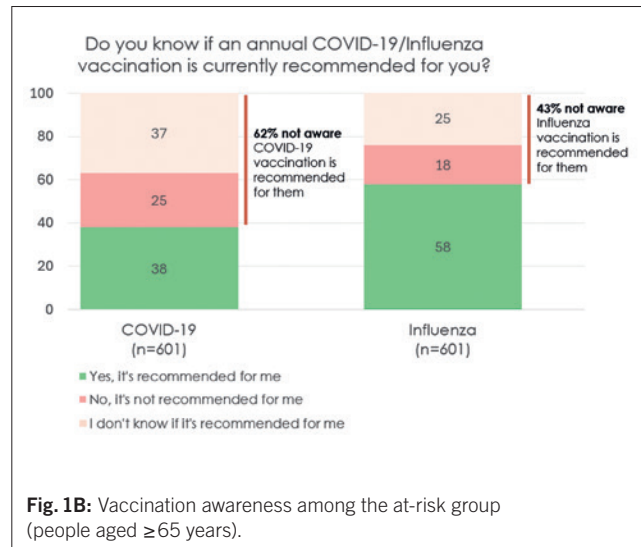
tion in Switzerland (54% German, 41% French, 5% Italian speakers; for detailed regional distribution see suppl. Tab. 1A). In the patient survey, men were overrepresented (65%), and most patients were between 65–69 (37%) and 70–74 (31%) years old. No patient older than 89 years answered the survey. About 70% of patients gave German as a preferred language (29% French, and 1% Italian), and the majority (73%) consult an HCP a few times per year. More than half of the patients (54%) indicated having at least one underlying health issue or comorbidity.

Perception of risk by patients

In our survey, 42% of patients report actively taking precautions to decrease their risk of getting a respiratory infection in general (Tab. 2A). Active precaution was lowest in 65–69-year-old men (34%), and highest in women above the age of 80 years (67%, suppl. Tab. 1B). Those who were planning to receive a COVID-19 vaccination or who have had a COVID-19 infection in the past 12 months were more ready to actively take precautions (82% of 121 patients and 60% of 62 patients, see suppl. Tab. 1B). Only a minority of patients believe that COVID-19 poses a very high or high risk (6%) to their health, and most patients (55%) think that COVID-19 poses a low or even very low risk (Fig. 1A, Tab. 2A). The perception of risk was higher in patients planning to get a COVID-19 vaccine and in those with a COVID-19 infection in the previous 12 months.

Similar trends were visible regarding influenza: About 8% of patients believe to be at high or very high risk, while the majority (51%) think that influenza poses a low or very low risk to their health (Fig. 1A, Tab. 2A). However, among women above 80 years, 25% perceive influenza as a high risk to their health. Also, risk perception is higher in those planning to get a COVID-19 vaccination or those with a recent COVID-19 infection (see suppl. Tab. 1B). As observed in the COVID-19 related-questions, the percentage of people perceiving the virus as a low or very low risk was higher in German speakers compared to French speakers (55% vs. 41%).

When asked about the burden of COVID-19 vs. influenza, 38% of patients answered that they think that COVID-19 causes more cases of severe disease than the flu (Tab. 2A).



Knowledge about vaccination recommendation and vaccination readiness in patients

Even though all interviewed patients fall into the at-risk population and are recommended annual COVID-19 and influenza vaccinations by the Swiss authorities and other EU authorities with large public communications, almost two-thirds (62%) of them are not aware that this is recommended for them: 25% believe the annual COVID-19 vaccination is not recommended for them, while 37% are unsure (Fig. 1B, Tab. 2B). Among those who had a COVID-19 infection in the previous 12 months, 60% knew about the recommendation. Also, awareness of the COVID-19 vaccination recommendation seemed higher in French speakers compared to German speakers (45% vs. 35%; suppl. Tab. 1C). When asked whether they need to get a COVID-19 vaccine every year, 78% of the ≥ 65-year-olds of this survey believed that this was not true (Tab. 2B).

Regarding the annual influenza vaccination, 57% of the ≥ 65-year-old survey participants knew that it is recommended for them (Fig. 1B, Tab. 2B). Awareness among those with underlying health conditions (n=326) or a COVID-19 infection in the past 12 months was even higher (64% and 77%, suppl. Tab. 1C).

Overall, 41% of patients had received a COVID-19, influenza or both vaccines in the preceding 12 months (21% only Influenza; 5% only COVID; 15% both), while 59% did not get any of the vaccines or were not sure if they did (see reported vaccination rates in Tab. 1). Even among those with underlying health conditions, 54% had not received any vaccination against COVID-19 or influenza in the past 12 months or were not sure. Of all age and gender groups, the 65–69-year-old men (68%) indicated the lowest vaccination rate (Suppl. Tab. 1A).

20% of all patients were planning to get the COVID-19 vaccination during the 2024/25 season (Tab. 2B, Fig. 1C). The highest vaccination readiness was found in those aged 80+ (34%), and the percentage of vaccination readiness was slightly higher in French compared to German speakers (25% vs. 18%, suppl. Tab. 1C). However, among those who indicated to have had COVID-19 in the previous 12 months, the readiness for vaccination doubled (40%, suppl. Tab. 1C).

Selected survey answers from patients and HCPs (complete answers in suppl. Tab. 1)

Tab. 2

A) Perception of risk by patients

P = Patient survey

P: Given the heightened risk of respiratory disease transmission, such as COVID-19 and influenza, in crowded spaces such as concerts and public transport, particularly during the winter months, do you plan to actively take precautions to decrease your risk of exposure?	Yes (42%)	No (37%)	Sometimes (22%)		
P: How would you describe the current risk of COVID-19 to your health?	Very low risk (17%)	Low risk (39%)	Medium risk (39%)	High risk (5%)	Very high risk (1%)
P: How would you describe the current risk of influenza to your health?	Very low risk (14%)	Low risk (37%)	Medium risk (42%)	High risk (7%)	Very high risk (1%)
P: COVID-19 still causes more cases of severe disease than the seasonal flu. (mark whether true or false)	True (38%)	False (62%)			

B) Knowledge about vaccination recommendation and vaccination readiness in patients

P: Do you know if an annual COVID-19 vaccination is currently recommended for you?	Yes (38%)	No (25%)	I don't know (37%)		
P: I need to get a COVID-19 vaccine every year (mark whether true or false)	True (22%)	False (78%)			
P: Do you know if an annual influenza vaccination is currently recommended for you?	Yes (57%)	No (18%)	I don't know (25%)		
P: Do you plan to get a COVID-19 vaccination this year?	Yes (20%)	No (58%)	I don't know (22%)		
P: Do you plan to get an influenza vaccination this year?	Yes (37%)	No (53%)	I don't know (10%)		

C) Main barriers and motivators for patients to get vaccinated

P: I would not get a COVID-19 vaccination when they are made available because _____." (Rank 1)					
I don't believe I need another COVID-19 vaccine	31%				
I believe we already have natural immunity against COVID-19	21%				
I am worried about the safety of the updated COVID-19 vaccines	15%				
COVID-19 is not a serious risk to my health anymore	12%				
My symptoms for COVID-19 have been mild and manageable	11%				
The updated vaccines are not effective at protecting against COVID-19	8%				
I cannot afford it or my insurance won't cover it	2%				
I do not have time to travel to a clinic or hospital to get the updated vaccine	1%				
P: Which factors would motivate you to get the annual COVID-19 vaccine? (Rank 1)					
Recommendations from healthcare professionals and medical experts	36%				
News that there is a resurgence of COVID-19 cases in my country	20%				
Recommendations from the government or health ministry to get the updated vaccine	13%				
The vaccine being fully funded by health insurance	10%				
Information on the safety of the vaccine	9%				
Information about the effectiveness of the updated vaccine against new variants	9%				
Availability of the updated vaccine at convenient locations and times	4%				
Recommendations from people who have received the updated vaccine	1%				
P: Which factors would motivate you to get the annual influenza vaccine? (Rank 1)					
Recommendations from healthcare professionals and medical experts	39%				
News that there is a resurgence of influenza cases in my country	14%				
Assurance on the safety of the vaccine	12%				
The vaccine being fully funded by health insurance	10%				
Recommendations from the government or health ministry to get the updated vaccine	10%				
Information about the effectiveness of the updated vaccine	10%				
Availability of the updated vaccine at convenient locations and times	5%				
Recommendations from people who have received the updated vaccine	2%				
P: How often do you get recommended annual vaccinations for yourself (e.g., influenza, pneumonia, COVID-19)?	Always (23%)	Usually (15%)	Sometimes (11%)	Rarely (17%)	Never (33%)

D) HCPs knowledge, perception, and attitude towards COVID-19 and its vaccination**H = HCP survey**

H: Which of these statements do you believe is true?

The annual burden of COVID-19 is higher than influenza in Switzerland	True (34%)
The annual burden of influenza is higher than COVID-19 in Switzerland	True (24%)
The annual burden of COVID-19 and influenza in Switzerland is around the same	True (42%)

H: How effective do you believe updated COVID-19 vaccines are in helping to prevent COVID-19 disease caused by SARS-CoV-2?

Extremely effective (8%)	Very effective (31%)	Somewhat effective (56%)	Not effective at all (5%)
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H: What are the most common questions or concerns you receive from individuals about COVID-19 vaccines? (multiple answers possible)

Questions or worries about their side effects and any health risks	86%
Questions or uncertainty about their efficacy	56%
Concerns about the need for COVID-19 vaccination after previous infection	53%
Questions about the need for booster shots	52%
Questions about vaccine components	38%
Questions about their added benefit or value	31%
Uncertainty about concurrent or closely timed COVID-19 and other vaccinations	26%
Questions about natural immunity	24%
Questions about vaccination cost and/or insurance coverage	24%

H: How would you rate the public's awareness and understanding of the importance of COVID-19 vaccination?

Very high (0%)	High (15%)	Moderate (59%)	Low (22%)	Very low (3%)
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H: Which factors do you believe motivate people to receive an updated COVID-19 vaccine? (Multiple answers possible)

Recommendations from healthcare professionals and medical experts	22%
Recommendations from the government or health ministry to get the updated vaccine	15%
News that there is a resurgence of COVID-19 cases in my country	14%
Information about the effectiveness of the updated vaccine against new variants	12%
The vaccine being fully funded by health insurance	12%
The risk of long COVID	12%
Information on the safety of the vaccine	11%
Recommendations from people who have received the updated vaccine	3%
Availability of the updated vaccine at convenient locations and times	1%

For influenza, the vaccination readiness was higher in the overall population (37%) and reached 51% in those aged 80+ years (Tab. 2B, suppl. Tab. 1C).

Main barriers and motivators for patients to get vaccinated

Among those who were not planning to get a COVID-19 vaccination in 2024/25, the most important reason was that they did not believe they needed another vaccination (31%) followed by the belief that they already have a natural immunity against COVID-19 (21%). Moreover, 15% were worried about the safety of the updated COVID-19 vaccines, with women being more worried than men (Tab. 2C, suppl. Tab. 1D).

The most important motivational factor for patients to get the COVID-19 vaccination was a recommendation by an HCP or medical expert (36%; Tab. 2C, suppl. Tab. 1D). Similarly, 39% of patients reported the recommendation of an HCP or medical expert as a main motivator to get the annual influenza vaccination (Tab. 2C, suppl. Tab. 1D). Still, only 38% of patients in our survey reported to have

always or usually received a recommendation for an annual vaccination by an HCP (incl. COVID-19, influenza, and pneumonia) (Tab. 2C, suppl. Tab. 1D). This rate was higher in patients who reported underlying health issues (45%) and increased with age, reaching 54% in 80+ year-olds. Still, a third of all survey participants claimed to never have been recommended an annual vaccination.

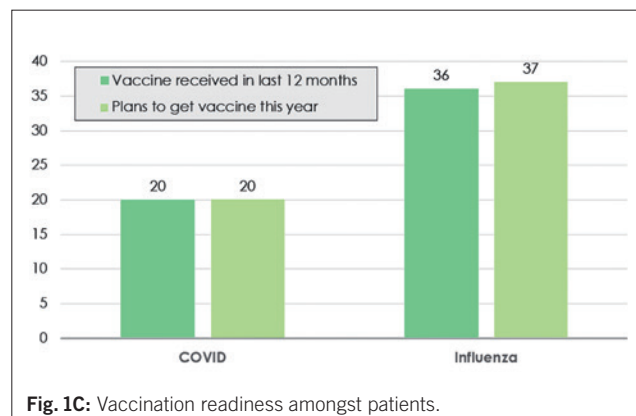


Fig. 1C: Vaccination readiness amongst patients.

HCPs knowledge, perception, and attitude towards COVID-19 and its vaccination

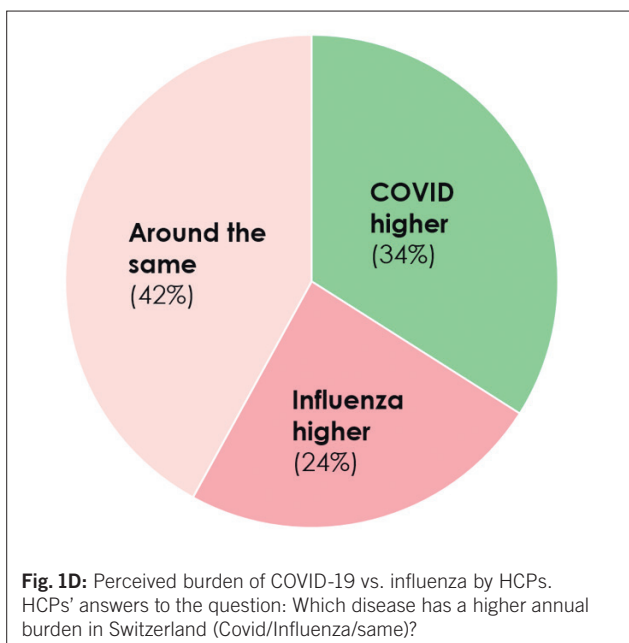
In the season preceding the survey (2023/24), the hospitalization burden with COVID-19 was around 2x higher than with influenza (1). Amongst HCPs, roughly a third were aware of this (34%), whereas a majority thought that the annual COVID-19 disease burden was lower than for influenza (24%) or that they were similar (42%) (Tab. 2D).

Regarding COVID-19 vaccine effectiveness, 56% of HCPs think that the vaccination is moderately effective and 39% believe that it is very or extremely effective in preventing COVID-19 disease. Only 5% of HCPs believe the vaccines are not effective at all (Tab. 2D, suppl. Tab. 1E).

Regarding vaccination barriers, HCPs mainly receive questions and concerns from the public due to worries about side effects and health risks (86%). They rank the uncertainty about the efficacy as the second biggest concern of the public (56%) followed by uncertainties about the need for a COVID-19 vaccination after previous infection (53%) (Tab. 2D). However, HCPs seem to be aware that patients are not informed: a majority of HCPs (59%) think that the public is only moderately aware of the importance of a COVID-19 vaccine, while 25% believe that the public has a low or even very low awareness regarding the need for an annual COVID-19 vaccination. French speakers were more aware of the low or very low awareness in the public than German speaking HCPs (31% vs. 21%; Tab. 2D, suppl. Tab. 1E).

The most common concerns or questions that HCPs received from patients regarding COVID-19 vaccination were safety-related (86% reported to receive these questions; Tab. 2D). Other main questions concerned the perceived efficacy (56%) and the continued need (52%).

Consistent with patients, HCPs ranked a medical expert's recommendation as the highest motivator (22% agreed) for a patient to get vaccinated. HCPs also found recommendations from the government or health ministry (15%) and news that there is a resurgence of COVID-19 cases in their country (14%) as important motivators (Tab. 2D).



Discussion

Current vaccination attitudes in the at-risk population and HCPs

At present and at the time of the survey, the Swiss authorities recommend a yearly vaccination against COVID-19 and influenza for people aged ≥ 65 years (3). However, more than half of the respondents believe that COVID-19 and influenza are a low or very low risk to their health, and almost two-thirds are not aware of this recommendation for them. The awareness of the recommendation was slightly better for influenza, with 43% not being aware. This low awareness of the recommendations is reflected in the low number of people who have received a vaccine in the previous 12 months, and the low readiness to receive a COVID-19 or influenza vaccination in the upcoming season. Similarly low vaccination rates for influenza have been reported in other Swiss studies (8–10). Also, our survey suggests that there are differences in vaccination attitudes depending on age, gender, and region. French speakers were more aware of risks and more open to getting a COVID-19 vaccination than German speakers, even though German and French speakers report similar rates of received vaccination recommendations. Moreover, the awareness of the risks posed by an infection and the readiness to receive a vaccination both increased with age and/or female gender respectively.

Factors influencing vaccination attitudes in the at-risk population

The low awareness of disease risk and vaccination recommendations in the survey participants may be attributed to a lack of targeted and public communication. Indeed, HCPs reported concerns about the safety and efficacy of the vaccines as the most concerning barrier within the public, while patients themselves mostly reported that they just did not feel there was any need for an annual vaccination. While both patients and HCPs ranked the HCPs' recommendation to get a vaccination as the most important motivator to get vaccinated, only 38% of all survey participants (patients) reported to have been recommended the annual vaccines regularly. This may not be due to a perceived lack of effectiveness by HCPs, since most HCPs regard the COVID-19 vaccination as at least somewhat effective in preventing disease. Also, it can be hypothesized that the perceived effectiveness regarding the prevention of severe forms of the disease may have been even higher. Thus, infrequent primary care consultations may partly explain the observed low vaccination coverage, as the frequency of seeing a GP has previously been linked to a higher likelihood of getting the influenza vaccine (8). Since older patients might see the GP more often, they may develop a higher awareness regarding disease risk and recommended vaccinations.

HCPs listed safety concerns as the major question or concern they hear from patients (86%). Surprisingly, amongst patients who do not plan to get vaccinated in the upcoming season, only 15% reported safety concerns as a reason, whereas questioning the continued need for vaccination was listed much more often.

Limitations of the survey

First, selection bias is likely, as individuals who are more health-conscious or vaccine-accepting may be more inclined to participate in such a survey, which could lead to an overestimation of vaccine willingness. This bias would thus be conservative in nature. Against this background, vaccine-hesitant or critical attitudes may even be underestimated in the dataset and could be more pronounced in the general population. This may in part be reflected in the discrepancy between the readiness to receive a COVID-19 vaccination in 2024/25 (20% in our survey) and our estimated true vaccination rate in that season (12%) (13). Additionally, more men (65%) than women answered the patient survey. Since women had different perceptions regarding the risk of infections, taking precautions, and the safety of the vaccine, this may slightly shift the overall outcome in favor of men's attitudes.

Potential strategies to address risk perception and awareness of recommendations

According to our survey, informing the public on disease burden and vaccination recommendations should be a priority to close the apparent knowledge gap in the public and to relieve the burden on hospitals. Since vaccination rates are typically much higher in children than in adults (16), a similarly clear agenda might help adults to keep regular vaccination check-ups to prevent short term but also long-term disease and complications. Encouraging and funding systematic checking of the vaccination status in people at risk by HCPs and educating people on the burden of infectious diseases may be important in the implementation of such strategies. Additionally, the inclusion of vaccination as a preventive measure in school curricula may already raise awareness at an earlier age. Also, public mass campaigns by health authorities can be very effective (17). Some cantons have already set up campaigns (e.g. <https://www.be-impft.ch/>, <https://www.sg-impft.ch/>) and the FOPH has implemented an integrated respiratory disease campaign covering COVID-19, influenza, and RSV for the first time in the season of 2025/26 (3). The introduction of the exemption from the deductible for all recommended vaccines as well as time used for vaccination advice as of 2026 may further decrease existing barriers.

Conclusions

Our survey among people aged 65 years and older in Switzerland revealed low risk perception of viral respiratory diseases, and low awareness of vaccination recommen-

Key Messages

- Both patients and HCPs underestimate the burden of COVID-19 compared to influenza.
- Awareness of the annual COVID-19 and influenza vaccination recommendations among people aged ≥ 65 years is low.
- The fact that people aged ≥ 65 years do not think they need another vaccination appears as a key vaccination barrier.
- HCP recommendation is the strongest motivator for vaccination in people aged ≥ 65 years.

dations. Recommendation by an HCP appears as a major driver of communicating vaccination recommendations to people at-risk (8). Thus, it may be advisable for GPs and pharmacists to adopt more proactive outreach strategies during the respiratory season, particularly targeting EKIF-defined risk groups (e.g., individuals aged ≥ 65 years), and to engage them in discussions regarding their vaccination status.

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+ Conflict of interest

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Abbreviations

COVID-19	coronavirus disease 2019
EKIF	Federal Commission for Vaccinations (Eidgenössische Kommission für Impffragen)
FOPH	Swiss Federal Office of Public Health
GP	general practitioner
HCP	health care professional
RSV	respiratory syncytial virus
WHO	World Health Organization

History

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