

ASSESSMENT

Zoonotic influenza A(H5) vaccination in humans in the EU/EEA

Data from an ECDC Survey, May 2026

Key findings

- Twenty-seven of 30 EU/EEA countries responded to the survey on influenza A(H5) vaccination in humans – national plans and implementation status in EU/EEA. Eight countries reported having national A(H5) vaccination recommendations in place, eight were currently developing them, and 11 had no plans at the time of the survey.
- Implementation of the plans remained limited: five countries had started vaccination campaigns (Austria, Finland, Lithuania, the Netherlands and Portugal) and three planned to do so within one year. Priority groups most commonly included in the cohort to be vaccinated were veterinarians and animal-health staff, culling teams, laboratory staff and workers in farming and the poultry sector.
- Most countries reported that they are monitoring or planning to monitor vaccine uptake; the majority through immunisation registries.
- Reported vaccine uptake in reporting countries was generally low outside laboratory settings, but data were incomplete and not comparable across countries.
- Overall, results were heterogeneous in the EU/EEA due to variation in national recommendations, implementation plans, delivery arrangements and uptake monitoring.

For preparedness purposes, countries would benefit from clearly defined programme objectives and scenario-based triggers, tested delivery pathways, targeted communication and uptake-monitoring plans.

Introduction

Highly pathogenic avian influenza A(H5N1) continues to circulate widely in wild birds and cause outbreaks in poultry and other animals across Europe [1]. Despite extensive circulation, human infections remain rare and no human cases have been confirmed in the EU/EEA to date. Considering this, ECDC assesses the risk from A(H5N1) viruses circulating in Europe as low for the general population and low to moderate for people occupationally or otherwise exposed to infected animals or contaminated environments.

In December 2025, ECDC published a guide on '[Scenarios for pre-pandemic zoonotic influenza preparedness and response in the EU/EEA](#)' which included recommendations for public health actions according to pre-defined scenarios, and based on specific epidemiological and virological characteristics [2]. One of these possible actions is vaccination with a zoonotic influenza A(H5) vaccine.

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A zoonotic influenza A(H5) vaccine for people exposed to avian influenza is authorised for use in the EU and can be considered in accordance with national recommendations. Vaccination is an important preparedness measure and is part of a broader package of preparedness and response measures for zoonotic influenza, alongside established prevention, surveillance and outbreak-response measures. WHO has also published guidance on the use of licensed human influenza A(H5) vaccines for the interpandemic and emergence periods [3].

In order to have an overview of policies and practices related to A(H5) vaccination in the EU/EEA, ECDC disseminated a survey in May 2026 to 30 EU/EEA countries. The results are presented in this report and will inform future recommendations and guidance ECDC produces on this issue.

Methods

The questionnaire comprised 13 multiple-choice questions with comment fields covering national recommendations on A(H5) vaccination, vaccination programme objectives, eligible groups for vaccination, communication, vaccine delivery, uptake monitoring, implementation status, reported uptake and other preparedness considerations.

The survey was addressed to ECDC National Focal Points for respiratory viruses and National Focal Points for preparedness and response, with one consolidated response requested from each EU/EEA country.

Responses were collected through the EU Survey platform. The survey closed on 29 May 2026.

Unless stated otherwise, percentages use the number of respondents to the relevant question as the denominator. Countries without recommendations were not required to answer some questions, and question-level response counts therefore vary.

Results

Twenty-seven of 30 EU/EEA countries responded by the survey closure date. Three countries did not respond to the survey: Bulgaria, Greece and Hungary.

National vaccination recommendations and programme objectives

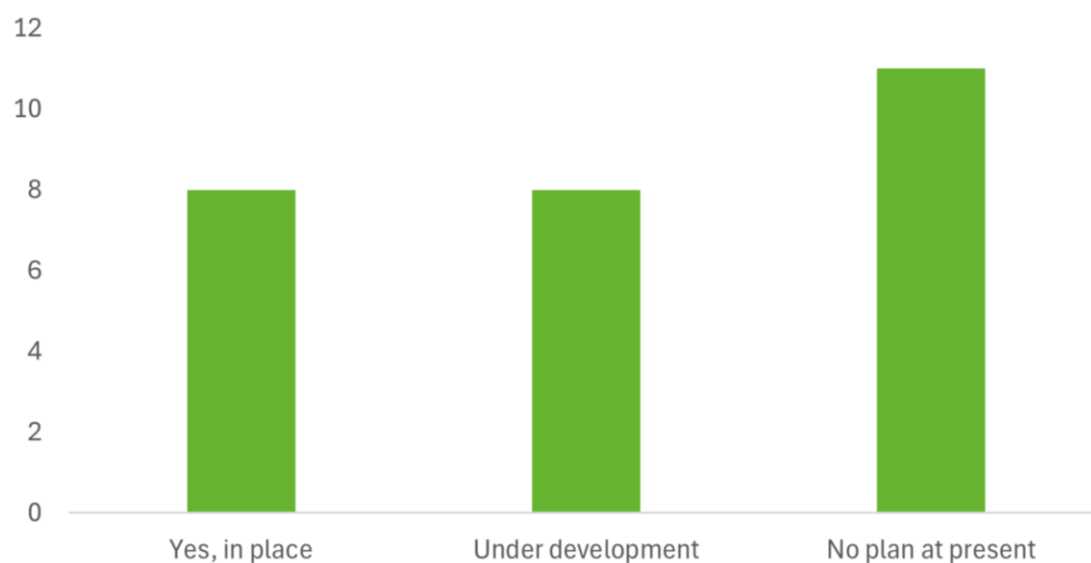
Of the 27 responding countries, eight (30%) reported that national vaccination recommendations and guidance were in place and eight (30%) reported that recommendations were under development. Eleven countries (41%) reported no plans for national vaccination recommendations at the time of the survey (Figure 1 and 2).

Among the 16 countries with recommendations in place or under development, the following five countries provided links to published guidance: Austria, Finland, France, Lithuania and Portugal (please see the section on references below). The recommendations mainly focused on identifying groups at higher risk of exposure to zoonotic influenza and relevant exposure scenarios.

Figure 1. EU/EEA countries with existing or planned national A(H5) vaccination recommendations

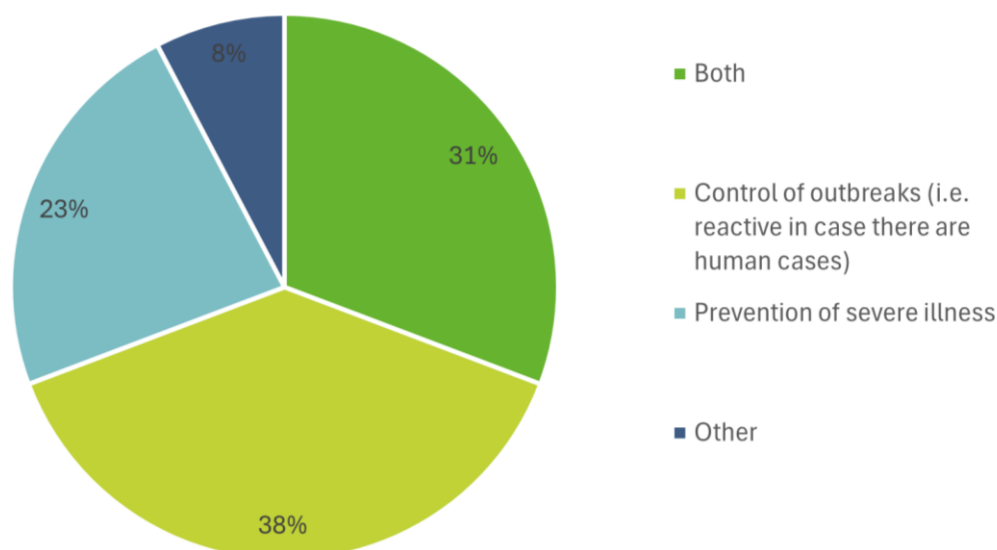


Figure 2. Status of national recommendations for vaccination against zoonotic influenza A(H5), EU/EEA, May 2026



Fifteen of the 16 countries with recommendations in place answered the question on programme objectives (Figure 3). Control of outbreaks was reported by 38%, prevention of severe illness by 23%, both objectives were reported by 31%, and an 'other' objective was reported by 8%. The 'other' stated objective was to reduce the risk of infection among individuals at high risk of exposure.

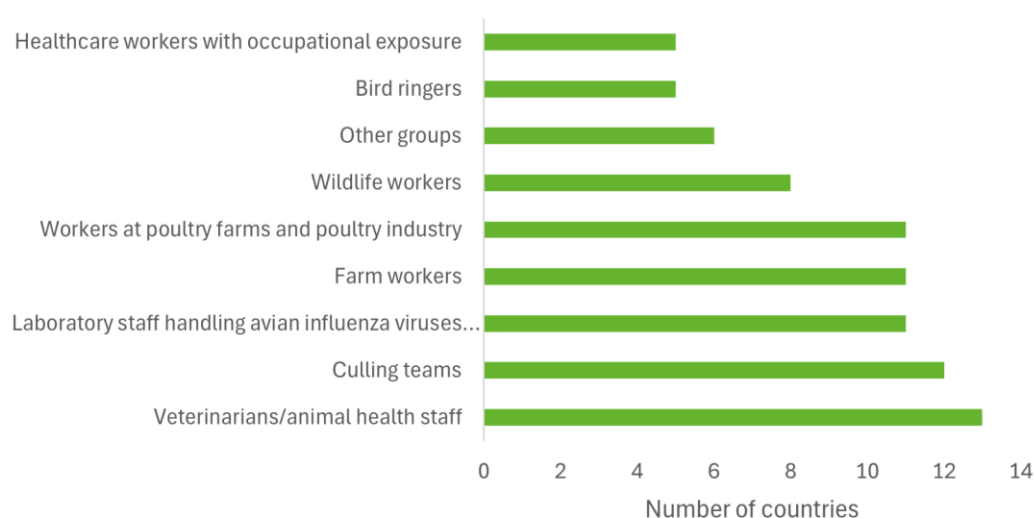
Figure 3. Reported objectives of national A(H5) vaccination programmes



Priority groups

Among 16 countries with national recommendations in place or under development, 14 provided information on priority groups for vaccination (Figure 4). Veterinarians or other animal-health staff and culling teams were identified most frequently, followed by laboratory staff handling avian influenza viruses, farm workers, and workers in poultry farms or the poultry industry. Wildlife workers, bird ringers, occupationally exposed healthcare workers and other groups were identified less often. In all countries, apart from Spain, recommendations applied to all individuals within the eligible occupational groups, rather than being restricted to those with pre-existing conditions associated with a higher risk of severe illness.

Figure 4. Priority groups identified in national vaccination recommendations



Implementation status of vaccination programmes and groups offered vaccination

As of 29 May 2026, implementation of A(H5) vaccination remains limited across EU/EEA countries (Figure 5 and 6). Across all 27 respondents, 19 (70%) had not implemented vaccination campaigns, five (19%) had vaccination campaigns in place and three (11%) planned implementation within one year (Figure 3). The five countries that reported that vaccination had commenced in the previous two years are Austria, Finland, Lithuania, the Netherlands and Portugal. In the Netherlands, vaccination had only been offered to laboratory personnel. Norway, Spain and Croatia reported plans to implement A(H5) vaccination campaigns within a year.

Figure 5. A(H5) vaccination implementation status in EU/EEA as of May 2026

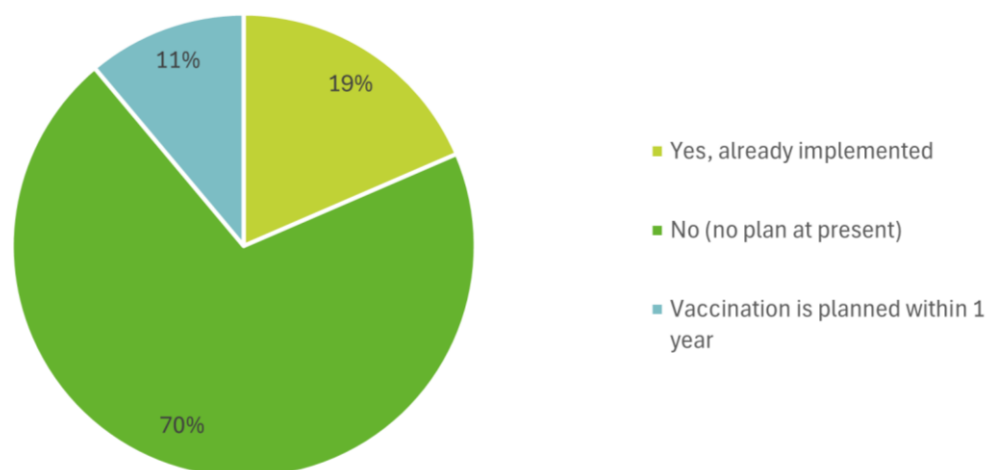
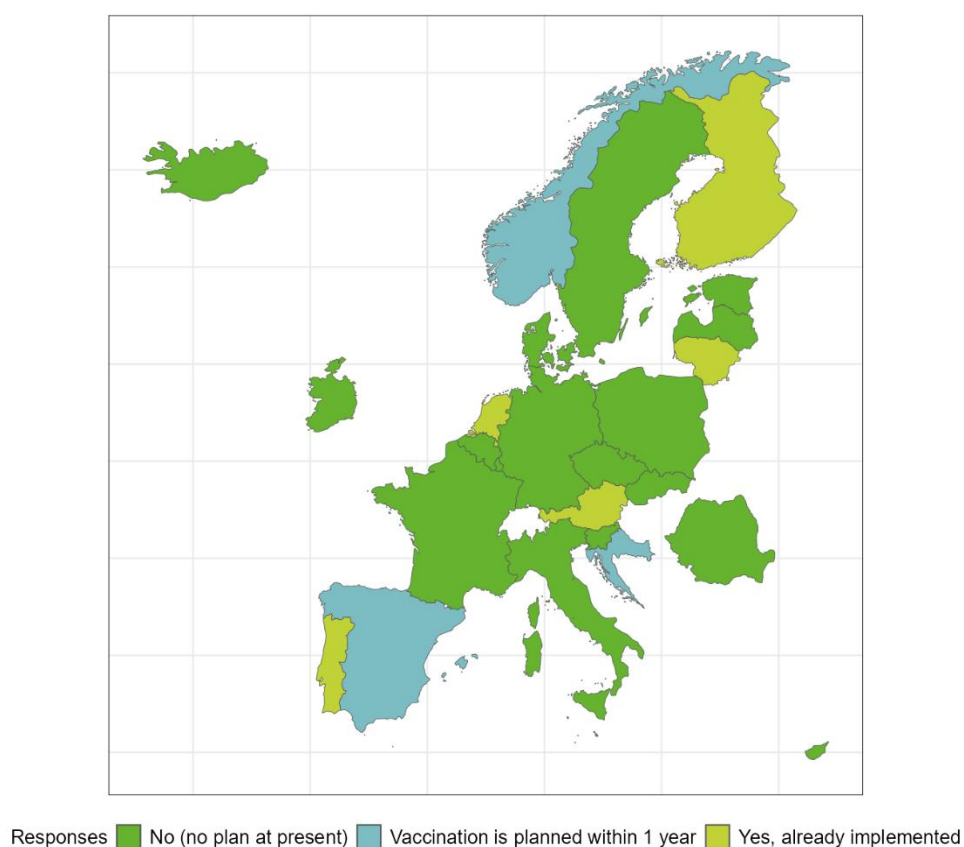
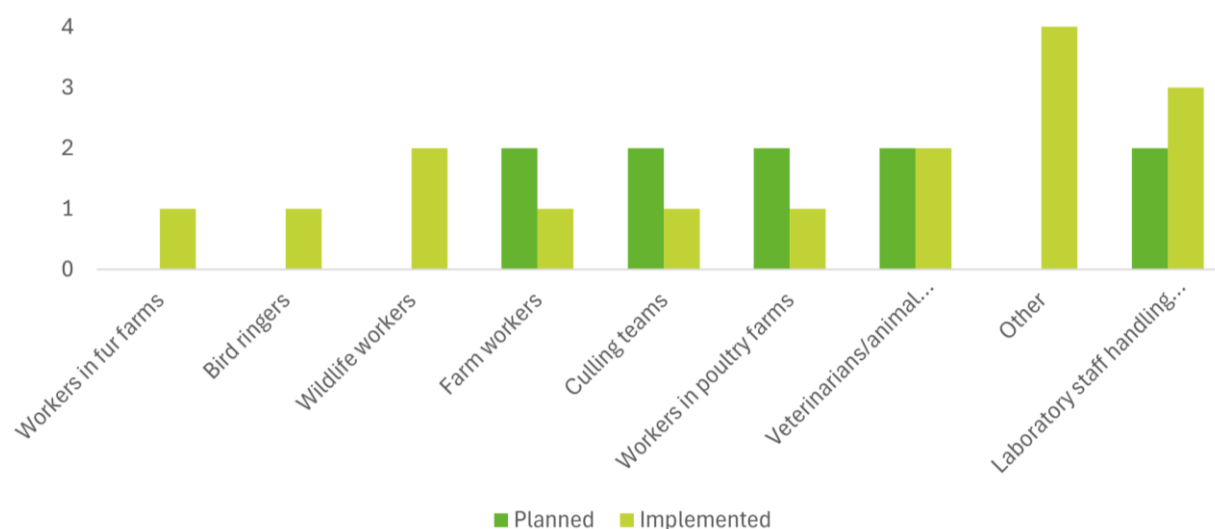


Figure 6. EU/EEA according to implementation status of vaccination against zoonotic influenza A(H5), May 2026



All eight countries that had implemented vaccination campaigns or who planned to do so answered the question on groups that had been or would be offered vaccination (Figure 7). Laboratory staff were the group most frequently cited. Other eligible groups included workers in poultry farms, culling teams, veterinarians or veterinary staff, workers in the poultry industry, wildlife workers, bird ringers and rapid-response or front-line animal health teams.

Figure 7. Groups offered or planned to be offered A(H5N1) vaccination



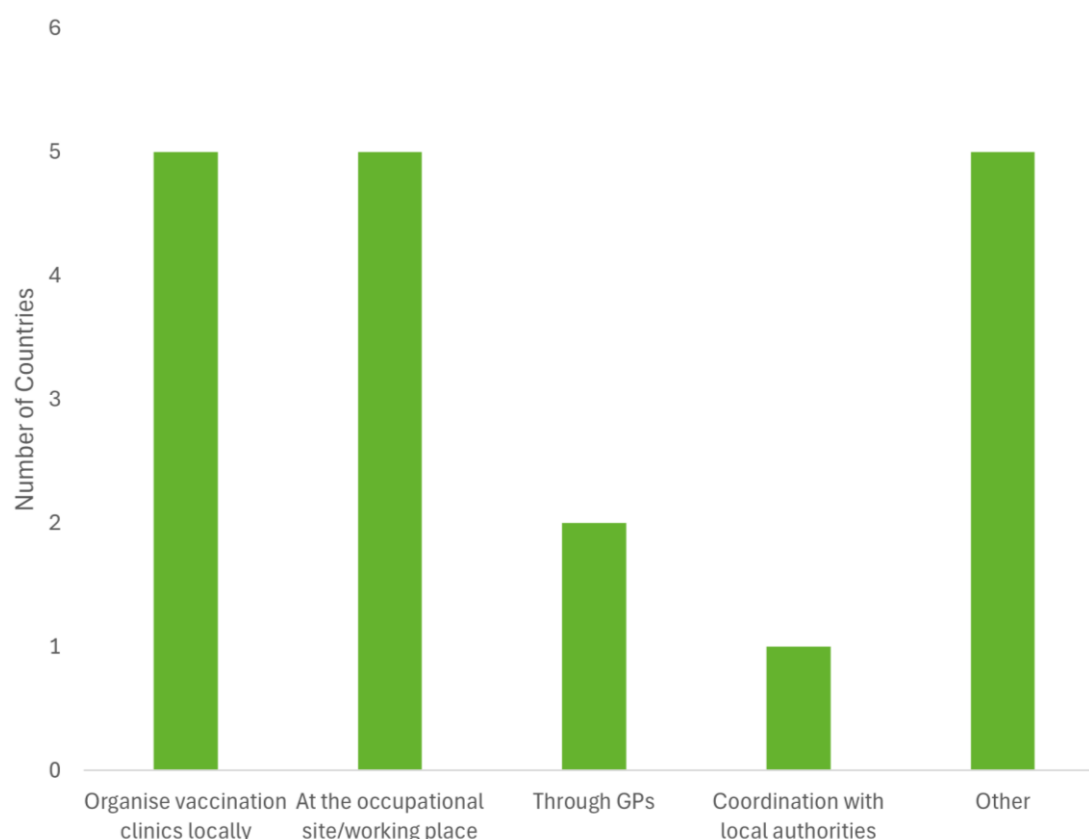
Communication and vaccine delivery

Communication and delivery arrangements were less consistent. Among the five countries that had implemented vaccination campaigns, two reported coordinating with national institutions and providing frequently asked questions to support vaccine acceptance, while one was in the process of developing a research-informed communication strategy (Table 1). The most commonly reported delivery approaches were local vaccination clinics and vaccination at the workplace. Other approaches included using existing infrastructure, delegating delivery to local authorities and relying on established emergency procedures. Overall, countries showed broad agreement on the groups to be prioritised, but greater variation in how vaccination should be communicated about and delivered.

Table 1. Communication activities reported by countries that had implemented vaccination

Communication activity	Number of countries reporting
Coordination with national institutions	2
Frequently asked questions	2
Targeted communication to eligible populations	1
Online publication	1
Immunological follow-up	1
Research-informed strategy	1

Thirteen of the 16 countries with recommendations in place answered the question on vaccine delivery in the event of an outbreak (Figure 8). Five countries reported organising vaccination clinics locally, delivering vaccination at the occupational site or workplace, and other approaches. Delivery through general practitioners was reported by two countries and coordination with local authorities by one. Other comments referred to existing infrastructure, delegation to local authorities, established emergency procedures, government decisions and the observation that vaccination was not recommended as post-exposure vaccination.

Figure 8. Planned approaches to delivery of A(H5N1) vaccination to eligible groups

Monitoring of vaccination uptake

Eleven of 15 countries reported on plans to monitor vaccination uptake. Twelve countries are monitoring or planning to monitor uptake, ten of which will do so through immunisation registries. Among the five countries that had implemented vaccination, three reported using an immunisation registries and two reported other, unspecified approaches. Four countries reported no plans to monitor uptake.

Reported vaccination uptake and implementation challenges

Among countries with recommendations in place or under development, most planned to monitor vaccination uptake, primarily through national immunisation registries. Nevertheless, uptake information was available from only a small number of countries that had implemented H5 vaccination and was reported using different measures, which limited comparability.

Uptake was generally low among non-laboratory groups, including farm workers, culling teams, veterinarians, wildlife workers, poultry-farm workers and fur-farm workers. Higher uptake was reported mainly among laboratory staff in two countries (Finland and the Netherlands).

Uptake data were available for only a small number of countries and were reported using different measures, making comparisons difficult (Table 2). Finland reported very low uptake among farm workers and culling teams; low uptake among veterinarians, wildlife workers and poultry-farm workers; medium uptake among bird ringers; high uptake among laboratory staff; and almost no uptake among fur-farm workers. Overall uptake in Finland was considered probably low. The Netherlands reported 100% uptake among eligible laboratory staff, although vaccination was only offered to personnel in three laboratories. Lithuania reported that 12 people were vaccinated overall, while Portugal reported overall uptake of 70%. Austria indicated that uptake data were not available.

Table 2. Reported vaccination uptake in countries that had implemented A(H5) vaccination

Occupational group	Finland	Netherlands	Lithuania	Portugal	Austria
Farm workers	Very low				
Culling teams	Very low				
Veterinarians	Low			–	
Wildlife workers	Low			–	
Bird ringers	Medium				
Laboratory staff	High	100%		–	
Workers in poultry farms	Low				
Workers in fur farms	Almost none				
Total	Unknown (probably low)	100%	12 people	70%	
Comments		Vaccination offered only to 3 labs			Data not available

Country comments highlighted several implementation challenges. Finland and Lithuania described low interest despite substantial communication efforts; Lithuania reported that 12 of a planned 1 000 people in risk groups were vaccinated. Finland noted that low avian-influenza activity during rollout reduced perceived urgency. Portugal described phased, risk-based prioritisation, beginning with laboratory professionals and rapid-response teams and later extending to workers who may come into contact with sick or dead birds. The Netherlands reported moderate willingness to get vaccinated of approximately 50% of poultry farmers in a small qualitative study of seasonal influenza vaccination. Norway reported that limitations in vaccination registries prevented uptake reporting by eligible groups.

Assessment and conclusions

The survey indicates that preparedness for implementing A(H5) vaccination campaigns remains heterogeneous across the EU/EEA. While countries broadly identify similar priority occupational groups, they differ in the availability and scope of national recommendations, the stage of programme implementation, vaccine-delivery arrangements and systems for monitoring uptake. Reported uptake was generally limited outside selected laboratory settings, although the evidence was incomplete and countries used different measures; available data did not allow comparison of vaccine uptake or the effectiveness of different implementation strategies. Reported challenges were: low perceived urgency, variable delivery arrangements, limited ability to monitor uptake by group and incomplete uptake data.

In the ECDC report on 'Scenarios for pre-pandemic zoonotic influenza preparedness and response in the EU/EEA', ECDC advises countries to consider offering seasonal influenza vaccination, according to national recommendations, to people occupationally exposed to zoonotic influenza under the baseline conditions scenario, which is the scenario the EU/EEA is currently in [2]. Seasonal influenza vaccination does not protect specifically against A(H5) infection, but is part of broader preparedness efforts. ECDC considers that evidence is insufficient to support a broad recommendation for A(H5) vaccination across all EU/EEA countries and its use for occupationally exposed people is an optional complementary measure according to national recommendations [2].

In order to further strengthen preparedness efforts against zoonotic avian influenza, EU/EEA countries would benefit from clearly defined vaccination programme objectives, scenario-based triggers for initiating or expanding vaccination, feasible delivery pathways, communication tailored to occupational groups and a minimum set of indicators for monitoring uptake and reasons for non-vaccination. Preparedness plans should address both seasonal influenza vaccination for occupationally exposed groups and the possible targeted use of A(H5) vaccines, while retaining sufficient flexibility to scale up vaccination if the risk scenario changes.

References

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3. Weekly Epidemiological Record, No 51, 19 December 2025. WHO guidance on the use of licensed human influenza A(H5) vaccines for the interpandemic and emergence periods. WHO; Geneva. 2025. Available at: <https://iris.who.int/items/0691ef32-77bc-407c-8683-194989269632>

National guidance provided by respondents

Country	Link
Austria	National recommendation on avian influenza vaccination, version 2.0, 11 November 2025. https://www.sozialministerium.gv.at/dam/jcr:9981eb25-35be-41dd-a6fd-129f4bdf5ebd/Avi%C3%A4re_Influenza_Impfempfehlung_Version%202.0%20vom%2011.11.2025.pdf
Finland	National guidance provided through the Julkari repository. https://www.julkari.fi/server/api/core/bitstreams/821961ff-8b3f-46ab-8516-da90368c0c20/content
France	Haute Autorité de Santé recommendation on zoonotic influenza A(H5N1), 2025. https://www.has-sante.fr/upload/docs/application/pdf/2025-04/recommandation_grippe_zoonotique_h5n1_vf_2025-04-04_10-31-51_232.pdf
Ireland	https://www.higa.ie/sites/default/files/NIAC/Recommendations_and_Advice/2024/2024.12.20_NIAC_recommendations_re_Avian_influenza_vaccine.pdf
Lithuania	National legal act or guidance provided through the e-TAR portal. https://www.e-tar.lt/portal/lt/legalAct/02046e16c69b11efa5ddd96c482819f5
Portugal	Directorate-General of Health standard on access to the national strategic reserve of zoonotic influenza vaccine. https://www.dgs.pt/normas-orientacoes-e-informacoes/normas-e-circulares-normativas/norma-n-0042025-de-07032025-atualizada-a-21082025-vacinacao-contr-a-gripe-zoonotica--acesso-a-reserva-estrategica-nacional-de-vacina-contr-a-gripe-zoonotica.aspx

Source: ECDC survey on A(H5) vaccination against zoonotic influenza in the EU/EEA. Survey closing date: 29 May 2026.

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