Respiratory diseases statistics

Statistics Explained

Data extracted in September 2025
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Highlights

Diseases of the respiratory system accounted for 7.0% of all deaths in the EU in 2022.

In 2023, at least three quarters of all people aged 65 years or over in Denmark and Ireland had been vaccinated against influenza, the highest shares among the EU countries.

This article presents an overview of European Union (EU) statistics related to deaths from diseases of the respiratory system; it also presents information on the influenza vaccination rate.

The respiratory system is a network of organs that are responsible for breathing; the lungs are the primary organ of this system, which also includes the nasal passage, oral cavity, pharynx, larynx, trachea, bronchi and bronchioles. Diseases of the respiratory system are among the main causes of death in the EU and include conditions such as influenza , chronic obstructive pulmonary disease, pneumonia or asthma. Note that the statistics presented in this article don't cover cancer of the respiratory system (such as lung cancer), which is covered in an article on statistics on specific cancers ; diseases of the respiratory system don't include COVID-19.

This article is included in a set of statistical articles concerning specific health conditions in the EU which forms part of an online publication on Health in the European Union – facts and figures .

Deaths from diseases of the respiratory system

Diseases of the respiratory system accounted for 7.0% of all deaths in the EU in 2022

In 2022, there were around 363 500 deaths in the EU resulting from diseases of the respiratory system, equivalent to 7.0% of all deaths among residents. Table 1 shows that, in 2022, the proportion of deaths in Malta, Ireland and Denmark from respiratory diseases was considerably higher than the EU average, at 12.2%, 10.8% and 10.6%, respectively. At the other end of the range, respiratory diseases were the main cause of death for fewer than 4.0% of the population in the Baltic countries , Finland and Slovenia.

Causes of death – diseases of the respiratory system, residents, 2022

	Number of deaths	Share of all deaths			Standardised death rates				
		Total	Males	Females	Total	Males	Females	Persons aged < 65 years	Persons aged ≥ 65 years
	(number)	(%)			(per 100 000 inhabitants)				
EU	363 461	7.0	7.6	6.5	72.9	101.5	54.6	9.2	336.1
Belgium	11 616	10.1	10.5	9.6	94.2	123.5	75.8	9.4	444.5
Bulgaria	5 563	4.8	5.3	4.2	79.7	117.2	55.5	20.7	322.9
Czechia	8 513	7.1	7.6	6.5	86.6	120.9	64.5	12.0	394.5
Denmark	6 290	10.6	10.2	11.0	107.3	129.9	94.0	9.4	511.2
Germany	67 907	6.3	6.9	5.8	68.7	92.2	53.0	8.6	316.7
Estonia	625	3.6	4.7	2.7	44.5	84.9	24.6	9.0	191.1
Ireland	3 871	10.8	10.5	11.2	104.6	123.4	90.9	6.4	510.4
Greece	13 124	9.4	9.4	9.4	94.7	119.1	77.3	6.3	459.5
Spain	42 839	9.3	10.2	8.3	76.2	114.1	52.0	6.8	362.7
France	45 157	6.7	6.8	6.5	55.6	77.5	41.8	6.1	260.0
Croatia	2 641	4.6	5.3	3.9	66.4	97.5	47.3	8.2	306.9
Italy	50 557	7.0	7.8	6.3	61.8	88.5	45.6	4.1	300.2
Cyprus	585	8.0	8.2	7.8	84.5	100.7	71.4	3.2	420.0
Latvia	892	2.9	3.9	2.1	44.9	81.3	24.6	15.7	165.6
Lithuania	1 153	2.7	3.6	1.9	39.2	72.0	21.4	11.6	153.1
Luxembourg	310	7.2	8.0	6.4	61.4	87.8	45.9	4.8	294.9
Hungary	6 831	5.0	5.6	4.5	73.0	105.5	54.1	17.6	301.8
Malta	518	12.2	13.2	11.1	118.9	171.3	88.1	9.4	570.9
Netherlands	13 017	7.7	7.6	7.8	76.1	90.2	68.1	7.4	359.7
Austria	4 854	5.3	5.6	5.0	52.5	68.1	42.1	5.4	246.9
Poland	30 099	6.7	7.1	6.3	88.9	130.1	64.6	15.2	393.3
Portugal	12 121	9.7	10.1	9.4	90.0	125.5	67.4	7.8	429.0
Romania	20 149	7.5	8.6	6.2	113.1	168.9	75.6	31.6	449.5
Slovenia	694	3.1	3.2	3.1	31.5	44.1	24.6	1.5	155.4
Slovakia	5 393	9.1	9.5	8.7	128.8	182.7	97.2	19.3	580.9
Finland	1 941	3.1	3.9	2.2	29.9	46.3	18.8	3.2	140.3
Sweden	6 201	6.6	6.5	6.7	55.8	66.5	49.4	4.0	269.9
Iceland	241	9.1	7.7	10.5	87.6	84.0	89.9	5.1	427.8
Liechtenstein	21	7.6	7.8	7.5	57.6	59.9	53.3	2.7	284.3
Norway	4 408	9.7	9.4	10.1	88.2	104.3	78.9	5.1	431.3
Switzerland	4 541	6.1	6.5	5.7	50.0	65.3	39.9	4.0	240.0
Serbia	6 584	6.0	6.8	5.3	99.8	134.4	75.2	16.3	444.7
Türkiye (1)	68 870	13.8	14.2	13.3	190.4	260.5	145.0	18.2	901.6

(1) Definition differs for standardised death rates (other than for persons aged < 65 years).

Source: Eurostat (online data codes: hlth_cd_aro and hlth_cd_asdr2)

eurostat

Table 1: Causes of death – diseases of the respiratory system, residents, 2022 Source: Eurostat (hlth_cd_aro) and (hlth_cd_asdr2)

Across the EU, a higher proportion of deaths of males than deaths of females were from diseases of the respiratory system (7.6% compared with 6.5%) in 2022. This situation was repeated in most of the EU countries. The difference was most pronounced in Romania (where the gender gap was 2.4 percentage points (pp), with a higher share among males than females), Malta (where the gap was 2.1 pp), and Estonia (2.0 pp) and Spain (1.9 pp). While the shares for males and females were approximately the same in Greece, a higher proportion of deaths among females (rather than males) were attributed to diseases of the respiratory system in Sweden, the Netherlands (both 0.2 pp), Ireland (0.7 pp), and in Denmark, where share of deaths from respiratory diseases was 0.8 pp higher for females than for males.

Standardised death rates for respiratory diseases were higher for males than for females

The EU's standardised death rate for diseases of the respiratory system was 72.9 deaths per 100 000 inhabitants in 2022; the death rate for males (101.5 deaths per 100 000 male inhabitants) was almost twice as high as that for females (54.6 deaths per 100 000 female inhabitants). Standardised death rates for males were higher than those for females in 2022 across all EU countries. The gender difference may, at least in part, be attributed to different smoking habits between the sexes or to occupational risks. Standardised death rates from respiratory diseases for males were 3.3 or 3.4 times as high as than those for females in all 3 Baltic countries, while elsewhere they were between 1.3 and 2.5 times as high; the narrowest gender gaps in relative terms were recorded in the Netherlands and Sweden, where the rates for males were 1.3 times as high as for females.

Table 1 shows that standardised death rates for diseases of the respiratory system were particularly concentrated among older people (336.1 deaths per 100 000 inhabitants aged 65 year or over). The EU's standardised death rate for respiratory diseases among older people was 37 times as high as the standardised death rate for people

aged less than 65 years (9.2 deaths per 100 000 inhabitants under 65). This was considerably higher than the same ratio for all causes of death, where the standardised death rate for the older age group was 22 times as high as that for the younger age group.

A more detailed analysis of causes of death for diseases of the respiratory system is presented in Table 2. It shows that the main causes of death among respiratory diseases were lower respiratory diseases (chronic or other) and pneumonia, while standardised death rates for asthma and for influenza were considerably lower (see the Data sources section for information on influenza mortality in 2021 and 2022).

Standardised death rates – diseases of the respiratory system, residents, 2022
(per 100 000 male/female inhabitants)

	Influenza		Pneumonia		Chronic lower respiratory diseases		Asthma and status asthmaticus		Other lower respiratory diseases		Other diseases of the respiratory system	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
EU	1.8	1.4	32.5	17.5	39.2	20.6	0.9	1.3	38.2	19.3	28.1	15.2
Belgium	3.3	2.9	40.5	23.9	46.3	29.4	0.7	1.1	45.7	28.3	33.4	19.6
Bulgaria	0.4	0.3	55.5	26.3	28.6	11.0	0.5	0.4	28.1	10.6	32.6	18.0
Czechia	1.5	1.7	57.4	30.1	47.5	25.4	1.8	2.6	45.7	22.8	14.6	7.4
Denmark	2.8	2.0	41.8	21.6	68.0	60.2	1.6	1.7	66.4	58.5	17.3	10.2
Germany	2.1	1.5	24.5	12.1	47.0	31.2	1.0	1.3	46.0	29.9	18.7	8.3
Estonia	3.0	1.8	34.3	12.9	35.7	7.8	1.8	1.6	33.9	6.2	11.8	2.2
Ireland	1.6	1.4	26.6	22.1	54.0	44.2	1.9	2.8	52.1	41.4	41.3	23.2
Greece	0.4	0.3	10.4	6.4	32.3	16.2	0.3	0.4	32.0	15.9	76.0	54.5
Spain	2.2	1.5	22.3	11.0	40.6	11.0	0.7	2.0	39.9	9.0	49.0	28.5
France	3.0	2.3	23.0	12.7	21.4	10.5	0.8	1.1	20.6	9.4	30.1	16.3
Croatia	0.5	0.4	31.3	18.3	61.9	26.5	1.8	1.9	60.1	24.7	3.8	2.0
Italy	0.4	0.2	22.5	12.2	40.8	19.4	0.5	0.7	40.3	18.7	24.9	13.7
Cyprus	0.0	0.2	14.8	10.1	34.7	18.5	1.6	5.6	33.1	12.9	51.2	42.7
Latvia	1.1	1.2	41.5	14.5	29.2	6.7	1.6	1.3	27.7	5.4	9.5	2.3
Lithuania	0.4	0.5	29.6	12.3	35.3	6.3	1.0	1.3	34.3	5.0	6.7	2.3
Luxembourg	1.5	1.6	23.3	10.5	45.9	24.4	0.0	0.3	45.9	24.1	17.1	9.4
Hungary	0.2	0.1	19.6	9.6	75.1	38.8	1.2	1.6	73.8	37.1	10.6	5.6
Malta	0.5	0.4	51.9	33.0	56.9	12.5	0.8	1.6	56.1	10.9	62.0	42.3
Netherlands	3.5	3.6	28.9	18.2	42.1	37.7	0.7	1.0	41.4	36.7	15.8	8.6
Austria	4.0	3.5	12.3	7.8	42.3	26.6	0.8	1.2	41.5	25.5	9.5	4.2
Poland	0.3	0.3	85.3	43.5	27.7	12.4	1.8	1.6	26.0	10.8	16.8	8.4
Portugal	2.3	1.8	48.0	24.5	31.7	11.6	0.8	1.5	30.9	10.1	43.5	29.5
Romania	0.2	0.1	94.3	45.3	48.5	16.7	1.8	1.4	46.7	15.3	26.0	13.5
Slovenia	0.4	0.5	17.0	11.9	20.8	9.4	0.9	1.1	19.9	8.3	5.9	2.7
Slovakia	0.1	0.1	143.7	79.3	26.4	10.3	1.2	1.4	25.1	8.9	12.6	7.5
Finland	1.1	0.9	1.4	0.4	31.7	13.4	0.7	1.0	31.1	12.4	12.1	4.1
Sweden	2.0	1.6	19.2	10.2	27.5	29.0	0.8	1.1	26.7	27.9	17.8	8.6
Iceland	6.3	1.3	36.1	18.9	33.3	60.3	1.1	0.6	32.3	59.7	8.4	9.5
Liechtenstein	0.0	4.6	33.6	11.3	5.2	27.7	0.0	0.0	5.2	27.7	21.2	9.7
Norway	4.0	3.2	29.6	18.8	52.6	47.1	1.6	1.6	51.0	45.5	18.1	9.8
Switzerland	1.5	1.3	19.1	11.5	28.1	19.2	0.5	0.9	27.6	18.3	16.6	7.9
Serbia	0.2	0.2	61.4	33.2	48.4	26.6	5.5	4.1	42.9	22.6	24.4	15.2
Türkiye (')	0.0	0.0	138.0	87.4	92.9	38.7	3.0	5.1	89.9	33.7	29.6	18.8

(') Definition differs.
Source: Eurostat (online data code: hlth_cd_asdr2)

eurostat

Table 2: Standardised death rates – diseases of the respiratory system, residents, 2022 Source: Eurostat (hlth_cd_asdr2)

In 2022, the highest standardised death rates for chronic lower respiratory diseases among the EU countries were recorded in Hungary for males (75.1 deaths per 100 000 male inhabitants) and in Denmark for females (60.2 per 100 000 female inhabitants). The lowest rates were recorded in Slovenia for males (20.8 per 100 000 male inhabitants) and Lithuania for females (6.3 per 100 000 female inhabitants).

In 2022, the highest rates for pneumonia were registered in Slovakia for both sexes (143.7 deaths per 100 000 male inhabitants and 79.3 per 100 000 female inhabitants) and Romania (94.3 per 100 000 male inhabitants and 45.3 per 100 000 female inhabitants). The lowest rates were recorded in Finland (1.4 per 100 000 male inhabitants and 0.4 per 100 000 female inhabitants).

In 2022, Austria had the highest standardised death rate for influenza for males (4.0 deaths per 100 000 male inhabitants), while the Netherlands had the highest rate for females (3.6 deaths per 100 000 female inhabitants).

Cyprus reported 0.0 deaths[1] among males per 100 000 male inhabitants from influenza (see the Data sources section for information on influenza mortality in 2021 and 2022), while the lowest rates for females were in Romania, Hungary and Slovakia (all 0.1 deaths per 100 000 female inhabitants).

Among the diseases with much lower mortality rates, Ireland recorded the highest standardised death rate in 2022 for asthma and status asthmaticus (also known as acute severe asthma) for males (1.9 deaths per 100 000 male inhabitants) and Cyprus the highest death rate for females (5.6 per 100 000 female inhabitants). Luxembourg recorded the lowest rates (0.0 per 100 000 male inhabitants and 0.3 per 100 000 female inhabitants)[2].

The standardised death rate for asthma was higher among females

With the exception of asthma and status asthmaticus, EU standardised death rates in 2022 for males were higher than those for females for each of the causes of death presented in Table 2. The EU standardised death rate for asthma and status asthmaticus was 1.4 times higher for females (1.3 deaths per 100 000 female inhabitants) than the corresponding rate for males (0.9 deaths per 100 000 male inhabitants).

For asthma and status asthmaticus, the rates in 2022 for females were higher than the rates for males for 22 of the EU countries. Aside from Luxembourg (where the rate for males was 0.0 deaths per 100 000 male inhabitants and so the relative difference between the female and male rate can't be calculated), this difference between the sexes was largest in Cyprus, where the female standardised death rate for asthma and status asthmaticus was 3.5 times as high as that recorded for males. Large relative differences were also observed in Spain, Portugal and Malta, where the female death rate was at least 1.9 times as high as the male rate. Among the 5 EU countries where the death rate for asthma and status asthmaticus was higher for males than for females, the largest relative difference was in Romania (1.3 times as high as among males).

For the other causes of death presented in Table 2, the rates for females were rarely higher than those for males. The exceptions were in Czechia, Cyprus, Latvia, Lithuania, Luxembourg, the Netherlands, Slovenia and Slovakia for influenza and in Sweden for lower respiratory diseases (both chronic and other).

Preventive care – vaccination

At least three quarters of people aged 65 years or over in Denmark and Ireland were vaccinated against influenza in 2023

Vaccination is an effective measure of preventative care which can reduce the number of deaths and some of the costs associated with influenza epidemics (see the article on influenza statistics for more information). EU countries have a range of different policies with respect to making influenza vaccines available to the general public. Often these vaccines are targeted at older age groups or other at-risk groups.

Figure 1 shows the rate of vaccinations against influenza among people aged 65 years or over; there are considerable differences between EU countries. In 2023, at least three quarters of people aged 65 years or over in Denmark and Ireland had been vaccinated against influenza. By contrast, fewer than 10% of people aged 65 years or over were vaccinated against influenza in Poland.

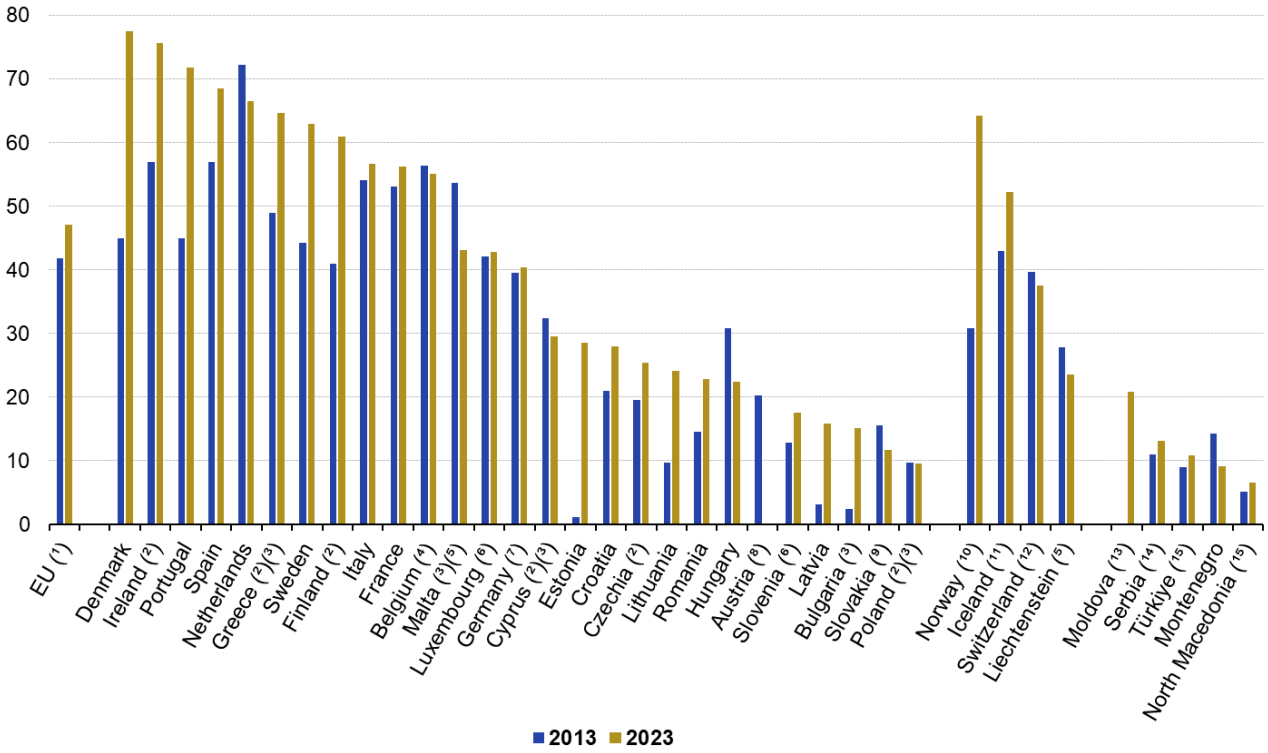
In 19 of the EU countries for which data are presented (see Figure 1 for more information on the coverage), the share of the elderly vaccinated against influenza was higher in 2023 than in 2013. The proportion of the population aged 65 years or over that was vaccinated against influenza was at least 20.0 percentage points higher in 2023

[1] Eurostat uses confidentiality rules when there are very few deaths in a group, to ensure that disseminated data are confidential. These data are noted with ':' and a 'c' indicator. Consequently, when expressed as standardised death rates, certain causes of death are reported as 0.0 per 100,000 people, even if there are a few cases, to ensure individuals can't be identified.

[2] Eurostat uses confidentiality rules when there are very few deaths in a group, to ensure that disseminated data are confidential. These data are noted with ':' and a 'c' indicator. Consequently, when expressed as standardised death rates, certain causes of death are reported as 0.0 per 100,000 people, even if there are a few cases, to ensure individuals can't be identified.

than in 2013 in Denmark, Estonia, Portugal and Finland (break in series). By contrast, the share of people aged 65 years or over that was vaccinated fell 10.6 percentage points in Malta (2014 to 2023).
In the remaining 6 countries that reported a fall in the vaccination rate, this decline was less than 9 percentage points.

Influenza vaccination rate, people aged 65 years or over, 2013 and 2023
(%)



Note: the rate shown is the proportion of people aged 65 years or over having been immunised against influenza during the 12 months prior to the survey.
(1) 2023: estimate. 2014 instead of 2013.
(2) Break in series.
(3) 2014 instead of 2013.
(4) Excluding people residing in nursing homes or homes for elderly people.
(5) Estimates.
(6) 2023: provisional.
(7) Vaccinations of privately insured people are not included; people aged 60 years or over.
(8) 2014 instead of 2013. 2023: not available.
(9) People aged 59 years or over.
(10) 2013: estimate. Break in series.
(11) 2015 instead of 2013. 2015: people aged 60 years or over. Number of people vaccinated during the 4th quarter of the reference year and the 1st quarter of the following year as a percentage of the population on 1 January of the year after the reference year.
(12) 2012 instead of 2013. 2022 instead of 2023.
(13) 2013: not available.
(14) Only includes data from institutions under the Ministry of Health. Excludes the private health sector.
(15) 2014 instead of 2013. 2022 instead of 2023.
Source: Eurostat (online data code: hlth_ps_immu)

eurostat

Figure 1: Influenza vaccination rate, people aged 65 years or over, 2013 and 2023 Source: Eurostat (hlth_ps_immu)

Source data for tables and graphs

- Respiratory diseases: tables and figures

Data sources

Key concepts The number of deaths from a particular cause of death can be expressed relative to the size of the population. A standardised (rather than crude) death rate can be compiled which is independent of the age and sex structure of a population: this is done as most causes of death vary significantly by age and according to sex and the standardisation facilitates comparisons of rates over time and between countries.

Healthcare resources and activities This article presents data on influenza vaccinations, largely derived from administrative sources that are linked to vaccination programmes (see further information in the background article on the methodology of healthcare non-expenditure statistics).

For country-specific notes, please refer to the annexes at the end of the national metadata reports, which can be accessed through the links at the beginning of the European metadata report .

The Healthcare non-expenditure statistics manual provides an overview of the classifications, both for mandatory variables and variables provided on a voluntary basis.

Causes of death

Statistics on causes of death provide information on mortality patterns, supplying information on developments over time in the underlying causes of death. This source is documented in more detail in a background article on the methodology of causes of death statistics . This provides information on the scope of the data, its legal basis, the methodology employed, as well as related concepts and definitions.

Causes of death are classified according to the 86 causes in the European shortlist , which is based on the International Statistical Classification of Diseases and Related Health Problems (ICD) . Chapter X of the ICD covers diseases of the respiratory system

- J00 to J06 acute upper respiratory infections
- J09 to J18 influenza and pneumonia
- J20 to J22 other acute lower respiratory infections
- J30 to J39 other diseases of upper respiratory tract
- J40 to J47 chronic lower respiratory diseases
- J60 to J70 lung diseases due to external agents
- J80 to J84 other respiratory diseases principally affecting the interstitium
- J85 to J86 suppurative and necrotic conditions of lower respiratory tract
- J90 to J94 other diseases of pleura
- J95 to J99 other diseases of the respiratory system.

The significant decrease in influenza deaths in 2021 and increase in 2022 could be attributed, at least in part, to a combination of public health measures in 2021, such as enhanced vaccination strategies, social distancing, mask mandates and enhanced hygiene practices enacted to tackle the COVID-19 pandemic. It should also be taken into account that at the beginning of the pandemic, WHO guidelines recommended the use of ICD-10 codes for COVID-19 for all deaths from clinically compatible illnesses and where COVID-19 contributed to the death; this may play a part in the underreporting of influenza deaths.

Context

There are many factors that can affect the health of a person's respiratory system. Most of these are linked to lifestyle or environmental factors, such as smoking or pollution. Indeed, smoking tobacco is the main cause of lung disease in Europe (note that the data presented in this article don't cover cancer; for further information, see an article on specific cancers), while it is also considered to be a major contributory factor to the incidence of chronic obstructive pulmonary disease (COPD) and the development of asthma in children and adults; furthermore, respiratory diseases also occur among people who are subject to passive smoking. EU countries have taken

various tobacco control measures in the form of legislation, recommendations and information campaigns in an attempt to reduce the number of smokers. From a public health perspective, these measures aim to protect citizens from the hazardous effects of smoking and other forms of tobacco consumption.

Air pollution is a major respiratory health issue: activities involving the burning of fossil fuels, such as some industrial activities, power generation, vehicle emissions and household heating/cooking, as well as natural phenomena (such as volcanic eruptions or dust storms) have the potential to cause respiratory diseases. Most sources of outdoor air pollution are beyond the control of individuals and require action by urban, national or international policymakers. Societies that reduce air pollution are likely to benefit from a reduced burden from heart disease, lung cancer, chronic and acute respiratory diseases (including asthma). In urban areas, policies that can potentially alleviate air pollution include support for cleaner transport (including the introduction of low emission zones), energy-efficient housing, or better municipal waste management, while in rural areas air pollution may be alleviated by reducing agricultural waste incineration, forest fires and certain agro-forestry activities.

Indoor air pollution is also generated by a variety of sources, including human activity (smoking, fuel used for heating or cooking, the use of cleaning materials), pets, plants, dust or damp, and may be exacerbated by poor ventilation.

Influenza is an annual, seasonal infectious disease caused by the influenza virus; it affects Europe in the winter. The majority of people who die from influenza are aged 65 years or over and face complications based on chronic diseases such as cardiovascular diseases or chronic lung diseases. During an influenza epidemic, there may be significant costs for health services (associated with caring for those who fall sick) and for businesses in general (lost production because of time taken off work).

Chronic respiratory diseases are included as 1 of the 5 main strands covered by the European Commission's *Healthier together – EU non-communicable diseases (NCD) initiative* . The initiative was launched in December 2021 and aims to support EU countries in identifying and implementing effective policies and actions to reduce the burden of major NCDs and improve citizens' health and well-being.

Explore further

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- Health (t_hlth), see

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Death due to pneumonia, by sex (tps00128)

Methodology

Manuals and guidelines

- Healthcare non-expenditure statistics manual and guidelines for completing the Joint questionnaire on non-monetary healthcare statistics – 2025 edition

Metadata

- Causes of death (SIMS metadata file – hlth_cdeath_sims)

- Health care resources (ESMS metadata file – hlth_res_esms)

External links

- European Commission – Public health , see
  - European Commission – European core health indicators (ECHI)
  - European Commission – Influenza
  - European Commission – Non-communicable diseases
- International Respiratory Coalition – Lung facts
- OECD / European Commission report 'Health at a Glance'
- OECD – The future of health systems
- World Health Organization (WHO) , see
  - WHO – Global Health Observatory (GHO) – Global health estimates: life expectancy and leading causes of death and disability
  - WHO – Chronic respiratory diseases
  - WHO – Health system governance