

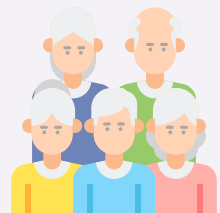
Influenza hospitalizations among working age adults (18-64 years) and the potential benefit of recombinant vaccines: USA, 2012-13 through 2022-23

Microbiol Infect Dis AMJ. 2024;2(Advertisement):10-11.
<https://doi.org/10.33590/microbiolinfectedisam/advertisement/UMWN2191>

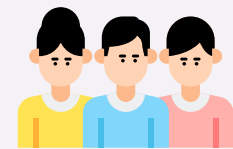
1 Suboptimal vaccination rates among working age adults (18-64 years) despite the universal influenza vaccine recommendation

Influenza vaccination rates in 2022-23¹

48% among
50-64 years

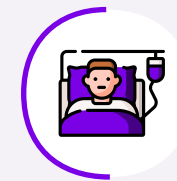


39% among
18-49 years



Adults 18-64 years of age account for >60% of the US population²

2 Substantive burden of severe influenza in working age adults (18-64 years), particularly 50-64 years and at risk* 18-49 years over the past 10 years



From **37,000** to **204,000**
influenza hospitalizations per season among 18-64 years old[†]

18-64 years contributed from **21 to 47%**
of all-age influenza hospitalization,
with higher percentages during seasons
dominated by H1N1pdm09[†]

Average annual influenza
hospitalization rates per
100,000 population

123 50-64 years[†]

82 At-risk* 18-49 years[†]

*At-risk: people having ≥1 chronic medical condition

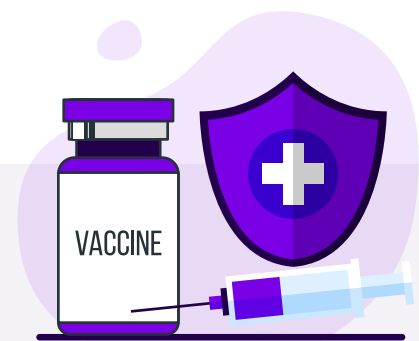
[†]Based on retrospective descriptive analysis of US CDC influenza burden data from 2012-13 through 2022-23 (excluding 2020-21 season)³

[†]Estimated influenza hospitalization applying US prevalence⁴ and relative risk⁵ among at-risk 18-49 years

3 Modeling data suggests a switch to recombinant influenza vaccine may reduce influenza hospitalizations

The full use of recombinant vaccine in adults 50-64 years and at-risk 18-49 years of age could have averted **>10,000 influenza hospitalizations** each season⁶

+47% of averted influenza hospitalizations based upon 30% relative vaccine effectiveness of recombinant vaccine compared to standard dose



Consideration of vaccination programs tailored to working age adults may support improved public health in the US

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