Influenza

Influenza viruses can cause life-threatening illness for all individuals, especially the elderly, infants and those with suppressed immune systems. These viruses are highly contagious, and circulate globally. While vaccines help prevent infection, coverage is not complete and millions still suffer from the flu annually. New vaccines must be made annually because the virus changes each year. All individuals age six months and older (without contraindications) should be vaccinated annually to combat that particular year’s flu strain. Influenza can reach epidemic proportions during the winter months. Robust funding for research is needed for scientists in their search for a universal vaccine.

On average, influenza vaccinations reduce the risk of being admitted to an ICU with flu by 82%. Researchers found that the children of mothers who received a flu vaccine during pregnancy were 81% less likely to be hospitalized for flu-related reasons in their first 6 months of life.7,8

The National Institute of Allergy and Infectious Diseases released a Universal Influenza Vaccine Strategic Plan in February of 2018. The plan focuses on research to examine transmission, natural history, and pathogenesis of the virus; to increase our understanding of influenza immunity; and to spur the development of a universal flu vaccine.9

The FDA recently approved baloxavir marboxil, the first truly novel antiviral flu treatment approved in over two decades. While other antiviral treatments help stop the flu virus from spreading within the body, baloxavir marboxil stops the flu virus from multiplying. This treatment reduces both the duration and severity of influenza infections.10,11

While seniors accounted for 58% of influenza-related hospitalizations during the 2017-2018 flu season, there are safe and effective flu vaccines specifically designed to provide greater protection against influenza for older adults. For example, researchers found that using a high-dose trivalent influenza vaccine for seniors could significantly reduce flu-related mortality and morbidity for this population.4,12

COST

$3,990: Out-of-pocket medical costs for each child hospitalized with the flu.5

$11.2 billion: Average annual economic burden of the flu in the U.S., an estimate that includes direct medical costs, lost productivity, loss of life, and other indirect impacts.6

Strong Majority Favor Increased Federal Spending on Vaccine Research

Do you favor or oppose increased federal spending on research to improve and find new vaccines?

Source: A Research!America poll of U.S. adults conducted in partnership with Zogby Analytics in May 2018
Influenza

**Then. Now. Imagine.**

**THEN**
In the 1940s, influenza caused 10.2 deaths per 100,000 individuals.¹³

**NOW**
Current vaccines and treatments have reduced influenza death rates to only 0.9 deaths per 100,000, but millions still suffer from the flu each year.¹⁴

**IMAGINE**
A universal flu vaccine and advanced treatments that end deaths from flu.

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**Cumulative Rates of Influenza Hospitalizations per 100,000 Population**

Week ending on February 3, 2018

Week ending on February 11, 2017

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**Influenza-Like Illness (ILI) Activity at Height of Season, 2017 and 2018**

**SOURCE:** “FluView: A Weekly Influenza Surveillance Report Prepared by the Influenza Division.” CDC, 2019

*Levels reflect “intensity” of outpatient visits for flu-like symptoms, with Level 10 representing the highest number of these visits as a percentage of total outpatient visits.*

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The Albert and Mary Lasker Foundation is a founding partner in this series of fact sheets. www.laskerfoundation.org

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⁴ "Summary of the 2017-2018 Influenza Season.” CDC, 2018
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