

Influenza Weekly Tracking Report for week ending November 26, 2022

Report date: December 2, 2022

Introduction

This report is intended to bring current information to the American public on the unfolding 2022/23 flu season. As the season progresses, there is heightened public health concerns about the prevalence of influenza-like illness, in addition to respiratory syncytial virus (RSV) and COVID-19 infections.

In response to this, the IQVIA Institute for Human Data Science, drawing on IQVIA's FAN Flu/Cold/Respiratory Activity Notification Program[®] and IQVIA RxInsight, is publishing a weekly update based on these services.

If you have questions about this report, please contact us at info@IQVIAInstitute.org

Murray Aitken

Executive Director, IQVIA Institute for Human Data Science

Summary — Week ending November 26, 2022

OVERALL FLU CASES ~9X THE LEVEL OF THE SAME WEEK DURING BASELINE PERIOD*

Influenza cases continue to set historically high records even as increase levels off

Through late November, the 2022/23 flu season is continuing to show a sharp increase over the prior 10 years, and suggests an unusually high level of incidence over the course of the full season

* three year average of the 2016/17, 2017/18, 2018/19, flu seasons

- For the most recent week reported, ending November 26, the estimated level of total influenza cases in the U.S was almost nine (8.9) times the level of the corresponding week during the baseline period (three year average of the 2016/17, 2017/18, 2018/19, flu seasons)
- For the season to date (from mid-August) this year is running almost seven times (6.9) the level of the baseline period, up 587%
- This year is running almost eleven times (10.9) the level of the 2021/22 flu season which was unusually mild, up 992%
- This week shows a consistent increase in the level compared to baseline and prior years, while prior weeks have reflected a worsening of the season's trend, and reflects a plateau albeit at a historically high level
- Flu diagnoses typically peak around the end of year/early January, but significant year-to-year fluctuations occur

PEDIATRIC CASES ~11X THE LEVEL OF THE SAME WEEK DURING BASELINE PERIOD

The level of incidence in children is stabilizing at exceptionally high levels, and occurring at the same time RSV diagnoses are also increasing

- For the most recent week of November 26, the estimated total number of pediatric influenza cases in the U.S. was almost eleven (10.8) times the level of the corresponding week during the baseline period
- For the season to date, pediatric flu is almost ten times (9.9) the baseline level, up 889%, and almost sixteen times (15.8) the 2021/22 flu seasons, up 1,478%

SOME REGIONS TRENDING MUCH HIGHER — 1,490% UP IN ONE AREA

All regions of the country are reflecting higher levels of flu to date than last year, though there is significant regional variation

- The East South Central region is now trending the highest of all regions in its increase over the 2021/22 season to date, up 1,490%; while South Atlantic, West North Central, and West South Central regions also continue to trend much higher, with estimated cases running above the 2021/22 season by more than 1,100%
- New England and Mountain regions continue to show the lowest increases over last year of all regions, but still have more than double the cases of last year at 288% and 401% higher respectively

RETAIL PHARMACY VACCINATIONS RUNNING 5.8% ABOVE THE 2021/22 FLU SEASON

Flu vaccinations delivered through retail pharmacies are now running ahead of last year's level for the season to date, after running behind the 2021/22 level for most of the season

- Total retail pharmacy flu vaccinations through November 18, 2022 are running 5.8% above the 2021/22 flu season, totaling 36.6 million this season to date
- During the week of November 18, the number of flu vaccines administered through retail pharmacies totaled 2.7 million, 18.6% more than the comparable week last year but down from the seasonal high levels of 4.5 million weekly vaccines reported one month earlier and reflecting the continuation of the downward trend in weekly vaccinations
- Efforts earlier in the season to raise public awareness of the heightened level of influenza this year may have contributed to the increase in weekly vaccination levels seen in mid- to late- October



1_490%

IN EAST

SOUTH CENTRAL

SAME WEEK BASELINE PERIOD

PHARMACY VACCINATIONS **15.8%**

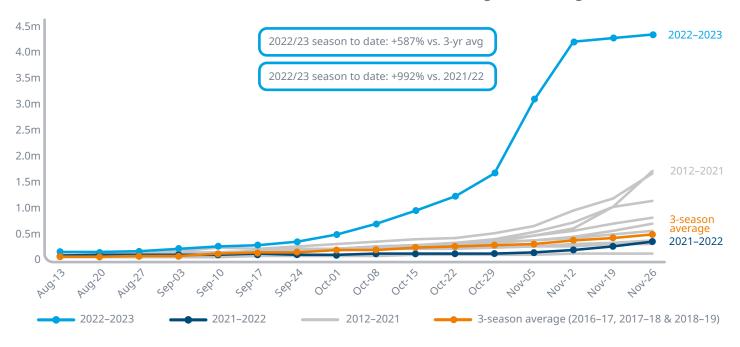
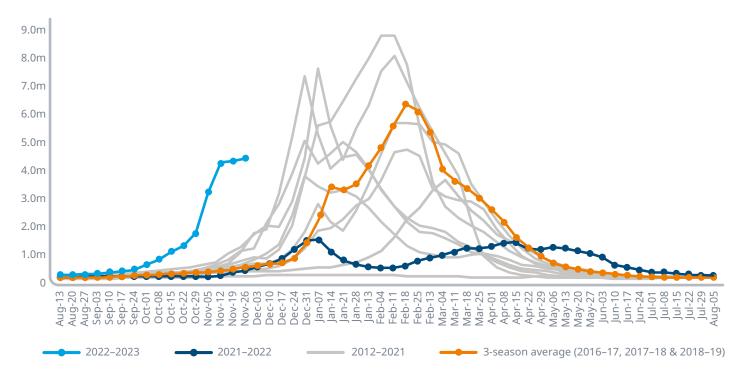


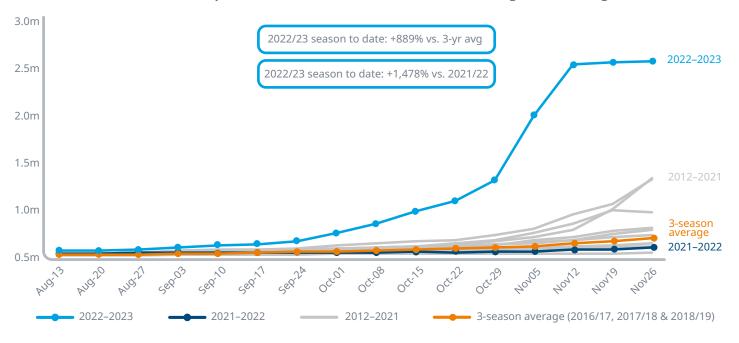
Exhibit 1: Estimated number of total U.S. influenza cases 2012–2022 through week ending November 26, 2022

Source: IQVIA Consumer Health FAN, IQVIA Institute, Nov 26, 2022.





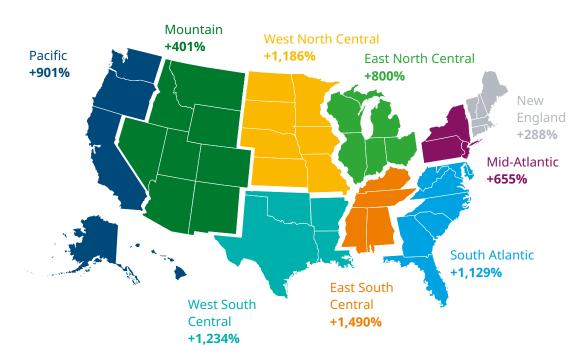
Source: IQVIA Consumer Health FAN, IQVIA Institute, Nov 26, 2022.





Source: IQVIA Consumer Health FAN, IQVIA Institute, Nov 26, 2022.

Exhibit 4: Regional increases in total U.S. influenza cases, season to date through week ending November 26, 2022



Total U.S. : +992%

Source: IQVIA Consumer Health FAN, IQVIA Institute, Nov 26, 2022.

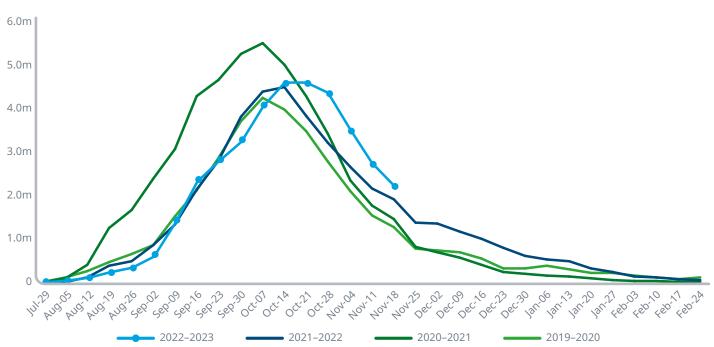


Exhibit 5: Total U.S. retail flu vaccinations 2019–22, through week ending November 18, 2022

Source: IQVIA RxInsight, IQVIA Institute, Nov 2022.

NOTES

- Baseline is defined as a three-year average of the 2016/17, 2017/18, and 2018/19 flu seasons
- The FAN program has been used for more than 35 years to predict variations in demand for related over-the-counter medications
- The modeling draws on a combination of diagnostics information from office-based medical claims, prescription claims from retail pharmacies, and deliveries of over-the-counter medications to establish estimates of diagnosed and treated populations
- The FAN model evaluates correlations of multiple sources and weights by channel before projecting to national totals of affected populations
- · Modeling and projections are updated weekly
- Flu vaccinations captured in IQVIA RxInsight are based on transactions processed through pharmacy dispensing systems in chain and independent pharmacies, food stores and mass merchants.
- This report is produced independently by the IQIVA Institute as a public service, without industry or government funding. The contributions of Beth Attiani, Scott Biggs, Jianqing Gao, Mary Kate Newell, and Chip Schaible are gratefully acknowledged

CONTACT US



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