Flunomics

Snapshot: United States

Assessing the impact of the 2024/2025 influenza season on the American people, health system and economy

Developed in collaboration with Dr Marco del Riccio, MD,
Assistant Professor, University of Florence, Italy
Specialist in Public Health and Preventive Medicine

sanofi

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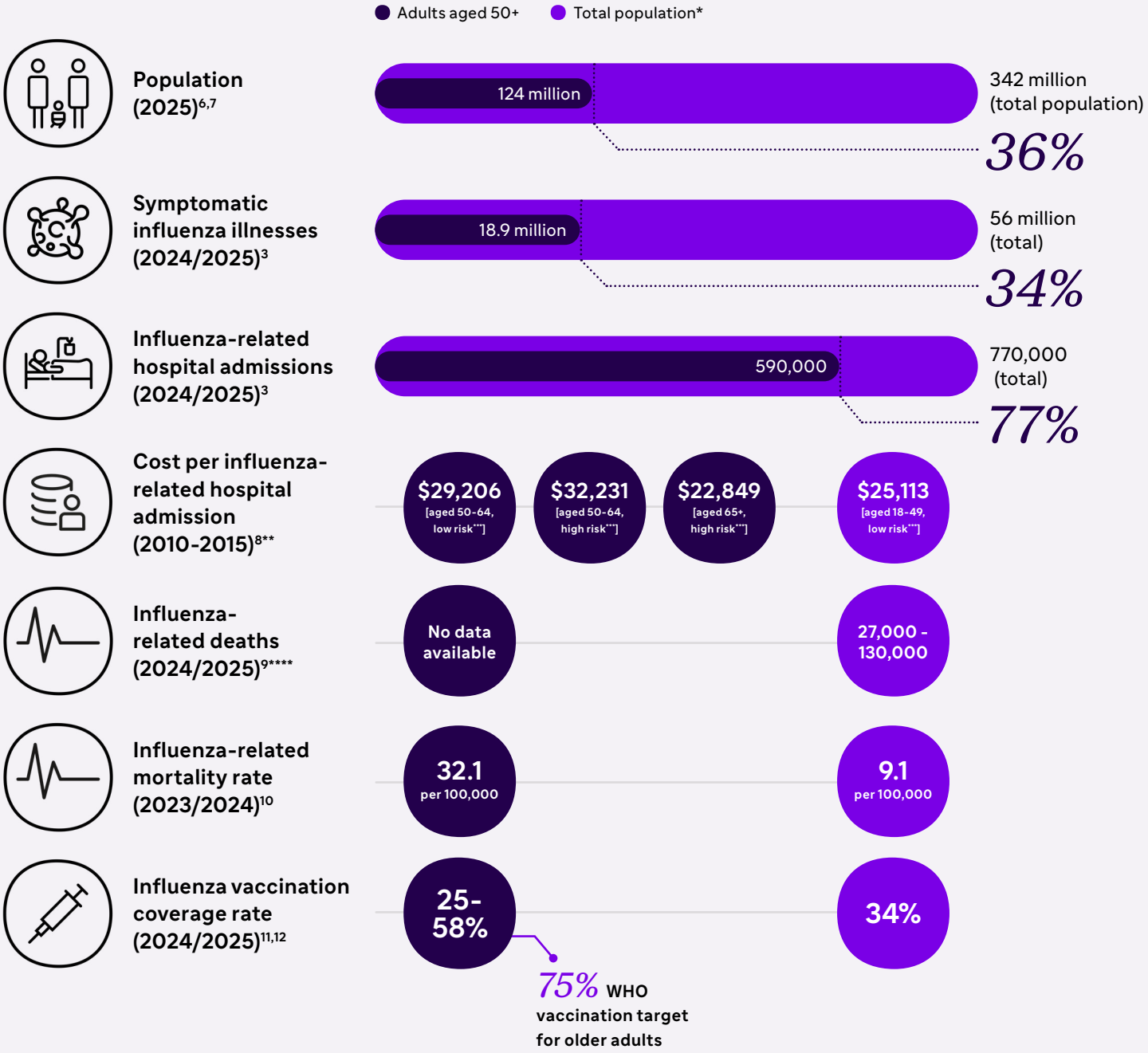
United States

Marked by *high hospitalization rates* and *significant mortality* among adults aged 50 and over, the 2024/2025 influenza season represented *one of the worst experienced in 15 years* in the United States, despite it having one of the largest and most complex healthcare systems.[1-4] Last season was classified as a high severity season overall and for all age groups (children, adults, older adults) and is the first high severity season since 2017-2018.[5]

Estimated influenza burden



*Total population values are shown for context only and are not used as a statistical comparator to the 65+ group.
**Figures originate from the 2010-2015 Marketscan database and are inflation-adjusted to US$ 2020.
***Risk status as defined by the CDC's Advisory Committee on Immunization Practices (ACIP): people at higher risk of influenza complications ("high risk") or not ("low risk").
****Figures based on preliminary CDC estimates from the 2024/25 season, as influenza surveillance does not capture all cases of influenza.[9]

Data and *Limitations*

Despite historically benefiting from a comprehensive surveillance system led by the CDC — and being one of the only countries with published 2024/2025 data — current reporting still does not capture all influenza cases.[9] In particular, this data does not take into account asymptomatic infections or those who did not seek medical care while infected, likely resulting in an underestimation of the true burden.[9] Data on symptomatic cases, hospitalizations, and deaths are based on modelled estimates, not exhaustive counts.[9] These limitations highlight the need for improved, real-time data to fully quantify the health and economic burden of influenza in older adults.

The Economic *Impact*

Understanding the economic impact of influenza is essential for designing more effective, sustainable prevention strategies, particularly in aging populations. Each hospitalization, readmission, or prolonged stay places measurable financial pressure on healthcare systems, much of which is avoidable. This section outlines how older adults disproportionately drive influenza-related costs, reinforcing the value of preventive measures not just for health outcomes, but for economic resilience.

Data from the MarketScan database show that the mean cost per influenza-related hospitalization was $29,206 for low-risk* adults aged 50–64 years and $32,231 for high-risk* adults in the same age group.35 In comparison, adults aged 18–49 years incurred a mean hospitalization cost of $25,113 per stay.[8] Among older adults, those aged 65 and older had a slightly lower mean hospitalization cost of $22,849.[8] Despite this lower per-case figure, *the overall system impact is far greater for this group due to their substantially higher hospitalization rates*.[8]

While adults aged 18–49 years were hospitalized with influenza at a rate of 6.5 per 100,000, adults aged 65 years and older were hospitalized at a rate of 755.3 per 100,000 – *more than 100 times higher*.[8]

*Risk status as defined by the ACIP: people at higher risk of influenza complications (“high risk”) or not (“low risk”).

This contrast underscores a critical dynamic: *older adults generate the majority of influenza-related hospital costs* not because their individual hospital stays are more expensive, but because they experience *vastly higher rates of severe illness requiring hospital care*.[8] As a result, *older adults contribute disproportionately to the total economic burden of influenza* in the United States, despite their lower average cost per hospitalization. To contextualize this cost further, the Centers for Disease Control and Prevention (CDC) reported that the average cost of a general inpatient stay in U.S. community hospitals was $14,101 in 2019.[13] Though it is important to note that these numbers are for a different year, this value has been used to help illustrate the difference in scale.

Hospital readmissions further compound the economic burden of influenza. Older adults, specifically those over the age of 45, accounted for 85.8% of all 30-day all-cause readmissions following an influenza-related hospitalization in 2014.[14] Although age-specific cost data were not available, the mean cost per readmission was estimated at $14,772.[14]

Influenza's economic impact also extends well beyond hospital bills. An estimated $3.2 billion dollars were spent on indirect medical costs as a result of influenza in 2015 in people over the age of 50.[15] This includes indirect costs as a result of lost earnings due to death and absences from paid employment.[15]

The 2023/2024 influenza vaccination campaign in the U.S. is estimated to have prevented nearly *9.8 million illnesses*, reflecting the broader cost avoidance potential of timely, high-coverage protection efforts.[16]

Taken together, these data highlight the outsized economic toll of influenza in older adults. Beyond individual patients, influenza exerts cascading costs on caregivers, employers, and health systems—underscoring the value of prevention not just as a public health imperative, but as a fiscal one.

Policy *Landscape*

In 2024, the U.S. FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) recommended a shift from quadrivalent to trivalent influenza vaccines, citing the continued absence of the B/Yamagata lineage since the COVID-19 pandemic.[17] The CDC's Advisory Committee on Immunization Practices (ACIP) endorsed this change ahead of the 2024/2025 season, and trivalent vaccines became standard in national recommendations.[18] While this shift is now fully implemented, it reflects how U.S. influenza policy has adapted in response to evolving viral patterns.

For the 2024/2025 season, ACIP continues to recommend that adults aged 65 and older should preferentially receive an age-appropriate vaccine.[19] An estimated 93% of influenza vaccines administered to people aged 65 and older during the 2024/2025 season were preferentially recommended formulations, signaling strong alignment between policy guidance and real-world practice.[20] Despite this, influenza vaccination coverage rate in older adults was still lower than the 75% WHO target, with only 25% of adults aged 50–64 and 58% of adults aged 65 and older having received an influenza vaccine.[11,12]

While most vaccinated older adults are receiving preferentially recommended formulations, there is no federally mandated program to ensure consistent access or uptake across all settings. Local variability in infrastructure, provider practices, and vaccine availability—particularly in under-resourced regions or facilities—may limit the reach of these recommendations. Without targeted strategies to address these systemic barriers, a significant share of high-risk adults may continue to go unprotected, despite clear national guidance.

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