

Symptom Burden of Acute Influenza Infection Among US Adults: An Interim Analysis of a Nationwide Prospective Study

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INTRODUCTION

- Influenza infection is associated with substantial health care resource utilization and medical costs in the US [1].
- Many flu patients experience respiratory symptoms, which can negatively affect their quality of life and work productivity.
- CDC classifies flu severity as high for the 2024-2025 United States flu season based on influenza-like illness, flu-related hospitalizations, and flu-coded deaths [2].
- Literature examining the patient-reported burden of symptoms associated with influenza infections is limited [3-6].

OBJECTIVE

- This study characterized the frequency and severity of acute symptoms among outpatients with test-confirmed influenza in the US during the 2024/2025 season.

METHODS

- Symptomatic US adults with positive results from rapid influenza diagnostic tests or rapid molecular assays for influenza infection at CVS Health from 10/24/2024-4/15/2025 (recruitment ongoing) (CT.gov: NCT05160636) were included.
- Self-reported socio-demographics, clinical characteristics and vaccination status were collected via an online survey at enrollment (Day 1).
- Prevalence of 12 acute symptoms were self-reported by participants at enrollment and recalled prior to infection (pre-infection period). These 12 symptoms were selected based on CDC [7], and previous literature assessing the patient symptom burden associated with influenza infection [8].
- Symptom severity was measured by patients using an FDA-based 4-point scale (0=none, 1=mild, 2=moderate, 3=severe).
- Numbers of total acute symptoms and acute symptoms measured by patients using the FDA-based scale were summarized using descriptive statistics.
- Outcomes were compared between Day 1 and pre-infection baseline using paired t-tests.

RESULTS

- Of 720 participants in this interim analysis, mean age was 42.0 (SD: 13.0), 73.8% were female, 47.1% had ≥1 comorbidity, 48.8% received influenza vaccinations within the current respiratory season, and 84.4% had self-reported antiviral use. (**Table 1**)
- At enrollment, participants had a mean of 9.2 (SD: 1.7) acute symptoms, with cough (97.5%), stuffy or runny nose (97.4%), and fatigue or tiredness (96.8%) being the most frequent. (**Figure 1**)
- Relative to pre-infection baseline, there was a significant increase in the number of acute symptoms at enrollment (+8.1; p<0.001). (**Table 2**)
- The acute symptoms most often reported by patients as moderate/severe at enrollment were fatigue or tiredness (80.1%) and stuffy or runny nose (79.9%). (**Figure 1**)
- Participants reported a mean of 7.0 (SD: 2.3) acute symptoms as moderate/severe at enrollment, which was a statistically significant increase from the pre-infection baseline (+7.0; p<0.001). (**Table 2**)

Table 1. Patient Characteristics

	Statistics
Total n	720
Age, years, mean (SD)	42.0 (13.0)
Gender, n (%)	
Male	187 (26.0%)
Female	531 (73.7%)
Unknown	2 (0.3%)
Race / Ethnicity, n (%)	
White or Caucasian	583 (81.0%)
Black or African American	34 (4.7%)
Hispanic	53 (7.4%)
Other	50 (7.0%)
US Geographic Region, n (%)	
Northeast	128 (17.8%)
South	336 (46.7%)
Midwest	220 (30.6%)
West	32 (4.4%)
Other/Unknown	4 (0.6%)
Social Vulnerability Index ^a , mean (SD)	0.32 (0.19)
≥1 comorbid condition ^b , n (%)	339 (47.0%)
Receiving 2024-2025 Influenza Vaccination, n (%)	351 (48.8%)
Antiviral Use (baloxavir, oseltamivir and others), n (%)	608 (84.4%)

^a Social Vulnerability Index is a score that ranges from 0 to 1. Higher values correspond to higher vulnerability. [9]
^b Comorbid conditions include cancers or malignancies (other than skin cancer), cerebrovascular disease, chronic kidney disease, chronic lung conditions, chronic liver disease, endocrine disorders, heart conditions, mental health conditions, obesity (BMI >40), weakened immune system/immunocompromised, blood disorders, smoker, or active tuberculosis

Figure 1. Acute Respiratory Infection Symptoms at Enrollment, %

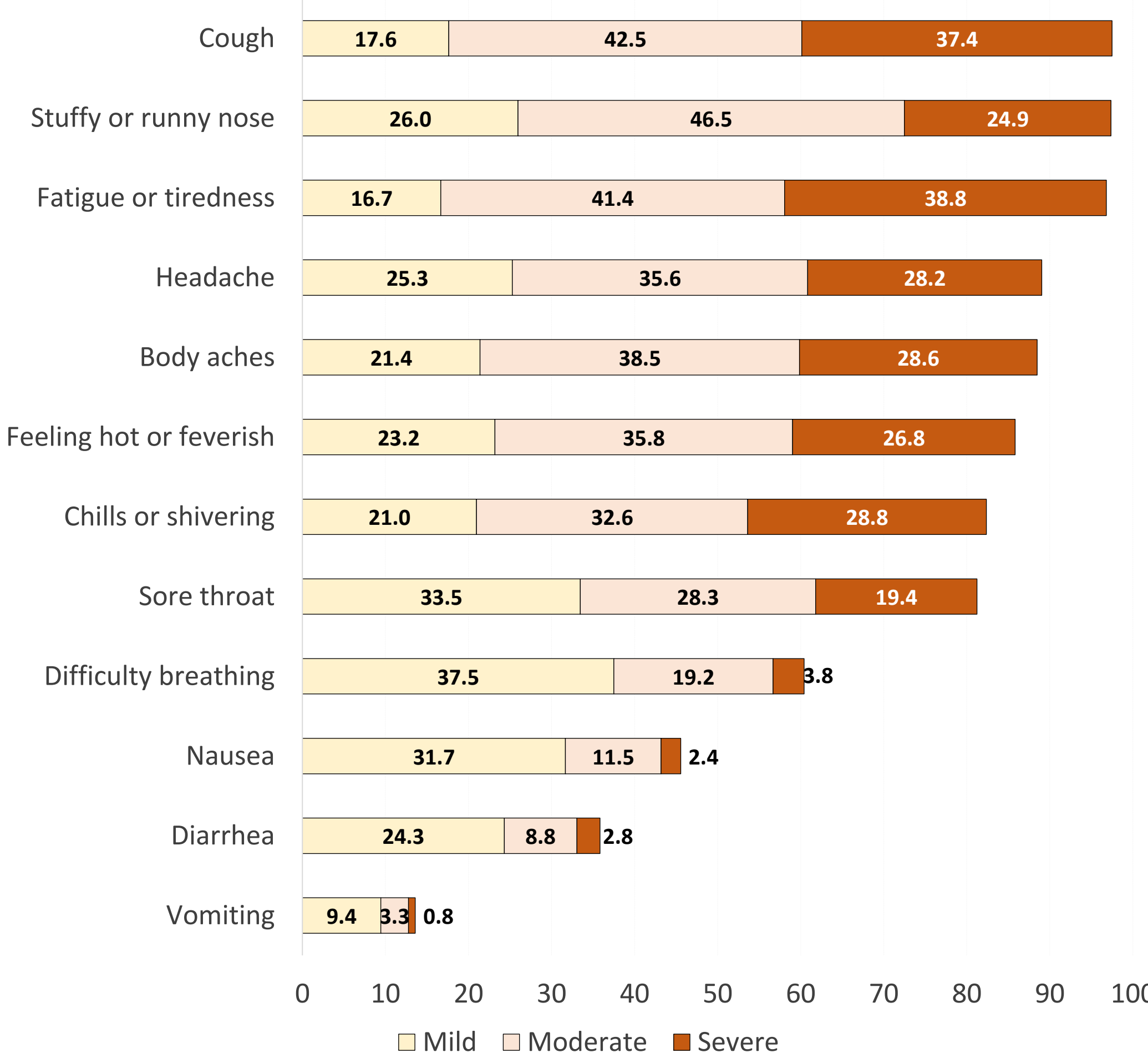


Table 2. ARI Symptom Summary Pre-Infection and at Enrollment, mean (SD)

	Pre-infection	Day 1	Change ^a
Number of symptoms of any severity	1.1 (1.4)	9.2 (1.7)	+8.1 (2.0)
Number of symptoms measured as moderate or severe	0.1 (0.3)	7.0 (2.3)	+7.0 (2.3)
Number of symptoms measured as severe	0.0 (0.1)	3.7 (2.6)	+3.7 (2.6)

^a All P values of paired t-test less than 0.001.

CONCLUSIONS & DISCUSSIONS

- The interim data of this study show that the burden of influenza-related respiratory symptoms is sizable and persists in the 2024/25 season in the US, with most symptoms self-reported as moderate or severe.
- Prevalence and severity of symptoms are similar to previous literature [6] for overlapping symptoms, with our study examining more symptoms comprehensively in the most current respiratory season.
- Key limitations: all data collected were self-reported and subject to missingness, errors, recall bias, and selection bias associated with survey drop-off. Findings may not be generalizable to a different season, or a different care setting.
- These findings underscore the need for continued monitoring and evaluation of symptom progression.
- The data raise awareness of patient burden and the importance of preventive measures such as influenza vaccination.

References

- Centers for Disease Control and Prevention. About estimated flu burden. Available online: <https://www.cdc.gov/flu-burden/php/about/index.html> (accessed on April 3, 2025).
- Centers for Disease Control and Prevention. 2024-2025 United States Flu Season: Preliminary In-Season Severity Assessment. Available online: <https://www.cdc.gov/flu/php/surveillance/in-season-severity.html> (accessed on March 20, 2025).
- Petrie, J.G.; Cheng, C.; Malosh, R.E.; VanWormer, J.J.; Flannery, B.; Zimmerman, R.K.; Gaglani, M.; Jackson, M.L.; King, J.P.; Nowalk, M.P. Illness severity and work productivity loss among working adults with medically attended acute respiratory illnesses: US Influenza Vaccine Effectiveness Network 2012–2013. *Clinical Infectious Diseases* **2016**, *62*, 448–455.
- Han, A.; Poon, J.-L.; Powers, J.H.; Leidy, N.K.; Yu, R.; Memoli, M.J. Using the Influenza Patient-reported Outcome (FLU-PRO) diary to evaluate symptoms of influenza viral infection in a healthy human challenge model. *BMC Infectious Diseases* **2018**, *18*, 1–9.
- Jutel, A.; Banister, E. "I was pretty sure I had the flu": qualitative description of confirmed-influenza symptoms. *Social Science & Medicine* **2013**, *99*, 49–55.
- VanWormer, J.J.; Sundaram, M.E.; Meece, J.K.; Belongia, E.A. A cross-sectional analysis of symptom severity in adults with influenza and other acute respiratory illness in the outpatient setting. *BMC infectious diseases* **2014**, *14*, 1–10.
- Centers for Disease Control and Prevention. Signs and Symptoms of Flu. Available online: <https://www.cdc.gov/flu/signs-symptoms/> (accessed on March 20, 2025).
- Powers III, J.H.; Bacci, E.D.; Leidy, N.K.; Poon, J.-L.; Stringer, S.; Memoli, M.J.; Han, A.; Fairchok, M.P.; Coles, C.; Owens, J. Performance of the inFLUenza Patient-Reported Outcome (FLU-PRO) diary in patients with influenza-like illness (ILI). *PloS one* **2018**, *13*, e0194180.
- CDC/ATSDR Social Vulnerability Index. Available online: <https://www.atsdr.cdc.gov/place-health/php/svi/> (accessed on March 20, 2025).

Disclosures

T.H., A.Y., J.C.C., M.G., V.W., S.M.C.L., and M.D.F. are employees of Pfizer and may hold stock or stock options of Pfizer. L.L.L. and X.S. are employees of CVS Health and hold stock of CVS Health.

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