# Results

## H1N1 risk decreases after age 65:

* 002 incidence
* 002 prolonged | infected
* 003 symdur\* | infected
* 003 hospdays | infected
* NOT 0003 ICU | infected – risk increases up to age 65, then stabilizes
* 003 tothospdays | infected
* NOT 003 death | infected (linear increase)

## H3N2 risk increases after age 65:

* 002 incidence
* 002 prolonged | infected
* 003 symdur\* | infected
* 003 hospdays | infected
* NOT 0003 ICU | infected – risk increases up to age 65, then decreases
* 003 tothospdays | infected
* NOT 003 death | infected\* \*stronger in model with imprinting

## Country and season strongly influence outcomes

* 002 incidence
* 002 prolonged | infected
* NOT 003 symdur\* | infected
* NOT 003 hospdays | infected (somewhat)
* NOT ICU | infected
* NOT tothospdays | infected (pattern is not robust)

Basically, country and season have a clear influence on binary outcomes, but not continuous.

## Vaccination appears to reduce the risk of infection or severe outcome:

* 002 incidence
* NOT 002 prolonged | infected
* NOT 003 symdur\* | infected
* 003 hospdays | infected – Yes, but only for H1N1
* 003 ICU | infected
* 003 tothospdays | infected (pattern may not be significant)
* 003 death (pattern may not be significant)

## AV use appears to reduce the risk of infection or severe outcome:

* NOT 002 incidence
* NOT 002 prolonged | infected
* 003 symdur\* | infected – NOT H1N1, Yes, H3N2
* NOT 003 hospdays | infected
* NOT 003 ICU | infected
* 003 tothospdays | infected (weak effects)
* NOT 003 death | infected (no effect)

## Underlying sx appears to ELEVATE the risk of infection or severe outcome:

* 002 incidence
* 003 hospdays | infected
* 003 ICU | infected
* 002 prolonged | infected
* 003 death for H1N1, not H3N2

No clear effect for symdur

This variable was excluded for tothospdays

## Protective imprinting increases H1N1 risk (colinearity?)

* 002 incidence
* 002 prolonged | infected
* 003 hospdays | infected
* 003 tothospdays | infected

## Protective imprinting decreases H1N1 risk (colinearity?)

* 003 symdur\* | infected
* 003 ICU | infected
* 003 death | infected

## Protective imprinting decreases H3N2 risk

* NOT 002 incidence -- increase
* NOT 002 prolonged | infected -- increase
* 003 symdur\* | infected
* 003 hospdays | infected
* 003 ICU | infected
* NOT 003 tothospdays | infected -- increase
* 003 death | infected

## Imprinting del AIC H1N1

* 002 incidence …………….... 0.00 baseline + age 2nd w/ 1.49
* 002 prolonged | infected 1.82 second to baseline + age, baseline = 2.12
* 003 symdur\* | infected … 0.89 second to s base + age, s.base = 6.46
* 003 hospdays | infected .. 0.62 second to baseline + age, baseline = 9.12
* ICU | infected ………..…… 1.91 second to baseline + age, baseline = 5.72
* tothospdays | infected … 2.34 last to baseline+age and baseline
* 003 death | infected …… .. 1.38 second to baseline + age

## Imprinting del AIC H3N2

* 002 incidence …………………… 4.09 last. baseline wins, age = 2.20
* 002 prolonged | infected …… 4.43 last. Baseone + age = 2.52
* 003 symdur\* | infected ……… 3.86 2nd s.base = 0, s.base+age = 3.97
* 003 hospdays | infected …….. 1.26 second to s.base + age, s.base = 3.65
* 003 ICU | infected …….……… 0.29 second to baseline + age, base = .33
* 003 tothospdays | infected .. 1.990 third to baseline+age and baseline
* 003 death | infected …………… 0.00 best. base+age = 1.8, base = 8.7

🡪 Some support for imprinting in the model, esp. in cases where patterns show decrease in risk with protection.

🡪 But imprinting is also supported in cases where we don’t see a protective effect.

Not sure what to conclude here.