State Supplementary Results

COVID-19 Scenario Modeling Hub Report: Round 19 - 2025 to 2026 Season

10 June, 2025
Scenario Modeling Hub Team[1]

This supplementary report contains state-level results for each state. These results mirror those at the national level. See covid19scenariomodelinghub.org and the main report for more details.

Round 19 Scenario Specifications

	No vaccine recommendation	**Vaccine recommended, same timing of immunization as last year operates** • Vaccination starts Aug 15, 2025	**Vaccine recommended, earlier timing of immunization operates** • Vaccination starts June 29, 2025 (1.5 month earlier than in 2024-25)
No vaccine recommendation • No new vaccination during the 2025-26 season	Scenario A		
Annual vaccination recommended for high risk groups (65+ and those with underlying risk factors) • Vaccine has 45**% VE against hospitalization at time of initial roll-out** • Uptake in high risk groups (individuals 65+ or with underlying risk factors) is the same as seen for 2024-25 • Uptake in all other groups is negligible.		Scenario B	Scenario C
Annual vaccination recommended for all currently eligible groups • Vaccine has 45**% VE against hospitalization at time of initial roll-out** • Coverage saturates at levels of the 2024-25 booster for all population subgroups (approximately 22% of adults nationally, 44% of 65+, 26% of high risk individuals 18-64 yrs)		Scenario D	Scenario E

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Alabama

Differences between scenarios - Alabama

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Alabama. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 9% (5-14%) and deaths by 12% (6-18%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 930 (560-1,300) fewer hospitalizations and 78 (44-110) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 1,100 (660-1,600) hospitalizations and 89 (47-130) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 190 (100-270) hospitalizations and 11 (3-19) deaths in Alabama.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Alabama

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Alabama

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Alabama. We project substantial continued burden of hospitalization and deaths from COVID-19, with 11,000 cumulative hospitalizations projected by the end of the season (95% PI 3,500-17,000) and 640 deaths (95% PI 290-920) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 54% of hospitalizations and 84% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 46% of hospitalizations and 16% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Alabama

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Alabama

Individual model projections & 95% projection intervals − Cumulative Deaths, Alabama

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Alaska

Differences between scenarios - Alaska

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Alaska. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 11% (6-17%) and deaths by 16% (10-22%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 120 (50-200) fewer hospitalizations and 10 (4-15) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 170 (70-270) hospitalizations and 12 (5-20) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 46 (20-71) hospitalizations and 3 (1-4) deaths in Alaska.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Alaska

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Alaska

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Alaska. We project substantial continued burden of hospitalization and deaths from COVID-19, with 970 cumulative hospitalizations projected by the end of the season (95% PI 230-1,400) and 47 deaths (95% PI 20-91) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 49% of hospitalizations and 86% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 51% of hospitalizations and 14% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Alaska

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Alaska

Individual model projections & 95% projection intervals − Cumulative Deaths, Alaska

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Arizona

Differences between scenarios - Arizona

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Arizona. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 12% (10-15%) and deaths by 15% (11-20%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 2,300 (1,600-3,000) fewer hospitalizations and 160 (110-210) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 2,700 (2,000-3,400) hospitalizations and 180 (120-230) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 380 (230-540) hospitalizations and 17 (9-24) deaths in Arizona.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Arizona

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Arizona

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Arizona. We project substantial continued burden of hospitalization and deaths from COVID-19, with 14,000 cumulative hospitalizations projected by the end of the season (95% PI 10,000-29,000) and 850 deaths (95% PI 600-1,500) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 62% of hospitalizations and 86% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 38% of hospitalizations and 14% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Arizona

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Arizona
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
0
100
200
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Arizona
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
0
500
1,000
1,500
2,000
2,500
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Hospitalizations (Averted) - All booster vs Counterfactual, Classic Immunization Immunization, aged 0-64

Deaths (Averted) - All booster vs Counterfactual, Classic Immunization Immunization, aged 0-64

Hospitalizations (Averted) - High-risk booster vs Counterfactual, Classic Immunization Immunization, aged 0-64

Deaths (Averted) - High-risk booster vs Counterfactual, Classic Immunization Immunization, aged 0-64

Hospitalizations (Averted) - All vs High-risk booster, Classic Immunization Immunization, aged 0-64

Deaths (Averted) - All vs High-risk booster, Classic Immunization Immunization, aged 0-64

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Arkansas

Differences between scenarios - Arkansas

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Arkansas. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 13% (7-18%) and deaths by 16% (10-22%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 730 (460-990) fewer hospitalizations and 66 (48-85) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 870 (560-1,200) hospitalizations and 75 (52-98) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 140 (81-200) hospitalizations and 9 (4-14) deaths in Arkansas.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Arkansas

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Arkansas

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Arkansas. We project substantial continued burden of hospitalization and deaths from COVID-19, with 5,000 cumulative hospitalizations projected by the end of the season (95% PI 1,500-9,000) and 430 deaths (95% PI 120-660) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 52% of hospitalizations and 84% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 48% of hospitalizations and 16% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Arkansas

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Arkansas
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
0
20
40
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Arkansas
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
0
250
500
750
1,000
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

California

Differences between scenarios - California

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for California. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 13% (8-19%) and deaths by 17% (11-23%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 10,000 (5,000-14,000) fewer hospitalizations and 730 (410-1,100) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 14,000 (7,000-20,000) hospitalizations and 950 (460-1,400) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 4,000 (1,800-6,000) hospitalizations and 220 (42-400) deaths in California.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - California

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - California

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, California. We project substantial continued burden of hospitalization and deaths from COVID-19, with 73,000 cumulative hospitalizations projected by the end of the season (95% PI 23,000-98,000) and 3,800 deaths (95% PI 1,800-6,000) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 50% of hospitalizations and 80% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 50% of hospitalizations and 20% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - California

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, California
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, California
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Colorado

Differences between scenarios - Colorado

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Colorado. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 16% (12-21%) and deaths by 19% (15-24%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 1,800 (1,000-2,600) fewer hospitalizations and 140 (100-180) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 2,400 (1,400-3,500) hospitalizations and 180 (120-240) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 630 (320-940) hospitalizations and 37 (15-59) deaths in Colorado.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Colorado

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Colorado

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Colorado. We project substantial continued burden of hospitalization and deaths from COVID-19, with 9,000 cumulative hospitalizations projected by the end of the season (95% PI 3,200-14,000) and 620 deaths (95% PI 360-950) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 47% of hospitalizations and 83% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 53% of hospitalizations and 17% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Colorado

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Colorado
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Colorado
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Connecticut

Differences between scenarios - Connecticut

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Connecticut. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 16% (10-21%) and deaths by 18% (12-23%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 1,300 (730-1,900) fewer hospitalizations and 97 (57-140) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 1,700 (900-2,400) hospitalizations and 120 (64-170) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 340 (160-520) hospitalizations and 21 (7-35) deaths in Connecticut.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Connecticut

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Connecticut

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Connecticut. We project substantial continued burden of hospitalization and deaths from COVID-19, with 7,000 cumulative hospitalizations projected by the end of the season (95% PI 3,300-11,000) and 480 deaths (95% PI 250-720) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 57% of hospitalizations and 84% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 43% of hospitalizations and 16% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Connecticut

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Connecticut
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Connecticut
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Delaware

Differences between scenarios - Delaware

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Delaware. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 19% (11-26%) and deaths by 21% (13-30%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 360 (230-490) fewer hospitalizations and 30 (20-40) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 460 (290-620) hospitalizations and 36 (23-49) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 96 (54-140) hospitalizations and 6 (2-10) deaths in Delaware.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Delaware

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Delaware

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Delaware. We project substantial continued burden of hospitalization and deaths from COVID-19, with 1,800 cumulative hospitalizations projected by the end of the season (95% PI 320-3,200) and 130 deaths (95% PI 39-220) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 58% of hospitalizations and 85% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 42% of hospitalizations and 15% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Delaware

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Delaware

Individual model projections & 95% projection intervals − Cumulative Deaths, Delaware

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

District of Columbia

Differences between scenarios - District of Columbia

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for District of Columbia. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 13% (10-16%) and deaths by 16% (12-19%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 220 (170-270) fewer hospitalizations and 9 (2-17) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 340 (260-410) hospitalizations and 13 (2-24) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 120 (86-150) hospitalizations and 4 (0-8) deaths in District of Columbia.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - District of Columbia

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - District of Columbia

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, District of Columbia. We project substantial continued burden of hospitalization and deaths from COVID-19, with 1,400 cumulative hospitalizations projected by the end of the season (95% PI 630-2,300) and 37 deaths (95% PI 11-100) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 45% of hospitalizations and 81% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 55% of hospitalizations and 19% of deaths occurring in individuals aged 0-64.

Individual Model Projections - District of Columbia

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, District of Columbia

Individual model projections & 95% projection intervals − Cumulative Deaths, District of Columbia

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Florida

Differences between scenarios - Florida

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Florida. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 10% (4-16%) and deaths by 14% (7-20%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 4,400 (2,100-7,000) fewer hospitalizations and 390 (210-570) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 5,000 (2,400-8,000) hospitalizations and 440 (220-670) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 750 (260-1,200) hospitalizations and 50 (5-95) deaths in Florida.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Florida

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Florida

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Florida. We project substantial continued burden of hospitalization and deaths from COVID-19, with 41,000 cumulative hospitalizations projected by the end of the season (95% PI 11,000-65,000) and 3,200 deaths (95% PI 800-4,200) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 58% of hospitalizations and 85% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 42% of hospitalizations and 15% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Florida

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Florida

Individual model projections & 95% projection intervals − Cumulative Deaths, Florida

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Georgia

Differences between scenarios - Georgia

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Georgia. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 10% (5-14%) and deaths by 13% (8-19%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 1,700 (960-2,400) fewer hospitalizations and 150 (99-200) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 2,300 (1,200-3,300) hospitalizations and 180 (110-250) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 550 (220-890) hospitalizations and 31 (5-57) deaths in Georgia.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Georgia

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Georgia

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Georgia. We project substantial continued burden of hospitalization and deaths from COVID-19, with 17,000 cumulative hospitalizations projected by the end of the season (95% PI 5,000-25,000) and 1,100 deaths (95% PI 380-1,700) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 51% of hospitalizations and 79% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 49% of hospitalizations and 21% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Georgia

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Georgia
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Georgia
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Hawaii

Differences between scenarios - Hawaii

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Hawaii. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 13% (8-18%) and deaths by 15% (9-21%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 360 (160-570) fewer hospitalizations and 30 (14-46) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 450 (210-690) hospitalizations and 35 (17-53) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 88 (47-130) hospitalizations and 5 (2-8) deaths in Hawaii.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Hawaii

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Hawaii

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Hawaii. We project substantial continued burden of hospitalization and deaths from COVID-19, with 2,700 cumulative hospitalizations projected by the end of the season (95% PI 390-4,800) and 180 deaths (95% PI 96-340) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 62% of hospitalizations and 86% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 38% of hospitalizations and 14% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Hawaii

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Hawaii
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Hawaii
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Idaho

Differences between scenarios - Idaho

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Idaho. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 13% (7-18%) and deaths by 15% (9-21%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 390 (190-600) fewer hospitalizations and 34 (18-49) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 480 (230-720) hospitalizations and 39 (20-58) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 82 (41-120) hospitalizations and 5 (2-8) deaths in Idaho.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Idaho

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Idaho

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Idaho. We project substantial continued burden of hospitalization and deaths from COVID-19, with 2,700 cumulative hospitalizations projected by the end of the season (95% PI 1,000-4,300) and 200 deaths (95% PI 56-290) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 49% of hospitalizations and 83% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 51% of hospitalizations and 17% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Idaho

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Idaho
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Idaho
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Illinois

Differences between scenarios - Illinois

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Illinois. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 15% (11-20%) and deaths by 18% (14-23%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 4,800 (2,900-7,000) fewer hospitalizations and 310 (210-420) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 6,000 (3,700-8,000) hospitalizations and 370 (230-520) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 1,300 (720-1,800) hospitalizations and 63 (18-110) deaths in Illinois.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Illinois

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Illinois

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Illinois. We project substantial continued burden of hospitalization and deaths from COVID-19, with 27,000 cumulative hospitalizations projected by the end of the season (95% PI 11,000-41,000) and 1,400 deaths (95% PI 770-1,900) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 56% of hospitalizations and 83% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 44% of hospitalizations and 17% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Illinois

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Illinois
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Illinois
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Indiana

Differences between scenarios - Indiana

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Indiana. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 13% (10-17%) and deaths by 16% (12-21%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 2,100 (1,200-2,900) fewer hospitalizations and 160 (110-210) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 2,600 (1,500-3,600) hospitalizations and 190 (130-260) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 520 (290-760) hospitalizations and 31 (12-49) deaths in Indiana.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Indiana

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Indiana

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Indiana. We project substantial continued burden of hospitalization and deaths from COVID-19, with 13,000 cumulative hospitalizations projected by the end of the season (95% PI 6,000-23,000) and 860 deaths (95% PI 480-1,600) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 57% of hospitalizations and 85% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 43% of hospitalizations and 15% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Indiana

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Indiana
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Indiana
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Iowa

Differences between scenarios - Iowa

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Iowa. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 17% (11-23%) and deaths by 19% (13-25%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 1,100 (510-1,600) fewer hospitalizations and 95 (52-140) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 1,400 (630-2,200) hospitalizations and 120 (59-180) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 340 (110-560) hospitalizations and 26 (6-46) deaths in Iowa.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Iowa

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Iowa

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Iowa. We project substantial continued burden of hospitalization and deaths from COVID-19, with 4,800 cumulative hospitalizations projected by the end of the season (95% PI 1,900-9,000) and 430 deaths (95% PI 210-810) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 58% of hospitalizations and 83% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 42% of hospitalizations and 17% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Iowa

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Iowa
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Iowa
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Kansas

Differences between scenarios - Kansas

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Kansas. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 16% (11-21%) and deaths by 19% (13-24%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 1,000 (580-1,400) fewer hospitalizations and 77 (52-100) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 1,200 (720-1,700) hospitalizations and 90 (56-120) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 220 (110-330) hospitalizations and 13 (4-22) deaths in Kansas.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Kansas

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Kansas

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Kansas. We project substantial continued burden of hospitalization and deaths from COVID-19, with 5,000 cumulative hospitalizations projected by the end of the season (95% PI 1,700-10,000) and 370 deaths (95% PI 140-590) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 55% of hospitalizations and 84% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 45% of hospitalizations and 16% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Kansas

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Kansas
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Kansas
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Kentucky

Differences between scenarios - Kentucky

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Kentucky. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 13% (9-18%) and deaths by 16% (11-21%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 1,400 (880-1,900) fewer hospitalizations and 140 (100-180) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 1,700 (1,100-2,200) hospitalizations and 160 (120-210) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 270 (170-370) hospitalizations and 19 (10-28) deaths in Kentucky.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Kentucky

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Kentucky

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Kentucky. We project substantial continued burden of hospitalization and deaths from COVID-19, with 10,000 cumulative hospitalizations projected by the end of the season (95% PI 3,500-16,000) and 870 deaths (95% PI 300-1,300) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 54% of hospitalizations and 84% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 46% of hospitalizations and 16% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Kentucky

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Kentucky
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Kentucky
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Louisiana

Differences between scenarios - Louisiana

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Louisiana. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 9% (5-13%) and deaths by 12% (6-18%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 720 (400-1,000) fewer hospitalizations and 56 (27-85) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 830 (460-1,200) hospitalizations and 62 (29-96) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 110 (52-170) hospitalizations and 6 (1-11) deaths in Louisiana.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Louisiana

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Louisiana

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Louisiana. We project substantial continued burden of hospitalization and deaths from COVID-19, with 8,000 cumulative hospitalizations projected by the end of the season (95% PI 2,400-12,000) and 470 deaths (95% PI 180-760) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 52% of hospitalizations and 82% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 48% of hospitalizations and 18% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Louisiana

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Louisiana

Individual model projections & 95% projection intervals − Cumulative Deaths, Louisiana

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Maine

Differences between scenarios - Maine

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Maine. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 22% (15-29%) and deaths by 24% (17-31%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 610 (320-900) fewer hospitalizations and 64 (40-88) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 790 (370-1,200) hospitalizations and 80 (45-110) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 180 (54-300) hospitalizations and 15 (5-26) deaths in Maine.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Maine

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Maine

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Maine. We project substantial continued burden of hospitalization and deaths from COVID-19, with 1,800 cumulative hospitalizations projected by the end of the season (95% PI 510-3,500) and 200 deaths (95% PI 55-380) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 58% of hospitalizations and 86% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 42% of hospitalizations and 14% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Maine

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Maine

Individual model projections & 95% projection intervals − Cumulative Deaths, Maine

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Maryland

Differences between scenarios - Maryland

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Maryland. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 15% (11-19%) and deaths by 17% (13-22%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 1,800 (1,000-2,600) fewer hospitalizations and 160 (110-220) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 2,600 (1,400-3,700) hospitalizations and 210 (130-300) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 740 (370-1,100) hospitalizations and 52 (23-82) deaths in Maryland.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Maryland

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Maryland

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Maryland. We project substantial continued burden of hospitalization and deaths from COVID-19, with 11,000 cumulative hospitalizations projected by the end of the season (95% PI 4,000-16,000) and 810 deaths (95% PI 500-1,400) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 54% of hospitalizations and 84% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 46% of hospitalizations and 16% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Maryland

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Maryland
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Maryland
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Massachusetts

Differences between scenarios - Massachusetts

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Massachusetts. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 17% (12-21%) and deaths by 19% (15-23%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 3,000 (1,900-4,200) fewer hospitalizations and 210 (140-270) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 4,000 (2,500-6,000) hospitalizations and 260 (170-360) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 1,000 (560-1,500) hospitalizations and 56 (22-91) deaths in Massachusetts.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Massachusetts

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Massachusetts

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Massachusetts. We project substantial continued burden of hospitalization and deaths from COVID-19, with 17,000 cumulative hospitalizations projected by the end of the season (95% PI 7,000-25,000) and 900 deaths (95% PI 590-1,200) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 59% of hospitalizations and 83% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 41% of hospitalizations and 17% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Massachusetts

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Massachusetts

Individual model projections & 95% projection intervals − Cumulative Deaths, Massachusetts

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Michigan

Differences between scenarios - Michigan

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Michigan. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 15% (11-19%) and deaths by 18% (13-24%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 3,500 (2,200-4,900) fewer hospitalizations and 280 (190-370) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 4,300 (2,700-6,000) hospitalizations and 320 (220-430) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 800 (440-1,200) hospitalizations and 45 (22-69) deaths in Michigan.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Michigan

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Michigan

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Michigan. We project substantial continued burden of hospitalization and deaths from COVID-19, with 19,000 cumulative hospitalizations projected by the end of the season (95% PI 12,000-32,000) and 1,200 deaths (95% PI 750-2,200) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 60% of hospitalizations and 86% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 40% of hospitalizations and 14% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Michigan

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Michigan
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Michigan
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Minnesota

Differences between scenarios - Minnesota

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Minnesota. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 19% (14-24%) and deaths by 21% (16-27%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 2,400 (1,400-3,400) fewer hospitalizations and 200 (140-260) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 3,100 (1,800-4,500) hospitalizations and 250 (160-340) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 730 (370-1,100) hospitalizations and 48 (19-76) deaths in Minnesota.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Minnesota

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Minnesota

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Minnesota. We project substantial continued burden of hospitalization and deaths from COVID-19, with 10,000 cumulative hospitalizations projected by the end of the season (95% PI 5,000-17,000) and 690 deaths (95% PI 420-1,200) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 58% of hospitalizations and 85% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 42% of hospitalizations and 15% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Minnesota

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Minnesota
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Minnesota
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Mississippi

Differences between scenarios - Mississippi

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Mississippi. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 11% (6-16%) and deaths by 14% (8-20%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 540 (290-800) fewer hospitalizations and 65 (42-87) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 630 (330-920) hospitalizations and 71 (44-98) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 82 (34-130) hospitalizations and 6 (1-11) deaths in Mississippi.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Mississippi

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Mississippi

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Mississippi. We project substantial continued burden of hospitalization and deaths from COVID-19, with 4,700 cumulative hospitalizations projected by the end of the season (95% PI 1,300-7,000) and 450 deaths (95% PI 120-810) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 56% of hospitalizations and 87% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 44% of hospitalizations and 13% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Mississippi

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Mississippi

Individual model projections & 95% projection intervals − Cumulative Deaths, Mississippi

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Missouri

Differences between scenarios - Missouri

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Missouri. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 14% (10-18%) and deaths by 17% (14-21%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 2,100 (1,300-2,900) fewer hospitalizations and 160 (120-200) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 2,700 (1,700-3,600) hospitalizations and 190 (130-260) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 570 (250-890) hospitalizations and 34 (5-62) deaths in Missouri.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Missouri

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Missouri

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Missouri. We project substantial continued burden of hospitalization and deaths from COVID-19, with 13,000 cumulative hospitalizations projected by the end of the season (95% PI 4,800-21,000) and 800 deaths (95% PI 450-1,200) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 53% of hospitalizations and 82% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 47% of hospitalizations and 18% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Missouri

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Missouri
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Missouri
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Montana

Differences between scenarios - Montana

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Montana. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 14% (9-20%) and deaths by 16% (11-22%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 310 (160-450) fewer hospitalizations and 26 (15-38) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 380 (190-570) hospitalizations and 31 (15-46) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 72 (27-120) hospitalizations and 5 (1-9) deaths in Montana.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Montana

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Montana

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Montana. We project substantial continued burden of hospitalization and deaths from COVID-19, with 2,100 cumulative hospitalizations projected by the end of the season (95% PI 610-3,000) and 150 deaths (95% PI 41-220) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 56% of hospitalizations and 85% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 44% of hospitalizations and 15% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Montana

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Montana
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Montana
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Nebraska

Differences between scenarios - Nebraska

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Nebraska. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 15% (9-20%) and deaths by 17% (12-23%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 570 (290-850) fewer hospitalizations and 54 (35-73) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 750 (380-1,100) hospitalizations and 67 (40-94) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 180 (88-270) hospitalizations and 13 (5-20) deaths in Nebraska.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Nebraska

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Nebraska

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Nebraska. We project substantial continued burden of hospitalization and deaths from COVID-19, with 3,400 cumulative hospitalizations projected by the end of the season (95% PI 1,100-5,000) and 270 deaths (95% PI 96-400) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 56% of hospitalizations and 86% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 44% of hospitalizations and 14% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Nebraska

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Nebraska
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive
Jan−2025
May−2025
Sep−2025
Jan−2026

Individual model projections & 95% projection intervals − Cumulative Deaths, Nebraska
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive
May−2025
Sep−2025
Jan−2026

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Nevada

Differences between scenarios - Nevada

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Nevada. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 11% (7-16%) and deaths by 13% (8-19%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 480 (280-690) fewer hospitalizations and 41 (26-56) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 670 (350-980) hospitalizations and 52 (29-76) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 180 (68-300) hospitalizations and 11 (2-20) deaths in Nevada.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Nevada

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Nevada

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Nevada. We project substantial continued burden of hospitalization and deaths from COVID-19, with 4,600 cumulative hospitalizations projected by the end of the season (95% PI 1,300-7,000) and 320 deaths (95% PI 120-450) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 49% of hospitalizations and 81% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 51% of hospitalizations and 19% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Nevada

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Nevada
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Nevada
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

New Hampshire

Differences between scenarios - New Hampshire

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for New Hampshire. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 19% (15-23%) and deaths by 21% (16-26%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 650 (370-930) fewer hospitalizations and 51 (31-71) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 850 (470-1,200) hospitalizations and 65 (37-93) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 210 (92-320) hospitalizations and 14 (4-23) deaths in New Hampshire.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - New Hampshire

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - New Hampshire

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, New Hampshire. We project substantial continued burden of hospitalization and deaths from COVID-19, with 2,700 cumulative hospitalizations projected by the end of the season (95% PI 1,000-4,500) and 190 deaths (95% PI 80-350) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 58% of hospitalizations and 85% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 42% of hospitalizations and 15% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - New Hampshire

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, New Hampshire
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, New Hampshire
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

New Jersey

Differences between scenarios - New Jersey

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for New Jersey. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 13% (9-18%) and deaths by 16% (12-20%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 2,800 (1,700-3,900) fewer hospitalizations and 210 (130-290) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 3,600 (2,300-5,000) hospitalizations and 250 (150-350) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 800 (490-1,100) hospitalizations and 44 (17-70) deaths in New Jersey.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - New Jersey

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - New Jersey

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, New Jersey. We project substantial continued burden of hospitalization and deaths from COVID-19, with 19,000 cumulative hospitalizations projected by the end of the season (95% PI 9,000-26,000) and 1,200 deaths (95% PI 620-1,600) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 56% of hospitalizations and 85% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 44% of hospitalizations and 15% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - New Jersey

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, New Jersey

Individual model projections & 95% projection intervals − Cumulative Deaths, New Jersey

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

New Mexico

Differences between scenarios - New Mexico

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for New Mexico. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 16% (11-22%) and deaths by 19% (13-25%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 600 (310-900) fewer hospitalizations and 64 (38-91) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 800 (380-1,200) hospitalizations and 80 (42-120) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 190 (65-320) hospitalizations and 16 (4-28) deaths in New Mexico.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - New Mexico

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - New Mexico

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, New Mexico. We project substantial continued burden of hospitalization and deaths from COVID-19, with 2,800 cumulative hospitalizations projected by the end of the season (95% PI 1,400-5,000) and 290 deaths (95% PI 120-560) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 59% of hospitalizations and 85% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 41% of hospitalizations and 15% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - New Mexico

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, New Mexico

Individual model projections & 95% projection intervals − Cumulative Deaths, New Mexico

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

New York

Differences between scenarios - New York

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for New York. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 12% (8-16%) and deaths by 16% (11-20%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 6,000 (3,800-8,000) fewer hospitalizations and 530 (300-760) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 8,000 (4,900-10,000) hospitalizations and 640 (340-940) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 1,600 (990-2,300) hospitalizations and 110 (34-180) deaths in New York.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - New York

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - New York

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, New York. We project substantial continued burden of hospitalization and deaths from COVID-19, with 49,000 cumulative hospitalizations projected by the end of the season (95% PI 20,000-63,000) and 2,900 deaths (95% PI 1,700-5,000) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 59% of hospitalizations and 83% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 41% of hospitalizations and 17% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - New York

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, New York
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, New York
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

North Carolina

Differences between scenarios - North Carolina

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for North Carolina. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 13% (9-17%) and deaths by 15% (11-20%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 2,500 (1,600-3,500) fewer hospitalizations and 220 (160-280) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 3,200 (2,000-4,500) hospitalizations and 270 (180-350) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 740 (410-1,100) hospitalizations and 46 (20-73) deaths in North Carolina.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - North Carolina

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - North Carolina

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, North Carolina. We project substantial continued burden of hospitalization and deaths from COVID-19, with 18,000 cumulative hospitalizations projected by the end of the season (95% PI 6,000-25,000) and 1,300 deaths (95% PI 730-1,800) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 53% of hospitalizations and 85% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 47% of hospitalizations and 15% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - North Carolina

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, North Carolina
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, North Carolina
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

North Dakota

Differences between scenarios - North Dakota

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for North Dakota. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 14% (10-18%) and deaths by 16% (12-21%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 240 (120-350) fewer hospitalizations and 18 (10-26) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 300 (150-440) hospitalizations and 22 (11-32) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 62 (27-98) hospitalizations and 4 (1-7) deaths in North Dakota.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - North Dakota

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - North Dakota

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, North Dakota. We project substantial continued burden of hospitalization and deaths from COVID-19, with 1,400 cumulative hospitalizations projected by the end of the season (95% PI 470-2,500) and 87 deaths (95% PI 39-150) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 54% of hospitalizations and 87% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 46% of hospitalizations and 13% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - North Dakota

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, North Dakota

Individual model projections & 95% projection intervals − Cumulative Deaths, North Dakota

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Ohio

Differences between scenarios - Ohio

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Ohio. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 14% (10-19%) and deaths by 18% (13-23%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 4,300 (2,600-6,000) fewer hospitalizations and 350 (250-450) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 5,000 (3,400-7,000) hospitalizations and 410 (280-540) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 1,100 (570-1,600) hospitalizations and 58 (19-97) deaths in Ohio.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Ohio

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Ohio

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Ohio. We project substantial continued burden of hospitalization and deaths from COVID-19, with 25,000 cumulative hospitalizations projected by the end of the season (95% PI 13,000-42,000) and 1,600 deaths (95% PI 1,100-2,500) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 61% of hospitalizations and 85% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 39% of hospitalizations and 15% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Ohio

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Ohio
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Ohio
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Oklahoma

Differences between scenarios - Oklahoma

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Oklahoma. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 12% (7-17%) and deaths by 15% (9-20%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 930 (550-1,300) fewer hospitalizations and 93 (63-120) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 1,100 (670-1,500) hospitalizations and 110 (69-140) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 170 (110-230) hospitalizations and 12 (6-19) deaths in Oklahoma.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Oklahoma

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Oklahoma

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Oklahoma. We project substantial continued burden of hospitalization and deaths from COVID-19, with 7,000 cumulative hospitalizations projected by the end of the season (95% PI 2,500-12,000) and 640 deaths (95% PI 330-910) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 50% of hospitalizations and 84% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 50% of hospitalizations and 16% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Oklahoma

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Oklahoma
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Oklahoma
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Hospitalizations (Relative) - All booster vs Counterfactual, Classic Immunization Immunization, aged 0-64

Deaths (Relative) - All booster vs Counterfactual, Classic Immunization Immunization, aged 0-64

Hospitalizations (Relative) - High-risk booster vs Counterfactual, Classic Immunization Immunization, aged 0-64

Deaths (Relative) - High-risk booster vs Counterfactual, Classic Immunization Immunization, aged 0-64

Hospitalizations (Relative) - All vs High-risk booster, Classic Immunization Immunization, aged 0-64

Deaths (Relative) - All vs High-risk booster, Classic Immunization Immunization, aged 0-64

Oregon

Differences between scenarios - Oregon

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Oregon. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 15% (9-21%) and deaths by 18% (12-25%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 1,200 (550-1,900) fewer hospitalizations and 120 (67-180) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 1,700 (680-2,700) hospitalizations and 160 (77-240) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 450 (130-770) hospitalizations and 35 (8-61) deaths in Oregon.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Oregon

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Oregon

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Oregon. We project substantial continued burden of hospitalization and deaths from COVID-19, with 7,000 cumulative hospitalizations projected by the end of the season (95% PI 2,000-10,000) and 550 deaths (95% PI 270-890) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 51% of hospitalizations and 81% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 49% of hospitalizations and 19% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Oregon

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Oregon
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
0
100
200
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Oregon
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
0
500
1,000
1,500
2,000
3,000
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Pennsylvania

Differences between scenarios - Pennsylvania

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Pennsylvania. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 15% (10-19%) and deaths by 18% (12-23%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 5,000 (3,700-7,000) fewer hospitalizations and 350 (250-460) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 7,000 (4,800-9,000) hospitalizations and 430 (290-570) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 1,500 (950-2,100) hospitalizations and 76 (34-120) deaths in Pennsylvania.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Pennsylvania

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Pennsylvania

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Pennsylvania. We project substantial continued burden of hospitalization and deaths from COVID-19, with 29,000 cumulative hospitalizations projected by the end of the season (95% PI 15,000-53,000) and 1,800 deaths (95% PI 1,100-3,000) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 62% of hospitalizations and 86% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 38% of hospitalizations and 14% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Pennsylvania

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Pennsylvania

Individual model projections & 95% projection intervals − Cumulative Deaths, Pennsylvania

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Rhode Island

Differences between scenarios - Rhode Island

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Rhode Island. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 15% (11-19%) and deaths by 17% (13-21%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 370 (190-550) fewer hospitalizations and 28 (14-43) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 530 (260-800) hospitalizations and 38 (16-61) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 160 (62-250) hospitalizations and 10 (2-18) deaths in Rhode Island.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Rhode Island

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Rhode Island

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Rhode Island. We project substantial continued burden of hospitalization and deaths from COVID-19, with 1,900 cumulative hospitalizations projected by the end of the season (95% PI 890-3,500) and 120 deaths (95% PI 57-290) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 62% of hospitalizations and 89% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 38% of hospitalizations and 11% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Rhode Island

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Rhode Island

Individual model projections & 95% projection intervals − Cumulative Deaths, Rhode Island

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

South Carolina

Differences between scenarios - South Carolina

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for South Carolina. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 13% (7-18%) and deaths by 15% (10-21%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 1,200 (720-1,600) fewer hospitalizations and 110 (76-140) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 1,400 (880-2,000) hospitalizations and 130 (85-170) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 260 (150-370) hospitalizations and 18 (8-29) deaths in South Carolina.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - South Carolina

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - South Carolina

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, South Carolina. We project substantial continued burden of hospitalization and deaths from COVID-19, with 9,000 cumulative hospitalizations projected by the end of the season (95% PI 3,300-12,000) and 720 deaths (95% PI 380-930) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 54% of hospitalizations and 86% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 46% of hospitalizations and 14% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - South Carolina

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, South Carolina

Individual model projections & 95% projection intervals − Cumulative Deaths, South Carolina

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

South Dakota

Differences between scenarios - South Dakota

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for South Dakota. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 15% (10-20%) and deaths by 17% (11-22%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 310 (180-450) fewer hospitalizations and 26 (15-36) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 370 (210-530) hospitalizations and 29 (16-42) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 58 (34-81) hospitalizations and 3 (1-5) deaths in South Dakota.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - South Dakota

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - South Dakota

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, South Dakota. We project substantial continued burden of hospitalization and deaths from COVID-19, with 1,800 cumulative hospitalizations projected by the end of the season (95% PI 670-2,900) and 140 deaths (95% PI 43-190) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 54% of hospitalizations and 86% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 46% of hospitalizations and 14% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - South Dakota

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, South Dakota

Individual model projections & 95% projection intervals − Cumulative Deaths, South Dakota

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Tennessee

Differences between scenarios - Tennessee

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Tennessee. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 12% (7-18%) and deaths by 15% (9-21%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 1,500 (820-2,100) fewer hospitalizations and 140 (93-190) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 1,800 (1,000-2,600) hospitalizations and 170 (100-230) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 360 (200-520) hospitalizations and 25 (12-38) deaths in Tennessee.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Tennessee

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Tennessee

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Tennessee. We project substantial continued burden of hospitalization and deaths from COVID-19, with 11,000 cumulative hospitalizations projected by the end of the season (95% PI 4,000-17,000) and 940 deaths (95% PI 300-1,300) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 54% of hospitalizations and 85% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 46% of hospitalizations and 15% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Tennessee

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Tennessee
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
0
50
100
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Tennessee
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
0
500
1,000
1,500
2,000
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Texas

Differences between scenarios - Texas

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Texas. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 10% (5-15%) and deaths by 13% (7-20%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 4,500 (2,600-6,000) fewer hospitalizations and 340 (190-490) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 6,000 (3,400-8,000) hospitalizations and 400 (210-600) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 1,300 (720-1,900) hospitalizations and 63 (17-110) deaths in Texas.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Texas

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Texas

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Texas. We project substantial continued burden of hospitalization and deaths from COVID-19, with 46,000 cumulative hospitalizations projected by the end of the season (95% PI 15,000-69,000) and 2,500 deaths (95% PI 1,200-3,800) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 48% of hospitalizations and 78% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 52% of hospitalizations and 22% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Texas

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Texas
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Texas
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Utah

Differences between scenarios - Utah

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Utah. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 12% (8-17%) and deaths by 16% (10-22%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 550 (280-820) fewer hospitalizations and 38 (19-56) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 760 (380-1,100) hospitalizations and 48 (22-74) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 210 (95-320) hospitalizations and 10 (2-18) deaths in Utah.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Utah

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Utah

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Utah. We project substantial continued burden of hospitalization and deaths from COVID-19, with 4,000 cumulative hospitalizations projected by the end of the season (95% PI 1,700-6,000) and 200 deaths (95% PI 79-340) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 46% of hospitalizations and 80% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 54% of hospitalizations and 20% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Utah

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Utah
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Utah
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Vermont

Differences between scenarios - Vermont

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Vermont. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 20% (16-25%) and deaths by 21% (17-26%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 320 (160-480) fewer hospitalizations and 31 (17-46) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 460 (230-690) hospitalizations and 42 (21-63) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 130 (62-200) hospitalizations and 11 (4-18) deaths in Vermont.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Vermont

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Vermont

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Vermont. We project substantial continued burden of hospitalization and deaths from COVID-19, with 1,200 cumulative hospitalizations projected by the end of the season (95% PI 330-2,100) and 110 deaths (95% PI 27-200) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 59% of hospitalizations and 88% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 41% of hospitalizations and 12% of deaths occurring in individuals aged 0-64.

Individual Model Projections - Vermont

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Vermont
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Vermont
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Virginia

Differences between scenarios - Virginia

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Virginia. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 16% (11-21%) and deaths by 18% (13-24%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 2,700 (1,600-3,800) fewer hospitalizations and 220 (150-300) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 3,600 (2,200-5,000) hospitalizations and 280 (180-390) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 910 (500-1,300) hospitalizations and 59 (24-93) deaths in Virginia.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Virginia

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Virginia

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Virginia. We project substantial continued burden of hospitalization and deaths from COVID-19, with 14,000 cumulative hospitalizations projected by the end of the season (95% PI 6,000-21,000) and 1,100 deaths (95% PI 640-1,600) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 51% of hospitalizations and 84% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 49% of hospitalizations and 16% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Virginia

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Virginia
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Virginia
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Hospitalizations (Averted) - All booster vs Counterfactual, Classic Immunization Immunization, aged 0-64

Deaths (Averted) - All booster vs Counterfactual, Classic Immunization Immunization, aged 0-64

Hospitalizations (Averted) - High-risk booster vs Counterfactual, Classic Immunization Immunization, aged 0-64

Deaths (Averted) - High-risk booster vs Counterfactual, Classic Immunization Immunization, aged 0-64

Hospitalizations (Averted) - All vs High-risk booster, Classic Immunization Immunization, aged 0-64

Deaths (Averted) - All vs High-risk booster, Classic Immunization Immunization, aged 0-64

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Washington

Differences between scenarios - Washington

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Washington. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 15% (9-21%) and deaths by 18% (12-25%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 2,000 (850-3,100) fewer hospitalizations and 170 (91-260) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 2,700 (1,100-4,400) hospitalizations and 230 (110-350) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 770 (260-1,300) hospitalizations and 53 (14-91) deaths in Washington.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Washington

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Washington

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Washington. We project substantial continued burden of hospitalization and deaths from COVID-19, with 10,000 cumulative hospitalizations projected by the end of the season (95% PI 5,000-15,000) and 760 deaths (95% PI 510-1,300) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 54% of hospitalizations and 84% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 46% of hospitalizations and 16% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Washington

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Washington
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Washington
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Hospitalizations (Relative) - All booster vs Counterfactual, Classic Immunization Immunization, aged 0-64

Deaths (Relative) - All booster vs Counterfactual, Classic Immunization Immunization, aged 0-64

Hospitalizations (Relative) - High-risk booster vs Counterfactual, Classic Immunization Immunization, aged 0-64

Deaths (Relative) - High-risk booster vs Counterfactual, Classic Immunization Immunization, aged 0-64

Hospitalizations (Relative) - All vs High-risk booster, Classic Immunization Immunization, aged 0-64

Deaths (Relative) - All vs High-risk booster, Classic Immunization Immunization, aged 0-64

West Virginia

Differences between scenarios - West Virginia

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for West Virginia. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 13% (8-19%) and deaths by 15% (10-20%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 640 (440-840) fewer hospitalizations and 51 (34-67) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 760 (510-1,000) hospitalizations and 58 (36-80) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 120 (58-180) hospitalizations and 8 (2-14) deaths in West Virginia.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - West Virginia

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - West Virginia

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, West Virginia. We project substantial continued burden of hospitalization and deaths from COVID-19, with 5,000 cumulative hospitalizations projected by the end of the season (95% PI 1,500-8,000) and 300 deaths (95% PI 130-480) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 60% of hospitalizations and 82% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 40% of hospitalizations and 18% of deaths occurring in individuals aged 0-64.

Individual Model Projections - West Virginia

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, West Virginia
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, West Virginia
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Wisconsin

Differences between scenarios - Wisconsin

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Wisconsin. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 14% (10-18%) and deaths by 17% (13-22%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 2,100 (1,200-3,000) fewer hospitalizations and 150 (100-190) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 2,700 (1,600-3,800) hospitalizations and 180 (110-250) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 580 (270-890) hospitalizations and 31 (6-56) deaths in Wisconsin.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Wisconsin

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Wisconsin

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Wisconsin. We project substantial continued burden of hospitalization and deaths from COVID-19, with 12,000 cumulative hospitalizations projected by the end of the season (95% PI 4,800-20,000) and 740 deaths (95% PI 400-1,100) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 54% of hospitalizations and 84% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 46% of hospitalizations and 16% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Wisconsin

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Wisconsin
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Wisconsin
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Wyoming

Differences between scenarios - Wyoming

Cumulative pooled differences between vaccination scenarios from April 27, 2025 to April 25, 2026, for Wyoming. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination. Vaccination of high-risk groups reduces hospitalizations by 12% (8-16%) and deaths by 15% (10-21%), compared to no vaccination (classic timing). Vaccinating high-risk groups would result in 150 (80-210) fewer hospitalizations and 13 (7-18) fewer deaths nationally over the projection period, compared to no vaccination. Vaccination for all age groups increases these reductions to 180 (100-270) hospitalizations and 16 (9-23) deaths averted. As compared to vaccinating only 65+ and high-risk individuals, vaccinating all ages would prevent an extra 39 (19-59) hospitalizations and 3 (1-5) deaths in Wyoming.

Overall

These impacts of vaccination are are expected among all age groups, but the majority of the overall vaccination benefits (i.e., direct and indirect effects) is expected to come from reductions in individuals 65 and over.

Individuals aged 0-64

Individuals aged 65 and over

Ensemble Projections - Wyoming

Incident hospitalizations and deaths in the ensemble. The ensembled projection for each scenario expects two periods of increased COVID-19 activity, in summer 2025 and winter 2025-26, with a first peak projected in late August 2025 and a second peak in January 2026, for both hospitalizations and deaths. Based on the 50% projection interval, both peaks are expected to remain close to that of last winter season. There is more uncertainty about the intensity of the summer wave of COVID-19 than the winter wave, with 2 of the 8 participating models projecting minimal summer activity.

Cumulative Ensemble Projections, by Age - Wyoming

Ensemble projections for cumulative hospitalizations and deaths, by scenario and age group, Wyoming. We project substantial continued burden of hospitalization and deaths from COVID-19, with 870 cumulative hospitalizations projected by the end of the season (95% PI 460-2,300) and 60 deaths (95% PI 31-160) due to COVID-19 in the intermediate scenario (scenario B, vaccination recommended for high-risk individuals and classic timing of vaccination). The majority of this burden is concentrated in individuals aged 65+, with 50% of hospitalizations and 87% of deaths in this age group; however this still represents a substantial burden in younger age groups, with 50% of hospitalizations and 13% of deaths occurring in individuals aged 0-64.

Scenario B, median ensemble projections with 50% and 95% projection intervals, April 27, 2025 to April 25, 2026

Median ensemble projections & 95% projection intervals, April 27, 2025 to April 25, 2026

Individual Model Projections - Wyoming

There is substantial heterogeneity between individual models in estimated differences between scenarios, driven by differences in seasonality, vaccination effectiveness, and overall burden.

Individual model projections and ensemble by scenario for hospitalizations and deaths.

Individual model projections & 95% projection intervals − Incidence Deaths, Wyoming
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
Jan−2025
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Individual model projections & 95% projection intervals − Cumulative Deaths, Wyoming
noTiming
classicTiming
earlyTiming
noBoo
HighRiskVax
allVax
Projections begin
2025−04−27
May−2025
Sep−2025
Jan−2026
Ensemble
CFA−Scenarios
JHU_UNC−flepiMoP
MOBS_NEU−GLEAM_COVID
PSI−M_CoV_2025
UIUC−IMMCYC
UNCC−Hierbin
UT−ImmunoSEIRS
UVA−adaptive

Absolute differences between vaccination scenarios by individual model, classic vaccination timing.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Absolute differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

Relative differences between vaccination scenarios by individual model, classic vaccination timing.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 65 and over.

Relative differences between vaccination scenarios by individual model, classic vaccination timing, individuals aged 0-64.

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