

# State Supplementary Results

## Round 1 2025/26 - 2025 to 2026 Season

19 November, 2025

Scenario Modeling Hub Team<sup>1</sup>

This supplementary report contains state-level results for each state. These results mirror those at the national level. See [fluscenariomodelinghub.org](https://fluscenariomodelinghub.org) and the main report for more details.

## Round 1 2025/26 Specifications

<b>Business as Usual Vaccine Coverage</b> <ul style="list-style-type: none"><li>Vaccine coverage is <b>the same as in the 2023-24 flu season</b> in all age groups and jurisdictions. Overall, the US coverage is about 46% in this scenario.</li></ul>	<b>Scenario A</b>
<b>Low Vaccine Coverage</b> <ul style="list-style-type: none"><li>Vaccine coverage is <b>35% lower than in the 2023-24 flu season</b> in age groups <b>under 65 yrs</b> (<math>\times 0.65</math> 2023-24 coverage). Overall, the US coverage is about 34% in this scenario.</li></ul>	<b>Scenario B</b>
<b>Counterfactual</b> <ul style="list-style-type: none"><li>No influenza vaccination in any age group</li></ul>	<b>Scenario C</b>

<sup>1</sup>Compiled by Lucie Contamin, Shaun Truelove, Cécile Viboud.

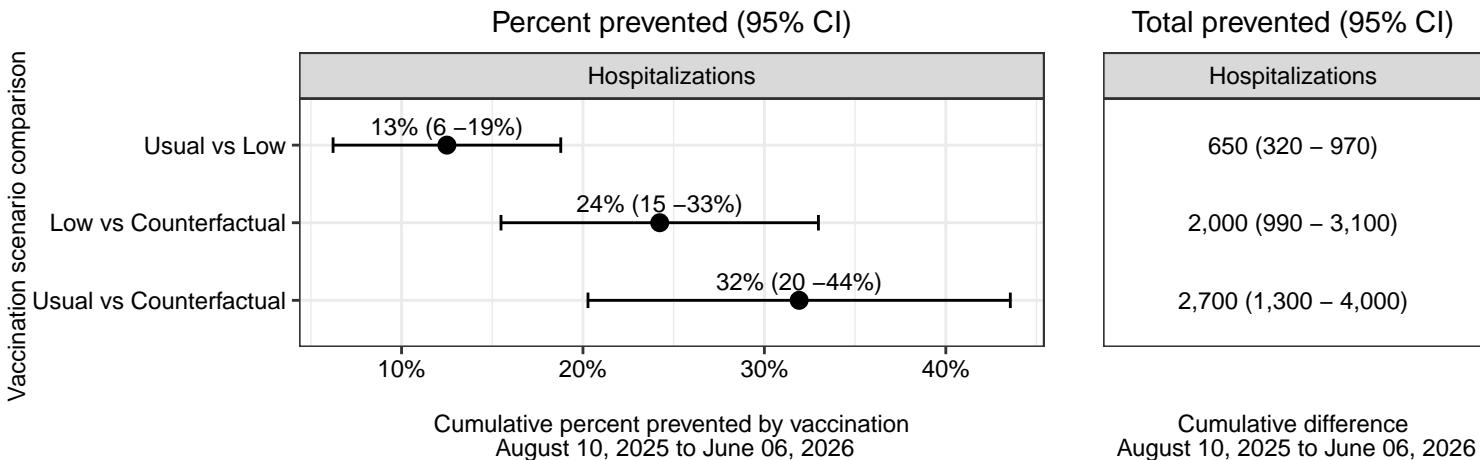
# Alabama

## Differences between scenarios - Alabama

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Alabama.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

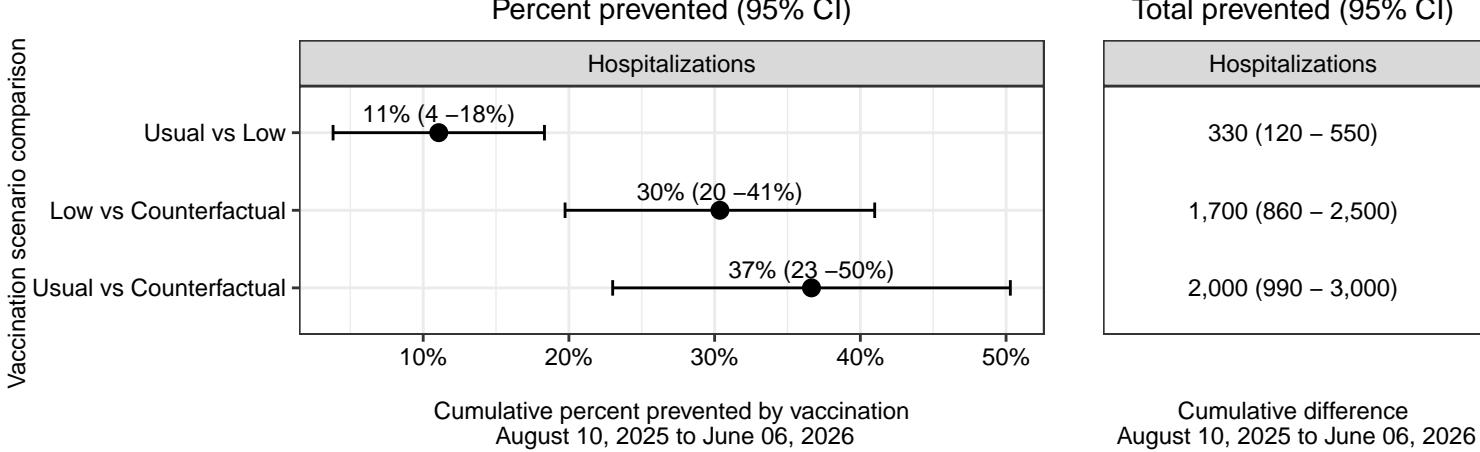
Business as usual vaccine coverage reduces hospitalizations by 2,700 (1,300 - 4,000), compared to no vaccination. Low vaccination coverage would result in 2,000 (990 - 3,100) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

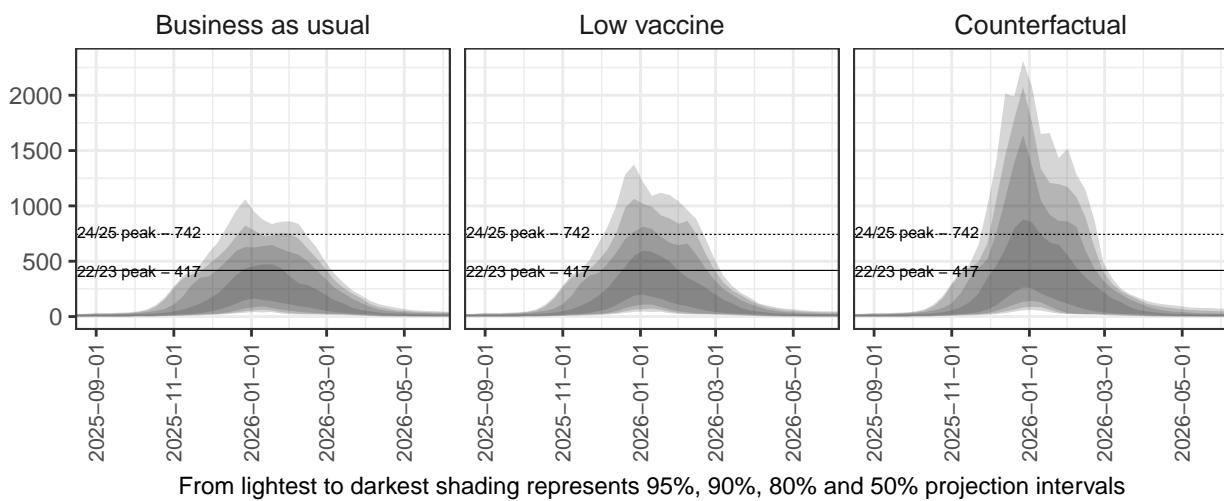
### 65+ population



## Ensemble Projections - Alabama

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

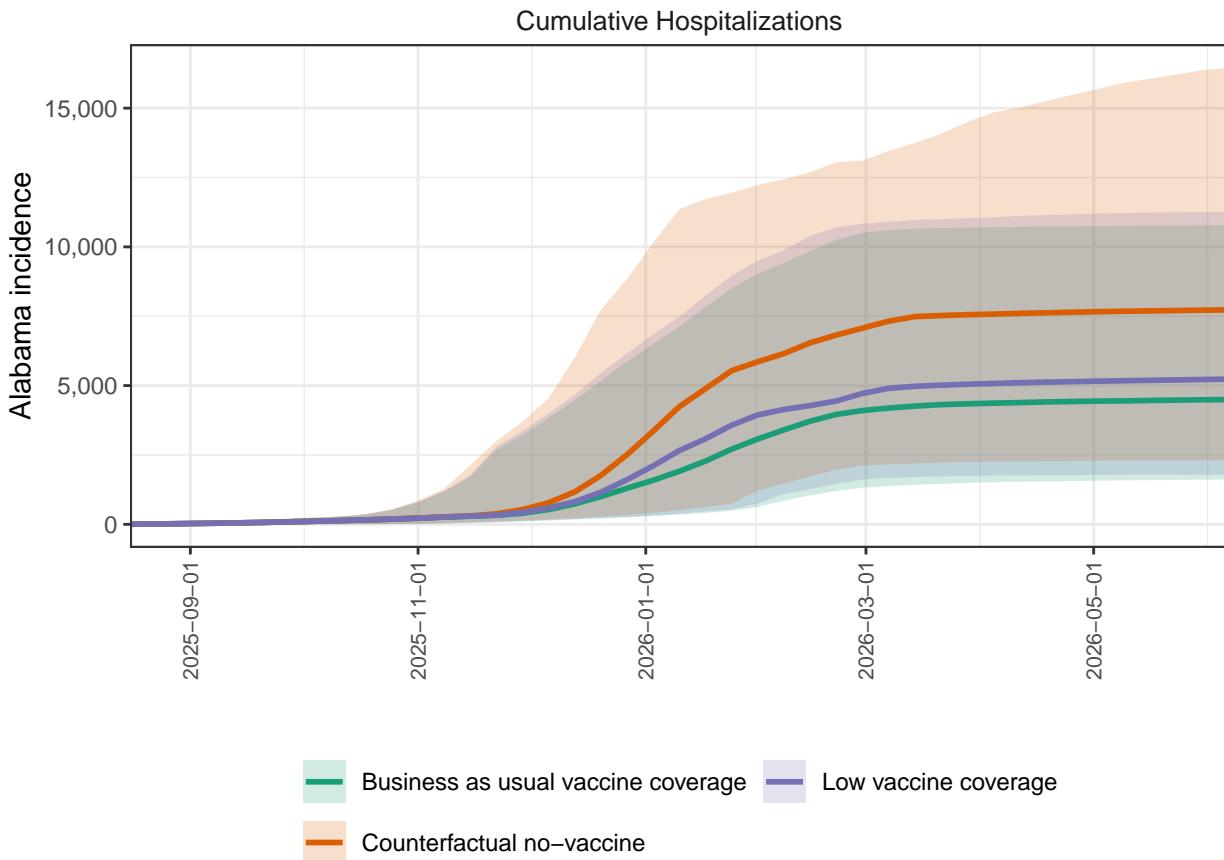
### Alabama ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Alabama

**Ensemble projections for cumulative hospitalizations by scenario, Alabama.** We project substantial continued burden of hospitalization from Flu, with 4497 cumulative hospitalizations projected by the end of the season (95% PI 1614 - 10785 due to FLU in the business as usual scenario (scenario A).

### Alabama ensemble projections & 95% projection intervals

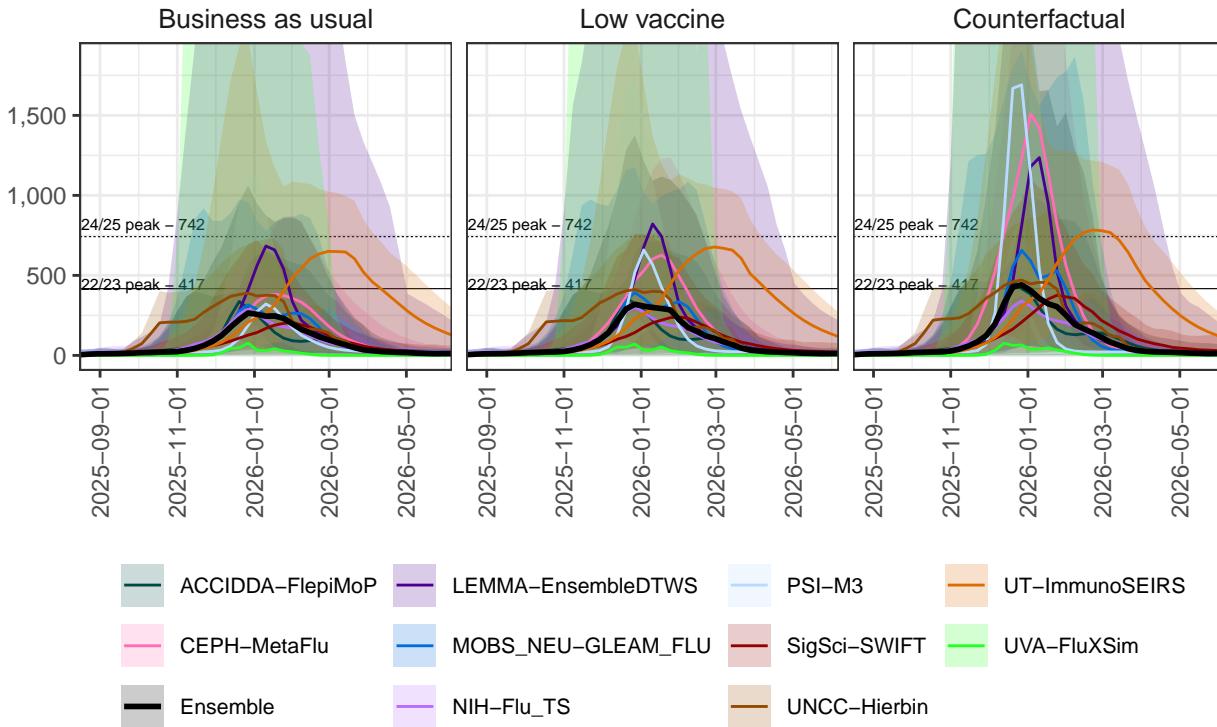


## Individual Model Projections - Alabama

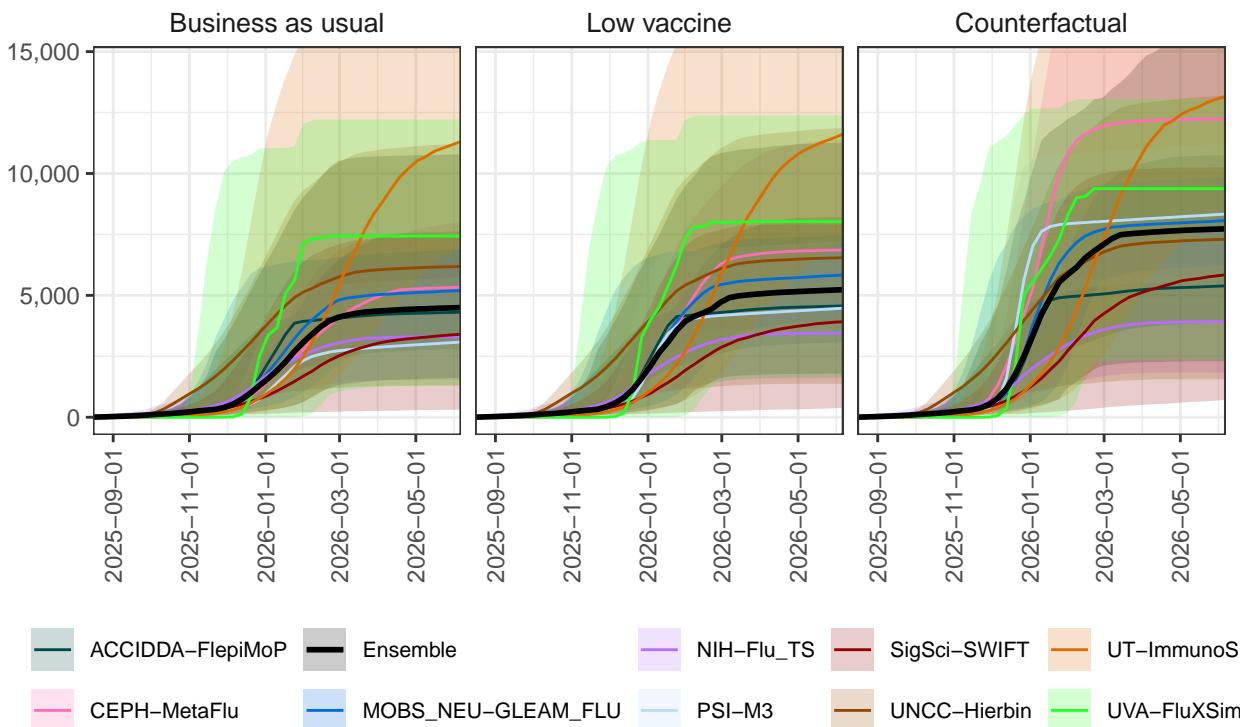
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Alabama Individual Model Projections & 95% Projection Intervals Hospitalizations



### Alabama Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



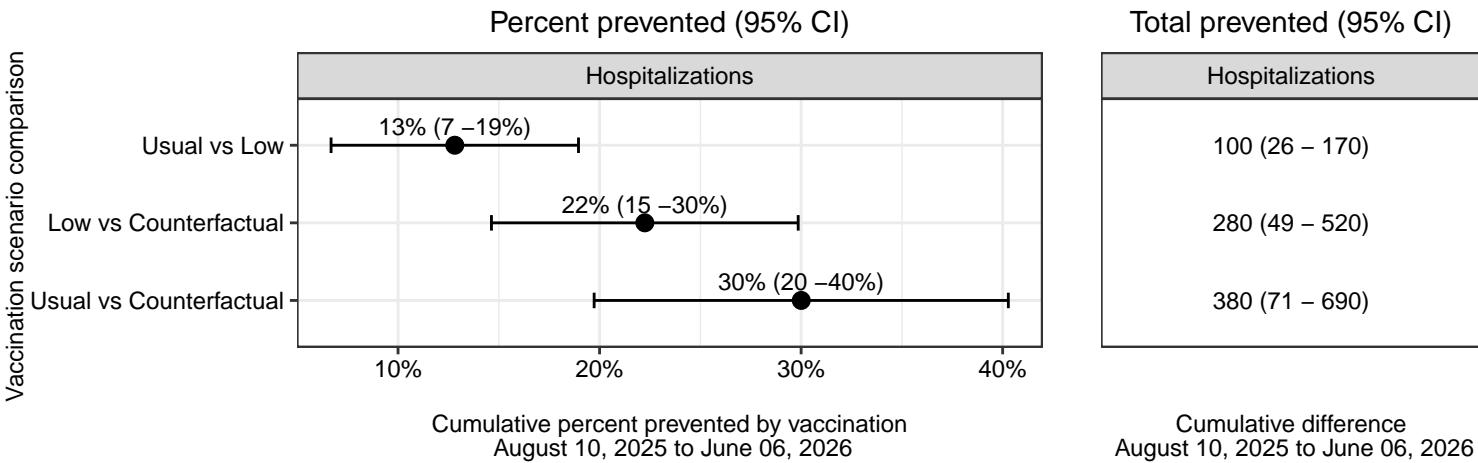
# Alaska

## Differences between scenarios - Alaska

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Alaska.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

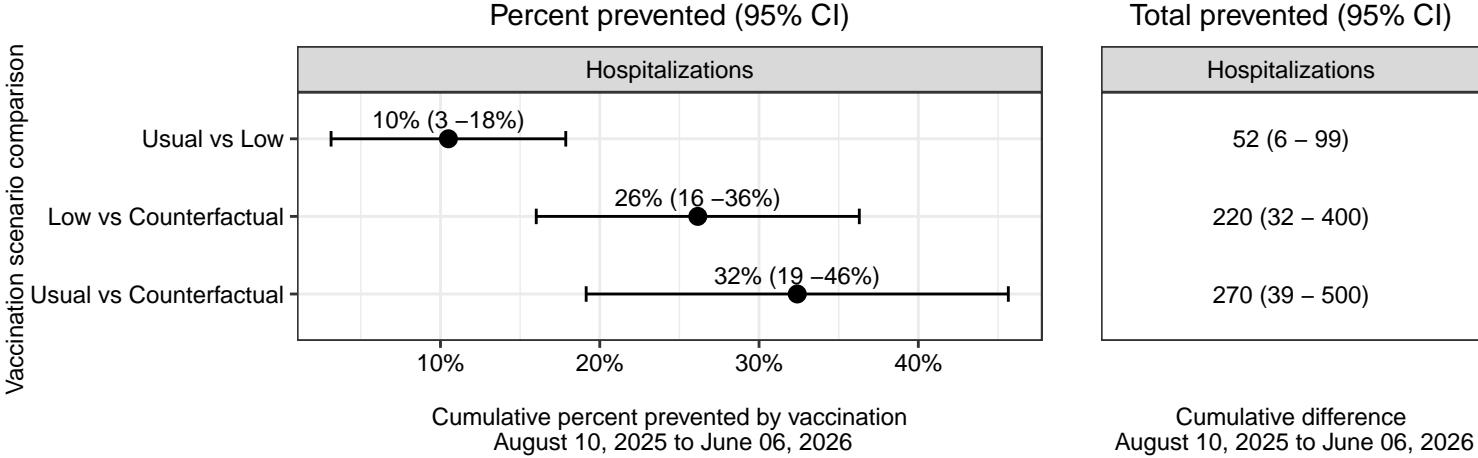
Business as usual vaccine coverage reduces hospitalizations by 380 (71 - 690), compared to no vaccination. Low vaccination coverage would result in 280 (49 - 520) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

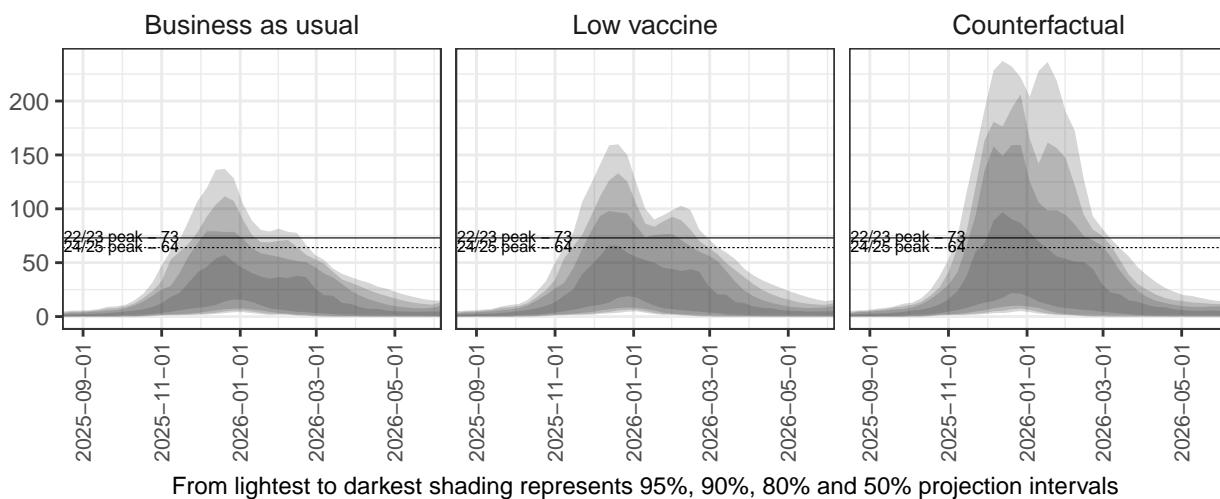
### 65+ population



## Ensemble Projections - Alaska

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

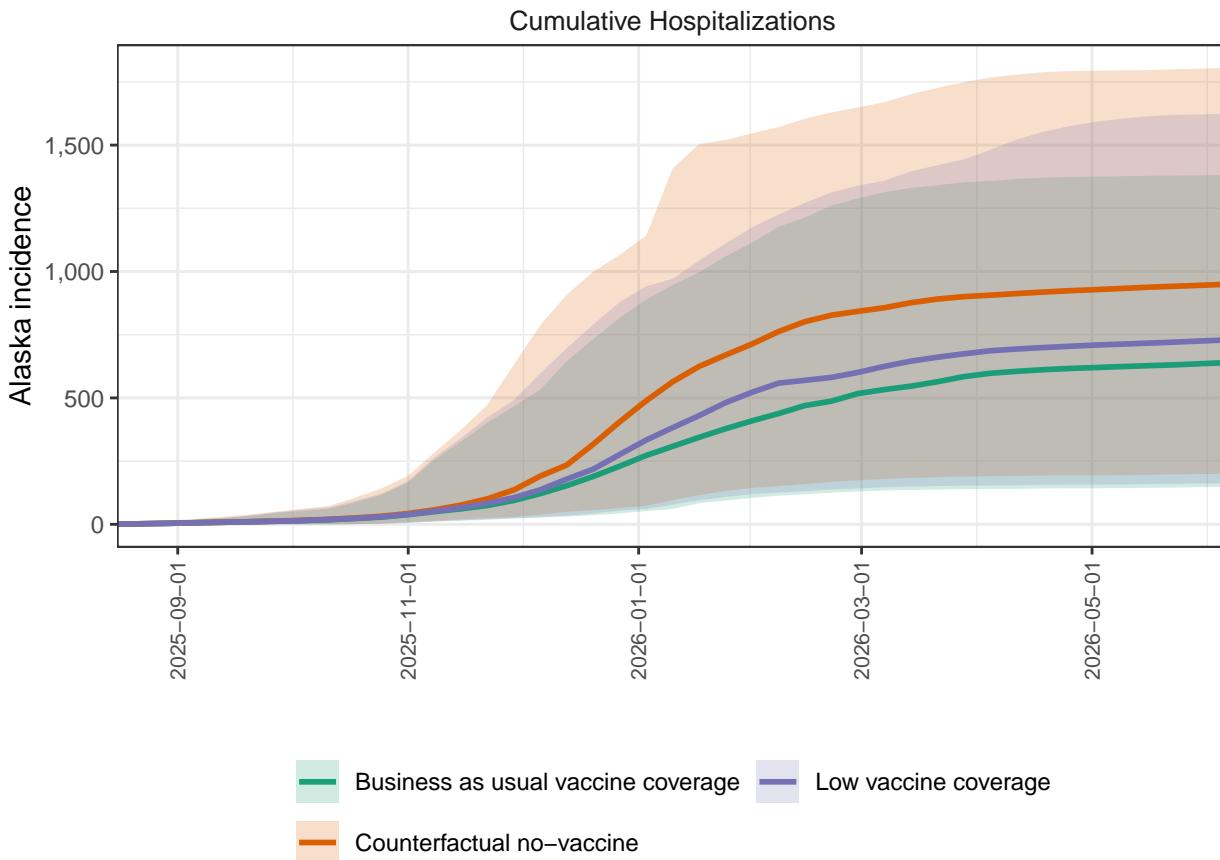
### Alaska ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Alaska

**Ensemble projections for cumulative hospitalizations by scenario, Alaska.** We project substantial continued burden of hospitalization from Flu, with 640 cumulative hospitalizations projected by the end of the season (95% PI 148 - 1382 due to FLU in the business as usual scenario (scenario A).

### Alaska ensemble projections & 95% projection intervals

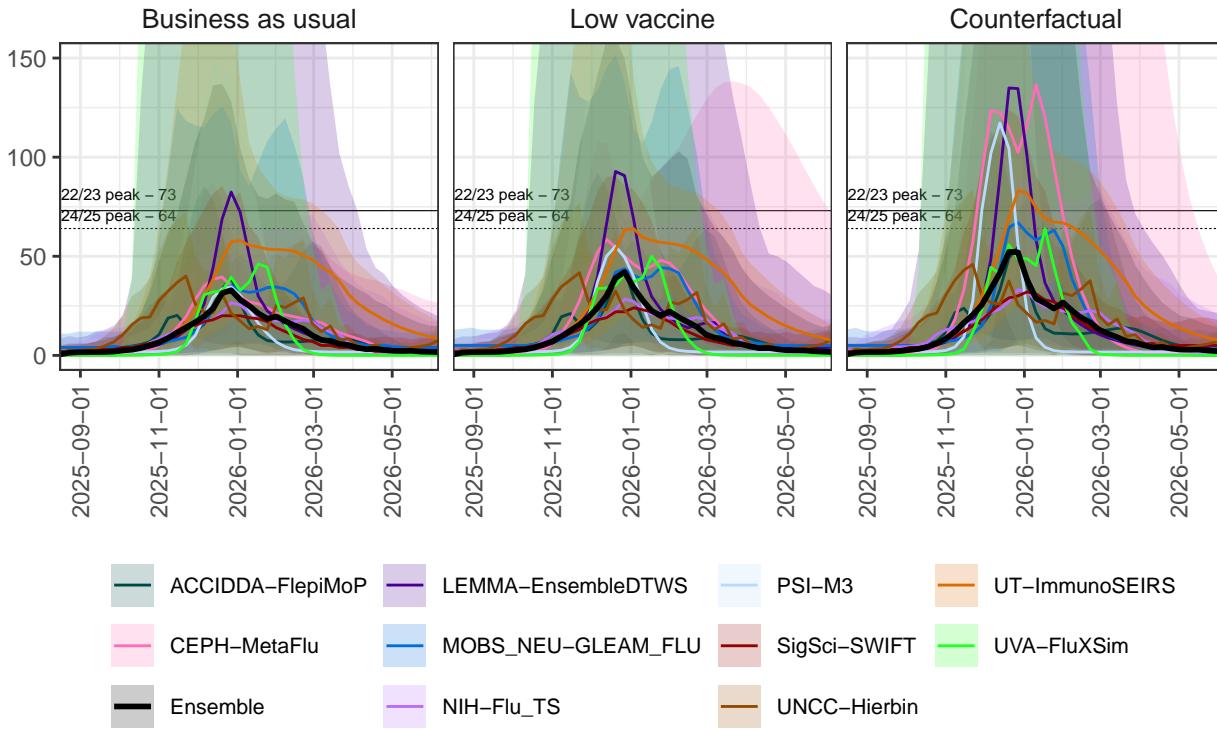


## Individual Model Projections - Alaska

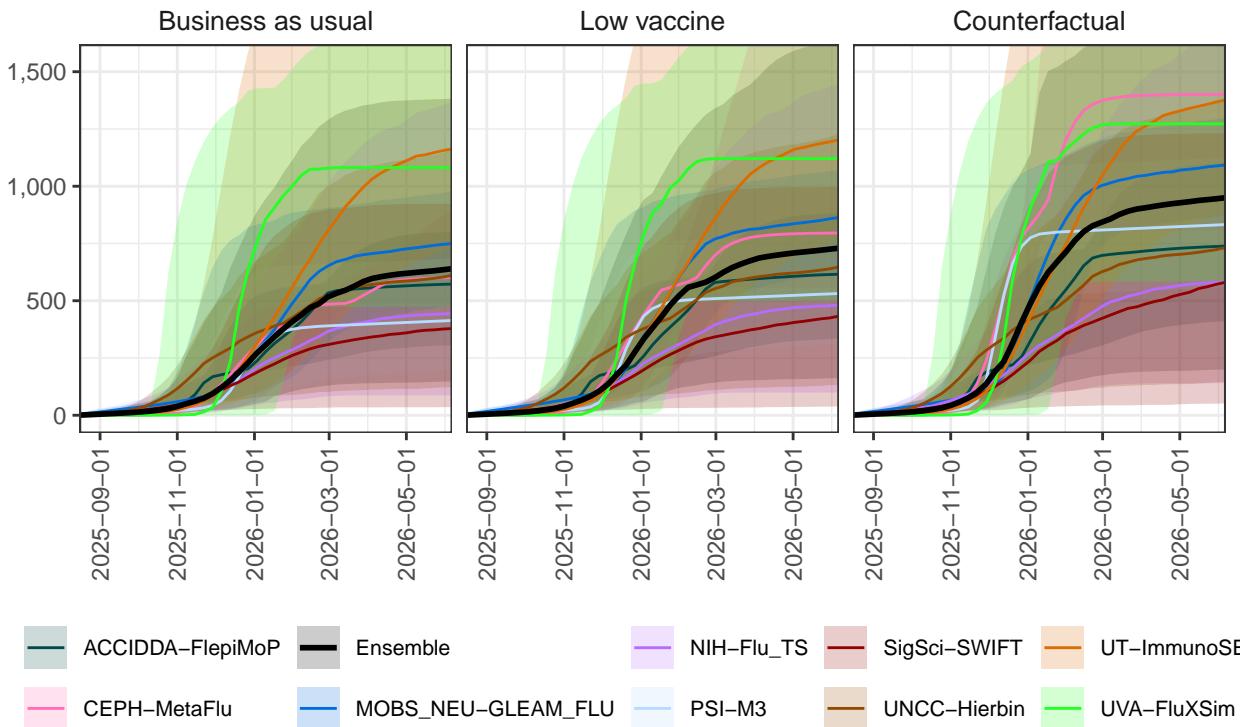
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Alaska Individual Model Projections & 95% Projection Intervals Hospitalizations



### Alaska Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



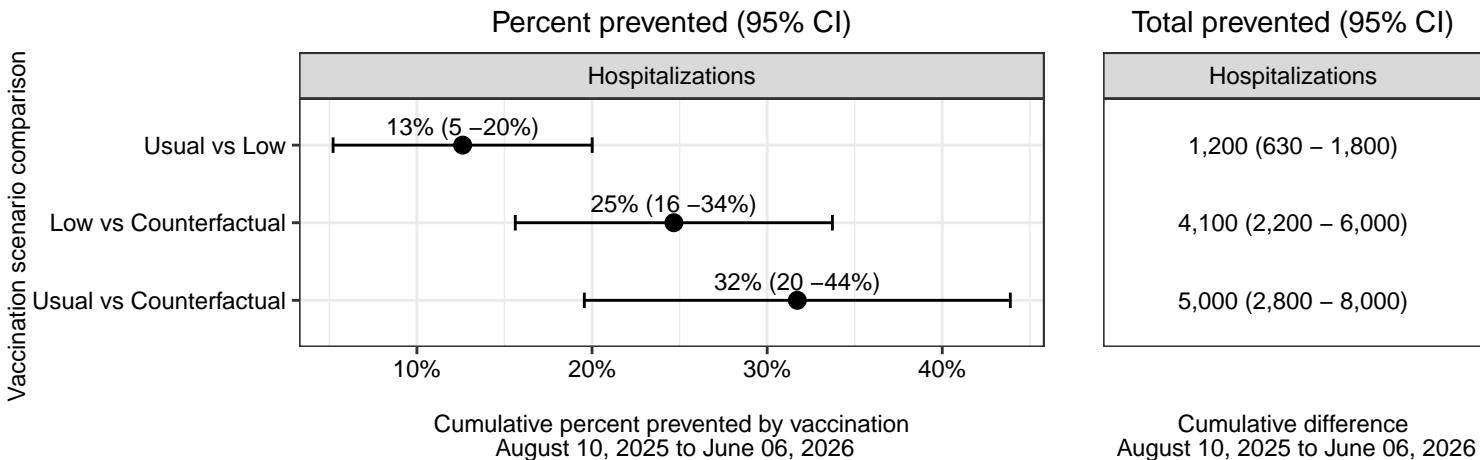
# Arizona

## Differences between scenarios - Arizona

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Arizona.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

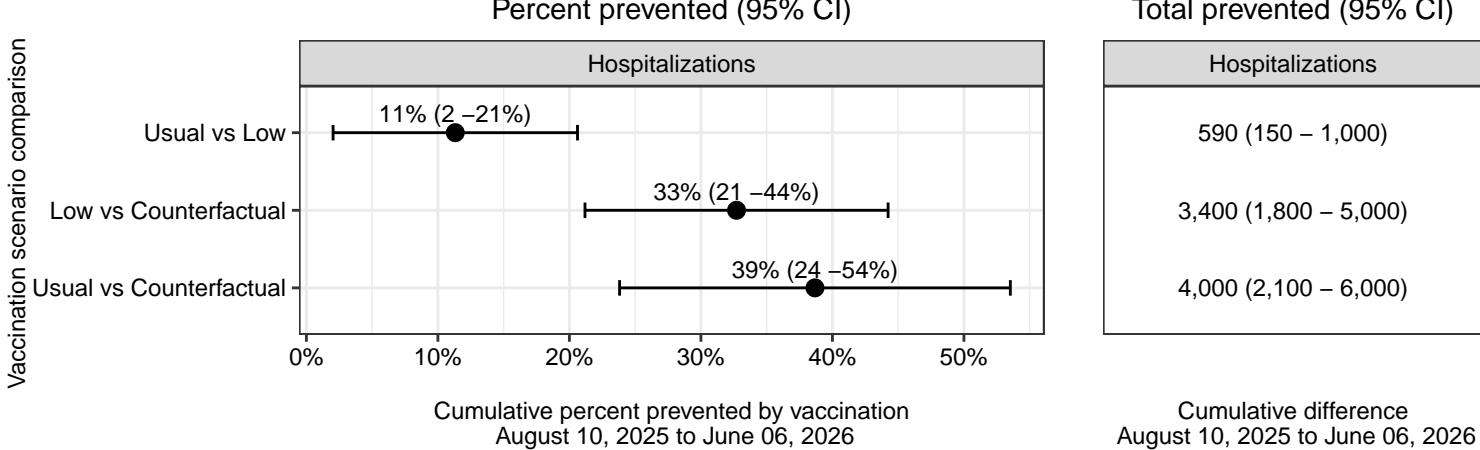
Business as usual vaccine coverage reduces hospitalizations by 5,000 (2,800 - 8,000), compared to no vaccination. Low vaccination coverage would result in 4,100 (2,200 - 6,000) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

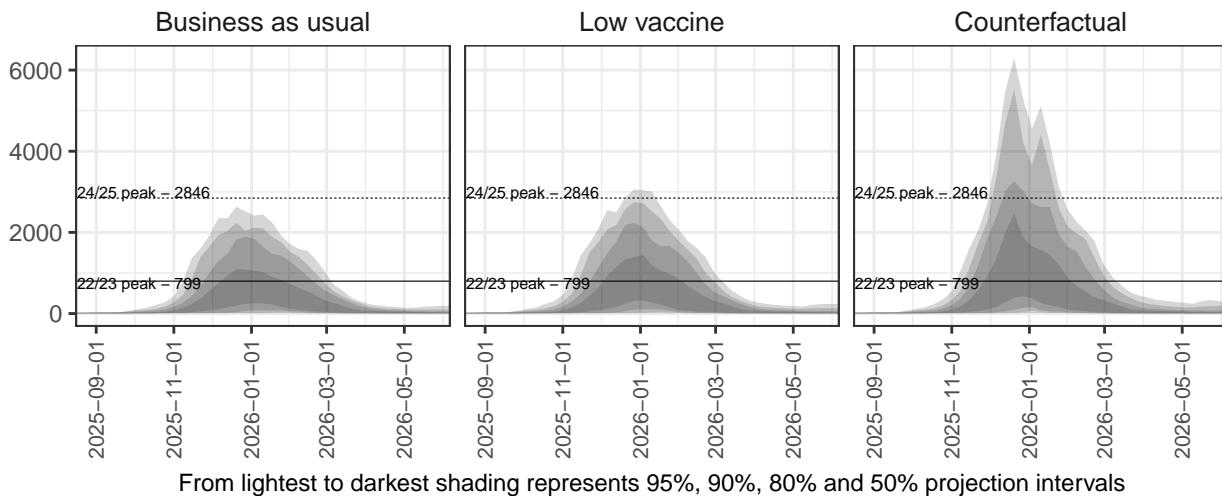
### 65+ population



## Ensemble Projections - Arizona

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

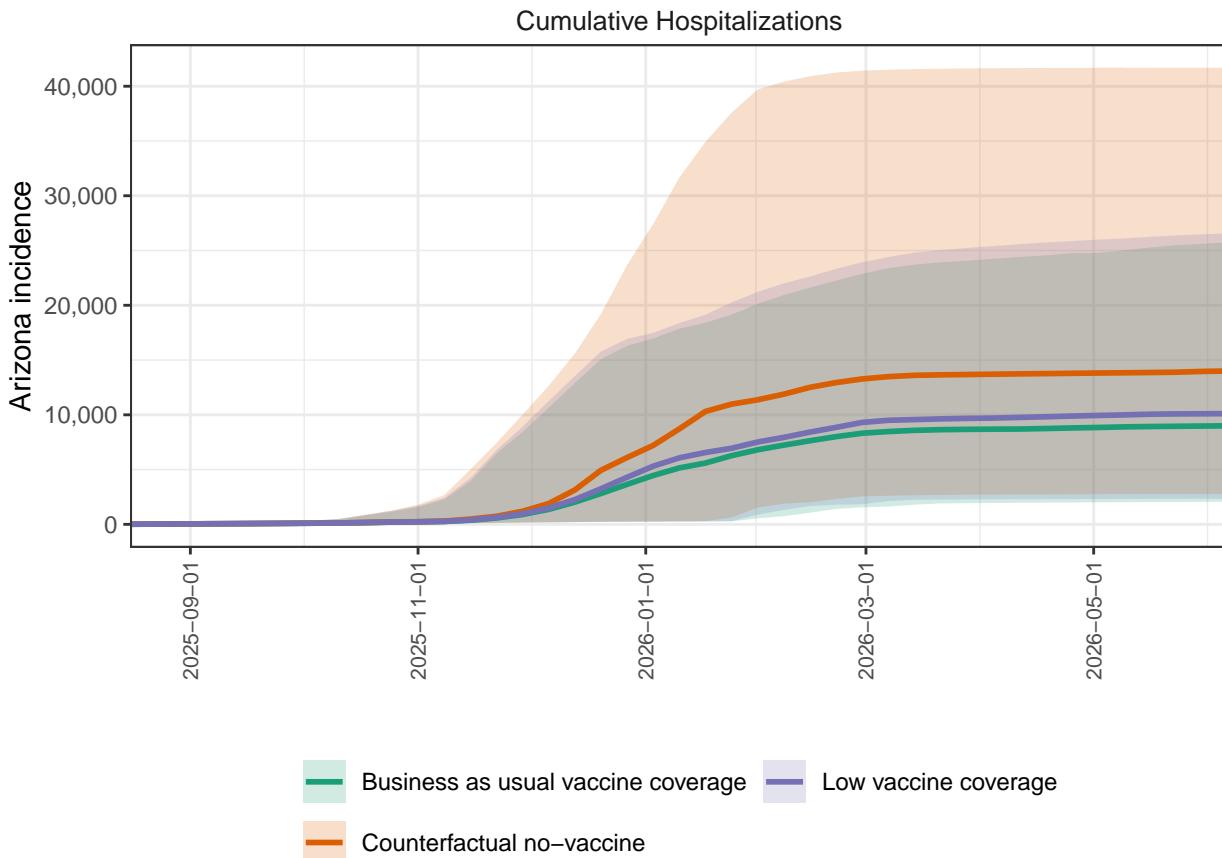
### Arizona ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Arizona

**Ensemble projections for cumulative hospitalizations by scenario, Arizona.** We project substantial continued burden of hospitalization from Flu, with 8994 cumulative hospitalizations projected by the end of the season (95% PI 2078 - 25750) due to FLU in the business as usual scenario (scenario A).

### Arizona ensemble projections & 95% projection intervals

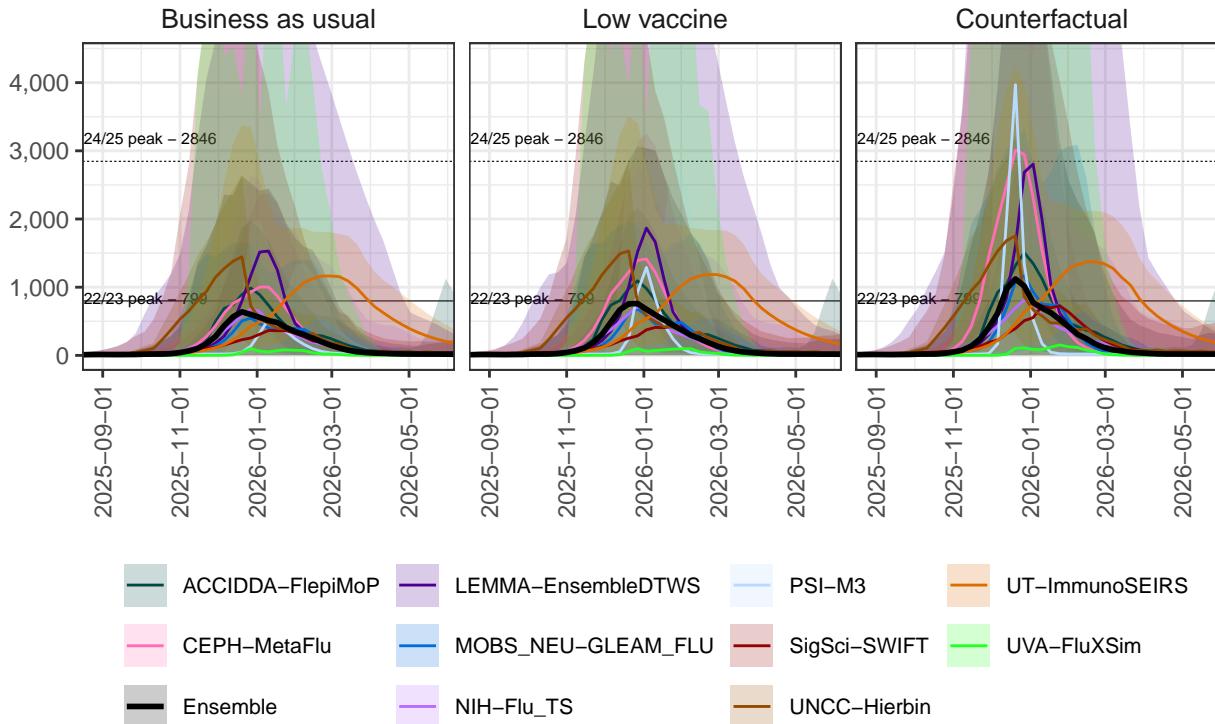


## Individual Model Projections - Arizona

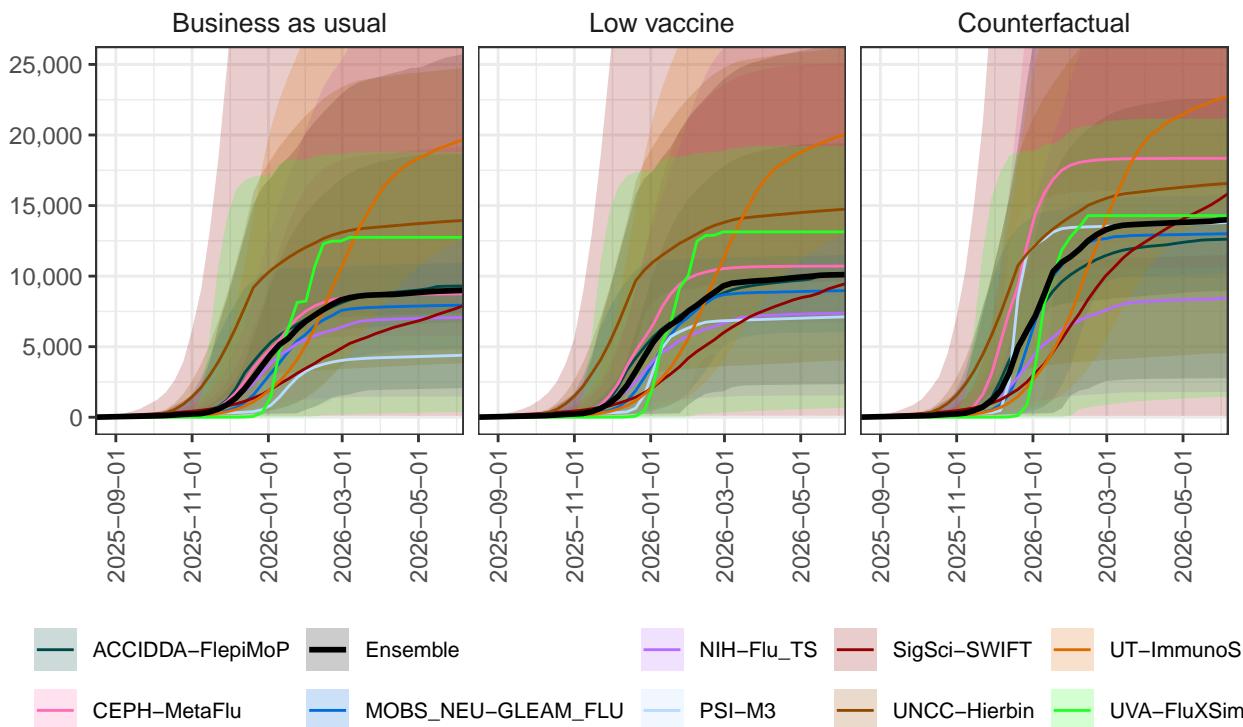
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Arizona Individual Model Projections & 95% Projection Intervals Hospitalizations



### Arizona Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



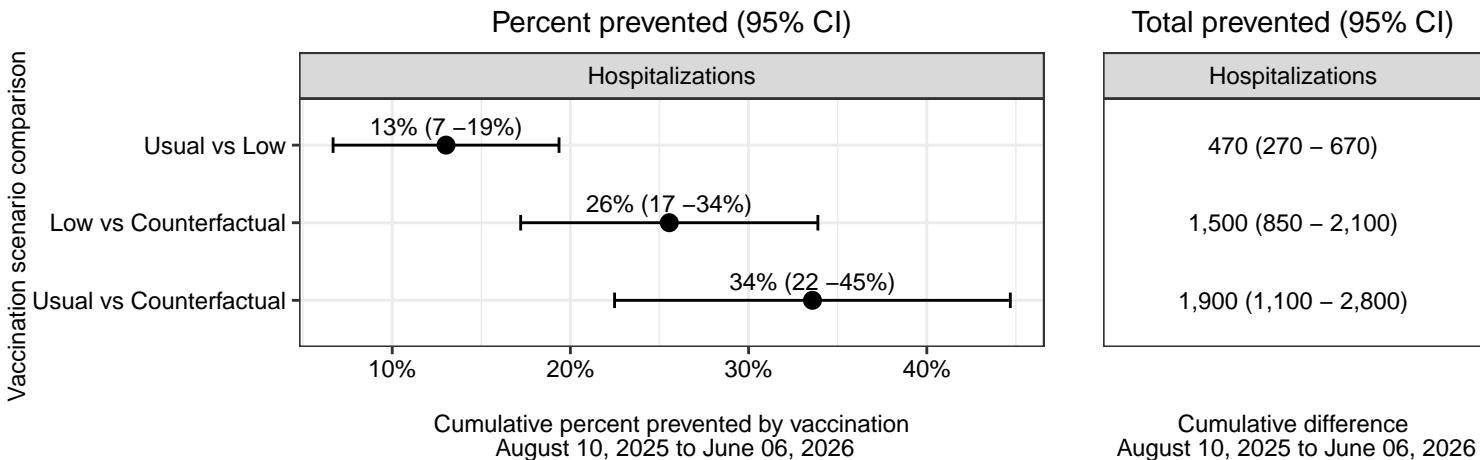
# Arkansas

## Differences between scenarios - Arkansas

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Arkansas.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

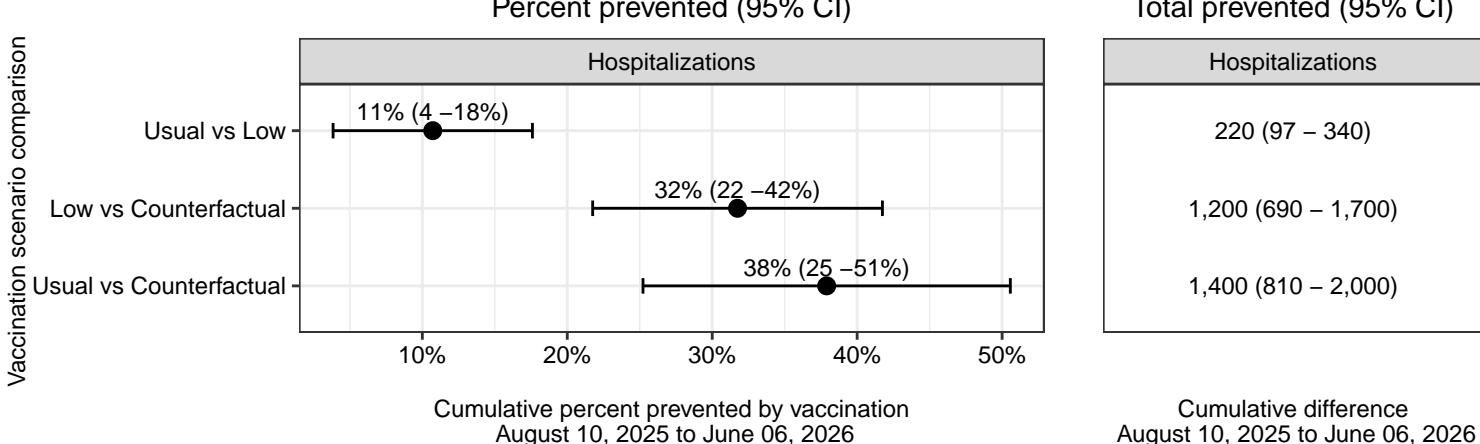
Business as usual vaccine coverage reduces hospitalizations by 1,900 (1,100 - 2,800), compared to no vaccination. Low vaccination coverage would result in 1,500 (850 - 2,100) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

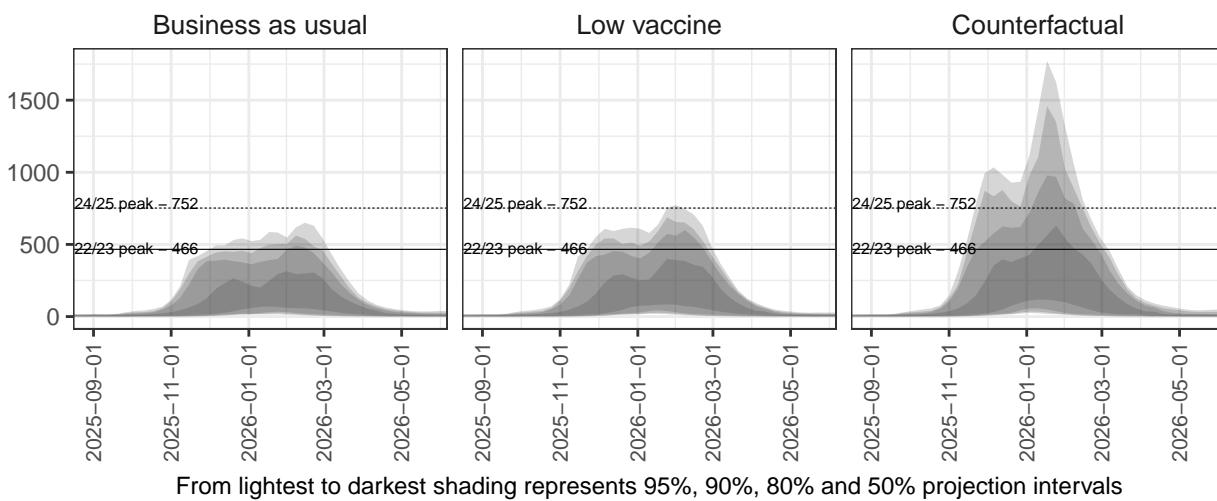
### 65+ population



## Ensemble Projections - Arkansas

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

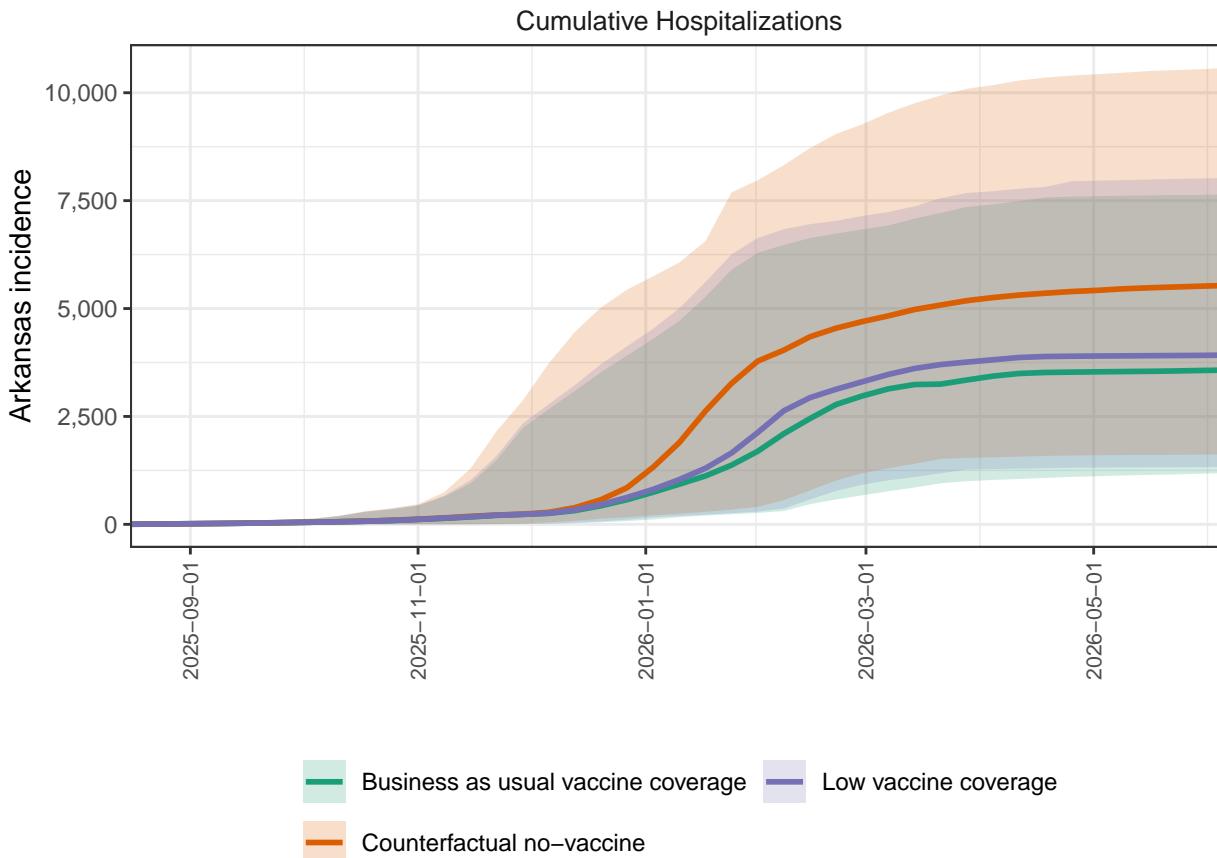
### Arkansas ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Arkansas

**Ensemble projections for cumulative hospitalizations by scenario, Arkansas.** We project substantial continued burden of hospitalization from Flu, with 3575 cumulative hospitalizations projected by the end of the season (95% PI 1186 - 7648 due to FLU in the business as usual scenario (scenario A).

### Arkansas ensemble projections & 95% projection intervals

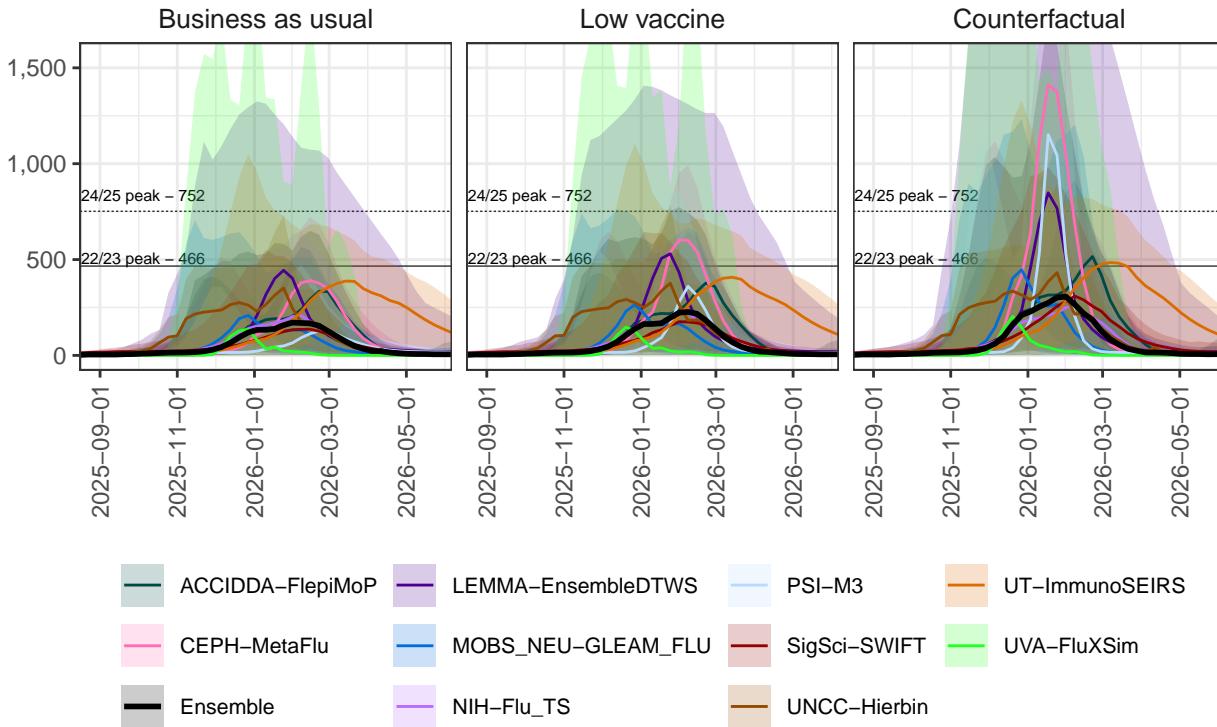


## Individual Model Projections - Arkansas

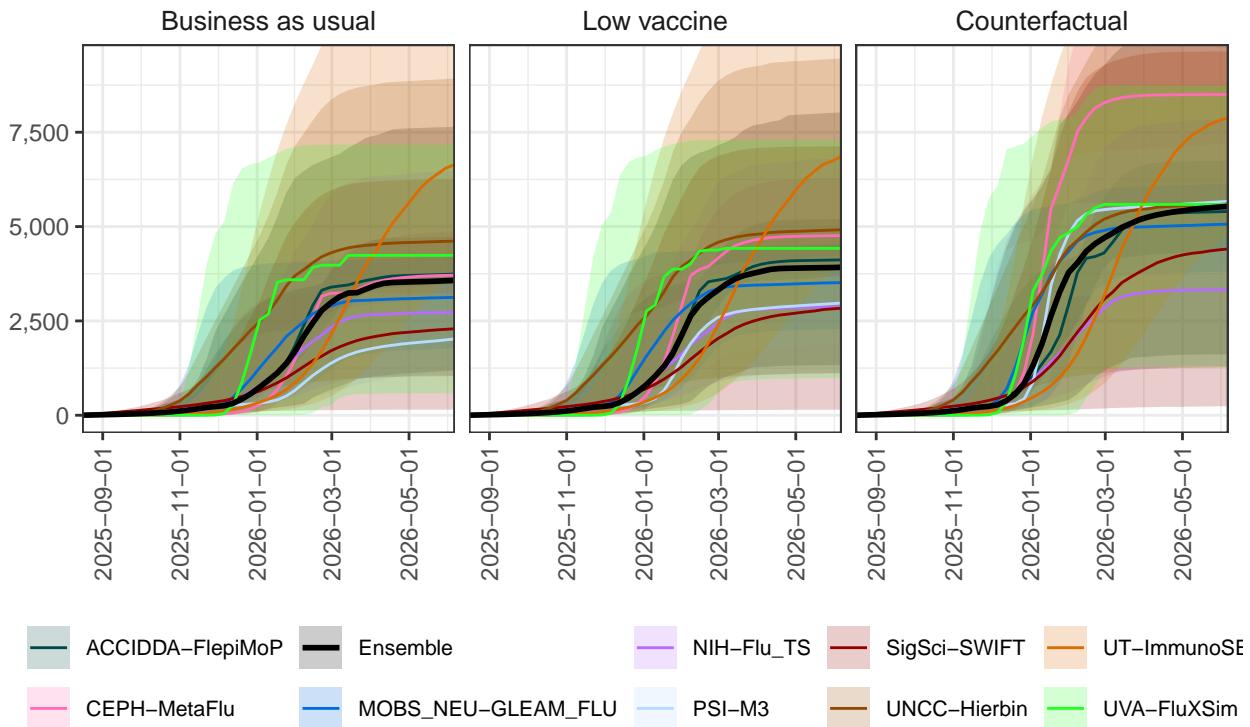
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Arkansas Individual Model Projections & 95% Projection Intervals Hospitalizations



### Arkansas Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



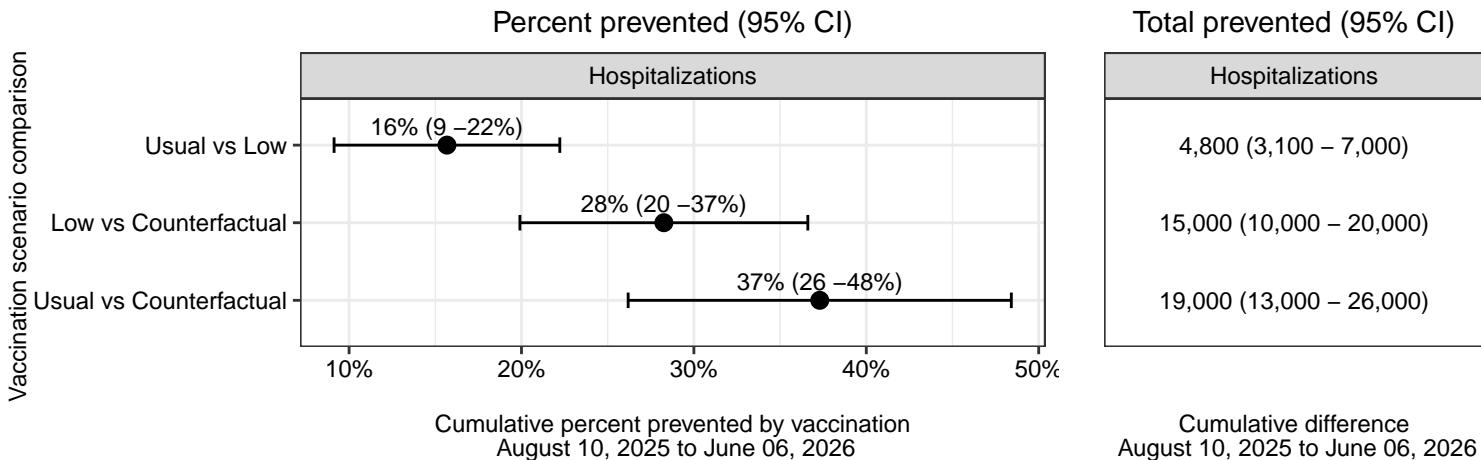
# California

## Differences between scenarios - California

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for California.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

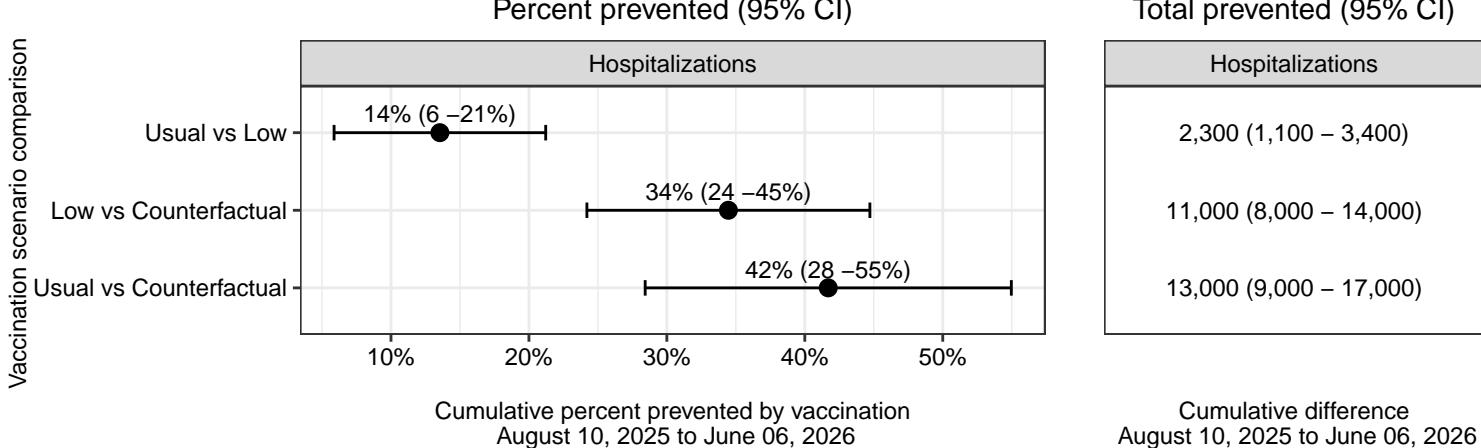
Business as usual vaccine coverage reduces hospitalizations by 19,000 (13,000 - 26,000), compared to no vaccination. Low vaccination coverage would result in 15,000 (10,000 - 20,000) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

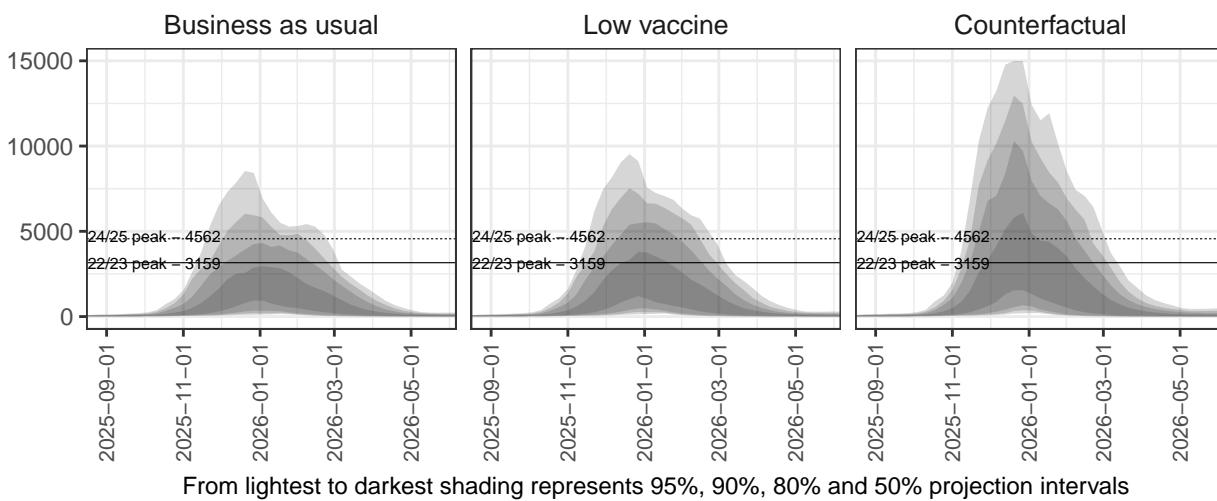
### 65+ population



## Ensemble Projections - California

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

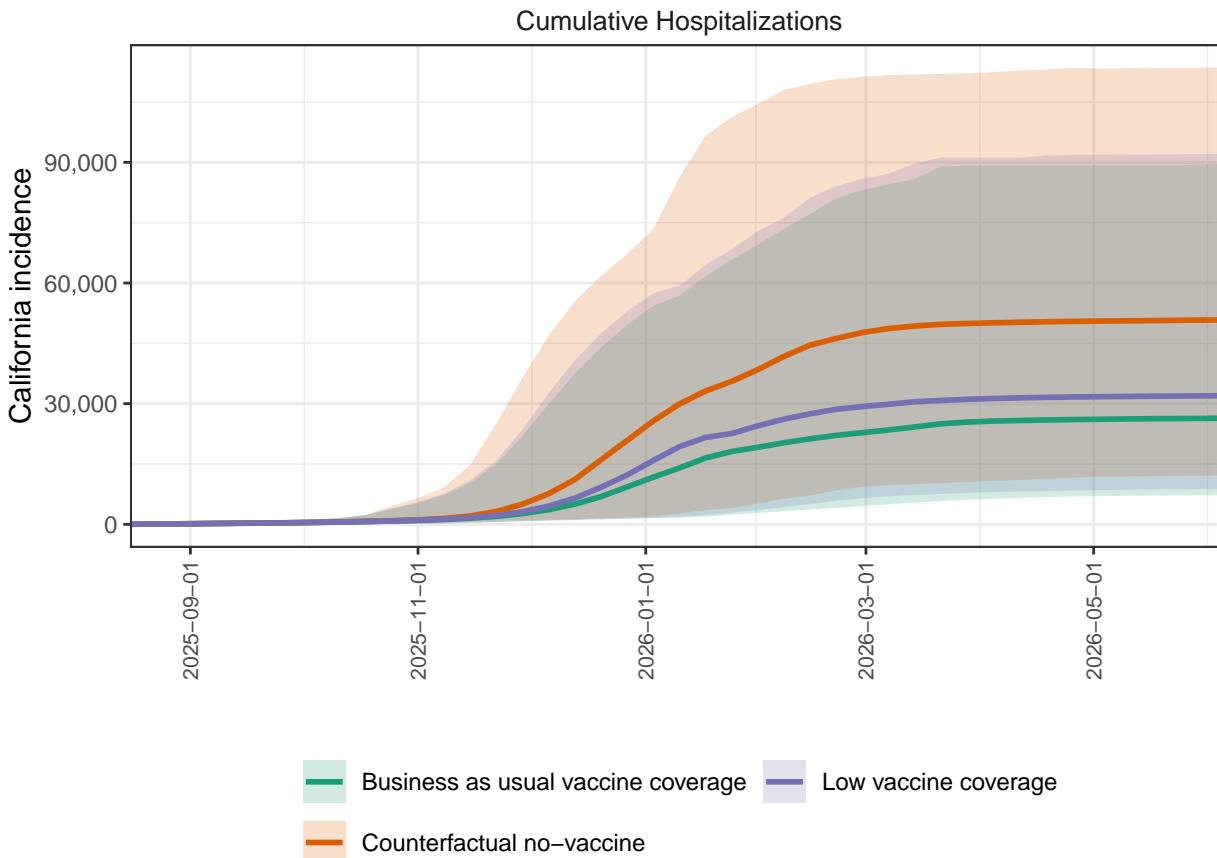
### California ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - California

**Ensemble projections for cumulative hospitalizations by scenario, California.** We project substantial continued burden of hospitalization from Flu, with 26387 cumulative hospitalizations projected by the end of the season (95% PI 7232 - 89527 due to FLU in the business as usual scenario (scenario A).

### California ensemble projections & 95% projection intervals

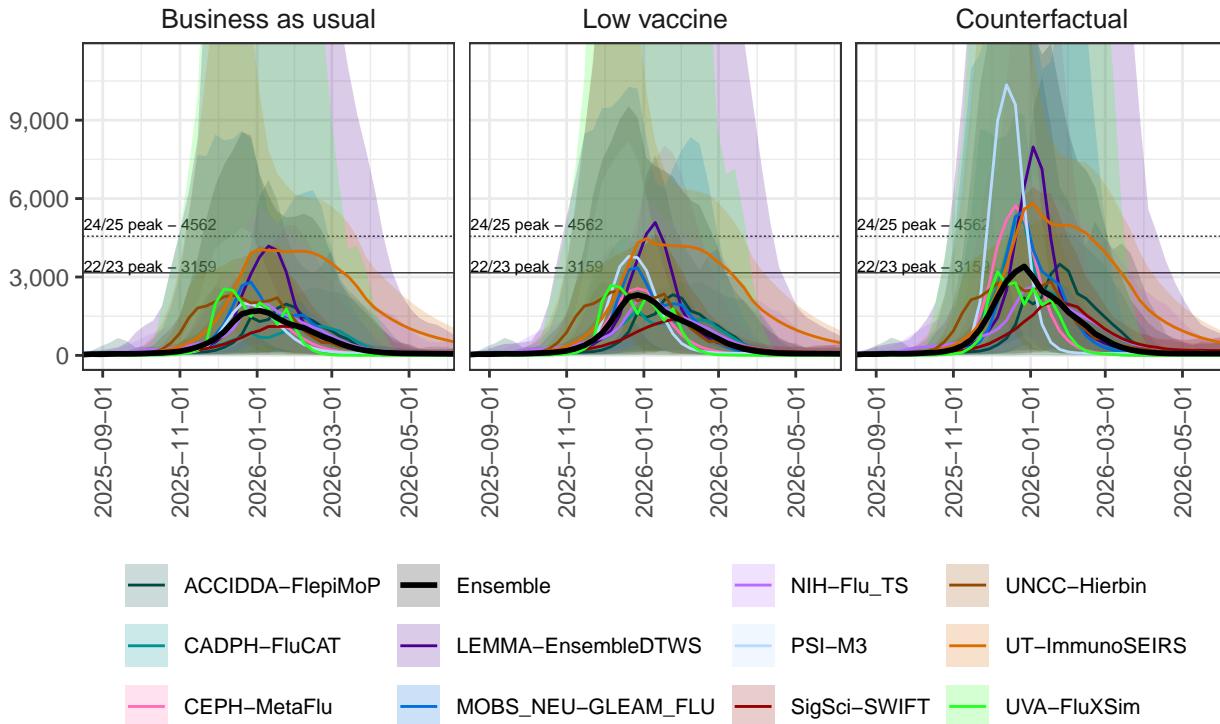


## Individual Model Projections - California

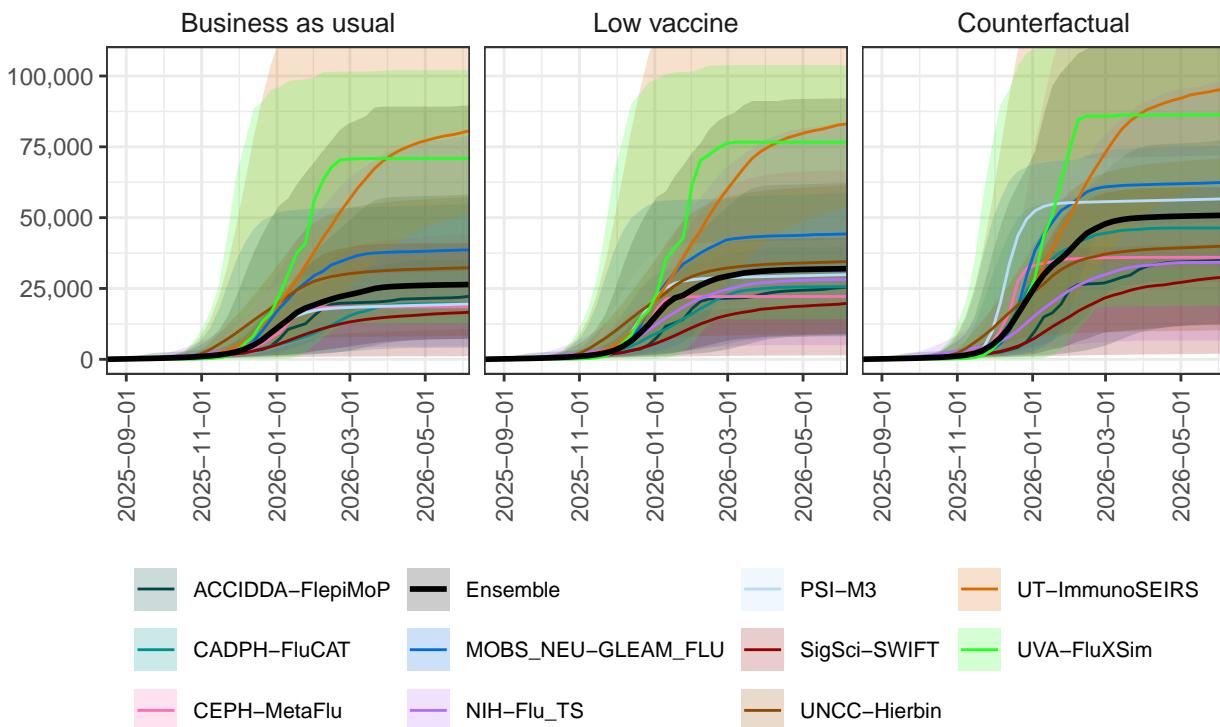
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### California Individual Model Projections & 95% Projection Intervals Hospitalizations



### California Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



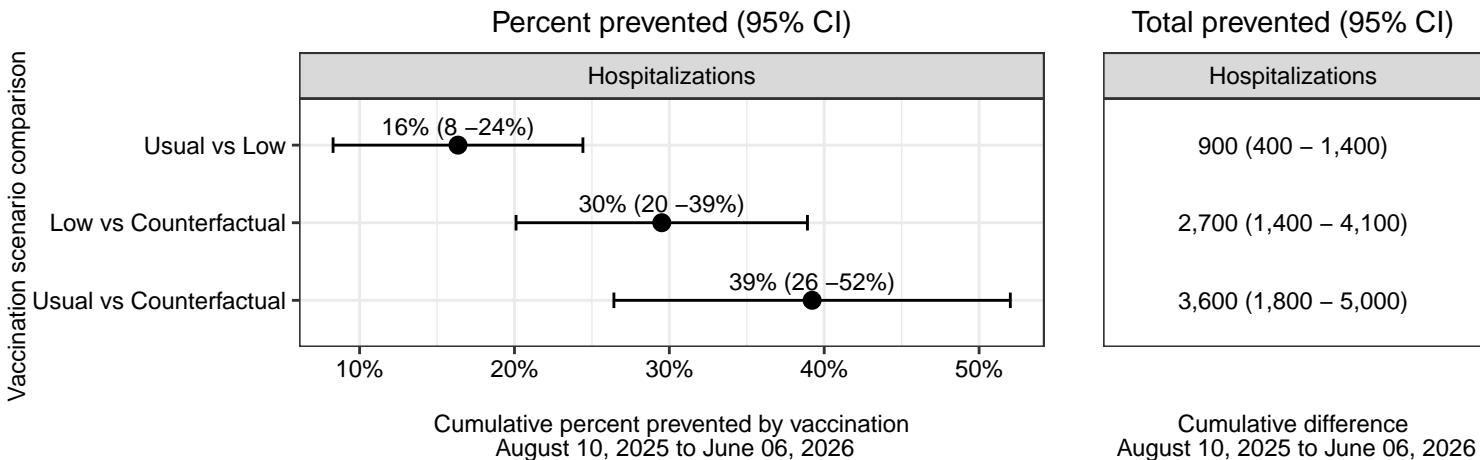
# Colorado

## Differences between scenarios - Colorado

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Colorado.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

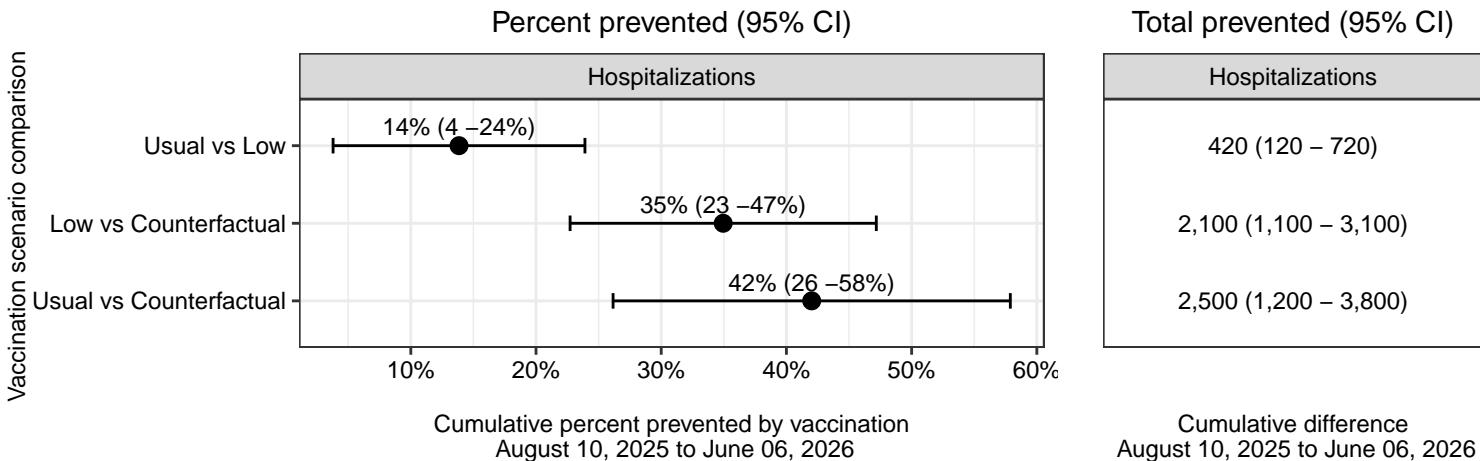
Business as usual vaccine coverage reduces hospitalizations by 3,600 (1,800 - 5,000), compared to no vaccination. Low vaccination coverage would result in 2,700 (1,400 - 4,100) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

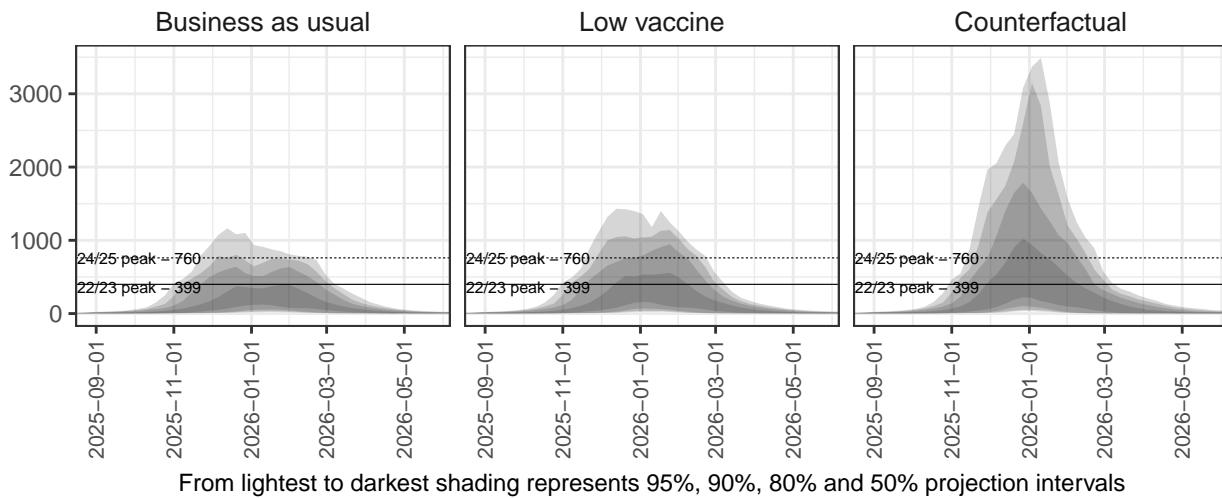
### 65+ population



## Ensemble Projections - Colorado

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

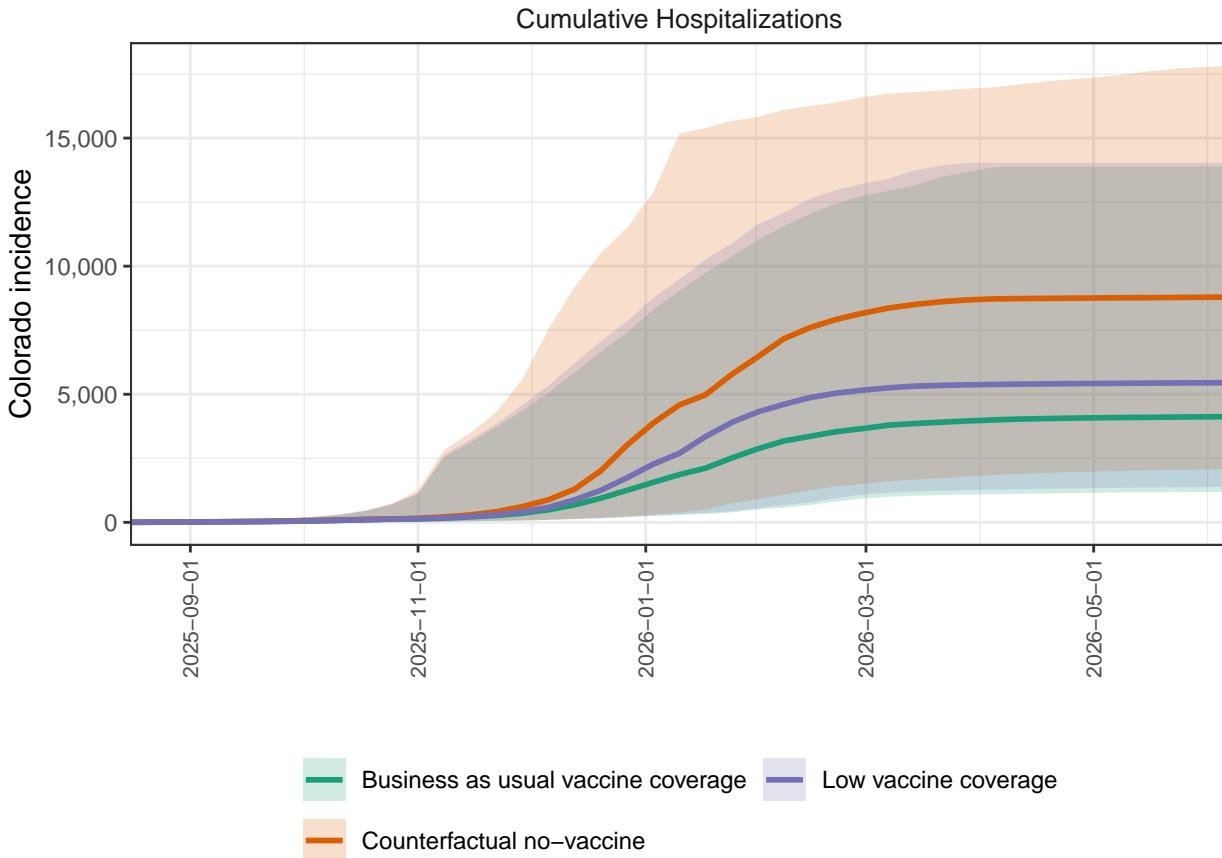
### Colorado ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Colorado

**Ensemble projections for cumulative hospitalizations by scenario, Colorado.** We project substantial continued burden of hospitalization from Flu, with 4125 cumulative hospitalizations projected by the end of the season (95% PI 1188 - 13889 due to FLU in the business as usual scenario (scenario A).

### Colorado ensemble projections & 95% projection intervals

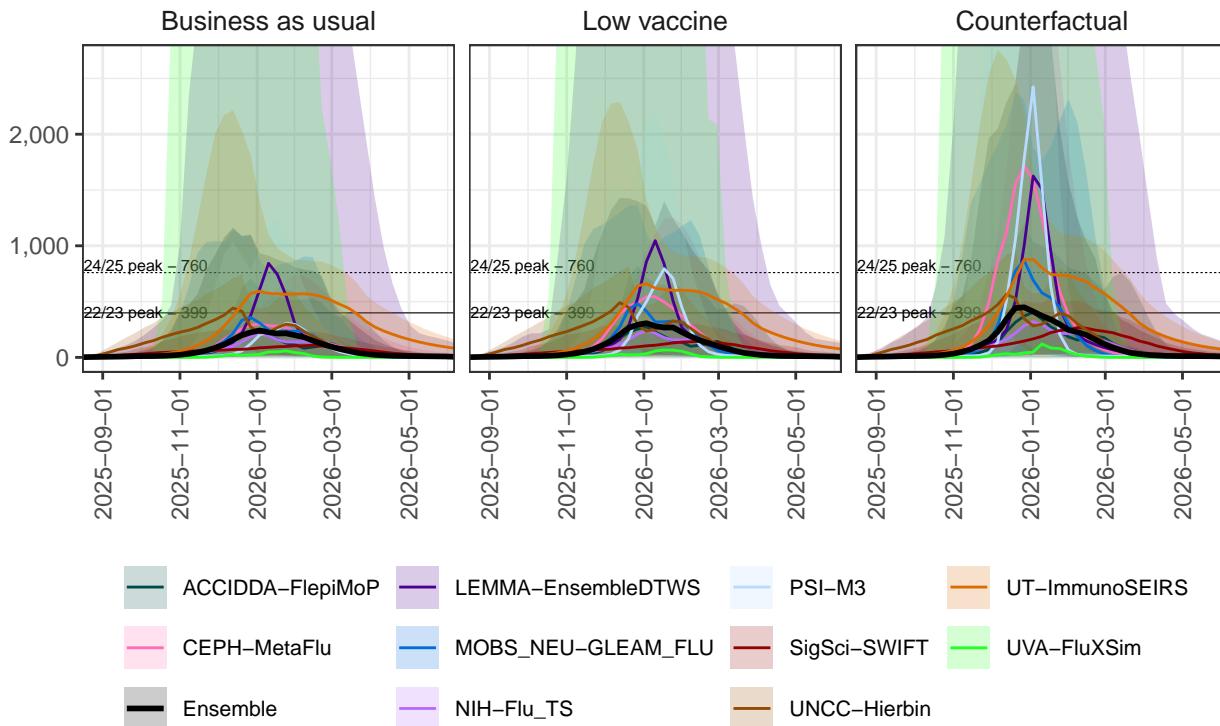


## Individual Model Projections - Colorado

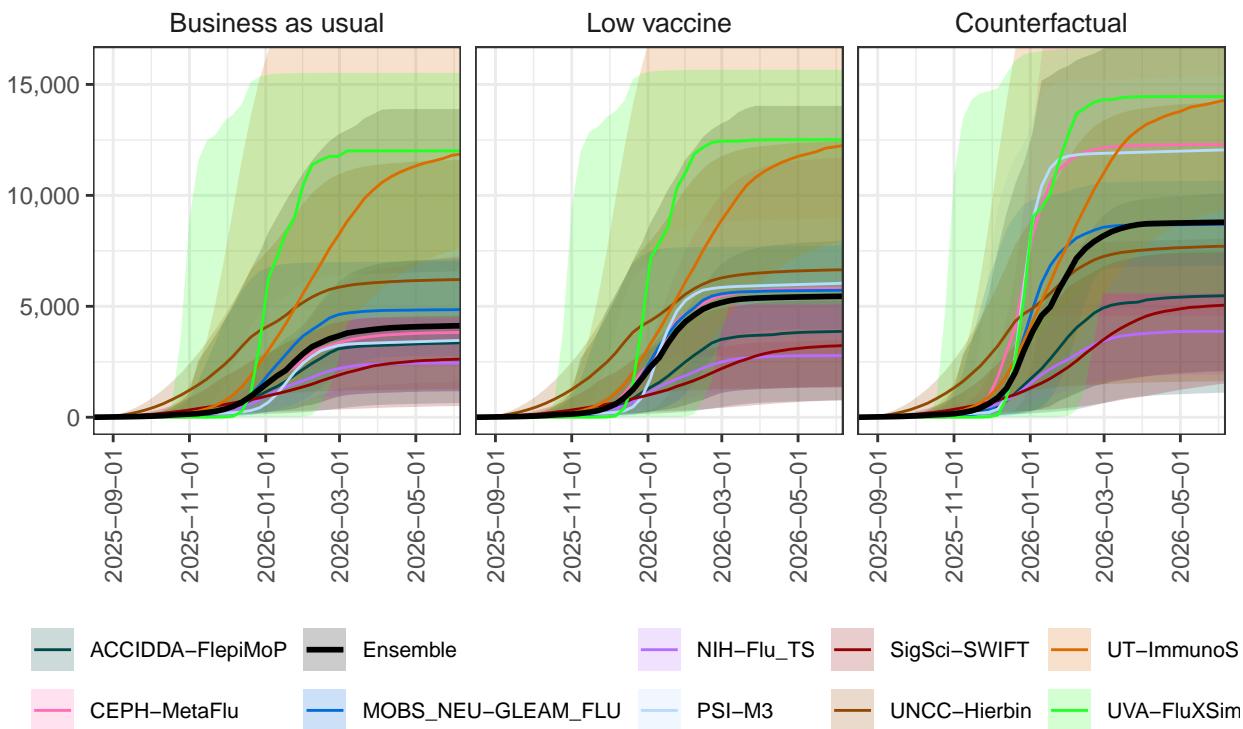
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Colorado Individual Model Projections & 95% Projection Intervals Hospitalizations



### Colorado Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



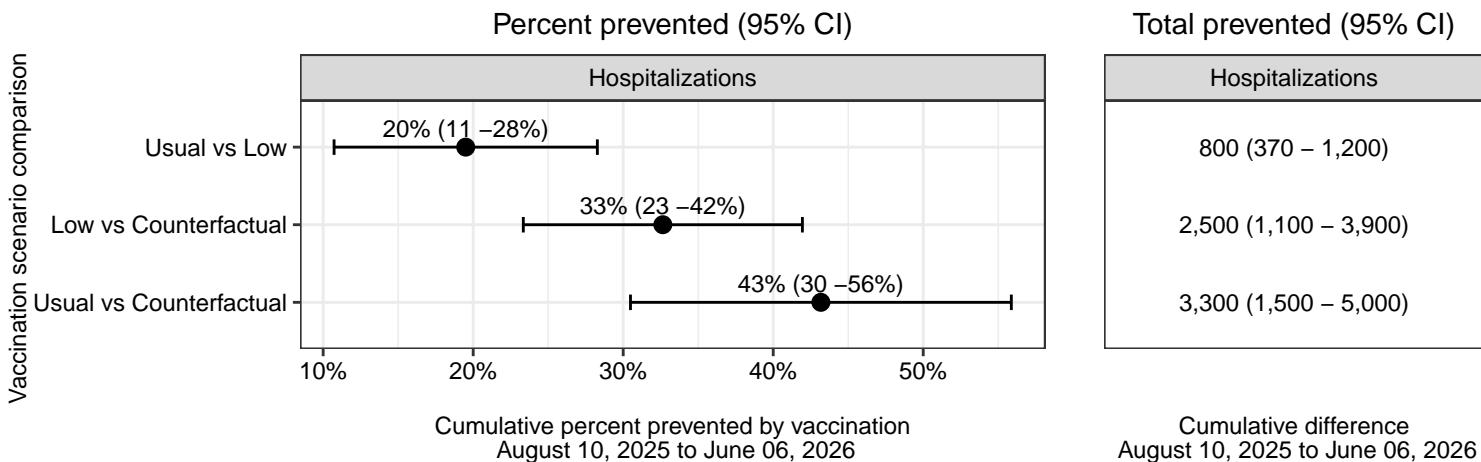
# Connecticut

## Differences between scenarios - Connecticut

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Connecticut.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

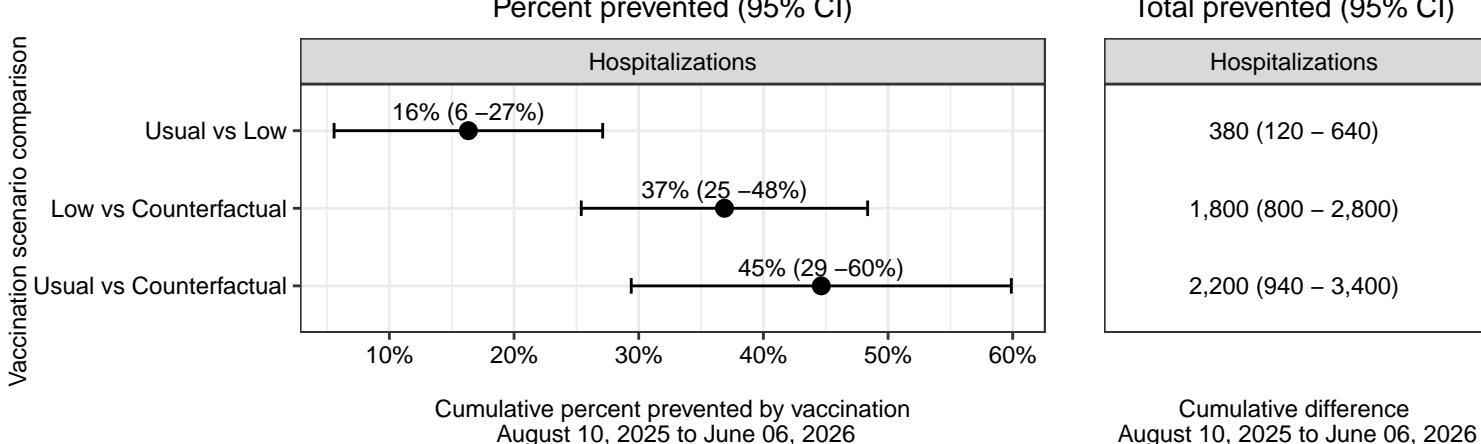
Business as usual vaccine coverage reduces hospitalizations by 3,300 (1,500 - 5,000), compared to no vaccination. Low vaccination coverage would result in 2,500 (1,100 - 3,900) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

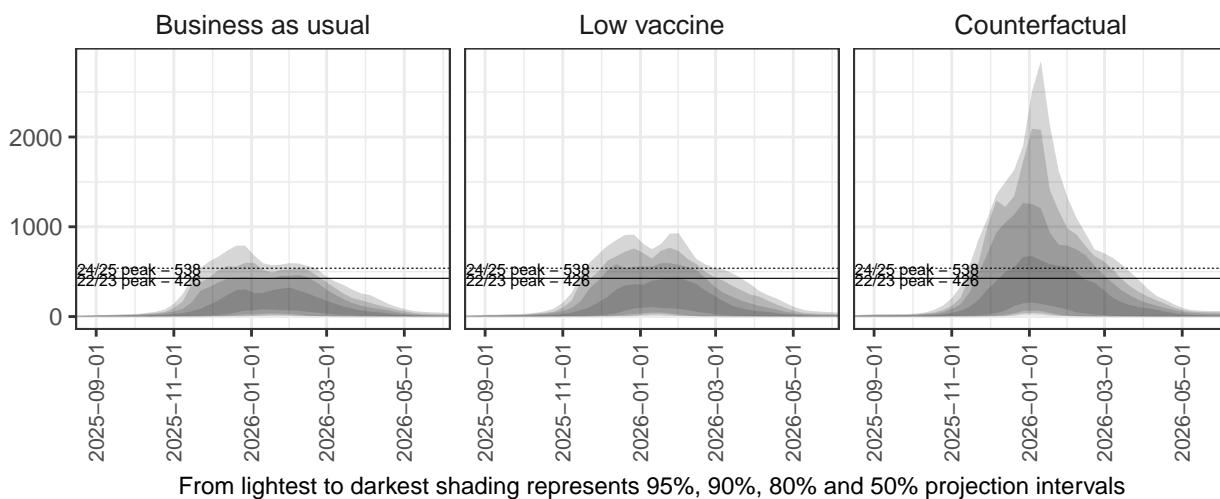
### 65+ population



## Ensemble Projections - Connecticut

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

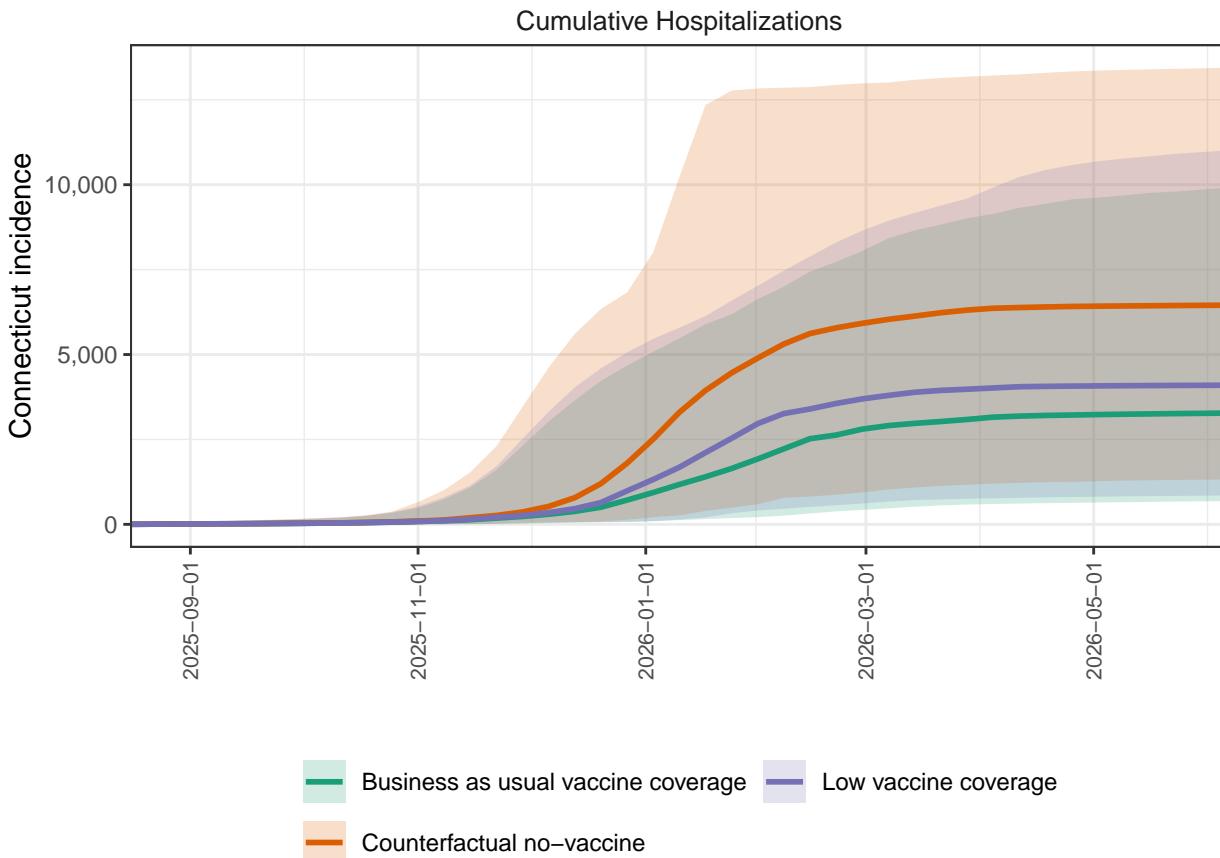
### Connecticut ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Connecticut

**Ensemble projections for cumulative hospitalizations by scenario, Connecticut.** We project substantial continued burden of hospitalization from Flu, with 3276 cumulative hospitalizations projected by the end of the season (95% PI 684 - 9915 due to FLU in the business as usual scenario (scenario A).

### Connecticut ensemble projections & 95% projection intervals

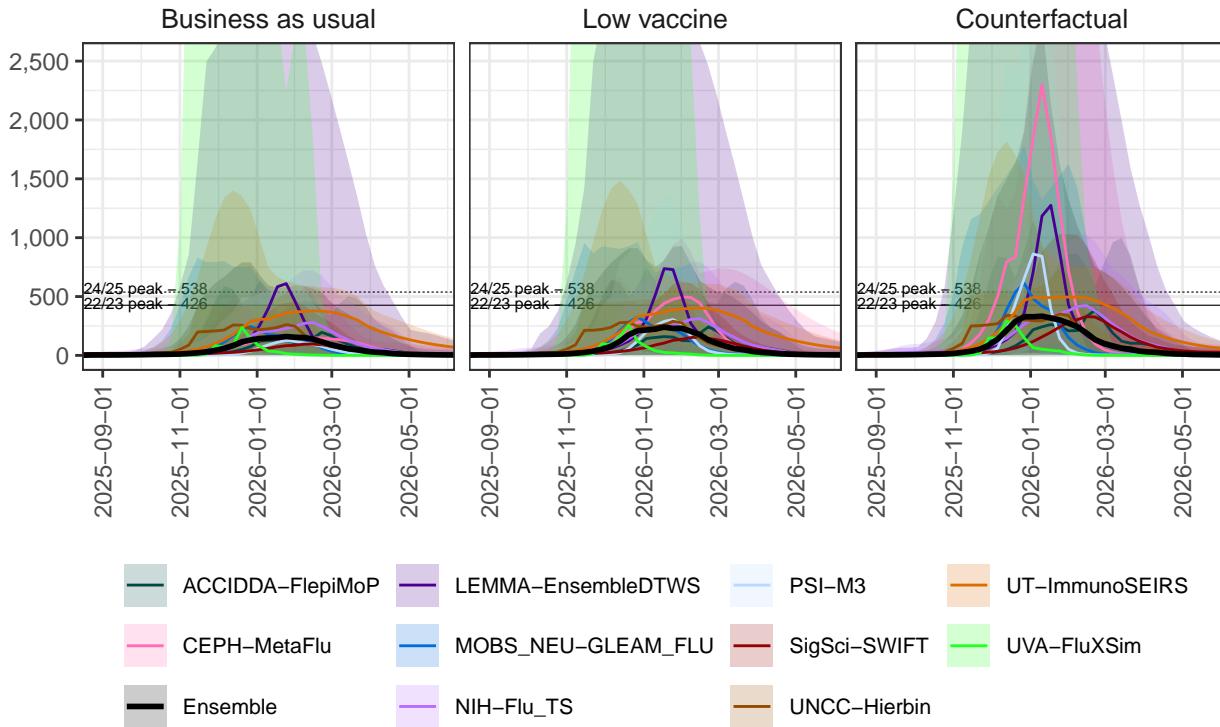


## Individual Model Projections - Connecticut

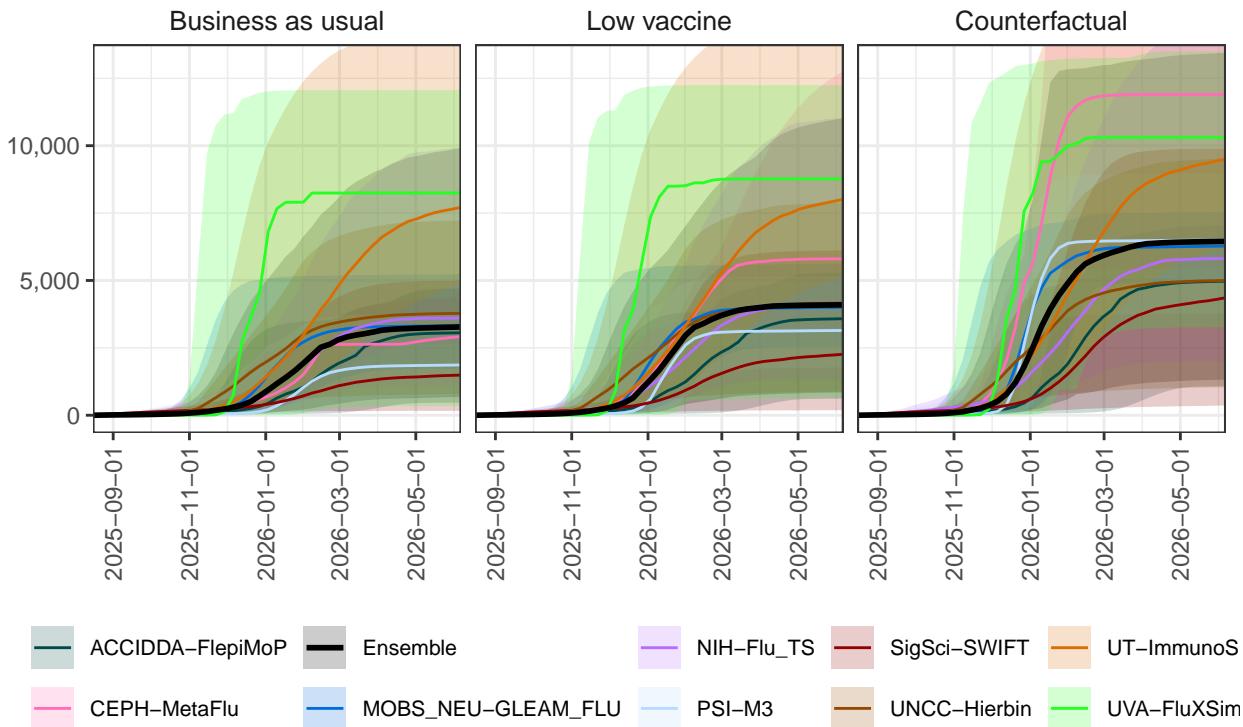
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Connecticut Individual Model Projections & 95% Projection Intervals Hospitalizations



### Connecticut Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



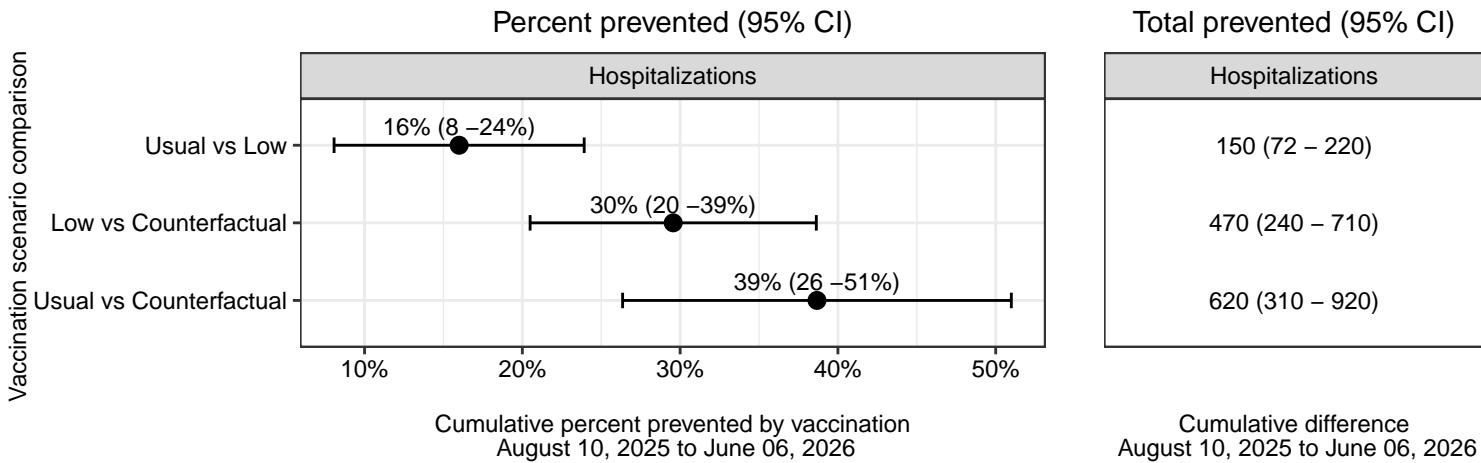
# Delaware

## Differences between scenarios - Delaware

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Delaware.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

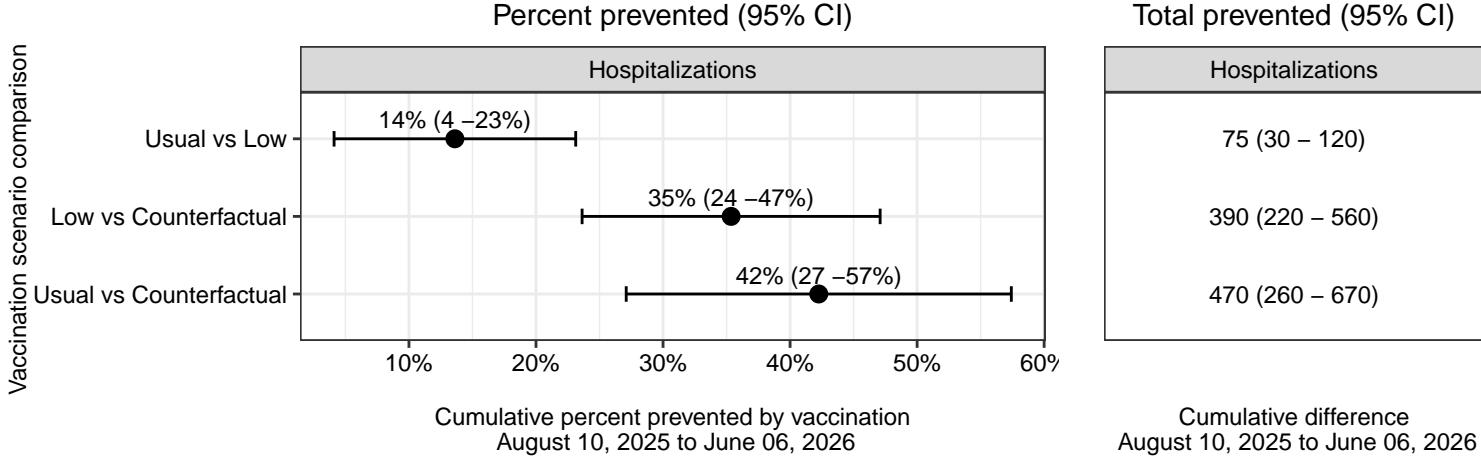
Business as usual vaccine coverage reduces hospitalizations by 620 (310 - 920), compared to no vaccination. Low vaccination coverage would result in 470 (240 - 710) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

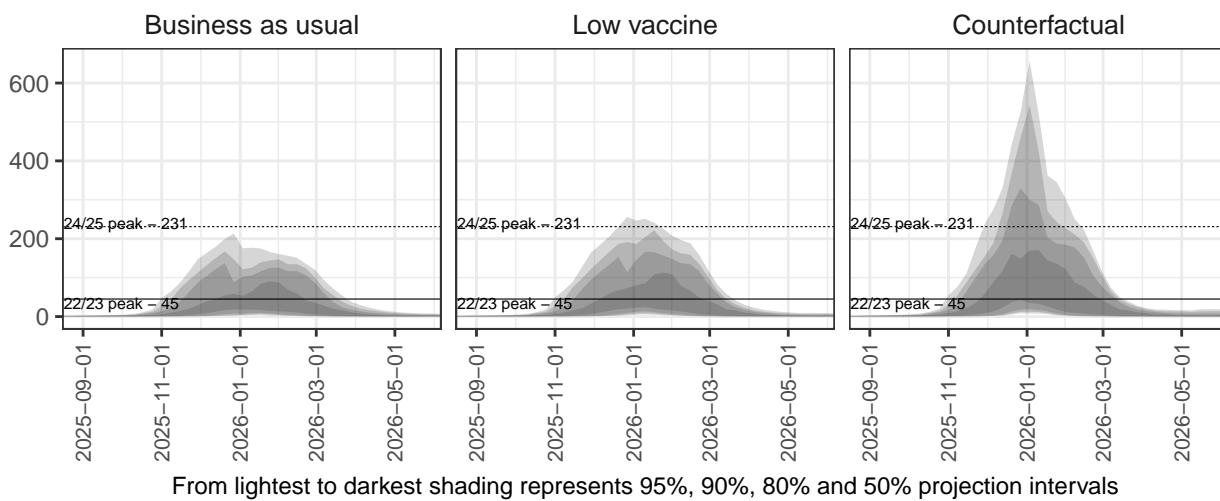
### 65+ population



## Ensemble Projections - Delaware

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

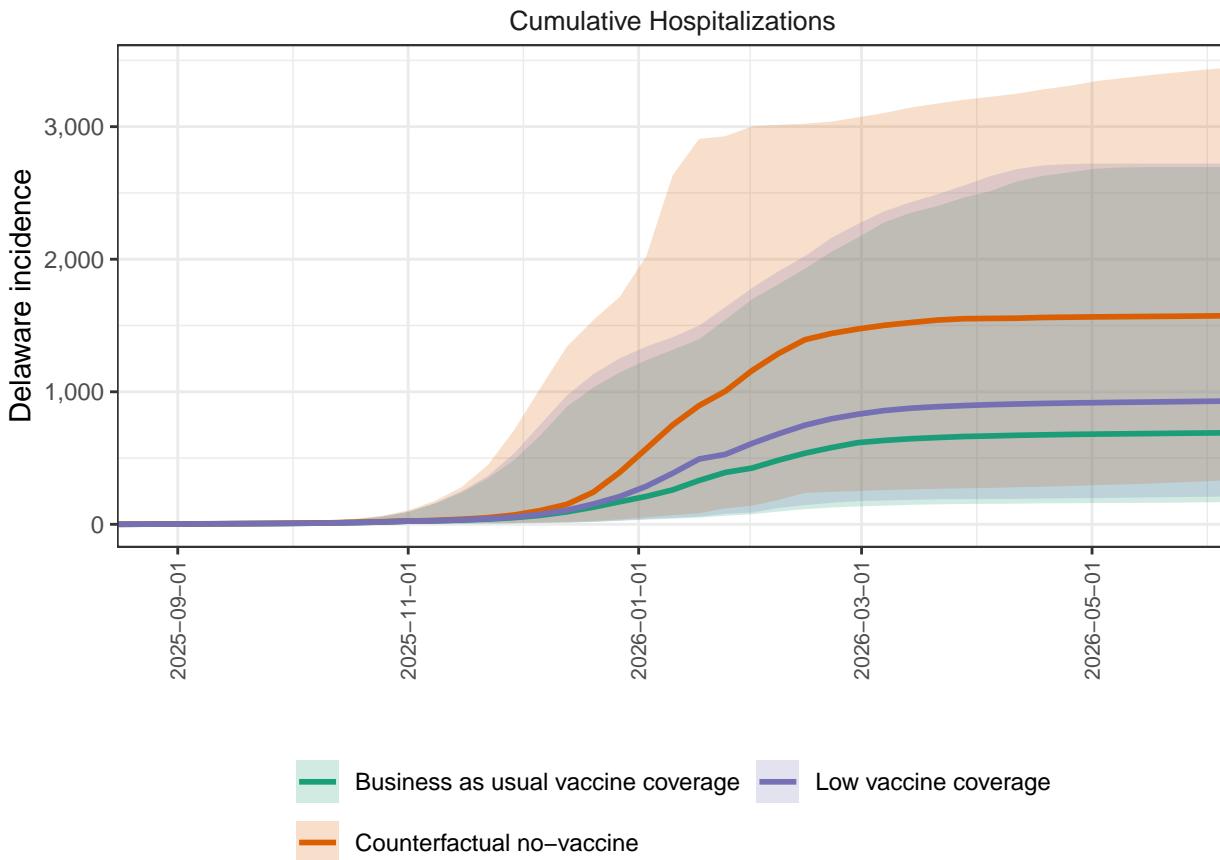
### Delaware ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Delaware

**Ensemble projections for cumulative hospitalizations by scenario, Delaware.** We project substantial continued burden of hospitalization from Flu, with 690 cumulative hospitalizations projected by the end of the season (95% PI 167 - 2695 due to FLU in the business as usual scenario (scenario A).

### Delaware ensemble projections & 95% projection intervals

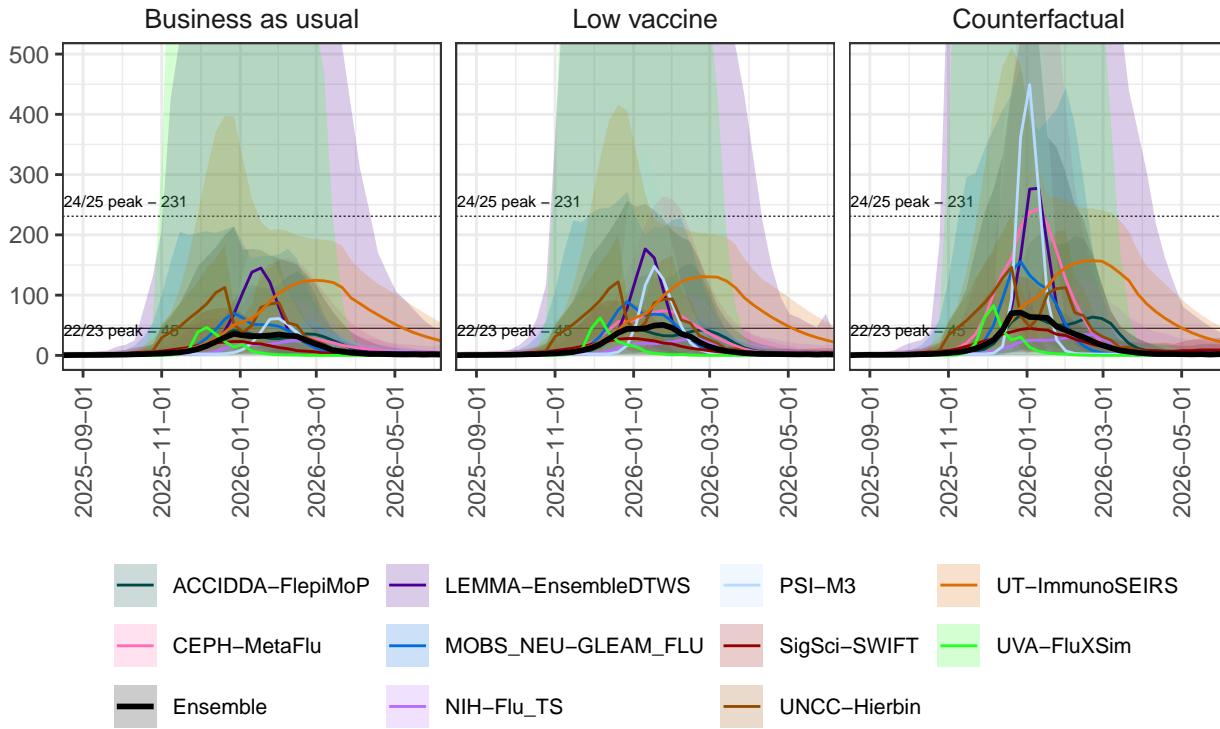


## Individual Model Projections - Delaware

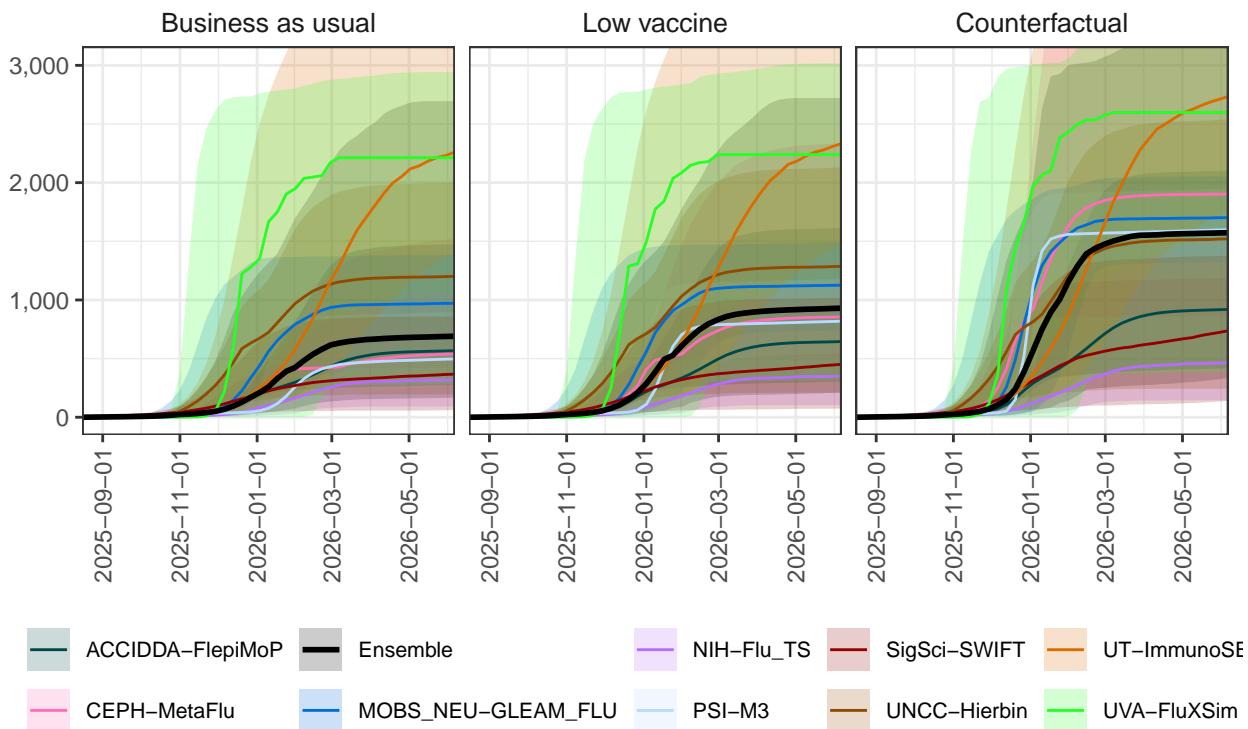
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Delaware Individual Model Projections & 95% Projection Intervals Hospitalizations



### Delaware Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



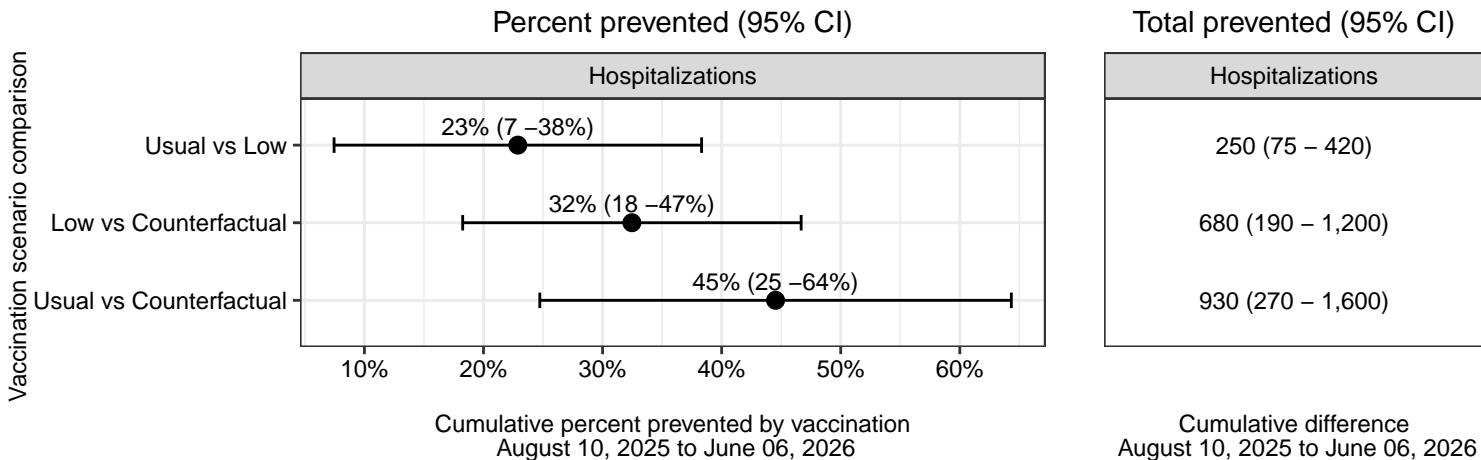
# District of Columbia

## Differences between scenarios - District of Columbia

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for District of Columbia.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

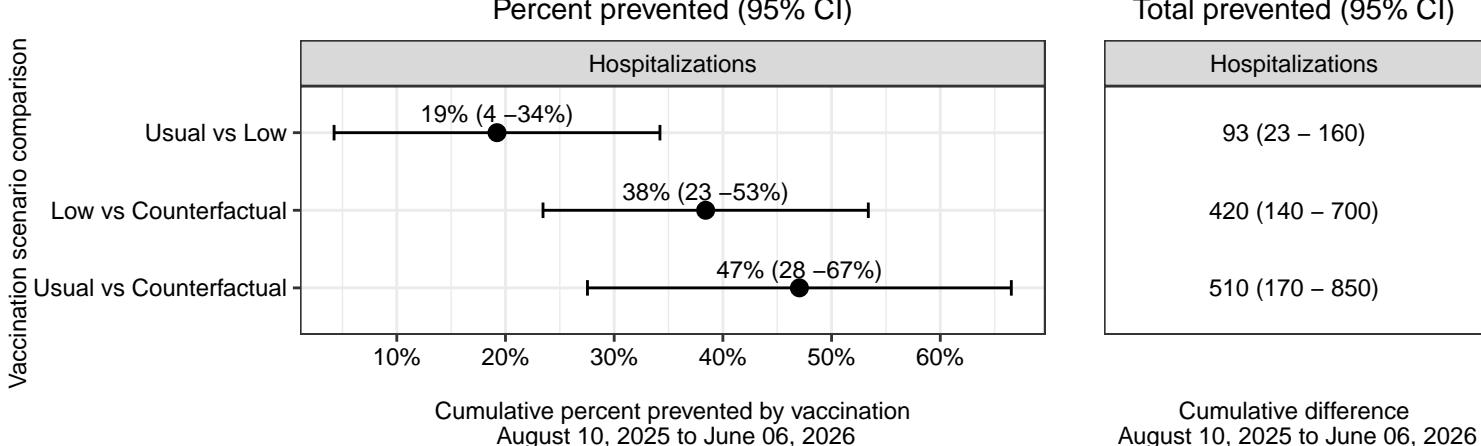
Business as usual vaccine coverage reduces hospitalizations by 930 (270 - 1,600), compared to no vaccination. Low vaccination coverage would result in 680 (190 - 1,200) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

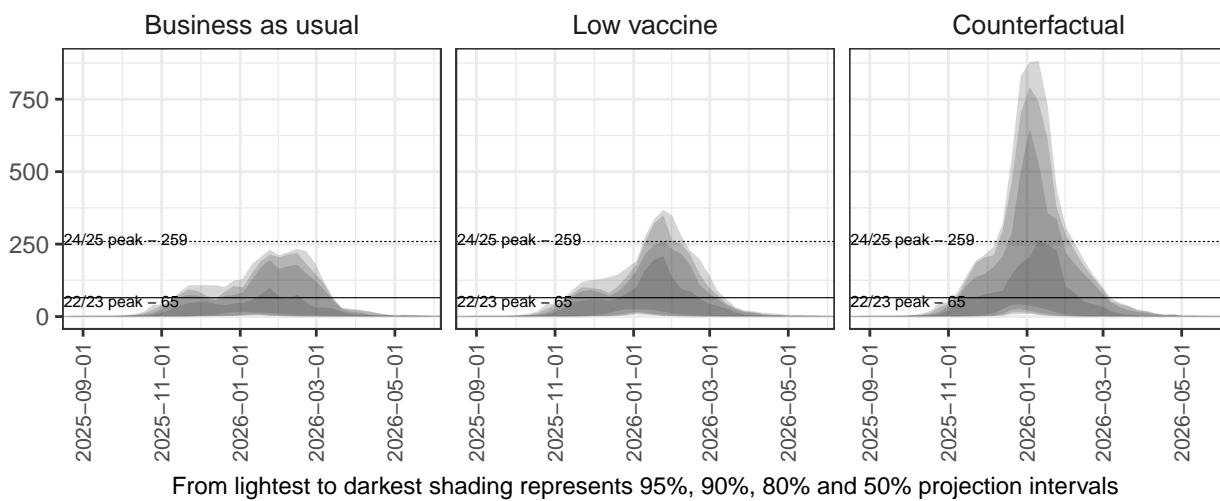
### 65+ population



## Ensemble Projections - District of Columbia

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

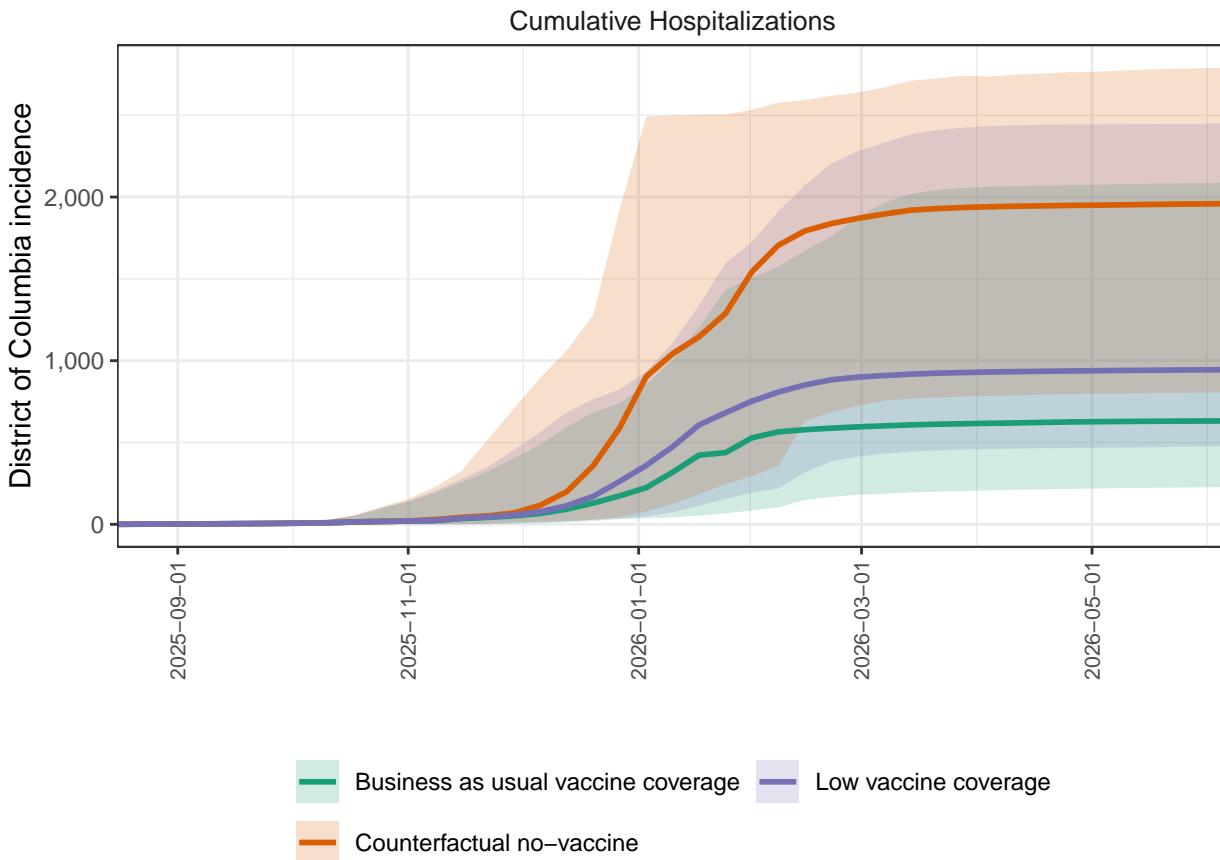
### District of Columbia ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - District of Columbia

**Ensemble projections for cumulative hospitalizations by scenario, District of Columbia.** We project substantial continued burden of hospitalization from Flu, with 632 cumulative hospitalizations projected by the end of the season (95% PI 227 - 2087 due to FLU in the business as usual scenario (scenario A).

### District of Columbia ensemble projections & 95% projection intervals

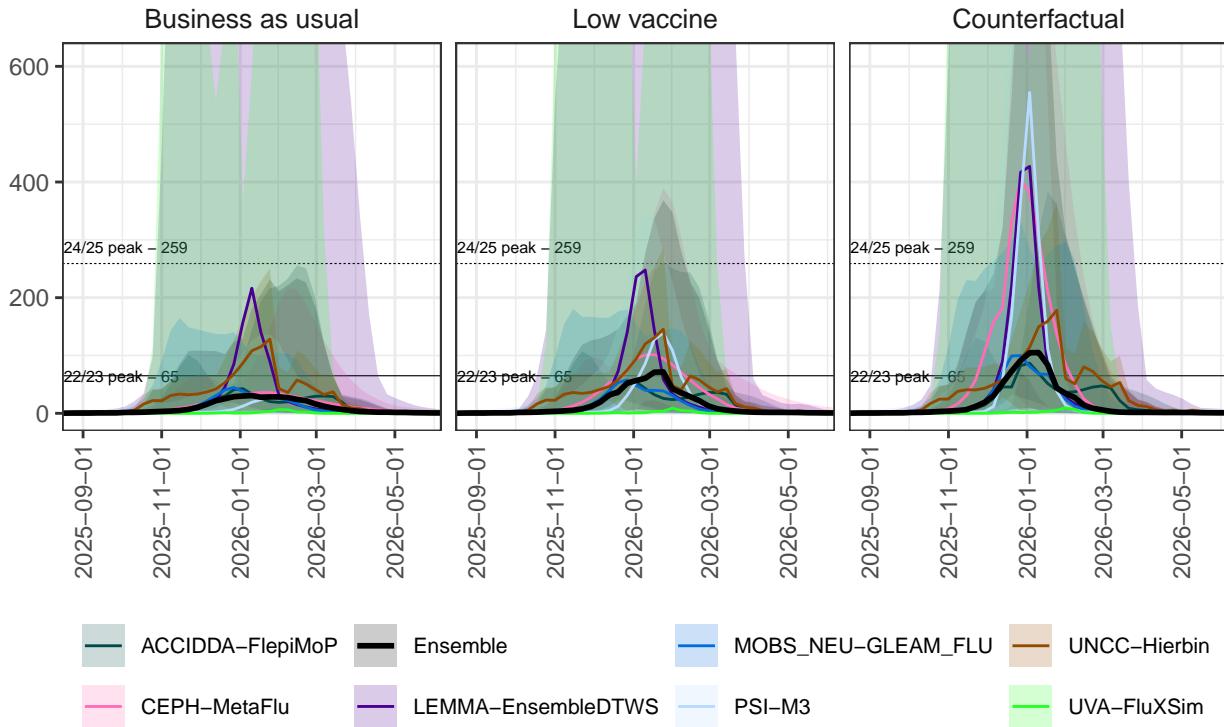


## Individual Model Projections - District of Columbia

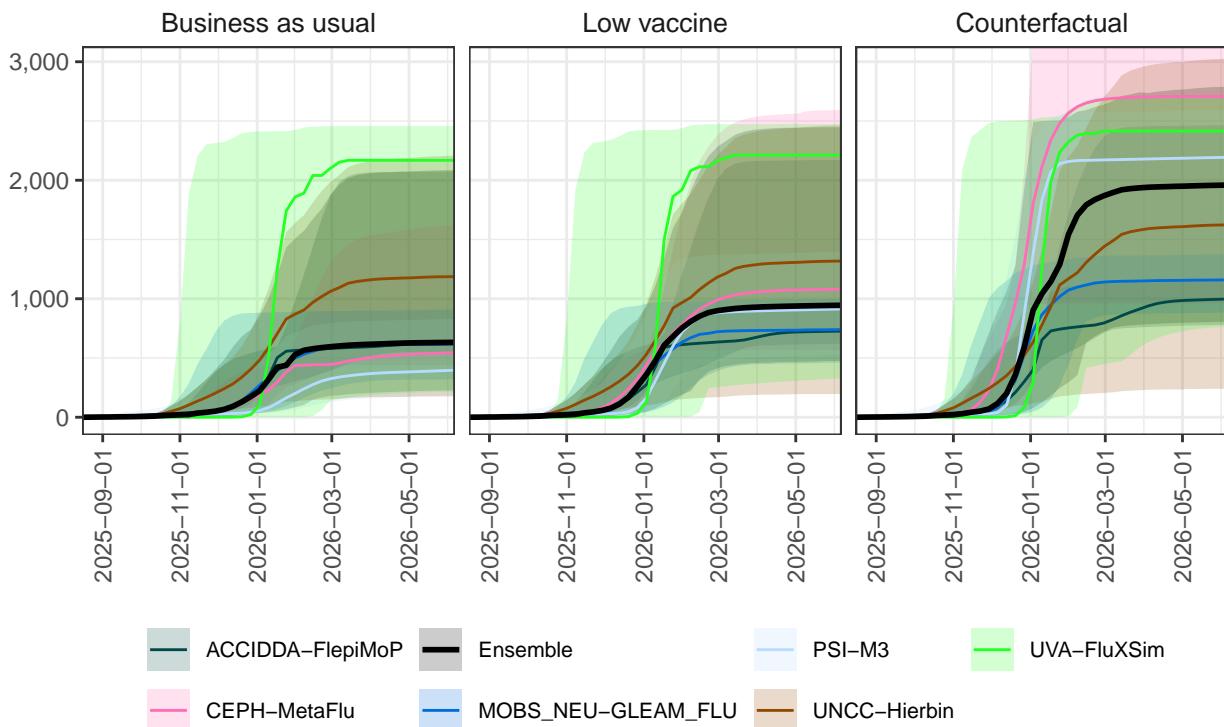
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### District of Columbia Individual Model Projections & 95% Projection Intervals Hospitalizations



### District of Columbia Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



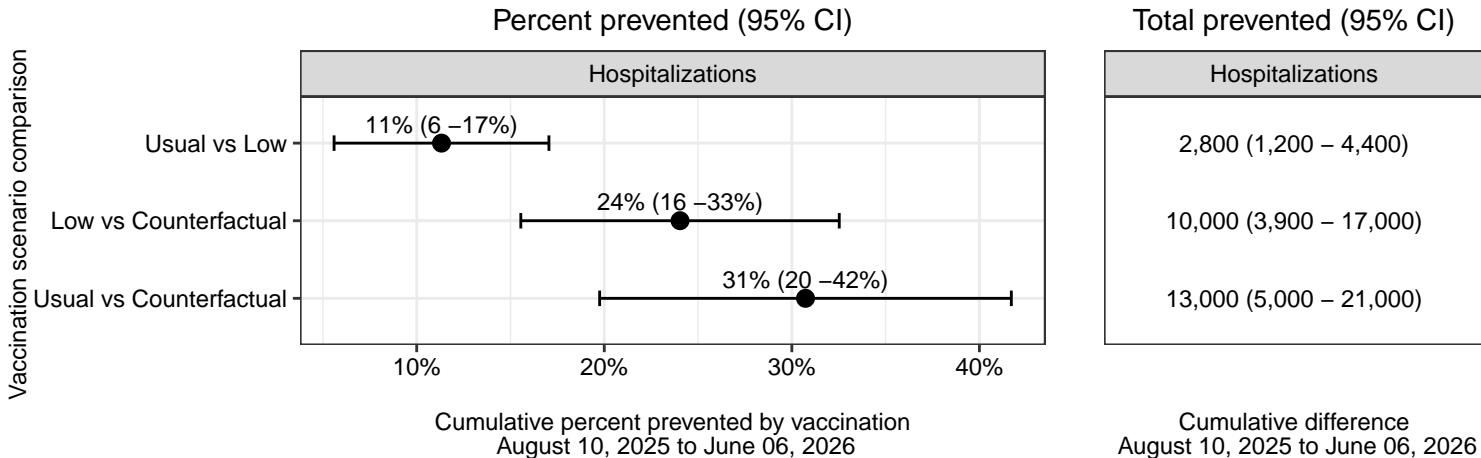
# Florida

## Differences between scenarios - Florida

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Florida.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

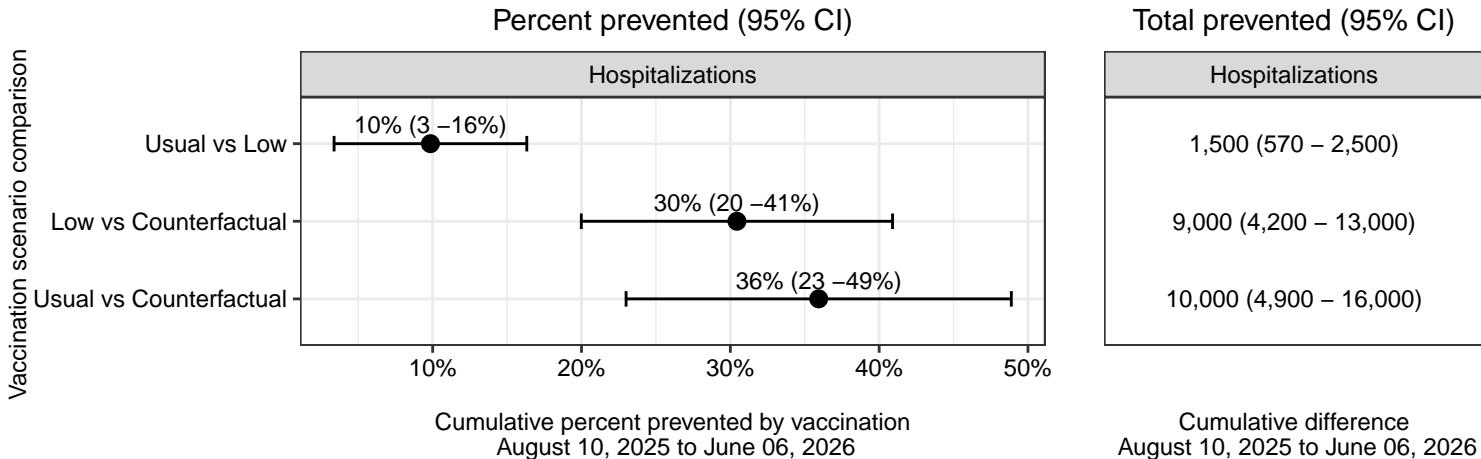
Business as usual vaccine coverage reduces hospitalizations by 13,000 (5,000 - 21,000), compared to no vaccination. Low vaccination coverage would result in 10,000 (3,900 - 17,000) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

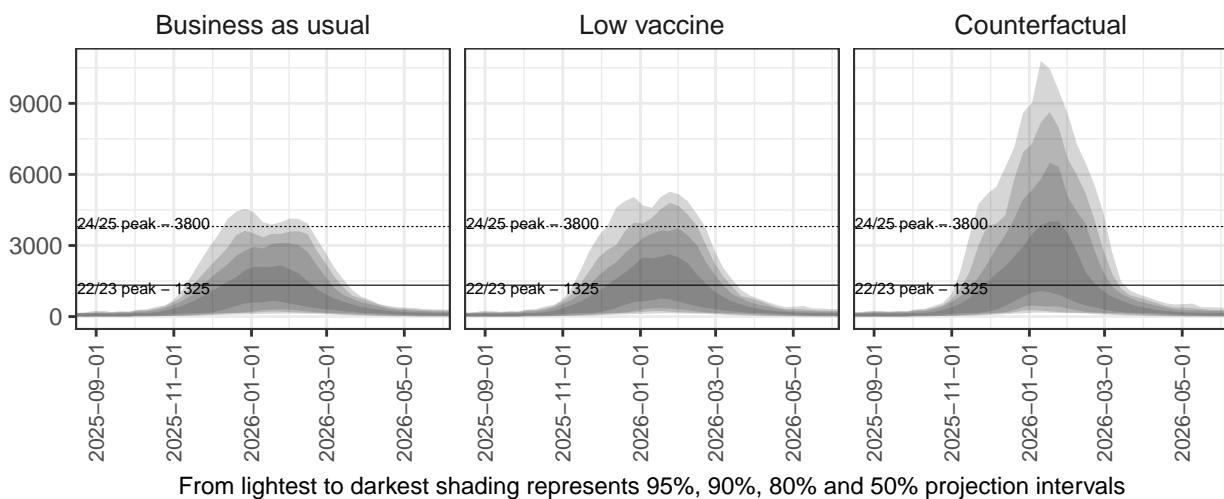
### 65+ population



## Ensemble Projections - Florida

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

### Florida ensemble projection intervals – Hospitalizations

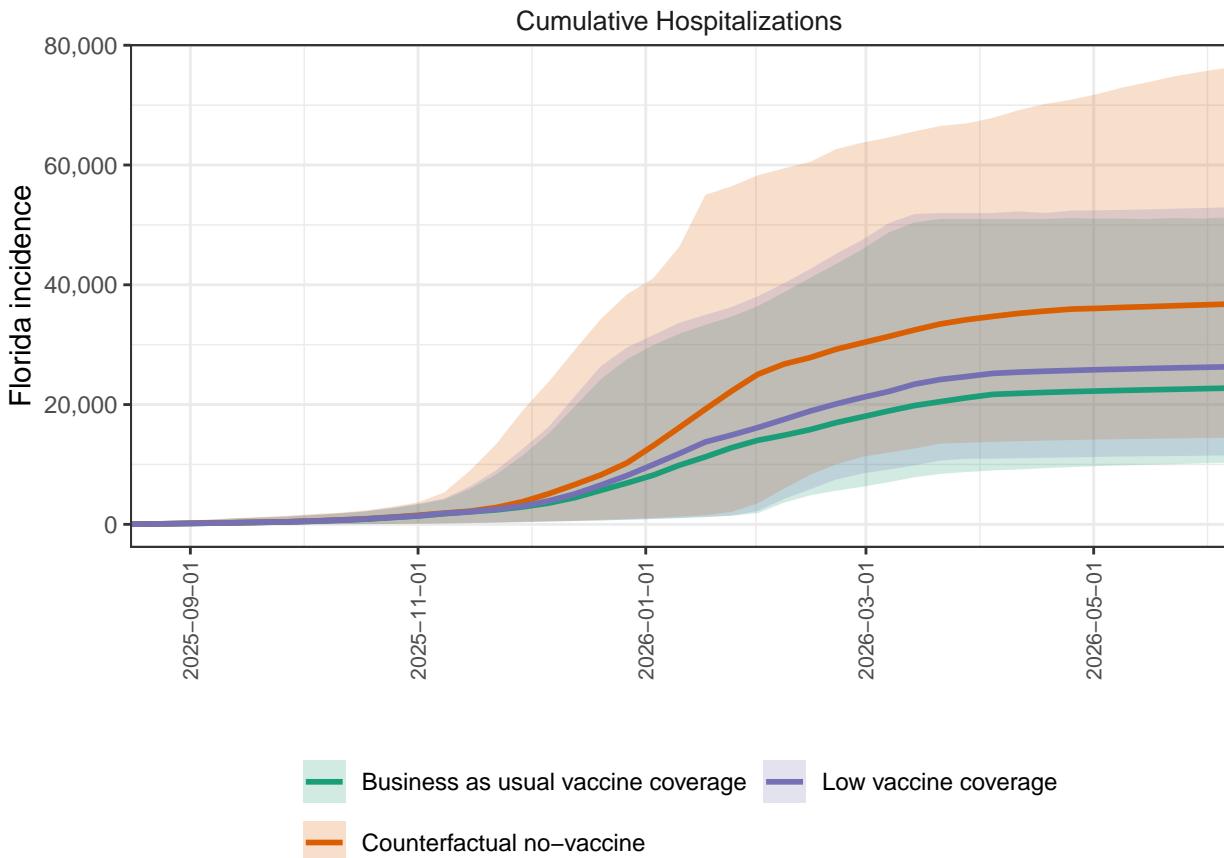


From lightest to darkest shading represents 95%, 90%, 80% and 50% projection intervals

## Cumulative Ensemble Projections - Florida

**Ensemble projections for cumulative hospitalizations by scenario, Florida.** We project substantial continued burden of hospitalization from Flu, with 22745 cumulative hospitalizations projected by the end of the season (95% PI 10271 - 51257 due to FLU in the business as usual scenario (scenario A).

### Florida ensemble projections & 95% projection intervals



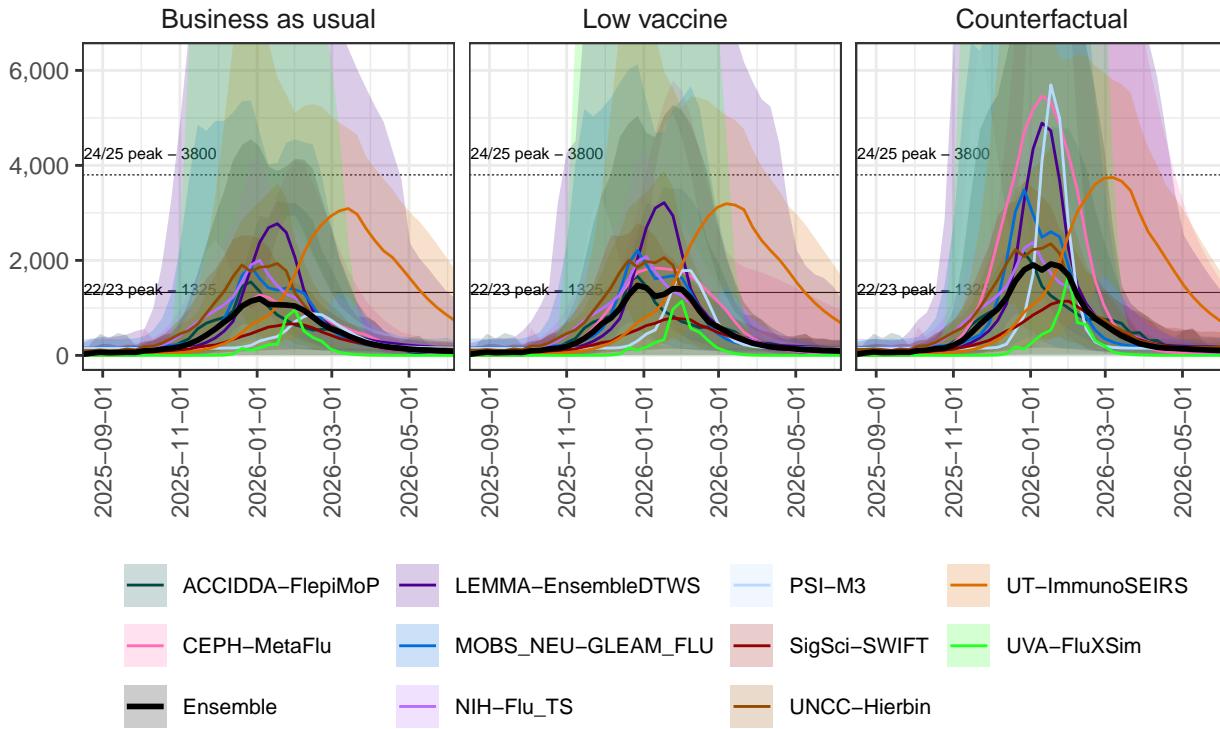
<span style="color: #2ca02c;">█</span> Business as usual vaccine coverage <span style="color: #8c564b;">█</span> Counterfactual no-vaccine	<span style="color: #7f7f7f;">█</span> Low vaccine coverage
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## Individual Model Projections - Florida

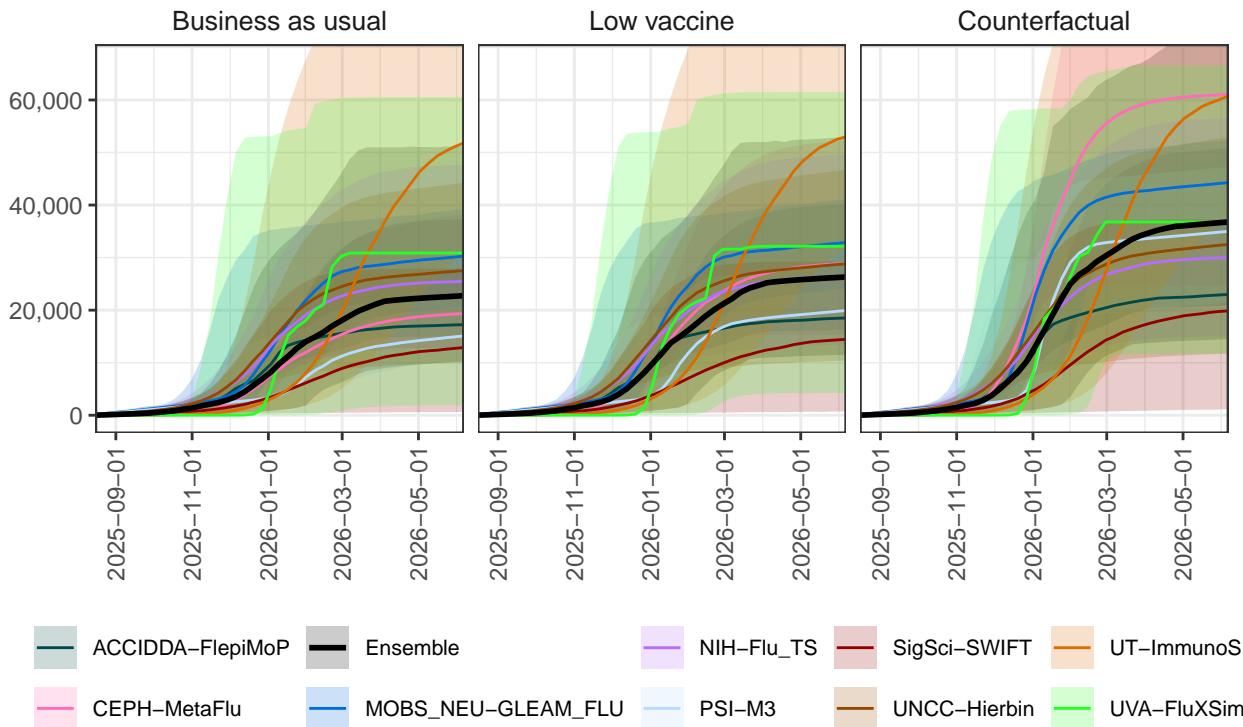
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Florida Individual Model Projections & 95% Projection Intervals Hospitalizations



### Florida Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



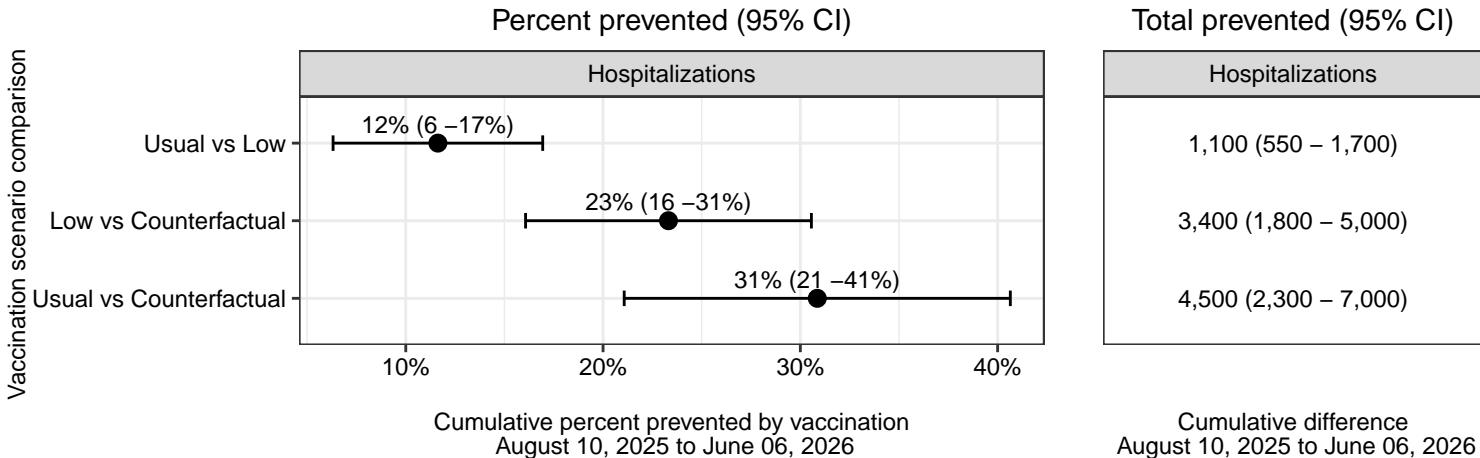
# Georgia

## Differences between scenarios - Georgia

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Georgia.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

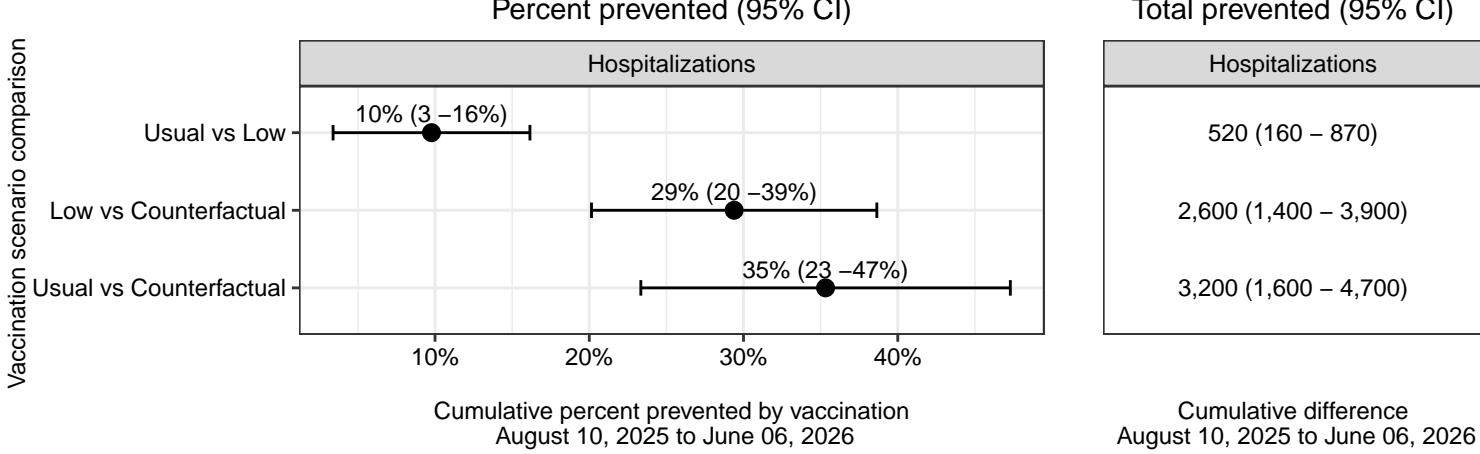
Business as usual vaccine coverage reduces hospitalizations by 4,500 (2,300 - 7,000), compared to no vaccination. Low vaccination coverage would result in 3,400 (1,800 - 5,000) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

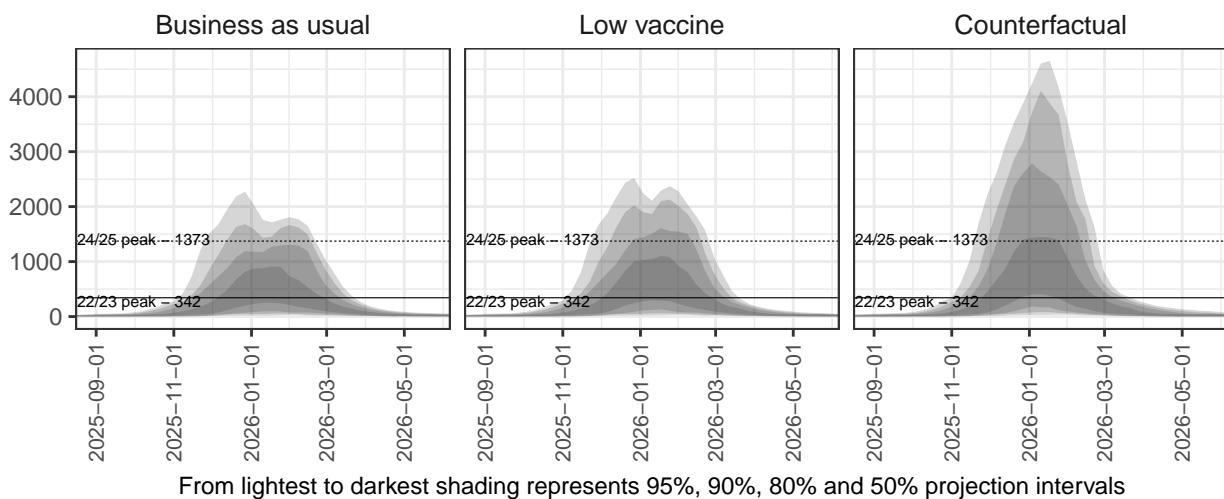
### 65+ population



## Ensemble Projections - Georgia

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

### Georgia ensemble projection intervals – Hospitalizations

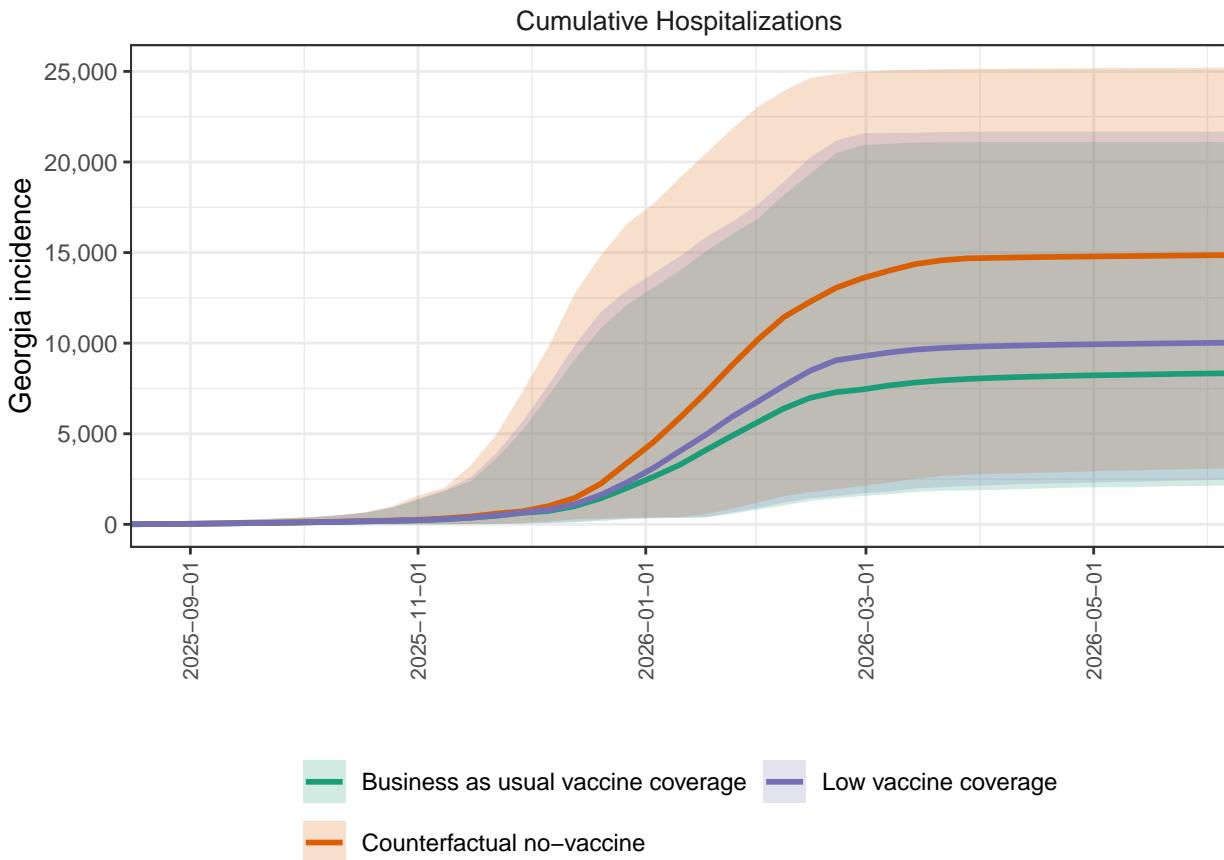


From lightest to darkest shading represents 95%, 90%, 80% and 50% projection intervals

## Cumulative Ensemble Projections - Georgia

**Ensemble projections for cumulative hospitalizations by scenario, Georgia.** We project substantial continued burden of hospitalization from Flu, with 8338 cumulative hospitalizations projected by the end of the season (95% PI 2141 - 21101 due to FLU in the business as usual scenario (scenario A).

### Georgia ensemble projections & 95% projection intervals

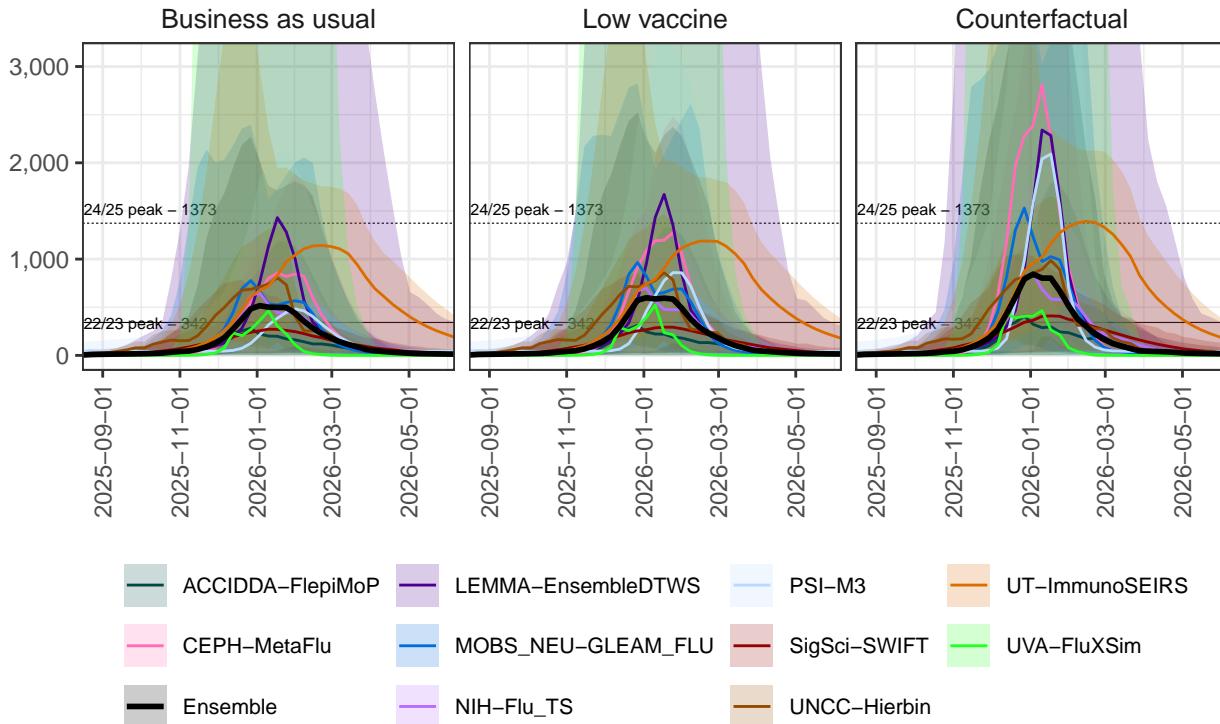


## Individual Model Projections - Georgia

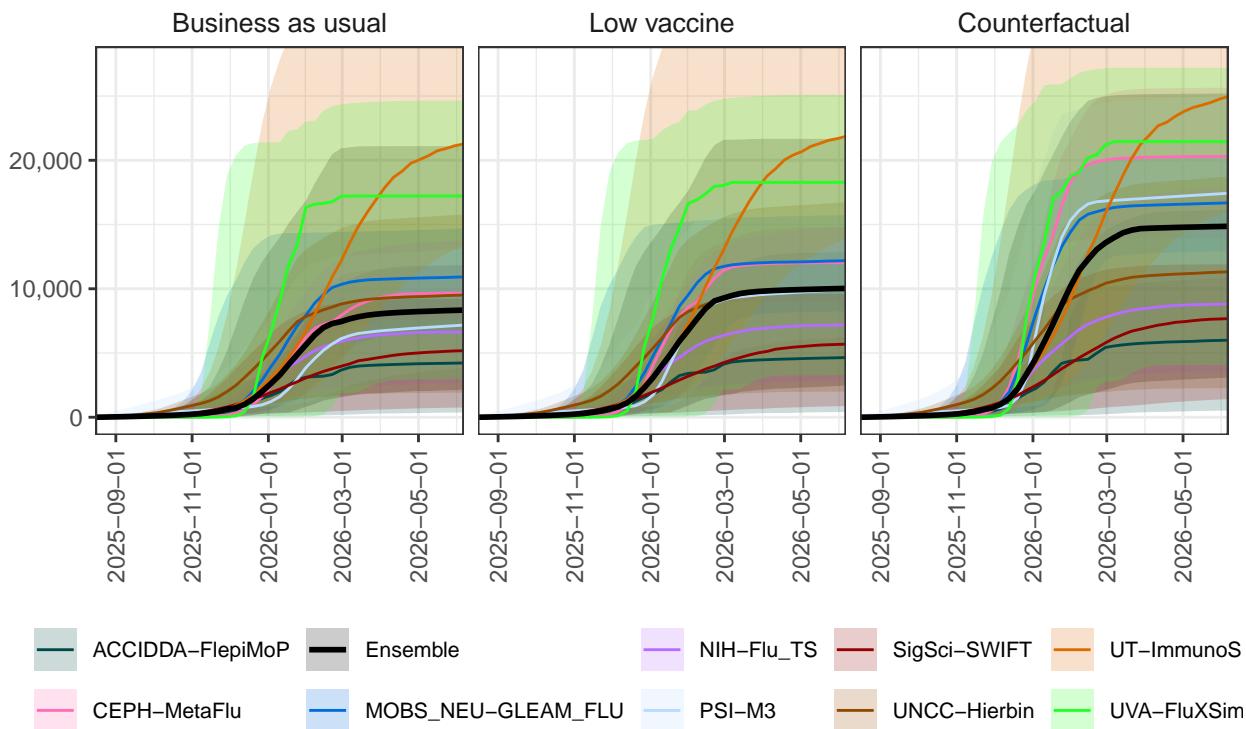
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Georgia Individual Model Projections & 95% Projection Intervals Hospitalizations



### Georgia Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



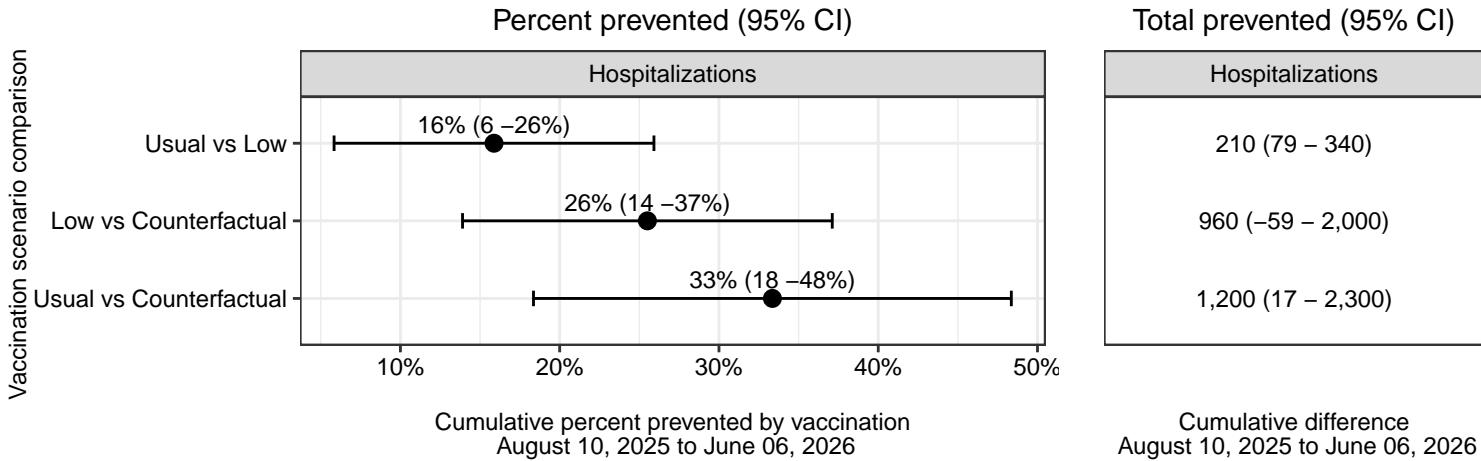
# Hawaii

## Differences between scenarios - Hawaii

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Hawaii.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

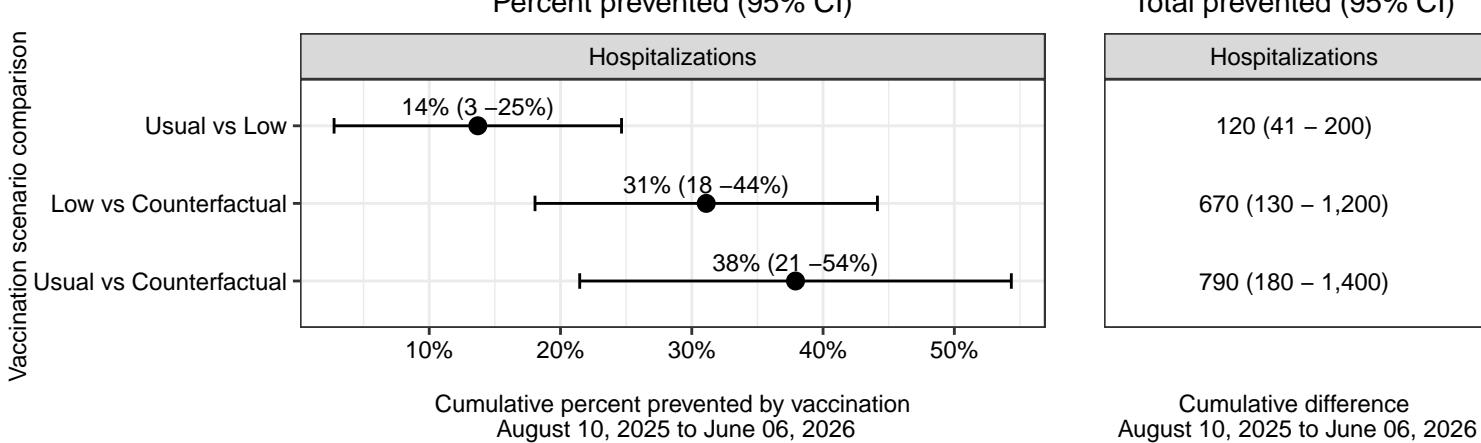
Business as usual vaccine coverage reduces hospitalizations by 1,200 (17 - 2,300), compared to no vaccination. Low vaccination coverage would result in 960 (-59 - 2,000) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

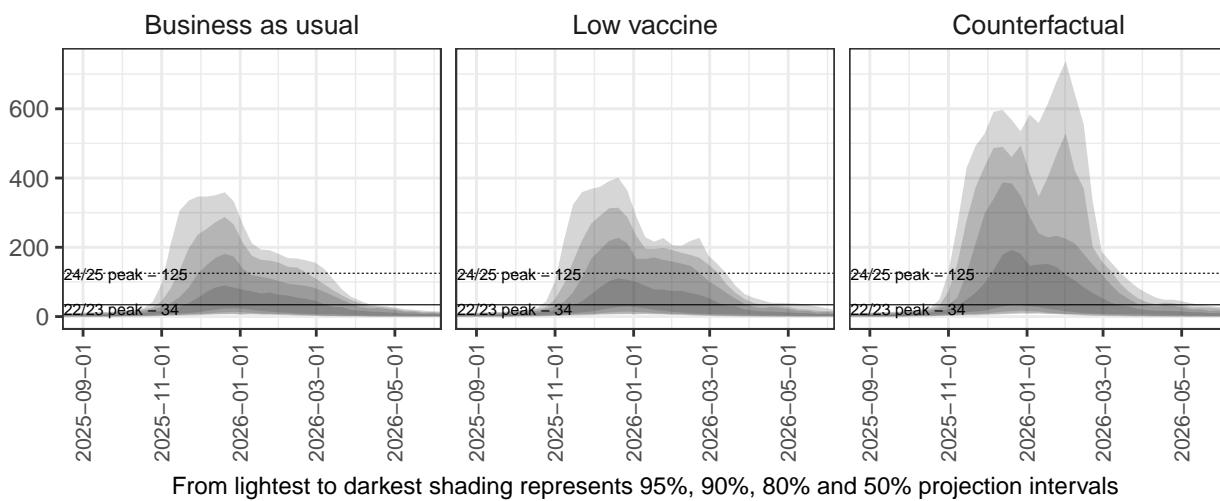
### 65+ population



## Ensemble Projections - Hawaii

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

### Hawaii ensemble projection intervals – Hospitalizations

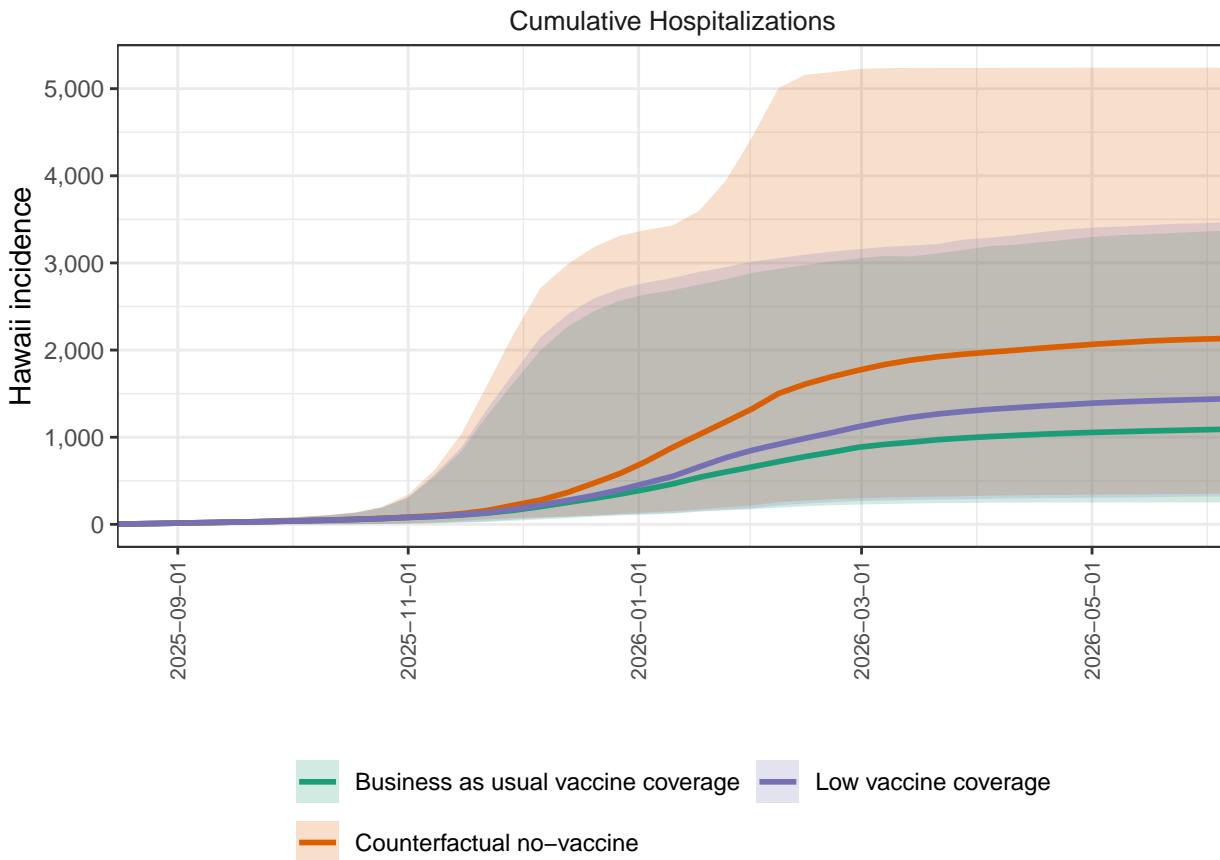


From lightest to darkest shading represents 95%, 90%, 80% and 50% projection intervals

## Cumulative Ensemble Projections - Hawaii

**Ensemble projections for cumulative hospitalizations by scenario, Hawaii.** We project substantial continued burden of hospitalization from Flu, with 1091 cumulative hospitalizations projected by the end of the season (95% PI 252 - 3372 due to FLU in the business as usual scenario (scenario A).

### Hawaii ensemble projections & 95% projection intervals

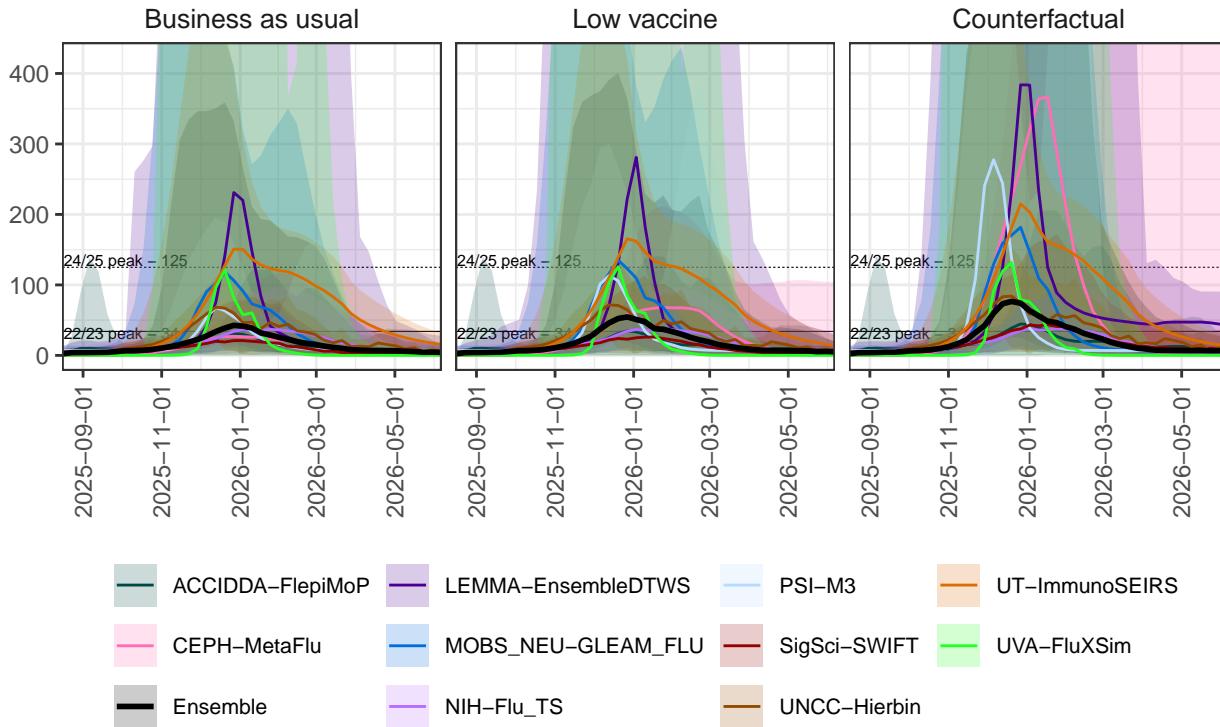


## Individual Model Projections - Hawaii

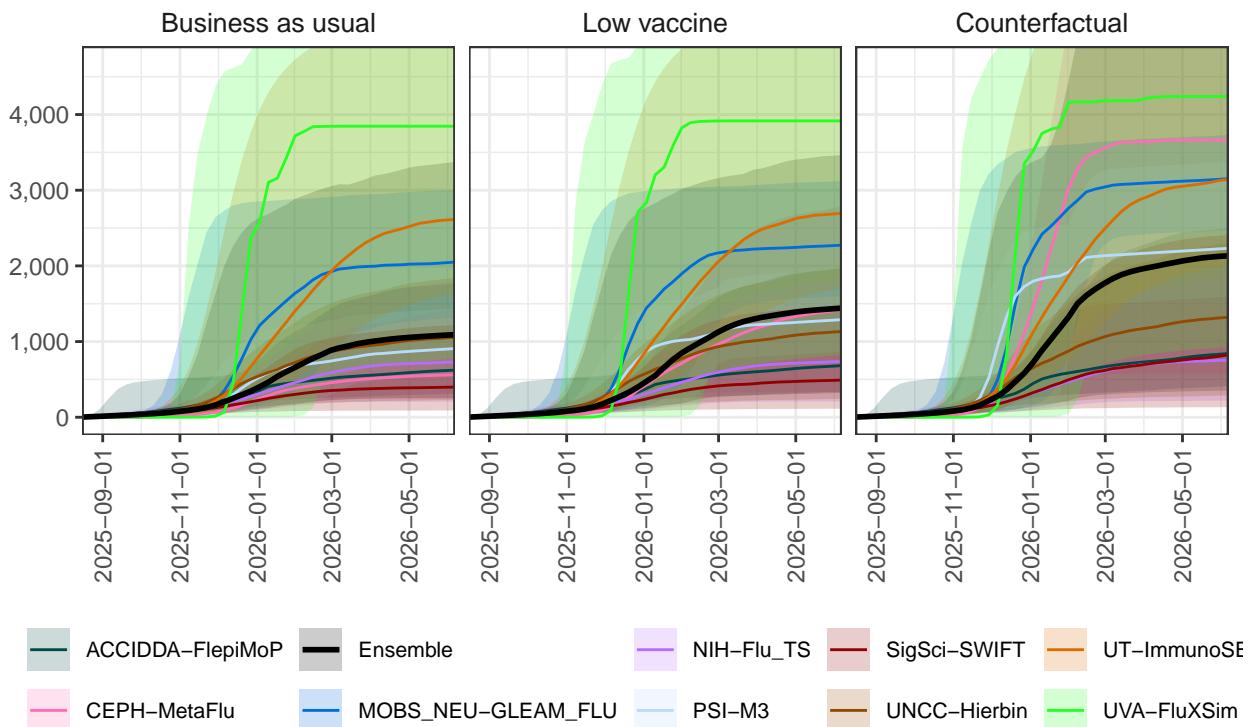
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Hawaii Individual Model Projections & 95% Projection Intervals Hospitalizations



### Hawaii Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



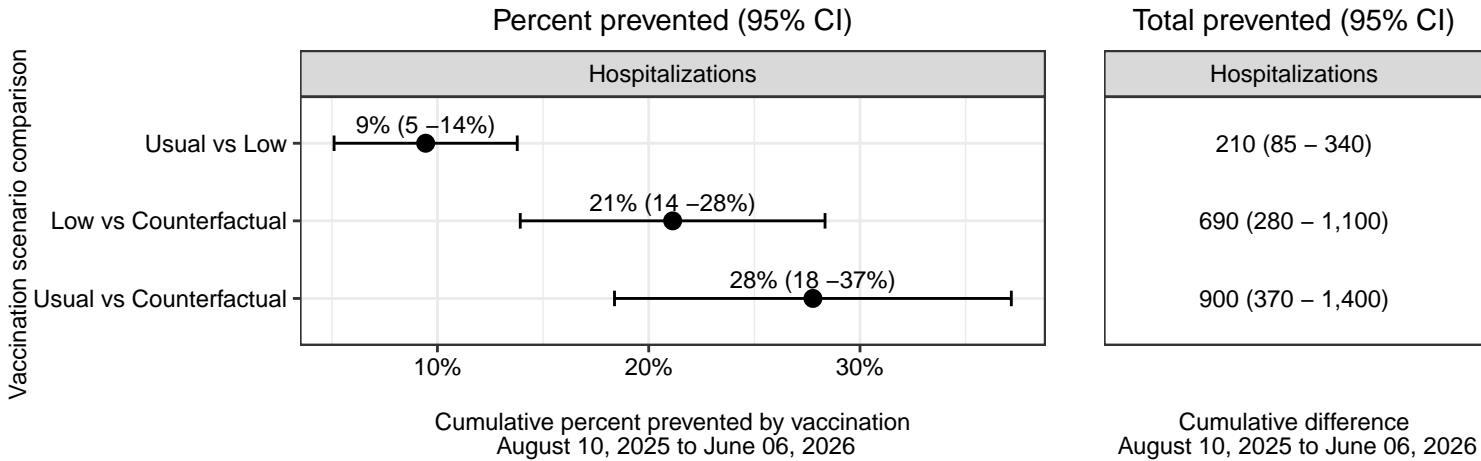
# Idaho

## Differences between scenarios - Idaho

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Idaho.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

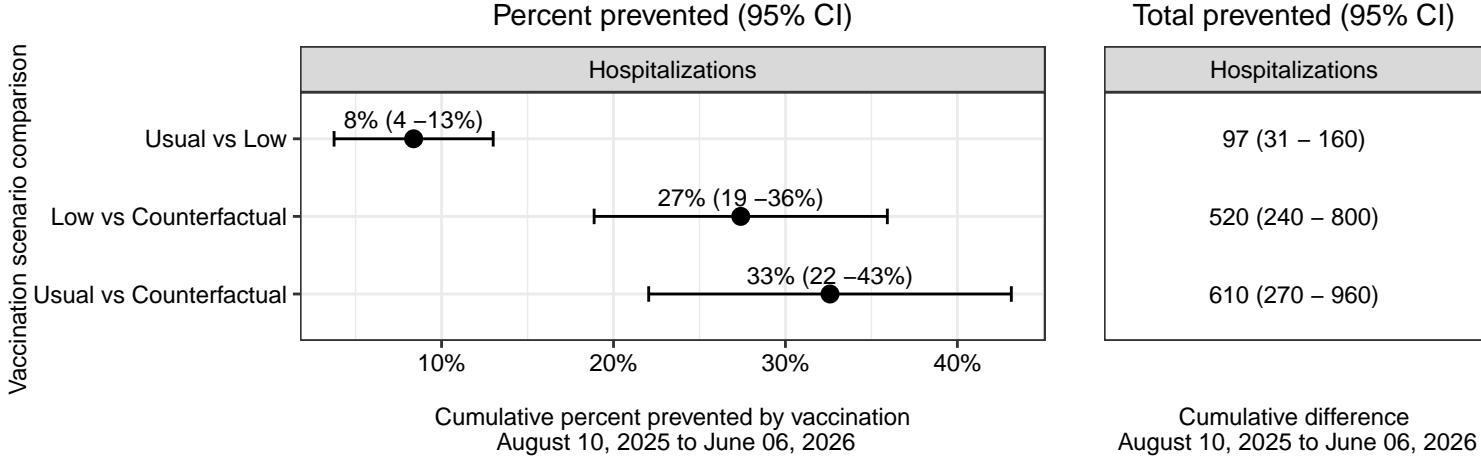
Business as usual vaccine coverage reduces hospitalizations by 900 (370 - 1,400), compared to no vaccination. Low vaccination coverage would result in 690 (280 - 1,100) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

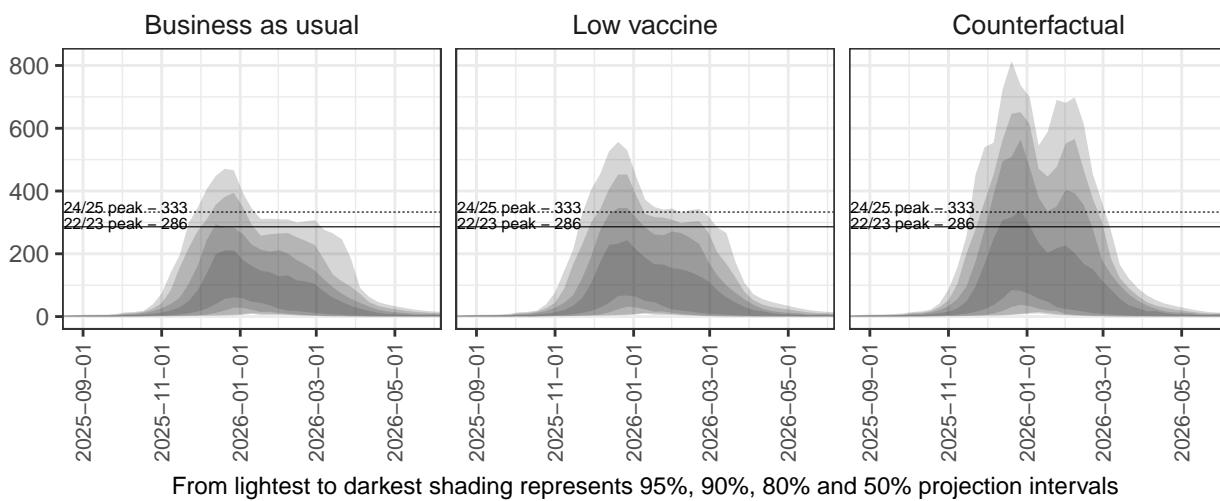
### 65+ population



## Ensemble Projections - Idaho

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

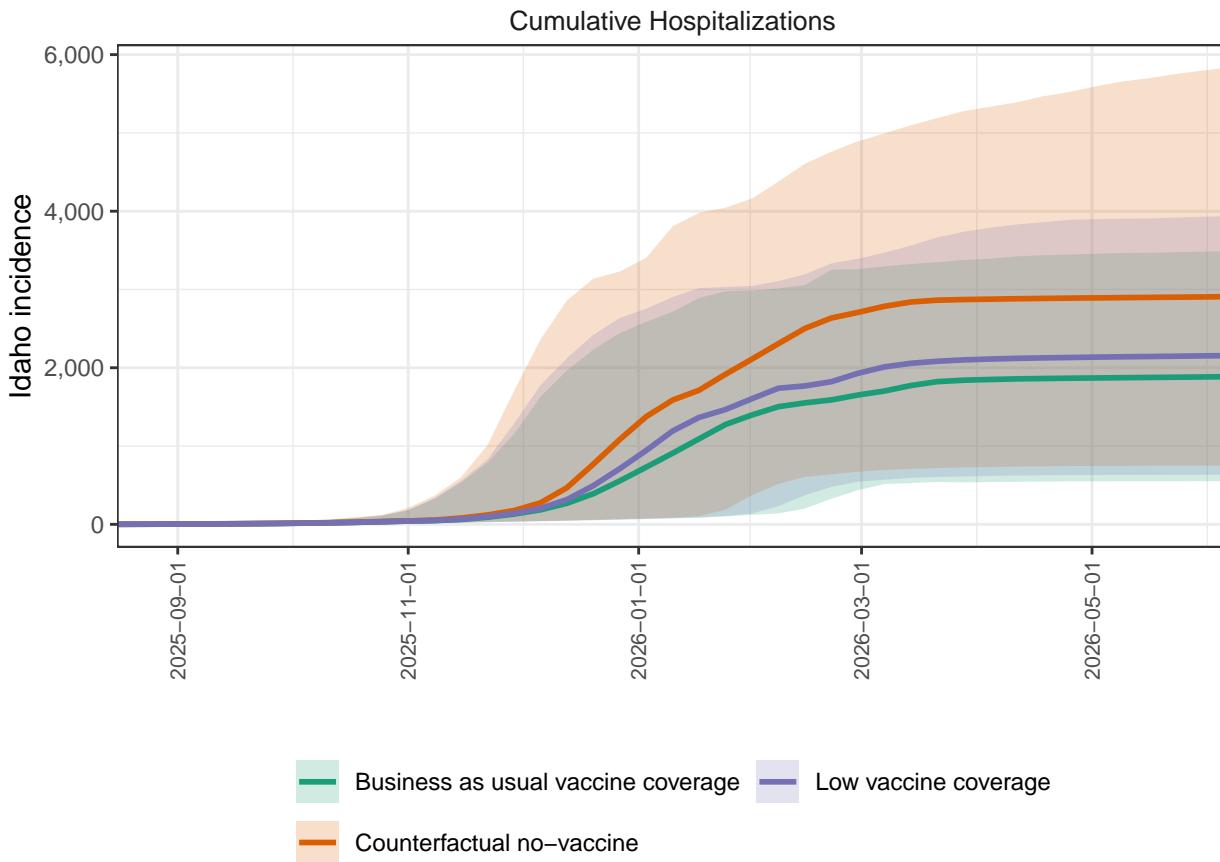
### Idaho ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Idaho

**Ensemble projections for cumulative hospitalizations by scenario, Idaho.** We project substantial continued burden of hospitalization from Flu, with 1886 cumulative hospitalizations projected by the end of the season (95% PI 551 - 3489 due to FLU in the business as usual scenario (scenario A).

### Idaho ensemble projections & 95% projection intervals

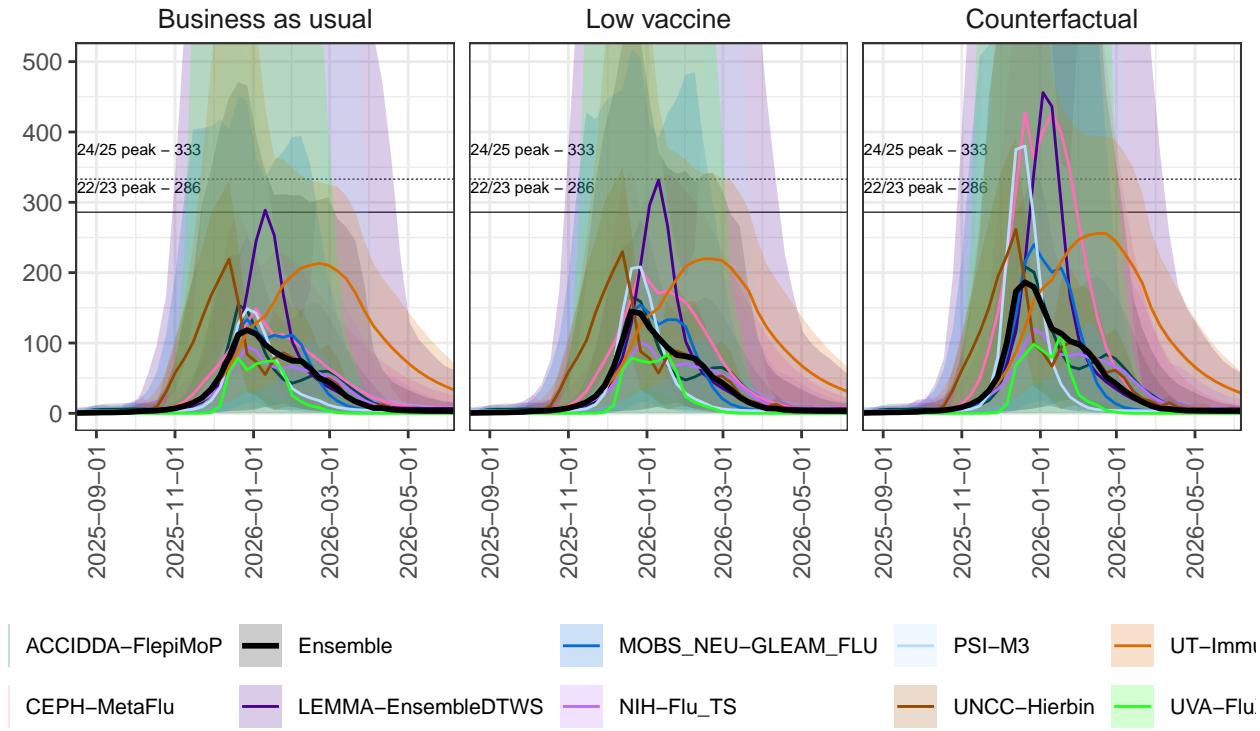


## Individual Model Projections - Idaho

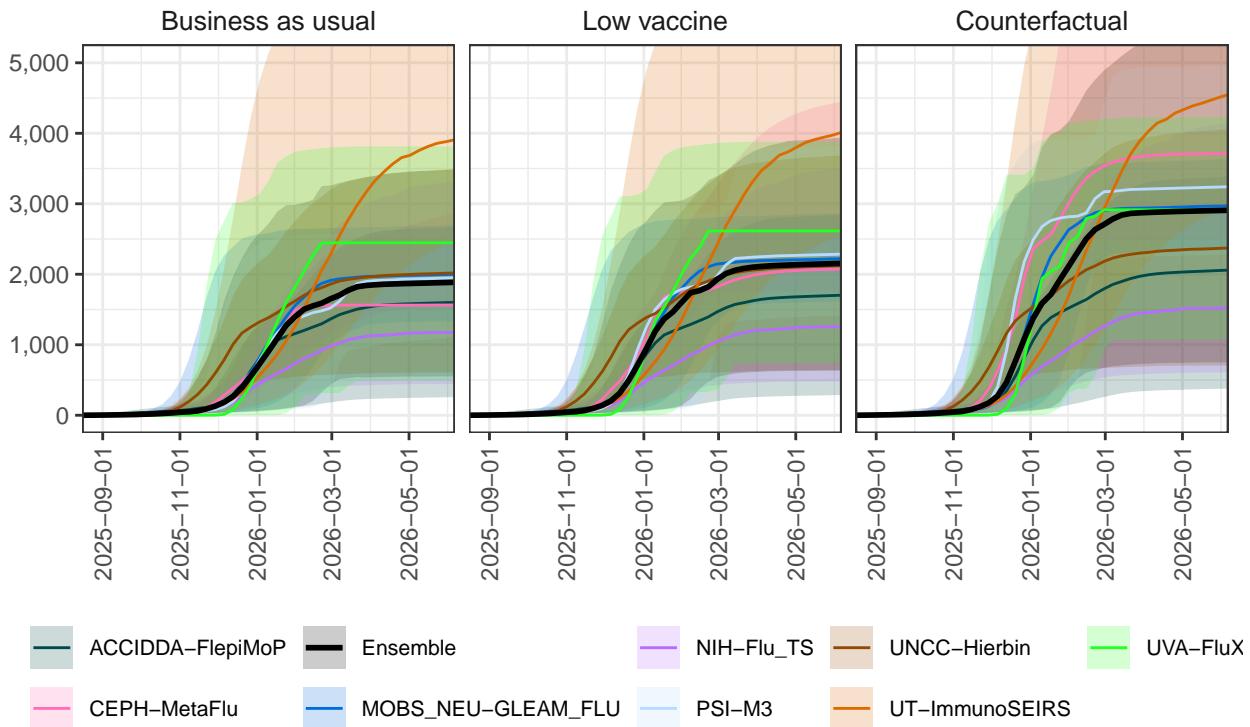
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Idaho Individual Model Projections & 95% Projection Intervals Hospitalizations



### Idaho Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



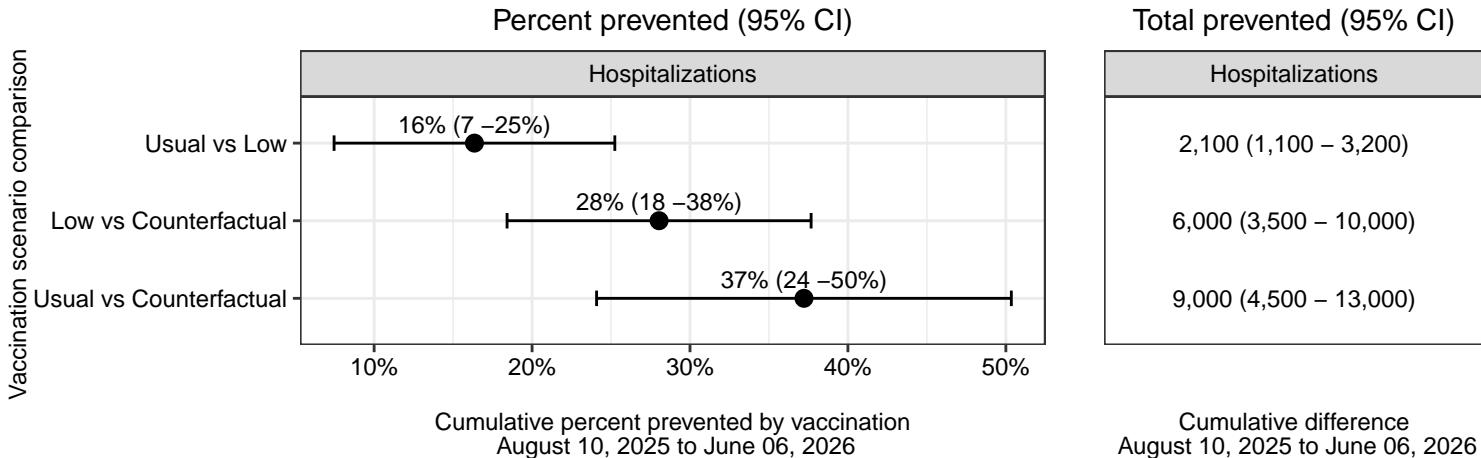
# Illinois

## Differences between scenarios - Illinois

Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Illinois. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

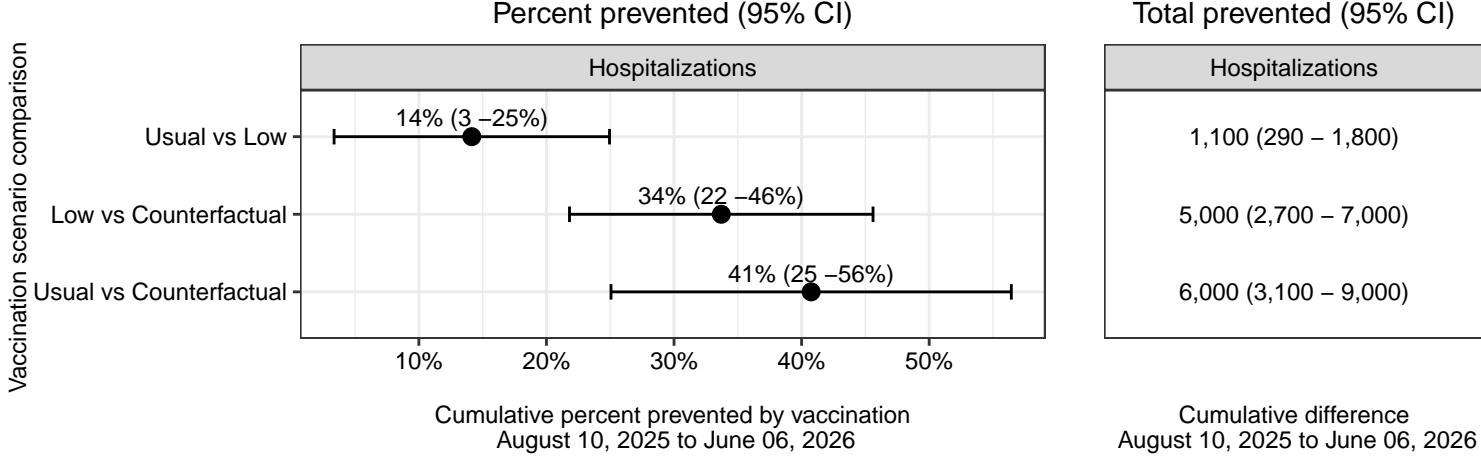
Business as usual vaccine coverage reduces hospitalizations by 9,000 (4,500 - 13,000), compared to no vaccination. Low vaccination coverage would result in 6,000 (3,500 - 10,000) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

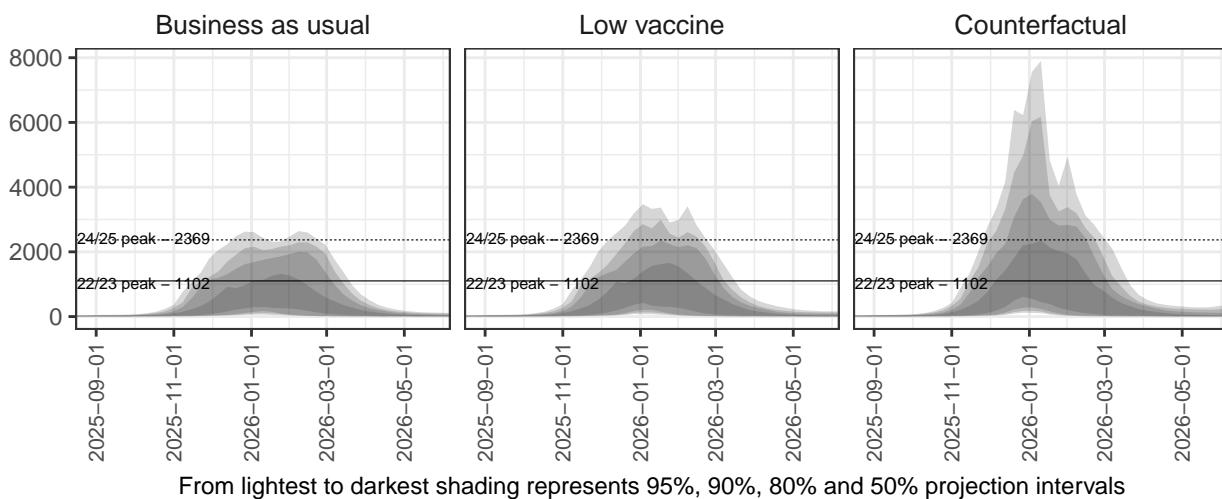
### 65+ population



## Ensemble Projections - Illinois

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

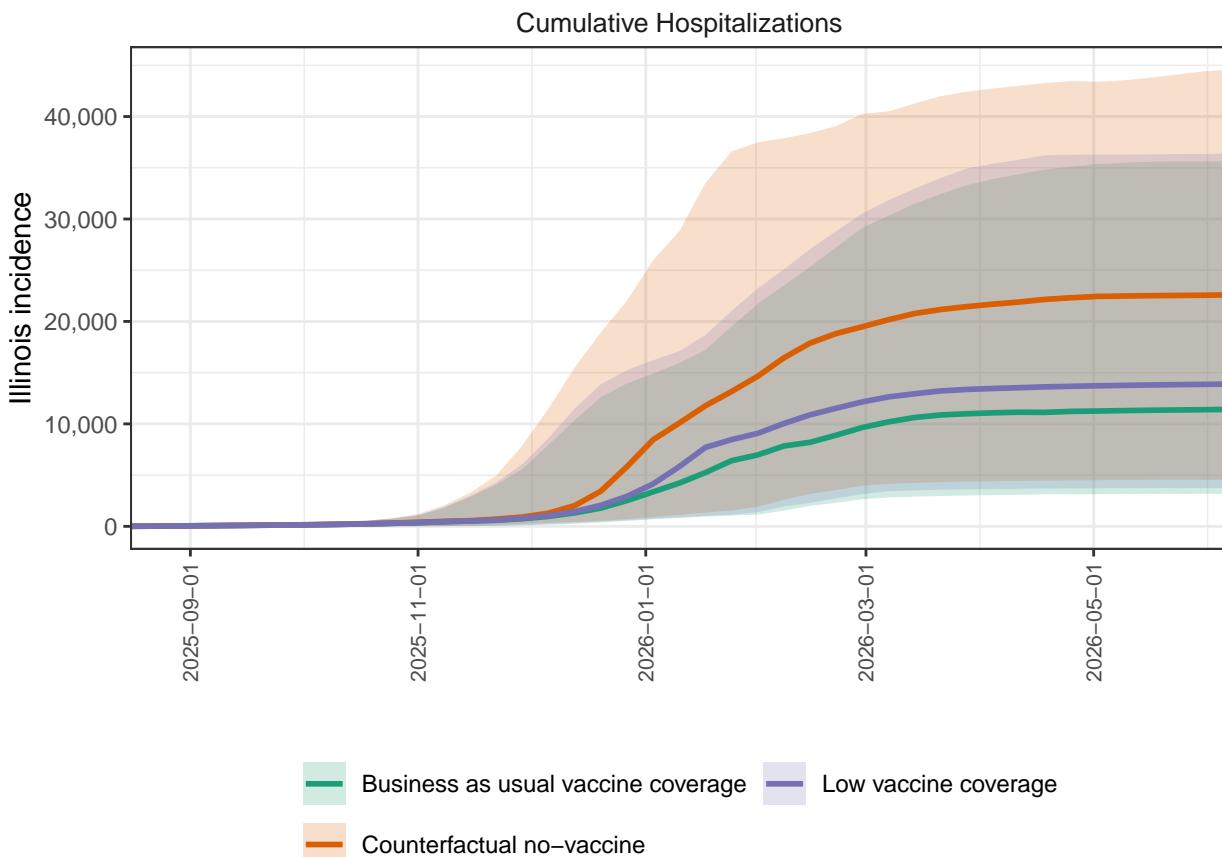
### Illinois ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Illinois

**Ensemble projections for cumulative hospitalizations by scenario, Illinois.** We project substantial continued burden of hospitalization from Flu, with 11408 cumulative hospitalizations projected by the end of the season (95% PI 3174 - 35630 due to FLU in the business as usual scenario (scenario A).

### Illinois ensemble projections & 95% projection intervals

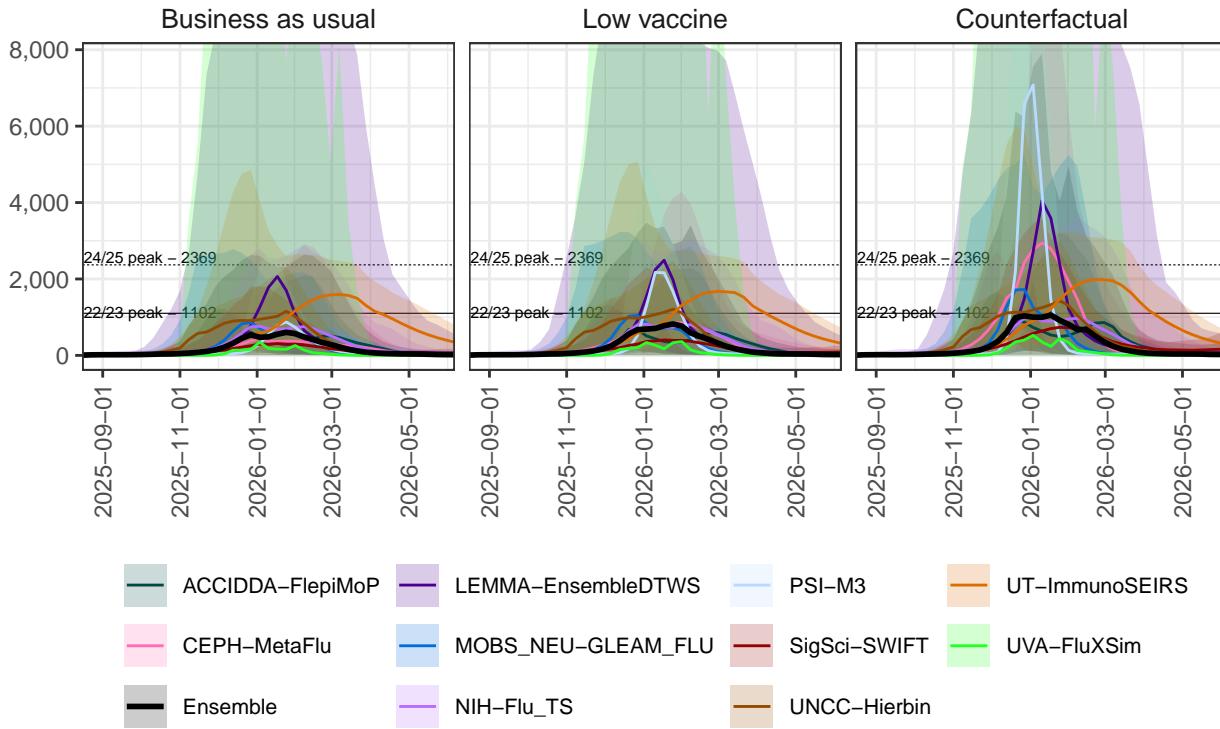


## Individual Model Projections - Illinois

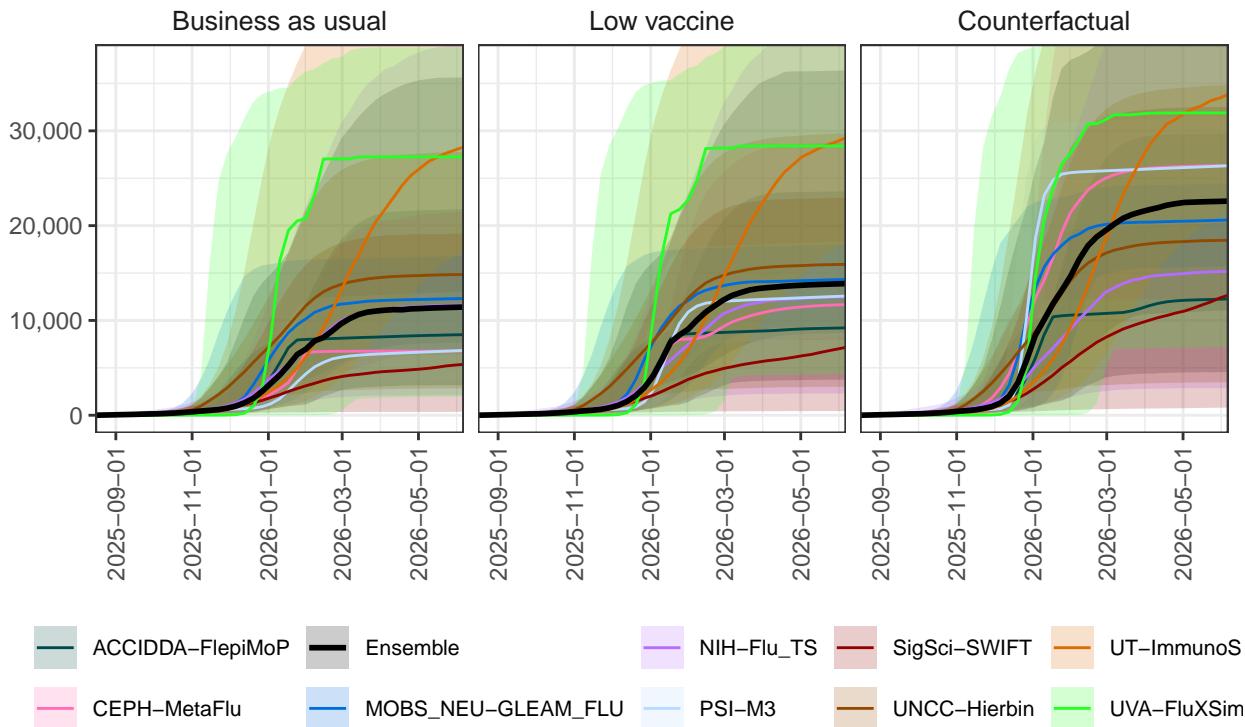
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Illinois Individual Model Projections & 95% Projection Intervals Hospitalizations



### Illinois Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



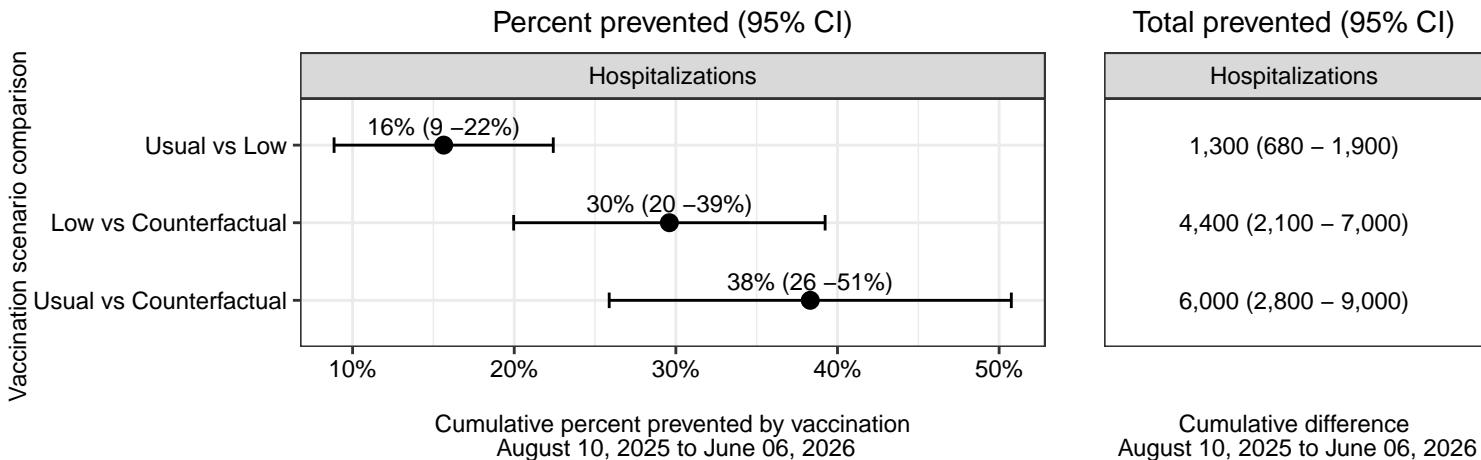
# Indiana

## Differences between scenarios - Indiana

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Indiana.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

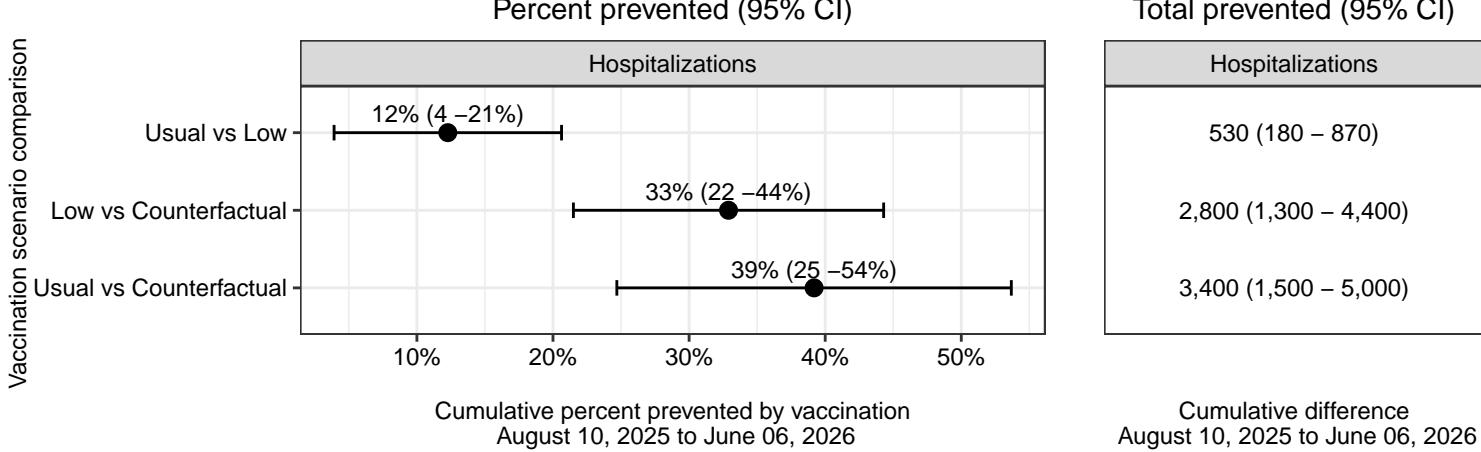
Business as usual vaccine coverage reduces hospitalizations by 6,000 (2,800 - 9,000), compared to no vaccination. Low vaccination coverage would result in 4,400 (2,100 - 7,000) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

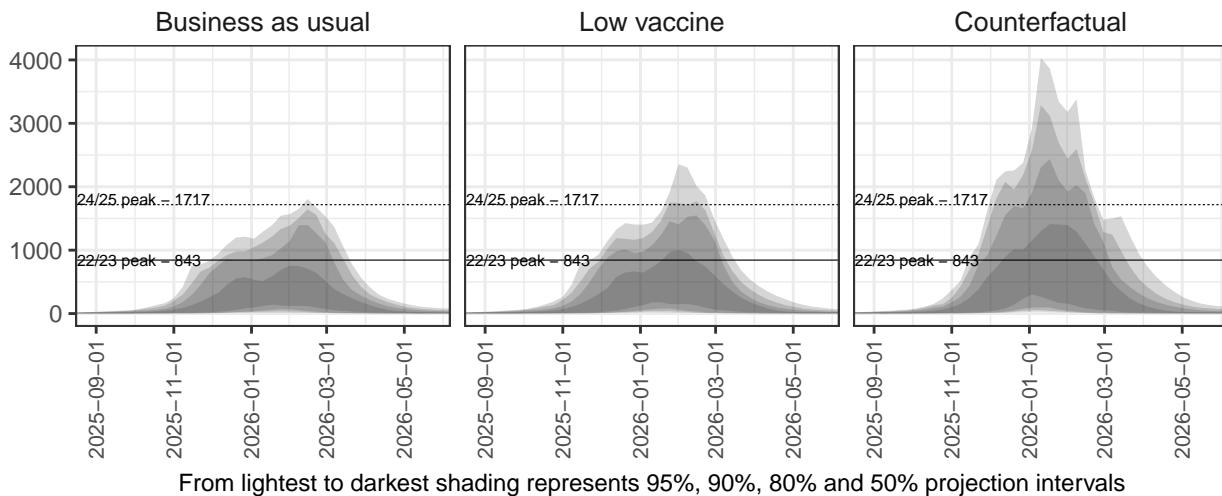
### 65+ population



## Ensemble Projections - Indiana

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

### Indiana ensemble projection intervals – Hospitalizations

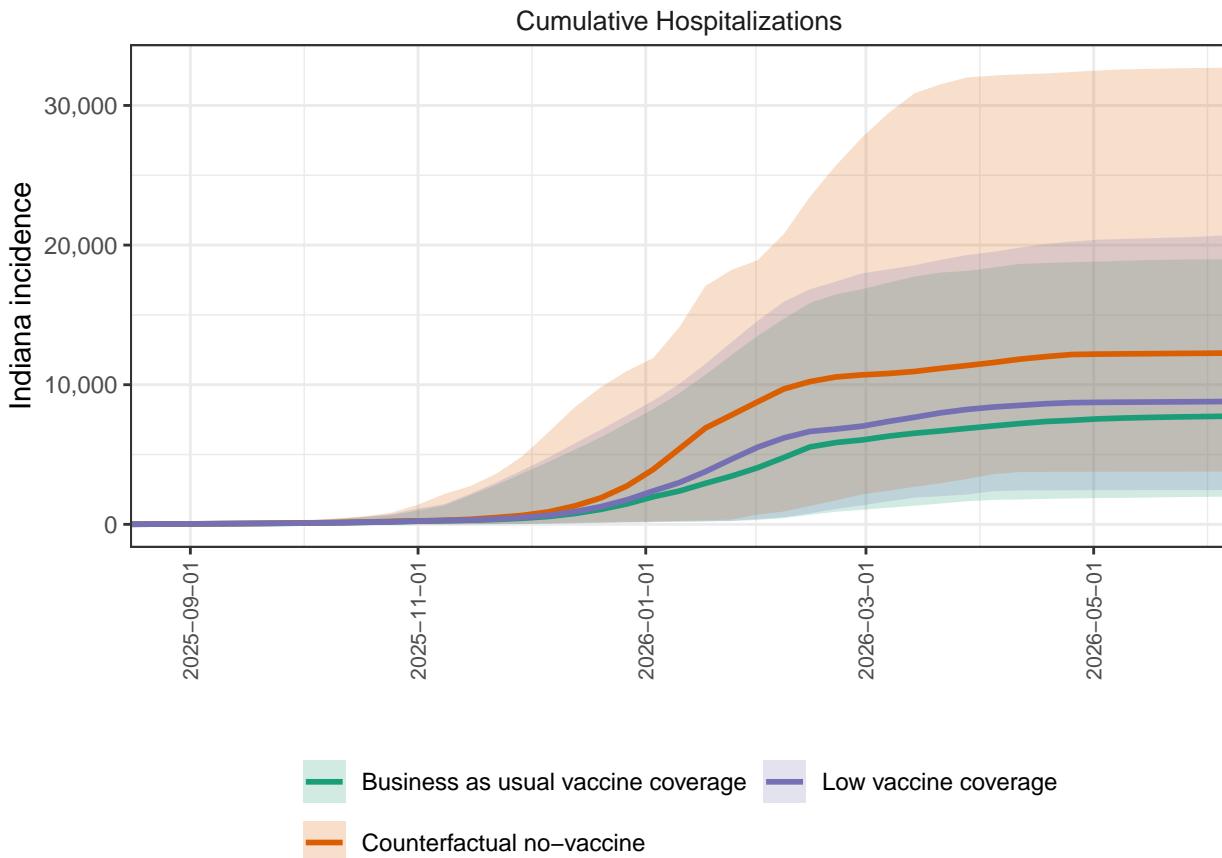


From lightest to darkest shading represents 95%, 90%, 80% and 50% projection intervals

## Cumulative Ensemble Projections - Indiana

**Ensemble projections for cumulative hospitalizations by scenario, Indiana.** We project substantial continued burden of hospitalization from Flu, with 7741 cumulative hospitalizations projected by the end of the season (95% PI 1981 - 18985 due to FLU in the business as usual scenario (scenario A).

### Indiana ensemble projections & 95% projection intervals

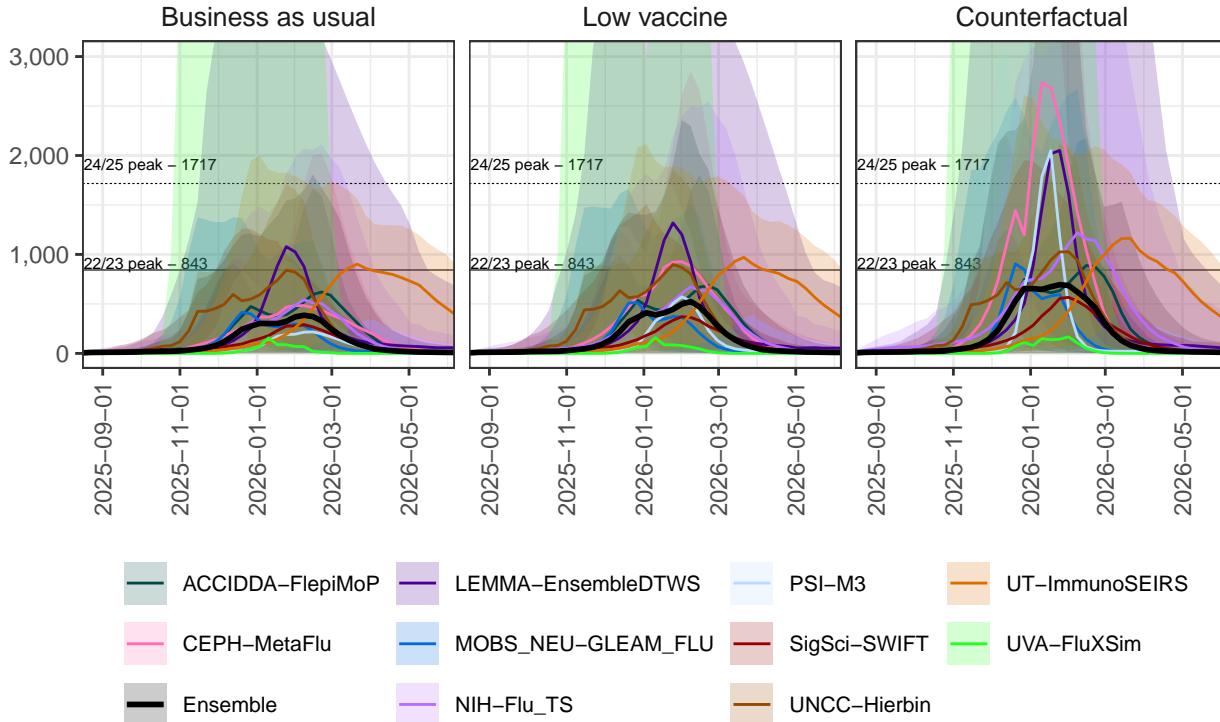


## Individual Model Projections - Indiana

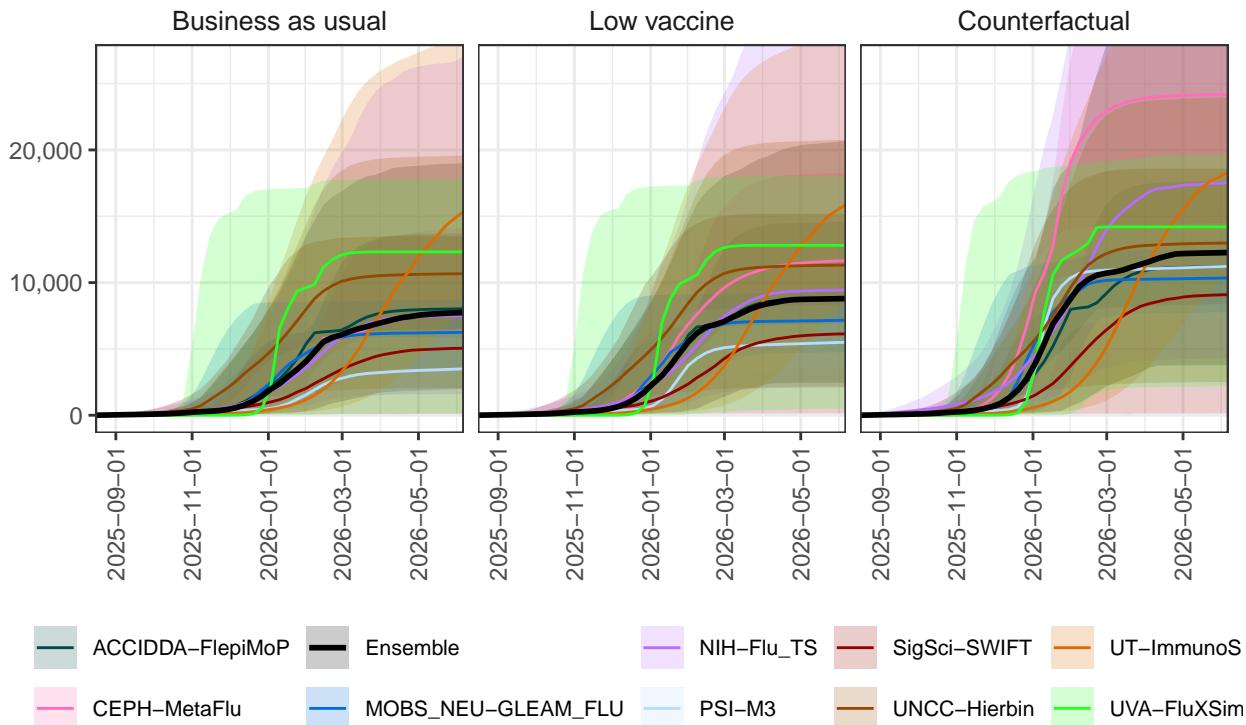
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Indiana Individual Model Projections & 95% Projection Intervals Hospitalizations



### Indiana Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



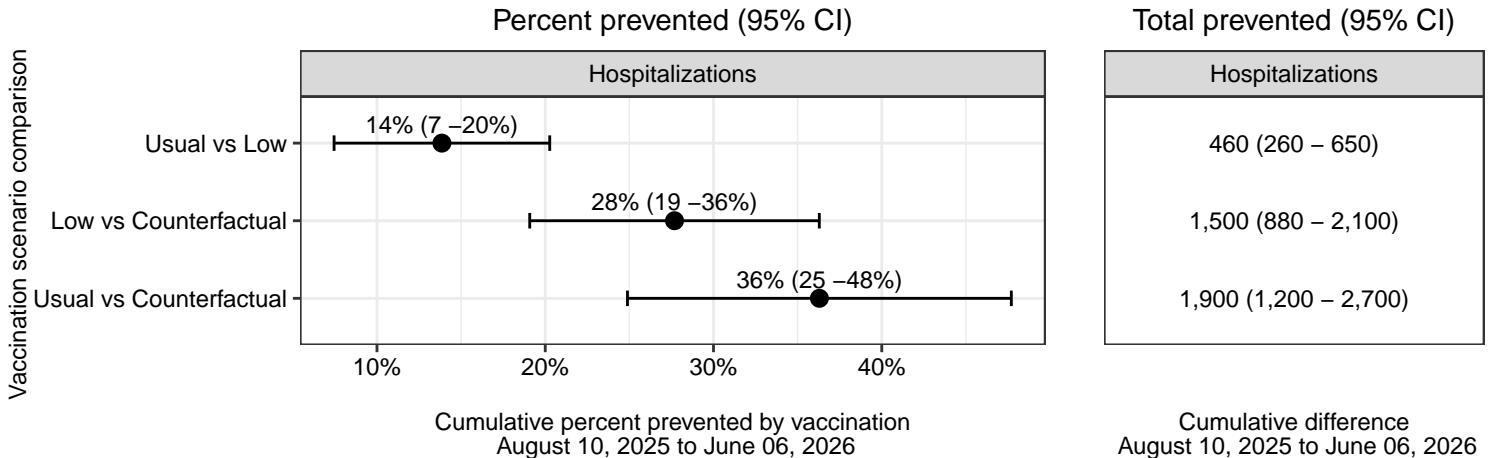
## Iowa

### Differences between scenarios - Iowa

Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Iowa. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

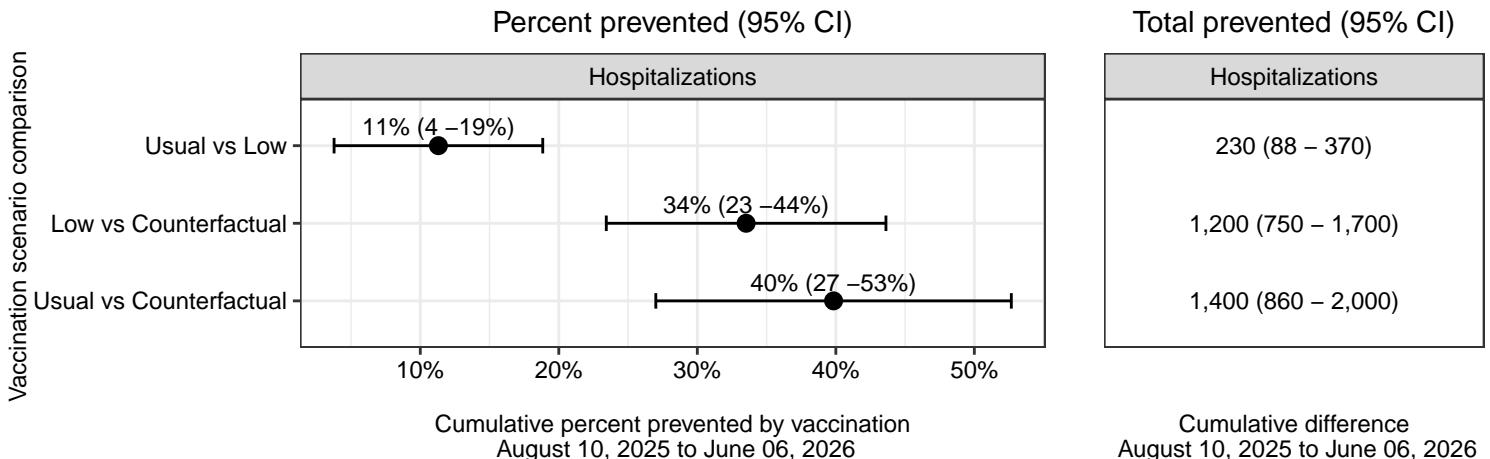
Business as usual vaccine coverage reduces hospitalizations by 1,900 (1,200 - 2,700), compared to no vaccination. Low vaccination coverage would result in 1,500 (880 - 2,100) fewer hospitalizations over the projection period, compared to no vaccination.

#### Overall population



These impacts of vaccination 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.

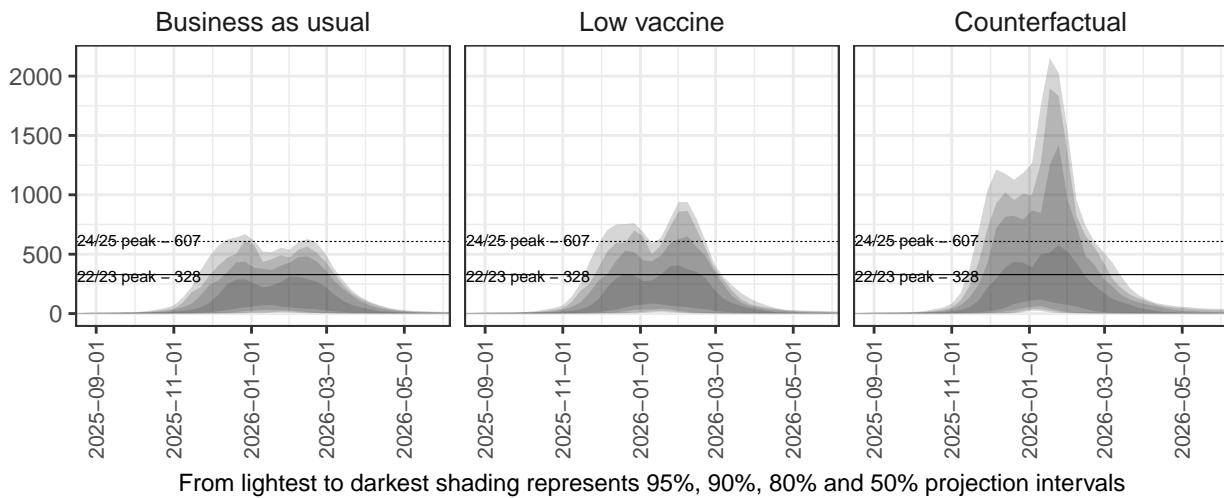
#### 65+ population



## Ensemble Projections - Iowa

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

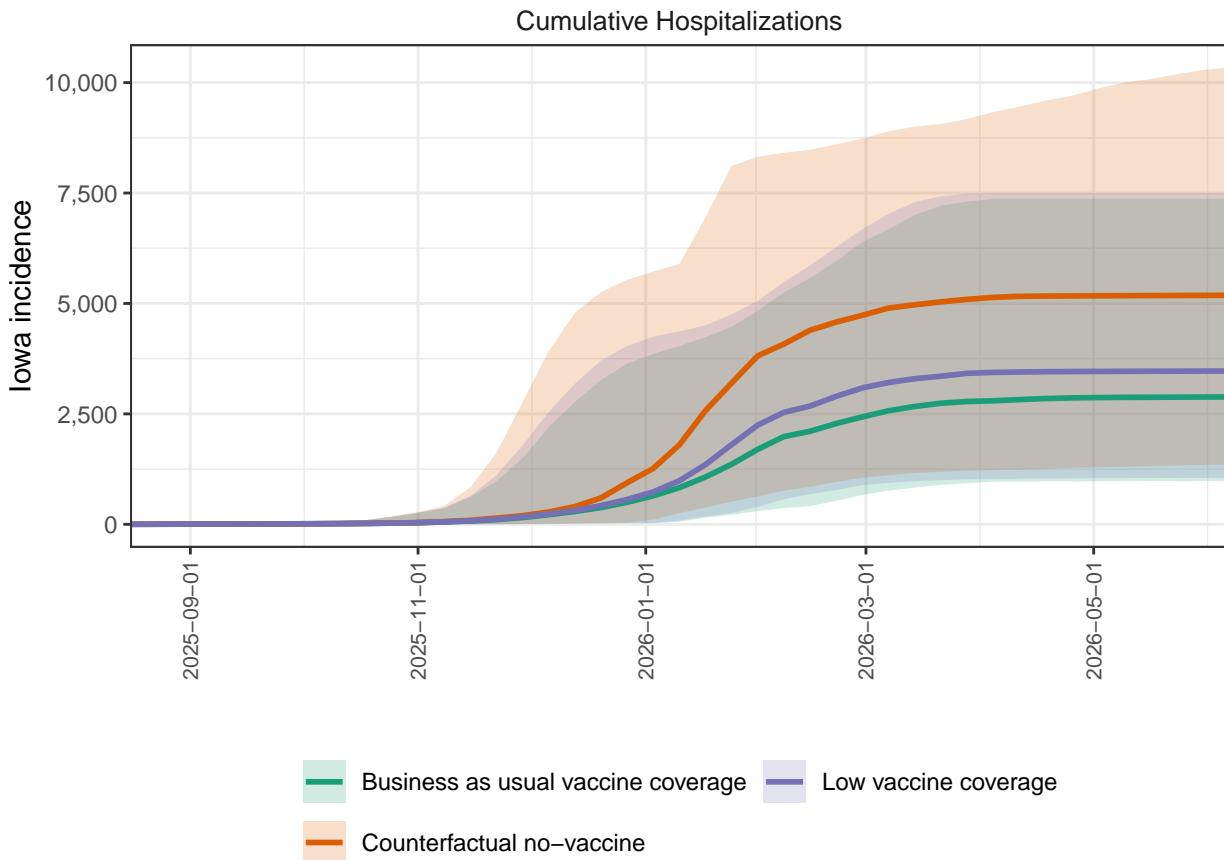
### Iowa ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Iowa

**Ensemble projections for cumulative hospitalizations by scenario, Iowa.** We project substantial continued burden of hospitalization from Flu, with 2884 cumulative hospitalizations projected by the end of the season (95% PI 984 - 7369 due to FLU in the business as usual scenario (scenario A).

### Iowa ensemble projections & 95% projection intervals

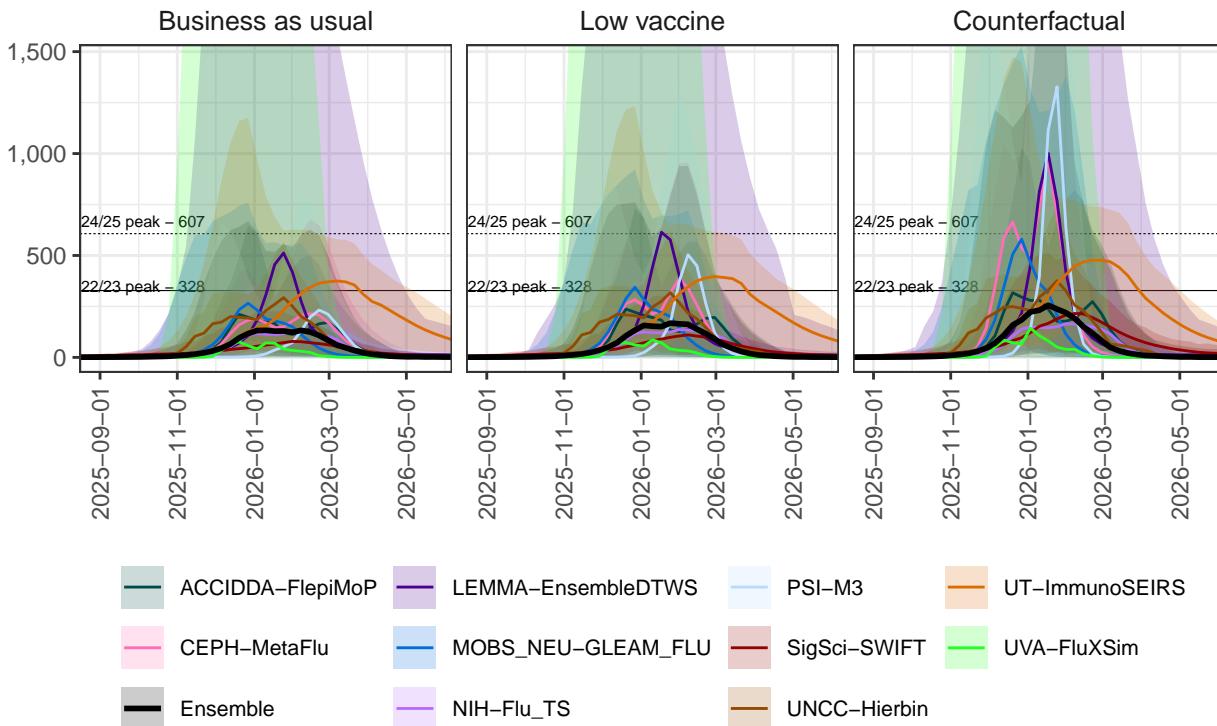


## Individual Model Projections - Iowa

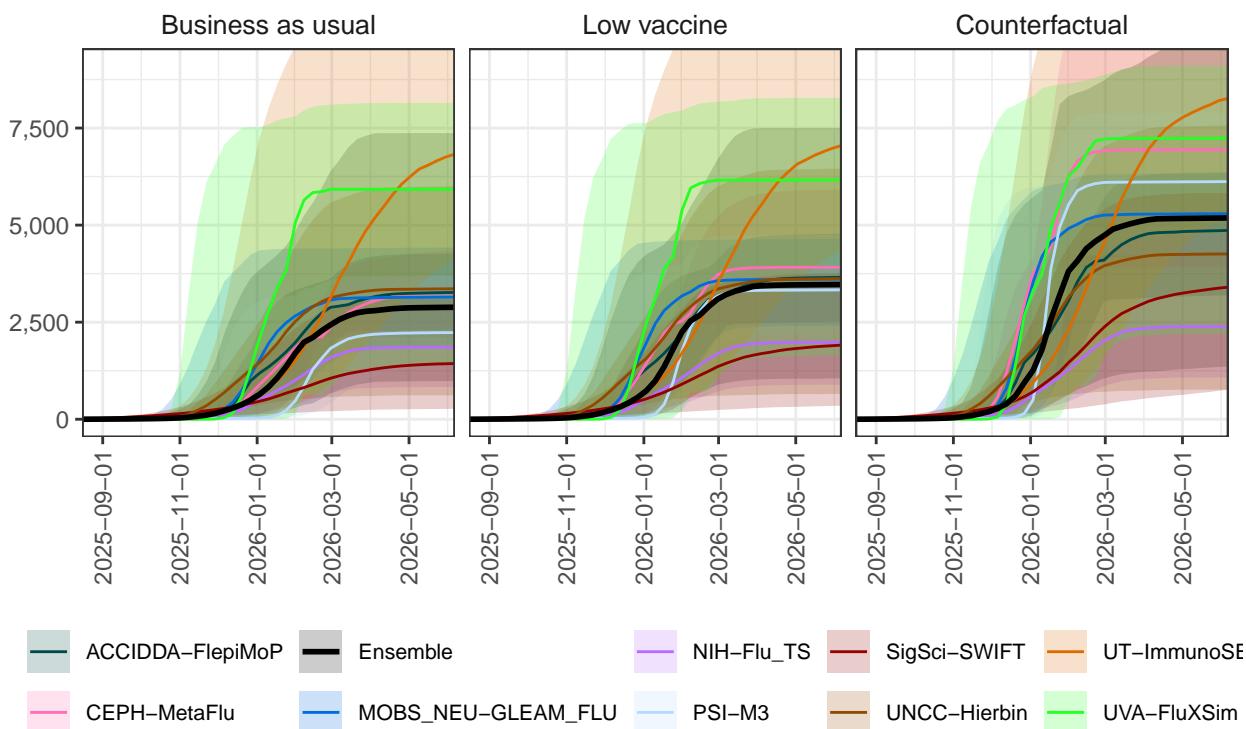
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Iowa Individual Model Projections & 95% Projection Intervals Hospitalizations



### Iowa Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



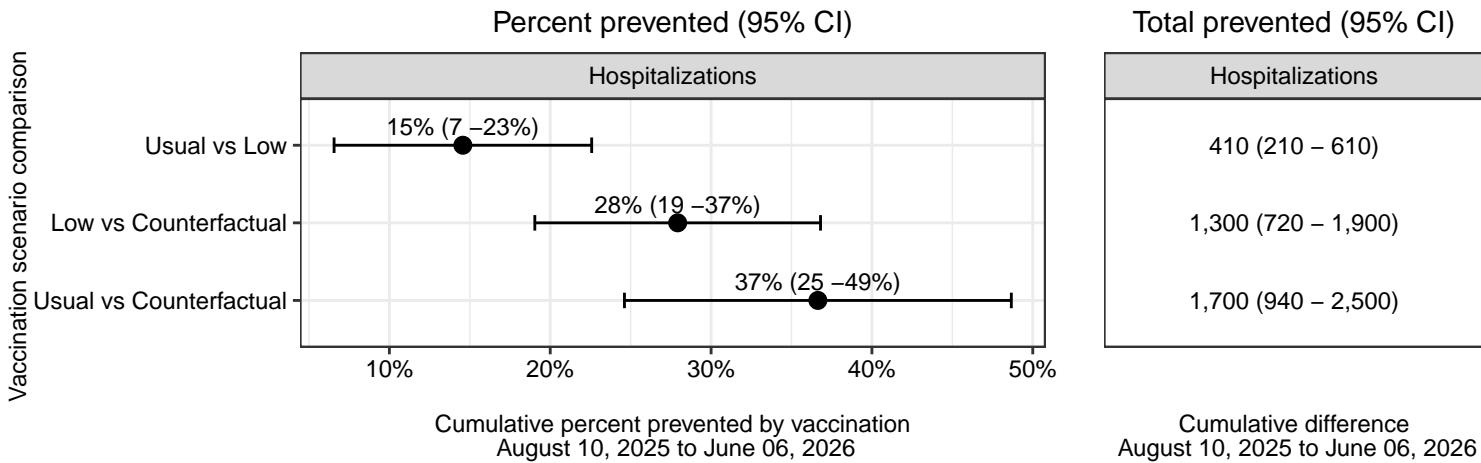
# Kansas

## Differences between scenarios - Kansas

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Kansas.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

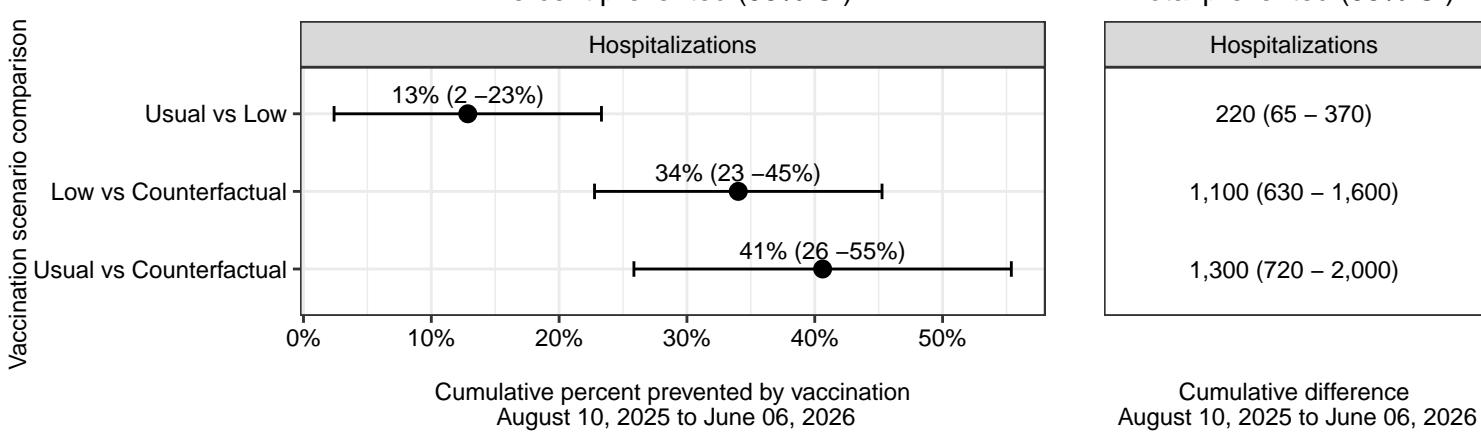
Business as usual vaccine coverage reduces hospitalizations by 1,700 (940 - 2,500), compared to no vaccination. Low vaccination coverage would result in 1,300 (720 - 1,900) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

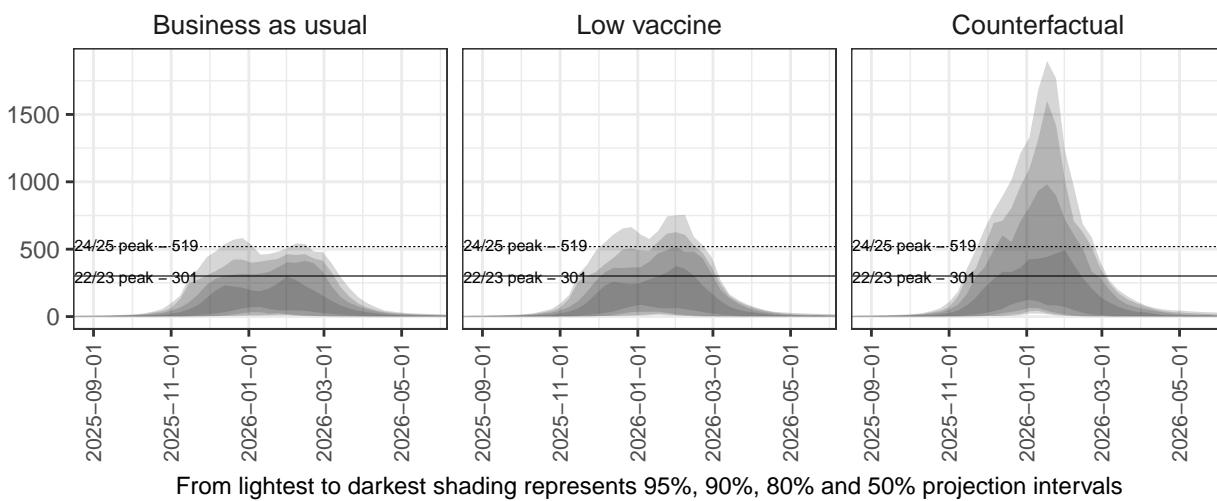
### 65+ population



## Ensemble Projections - Kansas

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

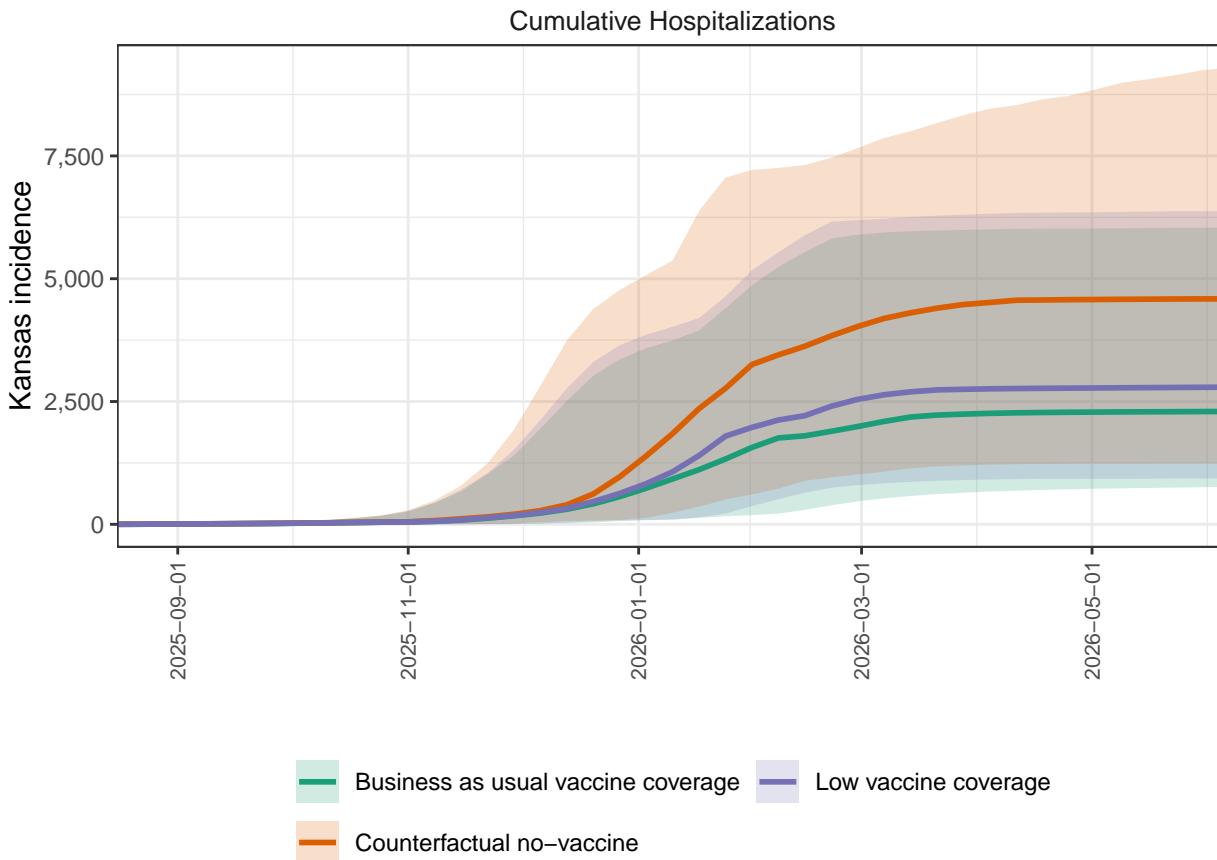
### Kansas ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Kansas

**Ensemble projections for cumulative hospitalizations by scenario, Kansas.** We project substantial continued burden of hospitalization from Flu, with 2297 cumulative hospitalizations projected by the end of the season (95% PI 763 - 6039 due to FLU in the business as usual scenario (scenario A).

### Kansas ensemble projections & 95% projection intervals

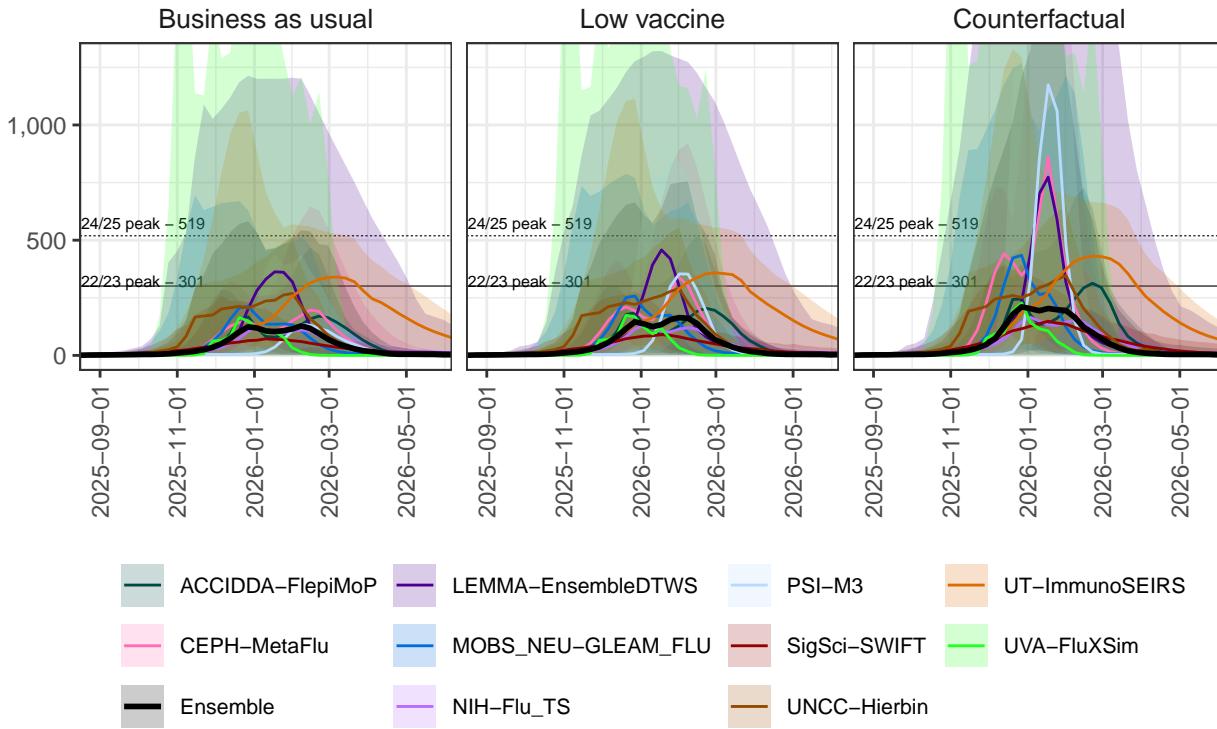


## Individual Model Projections - Kansas

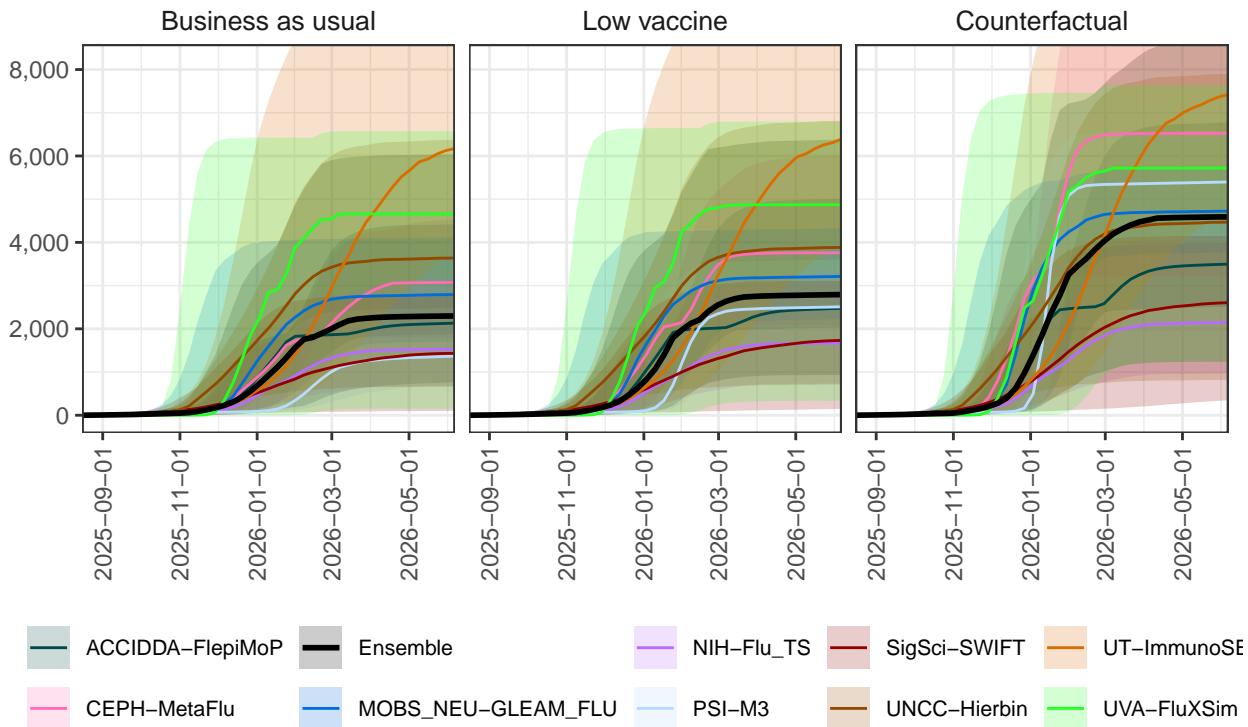
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Kansas Individual Model Projections & 95% Projection Intervals Hospitalizations



### Kansas Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



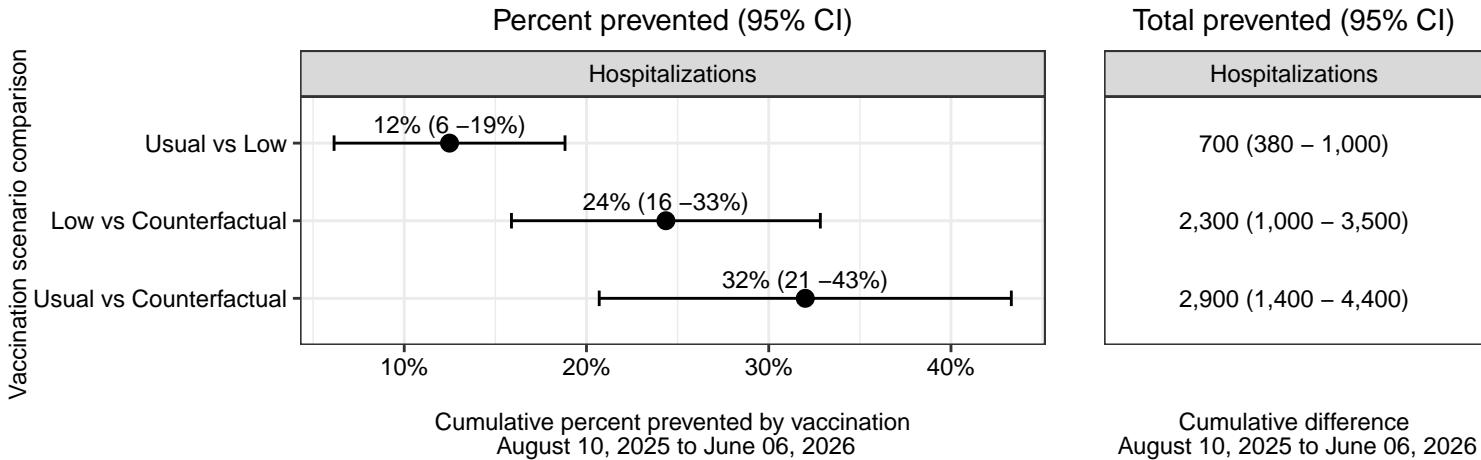
# Kentucky

## Differences between scenarios - Kentucky

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Kentucky.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

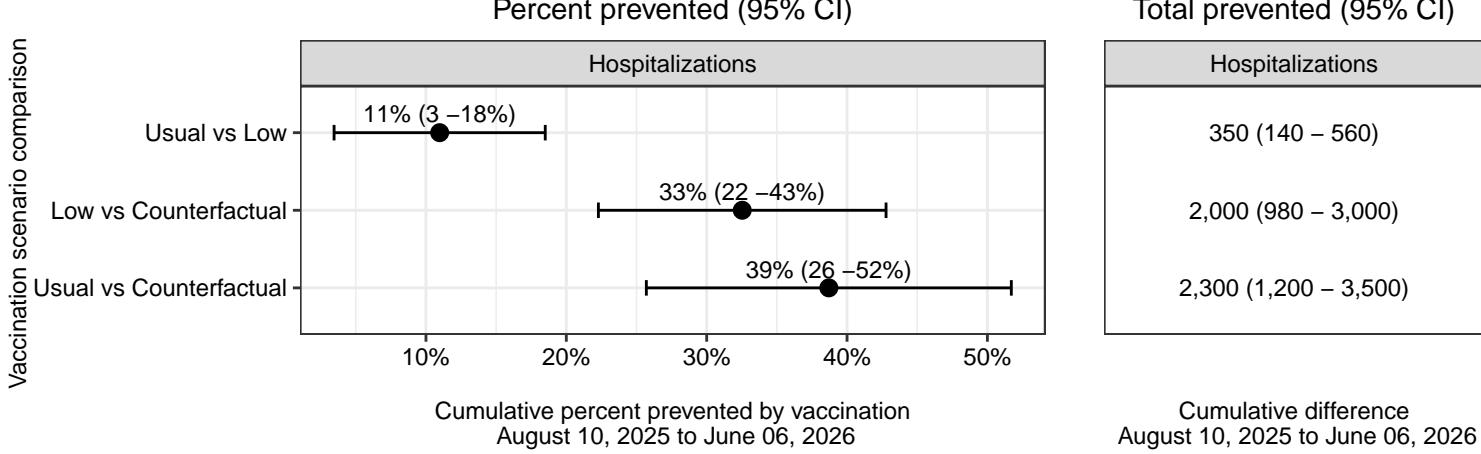
Business as usual vaccine coverage reduces hospitalizations by 2,900 (1,400 - 4,400), compared to no vaccination. Low vaccination coverage would result in 2,300 (1,000 - 3,500) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

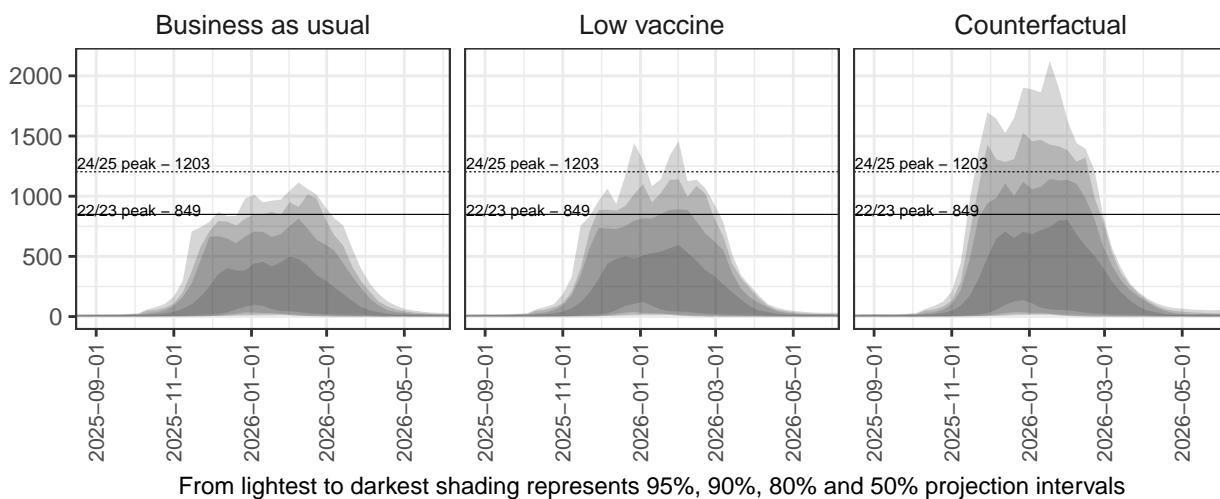
### 65+ population



## Ensemble Projections - Kentucky

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

### Kentucky ensemble projection intervals – Hospitalizations

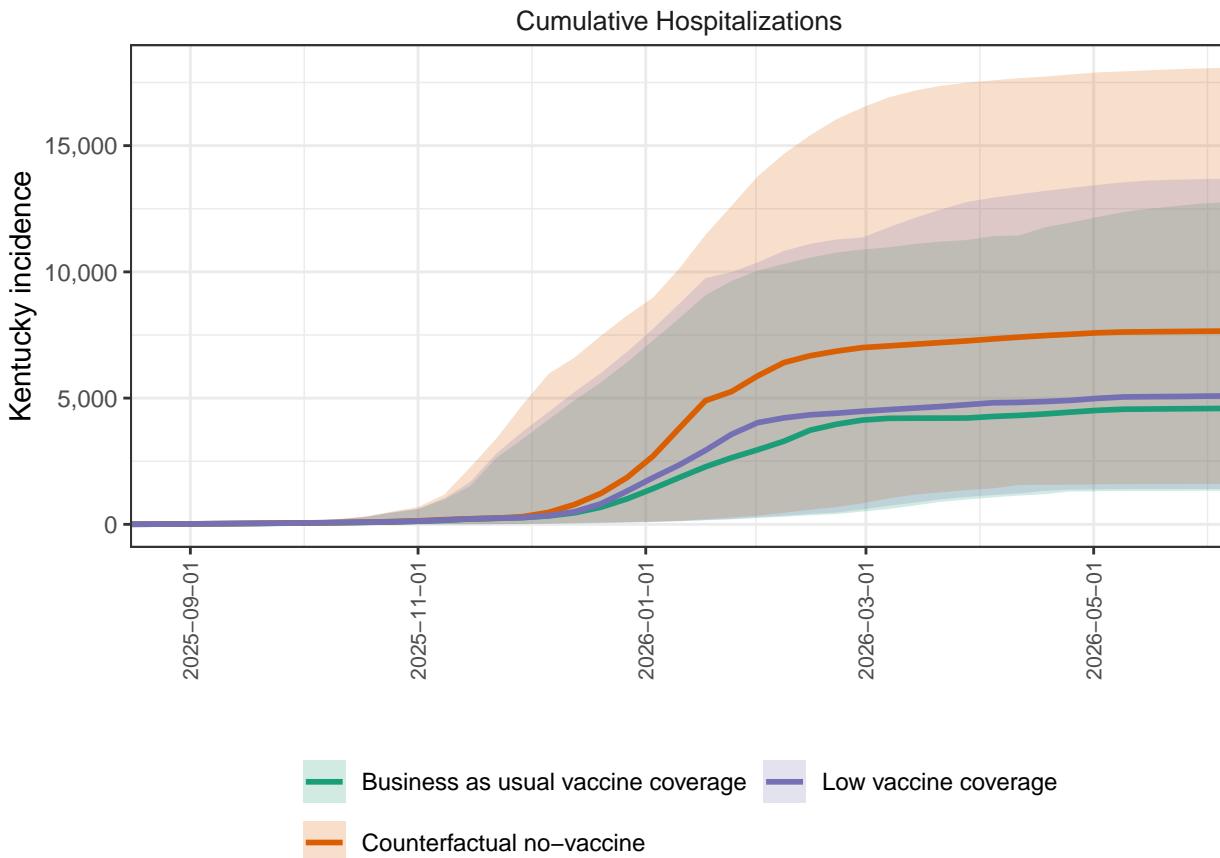


From lightest to darkest shading represents 95%, 90%, 80% and 50% projection intervals

## Cumulative Ensemble Projections - Kentucky

**Ensemble projections for cumulative hospitalizations by scenario, Kentucky.** We project substantial continued burden of hospitalization from Flu, with 4591 cumulative hospitalizations projected by the end of the season (95% PI 1328 - 12761 due to FLU in the business as usual scenario (scenario A).

### Kentucky ensemble projections & 95% projection intervals



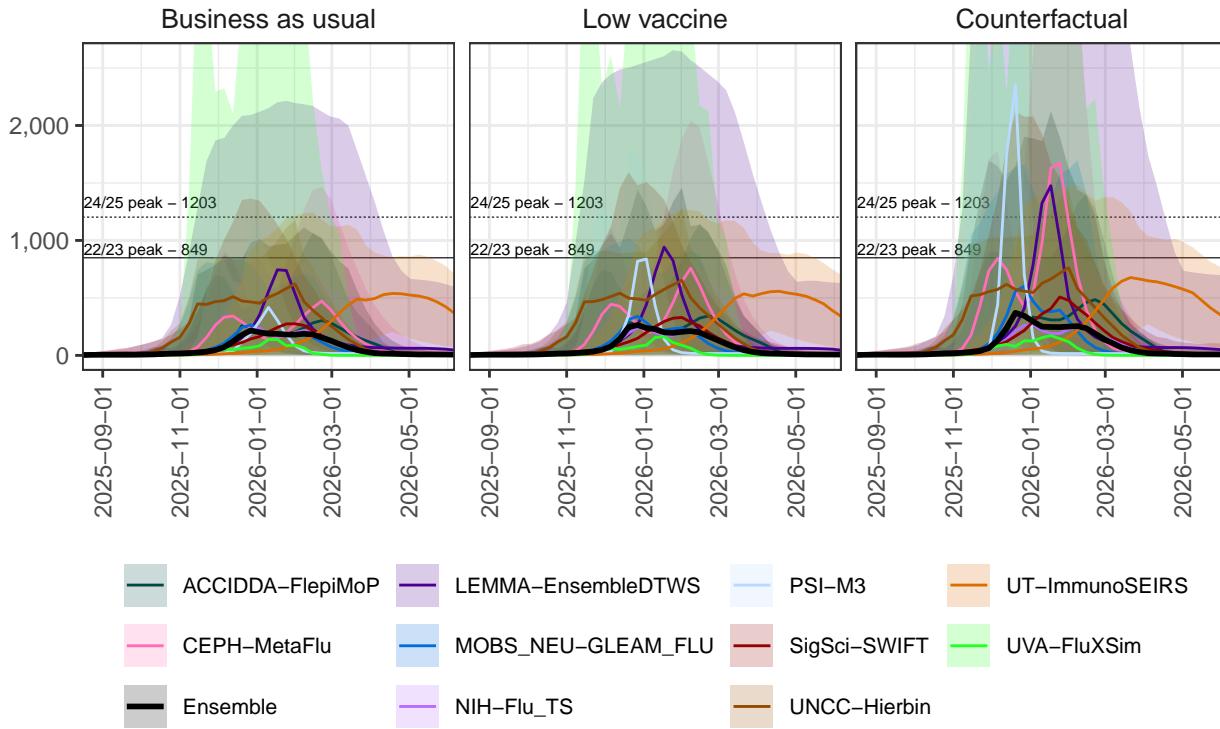
<span style="color: green;">—</span> Business as usual vaccine coverage <span style="color: orange;">—</span> Counterfactual no-vaccine	<span style="color: purple;">—</span> Low vaccine coverage <span style="color: lightorange;">—</span> Counterfactual no-vaccine
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## Individual Model Projections - Kentucky

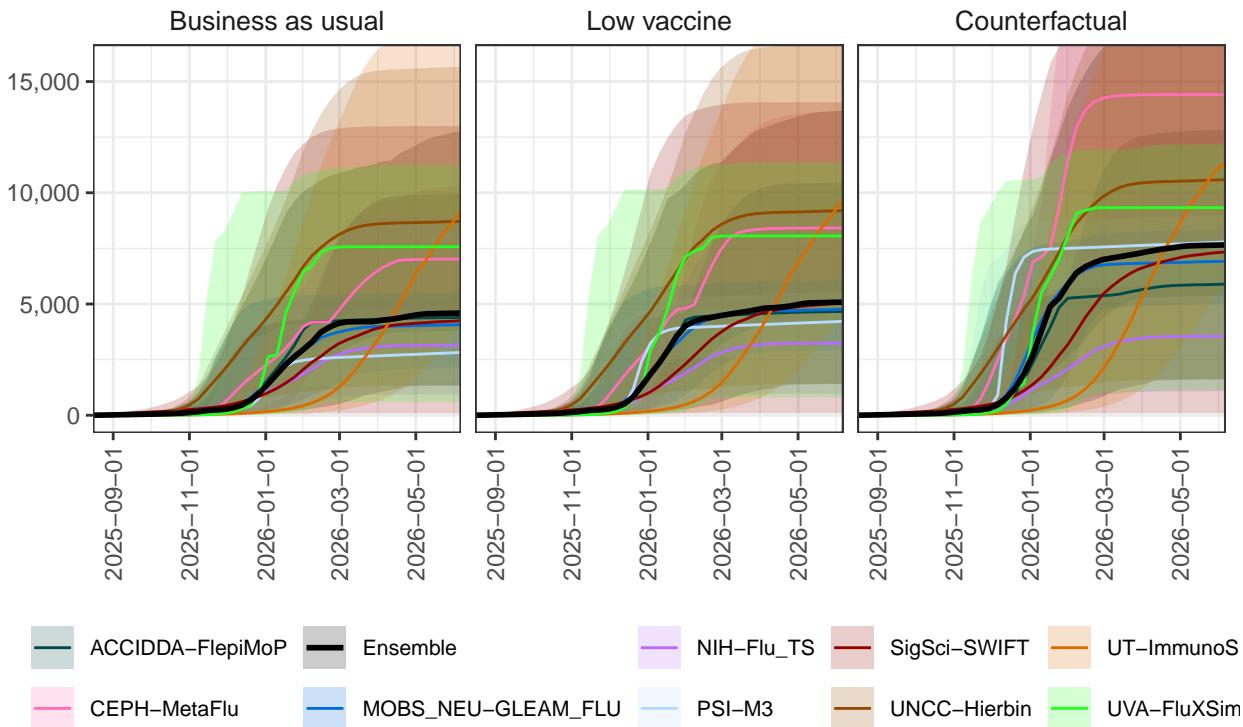
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Kentucky Individual Model Projections & 95% Projection Intervals Hospitalizations



### Kentucky Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



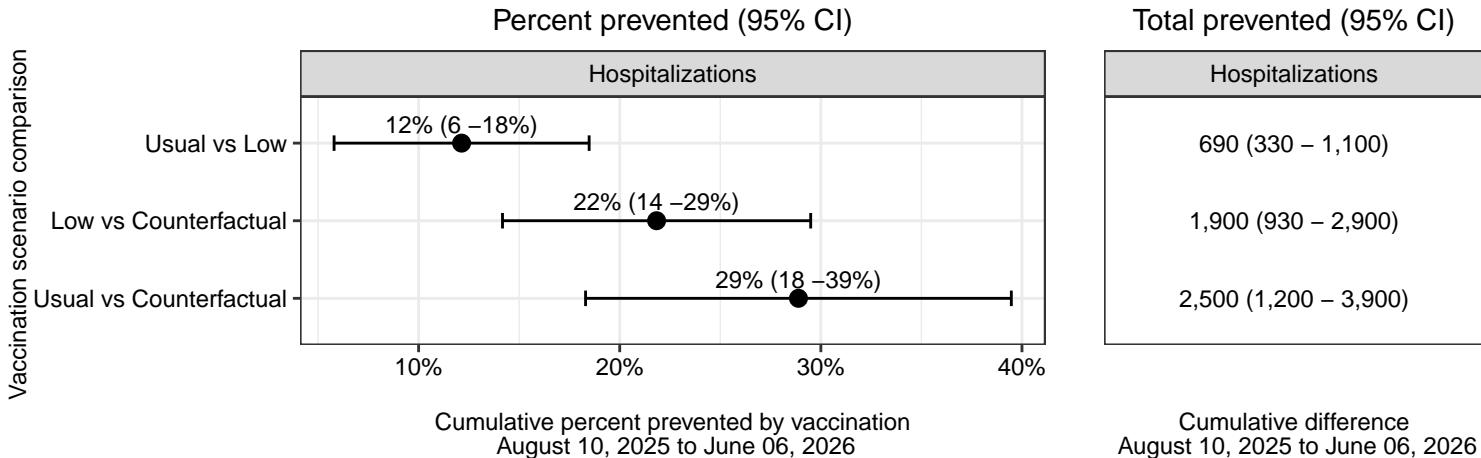
## Louisiana

### Differences between scenarios - Louisiana

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Louisiana.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

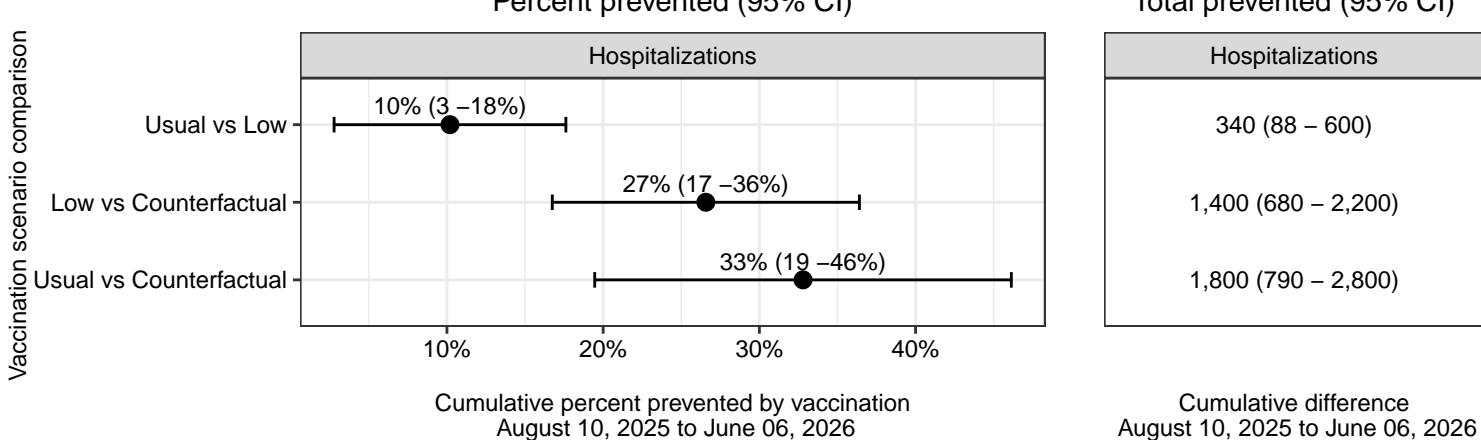
Business as usual vaccine coverage reduces hospitalizations by 2,500 (1,200 - 3,900), compared to no vaccination. Low vaccination coverage would result in 1,900 (930 - 2,900) fewer hospitalizations over the projection period, compared to no vaccination.

#### Overall population



These impacts of vaccination 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.

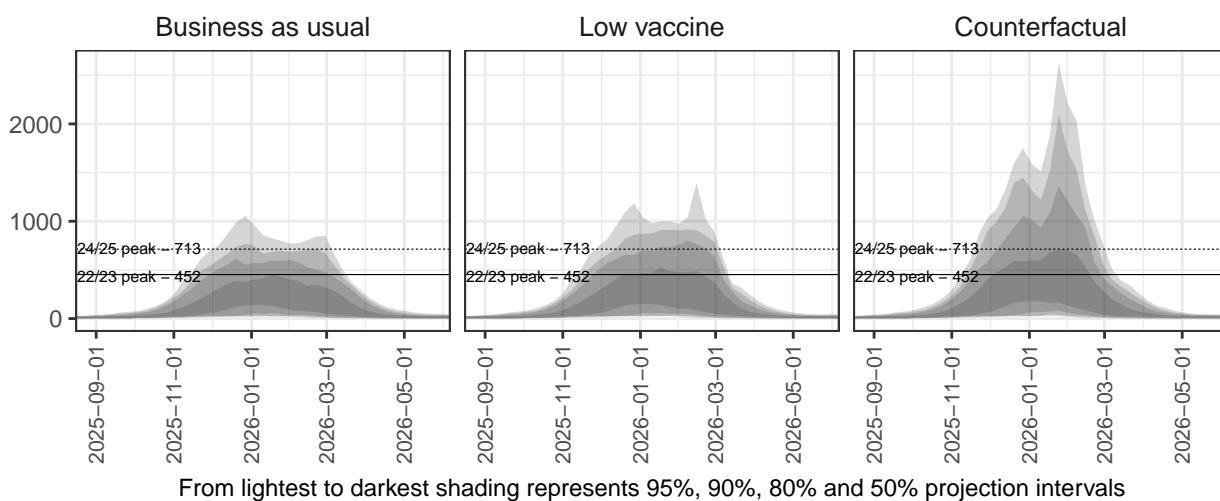
#### 65+ population



## Ensemble Projections - Louisiana

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

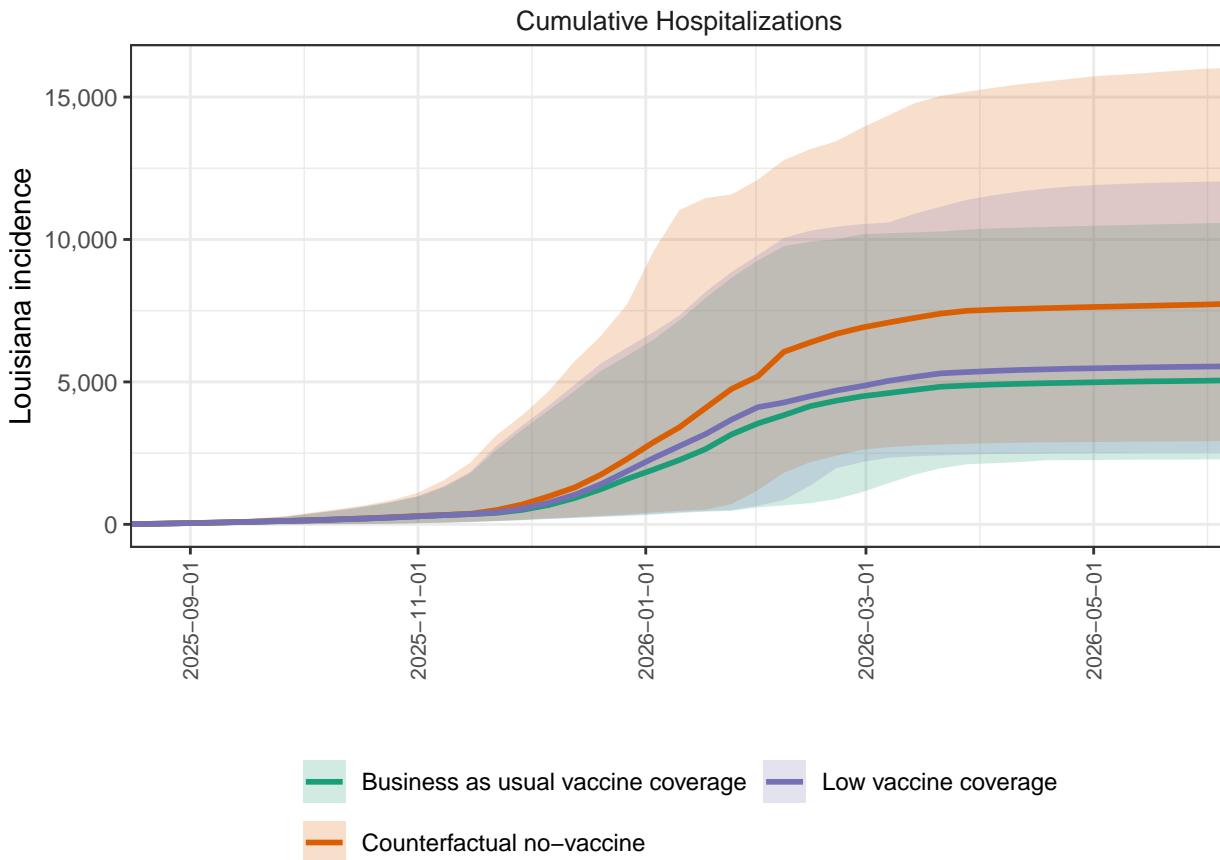
### Louisiana ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Louisiana

**Ensemble projections for cumulative hospitalizations by scenario, Louisiana.** We project substantial continued burden of hospitalization from Flu, with 5055 cumulative hospitalizations projected by the end of the season (95% PI 2281 - 10588 due to FLU in the business as usual scenario (scenario A).

### Louisiana ensemble projections & 95% projection intervals

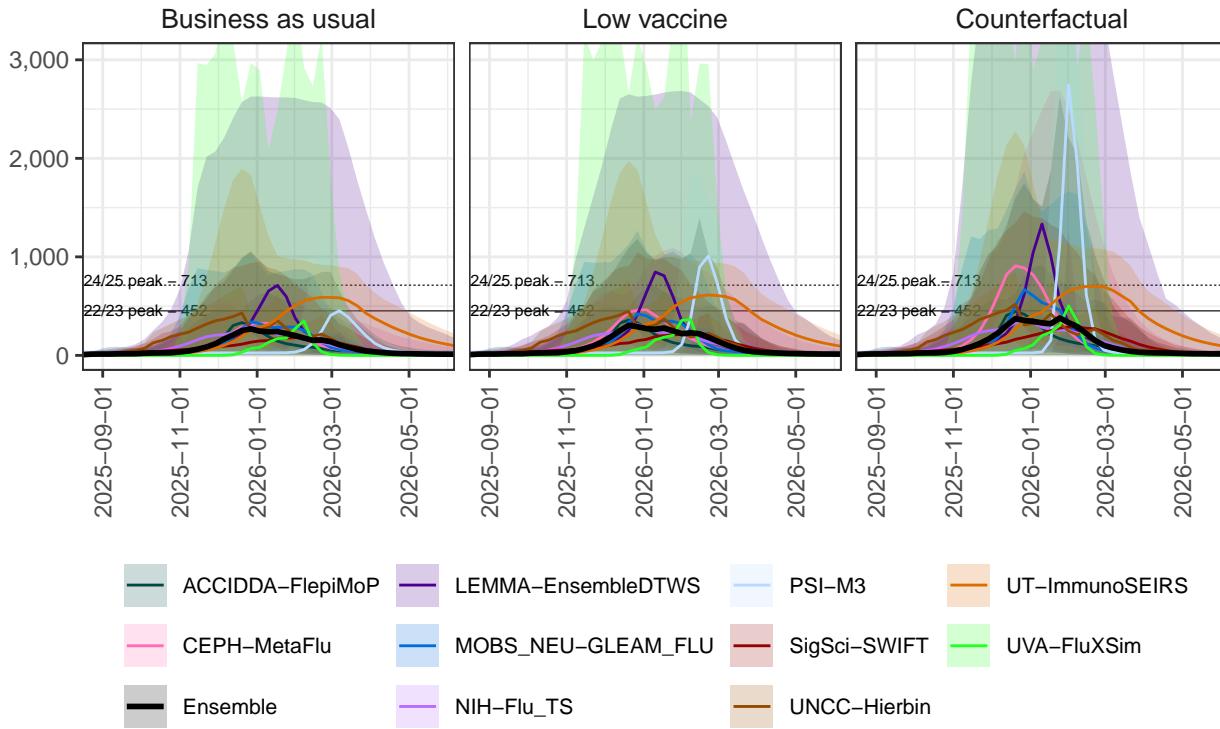


## Individual Model Projections - Louisiana

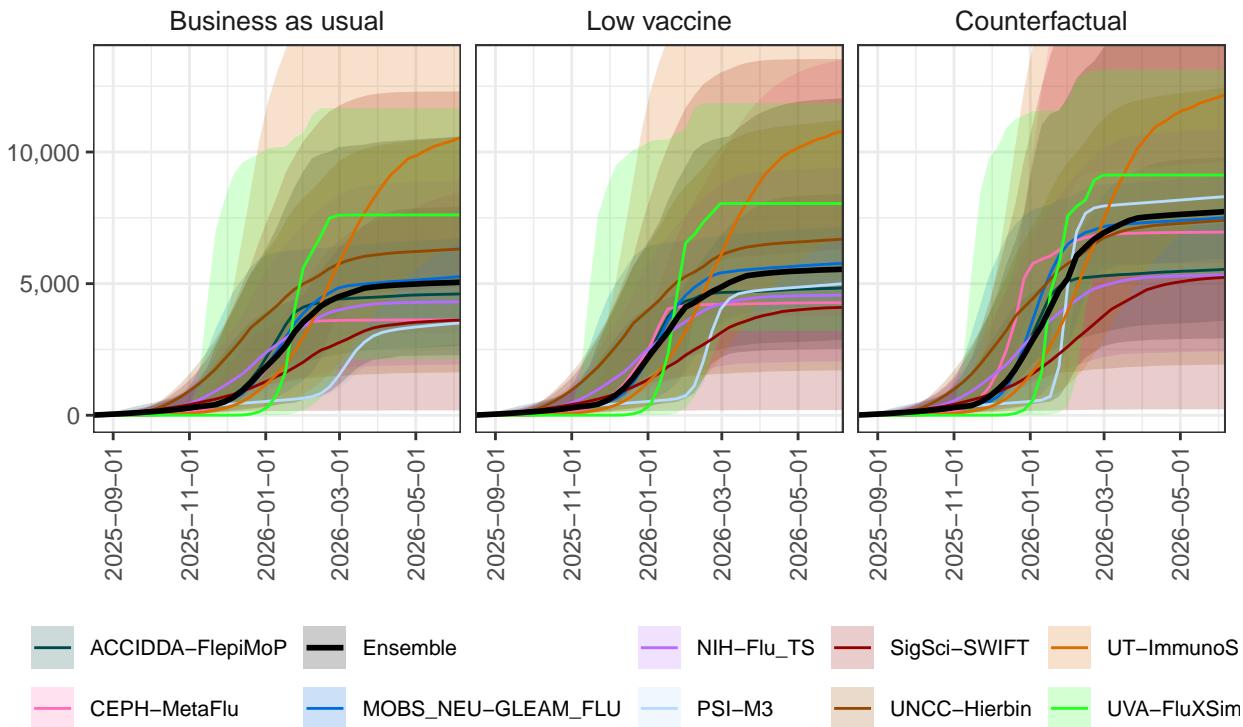
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Louisiana Individual Model Projections & 95% Projection Intervals Hospitalizations



### Louisiana Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



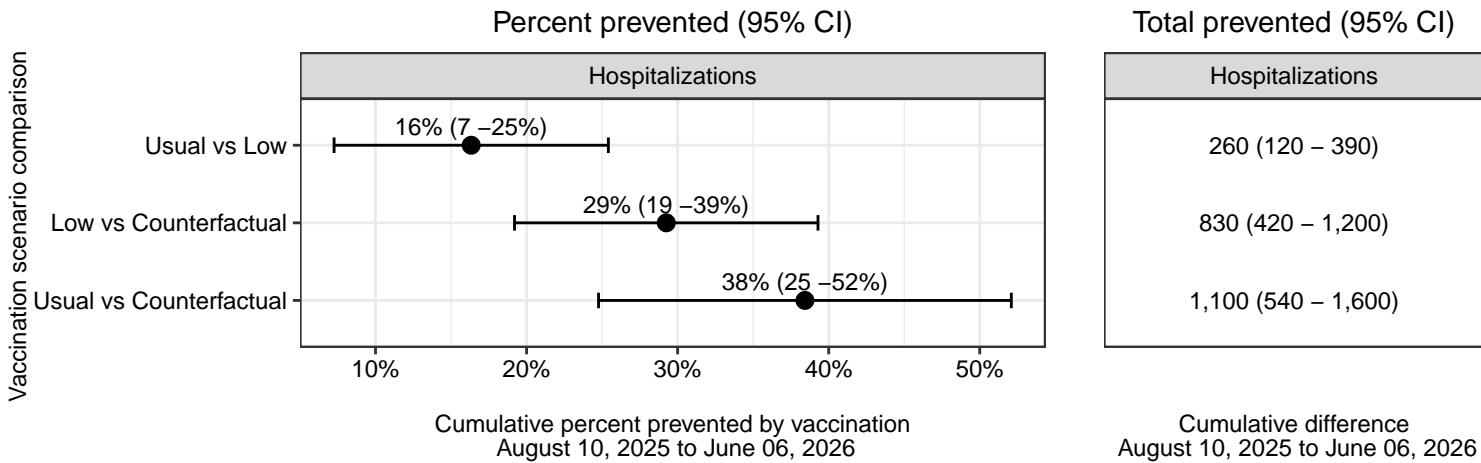
# Maine

## Differences between scenarios - Maine

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Maine.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

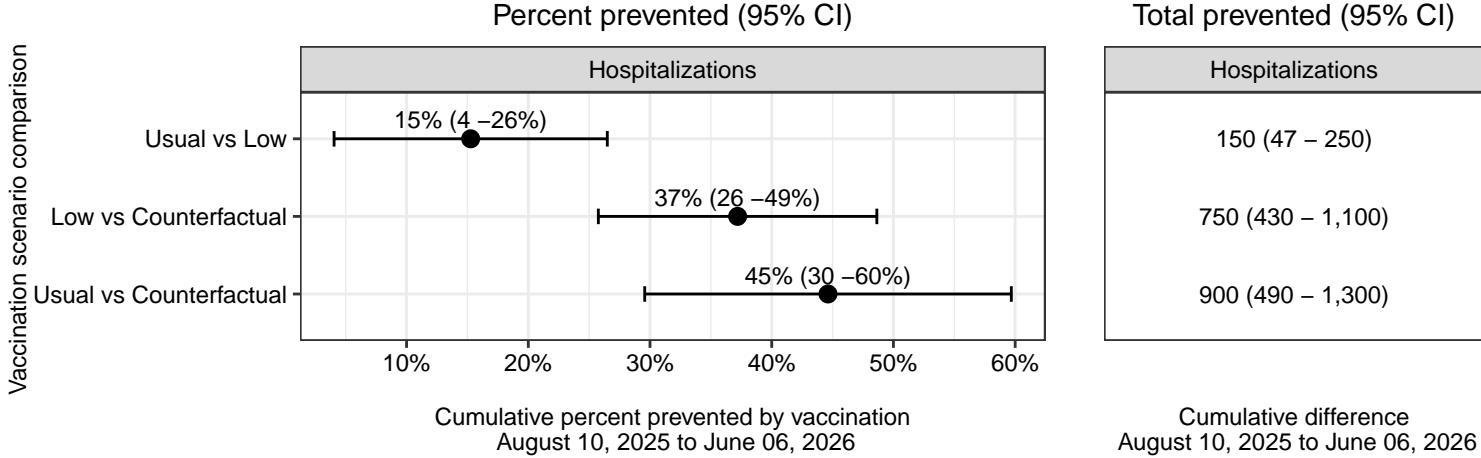
Business as usual vaccine coverage reduces hospitalizations by 1,100 (540 - 1,600), compared to no vaccination. Low vaccination coverage would result in 830 (420 - 1,200) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

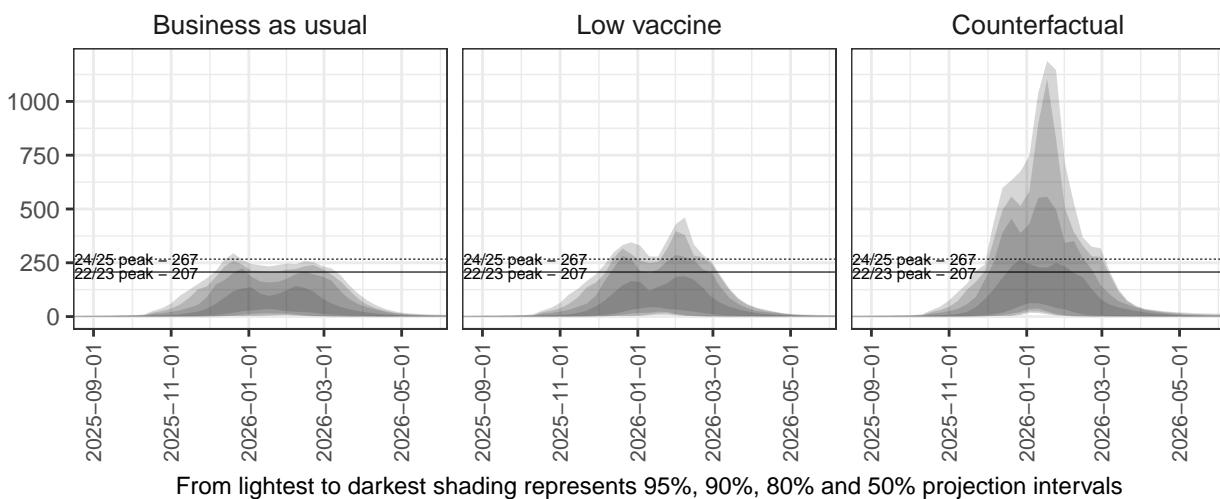
### 65+ population



## Ensemble Projections - Maine

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

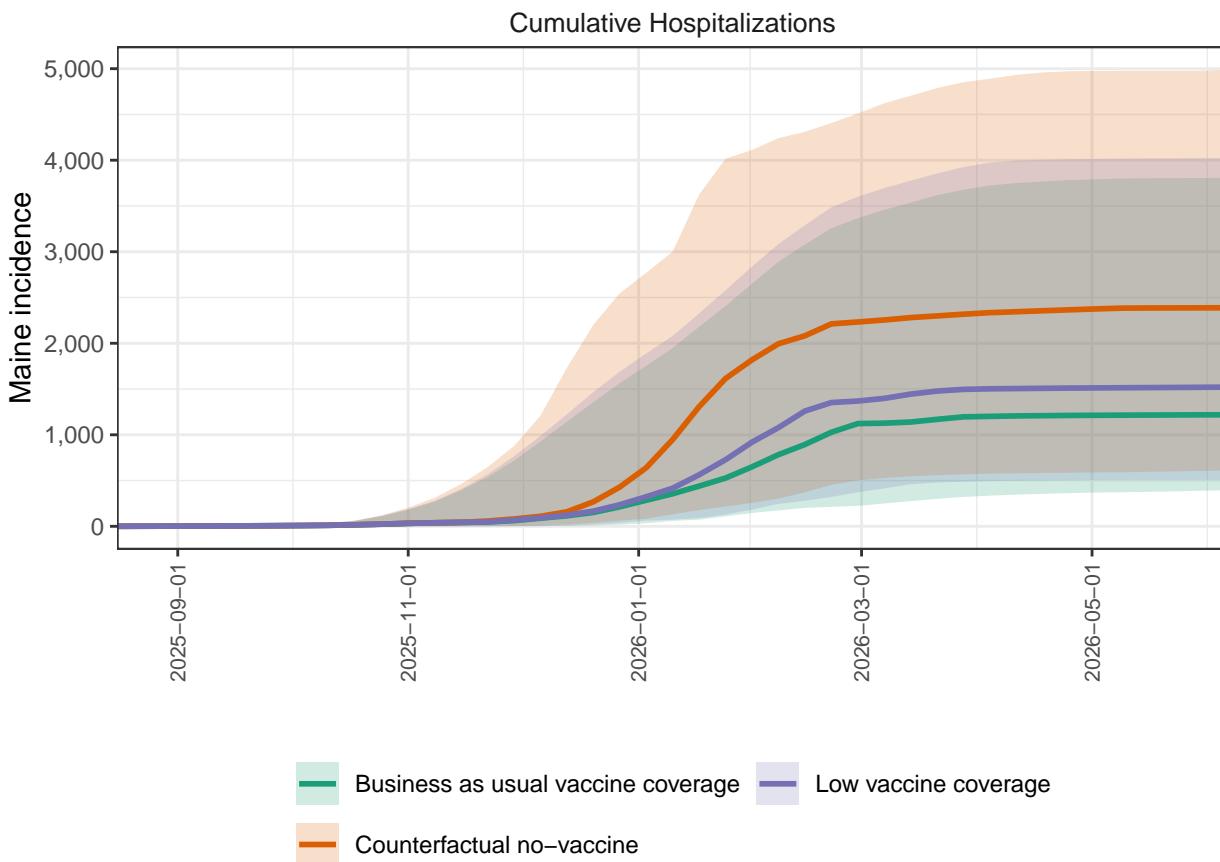
### Maine ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Maine

**Ensemble projections for cumulative hospitalizations by scenario, Maine.** We project substantial continued burden of hospitalization from Flu, with 1219 cumulative hospitalizations projected by the end of the season (95% PI 394 - 3807 due to FLU in the business as usual scenario (scenario A).

### Maine ensemble projections & 95% projection intervals

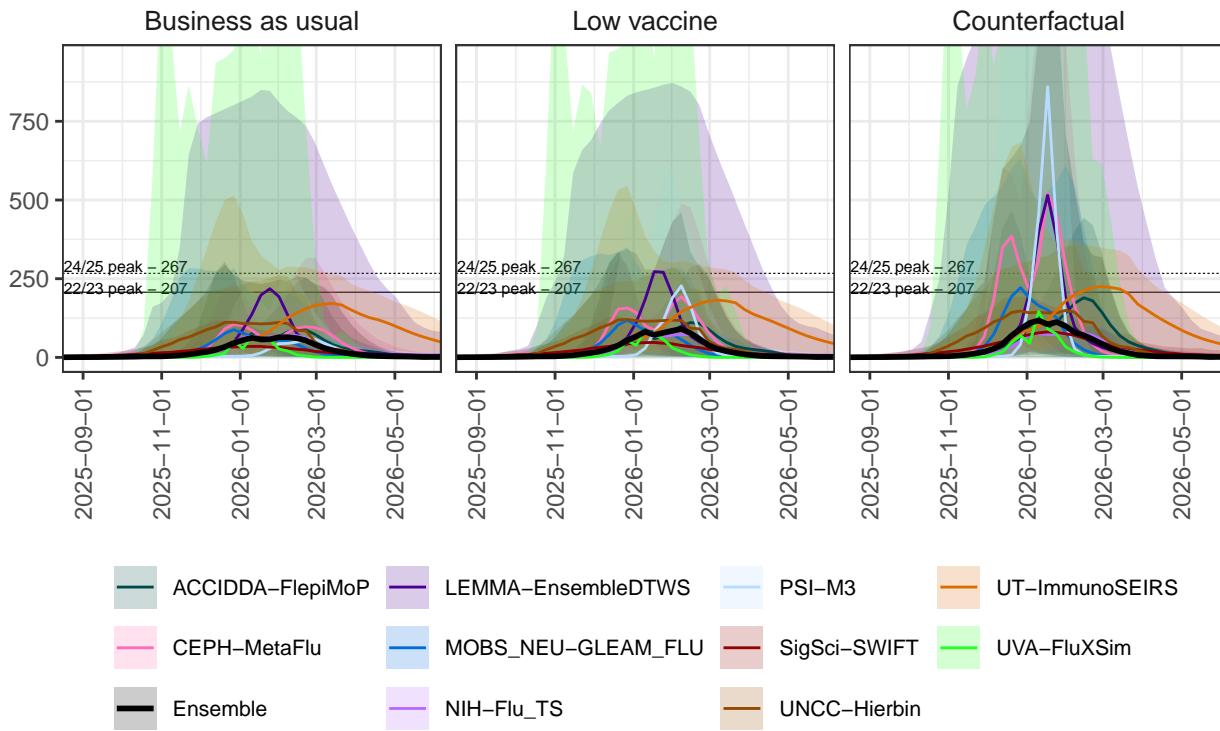


## Individual Model Projections - Maine

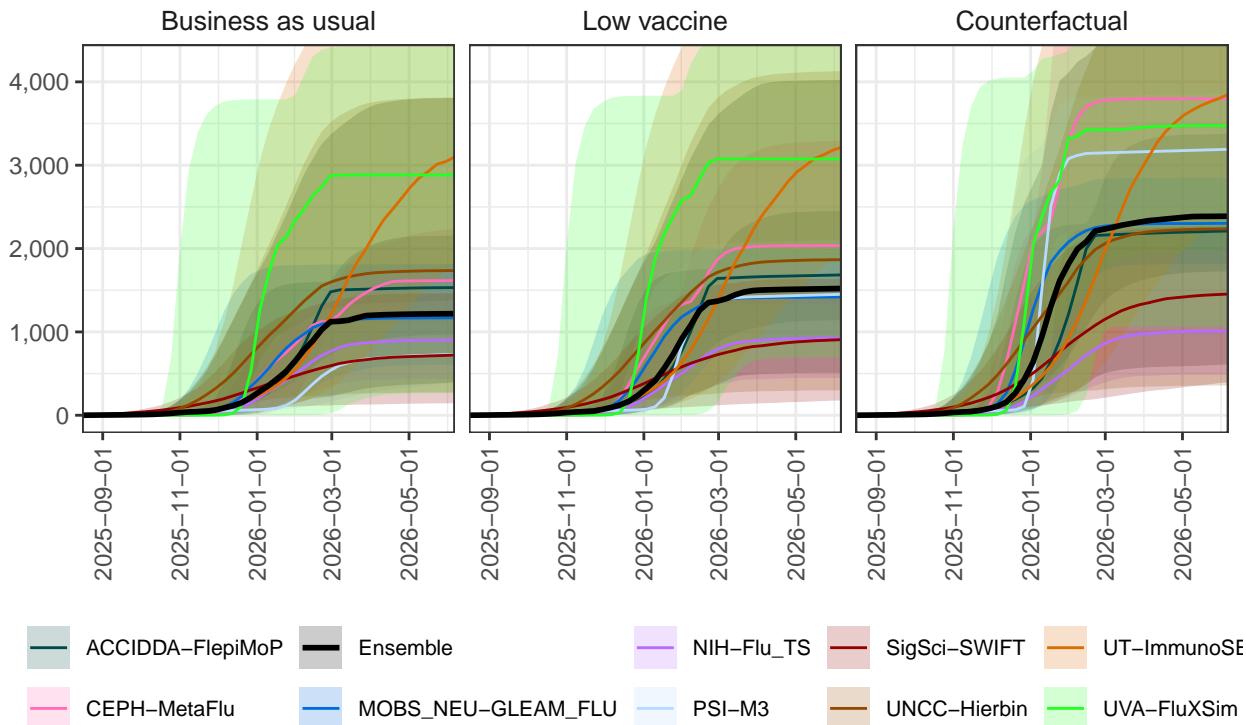
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Maine Individual Model Projections & 95% Projection Intervals Hospitalizations



### Maine Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



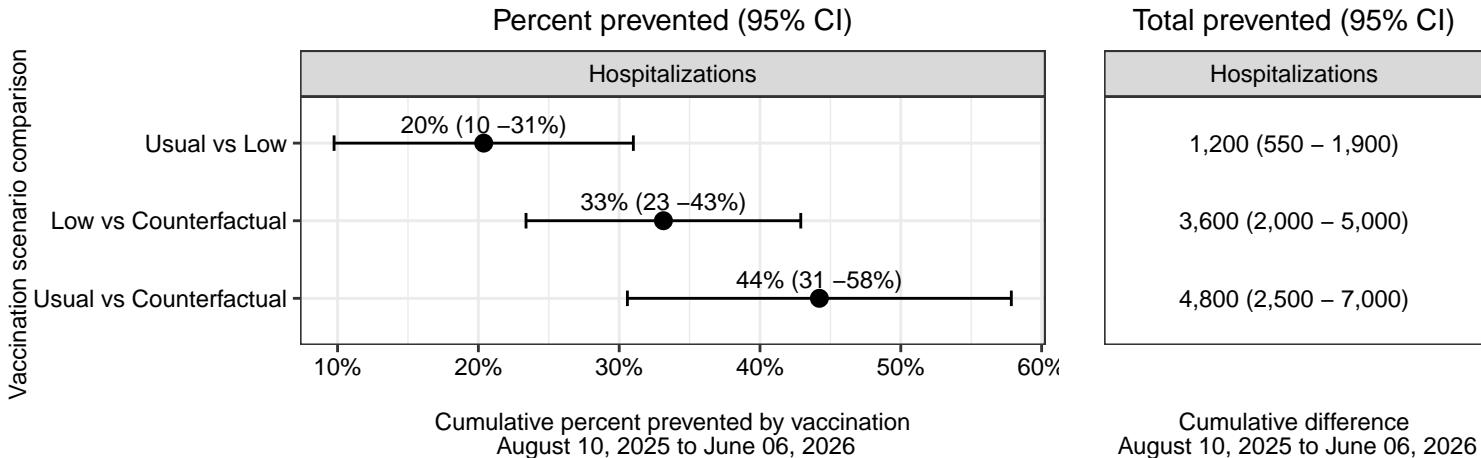
# Maryland

## Differences between scenarios - Maryland

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Maryland.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

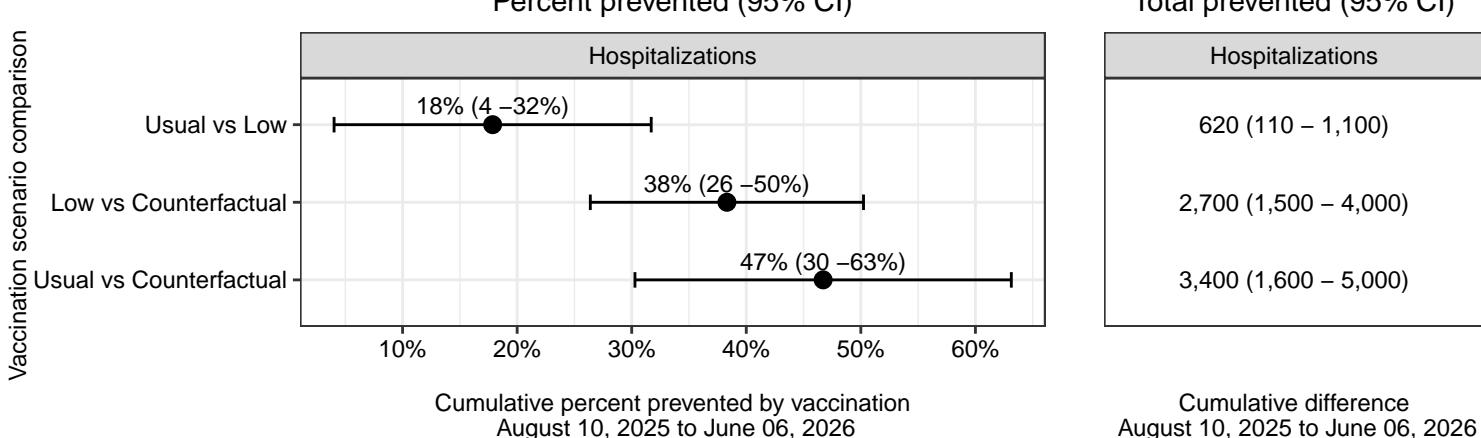
Business as usual vaccine coverage reduces hospitalizations by 4,800 (2,500 - 7,000), compared to no vaccination. Low vaccination coverage would result in 3,600 (2,000 - 5,000) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

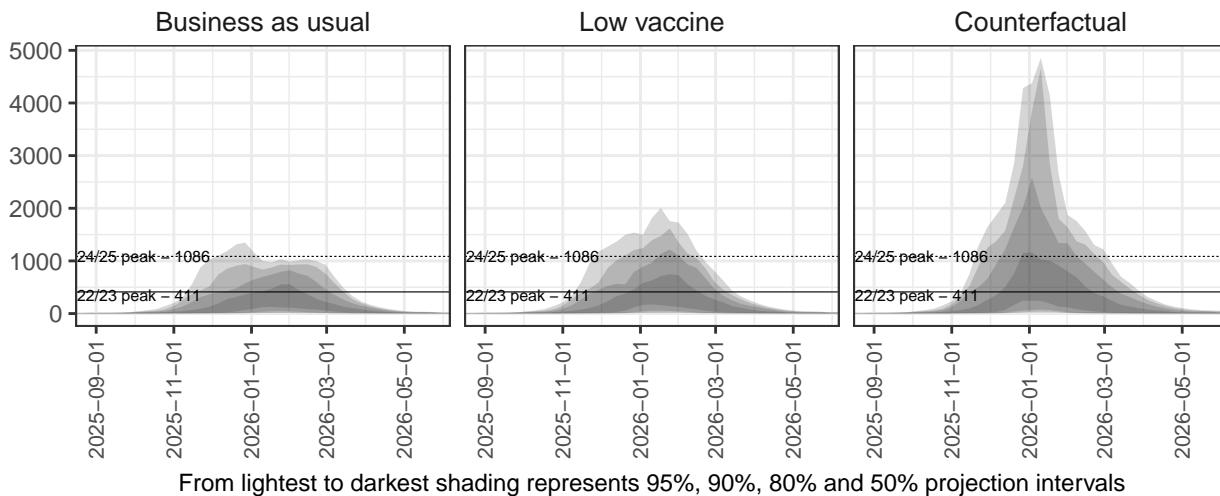
### 65+ population



## Ensemble Projections - Maryland

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

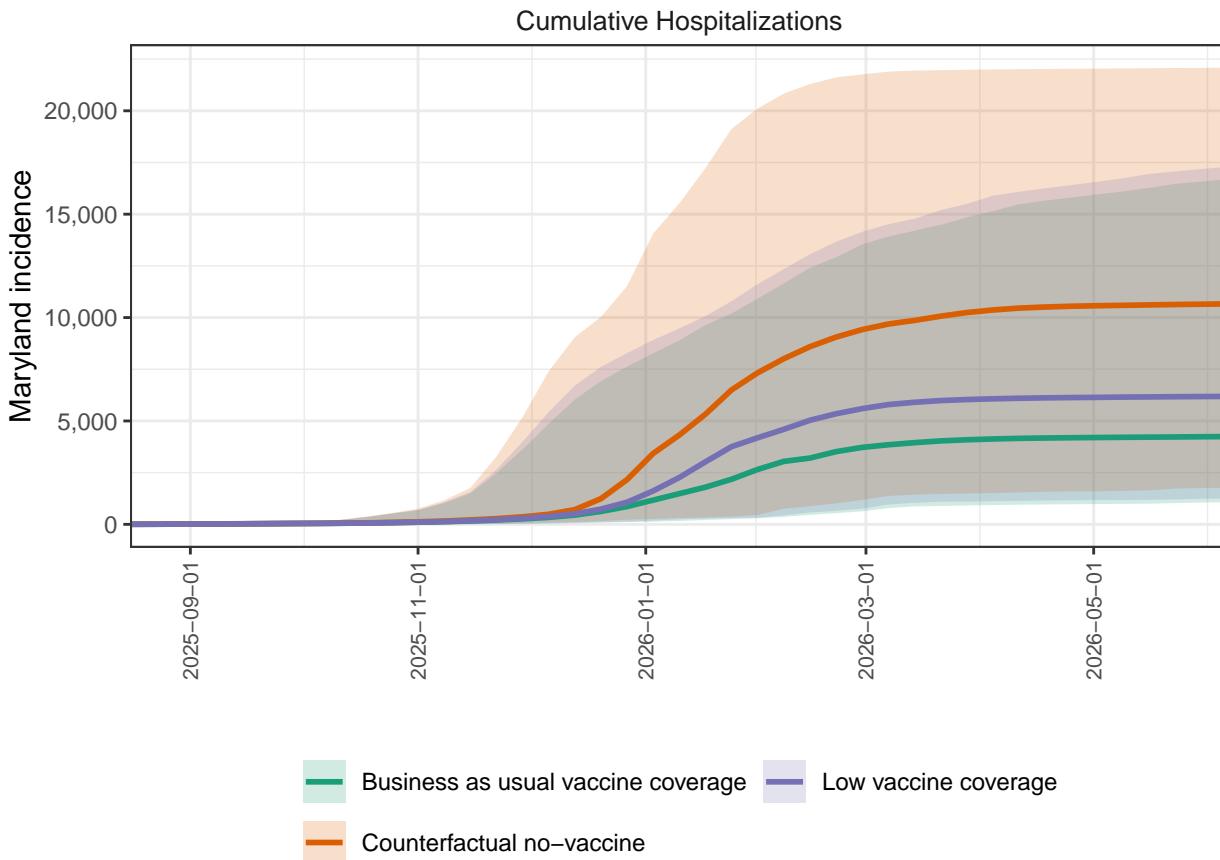
### Maryland ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Maryland

**Ensemble projections for cumulative hospitalizations by scenario, Maryland.** We project substantial continued burden of hospitalization from Flu, with 4244 cumulative hospitalizations projected by the end of the season (95% PI 1065 - 16700 due to FLU in the business as usual scenario (scenario A).

### Maryland ensemble projections & 95% projection intervals

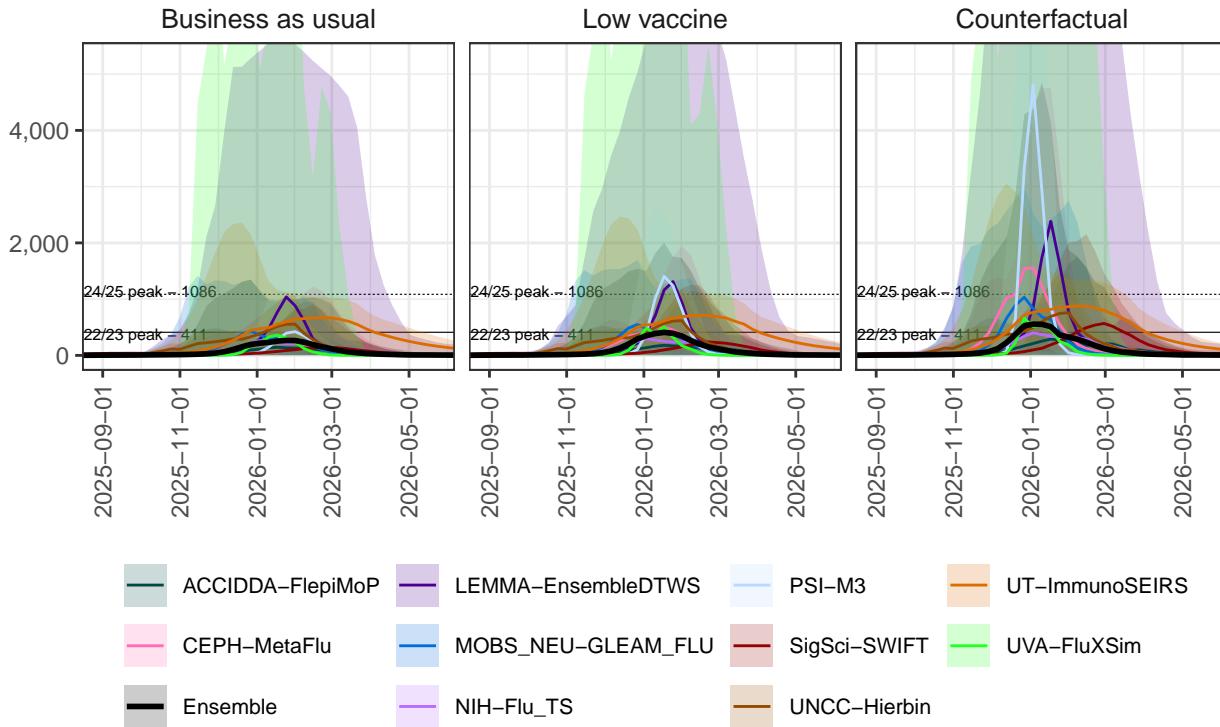


## Individual Model Projections - Maryland

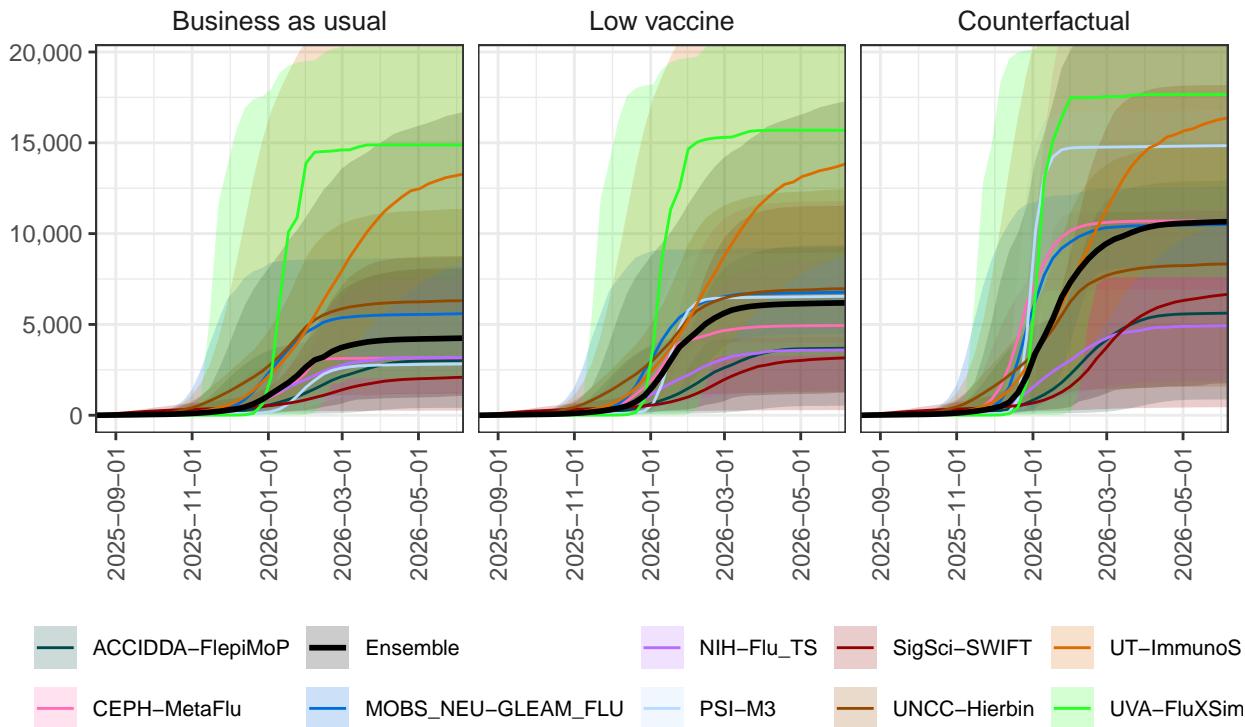
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Maryland Individual Model Projections & 95% Projection Intervals Hospitalizations



### Maryland Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



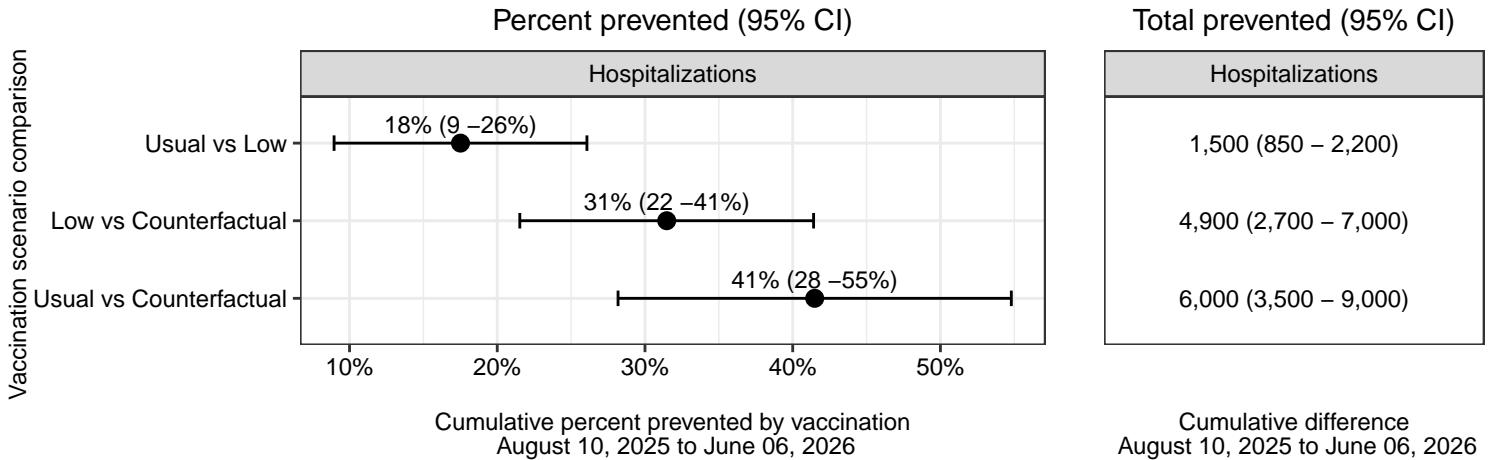
# Massachusetts

## Differences between scenarios - Massachusetts

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Massachusetts.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

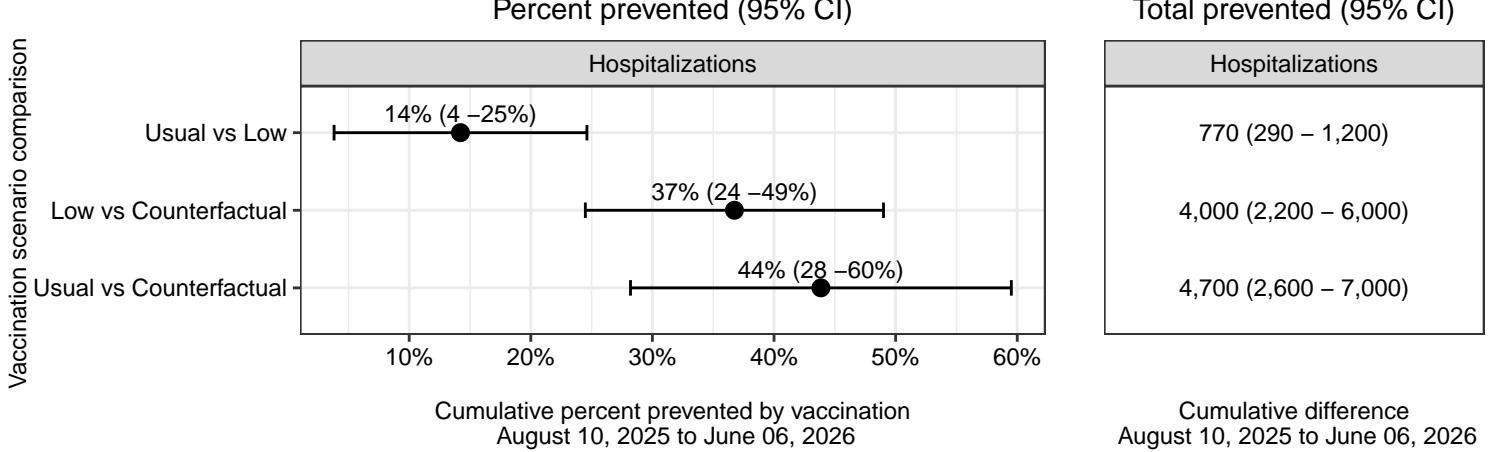
Business as usual vaccine coverage reduces hospitalizations by 6,000 (3,500 - 9,000), compared to no vaccination. Low vaccination coverage would result in 4,900 (2,700 - 7,000) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

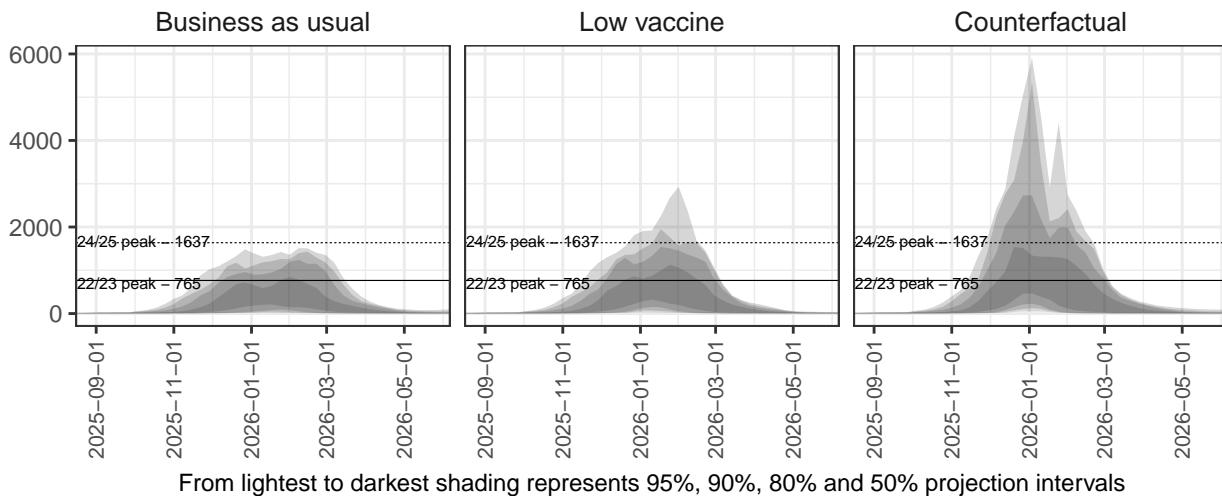
### 65+ population



## Ensemble Projections - Massachusetts

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

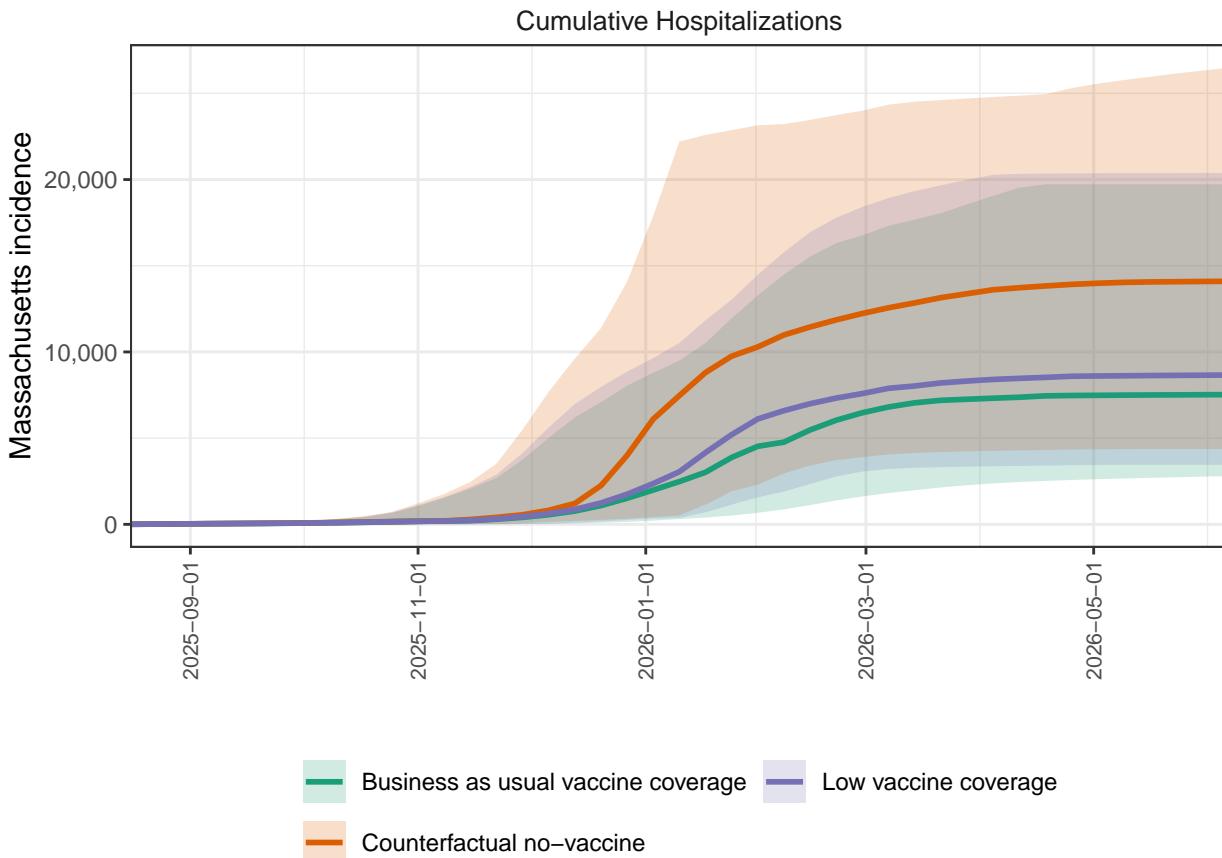
### Massachusetts ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Massachusetts

**Ensemble projections for cumulative hospitalizations by scenario, Massachusetts.** We project substantial continued burden of hospitalization from Flu, with 7521 cumulative hospitalizations projected by the end of the season (95% PI 2799 - 19720 due to FLU in the business as usual scenario (scenario A).

### Massachusetts ensemble projections & 95% projection intervals

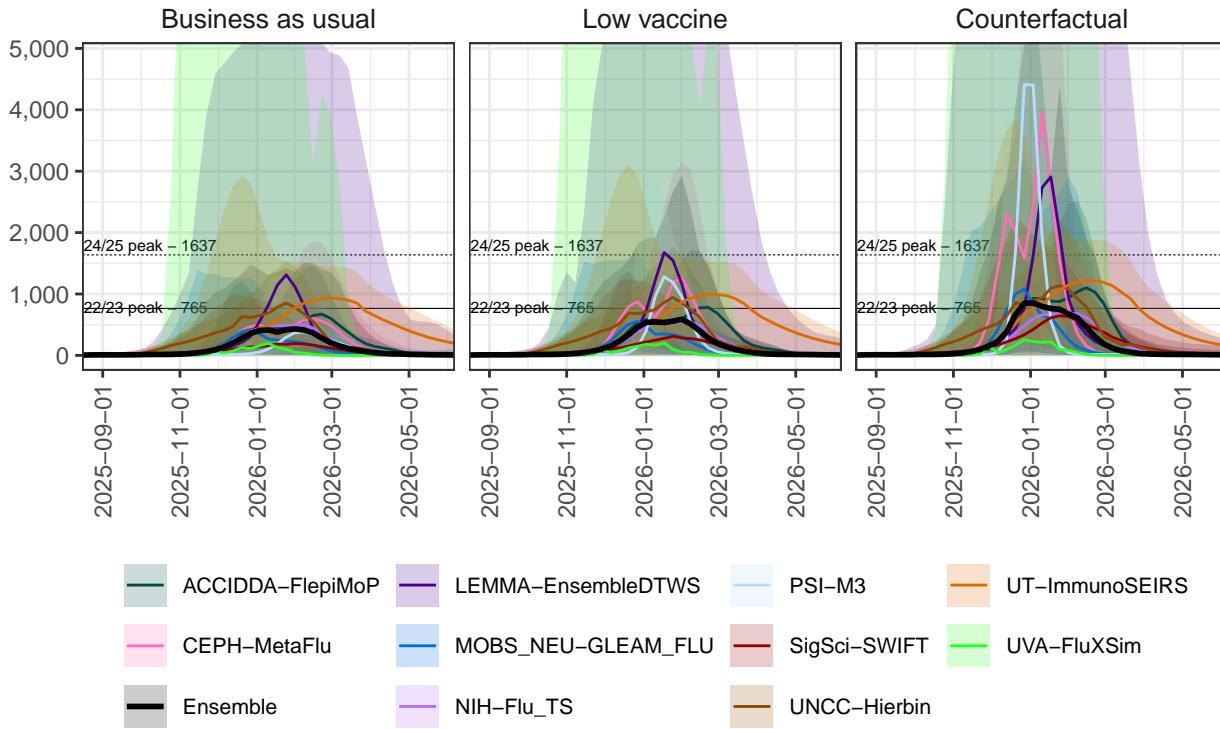


## Individual Model Projections - Massachusetts

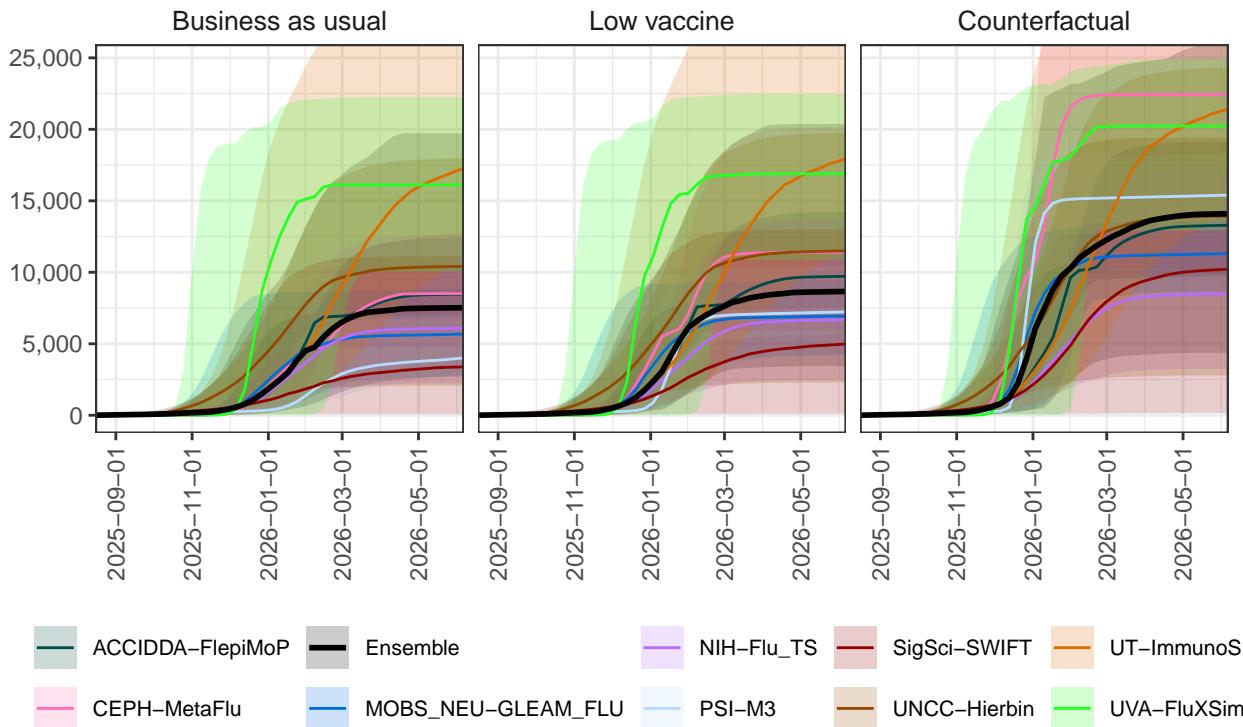
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Massachusetts Individual Model Projections & 95% Projection Intervals Hospitalizations



### Massachusetts Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



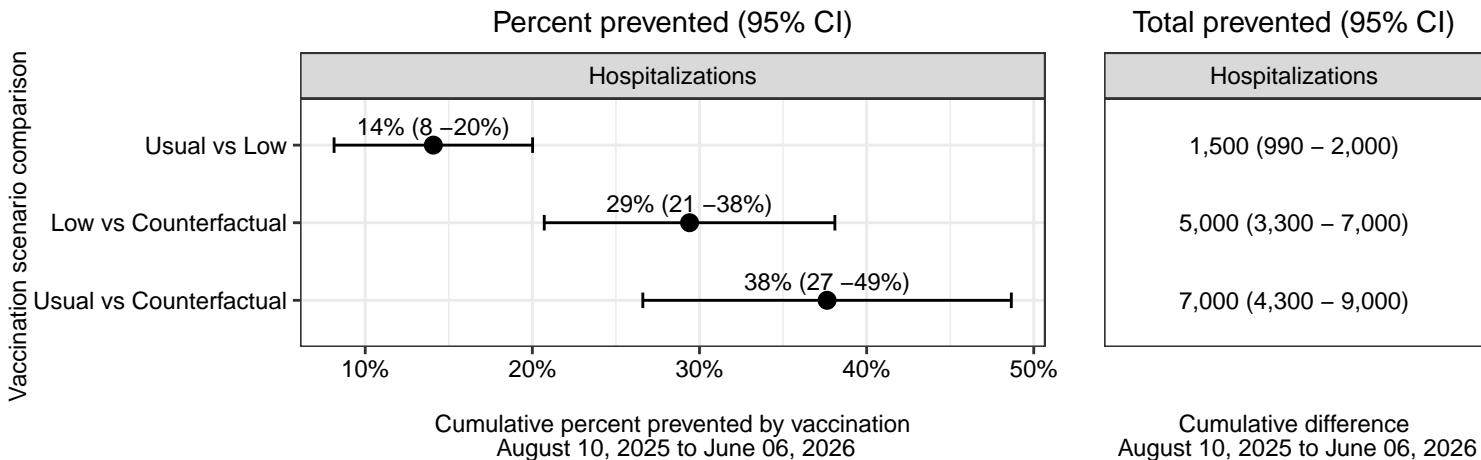
# Michigan

## Differences between scenarios - Michigan

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Michigan.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

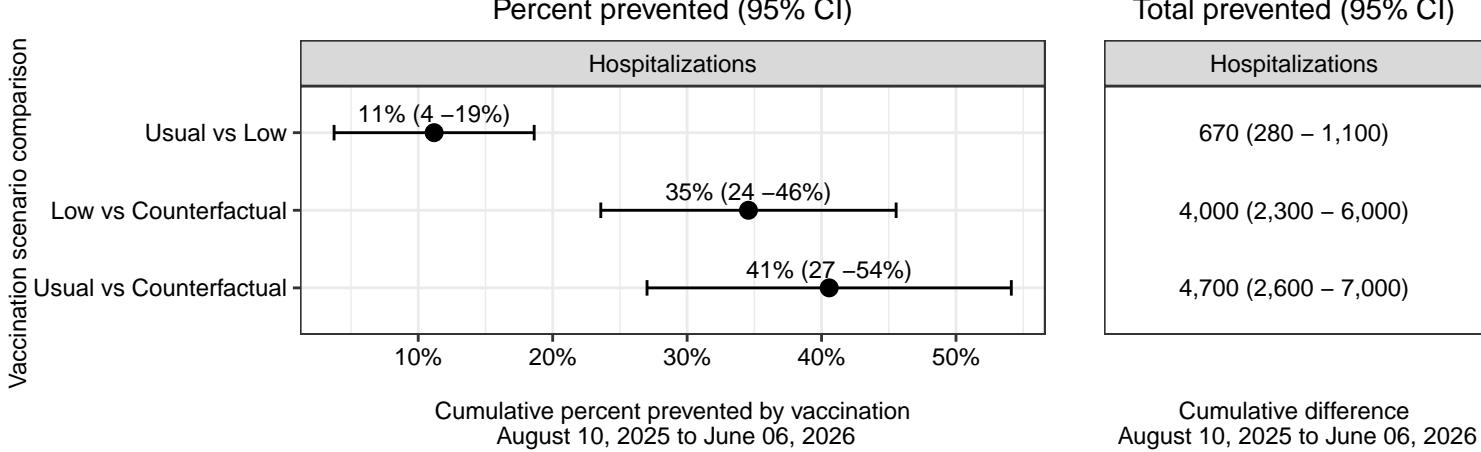
Business as usual vaccine coverage reduces hospitalizations by 7,000 (4,300 - 9,000), compared to no vaccination. Low vaccination coverage would result in 5,000 (3,300 - 7,000) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

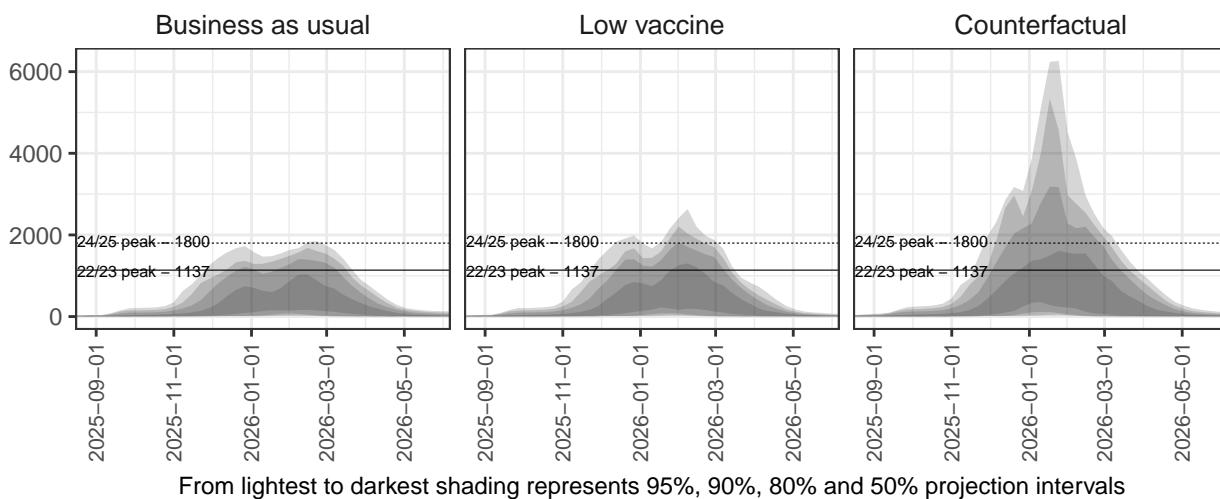
### 65+ population



## Ensemble Projections - Michigan

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

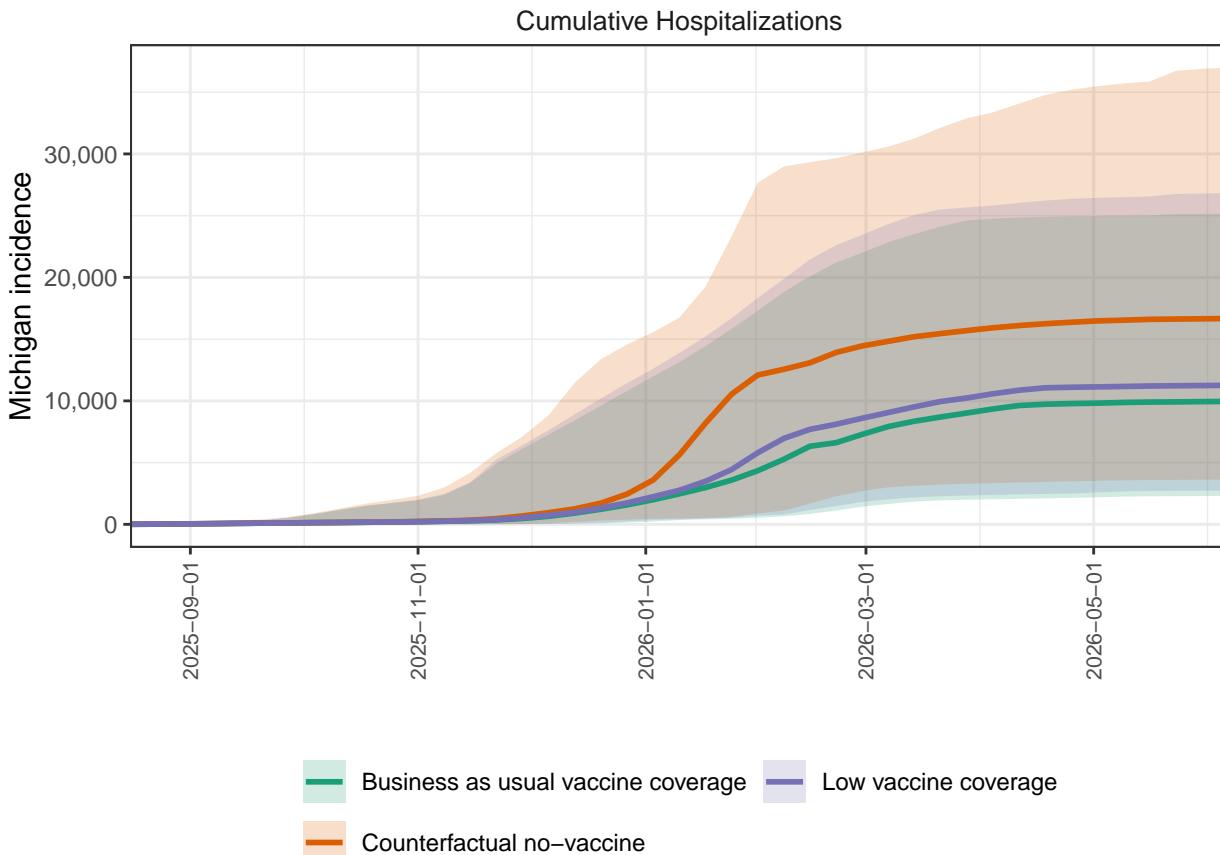
### Michigan ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Michigan

**Ensemble projections for cumulative hospitalizations by scenario, Michigan.** We project substantial continued burden of hospitalization from Flu, with 9955 cumulative hospitalizations projected by the end of the season (95% PI 2294 - 25149 due to FLU in the business as usual scenario (scenario A).

### Michigan ensemble projections & 95% projection intervals

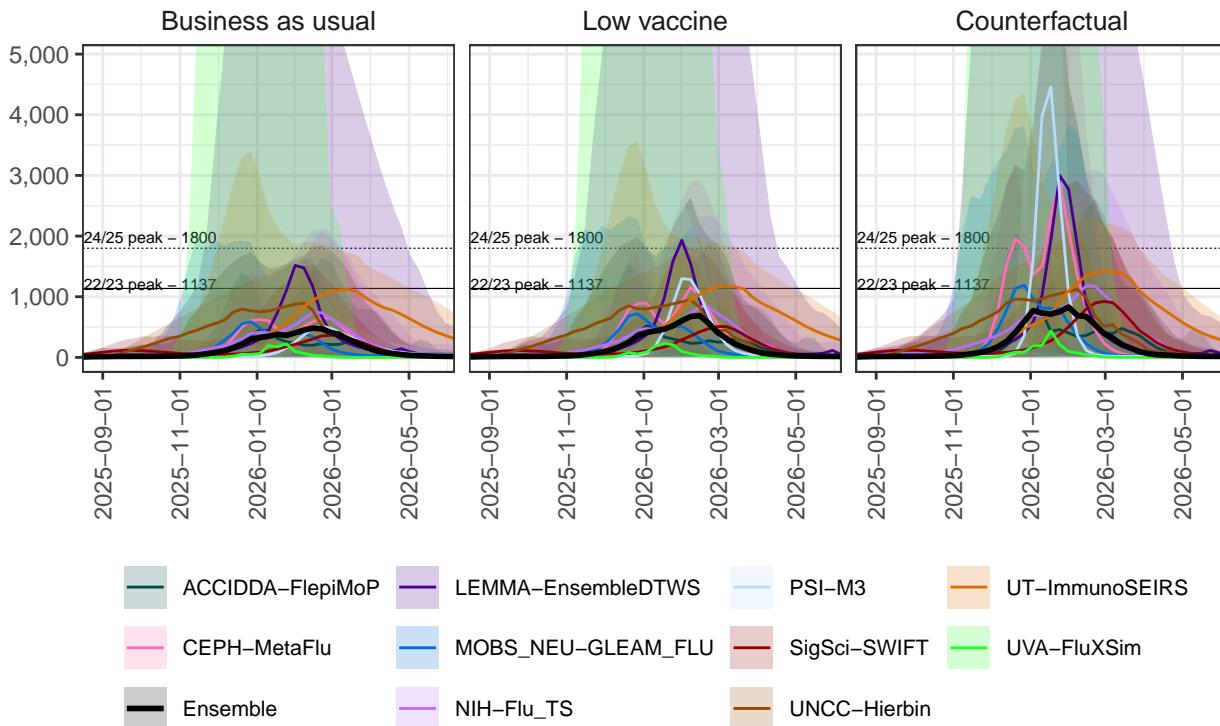


## Individual Model Projections - Michigan

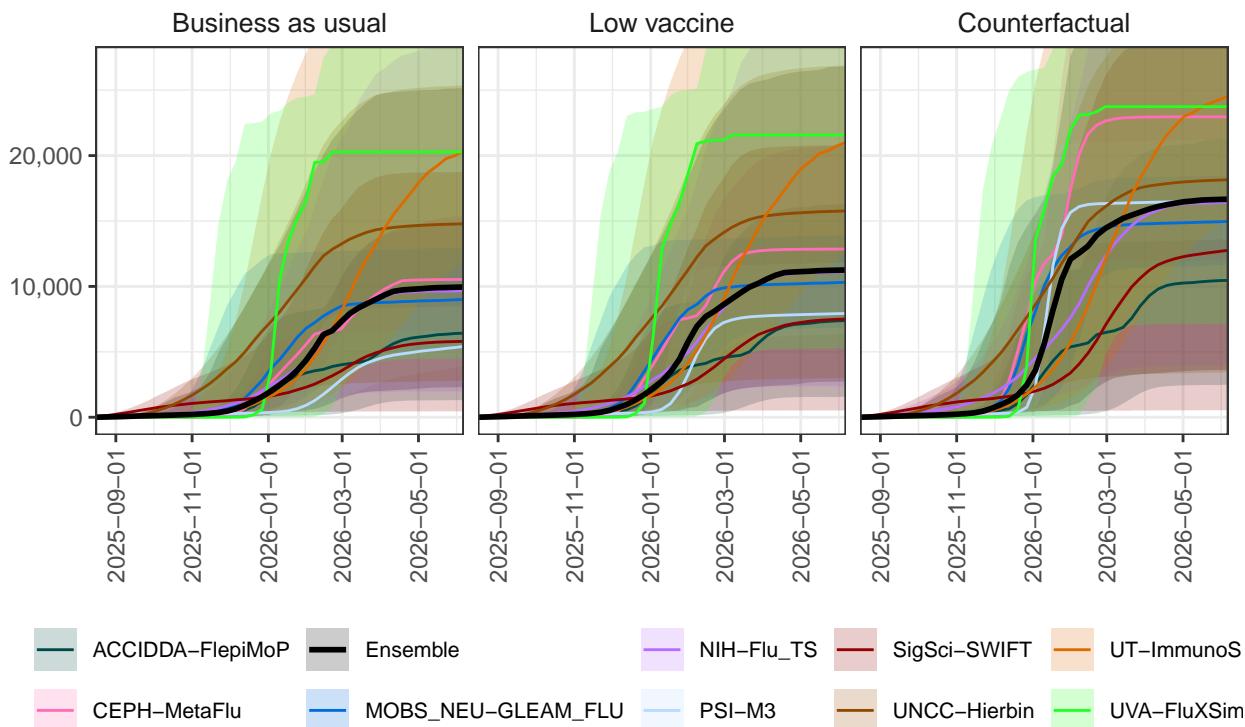
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Michigan Individual Model Projections & 95% Projection Intervals Hospitalizations



### Michigan Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



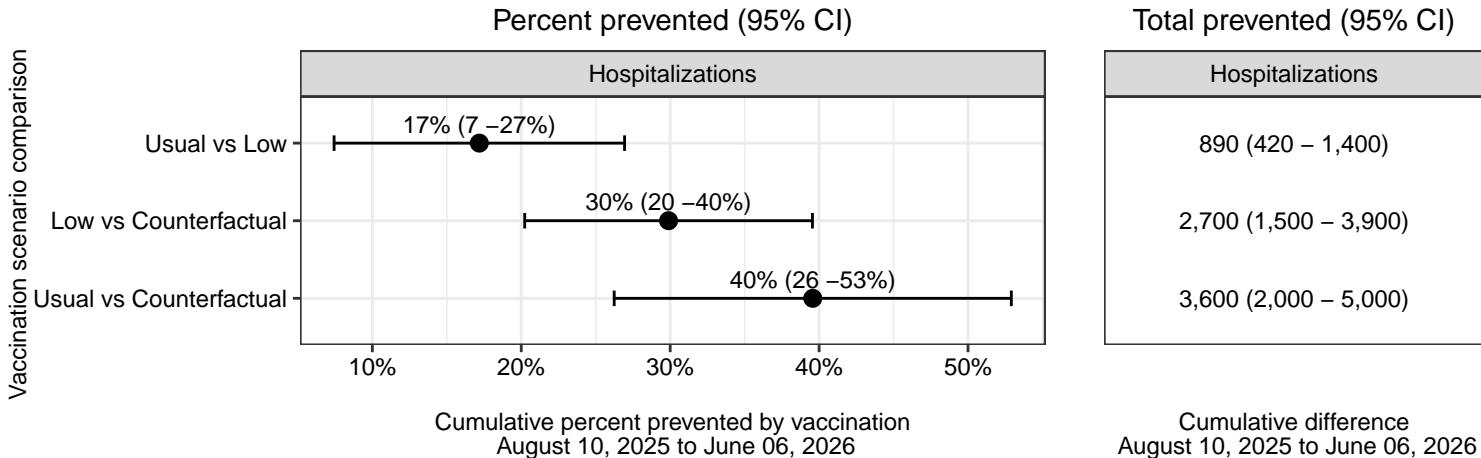
# Minnesota

## Differences between scenarios - Minnesota

Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Minnesota. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

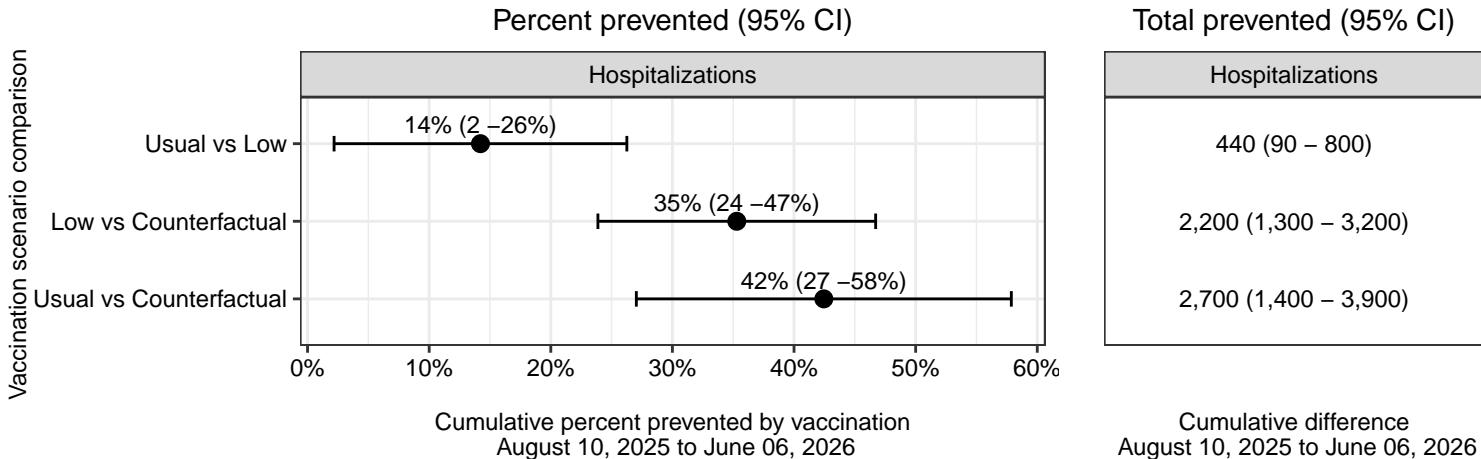
Business as usual vaccine coverage reduces hospitalizations by 3,600 (2,000 - 5,000), compared to no vaccination. Low vaccination coverage would result in 2,700 (1,500 - 3,900) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

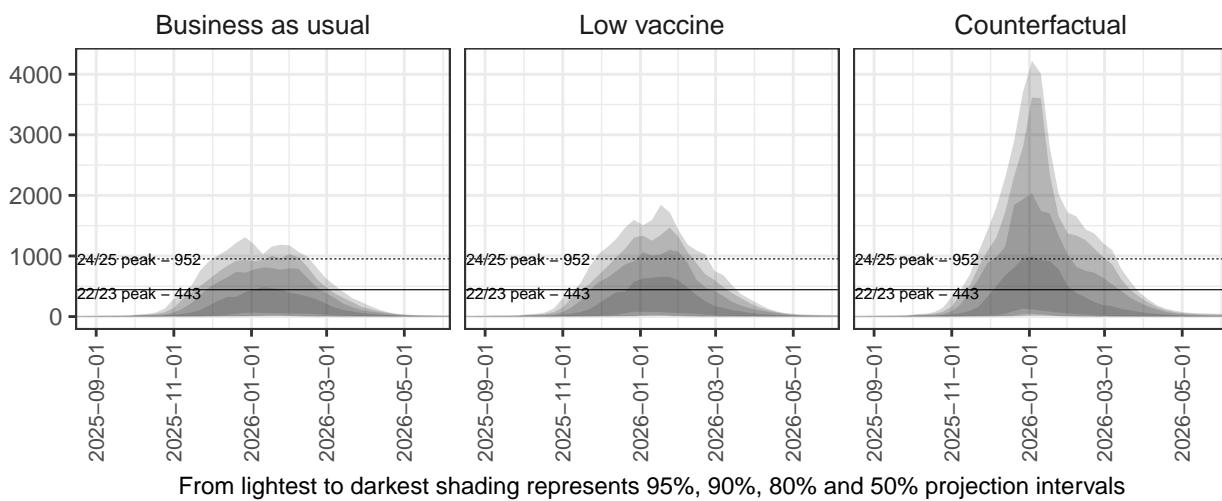
### 65+ population



## Ensemble Projections - Minnesota

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

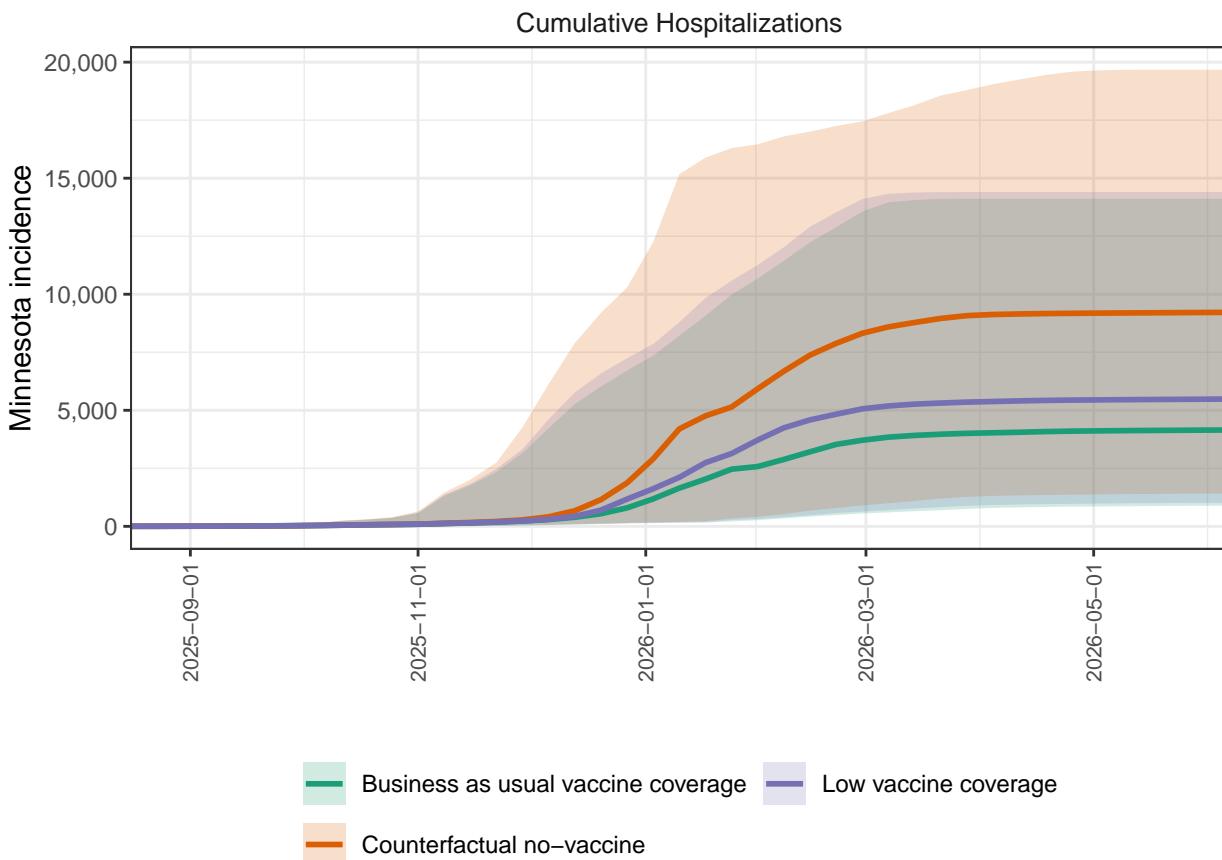
### Minnesota ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Minnesota

**Ensemble projections for cumulative hospitalizations by scenario, Minnesota.** We project substantial continued burden of hospitalization from Flu, with 4150 cumulative hospitalizations projected by the end of the season (95% PI 889 - 14113 due to FLU in the business as usual scenario (scenario A).

### Minnesota ensemble projections & 95% projection intervals

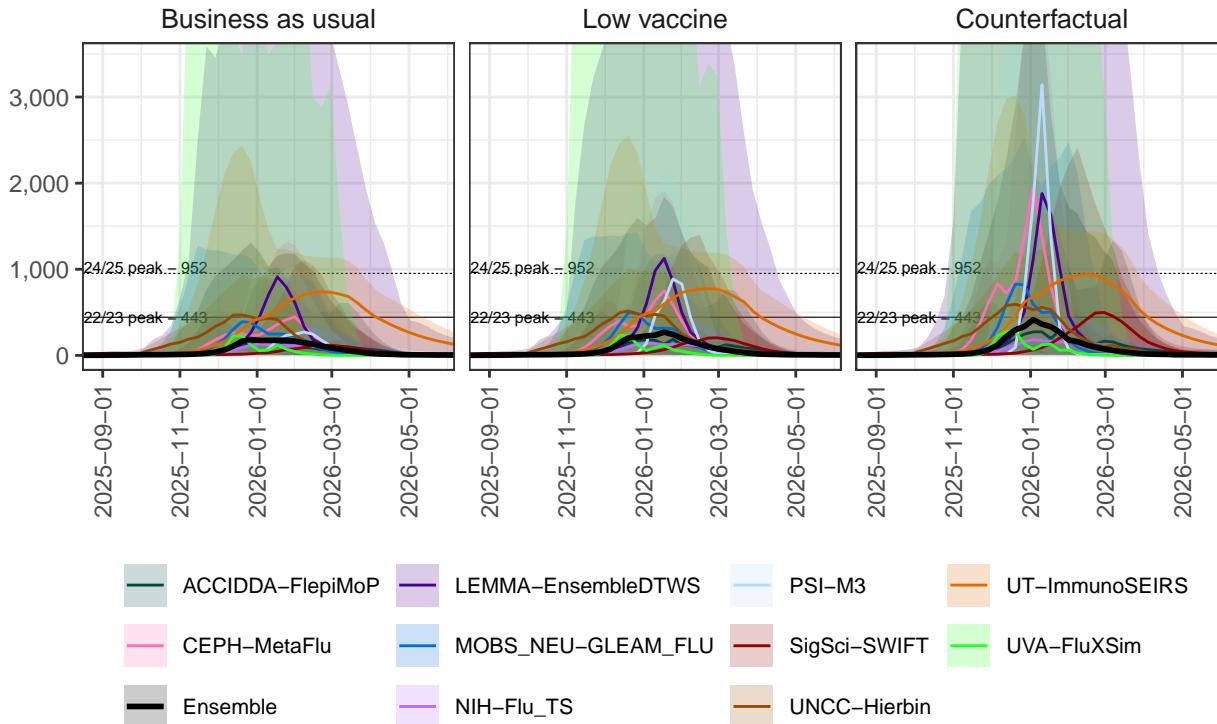


## Individual Model Projections - Minnesota

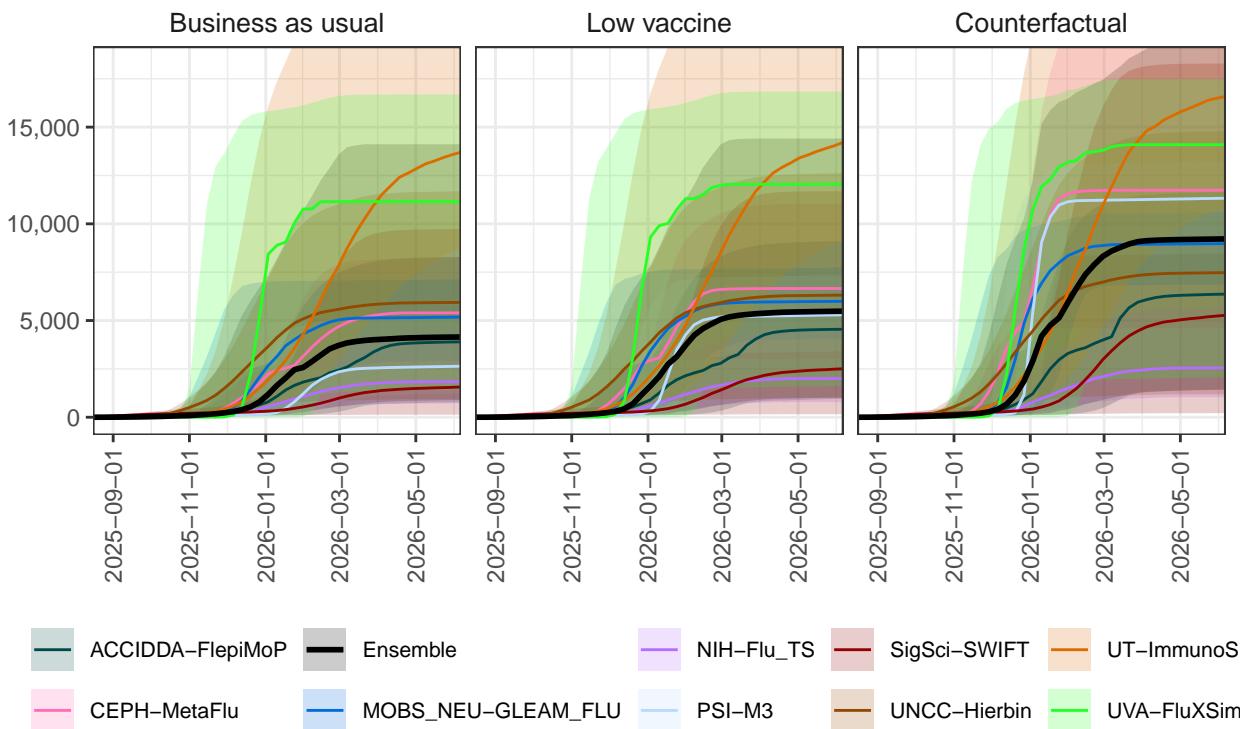
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Minnesota Individual Model Projections & 95% Projection Intervals Hospitalizations



### Minnesota Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



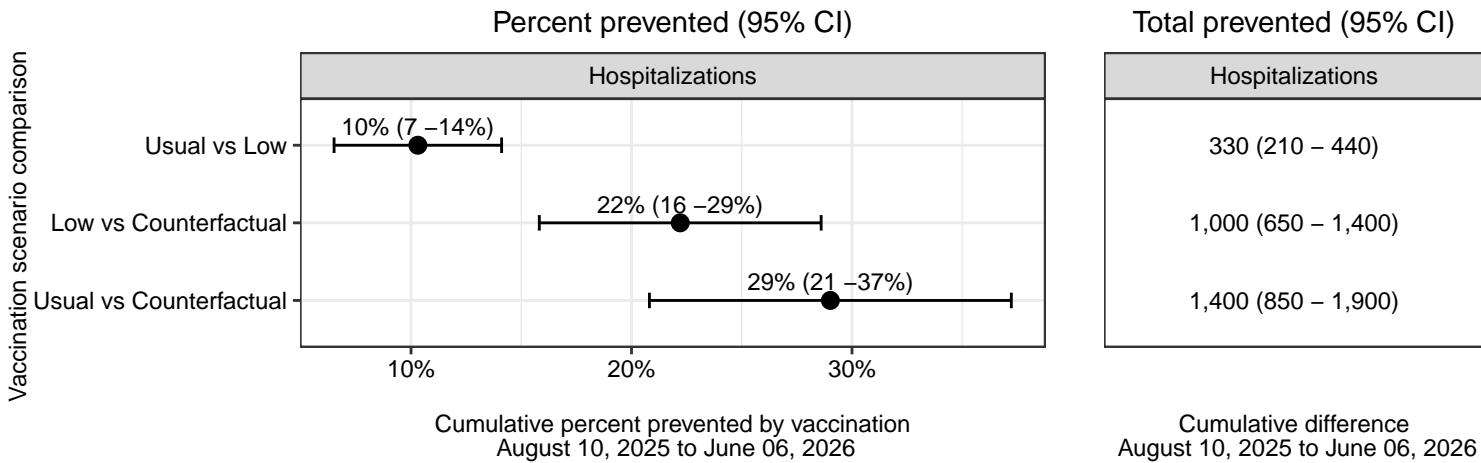
# Mississippi

## Differences between scenarios - Mississippi

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Mississippi.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

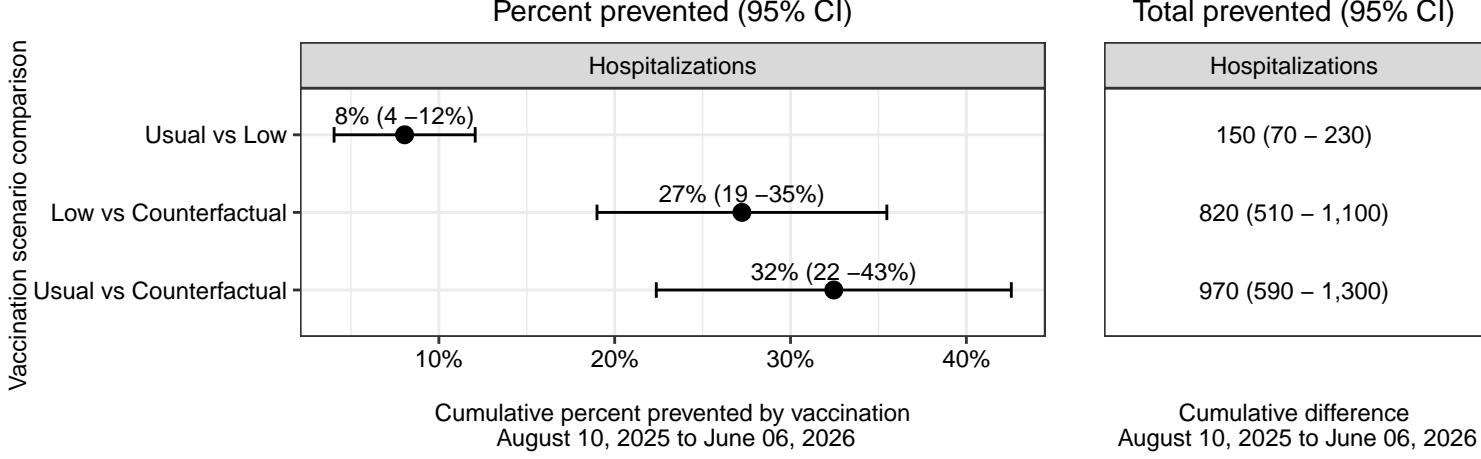
Business as usual vaccine coverage reduces hospitalizations by 1,400 (850 - 1,900), compared to no vaccination. Low vaccination coverage would result in 1,000 (650 - 1,400) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

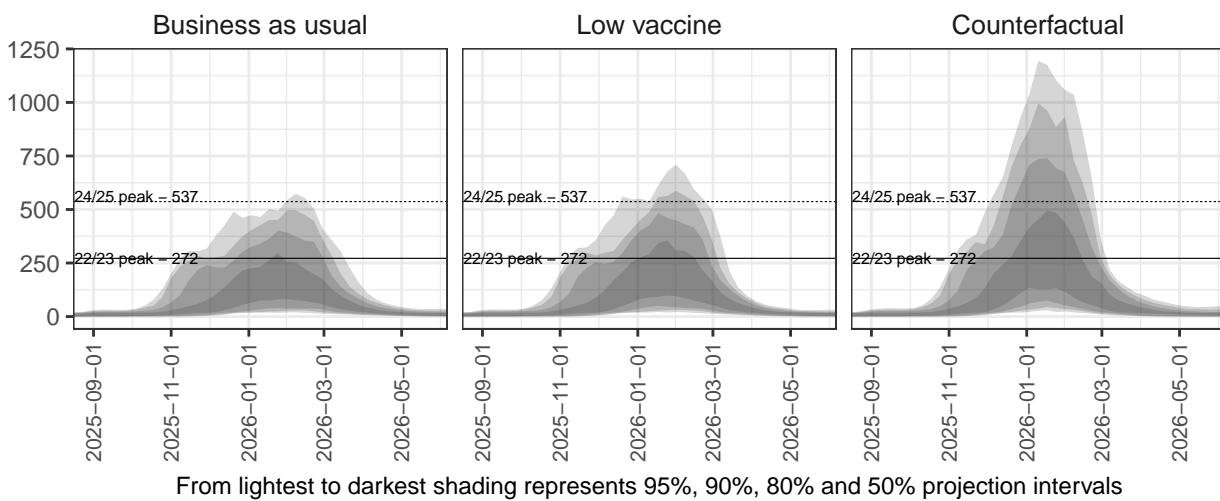
### 65+ population



## Ensemble Projections - Mississippi

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

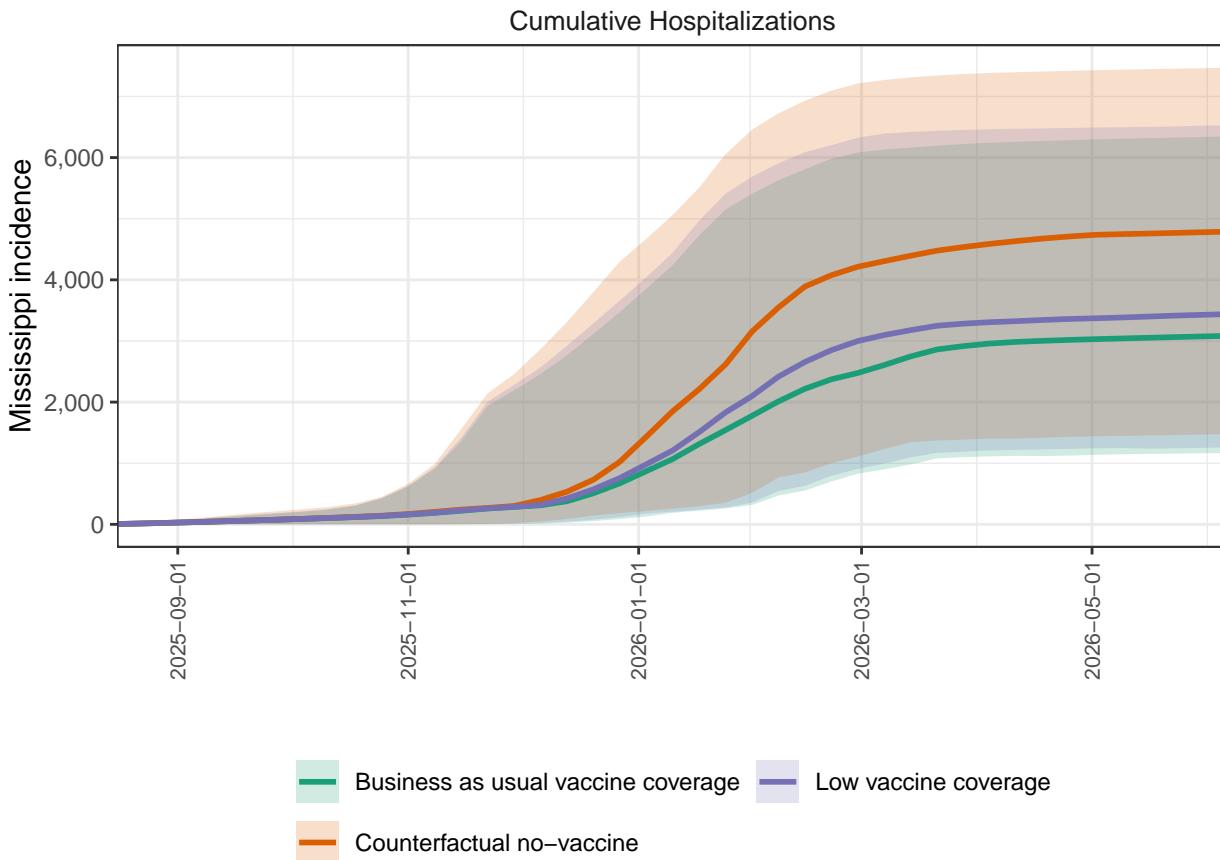
### Mississippi ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Mississippi

**Ensemble projections for cumulative hospitalizations by scenario, Mississippi.** We project substantial continued burden of hospitalization from Flu, with 3083 cumulative hospitalizations projected by the end of the season (95% PI 1169 - 6346 due to FLU in the business as usual scenario (scenario A).

### Mississippi ensemble projections & 95% projection intervals

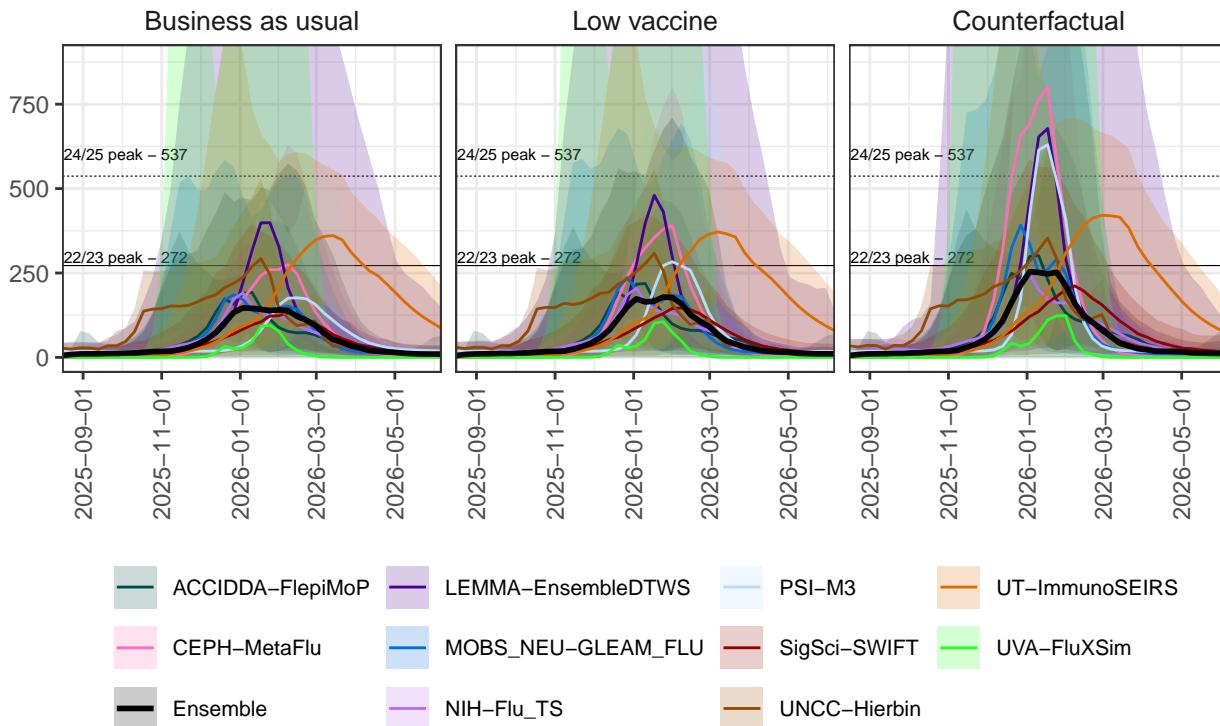


## Individual Model Projections - Mississippi

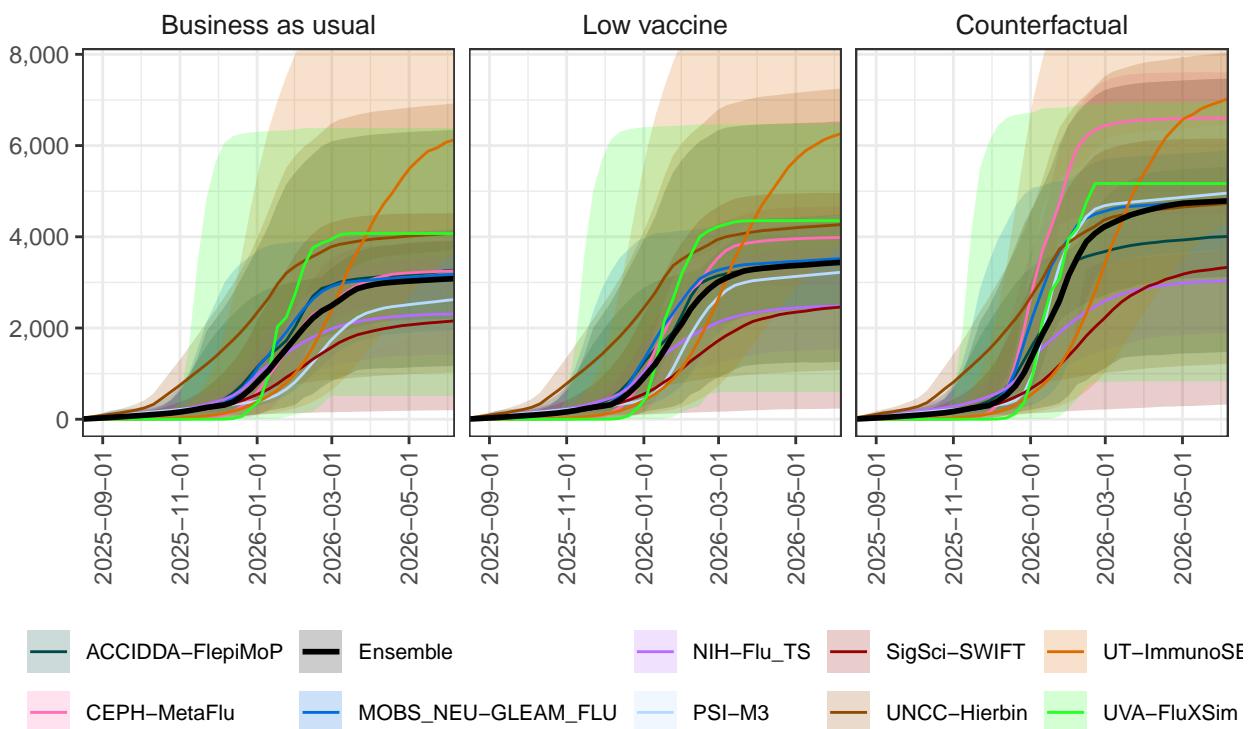
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Mississippi Individual Model Projections & 95% Projection Intervals Hospitalizations



### Mississippi Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



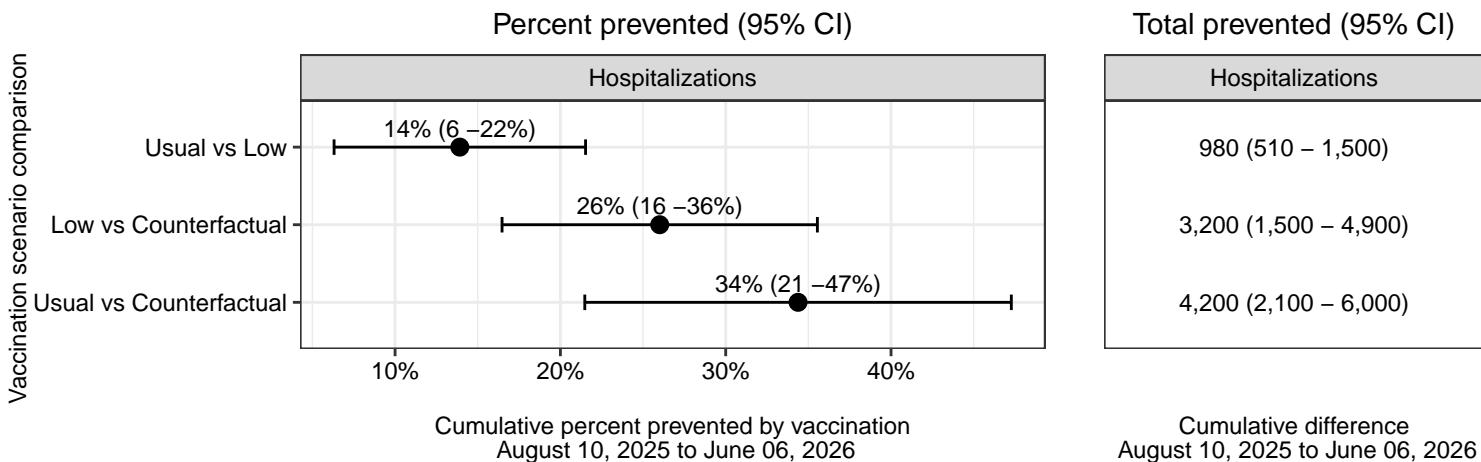
# Missouri

## Differences between scenarios - Missouri

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Missouri.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

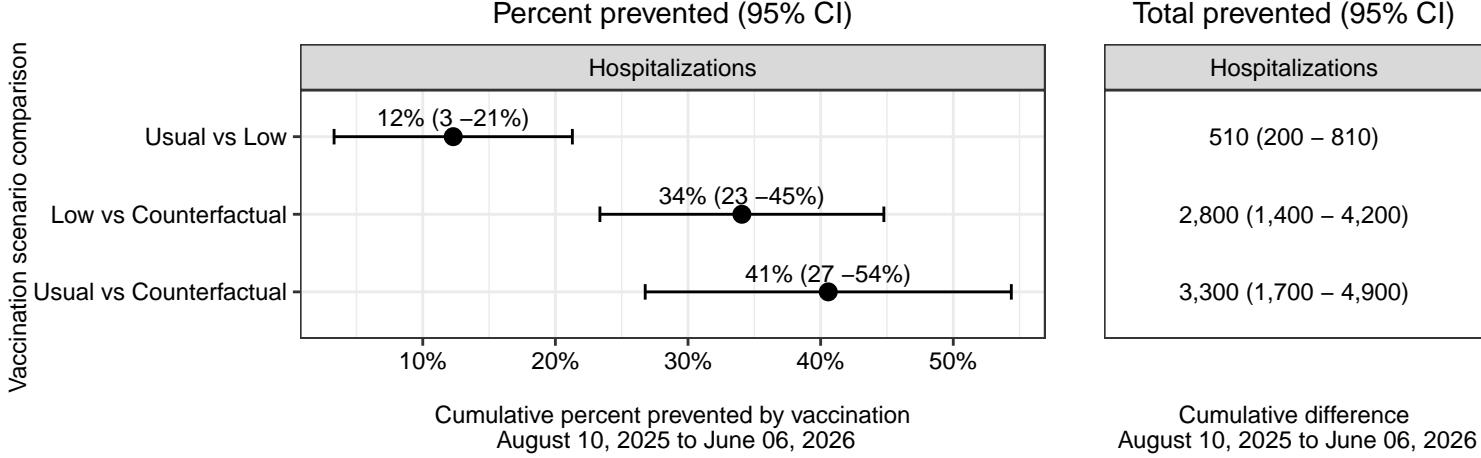
Business as usual vaccine coverage reduces hospitalizations by 4,200 (2,100 - 6,000), compared to no vaccination. Low vaccination coverage would result in 3,200 (1,500 - 4,900) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

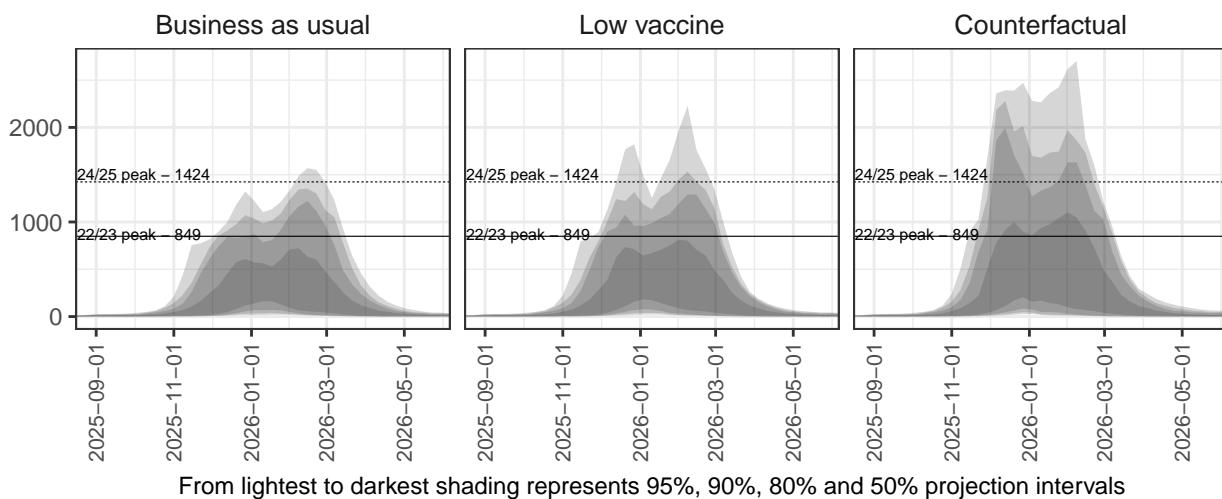
### 65+ population



## Ensemble Projections - Missouri

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

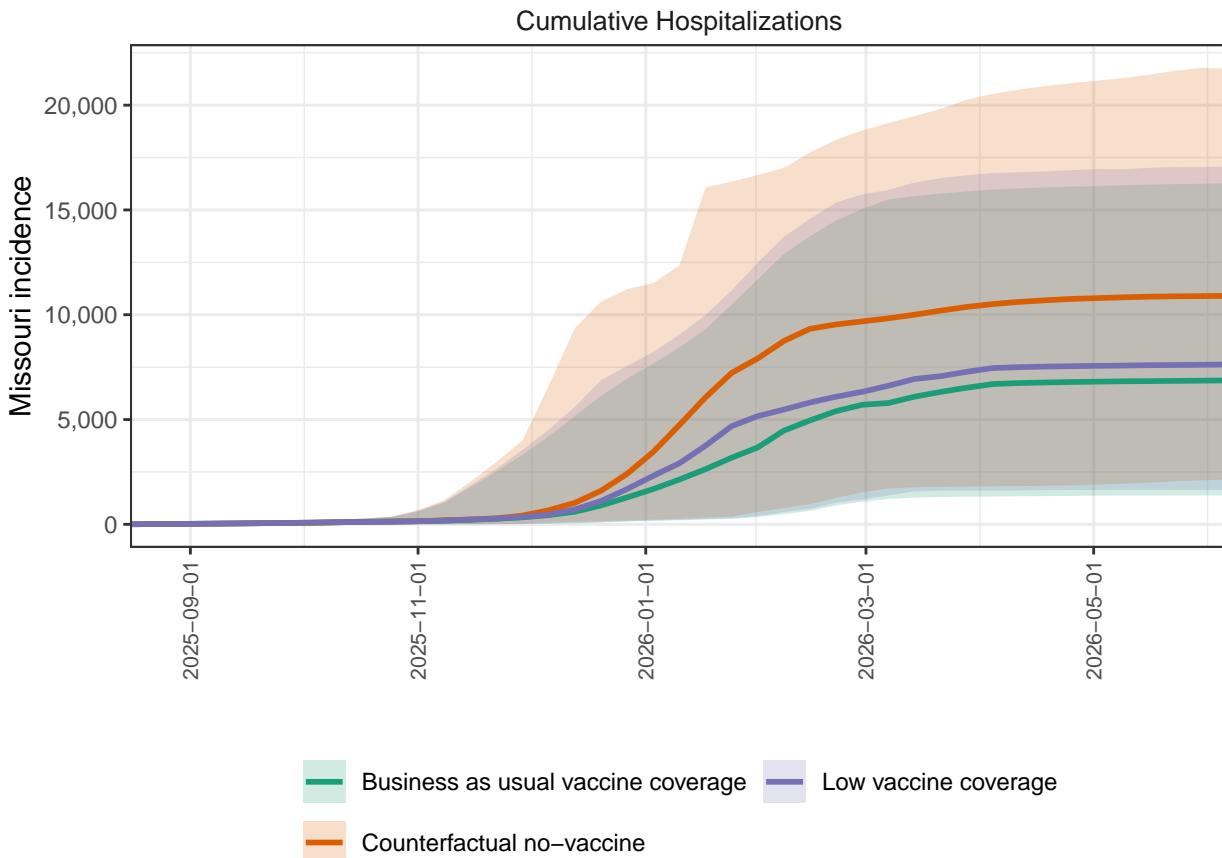
### Missouri ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Missouri

**Ensemble projections for cumulative hospitalizations by scenario, Missouri.** We project substantial continued burden of hospitalization from Flu, with 6866 cumulative hospitalizations projected by the end of the season (95% PI 1376 - 16274 due to FLU in the business as usual scenario (scenario A).

### Missouri ensemble projections & 95% projection intervals

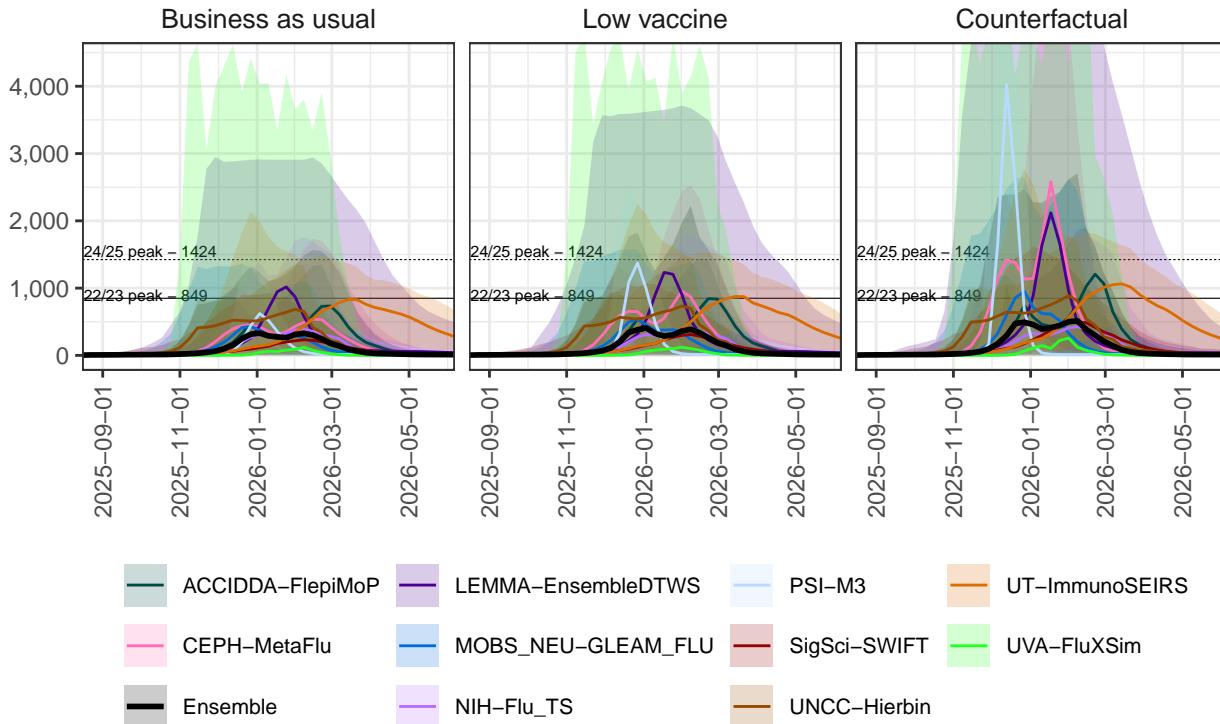


## Individual Model Projections - Missouri

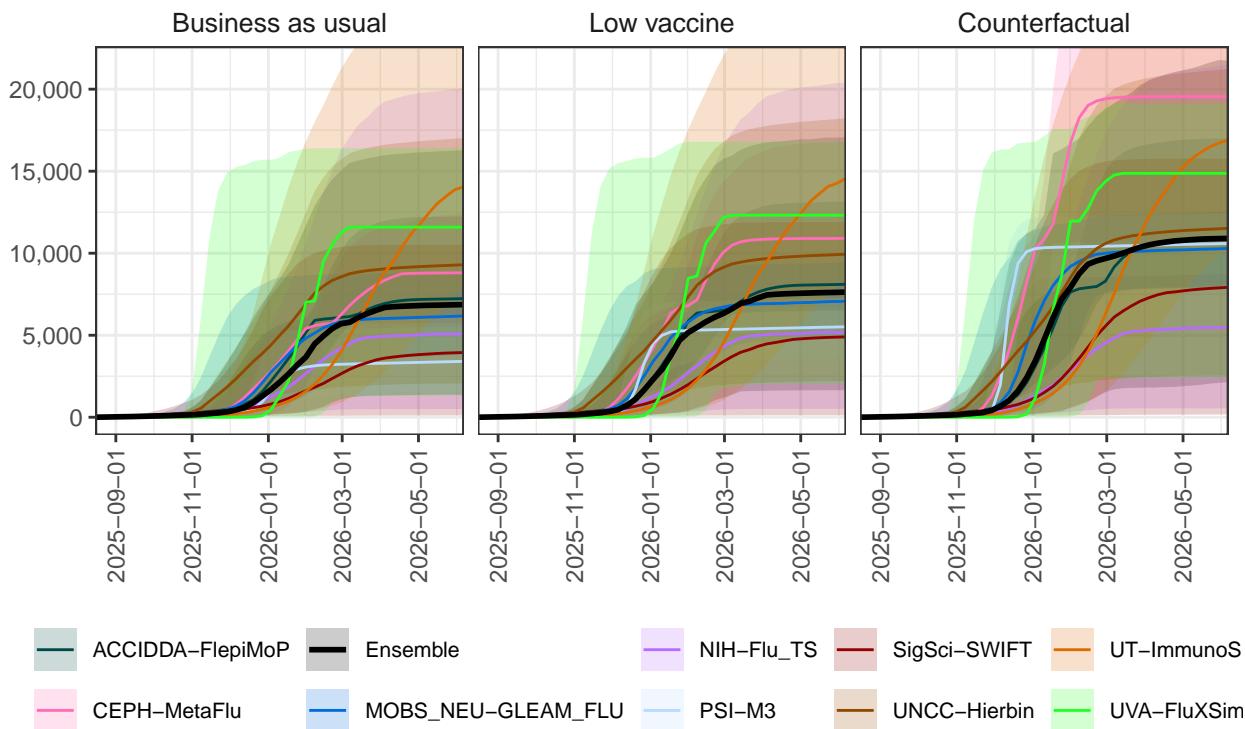
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Missouri Individual Model Projections & 95% Projection Intervals Hospitalizations



### Missouri Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



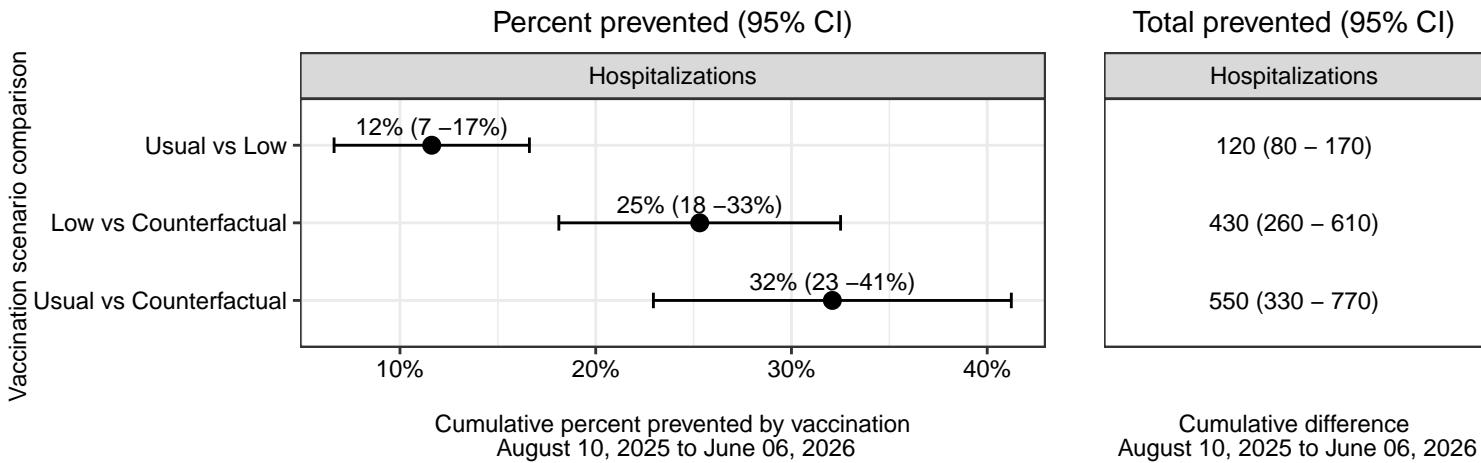
# Montana

## Differences between scenarios - Montana

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Montana.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

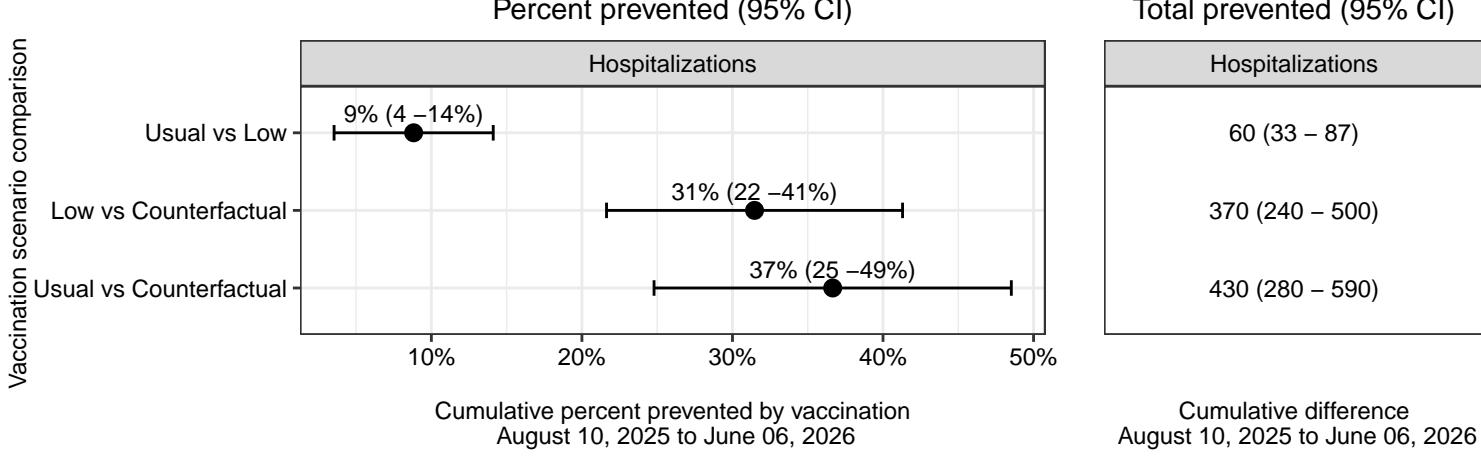
Business as usual vaccine coverage reduces hospitalizations by 550 (330 - 770), compared to no vaccination. Low vaccination coverage would result in 430 (260 - 610) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

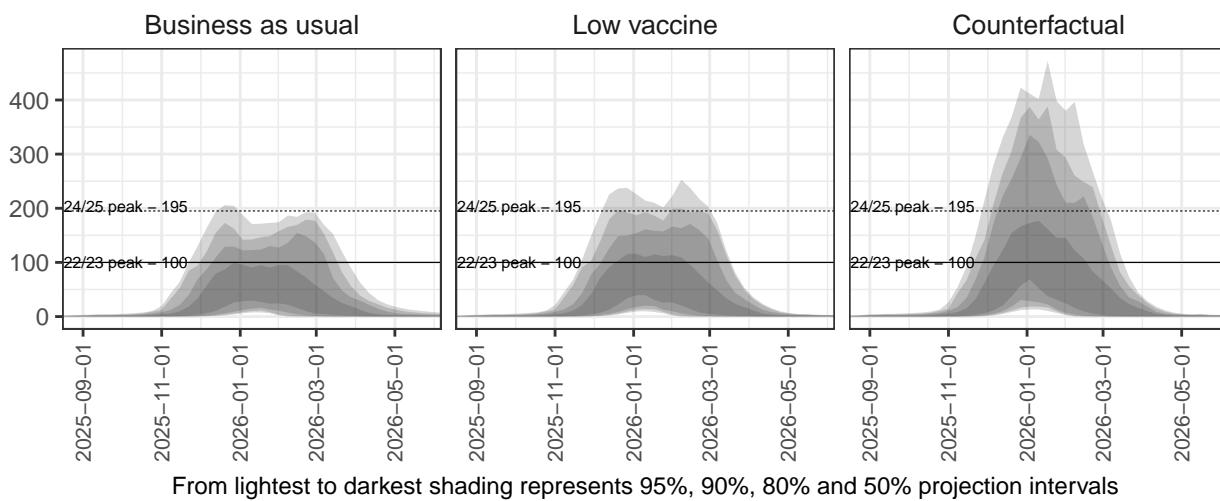
### 65+ population



## Ensemble Projections - Montana

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

### Montana ensemble projection intervals – Hospitalizations

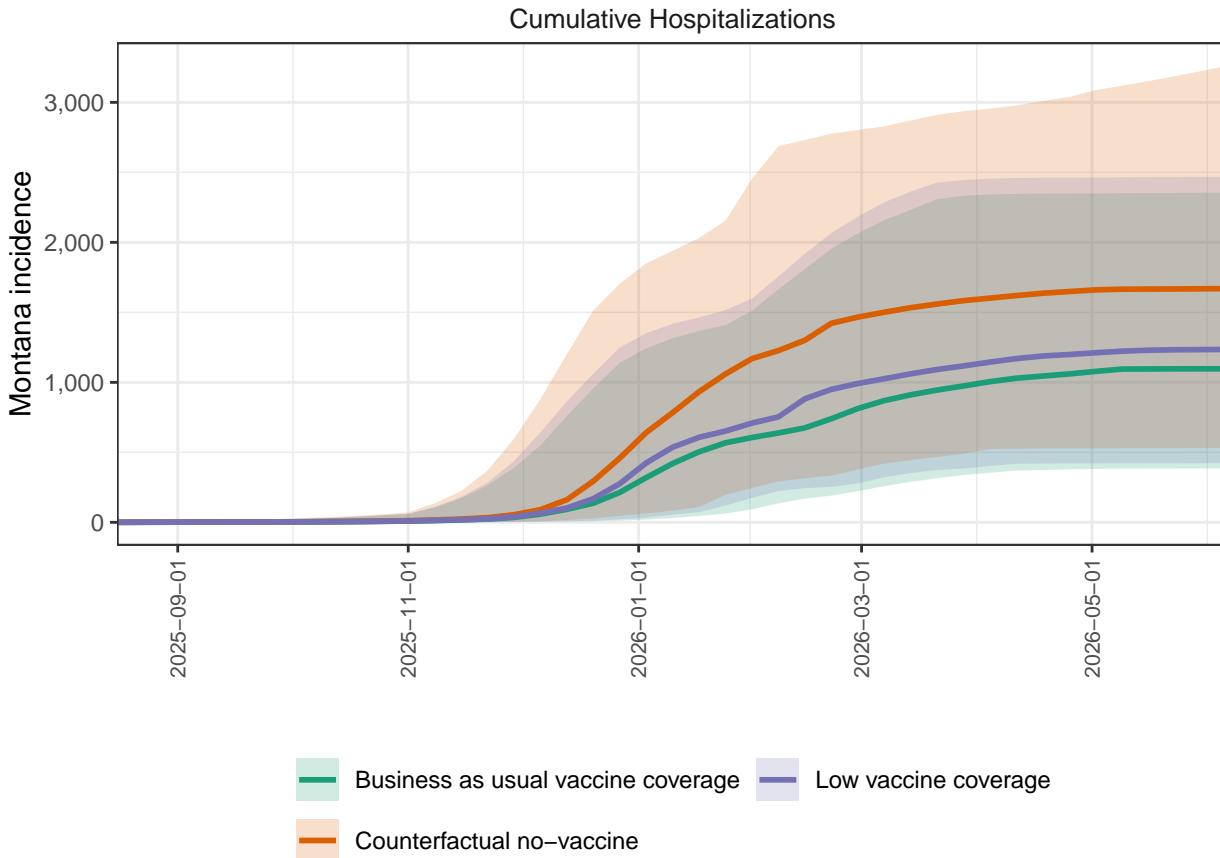


From lightest to darkest shading represents 95%, 90%, 80% and 50% projection intervals

## Cumulative Ensemble Projections - Montana

**Ensemble projections for cumulative hospitalizations by scenario, Montana.** We project substantial continued burden of hospitalization from Flu, with 1096 cumulative hospitalizations projected by the end of the season (95% PI 385 - 2355 due to FLU in the business as usual scenario (scenario A).

### Montana ensemble projections & 95% projection intervals

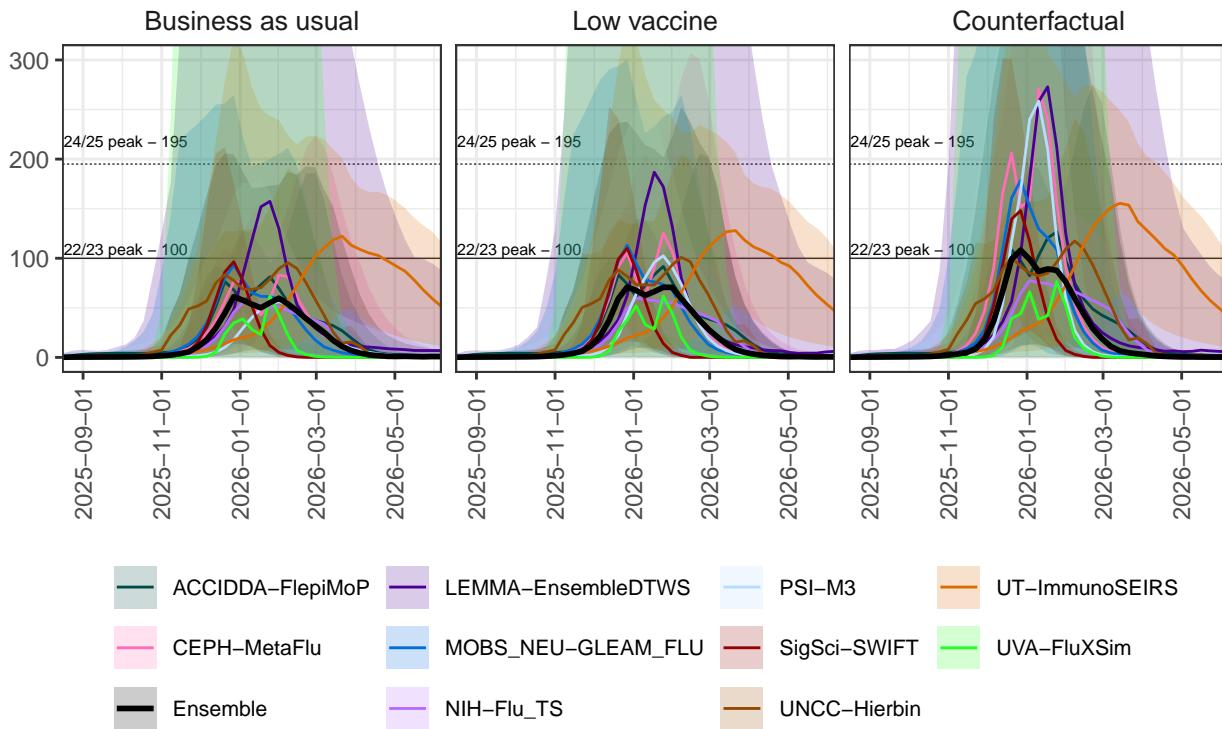


## Individual Model Projections - Montana

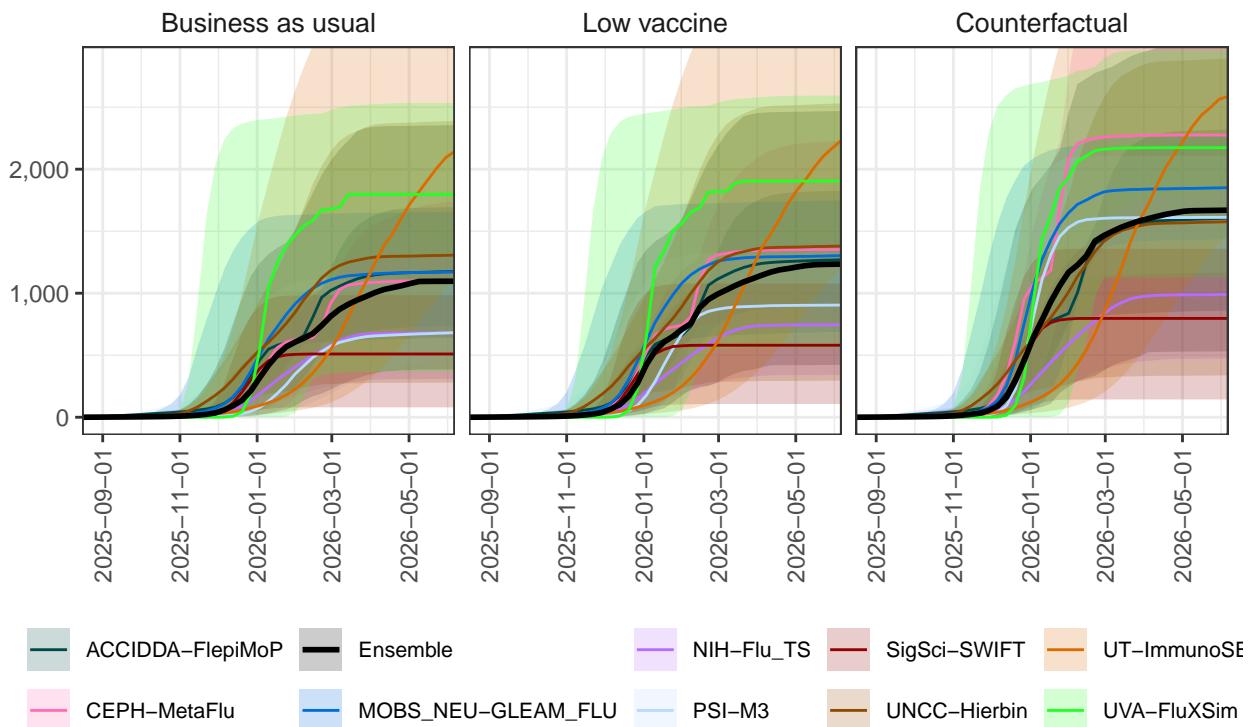
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Montana Individual Model Projections & 95% Projection Intervals Hospitalizations



### Montana Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



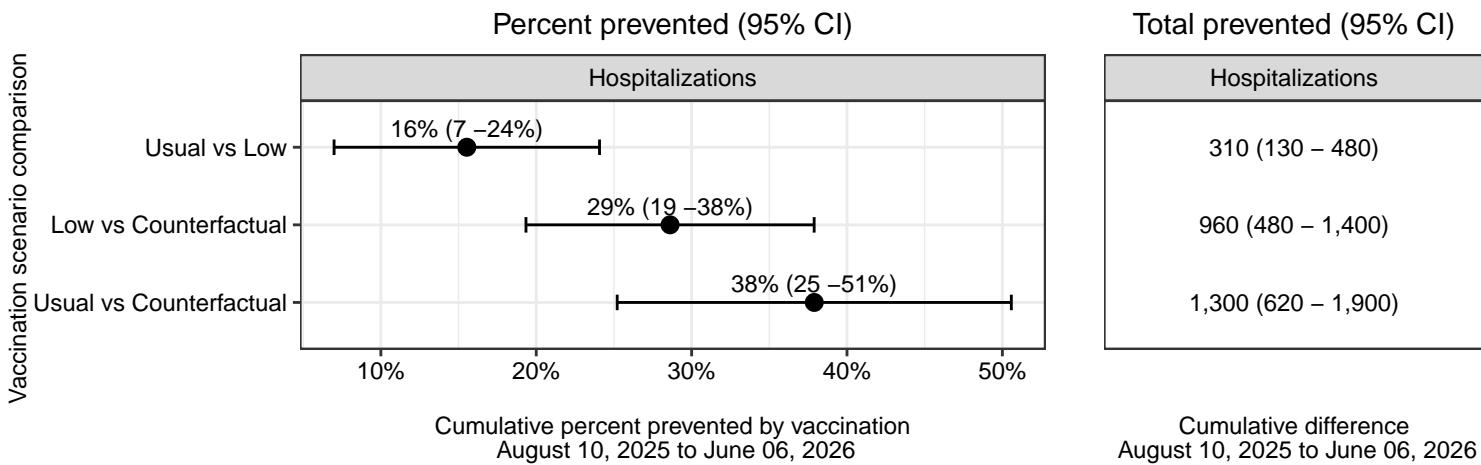
# Nebraska

## Differences between scenarios - Nebraska

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Nebraska.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

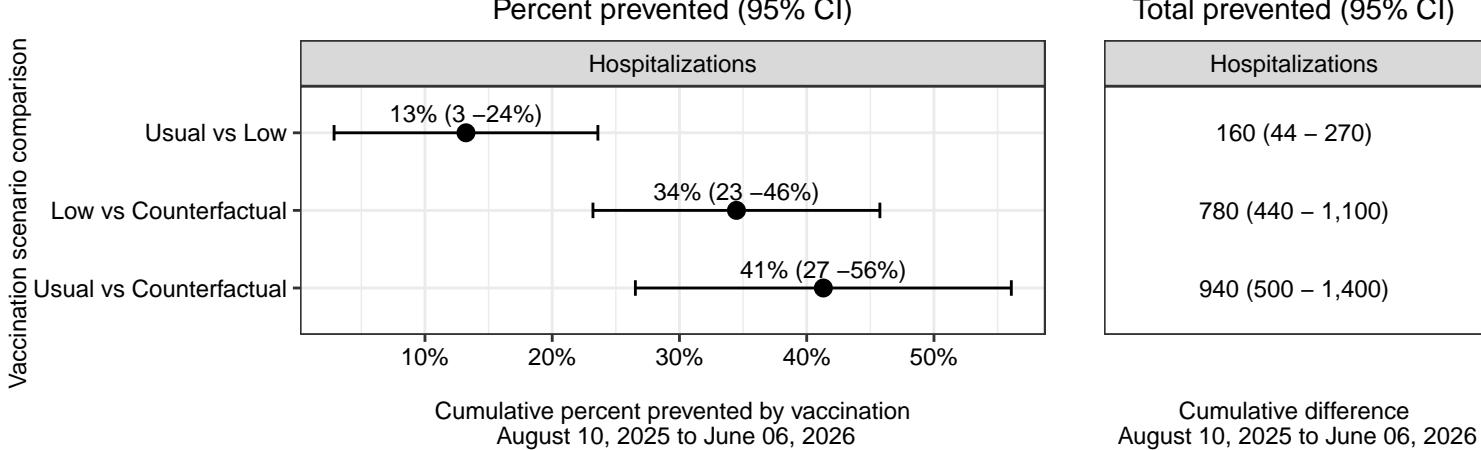
Business as usual vaccine coverage reduces hospitalizations by 1,300 (620 - 1,900), compared to no vaccination. Low vaccination coverage would result in 960 (480 - 1,400) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

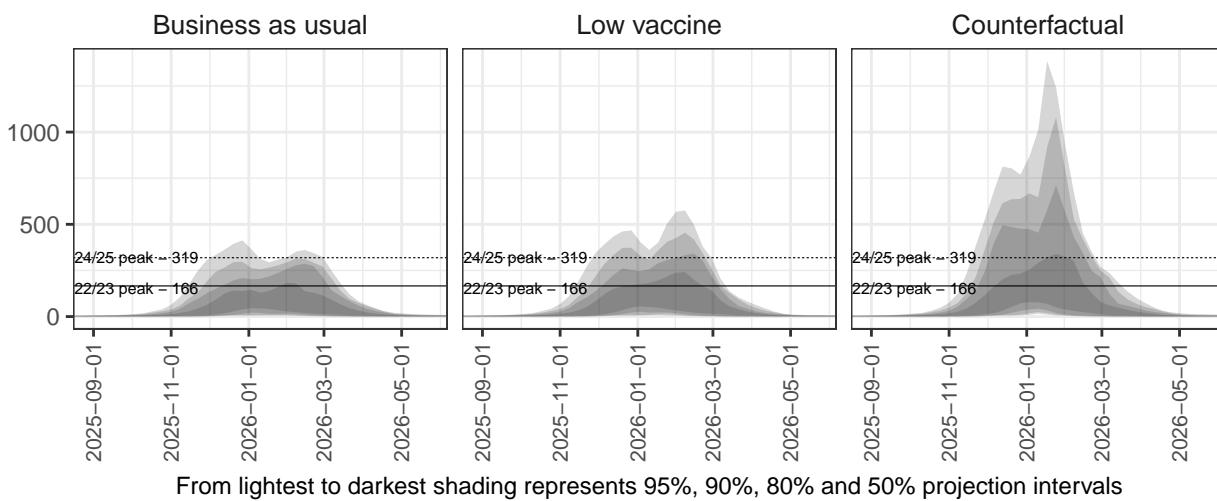
### 65+ population



## Ensemble Projections - Nebraska

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

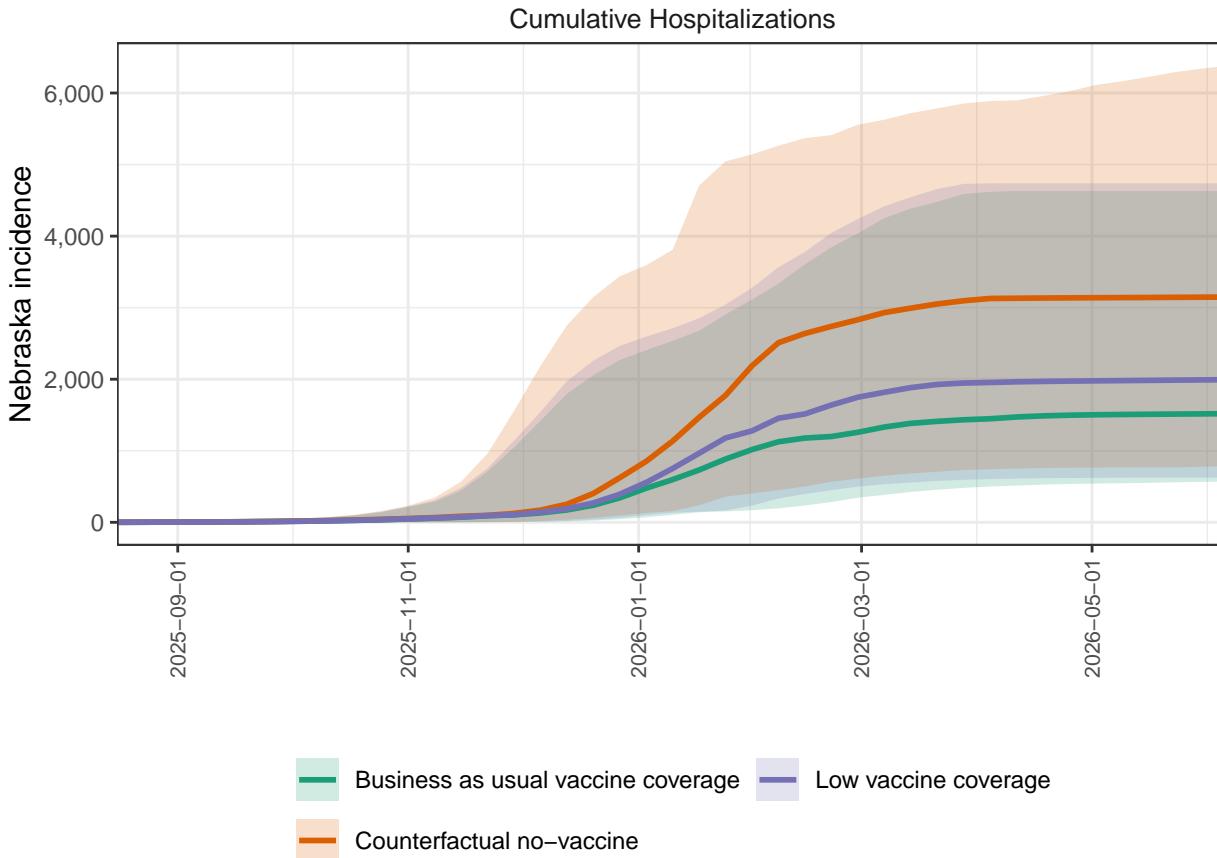
### Nebraska ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Nebraska

**Ensemble projections for cumulative hospitalizations by scenario, Nebraska.** We project substantial continued burden of hospitalization from Flu, with 1518 cumulative hospitalizations projected by the end of the season (95% PI 570 - 4631 due to FLU in the business as usual scenario (scenario A).

### Nebraska ensemble projections & 95% projection intervals

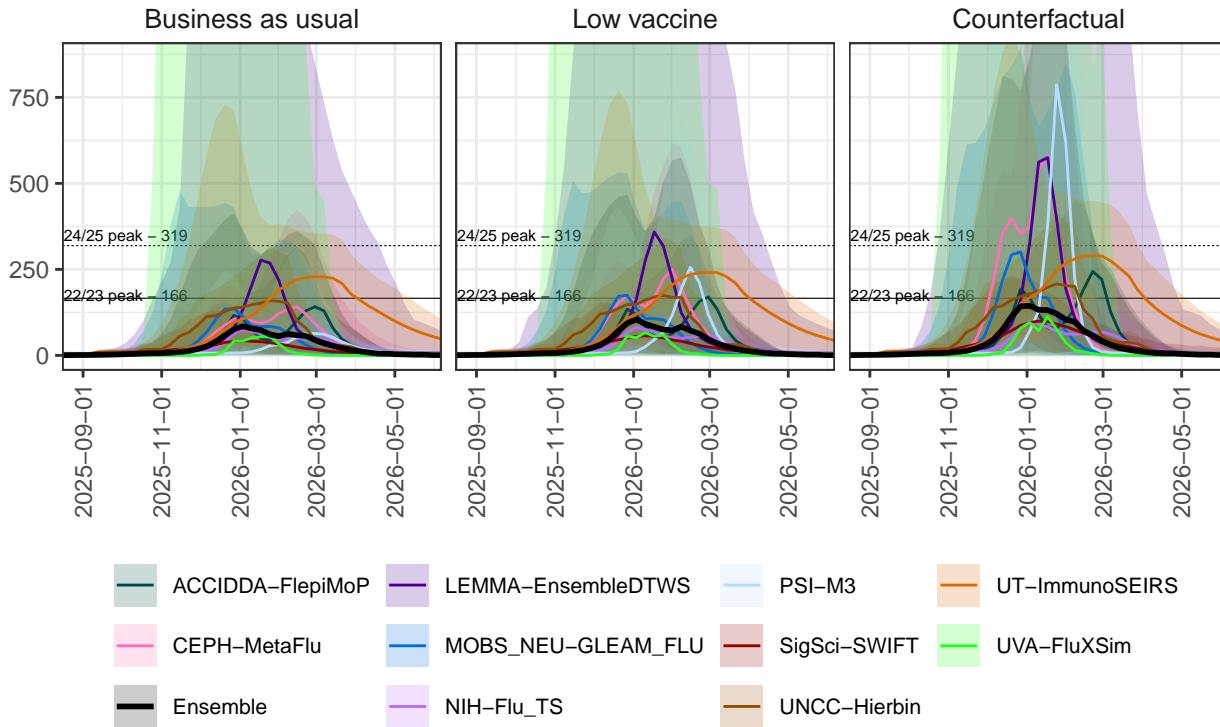


## Individual Model Projections - Nebraska

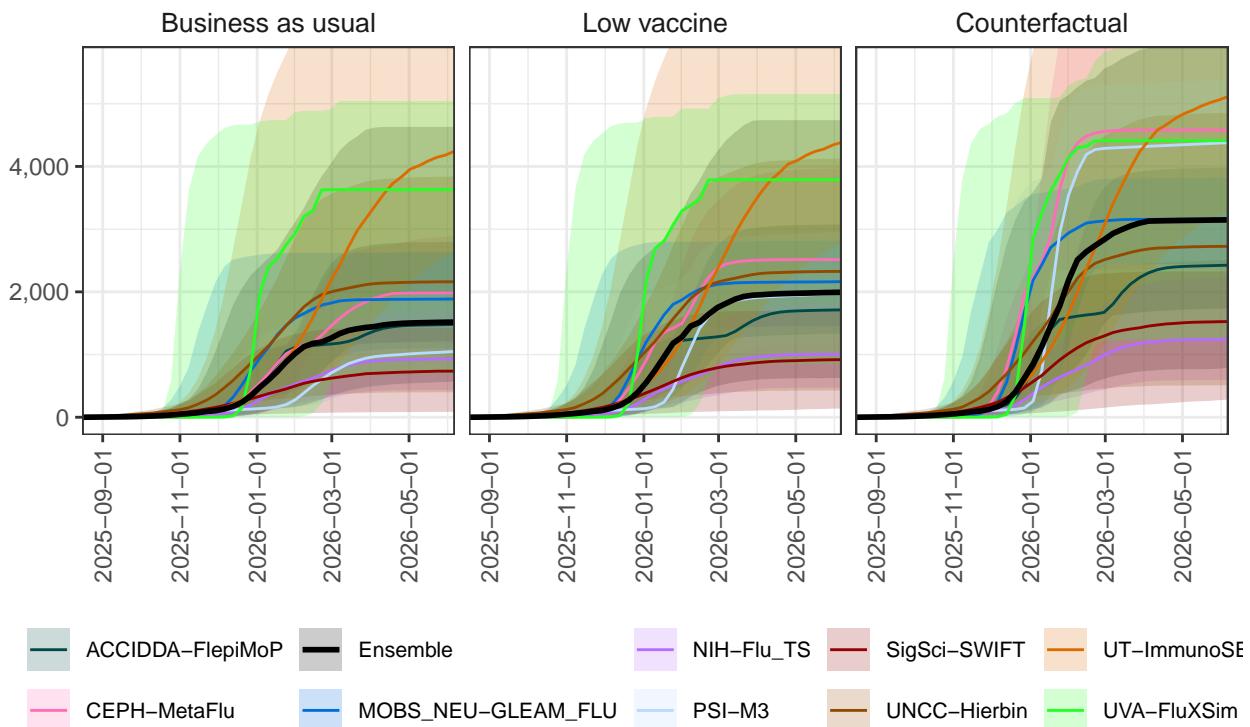
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Nebraska Individual Model Projections & 95% Projection Intervals Hospitalizations



### Nebraska Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



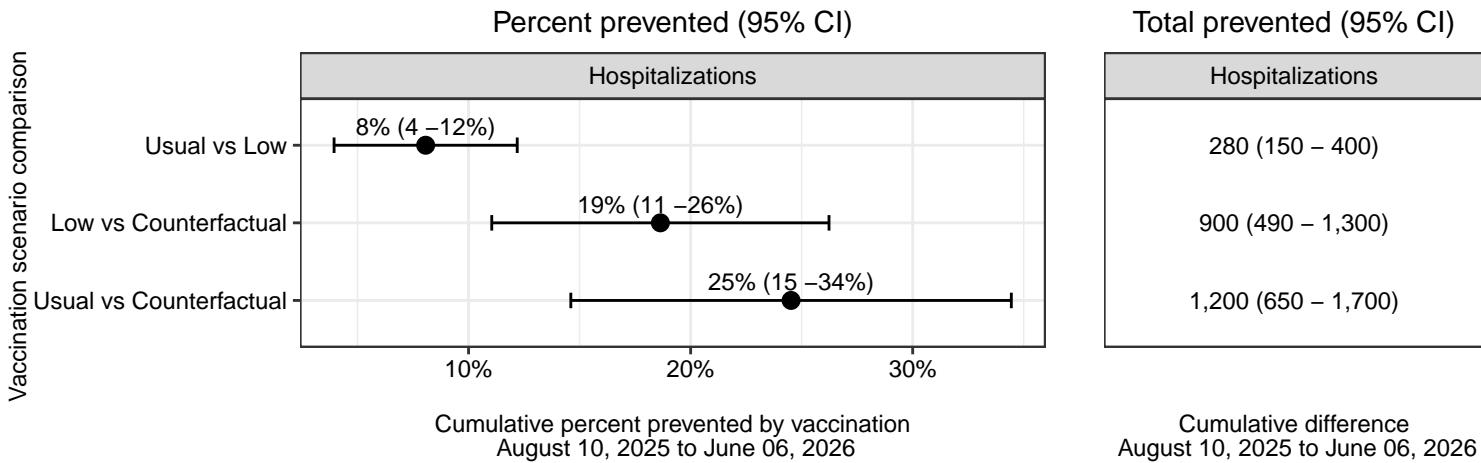
# Nevada

## Differences between scenarios - Nevada

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Nevada.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

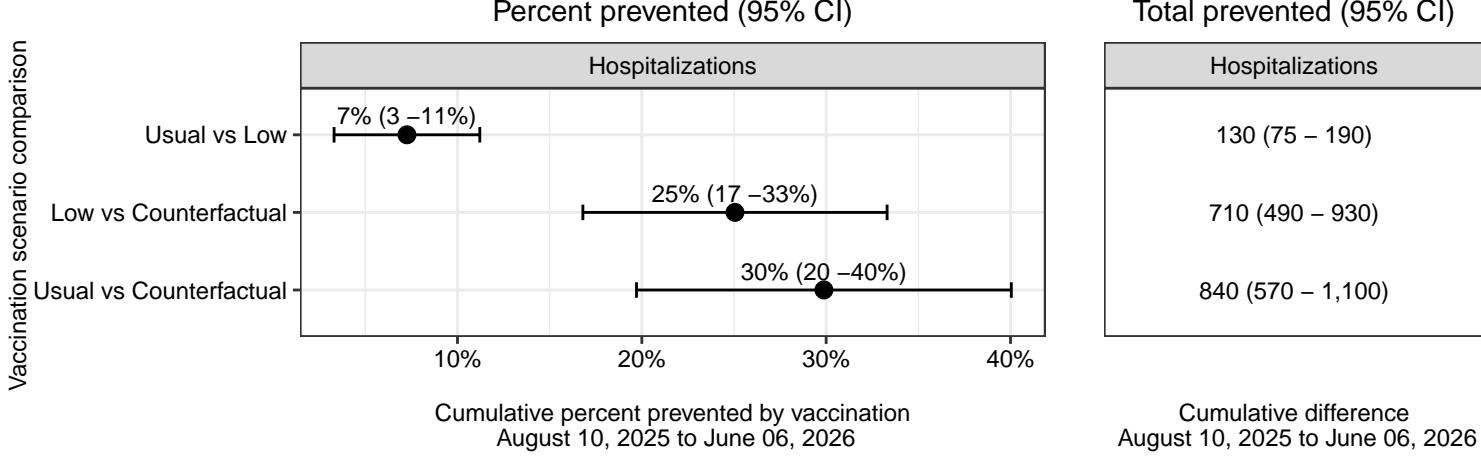
Business as usual vaccine coverage reduces hospitalizations by 1,200 (650 - 1,700), compared to no vaccination. Low vaccination coverage would result in 900 (490 - 1,300) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

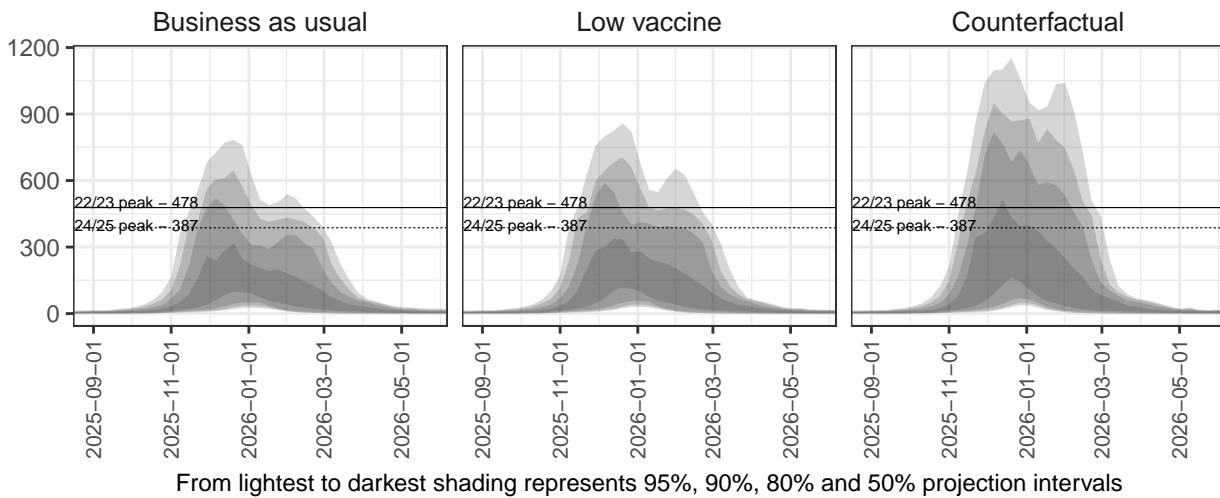
### 65+ population



## Ensemble Projections - Nevada

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

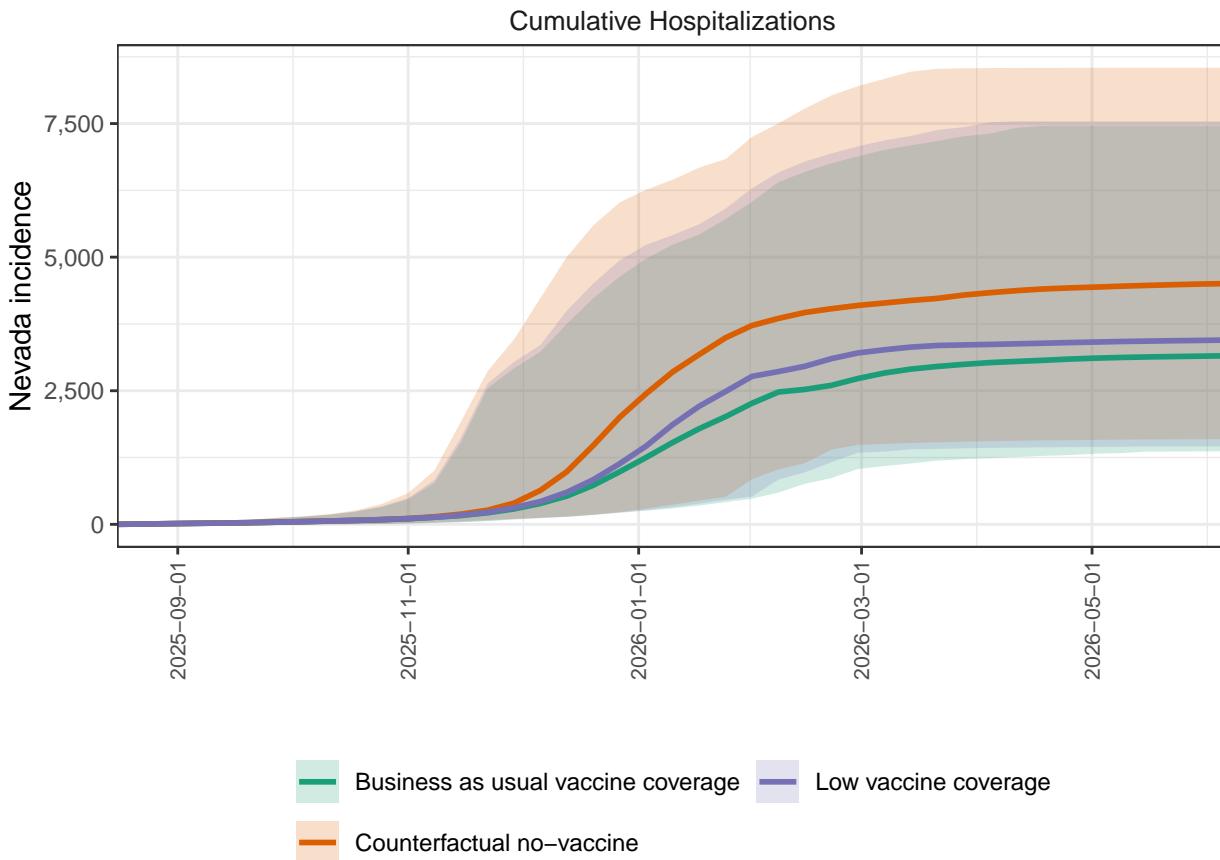
### Nevada ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Nevada

**Ensemble projections for cumulative hospitalizations by scenario, Nevada.** We project substantial continued burden of hospitalization from Flu, with 3154 cumulative hospitalizations projected by the end of the season (95% PI 1366 - 7458 due to FLU in the business as usual scenario (scenario A).

### Nevada ensemble projections & 95% projection intervals

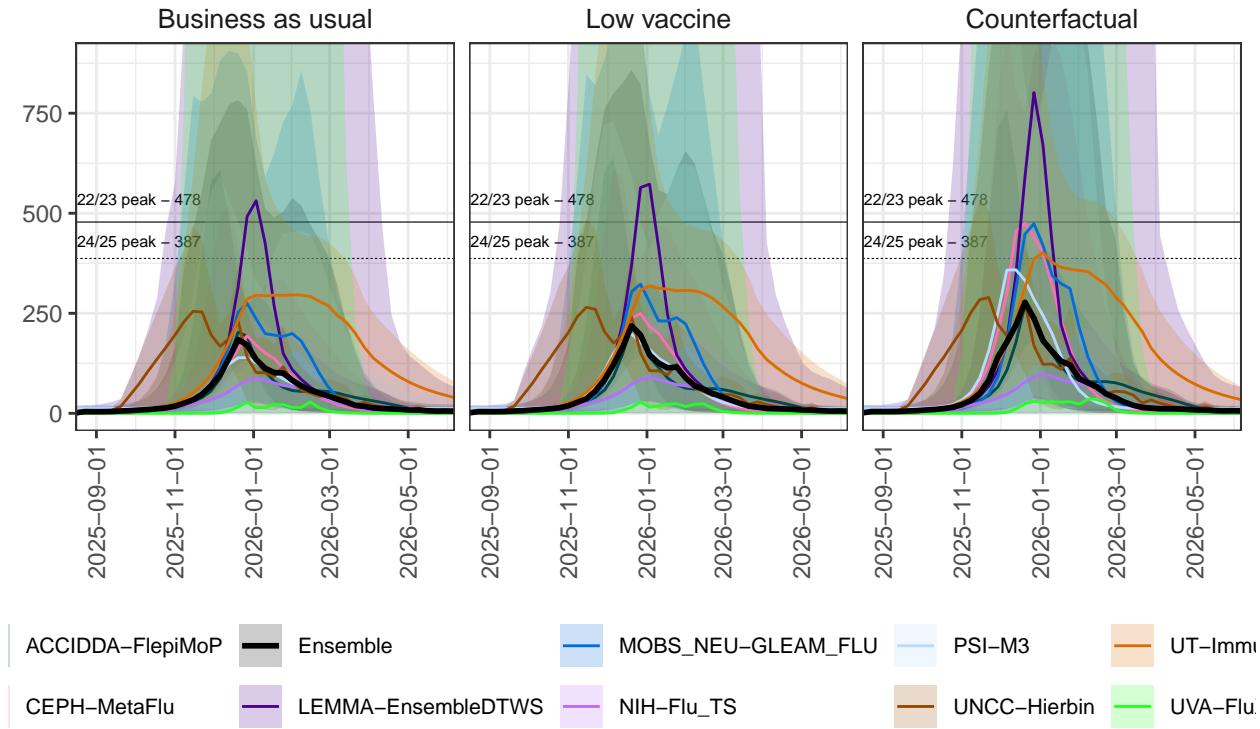


## Individual Model Projections - Nevada

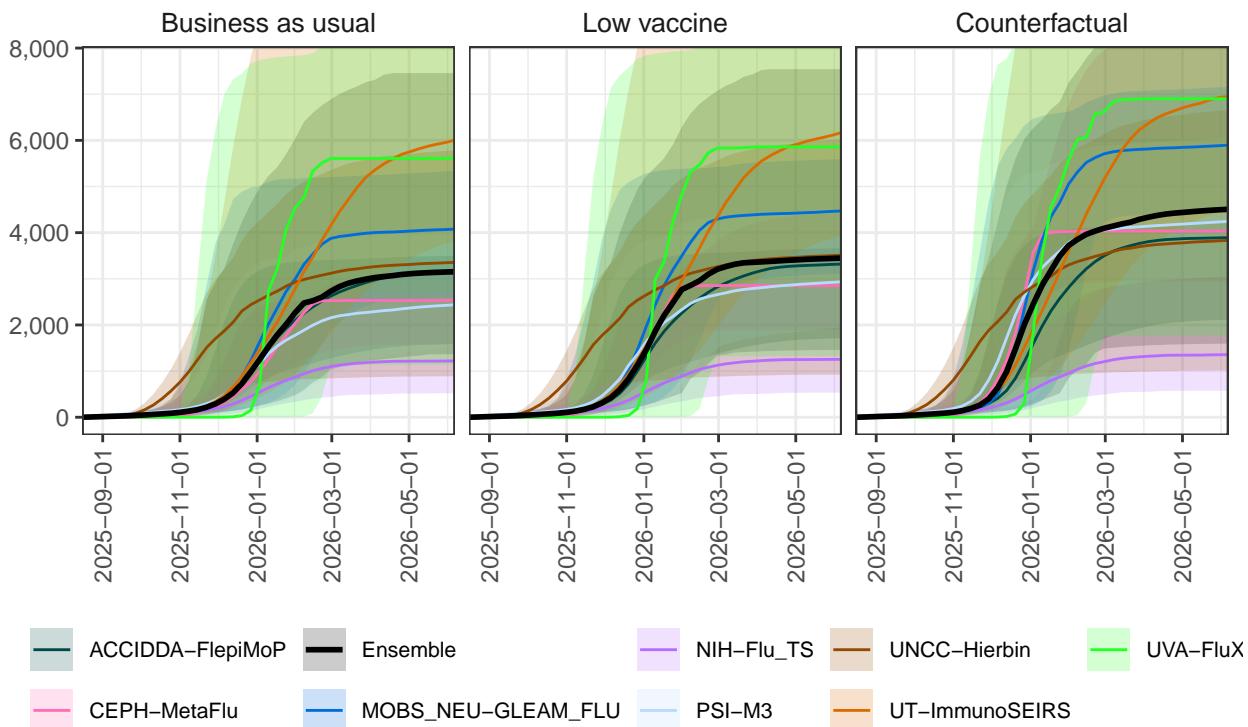
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Nevada Individual Model Projections & 95% Projection Intervals Hospitalizations



### Nevada Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



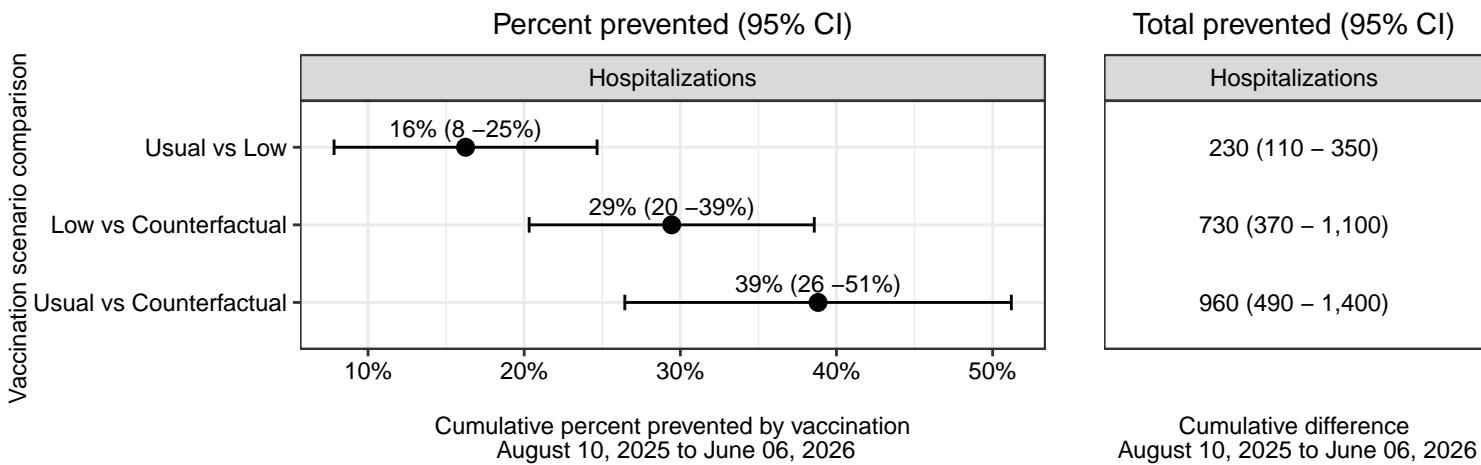
# New Hampshire

## Differences between scenarios - New Hampshire

Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for New Hampshire. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

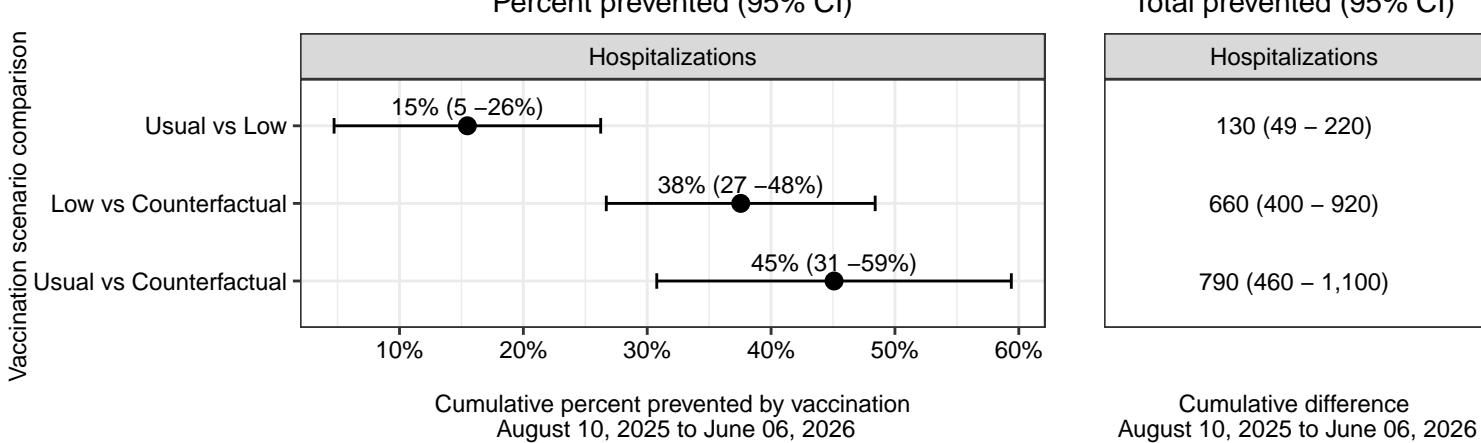
Business as usual vaccine coverage reduces hospitalizations by 960 (490 - 1,400), compared to no vaccination. Low vaccination coverage would result in 730 (370 - 1,100) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

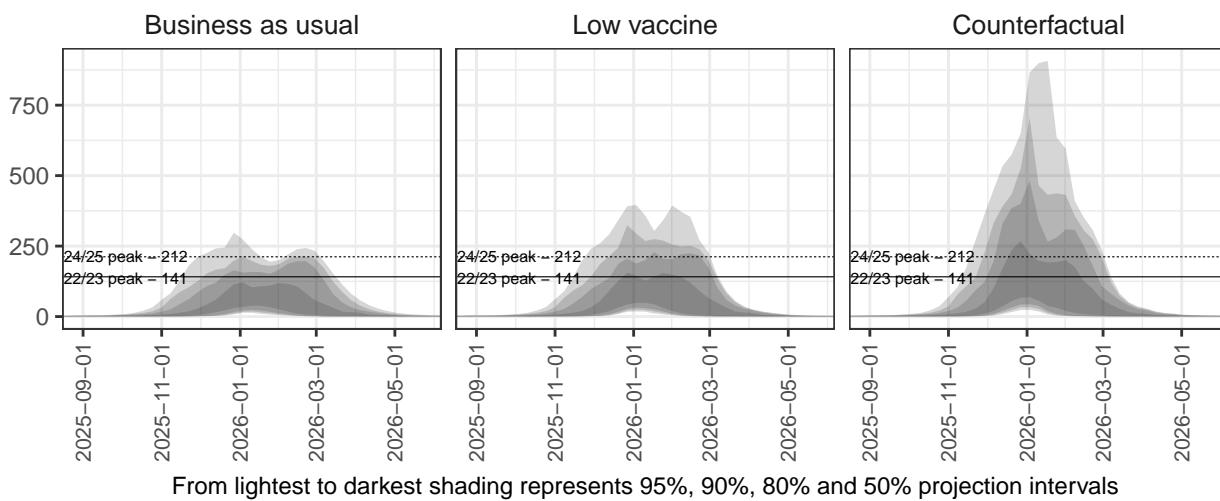
### 65+ population



## Ensemble Projections - New Hampshire

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

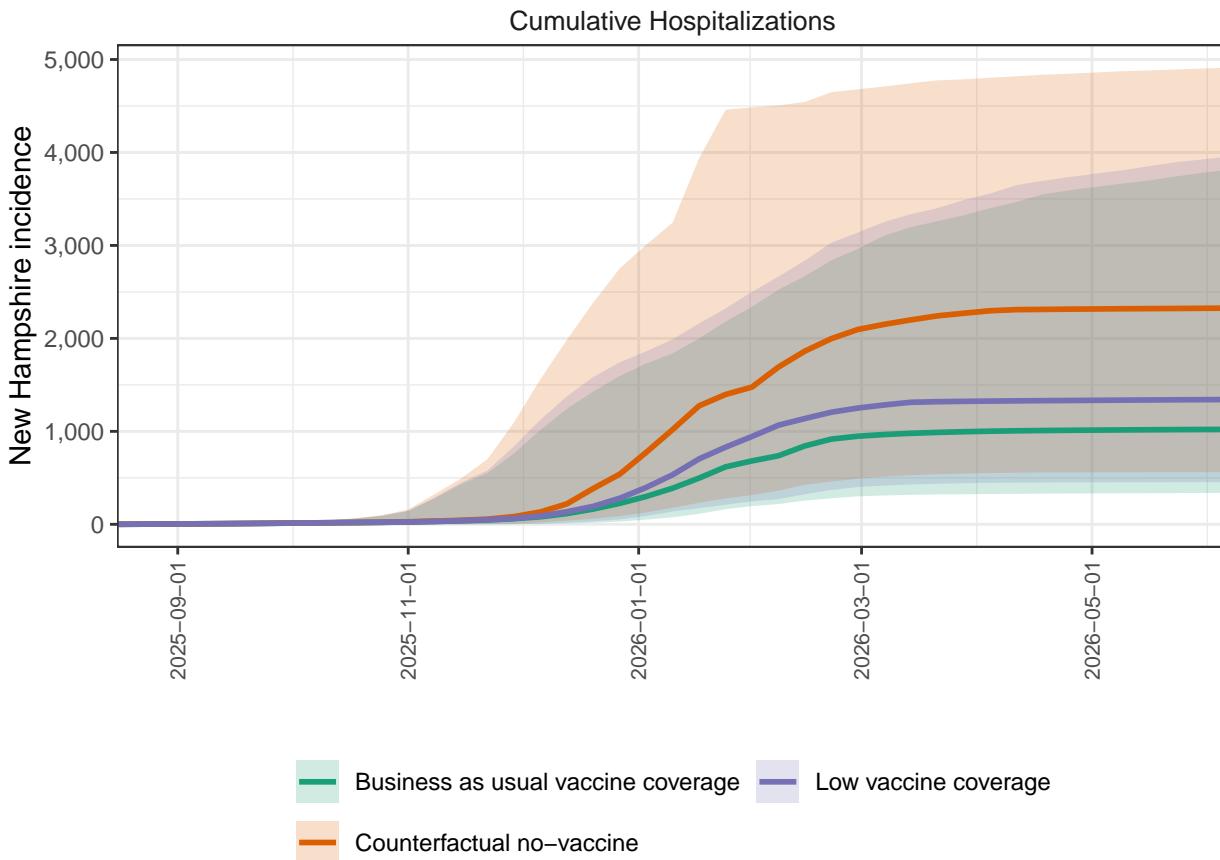
### New Hampshire ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - New Hampshire

**Ensemble projections for cumulative hospitalizations by scenario, New Hampshire.** We project substantial continued burden of hospitalization from Flu, with 1021 cumulative hospitalizations projected by the end of the season (95% PI 338 - 3814 due to FLU in the business as usual scenario (scenario A).

### New Hampshire ensemble projections & 95% projection intervals

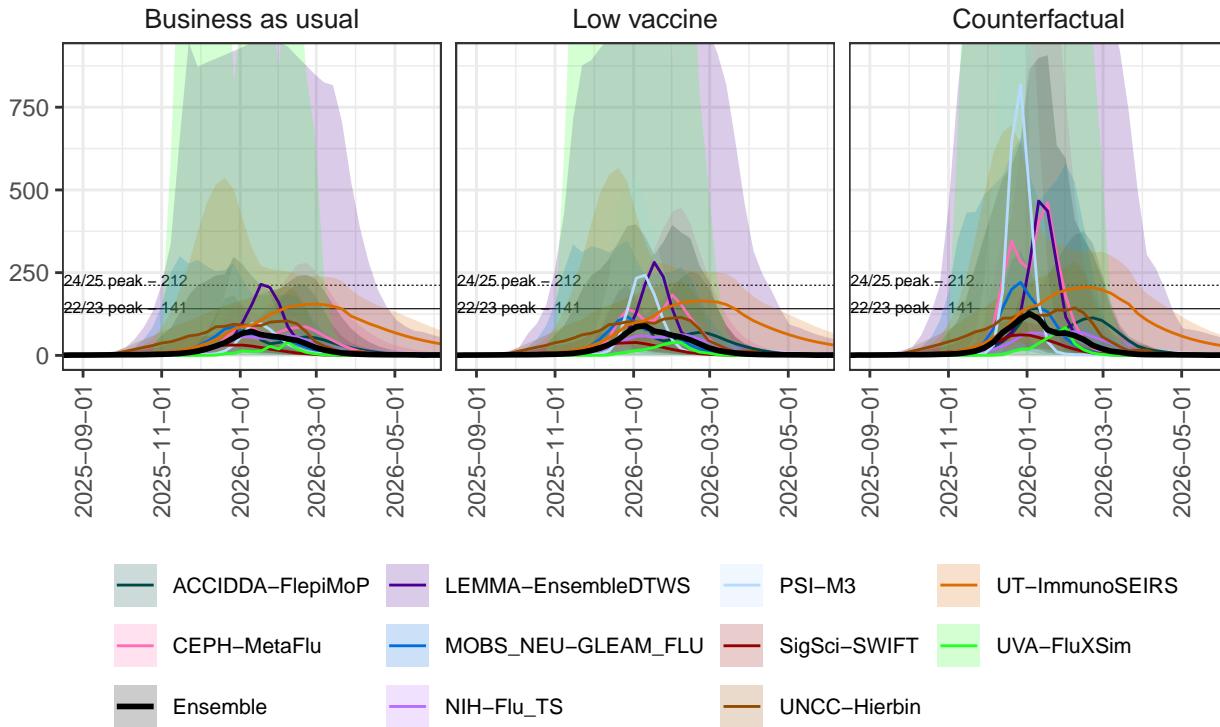


## Individual Model Projections - New Hampshire

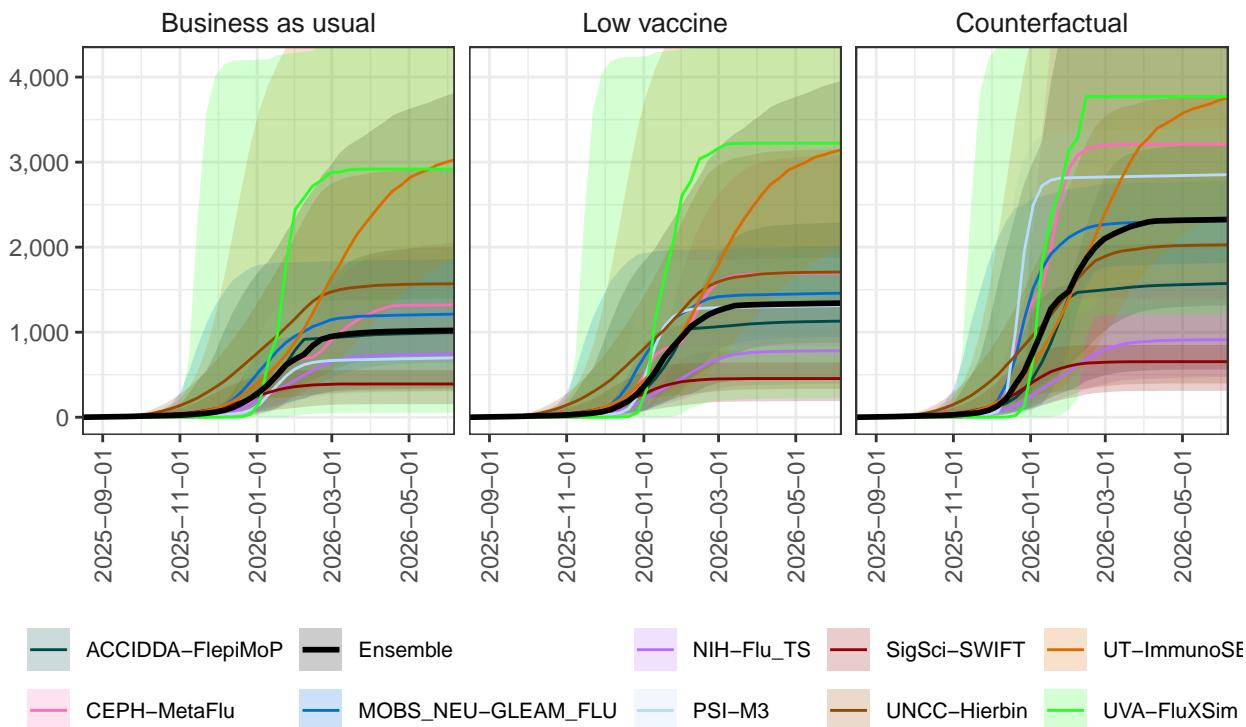
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### New Hampshire Individual Model Projections & 95% Projection Intervals Hospitalizations



### New Hampshire Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



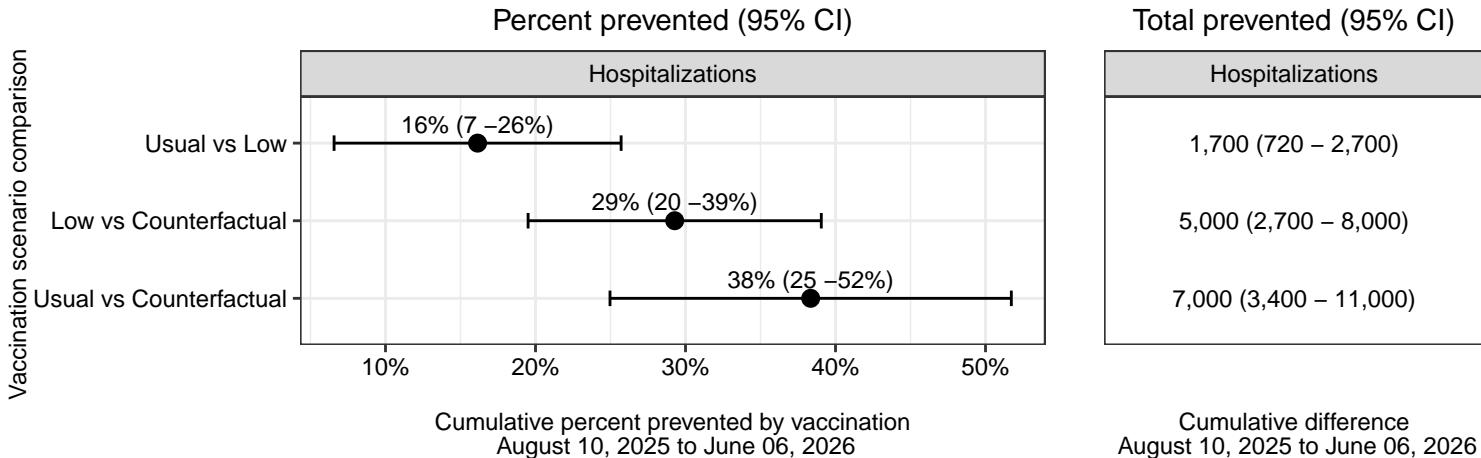
# New Jersey

## Differences between scenarios - New Jersey

Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for New Jersey. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

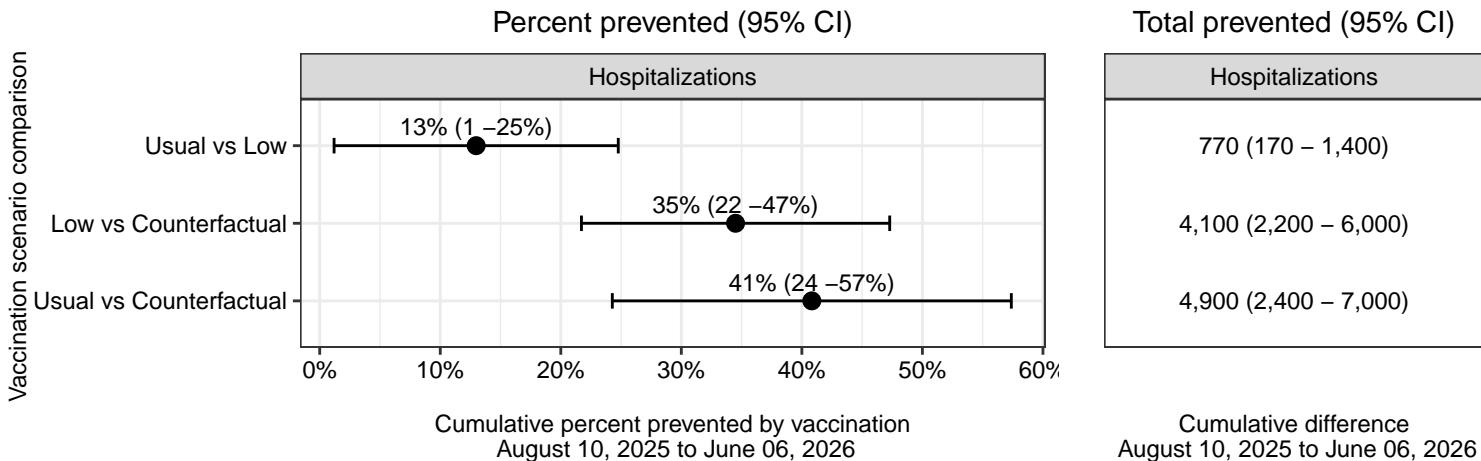
Business as usual vaccine coverage reduces hospitalizations by 7,000 (3,400 - 11,000), compared to no vaccination. Low vaccination coverage would result in 5,000 (2,700 - 8,000) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

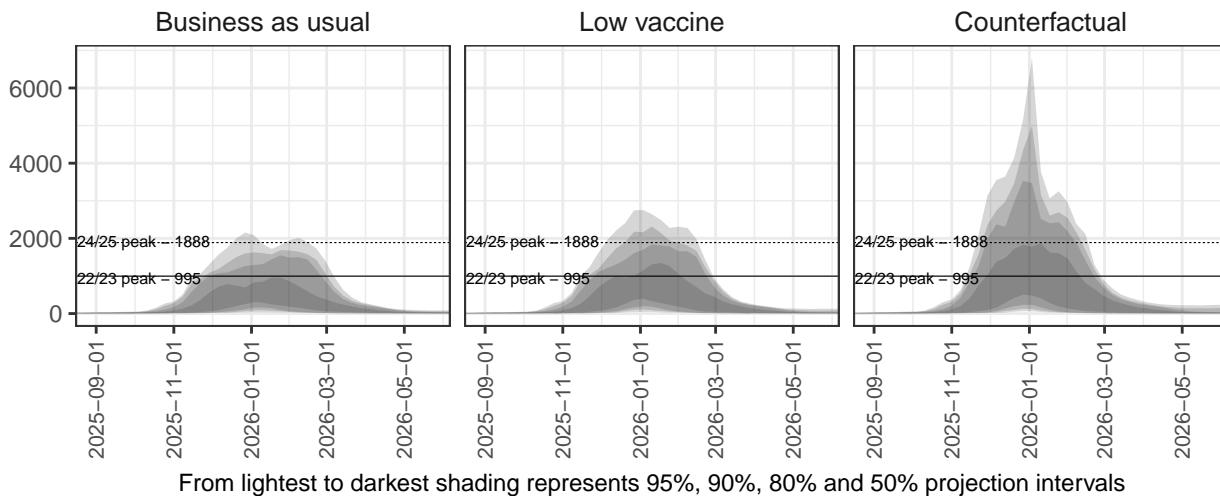
### 65+ population



## Ensemble Projections - New Jersey

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

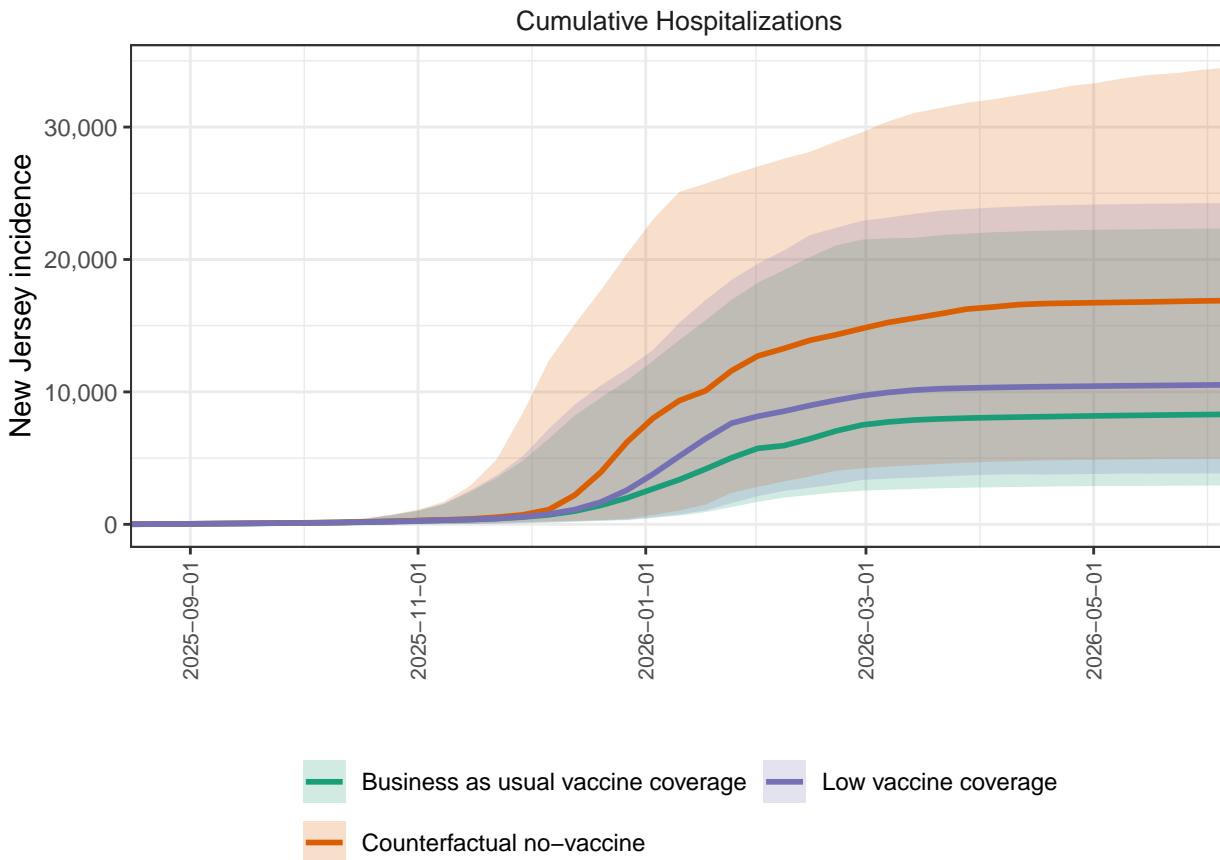
### New Jersey ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - New Jersey

**Ensemble projections for cumulative hospitalizations by scenario, New Jersey.** We project substantial continued burden of hospitalization from Flu, with 8307 cumulative hospitalizations projected by the end of the season (95% PI 2942 - 22341 due to FLU in the business as usual scenario (scenario A).

### New Jersey ensemble projections & 95% projection intervals

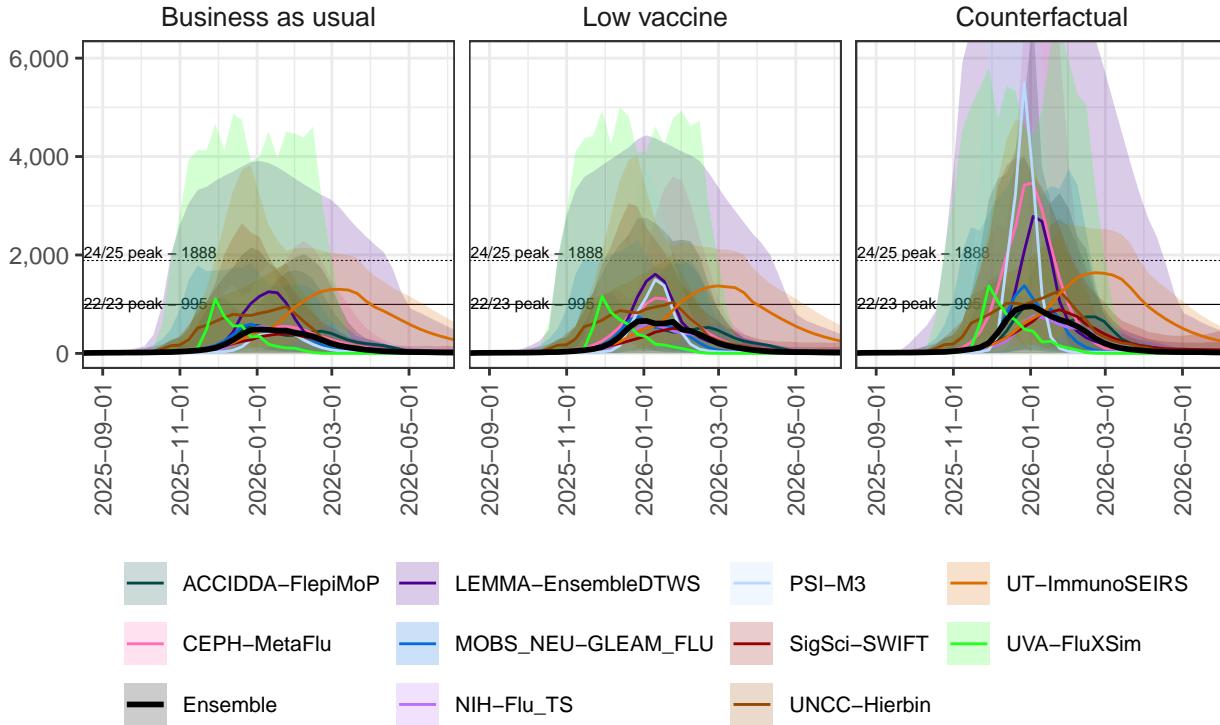


## Individual Model Projections - New Jersey

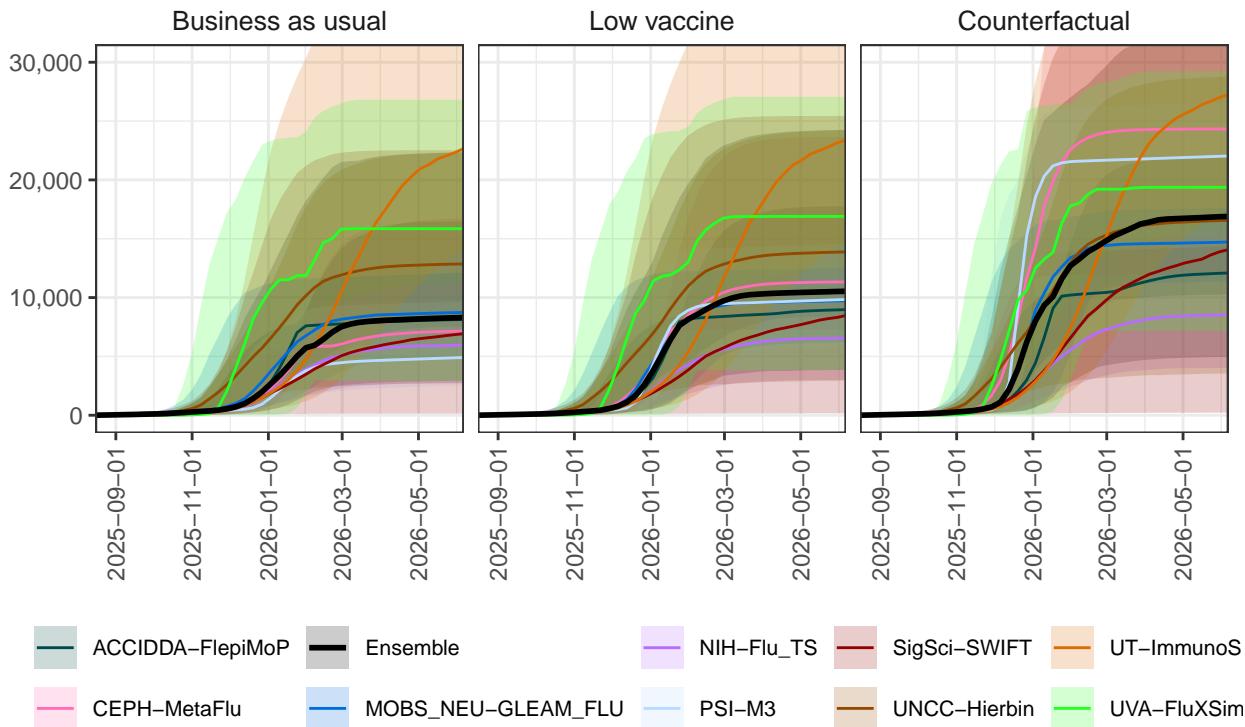
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### New Jersey Individual Model Projections & 95% Projection Intervals Hospitalizations



### New Jersey Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



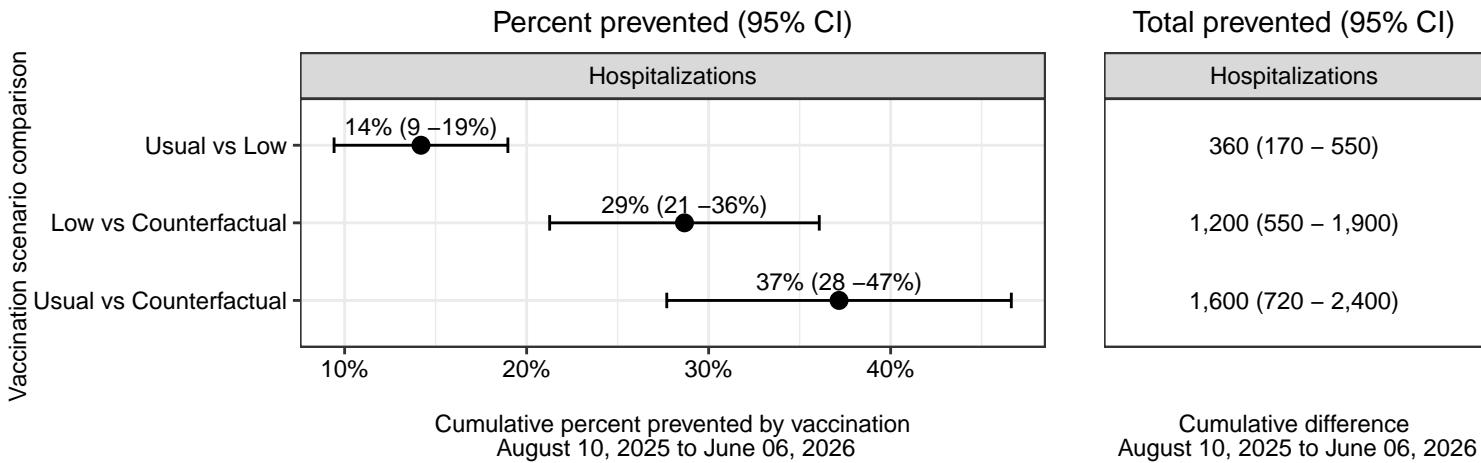
# New Mexico

## Differences between scenarios - New Mexico

Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for New Mexico. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

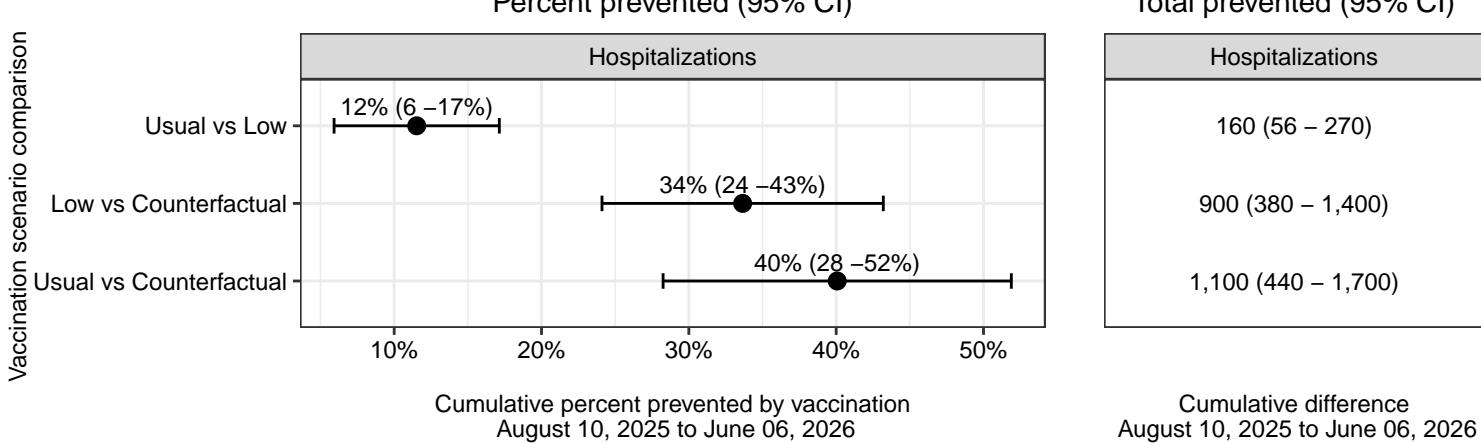
Business as usual vaccine coverage reduces hospitalizations by 1,600 (720 - 2,400), compared to no vaccination. Low vaccination coverage would result in 1,200 (550 - 1,900) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

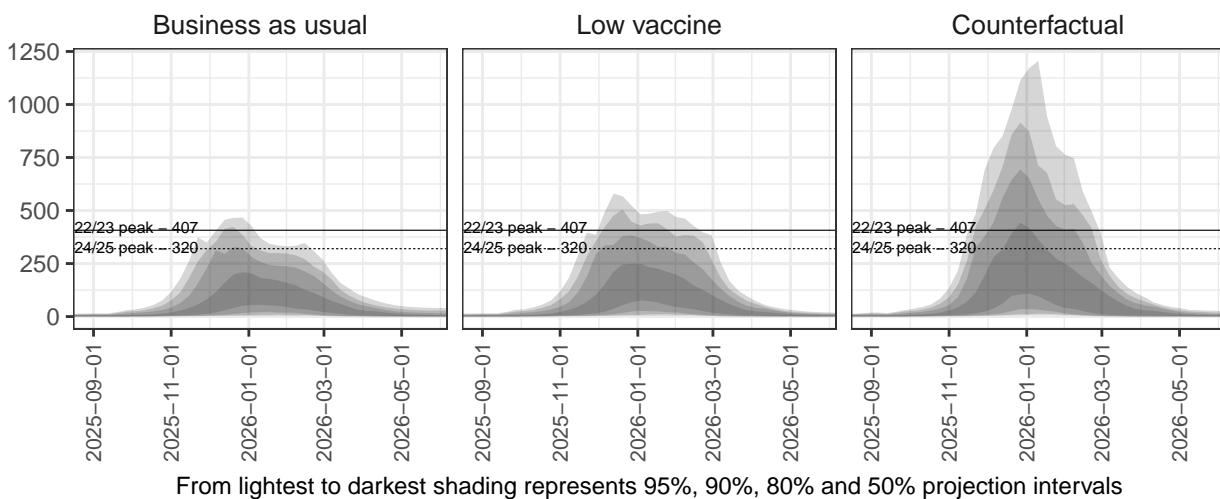
### 65+ population



## Ensemble Projections - New Mexico

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

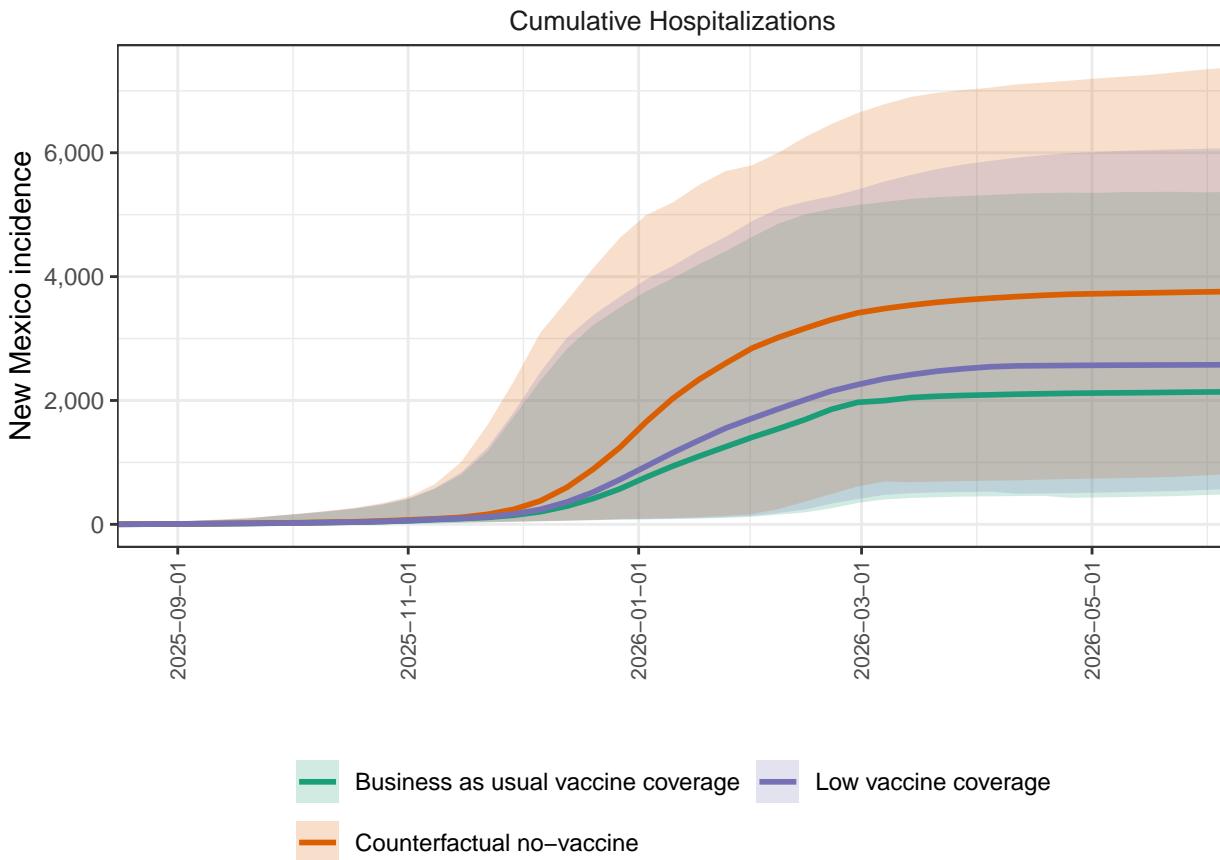
### New Mexico ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - New Mexico

**Ensemble projections for cumulative hospitalizations by scenario, New Mexico.** We project substantial continued burden of hospitalization from Flu, with 2139 cumulative hospitalizations projected by the end of the season (95% PI 484 - 5366 due to FLU in the business as usual scenario (scenario A).

### New Mexico ensemble projections & 95% projection intervals

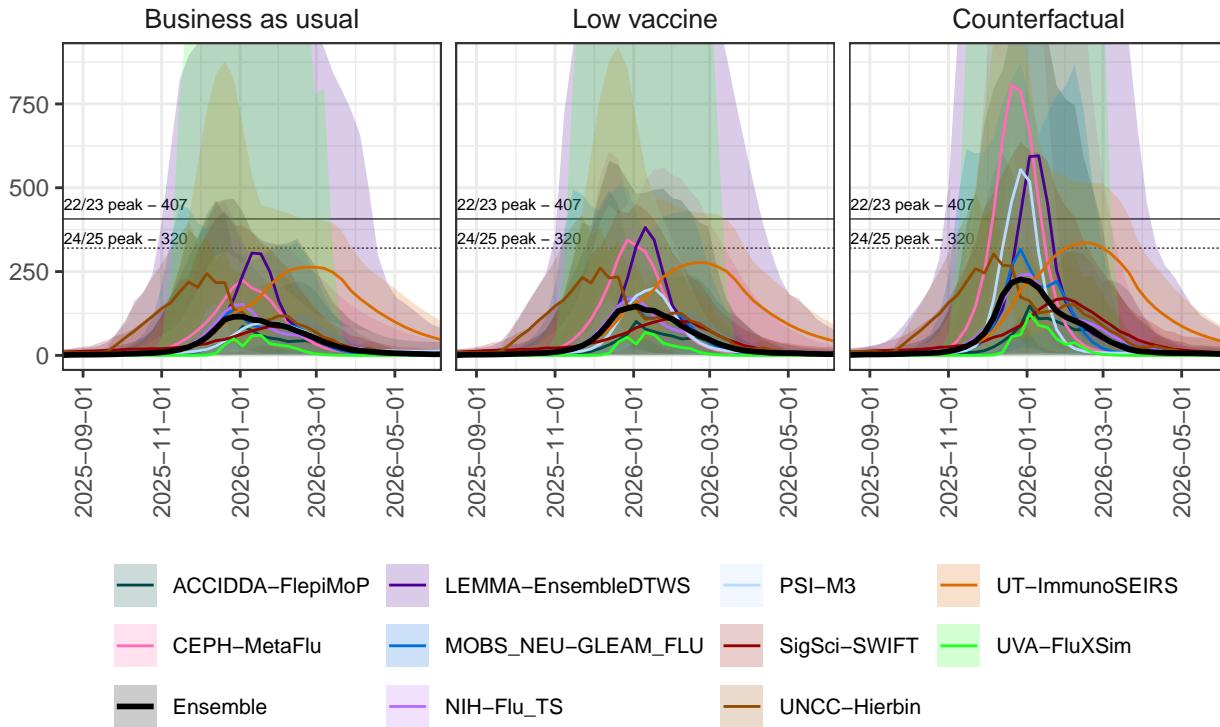


## Individual Model Projections - New Mexico

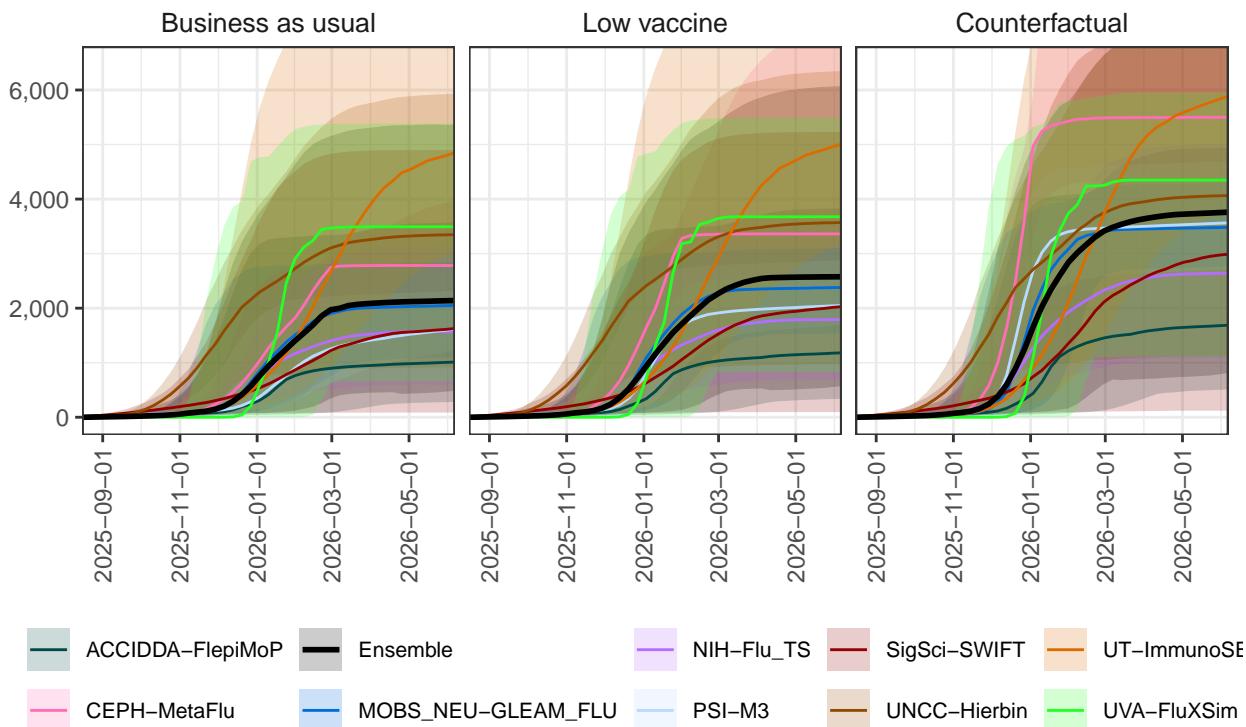
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### New Mexico Individual Model Projections & 95% Projection Intervals Hospitalizations



### New Mexico Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



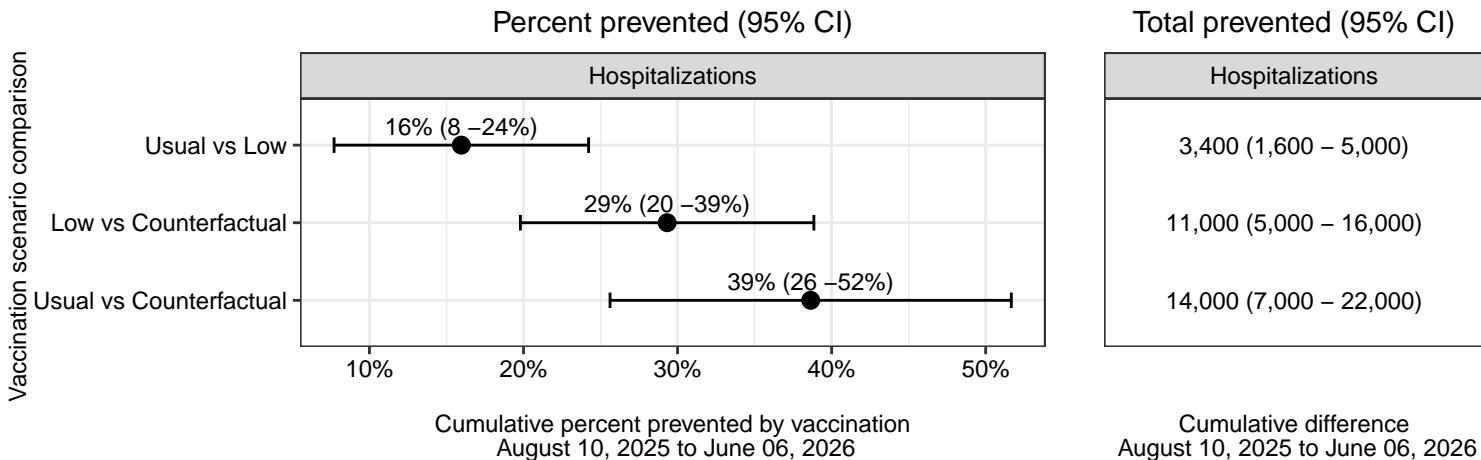
# New York

## Differences between scenarios - New York

Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for New York. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

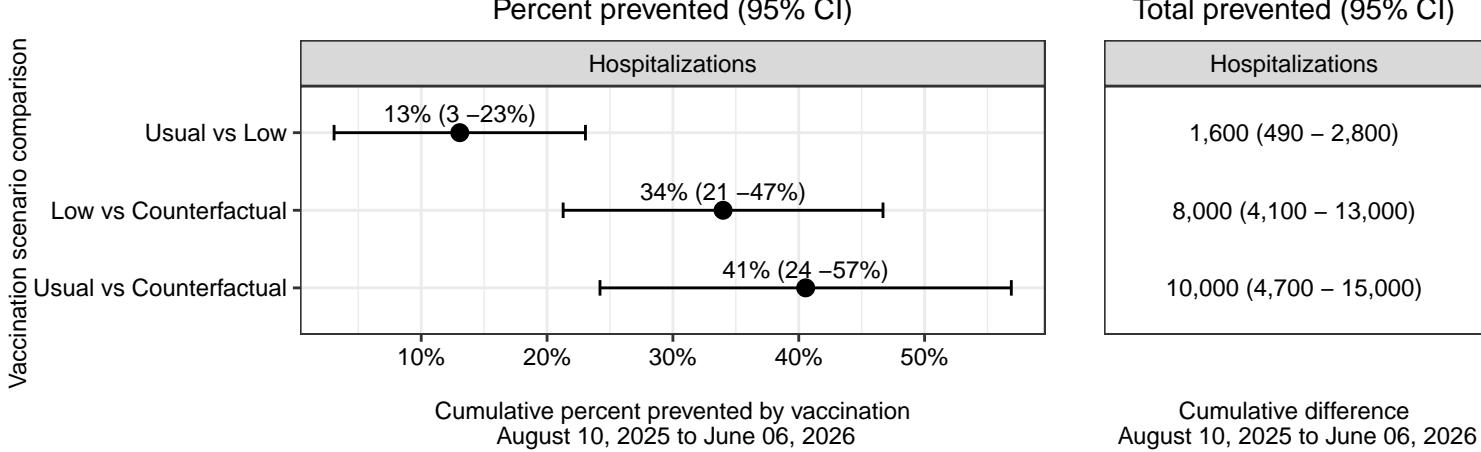
Business as usual vaccine coverage reduces hospitalizations by 14,000 (7,000 - 22,000), compared to no vaccination. Low vaccination coverage would result in 11,000 (5,000 - 16,000) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

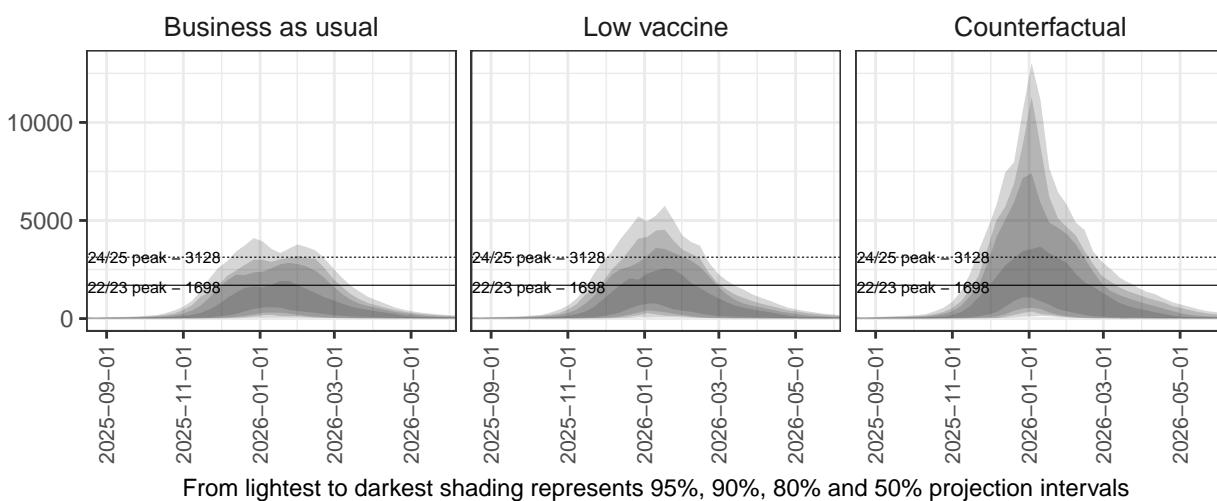
### 65+ population



## Ensemble Projections - New York

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

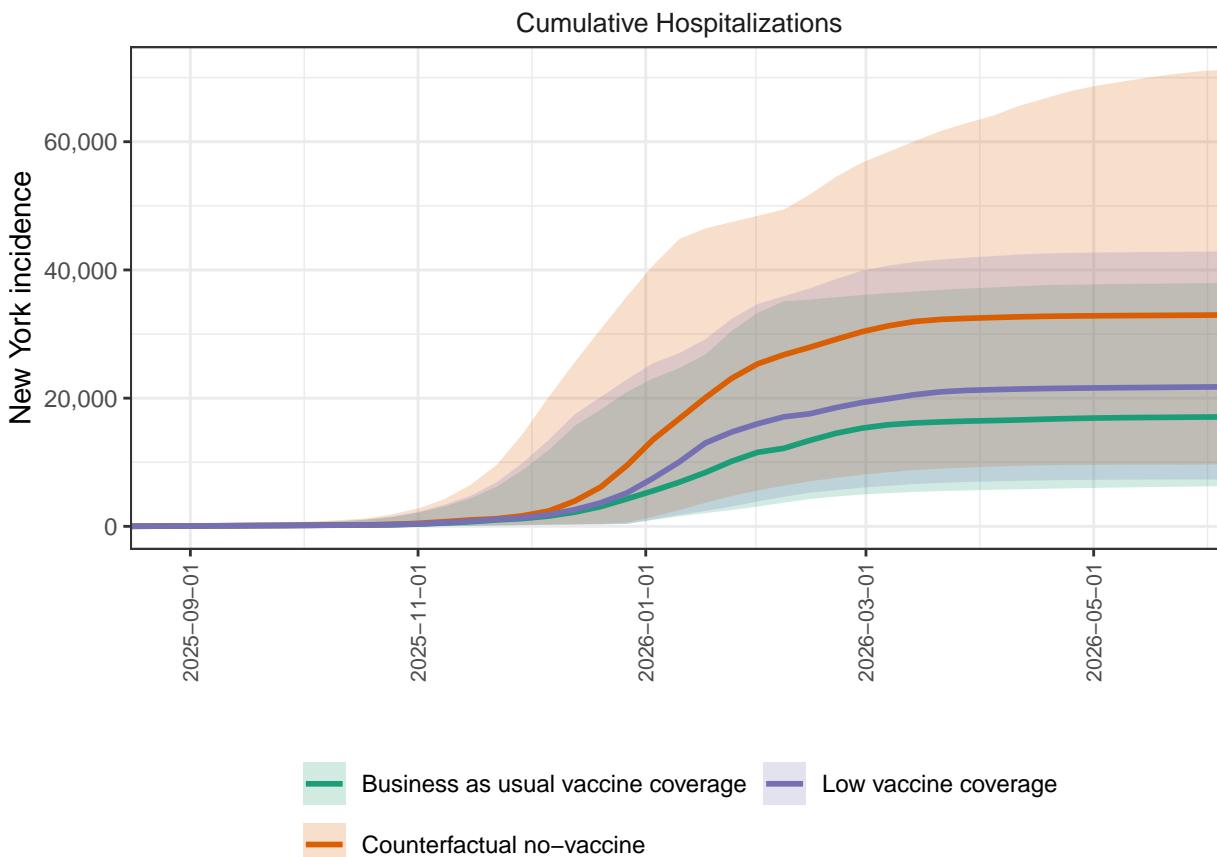
### New York ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - New York

**Ensemble projections for cumulative hospitalizations by scenario, New York.** We project substantial continued burden of hospitalization from Flu, with 17072 cumulative hospitalizations projected by the end of the season (95% PI 6275 - 37964 due to FLU in the business as usual scenario (scenario A).

### New York ensemble projections & 95% projection intervals

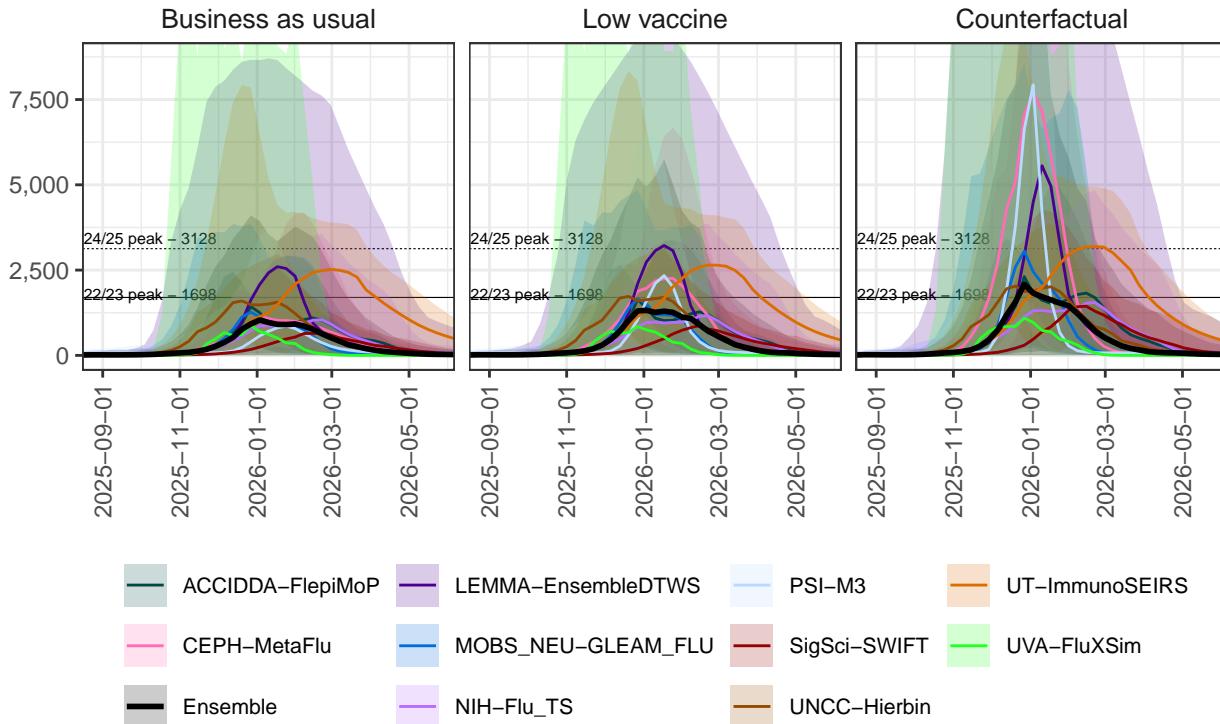


## Individual Model Projections - New York

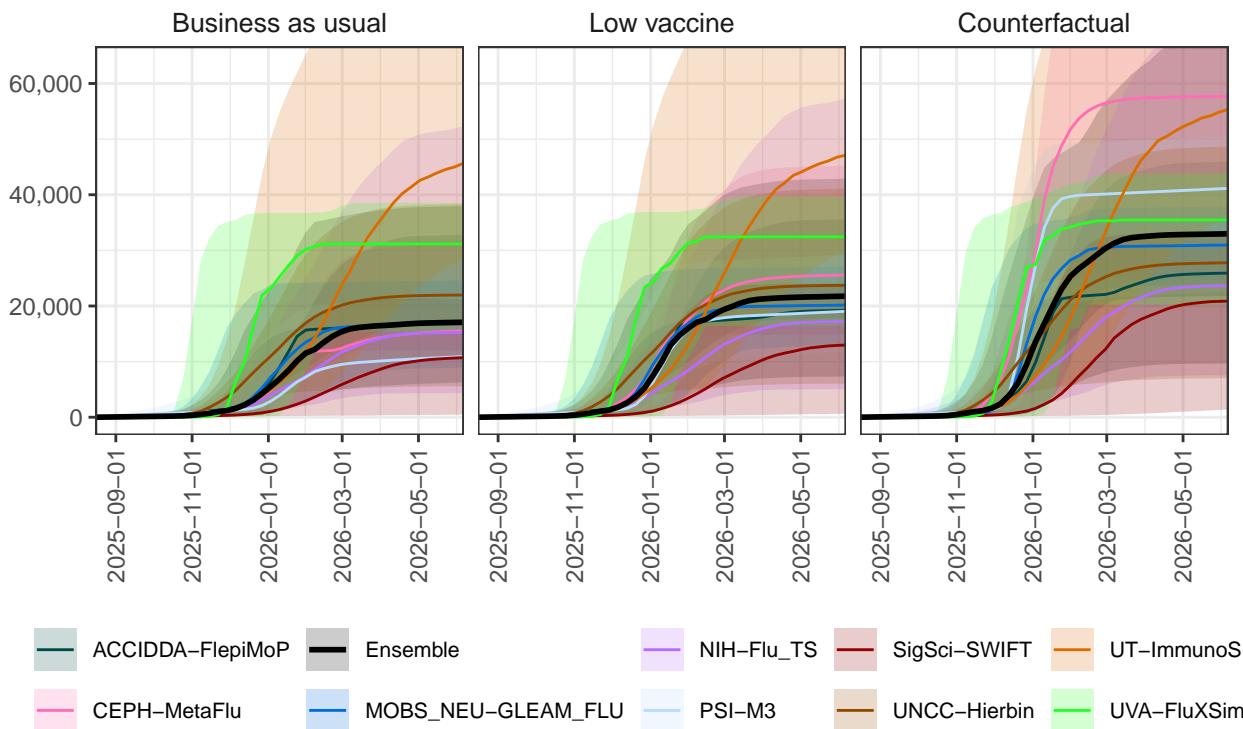
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### New York Individual Model Projections & 95% Projection Intervals Hospitalizations



### New York Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



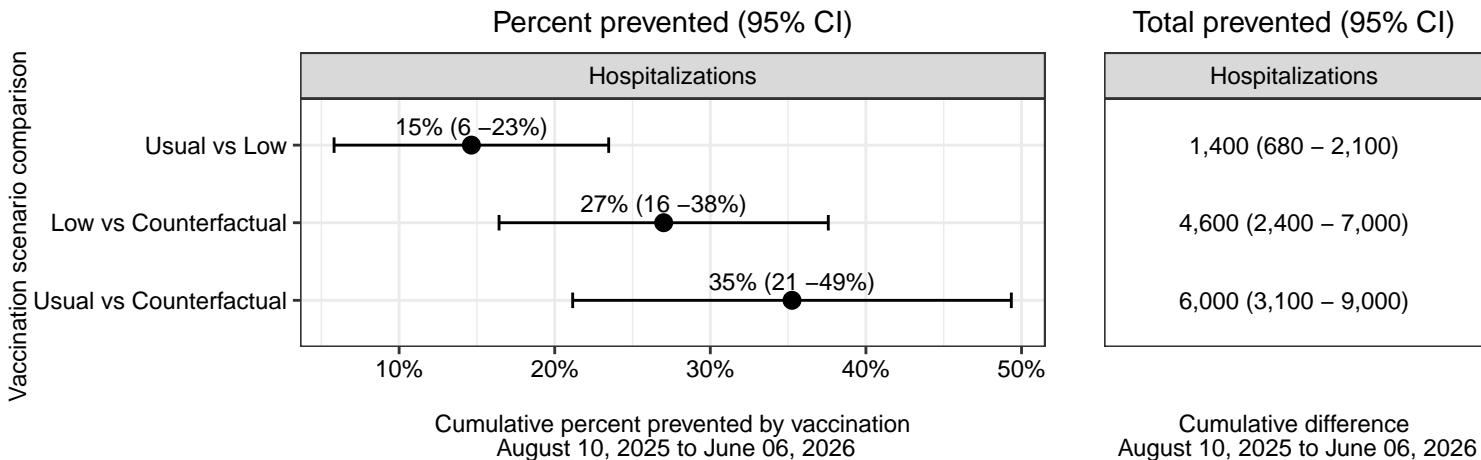
# North Carolina

## Differences between scenarios - North Carolina

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for North Carolina.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

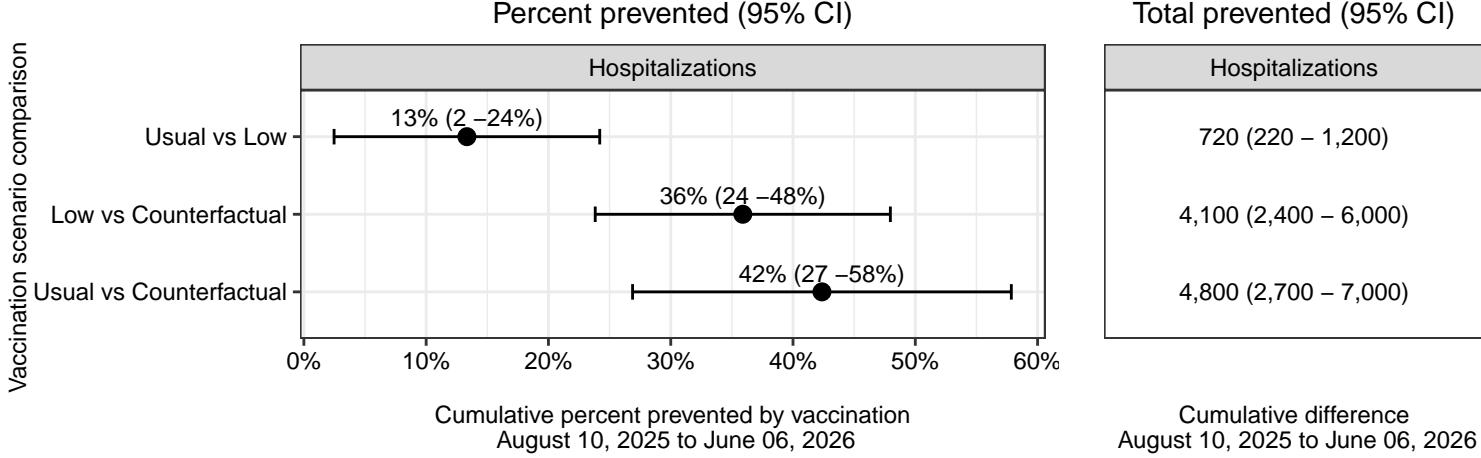
Business as usual vaccine coverage reduces hospitalizations by 6,000 (3,100 - 9,000), compared to no vaccination. Low vaccination coverage would result in 4,600 (2,400 - 7,000) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

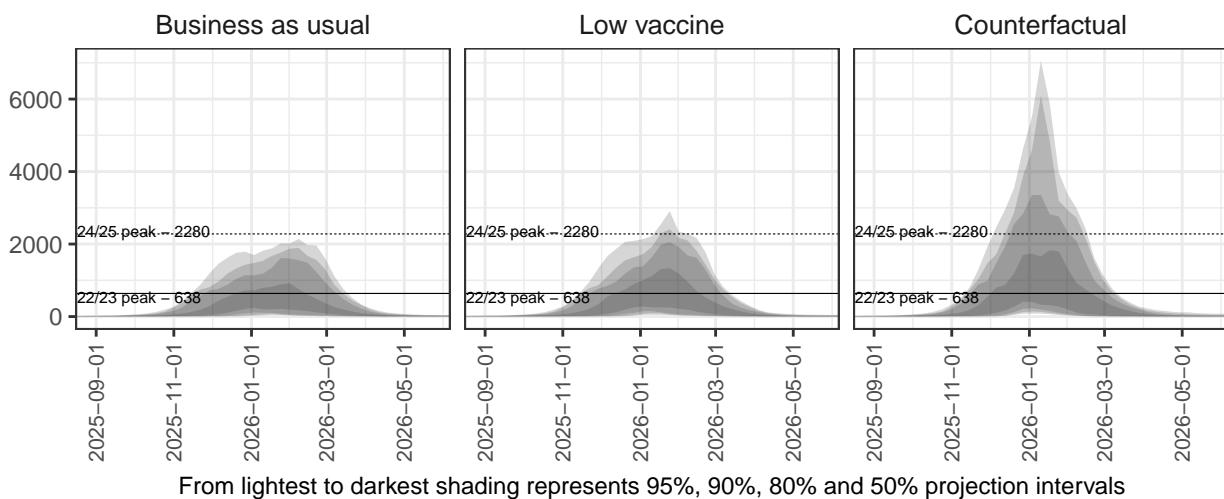
### 65+ population



## Ensemble Projections - North Carolina

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

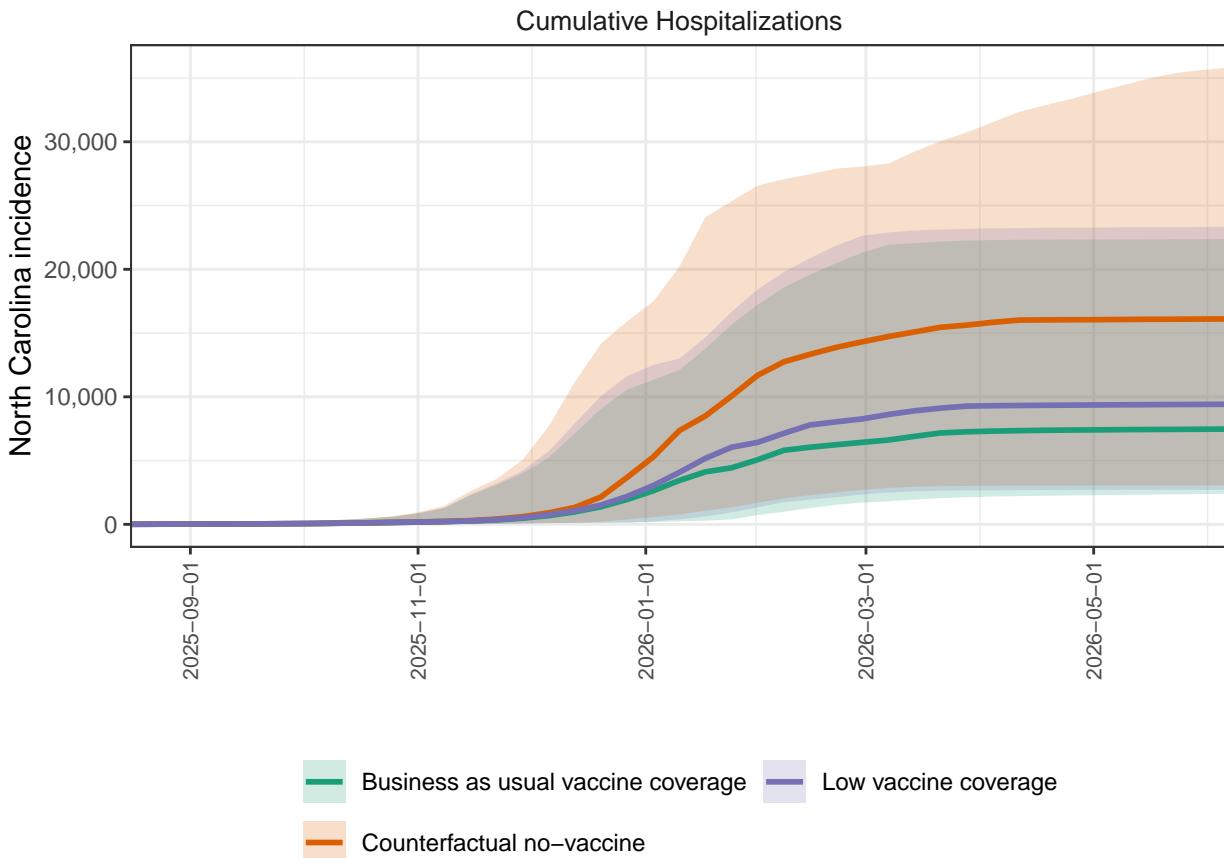
### North Carolina ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - North Carolina

**Ensemble projections for cumulative hospitalizations by scenario, North Carolina.** We project substantial continued burden of hospitalization from Flu, with 7468 cumulative hospitalizations projected by the end of the season (95% PI 2388 - 22371 due to FLU in the business as usual scenario (scenario A).

### North Carolina ensemble projections & 95% projection intervals

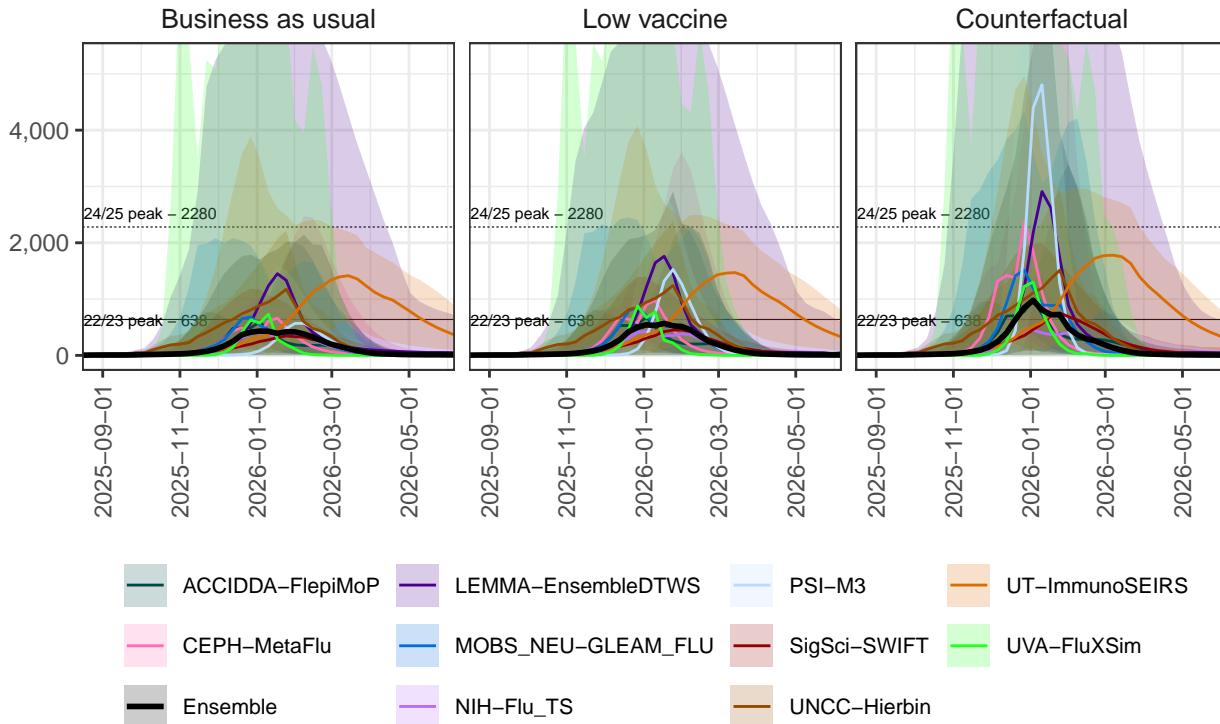


## Individual Model Projections - North Carolina

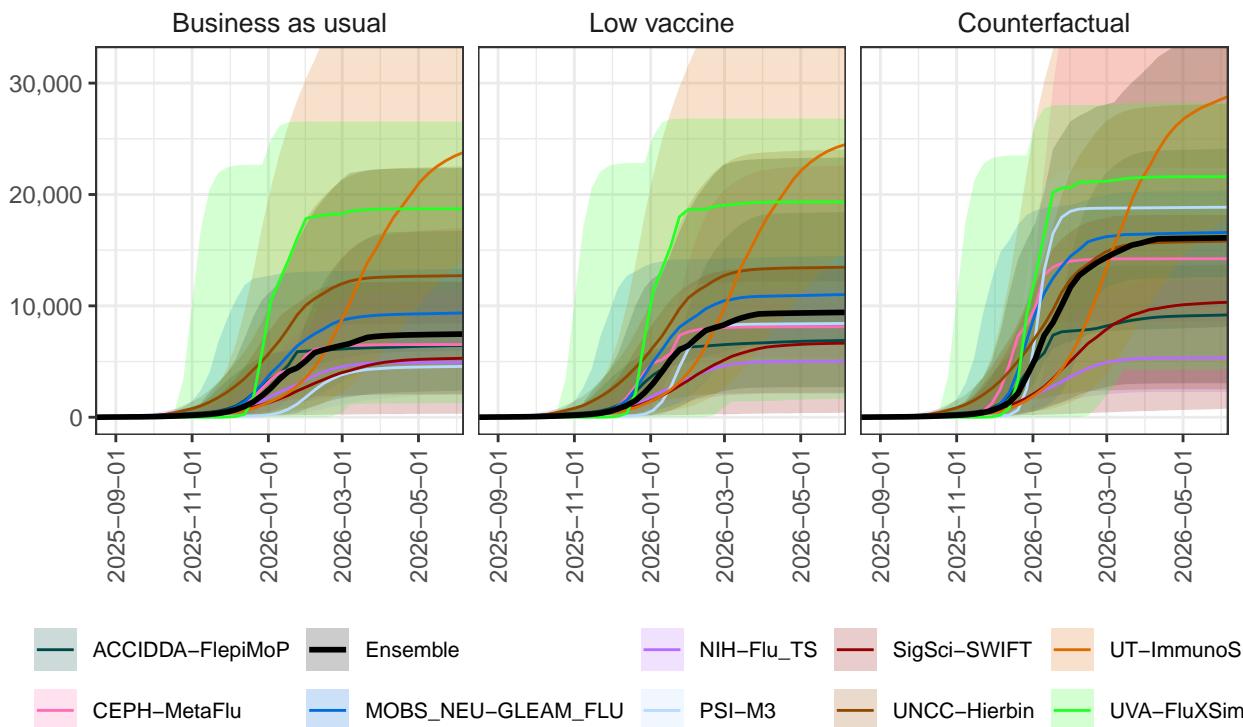
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### North Carolina Individual Model Projections & 95% Projection Intervals Hospitalizations



### North Carolina Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



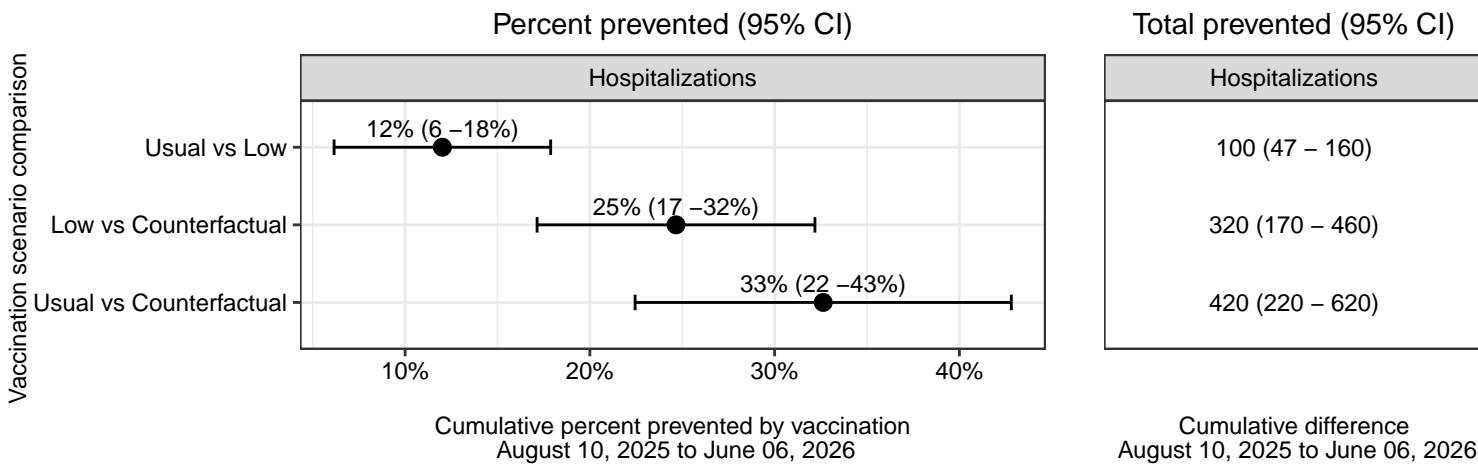
# North Dakota

## Differences between scenarios - North Dakota

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for North Dakota.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

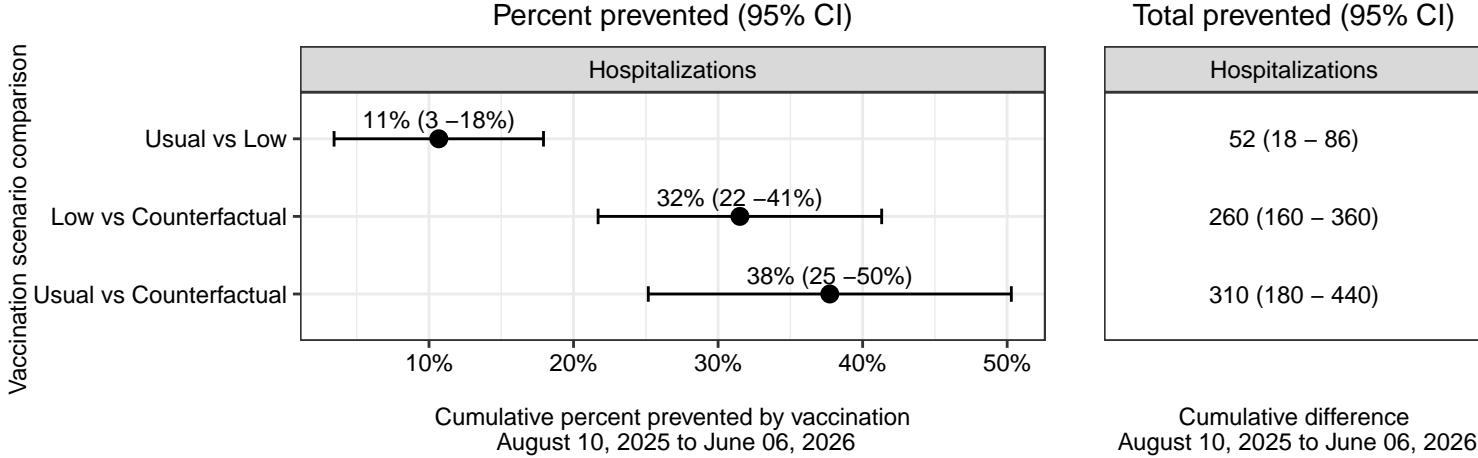
Business as usual vaccine coverage reduces hospitalizations by 420 (220 - 620), compared to no vaccination. Low vaccination coverage would result in 320 (170 - 460) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

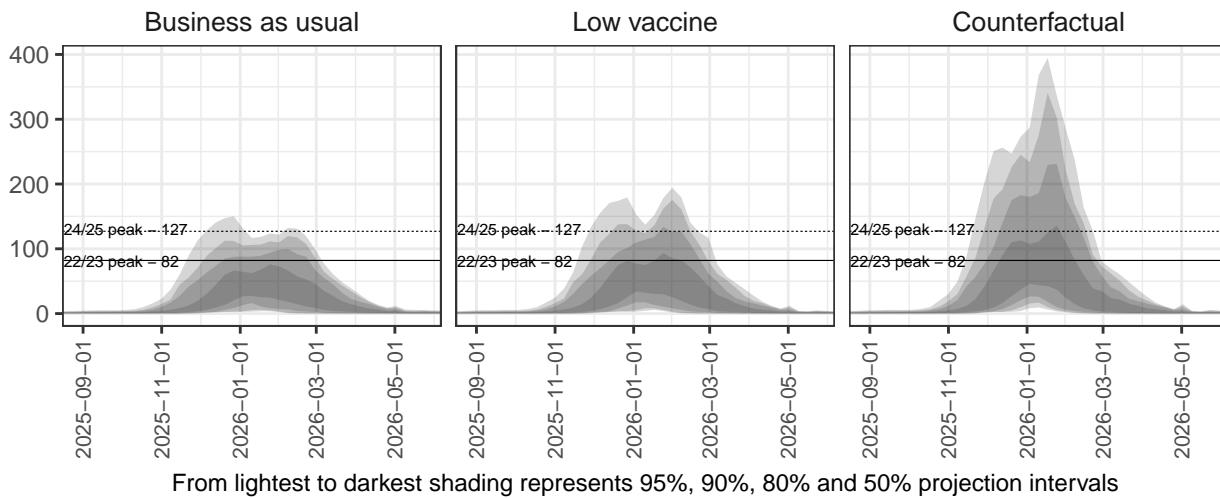
### 65+ population



## Ensemble Projections - North Dakota

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

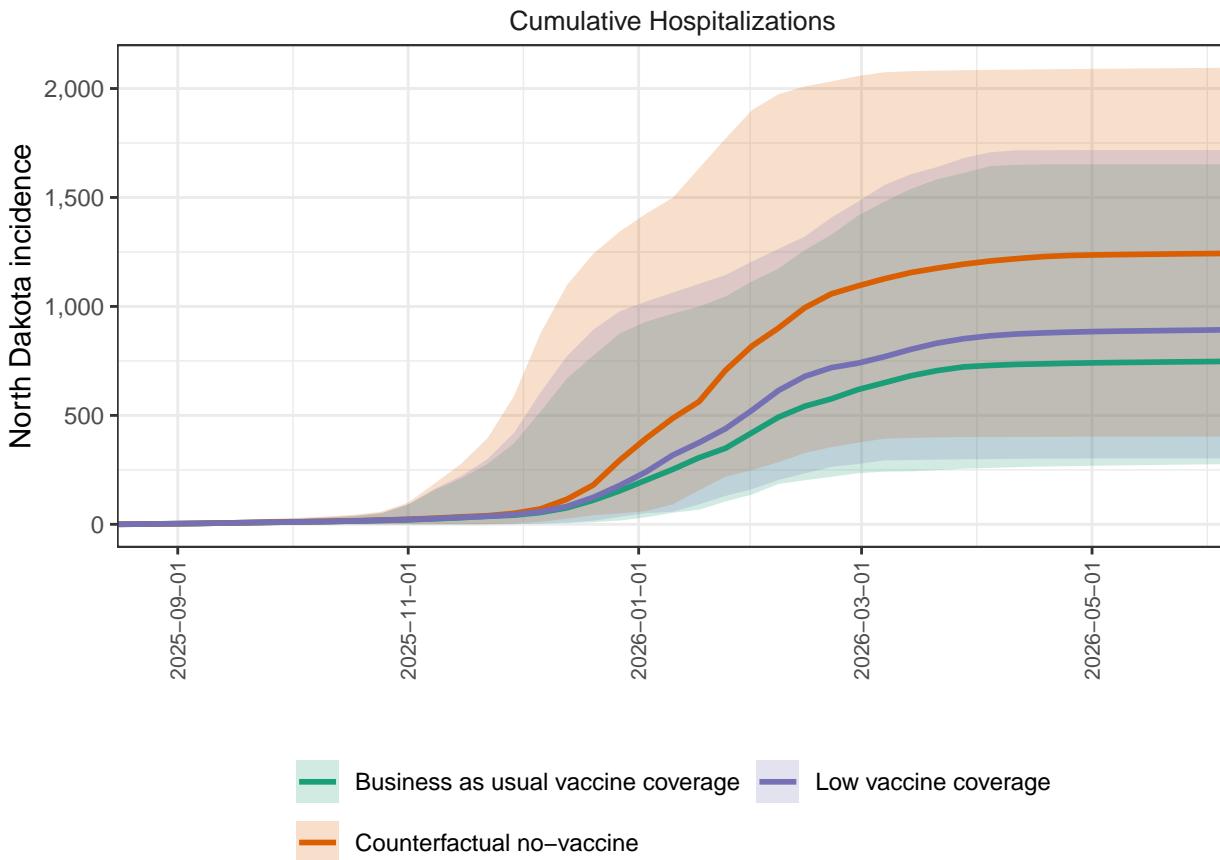
### North Dakota ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - North Dakota

**Ensemble projections for cumulative hospitalizations by scenario, North Dakota.** We project substantial continued burden of hospitalization from Flu, with 748 cumulative hospitalizations projected by the end of the season (95% PI 276 - 1652 due to FLU in the business as usual scenario (scenario A).

### North Dakota ensemble projections & 95% projection intervals

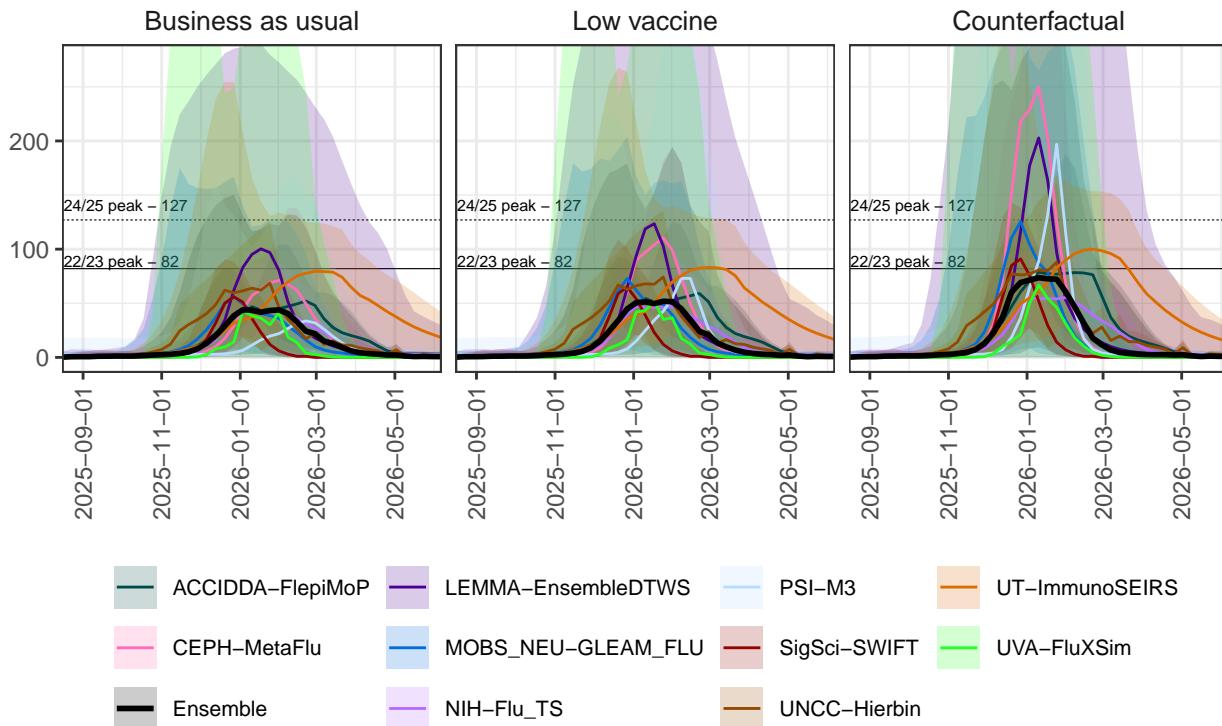


## Individual Model Projections - North Dakota

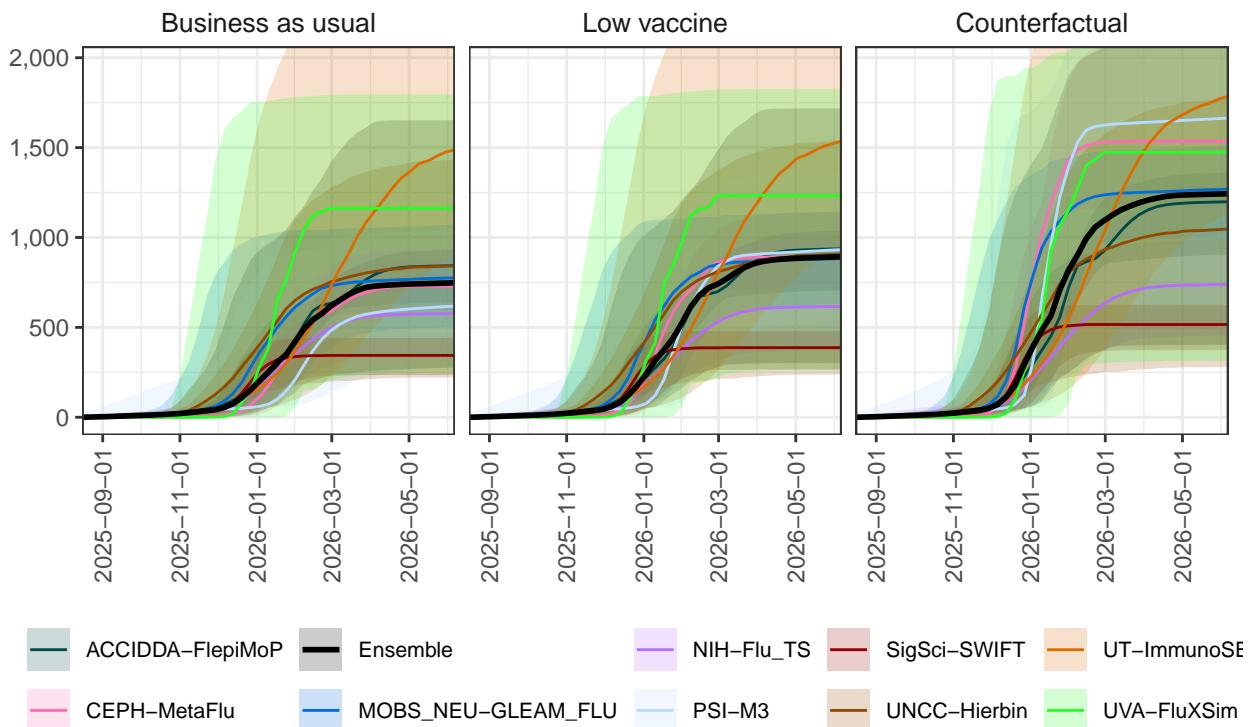
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### North Dakota Individual Model Projections & 95% Projection Intervals Hospitalizations



### North Dakota Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



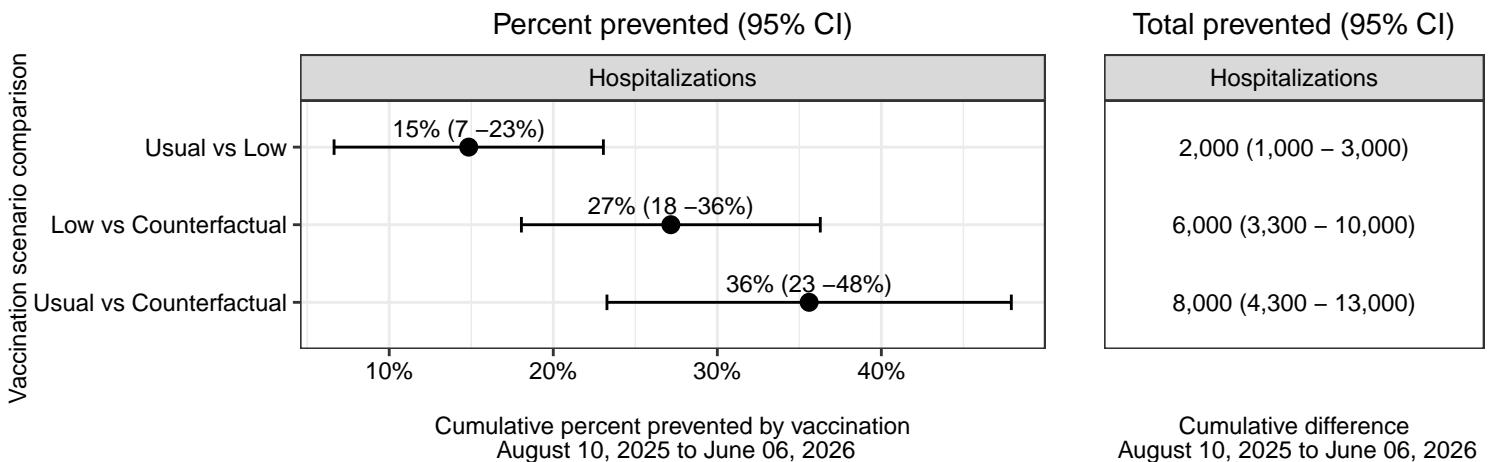
# Ohio

## Differences between scenarios - Ohio

Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Ohio. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

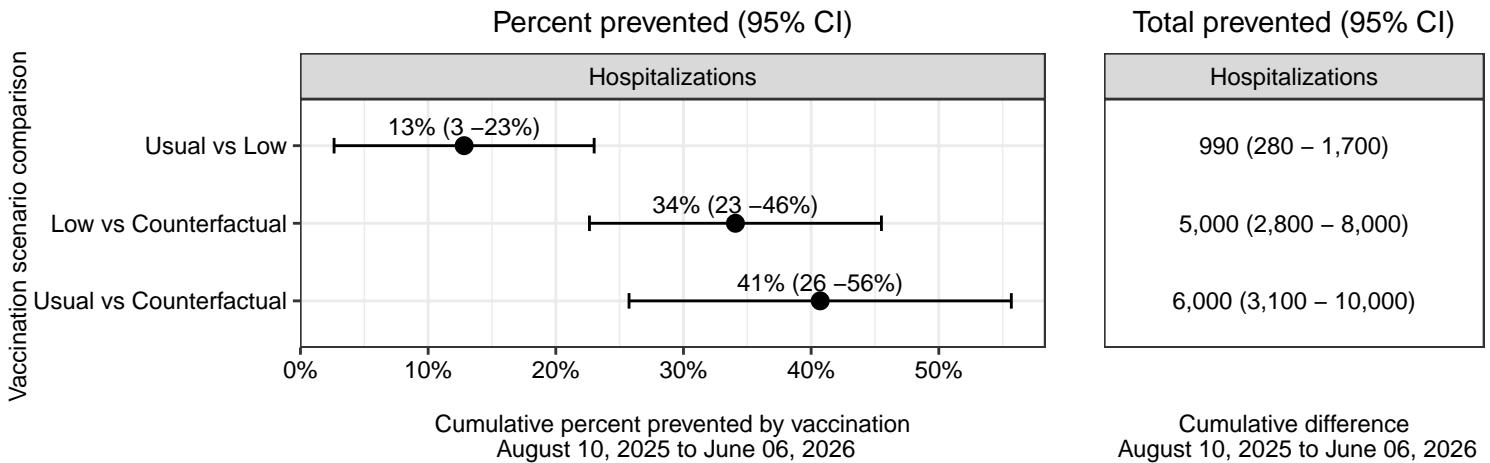
Business as usual vaccine coverage reduces hospitalizations by 8,000 (4,300 - 13,000), compared to no vaccination. Low vaccination coverage would result in 6,000 (3,300 - 10,000) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

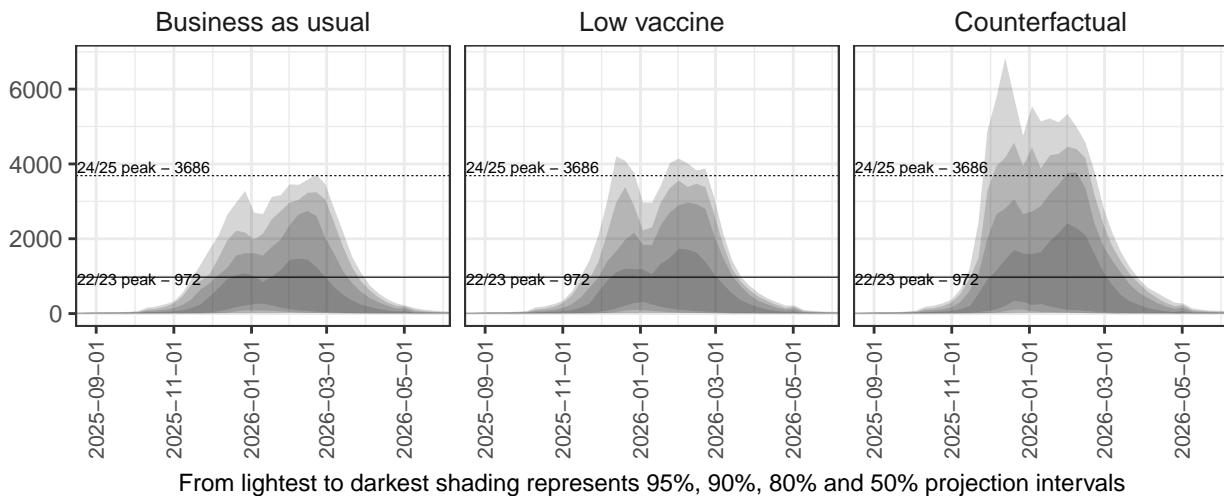
### 65+ population



## Ensemble Projections - Ohio

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

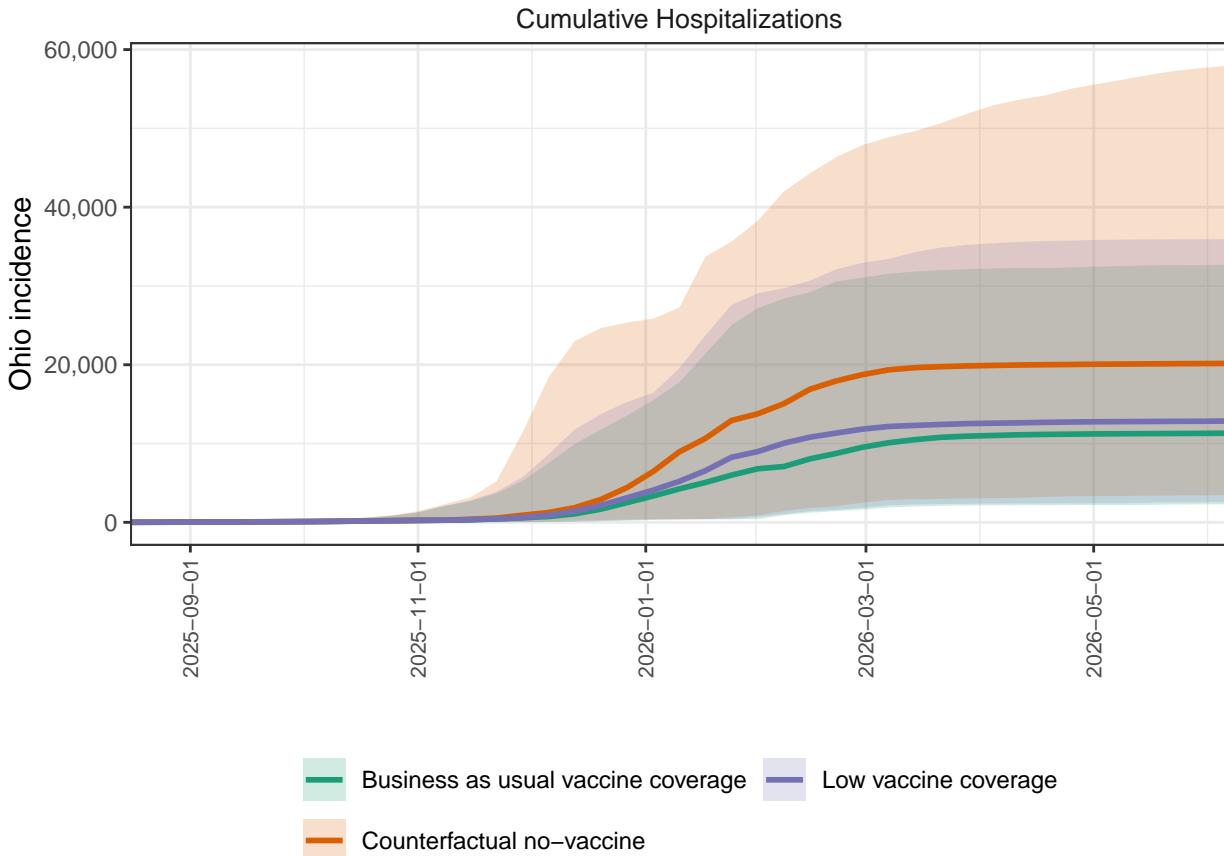
### Ohio ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Ohio

**Ensemble projections for cumulative hospitalizations by scenario, Ohio.** We project substantial continued burden of hospitalization from Flu, with 11314 cumulative hospitalizations projected by the end of the season (95% PI 2287 - 32668 due to FLU in the business as usual scenario (scenario A).

### Ohio ensemble projections & 95% projection intervals

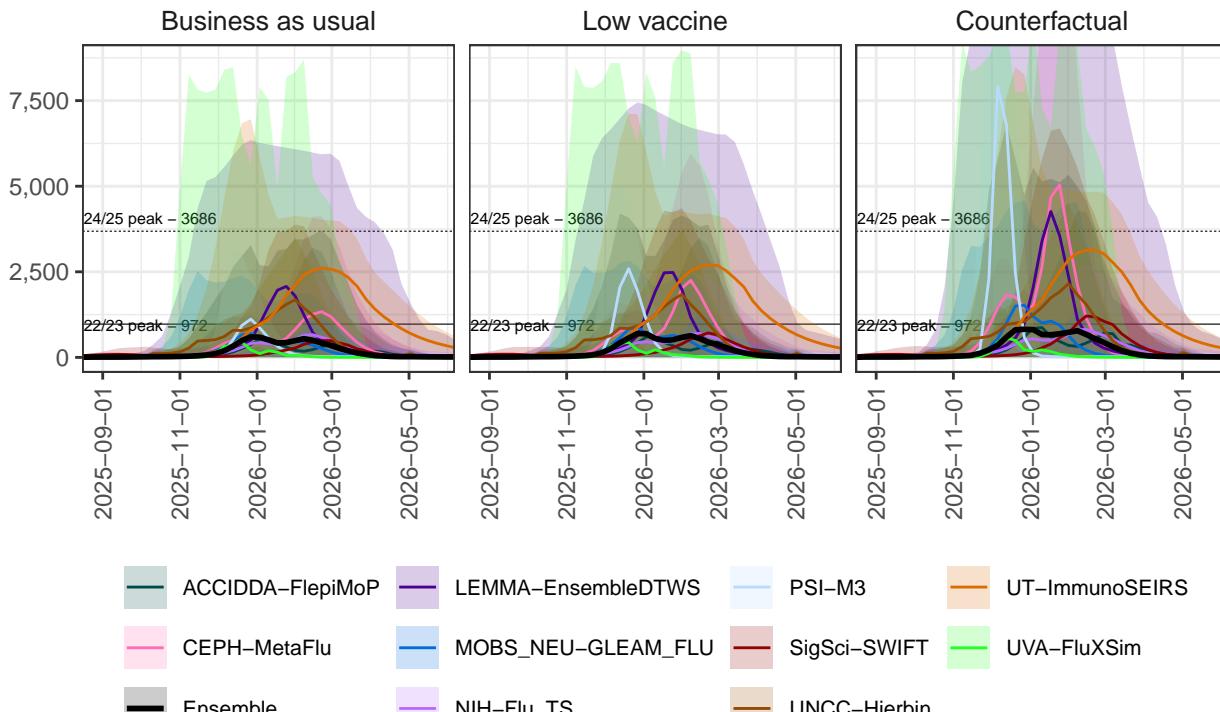


## Individual Model Projections - Ohio

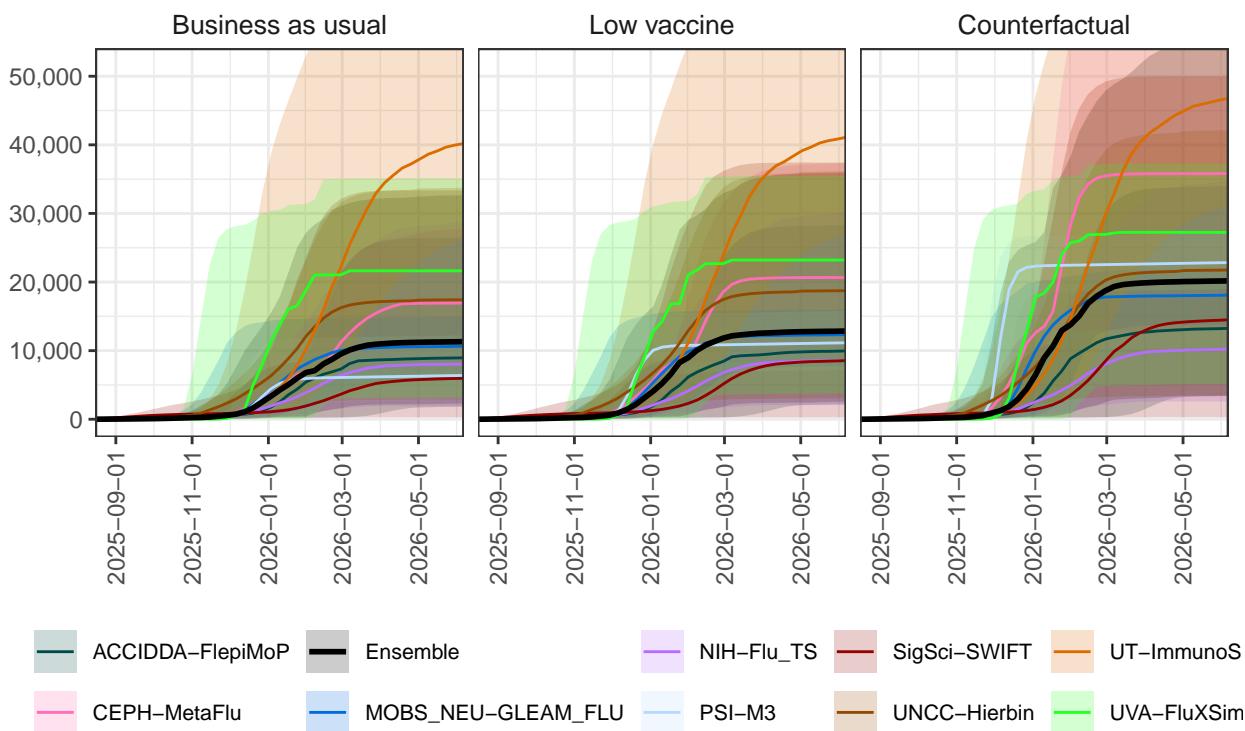
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Ohio Individual Model Projections & 95% Projection Intervals Hospitalizations



### Ohio Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



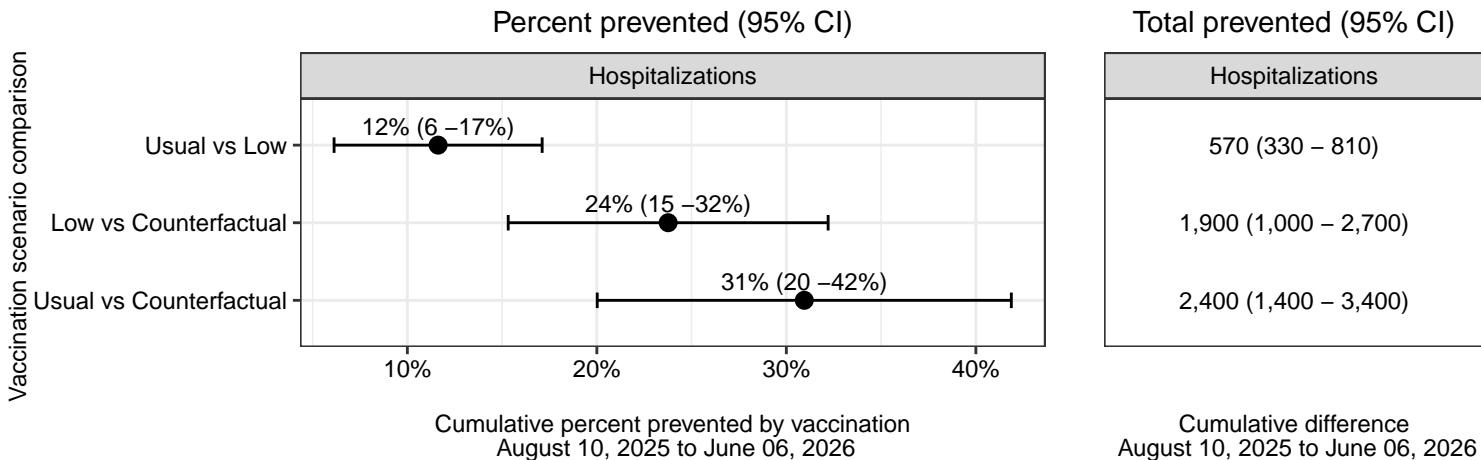
# Oklahoma

## Differences between scenarios - Oklahoma

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Oklahoma.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

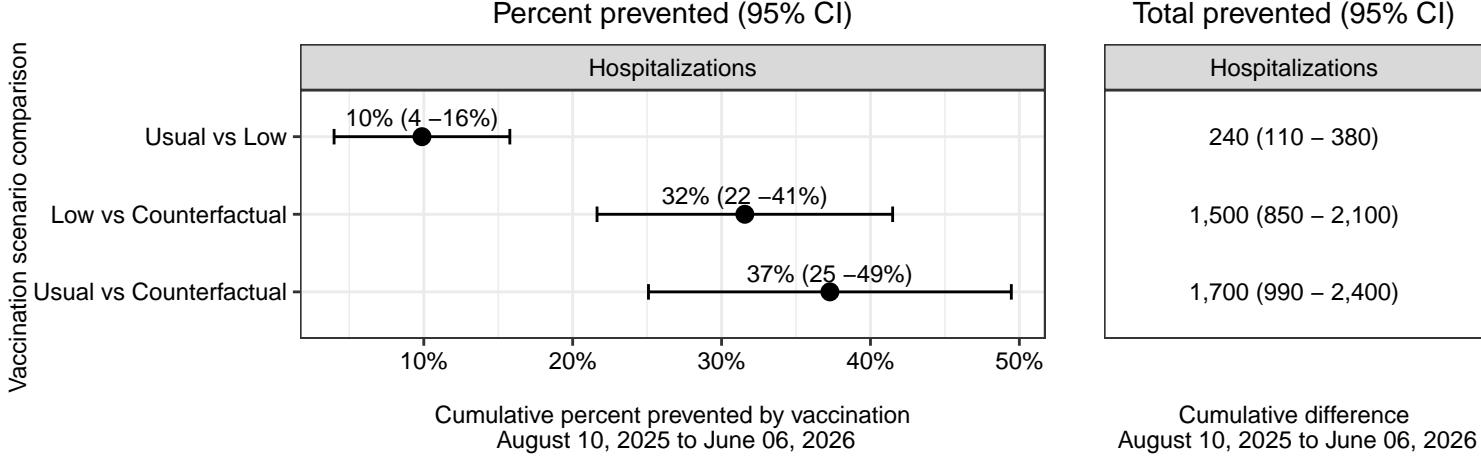
Business as usual vaccine coverage reduces hospitalizations by 2,400 (1,400 - 3,400), compared to no vaccination. Low vaccination coverage would result in 1,900 (1,000 - 2,700) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

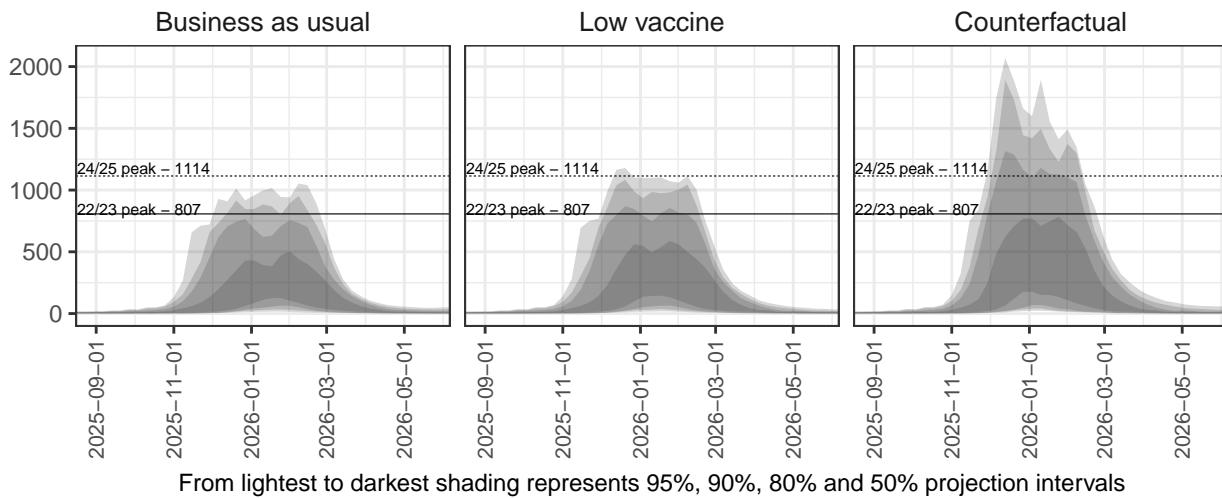
### 65+ population



## Ensemble Projections - Oklahoma

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

### Oklahoma ensemble projection intervals – Hospitalizations

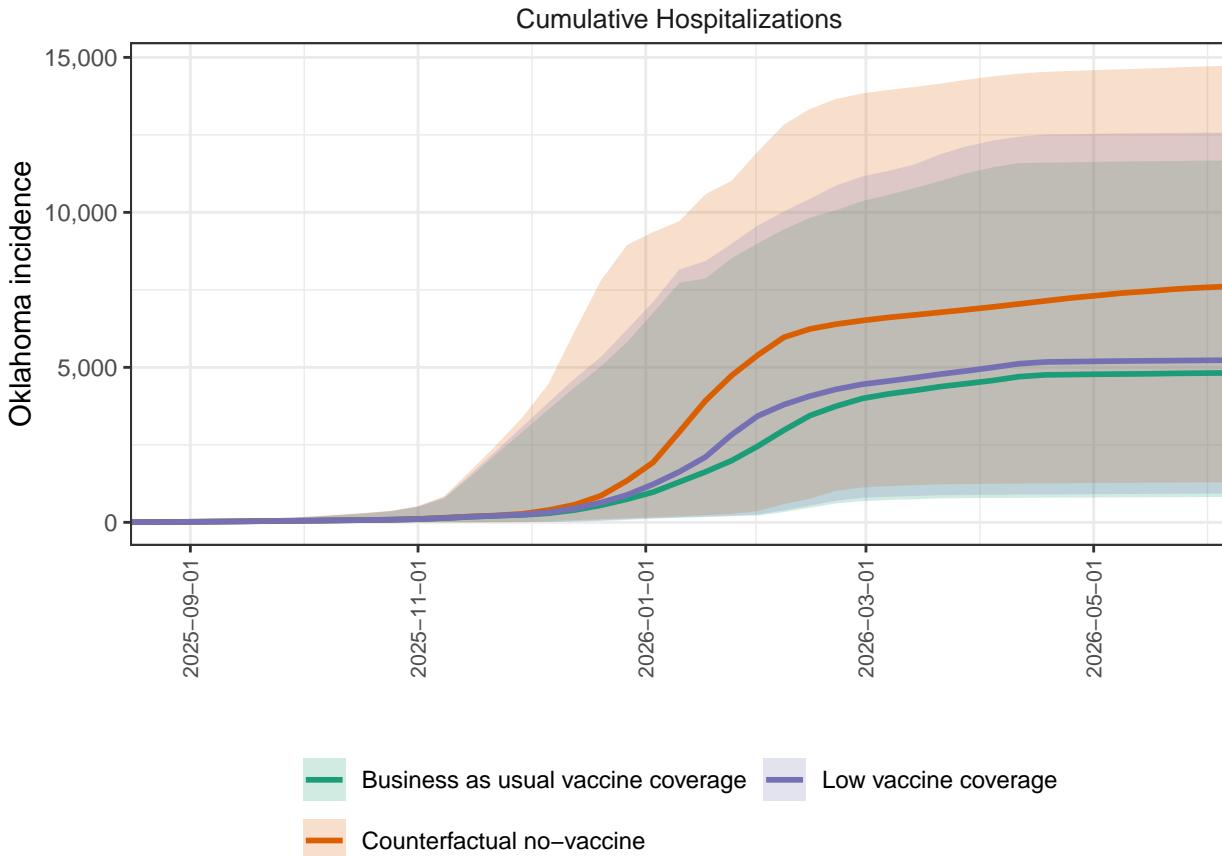


From lightest to darkest shading represents 95%, 90%, 80% and 50% projection intervals

## Cumulative Ensemble Projections - Oklahoma

**Ensemble projections for cumulative hospitalizations by scenario, Oklahoma.** We project substantial continued burden of hospitalization from Flu, with 4820 cumulative hospitalizations projected by the end of the season (95% PI 817 - 11675 due to FLU in the business as usual scenario (scenario A).

### Oklahoma ensemble projections & 95% projection intervals



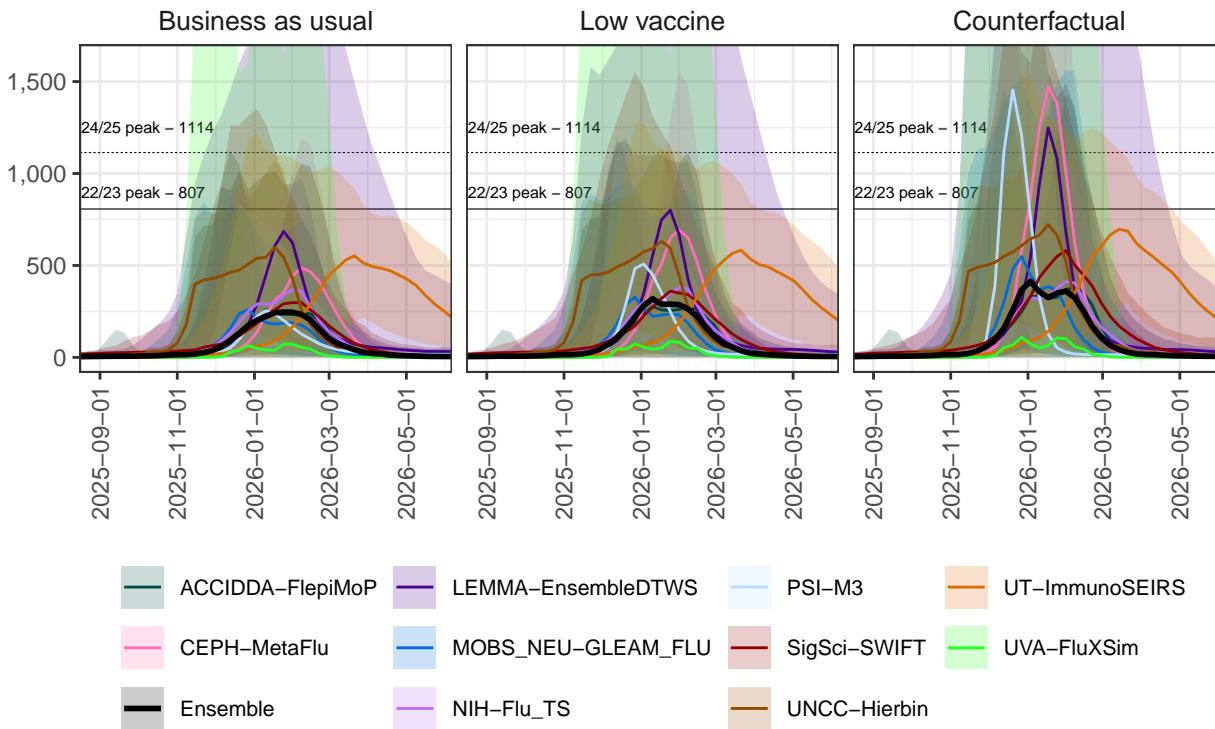
<span style="color: green;">—</span> Business as usual vaccine coverage <span style="color: orange;">—</span> Counterfactual no-vaccine	<span style="color: purple;">—</span> Low vaccine coverage
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## Individual Model Projections - Oklahoma

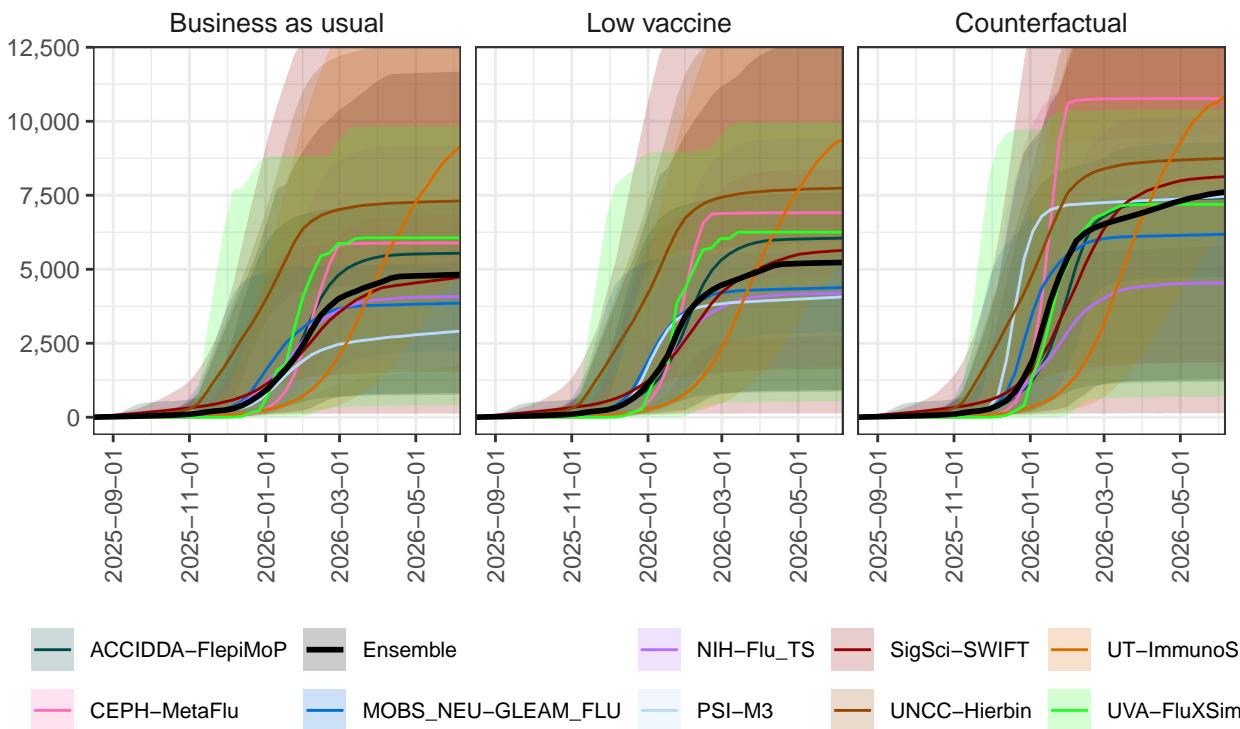
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Oklahoma Individual Model Projections & 95% Projection Intervals Hospitalizations



### Oklahoma Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



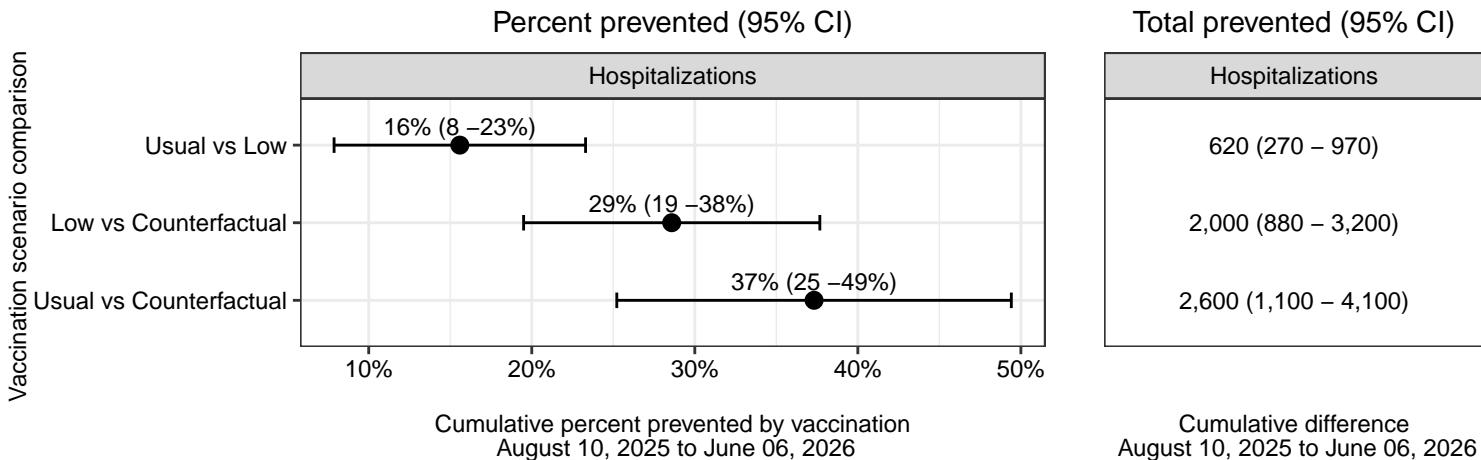
# Oregon

## Differences between scenarios - Oregon

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Oregon.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

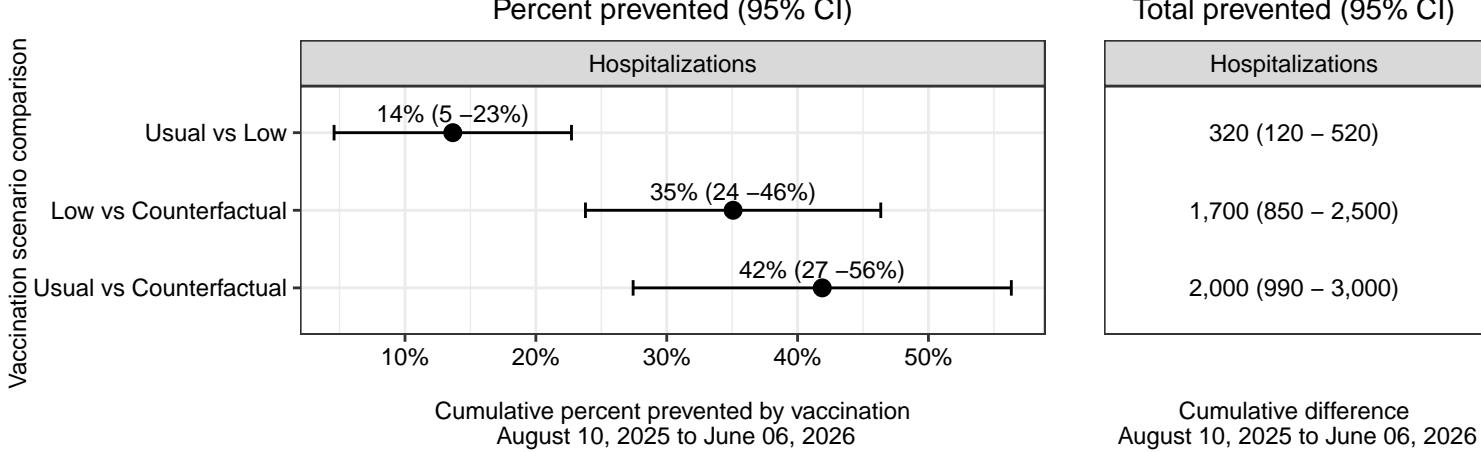
Business as usual vaccine coverage reduces hospitalizations by 2,600 (1,100 - 4,100), compared to no vaccination. Low vaccination coverage would result in 2,000 (880 - 3,200) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

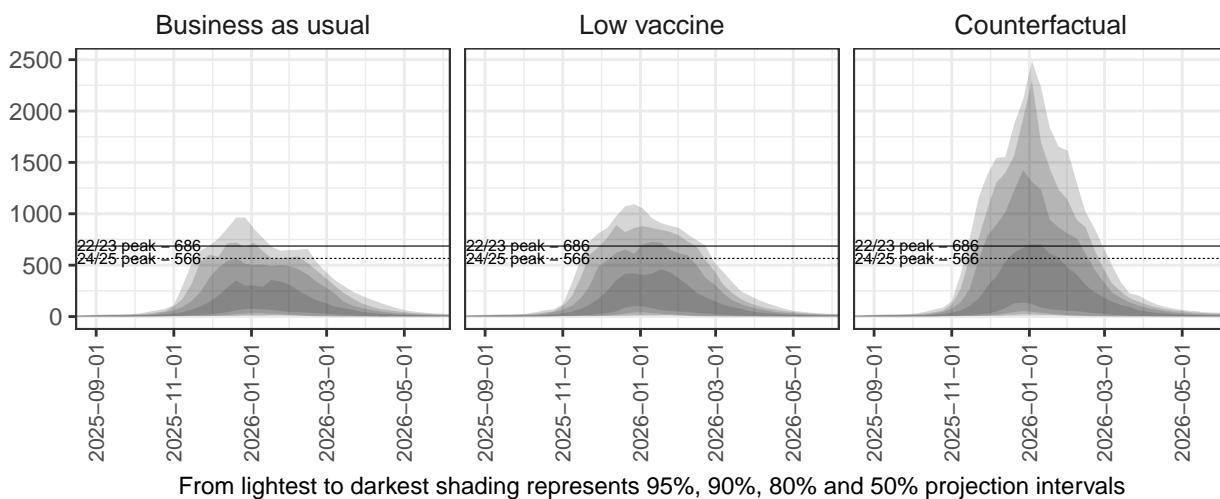
### 65+ population



## Ensemble Projections - Oregon

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

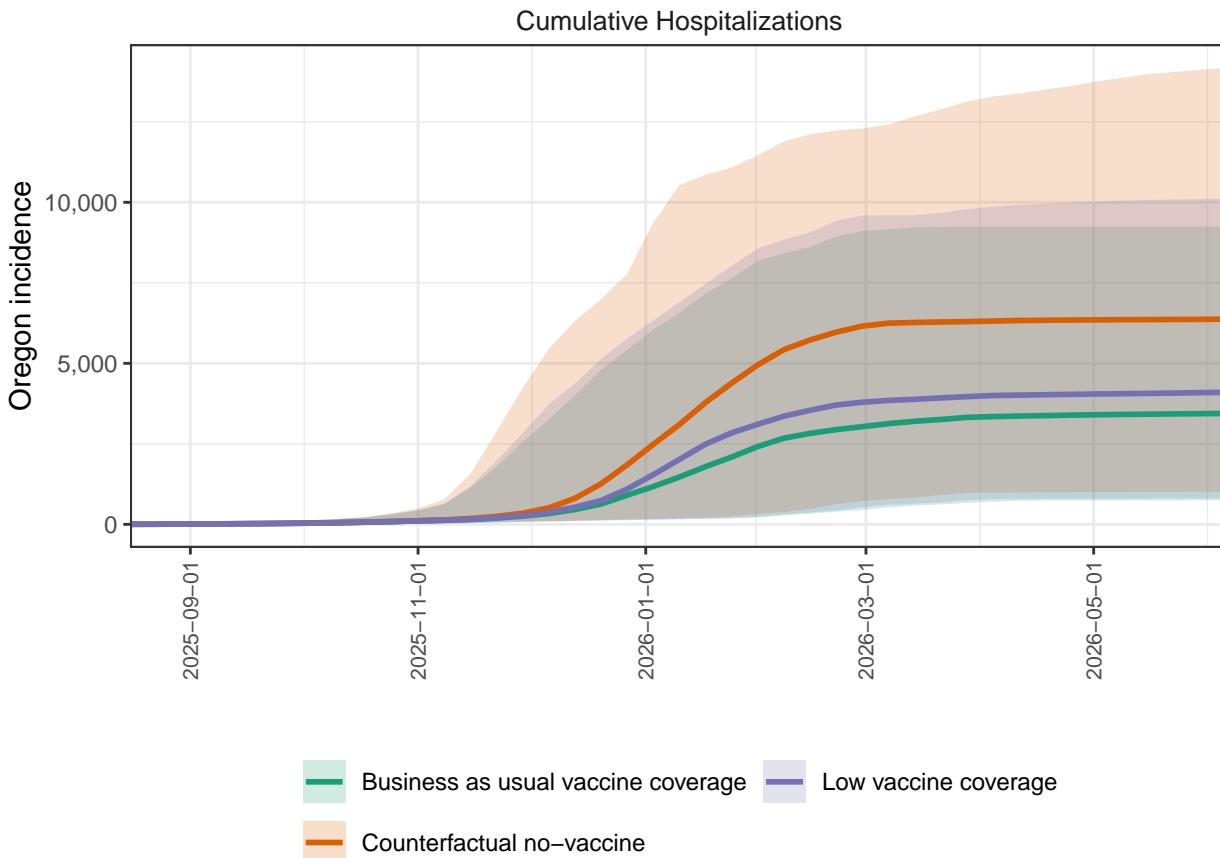
### Oregon ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Oregon

**Ensemble projections for cumulative hospitalizations by scenario, Oregon.** We project substantial continued burden of hospitalization from Flu, with 3443 cumulative hospitalizations projected by the end of the season (95% PI 745 - 9245 due to FLU in the business as usual scenario (scenario A).

### Oregon ensemble projections & 95% projection intervals

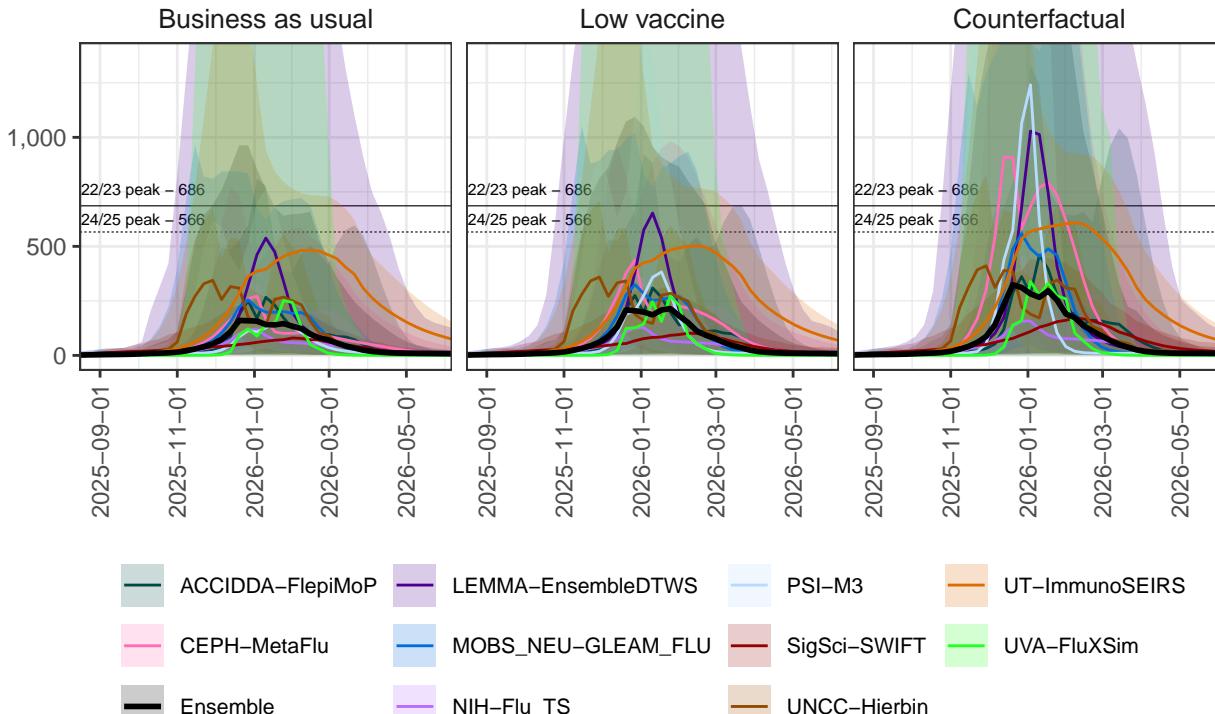


## Individual Model Projections - Oregon

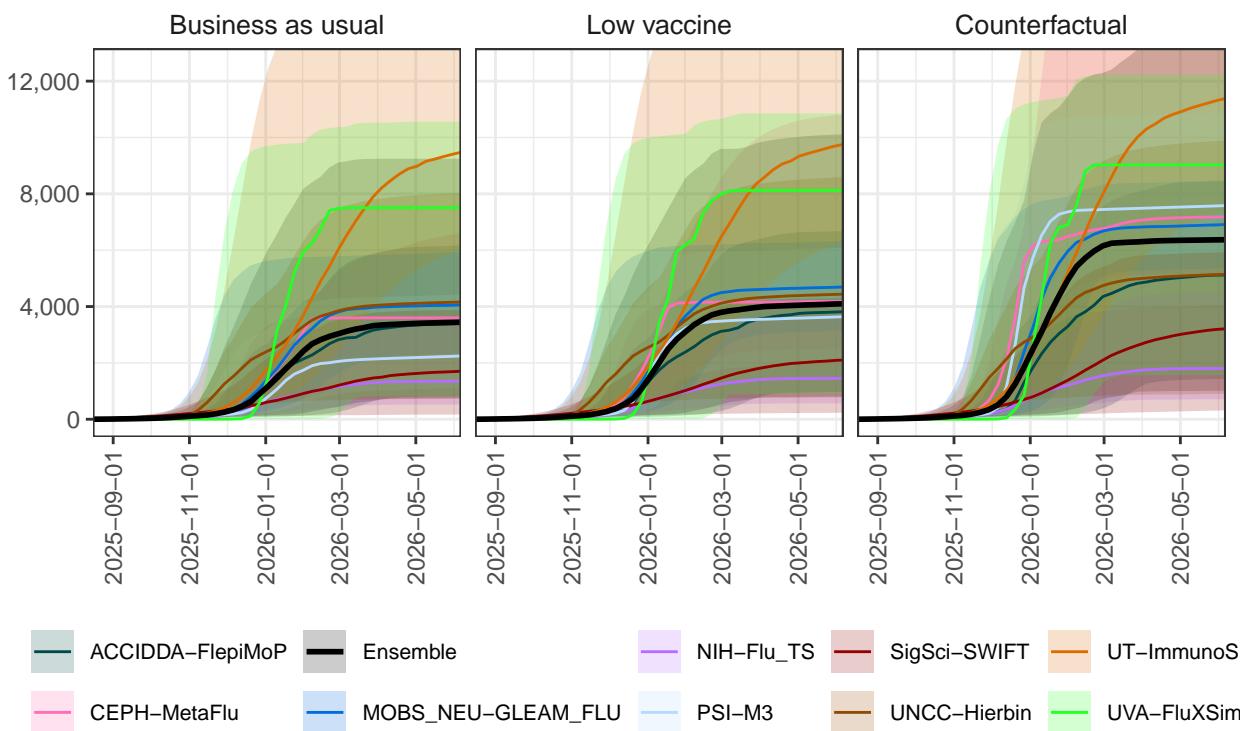
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Oregon Individual Model Projections & 95% Projection Intervals Hospitalizations



### Oregon Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



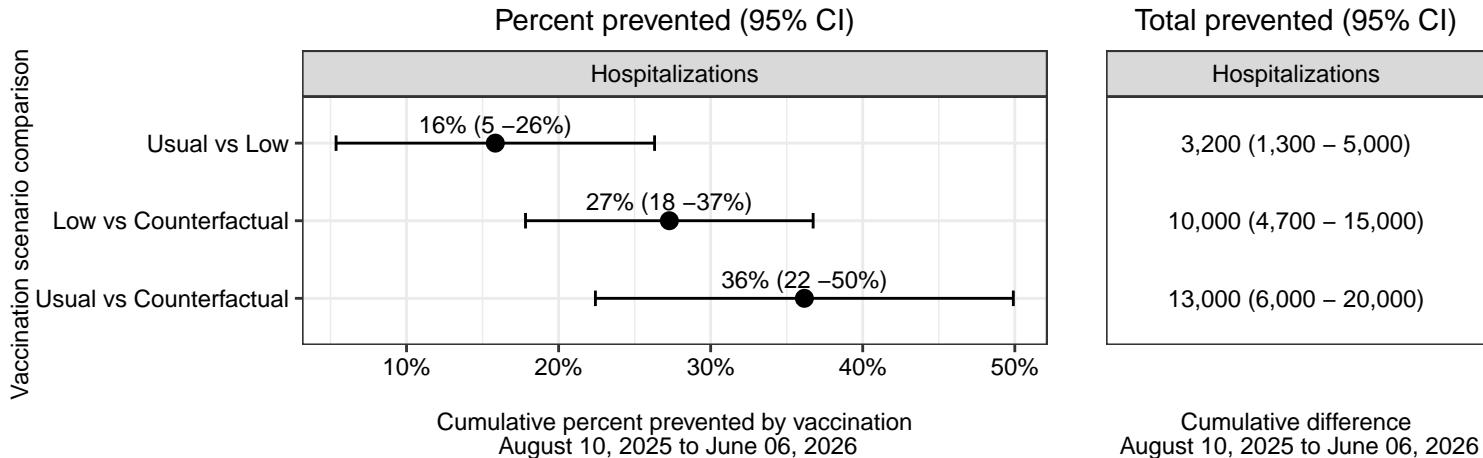
# Pennsylvania

## Differences between scenarios - Pennsylvania

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Pennsylvania.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

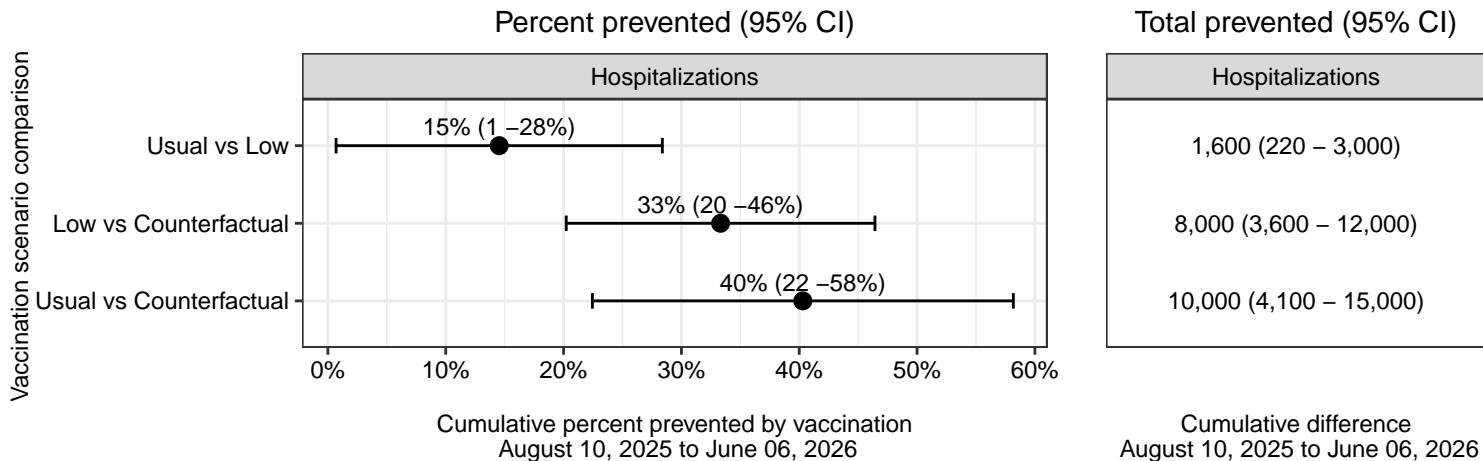
Business as usual vaccine coverage reduces hospitalizations by 13,000 (6,000 - 20,000), compared to no vaccination. Low vaccination coverage would result in 10,000 (4,700 - 15,000) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

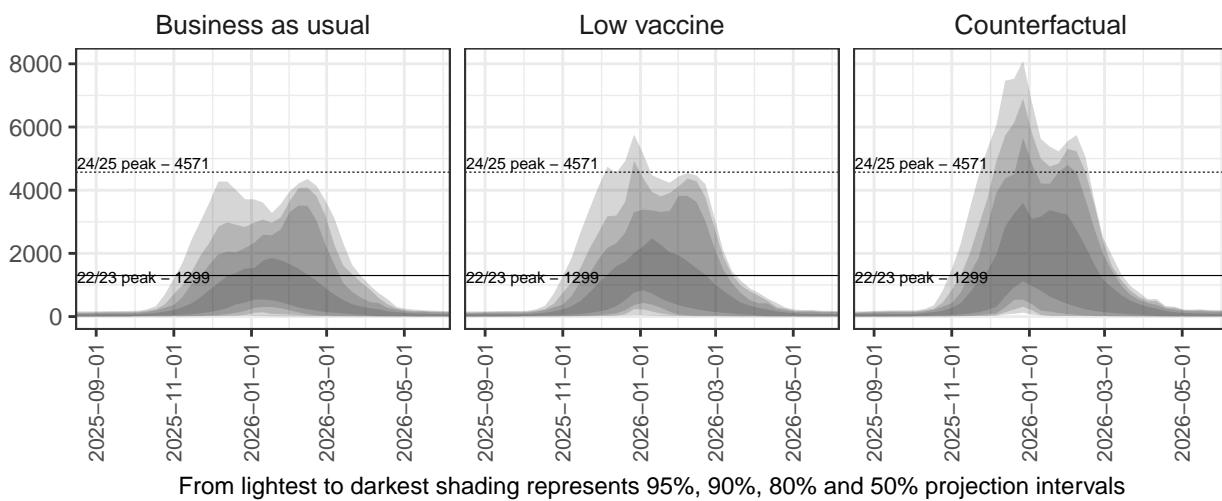
### 65+ population



## Ensemble Projections - Pennsylvania

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

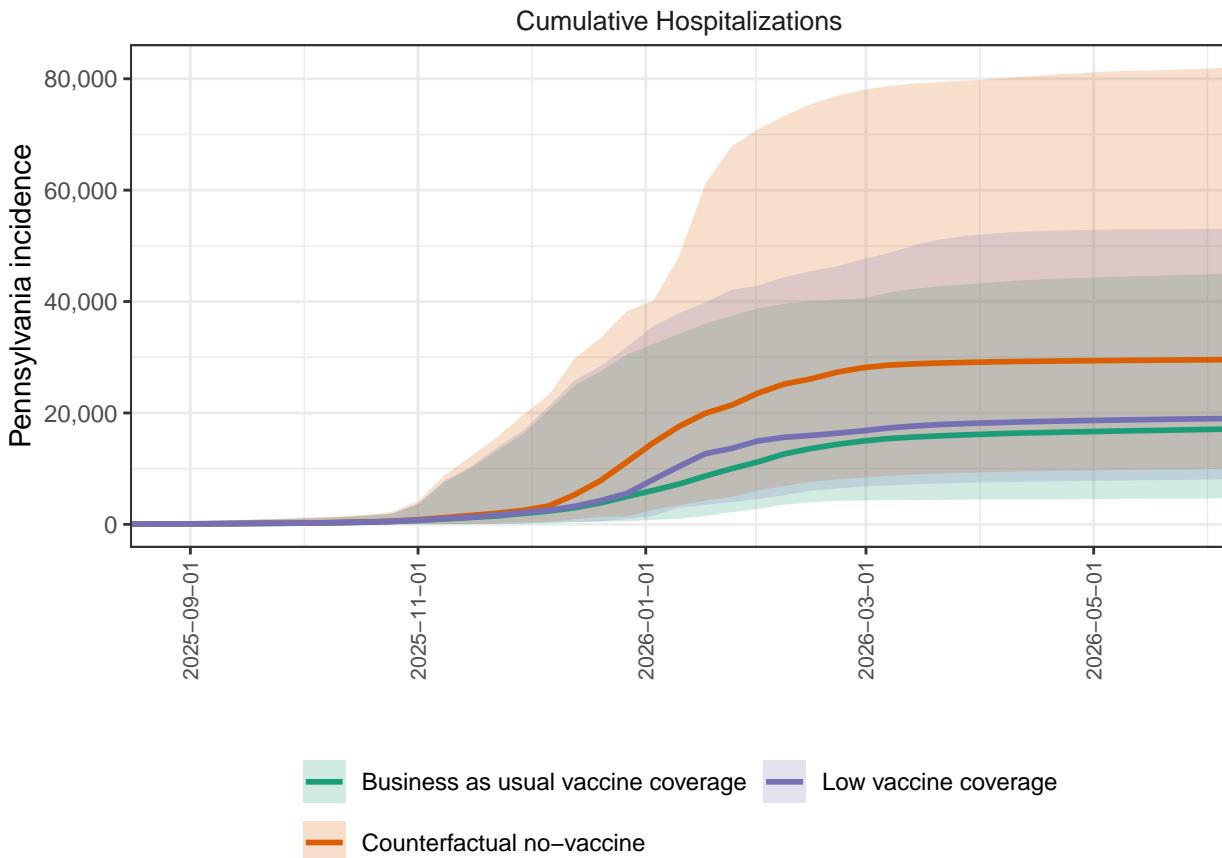
### Pennsylvania ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Pennsylvania

**Ensemble projections for cumulative hospitalizations by scenario, Pennsylvania.** We project substantial continued burden of hospitalization from Flu, with 17090 cumulative hospitalizations projected by the end of the season (95% PI 4668 - 44975 due to FLU in the business as usual scenario (scenario A).

### Pennsylvania ensemble projections & 95% projection intervals

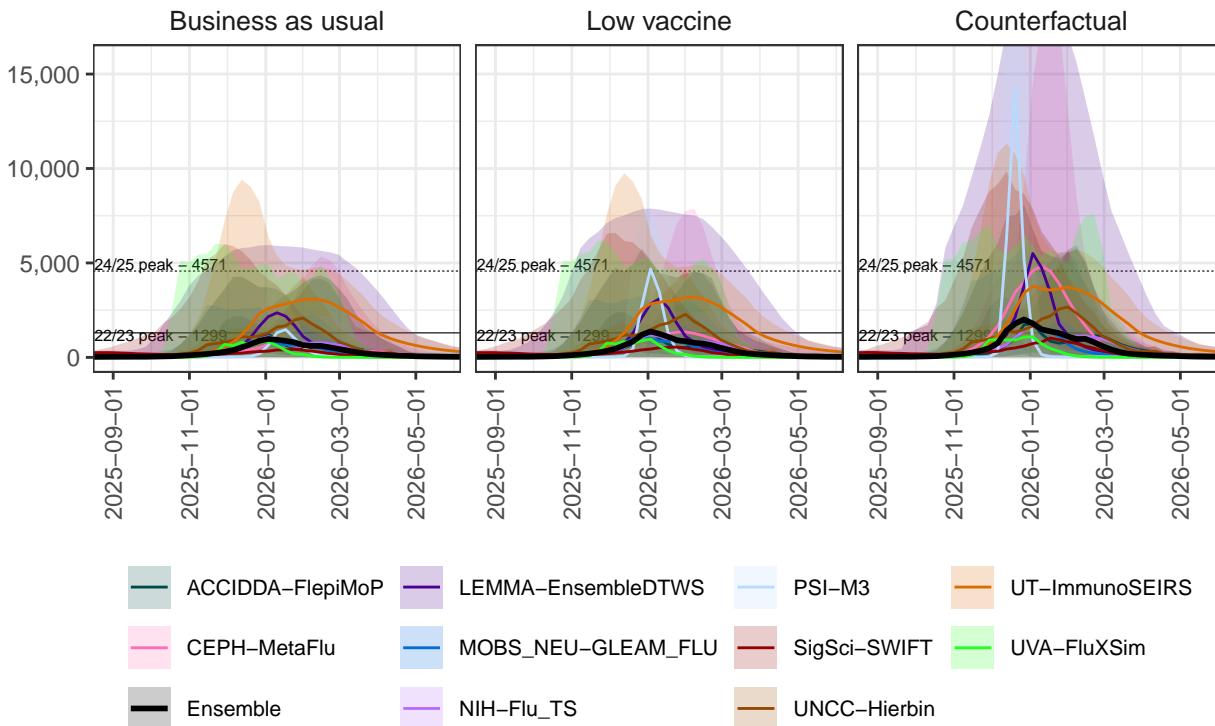


## Individual Model Projections - Pennsylvania

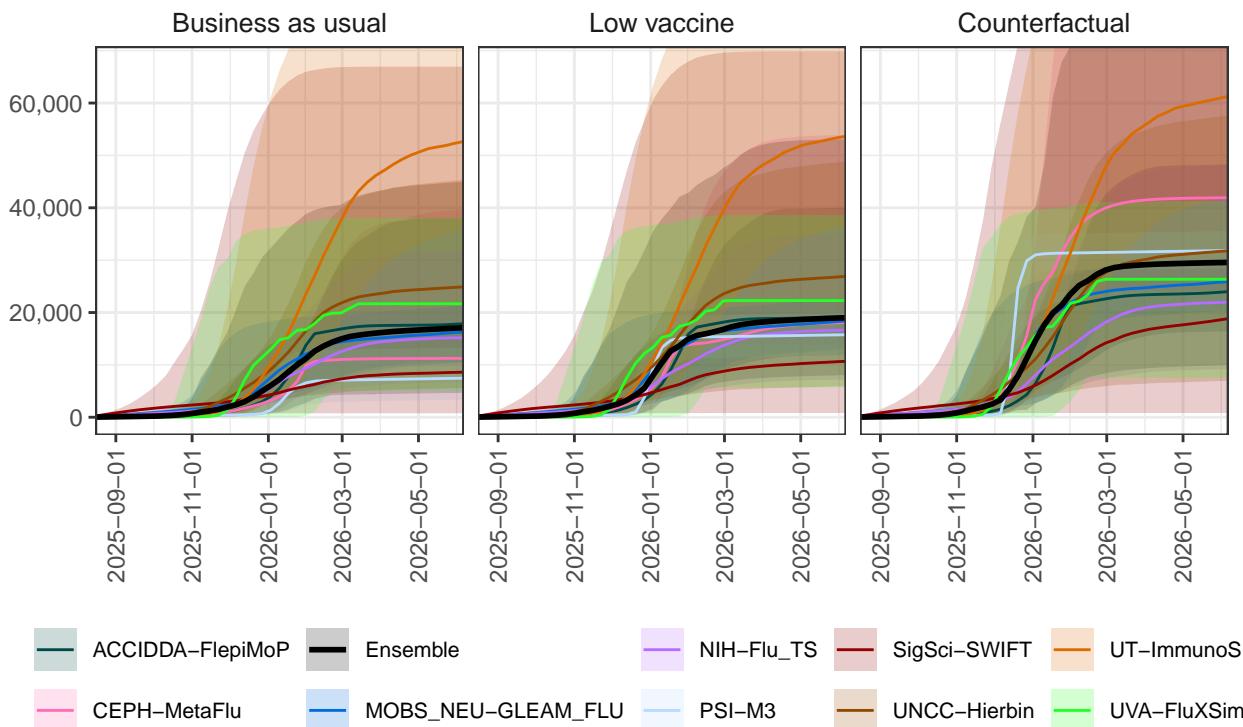
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Pennsylvania Individual Model Projections & 95% Projection Intervals Hospitalizations



### Pennsylvania Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



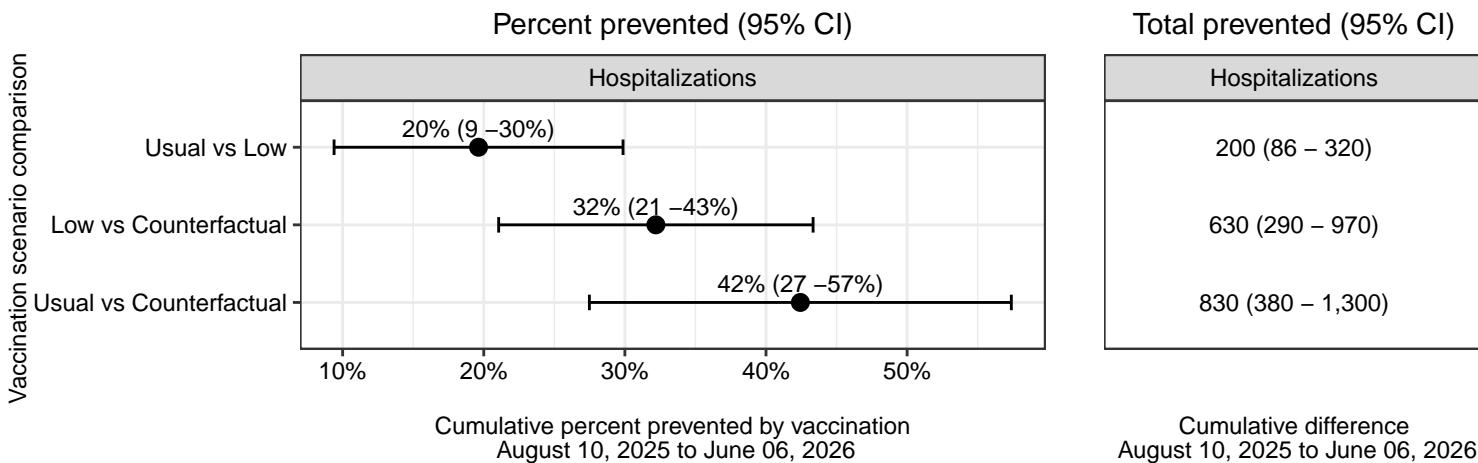
# Rhode Island

## Differences between scenarios - Rhode Island

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Rhode Island.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

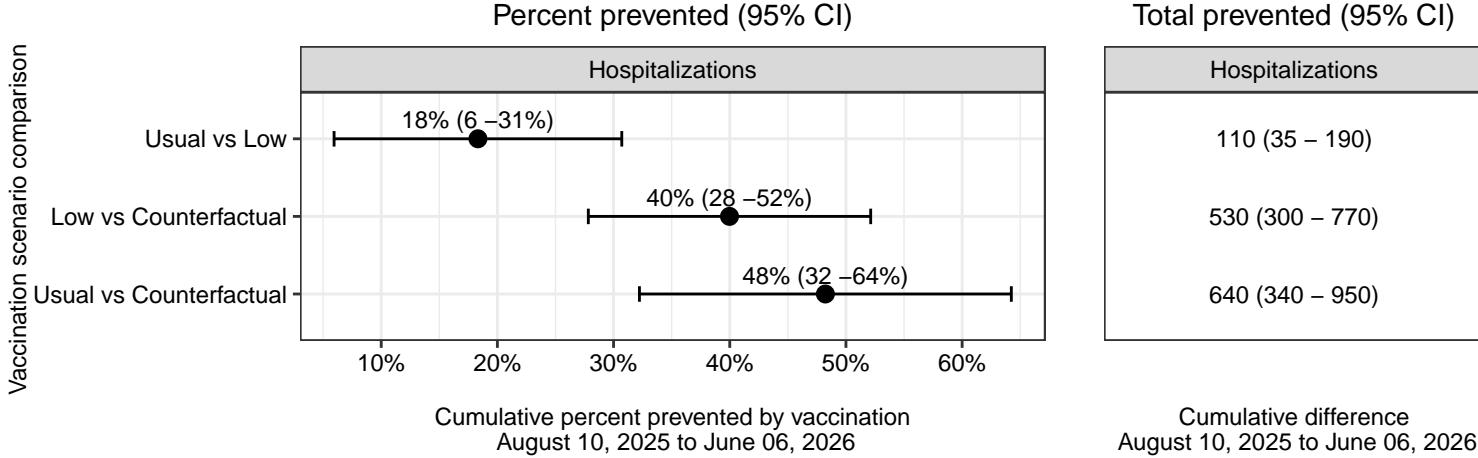
Business as usual vaccine coverage reduces hospitalizations by 830 (380 - 1,300), compared to no vaccination. Low vaccination coverage would result in 630 (290 - 970) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

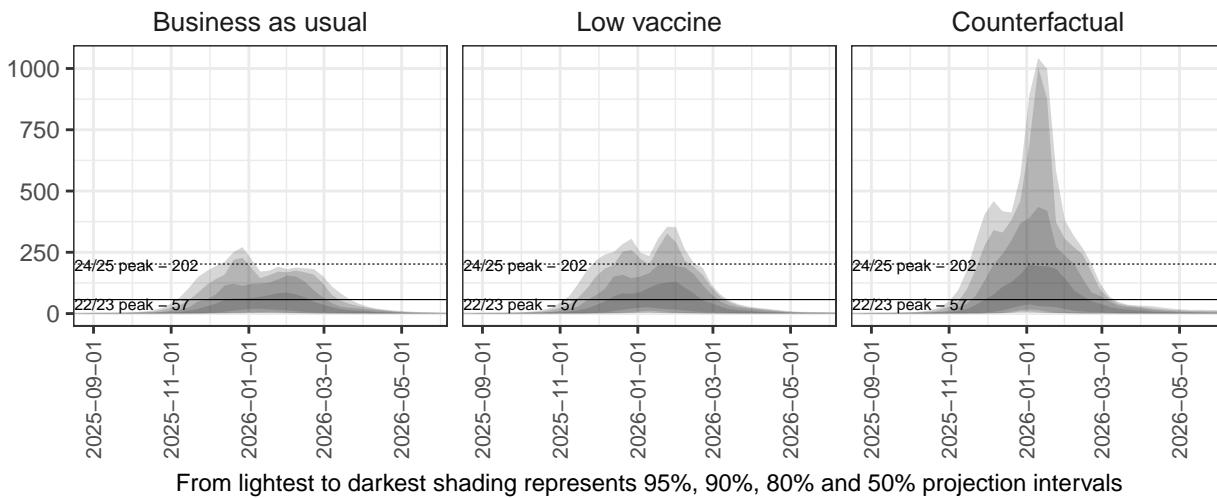
### 65+ population



## Ensemble Projections - Rhode Island

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

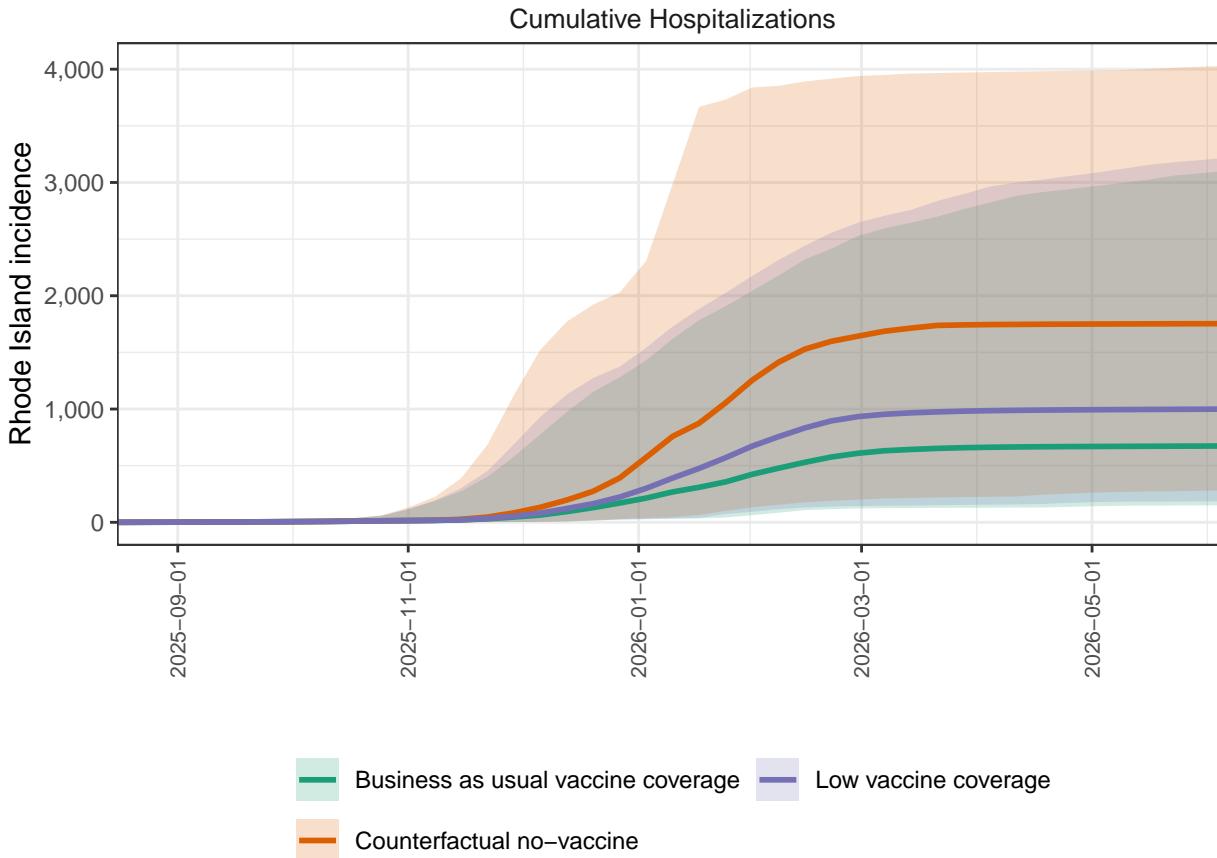
### Rhode Island ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Rhode Island

**Ensemble projections for cumulative hospitalizations by scenario, Rhode Island.** We project substantial continued burden of hospitalization from Flu, with 674 cumulative hospitalizations projected by the end of the season (95% PI 150 - 3104 due to FLU in the business as usual scenario (scenario A).

### Rhode Island ensemble projections & 95% projection intervals

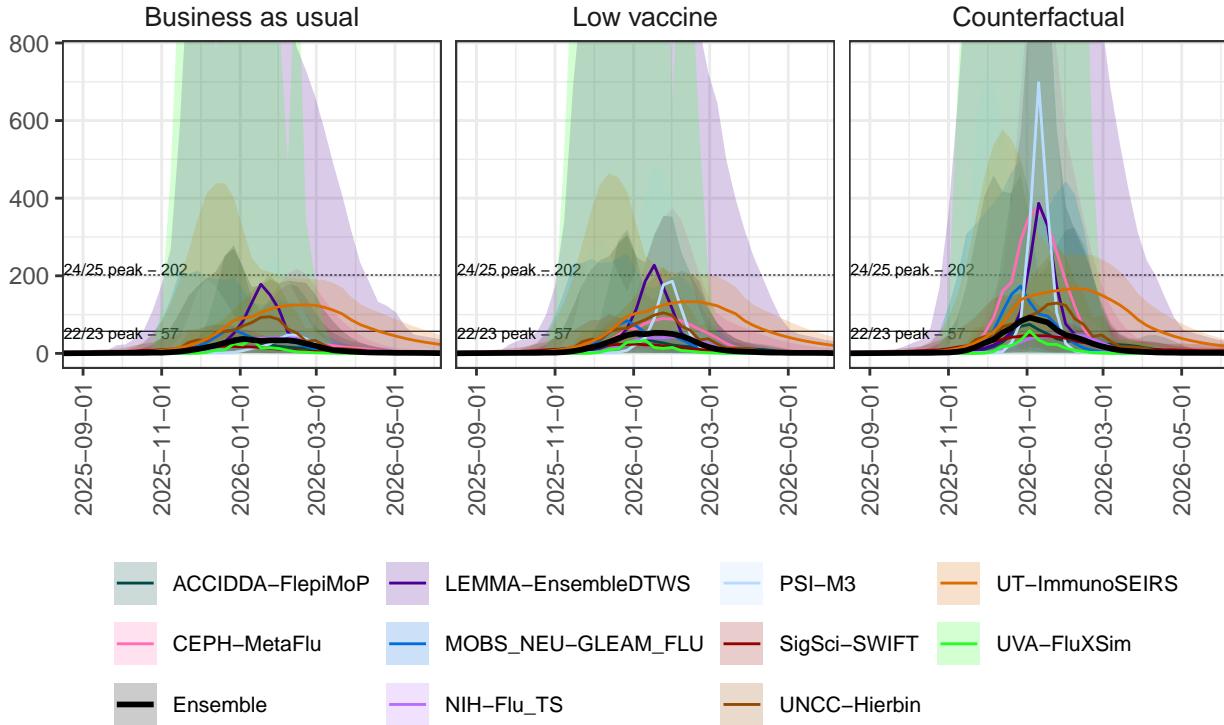


## Individual Model Projections - Rhode Island

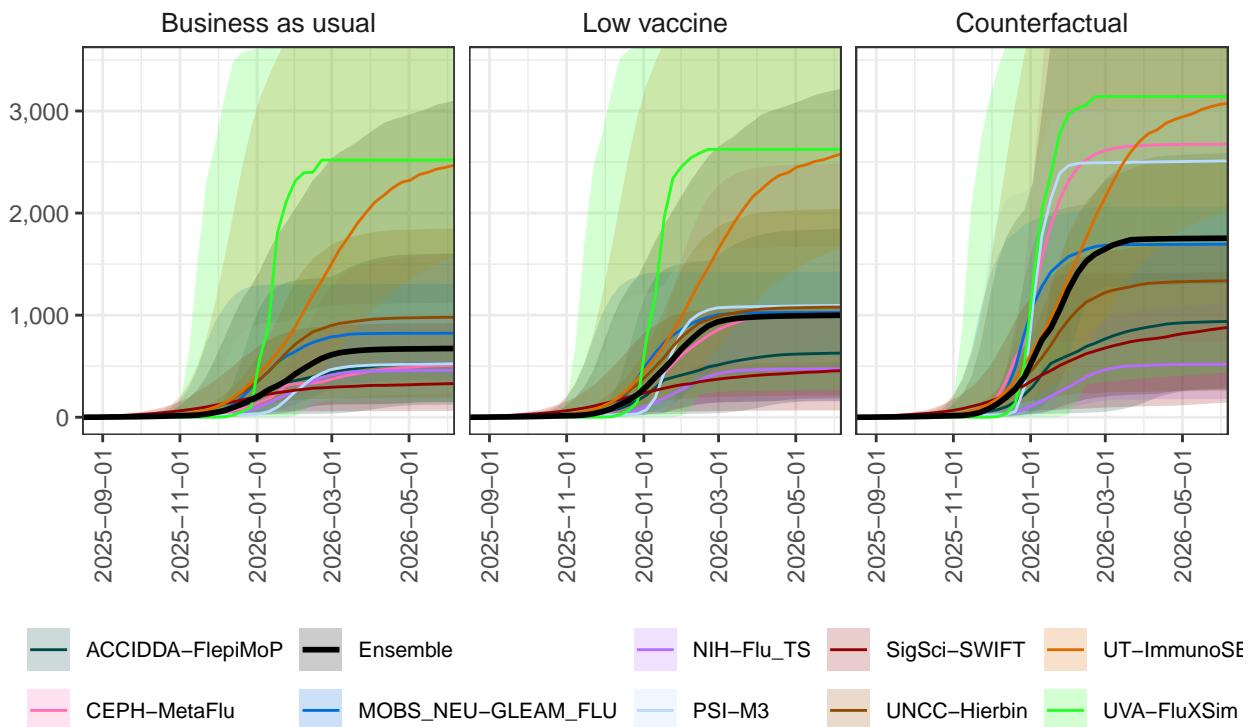
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Rhode Island Individual Model Projections & 95% Projection Intervals Hospitalizations



### Rhode Island Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



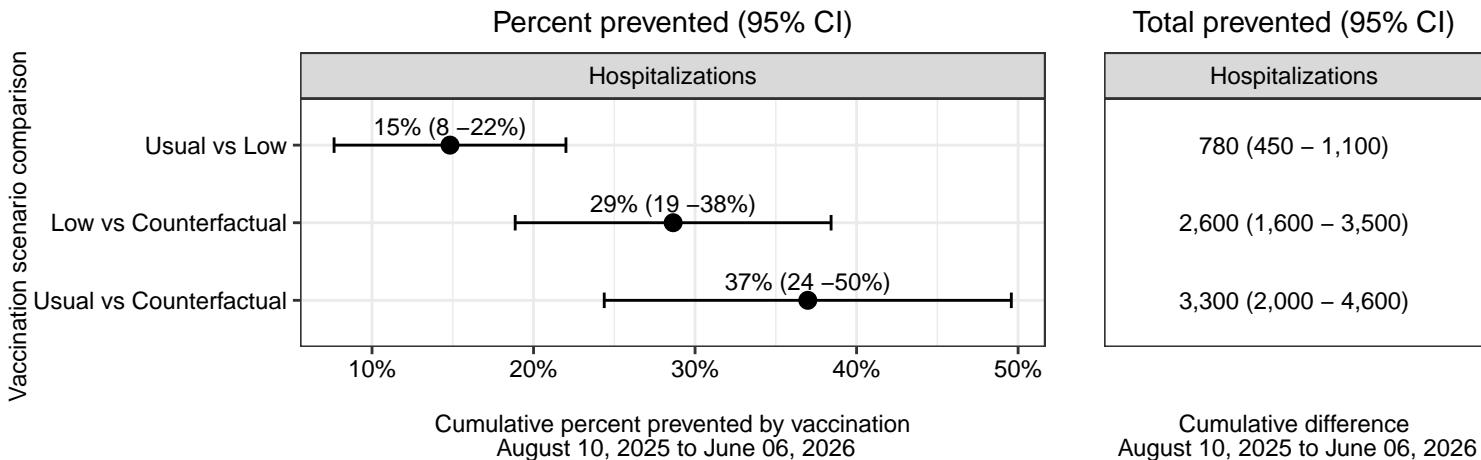
# South Carolina

## Differences between scenarios - South Carolina

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for South Carolina.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

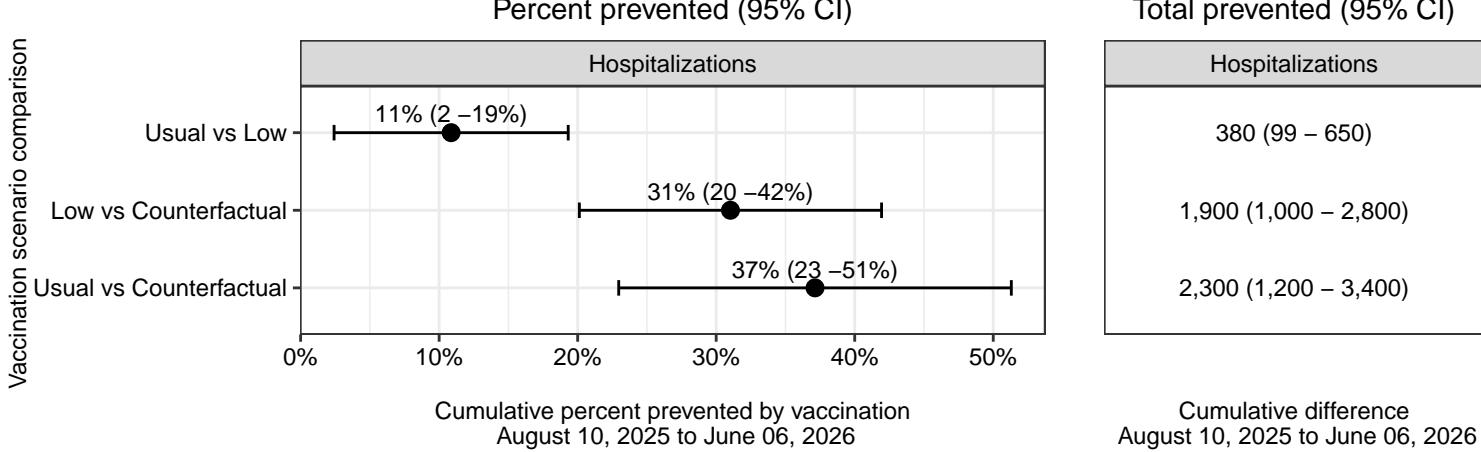
Business as usual vaccine coverage reduces hospitalizations by 3,300 (2,000 - 4,600), compared to no vaccination. Low vaccination coverage would result in 2,600 (1,600 - 3,500) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

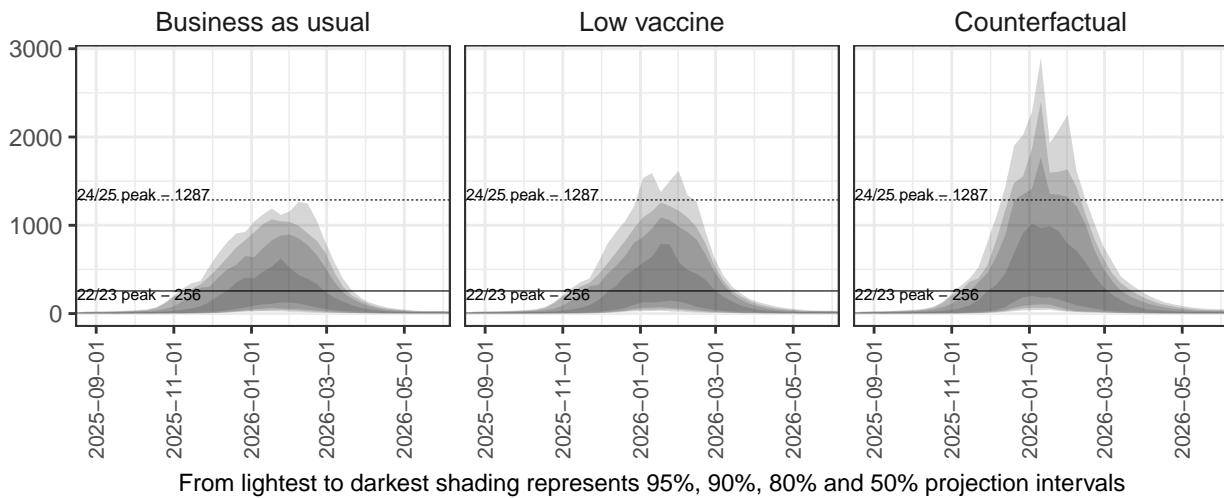
### 65+ population



## Ensemble Projections - South Carolina

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

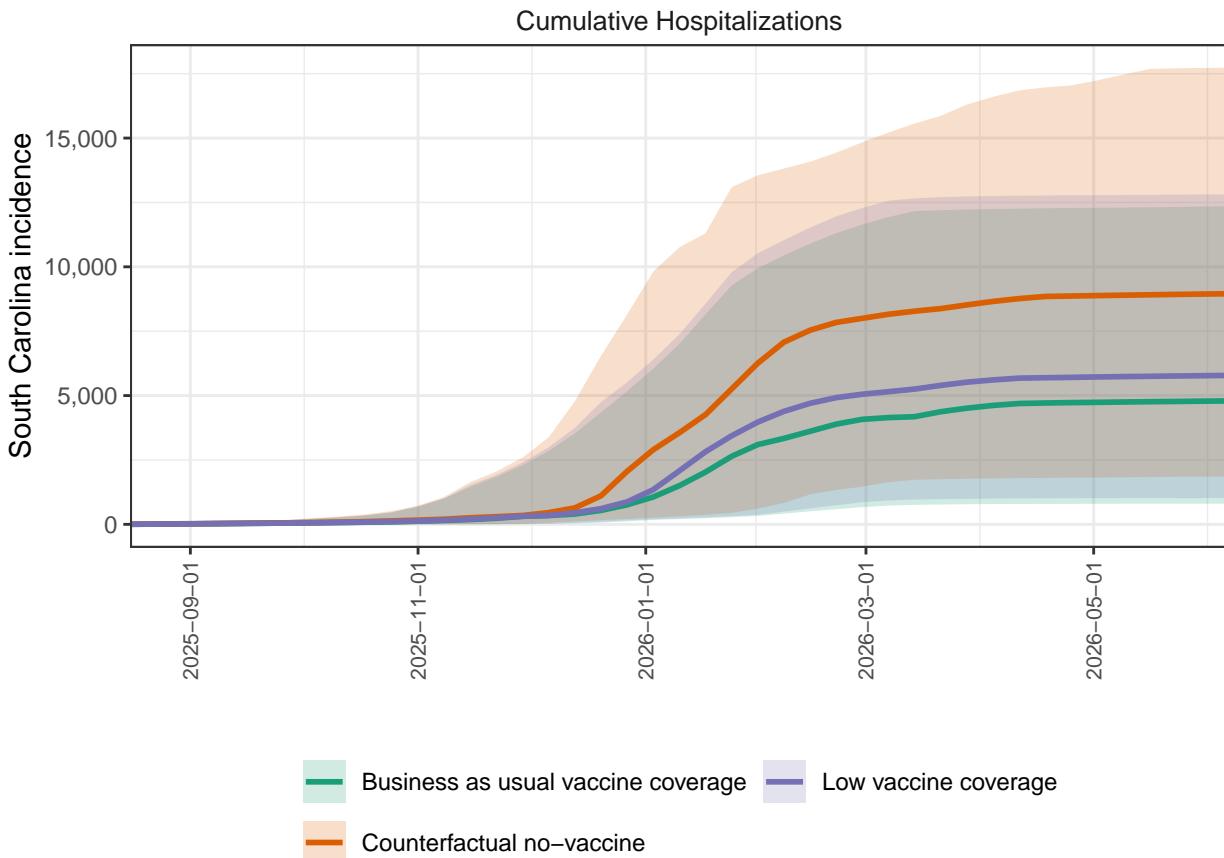
### South Carolina ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - South Carolina

**Ensemble projections for cumulative hospitalizations by scenario, South Carolina.** We project substantial continued burden of hospitalization from Flu, with 4792 cumulative hospitalizations projected by the end of the season (95% PI 803 - 12351 due to FLU in the business as usual scenario (scenario A).

### South Carolina ensemble projections & 95% projection intervals

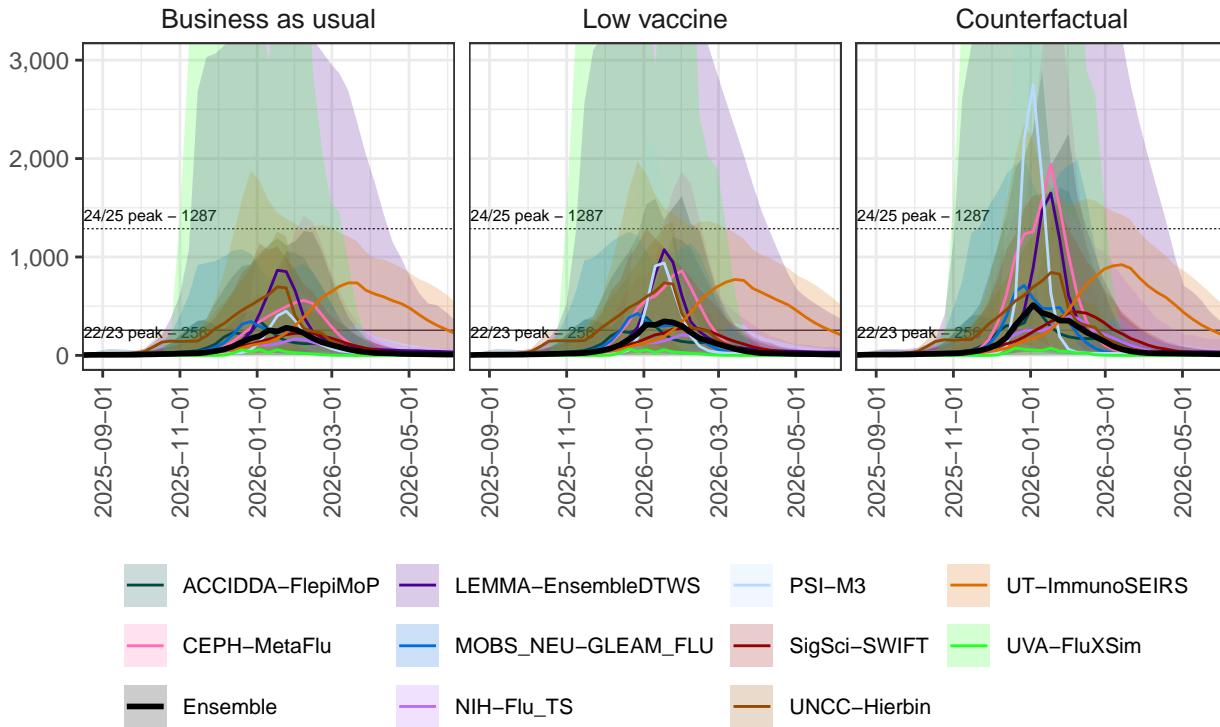


## Individual Model Projections - South Carolina

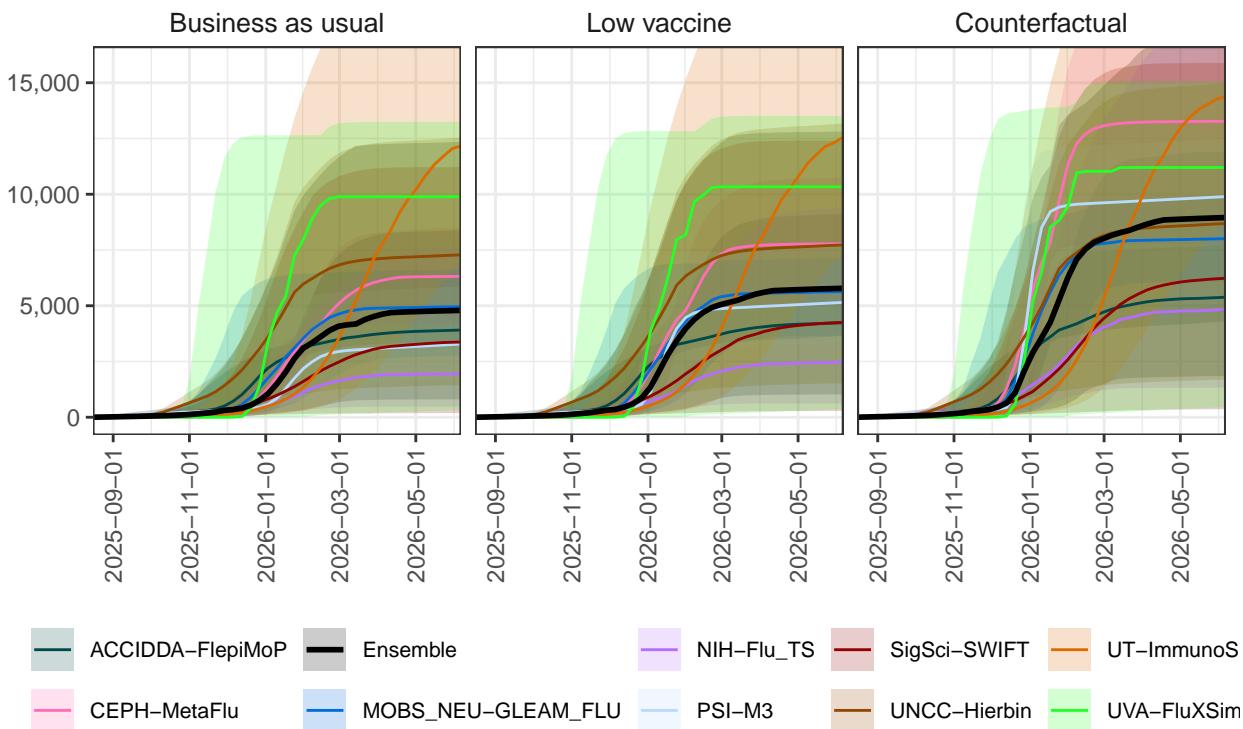
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### South Carolina Individual Model Projections & 95% Projection Intervals Hospitalizations



### South Carolina Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



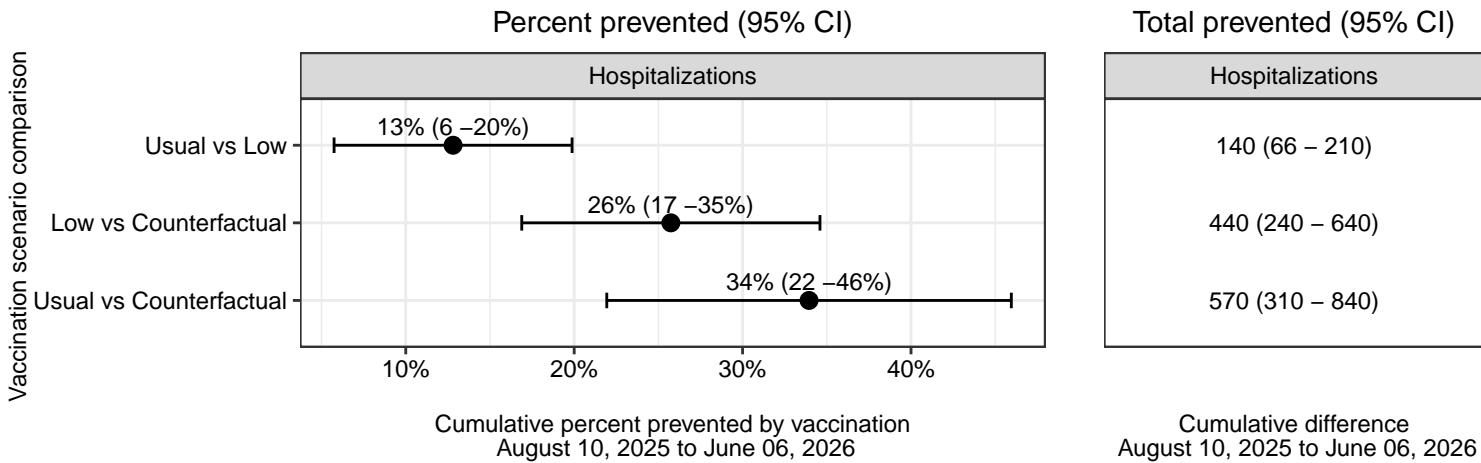
# South Dakota

## Differences between scenarios - South Dakota

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for South Dakota.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

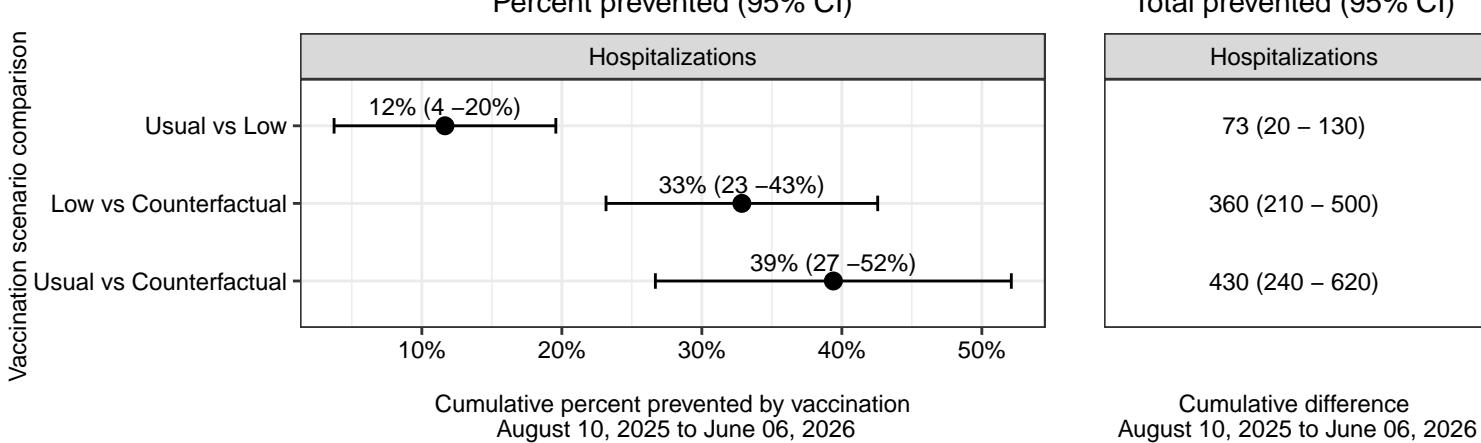
Business as usual vaccine coverage reduces hospitalizations by 570 (310 - 840), compared to no vaccination. Low vaccination coverage would result in 440 (240 - 640) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

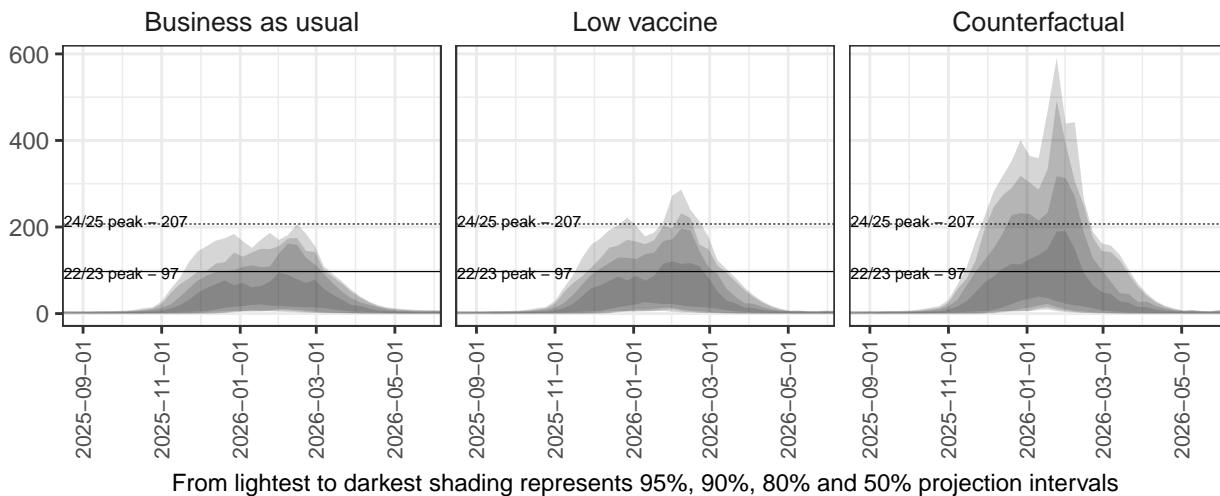
### 65+ population



## Ensemble Projections - South Dakota

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

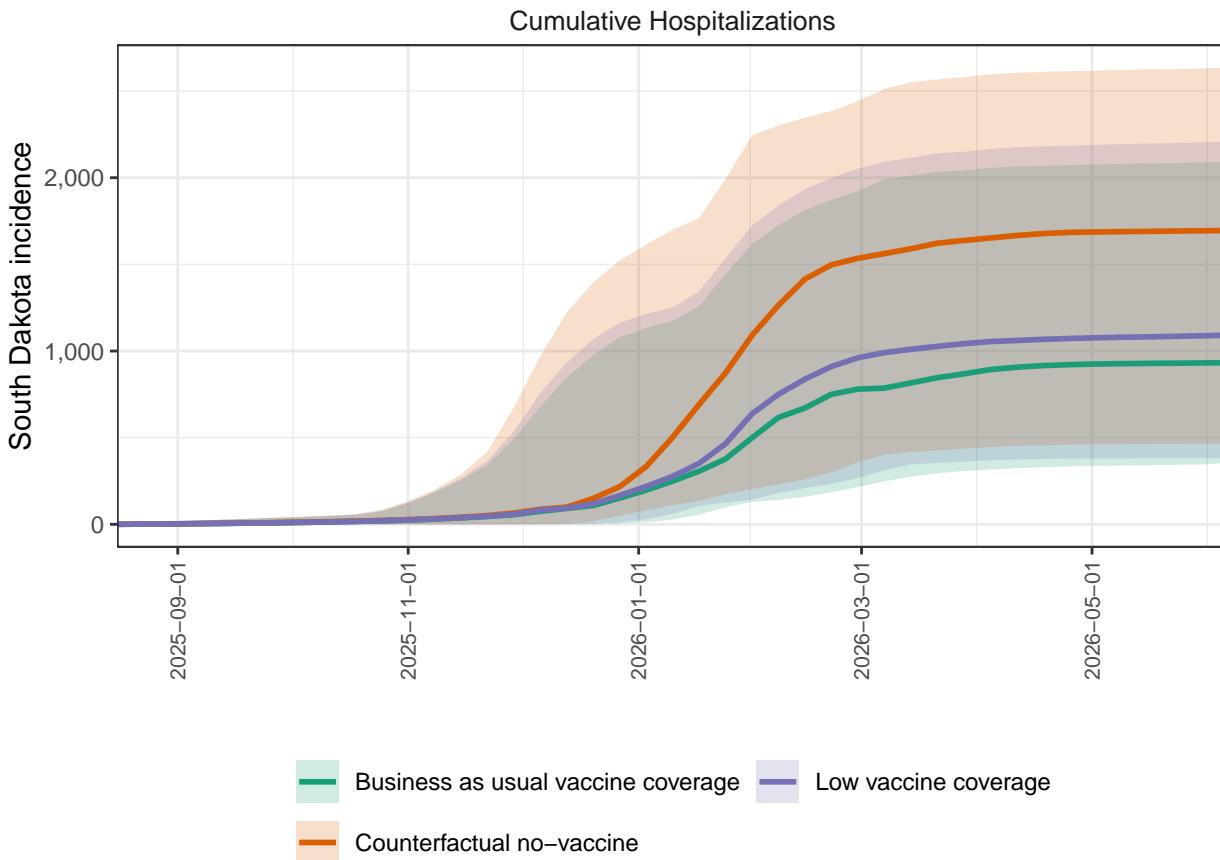
### South Dakota ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - South Dakota

**Ensemble projections for cumulative hospitalizations by scenario, South Dakota.** We project substantial continued burden of hospitalization from Flu, with 932 cumulative hospitalizations projected by the end of the season (95% PI 353 - 2092 due to FLU in the business as usual scenario (scenario A).

### South Dakota ensemble projections & 95% projection intervals

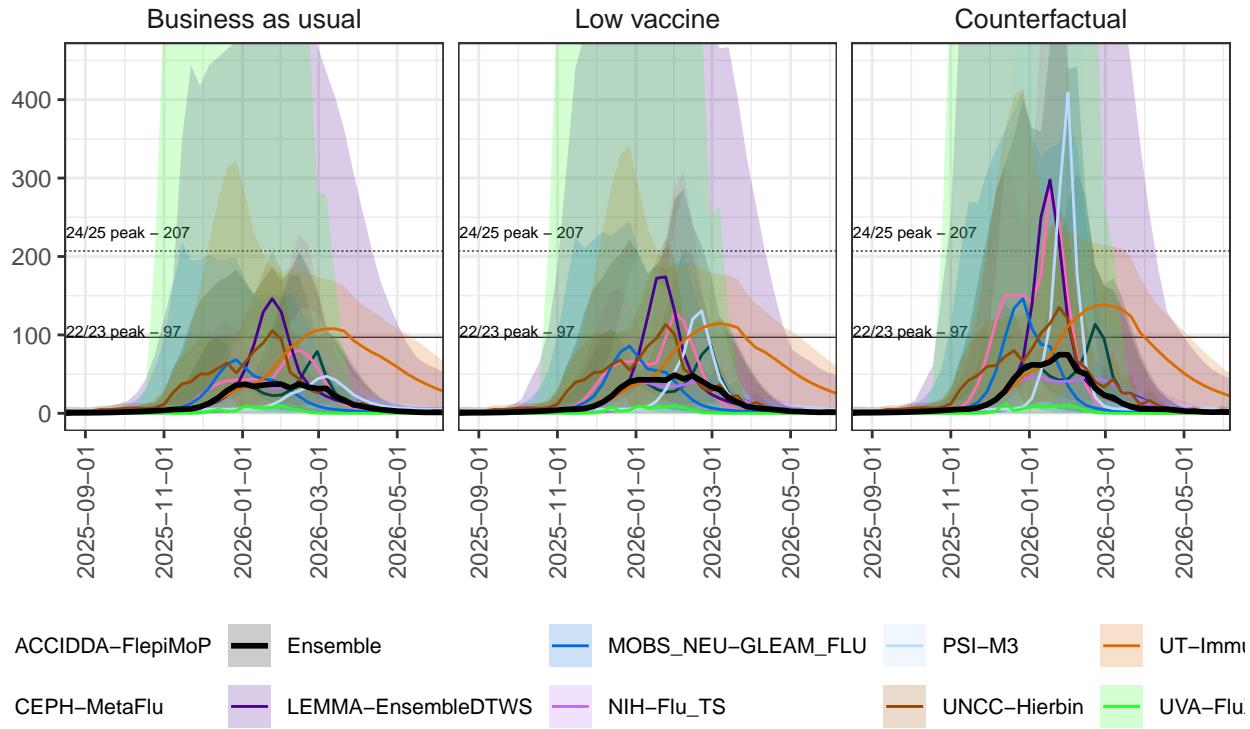


## Individual Model Projections - South Dakota

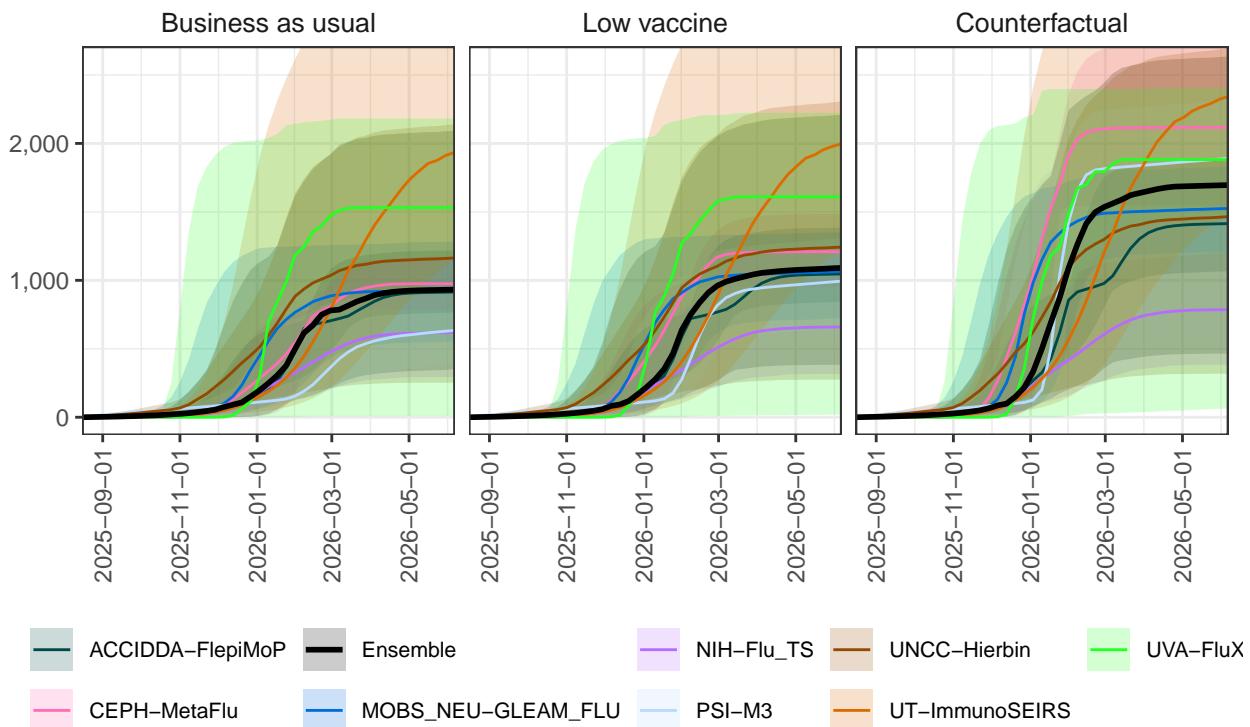
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### South Dakota Individual Model Projections & 95% Projection Intervals Hospitalizations



### South Dakota Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



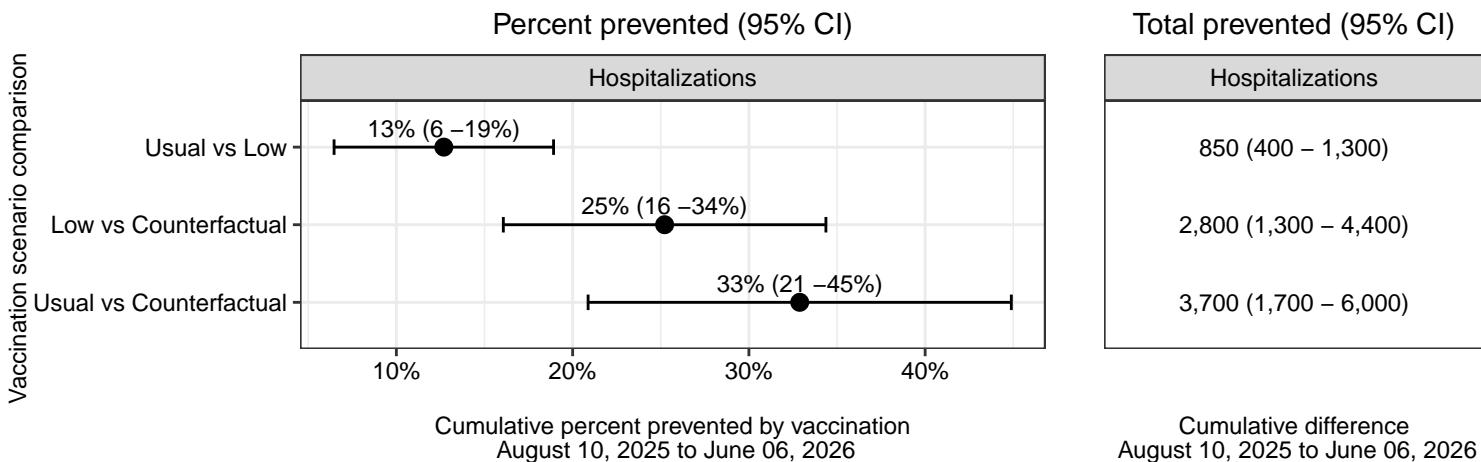
## Tennessee

### Differences between scenarios - Tennessee

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Tennessee.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

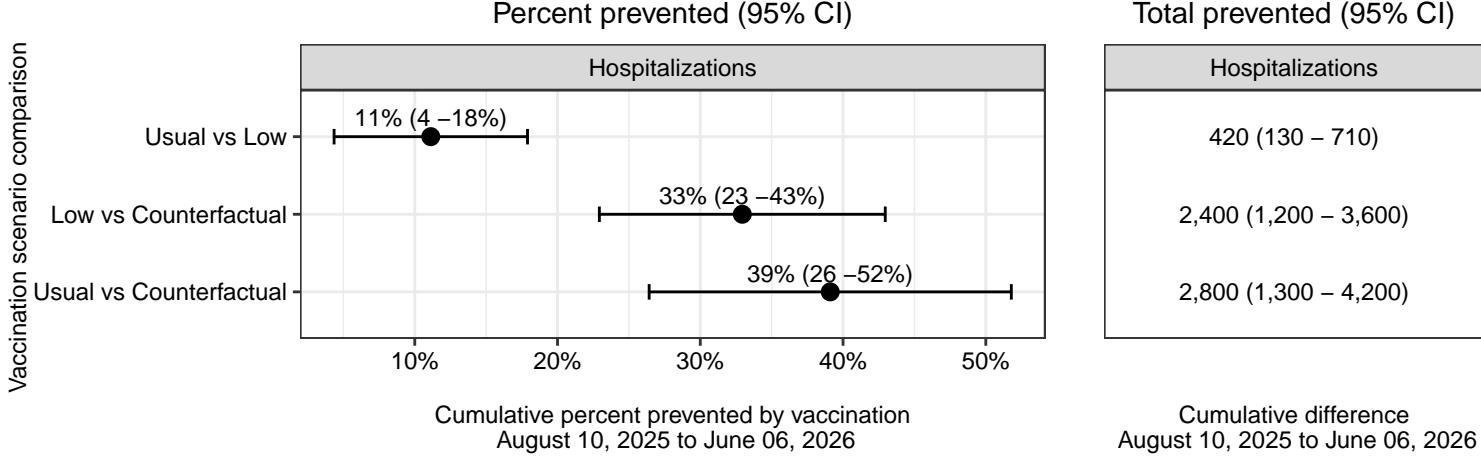
Business as usual vaccine coverage reduces hospitalizations by 3,700 (1,700 - 6,000), compared to no vaccination. Low vaccination coverage would result in 2,800 (1,300 - 4,400) fewer hospitalizations over the projection period, compared to no vaccination.

#### Overall population



These impacts of vaccination 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.

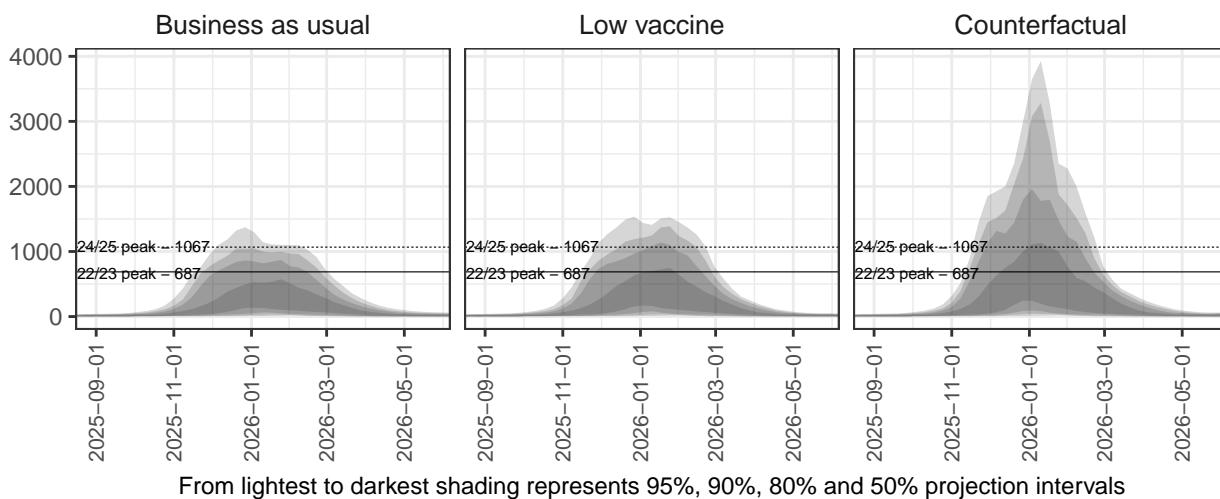
#### 65+ population



## Ensemble Projections - Tennessee

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

### Tennessee ensemble projection intervals – Hospitalizations

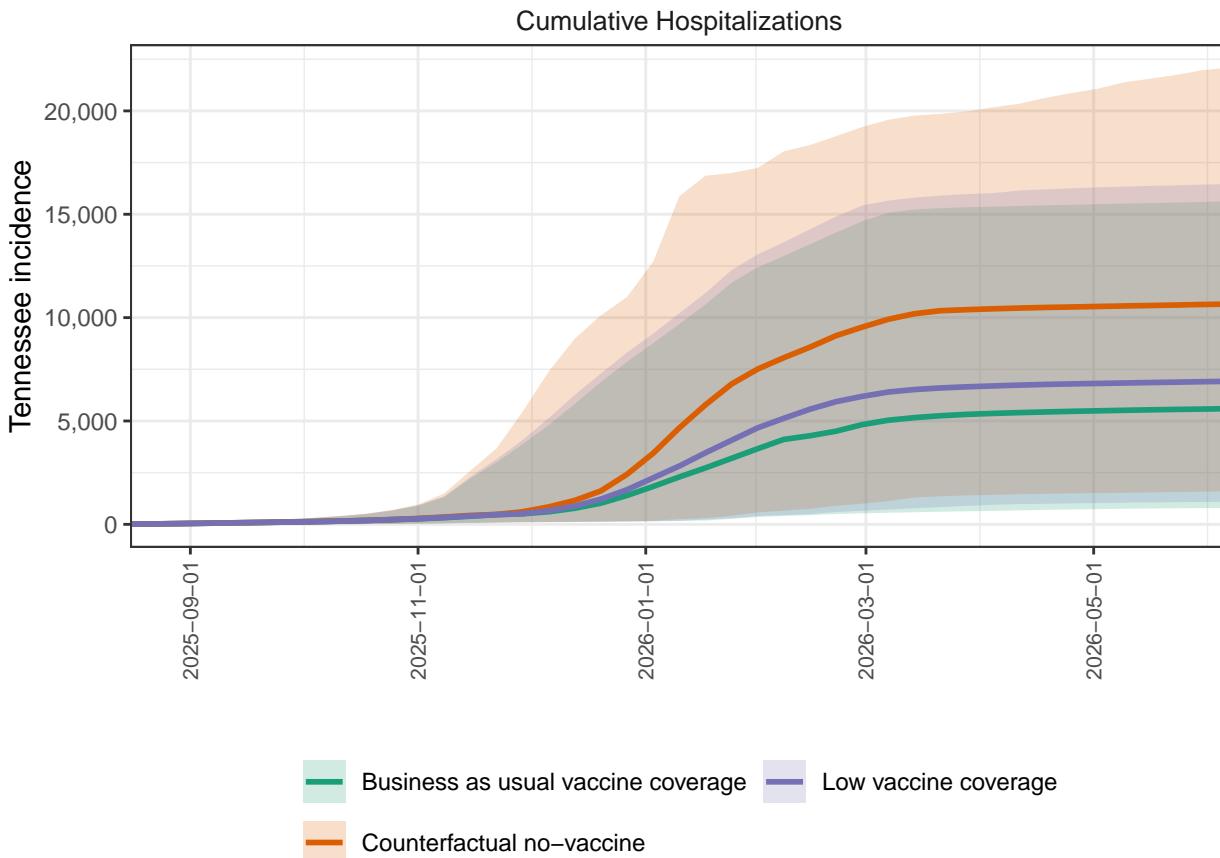


From lightest to darkest shading represents 95%, 90%, 80% and 50% projection intervals

## Cumulative Ensemble Projections - Tennessee

**Ensemble projections for cumulative hospitalizations by scenario, Tennessee.** We project substantial continued burden of hospitalization from Flu, with 5594 cumulative hospitalizations projected by the end of the season (95% PI 795 - 15619 due to FLU in the business as usual scenario (scenario A).

### Tennessee ensemble projections & 95% projection intervals



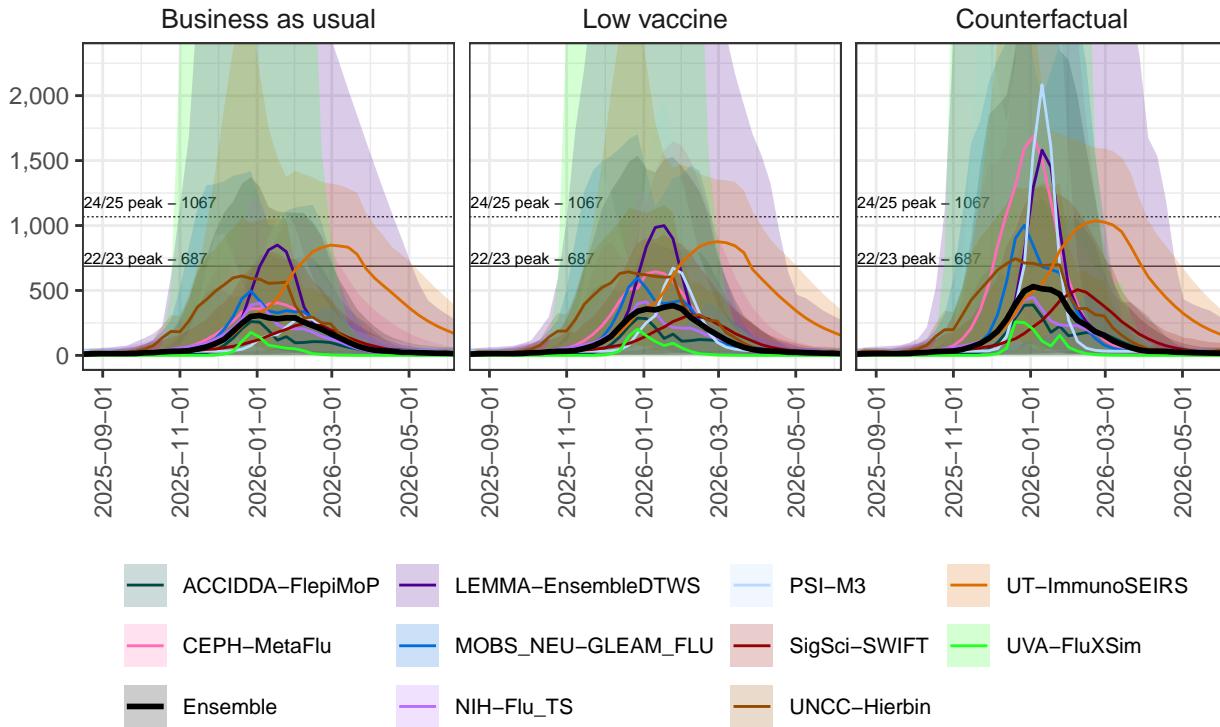
Business as usual vaccine coverage     Low vaccine coverage  
 Counterfactual no-vaccine

## Individual Model Projections - Tennessee

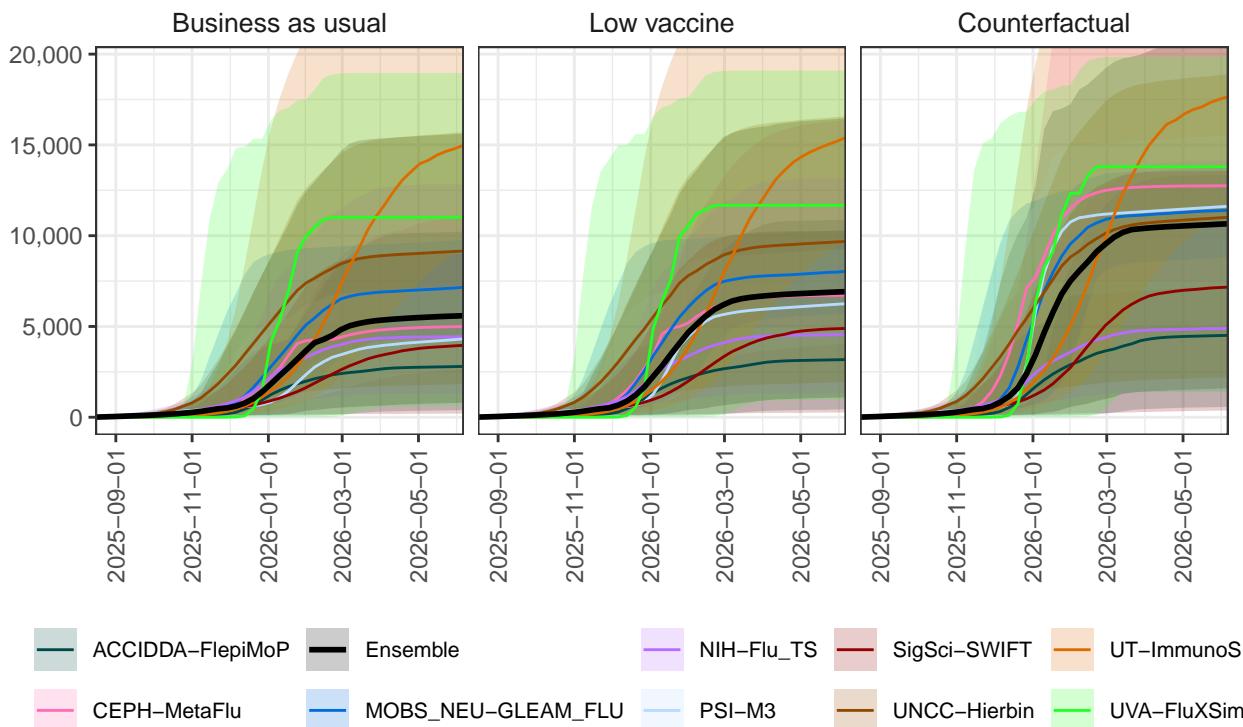
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Tennessee Individual Model Projections & 95% Projection Intervals Hospitalizations



### Tennessee Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



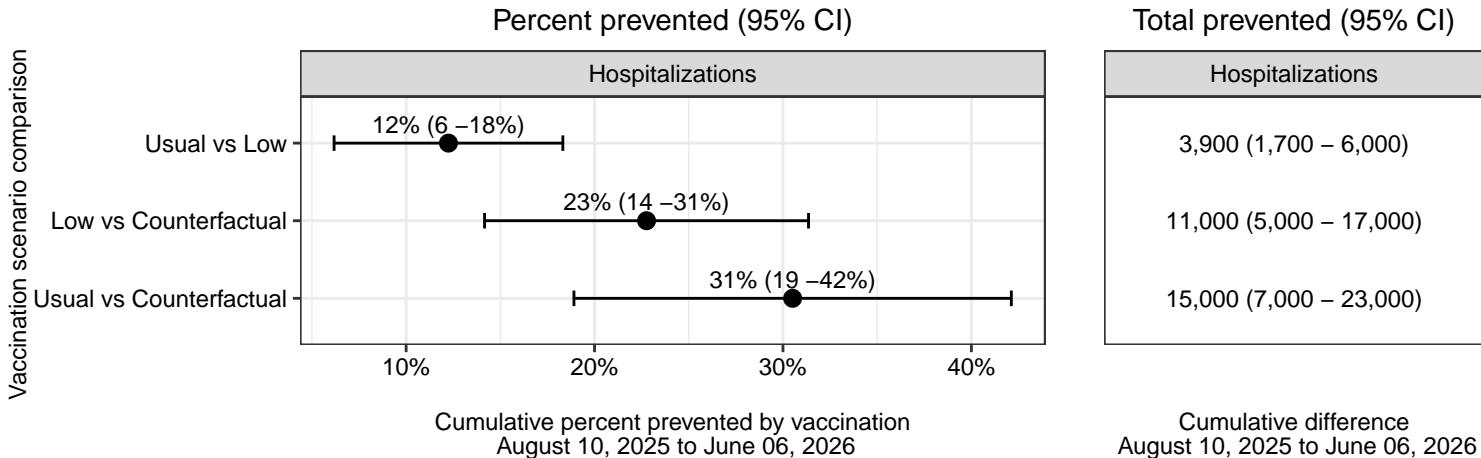
# Texas

## Differences between scenarios - Texas

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Texas.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

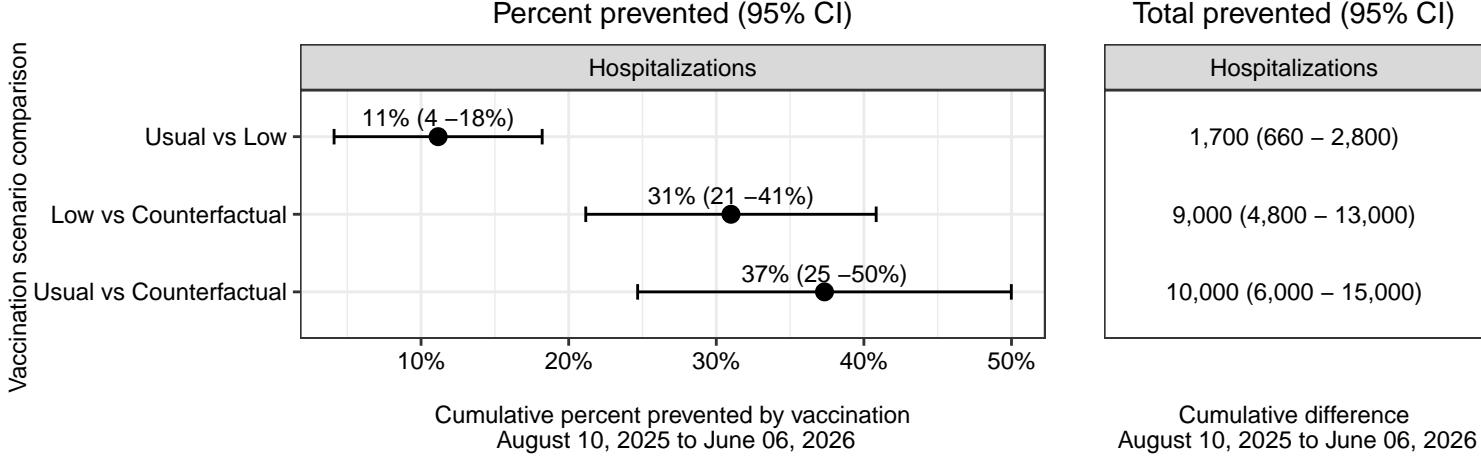
Business as usual vaccine coverage reduces hospitalizations by 15,000 (7,000 - 23,000), compared to no vaccination. Low vaccination coverage would result in 11,000 (5,000 - 17,000) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

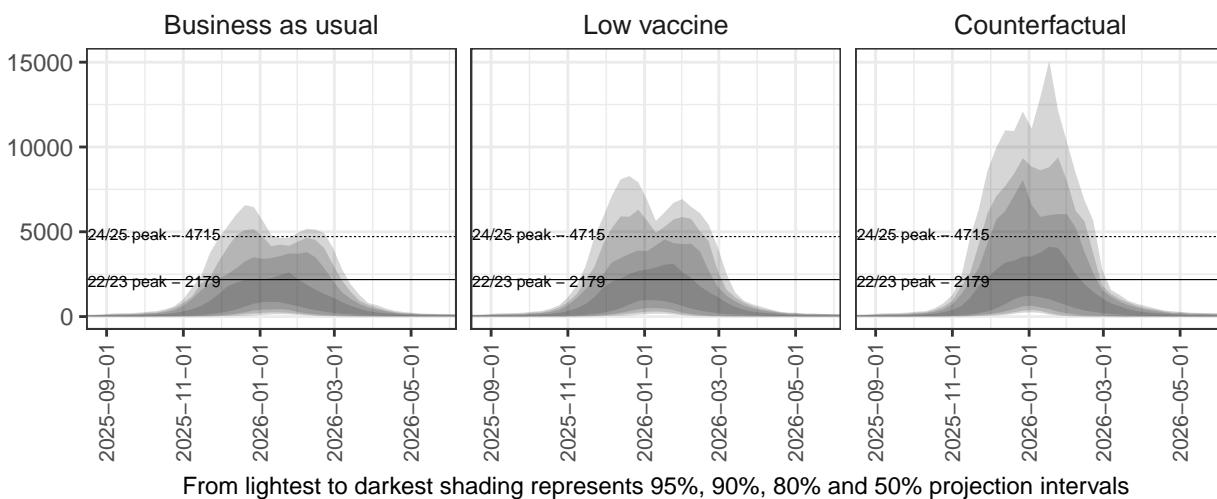
### 65+ population



## Ensemble Projections - Texas

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

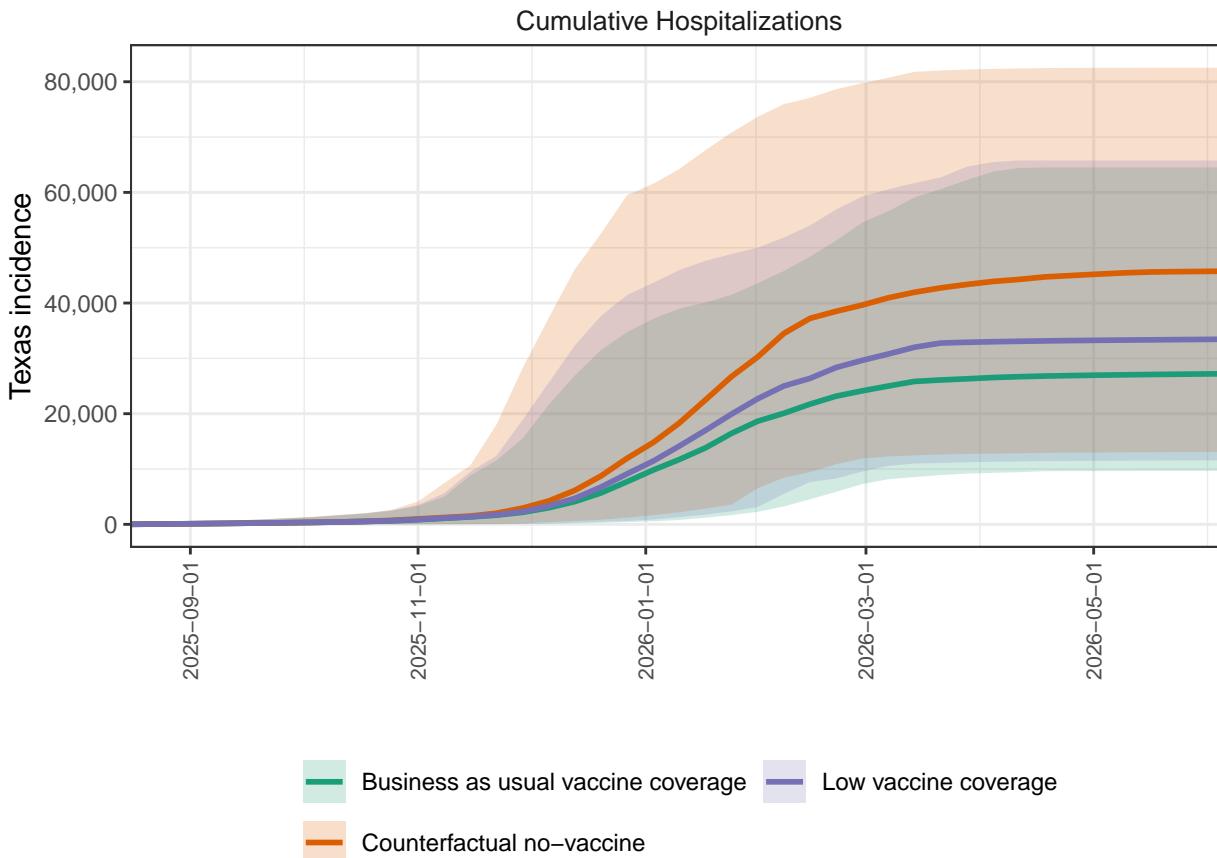
### Texas ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Texas

**Ensemble projections for cumulative hospitalizations by scenario, Texas.** We project substantial continued burden of hospitalization from Flu, with 27220 cumulative hospitalizations projected by the end of the season (95% PI 9659 - 64512 due to FLU in the business as usual scenario (scenario A).

### Texas ensemble projections & 95% projection intervals

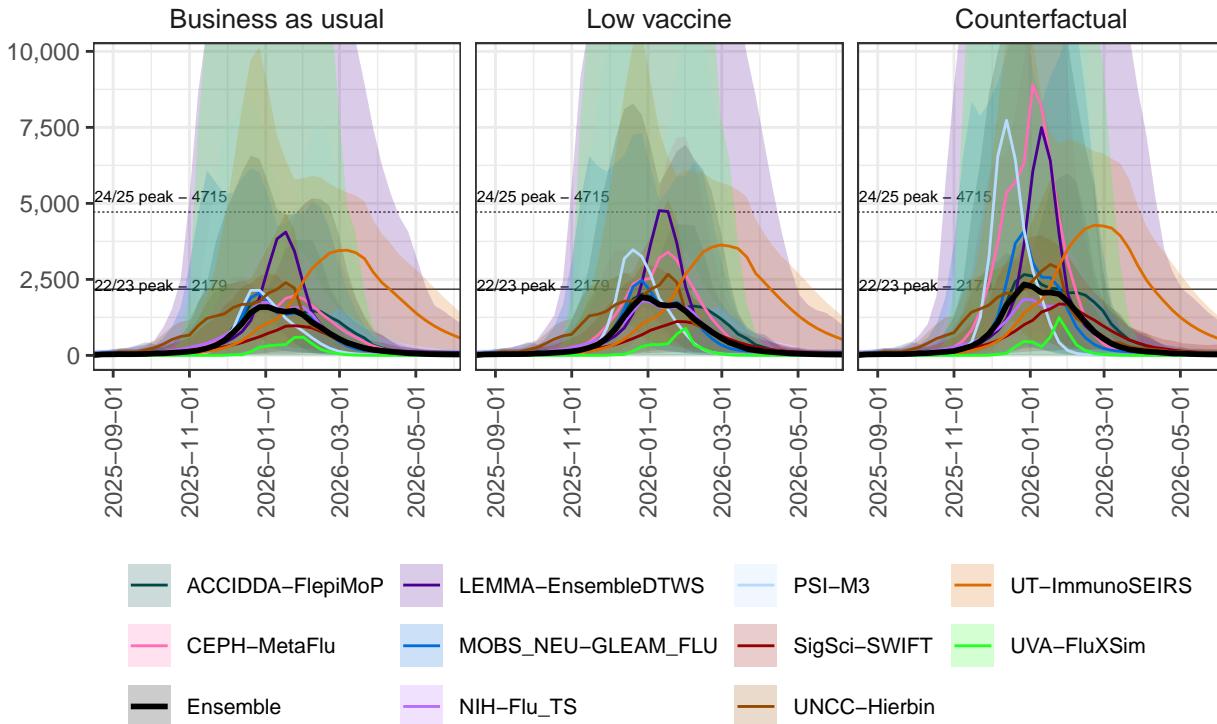


## Individual Model Projections - Texas

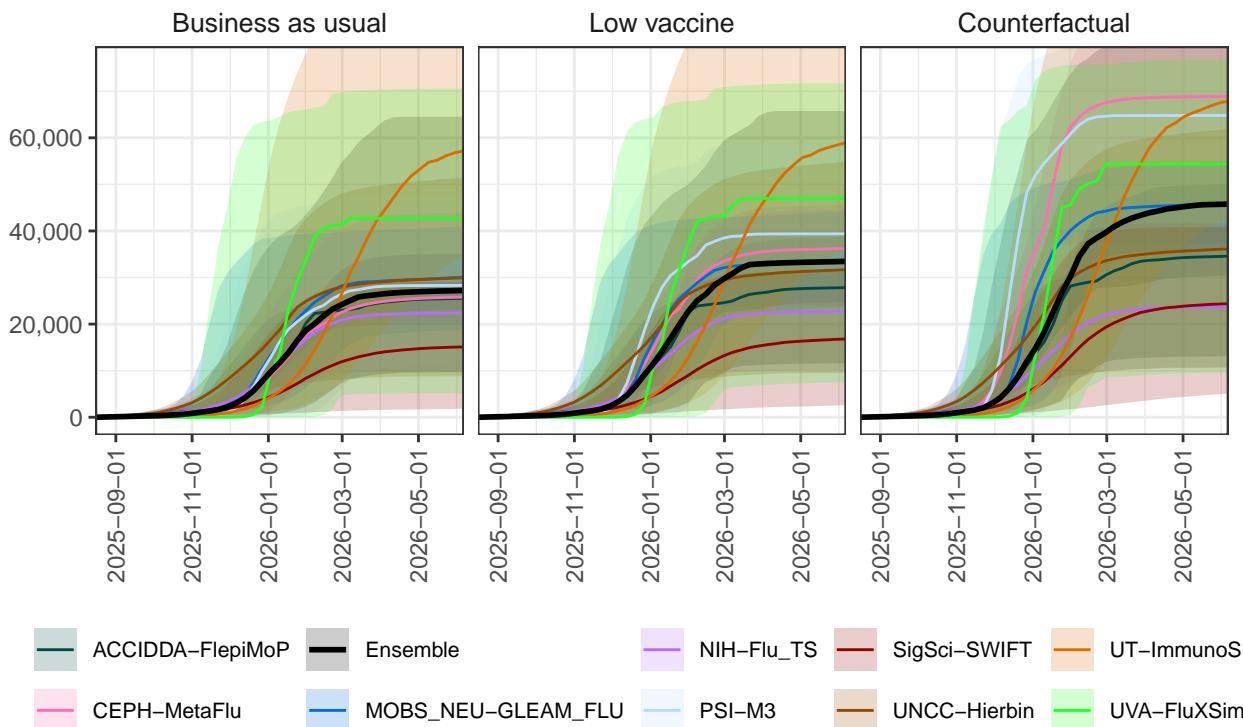
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Texas Individual Model Projections & 95% Projection Intervals Hospitalizations



### Texas Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



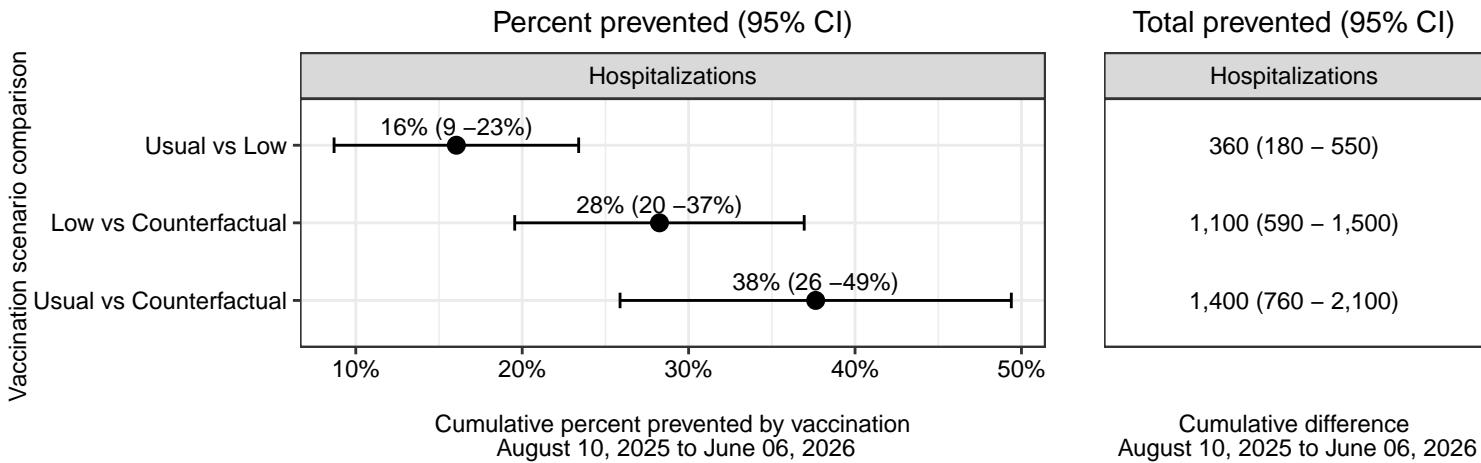
# Utah

## Differences between scenarios - Utah

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Utah.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

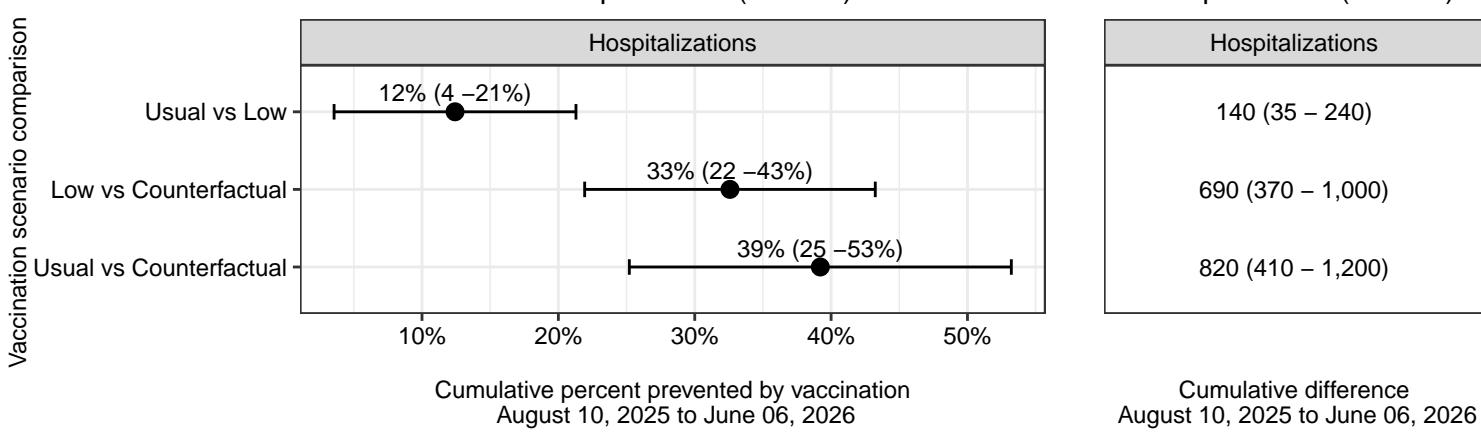
Business as usual vaccine coverage reduces hospitalizations by 1,400 (760 - 2,100), compared to no vaccination. Low vaccination coverage would result in 1,100 (590 - 1,500) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

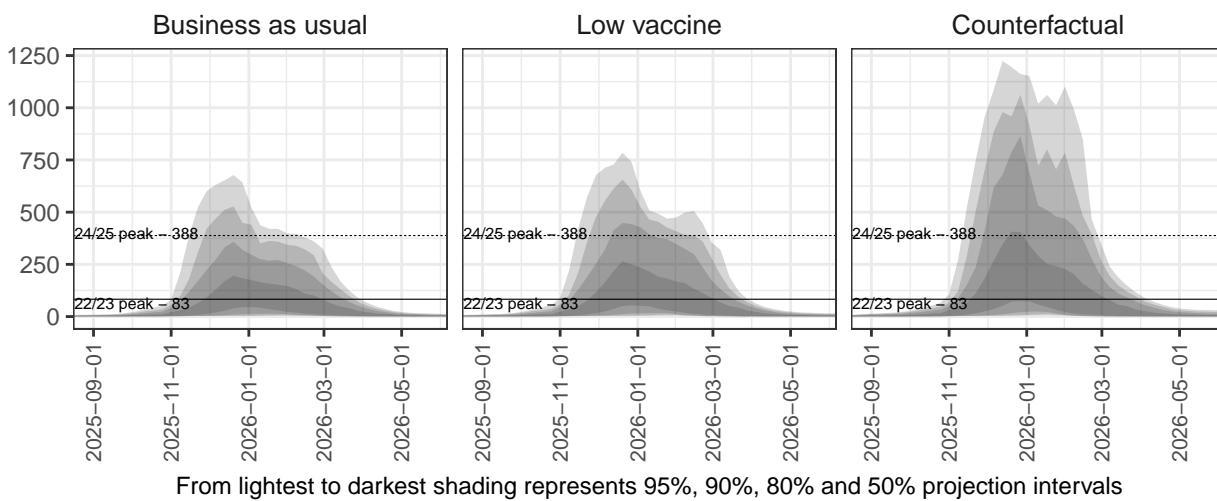
### 65+ population



## Ensemble Projections - Utah

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

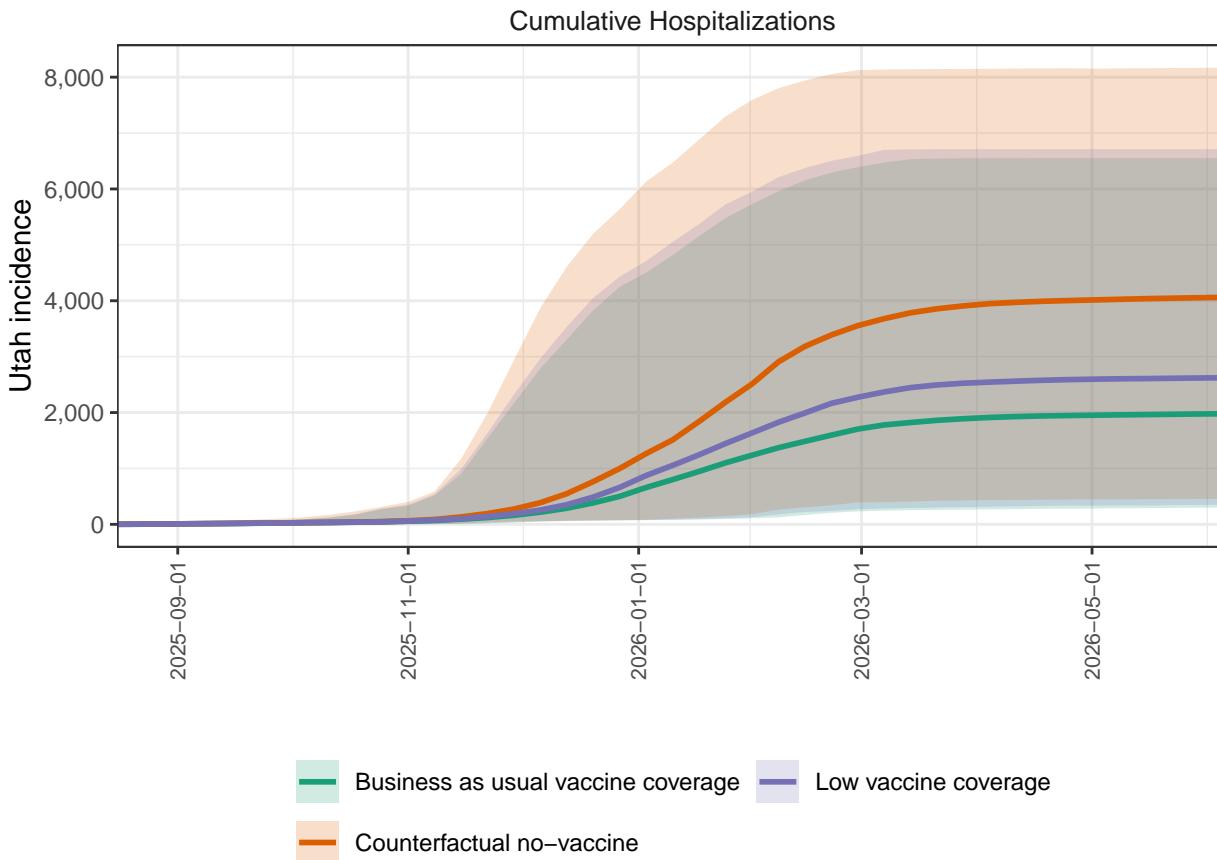
### Utah ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Utah

**Ensemble projections for cumulative hospitalizations by scenario, Utah.** We project substantial continued burden of hospitalization from Flu, with 1978 cumulative hospitalizations projected by the end of the season (95% PI 300 - 6550 due to FLU in the business as usual scenario (scenario A).

### Utah ensemble projections & 95% projection intervals

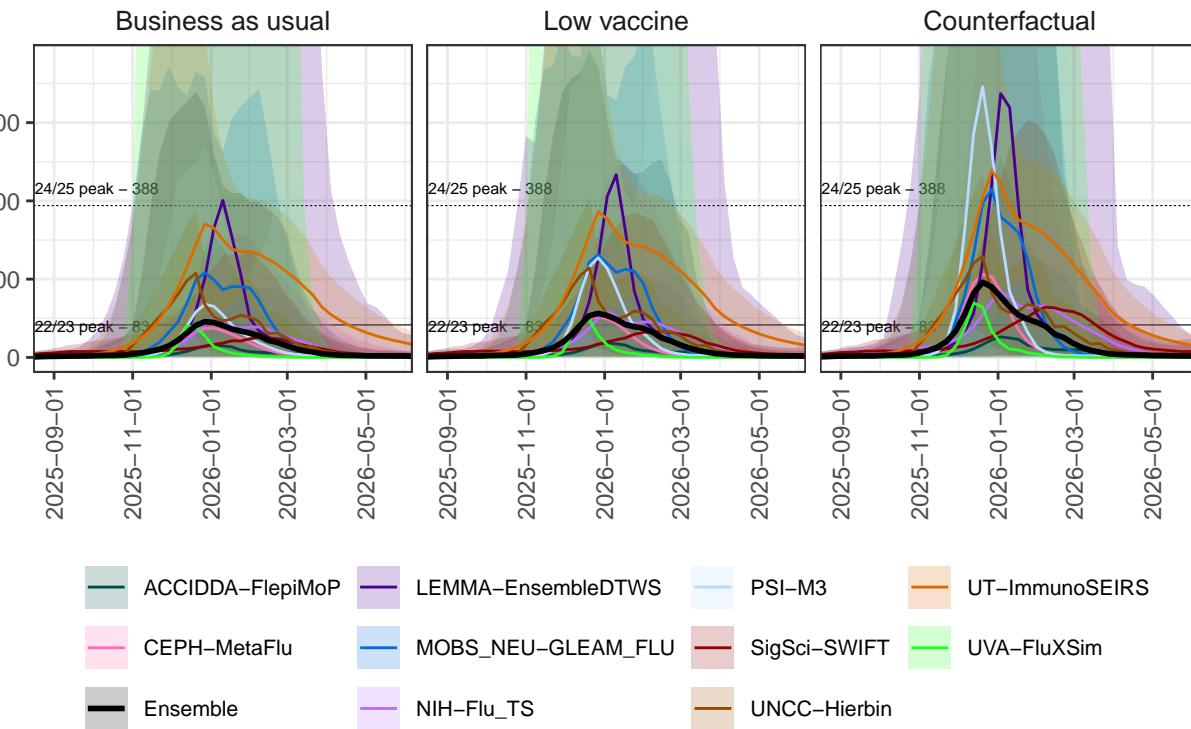


## Individual Model Projections - Utah

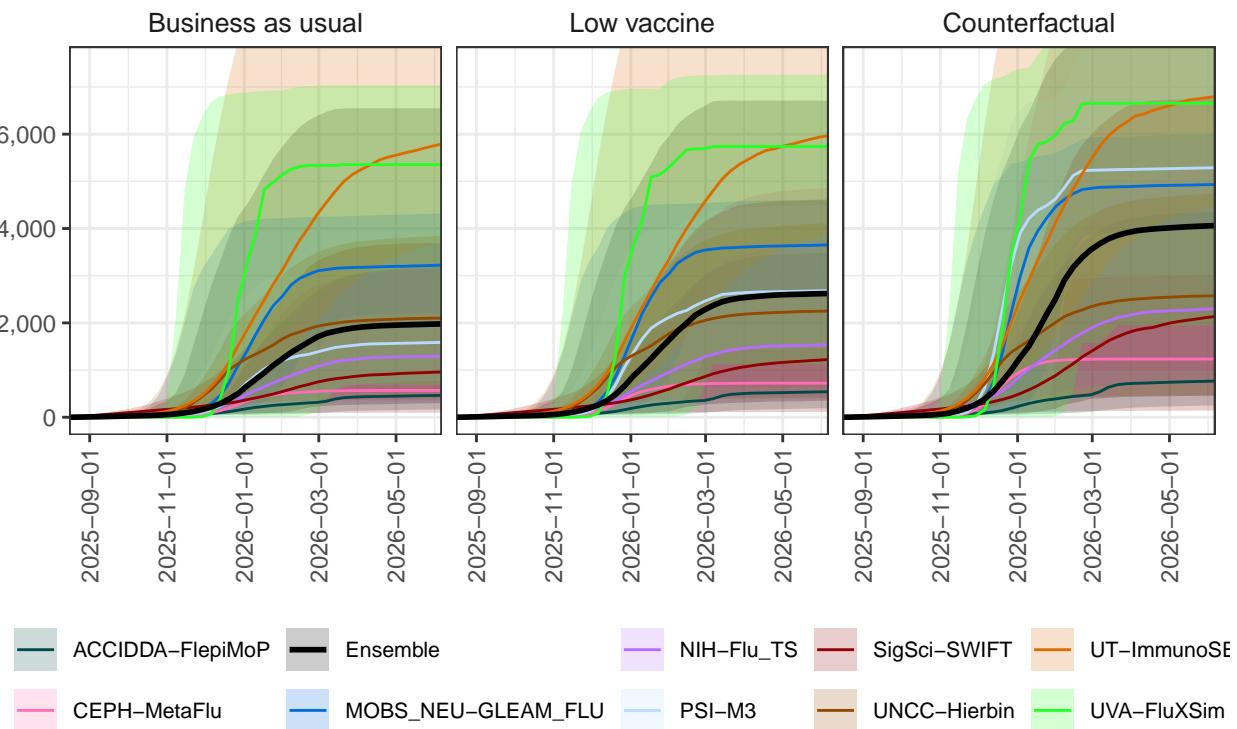
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Utah Individual Model Projections & 95% Projection Intervals Hospitalizations



### Utah Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



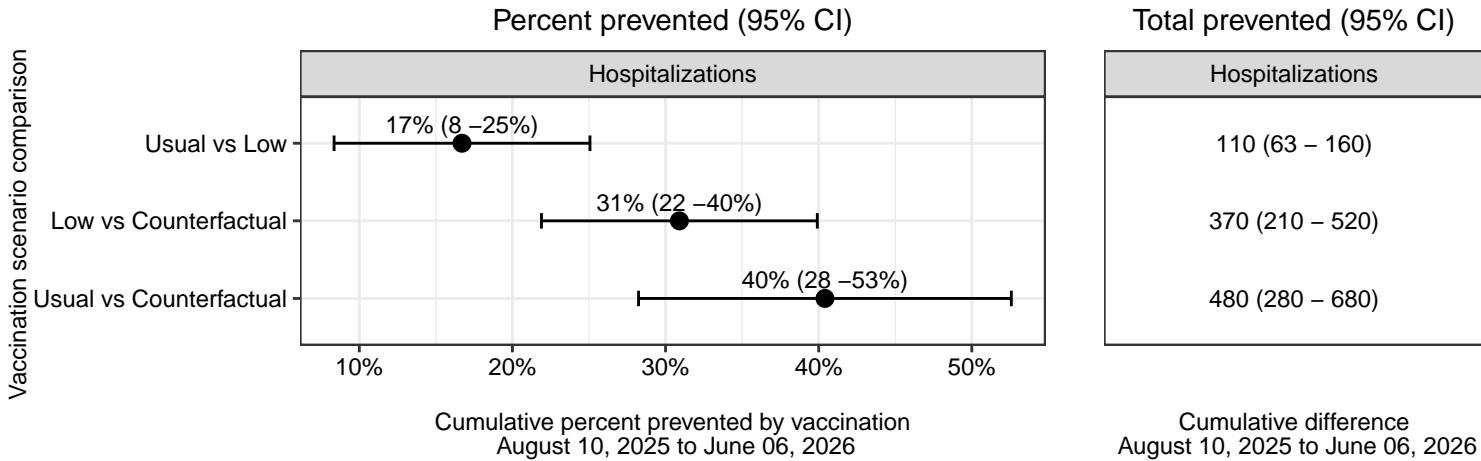
# Vermont

## Differences between scenarios - Vermont

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Vermont.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

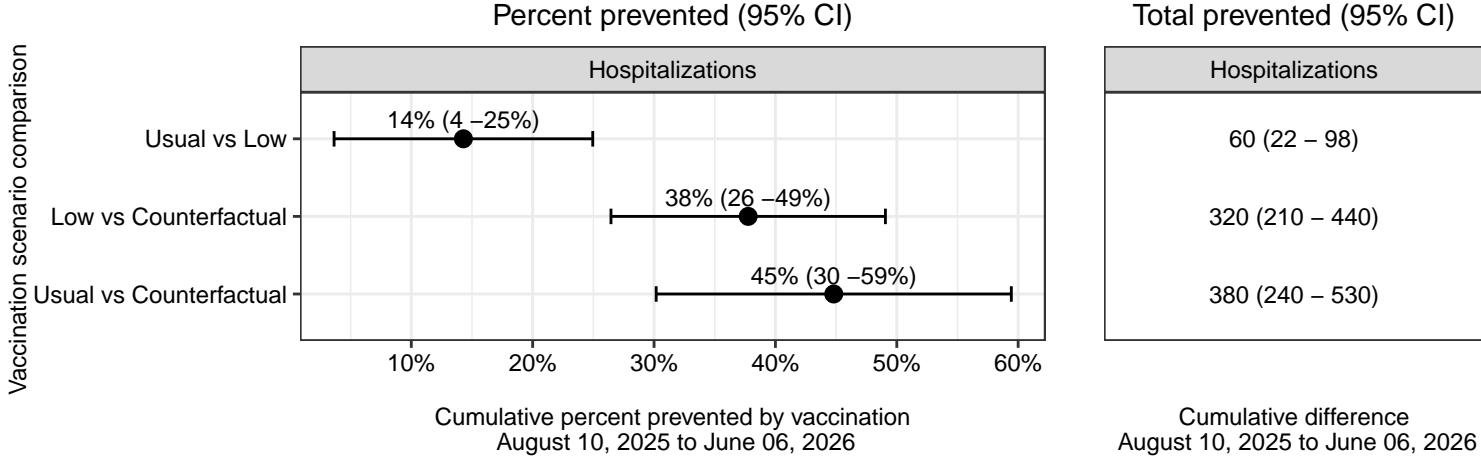
Business as usual vaccine coverage reduces hospitalizations by 480 (280 - 680), compared to no vaccination. Low vaccination coverage would result in 370 (210 - 520) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

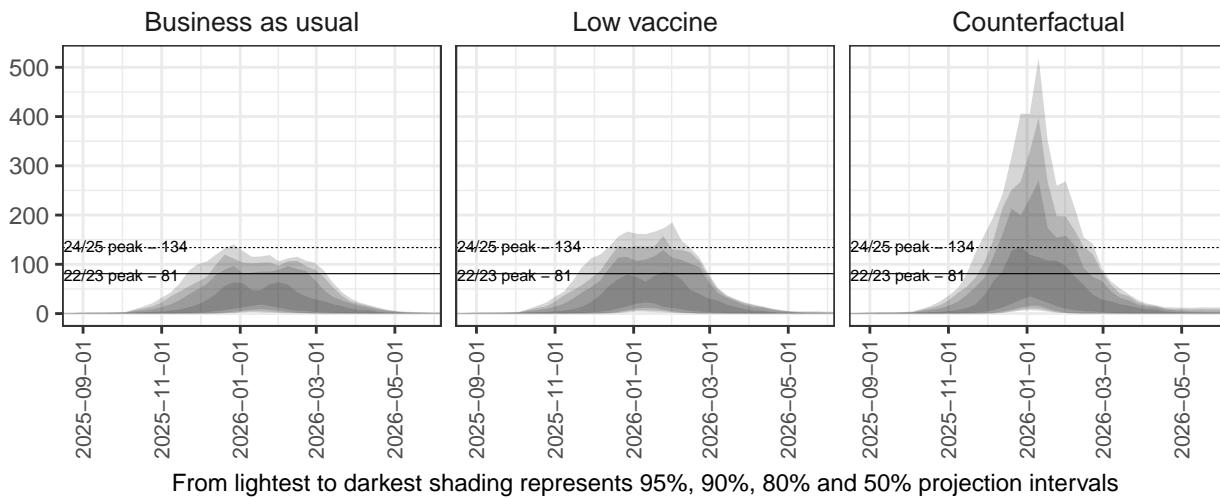
### 65+ population



## Ensemble Projections - Vermont

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

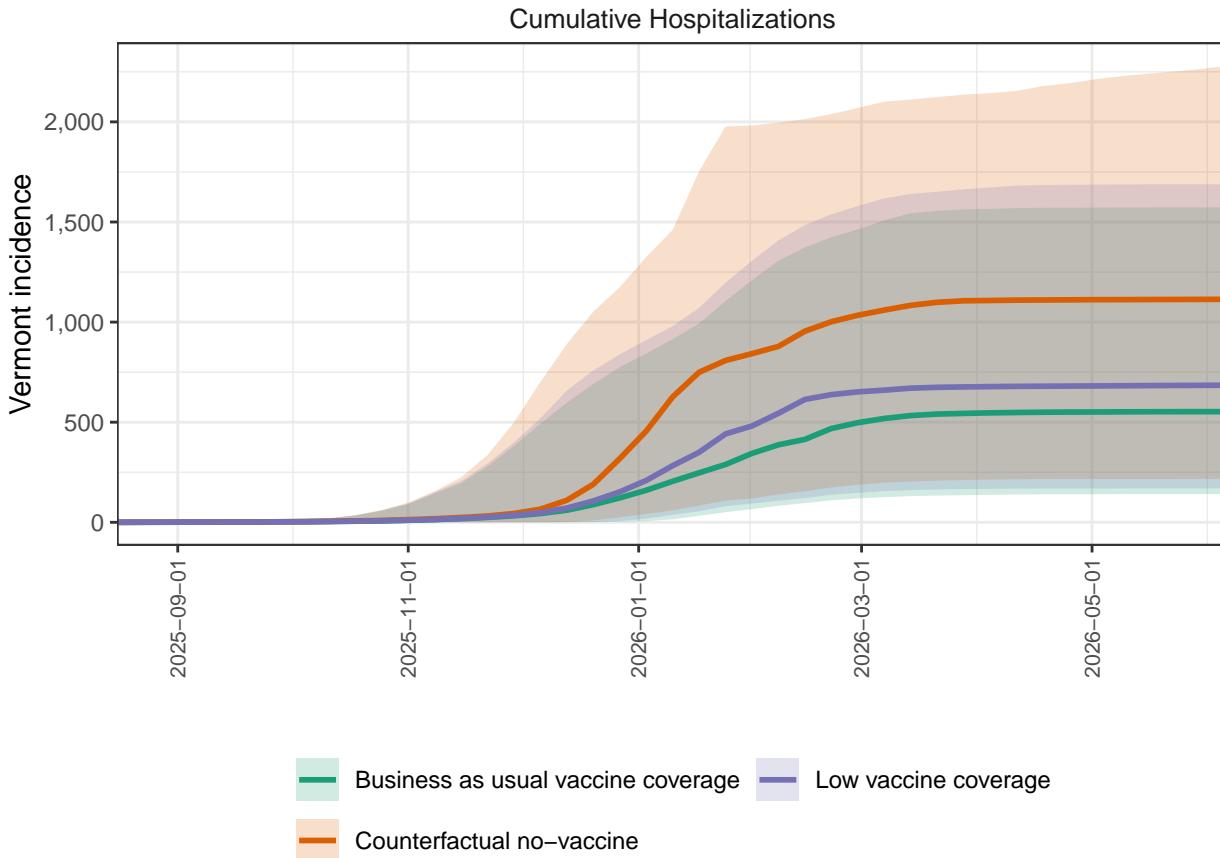
### Vermont ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Vermont

**Ensemble projections for cumulative hospitalizations by scenario, Vermont.** We project substantial continued burden of hospitalization from Flu, with 553 cumulative hospitalizations projected by the end of the season (95% PI 142 - 1573 due to FLU in the business as usual scenario (scenario A).

### Vermont ensemble projections & 95% projection intervals

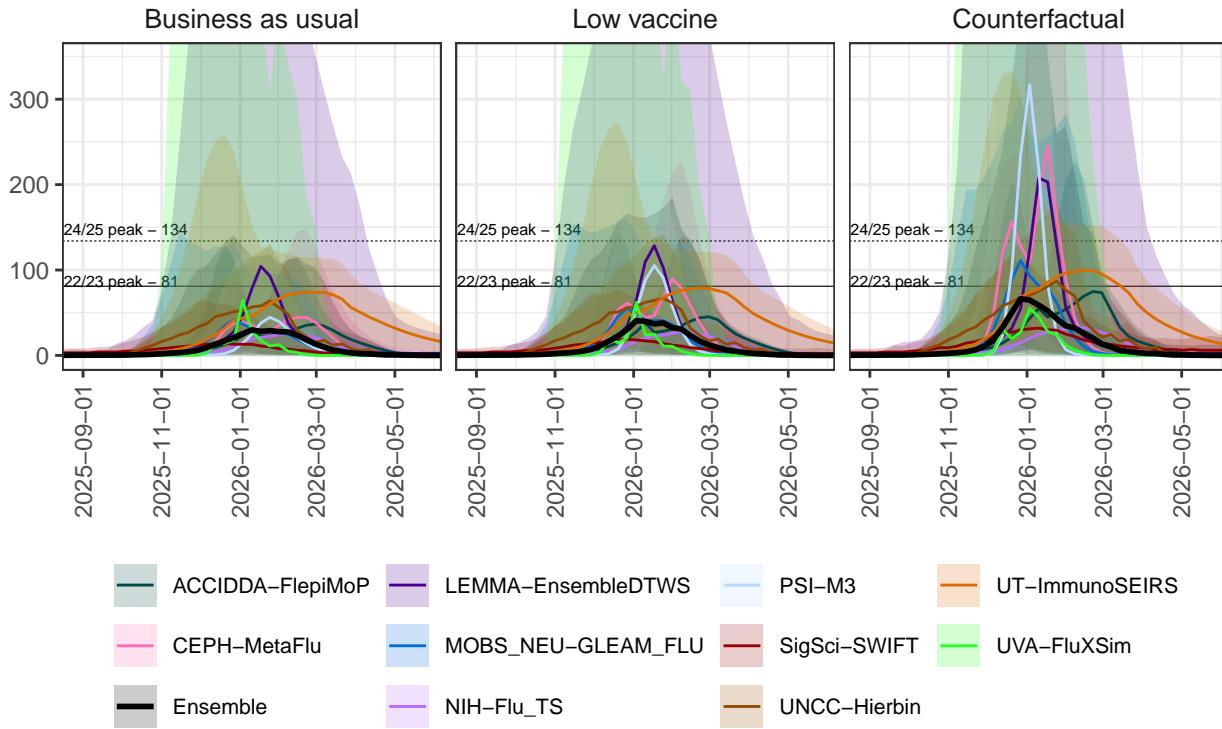


## Individual Model Projections - Vermont

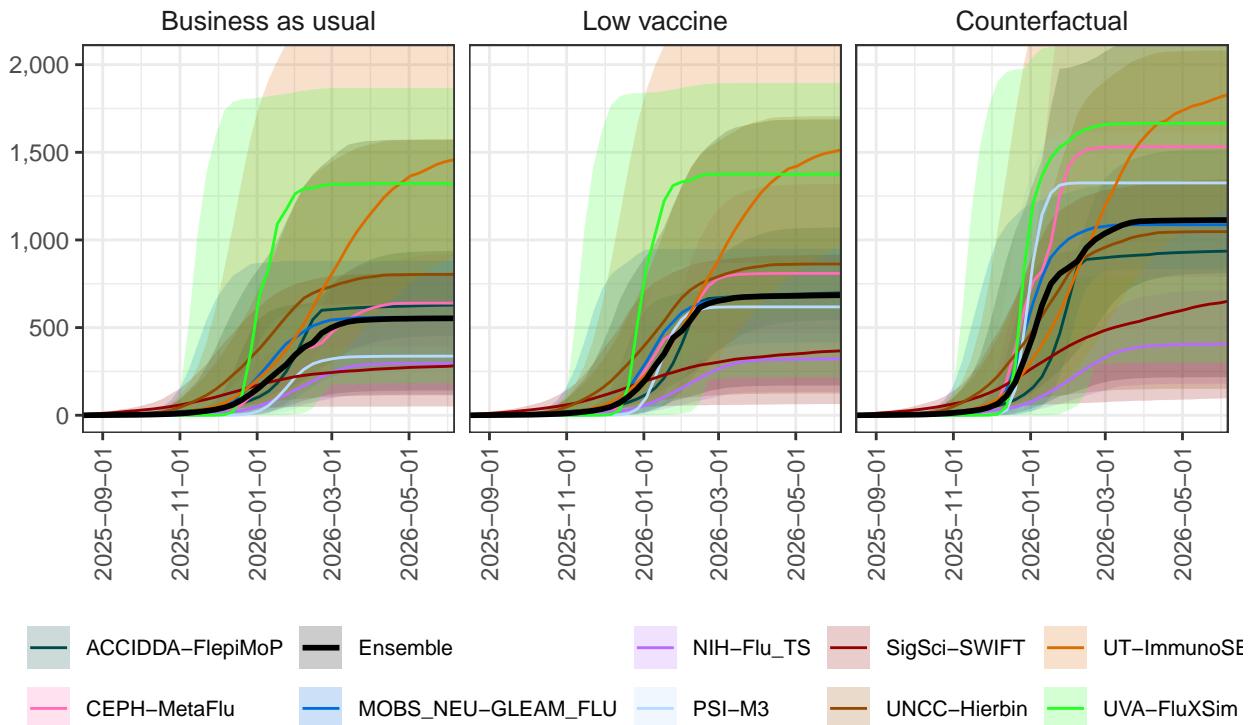
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Vermont Individual Model Projections & 95% Projection Intervals Hospitalizations



### Vermont Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



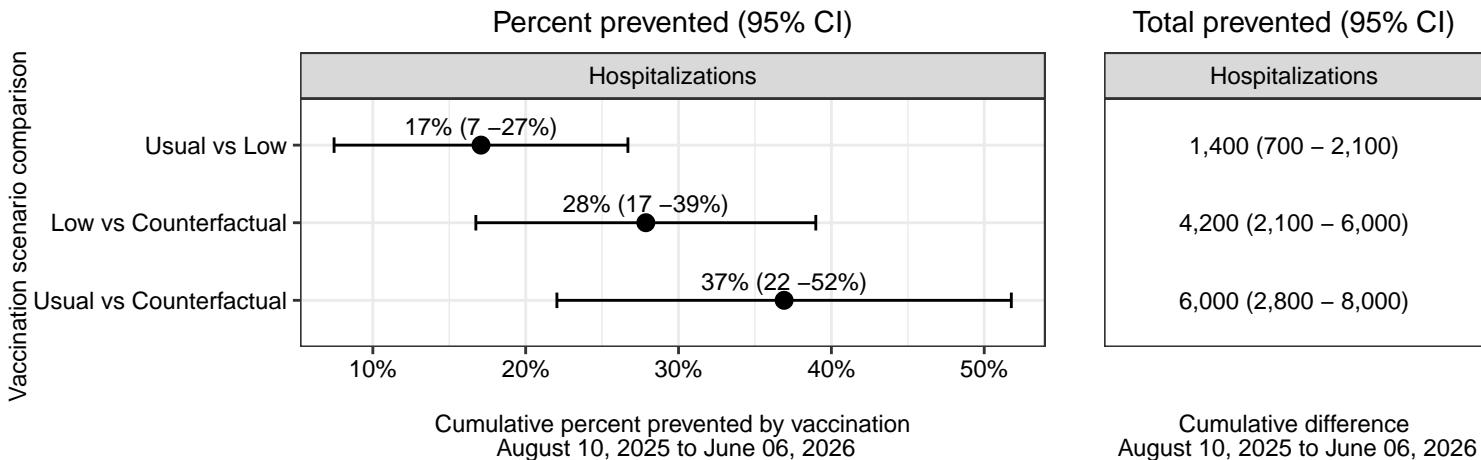
# Virginia

## Differences between scenarios - Virginia

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Virginia.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

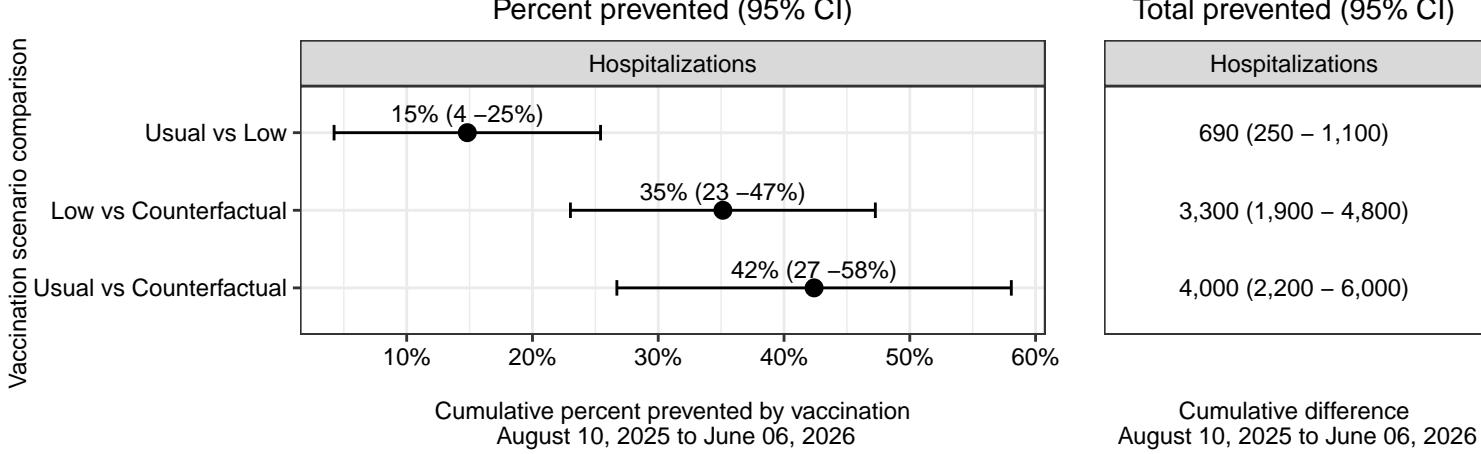
Business as usual vaccine coverage reduces hospitalizations by 6,000 (2,800 - 8,000), compared to no vaccination. Low vaccination coverage would result in 4,200 (2,100 - 6,000) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

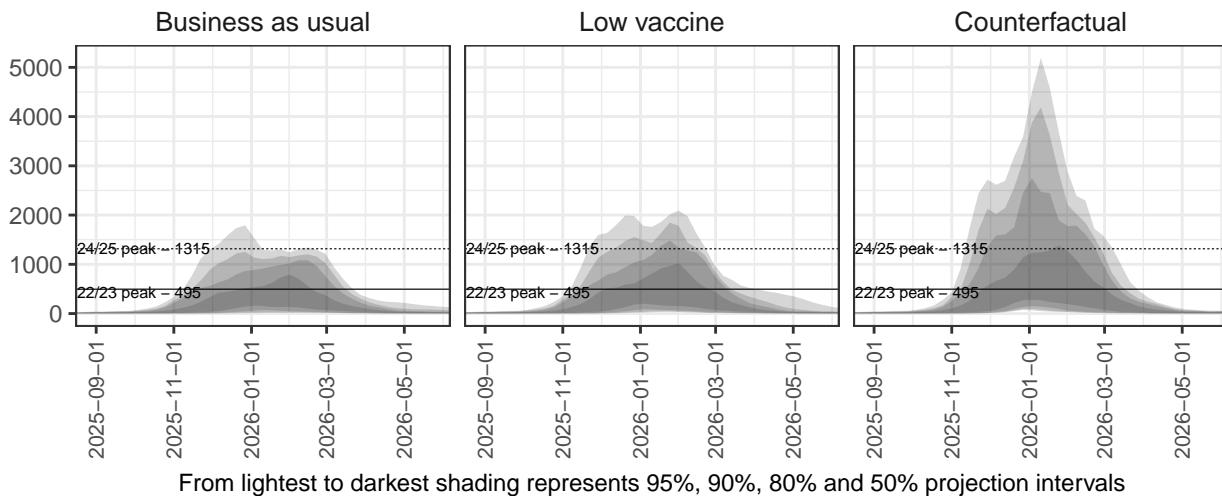
### 65+ population



## Ensemble Projections - Virginia

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

### Virginia ensemble projection intervals – Hospitalizations

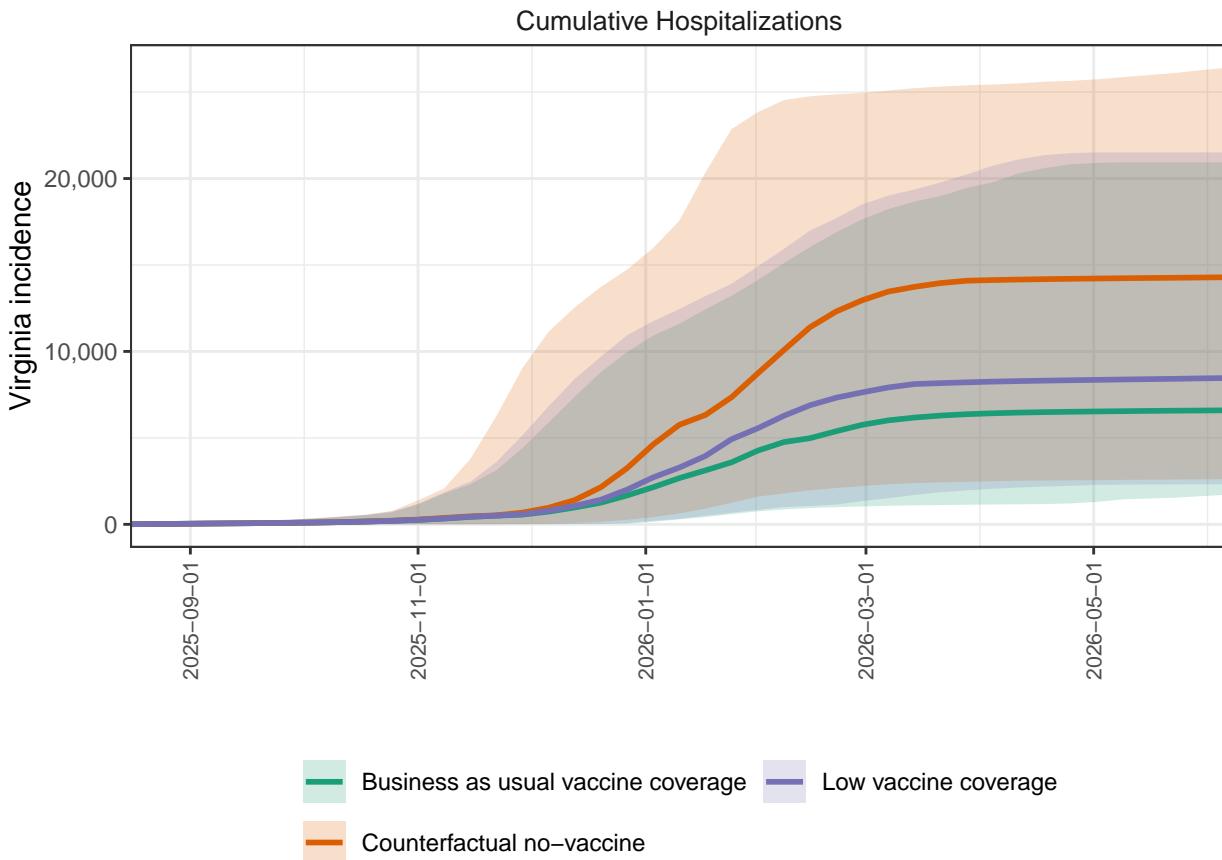


From lightest to darkest shading represents 95%, 90%, 80% and 50% projection intervals

## Cumulative Ensemble Projections - Virginia

**Ensemble projections for cumulative hospitalizations by scenario, Virginia.** We project substantial continued burden of hospitalization from Flu, with 6594 cumulative hospitalizations projected by the end of the season (95% PI 1713 - 20939 due to FLU in the business as usual scenario (scenario A).

### Virginia ensemble projections & 95% projection intervals

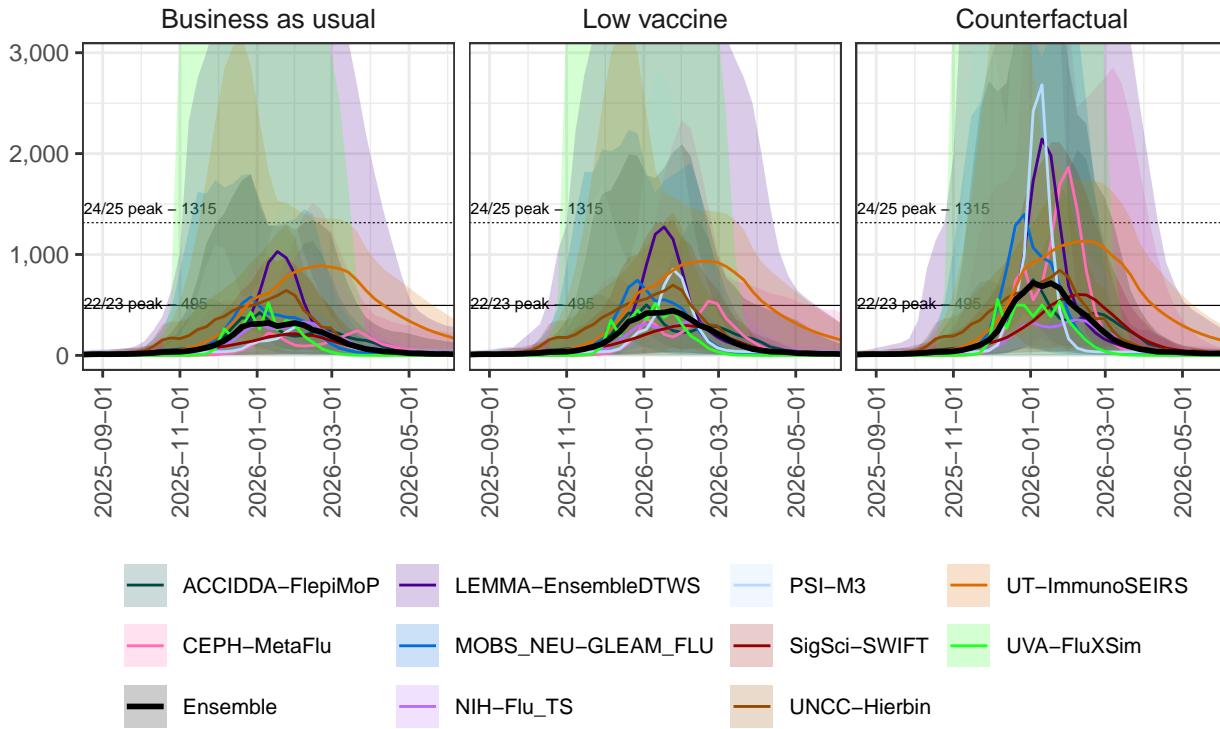


## Individual Model Projections - Virginia

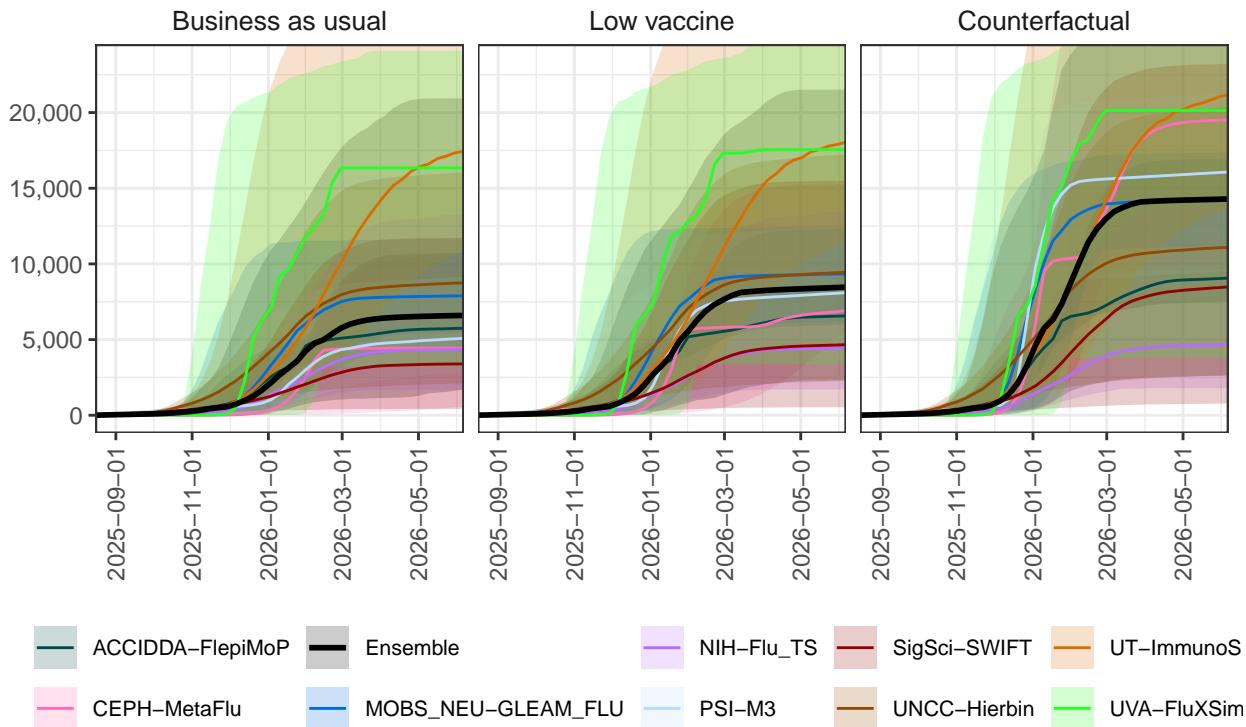
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Virginia Individual Model Projections & 95% Projection Intervals Hospitalizations



### Virginia Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



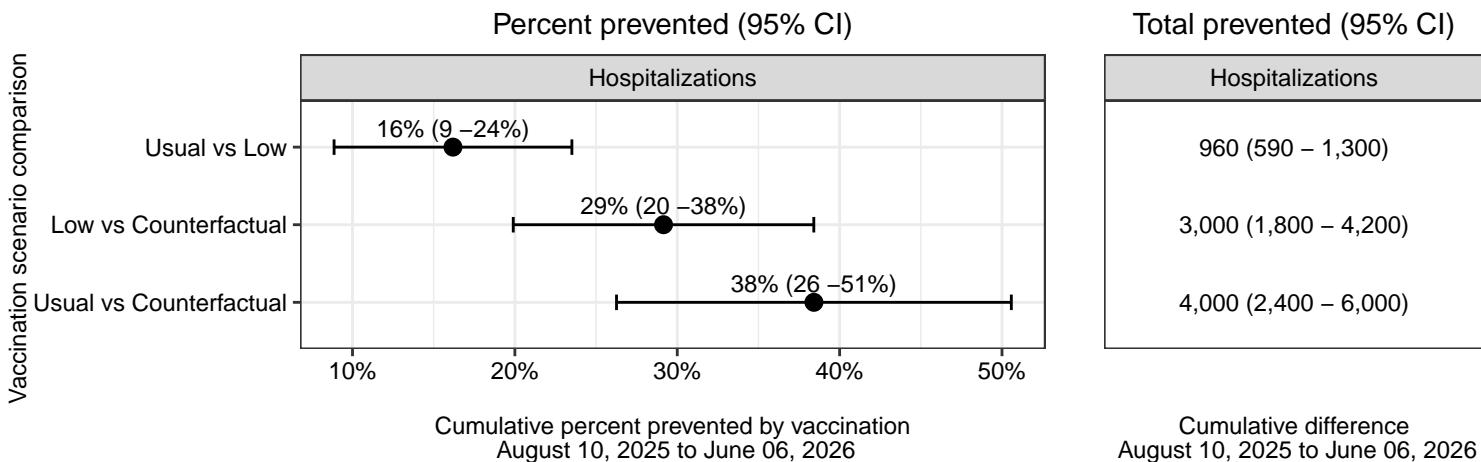
# Washington

## Differences between scenarios - Washington

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Washington.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

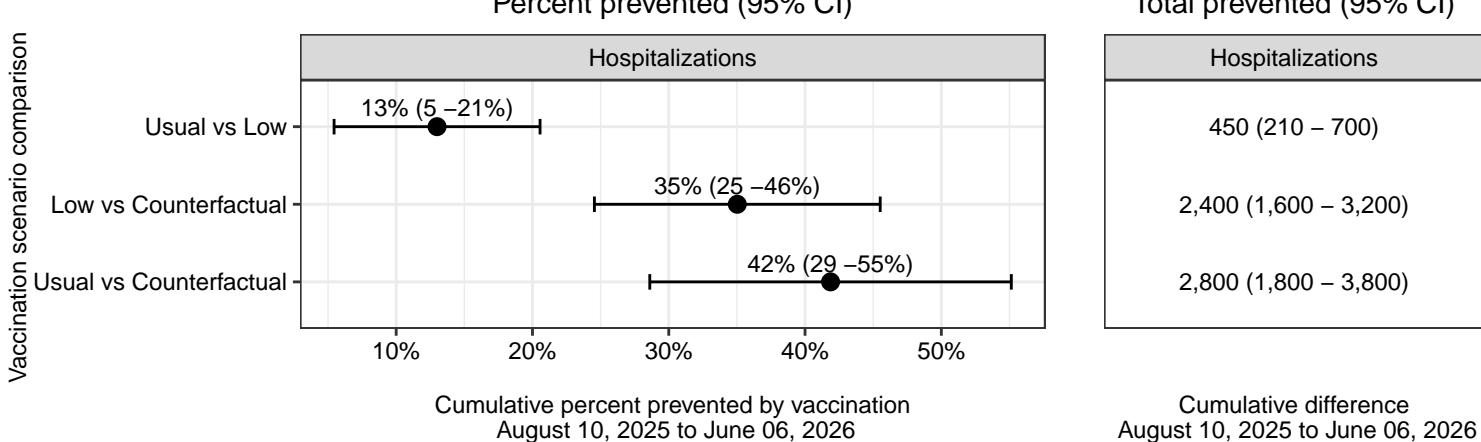
Business as usual vaccine coverage reduces hospitalizations by 4,000 (2,400 - 6,000), compared to no vaccination. Low vaccination coverage would result in 3,000 (1,800 - 4,200) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

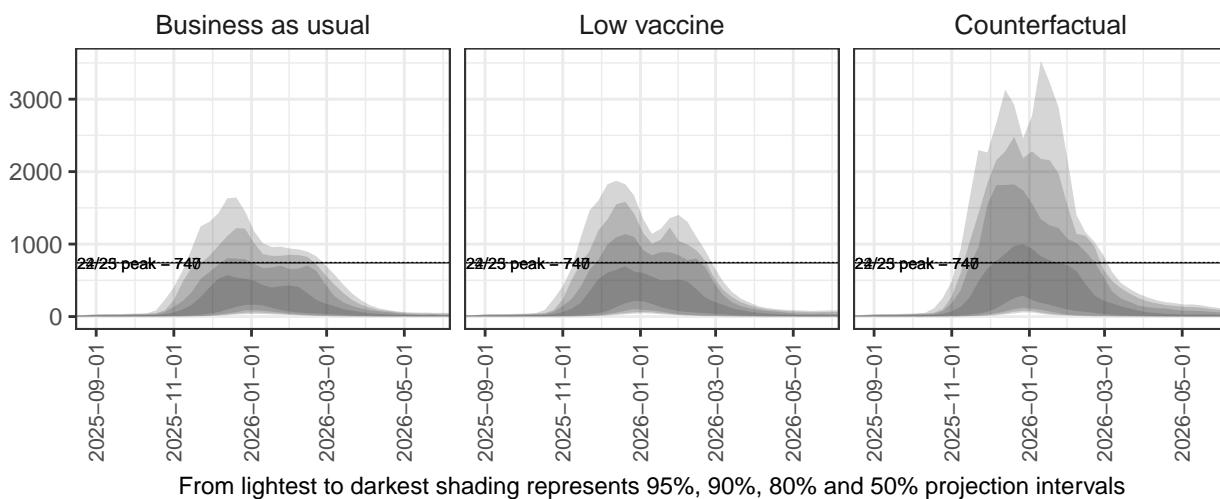
### 65+ population



## Ensemble Projections - Washington

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

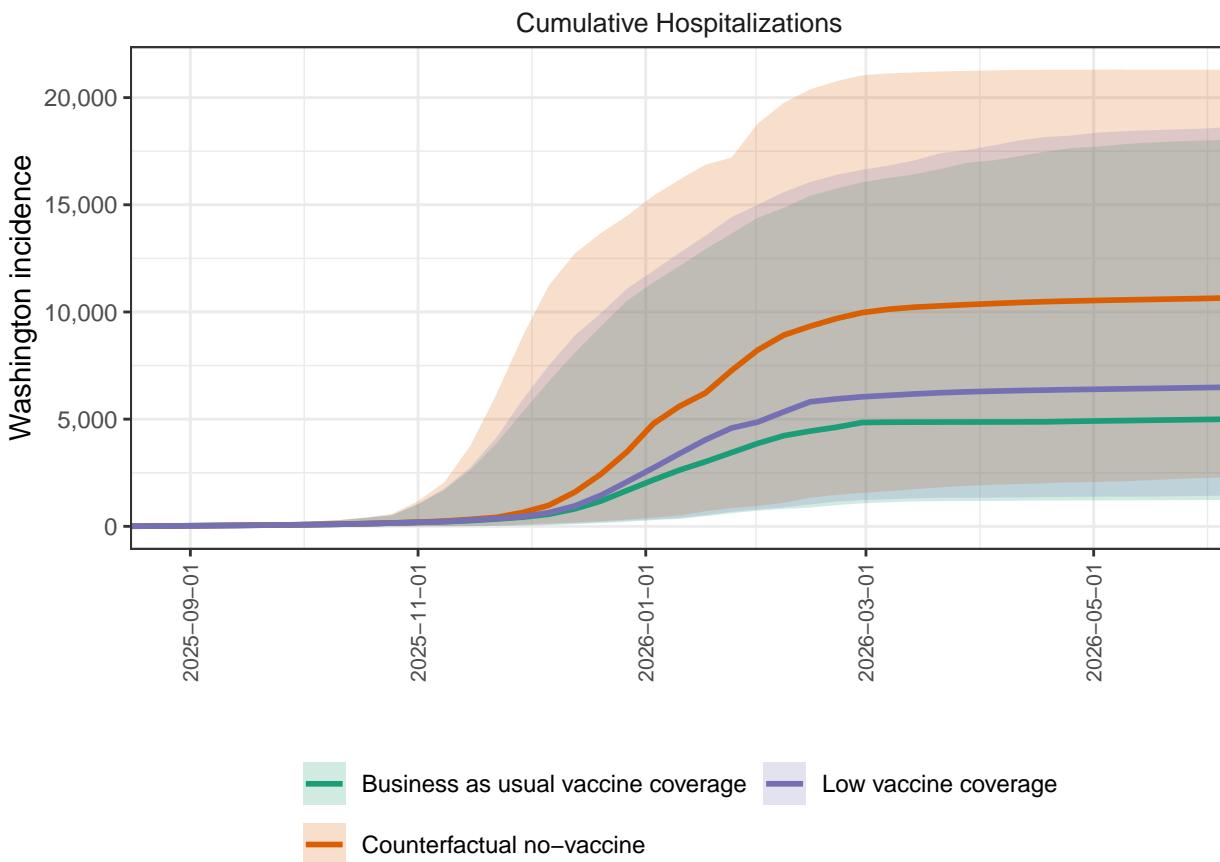
### Washington ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Washington

**Ensemble projections for cumulative hospitalizations by scenario, Washington.** We project substantial continued burden of hospitalization from Flu, with 4997 cumulative hospitalizations projected by the end of the season (95% PI 1226 - 18024 due to FLU in the business as usual scenario (scenario A).

### Washington ensemble projections & 95% projection intervals

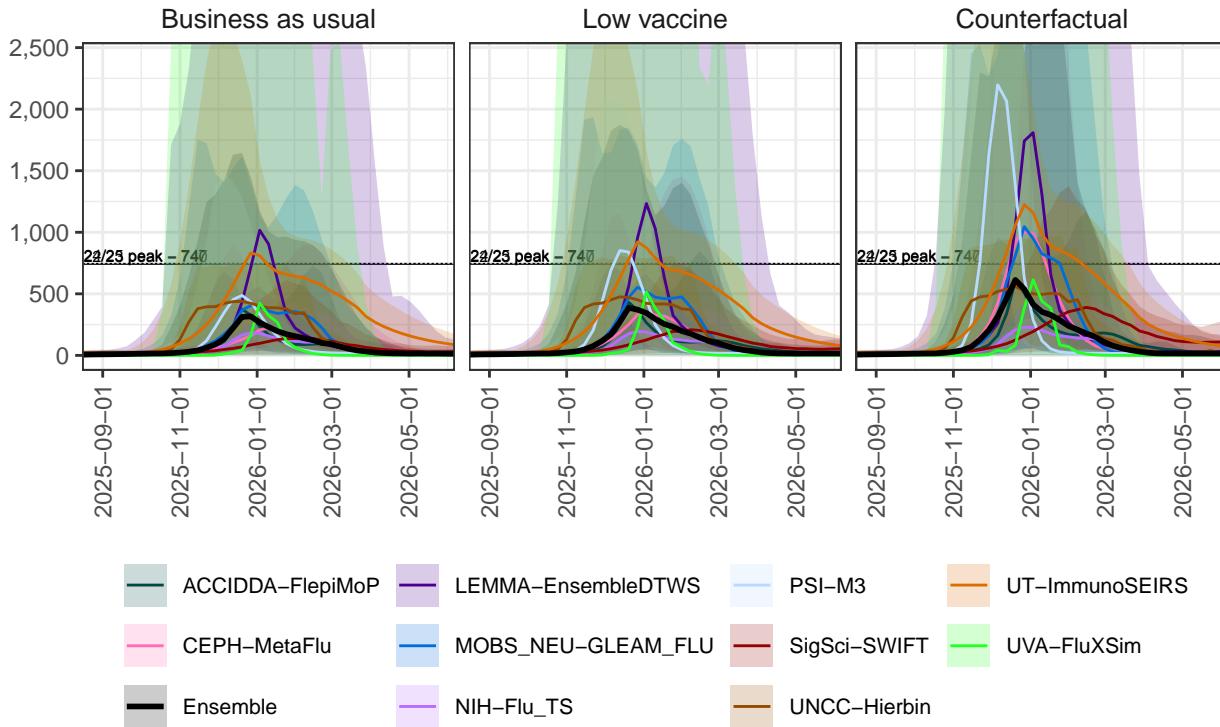


## Individual Model Projections - Washington

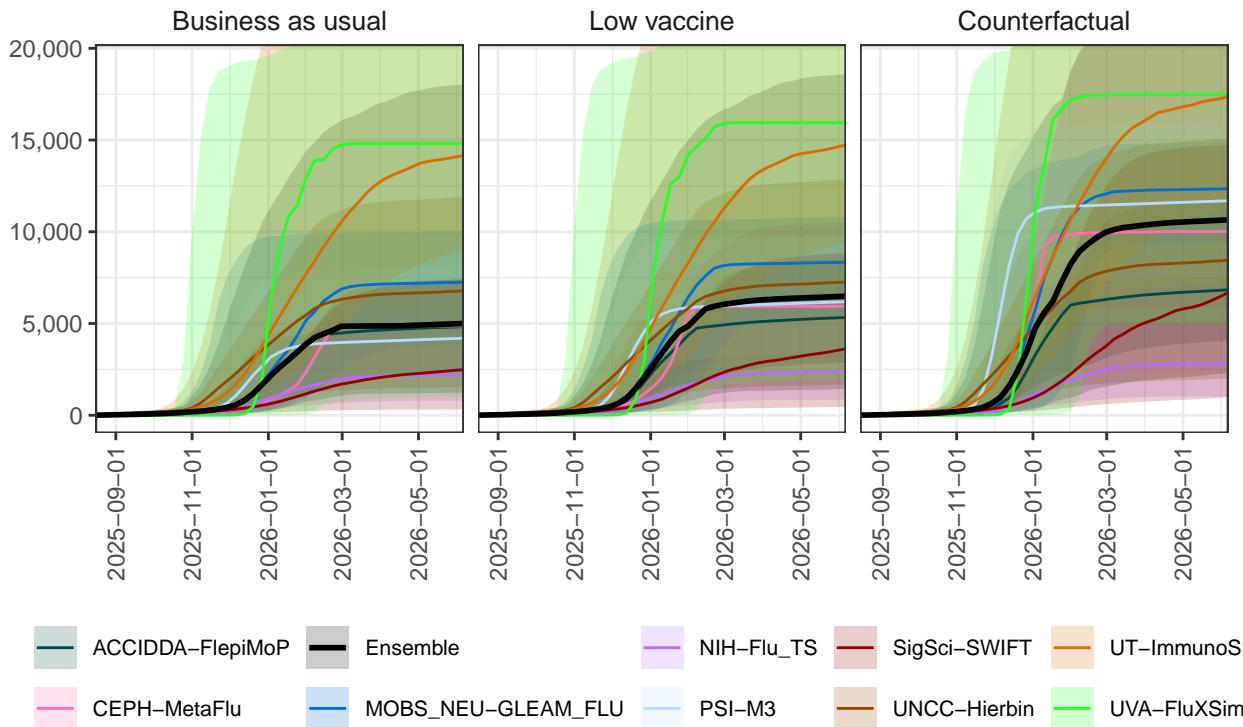
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Washington Individual Model Projections & 95% Projection Intervals Hospitalizations



### Washington Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



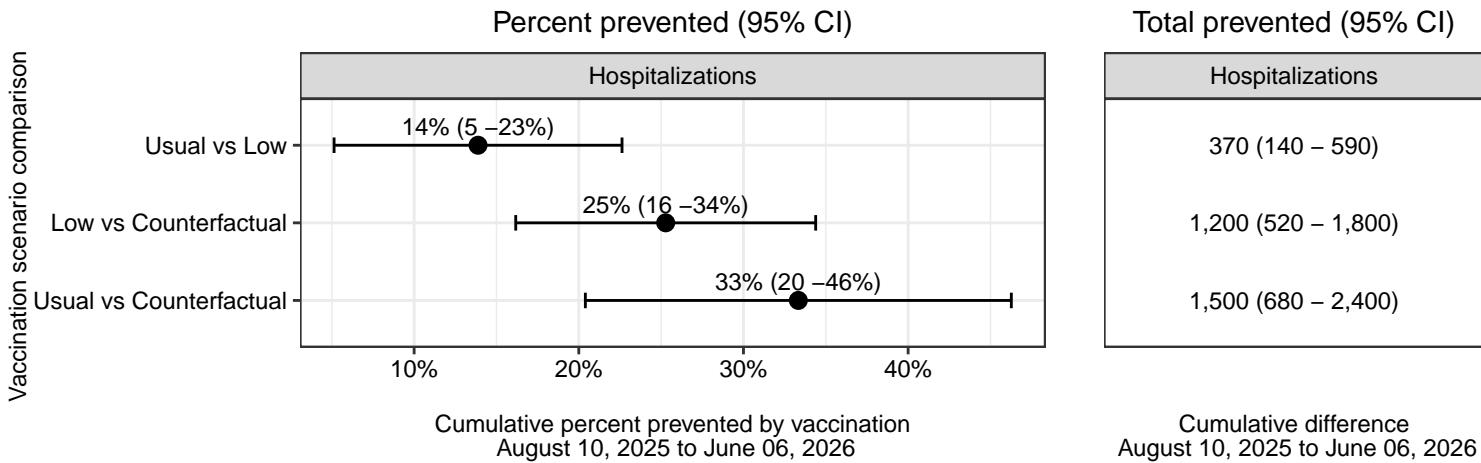
# West Virginia

## Differences between scenarios - West Virginia

Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for West Virginia. Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

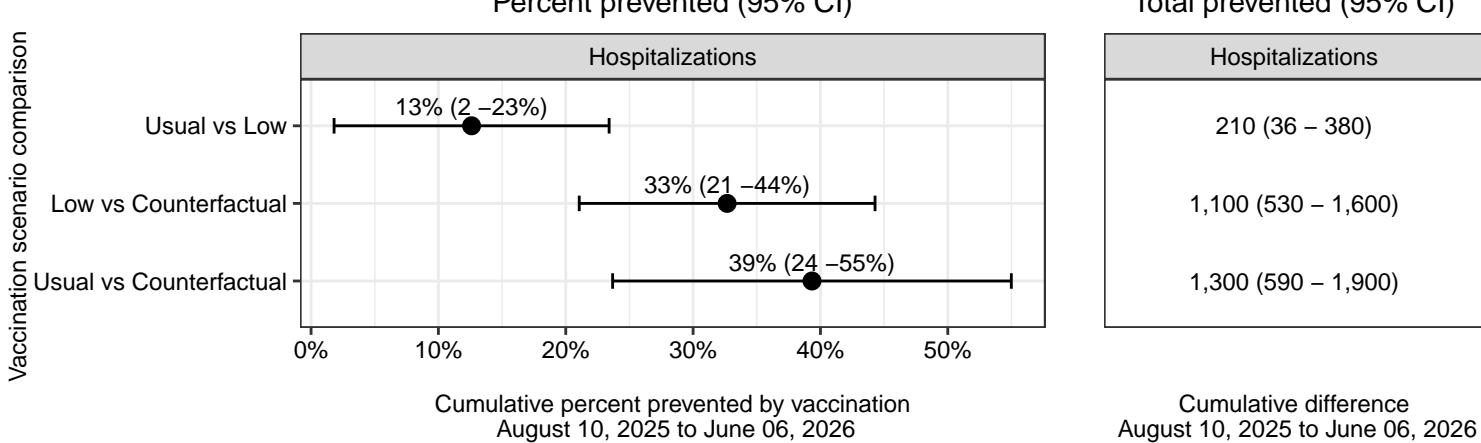
Business as usual vaccine coverage reduces hospitalizations by 1,500 (680 - 2,400), compared to no vaccination. Low vaccination coverage would result in 1,200 (520 - 1,800) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

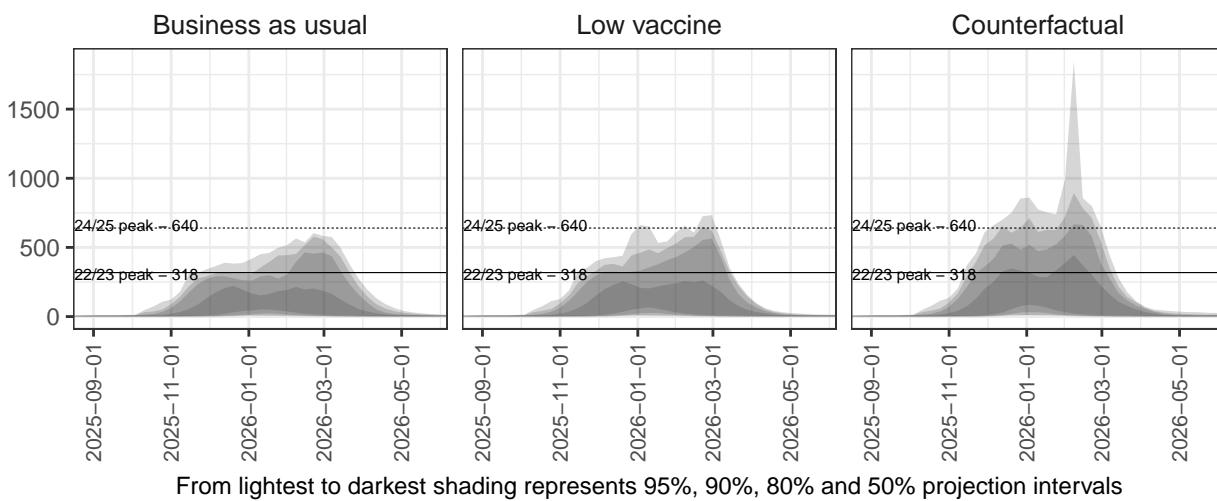
### 65+ population



## Ensemble Projections - West Virginia

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

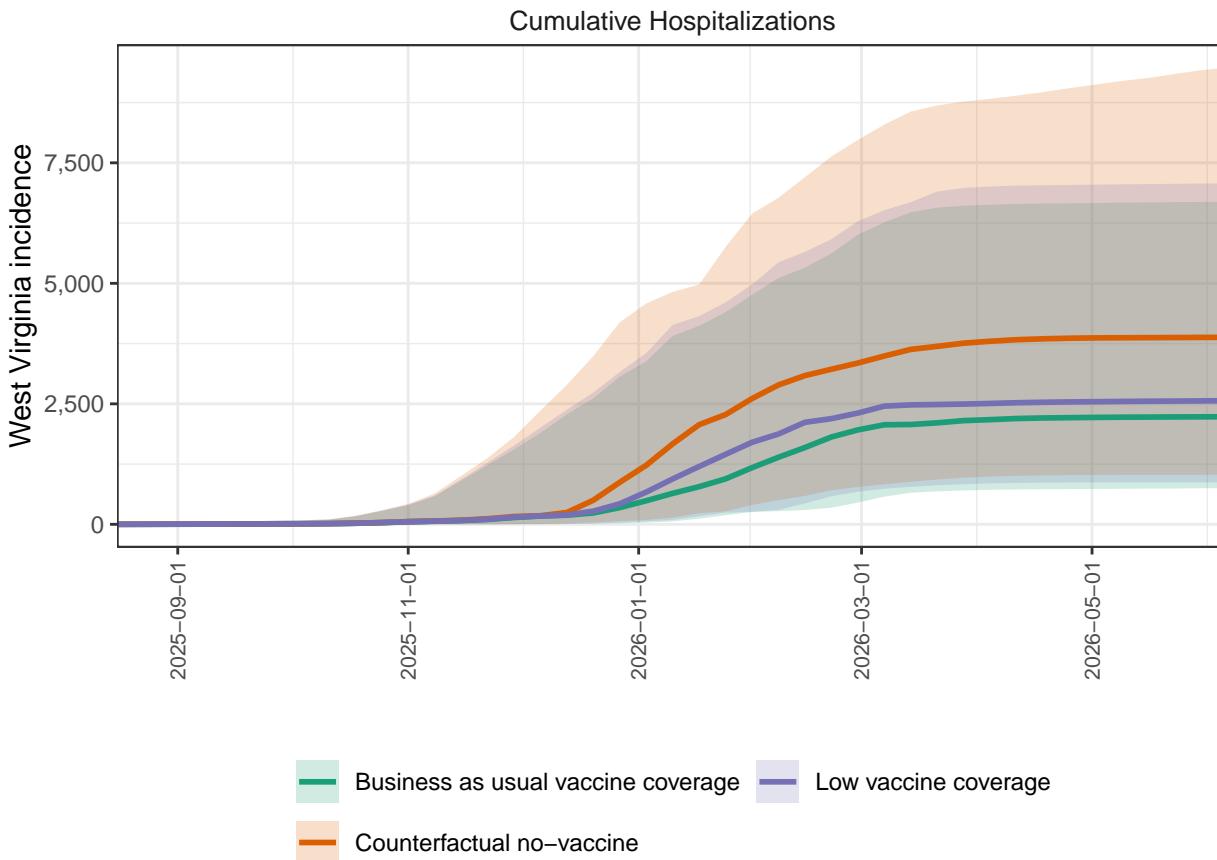
### West Virginia ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - West Virginia

**Ensemble projections for cumulative hospitalizations by scenario, West Virginia.** We project substantial continued burden of hospitalization from Flu, with 2232 cumulative hospitalizations projected by the end of the season (95% PI 751 - 6690 due to FLU in the business as usual scenario (scenario A).

### West Virginia ensemble projections & 95% projection intervals

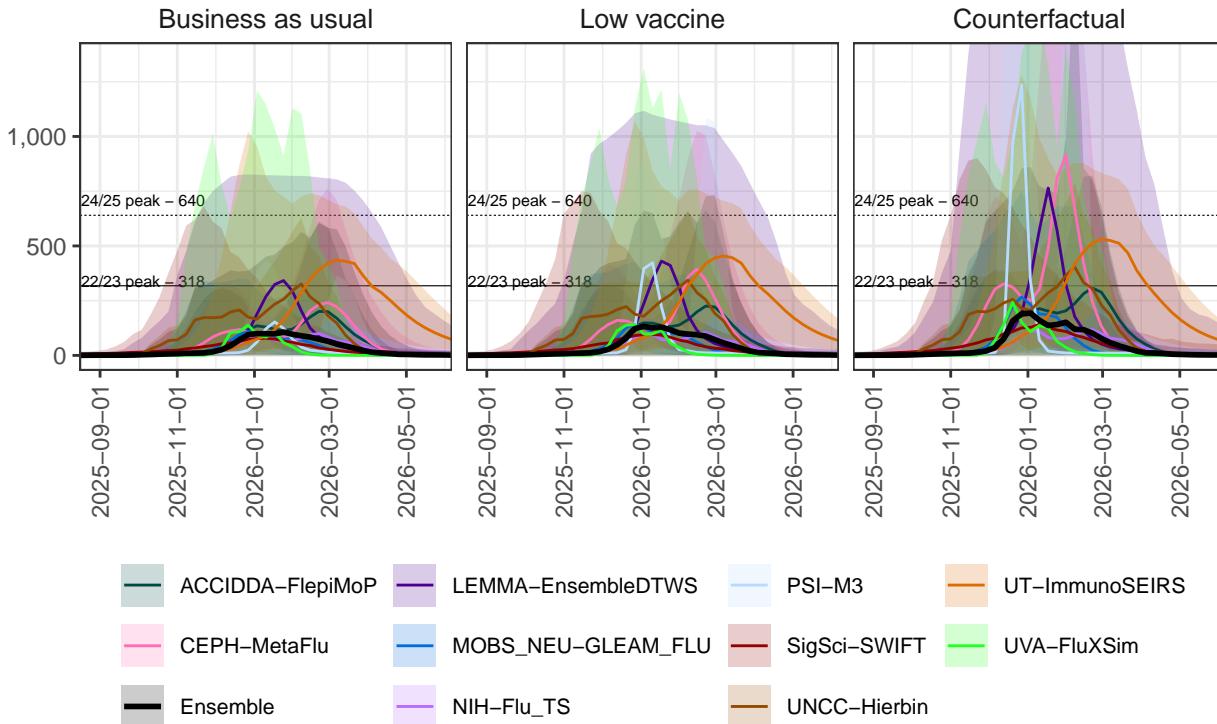


## Individual Model Projections - West Virginia

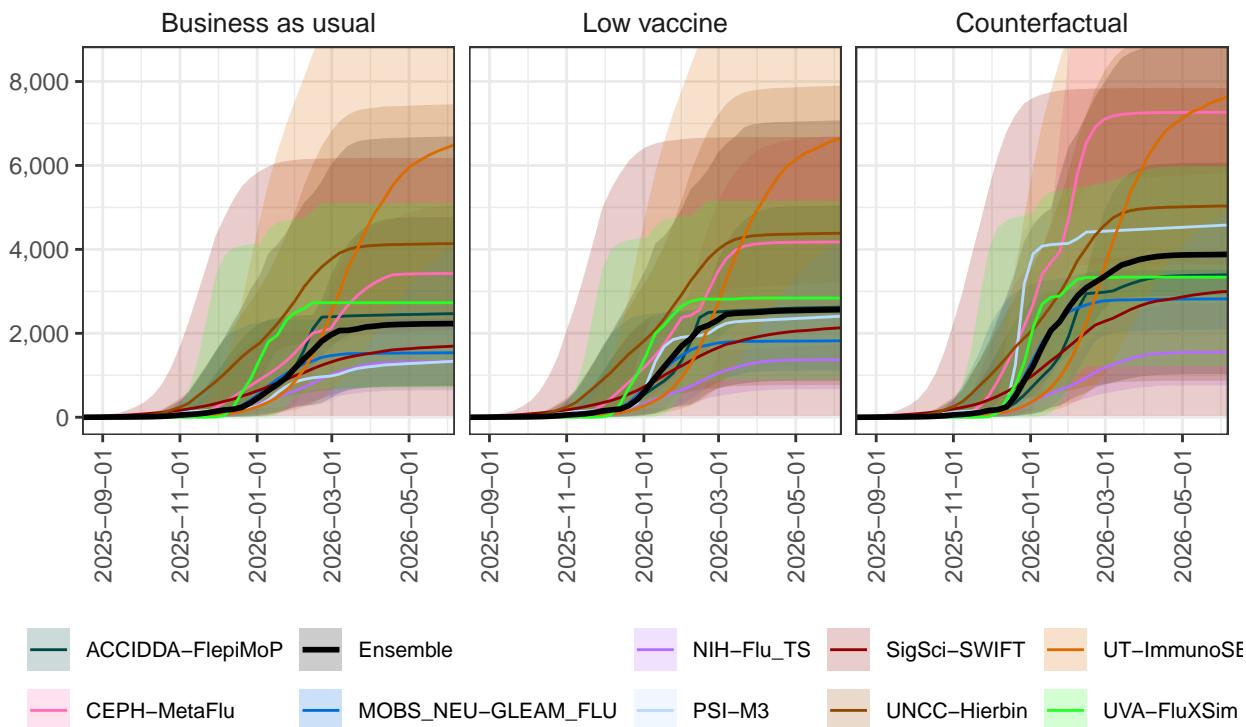
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### West Virginia Individual Model Projections & 95% Projection Intervals Hospitalizations



### West Virginia Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



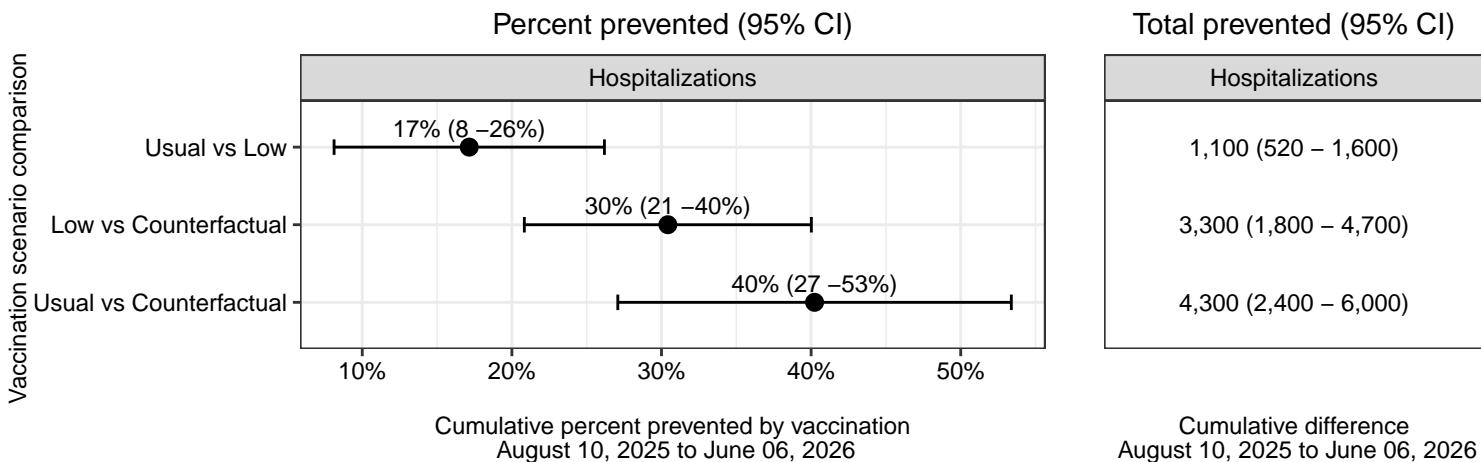
# Wisconsin

## Differences between scenarios - Wisconsin

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Wisconsin.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

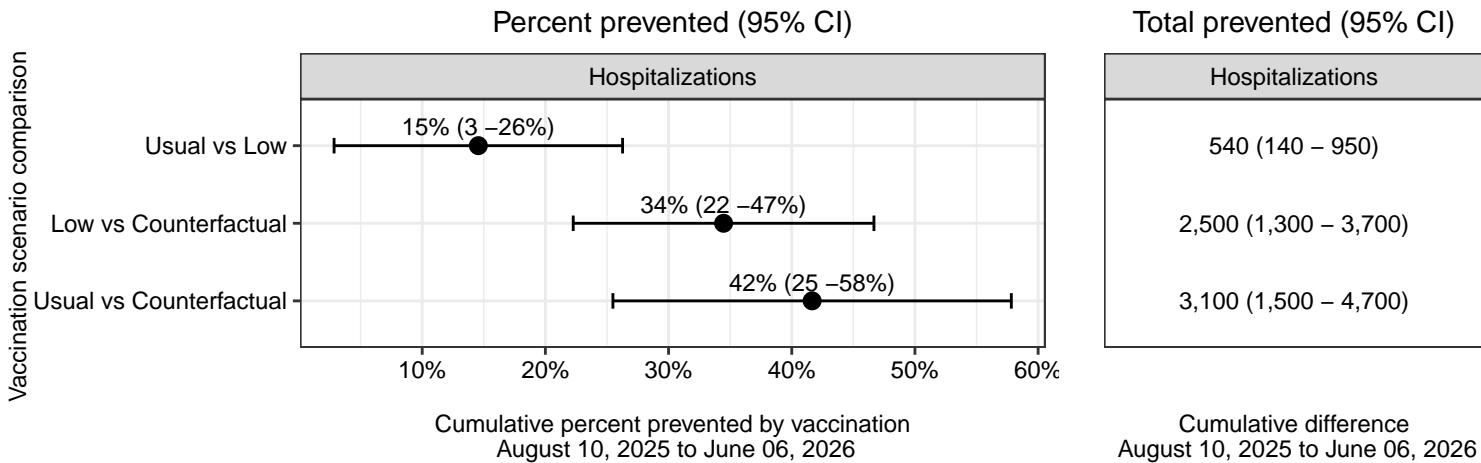
Business as usual vaccine coverage reduces hospitalizations by 4,300 (2,400 - 6,000), compared to no vaccination. Low vaccination coverage would result in 3,300 (1,800 - 4,700) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

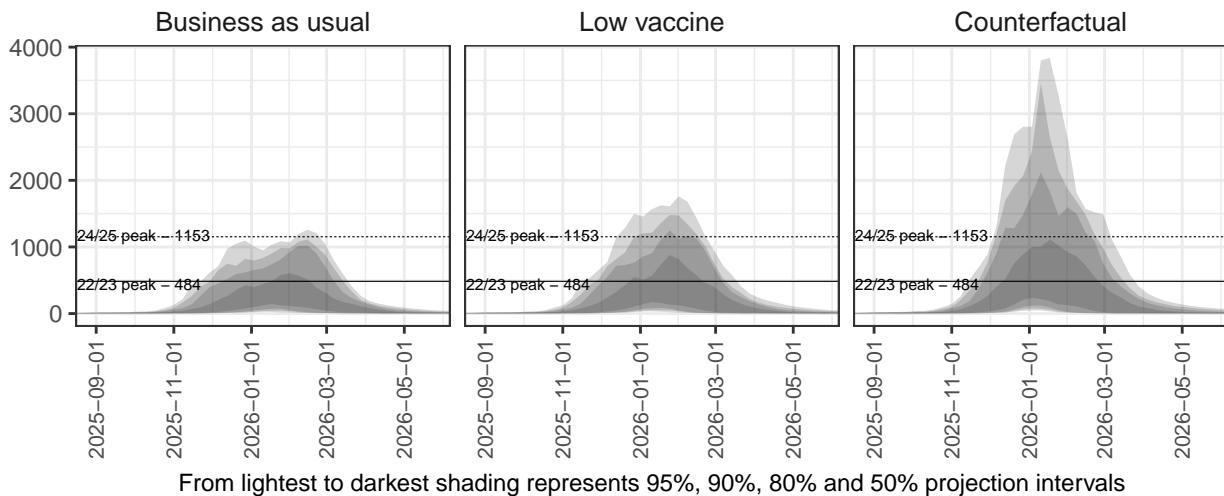
### 65+ population



## Ensemble Projections - Wisconsin

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

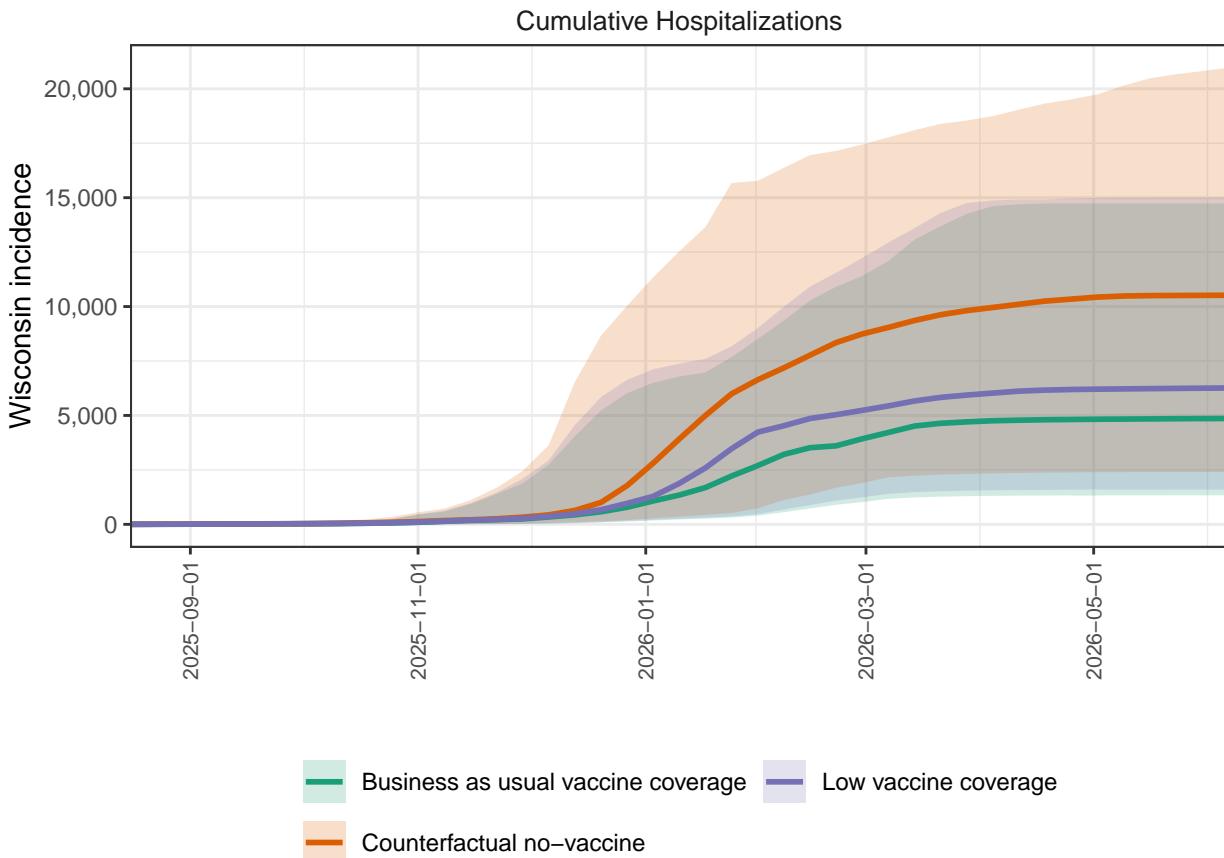
### Wisconsin ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Wisconsin

**Ensemble projections for cumulative hospitalizations by scenario, Wisconsin.** We project substantial continued burden of hospitalization from Flu, with 4861 cumulative hospitalizations projected by the end of the season (95% PI 1333 - 14731 due to FLU in the business as usual scenario (scenario A).

### Wisconsin ensemble projections & 95% projection intervals

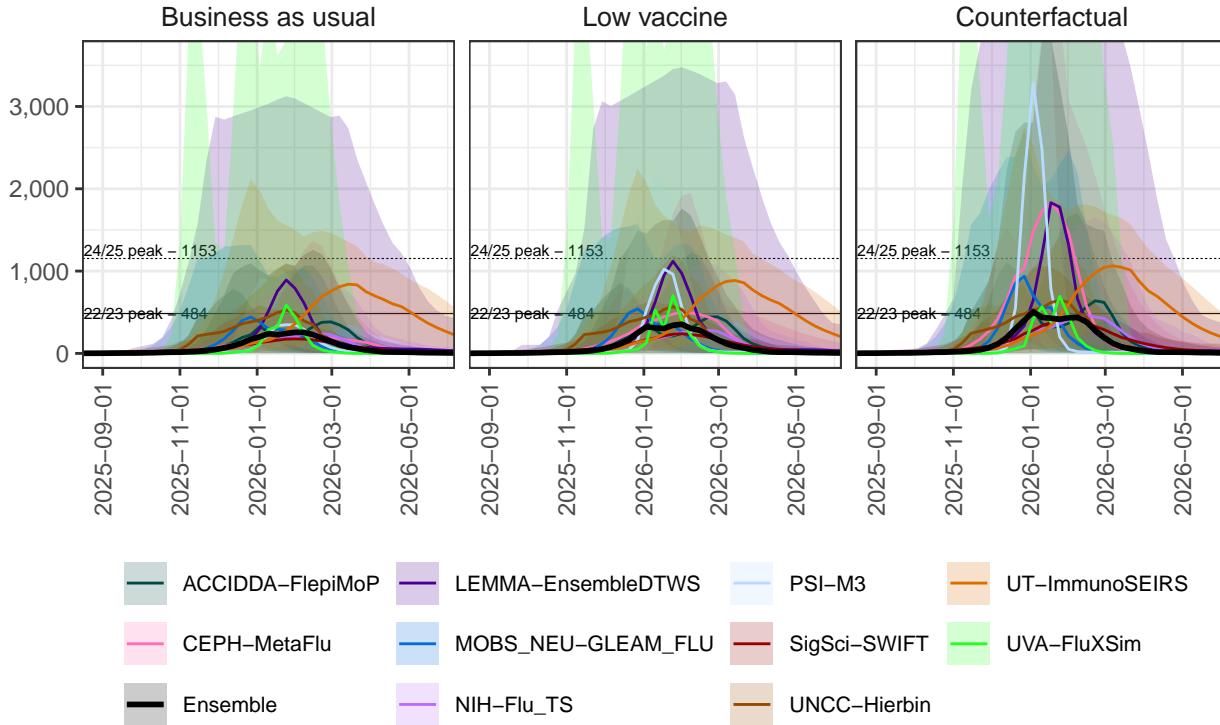


## Individual Model Projections - Wisconsin

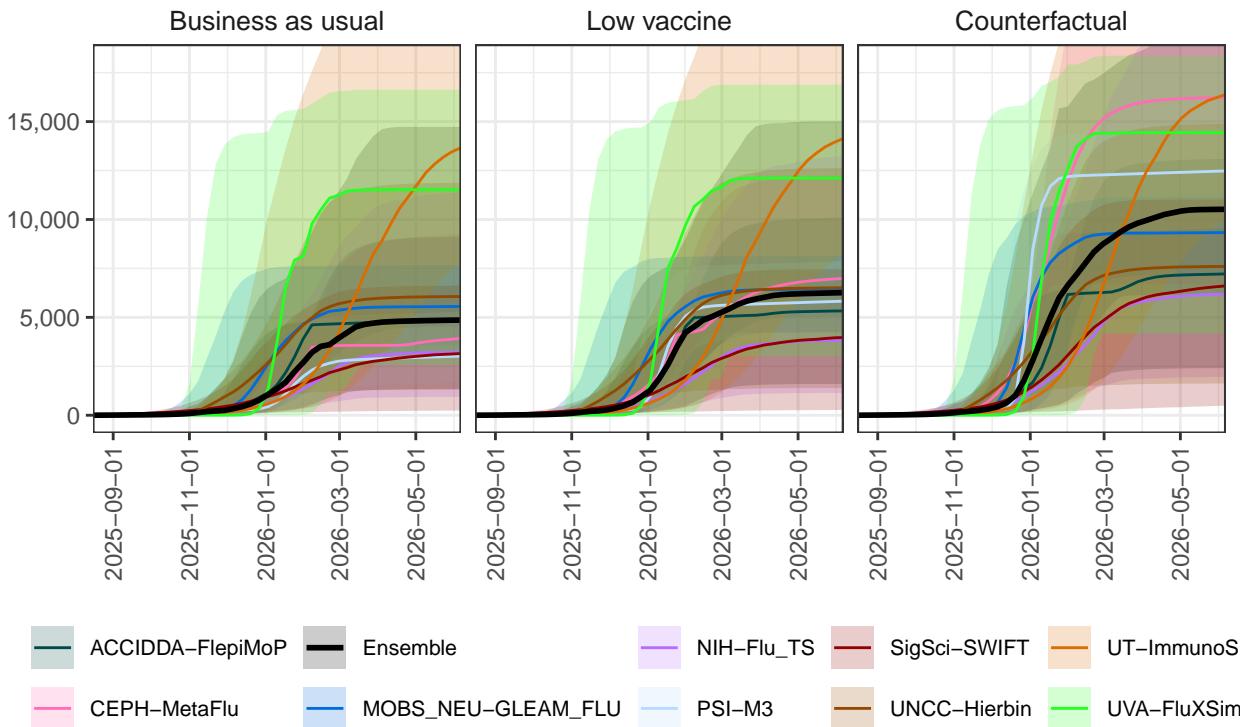
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Wisconsin Individual Model Projections & 95% Projection Intervals Hospitalizations



### Wisconsin Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations



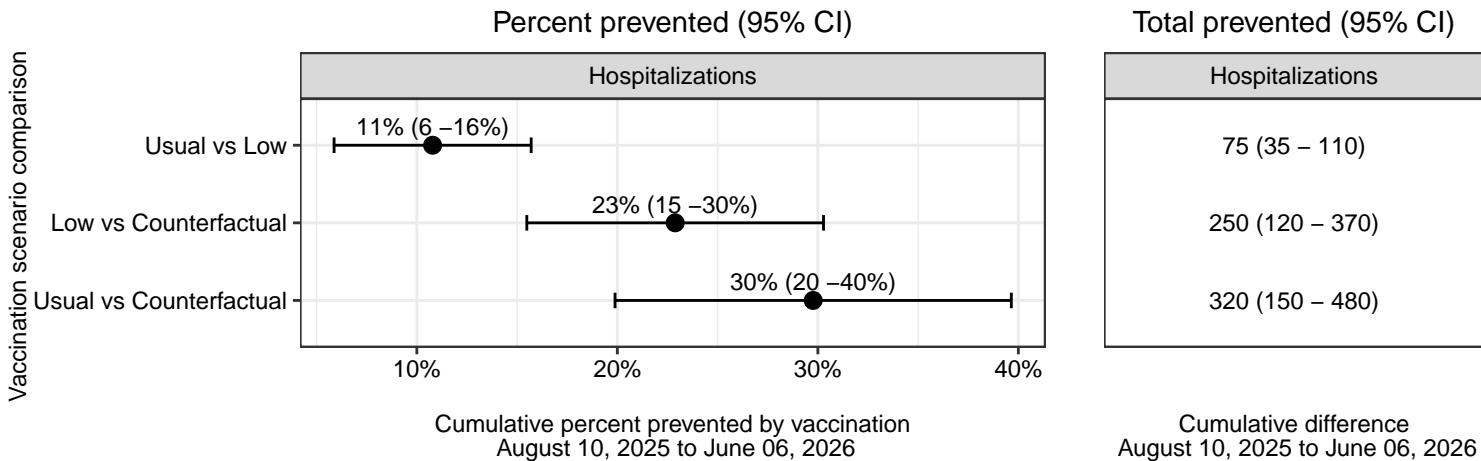
# Wyoming

## Differences between scenarios - Wyoming

**Cumulative paired differences between vaccination scenarios from August 10, 2025 to June 06, 2026, for Wyoming.** Both vaccination strategies are projected to significantly reduce disease burden compared to no vaccination.

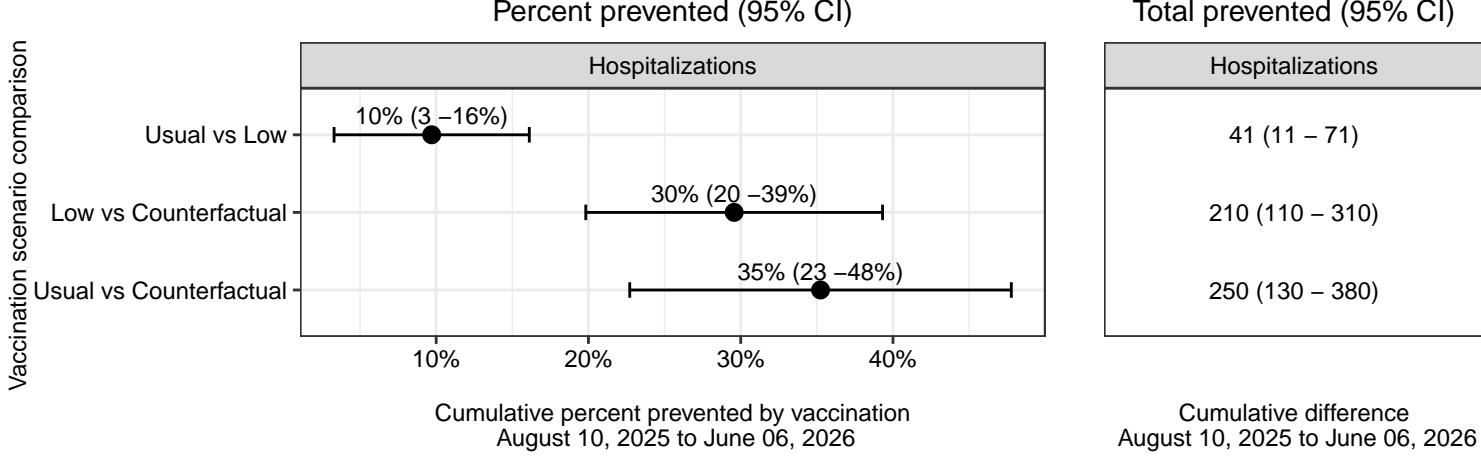
Business as usual vaccine coverage reduces hospitalizations by 320 (150 - 480), compared to no vaccination. Low vaccination coverage would result in 250 (120 - 370) fewer hospitalizations over the projection period, compared to no vaccination.

### Overall population



These impacts of vaccination 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.

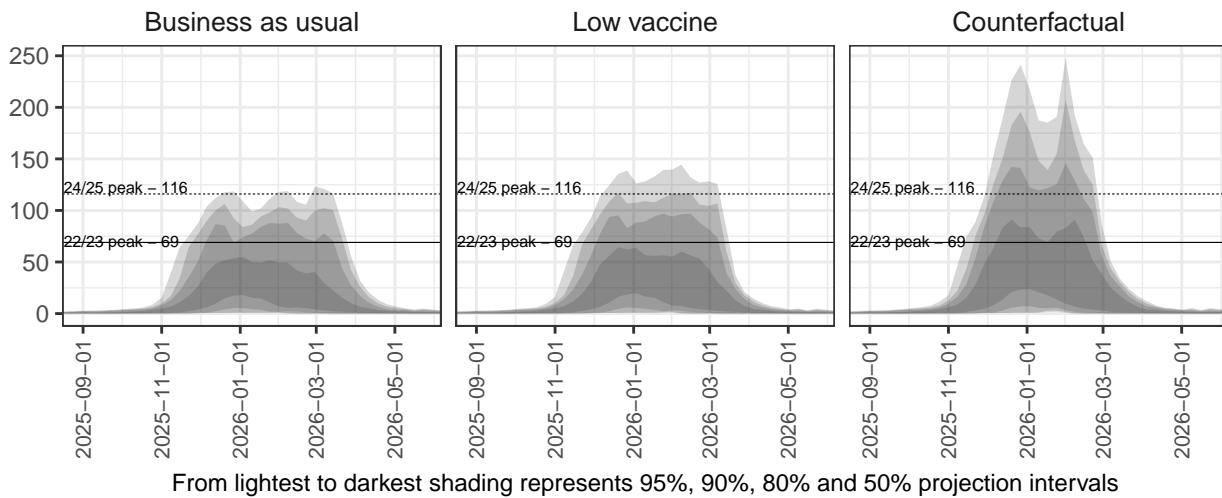
### 65+ population



## Ensemble Projections - Wyoming

Horizontal lines are given for prior peak incident, from past 2024-25 and 2022-23 seasons based on NHSN data.

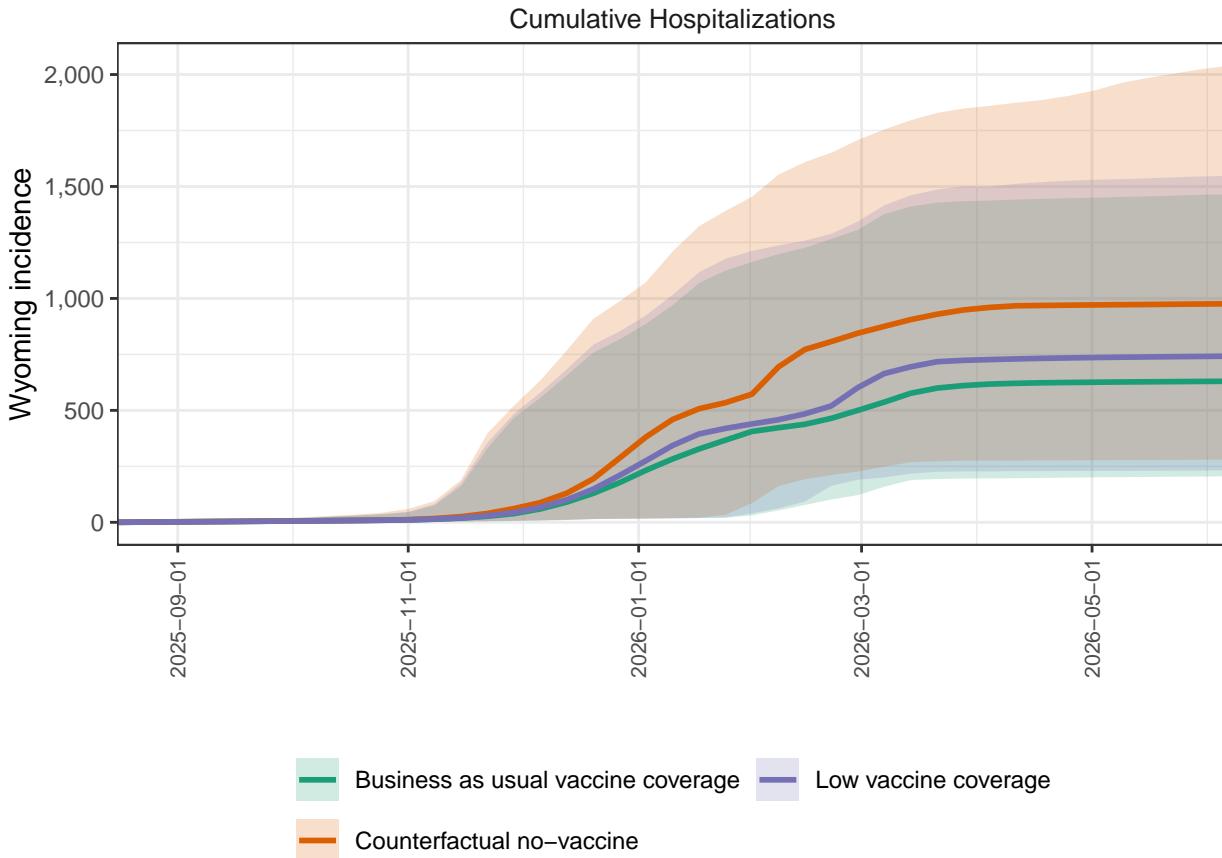
### Wyoming ensemble projection intervals – Hospitalizations



## Cumulative Ensemble Projections - Wyoming

**Ensemble projections for cumulative hospitalizations by scenario, Wyoming.** We project substantial continued burden of hospitalization from Flu, with 630 cumulative hospitalizations projected by the end of the season (95% PI 205 - 1465 due to FLU in the business as usual scenario (scenario A).

### Wyoming ensemble projections & 95% projection intervals

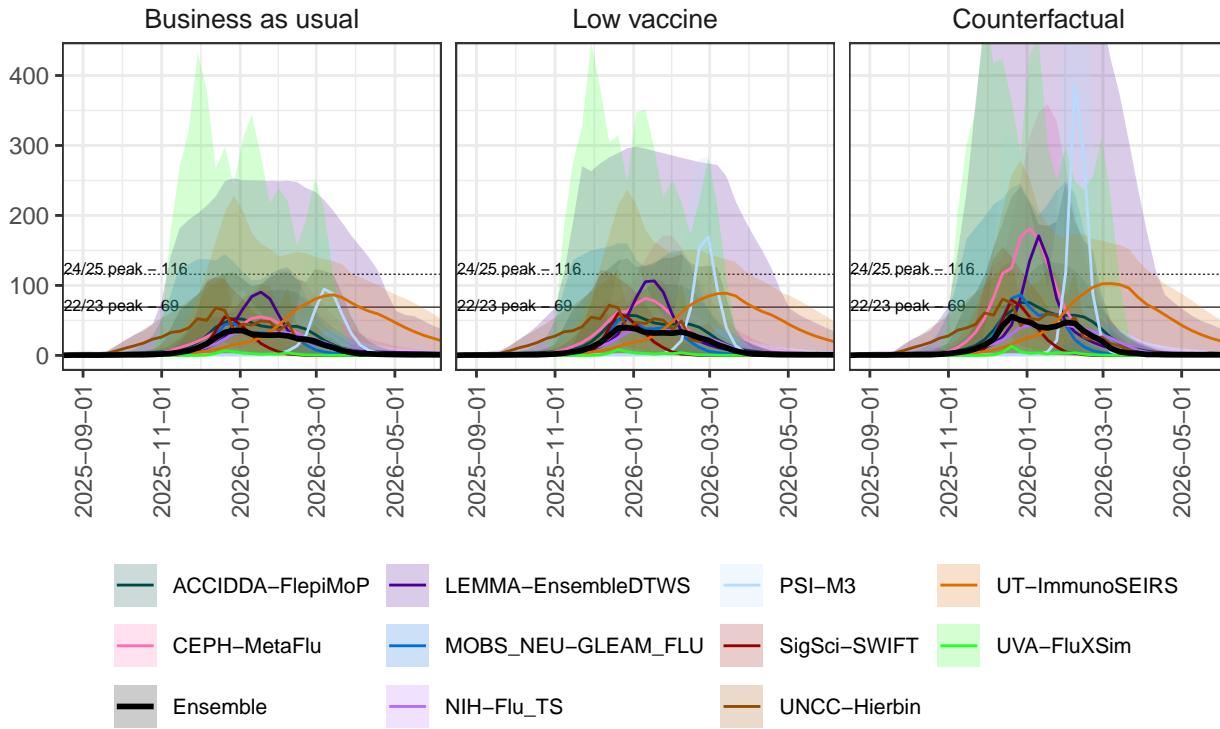


## Individual Model Projections - Wyoming

There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

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

### Wyoming Individual Model Projections & 95% Projection Intervals Hospitalizations



### Wyoming Individual Model Projections & 95% Projection Intervals Cumulative Hospitalizations

