

# State Supplementary Results

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

16 February, 2026

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 [rsvscenariohub.org](https://rsvscenariohub.org) and the main report for more details.

## Round 1 2025/26 Specifications

	<b>Optimistic senior waning</b> <ul style="list-style-type: none"> <li>Vaccine is administered to eligible individuals over 50 yrs following provided vaccination curves</li> <li>Total coverage, which includes coverage in 2023-24 and 2024-25, saturates at <b>55%</b> of the eligible population and varies by state, indexed on historic differences</li> <li>VE against hospitalization is <b>75% at the time of vaccine receipt</b> and is reduced by 10% each year, i.e., <b>VE_year2=68%, VE_year3=61%</b>.</li> </ul>	<b>Pessimistic senior waning</b> <ul style="list-style-type: none"> <li>Same coverage assumptions as for the optimistic senior waning level</li> <li>VE against hospitalization is <b>75% in the first year</b> after vaccination and is reduced by 50% each year, ie, <b>VE_year2=38% and VE_year3=19%</b>.</li> </ul>	<b>No senior vaccination in 2023-2024, 2024-25, or 2025-26</b>
<b>High infant immunization coverage</b> <ul style="list-style-type: none"> <li>Long-acting monoclonals (nirsevimab, clesrovimab) target infants <math>\leq 7</math> months during RSV season, starting <b>starts Oct 1 and ending Mar 30</b> <ul style="list-style-type: none"> <li>coverage saturates at <b>70%</b> nationally</li> <li>Timing of administration differs between catch-up babies born Apr 1-Oct 1, and those born during the RSV campaign Oct 1-Mar 30</li> <li>VE against hospitalization is <b>80%</b></li> </ul> </li> <li>Maternal vaccine is given to pregnant mothers 32-36 weeks, starting <b>Sep 1 and ending Jan 31</b> <ul style="list-style-type: none"> <li>Coverage saturates at <b>20%</b> of eligible women nationally</li> <li>VE against hospitalization is <b>75%</b></li> </ul> </li> <li><b>Vaccine coverage is state-dependant and state differences are indexed on 2024-25 season</b></li> </ul>	Scenario A	Scenario B	
<b>Moderate infant immunization coverage</b> <ul style="list-style-type: none"> <li>Coverage of long-acting monoclonals is the same as last season, 2024-25 (50% eligible babies at saturation)</li> <li>Coverage of maternal vaccine is the same as last season (15% eligible babies)</li> <li>All other assumptions similar to high infant immunization scenarios</li> </ul>	Scenario C	Scenario D	
<b>Long-acting monoclonals and maternal vaccines are not available. No infant intervention beyond what was used historically, ie, limited supply of palivizumab, targeting ~2% of birth cohort at high risk</b>			Scenario E (counterfactual)

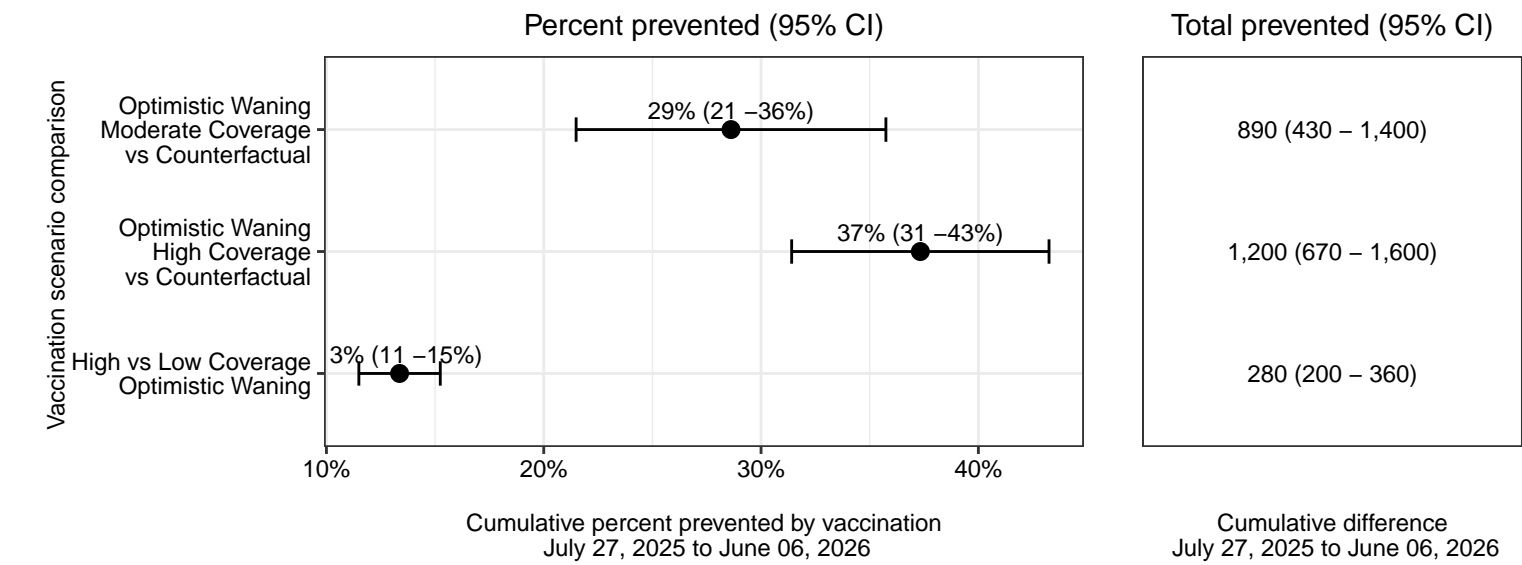
<sup>1</sup>Compiled by Lucie Contamin, Shaun Truelove, Cécile Viboud.

# California

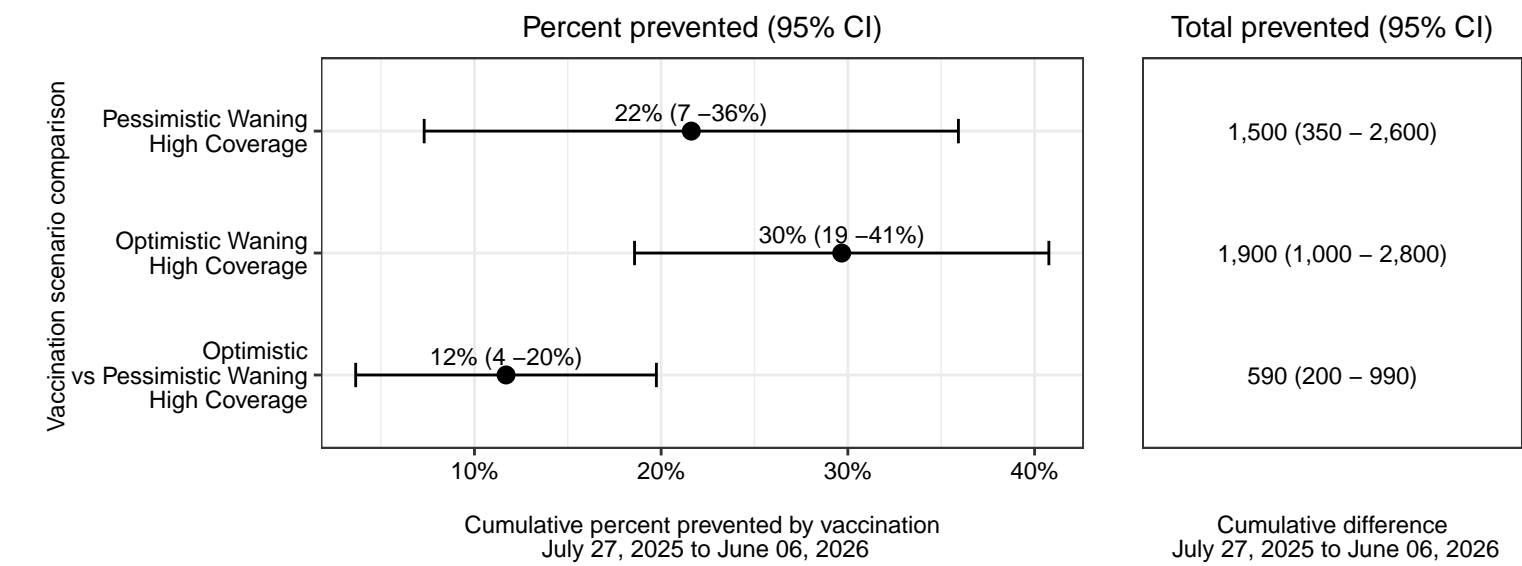
## Differences between scenarios - California

Cumulative paired differences between vaccination scenarios from July 27, 2025 to June 06, 2026, for California. Vaccination strategies and waning are projected to significantly reduce disease burden compared to no vaccination.

### Impacts of RSV Immunization Scenarios, California for Under 1 year olds



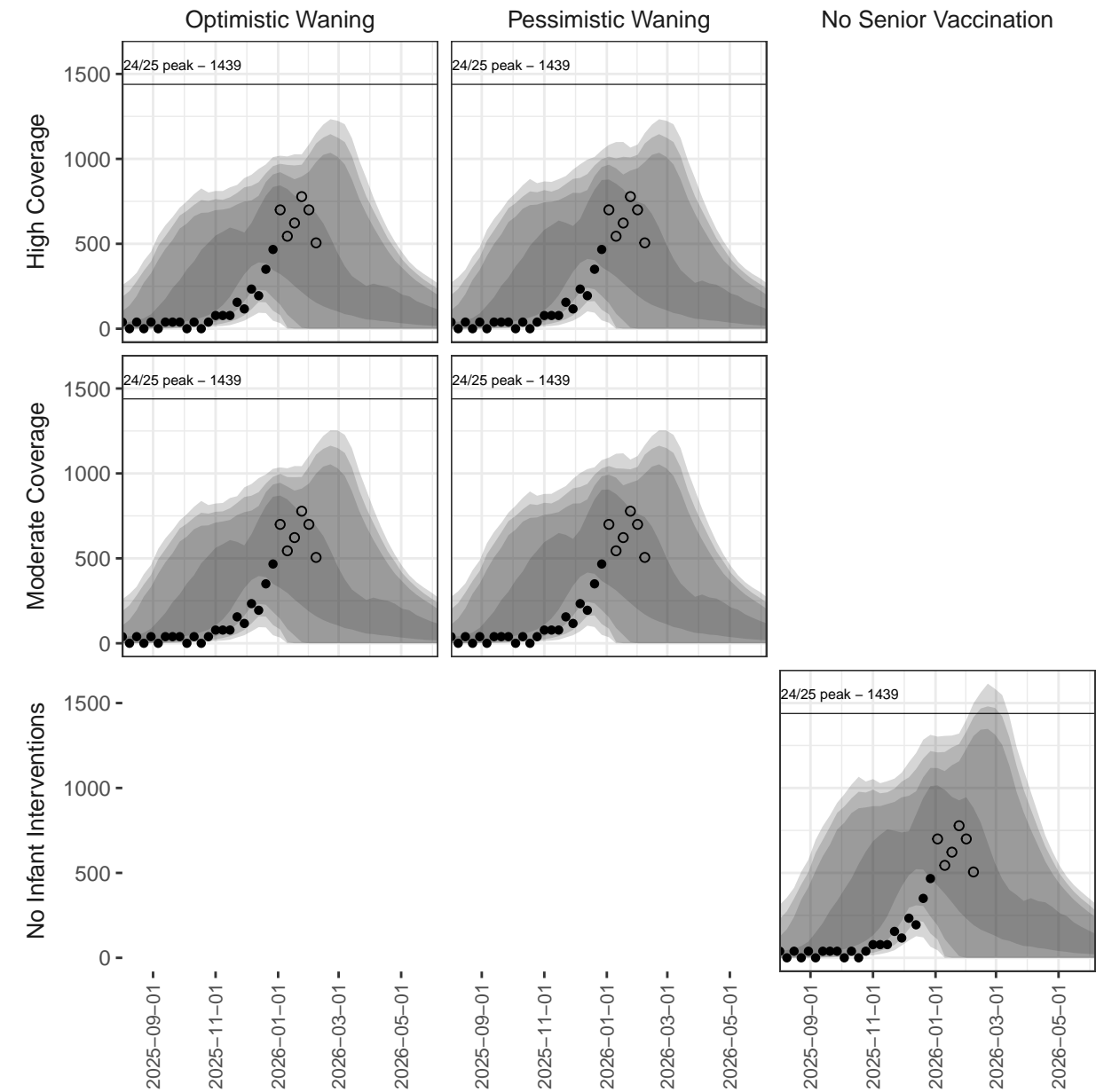
### Impacts of RSV Immunization Scenarios, California for 65+



Ensemble Projections - California

Horizontal lines are given for prior peak incident, from past 2024-25 seasons based on RSV-NET data.

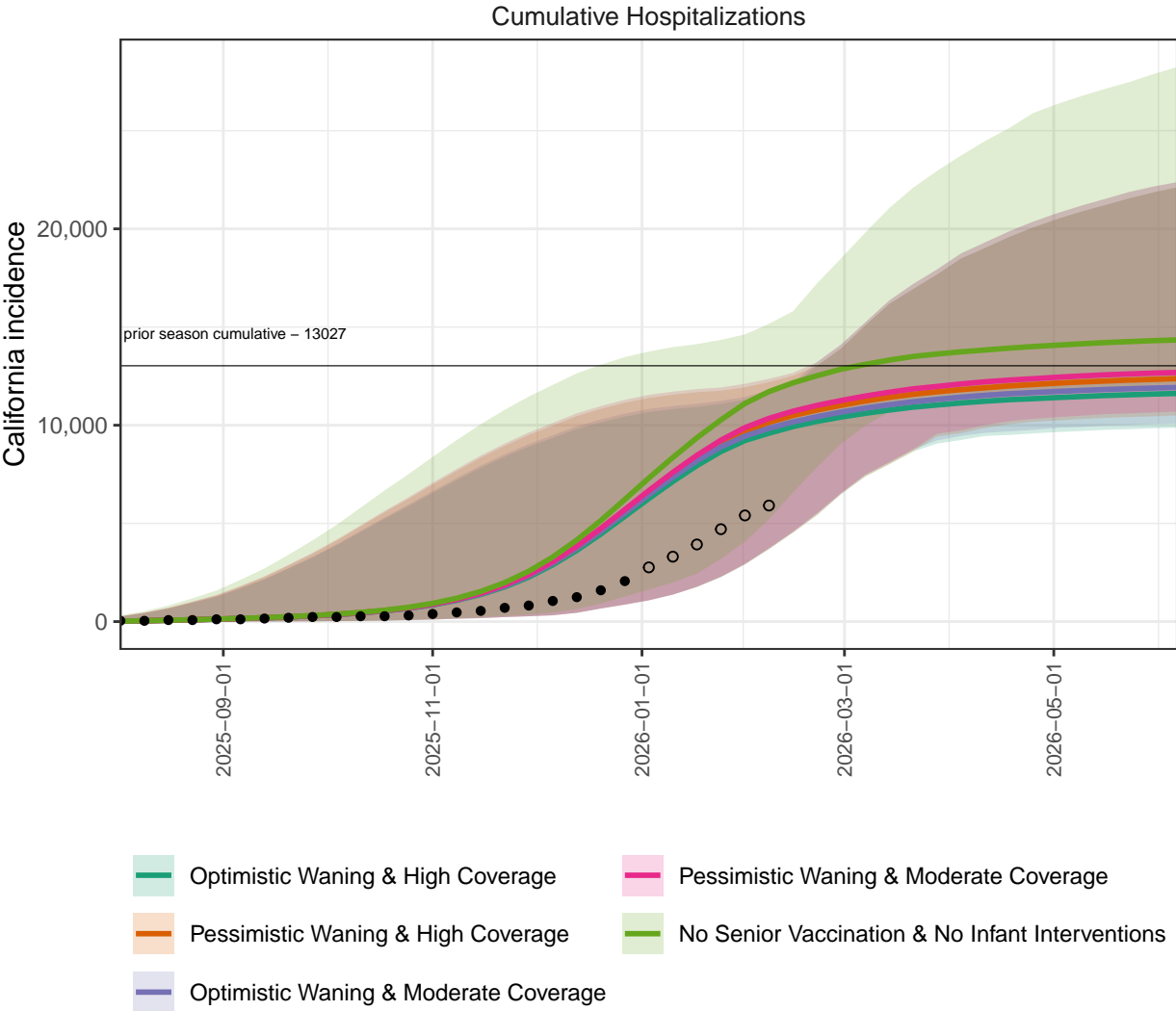
California ensemble projection intervals – Hospitalizations



# Cumulative Ensemble Projections - California

**Ensemble projections for cumulative hospitalizations by scenario, California.** We project substantial continued burden of hospitalization from RSV, with 11618 cumulative hospitalizations projected by the end of the season (95% PI 9873 - 22117 due to RSV in the Optimistic Waning & High Coverage scenario (scenario A).

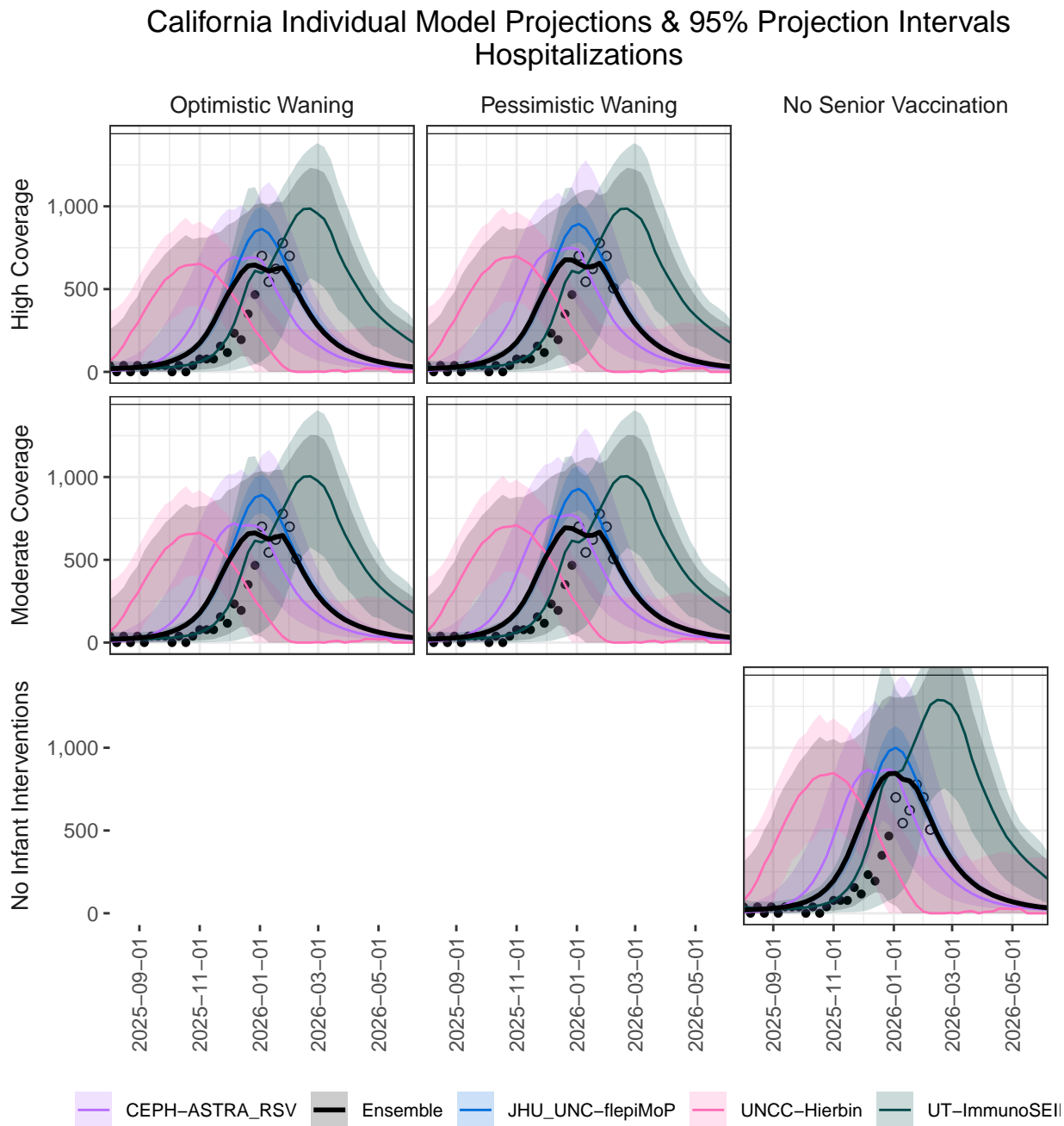
California ensemble projections & 95% projection intervals



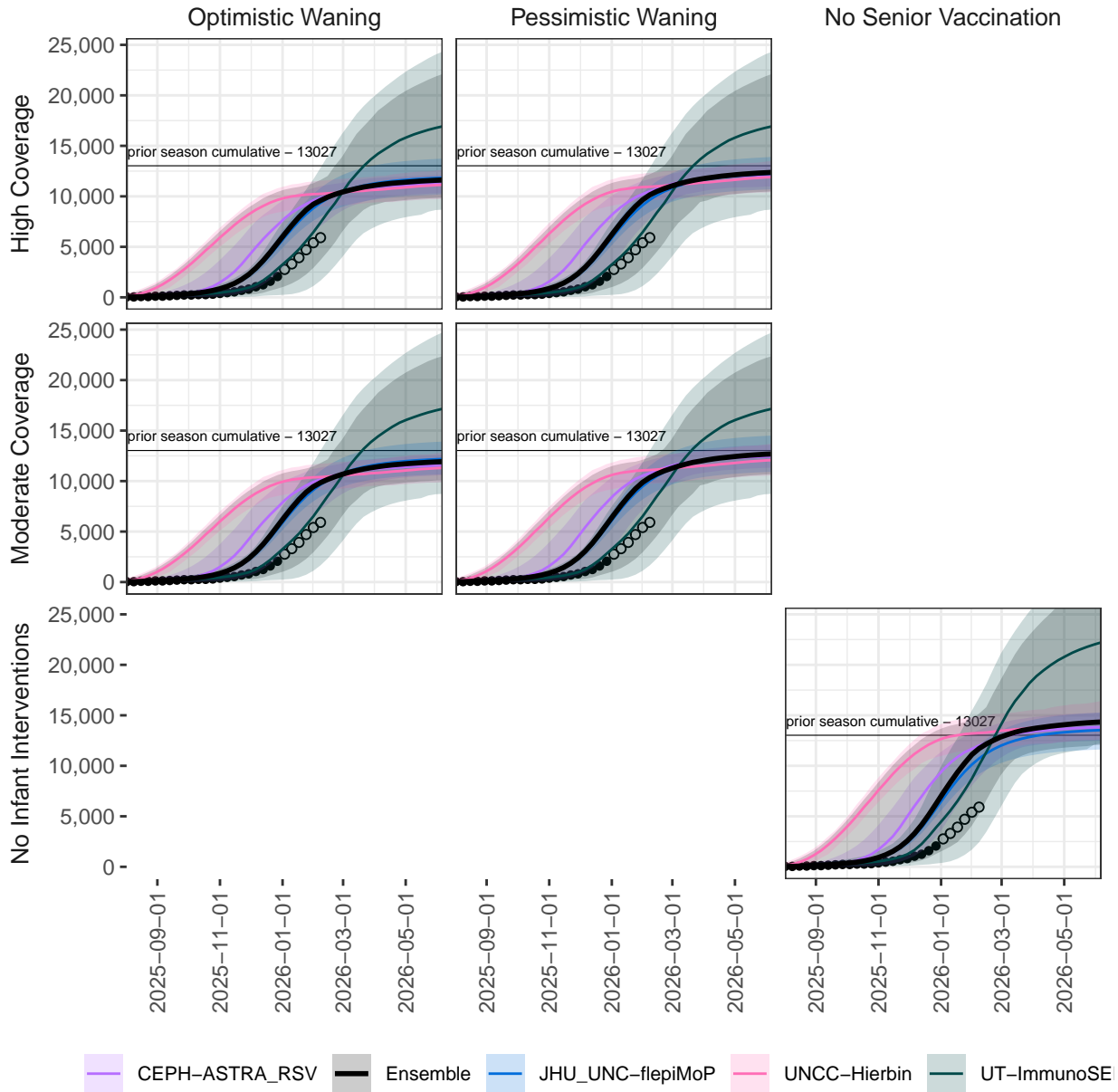
## Individual Model Projections - California

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.



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

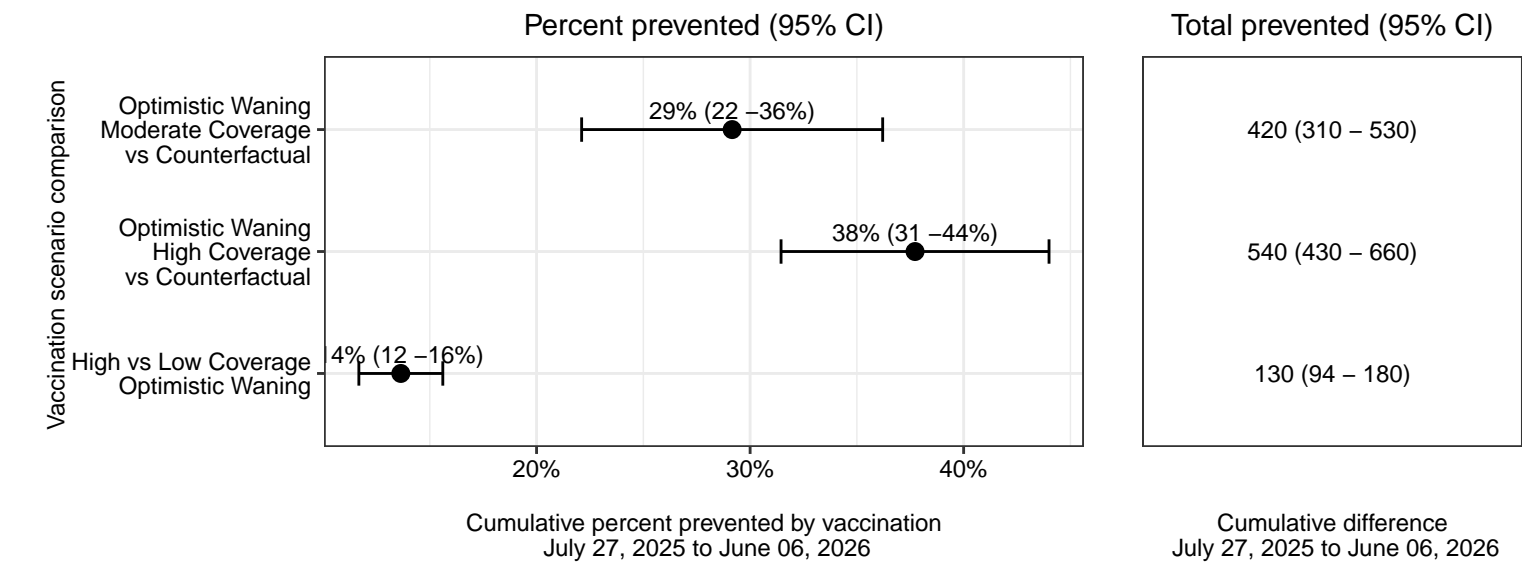


# Colorado

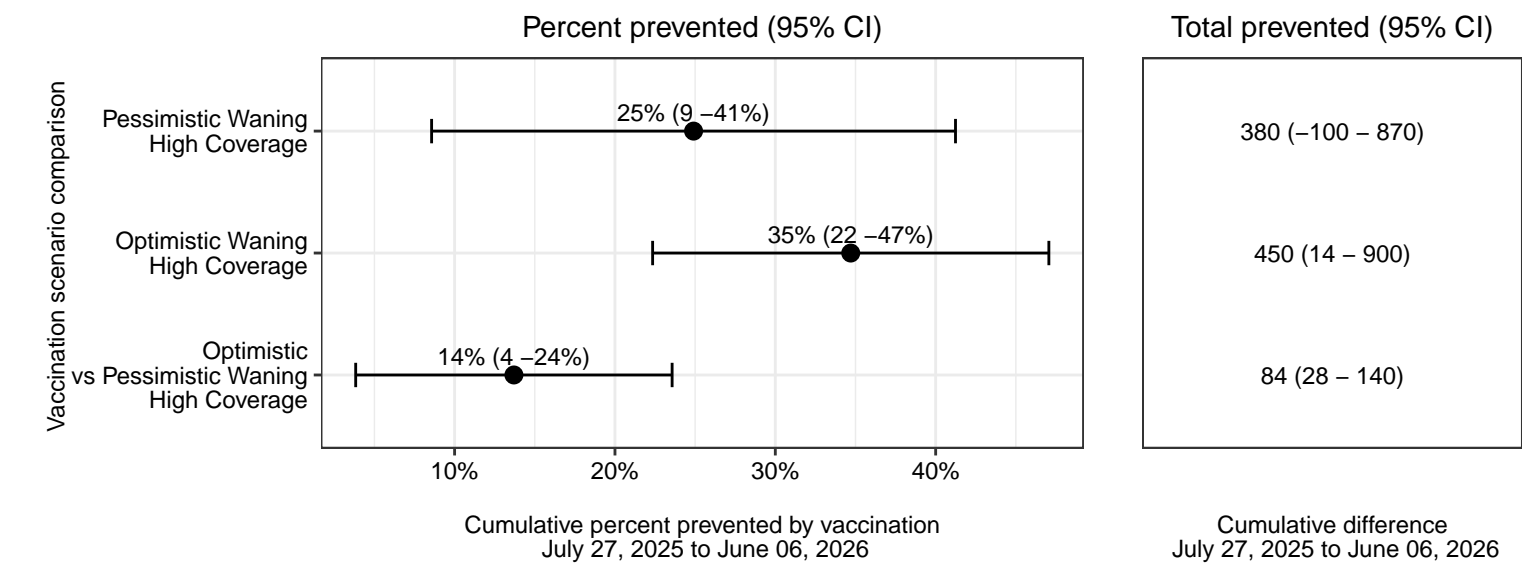
## Differences between scenarios - Colorado

Cumulative paired differences between vaccination scenarios from July 27, 2025 to June 06, 2026, for Colorado. Vaccination strategies and waning are projected to significantly reduce disease burden compared to no vaccination.

### Impacts of RSV Immunization Scenarios, Colorado for Under 1 year olds

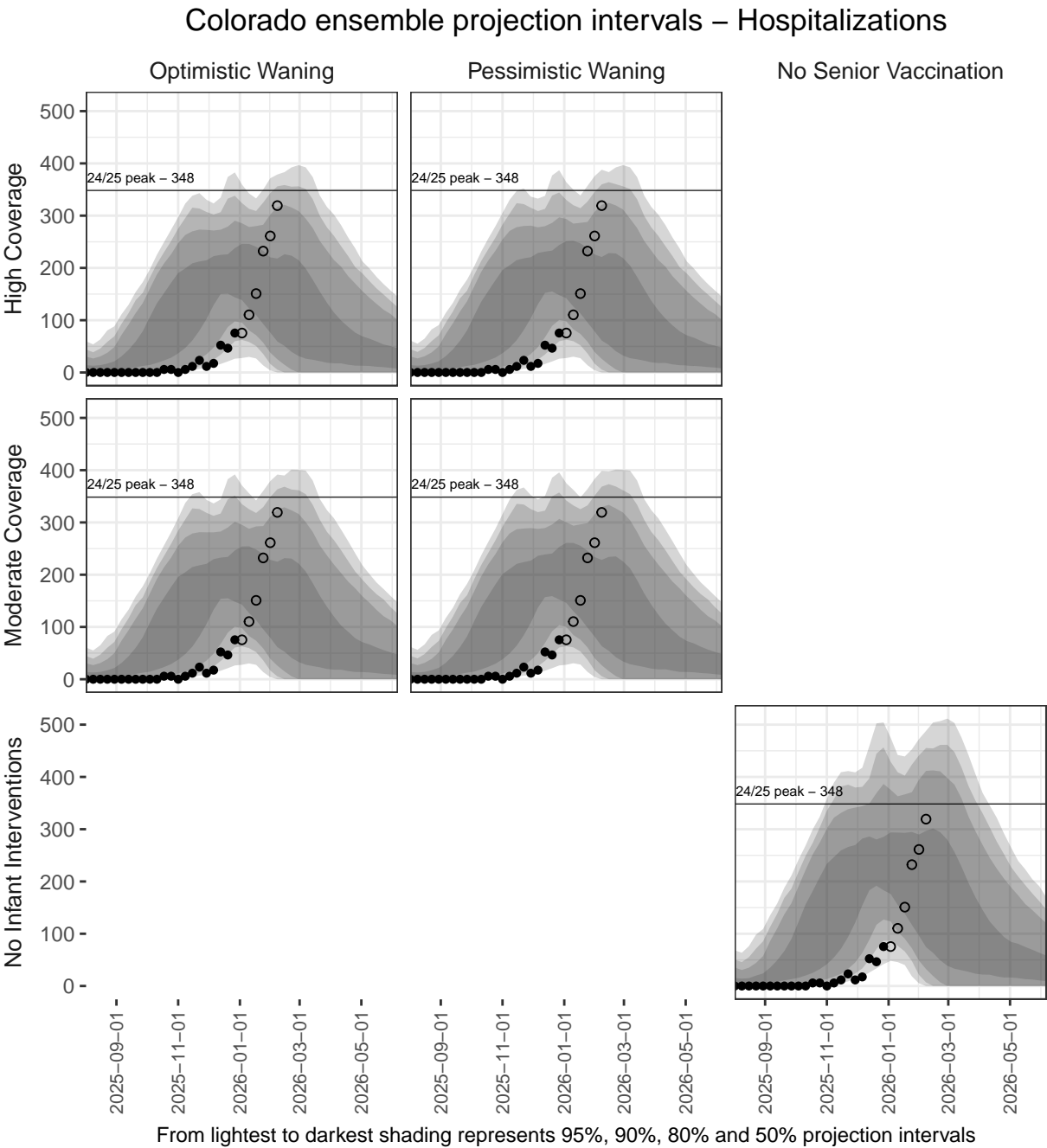


### Impacts of RSV Immunization Scenarios, Colorado for 65+



Ensemble Projections - Colorado

Horizontal lines are given for prior peak incident, from past 2024-25 seasons based on RSV-NET data.

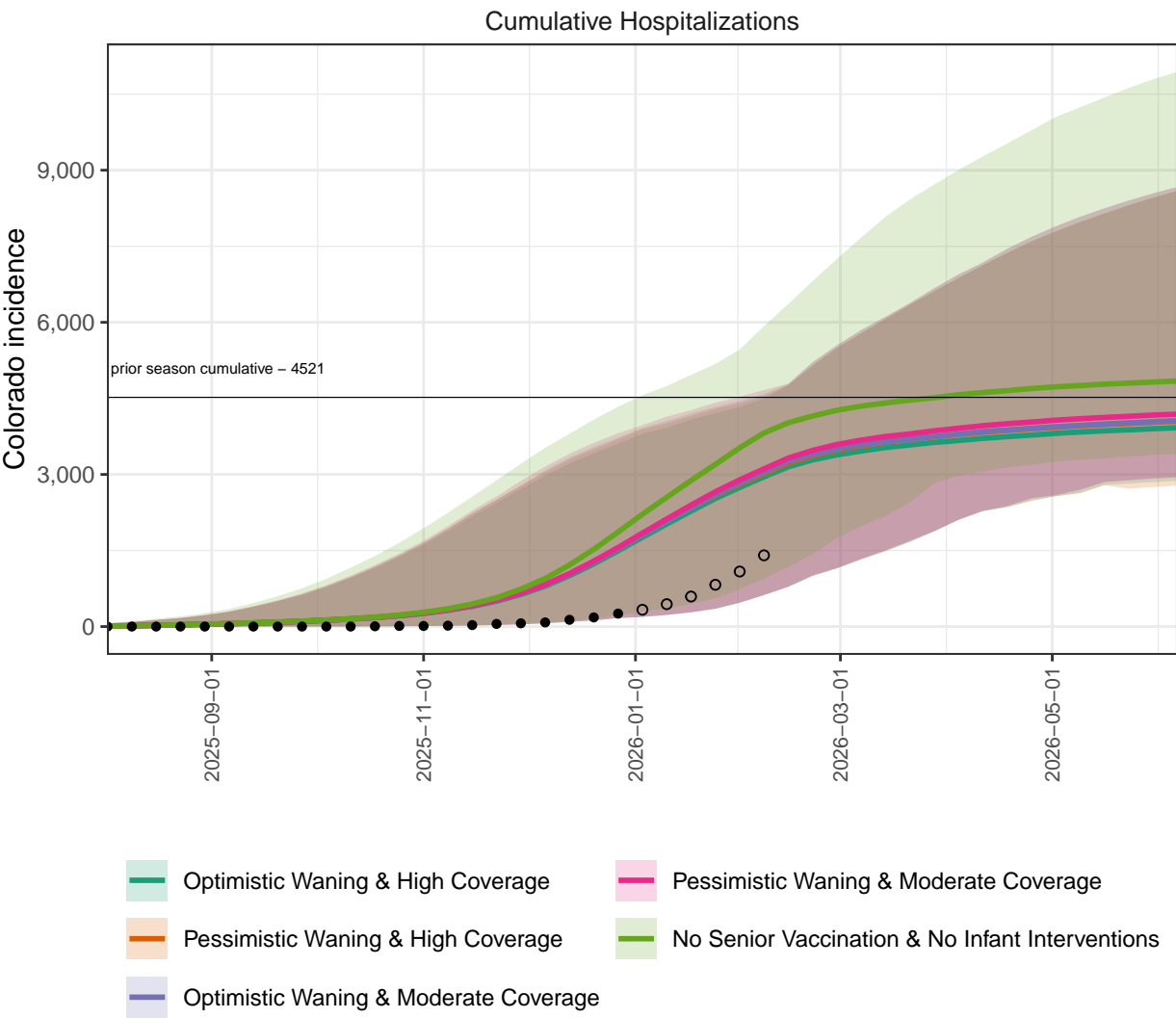




# Cumulative Ensemble Projections - Colorado

**Ensemble projections for cumulative hospitalizations by scenario, Colorado.** We project substantial continued burden of hospitalization from RSV, with 3923 cumulative hospitalizations projected by the end of the season (95% PI 2872 - 8596 due to RSV in the Optimistic Waning & High Coverage scenario (scenario A)).

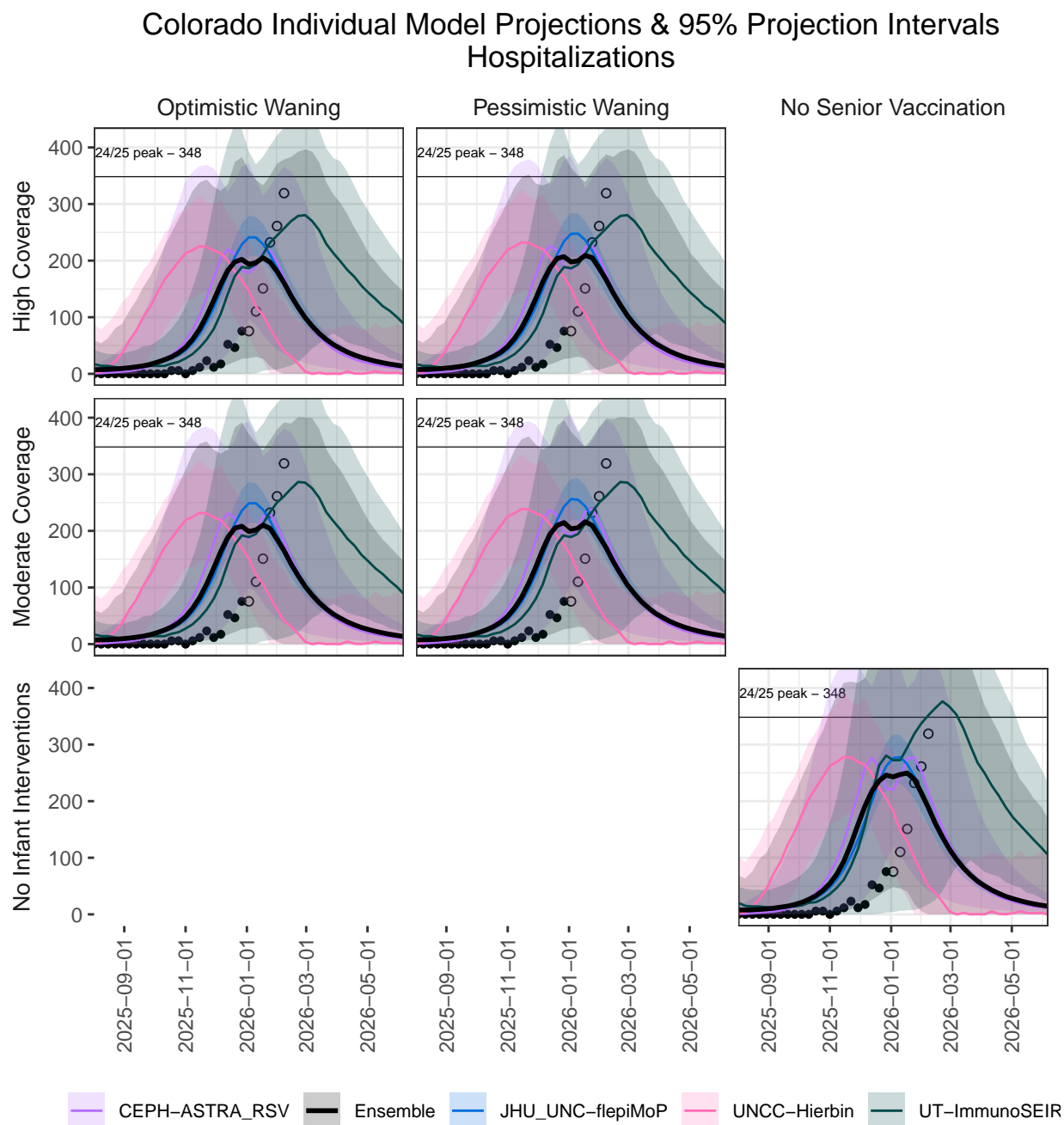
Colorado ensemble projections & 95% projection intervals



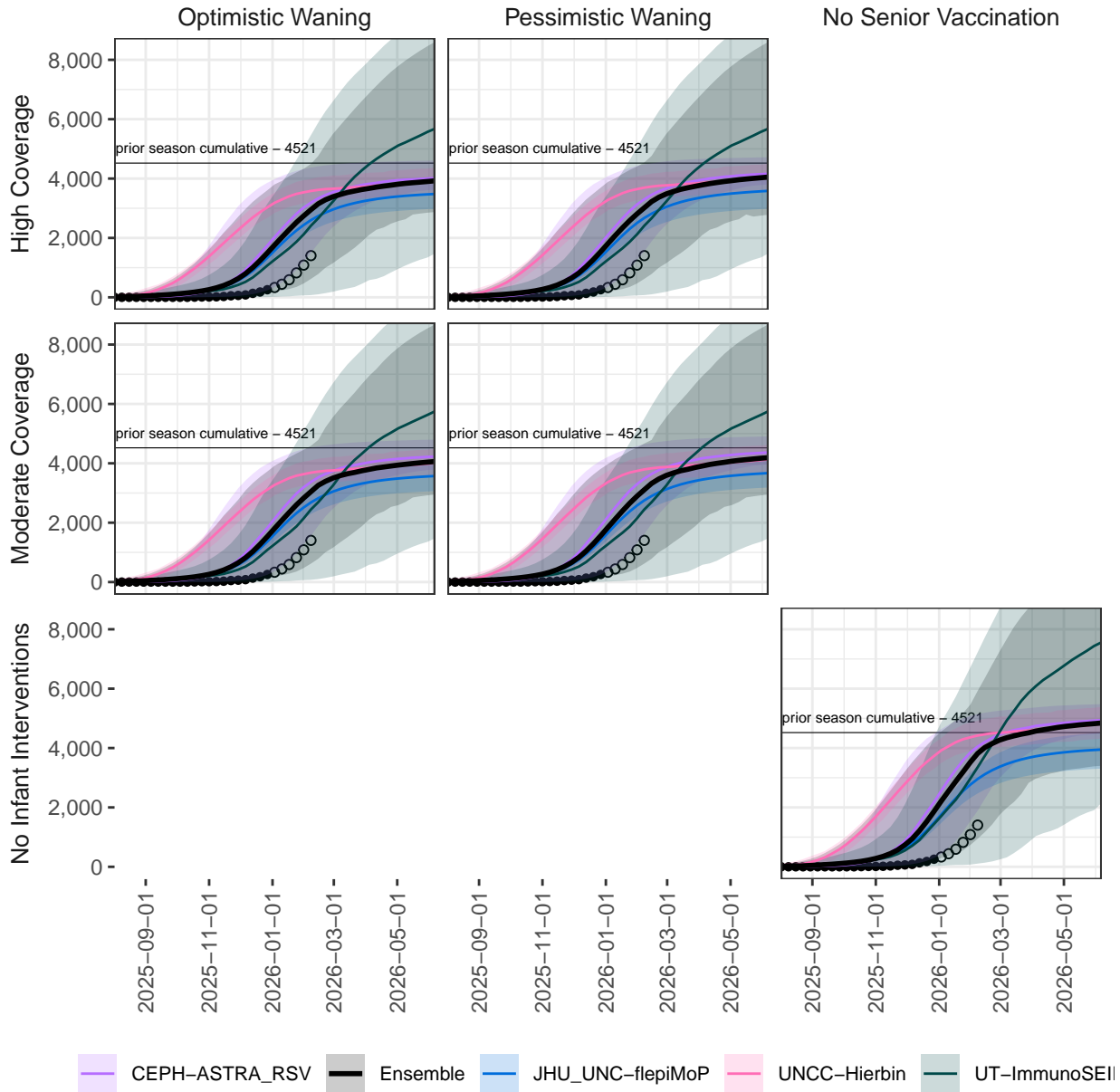
## Individual Model Projections - Colorado

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.



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

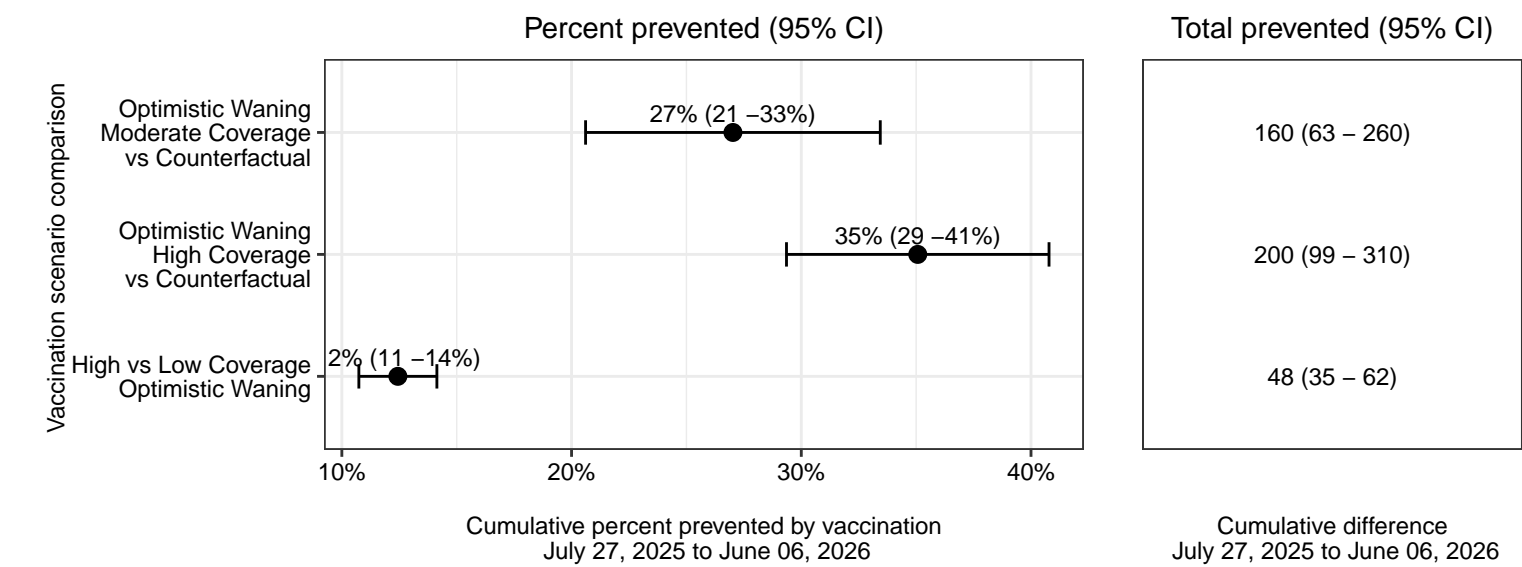


# Connecticut

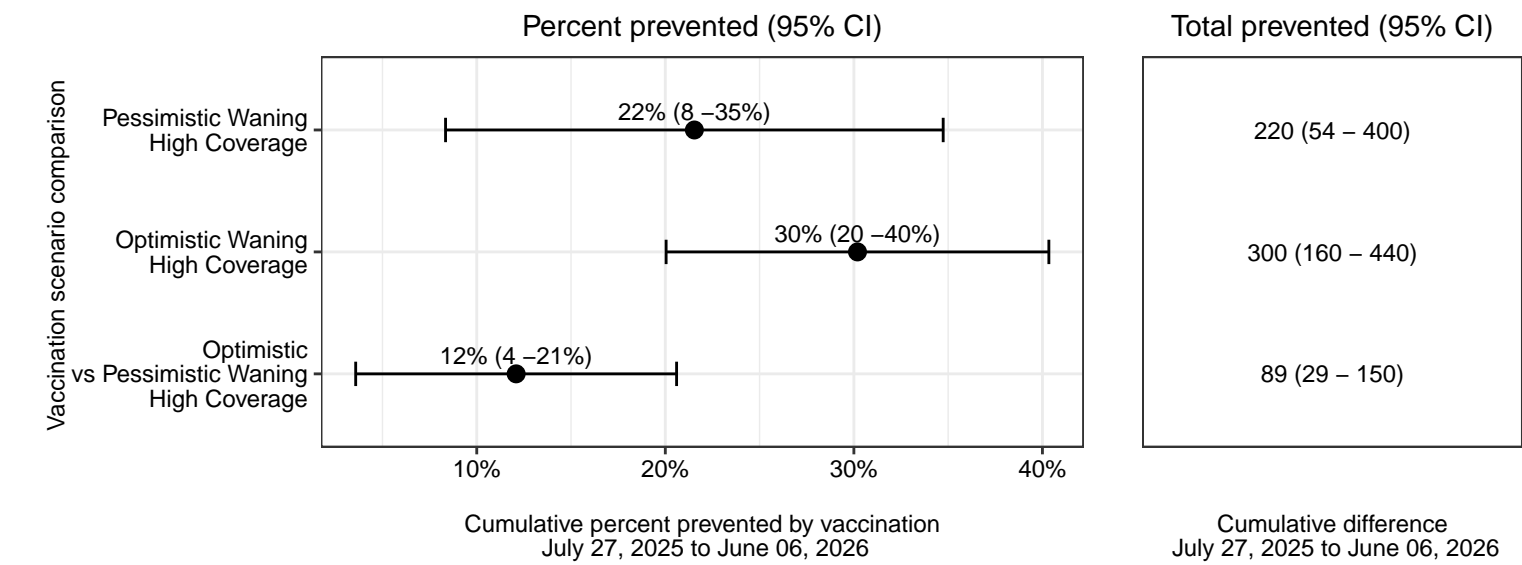
## Differences between scenarios - Connecticut

Cumulative paired differences between vaccination scenarios from July 27, 2025 to June 06, 2026, for Connecticut. Vaccination strategies and waning are projected to significantly reduce disease burden compared to no vaccination.

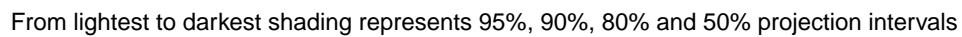
### Impacts of RSV Immunization Scenarios, Connecticut for Under 1 year olds



### Impacts of RSV Immunization Scenarios, Connecticut for 65+

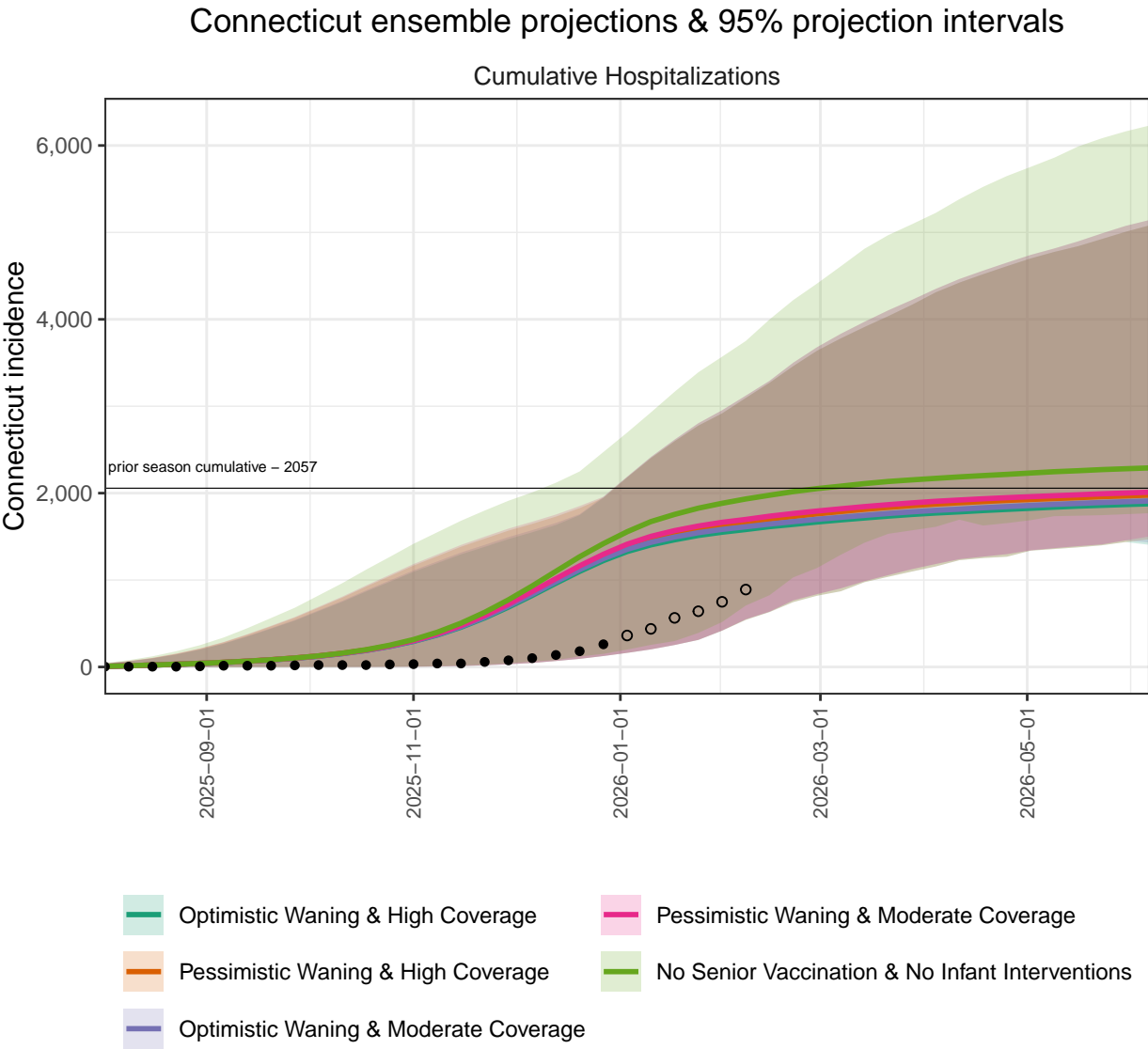


Horizontal lines are given for prior peak incident, from past 2024-25 seasons based on RSV-NET data.



Cumulative Ensemble Projections - Connecticut

Ensemble projections for cumulative hospitalizations by scenario, Connecticut. We project substantial continued burden of hospitalization from RSV, with 1877 cumulative hospitalizations projected by the end of the season (95% PI 1405 - 5081 due to RSV in the Optimistic Waning & High Coverage scenario (scenario A).

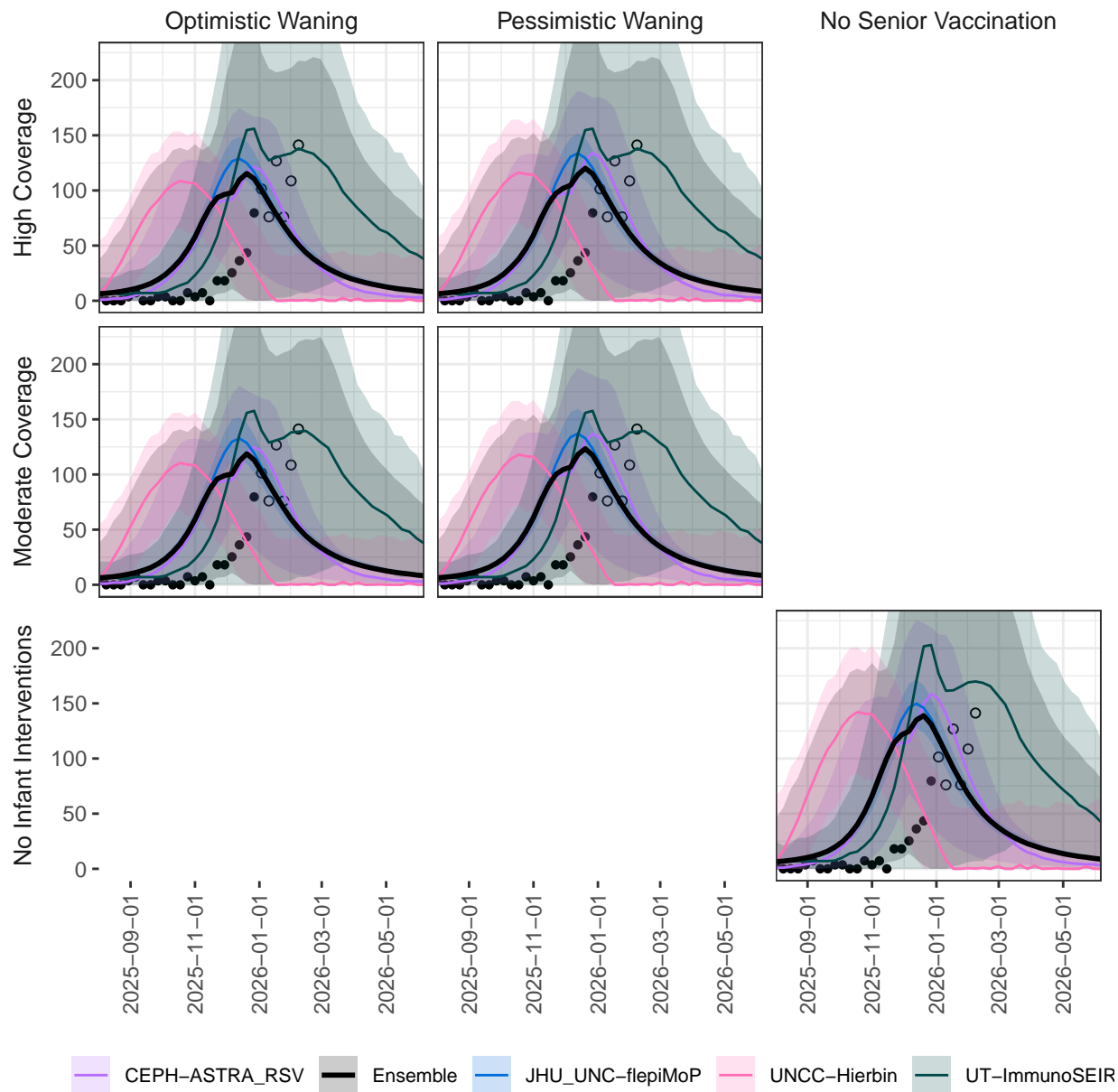


## Individual Model Projections - Connecticut

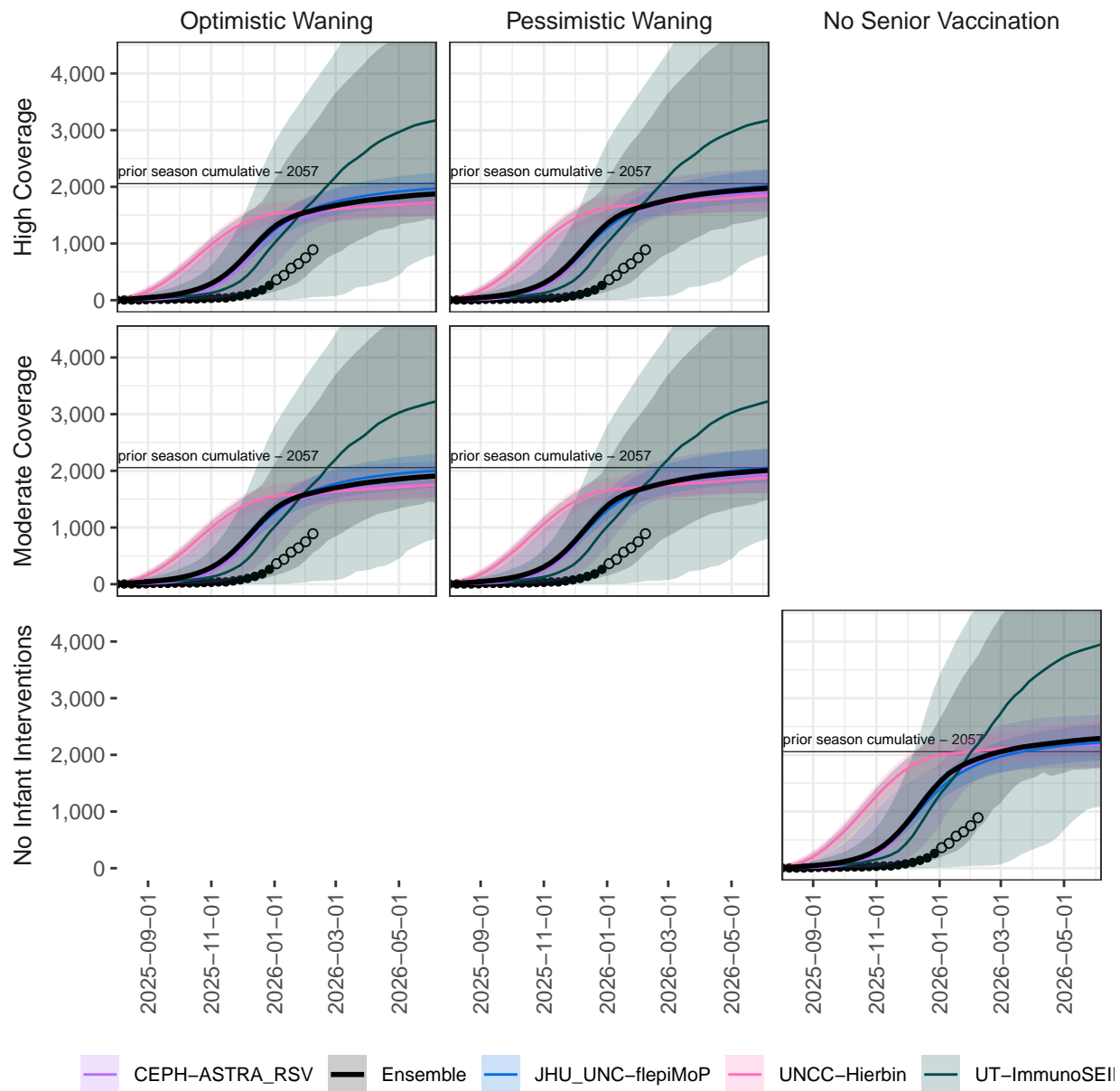
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

Individual model projections and ensemble by scenario for hospitalizations.

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



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



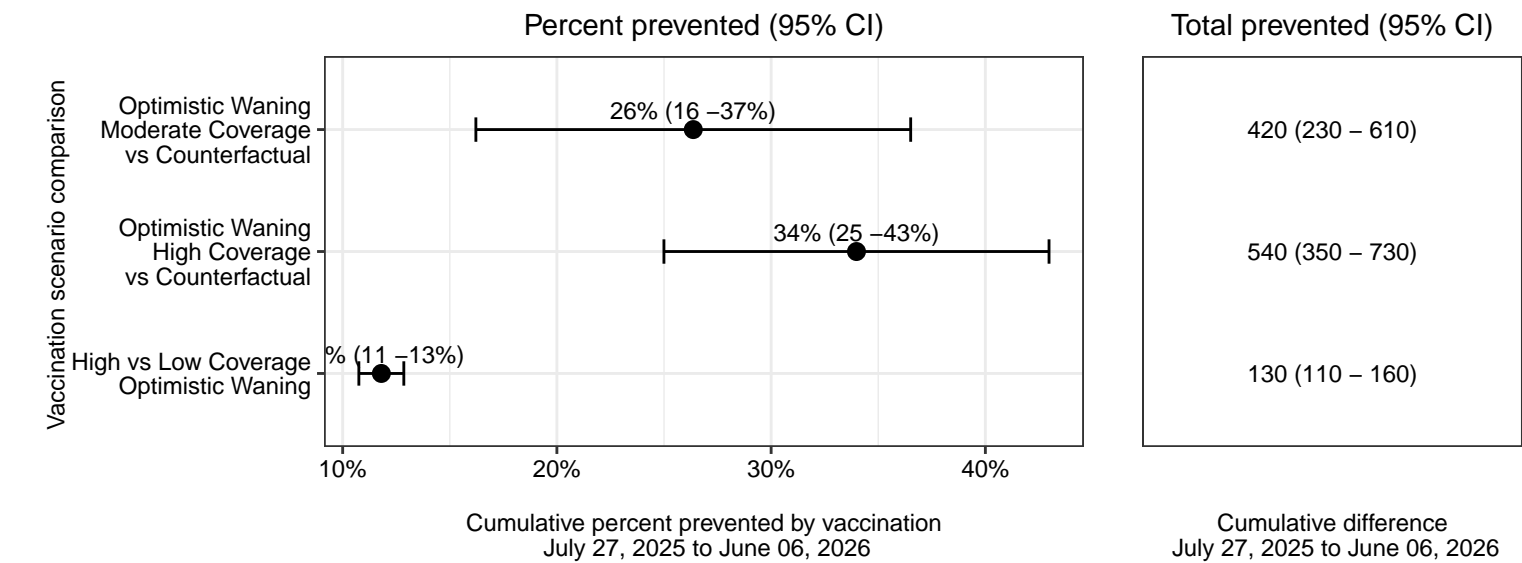


# Georgia

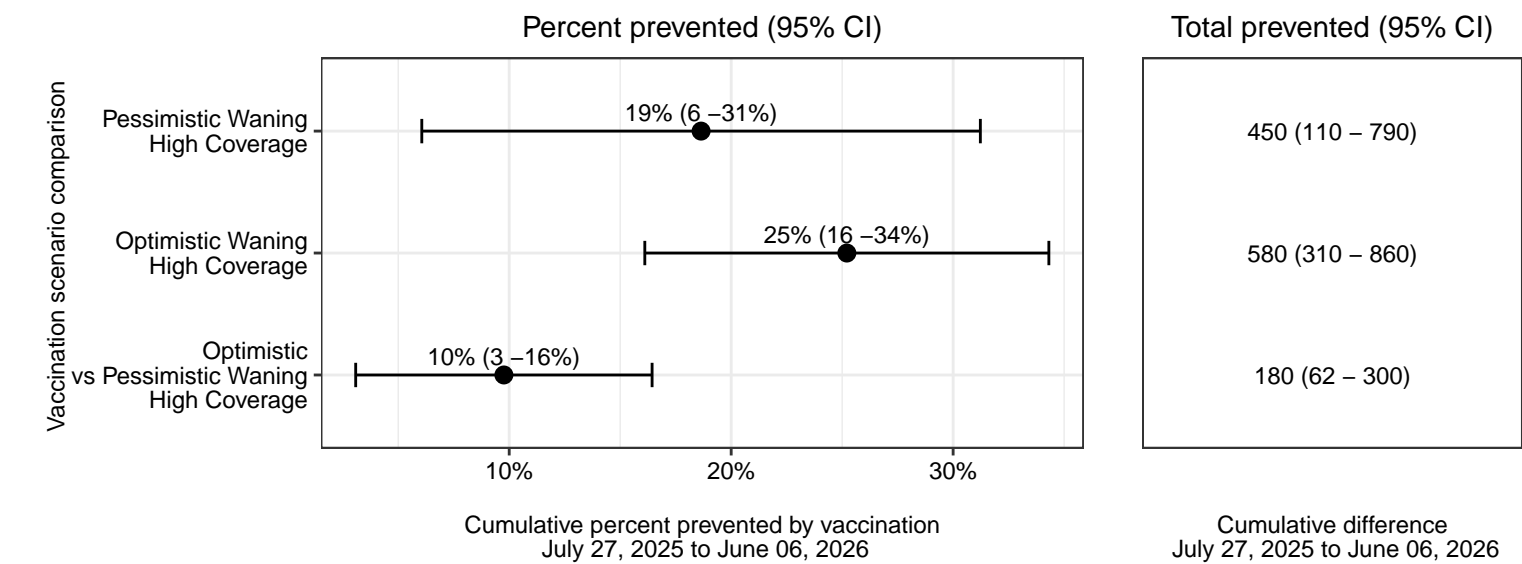
## Differences between scenarios - Georgia

Cumulative paired differences between vaccination scenarios from July 27, 2025 to June 06, 2026, for Georgia. Vaccination strategies and waning are projected to significantly reduce disease burden compared to no vaccination.

### Impacts of RSV Immunization Scenarios, Georgia for Under 1 year olds



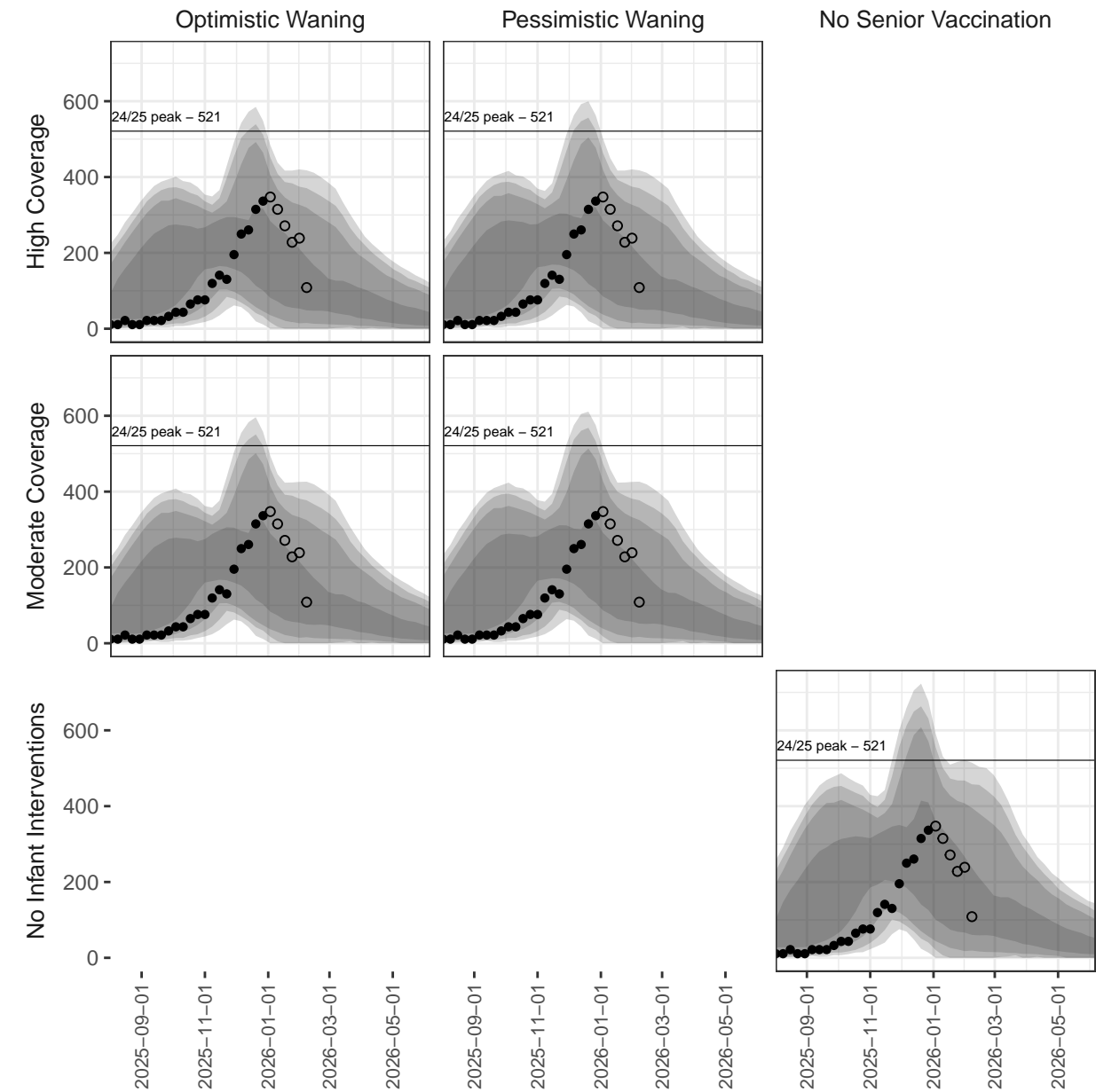
### Impacts of RSV Immunization Scenarios, Georgia for 65+



Ensemble Projections - Georgia

Horizontal lines are given for prior peak incident, from past 2024-25 seasons based on RSV-NET data.

Georgia ensemble projection intervals – Hospitalizations

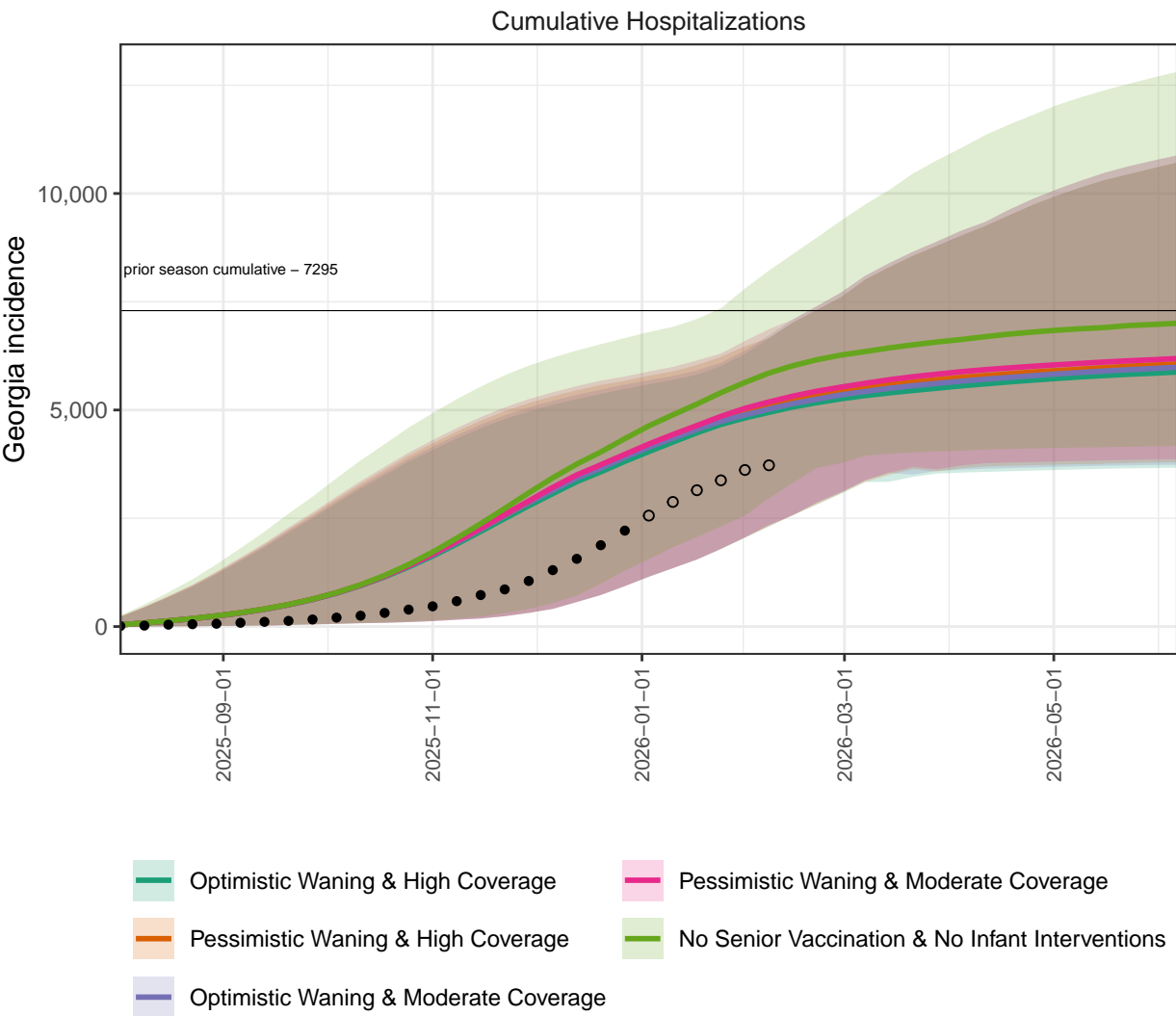


From lightest to darkest shading represents 95%, 90%, 80% and 50% projection intervals

# Cumulative Ensemble Projections - Georgia

**Ensemble projections for cumulative hospitalizations by scenario, Georgia.** We project substantial continued burden of hospitalization from RSV, with 5877 cumulative hospitalizations projected by the end of the season (95% PI 3667 - 10716 due to RSV in the Optimistic Waning & High Coverage scenario (scenario A).

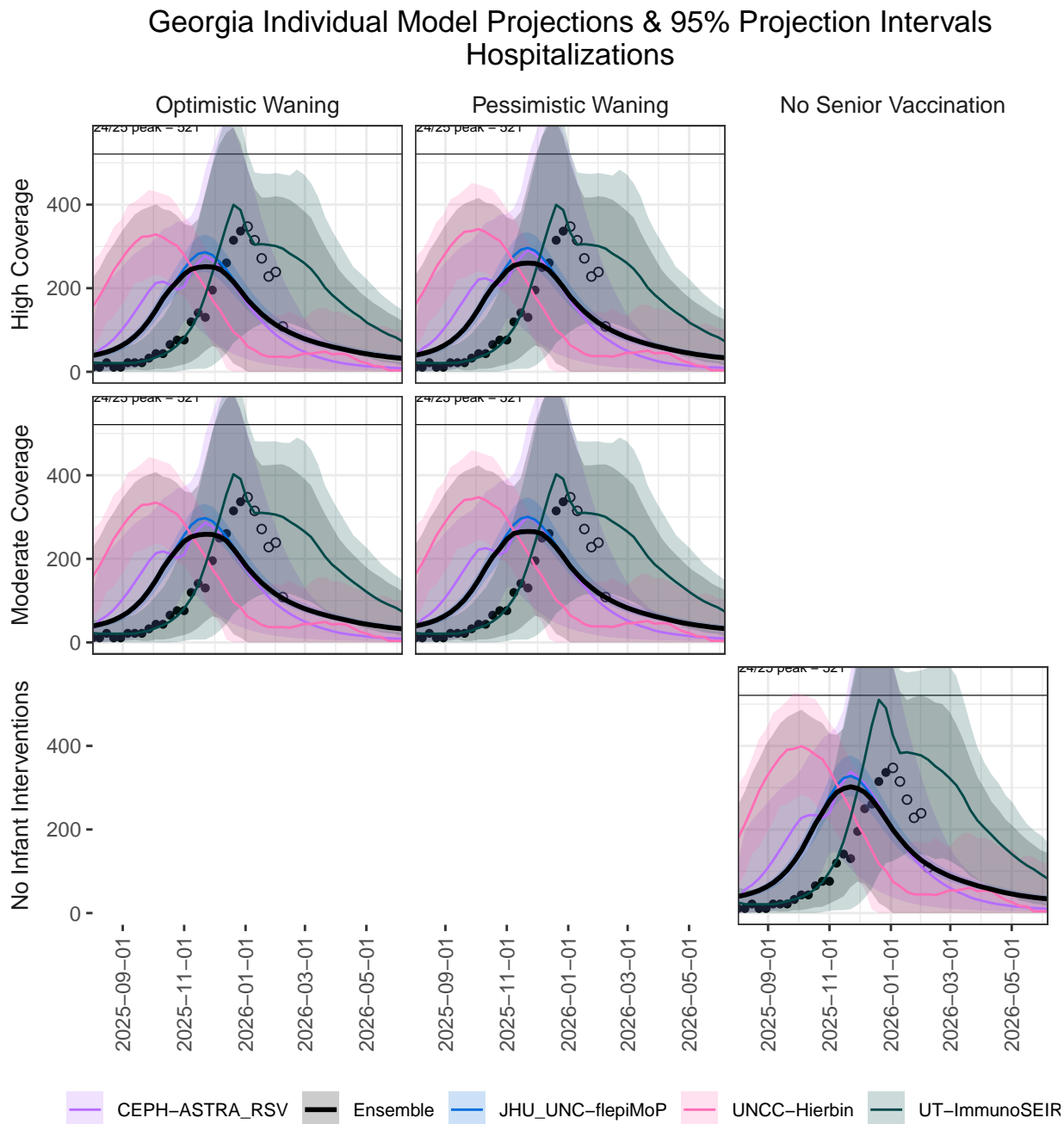
Georgia ensemble projections & 95% projection intervals



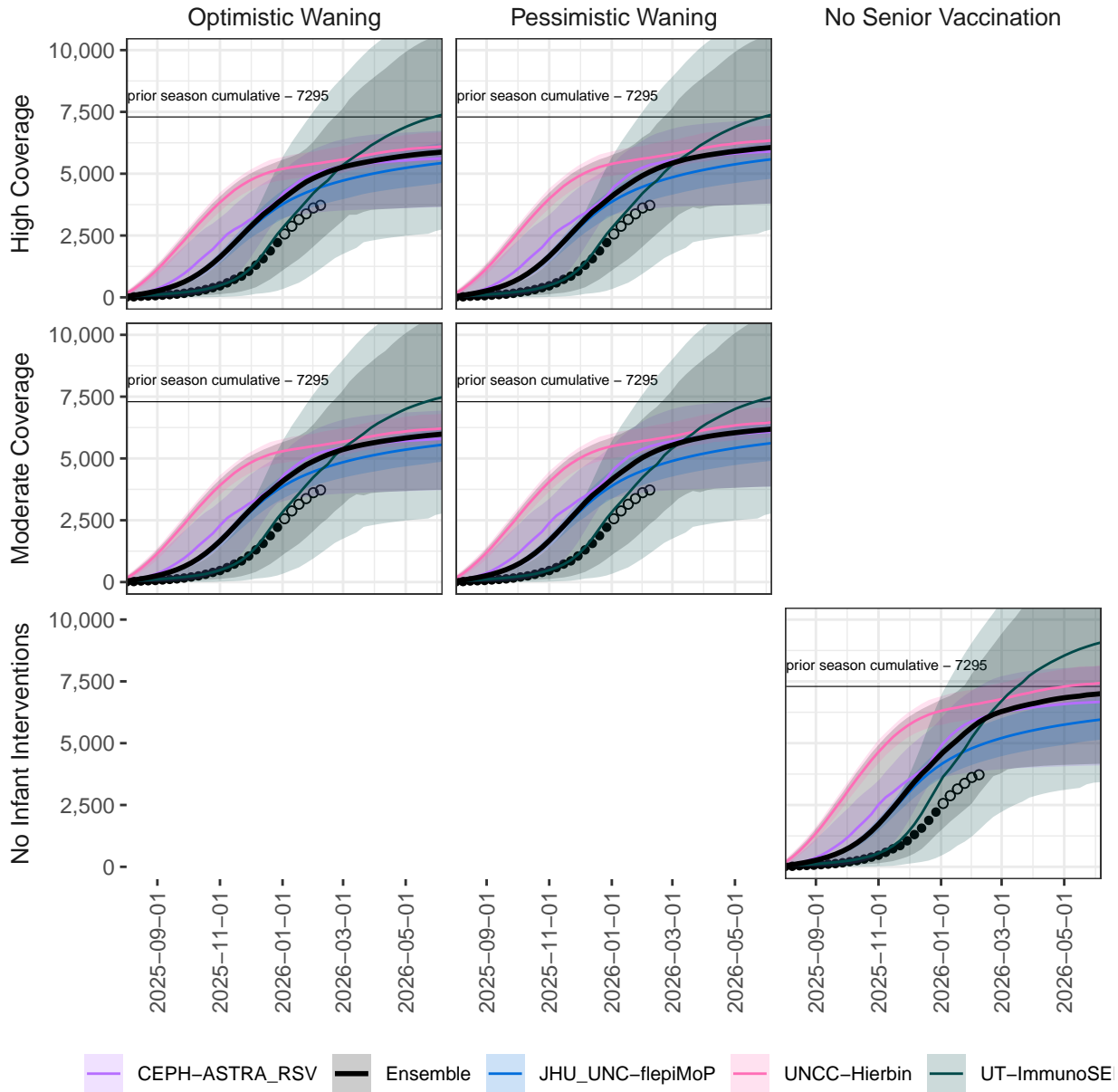
## Individual Model Projections - Georgia

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.



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

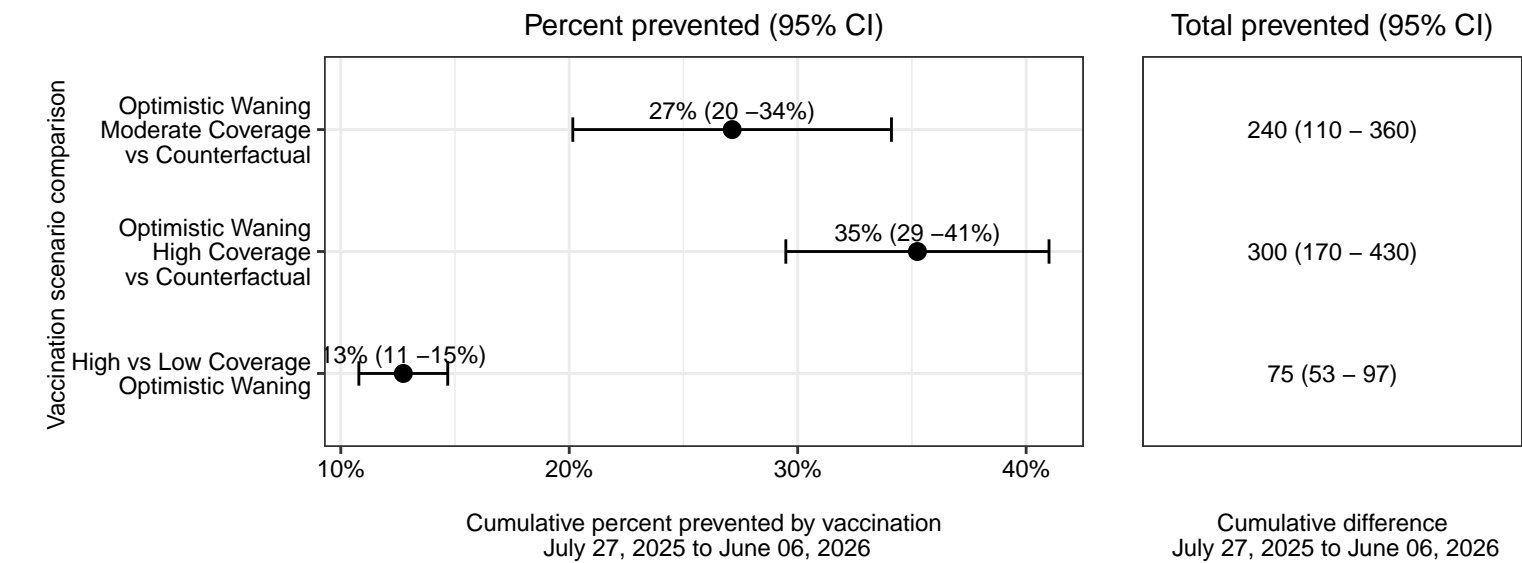


# Maryland

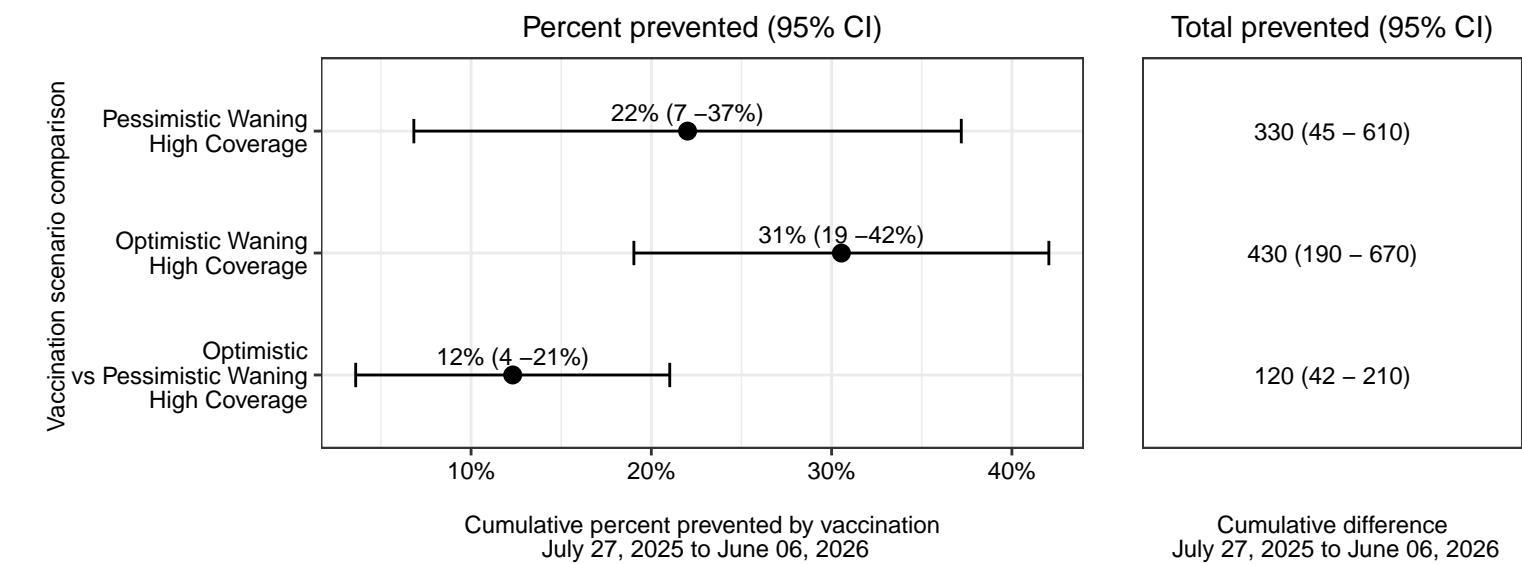
## Differences between scenarios - Maryland

Cumulative paired differences between vaccination scenarios from July 27, 2025 to June 06, 2026, for Maryland. Vaccination strategies and waning are projected to significantly reduce disease burden compared to no vaccination.

### Impacts of RSV Immunization Scenarios, Maryland for Under 1 year olds

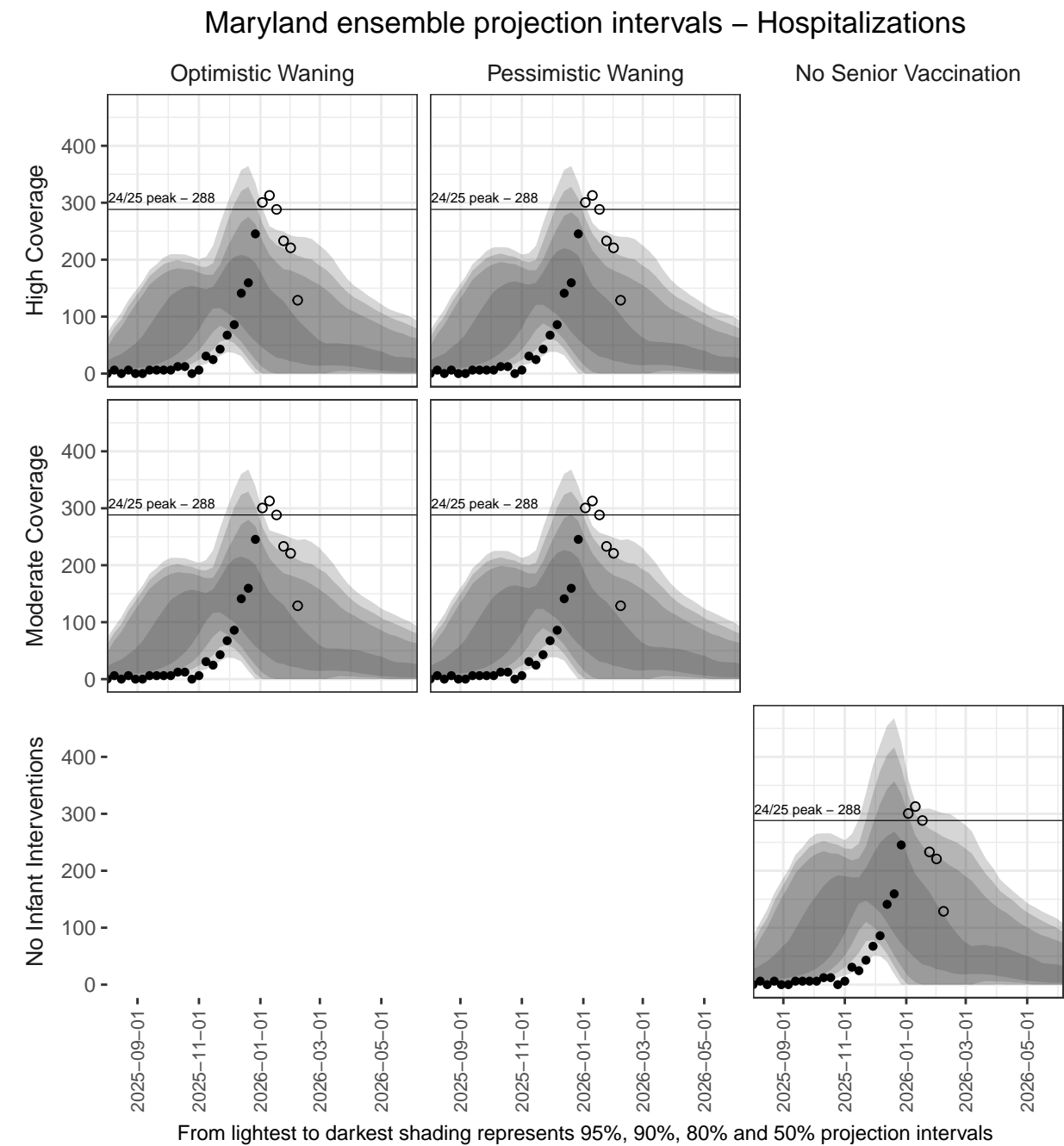


### Impacts of RSV Immunization Scenarios, Maryland for 65+



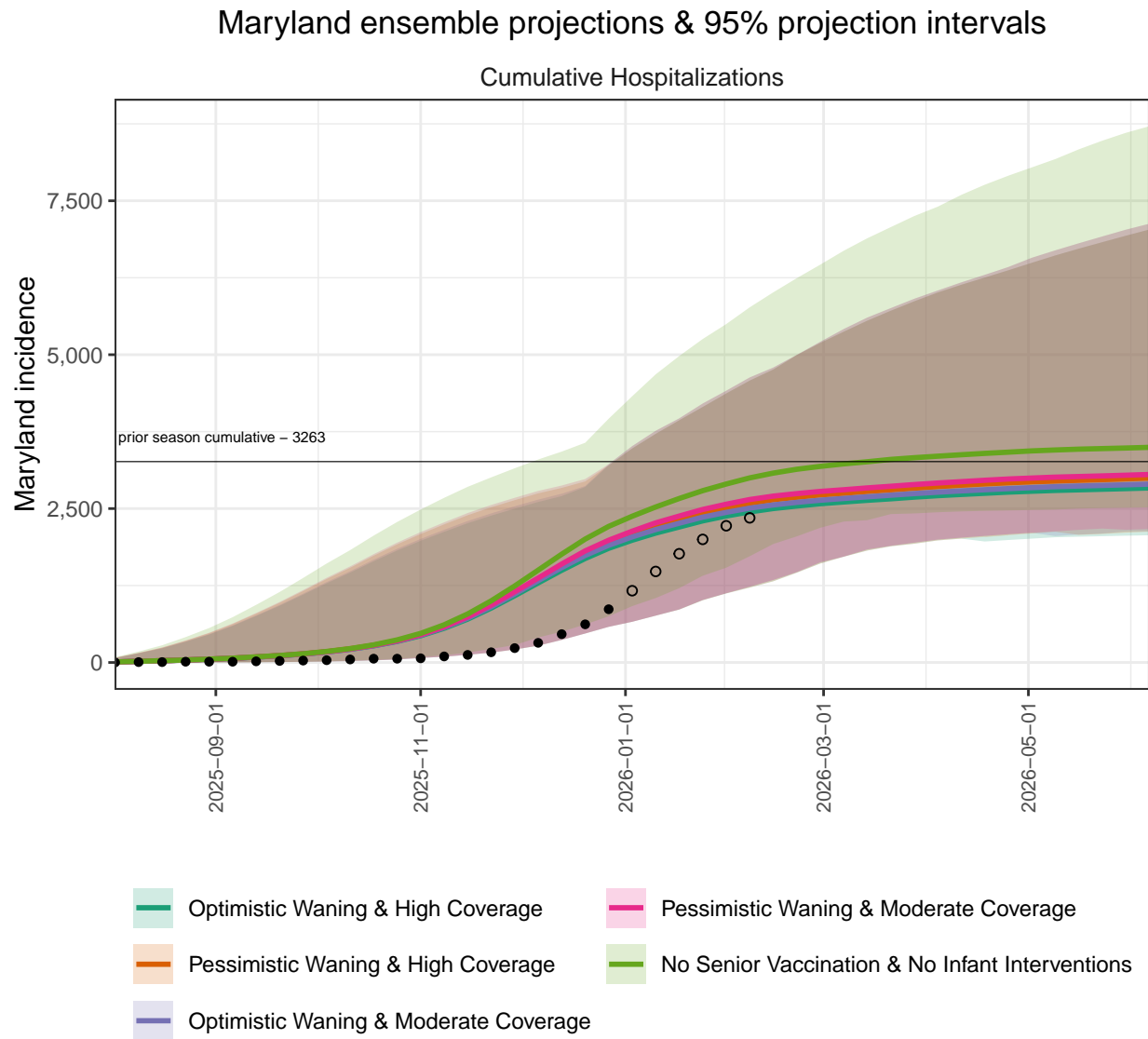
# Ensemble Projections - Maryland

Horizontal lines are given for prior peak incident, from past 2024-25 seasons based on RSV-NET data.



# Cumulative Ensemble Projections - Maryland

**Ensemble projections for cumulative hospitalizations by scenario, Maryland.** We project substantial continued burden of hospitalization from RSV, with 2835 cumulative hospitalizations projected by the end of the season (95% PI 2067 - 7033 due to RSV in the Optimistic Waning & High Coverage scenario (scenario A).

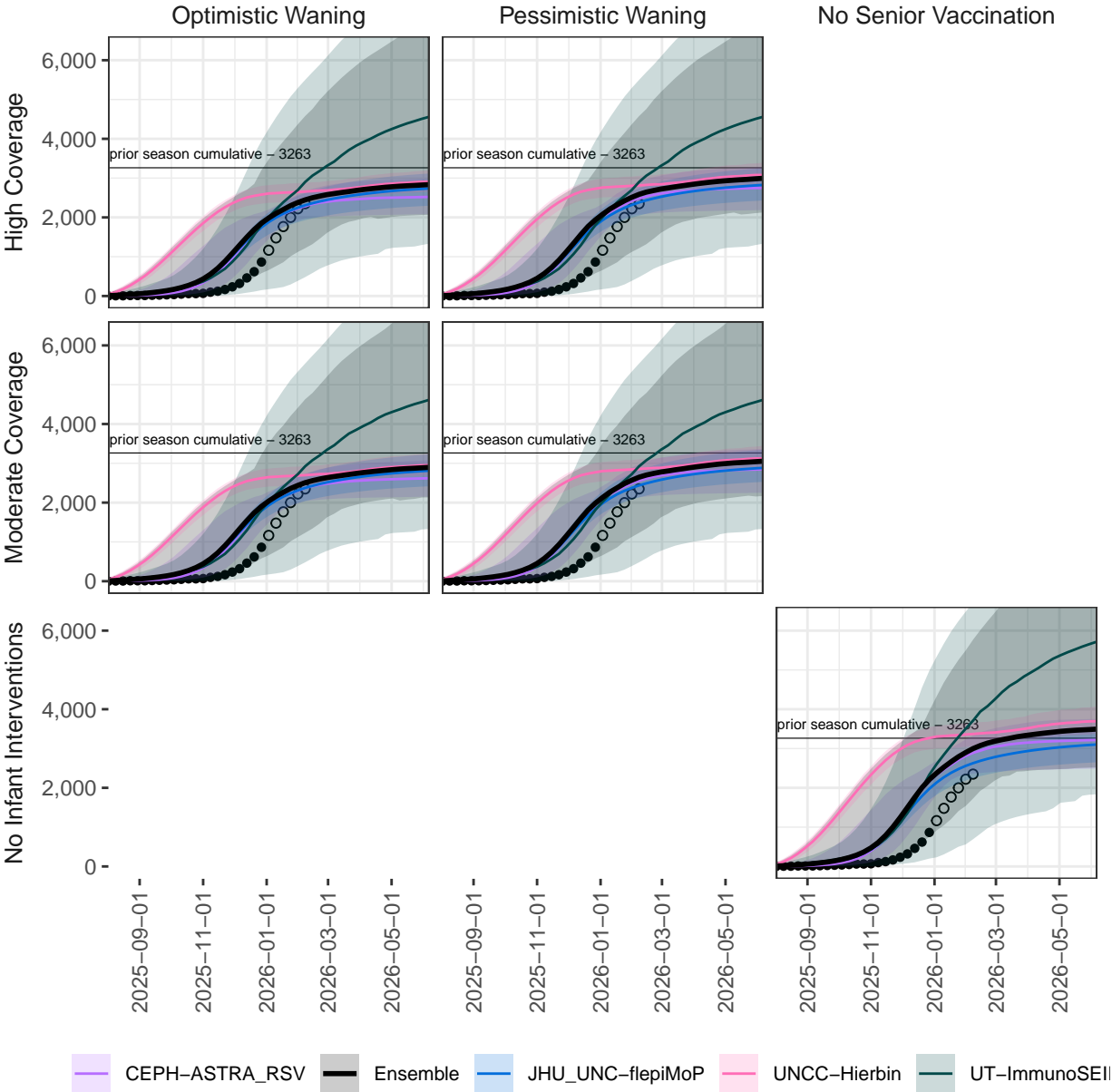




Individual model projections and ensemble by scenario for hospitalizations.



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

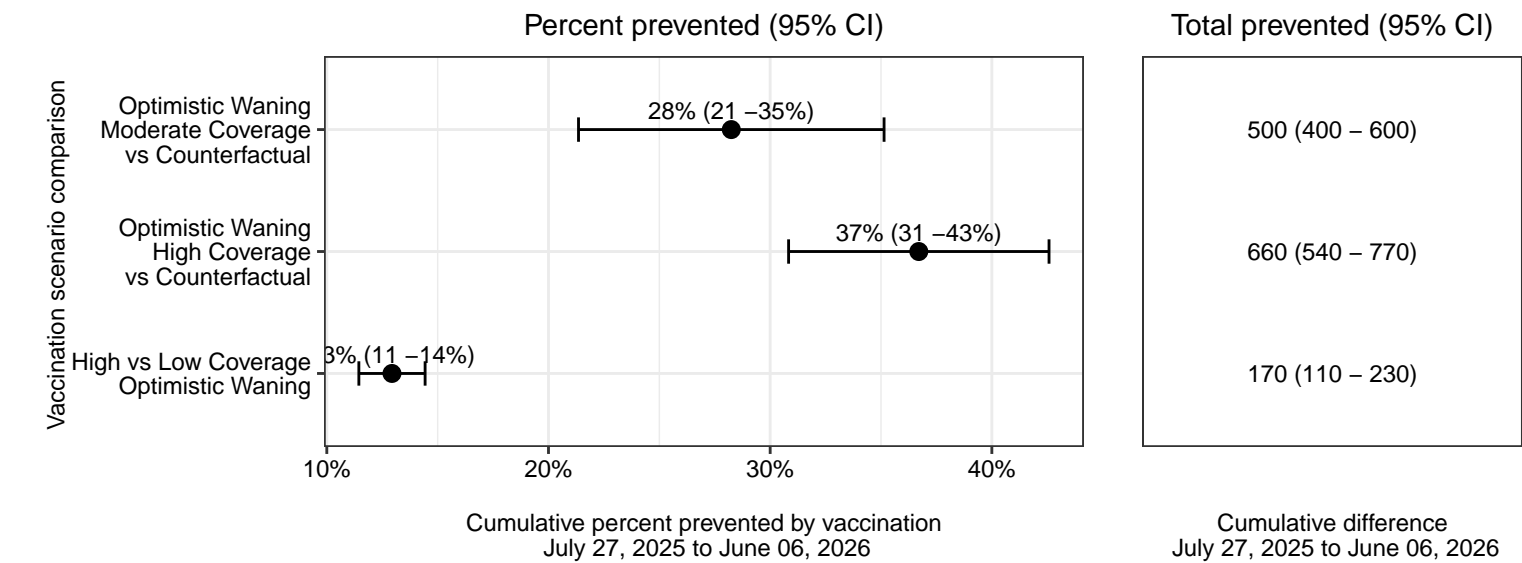


# Michigan

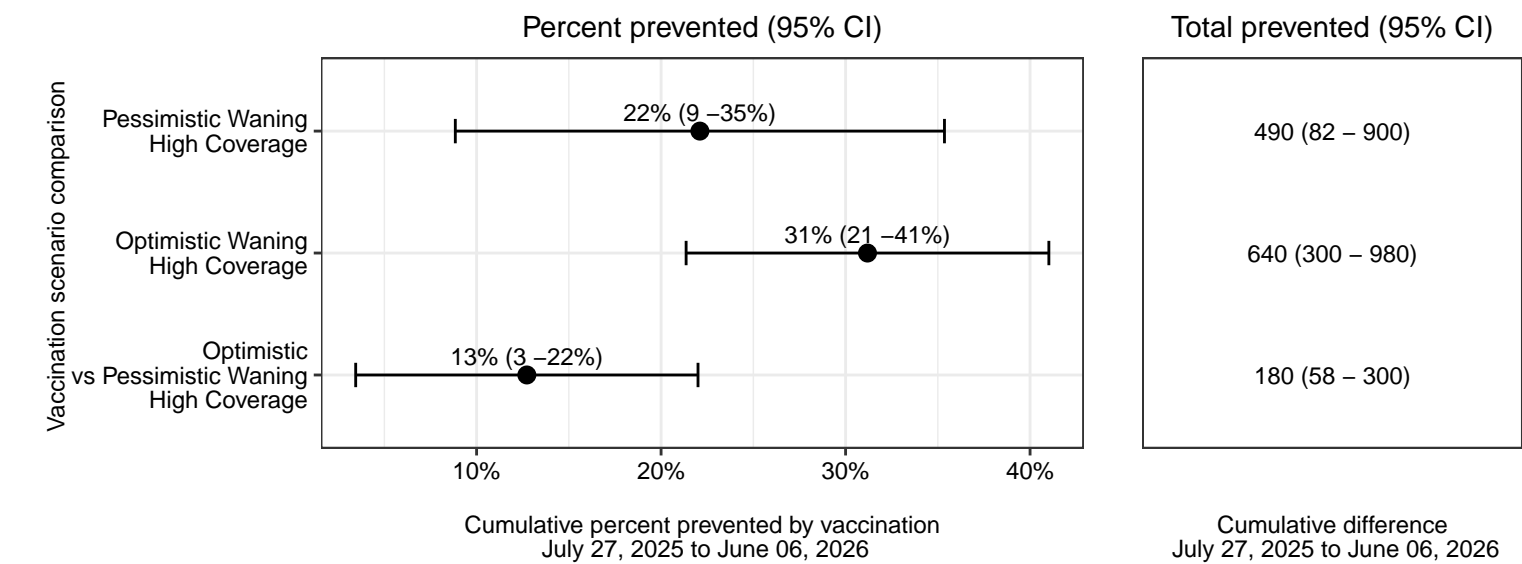
## Differences between scenarios - Michigan

Cumulative paired differences between vaccination scenarios from July 27, 2025 to June 06, 2026, for Michigan. Vaccination strategies and waning are projected to significantly reduce disease burden compared to no vaccination.

### Impacts of RSV Immunization Scenarios, Michigan for Under 1 year olds

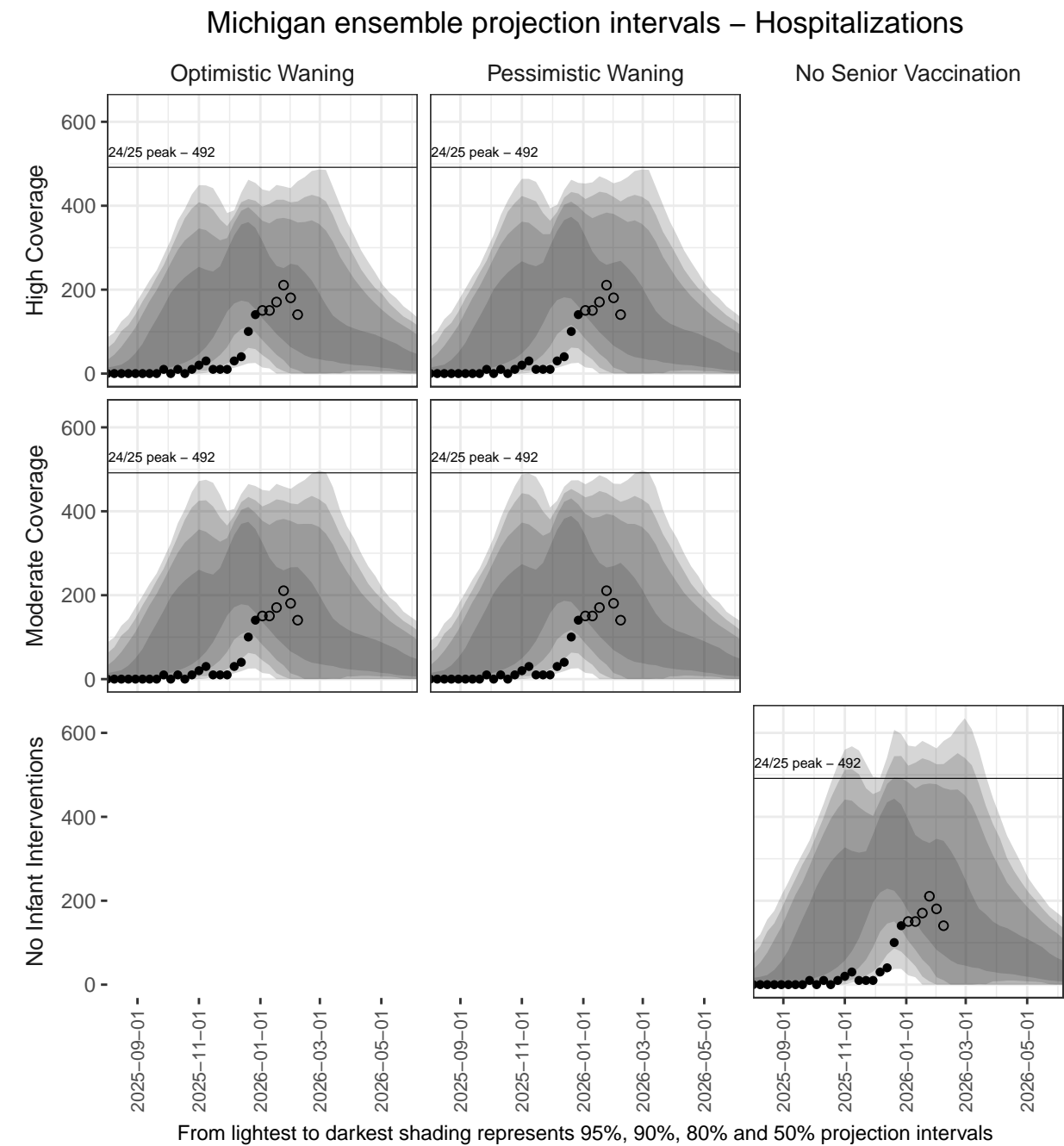


### Impacts of RSV Immunization Scenarios, Michigan for 65+



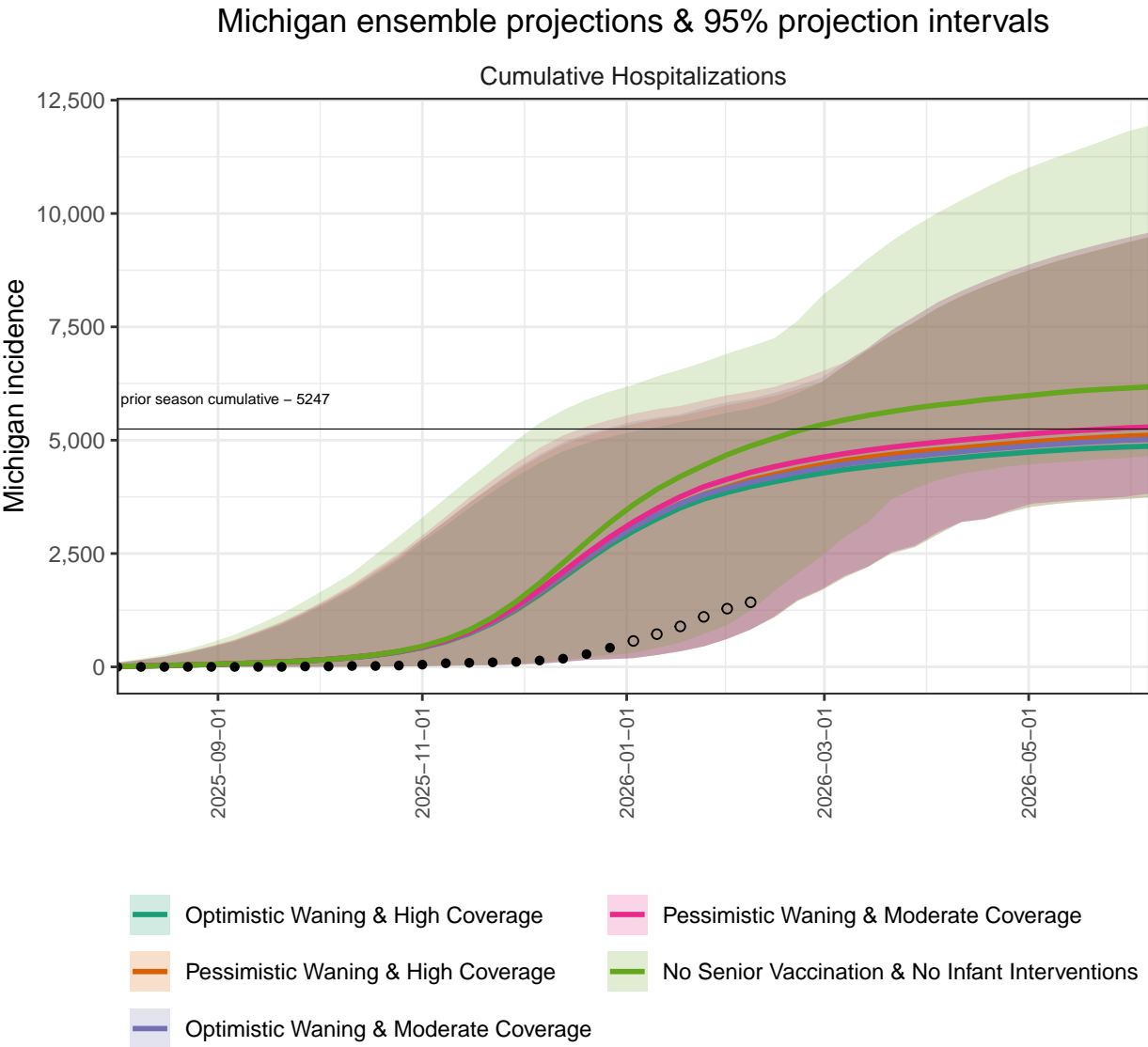
Ensemble Projections - Michigan

Horizontal lines are given for prior peak incident, from past 2024-25 seasons based on RSV-NET data.



### Cumulative Ensemble Projections - Michigan

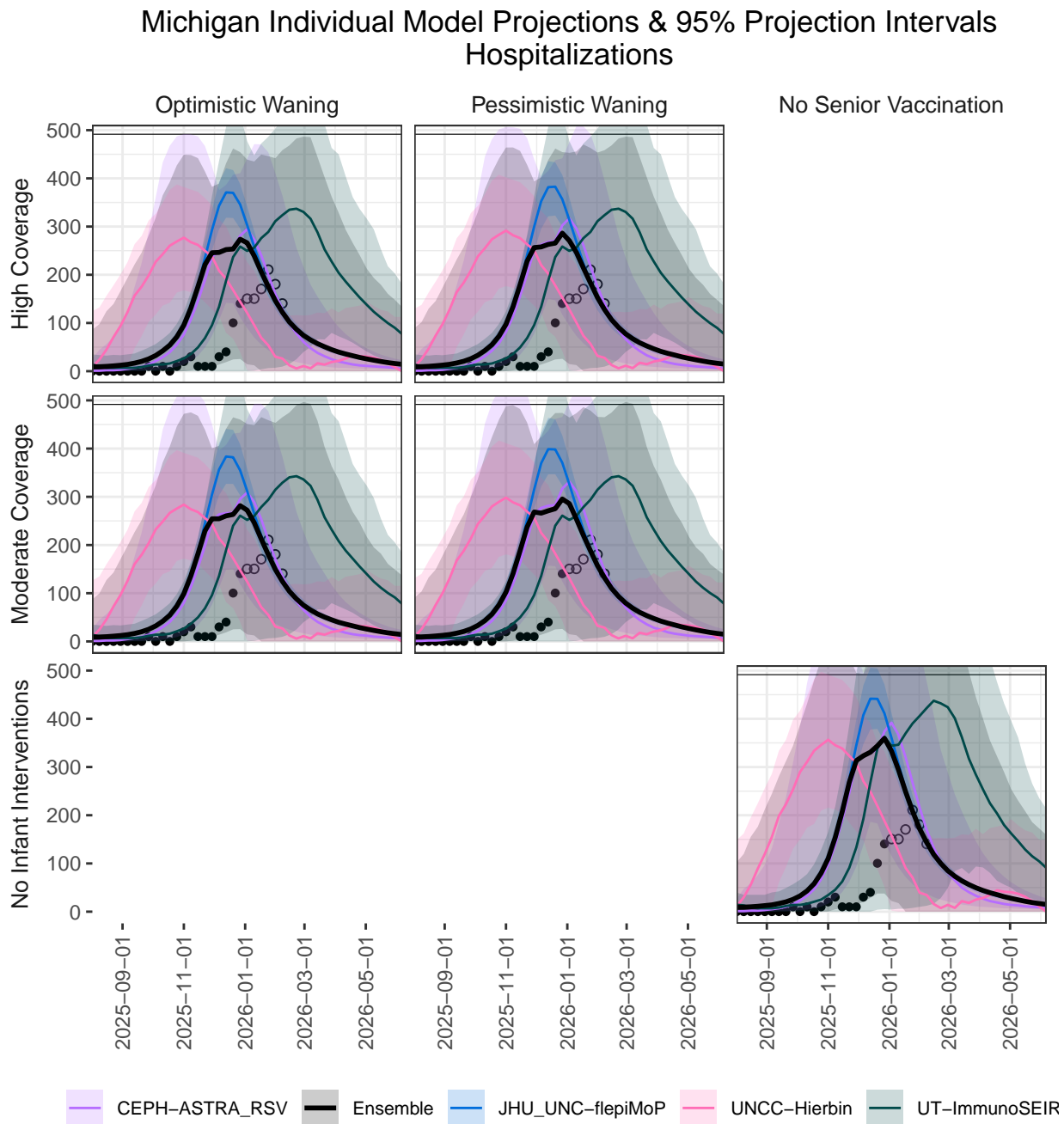
**Ensemble projections for cumulative hospitalizations by scenario, Michigan.** We project substantial continued burden of hospitalization from RSV, with 4867 cumulative hospitalizations projected by the end of the season (95% PI 3740 - 9480 due to RSV in the Optimistic Waning & High Coverage scenario (scenario A).



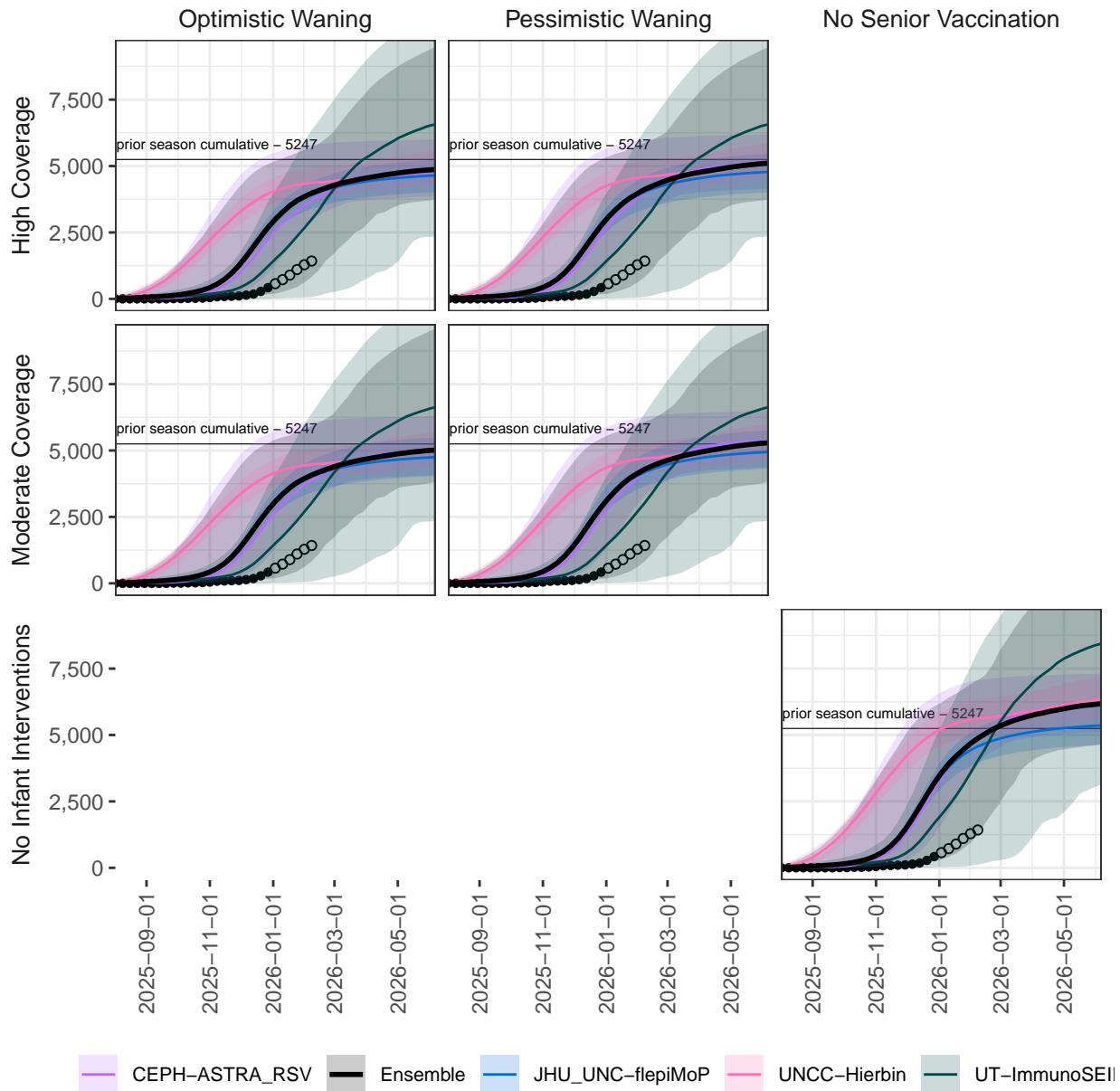
## Individual Model Projections - Michigan

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.



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

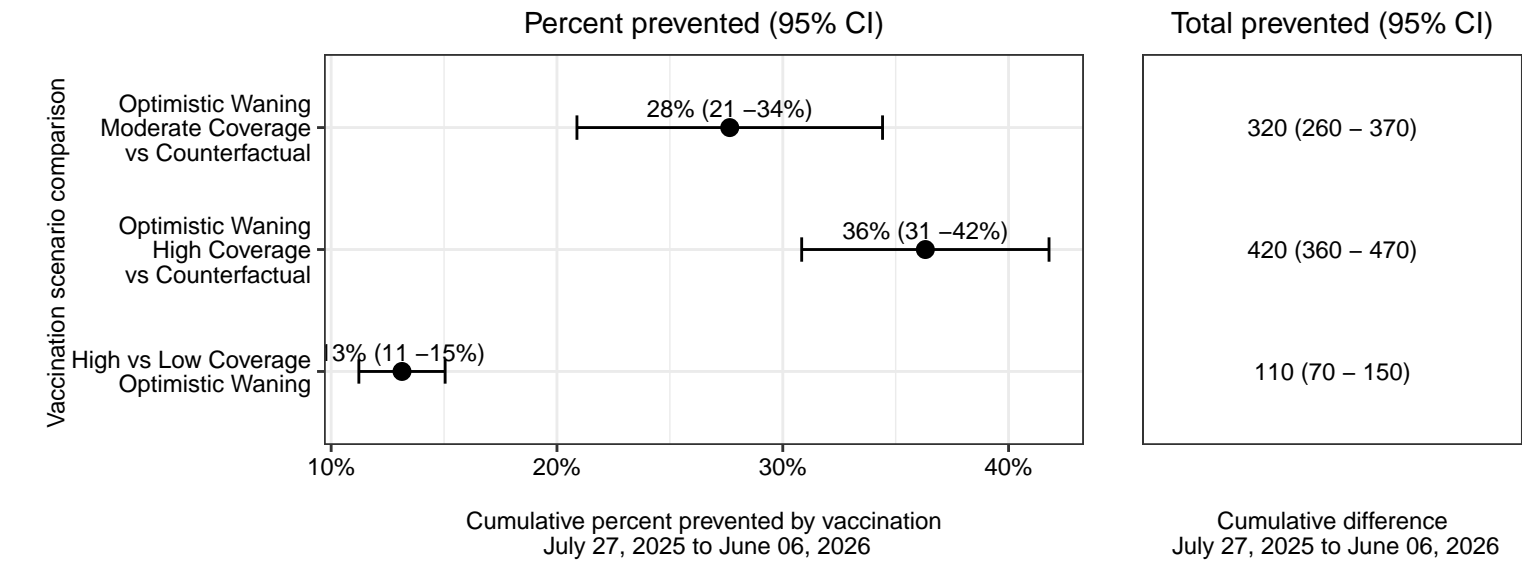


# Minnesota

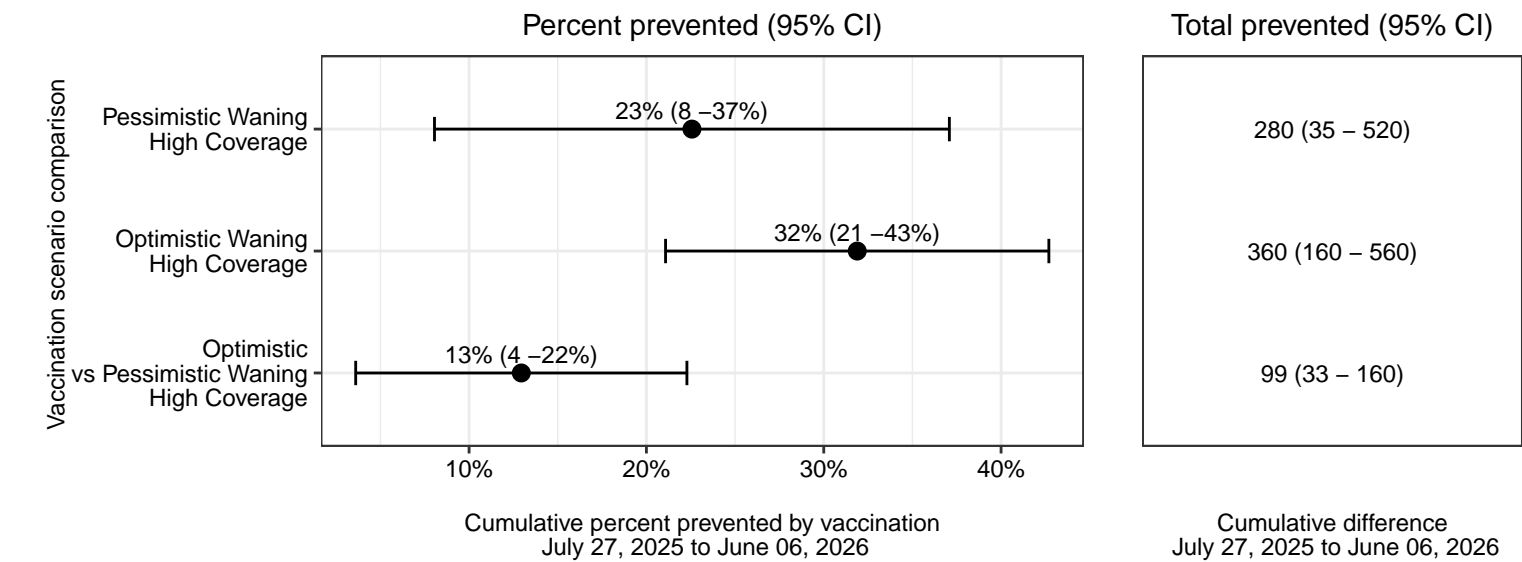
## Differences between scenarios - Minnesota

Cumulative paired differences between vaccination scenarios from July 27, 2025 to June 06, 2026, for Minnesota. Vaccination strategies and waning are projected to significantly reduce disease burden compared to no vaccination.

### Impacts of RSV Immunization Scenarios, Minnesota for Under 1 year olds



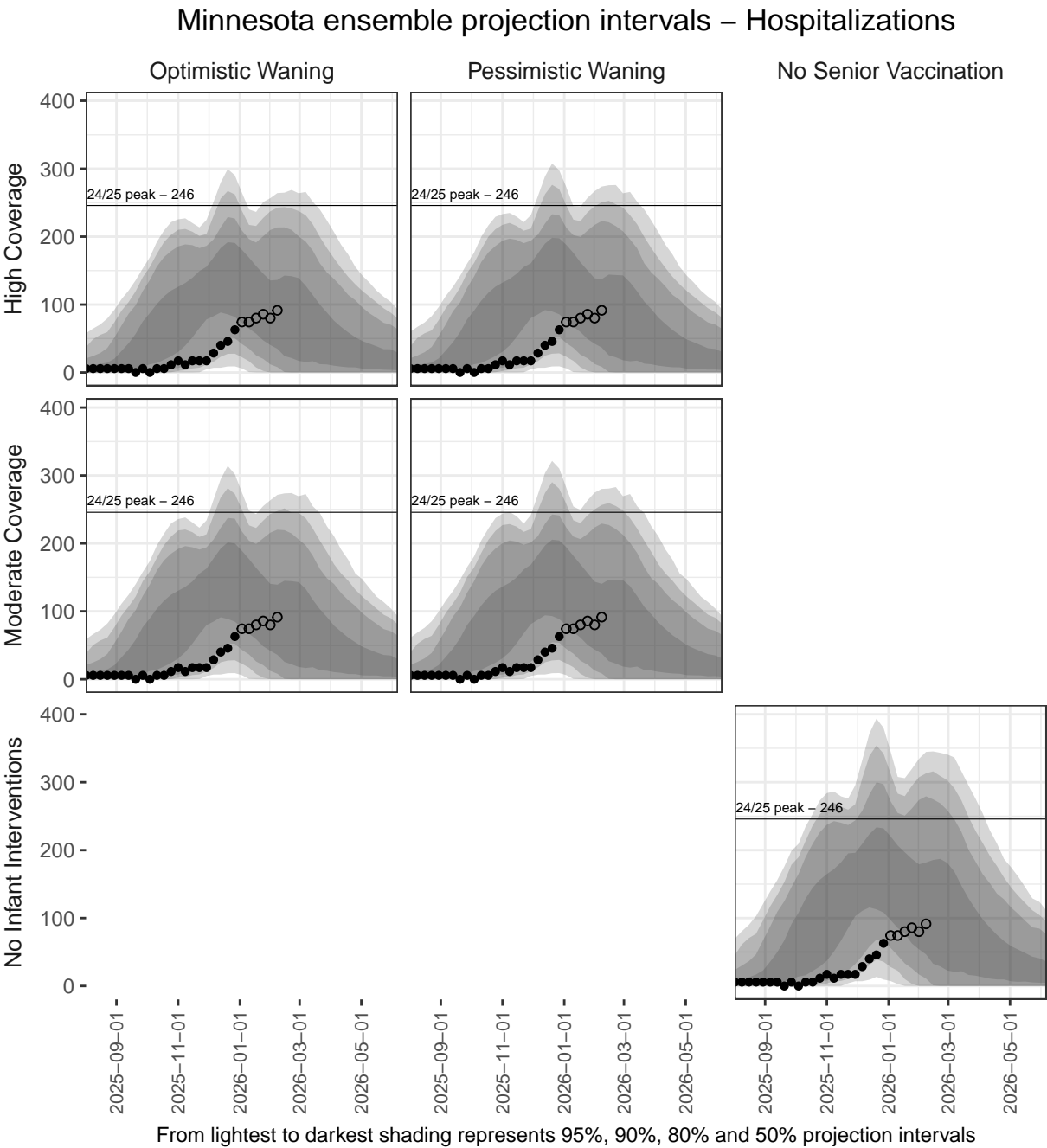
### Impacts of RSV Immunization Scenarios, Minnesota for 65+





Ensemble Projections - Minnesota

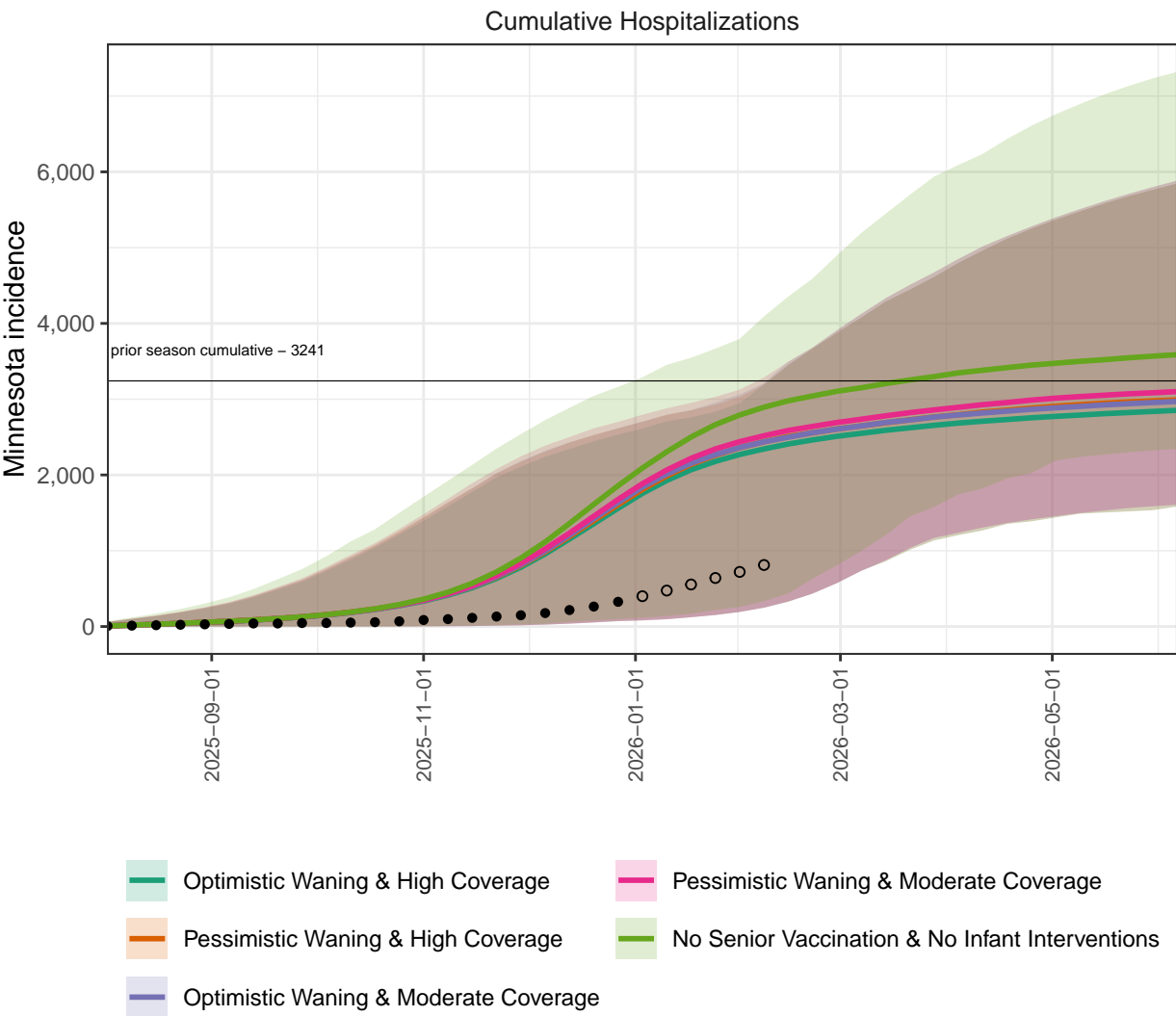
Horizontal lines are given for prior peak incident, from past 2024-25 seasons based on RSV-NET data.



# Cumulative Ensemble Projections - Minnesota

**Ensemble projections for cumulative hospitalizations by scenario, Minnesota.** We project substantial continued burden of hospitalization from RSV, with 2853 cumulative hospitalizations projected by the end of the season (95% PI 1585 - 5847 due to RSV in the Optimistic Waning & High Coverage scenario (scenario A).

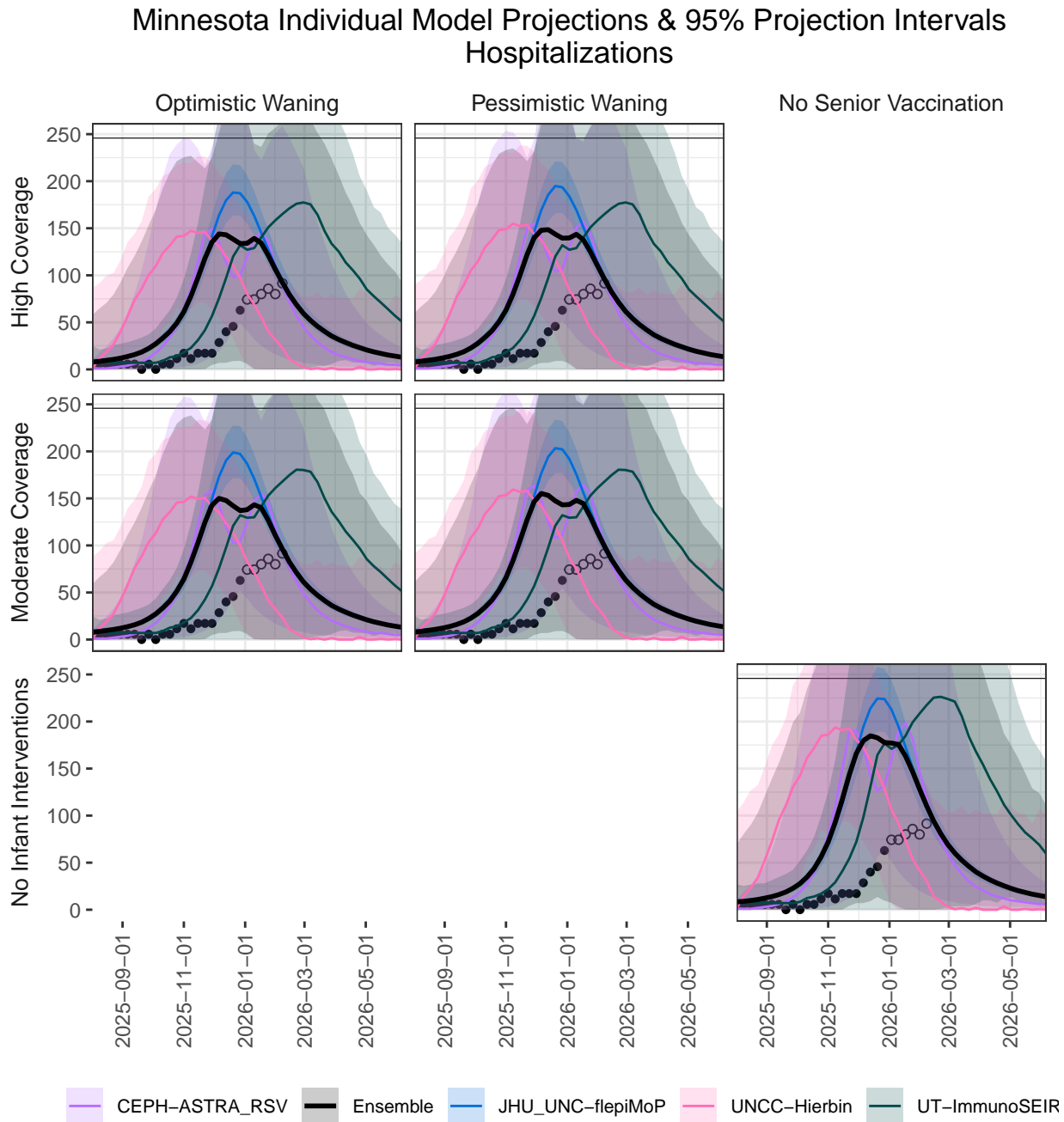
Minnesota ensemble projections & 95% projection intervals



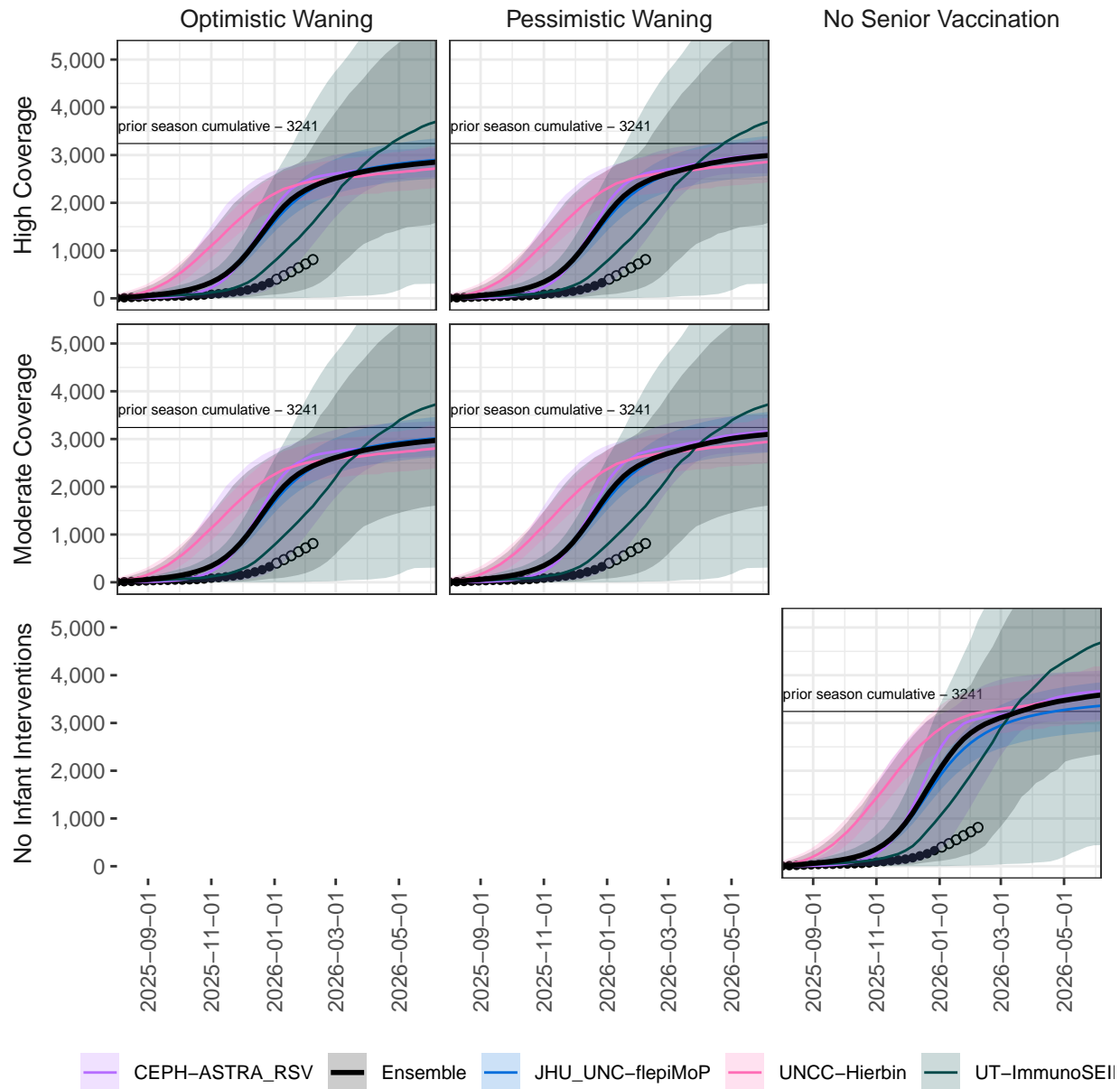
## Individual Model Projections - Minnesota

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.



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

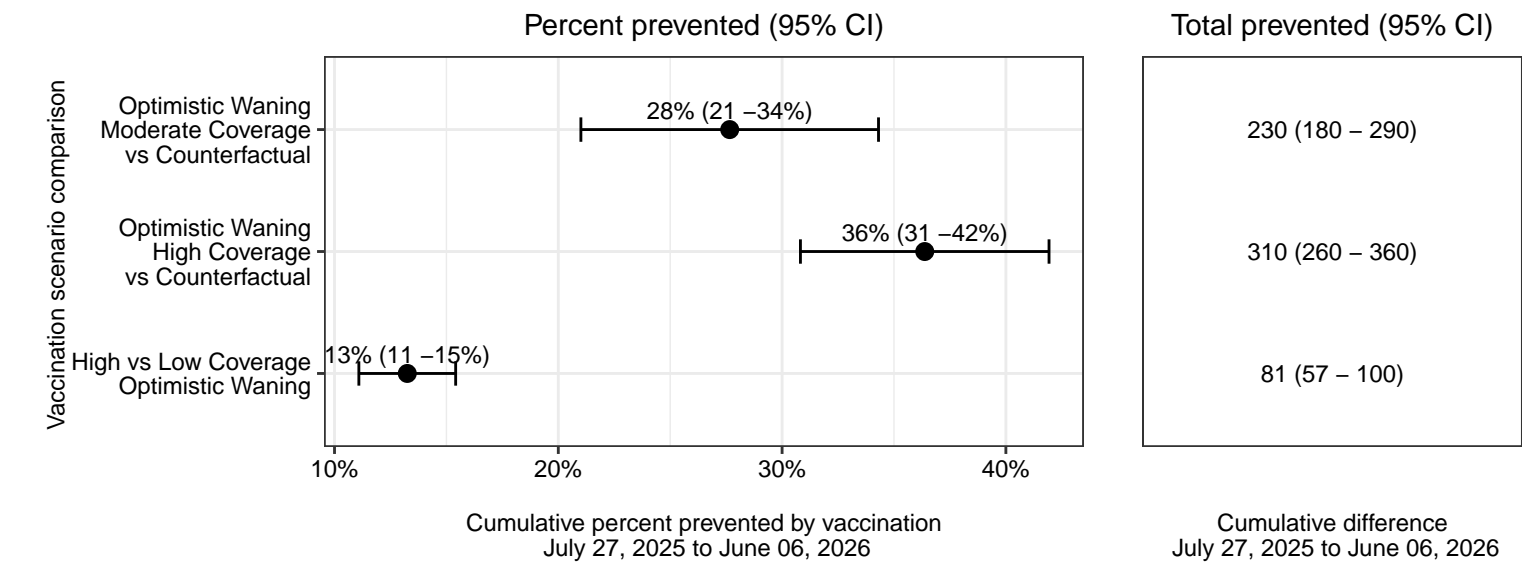


# New Mexico

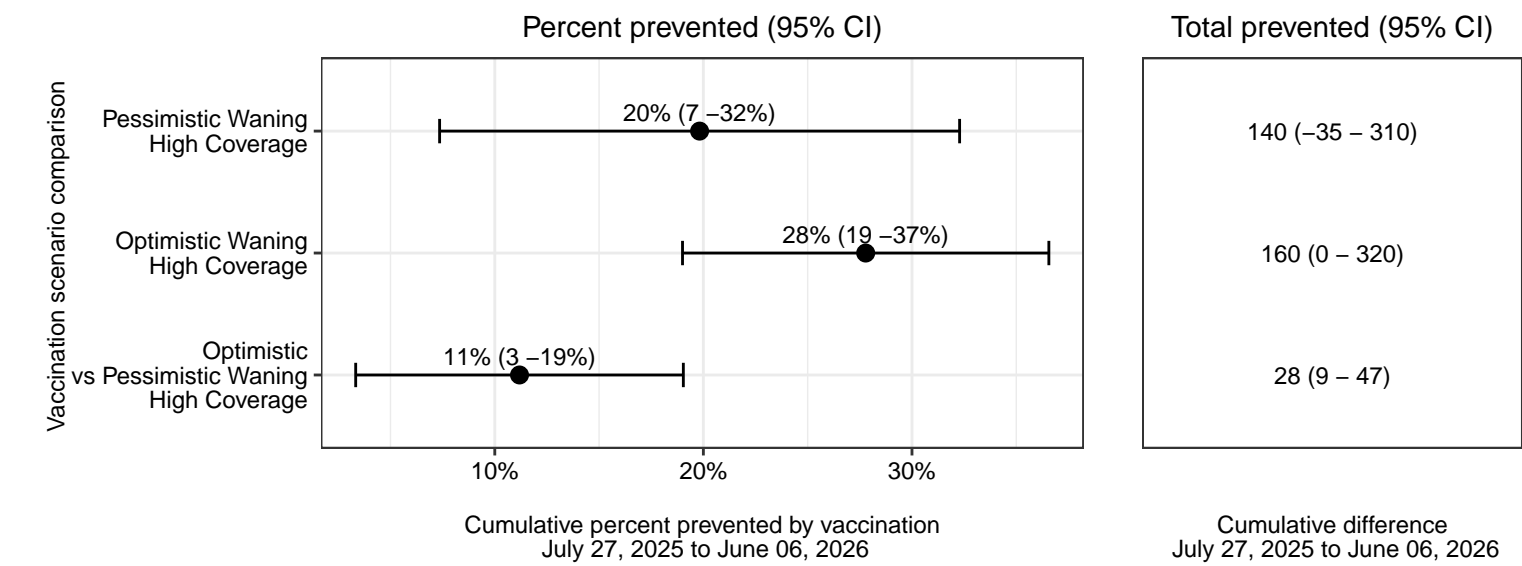
## Differences between scenarios - New Mexico

Cumulative paired differences between vaccination scenarios from July 27, 2025 to June 06, 2026, for New Mexico. Vaccination strategies and waning are projected to significantly reduce disease burden compared to no vaccination.

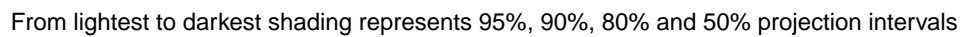
### Impacts of RSV Immunization Scenarios, New Mexico for Under 1 year olds



### Impacts of RSV Immunization Scenarios, New Mexico for 65+



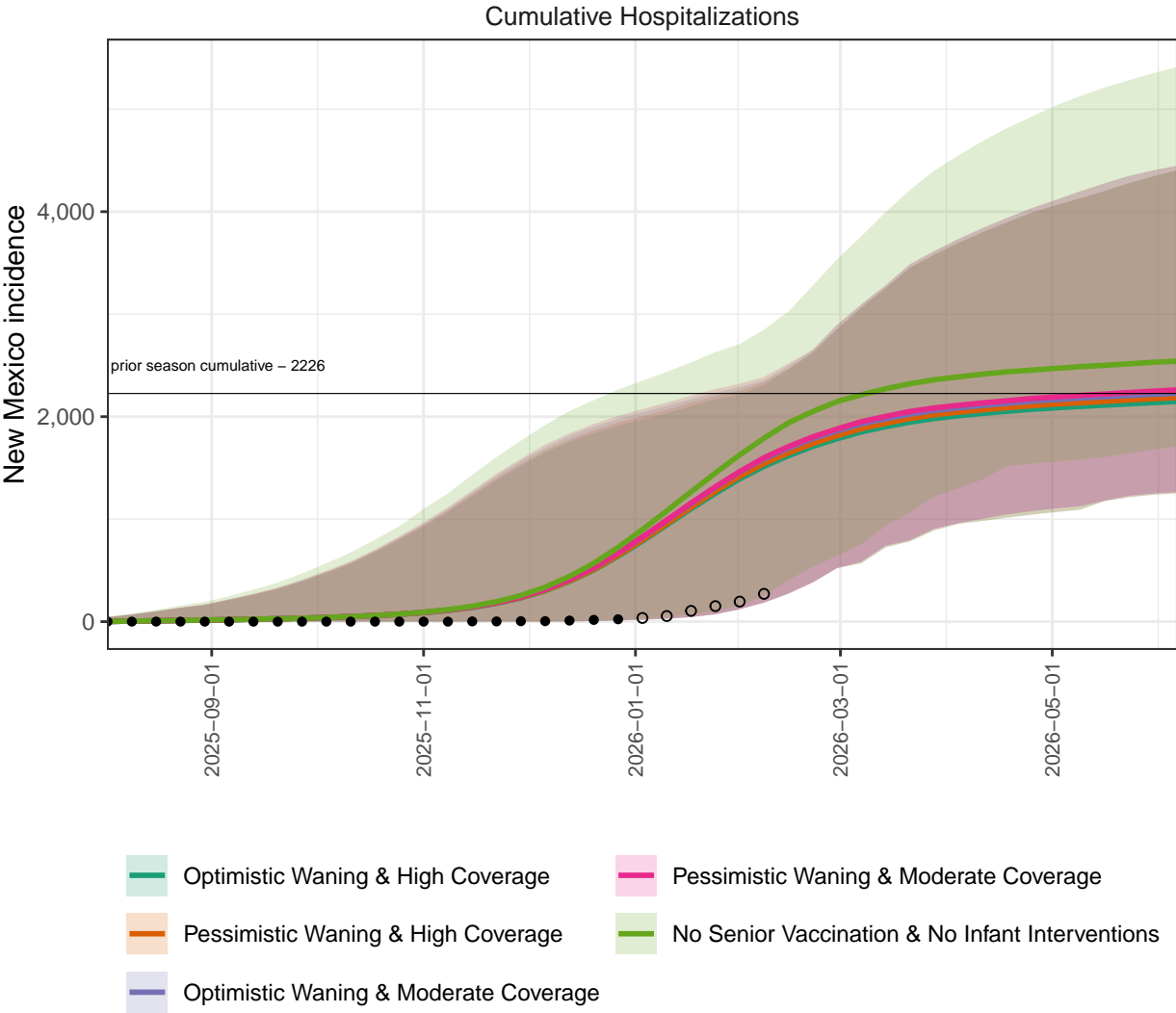
Horizontal lines are given for prior peak incident, from past 2024-25 seasons based on RSV-NET data.



Cumulative Ensemble Projections - New Mexico

Ensemble projections for cumulative hospitalizations by scenario, New Mexico. We project substantial continued burden of hospitalization from RSV, with 2148 cumulative hospitalizations projected by the end of the season (95% PI 1251 - 4404 due to RSV in the Optimistic Waning & High Coverage scenario (scenario A).

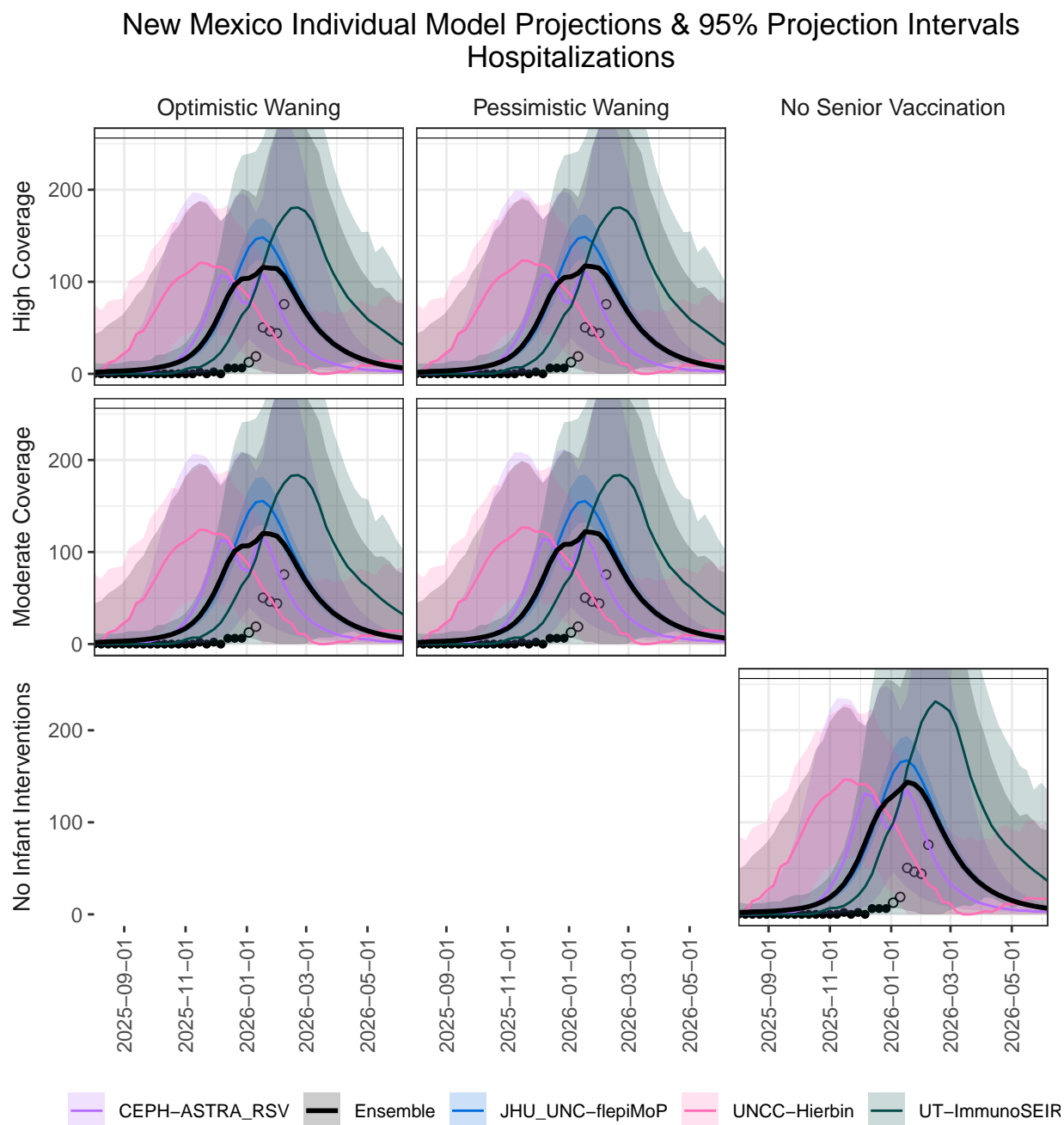
New Mexico ensemble projections & 95% projection intervals



## Individual Model Projections - New Mexico

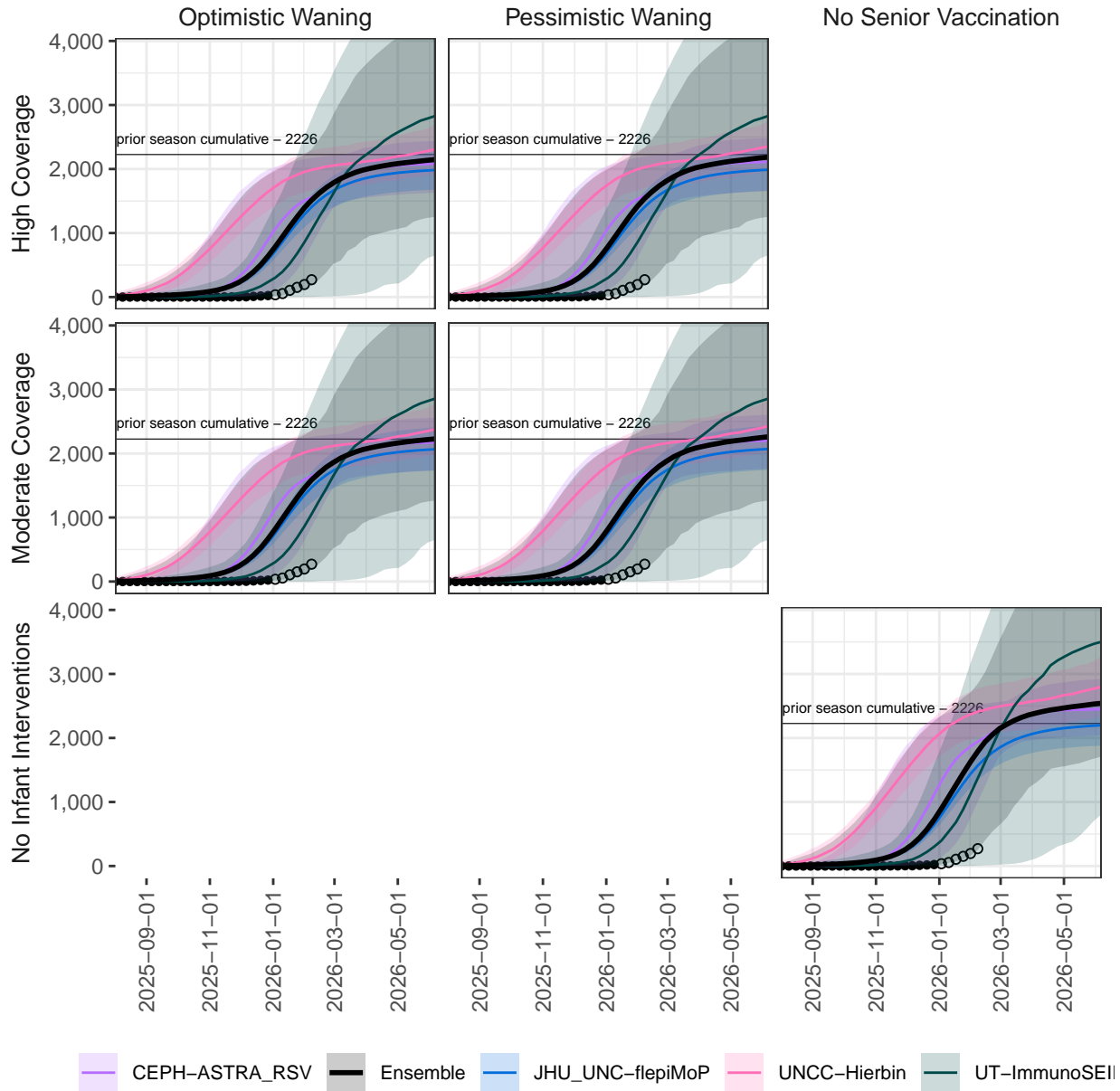
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

Individual model projections and ensemble by scenario for hospitalizations.





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

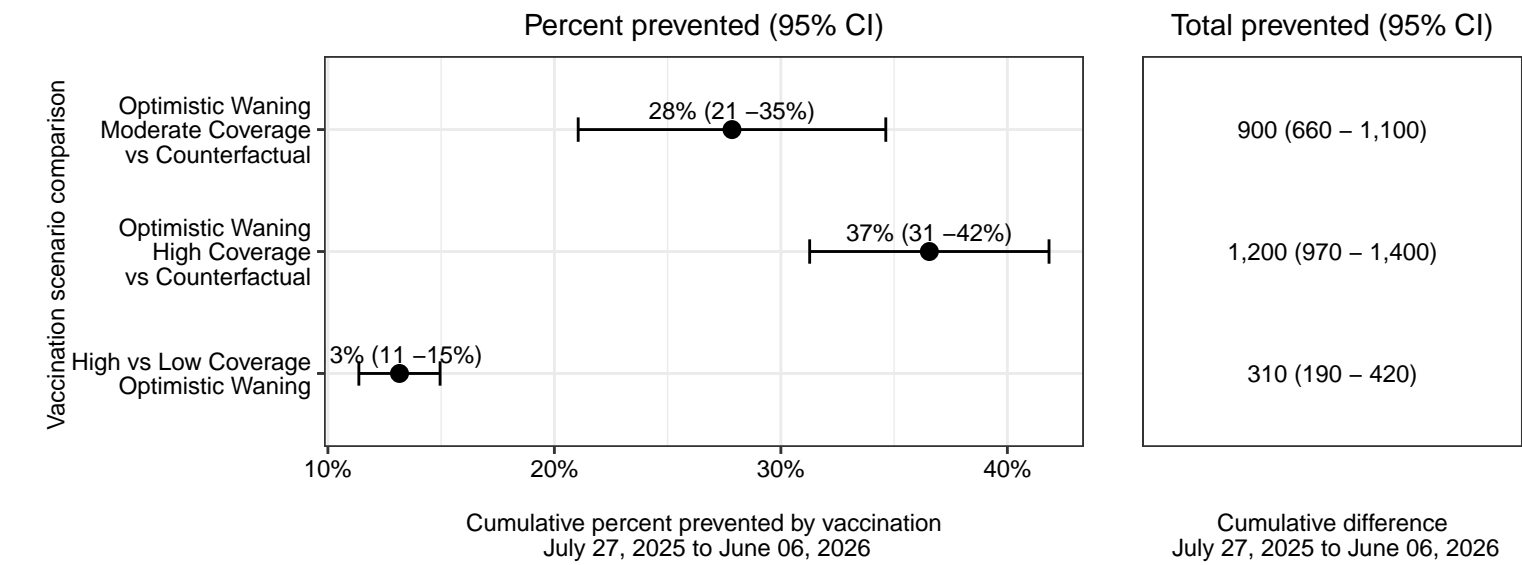


# New York

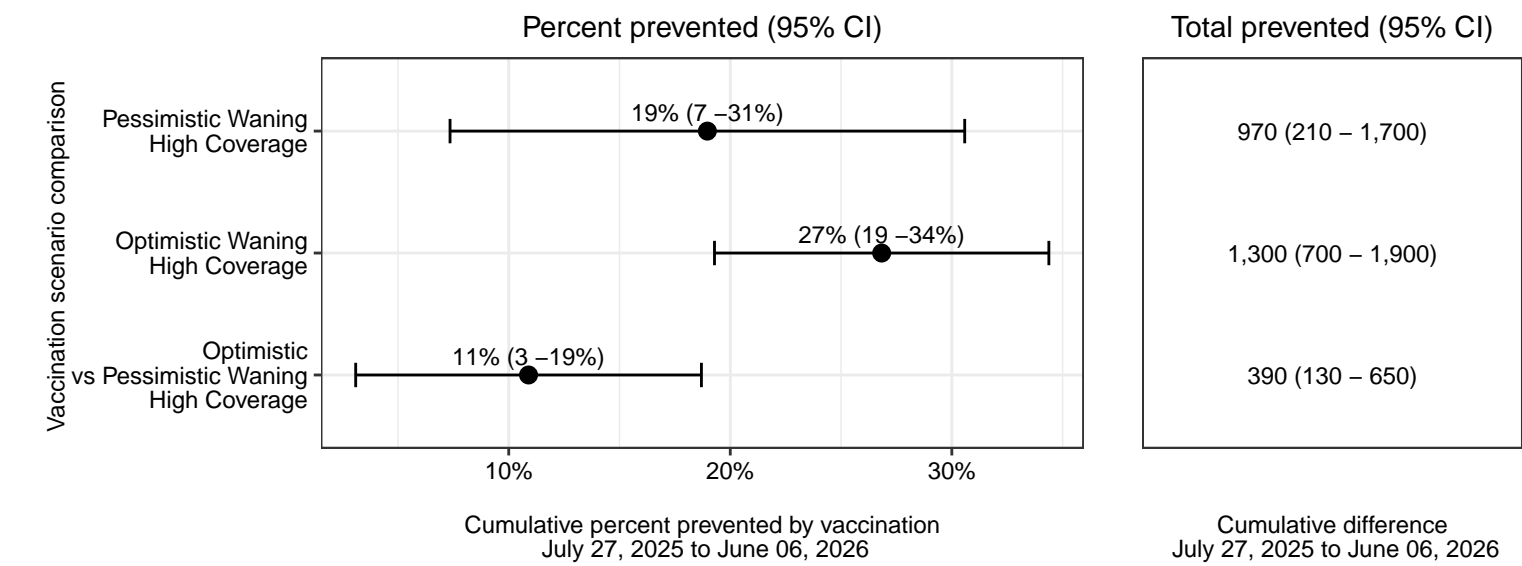
## Differences between scenarios - New York

Cumulative paired differences between vaccination scenarios from July 27, 2025 to June 06, 2026, for New York. Vaccination strategies and waning are projected to significantly reduce disease burden compared to no vaccination.

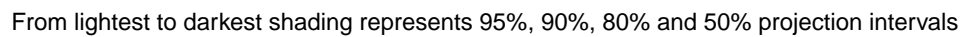
### Impacts of RSV Immunization Scenarios, New York for Under 1 year olds



### Impacts of RSV Immunization Scenarios, New York for 65+



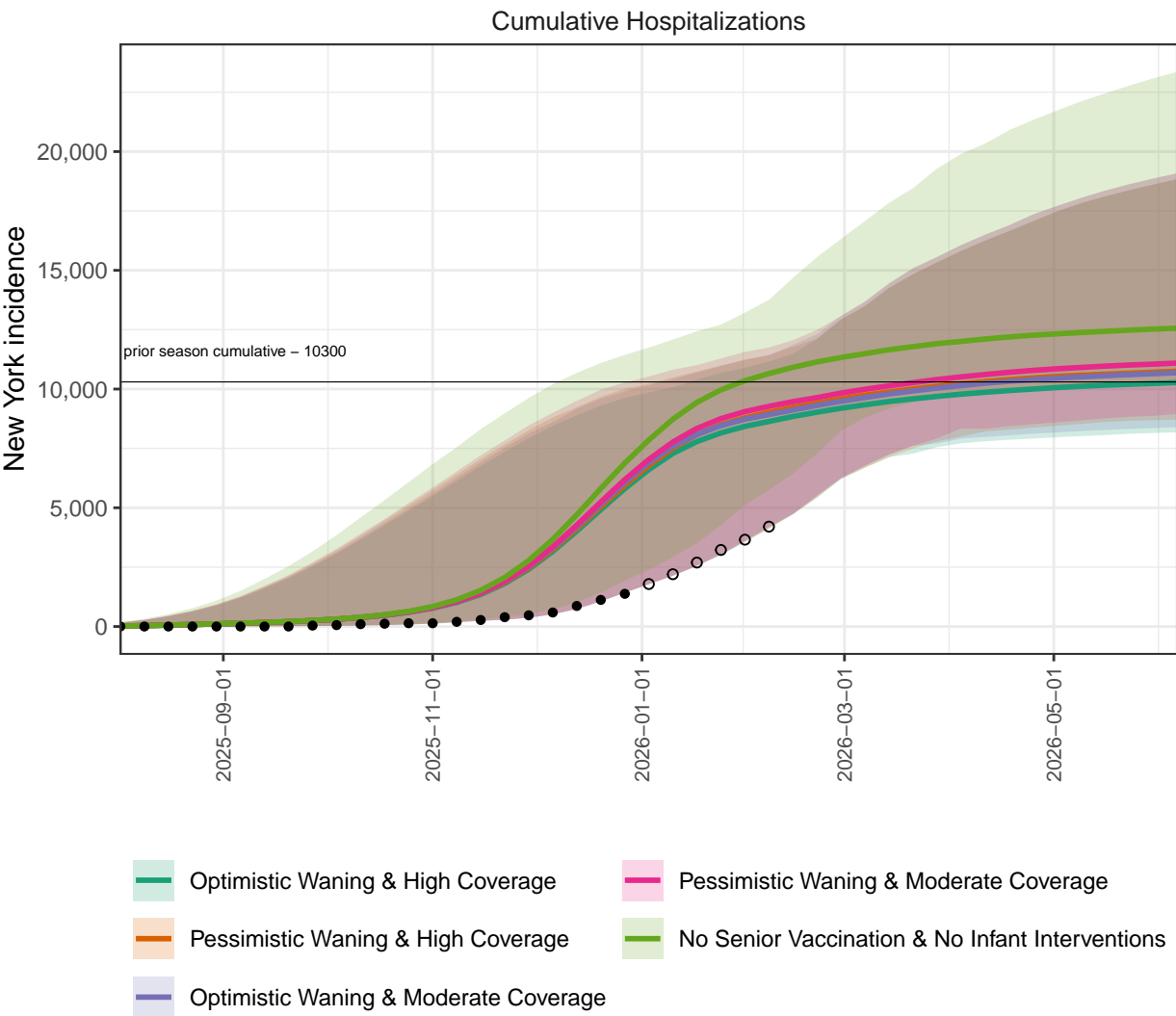
Horizontal lines are given for prior peak incident, from past 2024-25 seasons based on RSV-NET data.



## Cumulative Ensemble Projections - New York

**Ensemble projections for cumulative hospitalizations by scenario, New York.** We project substantial continued burden of hospitalization from RSV, with 10273 cumulative hospitalizations projected by the end of the season (95% PI 8178 - 18838 due to RSV in the Optimistic Waning & High Coverage scenario (scenario A).

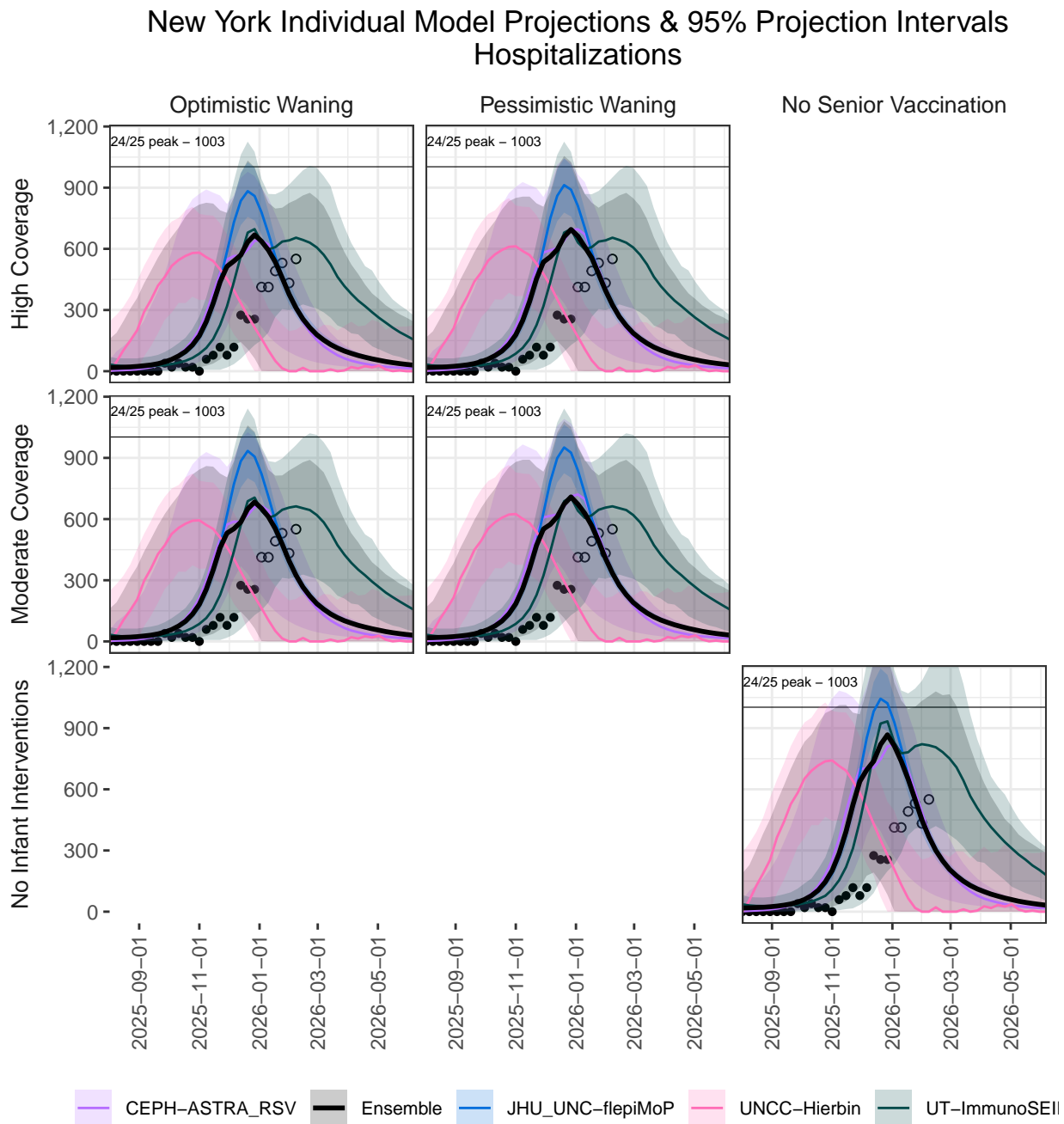
New York ensemble projections & 95% projection intervals



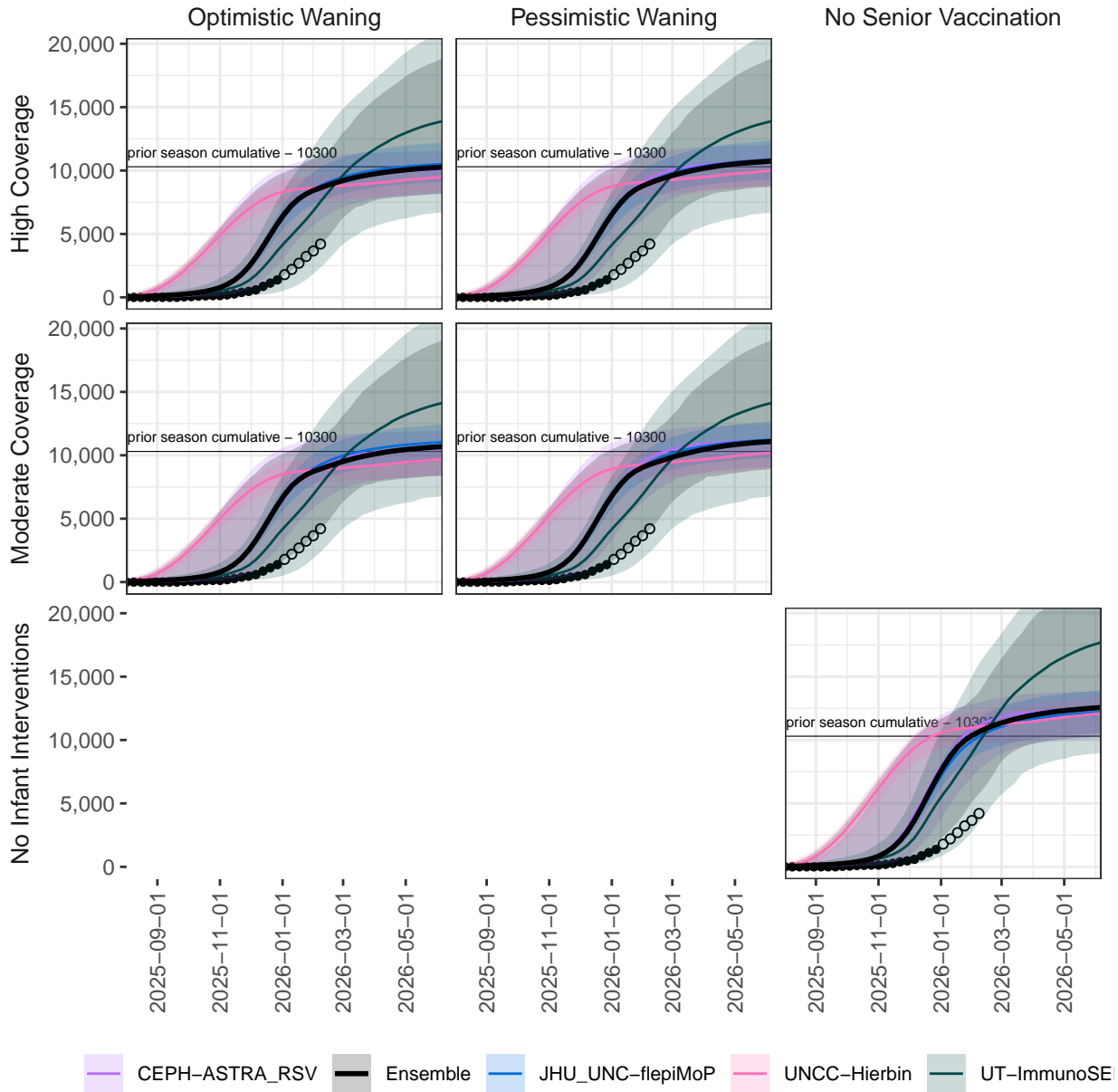
## Individual Model Projections - New York

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.



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

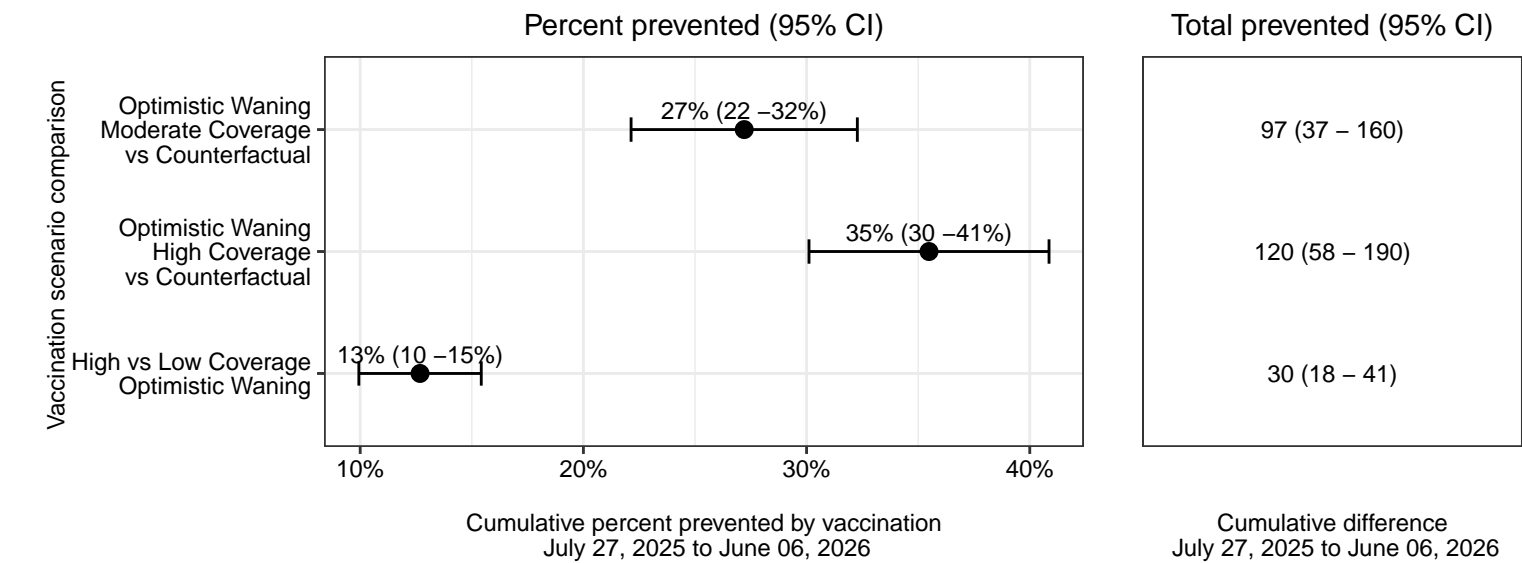


# Oregon

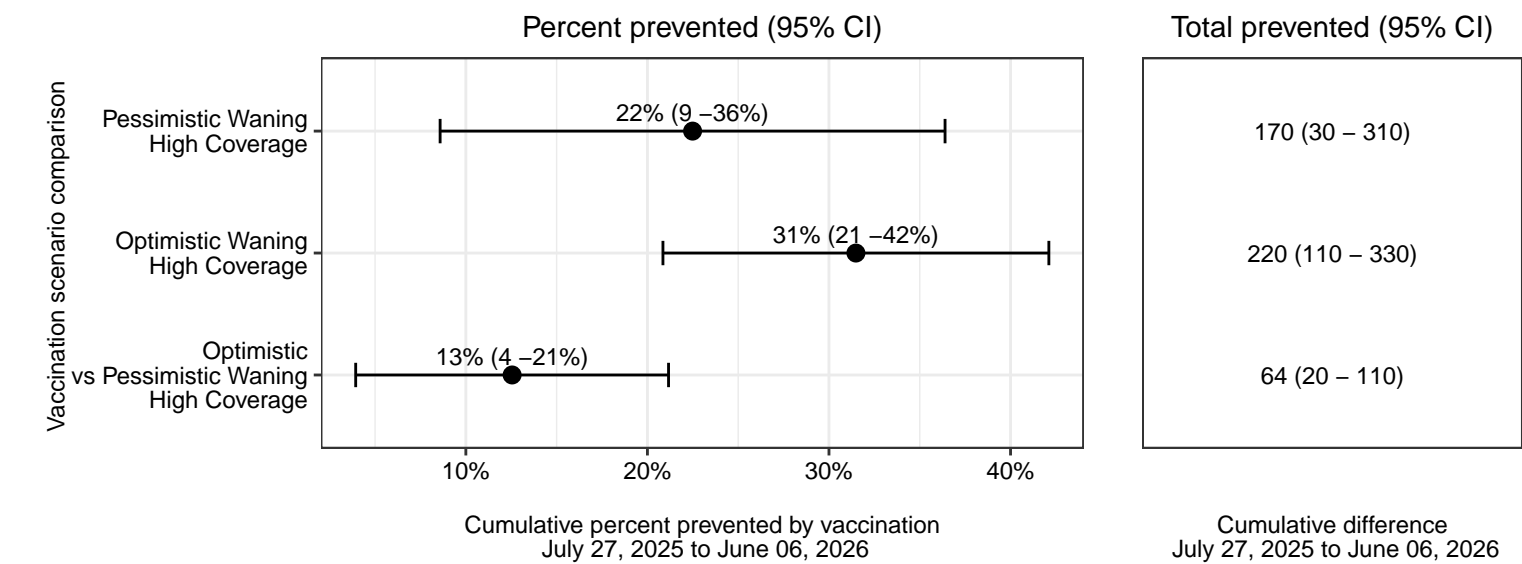
## Differences between scenarios - Oregon

Cumulative paired differences between vaccination scenarios from July 27, 2025 to June 06, 2026, for Oregon. Vaccination strategies and waning are projected to significantly reduce disease burden compared to no vaccination.

### Impacts of RSV Immunization Scenarios, Oregon for Under 1 year olds



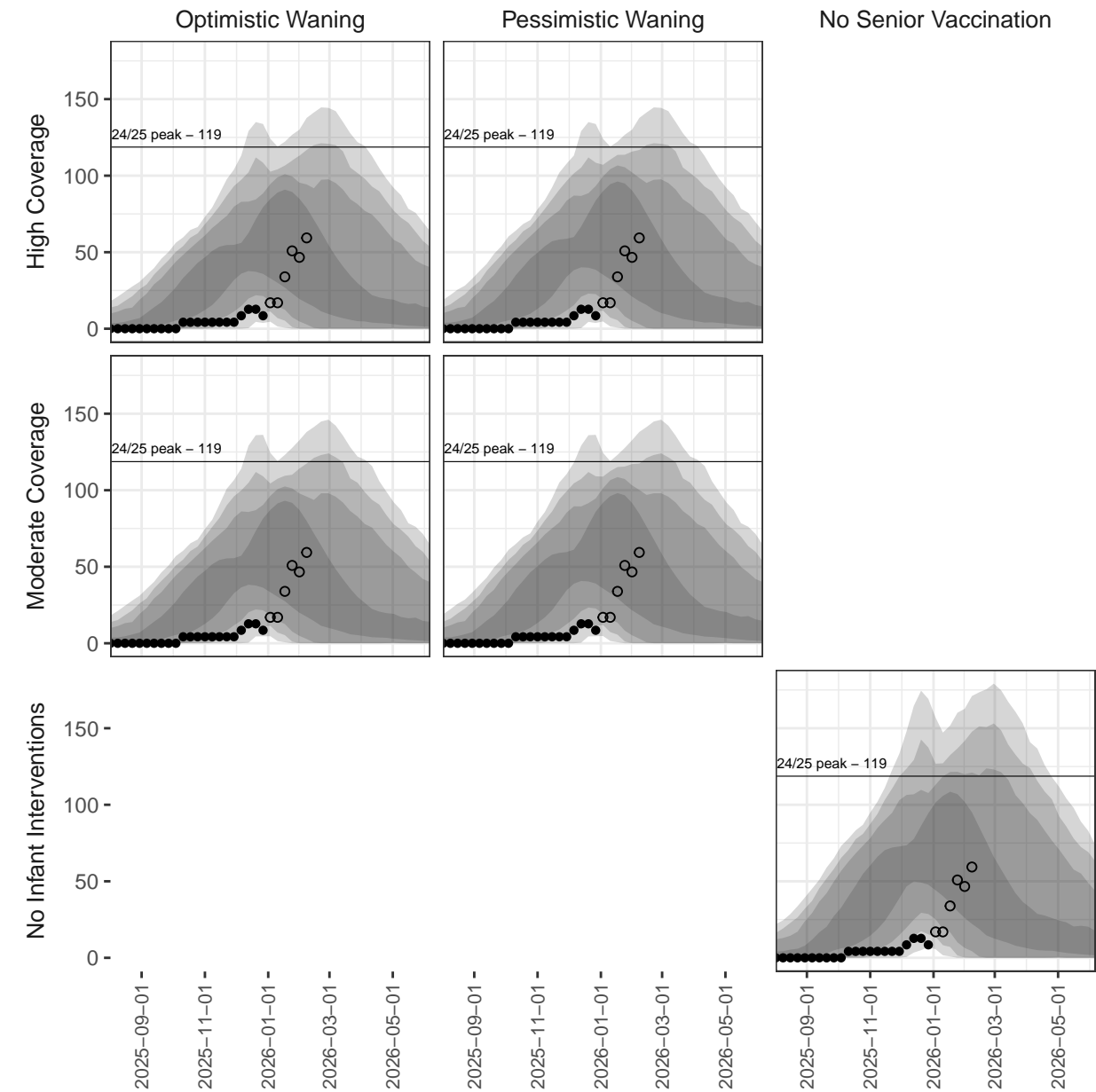
### Impacts of RSV Immunization Scenarios, Oregon for 65+



Ensemble Projections - Oregon

Horizontal lines are given for prior peak incident, from past 2024-25 seasons based on RSV-NET data.

Oregon ensemble projection intervals – Hospitalizations



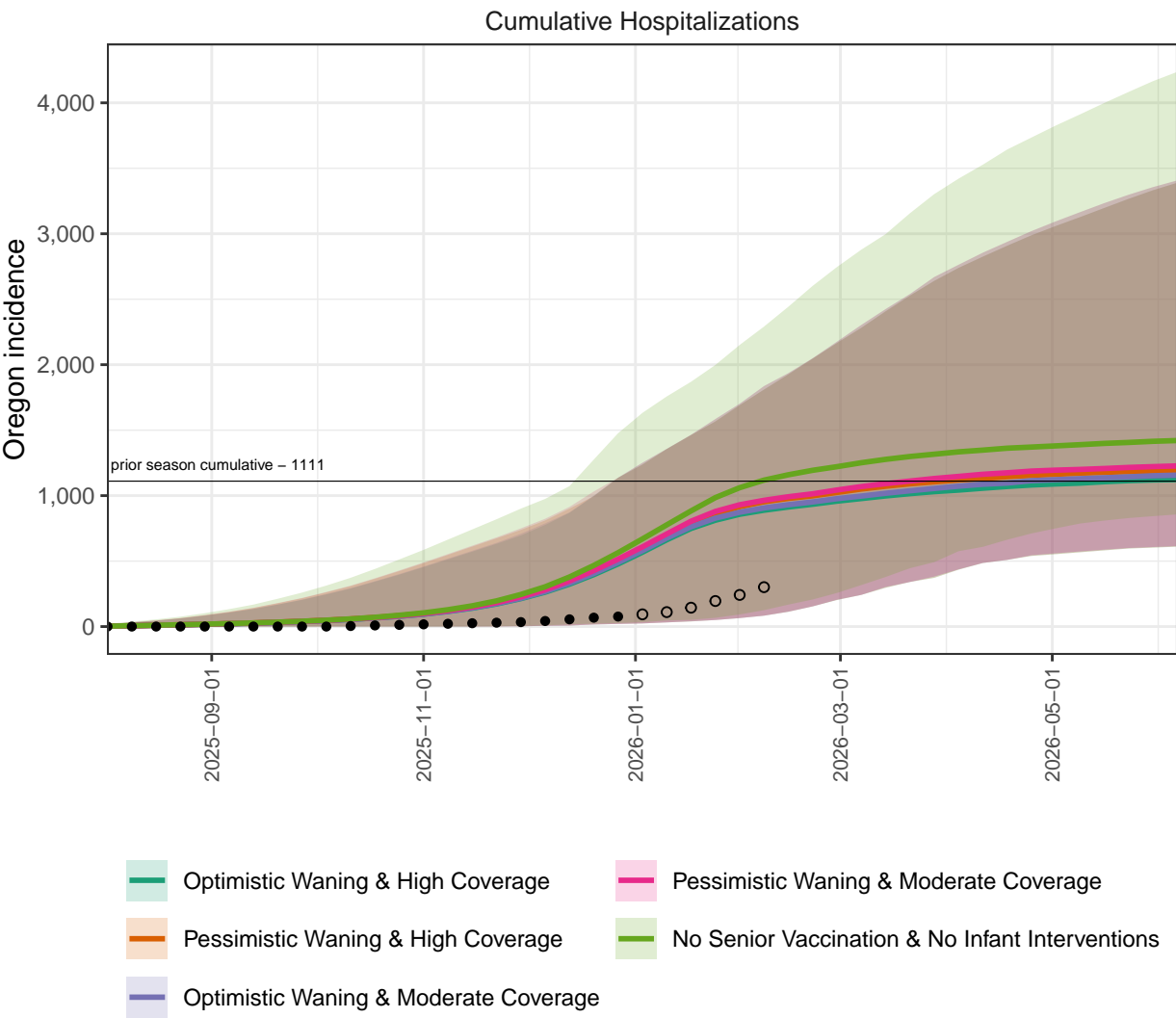
From lightest to darkest shading represents 95%, 90%, 80% and 50% projection intervals



### Cumulative Ensemble Projections - Oregon

**Ensemble projections for cumulative hospitalizations by scenario, Oregon.** We project substantial continued burden of hospitalization from RSV, with 1123 cumulative hospitalizations projected by the end of the season (95% PI 610 - 3389 due to RSV in the Optimistic Waning & High Coverage scenario (scenario A).

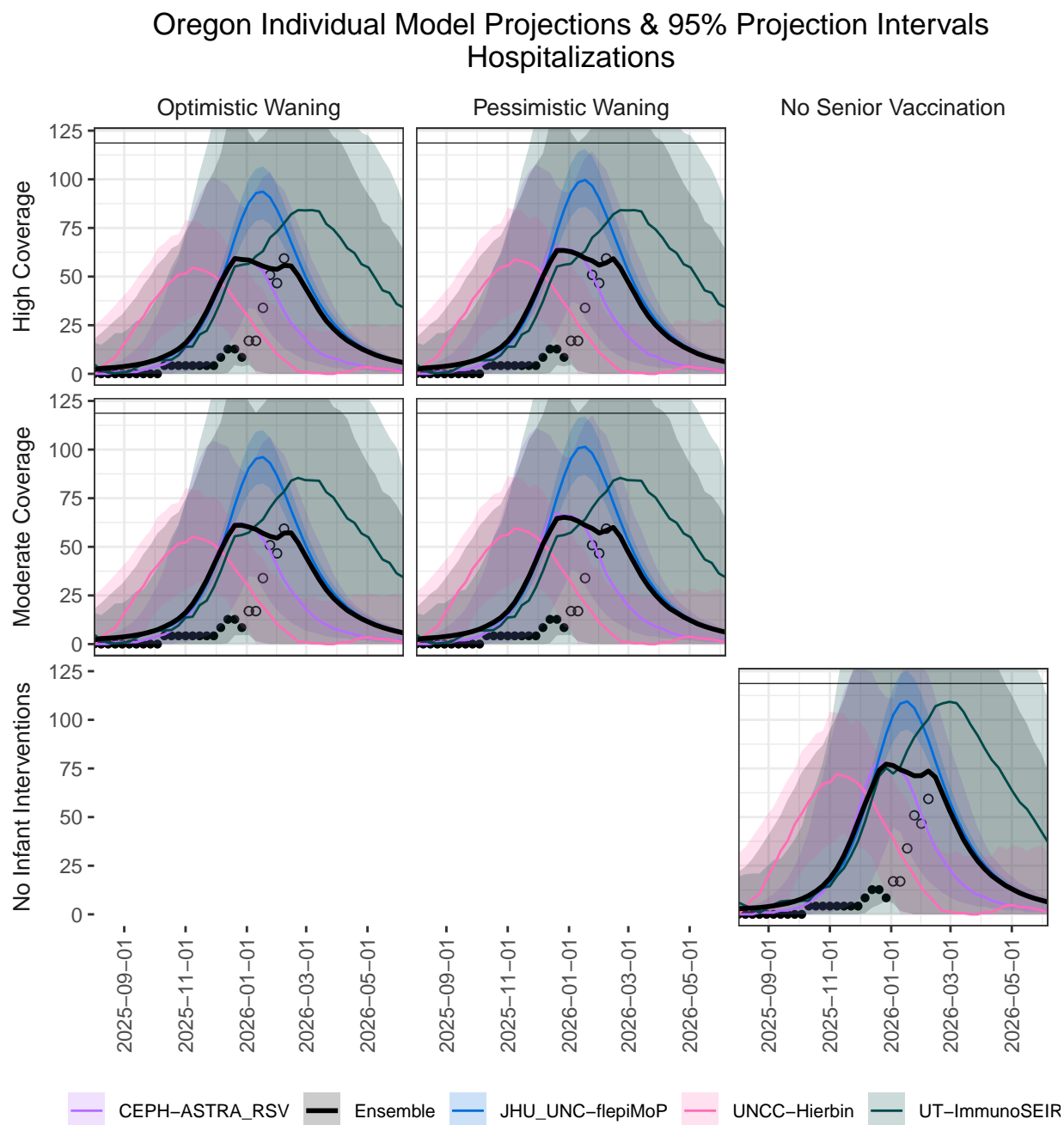
Oregon ensemble projections & 95% projection intervals



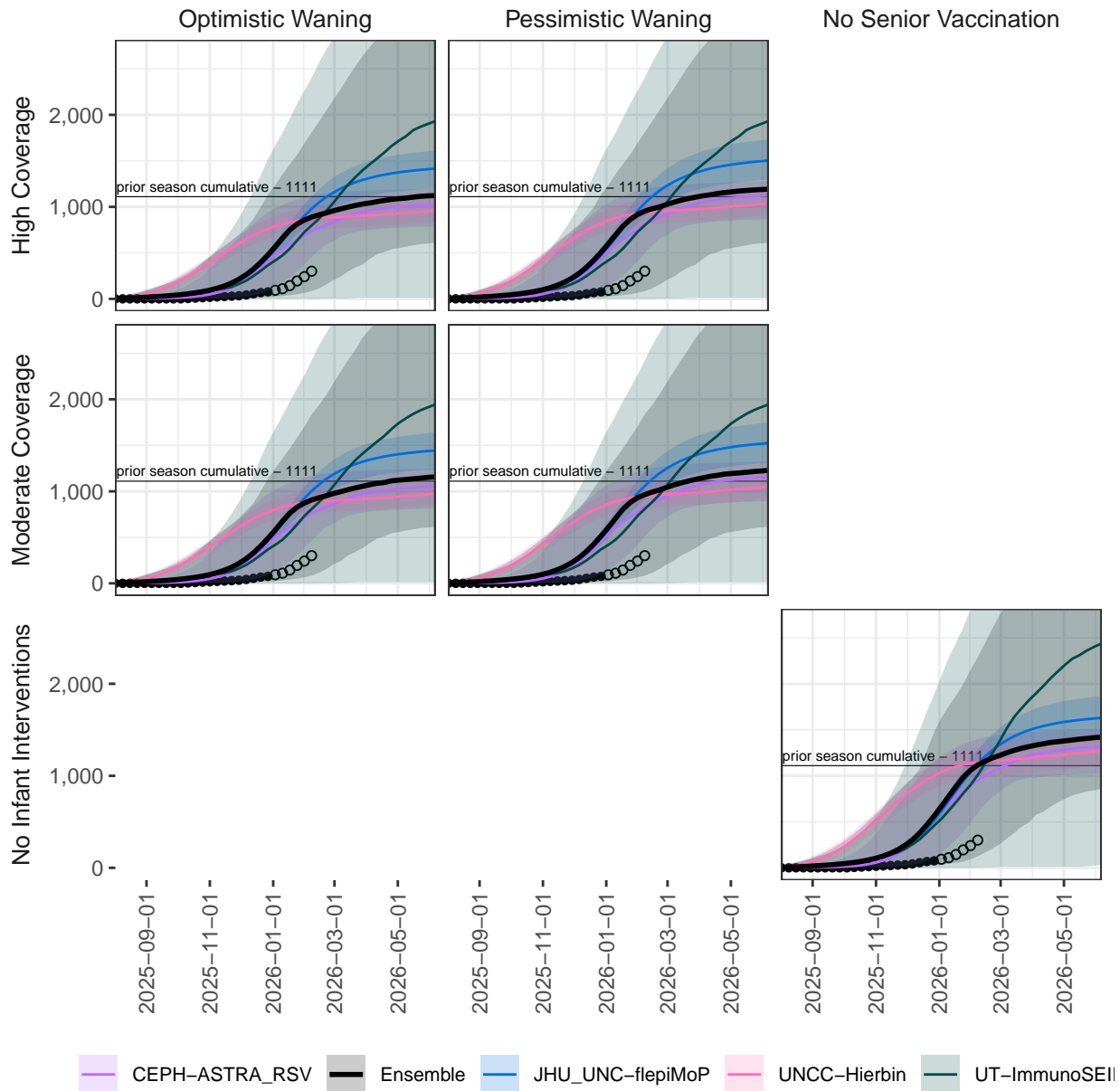
## Individual Model Projections - Oregon

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.



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

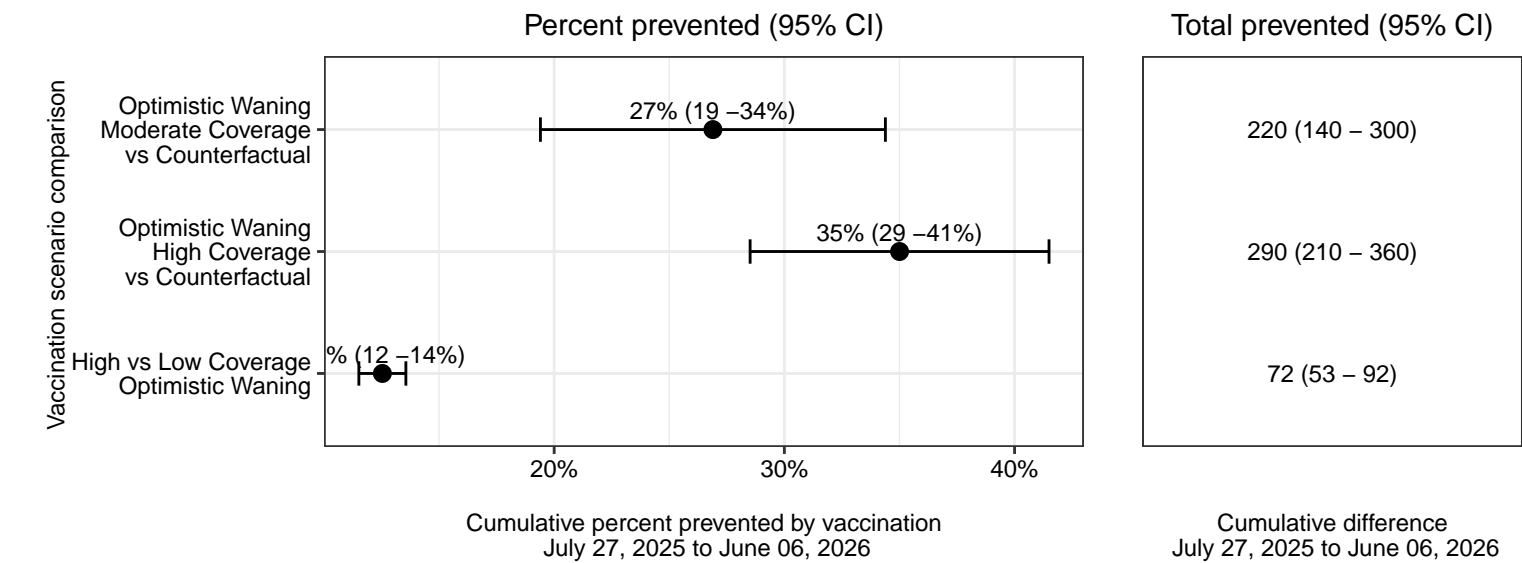


# Tennessee

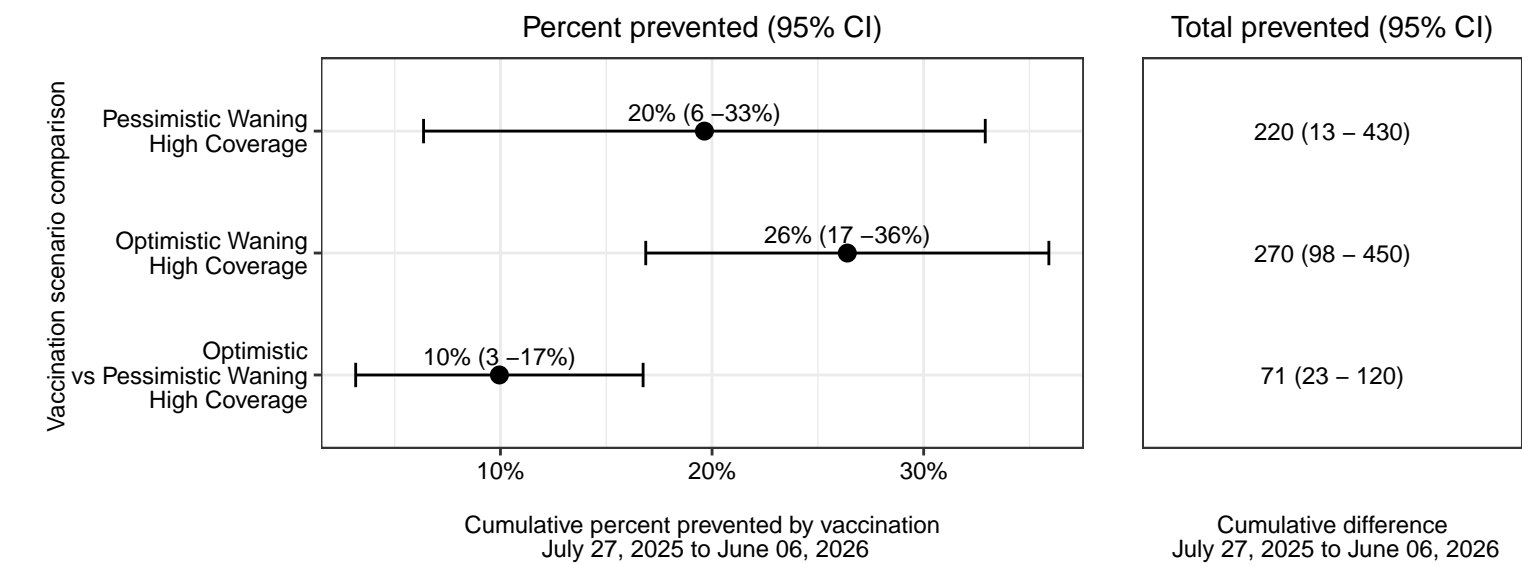
## Differences between scenarios - Tennessee

Cumulative paired differences between vaccination scenarios from July 27, 2025 to June 06, 2026, for Tennessee. Vaccination strategies and waning are projected to significantly reduce disease burden compared to no vaccination.

### Impacts of RSV Immunization Scenarios, Tennessee for Under 1 year olds

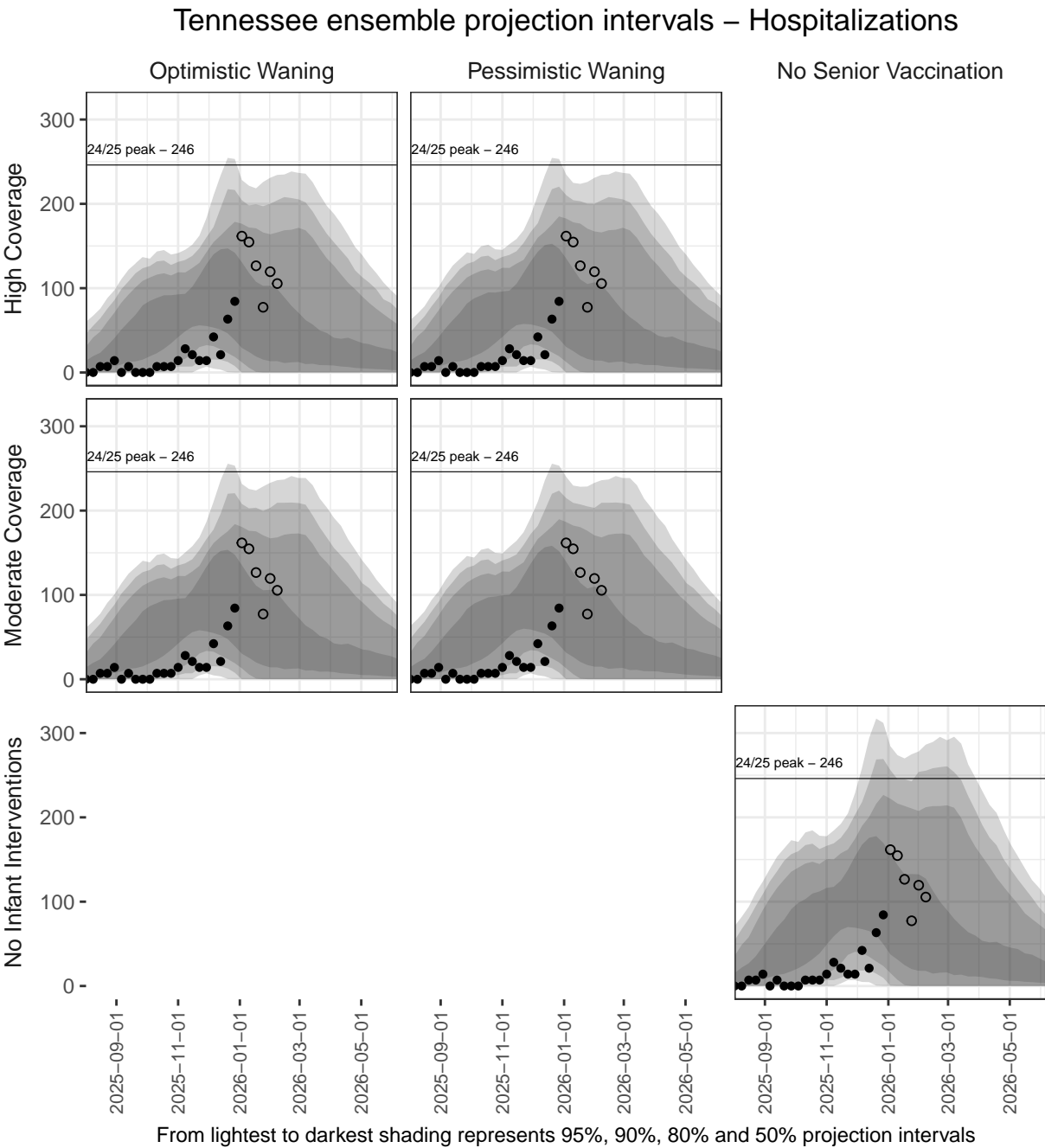


### Impacts of RSV Immunization Scenarios, Tennessee for 65+



Ensemble Projections - Tennessee

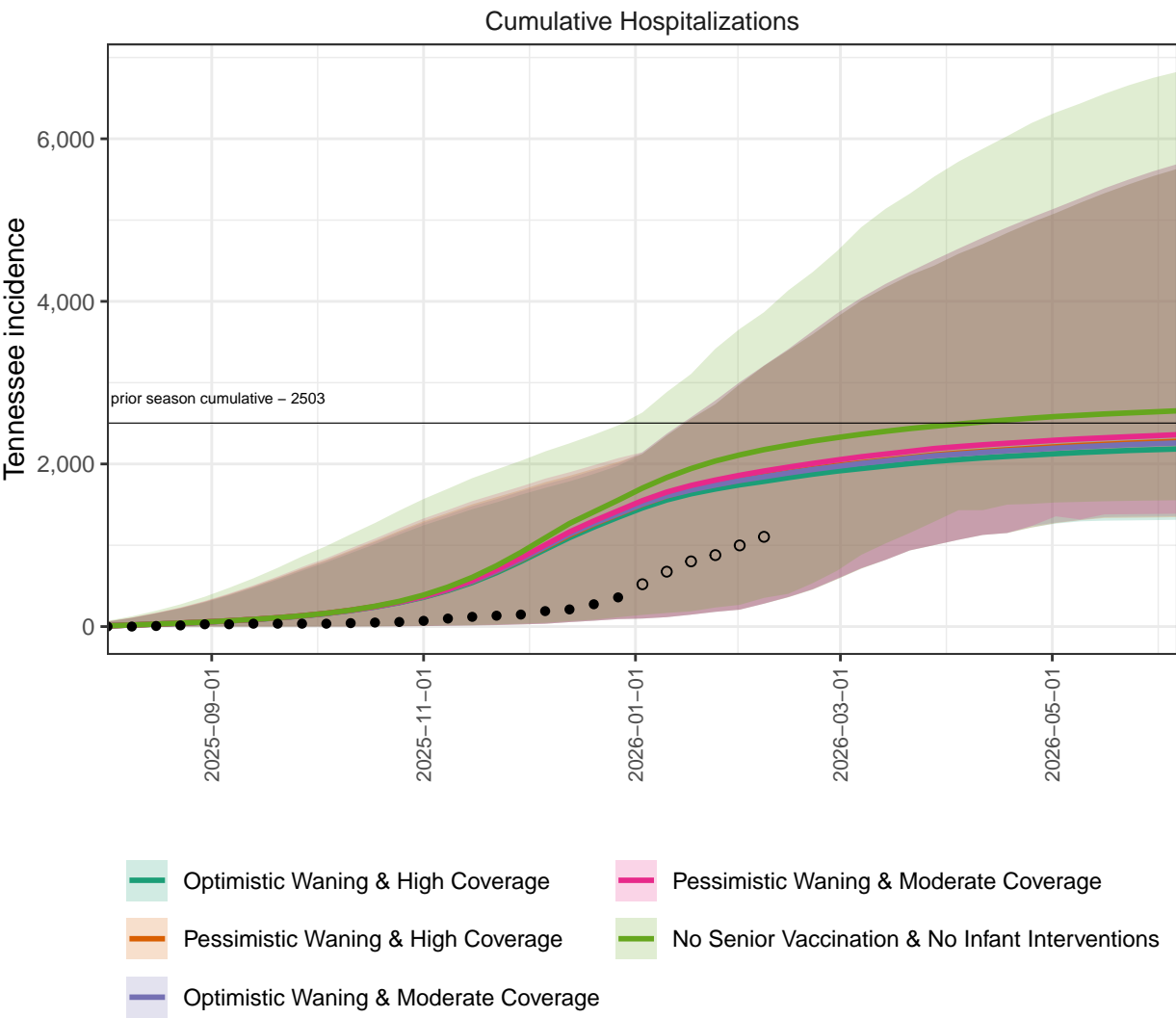
Horizontal lines are given for prior peak incident, from past 2024-25 seasons based on RSV-NET data.



Cumulative Ensemble Projections - Tennessee

Ensemble projections for cumulative hospitalizations by scenario, Tennessee. We project substantial continued burden of hospitalization from RSV, with 2184 cumulative hospitalizations projected by the end of the season (95% PI 1313 - 5630 due to RSV in the Optimistic Waning & High Coverage scenario (scenario A).

Tennessee ensemble projections & 95% projection intervals

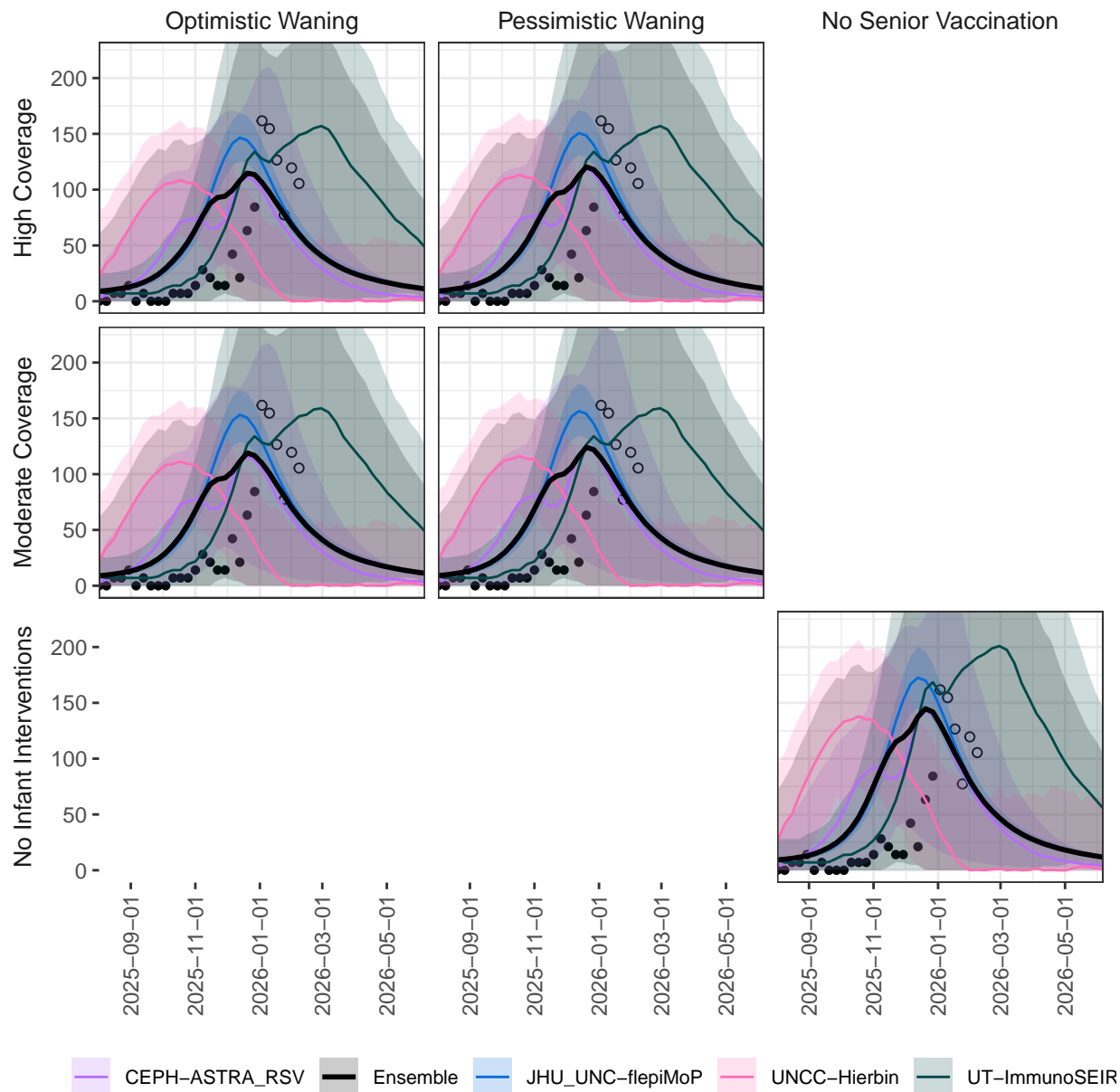


## Individual Model Projections - Tennessee

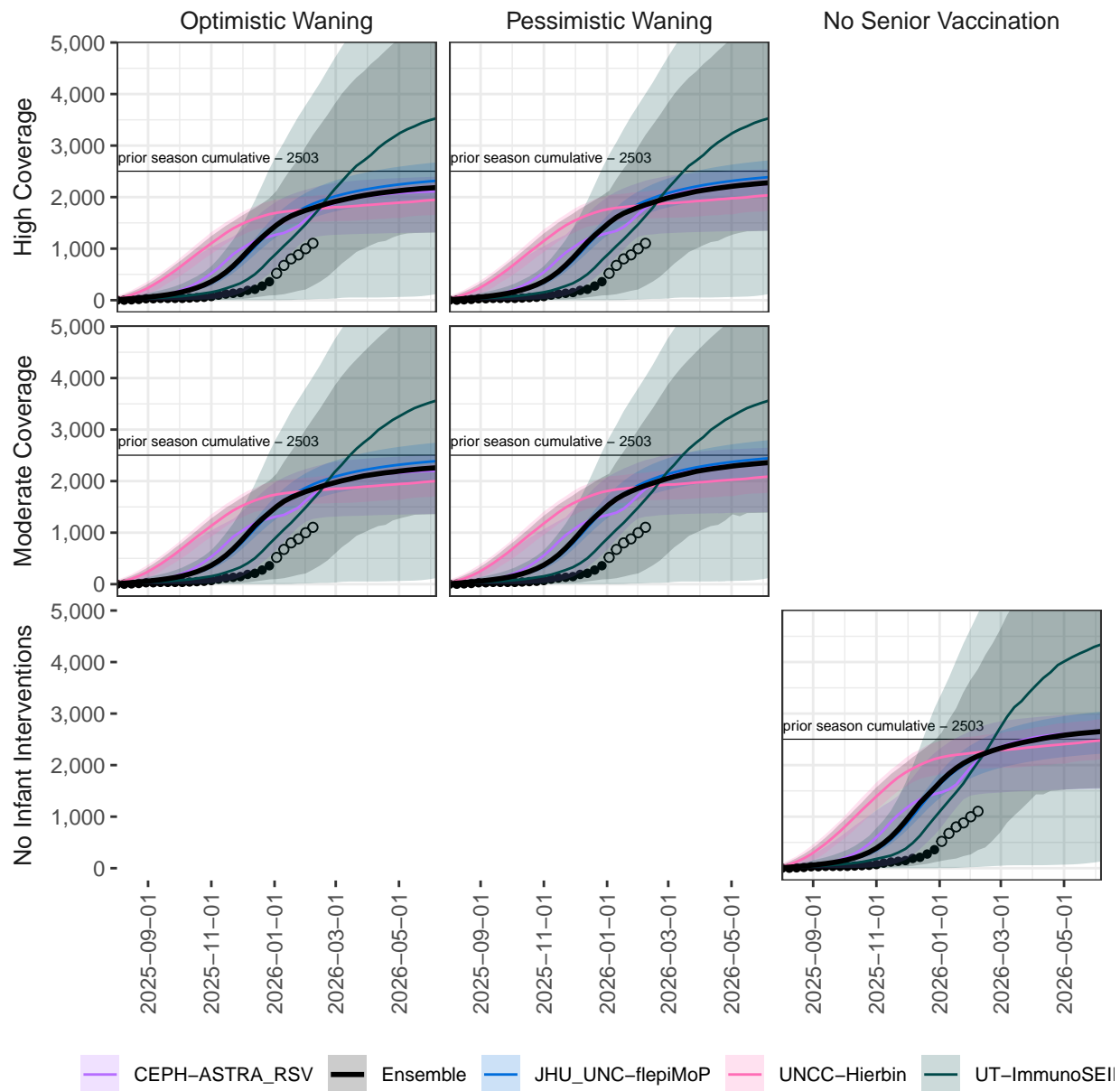
There is substantial heterogeneity between individual models in estimated vaccine benefits, driven by differences in modeled vaccine mechanisms, and overall projected burden.

Individual model projections and ensemble by scenario for hospitalizations.

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



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



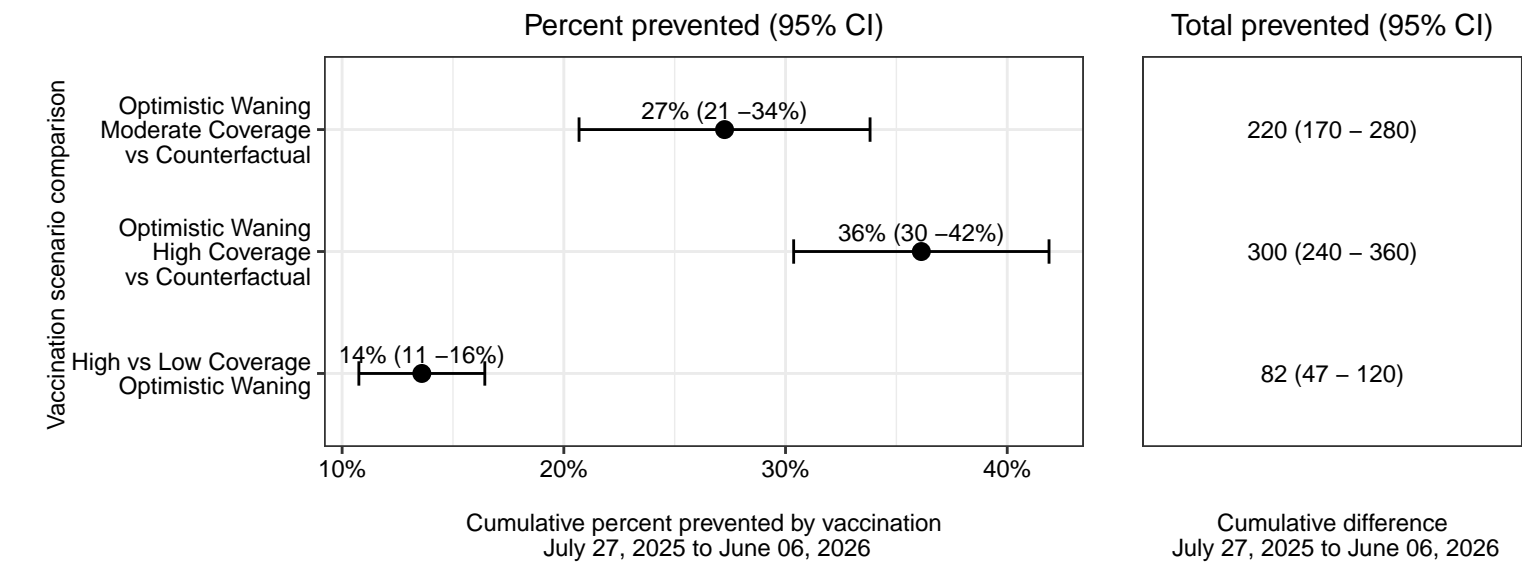


# Utah

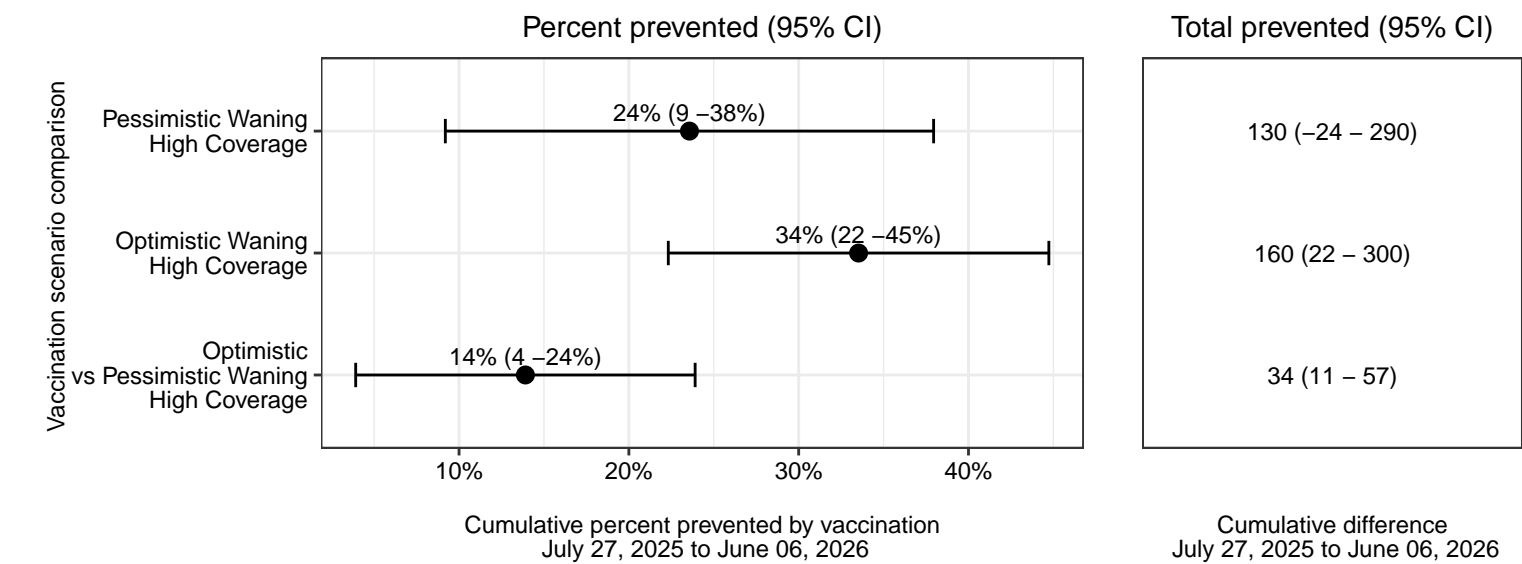
## Differences between scenarios - Utah

Cumulative paired differences between vaccination scenarios from July 27, 2025 to June 06, 2026, for Utah. Vaccination strategies and waning are projected to significantly reduce disease burden compared to no vaccination.

### Impacts of RSV Immunization Scenarios, Utah for Under 1 year olds



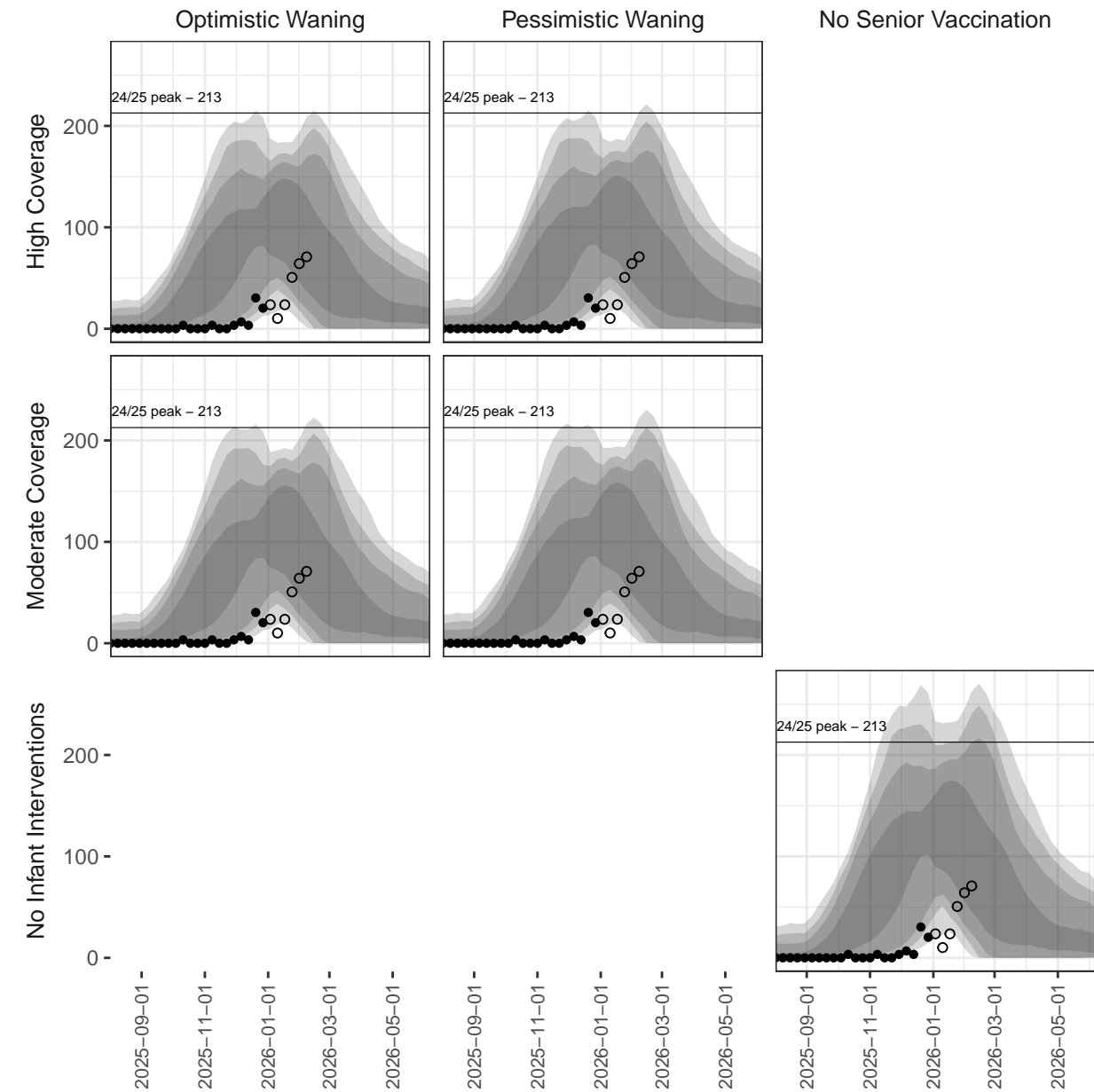
### Impacts of RSV Immunization Scenarios, Utah for 65+



Ensemble Projections - Utah

Horizontal lines are given for prior peak incident, from past 2024-25 seasons based on RSV-NET data.

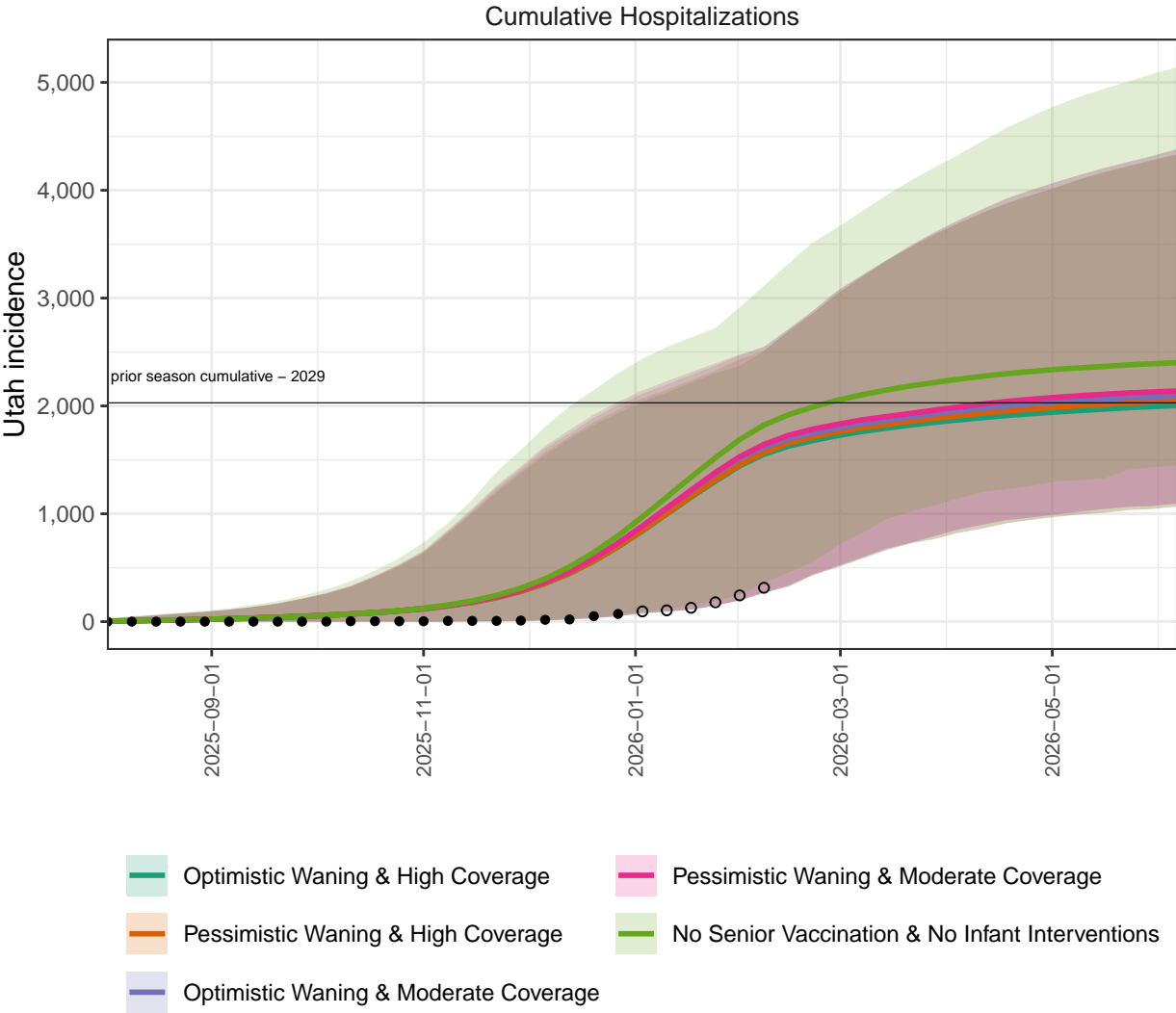
Utah ensemble projection intervals – Hospitalizations



Cumulative Ensemble Projections - Utah

Ensemble projections for cumulative hospitalizations by scenario, Utah. We project substantial continued burden of hospitalization from RSV, with 2004 cumulative hospitalizations projected by the end of the season (95% PI 1068 - 4332 due to RSV in the Optimistic Waning & High Coverage scenario (scenario A).

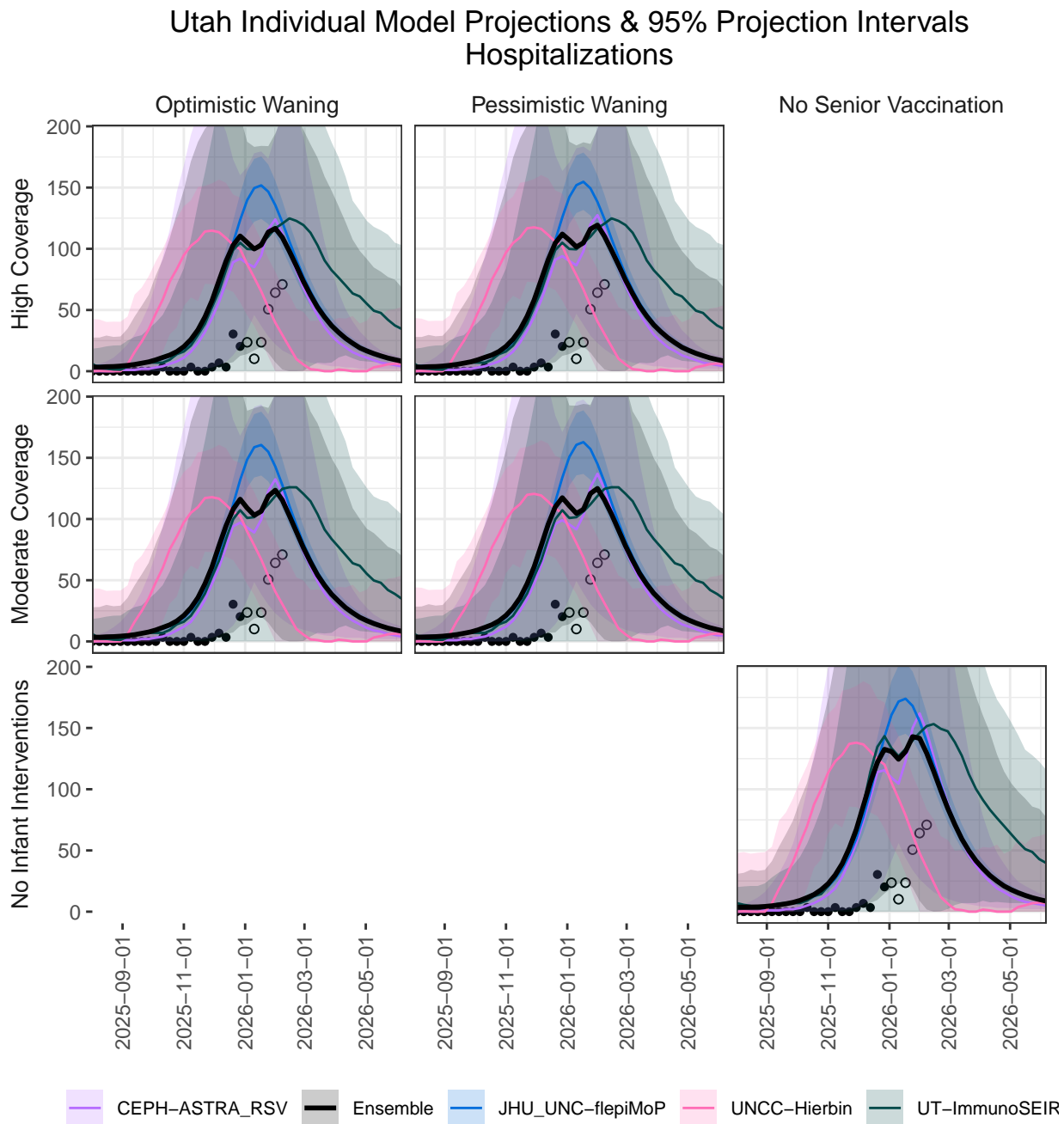
Utah ensemble projections & 95% projection intervals



## 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.



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

