IN PATIENTS 50+, FLU CAN HAVE A DEVASTATING IMPACT[1-5]

INFLUENZA AND CARDIOVASCULAR DISEASE

RETROSPECTIVE SELF-CONTROLLED CASE SERIES STUDY

COMPARISON OF AN INDIVIDUAL'S RISK FOR A SEVERE CARDIOVASCULAR EVENT FOLLOWING AN INFLUENZA DIAGNOSIS VERSUS THEIR RISK DURING A BASELINE PERIOD WHEN INFLUENZA ILLNESS WAS NOT REPORTED:

WITHIN 3 DAYS POST-INFLUENZA INFECTION:

~10x increased risk of a **FIRST HEART ATTACK**[1]

Incidence Ratio=9.80 (95% CI, 2.37-40.5) n=1,227

~8x increased risk of a **FIRST STROKE**[1]

Incidence Ratio=7.82 (95% CI, 1.07-56.9) n=762

STUDY DESIGN[1]

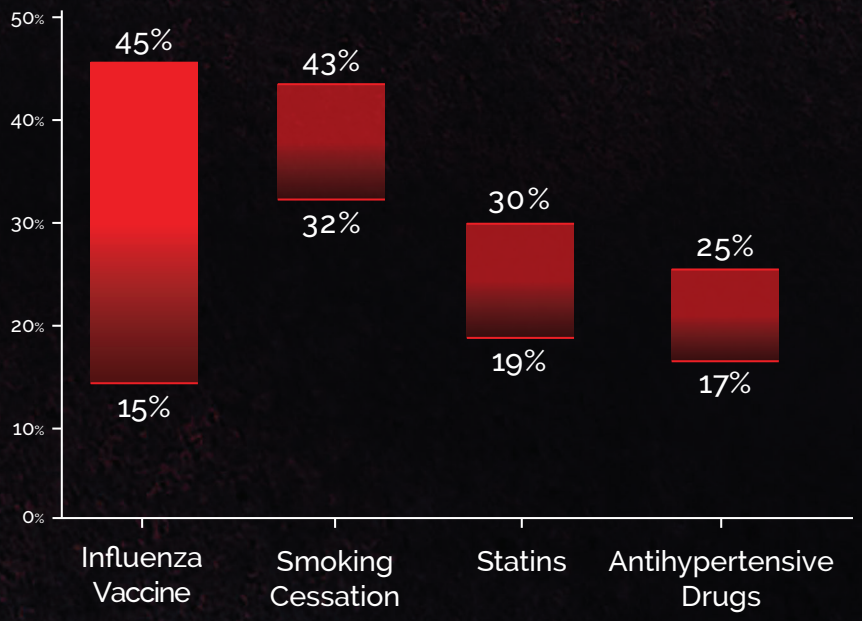
Subjects: 40+ years of age | **Study period:** Jan 2004 - Dec 2014

Inclusion criteria: laboratory-confirmed respiratory infection and a first AMI[a] or first stroke

[a] AMI = Acute myocardial infarction.

AVOIDING INFLUENZA MAY REDUCE THE RISK OF HEART ATTACK[6]

META-ANALYSIS: ESTIMATES OF INTERVENTIONAL EFFICACY IN SECONDARY PREVENTION OF MYOCARDIAL INFARCTION[6]



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IN PATIENTS 50+, FLU CAN HAVE A DEVASTATING IMPACT[1-5]

INFLUENZA AND DIABETES COMPLICATIONS

STUDIES HAVE SHOWN THAT COMPARED TO HEALTHY ADULTS, ADULTS LIVING WITH DIABETES MAY BE AT:

3x higher risk of **HOSPITALIZATION**[3]

4x higher risk of **ICU[b] ADMISSION**[3]

2x higher risk of **DEATH** after influenza hospitalization[4,5]

STUDY DESIGN[3]

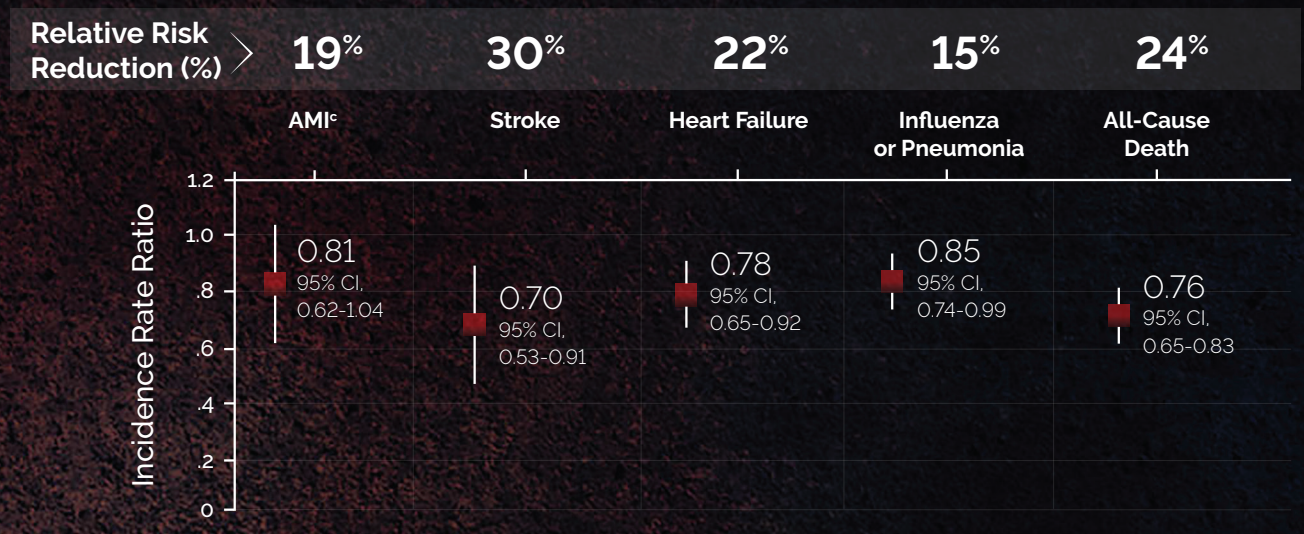
Subjects: 162 patients aged <1 to 85 years hospitalized for influenza
Study period: May 25–July 1, 2009
Inclusion criteria: positive for influenza A(H1N1)p and hospitalized

STUDY DESIGN[5]

Subjects: 252 patients ≥18 years
Study period: Apr 29, 2009–Mar 31, 2010
Inclusion criteria: fatal cases of lab-confirmed influenza A(H1N1)p

AVOIDING INFLUENZA CAN HELP REDUCE THE RISK OF SEVERE OUTCOMES[7]

IN 124,503 ADULTS WITH TYPE 2 DIABETES MELLITUS, INFLUENZA VACCINATION WAS ASSOCIATED WITH SUBSTANTIAL REDUCTIONS IN HOSPITAL ADMISSION RATES[7]



LEARN MORE ABOUT THE RISKS OF INFLUENZA AT INFLUENZA.COM

[b] ICU = Intensive care unit. [c] Not significant.

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SANOFI PASTEUR. Discovery Drive. Swiftwater, Pennsylvania 18370. www.sanofi.us
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