Actor portrayals.

Intended for US healthcare professionals.

COVID-19 is still a public health burden[1]

COVID-19 has posed a serious health risk for many individuals in the United States, especially those aged 65 years and older or those with 1 or more underlying medical conditions.[2]

Certain risk factors and underlying medical conditions can increase the risk of severe outcomes from COVID-19.[3*‡]

These include:

- *Asthma*
- *COPD*
- *Cancer*
- *Chronic kidney disease*
- *Chronic liver disease*
- *Diabetes mellitus (type 1 or type 2)*
- *Heart conditions*
- *Obesity*
- *Smoking*
- *Immunocompromised persons*[§]

~74% *of US adults aged 18 years and older have at least 1 underlying medical condition, placing them at increased risk for severe COVID-19*[2]

*The United States Centers for Disease Control and Prevention (CDC) defines severe outcomes of COVID-19 as hospitalization, admission to the intensive care unit (ICU), intubation or mechanical ventilation, or death.[3]

†According to COVID-NET, a case is defined as laboratory-confirmed SARS-CoV-2 in a person residing in a COVID-NET surveillance area who tests positive within 14 days before or during hospitalization. COVID-NET covers 185 counties and county equivalents in 13 states nationwide. It includes an estimated 10% of the US population and is generally similar to the US population by demographics, though data might not be generalizable to the entire country. The COVID-NET surveillance season begins on Week 40 of the calendar year (on or around October 1) and continues through Week 39 of the following calendar year (on or around September 30). Surveillance for the 2023-2024 season began on October 1, 2023; additional data points are added as data are available.[4] Additional information available at: https://www.cdc.gov/covid/php/covid-net/index.html.

‡Not a comprehensive list. Please see https://comirnatyhcp.pfizerpro.com/impact-of-covid-19#tabpanel-burdenofdisease for additional risk factors.

§Includes patients who have human immunodeficiency virus (HIV) or primary immunodeficiencies.[6]

COPD=chronic obstructive pulmonary disease; COVID-NET=Coronavirus Disease 2019 (COVID-19) Hospitalization Surveillance Network; SARS-CoV-2=severe acute respiratory syndrome coronavirus 2.

Among those hospitalized for COVID-19 from October 1, 2024, through April 30, 2025[4†]:

71%-85%

*of adults **aged 18-49 years** had at least 1 underlying medical condition*

91%-100%

*of adults **aged ≥50 years** had at least 1 underlying medical condition*

Latest data available tracking underlying medical conditions according to COVID-NET, accessed April 2025.

The risk of severe COVID-19 increases with age, especially for individuals aged 65 years and older.[5]

In the US, from October 2024 to August 2025, **~68%** of patients with COVID-19–associated hospitalizations were aged ≥65 years.[5]

Among those hospitalized for COVID-19 from October 2024 through March 2025[7]:

65%

*of adults aged ≥65 years hospitalized with COVID-19 **had no record of receiving ≥1 dose** of the recommended 2024-2025 COVID-19 vaccine prior to hospitalization*

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Help eligible individuals make informed decisions to help protect themselves against severe outcomes from COVID-19[2]

COVID-19 continues to cause severe illness, including hospitalization.[7,8] Preliminary 2024-2025 US COVID-19 burden estimates, from October 1, 2024, through August 16, 2025, are that there have been[9¶]:

- **12 million - 18.3 million** COVID-19–associated illnesses
- **330,000 - 490,000** COVID-19–associated hospitalizations
- **38,000 - 57,000** COVID-19–associated deaths

Protection from previous COVID-19 vaccination wanes over time, and new variants continue to emerge[10]

Updated COVID-19 vaccines are designed to help protect against circulating variants[11]

Actor portrayals.

As a healthcare professional, you are one of the most trusted sources of information for individuals and their caregivers.

Talking to individuals with underlying medical conditions about their increased risk of severe outcomes from COVID-19 can be an important step in helping to protect them.[2]

Scan the code to learn more from Pfizer-BioNTech about the risks of COVID-19.

¶The CDC estimates burden on the basis of surveillance data from RESP-NET platforms that capture data from hospitals that serve about 10% of the US population. The COVID-NET surveillance area is generally similar to the US population by demographics; however, COVID-NET data might not be generalizable to the entire country. Data are preliminary, and estimates are subject to change as more data become available. Rates for recent COVID-19–associated hospital admissions are subject to reporting delays.[9]

CDC=Centers for Disease Control and Prevention; RESP-NET=Respiratory Virus Hospitalization Surveillance Network.

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