

Influenza A – Pipeline Insight – 2018 Size, Share, Industry, Forecast and outlook (2024-2031) 2026

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Abstracts

The Influenza A – Pipeline Insight – 2018 Size, Share, Industry, Forecast and outlook (2024-2031) was valued at in and is anticipated to reach by , at a CAGR of xx% from 2026 to 2032.

The report delivers in-depth insights into key market dynamics, including regional growth trends, market segmentation, CAGR projections, and the revenue performance of leading industry players. It also highlights major growth drivers shaping the market landscape. Designed to provide a clear and comprehensive perspective, the report offers a detailed view of the current market size in terms of both value and volume, along with emerging opportunities and the overall development outlook of the Influenza A – Pipeline Insight – 2018 Size, Share, Industry, Forecast and outlook (2024-2031).

This report delivers a comprehensive overview of the Influenza A – Pipeline Insight – 2018 Size, Share, Industry, Forecast and outlook (2024-2031), with both quantitative and qualitative analyses, to help readers develop growth strategies, assess the competitive landscape, evaluate their position in the current market, and make informed business decisions regarding Influenza A – Pipeline Insight – 2018 Size, Share, Industry, Forecast and outlook (2024-2031). The Influenza A – Pipeline Insight – 2018 Size, Share, Industry, Forecast and outlook (2024-2031) size, estimates, and forecasts are provided in terms of output/shipments (K MT) and revenue (US\$ millions), with 2025 as the base year and historical and forecast data for –.

Influenza A – Pipeline Insight – 2018 Size, Share, Industry, Forecast and outlook (2024-2031) Scope:

Major Highlights

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This report will assist keyword manufacturers, new entrants, and companies across the industry value chain with information on revenues, production, and average prices for the overall market and its sub-segments, by company, by Type, by Application, and by region.

Regional Analysis:

North America (U.S., Canada, Mexico)

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Emerging Companies

Contents

INFLUENZA A PIPELINE ANALYSIS

- Influenza A is a contagious disease caused by the influenza virus. It spreads fastly from one person to another. Influenza is considered as an acute infection of the respiratory tract that majorly affects the throat, bronchi, nose, and less common to the lungs.
- Influenza viruses have a single-stranded, segmented RNA genome. They belong to the family Orthomyxoviridae and are categorized into three genera based on their core proteins A, B, and C. Influenza A and B viruses are responsible for the majority of symptomatic cases of influenza in humans.
- Influenza A viruses can be further categorized based on their expression of two viral surface proteins: hemagglutinin (H) and neuraminidase (N).
- It will cause moderate to severe illness and will affect all age groups. People with less immunity are more likely to get infected. Influenza A is of high risk in young children, the elderly, and pregnant women.
- Currently, two treatment strategies are recommended for influenza including vaccination and the use of antiviral drugs.
- Adoption of established mammalian cell-culture lines like Optaflu, which is made using Madin-Darby canine kidney (MDCK) cell-based technology set to continue. Non-egg-based vaccine technology brings a number of advantages followed by the development of dose-sparing technology.
- Pandemrix, a vaccine that has been approved against the current swine flu strain, contains the adjuvant AS03 composed of squalene, DL- α -tocopherol and polysorbate 80, which acts by enhancing recipient's immune response to the supplied antigen.
- Several approaches that will prove useful in the long-term include DNA vaccines and vaccines based on an antigen such as the M2 protein, with the aim of producing a "universal" vaccine, which will not need annual reformulation. Further, the number of clinical trials is steadily increasing for developing a vaccine for treating influenza.
- Two classes of antiviral drugs are currently available to treat influenza: M2 ion channel blockers (rimantadine and amantadine) and NA inhibitors (zanamivir and oseltamivir).
- The anti-influenza drugs that are currently recommended are oseltamivir, which is taken orally as capsules or as a syrup, and zanamivir, which is administered by inhalation. Resistance to oseltamivir has emerged in some strains of influenza.
- The two new antivirals like Favipiravir and Fludase have different modes of action to the approved anti-influenza drugs. Favipiravir is undergoing phase III clinical trials, and Fludase (recombinant fusion protein) is in phase II development.
- The drug Pimodivir is found to be in phase III clinical trial development by Janssen research & development and the drugs in phase III development include celecoxib,

oseltamivir.

- The US Food and Drug Administration emerged to allow for the use of intravenous peramivir to treat certain adult and pediatric patients.
- The intravenous VIS4IO in addition to Oseltamivir is under phase II clinical trial development by Visterra Inc., and the others include Etilefrine, Diltiazem, FLU-IGIV, CT-P27 under phase II clinical development for treating influenza A.
- Some of the factors driving the growth of the global influenza market are increasing research and development activities, increasing investment by companies for the influenza vaccine development, technological advancements in recombinant DNA technology, increasing number of people with no immunization against influenza viruses, increasing healthcare expenditure, and higher involvement of government and non-government organizations. The restraints in the growth of the influenza market include limited patient awareness regarding the severity of influenza and the use of influenza vaccinations, high investment and strict regulations act as barriers for new entrants.

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