Retail Demand for Emergency Contraception in the United States Increases Following the New Year Holiday: Time Series Study

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Retail Demand for Emergency Contraception in the United States Increases Following the New Year Holiday: Time Series Study

Abstract

Objectives - To estimate the increase in sales of emergency contraception (EC) following the New Year’s Eve/New Year’s Day holiday.

Design – Time Series Analysis using Autoregressive Integrated Moving Average (ARIMA) model.


Data Source – Marketing data on weekly aggregated sales of items classified as emergency contraception. Based on dates, weeks were classified as following the New Year holiday or not.

Main outcome measures – Weekly levonorgestrel (LNG) EC sales per 1,000 reproductive age women in the US population.

Results – Sales of LNG EC significantly increased after the New Year holiday (0.63 units per 1,000 women 15-44 (95% confidence interval: 0.58 to 0.69)). Holidays that share some aspects of the elevated risks of unprotected sexual intercourse with the New Year holiday (Valentine’s Day, St. Patrick’s Day, US Independence Day) are associated with increased sales, albeit to a lesser degree with respective sales increases per 1,000 women aged 15-44 of 0.31 (95% confidence interval: 0.25 to 0.38), 0.14 (95% confidence interval: 0.06 to 0.23), and 0.20 (95% confidence interval: 0.11 to 0.29). Holidays we test without these expectations (Easter, Mother’s Day, Father’s Day) are not significantly associated with sales of LNG EC.

Conclusions – Increased sales of EC following the New Year’s holiday suggest that this period is associated with increased risks of unprotected vaginal intercourse as compared to other holidays. Targeting behavioral risks, prevention strategies to mitigate sexual violence, and improving access to contraception around holidays may limit the risks associated with unprotected vaginal intercourse.
Unprotected vaginal intercourse has long been understood as a potential health concern due to its impact on both individual and population health. For example, one risk of unprotected vaginal intercourse is that of an unwanted pregnancy, which has implications for the future wellbeing of both those who give birth [1–3] and children [4]. Behavioral risk factors, such as alcohol use [5–7] and drug use [8–11], have been extensively investigated as potential predictors of unprotected vaginal intercourse. While individuals engage in such behaviors throughout the year, they may be more inclined to do so during specific periods. Consequently, the likelihood of engaging in unprotected vaginal intercourse may be elevated during these periods.

New Year’s Eve, as commonly celebrated in United States, combines four distinct sets of risk factors for unprotected vaginal intercourse: increased sexual behavior, decreased use of contraception during intercourse, increased rates of sexual assault, and potentially limited access to contraception. First, New Year’s Eve celebrations are commonly associated with increased sexual behavior. In a survey of Americans’ views on holidays and their sexual lives, over 70% of respondents planned to put in extra effort to be sexual with their partner on New Year’s Eve [12]. Even among unpartnered individuals, New Year’s Eve is often associated with expectations of sexual behavior, with a majority of sexually active unpartnered individuals reporting a good chance of engaging in casual sex on this occasion [13]. Second, intercourse on New Year’s Eve may also be less likely to be protected relative to other times of the year. New Year’s Eve celebrations are commonly linked to increased alcohol consumption [14–16], which is associated with elevated probability of unprotected sexual intercourse [7] and a greater likelihood of incorrect use of contraception [17]. Of particular relevance to New Year’s Eve, alcohol use has been linked to a higher likelihood of engaging in unprotected sex with casual partners [18]. Third, New Year’s Eve is associated with higher rates of sexual assault [19,20] during which contraception use is less likely [21]. Finally, access to contraception may be somewhat limited during the holiday period. Retail closures on New Years Eve specifically could limit on-hand contraception, an important predictor of unprotected sex for young adults [22].

Excess conceptions during the end of year period have been observed in multiple contexts [23,24], as has increased sexual activity [25]. Indirect evidence from increased abortions [24] and cases of sexually transmitted infections [26] is consistent with some of these sexual encounters being unprotected. With the limited exception of couples that actively attempt to conceive at the new year, these conceptions can arise from either reduced contraceptive vigilance (e.g., sex following missed contraceptive pills or failure to use a condom) or couples willing to conceive who do not care about the timing of their pregnancy [27]. To focus on unprotected intercourse rather than mistiming of desired pregnancies, we examine demand for emergency contraception (EC). EC provides an important last opportunity to prevent pregnancy after unprotected sex, contraceptive failure, or sexual assault. Like many other contraceptives, EC pills prevent fertilization; no evidence suggests that they end a pregnancy or prevent implantation of a fertilized egg [28]. As many states in the United States have increased restrictions on abortion following the decision in Dobbs v Jackson Women’s Health Organization [29], emergency contraception represents an increasingly important option for pregnancy prevention. In the United States, emergency contraception is primarily available through intrauterine devices (IUDs) inserted after unprotected intercourse, and two dedicated pill formulations: levonorgestrel (LNG, sold as sold as Plan B One-Step® and several generic brands) and ulipristal acetate (sold as ella®). Knowledge about forms of EC other than LNG EC remains limited among potential users [30–33], medical providers [34,35], and student
reproductive rights activists [36]. Since 2013, LNG EC has been available over the counter with no age restrictions. Though cost [37,38], product accessibility at the store [37,39], pharmacist willingness [40], or confusion surrounding legal restrictions [39] continue to pose barriers to LNG EC access, it is currently the easiest form of EC for individuals to access in the US and demand for it has increased in recent history [41].

Despite its common nickname as the “morning after pill,” LNG EC is effective when taken within 96, and possibly 120, hours following unprotected intercourse [42]. For those who had unprotected vaginal intercourse during the New Year’s Eve holiday, EC taken in the days immediately thereafter could effectively prevent an unwanted pregnancy. To explore whether New Year’s Eve or Day represent a period of elevated risk for unprotected vaginal intercourse, we use data on weekly sales in EC in the United States comprised of retail sales aggregated from point-of-sale scans at traditional (i.e., “brick and mortar”) retailers. This exploration will provide important insights into the unmet need for contraception during this period. By comparing this holiday period to other holidays matching in terms of risk profiles for unprotected vaginal intercourse, we also provide insight into aspects of holiday celebrations that may elevate the risk of unprotected vaginal intercourse.

METHOD

Our data on emergency contraceptive sales comes from retail scan data compiled by Circana, Inc. [43]. All estimates and analyses in this paper based on Circana, Inc. data are by the author and not by Circana, Inc. Circana occasionally grants data access to academic researchers, and agreed to license the data used in this study to the lead author’s institution.

As part of Circana’s ongoing market data collection, participating retail partners capture data on all consumer purchases at the point of sale. Even when reporting of sales might be delayed (e.g., following a holiday), sales are tagged by when they occurred and later aggregated accordingly. Purchases are aggregated by item type, time, and geographic location. For this study, we use aggregated sales from items tagged as emergency contraception sold in the geographic area of the United States, during the period 2016-2022. This dataset includes only over-the-counter EC pills (LNG) and does not include prescription EC (i.e., ulipristal acetate).

The resulting data reflects a count of units sold by participating retailers each week for the 362 weeks in our study period. Each unit is an individual use EC kit, for example a box of Plan B One-Step with a single LNG EC tablet. Participating retailers make up the bulk of traditional retail channels, including grocery stores, drug stores, mass merchandisers, club stores, dollar stores, and military outlets. As an estimate of the total market of EC, this data omits two sales sources. First, these data exclude online sales. Though increasing, online sales represent a very small share of total LNG EC sales (~2% in 2022 based on Circana e-commerce estimates). Second, due to the retailer partnerships necessary to construct this data, the retail scan data excludes smaller, independent pharmacies. We cannot quantify the potential undercount from not capturing these outlets, but previous work suggests that they are both less likely to stock over-the-counter emergency contraception than are their chain pharmacy counterparts [37] and are the minority of pharmacy retailers [44]. This dataset also excludes any non-retail provision of EC, such as through clinics, hospitals, and community distribution. We discuss the implications of this measurement in the discussion section. A comparison of raw sales data across time could be confounded by changes in the size of the population at risk of pregnancy. To account for this potential change, we divide weekly sales by the size of this population. For an estimate of the
US population at risk of pregnancy, we use the female population aged 15-44 from the preceding year using the five-year American Community Survey (ACS) estimates from the US Census Bureau.

We differentiate weeks as either immediately following New Year’s Eve and New Year’s Day or not. For this holiday, we seek to align the period following unprotected intercourse during which LNG EC might be effective (potentially up to 120 hours) with the holiday of interest. As sales data is aggregated every week on Sunday, where the New Year holiday falls within a week shifts over time. Given the goal of capturing unprotected intercourse during this holiday, we categorize the week as following the New Year holiday if it is the closest week following New Year’s Day. Weeks coded as following the New Year Holiday include weeks ending on January 1st (2017) through the January 7th (2018). In the latter case, using the prior week (week ending December 31, 2017) would not capture the effective period of LNG following unprotected intercourse during this holiday.

The expectation of increased sales following the New Year holiday is based on multiple possible risk factors (i.e., increased sexual behavior, decreased use of contraception during intercourse, increased rates of sexual assault, and potentially limited access to contraception). To examine whether one of these population risk factors is most responsible for any observed increase in sales, we also examine holidays that share a subset of risk factors. To test whether decreased use of contraception during intercourse is the primary driver of the observed increase in EC sales following New Year’s Eve, we include indicators for whether the week follows St. Patrick’s Day and US Independence Day, two holidays with similar patterns of alcohol consumption to the New Year holiday [45]. To test whether sexual activity is the primary driver of any observed increase in EC sales following the New Year holiday, we include an indicator for whether the week follows Valentine’s Day, the holiday for which Americans intend to put forth the most effort to be sexual with their partners [12]. However, focusing on limited periods of time may be misleading when examining effects of holidays on health behavior [46], so we also include indicators for three negative controls (i.e., holidays for which increases in EC sales would not be expected): Easter, Mother’s Day, and Father’s Day. As these holidays fall on Sundays (the day ending weekly sales collections), we use the week following these holidays. A full list of dates by classified holiday is available in Appendix Table 1.

We employ a time-trend ecological study design over the study period. We examine the number of weekly unit sales of LNG EC in the US per 1,000 women aged 15-44. We analyze this weekly sales data using an autoregressive integrated moving average (ARIMA) regression to determine whether LNG EC retail sales significantly increased during the tested holiday periods. After applying first differences, the series was stationary.

The ARIMA modelling procedure consists of three iterative steps: identification, estimation, and diagnostic checking [47]. Based on the possible ARIMA models identified from examination of the autocorrelation and partial autocorrelation functions, model selection of an optimum model is usually based on minimizing Akaike information criterion (AIC) and Schwartz Bayesian criterion (SBC). The selected model that we estimate is an ARIMA(1,1,1). Though we selected the potential model which minimizes these criteria, the reported results are
robust to model specification of autoregressive and moving average order amongst possible
models.

To evaluate changes in sales corresponding to these holiday periods, dichotomous
covariates were included in the selected ARIMA model. The residuals of this final model were
visually and statistically inspected to validate that they were normally distributed without
autocorrelation [48]. All tests are conducted in Stata 17.0 [49]. We used the STROBE cross
sectional checklist when writing our report [50].

RESULTS

Table 1 presents coefficients for the estimated model. These coefficients correspond to
the change in weekly EC sales per 1,000 women aged 15-44 for weeks following a given holiday
compared to weeks that do not follow that holiday. We first note significant differences in LNG
EC sales by whether the week follows the New Year holiday or not. Sales of LNG EC increased
0.63 units per 1,000 women aged 15-44 (95% confidence interval: 0.58 to 0.69) for weeks
following this holiday. Based on the 2022 ACS estimates of the size of the female population
aged 15-44 (64.9 million), this increase in sales corresponds to an increase of almost 41,000
additional units sold in the US in the week following New Year 2022 compared to this same
week if it hypothetically did not follow the New Year holiday. For context, this increase in sales
volume is about 15% of sales volume in the preceding week.

Table 1 About Here

To give scale to this increase across time, Figure 1 shows the predicted values of EC
sales following the New Year holiday, with 95% confidence intervals, using two predicted
values from the model shown in Table 1. The first value (labeled Estimate with New Year
Coefficient) shows the estimated weekly sales following this holiday incorporating both the
estimated New Year coefficient and the underlying trend of the data. For comparison, we create
a counterfactual prediction (labeled Estimate without New Year Coefficient) based solely on the
underlying trend in the model (i.e., estimated with the holiday indicator artificially set to 0).

Figure 1 About Here

Though not to the same extent as the New Year holiday, some other holidays are also
significantly associated with increased sales of LNG EC. Valentine’s Day is associated with an
increase in sales about half of the size of the New Year’s increase - 0.31 units per 1,000 women
aged 15-44 (95% confidence interval: 0.25 – 0.38). St. Patrick’s Day and US Independence Day,
holidays where contraception use during intercourse is believed to decrease, were also associated
with significant increases in sales of LNG EC (0.14 and 0.20 units per 1,000 women aged 15-44,
respectively). That said, not every holiday is associated with increased retail sales of LNG EC.
For the holidays we examine without these elevated risk factor levels (i.e., Easter, Mother’s Day,
and Father’s Day), we find no significant change in retail sales of LNG EC. To put these values
in context, Figure 2 graphs the predicted values for LNG EC weekly sales in all holiday weeks in
our study period. For comparison, the displayed trendline depicts weekly sales estimates with all
holiday indicators set to 0.

Figure 2 About Here

DISCUSSION
For the week following the New Year holiday, weekly EC sales increase by over half a unit per 1,000 women aged 15-44, a substantial increase based existing sales level – about 10% of the approximately 5 units sold weekly per 1,000 women aged 15-44 at the end of the study period. The marked increase in EC sales is consistent with the expectations of risk factors during this period – expectations of sexual behavior, decreased use of contraception during intercourse due to increased consumption of alcohol, increased prevalence of sexual assault, and limited access to other forms of contraception due to the limited hours of clinics, medical offices, and retail outlets. Though our findings suggest that holidays which elevate some of these risk factors may also increase the risk of unprotected vaginal intercourse, New Year’s Eve and Day appear to uniquely combine these risks.

This last point provides some insights into possible interventions to reduce the incidence of unprotected vaginal intercourse during this period. Allowing same-day appointments or increasing provider availability during the holiday period for long-acting removable contraceptives, like IUDs or implants, could reduce dependence on contraception like condoms for those at risk of pregnancy. Limiting the need to purchase condoms by having condoms on hand would reduce the impact of holiday or late-night store closures on unmet contraceptive need. Though outlets for purchasing condoms may be closed after the end of New Year’s Eve festivities, increasing availability of condoms in general may offset this limitation. For example, increased availability of condoms is positively associated with condom use in undergraduate populations in the US [51,52]. Similar measures enacted in settings of New Year celebrations could increase condom usage and therefore reduce the rate of unprotected vaginal intercourse. Similarly, the recent approval of over-the-counter sales of oral contraceptive pills in the US [53] may help address limited access to medical providers during holidays [54]. Encouraging individuals to explore options for ongoing contraception, keep a supply of condoms on hand, and have the more effective EC pill (ulipristal acetate) available at home before it is needed can help mitigate the potential for unprotected sex to result in undesired pregnancy during times of high risk and low availability of healthcare providers.

Our results suggest that the nature of certain celebrations might make them important public health targets due to their implications for sexual and reproductive health. Holiday increases in EC sales that we observe are consistent with an increase in unprotected vaginal intercourse during these periods. Targeting interventions to periods during which there are increased levels of unprotected vaginal intercourse may reduce both unmet need for contraception and spread of sexually transmitted infections. This targeting requires understanding how these and other holidays not examined here (e.g., Christmas) may structure risk factors for unprotected vaginal intercourse. Notably, the mechanisms for addressing unmet contraceptive need may differ by the nature of the holiday. For example, increased availability of ongoing contraception and condoms may be more effective for holidays which elevate sexual behavior but less effective for holidays that elevate alcohol consumption as alcohol consumption is associated with increased rates of sexual assault and non-use or misuse of contraception. In these cases, EC is an essential option that must be widely accessible.

There are some limits that we must note with our data. First, measures of EC sales are not synonymous with use of EC. As evidenced by shortages and store policies surrounding EC sales following the Dobbs decision [55], EC sales are, at times, distinct from EC use. Though no change in policy, such as increased restrictions on reproductive rights, which could affect either
stockpiling or using existing stockpiles co-occurs with the examined holidays, we must be cautious about potentially conflating use and sales of EC.

Second, our estimates of EC sales likely undercount total EC sales as they exclude EC acquired through non-retail (i.e., medical) outlets as well as independent pharmacies and online retailers. The exclusion of EC sales from retail channels that are not represented in our dataset likely has only a limited effect on our findings. Though yielding a conservative estimate of total sales, these exclusions would bias our findings only if 1) individuals shift their purchases of EC from omitted outlets to those in our data during this holiday, and 2) this shift was substantial relative to the sales volume we capture. Even if individuals did for some reason prefer to purchase EC from retailers in our data following New Year’s Eve, the limited average volume of sales online and through independent pharmacy outlets challenges the likelihood that any such shift would be significant. Of more concern for our findings is the omission of EC provision from medical offices and clinics. The overwhelming majority of individuals in the US who acquire EC do so from retail outlets [56], but family planning clinics and medical providers are an important component of EC access, particularly for provider-dependent methods such as ulipristal acetate and IUDs or for individuals who need a prescription for insurance coverage. The difference between post-New Year’s Eve weeks and other weeks could reflect a substitution of EC acquired from a clinic or doctor with EC purchased from a large retailer. This substitution would not explain the increases that we find following some other holidays, such as Valentine’s Day and US Independence Day. It also would represent a massive switch in how individuals acquire EC. Back of the envelope calculations suggest that offsetting the observed New Year increase would require about half of those who get EC from non-retail settings to purchase it instead.

Third, our results may reflect other characteristics co-occurring with the new year rather than predictors of unprotected sexual intercourse previously discussed. For example, though cash on hand may be limited following the winter holidays, resetting of health plan deductibles and refilling of flexible health spending accounts may incentivize purchasing LNG EC rather than visiting a doctor or clinic. However, the high price of LNG EC at pharmacies ($40-50) may offset some of the other financial incentives to switch EC acquisition from clinics to retail stores and pharmacies.

Finally, there are limits to the generalizability of these findings. Our description applies to the United States. Contextual differences in how and which holidays are celebrated and how reproductive healthcare is accessed may limit the generalizability to other settings. Our findings cannot be generalized to all holidays either; future work should examine holidays with less clear risk profiles (e.g., Christmas, Halloween, US Thanksgiving). We should also be careful when applying these findings to upcoming holidays due to massive shifts in the reproductive rights landscape of the United States [29].

More than ever, EC is a critically important option for individuals in the United States, particularly those living in regions with bans or severe restrictions on abortion. Though this annual spike in sales might appear humorous, it is indicative of unmet contraceptive need that calls for further attention. Future work will explore how other dynamics at play in the United States context, including state abortion restrictions, impact EC purchase behavior and imply potential public health interventions to provide contraceptive care to those who need it the most.
Table 1: Regression Results for Weekly LNG EC Sales per 1,000 Women 15-44

<table>
<thead>
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<th>Week Follows:</th>
<th>Change in Weekly Sales</th>
<th>95% Confidence Interval</th>
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<tr>
<td>New Year</td>
<td>0.63</td>
<td>[0.58 – 0.69]</td>
</tr>
<tr>
<td>Valentine’s Day</td>
<td>0.31</td>
<td>[0.25 – 0.38]</td>
</tr>
<tr>
<td>St. Patrick’s Day</td>
<td>0.14</td>
<td>[0.06 – 0.23]</td>
</tr>
<tr>
<td>US Independence Day</td>
<td>0.20</td>
<td>[0.11 – 0.29]</td>
</tr>
<tr>
<td>Easter</td>
<td>-0.04</td>
<td>[-0.17 – 0.09]</td>
</tr>
<tr>
<td>Mother’s Day</td>
<td>-0.09</td>
<td>[-0.21 – 0.03]</td>
</tr>
<tr>
<td>Father’s Day</td>
<td>0.05</td>
<td>[-0.02 – 0.13]</td>
</tr>
<tr>
<td>Constant</td>
<td>0.01</td>
<td>[-0.00 – 0.01]</td>
</tr>
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</table>
What is already known on this topic

- Unprotected vaginal intercourse is associated with population and individual health risks.
- Common predictors of unprotected vaginal intercourse such as likelihood of having intercourse or use of contraception may vary with holiday celebrations.
- Emergency contraception can prevent pregnancy after unprotected sex, contraceptive failure, or sexual assault.

What this study adds

- Sales of levonorgestrel emergency contraception increase following the New Year holiday in the United States.
- Though to a lesser degree, holidays that share some risks for unprotected vaginal intercourse are also followed by increases in sales of levonorgestrel emergency contraception.
- No sales increases follow holidays whose celebration is unlikely to increase the prevalence of unprotected vaginal intercourse.

Ethics Statements

The Texas Tech Institutional Review Board determined that this project did not meet the definition of human subjects research (Ref: 2023-714).

Competing Interests

Authors have no competing interests to report.

Contributorship Statement

BW developed the concept and design of the study and performed statistical analysis of the data. BW and KC drafted the manuscript. Both authors approved the manuscript after revision and gave final permission for publication. BW is the guarantor. The corresponding author attests that listed authors meet authorship criteria and that no others meeting the criteria have been omitted.

Transparency Statement

The manuscript’s guarantor affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

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Data Availability

Due to contractual requirements, researchers are not able to make supporting data available. Analysis code is available upon request.

Acknowledgements

We thank Circana, Inc. for allowing us to use their data for this project. All estimates and analyses in this paper based on Circana, Inc. data are by the author and not by Circana, Inc.

Funding

Authors have no funding to report.

Patient and Public Involvement

No patients were involved in the development of the research question, design, or implementation of this study. Dissemination of this research to relevant public groups will occur in concert with the American Society of Emergency Contraception. Working with this group and their initiative EC4EC (Emergency Contraception for Every Campus), we will share insights from the study with college activists interested in expanding access to emergency contraception on campus to help them anticipate periods of increased demand. Results will also be disseminated through lay and social media.
References


Figure 1: Estimated Weekly Sales of Levonorgestrel EC Following New Year Holiday, 2016-2022
Figure 2: Estimated Weekly Sales of Levonorgestrel EC during Holidays in the United States, 2016-2022.
Appendix Table 1: Dates for Holidays in Study based on Weeks Ending on:

<table>
<thead>
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