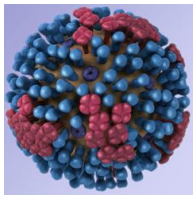
*epi*TRENDS

A Monthly Bulletin on Epidemiology and Public Health Practice in Washington

October 2025 Volume 30, Number 10

Influenza



www.cdc.gov

Influenza activity levels usually peak in winter months, and the time to prepare is now in the autumn. This year public health and healthcare organizations can plan for delivery of influenza vaccination to ameliorate the expected simultaneous circulation of several different viral respiratory infections including COVID-19, respiratory syncytial virus (RSV), and influenza.

The Disease

Influenza (flu) is a respiratory infection caused by influenza A and influenza B viruses. Typical illness is characterized by fever with other symptoms such as cough, runny nose, and sore throat. There may also be muscle or body aches, weakness, fatigue, and respiratory tract congestion. Children may have vomiting and diarrhea. Complications of influenza can be severe or fatal and include viral pneumonia or secondary bacterial pneumonia, heart or brain inflammation, and organ failure. The very young and the elderly, persons who are pregnant, as well as those with chronic medical conditions, are at greatest risk for such complications from influenza. Several other viral respiratory conditions, including COVID-19, have symptoms similar to influenza and can also cause severe or fatal infections.

Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who is hospitalized; who has severe, complicated, or progressive illness; or who is at an increased risk for influenza complications. For information about antiviral treatment see Resources.

Influenza A and influenza B virus strains infecting humans change constantly. Influenza A viruses can undergo major variations – in 2009 there was an unexpected pandemic of a new influenza A H1N1 virus first identified in early spring of that year. Excess deaths occurred among certain risk groups such as younger children, pregnant women, and those with chronic medical conditions.

Washington State Department of Health

Scott Lindquist, MD, MPH
State Epidemiologist,
Communicable Disease

Marcia J. Goldoft, MD
Scientific Editor

You may subscribe, update subscription preferences or unsubscribe to *epi*TRENDS at Department of Health website.

To obtain *epi*TRENDS in an alternative format please contact:

WA State Dept. of Health
Communicable Disease Epi
1610 NE 150th Street
Shoreline, WA 98155
206-418-5500

Influenza Vaccines

The best way to prevent influenza is through vaccination. Yearly vaccination is recommended for all persons ages 6 months and older. As influenza strains change, so too will vaccine manufacturers change the composition of their influenza vaccines. Specific virus lineages used may vary by the type of influenza vaccine, but all vaccines induce similar immunity. Choices for an individual's influenza vaccine type and dose depend on age and other characteristics of a recipient. Vaccines are formulated to protect against three strains of influenza (trivalent vaccines). For the 2025-2026 season, all influenza vaccines will be trivalent [A(H1N1), A(H3N2), and one B strain].

https://doh.wa.gov/sites/default/files/2023-05/420-100-FluUpdate.pdf

Routine annual influenza vaccination is recommended for all persons aged 6 months and older who do not have contraindications. Influenza and COVID-19 vaccines can be given at the same time (see Vaccine Recommendations in Resources).

New this season, the FDA approved FluMist, the live attenuated influenza vaccine, for self- or caregiver administration. In additional, the recombinant influenza vaccine Flublok, previously FDA approved for ages 18 years and older, is now also approved for ages 9 years and older.

There are three influenza vaccines that are preferentially recommended for people 65 years of age and older: high-dose inactivated influenza vaccine (HD-IIV3, Fluzone High-Dose), recombinant influenza vaccine (RIV3, Flublok), or adjuvanted inactivated influenza vaccine (aIIV3, Fluad).

Influenza Surveillance in Washington

The following influenza-related conditions are notifiable to Washington's local health jurisdictions for eventual reporting to the Washington State Department of Health (DOH) Office of Communicable Disease Epidemiology:

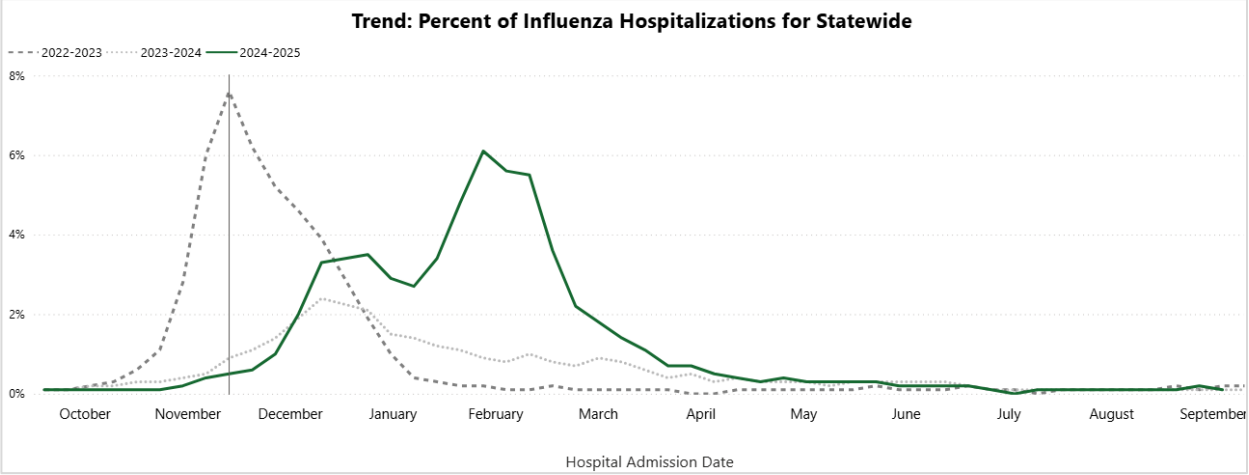
- Case of suspected novel influenza or unsubtypable influenza (if confirmed should be entered into WDRS)
- Death in a person with laboratory-confirmed influenza (should be entered into WDRS)
- Single confirmed case or cluster of suspected influenza in a long term care facility

Controlling influenza in long term care facilities is of particular concern due to the vulnerable populations and congregate living situation. Antiviral prophylaxis may be appropriate. DOH has several materials pertaining to influenza-like illnesses and outbreaks in long term care facilities which have recently been updated and translated into several languages (see Resources).

Year-round influenza surveillance is needed to identify the specific influenza viruses in circulation, to assist with vaccine development, and to detect changes in patterns of antiviral resistance. Surveillance data also inform providers when influenza is present in their communities so any appropriate antiviral medications can be started promptly.

To track the viruses infecting humans, the Washington State Public Health Laboratories (PHL) conduct influenza virus testing and subtyping. Local health jurisdictions can call the Office of Communicable Disease Epidemiology to arrange testing of specimens from patients associated with influenza outbreaks, from deceased patients suspected to have had influenza, from patients with suspected novel influenza virus infection, or from ill persons with potential exposure to animals infected with influenza. This surveillance is intended to detect novel influenza strains.

DOH provides weekly influenza surveillance updates from October to May and monthly updates during the summer. Influenza data are also visible on the DOH joint respiratory illness data dashboard along with COVID-19 and RSV data (see figure below and Resources).



Concurrent Outbreaks

During the 2025-2026 influenza season there are likely to be influenza viruses, SARS-CoV-2, and other respiratory agents such as RSV circulating concurrently. Coinfection with influenza and other respiratory viruses has been laboratory demonstrated. Simultaneous occurrence of multiple viruses in a region could stress the public health, laboratory, and healthcare systems. If coinfections cause more severe illnesses, then hospitalizations and deaths may both increase. DOH continues to strongly recommend annual influenza vaccination for all groups. Influenza vaccines protect individuals and communities from the flu, as well as Washington's hospital capacity.

Reducing influenza's impact is an important public health objective. Promoting influenza vaccination can protect individuals from infection and shield the healthcare system from excessive demands. Local health jurisdictions can always feel free to call the DOH Office of Communicable Disease Epidemiology (206-418-5500) to discuss any influenza situation including possible outbreaks. See Resources for links to state and national resources regarding specific topics.

Resources

CDC Influenza ACIP Recommendations Summary:
https://www.cdc.gov/flu/hcp/acip/

CDC Getting a Flu Vaccine and other Recommended Vaccines at the Same Time:
https://www.cdc.gov/flu/vaccines/coadministration.html

DOH Respiratory Illness Prevention Co-Brandable Toolkit for Local Health Jurisdictions:
https://doh.wa.gov/public-health-provider-resources/public-health-system-resources-and-services/local-health-resources-and-tools/respiratory-illness-prevention-co-brandable-toolkit

CDC Treatment of Flu: https://www.cdc.gov/flu/treatment/

CDC Influenza Antiviral Medications: Summary for Clinicians:
https://www.cdc.gov/flu/hcp/antivirals/summary-clinicians.html

Washington State Influenza Update:
https://doh.wa.gov/sites/default/files/2023-05/420-100-FluUpdate.pdf

DOH Respiratory Illness Data Dashboard
https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard

Washington surveillance guideline for novel influenza:
https://www.doh.wa.gov/Portals/1/Documents/5100/420-057-Guideline-InfluenzaNovel.pdf

Washington surveillance guideline for influenza death:
https://www.doh.wa.gov/Portals/1/Documents/5100/420-112-Guideline-InfluenzaDeath.pdf

Washington Influenza (Flu) Information for Public Health and Healthcare:
https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation

Washington Recommendations for Prevention and Control of Influenza Outbreaks in Skilled Nursing and Assisted Living Facilities:
https://doh.wa.gov/sites/default/files/2023-08/420-493-FluOutbreakLTC-SNFAL.pdf

DOH Recommendations for Prevention and Control of Influenza Outbreaks in Adult Family Homes:
https://doh.wa.gov/sites/default/files/2023-08/420-494-FluOutbreakLTC-AFH.pdf

CDC Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating:
https://www.cdc.gov/flu/hcp/testing-methods/nursing-homes.html

Washington Laboratory Testing and Cohorting Recommendations for Respiratory Outbreaks in Long-Term Care when SARS-CoV-2 and Influenza Viruses are Co-circulating:
https://doh.wa.gov/sites/default/files/2022-02/420-373-FluCOVIDLTCF.pdf