

Hot Tips: Public Health Advisory #151 Date: 1/9/2026

Please copy and distribute to ALL physicians at your location.

2025-2026 Influenza Season Updates

Key Messages

- The California Department of Public Health (CDPH) has issued a [health advisory](#) to provide updated information for providers pertaining to the current influenza season.
- Influenza cases and hospital admissions have been increasing throughout California, predominantly driven by a newly emerging strain of the influenza A virus, H3N2 subclade K.
- The 2025-26 influenza vaccine is recommended to be administered to anyone 6 months of age or older who is eligible and has not yet received a dose of the seasonal vaccine.
- Timely testing and prompt treatment for symptomatic patients is advised.
- Use of proper diagnostic methods and submission of clinical samples to the Ventura County Public Health Laboratory for hospitalized patients with confirmed influenza A infection are requested.

Background

The California Department of Public Health is notifying providers of a rise in seasonal influenza cases and hospital admissions statewide. A newly emerging influenza virus strain, A(H3N2) subclade K, has become the predominantly circulating strain this season. The World Health Organization (WHO) has noted that current epidemiological data does not indicate that there is an increase in disease severity associated with this strain. However, the influenza A(H3N2) subclade K strain differs from components included within the current seasonal influenza vaccine formulation, which may contribute to increased transmission this season.

Available data from previous seasons, as well as preliminary data from both the UK and California for this current season, continue to support the premise that vaccination remains effective against severe illness and hospitalization. Early estimates from the UK suggest that the vaccine is approximately 70-75% effective against hospitalization in children, and roughly 30-40% effective against hospitalization in adults. Despite the antigenic drift noted for the H3N2 subclade K strain, these figures are consistent with historical ranges documented for vaccine effectiveness against hospitalization. It's important to note that despite the evidence available to support the role of seasonal influenza vaccination in preventing severe outcomes, influenza vaccination rates have continuously declined over recent years, particularly among children.

CDPH forecasts suggest that hospital admissions associated with influenza will continue to rise over the next month, prompting a need for increased awareness and timely vaccination throughout our communities. Although evolving, current modeling scenarios preliminarily project a lower level of peak burden from influenza hospitalization for this season compared to the 2024-25 season.

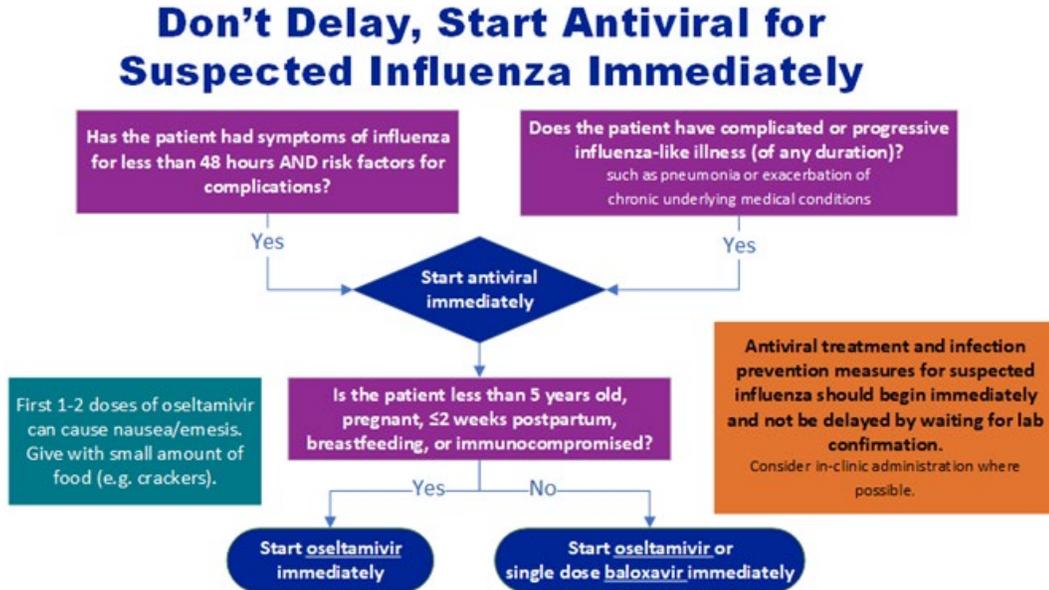
Provider Takeaways

- Recommend 2025-26 influenza vaccine for everyone aged 6 months or older without contraindications.
 - **Children 6 months through 8 years of age** should receive 2 doses of the seasonal influenza vaccine at least 4 weeks apart if their vaccination history is either unknown, if they have only previously received 1 dose of the vaccine, or if they are receiving the vaccine for the first time.
 - **Adults aged 65 or older** should preferably be administered high-dose, recombinant, or adjuvanted influenza vaccines. Shipment of LAIV to the home for administration by self or a caregiver is also newly available this season.
 - **Healthcare workers, caregivers, or others in contact with high-risk individuals** are encouraged to get vaccinated to protect the most vulnerable.

- Timely testing and treatment are crucial to prevent severe outcomes among symptomatic patients.
 - **Treatment should not be delayed while waiting on results**, and is recommended for hospitalized patients, patients at higher risk for severe illness, and patients in contact with high-risk individuals.
 - Oseltamivir is recommended for all severe or hospitalized cases, regardless of timing since illness onset.
 - Oseltamivir or single-dose baloxavir are recommended for eligible high-risk outpatient cases within 48 hours of illness onset.
 - CDPH has created an algorithm to inform outpatient treatment-based decision-making for suspected or confirmed influenza cases (Figure 1).

 - **Molecular tests are favored over antigen tests** for their higher sensitivity.
 - Confirmation with RT-PCR testing is recommended for hospitalized patients.
 - **Specimens for individuals severely ill or hospitalized with confirmed influenza A infection, should be forwarded to the Ventura County Public Health Laboratory for subtyping.** Additional specimens that are unsuptyeable yet positive for influenza A should also be submitted to the public health laboratory for further testing.

Figure 1.



Resources

- CDPH: [Influenza Update: Vaccinate, Test, and Administer Influenza Antivirals](#)
- CDPH: [Respiratory Virus Healthcare Professionals Hub](#)
- CDC: [December 11, 2026 COCA Call: 2025 – 2026 Clinical Recommendations for Seasonal Influenza Prevention and Control](#)
- AAP: [Recommendations for Prevention and Control of Influenza in Children, 2025–2026: Policy Statement](#)
- The Medical Letter: [Antiviral Drugs for Seasonal Influenza for 2025-2026](#)

This bulletin is intended to improve the public health in our county by keeping physicians and nurses informed of noteworthy diagnoses, disease trends, and other events of medical interest. Another goal of a public health department is to educate. We hope that you will use this information to increase your awareness. Please allow us to continue in our role of speaking to the press so that we may maximize the educational message to the benefit of all citizens of Ventura County.