Seasonal Influenza Activity Update

Date: January 5, 2026

Public Health Message Type: ☐Alert ☒Advisory ☐ Update ☐Information

Intended Audience: ☒All public health partners ☒Healthcare providers ☒Infection preventionists ☒Local health departments ☐Schools/childcare centers ☐ACOs ☐ Animal health professionals ☒Other: Clinical and commercial laboratories

Key Points or Updates:

- Seasonal influenza activity remains elevated nationally and in New Jersey.
- The percentage of specimens testing positive, outpatient and emergency department visits, and admissions due to influenza are all higher than previous weeks and those reported last season.
- The most frequently reported influenza viruses so far this season have been Influenza A and among those subtyped Influenza A(H3N2) is the most common.
- A new influenza A(H3N2) virus subclade J.2.4.1, renamed "H3N2 subclade K," was identified by CDC in August 2025. Although this has been characterized as an antigenic drift in comparison to the A(H3N2) component of the 2025-26 seasonal influenza vaccine, it is too early to predict vaccine effectiveness for the season.
- Influenza vaccination continues to be recommended for the 2025-26 influenza season.
- At this time there is also no indication that these subclade K influenza viruses are resistant to available influenza antiviral medications.
- In New Jersey, influenza activity continues to be systematically captured as part of ongoing respiratory pathogen surveillance and is reported weekly through the Respiratory Report and Respiratory Illness Dashboard.

Action Items:

- Healthcare providers should continue to recommend seasonal influenza vaccination for all eligible persons 6 months and older and initiate prompt treatment with antivirals for those hospitalized with suspected or confirmed influenza or those at a higher risk for influenza-associated complications.
- Healthcare facilities should continue to review and implement measures and stay up to date with public health recommendations to limit transmission within the healthcare setting.
- Schools and Early Care and Education programs should encourage students, parents, and staff to get vaccinated and take everyday preventive actions to prevent illness.

Contact Information:

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Background:

Influenza activity is monitored year-round through state and national influenza surveillance systems. During a typical influenza season, multiple influenza virus types and subtypes co-circulate, and seasonal influenza vaccines are formulated to provide protection against the predominant viruses, including influenza A(H3N2), influenza A(H1N1)pdm09, and influenza B viruses. In 2025, a rapidly emerging group of influenza A(H3N2) viruses, designated H3N2 subclade K, was identified. These viruses are genetically distinct from the A(H3N2) J.2 subclade virus selected in early 2025 for inclusion in the current U.S. seasonal influenza vaccines, with approximately 10 additional mutations in the hemagglutinin gene. These genetic differences may result in reduced vaccine effectiveness against circulating A(H3N2) subclade K viruses.

To date, during the 2025-2026 influenza season, the majority of influenza A(H3N2) viruses tested at CDC have belonged to subclade K. Historically, seasons with predominant A(H3N2) virus circulations have been associated with higher rates of influenza-associated hospitalizations and deaths among adults aged ≥65 years and young children compared with other age groups. It is too early in the season to determine which influenza viruses will predominate overall, the proportion in which they will circulate, or the level of effectiveness of the 2025-2026 seasonal influenza vaccines in the United States. CDC is conducting ongoing studies to assess whether antibodies elicited by this season's vaccines provide protection against circulating A(H3N2) subclade K viruses. Early estimates from the United Kingdom indicate that 2025-2026 influenza vaccine effectiveness against influenza-associated hospitalization remains within expected ranges (approximately 70% to 75% among children and 30% to 40% among adults), suggesting that influenza vaccination continues to be an important tool for preventing influenza-related hospitalizations this season.

Even during seasons in which circulating influenza viruses have antigenically drifted from viruses included in the seasonal influenza vaccines, vaccination continues to provide important benefits. These benefits include protection against severe influenza illness, hospitalization, and death; protection against other circulating influenza viruses that are antigenically similar to vaccine components; and reduction in overall community transmission of influenza. Influenza vaccine effectiveness networks are actively collecting data and will generate early estimates of vaccine effectiveness in the United States as influenza activity increases.

References and Resources:

- U.S. Influenza Surveillance Report
- Influenza Surveillance: Purpose and Methods
- Estimated Flu Disease Burden: 2025-2026 Season
- CDC Respiratory Illness Data Channel
- CDC Seasonal Flu Vaccine Basics
- CDC Treatment of Flu
- NJDOH Respiratory Viruses Homepage
- NJDOH Respiratory Report
- NJDOH Respiratory Illness Dashboard