

Influenza End-Of-Season Report 2024-2025

September 2025

This report summarizes weekly influenza (flu) surveillance data collected during the 2024-2025 flu season and highlights the observed impact of flu in Vermont during that time.

If you need help accessing or understanding this information, contact: AHS.VDHEpiFluSurv@vermont.gov.

In the United States, flu viruses spread year-round, although the period of peak activity most often occurs in the fall and winter. The Vermont Department of Health monitors flu activity throughout the year and uses enhanced surveillance methods during flu season to collect, compile, and analyze information on influenza activity. For the 2024-25 season, data were collected between September 29, 2024 and May 17, 2025. These are the Centers For Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR) weeks 40-20 (**Detailed MMWR week information and term definitions are included in the references section**). The Health Department reports Vermont flu surveillance data to CDC to help establish weekly flu activity trends across the country.

In Vermont, as in most other states, individual cases of flu are not reported, except for instances of a newly identified influenza A strain, or pediatric deaths. Because individual cases cannot be counted, surveillance relies on a variety of data sources to estimate the effect of flu on Vermonters:

- Emergency department and urgent care visits for influenza-like illness (ILI)
- ILINet Service Providers
- National Respiratory and Enteric Virus Surveillance System (NREVSS)
- Vermont Department of Health Laboratory
- Reports of flu outbreaks by institutional settings (long-term care facilities, schools, etc.)

By analyzing information from these sources, the Health Department can track where flu is spreading to identify trends and communicate findings to health care providers and the public.

The 2024-25 flu season was the second season following the end of the Federal COVID-19 Public Health Emergency (declared 5/11/23). While the 2023-24 season was a more typically timed pattern of influenza activity than recent years affected by COVID-19, it was a mild season without a notable peak of activity in Vermont. For 2024-25, the influenza season again occurred in a more typical time frame between October and May, but the level

Key Points

- **The flu surveillance season began 09/29/2024 and ended 05/17/2025.**
- **To track and prevent flu, Vermont uses a variety of surveillance data sources. Most individual cases of flu are not reportable.**
- **This flu season continued to follow a more typical pattern of activity as observed before the COVID-19 pandemic, but was more severe compared to any recent influenza season.**



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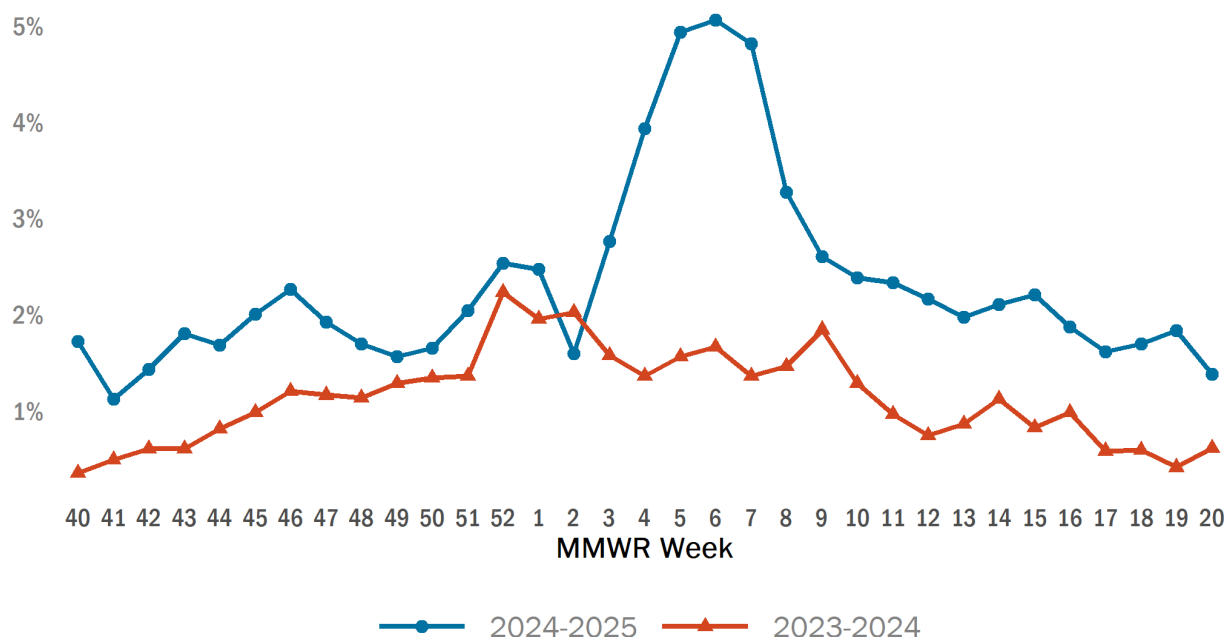


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of activity far outpaced the 2023-24 season, in Vermont and the United States as a whole. Nationally, the 2024-25 influenza season was the [most severe](#) since the 2017-18 season, before the COVID-19 pandemic began.

Sentinel Provider Data

Reported visits due to influenza-like illness peaked in February this season, differing from last season's influenza-like illness visit data without a clear peak.



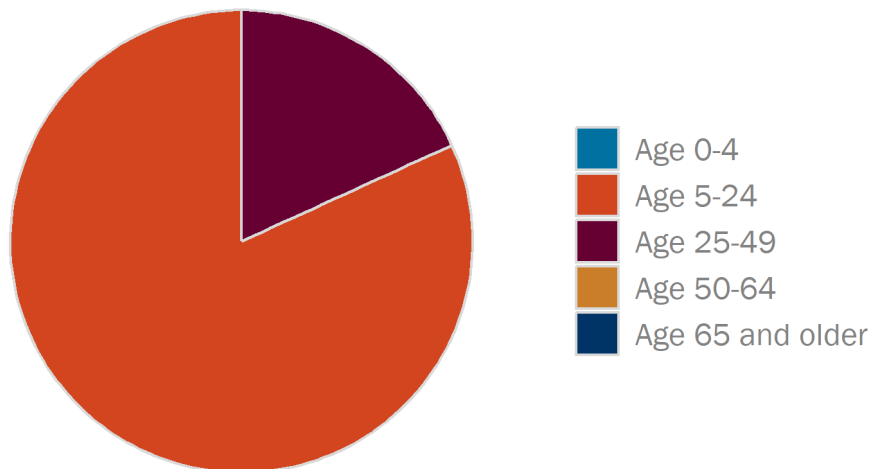
Vermont participates in the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet). The ILINet Sentinel Surveillance Program relies on a network of providers that voluntarily submit weekly specimens for testing from patients presenting with ILI symptoms at participating outpatient facilities. The sentinel providers report the number of patients with an influenza-like illness (ILI) seen by their practices each week throughout the flu season.

During the 2023-24 surveillance season, Vermont ILI visits increased in late December and remained elevated near the regional baseline of 1.9% of total visits into early March (MMWR weeks 52-9), about a third of the season. The 2024-25 season varied from the previous season's trend, with a distinct peak in activity in February (MMWR week 6) following a month of steady increased ILI visits statewide. The decrease noted in ILI visit activity in MMWR week 2 may be due to the care-seeking behavior of patients during the holiday season and should be interpreted with caution.

For the 2024-25 season, all but one weekly report showed the highest percentage of patients seeking care for influenza-like illness were in the 5-24 age range. There were no

weeks where patients ages 0-4, 50-64, or 65+ were seen at the highest percentage of total ILI visits. It is unusual for the 5-24 age group to be the highest percentage for so much of the season. Contributing factors may include school illness policies, a relatively low vaccine uptake, and a more severe influenza season than recently experienced in Vermont. During the 2024-25 season, 8 providers and 8 emergency departments reported ILI data to the Vermont Department of Health, the same as the previous season. The sites provided weekly reports of their data on a range from 24% of the season to 100% of the season, and an average of 77% of the season. ILI data is more robust when a higher percentage of provider reports are received.

For most of the season, the age group with the highest percent of visits seeking care for influenza-like illness at sentinel provider offices was ages 5-24.



The 2024-25 influenza season had an unusually homogenous representation of the age group with the highest percentage of visits seeking care for ILI at sentinel provider offices compared to past seasons. It is common for the ages 5-24 to represent the majority of visits by week for ILI for much of the season, but it is uncommon for that to be consistent for the entire season.

Because these data are only reported by a sample of health care providers, they do not represent the full picture of ILI visits in the state. However, they are an important part of the surveillance system for monitoring which locations in the state flu may be having a substantial impact, and on which age groups.

Laboratory Data

Three hospitals in Vermont report to the National Respiratory and Enteric Virus Surveillance System (NREVSS): Central Vermont Medical Center, Southwestern Vermont Medical Center, and University of Vermont Medical Center. These hospital laboratories report all influenza tests performed at their facility and the test result.

NREVSS Reporting Hospitals	2023-24 Flu Season		2024-25 Flu Season	
Total PCR Tests	15,782		18,418	
Total Positive Results	1,421	9% of total tests	2,831	15.4% of total tests
Total positive flu A	1,299	91% of positive results	2,565	91% of positive results
Total positive flu B	122	9% of positive results	266	9% of positive results

The Vermont Department of Health Laboratory (VDHL) performs PCR influenza testing on specimens submitted from sentinel sites, as well as those submitted from facilities during potential influenza outbreaks.

During the 2024-25 surveillance season, influenza A(H1N1) was the most frequently circulating subtype detected by VDHL, with influenza A(H3N2) and influenza B/Victoria also detected. There were more positive specimens available for surveillance testing compared to last season, and influenza A(H1N1) was more prevalent than influenza A(H3N2) again this season, as it had been during the previous season.

As during the previous season, VDHL continued to receive more specimens for influenza surveillance testing compared to the prior five seasons. Sample submission was most common in the month of February, corresponding with the peak of ILI visit activity during that time frame.

Vermont Department of Health Laboratory	2023-24 Flu Season		2024-25 Flu Season	
Total PCR tests	425		659	
Total positive results	342	80% of total tests	597	91% of total tests
Total positive subtypeable flu A	300	88% of positive tests	568	95% of positive tests
H1N1	191	64% of subtypeable flu A tests	373	66% of subtypeable flu A tests
H3N2	109	36% of subtypeable flu A tests	195	34% of subtypeable flu A tests
Total positive flu B	42		29	
Victoria	42	100% of flu B lineage tests	29	100% of flu B lineage tests

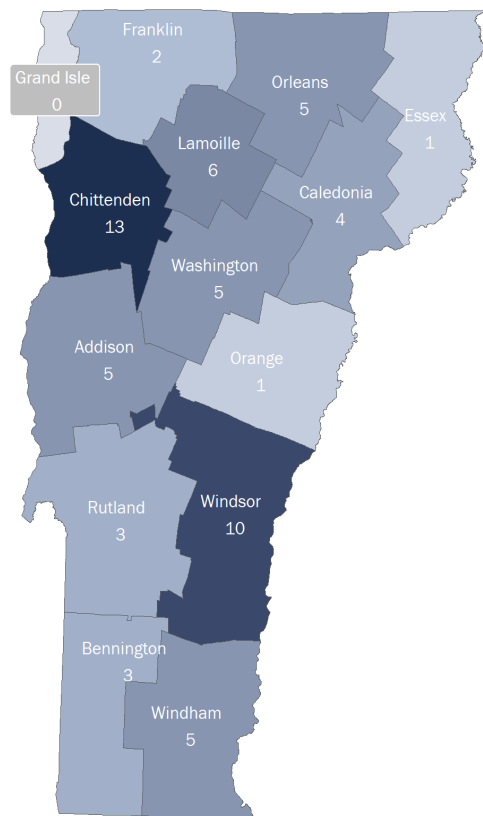
ILI Outbreak Data

All suspected ILI outbreaks in institutional settings are required to be reported to the Vermont Department of Health.

During the 2024-25 surveillance season, 63 outbreaks were reported. This is comparable to the 2022-23 season, but is a significant increase compared to the 33 outbreaks reported during the 2023-24 season. Several factors contribute to this fluctuation including effects of competing respiratory illnesses including COVID-19 and RSV, and differences in influenza activity from season to season. The 2023-24 season did not include a similar peak in activity that occurred in the 2024-25 season.

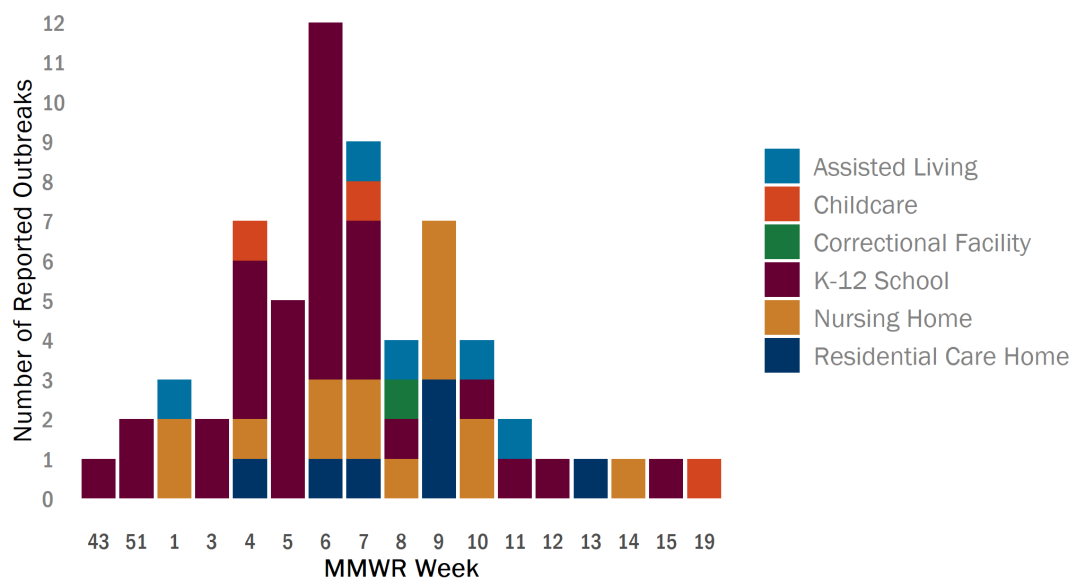
For the 2024-25 season, the reported occurred most frequently in long-term care facilities and schools (25 outbreaks for each facility type). In comparison, during the 2023-24 flu surveillance season, long-term care facilities reported the majority (23) of ILI outbreaks.

All counties except Grand Isle reported at least one outbreak, indicating that influenza outbreaks impacted all areas of Vermont.



Flu or ILI outbreaks peaked in Week 6.

K-12 Schools were the most frequently reporting type of institutional facility.

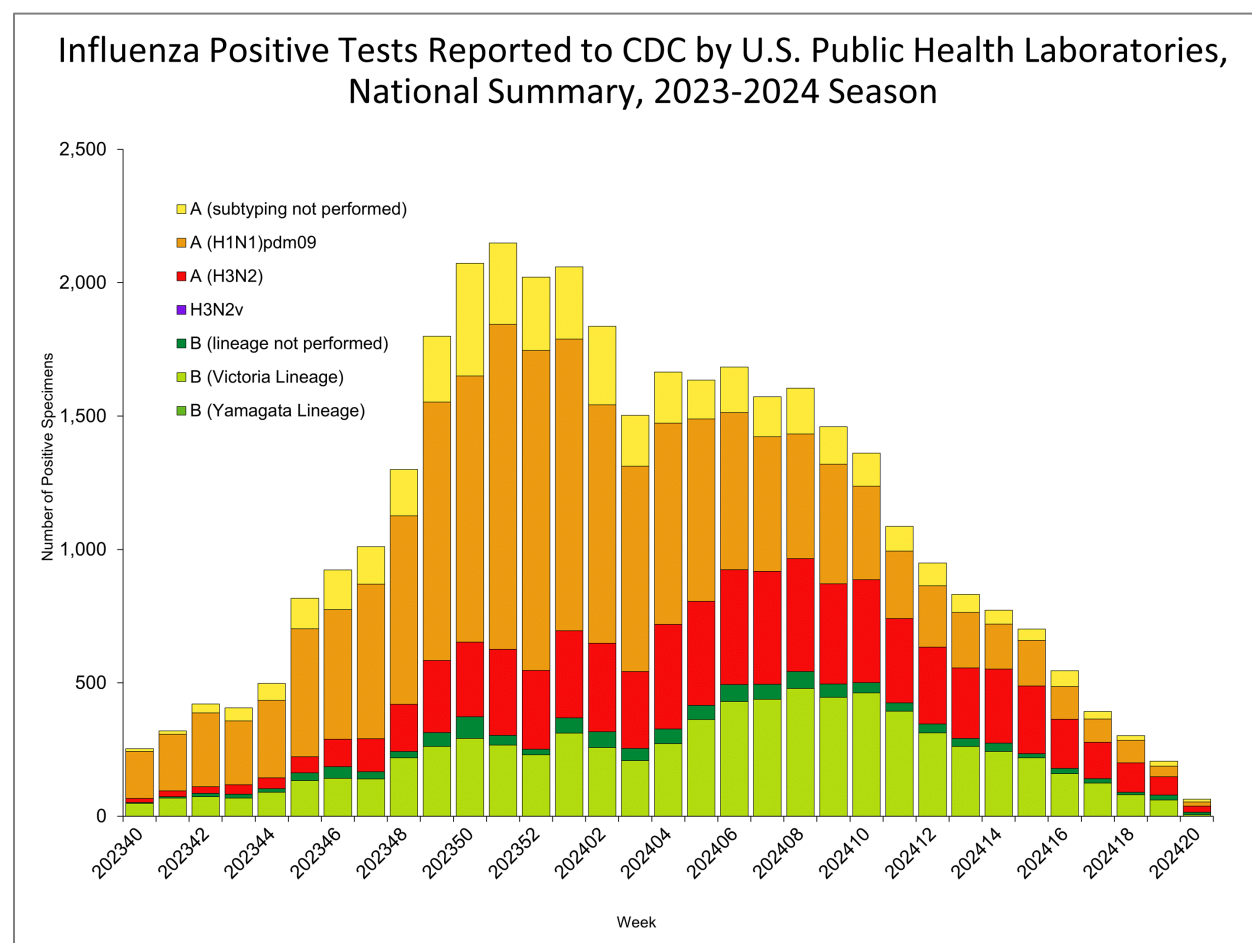


CDC Flu Activity Overview

The number of positive specimens reported to the CDC from public health laboratories continued the increasing trend, with thousands more submissions compared to the 2023-24 season. Clinical laboratory positive specimen reporting to the CDC also increased compared to the previous season (a decrease compared to 2022-23 had occurred for positive specimens from clinical labs in the 2023-24 season). A contributing factor to this change is the difference in flu activity between the two seasons; CDC [categorized](#) the 2023-24 season as moderate and the preliminary categorization for 2024-25 is high. With more influenza activity, there are more specimens available for surveillance testing.

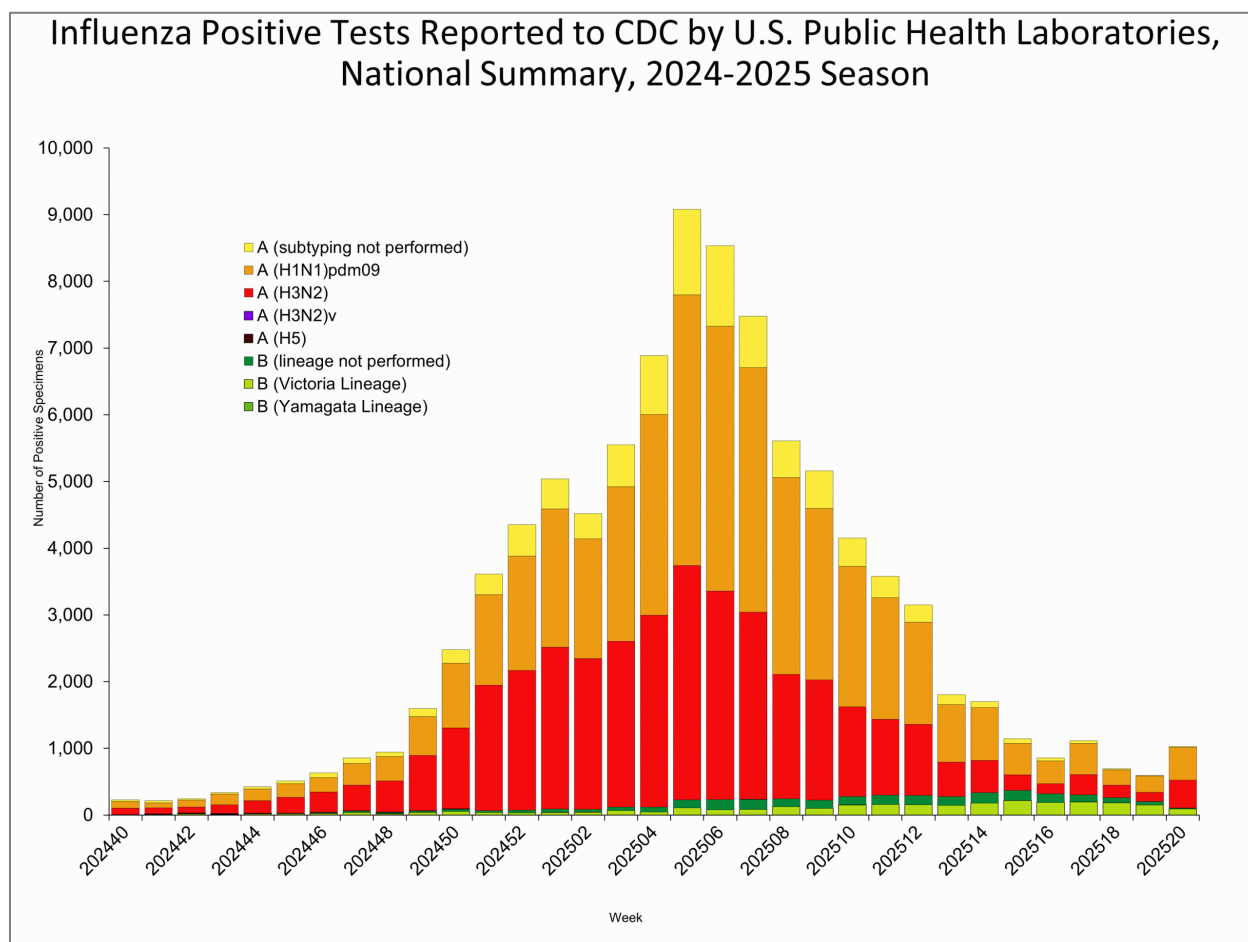
Influenza B positive specimens were not reported as frequently to CDC as they had been in the preceding 2023-24 surveillance season. No detections of influenza B/Yamagata were reported to CDC during this 2024-25 surveillance period.

2023-2024 Season



[Source: CDC](#)

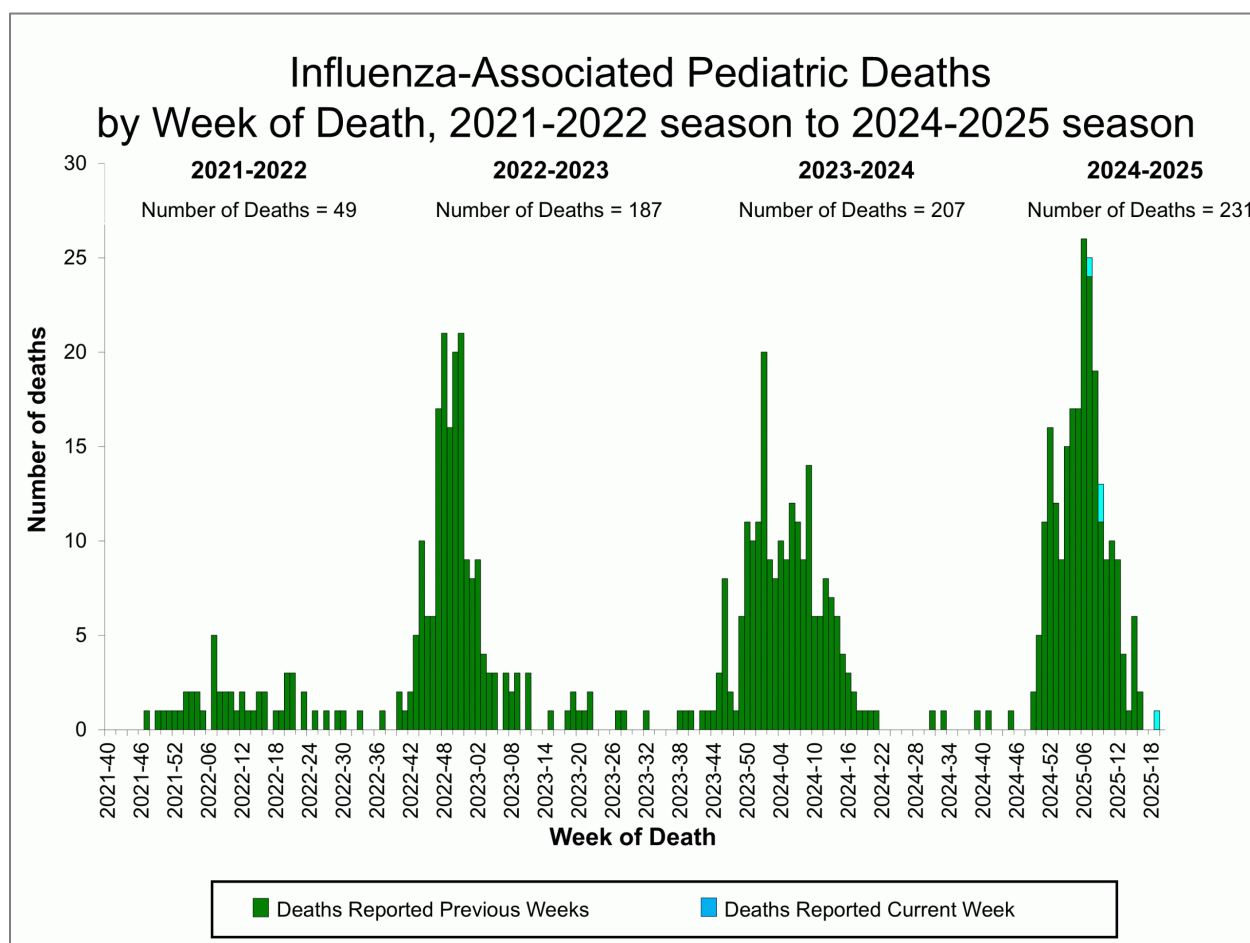
2024-2025 Season



[Source: CDC](#)

In the 2024-25 flu surveillance season there were 231 influenza-associated pediatric deaths reported nationally at the end of the surveillance season. By the end of August 2025, a total of 279 influenza-associated pediatric deaths occurring during the 2024-2025 season have been reported to CDC. This is the highest number of pediatric deaths reported in any non-pandemic influenza season since the condition became reportable in 2004.

Among children who were eligible for influenza vaccination and with known vaccine status, 90% of reported pediatric deaths this season (compared to 82% during the 2023-2024 season) have occurred in children who were not fully vaccinated against influenza. No influenza-associated pediatric deaths were reported to the Vermont Department of Health.



[Source: CDC](#)

Key Takeaways

The 2024-25 flu surveillance season continued with a pattern of more typical influenza activity, and Vermont activity was more closely aligned with national trends than in the preceding 2023-24 surveillance season. As occurred nationally, Vermont experienced an increase in influenza-like illness (ILI) activity in early 2025, peaking in Week 6 before returning to activity above the regional epidemic baseline (1.9% of total visits for ILI in a 1-week period) through April 2025 before returning to below epidemic baseline for the remainder of the surveillance season. Activity was increased compared to the previous surveillance season, where there was a sustained level of ILI activity at or near the epidemic baseline for about a third of the season beginning at the end of 2023, but no distinct peak of activity was observed.

Outbreaks returned to observations similar to those of the 2022-23 flu surveillance season after a decrease in 2023-24, potentially influenced by the moderate activity of that season in Vermont. Long-term care facilities and schools were the institutions reporting the highest

number of outbreaks at 25 outbreaks each over the course of the season. Vermont's ILINet Sentinel Provider Network sites fluctuated in this surveillance period, but a total of 8 sentinel sites were maintained from the 2023-24 surveillance season, with a focus on regional representativeness and a variety of sentinel types; ILI data is more robust with this diversity partnered with a higher percentage of weekly provider reports received for ongoing surveillance.

Compared to the previous season, there was less diversity in the strains of influenza detected during this surveillance season. This season also had a mix of influenza A(H1N1) and A(H3N2) as the first then second most frequently detected subtypes, but there were far fewer submissions of influenza B to CDC in the 2024-25 surveillance season. In early 2025, CDC released a HAN recommending hospitals increase their submissions of influenza A specimens for subtyping, which may have been a factor in the observed increases in detections reported to CDC.

[CDC reports](#) vaccination with the 2024–2025 influenza vaccine reduced the risk for influenza-associated outpatient visits and hospitalization and support recommendations that all eligible persons aged ≥6 months should receive an annual influenza vaccination. Vaccination should be offered as long as influenza viruses are circulating.

Also notable for the 2024-25 surveillance season is the national reporting of influenza-associated pediatric mortality. This season's preliminary count of 279 influenza-associated pediatric deaths is the highest observed in a non-pandemic year, and 90% of the children had not been fully vaccinated against influenza. Influenza vaccination is the best tool for preventing severe influenza illness.

Terms

Centers for Disease Control and Prevention (CDC): The [Influenza Division at CDC](#) collects, compiles, and analyzes information on influenza activity year-round in the United States.

COVID-19: Defined by the World Health Organization (WHO), [COVID-19](#) is a disease caused by a new strain of coronavirus. 'CO' stands for corona, 'VI' for virus, and 'D' for disease. Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV.' The COVID-19 virus is a new virus linked to the same family of viruses as Severe Acute Respiratory Syndrome (SARS) and some types of common cold.

Highly pathogenic avian influenza: Highly pathogenic (HP) avian influenza (AI) (HPAI) is an extremely contagious, multi-organ systemic disease of poultry leading to high mortality in birds, and is caused by some H5 and H7 subtypes of type A influenza virus, family Orthomyxoviridae (See [National Institute of Health](#)).

U.S. Outpatient Influenza-like Illness (ILI) Surveillance Network (ILINet): [ILINet](#) consists of approximately 3,000 outpatient healthcare providers around the country that report data to CDC on the total number of patients seen for any reason and the number of those patients with ILI by age group.

Influenza-like Illness (ILI): Determined by using the patient's chief complaint and/or discharge diagnosis. ILI is the presence of a fever equal to or exceeding 100°F with the addition of cough or sore throat. As of 2021, the ILI definition no longer excludes patients with another diagnosed non-influenza illness.

Institutional settings: Examples include schools (including higher education), long-term care facilities, childcare facilities, and correctional facilities.

Long-term Care Facility: Defined as a facility where services are provided to meet a person's health or personal care needs when they can no longer perform everyday activities on their own ([National Institute on Aging](#)).

MMWR (Morbidity and Mortality Weekly Report): The [MMWR](#) is the CDC's weekly scientific publication of public health information and recommendations. Weekly reports are numbered 1-52 or 1-53 depending on the number of weeks in the year.

NREVSS (National Respiratory and Enteric Virus Surveillance System): [NREVSS](#) collects data on the number of PCR flu tests performed by participating labs across the country, and how many tests were positive. This helps determine flu activity in the community.

PCR test: Polymerase chain reaction: a test, or assay, that is a rapid and sensitive method for detecting the genetic material of influenza viruses, and is now the first-choice laboratory test for influenza infection in both humans and animals ([WHO](#)).

Respiratory illness: Illnesses which affect the lungs and may cause coughing, wheezing, difficulty breathing and other symptoms. Examples: colds, flu, respiratory syncytial virus (RSV), bronchitis, pneumonia, and COVID-19 ([MedExpress](#)).

Subtype: A more specific classification of the influenza A virus based on proteins unique to that strain of virus (example: influenza A(H1N1) is classified by its hemagglutinin and neuraminidase protein types H1 and N1). Influenza B strains are not subtyped. Influenza B strains are classified by their lineage, or where the strain was isolated (example: Victoria).