

# Weekly Influenza Activity Report

## 2025-2026 Flu Season

**Timeframe: 11/09/2025 - 11/15/2025**

- The Influenza-like Illness (ILI) activity level remains **minimal** in Vermont. For a description of national influenza activity levels, please [visit CDC's page](#).
- During MMWR Week 44, testing of an influenza A specimen at the Vermont Department of Health Laboratory confirmed influenza A virus, but did not identify a subtype, so the specimen was sent to CDC for additional analysis. CDC identified the virus as an influenza A(H1N2)v virus, a variant virus genetically related to swine influenza viruses that are commonly detected in the U.S. swine population. Most human infections with variant influenza viruses occur following exposure to swine, but human-to-human transmission can occur. In most cases, variant influenza viruses have not shown the ability to spread easily and sustainably from person to person. More context is available in this week's [FluView Report](#) (CDC).
- COVID-19 and other respiratory illnesses are also being spread during this flu season. Vaccination and respiratory illness prevention strategies are recommended. Visit [healthvermont.gov/StayHealthy](https://healthvermont.gov/StayHealthy) for respiratory virus prevention and treatment information.
- Visit CDC's [Respiratory Illnesses Data Channel](#) for a summary of national key respiratory illness findings including data stories for activity levels, illness severity, and more.

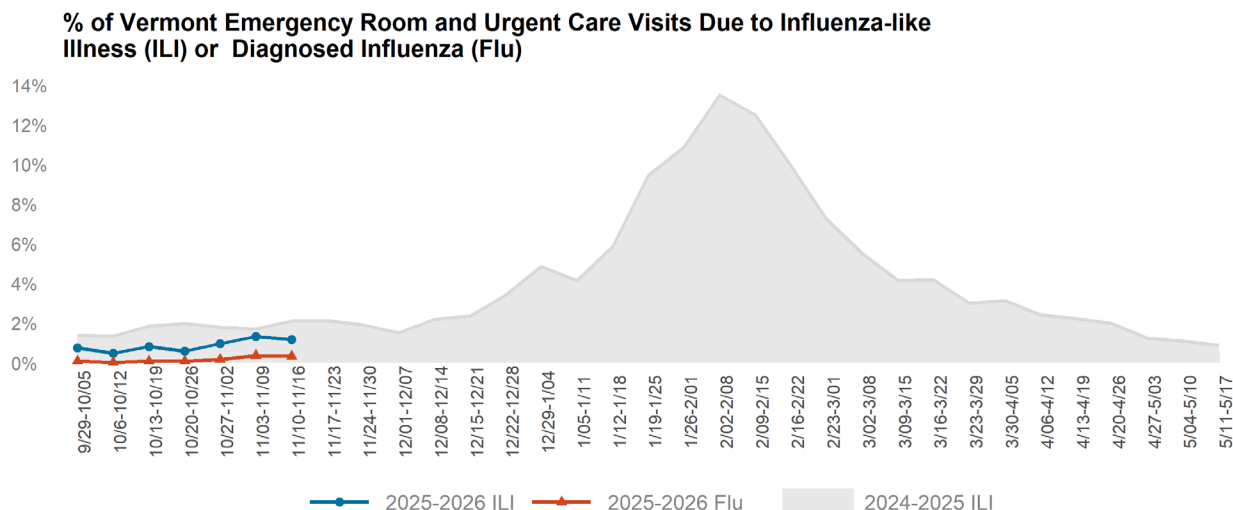


**HealthVermont.gov**  
**802-863-7200**



11.21.2025

## Syndromic Surveillance



During week 46, less than 1% of Vermont emergency room and urgent care visits were due to diagnosed influenza (red). Approximately 1.2% of Vermont emergency room and urgent care visits were due to ILI (blue), a lower percentage compared to the percentage of ILI visits in the previous surveillance season (grey).

## Illness Definitions

**Influenza-like Illness (ILI):** determined 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.

**Influenza (Flu):** determined by the patient's chief complaint of a fever with the addition of cough or sore throat and a discharge diagnosis of influenza.

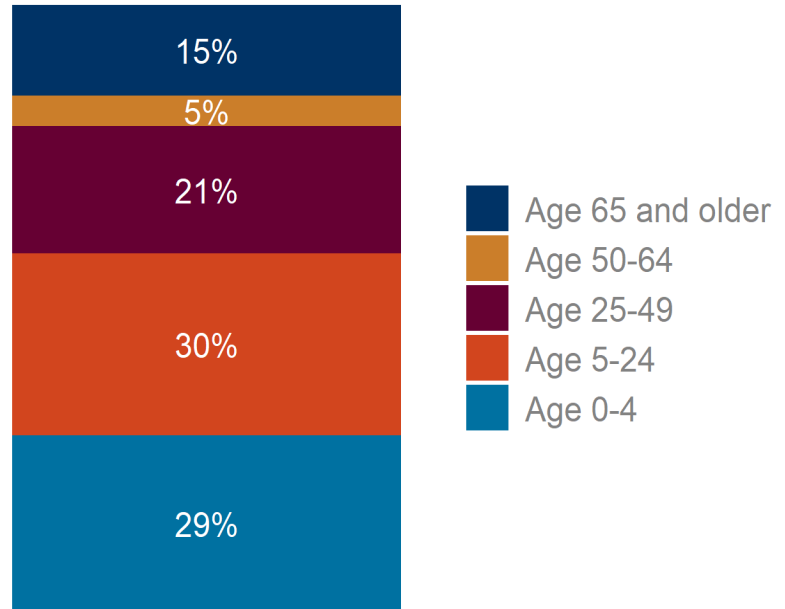
## ILINet Sentinel Provider Data

This surveillance data is based upon reports submitted by ILINet, a nationwide group of medical offices that act as influenza sentinels. Sentinel providers report the number of patients with an influenza-like illness (ILI) seen by their practices each week.

### Age Distribution of Patients with an Influenza-like Illness

**1.23% of visits were due to influenza-like illness (ILI) among Vermont ILINet providers reporting this week compared to 1.19% the previous week.**

**ILI visits may not be related to diagnosed influenza illness but do involve symptoms of fever and cough or sore throat.**



## Laboratory Data

The National Respiratory and Enteric Virus Surveillance System (NREVSS) collects data on the number of PCR flu tests performed by participating Vermont labs and how many were positive. This helps determine flu activity in the community.

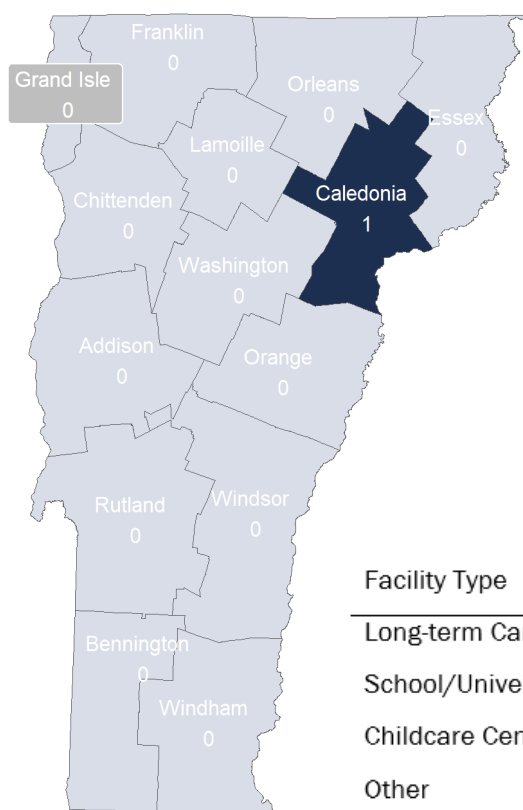
**4.12% of flu PCR tests run this week were positive compared to 4.34% the previous week. Of the total tests this week, about 4.1% were flu A positive and less than 1% were flu B positive. During the 2025-26 season, about 2% of flu PCR tests reported through NREVSS have been positive.**

The **Health Department Lab** performs surveillance subtype testing to determine the type of flu, for example H3, H1N1, etc. This information helps determine the circulating virus strains, not the spread of flu virus. These results are reported by subtype testing date.

| Type and Subtype                    | This week: 11/09/2025-<br>11/15/2025 | Season so far: 09/28/2025-<br>11/15/2025 |
|-------------------------------------|--------------------------------------|------------------------------------------|
| Flu A H1pdm09                       | 2                                    | 6                                        |
| Flu A H1pdm09/Flu A H3 co-infection | 0                                    | 0                                        |
| Flu A H3                            | 7                                    | 11                                       |
| Flu B Victoria                      | 0                                    | 0                                        |

## Reported Outbreaks

### Number of Influenza-like Illness and Influenza Lab Confirmed Outbreaks, 09/28/2025-11/15/2025



Institutional outbreaks of flu or influenza-like illness (excluding respiratory illnesses not caused by influenza viruses, e.g., COVID-19) are reportable to the Health Department.

| Facility Type           | # Outbreaks Reported<br>11/09/2025-<br>11/15/2025 | Full Season<br>09/28/2025-<br>11/15/2025 |
|-------------------------|---------------------------------------------------|------------------------------------------|
| Long-term Care Facility | 1                                                 | 1                                        |
| School/University       | 0                                                 | 0                                        |
| Childcare Center        | 0                                                 | 0                                        |
| Other                   | 0                                                 | 0                                        |

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