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## U.S. Influenza Surveillance and Preliminary Vaccine Effectiveness Estimates, 2025-26 Season

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**Centers for Disease Control and Prevention**

FDA Vaccines and Related Biological Products Advisory Committee (VRBPAC) Meeting

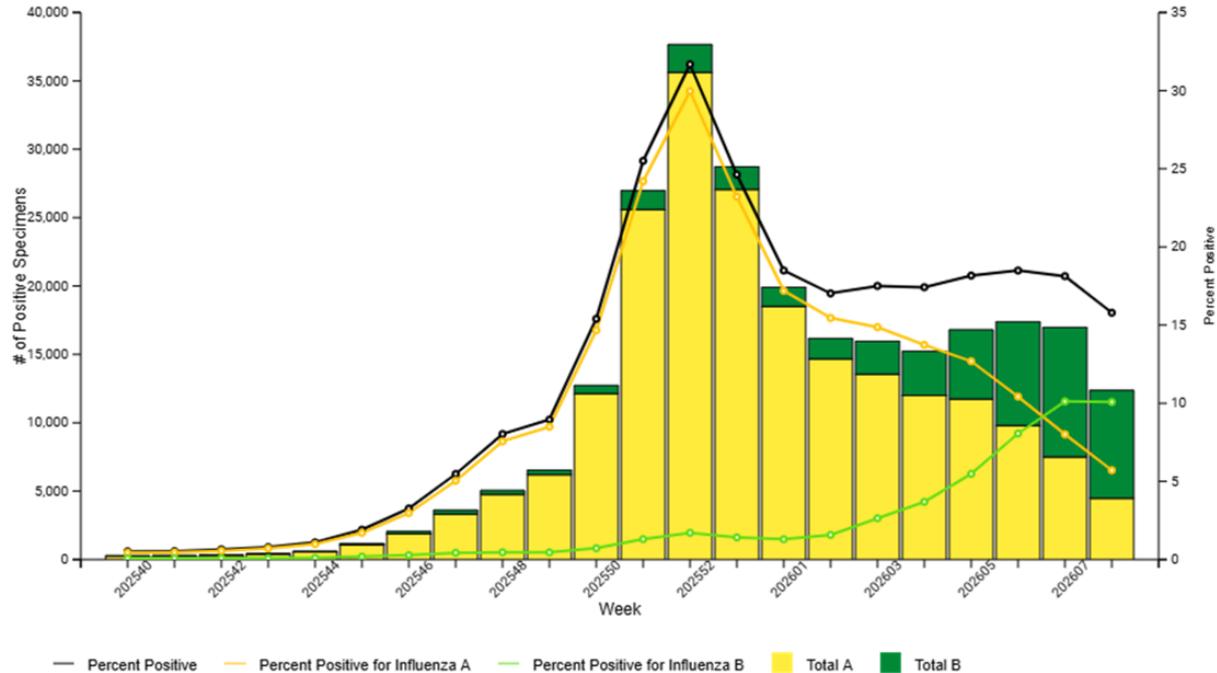
March 12, 2026

# U.S. Influenza Surveillance

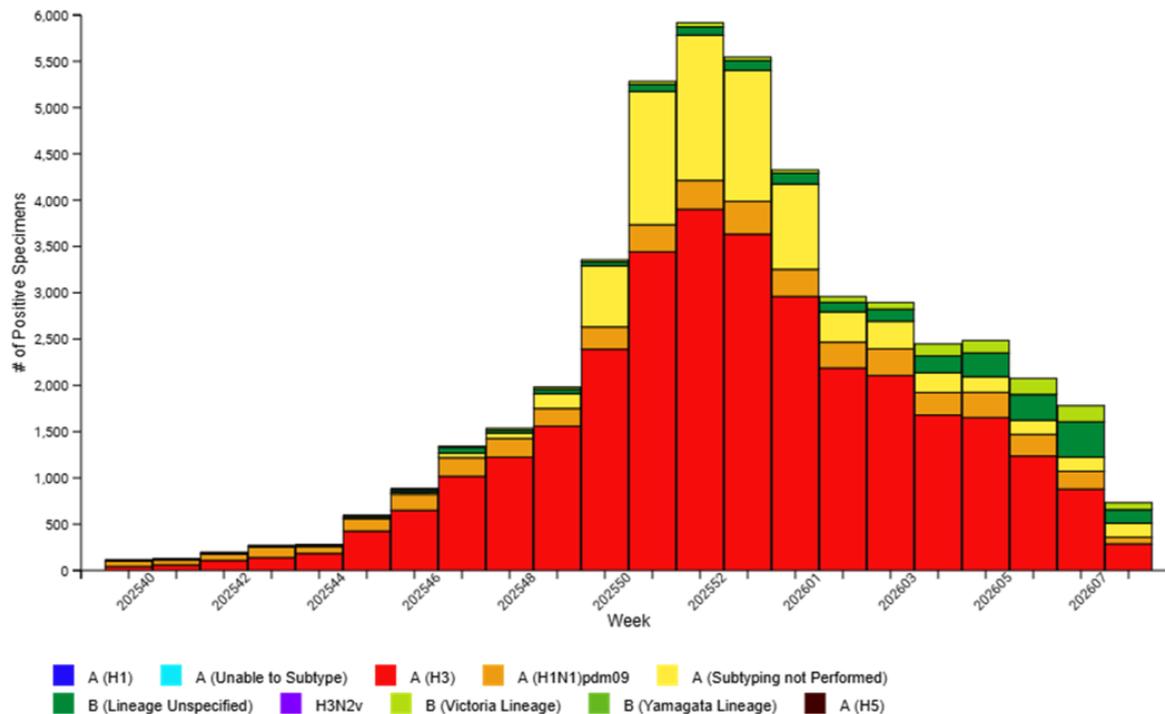
CDC FluView data as of the week ending February 21, 2025 (Week 8)

<https://www.cdc.gov/fluview/surveillance/2026-week-08.html>

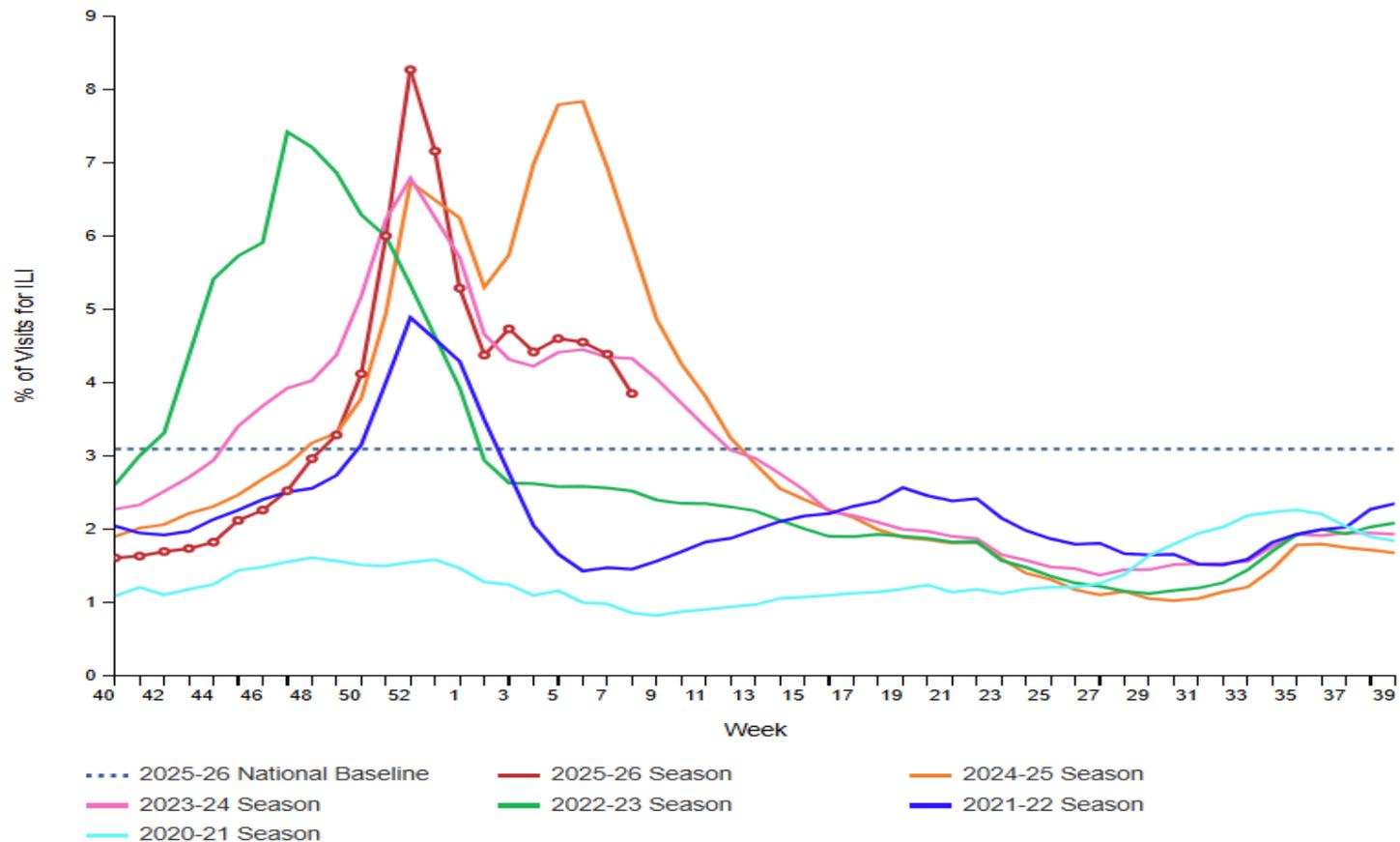
Influenza Positive Tests Reported to CDC by Clinical Laboratories,  
National Summary, 2025-26 Season, week ending Feb 28, 2026



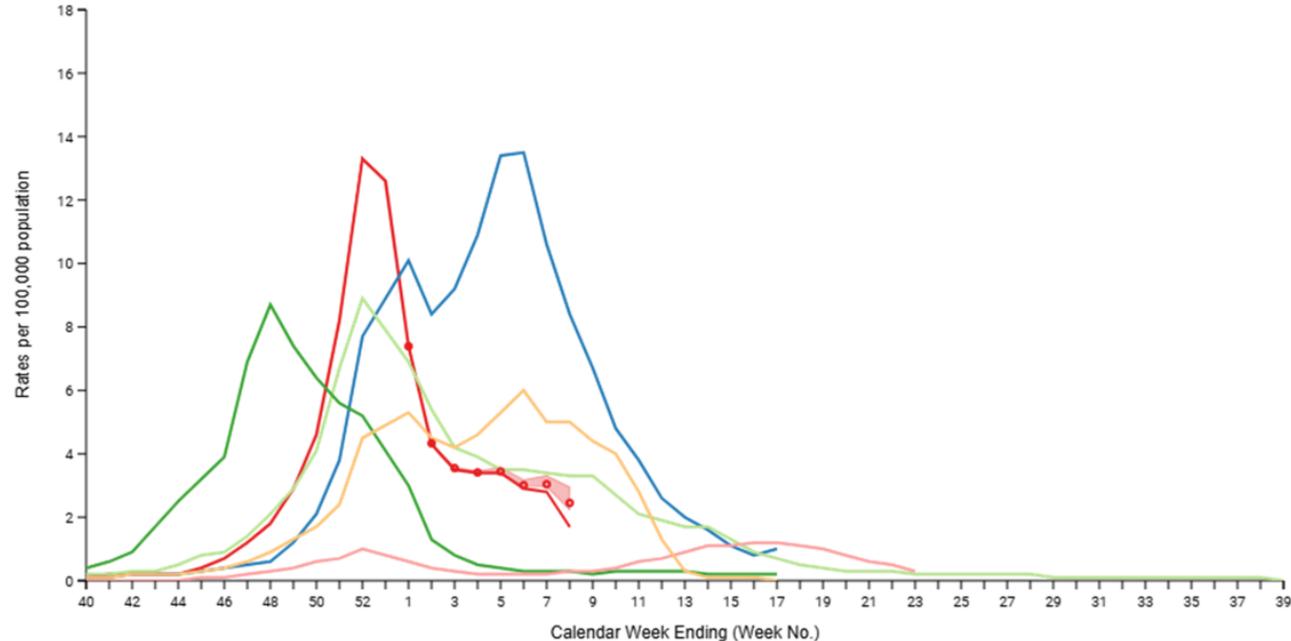
Influenza Positive Tests Reported to CDC by Public Health Laboratories,  
National Summary, 2025-26 Season, week ending Feb 28, 2026



**Percentage of Outpatient Visits for Respiratory Illness Reported by  
The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet),  
Weekly National Summary, 2025-26 Season and Selected Previous Seasons**



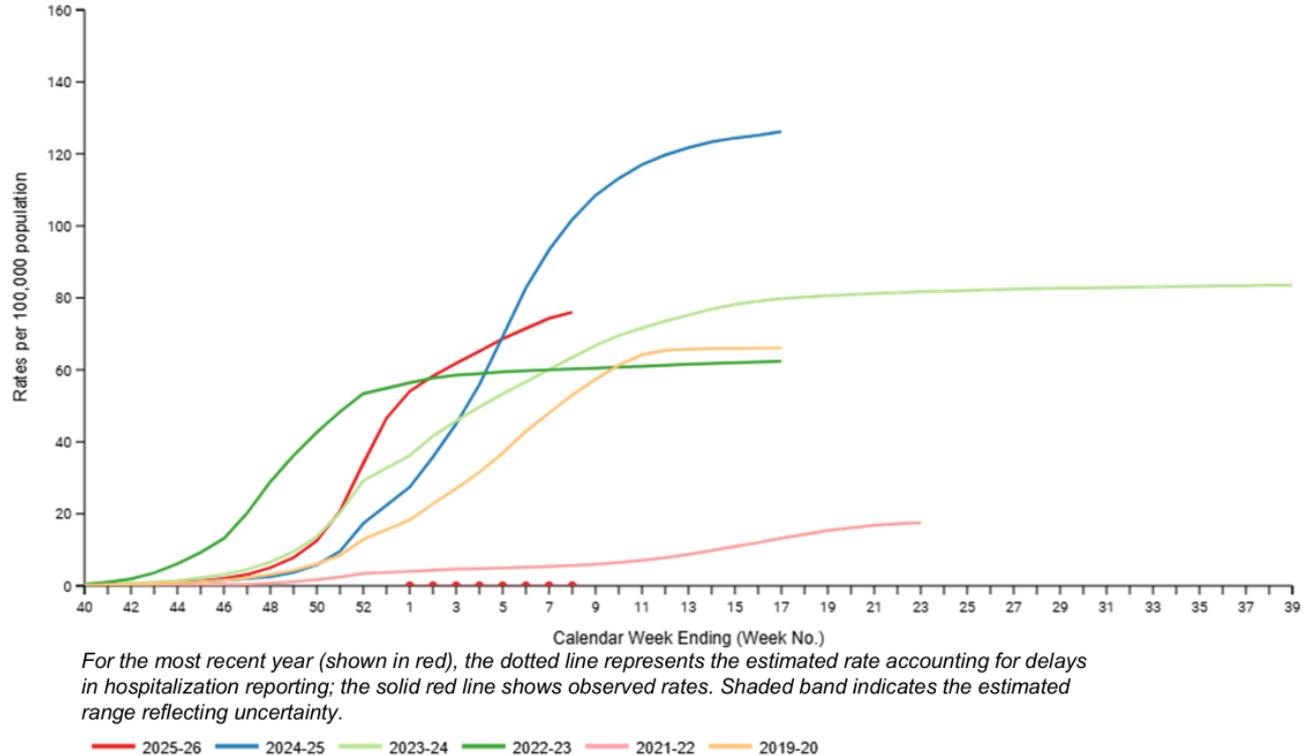
Laboratory-Confirmed Influenza Hospitalizations  
Preliminary cumulative rates as of Mar 06, 2026  
FluSurv-NET :: Entire Network :: Overall Age Group :: Weekly Rate



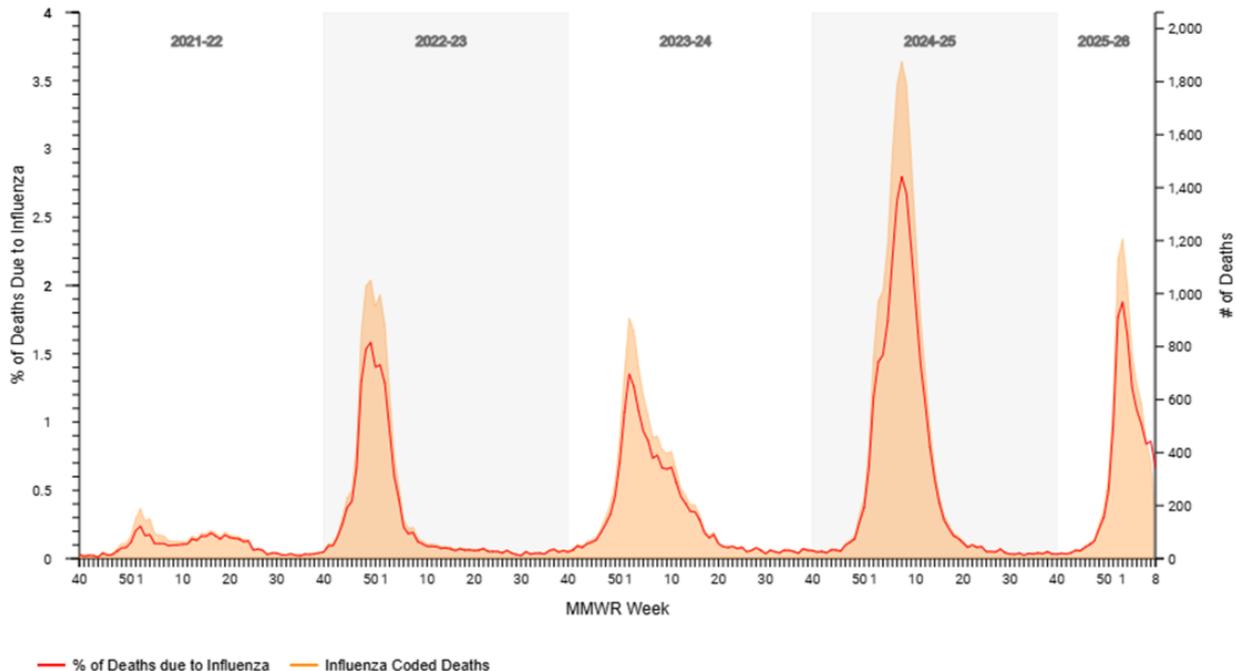
For the most recent year (shown in red), the dotted line represents the estimated rate accounting for delays in hospitalization reporting; the solid red line shows observed rates. Shaded band indicates the estimated range reflecting uncertainty.

2025-26 2024-25 2023-24 2022-23 2021-22 2019-20

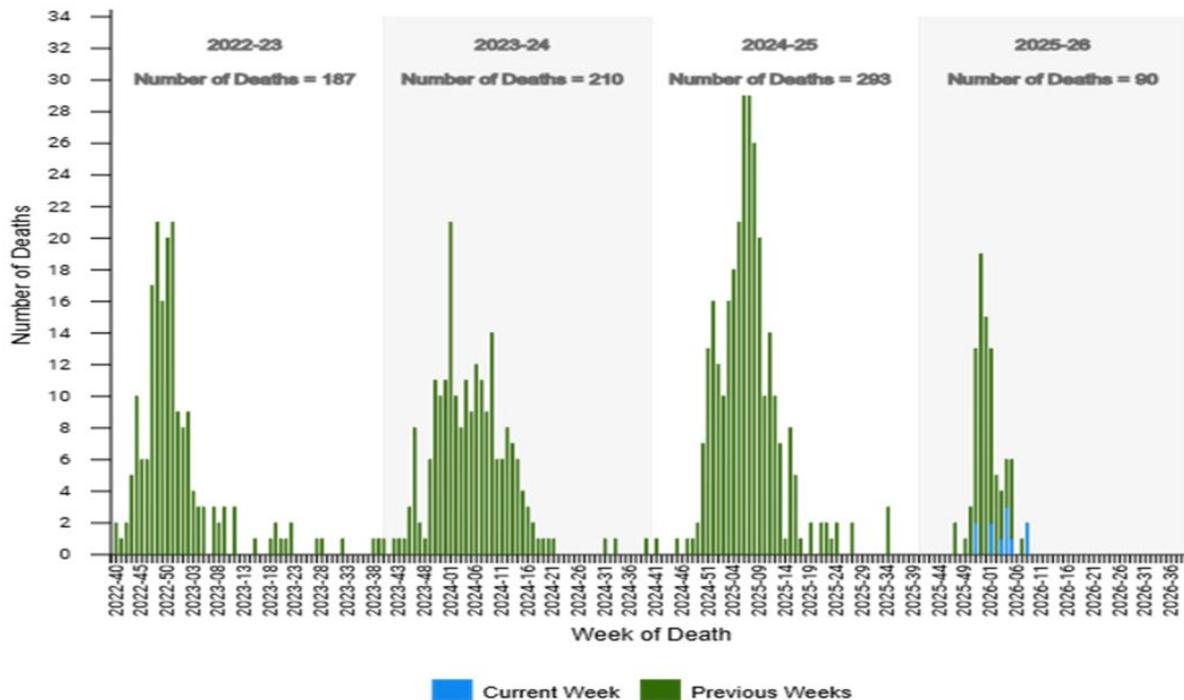
Laboratory-Confirmed Influenza Hospitalizations  
Preliminary cumulative rates as of Mar 06, 2026  
FluSurv-NET :: Entire Network :: Overall Age Group :: Cumulative Rate



Pneumonia and Influenza Mortality from  
the National Center for Health Statistics Mortality Surveillance System  
National Summary data through the week ending February 28, 2026



Influenza-Associated Pediatric Deaths  
by Week of Death, 2022-23 season to 2025-26 season



## Summary (as of February 28, 2026)

- Seasonal influenza activity remains elevated nationally.
- In recent weeks, influenza A activity decreased and influenza B increased nationally.
- Influenza A(H3N2) viruses have predominated overall, with over 90% of those tested belonging to subclade K.
- The cumulative influenza-associated hospitalization rate estimated by FluSurv-NET is the third highest since the 2010-11 season.
  - Second highest since 2010-11 for children <18 years.
- Overall season severity (based on estimated ILI outpatient visits and influenza-associated hospitalizations and deaths) currently characterized as moderate across all age groups.
  - Moderate severity among adults 18-64 years and 65+ years;
  - High severity among children 0-17 years.
- 90 influenza-associated pediatric deaths have been reported thus far for the 2025-26 season.
  - Approximately 85% of those eligible for vaccination were not fully vaccinated against influenza.

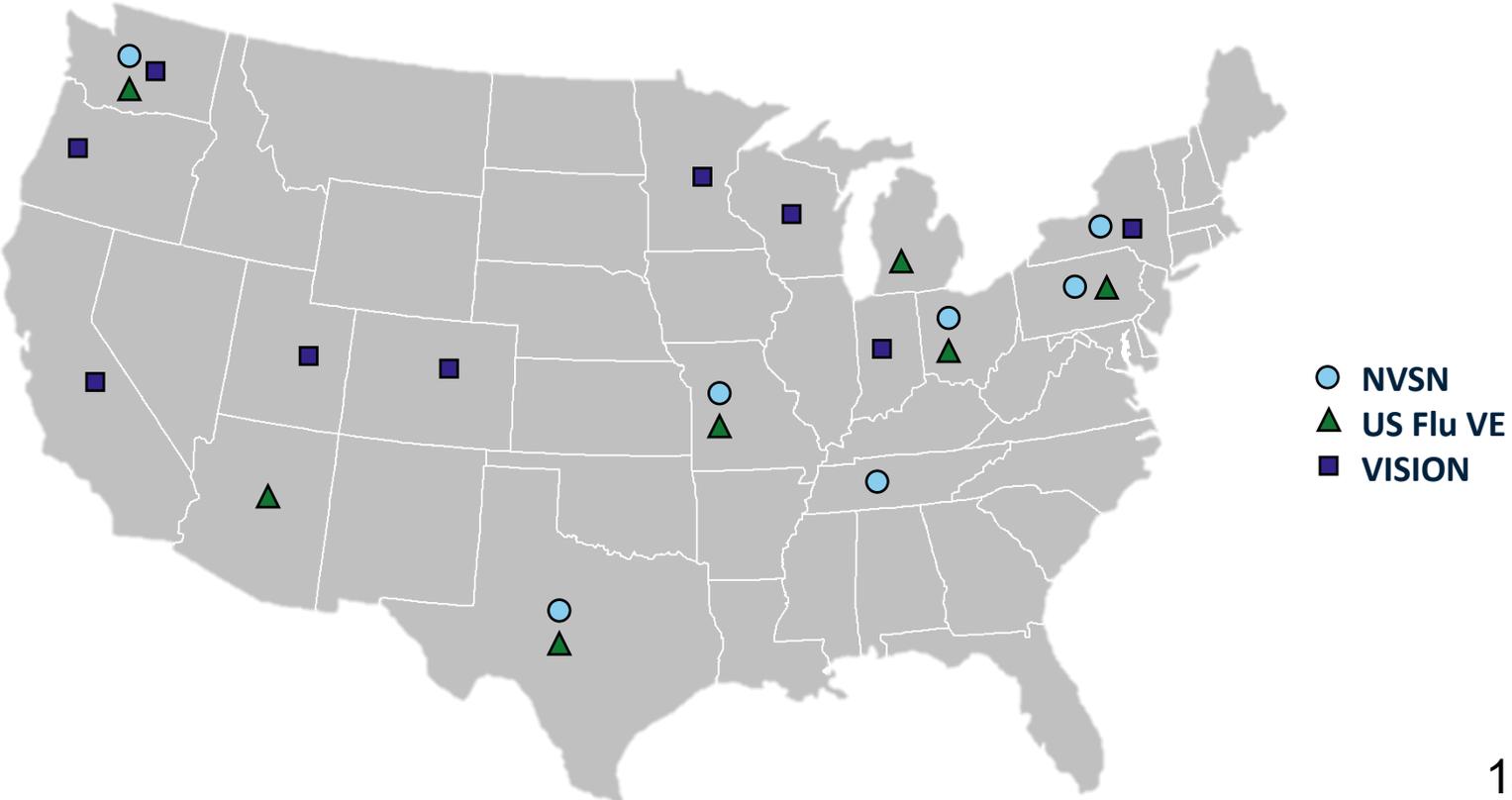
# CDC Influenza Vaccine Effectiveness Networks

Three networks to evaluate vaccine effectiveness (VE) against laboratory-confirmed influenza for children, adolescents, and adults in the outpatient and inpatient settings

# CDC Influenza Vaccine Effectiveness Networks

- **New Vaccine Surveillance Network (NVSN)**
  - Children/adolescents 6 months through 17 years
  - Outpatient visits, emergency departments/urgent care, hospitalization
- **U.S. Flu Vaccine Effectiveness Network (US Flu VE)**
  - Children/adolescents 6 months through 17 years; adults  $\geq 18$  years
  - Outpatient visits, emergency department/urgent care
- **Virtual SARS-CoV-2, Influenza, and Other respiratory viruses Network (VISION)**
  - Children/adolescents 6 months through 17 years; adults  $\geq 18$  years
  - Emergency department/urgent care, hospitalization

# CDC influenza VE networks include patients from 16 states



# 2025-2026 Influenza VE Methods

**Enrollees:** Have acute respiratory illness

**Dates of enrollment:** Fall 2025–Early 2026

**Design:** Test-negative design

- Comparing influenza vaccination odds among case patients with influenza confirmed by molecular assay versus control patients testing negative for influenza and SARS-CoV-2
- Vaccination status: receipt of any 2025–26 seasonal influenza vaccine according to medical records, immunization registries, claims data, and/or self-report

# 2025-2026 Influenza VE Methods

**Analysis:**  $VE = (1 - \text{adjusted OR}) \times 100$  (expressed as a percentage)

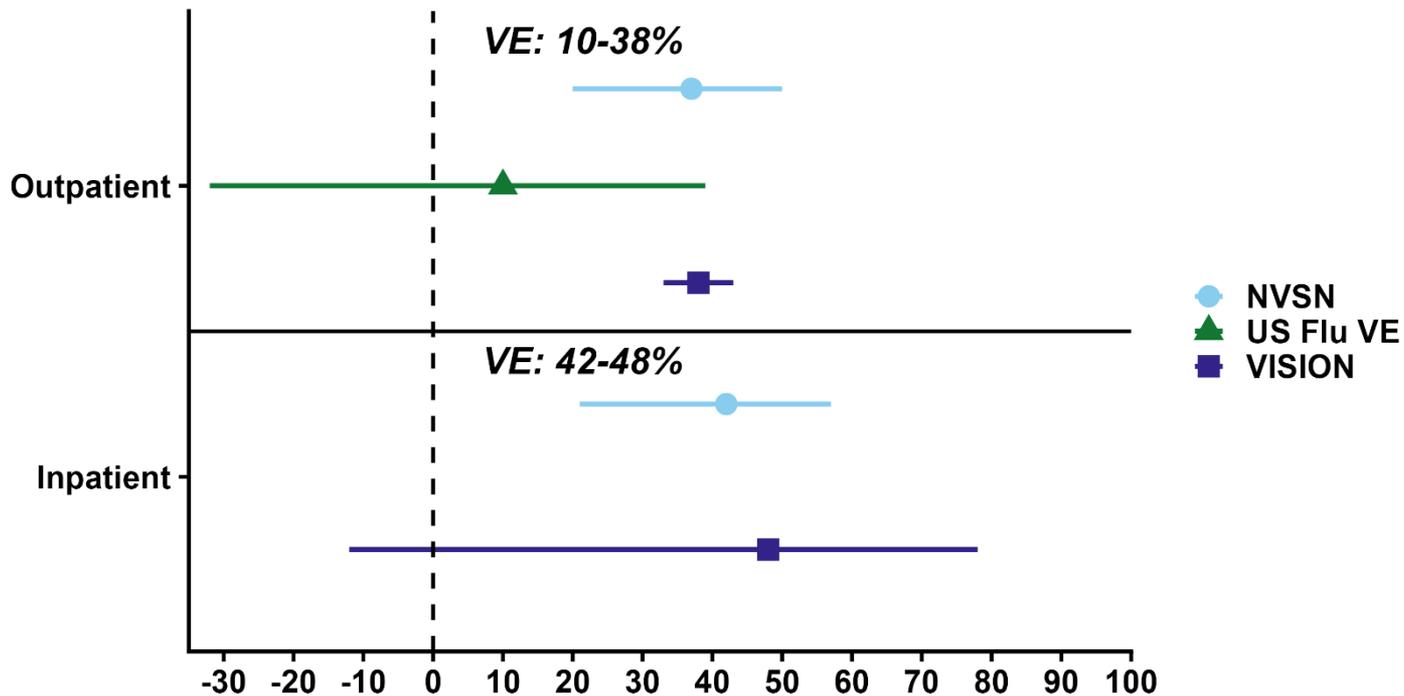
- Adjusted for geographic region, age, calendar time of illness
  - VISION also adjusted for sex and race and ethnicity
  - US Flu VE also adjusted for days between illness onset and enrollment, self-reported general health status, and sex.
- VE estimates were calculated for influenza A subtypes A(H1N1)pdm09 and A(H3N2) when possible
  - Subtype not available for VISION
- VE was not estimated for some age groups and settings when sample size (<50) was small, or confidence intervals were wide (width of  $\geq 100$ )

# Pediatric (6 mos through 17 yrs) VE against any influenza

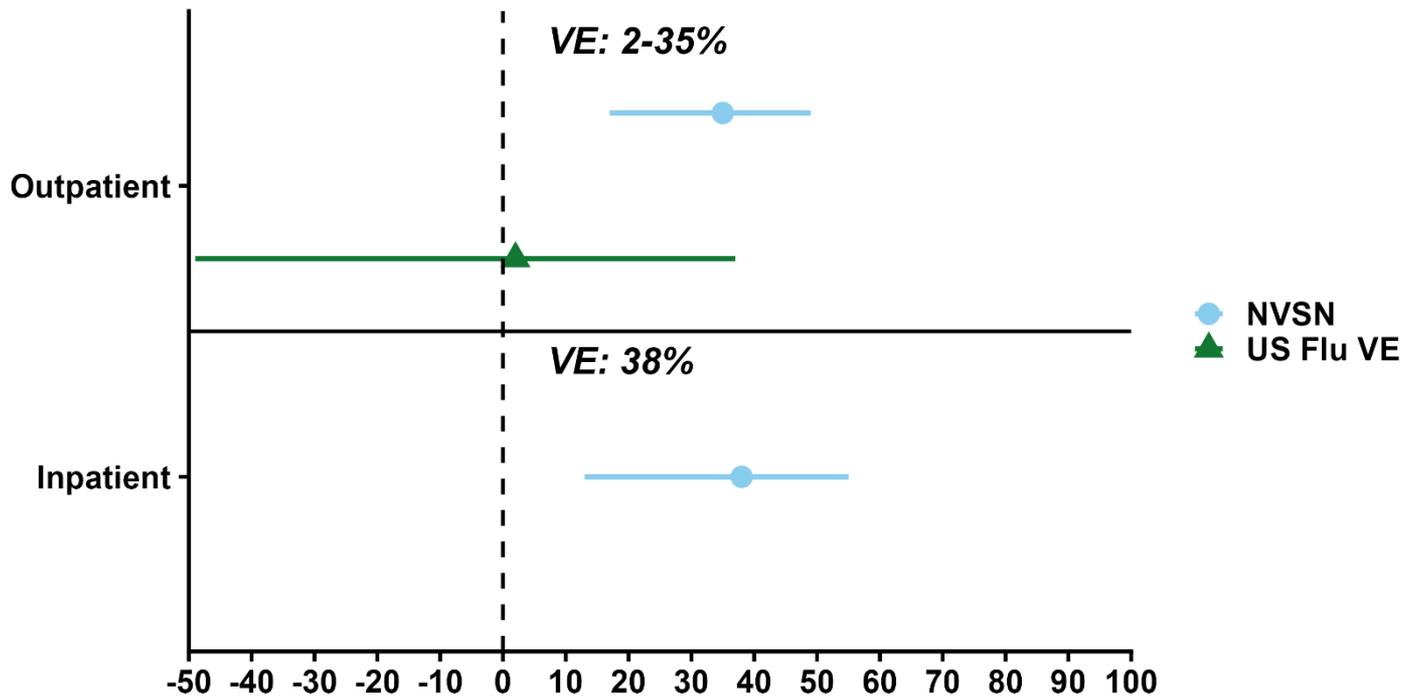
**Influenza test result by influenza vaccination status, no. vaccinated/Total (%)**

	<b>Influenza-positive</b>	<b>Influenza-negative</b>	<b>VE (95% CI)</b>
NVSN (Outpatient)	149/729 (20)	485/1,567 (31)	41 (25–53)
US Flu VE (Outpatient)	74/289 (26)	193/780 (25)	14 (-20–39)
VISION (Outpatient)	1,432/7,992 (17)	4,958/22,979 (22)	38 (33–43)
NVSN (Inpatient)	81/248 (33)	490/1,148 (43)	41 (20–56)
VISION (Inpatient)	19/93 (20)	339/1,179 (29)	48 (-12–78)

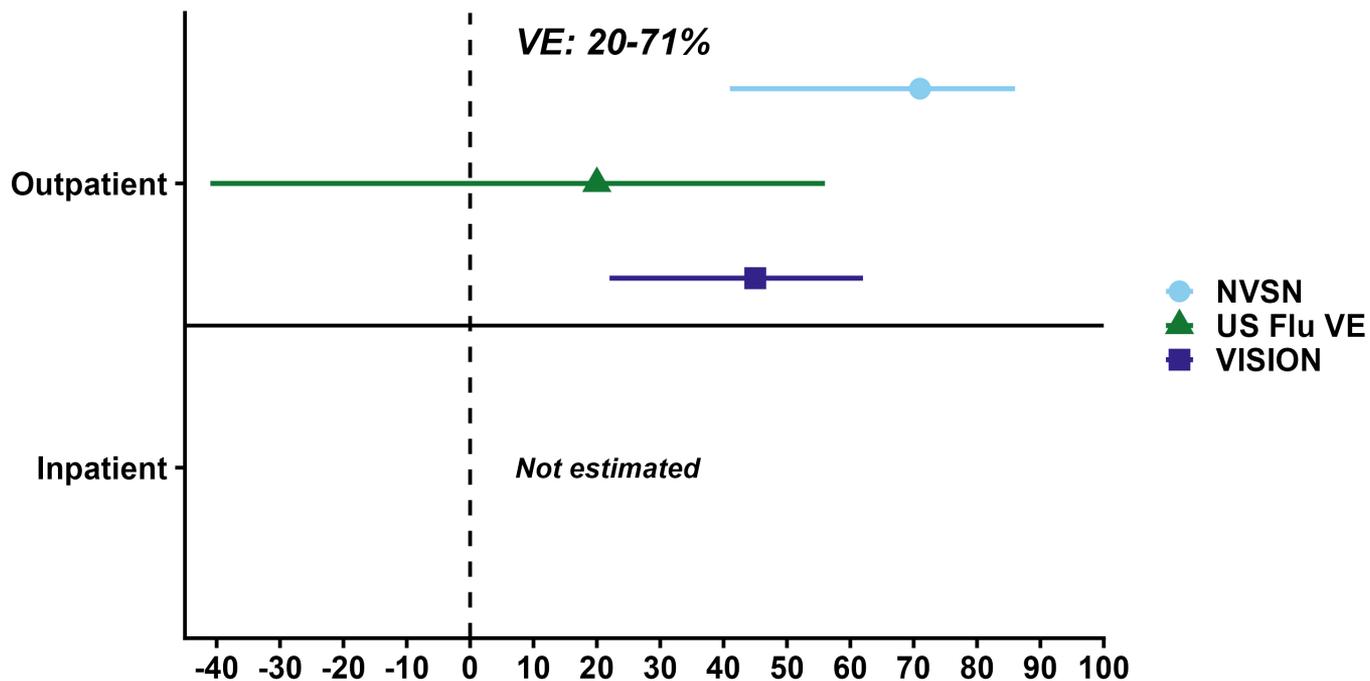
# Pediatric VE against influenza A



# Pediatric VE against influenza A(H3N2)



# Pediatric VE against influenza B

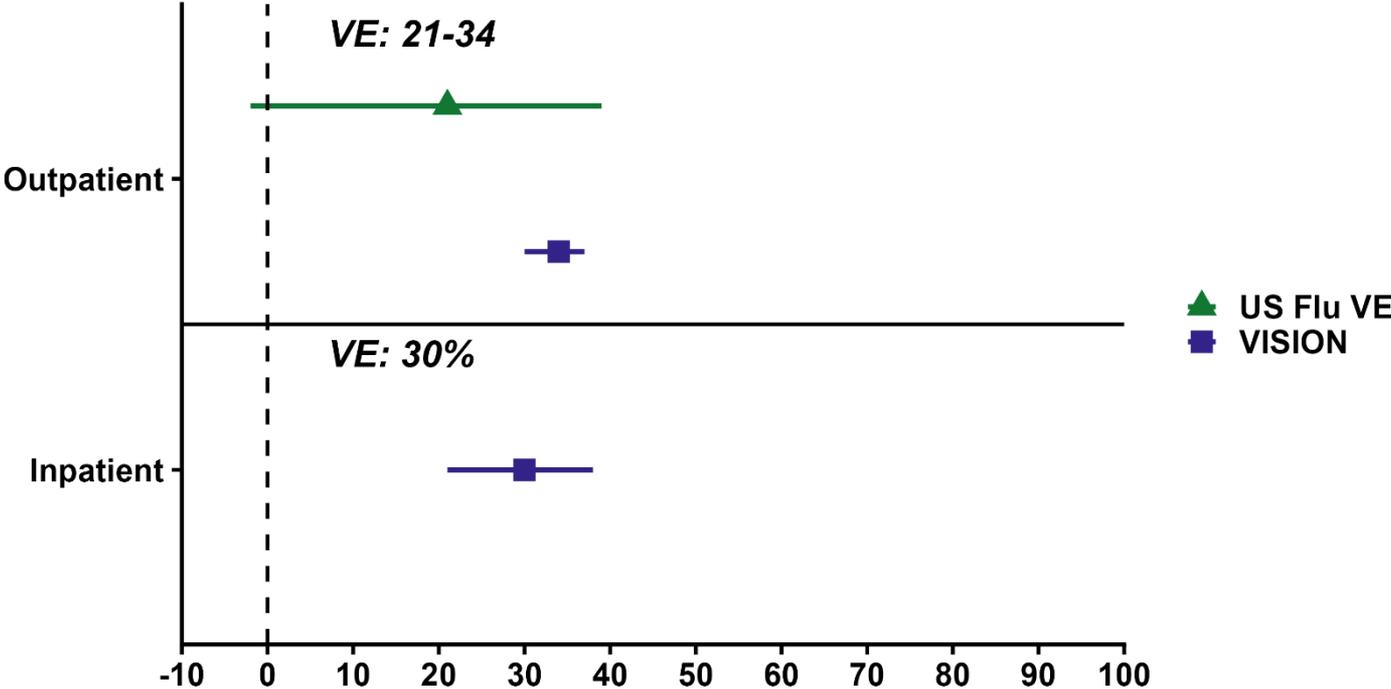


# Adult ( $\geq 18$ yrs) VE against any influenza

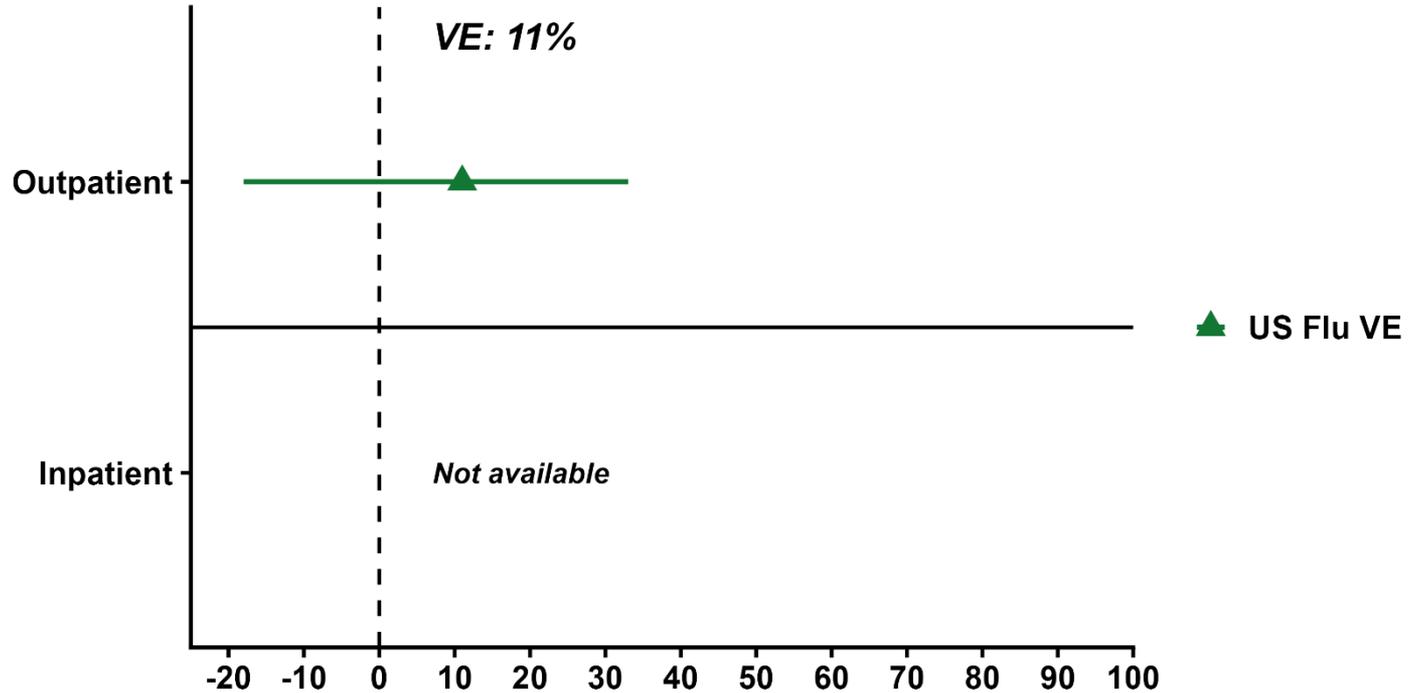
**Influenza test result by influenza vaccination status, no. vaccinated/Total (%)**

	<b>Influenza-positive</b>	<b>Influenza-negative</b>	<b>VE (95% CI)</b>
US Flu VE (Outpatient)	140/442 (32)	756/1,869 (40)	22 (1–39)
VISION (Outpatient)	3,511/13,548 (26)	22,380/63,759 (35)	34 (31–38)
VISION (Inpatient)	712/1,927 (37)	9,440/23,666 (40)	30 (21–38)

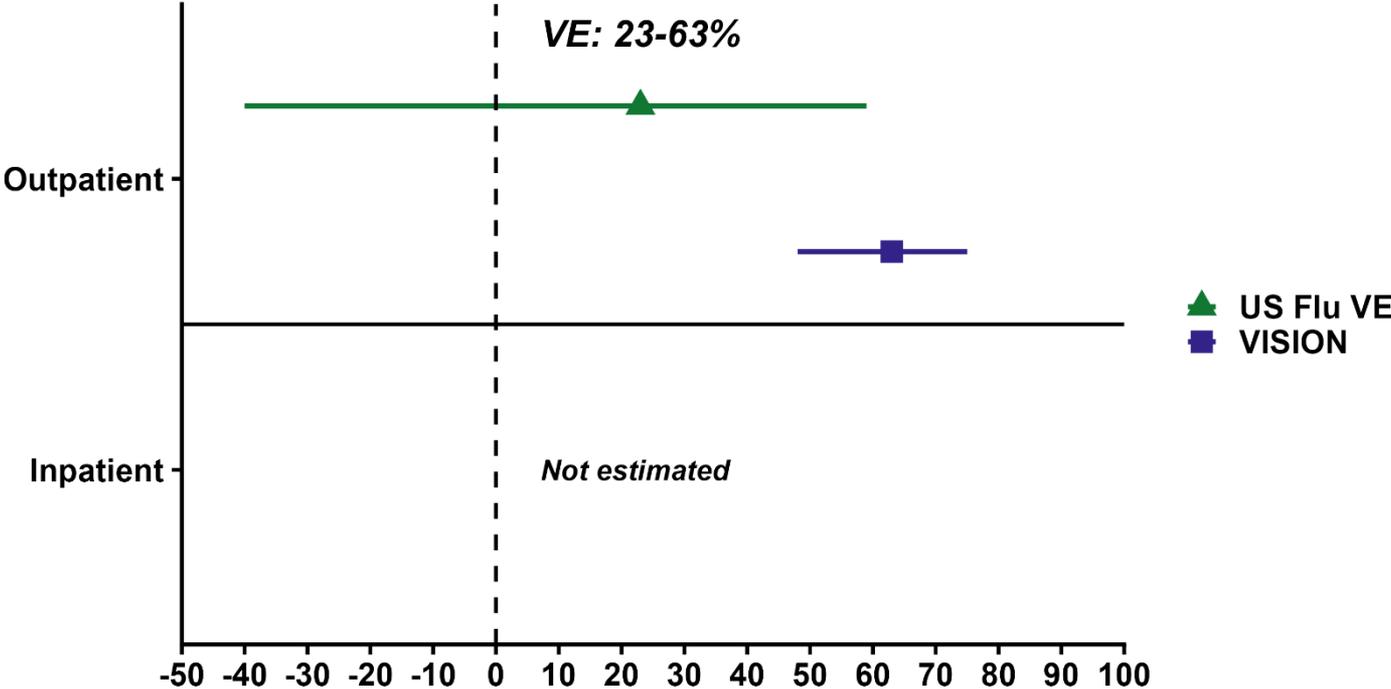
# Adult VE against influenza A



# Adult VE against influenza A(H3N2)



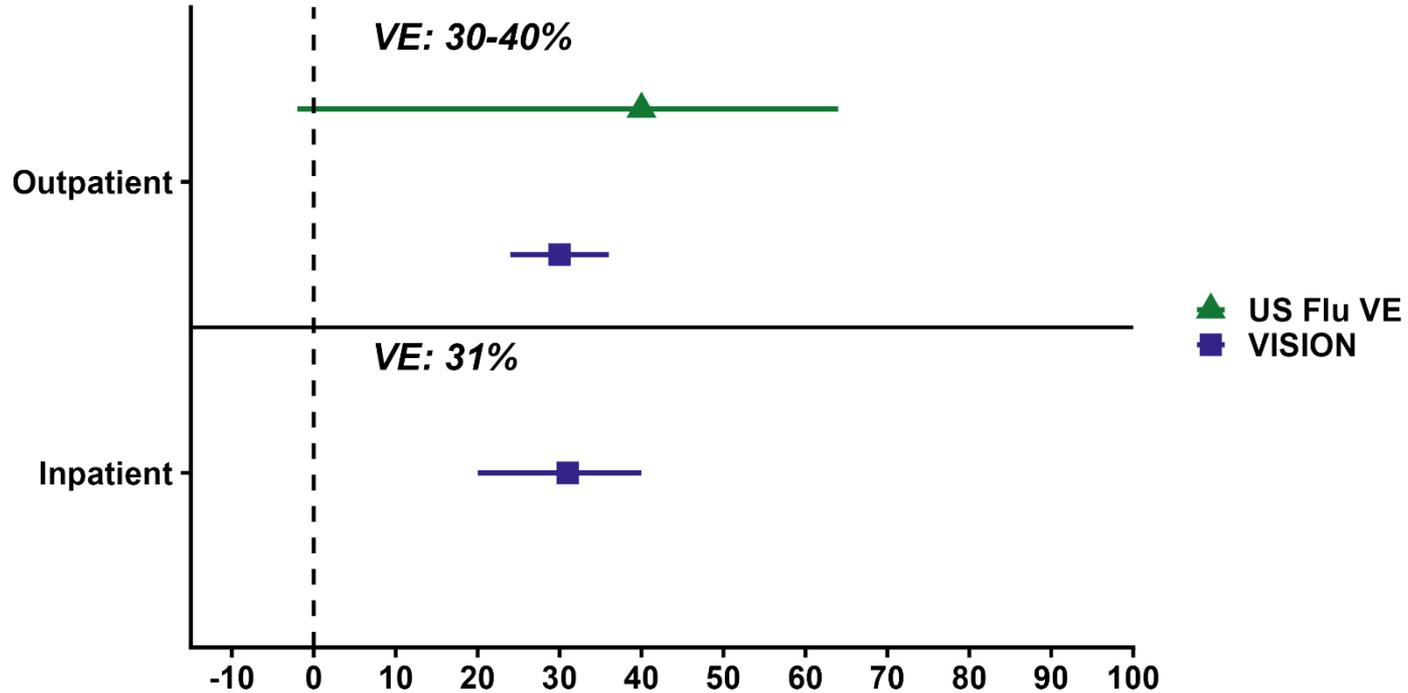
# Adult VE against influenza B



## Adult ( $\geq 65$ yrs) VE against any influenza

Influenza test result by influenza vaccination status, no. vaccinated/Total (%)			
	Influenza-positive	Influenza-negative	VE (95% CI)
US Flu VE (Outpatient)	51/84 (61)	301/443 (68)	41 (1–64)
VISION (Outpatient)	1,733/3,575 (48)	13,548/25,305 (54)	30 (24–36)
VISION (Inpatient)	581/1,306 (44)	7,730/16,640 (46)	31 (21–39)

# Adult (aged $\geq 65$ ) VE against influenza A



## Summary of four CDC influenza VE networks

Vaccination with a 2025-26 influenza vaccine **reduced the risk for** medically attended influenza **outpatient visits** and **hospitalizations** among **children, adolescents, and adults across 16 US States**

Vaccination **was effective** against **influenza A and B viruses** and **showed protection** against **A(H3N2)** in children and adolescents

Vaccine effectiveness was **lower than recent previous influenza seasons**

# Acknowledgements

CDC Influenza Division Surveillance Team

CDC Influenza Division Influenza Prevention and Control Team

All collaborators in the surveillance and vaccine effectiveness networks

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

