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

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Centers for Disease Control and Prevention

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

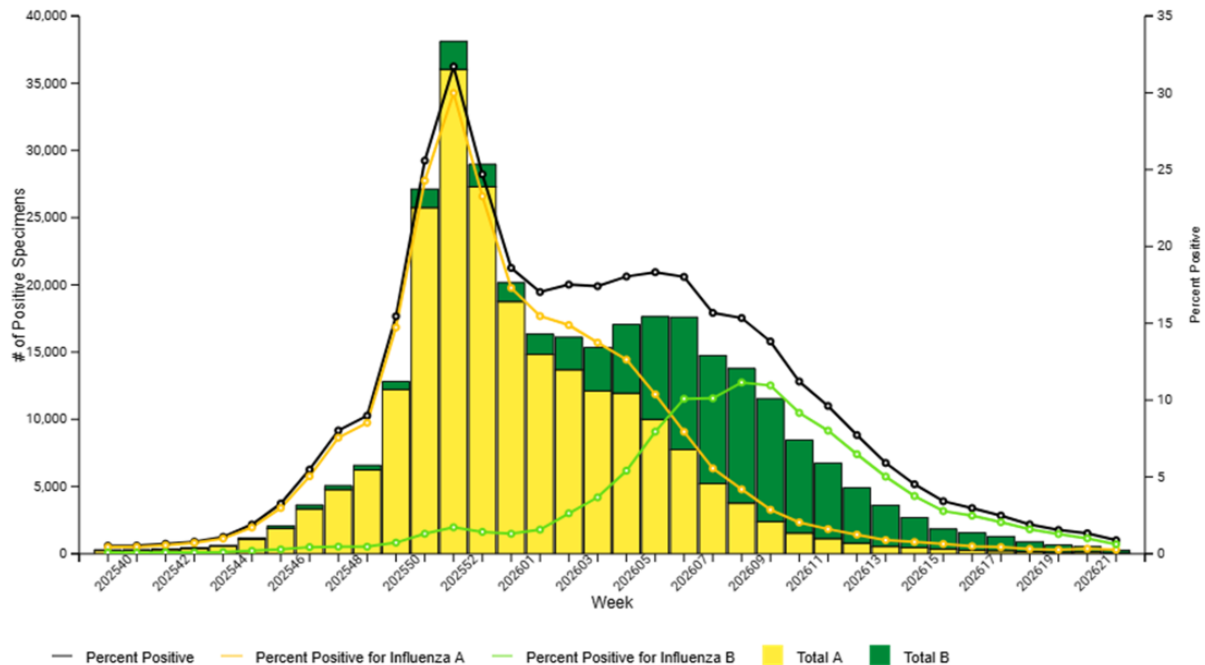
June 18, 2026

U.S. Influenza Surveillance

CDC FluView data from the report for the week ending June 6, 2026 (Week 22)

<https://www.cdc.gov/fluview/surveillance/2026-week-22.html>

Influenza Positive Tests Reported to CDC by Clinical Laboratories,
National Summary, 2025-26 Season, week ending Jun 06, 2026



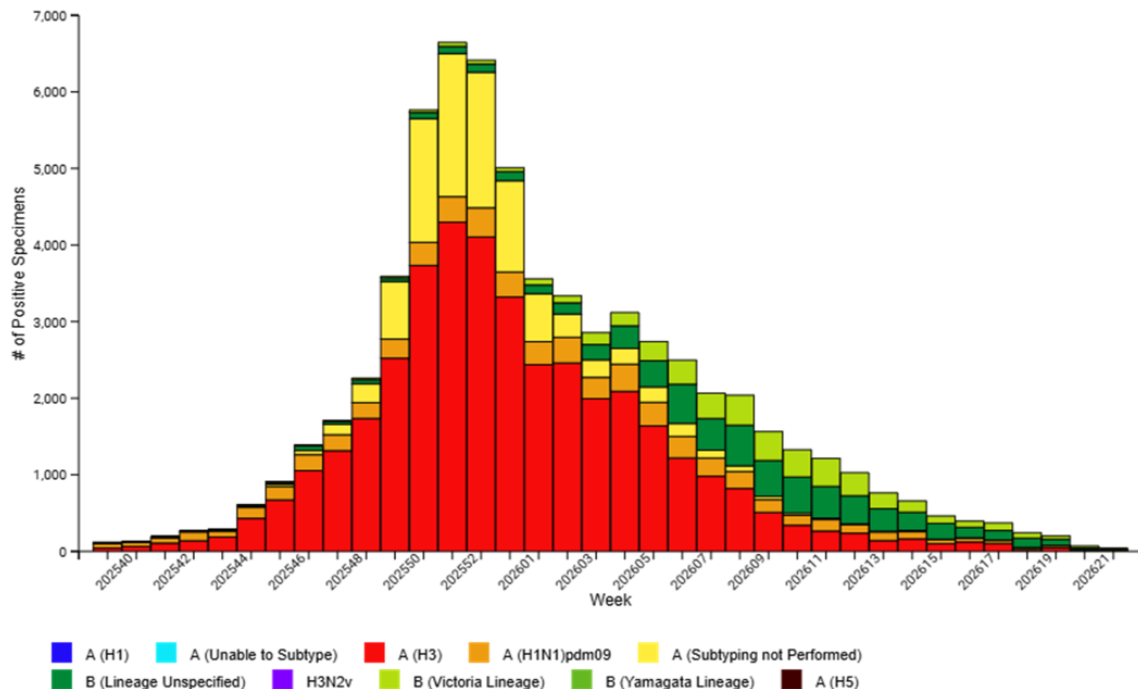
Virologic Surveillance

Influenza positive test results reported to CDC by clinical laboratories

Percent of specimens positive and numbers of positive specimens by virus type (influenza A or B), by week

2025-26 season

Influenza Positive Tests Reported to CDC by Public Health Laboratories,
National Summary, 2025-26 Season, week ending Jun 06, 2026



Virologic Surveillance

Influenza positive test results reported to CDC by public health laboratories

Numbers of positive specimens by virus type and (as available) subtype/lineage, by week

2025-26 season

Percentage of Outpatient Visits for Respiratory Illness

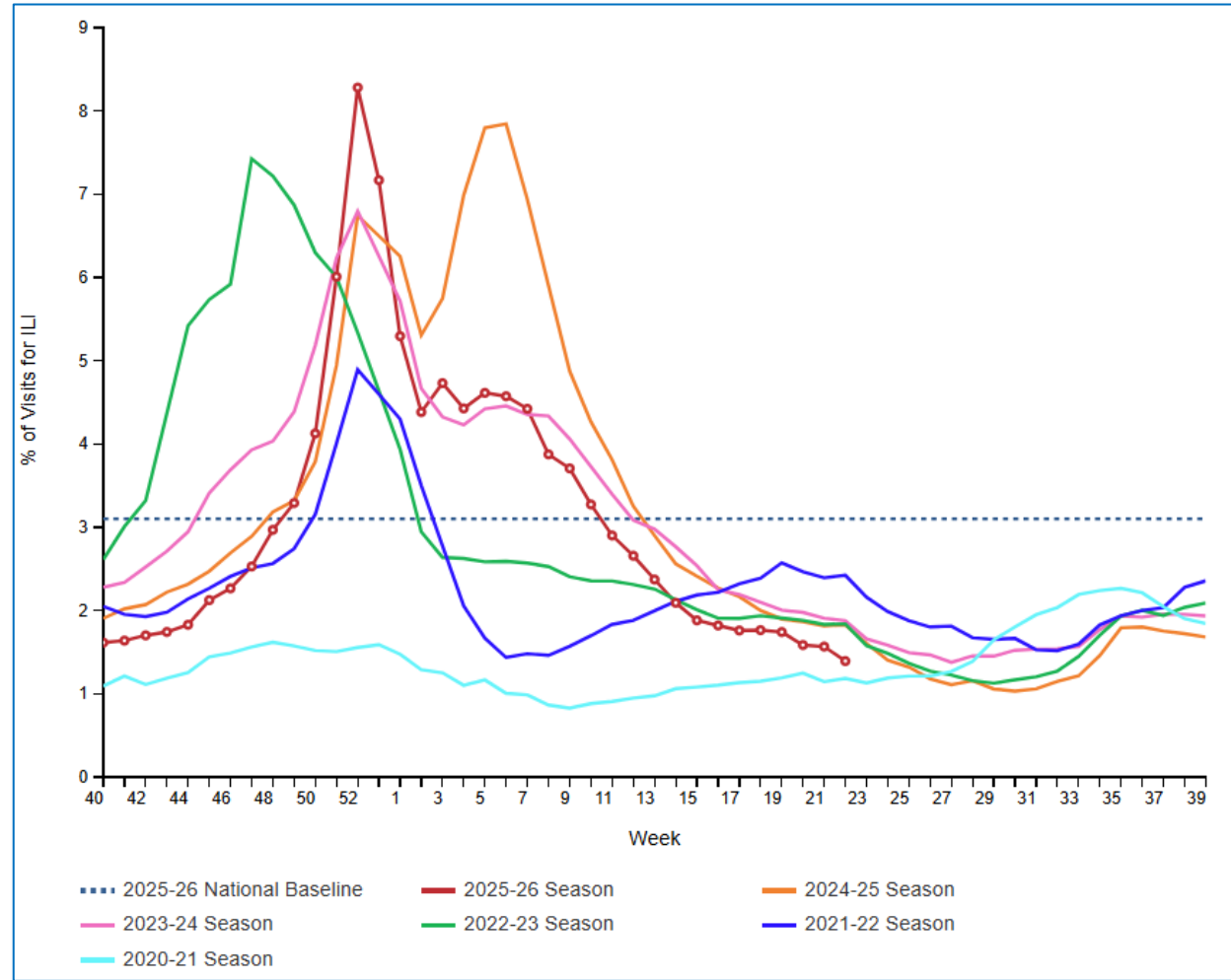
Reported by the U.S. Outpatient Influenza-Like-Illness Surveillance Network (ILINet)

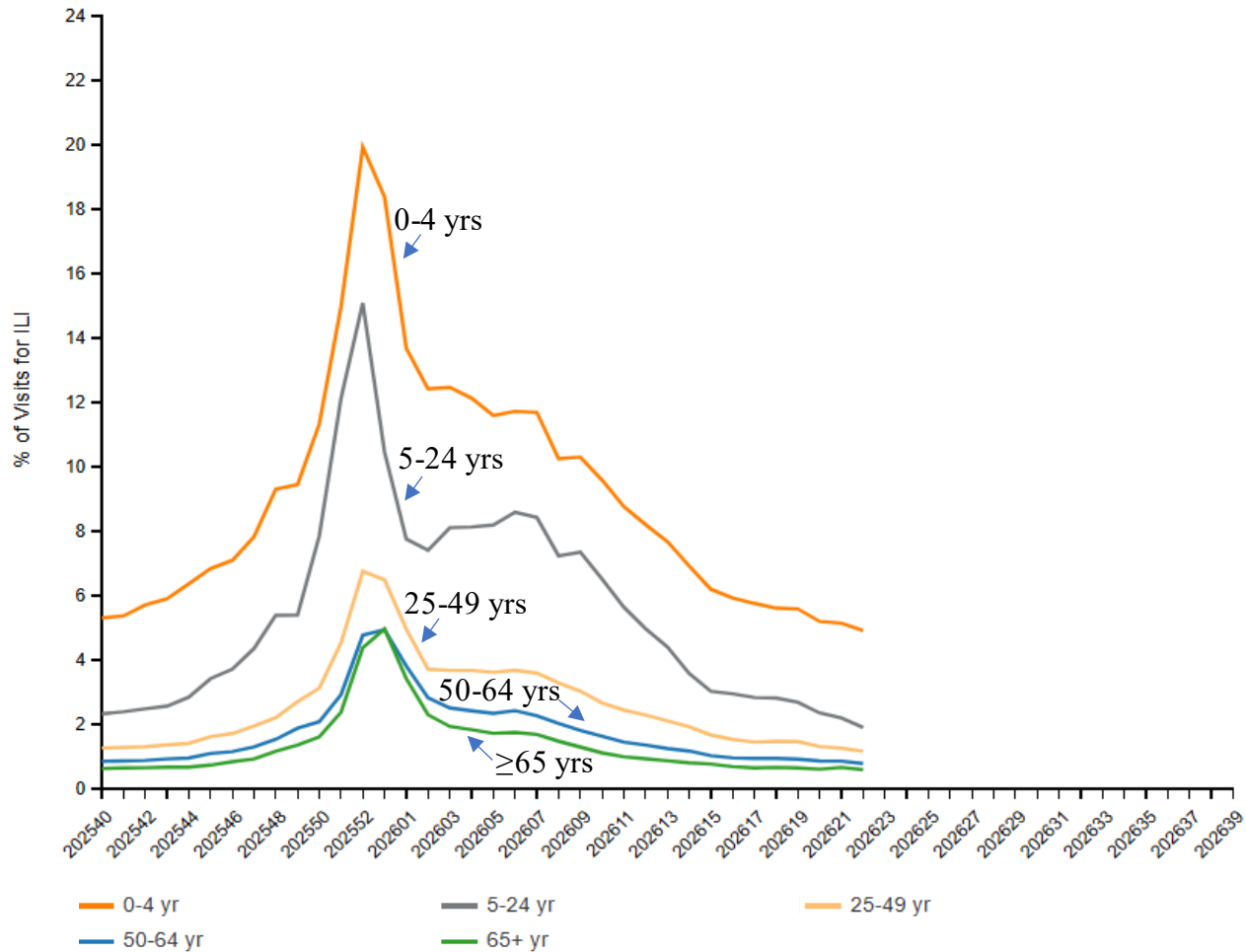
2020-21 through 2025-26 seasons, by week

All ages

<https://www.cdc.gov/fluview/index.html>

<https://www.cdc.gov/fluview/overview/fluview-interactive.html>



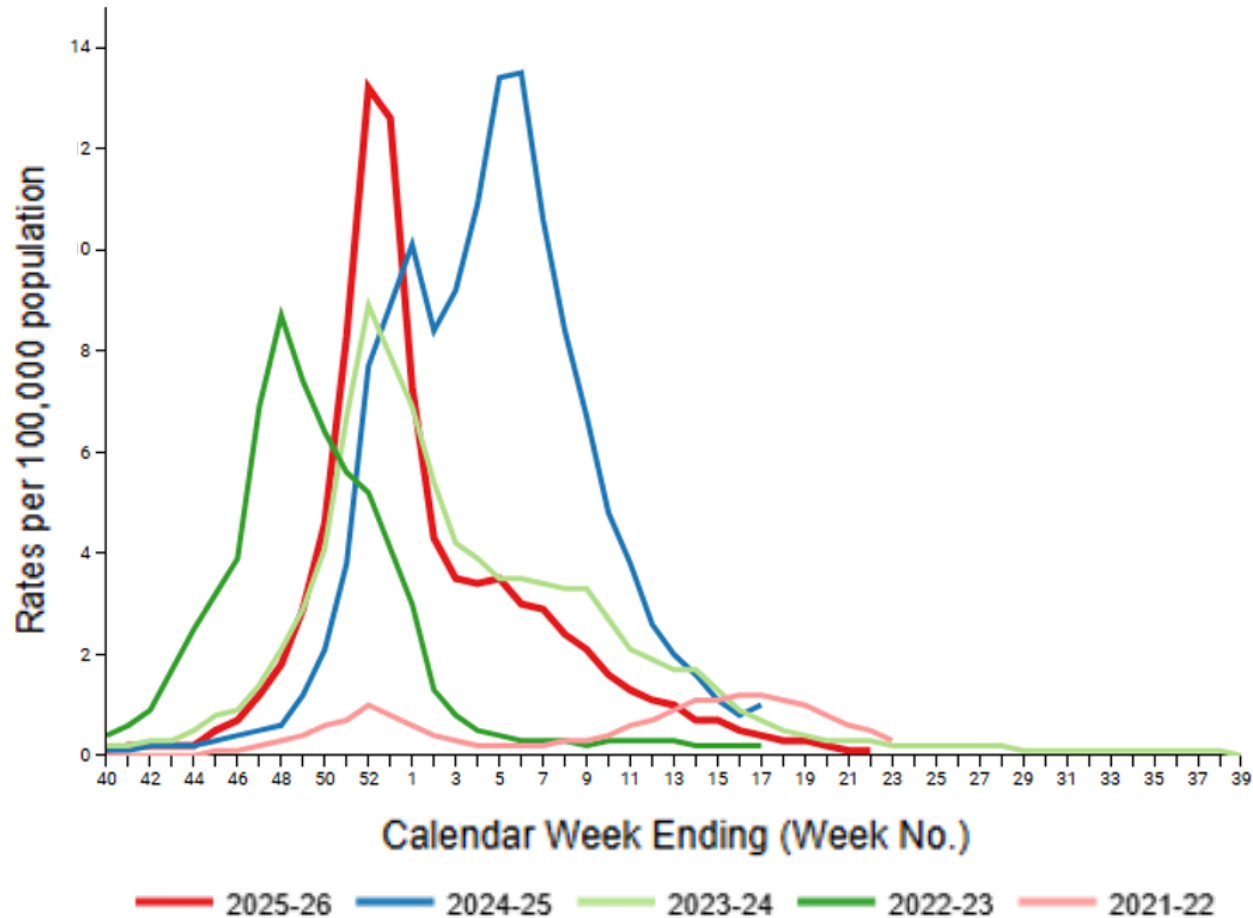


Percentage of Outpatient Visits for Respiratory Illness

Reported by the U.S. Outpatient Influenza-Like-Illness Surveillance Network (ILINet)

2025-26 season, by week

Stratified by age group



Laboratory -
Confirmed
Influenza
Hospitalizations —
FluSurv-NET

Weekly rates per
100,000 population

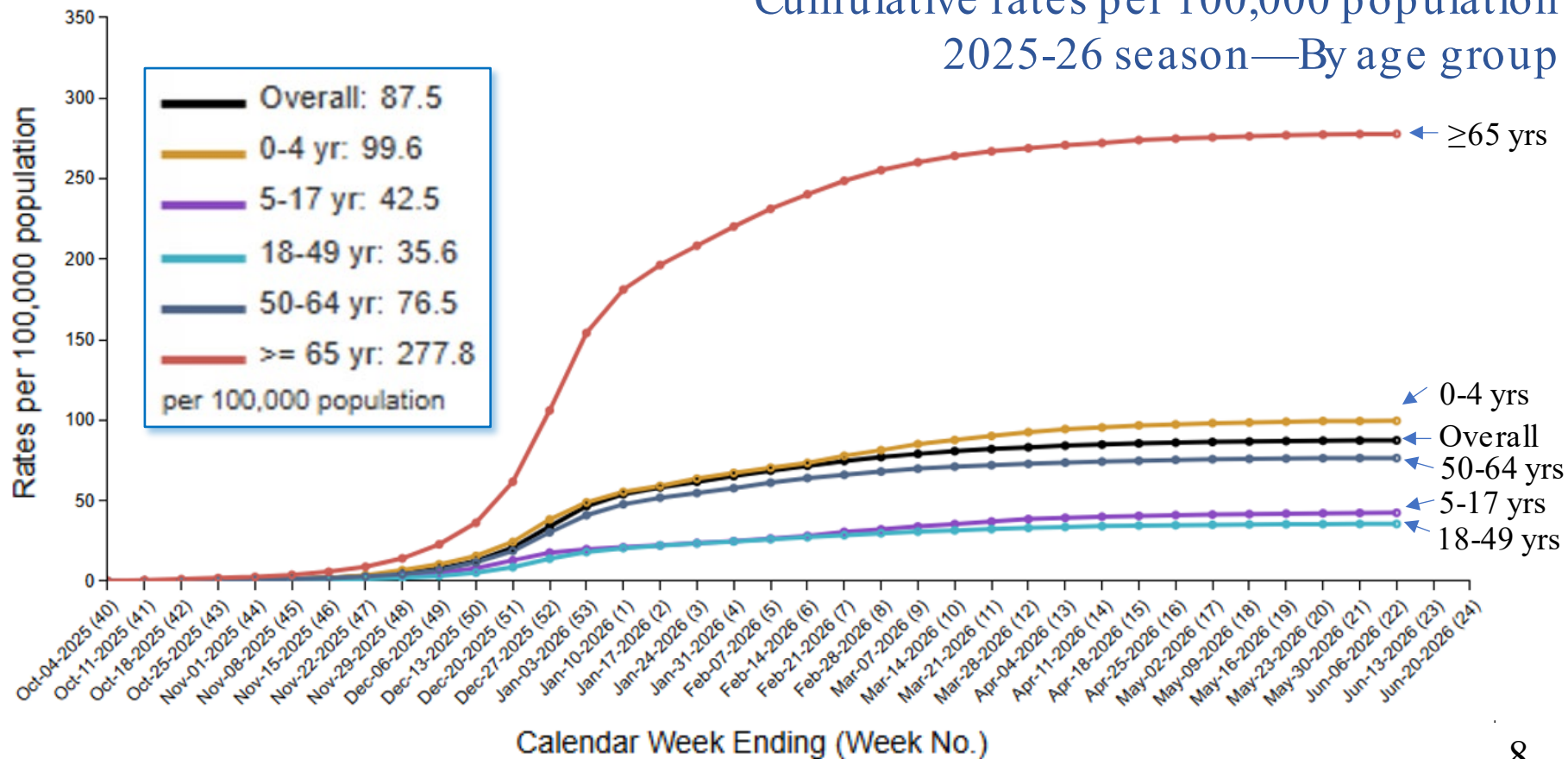
2021-22 through
2025-26 seasons,
by week

All ages

Laboratory -Confirmed Influenza Hospitalizations —FluSurv-NET

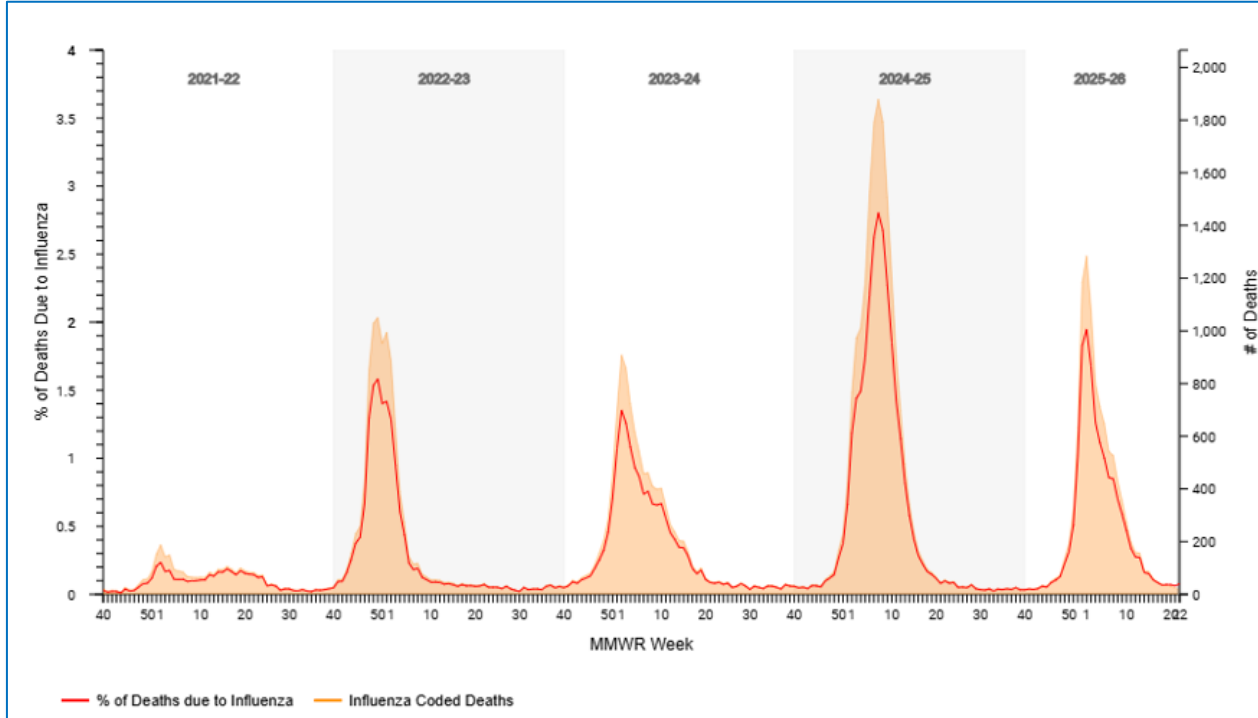
Cumulative rates per 100,000 population

2025-26 season—By age group



Influenza Mortality
from the National Center for Health Statistics Mortality Surveillance System
National Summary data through the week ending June 6, 2026

Influenza Mortality

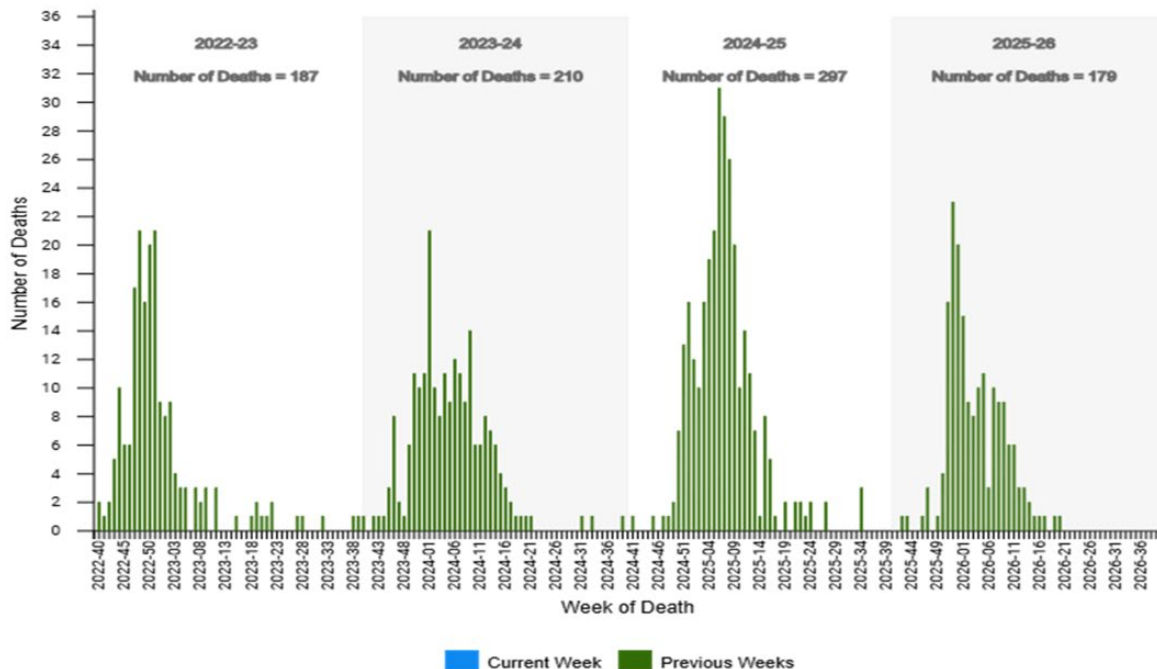


National Center for Health Statistics (NCHS) Mortality Surveillance System

Weekly numbers and percentages of influenza-coded deaths

2021-22 through 2025-26 seasons

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



Laboratory - Confirmed Influenza - Associated Pediatric Deaths

By Week of Death

2022-23 through
2025-26 seasons

2022-23: 187

2023-24: 210

2024-25: 297

2025-26: 179

(as of June 6, 2026)

Summary of the 2025-26 Season (to date)

- Seasonal influenza activity is low nationally.
- Overall for the season influenza A viruses predominated, with influenza B viruses increasing and becoming more predominant later in the season.
- Among influenza A viruses, (H3N2) viruses 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 yrs (second highest for 0-4 yrs; highest for 5-17 yrs).
- 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.
- 179 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.

Preliminary End-of-Season Influenza Vaccine Effectiveness (VE) Estimates, 2025-26



Preliminary End of Season Estimates of 2025–26 Seasonal Influenza Vaccine Effectiveness—United States, September 2025–May 2026

Slides Courtesy of Patrick Maloney, PhD, MPH

On behalf of CDC Influenza Vaccine Effectiveness Collaborators

June 18, 2026

CDC estimates there have been at least

32 million illnesses

15 million medical visits

390,000 hospitalizations

24,000 deaths

**Due to influenza this season in the United States
(10/01/25–05/23/26)**

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)**
- **U.S. Flu Vaccine Effectiveness Network (US Flu VE)**
- **Virtual SARS-CoV-2, Influenza, and Other respiratory viruses Network (VISION)**

Goal:

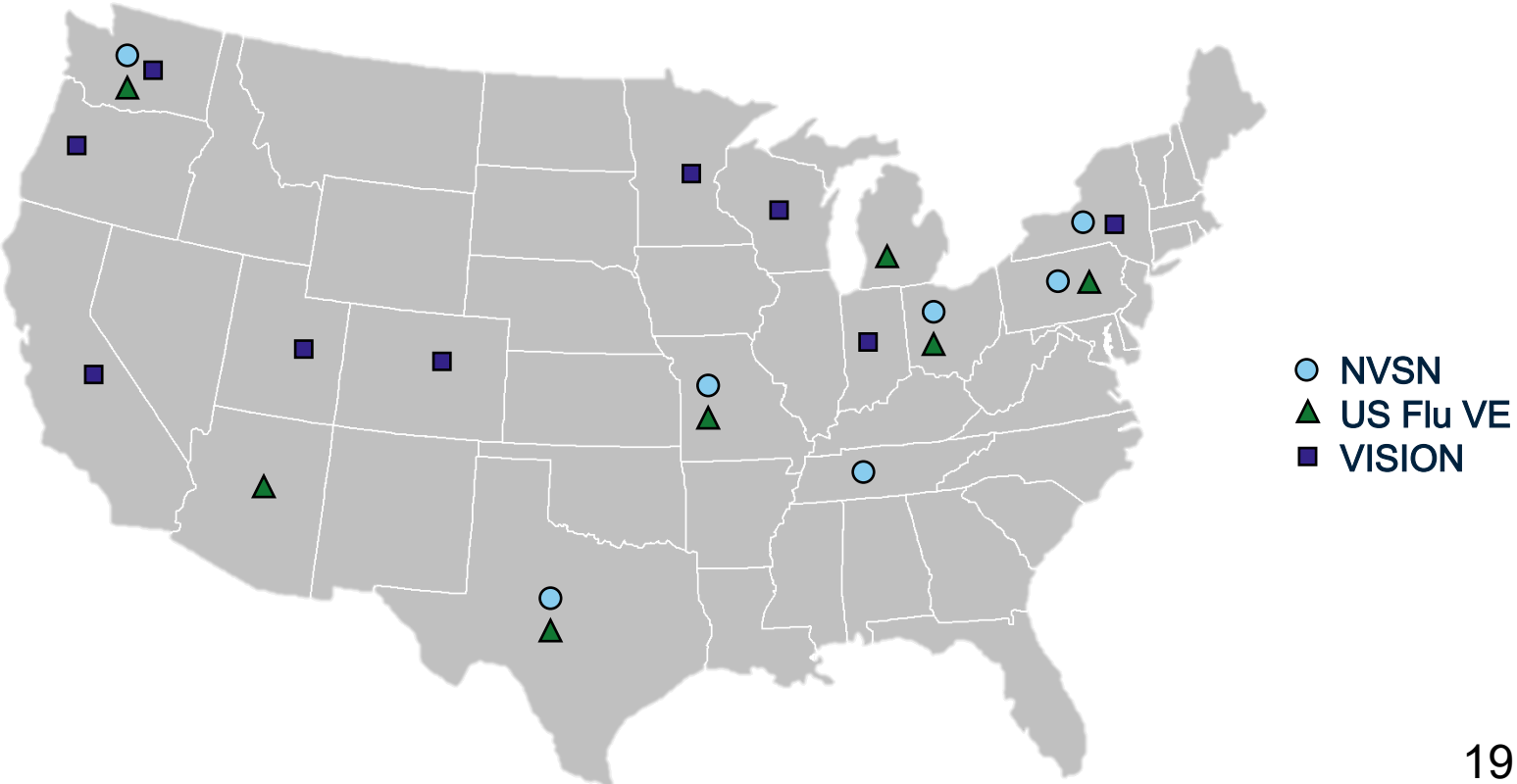
To determine the effectiveness of seasonal influenza vaccination in the prevention of medically attended influenza, including

- Influenza-associated outpatient visits,
- Emergency department/urgent care visits, and
- Hospitalizations

CDC Influenza Vaccine Effectiveness Networks

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

CDC influenza VE networks include patients from 16 states



2025-2026 influenza VE methods

Enrollees: Have acute respiratory illness

Dates of enrollment: Fall 2025–Spring 2026

Design: Test-negative design

- Comparing 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: $VE\% = (1 - \text{adjusted OR}) \times 100$

- Adjusted for geographic region, age, calendar time of illness
 - VISION also adjusted for sex and race and ethnicity
- VE estimates were calculated overall and for influenza A, influenza A subtypes A(H1N1)pdm09 and A(H3N2), and influenza B when possible
 - Subtype not available for VISION
- VE estimated for key age groups, including those aged 6 months–17 years, 18 years–64 years, and ≥65 years
- VE was not estimated for some age groups and settings when sample size (<50) was small, or confidence intervals were wide (width of ≥100)

Pediatric VE

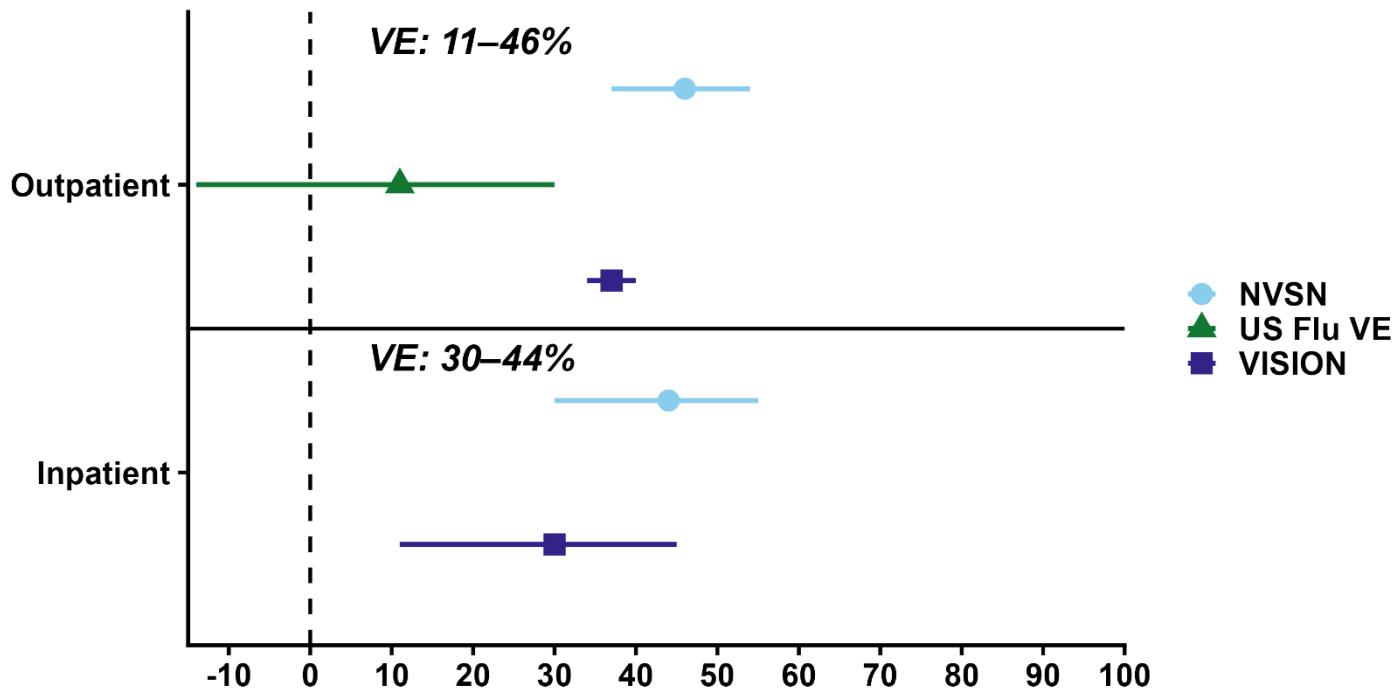
(aged 6 months–17 years)

Pediatric VE against any influenza

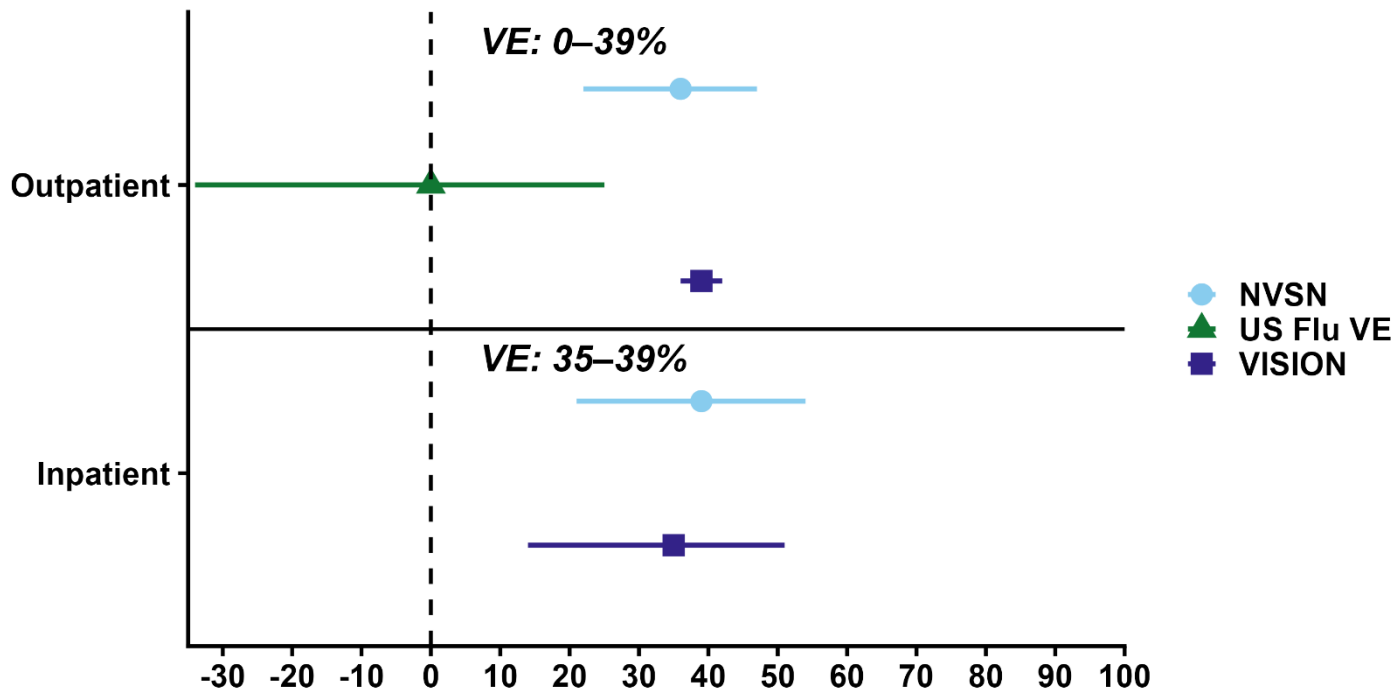
Influenza test result by influenza vaccination status, no. vaccinated/Total (%)

	Influenza-positive	Influenza-negative	VE (95% CI)
NVSN (Outpatient)	309/1,335 (23)	1,305/3,426 (38)	46 (37–54)
US Flu VE (Outpatient)	138/520 (27)	379/1,375 (28)	11 (-14–30)
VISION (Outpatient)	6,038/30,162 (20)	15,759/56,452 (28)	37 (34–40)
NVSN (Inpatient)	139/419 (33)	1,121/2,370 (47)	44 (30–55)
VISION (Inpatient)	155/626 (25)	1,310/3,943 (33)	30 (11–45)

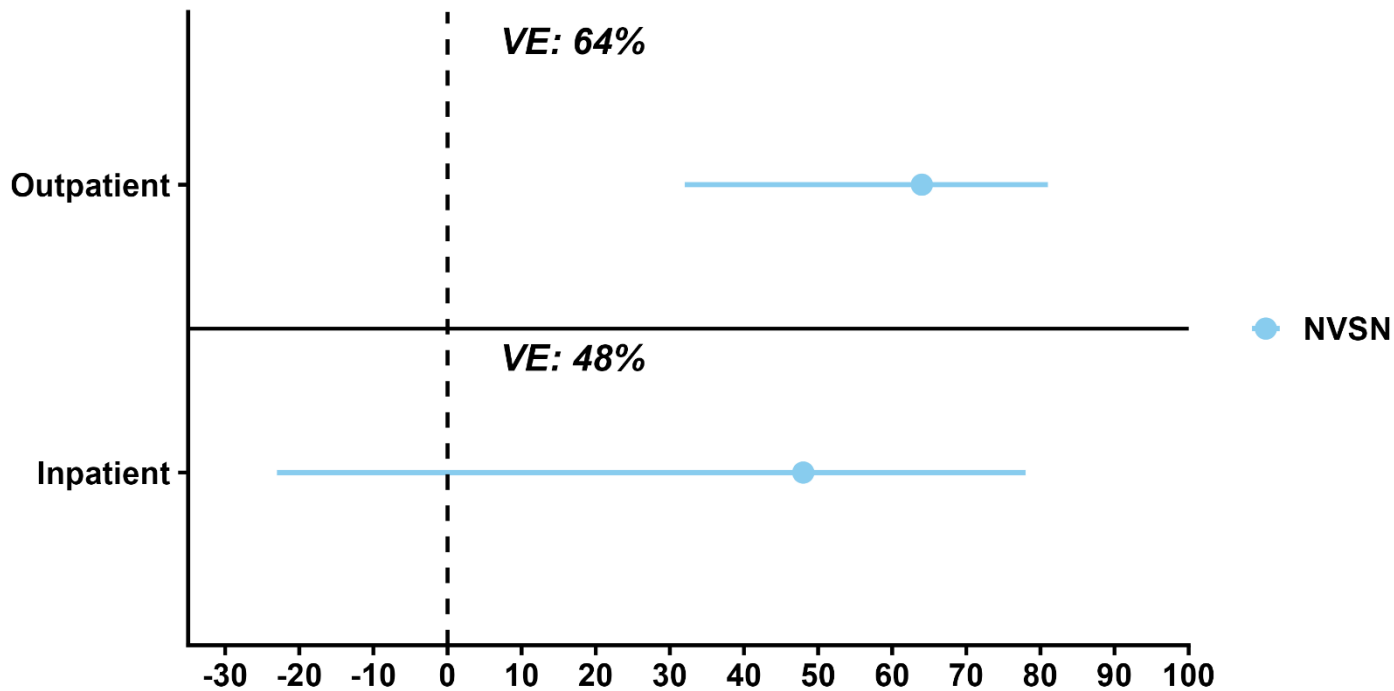
Pediatric VE against any influenza



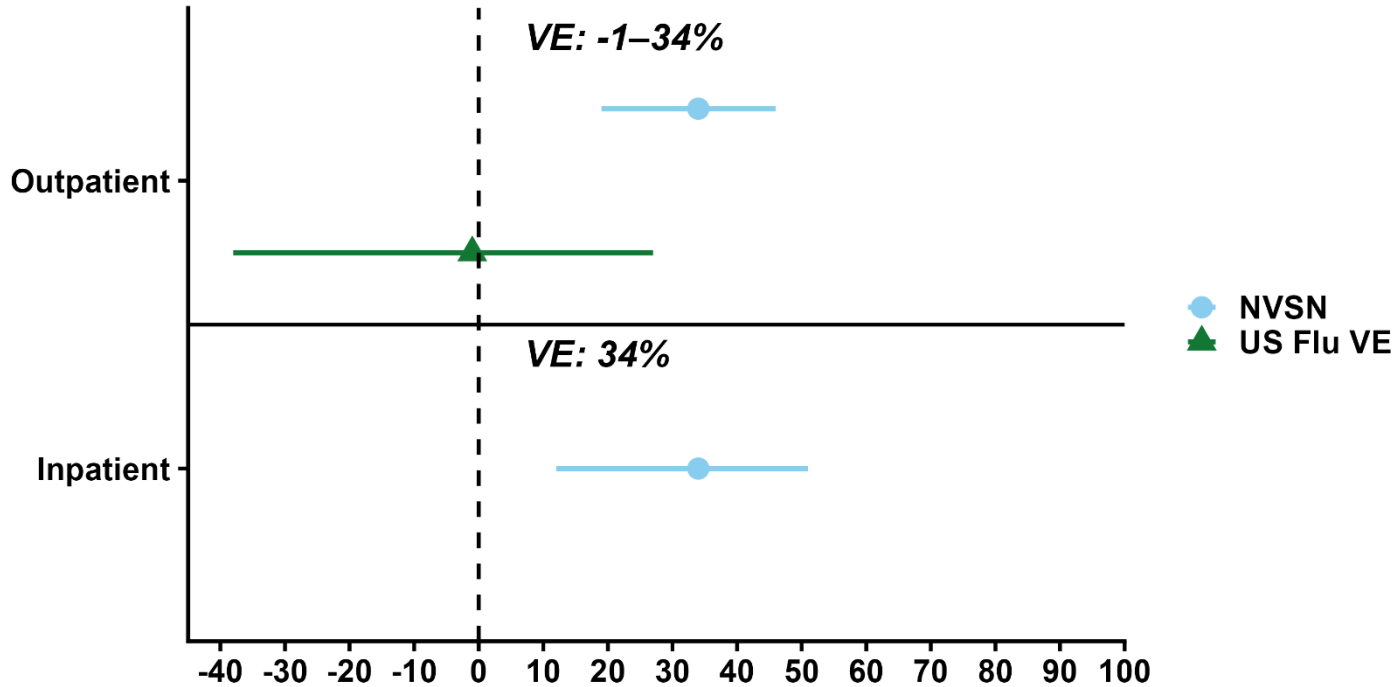
Pediatric VE against influenza A



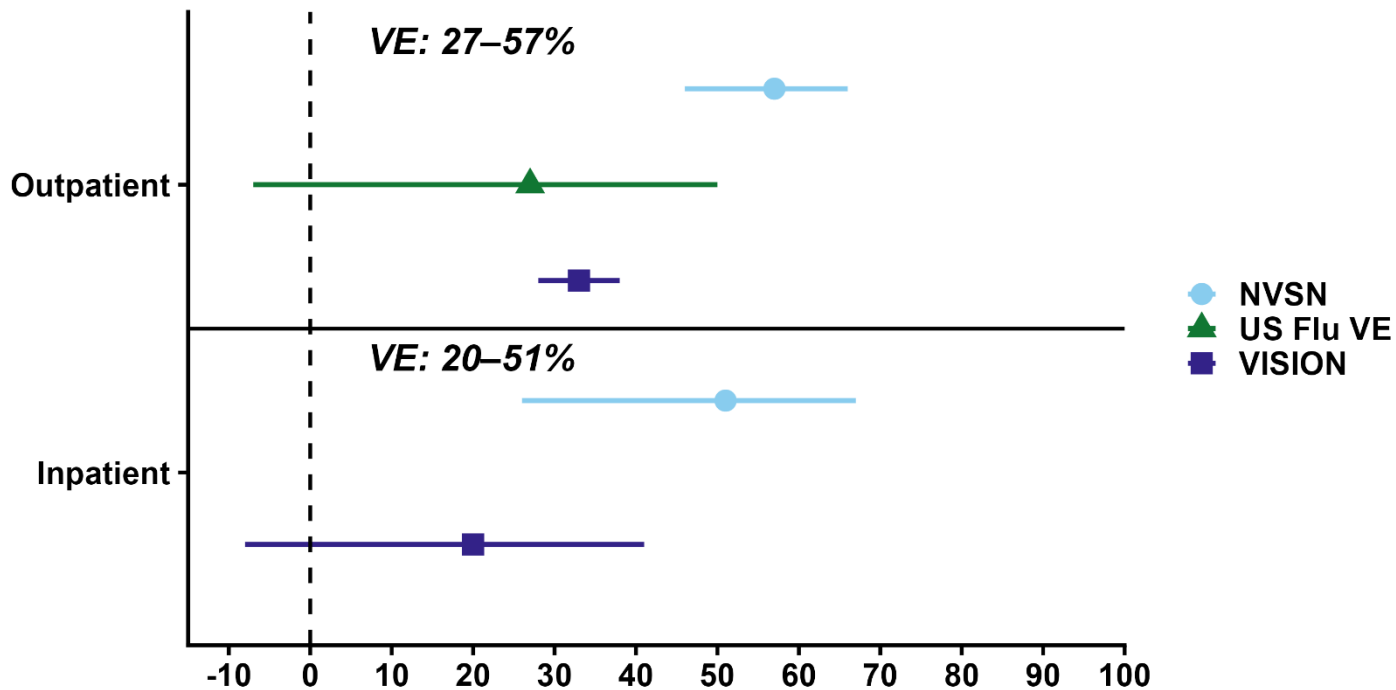
Pediatric VE against influenza A(H1N1)pdm09



Pediatric VE against influenza A(H3N2)



Pediatric VE against influenza B



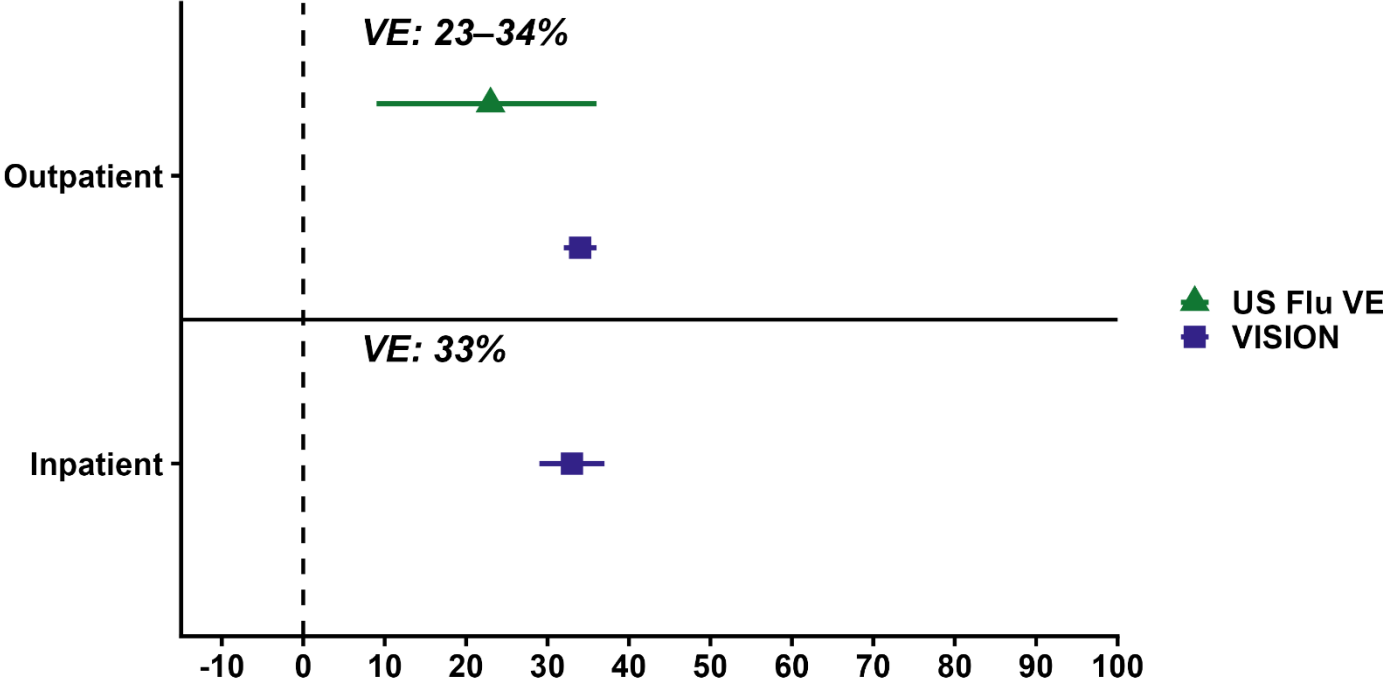
Adult VE

(aged ≥ 18 years)

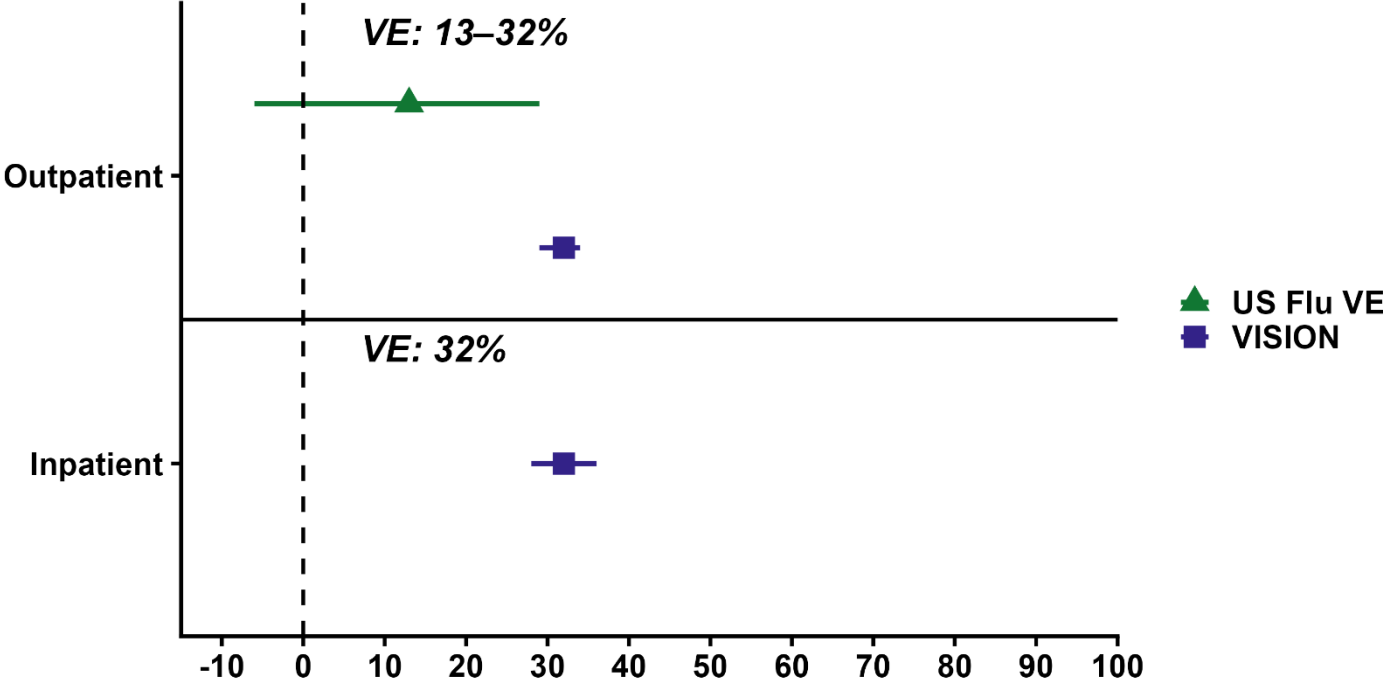
Adult VE against any influenza

Influenza test result by influenza vaccination status, no. vaccinated/Total (%)			
	Influenza-positive	Influenza-negative	VE (95% CI)
US Flu VE (Outpatient)	258/839 (31)	1,527/3,729 (41)	23 (9–36)
VISION (Outpatient)	10,972/39,651 (28)	59,573/151,760 (39)	34 (32–36)
VISION (Inpatient)	2,408/6,037 (40)	26,408/56,385 (47)	33 (29–37)

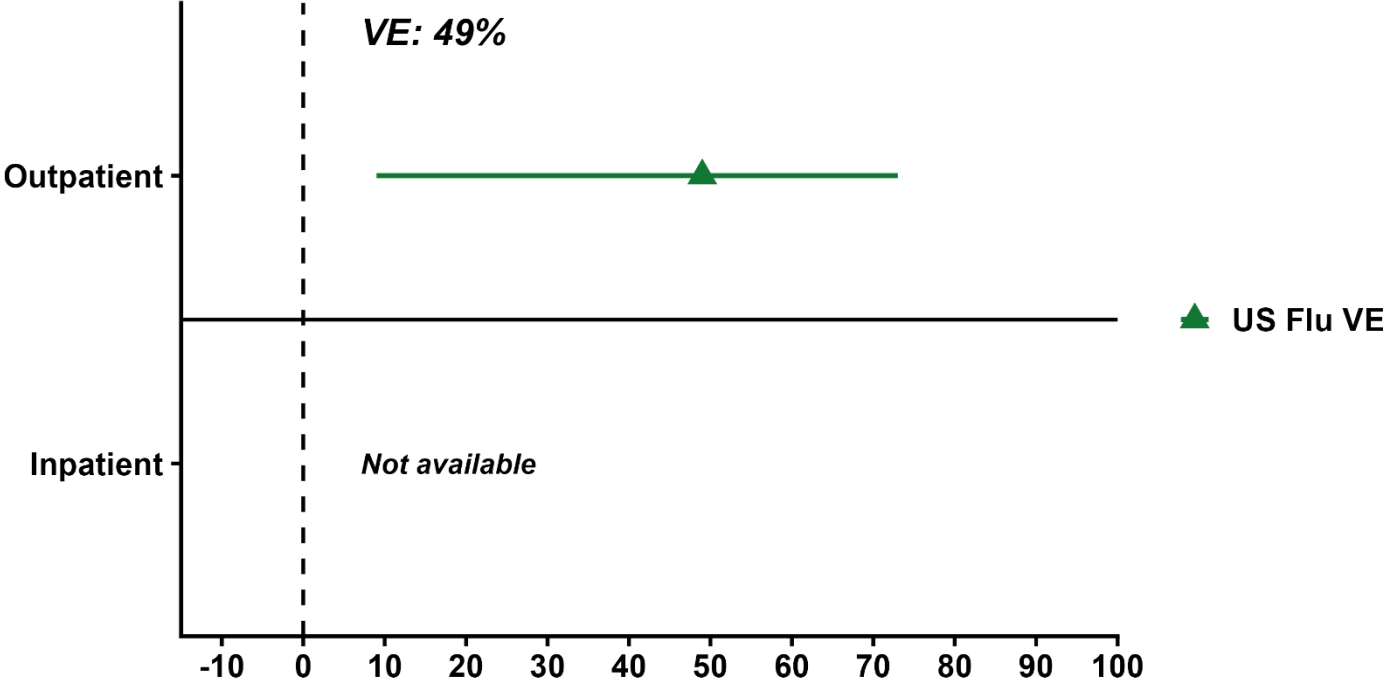
Adult VE against any influenza



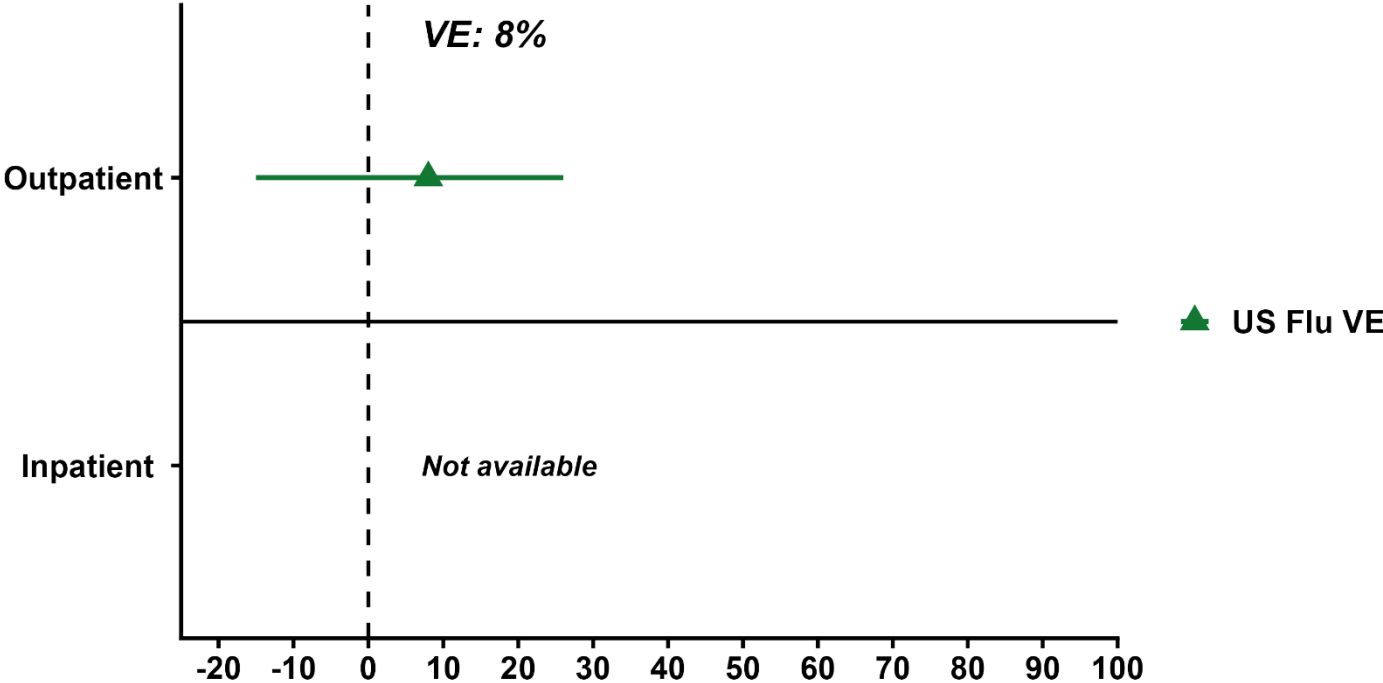
Adult VE against influenza A



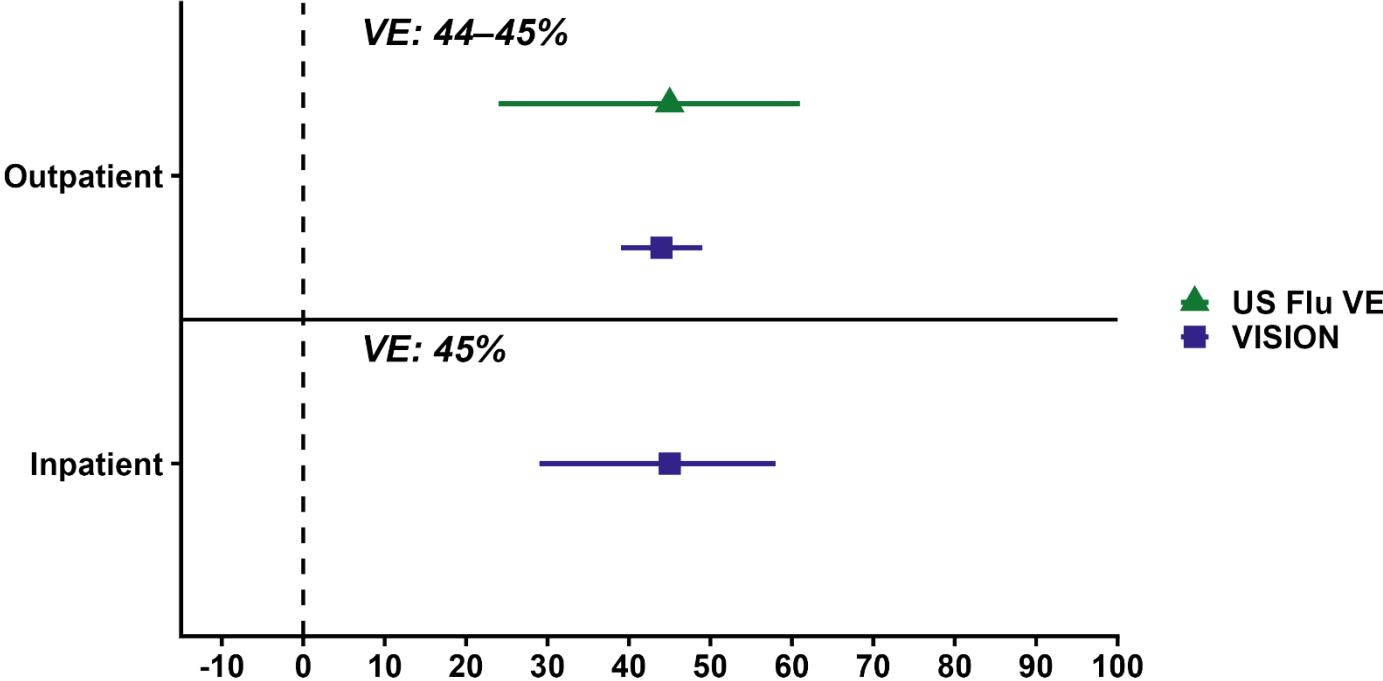
Adult VE against influenza A(H1N1)pdm09



Adult VE against influenza A(H3N2)



Adult VE against influenza B



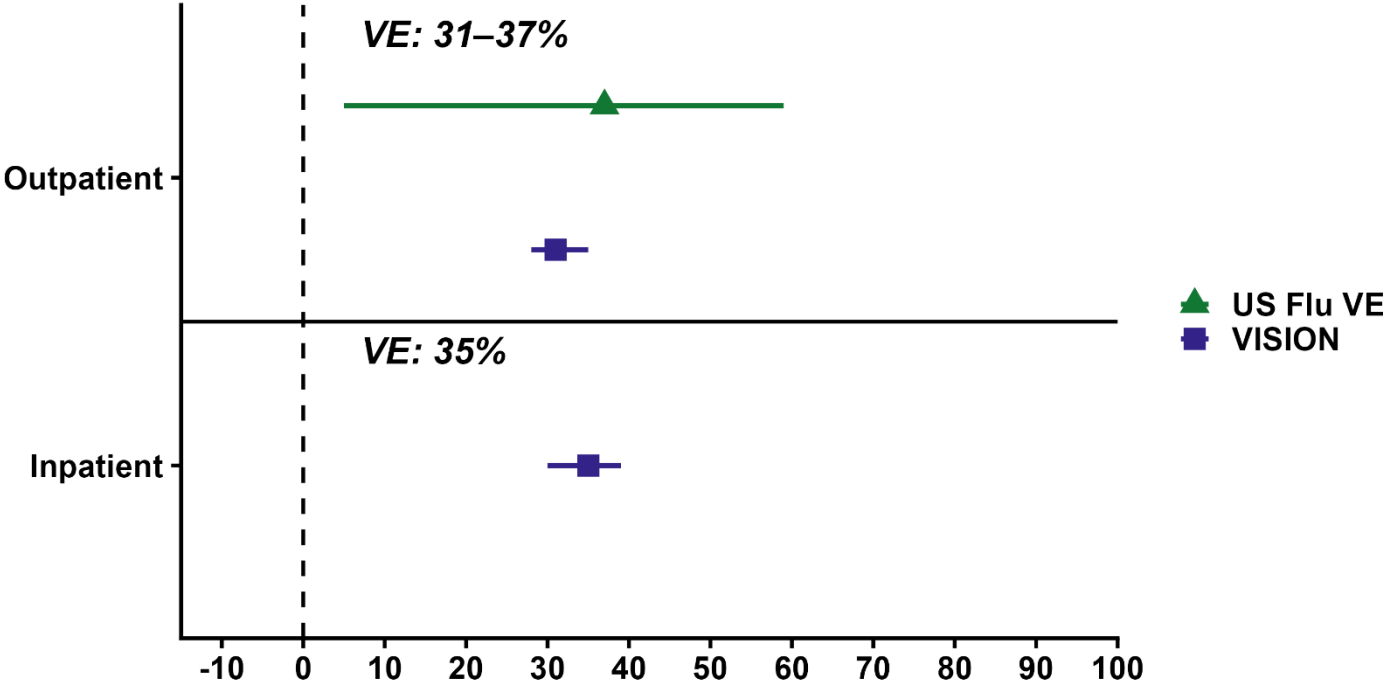
Adult (aged ≥ 65) VE

Adult (aged ≥ 65) VE against any influenza

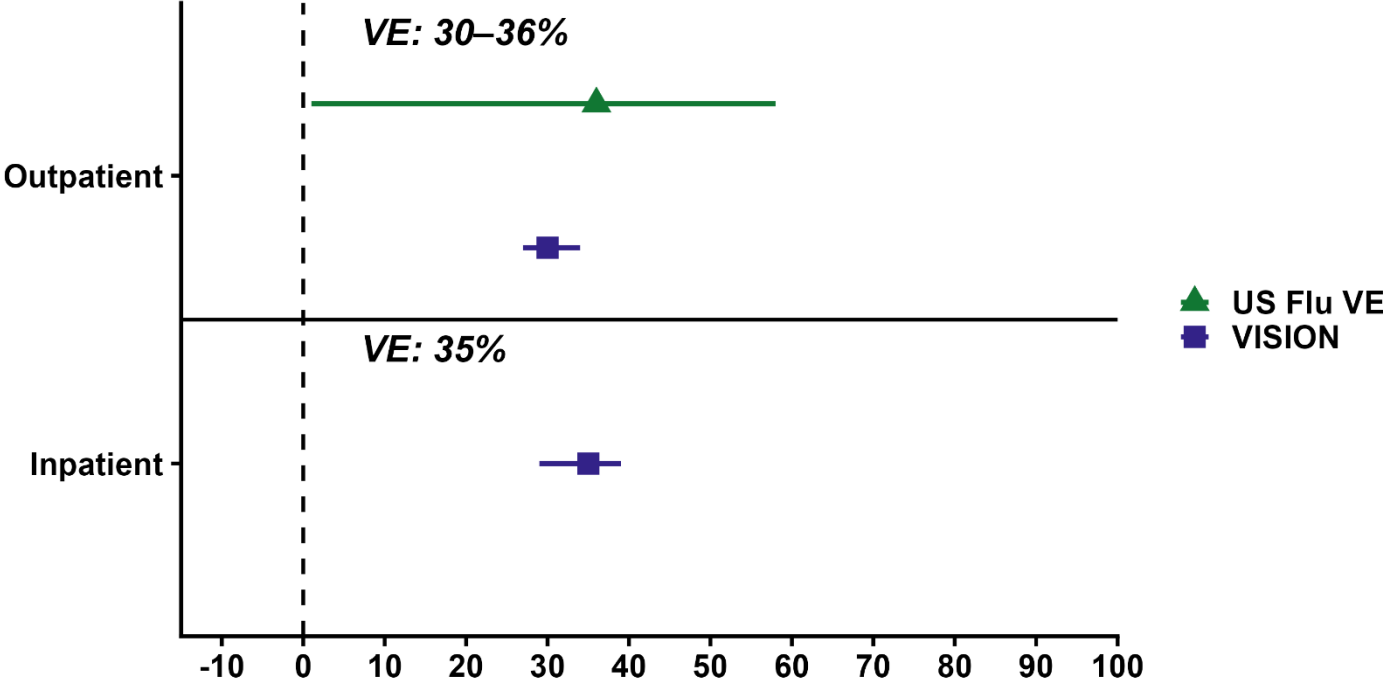
Influenza test result by influenza vaccination status, no. vaccinated/Total (%)

	Influenza-positive	Influenza-negative	VE (95% CI)
US Flu VE (Outpatient)	73/123 (59)	569/860 (66)	37 (5–59)
VISION (Outpatient)	5,022/9,619 (52)	35,112/59,880 (59)	31 (28–35)
VISION (Inpatient)	1,935/4,084 (47)	21,429/39,390 (54)	35 (30–39)

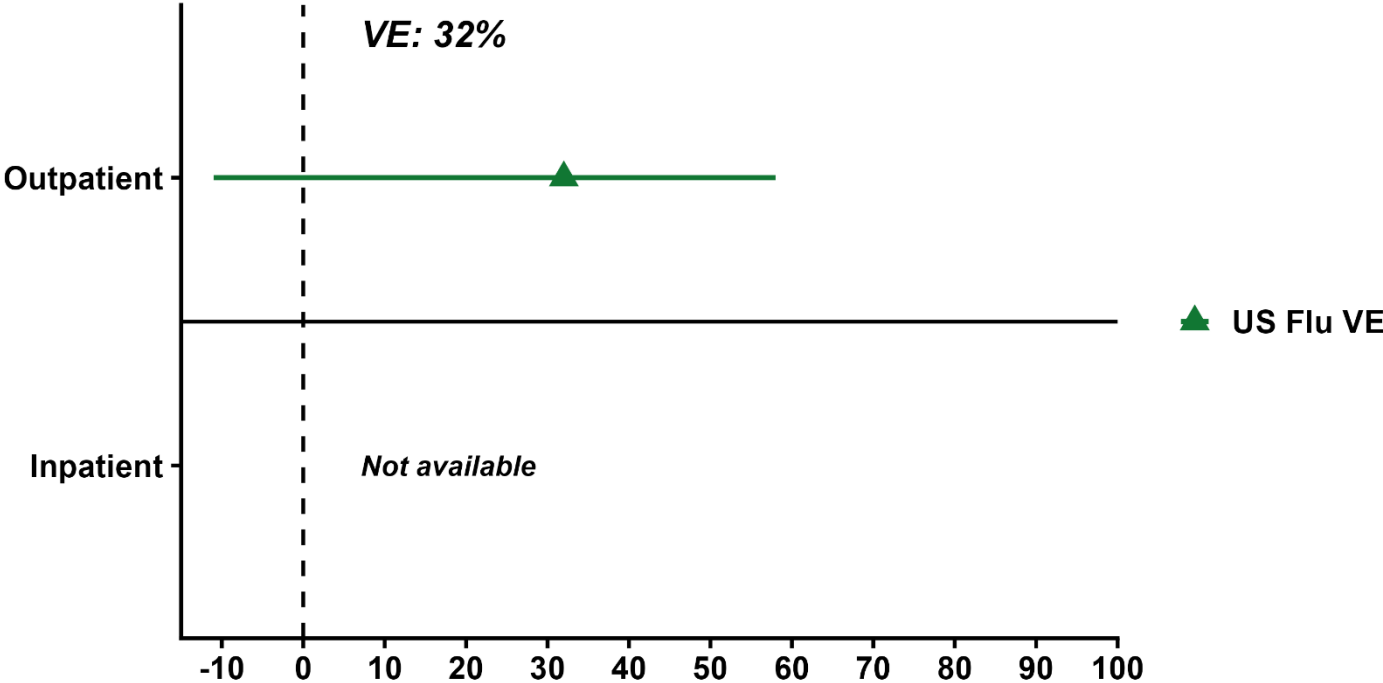
Adult (aged ≥ 65) VE against any influenza



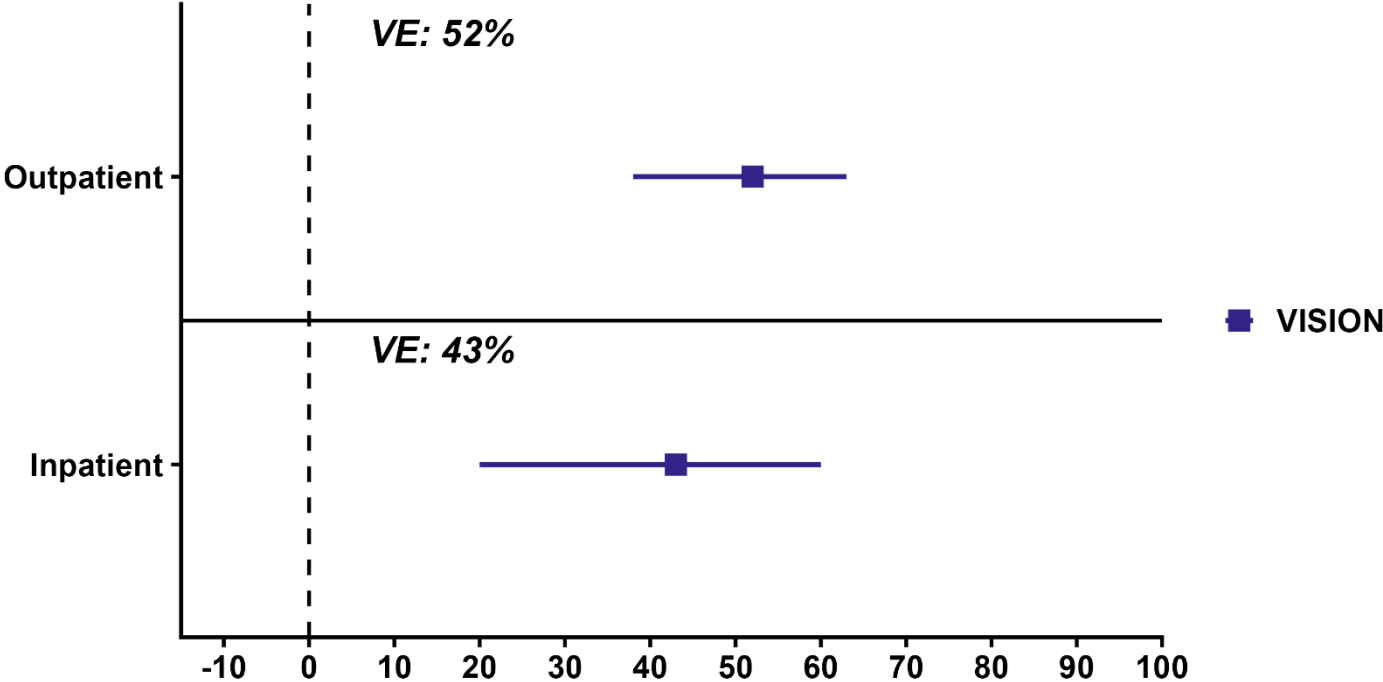
Adult (aged ≥ 65) VE against influenza A



Adult (aged ≥ 65) VE against influenza A(H3N2)



Adult (aged ≥ 65) VE against influenza B



Summary

Vaccination with 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)**.

Vaccine effectiveness was **lower than recent previous influenza seasons**, but is consistent with broader trends in influenza VE.

Thank you

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For more information, contact CDC
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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.

Thank you to

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