UK Health Security Agency

Department of Health & Social Care

NHS England

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Influenza season 2025/26: early season activity and implications for clinical practice

UKHSA surveillance data indicates that influenza is circulating in the community earlier than usual this season with a drifted strain of Influenza A(H3N2) predominating.

Clinicians should continue to promote and deliver influenza vaccination for eligible patients and for healthcare workers. Even in seasons when drifted strains circulate, vaccination provides important protection against severe disease and death, and against the other influenza types and subtypes expected to circulate this winter. Healthcare workers should also be encouraged to take up vaccination to protect themselves and those they care for.

Clinicians are reminded that early antiviral treatment reduces the risk of complications and improves clinical outcomes. UKHSA guidance on the use of antiviral agents for the 2025/26 season has been updated, with simplified treatment and prophylaxis recommendations and advice on the use of the new antiviral agent baloxavir marboxil. It is important that

- antiviral treatment is offered to all patients presenting with severe influenza
- antiviral treatment is offered to individuals in clinical at-risk groups presenting with non-severe influenza
- antiviral prophylaxis is offered to all eligible people in at-risk groups irrespective of vaccination status

Neuraminidase inhibitors (oseltamivir and zanamivir) are the mainstay of treatment and prophylaxis. Baloxavir marboxil may be considered where there is a poor clinical response to treatment or where resistance to oseltamivir is suspected or confirmed.

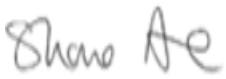
All clinicians should maintain a low threshold for considering influenza in patients presenting with acute respiratory symptoms. Where available, rapid diagnostic testing, including RT-PCR or validated point-of-care tests, should be used to support timely diagnosis and inform management, particularly in hospitalised patients. Testing should not delay initiation of antiviral therapy in suspected cases; early treatment provides the greatest clinical benefit. Hospitals should test patients promptly on admission to support isolation and cohorting strategies and to guide infection prevention and control (IPC) measures.

Appropriate IPC measures remain a cornerstone of mitigating the spread of influenza and other respiratory viruses. Based on local risk assessment, health and care settings should consider implementing appropriate interventions such as ensuring ventilation is optimised, and applying appropriate isolation and cohorting of suspected or confirmed influenza cases. Health care workers with mild upper respiratory tract infections should consider using a face mask in clinical settings, and mask use may also be appropriate for patients and staff in

areas where undifferentiated respiratory infections are being managed. Hand hygiene and adherence to standard IPC precautions remain essential.

Clinical diagnostic laboratories are asked to ensure subtyping (for H1/H3) is attempted on all severe influenza A cases (ITU/HDU/fatal) either locally or in a UKHSA laboratory, and to arrange for a proportion of influenza A positive material to be subtyped, either locally with reporting to SGSS or via referral to a UKHSA Clinical Network or Collaborating NHS Laboratory. Unsubtypeable influenza A samples should be forwarded to the UKHSA Respiratory Virus Unit (RVU). More detailed information is available in the attached briefing note.

Local health systems, including Integrated Care Boards (ICBs), should ensure plans are in place to optimise vaccination coverage and ensure timely access to antivirals in community and care home settings.



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Additional information:

- Weekly national respiratory virus surveillance reports, gov.uk/government/collections/weekly-national-flu-reports
- Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza, November 2025 gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents
- Referral of influenza samples to RVU, UKHSA Colindale, 2025 to 2026 gov.uk/government/publications/referring-influenza-samples-to-respiratory-virus-unit-phe-colindale
- UKHSA Briefing note number: BN2025/042 “Influenza A(H3N2) early season activity in England: implications for clinical practice and laboratory referral” (attached)