State of Alaska Epidemiology **Bulletin**

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Alaska Influenza Surveillance Summary, 2024–25 Season

Background

The Alaska Section of Epidemiology (SOE) conducts year-round influenza surveillance, with enhanced surveillance from October through May. This surveillance tracks virus activity and associated morbidity and mortality. Weekly reports are available through the SOE *Respiratory Virus Snapshot* during October–May, followed by monthly updates for the remainder of the year.[1] This *Bulletin* summarizes influenza activity in Alaska from October 1, 2024, through July 31, 2025.

Influenza Trends

During the 2024–25 influenza season, Alaska experienced a higher number of reported cases than in previous years, with activity more concentrated in a pronounced peak. Influenza activity was low in early fall 2024 but rose rapidly, cresting in February 2025. Influenza A was the predominant strain throughout the season. Although influenza B activity increased from February to May 2025, influenza A remained the most frequently detected strain each month (Figure).

Laboratory Influenza Surveillance

Alaska resumed its annual sentinel surveillance system for respiratory viruses which attempts to represent Alaska's wide geography and dispersed population. During the 2024–25 season, 1,714 specimens were tested for influenza at the Alaska State Virology Laboratory (ASVL). Of these, 77 (4.5%) specimens were submitted to the Centers for Disease Control and Prevention (CDC) for genomic sequencing and antigenic characterization. An additional 44 (2.6%) specimens were sent to New York-Wadsworth for antiviral resistance testing.

Influenza A/H1pdm09 was the predominant strain during the season and was antigenically well-matched to the 2024–25 vaccine component. Characterization of influenza A/H3 strains demonstrated lower affinity to antibodies produced by the vaccine in laboratory experiments. Influenza B viruses were well matched to the vaccine component. One influenza A/H1pdm09 specimen showed antiviral resistance to neuraminidase inhibitors such as oseltamivir.

Emergency Department Syndromic Surveillance

Syndromic surveillance monitors trends in influenza-like illness (ILI) by analyzing pooled emergency department data from participating healthcare facilities across Alaska. Patients presenting with a fever of ≥100°F and a cough or sore throat are classified as having ILI. Unlike case-based surveillance, which depends on laboratory testing, syndromic surveillance uses keyword searches and diagnosis codes to identify trends. While less specific than laboratory-confirmed case reporting, these systems generally show similar seasonal trends (Figure). SOE also participates in the US Outpatient Influenza-like Illness Surveillance Network (ILINet), which tracks ILI data nationwide. For more details, see CDC's respiratory virus data.

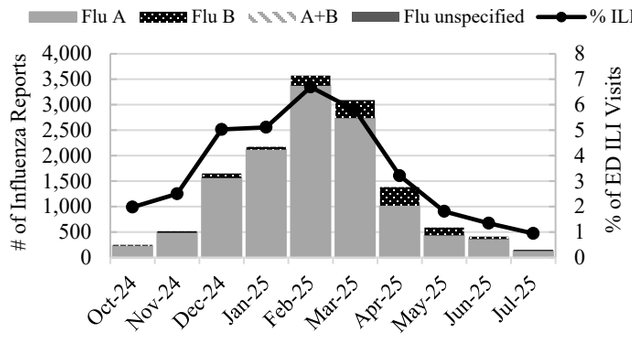
Influenza-Associated Mortality

Twenty-five influenza-associated deaths among Alaska residents were reported during the 2024–25 season, including one pediatric fatality. Deaths were identified through clinician reports, hospital records, and death certificate reviews.

Immunization Coverage

According to VacTrAK data, influenza vaccination coverage among Alaskans aged 19 years and older was 23.3% for the 2024–25 season. This is considerably lower than the national average of 46.7%, but consistent with the previous year.[2] Low vaccination rates might be due to a range of factors, including limited access, vaccine hesitancy, and reduced outreach.

Figure. Laboratory Reports of Influenza and Emergency Department Syndromic Surveillance ILI Data — Alaska, October 2024–July 2025



Summary

During the 2024–25 season, Alaska experienced more influenza cases than in each of the previous 3 years and recorded over twice as many deaths as in the 2023–24 season (n=10 deaths). This was consistent with CDC's national assessment that the 2024–25 season was high severity overall.[3] Vaccine coverage in Alaska remained consistent with recent seasons. A preliminary vaccine effectiveness estimate for adults seeking outpatient and inpatient care was 46.5%.[4]

Recommendations

1. Clinicians should encourage all eligible patients aged ≥6 months to receive the updated seasonal influenza vaccine. Vaccination is the most effective way to prevent influenza-associated morbidity and mortality.
2. Influenza vaccines can be co-administered with other recommended vaccines, such as COVID-19 and RSV vaccines.
3. Clinicians may submit respiratory specimens from patients with ILI to ASVL for diagnostic testing. Free supplies can be obtained by calling 907-371-1000, and laboratory request forms are available here.
4. Clinicians should consider early antiviral treatment for patients at higher risk of severe influenza, including older adults, young children, pregnant individuals, and those with chronic medical conditions.
5. Laboratories must report all positive influenza test results (including rapid test results) to SOE per 7 AAC 27.007. Laboratories are also encouraged to report the total number of tests performed and the number of positive results directly to CDC to support Alaska's National Respiratory and Enteric Virus Surveillance System goals. Call ASVL at 907-371-1000 for more information.
6. Health care providers must report suspected and confirmed influenza deaths and unusual clusters of respiratory illness to SOE. Call 907-269-8000 during business hours, or 800-478-0084 after hours. Nursing and long-term care facilities can report respiratory outbreaks using the outbreak report form available here.

References

1. Alaska SOE. Respiratory Virus Snapshot. Available at: https://health.alaska.gov/en/resources/respiratory-virus-snapshot/
2. CDC. Interim Estimates of 2024-25 seasonal influenza vaccine effectiveness – Four vaccine effectiveness networks, United States, October 2024-February 2025. *MMWR* 2025;74(6):83–90.
3. CDC. 2024-2025 United States Flu Season: Preliminary in-Season Severity Assessment. May 23, 2025.
4. CDC. Vaccination Trends. Updated August 29, 2025. Available at: https://www.cdc.gov/respiratory-viruses/data/vaccination-trends.html

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