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COVID-19 Update

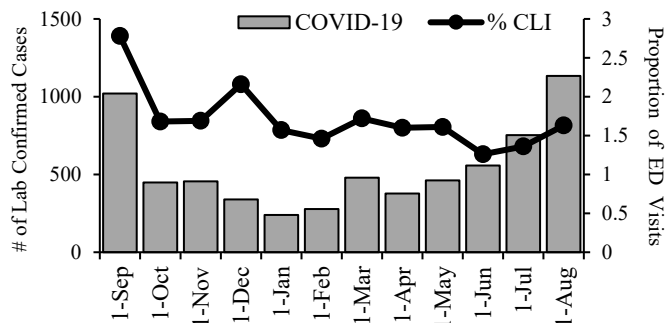
Background

The Alaska Section of Epidemiology (SOE) conducts year-round surveillance for COVID-19, with enhanced surveillance from October–May to track virus activity, morbidity, and mortality. Weekly reports are published during this period through the *SOE Respiratory Virus Snapshot* and transition to monthly updates thereafter.¹ This *Bulletin* summarizes COVID-19 activity from September 1, 2024, through August 31, 2025.

Alaska 2024–2025 COVID-19 Trends

During the 2024–2025 COVID-19 season, fewer COVID-19 cases were reported in Alaska than during the 2022–23 and the 2023–24 seasons. Case counts have steadily increased since June 2025, with August having the highest numbers since September 2024 (Figure). This pattern differs from national COVID-19 trends, which showed a substantial winter surge in cases.²

Figure. COVID-19 Cases Detected through Laboratory Reporting and Emergency Department Syndromic Surveillance Data — Alaska, September 2024 – August 2025



Emergency Department Syndromic Surveillance

Syndromic surveillance tracks COVID-like illness (CLI) using pooled emergency department data from participating Alaska facilities. CLI is defined as fever ($\geq 100^{\circ}\text{F}$) with cough or shortness of breath/difficulty breathing in patients without influenza, with or without a COVID-19 diagnosis code. Unlike case-based surveillance, which depends on laboratory testing, syndromic surveillance relies on keyword searches and diagnosis codes to identify trends. While less specific than lab-confirmed case reporting, both systems generally align (Figure). More details are available in the [Centers for Disease Control and Prevention's \(CDC\) respiratory virus data](#).³

COVID-19 Inpatient PPE Guidelines

In August 2025, the Alaska Infection Control and Prevention Advisory Council (AK-ICPAC) recommended updates to the personal protective equipment (PPE) guidelines for healthcare workers caring for COVID-19 patients. Healthcare workers should wear a fit-tested, NIOSH-approved N95 respirator (or equivalent) and eye protection when entering a COVID-19 patient's room. Gowns and gloves should be used when there is a risk of body fluid exposure or during aerosol-generating procedures. Skilled nursing facilities (SNFs) should continue to follow Centers for Medicare and Medicaid Services (CMS) regulations.

2025–2026 COVID-19 Vaccination Guidance

On September 19, 2025, the CDC Advisory Committee on Immunization Practices (ACIP) voted to recommend COVID-19 vaccine for everyone aged 6 months and older, based on individual-based decision-making (i.e., shared clinical decision making).⁴ For persons aged 6 months through 64 years, ACIP noted that the risk-benefit of vaccination is most favorable for individuals who are at an increased risk for severe COVID-19 disease and lowest for individuals who are not at an increased risk, according to the CDC list of COVID-19 risk factors.⁴

Examples of professional societies that have also issued recommendations include the following:

- The American Academy of Family Physicians recommends all children aged ≥ 6 months, adults, and pregnant women receive a COVID-19 vaccine.⁸
- The American Academy of Pediatrics recommends one dose of 2025–2026 COVID-19 vaccine for all infants aged 6–23 months and older children with high-risk conditions, and a second dose for moderately or severely immunosuppressed children.⁶
- The American College of Obstetricians and Gynecologists recommends one dose of 2025–2026 COVID-19 vaccine for pregnant, postpartum, and breastfeeding women and those contemplating pregnancy.⁷

COVID-19 Vaccine Availability

The following products are available for the 2025–2026 season: Nuvaxovid™ (Novavax/Sanofi) for ages ≥ 12 years, Spikevax® (Moderna) for ages ≥ 6 months, and Comirnaty® (Pfizer) for ages ≥ 5 years. COVID-19 vaccine is currently available at many pharmacies statewide. Vaccine ordering through the Vaccines for Children or the Alaska Vaccine Assessment Program will open once the Acting CDC Director approves the ACIP recommendations.⁴

Recommendations

1. Healthcare providers should recommend COVID-19 vaccination for all eligible patients aged ≥ 6 months, especially considering those who are at increased risk for severe COVID-19 infection.
2. Healthcare facilities caring for patients at high risk for COVID-19 complications should encourage COVID-19 vaccination for staff with patient contact.
3. Healthcare facilities should consider revising infection control policies to allow healthcare workers to enter COVID-19 patient rooms without gowns or gloves when no contact with body fluids or an aerosol-generating procedure is expected, provided workers wear a fit-tested N95 respirator (or equivalent) and eye protection, unless their CMS licensure requires otherwise. For questions, call the Healthcare-Associated Infections Program: 907-269-8000.
4. Clinicians may submit respiratory specimens from patients with CLI to the Alaska State Virology Laboratory for respiratory pathogen testing. Free supplies are available at 907-371-1000. Laboratory request forms are available [here](#).
5. Laboratories must report all positive COVID-19 test results, including rapid test results, to SOE per 7 AAC 27.007.
6. Health care providers must report unusual clusters of respiratory illness to SOE: call 907-269-8000 during business hours, or 800-478-0084 after hours.
7. Skilled nursing facilities must report COVID-19 outbreaks using the outbreak report form available [here](#).

References

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5. AAP. Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents: Policy Statement. Updated August 19, 2025. Available at: <https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2025-073924/203222/Recommendations-for-COVID-19-Vaccines-in-Infants>
6. ACOG. COVID-19 Vaccination Considerations for OBGYN Care. Updated August 2025. Available at: <https://www.acog.org/covid-19>
7. AAFP. Fall Immunization Recommendations. September 2025. Available at: <https://www.aafp.org/news/media-center/statements/aafp-announces-fall-immunization-recommendations-reaffirming-commitment-to-vaccine-safety-and-public-health.html>