



Department of Health
Heidi Hedberg, Commissioner
Robert Lawrence, MD, MA, CMO
3601 C Street, Suite 540
Anchorage, Alaska 99503

Division of Public Health
Lindsey Kato, MPH, Director
<https://health.alaska.gov/dph/Epi>
24 Hour Emergency (800) 478-0084
Local (907) 269-8000

Editors:
Joe McLaughlin, MD, MPH
Jared Parrish, PhD, MS

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Alaska Influenza Surveillance Summary, 2025–26 Season

Background

The Alaska Section of Epidemiology (SOE) conducts year-round influenza surveillance, with enhanced surveillance from October through May. Weekly reports are available through the *Alaska Respiratory Virus Snapshot* during October through May, followed by monthly updates for the remainder of the year.¹ This *Bulletin* summarizes influenza activity in Alaska from October 1, 2025, through July 31, 2026.

Influenza Trends

During the 2025–26 influenza season, Alaska experienced a rapid rise in reported influenza activity in November, reaching a pronounced peak in late December and early January. Influenza A accounted for most reported cases through January, when influenza B activity increased to become predominant until April. Influenza activity declined steadily through the spring, with low activity from May through July (Figure).

Laboratory Influenza Surveillance

Alaska implements a sentinel surveillance system for respiratory viruses annually that aims to represent Alaska's wide geographic area and dispersed population. During the 2025–26 season, 2,066 specimens were tested for influenza at the Alaska State Virology Laboratory (ASVL). Of these, 122 (5.9%) were submitted to the Centers for Disease Control and Prevention (CDC) for genomic sequencing and antigenic characterization. An additional 34 (1.6%) specimens were sent to New York-Wadsworth for antiviral resistance testing.

Influenza A/H3 predominated during the 2025–26 season. Characterization of circulating viruses demonstrated antigenic differences between the predominant A/H3 viruses and the 2025–26 vaccine component. Influenza B viruses characterized also demonstrated antigenic differences from the corresponding vaccine component. No antiviral resistance was detected among the Alaska viruses tested for antiviral susceptibility.

Emergency Department Syndromic Surveillance

Syndromic surveillance monitors trends in influenza-like illness (ILI) by analyzing pooled emergency department (ED) data from participating healthcare facilities across Alaska. Patients presenting with a fever of $\geq 100^{\circ}\text{F}$ and a cough or sore throat are classified as having ILI. Syndromic surveillance uses keyword searches and diagnosis codes to identify trends. While less specific than lab-confirmed reporting, these systems generally show similar seasonal trends (Figure). SOE also participates in the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), which tracks U.S. ILI data.

Influenza-Associated Mortality

Thirty-six influenza-associated deaths among Alaska residents were reported during the 2025–26 season, with no pediatric fatalities. Deaths were identified through clinician reports, hospital records, and death certificate reviews.

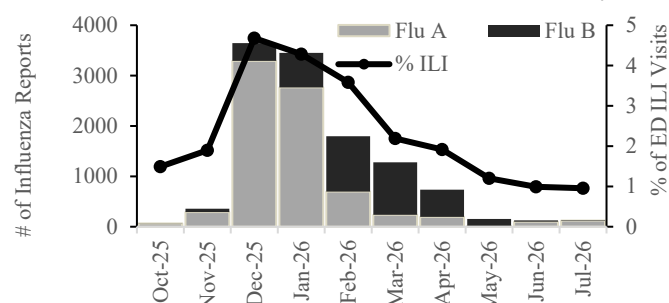
Wastewater Monitoring

Wastewater monitoring (WWM) provides a community-level tool for tracking trends in viral respiratory pathogens. Data are available through the [WastewaterSCAN dashboard](#) for Anchorage and the [Alaska Wastewater Monitoring Dashboard](#), maintained by the University of Alaska Anchorage (UAA), for participating communities statewide.

Immunization Coverage

According to [VacTrAK](#) data, influenza vaccination coverage among Alaskans aged ≥ 19 years was 22.7% for the 2025–26 season, which was lower than the estimated national average of 46.5%.²

Figure. Laboratory Reports of Influenza and ED Syndromic Surveillance ILI Data — Alaska, October 2025–July 2026



Summary

During the 2025–26 season, Alaska experienced more influenza cases and deaths than during each of the previous 3 years. Activity increased rapidly in November and peaked in December and early January. A similar pattern was observed nationally; the 2025–26 season was assessed as moderate severity.³ A preliminary vaccine effectiveness (VE) estimate for adults seeking outpatient and inpatient care was 22–34%; this is less effective than typical seasons.⁴ The predominance of influenza A/H3, along with antigenic differences between circulating A/H3 and B viruses and their corresponding vaccine components, might have contributed to reduced protection. Influenza vaccine coverage in Alaska was similar to recent previous seasons. Low vaccination rates might have been due to several factors, including limited access, missed opportunities, and misinformation/distrust.⁵ The combination of concentrated transmission, circulating virus characteristics, low vaccine coverage rates, and decreased VE might help explain the relative severity of the 2025–26 season.

Recommendations

1. Clinicians should encourage all eligible patients aged ≥ 6 months to receive a seasonal influenza vaccine.
2. Influenza vaccines can be co-administered with other 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.
4. Clinicians should consider early antiviral treatment for patients who are at higher risk for 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 [form](#) available.

References

1. Alaska [Respiratory Virus Snapshot](#).
2. CDC. [Vaccination Trends](#). Updated August 28, 2026.
3. CDC. [2025-2026 United States Flu Season: Preliminary in-Season Severity Assessment](#). May 1, 2026.
4. CDC. [Interim Estimates of 2025-26 Seasonal Influenza Vaccine Effectiveness—United States, September 2025–February 2026](#). *MMWR* 2026;75(9):116–23.
5. CDC. [Reasons for non-vaccination with COVID-19, influenza, and RSV vaccines during the 2023–24 respiratory virus season](#).