HEALTH ADVISORY #233

Circulation of Drifted Influenza A(H3N2) Virus

TO: West Virginia Healthcare Providers, Hospitals, and Other Healthcare Facilities

FROM: Shannon McBee, MPH, CHES State Epidemiologist, West Virginia Department of Health, Bureau for Public Health

DATE: December 17, 2025

LOCAL HEALTH DEPARTMENTS: Please distribute to community health providers, hospital-based physicians, infection control preventionists, laboratory directors, and other applicable partners

OTHER RECIPIENTS: Please distribute to association members, staff, etc.

Influenza activity is starting to increase across West Virginia. Flu activity is expected to rise in the coming weeks due to increased travel, gatherings and indoor time that bring people in closer contact. Most flu viruses collected and analyzed during the 2025-26 respiratory season, have been subclade K, a variant of flu strain H3N2. This new subclade was first identified by the Centers for Disease Control and Prevention (CDC) in August 2025. Seasons during which influenza A(H3) cause the majority of influenza infections are typically characterized by more severe illnesses, particularly among older adults, resulting in more people seeking care.

When circulating influenza viruses have genetically drifted away from the viruses used in the annual vaccine, individual and population immunity may be lower, which could reduce the vaccine's effectiveness. The actual impact of this "antigenic drift" on protection is difficult to predict, but it is important to note that even in past seasons with drifted viruses, the vaccine has still provided substantial protection.

Recommendations for Clinicians and Public Health Practitioners

- The West Virginia Bureau for Public Health recommends that all eligible persons aged 6 months and older who have not yet received an influenza vaccination this season be offered one.
- Healthcare providers should promptly initiate treatment with influenza antiviral medications for patients with confirmed or suspected influenza who are hospitalized, have severe/complicated/progressive disease, or are at high risk for complications.
- Antiviral drugs are most effective when started within two days of symptom onset but may still offer some benefit if started later. Treatment decisions should not be delayed while awaiting laboratory confirmation.
- For hospitalized patients or those with complications (like pneumonia) or progressive disease, oral or enterically administered oseltamivir (Tamiflu) is the recommended antiviral treatment.
- For outpatients with uncomplicated influenza, oral oseltamivir (Tamiflu), oral baloxavir marboxil (Xofluza), inhaled zanamivir (Relenza), and intravenous peramivir (Rapivab) may be used, subject to approved age groups and contraindications.

For any questions, please contact the Office of Epidemiology and Prevention Service's epidemiologist on-call at: (304) 558-5358, extension 1.