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Massachusetts Department of Public Health (DPH)
Clinical Advisory for the 2025-2026 Seasonal Influenza Epidemic

January 2026

This document is a clinical advisory from the Massachusetts Department of Public Health (DPH) regarding the rising number of seasonal influenza cases occurring in Massachusetts and nationwide.

DPH recommends clinicians to:

- **Vaccinate all eligible patients against influenza**. Annual influenza vaccination is recommended for all people ≥6 months of age who do not have contraindications. Vaccination is especially important for people who are at higher risk of developing serious flu complications. **It is not too late to receive influenza vaccine this season.**
- Use **molecular tests** on nasopharyngeal specimens for influenza and other respiratory virus diagnosis.
- **Promptly provide influenza antiviral treatment** to people with severe or progressive influenza disease, people with documented or suspected influenza at increased risk of influenza complications and to hospitalized patients with known or suspected influenza.
- **Consider post exposure prophylaxis with antivirals** for asymptomatic, exposed people in **selected circumstances**.

Influenza, also called flu, is a disease caused by infection of the respiratory tract with influenza viruses. Influenza viruses typically circulate annually in the United States from the late fall through the early spring and cause seasonal epidemics of influenza disease. Typical symptoms of influenza are abrupt onset of fever, cough, runny nose, headache, malaise and muscle aches. While most people with influenza will recover without serious issues, for some people, influenza causes serious illness, hospitalization, or death. **Older adults, very young children, pregnant people, and people of all ages with certain chronic medical conditions are particularly susceptible to severe influenza.** Influenza is an important cause of missed work and school.

Currently, in Massachusetts and across the nation, numbers of influenza cases are very high. Thousands of Massachusetts residents have become ill, leading to missed work, school, and other activities. Additionally, many residents have experienced serious influenza illness, unfortunately leading to visits to urgent care centers and emergency departments, inpatient hospitalizations and deaths. Deaths due to influenza occur every year and as of January 8, 2026, four pediatric deaths have been reported already this year in Massachusetts. Information about viral respiratory illness activity, including influenza, in Massachusetts is available and updated weekly on the Department of Public Health's website.

Current data show that the predominant circulating influenza strain in the U.S. is influenza A (H3N2), subclade K which is antigenically different from the influenza A (H3N2) virus in the 2025-2026 vaccine. However, early estimates from other countries suggest that the 2025-2026 influenza vaccine is effective against the circulating influenza A (H3N2), subclade K. **Preliminary data from the U.K. show that flu vaccination reduces hospitalization by 70–75% in kids and 30–40% in older adults demonstrating that influenza vaccination remains an effective tool in preventing influenza related hospitalizations.**

Annual influenza vaccination is the most important public health measure for preventing illnesses, hospitalizations and deaths caused by influenza virus infection. The most recent 2024-2025 influenza season was classified as "high severity," with the highest cumulative hospitalization rate since 2010-2011. However, early CDC estimates suggest that the influenza vaccine may have significantly reduced influenza disease burden, preventing an estimated 240,000 hospitalizations, 12 million influenza illnesses and 5.7 million influenza-related medical visits.

Recommendations for Healthcare Providers

To reduce influenza related morbidity and mortality in Massachusetts communities, DPH recommends clinicians take the following actions:

- **Vaccinate against influenza**. Annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications. Vaccination provides important protection from influenza illness and its potential complications. The influenza season frequently extends through the spring (April/May). Vaccination should continue throughout the season as long as influenza viruses are circulating.
    - Multiple formulations of the 2025-2026 influenza vaccine are available in the U.S. All 2025-2026 influenza vaccine formulations are trivalent.
    - Vaccination is especially important for people who are at higher risk of developing serious flu complications and people who live or work with individuals at higher risk or those who cannot be vaccinated (infants under 6 months of age).

- Adults aged ≥65 years are recommended to preferentially receive a higher-dose or adjuvanted influenza vaccines. However, if these vaccines are not available at an opportunity for vaccine administration, then any other age- appropriate influenza vaccine should be used.
- There is no preferential influenza vaccine recommendation for people younger than 65 years.
- Immunocompromised and pregnant people should receive an age-appropriate inactivated influenza vaccine or recombinant vaccine. Intranasal live virus vaccine should not be used for these groups.
- Influenza vaccine may be administered at the same time as COVID-19 vaccine.

- **Test patients** with compatible symptoms for influenza and other respiratory infections to make definitive diagnosis of influenza, to help guide clinical management.
  - Laboratory diagnosis of influenza can help guide clinical management decisions. A clinical diagnosis of influenza can be difficult to make, because influenza can present with non-specific signs and symptoms that overlap with other respiratory virus infections.
  - Nasopharyngeal swabs collected within three to four days of illness onset have the greatest accuracy. If nasopharyngeal specimens are not available, nasal and throat swab specimens should be collected and combined for testing.
  - For outpatients, rapid influenza molecular assays are recommended. For hospitalized patients, RT-PCR or other influenza molecular assays are recommended. Multiplex RT-PCR assays targeting a panel of respiratory pathogens can be used to assess for other respiratory infections and co-infections and are especially useful for immunocompromised patients and patients requiring hospitalization. Rapid antigen detection tests and immunofluorescence assays are not recommended because of lower sensitivity and should not be used unless molecular assays are not available.

- **Consider treating influenza with antiviral medications**. Antiviral treatment should be focused on prompt treatment of people with severe disease and those at increased risk of influenza complications.
  - Clinicians should **start antiviral treatment** as soon as possible for people with **documented or suspected** influenza, irrespective of influenza vaccination history, who meet the following criteria:
    - People of any age hospitalized with influenza, regardless of illness duration.
    - Outpatients of any age with severe or progressive illness, regardless of illness duration.

        - Outpatients who are at high risk of complications from influenza, including those with chronic medical conditions and immunocompromised patients.
        - Children younger than 2 years and adults ≥65 years.
        - Pregnant people and those within 2 weeks postpartum. (Baloxavir is not recommended for pregnant and breast-feeding people)
    - Clinicians **can consider antiviral treatment** for symptomatic people with documented or suspected influenza, irrespective of influenza vaccination history, who are:
        - Previously healthy, non-high-risk outpatients with illness onset ≤2 days before presentation.
        - Outpatients who could transmit infection to people at increased risk for influenza complications (patients with high-risk household members or health care workers) to reduce the likelihood of transmission to vulnerable people.
    - Initiation of antiviral treatment should not be delayed while awaiting the results of diagnostic testing.

- **Post exposure prophylaxis antiviral treatment** for asymptomatic, exposed people can be considered in **selected circumstances**.
    - Vaccination is the most important tool for influenza prevention. Antiviral drugs should not be used for routine or widespread post-exposure prophylaxis in the community setting, but can be considered in certain situations:
        - Asymptomatic exposed people aged ≥3 months at high risk of influenza complications for whom influenza vaccination is contraindicated, unavailable, or expected to have low effectiveness (e.g. due to immunosuppression or mismatch between vaccine antigens and circulating virus strains) after household influenza exposure.
        - Asymptomatic exposed people aged ≥3 months who are unvaccinated and are household contacts of a person at very high risk of complications from influenza. Vaccination is also indicated for anyone eligible.
    - If postexposure prophylaxis is used it should be initiated as soon as possible, within 48 hours after exposure. There is no role for postexposure prophylaxis if >48 hours have elapsed since last exposure.

- **Treat with the appropriate, recommended antiviral medications**. There are four FDA-approved antivirals recommended to treat influenza. At this time, there is no evidence of resistance among circulating seasonal influenza A or B viruses to the recommended antivirals.

Antiviral Drug	**Mechanism of action**	**Dose for treatment of symptomatic disease**	**Dose for post exposure prophylaxis of asymptomatic exposed people**	**Ages/Notes**
Oseltamivir	Neuraminidase inhibitor	Adult: 75 mg orally twice daily for 5 days Children: Weight based twice daily oral dosing for 5 days for children	Adult: 75 mg orally once daily for 1 week after last exposure Children: Weight based once daily oral dosing for 1 week after last exposure	All ages/ Use in hospitalized patients with suspected or confirmed influenza. Use in outpatients including those with complications or progressive disease >2 days after symptom onset. Use for pregnant or breast-feeding people.
Zanamivir	Neuraminidase inhibitor	Adult and Children ≥7 years: Two inhalations (10 mg) twice daily for 5 days	Adult and Children ≥7 years: Two inhalations (10 mg) once daily for 1 week after last exposure	≥7 years/ Use in outpatients with suspected or confirmed uncomplicated influenza within two days of symptom onset
Peramivir	Neuraminidase inhibitor	Adult: 600 mg IV as a single dose Children ≥6 months: Weight based as a single IV infusion	----	≥6 months/ Use in outpatients with suspected or confirmed uncomplicated influenza within two days of symptom onset
Baloxavir	Cap-dependent endonuclease inhibitor	Adult: <80 kg: 40 mg as a single oral dose. ≥80 kg: 80 mg as a single oral dose. Children ≥5 years: Weight based as a single oral dose	Adult: <80 kg: 40 mg as a single oral dose. ≥80 kg: 80 mg as a single oral dose. Children ≥5 years: Weight based as a single oral dose	≥5 years/Not recommended for pregnant or breast-feeding people. Use in nonpregnant outpatients with suspected or confirmed uncomplicated influenza within two days of symptom onset

Thank you for your continued partnership and for your commitment to protecting the health of residents and communities across Massachusetts.

Resources:

Massachusetts Respiratory Illness Reporting Dashboard

Influenza information for healthcare and public health professionals

Influenza key points

Infectious Disease Society of America antiviral treatment and chemoprophylaxis recommendations

CDC Influenza Antiviral Medications: Summary for Clinicians

MMWR 2025-2026 Influenza Vaccine Recommendations

CDC List of People at Increased Risk for Flu Complications

MDPH Influenza Patient Information Brochure in Multiple Languages

MDPH Influenza Patient Information Poster in Multiple Languages