

Health Alert Network

Update

11/24/2025

Seasonal influenza and respiratory disease updates and recommendations

- Nebraska's Influenza and other Respiratory Diseases Surveillance System reports detection of influenza activity that marks the beginning of the 2025-26 influenza season. Nebraska's influenza and other respiratory pathogen data can be viewed [here](#).
- An increase in influenza activity is expected as the flu season progresses, underscoring the importance of healthcare professionals discussing optimal choice options for administering Influenza, RSV, and COVID-19 vaccinations, which may be co-administered in some cases. More information can be viewed [here](#).
- **RSV vaccination recommendations were updated for this year.** Vaccination is available for persons aged 75 years and over, persons aged 50-74 at high risk of severe RSV illness, and women 32-36 weeks pregnant during September through January (timeframe may vary based on local epidemiological data). Two monoclonal antibody therapies (Clesrovimab and Nirsevimab) are available for infants younger than 8 months born to mothers who did not receive RSV vaccine. Nirsevimab is also recommended for children 8-19 months of age who are at an increased risk for severe RSV disease. More information on these products and recommendations can be found [here](#).
- With influenza, RSV, and COVID-19 expected to increase in circulation this time of year, concomitant influenza, RSV, and COVID-19 testing is available as well. If local testing options are exhausted, testing for these viruses is available through the Nebraska Public Health Laboratory (NPHL) to healthcare providers seeing inpatients and outpatients.
- For patients hospitalized with influenza A, influenza subtyping is recommended either locally if subtyping capabilities exist or at the NPHL. If patients were to test positive for influenza A AND negative for influenza A H1 and A H3, please notify Nebraska Department of Health and Human Services (NE DHHS) or your [local health department](#) (LHD) immediately and send the specimen to NPHL for further subtyping. More information on influenza testing at NPHL is listed on page 2.
- The predominant influenza subtypes that have been detected in Nebraska this year are influenza A H1N1 and influenza A H3N2, in similar proportions to date. This is based on laboratory testing data reported to DHHS. [Nationally](#), the proportion of influenza A H3N2 is greater than influenza A H1N1 to begin the season.

Influenza statistics

During the 2024-25 season, both nationally and in Nebraska, influenza activity was classified as high severity due to high levels observed across multiple surveillance indicators including influenza-associated outpatient visits, hospitalizations, and deaths. **Nationally, laboratory confirmed influenza-associated pediatric deaths were the highest number of deaths ever reported during a seasonal influenza epidemic since they became a nationally notifiable condition in 2004.** Influenza A viruses were predominant during the 2024-25 season with A(H1N1) and A(H3N2) detected at approximately equal levels both nationally and in Nebraska. The Centers for Disease Control and Prevention (CDC) uses a mathematical model to estimate the number of influenza illnesses, medical visits, hospitalizations, and deaths that occur in the U.S. each surveillance season. For the [2024-25 surveillance season](#), it was estimated influenza infection resulted in between 43 million–73 million symptomatic illnesses, 19 million-32 million medical visits, 560,000-1,100,000 million hospitalizations, and 38,000-99,000 deaths.

Respiratory disease testing: concomitant influenza, RSV, and COVID-19 testing is available

As co-circulation of influenza, RSV, and COVID-19 continues to increase this fall/winter, healthcare facilities are reminded that symptoms of COVID-19, influenza, and RSV are similar and symptomatic patients should be tested for all three viruses. Review CDC's [Information for Clinicians on Influenza Virus Testing](#). Please contact NE DHHS at 402-471-2937 or dhhs.respiratory@nebraska.gov, or your [LHD](#) if you have questions or unusual situations.

In a continued effort to expand respiratory disease surveillance in Nebraska, the NPHL is requesting respiratory specimens by way of three approaches, all cost-free for submitters:

1. Respiratory specimens previously tested via antigen methods for confirmatory testing and viral characterization (if positive).
2. Residual respiratory specimens in VTM or UTM that had positive molecular detections for influenza, SARS-CoV-2, or RSV for further viral characterization and sequencing (if SARS-CoV-2 positive).
3. If a false positive or false negative influenza test is suspected, the NPHL is available to confirm results.

For more information on these approaches, please contact the NPHL at 402-559-9444 or nphl@unmc.edu.

NE DHHS is asking providers/laboratories who utilize a molecular influenza test to send any specimens to NPHL with a cycle threshold (CT) of 30 or lower for confirmatory influenza surveillance testing.

Influenza positive specimens will be tested on the CDC Influenza-PCR assay to determine what viruses are currently circulating in Nebraska. This tests for influenza A virus, influenza B virus, influenza A virus subtype H3 [seasonal], and influenza A virus subtype 2009 [H1N1]. In turn, specimens are sent to the CDC for antigenic characterization of the virus. This information helps determine if the current vaccine covers for circulating viruses and what viruses should be included in the upcoming season's influenza vaccine.

Instructions to order influenza testing at NPHL

Use NUIirt (NPHL's Internet-based, electronic lab information system) to complete an order for [influenza subtyping \(FLUPCR\)](#).

To access NUIirt, click [here](#). If you are a new user, follow the previous link to register and create a new account. Please complete all the requested data fields included with the Ask On Entry (AOE) questions. A properly completed requisition is required for order processing. For orders created electronically, submitters should print a completed batch list within the NUIirt system to accompany the specimen. For issues related to NUIirt access, contact the NUIirt support group via email nulirtsupport@nebraskamed.com or contact client service representatives at 402-559-2440; or toll-free: 1-866-290-1406.

Specimen Collection Requirements (NPHL only)

The optimal specimen is a flocked, synthetic nasopharyngeal swab placed in a single tube of viral or universal transport medium. See information about collecting, handling, and transport of influenza laboratory specimens [here](#).

Influenza reporting: report pediatric deaths, novel viruses, and outbreaks

Pediatric influenza-associated deaths and variant/novel viruses ARE reportable as defined in [NE Rules and Regulations Title 173, Chapter 1](#). Outbreaks of influenza or other respiratory diseases (RSV, hMPV, adenovirus, etc.) ARE reportable in congregate settings such as long-term care facilities, correctional facilities, or group homes. Reporting should occur when there are two or more cases of influenza-like illness among residents within 72 hours with at least one of the ill residents having laboratory-confirmed influenza or another respiratory disease. Outbreaks of influenza and other respiratory diseases in schools/daycares are also reportable to public health (either NE DHHS or your LHD). Individual cases of influenza or other respiratory diseases are NOT reportable unless the case is tested and resulted by a laboratory that currently participates in automated electronic laboratory reporting.

Derek Julian, MPH
Respiratory Disease Epidemiologist II
402-471-1376

Brianna Loeck, MPH
Infectious Disease Epidemiologist III
531-350-3990

Dr. Timothy Tesmer
CMO Public Health
402-471-8566