



UK Health  
Security  
Agency

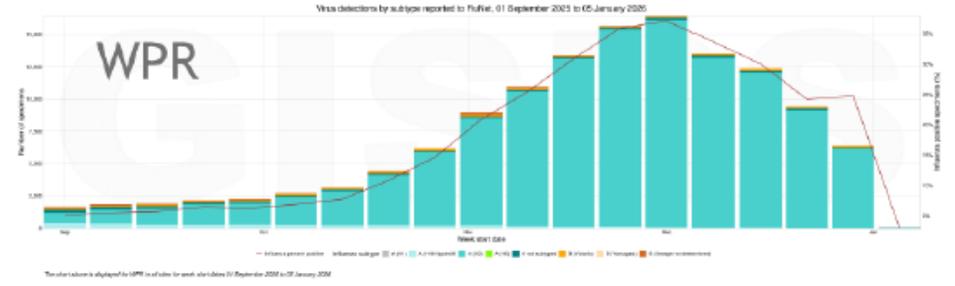
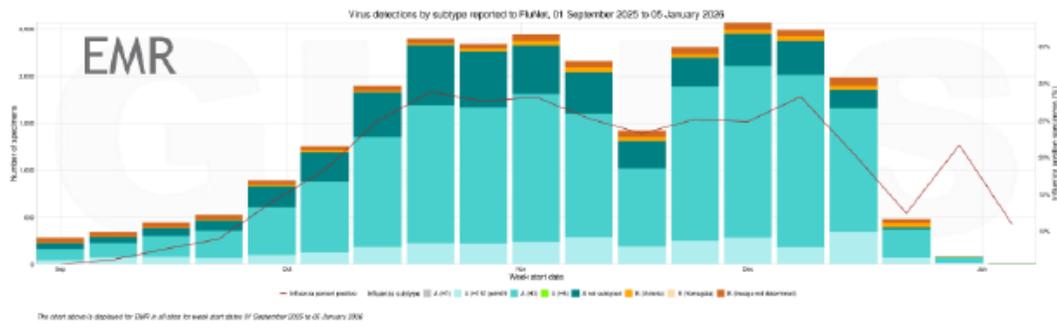
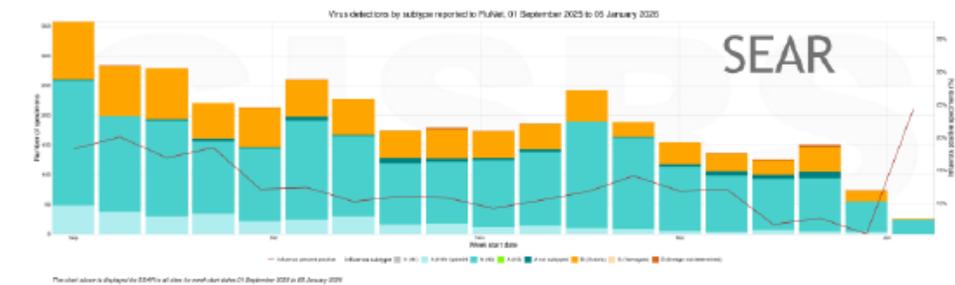
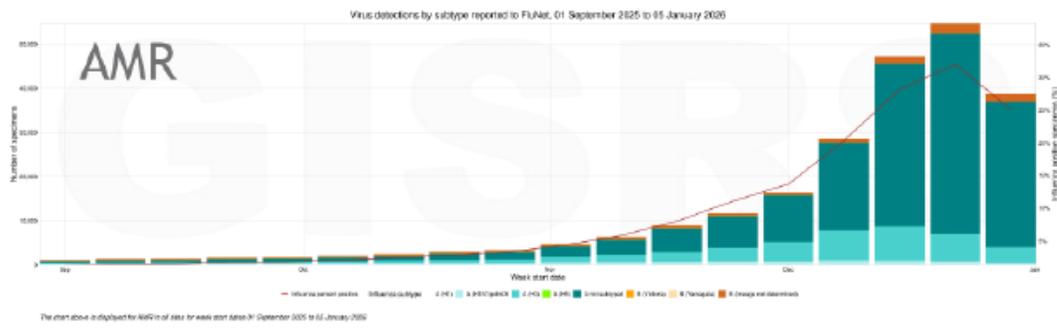
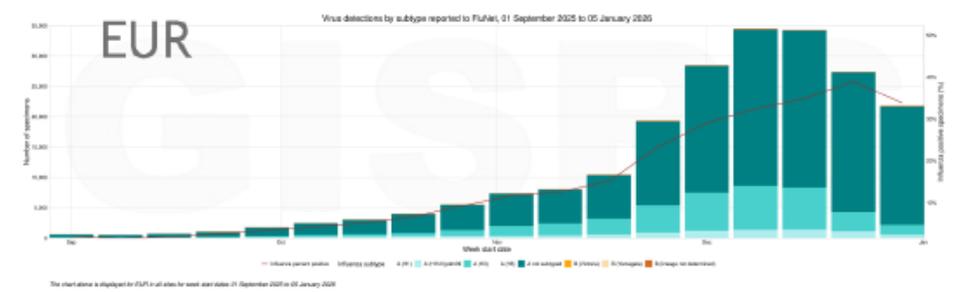
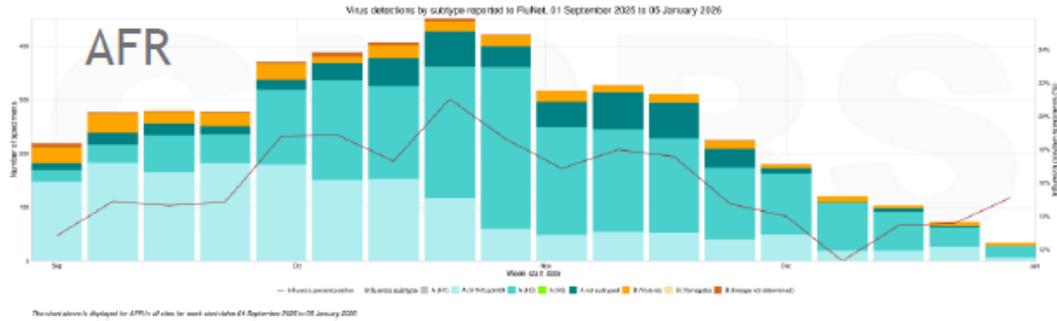
## WHO EpiWIN

### ***Seasonal influenza: Update on the situation in the northern hemisphere***

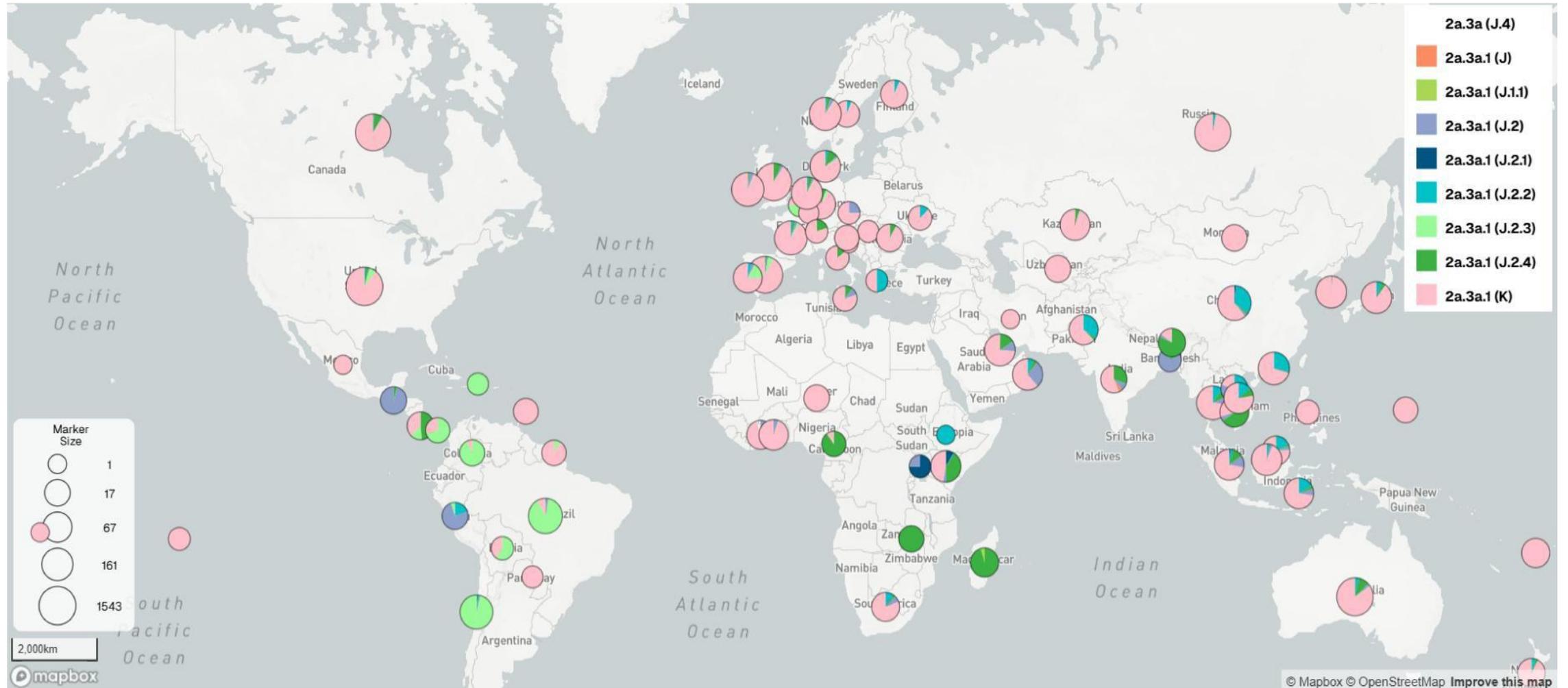
Prof. Maria Zambon  
4<sup>th</sup> February 2026

# Virus detections by subtype: WHO region

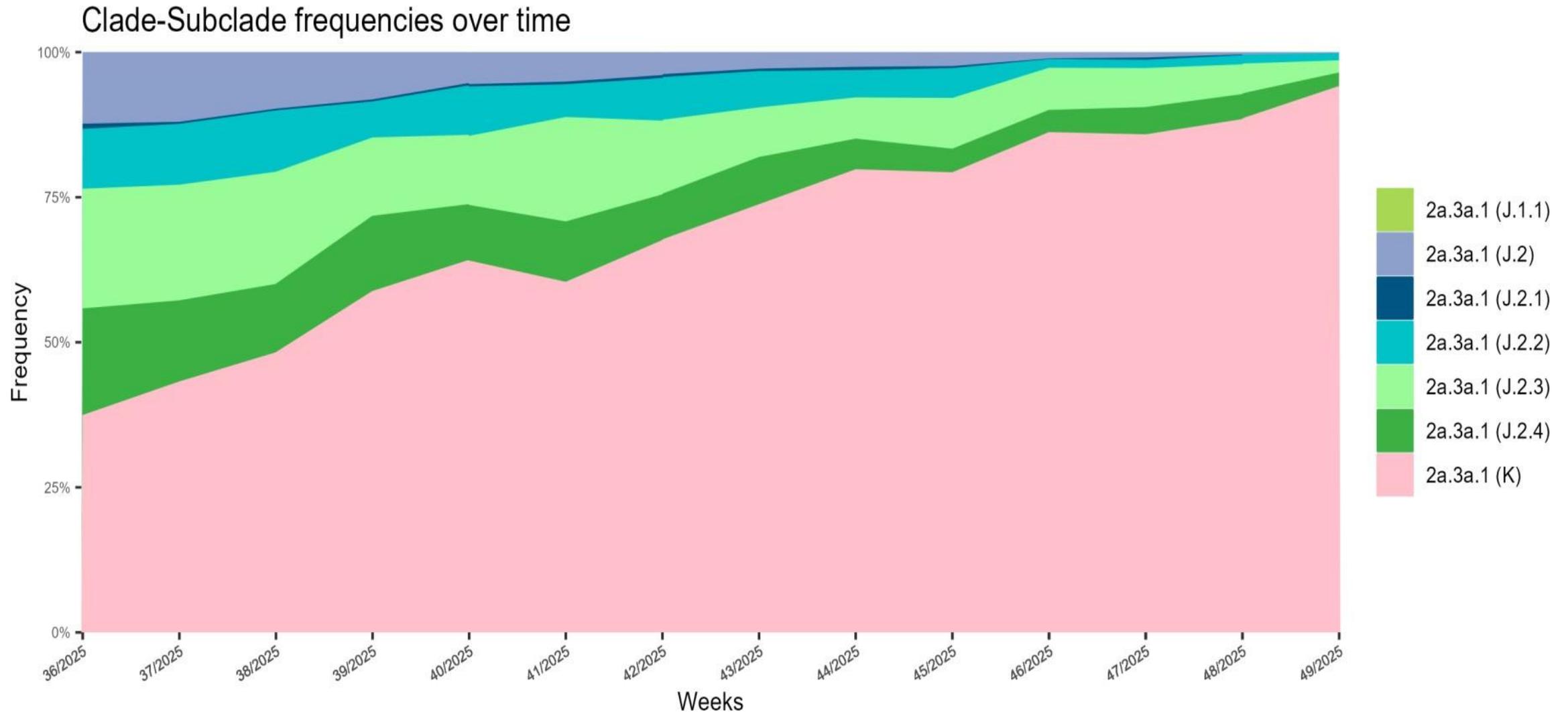
- Influenza B (lineage not determined)
- Influenza B (Victoria)
- Influenza B (Yamagata)
- Influenza A not subtyped
- Influenza A(H3)
- Influenza A(H1N1)pdm09



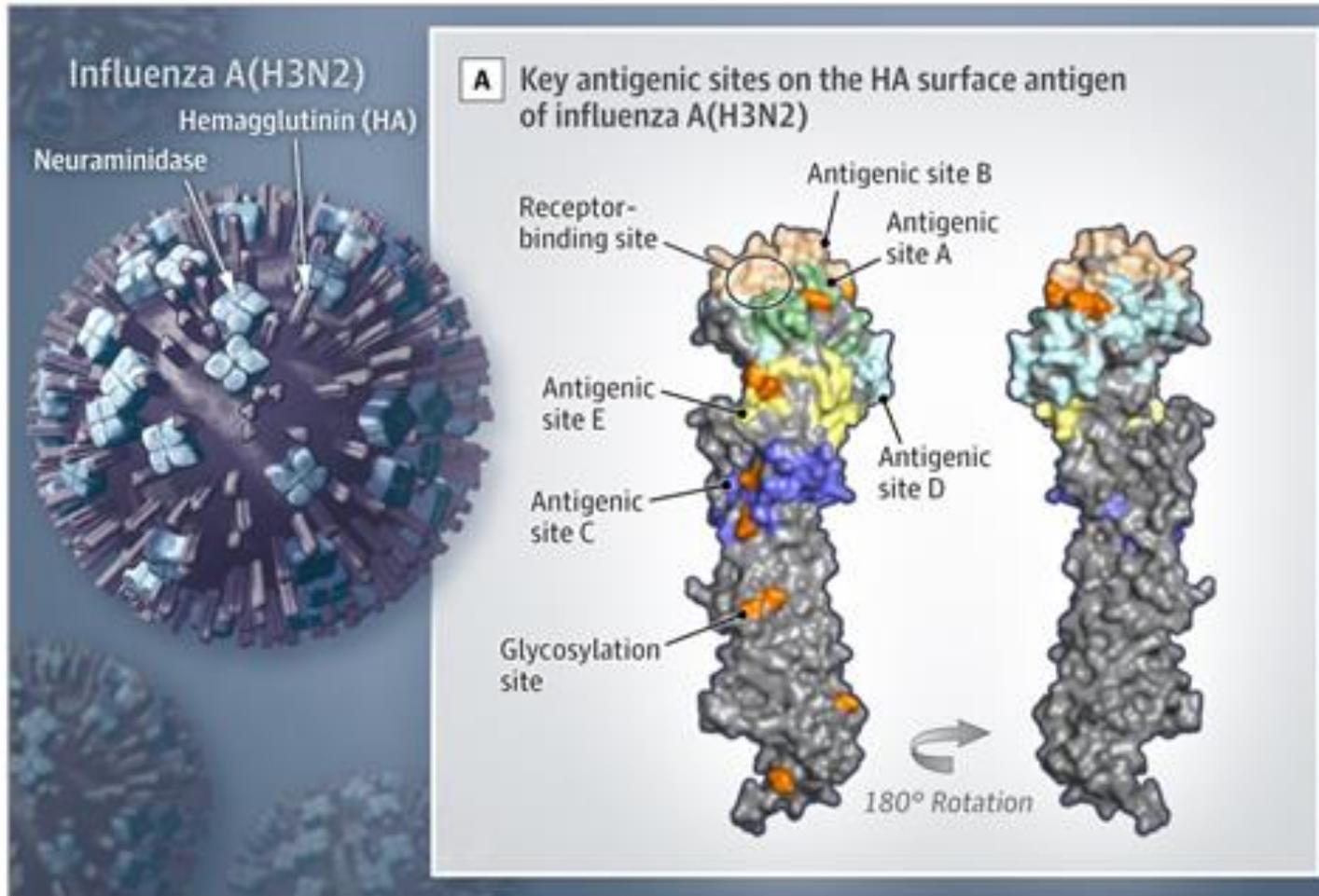
# H3N2 geographical clade distribution since 1st September 2025



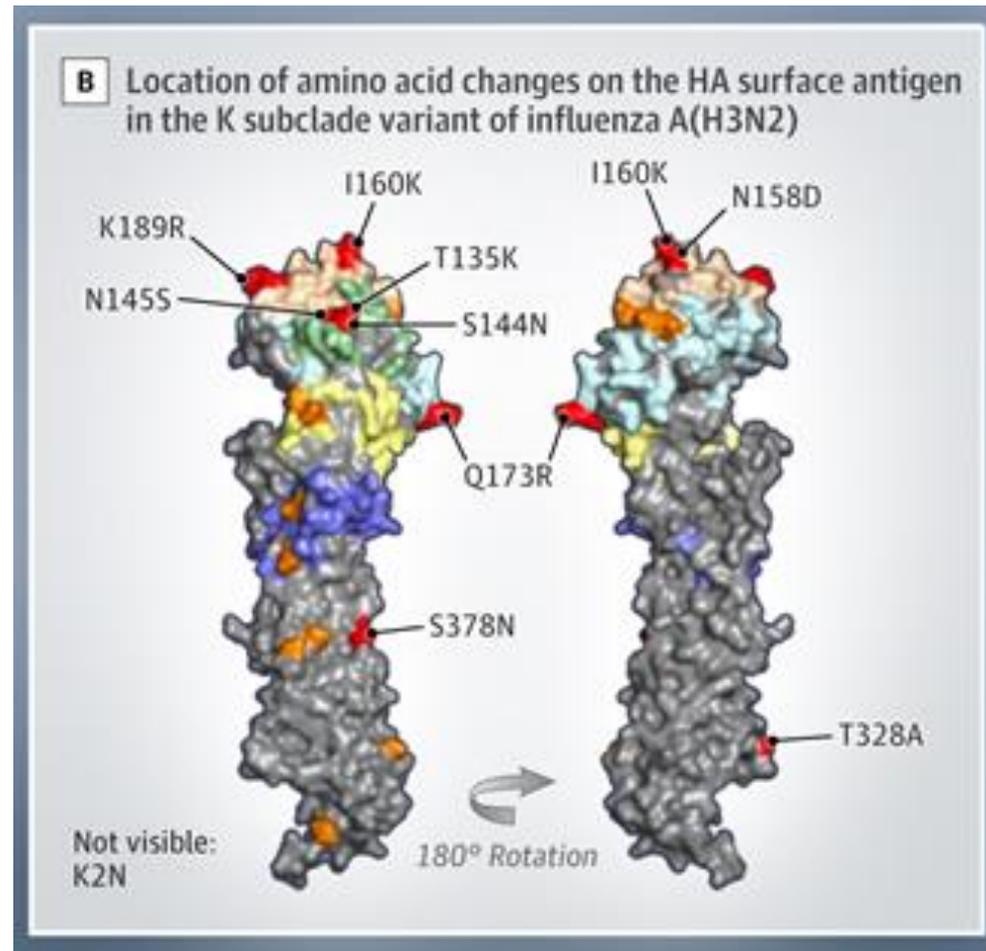
# H3N2- Global time-dependent variation in frequencies of genetic clades/subclades collected since 1<sup>st</sup> September 2025



# Antigenic Sites of Influenza A(H3N2)



# Antigenic Sites and Amino Acid Changes in the K Subclade Variant of Influenza A(H3N2)



# Influenza A(H3N2): VCM Sept 2025

## Human serology studies

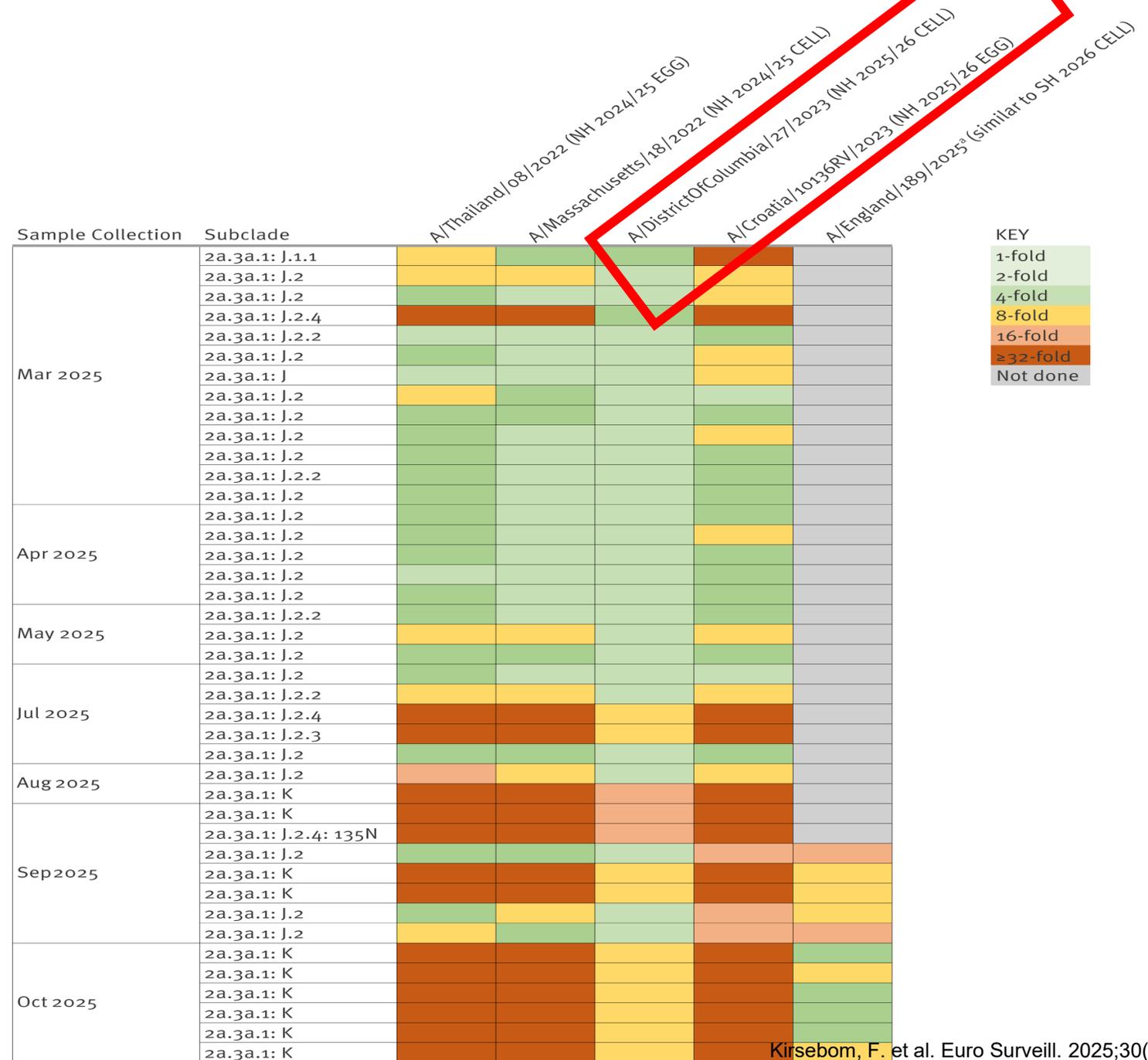
- Human serology studies were conducted using the SH 2025 serum panels by HI and VN with recent circulating A(H3N2) viruses with HA genes from 2a.3a.1 subclades J.2, J.2.1, J.2.2, J.2.3, J.2.4 and J.2.5.
- When compared to titers against cell-propagated A/District of Columbia/27/2023-like vaccine reference viruses, post-vaccination HI GMTs or VN GMTs against many of the recent viruses in J.2.2, J.2.3, J.2.4 and J.2.5 subclades were significantly reduced.

**The data supported recommending a cell-propagated A/Sydney/1359/2024 (H3N2)-like (J.2.4) virus and an egg-propagated A/Singapore/GP20238/2024 (H3N2)-like (J.2.4) virus as the A(H3N2) vaccine antigens for the 2026 southern hemisphere.**



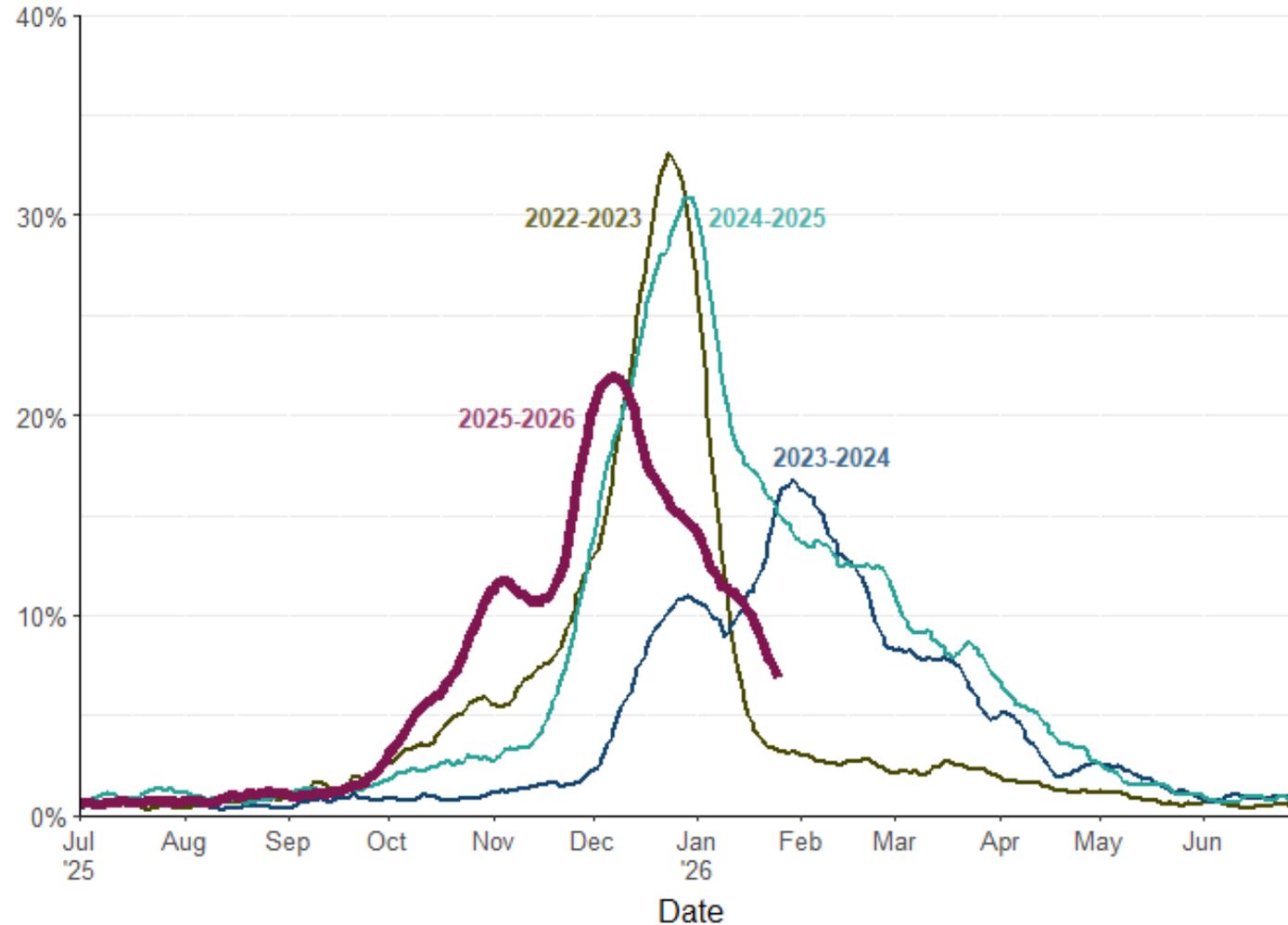
**NH 25/26 vaccine mismatch H3N2**

Influenza A(H3N2) viruses antigenically characterised by haemagglutination inhibition (HAI) assay, England, March–October 2025 (n = 41 viruses)



# Early onset season England

## Daily percentage of tests positive for influenza (7-day rolling average)



# Interim vaccine effectiveness data

Rapid communication

 Open Access

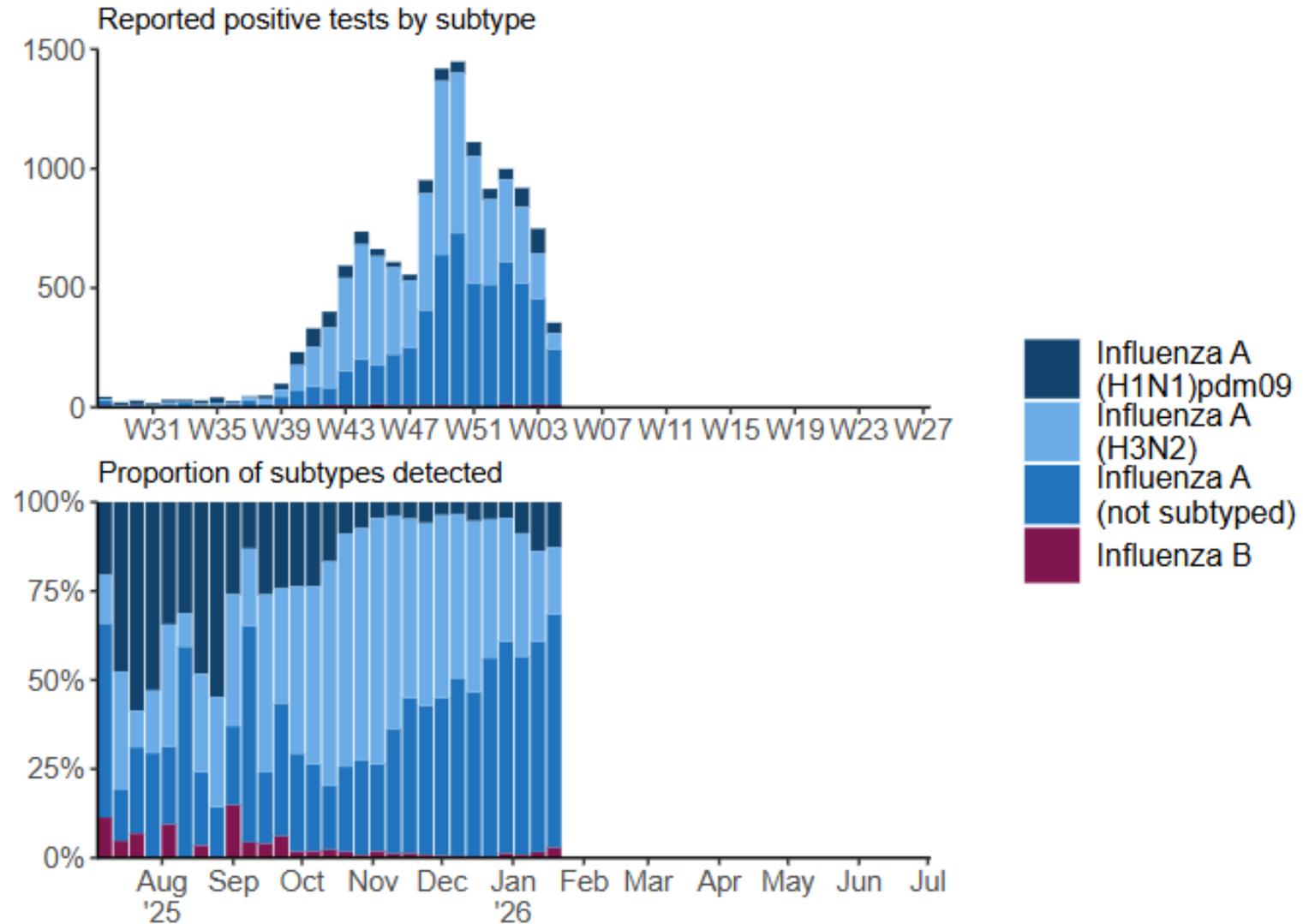
Early influenza virus characterisation and vaccine effectiveness in England in autumn 2025, a period dominated by influenza A(H3N2) subclade K |   Check for updates

Like 0

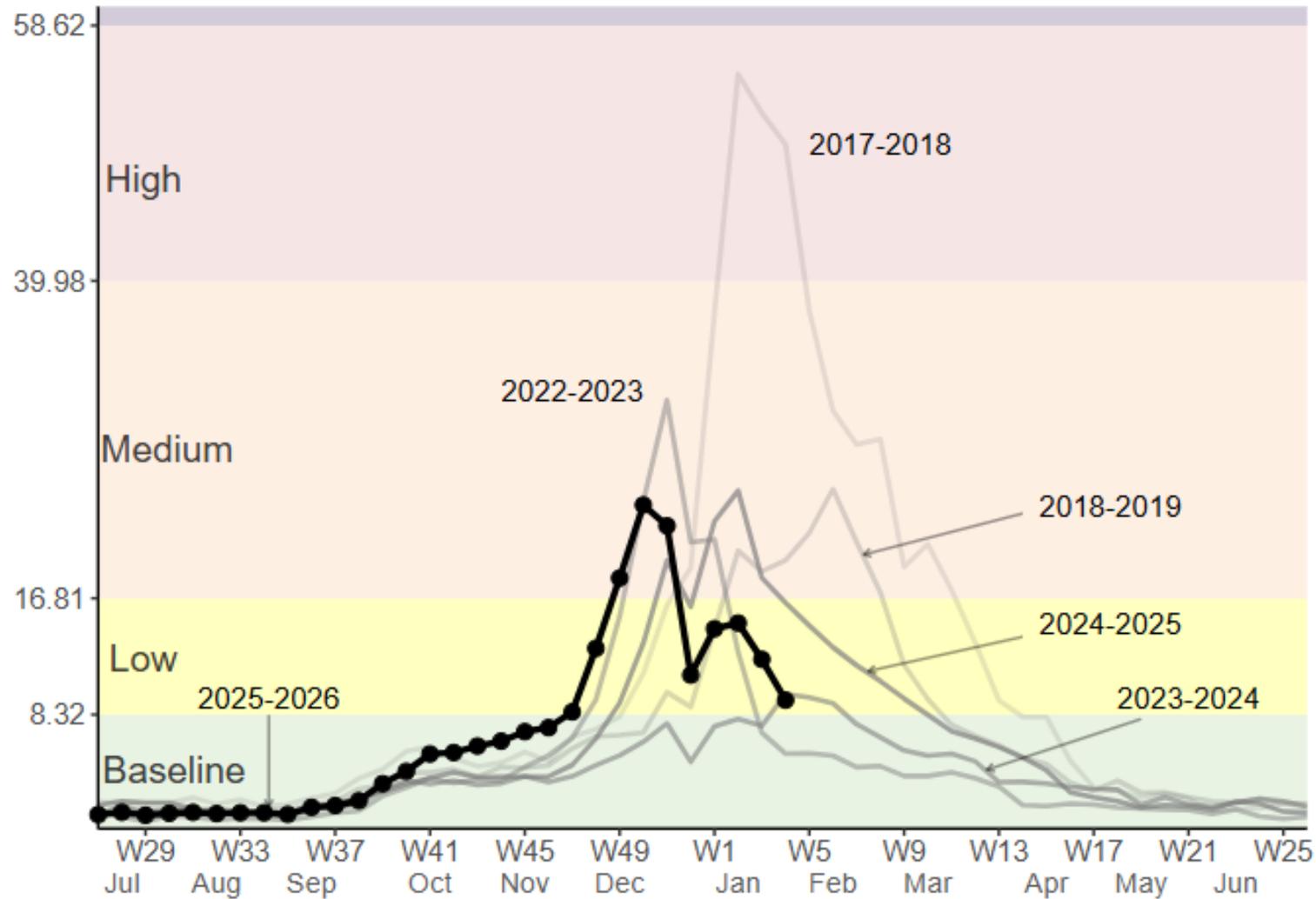
 Download

Freja CM Kirsebom<sup>1</sup> , Catherine Thompson<sup>2</sup>, Tiina Talts<sup>2</sup>, Beatrix Kele<sup>2</sup>, Heather J Whitaker<sup>3</sup>, Nick Andrews<sup>1</sup>, Nurin Abdul Aziz<sup>1</sup>, Christopher Rawlinson<sup>1</sup>, Rebecca E Green<sup>1</sup>, Catherine Quinot<sup>1</sup>, Nicholas Gardner<sup>1</sup>, Elizabeth Waller<sup>1</sup>, Alex Allen<sup>1</sup>, Conall H Watson<sup>1,4</sup>, Suzanna LR McDonald<sup>1</sup>, Maria Zambon<sup>2</sup>, Richard Pebody<sup>4,5</sup>, Mary Ramsay<sup>6,7</sup>, Katja Hoschler<sup>2</sup>, Anika Singanayagam<sup>2,4,\*</sup> , Jamie Lopez Bernal<sup>1,4,\*</sup>

# Most influenza detections are A(H3N2) 97% of genetic characterised viruses K variant

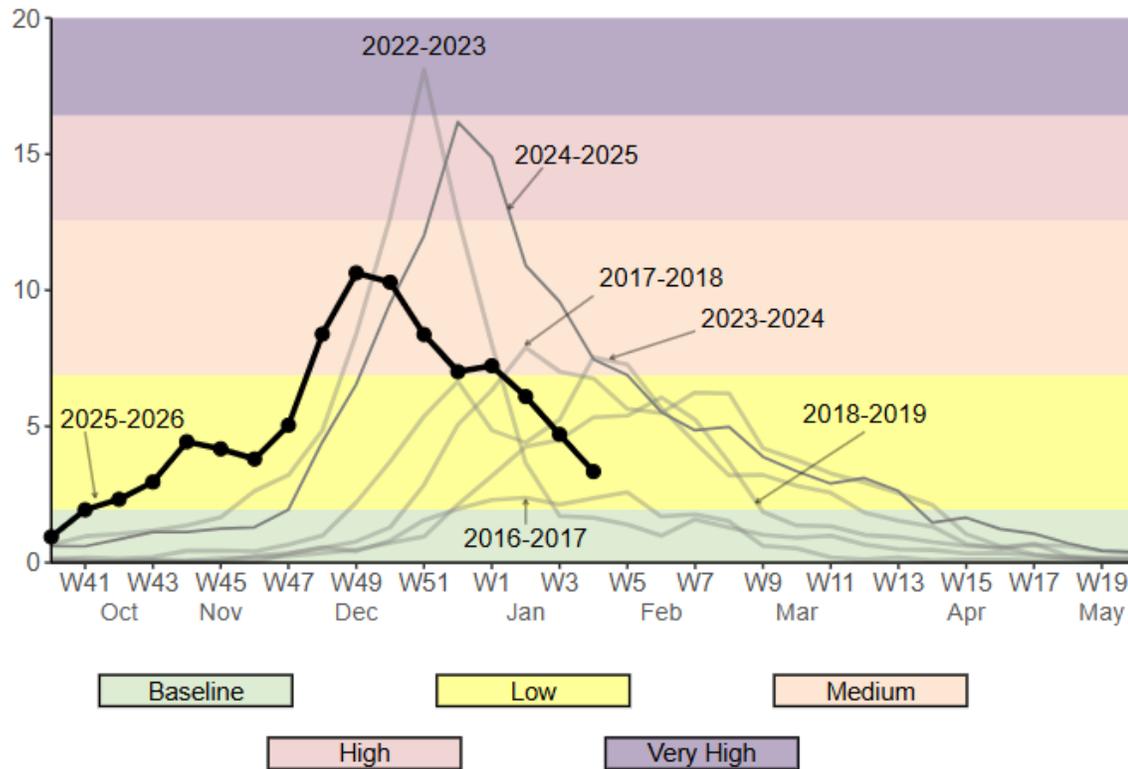


# Primary care (Influenza-like-Illness consultations)

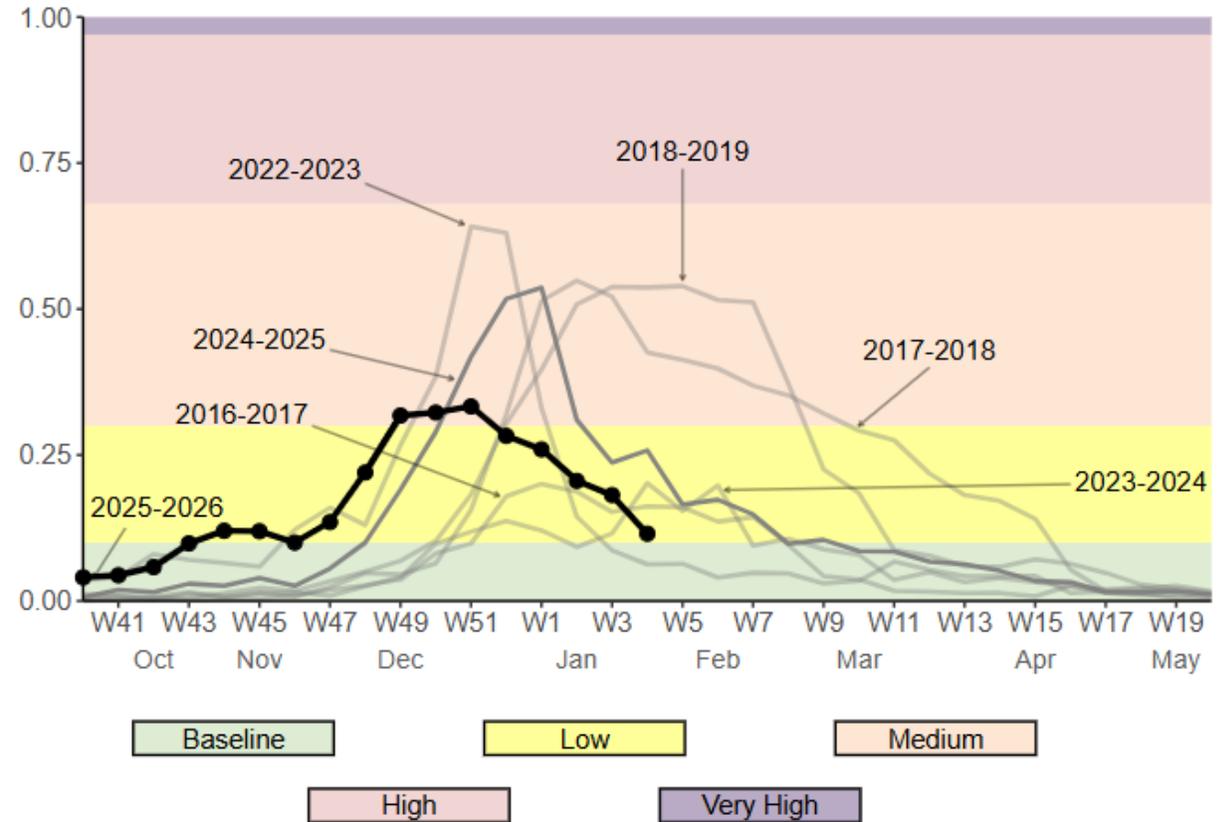


# Hospitalisations/ICU admissions

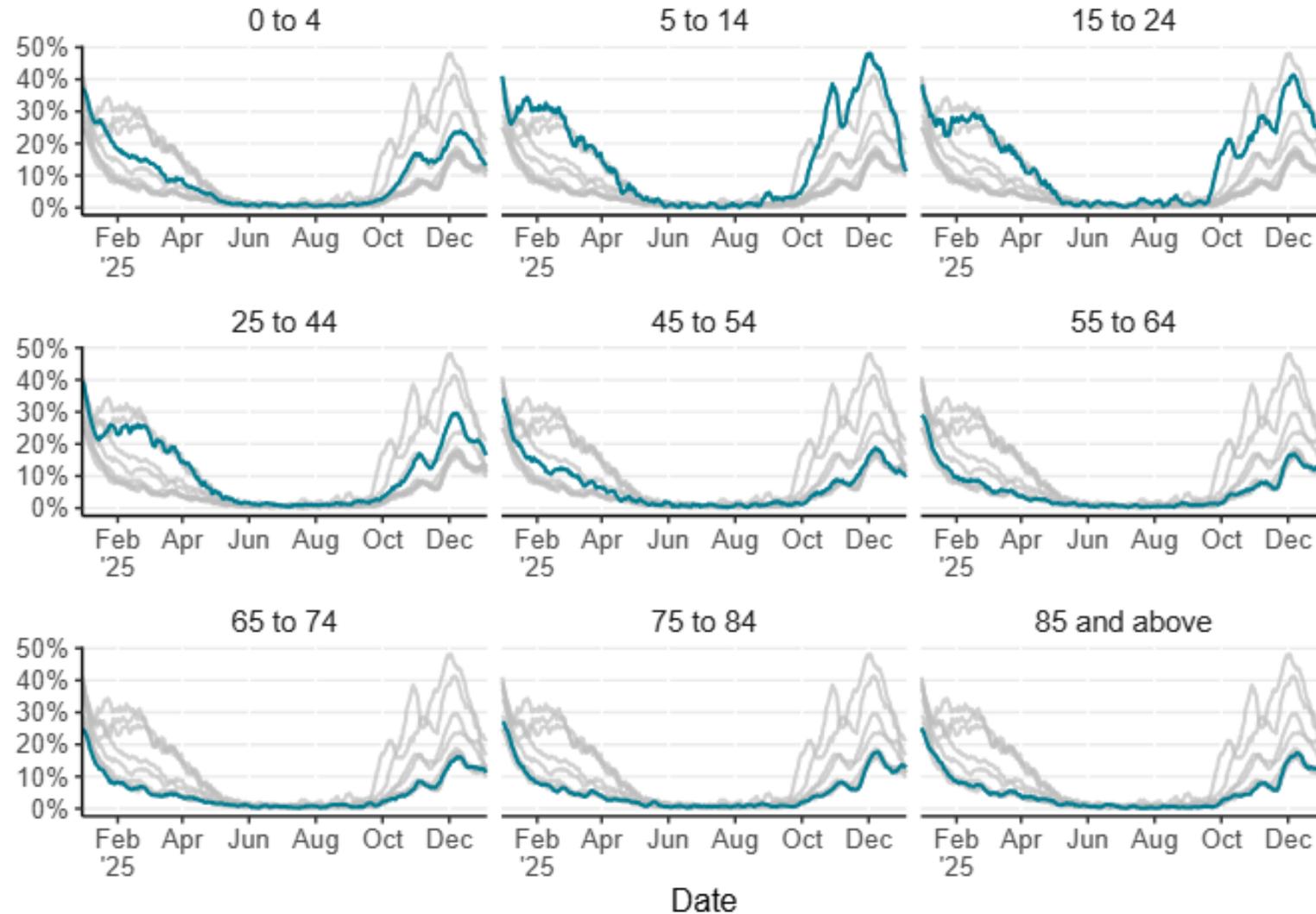
## Hospitalisations



## ICU admissions

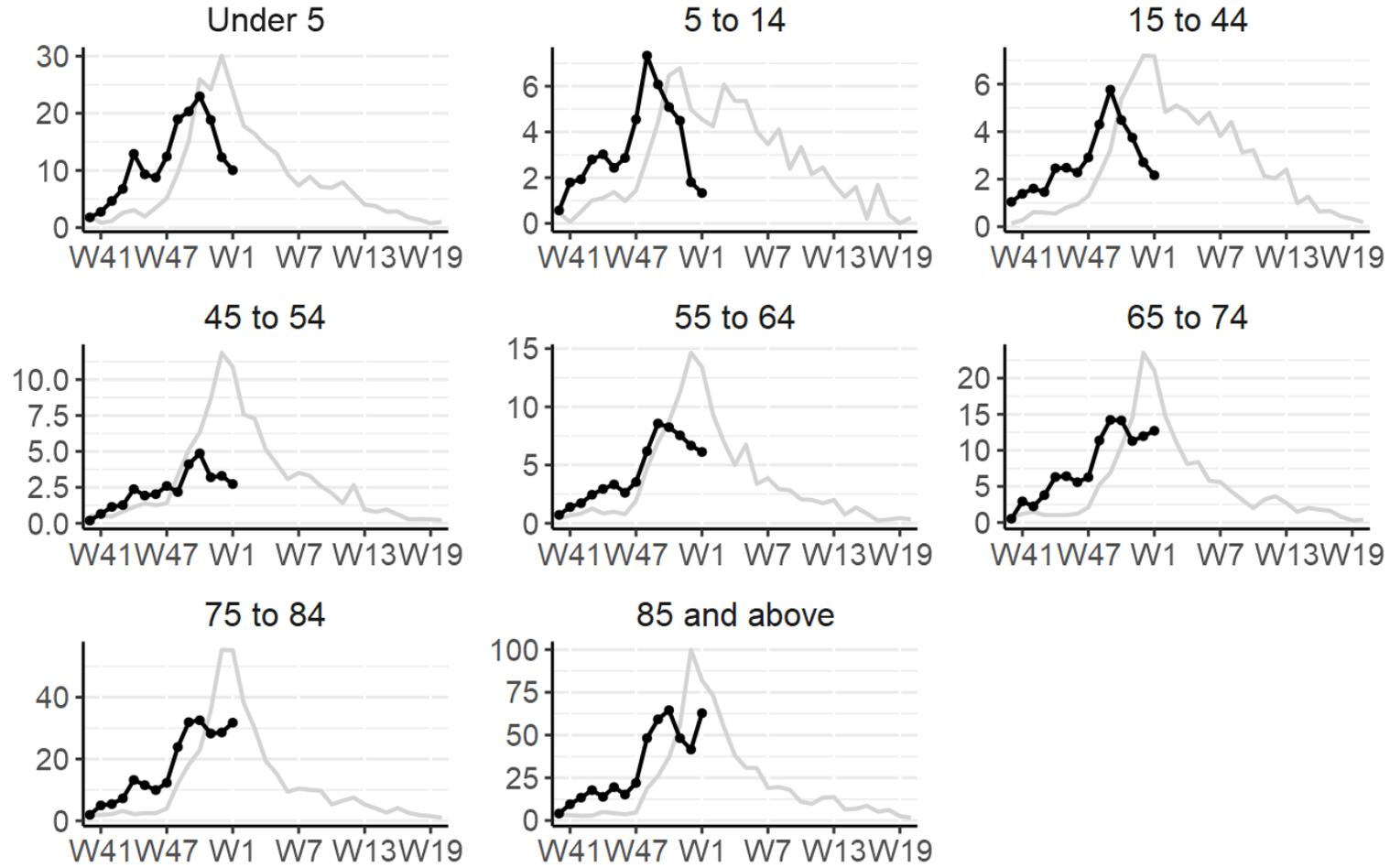


# Lab positivity by age group



# Hospitalisations – by age group

Hospital admission rate per 100,000 trust catchment population



# Flu vaccines 2025 to 2026 season

6 months to less than 2 years in a clinical risk group <sup>(vi)</sup>	2 years to less than 18 years in eligible year groups or in a clinical risk group <sup>(vi)</sup>		18 years to 64 years in a clinical risk group <sup>(vi)</sup> and pregnant women <sup>(vi)</sup>	65 years and over
<p><b>IIVc</b> (cell-cultured inactivated influenza vaccine)</p> <p><b>or IIVe</b> (egg-cultured inactivated influenza vaccine) if IIVc not available</p> <p>1<sup>(i)</sup> or 2<sup>(ii)</sup> 3<sup>(iii)</sup></p>	<p><b>No contraindications to LAIV</b></p>	<p><b>If LAIV contraindicated or otherwise unsuitable<sup>(vi)</sup></b></p>	<p><b>IIVc</b> (cell-cultured inactivated influenza vaccine)</p> <p><b>IIVr</b> (recombinant inactivated influenza vaccine)</p> <p><b>aIIV</b> (adjuvanted inactivated influenza vaccine) if aged 50 years and above<sup>(vi)</sup></p> <p><b>IIV-HD</b> (high-dose inactivated influenza vaccine) if aged 60 years and above</p> <p><b>or IIVe</b> (egg-cultured inactivated influenza vaccine) if recommended vaccines listed above not available</p> <p>1 5 6<sup>(vi)</sup> 7<sup>(vi)</sup> or 2 3</p>	<p><b>aIIV</b> (adjuvanted inactivated influenza vaccine)</p> <p><b>IIV-HD</b> (high-dose inactivated influenza vaccine)</p> <p><b>IIVr</b> (recombinant inactivated influenza vaccine)</p> <p><b>or IIVc</b> (cell-cultured inactivated influenza vaccine) if aIIV, IIV-HD and IIVr not available</p> <p>6 7 5 or 1</p>
<p><b>LAIV</b> (Live attenuated influenza vaccine, nasal spray suspension)</p> <p>4<sup>(ii)</sup></p>	<p><b>IIVc</b> (cell-cultured inactivated influenza vaccine)</p> <p><b>or IIVe</b> (egg-cultured inactivated influenza vaccine) if IIVc not available</p> <p>1<sup>(i)</sup> or 2<sup>(ii)</sup> 3<sup>(iii)</sup></p>			

**Cell-based Trivalent Influenza Vaccine ▼**  
CSL Seqirus

**IIVc**  
Egg-free

1

licensed from 6 months of age

**Vaxigrip**  
Sanofi

**IIVe**

2

licensed from 6 months of age

**Influenza vaccine TIV MYL ▼**  
Viartis

**IIVe**

3

licensed from 6 months of age

**Fluenz**  
AstraZeneca

**LAIV**

4

licensed from 2 years to less than 18 years of age

**Supemtek TIVr ▼**  
Sanofi

**IIVr**  
Egg-free

5

licensed from 18 years of age

**Adjuvanted Trivalent Influenza Vaccine ▼**  
CSL Seqirus

**aIIV**

6

licensed from 50 years of age

**Efluelda TIV-HD ▼**  
Sanofi

**IIV-HD**

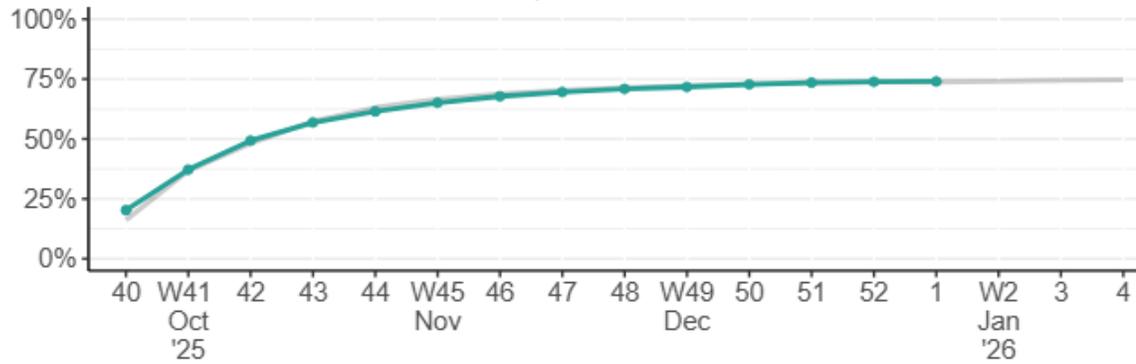
7

licensed from 60 years of age

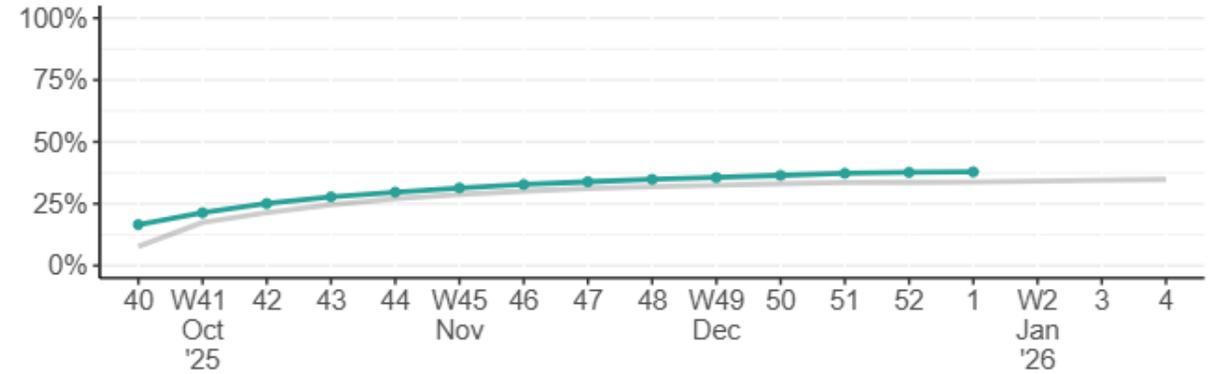
# Vaccination Uptake

— 2024-2025 — 2025-2026

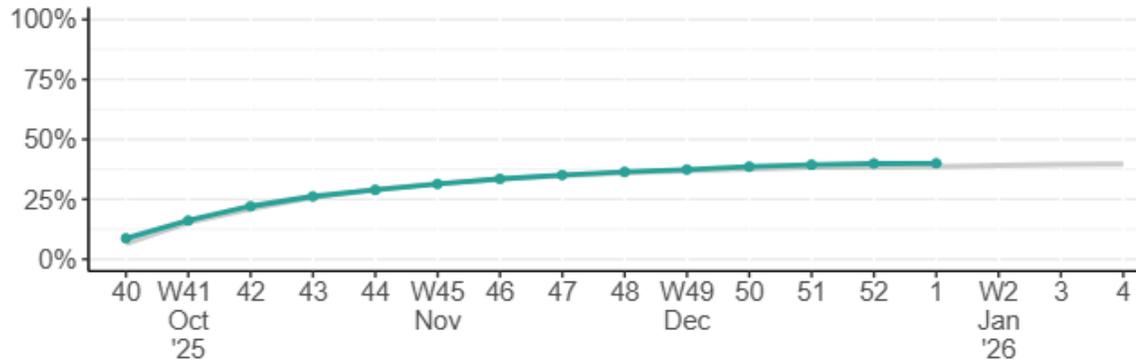
% uptake 65 and over



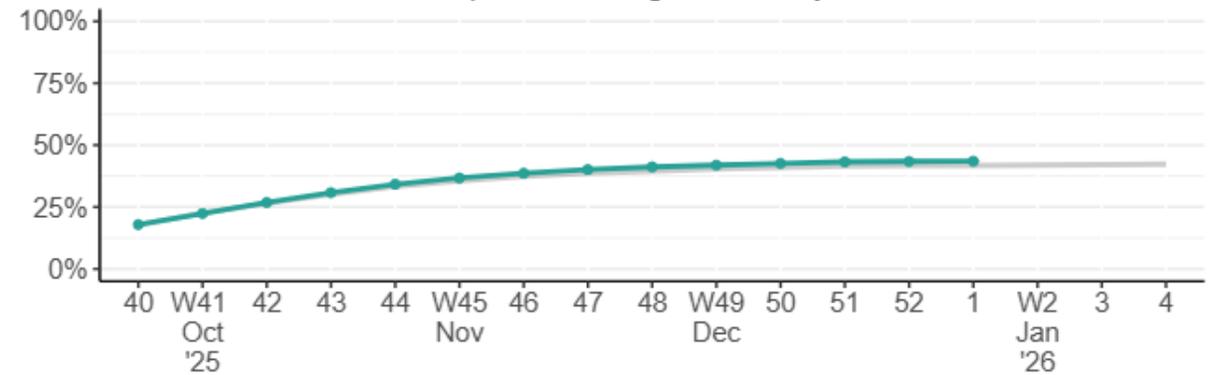
% uptake pregnant women



% uptake under 65 at risk



% uptake those aged 2 and 3 years



Week number

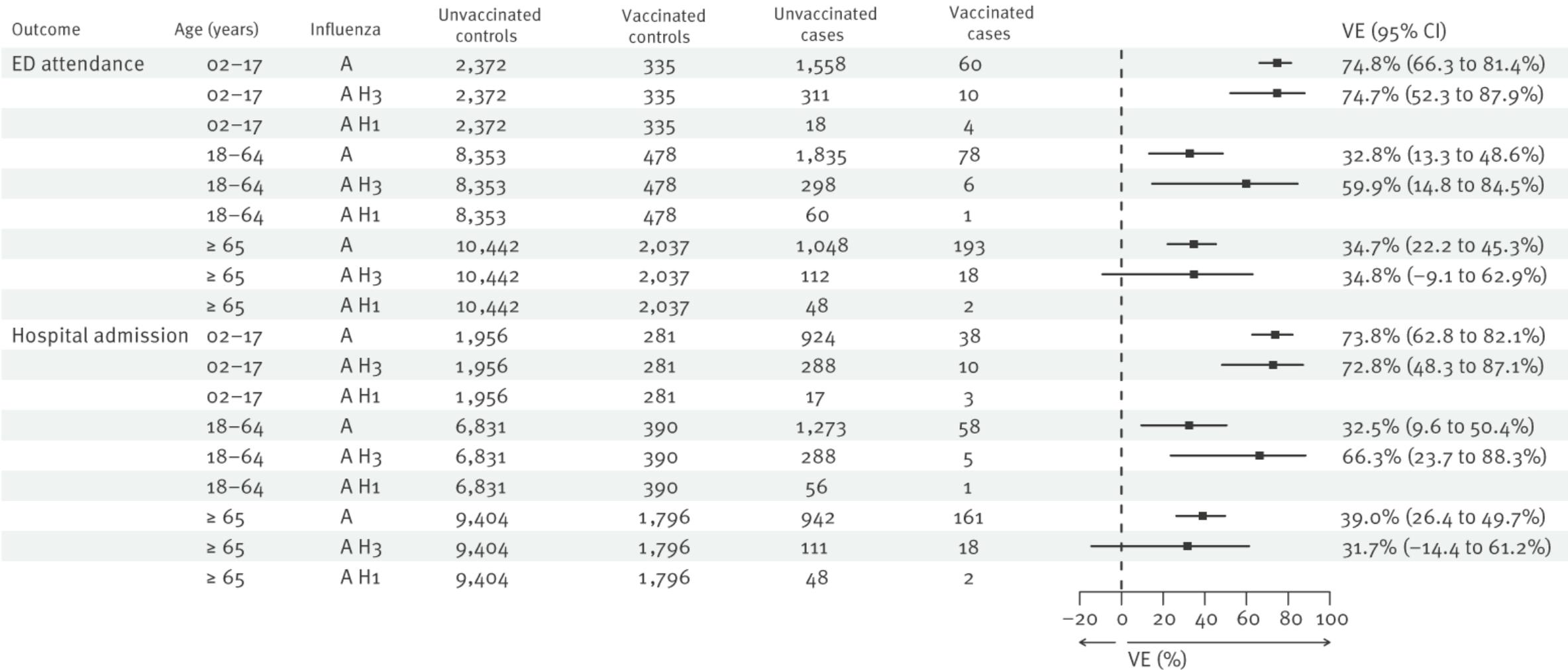
# Vaccine effectiveness methods

- Test-negative case-control study design
  - Cases: Influenza PCR positive tests
  - Controls: Influenza PCR negative tests

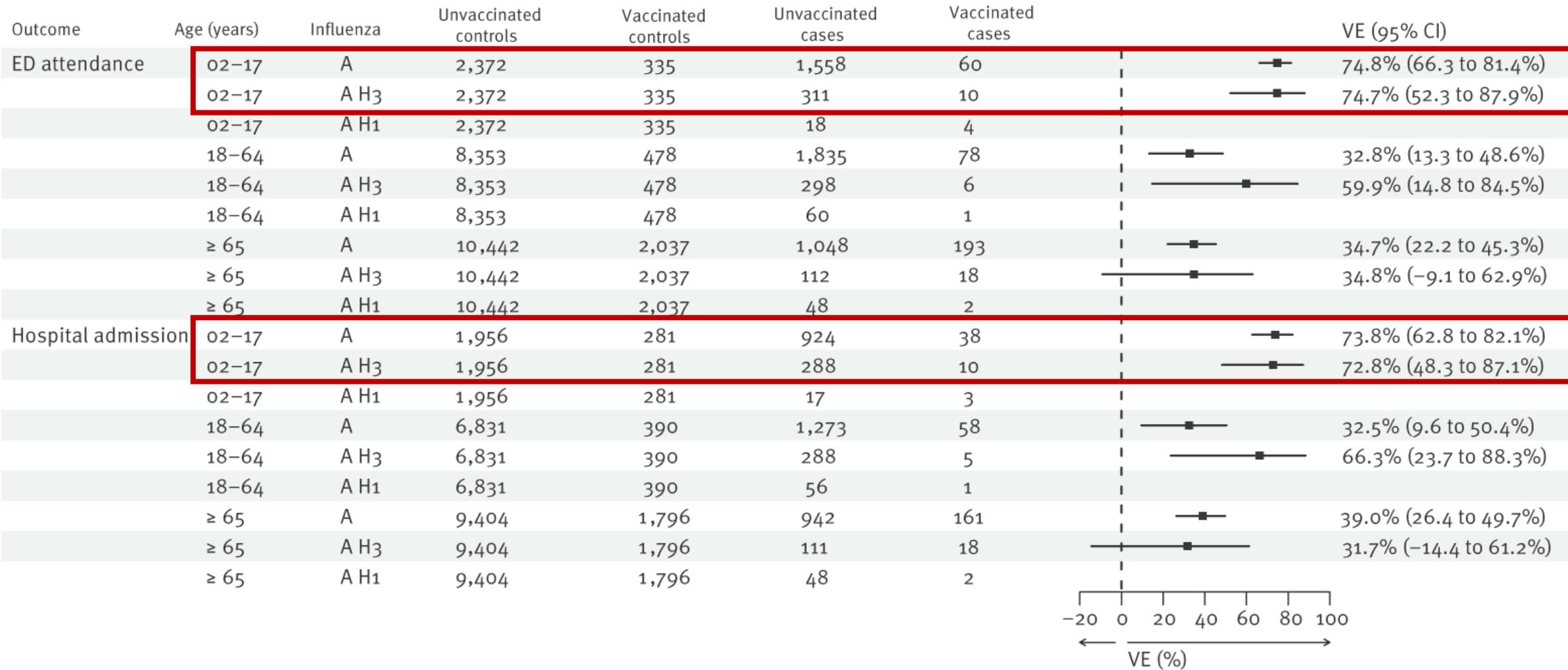


- Study period: 29 September to 2 November 2025
- Multivariable logistic regression
  - Test result as the outcome
  - Vaccination status as the exposure of interest
  - Confounder adjustment for test week, age, region and clinical risk status

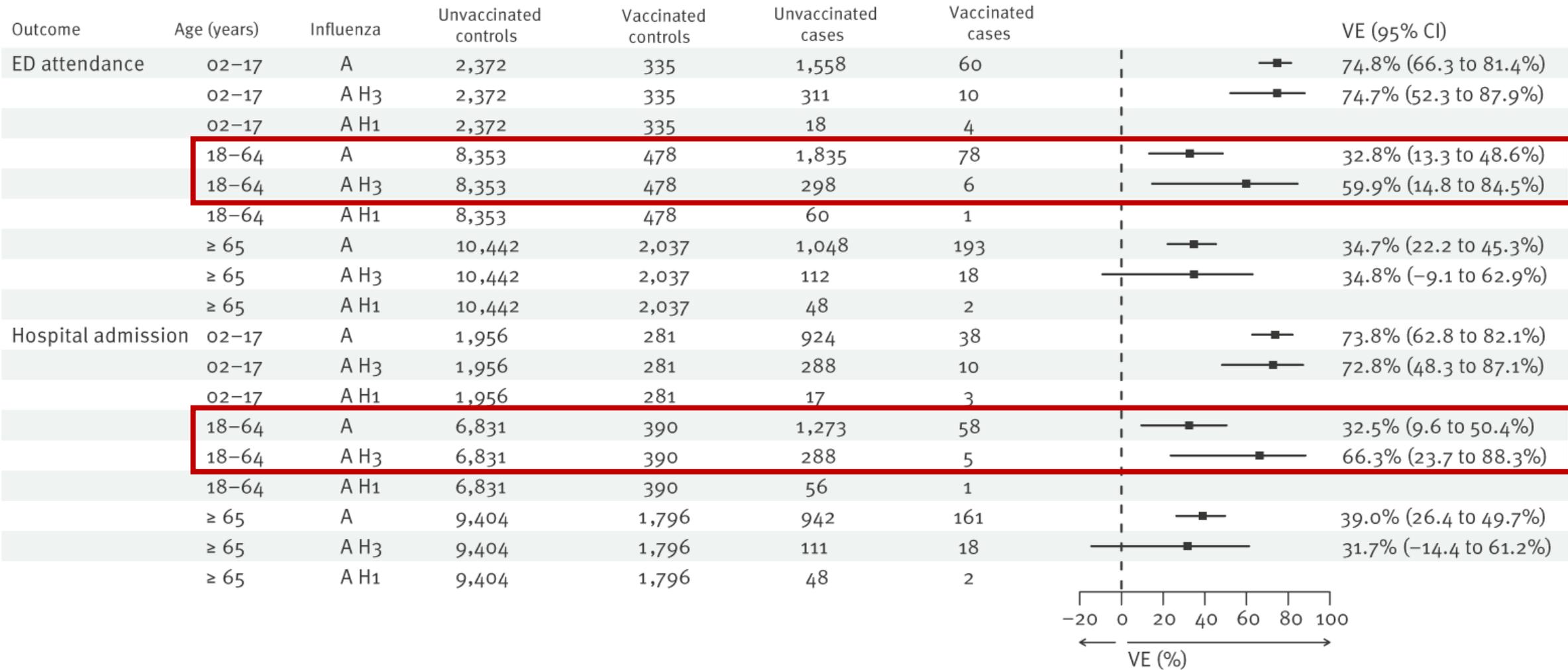
# Vaccine effectiveness



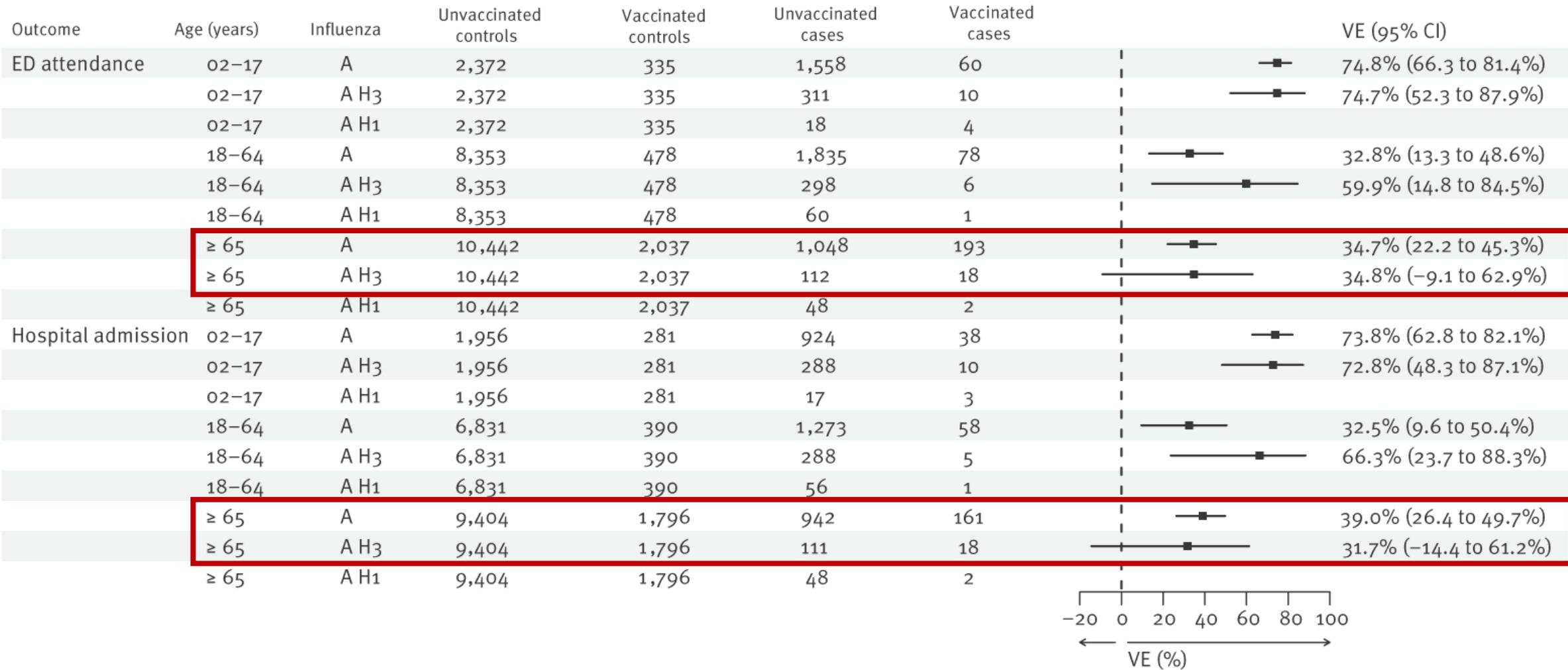
# Vaccine effectiveness - children



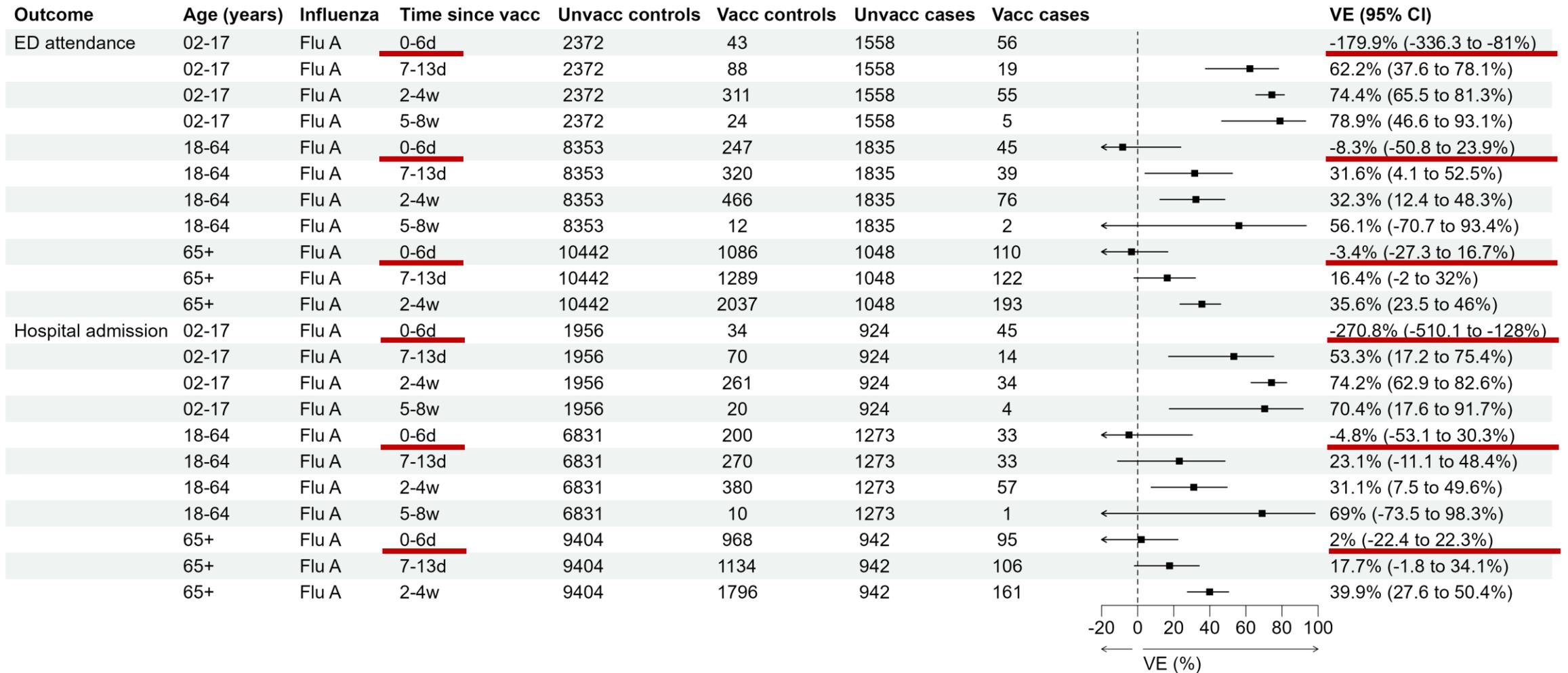
# Vaccine effectiveness – working age adults



# Vaccine effectiveness – older adults



# Vaccine effectiveness by time since vaccination



# Overview & Conclusions



NHS 'facing worst-case scenario' as hospital flu cases jump 55% in a week

Number of people in England being treated remains at record level for this time of year with daily average of 2,660

Flu cases rise across UK as NHS warns peak yet to come



Elliot Barrin  
Live reporter

**Misleading!**

- Widespread anxiety about H3N2 drift variant with early start to season
- Proactive campaigns to encourage vaccination, clinical risk groups & HCW
- Moderate winter season in UK.
- Health service pressures were experienced

# Vaccine Performance

- Children: VE was high with point estimates at around 72–75%
- Adults: moderate VE with point estimates at around 32–39%
- Similar results found in Scotland, Wales and Northern Ireland

<https://publichealthscotland.scot/media/36525/week-49-11-12-25-viral-respiratory-diseases-in-scotland-surveillance-report.pdf>

- Sensitivity analyses restricting to respiratory coded admissions, using an alternative source of hospitalisation data, removing first 2 weeks of study period with minimal vaccination found similar results
- Greater uncertainty around H3N2 subtype-specific estimates, we think influenza A results
- Limitations:
  - Very early (no time for waning) - not comparable to previous end-of-season VE analyses...but interim analyses remain in the same range

# Future

- Interim analyses end Jan indicate similar results
- Ongoing monitoring of vaccine effectiveness against influenza A and H3N2
- Evaluate VE by vaccine type
- Monitor the duration of protection
- Population seroepidemiology to understand relationship between susceptibility and impact

## Acknowledgements

- All UKHSA staff in the Respiratory Virus Unit and in the Respiratory Virus Section in the Immunisations division.