Physicians' and Nurse Practitioners' Update

December 1, 2025
From VCH Public Health

2025 Fall Influenza Update – Protecting High-Risk People

Epidemiology: As of November 20, influenza detections in BC remain low and within seasonal norms, though test positivity is increasing. The primary circulating influenza subtype has been influenza A(H1N1). However, influenza A(H3N2) is on the rise and predicted to be the predominant strain this season. Influenza A(H3N2) causes more serious illness in the elderly and adults with underlying health conditions.

The most important protection again influenza is vaccination. Please ensure that your patients at highest risk of severe illness are vaccinated, particularly those ≥65 years of age. Early season vaccine effectiveness estimates, recently published from the UK, are reassuring and within the range of previous seasons.

Influenza vaccine is provided free for all those ≥ 6 months old and is recommended especially for the following groups:

- Children 6 months - 5 years of age
- Adults 65 years of age and older
- Pregnant individuals
- Children and adults 5 - 64 years of age with chronic health conditions
- Indigenous people 6 months of age and older
- Health care workers, visitors to health care facilities
- Household contacts of those at high risk
- People who provide essential community services

Diagnosis and Treatment: During influenza season (typically December 1 – March 31), influenza can be clinically diagnosed and treatment started empirically, before receiving results of laboratory testing, as antivirals must be started early in the course of illness for maximum effectiveness. Patients who present with signs and symptoms of influenza AND are at high risk of complications from influenza should be considered for empiric outpatient antiviral treatment with oseltamivir, regardless of whether they received the influenza vaccine.

The dosage for oseltamivir is typically 75 mg PO BID for 5 days, though dosing should be adjusted for serious renal impairment. Treatment should be **started within 48 hours of symptoms onset.** Please support this by maintaining capacity for patients with influenza-like illness to be seen in your offices and urgent care as soon as possible after symptom onset.

Respiratory virus testing (nasopharyngeal swab) should be sent at time of oseltamivir initiation, and antivirals should be discontinued if the patient tests negative for influenza A or B. A COPAN red-top in UTM swab is the preferable sample type, using the BCCDC Virology Requisition and sending for influenza A/B, SARS-CoV-2, and RSV.

You can reach a Medical Health Officer at 604.675.3900 | Toll free at 1.855.675.3900 For public health emergencies after hours, contact the Medical Health Officer on call at 604.527.4893

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