Information note - Prevention and control measures to prevent the transmission of seasonal influenza

December 19, 2025

The Pan American Health Organization/World Health Organization (PAHO/WHO) is issuing this Information Note to reiterate to Member States the need to strengthen prevention and control measures to reduce seasonal influenza transmission in the Region of the Americas. In the context of active influenza virus circulation, PAHO/WHO recommends strengthening epidemiological and laboratory surveillance, ensuring timely diagnosis and appropriate clinical management of cases, prioritizing seasonal vaccination with high coverage in high-risk groups, and strengthening the preparedness and organization of health services, including the implementation of infection prevention and control measures, the availability of antivirals and personal protective equipment, and adequate risk communication to the public and health professionals.

Context

Influenza viruses continue to be a major public health problem worldwide, with annual epidemics causing significant morbidity and mortality, especially in older adults, young children, pregnant women, and people with comorbidities. Influenza A is classified into subtypes based on combinations of the surface proteins hemagglutinin (H) and neuraminidase (N). In the human population, the subtypes that circulate sustainably are influenza A(H1N1) pdm09 and influenza A(H3N2), which co-circulate with influenza B viruses and exhibit prevalence patterns that vary by season and geographic location.

Since August 2025, rapid expansion and widespread circulation of the influenza A(H3N2) virus of the K subclade (J.2.4.1) have been observed *(1)*. In the Region of the Americas, A(H3N2) viruses belonging to subclade K have been detected, with circulation patterns reflecting the seasonality of each subregion *(2, 3)*. The circulation of subclade K has been most evident in North America, particularly in the United States and Canada, where a progressive increase in the proportion of this subclade among genetically characterized A(H3N2) viruses has been observed *(3,4)*.

In this scenario, and considering that no consistent increase in clinical severity specifically attributable to the K subclade has been identified to date, there is a reinforced need to maintain effective coordination between epidemiological and laboratory surveillance, seasonal vaccination, risk communication, and infection control measures, and the timely implementation of both pharmacological and non-pharmacological prevention and control measures remain essential to reduce transmission and mitigate the impact on health systems in the Region of the Americas *(1, 2)*.

Recommendations for Member States

Given the increased circulation of influenza A, including subtype H3N2, subclade K, in countries in the Region, the following recommendations are made to the population: strengthen hand hygiene measures, cough etiquette, and the use of masks by people who have symptoms or have tested positive for influenza viruses, as these measures can reduce the transmission of these viruses *(1)*.

It should also be noted that outbreaks of healthcare-associated influenza infections may occur; therefore, standard precautions should be strengthened, and droplet precautions should be used when caring for patients with suspected or confirmed influenza. This includes the appropriate location (isolation) of suspected or confirmed cases and the use of surgical masks by patients with respiratory symptoms and by healthcare and nursing staff caring for patients with suspected or confirmed influenza.

Healthcare and support staff should conduct an appropriate risk assessment to determine whether additional personal protective equipment (e.g., eye protection, FFP2 or N95 respirators, gowns, gloves) is necessary when caring for patients with influenza. The risk of influenza transmission may increase in cases where patient care activities or symptoms may generate splashes, body fluids, secretions, and excretions onto the mucous membranes of the eyes, nose, or mouth; or if in close contact with a patient with respiratory symptoms (e.g., coughing or sneezing) and aerosolized secretions can reach the mucous membranes of the eyes, nose, or mouth directly, or indirectly through contaminated hands. When performing a procedure that generates aerosols in patients with suspected or confirmed influenza, it is recommended to place the patient in an isolation room for airborne infections, as well as to take precautions against airborne and contact transmission with eye protection *(5)*.

Figure 1. What PPE to use in what situation.

WHAT PPE ITEM TO USE IN WHAT SITUATIONS

Level of care	Hand hygiene	Gown	Surgical mask	Respirator (N95 or similar)	Goggle (eye protection) OR face shield (facial protection)	Gloves
Triage						
Collection of specimens for laboratory diagnosis						
Suspected or confirmed case of COVID-19 requiring healthcare facility admission and NO aerosol-generating procedure						
Suspected or confirmed case of COVID-19 requiring healthcare facility admission and WITH aerosol-generating procedure‡						

‡AGPs include positive pressure ventilation (BiPAP and CPAP), endotracheal intubation, airway suction, high frequency oscillatory ventilation, tracheostomy, chest physiotherapy, nebulizer treatment, sputum induction, and bronchoscopy.

Source: https://www.paho.org/sites/default/files/2020-03/PPE-guide-3-pages.pdf.

PAHO/WHO reminds Member States that the recommendations made in the PAHO/WHO Epidemiological Alert: Seasonal Influenza in the Region of the Americas: End of the 2025 Season in the Southern Hemisphere - Start of the 2025-26 Season in the Northern Hemisphere - December 4, 2025, available at: https://www.paho.org/en/documents/epidemiological-alert-seasonal-influenza-americas-region-end-2025-season-southern *(2)*.

References

1. World Health Organization. Disease Outbreak News. Seasonal influenza - Global situation. December 10, 2025. Geneva: WHO; 2025. Available at: https://www.who.int/emergencies/disease-outbreak-news/item/2025-DON586.

2. Pan American Health Organization / World Health Organization. Epidemiological Alert: Seasonal influenza in the Region of the Americas: end of the 2025 season in the southern hemisphere - start of the 2025-26 season in the northern hemisphere - December 4, 2025. Washington, D.C.: PAHO/WHO; 2025. Available at: https://www.paho.org/es/documentos/alerta-epidemiologica-influenza-estacional-region-americas-cierre-temporada-2025.

3. Centers for Disease Control and Prevention. Weekly US Influenza Surveillance Report: Key Updates for Week 49, ending December 6, 2025. Atlanta: CDC; 2025. Available at: https://www.cdc.gov/fluview/surveillance/2025-week-45.html.

4. Government of Canada. Influenza - Canadian respiratory virus surveillance report. Ottawa: PHAC; 2025. Available at: https://health-infobase.canada.ca/respiratory-virus-surveillance/influenza.html

5. UK Health Security Agency. Seasonal influenza: guidance, data and analysis, The symptoms, diagnosis, management, surveillance, and epidemiology of seasonal influenza (flu). https://www.gov.uk/government/collections/seasonal-influenza-guidance-data-and-analysis#diagnosis,-management-and-treatment

Useful links

- Pan American Health Organization / World Health Organization. Donning and doffing of PPE in healthcare workers in the context of avian influenza. Washington, D.C.: PAHO/WHO; 2025. Available at: https://www.paho.org/es/documentos/colocacion-retiro-epp-trabajadores-salud-ante-influenza-aviar.