UK Health Security Agency

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Event: Influenza activity in England: implications for clinical practice and laboratory referral

Sent on behalf of:	Thomas Waite, Deputy Chief Medical Officer for England, Department of Health and Social Care Shona Arora, Interim Chief Medical Advisor, UK Health Security Agency (UKHSA)
Notified by:	Jamie Lopez Bernal, Consultant Epidemiologist, Immunisation and Vaccine-preventable Diseases Division, UKHSA Anika Singanayagam, Consultant Virologist, Respiratory Virus Unit, UKHSA
Authorised by:	Mary Ramsay, Director of Public Health Infection Programmes, UKHSA Meera Chand, Strategic Response Director On-call, UKHSA Tamyo Mbisa, Deputy Director, Reference Microbiology, UKHSA Yimmy Chow, Regional Deputy Director, UKHSA
Contact:	UKHSA Respiratory Virus Team immunisation.resp_viruses@ukhsa.gov.uk
Incident Response Plan (IRP) Level	NA
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Summary:

- Influenza is now circulating in the community with earlier than usual onset of activity in the 2026 to 2027 season. Data show co-circulation of a drifted strain of Influenza A(H1N1)pdm09 (within subclade D.3.1.1) and Influenza A(H3N2) (subclade K), with dominance of H1N1 in the most recent weeks.
- All eligible groups, including healthcare workers, should be encouraged to get vaccinated with the 2026 to 2027 seasonal influenza vaccine as soon as possible.
- Prompt antiviral post exposure prophylaxis and treatment for seasonal influenza should be offered to eligible groups (ideally within 48 hours of exposure or symptom onset).

- Antivirals guidance for treatment and prophylaxis of seasonal influenza has been updated – health professionals should familiarise themselves with the key updates, including updates to treatment recommendations for critically ill adult patients in whom treatment cannot be initiated promptly as well as updates to dosing for individuals with kidney disease.
- Following relevant exposure, antiviral prophylaxis should be offered to eligible people in at-risk groups irrespective of vaccination status in light of the evidence of a drifted strain.
- Laboratory specimen referral guidance has been updated for 2026 to 2027; in-season influenza referral practices now apply.
- Adult social care settings including care homes, supported living or extra care can report an outbreak of acute respiratory infection to HPTs using this service: Report an outbreak of acute respiratory infection in an adult social care setting - GOV.UK.
- Infection prevention and control (IPC) measures such as wearing of masks, ventilation, hand hygiene, and prompt clinical isolation/cohorting should be used in healthcare settings as appropriate.

Background and Interpretation:

Early influenza epidemiology in the 2026/27 season

The latest UKHSA surveillance data shows influenza activity is now above baseline levels following an early start to influenza circulation in young adults. While school holidays may affect transmission in the short-term, we anticipate that circulation will continue to increase and spread to other age groups in the coming weeks.

Recent influenza signals (data to 25 Oct, published 29 Oct) include:

- Emergency department influenza-like illness attendances are above expected levels for the time of year.
- Hospitalisation rates and ICU admission rates for influenza are now above baseline, with the highest admission rates in those age 85 years and over.
- There has been an increase in influenza outbreaks reported to Health Protection Teams.
- Overall positivity (the percentage of those tested that were positive for influenza) is now at 6.6% in NHS and public health laboratories and highest among 5 – 11 year olds.
- Positivity among primary care presentations with acute respiratory infection reached 7.8% in week 42.

Early influenza virology in the 2026/27 season

The latest UKHSA virological surveillance data shows that there has been mixed circulation of influenza A(H1N1), influenza A(H3N2) and to a lesser extent influenza B. In recent weeks, subtyped samples are predominantly Influenza A(H1N1)pdm09.

Available whole genome sequencing from the UKHSA Respiratory Virus reference Unit (RVU) since epi week 35 has identified that current circulating A(H1N1)pdm09 viruses all belong to genetic subclade D.3.1.1. The WHO have reported that some viruses within the D.3.1.1 subclade have antigenically drifted from the A(H1N1)pdm09 strain used in the 26/27 vaccines. The impact on vaccine effectiveness is unclear.

All sequenced A(H3N2) viruses to date belong to genetic subclade K, this is the same subclade that dominated circulation in the 2025/26 season and is used in the 2026/27 vaccine.

Influenza B viruses continue to be detected. These are similar to the 2026/27 vaccine viruses.

Importance of influenza vaccination

Vaccines typically provide protection against severe clinical disease even when drifted strains are seen. The UK programme uses technologically advanced vaccine types optimised for each patient group. Influenza vaccination remains the best protection against influenza and is expected to continue to offer protection.

Guidance on the use of antiviral agents for the treatment and prophylaxis of seasonal influenza

As per NICE TA158, following relevant exposure, antiviral prophylaxis should be offered to eligible people in at-risk groups irrespective of vaccination status in light of the evidence outlined above of a drifted strain. At risk groups include those age 65 years and over, under 6 months of age, pregnant women and anyone in a clinical risk group or other risk group (see Green Book influenza chapter).

UKHSA guidance on the use of antiviral agents for the prompt treatment and prophylaxis of seasonal influenza has been updated for the 2026/27 season and is available here. Key changes include:

- Updates to treatment recommendations for critically ill adult patients in whom treatment cannot be initiated promptly.
- Updates to renal dosing for oseltamivir.
- Clarification that post exposure prophylaxis can be considered for care home residents irrespective of vaccination status.

Where appropriate, recruitment into relevant clinical trials for influenza antiviral treatment should be considered.

On 1 October 2025 the regulations governing prescribing of neuraminidase inhibitors (NAI) in the community were updated to remove restrictions on prescribing outside of the influenza season (see Drug Tariff Part XVIIIB).

Infection prevention and control advice

Guidance on measures to prevent and control respiratory virus infections should be followed including appropriate ventilation, hand hygiene and the use of personal protective equipment in health care settings.

Advice on testing for influenza

Clinicians should have a low threshold for considering influenza and testing patients who present to healthcare services with acute respiratory infection symptoms where testing would inform clinical management or infection control decisions. Testing should not delay initiation of antiviral treatment in suspected cases. If rapid RT-PCR or validated POCTs for respiratory viruses are unavailable, prompt antiviral initiation prior to virological testing is recommended. Early initiation of therapy is associated with clinical benefit.

Sample referral instructions for laboratories

UKHSA has updated laboratory guidance for referral of influenza samples for winter 2026/27. Clinical diagnostic laboratories are asked to:

1. Ensure that subtyping (for H1/H3) is attempted on **all severe influenza A** cases (ITU/HDU/fatal), either locally or in a UKHSA laboratory.
2. Arrange for a proportion of influenza A positive material to be subtyped - either using validated subtyping assays locally and reporting to SGSS, OR by referring a locally-agreed proportion to a Regional or Collaborating Public Health Laboratory (PHL) for surveillance purposes.
3. Forward influenza A positive samples for which subtyping attempts have failed (**unsubtypeable samples**) to the UKHSA RVU Colindale using the E3 form.

Implications and Recommendations for UKHSA Regions:

Health protection teams should use the updated epidemiological and virological information, and antiviral guidance in managing suspected seasonal influenza outbreaks in care homes and other institutional settings.
Adult social care settings including care homes, supported living or extra care can report an outbreak of acute respiratory infection to HPTs using this service: Report an outbreak of acute respiratory infection in an adult social care setting - GOV.UK

Implications and Recommendations for UKHSA sites and services:

Regional and Collaborating Public Health Laboratories (Birmingham, Bristol, Cambridge, Leeds, Manchester, Newcastle and Southampton) should note that in-season influenza sample referral practices now apply.

- **Select up to 25 samples per week to refer to RVU Colindale** on which subtyping has been performed. Prioritise unsubtypeable influenza A, severe or fatal influenza, samples associated with outbreaks or with suspected antiviral resistance, as in the Sample Referral Guidelines.

Implications and Recommendations for NHS:

Healthcare professionals

- Should continue to strongly advocate for and, where contracted, provide seasonal influenza vaccination to eligible groups.
- Should take up vaccination to protect themselves, those they care for and their colleagues.
- Should use the updated epidemiological and virological information, and antiviral guidance in managing suspected and confirmed seasonal influenza case-patients and at-risk patients exposed to suspected and confirmed cases.
- Should apply respiratory IPC measures applicable to their clinical setting.

Laboratory health professionals
In-season influenza sample referral practices now apply.
NHS clinical diagnostic laboratories should:

- If subtyping is not performed in-house, refer a locally-agreed portion of routine samples to a Regional or Collaborating Public Health Laboratory for surveillance purposes.
- If performing subtyping in-house, report to SGSS and refer up to 5 subtyped samples per week to RVU Colindale, following Sample Referral Guidelines, noting instructions for referral of unsubtypeable influenza A.

Laboratory informatics specialists are reminded that influenza negative, indeterminate and void results are required in the Health Protection Regulations to be reported to UKHSA alongside positive results.

Implications and recommendations for Local Authorities:

The briefing is circulated for information to local authority public health teams to make them aware that influenza is circulating in the community. There are no specific changes to existing local arrangements for seasonal flu response.

References or Sources of information:

Weekly national respiratory virus surveillance reports,
gov.uk/government/collections/weekly-national-flu-reports

Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza, October 2026 gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents

Referral of influenza samples to RVU, UKHSA Colindale gov.uk/government/publications/referring-influenza-samples-to-respiratory-virus-unit-phe-colindale

CMO Letter: https://www.cas.mhra.gov.uk/SearchAlerts.aspx

NICE guidance on antiviral prophylaxis for influenza: nice.org.uk/Guidance/TA158
NICE guidance on antiviral treatment of influenza: nice.org.uk/Guidance/TA168

UKHSA guidelines on the management of outbreaks of influenza-like illness (ILI) in care homes gov.uk/government/publications/acute-respiratory-disease-managing-outbreaks-in-care-homes

NHS England: National infection prevention and control manual (NIPCM) for England england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/

Instructions for Cascade:

- **UKHSA Private Office Groups** who cascade onwards within Groups
- **UKHSA Health Protection in Regions** who cascade onwards to:
    - UKHSA Field Services
    - UKHSA Health Protection Teams including UKHSA Regional Deputy Directors
    - Deputy Directors in Regions Directorate
- **UKHSA Regional Deputy Directors** to cascade to Directors of Public Health
- UKHSA Lab Management Teams
- **UKHSA microbiologists** to cascade to non-UKHSA labs (NHS labs and private)
- **UKHSA microbiologists** to cascade to NHS Trust infection leads
- UKHSA Regional Communications
- Generic inbox for each of the **Devolved Administrations** who cascade onwards to:
    - Medical Directors
    - Other DA teams as appropriate to their local arrangements
- Inboxes for each of the Crown Dependencies
- UKHSA UKOT Programme SPOC
- DHSC CMO
- OHID Regional Directors of Public Health
- National NHSE Emergency Preparedness, Resilience and Response (EPRR)
- NHSE National Operations Centre
- NHS Immunisation Team
- NHS labs/NHS infection leads/NHS microbiologists/NHS infectious disease specialists
- Royal Colleges including:
    - Royal College of Anaesthetics
    - Faculty of Dental Surgery
    - Royal College of Emergency Medicine
    - Royal College of General Practitioners
    - Faculty of Intensive Care Medicine
    - Royal College of Obstetricians and Gynaecologists
    - Faculty of Occupational Medicine
    - Royal College of Ophthalmologists
    - Royal College of Paediatrics and Child Health
    - Royal College of Pathologists
    - Faculty of Pharmaceutical Medicine
    - Royal College of Physicians
    - Royal College of Psychiatrists
    - Faculty of Public Health
    - Royal College of Radiologists
    - Faculty of Sexual and Reproductive Healthcare
    - Faculty of Sport and Exercise Medicine
    - Royal College of Surgeons of England