



**DATE:** December 9, 2025

**TO:** Hospitals, Laboratories, Emergency Medicine, Critical Care, Pulmonology, Family Medicine, Pediatrics, Adolescent Medicine, Internal Medicine, Infectious Disease, Infection Control Practitioners, Urgent Care, Primary Care Providers, Director of Nursing, Medical Examiners, Local Health Departments

**FROM:** New York State Department of Health and New York City Department of Health and Mental Hygiene (NYC Health Department)

**HEALTH ADVISORY: Influenza A(H3) Currently Dominant; Influenza A Subtyping in Persons who are Hospitalized or Persons with Suspected Highly Pathogenic Avian Influenza or Novel Influenza Infection**

Early data for the 2025-26 influenza season indicate influenza A(H3) currently is the dominant strain. Historically, seasons dominated by influenza A(H3) have been characterized by more severe illness, particularly among older adults.

To monitor seasonal influenza virus activity, and to help rapidly determine what strains are causing human illness in New York, including influenza A(H3), highly pathogenic avian influenza (HPAI) A(H5), or other novel influenza strains, the Centers for Disease Control and Prevention (CDC) is encouraging influenza testing for persons with respiratory illness in all clinical settings and recommends [routinely ordering subtyping on influenza A-positive specimens](#), particularly among hospitalized or severely ill persons.

**Summary**

- Data from both New York City (NYC) and New York State (NYS) indicate influenza A(H3) currently is the dominant influenza strain circulating in the state. Seasons during which influenza A(H3) causes the majority of influenza infections are typically characterized by more severe illness, particularly among older adults, resulting in more persons seeking care.
  - While these early data do not mean that influenza A(H3) will remain the dominant strain throughout the season, facilities should be aware of this information and plan accordingly.
  - The current season's trivalent influenza vaccine protects against influenza A(H3N2). However, the A(H3N2) virus that served as the reference strain for this season's influenza vaccine subsequently acquired several mutations, resulting in antigenic drift and a new A(H3N2) subclade, referred to as subclade K; subclade K is circulating in New York and the United States. While these mutations are not associated with changes in transmissibility, illness severity, or antiviral effectiveness compared with the A(H3N2) reference strain, the mismatch with this season's influenza vaccine could influence vaccine effectiveness against A(H3N2). Still, influenza vaccines continue to offer the best protection against serious illness from influenza. Strongly encourage vaccination, especially among older adults and others at increased risk for severe illness.
- The NYC and NYS Departments of Health request that respiratory samples from the following people be promptly forwarded to the public health laboratory for additional testing, including subtyping, whole genome sequencing, and antiviral resistance testing:
  - Persons hospitalized with laboratory-confirmed influenza A, particularly people receiving intensive care unit (ICU) level care
  - Persons in any setting with laboratory-confirmed influenza A infection reporting [potential HPAI exposures](#) within 10 days of symptom onset (e.g., unprotected contact with potentially infected sick or

dead birds or other animals; direct contact with water or surfaces contaminated by potentially infected animals; exposure to a person infected with HPAI without use of respiratory and eye protection).

- If you suspect a person has a novel influenza A virus infection based on a positive influenza A laboratory result, in combination with clinical history and exposure, immediately contact either:
  - For persons residing in NYC: **NYC Health Department Provider Access Line** at 866-692-3641;
  - For persons residing outside NYC: **NYS Department of Health** at 518-473-4439 or 866-881-2809 after hours and the [local health department](#) (LHD) where the person resides.

#### **New York clinicians should:**

1. Order **influenza testing for people with respiratory illness consistent with seasonal or avian influenza** (with or without fever or conjunctivitis), particularly for those who are severely ill (e.g., hospitalized, including in ICU), using whichever diagnostic test is most readily available for initial diagnosis.
2. **Order subtyping for influenza A-positive specimens** collected from hospitalized persons, other people with severe respiratory illness, and those reporting potential HPAI exposures (e.g., unprotected contact with potentially infected sick or dead birds or other animals; direct contact with water or surfaces contaminated by potentially infected animals; exposure to a person infected with HPAI without use of respiratory and eye protection).
  - **If the initial diagnostic test cannot subtype**, ordering a seasonal influenza A subtyping diagnostic test for a positive influenza A specimen is recommended, either from the clinical laboratory or by shipping the specimen to the NYC or NYS Public Health Laboratory, depending on where the person resides.
    - The main seasonal influenza A subtypes are H1 and H3. If a specimen tests positive for one of these subtypes, HPAI A(H5) testing is not needed unless exposure history suggests H5 infection.
    - Seasonal influenza A subtyping (e.g., respiratory pathogen panel with influenza A(H1)/(H3) analytes) can be performed by clinical laboratories.
      - If volume, resources, or other reasons require prioritization for subtyping, focus on the most critically ill people, such as specimens from persons in the ICU.
      - Testing is available at public health laboratories, if seasonal influenza A subtyping is not feasible through in-house or commercial testing.
  - **If preliminary seasonal influenza subtyping yields an unsubtypeable result**, promptly submit samples to a public health laboratory for further characterization. The ability to determine subtype may be reduced in samples with low viral load. If the specimen was collected  $\geq 7$  days after onset of illness, or the influenza A analyte cycle threshold (Ct) is above 32, subtyping is not recommended.
  - **If exposure history or symptoms strongly suggest H5 infection**, submit specimens for characterization in lieu of seasonal subtyping, in line with previous guidance.
3. Ask people with suspected or confirmed influenza about potential exposures to wild and domestic birds and animals, animal products, or symptomatic persons with probable or confirmed HPAI.
4. **Implement appropriate [infection control measures](#) when influenza is suspected.**
  - Standard and droplet precautions are recommended for persons presenting for medical care or evaluation who have illness consistent with influenza.
  - [Standard, contact, and airborne precautions](#) are recommended for people presenting for medical care or evaluation who have illness consistent with influenza **and** recent exposure to birds or other animals potentially infected with HPAI A(H5N1) virus. This includes use of eye protection and placing the individual in an airborne infection isolation room (AIIR) with negative pressure. If an AIIR is not available, place a facemask on the individual and isolate in an examination room with the door closed. The individual should not be placed in any room where room exhaust is recirculated without high-efficiency particulate air (HEPA) filtration.
5. Start anyone hospitalized, especially those in an ICU, with suspected seasonal or avian influenza A(H5), on [antiviral treatment with oseltamivir](#) as soon as possible, unless contraindicated. For non-hospitalized persons with suspected influenza, have a low threshold for antiviral treatment, particularly among those at higher risk for influenza complications. Do not wait for the results of influenza testing. Consult with the health department for recommendations on post-exposure prophylaxis for contacts

6. Notify the appropriate health department promptly if avian influenza A(H5) virus infection is suspected, probable, or confirmed.
  - Persons residing in NYC: Call the NYC Provider Access Line at 866-692-3641.
  - Persons residing outside NYC: Call the NYS Health Department at 518-473-4439 or 866-881-2809 after hours and the local health department where the individual resides.

**To submit influenza specimens to the NYC or NYS Public Health Laboratory:**

**For persons residing in NYC:**

- Specifics regarding influenza specimen collection and testing can be found at: [tests-and-services-manual.pdf](#). Public Health Laboratory approval is not required for seasonal influenza A subtyping.
- For any questions regarding specimen collection, transport, testing, or submission coordination, call the NYC **Public Health Laboratory (PHL)** at **212-671-5890** for assistance during normal business hours.
- If managing a person with high suspicion for influenza A(H5) or other novel influenza A, call the NYC Health Department **Provider Access Line** at **866-692-3641** for management and testing guidance.
- Submit an electronic test requisition form using NYC PHL's [eOrder system](#).

**For NYS residents outside of NYC:**

- Send specimens to NYS Wadsworth Center Laboratory for testing. Specifics regarding influenza specimen collection and shipping can be found at: <https://www.wadsworth.org/programs/id/virology/services/specimen-collection>
- Specimens must be kept cool until they reach the laboratory. Refrigerate or store specimens in cooler with frozen gel packs until ready to ship. Specimens should be shipped overnight on frozen gel packs.
- A shipping manifest from an electronically submitted Remote Order **or** an [Infectious Disease Requisition](#) (IDR) form requesting influenza testing with subtyping should accompany all specimens sent to Wadsworth.
- **For questions about shipping on holidays or weekends, please call 518-474-4177.** Ship specimens to:  
New York State Department of Health Wadsworth Center - Virology Laboratory  
120 New Scotland Avenue  
Albany, NY 12208

**For more information:**

- NYC-based clinicians should contact the NYC Provider Access Line at 866-692-3641.
- Outside NYC, general questions about suspected A(H5N1) cases can be directed to the NYS Department of Health Bureau of Communicable Disease Control at 866-881-2809 on evenings, weekends, and holidays, or by email at [BCDC@health.ny.gov](mailto:BCDC@health.ny.gov).
- General questions about influenza infection control in hospitals, nursing homes, and diagnostic and treatment centers can be sent to [icp@health.ny.gov](mailto:icp@health.ny.gov)

**Resources:**

- [2025-2026 New York State respiratory virus season advisory](#)
- Respiratory season surveillance data
  - [NYS Department of Health respiratory surveillance weekly report](#)
  - [NYC Department of Health respiratory illness data page](#) (updated weekly)
- Communicable disease reporting guidance
  - [NYS Department of Health communicable disease reporting](#)
  - [NYC Department of Health reporting diseases and conditions](#)
- Provider guidance regarding avian influenza
  - [NYS Department of Health avian influenza information for clinicians and veterinarians](#)
  - [NYC Department of Health avian influenza information for healthcare providers](#)
- General information about avian influenza
  - [NYS Department of Health avian influenza webpage](#)
  - [NYC Department of Health avian influenza webpage](#)