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By email only

To: Trust Medical Directors
GPs (incl Out of Hours)
Community Pharmacies

www.publichealth.hscni.net

14th November 2025

Dear Colleagues,

Re: Clinical and health service implications of the early 2025/2026 influenza season

Required actions:

- Act now; promote influenza vaccination It's not too late to be vaccinated – take additional steps to ensure all eligible patients and staff within your clinical area are vaccinated against influenza as soon as possible.
- Prescribe and dispense antiviral post-exposure prophylaxis and treatment promptly - Mitigate against severe infection by offering prompt antiviral treatment or post exposure prophylaxis to eligible groups in line with the updated UKHSA antiviral guidance.
- Maintain infection prevention and control (IPC) standards PPE,
 hand hygiene and isolation To limit transmission follow the Northern
 Ireland Infection Control manual guidance for respiratory illnesses.

Key messages:

- The 2025/2026 influenza season has started earlier than usual, with a drifted strain of Influenza A (H3N2) (subclade K) predominating.
- Influenza A(H3N2) predominance is associated with higher morbidity and mortality, particularly in the elderly, than when A(H1N1) predominates.
- Influenza test positivity in Northern Ireland (as of 9th November 2025), has reached 10.4% overall and 30.6% in children aged 5–14 years.
- Hospital admissions for community acquired influenza are higher than for the same period last year.

 Vaccination remains highly protective – current vaccine effectiveness data in England shows it reduces the risk of hospital attendance and admission for children and adults.

1. Vaccine effectiveness

Despite the predominance of an antigenically drifted strain (A (H3N2), subclade K), early vaccine effectiveness data in England indicate that the **current seasonal vaccine continues to offer meaningful protection**. In line with previous years, this analysis shows that:

- vaccinated children aged 2 17 years are 70% to 75% less likely to attend or be admitted to hospital with influenza,
- vaccinated adults are 30% to 40% less likely to attend or be admitted. The full report can be found here.

Since 6th October, 364,701 vaccinations have been delivered across Northern Ireland. **To protect patients, the workforce and sustain health system resilience**, it is essential to **increase uptake in all eligible groups**.

Action:

- Please continue to offer and recommend influenza vaccination at every opportunity—to patients, carers, and colleagues.
- Encourage staff vaccination ASAP to protect our staff and safeguard workforce capacity.

2. Updated antiviral guidance

Prompt administration of antiviral therapy provides the greatest clinical benefit in mitigating severe disease. UKHSA has issued <u>updated guidance</u> on the use of antiviral agents for treatment and prophylaxis of seasonal influenza during the 2025/2026 season. These revised guidelines standardise the choice of first line antiviral regardless of the dominant circulating strain. Clinicians are reminded that:

- Antiviral treatment is offered to all patients presenting with severe influenza.
- Antiviral treatment is offered to individuals in clinical at-risk groups presenting with non-severe influenza.
- Following a relevant exposure, antiviral prophylaxis is offered to all eligible people in at-risk groups irrespective of vaccination status.

Healthcare workers should familiarise themselves with the complete guidance which outlines detailed prescribing criteria. Please note that the updated guidance references the use of baloxavir which has not been appraised by NICE and consequently is not routinely commissioned in Northern Ireland.

Clinicians should engage with HSC Trust pharmacy departments to assess availability and supply where usage is planned.

As per <u>CMO's recent letter</u>, community pharmacies should order antiviral medicines through their usual pharmaceutical wholesalers. It is important that pharmacists ensure antiviral medicines are issued to patients promptly, to avoid treatment delay. If unable to fulfil the whole prescription, they should consider how best they can assist patients to gain timely access.

GP Out-of-Hours services should also consider keeping a supply of antivirals as part of their stock medication.

3. Infection prevention and control

Infection prevention and control (IPC) measures remain critical in interrupting influenza transmission within healthcare settings.

Action:

- Maintain rigorous hand hygiene.
- Use appropriate personal protective equipment (PPE).
- Isolate symptomatic patients promptly following current Public Health Agency guidance.

Summary of Required Actions

- 1. **Promote and deliver influenza vaccination** to all eligible groups (including within the workforce).
- 2. **Initiate antiviral therapy promptly** for severe and at-risk patients.
- 3. Apply IPC measures consistently to prevent transmission.

Together, these actions reduce hospitalisations, protect the workforce, and sustain system resilience through winter.

Thank you for your continued vigilance and commitment to patient safety.

Yours sincerely,

Dr Joanne McClean
Director of Public Health

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For more information please visit:

- PHA Respiratory Surveillance Report: https://www.publichealth.hscni.net/services-and-teams/public-health-services/health-protection/surveillance-data/respiratory-0
- NI Direct flu vaccination patient information: https://www.nidirect.gov.uk/articles/flu-vaccine
- Seasonal influenza vaccination programme coverage is available at <u>www.publichealth.hscni.net/directorate-public-health/health-</u> protection/vaccination-coverage
- UKHSA guidance on the use of antiviral agents for the treatment and prophylaxis of seasonal influenza: <u>Guidance on use of antiviral agents for</u> the treatment and prophylaxis of seasonal influenza - GOV.UK
- Northern Ireland Regional Infection Prevention and Control Manual: https://www.niinfectioncontrolmanual.net/