Chief Medical Officer Directorate

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The Scottish Government

Dear Colleagues,

SEASONAL INFLUENZA 2025-26: CURRENT EPIDEMIOLOGY, POTENTIAL IMPLICATIONS AND USE OF INFLUENZA ANTIVIRALS

Early flu season & current epidemiology

1. Public Health Scotland (PHS) data from end-October 2025 indicate an unusually early start to the influenza season. Overall activity remains at baseline levels, but four of our Health Boards rose from baseline to low activity level in ISO week 44 (27 October – 02 November). In that week the 5-14 age group increased from baseline to low activity level for the first time this season. Hospital admissions also increased from 94 to 108.

International Picture

2. The situation in Scotland is similar to England, that of Asia-pacific and other countries in the northern hemisphere, where early and unusually high influenza activity has been reported, especially among school-age children.

Drifted flu strain

3. Characterisation of the influenza virus circulating in Scotland indicates that an H3N2 drifted strain (sub-clade K, previously known as J.2.4.1) is the predominant wildtype virus detected thus far. Historically, H3N2 has led to higher morbidity and mortality compared to H1N1, particularly among older adults. Clear signals regarding the likely dominant strain for the season and its impact on the population (including transmissibility and vaccine effectiveness) are not yet known.

Implications for influenza vaccination

4. In light of the early influenza season, the Scottish Vaccination & Immunisation Programme (SVIP) continues to actively promote and deliver influenza vaccination to eligible groups and to our health and social care workforce. Other clinicians out with immunisation services should also continue to actively promote influenza vaccination to their eligible patients.

From Chief Medical Officer
Chief Pharmaceutical Officer
Professor Sir Gregor Smith
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For action
Chief Executives, NHS Boards
Medical Directors, NHS Boards
Directors of Public Health, NHS Boards
Directors of Nursing & Midwifery, NHS Boards
Directors of Pharmacy
General Practitioners
Practice Managers
Practice Nurses
Health Visitors
Immunisation Coordinators
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Scottish Prison Service
Scottish Ambulance Service
Consultant Obstetricians
Occupational Health Lead

For information
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4. Even in seasons when drifted strains predominate, when there may be a vaccine mismatch, vaccine effectiveness may be lower, but vaccination still provides important protection against severe disease and death. It will also provide protection against the other influenza types and subtypes expected to circulate this winter.

5. Improving uptake in the health and social care worker group is an SVIP priority this winter. Health and social care services should be actively encouraging their staff to come forward for influenza vaccination. Staff are more likely to be exposed to the influenza virus through work and vaccination helps protect the staff member, prevents onward transmission to patients / clients and colleagues, and helps to protect their families at home. All of this also helps to reduce staff influenza -related absence, and contributes to better service resilience during the busy winter period.

Implications for influenza antivirals

6. In light of the early start to the influenza season prompt treatment and antiviral post exposure prophylaxis for seasonal influenza should now be offered to eligible groups.

7. The early dominance of this drifted strain means prompt treatment and antiviral post exposure prophylaxis for seasonal influenza become even more important in protecting vulnerable patients. At this point there is no suggestion that the H3N2 drifted strain has any decreased susceptibility to antivirals.

8. Antiviral use may help to prevent infection following exposure and, amongst those with infection, to lessen symptoms, shorten the period of illness and reduce the risk of complications that otherwise might lead to hospitalisation or death. Antiviral medicines are not a substitute for vaccination, which remains the most effective way of preventing severe influenza illness.

Treatment and prophylaxis

9. Treatment for suspected or confirmed influenza in the community for eligible groups should be considered given the current epidemiologic picture in Scotland. Treatment should be started promptly, without waiting for results of testing, if severe influenza is suspected based on clinical presentation and/or epidemiological information.

10. Updated antivirals guidance for treatment and prophylaxis of seasonal influenza has been published by UKHSA. Health professionals should familiarise themselves with the key updates which simplify first line recommendations regardless of the dominant circulating strain, strengthen advice to support empirical treatment with neuraminidase inhibitors and diagnostic testing, and advise on the use of baloxavir marboxil.

    Advice contained in the PHS Addendum also should be reviewed: PHS external guidance addendum for UKHSA 'Guidance on the use of antiviral agents for the treatment and prophylaxis of seasonal influenza'.

11. Details in chapter 2 of the revised UKHSA guidance are provided for treatment of adults and children with non-severe and severe influenza ((potential) immunosuppression); dosage in patients with renal dysfunction; treatment of oseltamivir-resistant influenza; management of influenza in critical care; and other licensed and unlicensed treatments.

12. Some influenza subtypes are associated with a greater risk of developing oseltamivir resistance (in general, influenza A(H1N1)pdm09 is considered to have a higher risk compared with A(H3N2) and influenza B). The risk of resistance is greatest in people who are severely immunosuppressed. It is still too early to predict what will be the dominant virus for the 2025-26 season, although current data available to PHS suggest A(H3N2) subtypes are primarily circulating in Scotland. The most recent information on the dominant circulating strain of influenza is reported in the Viral respiratory diseases in Scotland surveillance report 6 November 2025 - Viral respiratory diseases in Scotland surveillance report - Publications - Public Health Scotland

13. NICE guidance provides advice regarding the prescribing of antivirals, and should be read in conjunction with the revised UKHSA guidance. The full NICE guidance on the use of antivirals can be accessed at:
https://www.nice.org.uk/guidance/ta168 for treatment; and
https://www.nice.org.uk/guidance/ta158 for prophylaxis.

14. It is expected that the use of antivirals for the general population would only be used if the clinician feels the individual is at serious risk of developing complications or has developed these complications. Individuals in the general population presenting with mild to moderate flu-like symptoms should be advised to take paracetamol and fluids and to seek further assistance should their condition deteriorate.

Prescriptions – Advice for Prescribers for Endorsing Prescriptions

15. Prescribers are reminded to endorse all prescriptions for antivirals with the reference “SLS”. Pharmacists can only dispense antivirals at NHS expense if this endorsement is made by the prescriber.

16. The relevant directions under NHS Circular PCA(M)(2010)22 remain in force and this means clinicians are able to prescribe antivirals for any individuals in Scotland where clinically appropriate, including those not in recognised risk groups and children under one year of age.

Access to Antivirals

17. Community pharmacies are advised to review their stock levels of antivirals via their wholesalers in response to local demand. Directors of Pharmacy should make sufficient supplies of antivirals available to local Out of Hours services. The normal route for prescribing antiviral medication will be through NHS primary care prescribing.

18. In the event of any national shortages of antiviral medicines further advice regarding the use of the national stockpile will be issued.

Laboratory Testing & Information

19. Testing for influenza and other respiratory pathogens may be recommended as part of an outbreak investigation, especially in closed settings (e.g., care homes) and among at-risk populations to guide treatment and prophylaxis decisions. Clinicians should have a low index of suspicion for testing for influenza in patients with acute respiratory infection symptoms in these populations and settings.

20. Clinical diagnosis of influenza can be challenging given its similarity in presentation to COVID-19 and other circulating upper respiratory infections. This situation could complicate recommendations for antiviral use for influenza based on clinical-epidemiologic evidence alone. As such, testing should be increasingly considered to ensure appropriate case management, although provision of antivirals should not be delayed in suspected cases. Early initiation of therapy is associated with clinical benefit.

21. The UK Health Security Agency (UKHSA) guidance on influenza testing can be found at: Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza - GOV.UK (Please see "Diagnostic testing and antiviral resistance" section).

22. There have been international reports of H3 subtyping assay failures due to recent evolution in circulating viruses. Laboratories should be alert to potential assay performance issues this season and report concerns with commercial diagnostic assay performance via the MHRA Yellow Card scheme.

23. Laboratories are requested to refer early season positive influenza samples and a percentage of influenza positives throughout the season to the West of Scotland Specialist Virology Centre (WoSSVC) for sequencing. As the season progresses, PHS will also contact laboratories to request particular cases of interest and selected samples from closed setting outbreaks. For those laboratories who perform influenza A subtyping, please refer any strong positives that are untypeable.

Conclusion

24. Based on the evolving epidemiologic and virological situation of influenza in Scotland and elsewhere in the northern hemisphere, antiviral use in the community among eligible groups should be considered. When PHS data indicates that influenza levels have reduced, we will provide an additional communication.

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