



BI-WEEKLY INFLUENZA EPIDEMIOLOGY REPORT

14 MAY 2025

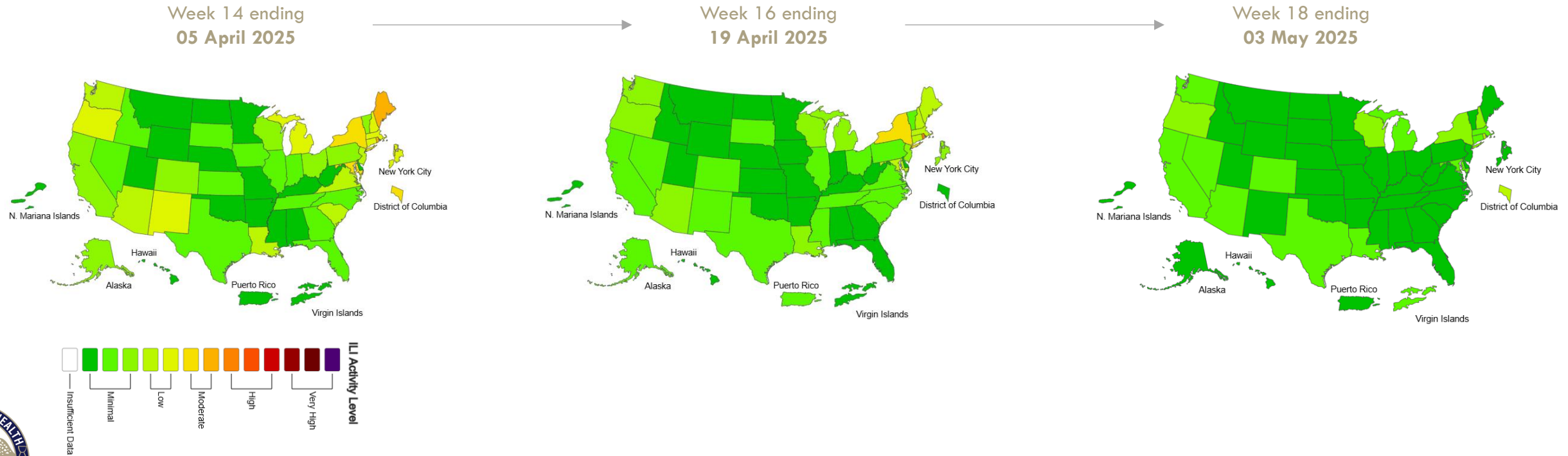


Influenza || Nationwide ILI Situation

KEY POINTS

- All United States jurisdictions are reporting minimal influenza-like illness activity as of 03 May 2025 (**Figure 1**).
- Figure 1 also demonstrates the waning ILI activity across states in the Midwest and along the east coast.

Figure 1. ILI activity map for MMWR weeks 10, 12 and 14.¹

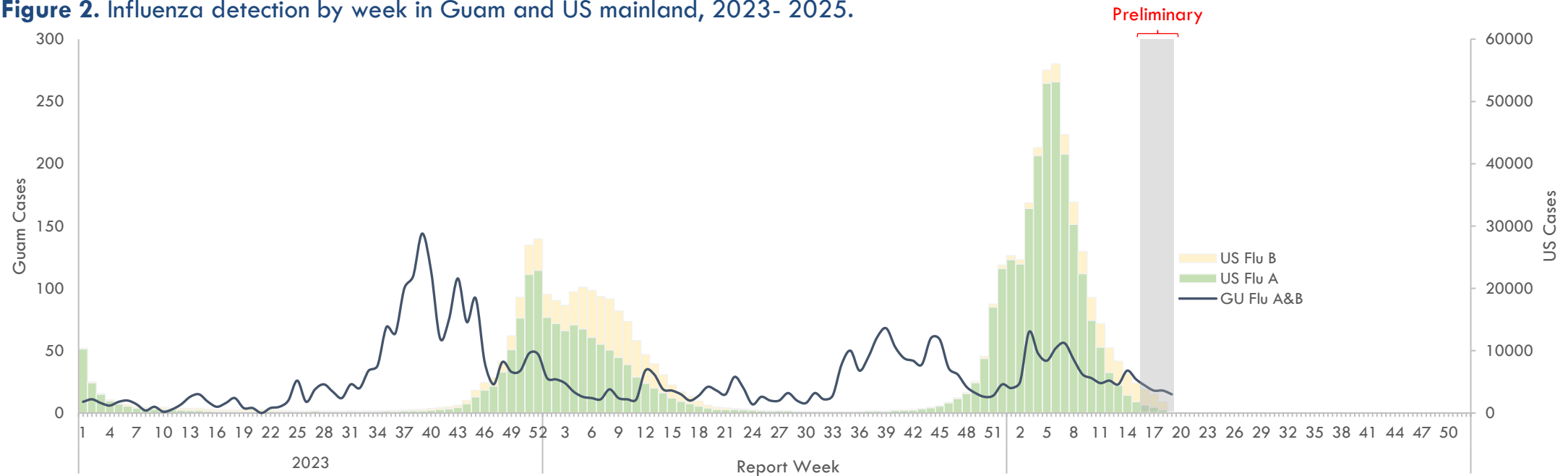


Influenza || Guam vs Nationwide comparison

KEY POINTS

- Though Guam's influenza season precedes the mainland US (**Figure 2**)²⁻³ and early 2025 demonstrated a degree of agreement in trends.
- **Figure 2** complements the continued downward trend for the mainland and Guam's influenza reports.
- The US continues to detect increasing proportion of influenza B in recent weeks

Figure 2. Influenza detection by week in Guam and US mainland, 2023- 2025.

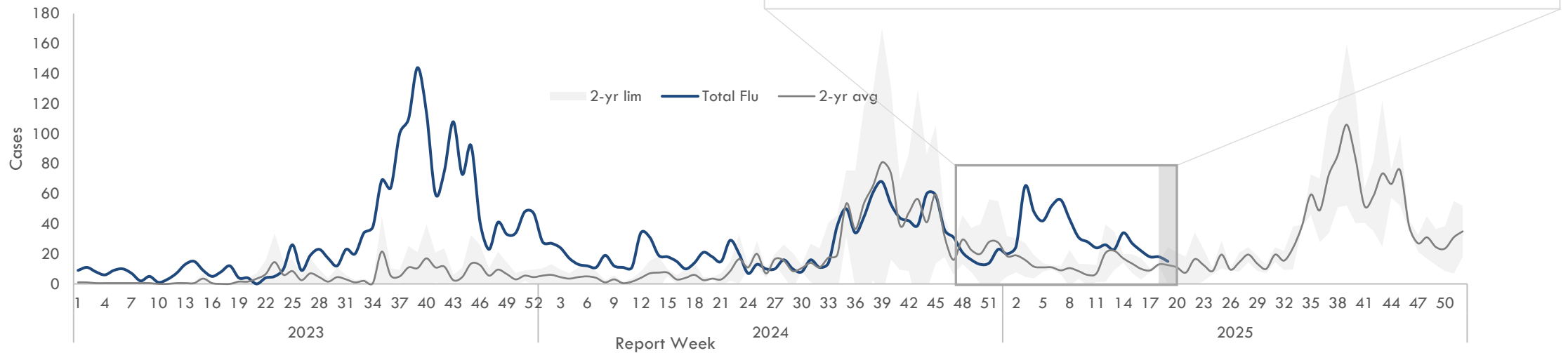


Influenza || Local trend

KEY POINTS

- **Figure 3³** represents all influenza cases by week in Guam from 2023-present, including the 2yr average and bounds.
- Influenza case detection began to align with the 2yr average in around week 13 and has preliminarily fallen within the expected range as of week 19.

Figure 3. Influenza detection by week in Guam, 2023-2025.

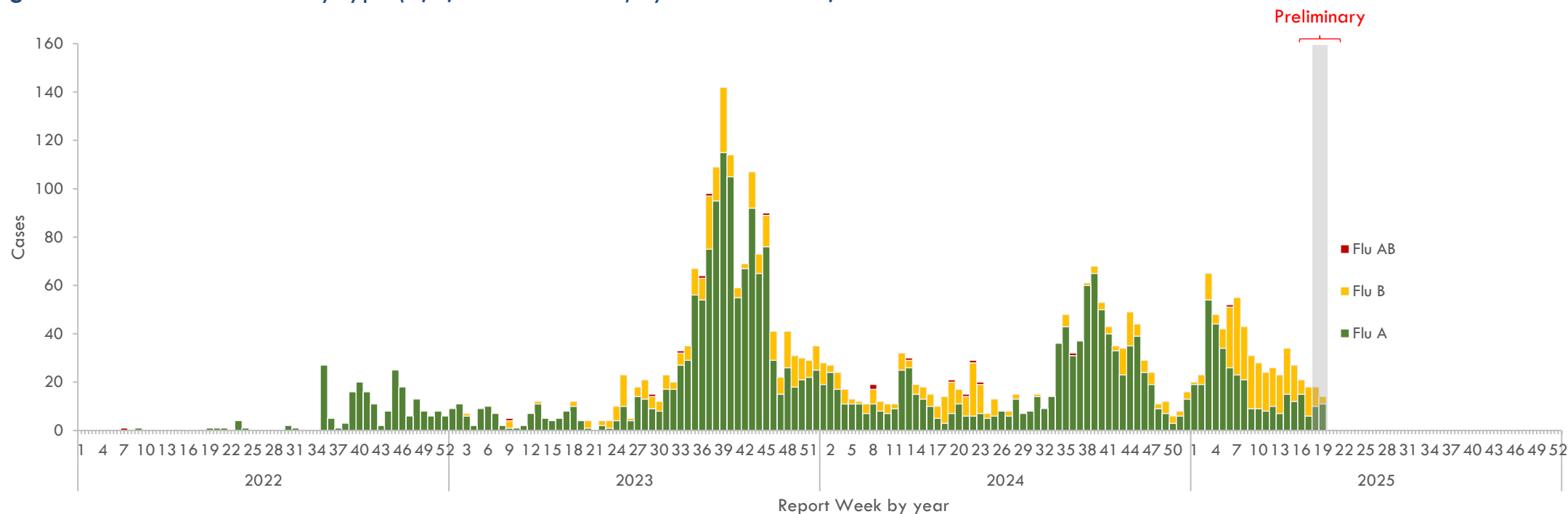


Influenza || Local trend (continued)

KEY POINTS

- Contrary to previous reports, Influenza A has overtaken influenza B and is now the predominant influenza type in circulation (**Figure 4**).³
- Preliminary wastewater surveillance data for Guam also provides supporting evidence that influenza A is the dominant type observed in the community.
- While influenza B detection is not new, the movement from A to B this early in the year has not been seen since 2019.
 - Influenza B detection is typically observed in the later months.

Figure 4. Influenza detection by type (A, B, and coinfection) by week in Guam, 2023-2025.

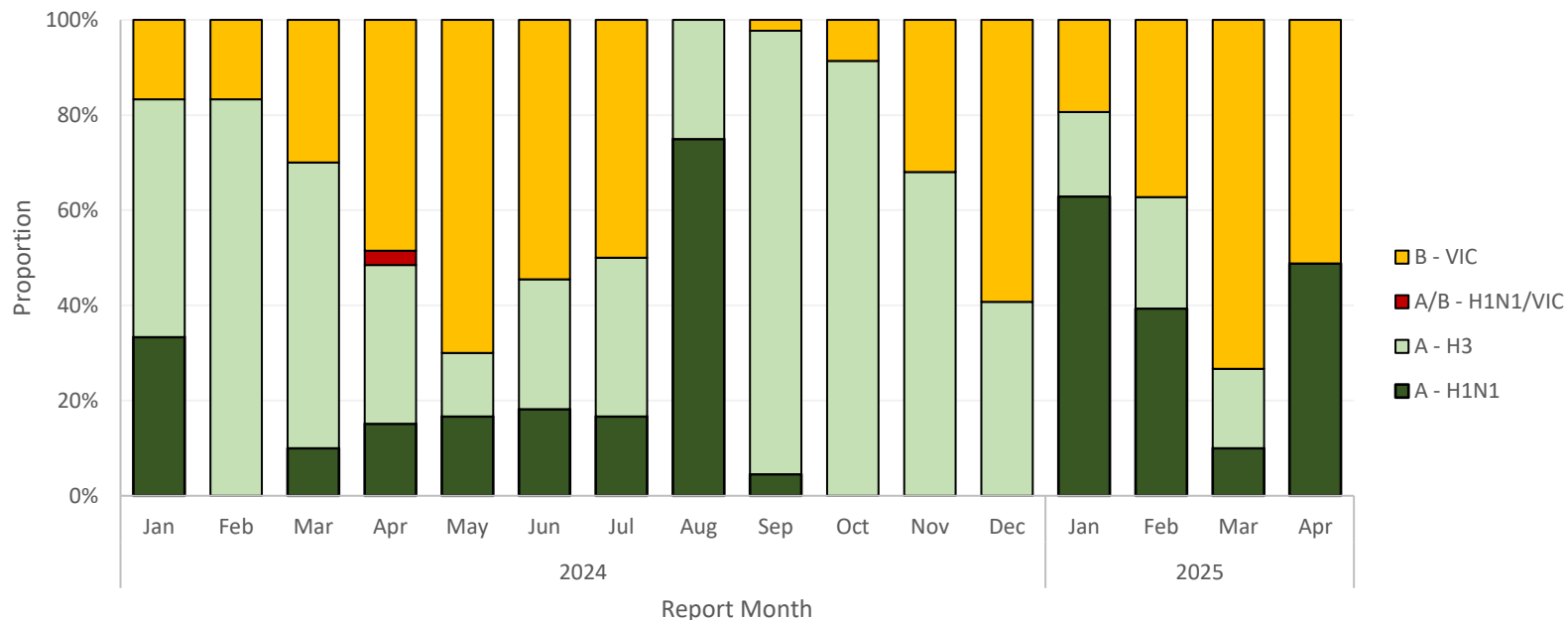


Influenza || Local trend (continued)

KEY POINTS

- In April 2025, there was an equal proportion of Influenza A/H1N1 and Influenza B/Victoria detected lineage for influenza viruses in Guam, as seen in **Figure 5**⁴.
- This is in stark contrast to what has been detected last year, when the predominant subtype was A/H3.
- Note, the figure below presents the date of subtype, not the date of sample collection.

Figure 5. Proportion of influenza subtype by month in Guam, 2024-2025.



Influenza || Local trend (continued)

KEY POINTS

- Providers are encouraged to submit influenza samples for subtyping by Guam Public Health Laboratory (GPHL).
- GPHL continues to receive antigen characteristic results from the CDC, which determine whether circulating influenza strains in Guam are captured by the virus component used in the influenza vaccine formulations.
- To date, for 2025, GPHL received confirmation of **3** local influenza isolates antigenically characterized and confirmed for being antigenically related to A/WISCONSIN/67/2022-LIKE (H1N1)pdm09 virus.
 - This reference virus component is used in the 2024-2025 northern hemisphere and 2025 southern hemisphere cell-based influenza-vaccine formulations.⁵

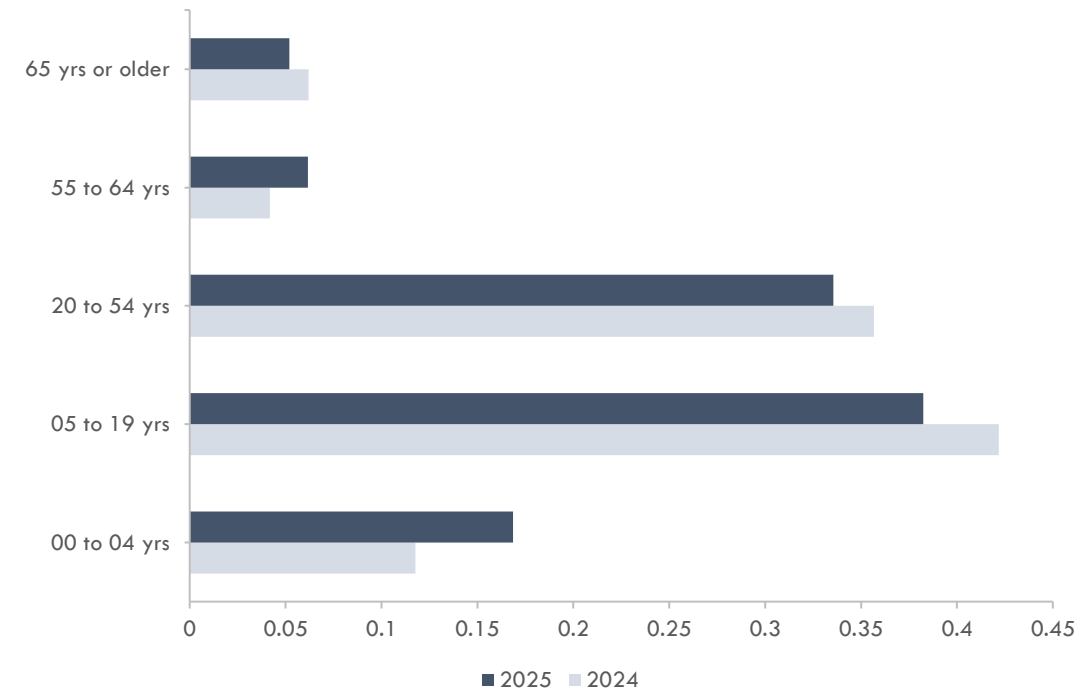


Influenza || Local trend (continued)

KEY POINTS

- Majority of those reported with influenza consist of the school-age children (05 to 19 years) and those ages 19 to 54 years) (**Figure 6**).³
- The proportion of age groups remains relatively consistent between 2024 and 2025.
- Hospitalizations associated with influenza continue to remain minimal based off on NHSN hospital respiratory data reporting.

Figure 6. Proportion of age groups diagnosed with influenza in Guam, 2024 and 2025.



Additional Information



Scan the QR Code to visit
the [Guam Communicable Disease Dashboard](#).

For additional information or for general inquiries, please
contact dphss.surveillance@dphss.guam.gov.



Surveillance data are compiled by one or more of the following members of the Surveillance team: Angelika Argao, Aaron Arizala.
Influenza viral characteristics are provided by one or more of the following Guam Public Health Laboratory team: Raven Aguon, Keno Hsueh, Michael O'Mallan, Alan Mallari, Anne Marie Santos.

