

BI-WEEKLY INFLUENZA EPIDEMIOLOGY REPORT

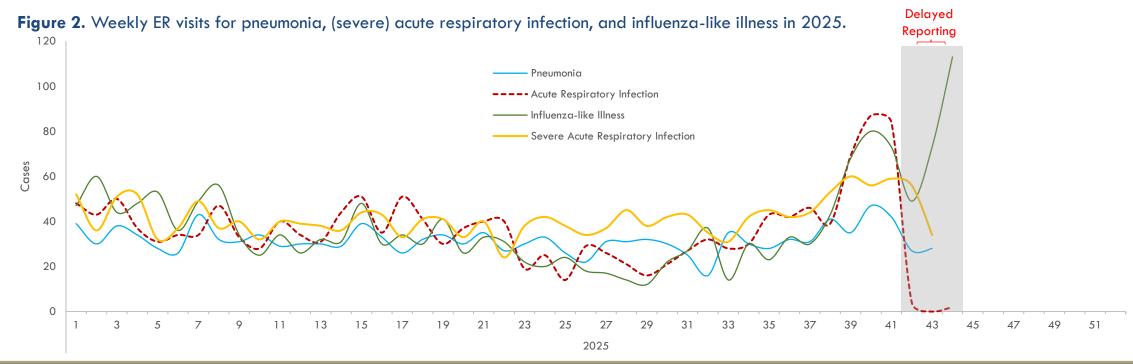
05 NOVEMBER 2025



Influenza | Guam Syndromic Surveillance

KEY POINTS

- Pneumonia, severe-/acute respiratory infection, and influenza-like illness, encounters at the ER of GMHA and GRMC are represented in **Figure 2.**
- As seen in **Figure 2**, weekly reports of each indicator have remained consistent throughout 2025 with an increase towards mid-September, followed by a brief lull in mid-October and another marked rise towards late-October





Influenza | Guam vs Nationwide comparison

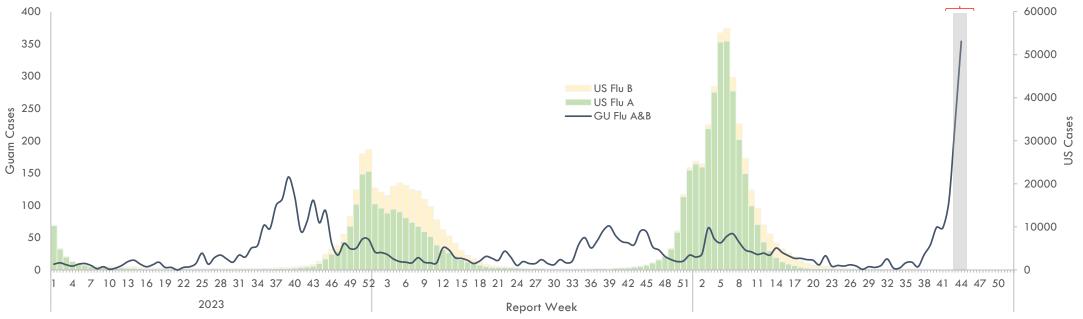
KEY POINTS

- ➤ Guam's influenza season precedes the mainland US (**Figure 3**)²⁻³, however, early 2025 demonstrated a degree of agreement in trends.
- Guam has detected a sharp increase in influenza reports for the month of October, with 107 cases in week ending October 18, 228 cases reported in week ending October 25, and 354 cases in week

ending November 01.

- Although this increase was anticipated, the number of reports for the last two weeks marks a record high for the past 30 years.
- Note: US influenza surveillance has not been updated since September 26, 2025

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







Delayed

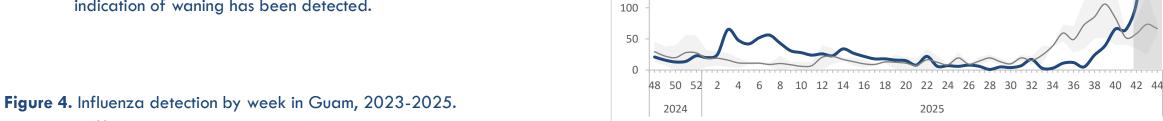
Reporting

Delayed Reporting

Influenza | Local trend

KEY POINTS

- Figure 4³ represents all influenza cases by week in Guam from 2023-present, including the 2yr average and bounds.
- As illustrated, this recent surge of influenza occurred much later than what has been observed in previous years.
- > This rise is expected to continue for the upcoming weeks; no indication of waning has been detected.



400

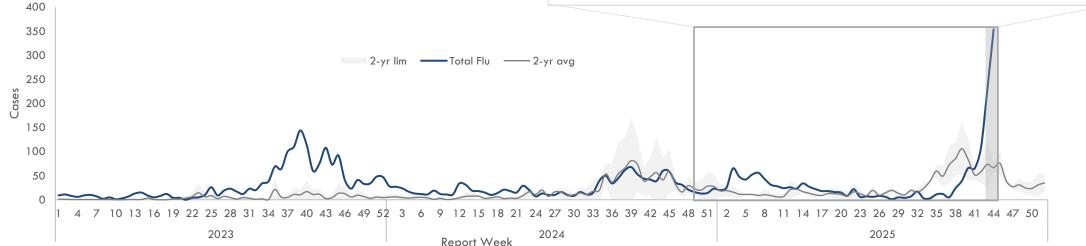
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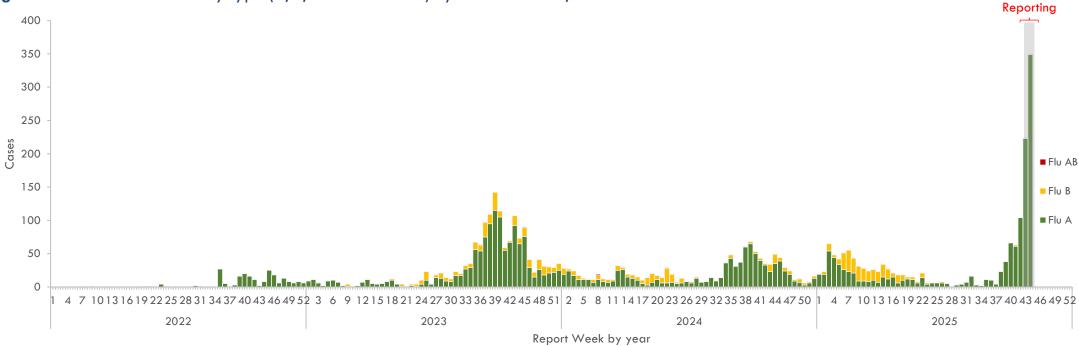




KEY POINTS

- Influenza A continues to make up the majority influenza type in circulation (Figure 5).
- Preliminary wastewater surveillance data for Guam also provides supporting evidence that Influenza A is the dominant type observed in the community.









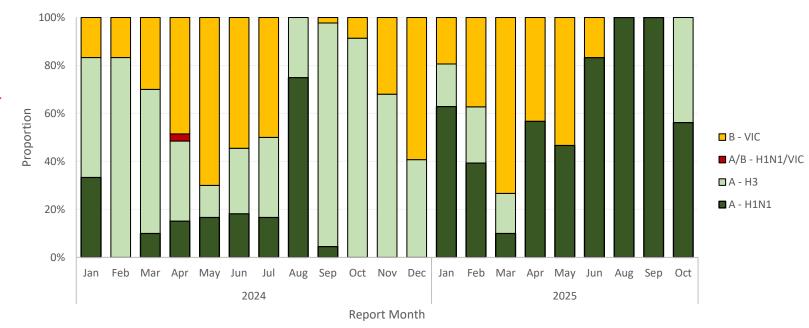
Delayed

KEY POINTS

- Influenza A/H1N1 remained the dominant subtype detected in Guam and reported in October 2025.
- > This is in stark contrast to what has been reported in October 2024, with the dominant subtype being H3. October is expressing similar contrast to what was detected in 2024.
- Note, the figure below presents the date of subtype, not the date of sample collection. The number of samples subtyped for September 2024 are also small. Providers are encouraged to continue submitting samples for subtyping at the Guam Public Health Laboratory.

Figure 6. Proportion of influenza subtype by month in Guam, 2024-2025.

Providers are
encouraged to submit
influenza samples for
further subtyping to
Guam Public Health
Laboratory





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 4 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

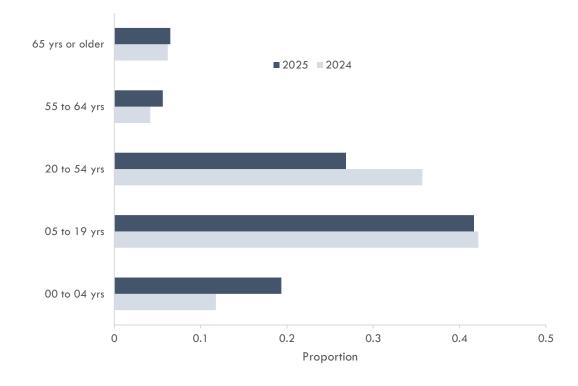




KEY POINTS

- Majority of those reported with influenza consist of the school-age children (05 to 19 years) and those ages 20 to 54 years) (**Figure 7**).³
- > The proportion of age groups remains relatively consistent between 2024 and 2025.
- Hospitalization data is pending for week ending November 01, but the previous weeks indicated a rise in influenza-associated (and attributed) hospitalizations based on NHSN hospital respiratory data reporting.

Figure 7. Proportion of age groups diagnosed with influenza in Guam, 2024 and 2025.







Additional Information



Scan the QR Code to visit the <u>Guam Communicable Disease Dashboard</u>.

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



