

BI-WEEKLY INFLUENZA EPIDEMIOLOGY REPORT

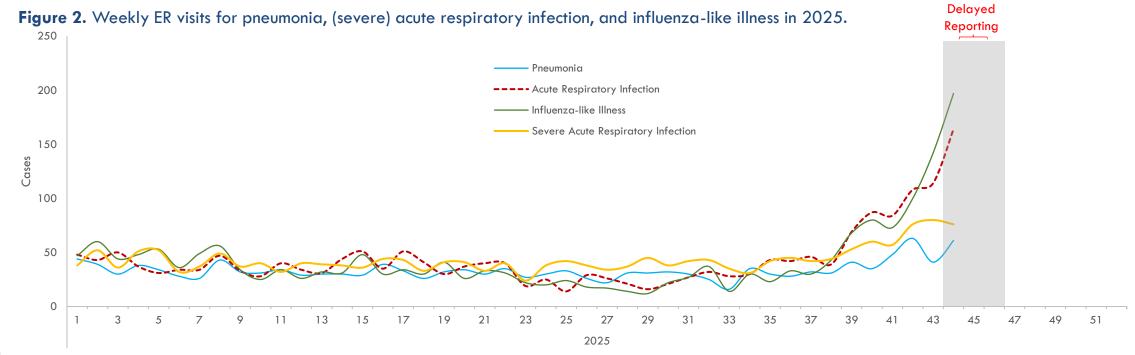
13 NOVEMBER 2025



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.
- Weekly reports of each indicator have demonstrated a steady increase beginning mid-September, followed by a marked rise towards late-October





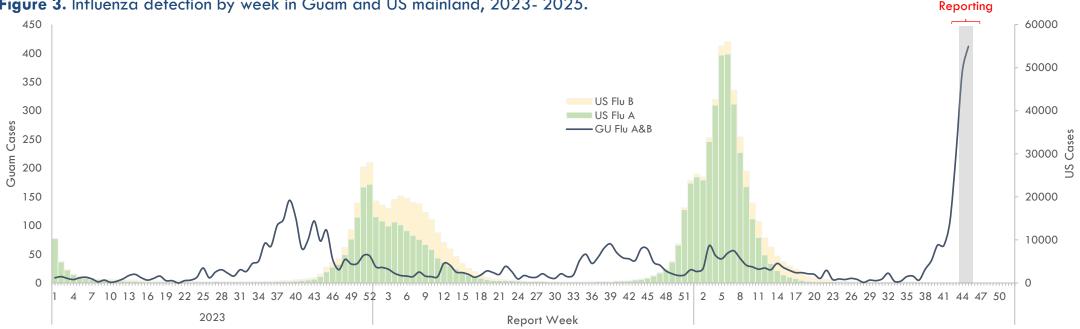
Influenza | Guam vs Nationwide comparison

KEY POINTS

- Guam has detected a sharp increase in influenza reports for the month of October, with 107 cases in week ending October 18, 227 cases reported in week ending October 25, and 364 cases in week ending November 01.
- Last week (week ending Nov 08), a total of 412 cases were detected.

- 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

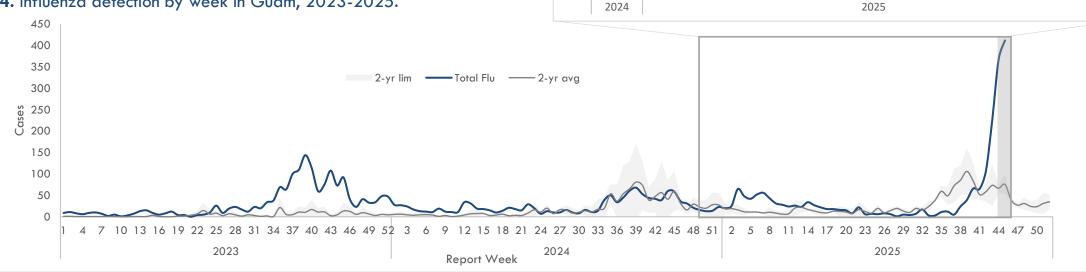
Delayed Reporting

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.





450

400

350

300

250

200

150

100



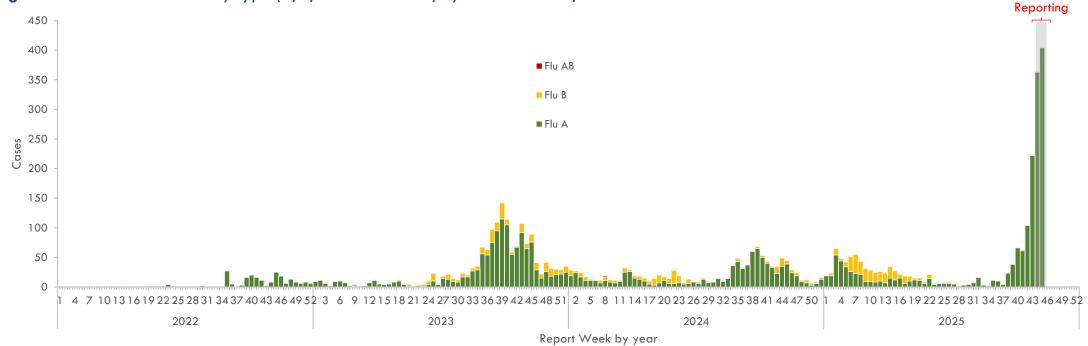


10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44

KEY POINTS

- Influenza A continues to make up the majority influenza type in circulation (Figure 5).3
- > Preliminary wastewater surveillance data for Guam also provides supporting evidence that Influenza A is the dominant type observed in the community. Influenza B has not been detected via wastewater in the past 3 months.

Figure 5. Influenza detection by type (A, B, and coinfection) by week in Guam, 2023-2025.







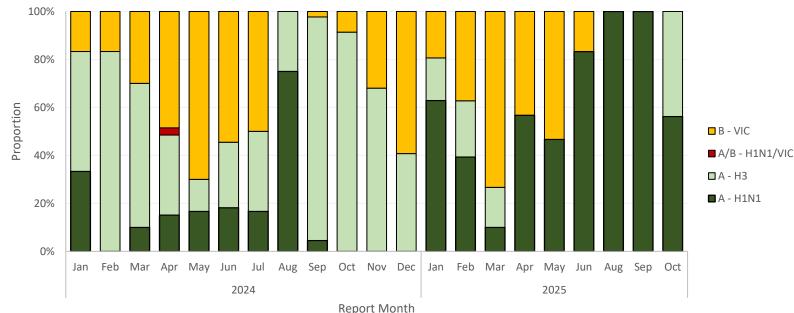
Delayed

KEY POINTS

- Influenza A/H1N1 remained the dominant subtype detected in Guam and reported in October 2025; however, preliminary wastewater surveillance data provides strong evidence that H3 is the dominant subtype in Guam for the past month.
- > 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.

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

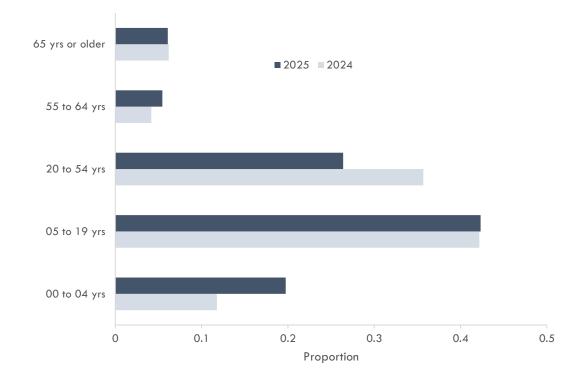




KEY POINTS

- 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.
- > New hospital admissions have been steady in the past 3 weeks, and occurred mostly in adults ages 65 or older.

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.



