WEEKLY INFLUENZA EPIDEMIOLOGY REPORT

WEEK ENDING

10 JANUARY 2026

Guam Department of Public Health and Social Services
Division of Public Health || Office of Epidemiology and Research
155 Hesler Pl || Hagatna, GU 96910

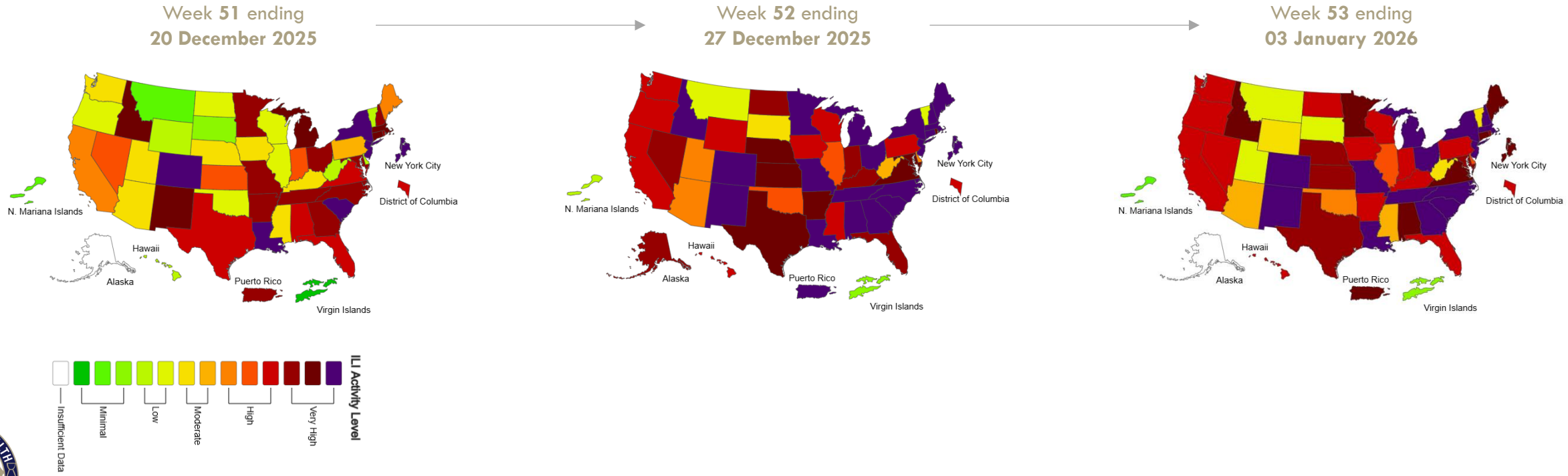
PATRICK P SOTTO MPH
TERRITORIAL EPIDEMIOLOGIST

Influenza || Nationwide ILI Situation

KEY POINTS

- Influenza-like illness (ILI) activity continues to surge across the mainland United States (**Figure 1**), and has reached "Very High" levels in majority of the states.
- However, some indication of waning activity has been detected in the last week of 2025.

Figure 1. ILI activity map for MMWR weeks 49-51.[1]



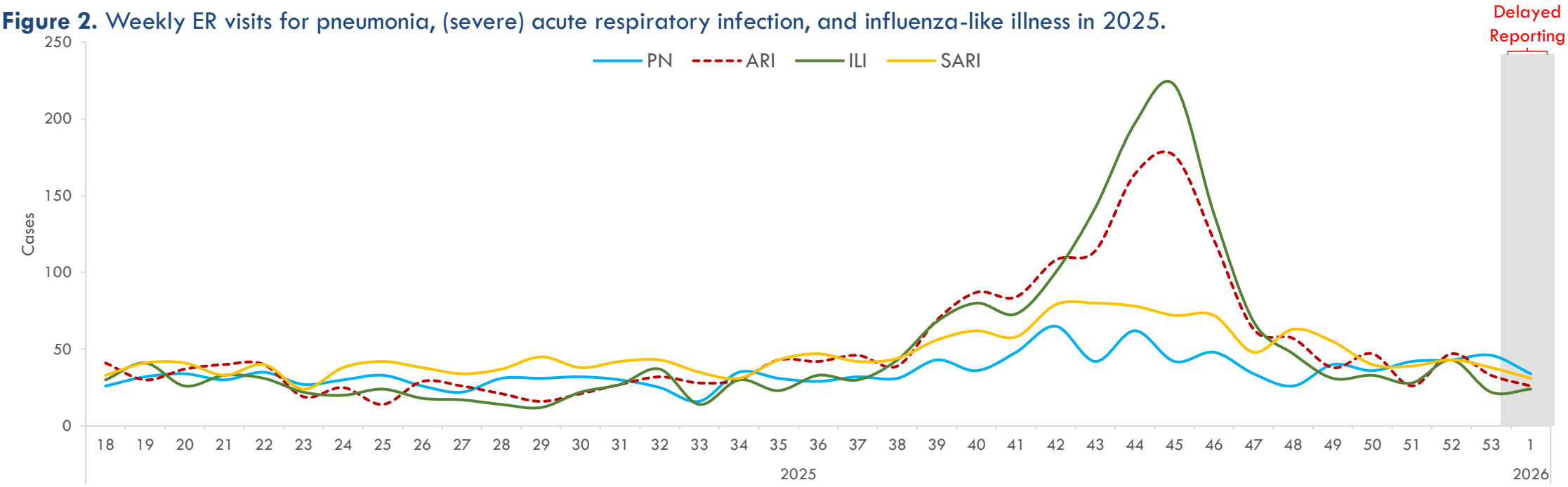
[1]Outpatient respiratory illness activity map determined by data reported to ILINet (CDC)

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 PN, ARI, ILI, and SARI, have been steady since late November 2025.

Figure 2. Weekly ER visits for pneumonia, (severe) acute respiratory infection, and influenza-like illness in 2025.

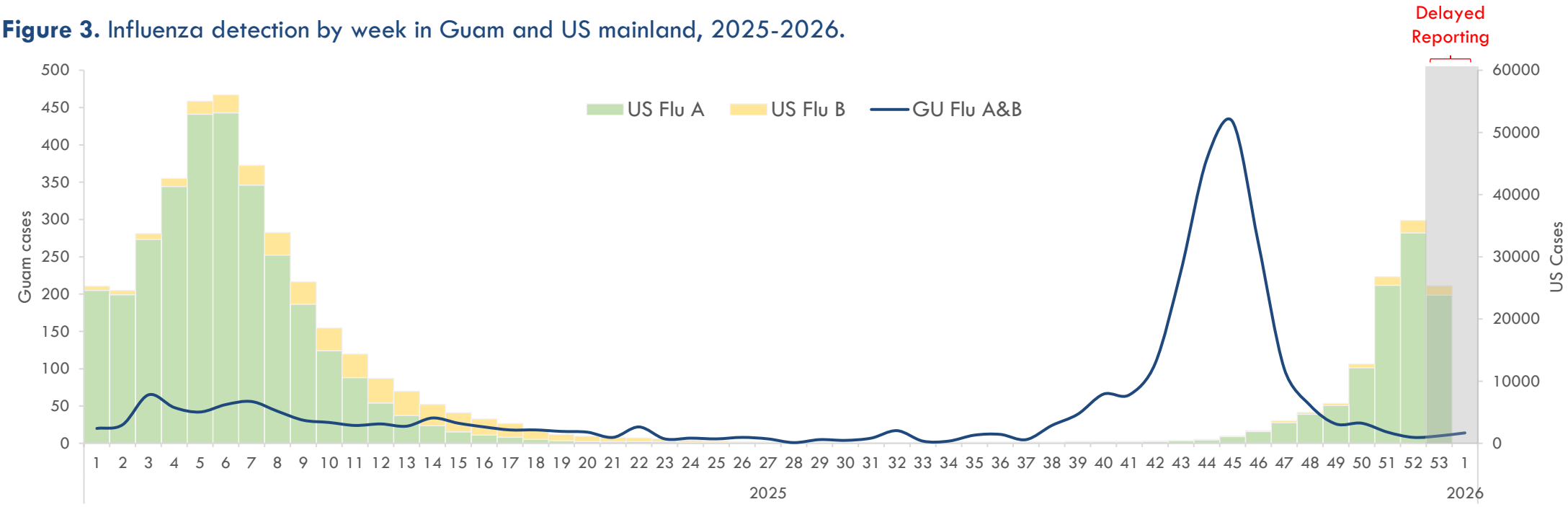


Influenza || Guam vs Nationwide comparison

Key Points

- Influenza activity has been minimal in Guam since the end of November 2025, indicated by the blue line in **Figure 3**.
- However, data from the past 2 weeks suggest a slow rise, with 10 cases reported week ending January 03 and 14 cases in week ending January 10.
- The mainland continues to see high incidence of influenza.
- *Influenza A/H3N2* accounts for 87.0% of all influenza subtyping performed for the mainland's current influenza season (*not illustrated*).

Figure 3. Influenza detection by week in Guam and US mainland, 2025-2026.



[2]CDC Influenza Results by Clinical Laboratories, National Summary; [3]Guam Communicable Disease Dashboard

Influenza || Local trend

KEY POINTS

- **Figure 4**[3] represents all influenza cases by week in Guam from 2024-present, including the estimated projections.
- Although a slight rise in influenza detections have been reported, this falls within expected range.

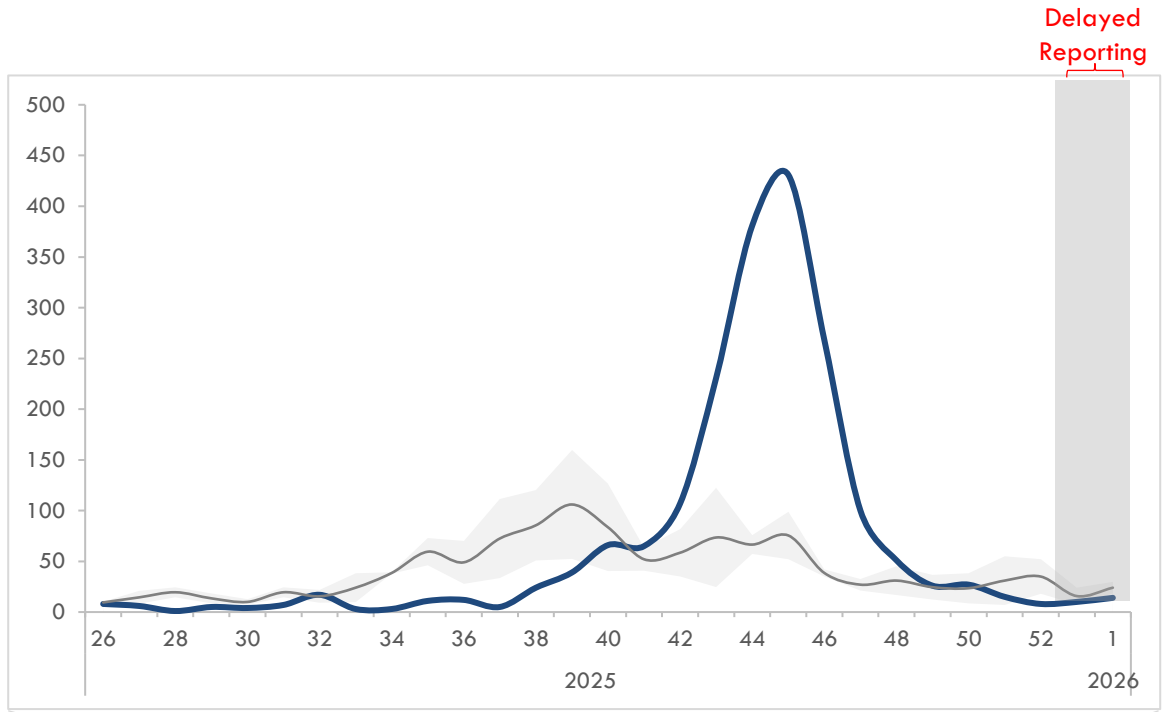
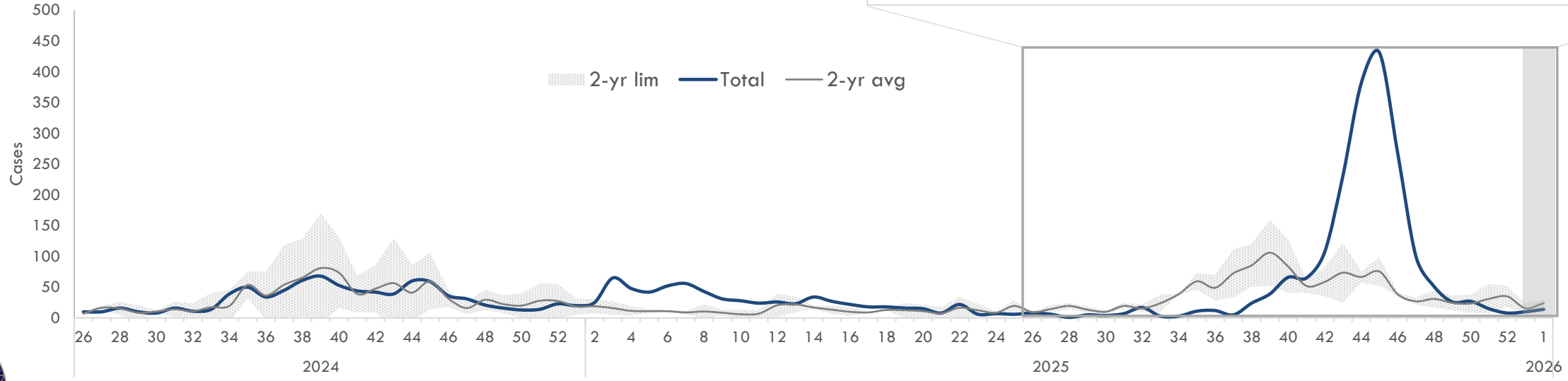


Figure 4. Influenza detection by week in Guam, 2024-present.



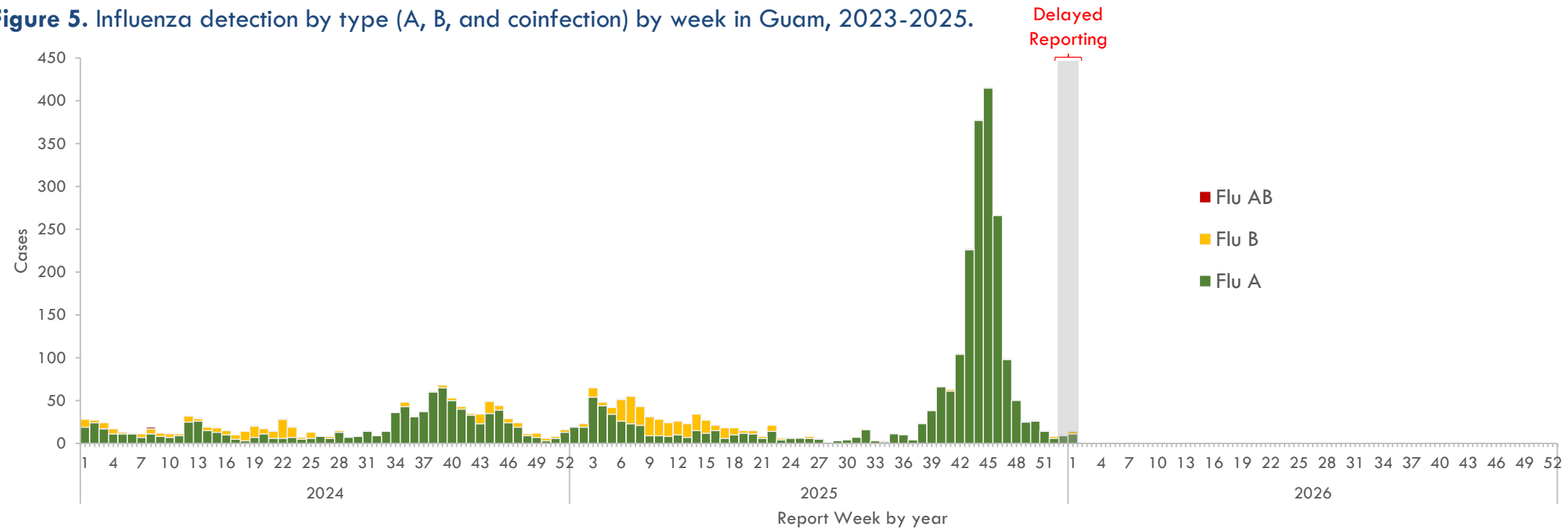
[3]Guam Communicable Disease Dashboard

Influenza || Local trend (continued)

KEY POINTS

- While Influenza A continues to make up the majority influenza type in circulation (**Figure 5**), we are beginning to detect more Influenza B for this year.[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.



[3]Guam Communicable Disease Dashboard

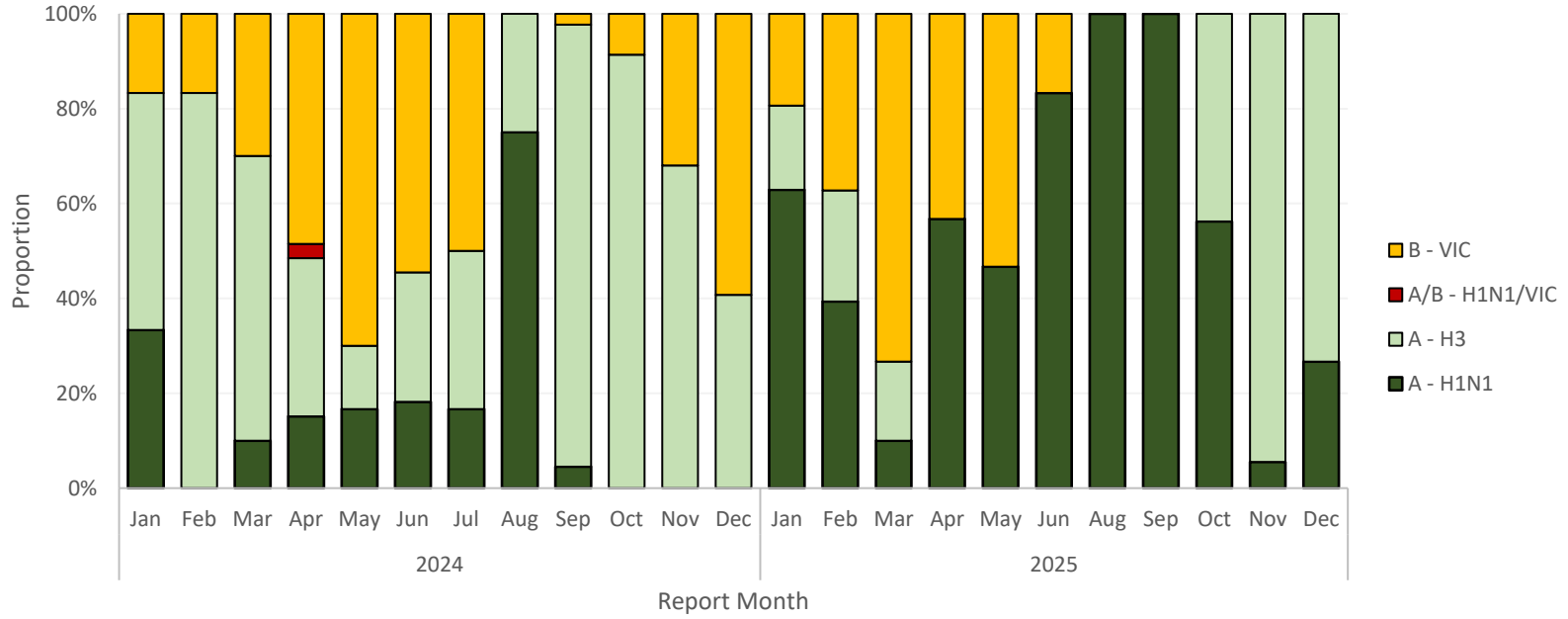
Influenza || Local trend (continued)

KEY POINTS

- There has been a significant shift in subtype from October to November, with Influenza A/H3 now being the dominant subtype detected in Guam, *confirming what has been detected in wastewater surveillance data*.
- This now agrees with what has been reported in October and November 2024, with the dominant subtype being H3.
- Subtyping data for the month of December is characteristic of a 50/50 circulation of H1N1pdm09 and H3.
- *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 submit influenza samples for further subtyping to Guam Public Health Laboratory

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



[4]Data provided by the Guam Public Health Laboratory

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 **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]

[5]Recommended composition of influenza virus vaccines, WHO

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 20 to 54 years) (**Figure 7**).[3]
- Influenza impacted the younger population (<05yrs) more in 2025 when compared to the previous year.
- **Figure 8** further stratifies school-age children by class, highlighting the Kindergarten to elementary age children as most susceptible.
- New hospital admissions have been low in the past several weeks.

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

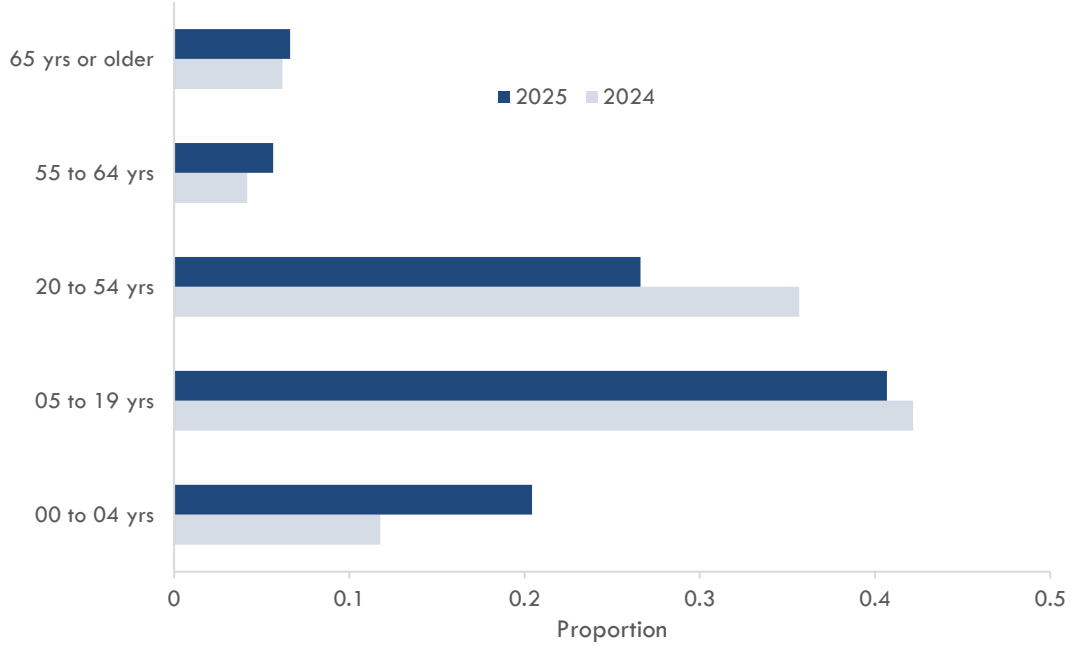
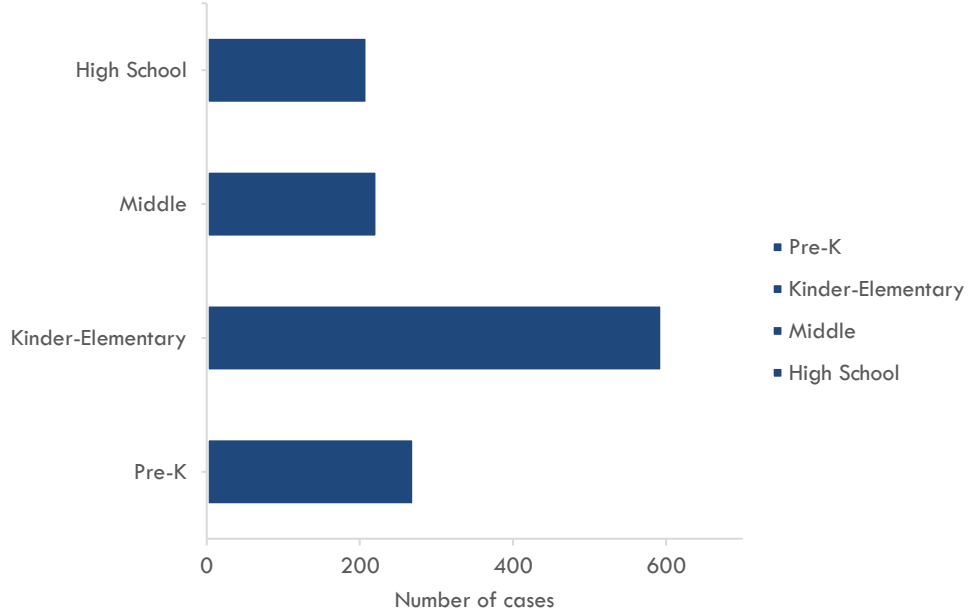


Figure 8. Number of school-age children diagnosed with influenza in Guam, by class, 2025.



[3]Guam Communicable Disease Dashboard

Additional Information

Scan the QR Code to visit
the Guam Communicable Disease Dashboard.

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.