

MEDICAL HEALTH OFFICERS UPDATE

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Respiratory Season Update

Currently in BC, Influenza and RSV activity is increasing in all age groups, **most notably among children**, while COVID-19 activity remains low. [Three deaths in children](#) aged five to nine years have been reported this season by Ontario Public Health.

Seasonal influenza A (H3N2) subclade K

Canada has not seen a major A(H3N2) epidemic since 2022–23. Several A(H3N2) variants emerged in 2024–25 after WHO selected a J.2 subclade vaccine component. Late in the 2025 southern hemisphere season, a further evolved variant—subclade K—appeared.

Subclade K has immune-evasion mutations and is expected to dominate 2025–26, as the current vaccine is not well matched. Early signals include sharp rises in A(H3N2) detections in the UK, Japan, and elsewhere; over 85% of UK sequenced viruses are subclade K.

Currently in BC and Canada, activity remains low, but BCCDC have detected A(H3N2), with sequencing confirming subclade K. All analyzed subclade K viruses are antigenically distinct from the 2025–26 vaccine strain.

We know from studies in other parts of the world that the vaccine still provides good protection from severe illness and hospitalization, even to the new H3N2 clade K, and it protects well against H1N1 and Influenza B, which are also causing illness in BC.

Implications for the 2025/26 respiratory season

The variant's immune evasiveness may increase infections and severe outcomes compared to prior seasons. Children are likely to have higher infection rates due to susceptibility and social contacts. Older adults typically experience worse outcomes during A(H3N2) epidemics, and individuals of any age with underlying conditions remain at elevated risk.

Recommendations for Clinicians

1. **Continue [recommending vaccination](#), especially for those at high risk of severe complications. The influenza vaccine protects against three strains, and influenza seasons are challenging to predict; even a mis-matched vaccine provides some cross-protection against severe outcomes.**
2. Review [clinical criteria for antivirals](#). As always, influenza infection cannot be ruled out based on vaccine status.
3. Recommend that individuals at high risk of complications consider [additional personal precautions](#).
4. Reinforce routine [infection prevention and control practices](#) to protect patients and staff.
5. Test according to established [BCCDC Public Health Lab guidelines](#).
6. **Severe Influenza outcomes in children < 19 years old are reportable. Please report any severe outcomes to the Medical Health Officer.**