

Clinician Alert – Influenza in NSW



SAFETY INFORMATION 019/25

Issue date:	18 December 2025
Content reviewed by:	Health Protection NSW
Distributed to:	Chief Executives; Directors of Clinical Governance; Director, Regulation and Compliance Unit
KEY MESSAGE:	<p>NSW is experiencing a late surge of influenza due to the emergence of influenza A (H3N2) subclade K. Case numbers are considerably higher than is usual for summer and are contributing to increased ED presentations and admissions.</p> <p>Maintain a high index of suspicion for influenza in patients with compatible symptoms.</p> <p>Initiate rapid antiviral treatment for individuals at higher risk of severe illness. Oseltamivir (Tamiflu) is effective against the circulating subclade K virus.</p> <p>Continue to encourage vaccination in unvaccinated individuals, particularly those in higher-risk groups.</p>
ACTION REQUIRED BY:	Clinicians
REQUIRED ACTION:	<ol style="list-style-type: none"> 1. Distribute this Safety Information to all relevant clinicians and clinical departments to increase influenza awareness. 2. Ensure clinical staff have the knowledge to implement clinical recommendations. 3. Include this Safety Information in relevant handovers and safety huddles.
DEADLINE:	N/A
We recommend you also inform:	<p>Directors, Managers and Staff of: Medical Services, Nursing and Midwifery Services, Pharmacy Departments, Paediatric Services, Community Child Health Services, Emergency Departments, Relevant outpatient clinics, Infection Prevention and Control and Public Health Units.</p>
Website:	https://www.health.nsw.gov.au/sabs/Pages/default.aspx http://internal.health.nsw.gov.au/quality/sabs/index.html
Review date:	1 May 2026

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Situation

- Increased influenza activity is occurring in NSW which is very unusual in summer. This is due to the emergence of influenza A (H3N2) subclade K.
- Influenza activity has been increasing since October 2025 in most age groups and regions, with the highest notification rates in those aged 2-16 years.
- Emergency department presentations for influenza-like illness have also been increasing and are well above the usual levels, particularly in school-aged children.
- Hospital admissions for influenza-like illness remain highest in adults aged 65 years and older and are increasing.

Background

- There is no indication of more severe illness due to subclade K. However, the divergence of subclade K from previous H3N2 strains is likely leading to lower population immunity and increased transmissibility.
- The 2025 influenza vaccine is estimated to provide around 40% protection against hospitalisation due to subclade K influenza. This is a significant benefit, particularly for people at high risk of severe influenza.
- Antivirals such as oseltamivir (Tamiflu) are effective against influenza A(H3N2) subclade K.

Assessment

- Clinicians should be alert for serious complications relating to influenza in paediatric patients and people aged 65 years and over including encephalitis; pneumonia; myocarditis; pericarditis; myositis, sepsis or secondary bacterial infections (for example, *S. aureus* and *S. pneumoniae*).

Recommendations

- Maintain a high index of suspicion for influenza in patients with compatible symptoms and be alert for serious complications.
- The Therapeutic Guidelines (accessible via CIAP) recommend antiviral treatment for patients with influenza who are admitted to hospital for management, ideally within 48 hours of symptom onset but should still be considered up to 7 days after symptom onset. Antivirals are also recommended for people with influenza who are pregnant or up to 2 weeks post partum.
- Clinicians can also consider treatment for people at higher risk of severe disease from influenza.
- If influenza is confirmed, continue treatment; discontinue if testing is negative.
- Ensure clinicians are aware that empirical treatment with oseltamivir, and testing for influenza is particularly important for children presenting to hospital with pneumonia or other lower respiratory tract infection.

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- For children requiring hospital admission due to severe influenza, commence oseltamivir at any stage of illness. The Clinical Excellence Commission has [information for clinicians](#) on preparing suspensions of oseltamivir from capsules if the oral liquid is not available.
- Ensure reporting of influenza outbreaks in hospital to public health units. Consider oseltamivir post-exposure prophylaxis in admitted patients who have been exposed to influenza.
- NSW Health Pharmacies can order antivirals online through the [NSW Vaccine Centre portal](#).
- Recommend influenza vaccination to people who have not yet received a 2025 dose, particularly those in higher-risk groups (65 years and older, children aged 6 months to 5 years, Aboriginal and Torres Strait Islander people, pregnant women, and people with chronic medical conditions).
- Implement Infection Prevention and control strategies (such as respiratory precautions) for managing suspected and confirmed cases.

Further information

- NSW respiratory surveillance data <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/reports.aspx>
- Resources for influenza vaccination providers <https://www.health.nsw.gov.au/immunisation/Pages/flu-providers-resources.aspx>
- Influenza vaccination coverage data <https://ncirs.org.au/influenza-vaccination-coverage-data>
- Australian Health Protection Committee (AHPC) [Statement on increased influenza activity and guidance for the holiday season](#).