# 12-8-2025 Weekly Clinical Update

The Influenza 2025-Season is well underway. This week, Dr. David Gifford, the AHCA Network Medical Director, posted the following message in the LTC National Infection Prevention Forum:

"All the recent data points to a bad flu season this year. The dominant strain is more infectious than past years. This year's dominant strain has a reproduction number (R0) of around 1.4, meaning each infected person spreads it to an average of 1.4 others. This is significantly higher than the typical seasonal flu R0 of around 1.2, suggesting faster and more widespread transmission, which matches what is being seen. The rate of hospitalizations due to flu for those over 65 is taking off (see CDC flu net hospitalizations tracker) In addition the vaccine match is not at preventing infections as in past years but luckily it remains ok in shortening the duration of symptoms and lowering the risk of hospitalizations.

The impact of a bad flu season on LTC is threefold:

1. Unvaccinated residents are more likely to get sick and be hospitalized. As we know hospitalizations of older adults is not good for their long term cognitive and functional capacity as well as their chronic diseases. This also will financially impact LTC providers

a. with I-SNPs,

b. who participate in VBR programs measuring hospitalizations/ER visits; and

c. by increasing resident acuity during and post-flu illness, resulting in the need for more staff to care for these residents.

2. Unvaccinated staff will likely be out of work longer. Unvaccinated staff will typically be sick for 5-14 days while vaccinated individuals have shorter duration and less severe symptoms. Thus, higher rates of unvaccinated staff can lead to more call outs; overtime and possible agency use. Getting higher vaccination rates may prevent higher staff costs this season.

3. More flu in the communities will lead to more older adults being hospitalized and need post-acute care. So, hospital referrals may go up.

I would recommend you make a stronger push to get both your residents and staff vaccinated.

a. For residents I would make an extra focus on new admissions throughout the season (e.g. March) who may have missed the fall vaccine clinic; and

b. For staff, pitch that Flu looks worse this year and while the vaccine will not prevent infections as well as in past; it will lower severity and duration of illness."

So, addressing the currently circulating influenza viruses (primarily influenza A(H1N1)pdm09, A(H3N2), and influenza B/Victoria lineage as of December 2025) produce classic flu symptoms that usually come on suddenly. Most people experience several of the following:

- High fever (typically 100–104 °F / 38–40 °C), often lasting 3–4 days
- Chills and sweats
- Severe muscle or body aches (myalgia) – often described as "feeling like you've been hit by a truck"
- Profound fatigue and weakness (can last 1–3 weeks even after other symptoms improve)
- Dry, persistent cough

- Sore throat
- Headache
- Runny or stuffy nose (more common in children and with some strains)

Additionally, symptoms frequently seen but not universal include: nausea, vomiting, and diarrhea.

Specific symptoms of older adults and nursing home residents include:

- Fever may be low-grade or absent
- New or worsening confusion/delirium (a red-flag sign)
- Sudden functional decline (can't get out of bed, stops eating/drinking)
- Worsening of chronic conditions (COPD flare, congestive heart failure)
- Minimal respiratory symptoms but rapid deterioration

CDC provides the following tool titled "How to Tell Flu from a Cold or COVID-19 (Quick Comparison – 2025–2026 Season)" https://www.cdc.gov/flu/about/coldflu.html

**How to Tell Flu from a Cold or COVID-19 (Quick Comparison – 2025–2026 Season)**

| Symptom | Influenza (current) | Common Cold | COVID-19 (current variants) |
|---|---|---|---|
| Onset | Sudden | Gradual | Sudden or gradual |
| Fever | Usually high | Rare | Common (but can be absent) |
| Aches | Severe | Mild | Common |
| Fatigue | Extreme, prolonged | Mild | Moderate to severe |
| Cough | Dry, can be severe | Mild–moderate | Dry, often persistent |
| Loss of taste/smell | Very rare | Rare | Still occurs but less common than in 2020–2022 |
| Sore throat | Common | Very common | Common |
| Runny/stuffy nose | Sometimes | Very common | Sometimes |

The skepticism over all vaccines runs rampant since the pandemic, known as "vaccine fatigue". The value of ensuring that both residents and staff receive the current influenza cannot be overstated. Despite advantages, vaccination rates remain concerningly low at only 33% overall in the 20224-2025 season with a 16% decline among adults 65 and older compared to prior years.

Some recommendations and strategies for improving influenza vaccination rates include:

- Offer ongoing vaccination clinics. Even if the resident/representative decline the first time the vaccine is offered, provide education and offer again…frequently!
- Always offer new admissions if they do not have evidence of current immunization administration
- Educate and build trust using the FDA VIS for the CURRENT vaccine (Vaccine Information Sheet)
    - Get the practitioners involved in encouraging residents to accept the vaccine
    - Address the importance during Resident Council Meetings and Family Council Meetings
    - Address the importance in any/all communication such as newsletters
- Encourage family members and other visitors to also get their influenza vaccines and encourage them not to visit if they have symptoms
- Monitor and respond to outbreaks quickly! Surveillance for flu-like illnesses, rapid testing and early anti-viral treatment complement vaccination efforts.
- Follow CDC guidelines by adhering to CDC recommendations, prioritizing enhanced vaccines for elders.

Influenza vaccine administration seems to have become somewhat "routine" and declinations are sometimes even considered "ok". It is certainly a Resident Right to refuse the vaccine, but residents and representatives, along with staff MUST understand that Influenza vaccines are a lifesaving strategy that protects the most vulnerable residents, sustains operations, and fosters healthier communities. By prioritizing Influenza vaccination, the facility…YOUR facility can significantly reduce the flu's impact, ensuring a safer, more resilient environment for all. Each facility serves as important advocates for residents, family members, and staff members to stay protected. Don't let them down.