



# ARKANSAS DEPARTMENT OF HEALTH

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**Secretary of Health**

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## **Viral Respiratory Diseases Weekly Report** **2025-2026**

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**Week Ending Saturday 12/13/2025**

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**December 18, 2025**

The Arkansas Department of Health (ADH) produces a Weekly Viral Respiratory Diseases Report for clinicians. The report provides information on Influenza, COVID-19 and Respiratory Syncytial Virus (RSV) activity in the state. The report also compares activities in Arkansas to the U.S. ADH receives reports of only a fraction of COVID-19 cases and flu cases since it only requires reports of flu hospitalizations, deaths, and outbreaks. RSV is not a reportable disease in Arkansas. Therefore, it is important to understand that the information in the weekly update is representative of the timing and location of activity, but it does not reflect the overall disease burden. It is presumed that there are many more people actually affected than the report shows. Clinicians and policymakers may find the report helpful in terms of communicating to colleagues and patients about the current status of viral respiratory diseases in the state and nationwide.

### **Report Key Points for Week 50:**

- Arkansas reported “Low” or 5 out of 13 for the Influenza-Like-Illness (ILI) activity level indicator determined by data reported to ILINet.
- Outpatient visits for ILI reported through ILINet from the Sentinel Providers were at 3.23%.
- The average school absenteeism rate last week was 7.2% among public schools
- This flu season, no influenza outbreaks have been reported from nursing homes or other congregate setting institutions.

### **Resources where you can view other Arkansas and national data, report flu:**

**You can report flu year-round and view the Influenza-Like-Illness Dashboard and Viral Respiratory Disease Weekly Report during the influenza season at:**

<http://www.healthy.arkansas.gov/programs-services/topics/influenza>.

**You can also access the reporting website directly at:**

<https://FluReport.ADH.Arkansas.gov>.

**CDC - Seasonal influenza (Flu) - Weekly Report:**

<https://www.cdc.gov/fluview/index.html>

**CDC - FluView interactive:**

<https://www.cdc.gov/fluview/overview/fluview-interactive.html>

**CDC - Viral Respiratory Diseases Summary:**

[https://www.cdc.gov/respiratory-viruses/data/activity-levels.html#cdc\\_data\\_surveillance\\_section\\_1-summary](https://www.cdc.gov/respiratory-viruses/data/activity-levels.html#cdc_data_surveillance_section_1-summary)

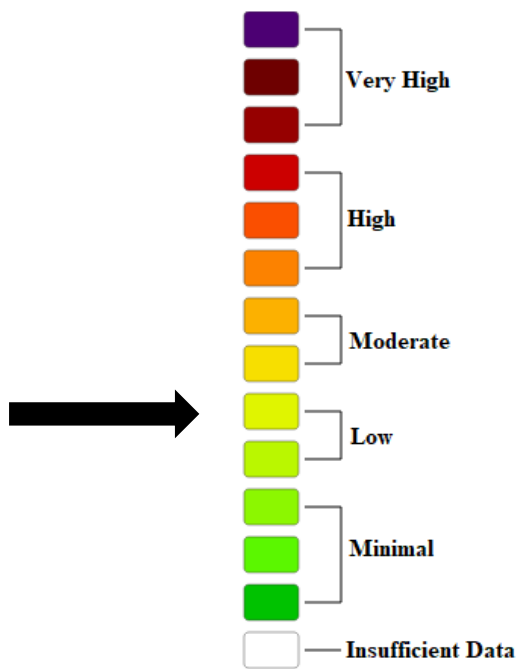
**CDC - Other respiratory viruses:** visit the national respiratory and enteric virus surveillance system (NREVSS):

<https://www.cdc.gov/surveillance/nrevss/index.html>

**World Health Organization (WHO):** For additional national and international influenza and other respiratory diseases information:

<https://www.who.int/tools/flunet>

## Weekly Arkansas ILI Intensity Level Reported by Sentinel Providers

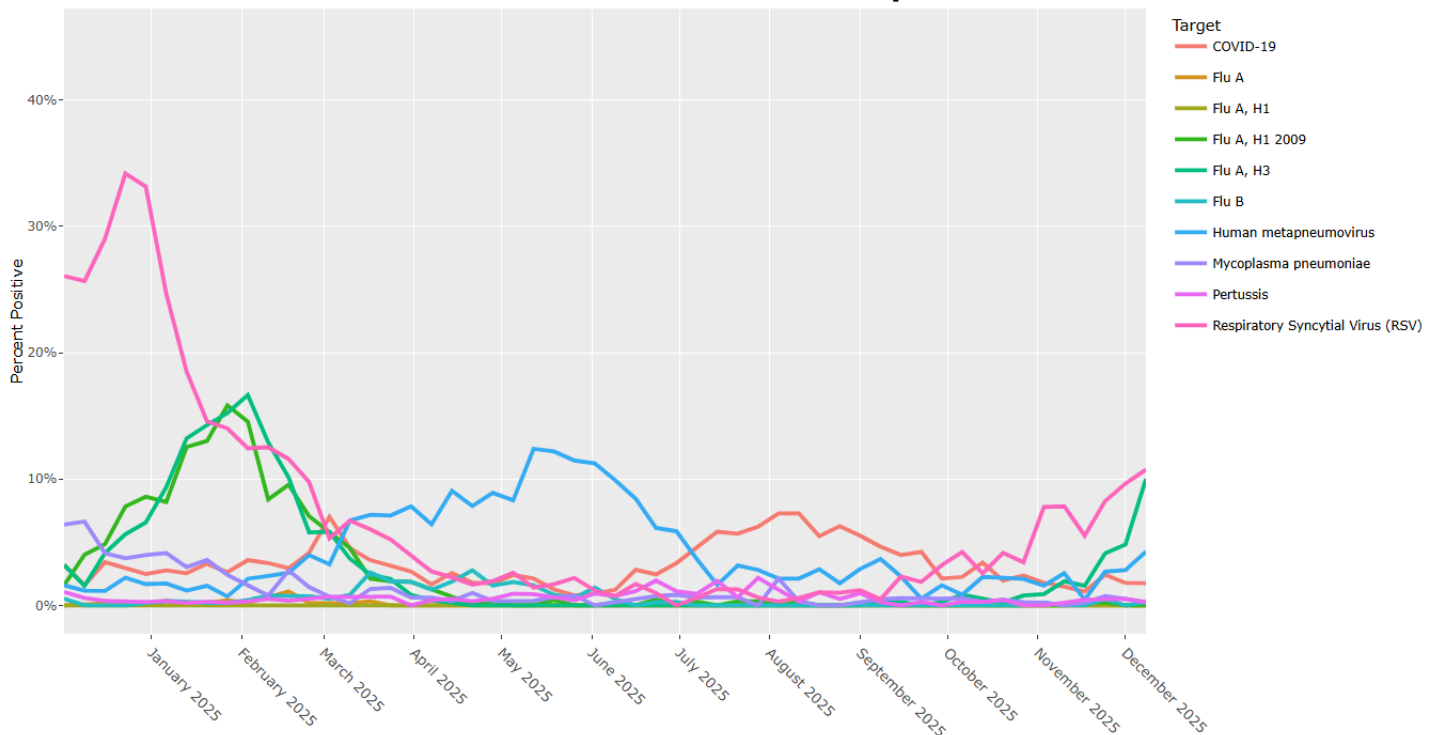


## Lab Confirmed Influenza Cases

Reported flu cases reflect only a portion of the actual numbers of flu cases in the state.

| Tests           | Week 50    | Cumulative Cases Since 09/28/2025 |
|-----------------|------------|-----------------------------------|
| Flu A+          | 306        | 950                               |
| Flu B+          | 61         | 385                               |
| Flu A and B     | 4          | 20                                |
| Flu B/Victoria  | 0          | 0                                 |
| Flu B/ Yamagata | 0          | 0                                 |
| Flu A, H1N1+    | 1          | 4                                 |
| Flu A, H3+      | 10         | 20                                |
| Flu A, H5+      | 0          | 0                                 |
| <b>Total</b>    | <b>382</b> | <b>1,379</b>                      |

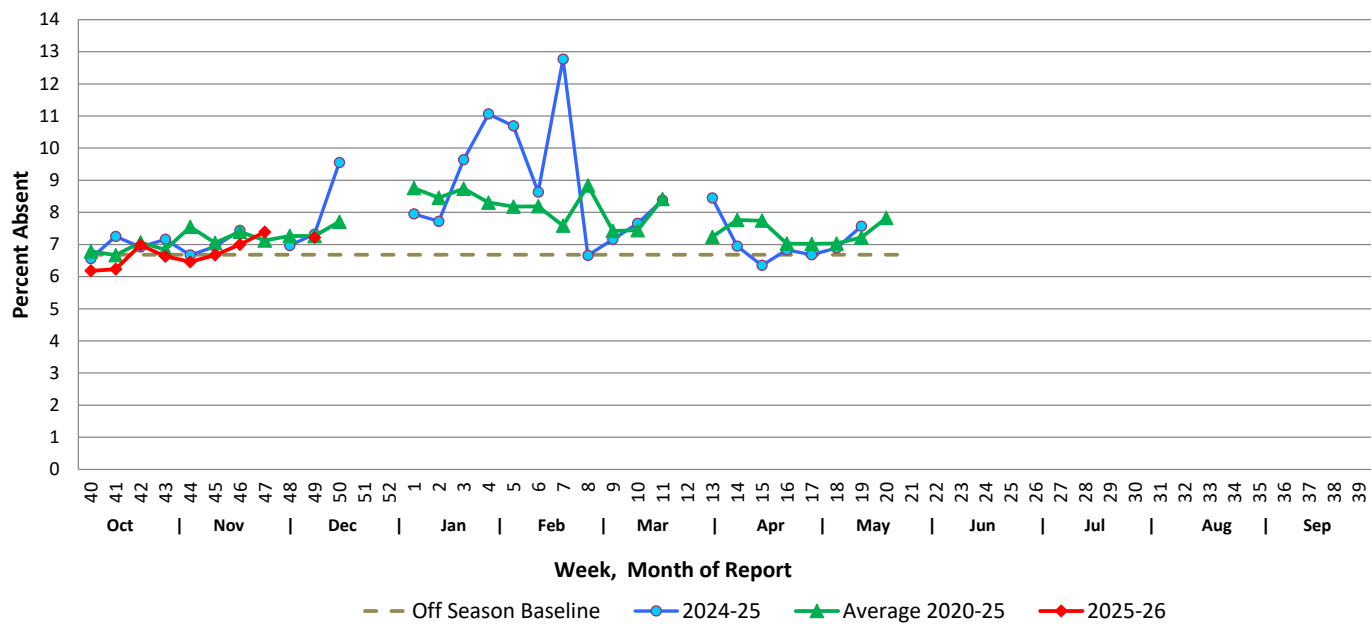
## Respiratory Diseases Test Positivity Trend in Children seen at Arkansas Children's Hospitals



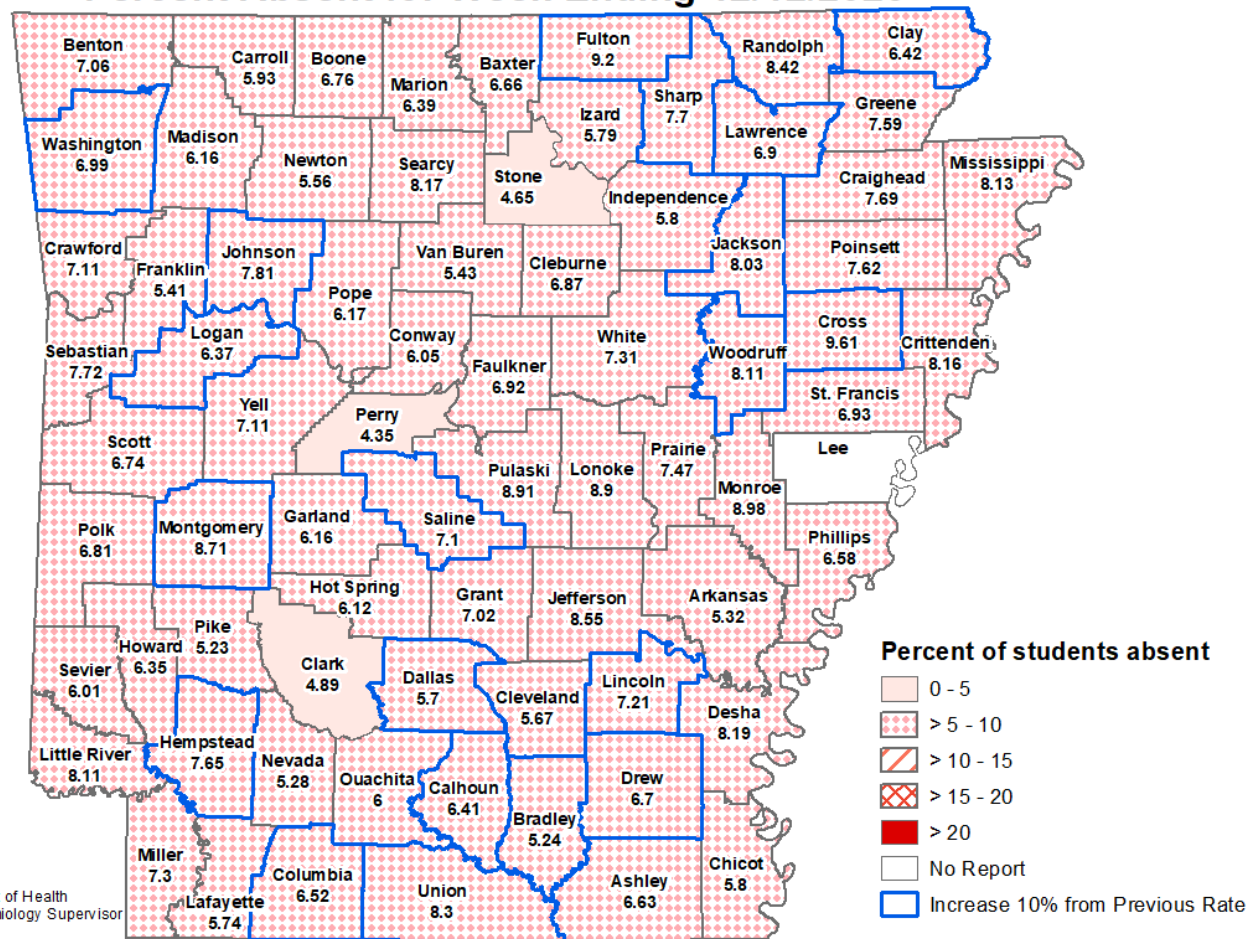
The figure above shows the trends over time in percent positivity for certain respiratory diseases in children seen at Arkansas Children's Hospital located in Little Rock and Arkansas Children's Northwest in Springdale as well as the Arkansas Children's clinics located around the state. Percent positivity is defined as the total number of positive tests for a particular respiratory disease divided by the total number of tests done for that same disease multiplied by 100.

Schools Report

Weekly School Absenteeism Rates, Arkansas Public Schools

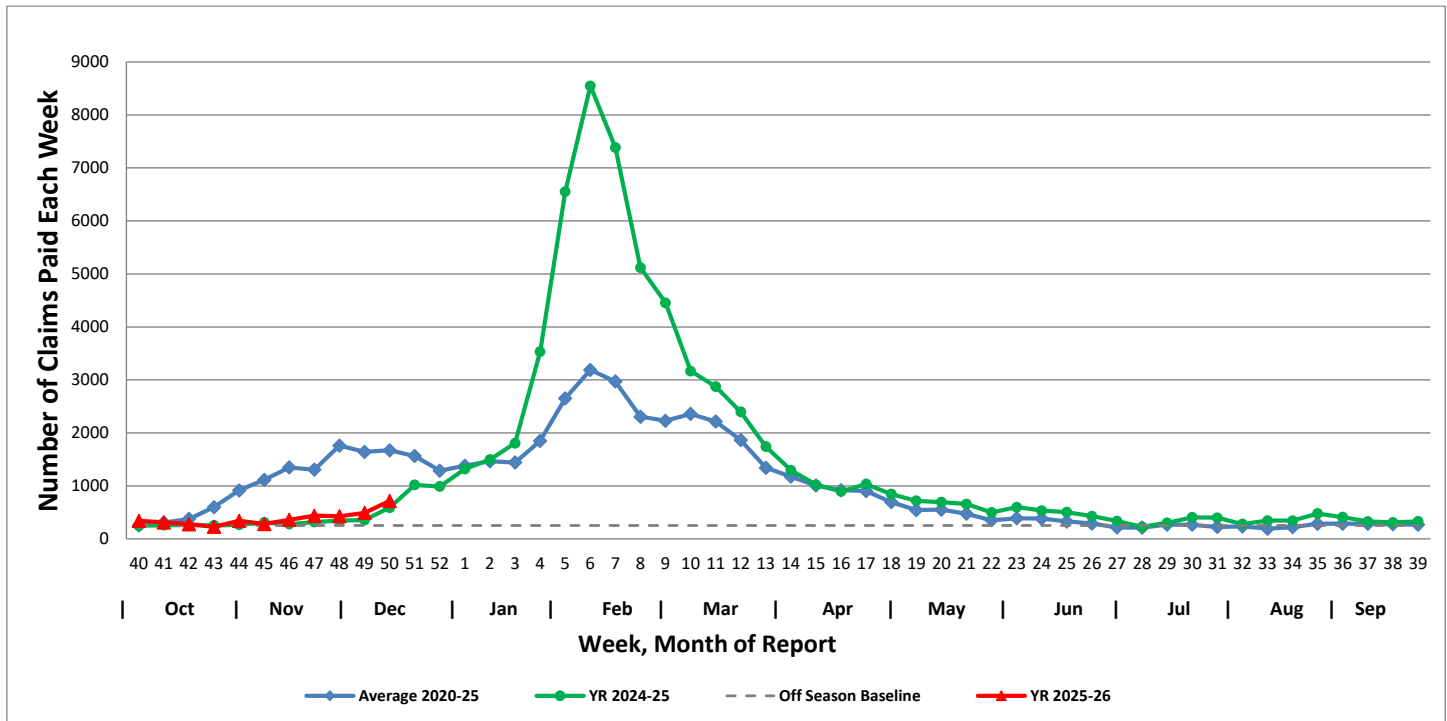


School Absenteeism Rate per County, Arkansas 2025-2026  
Percent Absent for Week Ending 12/12/2025



Date: December 17, 2025  
Source: Arkansas Department of Health  
Author: Haytham Safi, Epidemiology Supervisor

## Weekly Influenza Claims Paid by Medicaid and BCBS of Arkansas



## CDC Update on Circulation of Drifted Influenza A(H3N2) Viruses Compared with 2025–26 Influenza Season Vaccines and Clinical Implications

As of November 21, 2025, seasonal influenza activity remains low in the United States but is increasing. A new influenza A(H3N2) virus subclade J.2.4.1, also recently renamed “H3N2 subclade K,” was identified by CDC in August 2025. Influenza viruses in this subclade have small changes (mutations) that make their hemagglutinin gene different and have been antigenically characterized as “antigenically [drifted](#)” in comparison to other recently circulating A(H3N2) viruses, including the virus selected as the A(H3N2) component of the U.S. 2025–26 seasonal influenza vaccines.

During seasons when circulating influenza viruses have drifted from influenza vaccine viruses, individual and population-level immunity to the drifted viruses might be low and annual influenza vaccine effectiveness might be reduced. The effect of antigenic drift on annual influenza vaccine protection is not easy to predict; even in past years with drifted circulating influenza viruses, substantial protection against the drifted influenza viruses has been observed. Influenza vaccination continues to be recommended for the 2025–26 influenza season. Additionally, at this time, there is no indication that A(H3N2) subclade K influenza viruses are resistant to available influenza antiviral medications. Healthcare providers should continue to initiate prompt treatment with influenza antiviral medications for patients with confirmed or suspected influenza who are hospitalized; who have severe, complicated or progressive disease; or who are at [higher risk](#) for influenza-associated complications.