
From: TARRANT Viral Watch <tarrant@ucalgary.ca>
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TARRANT WATCH VIRAL WATCH

December 2025 Newsletter

TARRANT News & Updates



Greetings Sentinels!

The Influenza epidemic is hitting hard. The good news is that in the UK, where the epidemic started earlier than here, it appears to be flattening out. So hopefully we will flatten out too: but Christmas concerts at schools and travel and mixing at family events could spread a new wave. All we can do is react to what comes in the door, urge masking, and immunization: it is not yet too late for benefit, since we may get an H1N1 wave to follow this, and then a late season Type B wave.

Study Consent and Requisition Forms

We have now been able to organize an arrangement to check patient recollection of immunization with the Provincial Immunization registry without breaching the privacy regulations. This can be done by sending patient details to the registry, along with the study number. They are not allowed to send us this identifiable information, but since we send de-identified data to BCCDC, the registry can send information with study numbers to BCCDC. That way they cannot link to people, only to the information about their illness.

Therefore, we amended our study consent and requisition forms and have obtained Ethics committee approval. The change

is minor, adding a sentence about this process. We have reprinted the forms, and to make it easier, we are using a new colour: **BLUE**. We request that you please discard all previous versions of these forms and reprint using the new versions which we will send out. If you currently print out your own forms, we will send out the new templates to you.

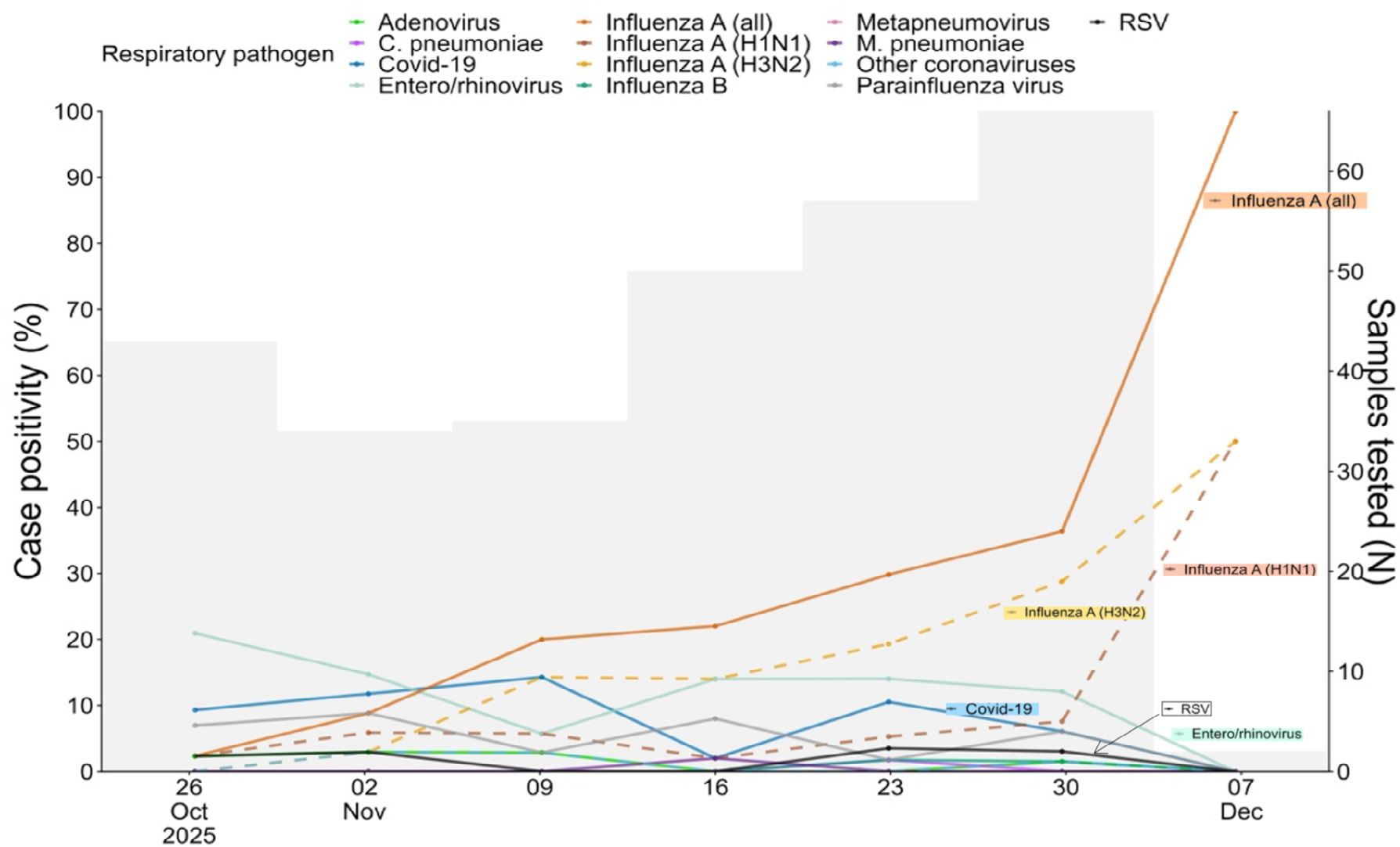
Viral Watch Seasonal Update

Three main types of influenza circulate annually: AH1N1, AH3N2, and B. These A and B influenza types are further broken down into clades and subclades to track small evolutionary changes. Our current concern is influenza A(H3N2) subclade K, whose rapid increase in circulation has led to an earlier than usual flu season with higher medical attendance rates around the globe. However, while there are many infections, their severity seems to be no worse than usual.

<https://www.alberta.ca/stats/dashboard/respiratory-virus-dashboard.htm>

<https://health-infobase.canada.ca/respiratory-virus-surveillance/> <https://www.cdc.gov/fluview/surveillance/2025-week-49.html>

This can also be seen in our data as the season starts to pick up. Enterovirus was strong in October (32.6% case positivity) but is now declining down to 11.9% in December, with influenza A taking its place as the most prevalent respiratory pathogen. We have only had 67 samples in December so far, but 38.8% have been caused by influenza A. Of these influenza A cases, 64.7% are due to the H3N2 subclade, and 26.5% are due to H1N1. 8.8% of our influenza A samples have not been successfully subtyped. Covid-19 is also beginning to pick up, with 9.9% and 6% of samples in November and December, respectively. Parainfluenza virus (types 1-4) positivity may be starting to decrease slightly from 6.2% in October to 4.5% in December so far.



Getting the Flu Vaccine Still Matters for H3N2

Although this year's influenza vaccine does not perfectly match the most common circulating strain (especially H3N2), experts stress that the shot still provides a useful amount of protection especially against severe illness, hospitalization and death, helping to reduce pressure on hospitals during a heavy flu season. Even with some mismatch, the vaccine can offer cross-protection because it targets multiple influenza strains. Public health officials recommend that everyone aged 6 months and older get vaccinated as soon as possible, as it takes about two weeks after the shot for protection to build.

<https://www.cbc.ca/news/health/cbc-explains-flu-shots-influenza-vaccine-2025-9.6976530>

Climbing RSV Rates in Alberta

Across the province rates of respiratory syncytial virus – a common seasonal respiratory infection – are on the rise, particularly among young children. Local health officials are monitoring the trend closely as RSV can lead to more serious illness in infants, older adults and those with weakened immune systems.

<https://www.ctvnews.ca/calgary/article/data-shows-rsv-rates-are-rising-in-the-province/>

Protection

Although seasonal respiratory virus activity is increasing, we can encourage everyone to reduce risk to others. There is limited evidence, due to the difficulty in performing good studies, but public health emphasizes precautions: staying home when sick and calling medical offices rather than attending in person. If symptoms worsen and in-person assessment is

needed, organise sick patients to attend at the end of the day, and not sit around in crowded waiting rooms, but go directly into closed rooms, preferably with independent venting to the outside.

Transmission is by aerosols, and by droplets if we get within a couple of meters, so we should use the precautions that are now very familiar. Masking in enclosed public places has value in reducing personal risk of inhaling virus, while washing hands and surface sanitising reduces may reduce some infections.

Treatment

If seen during the first few days, antiviral medications MAY be helpful. <https://secure.medicalletter.org/TML-article-1740a>

Note that Baloxavir marboxil is not readily available for community prescribing in Alberta, so your local pharmacy is unlikely to have it, defeating the idea of starting medication early.

Happy holidays and thank you for your participation in the Tarrant Viral Watch Program!

Regards,

The Tarrant Viral Watch Team



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Our mailing address is:

TARRANT Viral Watch

Q Health Sciences Ctr

G012-3330 Hospital Dr NW

Calgary, AB T2N 4N1

Canada

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