TARRANT VIRAL WATCH

October 2026 Newsletter

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New Season 2026-2027

We have officially begun the new season! New swab kits and requisition forms for the 2026-2027 season were sent out in the last two weeks. We will be using the **GOLD** requisition forms for this season. For any old kits, please remember to discard those. If you still have not received them, please let us know.

Friendly reminder that any incomplete forms prevent us from using your data in our studies. Please try to complete the forms as accurately as possible.

2025-2026 Respiratory Season in Review

Thank you to everyone for your continuing efforts. Without you, we would not have this data.

In the 2025-26 respiratory season, we received test results from 2,113 samples and have received 177 results so far in the 2026-27 season. Most samples are submitted in the winter months, with testing being performed on 449 samples in December 2025 alone, at the height of the H3N2 epidemic (Table 1, Figure 1).

Influenza A and B:
The 2025-26 **Influenza A** season was driven by a short, but intense **H3N2** epidemic, peaking at a 46.8% positivity in December 2025. **H1N1** sustained a much lower positivity (6.2%) during this time. Later in the 2025-26 season, **Influenza B** began increasing in January (7.1% positivity), peaked at 22.9% in March, and declined throughout April to June. In the 2026-27 season so far, **H3N2** has been quiet, while **H1N1** has made an early emergence, with 16.4% positivity in the first two weeks of October, 2026. **Influenza B** is likely to emerge later this season, as is typical of its usual seasonality.

Respiratory Syncytial Virus (RSV):
The 2025-26 **RSV** season progressed along its typical seasonality, increasing throughout the winter months to a 10.9% positivity in February, and decreasing through March and April. RSV cases have been low so far in the 2026-27 season.

COVID-19 and other coronaviruses:
Moderate levels of **COVID-19** were present throughout the 2025-26 season, although decreased through the spring and early summer (April-July). Other coronaviruses (**CoV-229E** and **CoV-OC43** specifically) were more frequently detected in spring 2026 than COVID-19. Whereas COVID-19 positivity in the 2025-26 season peaked in September 2025

(14.1%), it emerged slightly earlier in the 2026-27 season (August 2026; 10.5%) and has remained at low levels throughout September (2.4%) and October (3.6%) so far.

Entero/rhinoviruses:
Positivity of **entero/rhinoviruses** was high throughout the entire 2025-26 season, ranging from 6.7% in December 2025 to 42.2% in July 2026. 2026-27 entero/rhinovirus positivity is already high in September (43.3%) and the first two weeks of October (32.7%), as we typically see as children are returning to school in the fall.

Other pathogens:

- **Metapneumovirus** emerged through late winter and spring, peaking at 12.0% in April 2026. Cases have not yet been detected by TARRANT this season.
- **Parainfluenza viruses (1-4)** maintained low positivity levels throughout 2025-26, peaking at 11.3% in May, with minimal cases detected in the 2026-27 season thus far.
- **Adenovirus** detections have remained low throughout the 2025-26 and 2026-27 seasons so far.
- ***Chlamydia*** and ***Mycoplasma pneumoniae*** detections have been similarly rare (9 and 3 detections respectively) in 2025-26 and 2026-27.

Table 1: Monthly respiratory pathogen case positivity and overall negativity in TARRANT samples (September 1, 2025 – October 11, 2026)

Month	Samples tested (N)	Case positivity (# positive)											
		Influenza A(H1N1)	Influenza A (H3N2)	Influenza B	RSV	Covid-19	Other coronaviruses	Parainfluenza virus	Meta-pneumovirus	Entero/ rhinovirus	Adenovirus	Chlamydia pneumoniae	Mycoplasma pneumoniae
September 2025	78	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	14.1%(11)	0.0%(0)	6.4%(5)	0.0%(0)	34.6%(27)	1.3%(1)	0.0%(0)	0.0%(0)
October 2025	138	2.9%(4)	0.0%(0)	0.0%(0)	2.2%(3)	3.6%(5)	0.0%(0)	6.5%(9)	0.0%(0)	34.1%(47)	0.7%(1)	0.0%(0)	0.0%(0)
November 2025	178	6.2%(11)	16.3%(29)	0.6%(1)	1.7%(3)	10.1%(18)	1.1%(2)	5.6%(10)	0.0%(0)	12.4%(22)	1.1%(2)	0.6%(1)	0.6%(1)
December 2025	449	6.2%(28)	46.8%(210)	1.3%(6)	3.6%(16)	5.1%(23)	1.8%(8)	2.9%(13)	0.4%(2)	6.7%(30)	1.1%(5)	0.0%(0)	0.0%(0)
January 2026	238	3.4%(8)	10.1%(24)	7.1%(17)	8.8%(21)	5.5%(13)	5.5%(13)	2.1%(5)	2.9%(7)	8.4%(20)	0.0%(0)	0.4%(1)	0.4%(1)
February 2026	201	0.5%(1)	1.0%(2)	13.9%(28)	10.9%(22)	5.0%(10)	13.4%(27)	2.5%(5)	3.0%(6)	8.0%(16)	0.5%(1)	0.5%(1)	0.0%(0)
March 2026	240	0.0%(0)	0.4%(1)	22.9%(55)	5.0%(12)	2.5%(6)	10.0%(24)	3.3%(8)	9.6%(23)	10.0%(24)	0.4%(1)	0.8%(2)	0.4%(1)
April 2026	209	0.5%(1)	0.5%(1)	18.7%(39)	1.0%(2)	1.0%(2)	2.4%(5)	4.3%(9)	12.0%(25)	13.9%(29)	1.4%(3)	1.0%(2)	0.0%(0)
May 2026	115	0.0%(0)	0.0%(0)	9.6%(11)	0.0%(0)	2.6%(3)	2.6%(3)	11.3%(13)	8.7%(10)	25.2%(29)	2.6%(3)	0.9%(1)	0.0%(0)
June 2026	125	0.0%(0)	0.0%(0)	4.0%(5)	0.0%(0)	1.6%(2)	0.0%(0)	8.0%(10)	4.8%(6)	33.6%(42)	0.8%(1)	1.6%(2)	0.0%(0)
July 2026	85	1.2%(1)	0.0%(0)	0.0%(0)	0.0%(0)	2.4%(2)	1.2%(1)	4.7%(4)	2.4%(2)	42.4%(36)	0.0%(0)	0.0%(0)	0.0%(0)
August 2026	57	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	10.5%(6)	1.8%(1)	0.0%(0)	1.8%(1)	28.1%(16)	0.0%(0)	0.0%(0)	0.0%(0)
September 2026	127	7.1%(9)	0.8%(1)	0.8%(1)	0.8%(1)	2.4%(3)	0.0%(0)	0.0%(0)	0.0%(0)	43.3%(55)	2.4%(3)	0.0%(0)	0.0%(0)
October 2026	55	16.4%(9)	1.8%(1)	0.0%(0)	0.0%(0)	3.6%(2)	0.0%(0)	1.8%(1)	0.0%(0)	32.7%(18)	0.0%(0)	0.0%(0)	0.0%(0)
Total	***2,295***	***3.1%(72)***	***11.7%(269)***	***7.1%(163)***	***3.5%(80)***	***4.6%(106)***	***3.7%(84)***	***4.0%(92)***	***3.6%(82)***	***17.9%(411)***	***0.9%(21)***	***0.4%(10)***	***0.1%(3)***

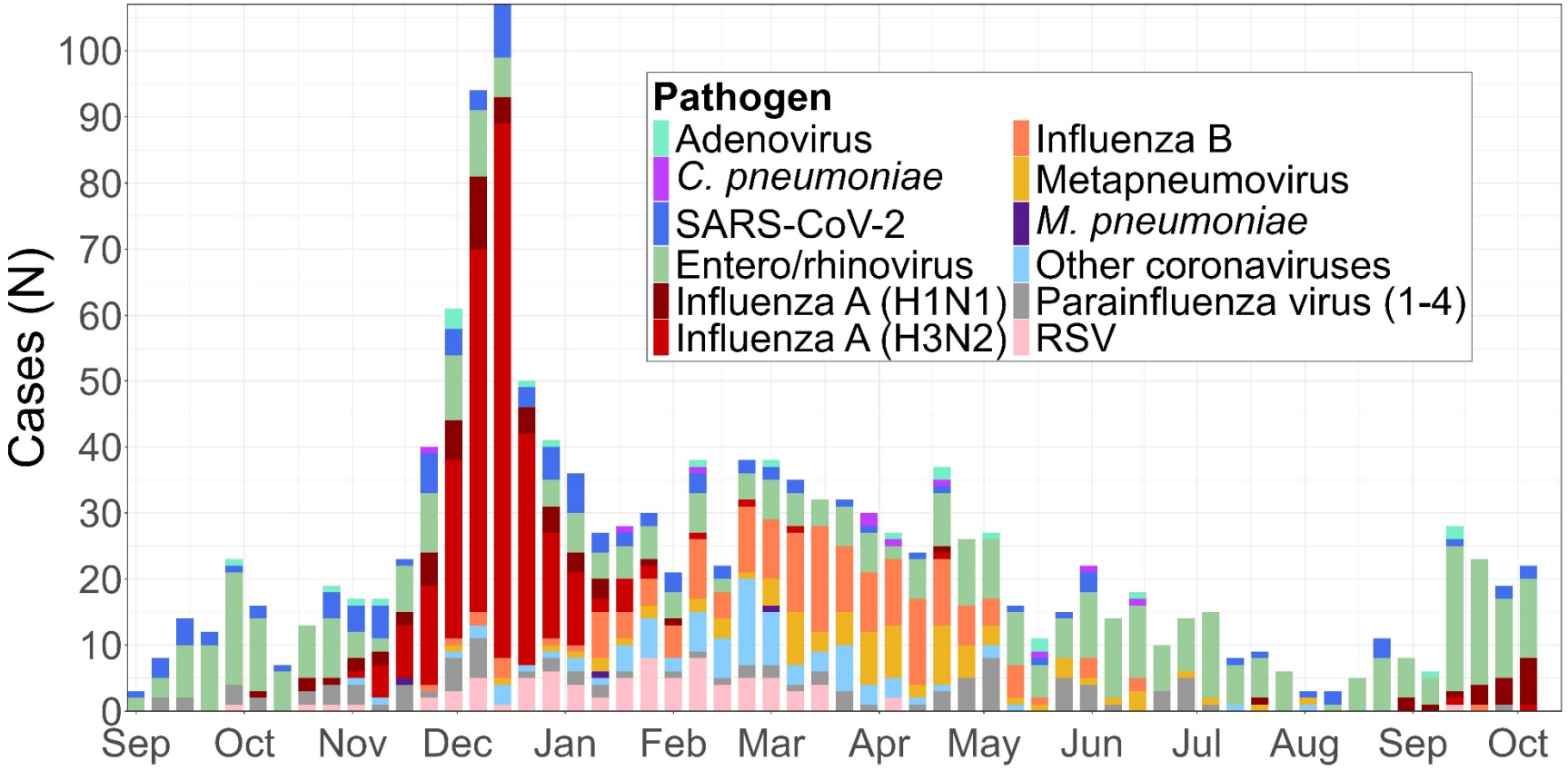


Figure 1: Weekly number of TARRANT samples positive for various respiratory pathogens (September 1, 2025 – October 11, 2026)

Publication of Interest

Influenza Vaccine Effectiveness Against Pediatric Death in the United States: 2016–2025

Leonard JS, Reinhart K, Lu PJ, et al. Influenza Vaccine Effectiveness Against Pediatric Death in the United States: 2016-2025. Pediatrics. 2026 Aug 1;158(2)

Researchers from the US Centers for Disease Control and Prevention (CDC) asked how well the flu vaccine protects children and teenagers from dying of influenza. They looked at children aged 6 months to 17 years across the United States over eight influenza seasons, from 2016–2017 through 2024–2025 (they skipped the 2020–2021 season, when flu activity was very low because of COVID-19 precautions).

The CDC kept a national registry of flu-related child deaths, and health departments report details for each case, including whether the child had received a current flu shot and whether they had any underlying health conditions (like asthma, heart disease, or neurological disorders) that put them at higher risk. The researchers compared vaccination rates among the children who died to vaccination rates among children of the same age, and time period who did not die — using national survey data as the comparison group. This let them estimate "vaccine effectiveness" (VE): roughly, how much a flu shot lowers the risk of dying from flu.

Findings included:

- 1,234 flu-related child deaths were reported over the eight seasons — ranging from a low of 37 deaths (2021–2022) to a high of 252 deaths (2024–2025, the worst season on record).
- Only about 1 in 6 of these children (17–18%) had received a full flu vaccination before falling ill. The vast majority of children who died from the flu were unvaccinated.
- About half of the children who died (52%) had no known underlying health condition - flu can be deadly even in previously healthy kids.
- Overall, the flu vaccine was 80% effective at preventing death from flu.
- It worked even better in children without underlying conditions (87% effective) than in children with underlying conditions (77% effective) — though it still gave strong protection in both groups.
- Protection was strongest in the youngest children (6 months–4 years) and somewhat lower, but still substantial, in teenagers (13–17 years).
- The results held up even when the researchers tested "worst case" assumptions — for example, assuming parents had over-reported their child's vaccination status, or that children with unknown vaccination status were vaccinated. Vaccine effectiveness stayed statistically significant in every version of the analysis.

Flu vaccination rates among children in the US have been declining since 2021, leaving more vulnerable. This study added strong evidence that getting a yearly flu shot substantially lowered a child's risk of dying from influenza — whether the child has a pre-existing health condition. The authors framed this as an argument for continued, high-priority promotion of childhood flu vaccination.

Kind regards,

TARRANT Viral Watch Team