

PUBLIC HEALTH ADVISORY INFLUENZA AND OTHER COMMON TRANSMISSIBLE RESPIRATORY ILLNESSES OCTOBER 2026

The Riverside University Health System - Public Health (RUHS - PH) provides this guide based on current information. Updated guidance will be issued as new information becomes available.

SITUATION UPDATE

COVID-19 is currently in California, with influenza seasonal activity starting to increase and RSV seasonal activity expected to increase in the coming weeks and months. Projections for this upcoming season suggest a similar combined peak hospitalized burden compared with last year, with influenza expected to be the major driver.

To follow local trends, view the Riverside County [Riverside County Respiratory Illness Dashboard](#). Effective infection control (e.g., staying home when sick, masking, handwashing, improving ventilation) and vaccination remain the best prevention strategies for flu, RSV, and COVID-19.

Current vaccination recommendations from the West Coast Health Alliance (WCHA) are listed in the chart on page 2.

INFECTION CONTROL PRECAUTIONS FOR HEALTHCARE SETTINGS

In general, all healthcare facilities should adopt standard and droplet precautions when caring for patients with respiratory illness. Specific recommendations include:

- Encouraging all staff to receive flu vaccines, updated COVID-19 vaccines, and RSV vaccines if eligible.
- Requesting all persons with influenza-like illness (ILI) wear a face mask. Staff entering the exam room of any patient with ILI should ensure the patient is masked and the provider should wear either a face mask or an N-95.
- Fit-tested N-95 respirators should be used when performing aerosol generating procedures.

- Follow CDPH masking guidance located at [Get the Most Out of Masking: Tips & Resources | CDPH](#).
- Isolate patients with ILI, ideally in a private exam room or at a distance of at least six feet from others.
- Reinforce effective hand hygiene.
- Make sure masks and other supplies are available for patients and visitors.
- Post signs and visual alerts to encourage infection control measures.

Consensus WCHA 2026-2027 Respiratory Virus Season Immunization Recommendations

The West Coast Health Alliance (WCHA) is issuing immunization recommendations for the 2026-2027 respiratory virus season. These recommendations are informed by trusted national medical organizations, including the [American Academy of Pediatrics \(AAP\) \(PDF\)](#), the [American College of Obstetricians and Gynecologists \(ACOG\)](#) and the [American Academy of Family Physicians \(AAFP\)](#).

Immunization is the best protection available against respiratory viruses such as COVID-19, influenza, and RSV. Seasonal immunization is also a critical public health tool to reduce serious illness, community transmission, and health care systems strain.

The WCHA believes that all recommended immunizations should be accessible to the people of our states. WCHA emphasizes the importance of protecting people most impacted by these respiratory viruses, especially our most vulnerable. This includes the youngest and oldest individuals in our states; other individuals at higher risk for complications, including people who are pregnant; individuals living in congregate settings; and those who live or work with people at higher risk. The WCHA will continue to evaluate new evidence and recommendations as they become available and is committed to sharing any updated assessments with our communities.

Age/Condition	COVID-19	Influenza	RSV
Children	• All 6–23 months • All 2–18 years with risk factors or never vaccinated against COVID-19 • All who are in close contact with others with risk factors¹ • All who choose to reduce risk of severe illness	• All 6 months and older²	• All younger than 8 months³ • All 8-19 months with risk factors
Pregnancy	• All who are planning pregnancy, pregnant or postpartum	• All who are planning pregnancy, pregnant or postpartum	• All who are 32-36 weeks gestational age^{3, 4}
Adults	• All 65 years and older • All 19–64 years with risk factors • All who are in close contact with others with risk factors¹ • All who choose to reduce risk of severe illness	• All	• All 75 years and older⁴ • All 50–74 years with risk factors⁴
Healthcare Workers	• All	• All	• All who meet criteria above

1. COVID-19 vaccine is available for persons 6 months and older.
2. Two doses given at least 4 weeks apart are recommended for ages 6 months–8 years who are getting flu vaccine for the first time.
3. Protect infants with either prenatal RSV vaccine or infant dose of nirsevimab or clesrovimab.
4. RSV vaccination during pregnancy or for adults is currently recommended once rather than annually.

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For more information, follow this link:

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/IMM-1481.pdf>

RESPIRATORY VIRUS TESTING GUIDANCE

Population	COVID-19	Influenza	RSV
Outpatients with acute respiratory symptoms (ILI/ARI)	• Use antigen or molecular (NAT*). • Antigen has lower sensitivity; if negative but suspicion persists, repeat testing (see note below).	• NAT* is preferred when clinical suspicion is strong—even if a rapid antigen test is negative.	• Consider testing when RSV is circulating or suspicion is high. • NAT* is more sensitive; antigen is faster but less sensitive.
Hospitalized or severe ILI	• Molecular (NAT*) preferred.	• NAT* indicated for all hospitalized and/or fatal ILI cases.	• NAT* recommended (higher sensitivity in severe disease).
Outbreak investigation (acute respiratory outbreaks)	• Test symptomatic individuals; consider multiplex NAT* to identify co-circulating pathogens.	• NAT* indicated for acute respiratory outbreaks.	• Include RSV on multiplex panels when multiple viruses are co-circulating.
Recent exposure concerning novel/variant influenza (within 10 days of onset)	• Manage per standard COVID testing pathways as clinically indicated.	• NAT* required for suspected variant/novel influenza (e.g., H3N2v, H1N2v, H1N1v, avian H5N1/H7N9). • Send specimens to Public Health Laboratory immediately (not commercial) for H5N1/H7N9 suspicion to speed confirmatory testing.	• Not specifically applicable; test per clinical suspicion or multiplex if co-circulating.

*Nucleic Acid Amplification Test (NAT)

SPECIMEN COLLECTION & SUBMISSION INSTRUCTIONS FOR INFLUENZA AND SARS-COV2

Specimen Source	Requirements / Guidance
Preferred Upper Respiratory Specimens	- Nasopharyngeal (NP) swab (preferred) - NP wash or aspirate - Throat swab - Nasal swab
Acceptable Lower Respiratory Specimens (for PCR)	- Bronchoalveolar lavage (BAL) - Bronchial wash - Tracheal aspirate - Lung tissue
Swab Material Requirements	- Only synthetic-tip swabs (polyester or Dacron) - Shaft must be plastic or aluminum - Place in 2–3 mL viral transport medium (VTM) or universal transport medium (UTM) Unacceptable / rejected: calcium alginate swabs, cotton-tipped swabs with wooden shafts
Collection Window	- Collect within 24–72 hours of symptom onset - No later than 5 days after onset - Earlier collection increases likelihood of influenza virus isolation
Specimen Storage & Transport	- Refrigerate at 4°C until transport - If transport cannot occur within 3 days, freeze at –70°C or below - Ship frozen specimens on dry ice
Public Health Laboratory Submission	- Laboratory receives specimens Monday–Friday - Submit RUHS Public Health Laboratory Test Request Form with all specimens to prevent delays <u>RUHS Public Health Influenza Specimen Submittal Form</u> - Specimen submission questions: (951) 358-5070 - Influenza case & outbreak reporting questions: (951) 358-5107

THERAPEUTICS TREATMENT OPTIONS

Rapid [treatment with influenza and COVID-19 antivirals](#) decreases the risk of serious illness, hospitalization, and death.

Evaluate symptomatic patients and offer therapeutics as soon as possible to eligible patients, especially those at higher risk for severe disease or who may transmit high-risk contacts.

Immediately prescribe either oseltamivir (Tamiflu®) or single-dose baloxavir (Xofluza®) for any patient suspected of or confirmed with influenza who is at higher risk for influenza complications or who may transmit it to high-risk contacts. Prescribe oseltamivir to any patient who is hospitalized or who has severe, complicated, or progressive illness. Nirmatrelvir-ritonavir (Paxlovid®) is the first-line therapy for mild to moderate COVID-19 in the outpatient setting.

Monoclonal antibodies are available for some people who are moderately or severely immunocompromised for additional protection against COVID-19, or for infants to protect against RSV. Antiviral medications can also be used to prevent influenza and COVID-19 before or after exposures.

The Federal Drug Administration (FDA) recently approved Ensitrelvir (Xocova®) for post-exposure prophylaxis of COVID-19 within 72 hours of contact with an individual who has COVID-19. Providers should check clinical indication as well as compatibility with patient insurance plans as financial assistance programs are evolving for this new drug. For some insurance plans, a \$0 co-pay card may be available. Contracts with Medi-Cal are pending. Ensitrelvir may not be accessible to all patients. Visit the [CDPH Healthcare Professionals Hub](#) for more information about therapeutics.

RESPIRATORY ILLNESS SURVEILLANCE AND REPORTING

INFLUENZA

- Report laboratory-confirmed cases of seasonal flu that meet the specified criteria as well as outbreaks of undiagnosed ILI in residents of large groups or institutional settings.
- Fax the [Severe Influenza Case History Form](#) to **(951) 358-5446** or submit cases through CalREDIE.
- The Influenza Reporting Guidance for the 2026-2027 influenza season are outlined below:
- Required by California Department of Public Health:
 - Reporting of laboratory-confirmed¹ fatal pediatric cases <18 years of age.

Reporting of influenza-associated deaths in children <18 years of age who are co-infected with COVID-19 should be reported for both conditions.¹ Laboratory confirmation can include any positive test performed by any clinical, commercial, or local public health laboratory, including by positive rapid antigen testing, direct fluorescence assay, viral culture, or PCR. Since rapid antigen tests may yield a relatively high proportion of false positive results when influenza prevalence is low, it is recommended that a positive rapid antigen test result be followed up with confirmatory testing. This may include a direct fluorescence assay, culture, or polymerase chain reaction (PCR). Positive rapid antigen samples should be sent to the RUHS- Public Health Laboratory.

- Required by Riverside County Public Health:
 - Reporting of laboratory-confirmed fatal cases age 18-64 years and ICU cases age 0-64.
 - For reported cases it is also recommended that specimens be sent to Public Health for further sub- typing/characterization.

COVID-19

- Health care providers are required to report hospitalizations from suspected or confirmed cases of COVID-19 to Riverside County Public Health within **one** working day of identification.
- Cal/OSHA COVID-19 Guidance and Resources. As of February 3, 2026, there will no longer be a specific set of regulatory requirements relating to COVID-19 prevention in the workplace. Employers will still be required to maintain a safe and healthful place of employment as required by Labor Code Section 6400, and must establish, implement, and maintain an effective Injury and Illness Prevention Program (IIPP) as required by Title 8, California Code of Regulations, Section 3203. For more information see link for additional information at <https://www.dir.ca.gov/dosh/coronavirus/>

RSV

- Health care facilities must report laboratory-confirmed RSV-associated fatal cases in children under 5 years of age.
- RSV-associated deaths in children <5 years old who are co-infected with COVID-19 or flu should be reported for both conditions.
- Report to Disease Control by faxing [RSV Death Form <5 Years](#) to **(951) 358-5446** or through CalREDIE.

GENERAL OUTBREAK REPORTING

- Mandatory reporting of *any* respiratory disease outbreak (see above regarding COVID-specific requirements):
 - Outbreaks in institutions (long-term care facilities, prisons, sleepover camps) with at least **one** case of laboratory-confirmed influenza in the setting of a cluster (≥ 2 cases) of ILI within a 72-hour period.
 - Outbreaks associated with hospitalizations or fatalities.
 - Outbreaks assessed as having public health importance (e.g. related to recent swine exposure, recent travel to an area with novel influenza, or contact with a confirmed case of swine or novel influenza).

RESOURCES

- [CDPH guidelines](#) for respiratory virus vaccination, along with links to trusted medical groups.
- Further details on influenza can be found on the [CDPH](#) and [RUHS](#) websites.
- COVID resources are available on the [CDPH](#) website and RUHS website;
<https://www.ruhealth.org/public-health/respiratory-viruses>
- RSV information <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/RSV.aspx>