

PUBLIC HEALTH ADVISORY

INFLUENZA AND OTHER COMMON TRANSMISSIBLE RESPIRATORY ILLNESSES

DECEMBER 2025

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

SITUATION UPDATE

- Seasonal influenza virus (flu), COVID-19, and the respiratory syncytial virus (RSV) have become widespread in the respiratory season. In 2024, health officials also noted an increase in *M. pneumoniae*.
- Forecasts indicate that the peak number of people hospitalized with flu, COVID-19 or RSV this fall, and winter will likely be similar to last season, however higher peak rates remain possible, with COVID-19 hospitalizations specifically highlighted as potentially exceeding the 2024-2025 season. To follow local trends, view the [Riverside County Respiratory Illness Dashboard](#).
- Flu activity in California is currently minimal and activity in Riverside County is currently low, though it is anticipated to increase. Vaccination plays a key role in preventing hospitalizations.
- Vaccination and effective infection control (e.g., staying home when sick, masking, handwashing, improving ventilation) remain the best prevention strategies for flu, RSV, COVID-19 and Mycoplasma.

OVERVIEW AND VACCINATION GUIDELINES

INFLUENZA

- Everyone 6 months and older (including health care staff) should receive a seasonal flu vaccine, ideally between September or October, but healthcare providers should continue to offer vaccinations throughout the season.
- Children less than 9 years require 2 doses of influenza vaccine administered a minimum of 4 weeks apart during their first season of vaccination (or if they only received one dose in the past).
- Adults 65 years and older should preferentially receive a higher dose, recombinant, or adjusted flu vaccines. If none of these are available, then any other age-appropriate influenza vaccine should be used.
- Additional safety measures for individuals with egg allergies are no longer recommended.
- Flu vaccination should be deferred for people with suspected or confirmed COVID-19, regardless of symptoms, to avoid exposing others and to ensure adequate immune response.

- Advise persons with symptoms to stay at home for 24 hours after fever is resolved, unless medical evaluation and care is required.
- Treat patients with suspected/confirmed influenza who are hospitalized for severe illness or who are at higher risk for flu-related complications with oseltamivir, zanamivir or baloxavir. Treat early and empirically, without relying on lab test results.
 - People at increased risk include adults 65 and older, children under two, immunosuppressed, and those with chronic disease including asthma, COPD, cystic fibrosis, diabetes, heart disease, kidney or liver disorders, or extreme obesity. For further details consult the [CDPH Influenza website](#).
- Additional information on flu vaccination is available on the [CDPH website](#). CDPH recommendations are in accordance with the [American Academy of Pediatrics immunization schedule](#) and the [American Academy of Family Physicians immunization schedule](#).

COVID-19

[CDPH](#) has recommended that the following groups receive COVID-19 vaccines:

- All children 6-23 months, and children 2-18 years not previously vaccinated or with risk factors
- Women planning pregnancy, pregnant, postpartum, or lactating
- All adults 65 and older, and any adult with risk factors
- Anyone in close contact with others with risk factors
- All who opt for vaccine protection

CDPH recommendations are in accordance with the [American Academy of Pediatrics immunization schedule](#) and the [American Academy of Family Physicians immunization schedule](#).

- COVID-19 and flu vaccinations can be administered at the same appointment.
- COVID-19 treatments remdesivir (infusion-based), Paxlovid, and Molnupiravir are available on the commercial market. More information is available at [COVID-19 Treatment Options | RUHS](#).

RESPIRATORY SYNCYTIAL VIRUS (RSV)

[CDPH](#) recommends RSV vaccination for the following individuals:

- Pregnant women at 26-32 weeks gestation (if a vaccine was received during a previous pregnancy, it is not recommended to repeat a dose).
- Infants less than 8 months whose mothers weren't vaccinated during the **current pregnancy** should receive RSV monoclonal antibodies in October/November or within the first week of life (October-March).
- Children 8-19 months who are at increased risk for severe RSV.
- All adults 75 and older
- Adults 50-74 who are at increased risk of severe disease

- CDPH recommendations are in accordance with the [American Academy of Pediatrics immunization schedule](#) and the [American Academy of Family Physicians immunization schedule](#).

MYCOPLASMA PNEUMONIAE

- 2024 saw an increase in *M. pneumoniae* infections, particularly in young children. Data suggests that infections began decreasing in 2025, but remain elevated in some regions of the U.S.
- There is no approved vaccine available for *M. pneumoniae*.
- Most people with mild infections will recover on their own. Macrolides remain first-line antibiotics for more severe infection. Macrolide resistance remains fairly low in the U.S.
- Additional information is available through [CDPH](#).

TESTING GUIDANCE

INFLUENZA AND COVID-19:

- Because many of the symptoms of flu and COVID-19 are similar, it may be difficult to tell the difference between them and testing will likely be needed to confirm a diagnosis.
- **Testing to distinguish SARS-CoV-2 and influenza virus:**
 1. Antigen tests for SARS-CoV-2 and influenza virus.
 - Separate assays are available but have lower sensitivity than molecular assays. Because of this, it's recommended to obtain two negative tests (three if asymptomatic).
 2. Molecular assays for both viruses (rapid or real-time RT-PCR).
 - RT-PCR is the preferred testing method for flu when there is strong clinical suspicion (even if a rapid test is negative). Testing is indicated for:
 - Hospitalized and/or fatal cases with influenza-like illness (ILI)¹.
 - Acute respiratory outbreaks.
 - COVID PCR results may remain positive for three months post-infection
 3. Multiplex molecular assays are recommended when multiple viruses are co-circulating.

¹People with ILI with recent travel, recent close contacts, or other exposures within 10 days of symptom onset that are concerning for variant or novel influenza infection (e.g., variant influenza A [H3N2]v, [H1N2]v or [H1N1] v, or avian influenza H5N1 or H7N9) should have influenza testing by PCR. If there is suspicion of influenza H5N1 or H7N9, the specimen should be sent to the Public Health Laboratory immediately instead of commercial laboratory to improve response time of confirmatory testing thus reducing spread of the highly infectious strains.

MYCOPLASMA PNEUMONIAE:

- Consider testing *M. pneumoniae* if there's increased respiratory illness, particularly among children in the community, in children hospitalized for pneumonia, and in pneumonia patients not improving on antibiotics such as beta-lactams.
- PCR is considered the gold standard for *M. pneumoniae* diagnosis. Oropharyngeal swabs are highly sensitive and specific and preferable over nasopharyngeal swabs.
- Serum tests are available but often more practical for children, who can sometimes be diagnosed based off a single IgM-based assay. Adults, in contrast, typically require two blood draws typically spaced 2-4 weeks apart.
- Culturing *M. pneumoniae* is difficult to perform, time consuming, and typically not recommended.

RSV:

- Consider testing for RSV when multiple respiratory viruses are co-circulating, or when suspicion is high; various multiplex assays are available for differentiating between respiratory viruses.
- PCR tests are highly sensitive for RSV detection.
- Antigen tests can provide faster results but are typically less sensitive than PCR.
- Some tests differentiate between RSV A and B; however, the clinical significance of this differentiation remains unclear.

INFLUENZA AND SARS-CoV2 SPECIMEN COLLECTION AND SUBMISSION

- Preferred upper respiratory samples for submission to the Riverside County Public Health laboratory are nasopharyngeal (NP) swabs; NP wash or aspirate, throat or nasal swabs are also acceptable. Lower respiratory tract samples suitable for RT-PCR include bronchoalveolar lavage, bronchial wash, tracheal aspirate, and lung tissue. If swabs are submitted, only use synthetic tips (e.g., polyester or Dacron-tipped swabs) on an aluminum or plastic shaft placed in a standard container with 2-3 ml of viral transport medium or universal transport media (UTM) for patients hospitalized with pneumonia. Calcium alginate swabs and cotton-tipped swabs with wooden shafts are unacceptable and will be rejected.
- Specimens should be collected within the first 24-72 hours and no later than five days after onset of symptoms. The earlier the specimen is collected, the better chance of isolating the influenza virus.
- Specimens should be refrigerated at 4°C until transportation. If the specimen cannot be transported on cold packs within three days, it should be frozen at -70°C or below and shipped on dry ice.
- The Public Health Laboratory can receive specimens Monday through Friday. Please submit the [RUHS Public Health Influenza Specimen Submittal Form](#) with all specimens to avoid delays in testing. Please contact the Public Health Laboratory at (951) 358-5070 for questions on specimen submission. Disease Control can be reached at (951) 358-5107 for questions on reporting influenza cases and outbreaks.

INFECTION CONTROL PRECAUTIONS FOR HEALTHCARE SETTINGS

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

- Encourage all staff to receive flu vaccines, updated COVID-19 vaccines, and RSV vaccines if eligible.
- Request that all persons with 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.

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 2025-2026 influenza season are outlined below:

Reporting is required by California Department of Public Health for:

- Laboratory-confirmed² fatal pediatric cases <18 years of age.
- Influenza-associated deaths in children <18 years of age who are co-infected with COVID-19 should be reported for both conditions.
- Influenza due to novel strains.

Reporting is required by Riverside County Public Health for:

- Laboratory-confirmed fatal cases and ICU cases ages 0-64.

For reported cases it is also recommended that specimens be sent for further sub-typing and characterization.

² 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.

COVID-19

- Health care providers are required to report hospitalizations for suspected or confirmed cases of COVID-19 to the local health department within **one** working day of identification.
- Employers may view Cal/OSHA reporting protocols at [Recording and Reporting Requirements for COVID-19 | CA.gov](#).

RSV

- CDPH has added RSV to the list of pathogens for which laboratory results are required to be reported.
- 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.

MYCOPLASMA PNEUMONIAE:

- There is currently no California-specific reporting requirement for *M. Pneumoniae*, but Riverside County requests that identified outbreaks (in schools and other institutional settings) be reported.

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](#) and [RUHS](#) websites.
- [CDPH information](#) on RSV, and [RUHS Frequently Asked Questions](#)
- [CDPH Health Advisory](#) on *M. pneumoniae*.