INFECTIOUS DISEASE EPIDEMIOLOGY

Influenza Report

2025 - 2026 Influenza Season

MMWR Week 17 (4/26/26-5/2/26)

Updated May 8, 2026

Wyoming Department of Health | PUBLIC HEALTH DIVISION

Overview (MMWR Week 17)

Influenza and Influenza-like Illness (ILI) Activity

Spread

Local

Transmission levels decreased compared to last week

Flu Activity

Minimal

Reported influenza case counts decreased compared to last week

ILI Activity

Minimal

Reports of outpatient respiratory illnesses decreased compared to last week

Co-circulating

Other Respiratory Infections:

Low levels of SARS-CoV-2, Pertussis, and RSV

Seasonal Data

Types of Flu:

Influenza A and B viruses are circulating

Subtypes

Primary: B

Predominantly, influenza B viruses were reported across the country this week

Outbreaks

0

No LTCF or school-associated influenza outbreaks were reported this week

Severity

Hospitalizations

The weekly influenza-associated hospitalization rate peaked in week 52 and has since decreased

Deaths

158

There have been 158 pediatric deaths reported across the country so far this season

Syndromic

3

There were three syndromic anomalies reported this week in Fremont and Natrona counties

EMS Reports

12

The number of suspected ILI reports decreased compared to last week

Hot Spots

Tracking Trends

Most counties continue to report a decrease in case counts

Geographic Spread

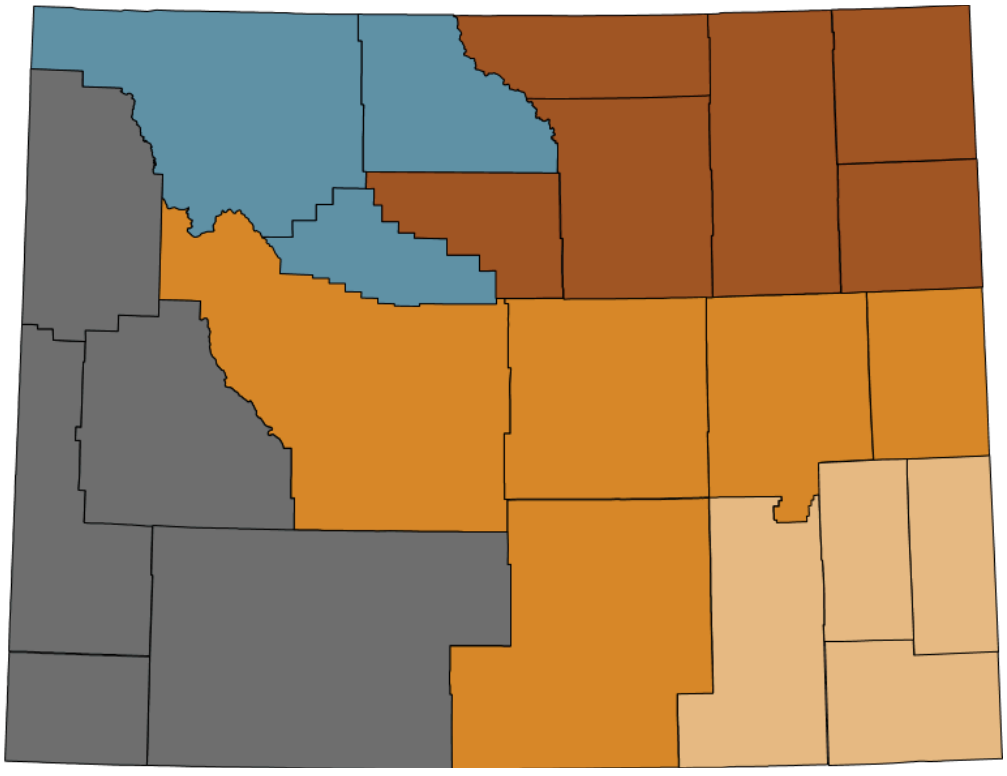
Geographic Activity by Regions

Wyoming as a whole had minimal ILI activity this week (MMWR Week 17). Transmission levels decreased compared to last week.

- Healthcare providers in 8 counties electronically reported influenza cases.
- The electronically reported influenza cases represent four Infectious Disease Epidemiology (IDE) Geographic Regions.
- Healthcare providers across the state electronically reported 45 influenza cases (rapid influenza diagnostic tests and PCR-confirmed tests) this week.

IDE Geographic Regions of Wyoming

Southeast	Central	Western	Big Horn	North East
Local, cases reported in Albany and Laramie	Local, cases reported in Fremont and Natrona	Local, cases reported in Teton and Uinta	No reported cases this week	Local, cases reported in Campbell and Johnson



Virologic Surveillance

Public Health Laboratory

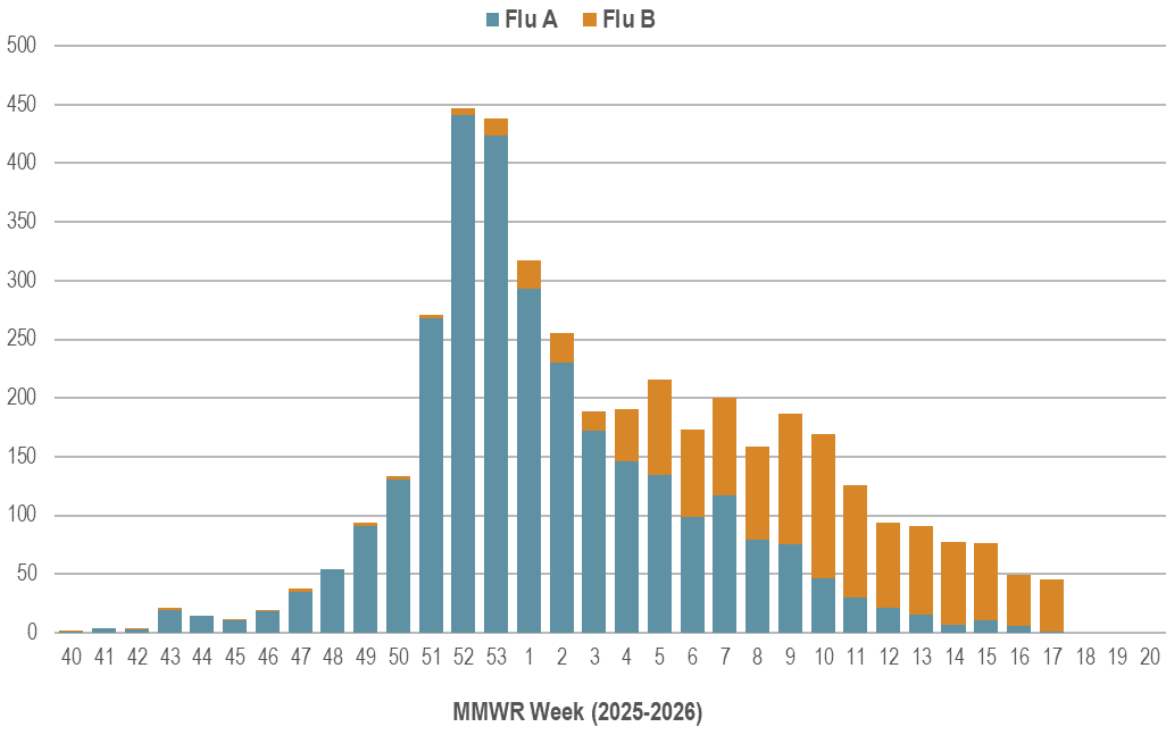
The overall volume of samples tested for influenza at the Wyoming Public Health Laboratory has steadily declined following the increasing distribution of the CDC Influenza SARS-CoV-2 Multiplex Assay, in addition to at-home testing options. We greatly encourage providers across the state to send additional specimens to the WPHL for virologic surveillance. The number of positive influenza specimens electronically reported this week **decreased** compared to the previous week.

Healthcare and Clinical Laboratories

Clinical laboratories across the country most frequently reported **influenza B viruses** circulating during MMWR Week 17.

Electronic Lab Reports of Influenza Cases

Number of Electronic Lab Reported Cases



Influenza-Like Illness Surveillance

MMWR Week 17: 2.09% ▼below WY baseline (5.36%)

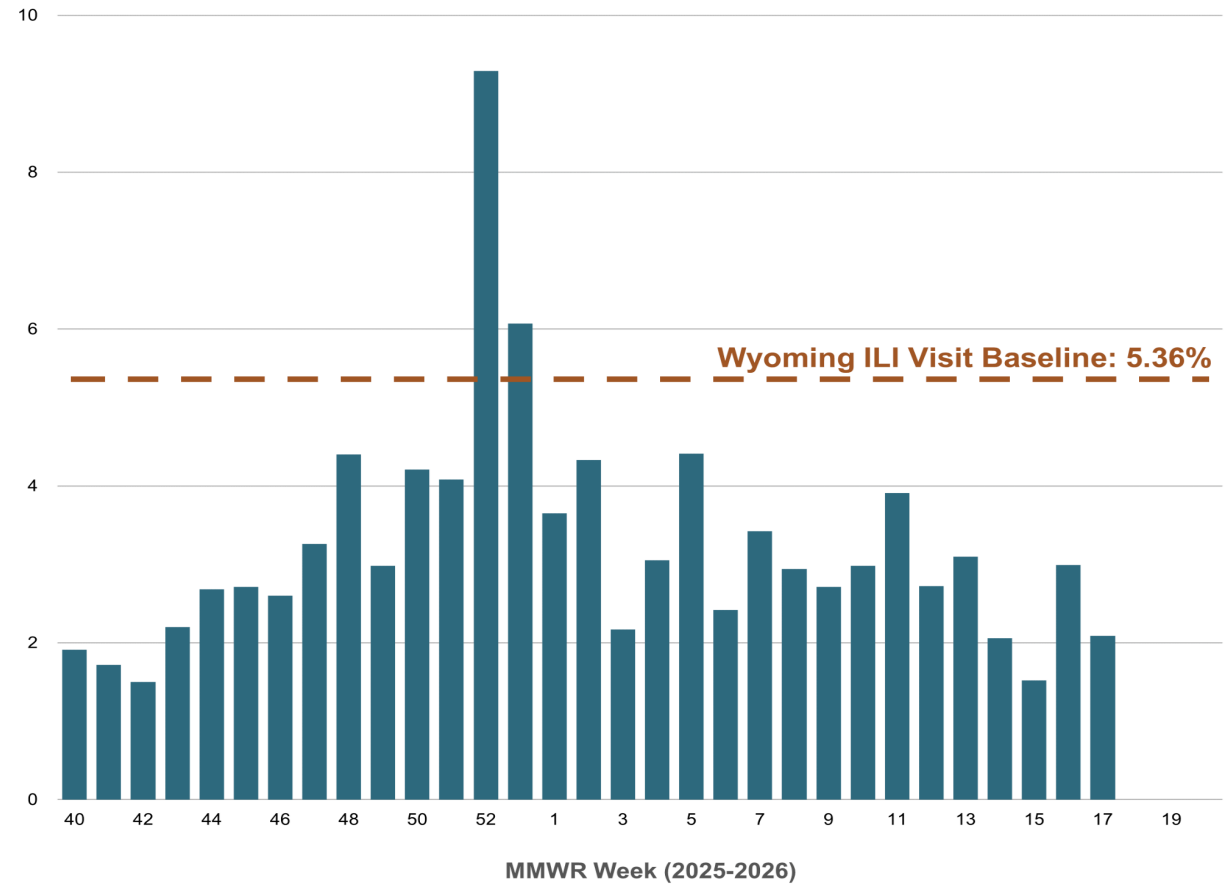
The percent of patient visits to ILI-Net Sentinel Providers for ILI decreased compared to last week.

The Wyoming Department of Health received reports from **less than 50%** of the ILINet providers across the state. Therefore, weekly percentages could change as additional reports are submitted.

Key Updates: Seasonal influenza activity is low. Based on CDC calculations, transmission within Wyoming was **minimal** this week. Nationally and in HHS regions 2, 6, and 9, the percentage of respiratory specimens testing positive for influenza virus in clinical laboratories remained stable compared to the previous week. Percent positivity decreased in regions 1, 3, 5, 7, and 8, and increased slightly in regions 4 and 10, likely due to lower reporting this week compared to previous weeks.

Weekly Percent of ILI Visits

Percent of Influenza-like Illness (ILI)



Pneumonia and Influenza Mortality

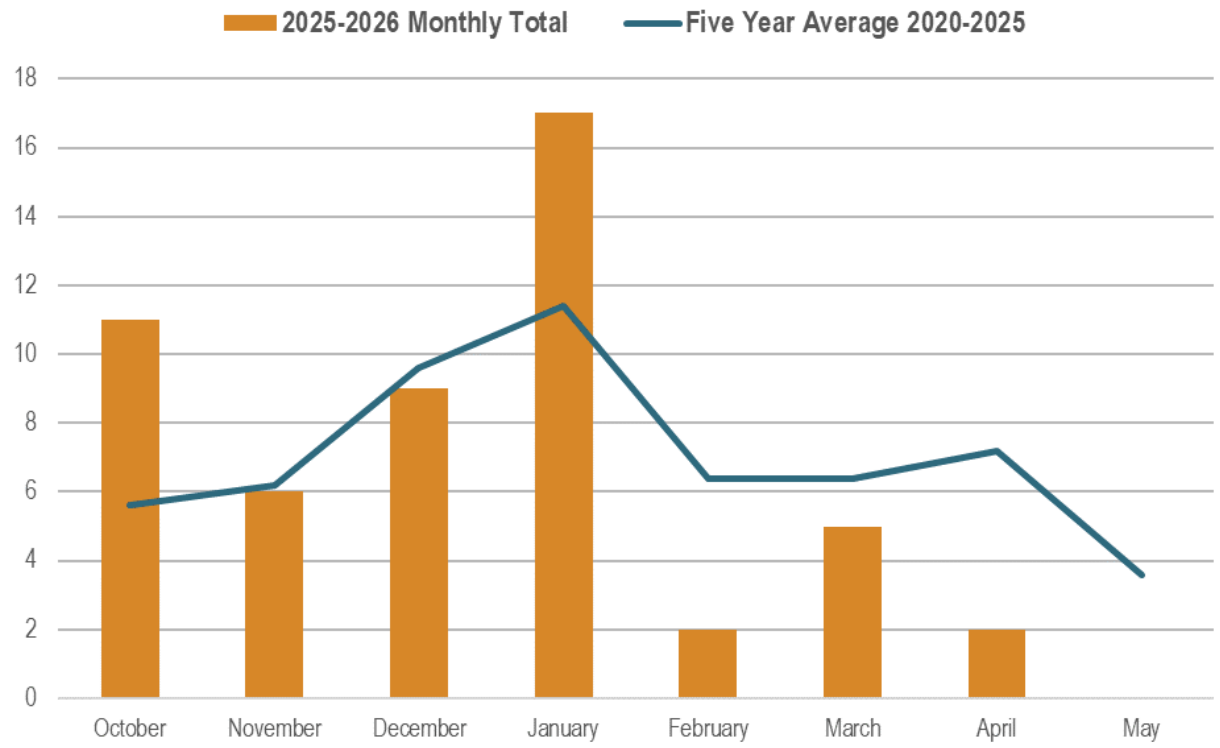
Mortality Data

Tracking death certificates is the most effective surveillance system for capturing and identifying pneumonia and influenza-associated deaths in Wyoming. According to the CDC, influenza is infrequently listed on death certificates. Also, testing for seasonal influenza infections is not frequently performed, particularly among the elderly, who are at greatest risk for seasonal influenza complications and death. Therefore, public health officials may not be able to identify influenza-associated deaths in many instances; as a result, this surveillance system may underestimate the true impact of influenza-associated deaths in the state.

There have been **52** pneumonia and influenza (P&I) mortality reports certified since the beginning of the 2025-2026 Influenza Season.

Monthly P&I Mortality Reports (2020-2026)

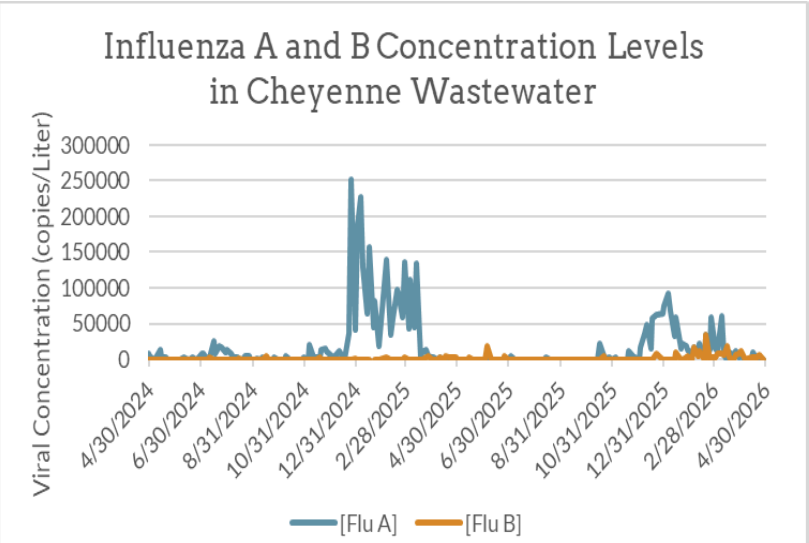
Number of P&I Deaths

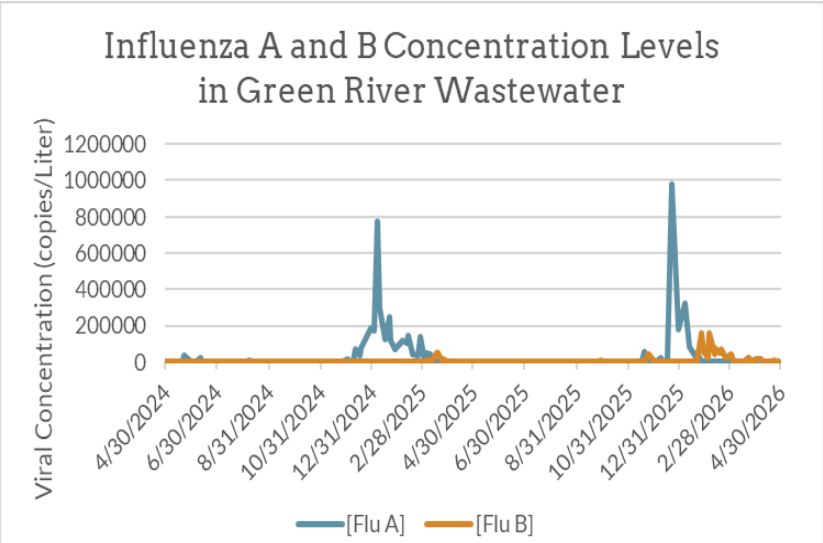


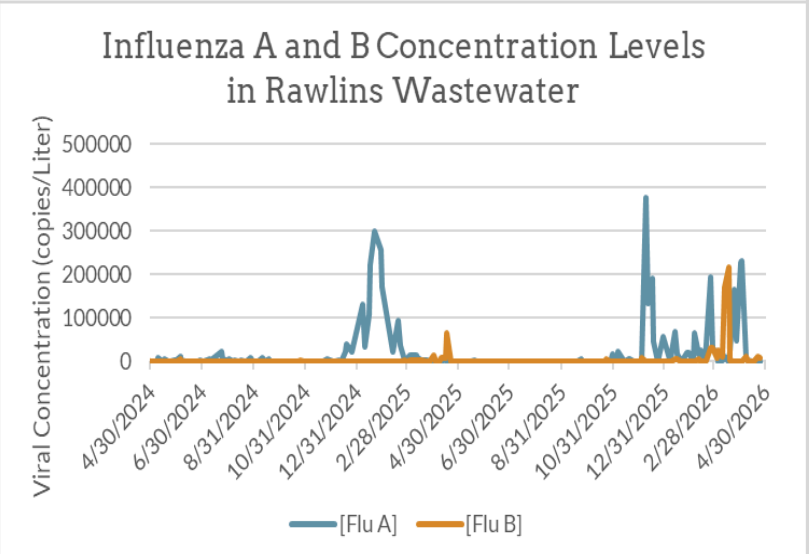
Wastewater Surveillance

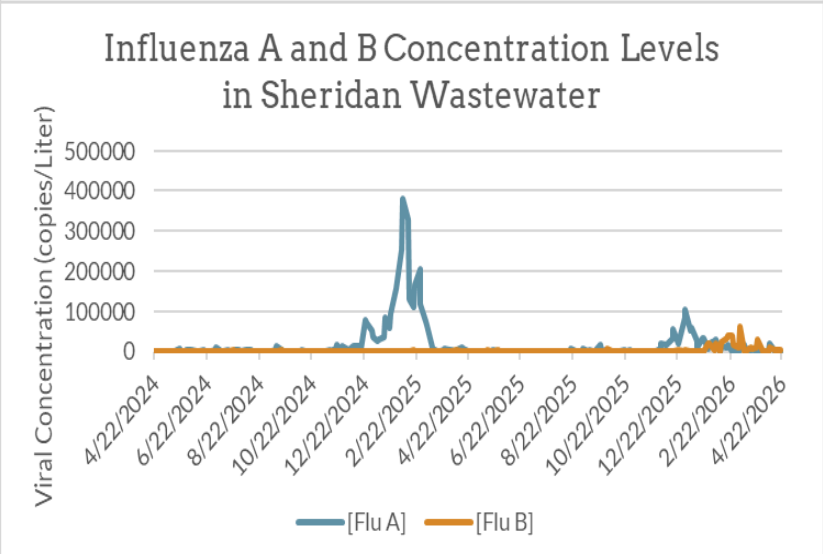
Here at the Wyoming Public Health Laboratory (WPHL), we have a team of scientists analyzing wastewater samples from across the state to identify trends in influenza (and many other pathogens). The graphs pictured below depict trend lines for the past two influenza seasons (2023-2026) as well as current trends. It is important to note that the high concentrations observed last season have dwarfed many of the previously detected values.

WPHL Sites: Cheyenne, Green River, Rawlins, and Sheridan









Wastewater Surveillance Continued

Our colleagues at the University of Wyoming (UW) have collaborated with the WPHL to analyze wastewater samples collected at four additional treatment facilities across the state. The graphs below show the current trend lines of varying influenza concentrations detected in wastewater, starting in June 2024 and continuing to the present. The current viral concentrations appear to be diminished compared to the higher values we observed last season during sustained community-wide transmission.

UW Sites: Laramie, Rock Springs, Jackson, and Gillette