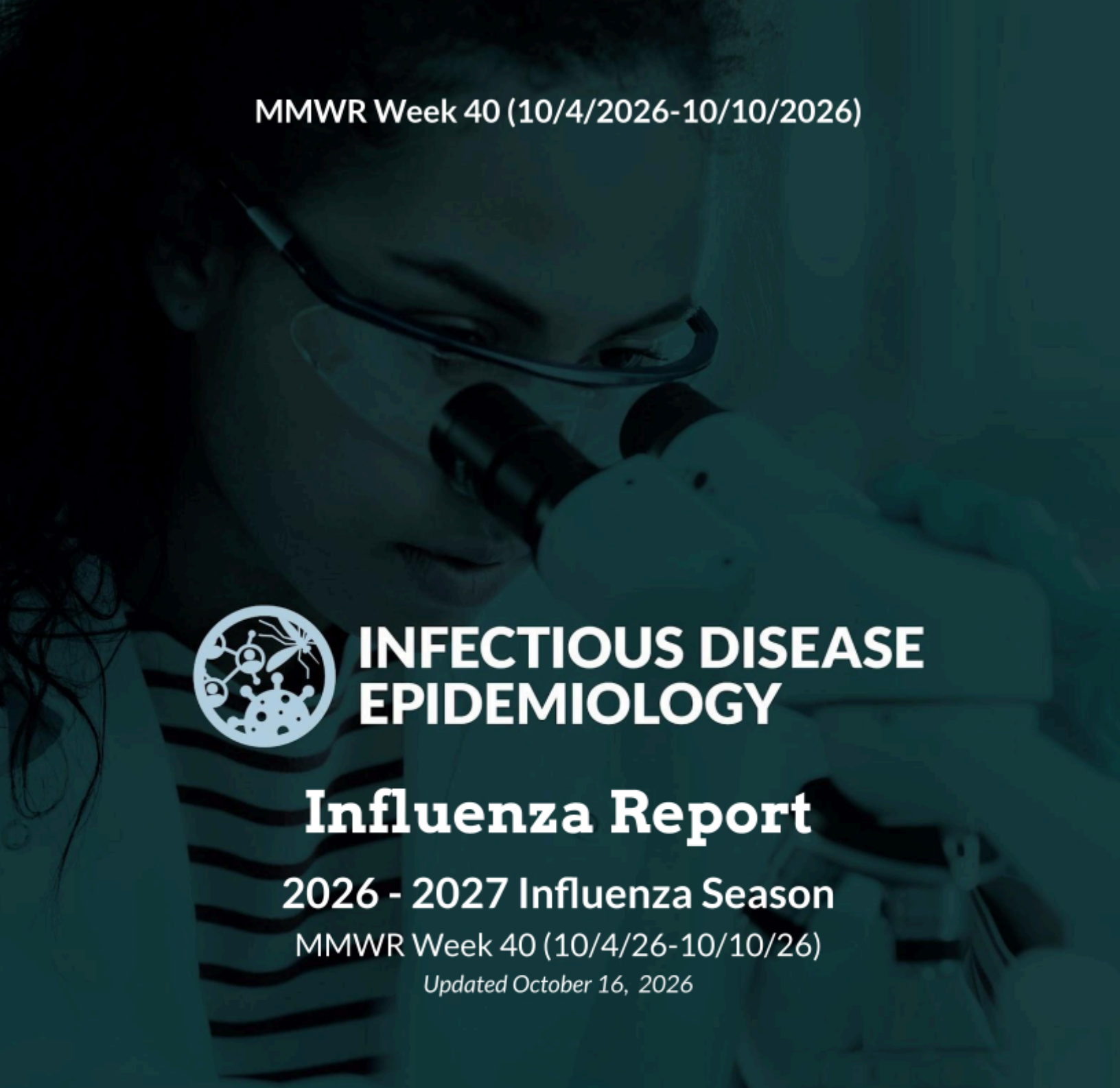


INFECTIOUS DISEASE EPIDEMIOLOGY

Influenza Report

2026 - 2027 Influenza Season

MMWR Week 40 (10/4/26-10/10/26)

Updated October 16, 2026

Wyoming Department of Health | PUBLIC HEALTH DIVISION

Overview (MMWR Week 40)

Influenza and Influenza-like Illness (ILI) Activity

Spread

Sporadic

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 and RSV

Seasonal Data

Types of Flu:

Influenza A and B viruses are circulating

Subtypes

Primary: A\H1N1

Predominantly, influenza A(H1N1) 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 remains low

Deaths

0

There have been any reported pediatric deaths so far this season

Syndromic

0

No syndromic anomalies were reported this week

EMS Reports

10

The number of suspected ILI reports decreased compared to last week

Hot Spots

Tracking Trends

Case counts across the state are higher than observed this time last year

Geographic Spread

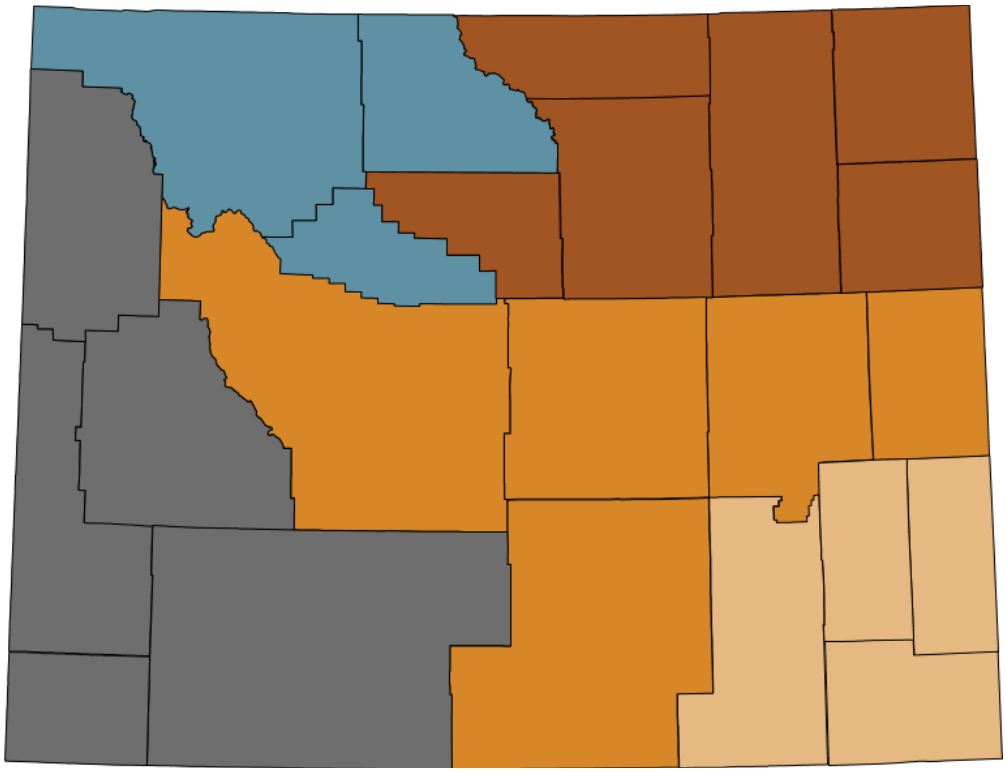
Geographic Activity by Regions

Wyoming as a whole had minimal ILI activity this week (MMWR Week 40).

- Healthcare providers in 11 counties electronically reported influenza cases.
- The electronically reported influenza cases represent four of the five Infectious Disease Epidemiology (IDE) Geographic Regions.
- Healthcare providers across the state electronically reported 22 influenza cases (rapid influenza diagnostic tests and PCR-confirmed tests) this week.

IDE Geographic Regions of Wyoming

Southeast	Central	Western	Big Horn	North East
Sporadic, cases reported in Goshen, Laramie, and Platte	Sporadic, cases reported in Converse and Natrona	Sporadic, cases reported in Teton, Sublette, and Uinta	Local, cases reported in every county	No reported cases this week



Virologic Surveillance

Public Health Laboratory

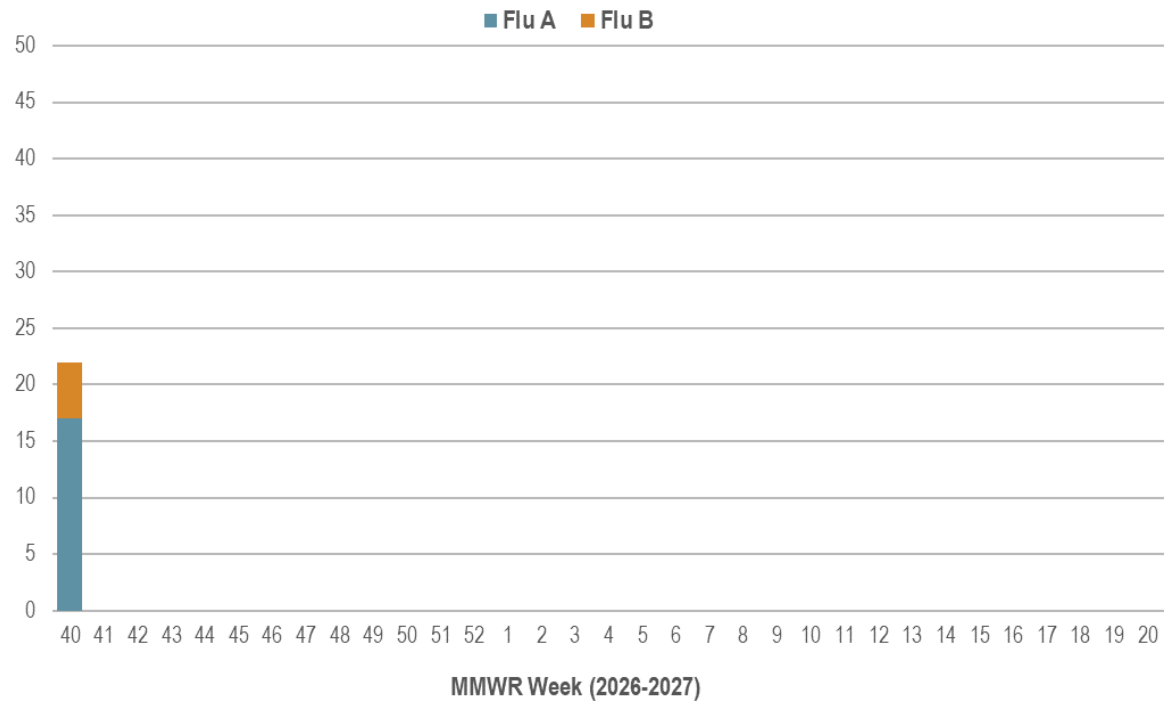
The overall volume of samples tested for influenza at the Wyoming Public Health Laboratory has steadily declined following the increasing distribution of the CDC Influenza SARS-CoV-2 Multiplex Assay, in addition to at-home testing options. We greatly encourage providers across the state to send additional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

Healthcare and Clinical Laboratories

Clinical laboratories across the country most frequently reported **influenza A\H1N1 viruses** circulating during MMWR Week 40.

Electronic Lab Reports of Influenza Cases

Number of Electronic Lab Reported Cases



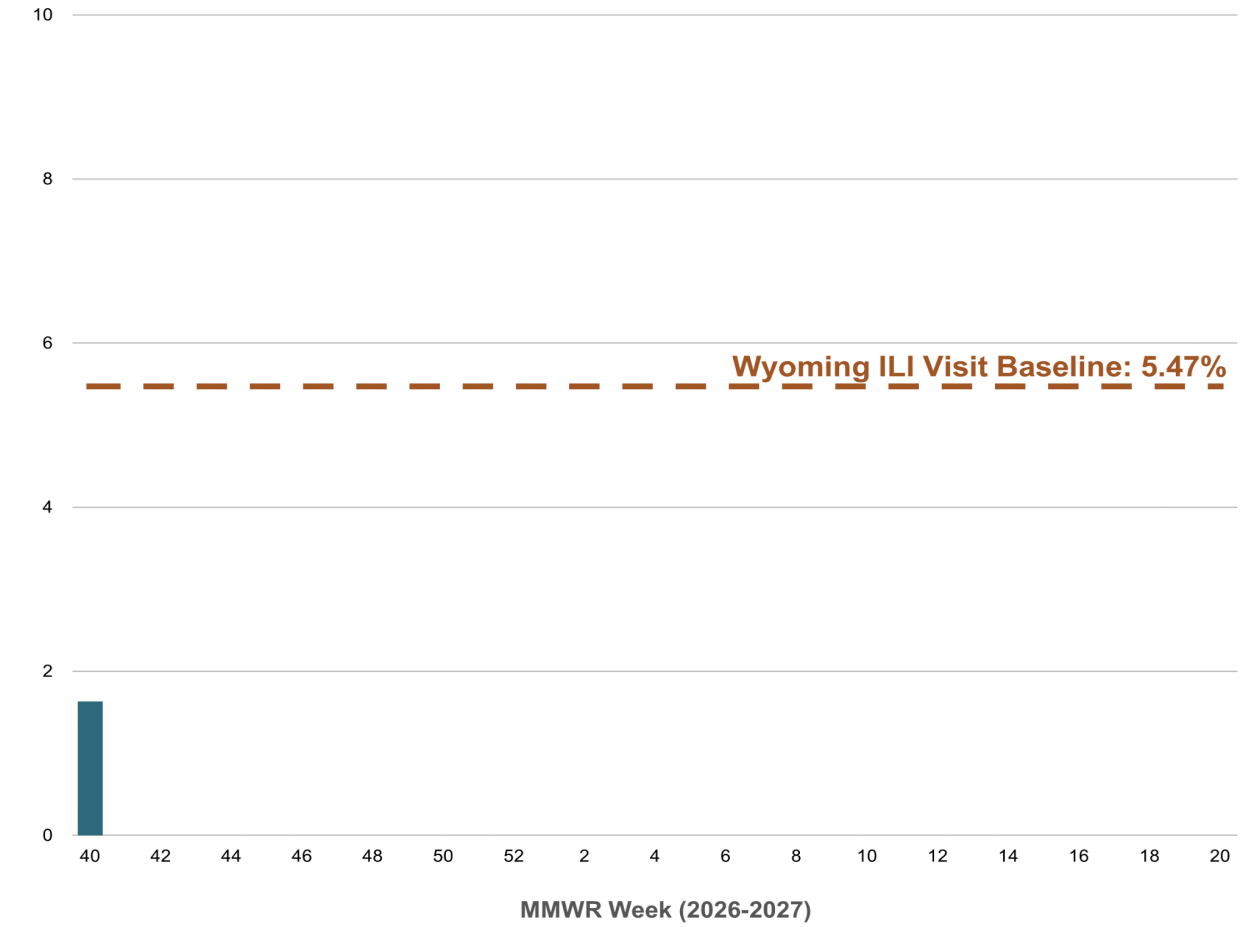
Influenza-Like Illness Surveillance

MMWR Week 40: 1.63% ▼below WY baseline (5.47%)

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 increasing in many parts of the country but remains low. Based on CDC calculations, transmission within Wyoming was **minimal** this week. Nationally, and in HHS Regions 4, 6, 7, 8, and 9, the percentage of respiratory specimens testing positive for influenza virus in clinical laboratories increased compared to the previous week. In HHS Regions 1, 2, 3, 5, and 10, the percentage remained stable. Influenza A(H1N1)pdm09 viruses were the most frequently reported by public health laboratories this week.

Weekly Percent of ILI Visits



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 not been any pneumonia and influenza (P&I) mortality reports certified since the beginning of the 2026-2027 Influenza Season.

Monthly P&I Mortality Reports (2020-2026)

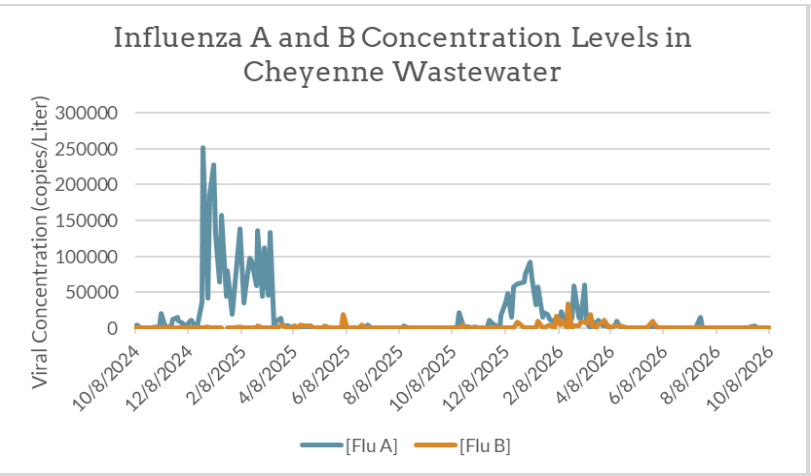
Number of P&I Deaths

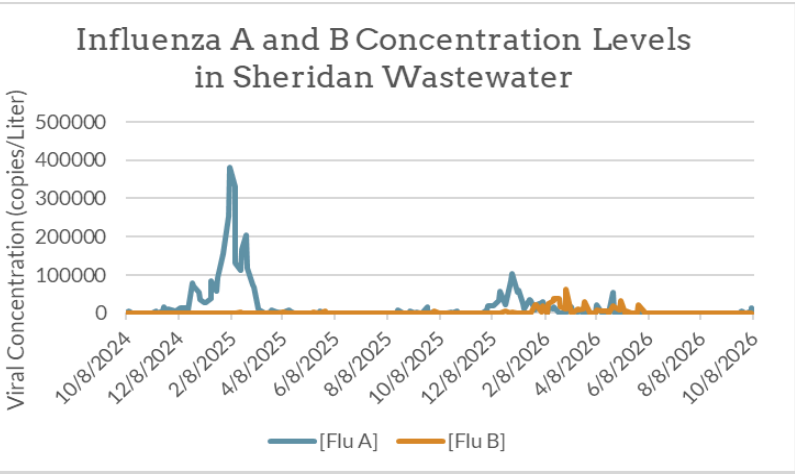


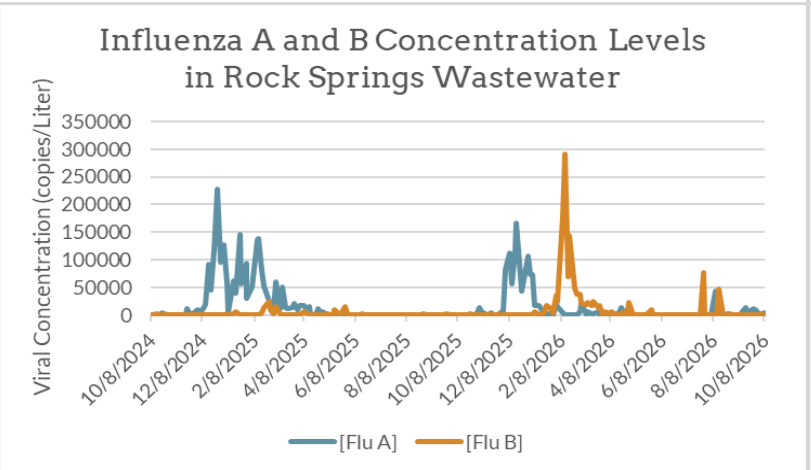
Wastewater Surveillance

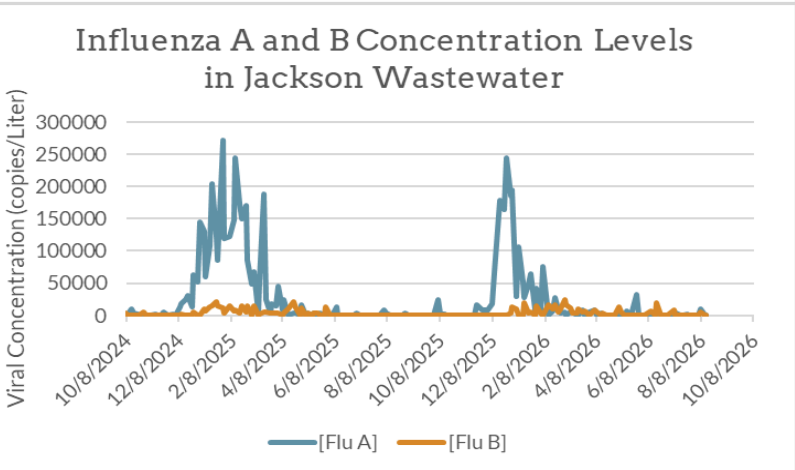
Here at the Wyoming Public Health Laboratory (WPHL), we have a team of scientists analyzing wastewater samples from across the state to identify trends in influenza (and many other pathogens). The graphs pictured below depict trend lines for the past two influenza seasons (2023-2026) as well as current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

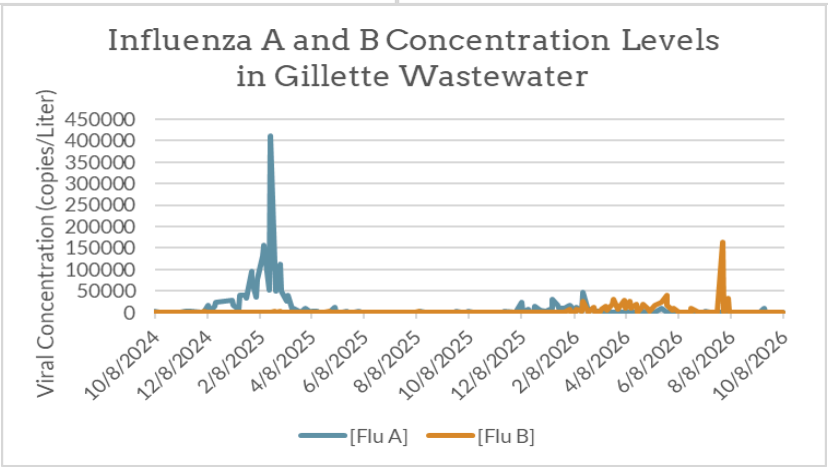
WPHL Sites: Cheyenne, Sheridan, Rock Springs, Jackson, and Gillette











Wastewater Surveillance Continued

Our colleagues at the University of Wyoming (UW) have collaborated with the WPHL to analyze wastewater samples collected at three 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 previously observed during sustained community-wide transmission.

UW Sites: Laramie, Green River, and Rawlins

