

## NATIONAL WEEKLY INFLUENZA BULLETIN OF THE RUSSIAN FEDERATION

*week 8 of 2026 (16.02.26 - 22.02.26)*

### Summary.

**Influenza and ARI incidence data.** Influenza and other ARI activity in Russia decreased in comparison with previous week. The nationwide ILI and ARI morbidity level (67.0 per 10 000 of population) was lower than national baseline (82.9) by 19.2%.

**Etiology of ILI & ARI.** Among 8543 patients investigation 343 (4.0%) respiratory samples were positive for influenza, including 129 cases of unsubtype influenza A in 6 cities, 33 cases of influenza A(H1N1)pdm09 in 12 cities, 168 cases of influenza A(H3N2) in 31 cities and 13 cases of influenza B in 6 cities.

64 influenza viruses were isolated on MDCK cell culture, including: 3 influenza A(H1N1)pdm09 viruses in Saint-Petersburg and 60 cases of influenza A(H3N2) viruses in Krasnoyarsk (1), Moscow (4), Saint-Petersburg (17), Smolensk (3), Khabarovsk (31), Cheboksary (4) and 1 influenza B virus in Khabarovsk. Since the beginning of the season 862 influenza viruses, including: 21 A(H1N1)pdm09 viruses, 839 A(H3N2) viruses and 2 influenza B viruses.

**Antigenic characterization.** Since the beginning of the season 2025-2026 373 influenza have been antigenically characterized by the NICs in Saint-Petersburg and Moscow, including: 11 influenza A(H1N1)pdm09 viruses and 362 influenza A(H3N2) viruses. One virus A(H1N1)pdm09 was similar to the reference strain A/Victoria/4897/22 recommended in the vaccines for the Northern Hemisphere countries for the 2025-2026 season, 10 A(H1N1)pdm09 viruses were a drift variant. 6 influenza A(H3N2) viruses were similar to the reference strain A/Croatia/10136RV/23, also recommended in vaccines for countries in the Northern Hemisphere for the 2025-2026 season, 344 A(H3N2) viruses were a drift variant, 11 viruses A(H3N2) were similar to the reference strain A/Thailand/8/2022, 1 strain was a drift variant of the reference strain A/Thailand/8/2022.

**Genetic characterization.** Since the beginning of the season 2025-2026 sequenced 1447 influenza viruses in Saint-Petersburg. 1427 influenza A(H3N2) viruses were similar to the vaccine strain A/Croatia/10136RV/2023, of which 1377 viruses belong to clade 3C.2a1b.2a.2a.3a.1 subclade K, 50 viruses belong to clade 3C.2a1b.2a.2a.3a.1. 18 A(H1N1)pdm09 viruses were similar to the vaccine strain A/Victoria/4897/2022 and were classified as clade 6B.1A.5a.2a.1, one strain was related to the reference strain A/Sydney/5/2021 and assigned to clade 6B.1A.5a.2a. 1 strain B virus was similar to the vaccine strain B/Austria/1359417/2021 and was classified as clade V1A.3a.2.

**Susceptibility to antivirals.** Since the beginning of the season 2025-2026, the sensitivity of 334 A(H3N2) influenza viruses to neuraminidase inhibitors (oseltamivir, zanamivir) were studied in NIC (Saint-Petersburg). All studied viruses were sensitive to neuraminidase inhibitors.

**ARVI detections.** The overall proportion of respiratory samples tested positive for other ARVI (PIV, ADV, RSV, RhV, CoV, MPV, BoV) was estimated in total as **19.3%** (PCR).

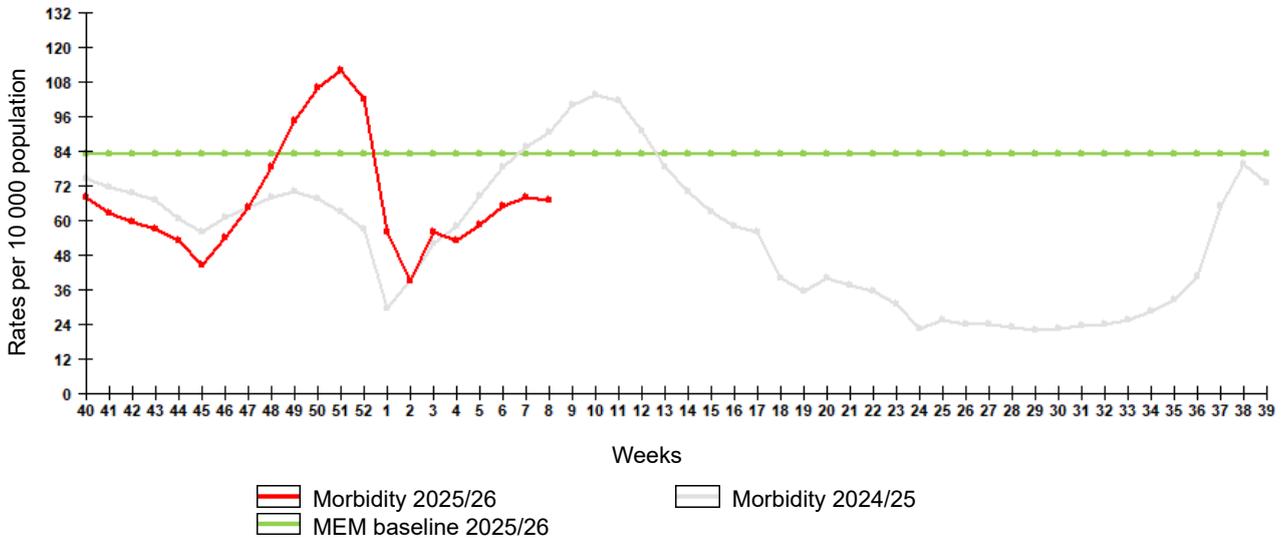
**In sentinel surveillance system** clinical samples from 45 SARI patient were investigated by rRT-PCR for influenza, among them no positive cases were recognized. 1 (2.2%) of 45 SARI patients were positive for coronavirus SARS-CoV-2. Among 45 SARI samples 7 (15.6%) cases positive for ARVI were detected, including: 1 case of ADV, 4 cases of RSV, 1 case of MPV and 1 case of BoV infection.

Clinical samples from 31 ILI/ARI patient were investigated by rRT-PCR for influenza, among them 1 (3.2%) case of influenza A(H3N2) was recognized. Among 19 ILI/ARI samples 8 (42.1%) cases positive for ARVI were detected, including: 3 cases of RSV, 2 cases of RhV, 2 cases of CoV and 1 case of MPV infection. Among 27 ILI/ARI samples no positive cases for coronavirus SARS-CoV-2 were recognized.

**COVID-19.** According to the data obtained by NIC in Saint-Petersburg totally 11771 clinical samples were PCR investigated in last week. Among them coronavirus SARS-CoV-2 was detected in 253 (2.1%) cases.

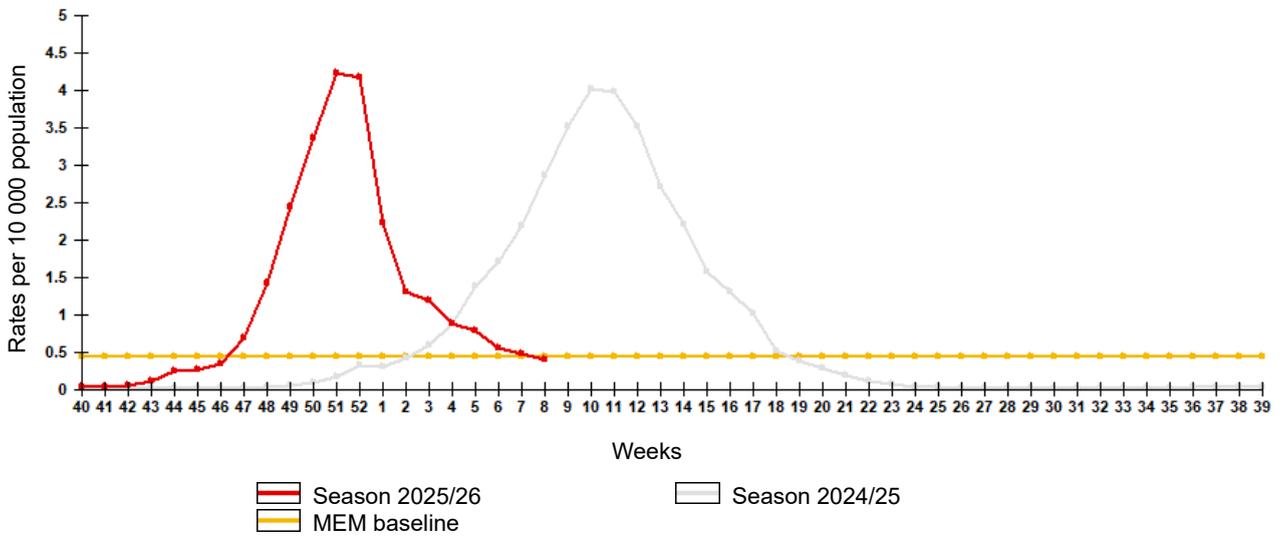
# Influenza and ARI morbidity data

Fig. 1. Influenza and ARI morbidity in 61 cities under surveillance in Russia, seasons 2024/25 and 2025/26



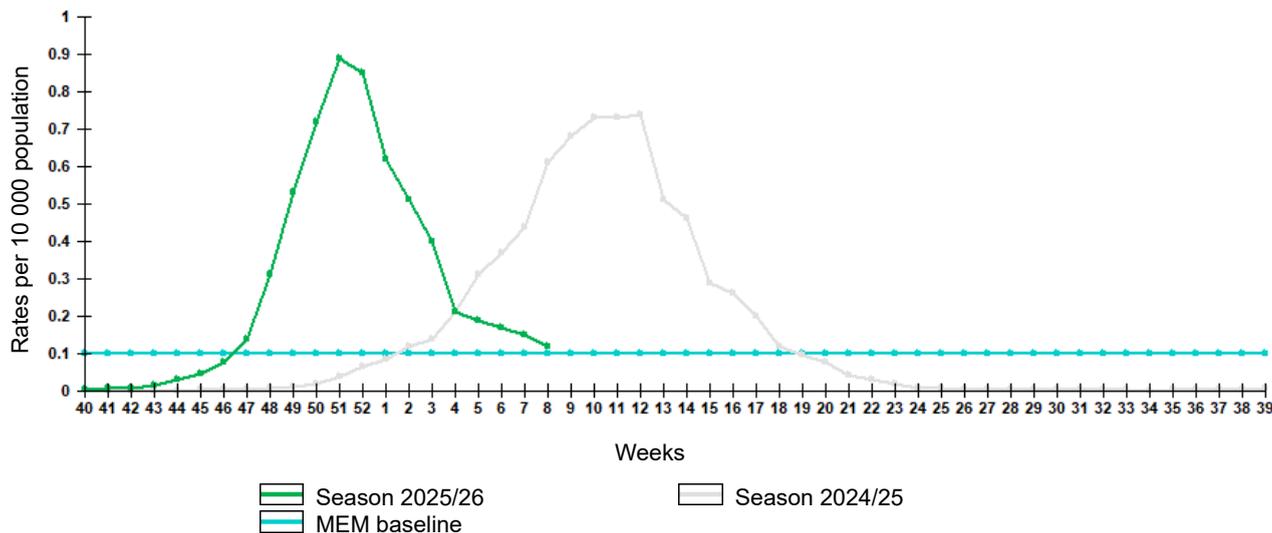
Epidemiological data showed decreased of influenza and other ARI activity in Russia in comparison with previous week. The nationwide ILI and ARI morbidity level (67.0 per 10 000 of population) was lower than national baseline (82.9) by 19.2%.

Fig. 2. Comparative data on incidence rate of clinically diagnosed influenza, seasons 2024/25 and 2025/26



Incidence rate of clinically diagnosed influenza decreased comparing to previous week and amounted to 0.41 per 10 000 of population, it was lower than pre-epidemic MEM baseline (0.45).

Fig. 3. Comparison of hospitalization rate with clinical diagnosis of influenza, seasons 2024/25 and 2025/26



Hospitalization rate of clinically diagnosed influenza decreased comparing to previous week and amounted to 0.12 per 10 000 of population, it was higher than pre-epidemic MEM baseline (0.099).

## Influenza and ARVI laboratory testing results

Cumulative results of influenza laboratory diagnosis by rRT-PCR were submitted by 43 RBLs and two WHO NICs. According to these data as a result of 8543 patients investigation 343 (4.0%) respiratory samples were positive for influenza, including 129 cases of untyped influenza A in 6 cities, 33 cases of influenza A(H1N1)pdm09 in 12 cities, 168 cases of influenza A(H3N2) in 31 cities and 13 cases of influenza B in 6 cities.

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Fig. 4. Geographic distribution of RT-PCR detected influenza viruses in cities under surveillance in Russia, week 8 of 2026

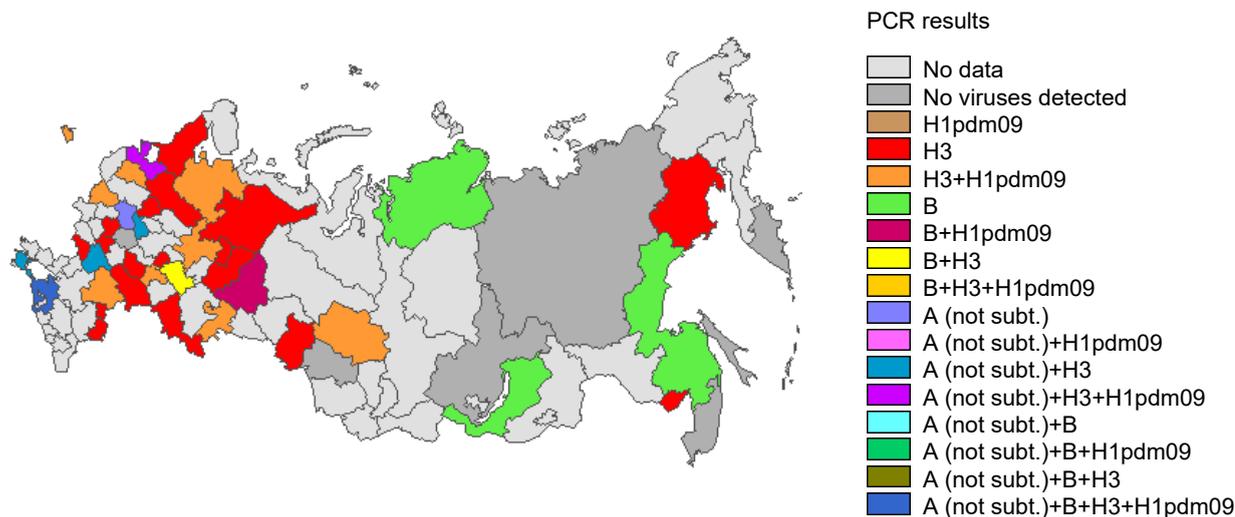


Fig. 5. Monitoring of influenza viruses detection by RT-PCR in Russia, season 2025/26

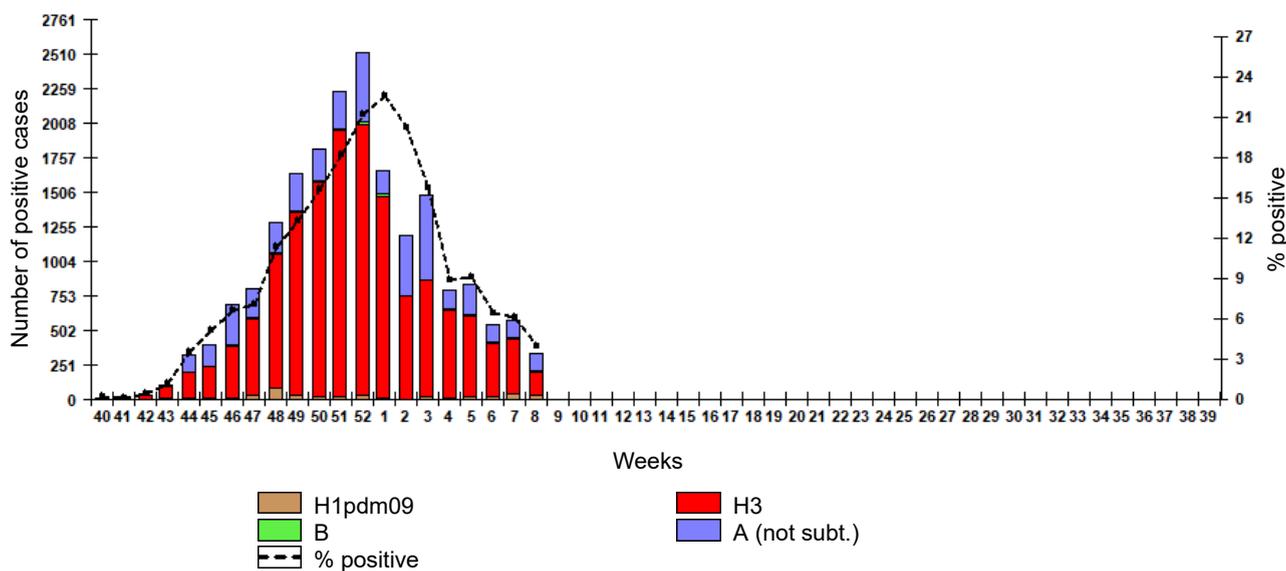
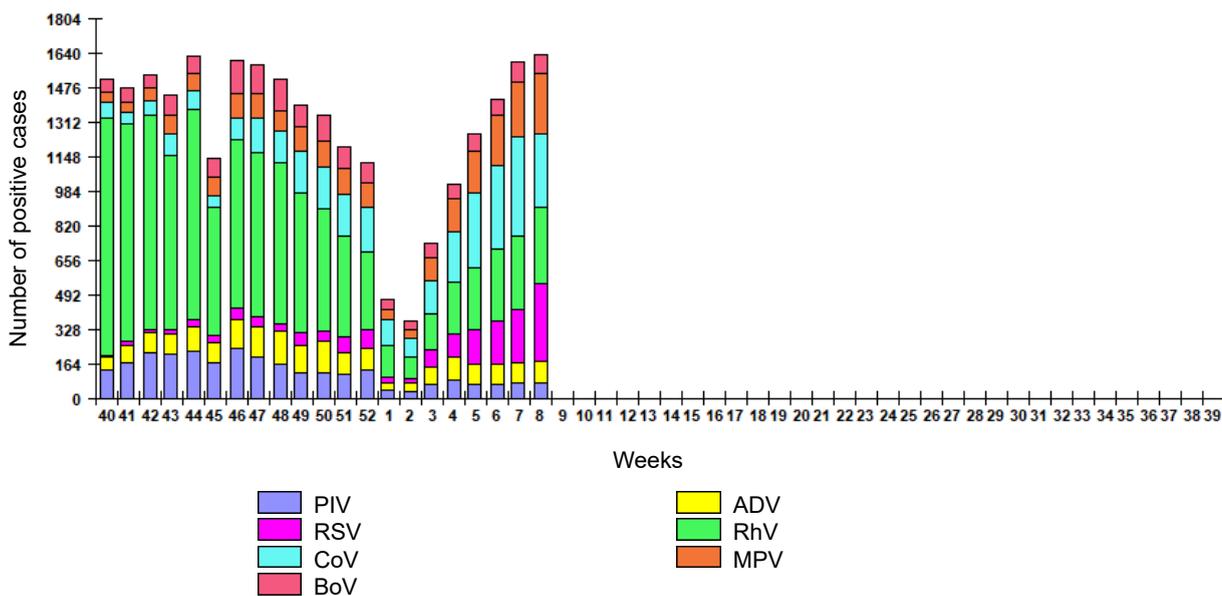


Fig. 6. Monitoring of ARVI detection by RT-PCR in Russia, season 2025/26



**ARVI detections.** The overall proportion of respiratory samples tested positive for other ARVI (PIV, ADV, RSV, RhV, CoV, MPV, BoV) was estimated **19.3%** of investigated samples by PCR.

Fig. 7. Monitoring of influenza viruses isolation in Russia, season 2025/26

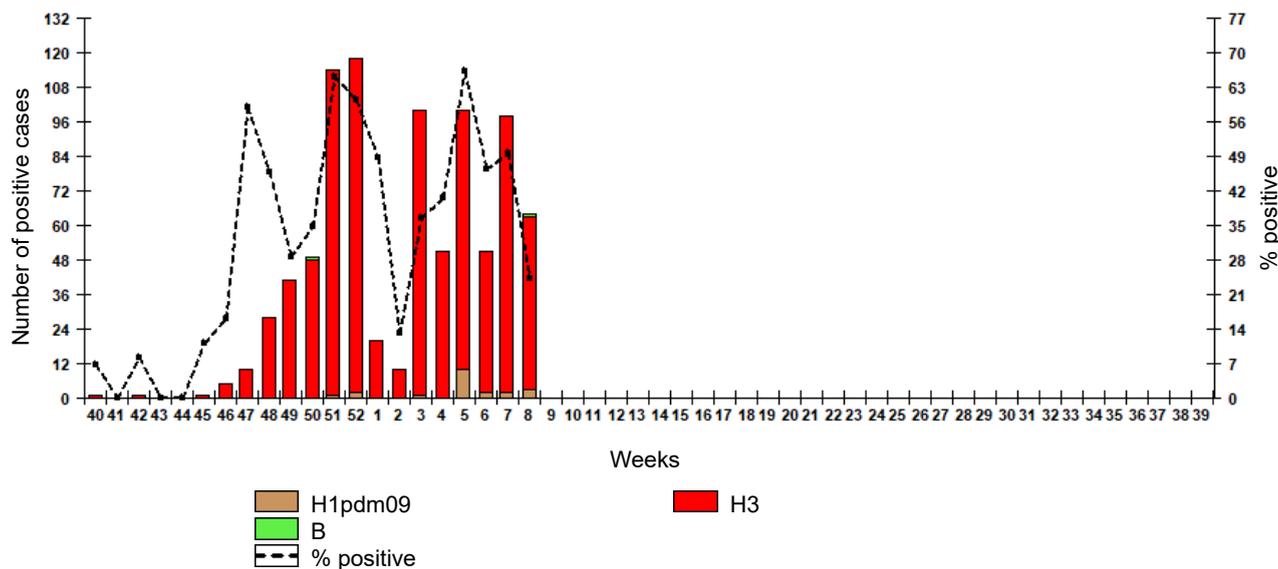
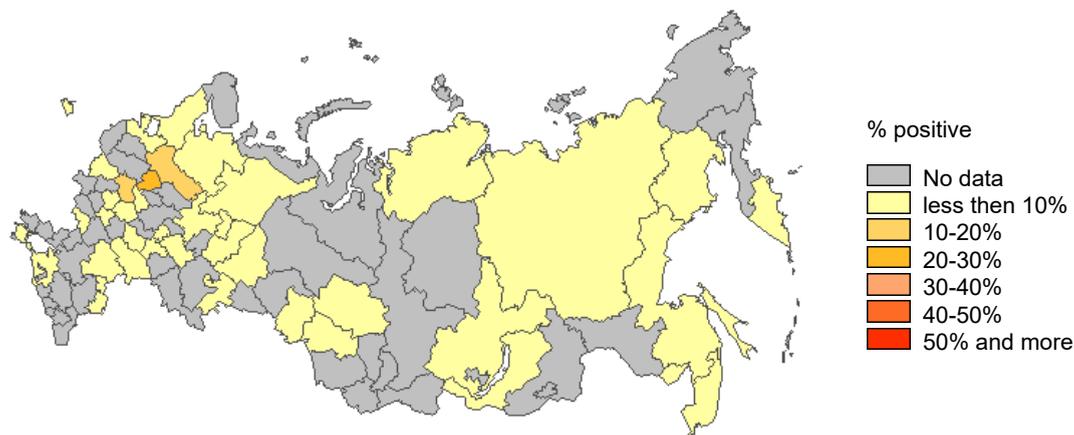


Table 1. Results of influenza and other ARVI detection by RT-PCR in Russia, week 8 of 2026

|   | Number of specimens / number of positive cases | % positive |
|---|--|------------|
| <u>Influenza</u>                          |  |            |
| Number of specimens tested for influenza  | 8543   | -          |
| Influenza A (not subt.)                   | 129  | 1,5%       |
| Influenza A(H1)pdm09                      | 33   | 0,4%       |
| Influenza A(H3)                           | 168  | 2,0%       |
| Influenza B                               | 13   | 0,2%       |
| All influenza                             | 343  | 4,0%       |
| <u>Other ARVI</u>                         |  |            |
| Number of specimens tested for ARVI       | 8429   | -          |
| PIV                                       | 73   | 0,9%       |
| ADV                                       | 103  | 1,2%       |
| RSV                                       | 372  | 4,4%       |
| RhV                                       | 362  | 4,3%       |
| CoV                                       | 348  | 4,1%       |
| MPV                                       | 284  | 3,4%       |
| BoV                                       | 89   | 1,1%       |
| All ARVI                                  | 1631   | 19,3%      |
| <u>SARS-CoV-2 (COVID-19)</u>              |  |            |
| Number of specimens tested for SARS-CoV-2 | 11771  | -          |
| SARS-CoV-2                                | 253  | 2,1%       |

Fig. 8. Results of PCR detections of SARS-CoV-2 in Russia



**COVID-19.** According to the data obtained by NIC in Saint-Petersburg totally 11771 clinical samples were PCR investigated in last week. Among them coronavirus SARS-CoV-2 was detected in 253 (2.1%) cases.

Table 2. Results of influenza viruses isolation in Russia, week 8 of 2026

|                      | Number of specimens / number of viruses | % isolated viruses |
|----------------------|---|--------------------|
| Number of specimens  | 264                                     | -                  |
| Influenza A(H1)pdm09 | 3                                       | 1,1%               |
| Influenza A(H3)      | 60                                      | 22,7%              |
| Influenza B          | 1                                       | 0,4%               |
| All influenza        | 64                                      | 24,2%              |

## Sentinel influenza surveillance

Clinical samples from 45 SARI patient were investigated by rRT-PCR for influenza, among them no positive cases were recognized. 1 (2.2%) of 45 SARI patients were positive for coronavirus SARS-CoV-2. Among 45 SARI samples 7 (15.6%) cases positive for ARVI were detected, including: 1 case of ADV, 4 cases of RSV, 1 case of MPV and 1 case of BoV infection.

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Fig. 9. Monitoring of influenza viruses detection by RT-PCR among SARI patients in sentinel hospitals, season 2025/26

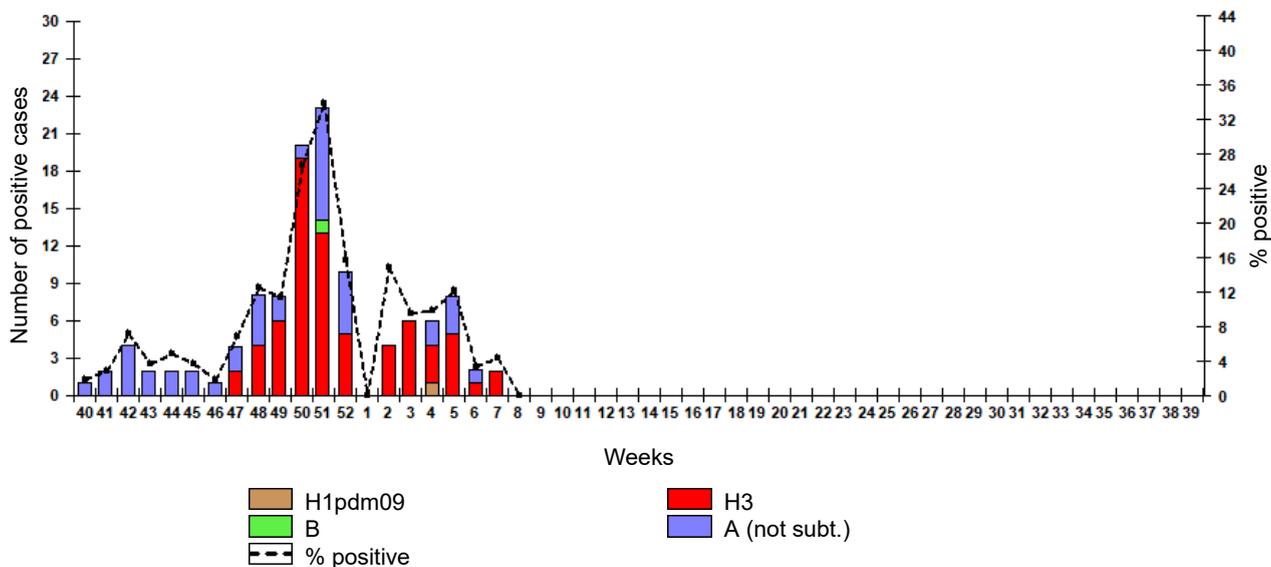


Fig. 10. Monitoring of influenza viruses detection by RT-PCR among ILI/ARI patients in sentinel polyclinics, season 2025/26

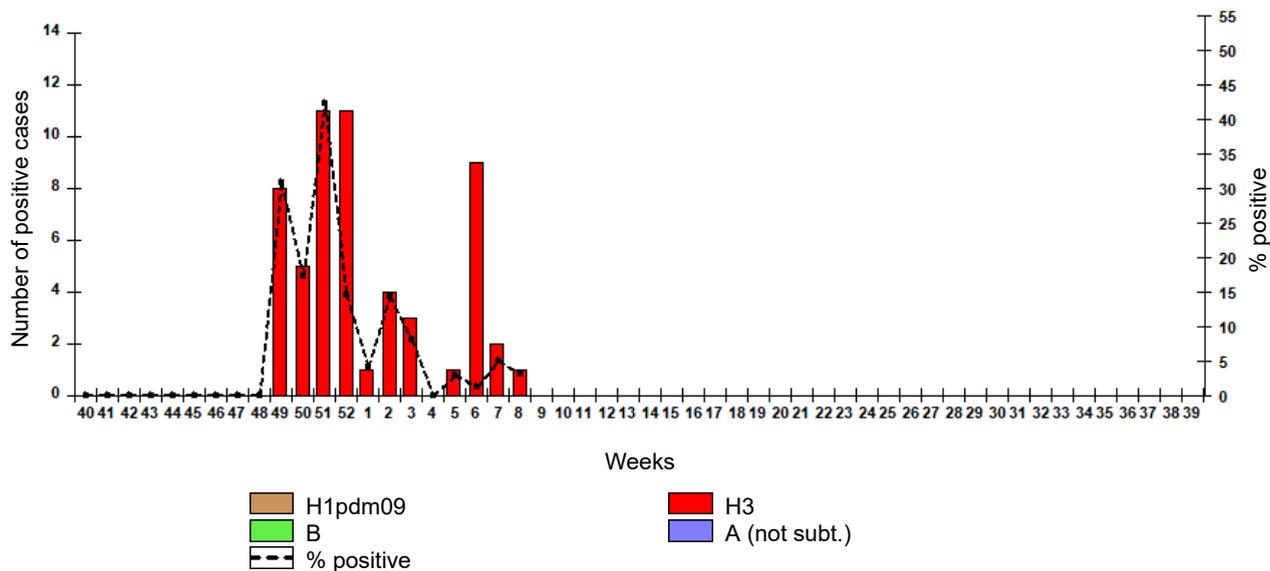


Fig. 11. Monitoring of ARVI detection by RT-PCR among SARI patients in sentinel hospitals, season 2025/26

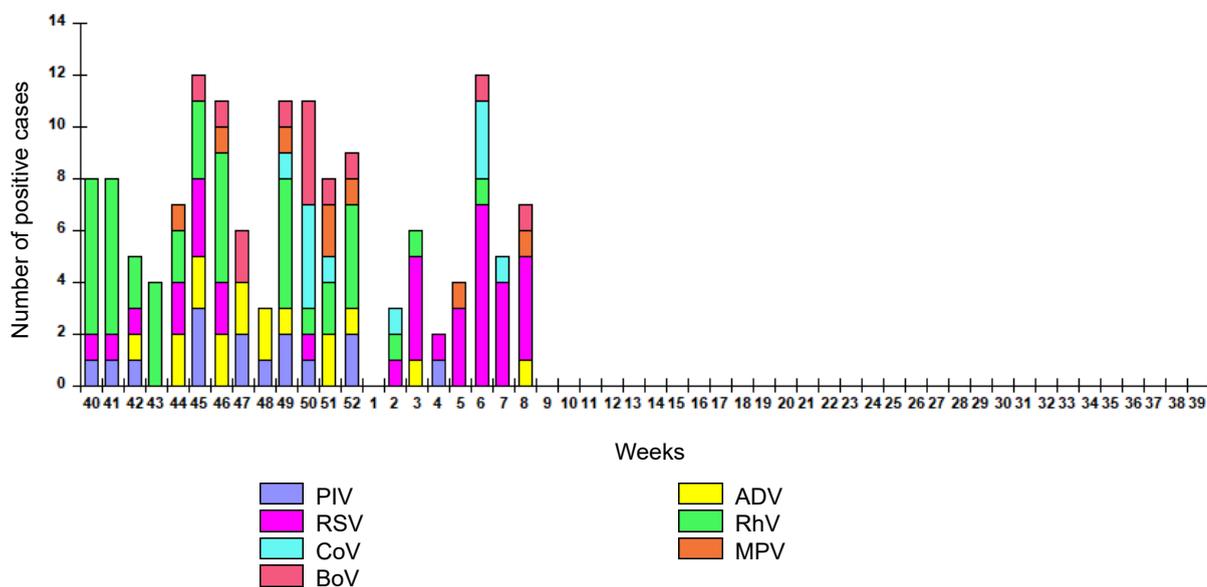
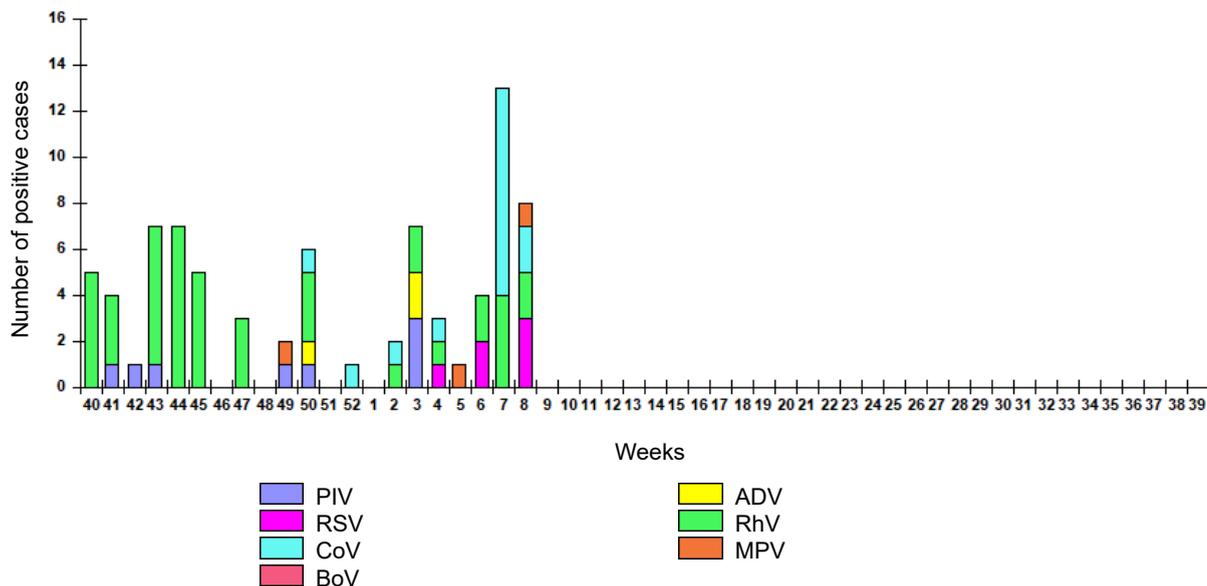


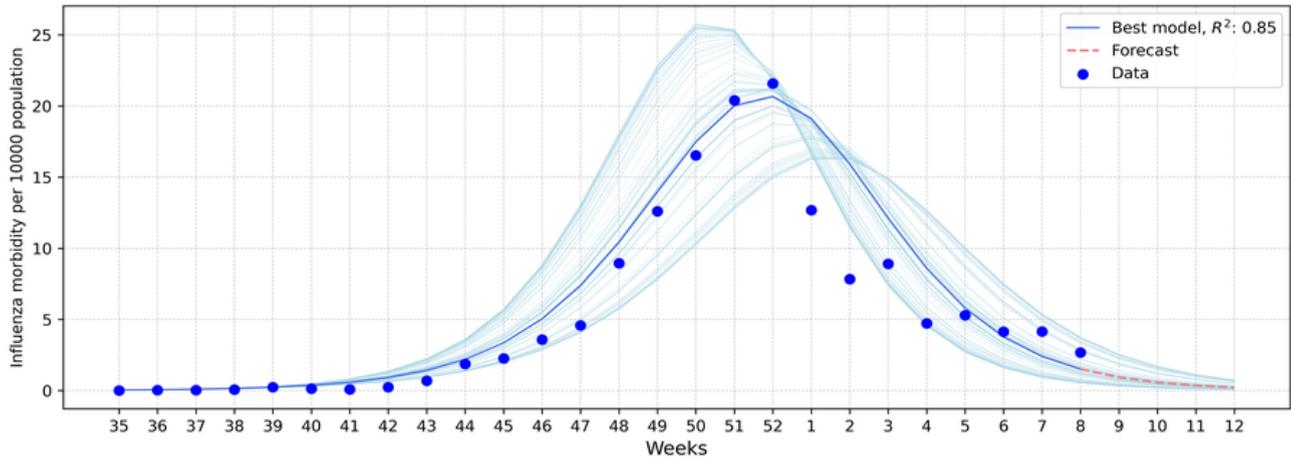
Fig. 12. Monitoring of ARVI detection by RT-PCR among ILI/ARI patients in sentinel polyclinics, season 2025/26



# Influenza morbidity forecasting

An influenza incidence forecast was performed. The forecast is based on the Baroyan–Rvachev model. Model calibration was carried out using data on registered influenza and acute respiratory infection (ARI) cases, as well as laboratory influenza diagnostics (PCR), from the beginning of the epidemic season (week 40) up to the week preceding the publication of the forecast. The data are presented with a one-calendar-week time step. Optimal parameters were identified using calibration algorithms, resulting in the construction of a model curve. The estimated parameters allow the model curve to be extended and a forecast to be generated for the next four weeks from the observation date (the week for which the bulletin is published).

Fig. 13. Results of influenza incidence modeling, season 2025/26.



In week 08 of 2026, a decrease in incidence was observed. The situation is expected to improve in the coming weeks.