

Respiratory Virus Situation Report (AZ, CO, NM, UT) — December 19, 2025

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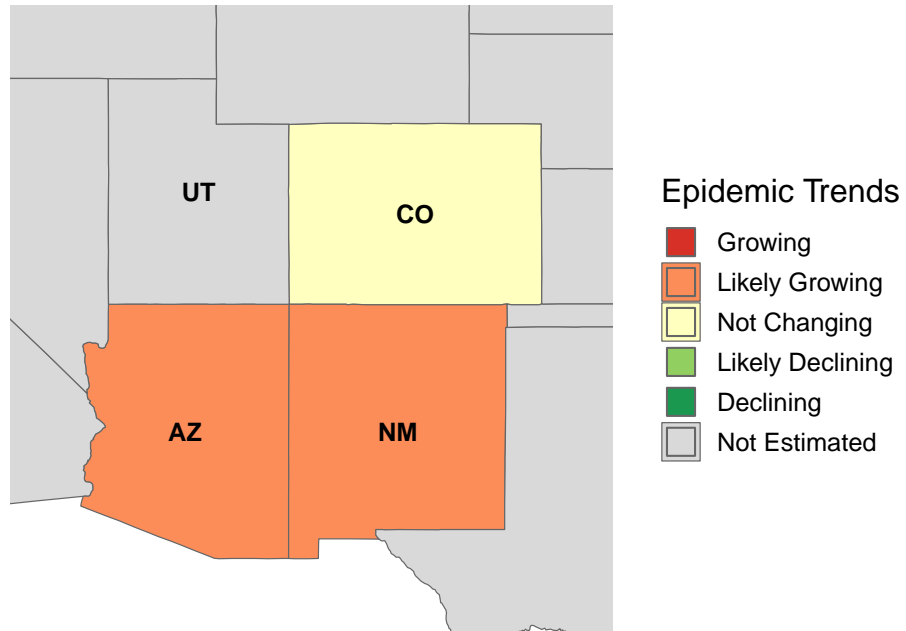


0.0.1 COVID

The current COVID epidemic trend (based on data reported through 12/16/2025) **likely growing** for Arizona and New Mexico, **not changing** for Colorado, and is not currently estimated for Utah. The weekly percentage of ED visits diagnosed with COVID was **low** for New Mexico and **very low** for Arizona, Colorado, and Utah.

COVID

Selected states: Arizona, Colorado, New Mexico, Utah | Latest dataset date



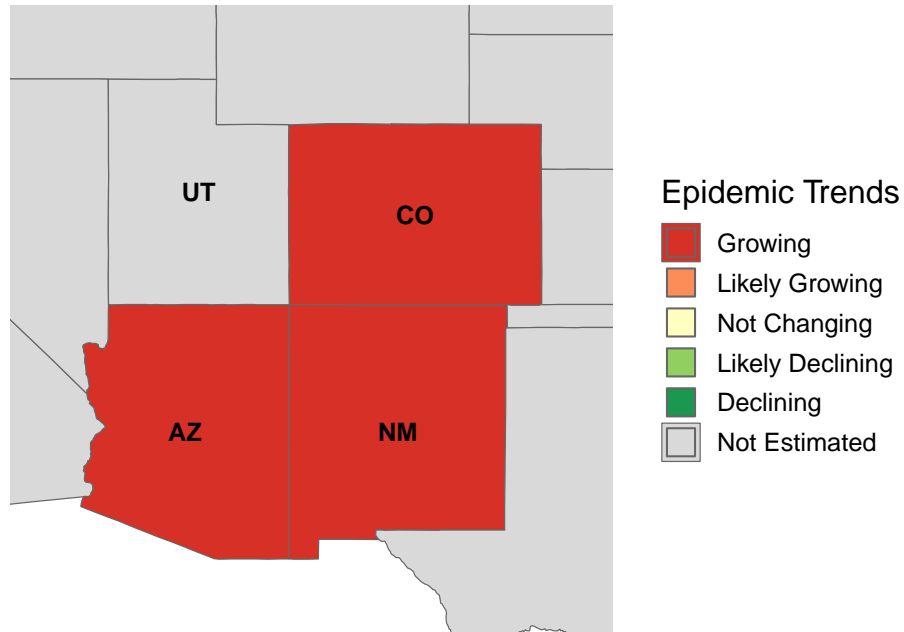
Source: CDC 'Epidemic Trends and Rt' (data.cdc.gov, dataset 5dqz-y4ea)

0.0.2 INFLUENZA

The current flu epidemic trend (based on data reported through 12/16/2025) is **growing** for Arizona, Colorado, and New Mexico, and is not currently estimated for Utah. The weekly percentage of ED visits diagnosed with flu was **high** for Colorado, **moderate** for Utah, and **low** for Arizona and New Mexico.

INFLUENZA

Selected states: Arizona, Colorado, New Mexico, Utah | Latest dataset date



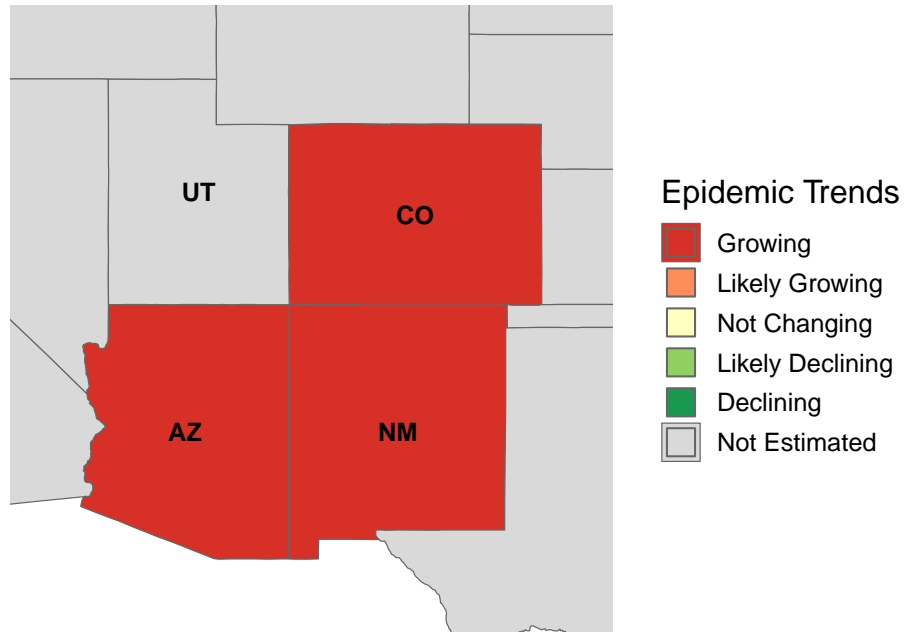
Source: CDC 'Epidemic Trends and Rt' (data.cdc.gov, dataset 5dqz-y4ea)

0.0.3 RSV

The current RSV epidemic trend (based on data reported through 12/16/2025) is **growing** for Arizona, Colorado and New Mexico, but is not currently estimated for Utah. The weekly percentage of ED visits diagnosed with RSV was **low** for Colorado and Utah and **very low** for Arizona and New Mexico.

RSV

Selected states: Arizona, Colorado, New Mexico, Utah | Latest dataset date

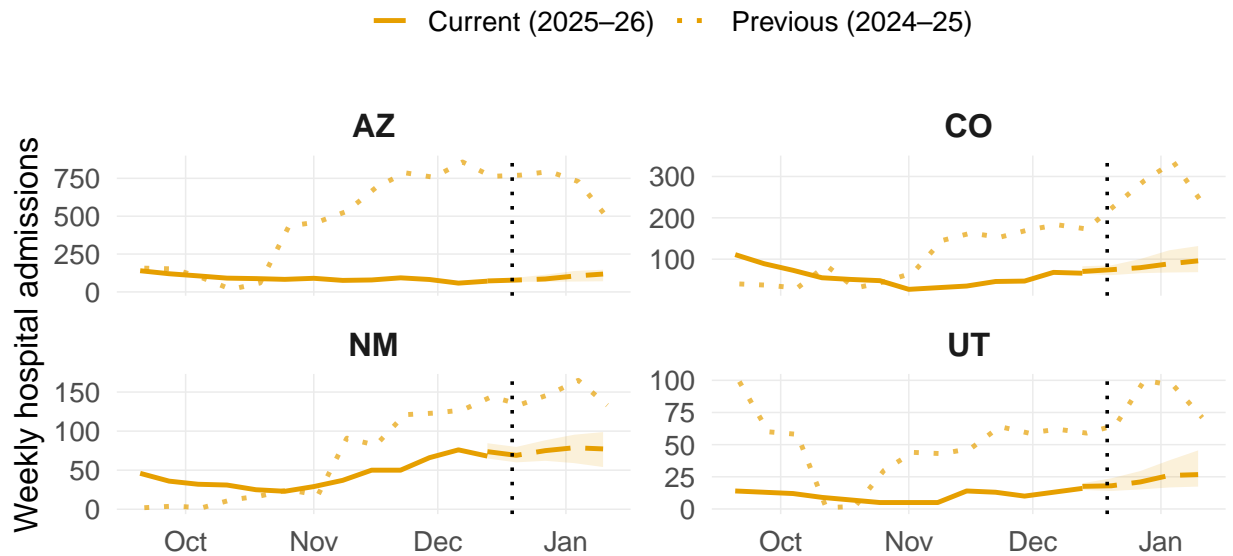


Source: CDC 'Epidemic Trends and Rt' (data.cdc.gov, dataset 5dqz-y4ea)

1 Hospital Admissions by Disease

COVID

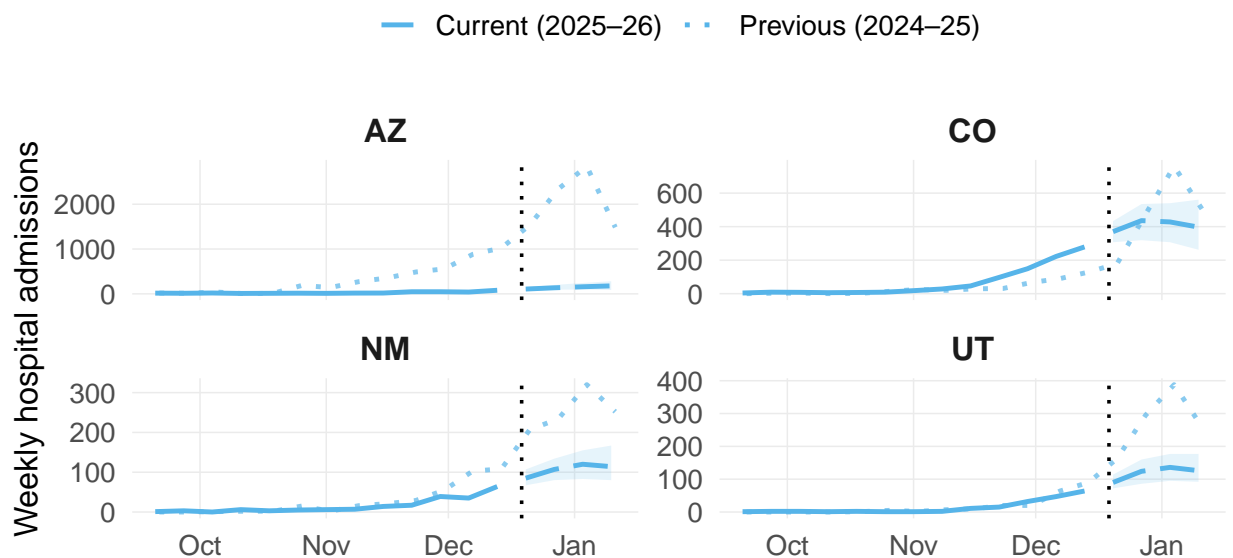
Total State-level Hospital Admissions by Disease
(with associated hub ensemble forecasts)



Data Source: National Healthcare Safety Network (NHSN)

INFLUENZA

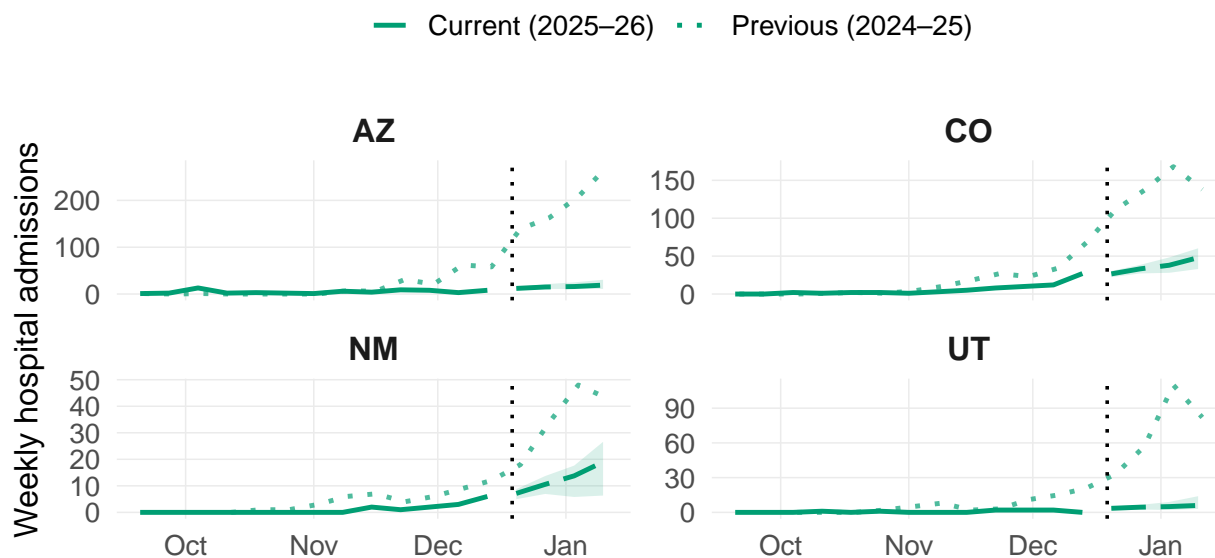
Total State-level Hospital Admissions by Disease
(with associated hub ensemble forecasts)



Data Source: National Healthcare Safety Network (NHSN)

RSV

Total State-level Hospital Admissions by Disease
(with associated hub ensemble forecasts)



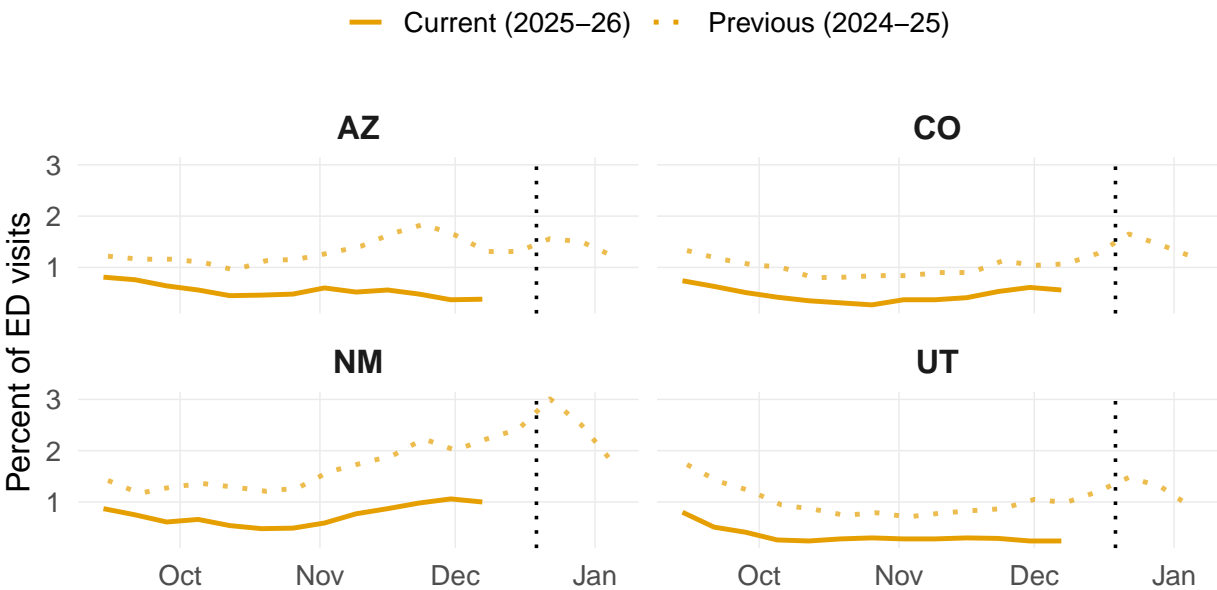
Data Source: National Healthcare Safety Network (NHSN)

This figure shows trends in hospitalizations based on data from the National Healthcare Safety Network (NHSN). Total number of weekly hospital admissions per disease are reported and each state sub-chart has a different Y-axis scale. Hospitalizations represent an estimate of the burden of severe disease and impact on the on healthcare system for each virus. Data from the previous season, represented with dotted lines, are also shown for comparison. The dashed black vertical line represents the current report date, but the most updated available data may not be as recent. Forecasts: In addition, we have included the most recent hub ensemble forecasts from each of the corresponding collaborative hubs: COVID-19 Forecast Hub, FluSight Forecast Hub, and RSV Forecast Hub. The hub ensembles are an average of each of the contributed models to the hub, where the dashed lines show the median estimated hospitalizations for the upcoming 1-4 weeks, and the shaded region indicates the 95% prediction intervals. Hub ensembles tend to be robust, as they incorporate insight from numerous teams and models.

2 Percent of Emergency Department Visits by Disease

COVID

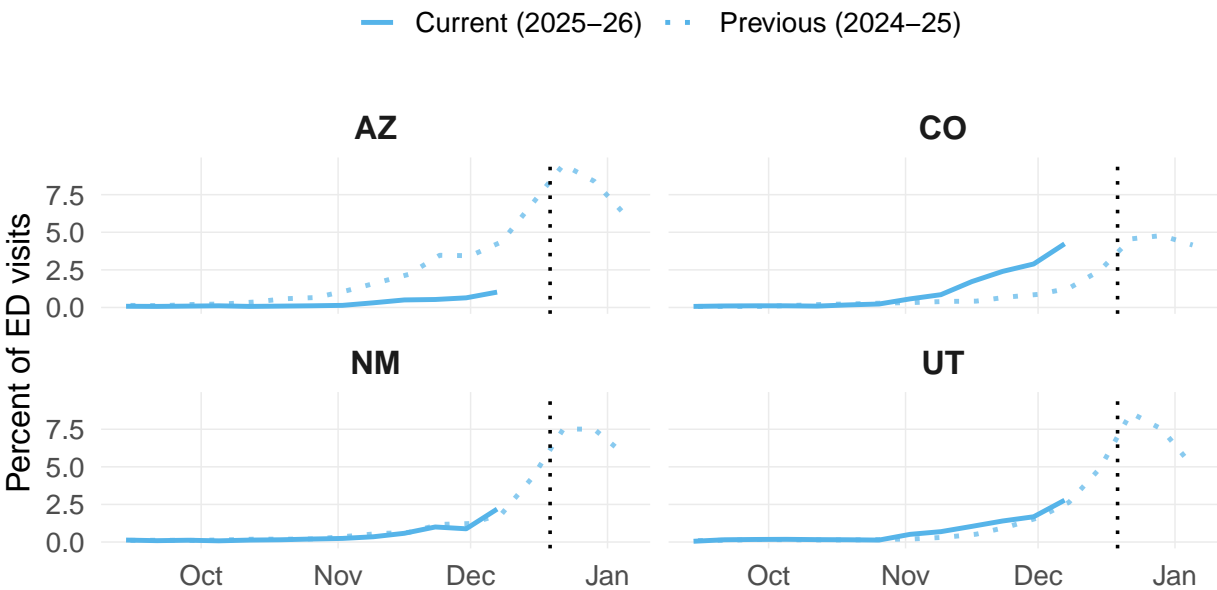
Percent of all Emergency Department Visits (NSSP)



Data source: National Syndromic Surveillance Program (NSSP)

INFLUENZA

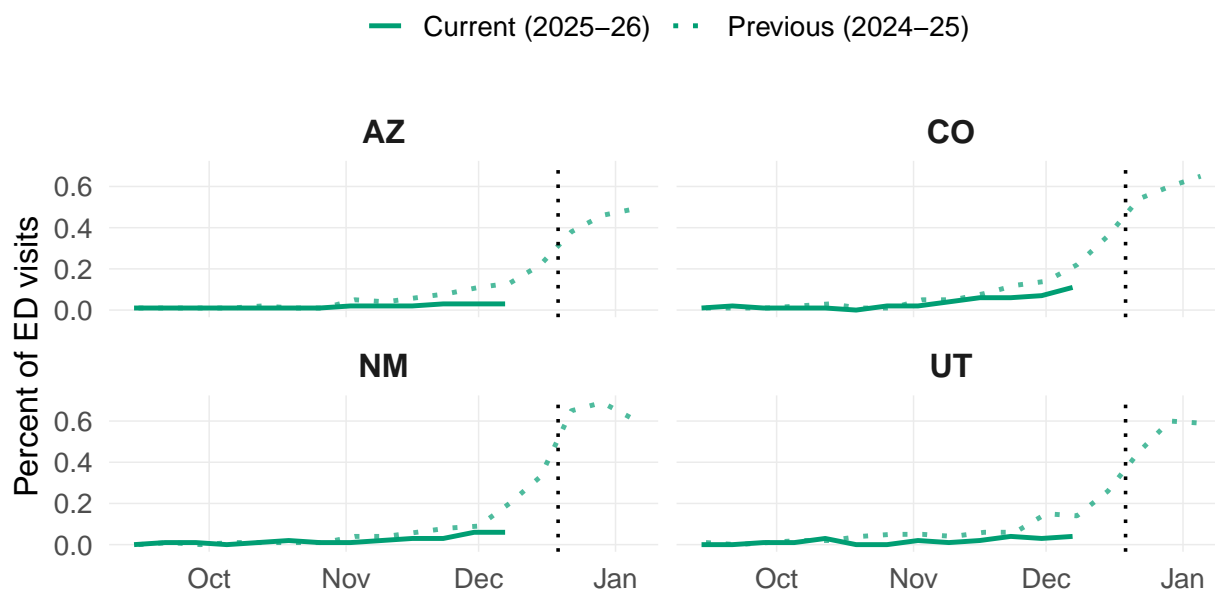
Percent of all Emergency Department Visits (NSSP)



Data source: National Syndromic Surveillance Program (NSSP)

RSV

Percent of all Emergency Department Visits (NSSP)



Data source: National Syndromic Surveillance Program (NSSP)

This figure shows the state-level trends in the impact of respiratory virus activity on emergency department (ED) visits based on National Syndromic Surveillance Program (NSSP) data. The broad coverage of this emergency department sample helps to provide reasonable estimates of how much symptomatic illness each virus is causing in each state. The percentage of visits for each disease out of all ED visits is shown to allow comparability across time and across states despite different overall ED visit volume. Data from the previous season, represented with dotted lines, are also shown for comparison. The dashed black vertical line represents the current report date, but the most updated available data may not be as recent. Forecasts: Forecasts are not yet available for emergency department visits.

Table 1: Current Situation (latest available week)

State	Virus	Latest ED % of visits	Latest Hosp Admissions (wk)
Arizona	COVID	0.4%	71
Arizona	INFLUENZA	1.0%	80
Arizona	RSV	0.0%	8
Colorado	COVID	0.6%	66
Colorado	INFLUENZA	4.2%	279
Colorado	RSV	0.1%	27
New Mexico	COVID	1.0%	68
New Mexico	INFLUENZA	2.2%	64
New Mexico	RSV	0.1%	6
Utah	COVID	0.2%	16
Utah	INFLUENZA	2.8%	64
Utah	RSV	0.0%	0

About this report:

This report describes recent state-level trends in respiratory virus activity in Arizona, Colorado, New Mexico, and Utah. It presents data on three respiratory viral diseases: COVID-19, influenza (flu), and respiratory syncytial virus (RSV). Trends in emergency department visits are based on National Syndromic Surveillance Program (NSSP) data and provide estimates of how much symptomatic illness each virus is causing. Hospitalization trends are drawn from National Healthcare Safety Network (NHSN) data and estimate the burden of severe disease and impact on the healthcare system caused by each virus. Emergency department visit and hospitalization data from the previous year are also shown for comparison.

For more information related to scenario projections for COVID, flu, and RSV, comparing outbreak trajectories under different assumptions around key features of interventions, pathogens, and populations that drive disease dynamics, visit the [ScenarioModelingHub](#).

For more information on current and past season vaccination coverage for each pathogen, visit [RespVaxView](#).

Note: Some current estimates, particularly for emergency department utilization, may still be impacted by holiday reporting effects.