US Medical Affairs
2025 TRENDS Report: 3/16/25-3/29/25

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Gastrointestinal (GI)

What is TRENDS showing us:

- Norovirus and *C. difficile* remain at **high activity (>15%) in the Northeast and West**, are **stable in the South**, and trending down but still elevated in the **Midwest (>12%)**.
- Enteropathogenic and Enteroaggregative *E. coli* are at **high detection rates across all regions**.
- Rotavirus A and *Campylobacter* **remain high in all regions**; *Campylobacter* increased from **medium to high** activity in the South and declined in the **Midwest (3.4% to 2.0%)**.
- Other GI detection rates are rising: Astrovirus is high in the **West (4.8%)** and **South (>3%)**, Adenovirus F 40/41 reflects **medium activity** in the West and Midwest, Sapovirus increased from **medium to high** in the South, and *Giardia* was newly detected at low levels **(<1%) in the Northeast**.

What this means for U.S. providers/labs:

- Sustained peaks in Norovirus and *C. difficile* activity in multiple regions reinforces the need for **ongoing infection control practices**, especially in healthcare and long-term care settings.
- Widespread Enteropathogenic and Enteroaggregative *E. coli* detections highlights the importance of **continued monitoring for foodborne illness** and **clinical awareness of GI-related symptoms**.
- Fluctuating *Campylobacter* and Rotavirus levels, particularly increases in the South and declines in the Midwest, suggest a need for **region-specific surveillance and preparedness** in pediatric and GI patient populations.
- Emerging trends in secondary GI viruses like Astrovirus, Adenovirus F 40/41, Sapovirus, and *Giardia* call for **broad panel testing strategies** to detect these pathogens accordingly.

Respiratory (RP)

What is TRENDS showing us:

- Co-detections remain stable across all regions over the past six weeks **(Range: 12% [Northeast] – 16% [South])**.
- Influenza A detections have dropped **below 3% in all regions** for the week ending March 29, 2025, while Influenza B rates remain low but present **(Range: 0.8% [South] – 2.0% [West]),** peaking in the **Northeast (3.4%)**.
- Parainfluenza Virus 3 is **climbing in all regions**, especially in the **South (3.5%)**, following typical seasonal trends.
  - The CDC notes, “Infections usually occur in spring and early summer months each year. However, Parainfluenza Virus 3 infections can occur throughout the year, particularly when HPIV-1 and HPIV-2 are not in season.”
  - Read more: Clinical Overview of Human Parainfluenza Viruses (HPIVs)
- Human Rhinovirus/Enterovirus remains dominant and is now the most commonly detected pathogen across all regions **(Range: 12.7% [Midwest] – 19.6% [South])**.
- Respiratory Syncytial Virus (RSV) and Human Metapneumovirus (hMPV) detection rates are stable or slightly declining, with RSV down to **6.1% in the West** and hMPV ranging from **4.0% (Northeast) to 6.9% (West)**.
- Other respiratory viruses (e.g., Seasonal Coronaviruses, Adenovirus) continue to rise as Influenza A declines.

What this means for U.S. providers/labs:

- Seasonal Influenza activity has declined to moderate or low levels, though the **CDC anticipates several more weeks of continued circulation**.
- Co-detections are down from a few months ago, while non-influenza viruses like Human Rhinovirus/Enterovirus continue to increase, emphasizing the need for **rapid and accurate pathogen identification** to guide appropriate antiviral use and reduce unnecessary antibiotics.
- With Parainfluenza Virus 3 detections rising, **providers should expect to see more cases with varied respiratory symptoms** (especially upper respiratory infections and bronchitis in adults) in the next 6–8 weeks.
- Healthcare providers in the West may continue to see patients seeking healthcare related to RSV.
- Human Metapneumovirus (hMPV) rates are increasing as expected and may persist. **Providers may continue to have questions about international trends.**