

US Medical Affairs

2025 TRENDS Report: 3/30/25-4/12/25

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Gastrointestinal (GI)

What is TRENDS showing us:

- Norovirus and *C. difficile* remain at high activity (>12%) across all regions, with the highest rates in the **West (16.6%, 15.2%), South (16.2%, 14.9%),** and **Midwest (~15%)**; all are stable over the past 2 weeks.
- Rotavirus A detection rates are high in all regions, with elevated activity compared to 3-month averages, especially in the **South (4.7% vs. 2.8%)** and **Northeast (7% vs. 4.8%)**.
- Enteropathogenic and Enteraggregative *E. coli* continue at **high and stable activity** across the West, South, Northeast, and Midwest.
- *Campylobacter* remains at **high but stable activity** in the Northeast and Midwest.
- Other GI viruses (Astrovirus, Sapovirus, *Giardia*) reflect high detections in the West and South, with *Giardia lamblia* increasing from low to medium activity in the **West (0.5% to 1.4%)**.

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

- High Norovirus and *C. difficile* activity reinforces the need for **infection control and routine testing**, especially in GI-related cases.
- Rising Rotavirus rates suggest a **seasonal increase**, requiring greater clinical attention in pediatric settings.
- Persistent *E. coli* activity highlights the need for **ongoing foodborne illness monitoring and diagnostics**.
- Elevated *Campylobacter* rates call for **continued regional surveillance and awareness**.
- Increased detection of Astrovirus, Sapovirus, and *Giardia* supports the use of **broad GI panel testing** to capture emerging viral pathogens.

Respiratory (RP)

What is TRENDS showing us:

- Co-detections remain stable across all regions over the past six weeks, ranging from **11% in the Northeast to 16% in the South**.
- Influenza A detections have declined across all regions, with **no region reporting high activity (>3%)** in the past two weeks, following peak levels earlier in the season.
- Parainfluenza Virus 3 continues to rise across all regions, ranging from **1.6% (Northeast) to 5.3% (West)**, consistent with typical seasonal trends peaking in late April to mid-May.
 - Read more: [Clinical Overview of Human Parainfluenza Viruses \(HPIVs\)](#)
- Human Rhinovirus/Enterovirus **remains the most detected respiratory virus**, with the highest levels in the **West (20.1%)** and the lowest in the **Northeast (16.1%)**.
- Respiratory Syncytial Virus (RSV) activity continues to decline in all regions, including a notable drop in the West (**10.1% to 3.5%**) over the past three months.
- Human Metapneumovirus (hMPV) is rising steadily across regions, ranging from **5.5% in the Northeast to 7.1% in the West**.
- Other Respiratory pathogens (Seasonal Coronaviruses, Adenovirus) are showing **higher percentages of detections**, likely largely driven by the proportional reduction in Influenza A detections.

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

- Influenza activity is declining, but the CDC expects **continued circulation** in the coming weeks.
- Co-detections are down as non-influenza viruses like Rhinovirus/Enterovirus rise, reinforcing the need for **accurate pathogen ID** to guide treatment and reduce antibiotic use.
- 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 **4–6 weeks**.
- RSV cases remain elevated in the West, requiring **continued clinical awareness**.
- hMPV rates are increasing as expected and may persist, with **providers potentially seeking insights on global trends**.