US Medical Affairs
2025 TRENDS Report: 6/1/25-6/28/25

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Gastrointestinal (GI)

What is TRENDS showing us:

- *C. difficile* continues to show high and stable activity across all regions, with co-detection rates **exceeding 13%**. The **West reports the highest rate at 17%**.
- Norovirus I/II detections remain high and steady nationwide **(8–13%)**, with the **West seeing a recent 4% increase, reaching 13%**.
- *Campylobacter* detections are stable overall, though the **Northeast shows a 3% increase** within the last week, now surpassing its 3-month average of **5.1%**.
- Enteroaggregative *E. coli* (EAEC) remains stable in moderate to high activity **(3–5%) across regions**.
- Enteropathogenic *E. coli* (EPEC) is trending upward across all regions, with notable recent increases in the **Northeast (+8.8%)** and Midwest **(+3%)**. Despite a 2% drop in the West, **detection rates remain high at 7.6%**.
- Rotavirus A maintains elevated but steady in the West, **averaging 3%** over recent weeks.

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

- High and consistent *C. difficile* and norovirus detection levels across all regions reaffirms the ongoing need for **strong infection prevention** and **regular testing in patients with GI symptoms**.
- Stable but elevated *Campylobacter* detections, especially in the Northeast, suggest a **continued role for foodborne illness monitoring** and **public health coordination**.
- Rising EPEC and sustained EAEC activity shows the **value of broad panel testing** to detect emerging or shifting GI pathogen trends.
- Sustained Rotavirus activity in the West may warrant **increased attention in pediatric testing**.

Respiratory (RP)

What is TRENDS showing us:

- Human Rhinovirus (RV)/Enterovirus (EV) **remains the most frequently detected respiratory pathogen across all U.S. regions**, though rates are declining **(13.8% [Midwest] – 17.4% [West])**. RV can cause infections year-round but seasonal peaks typically occur in spring and fall.
- Parainfluenza virus 3 (PIV-3) **continues as the second most common detection nationwide**, with decreasing activity in the West, Midwest, and South regions **(3.9% [South] – 4.6% [Midwest])**. Parainfluenza virus 1 and Parainfluenza virus 2 detection rates are higher than 3 months ago, but still only account for approximately **1–2%** of all detections.
  - According to the CDC, PIV-3 infections are most common in the spring and early summer but may occur year-round when other parainfluenza viruses are out of season.
- SARS-CoV-2 detections are slightly elevated, now **above 3% in the North, South, and West (1.7% and stable in the Midwest)**.
- Co-detection rates have **declined by 1% across all regions** over the last month (currently ranging from **9% [Northeast]** to **15% [South]**).

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

- RVs typically cause upper respiratory symptoms like nasal congestion but **can lead to bronchitis, pneumonia, and worsen asthma or chronic obstructive pulmonary disease (COPD)**. Identifying RVs helps clinicians provide answers to patients, set expectations for disease course/resolution, and avoid unnecessary antibiotic prescriptions.
- PIV-3 typically causes mild cold-like symptoms but **can progress to lower respiratory tract infections (LRTI), particularly in young children and the elderly**. Hospitalization rates in children under 5 are similar to those seen with influenza (nearly 0.78 per 1,000/year), and PIV may become a more prominent cause of pediatric hospitalizations as RSV prevention strategies expand.
  - Learn more: The Epidemiology and Burden of Human Parainfluenza Virus Hospitalizations in US Children
- SARS-CoV-2 detections have slightly increased but remain much lower than this time last year. Despite media attention on the NB.1.8.1 “Nimbus” variant and reported symptoms like “razor blade throat,” **CDC data show COVID-19-related ER visits, hospitalizations, and deaths are at very low levels**.
  - See the data: Covid Data Tracker