# US Medical Affairs
# 2025 TRENDS Report: 6/29/25-8/2/25

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## Gastrointestinal (GI)

### What is TRENDS showing us:

- *C. difficile,* Norovirus*, Campylobacter,* and Enteropathogenic *E. coli* (EPEC) co-detection rates **remain in high activity** across all regions, with *C. difficile* and EPEC **exceeding 12% in the Midwest** over the last month.
- Enteroaggregative *E. coli* (EAEC) levels remain high but stable in most regions, though **activity dropped from high to medium in the Midwest**.
- *Salmonella* activity is on the rise in the **West (1.8%–3.4% over a month)** and remains high in the South and Northeast.
- *Cyclospora cayetanensis* **spiked earlier in the Northeast** but has since **dropped to low activity**, now below the 3-month average.
- Adenovirus F 40/41 in the **South has fluctuated between medium and high activity** over the past month.

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

- Sustained high detection of *C. difficile*, Norovirus, *Campylobacter*, and EPEC across all regions reinforces the importance of **routine testing, strong infection control measures**, and **timely diagnostic stewardship**.
- Increasing *Salmonella* activity, particularly in the West and South, **may reflect ongoing outbreaks—labs should remain alert** for potential clusters and report accordingly.
- Shifts in EAEC and *Cyclospora cayetanensis* detections call for **comprehensive panels that can detect emerging or transient GI pathogens**.
- Variable adenovirus F 40/41 activity in the South highlights the need for **timely syndromic testing, especially in pediatric and immunocompromised populations** where symptom overlap can delay diagnosis.

## Respiratory (RP)

### What is TRENDS showing us:

- Human Rhinovirus (RV)/Enterovirus (EV) **remains the top detected respiratory pathogen nationwide**, though falling rates are evident (range for the week of 7/27: **10.6% [Northeast], 15.3% [Midwest]**). RV can cause infections year-round but typically has seasonal peaks in the spring and fall.
- SARS-CoV-2 detections are rising nationwide, with the **West increasing to 7.7% (from 3–4%)** and the **South reaching 8.3% (from ~4%)** over recent months.
  - View CDC data: https://www.cdc.gov/respiratory-viruses/data/activity-levels.html
- Parainfluenza Virus 3 (PIV-3) activity continues to decline, now **≤2.1% across all regions**, consistent with seasonal patterns. Other PIV types 1, 2, and 4 **remain low (1–2%)** in each region.
  - 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.
  - Learn more: https://www.cdc.gov/parainfluenza/hcp/clinical-overview/index.html
- Co-detection activity is consistently lower across all regions throughout the last month compared with 3 months ago **(range 9% [Northeast] – 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.**
- 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
- PIV-3 infection generally results in self-limited cold-like symptoms but can progress to lower respiratory tract infections (LRTI), resulting in hospitalization especially in children and elderly. **The drop in PIV-3 detections and maintained relative low rates of detection of PIV-1, 2, and 4 suggest that this seasonal trend is over for 2025**.