# U.S. Medical Affairs
# 2025 Trends Insights Report: 8/3/25-9/6/25

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## Gastrointestinal (GI)

### What is the data showing us:

- *C. difficile* remains the **highest detected GI pathogen across all regions**, with detection rates **>12% in the Midwest**, **19% in the Northeast**, and **consistently elevated** in the South and West.
- Norovirus detection rates persist in **high activity** (stable in most regions) with **17.1% in the Northeast** and **>7% in the South**.
- Enteropathogenic *E. coli* (EPEC) remains high across regions **(>12% in the Midwest, >7% in the South)**, while Enteroaggregative *E. coli* (EAEC) is **high in the Northeast and South** but **declining in the West**.
- *Campylobacter* is elevated across all regions, though **stable in the Midwest and South** and **trending down in the West**.
- *Salmonella* is rising in all regions, reflecting **medium activity in the Midwest** (recent weeks) **and West (1.5%)**, while displaying **high rates in the Northeast and South**.
  - Access CDC data: Investigation Update: Salmonella Outbreak, September 2025
- *Shigella* shows **high activity in the Northeast**, while Adenovirus F 40/41 is **elevated in the South**.

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

- *C. difficile* remains high across all regions, but it's important to note that **a positive result does not indicate an active infection**. **A positive result could be an indication of colonization.** Therefore, a positive result **should be interpreted alongside clinical symptoms and other factors**.
- Norovirus, *Campylobacter*, and *E. coli* activity reinforce the need for **broad diagnostic panels and strong infection prevention**, as these pathogens continue to drive GI illness.
- Rising *Salmonella* detections in the South and Northeast align with the CDC's multistate outbreak notice, emphasizing the need for **careful monitoring and reporting**.
- Emerging signals from *Shigella* (Northeast) and Adenovirus F 40/41 (South) illustrate the **value of detecting less common but clinically relevant GI pathogens**.

## Respiratory (RP)

### What is the data showing us:

- Human Rhinovirus (RV)/Enterovirus (EV) **remains the most frequently detected RP pathogen nationwide**, rising sharply in the **West (+11%)**, **Midwest (+13%)**, and **South (+14.7%)** over the past 5 weeks, with more modest growth in the **Northeast (>3.5%)**. Current rates range from **15.1% (Northeast)** to **29.5% (Midwest)** for the first week of September.
  - RV/EV dominance coincides with regional declines in other pathogens, including Human Metapneumovirus (hMPV) and parainfluenza serotypes.
- SARS-CoV-2 is the **second most detected RP pathogen**, with rates ranging from **4.9% (Midwest)** to **8.4% (West).** Most regions saw a sharp spike in late August followed by decline, resulting in flat net-changes over the past 5 weeks, while the **Midwest continues a slow rise (4.2%–4.9%)**.
  - View CDC data: COVID-19 Surveillance Data in the United States
- Regional co-detection rates hovered around roughly **8–13% across all U.S. regions** during recent weeks.
- Respiratory Syncytial Virus (RSV) activity is **very low**. As we enter respiratory season, RSV activity will be **monitored closely**. Typical activity picks up mid-September to mid-October with peak activity occurring December-February.

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

- The seasonal RV/EV surge is underway, likely from back-to-school activity. **Northeast rates may rise in coming weeks** due to later school starts, and **ambulatory/ED settings can anticipate increased pediatric URI volumes**, with RV/EV dominance and blunting of other pathogens possibly leading to **more wheeze/reactive airway disease** than bronchiolitis.
- SARS-CoV-2 activity is peaking, **driving more ED and urgent care visits**, while sustained RV/EV surges mean **some patients may carry multiple pathogens**. For COVID-positive patients with persistent lower-respiratory symptoms, **co-infections (e.g., RV/EV, PIVs) may play a role**, highlighting the value of **mPCR testing algorithms**.
- RSV prevention is now **standard of care for infants and high-risk adults.** The CDC's May 2025 interim analysis showed substantial reductions in infant RSV hospitalizations with maternal vaccination or infant mAbs, **making prenatal and primary care counseling critical for prevention this season**.
  - Read more: Interim Evaluation of Respiratory Syncytial Virus Hospitalization Rates Among Infants and Young Children After Introduction of Respiratory Syncytial Virus Prevention Products — United States, October 2024–February 2025