

U.S. Medical Affairs

2025 Trends Insights Report: 9/7/25-9/20/25

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Gastrointestinal (GI)

What is the data showing us:

- *C. difficile* remains the leading gastrointestinal pathogen with the highest co-detection rates across all regions, reaching **17% in the Midwest** and **18.7% in the Northeast** (above 3-month avg of 14.9%).
- Norovirus GI/GII stays in high activity nationwide (range: **11.6% [Northeast]–13% [West]**), with the **South also above 11%**.
- Enteropathogenic *E. coli* (EPEC) is elevated across regions, **+12% in the Midwest** and **+10.1% in the Northeast**, and trending upward overall. Enterotoxigenic *E. coli* (EPEC) is high in the **Northeast (7.8%, above 3-mo avg 5.5%)** but stable/declining elsewhere. Enterotoxigenic *E. coli* (ETEC) reflects high detection rates **only in the Northeast**.
- *Campylobacter* maintains high activity in all regions, with stable rates overall but increases noted in the South.
- Other GI pathogens: Shigella/enteroinvasive *E. coli* (EIEC) is medium in the **Midwest (1.4%)** but high in the Northeast; Sapovirus is medium in the **Midwest (1.5%)** but high in the South; *Giardia Lamblia* is medium in the **Midwest (1.1%)** and **Northeast (2.7%, above 3-mo avg 1.1%)**; *Salmonella* is **high and rising in the South** but medium in the **West (1.5%, below avg 2%)**; Adenovirus F 40/41 remains **high in the South**; co-detection rates for *Vibrio cholerae* and *Vibrio non-cholerae* are **low but rising across regions**, aligning with recent Southeastern outbreaks involving *Vibrio vulnificus*.
 - Read more about *Vibrio vulnificus* below:
 - <https://www.floridahealth.gov/diseases-and-conditions/vibrio-infections/vibrio-vulnificus/index.html>
 - <https://ldh.la.gov/news/vibrio-seafood-safety>

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 and *E. coli* (EPEC, EAEC, ETEC) continue to drive GI illness across regions, demonstrating the **importance of rapid pathogen identification to optimize treatment and reduce unnecessary antibiotics prescription**.
- *Campylobacter* and *Salmonella* detections **highlight ongoing foodborne transmission risks**, particularly with *Salmonella* rising above baseline in the South and linked to recent outbreaks.
- Less common pathogens such as Sapovirus, Shigella/EIEC, *Giardia*, Adenovirus F 40/41, and *Vibrio* are emerging regionally, **reinforcing the need for a broad multiplex PCR GI panel to correctly identify these pathogens**.

Respiratory (RP)

What is the data showing us:

- Human Rhinovirus (RV)/Enterovirus (EV) detection rates have **surged nationwide**, roughly doubling since early August. For the past two weeks, rates have leveled off for the **West (29%→30.2%)**, cooled slightly in the **Midwest (32.5→30.3%)** and **South (27.6%→25.7%)**, but continued to rise in the **Northeast (20%→26.8%)**.
- SARS-CoV-2 remains the **second most detected respiratory pathogen nationwide**. Over the past three weeks, we've seen rates decline in the **West (9%→7.7%→6.6%)** and **South (9.3%→6.8%→5.6%)**, stabilize in the **Midwest (4.2%→4.3%→4.5%)**, and fluctuate in the **Northeast (4.7%→6.1%→5.8%)**.
- Parainfluenza Virus 2 (PIV-2) rates are still low overall but rising modestly over the past three weeks in the **Midwest (1.3%→1.5%)**, **West (1.4%→1.2%)**, and **South (1.5%→1.7%)**, while remaining stable in the **Northeast (1.2%)**.
- Adenovirus has declined substantially in the **West (1.4%→1.0%)**, and moderately in the **Midwest (1.3%→1.2%)**. Rates are stable in the **South (2.8%)** and **Northeast (1.1%)**.
- Respiratory Syncytial Virus (RSV) activity **remains low in all regions**, with rates **below 1%** across the US. The South shows the highest detection rate (**0.9%**), while the West has a near-absence of RSV activity.

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

- **Providers can expect more RV/EV cases across the US**, which may be observed as more patients experiencing upper respiratory symptoms and asthma exacerbations, particularly in pediatrics. This is likely due to peak activity for most of the US with the exception of the Northeast as they "catch up" from a late school start.
- While SARS-CoV-2 is declining in most regions, it remains a significant respiratory pathogen. **Continued vigilance, testing, and public health measures are essential to prevent resurgence**, especially as other respiratory viruses surge.
- Parainfluenza viruses often rise in late summer and fall, coinciding with school reopening. Additionally, as RV/EV surges, parainfluenza can find new susceptible hosts. **Consider parainfluenza in the differential diagnosis for children with stridor, barking cough, or bronchiolitis, especially if RSV and rhinovirus are negative**.
- Adenovirus activity remains low in late summer/early fall, but **providers should monitor for outbreaks in closed settings (e.g., daycare, military, long-term care) and severe pneumonia in vulnerable populations**.
- RSV activity remains low nationwide, but a slight uptick in the South **signals the need for vigilance as RSV season approaches, especially in pediatrics and high-risk adults, with prevention now a standard of care**.
 - Read CDC recommendations here: [Respiratory Syncytial Virus \(RSV\) Immunizations](#)