U.S. Medical Affairs
2025 Trends Insights Report: 10/19/25-11/1/25

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Gastrointestinal (GI)

What is the data showing us:

- *C. difficile* detections notably increased in the **Northeast** at the end of October, from a one-week average of **13.6% to 20.7%** (12-week average 15.9%). Detection rates **remain high** in other regions.
- Norovirus GI/GII detections are hovering near 12-week averages in all regions, suggesting that activity is **relatively stable** (**West: 14.0%**, **Northeast: 10.6%**, **South: 11.6%**, **Midwest: 8.8%**).
- Enteropathogenic *E. coli* (EPEC) and Enteroaggregative *E. coli* (EAEC) detections in October were **lower than 12-week averages.**
- Other GI pathogens: *Campylobacter* activity is **high (>3%) in all regions: West (3.4%)**, **Northeast (3.4%)**, **South (3.9%)**, **Midwest (3.9%)**. *Salmonella* rates are **high in the South**, with a **weekly rate of 5.2%** and **12-week average of 5.6%**. Other organisms exhibiting high detections only in the South include Sapovirus **(4.2%)** and Adenovirus F 40/41 **(3.5%)**.

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 indicate colonization. Therefore, **a positive result should be interpreted in conjunction with clinical symptoms and other relevant factors.**
- Norovirus remains a top source of GI illness across the U.S. and **may increase in the coming months due to the seasonality trends of the virus** (peak season December to March).
  - Read CDC data here: NoroSTAT Data
- EAEC rates have been shown to decrease in colder months, while EPEC rates show less seasonality. **Rapid pathogen detection can allow for optimal treatment, including antibiotics only when necessary.**
- The South reflected seven GI pathogens with high detection (>3%) in the second half of October (*C. difficile*, Norovirus GI/GII, EPEC, *Salmonella*, *Campylobacter*, Adenovirus F40/41, Sapovirus). **The prevalence of multiple organisms reinforces the need for a broad multiplex GI panel to correctly identify these pathogens.**

Respiratory (RP)

What is the data showing us:

- Human Rhinovirus (RV)/Enterovirus (EV) **remains the dominant pathogen nationwide**, and is the only pathogen at high activity in the **Midwest** and **Northeast**. Activity is stable in the **West (~24%)** and **Northeast (~20%)** while declining in the **Midwest (22% → 20%)** and **South (24.8% → 23.3%)**.
- Parainfluenza virus 2 is rising across all regions and is now the **second most prevalent pathogen** in every region except the South. Rates have more than doubled in the **West (1.9% → 4.6%)**, nearly doubled in the **Northeast (1.3% → 2.5%)**, increased in the **Midwest (1.8% → 2.9%)**, and slightly increased in the **South (1.7% → 1.9%)**.
- Adenovirus detections are increasing in most regions with the sharpest rise seen in the **West (1.7% → 2.9%).** Detection rates elsewhere reflect as: **South (3.0% → 3.8%)**, **Midwest (1.4% → 1.7%)**, **Northeast (~1.2%)**.
- SARS-CoV-2 activity has **declined nationally**, moving from high to medium activity in all regions. Decreased rates shown in the **West (6.3% → 2.6%)**, **South (5.4% → 1.6%)**, **Northeast (4.4% → 2.2%)**, and **Midwest (3.3% → 2%)**.
- RSV activity continues to rise regionally, reaching high activity in the **South (3.1%)**, increasing to medium activity in the **Northeast (0.6% → 1.0%)**, and remaining low in the **West and Midwest (0.3–0.4%)**.

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

- RV/EV remains the most prominent cause of respiratory illness. **Anticipate ongoing community transmission, particularly in schools and childcare settings** where we can reinforce preventive measures like hand hygiene and respiratory etiquette.
- As Parainfluenza activity continues to rise, **it should be considered in the differential diagnosis for URTIs (especially if RSV and rhinovirus are negative).**
- Adenovirus is becoming a more frequent contributor to respiratory illness. **Watch for outbreaks in closed settings (e.g., daycare, military, long-term care) and for severe pneumonia in vulnerable populations.**
- Declining SARS-CoV-2 activity may precede a winter uptick; vaccination and respiratory etiquette remain important.
- RSV activity is rising, particularly in the South and Northeast, with detections expected to increase through late December. It cannot be overstated, as a vital public health reminder, that **prevention is now a standard of care for infants and high-risk adults.**
  - Read CDC recommendations here: Respiratory Syncytial Virus (RSV) Immunizations

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