U.S. Medical Affairs
2025 Trends Insights Report: 11/2/25-11/15/25

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Gastrointestinal (GI)

What is the data showing us:

- While *C. difficile* is still the most commonly detected GI pathogen, rates are decreasing in all regions except the **Midwest** where the most recent 1-week detection rate was **18.3% vs. 16% (12-week)**.
- Norovirus GI/GII rates are on the rise across most of the country, with all rates higher than their 12-week averages – **North: 14.2% vs. 11.4% (12-week); South: 14.8% vs. 12.4% (12-week); Midwest: 12.2% vs. 9.6% (12-week)**. Rates in the West remain steady **(14.1% vs. 14.6% [12-week])**.
- Detection rates for all *E. coli* targets (EPEC, ETEC, EIEC) are either **decreasing** compared to the 12-week trend or **remaining stable at a low (<2%) level**.
- *Campylobacter* detections in the **North (4.7% vs. 4.5% [12-week])** and **West (5.8% vs. 4.5% [12-week])** have increased in recent weeks. Rates in the **South (3.7%)** and **Midwest (3.5%)** are high **(>3%)**.
- *Salmonella* detections are still high in the **South (4.5% vs 5.5% [12-week])**. Other regions are classified as **medium activity (1-3%)**.
- Other notable pathogens include Sapovirus rising in the **South (5.4% vs. 3.8% [12-week])** and **West (2% vs. 1.6% [12-week])**, Rotavirus elevated in the **South (2.8% vs. 2.2% [12-week])**, and Adenovirus F40/41 increased in the **South (4.4% vs. 3.8% [1-week])**.

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).
  - Explore CDC data: 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.**
- Rising Adenovirus F40/41, Rotavirus, and Sapovirus rates in the South may signal **increasing pediatric diarrheal disease**, highlighting the need for **accurate diagnostics** to prevent unnecessary antibiotics and reinforce **hand hygiene and outbreak-prevention** practices.

Respiratory (RP)

What is the data showing us:

- Human Rhinovirus/Enterovirus (RV/EV) remains the dominant pathogen in all regions **(range: 18.3% [Northeast]–24.1% [South])**, but rates are now below the 12-week average **(range: 21.1% [Northeast]–25.3% [South])**.
- Influenza A H3 is rising sharply in the **Northeast (3.6%)** and **West (3.2%)**, well above their 12-week averages **(0.5%–0.7%)**, with more modest increases in the Midwest and South. CDC data shows national influenza activity is low but climbing, with **2%** of clinical tests positive and H3N2 accounting for **71.7%** of subtyped influenza A viruses (week ending Nov 8, 2025).
  - Read more: Weekly US Influenza Surveillance Report: Key Updates for Week 45, ending November 8, 2025
- Respiratory Syncytial Virus (RSV) activity is surging in the **South (4.4% vs. 2% [12-week])** and rising in the **Northeast (1.9% vs 0.8% [12-week])**, while remaining low **(<1%)** in the **Midwest** and **West**. CDC data indicates rising activity in the Southeastern and Southern regions with rising ED visits among children 0-4 years old.
  - Review CDC data: Respiratory Illnesses Data Channel
- Adenovirus is now increasing in all regions with the most notable jump in the **West (3.2% vs. 1.8% [12-week])** now reaching high activity. Activity remains high in the **South (3.6%)**.
- Parainfluenza Virus 1 is rising sharply in the **West** with rates more than doubling **(4.6 % vs. 2.1% [12-week]),** reaching **high-activity**. In all other regions, rates remain stable or slightly above the 12-week average at medium activity **(range: 1.7%-1.9%)**.
- SARS-CoV-2 rates continue to decline across all regions but remains at **medium activity** with rates ranging from **(1.6%-2.5%)**.

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

- RV/EV remains prevalent despite declining rates. As respiratory season ramps up, we will begin to see the pathogen landscape shift with **rising rates of Influenza A and RSV**.
- The sharp rise in Influenza A H3 signals the start of flu season. **Laboratories may prepare for a surge in influenza testing.** While it is early in the season, Influenza A may be considered in the differential of all patients with acute respiratory illness. **The prompt diagnosis of Influenza supports antiviral use and proper infection control measures.**
- RSV season has begun in the South and Northeast. We can expect detections to continue to rise 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.
  - Current CDC recommendations: Respiratory Syncytial Virus (RSV) Immunizations
- Adenovirus is a rising contributor to acute respiratory illness, particularly in the West and South. **It should be considered in patients with severe or persistent symptoms**, especially in closed communities (e.g., daycare, military, or long-term care).