U.S. Medical Affairs
2025 Trends Insights Report: 11/16/25-11/29/25

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Gastrointestinal (GI)

What is the data showing us:

- *C. difficile* detection rates are **rising in three regions (South, Midwest, and West)**, and are **stable in the North** when comparing recent data to 12-week trends.
- Norovirus GI/GII activity in the most recent 2 weeks is **higher than the 12-week baseline in all regions**.
- Sapovirus detections in the **North** are on the rise, with the most recent data at **2.8%** compared to a 12-week average of **1.1%**. The **West** is seeing a similar rise **(2.1% compared to 12-week average of 1.1%)**. Detections in the **South and West remain stable**.
- Enteropathogenic *E. coli* (EPEC) detections are **declining in the South (7.5% 1-week, 10.1% 12-week)** and **Midwest (5.8% 1-week, 9.5% 12-week)**, relatively **stable in the North (8.2% 1-week, 8.7% 12-week)**, and **decreasing in the Midwest (5.8% 1-week, 9.5% 12-week)**.
- Other GI pathogens: *Campylobacter* detections are **trending down in all regions but the South** where they remain **stable at 3.8%**. *Salmonella* detections are also **trending down regionally with the North** still reflecting **moderate activity of 2.1%**.

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.**

Respiratory (RP)

What is the data showing us:

- Influenza A H3 rates are rapidly rising in all regions with rates well above the 12-week average. With dramatic increases (rates more than quadrupling) in the **Northeast: 8.7% vs. 1.9% (12-week)** and **South: 2.9% vs. 0.7% (12-week).** Rates more than tripled in the **West: 5.5% vs. 1.6% (12-week)** and **Midwest 1.8% vs. 0.5% (12-week)**. According to CDC data for the week ending Nov 22, 2025, **2.8%** of clinical lab tests were positive for influenza, with **71.7%** of subtyped influenza A viruses being H3N2 .
- Respiratory Syncytial Virus (RSV) detections continue to climb reaching **high-activity in the South (4.9%)** and **Northeast (3.2%)** and **moderate activity in the Midwest (1.8%) and West (1.3%)** with rates now double that of the 12-week average in all regions. CDC shows similar data with increasing RSV activity particularly in the South and Southeast.
- Adenovirus is **increasing in all regions.** Rates remains **high in the South (4.1%)** and have reached **high activity in the West (3%)** this past week. Detections in the **Midwest are moderate (2.4%) but may reach high activity** in the next couple weeks if rates continue to rise as they did the past two weeks.
- Human Rhinovirus/Enterovirus **remains the most prevalent pathogen despite the continued decline**, with rates now well below the twelve-week average across all regions **(Midwest: 16.1% 1-week, 21.8% 12-week; Northeast: 16.2% 1-week, 21.1% 12-week; South: 21.1% 1-week, 23.8% 12-week; West: 20.5% 1-week, 24.4% 12-week)**.
- SARS-CoV-2 (COVID-19) is stable or declining in all regions **(rates range: 1.7%–2.8%)**.

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

- We are seeing an early and rapid start to flu season, with influenza H3N2 as the dominant strain. Labs should prepare for **increased testing and clinicians may consider influenza in all patients presenting with acute respiratory illness.**
- RSV season has begun and is becoming a major contributor to acute respiratory infections. Per CDC data, ED visits and hospitalizations are rising, particularly among children under 5. 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.**
  - Read more on respiratory illness data: Respiratory Illnesses Data Channel
  - Current CDC recommendations: Respiratory Syncytial Virus (RSV) Immunizations
- Adenovirus is **an important and rising contributor to acute respiratory illness**, especially in closed settings (daycare, military, long-term care).
- Human Rhinovirus/Enterovirus is **still the leading cause of respiratory illness**, but the landscape is shifting as other viruses rise.
- SARS-CoV-2 is not the primary driver of current respiratory illness surges but **may still be considered in the differential work-up of adults presenting with ARI**.