U.S. Medical Affairs
2026 Trends Insights Report: 12/14/25-1/3/26

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Gastrointestinal (GI)

What is the data showing us:

- *C. difficile* detection rates are **elevated in all regions** when comparing recent data to 12-week averages. This has been the most significant in the **West (19.3% compared to 12-week average of 15.1%)** and the **North (19.8% vs. 16.0%)**, but have increased each of the past 2 weeks in the **South (18.8% vs. 12-week average of 17.7%)** and the **Midwest (17.8% to 16.7%)** as well.
- Norovirus activity is **surging in the Midwest**. Detections reflected **17%** the past two weeks, which is a significant increase from the 12-week average of **12.2%**. While rates in the **North are slightly higher** than the 12-week average of **13.1%**, they have dropped from **14.9% to 13.6%**. In the **South and West, rates are dropping** and are lower than 12-week averages. Despite the trends, Norovirus **remains the second leading cause of GI illness** behind *C. difficile*.
- Sapovirus detection rates are on the rise in a majority of regions: **North (3.1% vs. 1.8% 12-week average)**, **West (4.2% vs. 3.4%)**, and **Midwest (3.0% vs. 2.3%)**. While the **South** is currently below the 12-week average, it has risen from **1.9% to 2.5%** over the past 2 weeks.
- *Campylobacter* and *Salmonella* detections are continuing a downward trend and are **below 12-week averages in all regions**.

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

- *C. difficile* remains a concern nationwide. As always, **positive results should be interpreted alongside clinical symptoms**, as colonization is common and does not always indicate active infection.
- Norovirus is **expected to remain a top source of GI illness**, with **potential increases in the coming months** due to seasonal trends (peak season December to March).
  - Explore CDC data: NoroSTAT Data
- *E. coli* (EAEC, EPEC, EIEC, ETEC) and other GI pathogens show stable or modest activity, emphasizing the **importance of rapid detection and targeted treatment**.
- **Providers should remain vigilant for seasonal increases in norovirus and monitor regional trends** for other GI pathogens to guide clinical decision-making.

Respiratory (RP)

What is the data showing us:

- Influenza A H3 became the **dominant pathogen nationwide** during the week of Dec 21–27, with sharp increases across regions compared to mid-December **(Northeast: 18.1%→27.4%, South: 5.7%→16.2%, Midwest: 4.6%→12.8%)**. After peaking in late December, rates dipped slightly for the week of Dec 28–Jan 3, most notably in the **Northeast (-9%)**, but remain well above 12-week averages in all regions **(Northeast: 18.5% vs 12%, South: 12.9% vs 5.6%, Midwest: 11.7% vs 4.3%, West: 18.6% vs 8.6%)**. CDC FluView similarly reports a **national surge**, with **32.9% of tests positive** for influenza for the week ending Dec 27.
  - Supporting data from CDC: Weekly US Influenza Surveillance Report
- Human Rhinovirus/Enterovirus (RV/EV) is showing a **steady week over week winter decline** after a strong early-season and prolonged plateau. Rates in the **South** and **West decreased** from nearly **17% to 12-13%**. The **Northeast declined** from **9.9% to 6.8%**.
- Endemic coronaviruses (HKU1, OC43) reflect **consistent seasonal rises**, especially HKU1 in the **South** and OC43 in the **Northeast**.
- Respiratory Syncytial Virus (RSV) detection rates are **steadily increasing nationally**. The highest rates in the **South (6%, 5.9%, 6%)** have sustained activity with modest elevations in the **Northeast (4%, 4.7%, 4.5%)**. The **Midwest (2.9%, 3.1%, 3.6%)** and **West (1.7%, 2.9%, 3.0%)** show stable increases through the month of Decemeber into early January. These patterns align with expected mid-winter RSV seasonality, typically peaking late December–January in most U.S. regions.
- SARS-CoV-2 (COVID-19) shows **mild but steady** increases in the **Midwest** and **West**.

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

- Influenza H3 is the primary driver for acute respiratory illness (ARI). **Trends data captured an early January dip which may represent a false peak rather than a true cooling off in detections.** Per CDC, **activity is expected to remain high for several weeks.** NHSN hospital data shows 33,301 admissions for influenza the week ending Dec 27. It is not too late to get an influenza vaccine and **CDC recommends everyone 6 months and older who has not yet been vaccinated to do so.**
  - View the weekly influenza surveillance report: Weekly US Map: Influenza Summary Update
- After an extended fall peak, RV/EV is in its **classic winter season decline**. However, it **remains a significant contributor to respiratory illness** and **may still be considered in the differential** for patients presenting with ARI as well as potential co-infection complexity as influenza and RSV rise.
- RSV continues to be a **major driver of respiratory illness**, especially in infants, young children, older adults, and patients with cardiopulmonary disease. The ongoing RSV elevation **highlights the importance of prevention as this is now the standard of care.**
  - Current CDC recommendations: Respiratory Syncytial Virus (RSV) Immunizations