# U.S. Medical Affairs
# 2026 Trends Insights Report: 1/4/26-1/17/26

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## Gastrointestinal (GI)

### What is the data showing us:

- *C. difficile* detection rates are **trending down** when comparing recent weeks to 12-week averages in most of the country. The exception is in the **Midwest, where rates have increased** in the past week **(18.5%)** compared to the 12-week average **(17.1%)**.
- Norovirus detections are rising in the **Northeast (15.6% vs. 12-week average of 14%)** and **Midwest (14.8% vs. 13.1%)**, remaining steady at **12.7% in the West**, and **decreasing in the South (11% vs. 13.6%)**.
- Rotavirus detections **steadily continue in all regions but the Midwest**, where they have been **increasing** for the past 2 weeks and are currently trending higher than the 12-week average **(2.4% vs. 1.5%)**.

### 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 monitor regional trends** for other GI pathogens to guide clinical decision-making.
- Rotavirus in the Midwest may indicate higher rates of pediatric diarrheal disease. **Accurate diagnosis** will help to avoid unnecessary antibiotics. An emphasis should also be placed on **appropriate hand hygiene and outbreak prevention strategies**.

## Respiratory (RP)

### What is the data showing us:

- Influenza A H3 activity has declined steadily over the past three weeks following an early January peak, with the largest drops in the **Northeast (27.4% → 8.1%)** and **West (22.3% → 9.8%)**, followed by the **South (16.2% → 7.2%)** and **Midwest (12.8% → 8.0%)**; CDC data confirms similar downward trends over the past two reporting weeks (as of Jan 10).
  - Supporting data from CDC: Weekly US Influenza Surveillance Report
- Respiratory Syncytial Virus (RSV) rates have risen sharply in the **West (2.6% → 4.1%)** and **Northeast (4.5% → 6.0%)**, increased modestly in the **Midwest (3.5% → 3.8%)** and dropped slightly in the **South (6.0% → 5.4%)**. RSV is the **third most prevalent pathogen** for all regions except the Midwest where it ranks fourth.
- Human Rhinovirus/Enterovirus (RV/EV) activity is **gradually declining across most regions**, with a small uptick in the **South (10.6% → 11.4%)**. Despite overall cooling, **it remains the most prevalent virus in the West (9.9%)** and the **second most prevalent in the Northeast (6.2%)** and **Midwest (7.2%)**.
- Endemic coronaviruses (HKU1, OC43, 229E) are **seasonally active**. HKU1 is persistently high in the **South (3.2–3.7%)** and doubling in the **West (2.1–2.3% vs 1.1% 12-week average)**, while the Northeast reflects 229E **(2.6% vs 1.2%)** and OC43 **(2.8% vs 1.7%)** are at medium activity but well above 12-week averages.
- Human Metapneumovirus (hMPV) activity is **increasing across most regions**, with rates exceeding 12-week averages in the **West (1.9% vs 0.9%)**, **Northeast (1.8% vs 1.0%)**, and most notably the **Midwest (3.3% vs 1.9%)**, where activity has reached high levels. The **South** is the exception, with detections declining over recent weeks and approaching the 12-week average **(2.4% vs 2.2%)**.
- SARS-CoV-2 **continues to decline in most regions except the Midwest** were it remains elevated and well-above the 12 week average **(5.1% vs 3.7%)**.

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

- Influenza A H3 **remains the primary driver of respiratory illness nationwide**, despite recent declines. CDC data indicates activity will remain high for several more weeks, with potential for a second surge. Additionally, disease severity is moderate in adults and high in pediatrics, with influenza-associated hospitalizations in late December reaching the second-highest weekly rate since 2010–2011. **Vaccination remains recommended for all individuals 6 months or older.**
  - View the weekly influenza surveillance report: Weekly US Map: Influenza Summary Update
- Rising RSV activity is **likely to drive increased emergency department visits and hospitalizations especially in infants, young children and compromised adults**, highlighting the importance of prevention, as this is now the standard of care.
  - Current CDC recommendations: Respiratory Syncytial Virus (RSV) Immunizations
- After an extended fall peak, RV/EV is in its classic winter season decline but **remains a significant contributor to respiratory illness** and may still be considered in the differential for patients presenting with acute respiratory illness.
- Endemic coronaviruses (HKU1, OC43, 229E) typically cause mild illness but **may trigger asthma/COPD exacerbations driving increased visits to urgent care facilities.** They also **mimic** other viral respiratory illnesses causing diagnostic uncertainty.
- Rising HMPV is clinically significant due to its ability to cause severe lower respiratory tract infections (LRTI) such as pneumonia, which **may lead to increased antibiotic utilization if it is not identified** and the LRTI is assumed to be bacterial.

PIONEERING DIAGNOSTICS