

# U.S. Medical Affairs

## 2026 Trends Insights Report: 1/18/26-1/31/26

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### Gastrointestinal (GI)

#### What is the data showing us:

- *C. difficile* rates are **high and range from 15–20% of all detections throughout the country**. Most regions are consistent with 12-week averages, **with the exception being the South**. In the past 2 weeks, detections have increased from **16.2% to 20.3%**, higher than the 12-week average of **17.8%**.
- Norovirus detections have **decreased in all regions** in the past 2 weeks, however, **detections are still higher than the 12-week average except in the Midwest (MW)**. In the previous week, detections were as follows: **Northeast (NE) – 17%, South – 13.7%, West – 14.1%, MW – 10.9%**.
- *Enteropathogenic E. coli* (EPEC) rates are **decreasing in all regions** when reviewing the last 2 weeks and in comparison to 12-week averages. Detection rates are ranging from **3.7% in the NE to 6.9% in the West** in the previous 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**, but may be **declining** due to the seasonality trends of the virus (peak season December to March).
  - Explore CDC data: [NoroSTAT Data](#)
- *Enteropathogenic E. coli* (EPEC) 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 activity is diverging by region, with sharp declines in the **NE (8.1→4.9→2.0%)** and gradual easing in the **West (9.8→9.6→9.0%)**, while the **South remains elevated and stable (7.2→9.2→9.2%)** and the **MW shows a modest rise followed by decline (8.0→8.4→6.2%)**.
  - Supporting data from CDC: [Weekly US Influenza Surveillance Report](#)
- Respiratory Syncytial Virus (RSV) is rising in every region, most notably in the **NE (6.1%→6.4→8.0)** and **West (4.1→4.9→5.9%)**, with sustained increases in the **South (5.4→6.2→6.4%)** and **MW (3.8→4.5→4.6%)**. Rates now exceed 12-week baselines in every region (**NE 8.0% vs 4.4%, West 5.9% vs 3.0%, MW 4.6% vs 2.9%, South 6.4% vs 5.6%**).
- Human Rhinovirus/Enterovirus (HRV/EV) remains the **most prevalent pathogen nationwide**, increasing in the **NE (6.2→6.5→7.7%)**, **South (11.4→14.3→14.2%)**, and **West (9.9→11.9→13.7%)**, with slight fluctuations in the **MW (7.2→7.6→7.0%)**. Despite recent elevations, rates remain below 12-week baselines in all regions (**NE 7.7% vs 10.4%, MW 7.0% vs 11.9%, South 14.2% vs 16.4%, West 13.7% vs 16.0%**).
- Endemic coronaviruses (HKU1, OC43, 229E) are **on the rise**. HKU1 reflects the most consistent growth with rates more than double the 12-week average in the **West (4.8% vs 1.7%)**, **MW (2.9% vs 1.1%)**, and **NE (2.3% vs 0.9%)** and sustained high activity in the **South (3.9% vs 3%)**. 229E is trending upward in all regions, most notably in the **NE** where it has reached high activity (**3.2% vs 1.6%**) with steady gains in all other regions (**range: 1.8–2.1% vs 0.8–1%**). OC43 activity is more variable with the most significant activity in the **NE (2.7%)**.
- Human Metapneumovirus (HMPV) remains in the mix, with rising activity in the **NE (1.8→2.2→2.9%)** and **West (1.9→2.5→2.9%)**, sustained elevation in the **South (2.4→2.3→2.4%)** and slight cooling in the **MW (3.3→3.0→2.9%)**. HMPV remains above the 12-week baseline in all regions (**West 2.9% vs 1.4%; NE 2.9% vs 1.3%; MW 2.9% vs 2.3%; South 2.4% vs 2.3%**).
- SARS-CoV-2 remains particularly elevated in the **MW (4.8%)**, stable in the **NE (2.1%)**, declining in the **West (2.2→1.3%)** and slightly rising in the **South (2.1→2.5%)**.
- Influenza B is a notable late-January riser, particularly in the **West (1.3→1.8→3.1%)** and **South (1.2→1.9→2.4%)**, with more modest increases in the **MW (1.0→1.2→1.6%)** and **NE (0.6→0.8→0.9%)**.

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

- Although Influenza A H3 dropped substantially in the NE and cooled in the MW/West, it **remains a major contributor to winter respiratory illness—particularly in the South, West and MW**. With elevated co-detections and many concurrent viruses (RSV, HRV/EV, endemic coronaviruses) circulating at meaningful levels, **differentiating between respiratory illnesses will remain a challenge**.
- Rising RSV activity is **likely to translate into increased clinical burden**—especially in infants/young children, older adults, and patients with cardiopulmonary comorbidities—reinforcing the importance of **prevention strategies and timely diagnostics to support appropriate management**.
- Sustained high activity of HRV/EV is likely reflected in increased visits to urgent care/ED/primary care or acute respiratory illness (ARI), as well as asthma/COPD exacerbations where **identification of HRV/EV may help curb unnecessary antibiotics**.
- Sustained and rising seasonal activity of endemic coronaviruses (HKU1, OC43, 229E) are **likely adding to the health-care system burden for visits related to ARI. Detections can be expected to continue through late winter**.
- Human Metapneumovirus (HMPV) **remains an important contributor to ARI and should remain in the differential work-up**.
- The rise in Influenza B supports **continued attention to influenza broadly (not only H3)** when evaluating patients with ARI.