

# U.S. Medical Affairs

## 2026 Trends Insights Report: 2/1/26-2/14/26

This information is sourced and aggregated from BIOFIRE® FIREWORKS and BIOFIRE® Syndromic Trends and may vary from what is displayed on [BIOFIRE® Syndromic Trends](#). For reference purposes only. Visit our syndromic trends site for more information: [BIOFIRE® Syndromic Trends](#)

### Gastrointestinal (GI)

#### What is the data showing us:

- *C. difficile* rates are **high** and range from 15–20% of all detections throughout the country. Week-over-week increases in detection rates are evident in all regions. In the **Northeast**, **South**, and **West** rates are higher than 12-week averages.
- Norovirus detections in the **Northeast** increased from 15.8% (2/1 to 2/7) to 18.4% (2/8 to 2/14), which is above the 12-week average of 15.4%. Rates in the **South**, **West**, and **Midwest** are trending lower week-over-week, but are still higher than 12-week averages (Previous week detections vs. 12-week averages: **South 14.3% to 13.8%**, **West 13.9% to 13.3%**, **Midwest 14.8% to 14.1%**).
- Enteropathogenic *E. coli* (EPEC) activity increased in this two-week period in both the **West (5% to 6.4%)** and the **Midwest (4.4% to 5.2%)** but are still lower than 12 week averages. Rates are staying **consistent** in the **South**, while the **Northeast** saw a decline in detections from 6.4% to 3.9%.
- *Campylobacter* detections are increasing in the **Northeast (3.1 to 3.9%)** and in the **South (1.8 to 2.2%)**, and remain **steady** in the **West (3%)** and **Midwest (2%)**.
- The **West** region is seeing week-over-week increases in Enteroaggregative *E. coli* (EAEC) (2.8% to 3.7%), Shigella/Enteroinvasive *E. coli* (EIEC) (1% to 2.4%), and *Salmonella* (1% to 1.7%), while all other regions are **stable or decreasing** in detections of these pathogens.

#### 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](#)
- Enteroaggregative *E. coli* (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:

- Respiratory Syncytial Virus (RSV) remains **elevated nationally**, with a sharp increase in the **West (5.9%→8.2%→9.3%)** and **Midwest (4.6%→4.6%→6.0%)**. The **Northeast** maintained high yet stable levels (~8%) while the **South** saw a modest drop in rates (6.4%→6.1%→5.8%).
- Human Rhinovirus/Enterovirus (HRV/EV) continues to be a dominant pathogen nationally, reflecting **persistently high activity across all regions** with some week-to-week variability. Over the three-week period, HRV/EV declined slightly in the **Northeast (7.7%→6.4%→6.6%)** and **West (13.7%→12.9%→12.1%)**, rose slightly in the **Midwest (7.0%→6.8%→7.5%)**, and stayed consistently high in the **South (~14.2%)**. Despite high absolute rates, HRV/EV remains below the 12-week baseline across all regions.
- Endemic coronavirus activity **continues to rise nationally**. Coronavirus HKU1 has reached high activity in all regions with consistent increases in the **Northeast (2.3%→3.6%→4.2%)**, **Midwest (2.9%→3.9%→4.3%)** and **West (4.8%→6.0%→6.2%)** and stable rates in the **South (~4%)**. Coronavirus 229E also remains elevated across regions in the most recent week (**Northeast 4.1%; Midwest 3.5%; South 2.5%; West 2.4%**), with activity at or above 12-week baselines in the **Northeast and Midwest**.
- Human Metapneumovirus (HMPV) activity is rising in the **Midwest (2.9%→3.9%→4.1%)** and **West (4.8%→5.4%→5.4%)**, with more subtle increases in the **South (2.4%→2.4%→2.7%)** and stable but elevated rates in the **Northeast (~2.9%)**.
- Influenza A H3 activity **continues to decline** across the US. Rates remain elevated but are beginning to ease in the **South (9.2%→9.0%→8.6%)** and **Midwest (6.2%→6.1%→5.7%)** with a clearer downward trend in the **West (9.0%→8.5%→6.3%)** and continued cooling in the **Northeast (2.0%→1.6%→1.2%)**.
- Influenza B continues to emerge as a notable late-season riser, particularly in the **West (3.1%→4.4%→6.3%)** and **South (2.4%→2.7%→4.2%)** with steady increases in the **Northeast (0.9%→1.5%→2.5%)** and **Midwest (1.6%→2.5%→2.7)**. In the most recent week, Influenza B exceeds the 12-week baseline in all regions with the **West** demonstrating the highest activity (6.3% vs 2.1%).

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

- RSV activity remains high and is increasing in several regions which is **likely to translate into sustained clinical burden**, especially among infants, older adults, and patients with cardiopulmonary comorbidities.
- The continued dominance of HRV/EV, **indicates that non-influenza viral acute respiratory illness (ARI) remains common** and may contribute to asthma, COPD exacerbations, and ongoing urgent care and ED respiratory volume.
- Rising endemic coronaviruses, especially HKU1 and 229E, **add diagnostic complexity during a period of mixed viral circulation and rates are likely to remain elevated through early spring**.
- Nationally elevated HMPV rates and rising activity in the Midwest and West **suggests HMPV may contribute meaningfully to pediatric and adult hospitalizations during a period when influenza A is waning**. HMPV can present with clinical features similar to RSV and influenza and impact infection control decisions, particularly in inpatient and pediatric settings.
- Although Influenza A H3 continues to decline nationally, it **remains a meaningful contributor to winter respiratory illness**.
- The consistent rise in Influenza B **reinforces the importance of maintaining attention to influenza broadly—not only H3—when evaluating patients with acute respiratory illness**. The CDC recommends prompt treatment for people who have flu or suspected flu and who are at increased risk of serious flu complications
  - Read more: <https://www.cdc.gov/flu/treatment/antiviral-drugs.html>