

U.S. Medical Affairs

2026 Trends Insights Report: 2/15/26-2/28/26

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Respiratory (RP)

What the data is showing us:

- Respiratory Syncytial Virus (RSV) **remains elevated nationally**, with detection rates **remaining largely stable across all regions**. The **Northeast** and **West** maintained rates ~9-10%, while the **South** and **Midwest** rates remain ~5-6%.
- Human Rhinovirus/Enterovirus (HRV/EV) **continues to be a dominant pathogen nationally**, with persistently high activity across all regions with some week-to-week variability. Over the three-week period, HRV/EV rose slightly in the **Northeast (6.6% → 6.3% → 8.1%)**, fell slightly in the **West (12.1% → 11.4% → 11.5%)** and **Midwest (7.5% → 7.5% → 7.1%)**, and stayed consistently high in the **South (~14.8%)**. Despite high absolute rates, HRV/EV still remains below the 12-week baseline across all regions (**Northeast 6.4% vs 9.6%; Midwest 7.1% vs 8.7%; West 11.5% vs 13.5%**) except the **South (14.8% vs 14.5%)**.
- Endemic coronavirus activity has **stabilized nationally**. Coronavirus HKU1 maintains high activity in all regions with rates in the **South ~3%**, the **Northeast and Midwest ~4%**, and the **West ~7%**. Coronavirus 229E also remains elevated across regions in the most recent week (**Northeast 3.4%; Midwest 3.7%; South 2.9%; West 1.9%**), with activity at or above 12-week baselines in all regions.
- Human Metapneumovirus (HMPV) activity is **rising in the all regions**. Notable increases are seen in the **Northeast (2.9% → 3.5% → 5.1%)** and **West (5.4% → 6.1% → 7.5%)**, with more subtle increases in the **South (2.7% → 2.8% → 3.2%)** and **Midwest (4.1% → 4.6% → 5.3%)**.
- Influenza A H3 activity **continues to decline across the US**. Rates remain in the high activity group across all regions though represent **4% or less** of overall detections.
- Influenza B continues to emerge as a notable late-season riser, particularly in the **West (6.3% → 5.8% → 6.4%)** and **South (4.2% → 4.4% → 4.5%)** with persistent, steady increases in the **Northeast (2.5% → 3.3% → 3.6%)** and **Midwest (2.7% → 4.1% → 4.4%)**.

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

- RSV activity remains high across all regions, now well above 12-week baselines in the Northeast, Midwest, and West, 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, particularly in the South and West, indicates that **non-influenza viral acute respiratory illness (ARI) remains common and may contribute to asthma and 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**.
- HMPV represents an important and sometimes underrecognized contributor to late-season respiratory disease. Nationally elevated 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 as it winds down**.
- The consistent rise in Influenza B, most notably in the West and South, **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: [Treating Flu with Antiviral Drugs](#)

Gastrointestinal (GI)

What the data is showing us:

- Norovirus rates are **higher** than the 12-week averages in all regions. In the **Northeast**, activity **increased** from **15.6% to 18.9%** (12-week average – 15.8%) while in all other regions, the detection rates **decreased** in the past 2 weeks.
- Enteropathogenic *E. coli* (EPEC), Enteroaggregative *E. coli* (EAEC), and Enterotoxigenic *E. coli* (ETEC) detections are **on the rise**. EPEC and EAEC rates have increased week over week in all regions Enterotoxigenic *E. coli* (ETEC) detections nearly doubled in both the **Northeast (0.6 to 1.2%)** and **Midwest (1 to 1.9%)** in this same time period.
- Campylobacter* activity has also **increased** in all regions (**Northeast – 1.9 to 3.1%; South – 2.1 to 2.9%; West – 2.7 to 4.1%; Midwest – 1.3 to 2.2%**).
- Rotavirus rates are above the 12-week averages in all regions. **Significant increases** in detections were present in the **Northeast (4.3 to 5.0%)** and **West (5.6 to 8.0%)**.

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

- 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](#)
- 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.
- Campylobacter* is typically **strongly correlated with the summer months**. This pathogen can be associated with **consumption of raw milk, undercooked poultry, and contaminated water**.
- Rotavirus can cause **severe GI distress** in infants and children, **particularly when there is low adoption of the vaccine**. Peak rates occur in the winter and spring.