

U.S. Medical Affairs

2026 Trends Insights Report: 3/15/26-3/28/26

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Respiratory (RP)

What the data is showing us:

- Human Rhinovirus/Enterovirus (HRV/EV) has **returned to the most commonly detected target across all regions** for the entire three-week period. The **Northeast (NE)** saw dramatic increases from **8.9%→15.1%**, nearly doubling the 12-week average (**8.2%**). Rates rose modestly in the **Midwest (MW)** from **8.4%→10.2%**, slightly above the 12-week avg (**8.2%**). While rates remained high and stable in the **South (16.5%→17.4%)** exceeding the 12-week avg (**14.7%**). Rates in the **West** remain elevated with some fluctuation (**13%→15.4%→13.9%**) and above the 12-week avg (**12.6%**).
- Respiratory Syncytial Virus (RSV) shows **broad deceleration** over the past three weeks most notably in the **West (12%→8.4%)** returning to baseline avg (**8.4%**). Rates declined in the **NE (6.4%→4.4%)** and **South (5.6%→4.5%)** and are now below the 12-week avgs (**6.8% and 5.7%**), while the **MW** saw significant declines (**7.4%→6%**) with rates remaining above the 12-week avg (**5.4%**).
- The trajectory of Human Metapneumovirus (HMPV) **remains consistently elevated** and well above 12-week avgs for all regions, with gradual rises the **South (4.2%→4.5%→4.7% vs 3.1%)** and fluctuations in **NE (5.5%→4.9%→5.9% vs 3.5%)**, **MW (6.4%→5.6%→6.2% vs 4.4%)** and **West (8.9%→9.3% and 8.3% vs 5.8%)**.
- Influenza B activity is **declining in all regions except the NE** where rates are rising (**4%→5.2%**), doubling the 12-week avg (**2.4%**). Rapid declines were seen in the **West (5.3%→3.6%)**, **MW (4.5%→2.3%)** and **South (4.4%→3%)**.
- Influenza A H3 activity **continues to decline across the US** with rates representing **1% or less** of detections for all regions.

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

- Non-Influenza Virus results are now **“more common”** with 3-5 pathogens sustaining high activity in all-regions. **Clarity in quickly identifying a pathogen will be of continued importance** as the respiratory season results in a substantial burden for healthcare professionals as well as patients and communities. **Identification of a viral pathogen, such as HRV/EV, HMPV or even endemic coronaviruses can bolster a clinician's efforts to hold off on an antibiotic prescription and appropriately prescribe antivirals.**
- As spring arrives and warmer temperatures spread across much of the US, the **“Flu Season” is winding down**. However, with sustained high **Influenza B** rates across the country, there remains a need to maintain attention to influenza broadly—not only **Influenza A 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 **trending lower** week over week in the **North, West, and MW** regions. In the **South**, detection rates **increased from 14.2% to 15.5%**, which is higher than the 12-week avg of **14.1%**.
- Campylobacter* detections are **elevated in all regions**, both week over week and when compared to 12-week avgs. Most recent data compared to the 12-week avgs for each region are as follows: **West – 3.9%→3.1%**; **South – 3.5%→2.8%**; **NE – 3.4%→3.3%**; **MW – 3%→2.4%**.
- Salmonella* detections are also **increasing** week over week in all regions and are higher than 12-week avgs: **South – 3.2%** compared to **2.2%**; **MW – 2.4%** compared to **1.4%**; **NE – 2.2%** compared to **1.5%**; **West 2.1%** compared to **1.3%**.
- In the past week, detections of *E. coli* 0157 have **more than doubled** in each region. The **West** region had the greatest increase, with a detection rate of **1.8%** compared to a 12-week avg of **0.3%**. Rates in the **South** compared to the 12-week avg are as follows: **1.5%** compared to **0.5%**.
- Rotavirus detections are declining week over week in the **NE** and **South**, but are still higher than 12-week avgs. Detections are still rising week over week in the **West (4.1% to 6.2%; 12-week avg 3.3%)** and **MW (4.1% to 5.5%; 12-week avg 3.8%)**.

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

- Norovirus remains a **top source of GI illness across the U.S.** with a peak season occurring in December to March.
 - Explore CDC data: [NoroSTAT Data](#)
- Campylobacter* is typically strongly correlated with the summer months. This pathogen can be **associated with consumption of raw milk, undercooked poultry, and contaminated water**. Good hand hygiene practices are important in preventing the spread of this illness.
- Salmonella* infections are also **correlated with warmer weather**. Infections can be **attributed to contaminated poultry, oysters, water, and produce**.
 - More information: [Reports of Selected Salmonella Outbreak Investigations](#)
- 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.