U.S. Medical Affairs
2026 Trends Insights Report: 3/29/26-5/2/26

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Respiratory (RP)

What the data is showing us:

- Sustained dominance of Human Rhinovirus/Enterovirus (HRV/EV) in all regions, with consistent week-over-week increases well above the 12-week avgerage. The **Midwest (MW)** had the largest relative increase **(10.6%→19.9%)**. The highest regional detections were seen in the **South (18.7%→23.9%)** and **West (18.3%→23.4%)** and the **Northeast (NE)** saw steady growth **(15.8%→19.3%)**.
- Human Metapneumovirus (hMPV) rates rose early in the reporting period, followed by gradual softening in late April. It remains at high-activity and is the 2nd most prevalent detection for all regions. The **West** is experiencing the highest activity with steady declines **(8.7%→4.7%)**. In the **NE**, rates peaked in mid-April **(~6.6%)** then declined to **4.2%**. In the **South**, rates dropped modestly **(4.9%→4.5%)** while the **MW** saw steady declines **(5.9%→4.1%)**.
- Parainfluenza virus 3 detections increased nationally and is the 3rd most common pathogen in all regions except the West (5th). Rates are highest in the **South (2.4%→3.9%)**. The most dramatic rise occurred in the **MW (1.1%→2.5%)** followed by in the **West (1.4%→2.7%)** and **NE (1.4%→2.6%)**.
- Adenovirus demonstrated regional persistence, particularly in the **South** where rates peaked in early April **(4.2%)** and remains one of the four pathogens with high activity **(3.6%)** in this region. Rates in the **West** also peaked in early April **(3.7%)** and then steadily declined to **2.8%**. Rates fluctuated in the **NE (2.1%→1.8%→2.4%)** and remained stable in the **MW (~2%)**.
- Respiratory Syncytial Virus (RSV) had the clearest and most consistent decline across all regions, with large negative deviations from 12-week averages by late April. The **West** had the highest starting burden **(8%)** with a prolonged decline to **4.3%**, well below the 12-wk avg **(8.5%)**. Rates dropped in the **NE (3.8%→1.1%)**, **MW (5%→2%)**, **South (4.1%→2.2%)**.
- Influenza B showed rapid and sustained decline across all regions, **NE (4.8%→1.4%)**, **MW (2.1%→0.6%)**, **South (2.7%→0.7%)** and West **(3.2%→2.4%)** all well below the 12-wk avgs **(3%-4.5%)**.

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

- Across all regions, **seasonal respiratory pathogens continued to transition out of winter peaks** into spring patterns with 2-4 pathogens sustaining high activity in all-regions.
  - **HRV/EV is the primary driver of respiratory detections** with steadily increasing rates heading into summer.
  - **hMPV is following expected seasonal down-trending**, with some regional variance (slower resolution in the West), highlighting geographic nuance in spring respiratory patterns.
  - **Adenovirus remains a relevant non-seasonal contributor**, particularly in the South.
  - **Parainfluenza is on the rise** with trajectory that may reach high activity for all regions in May
- **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, can bolster a clinicians efforts to hold off on an antibiotic prescription and appropriately prescribe antivirals.

Gastrointestinal (GI)

What the data is showing us:

- Across all regions, *C. difficile* is highly detected GI pathogen with 12-week averages ranging from **14 to 17%**.
- Norovirus detections remain high in all regions, however, 4-week averages are lower than 12-week averages in the **North (13.5% vs. 14.2%)** and **MW (12.8% vs. 14.3%)** and steady in the **South (~14%)** and **West (~17%)**.
- Enteropathogenic *E. coli* (EPEC) detections are on the rise in some of the regions. In the **NE**, detections are at **7.2%** compared to the 12-week average of **5.1%**. There is a similar increase in the **South**, with a detection rate of **7.3%** in the most recent week compared to the 12-week average of **6.4%**.
- The **West** region is seeing an uptick in viral GI activity caused by Rotavirus, Sapovirus, and Adenovirus. The following comparisons show the most recent week vs. the 4-week average: Rotavirus – **8.2% vs. 7.2%**, Sapovirus – **3.5% vs. 3%**, Adenovirus – **3.1% vs. 2%**.

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 remains a top source of GI illness across the U.S, but detections are either stable or in decline.** Norovirus should maintain high on the differential when patients present experience GI distress.
  - Explore additional public health data: NoroSTAT Data
- **EPEC detections may increase in warmer months due to lapses in safe food handling and storage.** Elevated detections in the Northeast and South could indicate expanding community transmission. Rapid detection can be helpful in determining the most appropriate therapy.
- With viral GI pathogens detections increasing in the West, **it is important to reiterate the importance of good hand hygiene and environmental disinfection when possible. The pediatric population is particularly at risk** for Rotavirus and Sapovirus. Education on proper disinfection is important in daycares and schools to prevent continued transmission.