

# U.S. Medical Affairs

## 2026 Trends Insights Report: 5/3/26-5/30/26

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### Respiratory (RP)

#### What the data is showing us:

- Human Rhinovirus/Enterovirus (HRV/EV) remained the **dominant pathogen nationwide** over the past five weeks since our last report (May 2). The **West** sustained the highest rates (~**25%**), well above the 12-week average (**20.2%**). The **Northeast (NE)** declined (**23.7%→19.5%**) but stayed above the 12-week average (**17.1%**), while the **South (24.0%→19.6%)** dipped slightly below the 12-week average (**20.5%**). In the **Midwest (MW)**, detections declined modestly (**21.6%→19.1%**), still exceeding its 12-week average (**15.6%**).
- Parainfluenza virus 3 (PIV-3) showed the **clearest and most consistent growth** across all regions. The **NE** rose from **2.4% to 4.5%**, more than double the 12-week average (**2.1%**). The **MW** increased from **3.1% to 4.9%**, also doubling its 12-week average (**2.2%**). The **South** increased from **4.3% to 4.7%** with a peak of **5.0%** during the week ending May 23, well above the 12-week average (**3.0%**). The **West** climbed from **3.6% to 6.2%**, representing the highest late-May regional burden and almost triple the 12-week average (**2.3%**).
- Adenovirus persisted as a **steady, non-seasonal contributor**, with the **South** and **West** carrying the highest burden. In the **South**, adenovirus remained in high activity all month (**3.8%→3.5%**), hovering around the 12-week average (**3.5%**). The **West** showed similar activity, with rates of ~**3.5%** and above the 12-week average (**3.1%**). The **NE** experienced medium activity (**2.0% to 2.4%**), as well as the **MW (1.9%→2.2%)**.
- Human Metapneumovirus (hMPV) demonstrated **broad deceleration** across all regions except the **South** where rates are stable (**4%–4.2%**) and near the 12-week average (~**4.3%**). The **West** saw the largest drop (**5.2%→2.2%**), well below the 12-week average (**6.2%**). Detections declined in the **NE (4.6%→2.8%)**, 12-week average (**4.9%**). Rates fell in the **MW (3.3%→2.2%)**, reflecting a decrease from the 12-week average (**4.6%**).
- Respiratory Syncytial Virus (RSV) **continued its seasonal decline** and was among the **top negative movers**. In the **West**, RSV decreased from **3.3% to 1.4%**, the **MW** fell from **1.9% to 1.0%**, the **South** dropped from **1.7% to 1.1%**, and the **NE** declined from **1.0% to 0.7%**. Across all four regions, RSV reached **low activity** by the late May and was meaningfully below 12-week baselines.

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

- Across all regions, the respiratory landscape for May was defined by **continued HRV/EV dominance, a strong and consistent rise in PIV-3, sustained activity of adenovirus, and broad seasonal deceleration of hMPV and RSV.**
- HRV/EV remains a leading cause of acute respiratory infections (ARI) **likely driving significant outpatient, urgent care and ED visits. Patients may present with asthma and COPD exacerbations as well as bronchiolitis and pneumonia in susceptible populations** where it can cause clinically meaningful morbidity in pediatric and elderly populations.
- The rise in PIV-3 fits expected seasonal spring–early summer expansion occurring when RSV/influenza decline. Clinicians may see **increased pediatric and immunocompromised admissions with cases of croup bronchiolitis and pneumonia.**