

U.S. Medical Affairs

2026 Trends Insights Report: 5/31/26-7/4/26

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Respiratory (RP)

What the data is showing us:

- Human Rhinovirus/Enterovirus (HRV/EV) remained the most detected organism across all regions but declined steadily over the five-week period: **Northeast 19.3%→14.1%, Midwest 16.6%→10.9%, South 16.2%→12.3%, and West 21.3%→15.1%**. Rates fell below the 12-week baseline early in the period and are now well below regional averages (17.1%–21.5%).
- Parainfluenza Virus 3 (PIV-3) continued as the second most prevalent organism in all regions except the **South**, where activity dropped from high to medium (4.8%→2.7%). Rates declined in the **Northeast (5.5%→4.1%)** and **Midwest (5.5%→4.5%)**, while the West fluctuated, peaking in late June (6.4%→5.4%→6.6%→7.3%→5.2%).
- Adenovirus activity was generally stable with week-to-week variation, remaining high in the **South (3.4%→3.9%→2.9%→3.5%→3.2%)** and **West (3.3%→3.6%→3.4%→2.7%→3.4%)**, and medium in the **Northeast (3.1%→2.3%→2.4%→2.3%→2.7%)** and **Midwest (2.0%→1.8%→1.8%→1.2%→2.1%)**.
- Human Metapneumovirus (HMPV) declined across all regions following elevated early June activity: **Northeast 2.4%→2.1%, Midwest 2.5%→0.6%, South 3.9%→2.1%, and West 2.9%→1.1%**. By early July, rates were below all regional 12-week averages (2.8%–3.9%).
- Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) detections increased during the week ending July 4, rising from low to medium activity in all regions except the **Midwest (0.9%)**. The largest increase occurred in the **South (2.3% vs 1.1% 12-week average)**, with smaller increases in the **Northeast (1.5% vs 1.0%)** and **West (1.3% vs 0.8%)**.

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

- The continued dominance of Human Rhinovirus/Enterovirus (HRV/EV), despite a clear downward trend, indicates that **non-influenza viral acute respiratory illness (ARI) remains the primary driver of healthcare utilization across all regions**. HRV/EV likely continues to contribute significantly to outpatient visits, emergency department volume, with asthma and COPD exacerbations.
- Parainfluenza Virus 3 (PIV-3) remains a key contributor to respiratory disease burden, particularly in pediatric populations and immunocompromised patients. Sustained activity, even with gradual declines, **may continue to drive hospitalizations and complicate clinical differentiation from other viral pathogens**.
- Stable Adenovirus activity highlights **persistent endemic transmission, particularly in pediatric and congregate settings**. Continued detection around 3% supports the need for ongoing surveillance and awareness of potential localized outbreaks.
- The late-June increase in Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), particularly in the South, suggests a **shift from stable low-level circulation toward potential resurgence**. While absolute detection remains below 3%, the relative increase compared to baseline is clinically meaningful and supports continued diagnostic vigilance, especially high-risk populations and infection control planning.
- The decline in Human Metapneumovirus (HMPV) suggests a **transition out of peak activity; however, continued circulation near baseline indicates ongoing contribution to respiratory illness and continued relevance in differential diagnosis**.

Gastrointestinal (GI)

What the data is showing us:

- The **Midwest** experienced a sudden and dramatic increase in *Cyclospora* detections concerning for a possible outbreak. Most notable, the week of 6/27 saw a detection rate of **18.1%** compared to a 12-week average of **1.8%**.
- C. difficile*, Enteropathogenic *E. coli* (EPEC), and Norovirus **remain the most detected pathogens** for this reporting period.
- While Norovirus previously remained a commonly detected pathogen, over the last month, detection rates have been **stable or in decline across all regions**.
- Over the last month, Enteropathogenic *E. coli* (EPEC) detections have seen **gradual increases across all regions**. This trend has been most pronounced in the **South**, where weekly detection rates moved from **12.2% to 14.1%**.
- Over the last two weeks, detections of Rotavirus, Sapovirus, and Adenovirus have been **trending up in the Northeast, South, and Midwest**.

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

- The distribution of *Cyclospora* detections **may be consistent with a localized event occurring in the Midwest**. Given the typical incubation period associated with *Cyclospora cayentanensis*, additional cases may continue to emerge over the coming weeks. Healthcare providers and clinical laboratories should **remain vigilant for suspected cases, ensure appropriate diagnostic testing when clinically indicated, and follow reporting recommendations and guidance** from their local and state public health authorities.
- 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 could indicate expanding community transmission. Rapid detection can be helpful in determining the most appropriate therapy.**