

# U.S. Medical Affairs Respiratory 2026 Trends Insights Report: 7/5/26-8/1/26

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## What the data is showing us:

### West

- Human Rhinovirus/Enterovirus (HRV/EV) remained the dominant pathogen throughout July, staying below the 12-week average (18.5%).
- Parainfluenza Virus 3 (PIV-3) declined substantially from high activity (4.6%) to medium activity (2.6%).
- Adenovirus activity decreased from 3.7% to 2.2%, moving from high to medium activity. Human Metapneumovirus (HMPV) rates decreased the first week of July to 0.5% and remained well below the 12-week avg of 1.7%.
- SARS-CoV-2 peaked the 3<sup>rd</sup> week of July at 1.9 % and dropped to 1.3% the last week, continuing above the 12-week avg (1.3 vs 1.1%).

### Midwest (MW)

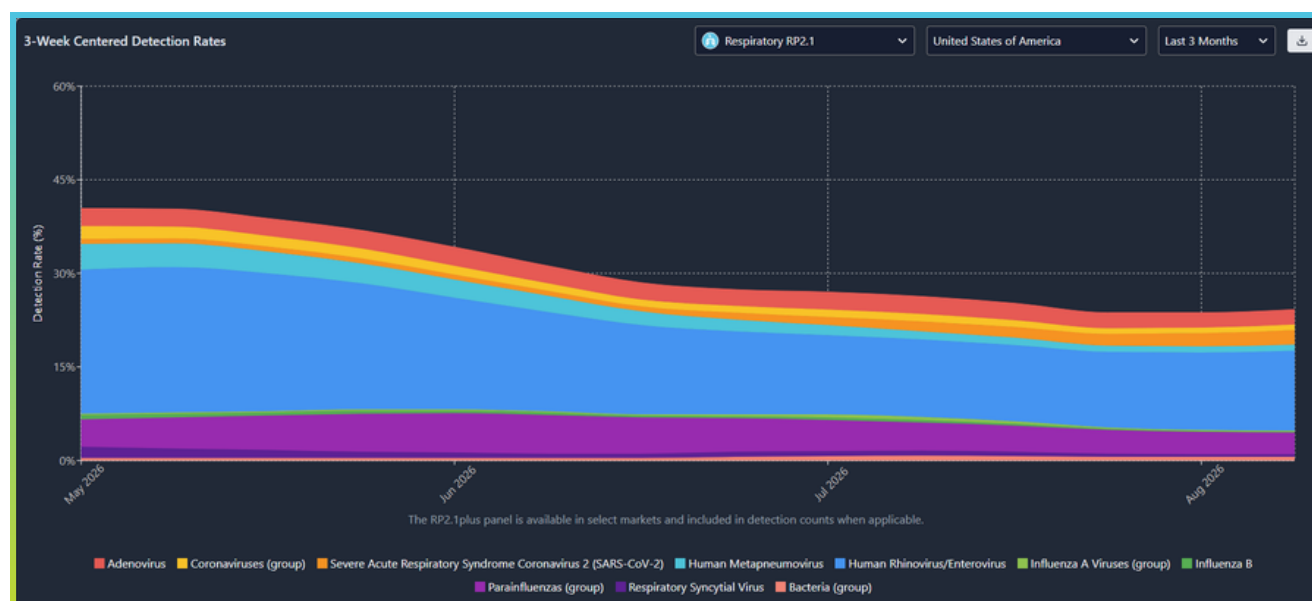
- HRV/EV remained the leading pathogen, fluctuating modestly from 11.5% to 12.2% while remaining below its 12-week avg (14.9%).
- PIV-3 steadily declined from 3.9% to 2.4%, transitioning from high to medium activity by the end of July.
- Adenovirus activity decreased from 1.9% to 1.3%. HMPV fell from 0.7% to 0.9% and remained well below baseline.
- SARS-CoV-2 remained essentially unchanged throughout the month at 0.9%, showing no meaningful increase in circulation.

### South

- HRV/EV remained the most frequently detected pathogen, ending the month at 13.2%, though still below the 12-week avg (16.5%).
- PIV-3 declined from 2.5% to 1.8%.
- Adenovirus remained persistently elevated throughout the reporting period, maintaining high activity at approximately 3.1–3.6% each week. HMPV fell from 2.3% to 1.2%.
- SARS-CoV-2 increased from 2.5% the week ending July 11 to 3.9% by August 1, more than double its 12-week baseline (1.7%).

### Northeast (NE)

- HRV/EV remained the dominant pathogen stable at ~11%, substantially below its 12-week baseline (16.3%).
- PIV-3 fell from 5.4% at the start of July to 2.6% by the end, transitioning from high to medium activity.
- Adenovirus remained relatively stable (2.7% to 2.3%). HMPV declined overall but remained detectable at 1.5%.
- SARS-CoV-2 rates more than doubled increasing from 0.9% to 1.5%, though activity remained well below levels observed in the South.



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

- The July respiratory TREND data suggest that the U.S. is transitioning deeper into its typical late-summer respiratory pattern. Continued HRV/EV circulation indicates that **non-influenza viral respiratory illness remains the principal pathogen driving patients presenting with upper respiratory symptoms**. The persistence of HRV/EV despite decreasing activity suggests that **we can expect a steady baseline burden of viral respiratory illness through the remainder of summer**.
- The consistent decline in PIV-3 across all four regions likely reflects the seasonal resolution of the spring and early-summer PIV-3 wave. While PIV-3 remained clinically relevant throughout July, particularly in the NE and West, **its transition from high to medium activity suggests decreasing contribution to URTIs**. Continued detection supports maintaining PIV-3 in the differential diagnosis of viral respiratory syndromes.
- **The most important emerging signal is the continued increase in SARS-CoV-2 activity, particularly in the South**. These findings align with recent CDC modeling and surveillance updates indicating that summer increases in SARS-CoV-2 activity remain possible. CDC has noted that historical SARS-CoV-2 activity frequently demonstrates late-summer peaks in addition to winter surges, making current trends epidemiologically plausible and worthy of monitoring.
  - Read more: [2026 COVID-19 Summer Outlook](#)