

U.S. Medical Affairs Respiratory 2026 Trends Insights Report: 8/30/26-9/19/26

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What the data is showing us:

West

- **Human Rhinovirus/Enterovirus (HRV/EV)**, the dominant pathogen in late August, increased further from **22.0% to 28.2%**, solidifying its role as the primary driver of respiratory detections in the region.
- **Parainfluenza Virus 3 (PIV-3)** continued to decline and remained well below its historical activity levels.
- **SARS-CoV-2** increased from **3.2% to 4.3%**, staying well above baseline, suggesting sustained circulation rather than a transient late-summer increase.
- **Influenza A H1-2009** detections raised to **2.4%**, representing the strongest early influenza activity observed nationally and warranting further monitoring as the respiratory season progresses.

Midwest

- **HRV/EV** increased from **19.8% to 26.8%** since late August, placing activity nearly **10%** above the regional 12-week average.
- **PIV-3** rates fell to **0.8%**, 1.4 points below its current 12-week avg.
- **SARS-CoV-2** remained relatively stable and low (**~1.5%**). SARS-CoV-2 was **1.4%** during the first two weeks of September and **1.5%** by the week ending September 19, just 0.4 points above its current 12-week avg. of **1.1%**.
- **Influenza A H1-2009** increased from **0.6% to 0.9%** during September and ended 0.6 points above baseline, remaining at low-activity.

South

- **HRV/EV** declined from its late-August peak of **30.1% to 24.8%**.
- **SARS-CoV-2** decreased from **6.0% to 4.1%**, suggesting that both late summer surges may be gradually moderating.
- **Adenovirus** continued to increase, rising from approximately **3% to 4.6%** and remained the highest Adenovirus activity observed nationally.
- Additional growth in **PIV-4**, **Influenza A H1-2009**, and **RSV** (all to moderate activity) indicate a broader mix of circulating pathogens than seen in other regions. As a result, the South remains the most complex respiratory surveillance environment.

Northeast

- **HRV/EV** remained relatively stable through late August but accelerated sharply over the following weeks, increasing from **12.1% to 21.0%** and becoming the dominant regional pathogen.
- **SARS-CoV-2** showed a steady progression from **3.5% to 4.0%**, maintaining high activity and remaining well above baseline (**2.3%**).
- **Adenovirus**, **HMPV**, and **PIV-3** continued the declining trends see throughout the summer and remained below their historical averages. In contrast, **PIV-4** remained at moderate activity and above its historical average, suggesting continued low-level circulation.
- **Influenza A H1-2009** and **Coronavirus NL63** saw moderate increases, pointing to a gradually broadening respiratory pathogen mix beneath the simultaneous surge of HRV/EV and SARS-CoV-2.

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

- The September surveillance data **suggest a transition from the relatively uniform respiratory patterns of late summer into a more active and regionally diverse early-fall season**. While HRV/EV remains the dominant respiratory pathogen nationally, SARS-CoV-2 is starting to contribute meaningfully in several regions and there is growing regional diversity for several other respiratory pathogens.
- Early increases in Influenza A H1-2009, Adenovirus, and sustained PIV-4 circulation across multiple regions, indicate that **respiratory illness activity is being shaped by a broader mix of pathogens** than was observed earlier in the summer. As this diversity increases, regional surveillance trends may provide important context for understanding local respiratory disease patterns and the evolving burden of respiratory illness heading into the fall season.
 - Read more: [2025-2026 Respiratory Disease Season Outlook](#)
- From a healthcare perspective, **HRV/EV is likely to remain a major contributor** to outpatient respiratory illness, emergency department utilization, and exacerbations of asthma and other chronic pulmonary diseases. Ongoing **SARS-CoV-2 circulation**, particularly in the Northeast, South, and West, further contributes to the overall respiratory disease burden. Although **influenza activity** remains relatively low (except for the West), its likely geographic expansion could make it a more **prominent driver of respiratory illness in the coming weeks**.

3-Month Detection Rate Breakdown:

