U.S. Medical Affairs Respiratory 2026 Trends Insights Report: 10/18/26-10/31/26

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What the data is showing us:

West

- **Human Rhinovirus/Enterovirus (HRV/EV)** declined from **21.2%** to **19.8%**, well below the latest 12-week rate of **23.9%**.
- **SARS-CoV-2** held high activity at **3.4%**, close to baseline.
- **Influenza A H1-2009** had a dramatic rise since our last report at **4.9%** to **7.0%** with a slight dip in the last week **6.5%**, rates remain high and well above baseline **(3.1%)**.
- **Adenovirus (ADV)** rose from **2.2%** to **2.9%**.

Midwest

- **HRV/EV** continues to decline **22.7%** in the preceding contextual week to **20.6%** to **19.3%** and finished 3.4 points below its 12-week rate.
- **SARS-CoV-2** remained stable at **1.6%** as does **Parainfluenza virus 4 (PIV-4)** at **1.7%**.
- **Coronavirus OC43** climbed from **0.3%** in our last report week to **0.9%**.
- **Influenza A H1-2009** increased from **1.2%** to **1.9%** and then **2.5%**, more than doubling its 12-week rate of **1.1%**.
- **ADV** rose from **1.3%** to **2.0%** and then **2.1%**.

South

- **HRV/EV** activity remains high but is slowly declining from **21.7%** to **20.2%**, ending below its latest 12-week rate of **23.5%**.
- **SARS-CoV-2** rose modestly from **2.5%** to **2.6%** and then **2.9%** but remained below its latest 12-week rate of **3.8%**.
- **Coronavirus OC43** increased from **1.2%** to **1.4%**, and then **1.7%**.
- **Influenza A H1-2009** rose sharply from **5.0%** to **7.0%** and then **8.5%**, substantially above its latest 12-week rate of **3.0%.**
- **ADV** initially eased from **4.9%** to **4.7%** before increasing to **5.3%**, also above its 12-week rate of **4.4%**.
- **Respiratory syncytial virus** (**RSV)** increased from **1.8%** to **2.2%** before easing slightly to **2.0%**, remaining above its latest 12-week rate of **1.2%.**

Northeast

- **HRV/EV** declined from **22.5%** to **21.1%** and then **18.6%**, ending slightly below its latest 12-week rate of **19.2%**.
- **SARS-CoV-2** initially increased from **2.8%** to **3.3%** and then declined to **2.6%**, finishing below its latest 12-week rate of **3.3%**.
- **Influenza A H1-2009** increased from **1.8%** to **2.8%** before rising sharply to **5.6%**, more than three times its latest 12-week rate of **1.6%**.
- **ADV** remained broadly stable at **1.4%, 1.3%,** and **1.3%. PIV-4** increased from **1.1%** to **1.5%** along with **PIV-1** which rose from **1.0%** to **1.4%.**

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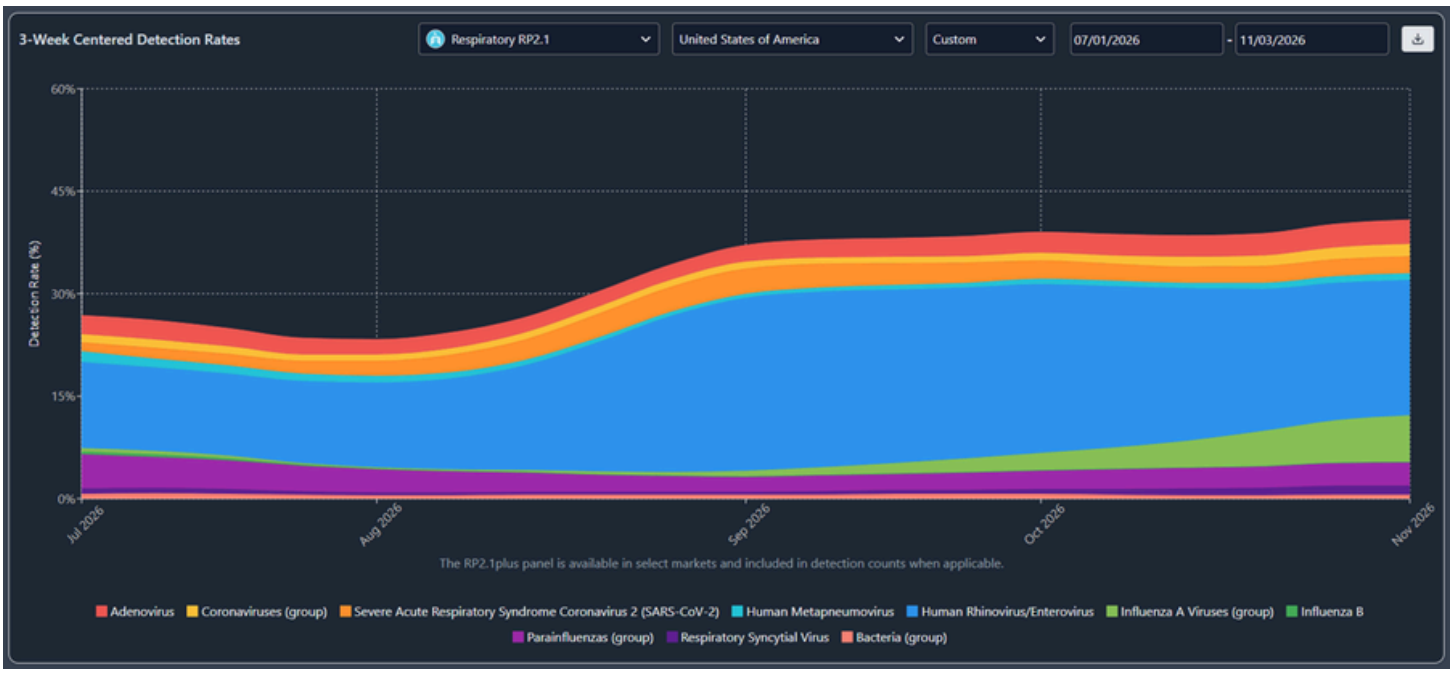
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What this means for U.S. providers/labs:

- **HRV/EV remains the leading respiratory pathogen nationally across all four regions, although activity continues to decline from its early fall peak.** Despite this downward trend, sustained high circulation supports maintaining HRV/EV in the differential diagnosis, particularly among patients with asthma, chronic lung disease, or severe respiratory presentations. See Respiratory Illnesses Data Channel.
- **Seasonal A(H1N1)pdm09 was the clearest emerging respiratory threat, with activity increasing across nearly all regions and accounting for the vast majority of subtyped influenza A viruses.** Although overall influenza activity remains relatively low, current trends support heightened awareness, vaccination efforts, appropriate testing, and consideration of early antiviral treatment in high-risk patients. View Weekly US Influenza Surveillance Report: Key Updates for Week 42.
- **SARS-CoV-2 activity remains comparatively stable, with national indicators showing continued declines but persistent regional variability.** While hospitalization and wastewater levels remained low overall, ongoing circulation supports continued diagnostic vigilance, particularly among patients at higher risk for severe outcomes.
- **RSV activity is lower than influenza and HRV/EV with regional variation.** Prevention remains important for infants, pregnant patients,adults aged 75 years+, and adults aged 50-74 years at increased risk. CDC recommends infant monoclonal antibodies, maternal vaccination, and a single adult RSV vaccine dose for eligible adults. A recent Danish nationwide cohort study also found substantial long-term clinical and economic burden from adult RSV comparable with influenza. See Surveillance of RSV.
- **Adenovirus activity is on the rise and remains at high activity nationally.** CDC monitors adenovirus through NREVSS but adenovirus infections are not nationally so may be underreported. Rising ADV activity adds diagnostic complexity because symptoms can overlap clinically with influenza, COVID-19, and other respiratory illnesses and may contribute to localized outbreaks. See CDC adenovirus surveillance. Review Surveillance of Adenovirus.
- **Bottom Line:** The current period is best characterized by declining but still dominant HRV/EV, rapidly expanding seasonal A(H1N1)pdm09 influenza, regionally variable SARS-CoV-2, and lower-level but clinically relevant RSV, Adenovirus, PIV, HMPV, and common coronavirus circulation. **Regional surveillance remains important.**

3-Month Detection Rate Breakdown:



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