

U.S. Medical Affairs

2025 Trends Insights Report: 11/30/25-12/13/25

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Gastrointestinal (GI)

What is the data showing us:

- *C. difficile* detections remain **elevated across all regions**, with the highest rates observed in the **Midwest (17.3% 1-week, 16.5% 12-week)** and **North (16.7% 1-week, 15.2% 12-week)**. The South and West show **slightly lower** but still notable activity.
- Norovirus continues to be a leading cause of GI illness, with recent detections above the 12-week average in the **South (15% vs. 13.4%)** and **Midwest (12.1% vs. 10.5%)**. In the South, West, and Midwest, detections have **increased** week over week. In the North, detections are **decreasing** and are below the 12-week average.
- Sapovirus detections are **higher than 12-week averages in the North, West, and Midwest** which may indicate increased transmission. However, detection rates overall between **2.2 to 3.3%**.
- Rates of *E. coli* detections (EPEC, EAEC, EIEC, and ETEC), *Campylobacter*, *Salmonella*, and Rotavirus are **trending lower or are stable in all regions**.

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

- *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 is expected to remain a top source of GI illness, with **potential increases in the coming months due to seasonal trends** (peak season December to March).
 - Explore CDC data: [NoroSTAT Data](#)
- *E. coli* (EAEC, EPEC, EIEC, ETEC) and other GI pathogens show stable or modest activity, emphasizing the **importance of rapid detection and targeted treatment**.
- **Providers should remain vigilant for seasonal increases in norovirus and monitor regional trends** for other GI pathogens to guide clinical decision-making.

Respiratory (RP)

What is the data showing us:

- Influenza A H3 is **surging nationally** with rates 3–4 times the 12-week averages. The sharpest increases occurred in the **Northeast 18.1% (4.9%)** where it is the dominant pathogen followed by the **West 8.7% (3%)** where it is the second most common. Rates in the **South and Midwest are rising** from a lower baseline but accelerating (**5.07% vs 1.6% and 4.6% vs. 1.1%**).
- Respiratory Syncytial Virus (RSV) rates **continue to rise in all regions** with the highest activity in the **South (5.5%)** and **Northeast (3.9%)** where it is the third most common pathogen. Rates have doubled in the **Midwest** compared to the 12 average (**2% vs. 0.9%**) and a more modest rise in the **West (1.2% vs 0.7%)**.
- Adenovirus detections are **stable** in the **Northeast (2%)** and **Midwest (2%)** and easing in the **South (3%)** and **West (2.2%)**.
- Human Rhinovirus/Enterovirus is **declining across the US**, however, it **remains the most prevalent pathogen in all regions except the Northeast**, with rates now well below the twelve-week average across all regions.
- SARS-CoV-2 (COVID-19) is **stable or declining in all regions (rates range: 1.7-2.1%)** except for the **Midwest** which showed a modest increase 3.6% compared to the 12 week average (2.6%).

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

- Influenza flu season is off to rapid start, with H3N2 as the dominant strain. Labs should **prepare for increased testing** and clinicians may **consider influenza in all patients presenting with acute respiratory illness**.
- RSV continues to be a major driver of respiratory illness, especially in infants, young children, older adults, and patients with cardiopulmonary disease. **The ongoing RSV elevation highlights the importance of prevention as this is now the standard of care.**
 - Current CDC recommendations: [Respiratory Syncytial Virus \(RSV\) Immunizations](#)
- While Adenovirus is not the primary driver of winter respiratory illness, it **remains clinically relevant, especially in closed or congregate settings (childcare, LTCFs, military training centers)**. Adenovirus **may be considered** in persistent febrile respiratory presentations and pneumonia cases when more common pathogens test negative.
- Although Human Rhinovirus/Enterovirus is declining, it **remains a leading cause of acute respiratory infections**. It **may still contribute to prolonged symptoms, asthma/COPD exacerbations, and co-infection complexity** as influenza and RSV rise.
- SARS-CoV-2 is not a major driver of respiratory illness, but **vigilance in high-risk groups is warranted** as cocirculation with influenza can increase severity. COVID19 should **may still be considered in adults presenting with nonspecific respiratory symptoms**.