



RESPIRATORY PATHOGEN STATISTICS

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SPECIAL INTEREST GROUP OF THE SOUTH AFRICAN MEDICAL ASSOCIATION

2nd Quarter 2026

This report summarises respiratory pathogen PCR panel results from specimens submitted to NPG-member private pathology practices between April and June 2026, corresponding to epidemiological weeks 14–26.

Highlights

- Rhino/Enterovirus (23.8%) remained the most prevalent virus during the second quarter.
- Influenza A virus showed the strongest upward trend, rising from 10.6% (week 14) to a peak of 30.2% (week 24) and becoming the leading pathogen from around week 20.
- RSV peaked at 19.8% (week 18).
- Influenza B virus positivity (3.0%) was similar to the previous quarter (2.5%).
- SARS-CoV-2 positivity (1.4%) remained consistently low throughout.
- *Bordetella parapertussis* was the most frequently detected atypical bacteria during the second quarter (420 cases).
- *Bordetella pertussis* (368 cases) continued an upward trend.
- *Mycoplasma pneumoniae* (341 cases) was markedly increased compared to the previous quarter (123 cases).

Respiratory virus PCR panel

Multiplex PCR panels vary across NPG-associated practices. For analysis, all parainfluenza virus types (PIV 1 – 4), seasonal human coronaviruses (hCoV-OC43, hCoV-HKU1, hCoV-229E, hCoV-NL63), and rhinovirus, parechovirus and enterovirus were combined. Viral detections are shown as percentage positive by epidemiological week, and bacterial detections as number detected by epidemiological week.

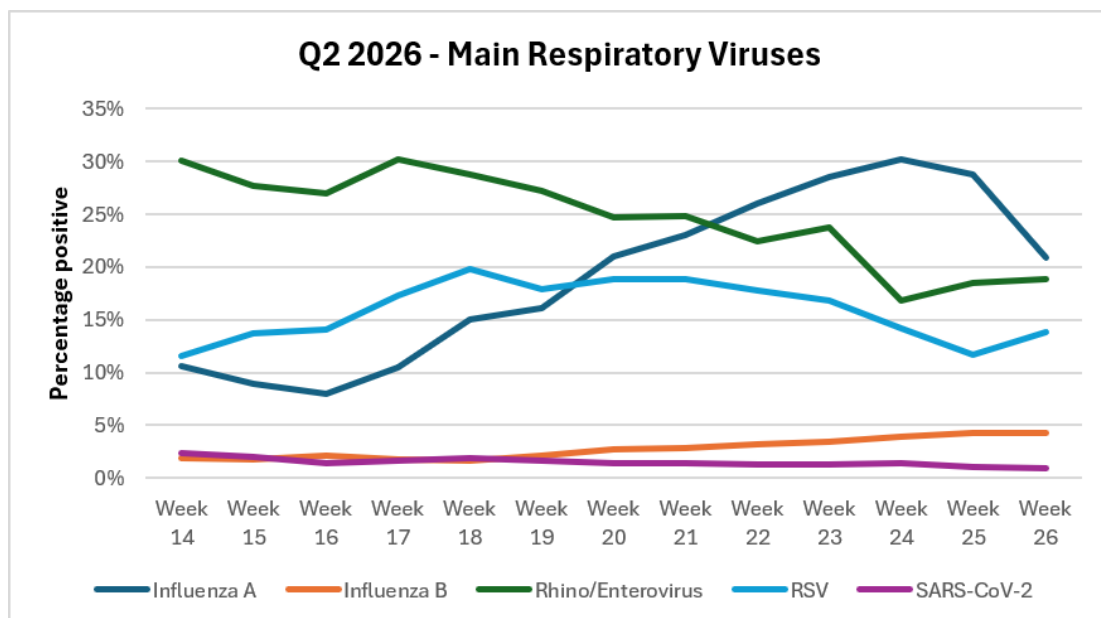


Figure 1. Respiratory virus positivity (%) by epidemiological week, weeks 14–26, 2026.

- Rhino/Enterovirus was the most prevalent virus in Q2 2026 (23.8%), followed by influenza A (21.2%) and RSV (16%).

- Rhino/Enterovirus peaked at 30.1% in week 17, declined to 16.8% in week 24, and ended at 18.8% in week 26.
- Influenza A rose from 10.6% in week 14 to 30.2% in week 24, then eased to 20.8% by week 26, becoming the leading virus from around week 20.
- Influenza A/H3 (56.4%) and A/H1 (43.6%) continued to co-circulate.
- RSV increased from just above 8% at the end of the previous quarter to 19.8% in week 18, then declined to 13.9% by week 26.
- Influenza B remained low overall (3.0%), rising slightly from 1.9% in week 14 to 4.3% in week 26.
- SARS-CoV-2 had the lowest positivity (1.4%), declining from 2.4% in week 14 to 0.9% in week 26.

Influenza A virus positivity by province

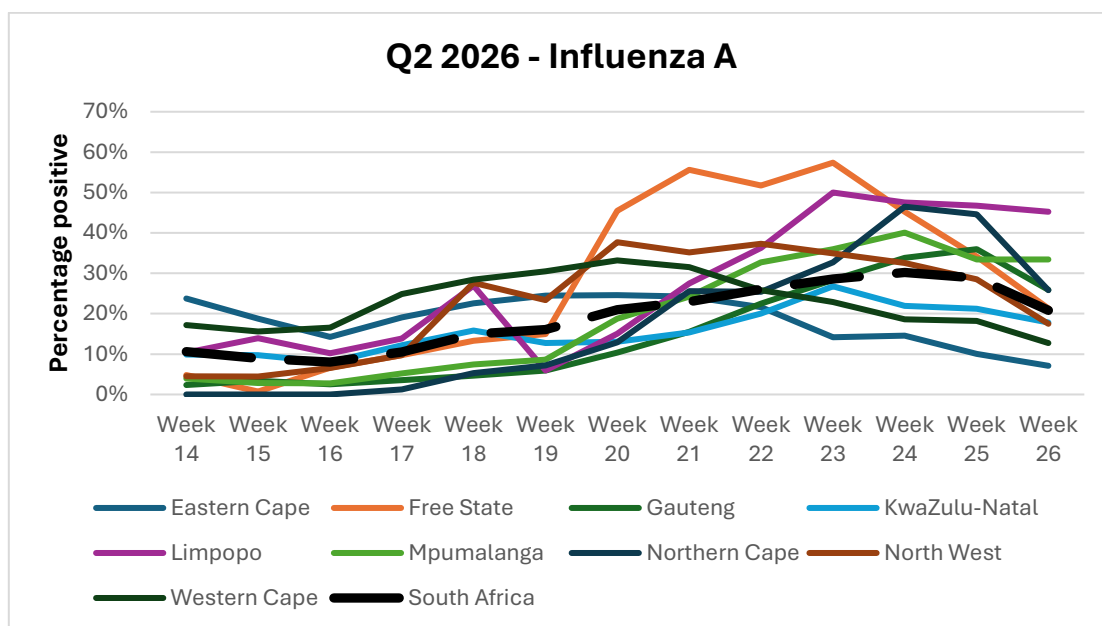


Figure 2. Influenza A positivity by province and epidemiological week, weeks 14–26, 2026.

Table 1. Influenza A virus positivity by province: peak and end of quarter

Province	Peak positivity (week)	Week 26 positivity
North West	37,7% (week 20)	17,5%
Western Cape	33,2% (week 20)	12,7%
Eastern Cape	24,6% (week 20)	7,1%
Free State	57,4% (week 23)	21,3%
Limpopo	50,0% (week 23)	45,2%
KwaZulu-Natal	26,8% (week 23)	17,8%
Northern Cape	46,5% (week 24)	25,8%
Mpumalanga	40,1% (week 24)	33,4%
Gauteng	36,0% (week 25)	25,9%

- Influenza A positivity peaked early in week 20 in North West, Western Cape and Eastern Cape, while the remaining provinces peaked later between weeks 23 and 25.
- Free State had the highest provincial peak, rising from 0.7% in week 15 to 57.4% in week 23.
- Limpopo peaked at 50.0% in week 23 and remained high at 45.2% in week 26, ending as the highest-positivity province.
- Northern Cape rose from 0% in weeks 14–16 to 46.5% in week 24, one of the sharpest increases observed.
- Gauteng rose steadily from below 10% in the previous quarter to 36.0% in week 25, then eased to 25.9% by week 26.
- Western Cape peaked at 33.2% in week 20, then declined to 12.7% by week 26.

- KwaZulu-Natal had the most moderate profile, peaking at 26.8% in week 23 and easing to 17.8% by week 26.
- Mpumalanga remained elevated at 33.4% through week 26, while Eastern Cape ended lowest at 7.1%.

Other respiratory viruses

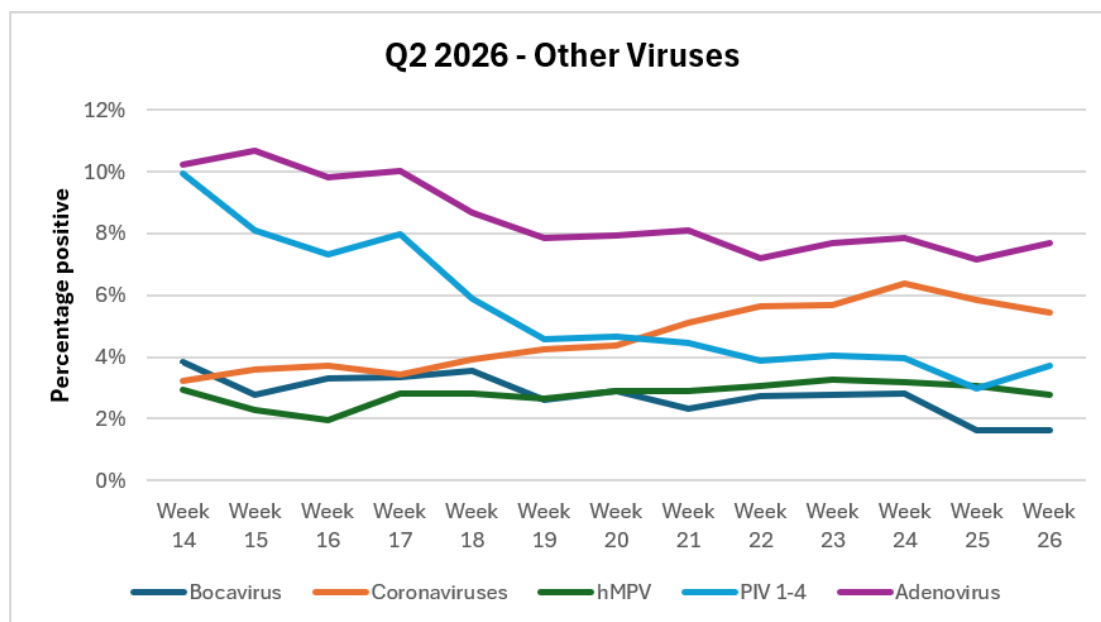


Figure 3. Other respiratory virus positivity (%) by epidemiological week, weeks 14–26, 2026.

- Adenovirus (8.3%) and PIV 1–4 (5.0%) were the most prevalent other respiratory viruses in Q2.
- Coronaviruses increased steadily, from 3.2% in week 14 to 6.4% in week 24.
- Bocavirus (2.7%) and human metapneumovirus (hMPV, 2.9%) remained consistently low, similar to the previous quarter (2.0%).

Respiratory virus positivity by age group

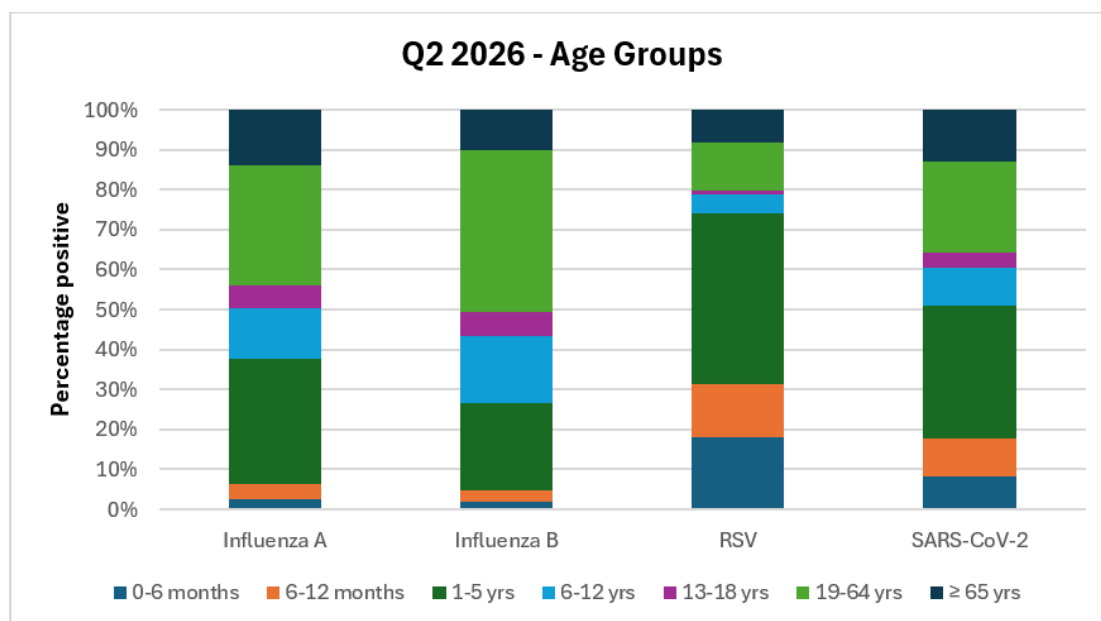


Figure 4. Influenza A, influenza B, RSV and SARS-CoV-2 positivity (%) by age group, Q2 2026.

- Influenza A positives were mostly in children aged 1–5 years (31.4%) and adults aged 19–64 years (30.2%).

- Influenza B positives were mostly in adults aged 19–64 years (40.5%), followed by children aged 1–5 years (22.1%).
- Influenza A and B were lowest in infants aged 0–6 months, at 2.6% and 1.8%, respectively.
- RSV positivity was highest in children under 6 years (74%), similar to the previous quarter (78.1%); infants under 6 months accounted for 17.9% of cases.
- SARS-CoV-2 detection was highest in people older than 19 years (35.7%), followed by children aged 1–5 years (33.2%).

Atypical bacterial respiratory pathogens

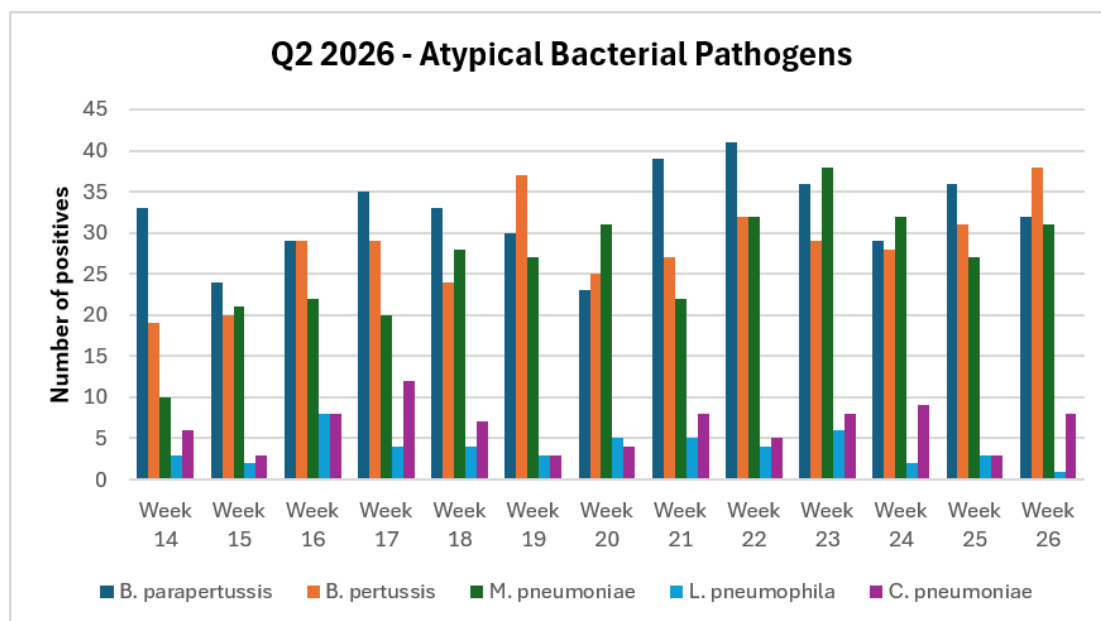


Figure 5. Atypical bacterial pathogen positives by epidemiological week, weeks 14–26, 2026.

- *B. parapertussis* was most prevalent (420 cases), nearly double the 2025 total (227 cases).
- *B. pertussis* recorded 368 cases, rising gradually to a week 26 peak of 38.
- *M. pneumoniae* recorded 341 cases, about three times the previous quarter (123 cases), with the clearest upward trend.
- *C. pneumoniae* remained low (84 cases), and *L. pneumophila* was least detected (50 cases).
- Gauteng had the highest number of atypical bacterial detections overall (Figure 6).

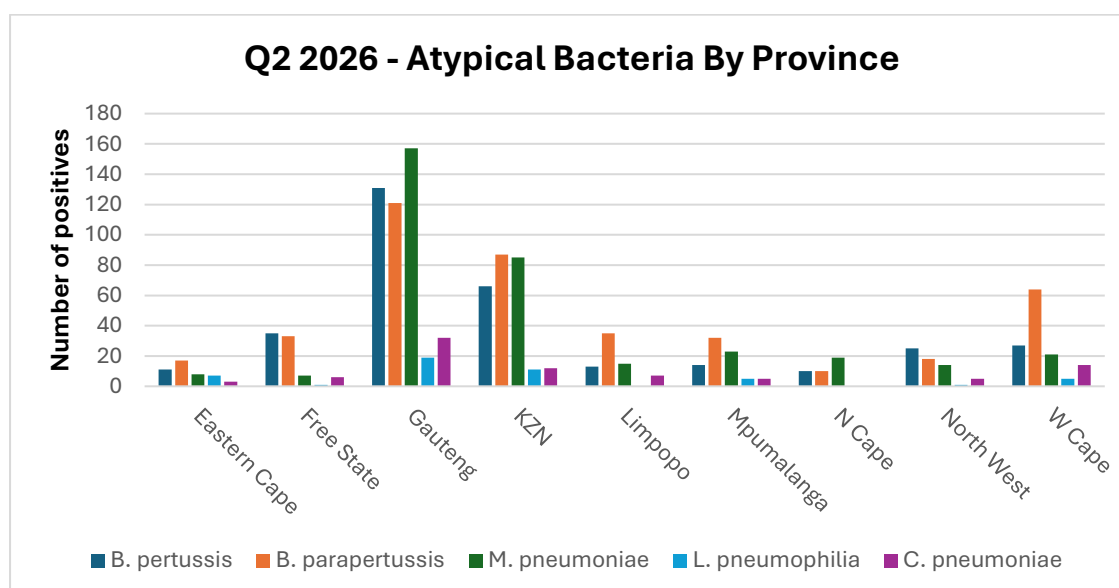


Figure 6. Atypical bacterial pathogen positives by province, Q2 2026.