RESPIRATORY PATHOGEN STATISTICS

national · pathology · group

SPECIAL INTEREST GROUP OF THE SOUTH AFRICAN MEDICAL ASSOCIATION

Quarter 3 2026: July–September

Epidemiological weeks 27–39

Issued November 2026

This report summarises respiratory pathogen PCR panel results for specimens submitted to NPG-member private pathology practices during Q3 2026.

Highlights

- Rhino/enterovirus (26.7%) was the most prevalent virus overall during the third quarter. It has remained the most prevalent virus in every quarter of 2026 (Q1: 32.9%, Q2: 23.8%).
- Influenza A virus positivity (7.8%) declined steadily from its quarter high of 14.9% (week 27) to 4.2% (week 39), marking the end of the winter influenza season.
- RSV positivity (6.4%) fell from 13.4% (week 27) to 2.4% (weeks 38–39), down from 16.0% overall in the previous quarter. NICD reported that the RSV season ended in week 34.
- Influenza B virus positivity (5.6%) increased in each quarter of 2026 (Q1: 2.5%, Q2: 3.0%), peaking at 7.4% in week 35, when it overtook influenza A. This is in line with NICD sentinel surveillance (influenza B: 67% [37/55] of influenza detections in weeks 35–39).
- SARS-CoV-2 positivity (1.0%) remained consistently low and has declined each quarter of 2026 (Q1: 3.7%, Q2: 1.4%).
- Parainfluenza viruses (1–4) rose sharply in the second half of the quarter, from 3.0% (week 30) to 11.3% (week 39).
- *Bordetella pertussis* was the most frequently detected atypical bacterial pathogen during the third quarter (362 cases), similar to the previous quarter (368 cases).
- *Mycoplasma pneumoniae* (299 cases) decreased modestly compared with the previous quarter (341 cases) but remained well above Q1 levels (123 cases), while *Bordetella parapertussis* (162 cases) decreased markedly from the previous quarter (420 cases).

Notes

Data sources: respiratory pathogen PCR panel results from NPG-member private pathology practices; comparisons with public-sector data are from NICD sentinel surveillance.

Abbreviations: hCoV, human coronavirus; hMPV, human metapneumovirus; NICD, National Institute for Communicable Diseases; NPG, National Pathology Group; PCR, polymerase chain reaction; PIV, parainfluenza virus; RSV, respiratory syncytial virus; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2.

Respiratory virus PCR panel

Various multiplex PCR panels are used 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. Viruses are shown as the percentage positive per epidemiological week, and atypical bacteria as the number detected per epidemiological week and by province (Figures 5 and 6).

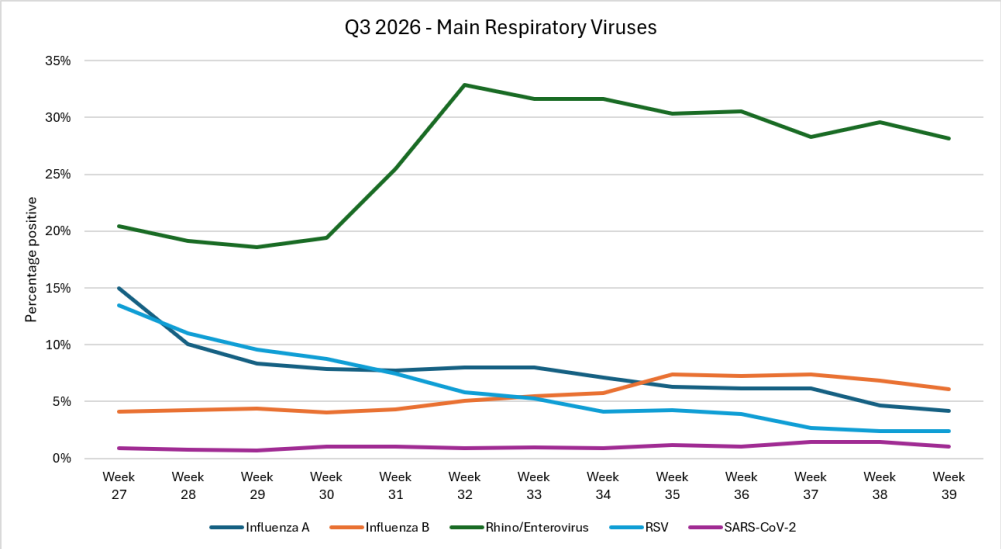

Figure 1. Respiratory virus positivity (%) per epidemiological week, weeks 27–39, 2026.

- Rhino/enterovirus (26.7%), influenza A (7.8%) and RSV (6.4%) were the most prevalent viruses.
- Rhino/enterovirus led in every week of the quarter, dipping to 18.6% (week 29), peaking at 32.9% (week 32) and remaining at 28–32% thereafter (28.2% in week 39).
- Influenza A started the quarter at 14.9% in week 27 and declined steadily to 4.2% by week 39, continuing the decline from the Q2 peak (30.2%, week 24).
- NICD sentinel surveillance confirmed the end of the overall influenza season in week 39 (week ending 27 September 2026).
- RSV fell from 13.4% in week 27 to 2.4% by weeks 38–39; NICD sentinel surveillance confirmed the end of the RSV season in week 34 (week starting 17 August 2026).
- Influenza B rose from 4.1% in week 27 to a peak of 7.4% in week 35, when it overtook influenza A, before easing to 6.1% in week 39. NICD sentinel surveillance similarly reported influenza B predominance from week 35 (67% of detections in weeks 35–39).
- SARS-CoV-2 had the lowest positivity of all viruses (0.7–1.4% weekly; 1.0% in week 39). NICD sentinel surveillance also reported low activity (1.3% of samples from January to September 2026; no cases in week 39).

Influenza A virus positivity by province

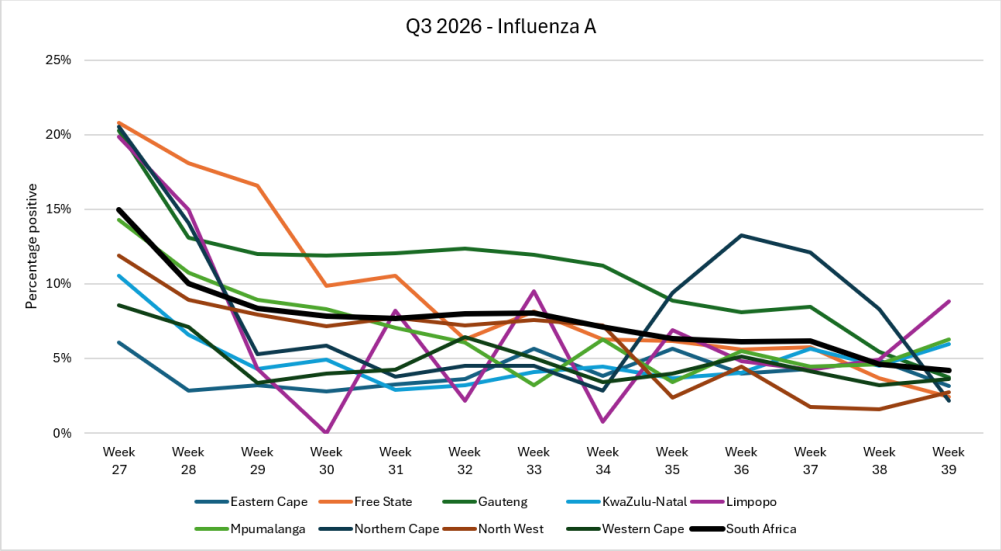

Figure 2. Influenza A virus positivity (%) per epidemiological week by province, weeks 27–39, 2026.

Table 1. Influenza A virus positivity by province: peak and end of quarter, weeks 27–39, 2026.

Province	Peak positivity (week 27)	Week 39 positivity
Free State	20.8%	2.4%
Northern Cape	20.5%	2.2%
Gauteng	20.2%	3.7%
Limpopo	19.8%	8.8%
Mpumalanga	14.3%	6.3%
North West	11.9%	2.7%
KwaZulu-Natal	10.5%	6.0%
Western Cape	8.6%	3.6%
Eastern Cape	6.1%	3.2%

- Influenza A positivity peaked in week 27 in every province, mirroring the national peak (14.9%), and declined over the quarter as the winter season waned.
- Provincial peaks were much lower than in Q2, with no province exceeding 20.8% in Q3.
- Free State had the highest provincial peak and the steepest sustained decline over the quarter (Table 1).
- Northern Cape fell to 2.8% by week 34, then had a brief resurgence to 13.2% in week 36.
- Gauteng, the largest testing province, held a plateau of around 11–12% between weeks 29 and 34 before declining (Table 1).
- Limpopo fell from 45.2% at the end of Q2 (week 26) to 19.8% in week 27 and ended at 8.8%, the highest provincial positivity in week 39.
- Mpumalanga similarly fell from 33.4% at the end of Q2 to 14.3% in week 27.
- Western Cape and Eastern Cape recorded the lowest peak positivity (Table 1).

Other respiratory viruses

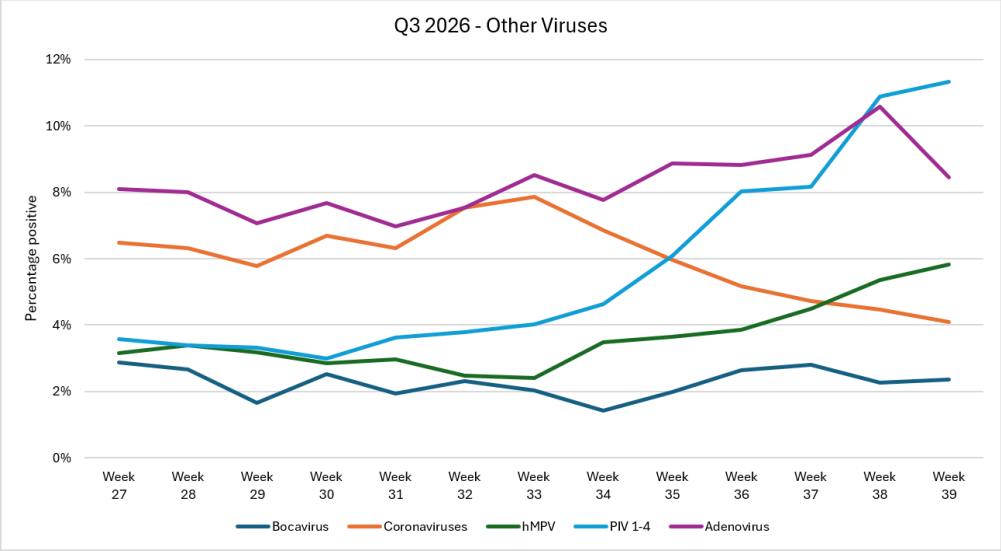

Figure 3. Other respiratory virus positivity (%) per epidemiological week, weeks 27–39, 2026.

- PIV 1–4 showed the strongest upward trend, climbing from 3.0% in week 30 to 11.3% in week 39 and overtaking adenovirus from week 38. Overall positivity (5.6%) was similar to Q2 (5.0%) but below Q1 (8.3%).
- Adenovirus remained consistently elevated, ranging from 7.0% (week 31) to a peak of 10.6% in week 38.
- Human metapneumovirus (hMPV) was low in the first half of the quarter (2.4% in week 33) but rose steadily to 5.8% in week 39.
- Seasonal coronaviruses, which increased through Q2 (6.4% in week 24), peaked at 7.9% in week 33 and declined to 4.1% by week 39.
- Bocavirus remained low throughout (2.3%), similar to Q2 (2.7%).

Respiratory virus positivity by age group

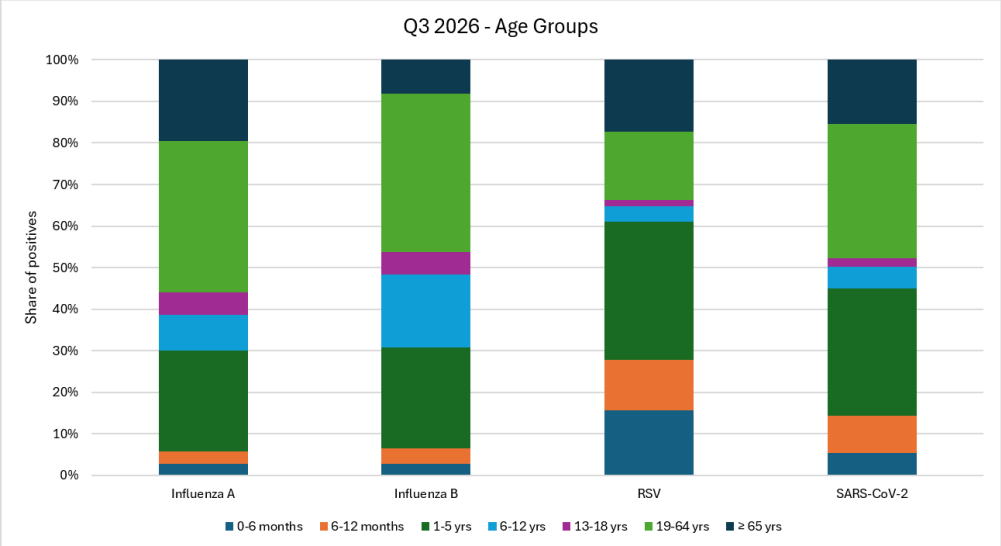

Figure 4. Proportion of respiratory virus positives (%) by age group, weeks 27–39, 2026.

- Adults aged 19–64 years accounted for the largest share of influenza A (36.3%), influenza B (38.1%) and SARS-CoV-2 (32.3%) positives, with children aged 1–5 years the second-largest group for all three.
- Children under 6 years accounted for 61.1% of RSV positives, a smaller share than in Q1 (78.1%) and Q2 (74.0%), while adults aged ≥65 years accounted for 17.4% of cases.
- Adolescents (13–18 years) accounted for the smallest share of RSV and SARS-CoV-2 positives, and infants aged 0–6 months the smallest share of influenza A and B positives.

Atypical bacterial respiratory pathogens

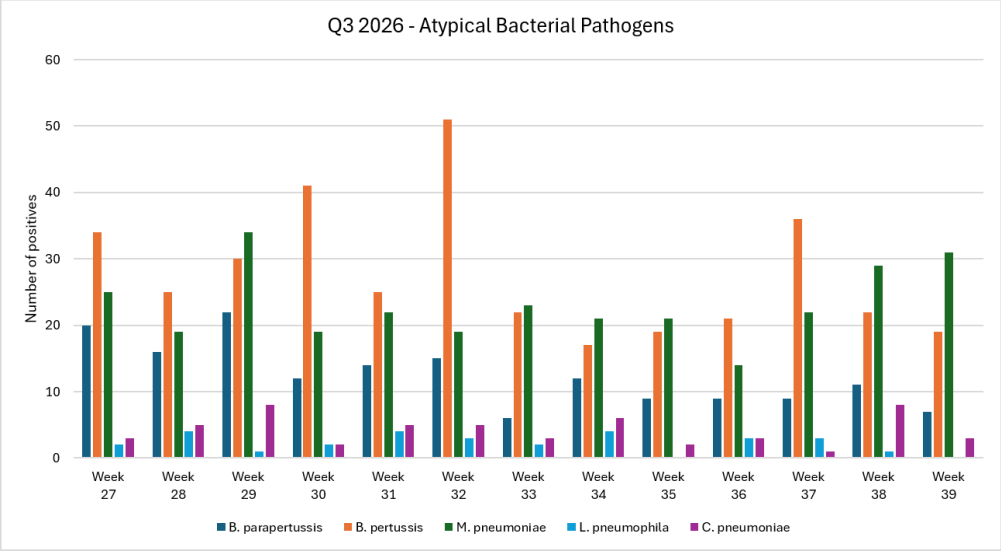

Figure 5. Number of atypical bacterial respiratory pathogens per epidemiological week, weeks 27–39, 2026.

- *Bordetella pertussis* was the most frequently detected atypical bacterial pathogen (362 cases; Q1: 331, Q2: 368), with weekly detections of 17–51 (peak in week 32) and no sustained trend. NICD sentinel surveillance detected 40 *B. pertussis* cases (0.9% of 4,688 samples) in public clinics and hospitals from January to September 2026, highlighting the considerably higher number of detections in private-sector testing (362 in Q3 alone).
- *Mycoplasma pneumoniae* (299 cases) decreased modestly compared with Q2 (341 cases) but remained well above Q1 (123 cases).
- *Bordetella parapertussis* (162 cases) decreased markedly compared with the Q2 surge (420 cases), returning close to the Q1 level (127 cases).
- *Chlamydia pneumoniae* (54 cases) and *Legionella pneumophila* (29 cases) remained consistently low, below Q2 levels (84 and 50 cases) and similar to Q1 (49 and 25 cases).
- Provincially, Gauteng recorded the most detections of *B. pertussis*, *M. pneumoniae*, *C. pneumoniae* and *L. pneumophila*, while Western Cape recorded the most *B. parapertussis* detections (49; Figure 6).

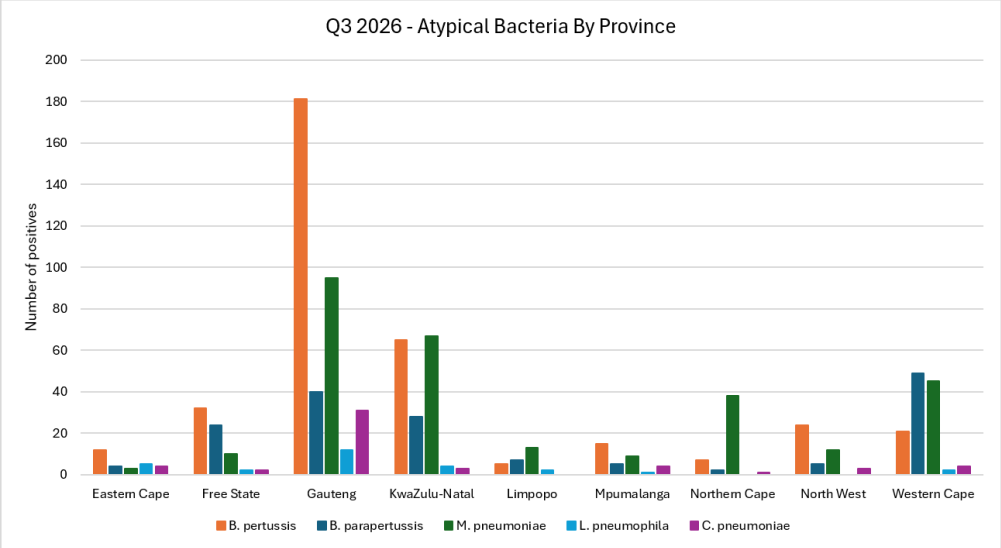

Figure 6. Number of atypical bacterial respiratory pathogens by province, weeks 27–39, 2026.