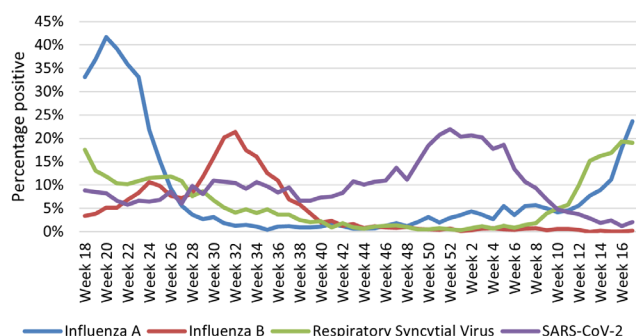


This report is a summary of the results obtained from various molecular respiratory panels performed across PathCare laboratories during April 2025 (epidemiological weeks 14-17). The data is dependent on submission of samples by clinicians and therefore may not be representative of the general population but is intended to identify trends in the circulation of these viruses which may be of clinical relevance.

INFLUENZA, RESPIRATORY SYNCYTIAL VIRUS (RSV) AND SARS-COV-2

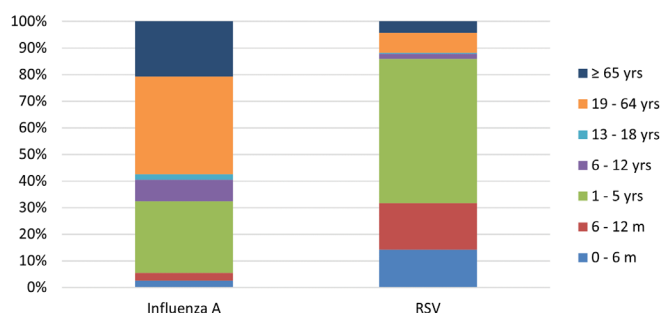
- The National Institute for Communicable Diseases (NICD) has announced that the 2025 influenza season started in week 13 (week starting 24 March) based on inpatient pneumonia sentinel surveillance data. National data from PathCare laboratories during April showed an increase in influenza A detections from 9% in week 14 (week starting 31 March) to 24% in week 17. Where molecular typing was available, the influenza A detections were predominantly H3N2 (98%) with only a small number of H1N1 pdm09 detections (2%). Influenza B detections remained at ≤1%.
- RSV season continued during April, with detection rates ranging from 16-19%.
- SARS-CoV-2 detection rates were ≤2% during the reporting period.

Influenza / RSV / SARS-CoV-2



- The majority of RSV positive samples were from children <5 years of age (86%), whereas the influenza A positive samples were more broadly distributed across all age groups.

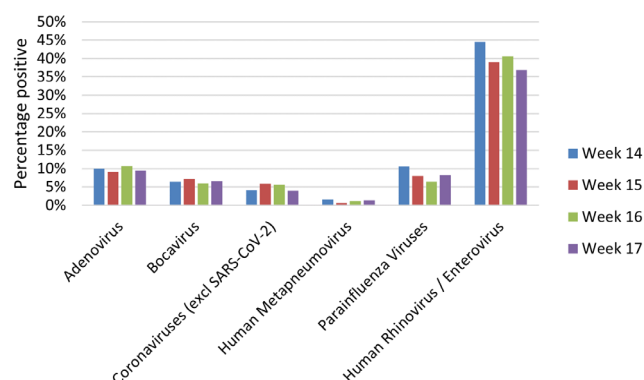
Age distribution of influenza A and RSV positive samples



OTHER RESPIRATORY VIRUSES

- A slight downward trend was noted in human rhino/enterovirus detections, although rates remained high at 37-45%.
- The percentage positivity for the other respiratory viruses showed little variation from the previous month.
- Coronavirus NL63 (47%) and OC43 (46%) remained the most commonly detected coronaviruses where molecular typing was available, however, the proportion of OC43 detections increased compared to the previous month.
- Amongst the parainfluenza viruses for which molecular typing was available, the distribution of isolates remained similar to March with parainfluenza type 1 accounting for 48% of isolates, type 4 at 31%, and types 2 and 3 at 9% and 7% respectively.

Other respiratory viruses



ATYPICAL BACTERIA

- Chlamydia pneumoniae* and *Mycoplasma pneumoniae* detection rates remained low at ≤1%.
- Two cases of *Bordetella pertussis* were noted from the Western Cape and Kwa-Zulu Natal.
- There were no *Bordetella parapertussis* cases detected during the current reporting period.
- One *Legionella pneumophila* case was detected from North West province during April. It should be noted that these statistics represent only molecular testing for *Legionella pneumophila*, as legionella urinary antigen results are not included in this report.

Atypical bacteria

