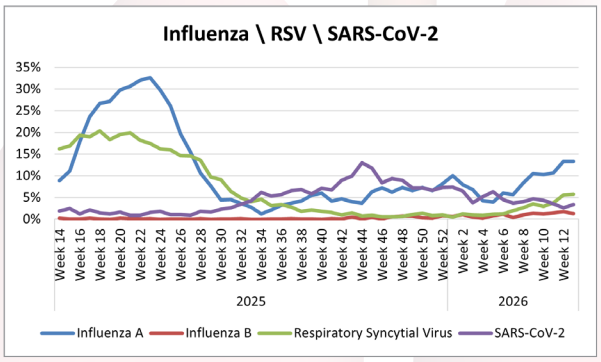
# RESPIRATORY PATHOGEN STATISTICS
## MARCH 2026

This report is a summary of the results obtained from various molecular respiratory panels performed across PathCare laboratories during March 2026 (epidemiological weeks 10-13). 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.

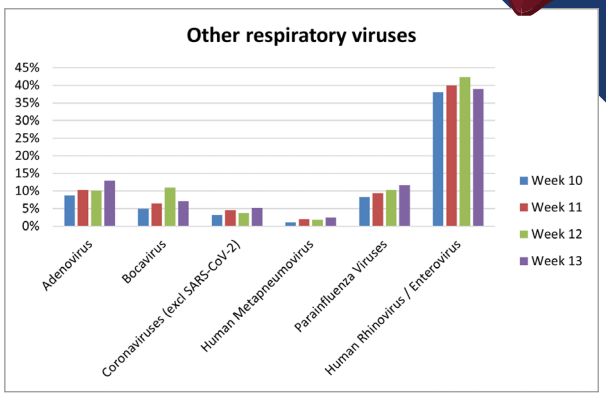
## INFLUENZA, RESPIRATORY SYNCYTIAL VIRUS (RSV) AND SARS-COV-2

- The National Institute for Communicable Diseases identified the start of both influenza and RSV seasons in week 11 (week starting 9 March). PathCare diagnostic testing during March showed an increase in influenza A positivity from 10-13%, while RSV positivity increased from 3-6%.
- Similar to the previous reporting period, where molecular typing was available for the influenza A isolates, both A/H1 and A/H3 were detected at 43% and 57% respectively.
- The influenza B detection rate was 1-2%.
- As is characteristic for RSV, detection rates were highest in children under 5 years of age. The percentage of samples positive for RSV ranged from 5-11% in those aged <6 months, 9-24% in 6-12 month olds, and 5-12% in children aged 1-5 years.
- The SARS-CoV-2 detection rate ranged from 3-4% during this reporting period.




## OTHER RESPIRATORY VIRUSES

- No marked changes were noted in positivity rates of the other respiratory viruses during March.
- For the parainfluenza viruses for which molecular typing was available, similar numbers of parainfluenza 2 (28%), 3 (31%) and 4 (29%) were noted, thus showing a decreased proportion of parainfluenza type 3, which had predominated in the previous months.
- Coronavirus OC43 continued to predominate amongst the endemic coronaviruses, accounting for 85% of isolates with molecular typing during March.




## ATYPICAL BACTERIA

- During March, 17 *Bordetella pertussis* cases were detected. While the detection rate over this period appears to show a decreasing trend, further monitoring is required as fluctuations may result from relatively low test volumes. One or more cases were detected from seven provinces, with specific numbers as follows: Western Cape - five cases; Gauteng - four cases; Kwa-Zulu Natal, Free State and North West - two cases each; Eastern and Northern Cape - one case each. Regarding age distribution, 10 cases were children aged ≤5 years, three cases were aged 6-18 years, and four aged >18 years. *Bordetella pertussis* is a vaccine-preventable disease, a notifiable medical condition, and post-exposure prophylaxis is recommended for close and vulnerable respiratory exposed contacts.
- *Chlamydia pneumoniae* and *Mycoplasmoides pneumoniae* detection rates remained below 1%.
- Fifteen cases of *Bordetella parapertussis* were detected last month, including eight from Gauteng, three each from the Western Cape and Kwa-Zulu Natal, and one case from the Eastern Cape.
- Three *Legionella pneumophila* cases were detected during March, with two from the Eastern Cape and one from Gauteng. *Legionella pneumophila* is a notifiable disease and these statistics represent only molecular testing for *Legionella pneumophila*, as legionella urinary antigen results are not included in this report.