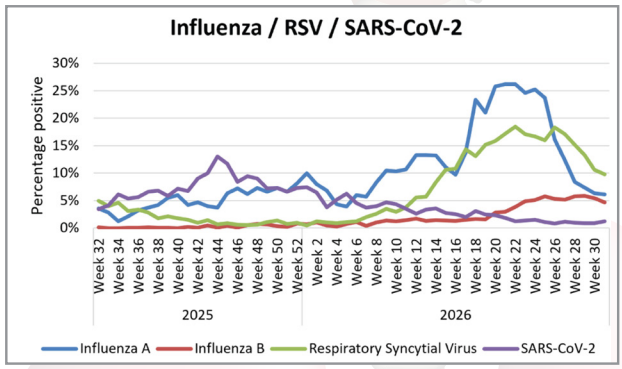
RESPIRATORY PATHOGEN STATISTICS

JULY 2026

This report is a summary of the results obtained from various molecular respiratory panels performed across PathCare laboratories during July 2026 (epidemiological weeks 27-31). 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.

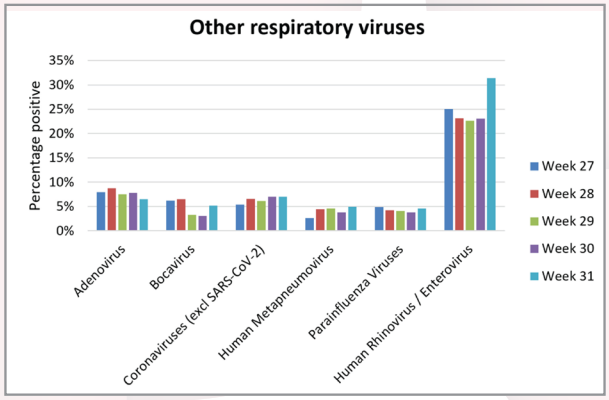
INFLUENZA, RESPIRATORY SYNCYTIAL VIRUS (RSV) AND SARS-COV-2

- The influenza A detection rate continued to decline during July, dropping below 10% from week 28 onward.
- Influenza B detection rates remained between 5-6% overall. As in June, higher positivity rates were noted in the Western Cape (6-9%) and Eastern Cape (9-14%) compared with the rest of the country, with influenza B detection rates in Gauteng remaining ≤2%.
- RSV positivity showed a decreasing trend during July, declining from 17% in week 27 to 10% in week 31. Although this downward trend was observed across all age groups, the percentage of samples testing positive for RSV was 36% in those aged <6 months (from 51% in the previous reporting period), 37% in 6-12 month olds (previously 41%), and 24% in children aged 1-5 years (previously 28%).
- The SARS-CoV-2 detection rate was ≤1% throughout July.



OTHER RESPIRATORY VIRUSES

- No marked changes were noted in the positivity rates of the other respiratory viruses as compared to the previous month.
- For the parainfluenza viruses for which molecular typing was available, the majority of isolates were type 3 (49%) with similar proportions of types 1 (17%), 2 (19%), and 4 (15%).
- Among the endemic coronaviruses for which molecular typing was available, the majority of isolates were OC43 (55%) and HKU1 (31%).



ATYPICAL BACTERIA

- During July, 23 *Bordetella pertussis* cases were detected. The provincial case counts were as follows: Gauteng (n=8); Western Cape (n=5); Free State (n=4); Eastern Cape (n=3); North West (n=2); KwaZulu-Natal (n=1). Regarding age distribution, six cases were in children aged ≤5 years, eight were aged 6-18 years, and nine were 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.
- The 41 *Bordetella parapertussis* cases detected in July represent the highest monthly total recorded in 2026 to date. This included isolates from the Western Cape (n=19), KwaZulu-Natal (n=7), Gauteng (n=6), Free State (n=5), Limpopo (n=3) and the Eastern Cape (n=1). The majority of cases were children aged ≤5 years (n=37), with a further two cases in those aged 6-18 years, and two cases aged >18 years. *B. parapertussis* typically presents with milder symptoms than *B. pertussis* and has less outbreak potential, therefore no prophylaxis is advised and there is currently no vaccine available. Droplet precautions should be implemented for managing these cases.
- *Chlamydia pneumoniae* detection rates remained ≤1%.
- The increasing trend in *Mycoplasmoides pneumoniae* cases continued in July, with 42 positive samples. The majority of cases were from the Northern Cape (n=19) and Western Cape (n=10), with additional cases from Gauteng (n=6), KwaZulu-Natal (n=5), Eastern Cape (n=1) and North West (n=1). Regarding age distribution, 17 cases were in children aged ≤5 years, nine were aged 6-18 years, and 16 were aged >18 years.
- Five *Legionella pneumophila* cases were detected, with two from Gauteng and one case each from the Western Cape, the Eastern Cape and the Free State. All five cases were adults. *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.