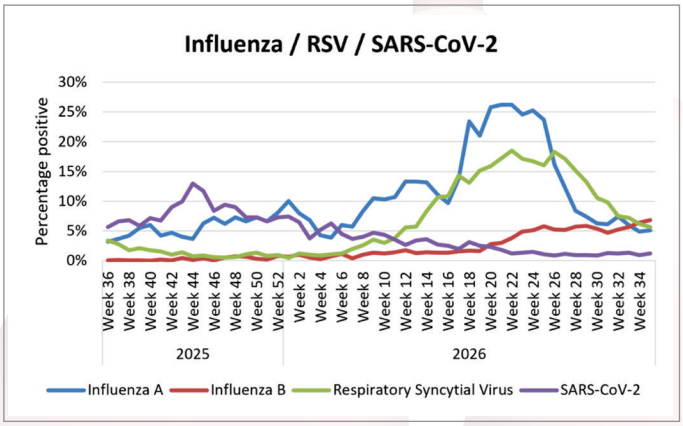
RESPIRATORY PATHOGEN STATISTICS
AUGUST 2026

This report is a summary of the results obtained from various molecular respiratory panels performed across PathCare laboratories during August 2026 (epidemiological weeks 32-35). 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.

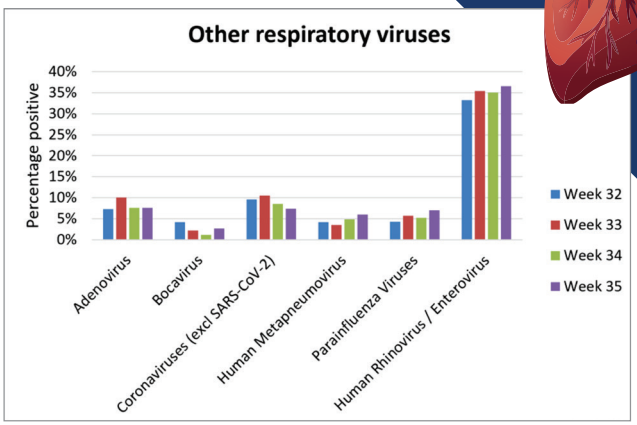
INFLUENZA, RESPIRATORY SYNCYTIAL VIRUS (RSV) AND SARS-COV-2

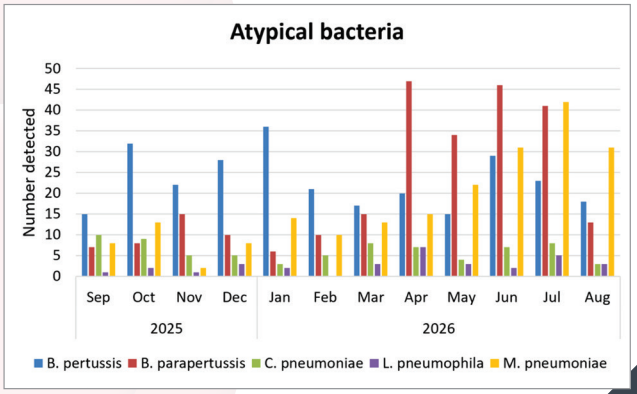
- Following the peak observed in May and June, influenza A detections continued throughout August but remained below the 10% threshold, with positivity rates ranging from 5% to 7%.
- Influenza B detection rates also ranged from 5% to 7% overall, consistent with levels observed in July. Positivity increased slightly in Gauteng (2%–4%) but remained lower than in the Western Cape (6%–9%).
- RSV positivity continued to decline during August, reaching 6% by week 32. Detection rates remained above 10% only among children aged ≤5 years, at 21% in infants aged <6 months (down from 36% in the previous reporting period), 19% in those aged 6–12 months (previously 37%), and 11% in children aged 1–5 years (previously 24%).
- The SARS-CoV-2 detection rate remained stable at 1% throughout August.



OTHER RESPIRATORY VIRUSES

- A slight decrease in bocavirus positivity was observed, with detection rates ranging from 1% to 4%, while rhinovirus/enterovirus positivity increased to 33%–37%. No significant changes were observed in the detection rates of the other respiratory viruses.
- Among the parainfluenza viruses for which molecular typing was available, the proportion of parainfluenza virus type 3 increased further to 64%, while types 1, 2, and 4 accounted for 15%, 11%, and 10% of detections, respectively.
- Among the endemic coronaviruses for which molecular typing was available, OC43 (50%) and HKU1 (41%) continued to predominate.



ATYPICAL BACTERIA

- During August, 18 *Bordetella pertussis* cases were detected. Provincial case counts were as follows: Gauteng (n=6), Western Cape (n=3), Free State (n=3), Northern Cape (n=3), North West (n=1), KwaZulu-Natal (n=1), and Mpumalanga (n=1). Seven cases occurred in children aged ≤5 years, five in persons aged 6–18 years, and six in adults aged >18 years. *Bordetella pertussis* is a vaccine-preventable disease and a notifiable medical condition. Post-exposure prophylaxis is recommended for close contacts and individuals at increased risk of severe disease following respiratory exposure.
- The 13 *Bordetella parapertussis* cases detected in August represented a decrease from the previous reporting period, during which 41 cases were identified. These cases included six from Gauteng, five from the Western Cape, and one each from the Free State and North West. As in previous months, most cases occurred in children aged ≤5 years (n=11), with the remaining two cases detected in children aged 6–12 years. *B. parapertussis* typically causes milder disease than *B. pertussis* and has lower outbreak potential; therefore, post-exposure prophylaxis is not recommended, and no vaccine is currently available. Droplet precautions should be implemented when managing these cases.
- *Chlamydia pneumoniae* detection rates remained below 1%.
- *Mycoplasmoides pneumoniae* detections remained elevated, with 31 positive samples identified during August. Cases were detected in the Western Cape (n=12), Northern Cape (n=10), Gauteng (n=7), KwaZulu-Natal (n=1), and North West (n=1). Fourteen cases occurred in children aged ≤5 years, four in persons aged 6–18 years, and 13 in adults aged >18 years.
- Three *Legionella pneumophila cases* were detected, including two from the Eastern Cape and one from the Western Cape. All cases occurred in adults. *Legionella pneumophila* infection is a notifiable medical condition. These statistics represent only molecular testing for *L. pneumophila*, as urinary antigen test results are not included in this report.