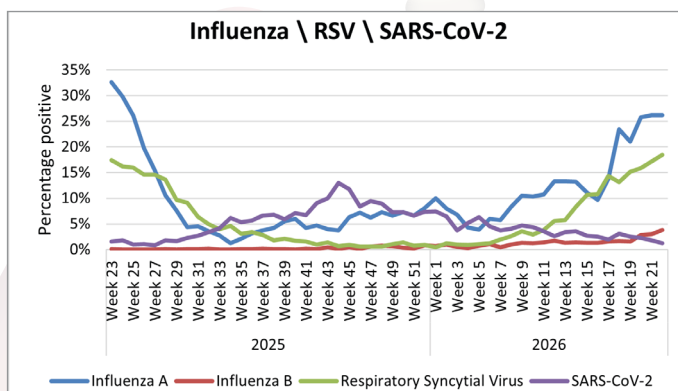


This report is a summary of the results obtained from various molecular respiratory panels performed across PathCare laboratories during May 2026 (epidemiological weeks 19-22). The data is dependent on submission of samples by clinicians and therefore may not be representative of the general population but is intended to identify trends in the circulation of these viruses which may be of clinical relevance.

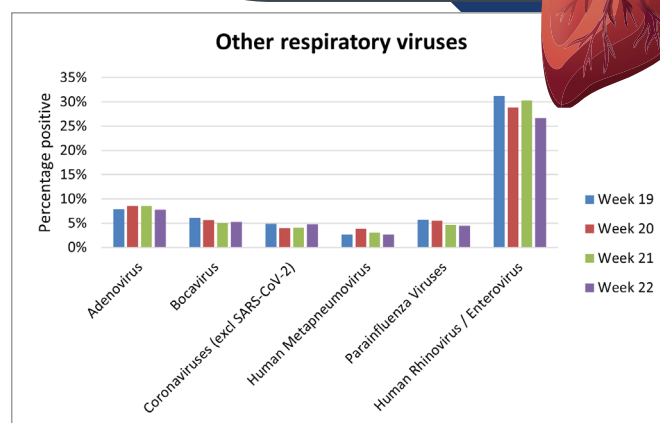
INFLUENZA, RESPIRATORY SYNCYTIAL VIRUS (RSV) AND SARS-COV-2

- Further increases in the detection rates of both influenza and RSV were noted during May, following the simultaneous start of both seasons in week 11 (week starting 9 March).
- Influenza A positivity rates increased from 23% in week 18 (week starting 27 April) to 26% in week 22 (week starting 25 May). Both A/H1 and A/H3 subtypes continued to circulate concurrently at 46% and 54% of typed isolates respectively.
- The influenza B detection rate increased to 4% in week 22, having ranged from 1-2% during April.
- The combined RSV detection rates ranged from 15-19% during May. The percentage of samples testing positive for RSV was 47% in those aged <6 months, 45% in 6-12 month olds, and 31% in children aged 1-5 years. The percentage of samples testing positive for RSV was 6% for patients aged 6 years and older.
- The SARS-CoV-2 detection rate ranged from 1-3%, similar to the previous reporting period.



OTHER RESPIRATORY VIRUSES

- Slight decreases were noted in the positivity rates of the parainfluenza viruses and rhino/enteroviruses, however, rhino/enteroviruses remained the most commonly detected viruses during May (31-37%). No marked changes were noted in the positivity rates of the other respiratory viruses.
- For the parainfluenza viruses for which molecular typing was available, the distribution of types 2 (27%), 3 (31%) and 4 (24%) remained at similar proportions to the previous month, with parainfluenza virus type 1 at 17%.
- Among the endemic coronavirus, NL63 continued to predominate but dropped from 75% to 47% of isolates for which molecular typing was available, with increasing proportions of coronavirus HKU1 (28%) and coronavirus OC43 (22%).



ATYPICAL BACTERIA

- During May, 15 *Bordetella pertussis* cases were detected. Cases were detected from Gauteng (n=4), KwaZulu-Natal (n=4), Western Cape (n=2), Free State (n=2), North West (n=1), Eastern Cape (n=1) and Mpumalanga (n=1). Regarding age distribution, six cases were in children aged ≤5 years, five were aged 6-18 years, and four 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.
- Chlamydia pneumoniae* and *Mycoplasma pneumoniae* detection rates remained below 1%.
- A higher than average number of *Bordetella parapertussis* cases continued to be seen in May, with 34 positive samples. This included isolates from Gauteng (n=12), the Western Cape (n=10), KwaZulu-Natal (n=6), Northern Cape (n=3), Free State (n=2), and the Eastern Cape (n=1). The majority of cases were children aged 1-5 years (n=21), with a further twelve cases in children aged <1 year, and a single case aged 6-12 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.
- Three *Legionella pneumophila* cases were detected during May, with two cases from the Western Cape and one from Gauteng. All three cases were in adult patients, including two in adults aged ≥65 years. *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.

