

# RESPIRATORY VIRUS SURVEILLANCE REPORT

Week 10: Mar 08-Mar 14, 2026



Cook County DEPT. of  
Public Health

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**Purpose:** This report describes current trends in suburban Cook County for COVID-19, influenza, and RSV. Selected graphics are presented on pages 2-4. For complete surveillance data on these pathogens, please visit our [respiratory dashboard](#).

## Key Points:

### COVID-19, Influenza, RSV

- Flu activity remains low, RSV activity remains moderate, and COVID-19 activity remains minimal.
- Most RSV indicators have plateaued. However, wastewater detections continue to increase.
- While most flu indicators are also plateauing or trending down, wastewater detections and influenza subtyping show an increase in influenza B. Most respiratory seasons experience a spring wave of influenza B after influenza A activity has peaked.
- COVID-19 indicators, including hospital admissions, test positivity, emergency department visits, and ICU admissions declined this week, though ICU admissions continue to be reported weekly for COVID-19, RSV, and flu.

### Is anything else going around?

- Test positivity for [common human coronaviruses](#) continues to increase. This week's percent positivity is higher than the peaks observed over the last three years. *These viruses are not the same as the virus that causes COVID-19.* They typically cause mild illness, but sometimes can lead to lower respiratory tract illness like pneumonia or bronchitis.
- Detections of [human metapneumovirus](#) (HMPV) are also elevated above baseline and have exceeded last year's peak positivity. HMPV causes symptoms similar to other respiratory viruses but may linger longer.
- Our sentinel laboratories are also beginning to see increased detections of rhinovirus/enterovirus. [Rhinovirus](#) and [enterovirus](#) cause common cold symptoms and usually peak in both the fall and the spring.

## Recommendations

- Some steps for protection from respiratory viruses should be practiced year-round, regardless of the current activity level. These steps include staying up to date with all recommended respiratory [vaccines](#), practicing good respiratory hygiene (covering your cough, washing your hands), taking steps for cleaner [air](#), and staying home when you're sick until you've been fever-free for 24 hours and your symptoms are getting better. People who are at [high risk](#) for severe outcomes should be familiar with treatment options for flu and COVID-19. Organizations can support these recommendations by offering time off when employees are sick, hosting vaccination clinics, maintaining adequate ventilation systems, and encouraging good respiratory hygiene with posters and adequate hand-washing supplies. (Note that CDC offers separate, specific guidance for healthcare settings for reducing transmission of [flu](#), [COVID-19](#), and other [pathogens](#)).
- Influenza A activity has peaked but several other respiratory pathogens, including RSV, continue to circulate above baseline. IDPH has extended their [recommendation](#) for clinicians to offer infant RSV vaccination (originally recommended from October through March); clinicians should now continue to offer RSV vaccination to [eligible](#) children through April.

We would like to thank all of our surveillance partners for their help in collecting this information! Additional details on our methods can be found [here](#).

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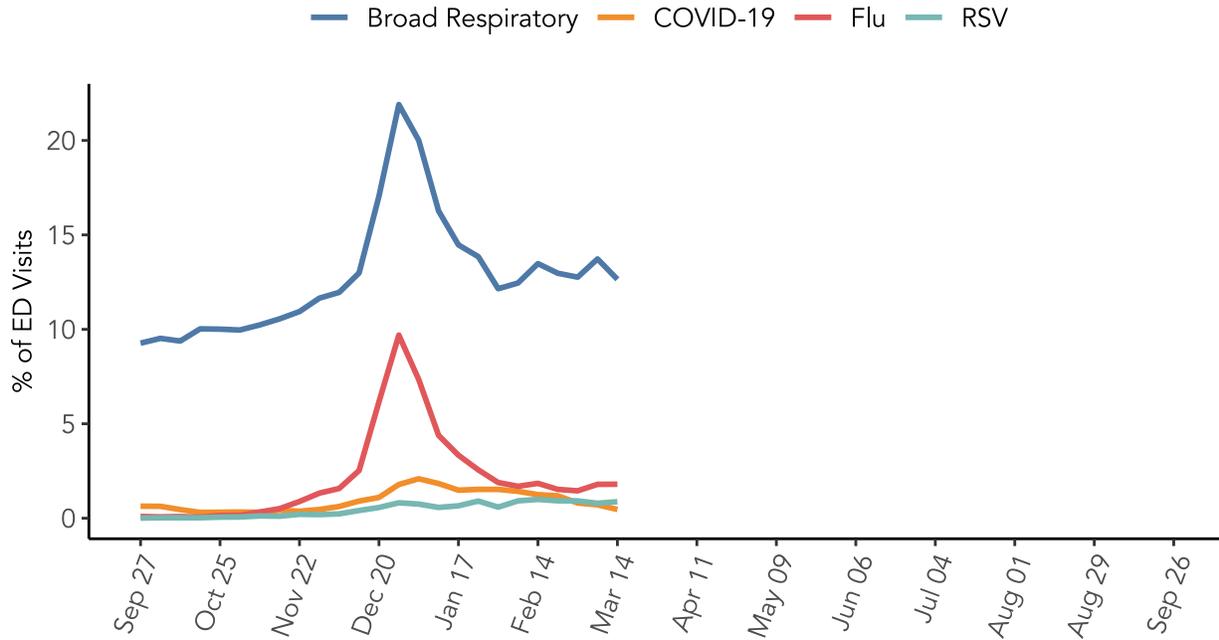
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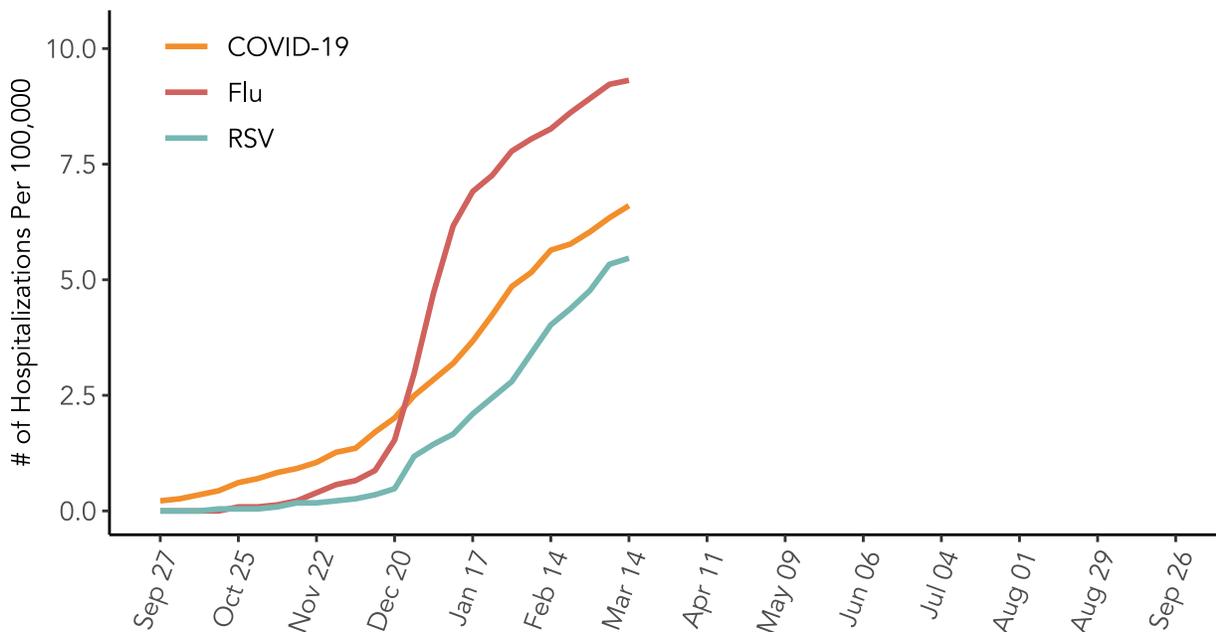
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## Emergency Rooms Visits by Respiratory Diagnosis



## Cumulative ICU Admission Rate for Reportable Respiratory Viruses



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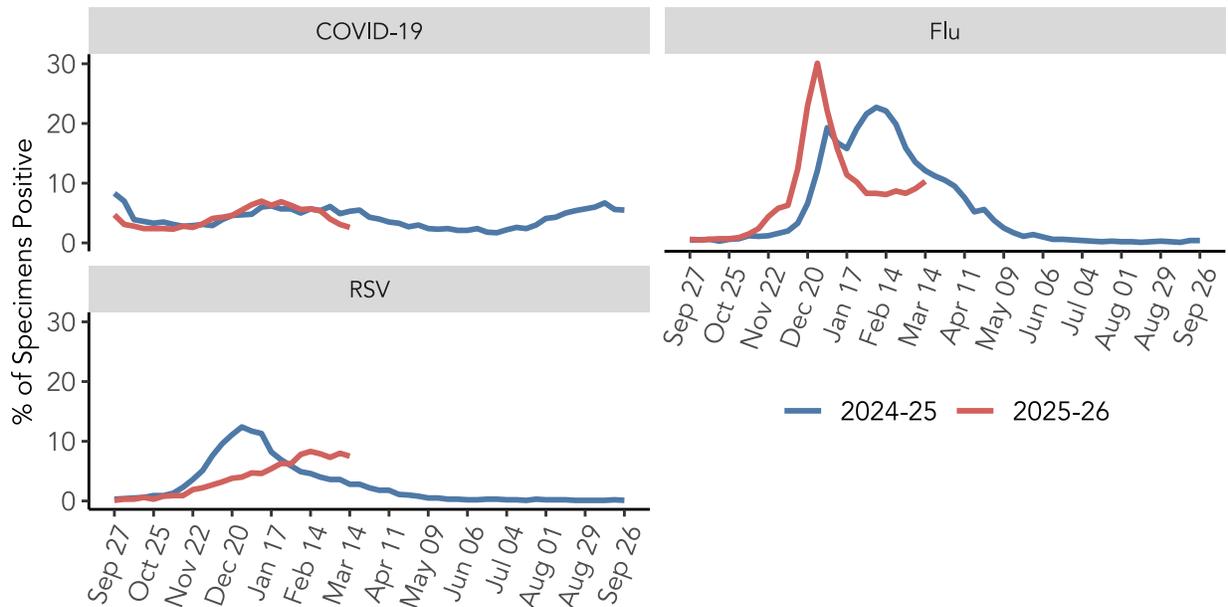


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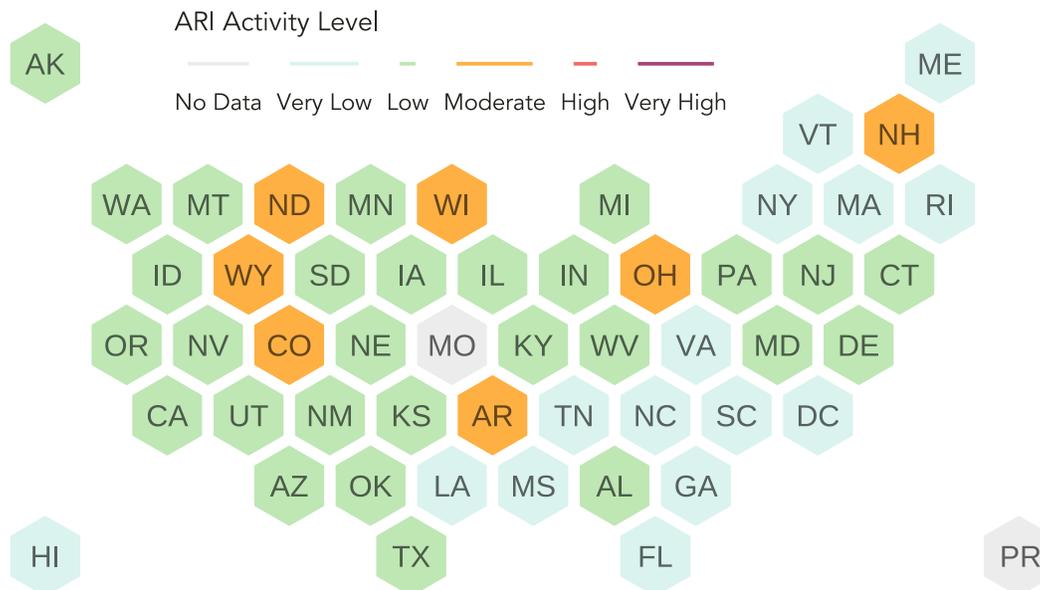
## Percent Positivity by Respiratory Virus

Laboratories contributing data differ by pathogen. Lab data may not be comparable between viruses. Graphics are better used to look at trajectory for a given virus over time.



## CDC Acute Respiratory Illness Activity Levels by State

Data for the week ending 2026-03-14, most recent CDC data available



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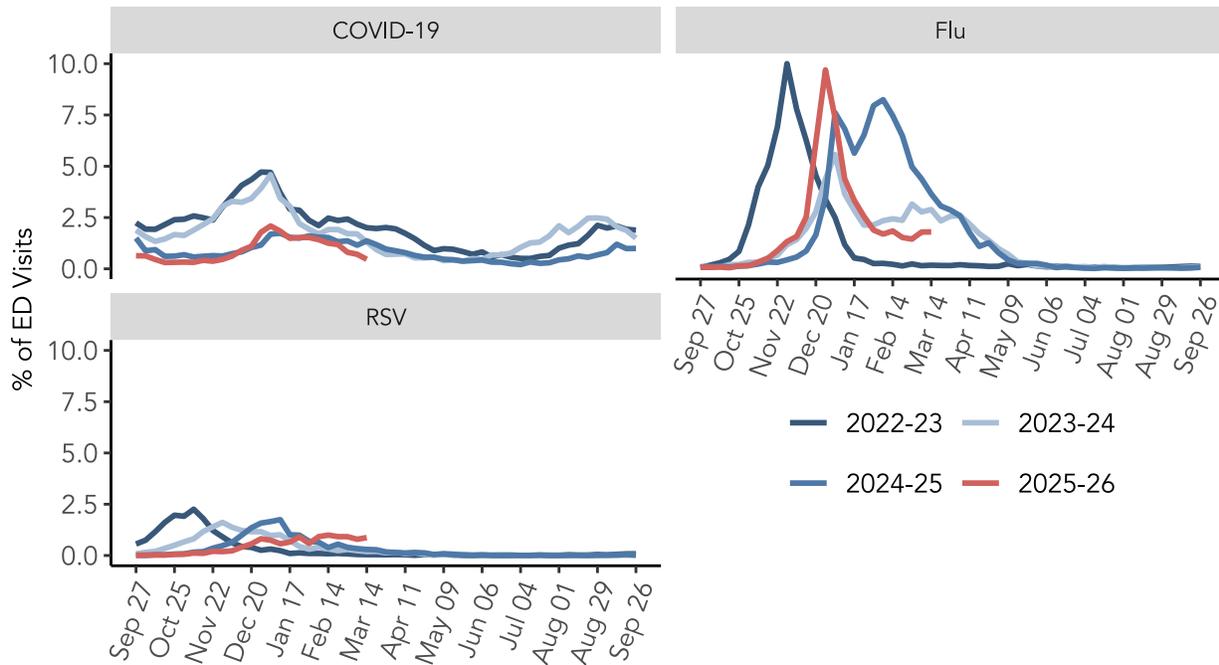
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## Emergency Rooms Visits by Season and Diagnosis



## Emergency Room Visits by Age and Diagnosis

