

RESPIRATORY VIRUS SURVEILLANCE REPORT

Week 9: Mar 01-Mar 07, 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.
- The percentage of RSV-associated hospital admissions and emergency department visits has plateaued, but test positivity and wastewater detections continue to increase.
- While most flu indicators are 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.
- The third pediatric influenza death of the season was reported this week.
- COVID-19 indicators, including hospital admissions, test positivity, emergency department visits, and ICU admissions declined this week.

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.
- Sentinel laboratories are also beginning to see increased detections of the bacteria that cause [strep throat](#), as well as increased detections of [rhinovirus/enterovirus](#) (common cold viruses).

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, such as RSV, continue to circulate above baseline. Respiratory activity is likely to continue for several more weeks. Residents should continue to practice good respiratory hygiene and if you haven't been [vaccinated](#) yet, it's not too late.

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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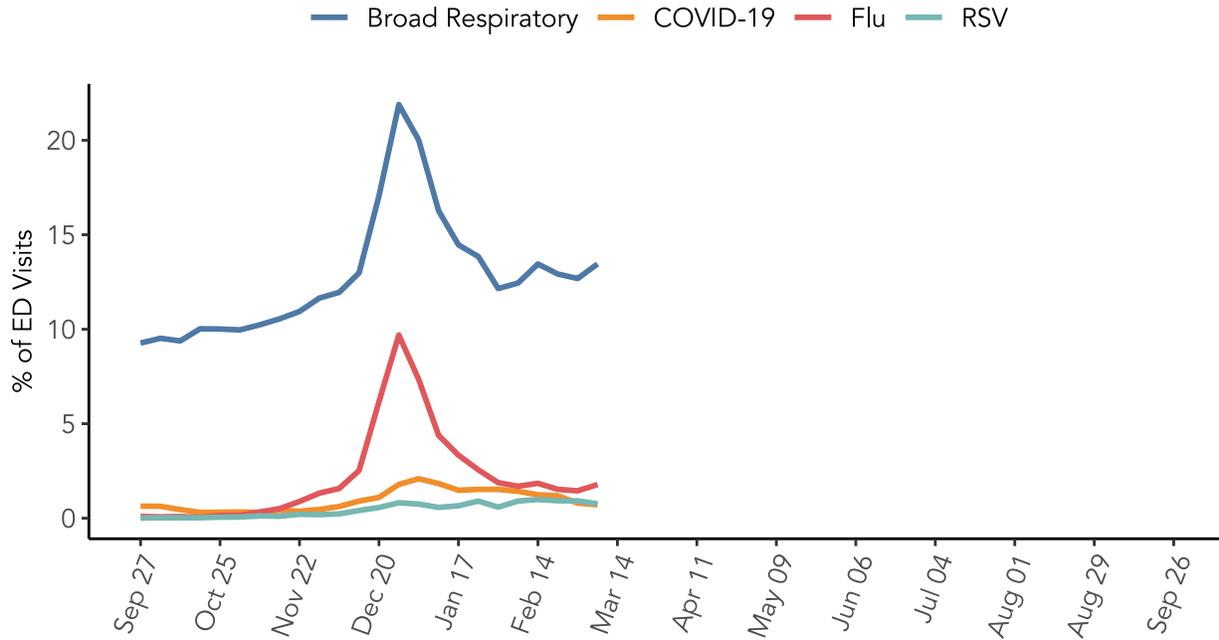
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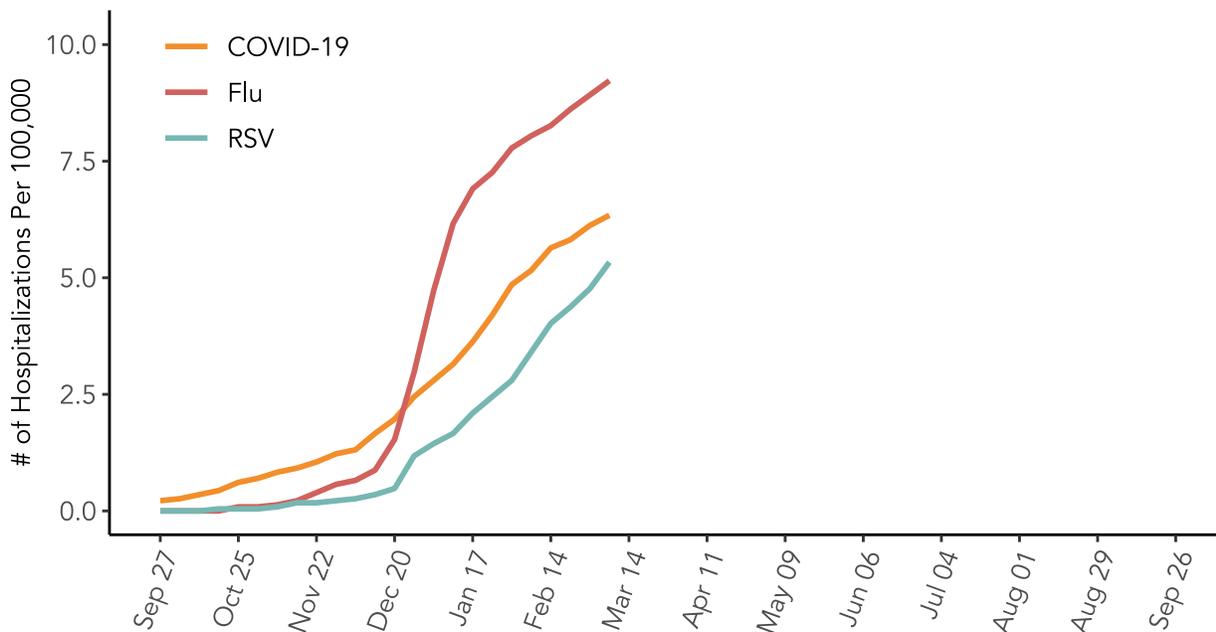
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Emergency Rooms Visits by Respiratory Diagnosis



Cumulative ICU Admission Rate for Reportable Respiratory Viruses



RESPIRATORY VIRUS SURVEILLANCE REPORT

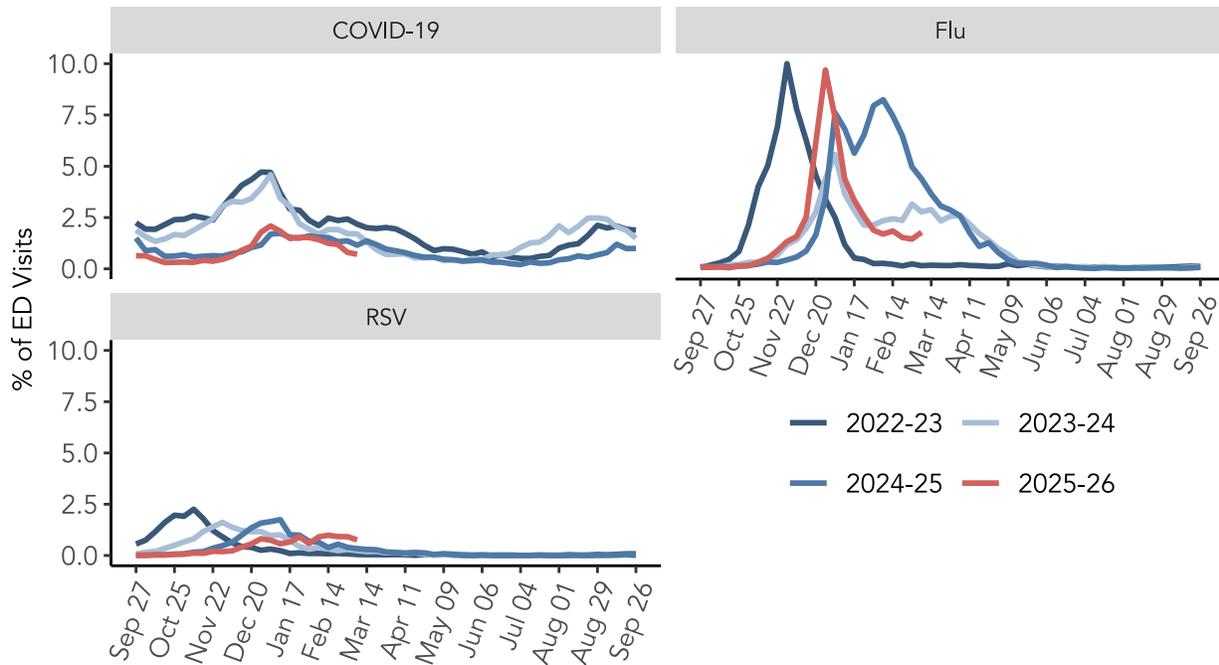
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Emergency Rooms Visits by Season and Diagnosis



Emergency Room Visits by Age and Diagnosis

