

RESPIRATORY VIRUS SURVEILLANCE REPORT

Week 13: Mar 29-Apr 04, 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 and RSV activity remain low, and COVID-19 activity remains minimal.
- Most RSV indicators continued to decline this week, including RSV-associated hospital admissions, emergency department visits, ICU admissions, and test positivity. However, the values for most metrics are still above those seen at this time last year.
- Most flu indicators continue to plateau or trend down; however, emergency department visits remain elevated among school-aged children.
- Influenza testing shows that influenza B is now the dominant flu type circulating, which is typical for spring after influenza A activity has peaked.
- Most COVID-19 indicators declined this week, though ICU admissions continue to be reported weekly.

Is anything else going around?

- Test positivity for [common human coronaviruses](#) decreased this week but is still elevated above baseline. *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](#), common cold viruses, as well as increases in the bacteria that causes [strep throat](#).

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](#)).
- Overall respiratory activity has likely peaked for this season, but several 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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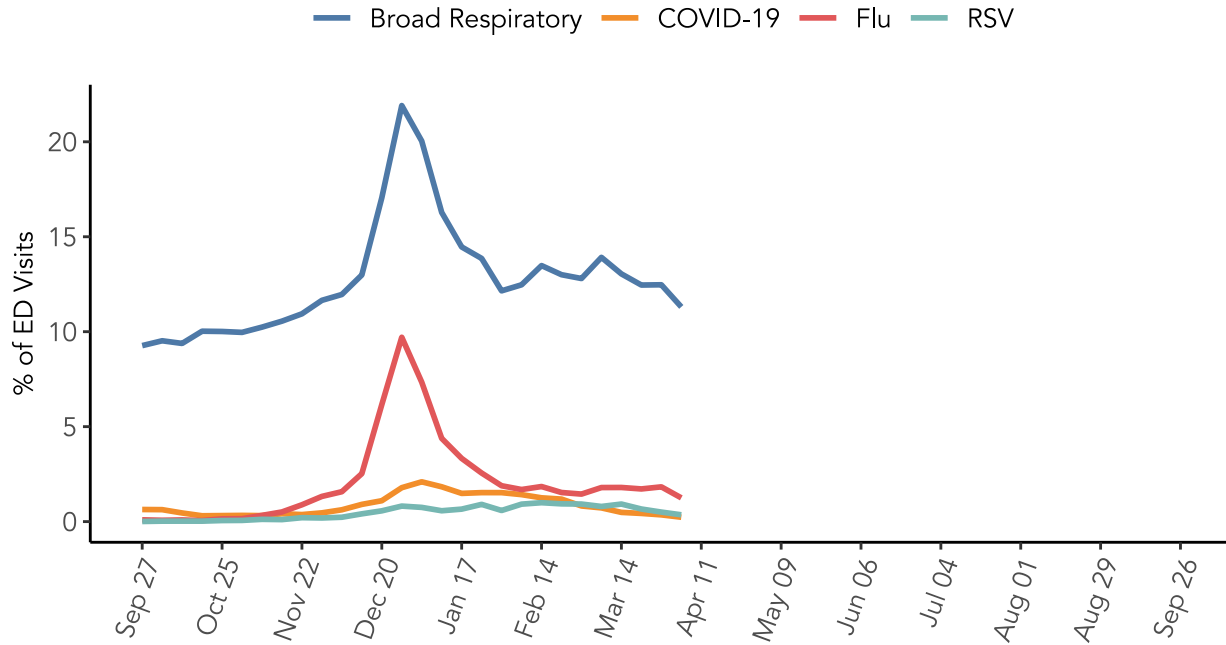
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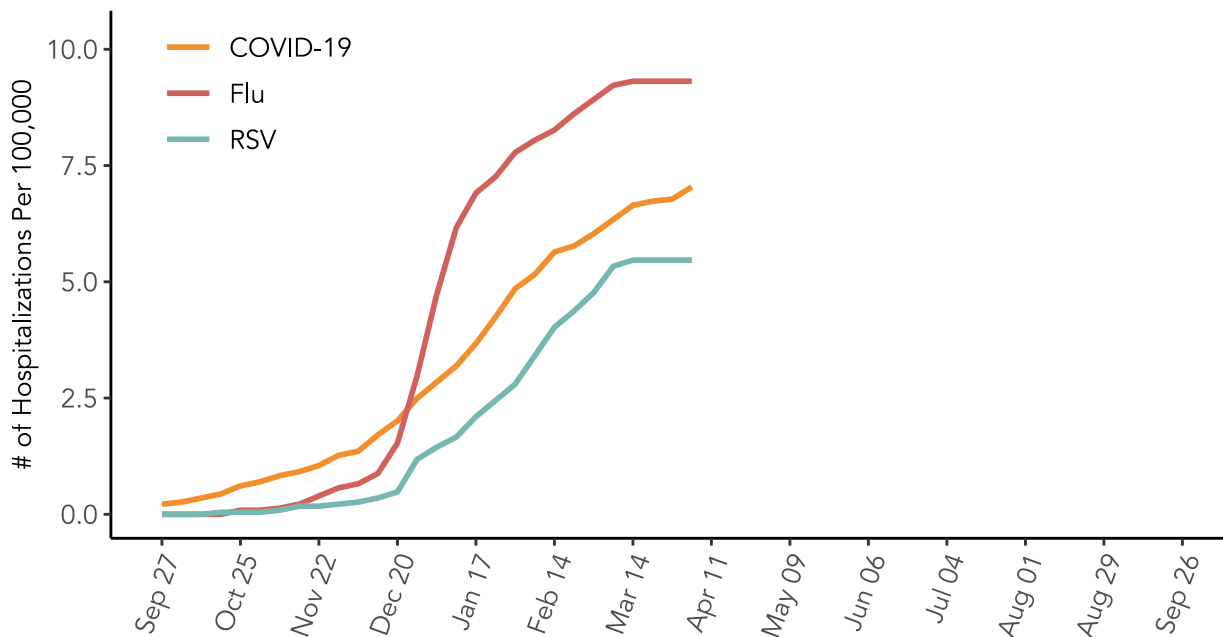
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Emergency Rooms Visits by Respiratory Diagnosis



Cumulative ICU Admission Rate for Reportable Respiratory Viruses



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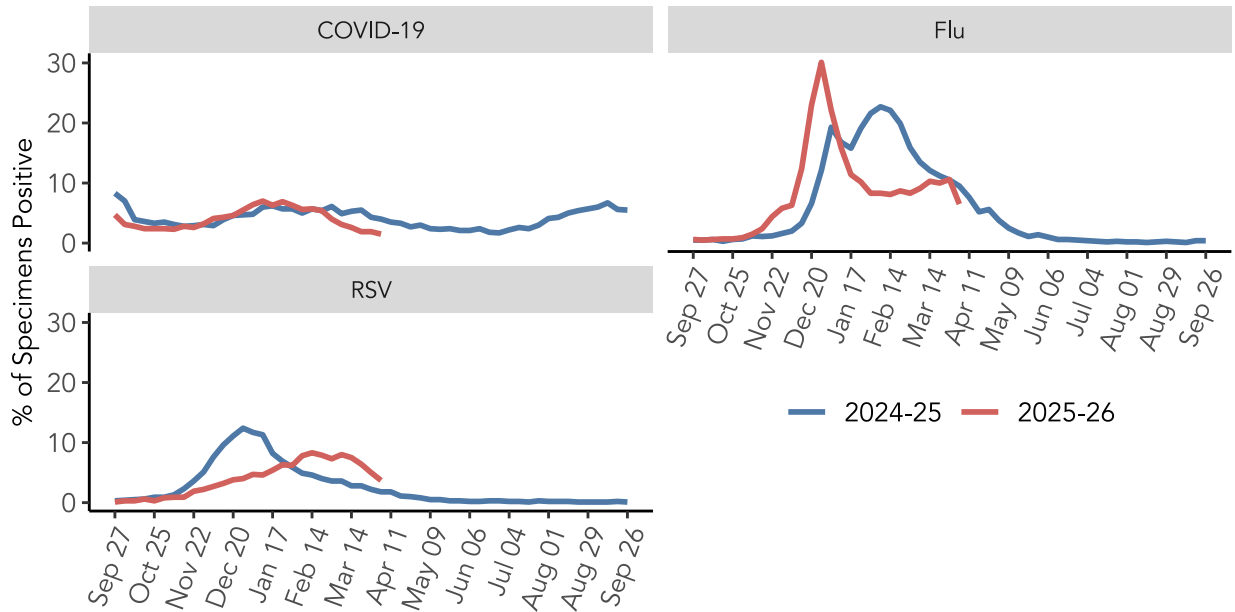


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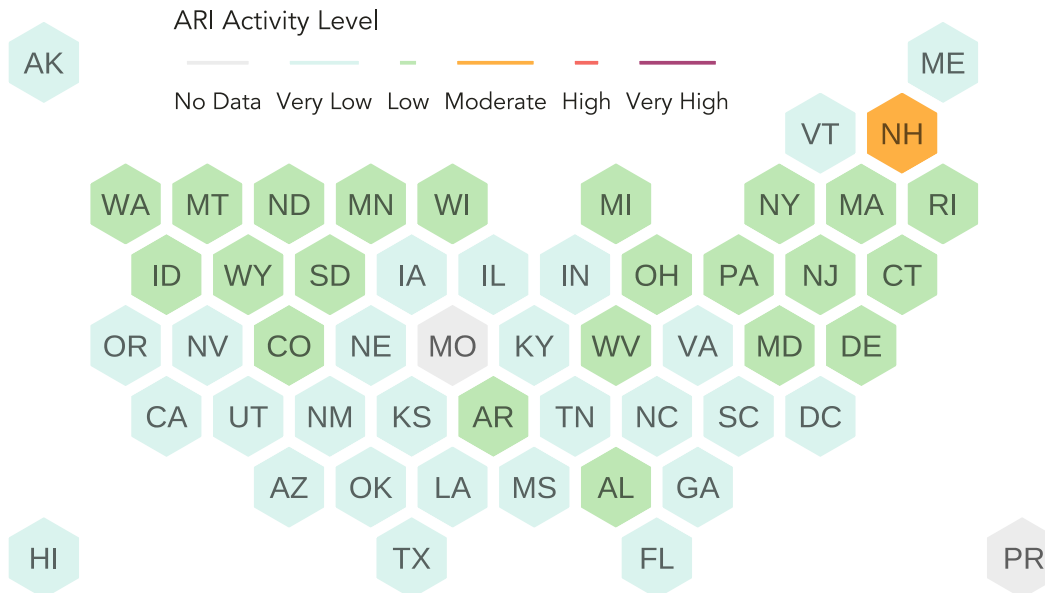
Percent Positivity by Respiratory Virus

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 2026-04-04, most recent CDC data available



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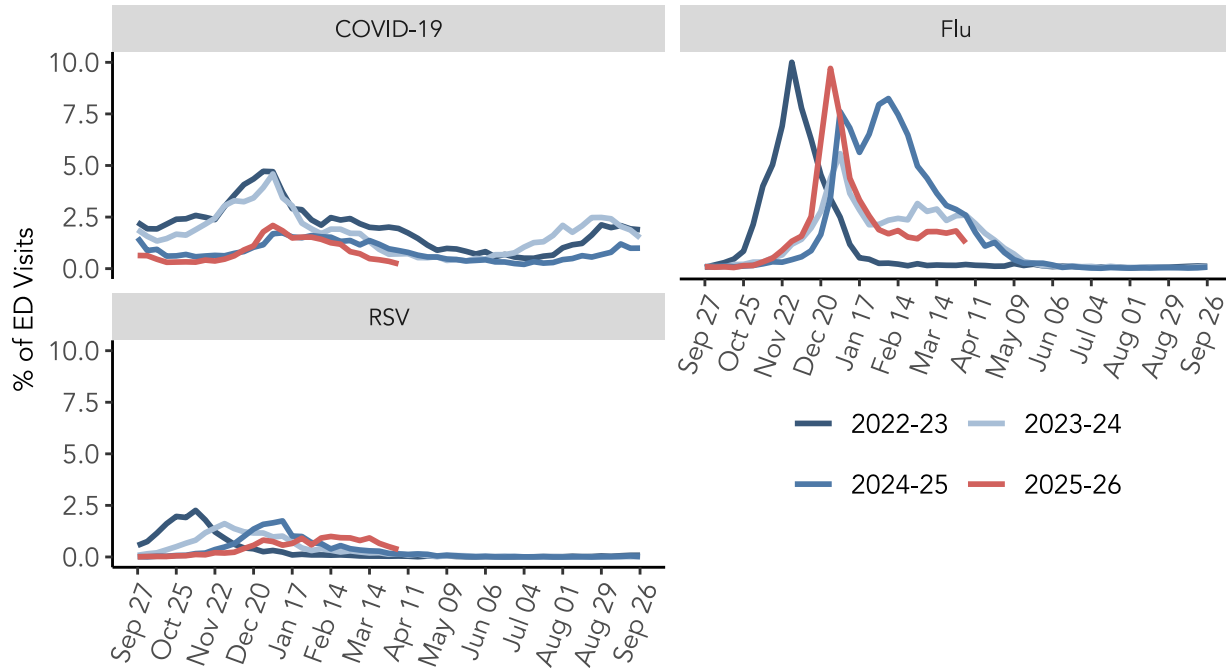
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Emergency Rooms Visits by Season and Diagnosis



Emergency Room Visits by Age and Diagnosis

