

# RESPIRATORY VIRUS SURVEILLANCE REPORT

Week 15: Apr 12-Apr 18, 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 and emergency department visits. While most metrics remain higher than at this time last year, they continue to trend down and are approaching last year's levels.
- All flu indicators continue to plateau or trend down.
- Influenza testing shows that influenza B is now the dominant flu type circulating, which is typical for spring after influenza A activity has peaked. Detections of both flu types, A and B, have been decreasing the last few weeks.
- 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 and is now near typical values expected for this time of year. *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 elevated above baseline and continue to exceed 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](#)).
- Though some pathogens are still circulating above baseline, including rhinovirus/enterovirus, RSV, and flu B, respiratory season is winding down. Residents should continue to focus on year-round prevention activities, such as washing your hands and staying home when sick.

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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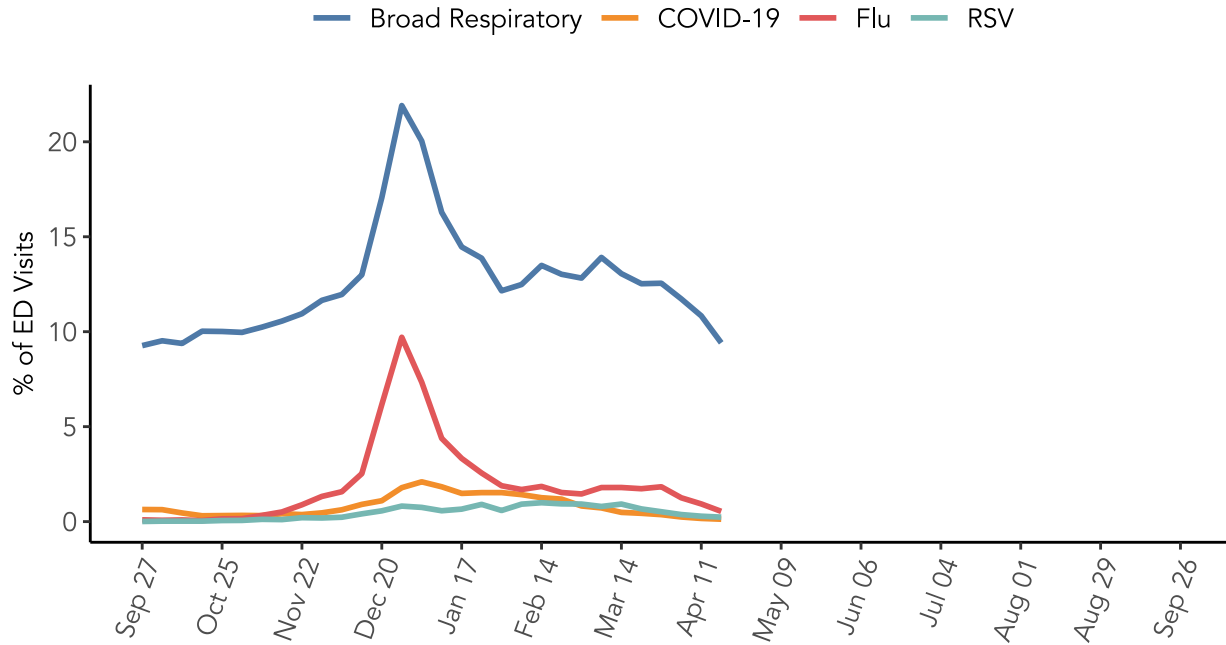
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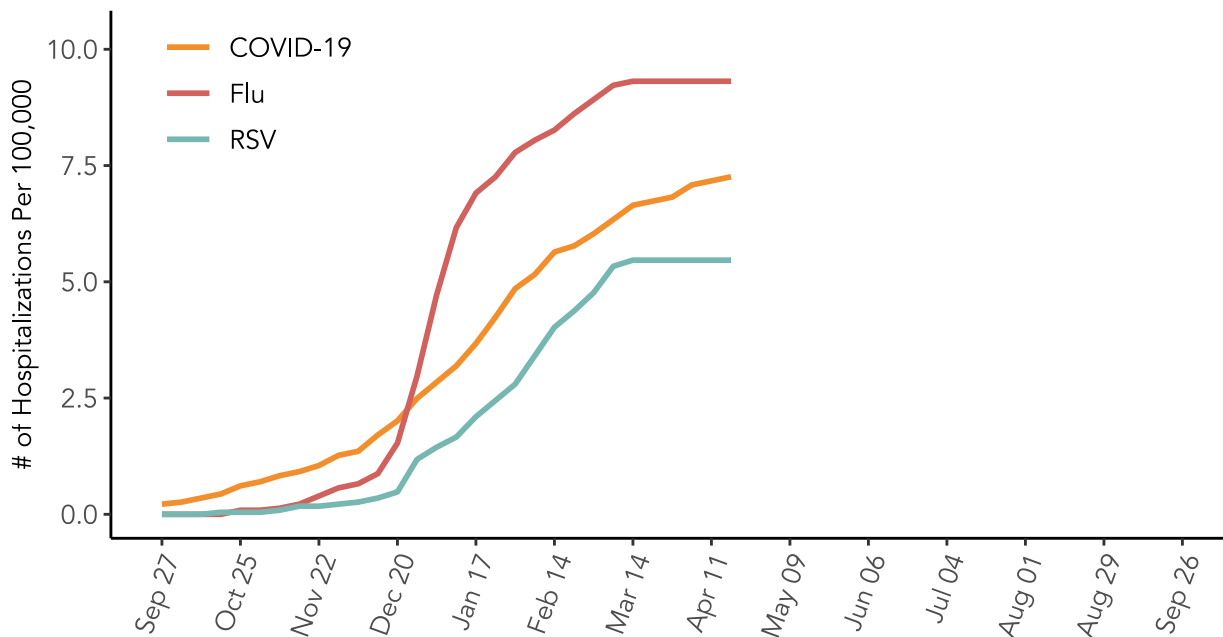
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## Emergency Rooms Visits by Respiratory Diagnosis



## Cumulative ICU Admission Rate for Reportable Respiratory Viruses



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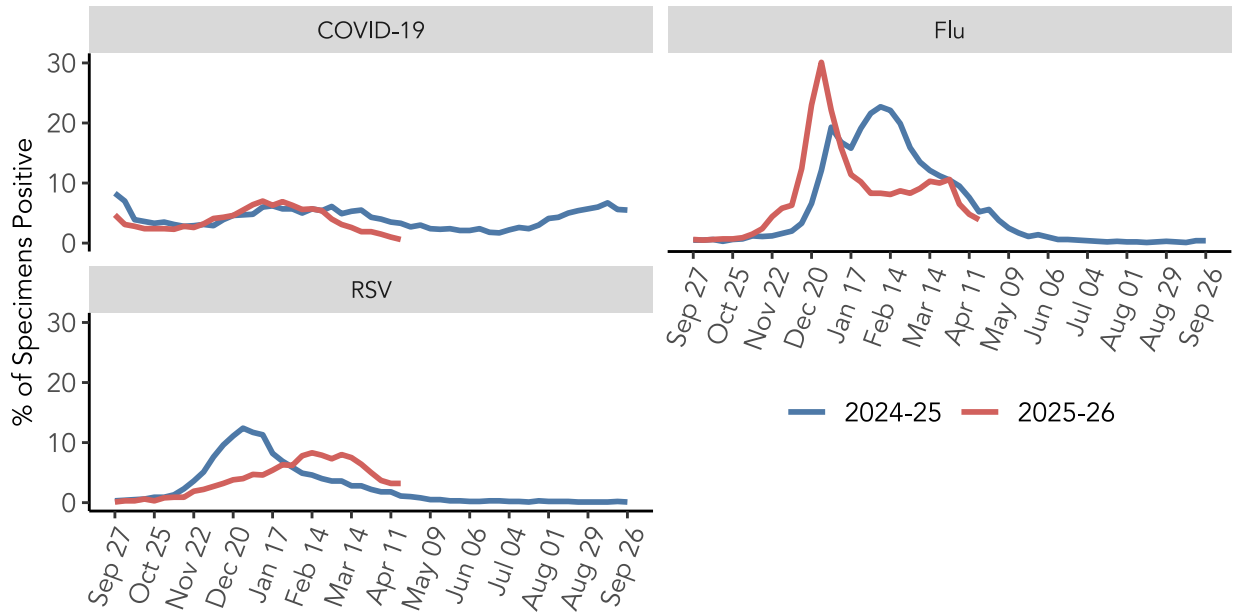


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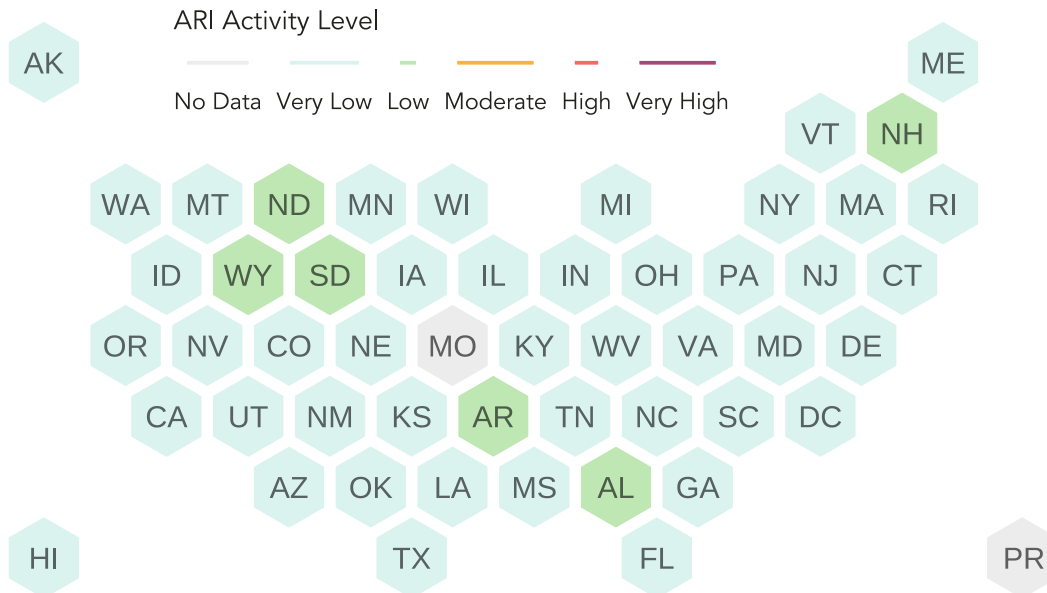
## Percent Positivity by Respiratory Virus

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 2026-04-18, most recent CDC data available



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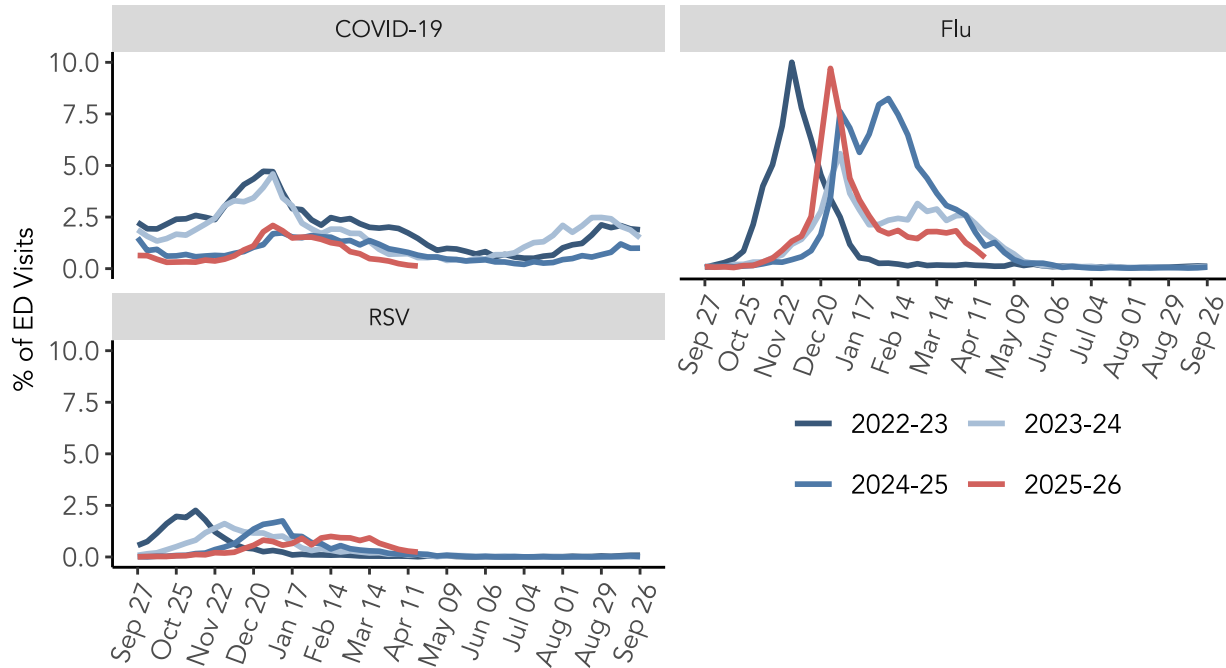
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## Emergency Rooms Visits by Season and Diagnosis



## Emergency Room Visits by Age and Diagnosis

