



Stomach Flu on the rise, Stay Vigilant

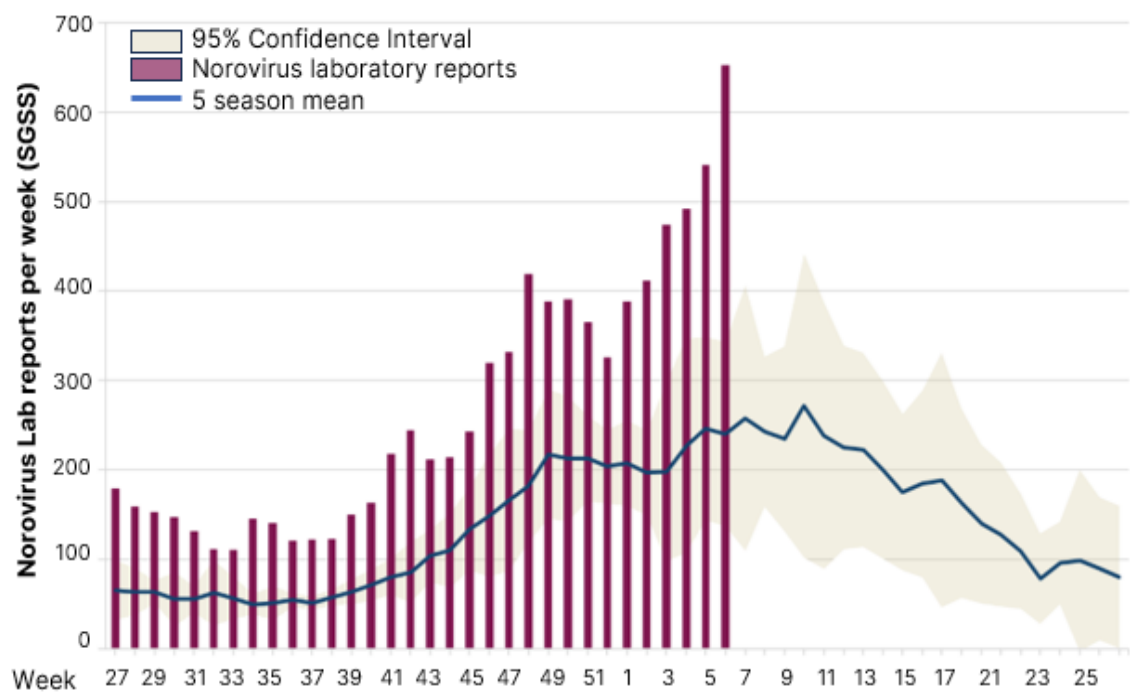


Fig. Norovirus laboratory reports in England (2024/25 season)

Norovirus Outbreaks

**The UK** is monitoring norovirus laboratory reports, and the number of cases in weeks 5–6 of 2025 is more than double (145.2%) the five-season average for the same period<sup>1</sup>. Norovirus levels in hospitals in England were 27.1% higher than the same period last year, and previous month recorded the highest level for any January since 2020<sup>2</sup>.

**The USA** reported 1,676 norovirus outbreaks from August 1<sup>st</sup>, 2024, to February 5<sup>th</sup>, 2025, more than double the 729 outbreaks reported during the same period last season<sup>3</sup>.

**Canada** has been observing norovirus cases appearing at a five-year high<sup>4</sup>. Also, in the **Republic of Korea**, the number of norovirus infection cases has increased 3.6 times over the past 5 weeks, with infants and young children under six accounting for 58.8% of the total cases<sup>5</sup>.

The 2024–2025 norovirus season has seen a surge in outbreaks

About Norovirus

**Norovirus** is a highly prevalent viral pathogen and the leading cause of acute gastroenteritis worldwide, characterized by the sudden onset of diarrhea and vomiting<sup>6</sup>. Transmission occurs through 1) direct contact with infected individuals, 2) consumption of contaminated food or water, or 3) touching contaminated surfaces followed by hand-to-mouth contact<sup>7</sup>.

**Surge of GII.17**

One possible reason for the recent unusual peak in norovirus is the emergence of a strain called GII.17, surpassing the previously dominant genotype GII.4<sup>8,9,10</sup>.

During the 2023/24 season (July 2023–June 2024), **the USA, the UK, Austria, France, Germany, the Netherlands, and Ireland** reported a surge in GII.17<sup>11</sup>.

This trend has continued in **the USA** and **the UK**, with GII.17 accounting for 79% and 54.3% of norovirus outbreaks during the 2024/2025 season, respectively<sup>1,12</sup>.

Experts suggest that lower population immunity may contribute to its rapid spread<sup>6,7</sup>.

**Outbreak Control with Allplex™ GI-Virus Assay**

To rapidly detect and contain outbreaks, **Allplex™ GI-Virus Assay** has been utilized to identify norovirus infections with diverse genotypes, thereby preventing further spread.

In **Thailand**, an unusual diarrheal outbreak was caused by norovirus GII.3[P25], with an infection rate of 60% among the outbreak cases and 10% among sporadic cases<sup>13</sup>.

In **Spain**, two successive norovirus GII.6 outbreaks occurred in the same holiday camp house, with attack rates of 89.7% and 69.6%, likely due to contaminated food and inadequate hygiene practices<sup>14</sup>.



As norovirus outbreaks continue to increase, early and accurate detection is essential to prevent their spread.

Seegene’s **Allplex™ GI-Virus Assay** can detect multiple genotypes, including the newly predominant norovirus GII.17.

Further, **Allplex™ Gastrointestinal Panel Assays** provide extensive and comprehensive testing solutions for the exact causative pathogens of gastrointestinal infections.

Seegene Solution

Allplex™ GI-Virus Assay	Allplex™ GI-Bacteria(I) Assay	Allplex™ GI-Bacteria(II) Assay	Allplex™ GI-Parasite Assay	Allplex™ GI-Helminth(I) Assay
<ul style="list-style-type: none"><li>Adenovirus</li><li>Astrovirus</li><li>Norovirus GI</li><li>Norovirus GII</li><li>Rotavirus</li><li>Sapovirus</li></ul>	<ul style="list-style-type: none"><li>Aeromonas spp.</li><li>Campylobacter spp.</li><li>Clostridium difficile toxin B</li><li>Salmonella spp.</li><li>Shigella spp./Enteroinvasive E. coli (EIEC)</li><li>Vibrio spp.</li><li>Yersinia enterocolitica</li></ul>	<ul style="list-style-type: none"><li>Escherichia coli O157</li><li>Shiga toxin-producing E. coli (STEC)(stx1/2)</li><li>Enteroaggregative E. coli (EAEC)(aggR)</li><li>Enteropathogenic E. coli (EPEC)(eaeA)</li><li>Enterotoxigenic E. coli (ETEC)(lt/st)</li><li>Hypervirulent Clostridium difficile</li></ul>	<ul style="list-style-type: none"><li>Blastocystis hominis</li><li>Cryptosporidium spp.</li><li>Cyclospora cayetanensis</li><li>Dientamoeba fragilis</li><li>Entamoeba histolytica</li><li>Giardia lamblia</li></ul>	<ul style="list-style-type: none"><li>Ancylostoma spp.</li><li>Ascaris spp.</li><li>Enterobius vermicularis</li><li>Enterocytozoon spp./Encephalitozoon spp.</li><li>Hymenolepis spp.</li><li>Necator americanus</li><li>Strongyloides spp.</li><li>Taenia spp.</li><li>Trichuris trichiura</li></ul>

Ref. <sup>1</sup> GOV.UK (20 Feb 2025); <sup>2</sup> Hospital Norovirus Outbreak Reporting System (19 Jan 2025); <sup>3</sup> CDC (5 Feb 2025); <sup>4</sup> PHAC (30 Dec 2024); <sup>5</sup> KDCA (6 Jan 2025); <sup>6</sup> WHO; <sup>7</sup> CDC; <sup>8</sup> Contemporarypediatrics; <sup>9</sup> Yalmedicine; <sup>10</sup> Kendra et al., 2022; <sup>11</sup> Chhabra et al., 2024; <sup>12</sup> CDC CaliciNet Data (retrieved 10 Feb 2025); <sup>13</sup> Udompat et al., 2024; <sup>14</sup> Alsedà et al., 2023