Respiratory Viruses in Luxembourg (ReViLux)

Sentinel Network Report -Week 02

Summary of Sentinel Network activities

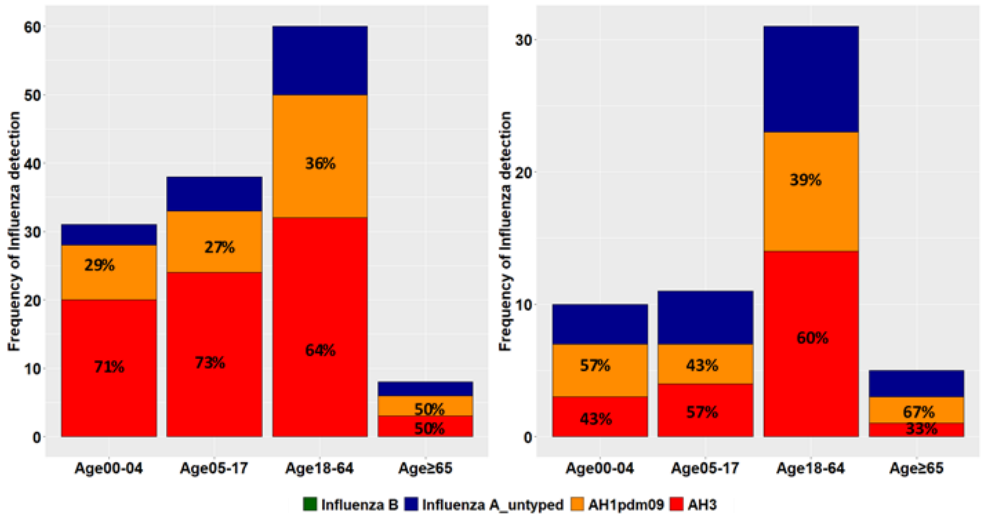
In week **2026/02**, consultations for acute respiratory infections **(ARI)** rose above **20%**, while influenza-like illness activity **(ILI)** increased slightly to **9.4%**, indicating medium epidemic activity.

In week 2026/02, the LNS processed 126 sentinel specimen, with respiratory viruses detected in 67.4% of samples. **Influenza A** was the leading pathogen (**33.3%**) and continues to rise, while **RSV** declined to around **11%** after peaking at Christmas time. SARS-CoV-2 circulation remained below 10% for the past four weeks and has not increased after the school break. Human rhinovirus and metapneumovirus, were detected across all age-groups, while parainfluenza and adenovirus were mainly identified in children under 10 years.

Influenza activity: season 2025/26

Influenza A activity has remained high since surpassing 20% threshold in week 2025/51, following an initial rise above 10% in week 2025/48. Overall 117 (85.4%) of the 137 samples have been subtyped: 67.5% (N=79) as A(H3) and 32.5% (N=38) as A(H1)pdm09. Over the past two weeks, A(H1)pdm09 detections have increased across all age-groups, although some samples remain un-subtyped, which may further influence the subtype distribution.

Influenza cases by age group: comparison of 2025/40-2026/02(N=137) vs. 2026/01-02 (N=57); AH3 and AH1pdm09 percentages in brackets; blue-subtyping pending



Sentinel Surveillance Network

The Sentinel Surveillance aims to monitor circulating respiratory viruses, from traditional ones like influenza to more recent ones like SARS-CoV-2, and hence underpin public health actions. The Sentinel Network is a group of general practitioners and paediatricians spread across the country. They report the weekly number of patients showing symptoms suggestive of acute respiratory infection (ARI) and influenza-like illness (ILI), and those patients are then sampled and tested for a panel of respiratory viruses. The circulation of respiratory viruses in the Northern Hemisphere is generally monitored by seasons that range from week 40 to week 20. The period between weeks 20 and 40 is usually called inter-season.

Clinical results

During weeks 2026/01-02, consultations for acute respiratory infections (ARI) remained above 15%. In addition, during the festive period, influenza-like illness (ILI) activity returned to baseline levels, but increased to over 8%, during the first two weeks of 2026.

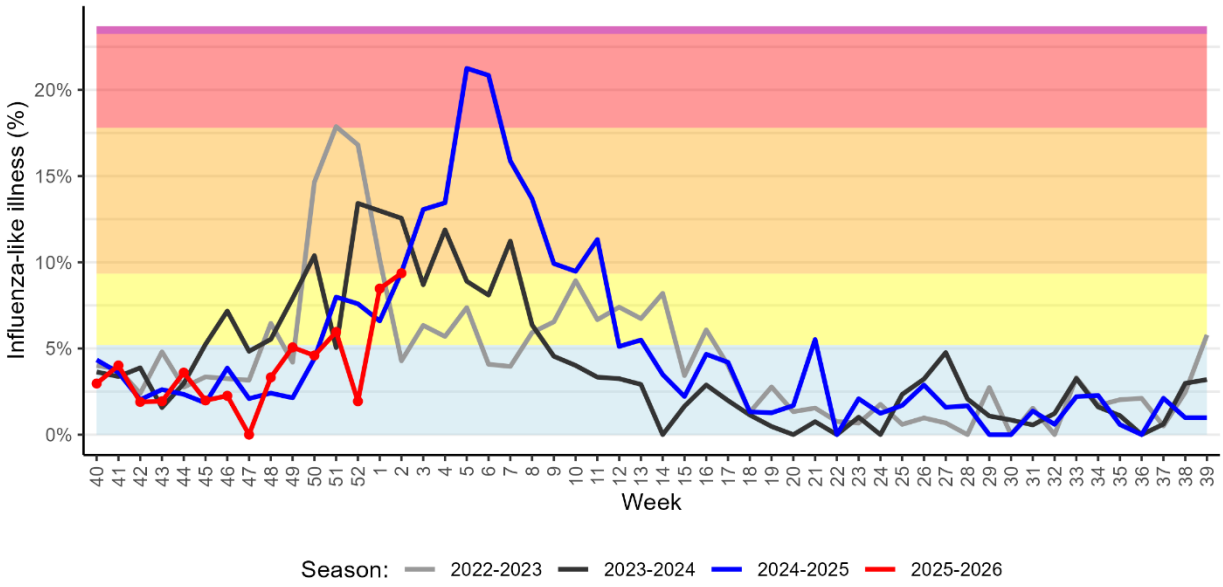
Similar patterns-excluding the festive season- have been observed in previous seasons. Historical trends in ILI consultations are presented in figure 2, and a detailed summary of the ARI and ILI case counts for the past four weeks is provided in table 1.

Table 1. Syndromic surveillance over the last 4 weeks

Week	ARI		ILI		Total consultations
	N	%	N	%	
2025/51	76	18.86	24	5.96	403
2025/52	22	14.19	3	1.94	155
2026/01	47	18.95	21	8.47	248
2026/02	57	21.35	25	9.36	267

*ARI: Acute Respiratory Infections; ILI: Influenza-like Illness. *Results from only 5 doctors*

Figure 1. Percentage of patients with Influenza-like illness over the last three seasons and 2025-2026 (red) Background colours according to intensity of circulation: baseline, low, medium, high, very high.



Laboratory results

During week 2026/02, the LNS received 126 sentinel specimens. Of these, 46.8% (N=59) were from adults aged 18 to 64 years, followed by 27.0% (N=34) from children under 5 years. Children aged 5 to 17 years accounted for 18.3% (N=23) and patients aged ≥ 65 years for 7.9% (N=10). Overall, 49.2% (N=62) were female and 50.8% (N=64) were male patients.

Respiratory viruses were detected in 85 (67.4%) of the 126 sentinel samples. The predominant pathogen was **influenza A (33.3%)**, followed by **human rhinovirus (14.4%)** and **RSV (11.2%)**. SARS-CoV-2 circulation has remained below 10% for the past four weeks and has not increased after the school break. In contrast, influenza A activity has been close to 30% for two consecutive weeks, with an increasing trend since the start of the new year. RSV positivity peaked during Christmas time to 27.3% but declined to around 10% over the past two weeks.

Since the beginning of the season, 125 cases of RSV have been confirmed. Subtyping identified 71 RSV-A (68.3%) and 33 (31.7%) RSV- B cases. Approximately 32% of RSV infections occurred in children under 2 years of age, 33% in children aged 2 to 4 years, and 21% in adults aged 18 to 64 years.

Furthermore, over the past two weeks, human rhinovirus and metapneumovirus have been detected in all age-groups, while parainfluenza and adenovirus have been primarily detected in children under 10 years.

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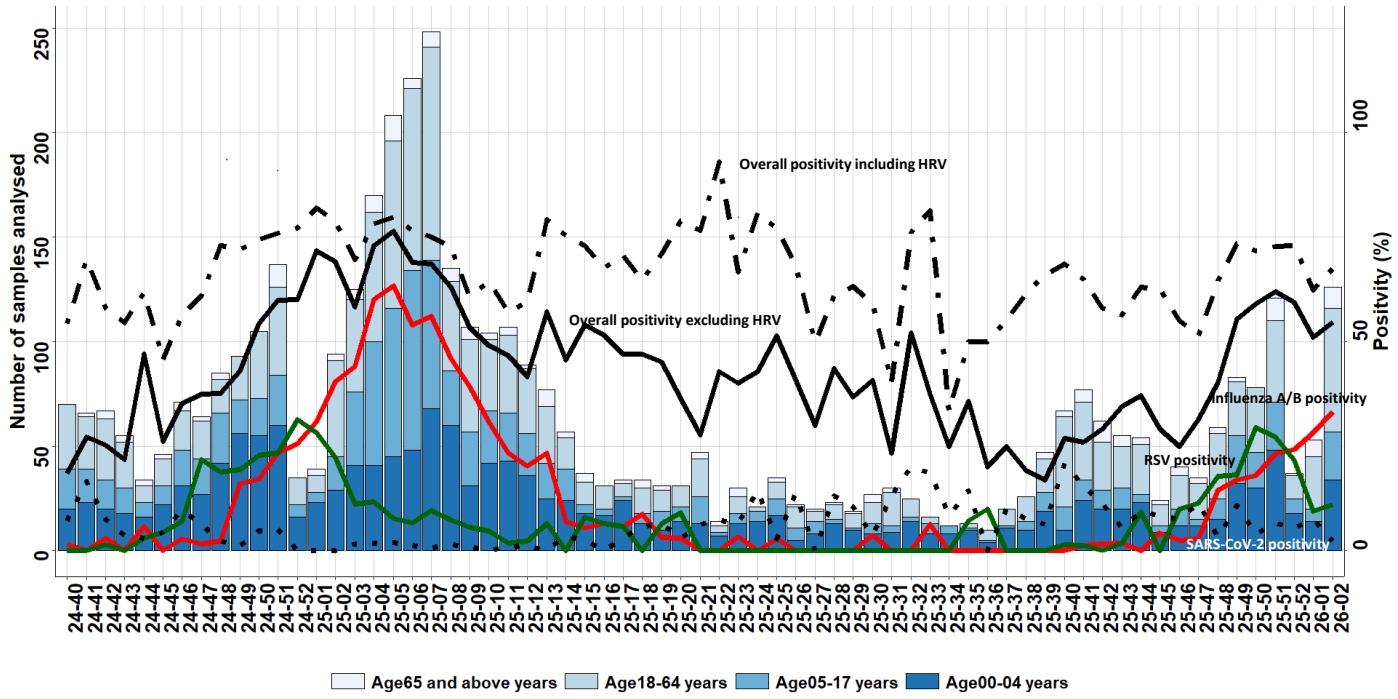
An overview of the circulating viral pathogens in the sentinel network in Luxembourg during the current and previous (inter)- season is presented in figure 2, 3 and table 2.

Table 2. Distribution of respiratory viruses detected within the Sentinel Network during the past 4 weeks compared to previous season; Total N detected during season 2025/26 and previous season; Results from last weeks are not all yet consolidated.

Virus	Season 2025/26					Season 2024/25		
	Positivity Rate in %							
	W51	**W52**	**W01**	**W02**	**Total N (%)**	**W01**	**W02**	**Total N (%)**
Influenzavirus A	23.1	24.3	28.3	33.3	137 (14.1)	30.8	28.7	502 (17.2)
Human rhinovirus	23.1	24.3	15.1	14.4	280 (28.8)	26.3	16.1	720 (24.8)
Respiratory syncytial virus	27.3	21.6	9.4	11.2	125 (12.9)	28.2	22.3	287 (9.9)
Metapneumovirus	5.0	5.4	5.7	4.8	31 (3.2)	5.3	5.4	157 (5.4)
SARS-CoV-2	6.6	5.4	7.5	2.4	81 (8.3)	0.0	0.0	80 (2.7)
Parainfluenzavirus	0.8	2.7	0.0	2.4	41 (4.2)	0.0	1.1	99 (3.4)
Adenovirus	7.4	8.1	1.9	1.6	52 (5.4)	18.4	8.6	203 (7.0)
Influenzavirus B	0.0	0.0	0.0	0.0	0 (0.0)	0.0	12.8	404 (13.9)

*Figure 2. Presents number of sentinel samples received per week by age-group (weeks 2024/40 to 2026/02) including overall sample positivity- including human rhinovirus (HRV, dot-dash line), excluding HRV (black line), SARS-CoV-2 (dotted line), influenza **combined** (red) and RSV (green); Secondary axis corresponds to positivity; Results from last weeks are not all yet consolidated.*



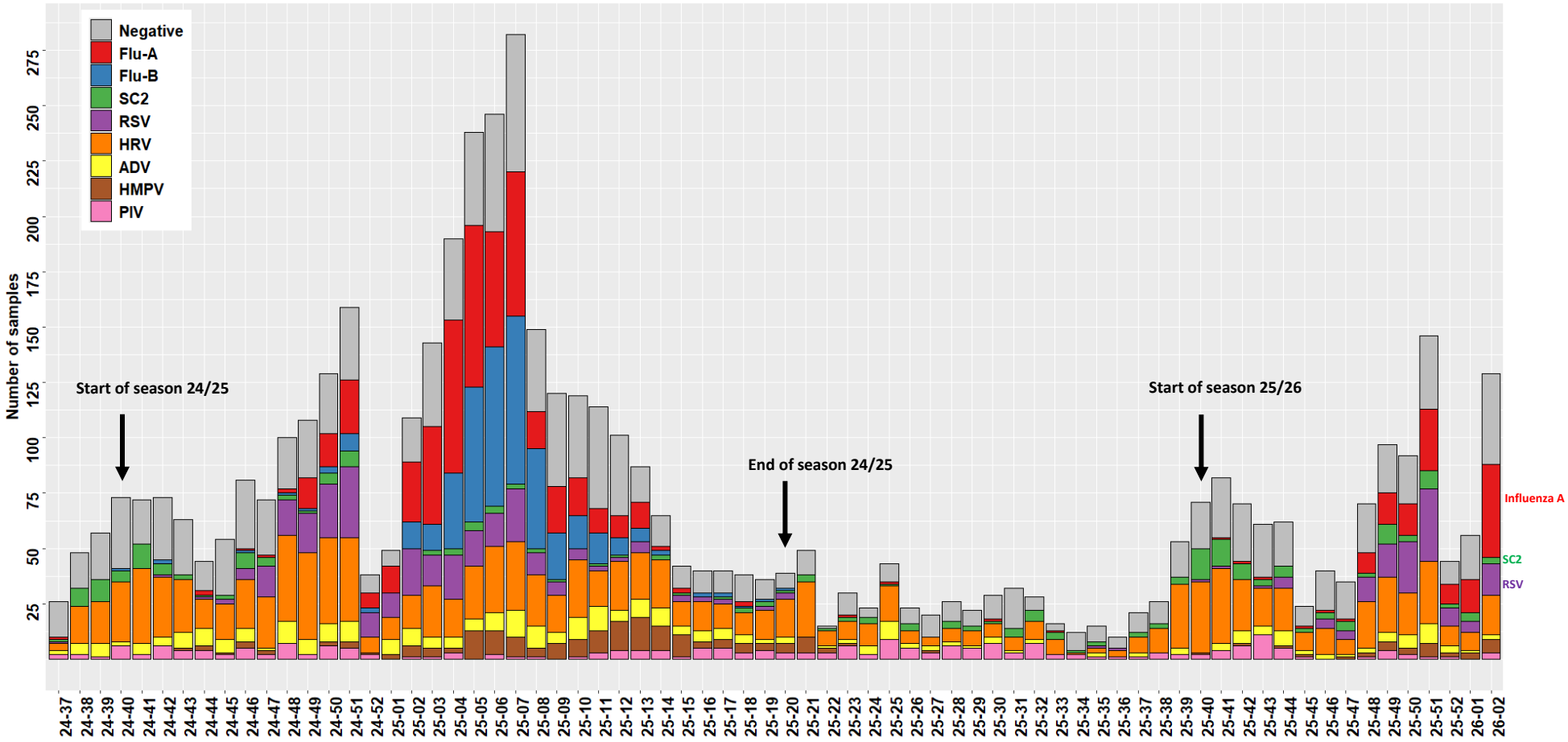


Figure 3. Circulation of respiratory viruses detected within the Sentinel Network by calendar week (seasons 24/25 and 25/26). FLU-A: influenzavirus A; FLU-B: influenzavirus B; PIV:parainfluenzavirus; RSV: respiratory syncytial virus; ADV: adenovirus; HMPV: metapneumovirus; HRV: human rhinovirus; SC2: SARS-CoV-2; Results from last weeks are not all yet consolidated.

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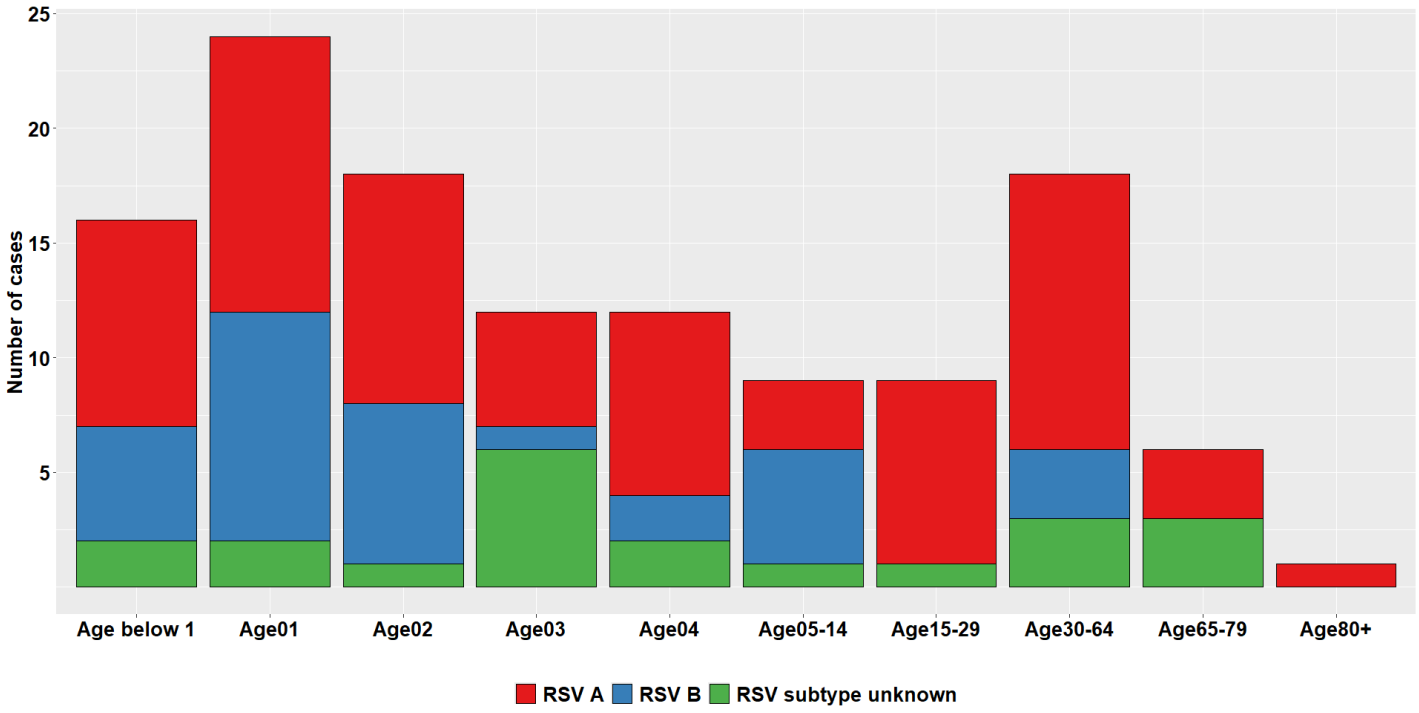
Figure 4. Number of RSV cases detected in different age-groups (N=125) from 2025/40 to 2026/02



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