



## 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

In weeks 2026/08, consultations for acute respiratory infections (ARI) increased slightly to 16.2%, whereas ILI rates remained stable at 6.6%. Overall, these figures continue to indicate low epidemic activity. Similar patterns are being observed in other European countries, with influenza A activity now decreasing.

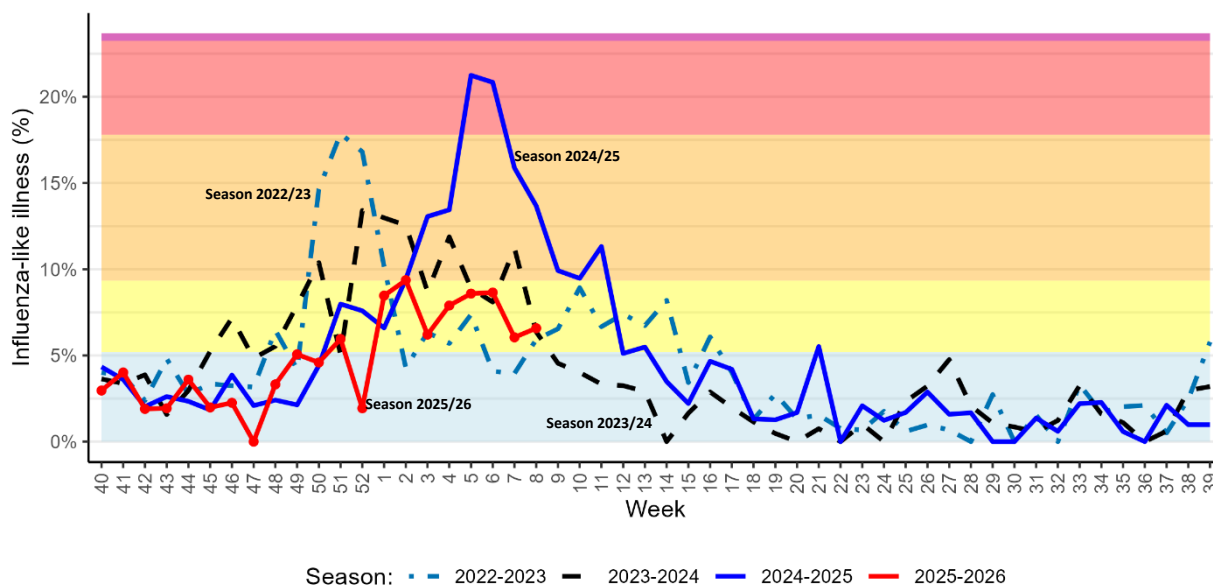
Historical trends in ILI consultations are presented in figure 2, and a detailed summary of the ARI and ILI case counts for the past four weeks is provided in table 1.

*Table 1. Syndromic surveillance over the last 4 weeks*

Week	ARI		ILI		Total consultations
	N	%	N	%	
2026/05	51	12.88	34	8.59	396
2026/06	68	12.78	46	8.65	532
2026/07	44	15.66	17	6.05	281
2026/08	37	16.23	15	6.58	228

*ARI: Acute Respiratory Infections; ILI: Influenza-like Illness.*

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 2026/08, the LNS received 71 sentinel specimens. Of these, 60.6% (N=43) were from children under 5 years of age, followed by 19.7% (N=14) from adults aged 18 to 64 years. Children aged 5 to 17 years accounted for 12.7% (N=9), while patients aged  $\geq 65$  years represented 7.0% (N=5). Overall, 54.3% (N=38) of samples were from female and 45.7% (N=32) were from male patients.

Respiratory viruses were detected in 42 (59.2%) of the 71 sentinel samples. The predominant pathogen was **human rhinovirus (24.6%)**, followed by **RSV positivity (13.0%)**. Notably, RSV positivity increased from 5.0% in week 2026/07 to 13.0% in week 2026/08. Over the past week, **influenza A** decreased markedly from 19.8% (2026/07) to **4.2%** (2026/08). Of note, last week was school holidays and we received only a small number of samples from school-aged children and adults compared to previous weeks. During the last two weeks (2026/07-8), 23 new influenza A cases were identified across all age-groups, with 43.3% of cases detected in children under 5 years, followed by children aged 5 to 17 years (26.0%) and adults below 65 years (26.0%). In total, 22 (95.7%) of the 23 influenza A cases were subtyped: 63.6% (N=14) were identified as A(H3) and 36.4% (N=8) as A(H1)pdm09 (Figure 5 and 6).

**SARS-CoV-2** positivity remained stable at **5.6%** affecting mainly children below 5 years (75% of positive cases).

Since the beginning of the season, 172 RSV cases have been confirmed. Subtyping identified 99 RSV-A (67.3%) and 48 (32.7%) RSV-B cases. Approximately 33% of RSV infections occurred

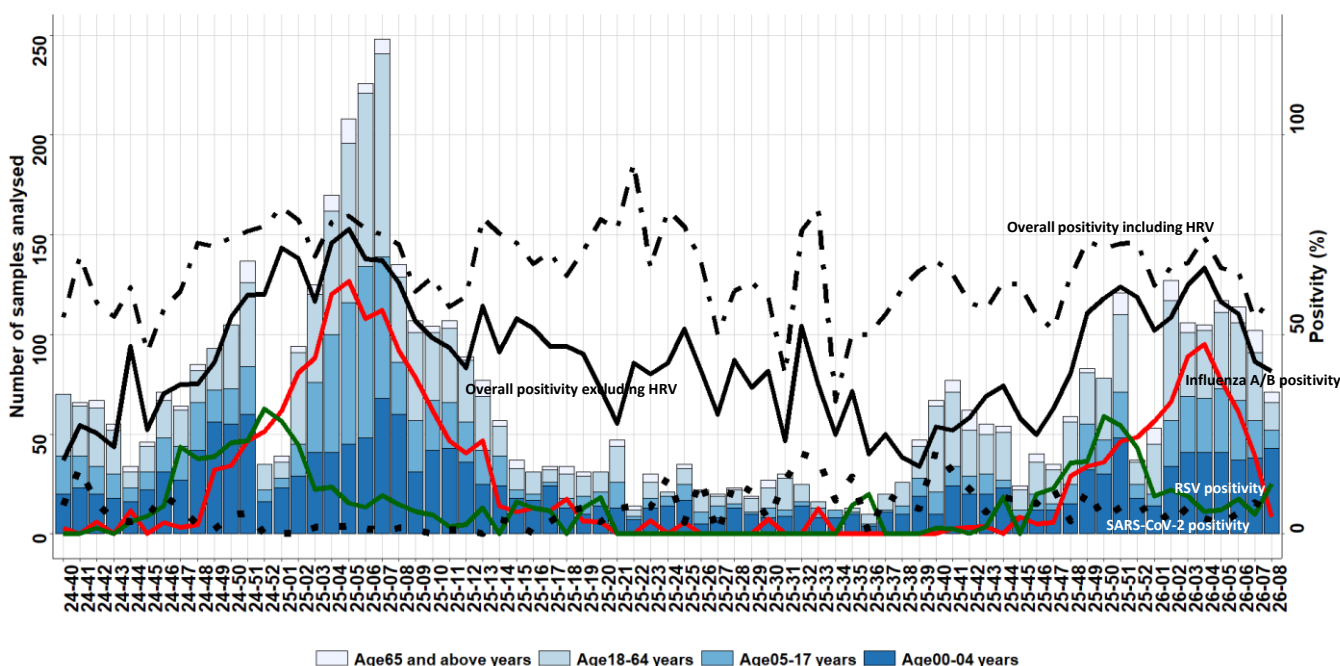
in children under 2 years of age, with a similar proportion (31%) in children aged 2 to 4 years, and 22% in adults aged 18 to 64 years.

Furthermore, over the past two weeks, human rhinovirus and metapneumovirus have been detected in all age-groups, while parainfluenzavirus and adenovirus were primarily detected in children under 5 years of age. 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 %					Positivity Rate in %		
	W05	W06	W07	W08	Total N (%)	W07	W08	Total N (%)
Human rhinovirus	14.7	21.9	18.8	24.6	381 (24.1)	12.6	17.0	720 (24.8)
Respiratory syncytial virus	6.0	8.8	5.0	13.0	172 (10.9)	9.7	7.4	287 (9.9)
Metapneumovirus	9.5	10.5	6.9	11.6	78 (4.9)	3.7	3.0	157 (5.4)
Adenovirus	4.3	1.8	7.9	10.1	89 (5.6)	4.9	7.4	203 (7.0)
SARS-CoV-2	2.6	5.3	7.8	5.6	113 (7.1)	0.8	1.5	80 (2.7)
Parainfluenzavirus	0.9	1.8	3.0	4.3	53 (3.3)	0.4	0.7	99 (3.4)
Influenzavirus A	38.5	30.7	19.8	4.2	347 (21.2)	26.2	12.6	502 (17.2)
Influenzavirus B	0.0	0.0	0.0	0.0	0 (0.0)	30.6	33.3	404 (13.9)

Figure 2. Presents number of sentinel samples received per week by age-group (weeks 2024/40 to 2026/08) 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.



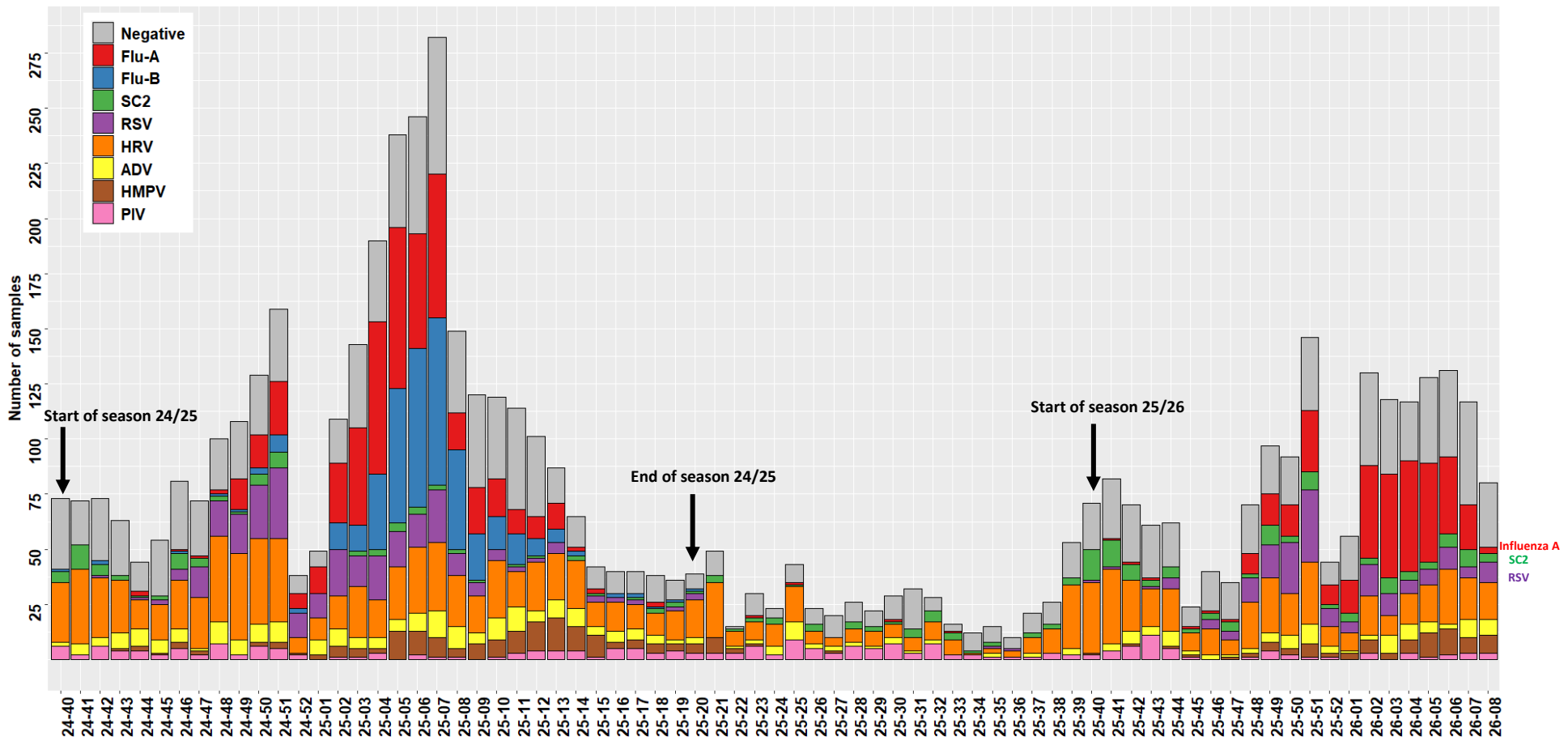


Figure 3. Circulation of respiratory viruses detected within the Sentinel Network by calendar week (seasons 24/25 and 25/26). FLU-A: influenza A; FLU-B: influenza B; PIV: parainfluenza virus; RSV: respiratory syncytial virus; ADV: adenovirus; HMPV: metapneumovirus; HRV: human rhinovirus; SC2: SARS-CoV-2;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

Figure 4. Number of RSV cases detected in different age-groups (N=172) from 2025/40 to 2026/08

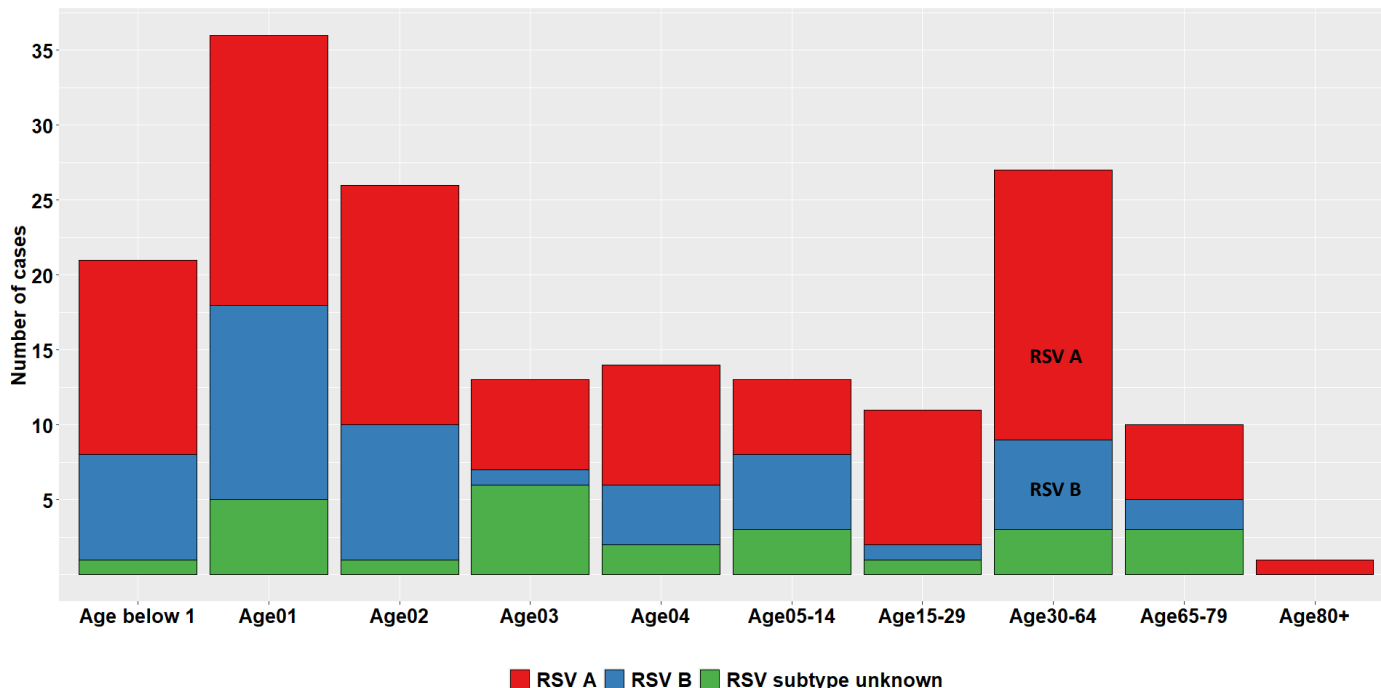


Figure 5. Influenza cases by age group: comparison of 2025/40-2026/08 (N=337) vs. 2026/07-08 (N=23); AH3 and AH1pdm09 percentages in brackets; blue-subtyping pending

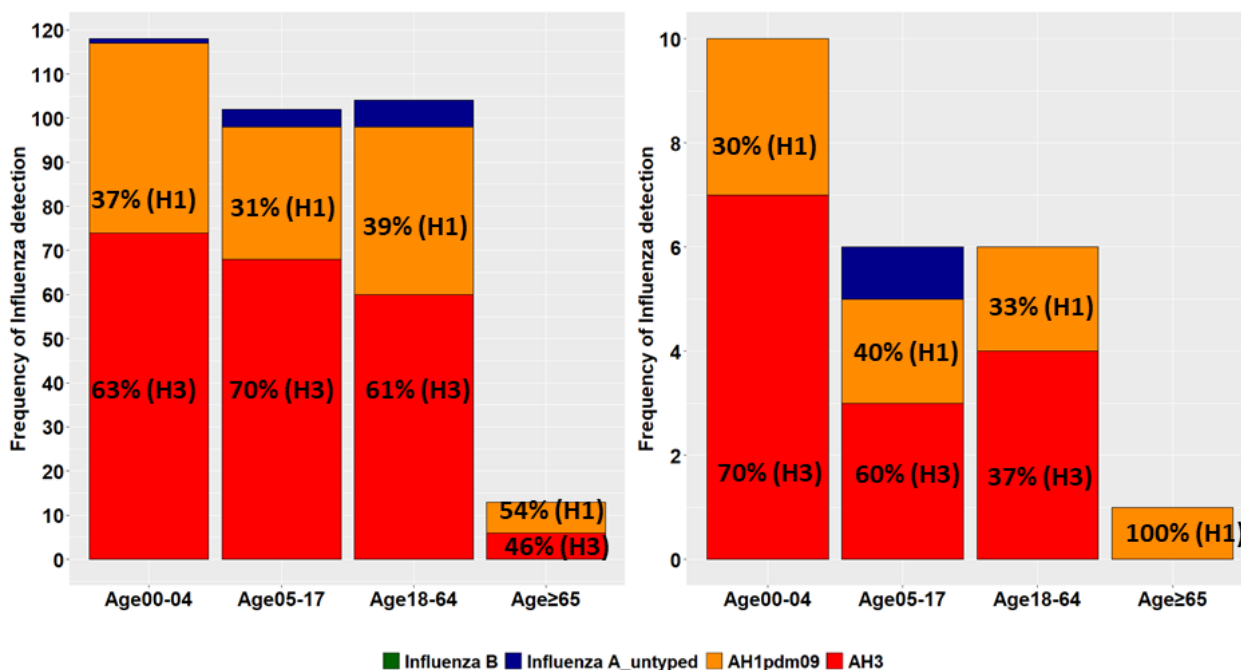
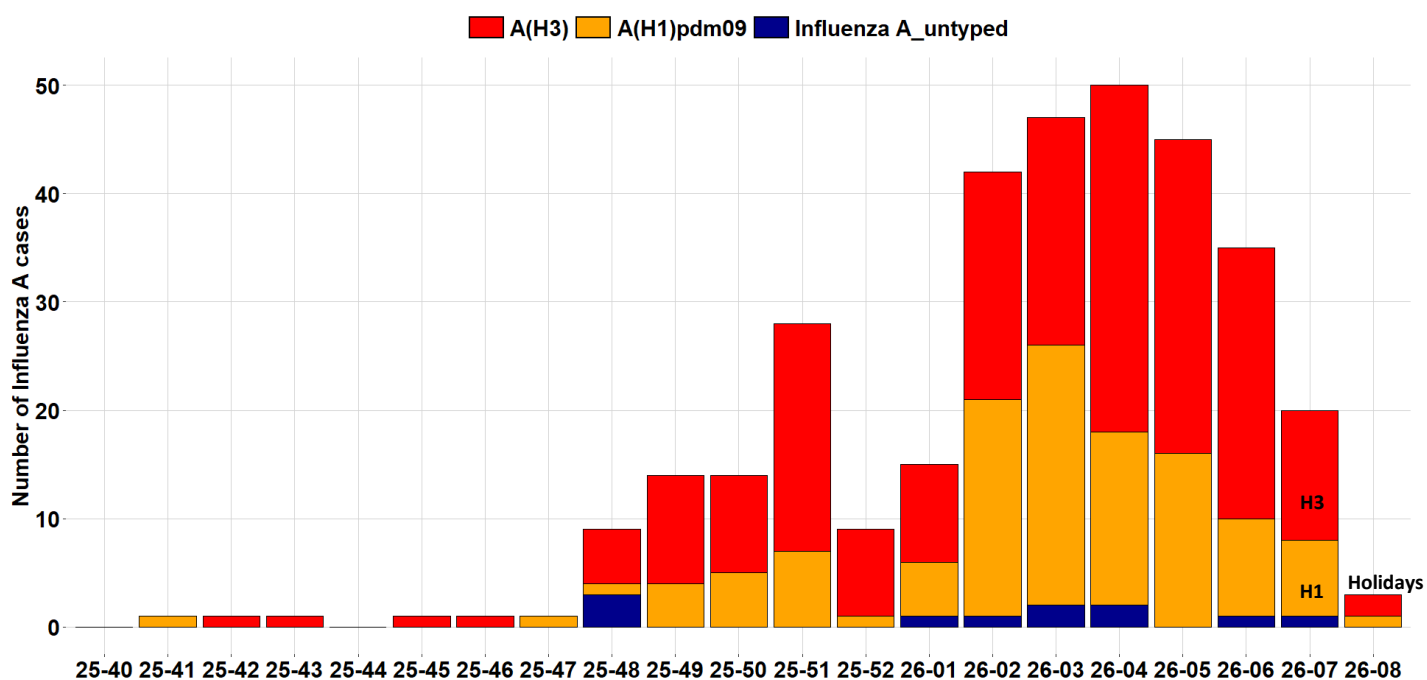


Figure 6. Overall influenza A detection by week and subtype: N=337cases with 326 (97%) subtyped; 208 (64.0%) A(H3) and 118 cases (36.0%) as A(H1)pdm09



## References

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