

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 week 2026/15, the proportion of consultations for acute respiratory infections (ARI) decreased to 11.1%, following the increase observed in week 2026/14 (18.4%), while the overall consultation numbers continued to decline. Two influenza-like illness (ILI) cases were reported, corresponding to 2.0% of consultations; however, ILI activity remains very low and these estimates are difficult to interpret due to the small number of consultations reported during the holiday period. Overall, ARI remains prevalent, suggesting ongoing circulation and dominance of non-influenza respiratory infections. This pattern is in line with reports from other EU/EEA countries, where ILI activity has recently remained at baseline levels.

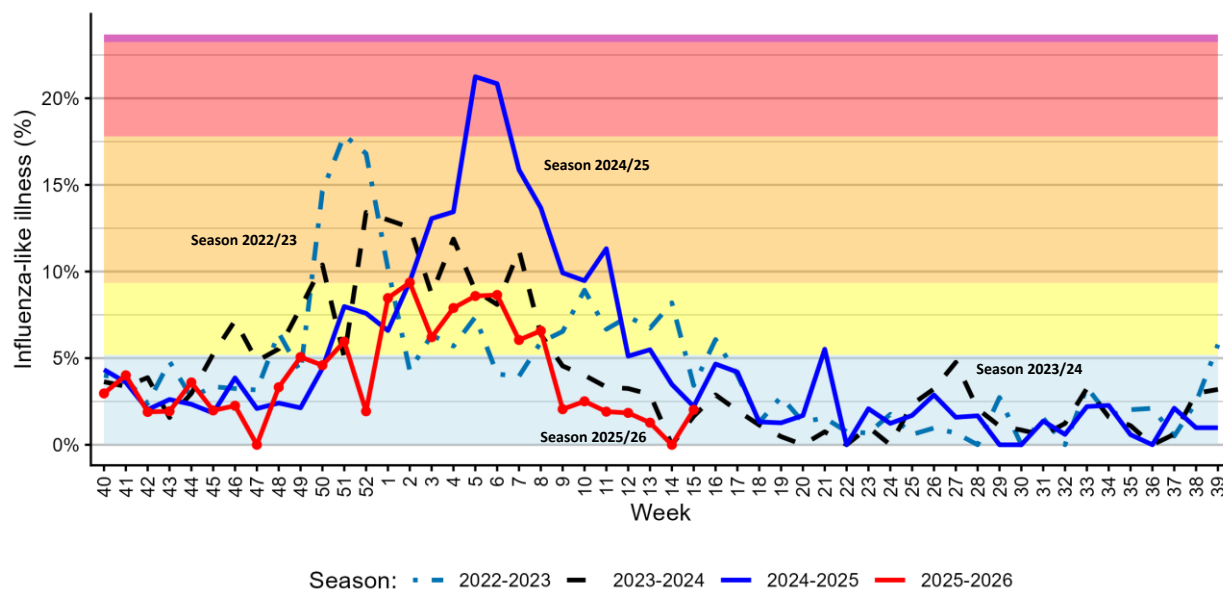
Historical trends in ILI consultations are presented in figure 2, and a detailed summary of the ARI and ILI case counts for the past four weeks is provided in table 1.

Table 1. Syndromic surveillance over the last 4 weeks

Week	ARI		ILI		Total consultations
	N	%	N	%	
2026/12	32	9.82	6	1.84	326
2026/13	25	10.64	3	1.28	235
2026/14	29	18.35	0	0.00	158
2026/15	11	11.11	2	2.02	99

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 2026/15, the LNS received 23 sentinel specimens. Of these, 60.9% (N=14) were from children under 5 years of age, followed by 21.7% (N=5) from adults aged 18 to 64 years. Children aged 5 to 17 years accounted for 13.0% (N=3), while patients aged ≥ 65 years represented 4.4% (N=1). Overall, 56.5% (N=13) of samples were from male and 43.5% (N=10) were from female patients.

Respiratory viruses were detected in 15 (65.2%) of the 23 sentinel samples. The predominant pathogen was **human rhinovirus (47.8%)**, followed by **parainfluenza (13.0%)** and **adenovirus (8.7%)**.

In week 2026/15, no influenza A nor SARS-CoV-2 cases were detected. RSV- activity remained below 10%, with only one new case detected. So far this season, 192 RSV cases have been detected, of which 86.0% (N=166) have been subtyped; 64.5% were RSV-A and 35.5% RSV-B.

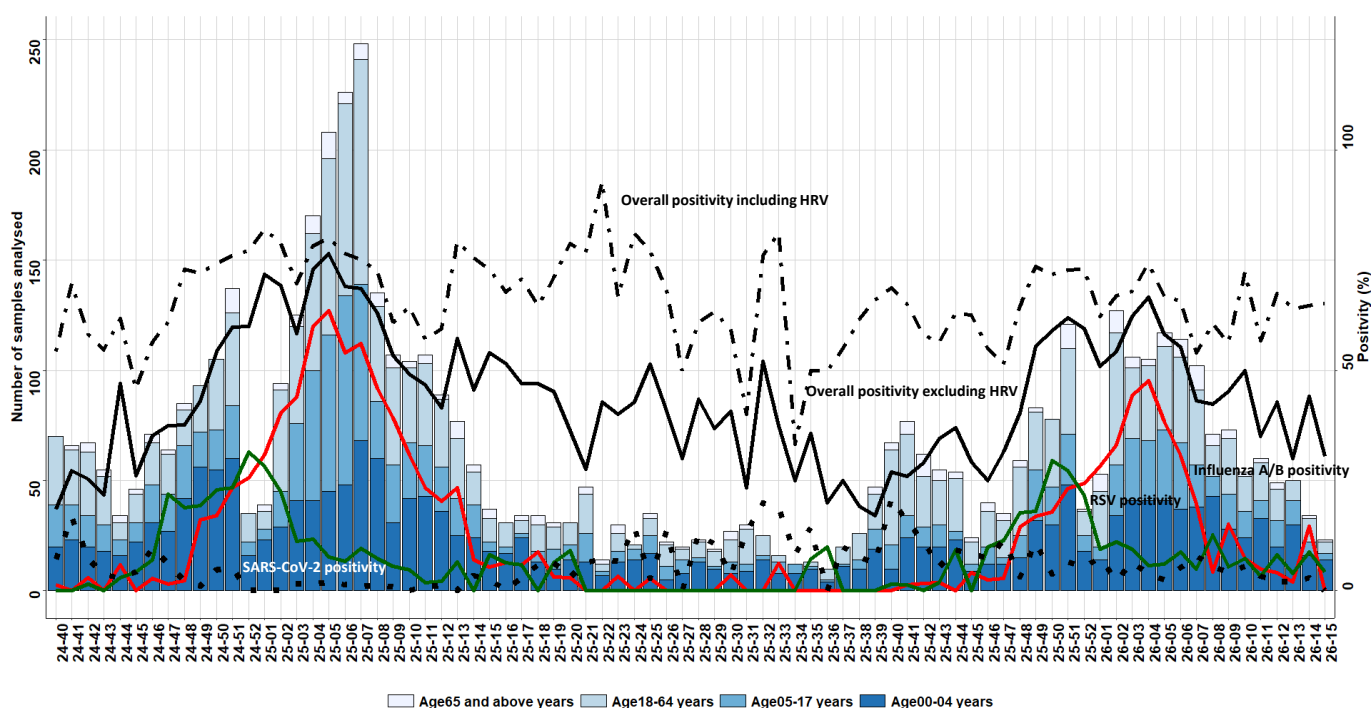
Over the past two weeks, human rhinovirus virus was detected across all age groups below 65 years, while adenovirus, human metapneumovirus, and parainfluenza viruses were predominantly identified in children under 5 years.

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 %							
	W12	W13	W14	W15	Total N (%)	W14	W15	Total N (%)
Human rhinovirus	38.8	50.0	32.4	47.8	493 (25.6)	38.6	29.7	720 (24.8)
Parainfluenzavirus	4.1	8.0	5.9	13.0	72 (3.7)	7.0	2.7	99 (3.4)
Adenovirus	6.1	12.0	8.8	8.7	122 (6.3)	14.0	10.8	203 (7.0)
Respiratory syncytial virus	8.2	4.0	8.8	4.3	192 (9.9)	0.0	8.1	287 (9.9)
Metapneumovirus	22.4	6.0	5.9	4.3	118 (6.1)	19.3	27.0	157 (5.4)
Influenzavirus A	4.1	2.0	14.7	0.0	363 (18.8)	3.5	5.4	502 (17.2)
SARS-CoV-2	2.0	2.0	2.9	0.0	124 (6.4)	3.5	2.7	80 (2.7)
Influenzavirus B	0.0	0.0	0.0	0.0	0 (0.0)	3.5	0.0	404 (13.9)

Figure 2. Presents number of sentinel samples received per week by age-group (weeks 2024/40 to 2026/15) 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.



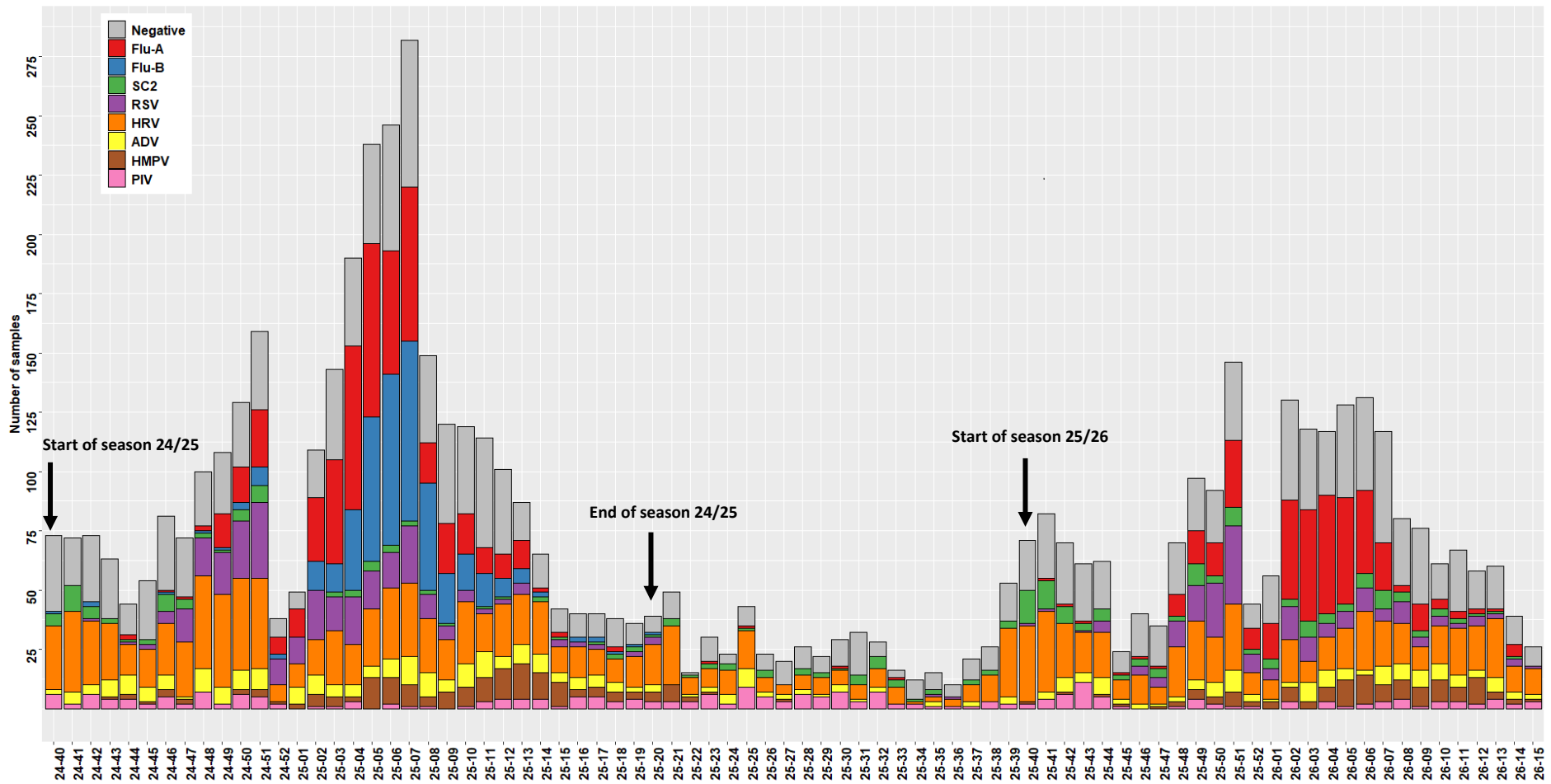


Figure 3. Circulation of respiratory viruses detected within the Sentinel Network by calendar week (seasons 24/25 and 25/26). FLU-A: influenza A; FLU-B: influenza B; PIV: parainfluenza; RSV: respiratory syncytial virus; ADV: adenovirus; HMPV: metapneumovirus; HRV: human rhinovirus; SC2: SARS-CoV-2; Results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

Figure 4. Number of RSV cases detected in different age-groups (N=192) from 2025/40 to 2026/15

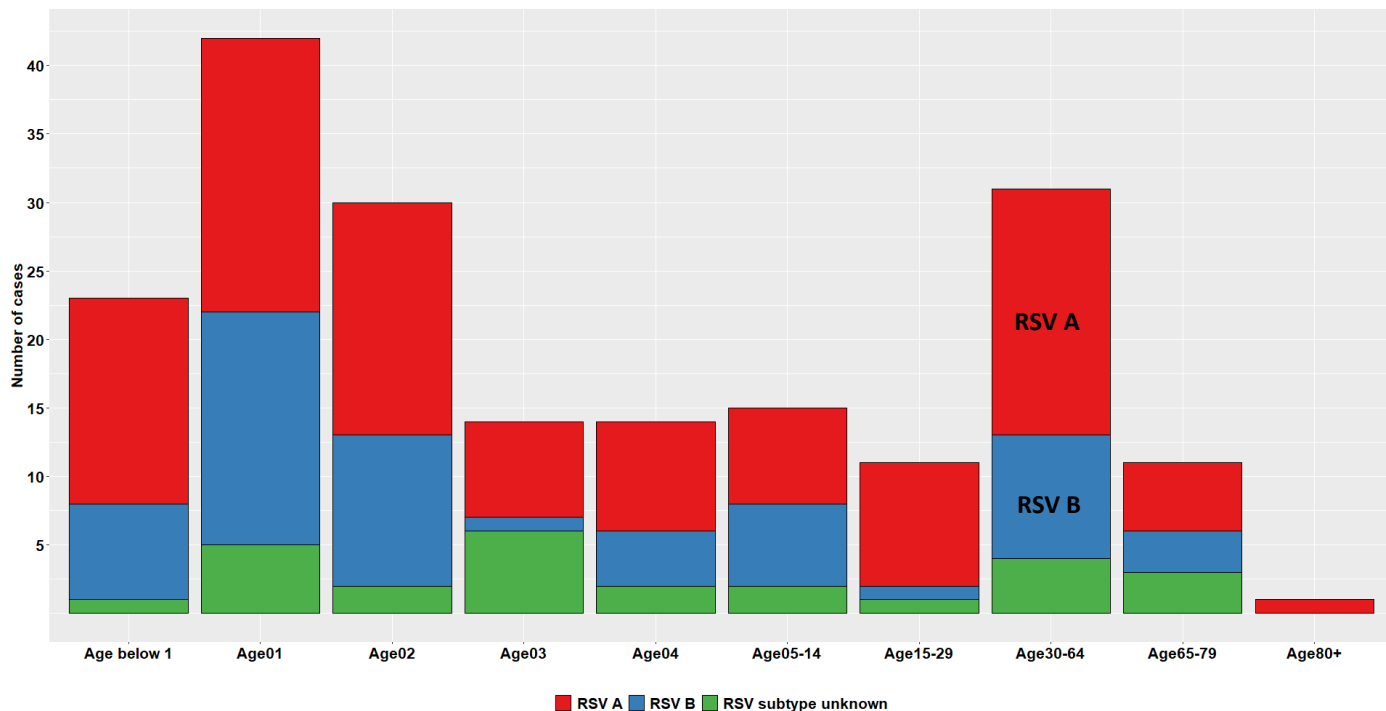


Figure 5. Number of Influenza A cases detected in different age-group by subtypes (N=363) from 2025/40 to 2026/15; blue-subtyping pending

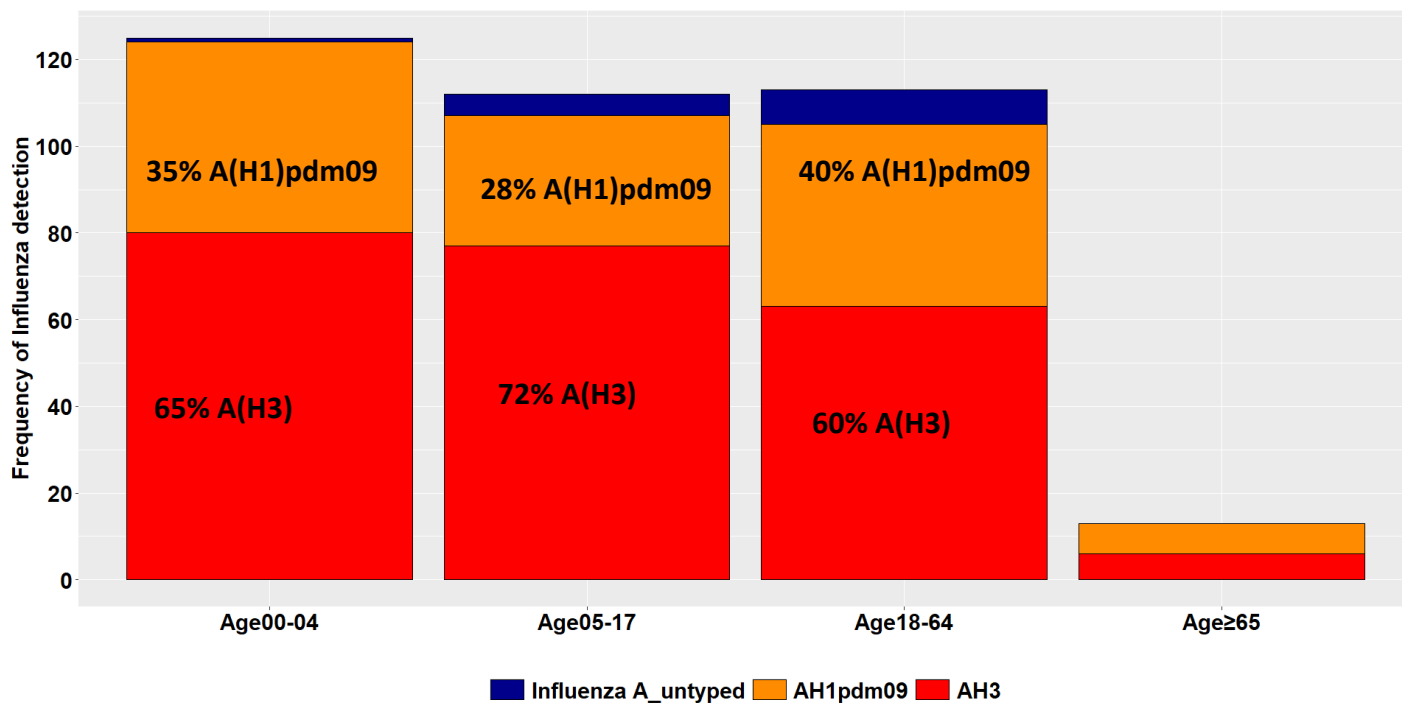
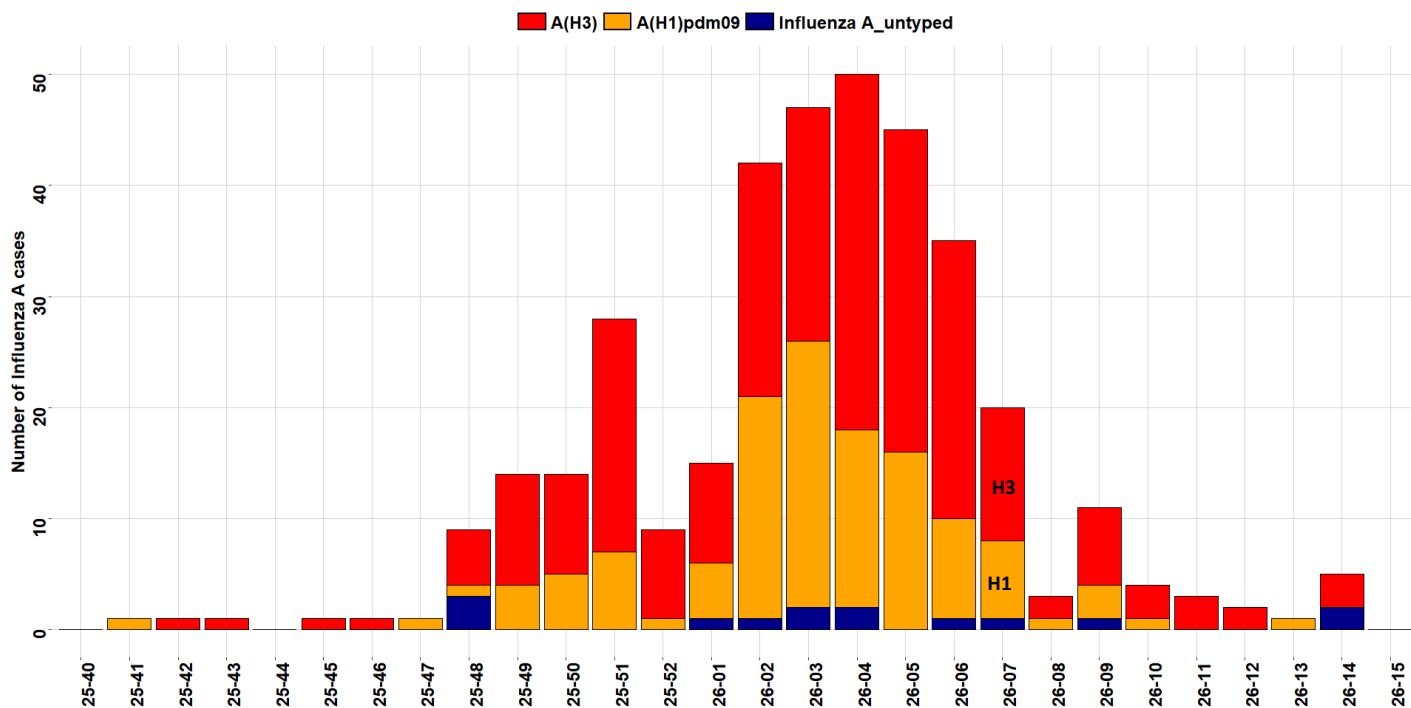


Figure 6. Overall influenza A detection by week and subtype: N=363 cases with 349 (96.1%) subtyped; 226 (64.8%) A(H3) and 123 cases (35.2%) as A(H1)pdm09



References

European Centre for Disease Prevention and Control. European Respiratory Virus Surveillance Summary (ERVISS), 2026, Week 14, Retrieved 13 April 2026, <https://erviss.org/>

European Centre for Disease Prevention and Control. Communicable Disease Threats Report Week, Retrieved 14 April 2026, <https://www.ecdc.europa.eu/en/publications-data/communicable-disease-threats-report-4-10-april-2026-week-15>

World Health Organization. Global Influenza Programme. Retrieved 14 April 2026, <https://www.who.int/tools/flunet>

World Health Organization. Disease Outbreak News-Seasonal Influenza. Retrieved 14 April 2026, <https://www.who.int/emergencies/disease-outbreak-news/item/2025-DON586>