

# Respiratory Viruses in Luxembourg (ReViLux)

## Sentinel Network Report -Week 09

### Summary

At the end of week 2024/09, rates of influenza-like illness indicate decreasing trends and the sentinel network detected a low epidemic activity, based on 4.4% of consultations being associated with influenza-like illness. Among the specimens collected by the sentinel network over the last week, the percentage of positive tests for Human rhinovirus was 33.3%, 13.3% for Adenovirus and 3.3 % for Influenzavirus A. RSV positivity has remained low and no new SARS-CoV-2 cases were detected within the sentinel network over the past two weeks.

Influenza A positivity rates decreased from 25.3% to 3.3% compared to previous week, with 79% of strains subtyped. Among those A viruses subtyped (N=293) there was a mix of A(H1)pdm09 viruses with 90.8% and A (H3) 9.2% .

Overall during this season (23/24) the sentinel network detected 210 RSV cases with 72% of samples subtyped. Genotyping analyses showed that the most frequent RSV strain during this season is RSV-A (86.2%).

## 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 north hemisphere is generally monitored by seasons that go from week 40 to week 20. The period between weeks 20 and 40 is usually called inter-season.

### Clinical results

Last week (2024/09), 4.4% of the consultations were reported as ILI, representing a low epidemic activity for Luxembourg, according to ECDC and the Moving Epidemic Method. Since week 2023/02 reported rates were at medium levels. Over the past two weeks downward trends in ILI rates have been observed. The history of ILI consultations is displayed in Figure 1, and a detailed summary of the number of ARI and ILI cases during the last four weeks is included in Table 1.

### Laboratory results

Over the last week, the most frequently detected viruses (according to positivity rates) were Human rhinovirus (33.3%), followed by Adenovirus (13.3%) and Influenzavirus A (3.3%). Positivity rates of Influenza A decreased from 35.3% (2023/52) to 22.5% (2024/02), but rates nearly doubled to 43.3% in week 2024/03, peaked in week 2024/06 (52.7%) and decreased to 3.3% in 2024/09. Two hundred and ninety three of 372 (78.8%) samples have been further characterized with 90.8% as A (H1)pdm09 and 9.2% as A (H3). Thirty samples from the sentinel network were genetically characterised with 13 (H1) samples reported as clade 5a.2a (A/Sydney/5/2021), 13 (H1) samples as subclade 5a.2a.1 (A/Victoria/4897/2022) and 4 (H3) samples as clade 2a.3a.1 (A/Thailand/8/2022). All of the genetically characterised clades belong to clades of the recommended vaccine components.

Over the past three weeks no circulation of Influenza B has been detected.

During week 2024/09, no new RSV cases were detected in the sentinel network. Overall, this season (23/24), the highest impact of RSV was seen among the 0-4 years age group (Figure3). To date, 152 RSV detections were further subtyped as either RSV A (N=131, 86.2%) or RSV B (N=21, 13.8%).

SARS-CoV-2 positivity has decreased since the start of 2024, from 14.1% in week 2024/01 to 2.4% in week 2024/07 and no cases were detected during weeks 2024/08 and 2024/09.

An overview of the circulating viral pathogens during the current and previous inter- season is displayed in Figure 2 and Table 2.

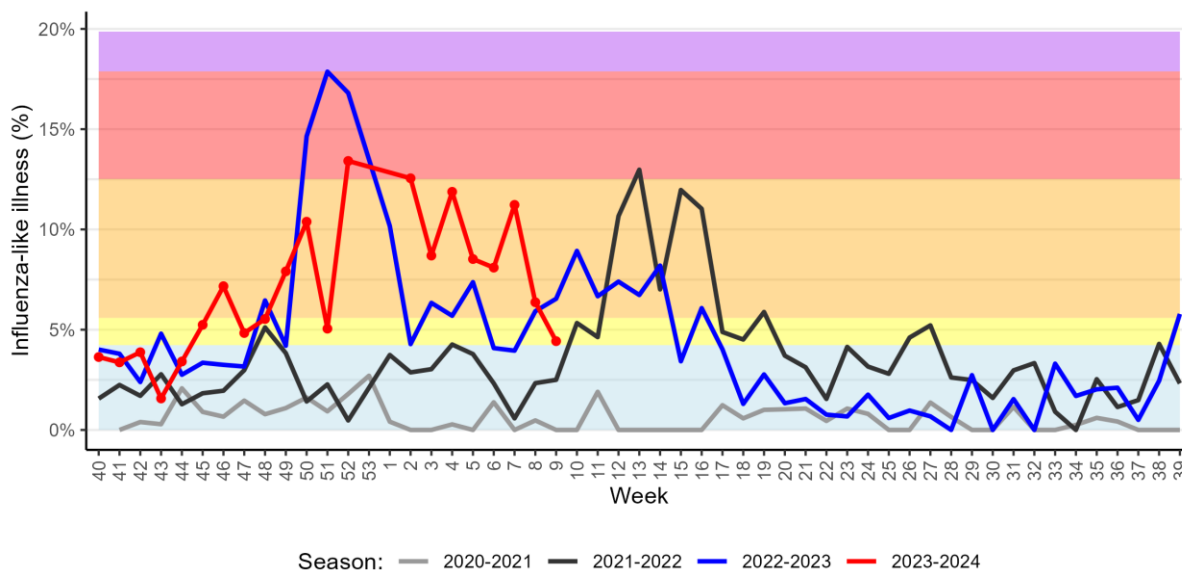


Figure 1. Percentage of patients with influenza-like illness over the last three seasons  
Background colours according to intensity of circulation: baseline, low, medium, high, very high. Data from 2024/01 not presented as low return

Table 1. Syndromic surveillance over the last 4 weeks

Week	ARI		ILI		Total consultations
	N	%	N	%	
2024/06	71	16.90	34	8.10	420
2024/07	74	37.76	22	11.22	196
2024/08	54	20.22	17	6.37	267
2024/09	46	16.97	12	4.43	271

ARI: Acute Respiratory Infections; ILI: Influenza-Like Illness.

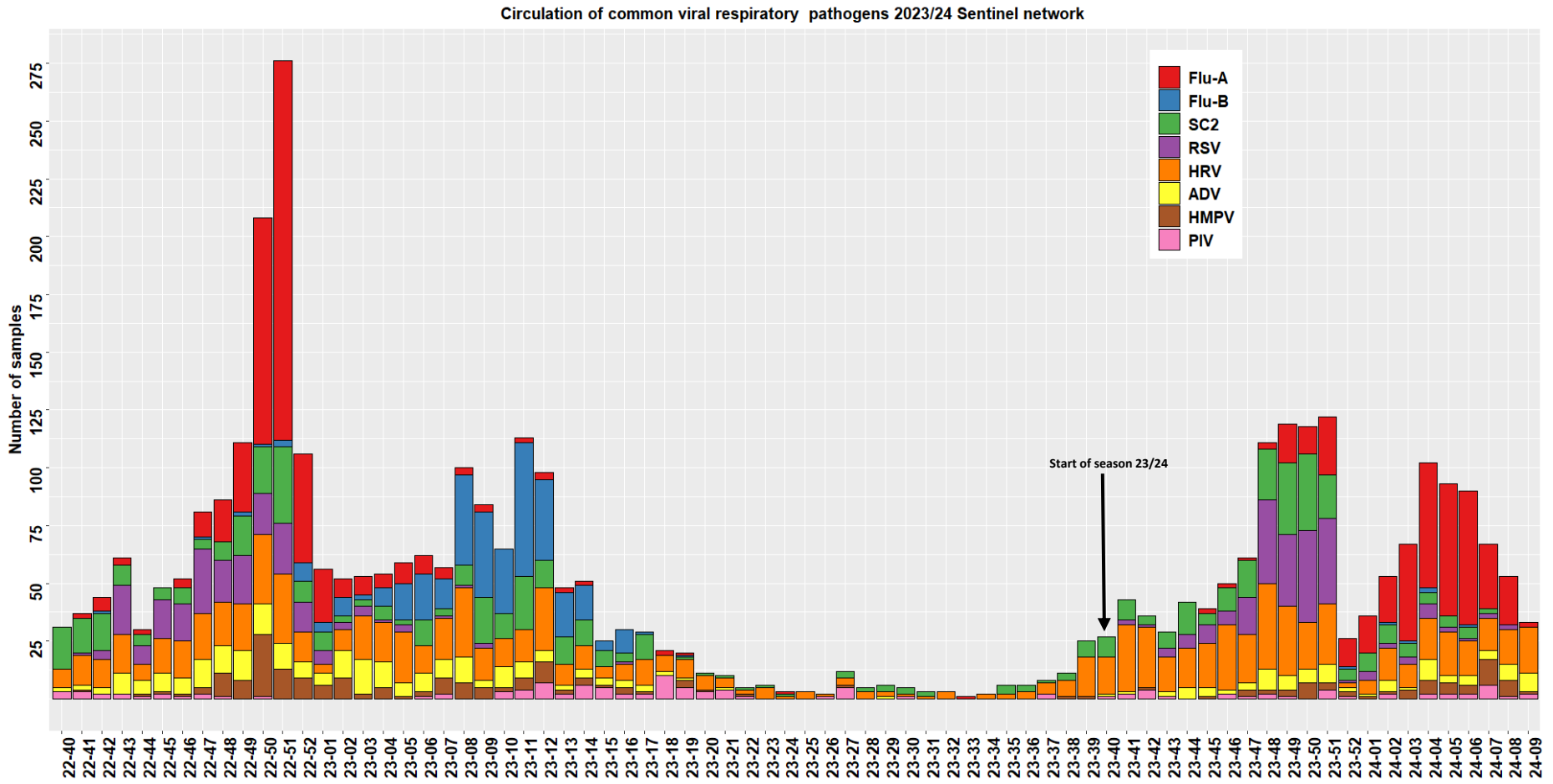


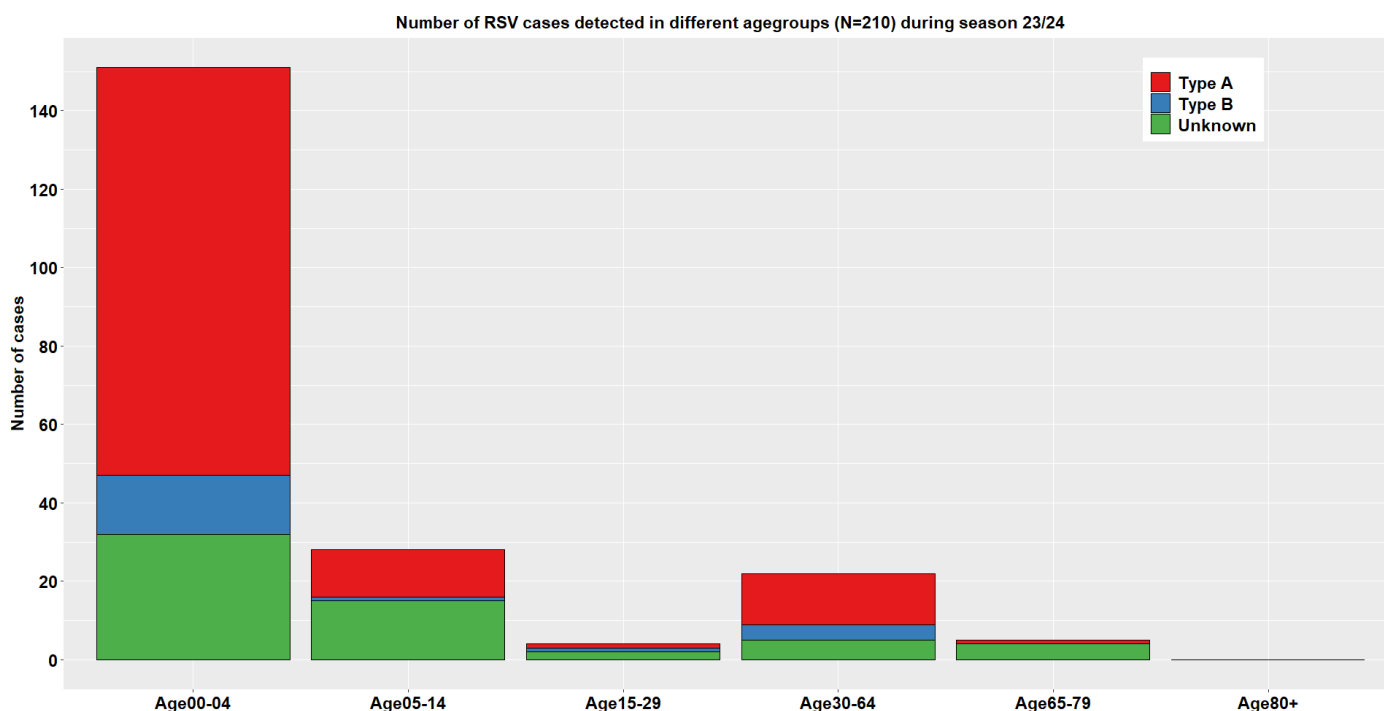
Figure 2. Distribution of respiratory viruses detected within the Sentinel Network, by calendar week. Results from last weeks are not all yet consolidated.  
 FLU-A: Influenzavirus A; FLU-B: Influenzavirus B; PIV: Parainfluenzavirus; RSV: Respiratory syncytial virus; ADV: Adenovirus; MPV: Metapneumovirus; HRV: Human rhinovirus; SC2: SARS-CoV-2.

Table 2. Distribution of respiratory viruses detected within the Sentinel Network previous 4 weeks compared to previous year.

Virus	Season 2023/24				Trend	Season 2022/23
	Positivity Rate in %					w09
	w06	w07	w08	w09		
Human rhinovirus	14.2	16.5	18.3	33.3	↑	2.6
Adenovirus	3.8	4.7	8.5	13.3	↑	2.9
Influenzavirus A	52.7	32.9	25.3	3.3	↓	13.5
Metapneumovirus	3.8	12.9	8.5	1.7	↓	4.8
Parainfluenzavirus	1.9	7.1	1.2	3.3	↓	0.0
Respiratory syncytial virus	0.9	2.4	2.4	0.0	→	1.9
SARS-CoV-2	4.5	2.4	0.0	0.0	↓	17.5
Influenzavirus B	0.9	0.0	0.0	0.0		32.5

\*Co-detection counted once for each virus detected.

Figure 3. Displays RSV cases according to different age groups with highest impact among the 0-4 years old.



## References

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