

Respiratory Virus Coinfections in Influenza A and B Cases Detected by Multiplex NAATs: A Two-Season Study from Slovenia

Inhalt

The increasing affordability of syndromic multiplex testing has led to its widespread use for diagnosing respiratory infections, enabling improved detection of viral coinfections. We analyzed respiratory specimens collected in Slovenia from primary care and hospital patients during the 2024/25 and 2025/26 respiratory virus seasons. Specimens were tested using nucleic acid amplification tests (NAATs) for influenza A (InfA), influenza B (InfB), respiratory syncytial virus (RSV), parainfluenza viruses (PIV), adenoviruses (AdV), human metapneumovirus (hMPV), human coronaviruses (hCoV), enteroviruses/rhinoviruses (EV/RV), and SARS-CoV-2. Among 74,658 specimens, positivity rates were 7.7% for InfA, 1.3% for InfB, 18.3% for EV/RV, 7.4% for SARS-CoV-2, 4.0% for hCoV, 3.5% for PIV, 3.1% for hMPV, and 2.9% each for RSV and AdV. Coinfections were detected in 0.8% of InfA-positive and 0.15% of InfB-positive specimens. EV/RV was the most common copathogen (0.48% and 0.11%, respectively). In InfA-positive specimens, coinfections with SARS-CoV-2 (0.25%), hCoV (0.18%), AdV (0.09%), PIV (0.06%), RSV (0.05%), hMPV (0.03%), and InfB (0.01%) were observed. In InfB-positive specimens, hMPV (0.04%), RSV and AdV (0.03% each), and PIV (0.01%) were detected, whereas no InfB/SARS-CoV-2 coinfections were identified. Overall, influenza virus coinfections were rare despite extensive multiplex testing, with EV/RV representing the predominant copathogen.

Keywords

influenza, respiratory viruses, coinfections, multiplex NAAT, surveillance

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Junior scientist status

No, I am not a junior scientist.

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I am flexible for oral poster or poster presentation.