NATIONAL PUBLIC HEALTH ORGANIZATION

Weekly Epidemiological Report for West Nile Virus infection, Greece, 2026

- 19 November 2026 -

This weekly epidemiological report aims to present an overview of the epidemiological data on West Nile virus (WNV) human infection, the reported cases and the public health response to WNV in Greece for transmission period 2026.

Data presented in this report are derived from the notifications of laboratory diagnosed human cases of WNV infection sent to the Hellenic National Public Health Organization (NPHO) by the treating physicians and from the daily communication with diagnostic laboratories: i) the National Reference Centre for Arboviruses, Aristotelian University of Thessaloniki, ii) the Hellenic Pasteur Institute, iii) the Department of Microbiology, School of Medicine, University of Athens, iv) the Laboratory of Clinical Virology, School of Medicine, University of Crete.

The Vector-borne Diseases Department of the Directorate for Epidemiological Surveillance and Prevention of Communicable Diseases of the NPHO undertakes a verification procedure and investigates all reported cases within 24 hours, through communication with the treating physicians and the patients, in order to identify the probable place of exposure, the characteristics of the disease and the risk factors. In addition, the health status/ outcome of hospitalized cases is daily updated.

In 2026 period, up to 19/11/2026 (11.00am), four hundred and sixty-three (463) laboratory diagnosed locally acquired cases of WNV infection have been reported to NPHO, two hundred and ninety-one (291) of which presented with neuro-invasive disease (WNND, encephalitis and/or meningitis and/or acute flaccid paralysis) and one hundred and seventy-two (172) cases with mild symptoms (e.g., febrile syndrome) (Table 1). Over the past week, one (1) new case has been diagnosed. During the 2026 period, up to 19/11/2026, fifty-six (56) deaths have been recorded concerning patients, older than 35 years of age (median age of the deceased: 81 years, range: 36 - 92 years). The deceased younger patients had a history of severe immunosuppression. One more death in a patient was attributed to another cause (and is not included in the total number of deaths).

Table 1. Number of reported locally acquired cases of WNV disease, with and without central nervous system (CNS) manifestations, Greece, period 2026, up to 19/11/2026

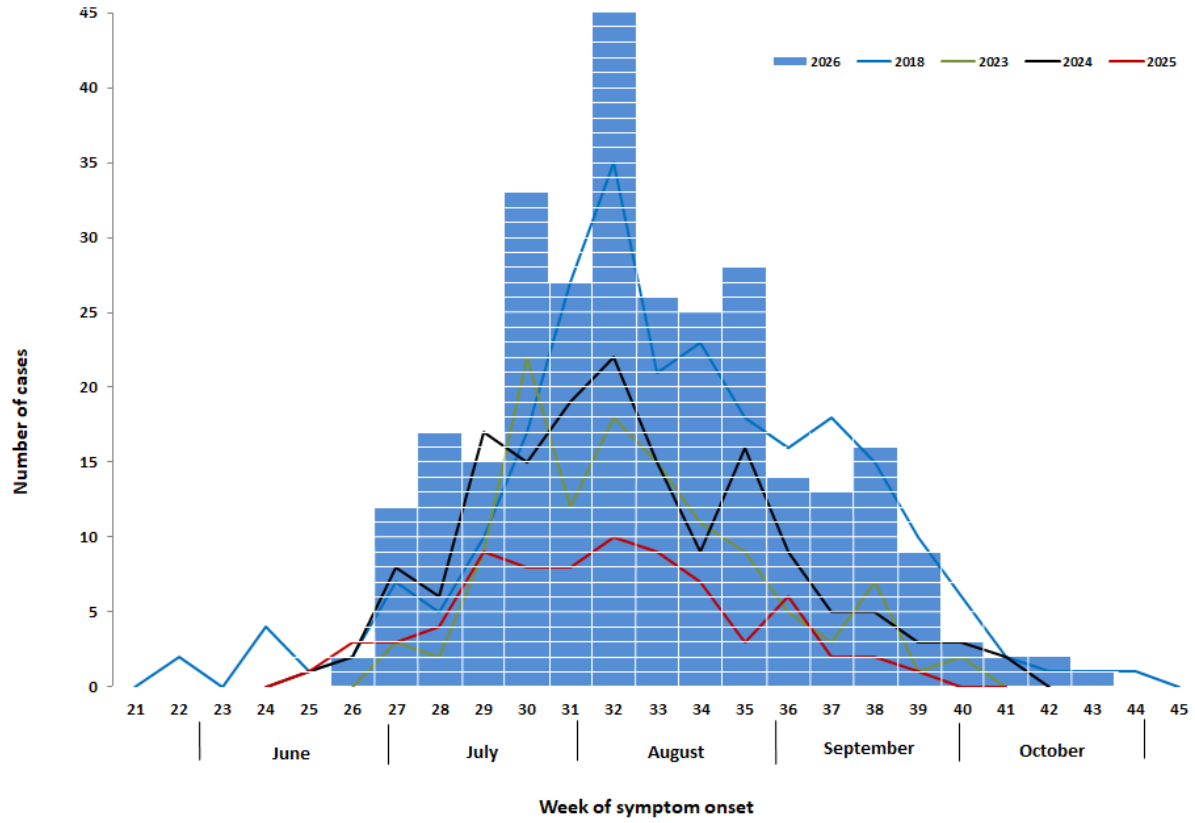
	Number of WNND cases - **with** CNS manifestations [1]	Number of cases **without** CNS manifestations	Total number of cases	Number of deaths
Number of WNV cases and deaths	291	172	463	56

1. Refers mainly to encephalitis, aseptic meningitis and meningoencephalitis cases.

Figure 1 shows the reported WNND cases by week of symptom onset, in 2026, in the previous three transmission periods (2023-2025) and in 2018, when the highest number of cases was recorded. For the first diagnosed case of WNV infection for transmission period 2026 (case with WNND), the reported onset of symptoms was on 25 June 2026 (week 26/2026).

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Figure 1. Number of locally acquired reported WNND cases (with central nervous system manifestations) by week of symptom onset, Greece 2018, 2023, 2024, 2025, 2026, up to 19/11/2026 (n=290)[1,2].



1. Lines represent the number of WNND cases in 2018, 2023, 2024, 2025. Each blue box represents one laboratory diagnosed case of WNND reported to NPHO in transmission period 2026.
2. For one patient the onset of symptoms remains unknown.

The median age of WNND cases is 72 years (range: 7 - 96 years).

Table 2 shows the geographic distribution of the recorded cases with laboratory diagnosed WNV infection at the level of probable Municipality of exposure. The patient's probable place of exposure is a rough indicator of WNV circulation areas.

According to a serosurvey conducted in 2010 by the NPHO and the National School of Public Health, at the epicentre of the 2010 WNV outbreak in Central Macedonia, it was estimated that WNV neuro-invasive disease develops in 1:140 infected persons.

Table 2. Reported locally acquired cases of WNV infection (with and without central nervous system manifestations/ WNND) by probable Municipality of exposure, Greece, transmission period 2026, up to 19/11/2026 (n=463)

Region	Regional/ Metropolitan Unit	Probable Municipality of exposure	Number of cases with CNS manifestations (WNND cases)	Incidence of WNND per 100,000 population[(1)]	Number of cases without CNS manifestations
Attica	East Attica	Acharnes	7	6.5	0
		Vari - Voula - Vouliagmeni	12	22.8	3
		Dionysos	1	2.4	0
		Koropi	5	16.2	1
		Lavreotiki	3	11.9	1
		Marathon	6	19.2	1
		Markopoulo Mesogaia	12	55.2	3
		Paiania	3	10.7	3
		Pallini	9	15.1	0
		Rafina - Pikermi	2	9.0	0
		Saronikos	3	10.0	4
		Spata - Artemida	19	54.4	2
		Oropos	2	6.3	1
	North Section of Athens	Agia Paraskevi	10	16.1	5
		Amarousio/ Marousi	4	5.6	3
		Vrilissia	4	12.3	0
		Irakleio	0	0.0	1
		Kifisia	4	5.5	2
		Lykovrysi - Pefki	2	6.5	0
		Metamorfosi	2	6.6	0
		Nea Ionia	1	1.5	0
		Papagos - Cholargos	5	11.0	0
		Penteli	3	8.4	2
		Filothei - Psychiko	2	7.2	0
		Chalandri	10	13.0	3
	West Attica	Fyli	1	2.1	1
		Aspropyrgos	2	6.4	0
	West Section of Athens	Agioi Anargyroi - Kamatero	2	3.3	2
		Petroupoli	1	1.7	0
		Chaidari	1	2.1	0
		Ilion	3	3.6	0

Region	Regional/ Metropolitan Unit	Probable Municipality of exposure	Number of cases with CNS manifestations (WNND cases)	Incidence of WNND per 100,000 population[(1)]	Number of cases without CNS manifestations
	Central Section of Athens	Athens/ Athina	5	0.8	6
		Galatsi	1	1.7	0
		Zografos	1	1.4	2
		Ilioupoli	0	0.0	2
	South Section of Athens	Agios Dimitrios	1	1.4	0
		Alimos	4	9.3	0
		Glyfada	5	5.6	0
		Elliniko - Argyroupoli	6	12.0	0
		Kallithea	3	3.1	0
		Moschato - Tavros	2	5.0	0
		Palaio Faliro	1	1.5	0
	Piraeus/ Peiraias	Piraeus/ Piraias	2	1.2	0
		Korydallos	1	1.6	0
	Undetermined place of exposure		1	-	0
Thessaly	Karditsa	Karditsa	2	3.6	1
		Mouzaki	1	8.9	0
		Palamas	3	22.3	4
		Sofades	4	23.6	2
	Larisa	Agia	2	18.7	1
		Kileler	3	16.6	6
		Larisa	21	12.8	25
		Tempi	2	16.7	4
		Tyrnavos	5	22.4	5
		Farsala	2	12.2	1
		Elassona	0	0.0	2
	Trikala	Trikala	2	2.5	6
		Pyli	0	0.0	1
Central Macedonia	Imathia	Alexandreia	4	10.4	5
		Veroia	9	14.4	8
		Heroic City of Naousa/ Naousa	4	13.3	10
	Thessaloniki	Ampelokipoi - Menemeni	1	2.0	1
		Delta	1	2.2	4
		Thessaloniki	5	1.6	0
		Kordelio - Evosmos	1	0.9	0
		Chalkidona	1	3.3	3

Region	Regional/ Metropolitan Unit	Probable Municipality of exposure	Number of cases with CNS manifestations (WNND cases)	Incidence of WNND per 100,000 population[(1)]	Number of cases without CNS manifestations
		Kalamaria	0	0.0	1
		Neapoli - Sykees	0	0.0	1
		Oraiokastro	0	0.0	1
	Pella	Edessa	0	0.0	1
		Pella	5	8.8	14
		Skydra	6	32.7	1
	Pieria	Dion - Olympos	4	16.7	4
		Katerini	5	6.0	2
	Serres	Nea Zichni	1	12.1	0
		Irakleia	2	12.7	0
		Serres	1	1.4	2
	Kilkis	Kilkis	1	2.2	1
		Peonia	1	4.0	1
	Chalkidiki	Sithonia	1	8.3	0
		Nea Propontida	1	2.9	0
Peloponnese	Laconia	Evrotas	0	0.0	1
Sterea Ellada	Voitia/Boeotia	Thiva	1	3.1	0
		Tanagra	1	5.4	0
	Evvoia/ Euboea	Chalkida	2	1.8	0
Crete	Rethymno	Rethymno	2	3.5	0
	Heraklion/ Irakleio	Archanes - Asterousioi	2	12.4	0
		Heraklio/ Irakleio	2	1.1	0
		Malevizi	1	3.9	0
East Macedonia and Thrace	Rodopi	Komotini	1	1.5	0
		Iasmos	1	8.2	0
	Evros	Alexandroupoli	0	0.0	2
		Soufli	1	8.5	1
	Xanthi	Avdira	0	0.0	1
Ionian Island	Lefkada	Lefkada	1	4.6	0
Attica or South Aegean[3]	South Section of Athens or Tinos[3]	Palaio Faliro or Tinos[3]	1	-	0
Under investigation			0	-	1
Total Greece			**291**	**2.8**	**172**

1. Calculations based on 2021 census data (Hellenic Statistical Authority).
2. For one case with a complex travel history, the likely place of exposure is undetermined (either in the Municipality of Palaio Faliro, Attica region or in the Municipality of Tinos, South Aegean region).

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PUBLIC HEALTH MEASURES SUPPORTED BY THE NATIONAL PUBLIC HEALTH ORGANIZATION, 2026

Aiming at the timely implementation of targeted response and prevention measures, in each transmission since 2010, the NPHO continuously implements enhanced epidemiological surveillance of WNV infection, immediately investigates the cases, informs health and public health professionals and is in constant communication and cooperation with the competent national and local authorities. In March 2024, the comprehensive "Action Plan for West Nile virus infection" was published, developed by the Ministry of Health (MoH) in collaboration with the NPHO, with the aim of standardized implementation of actions to reduce WNV transmission risk, based on a risk assessment. In more detail, the prevention and response actions carried out by the NPHO -in collaboration with other stakeholders - include:

I. Enhanced surveillance for WNV infection in humans and communication for health professionals and stakeholders:

- **Enhanced surveillance for WNV infection in humans - Laboratory investigation of suspected cases - Awareness raising of physicians about the WNV infection:** Testing for WNV infection in suspected cases (such as cases with encephalitis, aseptic meningitis, acute flaccid paralysis, fever of undetermined etiology) is recommended. The NPHO provides guidelines for the recognition and diagnosis of WNV disease and the recommended laboratory investigation (mailings and website www.eody.gov.gr). For the 2026 period, an informative letter was sent to all Health Units and Medical Associations of the country for vigilance regarding WNV, in May 2026. In addition, following the recording of cases in an area, local Health Units are urgently informed.
- **Daily communication and information exchange with laboratories** conducting diagnostic testing for WNV (active laboratory-based surveillance).
- **Enhancing laboratory diagnosis** of suspected cases, by supporting the National Reference Centre and other specialised diagnostic laboratories.
- **Case investigation:** The Department of Vector Borne Diseases of NPHO undertakes the investigation of every reported WNV infection case within 24 hours after diagnosis, in order to determine the probable place of exposure, the risk factors and the severity of the disease. Health status of hospitalized cases is daily updated.
- **Communication - awareness raising of authorities:**
  - **Immediate update of stakeholders** on the diagnosed cases (Ministry of Health, Ministry of Rural Development and Food, Hellenic National Blood Transfusion Center, Regions/ Directorates of Public Health and Social Welfare, Municipalities), and the recommended public health measures.
  - **Awareness raising before the onset and during the 2026 transmission period:** Information and guidance on WNV circulation risk assessment, surveillance, vigilance and enhancement of targeted prevention measures was provided to regional/ local authorities, before the onset of 2026 transmission season (in January 2026). In early April 2026, the NPHO informed the relevant regional authorities regarding the classification of all Municipalities in risk levels, based on historical surveillance data and in accordance with the criteria described in the Action Plan. In addition, the NPHO provided historical surveillance data (numbers of cases recorded in the previous years, by locality and year) to the regional authorities, in order to guide risk assessment and enhanced targeted prevention measures at local level, based on the Action Plan. During 206 transmission season, the NPHO regularly informs the regional and municipal authorities regarding the current updated classification of Municipalities in risk levels.
- **Weekly surveillance reports on human WNV infection cases** (uploaded on the NPHO website).

II. **Communication and health promotion activities for the public:** Informative material for the public regarding WNV infection and the recommended protective measures against mosquito bites is available in the NPHOs website (https://eody.gov.gr). In 2026, the NPHO:

- Published a Press Release (on 28th May 2026) regarding the expected recurrence of cases in the current transmission period, and the recommended prevention measures.
- Published a Press Release (on 9th July 2026) regarding the diagnosis of the first case of WNV infection in 2026 and the recommended prevention measures.
- Published a Press Release (on 30th July 2026) regarding the intense current circulation of WNV, especially in Attica region.
- Published a Press Release (on 21st August 2026) regarding the very intense current circulation of WNV, especially in Attica region.
- Sent informative material (leaflets and posters) for the protection against mosquito bites and for WNV infection to regional public health authorities, in May - June 2026.
- Sent -via email- informative material (leaflets) for the protection against mosquito bites and for WNV infection to regional and municipal authorities, in early July 2026.
- Sent/ sends informative leaflets for the protection against mosquito bites to local authorities and Healthcare Units, in order to be distributed to the public.
- In every affected area, informative leaflets and posters are urgently provided, if needed.

III. **Coordination of an intersectoral "Working Group (WG) on the designation of affected areas by vector borne diseases" - Designation of affected and high-risk areas for implementing targeted blood safety and haemovigilance measures:** This WG, under the MoH Committee for the Prevention and Management of Tropical Diseases, considers all available epidemiological and entomological data and decides on the characterization of affected and high-risk areas, assisting the targeted implementation of blood safety measures. In these areas, the Hellenic National Blood Transfusion Center issues guidance on blood safety. The list of affected and high-risk areas is also published on the NPHO's website and updated regularly.

IV. **Collaboration and exchange of information with the Ministry of Rural Development and Food** (MoRD&F), which performs surveillance programme for the WNV infection in equids and wild birds. Following the information provided by the MoRD&F, the NPHO informs the relevant public health regional authorities regarding the WNV infection cases in animals and the recommended prevention and response measures.

V. **Vector surveillance and control activities:**

Vector management programmes are performed under the responsibility of regional and municipal authorities. The MoH publishes an annual Circular on integrated mosquito management, action plan, and communication to the public. The "Action Plan for West Nile virus infection" of the MoH includes analytical guidance on vector management according to the risk level of each area.

In addition, the NPHO performs supplementary actions for raising awareness of regional/ local authorities and active mosquito surveillance programmes nationwide:

- **Raising awareness and guidance to regional and municipal authorities** for the timely planning, organization and implementation of integrated vector control programmes. For the 2026 transmission period, NPHO sent relevant awareness letters to all relevant regional and municipal authorities, in January 2026 (including key steps to achieve timely implementation of the vector control programmes), and promptly informs local authorities of the affected areas regarding the cases and the recommended preventive and response measures (intensified mosquito control and communication campaigns for the local population).

- **Entomological surveillance**: In the last years, the NPHO performs/ coordinates active mosquito surveillance programmes nationwide, in collaboration with several stakeholders and agencies, by placing mosquito traps in various areas throughout the country and testing of mosquito vectors for the presence of WNV, as an early warning and alert system. The mosquito surveillance data are directly available and accessible to the relevant regional authorities. Following the recording of WNV infected mosquitoes, the NPHO informs the relevant public health regional authorities, in order to implement targeted response measures.

  For the 2026 period, NPHO organizes and performs an enhanced active mosquito surveillance programme, in collaboration with Universities and public Institutes (University of West Attica, Benaki Phytopathological Institute, Foundation for Research and Technology, MoRD&F's Organization ELGO-Dimitra, Agricultural University of Athens, Aristotle University of Thessaloniki, University of Thessaly, Democritus University of Thrace, University of Patras), including mosquito samplings, with standardized methodology and representative geographical distribution.

VI. Communication with international public health stakeholders: Frequent communication and weekly information exchange with ECDC (real-time reporting of the diagnosed cases in EpiPulse).

CONCLUSIONS

West Nile virus infection cases are recorded -on an annual basis- in many countries worldwide, including many European countries. In 2010-2014 and 2017-2025, cases of West Nile virus infection were recorded in various areas of Greece also, while WNV circulation has been recorded in all regions in the past. The occurrence of human cases -on an almost annual basis since 2010- suggests that WNV has been established in our country, as well as in other European and neighboring countries; thus, its circulation and the recurrence of cases was considered likely and expected (in previously affected and in new areas) in the 2026 period (as in each transmission season). The NPHO informed (in May 2026) health professionals nationwide for vigilance and awareness raising for the WNV diagnosis, and the public regarding the expected recurrence of cases in the current transmission period and the recommended prevention measures.

In 2026, up to 19/11/2026, human cases of WNV infection have been recorded in Greece, in 94 Municipalities, in 26 Regional Units (NUTS3 level), in the Regions of Attica, Central Macedonia, East Macedonia and Thrace, Thessaly, Peloponnisos, Sterea Ellada, Ionian Islands and Crete, in the Regional Units of: East Attica, North Section of Athens, West Attica, Central Section of Athens, South Section of Athens, West Section of Athens, Peiraia (Piraeus), Karditsa, Larisa, Trikala, Imathia, Pella, Pieria, Serres, Kilkis, Thessaloniki, Chalkidiki, Voiotia, Evvoia, Lakonia, Rethymno, Irakleio (Heraklio), Lefkada, Rodopi, Xanthi and Evros. Especially in Attica Region, an intense WNV circulation has been recorded, during the current transmission season, with an increased number of cases in specific areas/ Regional Units. It is still remains likely that more cases will be diagnosed in the country in the immediate future.

In the EU Member States and EU neighboring countries, in transmission period 2026, up to 11/11/2026, human WNV infection cases have been also recorded -besides Greece- in: Italy, Romania, France, Serbia, Spain, North Macedonia, Croatia, Germany, Albania, Austria, Cyprus, Hungary, Kosovo*, Belgium, the Netherlands, Bulgaria, Moldova, Slovenia and Slovakia (source: ECDC, Surveillance of West Nile virus infections in humans in Europe, weekly report).

Epidemiological surveillance of the disease, systematic and early implementation of mosquito control programs and personal protective measures against mosquito bites are considered the most appropriate measures to control WNV infection outbreaks. Since the circulation of WNV and its geographical distribution (i.e., the areas with recording of human cases) during each period cannot be predicted, **personal protective measures against mosquitoes are encouraged, during the period of mosquito activity**.

General information regarding personal protection measures against mosquitoes is available at: https://eody.gov.gr/images/nosimata/metadotika/mosquito_brochure_2019.pdf.

National public health authorities conduct a series of preventive and response measures, including enhanced surveillance, case investigation, information dissemination and communication activities, and collaborate with regional and local authorities, aiming at the timely implementation of targeted response measures at local level.

In addition, during the transmission season, weekly surveillance reports are published on the NPHO website every Wednesday (available from: https://eody.gov.gr/el/nosimata/metadotika/nosimata-kai-themata-ygeias/ios-dytikou-neilou.html?me=m3), in english also, which include updated information.

*This designation is without prejudice to positions on status and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

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