



Epidemiological Surveillance of Respiratory Infections Weekly overview - Week 12/2026 (16/03/2026 –22/03/2026)

Influenza-like Illness (ILI)

- The number of influenza-like illness cases per 1,000 visits has a decreasing trend after week 4/2026. In week 12/2026 there was a further decrease compared to the previous week.

Severe Acute Respiratory Illness- SARI (ILI).

- The number of SARI cases per 1,000 visits lies at low levels after week 4/2026, with small fluctuations. In week 12/2026 it showed an increase compared to the previous week.

SARS-CoV2 virus - COVID-19 infection

- The positivity rate of all SARS-CoV-2 diagnostic tests nationwide is at low levels. In week 12/2026, it showed a small decrease compared to the previous week.
- For the 2025–2026 surveillance period (starting week 44/2025), the National Public Health Organization (EODY) implemented a system of daily active monitoring of new COVID-19 hospital admissions from a network of 84 hospitals across the country. In week 12/2026, 75 new COVID-19 admissions were recorded, showing no significant change compared with the previous week (N=77).
- Since the beginning of the summer, sporadic cases of intubations and deaths have been recorded. In week 12/2026, no new intubations were recorded, while one new death was reported. From week 01/2025 to week 12/2026, the recorded deaths among severe cases (intubated and/or admitted to ICU) amount to 91.
- Since the beginning of 2026, co-circulation of NB.1.8.1, XFG and BA.3.2 (variants under monitoring by the ECDC/WHO) has been recorded, with NB.1.8.1 being the predominant variant in detections. There is no evidence for any of the three variants of an increased risk for severe disease.
- During week 12/2026, the weighted SARS-CoV-2 viral load in urban wastewater from the monitored areas lies at low levels, showing no significant change compared to last week.

Influenza virus

- Influenza positivity in the community (as estimated through the Sentinel Primary Health Care surveillance network) continues its decreasing trend from the beginning of the year, while after week 09/2026 the recorded value lies below 10% (epidemic threshold that signals the seasonal activity of influenza). In week 12/2026 a small increase was recorded, remaining below the positivity limit of 10%. In secondary healthcare (as estimated through the SARI surveillance network), a decreasing trend was recorded after week 05/2026. In week 12/2026 a decrease was reported compared to the previous week.
- For the 2025–2026 surveillance period (starting week 44/2025), the National Public Health Organization (EODY) implemented a system of daily active reporting of new influenza-related hospital admissions from a network of 84 hospitals across the country, with the aim of monitoring temporal trends. In week 12/2026, a small decrease was recorded (83 new admissions compared to 97 in week 11/2026).
- In week 12/2026, two new severe laboratory-confirmed influenza cases requiring ICU hospitalization and five new deaths from laboratory-confirmed influenza were recorded.
- In total, from week 40/2025 to week 12/2026, 158 cases of laboratory-confirmed influenza requiring ICU hospitalization have been recorded and 80 deaths with laboratory-confirmed influenza have been reported. It is noted that from week 1/2025 to week 12/2026, the recorded deaths among severe cases with laboratory-confirmed influenza amount to 164.
- Overall, from week 40/2025 through week 12/2026, among 4.480 samples (from the community Sentinel network, SARI surveillance, and hospitals outside surveillance networks), 730 samples tested positive for influenza viruses, 729 type A and one type B.
- Of the 527 type A strains that were subtyped, 343 belonged to the subtype A(H3) and 184 to the subtype A(H1)pdm09. A total of 21 A(H3) positive samples were subjected to phylogenetic analysis. Six samples were collected during the early phase of the surveillance period (weeks 42–45/2025), three of which were classified as genetic clade K, and 15 during the phase of increasing influenza activity (weeks 50–52/2025), of which 14 were also classified as clade K. Overall, the findings indicate predominance of the genetic clade K among A(H3) viruses, in line with the global data. To date, genetic clade K has not been associated with an increased risk of severe disease.
- During week 12/2026, the weighted influenza A viral load in urban wastewater from the monitored areas is at low levels, showing no significant change compared to last week.

Respiratory syncytial virus – RSV

- Positivity (Sentinel Primary Health Care surveillance network) shows a decrease compared to last week in the community, while increased in the hospitals participating in the SARI surveillance network. EODY recommends the RSV vaccination of individuals >75 years old and of high risk individuals, according to the National Vaccination Programme.

Both influenza and COVID-19 are associated with a significant number of deaths among severe cases. It is recommended that persons who qualify for vaccination, particularly those at higher risk of severe outcomes (elderly and people with underlying diseases) should get vaccinated against both diseases.

NOTE: Retrospective inclusion of data reported with delay can result in modifications in the numbers presented.