Epidemiological Surveillance of Respiratory Infections
Weekly overview - Week 17/2026 (20/04/2026 – 26/04/2026)

Influenza-like Illness (ILI)

- The number of influenza-like illness cases per 1,000 visits has a decreasing trend after week 04/2026, at present lying at low levels, with small fluctuations. In week 17/2026, it showed a small decrease compared to the previous week.

Severe Acute Respiratory Illness- SARI

- The number of SARI cases per 1,000 hospital admissions has been low since week 04/2026, with minor fluctuations. In week 17/2026, it showed a small decrease compared to the previous week.

SARS-CoV2 virus - COVID-19 infection

- The overall positivity rate for SARS-CoV-2 at the national level remains very low. In week 17/2026, the positivity remains at low levels.
- For the 2025–2026 surveillance period (initiated in week 44/2025), the National Public Health Organization (EODY) established a system for daily active surveillance of new COVID-19 hospital admissions across a network of 84 hospitals nationwide, aiming to monitor temporal trends. In week 17/2026, 22 new admissions were recorded, presenting a decrease compared to the previous week (N=33).
- Since early summer 2025, sporadic intubations and deaths have been recorded. No new intubations or deaths were recorded in week 17/2026. Cumulatively, from week 01/2025 to week 17/2026, a total of 91 deaths has been documented among severe cases (patients intubated and/or admitted to ICU).
- Since the beginning of 2026, co-circulation of the NB.1.8.1, XFG, and BA.3.2 variants (currently under monitoring by ECDC/WHO) has been observed, with NB.1.8.1 predominating among detected strains. There is currently no evidence indicating increased severity associated with any of these variants.
- During week 17/2026, the weighted SARS-CoV-2 viral load in urban wastewater across monitored areas remained at very low levels.

Influenza virus

- Influenza positivity in the community, as estimated through the Sentinel primary healthcare surveillance network, has been declining since the beginning of the year and has remained below the 10% epidemic threshold following week 09/2026. In week 17/2026, no influenza- positive samples were detected from the Sentinel primary healthcare network. In secondary care setting, as estimated through the SARI surveillance network, a declining trend has been observed since week 11/2026. In week 17/2026 positivity showed an increase compared to last week.
- Within the 2025–2026 surveillance framework (from week 44/2025), EODY established daily active surveillance of influenza-related hospital admissions across 84 hospitals nationwide. In week 17/2026, a decrease was observed (14 new admissions compared to 41 in week 16/2026).
- No new severe laboratory-confirmed influenza cases requiring ICU admission or new influenza-associated deaths were recorded in week 17/2026.
- In total, from week 40/2025 to week 17/2026, 162 laboratory-confirmed influenza cases requiring ICU admission and 83 influenza-associated deaths have been recorded. From week 01/2025 to week 17/2026, total deaths among severe laboratory-confirmed influenza cases amount to 167.
- Among 5,018 samples tested during the same period (originating from Sentinel surveillance, SARI surveillance, and non-network hospitals), 740 tested positive for influenza viruses. Of the 739 samples that were typed, 737 were influenza type A and two were type B.
- Of the 538 type A strains that were subtyped, 345 belonged to subtype A(H3) and 193 to subtype A(H1)pdm09. Phylogenetic analysis has been performed on 21 samples positive for A(H3): six samples from the beginning of the surveillance period (weeks 42–45/2025), of which three belonged to genetic group K, and 15 from the rising phase of influenza activity (weeks 50–52/2025), of which 14 were group K. The data indicates an overall predominance of genetic group K among A(H3) samples, consistent with the global picture. Genetic group K has not been associated so far with increased risk of severe disease.
- During week 17/2026, the weighted viral load of influenza type A in urban wastewater remained at very low levels.

Respiratory syncytial virus – RSV

- RSV positivity showed a small increase in the community (Sentinel primary healthcare network) and a decrease in hospital settings (SARI surveillance network) compared to the previous week. EODY recommends vaccination for individuals aged ≥75 years and those in high-risk groups, in accordance with the National Immunization 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.