



Epidemiological Surveillance of Respiratory Infections

Weekly overview - Week 2/2026 (05/01/2026 –11/01/2026)

Influenza-like Illness (ILI)

- The number of ILI cases per 1,000 visits slightly decreased in week 2/2026 compared to the previous week.

Severe Acute Respiratory Illness- SARI (ILI)

- The number of SARI cases per 1,000 visits decreased in week 2/2026 compared to the previous week.

SARS-CoV2 virus - COVID-19 infection

- The positivity rate of all SARS-CoV-2 diagnostic tests nationwide has slightly decreased 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 2/2026, 189 new COVID-19 admissions were recorded, showing an increase compared with the previous week (N=147).
- Since the beginning of the summer, sporadic cases of intubations and deaths have been recorded. In week 2/2026, one new intubation was recorded, while six new deaths were reported. From week 01/2024 to week 52/2025, the recorded deaths among severe cases (intubated and/or admitted to ICU) amount to 413.
- Since late spring 2025, a gradual increase of the XFG variant has been observed, which appears to be the predominant variant in detections since early July.
- During week 02/2026, the weighted SARS-CoV-2 viral load in urban wastewater from the monitored areas remained at high levels, showing stability compared to the previous week (01/2026).

Influenza virus

- Influenza positivity in the community (as estimated through the Sentinel Primary Health Care surveillance network) showed a further slight decrease during week 02/2026, although it remained at high levels. In secondary healthcare (as estimated through the SARI surveillance network), an increase was recorded 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. New influenza admissions have shown an upward trend since week 48/2025. In week 2/2026, a further increase was recorded (871 new admissions compared to 722 in week 01/2026).
- In week 2/2026, 15 new severe laboratory-confirmed influenza cases requiring ICU hospitalization and eight new deaths from laboratory-confirmed influenza were recorded. In addition, one severe case of laboratory-confirmed influenza requiring ICU hospitalization was reported retrospectively, with admission date within week 52/2025, and one new death from laboratory-confirmed influenza with death date within week 01/2026.
- In total, from week 40/2025 to week 2/2026, 45 cases of laboratory-confirmed influenza requiring ICU hospitalization have been recorded and 15 deaths with laboratory-confirmed influenza have been reported. It is noted that from week 1/2024 to week 2/2026, the recorded deaths among severe cases with laboratory-confirmed influenza amount to 162.
- Overall, from week 40/2025 through week 2/2026, among 2.547 samples (from the community Sentinel network, SARI surveillance, and hospitals outside surveillance networks), 407 samples tested positive for influenza viruses, 406 type A and one type B.
- Of the 264 type A strains that were subtyped, 181 belonged to the subtype A(H3) and 83 to the subtype A(H1)pdm09. Vaccination remains the most effective preventive measure. EODY strongly recommends immediate influenza vaccination for high-risk groups, prompt medical consultation upon the onset of symptoms compatible with influenza for the administration of antiviral therapy, and the use of face masks in crowded indoor spaces. Furthermore, the implementation of protective measures is recommended, including the use of masks in crowded indoor spaces, respiratory hygiene, frequent handwashing, and adequate ventilation of indoor environments.
- During week 02/2026, the weighted influenza A viral load in urban wastewater from the monitored areas remained at high levels, showing a decrease compared to the previous week (01/2026).

Respiratory syncytial virus – RSV

- Positivity in the community (Sentinel Primary Health Care surveillance network) remained at low levels and showed a decrease compared to the previous week. In hospitals participating in the SARI surveillance network, positivity showed an upward trend earlier compared to the previous surveillance season, but having not reached the maximum positivity observed last season. During week 02/2026, a slight decrease was recorded compared to the previous week.

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