



## Epidemiological Surveillance of Respiratory Infections Weekly overview - Week 23/2026 (01/06/2026 – 07/06/2026)

### Influenza-like Illness (ILI)

- The number of influenza-like illness cases per 1,000 visits is low, with minor weekly fluctuations. In week 23/2026, a decrease was observed compared with the previous week.

### Severe Acute Respiratory Illness- SARI

- The number of SARI cases per 1,000 hospital admissions is low, with minor weekly fluctuations. In week 23/2026, no significant change was observed compared with the previous week.

### SARS-CoV2 virus - COVID-19 infection

- The positivity rate derived from all SARS-CoV-2 diagnostic tests conducted nationwide is very low.
- New hospital admissions have shown a downward trend since the beginning of the year and are now fluctuating at low levels, with minor weekly variations. In week 23/2026, no new COVID-19 admissions were recorded.
- Since the beginning of summer 2025, sporadic cases of intubations and deaths have been recorded. In week 23/2026, no new intubations nor new deaths were recorded. From week 01/2025 through week 23/2026, the number of recorded deaths among severe cases (intubated and/or hospitalized in an ICU) amounted to 92.
- Since the beginning of 2026, co-circulation of NB.1.8.1, XFG, and BA.3.2 (variants under monitoring by ECDC/WHO) has been recorded, with NB.1.8.1 being the predominant variant detected. There is currently no evidence that any of these three variants is associated with an increased risk of severe disease.
- During week 23/2026, the weighted SARS-CoV-2 viral load in urban wastewater from the monitored areas was very low.

### Influenza virus

- Influenza positivity in the community (as estimated by the Sentinel Primary Health Care surveillance network) has remained below 10% (the epidemic threshold indicating seasonal influenza activity). In week 23/2026, no influenza-positive samples were identified through sampling by the Sentinel PHC network. In secondary healthcare (as estimated by the SARI surveillance network), a declining trend has been observed since week 05/2026, with positivity remaining at low levels after week 11/2026. In week 23/2026, no influenza-positive samples were identified through sampling by the SARI surveillance network.
- New admissions have shown a downward trend since the beginning of the year and are now fluctuating at low levels, with minor weekly variations. In week 23/2026, six new influenza admissions were recorded, showing a small increase compared to the previous week (N=2).
- During week 23/2026, no new severe laboratory-confirmed influenza case requiring ICU hospitalization or new death from laboratory-confirmed influenza were recorded.
- In total, from week 40/2025 through week 23/2026, 163 laboratory-confirmed influenza cases requiring ICU hospitalization and 84 deaths with laboratory-confirmed influenza have been recorded. It should be noted that from week 01/2025 through week 23/2026, the number of recorded deaths among severe laboratory-confirmed influenza cases amounted to 168.
- Overall, from week 40/2025 through week 23/2026, among 5,328 samples (originating from community Sentinel surveillance, SARI surveillance, and hospitals outside the surveillance networks), 741 samples tested positive for influenza viruses. Of the 740 samples that were typed, 738 were influenza type A and two were type B.
- Of the 539 type A strains that were subtyped, 345 belonged to subtype A(H3) and 194 belonged to subtype A(H1)pdm09. A phylogenetic analysis was performed on 21 samples positive for the A(H3) virus: six samples from the beginning of the surveillance period (weeks 42–45/2025), of which three belonged to genetic group K, and 15 samples from the phase of increasing influenza activity (weeks 50–52/2025), of which 14 belonged to group K. The data indicate an overall predominance of genetic group K among A(H3) samples, consistent with the global pattern. Genetic group K has not, to date, been associated with an increased risk of severe disease.
- As influenza activity in the community has returned to baseline levels across Europe and because very low to undetectable influenza viral loads are currently being detected throughout Greece, influenza wastewater surveillance will be reactivated during the next seasonal influenza surveillance period.

### Respiratory syncytial virus – RSV

- Positivity rate derived from the Sentinel Primary Health Care surveillance network and the SARI surveillance network is lying at low levels, with small weekly fluctuations. During week 23/2026, no positive RSV samples were reported by the Sentinel Primary Health Care surveillance network and the SARI surveillance network. 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.