Epidemiological Surveillance of Respiratory Infections
Weekly overview - Week 27/2026 (29/06/2026 – 05/07/2026)

Influenza-like Illness (ILI)

- The number of influenza-like illness (ILI) per 1,000 consultations lies at low levels since late spring, with minor weekly fluctuations. During week 27/2026, 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 27/2026, a decrease 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. Since the beginning of summer, only sporadic new COVID-19 hospital admissions have been recorded. In week 27/2026, two new COVID-19 admissions were recorded (admissions number during last week (N=2)) .
- Since the beginning of summer 2025, sporadic cases of intubations and deaths have been recorded. No new intubations nor new deaths were recorded since the beginning of the 2026 summer. From week 01/2025 through week 27/2026, 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.
- The weighted SARS-CoV-2 viral load in urban wastewater from the monitored areas remains 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 27/2026, no influenza-positive samples were identified through sampling by the Sentinel PHC network. In secondary healthcare (as estimated by the SARI surveillance network positivity remains at low levels after week 11/2026. In week 27/2026, 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. Since the beginning of the summer, only sporadic new hospital admissions have been recorded. In week 27/2026, no new influenza admissions were recorded, showing a decrease compared to the previous week (N=5).
- Since the beginning of summer, 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 27/2026, 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 27/2026, the number of recorded deaths among severe laboratory-confirmed influenza cases amounted to 168.
- Overall, from week 40/2025 through week 27/2026, among 5,466 samples (originating from community Sentinel surveillance, SARI surveillance, and hospitals outside the surveillance networks), 7412samples tested positive for influenza viruses. Of the 741 samples that were typed, 739 were influenza type A and two were type B.
- Of the 540 type A strains that were subtyped, 345 belonged to subtype A(H3) and 195 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 27/2026, no positive RSV samples were reported by the Sentinel Primary Health Care surveillance network, while in the SARI surveillance network one positive sample was recorded. 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.