



Epidemiological Surveillance of Respiratory Infections

Weekly overview - Week 31/2026 (27/07/2026 – 02/08/2026)

Summary of Epidemiological Data – Week 31/2026

Influenza-like Illness (ILI)

- The number of influenza-like illness cases per 1,000 visits has remained at low levels since last spring, with minor week-to-week fluctuations. During week 31/2026, a slight increase was observed compared with the previous week.

Severe Acute Respiratory Illness- SARI

- The number of SARI cases per 1,000 hospital admissions has remained stable at low levels, with minor weekly fluctuations. During week 31/2026, a slight increase was observed compared with the previous week.

SARS-CoV2 virus - COVID-19 infection

- The positivity rate based on all SARS-CoV-2 diagnostic tests performed nationwide remains at very low levels.
- New hospital admissions have shown a downward trend since the beginning of the year and are currently fluctuating at low levels, with minor weekly variations. Since the beginning of the summer, only sporadic new admissions have been recorded. During week 31/2026, seven new COVID-19 hospital admissions were recorded (number of admissions during the previous week: N=7).
- Since the beginning of last summer, sporadic cases of intubation and deaths have been recorded. No new intubations or deaths have been recorded since the beginning of this summer. From week 01/2025 through week 31/2026, the total number of recorded deaths among severe cases (patients who were intubated and/or admitted to an Intensive Care Unit [ICU]) was 92.
- Since the beginning of 2026, co-circulation of the NB.1.8.1, XFG, and BA.3.2 variants (variants under monitoring by ECDC/WHO) has been observed, 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 31/2026, the weighted SARS-CoV-2 viral load in wastewater from the monitored urban areas remained at very low levels.

Influenza virus

- Influenza positivity in the community (as estimated by the Sentinel Primary Health Care surveillance network) continues to remain below 10% (the epidemic threshold indicating seasonal influenza activity). During week 31/2026, no influenza-positive specimens were identified among community samples. It is notable however that, as every year, sporadic influenza cases or clusters may occur during the summer months, particularly in popular tourist destinations of the country receiving travelers from the Southern Hemisphere. In secondary healthcare (as estimated by the SARI surveillance network), positivity has also remained at low levels since week 11/2026. During week 31/2026, no influenza-positive specimens were detected among samples collected through the SARI surveillance network. The number of new admissions has shown a decreasing trend since the beginning of the year, at present lying at low levels, with small fluctuations. In week 21/2026 new admissions remained at the same level (6 new admissions compared to 5 in week 20/2026).
- New hospital admissions have shown a downward trend since the beginning of the year and are currently fluctuating at low levels, with minor weekly variations. Since the beginning of the summer, only sporadic new admissions have been recorded. During week 31/2026, seven new influenza-related hospital admissions were recorded, representing a decrease compared with the previous week (N=16).
- No new severe laboratory-confirmed influenza cases requiring ICU admission, nor any new deaths from laboratory-confirmed influenza, have been recorded since the beginning of this summer.
- Overall, from week 40/2025 through week 31/2026, 163 laboratory-confirmed influenza cases requiring ICU admission and 84 deaths with laboratory-confirmed influenza have been recorded. It should be noted that from week 01/2025 through week 31/2026, the total number of recorded deaths among severe laboratory-confirmed influenza cases was 168.
- Overall, from week 40/2025 through week 31/2026, among 5,583 specimens (originating from the community Sentinel surveillance system, the SARI surveillance network, and hospitals outside the surveillance networks), 743 specimens tested positive for influenza viruses. Of the 742 viruses that were typed, 740 were influenza A viruses and two were influenza B viruses.
- Of the 541 influenza A viruses that were subtyped, 346 belonged to subtype A(H3) and 195 to subtype A(H1)pdm09. A total of 21 influenza A(H3)-positive specimens have undergone phylogenetic analysis: six specimens collected at the beginning of the surveillance period (weeks 42–45/2025), of which three belonged to genetic group K, and 15 specimens collected during the ascending phase of influenza activity (weeks 50–52/2025), of which 14 belonged to group K. These findings indicate the overall predominance of genetic group K among influenza A(H3) viruses, consistent with the global epidemiological picture. Genetic group K has not 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 in wastewater in Greece, influenza wastewater surveillance will be reactivated during the next seasonal influenza surveillance period.

Respiratory syncytial virus – RSV

- Positivity rates in both the community (Sentinel Primary Health Care surveillance network) and the SARI surveillance network have remained consistently low, with minor weekly fluctuations. During week 31/2026, no RSV-positive specimens were identified among either community samples or samples collected through the SARI surveillance network. The Sentinel Primary Health Care surveillance network and the SARI surveillance network is lying at low levels, with small weekly fluctuations. During week 21/2026, 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.