Epidemiological Surveillance of Respiratory Infections
Weekly overview - Week 36/2026 (31/08/2026 – 06/09/2026)
Summary of Epidemiological Data – Week 36/2026

Influenza-like Illness (ILI)

- The number of influenza-like illness cases per 1,000 visits has been low since late spring, with minor weekly fluctuations. During week 36/2026, it decreased compared with the previous week.

Severe Acute Respiratory Illness- SARI

- The number of SARI cases per 1,000 hospital admissions has also been low, with minor weekly fluctuations. During week 36/2026, it increased 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 low.
- New hospital admissions have shown a downward trend since the beginning of the year and are lying low, with minor weekly fluctuations. Since the beginning of summer, only sporadic new admissions have been recorded. During week 36/2026, 19 new COVID-19 admissions were recorded (number of admissions during the previous week: N=17).
- Since the beginning of the previous summer, sporadic cases of intubation and deaths have been recorded. During week 36/2026 one new intubation has been recorded, while no new deaths were reported. From week 01/2025 through week 36/2026, the recorded deaths among severe cases (intubated patients and/or patients admitted to an Intensive Care Unit [ICU]) amounted to 93.
- During week 36/2026, the weighted SARS-CoV-2 viral load in wastewater in the monitored areas was very low.

Influenza virus

- Influenza positivity in the community (as estimated by the Sentinel Primary Health Care surveillance network) lies below 10% (the epidemic threshold indicating seasonal influenza activity), except for the first two weeks of August. It should be noted that, as every year, isolated influenza cases or localized clusters may occur during the summer months, particularly in tourist destinations in the country with visitors from the Southern Hemisphere. During week 36/2026, no influenza-positive samples were detected among specimens collected in the community. In secondary healthcare, as estimated by the SARI surveillance network, positivity levels have also remained low since week 11/2026.
- New hospital admissions have shown a downward trend since the beginning of the year and are now at low levels, with minor weekly fluctuations. Since the beginning of summer, only sporadic new admissions have been recorded. During week 36/2026, 17 new influenza admissions were recorded, remaining at similar levels compared with the previous week (N=19).
- Two new severe cases of laboratory-confirmed influenza requiring ICU admission were recorded, while one death of laboratory-confirmed influenza requiring ICU admission was reported.
- Overall, from week 40/2025 through week 36/2026, 168 cases of laboratory-confirmed influenza requiring ICU admission and 85 deaths associated with laboratory-confirmed influenza were recorded. It should be noted that, from week 01/2025 through week 36/2026, the recorded deaths among severe cases with laboratory-confirmed influenza amounted to 169.
- Overall, from week 40/2025 through week 36/2026, among 5,746 samples (originating from the community Sentinel network, SARI surveillance, and hospitals outside the surveillance networks), 753 samples tested positive for influenza viruses. Of the 752 samples that were typed, 750 were type A and two were type B.
- Of the 551 type A strains that were subtyped, 355 belonged to the A(H3) subtype and 196 belonged to the A(H1)pdm09 subtype. Phylogenetic analyses were performed on 21 samples positive for A(H3): six samples from the beginning of the surveillance period (weeks 42–45/2025), three of which belonged to genetic group K, and 15 samples from the phase of increasing influenza activity (weeks 50–52/2025), 14 of which belonged to genetic group K. The data indicate an overall predominance of genetic group K among A(H3) samples, in agreement 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 is currently low across Europe, alongside the detection of very low to undetectable levels of influenza viral load in Greece during this period, wastewater surveillance for influenza will be reactivated during the new seasonal influenza surveillance period.

Respiratory syncytial virus – RSV

- Positivity rates both in the community (Primary Health Care Sentinel surveillance network) and within the SARI surveillance network have remained consistently low, with minor weekly fluctuations. During week 36/2026, no RSV-positive samples were detected among specimens collected in the community or among specimens collected through the SARI surveillance network. The National Public Health Organization (EODY) recommends vaccination for individuals aged over 75 years and for individuals belonging to 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.