Epidemiological Surveillance of Respiratory Infections
Weekly overview - Week 37/2026 (07/09/2026 – 13/09/2026)
Summary of Epidemiological Data – Week 37/2026

Influenza-like Illness (ILI)

- The number of influenza-like illness cases per 1,000 visits has remained at low levels since last spring, showing small weekly fluctuations. During week 37/2026, it remained at the same levels as the previous week.

Severe Acute Respiratory Illness- SARI

- The number of SARI cases per 1,000 hospital admissions remains steadily at low levels, with minor weekly fluctuations. In week 37/2026, it showed a slight decrease compared to the previous week.

SARS-CoV2 virus - COVID-19 infection

- The positivity rate based on all SARS-CoV-2 diagnostic tests performed nationwide remains at low levels.
- New hospital admissions have shown a downward trend since the beginning of the year, now fluctuating at low levels with minor weekly fluctuations. Since the beginning of summer, only sporadic new admissions have been recorded. In week 37/2026, 33 new COVID-19 admissions were recorded (compared to N=21 admissions in the previous week).
- Since the beginning of last summer, sporadic cases of intubations and deaths have been recorded. In week 37/2026, no new intubations or deaths were recorded. From week 01/2025 through week 37/2026, recorded deaths in severe cases (intubated and/or admitted to an ICU) total 93.
- During week 37/2026, the weighted SARS-CoV-2 viral load in urban wastewater across the tested areas is 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), with the exception of the first two weeks of August. As noted every year, sporadic influenza cases or localized clusters also occur during the summer months, particularly in summer destinations frequented by travelers from the southern hemisphere. In week 37/2026, no positive influenza samples were found from community sampling. In secondary healthcare (as estimated by the SARI surveillance network), positivity levels since week 11/2026 have also fluctuated at low levels.
- New hospital admissions have shown a downward trend since the beginning of the year, now fluctuating at low levels with minor weekly fluctuations. Since the beginning of summer, only sporadic new admissions have been recorded. In week 37/2026, 12 new influenza admissions were recorded, showing a slight decrease compared to the previous week (N=18).
- In week 37/2026, no new severe cases of laboratory-confirmed influenza requiring ICU admission were recorded, nor any new deaths from laboratory-confirmed influenza. One severe case of laboratory-confirmed influenza with ICU admission was retrospectively reported, with an admission date within week 36/2026.
- Overall, from week 40/2025 through week 37/2026, 169 cases of laboratory-confirmed influenza requiring ICU admission and 85 deaths with laboratory-confirmed influenza have been recorded. Notably, from week 01/2025 through week 37/2026, recorded deaths in severe cases with laboratory-confirmed influenza total 169.
- Overall, from week 40/2025 through week 37/2026, out of 5,768 samples (originating from community Sentinel, SARI surveillance, and non-surveillance network hospitals), 753 tested positive for influenza viruses. Of the 752 samples subtyped, 750 were type A and 2 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 analysis of 21 samples positive for the A(H3) virus showed: six samples from the beginning of the surveillance period (weeks 42–45/2025), of which three belonged to genetic group K and 15 from the upward phase of influenza activity (weeks 50–52/2025), of which 14 belonged to group K. Data indicate the overall predominance of genetic group K among A(H3) samples, in agreement with the global picture. Genetic group K has not been associated with an increased risk of severe disease.
- As influenza activity in the community is currently at low levels 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 at low levels, with minor weekly fluctuations. During week 37/2026, 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.