



Epidemiological Surveillance of Respiratory Infections

Weekly overview - Week 4/2026 (19/01/2026 –25/01/2026)

Influenza-like Illness (ILI)

- The number of influenza-like illness cases per 1,000 visits showed a slight increase compared to the previous week, indicating stabilization at relatively high levels, without, however, exceeding the maximum value recorded in week 01/2026. Severe Acute Respiratory Illness- SARI (ILI).
- The number of SARI cases per 1,000 visits slightly decreased compared to the previous week.

SARS-CoV2 virus - COVID-19 infection

- The positivity rate of all SARS-CoV-2 diagnostic tests nationwide showed no significant change compared to the previous week.
- For the 2025–2026 surveillance period (starting week 44/2025), the National Public Health Organization (EODY) implemented a system of daily active monitoring of new COVID-19 hospital admissions from a network of 84 hospitals across the country. In week 4/2026, 119 new COVID-19 admissions were recorded, showing a decrease compared with the previous week (N=138).
- Since the beginning of the summer, sporadic cases of intubations and deaths have been recorded. In week 4/2026, two new intubations were recorded, while eight new deaths were reported. From week 01/2025 to week 04/2026, the recorded deaths among severe cases (intubated and/or admitted to ICU) amount to 81.
- Since late spring 2025, a gradual increase of the XFG variant has been observed, which appears to be the predominant variant in detections since early July.
- During week 04/2026, the weighted SARS-CoV-2 viral load in urban wastewater from the monitored areas lies at low levels, showing stability compared to last week.

Influenza virus

- Influenza positivity in the community (as estimated through the Sentinel Primary Health Care surveillance network) continues its decreasing trend, remaining however at high levels. Similarly, in secondary healthcare (as estimated through the SARI surveillance network), a decrease was recorded compared to the previous week.
- For the 2025–2026 surveillance period (starting week 44/2025), the National Public Health Organization (EODY) implemented a system of daily active reporting of new influenza-related hospital admissions from a network of 84 hospitals across the country, with the aim of monitoring temporal trends. In week 4/2026, a small increase was recorded (649 new admissions compared to 613 in week 03/2026).
- In week 4/2026, 19 new severe laboratory-confirmed influenza cases requiring ICU hospitalization and 12 new deaths from laboratory-confirmed influenza were recorded. In addition, five severe cases of laboratory-confirmed influenza requiring ICU hospitalization were reported retrospectively, with admission date within the previous weeks. In addition, one new death from laboratory-confirmed influenza with death date within week 03/2026 was reported.
- In total, from week 40/2025 to week 4/2026, 105 cases of laboratory-confirmed influenza requiring ICU hospitalization have been recorded and 36 deaths with laboratory-confirmed influenza have been reported. It is noted that from week 1/2025 to week 4/2026, the recorded deaths among severe cases with laboratory-confirmed influenza amount to 120.
- Overall, from week 40/2025 through week 4/2026, among 2.952 samples (from the community Sentinel network, SARI surveillance, and hospitals outside surveillance networks), 536 samples tested positive for influenza viruses, 535 type A and one type B.
- Of the 387 type A strains that were subtyped, 267 belonged to the subtype A(H3) and 120 to the subtype A(H1)pdm09. Vaccination remains the most effective preventive measure. EODY strongly recommends immediate influenza vaccination for high-risk groups, prompt medical consultation upon the onset of symptoms compatible with influenza for the administration of antiviral therapy, and the use of face masks in crowded indoor spaces. Furthermore, the implementation of protective measures is recommended, including the use of masks in crowded indoor spaces, respiratory hygiene, frequent handwashing, and adequate ventilation of indoor environments.
- During week 04/2026, the weighted influenza A viral load in urban wastewater from the monitored areas remained at high levels, showing a decrease compared to last week.

Respiratory syncytial virus – RSV

- Positivity in the community (Sentinel Primary Health Care surveillance network) and in hospitals participating in the SARI surveillance network showed an increase compared to the previous week.

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