Epidemiological Surveillance of Respiratory Infections
Weekly overview - Week 48/2025 (24/11/2025 –30/11/2025)

Influenza-like Illness (ILI)

- The number of ILI cases per 1,000 visits shows no significant difference compared to week 47/2025.

Severe Acute Respiratory Illness- SARI (ILI)

- The number of SARI cases per 1,000 visits remains low, showing a small decrease compared to week 47/2025.

SARS-CoV2 virus - COVID-19 infection

- The positivity rate of all SARS-CoV-2 diagnostic tests nationwide decreased 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 48/2025, 131 new COVID-19 admissions were recorded, showing a small 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 48/2025, one new intubation was recorded, while four new deaths were reported. From week 01/2024 to week 48/2025, the recorded deaths among severe cases (intubated and/or admitted to ICU) amount to 410.

- From late spring onwards, co-circulation of the LP.8.1, NB.1.8.1 and XFG strains (Variants Under Monitoring according to ECDC and WHO/EURO) has been observed, with XFG showing a gradual upward trend and currently being the predominant strain in detections.

- Nationally, the standardized viral load in urban wastewater remains at moderate levels compared to historical data, showing a decrease compared to the previous week.

Influenza virus

- Influenza positivity in the community (as estimated by the primary care Sentinel surveillance network) follows the trend of the previous surveillance period, marginally exceeding the epidemic threshold of 10% in week 48_2025. In secondary healthcare (as estimated by the SARI surveillance network), it remains at very low.

- In week 48/2025, one new severe case requiring ICU hospitalization was recorded, while no new deaths from laboratory-confirmed influenza were reported. From week 01/2024 to week 48/2025, deaths recorded among severe laboratory-confirmed influenza cases amount to 149.

- Overall, from week 40/2025 through week 48/2025, among 1.218 samples (from the community Sentinel network, SARI surveillance, and hospitals outside surveillance networks), 35 samples tested positive for influenza A viruses.

- Of the 34 type A strains that were subtyped, 19 belonged to subtype A(H1)pdm09 and 15 belonged to subtype A(H3). Phylogenetic analysis of six A(H3) samples by the National Influenza Reference Centers, identified three as A(H3) subclade K. According to the initial risk assessment on the epidemiological situation of influenza at the European level, published by the ECDC on 20 November 2025, approximately half of the A(H3) detections in EU/EEA countries correspond to subclade K. The risk associated with the predominance of A(H3) subclade K during the current surveillance season is considered moderate for the general population by the ECDC, while it is assessed as high for individuals belonging to high-risk groups. Vaccination remains the most effective preventive measure. EODY remains vigilant in monitoring the situation and strongly recommends influenza vaccination for high-risk groups, as well as adherence to respiratory infection-prevention measures.

Respiratory syncytial virus – RSV

- No positive samples were found in the community (Sentinel Primary Health Care network) while in the hospitals (SARI surveillance network) positivity remains low with only sporadic samples.

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