Epidemiological Surveillance of Respiratory Infections
Weekly overview - Week 50/2025 (08/12/2025 –14/12/2025)

Influenza-like Illness (ILI)

- The number of ILI cases per 1,000 visits shows an increasing trend, which started earlier compared to the last two surveillance periods.

Severe Acute Respiratory Illness- SARI (ILI)

- The number of SARI cases per 1,000 visits is low, remaining stable compared to week 49/2025.

SARS-CoV2 virus - COVID-19 infection

- The positivity rate of all SARS-CoV-2 diagnostic tests nationwide is showing a decrease 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 50/2025, 99 new COVID-19 admissions were recorded, showing a decrease compared with the previous week (N=104).
- Since the beginning of the summer, sporadic cases of intubations and deaths have been recorded. In week 50/2025, no new intubations were recorded, while six new deaths were reported. From week 01/2024 to week 50/2025, the recorded deaths among severe cases (intubated and/or admitted to ICU) amount to 412.
- 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 being the predominant strain in detections until mid October. During weeks 43-44, NB.1.8.1 was predominant.
- Nationally, the standardized viral load in urban wastewater remains at moderate levels compared to historical data, showing stability compared to the previous week.

Influenza virus

- Influenza positivity in the community (as estimated by the primary care Sentinel surveillance network) is above the epidemic threshold of 10% since week 48/2025, showing a significant increase compared to the previous week. In secondary healthcare (as estimated by the SARI surveillance network), it remains very low.
- In week 50/2025, one new severe case requiring ICU hospitalization was recorded, while no new deaths from laboratory-confirmed influenza were reported.
- In total, from week 40/2025 to week 50/2025, nine cases of laboratory-confirmed influenza requiring ICU hospitalization have been recorded, while no deaths with laboratory-confirmed influenza have been reported. It is noted that from week 1/2024 to week 50/2025, the recorded deaths among severe cases with laboratory-confirmed influenza amount to 149
- Overall, from week 40/2025 through week 50/2025, among 1.570 samples (from the community Sentinel network, SARI surveillance, and hospitals outside surveillance networks), 82 samples tested positive for influenza viruses, 81 type A and one type B.
- Of the 64 type A strains that were subtyped, 25 belonged to subtype A(H1)pdm09 and 39 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, 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. The National Public Health Organization (EODY) strongly recommends that high-risk groups be vaccinated against influenza without delay, seek timely medical care upon the onset of symptoms compatible with influenza for the administration of antiviral treatment, and use a face mask in crowded indoor spaces. In addition, the general population is advised to implement protective measures, including respiratory hygiene, frequent handwashing, and adequate ventilation of indoor spaces.

Respiratory syncytial virus – RSV

- Positivity in the community (Sentinel Primary Health Care network) and in the hospitals (SARI surveillance network) remains low, showing an increasing trend in Sari surveillance network.

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