



Epidemiological Surveillance of Respiratory Infections

Weekly overview

Week 04/2024 (22/01/2024 – 28/01/2024)

Influenza-like Illness (ILI)

- The number of influenza cases per 1,000 visits decreased compared to last week.

SARS-CoV2 virus - COVID-19 infection

- Test positivity significantly decreased compared to the previous week.
- The number of COVID-19 admissions (n=546) decreased 60% compared to the average weekly number of new admissions during the previous 4 weeks (n=1.375) and was lower compared to the respective week of 2023 (n=1.112).
- The number of new intubations (n=11) decreased compared to the average weekly number of new intubations during the previous 4 weeks (n=35) and was lower compared to the respective week of 2023 (n=49).
- The cumulative number of intubated patients with COVID-19 infection is 51.
- 65 deaths were reported (median age: 84 years, range: 52-97). The number of deaths decreased compared to the average weekly number of deaths during the previous 4 weeks (n=104) and was lower compared to the respective week of 2023 (n=179).
- In weeks 51-52/2023 the most frequent BA.2 sub-variant was JN.1 ranging around 50%, followed by EG.5 (30%).
- Viral load surveillance in municipal wastewater showed a decrease in SARS-CoV-2 virus circulation in 7 out of 9 areas participating in the network.

Influenza virus

- The percentage of sentinel primary care specimens from patients presenting with ILI that tested positive for an influenza virus remained above the epidemic threshold of 10% and increased compared to last week, although ILI rate depicts a stable decrease.
- 5 new severe cases of laboratory-confirmed influenza were admitted to ICU while 5 new deaths from laboratory-confirmed influenza were recorded. 4 severe cases of laboratory-confirmed influenza admitted to ICU were retrospectively reported (1 with admission date within week 02/2024 and 3 with admission date within week 03/2024) and 2 deaths with death date within week 03/2024.
- From week 40/2023 to week 04/2024, 94 laboratory-confirmed cases were hospitalized in ICU and 32 laboratory-confirmed deaths were reported.
- From week 40/2023 to week 04/2024, 263 positive samples were typed (sentinel primary health care samples and hospital samples), 260 (99%) as A and 3 (1%) as B.
- Of the 246 type A viruses subtyped from the two Influenza Reference Centers, 16 (6,5%) were classified as subtype A(H3) and 230 (93,5%) were classified as subtype A(H1)pdm09.

Respiratory syncytial virus – RSV

- RSV positivity slightly increased compared to the previous week.