



## Epidemiological Surveillance of Respiratory Infections

### Weekly overview

Week 10/2024 (04/03/2024 – 10/03/2024)

#### Influenza-like Illness (ILI)

- The number of influenza cases per 1,000 visits remained at the same level compared to last week.

#### Severe Acute Respiratory Illness- SARI (ILI)

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

#### SARS-CoV2 virus - COVID-19 infection

- Test positivity decreased compared to the previous week.
- The number of COVID-19 admissions (n=143) decreased 54% compared to the average weekly number of new admissions during the previous 4 weeks (n=313) and was lower compared to the respective week of 2023 (n=771).
- There were no new intubations recorded during week 10/2024. The number of new intubations during the previous 4 weeks was 5 and the number of new intubations during the respective week of 2023 was 26.
- The cumulative number of intubated patients with COVID-19 infection is 15.
- 14 deaths were reported (median age: 87,5 years, range: 71-100). The number of deaths decreased compared to the average weekly number of deaths during the previous 4 weeks (n=24) and was lower compared to the respective week of 2023 (n=76).
- The most frequent BA.2 sub-variant in weeks 6-7/2024 was JN.1 (>85%), (temporary data).
- Viral load surveillance in municipal wastewater showed a decrease in SARS-CoV-2 virus circulation in 4 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%, showing no change compared to last week. Test positivity of SARI samples decreased compared to last week.
- There were no severe cases of laboratory-confirmed influenza admitted to ICU, while 4 new deaths from laboratory-confirmed influenza were recorded.
- From week 40/2023 to week 10/2024, 132 laboratory-confirmed cases were hospitalized in ICU and 64 laboratory-confirmed deaths were reported.
- From week 40/2023 to week 10/2024, 645 positive samples were typed (sentinel primary health care samples, SARI sentinel samples and hospital non-sentinel samples), 525 (81%) as A and 120 (19%) as B.
- Of the 488 type A viruses subtyped from the two Influenza Reference Centers, 36 (7%) were classified as subtype A(H3) and 452 (93%) were classified as subtype A(H1)pdm09.

#### Respiratory syncytial virus – RSV

- RSV positivity decreased compared to the previous week in both sentinel primary health care (ILI specimens) and in hospitals (SARI specimens).

NOTE: Retrospective inclusion of data reported with delay can result to modifications in the numbers presented