



Epidemiological Surveillance of Respiratory Infections

Weekly overview

Week 11/2024 (11/03/2024 – 17/03/2024)

Influenza-like Illness (ILI)

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

Severe Acute Respiratory Illness- SARI (ILI)

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

SARS-CoV2 virus - COVID-19 infection

- Test positivity slightly increased compared to the previous week.
- The number of COVID-19 admissions (n=127) decreased 46% compared to the average weekly number of new admissions during the previous 4 weeks (n=237) and was lower compared to the respective week of 2023 (n=715).
- The number of new intubations (n=2) decreased compared to the average weekly number of new intubations during the previous 4 weeks (n=4) and was lower compared to the respective week of 2023 (n=18).
- The cumulative number of intubated patients with COVID-19 infection is 13.
- 8 deaths were reported (median age: 85 years, range: 79-93). The number of deaths decreased compared to the average weekly number of deaths during the previous 4 weeks (n=18) and was lower compared to the respective week of 2023 (n=77).
- The most frequent BA.2 sub-variant was JN.1 (>85% after week 6) (temporary data).
- Viral load surveillance in municipal wastewater showed a decrease in SARS-CoV-2 virus circulation in 5 out of 10 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 decreased compared to last week. Test positivity of SARI samples decreased compared to last week.
- One new severe case of laboratory-confirmed influenza was admitted to ICU, while one new death from laboratory-confirmed influenza was recorded.
- From week 40/2023 to week 11/2024, 133 laboratory-confirmed cases were hospitalized in ICU and 65 laboratory-confirmed deaths were reported.
- From week 40/2023 to week 11/2024, 680 positive samples were typed (sentinel primary health care samples, SARI sentinel samples and hospital non-sentinel samples), 531 (78%) as A and 149 (22%) as B.
- Of the 509 type A viruses subtyped from the two Influenza Reference Centers, 38 (7,5%) were classified as subtype A(H3) and 471 (92,5%) were classified as subtype A(H1)pdm09.

Respiratory syncytial virus – RSV

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