

Epidemiological Surveillance of Respiratory Infections Weekly overview Week 13/2024 (25/03/2024 – 31/03/2024)

Influenza-like Illness (ILI)

The number of influenza cases per 1,000 visits increased 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=79) decreased compared to the average weekly number of new admissions during the previous 4 weeks (n=146) and was lower compared to the respective week of 2023 (n=667).
- One new intubation was recorded. The average weekly number of new intubations during the previous 4 weeks was 2, whereas the number of intubations the respective week of 2023 was 15.
- The cumulative number of intubated patients with COVID-19 infection is 12.
- 8 deaths were reported (median age: 85 years, range: 63-94). The number of deaths decreased compared to the average weekly number of deaths during the previous 4 weeks (n=11) and was lower compared to the respective week of 2023 (n=50).
- The most frequent BA.2 sub-variant was JN.1 (>85% from week 6 and after).
- Viral load surveillance in municipal wastewater showed a decrease in SARS-CoV-2 virus circulation in 6 out of 8 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. Test positivity of SARI samples also
 increased compared to last week.
- Two new severe cases of laboratory-confirmed influenza were admitted to ICU, while one new death from laboratory-confirmed influenza was recorded.
- From week 40/2023 to week 13/2024, 136 laboratory-confirmed cases were hospitalized in ICU and 67 laboratory-confirmed deaths were reported.
- From week 40/2023 to week 13/2024, 775 positive samples were typed (sentinel primary health care samples, SARI sentinel samples and hospital non-sentinel samples), 541 (70%) as A and 234 (30%) as B.
- Of the 521 type A viruses subtyped from the two Influenza Reference Centers, 39 (7,5%) were classified as subtype A(H3) and 482 (92,5%) were classified as subtype A(H1)pdm09.

Respiratory syncytial virus – RSV

• RSV positivity remained low in both sentinel primary health care (ILI specimens) and hospitals (SARI specimens).