



## Epidemiological Surveillance of Respiratory Infections

### Weekly overview

Week 14/2024 (01/04/2024 – 07/04/2024)

#### 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 decreased compared to last week.

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

- Test positivity remained at the same level compared to the previous week.
- The number of COVID-19 admissions (n=77) decreased compared to the average weekly number of new admissions during the previous 4 weeks (n=113) and was lower compared to the respective week of 2023 (n=666).
- No 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 22.
- The cumulative number of intubated patients with COVID-19 infection is 8.
- 5 deaths were reported (median age: 81 years, range: 73-92). The number of deaths decreased compared to the average weekly number of deaths during the previous 4 weeks (n=10) and was lower compared to the respective week of 2023 (n=49).
- The most frequent BA.2 sub-variant was JN.1 (>85% from week 6 and after).
- Viral load surveillance in municipal wastewater showed an increase in SARS-CoV-2 virus circulation in 4 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.
- No 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 14/2024, 136 laboratory-confirmed cases were hospitalized in ICU and 68 laboratory-confirmed deaths were reported.
- From week 40/2023 to week 14/2024, 836 positive samples were typed (sentinel primary health care samples, SARI sentinel samples and hospital non-sentinel samples), 545 (65%) as A and 291 (35%) as B. From week 10 and after, the dominant type is B in both sentinel primary health care (ILI specimens) and hospitals (SARI specimens).
- Of the 525 type A viruses subtyped from the two Influenza Reference Centers, 40 (8%) were classified as subtype A(H3) and 485 (92%) 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).