



## Epidemiological Surveillance of Respiratory Infections

### Weekly overview

**Week 15/2023 (10/4/2023 – 16/4/2023)**

#### Influenza-like Illness

- a small increase was observed in the community compared to the previous week

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

- test positivity showed an increase compared to the previous week
- the number of COVID-19 admissions showed an increase compared to the previous week and a 3% increase compared to the average weekly number of new admissions during the previous 4 weeks
- the number of new intubations showed a decrease compared to the previous week and a 44% decrease compared to the average weekly number of new intubations during the previous 4 weeks
- the cumulative number of intubated patients with COVID-19 infection is 57
- 38 deaths were reported (median age: 85,5 years, range: 58-93 years)
- during the last weeks all sequenced samples were classified as Omicron sub-variants BA.2 and BA.5, with BA.2 being the dominant variant from week 9 onwards
- in week 13 the sub-variant BQ.1.1 was the most frequent sub-variant of BA.5 (76%)
- in week 13 the most frequent BA.2 sub-variants were XBB.1.5 (85%), followed by BA.2.75 (9%)
- viral load surveillance in municipal wastewater showed an increase in SARS-CoV-2 virus circulation in 6 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 showed a decrease
- no severe cases of laboratory-confirmed influenza admitted to ICU or deaths from laboratory-confirmed influenza were recorded in week 15/2023
- from week 40/2022 to week 15/2023, 67 people with influenza were hospitalized in ICU and 25 deaths were reported
- during the same period, 347 samples positive for influenza viruses (sentinel samples and hospital samples) were detected in the two Influenza Reference Centers, of which 286 (82%) were type A and 61 (18%) were type B
- of the 284 type A viruses subtyped, 258 (91%) were classified as subtype A(H3N2) and 26 (9%) as subtype A(H1N1)pdm09
- during the last weeks an excess of type B is recorded

#### Respiratory syncytial virus – RSV

- test positivity remained low