



## **Epidemiological Surveillance of Respiratory Infections Weekly overview**

**Week 15/2024 (08/04/2024 – 14/04/2024)**

### **Influenza-like Illness (ILI)**

#### **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 slightly increased compared to the previous week.
- The number of COVID-19 admissions (n=66) decreased compared to the average weekly number of new admissions during the previous 4 weeks (n=97) and was lower compared to the respective week of 2023 (n=708).
- 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 16.
- The cumulative number of intubated patients with COVID-19 infection is 7.
- 4 deaths were reported (median age: 82 years, range: 67-96). The number of deaths decreased compared to the average weekly number of deaths during the previous 4 weeks (n=7) and was lower compared to the respective week of 2023 (n=46).
- 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 2 out of 9 areas participating in the network, whereas it decreased in 5 and remained stable in two.

#### **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, although it remains high for the season (with B being the dominant type). Test positivity of SARI samples also decreased compared to last week and remains low.
- 3 new severe cases of laboratory-confirmed influenza were admitted to ICU, while no new deaths from laboratory-confirmed influenza were recorded. A severe case of laboratory-confirmed influenza admitted to ICU was retrospectively reported (admission date within week 14/2024).
- From week 40/2023 to week 15/2024, 140 laboratory-confirmed cases were hospitalized in ICU and 68 laboratory-confirmed deaths were reported.
- From week 40/2023 to week 15/2024, 888 positive samples were typed (sentinel primary health care samples, SARI sentinel samples and hospital non-sentinel samples), 546 (61%) as A and 342 (39%) 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 528 type A viruses subtyped from the two Influenza Reference Centers, 41 (8%) were classified as subtype A(H3) and 487 (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).

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