



Epidemiological Surveillance of Respiratory Infections

Weekly overview

Week 16/2023 (17/4/2023 – 23/4/2023)

Influenza-like Illness

- a decrease 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 19% increase compared to the average weekly number of new admissions during the previous 4 weeks
- the number of new intubations showed an increase compared to the previous week and a 11% 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 64
- 43 deaths were reported (median age: 85 years, range: 60-97 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 14 no BA.5 variant was identified (temporary data)
- in week 14 the most frequent BA.2 sub-variants were XBB.1.5 (78%), followed by XBB (19%) (temporary data)
- viral load surveillance in municipal wastewater showed an increase in SARS-CoV-2 virus circulation in 4 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 were recorded in week 16/2023, whereas one death from laboratory-confirmed influenza was recorded
- ▣ from week 40/2022 to week 15/2023, 67 people with influenza were hospitalized in ICU and 26 deaths were reported
- during the same period, 353 samples positive for influenza viruses (sentinel samples and hospital samples) were detected in the two Influenza Reference Centers, of which 286 (81%) were type A and 67 (19%) 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

- all tested samples were RSV negative