



Epidemiological Surveillance of Respiratory Infections

Weekly overview

Week 17/2024 (22/04/2024 – 28/04/2024)

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 remained low.

SARS-CoV2 virus - COVID-19 infection

- Test positivity decreased compared to the previous week.
- The number of COVID-19 admissions was n=83. The average weekly number of new admissions during the previous 4 weeks was 76 and the respective week of 2023 the number was 732.
- 3 new intubations were 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 9.
- 1 death was recorded. The average weekly number of deaths during the previous 4 weeks was 6 and the number of deaths the respective week of 2023 was 61.
- The most frequent BA.2 sub-variant is JN.1 (>85% from week 6 and after).
- Viral load surveillance in municipal wastewater showed a decrease in SARS-CoV-2 virus circulation in 2 out of 8 areas participating in the network, whereas it increased in 3 and remained stable in 3.

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%, decreased compared to last week and remained high for the season (with B being the dominant type). Test positivity of SARI samples slightly increased compared to last week and remains low.
- 1 new severe case 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 15/2024).
- From week 40/2023 to week 17/2024, 143 laboratory-confirmed cases were hospitalized in ICU and 68 laboratory-confirmed deaths were reported.
- From week 40/2023 to week 17/2024, 966 positive samples were typed (sentinel primary health care samples, SARI sentinel samples and hospital non-sentinel samples), 549 (57%) as A and 417 (43%) 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 531 type A viruses subtyped from the two Influenza Reference Centers, 42 (8%) were classified as subtype A(H3) and 489 (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).