

Epidemiological Surveillance of Respiratory Infections

Weekly overview

Week 18/2023 (1/5/2023 – 7/5/2023)

Influenza-like Illness

- a decrease was observed in the community compared to the previous week

SARS-CoV2 virus - COVID-19 infection

- test positivity showed a small increase compared to the previous week
- the number of COVID-19 admissions showed a decrease compared to the previous week and a 13% decrease 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% increase 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 61
- 52 deaths were reported (median age: 86 years, range: 68-99 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 15 the most frequent BA.2 sub-variants were XBB.1.5 (79%), followed by BA.2.75 (12%)
- 14 tested samples were detected positive for the new variant under monitoring, XBB.1.16
- 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 or deaths from laboratory-confirmed influenza were recorded in week 18/2023
- from week 40/2022 to week 18/2023, 68 people with influenza were hospitalized in ICU and 26 deaths were reported
- during the same period, 364 samples positive for influenza viruses (sentinel samples and hospital samples) were detected in the two Influenza Reference Centers, of which 287 (79%) were type A and 77 (21%) were type B
- of the 285 type A viruses subtyped, 258 (90,5%) were classified as subtype A(H3N2) and 27 (9,5%) as subtype A(H1N1)pdm09
- during the last weeks, an excess of type B is recorded

Respiratory syncytial virus – RSV

- test positivity remained low