



Epidemiological Surveillance of Respiratory Infections

Weekly overview - Week 18/2025 (28/04/2025 –04/05/2025)

Influenza-like Illness (ILI)

- The number of ILI cases per 1,000 visits shows a decreasing trend since week 9/2025. In both weeks 17 and 18/2025 a further decrease was recorded.

Severe Acute Respiratory Illness- SARI (ILI)

- The number of SARI cases per 1,000 hospital admissions shows a gradually decreasing trend since the beginning of 2025, with small weekly fluctuations. In both weeks 17 and 18/2025 a decrease was recorded compared to previous weeks.

SARS-CoV2 virus - COVID-19 infection

- Test positivity from all tests performed in the country (COVID-19 registry data) remains very low.
- 53 COVID-19 hospital admissions were recorded in week 18. The average weekly number of new hospital admissions during the previous four weeks was 55.
- Two new intubations were recorded in week 18. The average weekly number of new intubations for the past four weeks was two.
- The current number of ventilated patients with COVID-19 infection is five.
- No new deaths were recorded in week 18. The average weekly number of deaths for the past four weeks was two. From week 01/2024 to week 18/2025, 395 deaths among severe cases (intubated and/or with ICU hospitalization) were recorded.
- In week 33/2024 the first variants of XEC were detected, showing thereafter an upward trend. Since the beginning of December 2024, XEC is the predominant variant.
- At the national level, the weighted viral load in urban wastewater is considered low compared to historical data. The average viral load level in urban wastewater is very low in all areas tested.

Influenza virus

- Influenza positivity in the community (as assessed by Sentinel surveillance in primary health care (ILI specimens) is below the limit that marks seasonal activity. In both weeks 17 and 18, only sporadic positive samples were recorded from the Sentinel primary health care.
- Three new ICU laboratory-confirmed influenza cases were recorded in week 17/2025 and one in week 8/2025, while three new deaths from laboratory-confirmed influenza were recorded in week 17/2025. In total, from week 40/2023 to week 18/2025, 189 severe cases of laboratory-confirmed influenza were admitted to ICU and 79 deaths were recorded. From week 01/2024 to week 18/2025, 140 deaths in severe cases with laboratory confirmed influenza were recorded.
- From week 40/2024 to week 18/2025, among 4.574 samples (Sentinel Primary Health Care Surveillance, SARI surveillance and hospitals outside surveillance networks), 851 (19%) positive samples for influenza viruses were found. Of the 838 samples typed, 529 (63%) were type A and 309 (37%) type B.
- Among the 497 type A samples that were subtyped, 251 were A(H1)pdm09 and 246 were A(H3).

Respiratory syncytial virus – RSV

- RSV activity remains low in both sentinel primary health care (ILI specimens) and in hospitals (SARI specimens), with small weekly fluctuations.
- Both influenza and COVID-19 are associated with a significant number of deaths among severe cases. It is recommended that persons who qualify for vaccination, particularly those at higher risk of severe outcomes (elderly and people with underlying diseases) should get vaccinated against both diseases.

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