



## Epidemiological Surveillance of Respiratory Infections

### Weekly overview

Week 20/2024 (13/05/2024 – 19/05/2024)

#### 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 remained low.
- The number of COVID-19 admissions was 117. The average weekly number of new admissions during the previous 4 weeks was 81, and the respective week of 2023 the number was 636.
- One 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 13.
- The cumulative number of intubated patients with COVID-19 infection is 6.
- 2 deaths were recorded. The average weekly number of deaths during the previous 4 weeks was 4 and the number of deaths the respective week of 2023 was 56.
- The most frequent BA.2 sub-variant is JN.1 (>85% from week 6 onwards).
- Viral load surveillance in municipal wastewater showed a decrease in SARS-CoV-2 virus circulation in 3 out of 9 areas participating in the network, whereas it increased in 4 and remained stable in one.

#### Influenza virus

- The percentage of sentinel primary care specimens from patients presenting with ILI that tested positive for an influenza virus decreased to the epidemic threshold of 10%. Test positivity of SARI samples increased compared to last week.
- No new severe cases of laboratory-confirmed influenza were admitted to ICU and no new deaths from laboratory-confirmed influenza were recorded.
- From week 40/2023 to week 20/2024, 144 laboratory-confirmed cases were hospitalized in ICU and 70 laboratory-confirmed deaths were reported.
- From week 40/2023 to week 20/2024, 1,034 positive samples were typed (sentinel primary health care samples, SARI sentinel samples and hospital non-sentinel samples), 552 (53%) as A and 482 (47%) 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 534 type A viruses subtyped from the two Influenza Reference Centers, 44 (8%) were classified as subtype A(H3) and 490 (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