



Epidemiological Surveillance of Respiratory Infections

Weekly overview

Week 21/2024 (20/05/2024 – 26/05/2024)

Influenza-like Illness (ILI)

- The number of influenza cases per 1,000 visits remained low.

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 increased compared to last week.
- The number of COVID-19 admissions was 158. The average weekly number of new admissions during the previous 4 weeks was 90, and the respective week of 2023 the number was 629.
- Three 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 8.
- The cumulative number of intubated patients with COVID-19 infection is 8.
- 6 deaths were recorded. The average weekly number of deaths during the previous 4 weeks was 2 and the number of deaths the respective week of 2023 was 50.
- 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 2 out of 10 areas participating in the network, whereas it increased in 6 and remained stable in 2.

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% and slightly increased compared to last week. Test positivity of SARI samples remained low.
- One new severe case of laboratory-confirmed influenza was 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 20/2024).
- From week 40/2023 to week 21/2024, 146 laboratory-confirmed cases were hospitalized in ICU and 70 laboratory-confirmed deaths were reported.
- From week 40/2023 to week 21/2024, 1,046 positive samples were typed (sentinel primary health care samples, SARI sentinel samples and hospital non-sentinel samples), 553 (53%) as A and 493 (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 535 type A viruses subtyped from the two Influenza Reference Centers, 44 (8%) were classified as subtype A(H3) and 491 (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).