NATIONAL PUBLIC HEALTH ORGANIZATION

Epidemiological Surveillance of Respiratory Infections

Weekly overview

Week 26/2023 (26/6/2023 – 2/7/2023)

Influenza-like Illness (ILI)

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

SARS-CoV2 virus - COVID-19 infection

- test positivity slightly decreased compared to the previous week
- the number of COVID-19 admissions (n=182) decreased compared to the previous week and there was a 43% decrease compared to the average weekly number of new admissions during the previous 4 weeks
- similarly, the number of new intubations (n=4) decreased compared to the previous week and a 50% decrease compared to the average weekly number of new intubations during the previous 4 weeks was recorded
- the cumulative number of intubated patients with COVID-19 infection is 24
- 16 deaths were reported (median age: 84 years, range: 68-94)
- 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 23 the most frequent BA.2 sub-variants were XBB.1.5 (85%) followed by CH.1.1 (15%)
- viral load surveillance in municipal wastewater showed an increase in SARS-CoV-2 virus circulation in 6 out of 10 areas participating in the network

Influenza virus

- all samples were tested negative for influenza virus
- no severe cases of laboratory- confirmed influenza admitted to ICU or deaths from laboratory-confirmed influenza were recorded in week 26/2023
- from week 40/2022 to week 26/2023, 68 cases were hospitalized in ICU and 26 deaths were reported
- during the same period, 374 samples positive for influenza viruses (sentinel samples and hospital samples) were detected in the two Influenza Reference Centers, of which 290 (77,5%) were type A and 84 (22,5%) were type B
- of the 288 type A viruses subtyped, 258 (90%) were classified as subtype A(H3N2) and 30 (10%) as subtype A(H1N1)pdm09

Respiratory syncytial virus – RSV

- all samples were tested negative for RSV