



## **Epidemiological Surveillance of Respiratory Infections**

### **Weekly overview - Week 26/2025 (23/06/2025 –29/06/2025)**

#### **Influenza-like Illness (ILI)**

- The number of ILI cases per 1,000 visits after week 20/2025 remains at baseline levels, with small weekly fluctuations. In week 26/2025 a small decrease was recorded compared to last week.

#### **Severe Acute Respiratory Illness- SARI (ILI)**

- The number of SARI cases per 1,000 hospital admissions after week 20/2025 remains at low levels, similar with those during the same period in previous years, with small weekly fluctuations. In week 26/2025 it showed no remarkable change compared to the previous week.

#### **SARS-CoV2 virus - COVID-19 infection**

- Test positivity from all tests performed in the country (COVID-19 registry data) remains very low, showing a small increasing trend during the last weeks.
- New admissions are lower compared to the same period last year. 107 COVID-19 hospital admissions were recorded in week 26/2025. The average weekly number of new hospital admissions during the previous four weeks was 70.
- No new intubations were recorded in week 26/2025. The average weekly number of new intubations for the past four weeks was one.
- One new death was recorded in week 26/2025. The average weekly number of deaths for the past four weeks was two. From week 01/2024 to week 26/2025, 401 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 since week 20/2025 is considered low compared to historical data. The average viral load level in urban wastewater is very low in all areas tested, with a small increasing trend in Crete (Heraklion and Chania).

#### **Influenza virus**

- Influenza positivity in the community (as assessed by Sentinel surveillance in primary health care (ILI specimens)) remains low, with only sporadic positive samples. In week 26/2025, no positive influenza virus sample was recorded in the context of SARI surveillance.
- In week 26/2025 no new ICU laboratory-confirmed influenza cases nor new deaths from laboratory-confirmed influenza were recorded. After week 21/2025, one new ICU laboratory-confirmed influenza case and three new deaths from laboratory-confirmed influenza were recorded. In total, from week 40/2023 to week 26/2025, 192 severe cases of laboratory-confirmed influenza were admitted to ICU and 85 deaths were recorded. From week 01/2024 to week 26/2025, 146 deaths in severe cases with laboratory confirmed influenza were recorded.
- After week 20/2025, only sporadic positive samples are recorded (Sentinel Primary Health Care Surveillance, SARI surveillance and hospitals outside surveillance networks). From week 40/2024 to week 26/2025, among 5,397 samples (Sentinel Primary Health Care Surveillance, SARI surveillance and hospitals outside surveillance networks), 862 (16%) positive samples for influenza viruses were found. Of the 849 samples typed, 539 (63,5%) were type A and 310 (36,5%) type B.
- Among the 503 type A samples that were subtyped, 255 were A(H1)pdm09 and 248 were A(H3).

#### **Respiratory syncytial virus – RSV**

- After week 20/2025, RSV activity remains low in both sentinel primary health care (ILI specimens) and in hospitals (SARI specimens), with only sporadic positive samples.
- 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