



Epidemiological Surveillance of Respiratory Infections

Weekly overview

Week 28/2024 (08/07/2024 – 14/07/2024)

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

- Increased SARS-CoV-2 activity is observed, with an increasing trend in hospital admissions. Preventive measures and timely seeking for medical advice so as to promptly initiate treatment, are recommended to vulnerable population groups. It is also recommended for the general population to avoid, if symptomatic, contact with vulnerable individuals.
- Test positivity increased compared to last week.
- The number of COVID-19 admissions was 669, showing an increasing trend. The average weekly number of new admissions during the previous four weeks was 464, whereas the number of new admissions the respective week of 2023 was 226.
- Twelve new intubations were recorded. The average weekly number of new intubations during the previous four weeks was six, whereas the number of intubations the respective week of 2023 was two.
- The current number of intubated patients with COVID-19 infection is 17.
- Twenty-six deaths were recorded. The average weekly number of deaths during the previous four weeks was 17 and the number of deaths the respective week of 2023 was 17.
- BA.2.86 with spike mutations F456L and R346T (new Variant Under Monitoring as of 4/6) seems to be the most frequent variant during the last weeks.
- Viral load surveillance in municipal wastewater showed an increase in SARS-CoV-2 virus circulation in seven out of ten areas participating in the network.

Influenza virus

- All samples were tested negative for influenza in both sentinel primary health care (ILI specimens) and hospitals (SARI specimens).
- No new severe cases of laboratory-confirmed influenza were admitted to ICU. No deaths from laboratory-confirmed influenza were reported either. A severe case of laboratory-confirmed influenza admitted to ICU was retrospectively reported (admission date within week 27/2024).
- From week 40/2023 to week 28/2024, 149 laboratory-confirmed cases were hospitalized in ICU and 71 laboratory-confirmed deaths were reported.
- From week 40/2023 to week 28/2024, 1.064 positive samples were typed (sentinel primary health care samples, SARI sentinel samples and hospital non-sentinel samples), 557 (52%) as A and 507 (48%) 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 539 type A viruses subtyped from the two Influenza Reference Centers, 45 (8%) were classified as subtype A(H3) and 494 (92%) were classified as subtype A(H1)pdm09.

Respiratory syncytial virus – RSV

- All samples were tested negative in both sentinel primary health care (ILI specimens) and hospitals (SARI specimens).