



## **Epidemiological Surveillance of Respiratory Infections**

### **Weekly overview**

#### **Week 29/2024 (15/07/2024 – 21/07/2024)**

#### **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 788, showing an increasing trend. The average weekly number of new admissions during the previous four weeks was 551, whereas the number of new admissions the respective week of 2023 was 306.
- Six new intubations were recorded. The average weekly number of new intubations during the previous four weeks was eight, whereas the number of intubations the respective week of 2023 was seven.
- The current number of intubated patients with COVID-19 infection is 17.
- Thirty-five deaths were recorded. The average weekly number of deaths during the previous four weeks was 23 and the number of deaths the respective week of 2023 was 17.
- An increasing trend of BA.2.86 with at least one of the spike mutations F456L and R346T is observed, with these variants becoming dominant during the last weeks. It is noted that this category of variants has not been associated with an increased risk of severe disease.
- Viral load surveillance in municipal wastewater showed an increase in SARS-CoV-2 virus circulation in six 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.
- From week 40/2023 to week 29/2024, 149 laboratory-confirmed cases were hospitalized in ICU and 71 laboratory-confirmed deaths were reported.
- From week 40/2023 to week 29/2024, 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).