



Epidemiological Surveillance of Respiratory Infections

Weekly overview

Week 31/2023 (31/7/2023 – 6/8/2023)

Influenza-like Illness (ILI)

- ILI rate remained low

SARS-CoV2 virus - COVID-19 infection

- test positivity increased compared to the previous week
- the number of COVID-19 admissions (n=469) increased compared to the previous week and a 78% increase compared to the average weekly number of new admissions during the previous 4 weeks
- the number of new intubations (n=8) decreased compared to the previous week and a 33% increase compared to the average weekly number of new admissions during the previous 4 weeks
- the cumulative number of intubated patients with COVID-19 infection is 18
- 22 deaths were reported (median age: 86 years, range: 69-97)
- 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 27 the most frequent BA.2 sub-variants were XBB.1.5 (77%) followed by XBB.1.16 (11%) and EG.5.1 (11%)
- viral load surveillance in municipal wastewater showed an increase in SARS-CoV-2 virus circulation in 9 out of 10 areas participating in the network

Influenza virus

- the percentage of sentinel primary care specimens from patients presenting with ILI that tested positive for an influenza virus remains below 10% (sentinel)
- 2 new severe cases of laboratory-confirmed influenza admitted to ICU and one new death from laboratory-confirmed influenza in week 30/2023 were retrospectively recorded. No severe cases of laboratory-confirmed influenza admitted to ICU or deaths from laboratory-confirmed influenza were recorded in week 31/2023
- from week 40/2022 to week 31/2023, 70 cases were hospitalized in ICU and 27 deaths were reported
- during the same period, 377 samples positive for influenza viruses (sentinel samples and hospital samples) were detected in the two Influenza Reference Centers, of which 292 (77,3%) were type A and 85 (22,5%) were type B
- of the 290 type A viruses subtyped, 258 (89%) were classified as subtype A(H3N2) and 32 (11%) as subtype A(H1N1)pdm09

Respiratory syncytial virus – RSV

- all samples were tested negative for RSV