

Epidemiological Surveillance of Respiratory Infections Weekly overview Week 31/2024 (29/07/2024 – 04/08/2024)

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

- Decreased SARS-CoV-2 activity is observed, after the increasing trend in last weeks.
- Test positivity remained in the same level compared to last week.
- 833 COVID-19 admissions were recorded, showing a decrease. The average weekly number of new admissions during the previous four weeks was 739, whereas the number of new admissions the respective week of 2023 was 469.
- Nine new intubations were recorded. The average weekly number of new intubations during the previous four weeks was 12, whereas the number of intubations the respective week of 2023 was eight.
- The current number of intubated patients with COVID-19 infection is 25.
- 40 deaths were recorded. The average weekly number of deaths during the previous four weeks was 34 and the number of deaths the respective week of 2023 was 27.
- 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.
- It is recommended for vulnerable population groups (elderly and people with underlying diseases) to scrupulously follow preventive measures against respiratory infections and seek medical advice in time for symptoms, in order to provide timely treatment. At the same time, it is recommended to the general population, in the presence of respiratory infection symptoms, to limit contact with people belonging to vulnerable groups.

Influenza virus

- Test positivity for influenza in sentinel primary health care (ILI specimens)
 was low, while all samples were tested negative in 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 31/2024, 149 laboratory-confirmed cases were hospitalized in ICU and 71 laboratory-confirmed deaths were reported.
- From week 40/2023 to week 31/2024, 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).