Epidemiological Surveillance of Respiratory Infections
Weekly overview - Week 31/2025 (28/07/2025 –03/08/2025)

Influenza-like Illness (ILI)

- The number of ILI cases per 1,000 visits after week 20/2025 remains at low levels (baseline), with small weekly fluctuations. In week 31/2025 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, with small weekly fluctuations. In week 31/2025, a small increase was recorded compared to last week.

SARS-CoV2 virus - COVID-19 infection

- Test positivity from all tests performed in the country (COVID-19 registry data) has shown a gradual upward trend since the beginning of the summer, remaining at significantly lower levels compared to the corresponding period last year.
- The number of new hospital admissions has increased in recent weeks, currently remaining at significantly lower levels compared to the corresponding period last year. 189 COVID-19 hospital admissions were recorded in week 31/2025. The average weekly number of new hospital admissions during the previous four weeks was 112.
- Since the beginning of the summer, sporadic cases of intubations and deaths have been recorded. In week 31, one new intubation and three new deaths were recorded. From week 01/2024 to week 31/2025, 401 deaths among severe cases (intubated and/or with ICU hospitalization) were recorded.
- Genomic sequencing of three clinical samples, collected during weeks 28/2025 and 30/2025, identified the presence of the XFG variant in two of the samples—one collected in week 28/2025 and the other in week 30/2025. The third sample, collected during week 28/2025, identified the NB.1.8.1 variant. Both XFG and NB.1.8.1 were designated as Variants Under Monitoring (VUM) by the European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe (WHO/Europe) in late June 2025. At present, there is no evidence suggesting an increased risk of severe clinical outcomes associated with either variant. Additional retrospective sequencing results are expected in the coming period.
- At the national level, the weighted viral load in urban wastewater is considered low compared to historical data, showing an intense increasing trend. In the majority of the tested areas, the average viral load level in urban wastewater is low or moderate, showing a significant increase.

Influenza virus

- Influenza positivity in the community (as assessed by Sentinel surveillance in primary health care (ILI specimens) shows an increase after week 27/2025, although it remains below the epidemic threshold of seasonal activity (10%). Positivity in secondary health care (as estimated by the SARI surveillance network) remains at very low levels.
- After week 20/2025, only sporadic cases of laboratory-confirmed influenza and/or deaths from laboratory-confirmed influenza are recorded. In week 31/2025 one new ICU laboratory-confirmed influenza case was recorded while no new deaths from laboratory-confirmed influenza were identified. In total, from week 40/2023 to week 31/2025, 194 severe cases of laboratory-confirmed influenza were admitted to ICU and 85 deaths were recorded. From week 01/2024 to week 31/2025, 146 deaths in severe cases with laboratory confirmed influenza were recorded.
- From week 40/2024 to week 31/2025, among 5.909 samples (Sentinel Primary Health Care Surveillance, SARI surveillance and hospitals outside surveillance networks), 881 (15%) positive samples for influenza viruses were found. Of the 868 samples typed, 556 (64%) were type A and 312 (36%) type B.
- Among the 520 type A samples that were subtyped, 268 were A(H1)pdm09 and 252 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