



Epidemiological Surveillance of Respiratory Infections
Weekly overview
Week 32/2024 (05/08/2024 – 11/08/2024)

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

- Test positivity remained at the same level compared to last week.
- 817 COVID-19 admissions were recorded, showing a small decrease compared to last week. The average weekly number of new admissions during the previous four weeks was 803.
- Nine new intubations were recorded. The average weekly number of new intubations during the previous four weeks was 12.
- The current number of intubated patients with COVID-19 infection is 20.
- 35 deaths were recorded. The average weekly number of deaths during the previous four weeks was 39.
- The dominant variant during the last weeks is BA.2.86 with at least one of the spike mutations F456L and R346T. 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 a decrease in SARS-CoV-2 virus circulation in three out of nine areas participating in the network, whereas it increased in three and remained stable in three as well.
- 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

- All samples were tested negative in sentinel primary health care (ILI specimens), while test positivity for influenza in hospitals (SARI specimens) was low.
- 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 32/2024, 149 laboratory-confirmed cases were hospitalized in ICU and 71 laboratory-confirmed deaths were reported.
- From week 40/2023 to week 32/2024, 1.066 positive samples were typed (sentinel primary health care samples, SARI sentinel samples and hospital non-sentinel samples), 558 (52%) as A and 508 (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 540 type A viruses subtyped from the two Influenza Reference Centers, 46 (8,5%) were classified as subtype A(H3) and 494 (91,5%) 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).

NOTE: Retrospective inclusion of data reported with delay can result to modifications in the numbers presented