



Epidemiological Surveillance of Respiratory Infections

Weekly overview

Week 36/2024 (02/09/2024 – 08/09/2024)

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

- The increased activity of the virus that was observed during the summer period seems to be starting to subside gradually.
- 594 COVID-19 admissions were recorded, showing a decrease compared to last week. The average weekly number of new admissions during the previous four weeks was 769.
- Eight 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 24.
- 27 deaths were recorded. The average weekly number of deaths during the previous four weeks was 41.
- Since late spring, BA.2.86 with at least one of the spike mutations F456L and R346T, is the dominant variant. 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 indicates an earlier start of summer increased activity, with levels up to now remaining overall lower compared to those of last year. Weekly data showed an increase in SARS-CoV-2 virus circulation in four out of ten areas participating in the network, remained stable in four and decreased in two.
- 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 if symptomatic, to receive 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

- Influenza positivity as assessed by surveillance networks in primary health care (ILI specimens) and in hospitals (SARI specimens), remains at very low levels, with only sporadic positive samples.
- 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 36/2024, 149 laboratory-confirmed cases were hospitalized in ICU and 71 laboratory-confirmed deaths were reported.
- From week 40/2023 to week 36/2024, 1.067 positive samples were typed (sentinel primary health care samples, SARI sentinel samples and hospital non-sentinel samples), 559 (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 541 type A viruses subtyped from the two Influenza Reference Centers, 47 (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