Epidemiological Surveillance of Respiratory Infections
Weekly overview - Week 36/2025 (01/09/2025 –07/09/2025)

Influenza-like Illness (ILI)

- The number of ILI cases per 1,000 visits has remained at low levels since week 20/2025, showing small weekly fluctuations. In week 36/2025, a slight increase was observed compared to the previous week.

Severe Acute Respiratory Illness- SARI (ILI)

- The number of SARI cases per 1,000 visits has remained at low levels since week 20/2025, with small weekly fluctuations. In week 36/2025, it remained at the same level compared to the previous week.

SARS-CoV2 virus - COVID-19 infection

- The positivity rate from all SARS-CoV-2 diagnostic tests across the country, has shown a gradual upward trend since the beginning of summer, remaining at lower levels compared to the corresponding period of 2024. In the last two weeks, the trend has been decreasing.
- The number of new hospital admissions shows signs of stabilization after week 31/2025, currently remaining significantly lower than during the same period of 2024. In week 36/2025, 235 new admissions were recorded. The average weekly number of new admissions over the past four weeks was 219.
- Since the beginning of the summer, sporadic cases of intubations and deaths have been recorded. In week 36/2025, no new intubations were recorded, while one new death was registered. From week 01/2024 to week 36/2025, the recorded deaths among severe cases (intubated and/or admitted to ICU) amount to 405.
- Throughout the summer, co-circulation of SARS-CoV-2 variants LP.8.1, NB.1.8.1, and XFG (classified as Variants Under Monitoring by ECDC and WHO/EURO) has been observed, with XFG showing a trend for predominance. Currently, there is no evidence to suggest increased severity associated with any of these variants.
- Nationally, the weighted viral load of SARS-CoV-2 in urban wastewater is currently at moderate levels compared to historical data, showing a notable upward trend. In the majority of monitored areas, the load remains moderate, fluctuating depending on the city.

Influenza virus

- Influenza positivity in the community (as estimated by the Sentinel Primary Health Care Surveillance Network) has remained below the epidemic threshold of seasonal activity (10%) after week 15/2025, with small weekly fluctuations. The positivity in secondary healthcare (as estimated by the SARI surveillance network) remains at very low levels.
- Since week 20/2025, sporadic cases of laboratory-confirmed influenza and/or deaths from laboratory-confirmed influenza have been recorded. In week 36/2025, no new severe cases requiring ICU admission nor new deaths from laboratory-confirmed influenza were reported. From week 40/2024 to week 36/2025, there have been 196 laboratory-confirmed influenza cases with ICU admissions and 86 deaths from laboratory-confirmed influenza. From week 01/2024 to week 36/2025, the number of recorded deaths in severe cases with laboratory-confirmed influenza is 147.
- Overall, from week 40/2024 to week 36/2025, out of 6,410 tested samples (from Sentinel community, SARI surveillance, and non-surveillance network hospitals), 898 (15%) were positive for influenza viruses. Of these, 884 were subtyped, with 571 (64%) belonging to type A and 314 (36%) to type B.
- Among the 531 type A samples that were subtyped, 277 were A(H1) pdm09 and 254 were A(H3).

Respiratory syncytial virus – RSV

- Since week 20/2025, RSV activity has consistently remained at very low levels, both in the community (Sentinel Primary Health Care network) and in hospitals (SARI surveillance network), with only sporadic positive samples recorded.

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