



Epidemiological Surveillance of Respiratory Infections

Weekly overview

Week 38/2024 (16/09/2024 – 22/09/2024)

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 subside gradually.
- Test positivity slightly increased compared to last week.
- 509 COVID-19 admissions were recorded and decreased compared to last week. The average weekly number of new admissions during the previous four weeks was 669.
- Seven new intubations were recorded. The average weekly number of new intubations during the previous four weeks was 11.
- The current number of intubated patients with COVID-19 infection is 25.
- 14 deaths were recorded. The average weekly number of deaths during the previous four weeks was 36.
- 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 six out of ten areas participating in the network, remained stable in three and decreased in one.
- 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 38/2024, 149 laboratory-confirmed cases were hospitalized in ICU and 71 laboratory-confirmed deaths were reported.
- From week 40/2023 to week 38/2024, 1.069 positive samples were typed (sentinel primary health care samples, SARI sentinel samples and hospital non-sentinel samples), 561 (52%) as A and 508 (48%) as B. From week 10 onwards, the dominant type is type B, both in sentinel primary health care (ILI specimens) and in hospitals (SARI specimens).
- Of the 543 type A viruses subtyped from the two Influenza Reference Centers, 48 (9%) were classified as subtype A(H3) and 495 (91%) 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