



Epidemiological Surveillance of Respiratory Infections

Weekly overview - Week 39/2025 (22/09/2025 –28/09/2025)

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 39/2025, an 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 39/2025, it was slightly increased 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 increased compared to the previous week.
- Since the beginning of the summer, sporadic cases of intubations and deaths have been recorded. In week 39/2025, one new intubation was recorded while no new deaths were reported. From week 01/2024 to week 39/2025, the recorded deaths among severe cases (intubated and/or admitted to ICU) amount to 406.
- 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 an increase compared to last week. In monitored areas, the load fluctuates 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 39/2025, two new severe cases requiring ICU admission were recorded while no new deaths from laboratory-confirmed influenza were reported. From week 40/2024 to week 39/2025, there have been 199 laboratory-confirmed influenza cases with ICU admissions and 87 deaths from laboratory-confirmed influenza. From week 01/2024 to week 39/2025, the number of recorded deaths in severe cases with laboratory-confirmed influenza is 148.
- Overall, from week 40/2024 to week 39/2025, out of 6,677 tested samples (from Sentinel community, SARI surveillance, and non-surveillance network hospitals), 900 (13,5%) were positive for influenza viruses. Of these, 887 were subtyped, with 573 (64,5%) belonging to type A and 314 (35,5%) to type B.
- Among the 533 type A samples that were subtyped, 278 were A(H1) pdm09 and 255 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