



Epidemiological Surveillance of Respiratory Infections

Weekly overview

Week 52/2024 (23/12/2024 –29/12/2024)

Influenza-like Illness (ILI)

- The number of influenza cases per 1,000 visits shows an increase compared to last week.

Severe Acute Respiratory Illness- SARI (ILI)

- The number of SARI cases per 1,000 increased compared to last week.

SARS-CoV2 virus - COVID-19 infection

- Test positivity from all tests performed in the country (COVID-19 registry data) increased compared to last week.
- The number of new admissions decreased compared to last week. 515 COVID-19 admissions were recorded, while the average weekly number of new admissions during the previous four weeks was 564.
- 6 new intubations were recorded. The average weekly number of new intubations during the previous four weeks was 9.
- The current number of intubated patients with COVID-19 infection is 26.
- 22 deaths were recorded. The average weekly number of deaths during the previous four weeks was 28. Since the beginning of the year, recorded deaths among severe cases (intubated and/or with ICU hospitalization) are 336.
- As of 27/9, KP.3 was classified by the ECDC/WHO EURO as a Variant of Interest, while XEC was classified as Variant Under Monitoring. The dominant variant in the country is KP.3, whereas the first XEC variants were detected in week 33/2024. XEC shows an increasing trend. These variants have not been associated with an increased risk of severe disease.
- The viral load level in urban wastewater is considered medium in five out of the eight areas for which data was available (increased in four of them compared to last week), whereas in the remaining three areas it is considered low.

Influenza virus

- Influenza positivity in the community (as assessed by Sentinel surveillance in primary health care (ILI specimens)) is above the limit that indicates the beginning of the activity of seasonal influenza (10%), keeping its increasing trend. Positivity of SARI specimens shows an increase after week 50/2024.
- In week 52/2024, 11 new ICU laboratory-confirmed influenza cases and 2 new deaths from laboratory-confirmed influenza were recorded. Additionally, in week 51/2024, 5 new ICU laboratory-confirmed influenza cases were reported. Moreover, one severe case of laboratory-confirmed influenza admitted to ICU was retrospectively reported (admission date within week 50/2024). In total, from week 40/2023 to week 52/2024, 24 severe cases of laboratory-confirmed influenza were admitted to ICU and 3 deaths were recorded. Since the beginning of the year, recorded deaths in severe cases with laboratory confirmed influenza is 64.
- From week 40/2024 to week 52/2024, among 1.341 samples (Sentinel Primary Health Care Surveillance, SARI surveillance and hospitals outside surveillance networks), 72 (5%) positive samples for influenza viruses were found. Of the 70 standardized samples, 67 were type A and 3 type B.
- Among the 67 type A samples, 20 (30%) were A(H3) and 47 (70%) were A(H1)pdm09.

Respiratory syncytial virus – RSV

- Positivity in sentinel primary health care (ILI specimens) is low, while all samples were tested negative in hospitals (SARI specimens).
- 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.