



## Epidemiological Surveillance of Respiratory Infections

### Weekly overview

**Week 33/2023 (14/8/2023 – 20/8/2023)**

Influenza-like Illness (ILI)

- ILI rate remained low

SARS-CoV2 virus - COVID-19 infection

- test positivity increased compared to the previous week
- the number of COVID-19 admissions (n=641) increased compared to the previous week and there was a 54% increase compared to the average weekly number of new admissions during the previous 4 weeks
- the number of new intubations (n=9) increased compared to the previous week and a 29% increase compared to the average weekly number of new admissions during the previous 4 weeks was recorded
- the cumulative number of intubated patients with COVID-19 infection is 13
- 33 deaths were reported (median age: 82 years, range: 63-99)
- during the last weeks all sequenced samples were classified as Omicron sub-variant BA.2
- in week 29 the most frequent BA.2 sub-variants were XBB.1.5 (48%) followed by EG.5 (36%)
- viral load surveillance in municipal wastewater showed an increase in SARS-CoV-2 virus circulation in 7 out of 9 areas participating in the network

Influenza virus

- the percentage of sentinel primary care specimens from patients presenting with ILI that tested positive for an influenza virus remains below 10% (sentinel)
- no severe cases of laboratory-confirmed influenza admitted to ICU or deaths from laboratory-confirmed influenza were recorded in week 33/2023
- from week 40/2022 to week 33/2023, 70 cases were hospitalized in ICU and 27 deaths were reported
- during the same period, 377 samples positive for influenza viruses (sentinel samples and hospital samples) were detected in the two Influenza Reference Centers, of which 292 (77,5%) were type A and 85 (22,5%) were type B
- of the 290 type A viruses subtyped, 258 (89%) were classified as subtype A(H3N2) and 32 (11%) as subtype A(H1N1)pdm09

Respiratory syncytial virus – RSV

- all samples were tested negative for RSV