



Epidemiological Surveillance of Respiratory Infections

Weekly overview

Week 26/2024 (24/06/2024 – 30/06/2024)

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

- Test positivity increased compared to last week.
- The number of COVID-19 admissions was 472. The average weekly number of new admissions during the previous four weeks was 300, whereas the number of new admissions the respective week of 2023 was 182.
- Five new intubations were recorded. The average weekly number of new intubations during the previous four weeks was three, whereas the number of intubations the respective week of 2023 was four.
- The cumulative number of intubated patients with COVID-19 infection is 8.
- Twenty-two deaths were recorded. The average weekly number of deaths during the previous four weeks was eight and the number of deaths the respective week of 2023 was 18.
- The most frequent BA.2.86 sub-variant is JN.1, while strains of BA.2.86 with spike mutations F456L and R346T (new Variant Under Monitoring as of 4/6) were recorded from week 13/2024, with an increasing trend during the last weeks.
- Viral load surveillance in municipal wastewater showed an increase in SARS-CoV-2 virus circulation in six out of ten areas participating in the network, a decrease in one and remained stable in three.

Influenza virus

- Test positivity of sentinel primary care specimens from patients presenting with ILI that tested positive for an influenza virus remained low. Test positivity of SARI samples remained low as well.
- 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 26/2024, 148 laboratory-confirmed cases were hospitalized in ICU and 71 laboratory-confirmed deaths were reported.
- From week 40/2023 to week 26/2024, 1.064 positive samples were typed (sentinel primary health care samples, SARI sentinel samples and hospital non-sentinel samples), 557 (52%) as A and 507 (48%) as B. From week 10 and after, the dominant type is B in both sentinel primary health care (ILI specimens) and hospitals (SARI specimens).
- Of the 539 type A viruses subtyped from the two Influenza Reference Centers, 45 (8%) were classified as subtype A(H3) and 494 (92%) 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).