



## Epidemiological Surveillance of Respiratory Infections

### Weekly overview - Week 03/2025 (13/01/2025 –19/01/2025)

#### Influenza-like Illness (ILI)

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

#### Severe Acute Respiratory Illness- SARI (ILI)

- The number of SARI cases per 1,000 hospital admissions slightly decreased compared to last week.

#### SARS-CoV2 virus - COVID-19 infection

- Test positivity from all tests performed in the country (COVID-19 registry data) decreased compared to last week.
- 418 COVID-19 hospital admissions were recorded, while the average weekly number of new hospital admissions during the previous four weeks was 558.
- 10 new intubations were recorded. The average weekly number of new intubations for the past four weeks was also nine.
- The current number of intubated patients with COVID-19 infection is 26.
- 21 deaths were recorded. The average weekly number of deaths for the past four weeks was 27. From week 01/2024 to week 03/2025, 357 deaths among severe cases (intubated and/or with ICU hospitalization) were recorded.
- The KP.3 and XEC sub-variants of BA.2.86 are the predominant variants. In week 33/2024 the first variants of XEC were detected, which since early October has been showing an upward trend. None of these variants are currently associated with an increased risk of severe disease.
- At the national level, the weighted viral load in urban wastewater is considered moderate compared to historical data, showing a decrease from the previous week. More specifically, the viral load level in urban wastewater appears decreased in all areas compared to last week; six areas had a low level of viral load, three a moderate level and one high.

#### Influenza virus

- Influenza positivity in the community (as assessed by Sentinel surveillance in primary health care (ILI specimens)) remains above the limit that indicates the beginning of the activity of seasonal influenza (10%), showing a decrease compared to last week. Positivity of SARI specimens remained at the same level compared to last week.
- In week 03/2025, 17 new ICU laboratory-confirmed influenza cases and three new deaths from laboratory-confirmed influenza were recorded. Additionally, five severe cases of laboratory-confirmed influenza admitted to ICU (one with admission date within week 01/2025 and four within week 02/2025), and one death with death date within week 02/2025 were retrospectively reported. In total, from week 40/2023 to week 03/2025, 77 severe cases of laboratory-confirmed influenza were admitted to ICU and 11 deaths were recorded. From week 01/2024 to week 03/2025, 72 deaths in severe cases with laboratory confirmed influenza were recorded.
- From week 40/2024 to week 03/2025, among 1.803 samples (Sentinel Primary Health Care Surveillance, SARI surveillance and hospitals outside surveillance networks), 216 (12%) positive samples for influenza viruses were found. Of the 211 samples typed, 197 were type A and 14 type B.
- Among the 187 type A samples that were subtyped, 57 (30,5%) were A(H3) and 130 (69,5%) were A(H1)pdm09.

#### Respiratory syncytial virus – RSV

- Positivity in sentinel primary health care (ILI specimens) was increased, even though it remains low, while in hospitals (SARI specimens) no positive samples were found.
- 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 to modifications in the numbers presented