



## Epidemiological Surveillance of Respiratory Infections Weekly overview - Week 04/2025 (20/01/2025 –26/01/2025)

### 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 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.
- 382 COVID-19 hospital admissions were recorded, while the average weekly number of new hospital admissions during the previous four weeks was 530.
- 8 new intubations were recorded. The average weekly number of new intubations for the past four weeks was 10.
- The current number of intubated patients with COVID-19 infection is 25.
- 21 deaths were recorded. The average weekly number of deaths for the past four weeks was 25. From week 01/2024 to week 04/2025, 363 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 low 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; seven areas had a low level of viral load, two 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, showing an increase compared to last week. Positivity of SARI specimens decreased compared to last week.
- In week 04/2025, 13 new ICU laboratory-confirmed influenza cases and 10 new deaths from laboratory-confirmed influenza were recorded. Additionally, four severe cases of laboratory-confirmed influenza admitted to ICU (two with admission date within week 02/2025 and two within week 03/2025), and two deaths with death date within week 03/2025 were retrospectively reported. In total, from week 40/2023 to week 04/2025, 97 severe cases of laboratory-confirmed influenza were admitted to ICU and 23 deaths were recorded. From week 01/2024 to week 04/2025, 84 deaths in severe cases with laboratory confirmed influenza were recorded.
- From week 40/2024 to week 04/2025, among 1.963 samples (Sentinel Primary Health Care Surveillance, SARI surveillance and hospitals outside surveillance networks), 261 (13%) positive samples for influenza viruses were found. Of the 250 samples typed, 224 were type A and 26 type B.
- Among the 211 type A samples that were subtyped, 67 (32%) were A(H3) and 144 (68%) were A(H1)pdm09.

### Respiratory syncytial virus – RSV

- Positivity in sentinel primary health care (ILI specimens) decreased, while it was increased 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.

NOTE: Retrospective inclusion of data reported with delay can result to modifications in the numbers presented