Epidemiological Surveillance of Respiratory Infections
Weekly overview - Week 16/2026 (13/04/2026 – 19/04/2026)

Influenza-like Illness (ILI)

- The number of influenza-like illness cases per 1,000 visits has a decreasing trend after week 04/2026. In week 16/2026, it showed no significant change compared to the previous week.

Severe Acute Respiratory Illness- SARI (ILI).

- The number of SARI cases per 1,000 hospital admissions is low since week 04/2026, with minor fluctuations. In week 16/2026, it showed no significant change compared to the previous week.

SARS-CoV2 virus - COVID-19 infection

- The overall positivity rate for SARS-CoV-2 at the national level remains very low. In week 16/2026, the positivity remains at low levels.
- For the 2025–2026 surveillance period (initiated in week 44/2025), the National Public Health Organization (EODY) established a system for daily active surveillance of new COVID-19 hospital admissions across a network of 84 hospitals nationwide, aiming to monitor temporal trends. In week 16/2026, 33 new admissions were recorded, presenting a small increase compared to the previous week (N=24).
- Since early summer 2025, sporadic intubations and deaths have been recorded. No new intubations or deaths were recorded in week 15/2026. Cumulatively, from week 01/2025 to week 16/2026, a total of 91 deaths has been documented among severe cases (patients intubated and/or admitted to ICU).
- Since the beginning of 2026, co-circulation of the NB.1.8.1, XFG, and BA.3.2 variants (currently under monitoring by ECDC/WHO) has been observed, with NB.1.8.1 predominating among detected strains. There is currently no evidence indicating increased severity associated with any of these variants.
- During week 16/2026, the weighted SARS-CoV-2 viral load in urban wastewater across monitored areas remained at very low levels.

Influenza virus

- Influenza positivity in the community, as estimated through the Sentinel primary healthcare surveillance network, has been declining since the beginning of the year and has remained below the 10% epidemic threshold following week 09/2026. In week 16/2026, no influenza- positive samples were detected from the Sentinel primary healthcare network. In secondary care settings, as estimated through the SARI surveillance network, a declining trend has been observed since week 05/2026. No influenza-positive samples were detected in week 15/2026 from the SARI surveillance network.
- Within the 2025–2026 surveillance framework (from week 44/2025), EODY established daily active surveillance of influenza-related hospital admissions across 84 hospitals nationwide. In week 16/2026, no significant change was observed (41 new admissions compared to 40 in week 15/2026).
- No new severe laboratory-confirmed influenza cases requiring ICU admission were recorded in week 16/2026, while one new influenza-associated death was reported.
- In total, from week 40/2025 to week 16/2026, 162 laboratory-confirmed influenza cases requiring ICU admission and 83 influenza-associated deaths have been recorded. From week 01/2025 to week 16/2026, total deaths among severe laboratory-confirmed influenza cases amount to 167.
- Among 4,947 samples tested during the same period (originating from Sentinel surveillance, SARI surveillance, and non-network hospitals), 738 tested positive for influenza viruses. Of the 737 samples that were typed, 735 were influenza type A and two were type B.
- Of the 536 type A strains that were subtyped, 344 belonged to subtype A(H3) and 192 to subtype A(H1)pdm09. Phylogenetic analysis has been performed on 21 samples positive for A(H3): six samples from the beginning of the surveillance period (weeks 42–45/2025), of which three belonged to genetic group K, and 15 from the rising phase of influenza activity (weeks 50–52/2025), of which 14 were group K. The data indicates an overall predominance of genetic group K among A(H3) samples, consistent with the global picture. Genetic group K has not been associated so far with increased risk of severe disease.
- During week 16/2026, the weighted viral load of influenza type A in urban wastewater remained at very low levels.

Respiratory syncytial virus – RSV

- RSV positivity showed a decrease in the community (Sentinel primary healthcare network) as well as in hospital settings (SARI surveillance network) compared to the previous week. EODY recommends vaccination for individuals aged ≥75 years and those in high-risk groups, in accordance with the National Immunization Programme.

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 in modifications in the numbers presented.