



## Epidemiological Surveillance of Respiratory Infections Weekly overview - Week 21/2026 (18/05/2026 – 24/05/2026)

### Influenza-like Illness (ILI)

- The number of influenza-like illness cases per 1,000 visits is low, with small fluctuations. In week 21/2026, it showed a decrease compared to the previous week.

### Severe Acute Respiratory Illness- SARI

- The number of SARI cases per 1,000 hospital admissions is low, with minor fluctuations. In week 21/2026, it showed a decrease 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.
- The number of new admissions has shown a decreasing trend since the beginning of the year, at present lying at low levels, with small fluctuations. In week 21/2026, six new admissions were recorded, showing a decrease compared to the previous week (N=21).
- Since early summer 2025, sporadic intubations and deaths have been recorded. No new intubations were reported while one new death was recorded in week 21/2026. Cumulatively, from week 01/2025 to week 21/2026, a total of 92 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 variants. There is currently no evidence indicating increased severity associated with any of these variants.
- During week 20/2026, 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 21/2026, no influenza- positive samples were detected from the Sentinel primary healthcare network. In the secondary care setting (as estimated through the SARI surveillance network), a declining trend has been observed since week 05/2026, with positivity lying at low levels after week 11/2026. In week 21/2026 no influenza-positive samples were detected from the SARI surveillance network.
- The number of new admissions has shown a decreasing trend since the beginning of the year, at present lying at low levels, with small fluctuations. In week 21/2026 no significant change was observed (6 new admissions compared to 5 in week 20/2026).
- In week 21/2026 no new severe laboratory-confirmed influenza cases requiring ICU admission or new influenza-associated deaths were recorded.
- In total, from week 40/2025 to week 21/2026, 163 laboratory-confirmed influenza cases requiring ICU admission and 83 influenza-associated deaths have been recorded. From week 01/2025 to week 21/2026, total deaths among severe laboratory-confirmed influenza cases amount to 167.
- Among 5,253 samples tested during the same period (derived from Sentinel surveillance, SARI surveillance, and non-network hospitals), 741 tested positive for influenza viruses. Of the 740 samples that were typed, 738 were influenza type A and two were type B.
- Of the 539 type A strains that were subtyped, 345 belonged to subtype A(H3) and 194 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.
- As influenza activity in the community has returned to baseline levels across Europe, and due to the detection of very low to non-detectable levels of influenza viral load in Greece during this period, the monitoring of urban wastewater for influenza will be reactivated during the new seasonal influenza surveillance period.

### Respiratory syncytial virus – RSV

- Positivity rate derived from the Sentinel Primary Health Care surveillance network and the SARI surveillance network is lying at low levels, with small weekly fluctuations. During week 21/2026, no positive RSV samples were reported by the Sentinel Primary Health Care surveillance network and the SARI surveillance network. 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.