



Epidemiological Surveillance of Respiratory Infections

Weekly overview - Week 41/2026 (05/10/2026 – 11/10/2026)

Summary of Epidemiological Data – Week 41/2026

Influenza-like Illness (ILI)

- The number of influenza-like illness cases per 1,000 visits has been low, with small weekly fluctuations. During week 41/2026, it showed an increase compared to the previous week.

Severe Acute Respiratory Illness - SARI

- The number of SARI cases per 1,000 hospital admissions has also been low, with minor weekly fluctuations. In week 41/2026, it showed a small increase compared to the previous week.

SARS-CoV2 virus - COVID-19 infection

- The positivity rate based on all SARS-CoV-2 diagnostic tests performed nationwide remains low, showing however an upward trend. In week 41/2026 an increase was recorded compared to last week.
- New hospital admissions are showing an increasing trend. In week 41/2026, 91 new COVID-19 admissions were recorded (compared to N=80 admissions in the previous week).
- Since the beginning of last summer, sporadic cases of intubations and deaths have been recorded. In week 41/2026, no new intubations or new deaths were recorded. From week 01/2025 through week 41/2026, reported deaths in severe cases (intubated and/or admitted to an ICU) amount to a total of 94.
- During week 41/2026, the weighted SARS-CoV-2 viral load in urban wastewater across the tested areas is at moderate levels.

Influenza virus

- Influenza positivity in the community (as estimated by the Sentinel Primary Health Care surveillance network), increased, exceeding 10% (the epidemic threshold indicating seasonal influenza activity). In secondary healthcare (as estimated by the SARI surveillance network), positivity levels are low.
- New hospital admissions are lying low, with small weekly fluctuations. In week 41/2026, 27 new influenza admissions were recorded, showing a small increase compared to the previous week (N=22).
- In week 41/2026, three new severe cases of laboratory-confirmed influenza requiring ICU admission and one new death from laboratory-confirmed influenza were reported.
- Overall, from week 40/2026 through week 41/2026, four cases of laboratory-confirmed influenza requiring ICU admission and one death due to laboratory-confirmed influenza were recorded. It is noted that, from week 01/2025 through week 41/2026, the number of recorded deaths among severe cases of laboratory-confirmed influenza is 171.
- Overall, from week 40/2026 through week 41/2026, nine positive influenza virus samples were identified among 149 samples (from the community Sentinel surveillance network, SARI surveillance, and hospitals outside the surveillance networks). All positive samples were influenza type A.
- Of the eight influenza A strains that were subtyped, seven (87.5%) belonged to subtype A(H1)pdm09 and one (12.5%) belonged to subtype A(H3).

Respiratory syncytial virus – RSV

- Positivity rates both in the community (Primary Health Care Sentinel surveillance network) and within the SARI surveillance network remain very low. During week 41/2026, no RSV-positive samples were detected among specimens collected in the community or among specimens collected through the SARI surveillance network. The National Public Health Organization (EODY) recommends vaccination for individuals aged over 75 years and for individuals belonging to 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.