



Epidemiological Surveillance of Respiratory Infections

Weekly overview - Week 8/2026 (16/02/2026 –22/02/2026)

Influenza-like Illness (ILI)

- The number of influenza-like illness cases per 1,000 visits has a decreasing trend after week 4/2026. In week 8/2026 there was a further decrease compared to the previous week.

Severe Acute Respiratory Illness- SARI (ILI).

- The number of SARI cases per 1,000 visits showed no significant change compared to the previous week.

SARS-CoV2 virus - COVID-19 infection

- The positivity rate of all SARS-CoV-2 diagnostic tests nationwide showed no significant change compared to the previous week.
- For the 2025–2026 surveillance period (starting week 44/2025), the National Public Health Organization (EODY) implemented a system of daily active monitoring of new COVID-19 hospital admissions from a network of 84 hospitals across the country. In week 8/2026, 80 new COVID-19 admissions were recorded, showing a small decrease compared with the previous week (N=93).
- Since the beginning of the summer, sporadic cases of intubations and deaths have been recorded. In week 8/2026, no new intubations were recorded, while four new deaths were reported. From week 01/2025 to week 08/2026, the recorded deaths among severe cases (intubated and/or admitted to ICU) amount to 89.
- Since late spring 2025, a gradual increase of the XFG variant has been observed, which appears to be the predominant variant in detections since early July.
- During week 08/2026, the weighted SARS-CoV-2 viral load in urban wastewater from the monitored areas lies at low levels, showing an increase compared to last week.

Influenza virus

- Influenza positivity in the community (as estimated through the Sentinel Primary Health Care surveillance network) continues its decreasing trend, showing further decrease in week 08/2026. In the secondary healthcare (as estimated through the SARI surveillance network), a decrease was also recorded compared to the previous week.
- For the 2025–2026 surveillance period (starting week 44/2025), the National Public Health Organization (EODY) implemented a system of daily active reporting of new influenza-related hospital admissions from a network of 84 hospitals across the country, with the aim of monitoring temporal trends. In week 8/2026, a decrease was recorded (165 new admissions compared to 236 in week 07/2026).
- In week 8/2026, seven new severe laboratory-confirmed influenza cases requiring ICU hospitalization and three new deaths from laboratory-confirmed influenza were recorded. In addition, one severe laboratory-confirmed influenza case requiring ICU hospitalization within week 7/2026 was retrospectively reported.
- In total, from week 40/2025 to week 8/2026, 152 cases of laboratory-confirmed influenza requiring ICU hospitalization have been recorded and 66 deaths with laboratory-confirmed influenza have been reported. It is noted that from week 1/2025 to week 8/2026, the recorded deaths among severe cases with laboratory-confirmed influenza amount to 150.
- Overall, from week 40/2025 through week 8/2026, among 3.755 samples (from the community Sentinel network, SARI surveillance, and hospitals outside surveillance networks), 683 samples tested positive for influenza viruses, 682 type A and one type B.
- Of the 487 type A strains that were subtyped, 326 belonged to the subtype A(H3) and 161 to the subtype A(H1)pdm09. A total of 21 A(H3) positive samples were subjected to phylogenetic analysis. Six samples were collected during the early phase of the surveillance period (weeks 42–45/2025), three of which were classified as genetic clade K, and 15 during the phase of increasing influenza activity (weeks 50–52/2025), of which 14 were also classified as clade K. Overall, the findings indicate predominance of the genetic clade K among A(H3) viruses, in line with the global data. To date, genetic clade K has not been associated with an increased risk of severe disease. Vaccination remains the most effective preventive measure. EODY strongly recommends immediate influenza vaccination for high-risk groups, prompt medical consultation upon the onset of symptoms compatible with influenza for the administration of antiviral therapy, and the use of face masks in crowded indoor spaces. Furthermore, the implementation of protective measures is recommended, including the use of masks in crowded indoor spaces, respiratory hygiene, frequent handwashing, and adequate ventilation of indoor environments.
- During week 08/2026, the weighted influenza A viral load in urban wastewater from the monitored areas is at low levels, showing a decrease compared to last week.

Respiratory syncytial virus – RSV

- Positivity in the community (Sentinel Primary Health Care surveillance network) shows an increase compared to last week, however, it did not exceed the maximum positivity rate recorded during the current surveillance period (week 6/2026). Positivity from the hospitals participating in the SARI surveillance network continues the upward trend that began after week 2/2026. EODY recommends the RSV vaccination of individuals >75 years old and of high risk individuals, according to the National Vaccination 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