

**INFLUENZA / INFLUENZA-LIKE ILLNESS SITUATION
2025/2026 SEASON
– Final Report –**

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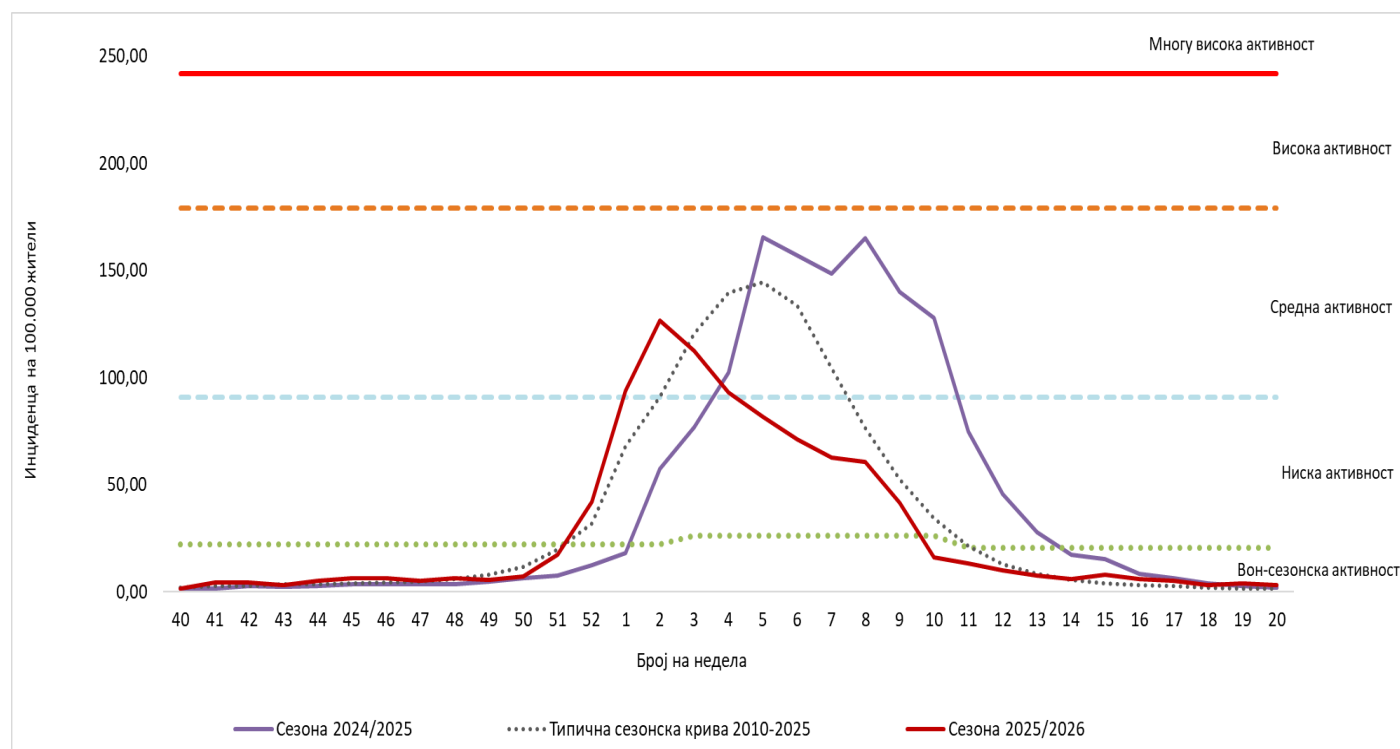
WEEKLY DATA

Epidemiological Surveillance

During the 20th week of 2026 (11–17 May 2026), 58 cases ($I = 3.2/100,000$) of grouped reports of influenza/ILI (influenza-like illness) were reported in Macedonia, which is 15.9% fewer compared to the previous week ($n = 69$). The number of reported cases this week is 65.7% higher than in the 20th week of the previous season ($n = 35$) and 2.1 times higher compared to the expected number for the 20th week according to the typical epidemic curve modeled from the last 15 seasons ($n = 27$) (Chart 1).

The reported incidence is within the off-season activity of the influenza virus (Chart 1).

Chart 1. Levels of intensity and weekly distribution of influenza/ILI cases according to the expected epidemic curve 2010–2025, season 2024/2025, and season 2025/2026.



Regarding age distribution, 34 cases were reported among persons aged 15–64 years, while 8 cases each were reported in the remaining age groups. The highest incidence (8.3 per 100,000 population) was registered among children aged 0–4 years.

The reported cases originated from four Centers for Public Health (CPH)/Regional Units: Prilep – 18 cases, Skopje – 18 cases, Tetovo – 14 cases, and Shtip – 8 cases. No influenza or influenza-like illness cases were reported from the remaining CPH/Regional Units.

Virological Surveillance

During the 20th reporting week, the virology laboratory of the Institute of Public Health received 34 specimens for laboratory testing from routine surveillance ($n = 17$) and sentinel Severe Acute Respiratory Infection (SARI) surveillance ($n = 17$). The samples were tested in parallel for Influenza, SARS-CoV-2, and/or Respiratory Syncytial Virus (RSV).

No positive results were detected for Influenza or SARS-CoV-2.

One specimen tested positive for Respiratory Syncytial Virus (RSV-A).

CUMULATIVE DATA FOR THE 2025/2026 SEASON

Epidemiological Surveillance

During the 2025/2026 influenza season, the total number of reported cases of influenza and influenza-like illnesses (ILI) reached 17,252 (incidence rate: 939.3 per 100,000 population).

Compared with the same period of the previous season ($n = 26,040$), the number of reported cases decreased by 33.7%. Compared with the model based on the previous 15 seasons ($n = 20,811$), a decrease of 17.1% was recorded. Cumulatively, cases were reported from all 31 Centers for Public Health (CPH)/Regional Units.

Geographical Distribution

The highest numbers of reported cases were registered in:

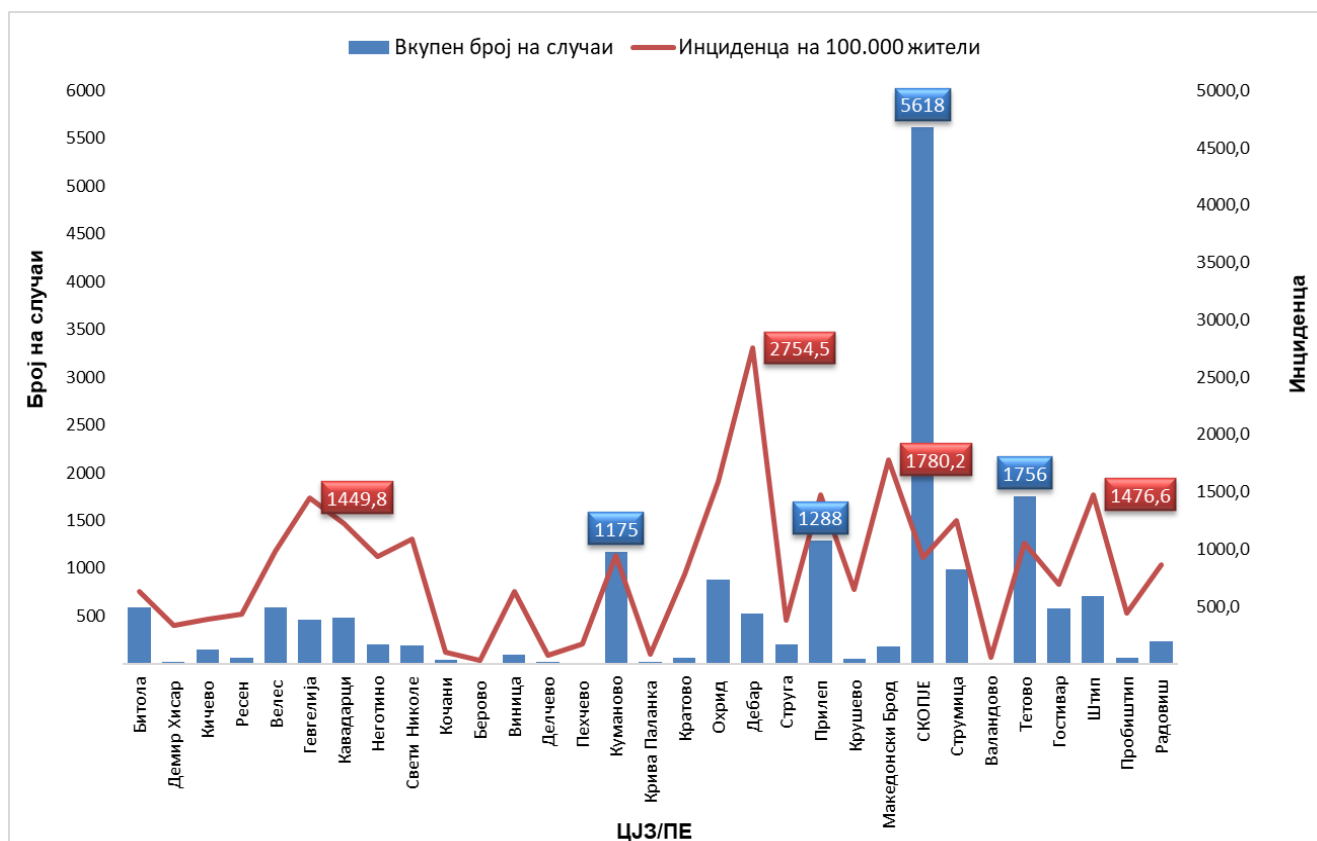
- Skopje – 5,618 cases (32.6%)
- Tetovo – 1,756 cases (10.2%)
- Prilep – 1,288 cases (7.5%)
- Kumanovo – 1,175 cases (6.8%)

(Chart 2; Table 1 in the Appendix)

The highest cumulative incidence, 2,754.5 per 100,000 population, was recorded in Debar. Incidence rates exceeding 1,500.0 per 100,000 population were also registered in Makedonski Brod and Ohrid.

(Chart 2; Table 1 in the Appendix)

Chart 2. Distribution of seasonal influenza cases by CPH/Regional Unit and incidence per 100,000 population, 2025/2026 season.

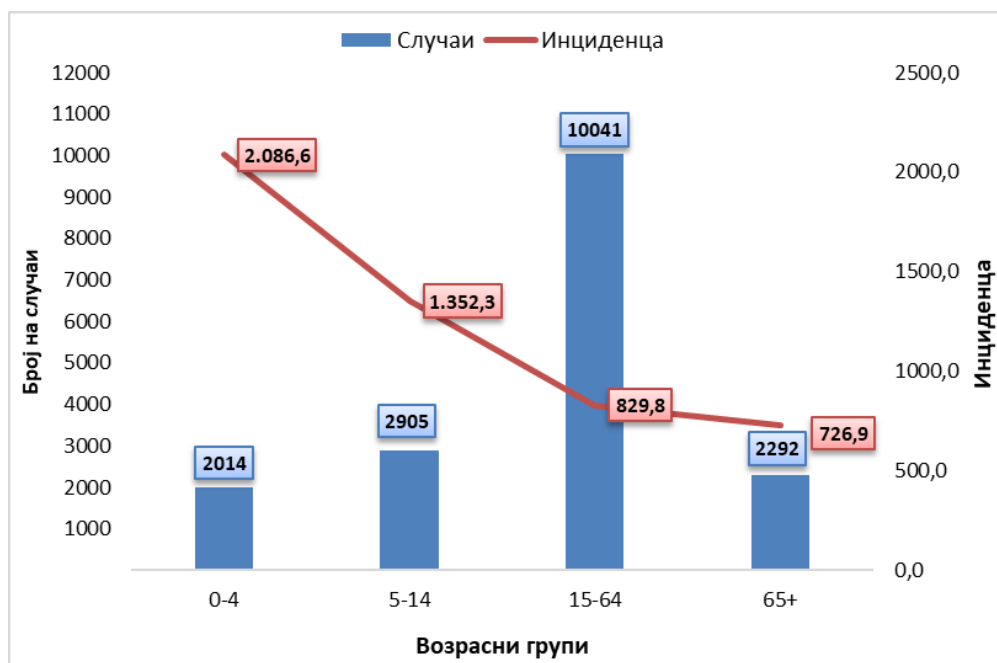


Age Distribution

Regarding the distribution of cases by age group, the largest number of cases was reported in the 15–64 years age group, which represents the largest proportion of the population, with 10,041 cases (58.2%).

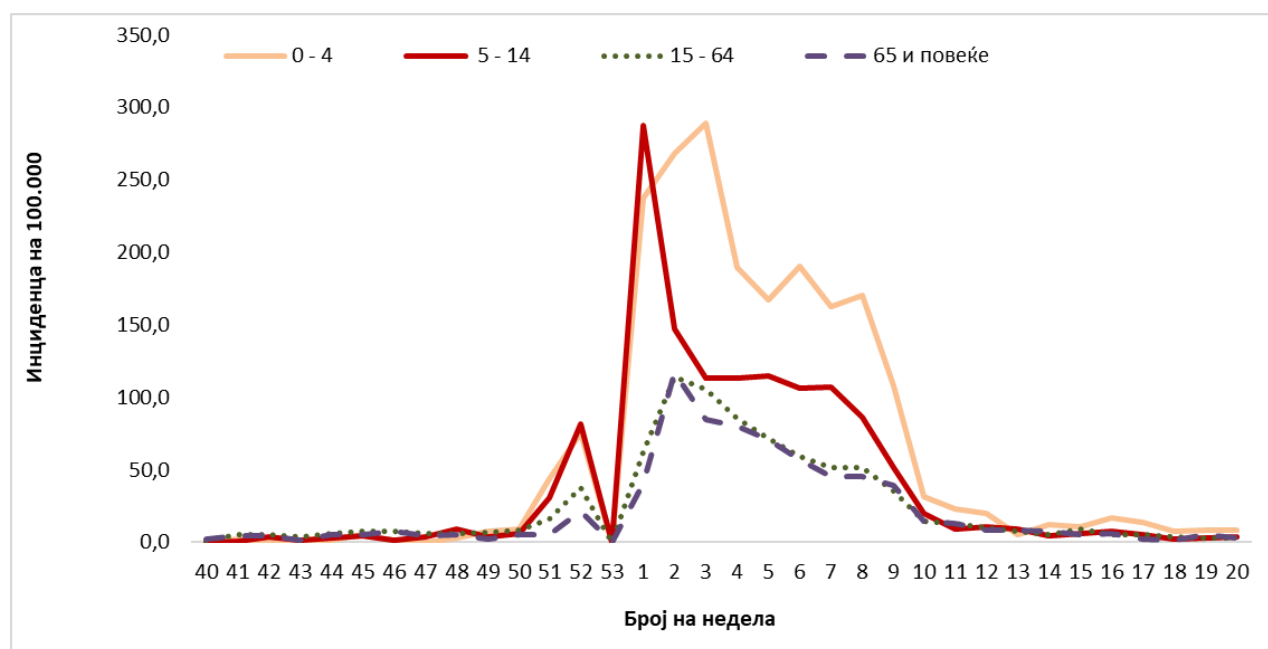
The highest incidence was recorded among children aged 0–4 years (2,992 cases; 2,086.6 per 100,000 population) and children aged 5–14 years (1,352.3 per 100,000 population). (Chart 3)

Chart 3. Distribution of seasonal influenza cases and incidence per 100,000 population by age group, 2025/2026 season.



If the number of reported cases is analyzed by week, it can be observed that throughout most of the season, the youngest age groups—children aged 0–4 years and 5–14 years—predominate. (Chart 4)

Chart 4. Weekly distribution of seasonal influenza cases by age group – incidence per 100,000 population, 2025/2026 season.



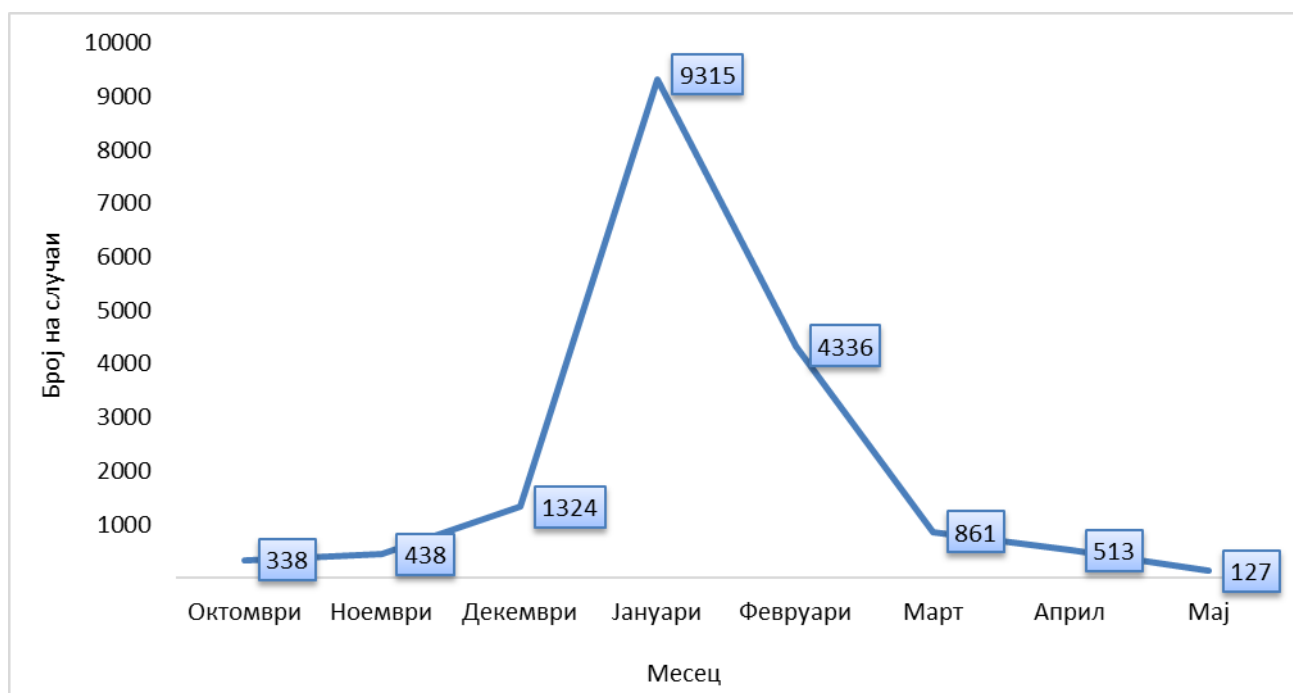
Temporal distribution

This season is characterized by a lower number of cases compared to the 15-year model. The number of reported influenza/ILI cases peaked in week 2 of 2026 (n=2,322), three weeks earlier than expected according to the MEM model.

Analysis of seasonal influenza cases by month shows a rapid increase in cases, reaching a peak in January 2026 (n=9,315), followed by a gradual decline toward the end of the season.

Of the total cases in the 2025/2026 season, 2,100 cases (12.2%) were reported in 2025, while the remaining 15,152 cases (87.8%) were reported in 2026.

Chart 5. Distribution of seasonal influenza cases by month, 2025/2026 season.



Influenza-Associated Mortality

During the 2025/26 season, 4 influenza-associated deaths were reported.

The deceased were from Skopje (n=2), Tetovo (n=1), and Kavadarci (n=1) and belonged to the age groups over 65 years (n=4) and 15-64 years (n=1).

All cases occurred in hospital settings, with comorbidities, and none of the individuals were vaccinated against influenza.

Among them, three cases were confirmed as Influenza A – unsubtype, and one case as Influenza A/H3.

Virological Surveillance

During the 2025/2026 season, the Virology Department at the Institute of Public Health analyzed a total of 1,411 human specimens from outpatient and hospitalized patients, obtained from healthcare facilities through the routine and sentinel surveillance systems. All specimens were tested for the presence of influenza virus, SARS-CoV-2, and/or RSV.

(Table 1, Chart 6)

Table 1. Distribution of the number and percentage of positive specimens from routine and sentinel surveillance by origin and total, R. N. Macedonia, 2025/2026.

Virus Type and Subtype	Origin		2025/2026 Season	
	Routine	Sentinel SARI	Number	%
Influenza A	65	62	127	60,5%

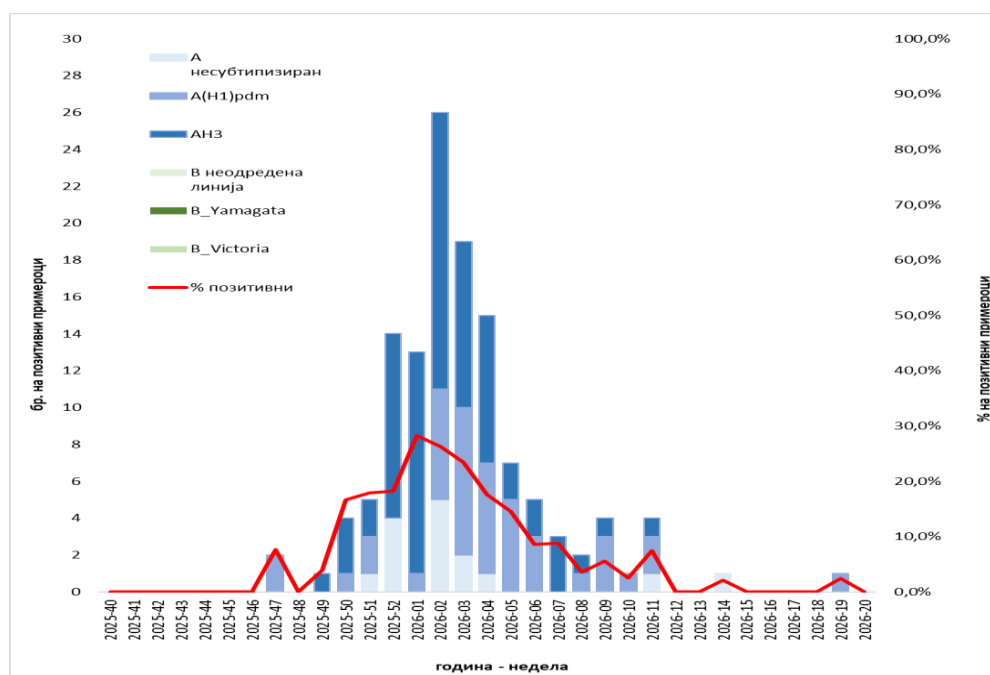
Influenza A/H1pdm	20	22	42	33,1%
Influenza A/H3	35	35	70	55,1%
Unsubtyped Influenza A viruses	10	5	15	11,8%
Influenza B	0	0	0	0%
Influenza B Victoria	0	0	0	0%
Influenza B Victoria lineage	0	0	0	0%
SARS-CoV-2	12	17	29	-
RSV	28	140	168	-
RSV-A	9	41	50	29,8%
RSV-B	17	96	113	67,3%
Unsubtyped RSV	2	3	5	2,9%

A total of 127 positive influenza cases were detected. In addition, 29 positive cases of SARS-CoV-2 and 168 positive cases of respiratory syncytial virus (RSV) were recorded. (Table 1)

Coinfection with Influenza and RSV was registered in 4 individuals, while RSV and SARS-CoV-2 coinfection was identified in 8 individuals.

Additionally, 5 other respiratory pathogens were detected among the tested samples (Bordetella, Adenovirus, and Parainfluenza virus type 4).

Chart 6. Weekly distribution of the number and percentage of positive influenza specimens from routine and sentinel surveillance, Republic of North Macedonia, 2025/2026.



EPIDEMIOLOGICAL COMMENT

The 2025/2026 season is characterized by a lower number of reported cases and a lower incidence compared to the average, as well as a lower positivity rate (9%) of the total number of tested individuals compared to the previous season, which varied throughout the weeks.

The seasonal entry threshold (virological), i.e., a positivity rate of samples above 10%, was recorded from week 50 of 2025 to week 5 of 2026. According to epidemiological data, seasonal activity was recorded from week 51 of 2025 to week 9 of 2026.

During the season, Influenza A predominated, with co-dominance of Influenza A(H3) and Influenza A(H1)pdm.

GENERAL PREVENTIVE MEASURES

Source: <https://sezonskigrip.mk/>

General protection measures against influenza are aimed at all acute respiratory diseases and can be very useful, especially if applied throughout the entire winter period:

- Avoid gatherings and staying in rooms where many people are present, and especially avoid close contact with people who are sick or suspected of being ill – those who cough, sneeze, or have an elevated body temperature.
- Wash hands frequently with soap and water or use disinfectant.
- Heat indoor spaces and ventilate them frequently.
- It is recommended to wear warm, layered clothing and take warm baths.
- Drink warm beverages (teas and soups), fruit juices, and water with lemon.
- Consume fresh foods rich in vitamins and minerals, preferably fruits and vegetables essential for the body. Foods rich in vitamin C (lemons, oranges, tangerines) are especially recommended. If fresh food is not always available, multivitamin drinks and supplements may be used.
- Maintain a healthy lifestyle and habits, including good sleep and rest, healthy nutrition, physical and mental activity, and reduced stress.

WHAT TO DO IF YOU GET FLU

Follow these recommendations:

- Stay at home and do not go to work, school, or places with many people.
- Rest and drink plenty of fluids and eat light food.
- Avoid close contact with people you live with; do not receive visitors while you are sick.
- Cover your nose and mouth with a tissue when coughing or sneezing. Dispose of used tissues in a trash bin.
- Wear a protective mask when interacting with household members, especially when coughing or sneezing.
- Wash your hands frequently and thoroughly with warm water and soap.
- Use alcohol-based wet wipes or hand sanitizer.
- Avoid touching your eyes, nose, and mouth with your hands.
- Frequently ventilate the room where you stay while ill.
- Keep your surroundings clean – surfaces and objects should be disinfected with household hygiene products.
- If you are over 65, have chronic illnesses, or if your symptoms worsen or last for several days – seek medical help.

FLU VACCINATION

Seasonal flu vaccination is the most effective protection against this disease. The Institute of Public Health recommends vaccination for the entire population, especially for people belonging to the so-called risk groups (according to WHO recommendations):

- Older adults (over 65 years)
- Children aged 6–59 months
- Individuals over 6 months with chronic diseases
- Pregnant women
- Healthcare workers

- ❖ For the 2025/2026 season, the Ministry of Health provided a free quadrivalent vaccine, totaling 80,000 doses, intended for priority population groups. Vaccination against seasonal flu started on 16 October 2025. Vaccinations were carried out in Public Health Centers and their Regional Units and/or Health Centers. Vaccination of healthcare workers in Skopje was conducted at the Institute of Public Health. Appointments for free vaccines were made through the website www.vakcinacija.mk. According to data from the eHealth Administration, from the start of vaccination until the closure of this report, a total of 77,365 people from risk groups were vaccinated with free vaccines.

An additional 2,400 commercial doses were procured by the Public Health Centers for the rest of the population not included in the priority groups; these were available for a certain financial contribution, and vaccination was conducted in Public Health Centers and their Regional Units. Regarding commercial vaccines, 1,852 people were vaccinated.

As of week 20, a total of 79,217 people in Macedonia were vaccinated with either free or commercial vaccines. (Table 2, Table 3)

Table 2. Distribution of the Number of Persons Vaccinated Against Seasonal Influenza by Risk Group, North Macedonia, 2025/2026 Season.

Risk Group	2025/2026 Season	
	Number of Vaccinated Persons	%
Older adults (65 years and above)	48.415	61,1%
Children aged 6–59 months	63	0,08%
Persons older than 6 months with chronic diseases	26.184	33,1%
Pregnant women	35	0,02%
Healthcare workers	2.647	3,3%
Other	1.873	2,4%
TOTAL	79.217	

Table 3. Number of Persons Vaccinated Against Influenza by Week, 2025/2026 Season.

WEEK, season 2025/2026	Number of Vaccinated Persons	Percentage (%)
42-43 week	31.289	39,5%
44-48 week	46.816	59,1%
49-52 week	865	1,1%
1-20 week	247	0,3%
TOTAL	79.217	

EUROPEAN REGION

Source: <https://erviss.org/>

According to the ERVISS report published for week 20 of 2026 on influenza virus activity across the WHO European Region:

- No country or area in the WHO European Region that reports data recorded rates of influenza-like illness and/or acute respiratory infections above baseline levels in week 20 of 2026.

- Regional indicators for all three respiratory viruses remained at interseasonal levels.

Respiratory virus activity

Across the Region, the percentage of samples from patients attending sentinel ILI (Influenza-like Illness) or ARI (Acute Respiratory Infection) sites that tested positive:

- **Influenza** remained below the epidemic threshold of 10%, at a level below 1%, compared with 1% in the previous week. The median positivity in 17 countries and areas was 0% (range: 0%–9%), and no country or area reported positivity of at least 10%.
- **SARS-CoV-2** remained at 2%, the same as the previous week. The median positivity in 18 countries and areas was 0% (range: 0%–4%).
- **RSV** remained at 1%, the same as the previous week. The median positivity in 14 countries and areas was 0% (range: 0%–9%).

Influenza viruses with known type, reported from sentinel primary healthcare during the past week (n=5), were mostly influenza type A viruses (n=3), and of the subtyped viruses (n=2), one was A(H1)pdm09 and one A(H3).

Of the 29 countries and areas reporting influenza intensity, none reported medium or higher intensity.

Of the 28 countries and areas reporting geographical spread of influenza, 2 reported regional or widespread influenza circulation (Poland and the United Kingdom – Northern Ireland).

Severity of infection

Across the Region, the percentage of all samples from patients attending sentinel SARI sites that tested positive:

- **Influenza virus** was below 1%, compared with 1% in the previous week. The median positivity from 8 countries and areas reporting data was 0% (range: 0%–1%). Among SARI samples, 1 influenza virus detection was reported this week, type B (lineage unknown).
- **SARS-CoV-2** was 1%, compared with below 1% in the previous week. The median positivity from 7 countries and areas reporting data was 0% (range: 0%–1%).
- **RSV** was 2%, compared with 5% in the previous week. The median positivity from 7 countries and areas reporting data was 0% (range: 0%–10%).

COVID-19 mortality remained low in the 9 countries or areas reporting data. Low mortality rates were reported among people aged 65 years and older in all 9 countries and areas this week.

This week, the combined EuroMOMO estimates for all-cause mortality for participating European countries show expected levels of mortality across all age groups. The analysis included data from 27 European countries or subnational regions.

Graph 7. Positivity of Influenza, SARS-CoV-2, and RSV and weekly trend, Europe, 2025/2026 (source: ECDC)

Influenza, RSV, SARS-CoV-2 in Europe

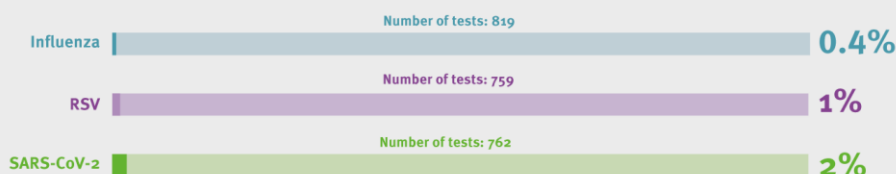
Data from EU/EEA countries

Week 20 (11 May to 17 May 2026)



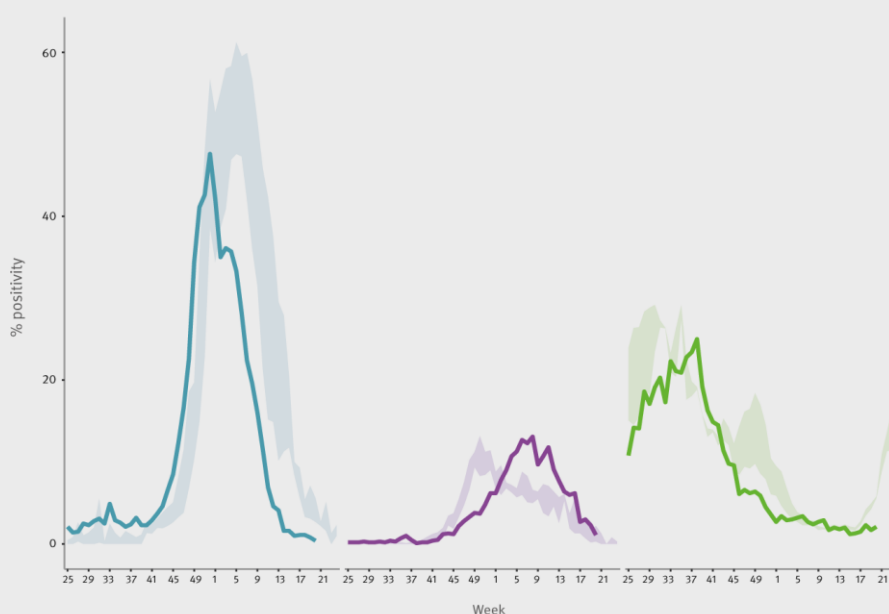
erviss.org

Influenza, RSV, SARS-CoV-2 test positivity



Influenza, RSV, SARS-CoV-2 weekly trend

Percentage of positive specimens taken from symptomatic patients attending representative primary healthcare facilities



The WHO recommends that trivalent influenza vaccines for use in the 2026/2027 Northern Hemisphere influenza season contain the following strains:

Egg-based vaccines:

- A/Missouri/11/2025 (H1N1)pdm09-like virus;
- A/Darwin/1454/2025 (H3N2)-like virus; and
- B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus.

Cell culture-based or recombinant vaccines:

- A/Missouri/11/2025 (H1N1)pdm09-like virus;
- A/Darwin/1415/2025 (H3N2)-like virus; and
- B/Pennsylvania/14/2025 (B/Victoria lineage)-like virus.