

INFLUENZA SITUATION – SEASON 2025/2026 (Week 10, up to 8 March 2026)

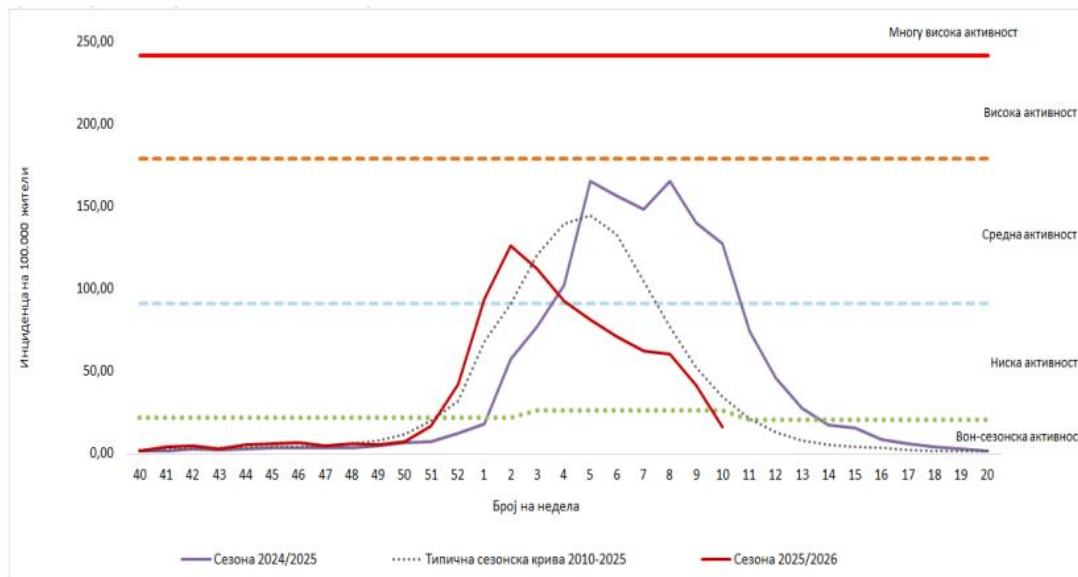
Weekly Data

During the tenth week of 2026 (02–08 March 2026), a total of 296 cases ($I=16.1/100,000$) of influenza/influenza-like illness (ILI) were reported in Macedonia, representing a 61.4% decrease compared to the previous week ($n=767$).

Compared to the tenth week of the previous season ($n=2,347$), the number of reported cases has decreased by 87.4%, and compared to the typical epidemic curve (modeled from the last 15 seasons, $n=632$), it has decreased by 53.2%. (chart 1).

During week 10, the recorded incidence remains within off-season activity levels.

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



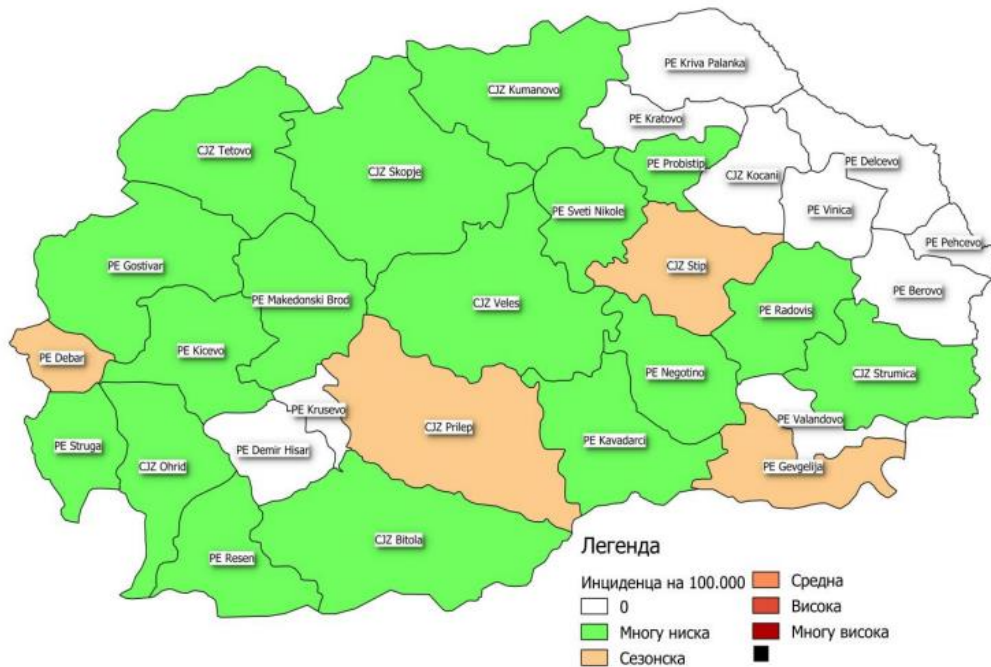
In terms of age distribution: 178 cases were aged 15–64 years, 43 cases were children aged 5–14 years, 30 cases were children aged 0–4 years, 45 cases were aged over 65. The highest incidence ($31.08/100,000$) was registered among children aged 0–4 years.

Cases were reported from 21 Centers for Public Health/Regional Units, with the highest numbers in Prilep – 75, Tetovo – 46, Gevgelija – 33 and in several cities (Strumica, Ohrid, Skopje, Shtip, Debar, Kichevo, Kumanovo, Kavadarci, Struga, Negotino, Radovish, Veles, Sveti Nikole, Resen, Probishtip, Bitola and Makedonski Brod), the number of cases was below 30.

In Demir Hisar, Kochani, Berovo, Vinica, Delchevo, Pehchevo, Kriva Palanka, Kratovo, Krushevo, and Vlandovo, no cases of influenza or influenza-like illnesses have been reported.

In 4 Centers for Public Health / Regional units, seasonal activity has been recorded, while in 17 units very low influenza virus activity has been registered. (Map 1)

Map 1. Level of influenza activity according to incidence per 100,000 population, week 10, 2026



Virological Surveillance

During week 10, 39 samples from routine and SARI surveillance were tested for influenza, SARS-CoV-2, and/or RSV. Out of the total tested samples, one positive case of influenza – Influenza A(H1N1)pdm09 – was detected. Additionally, 8 cases of RSV were identified (5 RSV type B and 3 RSV type A). Six positive results for SARS-CoV-2 were also detected.

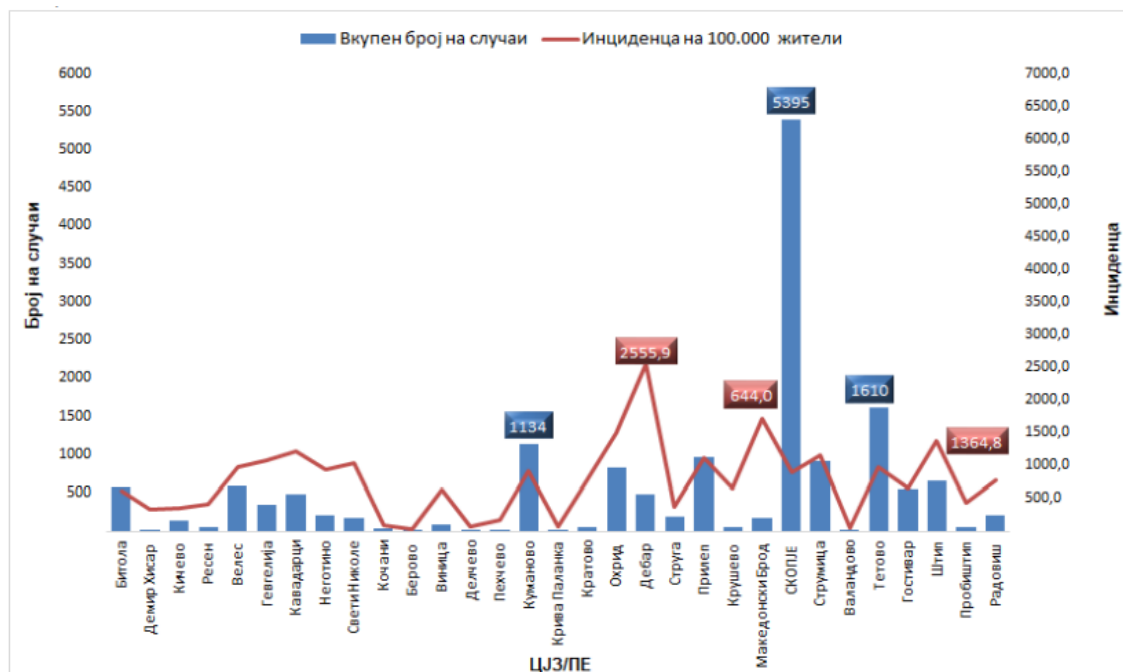
Epidemiological Surveillance – Cumulative Data

In the 2025/2026 season, the total number of influenza/ILI cases is 16,047 ($I=873.7/100,000$).

Compared to the same period last season ($n=22,291$), the number of reported cases has decreased by 28.0%, and compared to the model from the past 15 seasons ($n=19,649$), a decrease of 18.3% has been recorded. Cumulatively, cases have been reported from all Centers for public health / Regional units. The highest number of cases ($n=5,395$) was registered in the territory of Skopje, while the highest cumulative incidence ($I=2,555.9/100,000$) was recorded in the territory of Debar ($n=489$). (Table 1 in Annex)

Regarding the distribution of cases by age group, the largest number of cases was reported in the age group that comprises the majority of the population (15–64 years) – 9,272 cases (57.8%), while the highest incidence ($1,962.3/100,000$) was recorded in the 0–4 years age group and 5–14 years age group ($1,291.7/100,000$). (Chart 2, Table 1 in Annex)

Chart 2. Distribution of seasonal influenza cases by Centers for Public Health / Regional units and incidence per 100,000 population, season 2025/2026



Distribution of seasonal influenza / influenza-like illness cases by month (Table 1 in Annex):

Monthly distribution:

- October – 338 cases (2.1%)
- November – 438 (2.7%)
- December – 1,324 (8.3%)
- January – 9,315 (58.0%)
- February – 4,336 (27.0%)
- March – 296 (1.8%)

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

Virological Surveillance – Cumulative Data

Since the beginning of the 2025/2026 season, up to week 10/2026, 988 samples from routine and sentinel SARI surveillance have been received at the virology laboratory of the Institute of Public Health of North Macedonia. All received samples were tested for the presence of influenza virus, SARS-CoV-2, and/or RSV.

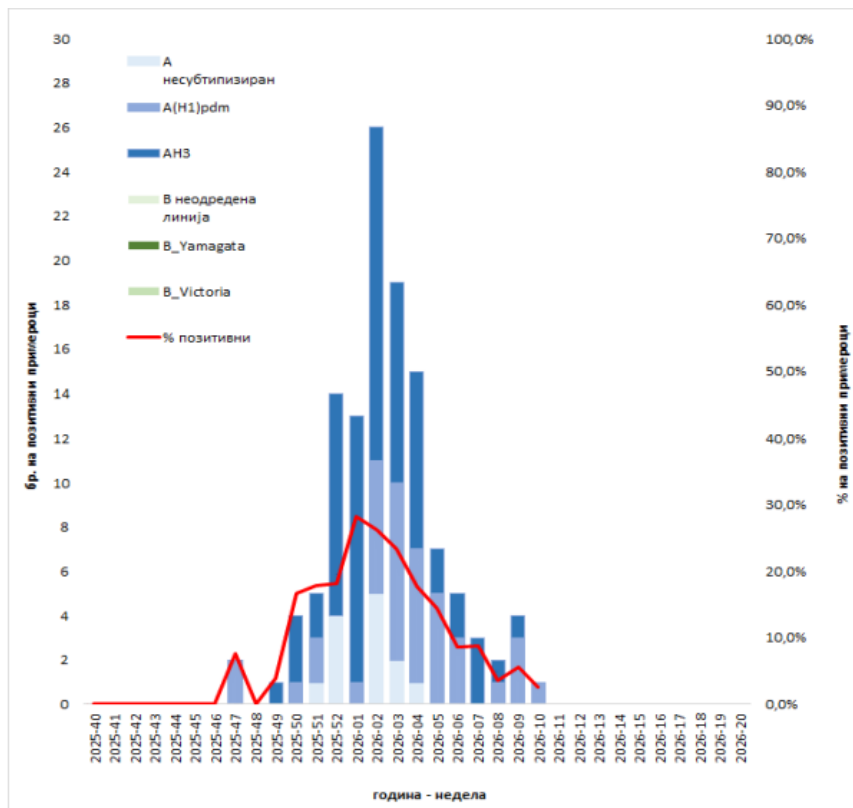
A total of 121 positive influenza cases were detected:

- **Influenza A – 121**
 - Influenza A(H1)pdm09 – 39 (32.2%)
 - Influenza A(H3) – 69 (57.0%)
 - Influenza A – unsubtype – 13 (10.7%)
- **Influenza B – 0**

Additionally, 25 positive SARS-CoV-2 cases were registered.

A total of 110 positive cases of respiratory syncytial virus (RSV) were detected (RSV untyped – 4, RSV-A – 23, RSV-B – 83). Moreover, 5 other respiratory viruses were identified among the tested samples.

Chart 3. Weekly distribution of the number and percentage of positive influenza samples, routine and sentinel surveillance, North Macedonia, 2025/2026



Epidemiological Comment

During week 10 of 2026, the downward trend in the number of influenza/ILI cases and incidence continues. Weekly incidence remains within off-season levels.

Virological surveillance indicates sporadic geographic circulation of influenza viruses, with a positivity rate below 10%.

Overall, influenza activity in Macedonia is currently low in intensity.

General Preventive Measures

General protective measures apply to all acute respiratory infections, especially during winter:

- Avoid crowded indoor spaces and close contact with sick individuals
- Wash hands frequently or use disinfectant
- Ventilate rooms regularly
- Dress warmly and in layers

- Consume warm drinks and vitamin-rich foods
- Maintain a healthy lifestyle (sleep, nutrition, physical activity, stress reduction)

A strong immune system helps reduce the risk and severity of illness, though infection is still possible.

If You Get Sick

- Stay home (avoid work, school, public places)
- Rest and drink plenty of fluids
- Avoid close contact with others
- Cover mouth and nose when coughing/sneezing
- Wear a mask around others
- Maintain hygiene and clean surroundings
- Seek medical help if symptoms worsen or if you are high-risk

Vaccination against seasonal influenza is the most effective protection against this disease. The Institute of public health recommends vaccination for the entire population, especially for individuals belonging to 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 80,000 doses of free quadrivalent vaccine, intended for priority population groups. Vaccination started on October 16, 2025, and is being carried out at the Centers for public health (CPH) with their regional units and/or health centers. Vaccination of healthcare workers in Skopje is conducted at the Institute of public health.

According to data from the eHealth Administration, from the start of vaccination until the closing of this report, a total of 77,280 individuals from risk groups have been vaccinated with free vaccines.

An additional 2,400 doses of commercial vaccines have been procured by the Centers for public health for the rest of the population not included in the above groups. These vaccines are available for a fee, and vaccination is carried out at the Centers for public health with their regional units. According to eHealth data, a total of 1,839 individuals have been vaccinated with commercial vaccines.

As of week 8, a total of 79,119 individuals in North Macedonia have been vaccinated with either free or commercial vaccines.

European Region Overview

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

According to the ERVISS report published for week 9 of 2026 on influenza virus activity across the WHO European Region:

- Rates of influenza-like illness (ILI) and/or acute respiratory infection (ARI) are above baseline levels in 12 of 34 countries and areas in the WHO European Region reporting data this week.
- Regional indicators of influenza activity across all age groups continue to steadily decline. Influenza A(H3) remains the dominant circulating virus throughout the region, while the proportion of type A(H1) is increasing.
- Regional RSV indicators are stabilizing in primary healthcare settings but continue to rise in secondary healthcare facilities, with significant variability between countries. The regional RSV positivity rate is the highest observed since the 2022/23 season. Disease burden and positivity rates remain highest among children under 5 years of age.