**INFLUENZA SITUATION – SEASON 2025/2026**
(Sixth week, up to 08.02.2026)

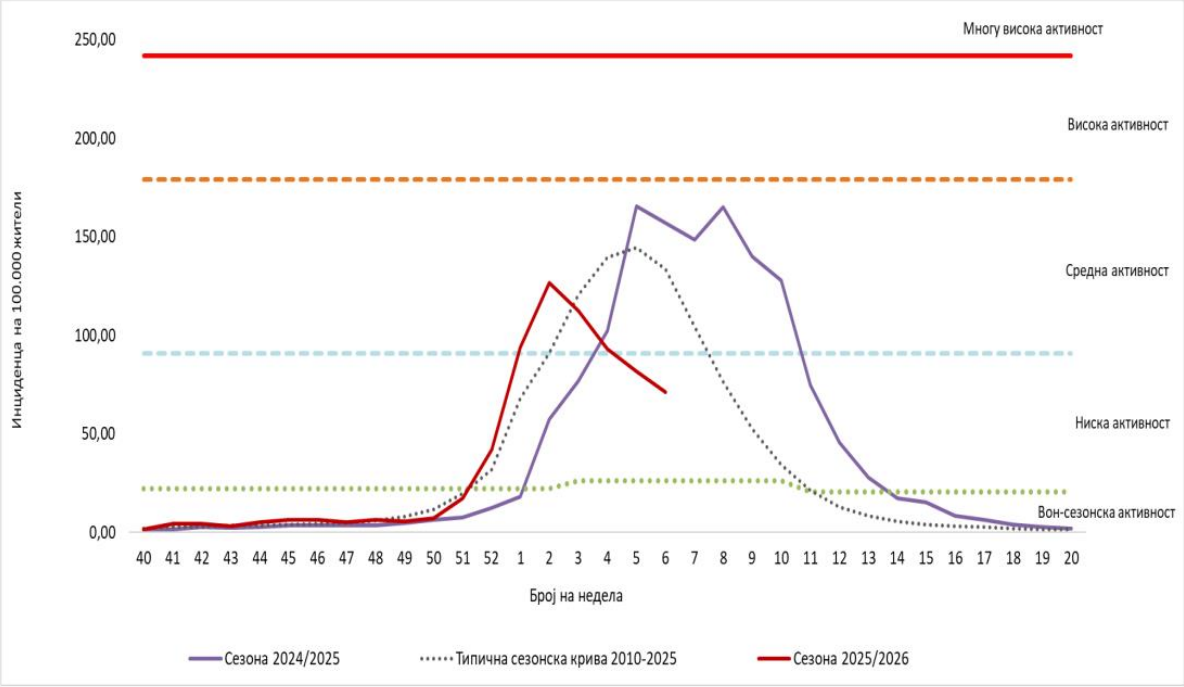
## Weekly data

During the sixth week of 2026 (26.01–01.02.2026), 1306 cases (I = 71.1/100,000) of group notifications of patients with influenza/influenza-like illness were reported in Macedonia, which is 12.8% fewer compared to the previous week (n = 1498).

The number of reported cases this week compared to the sixth week of the previous season (n = 2880) has decreased by 54.7%, and compared to the number for the sixth week of the typical epidemic curve (modeled from the last 15 seasons) (n = 2,451), it has decreased by 46.7%. (Graph 1)

During the sixth week, the reported incidence is above the weekly threshold for medium activity (I = 90.84/100,000) (Graph 1).

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




Regarding age distribution, 715 cases were among persons aged 15–64 years, 228 among children aged 5–14 years, 184 among children aged 0–4 years, and 179 among persons aged over 65 years.

The highest incidence (190.6 per 100,000 population) was registered among children aged 0–4 years.

Cases were reported from 28 PHI/Regional Units: Skopje – 543, Prilep – 146, Tetovo – 110, Prilep – 104, Strumica – 82, Bitola – 76, Gevgelija – 56, Ohrid – 48, Debar – 46, Kavadarci – 36, Shtip – 33, Kumanovo – 30, while in Veles, Kichevo, Struga, Sveti Nikole, Radovish, Gostivar, Kochani, Negotino, Resen, Demir Hisar, Pehchevo, Makedonski Brod, Vinica, Kriva Palanka, Kratovo, Berovo, and Krushevo the number of cases was fewer than 30.

In Delchevo, Valandovo, and Probishtip, no cases of influenza or influenza-like illness were reported.

High influenza activity was recorded in PHI/Regional Unit Debar; moderate activity was registered in four PHI/Regional Units; seasonal activity was observed in 17 units; while very low influenza virus activity was recorded in six units. (Cartogram 1)

**Cartogram 1. Level of influenza activity according to incidence per 100,000 population, Week 6, 2026.**


## VIROLOGICAL SURVEILLANCE

During the sixth reporting week of 2026, a total of 58 specimens from routine and SARI surveillance were received at the virology laboratory of the Institute of Public Health for laboratory testing. The samples were tested in parallel for Influenza, SARS-CoV-2 and/or RSV.

Of the total tested specimens, 5 influenza-positive cases were detected: 3 Influenza A(H1)pdm09 and 2 Influenza A(H3).

Additionally, 9 RSV cases were detected (8 RSV type B and 1 RSV type A). No positive results for SARS-CoV-2 were detected.

**EPIDEMIOLOGICAL SURVEILLANCE – Cumulative Data**

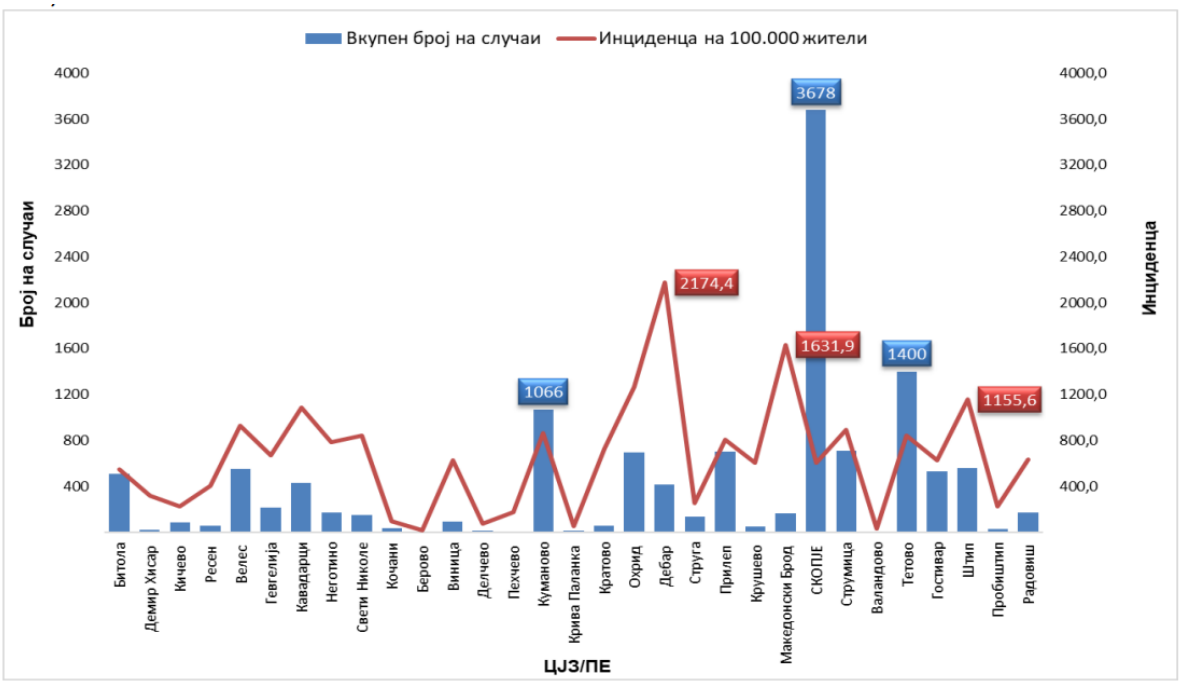
In the 2025/2026 season, the total number of influenza/influenza-like illness (ILI) cases amounts to 12,721 (I = 692.6 per 100,000 population).

Compared to the same period last season (n = 11,614), the number of reported cases has increased by 9.5%, while compared to the model of the past 15 seasons (n = 14,728), a decrease of 13.6% has been registered.

Cumulatively, cases have been reported from all PHI/Regional Units. The highest number of cases (n = 3,678) was registered in the territory of Skopje, while the highest cumulative incidence (I = 2,174.4 per 100,000 population) was registered in the territory of Debar (n = 416). (Table 1 in the Appendix)

Regarding the distribution of cases by age group, the highest number of cases was reported in the 15–64 years age group – 7,422 cases (58.3%), which represents the largest proportion of the population. However, the highest incidence (1,490.9 per 100,000) was registered in the 0–4 years age group, followed by the 5–14 years age group (1,027.8 per 100,000). (Figure 2, Table 1 in the Appendix)

**Figure 2. Distribution of seasonal influenza cases by PHI/Regional Units and incidence per 100,000 population, 2025/2026 season.**



**Distribution of seasonal influenza/influenza-like illness (ILI) cases by month (Table 1 in the Appendix):**

- October – 338 cases or 2.7%
- November – 438 cases or 3.4%
- December – 1,324 cases or 10.4%
- January – 9,135 cases or 73.2%
- February – 1,306 cases or 10.3%

During the influenza season, four influenza-associated deaths were registered.

**VIROLOGICAL SURVEILLANCE – Cumulative Data**

Since the beginning of the 2025/2026 season, up to Week 6/2026, a total of 787 specimens from routine and sentinel SARI surveillance have been received at the virology laboratory of the Institute of Public Health of the Republic of North Macedonia. All received specimens were tested for the presence of influenza virus, SARS-CoV-2 and/or RSV.

A total of 111 influenza-positive cases were detected:

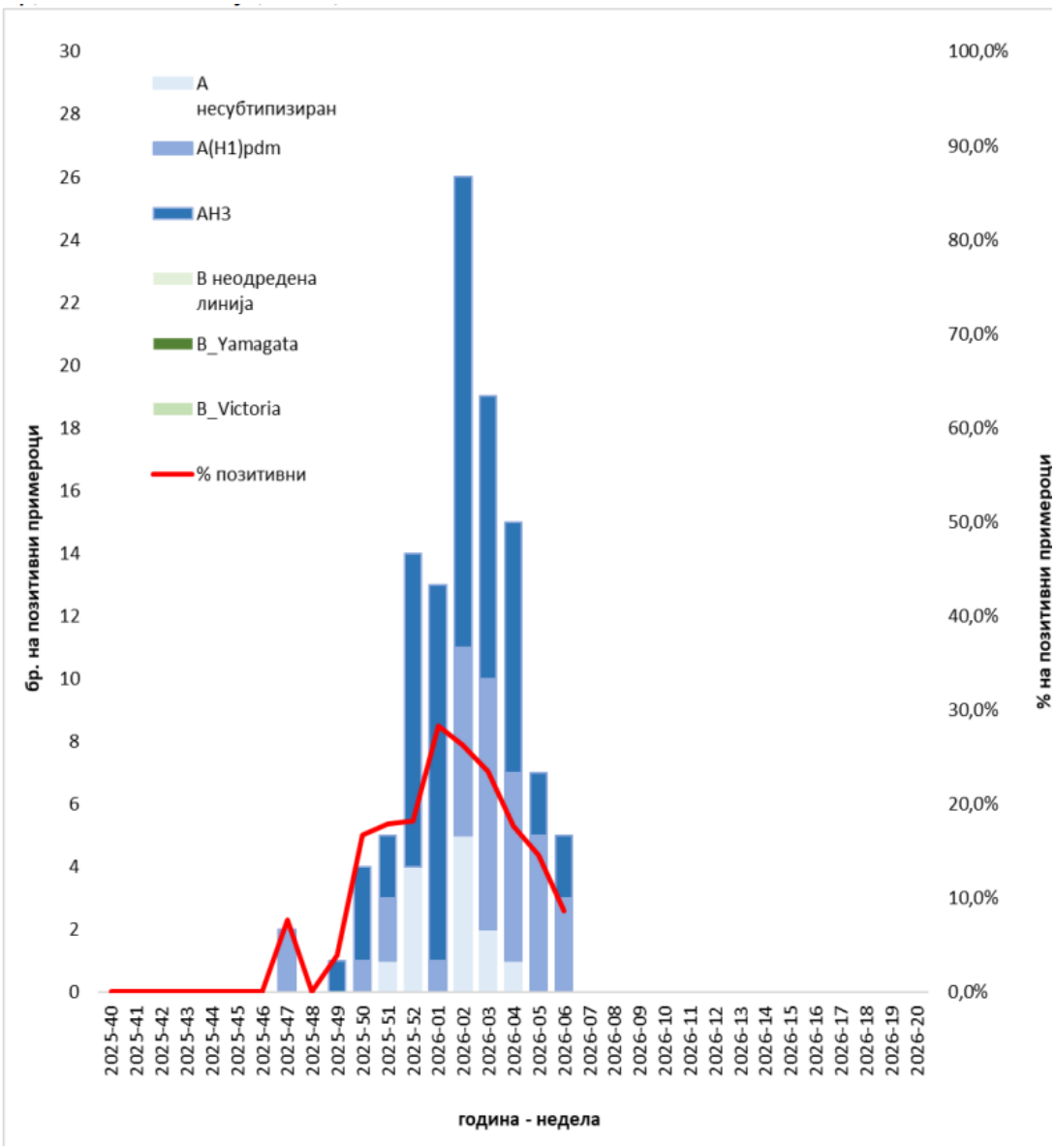
- Influenza A – 111
    - Influenza A(H1)pdm09 – 34 (30.6%)
    - Influenza A(H3) – 64 (57.7%)
    - Influenza A – unsubtyped – 13 (11.7%)
- Influenza B – 0

Seven positive cases of SARS-CoV-2 were registered.

Forty-eight positive cases of respiratory syncytial virus (RSV) were registered (RSV unsubtyped – 2, RSV-A – 7, and RSV-B – 39).

Additionally, five other respiratory viruses were detected among the tested samples.

**Figure 2. Weekly distribution of the number and percentage of influenza-positive samples, routine and sentinel surveillance, Republic of North Macedonia, 2025/2026.**




## EPIDEMIOLOGICAL COMMENTARY

During the sixth week of 2026, the trend of decreasing weekly cases and incidence of influenza-like illness (ILI) continues. The reported weekly incidence remains within the low activity range. Results from virological surveillance of influenza show regional geographic activity of the influenza virus. The positivity rate, for the first time after eight weeks, fell below 10%.

According to these data, influenza virus activity in North Macedonia is of **moderate intensity**.

## GENERAL PREVENTIVE MEASURES

*Source: https://sezonskigrip.mk/*

General protective measures against influenza apply to all acute respiratory illnesses and are especially useful when implemented throughout the winter season:

- Avoid gatherings and staying in crowded spaces, particularly close contact with sick or symptomatic individuals – those who cough, sneeze, or have fever.
- Wash hands frequently with soap and water or use a disinfectant.
- Keep indoor spaces warm and ventilate them frequently.
- Wear warm, layered clothing and take warm baths.
- Drink warm fluids (teas and soups), fruit juices, or water with lemon.
- Consume fresh products rich in vitamins and minerals, preferably fruits and vegetables. Products rich in vitamin C (lemons, oranges, citrus) are especially recommended. If fresh products are not always available, multivitamin drinks and supplements can be used.
- Maintain a healthy lifestyle, including adequate sleep and rest, healthy nutrition, physical and mental activity, and stress reduction.

Strong immunity will help you stay healthy or cope more easily with influenza and influenza-like illness. However, even if you are perfectly healthy with strong immunity, you may still contract influenza or a similar illness.

**What to do if you get influenza:**

- Stay home and avoid work, school, or crowded places.
- Rest and consume plenty of fluids and light food.
- Avoid close contact with household members; do not receive visitors while sick.
- Cover your nose and mouth with a tissue when coughing or sneezing, and dispose of tissues in a waste bin.
- Wear a protective mask when in close contact with household members, and when coughing or sneezing.
- Wash hands frequently and thoroughly with warm water and soap.
- Use alcohol-based wet wipes or hand disinfectants.
- Avoid touching your eyes, nose, and mouth with your hands.
- Ventilate the room you stay in while sick frequently.
- Keep your environment clean – surfaces and objects – using household hygiene products.
- If you are over 65, have chronic illnesses, or symptoms worsen or persist for several days, seek medical attention.

## INFLUENZA VACCINATION

Vaccination against seasonal influenza is the most effective protection against the disease. The Institute of Public Health recommends vaccination for the entire population, especially individuals in **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** for priority population groups. Vaccination started on 16 October 2025 and is carried out at Public Health Centers (PHI) and their Regional Units and/or Health Centers. Vaccination of healthcare workers in Skopje is conducted at the Institute of Public Health.

According to the Electronic Health Administration, **77,273 people** from risk groups have been vaccinated with free vaccines since the start of the campaign.

❖ An additional **2,400 commercial vaccine doses** were procured by PHI for the rest of the population not in priority groups. These vaccines are available for a fee and administered at PHI and their Regional Units. **1,837 people** have been vaccinated with commercial vaccines.

As of Week 6, a total of **79,110 people** in North Macedonia have been vaccinated with either free or commercial influenza vaccines.

**EUROPEAN REGION**
*Source: https://erviss.org/*

According to the ERVISS report for Week 5 of 2026 on influenza activity in the WHO European Region:

- Rates of influenza-like illness (ILI) and/or acute respiratory infection (ARI) are above baseline in **22 of 30 countries** in the WHO European Region.
- After reaching the peak in Week 52, regional influenza indicators decreased but remained generally stable at elevated levels over the last three weeks. Influenza activity continues to increase in a small number of countries. Influenza type A(H3) remains the dominant circulating virus in the Region.
- Regional SARS-CoV-2 activity indicators remained at baseline levels.
- Following a continuous increase over the past three months, regional RSV indicators appear to have reached or are approaching seasonal peaks. Trends vary across countries, with activity still increasing in some areas. Disease burden and positivity rates remain highest among children under 5 years of age.