INFLUENZA SITUATION – SEASON 2025/2026 (Thirteenth week, up to 29.03.2026)

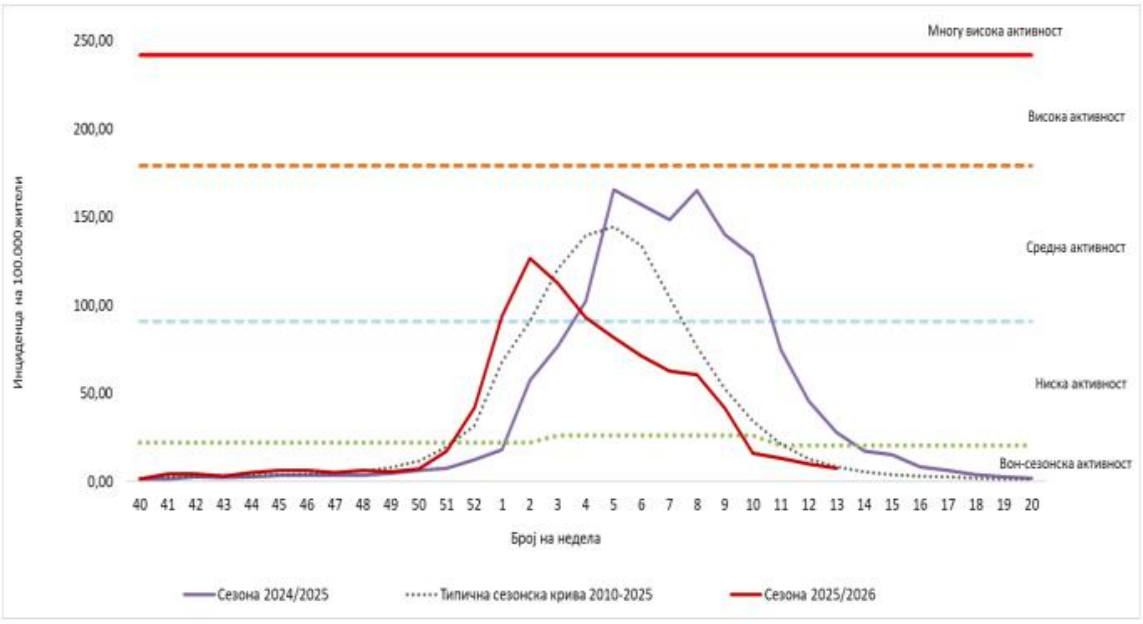
Weekly data

During the thirteenth week of 2026 (23–29.03.2026), a total of 142 cases (I = 7.7/100,000) of reported influenza/influenza-like illness were registered, which is 21.5% less compared to the previous week (n = 181).

The number of reported cases this week, compared to the thirteenth week of the previous season (n = 511), has decreased by 72.2%, and compared to the number for the thirteenth week of the typical epidemic curve (modeled from the last 15 seasons) (n = 151), it has decreased by 6.1% (Figure 1).

During week 13, the registered incidence is within the range of off-season activity (Figure 1).

Figure 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.

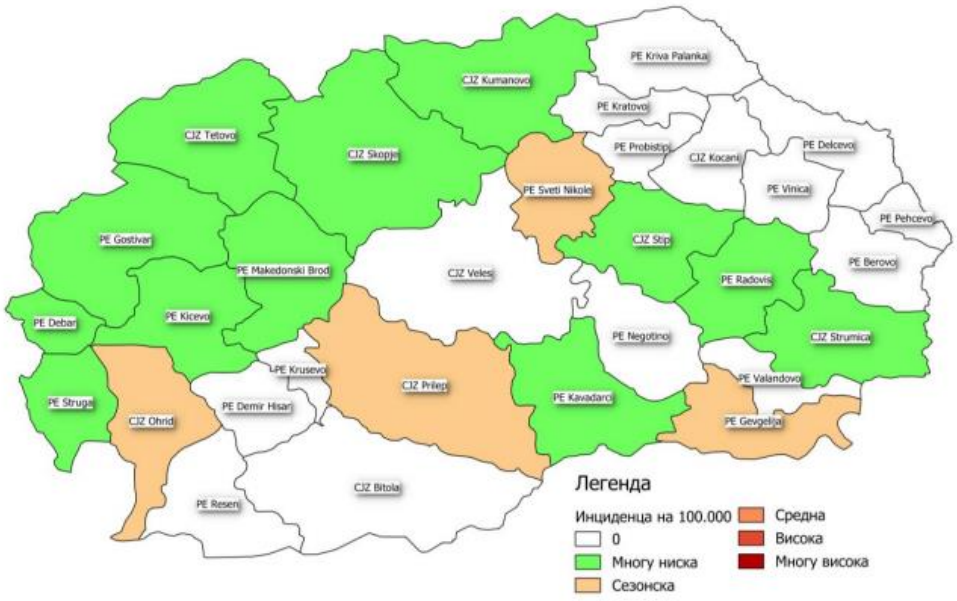


Regarding age distribution, 93 cases are among individuals aged 15–64 years, 25 are persons aged over 65 years, 19 are children aged 5–14 years, and 5 are children aged 0–4 years. The highest incidence (8.8/100,000) is registered among children aged 5–14 years.

The cases were reported from 16 Centers for Public Health (CPH/Regional Units): Prilep – 37, Tetovo and Gevgelija – 20 each, Ohrid – 14, Skopje – 10, while in Kichevo, Kavadarci, Sveti Nikole, Kumanovo, Debar, Struga, Makedonski Brod, Strumica, Gostivar, Shtip, and Radovish, the number of cases is below 10. In Bitola, Demir Hisar, Resen, Veles, Negotino, Kochani, Berovo, Vinica, Delchevo, Pehchevo, Kriva Palanka, Kratovo, Krushevo, Valandovo, and Probishtip, no cases of influenza or influenza-like illness have been reported.

In 4 CPH units, seasonal activity is recorded, while in 12 units, very low influenza virus activity is observed (Map 1).

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



VIROLOGICAL SURVEILLANCE

During the thirteenth reporting week of 2026, a total of 55 specimens from routine and SARI surveillance were received at the virology laboratory of the Institute of Public Health for laboratory testing, and were simultaneously tested for Influenza, SARS-CoV-2, and/or RSV.

Out of the total tested samples, no positive influenza cases were detected.

Additionally, out of 17 samples tested for RSV, 7 positive cases were detected (4 RSV type B, 2 RSV type A, and one unsubtyped case). During this week, no positive cases of SARS-CoV-2 were detected.

EPIDEMIOLOGICAL SURVEILLANCE – Cumulative Data

In the 2025/2026 season, the total number of influenza/influenza-like illness cases amounts to 16,612 (I = 904.4/100,000).

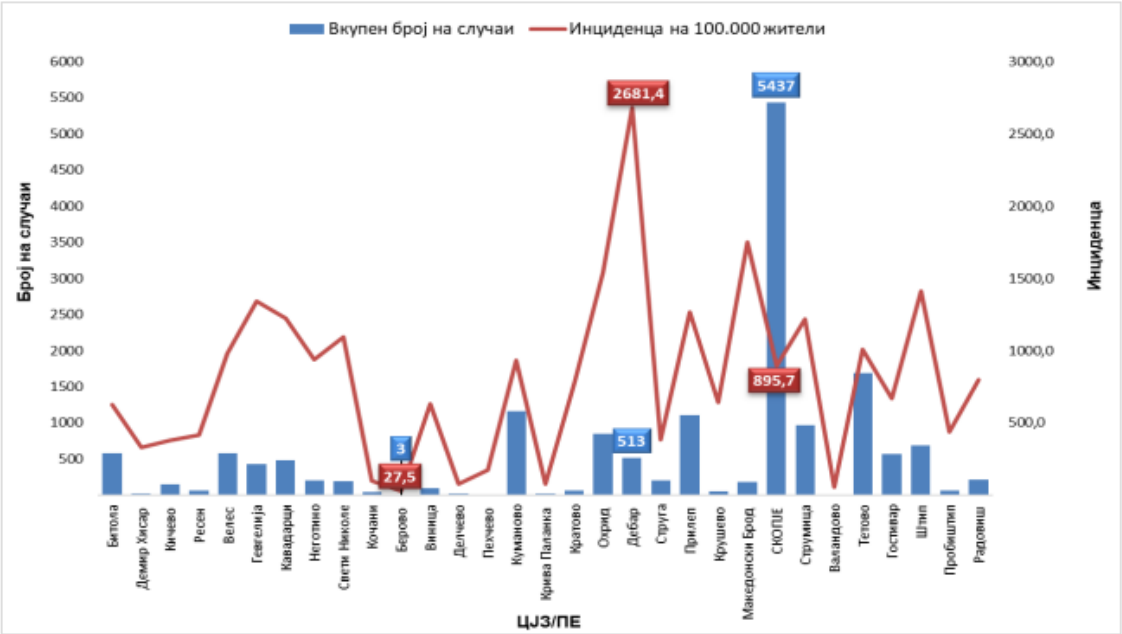
Compared to the same period of the previous season (n = 25,011), the number of reported cases has decreased by 33.6%, while compared to the model based on the last 15 seasons (n = 20,434), a decrease of 18.7% is observed.

Cumulatively, cases have been reported from all Centers for public health (CPH/Regional units). The highest number of cases (n = 5,437) has been registered in the territory of Skopje, while the highest cumulative incidence (I = 2,681.4/100,000) has been recorded in the territory of Debar (n = 513) (Table 1 in Appendix).

Regarding the distribution of cases by age groups, the largest number of cases has been reported in the age group covering the majority of the population (15–64 years) – 9,639 cases (58.0%), while the highest

incidence (2,009.9/100,000) is registered in the 0–4 years age group (n = 1,940) (Figure 2, Table 1 in Appendix).

Figure 2. Distribution of seasonal influenza cases by Centers for public health (CPH/Regional units) and incidence per 100,000 population, season 2025/2026.



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

- October – 338 cases or 2.0%
- November – 438 cases or 2.6%
- December – 1,324 cases or 8.0%
- January – 9,315 cases or 56.1%
- February – 4,336 cases or 26.1%
- March – 861 cases or 5.2%

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

VIROLOGICAL SURVEILLANCE – Cumulative data

Since the beginning of the 2025/2026 season, up to week 13/2026, a total of 1,147 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 samples were tested for the presence of influenza virus, SARS-CoV-2, and/or RSV.

A total of 125 positive influenza cases were detected:

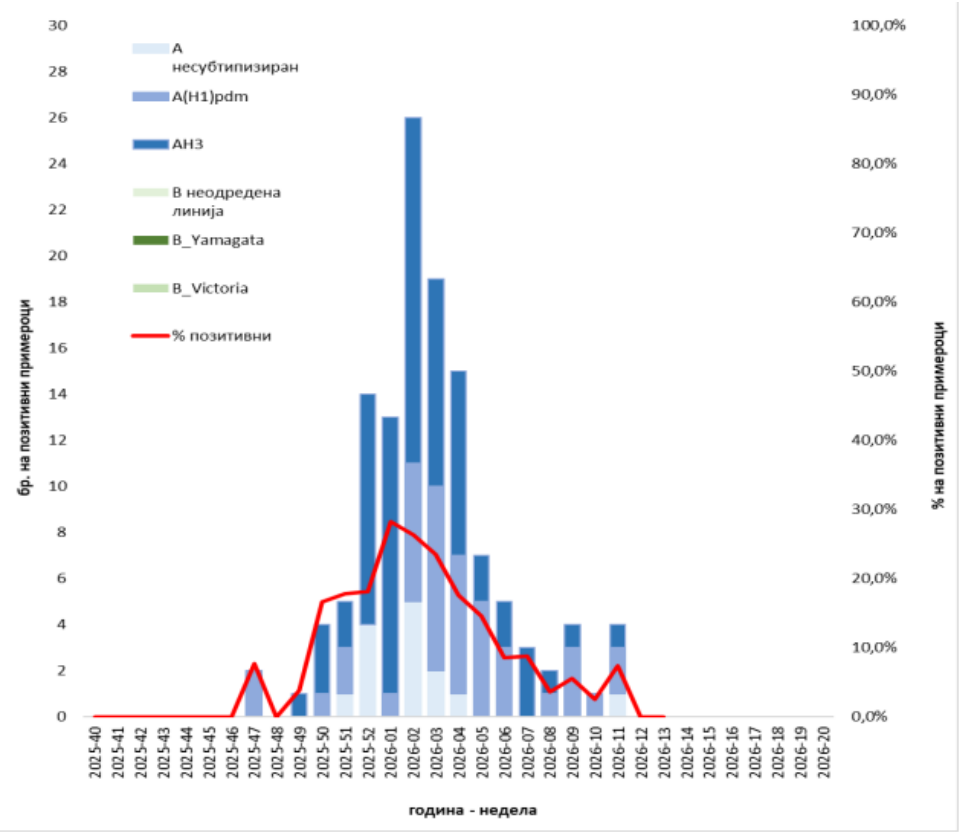
- Influenza A – 125
- Influenza A(H1)pdm09 – 41 (32.8%)
- Influenza A(H3) – 70 (56.0%)
- Influenza A – unsubtyped – 14 (11.2%)
- Influenza B – 0

A total of 25 positive SARS-CoV-2 cases were registered.

A total of 141 positive cases of respiratory syncytial virus (RSV) were registered (RSV unsubtyped – 5, RSV-A – 37, and RSV-B – 99).

Additionally, 5 other respiratory viruses were detected in the tested samples.

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



EPIDEMIOLOGICAL COMMENT

During the thirteenth week of 2026, the decreasing trend in the number of cases and the incidence of influenza-like illnesses continues on a weekly level. The reported weekly incidence is within the range of off-season activity. The results obtained from virological influenza surveillance indicate sporadic geographic activity of the influenza virus. The positivity rate is below the 10% threshold.

According to these data, the country is experiencing low intensity of influenza virus circulation.

GENERAL PREVENTIVE MEASURES
Source: https://sezonskigrip.mk/

General protective 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 crowded indoor spaces, especially avoid close contact with people who are ill or suspected to be ill – coughing, sneezing, or having a fever.
➢ Wash hands frequently with soap and water or use disinfectant.
➢ Keep indoor spaces warm and ventilate them frequently.
➢ Dress warmly in layers and take warm baths.
➢ Drink warm beverages (teas and soups), freshly squeezed fruit juices, and water with lemon.
➢ Consume fresh foods rich in vitamins and minerals, especially fruits and vegetables necessary for the body. Particularly recommended are foods rich in vitamin C (citrus fruits such as lemons and oranges). If fresh food is not always available, multivitamin drinks and supplements may be used.
➢ Practice a healthy lifestyle, including good sleep and rest, healthy nutrition, maintaining physical and mental activity, and reducing stress.

A strong immune system will help you stay healthy or cope more easily with influenza and influenza-like illnesses. However, even if you are perfectly healthy and have a strong immune system, you can still get influenza or an influenza-like illness.

What to do if you get sick with influenza?

Follow these recommendations:

➢ Stay at home and do not go to work, school, or crowded places.
➢ Rest and consume plenty of fluids and light food.
➢ Avoid close contact with household members and do not receive visitors while you are ill.
➢ Cover your nose and mouth with a tissue when coughing or sneezing. Dispose of tissues after use.
➢ Wear a protective mask when in contact with household members, especially when coughing or sneezing.
➢ Practice frequent and thorough handwashing with warm water and soap.
➢ Use wet wipes containing alcohol or hand disinfectants.
➢ Avoid touching your eyes, nose, and mouth with your hands.
➢ Ventilate the room where you stay frequently while you are ill.
➢ Maintain a clean environment – disinfect objects and surfaces regularly.
➢ If you are over 65 years old, have chronic diseases, or if symptoms worsen or last several days – seek medical attention.

INFLUENZA VACCINATION

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 the so-called risk groups (according to WHO recommendations): older adults (over 65 years), children aged 6–59 months, persons older than 6 months with chronic diseases, pregnant women, and healthcare workers.

❖ For the 2025/2026 season, the Ministry of Health provided free quadrivalent vaccines in a total quantity of 80,000 doses, intended for priority population groups. Vaccination started on 16.10.2025 and is carried out in the Centers for Public Health (CPH) with their regional units and/or primary healthcare centers. Vaccination of healthcare workers in Skopje is carried out at the Institute of Public Health.

According to data from the Administration for Electronic Health, from the beginning of vaccination until the closing of this report, a total of 77,281 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, intended for the rest of the population not included in the above-mentioned groups. These vaccines are available for a certain fee, and vaccination is carried out in the Centers for Public Health with their regional units.

According to data from the Administration for Electronic Health, a total of 1,841 individuals have been vaccinated with commercial vaccines.

By the end of the thirteenth week, in North Macedonia, a total of 79,122 individuals have been vaccinated with either free or commercial vaccines.

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

According to the ERVISS report published for week 12 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 3 out of 26 countries in the WHO European Region that reported data.
- Circulation of the influenza virus continues to decline, and the positivity rate in sentinel surveillance in primary healthcare is now below the regional seasonal epidemic threshold of 10%. Influenza A(H1) and A(H3) subtypes are co-dominant, although there are variations between countries and regions.
- Regional indicators for SARS-CoV-2 activity have remained at baseline levels.
- Regional indicators for RSV activity and severity remain elevated but show a decreasing trend, except in some countries where levels remain higher. The disease burden and positivity rate remain highest among children under 5 years of age.