INFLUENZA SITUATION – SEASON 2025/2026
(Fifth week, up to 01.02.2026)

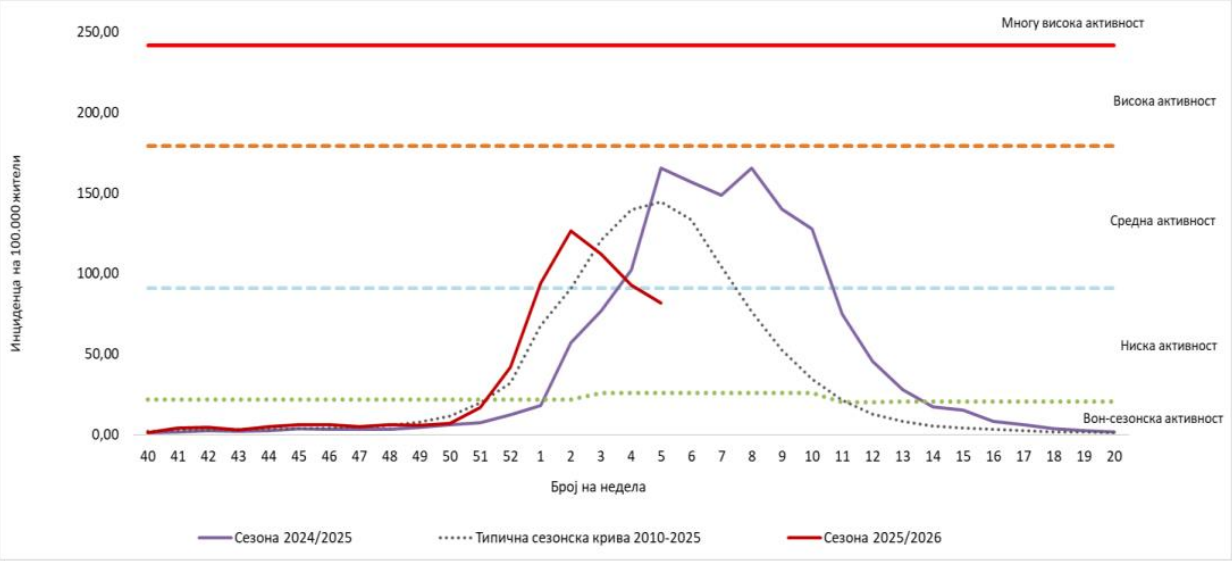
Weekly data

During the fifth week of 2026 (26.01–01.02.2026), 1498 cases (I = 81.6/100,000) of group notifications of patients with influenza/influenza-like illness were reported in Macedonia, which is 12.3% fewer compared to the previous week (n = 1708).

The number of reported cases this week compared to the fifth week of the previous season (n = 3036) has decreased by 50.7%, and compared to the number for the fifth week of the typical epidemic curve (modeled from the last 15 seasons) (n = 2,566), it has decreased by 43.6%. (Graph 1)

During the fith 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.



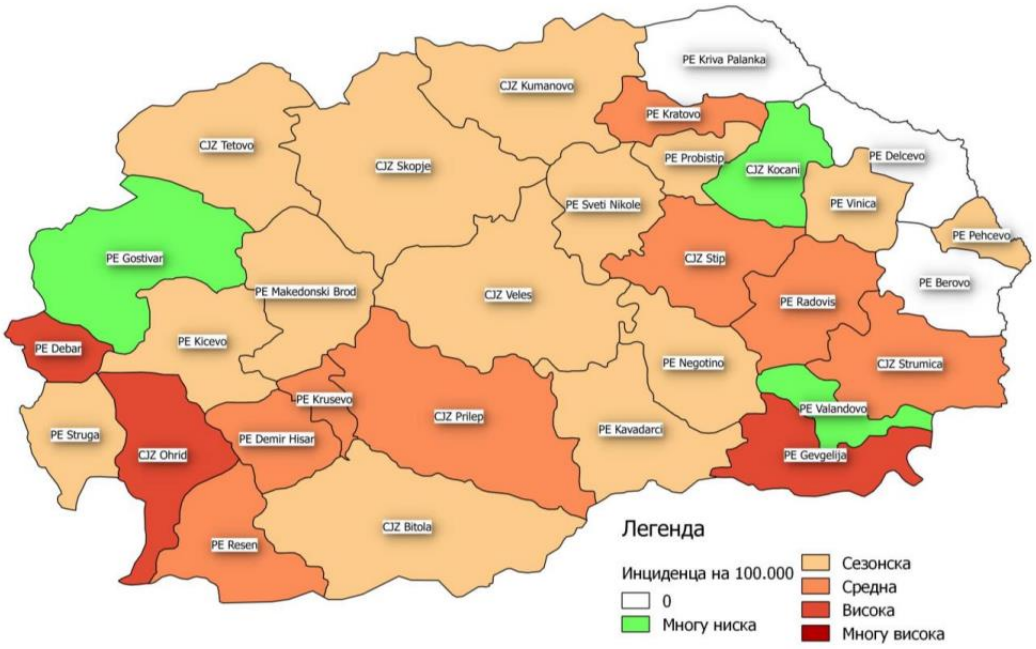
Regarding the age distribution, 866 cases are among persons aged 15–64 years, 224 are persons aged over 65 years, 247 are children aged 5–14 years, and 161 are children aged 0–4 years. The highest incidence (166.8/100,000) is registered among children aged 0–4 years.

The cases were reported from 28 Centers for Public Health/Regional Units (CPH/RU): Skopje – 473, Strumica – 139, Ohrid – 99, Bitola – 77, Shtip – 70, Tetovo-63, Gevgelija-61, Kumanovo - 59, Debar 43, Veles – 36, and in Radovish, Kichevo, Kavadarci, Struga, Gostivar, Resen, Negotino, Sveti Nikole, Kratovo, Krushevo, Vinica, Demir Hisar, Probishtip, Kochani, Makedonski Brod, Pehchevo, and Valandovo have fewer than 30 infected cases. In Berovo,

Delchevo, and Kriva Palanka, no cases of influenza or influenza-like illnesses have been reported.

In three PHI/Regional Units (Ohrid, Debar, Gevgelija), high activity has been recorded; moderate activity has been registered in eight PHI/Regional Units; seasonal activity has been observed in 14, while very low influenza virus activity has been recorded in three units. (Cartogram 1)

Cartogram 1. Level of influenza activity according to incidence per 100,000 population, Week 5, 2026.



During the fifth week of 2026, one influenza-associated death was reported. The case concerned a 62-year-old male from Tetovo who had been hospitalized at the Infectious Diseases Department of the Clinical Hospital Tetovo. The deceased had underlying comorbidities and had not been vaccinated against seasonal influenza. Influenza A(H3) was laboratory confirmed.

VIROLOGICAL SURVEILLANCE

During the fifth reporting week of 2026, a total of 48 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, 7 influenza-positive cases were detected: 5 Influenza A(H1)pdm09 and 2 Influenza A(H3).

Additionally, 8 RSV cases were detected (all RSV type B) and one case tested positive for SARS-CoV-2.

Within the current acute respiratory infections season, the Department of Virology at the Institute of Public Health performed sequencing of a total of 33 samples to determine circulating viruses and their genetic characteristics.

Sequencing was performed on:

- 3 SARS-CoV-2 samples from the beginning of the season (September–October 2025), in which the following genetic lineages were detected: XFG.23.1.2, XFG.3.1 and PF.1
- 1 RSV-A sample: A.D.3.11
- 7 RSV-B samples: all belonging to the B.D.E.1 lineage
- 5 Influenza A(H1N1)pdm samples – in all, HA clade D.3.1.1 (5a.2a.1) was detected
- 17 Influenza A(H3N2) samples – in all, HA clade K (J.2.4.1 / 2a.3a.1) was detected

The global predominance of Influenza A(H3N2) viruses from clade K represents a notable evolutionary shift in H3N2 viruses and suggests an evolutionary adaptation (fitness advantage) enabling dominant circulation during the current season, with no indications so far of increased clinical severity.

The fact that clade K has been detected in samples from several different cities in North Macedonia (Bitola, Gevgelija, Ohrid, Tetovo, Skopje, and Kumanovo) indicates active and widespread circulation, relevant for national epidemiological surveillance.

EPIDEMIOLOGICAL SURVEILLANCE – Cumulative Data

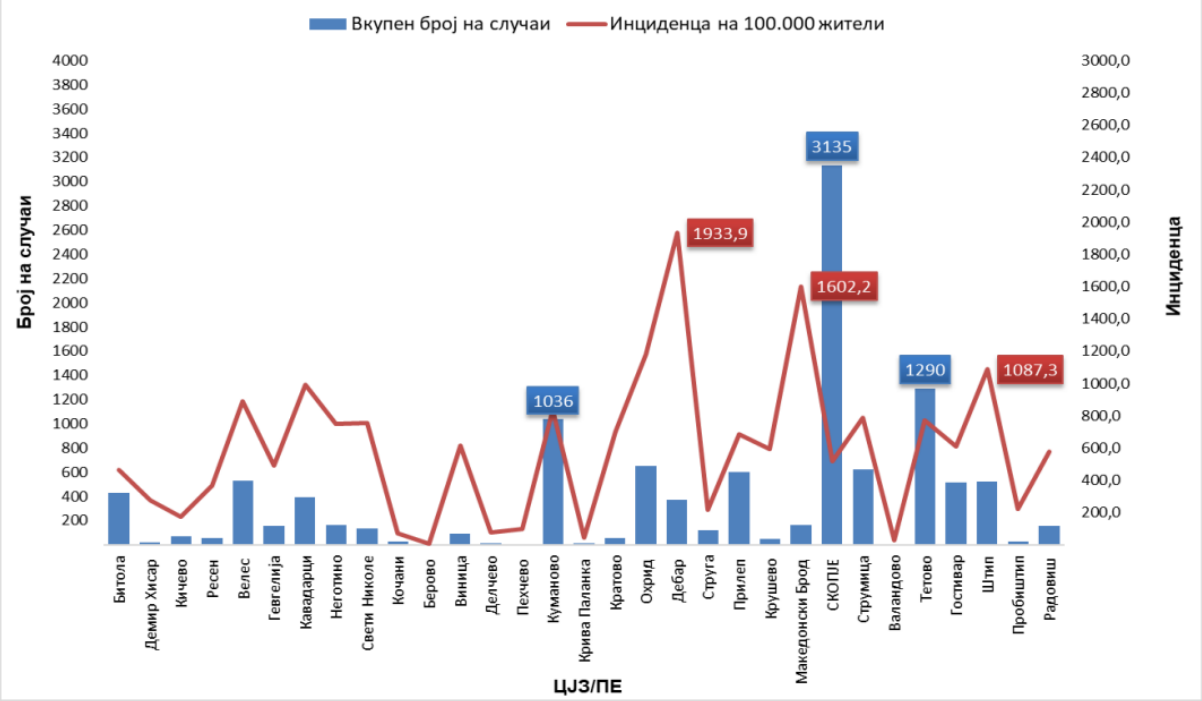
In the 2025/2026 season, the total number of influenza/influenza-like illness (ILI) cases amounts to 11,415 (I = 621.5 per 100,000 population).

Compared to the same period last season (n = 8,734), the number of reported cases has increased by 30.7%, while in comparison with the model of the past 15 seasons (n = 12,278), a decrease of 7.0% has been registered.

Cumulatively, cases have been reported from all PHI/Regional Units. The highest number of cases (n = 3,135) was registered in the territory of Skopje, while the highest cumulative incidence (I = 1,933.9 per 100,000 population) was registered in the territory of Debar (n = 370). (Table 1 in the Appendix)

Regarding the distribution of cases by age group, the highest number of cases was reported in the age group 15–64 years – 6,707 cases (58.8%), which represents the largest proportion of the population. However, the highest incidence (1,300.2 per 100,000) was registered in the 0–4 years age group, followed by the 5–14 years age group (921.7 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 cases by month (Table 1 in the Appendix):

- October – 338 cases or 3.0%
- November – 438 cases or 3.8%
- December – 1,324 cases or 11.6%
- January – 9,135 cases or 81.6%

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 5/2026, a total of 729 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 106 influenza-positive cases were detected:

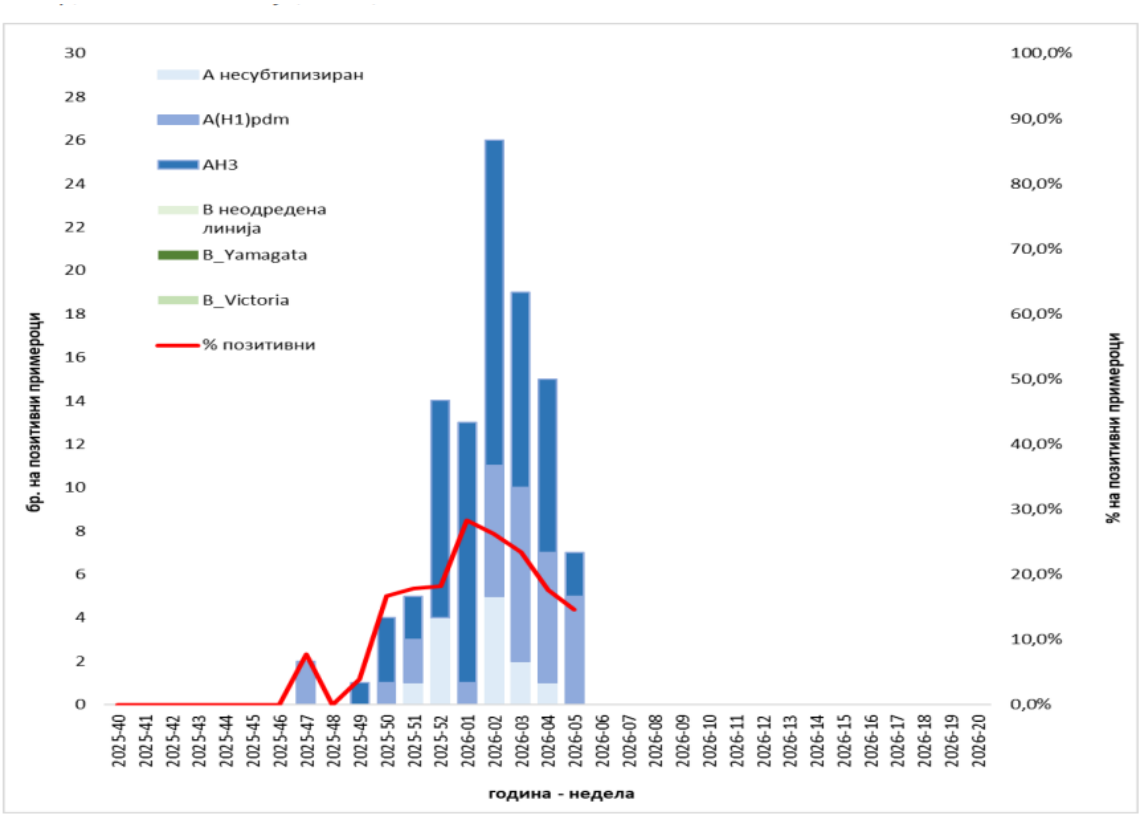
- Influenza A – 106
  - Influenza A(H1)pdm09 – 31 (29.2%)
  - Influenza A(H3) – 62 (58.5%)
  - Influenza A – unsubtyped – 13 (12.3%)
- Influenza B – 0

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

Thirty-nine positive cases of respiratory syncytial virus (RSV) were registered (RSV unsubtyped – 2, RSV-A – 6, and RSV-B – 31).

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 COMMENT

During the fourth week of 2026, the decreasing trend in the number of cases and the incidence of influenza-like illnesses on a weekly basis continues. The reported incidence remains above the weekly threshold for medium activity. The results obtained from virological influenza surveillance indicate regional geographic activity of the influenza virus. The positivity rate has remained above the 10% threshold for seven consecutive weeks.

According to these data, influenza virus activity in Macedonia is of medium intensity.

GENERAL PREVENTIVE MEASURES

Source: https://sezonskigrip.mk/

General influenza prevention measures apply to all acute respiratory infections and can be highly beneficial, especially if implemented throughout the entire winter period:

- Avoid gatherings and staying in crowded indoor spaces; in particular, avoid close contact with people who are ill or suspected to be ill – those who are coughing, sneezing, or have a fever.
- Wash hands frequently with soap and water or use a disinfectant.
- Keep living spaces warm and ventilate them frequently.
- Dress warmly in layers; warm baths are recommended.
- Drink warm beverages (teas and soups), freshly squeezed fruit juices, and lemon water.
- Consume fresh products rich in vitamins and minerals, preferably fruits and vegetables that are essential for the body. Products rich in vitamin C (citrus fruits, lemons, oranges) are especially recommended. If fresh food products are not always available, multivitamin drinks and supplements may also be used.
- Practice a healthy lifestyle and habits, 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 may still become ill with influenza or an influenza-like illness.

What to do if you become ill with influenza?

Follow these recommendations:

- Stay at home and do not go to work, school, or places where many people gather.
- Rest and drink plenty of fluids and consume 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 in a waste bin 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.
- Frequently ventilate the room where you are staying while ill.
- Keep your surroundings clean – disinfect objects and surfaces with household hygiene products.
- If you are over 65 years old or have chronic diseases, or if your symptoms worsen or persist for 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 (in accordance with WHO recommendations): elderly persons (over 65 years of age), 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 a free quadrivalent vaccine in a total quantity of 80,000 doses, intended for priority population groups.

Vaccination began on 16.10.2025 and is carried out in the Centers for Public Health (CPH) with their Regional Units (RU) and/or Health 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 79105 persons from risk categories 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 remaining population who do not belong to the above-mentioned groups. These vaccines are available for a certain financial fee, and vaccination is carried out in the Centers for Public Health and their Regional Units.

According to data from the Administration for Electronic Health, a total of 1,836 persons have been vaccinated with commercial vaccines.

As of the fourth week, a total of 79105 persons in Macedonia have been vaccinated with either free or commercial vaccines.

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

According to the ERVISS report published for week 4 of 2026 on influenza virus activity across the WHO European Region:

- Rates of influenza-like illness (ILI) and/or acute respiratory infection (ARI) are elevated above the baseline level in 28 of 35 countries in the WHO European Region.
- After several weeks of decline, the positivity rate in sentinel surveillance in primary healthcare increased in several countries across the region, primarily among children aged 5–14 years. Influenza surveillance indicators in hospitals continued to decrease, with those aged 65 years and older accounting for the highest proportion. The proportion of influenza cases caused by type A(H3) continued to decline slowly, but it remains dominant.
- Regional indicators of SARS-CoV-2 activity remained at baseline levels.
- RSV indicators across the region continued to increase in primary healthcare and hospital surveillance systems. The burden and positivity rate remain highest among children under 5 years of age.