

Produced by ACT Health

Week ending 03 July 2022

Reporting period Monday 27 June 2022 to Sunday 3 July 2022 inclusive

- As of this week (Week 27), the weekly ACT COVID-19 and Influenza Epidemiology Overview has been updated to only include total numbers from the beginning of 2022. Previous reports have published total COVID-19 numbers from the beginning of the pandemic (March 2020). As a result, the total numbers displayed this week and ongoing reports will be different to what has been published in previous reports.
- The whole of pandemic COVID-19 numbers for 2020 and 2021 are shown in table 11.

COVID-19

- There has been a continued increase in COVID-19 case numbers in the ACT.
- Based on PCR tests only, the test positivity rolling mean has increased this week to 30%, compared to 24% last week. High test positivity can be an indicator of high community transmission and undiagnosed cases of COVID-19.
- Case numbers are expected to continue to increase as the BA.5 subvariant becomes the dominant variant in the ACT.
- ACT hospitals continue to care for large numbers of patients affected by COVID-19.

INFLUENZA:

- Influenza case numbers in the ACT have decreased this reporting period compared to last week.
- Case numbers remain consistently highest in the 5-to-9-year age group.
- 41.5% of ACT residents aged six months or older have received an influenza vaccination, which is higher than the national coverage of 36%.

ACT COVID-19 and Influenza Epidemiology Overview

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Key statistics:

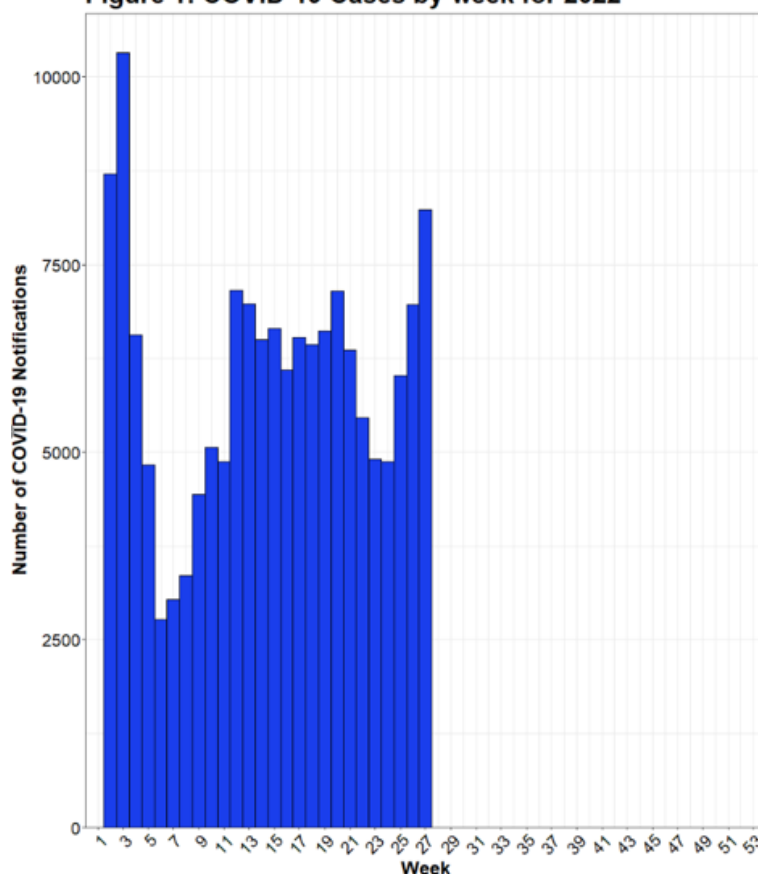
Table 1: COVID-19^a and laboratory-confirmed influenza notifications, 1 January to 3 July 2022

COVID-19 ^a		Influenza	
Week 27 ending 03/07/2022	Year To Date 2022	Week 27 ending 03/07/2022	Year To Date 2022
8,454	157,901	120	1,656

Notes:

^a Total COVID-19 cases identified by both Polymerase Chain Reaction (PCR) and Rapid Antigen Test (RAT) in the reporting week.

Figure 1: COVID-19 Cases by week for 2022



Notes:

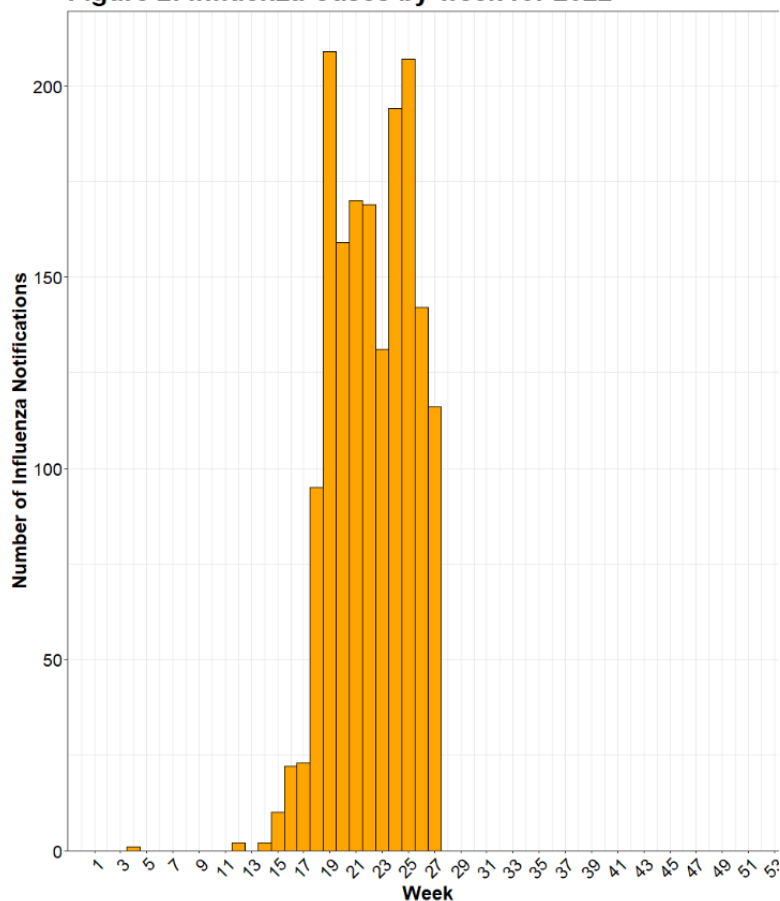
^aThe DIAGNOSIS DATE will be the TRUE ONSET DATE (symptom onset date) if known, otherwise it will be earliest of the SPECIMEN DATE, the NOTIFICATION DATE or the NOTIFICATION RECEIVED DATE.

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Figure 2: Influenza Cases by week for 2022



Notes:

^aNotification data was exported on 4 July 2022 for the ACT Notifiable Disease Management System for the 1 January 2022 to 4 July 2022, by date of specimen collection

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Table 2: COVID-19^a cases and laboratory-confirmed influenza notifications by age group, reporting period from 1 January 2022 to 3 July 2022

Age Group	WEEK 27 Ending 03/07/2022		Year To Date 2022	
	COVID-19 ^a	Influenza	COVID-19 ^a	Influenza
0-4	384	30	8,384	193
5-11	572	19	15,388	295
12-17	569	9	13,066	177
18-24	801	4	20,190	370
25-39	2,432	28	46,934	269
40-49	1,398	7	23,631	110
50-64	1,573	6	20,163	114
65+	725	17	10,144	128
Not stated/inadequately described	0	0	1	0
TOTAL	8,454	120	157,901	1,656

Note:

^aTotal COVID-19 cases identified by both Polymerase Chain Reaction (PCR) and Rapid Antigen Test (RAT) in the reporting week.

COVID-19 Vaccination statistics

80.6% VACCINATIONS (ONE DOSE: 5-11 YEARS OLD)	97.4% VACCINATIONS (TWO DOSES: 5 YRS+)	77.3% VACCINATIONS (THREE DOSES: 16 YRS+)
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Number of cases reported to be diagnosed with COVID-19 in the ACT

Table 6: COVID-19 cases status by test type

	Test type	WEEK 26	WEEK 27	2022 TOTAL ^{b,c}
		Ending 26/06/2022 ^a	Ending 03/07/2022 ^a	
New Cases	PCR	3,736	4,562	92,693
	RAT	3,115	3,892	65,208
	Total	6,851	8,454	157,901
New Deaths ^d			3	66

Note:

^aCases notified to and managed by ACT Health during the reporting period.

^bTotal cases since 1 January 2022.

^cTotal COVID-19 cases since 1 January 2022 may not reflect the sum of cases from last week's reporting period and this week's reporting period. Case numbers may change due to reclassifying some of the cases following further investigation or merging of duplicate records.

^dCOVID-19 deaths by reporting period are cases managed by ACT Health where the death occurred in the reporting period.

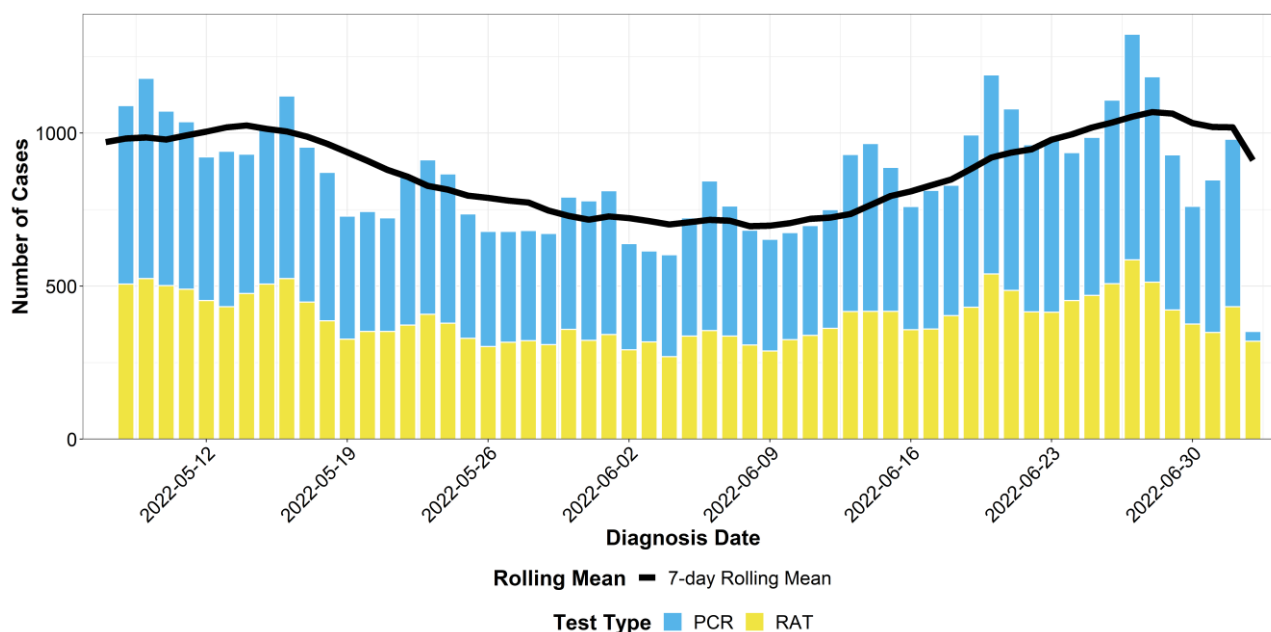
- Of the total 66 COVID-19 related deaths in 2022, two had received 4 doses of vaccine, 25 had received 3 doses of vaccine, 22 had received 2 doses of vaccine, four had received a single dose of vaccine, 10 were unvaccinated and the vaccination status of the remaining three is unverified.
- Of the new cases this week, 3% (234/8,454) were individuals who had more than one episode¹ of COVID-19 reported to ACT Health. This percentage is anticipated to increase over time as immunity wanes following COVID-19 infection, vaccination, and as the BA.5 subvariant replaces BA.2 as the dominant variant in the ACT and nationally.

¹ For this analysis, we have defined multiple episodes as a person who has an initial positive PCR/RAT and a subsequent positive PCR/RAT after the nationally recommended testing window that was current at the time of the subsequent test. This recommended testing window has changed to reflect evolving national guidance with a range of 4 to 12 weeks. It is possible that some individuals have not been included in this analysis due to the changing recommended testing periods, due to individuals having had an initial infection in a different location (i.e. not in ACT Health system). This number should not be taken as meaning reinfection as some instances of prolonged viral shedding may have been counted as a separate episode. Most of these episodes have not had Whole Genome Sequencing attempted on both samples (if both were PCR), so we are unable to confirm how many have been reinfection with a different variant/subvariant.

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Figure 4: COVID-19 cases (with 7-day rolling mean) by test type and diagnosis date^{ab}

Last 8 Weeks



Notes:

^aThe DIAGNOSIS DATE will be the TRUE ONSET DATE (symptom onset date) if known, otherwise it will be earliest of the SPECIMEN DATE, the NOTIFICATION DATE or the NOTIFICATION RECEIVED DATE.

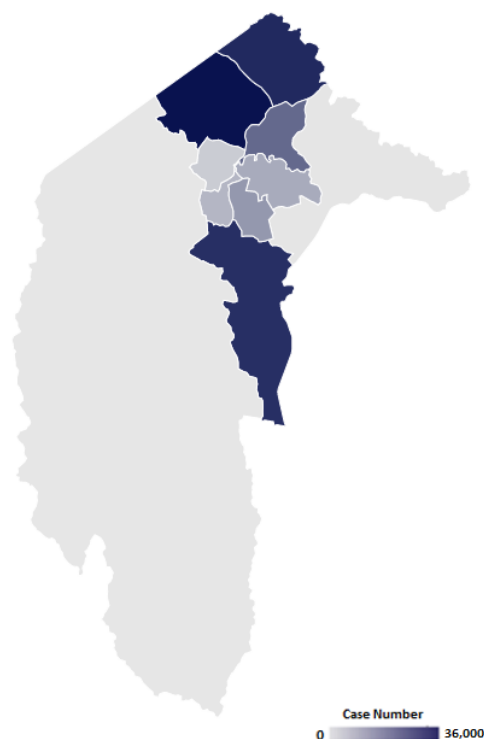
^bDue to the case processing system, there is a small portion of cases that will not appear before the end of the cut-off period. This will result in an under-reporting of the case numbers and average mean for the 48 hours prior to the cut-off period.

- COVID-19 case numbers have increased for the third week in a row this reporting period. There were 8,454 new cases reported in Week 27 (Monday 27 June 2022 to Sunday 3 July 2022) compared to 6,851 cases in Week 26. Total cases for Week 26 were previously reported as 6,917, which has decreased following data cleaning, including removal of duplicates.
- In Week 27 the 7-day rolling case mean (PCR and RATs) increased to 900-1000 cases per day, compared to 800-900 in Week 26.

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Figure 5: Map of COVID-19 cases by Statistical Area Level 3 (SA3) since 15 December 2021



SA3 Region ^a	Cases ^b
Belconnen	35,930
Canberra East	319
Gungahlin	32,018
Molonglo	4,625
North Canberra	20,971
South Canberra	10,174
Tuggeranong	30,883
Urriarra – Namadgi	184
Weston Creek	8,314
Woden Valley	13,387
Not available ^c	807
Outside ACT ^c	2,471
TOTAL^d	160,083

Notes:

^aData show cases confirmed by PCR notified to ACT Health since 15 December 2021 and probable cases identified by positive RAT from 8 January 2022 until the end of the reporting period (8pm, 3 July 2022). These data use the [Australian Statistical Geography Standard \(ASGS\) Edition 3](#).

^bThese data use multiple address identifiers to determine the SA3 region.

^cThere were 3,278 cases not included in the figure due to incomplete or inaccurate address data reported to ACT Health and/or residential address being outside the ACT.

^dTotal COVID-19 cases may not reflect the sum of cases from last week's reporting period and this week's reporting period. This difference in cases is due to ACT Health's case processing system reclassifying some cases following investigation, removal of duplicates, and other case processing activities. In addition, new cases may be identified in previous reporting periods due to the inter-jurisdictional reporting agreements on cases being managed by ACT Health (after receiving a positive COVID-19 test interstate).

ACT COVID-19 and Influenza Epidemiology Overview



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Table 7: COVID-19 cases by age group for reporting period

Age Group	WEEK 26 Ending 03/07/2022	WEEK 27 Ending 03/07/2022	Age Group Percentage (%) of TOTAL WEEK 27	Age Group Rate (per 100,000 population) of TOTAL WEEK 27
0-4	308	384	4.5%	1,416
5-11	554	572	6.8%	1,423
12-17	548	569	6.7%	1,921
18-24	631	801	9.5%	1,972
25-39	1,890	2,432	28.8%	2,334
40-49	1,186	1,398	16.5%	2,328
50-64	1,166	1,573	18.6%	2,223
65+	568	725	8.6%	1,215
Not stated/inadequately described ^a	0	0	0%	0
Total	6,851	8,454	100%	1,956

Source: ACT Health Data Repository (NDMS) and ACT Health REDCap Database.

Notes:

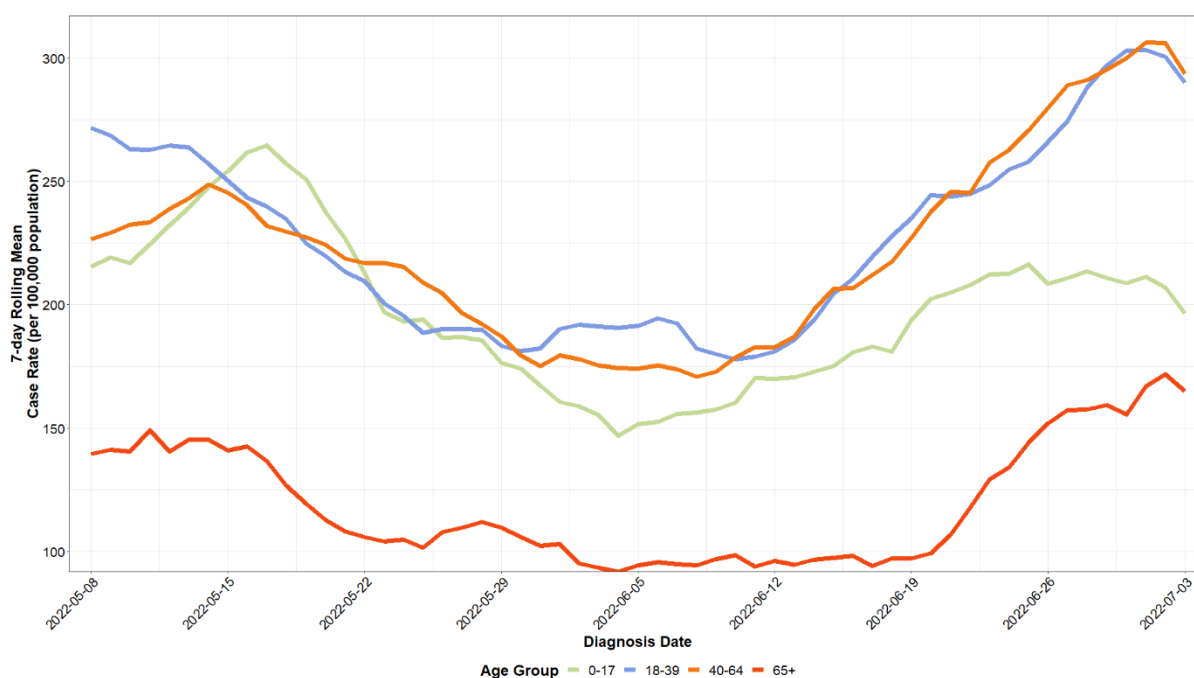
^aDates of birth were invalid or not available.

- Total reported cases numbers increased across all age groups this reporting period with the largest increase seen in the 25-39 age group, followed by those aged 50-64 and 40-49.

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Figure 6: Rolling mean of COVID-19 case rate by age group and diagnosis date^a

Last 8 Weeks



Notes:

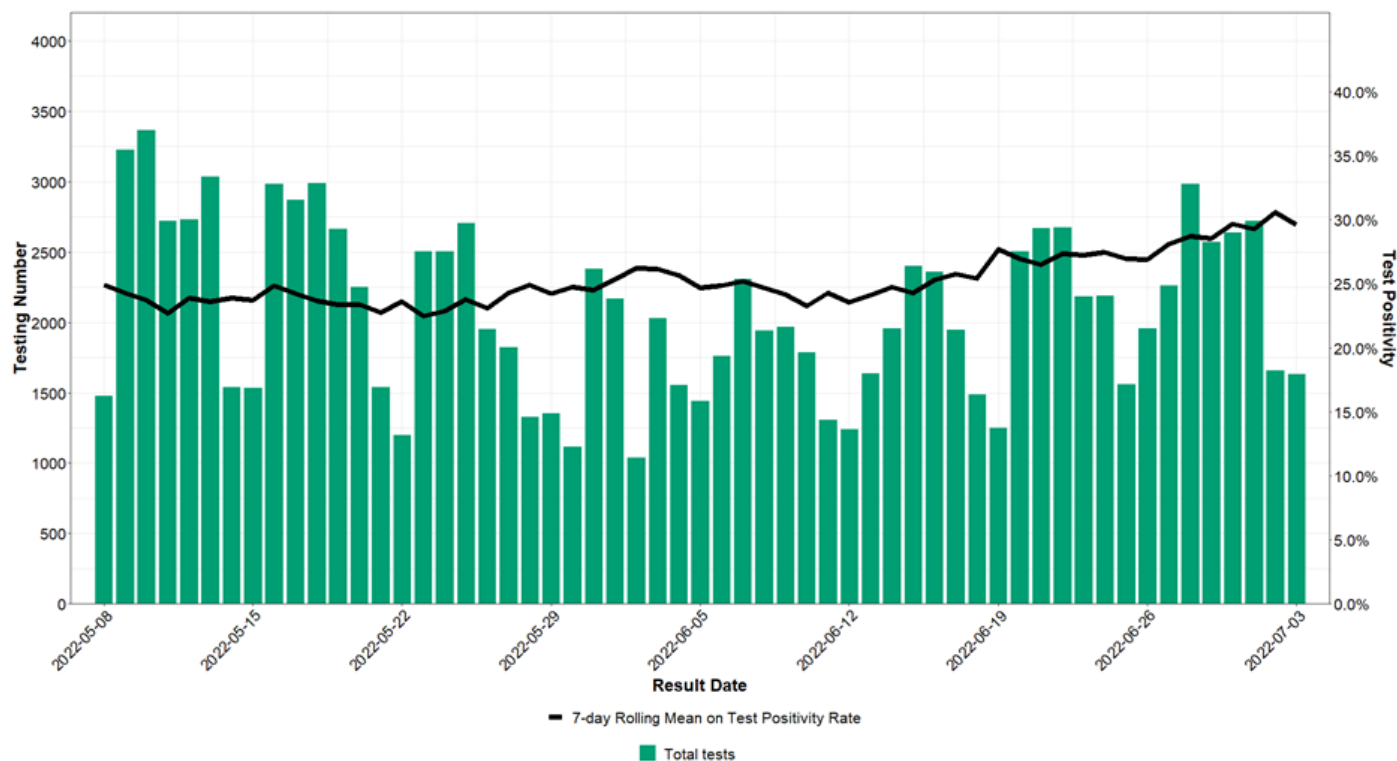
^aThe **DIAGNOSIS DATE** will be the **TRUE ONSET DATE** (symptom onset date) if known, otherwise it will be earliest of the **SPECIMEN DATE**, the **NOTIFICATION DATE** or the **NOTIFICATION RECEIVED DATE**

- The case rate is calculated as the number of reported cases divided by the population count of the people in the ACT in that age group multiplied by 100,000. The rolling mean is the average of the rate for that day and the previous 6 days. A rolling mean provides an average line over time and smooths out predictable peaks and troughs (e.g. case numbers usually decrease around weekends as there is less testing demand).
- In Week 27 there was an increase in the 7-day rolling average case for most age groups.

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Figure 7: Testing^a by result date with test positivity

Last 8 Weeks



Notes:

^aTesting number includes positive and negative tests for PCR only.

^bTest positivity is calculated as the number of positive PCR tests divided by the total number of PCR tests, both positive and negative. The rolling mean is the average of the test positivity for that day and the previous 6 days.

- Total PCR testing numbers have increased again this reporting period with a total of 16,583 PCR tests being conducted in Week 27. This compares to 15,600 tests in Week 26.
- Based on PCR tests only, the test positivity rolling mean has also increased this week to 30%, compared to 24% last week.
- High test positivity can be an indicator of high community transmission and undiagnosed cases of COVID-19.

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Table 8: COVID-19 cases by Aboriginal and/or Torres Strait Islander status for the reporting period

Indigenous Status	WEEK 27 Ending 03/07/2022	2022 TOTAL ^a
Aboriginal and/or Torres Strait Islander People	83	2,872 (2%)
Neither Aboriginal nor Torres Strait Islander People	5,207	12,6378 (80%)
Not stated/inadequately described ^b	248	6,131 (4%)
Not available ^c	2,916	22,520 (14%)
Total	8,454	157,901 (100%)

Notes:
^aTotal cases since 1 January 2022. Total cases may vary from week to week due to data cleaning and merging of records or receipt of retrospective surveys.
^bIndividuals have chosen not to identify their indigenous status.
^cNot available means no data were available in NDMS on Indigenous status identification

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COVID-19 Hospitalisation in the ACT

Table 9: COVID-19 cases^a by vaccination status and hospitalisation status (non-mutually exclusive^b)

Status (NON-MUTUALLY EXCLUSIVE) ^a	Unvaccinated N (%)	1 doses of COVID-19 vaccine N (%)	2 doses of COVID-19 vaccine N (%)	3 doses of COVID-19 vaccine N (%)	4 doses of COVID-19 vaccine N (%)	Unvalidated/ Unknown N (%)	2022 TOTAL
In hospital ^{bcd}	201 (19%)	31 (3%)	340 (32%)	414 (39%)	42 (4%)	32 (3%)	1,060 ^e
In ICU	17 (19%)	3 (3%)	33 (35%)	36 (37%)	2 (2%)	4 (4%)	95 ^e

Notes:

^aTotal cases since 1 January 2022.

^bCases are counted multiple times for the different types of hospital admissions (admitted to the hospital ward, ICU and receiving ventilation). Therefore, data in this table are not non-mutually exclusive.

^cCases admitted to an ACT hospital, including those with a residential address in the ACT or another state or territory.

^dHospitalisation is defined as a person being admitted to an ACT hospital for any reason and does not differentiate between a person admitted for COVID 19 related reasons or for other reasons.

^e25 cases were admitted to an ACT hospital with admission date prior to the reporting period. 0 cases were admitted to an ICU with an admission date prior to the reporting period.

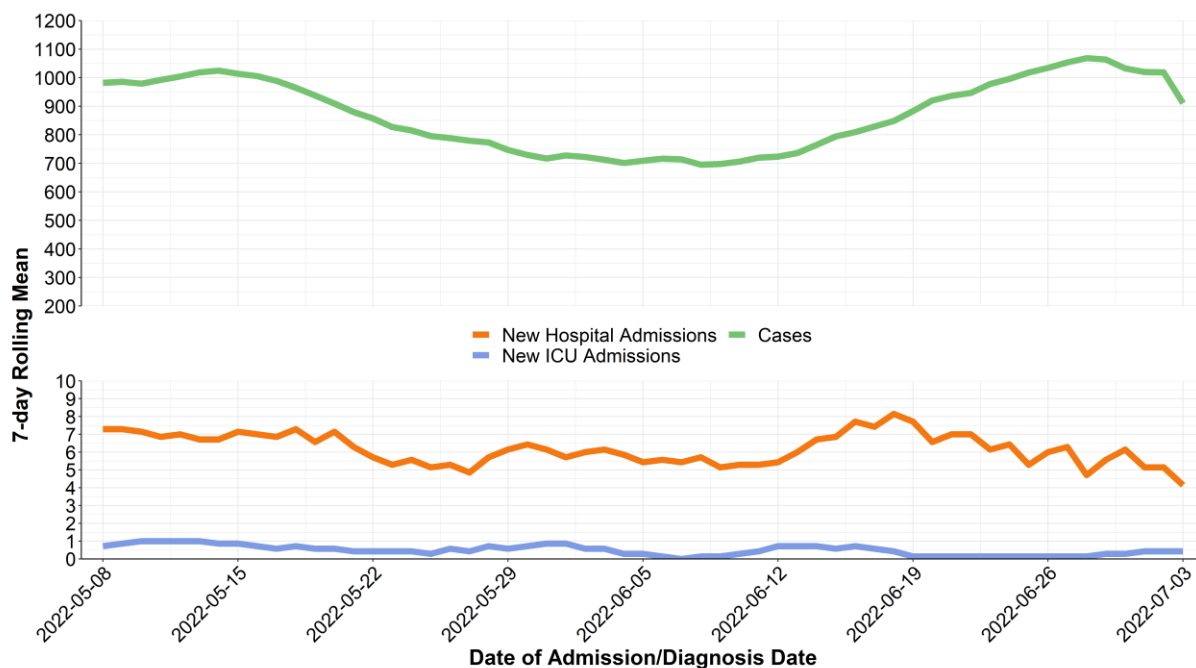
- ACT hospitals continue to care for a large number of patients affected by COVID-19.
- At the end of the reporting period (8pm on Sunday 3 July 2022), there were 135 inpatients across ACT hospitals; 42% (57/135) were more than seven days from the date of their initial COVID-19 positive test.

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Figure 8: Rolling mean of number of cases admitted^a to ACT hospitals and ICU, by date of admission, and cases by diagnosis date^b

Last 8 Weeks



Notes:

^aCases admitted to an ACT hospital, including those with a residential address in the ACT or another state or territory. If the case was admitted to an ACT hospital on multiple occasions, the earliest date of the hospital admission is used in the reporting week.

^bThe DIAGNOSIS DATE will be the TRUE ONSET DATE if known, otherwise it will be earliest of the SPECIMEN DATE, the NOTIFICATION DATE or the NOTIFICATION RECEIVED DATE.

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Table 10: Hospitalised COVID-19 cases by age group and vaccination status

Age Group	Unvaccinated N (%)	1 doses of COVID-19 vaccine N (%)	2 doses of COVID-19 vaccine N (%)	3 doses of COVID-19 vaccine N (%)	4 doses of COVID-19 vaccine N (%)	Unvalidated/ Unknown N (%)	2022 TOTAL
0–17	99 (71%)	11 (8%)	27 (19%)	1 (1%)	0 (0%)	1 (1%)	139 (100%)
18–39	24 (13%)	6 (3%)	94 (49%)	63 (33%)	1 (1%)	3 (2%)	191 (100%)
40–64	30 (12%)	6 (2%)	88 (36%)	104 (43%)	7 (2%)	7 (3%)	240 (100%)
65+	48 (10%)	8 (2%)	132 (27%)	246 (50%)	35 (7%)	21 (4%)	490 (100%)
2022 TOTAL^{a,b}	201 (19%)	31 (3%)	341 (32%)	414 (39%)	43 (4%)	32 (3%)	1062 (100%)

Notes:

^aCases admitted to an ACT hospital, including those with a residential address in the ACT or another state or territory. Since 1 January 2022.

^b25 cases were admitted to an ACT hospital with admission date prior to the reporting period. 0 cases were admitted to an ICU with an admission date prior to the reporting period.

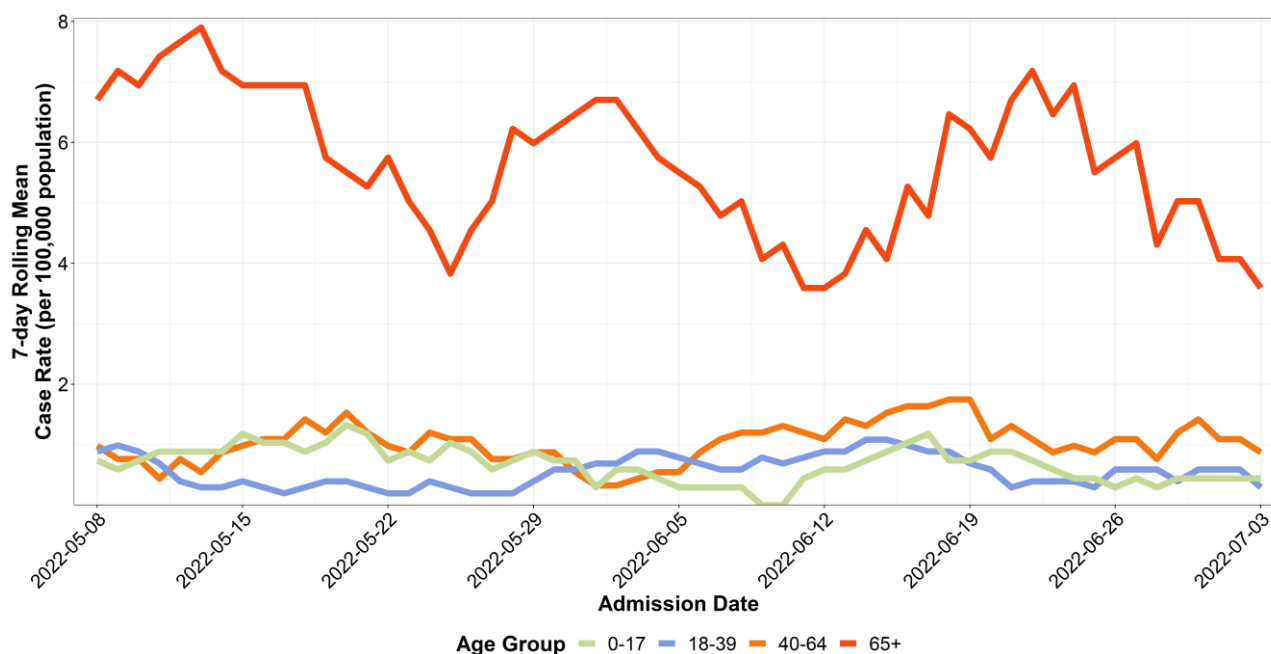
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Figure 9: 7-Day Rolling mean of hospitalised^a COVID-19 case rate by date of new admission

Last 8 Weeks



Note:

^aCases admitted to an ACT hospital, including those with a residential address in the ACT or another state or territory. If the case was admitted to an ACT hospital on multiple occasions, the earliest date of the hospital admission is used in the reporting week. Admissions are counted whether it was for COVID-related reasons or for other reasons.

- There were 30 new hospital admissions (by date of admission) reported to ACT Health in Week 27. This compares to 42 new hospital admission reported in Week 26. Note that the figure for Week 26 was previously reported as 30 and has since been corrected to reflect additional data received.
- An additional 12 individuals with the hospital admission date prior to Week 26 have been identified and included in the total number of hospital admissions since the start of the pandemic.
- The average age of the new admissions in Week 27 was 63 years (range 0-97 years).
- Hospitalisations continue to be consistently highest in the 65+ age group despite being the age group with the lowest case rate. This highlights the increased risk of severe disease including hospitalisation in this older age group.
- There were three new admissions to the ICU reported to ACT Health in Week 27.
- Since 1 January 2022, approximately 58% (54/93) of cases with a known vaccination status admitted to the ICU had received fewer than 3 doses of vaccine at the time of their admission² and 20% (19/93) of cases were unvaccinated at the time of their admission.

² This figure only accounts for cases admitted to the ICU who were eligible for 3 doses of COVID-19 vaccine at the time of their admission.

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Historical COVID-19 Cases

Table 11: ACT COVID-19 Case^a totals by year

Year	Total cases
2020	118
2021	4,261
YTD 2022 ^b	157,901

Note:

^a COVID-19 cases notified to and managed by ACT Health during the reporting period

^b From 1 January 2022 until 8pm 3 July 2022

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COVID-19 Whole Genome Sequencing

- Since 1 January 2022, Whole Genome Sequencing (WGS) has been attempted on approximately 7% (6,811/97,072) of all PCR-positive tests for COVID-19 in the ACT³.
- No recombinant COVID-19 infections⁴ were recorded during the reporting period, the last recombinant (XM) was detected in Week 24.
- No mixed COVID-19 infections⁵ were recorded during the reporting period. Six mixed infections have been previously identified in the ACT with the last recorded in mid-March 2022.
- Of the cases with sequencing results in Week 27, 60% (74/124) were BA.5, 35% (44/124) were BA.2, with the remaining samples returning as BA.2.12.1 or BA.4.
- The proportion of BA.5 detected on samples sent for WGS in the ACT continues to increase from 33% in Week 26, and 22% in Week 25. This aligns with the prediction that BA.5 is expected to become the dominant strain in the ACT and Australia.

Institutional Outbreaks of Influenza and COVID-19

- At the end of Week 27, there were four COVID-19 outbreaks in ACT RACFs⁶. A total of 28 new cases in residents of these facilities were reported during the reporting period.
- In Week 27, 36 disability support providers were affected by COVID-19 exposures. An additional 14 service providers reported exposures to ACT Health in this week where the actual exposure occurred prior to Week 27.
- In Week 27, there was one influenza A outbreak⁷ reported in an ACT RACF of less than 5 cases.

³ WGS is prioritised for cases from outbreaks in high-risk settings, recently returned overseas travellers, hospitalised cases, deaths, and a small proportion of other community cases and therefore may not be representative of the entire ACT community.

⁴ A recombinant variant is where two strains have shared genetic material to form a new variant.

⁵ A mixed infection is defined as a case being simultaneously infected with two different COVID-19 strains.

⁶ As of 16 June 2022, a RACF COVID-19 outbreak and Influenza outbreak is defined as when two (2) or more residents test positive within a 72-hour period.

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COVID-19 Vaccination Coverage in the ACT

Table 12: COVID-19 vaccination coverage rates for ACT residents by age group, as of 04 July 2022

Age Group	Dose 1	Dose 2	Dose 3	Dose 4
5-11	80.6%	69.0%	0.1%	-
12-15	>99%	97.2%	1.6%	-
16-29	>99%	97.7%	61.0%	0.7%
30-39	>99%	98.2%	71.0%	1.1%
40-49	>99%	98.9%	80.6%	2.2%
50-69	>99%	98.7%	87.2%	15.2%
70+	>99%	98.5%	91.5%	63.0%
Total 5 and over	>99%	97.3%	67.4%	11.1%
Total 16 and over	>99%	98.4%	77.1%	12.7%

Source: Australian Immunisation Register, QLIK reports. Population estimates are sourced from ACT Government Treasury projections, 2021 estimate.

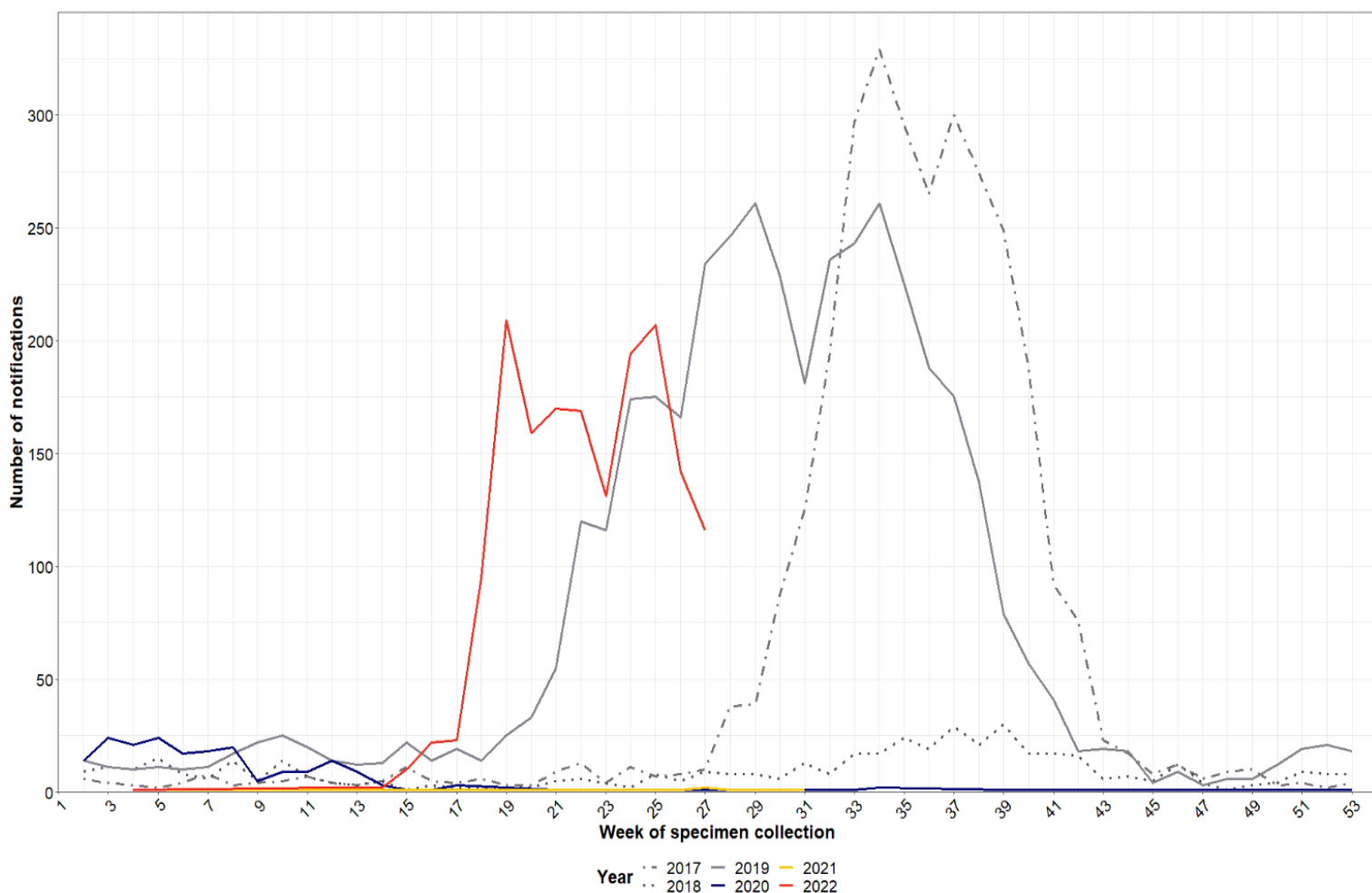
- Notes:
- ^aPopulation change is occurring in the ACT including interstate and overseas migration into and out of the ACT. Vaccination rates are affected by these changes.
 - ^bThere were 1,233 third doses administered prior to the approval of third doses for severely immunocompromised people on 8 October 2021.
 - ^cThird doses cannot be distinguished from boosters in AIR reporting.
 - ^dThere were 3,280 fourth doses administered prior to the commencement of the administration of winter (second) boosters. Fourth doses cannot be distinguished from second boosters in AIR reporting.
 - ^eACT residential status is determined by residential address given at the time of vaccination. This may differ from a person's Medicare address.
 - ^fPostcode 2901 is excluded from counting as this postcode lists vaccines administered under the Commonwealth COVID-19 Vaccination Program for persons that do not disclose their address, or for whom there is no known address. It includes national residents.
 - ^gWhere first dose vaccinations to ACT residents are greater than the estimated number of ACT residents, the population estimate is revised to equal the number with a first dose.

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Number of notifications for laboratory-confirmed influenza in the ACT

- Between 1 January 2022 and 3 July 2022, there were 1,656 notifications of influenza to ACT Health from laboratories. Of these, 120 had their specimens collected in Week 27.
- Since 1 January 2022, notification rates for influenza have been highest for the 5-9 years age group and are lowest in the 65 years + age group. This may reflect health-seeking and testing behaviours.

Figure 3: Number of influenza notifications, by week and year of specimen collection, notifications received to 3 July 2022, ACT.



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**Table 3: Number and proportion of influenza notifications by age group
1 January 2022 to 3 July 2022, ACT**

Age Group	Number of Notifications	Proportion of Notifications (%)	Rate (notifications per 100,000 age specific population)
0-4	193	12%	711.5
5-9	235	14%	809.6
10-19	395	24%	784.8
20-64	705	42%	265.6
65+	128	8%	214.5
TOTAL	1,656	100%	383.7

Notes:

^aData provided for the current and most recent weeks may be incomplete. All data is preliminary and subject to change as updates are received.

^bNotification data was exported on 4 July 2022 for the ACT Notifiable Disease Management System for the 1 January 2022 to 4 July 2022, by date of specimen collection. Rate are calculated using ABS resident population estimates for September 2021.

Influenza vaccination coverage

- Free influenza vaccines are available under the National Immunisation Program for:
 - All children aged 6 months to under 5 years,
 - People aged 6 months and over with a medical condition that increase risk of influenza complications,
 - Aboriginal and/or Torres Strait Islander people aged 6 months and over,
 - Anyone pregnant (at any stage of pregnancy), and
 - People aged 65 and older.
- In 2022 in the ACT, people aged 5 and older with a disability, their carers and concessions card holders (including the ACT Services Access Card) can receive a free influenza vaccination.

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Table 4: Influenza vaccination coverage by jurisdiction, all residents, 3 July 2022

	ACT	NSW	VIC	QLD	SA	WA	TAS	NT	AUS
6 mo - <5 yrs	43.5	27.0	32.1	21.6	27.5	20.3	28.9	25.7	26.8
5 - <15 yrs	25.1	20.4	24.8	17.6	22.5	16.0	21.6	14.4	20.6
15 - <50 yrs	33.9	24.9	29.2	23.2	31.5	21.8	29.3	21.9	26.0
50 - <65 yrs	49.2	41.1	45.5	41.7	50.8	39.9	50.7	29.1	43.1
≥65 yrs	70.4	64.9	68.9	66.7	74.2	66.8	73.6	39.0	67.3
Total (≥6mo)	41.5	35.0	38.9	33.5	42.8	31.9	42.3	24.6	36.0

Source: [National Centre for Immunisation Research and Surveillance Australia](#), AIR data⁷ as at 3 July 2022.

⁷ Considerations when using AIR data in relation to influenza:

- Influenza vaccination data is not directly comparable across years due to a range of factors, including:
 - The introduction of mandatory reporting of influenza vaccines to the Australia Immunisation Register (AIR) on 1 March 2021.
 - The impact of the COVID-19 pandemic and national and local responses to the pandemic over time.
 - Early in the influenza season, the timing of seasonal events such as Easter.
 - Timing of vaccines provided by pharmaceutical companies for clearance through the TGA.
 - Supply of vaccines and commencement of flu season.
- Vaccinations reported to the AIR are more comprehensive and accurate since 2021 due to the introduction of mandatory reporting.
- Vaccinations where the person has since been 'end dated' in the Medicare Consumer Directory (due to death, emigration, etc) are included in the data.
- Data includes influenza vaccinations given to Medicare eligible and non-Medicare eligible individuals.
- The counted values represent a count of all vaccination episodes.
- The 'vaccination episode' is linked to a state or territory based on the vaccination individuals Medicare residentially address at the time of the report's creation.
- There is a 'reporting lag' for the AIR data, as vaccine providers can upload the immunisation encounter days or weeks after the actual encounter occurs. The result of this 'reporting lag' is the immunisation figures for the current day/week appearing as lower than the reality of the situation.
- AIR is unable to identify individuals receiving a National Immunisation Program-funded vaccine due to a medical condition or pregnancy.

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Table 5: Influenza vaccination coverage by jurisdiction, Aboriginal and/or Torres Strait Islander residents, 3 July 2022

	ACT	NSW	VIC	QLD	SA	WA	TAS	NT	AUS
6 mo - <5 yrs	26.1	16.6	19.0	12.8	15.2	12.2	20.3	28.8	16.0
5 - <15 yrs	17.8	14.9	16.6	12.3	14.6	12.5	17.3	22.1	14.6
15 - <50 yrs	24.2	18.7	22.0	17.6	22.6	17.7	24.3	30.5	20.2
50 - <65 yrs	48.5	44.6	46.9	41.7	48.7	38.8	57.1	46.6	44.1
≥65 yrs	70.7	69.2	70.8	62.9	68.7	56.4	79.3	51.7	65.1
Total (≥6mo)	28.2	24.1	27.4	21.0	25.9	20.4	30.5	32.0	24.1

Source: [National Centre for Immunisation Research and Surveillance Australia](#), AIR data¹ as at 3 July 2022.

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Explanatory Notes:

Reporting period is Monday 27 June 2022 to Sunday 3 July 2022 inclusive, Epidemiological Week 27.

COVID-19

This report analyses COVID-19 case notifications, positive by Polymerase Chain Reaction (PCR) or Rapid Antigen Test (RAT) self-declaration, received by ACT Health. Some data in this report is based on online surveys sent to everyone who tests positive for COVID-19 in the ACT, by both PCR and RAT.

All analysis is based on data available in the ACT Health Notifiable Disease Management System (NDMS) at the time of reporting and is subject to change. There may be case notifications received after the release of the report that fall within the reporting period. Additionally, case numbers may change due to reclassifying some of the cases following further investigation or merging of duplicate records. These will be reflected in subsequent reports.

All case notification data is for ACT residents or non-ACT residents who fall under the management of ACT Health (i.e. they have a residential address outside the ACT but will remain in the ACT for their period of isolation). Other case notifications that have a residential address outside the ACT have been excluded.

ACT Health must balance the importance of transparency with its legal and ethical obligations to maintain the confidentiality of the personal health information of individuals. As such, not all data tables are updated every week if the count difference between the weeks is fewer than five and if there is a chance of individuals being identified.

Diagnosis date is used to estimate the disease activity within the reporting period. This date represents when a person reported that their symptoms started, or the earliest of the date the PCR was collected/positive RAT was declared, or the date ACT Health received the positive PCR/RAT declaration. Due to potential delays in people seeking a COVID-19 test and the time taken for the test to be notified, the diagnosis date and notification date may differ by several days. This can result in underestimates of case numbers late in the reporting period, with data often appearing to trend down. This should be interpreted with caution and may smooth out or increase in subsequent reports as further notifications are received and data is reanalysed.

Daily case reporting by ACT Health represents COVID-19 case notifications received in the past 24 hours, also known as the notification received date. The notification received date provides a useful 'snapshot' of COVID-19 numbers over a shorter time. The diagnosis date can differ from the notification received date, as explained above, hence why case numbers in this report may not match the number of cases reported daily elsewhere for the same period.

Age is calculated as the age of the person on the date when their PCR specimen was collected, collected, or the positive RAT was declared.

All cases are asked if they identify as Aboriginal and/or Torres Strait Islander in the online survey. People may choose to answer this question as 'not stated'. ACT Health attempts to contact all those that have not responded to their case survey. No data will be available for this question if a person refuses to respond to their survey or for a small proportion of people who ACT Health is unable to contact.

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Hospitalisation is defined as a person admitted to an ACT hospital for any reason and does not differentiate between a person admitted for COVID-19 related reasons or for other reasons. It may also include those with a residential address outside the ACT. Those admitted may be active or cleared cases as defined by the CDNA National Guidelines for Public Health Units. ACT Health may receive notification of a case being admitted to hospital after the release of the report that falls within the reporting period. These will be reflected in subsequent reports.

Vaccination status is based on Australian Immunisation Register (AIR) records. Where a vaccination status is listed as 'unknown', this is because no record was found for the individual in AIR or the record was not accessible. Hospitalised cases, deaths and people who identify as Aboriginal and/or Torres Strait Islander with missing vaccination statuses are prioritised for review and the data updated accordingly.

The definition of a COVID-19 related death for surveillance purposes is according to the COVID-19 SoNG. A COVID-19 related death is reported if the person dies with COVID-19, though it may not be the primary cause of death. Deaths under investigation by the coroner will not be reported until the findings have been issued. ACT Health may receive notifications of COVID-19 related deaths after the release of the report that fall within the reporting period. These will be reflected in subsequent reports. COVID-19 related deaths are reported by the date of death, as recorded on the death certificate.

Whole Genome Sequencing (WGS) is currently being prioritised for cases from outbreaks in high-risk settings, recently returned overseas travellers, hospitalised cases, deaths and a small proportion of other community cases.

Laboratory-confirmed influenza

This report analyses laboratory-confirmed cases of influenza reported to ACT Health.

Data provided for the current and most recent weeks may be incomplete. All data are preliminary and subject to change as updates are received.

Notification data include all cases diagnosed in residents of the ACT. Generally, notified cases represent only a small proportion of cases of influenza occurring in the community.

Due to the COVID-19 pandemic, interpretation of 2020-2022 influenza notification data should consider: the impact of travel restrictions, quarantine, and social distancing measures; likely changes in health seeking behaviour of the community; and focused testing for COVID-19 response activities.

From 01/01/2022, the laboratory-confirmed influenza case definition changed for serology now requiring multiple samples showing a significant increase in the immune response to infection or the detection of infection-specific antibodies from infection. This change has minimal impact on the interpretation of influenza notification trends.

Notification data were exported on 3 May 2022 from the ACT Notifiable Disease Management System for the period 1 January 2017 to 24 April 2022, by date of specimen collection.