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## Report for Week ending 10 July 2022

**Reporting period Monday 4 July to Sunday 10 July inclusive**

### Key statistics

#### COVID-19:

- There has been a continued increase in COVID-19 case numbers in the ACT this week.
- 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 patient 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.
- 42.3% of ACT resident aged 6 months or older have received an influenza vaccination, which is higher than the national coverage of 36.7%.

**Table 1: COVID-19<sup>a</sup> and laboratory-confirmed influenza notification,  
1 January 2022 to 10 July 2022**

COVID-19 <sup>a</sup>		Influenza	
Week 28 ending 10/07/2022	Year To Date 2022	Week 28 ending 10/07/2022	Year To Date 2022
8,789	166,566	81	1,748

Notes:

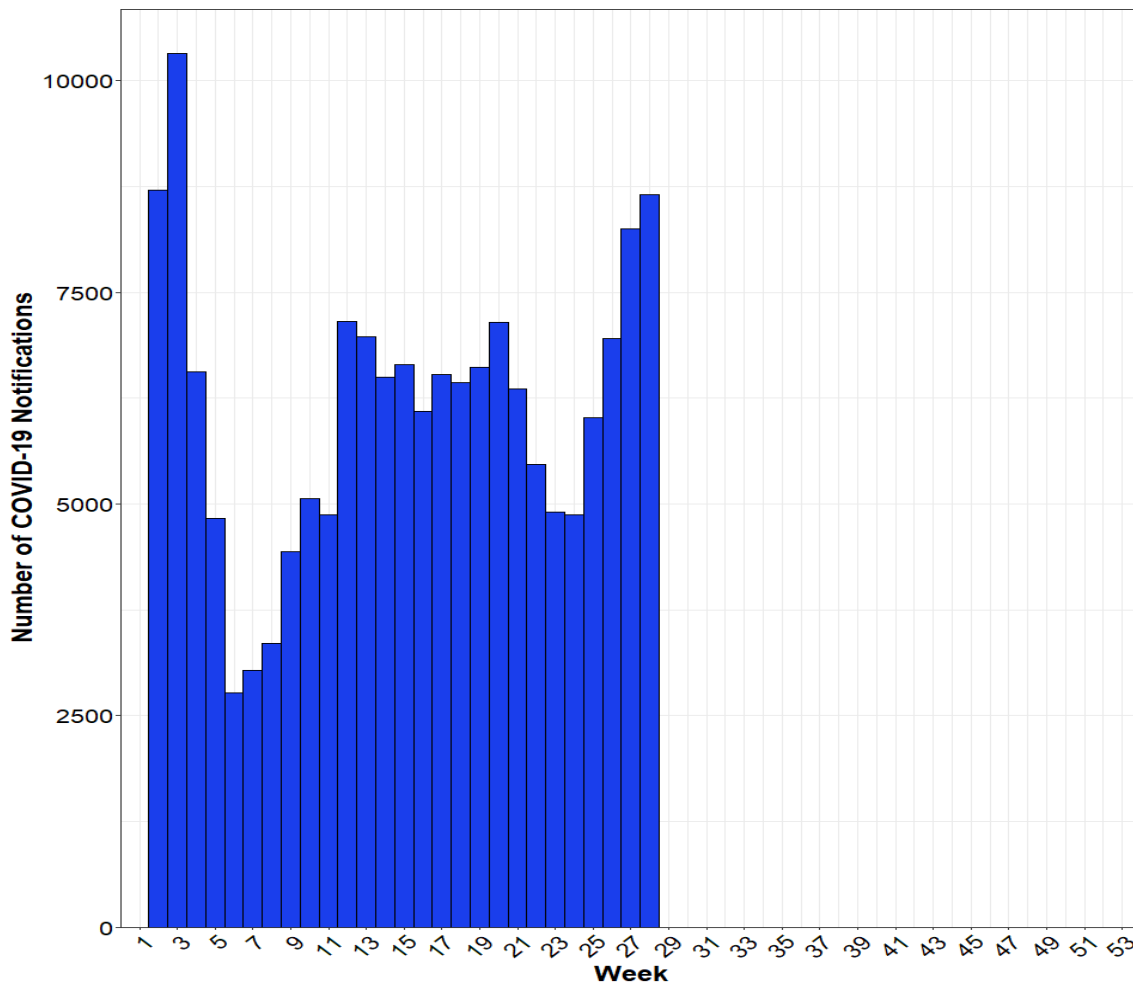
<sup>a</sup> Total COVID-19 cases identified by both Polymerase Chain Reaction (PCR) and Rapid Antigen Test (RAT) in the reporting week.

# ACT COVID-19 and Influenza Epidemiology Overview

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**Figure 1: COVID-19 cases by week of diagnosis<sup>a</sup> for 2022**



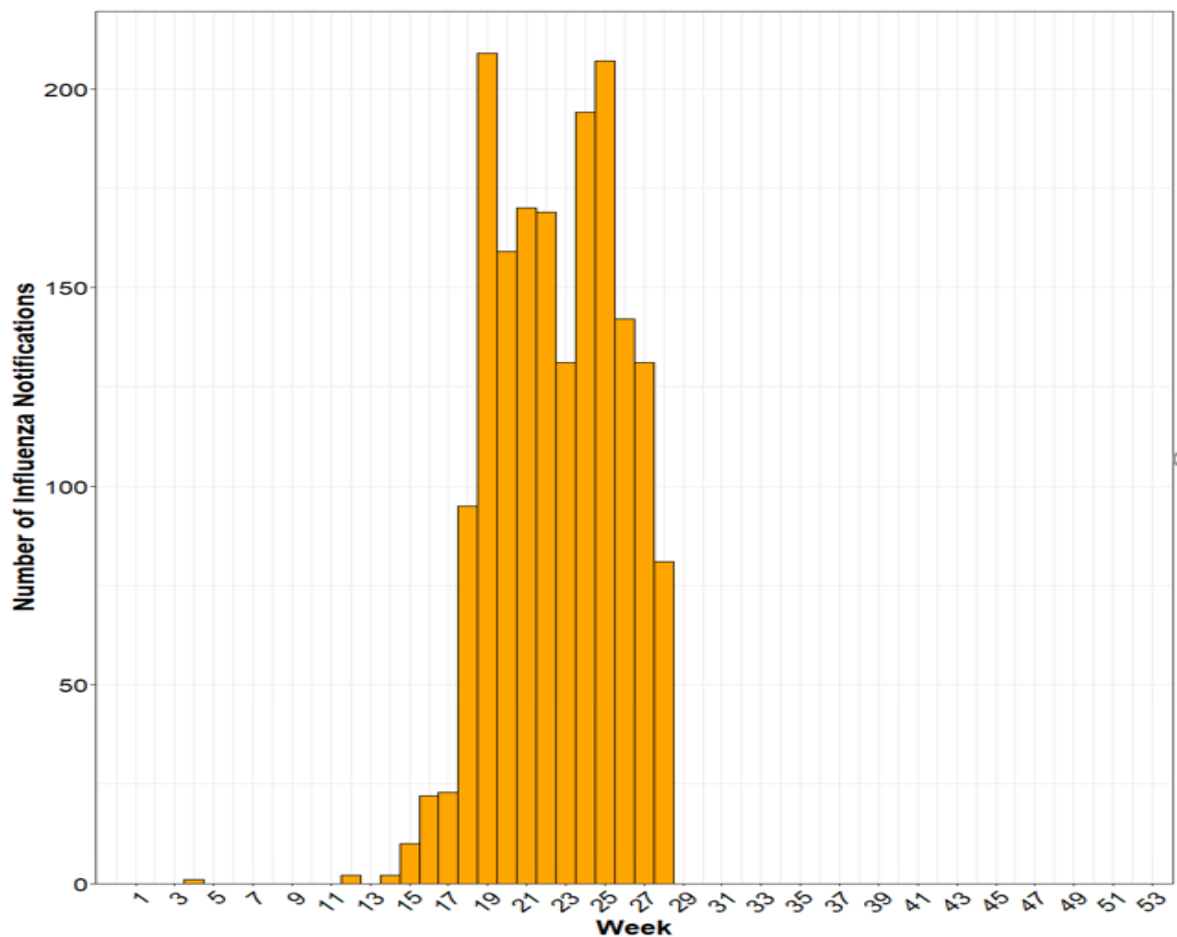
Notes:

<sup>a</sup>The 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 of specimen collection date<sup>a</sup> for 2022**



Notes:

<sup>a</sup>Notification data was exported on 11 July 2022 for the ACT Notifiable Disease Management System for the 1 January 2022 to 11 July 2022, by date of specimen collection

# ACT COVID-19 and Influenza Epidemiology Overview



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**Table 2: COVID-19<sup>a</sup> and laboratory-confirmed influenza notifications by age group, reporting period and year to date**

WEEK 28 Ending 10/07/2022			Year To Date 2022	
Age Group	COVID-19	Influenza	COVID-19	Influenza
0–4	376	15	8,755	210
5–11	506	13	15,883	310
12–17	532	4	13,588	181
18–24	754	7	20,921	379
25–39	2,445	15	49,344	284
40–49	1,575	7	25,183	120
50–64	1,679	8	21,810	122
65+	922	12	11,081	142
Not stated/inadequately described	0	0	1	0
<b>TOTAL<sup>b</sup></b>	<b>8,789</b>	<b>81</b>	<b>166,566</b>	<b>1,748</b>

Notes:

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

<sup>b</sup> Total cases identified by both PCR and RAT. Total cases may not reflect the sum of new cases from last week and the total from the previous week. This difference in total cases is due to ACT Health's case processing system, including reclassifying some of the cases following investigation or merging of duplicate records.

## COVID-19 Vaccination statistics

80.6% VACCINATIONS (ONE DOSE: 5-11 YEARS OLD)	97.4% VACCINATIONS (TWO DOSES: 5 YRS+)	77.4% VACCINATIONS (THREE DOSES: 16 YRS+)
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## Number of cases reported to be diagnosed with COVID-19 in the ACT

**Table 3: COVID-19 Cases status by test type**

	Test type	WEEK 27	WEEK 28	2022 TOTAL <sup>b,c</sup>
		Ending 03/07/2022 <sup>a</sup>	Ending 10/07/2022 <sup>a</sup>	
New Cases	PCR	4,555	4,816	97,510
	RAT	3,774	3,973	69,056
	<b>Total</b>	<b>8,329</b>	<b>8,789</b>	<b>166,566</b>
New Deaths <sup>d</sup>		3	3	69

Note:

<sup>a</sup> Cases notified to ACT Health during the reporting period.

<sup>b</sup> Total cases since 1 January 2022.

<sup>c</sup> Total COVID-19 cases since March 2020 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.

<sup>d</sup> COVID-19 deaths by reporting period are cases managed by ACT Health where the death occurred in the reporting period.

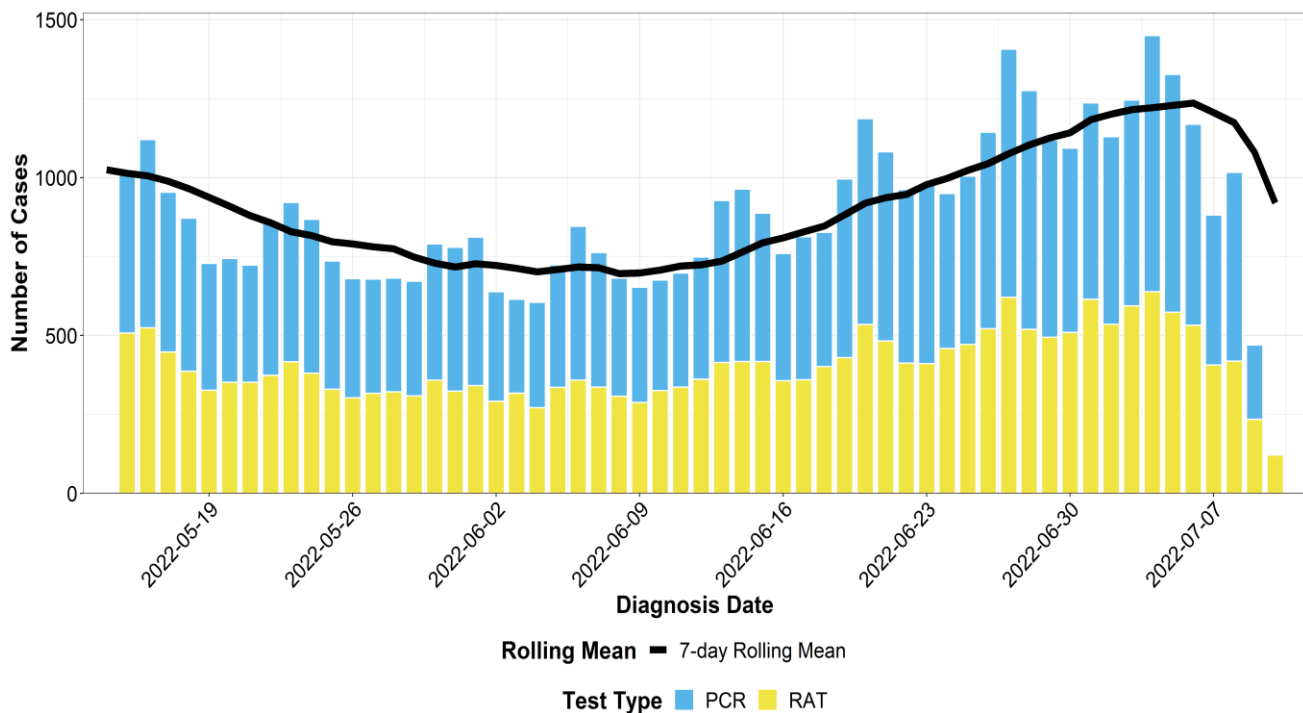
- Vaccination status of the COVID-19-related deaths has not been included this reporting period due to the additional number of deaths being fewer than five. Please refer to the [report week ending 3 July 2022](#) (Week 27) for the vaccination status of deaths to that date.
- Of the new cases this week, 3% (250/8,789) were individuals who had more than one episode<sup>1</sup> of COVID-19 reported to ACT Health. The number of people with repeat infections in the ACT 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.

<sup>1</sup> 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 3: COVID-19 cases (with 7-day rolling mean) by test type and diagnosis date<sup>a,b</sup>**

## Last 8 Weeks



### Notes:

<sup>a</sup>The 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.

<sup>b</sup>Due 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 which artificially indicates a downward trend at the end of the graph.

- COVID-19 case numbers have increased for the fourth week in a row this reporting period. There were 8,789 new cases reported in Week 28 (Monday 4 July 2022 to Sunday 10 July 2022) compared to 8,329 cases in Week 27. Total cases for Week 27 were previously reported as 8,454, which has decreased following data cleaning, including removal of duplicates.
- In Week 28 the 7-day rolling case mean (PCR and RATs) increased to 1100-1200 cases per day, compared to 900-1000 in Week 27.

# ACT COVID-19 and Influenza Epidemiology Overview



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**Figure 4: Map of COVID-19 cases by Statistical Area Level 3 (SA3) since 15 December 2021**



SA3 Region <sup>a</sup>	Cases <sup>b</sup>
Belconnen	37,845
Canberra East	340
Gungahlin	33,610
Molonglo	4,854
North Canberra	22,144
South Canberra	10,871
Tuggeranong	32,569
Urriarra - Namadgi	194
Weston Creek	8,793
Woden Valley	14,071
Not available <sup>c</sup>	899
Outside ACT <sup>c</sup>	2,558
<b>TOTAL<sup>d</sup></b>	<b>168,748</b>

**Notes:**

<sup>a</sup>Data 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, 10 July 2022). These data use the [Australian Statistical Geography Standard \(ASGS\) Edition 3](#).

<sup>b</sup>These data use multiple address identifiers to determine the SA3 region.

<sup>c</sup>There were 3,457 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.

<sup>d</sup>Total 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 4: COVID-19 cases by age group for reporting period**

Age Group	WEEK 27 Ending 03/07/2022	WEEK 28 Ending 10/07/2022	Age Group Percentage (%) of TOTAL WEEK 28	Age Group Rate (per 100,000 population) of TOTAL WEEK 28
0–4	382	376	4.3%	1,386
5–11	564	506	5.8%	1,258
12–17	559	532	6.1%	1,797
18–24	781	754	8.6%	1,856
25–39	2,403	2,445	27.8%	2,346
40–49	1,376	1,575	17.9%	2,623
50–64	1,456	1,679	19.1%	2,372
65+	718	922	10.5%	1,545
Not stated/inade- quately described <sup>a</sup>	0	0	0%	0
<b>Total</b>	<b>8,329</b>	<b>8,789</b>	<b>100 %</b>	<b>2,033</b>

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

Notes:

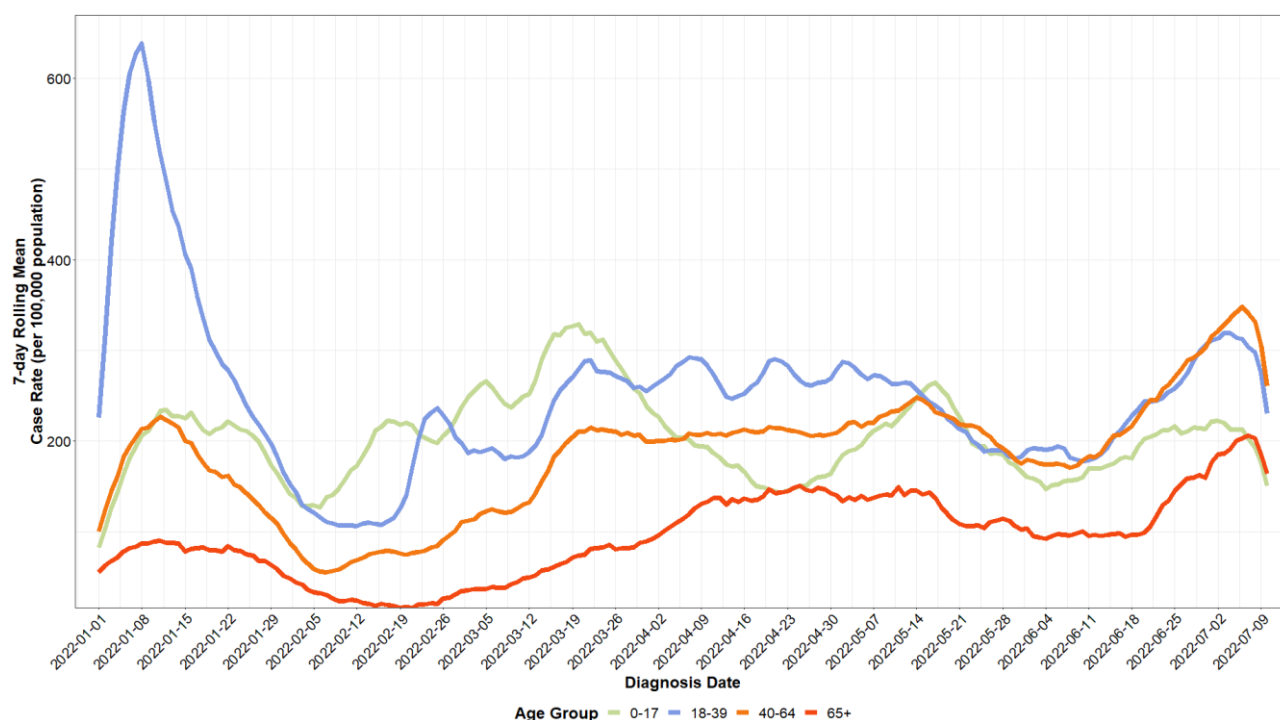
<sup>a</sup> Dates of birth were invalid or not available



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**Figure 5: Rolling mean of COVID-19 case rate by age group and diagnosis date<sup>a</sup>**

**Since 1 January 2022**



Notes:

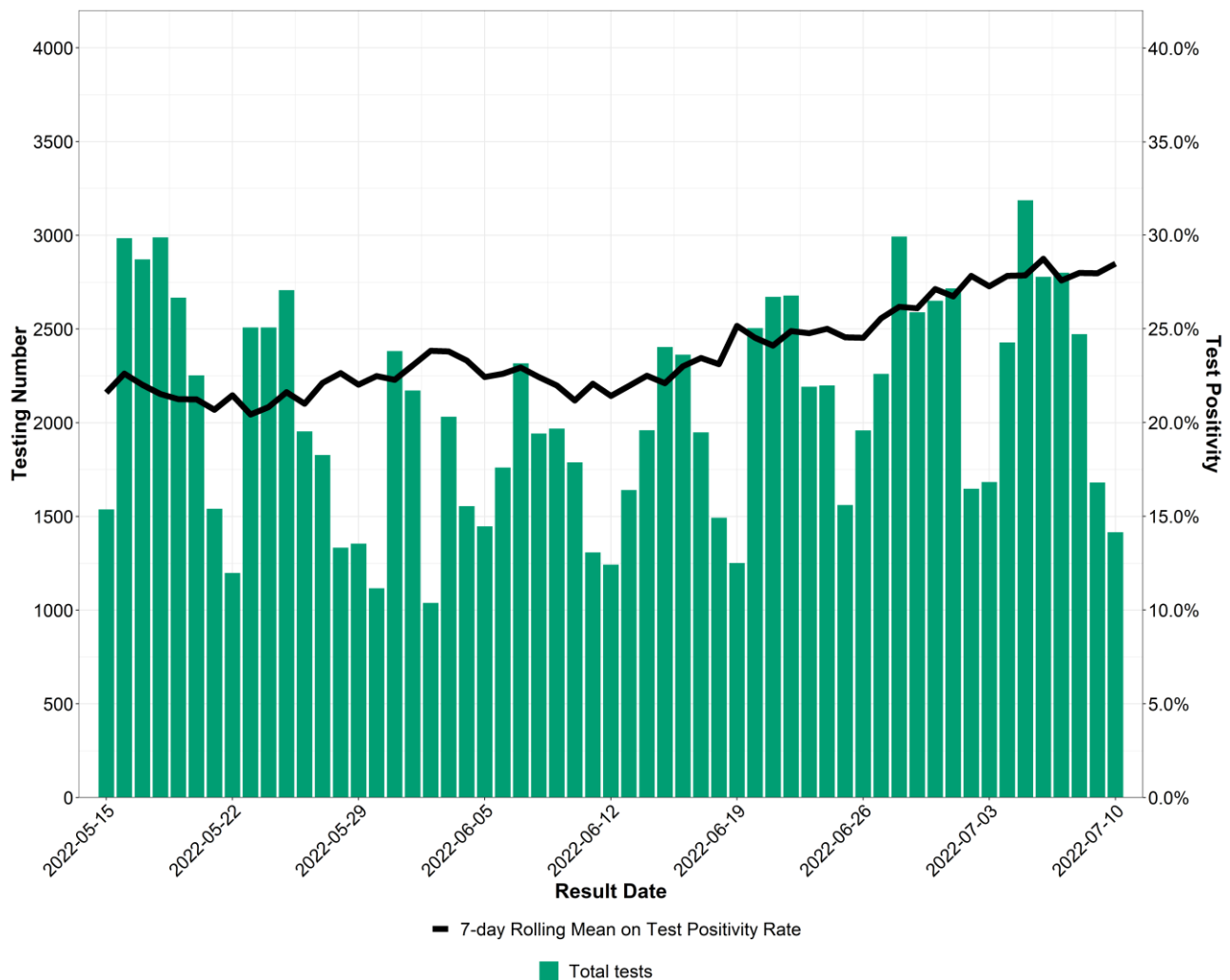
<sup>a</sup>The DIAGNOSIS DATE will be the TRUE ONSET DATE (symptom onset date) if known, otherwise it will be earliest of the SPECIMEN DATE, the NOTIFICATION DATE or the NOTIFICATION RECEIVED DATE

- 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 28, the 7-day rolling average case rate for 0-17 remained stable and saw a slight increase for the remaining age groups.
- The 7-day rolling average case rate in both the 40-64-year age group and the 65+-year age group is the highest it has been in the ACT. This reporting period the 65+-year age group had 205.8 cases per 100,000 and the 40-64-year-age group had 348.3 cases per 100,000.

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**Figure 6: Testing<sup>a</sup> by result date with test positivity**

**Last 8 Weeks**



**Notes:**

<sup>a</sup>Testing number includes positive and negative tests for PCR only.

<sup>b</sup>Test 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 decreased this reporting period with a total of 12,551 tests being conducted in Week 28. This compares to 15,600 tests in Week 27.
- Based on PCR tests only, the test positivity rolling mean has remained stable this week at 28%. Please note the test positivity for Week 27 was previously reported as 30% but following additional data received decreased to 28%.
- High test positivity can be an indicator of high community transmission and undiagnosed cases of COVID-19.

# ACT COVID-19 and Influenza Epidemiology Overview



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**Table 5: COVID-19 cases by Aboriginal and/or Torres Strait Islander status for the reporting period**

Indigenous Status	WEEK 28	2022 TOTAL (% of total) <sup>a</sup>
	Ending 10/07/2022	
Aboriginal and/or Torres Strait Islander People	129	3,047 (2%)
Neither Aboriginal nor Torres Strait Islander People	7,082	135,513 (81%)
Not stated/inadequately described <sup>b</sup>	303	6,507 (4%)
Not available <sup>c</sup>	1,275	21,499 (13%)
<b>Total</b>	<b>8,789</b>	<b>166,566</b>

Notes:

<sup>a</sup>Total 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.

<sup>b</sup>Individuals have chosen not to identify their Aboriginal and/or Torres Strait Islander status.

<sup>c</sup>Data were not available on Aboriginal and/or Torres Strait Islander status. These data are not available if an individual has not completed the survey, is awaiting a case interview, or has refused to respond to a case interview.

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## COVID-19 Hospitalisation in the ACT

**Table 6: COVID-19 cases<sup>a</sup> by vaccination status and hospitalisation status (non-mutually exclusive<sup>b</sup>)**

Status (NON-MUTUALLY EXCLUSIVE) <sup>a</sup>	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 <sup>b</sup>
In hospital <sup>cde</sup>	208 (19%)	32 (3%)	350 (31%)	438 (39%)	57 (5%)	30 (3%)	1,115 <sup>f</sup>
In ICU	18 (19%)	3 (3%)	34 (35%)	37 (37%)	4 (4%)	3 (3%)	99 <sup>f</sup>

Notes:

<sup>a</sup>Total cases since 1 January 2022 to current reporting period.

<sup>b</sup>Total cases may not reflect the sum of cases from last week's reporting period and this week's reporting period due to the reclassifying of some cases

<sup>c</sup>Cases 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.

<sup>d</sup>Cases admitted to an ACT hospital, including those with a residential address in the ACT or another state or territory.

<sup>e</sup>Hospitalisation 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.

<sup>f</sup>22 cases were admitted to an ACT hospital with admission date prior to the reporting period. 3 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 10 July 2022), there were 136 inpatients across ACT hospitals; 51% (70/136) were more than seven days from the date of their initial COVID-19 positive test.
- There were two new admissions to the ICU reported to ACT Health in Week 28. Last week there was two ICU admissions that were not previously reported in Week 27 due to a delay in receiving the data, bringing the total of new admissions ICU for Week 27 to five.
- Since 1 January 2022, approximately 57% (55/96) of cases with a known vaccination status admitted to the ICU had received fewer than 3 doses of vaccine at the time of their admission<sup>2</sup> and 20% (19/96) of cases were unvaccinated at the time of their admission.

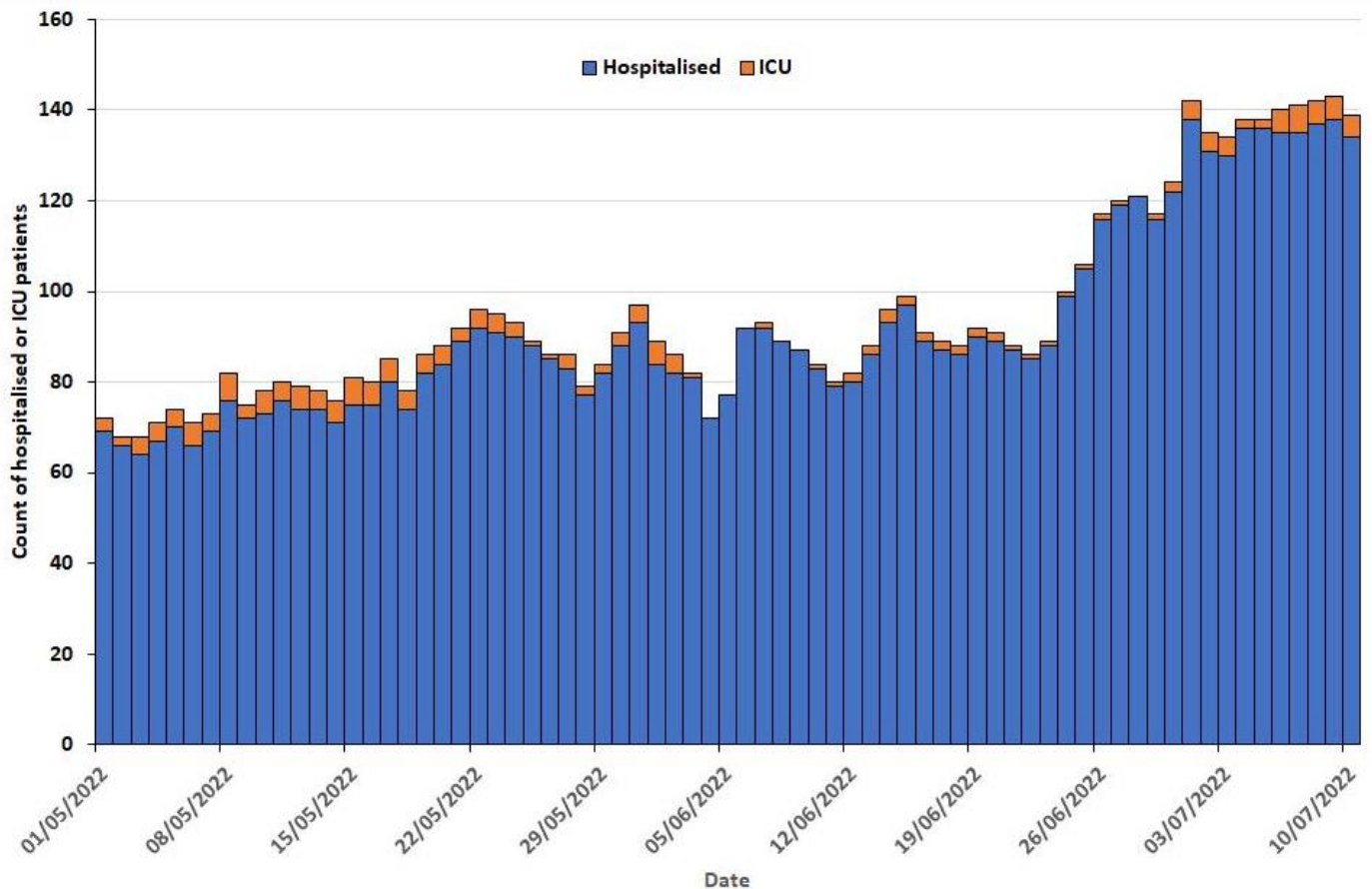
<sup>2</sup> This figure only accounts for cases admitted to the ICU who were eligible for 3 doses of COVID-19 vaccine at the time of their admission

# ACT COVID-19 and Influenza Epidemiology Overview

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**Figure 7: COVID-19 hospitalisations in the ACT, by date, from 1 May 2022**



Notes:

<sup>a</sup>Cases admitted to an ACT hospital and ICU, including those with a residential address in the ACT or another state or territory.

# ACT COVID-19 and Influenza Epidemiology Overview



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**Table 7: Hospitalised COVID-19 cases<sup>a</sup> 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
18–39	26 (13%)	6 (3%)	96 (48%)	65 (33%)	1 (1%)	4 (2%)	198
40–64	33 (13%)	6 (2%)	89 (35%)	110 (43%)	9 (4%)	9 (4%)	256
65+	50 (10%)	9 (2%)	138 (26%)	262 (50%)	47 (9%)	16 (3%)	522
2022 TOTAL <sup>a</sup>	208 (19%)	32 (3%)	350 (31%)	438 (39%)	57 (5%)	30 (3%)	1115

Notes:

<sup>a</sup>Cases admitted to an ACT hospital, including those with a residential address in the ACT or another state or territory.

<sup>b</sup>22 cases were admitted to an ACT hospital with admission date prior to the reporting period. 2 cases were admitted to an ICU with an admission date prior to the reporting period.

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## Historical COVID-19 cases

**Table 8: COVID-19 case totals by year**

Year	Total cases
2020	118
2021	4,261
YTD 2022	166,566

Note:

<sup>a</sup> COVID-19 cases notified to and managed by ACT Health during the reporting period

<sup>b</sup> From 1 January 2022 until 8pm 10 July 2022

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## COVID-19 Whole Genome Sequencing

- Since 1 January 2022, Whole Genome Sequencing has been attempted on 7% (7,028/97,510) of all PCR-positive tests for COVID-19 in the ACT<sup>3</sup>.
- No recombinant COVID-19 infections<sup>4</sup> were recorded during the reporting period, the last recombinant (XM) was detected in Week 24.
- No mixed COVID-19 infections<sup>5</sup> 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 28, 71% (48/68) were BA.5, 18% (12/68) 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 has rapidly increased from 33% of samples in Week 26, 60% in Week 27 and now 71%. This aligns with the prediction that BA.5 is expected to become the dominant strain in the ACT and Australia in coming weeks.

## Institutional outbreaks of Influenza and COVID-19

- At the end of Week 28, there were six COVID-19 outbreaks in ACT RACFs<sup>6</sup>. A total of 41 new cases in residents of these facilities were reported during the reporting period.
- In Week 28, 23 disability support providers were affected by COVID-19 exposures. An additional 20 service providers reported exposures to ACT Health in this week where the actual exposure occurred prior to Week 28.
- In Week 28, there was one influenza A outbreak<sup>6</sup> reported in an ACT RACF, with less than 5 residents with influenza.

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<sup>3</sup> 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.

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

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

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



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## COVID-19 Vaccination Coverage in the ACT

**Table 9: COVID-19 vaccination coverage rates for ACT residents by age group, as of 11 July 2022**

Age Group	Dose 1	Dose 2	Dose 3	Dose 4
5-11 <sup>1</sup>	80.6%	69.4%	0.1%	-
12-15	>99%	97.2%	1.6%	-
16-29	>99%	97.7%	61.7%	0.7%
30-39	>99%	98.2%	71.5%	1.7%
40-49	>99%	98.9%	80.9%	3.0%
50-69	>99%	98.6%	87.2%	17.9%
70+	>99%	98.5%	91.9%	65.5%
Total 5 and over	>99%	97.4%	67.9%	12.3%
Total 16 and over	>99%	98.4%	77.5%	14.0%

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

<sup>a</sup>Notes:

Population change is occurring in the ACT including interstate and overseas migration into and out of the ACT. Vaccination rates are affected by these changes.

<sup>b</sup>There were 1,233 third doses administered prior to the approval of third doses for severely immunocompromised people on 8 October 2021.

<sup>c</sup>Third doses cannot be distinguished from boosters in AIR reporting.

<sup>d</sup>There were 3,280 fourth doses administered prior to the commencement of the administration of winter (second) boosters. Forth doses cannot be distinguished from second boosters in AIR reporting.

<sup>e</sup>ACT residential status is determined by residential address given at the time of vaccination. This may differ from a person's Medicare address.

<sup>f</sup>Postcode 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.

<sup>g</sup>Where 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.

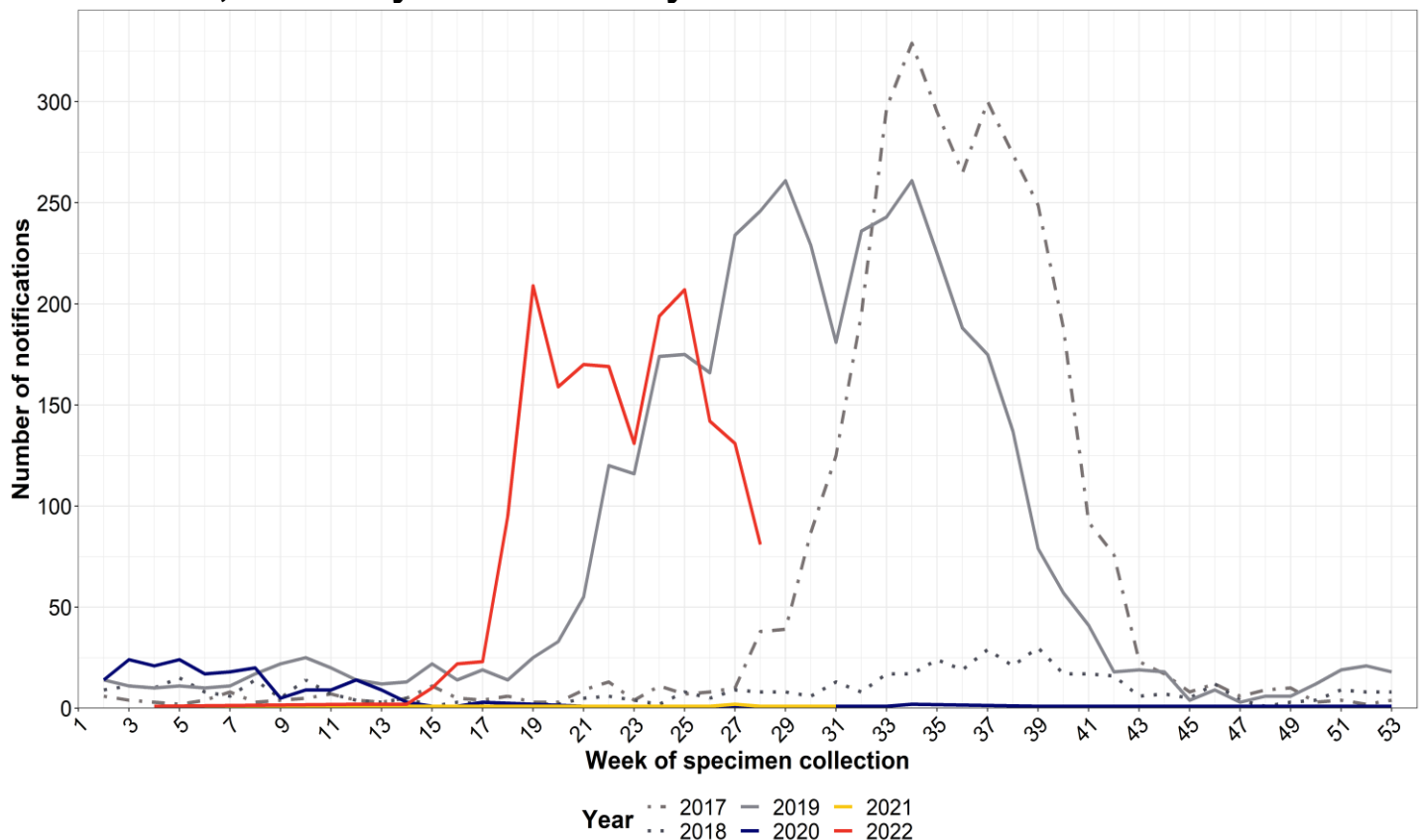
<sup>h</sup>Where a cell contains fewer than 10 people, data is not shown.

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## Number of people reported to be diagnosed with influenza in the ACT

- Between 1 January 2022 and 10 July 2022, there were 1,748 notifications of influenza to ACT Health from laboratories. Of these, 81 had their specimens collected in Week 28.
- 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 10: Number of influenza notifications, by week and year of specimen collection, 1 January 2017 to 10 July 2022**



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**Table 10: Number and proportion of influenza notifications by age group  
1 January 2022 to 10 July 2022**

Age Group	Number of Notifications	Proportion of Notifications (%)	Rate (notifications per 100,000 age specific population)
0-4	210	12%	774.2
5-9	247	14%	850.9
10-19	404	23%	802.6
20-64	745	43%	280.7
65+	142	8%	238.0
<b>TOTAL</b>	<b>1,748</b>	<b>100%</b>	<b>405.0</b>

Notes:

<sup>a</sup> Data provided for the current and most recent weeks may be incomplete. All data is preliminary and subject to change as updates are received.

<sup>b</sup> Notification data was exported on 11 July 2022 from the ACT Notifiable Disease Management System for the 1 January 2022 to 10 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.

# ACT COVID-19 and Influenza Epidemiology Overview



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**Table 11: Influenza vaccination coverage by jurisdiction, all residents, 10 July 2022**

	ACT	NSW	VIC	QLD	SA	WA	TAS	NT	AUS
6 mo - <5 yrs	45.3	28.2	33.3	22.6	28.7	21.6	30.6	27.5	<b>28.0</b>
5 - <15 yrs	26.2	21.2	25.6	18.4	23.2	17.0	22.7	15.2	<b>21.4</b>
15 - <50 yrs	34.5	25.6	29.9	23.8	32.1	22.6	30.2	22.7	<b>26.7</b>
50 - <65 yrs	49.8	41.8	46.2	42.4	51.6	40.9	51.7	29.9	<b>43.8</b>
≥65 yrs	70.9	65.4	69.3	67.3	74.6	67.5	74.2	39.8	<b>67.8</b>
<b>Total (≥6mo)</b>	<b>42.3</b>	<b>35.7</b>	<b>39.6</b>	<b>34.1</b>	<b>43.5</b>	<b>32.8</b>	<b>43.2</b>	<b>25.4</b>	<b>36.7</b>

Source: [National Centre for Immunisation Research and Surveillance Australia](#), AIR data<sup>7</sup> as at 10 July 2022.

<sup>7</sup> 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.

# ACT COVID-19 and Influenza Epidemiology Overview



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**Table 12: Influenza vaccination coverage by jurisdiction, Aboriginal and/or Torres Strait Islander residents, 10 July 2022**

	ACT	NSW	VIC	QLD	SA	WA	TAS	NT	AUS
6 mo - <5 yrs	28.2	17.6	20.1	13.6	16.4	13.5	21.4	30.9	<b>17.1</b>
5 - <15 yrs	18.5	15.7	17.2	13.1	15.2	13.3	17.9	23.2	<b>15.4</b>
15 - <50 yrs	25.1	19.4	22.7	18.3	23.4	18.9	25.0	31.8	<b>21.0</b>
50 - <65 yrs	49.2	45.5	47.7	42.6	49.7	40.7	58.5	48.0	<b>45.2</b>
≥65 yrs	71.0	69.9	71.4	63.8	69.2	57.7	79.9	52.7	<b>65.9</b>
<b>Total (≥6mo)</b>	<b>29.1</b>	<b>24.8</b>	<b>28.1</b>	<b>21.8</b>	<b>26.7</b>	<b>21.6</b>	<b>31.3</b>	<b>33.3</b>	<b>24.9</b>

Source: [National Centre for Immunisation Research and Surveillance Australia](#), AIR data<sup>12</sup> as at 10 July 2022.

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## Explanatory Notes:

Reporting period is Monday 04 July 2022 to Sunday 10 July 2022 inclusive, Epidemiological Week 28.

### 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.

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

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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 COVID19 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 1 January 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.