

Produced by ACT Health

## Week ending 17 July 2022

Reporting period Monday 11 July to 17 July Sunday inclusive, Epidemiological Week 29.

### Key statistics:

#### COVID-19:

- COVID-19 case numbers in the ACT have decreased this reporting period for the first time in five weeks, but modelling suggests we are not yet at the peak of this current COVID-19 wave.
- ACT hospitals continue to care for large numbers of patients affected by COVID-19.
- Whole Genome Sequencing on ACT samples suggests that the BA.5 subvariant has become the predominant strain in the ACT. It is anticipated that this will result in increased case numbers.

#### Influenza:

- Reported influenza case numbers in the ACT have continued to decline this reporting period.
- 42.9% of ACT residents aged 6 months or over have received an influenza vaccination, which is higher than the national coverage of 37.4%.

**Table 1: COVID-19 and laboratory-confirmed influenza notifications, 01 January to 10 July 2022**

COVID-19 <sup>a</sup>		Influenza	
WEEK 29 Ending 17/07/2022	Year To Date 2022 <sup>b</sup>	WEEK 29 Ending 17/07/2022 <sup>c</sup>	Year To Date 2022 <sup>b</sup>
7,995	174,495	35	1,857

Notes:

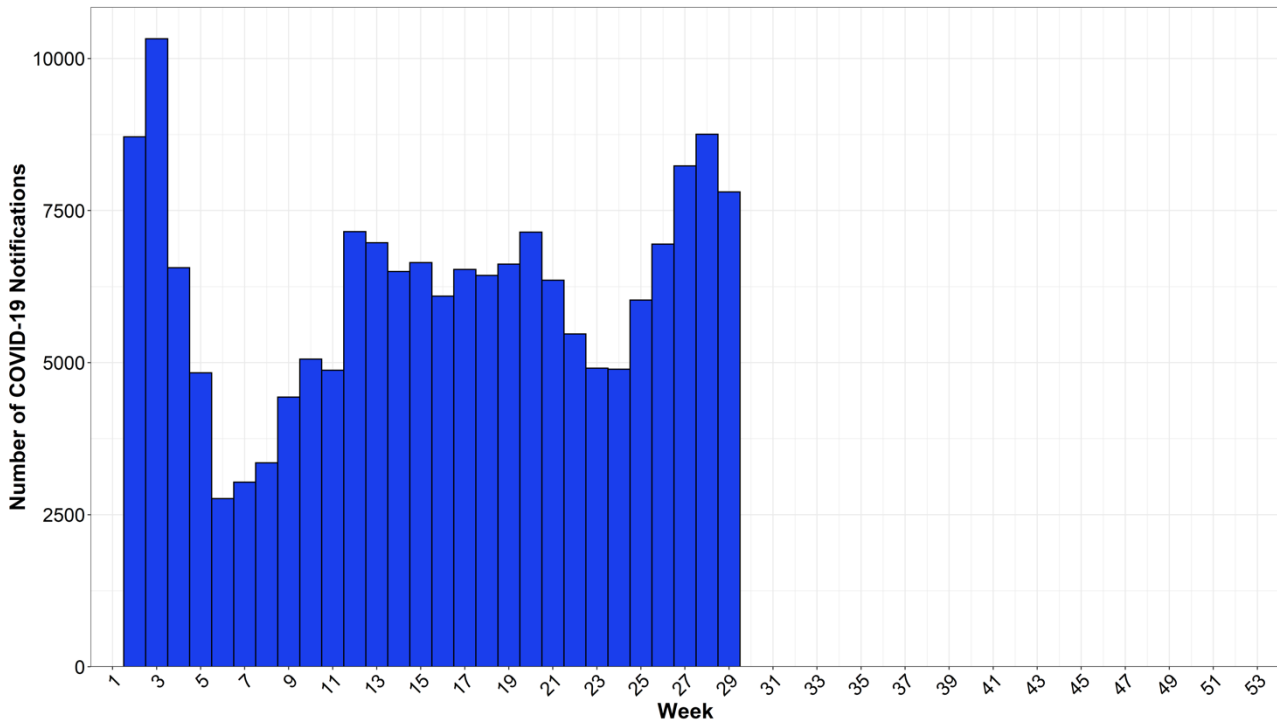
<sup>a</sup>COVID-19 cases notified to and managed by ACT Health during the reporting period.

<sup>b</sup>From 1 January 2022 until 8pm 17 July 2022.

<sup>c</sup>Laboratory-confirmed influenza notifications where the specimen collection date was within the reporting period.

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

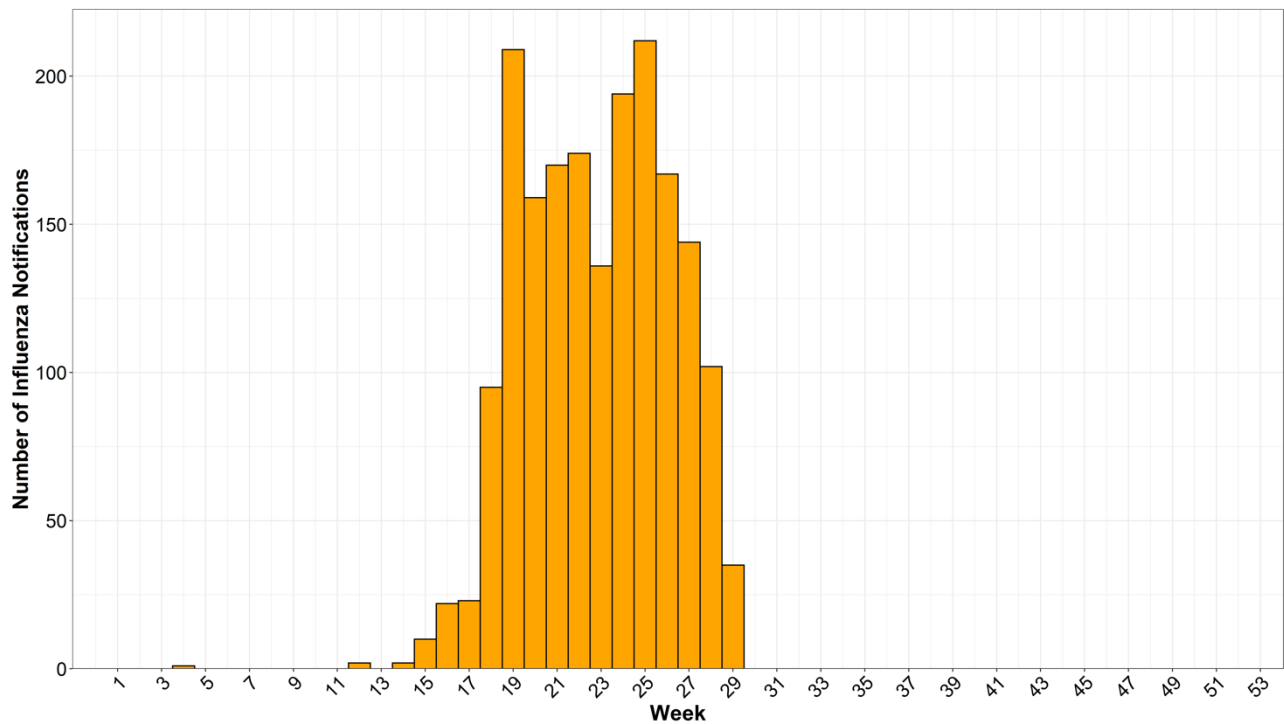


Notes:

<sup>a</sup>The DIAGNOSIS DATE will be the TRUE ONSET DATE 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>The notification data was exported on 18 July 2022 from the ACT Notifiable Disease Management System for the 1 January 2022 to 17 July 2022, by date of specimen collection.

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**Table 2: COVID-19 and laboratory-confirmed influenza notifications by age group, reporting period 1 January to 17 July 2022**

Age Group	WEEK 29 Ending 17/07/2022		Year To Date 2022	
	COVID-19	Influenza <sup>d</sup>	COVID-19	Influenza
0-4	361	9	9,118	232
5-11	462	8	16,342	328
12-17	364	<5	13,943	185
18-24	727	<5	21,645	390
25-39	2,311	6	51,639	316
40-49	1,256	<5	26,431	128
50-64	1,540	<5	23,339	130
65+	974	<5	12,037	148
Not stated/inadequately described <sup>c</sup>	0	<5	1	0
<b>TOTAL<sup>ab</sup></b>	<b>7,995</b>	<b>35</b>	<b>174,495</b>	<b>1,857</b>

Source: ACT Health Data Repository (NDMS).

Note:

<sup>a</sup>Cases notified to and managed by ACT Health during the reporting period

<sup>b</sup>Total COVID-19 cases may not reflect the sum of cases from last week's reporting period and this week's reporting period. Please see the explanatory notes for further information.

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

<sup>d</sup>Where influenza notifications were fewer than five in an age group, these cells have been marked '<5'.

## COVID-19 Vaccination statistics as of 18 July 2022

77.6% VACCINATIONS (TWO DOSES: 5-15 YRS <sup>1</sup> )	77.1% VACCINATIONS (THREE DOSES: 16 YRS+)	39.7% VACCINATIONS (FOUR DOSES: 50 YRS+)
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<sup>1</sup>From 18 July 2022, 5-11-year group will be replaced with 5-15-year group to reflect the vaccination rollout.

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## Number of cases reported to be diagnosed with COVID-19 in the ACT

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

	Test type	WEEK 28	WEEK 29	2022 TOTAL <sup>bc</sup>
		Ending 10/07/2022 <sup>a</sup>	Ending 17/07/2022 <sup>ac</sup>	
Cases	PCR	4,826	4,492	102,123
	RAT	3,878	3,503	72,372
	<b>Total</b>	<b>8,704</b>	<b>7,995</b>	<b>174,495</b>
Deaths <sup>d</sup>			0	69

Note:

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

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

<sup>c</sup>Total COVID-19 cases may not reflect the sum of cases from last week's reporting period and this week's reporting period. Please see the explanatory notes for further information.

<sup>d</sup>Refers to a COVID-19 death that has been confirmed by ACT Health in the reporting period. The definition of a COVID-19 death for surveillance and reporting purposes is according to the COVID-19 SoNG.

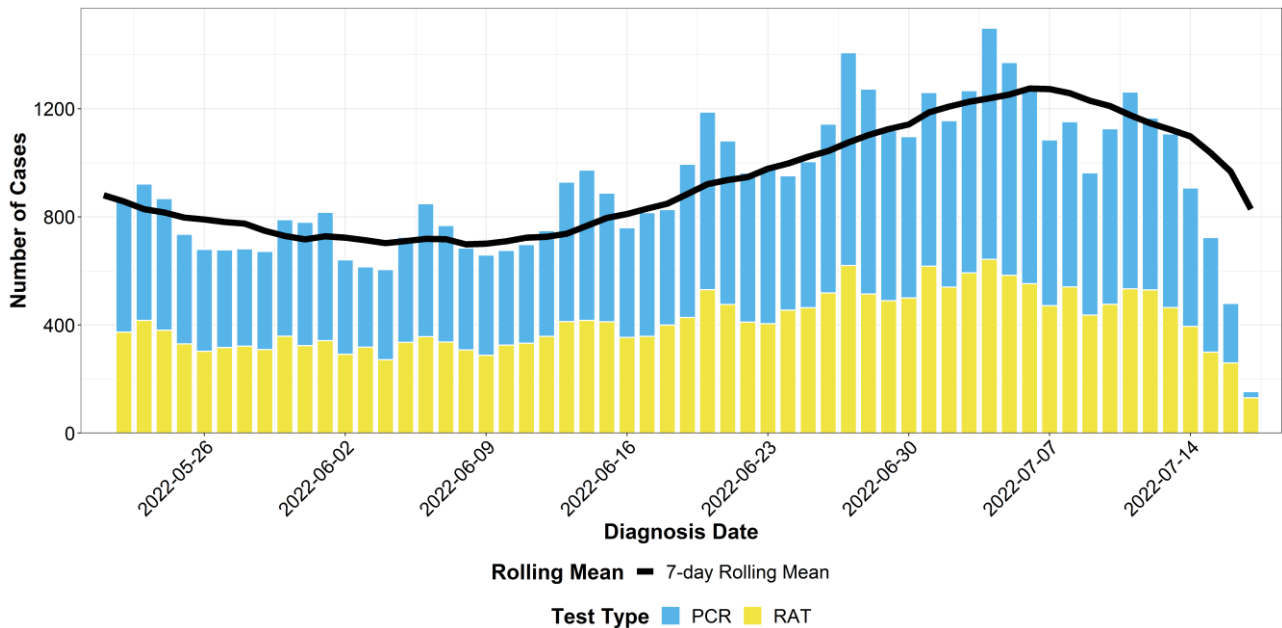
- Vaccination status of the COVID-19-related deaths has not been included this reporting period due to the additional number of deaths being fewer than five. Please refer to the [report week ending 3 July 2022](#) (Week 27) for the vaccination status of deaths to that date.
- Of the new cases this week, 1.6% (130/7,995) were individuals who had more than one episode<sup>2</sup> of COVID-19 reported to ACT Health. This is slightly lower than the 3% observed in Week 28. The number of people with repeat infections in the ACT is anticipated to increase over time as a result of emerging COVID-19 variants, waning immunity following COVID-19 infection and vaccination coverage.

<sup>2</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. As per national guidelines at the time of this report, the ACT Notifiable Disease Management System will only count positive results greater than 28 days of an individual being released from isolation. This has previously ranged from between 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>ab</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.

- For the first time in five weeks, COVID-19 case numbers have decreased in this reporting period. There were 7,995 new cases reported in Week 29 (Monday 11 July 2022 to Sunday 17 July 2022) compared to 8,704 cases in Week 28. Total cases for Week 28 were previously reported as 8,789, which has decreased following data cleaning, including removal of duplicates.
- In Week 29 the 7-day rolling case mean (PCR and RATs) remained stable at 1100-1200 cases per day.
- With the end of the Term 2 school holidays, ACT Health will continue to monitor the situation as an increase in case numbers was observed following the Term 1 school holidays.

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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	39,581
Canberra East	351
Gungahlin	35,044
Molonglo	5,058
North Canberra	23,185
South Canberra	11,396
Tuggeranong	34,177
Urriarra - Namadgi	205
Weston Creek	9,242
Woden Valley	14,761
Not available <sup>c</sup>	1,007
Outside ACT <sup>c</sup>	2,670
<b>TOTAL<sup>d</sup></b>	<b>176,677</b>

Notes:

<sup>a</sup>Data show cases confirmed by PCR notified to ACT Health since 15 December 2021 and cases identified by positive RAT from 8 January 2022 until the end of the reporting period (8pm, 17 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 3,677 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. Please see the explanatory notes for further information.

# ACT COVID-19 and Influenza Epidemiology Overview



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

Age Group	WEEK 28 Ending 10/07/2022	WEEK 29 Ending 17/07/2022	Age Group Percentage (%) of TOTAL WEEK 29	Age Group Rate (per 100,000 population) of TOTAL WEEK 29
0-4	376	361	4.5	1,353
5-11	504	462	5.8	1,140
12-17	525	364	4.5	1,203
18-24	747	727	9.1	1,577
25-39	2,420	2,311	28.9	2,010
40-49	1,563	1,256	15.7	2,044
50-64	1,660	1,540	19.3	2,129
65+	909	974	12.2	1,566
Not stated/inadequately described <sup>c</sup>	0	0	0	0
<b>Total</b>	<b>8,704</b>	<b>7,995</b>	<b>100</b>	<b>1,759</b>

Source: ACT Health Data Repository (NDMS).

Note:

<sup>a</sup>Cases notified to and managed by ACT Health during the reporting period

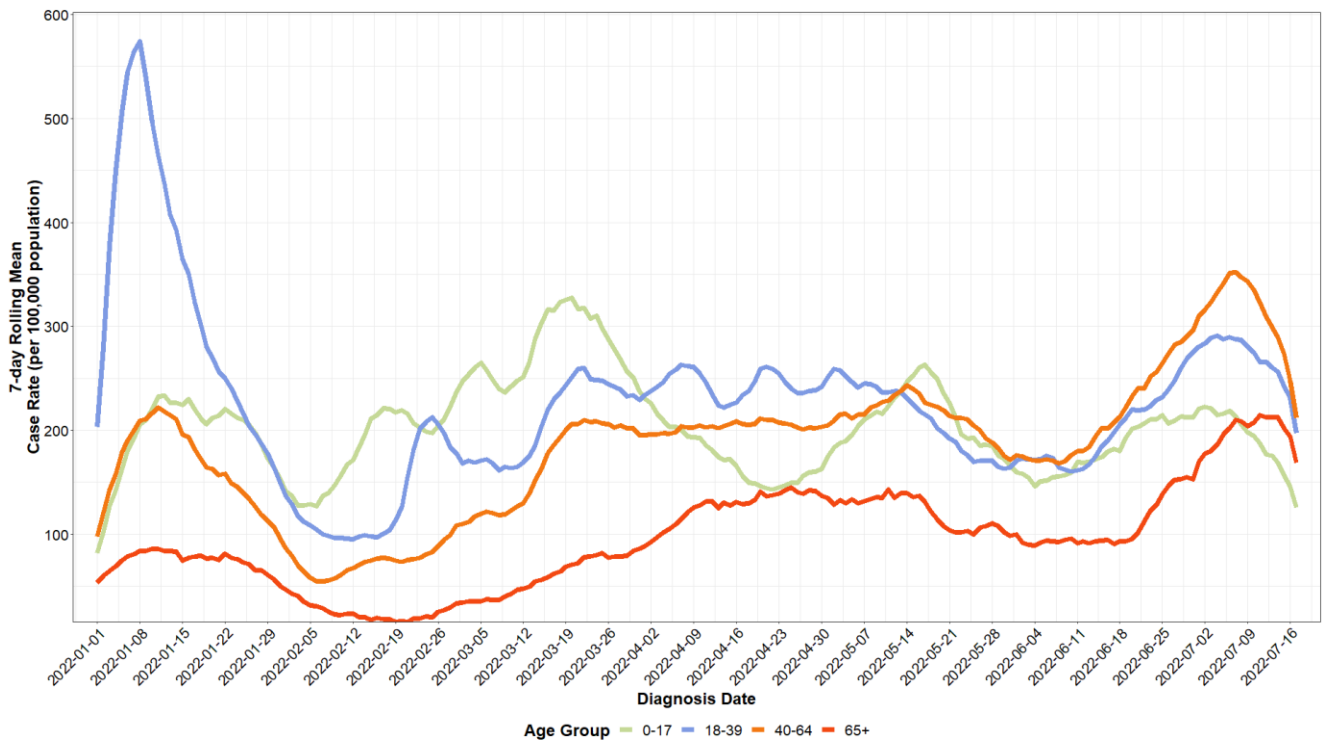
<sup>b</sup>Total COVID-19 cases may not reflect the sum of cases from last week's reporting period and this week's reporting period. Please see the explanatory notes for further information.

<sup>c</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 if known, otherwise it will be earliest of the SPECIMEN DATE, the NOTIFICATION DATE or the NOTIFICATION RECEIVED DATE.

Notes:

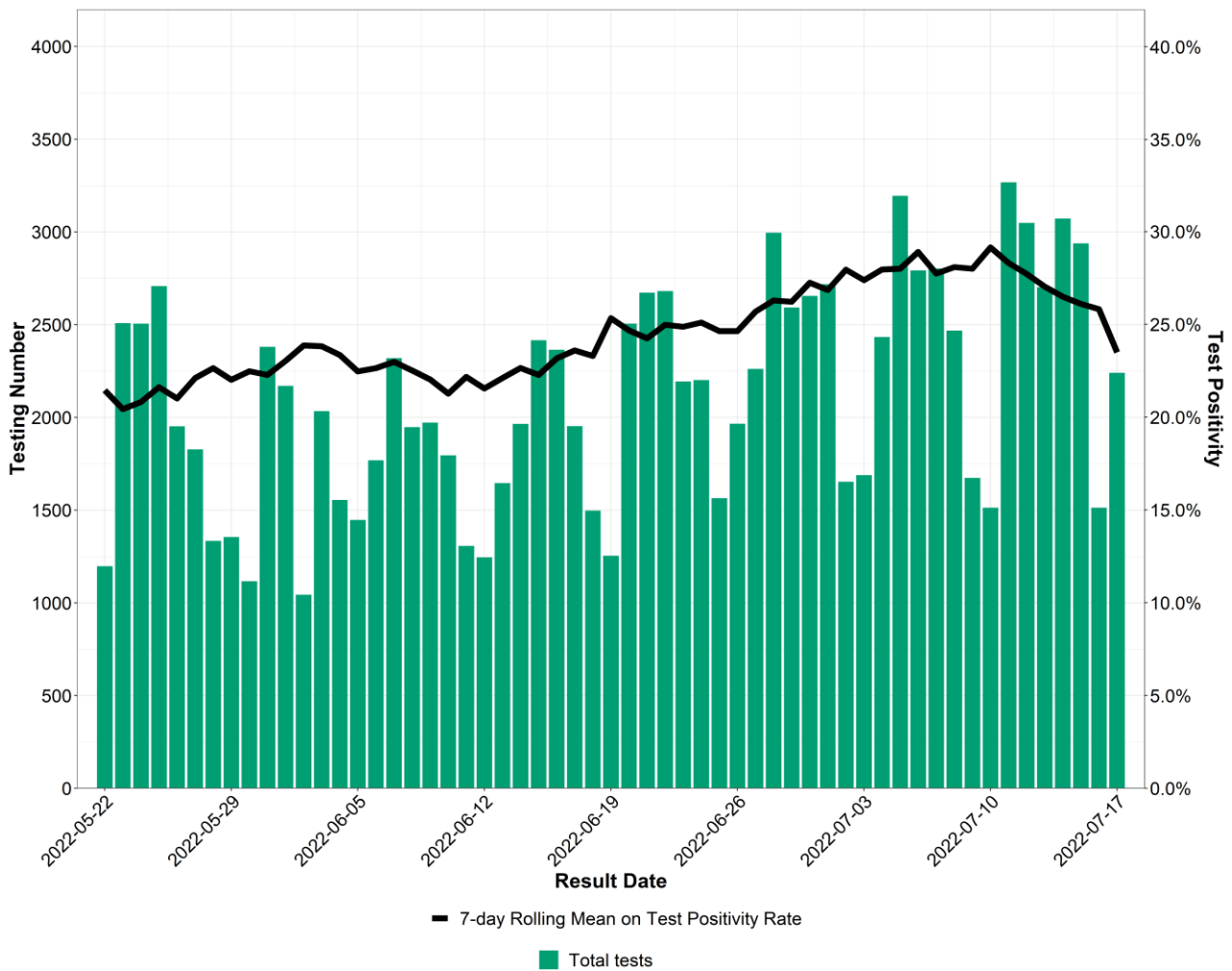
<sup>a</sup>The DIAGNOSIS DATE will be the TRUE ONSET DATE if known, otherwise it will be earliest of the SPECIMEN DATE, the NOTIFICATION DATE or the NOTIFICATION RECEIVED DATE

- 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 29, the 7-day rolling average case rate for the 65+ age group increased slightly before stabilising. All other age groups experienced a small decrease.
- The 7-day rolling average case rate for the 65+ age group remains high with an average of 202.6 cases per 100,000 population. After a period of steady increase, the 40-64 age group reported a decreased average of 279.3 cases per 100,000 population in Week 29 compared to 348.3 per 100,000 in Week 28.
- The 7-day rolling average case rate for the 0-17 age group has decreased over the past two weeks. As noted above, this age group is expected to see an increase in case numbers as the school term resumes, as was observed after the Term 1 school holidays.

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**Figure 6: Testing 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 increased this reporting period with a total of 19,434 tests being conducted in Week 29. This compares to 12,551 tests in Week 28.
- Based on PCR tests only, the test positivity rolling mean has decreased slightly this week at 26-27% compared to 28% in Week 28.
- High test positivity can be an indicator of high community transmission and undiagnosed cases of COVID-19.

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

Indigenous Status	WEEK 29 Ending 17/07/2022	2022 TOTAL (% OF TOTAL)
Aboriginal and/or Torres Strait Islander People	120	3,171 (2%)
Neither Aboriginal nor Torres Strait Islander People	6,383	142,284 (82%)
Not stated/inadequately described <sup>c</sup>	227	6,758 (4%)
Not available <sup>d</sup>	1,265	22,282 (13%)
<b>Total</b>	<b>7,995</b>	<b>174,495 (100%)</b>

Notes:

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

<sup>b</sup>Total COVID-19 cases may not reflect the sum of cases from last week's reporting period and this week's reporting period. Please see the explanatory notes for further information.

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

<sup>d</sup>Data were not available on Aboriginal and/or Torres Strait Islander Status. These data were 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
In hospital <sup>bcd</sup>	210 (18%)	33 (3%)	366 (30%)	466 (39%)	74 (6%)	53 (4%)	1202 (100%) <sup>e</sup>
In ICU	19 (18%)	3 (3%)	37 (35%)	40 (38%)	5 (5%)	2 (2%)	106 (100%) <sup>e</sup>

Notes:

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

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

<sup>d</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.

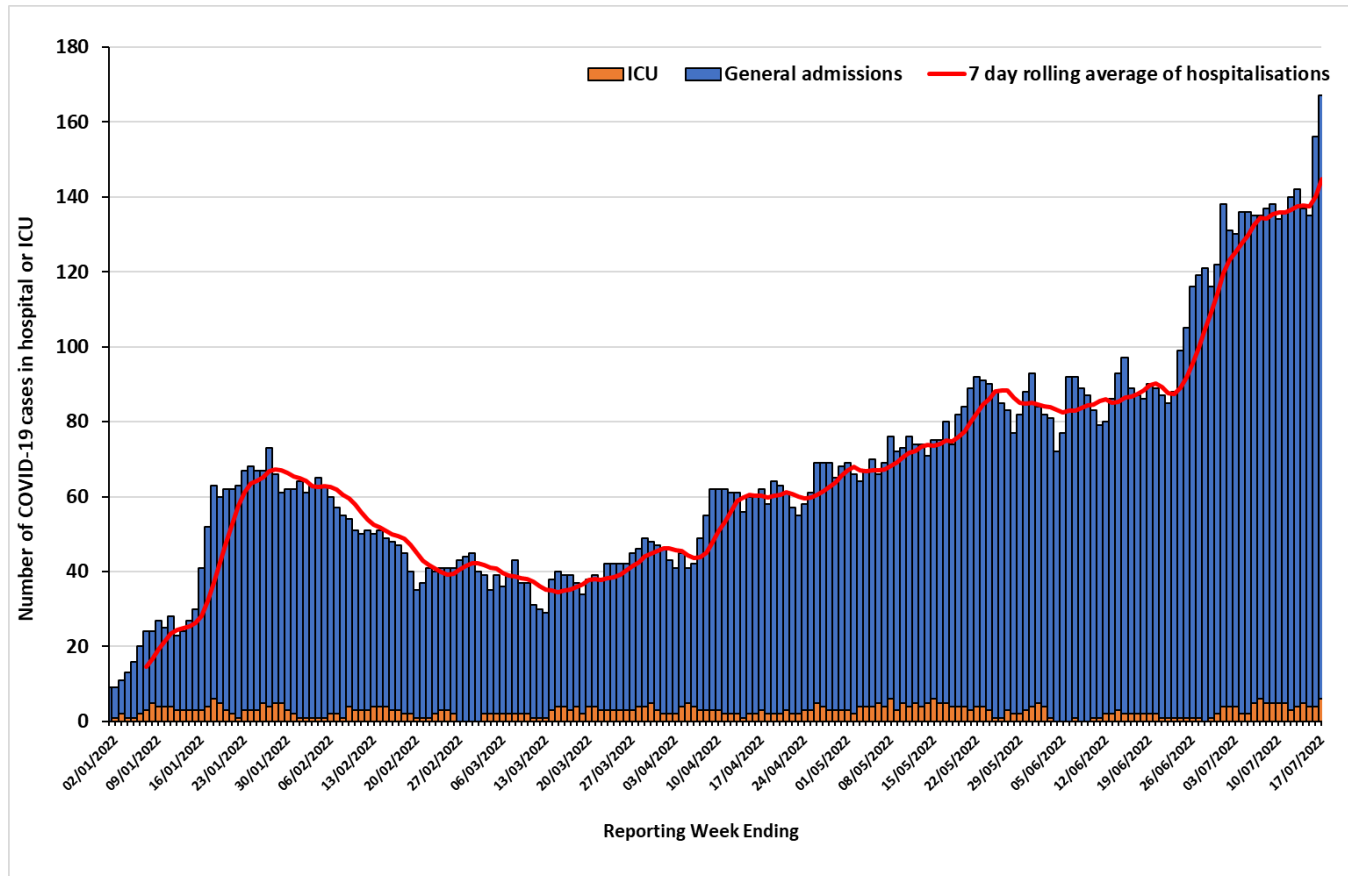
<sup>e</sup>42 cases were admitted to an ACT hospital with admission date prior to the reporting period. 4 cases were admitted to an ICU with an admission date prior to the reporting period. These cases have been added to the total number of hospitalisations and ICU admissions since 1 January 2022.

Since 1 January 2022, approximately 52% (55/106) of all cases admitted to the ICU had received fewer than 3 doses of vaccine at the time of their admission and 18% (19/106) of cases were unvaccinated at the time of their admission<sup>3</sup>.

<sup>3</sup> This numerator only accounts for cases admitted to the ICU whose vaccination status was able to be verified and who were age-eligible for 3 doses of COVID-19 vaccine. Since January 2022, there have been two cases who were not age-eligible for three doses of COVID-19 vaccine at the time of their ICU admission, and two cases whose vaccination status remains unknown/unvalidated

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**Figure 7: COVID cases in hospital<sup>a</sup> in the ACT, by date<sup>b</sup>, from 1 January 2022**



Note:  
<sup>a</sup>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. Cases admitted to an ACT hospital includes those with a residential address in the ACT or another state or territory.  
<sup>b</sup>Date used in the reporting week refers to the date of publication of COVID-19 hospitalisations on the ACT Health website. Data published on, for example, 17 July 2022 refer to COVID-19 cases in hospital up until 8pm 16 July 2022.

- 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 17 July 2022), there were 171 inpatients affected by COVID-19 across ACT hospitals.

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**Table 7: Hospitalised<sup>a</sup> COVID-19 cases<sup>b</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	100 (69%)	11 (8%)	27 (19%)	1 (1%)	0 (0%)	5 (3%)	144 (100%)
18–39	26 (13%)	6 (3%)	98 (48%)	66 (33%)	1 (0%)	6 (3%)	203 (100%)
40–64	34 (12%)	6 (2%)	94 (34%)	125 (45%)	10 (4%)	8 (3%)	277 (100%)
65+	50 (9%)	10 (2%)	147 (26%)	274 (47%)	63 (11%)	34 (6%)	576 (100%)
2022 TOTAL <sup>c</sup>	210 (18%)	33 (3%)	366 (30%)	466 (39%)	74 (6%)	53 (4%)	1202 (100%)

Notes:

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

<sup>c</sup>42 cases were admitted to an ACT hospital with admission date prior to the reporting period. This includes 4 cases who were admitted to an ICU with an admission date prior to the reporting period. These cases have been added to the total number of hospitalisations and ICU admissions since 1 January 2022.

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## Historical COVID-19 cases

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

Year	Total cases <sup>a</sup>
2020	118
2021	4,261
Year To Date 2022 <sup>b</sup>	174,495

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 17 July 2022.

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## COVID-19 Whole Genome Sequencing

- Whole Genome Sequencing (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.
- 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 29, 71% (125/176) were BA.5, 15% (26/176) were BA.2, with the remaining samples returning as BA.2.12.1 and BA.4.
- Of samples sequenced in the ACT, BA.5 has now become the predominant subvariant.

## Institutional outbreaks of Influenza and COVID-19

- In Week 29 there were 12 COVID-19 outbreaks in ACT Residential Aged Care Facilities<sup>6</sup> (RACFs) and a total of 73 new cases in residents.
- During the reporting period, 27 disability support providers were affected by COVID-19 exposures. An additional 18 service providers reported exposures to ACT Health in this week where the actual exposure occurred prior to Week 29.
- In Week 29, there were no new institutional influenza outbreaks.

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<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 and/or 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<sup>a</sup> for ACT residents<sup>ef</sup> by age group, as of 18 July 2022**

Age Group <sup>gh</sup>	Dose 1	Dose 2	Dose 3 <sup>bc</sup>	Dose 4 <sup>d</sup>
5–15 <sup>i</sup>	85.3%	77.6%	0.6%	0.0%
16–29	89.7%	87.6%	55.5%	0.7%
30–39	>99%	>99%	72.0%	3.5%
40–49	>99%	>99%	83.1%	5.8%
50–69	>99%	>99%	89.7%	24.3%
70+	>99%	>99%	98.2%	71.9%
Total 5 and over	97.2%	94.7%	66.1%	14.1%
<b>Total 16 and over</b>	<b>99.2%</b>	<b>97.6%</b>	<b>77.1%</b>	<b>16.5%</b>

Source: Australian Immunisation Register, QLIK reports. Australian Immunisation Register, QLIK Reports. Population estimates are sourced from 2021 ABS Census ACT population data.

**Notes:**

<sup>a</sup>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. Fourth 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>From 22 July 2022, population estimates are sourced from the 2021 ABS Census ACT population data. This has resulted in changes to vaccination coverage rates due to the underestimate of the previous source (ACT Government Treasury Projections, 2021 estimate).

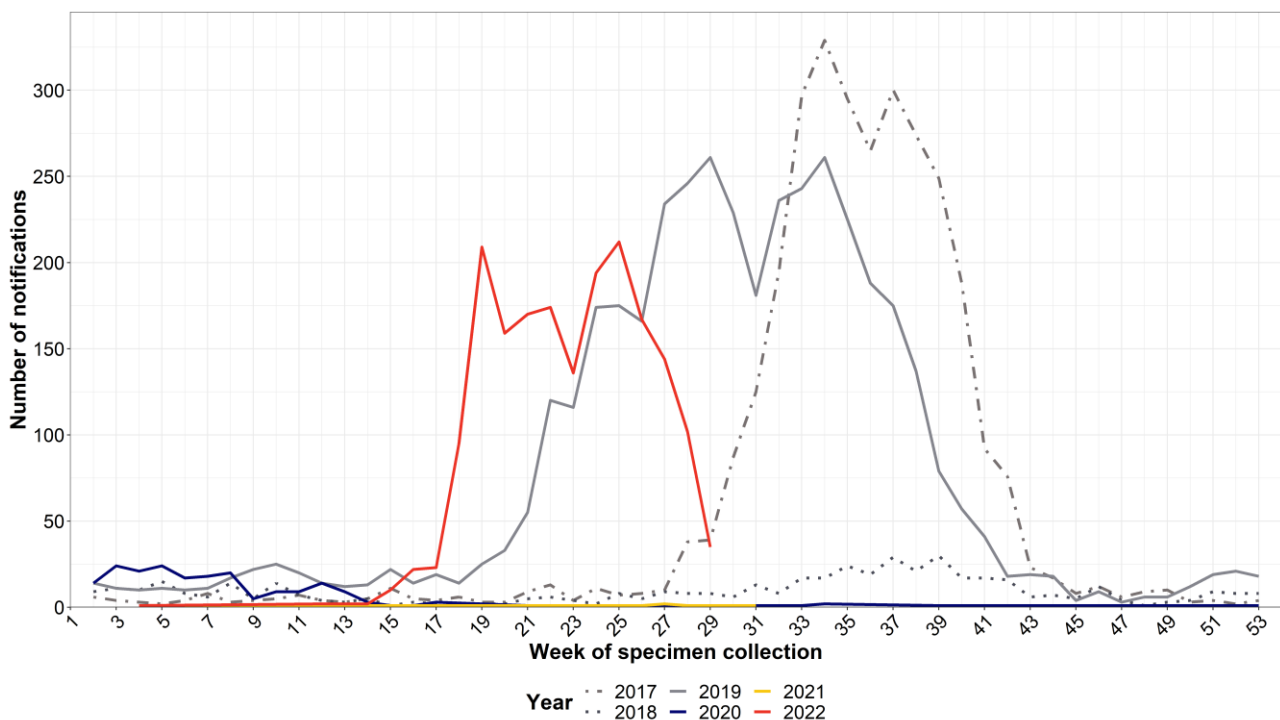
<sup>h</sup>Where a cell contains fewer than 10 people, data is not shown.

<sup>i</sup>From 22 July 2022, 5–11 age group has been replaced with 5–15 age group to reflect the vaccination rollout.

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## Number of people notified with laboratory-confirmed influenza in the ACT

**Figure 10: Number of influenza notifications, by week and year of specimen collection, 1 January 2017 to 17 July 2022, ACT.**



- Between 1 January 2022 and 17 July 2022, there were 1,857 notifications of influenza to ACT Health from laboratories. Of these, 35 had their specimens collected in Week 29. This compares to 155 influenza notifications in Week 28. Total notifications for Week 28 were previously reported as 81 but have since increased due to additional data received.
- ACT Health will continue to monitor cases of influenza as there may be further peaks later in the season. Historically, the influenza season in the ACT lasts from June to October.
- Since 1 January 2022, notification rates for influenza have been highest for the 5-9 age group and are lowest in the 65+ age group. This may reflect health-seeking and testing behaviours.

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**Table 10: Number and proportion of influenza notifications by age group  
1 January 2022 to 17 July 2022, ACT**

Age Group	Number of Notifications <sup>b</sup>	Proportion of Notifications (%)	Rate (notifications per 100,000 age specific population)
0-4	232	12.5	870
5-9	263	14.2	902
10-19	412	22.2	771
20-64	802	43.2	283
65+	148	8.0	238
<b>TOTAL<sup>a</sup></b>	<b>1,857</b>	<b>100</b>	<b>409</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 18 July 2022 from the ACT Notifiable Disease Management System for the 1 January 2022 to 17 July 2022. By date of specimen collection. Rates are calculated using 2021 ABS Census ACT population data.

## 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 over.
- In 2022, in the ACT, people aged 5 and over 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 11: Influenza vaccination coverage by jurisdiction, all residents, 17 July 2022**

	ACT	NSW	VIC	QLD	SA	WA	TAS	NT	AUS
6 mo - <5 yrs	46.6	29.2	34.2	23.3	29.8	22.6	31.8	29.1	<b>29.0</b>
5 - <15 yrs	27.0	22.2	26.0	18.8	24.0	17.9	23.4	15.9	<b>22.1</b>
15 - <50 yrs	35.1	26.3	30.4	24.4	32.7	23.3	30.9	23.3	<b>27.3</b>
50 - <65 yrs	50.5	42.7	46.7	43.1	52.2	41.9	52.5	30.5	<b>44.6</b>
≥65 yrs	71.2	65.9	69.7	67.8	75.0	68.1	74.7	40.3	<b>68.3</b>
<b>Total (≥6mo)</b>	<b>42.9</b>	<b>36.5</b>	<b>40.0</b>	<b>34.7</b>	<b>44.1</b>	<b>33.6</b>	<b>43.9</b>	<b>26.1</b>	<b>37.4</b>

Source: [National Centre for Immunisation Research and Surveillance Australia](#), AIR data<sup>7</sup> as at 17 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.

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**Table 12: Influenza vaccination coverage by jurisdiction, Aboriginal and/or Torres Strait Islander residents, 17 July 2022**

	ACT	NSW	VIC	QLD	SA	WA	TAS	NT	AUS
6 mo - <5 yrs	28.8	18.5	21.0	14.3	17.1	14.4	22.7	32.9	<b>18.0</b>
5 - <15 yrs	19.6	16.4	17.6	13.6	15.9	14.0	18.9	24.1	<b>16.0</b>
15 - <50 yrs	25.7	20.0	23.1	18.8	24.1	19.7	25.8	32.8	<b>21.7</b>
50 - <65 yrs	50.3	46.7	48.4	43.6	51.0	42.0	59.3	49.0	<b>46.3</b>
≥65 yrs	71.5	70.5	71.9	64.6	69.5	58.7	80.1	53.5	<b>66.6</b>
<b>Total (≥6mo)</b>	<b>29.9</b>	<b>25.6</b>	<b>28.6</b>	<b>22.4</b>	<b>27.5</b>	<b>22.5</b>	<b>32.2</b>	<b>34.4</b>	<b>25.7</b>

Source: [National Centre for Immunisation Research and Surveillance Australia](#), AIR data<sup>7</sup> as at 17 July 2022.

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## Explanatory notes:

### 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. Total COVID-19 cases may not reflect the sum of total cases reported in last week's report 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). 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 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 January 2022, the definition for a laboratory-confirmed influenza case changed. Please see the [Australian national notifiable diseases case definition](#) for more information. This change has minimal impact on the interpretation of influenza notification trends.