ACT COVID-19 and Influenza Epidemiology Overview

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Produced by ACT Health

Week ending 31 July 2022

Reporting period Monday 25 July to Sunday 31 July inclusive, Epidemiological Week 31.

Key statistics:

COVID-19:

- COVID-19 case numbers in the ACT have decreased for the third week in a row. This suggests that the current wave has peaked earlier and at a lower level than anticipated.
- ACT continues to have one of the highest PCR testing rates per 100,000 population in the country.
- At the end of the reporting period, the ACT had 4,968 active COVID-19 cases. This is the ACT's lowest active case count since Week 25 in June 2022.
- ACT hospitals continue to care for many patients affected by COVID-19.
- The BA.5 subvariant of Omicron continues to be the dominant variant in the ACT among sequenced samples.

Influenza:

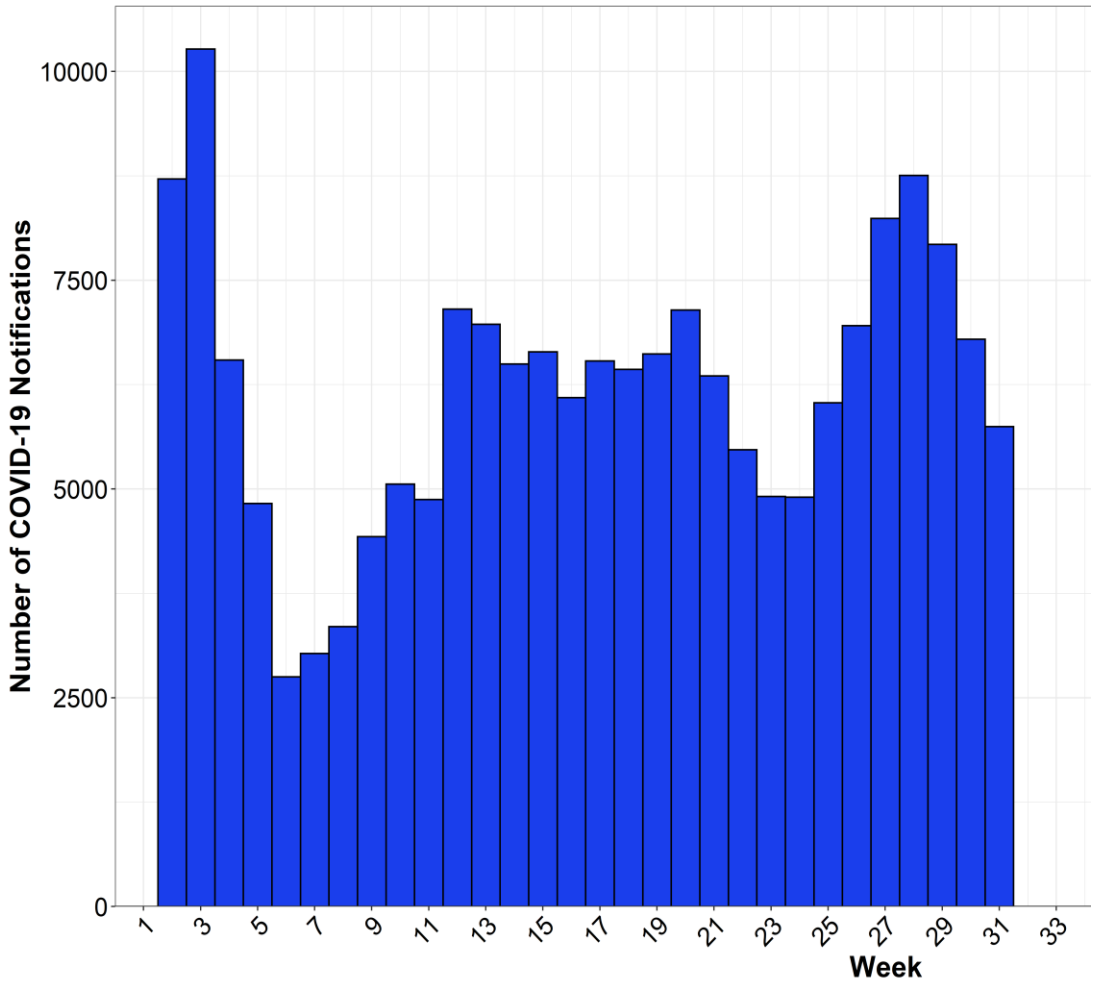
- Reported influenza case numbers in the ACT have continued to decline this reporting period.
- 43.8% of ACT residents aged 6 months or over have received an influenza vaccination. This is higher than the national coverage of 38.1%.

Table 1: COVID-19 and laboratory-confirmed influenza notifications, 1 January to 31 July 2022

COVID-19[a]		Influenza[c]	
WEEK 31 Ending 31/07/2022	Year To Date 2022[b]	WEEK 31 Ending 31/07/2022	Year To Date 2022[b]
5,876	187,077	14	1,913

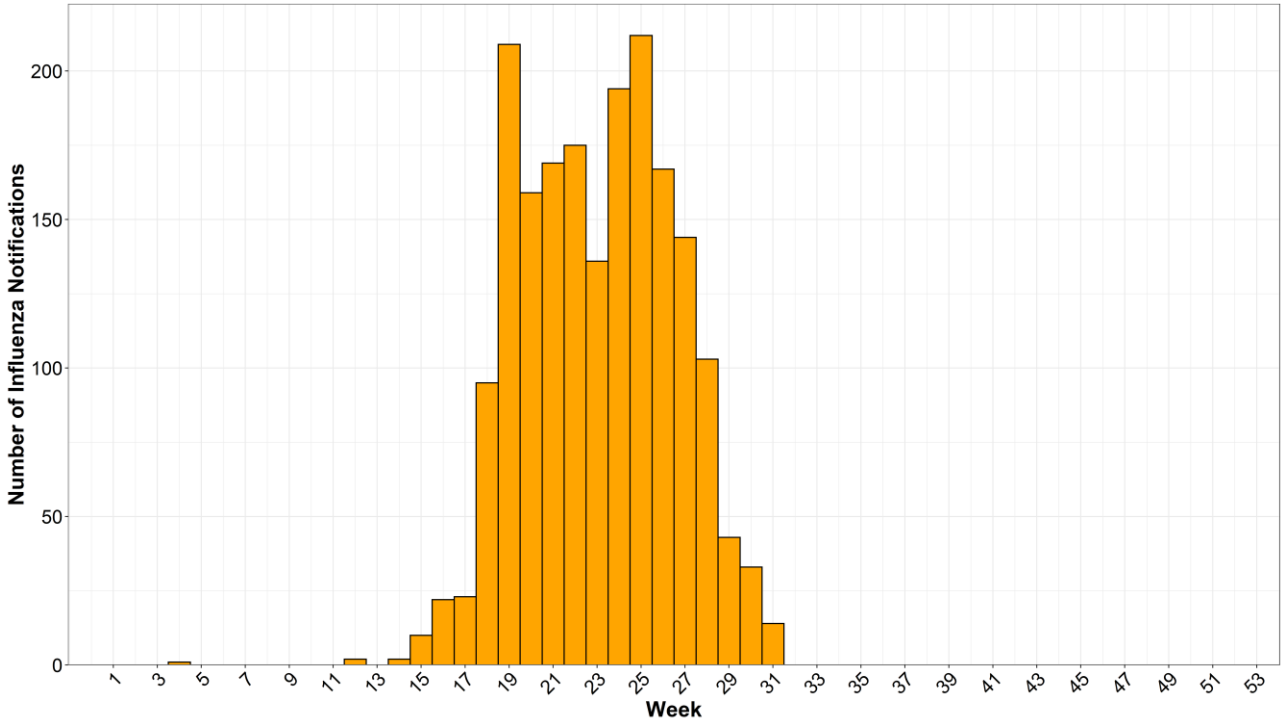
Notes:
[a] *COVID-19 cases notified to and managed by ACT Health during the reporting period.*
[b] *From 1 January 2022 until 8pm 31 July 2022.*
[c] *Laboratory-confirmed influenza notifications where the specimen collection date was within the reporting period.*

Figure 1: COVID-19 cases by week of diagnosis[a] for 2022



Notes:
[a]*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.*

Figure 2: Influenza cases by week of specimen collection date[a] for 2022



Notes:

[a]The notification data was exported on 1 August 2022 from the ACT Notifiable Disease Management System for the 1 January 2022 to 31 July 2022, by date of specimen collection.

Table 2: COVID-19 and laboratory-confirmed influenza notifications by age group, reporting period and 1 January to 31 July 2022

	WEEK 31 Ending 31/07/2022		Year To Date 2022	
Age Group	**COVID-19**	**Influenza[d]**	**COVID-19**	**Influenza**
0–4	275	<5	9,740	242
5–11	501	<5	17,269	341
12–17	434	0	14,767	186
18–24	666	<5	22,968	400
25–39	1,486	<5	55,028	330
40–49	932	0	28,367	130
50–64	932	<5	25,491	135
65+	650	0	13,446	149
Not stated/inadequately described[c]	0	0	1	0
TOTAL[ab]	**5,876**	**14**	**187,077**	**1,913**

Source: ACT Health Data Repository (NDMS).

Note:

[a]*Cases notified to and managed by ACT Health during the reporting period*

[b]*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.*

[c]*Dates of birth were invalid or not available.*

[d]*Where influenza notifications were fewer than five in an age group, these cells have been marked '<5'.*

COVID-19 Vaccination statistics as at 31 July 2022

77.8% VACCINATIONS (TWO DOSES: 5-15 YEARS OLD)	77.5%[1] VACCINATIONS (THREE DOSES: 16 YRS+)	49.4% VACCINATIONS (FOUR DOSES: 50 YRS+)

[1] *Population change is occurring in the ACT including the shift in age breakdowns and interstate and overseas migration into and out of the ACT. Vaccination rates may either increase or decrease as they are affected by these changes. In Week 31, the third dose vaccination coverage rate for the 16+ age group decreased by 0.2%.*

Number of cases reported with COVID-19 in the ACT

Table 3: COVID-19 case status by test type

	Test type	WEEK 30 Ending 24/07/2022[a]	WEEK 31 Ending 31/07/2022[ac]	2022 TOTAL[bc]
Cases	PCR	3,913	3,183	109,295
	RAT	2,969	2,693	77,782
	Total	**6,882**	**5,876**	**187,077**
Deaths[d]		5[e]	3	78

Note:

[a]*Cases notified to ACT Health during the reporting period.*

[b]*Total cases since 1 January 2022.*

[c]*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.*

[d]*Refers to a COVID-19 death that has been confirmed by ACT Health during the reporting period. The definition of a COVID-19 death for surveillance and reporting purposes is according to the COVID-19 SoNG.*

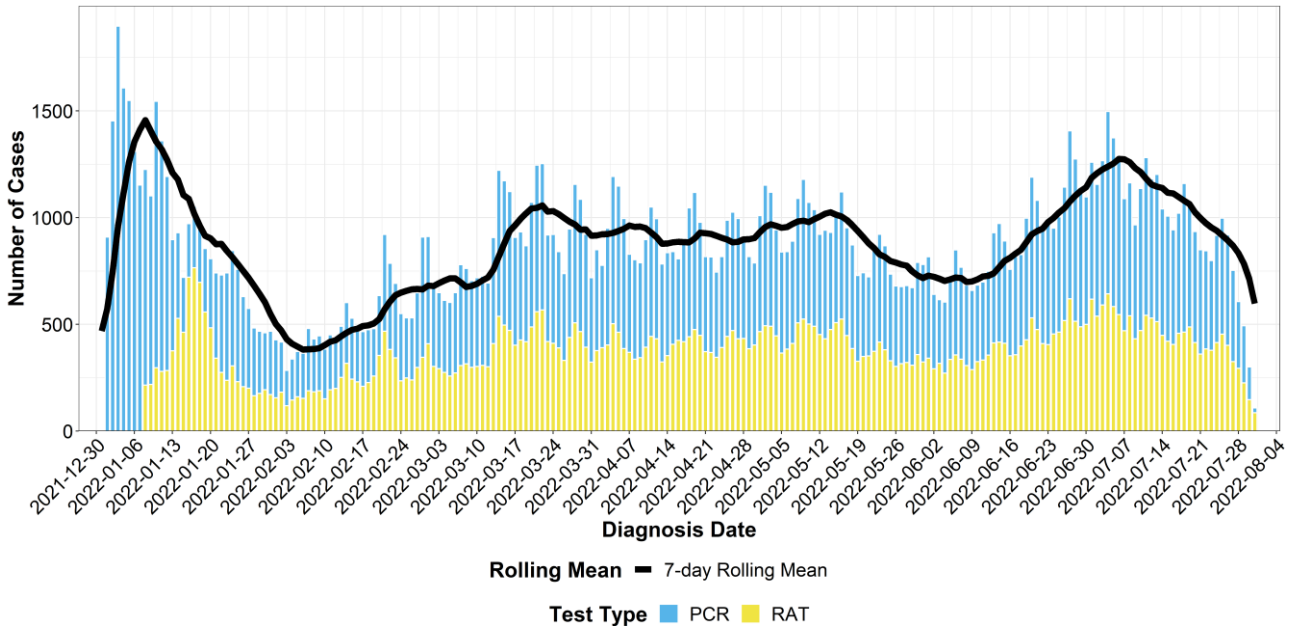
[e]*A death occurred in Week 30 which was previously not reported.*

- Vaccination status of the COVID-19-related deaths has not been included in this reporting period due to the additional number of deaths being fewer than five. Please refer to the *Weekly report ending 24 July 2022* (Week 30) for the vaccination status of deaths to that date.
- Of the new cases this week, 5.6% (330/5,876) were individuals who had more than one episode[2] of COVID-19 reported to ACT Health. This percentage has increased over the past few weeks (5% in Week 30). This is expected as immunity wanes following COVID-19 infection, vaccination and with the BA.5 subvariant replacing BA.2 as the dominant variant in the ACT and nationally.

[2] For this analysis we have defined multiple episodes as a person who had an initial positive PCR/RAT, was cleared from isolation, and a subsequent positive PCR/RAT after the nationally recommended testing window (*COVID-19 SoNG)* that was current at the time of the subsequent test. This has ranged from 4 weeks to 12 weeks throughout the pandemic. 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.

Figure 3: COVID-19 cases (with 7-day rolling mean) by test type and diagnosis date[ab]

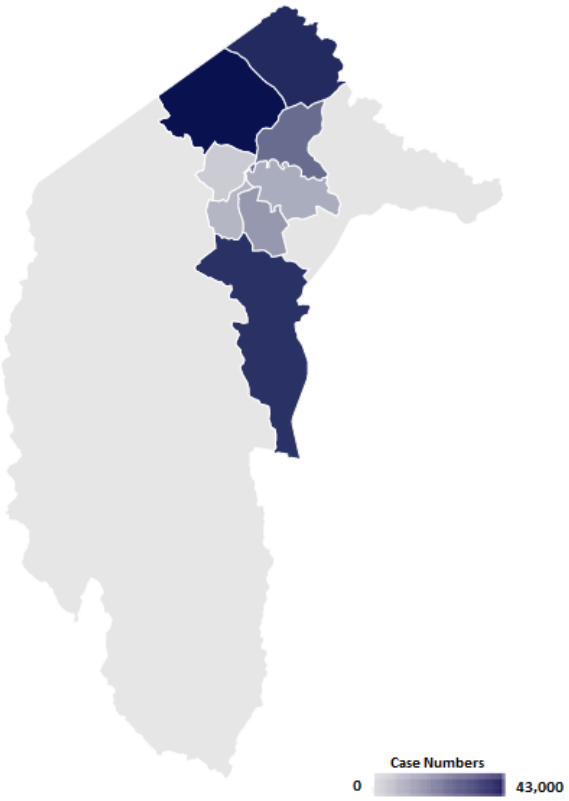
Since 1 January 2022



Notes:
[a]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.
[b]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.

- COVID-19 case numbers have decreased this reporting period for the third week in a row. There were 5,876 new cases reported in Week 31 (Monday 25 July 2022 to Sunday 31 July 2022) compared to 6,882 cases in Week 30. Total cases for Week 30 were previously reported as 6,926, which has decreased following data cleaning, including the removal of duplicate records.
- In Week 31 the 7-day rolling case mean (PCR and RATs) decreased to 700-900 cases per day. This compares to 1000-1100 cases per day in Week 30. This is the lowest 7-day rolling case mean (PCR and RATs) recorded in the ACT since early June 2022.
- The recent decrease in case numbers suggests the current wave is peaking earlier and at a lower level than anticipated. ACT Health will continue to monitor the situation closely.

Figure 4: Map of COVID-19 cases by Statistical Area Level 3 (SA3) since 1 January 2022



SA3 Region[a]	Cases[b]
Belconnen	42,076
Canberra East	390
Gungahlin	36,959
Molonglo	5,303
North Canberra	24,609
South Canberra	11,985
Tuggeranong	36,230
Urriarra - Namadgi	211
Weston Creek	9,744
Woden Valley	15,511
Not available[c]	1,231
Outside ACT[c]	2,700
TOTAL[de]	**186,949**

Notes:

[a]Data show cases notified to and managed by ACT Health from 1 January 2022 until the end of the reporting period (8pm, 31 July 2022). These data use the Australian Statistical Geography Standard (ASGS) Edition 3.

[b]These data use multiple address identifiers to determine the SA3 region.

[c]There were 3,931 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.

[d]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.

[e]Since Week 30 (Week ending 24 July 2022) this map will only show total COVID-19 cases since 1 January 2022.

Table 4: COVID-19 cases[ab] by age group for reporting period

Age Group	WEEK 30 Ending 24/07/2022	WEEK 31 Ending 31/07/2022	Age Group Percentage (%) of TOTAL WEEK 31	Age Group Rate (per 100,000 population) of TOTAL WEEK 31
0–4	356	275	4.7	1,031
5–11	441	501	8.5	1,236
12–17	398	434	7.4	1,435
18–24	690	666	11.3	1,445
25–39	1,953	1,486	25.3	1,293
40–49	1,028	932	15.9	1,517
50–64	1,236	932	15.9	1,289
65+	780	650	11	1,045
Not stated/inadequately described[c]	0	0	0	0
Total	**6,882**	**5,876**	**100**	**1,293**

Source: ACT Health Data Repository (NDMS).

Notes:

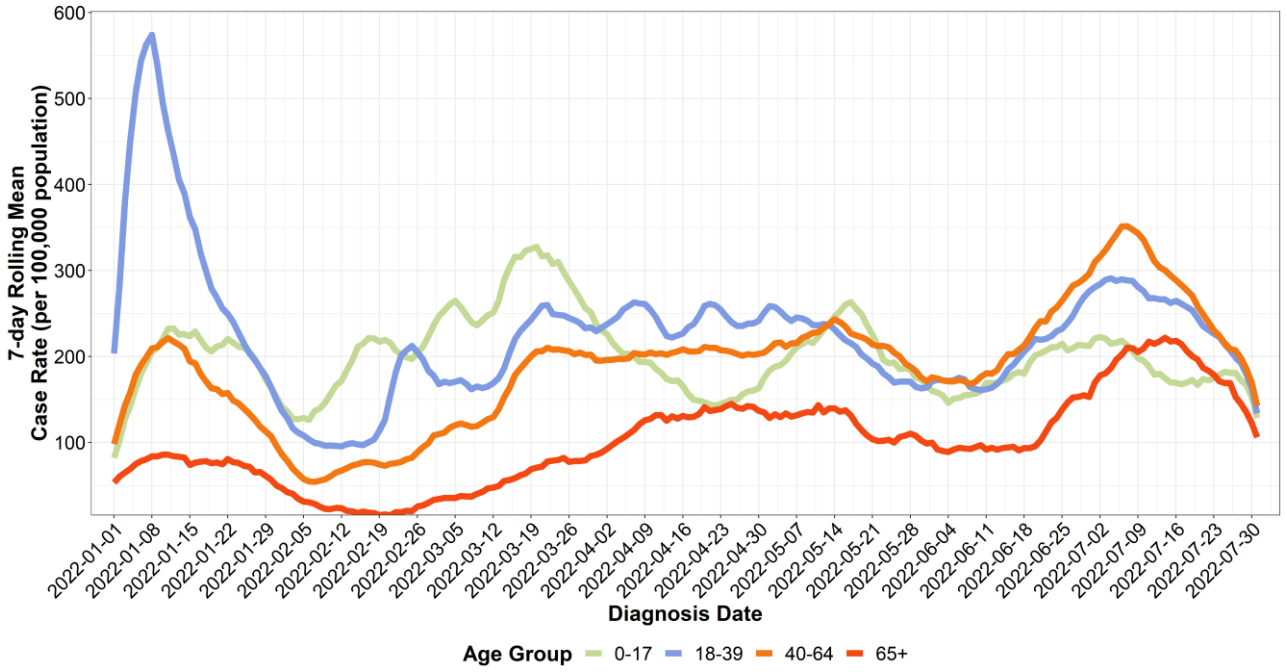
[a]Cases notified to and managed by ACT Health during the reporting period.

[b]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.

[c]Dates of birth were invalid or not available.

Figure 5: Rolling mean of COVID-19 case rate by age group and diagnosis date[a]

Since 1 January 2022

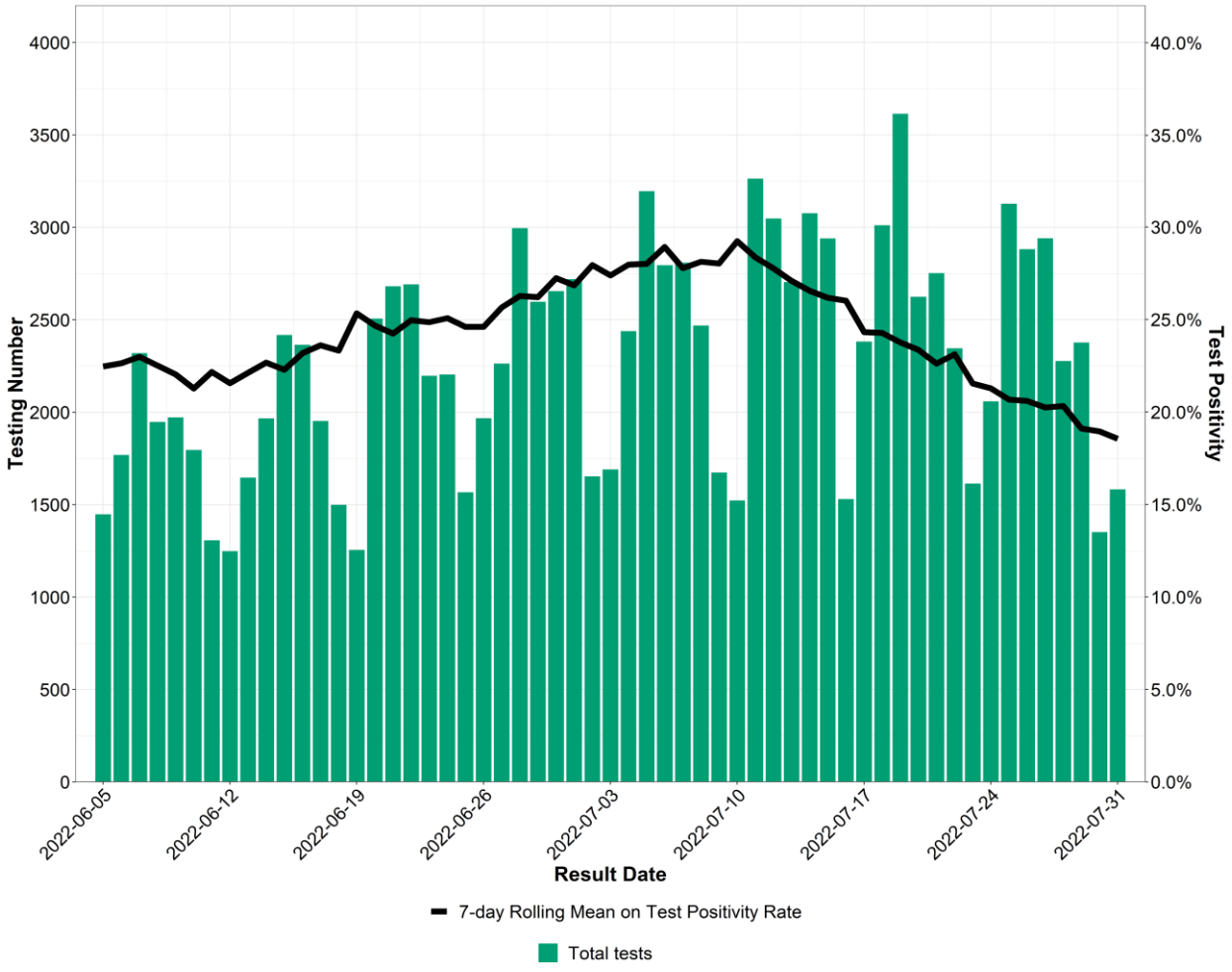


Notes:
[a]The DIAGNOSIS DATE will be the TRUE ONSET DATE if known, otherwise it will be earliest of the SPECIMEN DATE, the NOTIFICATION DATE or the NOTIFICATION RECEIVED DATE

- 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 31, the 7-day rolling average case rate continued to decrease for all age groups.
- During the reporting period, the 7-day rolling average case rate for the 65+ age group remained high with an average of 142.8 cases per 100,000 population.

Figure 6: Testing by result date with test positivity

Past 8 weeks



Notes:
[a]Testing number includes positive and negative tests for PCR only.
[b]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 test numbers have decreased again this reporting period with a total of 16,610 tests being conducted in Week 31. This compares to 18,024 tests in Week 30.
- Based on PCR tests only, the test positivity 7-day rolling mean has decreased again this reporting period at an average of 20% compared to 24% in Week 30. This is the lowest test-positivity 7-day rolling mean reported in the ACT since April 2022, noting a test positivity of 20% still reflects high community transmission.

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

Indigenous Status	WEEK 31 Ending 31/07/2022	2022 TOTAL[a]
Aboriginal and/or Torres Strait Islander People	86	3,388 (2%)
Neither Aboriginal nor Torres Strait Islander People	4,671	152,772 (82%)
Not stated/inadequately described[c]	186	7,235 (4%)
Not available[d]	933	23,682 (13%)
Total	**5,876**	**187,077 (100%)**

Notes:

[a]Cases notified to and managed by ACT Health during the reporting period.

[b]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.

[c]Individuals have chosen not to identify their Aboriginal and/or Torres Strait Islander Status.

[d]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.

COVID-19 hospitalisations in the ACT

Table 6: 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]	224 (17%)	37 (3%)	397 (29%)	516 (38%)	106 (8%)	71 (5%)	1,351 (100%)[e]
In ICU	20 (18%)	3 (3%)	38 (35%)	41 (37%)	7 (5%)	2 (2%)	111 (100%)[e]

Notes:

[a]Total cases since 1 January 2022.

[b]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.

[c]Cases admitted to an ACT hospital, including those with a residential address in the ACT or another state or territory.

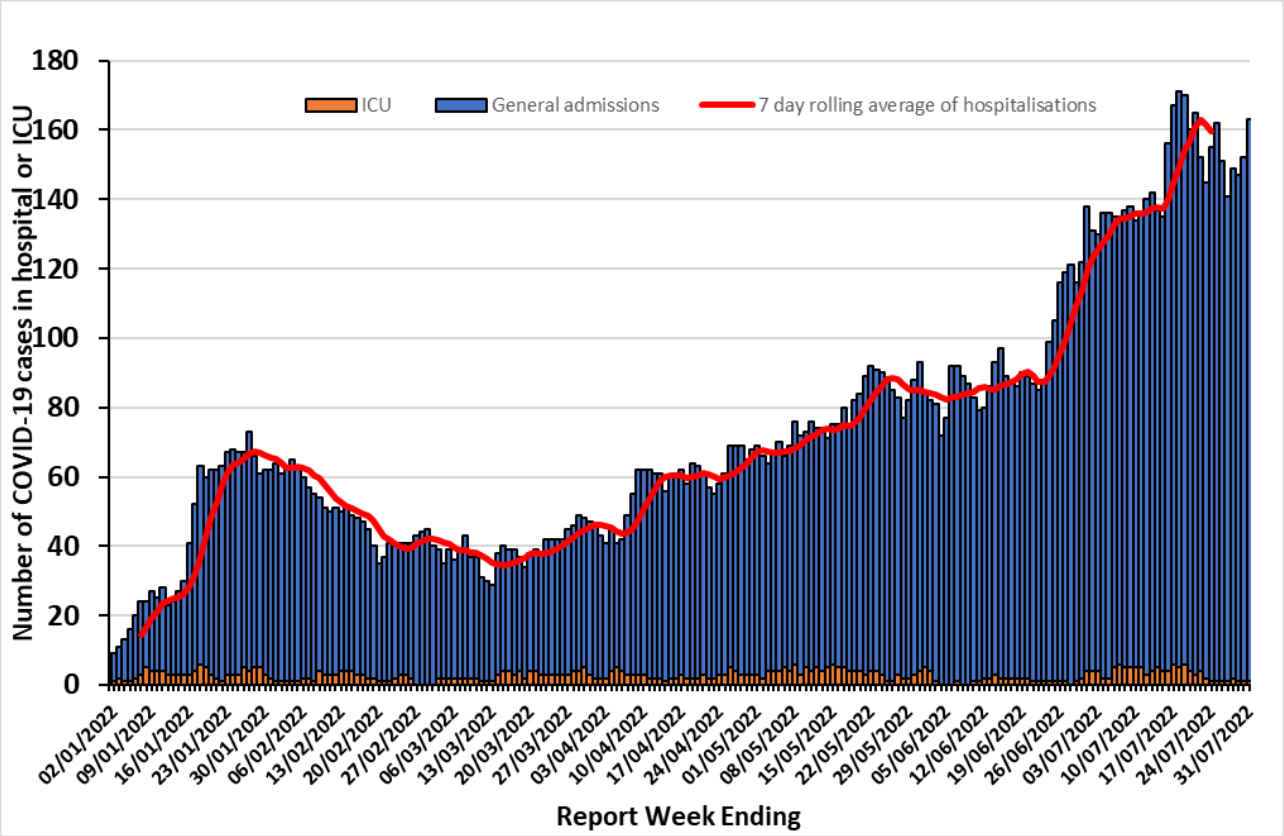
[d]Hospitalisation is defined as a person being admitted to an ACT hospital for any reason and does not differentiate between a person admitted for COVID 19 related reasons or for other reasons.

[e]25 cases were admitted to an ACT hospital with admission date prior to the reporting period. 1 case was admitted to an ICU with an admission date prior to the reporting period.

- Since 1 January 2022, approximately 53% (59/111) of all cases admitted to the ICU had received fewer than 3 doses of vaccine at the time of their admission and 18% (20/111) of cases were unvaccinated at the time of their admission[3].

[3] 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 at the time of admission. Since 1 January 2022, there have been 2 cases who were not age-eligible for 3 doses of COVID-19 vaccine at the time of their ICU admission, and 2 cases whose vaccination status remains unvalidated/unknown.

Figure 7: COVID-19 hospitalisations[a] in the ACT, by date[b], from 1 January 2022



Note:
[a]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.
[b]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 Sunday 31 July 2022), there were 165 inpatients affected by COVID-19 across ACT hospitals.
- Despite ongoing high inpatient numbers, COVID-19 ICU admissions remain low. At the end of the reporting period, two of the 165 inpatients were admitted to the ICU.

Table 7: Hospitalised[a] COVID-19 cases[b] 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	109 (68%)	12 (7%)	29 (18%)	2 (1%)	0 (0%)	9 (6%)	161
18–39	26 (12%)	8 (4%)	101 (47%)	71 (33%)	1 (0%)	9 (4%)	216
40–64	36 (12%)	6 (2%)	100 (33%)	135 (45%)	13 (4%)	13 (4%)	303
65+	53 (8%)	11 (2%)	167 (25%)	308 (46%)	92 (14%)	40 (6%)	671
2022 TOTAL[c]	**224 (17%)**	**37 (3%)**	**397 (29%)**	**516 (38%)**	**105 (8%)**	**71 (5%)**	**1,351**

Notes:

[a]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.

[b]Cases admitted to an ACT hospital, including those with a residential address in the ACT or another state or territory.

[c]25 cases were admitted to an ACT hospital with admission date prior to the reporting period. This includes 1 case who was 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.

Historical COVID-19 cases

Table 8: COVID-19 case totals by year

Year	Total cases
2020	118
2021	4,261
Year To Date 2022[b]	187,077

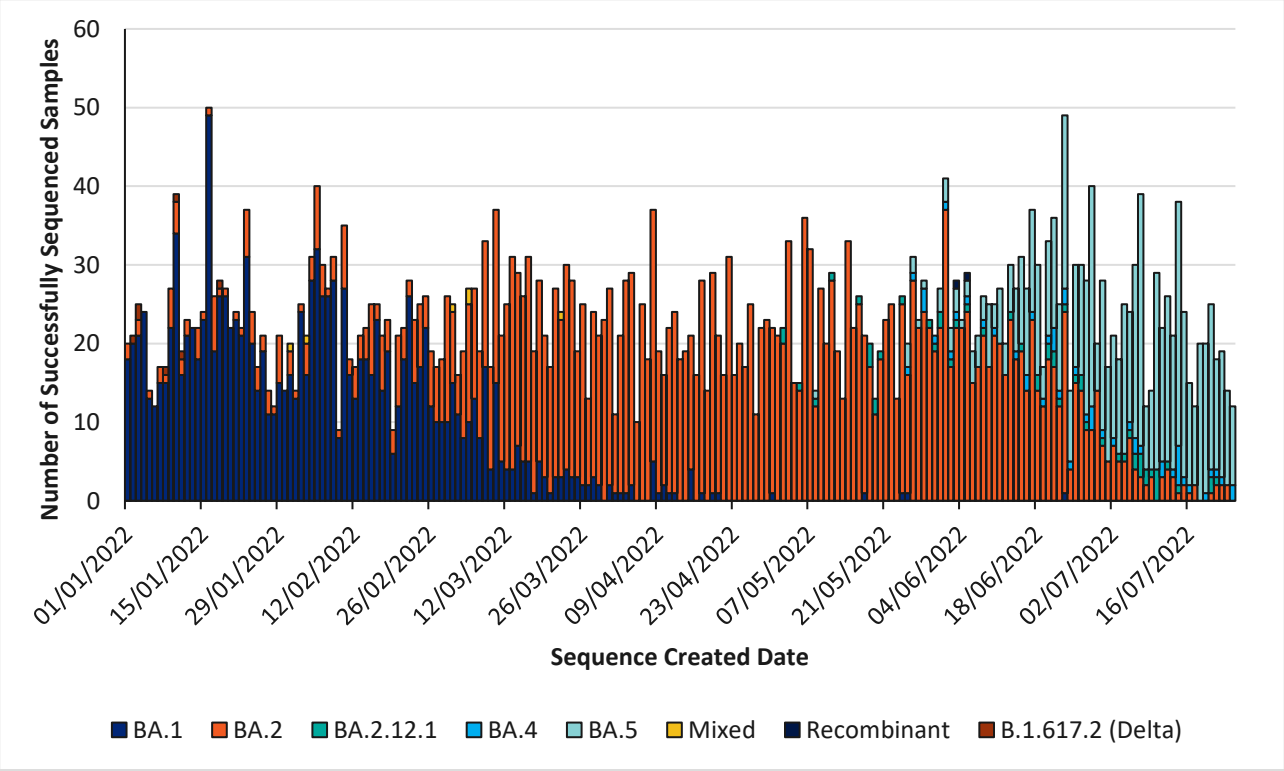
Notes:

[a]COVID-19 cases notified to and managed by ACT Health during the reporting period.
[b]From 1 January 2022 until 8pm 31 July 2022.

COVID-19 Whole Genome Sequencing

- No recombinant COVID-19 infections[4] were recorded during the reporting period. The last recombinant (XM) was detected in Week 24.
- No mixed COVID-19 infections[5] were recorded during the reporting period. Six mixed infections have been previously identified in the ACT with the last recorded in mid-March 2022.
- BA.5 continues to be the dominant variant sequenced on samples sent for sequencing in the ACT (see Figure 8).

Figure 8: Proportion of variant designations of sequenced samples in the ACT since 1 January 2022



[4] A recombinant COVID-19 infection is where two strains have shared genetic material to form a new variant.
[5] A mixed COVID-19 infection is defined as a case being simultaneously infected with two different COVID-19 strains.

Institutional outbreaks of influenza and COVID-19

- In Week 31, there were 11 active COVID-19 outbreaks in ACT Residential Aged Care Facilities[6] (RACFs) and a total of 74 new cases in residents in these facilities. This is similar to Week 30 which saw 11 active outbreaks and 82 new resident cases.
- In Week 31, there were no new institutional influenza outbreaks.

COVID-19 vaccination coverage in the ACT

Table 9: COVID-19 vaccination coverage rates[a] for ACT residents[ef] by age group, as of 31 July 2022

Age Group	Dose 1	Dose 2	Dose 3	Dose 4
5-15[1]	85.3%	77.8%	<1%	-
16-29	89.7%	87.5%	55.9%	<1%
30-39	>99%	98.7%	72.5%	7.6%
40-49	>99%	>99%	83.5%	12.6%
50-69	>99%	>99%	90.1%	36.3%
70+	>99%	>99%	98.8%	76.6%
Total 5 and over	97.3%	94.8%	66.5%	18.9%
Total 16 and over	>99%	97.7%	77.5%	22.1%
Total 50 and over	>99%	>99%	92.9%	49.4%

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

Notes:

[a]Population change is occurring in the ACT including the shift in age breakdowns and interstate and overseas migration into and out of the ACT. Vaccination rates may either increase or decrease as they are affected by these changes.

[b]There were 1,233 third doses administered prior to the approval of third doses for severely immunocompromised people on 8 October 2021.

[c]Third doses cannot be distinguished from boosters in AIR reporting.

[d]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.

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

[f]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.

[g]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).

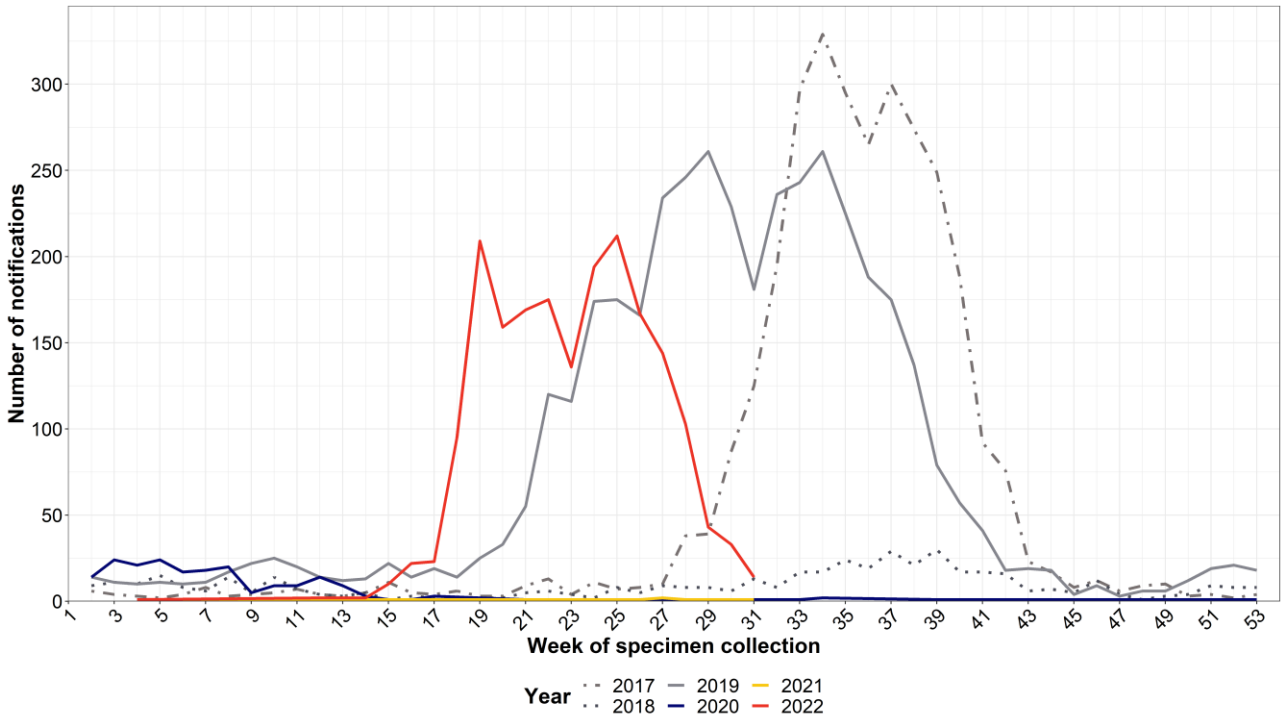
[h]Where a cell contains fewer than 10 people, data is not shown.

[i]From 22 July 2022, 5-11-year group has been replaced with 5-15-year group to reflect the vaccination rollout.

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

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 31 July 2022, ACT.



- Influenza notifications to ACT Health have continued to decrease this reporting period.
- Between 1 January 2022 and 31 July 2022, there were 1,913 notifications of influenza to ACT Health from laboratories. Of these, 14 had their specimens collected in Week 31.
- ACT health continues 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.

Table 10: Number and proportion of influenza notifications by age group 1 January 2022 to 31 July 2022, ACT

Age Group	Number of Notifications	Proportion of Notifications (%)	Rate (notifications per 100,000 age specific population)[b]
0–4	242	12.7	907
5–9	275	14.4	943
10-19	417	21.8	780
20-64	830	43.4	293
65+	149	7.8	240
TOTAL[a]	**1,913**	**100**	**421**

Notes:
[a]Data provided for the current and most recent weeks may be incomplete. All data is preliminary and subject to change as updates are received.
[b]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)
    - 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.

Table 11: Influenza vaccination coverage by jurisdiction, all residents, 31 July 2022

	ACT	NSW	VIC	QLD	SA	WA	TAS	NT	AUS
6 mo - <5 yrs	49.1	30.6	35.7	24.5	31.6	24.4	33.6	31.5	**30.4**
5 - <15 yrs	28.0	22.7	26.4	19.2	25.0	19.0	24.5	16.6	**22.7**
15 - <50 yrs	35.9	27.0	31.0	24.9	33.7	24.5	32.0	24.2	**28.0**
50 - <65 yrs	51.4	43.5	47.5	43.9	53.2	43.5	54.0	31.6	**45.5**
≥65 yrs	71.6	66.4	70.1	68.3	75.4	68.9	75.3	41.1	**68.8**
Total (≥6mo)	**43.8**	**37.2**	**40.7**	**35.3**	**45.0**	**34.8**	**45.0**	**27.1**	**38.1**

Source: National Centre for Immunisation Research and Surveillance Australia, AIR data[7] as at 31 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 may appear 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.

Table 12: Influenza vaccination coverage by jurisdiction, Aboriginal and/or Torres Strait Islander, 31 July 2022

	ACT	NSW	VIC	QLD	SA	WA	TAS	NT	AUS
6 mo - <5 yrs	30.3	19.7	22.2	15.4	18.4	16.1	24.0	35.6	**19.3**
5 - <15 yrs	20.6	17.0	18.3	14.2	16.6	15.2	20.0	25.4	**16.8**
15 - <50 yrs	26.7	20.8	23.9	19.7	25.1	21.1	26.8	34.3	**22.7**
50 - <65 yrs	51.6	48.1	49.7	44.9	52.4	44.5	60.6	50.7	**47.8**
≥65 yrs	72.5	71.3	72.6	65.8	70.5	60.4	80.7	54.5	**67.6**
Total (≥6mo)	**31.0**	**26.4**	**29.5**	**23.3**	**28.4**	**24.0**	**33.2**	**36.0**	**26.7**

Source: National Centre for Immunisation Research and Surveillance Australia, AIR data[7] as at 31 July 2022.

Explanatory notes:

Reporting period is Monday 25 July 2022 to Sunday 31 July 2022 inclusive, Epidemiological Week 31.

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). 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 change 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, therefore 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, 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 declines 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 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 that falls within the reporting period after the release of the report. 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. On 22 July 2022, ACT Health began using 2021 ABS Census ACT population data for COVID-19 vaccination analyses. This resulted in changes to vaccination coverage rates due to the underestimate of the previous source (ACT Government Treasury Projections 2021 estimate). This change was publicly reported on Friday 22 July 2022.

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 that fall within the reporting period after the release of the report. 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 who are residents of the ACT. Influenza notification data should be interpreted with caution as notification data generally only represents a small proportion of cases of influenza in the community.

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

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.