

Week ending 26 June 2022

Reporting period Monday 20 June 2022 to Sunday 26 June 2022 inclusive

- As of this week (Week 26), the ACT Influenza Report and COVID-19 Weekly Epidemiology Update will be combined for the duration of the influenza season. All previous influenza and COVID-19 reports are still available at [ACT Health - Flu in the ACT website](#) or [ACT COVID-19 website](#).

COVID-19

- There has been a continued increase in COVID-19 case numbers in the ACT.
- The proportion of BA.5 Omicron subvariant in the cases that have been sent for Whole Genome Sequencing has increased again this week to 33%.
- Case numbers are expected to increase as the BA.5 subvariant becomes the dominant variant in the ACT.
- ACT hospitals continue to care for large numbers of patients affected by COVID-19.
- [A study led by Australia's National Centre for Immunisation Research and Surveillance \(NCIRS\)](#) has shown that having a booster (third) COVID-19 vaccine dose provided 65% greater protection against hospitalisation or death from Omicron compared to having received two vaccine doses.

INFLUENZA:

- Influenza case numbers in the ACT have decreased this reporting period.
- Case numbers remain consistently highest in the 5 to 9 age group.
- Influenza vaccination is recommended for everyone aged six months or over.
- 40.6% of ACT residents aged 6 months or older have received an influenza vaccination, which is higher than the national coverage of 34.7%.

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KEY STATISTICS - COVID-19

6,917 TOTAL NEW CASES (LAST 7 DAYS) ^{ab}	153,903 TOTAL CASES (SINCE MAR 2020)	11,897 NEGATIVE TESTS (LAST 7 DAYS)
78 LIVES LOST (SINCE MAR 2020)	30 CASES ADMITTED TO HOSPITAL (LAST 7 DAYS)	1 CASES ADMITTED TO ICU (LAST 7 DAYS)
80.6% VACCINATIONS (ONE DOSE: 5-11 YEARS OLD)	97.3% VACCINATIONS (TWO DOSES: 5 YRS+)	77.1% VACCINATIONS (THREE DOSES: 16 YRS+)

Note:

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

^b 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.

KEY STATISTICS – INFLUENZA

139 TOTAL NEW CASES ^a (LAST 7 DAYS)	1,531 TOTAL CASES ^b (SINCE 1 JANUARY 2022)	41.4% VACCINATIONS ^c (6 MONTHS OLD+)
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Note:

^a 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. From 01/01/2022, the laboratory-confirmed influenza case definition excludes those identified by single high antibody titre. This change has minimal impact on the interpretation of influenza notification trends.

^b 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.

^c Data retrieved from the National Centre for Immunisation Research and Surveillance Australia, AIR data as at 26 June 2022.

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Explanatory Notes:

Reporting period is Monday 20 June to Sunday 26 June inclusive, Epidemiological Week 26.

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 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.

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

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

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

Laboratory-confirmed influenza

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

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

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

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

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

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

Produced by ACT Health

COVID-19 DATA:

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

Table 1: COVID-19 case status by test type

	Test type	WEEK 26 ^a Ending 26/06/2022 ^c	TOTAL ^b
New Cases	PCR	3,703	92,472
	RAT	3,214	61,431
	Total	6,917	153,903
Deaths ^d		3	78

Note:

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

^bTotal cases since the start of the pandemic, March 2020.

^cTotal 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.

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

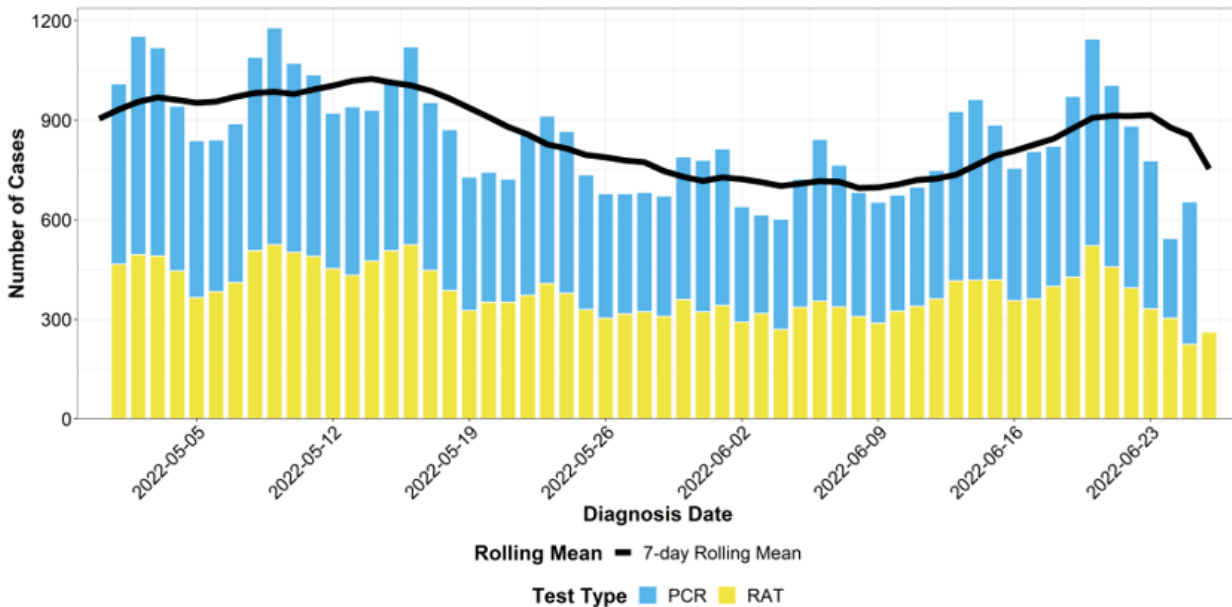
- Vaccination status of COVID-19-related deaths has not been included this reporting period due to the additional number of deaths being fewer than five. Please refer to the report for the week ending 19 June 2022 (Week 25) for the vaccination status of deaths to that date.
- Of the new cases this week, 2% (150/6,917) were individuals who had more than one episode¹ of COVID-19 reported to ACT Health. This percentage is anticipated to increase over time as immunity wanes following COVID-19 infection, vaccination, and as the BA.5 subvariant replaces BA.2 as the dominant variant in the ACT and nationally.

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

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Figure 1: COVID-19 cases by test type and diagnosis date^{abc}

Last 8 Weeks



Notes:

^aThe 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.

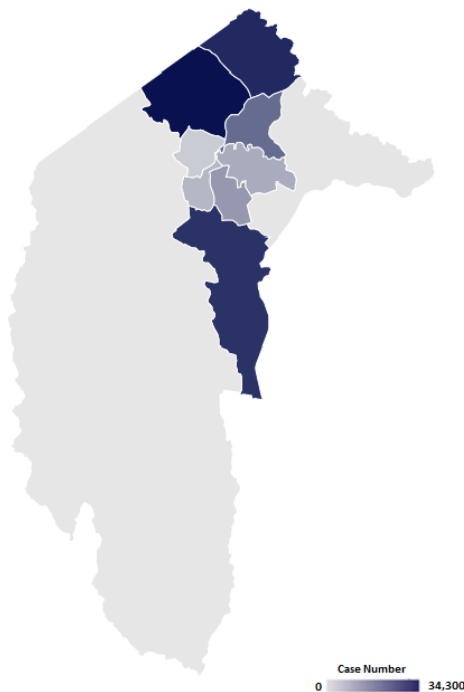
^bDue to the case processing system, there is a small portion of cases that will not appear before the end of the cut-off period. This will result in an under-reporting of the case numbers and average mean for the 48 hours prior to the cut-off period.

^cDiagnosis 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.

- COVID-19 case numbers have increased again this reporting period. There were 6,917 new cases reported in Week 26 (Monday 20 June 2022 to Sunday 26 June 2022) compared to 5,985 new cases in Week 25. Total cases for Week 25 were previously reported as 6,064, which has decreased following data cleaning, including removal of duplicates.
- In Week 26 the 7-day rolling case mean (PCR and RATs) increased to 800-900 cases per day, compared to 700-800 in Week 25.

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Figure 2: Map of COVID-19 cases by Statistical Area Level 3 (SA3) since 15 December 2021



SA3 Region ^a	Cases ^b
Belconnen	34,240
Canberra East	313
Gungahlin	30,503
Molonglo	4,415
North Canberra	19,837
South Canberra	9,572
Tuggeranong	29,112
Urriarra - Namadgi	172
Weston Creek	7,802
Woden Valley	12,697
Not available	677
Outside ACT	2,356
TOTAL^c	151,696

Notes:

^aData show cases confirmed by PCR notified to ACT Health since 15 December 2021 and probable cases identified by positive RAT from 8 January 2022 until the end of the reporting period (8pm, 26 June 2022). These data use the [Australian Statistical Geography Standard \(ASGS\) Edition 3](#).

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

^cThere were 3,033 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.

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Table 2: COVID-19 cases by age group for the reporting period

Age Group	WEEK 26 Ending 26/06/2022	Age Group Percentage (%) of TOTAL WEEK 26
0-4	312	4.5%
5-11	559	8.1%
12-17	550	8%
18-24	639	9.2%
25-39	1,903	27.5%
40-49	1,201	17.4%
50-64	1,180	17.1%
65+	573	8.3%
Not stated/inadequately described ^a	0	0%
Total	6,917	100%

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

Notes:

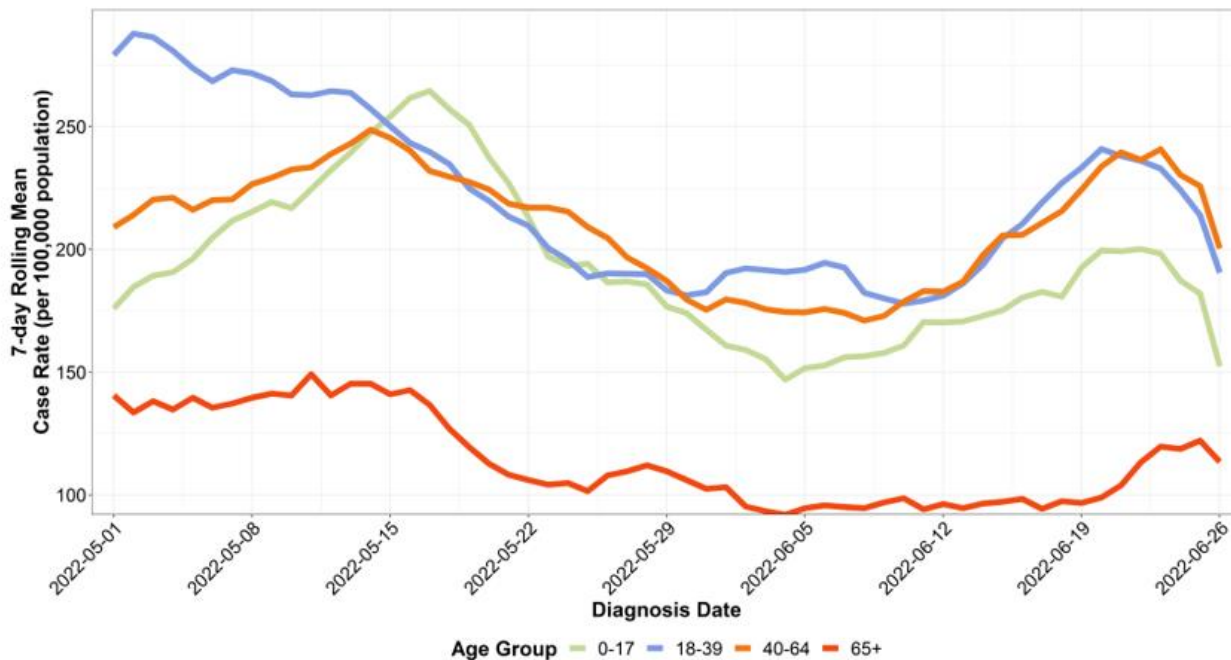
^aDates of birth were invalid or not available.

- Total reported case numbers increased across most ages groups this reporting period with the largest increase seen in the 50-64 age group, followed by those aged 40-49 and 65 and over.

Produced by ACT Health

Figure 3: Rolling mean of COVID-19 case rate by age group and diagnosis date^{ab}

Last 8 Weeks



Notes:

^aThe 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.

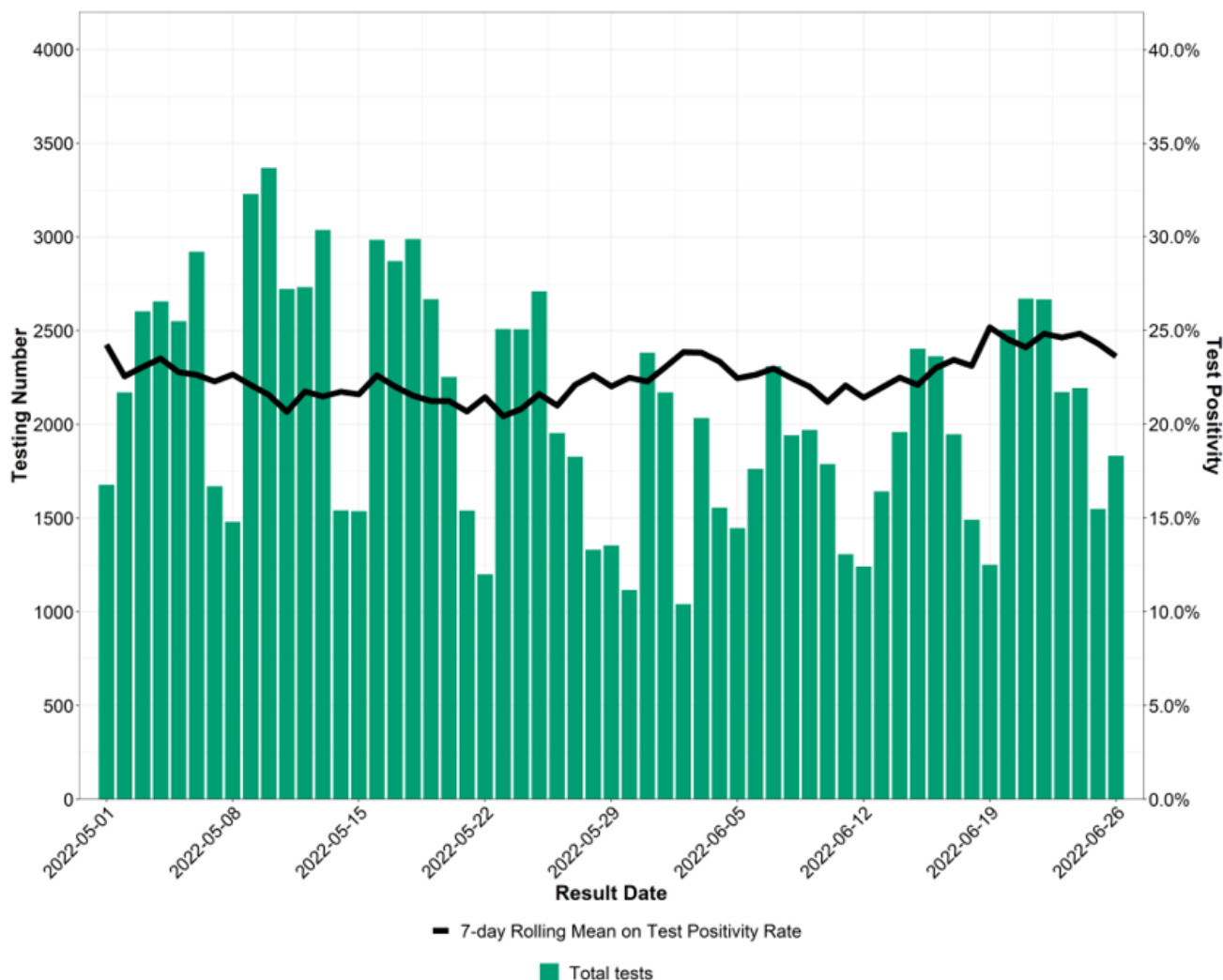
^bDue to the case processing system, there is a small portion of cases that will not appear before the end of the cut-off period. This will result in an under-reporting of the case numbers and average mean for the 48 hours prior to the cut-off period.

- 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 26 there was an increase in the 7-day rolling average case for both the 40-64 and 65+ age groups and a slight decrease for both the 0-17 and 18-39 age groups.
 - The 7-day rolling average case rate for those aged 40-64 increased to between 200-240 cases per day compared to 180-220 in Week 25.
 - The 7-day rolling average case rate for those aged 65+ increased to between 100-120 cases per day compared to 90-100 in Week 25.

Produced by ACT Health

Figure 4: Testing^a by result date and test positivity^b

Last 8 Weeks



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

- Total PCR testing numbers increased again this reporting period with a total of 15,600 PCR tests being conducted in Week 26. This compares to 13,012 tests in Week 25.
- Based on PCR tests only, the test positivity rolling mean has also increased this week to 24% after sitting at 22-23% for the past few weeks.
- High test positivity can be an indicator of high community transmission and undiagnosed cases of COVID-19.

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Table 3: COVID-19 cases by Aboriginal and/or Torres Strait Islander status for the reporting period

Indigenous Status	WEEK 26 Ending 26/06/2022	TOTAL Pandemic ^a
Aboriginal and/or Torres Strait Islander People	99	3,052 (2%)
Neither Aboriginal nor Torres Strait Islander People	5,049	124,158 (81%)
Not stated/inadequately described ^b	184	5,965 (4%)
Not available ^c	1,585	20,728 (13%)
Total	6,917	153,093 (100%)

Notes:

^aTotal cases since the start of the pandemic, March 2020. Total cases may vary from week to week due to data cleaning and merging of records or receipt of retrospective surveys.

^bIndividuals have chosen not to identify their Aboriginal and/or Torres Strait Islander status.

^cData 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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Hospitalisation in the ACT

Table 4: COVID-19 cases^a by vaccination status and hospitalisation status (non-mutually exclusive^b)

Status (NON-MUTUALLY EXCLUSIVE) ^a	4 doses of COVID-19 vaccine N (%)	3 doses of COVID-19 vaccine N (%)	2 doses of COVID-19 vaccine N (%)	1 dose of COVID-19 vaccine N (%)	Unvaccinated N (%)	Unvalidated/ Unknown N (%)	TOTAL
In hospital ^{bcd}	36 (3%)	393 (33%)	360 (30%)	45 (4%)	348 (29%)	23 (2%)	1,205 (100%) ^e
In ICU	1 (1%)	36 (25%)	37 (26%)	6 (4%)	61 (42%)	3 (2%)	144 (100%) ^e

Notes:

^aTotal cases since the start of the pandemic, March 2020.

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

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

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

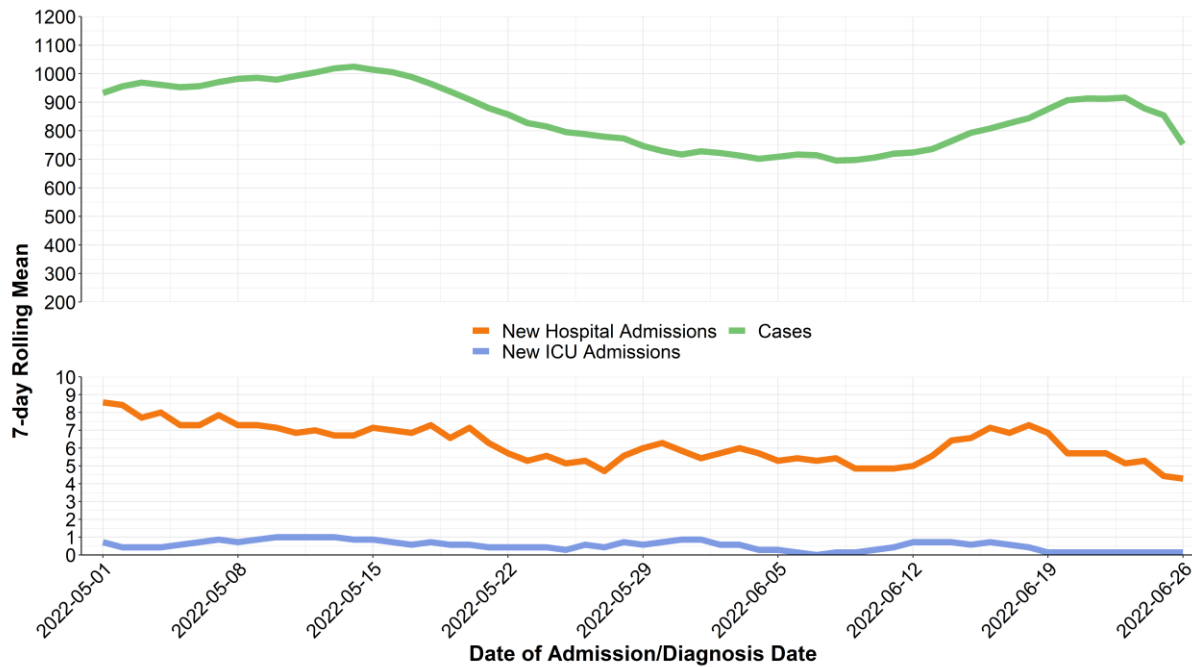
^e38 cases were admitted to an ACT hospital with admission date prior to the reporting period (19 in Week 25, 19 historic). This includes 1 case that was admitted to an ICU with an admission date prior to the reporting period (Week 25).

- 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 26 June 2022), there were 119 inpatients across ACT hospitals; 41% (49/119) were more than seven days from the date of their initial COVID-19 positive test.

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Figure 5: Rolling mean of number of COVID-19 cases admitted^a to ACT hospitals and ICU, by date of admission, and cases by diagnosis date^b

Last 8 Weeks



Notes:

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

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

Produced by ACT Health

Table 5: Hospitalised COVID-19 cases¹ by age group and vaccination status

Age Group	4 doses of COVID-19 vaccine N (%)	3 doses of COVID-19 vaccine N (%)	2 doses of COVID-19 vaccine N (%)	1 dose of COVID-19 vaccine N (%)	Unvaccinated N (%)	Unvalidated/ Unknown N (%)	TOTAL Pandemic
0–17	0 (0%)	1 (1%)	26 (17%)	12 (8%)	114 (74%)	1 (1%)	154 (100%)
18–39	1 (0%)	60 (25%)	90 (38%)	10 (4%)	75 (31%)	3 (1%)	239 (100%)
40–64	5 (2%)	98 (33%)	98 (33%)	9 (3%)	83 (28%)	5 (2%)	298 (100%)
65+	30 (6%)	234 (46%)	146 (28%)	14 (3%)	76 (15%)	14 (3%)	514 (100%)
TOTAL^a	36 (3%)	393 (33%)	360 (30%)	45 (4%)	348 (29%)	23 (2%)	1,205 (100%)

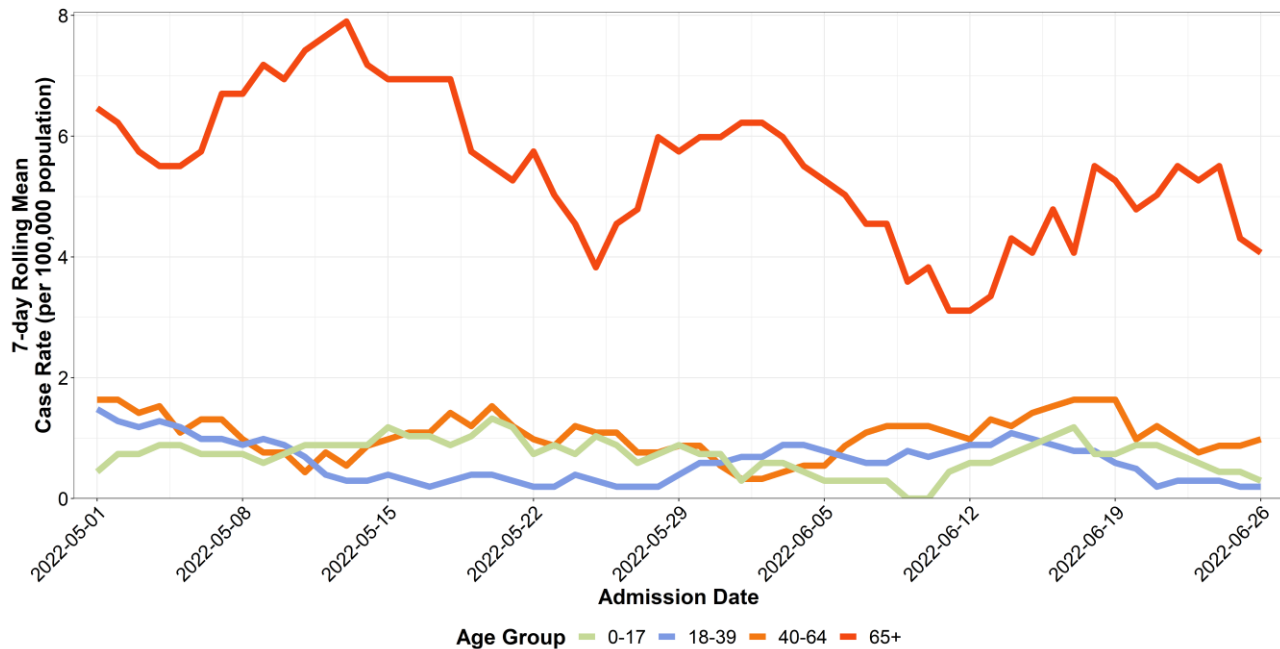
Notes:

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

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Figure 6: Rolling mean of hospitalised^a COVID-19 case rate by date of admission

Last 8 Weeks



Notes:

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

- There were 30 new hospital admissions (by date of admission) reported to ACT Health in Week 26. This compares to 51 new hospital admissions reported in Week 25. Note that the figure for Week 25 was previously reported as 32 and has since been corrected to reflect additional data received.
- An additional 19 individuals with their hospital admission date prior to Week 25 have been identified and included in the total number of hospital admissions since the start of the pandemic.
- The average age of the new admissions in Week 26 was 57 (range 0-98 years).
- Hospitalisations continue to be consistently highest in the 65+ age group despite being the age group with the lowest case rate. This highlights the increased risk of severe disease including hospitalisation in this older age group.
- There was one new admission to the ICU reported to ACT Health in Week 26. Last week there was one ICU admission that was not previously reported in Week 25 due to a delay in receiving the data, bringing the total for Week 25 to one.

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- Since 1 January 2022, approximately 60% (55/92) of cases with a known vaccination status admitted to the ICU had received fewer than 3 doses of vaccine at the time of their admission² and 20% (18/92) of cases were unvaccinated at the time of their admission.

Whole Genome Sequencing

- Since 1 January 2022, Whole Genome Sequencing (WGS) has been attempted on approximately 7% (6,698/87,953) of all PCR-positive tests for COVID-19 in the ACT³.
- No recombinant COVID-19 infections⁴ were recorded during the reporting period, the last recombinant (XM) was detected in Week 24.
- No mixed COVID-19 infections⁵ were recorded during the reporting period. Six mixed infections have been previously identified in the ACT with the last recorded in mid-March 2022.
- Of the cases with sequencing results in Week 26, 56% (39/69) were BA.2, 33% (23/69) were BA.5, with the remaining samples returning as BA.2.12.1 or BA.4.
- The proportion of BA.5 detected on samples sent for WGS in the ACT continues to increase from 22% in Week 25, and 20% in Week 24. This aligns with the prediction that BA.5 is expected to become the dominant strain in the ACT and Australia.

Outbreaks in High-Risk Settings

- At the end of Week 26, there were three COVID-19 outbreaks in ACT RACFs⁶. A total of 51 cases in residents of these facilities were reported during the reporting period.
- In Week 26, 27 disability support providers were affected by COVID-19 exposures. An additional 19 service providers reported exposures to ACT Health in this week where the actual exposure occurred prior to Week 26.

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

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

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

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

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

Produced by ACT Health

Vaccination Coverage in the ACT

Table 6: COVID-19 vaccination coverage rates for ACT residents by age group, as of 20 June 2022

Age Group	Dose 1	Dose 2	Dose 3	Dose 4
5-11	80.6%	68.9%	0.1%	0.0%
12-15	>99%	97.2%	1.6%	0.0%
16-29	>99%	97.7%	61.0%	0.6%
30-39	>99%	98.2%	71.0%	1.1%
40-49	>99%	98.9%	80.6%	2.0%
50-69	>99%	98.7%	87.2%	14.2%
70+	>99%	98.5%	91.5%	60.1%
Total 5 and over	>99%	97.3%	67.4%	10.5%
Total 16 and over	>99%	98.4%	77.1%	12.0%

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

Notes:

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

^bThere were 1,233 third doses administered prior to the approval of third doses for severely immunocompromised people on 8 October 2021.

^cThird doses cannot be distinguished from boosters in AIR reporting.

^dThere were 3,280 fourth doses administered prior to the commencement of the administration of winter (second) boosters. Fourth doses cannot be distinguished from second boosters in AIR reporting.

^eACT residential status is determined by residential address given at the time of vaccination. This may differ from a person's Medicare address.

^fPostcode 2901 is excluded from counting as this postcode lists vaccines administered under the Commonwealth COVID-19 Vaccination Program for persons that do not disclose their address, or for whom there is no known address. It includes national residents.

^gWhere first dose vaccinations to ACT residents are greater than the estimated number of ACT residents, the population estimate is revised to equal the number with a first dose.

^hWhere a cell contains fewer than 10 people, data is not shown.

- [A study led by Australia's National Centre for Immunisation Research and Surveillance \(NCIRS\)](#) has shown that having a booster (third) COVID-19 vaccine dose provided 65% greater protection against hospitalisation or death from Omicron compared to having received two vaccine doses.

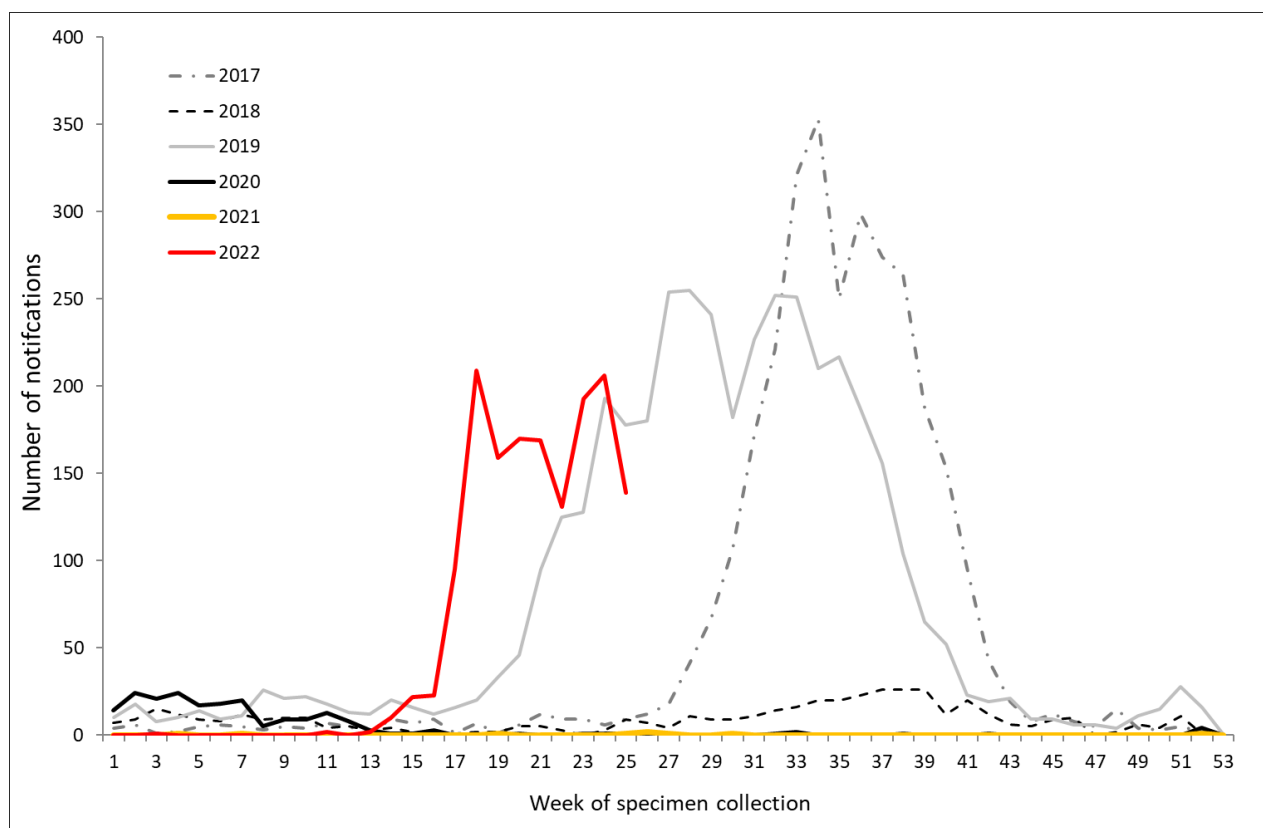
Produced by ACT Health

INFLUENZA:

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

- Between 1 January 2022 and 26 June 2022 there were 1,531 notifications of laboratory-confirmed influenza made to ACT Health. Of these, 139 had their specimens collected in Week 26.
- Almost all (1,521/1,531) influenza cases notified so far in 2022 have been Influenza A. Of the 316 with subtype information available, 258 (82%) were A/H3 and 58 cases were A/H1.
- Since 1 January 2022, notification rates for influenza have been highest for the 5-9 age group and are lowest in the 65+ group. This may reflect health-seeking and testing behaviours.

Figure 7: Number of influenza notifications, by week and year of specimen collection, 1 January 2017 to 26 June 2022, ACT.



Produced by ACT Health

**Table 7: Number and proportion of influenza notifications by age group 1
January 2022 to 26 June 2022, ACT**

Age Group	Number of notifications	Proportion of notifications	Rate (notifications per 100,000 age-specific population)
0-4 years	161	11%	593.5
5-9 years	215	14%	1264.3
10-19 years	385	25%	764.9
20-64 years	660	43%	248.6
65 years and over	110	7%	184.3
Total	1531	100%	364.9

Notes:

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

^dNotification data were exported on 28 June 2022 from the ACT Notifiable Disease Management System for the period 1 January 2017 to 26 June 2022, by date of specimen collection. Rates are calculated using ABS resident population estimates for September 2021.

Vaccination coverage

- The ACT provides free influenza vaccines 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 increases 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, people aged 5 and older with a disability, their carers and concession card holders (including the ACT Services Access Card) can receive a free flu vaccination.

Produced by ACT Health

Table 8: Influenza vaccination coverage by jurisdiction, all residents, 26 June 2022

	ACT	NSW	VIC	QLD	SA	WA	TAS	NT	AUS
6 mo - <5 yrs	41.4	25.2	30.4	20.1	25.3	18.6	26.8	23.3	25.0
5 - <15 yrs	24.0	18.6	23.2	15.8	20.3	14.5	20.2	13.3	18.9
15 - <50 yrs	33.0	23.4	28.0	21.9	29.7	20.3	28.1	20.9	24.6
50 - <65 yrs	48.4	39.5	44.4	40.2	49.0	38.2	49.3	28.2	41.6
≥65 yrs	69.6	64.0	68.2	65.8	73.3	65.7	72.7	38.4	66.4
Total (≥6mo)	40.6	33.5	37.7	32.1	41.1	30.4	41.0	23.6	34.7

Source: [National Centre for Immunisation Research and Surveillance Australia](#), AIR data⁷ as at 26 June 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 Australian 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 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.
- A 'vaccination episode' is linked to a state or territory based on the vaccinated individuals Medicare residential 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.

Produced by ACT Health

Table 9: Influenza vaccination coverage by jurisdiction, Aboriginal and/or Torres Strait Islander residents, 26 June 2022

	ACT	NSW	VIC	QLD	SA	WA	TAS	NT	AUS
6 mo - <5 yrs	25.4	15.2	17.9	11.7	14.2	10.8	18.9	26.0	14.6
5 - <15 yrs	17.1	13.7	15.4	11.3	13.5	11.1	16.1	20.6	13.4
15 - <50 yrs	23.5	17.6	21.1	16.7	21.5	16.3	23.2	29.0	19.1
50 - <65 yrs	47.4	43.0	45.6	40.4	47.1	36.7	55.6	44.8	42.6
≥65 yrs	69.7	68.1	70.0	61.9	67.8	54.7	78.5	50.6	64.0
Total (≥6mo)	27.4	22.8	26.3	20.0	24.7	18.9	29.4	30.4	22.8

Source: [National Centre for Immunisation Research and Surveillance Australia](#), AIR data⁷ as at 26 June 2022