ACT COVID-19 and Influenza Epidemiology Overview

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Produced by ACT Health

Week ending 21 August 2022

Reporting period Monday 15 August 2022 to Sunday 21 August 2022 inclusive, Epidemiological Week 34.

Key statistics:

COVID-19:

- In Week 34, the ACT recorded 2,096 new COVID-19 cases.
- Hospitalisations peaked in mid-July. However, ACT hospitals still continue to care for a relatively large number of patients affected by COVID-19.

Influenza:

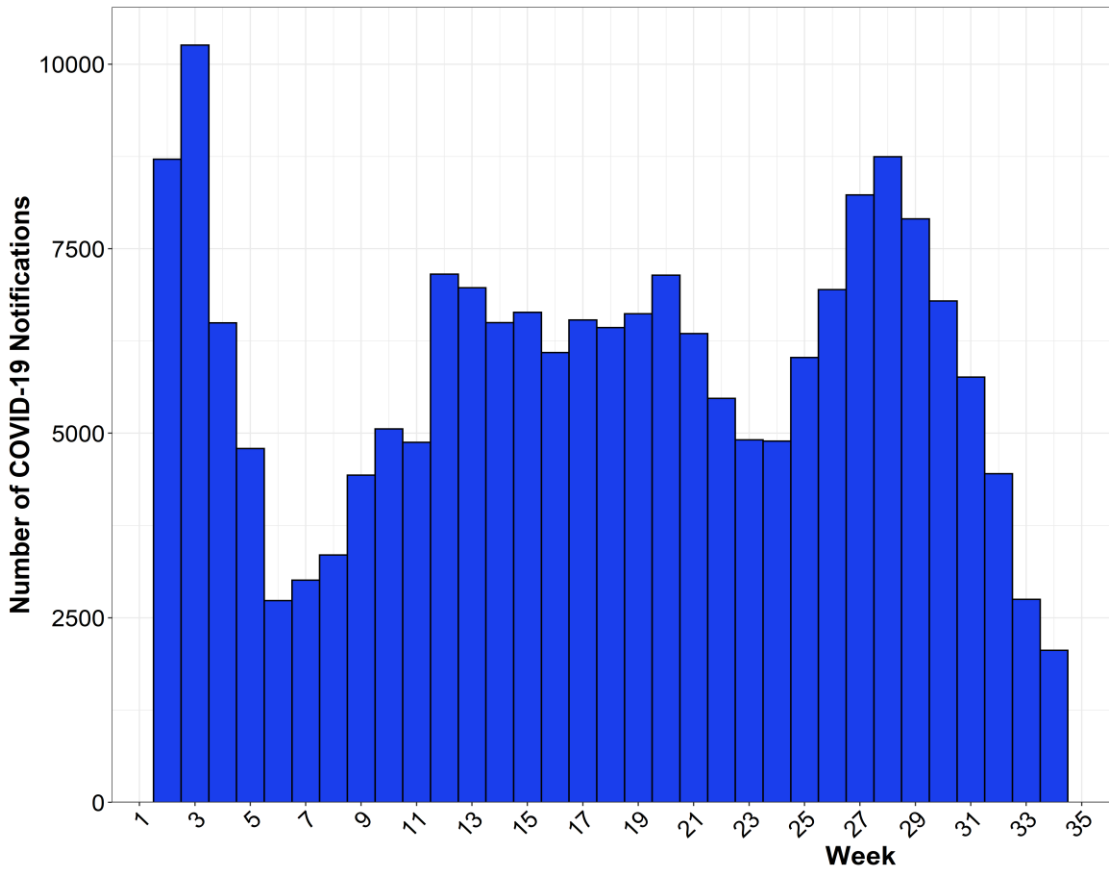
- Reported influenza case numbers in the ACT have continued to decline this reporting period.
- 44.2% of ACT residents aged 6 months or over have received an influenza vaccination. This is compared to the national coverage of 38.5%.

Table 1: COVID-19 and laboratory-confirmed influenza notifications, 1 January 2022 to 21 August 2022

COVID-19[a]		Influenza[c]	
WEEK 34 Ending 21/08/2022	Year To Date 2022[b]	WEEK 34 Ending 21/08/2022	Year To Date 2022[b]
2,096	196,173	3	1,951

Notes:
[a] *COVID-19 cases notified to and managed by ACT Health during the reporting period.*
[b] *From 1 January 2022 until 8pm 21 August 2022.*
[c] *Laboratory-confirmed influenza notifications where the specimen collection date was within the reporting period.*

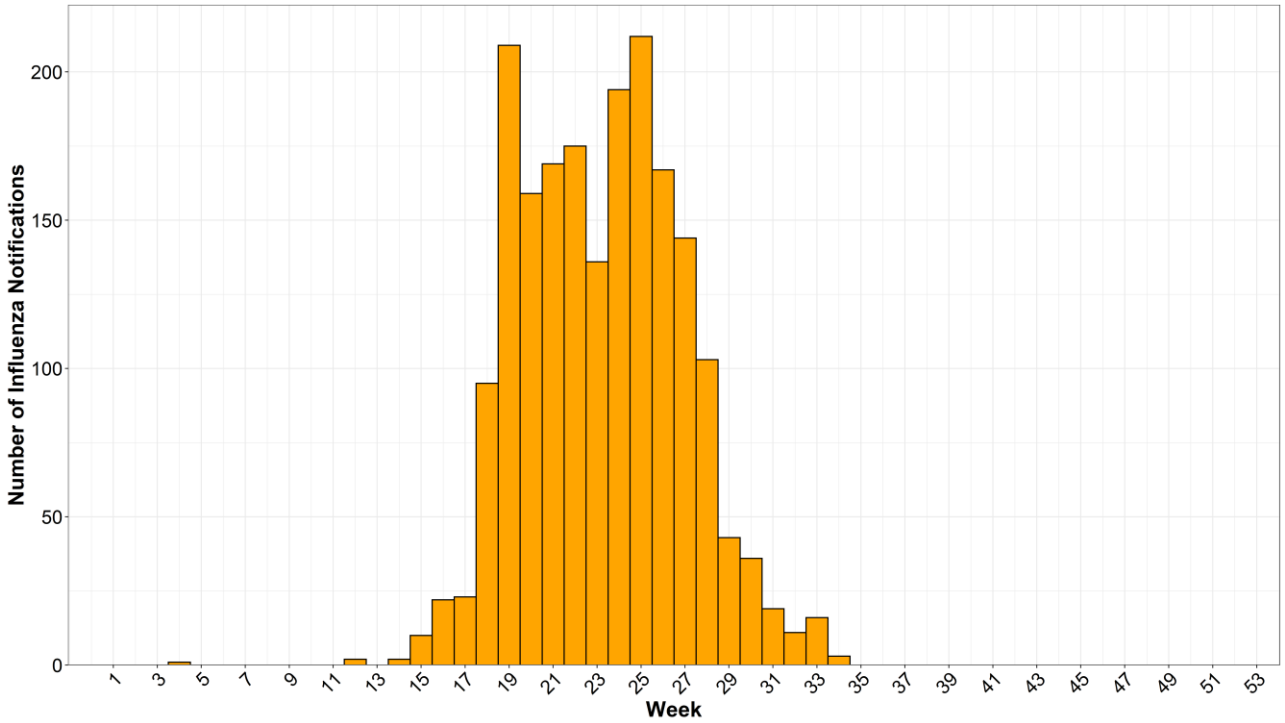
Figure 1: COVID-19 cases by week of diagnosis[a] for 2022



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], 1 January 2022 to 21 August 2022



Notes:

[a]*The notification data was exported on 22 August 2022 from the ACT Notifiable Disease Management System for the 1 January 2022 to 21 August 2022, by date of specimen collection.*

Table 2: COVID-19 and laboratory-confirmed influenza notifications by age group, reporting period and 1 January 2022 to 21 August 2022

	WEEK 34 Ending 21/08/2022		Year To Date 2022	
Age Group	**COVID-19**	**Influenza[d]**	**COVID-19**	**Influenza**
0–4	99	<5	10,222	252
5–11	224	0	18,127	347
12–17	115	0	15,365	189
18–24	217	0	23,949	401
25–39	547	0	57,388	334
40–49	329	<5	29,762	136
50–64	307	0	26,769	138
65+	258	0	14,591	154
Not stated/inadequately described[c]	0	0	0	0
TOTAL[ab]	**2,096**	**3**	**196,173**	**1,951**

Source: ACT Health Data Repository.

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 21 August 2022

77.9% VACCINATIONS (TWO DOSES: 5-15 YEARS)	78.0% VACCINATIONS (THREE DOSES: 16 YRS+)	55.8% VACCINATIONS (FOUR DOSES: 50 YRS+)

Number of cases reported with COVID-19 in the ACT

Table 3: COVID-19 case status by test type

	Test type	WEEK 33 Ending 14/08/2022[a]	WEEK 34 Ending 21/08/2022[ac]	2022 TOTAL[bc]
Cases	PCR	1,597	1,214	114,616
	RAT	1,260	882	81,557
	Total	**2,857**	**2,096**	**196,173**
Deaths[d]		7[e]	4	105

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.*

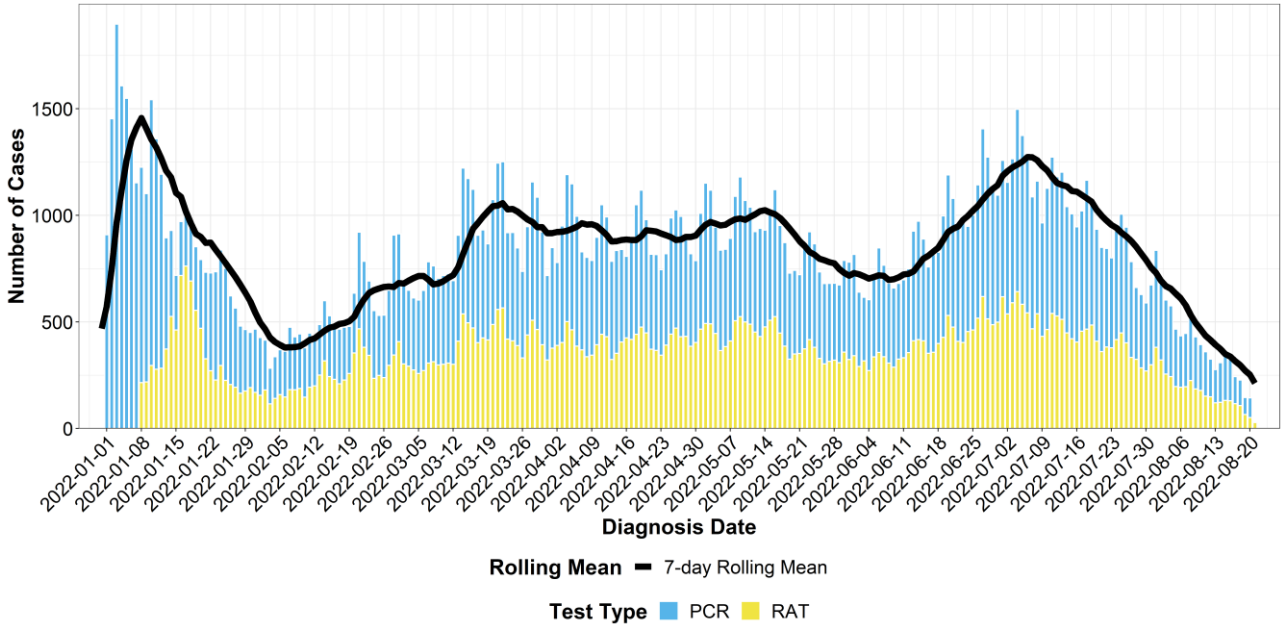
[e]*Four deaths occurred in Week 33 and two deaths occurred prior to Week 33 which were previously not reported.*

- Of the 105 COVID-19-related deaths in 2022, 17 had received 4 doses of vaccine, 37 had received 3 doses of vaccine, 30 had received 2 doses of vaccine, six had received a single dose of vaccine, 11 were unvaccinated and the vaccination status of the remaining 4 individuals is unknown.
- Of the new cases in Week 34, 9% (183/2,096) were individuals who had more than one episode[1] of COVID-19 reported to ACT Health. This percentage has continued to increase over the past few weeks (5% in Week 30). This is expected as immunity wanes following COVID-19 infection and vaccination, and as new COVID-19 variants and sub-variants emerge.

[1] 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



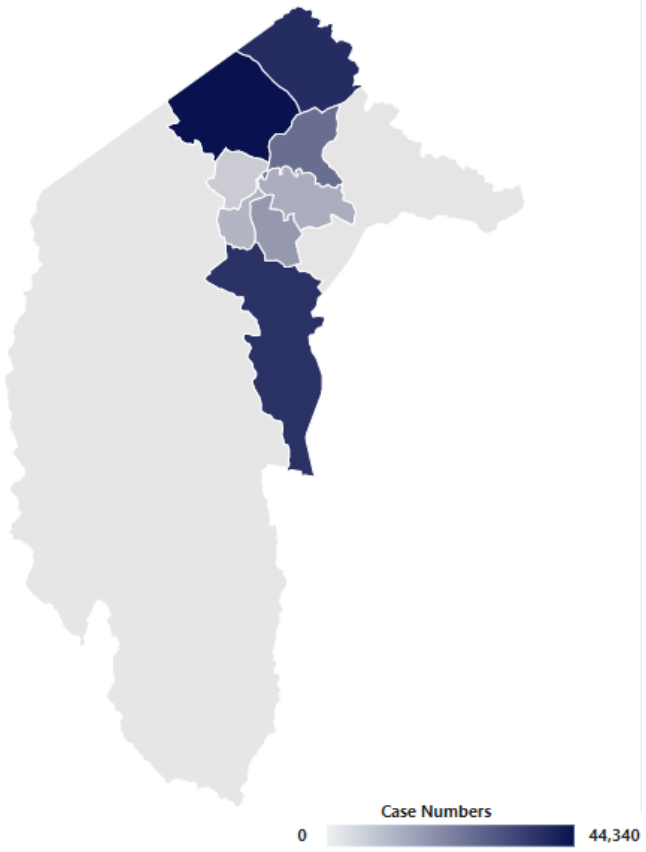
Notes:

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

[b]Due to the case processing system, there is a small proportion 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 continued to decrease this reporting period for the fifth week in a row.
- There were 2,096 new cases reported in Week 34 (Monday 15 August 2022 to Sunday 21 August 2022) compared to 2,857 cases in Week 33. Total cases for Week 33 were previously reported as 2,877, which has decreased following data cleaning, including the removal of duplicate records.
- In Week 34 the 7-day rolling case mean (PCR and RAT) decreased to 250-350 cases per day. This compares to 400-500 cases per day in Week 33. This is the lowest 7-day rolling case mean (PCR and RAT) recorded in the ACT for 2022.

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



SA3 Region[a]	Cases[bc]
Belconnen	44,333
Canberra East	442
Gungahlin	38,619
Molonglo	5,507
North Canberra	25,835
South Canberra	12,493
Tuggeranong	37,992
Urriarra - Namadgi	221
Weston Creek	10,193
Woden Valley	16,258
Not available[d]	1,331
Outside ACT[d]	2,821
TOTAL[ae]	**196,045**

Notes:

[a]Data show cases notified to and managed by ACT Health from 1 January 2022 until the end of the reporting period (8pm, 21 August 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]Totals are calculated as case numbers and do not take into account differences in populations across regions.

[d]There were 4,152 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.

[e]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.

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

Age Group	WEEK 33 Ending 14/08/2022	WEEK 34 Ending 21/08/2022	Age Group Percentage (%) of TOTAL WEEK 34	Age Group Rate (per 100,000 population) of TOTAL WEEK 34
0–4	166	99	4.7	371
5–11	265	224	10.7	553
12–17	173	115	5.5	380
18–24	295	217	10.4	471
25–39	794	547	26.1	476
40–49	437	329	15.7	536
50–64	371	307	14.6	424
65+	356	258	12.3	415
Not stated/inadequately described[c]	0	0	0	0
Total	**2,857**	**2,096**	**100**	**461**

Source: ACT Health Data Repository.

Notes:

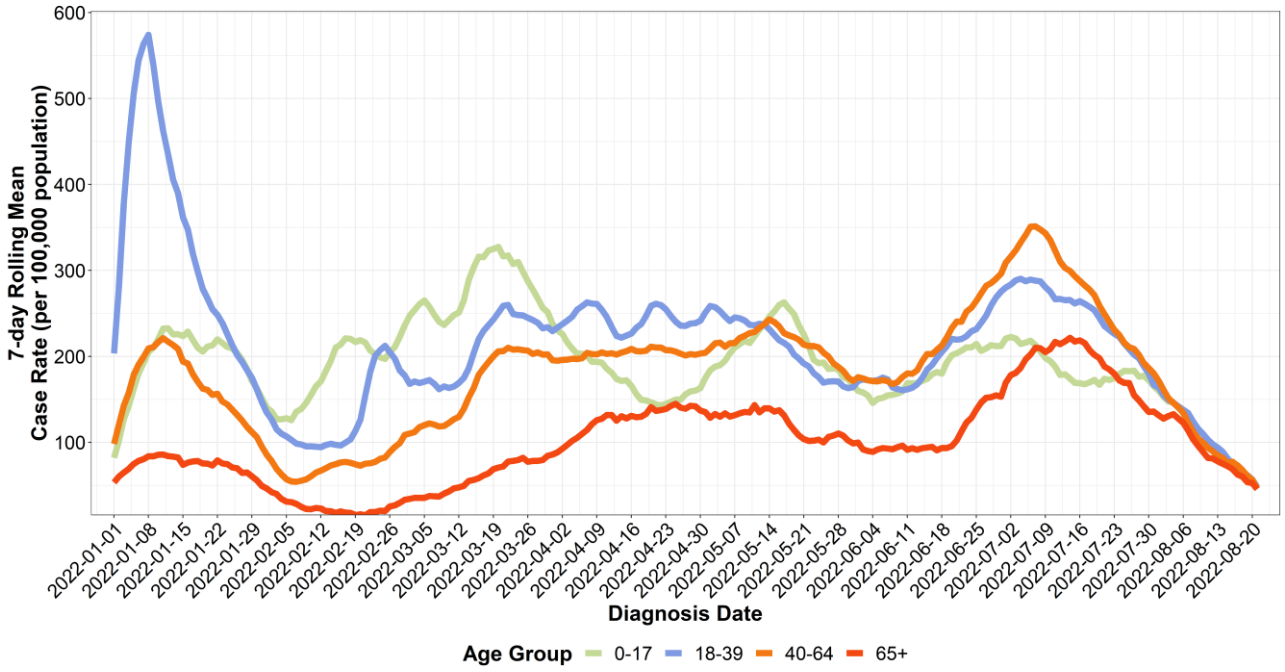
[a]*Cases notified to and managed by ACT Health during the reporting period.*

[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

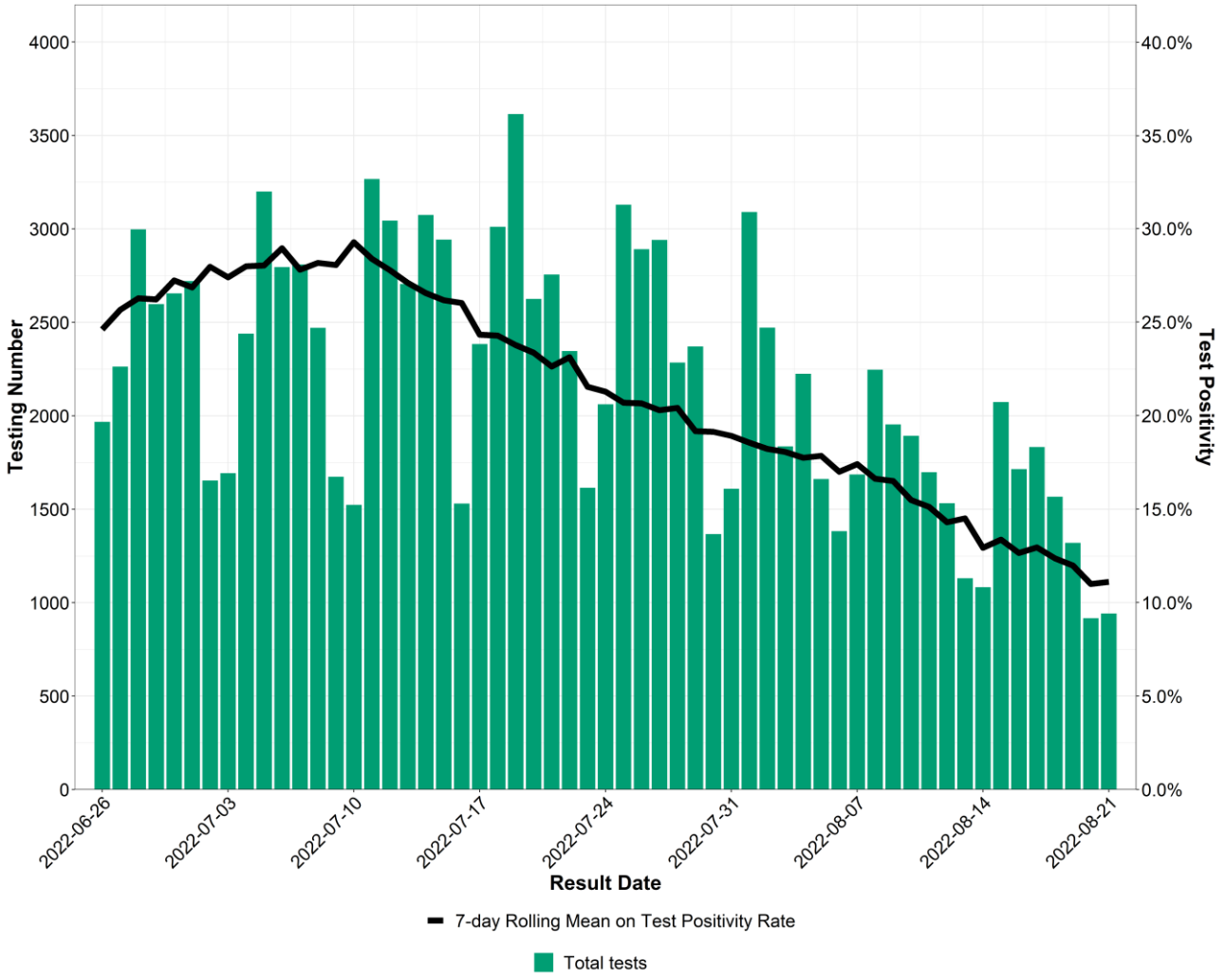


Notes:
[a]The DIAGNOSIS DATE will be the TRUE ONSET DATE if known, otherwise it will be earliest of the SPECIMEN DATE, the NOTIFICATION DATE or the NOTIFICATION RECEIVED DATE.

- 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 34, the 7-day rolling average case rate continued to decrease for all age groups, with each averaging between 60-70 cases per day.

Figure 6: Testing by result date with test positivity[ab]

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 10,344 tests being conducted in Week 34. This compared to 12,365 tests in Week 33.
- Based on PCR tests only, the test positivity 7-day rolling mean has slightly decreased this reporting period at an average of 12% compared to 13% in Week 33. This is the lowest test positivity 7-day rolling mean in the ACT since the first week of January 2022.

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

Indigenous Status	WEEK 34 Ending 21/08/2022	2022 TOTAL[a]
Aboriginal and/or Torres Strait Islander People	45	3,561 (2%)
Neither Aboriginal nor Torres Strait Islander People	1,499	160,396 (82%)
Not stated/inadequately described[c]	72	7,606 (4%)
Not available[d]	480	24,610 (13%)
Total	**2,096**	**196,173 (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 hospitalisation 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]	260 (17%)	43 (3%)	429 (28%)	590 (39%)	177 (12%)	16 (1%)	1,515 (100%)[e]
In ICU	20 (18%)	3 (3%)	41 (35%)	43 (36%)	8 (7%)	2 (2%)	117 (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.

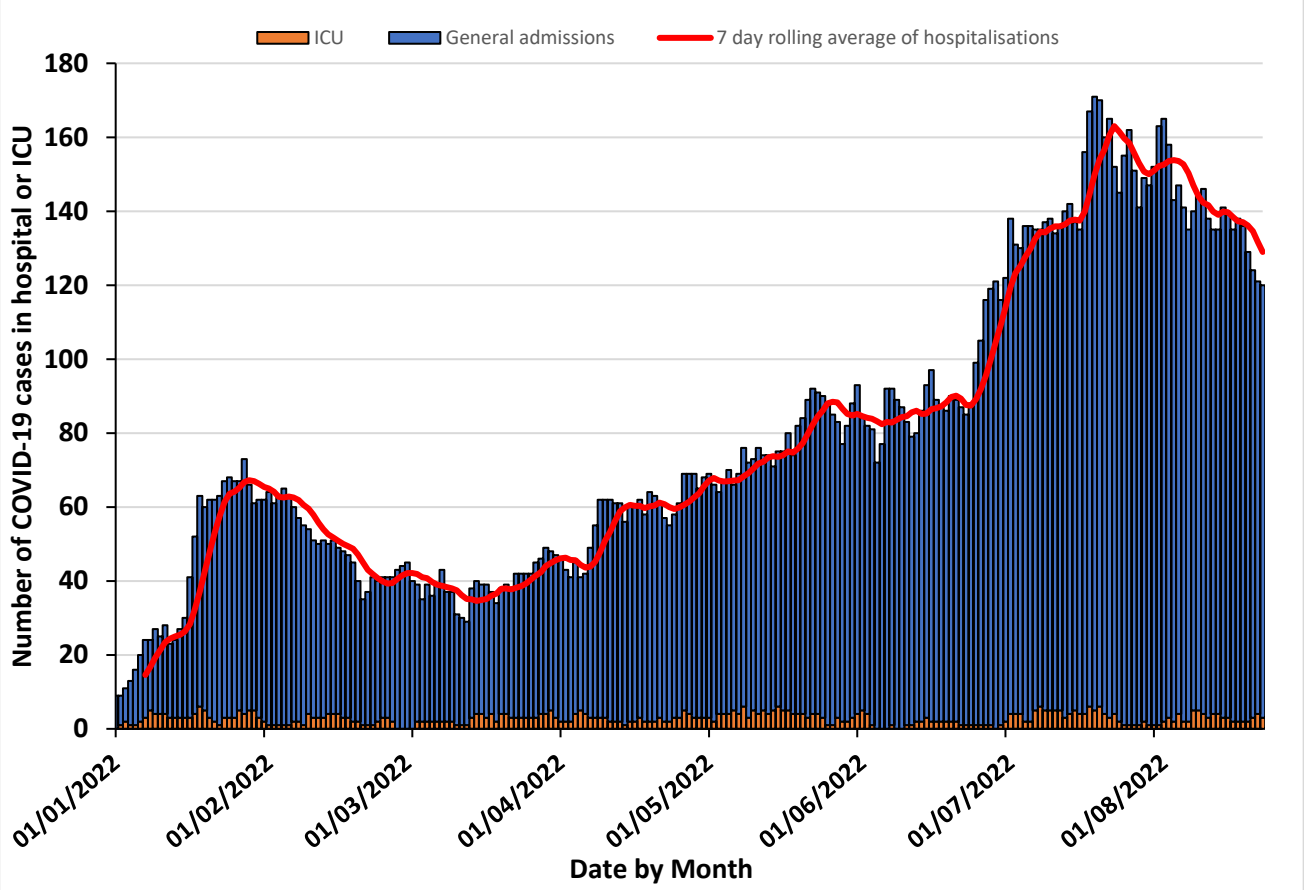
[d]Hospitalisation is defined as a person being admitted to an ACT hospital for any reason and does not differentiate between a person admitted for COVID 19 related reasons or for other reasons.

[e]19 cases were admitted to an ACT hospital with admission date prior to the reporting period. Two cases were removed from the total ICU admissions for 2022 due to data cleaning and merging of duplicate records.

- Since 1 January 2022, 52%[2] (61/117) of all cases admitted to the ICU had received fewer than 3 doses of vaccine at the time of their admission despite being age eligible.
- Since 1 January 2022, 17% of cases admitted to the ICU were unvaccinated at the time of their admission.

[2] This numerator only includes cases admitted to the ICU whose vaccination status was able to be verified and who were age-eligible for 3 or more doses of COVID-19 vaccine at the time of admission. Since 1 January 2022 there have been three cases who were not age eligible for 3 doses of vaccine at the time of their admission, and two 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.

- Hospitalisations peaked in mid-July. ACT hospitals continue to care for a large number of patients affected by COVID-19.
- At the end of the reporting period (8pm Sunday 21 August 2022), there were 121 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, three of the 121 inpatients were admitted to the ICU.

Table 7: Hospitalised[a] COVID-19 cases[b] by age group and vaccination status since 1 January 2022

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	123 (72%)	12 (7%)	31 (18%)	2 (1%)	0 (0%)	3 (2%)	171 (100%)
18–39	31 (13%)	8 (3%)	115 (47%)	83 (34%)	2 (1%)	5 (2%)	244 (100%)
40–64	41 (12%)	7 (2%)	107 (32%)	159 (47%)	22 (6%)	3 (1%)	339 (100%)
65+	65 (9%)	16 (2%)	176 (23%)	346 (46%)	153 (20%)	5 (1%)	761 (100%)
2022 TOTAL[c]	**260 (17%)**	**43 (3%)**	**429 (28%)**	**590 (39%)**	**177 (12%)**	**16 (1%)**	**1,515 (100%)**

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]19 cases were admitted to an ACT hospital with admission date prior to the reporting period. Two cases were removed from the total ICU admissions for 2022 due to data cleaning and merging of duplicate records.

Historical COVID-19 cases

Table 8: COVID-19 case totals by year

Year	Total cases[a]
2020	118
2021	4,261
YTD 2022[b]	196,173

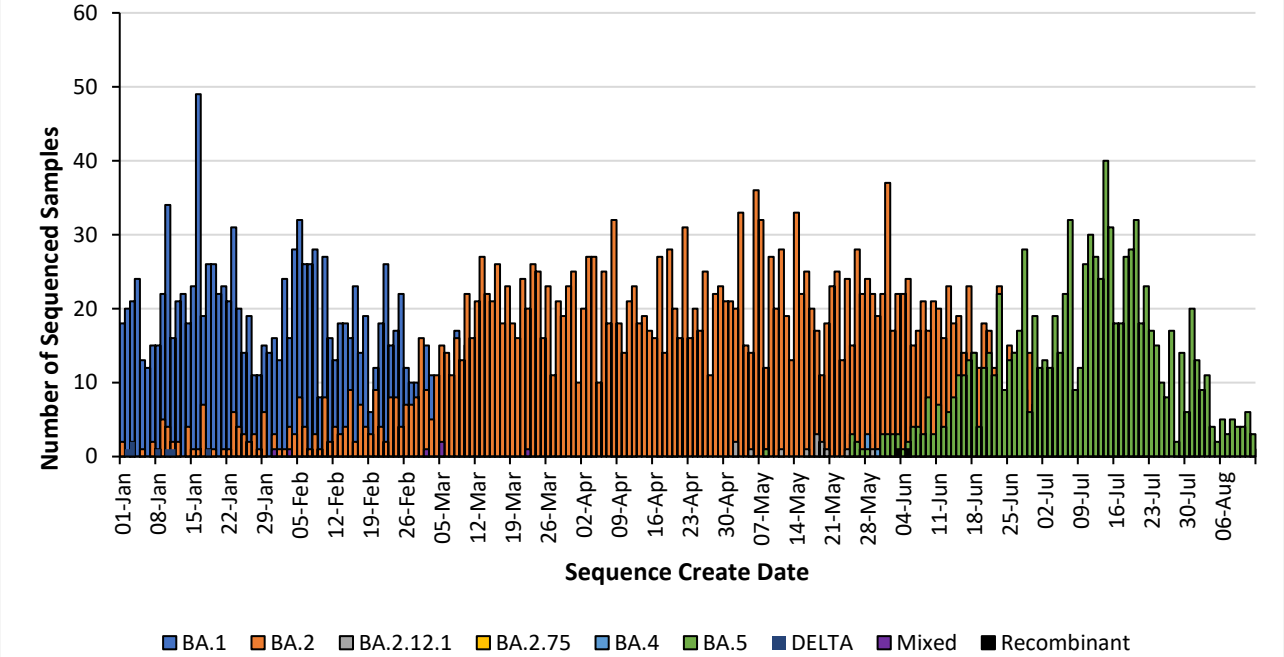
Notes:

[a]COVID-19 cases notified to and managed by ACT Health during the reporting period.
[b]From 1 January 2022 until 8pm 21 August 2022.

COVID-19 Whole Genome Sequencing

- No recombinant COVID-19 infections[3] were recorded during this reporting period. The last recombinant (XM) was detected in Week 24.
- No mixed COVID-19 infections[4] were recorded during the reporting period. Six mixed infections have been previously identified in ACT with the last recorded in mid-March 2022.
- BA.5 remains 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



Note:

All of the BA designations are subvariants of the B.1.1.529 Omicron Variant

[3] A recombinant COVID-19 infection is where two strains have shared genetic material to form a new variant.

[4] 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 34, there were 6 active COVID-19 outbreaks in ACT Residential Aged Care Facilities (RACFs)[5] and a total of 23 new COVID-19 cases in residents in these facilities. This compares to Week 33 in which there were 12 active outbreaks and 18 new resident cases.
- In Week 34 there was one active Acute Respiratory Infection (ARI) outbreak[5] in an ACT RACF with two new cases in residents.

[5] As of 16 June 2022, a RACF COVID-19/Acute Respiratory Infection outbreak is defined as when two (2) or more residents test positive to COVID19/the same respiratory virus within a 72-hour period.

COVID-19 vaccination coverage in the ACT

Table 9: COVID-19 vaccination coverage rates[a] for ACT residents[de] by age group, as of 21 August 2022

Age Group	Dose 1	Dose 2	Dose 3[b]	Dose 4[c]
5-15[f]	85.1%	77.9%	<1%	-
16-29	89.6%	87.4%	56.2%	1.1%
30-39	>99%	98.7%	72.8%	10.9%
40-49	>99%	>99%	84.0%	17.6%
50-69	>99%	>99%	90.5%	44.0%
70+	>99%	>99%	>99%	80.3%
Total 5 and over	97.4%	94.9%	66.9%	22.2%
Total 16 and over	>99%	97.8%	78.0%	26.0%
Total 50 and over	>99%	>99%	93.4%	55.8%

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 interstate and overseas migration into and out of the ACT. Vaccination rates 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. Third doses cannot be distinguished from boosters in AIR reporting.

[c]There were 3,280 fourth doses administered prior to the commencement of the administration of winter (second) boosters. Fourth doses may either represent a winter (second) booster or the first booster for immunocompromised people who are recommended a 3-dose primary course. Fourth doses cannot be distinguished from second boosters in AIR reporting.

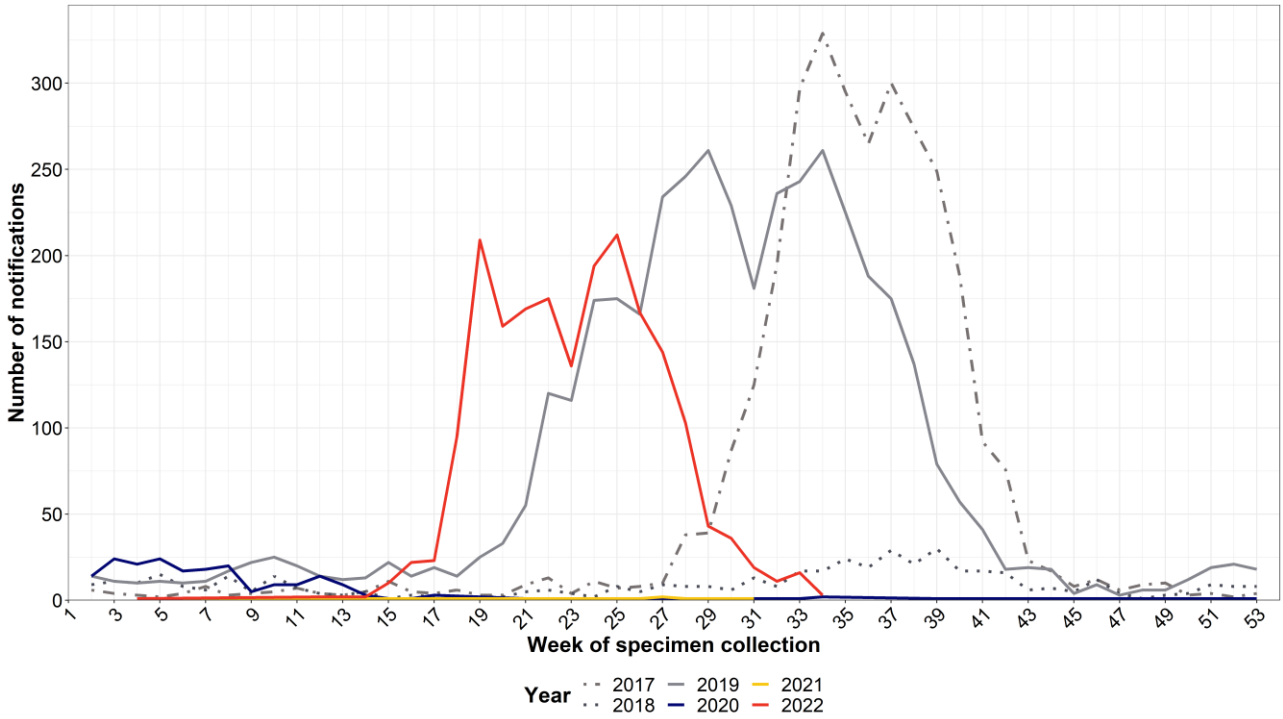
[d]ACT residential status is determined by residential address given at the time of vaccination. This may differ from a person's Medicare address.

[e]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.

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

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

Figure 10: Number of influenza notifications, by week and year of specimen collection, 1 January 2017 to 21 August 2022, ACT.



- Influenza notifications to ACT Health have decreased this reporting period. Three new influenza notifications were made to ACT Health where the specimens were collected in Week 34. This compares to 16 influenza notifications in Week 33. Total notifications for Week 33 were previously reported as 15 but have since increased following additional data received.
- 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 until October.
- Since 1 January 2022, notification rates for influenza have been consistently highest for the 5-9 age group and the 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 21 August 2022, ACT

Age Group	Number of Notifications[a]	Proportion of Notifications (%)	Rate (notifications per 100,000 age specific population)
0–4	252	13	945
5–9	280	14	960
10-19	422	22	790
20-64	843	43	298
65+	154	8	248
Not stated/inadequately described	0	0.0	-
TOTAL	**1,951**	**100**	**429**

Source: ACT Health Data Repository. Population estimates are sourced from 2021 ABS Census ACT population data.

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.

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, 14 August 2022

	ACT	NSW	VIC	QLD	SA	WA	TAS	NT	AUS
6 mo - <5 yrs	50.4	31.4	36.7	25.2	32.7	25.9	34.8	33.7	**31.4**
5 - <15 yrs	28.2	22.9	26.6	19.3	25.3	19.3	24.8	17.1	**22.9**
15 - <50 yrs	36.4	27.3	31.4	25.2	34.2	25.1	32.4	24.9	**28.4**
50 - <65 yrs	52.0	43.8	47.9	44.2	53.7	44.1	54.5	32.1	**45.9**
≥65 yrs	71.7	66.5	70.3	68.4	75.6	69.1	75.5	41.4	**68.9**
Total (≥6mo)	**44.2**	**37.4**	**41.1**	**35.6**	**45.5**	**35.4**	**45.4**	**27.8**	**38.5**

Source: National Centre for Immunisation Research and Surveillance Australia, AIR data[6] as at 14 August 2022. Data remains as of 14 August 2022 as reported in Week 33.

Table 12: Influenza vaccination coverage by jurisdiction, Aboriginal and/or Torres Strait Islander, 14 August 2022

	ACT	NSW	VIC	QLD	SA	WA	TAS	NT	AUS
6 mo - <5 yrs	31.8	20.5	23.4	16.2	19.1	17.4	25.4	37.8	**20.3**
5 - <15 yrs	21.0	17.4	18.6	14.5	17.0	15.9	20.4	26.2	**17.2**
15 - <50 yrs	27.5	21.3	24.5	20.3	25.7	22.1	27.4	35.5	**23.4**
50 - <65 yrs	51.9	48.8	50.1	45.7	53.1	45.9	61.0	52.0	**48.7**
≥65 yrs	72.8	71.5	72.8	66.1	70.6	61.1	81.0	55.3	**68.0**
Total (≥6mo)	**31.7**	**27.0**	**30.0**	**23.9**	**29.0**	**25.0**	**33.9**	**37.2**	**27.4**

Source: National Centre for Immunisation Research and Surveillance Australia, AIR data[12] as at 14 August 2022. Data remains as of 14 August 2022 as reported in Week 33.

[6] Considerations when using AIR data in relation to influenza:

- 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 individual's 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.

Explanatory notes:

Reporting period is Monday 15 August 2022 to Sunday 21 August 2022 inclusive, Epidemiological Week 34.

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 National Guidelines for Public Health Units. 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 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 fraction 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.

ACT COVID-19 and Influenza Epidemiology Overview

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From 1 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.