

Produced by ACT Health

## Reporting period ending 18 May 2023

Reporting period Friday 12 May 2023 to Thursday  
18 May 2023 inclusive.

### Key statistics for reporting period

For all definitions, please see Explanatory Notes

**Table 1: COVID-19 cases by test type, deaths and COVID-19 case age group**

	Reporting Period Ending 18/05/2023 <sup>a</sup>	Percentage (%) of Reporting Period <sup>d</sup>	2023 TOTAL <sup>bcef</sup>	Percentage (%) of TOTAL 2023 <sup>d</sup>
<b>Total Cases</b>	1,005	100%	12,446	100%
PCR	185	18%	2,826	23%
RAT	820	82%	9,620	77%
<b>Death<sup>e</sup></b>	0	N/A	25	N/A
<b>Age group (years)</b>				
0-4	37	4%	422	3%
5-11	59	6%	598	5%
12-17	94	9%	717	6%
18-24	68	7%	964	8%
25-39	256	25%	3,321	27%
40-49	163	16%	2,051	16%
50-64	189	19%	2,254	18%
65+	139	14%	2,119	17%

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

<sup>b</sup>Total cases since 1 January 2023.

<sup>c</sup>Total COVID-19 cases for 2023 may not reflect the sum of cases from the last reporting period and this reporting period. Please see Explanatory Notes for further information.

<sup>d</sup>Percentages may not add up to 100% due to rounding.

<sup>e</sup>Refers to a COVID-19 death that has been confirmed by ACT Health during the reporting period. Please see Explanatory Notes for further information.

<sup>f</sup>Cumulative numbers may change due to data cleaning and inclusion of historical cases already known to ACT Health.

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## COVID-19-related deaths

- There were no COVID-19-related deaths reported in the ACT during the reporting period.
- There have been 25 COVID-19 related deaths in 2023, with the total number of COVID-19-related deaths for the pandemic being 237.

## Reporting period details

**Table 2: Daily COVID-19 cases by test type for week ending Thursday 18 May 2023<sup>a</sup>**

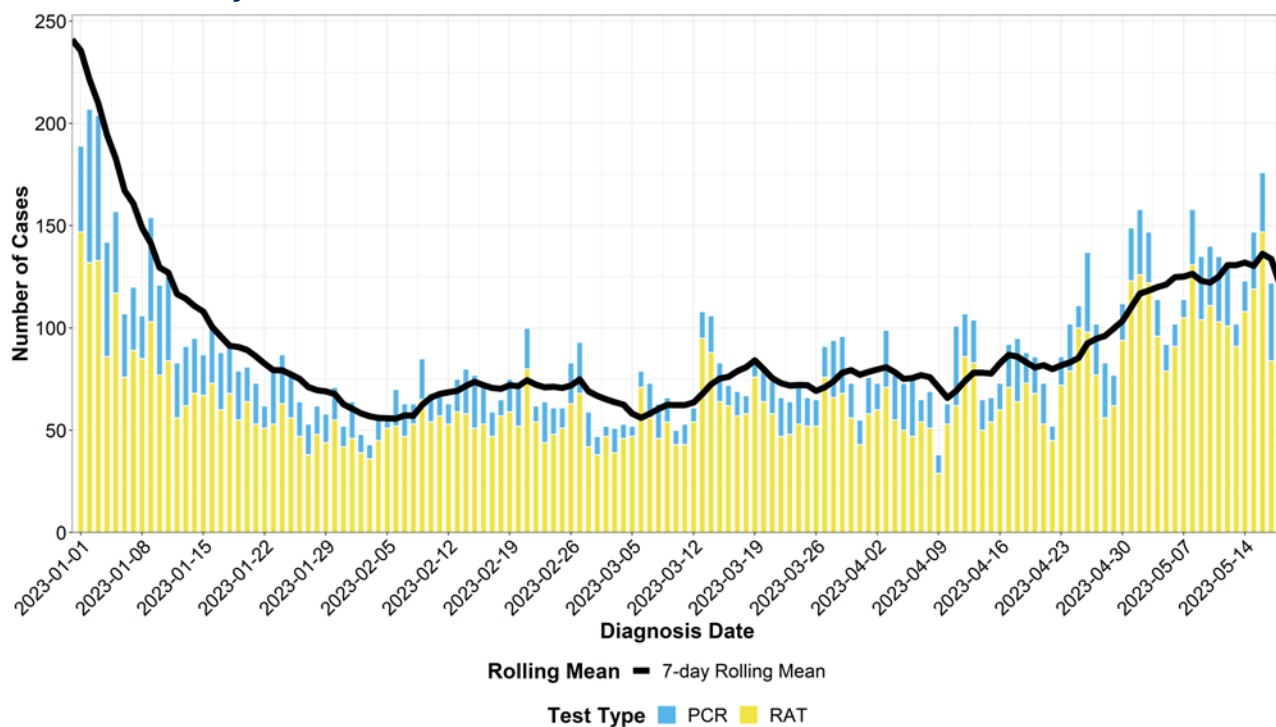
Day	PCR	RAT	TOTAL
Friday 12 May 2023	28	98	126
Saturday 13 May 2023	31	90	121
Sunday 14 May 2023	7	82	89
Monday 15 May 2023	21	145	166
Tuesday 16 May 2023	28	138	166
Wednesday 17 May 2023	30	122	152
Thursday 18 May 2023	40	145	185

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

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**Figure 1: COVID-19 cases since 1 January 2023 (with 7-day rolling mean) by test type and diagnosis date<sup>ab</sup>**

Since 1 January 2023



#### Notes:

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

<sup>b</sup>Due to the case processing system, there is a small 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.

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## Historical COVID-19 cases

**Table 3: COVID-19 case<sup>a</sup> totals by year**

Year	Total cases	Total COVID-19 related deaths <sup>d</sup>
2020	118	3
2021	4,286	12
2022	222,723	197
YTD 2023 <sup>bc</sup>	12,446	25
Total since March 2020	239,573	237

Notes:

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

<sup>b</sup>From 1 January 2023 until 4pm 18 May 2023

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

## COVID-19 Hospitalisations in the ACT

**Table 4: Hospitalised cases with active COVID-19<sup>a</sup> infections across all ACT hospitals as at 4pm 18 May 2023**

	Total
Active cases in hospital	53
In ICU	4
Ventilated	0

Notes:

<sup>a</sup>Please see Explanatory Notes for the definition of an active COVID-19 infection in hospital.

## Institutional outbreaks of COVID-19

- Between 12 May and 18 May 2023 there were four residential aged care facilities (RACFs) with an active COVID-19 outbreak. This compares with six RACFs with an active COVID-19 outbreak between 5 May and 11 May 2023.
- During the reporting period, no outbreaks in residential disability settings were notified to ACT Health.

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## Aboriginal and/or Torres Strait Islander status

Aboriginal and/or Torres Strait Islander status reporting will cease in the short term due to a technical issue. The latest data can be found at [Weekly COVID-19 Update 12 May 2023](#)

## COVID-19 Whole Genome Sequencing

Not all data are updated every week. The latest data can be found at [Weekly COVID-19 Update, 4 May 2023](#).

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## Explanatory Notes:

Reporting period is 4pm Friday 12 May 2023 to 4pm Thursday 18 May 2023 inclusive.

### 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.

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. ACT Health continuously performs audit and data cleaning on the information used to provide this report. For this reason, numbers are 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 in ACT residents may be identified in previous reporting periods due to the inter-jurisdictional reporting agreements (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. Prior to 15 October 2022, this included those that had a residential address outside the ACT but remained in the ACT for their period of isolation.

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.

The notification received date is the date the positive PCR test was received by NDMS or the date the positive RAT declaration was made. This 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.

# ACT COVID-19 Epidemiology Overview



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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. Prior to 24 November 2022, those admitted may be active or cleared cases. From 25 November 2022, reporting includes hospitalised active cases only, as per the ACT Clinical Health Emergency Coordination Centre definition; Hospitalised active case: An inpatient who has tested positive to COVID-19 requiring COVID-19 specific precautions due to their infectious status. Hospitalisation data is reported as a point-in-time snapshot at 4pm on the Thursday prior to the report.

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.

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. From 31 March 2023, COVID-19 related deaths will be reported based on the year of death. Previously this was reported by a mixture of date reported to ACT Health and date of death.

Aboriginal and Torres Strait Islander status for COVID-19 cases is determined by optional self-declaration. Prior to 12 April 2023, this data was collected from every case (RAT and PCR) via a case interview and/or an electronically delivered survey. Due to cessation of the case survey on 12 April 2023, this data has not been available for all the cases since that time. Aboriginal and Torres Strait Islander status continues to be collected from people declaring positive RATs, however, due to technical issues ACT Health is unable to accurately report this data at the current time. ACT Health is investigating avenues for collecting these data for all cases, where reporting can be recommenced.

Due to batching of specimens, whole genome sequencing data are not available until approximately 2 weeks after specimen collection date.