

Produced by ACT Health

Reporting period ending 25 May 2023

Reporting period Friday 19 May 2023 to Thursday
25 May 2023 inclusive.

Key statistics for reporting period

For all definitions, please see Explanatory Notes

COVID-19

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

	Reporting Period Ending 25/05/2023 ^a	Percentage (%) of Reporting Period ^d	2023 TOTAL ^{bcef}	Percentage (%) of TOTAL 2023 ^d
Total Cases	996	100%	13,443	100%
PCR	177	18%	3,002	22%
RAT	819	82%	10,441	78%
Death^e	0	N/A	25	N/A
Age group (years)				
0-4	35	4%	457	3%
5-11	65	7%	663	5%
12-17	107	11%	825	6%
18-24	56	6%	1,018	8%
25-39	221	22%	3,543	26%
40-49	164	16%	2,215	16%
50-64	179	18%	2,434	18%
65+	169	17%	2,288	17%

^aCases notified to ACT Health during the reporting period.

^bTotal cases since 1 January 2023.

^cTotal 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.

^dPercentages may not add up to 100% due to rounding.

^eRefers to a COVID-19 death that has been confirmed by ACT Health during the reporting period. Please see Explanatory Notes for further information.

^fCumulative 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 25 May 2023^a

Day	PCR	RAT	TOTAL
Friday 19 May 2023	23	93	116
Saturday 20 May 2023	30	69	99
Sunday 21 May 2023	22	93	115
Monday 22 May 2023	14	148	162
Tuesday 23 May 2023	30	149	179
Wednesday 24 May 2023	32	147	179
Thursday 25 May 2023	26	120	146

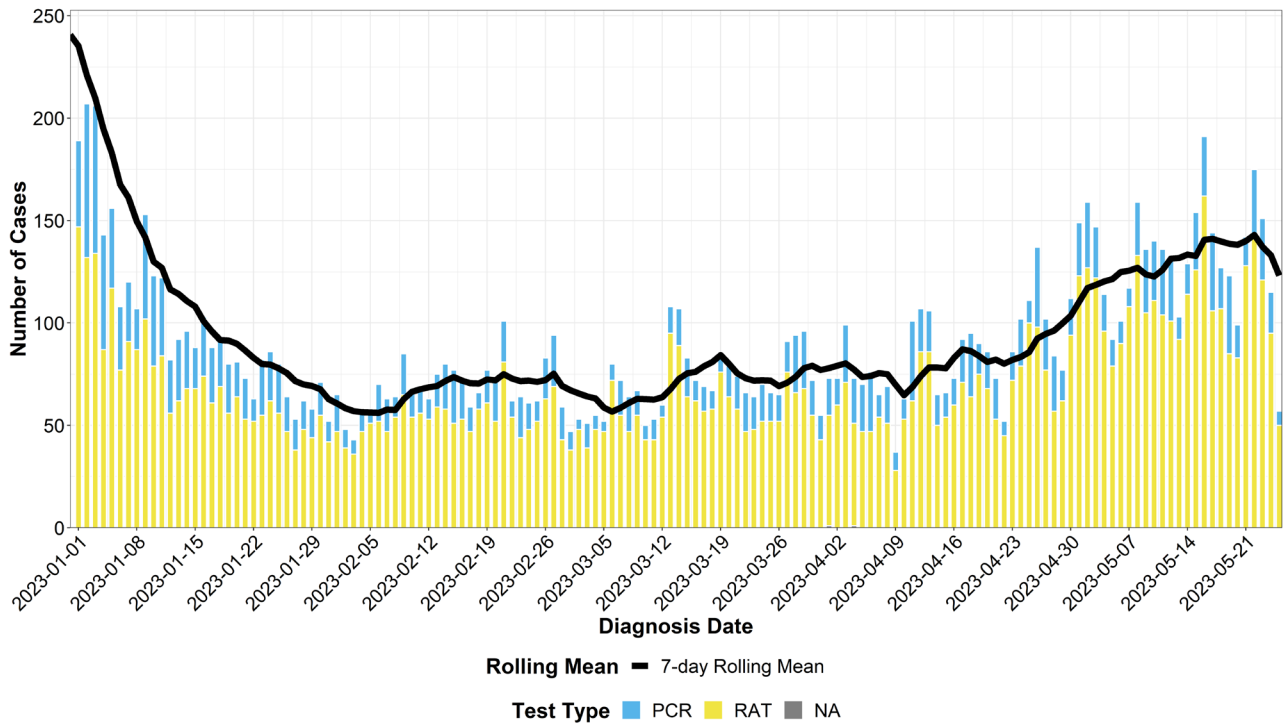
^aCases notified to ACT Health during the reporting period.

ACT COVID-19, Influenza and RSV Epidemiology Overview

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Figure 1: COVID-19 cases since 1 January 2023 (with 7-day rolling mean) by test type and diagnosis date^{ab}

since 1 January 2023



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 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^a totals by year

Year	Total cases	Total COVID-19 related deaths
2020	118	3
2021	4,287	12
2022	222,726	197
YTD 2023 ^{bc}	13,443	25
Total since March 2020	240,574	237

Notes:

^aCOVID-19 cases notified to and managed by ACT Health during the reporting period.

^bFrom 1 January 2023 until 4pm 25 May 2023

^cTotal 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^a infections across all ACT hospitals as at 4pm 25 May 2023

	Total
Active cases in hospital	32
In ICU	2
Ventilated	1

Notes:

^aPlease see Explanatory Notes for the definition of an active COVID-19 infection in hospital.

Institutional outbreaks of COVID-19

- Between 19 May and 25 May 2023 there were four residential aged care facilities (RACFs) with an active COVID-19 outbreak, which is the same number of outbreaks as in the previous reporting period (12 May to 18 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

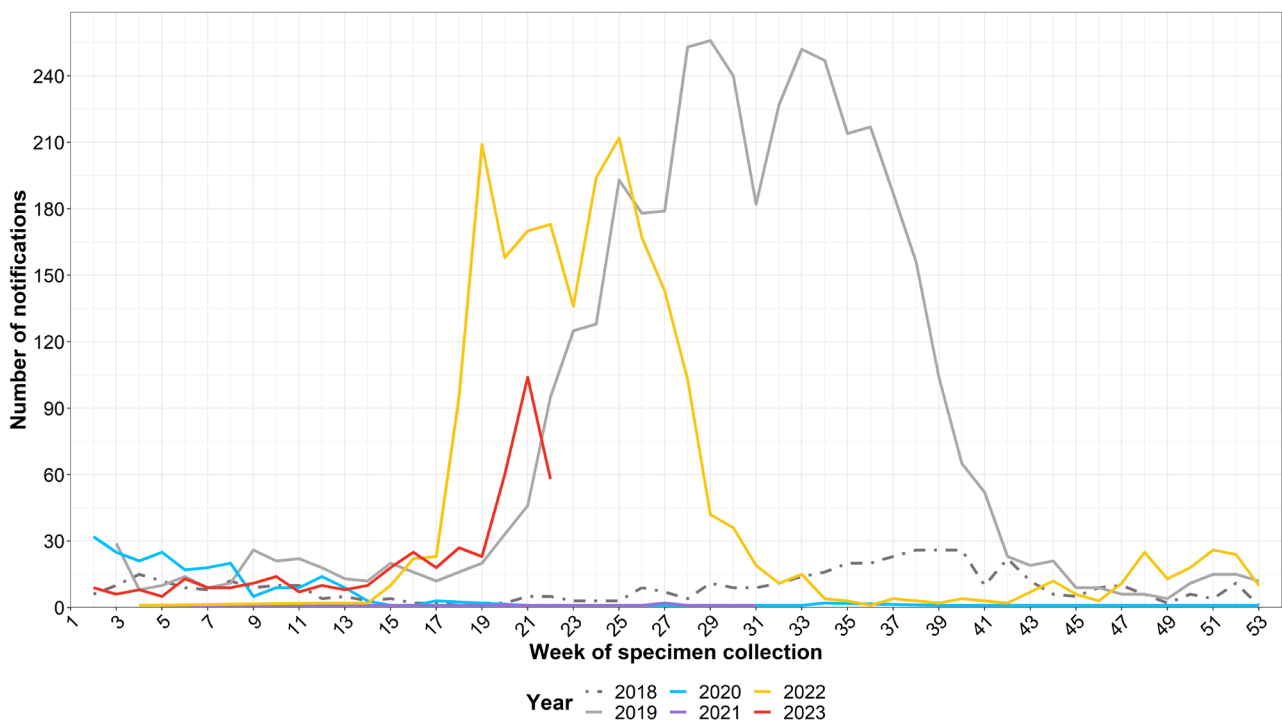
Not all data are updated every week. The latest data can be found at [Weekly COVID-19 Update, 4 May 2023](#)

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Influenza

Number of notifications of laboratory-confirmed influenza in the ACT

Figure 2: Number of influenza notifications, by week^a and year of specimen collection, since 1 January 2018



^aDue to the case processing system, there is a small proportion of cases that will not appear before the end of the cut-off period. Additionally, as the calculation for Specimen Week runs Monday to Sunday, case numbers for the current week will be under-reported as they only include data from Monday to Thursday.

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Table 5: Number and proportion of influenza notifications by age group and reporting period since 1 January 2023

Reporting Period Ending 25/05/2023 ^a			2023 TOTAL ^{bc}	
Age Group	Notifications	Proportion of Notifications (%) ^d	Notifications	Proportion of Notifications (%) ^d
0-4	11	11%	58	13%
5-9	32	33%	115	26%
10-19	17	17%	58	13%
20-64	30	31%	169	39%
65+	8	8%	38	9%
TOTAL	98	100%	436	100%

^aCases notified to ACT Health during the reporting period.

^bTotal cases since 1 January 2023.

^cTotal 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.

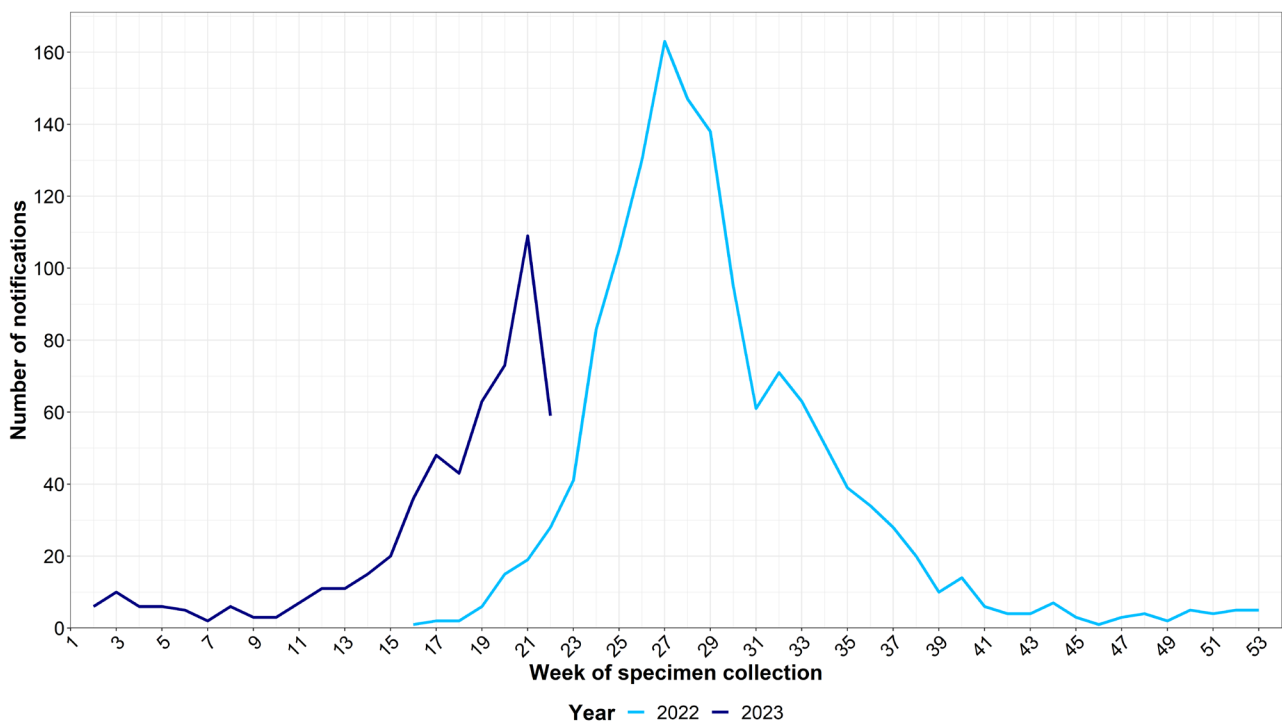
^dPercentages may not add up to 100% due to rounding.

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Respiratory syncytial Virus (RSV)

Number of notifications of laboratory-confirmed Respiratory Syncytial Virus (RSV) in the ACT

Figure 3: Number of RSV notifications, by week^a and year of specimen collection, since 21 February 2022^b



^aDue to the case processing system, there is a small proportion of cases that will not appear before the end of the cut-off period. Additionally, as the calculation for Specimen Week runs Monday to Sunday, case numbers for the current week will be under-reported as they only include data from Monday to Thursday.

^bRSV became a notifiable condition in the ACT from 21 February 2022.

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Table 6: Number and proportion of RSV notifications^a by age group and reporting period since 1 January 2023

Reporting Period Ending 25/05/2023 ^a			2023 TOTAL ^{bc}	
Age Group	Notifications	Proportion of Notifications (%) ^d	Notifications	Proportion of Notifications (%) ^d
0-4	64	58%	329	61%
5-9	8	7%	23	4%
10-19	0	0%	12	2%
20-64	28	25%	118	22%
65+	10	9%	56	10%
TOTAL	110	100	538	100

^aCases notified to ACT Health during the reporting period.

^bTotal cases since 1 January 2023.

^cTotal 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.

^dPercentages may not add up to 100% due to rounding.

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Explanatory Notes:

Reporting period is 4pm Friday 19 May 2023 to 4pm Thursday 25 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.

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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.

Laboratory-confirmed Influenza and Respiratory Syncytial Virus

This report analyses laboratory-confirmed cases of influenza and RSV reported to ACT Health who are residents of the ACT. Influenza and RSV notification data should be interpreted with caution as notification data generally only represents a small proportion of cases of influenza and RSV 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 and RSV 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 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.

From 21 February 2022, RSV became a notifiable condition in the ACT.