

Produced by ACT Health

Week ending 17 April 2022

Reporting period Monday to Sunday inclusive

- The ACT continues to experience high levels of community transmission of COVID-19.
- The number of reported cases of COVID-19 has fallen slightly over the past week. Despite the ongoing high case numbers, ICU admissions continue to remain stable.
- Decreased testing over the Easter holiday period may have contributed to this fall in case numbers.

Key statistics

6,190 TOTAL NEW CASES (LAST 7 DAYS)	93,713¹ TOTAL CASES (SINCE MAR 2020)	13,090 NEGATIVE TESTS (LAST 7 DAYS)
47 LIVES LOST (SINCE MAR 2020)	24 CASES ADMITTED TO HOSPITAL (LAST 7 DAYS)	1 CASES ADMITTED TO ICU (LAST 7 DAYS)
80.6% VACCINATIONS (ONE DOSE: AGED 5–11 YEARS)	96.6%² VACCINATIONS (TWO DOSES: AGED 5 YRS+)	74.5% VACCINATIONS (THREE DOSES: AGED 16 YRS+)

Note:

¹Total 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.

²The percentage of ACT residents aged 5 years and over, who received 2 doses of a COVID-19 vaccine, has decreased due to a revision in ACT Health's estimate of the ACT population. Where first dose vaccinations to ACT residents are greater than the estimated number of residents, the population is revised to equal the number with a first dose. This is consistent with how ACT Health has previously calculated the percentage for other age groups.

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Explanatory Notes:

Reporting period is Monday 11 April to Sunday 17 April 2022 inclusive, Epidemiological Week 16.

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 resulting in data lag. 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 5 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, 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 of a COVID-19 death (COVID19 SoNG). ACT Health may receive notification of a case being

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admitted to hospital after the release of the report that falls within the reporting period. 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.

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 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.

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

Table 1: Case Status by Test type

	Test type	WEEK 16 ² Ending 17/04/2022	TOTAL ²
New Cases	PCR	3,392	59,182
	RAT	2,798	34,531
	Total	6,190	93,713
New Deaths		1	47

Note:

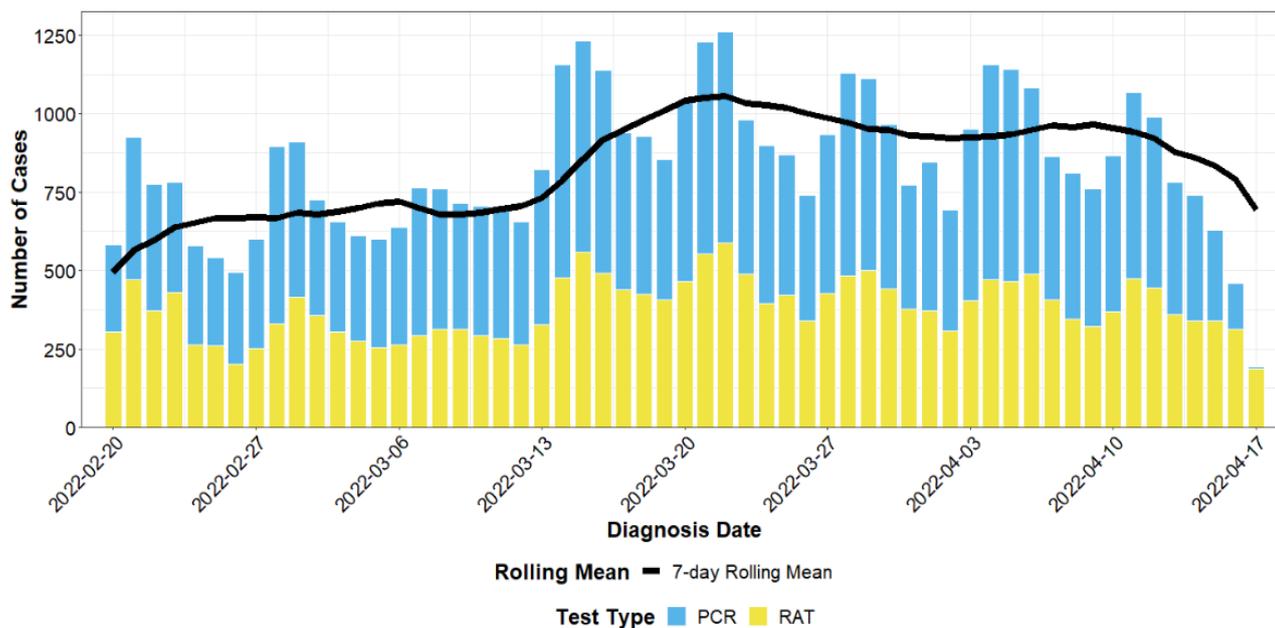
¹Cases notified to ACT Health during the reporting period.

²Total cases since the start of the pandemic, March 2020.

- Of the total 47 deaths, 4 had received 3 doses of the vaccine, 23 had received 2 doses of vaccine, 3 had received a single dose of vaccine, 16 were unvaccinated and the vaccination status for the remaining person is unknown.

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**Figure 1: COVID-19 Cases by Test Type and Diagnosis Date¹
Last 8 Weeks**



Notes:

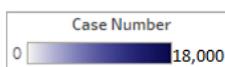
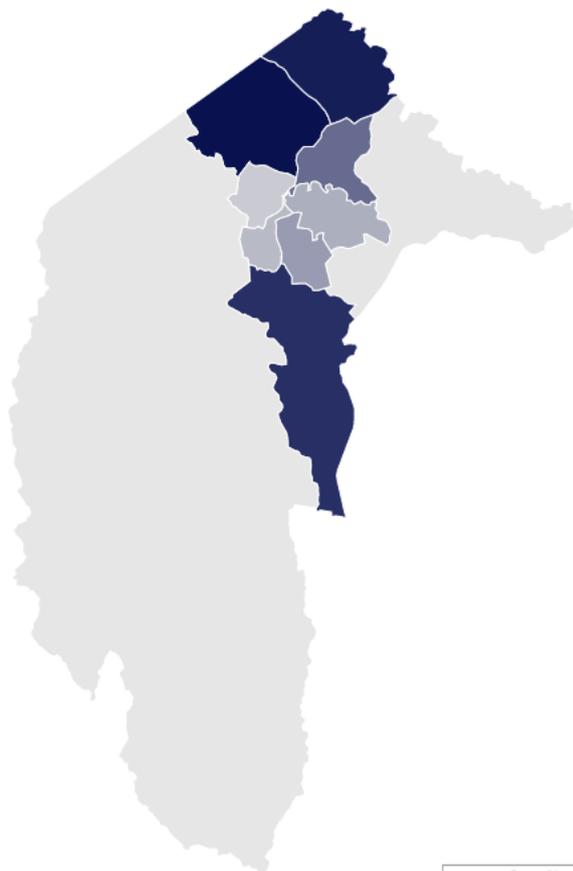
¹ The DIAGNOSIS DATE will be the TRUE ONSET DATE if known, otherwise it will be earliest of the SPECIMEN DATE, the NOTIFICATION DATE or the NOTIFICATION RECEIVED DATE.

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

- For the week ending 17 April 2022, 6,190 cases were reported in the ACT. This is a decrease compared to the 6,718 cases reported last week. Please note that last week's figure was reported as 6,773 cases but has been revised due to data cleaning and merging of duplicate test results.
- Of the cases that were reported in the week ending 17 April 2022, 3,392 (55%) were PCR tests and 2,798 (45%) were from RATs.
- The 7-day rolling mean remained relatively stable across the week, peaking at 942 cases per day in Week 16, compared to a peak of 966 cases per day in Week 15.

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



SA3 Region ²	Cases ³
Belconnen	17,801
Gungahlin	16,788
Tuggeranong	15,385
North Canberra	10,351
Woden Valley	6,356
South Canberra	4,722
Weston Creek	3,787
Molonglo	2,418
Canberra East	132
Uriarra-Namadgi	87
Outside ACT	1,551
Not Available	606
Total cases	79,984

Notes:

¹ Data show cases confirmed by PCR notified to ACT Health since 15 December 2021 and probable cases identified by positive RAT from 15 February 2022 until the end of the reporting period (8pm, 17 April 2022). These data use the [Australian Statistical Geography Standard \(ASGS\) Edition 3](#).

² These data use multiple address identifiers to determine the SA3 region.

³ There were 606 cases not included in the figure due to incomplete or inaccurate address data reported to ACT Health and/or residential addresses being outside the ACT.

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Table 2: COVID-19 Cases by Age Group for Reporting Period

Age Group	WEEK 16 Ending 17/04/2022	Age Group Percentage (%) of TOTAL WEEK 16
0-4	355	6%
5-11	307	5%
12-17	493	8%
18-24	659	11%
25-39	1,897	31%
40-49	950	15%
50-64	956	15%
65+	573	9%
Not stated/inadequately described ¹	0	0%
Total	6,190	100%

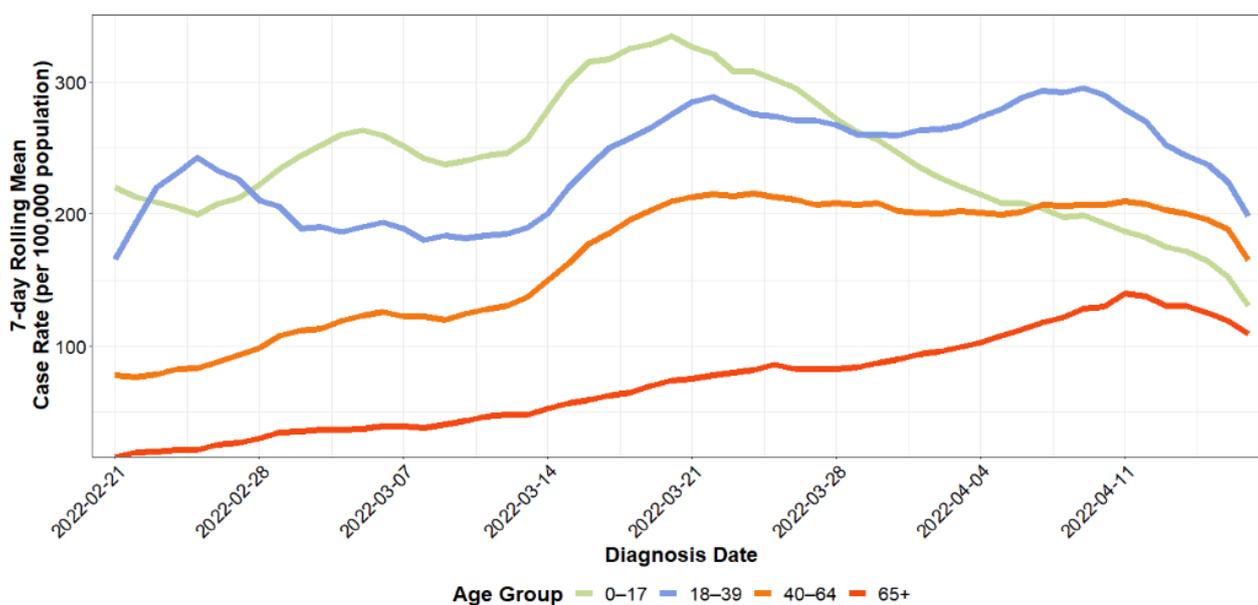
Notes:

¹Dates of birth were invalid or not available.

- The total numbers of reported cases have decreased across most age groups this week. The only increases were in the 50 to 64 age group and the 65+ age group.

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Figure 3: Rolling Mean of COVID-19 Case Rate by Age Group and Diagnosis Date¹
Last 8 Weeks

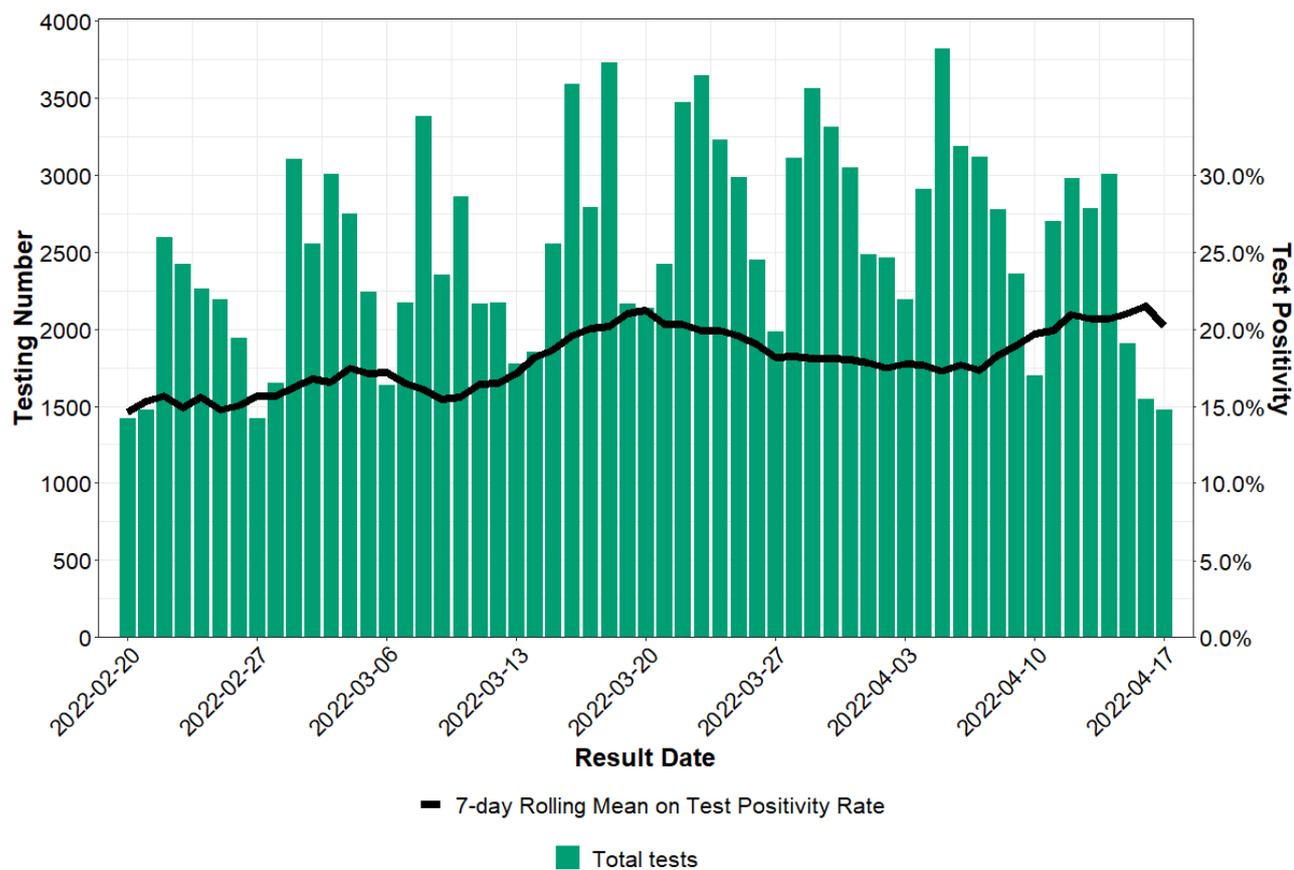


Notes:
¹ The DIAGNOSIS DATE will be the TRUE ONSET DATE if known, otherwise it will be earliest of the SPECIMEN DATE, the NOTIFICATION DATE or the NOTIFICATION RECEIVED DATE.

- 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).
- The 7-day rolling average case rate decreased across most age groups during the past week, including in the 65+ age group which had steadily increased its 7-day rolling average case rate since mid-to-late February.

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**Figure 4: Testing¹ by Result Date with Test Positivity
Last 8 Weeks**



Notes:

¹Testing number includes positive and negative tests for PCR only.

- 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.
- Based on PCR tests only, the test positivity rolling mean has increased this reporting week, sitting between 20%-21%, compared to 17%-18% last week.
- The number of PCR tests again decreased this week compared to last week.

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Table 3: COVID-19 Cases by Aboriginal and/or Torres Strait Islander Status for the Reporting Period

Indigenous Status	WEEK 16 Ending 17/04/2022	TOTAL ¹
Aboriginal and/or Torres Strait Islander People	125	1,966 / 82,242 (2%)
Neither Aboriginal nor Torres Strait Islander People	5,150	69,981 / 82,242 (85%)
Not stated/inadequately described ²	253	3,511 / 82,242 (4%)
Not available ³	439	6,784 / 82,242 (9%)

Notes:

¹Data is cases by positive PCR since the beginning of the pandemic (March 2020) and positive RATs since 14 February 2022. Total figures may vary from week to week due to data cleansing and merging of records or receipt of retrospective surveys.

²Individuals have chosen not to self-disclose their Aboriginal and/or Torres Strait Islander status.

³Data was not available on Aboriginal and/or Torres Strait Islander status. This data is not available if an individual has not completed the survey, is awaiting a case interview, or has refused to respond to a case interview.

Hospitalisation in the ACT

Table 4: COVID-19 Cases by Vaccination Status and Hospitalisation Status (Non-Mutually Exclusive¹)

Status (NON-MUTUALLY EXCLUSIVE)	3 doses of COVID-19 vaccine N (%)	2 doses of COVID-19 vaccine N (%)	1 doses of COVID-19 vaccine N (%)	Unvaccinated N (%)	Unvalidated/Unknown N (%)	TOTAL
In hospital ²	140 (20%)	253 (35%)	56 (8%)	256 (36%)	5 (1%)	710 ³ (100%)
In ICU						104 (100%)

Note:

¹Cases are counted multiple times for the different types of hospital admissions (admitted to the hospital ward and ICU). Therefore, data in this table is non-mutually exclusive.

²Cases admitted to an ACT hospital, including those with a residential address in the ACT or another state or territory.

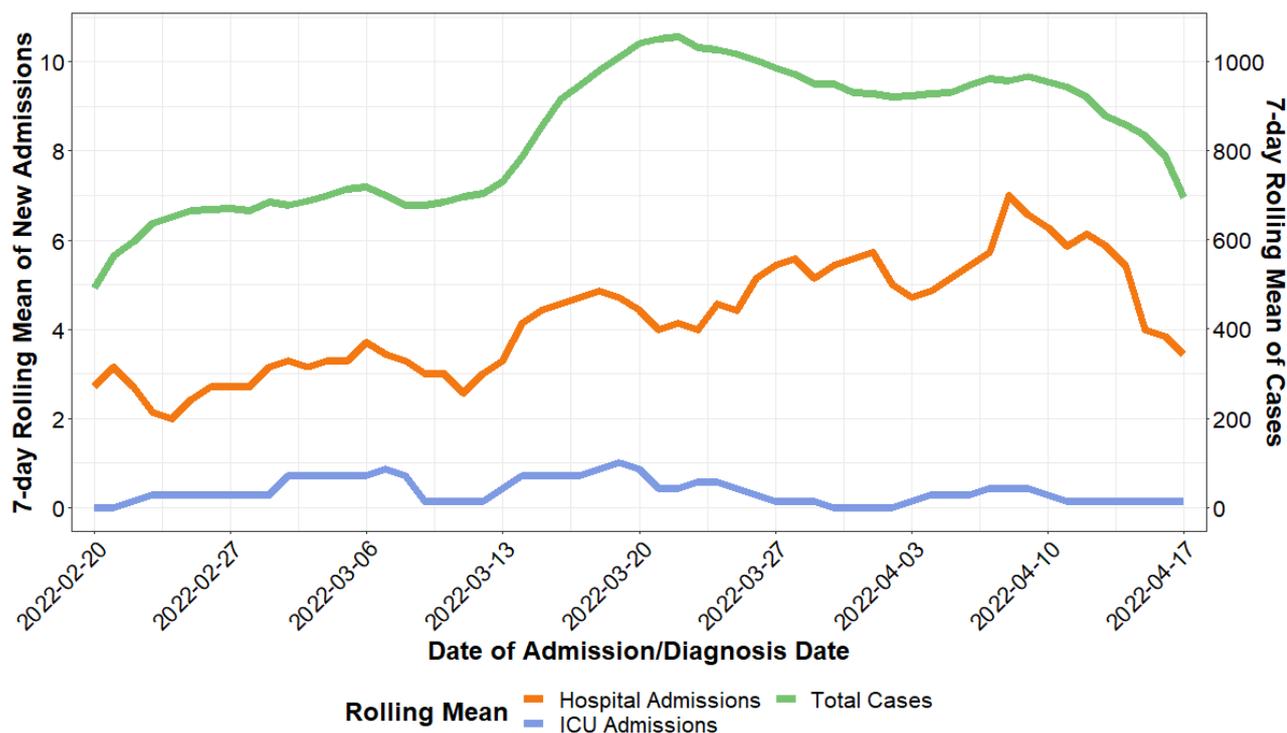
³Includes 5 new hospital admissions from last reporting period due to data lag.

The ICU admission figures in the table have been removed due to the number of new admissions since 3 April being less than five. Please refer to report for the week ending 3 April for vaccination status of ICU admissions to that date.

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.

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Figure 5: Rolling Mean of Number of COVID-19 Cases Admitted¹ to ACT Hospitals and ICU, by Date of Admission and Cases by Diagnosis Date² Last 8 Weeks



Notes:
¹Cases 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.
²The 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.

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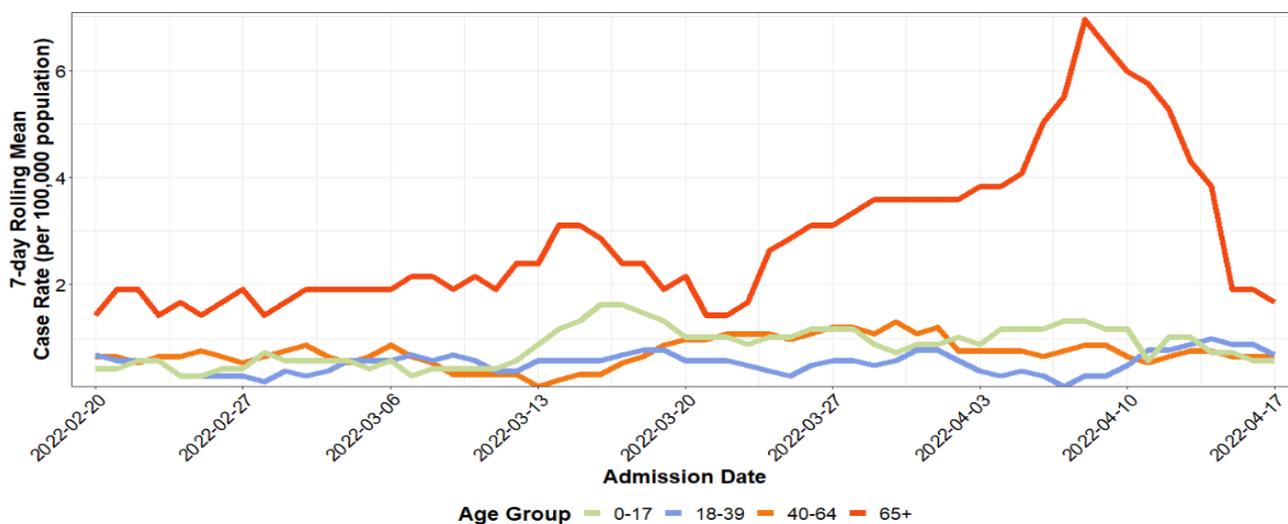
Table 5: Hospitalised COVID-19 Cases¹ by Age Group and Vaccination Status

Age Group	3 doses of COVID-19 vaccine N (%)	2 doses of COVID-19 vaccine N (%)	1 doses of COVID-19 vaccine N (%)	Unvaccinated N (%)	Unvalidated/ Unknown N (%)	TOTAL
0–17	1 (1%)	14 (13%)	13 (13%)	74 (73%)	0 (0%)	102 (100%)
18–39	25 (15%)	61 (38%)	14 (9%)	60 (37%)	2 (1%)	162 (100%)
40–64	37 (21%)	64 (35%)	15 (8%)	63 (35%)	1 (1%)	180 (100%)
65+	77 (29%)	114 (43%)	14 (5%)	59 (22%)	2 (1%)	266 (100%)
TOTAL	140 (20%)	253 (35%)	56 (8%)	256 (36%)	5 (1%)	710 (100%)

Note:

¹Cases admitted to an ACT hospital, including those with a residential address in the ACT or another state or territory

Figure 6: Rolling Mean of Hospitalised¹ COVID-19 Case Rate by Date of Admission Last 8 Weeks



Notes:

¹Cases 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.

- Hospitalisations have decreased this week after a period of steady increases. There were 24 new hospital admissions (by date of admission) this week, compared to 44 new hospital admissions reported last week. Please note that last week's figure was reported as 39 hospital admissions as the result of a data lag.
- There was one new admission to the ICU in this reporting period.
- For the Omicron subvariant, 3 doses of vaccine appears to provide the greatest protection against severe disease.

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- This week both the 7-day rolling average case rate and 7-day rolling mean of new hospitalised cases decreased for the 65+ age group. A steep decrease was seen in the hospitalisation rate for the 65+ age group this week but should be interpreted with caution as small numbers can have dramatic effect on rates.
- Hospitalisations continue to be consistently highest in the 65+ age group despite having the lowest case rates, highlighting the increased risk of severe disease in this older age group.

Whole Genome Sequencing

Table 6: Whole Genome Sequencing results

Last 8 Weeks

Reporting Week	Omicron sub lineage BA.1	Omicron sub lineage BA.2	Unassigned	Total
Week 8: Ending 20/02/2022	116 (77%)	28 (18%)	7 (5%)	151
Week 9: Ending 27/02/2022	159 (65%)	50 (21%)	34 (14%)	243
Week 10: Ending 06/03/2022	96 (62%)	52 (34%)	7 (4%)	155
Week 11: Ending 13/03/2022	114 (50%)	103 (45%)	10 (4%)	227
Week 12: Ending 20/03/2022	33 (18%)	144 (78%)	8 (4%)	185
Week 13: Ending 27/03/2022	19 (11.2%)	147 (86.4%)	4 (2%)	170
Week 14: Ending 03/04/2022	16 (11%)	131 (87%)	3 (2%)	150
Week 15: Ending 10/04/2022	18 (11%)	140 (83%)	11 (6%)	169
Week 16: Ending 17/04/2022	13 (8%)	144 (88%)	6 (4%)	163

Notes:

¹Unassigned refers to specimens that were unable to be typed as either BA.1 or BA.2. This may be due to mixed infection (both BA.1 and BA.2) or sequences of poor quality and unable to be assigned to a sublineage.

- Since 1 January 2022, Whole Genome Sequencing (WGS) has been attempted on 3% (2,535/81,929) of all positive PCR tests in the ACT.
- The proportion of these specimens that have been identified as the BA.2 sublineage of the Omicron variant has increased from 83% (140/169) last week to 88% (144/163) this week.
- Overall, the BA.2 sublineage accounts for 37% (1,014/2,756) of all Omicron cases sequenced in the ACT since 1 December 2021.
- The Delta variant has not been detected in any of the samples sequenced since January 2022.
- No mixed infections were recorded during the reporting period. A mixed infection is defined as a case being simultaneously infected with two different strains at the same time. One Delta/Omicron BA.1 and six Omicron BA.1/BA.2 mixed infections have been identified previously in the ACT.
- As of the current reporting period, no recombinant variants have been detected in the samples sequenced in the ACT. A recombinant variant is where two stains have shared genetic material to form a new variant.