

Produced by ACT Health

Reporting period Friday 29 September 2023 to Thursday 05 October 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 05/10/2023 ^a	Percentage (%) of Reporting Period ^d	2023 TOTAL ^{b,cef}	Percentage (%) of TOTAL 2023 ^d
Total Cases	168	100%	18,875	100%
RAT	124	74%	14,589	77%
PCR	44	26%	4,286	23%
Deaths^e	0	N/A	67	N/A
Age group (years)				
0-4	7	4%	707	4%
5-11	4	2%	963	5%
12-17	3	2%	1,148	6%
18-24	10	6%	1,337	7%
25-39	47	28%	4,784	25%
40-49	17	10%	3,098	16%
50-64	37	22%	3,418	18%
65+	43	26%	3,420	18%

^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 67 COVID-19 related deaths in 2023, with the total number of COVID-19-related deaths for the pandemic being 279.

Reporting period details

Table 2: Daily COVID-19 cases by test type for week ending Thursday 05 October 2023^a

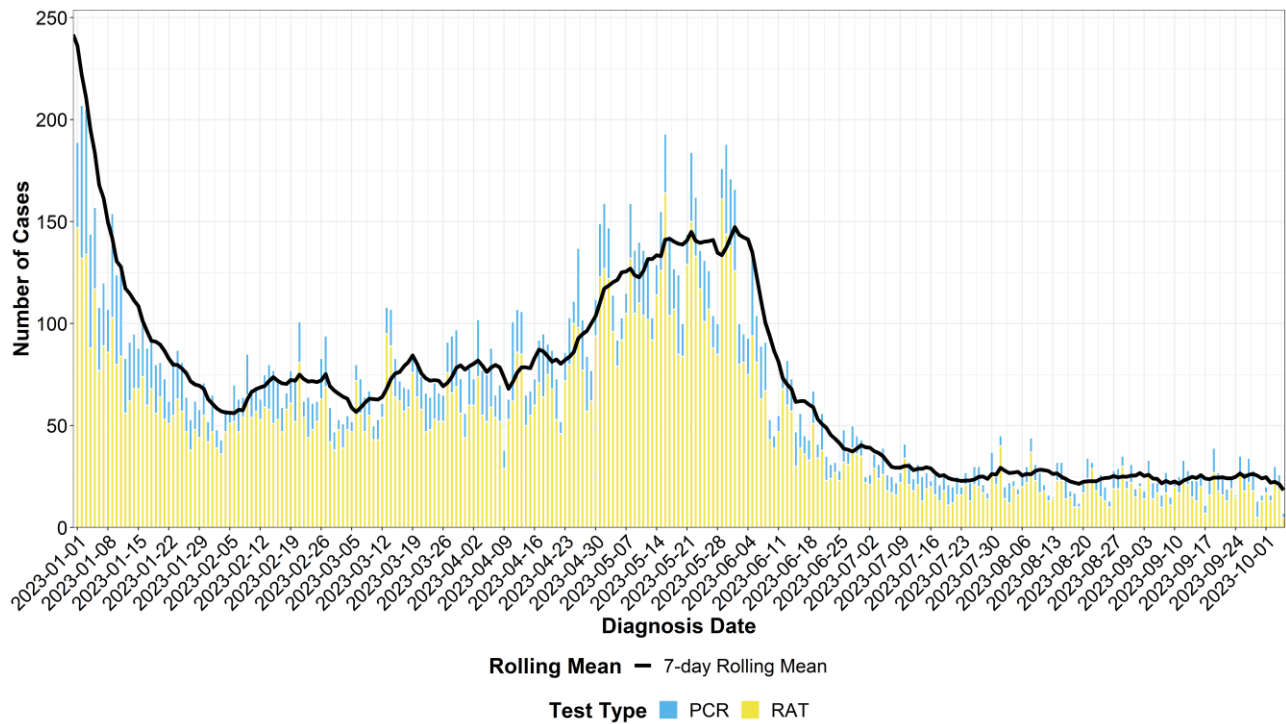
Day	PCR	RAT	TOTAL
Friday 29 September 2023	8	22	30
Saturday 30 September 2023	7	11	18
Sunday 01 October 2023	4	9	13
Monday 02 October 2023	4	11	15
Tuesday 03 October 2023	3	25	28
Wednesday 04 October 2023	6	26	32
Thursday 05 October 2023	12	20	32

^aCases 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^{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 ^d
2020	119	3
2021	4,291	12
2022 ^d	223,045	197
YTD 2023 ^{bc}	18,875	67
Total since March 2020	246,330	279

Notes:

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

^bFrom 1 January 2023 until 4pm 05 October 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.

^dTotal case numbers are subject to change due to data cleaning.

COVID-19 Hospitalisations in the ACT

Table 4: Hospitalised cases with active COVID-19^a infections across all ACT hospitals as at 4pm 05 October 2023

	Total
Active cases in hospital	8
In ICU	1
Ventilated	0

Notes:

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

Institutional outbreaks of COVID-19

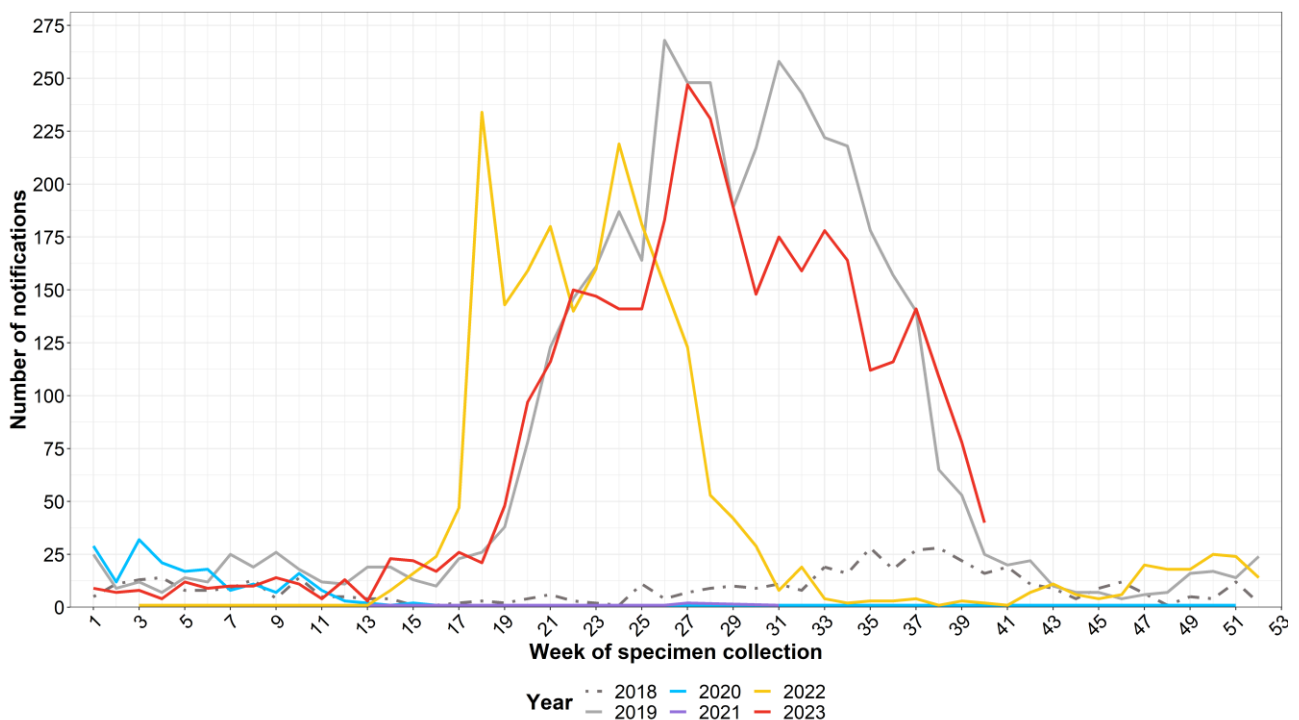
- There were two residential aged care facilities (RACFs) with an active COVID-19 outbreak in this reporting period. This compares with five RACFs with an active COVID-19 outbreak in the previous reporting period (22-28 September 2023).
- During the reporting period, no outbreaks in residential disability settings were notified to ACT Health.

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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. To align with the current COVID-19 reporting period, the calculation for Specimen Week has been changed from Monday-Sunday to Friday-Thursday.

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

Reporting Period Ending 05/10/2023 ^a			2023 TOTAL ^{bc}	
Age Group	Notifications	Proportion of Notifications (%) ^d	Notifications	Proportion of Notifications (%) ^d
0-4	5	9	396	12
5-9	10	19	690	21
10-19	5	9	650	19
20-64	27	51	1,342	40
65+	6	11	257	8
TOTAL	53	100%	3,335	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.

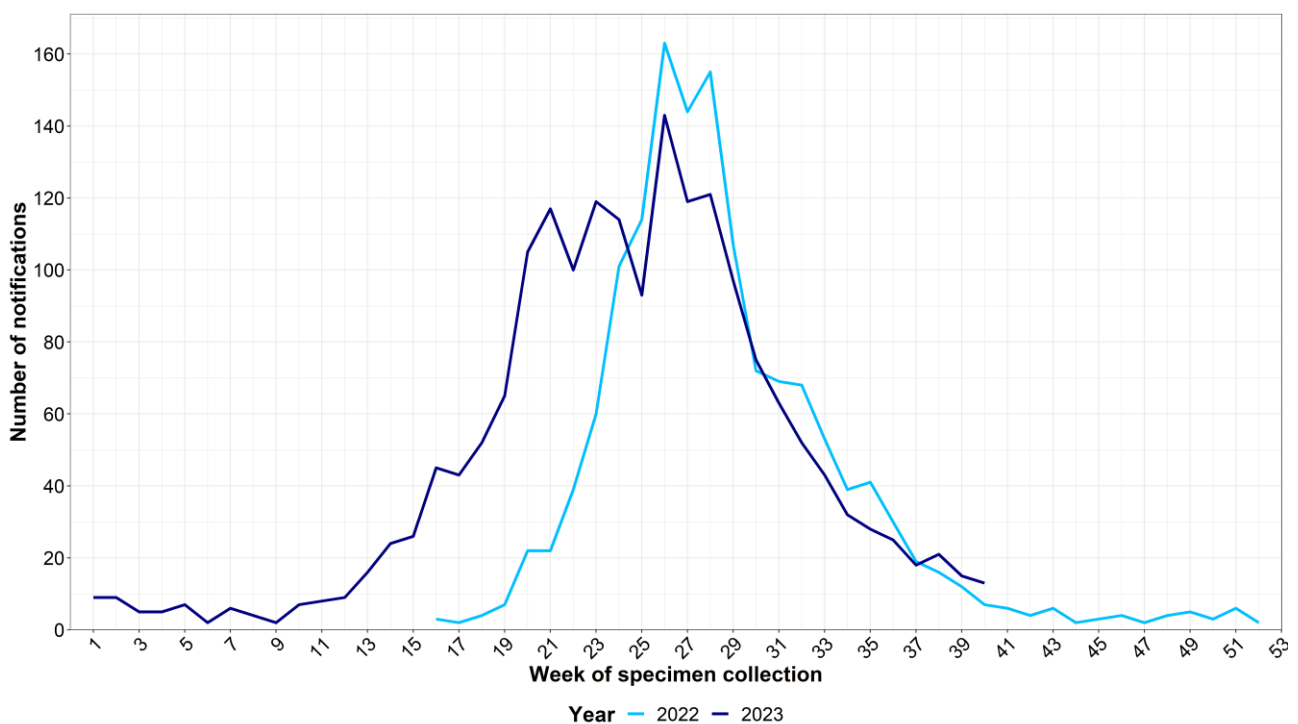
^dPercentages may not add up to 100% due to rounding.

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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. To align with the current COVID-19 reporting period, the calculation for Specimen Week has been changed from Monday-Sunday to Friday-Thursday.

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

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Table 7: Number and proportion of RSV notifications^a by age group and reporting period since 1 January 2023

There were 19 cases^{a,e} of RSV during the reporting period.

Age Group	2023 TOTAL ^{bc}	
	Notifications	Proportion of Notifications (%) ^d
0-4	943	51
5-9	92	5
10-19	75	4
20-64	429	23
65+	317	17
TOTAL	1,856	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.

^eOnly the total number of notifications for 2023 and the current reporting period are shown in this week's report. This is to maintain confidentiality as case numbers are less than 5 for some age groups for the current reporting period.

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Explanatory Notes:

The data included in this report is for the reporting period 4pm Thursday 29 September 2023 to 4pm Thursday 05 October 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, Influenza, and RSV 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, an outbreak of COVID-19 in a RACF or residential disability setting 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 relies on data from the ACT Registry of Births, Deaths and Marriages and due to the nature of the processing system, 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.

Prior to 12 April 2023, Aboriginal and Torres Strait Islander status for COVID-19 was determined by optional self-declaration, 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 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 currently unable to accurately report this data. ACT Health continues to investigate avenues for collecting Aboriginal and Torres Strait Islander status for all COVID-19 cases.

ACT Health ceased sequencing of positive COVID-19 PCR samples from 30 June 2023.

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.

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