

Produced by ACT Health

## Week ending 19 June 2022

### Reporting period Monday to Sunday inclusive

- There has been an increase in case numbers this week.
- It is predicted that the proportion of the BA.5 subvariant of Omicron cases will increase significantly across Australia in coming weeks and is expected to be associated with increased case numbers.
- ACT hospitals continue to care for a large number of patients affected by COVID-19.
- Five historical COVID-19-related deaths were reported this week bringing the total number of COVID-19-related deaths since the start of the pandemic (March 2020) to 75.

### Key statistics:

6,064 TOTAL NEW CASES (LAST 7 DAYS) <sup>ab</sup>	147,096 TOTAL CASES (SINCE MAR 2020)	9,797 NEGATIVE PCR TESTS (LAST 7 DAYS)
75 LIVES LOST (SINCE MAR 2020)	32 CASES ADMITTED TO HOSPITAL (LAST 7 DAYS)	0 CASES ADMITTED TO ICU (LAST 7 DAYS)
80.6% VACCINATIONS (ONE DOSE: 5-11 YEARS OLD)	97.3% VACCINATIONS (TWO DOSES: 5 YRS+)	77.1% VACCINATIONS (THREE DOSES: 16 YRS+)

#### Note:

<sup>a</sup> Total COVID-19 cases identified by both Polymerase Chain Reaction (PCR) and Rapid Antigen Test (RAT) in the reporting week.

<sup>b</sup> Total cases identified by both PCR and RAT. Total 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.

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## Explanatory Notes:

Reporting period is Monday 13 June 2022 to Sunday 19 June 2022 inclusive, Epidemiological Week 25.

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. 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 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 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.

# 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 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 (COVID-19 SoNG). ACT Health may receive notification of a case being 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 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 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: COVID-19 case status by test type**

	Test type	WEEK 25 <sup>a</sup> Ending 19/06/2022 <sup>c</sup>	TOTAL <sup>b</sup>
Cases	PCR	3,215	88,747
	RAT	2,849	58,349
	<b>Total</b>	<b>6,064</b>	<b>147,096</b>
Deaths <sup>d</sup>		2	75

Note:

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

<sup>b</sup>Total cases since the start of the pandemic, March 2020.

<sup>c</sup>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.

<sup>d</sup>COVID-19 related deaths by reporting period are cases managed by ACT Health where the death occurred in the reporting period.

- Of the total 75 COVID-19-related deaths, two had received 4 doses of vaccine, 21 had received 3 doses of vaccine, 28 had received 2 doses of vaccine, three had received a single dose of vaccine, 18 were unvaccinated and the vaccination status of the remaining three is unverified.
- There have been approximately 1,085 individuals with multiple episodes<sup>1</sup> of COVID-19 reported to ACT Health since March 2020. Approximately 81% (885/1,085) of these individuals have had their initial positive test since December 2021, when the Omicron variant was first detected in the ACT. Of the new COVID-19 cases reported in Week 25, 2.2% (135/6,064) were individuals who had more than one episode<sup>1</sup> of COVID-19 reported to ACT Health. This compares to 1.8% (92<sup>2</sup>/4,987) of cases reported in Week 24. While the percentage of cases with reported multiple episodes of COVID-19 has remained relatively stable this reporting period, it is anticipated that it will further increase over time as immunity wanes following COVID-19 infection and vaccination, and as new variants and subvariants emerge.

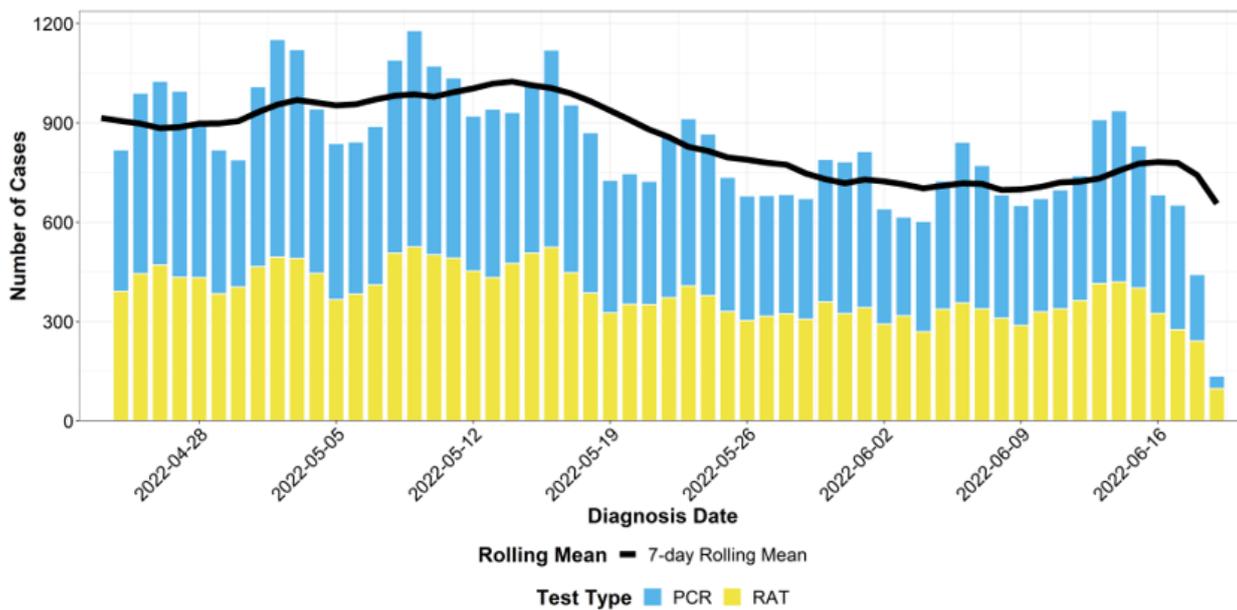
<sup>1</sup> For this analysis, we have defined multiple episodes as a person who has an initial positive PCR/RAT and a subsequent positive PCR/RAT after the nationally recommended testing window that was current at the time of the subsequent test. This recommended testing window has changed to reflect evolving national guidance with a range of 4 to 12 weeks. 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.

<sup>2</sup> This was previously reported as 62 and has been corrected to reflect additional data received

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**Figure 1: COVID-19 cases by test type and diagnosis date<sup>ab</sup>**

## Last 8 Weeks



**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**.

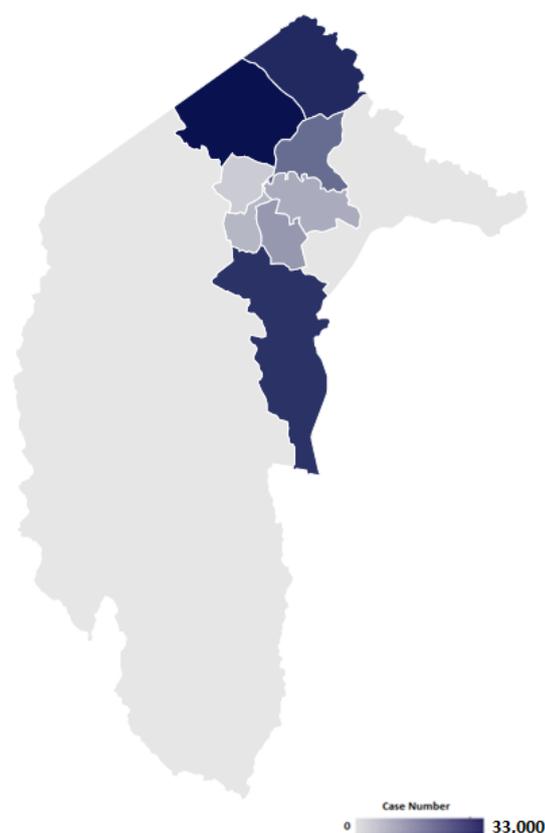
<sup>b</sup>Due to the case processing system, there is a small portion of cases that will not appear before the end of the cut-off period. This will result in an under-reporting of the case numbers and average mean for the 48 hours prior to the cut-off period.

- COVID-19 case numbers have increased this reporting period. There were 6,064 new cases reported in Week 25 (Monday 13 June 2022 to Sunday 19 June 2022) compared to 4,987 cases reported in Week 24. Total cases for Week 24 were previously reported as 5,014, which has decreased following data cleaning, including removal of duplicates.
- Of the cases reported in Week 25, 3,215 (53%) were from positive PCR tests and 2,849 (47%) were from positive RATs.
- The 7-day rolling mean has increased to between 700-800 cases per day compared to between 650-750 cases per day reported over the past few weeks.

# ACT COVID-19 Epidemiology Overview

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



SA3 Region <sup>a</sup>	Cases <sup>b</sup>
Belconnen	32,788
Canberra East	301
Gungahlin	29,215
Molonglo	4,216
North Canberra	18,845
South Canberra	9,074
Tuggeranong	27,800
Uriarra - Namadgi	164
Weston Creek	7,392
Woden Valley	12,153
Not available	638
Outside ACT	2,303
<b>TOTAL</b>	<b>144,889</b>

**Notes:**

<sup>a</sup>Data show cases confirmed by PCR notified to ACT Health since 15 December 2021 and probable cases identified by positive RAT from 8 January 2022 until the end of the reporting period (8pm, 19 June 2022). These data use the [Australian Statistical Geography Standard \(ASGS\) Edition 3](#).

<sup>b</sup>These data use multiple address identifiers to determine the SA3 region.

<sup>c</sup>There were 2,941 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.

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**Table 2: COVID-19 cases by age group for the reporting period**

Age Group	WEEK 25	Age Group Percentage (%) of TOTAL WEEK 25
	Ending 19/06/2022	
0-4	331	5.5%
5-11	489	8.1%
12-17	475	7.8%
18-24	524	8.6%
25-39	1,800	29.7%
40-49	1,040	17.2%
50-64	982	16.2%
65+	422	7%
Not stated/inadequately described <sup>a</sup>	1	0%
<b>Total</b>	<b>6,064</b>	<b>100%</b>

Source: ACT Health Data Repository (NDMS) and ACT Health REDCap Database .

Notes:

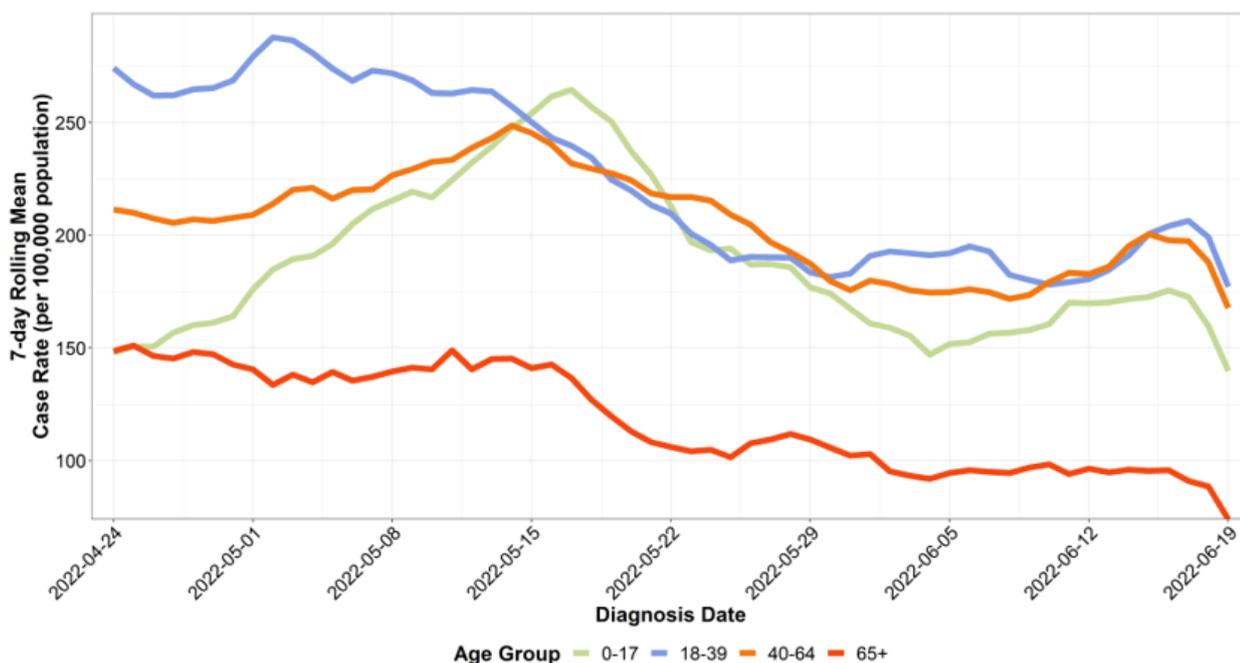
<sup>a</sup>Dates of birth were invalid or not available.

- There was an increase in total reported case numbers across all age groups this reporting period, with the 25-39 age group having the largest increase.

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**Figure 3: Rolling mean of COVID-19 case rate by age group and diagnosis date<sup>a</sup>**

**Last 8 Weeks**



Notes:

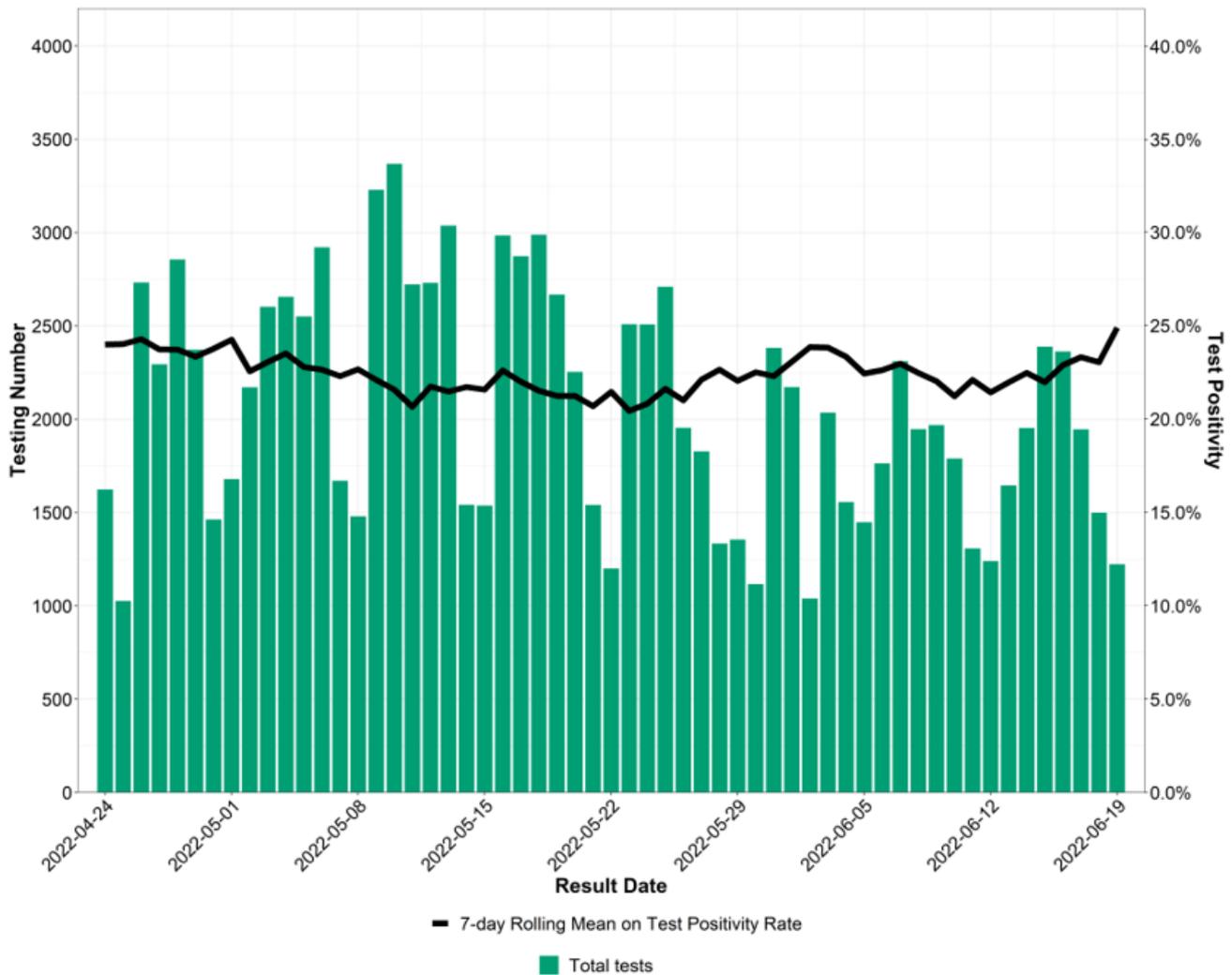
<sup>a</sup>The DIAGNOSIS DATE will be the TRUE ONSET DATE if known, otherwise it will be earliest of the SPECIMEN DATE, the NOTIFICATION DATE or the NOTIFICATION RECEIVED DATE.

- 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 25 there was an increase in the 7-day rolling average case rate for all age groups except those aged 65 and over.

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**Figure 4: Testing<sup>a</sup> by result date and test positivity<sup>b</sup>**

**Last 8 Weeks**



Notes:

<sup>a</sup>Testing number includes positive and negative tests for PCR only.

<sup>b</sup>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 testing numbers increased this reporting period, with a total of 13,012 PCR tests being conducted in Week 25. This compares to 12,261 tests in Week 24.
- Based on PCR tests only, the test positivity rolling mean remains high, sitting at 22-23%.
- High test positivity can be an indicator of undiagnosed cases in the community.

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**Table 3: COVID-19 cases by Aboriginal and/or Torres Strait Islander status for the reporting period**

Indigenous Status	WEEK 25 Ending 19/06/2022	TOTAL Pandemic <sup>a</sup>
Aboriginal and/or Torres Strait Islander People	89	2,959 (2%)
Neither Aboriginal nor Torres Strait Islander People	5,198	118,835 (81%)
Not stated/inadequately described <sup>b</sup>	208	5,774 (4%)
Not available <sup>c</sup>	569	19,528 (13%)
<b>Total</b>	<b>6,064</b>	<b>147,096 (100%)</b>

Notes:

<sup>a</sup>Total cases since the start of the pandemic, March 2020. Total cases may vary from week to week due to data cleaning and merging of records or receipt of retrospective surveys.

<sup>b</sup>Individuals have chosen not to identify their Aboriginal and/or Torres Strait Islander status.

<sup>c</sup>Data were not available on Aboriginal and/or Torres Strait Islander status. These data are not available if an individual has not completed the survey, is awaiting a case interview, or has refused to respond to a case interview.

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## Hospitalisation in the ACT

**Table 4: COVID-19 cases<sup>a</sup> by vaccination status and hospitalisation status (non-mutually exclusive<sup>b</sup>)**

Status (NON-MUTUALLY EXCLUSIVE) <sup>a</sup>	4 doses of COVID-19 vaccine N (%)	3 doses of COVID-19 vaccine N (%)	2 doses of COVID-19 vaccine N (%)	1 dose of COVID-19 vaccine N (%)	Unvaccinated N (%)	Unvalidated / Unknown N (%)	TOTAL
In hospital <sup>bcd</sup>	26 (2%)	367 (32%)	351 (31%)	45 (4%)	342 (30%)	9 (1%)	1,140 (100%) <sup>e</sup>
In ICU							142 (100%) <sup>e</sup>

Notes:

<sup>a</sup>Total cases since the start of the pandemic, March 2020.

<sup>b</sup>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.

<sup>c</sup>Cases admitted to an ACT hospital, including those with a residential address in the ACT or another state or territory.

<sup>d</sup>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.

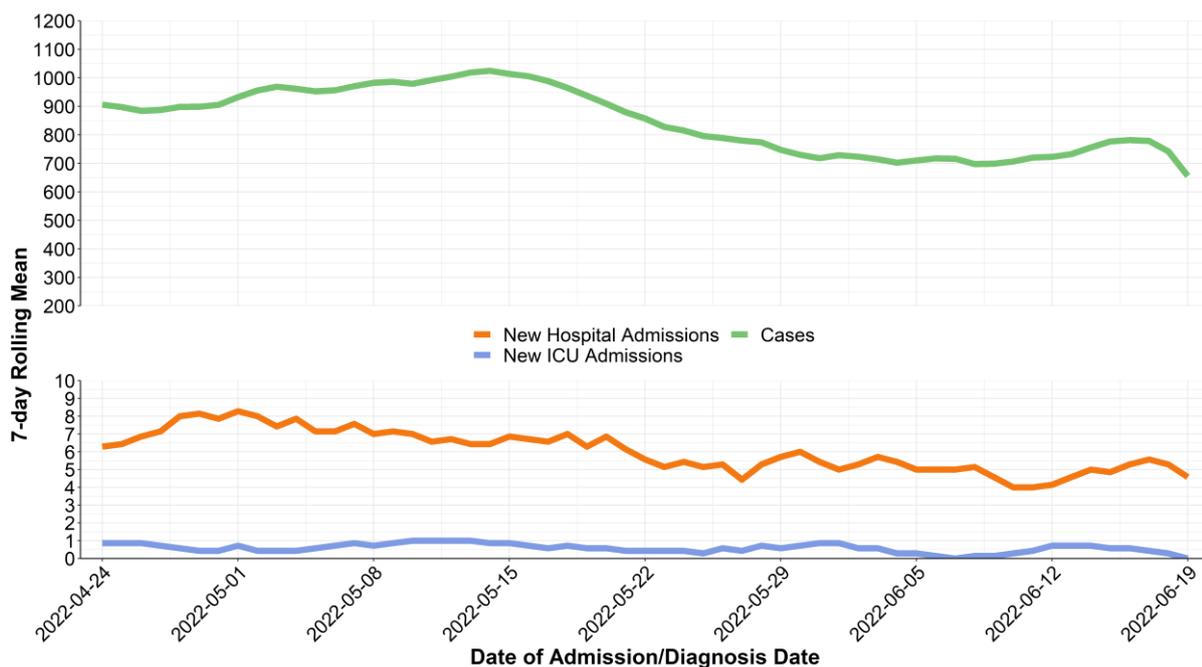
<sup>e</sup>28 cases admitted to ACT hospitals with admission dates outside the reporting period were notified to ACT Health in the most recent reporting period (17 in Week 24, 11 historic). This number includes five ICU admissions that were reported outside the reporting period (four in Week 24, one historic).

- ACT hospitals continue to care for a large number of patients affected by COVID-19.
- At the end of the reporting period (8pm on Sunday 19 June 2022), there were 89 inpatients across ACT hospitals; over half of the inpatients were more than 7 days from the date of their initial COVID-19 positive test.
- The ICU admission figures in the table have been removed due to the total number of admissions increasing by fewer than five. Please refer to the report for week ending 5 June 2022 for vaccination status of ICU admissions to that date.

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**Figure 5: Rolling mean of number of COVID-19 cases admitted<sup>a</sup> to ACT hospitals and ICU, by date of admission, and cases by diagnosis date<sup>b</sup>**

**Last 8 Weeks**



**Notes:**

<sup>a</sup>Cases 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.

<sup>b</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.

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**Table 5: Hospitalised COVID-19 cases<sup>a</sup> by age group and vaccination status**

Age Group	4 doses of COVID-19 vaccine N (%)	3 doses of COVID-19 vaccine N (%)	2 doses of COVID-19 vaccine N (%)	1 dose of COVID-19 vaccine N (%)	Unvaccinated N (%)	Unvalidated/ Unknown N (%)	TOTAL Pandemic
0–17	0 (0%)	1 (1%)	26 (17%)	12 (8%)	112 (74%)	0 (0%)	151 (100%)
18–39	1 (0%)	59 (25%)	87 (37%)	10 (4%)	75 (32%)	3 (1%)	235 (100%)
40–64	4 (1%)	88 (32%)	93 (33%)	9 (3%)	82 (30%)	2 (1%)	276 (100%)
65+	21 (4%)	219 (46%)	145 (30%)	14 (3%)	73 (15%)	4 (1%)	476 (100%)
<b>TOTAL<sup>a</sup></b>	<b>26 (2%)</b>	<b>367 (32%)</b>	<b>351 (31%)</b>	<b>45 (4%)</b>	<b>342 (30%)</b>	<b>9 (1%)</b>	<b>1,140 (100%)</b>

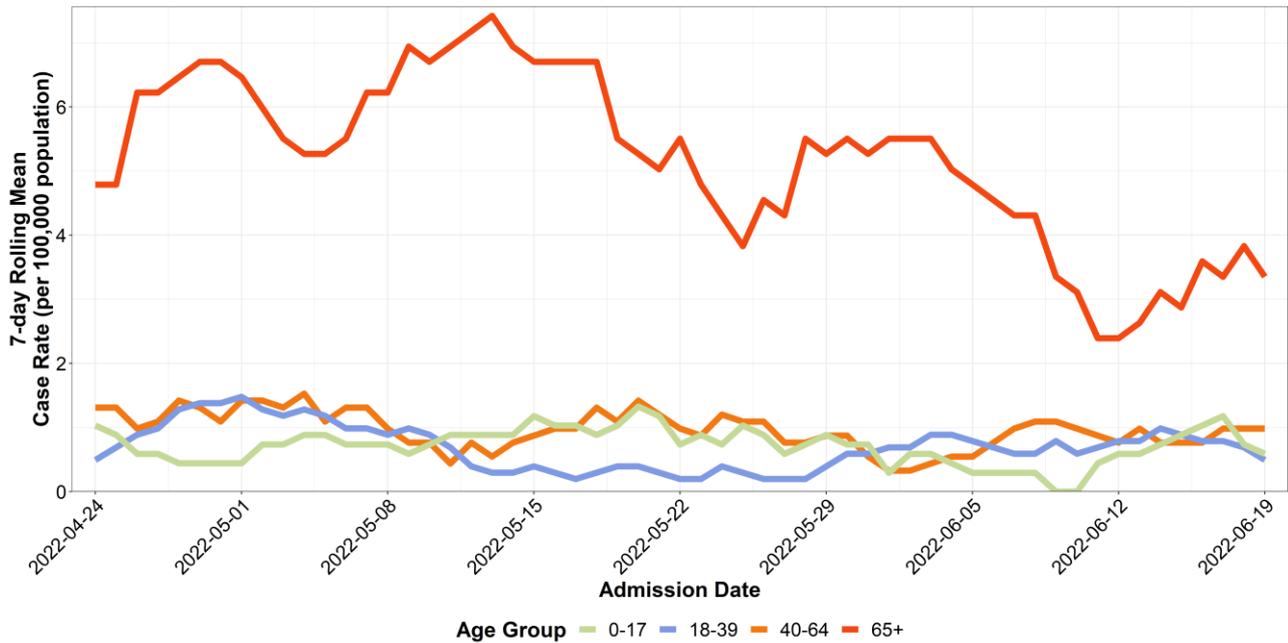
Notes:

<sup>a</sup>Cases admitted to an ACT hospital, including those with a residential address in the ACT or another state or territory

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**Figure 6: Rolling mean of hospitalised<sup>a</sup> COVID-19 case rate by date of admission**

**Last 8 Weeks**



**Notes:**

Cases 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.

- There were 32 new hospital admissions (by date of admission) reported to ACT Health for Week 25. This compares to 30 new hospital admissions reported in Week 24. Note that the figure for Week 24 was previously reported as 14 and has been corrected to reflect additional data received. An additional 11 individuals with their hospital admission date prior to Week 24 have been included in the total number of hospital admissions since the start of the pandemic.
- The average age of hospital admissions this week was 56 years (range of 2 to 89 years).
- Hospitalisations continue to be consistently highest in the 65+ age group despite having the lowest case rates. This highlights the increased risk of severe disease, including hospitalisation, in this older age group.
- There were no new admissions to the ICU this week. Last week there were four additional ICU admissions that were not reported in Week 24 due to a delay in receiving the data, bringing the total for Week 24 to six. An additional one ICU admission that occurred prior to Week 24 has also been identified and added to the total number of ICU admissions since the start of the pandemic.
- After data cleaning, including the removal of duplicate records, the total number of ICU admissions since the start of the pandemic increased by four this reporting period to 142.

# ACT COVID-19 Epidemiology Overview



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- Since January 2022, approximately 59% (53/90) of cases with a known vaccination status admitted to the ICU had received fewer than 3 doses of vaccine at the time of their admission and 20% (18/90) of cases were unvaccinated.

## Whole Genome Sequencing

- Since 1 January 2022, Whole Genome Sequencing (WGS) has been attempted on 5% (4,085/84,228) of all PCR positive tests for COVID-19 in the ACT.
- No recombinant COVID-19 infections<sup>3</sup> were recorded during the reporting period, the last recombinant (XM) was detected in Week 24.
- No mixed COVID-19 infections<sup>4</sup> were recorded during the reporting period. Six mixed infections have been previously identified in the ACT with the last recorded in mid-March 2022.
- Of the cases successfully sequenced in Week 25, 73% (50/68) were BA.2, 22% (15/68) were BA.5, with the remaining samples returning as BA.2.12.1 or BA.4.
- The BA.2 subvariant of Omicron continues to be the dominant COVID-19 variant detected on WGS samples from the ACT community. However, the proportion of BA.5 subvariant of Omicron detected on samples sent for WGS in the ACT is increasing (20% in Week 24, 22% in Week 25).
- It is predicted that the proportion of the BA.5 cases will increase in coming weeks and is expected to become the dominant strain in both the ACT and Australia. It is also expected that this will result in increased case numbers.

## Outbreaks in High-Risk Settings

- During the reporting period, the definition of an ACT RACF COVID-19 outbreak changed to align with the revised national definition<sup>5</sup>. At the end of Week 25, there had been 26 COVID-19 outbreaks in ACT RACFs and a further five facilities with COVID-19 exposures. A total of 25 resident cases were reported.
- In Week 25, 19 disability support providers were affected by COVID-19 exposures. An additional 6 providers reported exposures to ACT Health in this week where the actual exposure occurred prior to Week 25.

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<sup>3</sup> A recombinant variant is where two strains have shared genetic material to form a new variant.

<sup>4</sup> A mixed infection is defined as a case being simultaneously infected with two different COVID-19 strains.

<sup>5</sup> Up until 11:59pm 15 June 2022, a RACF COVID-19 outbreak was either defined as:

- Two or more residents of a residential aged care facility who have been diagnosed with COVID-19 via RAT or PCR within 5 days and have been onsite at the facility during their infectious period OR
- Five or more staff, visitors and/or residents of the residential aged care facility diagnosed with COVID-19 through RAT or PCR within 7 days who have been onsite during their infectious period; and
- A COVID-19 exposure was defined as any case of COVID-19 in staff, residents, or a visitor at the facility during their infectious period that does not meet the definition of an outbreak.

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.

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## Vaccination coverage in the ACT

**Table 6: COVID-19 vaccination coverage rates for ACT residents by age group, as of 20 June 2022**

Age Group	Dose 1	Dose 2	Dose 3	Dose 4
5-11 <sup>1</sup>	80.6%	68.6%	0.1%	
12-15	>99%	97.3%	1.5%	
16-29	>99%	97.7%	61.0%	0.6%
30-39	>99%	98.2%	71.0%	1.0%
40-49	>99%	98.9%	80.6%	1.9%
50-69	>99%	98.7%	87.2%	13.3%
70+	>99%	98.5%	91.5%	57.4%
Total 5 and over	<b>&gt;99%</b>	97.3%	67.4%	10.0%
Total 16 and over	<b>&gt;99%</b>	<b>98.4%</b>	<b>77.1%</b>	<b>11.4%</b>

Source: Australian Immunisation Register, QLIK reports. Population estimates are sourced from ACT Government Treasury projections, 2021 estimate.

Notes:

<sup>1</sup>Population change is occurring in the ACT including interstate and overseas migration into and out of the ACT. Vaccination rates affected by these changes.

<sup>2</sup>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.

<sup>3</sup>There were 3,280 fourth doses administered prior to the commencement of the administration of winter (second) boosters. Fourth doses cannot be distinguished from second boosters in AIR reporting.

<sup>4</sup>ACT residential status is determined by residential address given at the time of vaccination. This may differ from a person's Medicare address.

<sup>5</sup>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.

<sup>6</sup>Where first dose vaccinations to ACT residents are greater than the estimated number of ACT residents, the population estimate is revised to equal the number with a first dose. The first dose vaccination coverage rates are based on the estimated population provided by ACT Government Treasury projections, this is an estimate and may not be a true representation of the population at the time of reporting.

<sup>7</sup>Where a cell contains fewer than 10 people, data is not shown.