

Produced by ACT Health

## Week ending 8 May 2022

### Reporting period Monday to Sunday inclusive

- The first Omicron BA.5 subvariant was detected in the ACT amongst samples sequenced during this reporting period. The case had recently returned from overseas.

### Key statistics:

<b>6,736<sup>1</sup></b> TOTAL NEW CASES (LAST 7 DAYS)	<b>112,407<sup>2</sup></b> TOTAL CASES (SINCE MAR 2020)	<b>12,428</b> NEGATIVE PCR TESTS (LAST 7 DAYS)
<b>55</b> LIVES LOST (SINCE MAR 2020)	<b>32</b> CASES ADMITTED TO HOSPITAL (LAST 7 DAYS)	<b>3</b> CASES ADMITTED TO ICU (LAST 7 DAYS)
<b>80.7%</b> VACCINATIONS (ONE DOSE: 5-11 YEARS OLD)	<b>97.1%</b> VACCINATIONS (TWO DOSES: 5 YRS+)	<b>75.6%</b> VACCINATIONS (THREE DOSES: 16 YRS+)

**Note:**

<sup>1</sup> Total COVID-19 cases identified by both Polymerase Chain Reaction (PCR) and Rapid Antigen Test (RAT) in the reporting week.

<sup>2</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 2 May to Sunday 9 inclusive, Epidemiological Week 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. 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 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.

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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 (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 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 19 <sup>1</sup> Ending 08/05/2022	TOTAL <sup>2</sup>
New Cases	PCR	3,598	69,736
	RAT	3,138	42,671
	<b>Total</b>	<b>6,736</b>	<b>112,407</b>
New Deaths		2	55

Note:

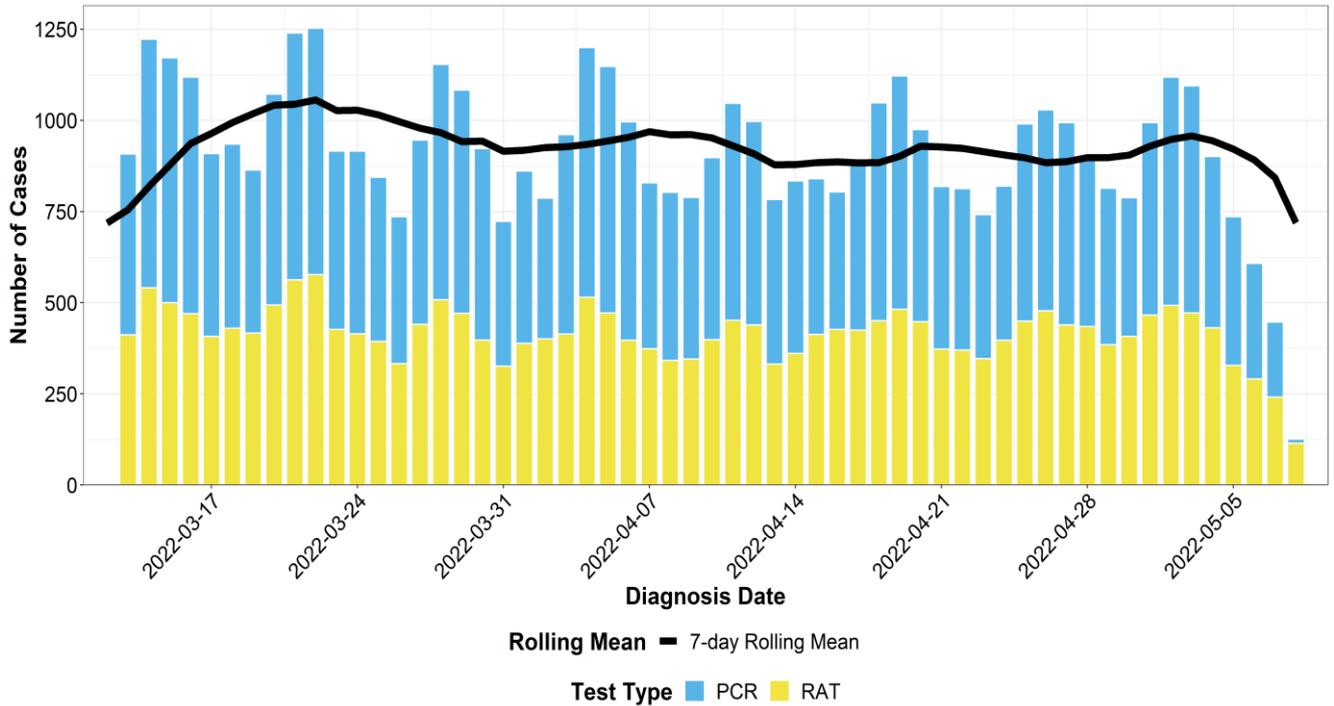
<sup>1</sup>Cases notified to ACT Health during the reporting period.

<sup>2</sup>Total cases since the start of the pandemic, March 2020.

- Vaccination status of deaths has not been included this reporting period due to the additional number of deaths being fewer than five. Please refer to the report for the week ending 1 May for vaccination status of deaths to that date.
- Currently, there is no national agreed case definition for a reinfection of COVID-19. There have been 508 individuals with more than one episode of COVID-19 reported to ACT Health since March 2020. Less than half of these (45%, 356/508) had their first positive test in December 2021 or later, after the Omicron variant was first detected in the ACT. It is expected that the risk of reinfection will increase over time as immunity wanes from infection and vaccination, and new subvariants/variants emerge.
- 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 or individuals having had an initial infection in a different location (i.e. not in ACT Health system). Also some instances of prolonged viral shedding may have been counted as a reinfection. 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 reinfected with a different variant/subvariant.

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**Figure 1: COVID-19 Cases by Test Type and Diagnosis Date<sup>1</sup>**  
Last 8 Weeks



Notes:

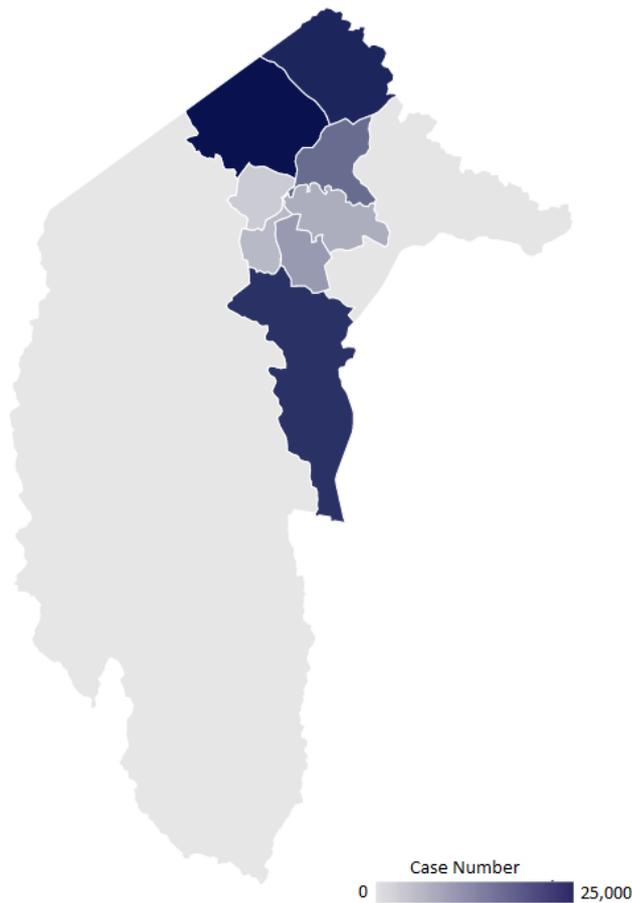
<sup>1</sup>The DIAGNOSIS DATE will be the TRUE ONSET DATE if known, otherwise it will be earliest of the SPECIMEN DATE, the NOTIFICATION DATE or the NOTIFICATION RECEIVED DATE.

<sup>2</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.

- For the week ending 8 May 2022, 6,736 cases were reported in the ACT compared to 6,460 cases reported in Week 18. Note that the total cases for Week 18 were previously reported as 6,504, which has since decreased following data cleaning and removing duplicates.
- Of the cases reported in Week 19, 3,598 (53%) were from positive PCR tests and 3,138 (47%) were from positive RATs.
- The 7-day rolling mean remains relatively stable, between 850-950 cases per day.

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



SA3 Region <sup>1</sup>	Cases <sup>2</sup>
Belconnen	24,849
Gungahlin	22,636
Tuggeranong	21,168
North Canberra	14,238
Woden Valley	9,001
South Canberra	6,615
Weston Creek	5,310
Molonglo	3,288
Canberra East	197
Urriarra - Namadgi	107
Outside ACT	1,793
Not available <sup>3</sup>	983
<b>TOTAL</b>	<b>110,185</b>

Notes:

<sup>1</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, 8 May 2022). These data use the [Australian Statistical Geography Standard \(ASGS\) Edition 3](#).

<sup>2</sup>These data use multiple address identifiers to determine the SA3 region.

<sup>3</sup>There were 2,776 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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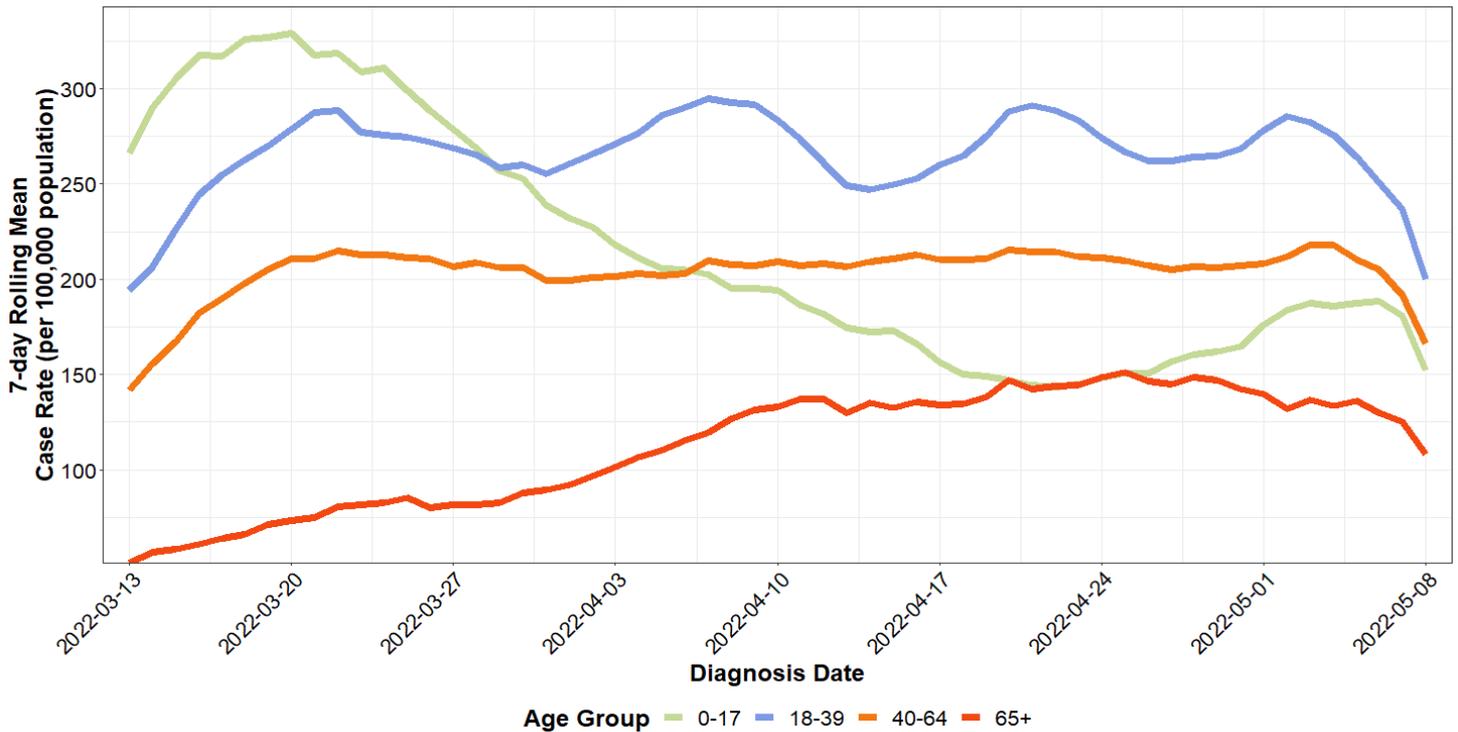
**Table 2: COVID-19 Cases by Age Group for Reporting Period**

Age Group	WEEK 19 Ending 08/05/2022	Age Group Percentage (%) of TOTAL WEEK 19
0–4	395	5.9%
5–11	481	7.1%
12–17	526	7.8%
18–24	717	10.6%
25–39	1,999	29.7%
40–49	1,063	15.8%
50–64	960	14.3%
65+	595	8.8%
<b>Total</b>	<b>6,736</b>	<b>100%</b>

- The total reported case numbers have remained stable across most age groups this reporting period, with the only notable increase seen in the 5 to 11 age group.

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**Figure 3: Rolling Mean of COVID-19 Case Rate by Age Group and Diagnosis Date<sup>1</sup>**  
Last 8 Weeks



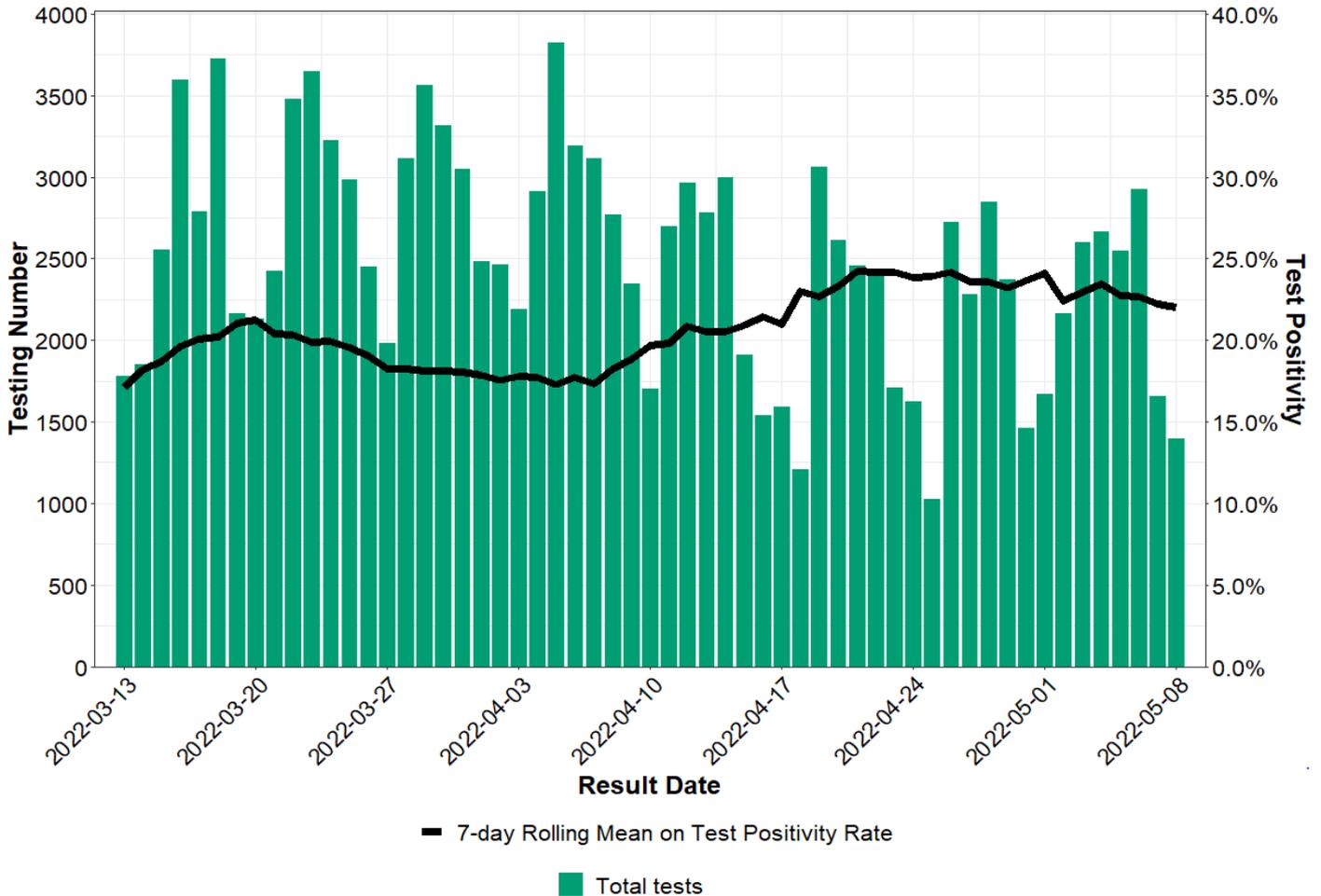
Notes:

<sup>1</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).
- There has been an increase in the 7-day rolling average case rate for school-aged children (0 to 17) over the last two reporting periods. This may be attributed to the commencement of Term 2, however, ACT Health will continue to monitor this trend over the school term.

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**Figure 4: Testing<sup>1</sup> by Result Date with Test Positivity  
Last 8 Weeks**



Notes:  
<sup>1</sup>Testing number includes positive and negative tests for PCR only.

- An increase in total PCR tests was observed across the Territory this reporting period, with a total of 16,026 PCR tests being conducted, compared to Week 18 (n=14,397).
- 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 remained stable this week, sitting between 22%- 23%.
- An increased positivity suggests higher transmission and that there are likely more people with coronavirus in the community who have not presented for testing. The focus in this phase of the pandemic is less on total case numbers and more on monitoring severe outcomes and the burden on the healthcare system.

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

Indigenous Status	WEEK 19 Ending 08/05/2022	TOTAL Pandemic <sup>1</sup>
Aboriginal and/or Torres Strait Islander People	127	2,383 (2%)
Neither Aboriginal nor Torres Strait Islander People	5,794	87,315 (78%)
Not stated/inadequately described <sup>2</sup>	286	4,390 (4%)
Not available <sup>3</sup>	529	18,319 (16%)
<b>Total</b>	<b>6,736</b>	<b>112,407 (100%)</b>

Notes:

<sup>1</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>2</sup>Individuals have chosen not to self-disclose their Aboriginal and/or Torres Strait Islander status.

<sup>3</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>1</sup> by Vaccination Status and Hospitalisation Status (Non-Mutually Exclusive<sup>2</sup>)**

Status (NON-MUTUALLY EXCLUSIVE) <sup>1</sup>	4 doses of COVID-19 vaccine N (%)	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 <sup>3</sup>	2 (<1%)	214 (25%)	290 (34%)	39 (5%)	301 (35%)	14 (2%)	860 <sup>4</sup> (100%)
In ICU	0 (0%)	23 (19%)	29 (24%)	6 (5%)	59 (49%)	3 (2%)	120 <sup>5</sup> (100%)

Notes:

<sup>1</sup>Total cases since the start of the pandemic, March 2020.

<sup>2</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>3</sup>Cases admitted to an ACT hospital, including those with a residential address in the ACT or another state or territory.

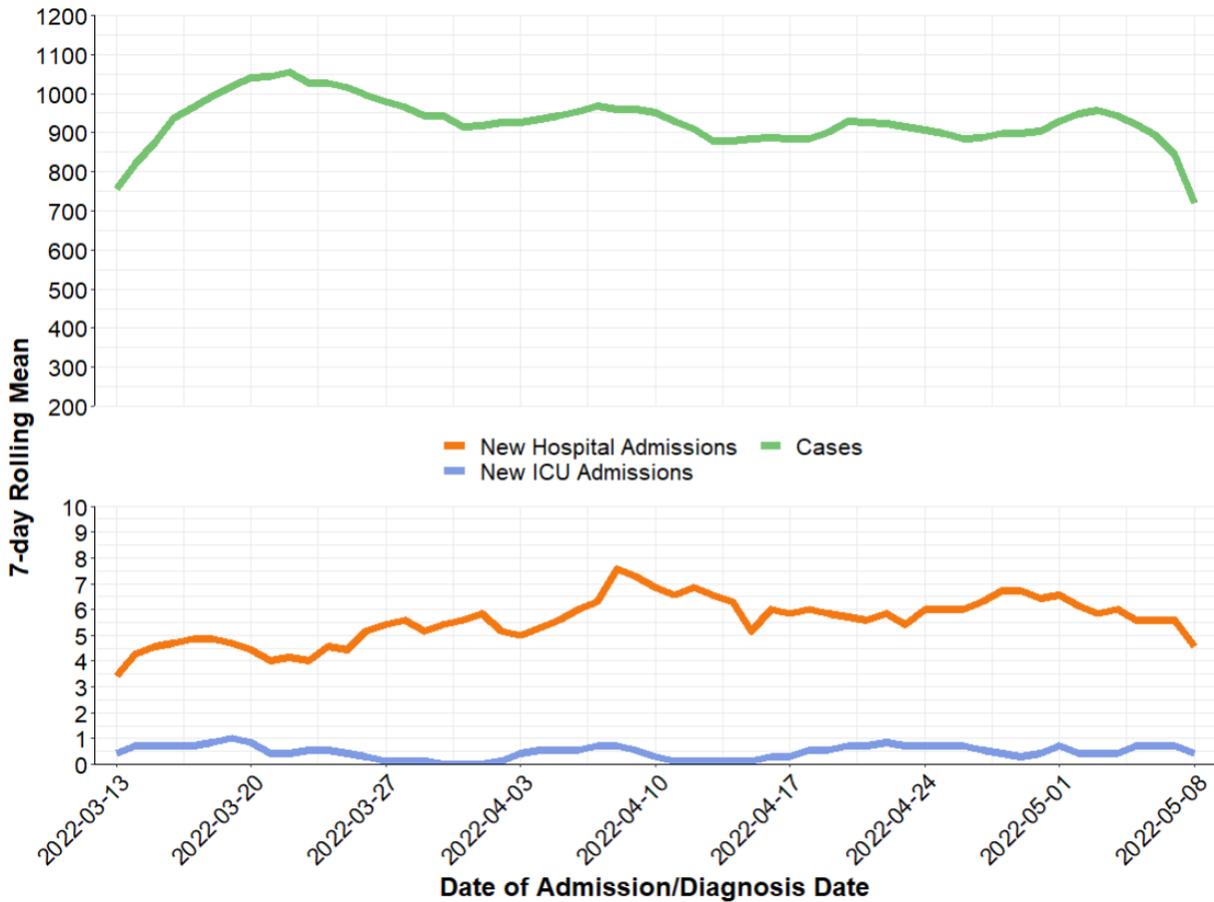
<sup>4</sup>Includes 10 new hospital admissions from previous reporting periods due to data being updated after the reporting cut-off period.

<sup>5</sup>Includes 4 new ICU admission from previous reporting periods due to data being updated after the reporting cut-off period. May not add up to 100% due to rounding.

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 cases admitted<sup>1</sup> to ACT Hospitals and ICU, by Date of Admission, and Cases by Diagnosis Date<sup>2</sup>  
Last 8 Weeks**



Notes:

<sup>1</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>2</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>1</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 doses of COVID-19 vaccine N (%)	Unvaccinated N (%)	Unvalidated/ Unknown N (%)	TOTAL Pandemic
0–17	0 (0%)	1 (1%)	16 (14%)	11 (9%)	87 (75%)	1 (1%)	116 (100%)
18–39	1 (1%)	38 (20%)	73 (38%)	7 (4%)	69 (36%)	3 (2%)	191 (100%)
40–64	0 (0%)	54 (25%)	72 (34%)	8 (4%)	78 (36%)	2 (1%)	214 (100%)
65+	1 (0%)	121 (36%)	129 (38%)	13 (4%)	67 (20%)	8 (2%)	339 (100%)
<b>TOTAL<sup>1</sup></b>	<b>2 (0%)</b>	<b>214 (25%)</b>	<b>290 (34%)</b>	<b>39 (5%)</b>	<b>301 (35%)</b>	<b>14 (2%)</b>	<b>860<sup>2</sup> (100%)</b>

Notes:

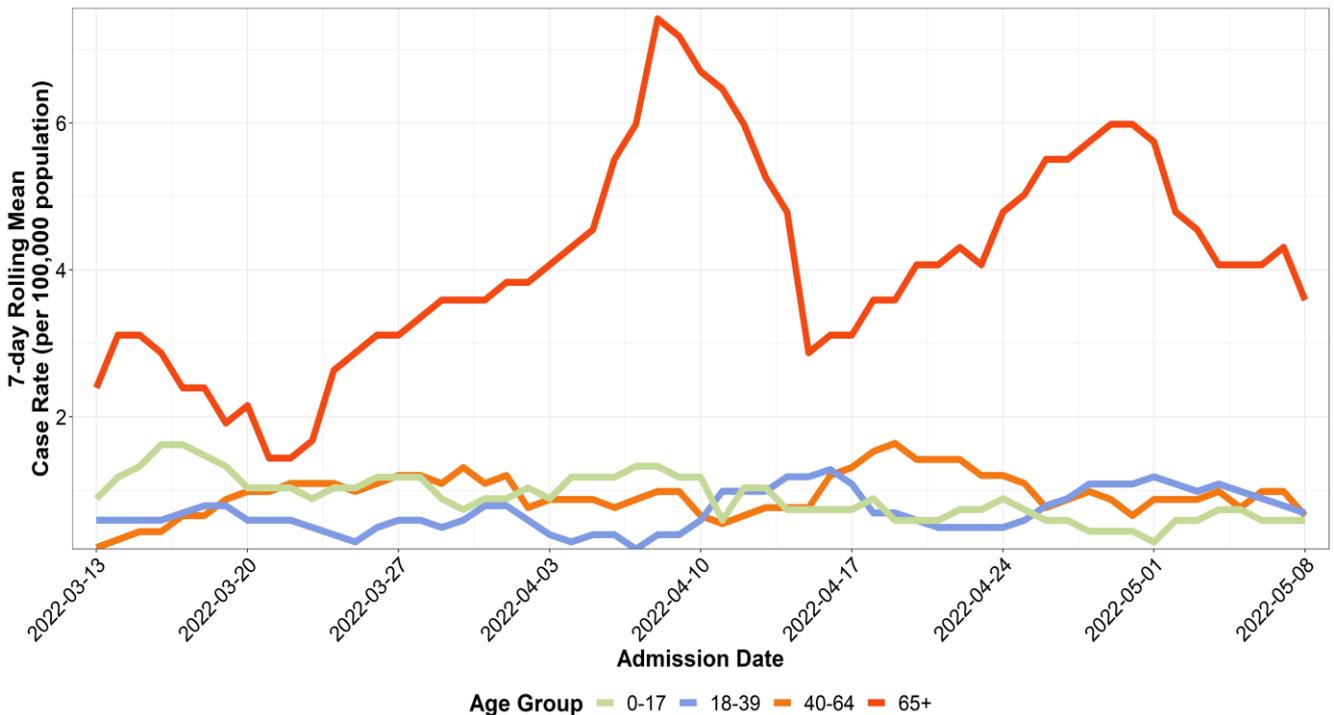
<sup>1</sup>Cases admitted to an ACT hospital, including those with a residential address in the ACT or another state or territory

<sup>2</sup>Includes 10 new hospital admissions from previous reporting periods due to data being updated after the reporting cut-off period.

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**Figure 6: Rolling Mean of Hospitalised<sup>1</sup> COVID-19 Case Rate by Date of Admission**

**Last 8 Weeks**



Note:

<sup>1</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. Admissions are counted whether it was for COVID-related reasons or for other reasons.

- There were 32 new hospital admissions (by date of admission) this week, compared to 46 new hospital admissions reported in Week 18. Note that the figure for Week 18 was initially reported as 33 hospital admissions and has been corrected because of data that was subsequently received.
- An additional 10 historical hospital admissions have been included in the total number of hospital admissions since the start of the pandemic. These are not counted as new hospital admissions in this reporting period as they occurred outside Week 19.
- There were 3 new admissions to the ICU in this reporting period. Last week an additional 3 ICU admissions occurred that were not reported in Week 18 due to a delay in receiving the data, bringing the Week 18 total to 5. One additional historical ICU admission has also been included to the total ICU count.
- Of the 70 ICU admissions since 1 January 2022, 24 had received 3 doses of vaccine, 26 had received 2 doses of vaccine, 2 had received a single dose of vaccine, 16 were unvaccinated and the vaccination status for the remaining 2 people is unknown

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- Of the ICU admissions mentioned above, approximately 68% of cases with a known vaccination status had fewer than 3 doses of vaccine at the time of their admission and almost a quarter of cases were unvaccinated at the time of their admission.
- The 7-day rolling mean of new hospitalised cases decreased slightly this week but overall is relatively stable. Hospitalisations continue to be consistently highest in the 65+ age group despite having the lowest case rates, highlighting the increased risk of severe disease, including hospitalisation, in this older age group.

## Whole Genome Sequencing

- Since 1 January 2022, Whole Genome Sequencing (WGS) has been attempted on 4% (3,097/69,736) of all COVID-19 PCR positive tests in the ACT. In last week's report the denominator was 90,063. This has been revised due to data cleaning and reclassification of tests from PCR to RAT.
- No mixed infections were recorded during the reporting period. A mixed infection is defined as a case being simultaneously infected with 2 different strains at the same time. One Delta/Omicron BA.1 and 6 Omicron BA.1/BA.2 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 2 strains have shared genetic material to form a new variant.
- The first Omicron BA.5 subvariant was detected in the ACT amongst samples sequenced during this reporting period. The case had recently returned from overseas.

## Outbreaks in High-Risk Settings

- During the reporting period, there were 16 ACT Residential Aged Care Facilities (RACFs) with active COVID-19 outbreaks, with 59 new cases in residents.
- In Week 19, 21 disability support providers were affected by COVID-19 exposures. An additional 26 service providers reported exposures to ACT Health in this week where the actual exposure occurred prior to Week 19.
- An outbreak at the Alexander Maconochie Centre (AMC) occurred during the reporting period. ACT Health will continue to support the Justice and Community Safety (JACS) Directorate in the management of this outbreak.

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## Vaccination Coverage in the ACT

**Table 6: COVID-19 Vaccination Coverage Rates for ACT Residents by Age Group, as of 8 May 2022**

Age Group <sup>a</sup>	Dose 1	Dose 2	Dose 3	Dose 4
5-11	80.6% <sup>b</sup>	66.4%	0.1%	
12-15	>99%	97.3%	1.3%	
16-29	>99%	97.8%	58.9%	0.4%
30-39	>99%	98.2%	69.2%	0.6%
40-49	>99%	99.0%	79.5%	1.0%
50-69	>99%	98.7%	86.3%	4.8%
70+	>99%	98.6%	90.8%	25.9%
Total 5 and over	>99%	97.1%	66.1%	4.3%
Total 16 and over	>99%	98.4%	75.7%	4.9%

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

Notes:

<sup>a</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>b</sup>The percentage of ACT residents aged 5-11 years, who received one dose of a COVID-19 vaccine, has decreased due to a revision in ACT Health's estimate of the ACT population. This is consistent with how ACT Health has previously calculated the percentage for other age groups.

<sup>c</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>d</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>e</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>f</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>g</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.

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

- As of 8 May 2022, the 5 to 11 age group second dose coverage is at 66.4%.
- COVID-19 winter boosters are recommended for people aged 65 and over, residents of aged care or disability care facilities, people with severe immunocompromise (aged 16+) and Aboriginal and/or Torres Strait Islander people (aged 50+).
- About 26,100 ACT residents are now eligible<sup>1</sup> for a winter booster and on 8 May 2022, 14,416 (55.2%) had taken up this opportunity.

<sup>1</sup> The number of ACT residents eligible for a winter booster will continue to increase over time as more residents reach the recommended gap between doses.