

Produced by ACT Health

Reporting period ending 30 March 2023

Reporting period Friday 24 March 2023 to
Thursday 30 March 2023 inclusive.

Key statistics for reporting period

For all definitions, please see Explanatory Notes

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

	Reporting Period Ending 30/03/2023 ^a	Percentage (%) of Reporting Period ^d	2023 TOTAL ^{bcef}	Percentage (%) of TOTAL 2023 ^d
Total Cases	526	100%	7,397	100%
PCR	125	24%	1,756	24%
RAT	401	76%	5,641	76%
Deaths^e	1	N/A	18^g	N/A
Age group (years)				
0-4	13	2%	248	3%
5-11	28	5%	345	5%
12-17	31	6%	389	5%
18-24	39	7%	621	8%
25-39	140	27%	1978	27%
40-49	92	17%	1251	17%
50-64	79	15%	1306	18%
65+	104	20%	1259	17%

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^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.

^gFrom 31 March 2023, all COVID-19 related deaths will be reported based on year of death. Previously deaths were reported by a mixture of date reported to ACT Health and date of death. Total deaths counts for 2022 and 2023 have been updated to reflect this change.

COVID-19-related deaths

- ACT Health has been notified of 1 COVID-19 related death during this reporting period; a male in his 90's.
- There have been 18 COVID-19 related deaths in 2023, with the total number of COVID-19-related deaths for the pandemic being 230.

Reporting period details

Table 2: Daily COVID-19 cases by test type for week ending Thursday 30 March 2023^a

	PCR	RAT	TOTAL
Friday 24 March 2023	15	53	68
Saturday 25 March 2023	16	42	58
Sunday 26 March 2023	14	30	44
Monday 27 March 2023	6	68	74
Tuesday 28 March 2023	29	65	94
Wednesday 29 March 2023	21	87	108
Thursday 30 March 2023	24	56	80

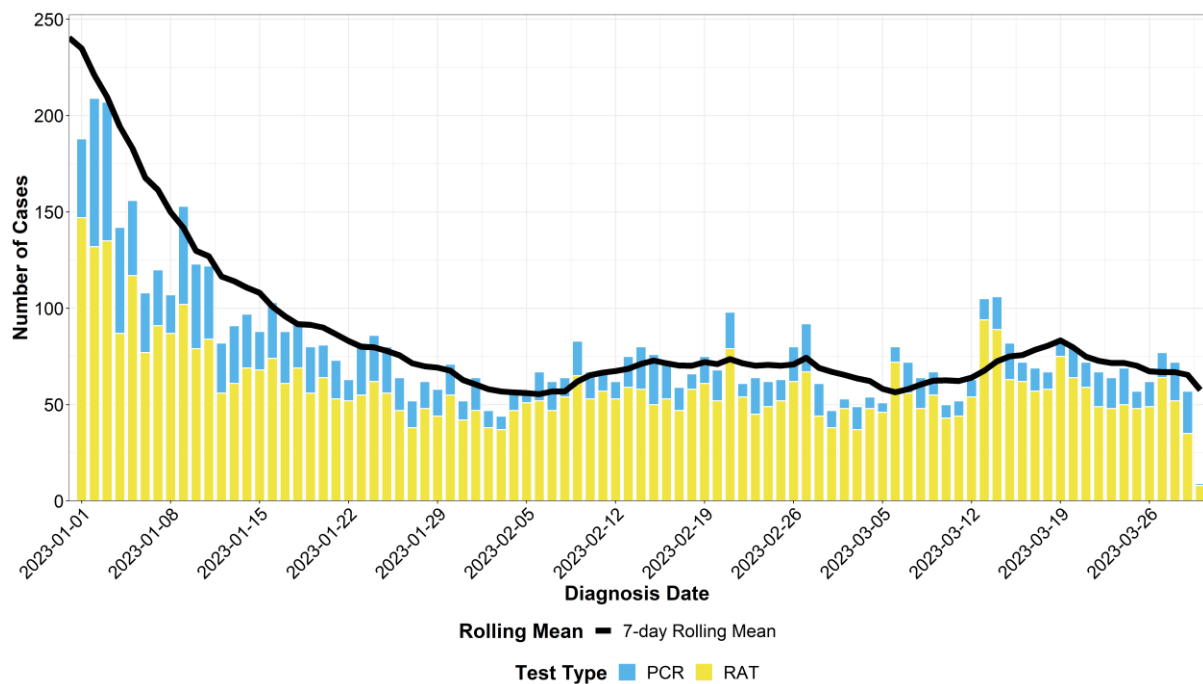
^aCases notified to ACT Health during the reporting period.

ACT COVID-19 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 the 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

From 31 March 2023, all COVID-19 related deaths will be reported based on year of death. Previously deaths were reported by a mixture of date reported to ACT Health and date of death. Total deaths counts for 2022 and 2023 have been updated to reflect this change.

Table 3: COVID-19 case^a totals by year

Year	Total cases	Total COVID-19 related deaths
2020	118	3
2021	4,286	12
2022	222,730	197
YTD 2023 ^{bc}	7,397	18
Total since March 2020	234,531	230

Notes:

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

^bFrom 1 January 2023 until 4pm 30 March 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.

Hospitalised of COVID-19 Cases in the ACT

Table 4: Hospitalised cases with active COVID-19^a infections across all ACT hospitals as at 4pm Thursday 30 March 2023

	Total
Active cases in hospital	21
In ICU	0
Ventilated	0

Notes:

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

Institutional outbreaks of COVID-19

- Between 24 March and 30 March 2023 there were two residential aged care facilities (RACFs) with an active COVID-19 outbreak. This compares with one RACF with an active COVID-19 outbreak between 17 March and 23 March 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

Not all data are updated every week. The latest data can be found at [Weekly COVID-19 Update, 17 March 2023](#).

COVID-19 Whole Genome Sequencing

Not all data are updated every week. The latest data can be found at [Weekly COVID-19 Update, 17 March 2023](#).

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Explanatory Notes:

Reporting period is 4pm Thursday 23 March 2023 to 4pm Thursday 30 March 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. 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. ACT Health continuously performs audit and data cleaning on the information used to provide this report. Thus, 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, which better reflects the epidemiology of COVID-19 at the time the death occurred. Deaths were previously reported by a mixture of both date reported to ACT Health and date of death.

Due to batching of specimens, whole genome sequencing data are not available until approximately 2 weeks after specimen collection date.