

Produced by ACT Health

Week ending 4 December 2022

Reporting period Monday 28 November 2022 to
Sunday 4 December 2022 inclusive, Week 49

Key statistics:

- In Week 49, the ACT recorded 2,311 new COVID-19 cases. This is an 18% increase in cases from Week 48 (1,951 cases).
- As at 4pm, Thursday 1 December 2022, there were 33 patients with active COVID-19 infection¹ across ACT hospitals, none of whom were admitted to the ICU.

Table 1: COVID-19 notifications, 1 January 2022 to 4 December 2022

COVID-19 ^a	
WEEK 49 Ending 04/12/2022	Year to date 2022 ^{bc}
2,311	212,479

Notes:

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

^bFrom 1 January 2022 until 4pm 4 December 2022.

^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.

Table 2: COVID-19 vaccination statistics^a as at 4 December 2022

76.9% VACCINATED with TWO DOSES: 5-15 YRS OLD	78.6% VACCINATED with THREE DOSES: 16 YRS+	64.4% VACCINATED with FOUR DOSES: 50 YRS+
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Note:

^aPopulation change is occurring in the ACT including the shift in age breakdowns and interstate and overseas migration into and out of the ACT. Vaccination rates may either increase or decrease as they are affected by these changes. Please see Table 7 for more information.

¹ See the Explanatory Notes for the definition of an active COVID-19 infection in hospital.

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Number of cases reported with COVID-19 in the ACT

Table 3: COVID-19 case status by test type

	Test type	WEEK 48	WEEK 49	2022 TOTAL ^{bce}
		Ending 27/11/2022 ^{ac}	Ending 04/12/2022 ^{ac}	
Cases	PCR	746	831	121,839
	RAT	1,205	1,480	90,640
	Total	1,951	2,311	212,479
Deaths ^d		1	2	117

Notes:

^aCases notified to ACT Health during the reporting period.

^bTotal cases since 1 January 2022.

^cTotal COVID-19 cases for 2022 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.

^dRefers to a COVID-19 death that has been confirmed by ACT Health during the reporting period. The definition of a COVID-19 death for surveillance and reporting purposes is according to the COVID-19 SoNG.

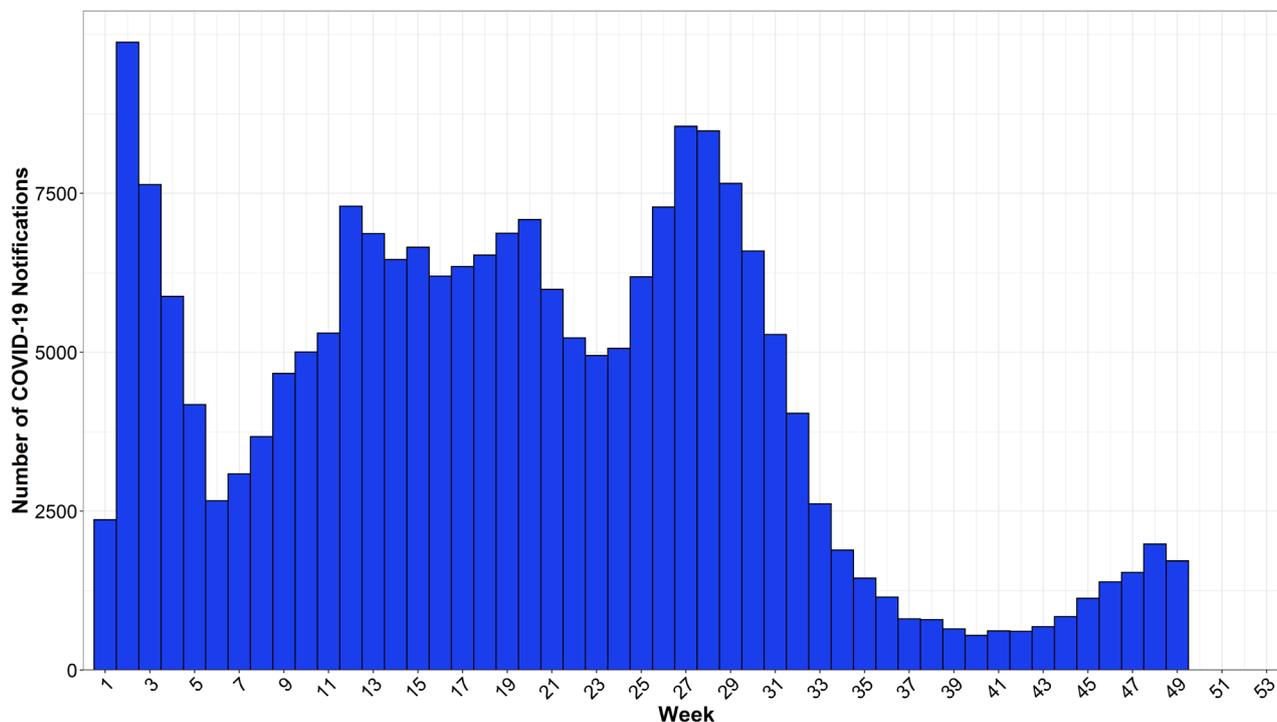
^eCumulative numbers have changed due to data cleaning and inclusion of historical cases already known to ACT Health but were not included in the previous counts due to technical issues.

- Three COVID-19-related deaths were reported to ACT Health in Week 49. Two deaths occurred in Week 49 and one in Week 48.
- Of the 117 COVID-19-related deaths in 2022, 24 had received 4 doses of vaccine, 37 had received 3 doses of vaccine, 30 had received 2 doses of vaccine, six had received a single dose of vaccine, 13 were unvaccinated, and the vaccination status of the remaining seven individuals is unknown.

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Figure 1: COVID-19 cases by week of diagnosis^a, 14 January 2022 to 4 December 2022



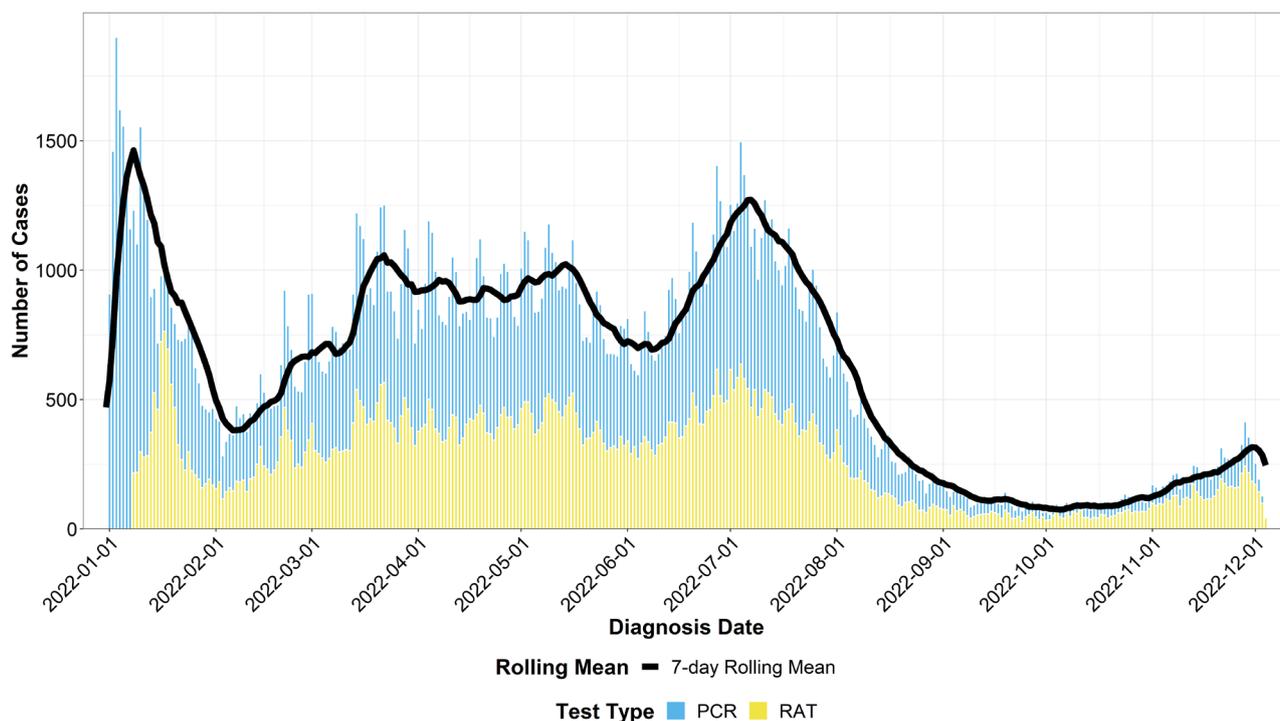
Notes:

^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**. Weekly totals in this figure may be different to weekly totals by reporting week, as the diagnosis date may be different to the notification date.

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Figure 2: COVID-19 cases (with 7-day rolling mean) by test type and diagnosis date^{ab} for 2022



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.

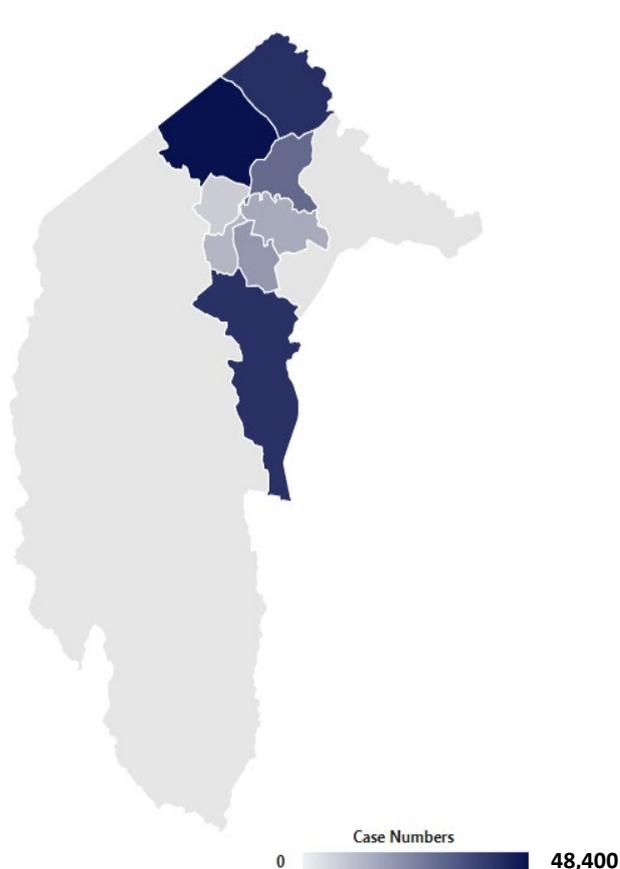
^bDue to the case processing system, there is a small proportion of cases that will not appear before the end of the cut-off period. This will result in an under-reporting of the case numbers and average mean for the 48 hours prior to the cut-off period.

- There were 2,311 cases reported in Week 49 (Monday 28 November 2022 to Sunday 4 December 2022) compared with 1,951 new cases in Week 48.
- In Week 49, the 7-day rolling case mean (PCR and RAT) was 240-320 cases per day. This compares to 200-240 cases per day in Week 48.

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Figure 3: Map of COVID-19 cases by Statistical Area Level 3 (SA3) since 1 January 2022



SA3 Region ^a	Cases ^{bc}
Belconnen	48,359
Canberra East	525
Gungahlin	41,433
Molonglo	5,932
North Canberra	28,370
South Canberra	13,642
Tuggeranong	41,149
Uriarra - Namadgi	266
Weston Creek	11,135
Woden Valley	17,820
Not available ^d	685
Outside ACT ^d	3,163
TOTAL^{ae}	212,479

Notes:

^aData show cases notified to ACT Health from 1 January 2022 until the end of the reporting period (4pm, 4 December 2022). These data use the [Australian Statistical Geography Standard \(ASGS\) Edition 3](#).

^bThese data use multiple address identifiers to determine the SA3 region.

^cTotals are calculated as case numbers and do not take into account differences in populations across regions.

^dThere were 3,848 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.

^eTotal 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.

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Table 4: COVID-19 cases^{abc} by age group for reporting period

Age Group	WEEK 48 Ending 27/11/2022	WEEK 49 Ending 04/12/2022	Age Group Percentage (%) of TOTAL WEEK 49	Age Group Rate (per 100,000 population) of TOTAL WEEK 49	2022 Total Per Age Group
0-4	60	66	2.9	225	10,820
5-11	79	72	3.1	195	18,869
12-17	61	55	2.4	202	16,010
18-24	225	297	12.9	488	25,578
25-39	528	709	30.7	459	61,863
40-49	317	342	14.8	516	32,180
50-64	354	396	17.1	489	29,696
65+	327	374	16.2	526	17,463
Total	1,951	2,311	100%	508	212,479

Source: ACT Health Data Repository.

Notes:

^aCases notified to ACT Health during the reporting period.

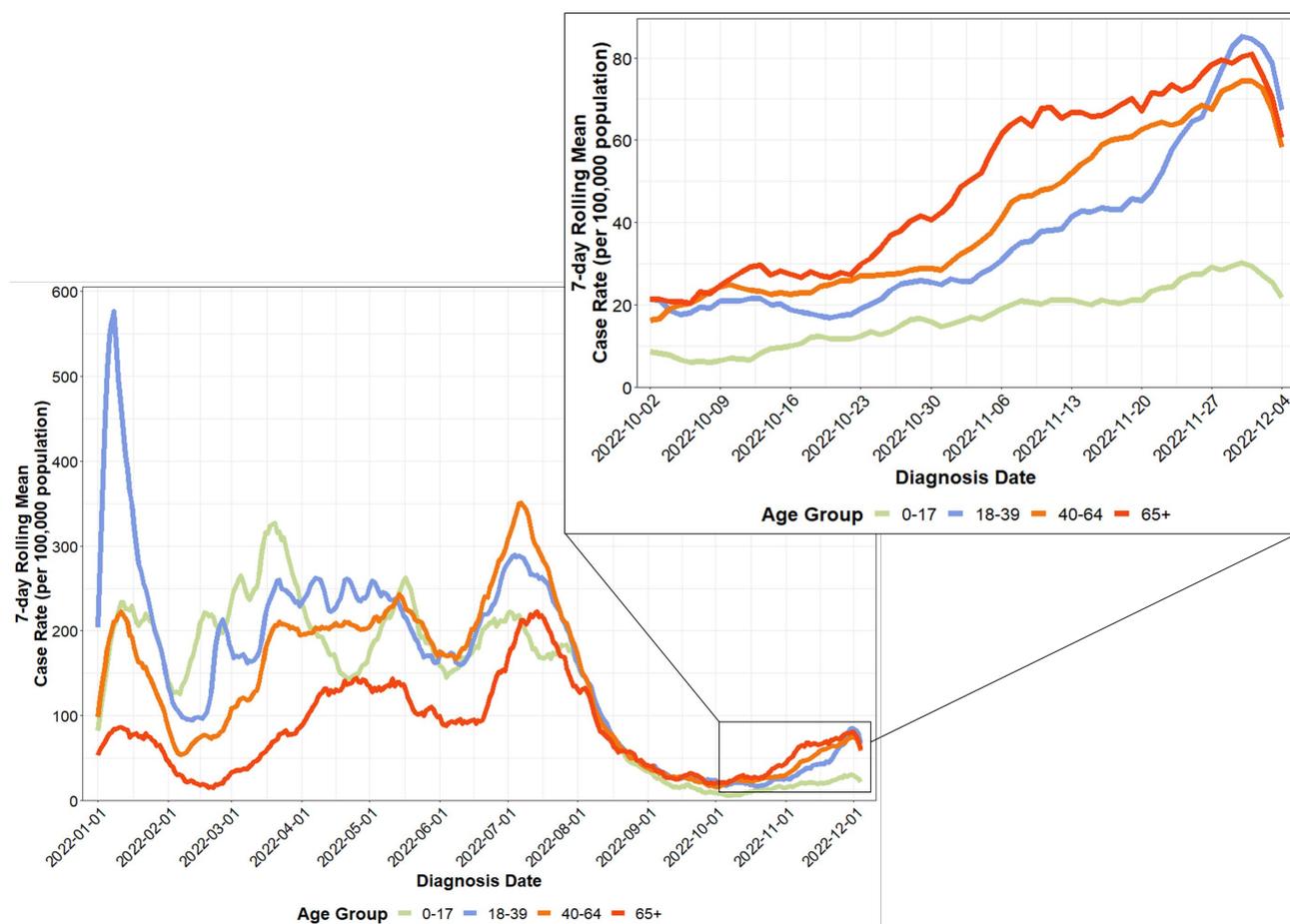
^bTotal COVID-19 cases may not reflect the sum of cases from last week's reporting period and this week's reporting period. Please see the explanatory notes for further information.

^cDifferences in health-seeking and testing behaviours may influence age-related notification rates.

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Figure 4: Rolling mean of COVID-19 case rate by age group and diagnosis date^{ab} for 2022 (inset for Week 41 to 49, 2 October 2022 to 4 December 2022)



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 reporting cut-off period. This will result in an under-reporting of the rolling case numbers for the 48 hours prior to the cut-off period.

- 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.
- During the reporting period, there was an increase in the case-rate rolling mean for all age groups, particularly those aged 18-39-years. Differences in health-seeking and testing behaviours may influence age-related notification rates.

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Table 5: COVID-19 cases^{ab} by Aboriginal and/or Torres Strait Islander status for the reporting period

Indigenous Status	WEEK 49 Ending 04/12/2022		2022 TOTAL
	TOTAL WEEK 49	Percentage (%) of TOTAL WEEK 49	
Aboriginal and/or Torres Strait Islander People	29	1.2	3,829 (2%)
Neither Aboriginal nor Torres Strait Islander People	1,500	64.9	171,663 (81%)
Not stated/inadequately described ^c	70	3.0	8,104 (4%)
Not available ^d	712	30.8	28,883 (14%)
Total	2,311	100%	212,479 (100%)

Notes:

^aCases notified to ACT Health during the reporting period.

^bTotal 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.

^cIndividuals have chosen not to identify their Aboriginal and/or Torres Strait Islander Status.

^dData is 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 declined to respond to a case interview.

- The Aboriginal and/or Torres Strait Islander status is not known for 33.8% of reported cases in Week 49.

Historical COVID-19 cases

Table 6: COVID-19 case^a totals by year

Year	Total cases
2020	118
2021	4,287
Year to date ^b	212,479

Notes:

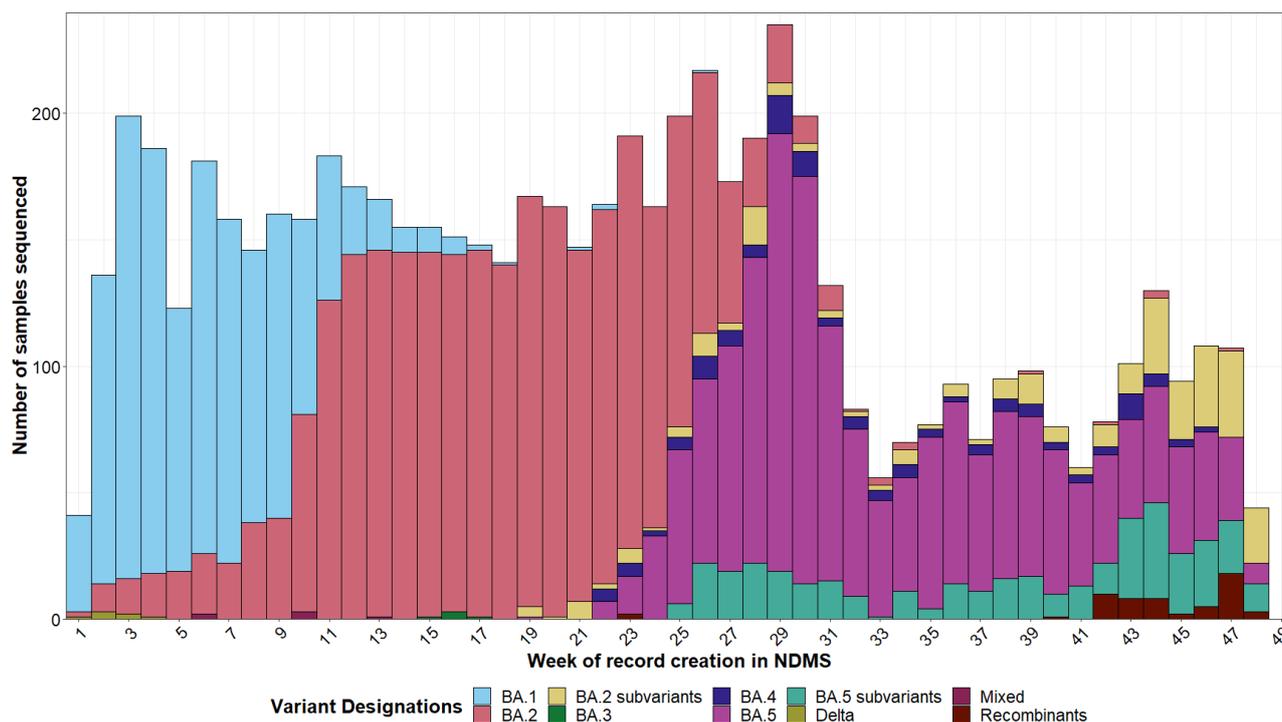
^aCOVID-19 cases notified to ACT Health during the reporting period.

^bFrom 1 January 2022 until 4pm 04 December 2022

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COVID-19 Whole Genome Sequencing

Figure 5: Number of variant designations of sequenced COVID-19 samples in the ACT since 1 January 2022



Source: Schwessinger Laboratory, Australian National University, as at 5 December 2022

Notes:

Creation date of case record refers to the date the COVID-19 case information is made available in the ACT Notifiable Disease Management System
Please note that this graph has been updated to accommodate colour accessibility.

- During the month of November 2022, BA.5 was the most frequently sequenced Omicron variant (31.2%) followed closely by BA.2 subvariants (28.9%) and BA.5 subvariants (19.3%). Compared to October 2022, the proportion of BA.5 samples sequenced has decreased (from 47.7%) and the proportion of BA.2 subvariant samples sequenced has increased (from 16.1%).
- The variety of new variants and subvariants (Figure 5) is consistent with national and international observations. The significance of these subvariants remains unclear at this time. ACT Health continues to monitor the situation.

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COVID-19 hospitalisation in the ACT

- As of 4pm, Thursday 1 December 2022, there were 33 patients with active COVID-19 infection² across ACT hospitals, none of whom were admitted to the ICU.

Institutional outbreaks of COVID-19

- In Week 49, there were four Residential Aged Care Facilities (RACFs) with active COVID-19 outbreaks³.
- During the reporting period, no new outbreaks in residential disability settings were notified to ACT Health.

COVID-19 vaccination coverage in the ACT

Table 7: COVID-19 vaccination coverage rates^a for ACT residents^{bc} by age group, as of 4 December 2022

Age Group	Dose 1	Dose 2	Dose 3 ^d	Dose 4 ^e
5-15 ^f	83.6%	76.9%	<1%	-
16-29	89.0%	87.3%	56.5%	1.5%
30-39	>99%	98.8%	73.8%	16.1%
40-49	>99%	>99%	85.0%	26.1%
50-69	>99%	>99%	91.2%	54.4%
70+	>99%	>99%	>99%	85.1%
Total 5 and over	96.8%	94.6%	67.4%	27.2%
Total 16 and over	>99%	97.6%	78.6%	31.7%
Total 50 and over	>99%	>99%	93.8%	64.4%

Source: Australian Immunisation Register, QLIK reports. Population estimates are sourced from 2021 ABS Census ACT population data

Notes:

^aPopulation change is occurring in the ACT including shift in age breakdowns, and interstate and overseas migration into and out of the ACT. Vaccination rates are affected by these changes.

^bACT residential status is determined by residential address given at the time of vaccination. This may differ from a person's Medicare address.

^cPostcode 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.

^dThird doses as part of the primary immunisation for immunocompromised individuals cannot be distinguished from boosters in AIR reporting

^eFourth doses administered as a first booster for immunocompromised individuals cannot be distinguished from second boosters in AIR reporting

^fFrom 22 July 2022, 5-11-year group has been replaced with 5-15-year group to reflect the vaccination rollout.

² See the Explanatory Notes for the definition of an active COVID-19 infection in hospital.

³ 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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Explanatory Notes:

Reporting period is Monday 21 November 2022 to Sunday 4 December 2022 inclusive, Week 49.

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 may be identified in previous reporting periods due to the inter-jurisdictional reporting agreements on cases being managed by ACT Health (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 the 15 October 2022, this included those that had a residential address outside the ACT but remained in the ACT for their period of isolation. 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 change in subsequent reports as further notifications are received and data is reanalysed.

Weekly case reporting by ACT Health represents COVID-19 case notifications received in the past seven days, based on 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, therefore case numbers in this report may not match the number of cases reported elsewhere for the same period.

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ACT Health defines 'more than one episode of COVID-19' as a person who had an initial positive PCR/RAT and a subsequent positive PCR/RAT after the nationally recommended testing window ([COVID-19 National Guidelines for Public Health Units](#)) that was current at the time of the subsequent test. This has ranged from 4 weeks to 12 weeks throughout the pandemic. It is possible that some individuals have not been included in this analysis due to the changing recommended testing periods or due to the individuals having had an initial infection in a different location (i.e., not in the 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 a reinfection with a different variant/subvariant.

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'. No data will be available for this question if a person declines to respond to their survey.

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. The cut off time for hospitalisation data is 4pm on the Thursday prior to the report. ACT Health may receive notification of a case being admitted to hospital that falls within the reporting period after the release of the report. 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.

On 22 July 2022, ACT Health began using 2021 ABS Census ACT population data for COVID-19 vaccination analyses. This resulted in changes to vaccination coverage rates due to the underestimate of the previous source (ACT Government Treasury Projections 2021 estimate). This change was publicly reported on Friday 22 July 2022.

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. COVID-19 related deaths are reported by the date of death, as recorded on the death certificate.

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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.

Laboratory-confirmed influenza

This report no longer contains detailed information about laboratory-confirmed influenza, due to low numbers. ACT Health will continue to monitor acute respiratory infections in the ACT. For further information about influenza in the ACT in 2022, please see the [previous reports](#).