

NSW Respiratory Surveillance Report - week ending 27 April 2024

COVID-19 and influenza activity remain at low levels. RSV activity remains at high levels.

Summary

COVID-19 and influenza activity remain at low levels. Presentations to, and admissions from, emergency departments for children with bronchiolitis remain high. RSV activity remains at high levels.

Data sources and methods

NSW Health continually reviews the methods used to monitor respiratory virus activity in New South Wales. This is due to changes in testing, notification patterns and levels of respiratory virus, including COVID-19, in the community. These changes affect the usefulness of notifications for monitoring virus activity and community transmission over time. The Public Health, Rapid, Emergency and Syndromic Surveillance (PHREDSS) data, COVID-19 sewage surveillance program, whole genome sequencing (WGS) data and sentinel laboratory respiratory virus test results are currently of most value for monitoring COVID-19 and other respiratory viruses of importance in the community. Registration of positive COVID-19 rapid antigen tests (RAT) in NSW ceased on 30 September 2023 and notifications now only reflect cases referred by a doctor for PCR. NSW Health also monitors COVID-19 [outbreaks in residential aged-care facilities](#) that are published by the Australian Government and COVID-19 antiviral prescriptions dispensed in NSW.

The data source for this report updates as new information becomes available. Therefore, this report cannot be directly compared to previous versions of the NSW Respiratory Surveillance Report or to previous reporting periods. For additional information on the data sources and methods presented within this report please refer to [COVID-19 surveillance report data sources and methodology](#).

Public Health Rapid, Emergency, Disease and Syndromic Surveillance

The PHREDSS system provides daily information about presentations to NSW public hospital emergency departments and subsequent admission to hospital categorised by symptom profile. Here we report on COVID-19, influenza-like illness and bronchiolitis (which is mainly caused by respiratory syncytial virus, RSV). These PHREDSS indicators, particularly the number of people admitted to hospital, are useful for monitoring the severity of illness and the impact on the health system.

Interpretation: Presentations to EDs for COVID-19 have declined and admissions are stable. Influenza-like illness presentations and admissions are relatively stable at a low level. Presentations and admissions for bronchiolitis in young children remain at a high level.

Figure 1. 'COVID-19' weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 2023-2024, persons of all ages.

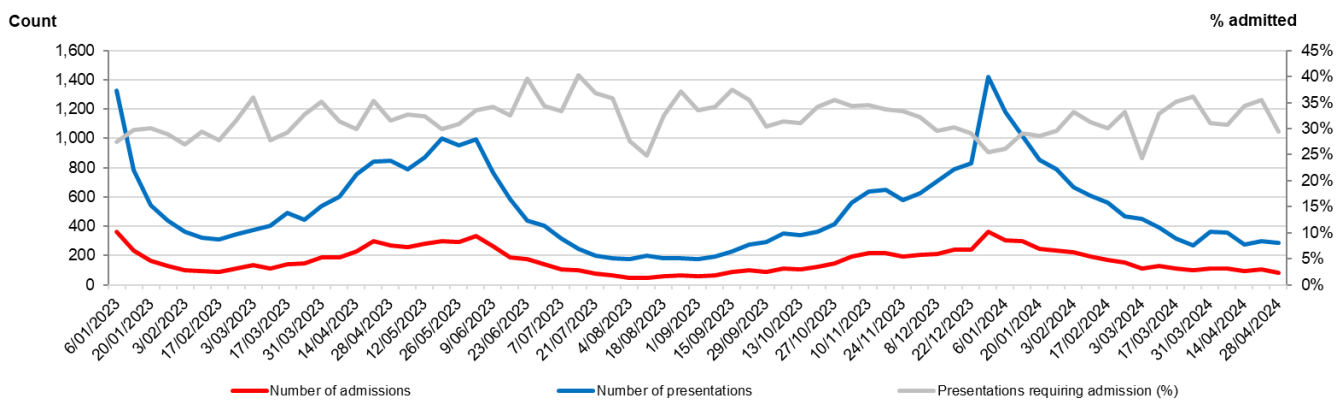


Figure 2. 'Influenza-like illness' weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 2023-2024, persons of all ages.

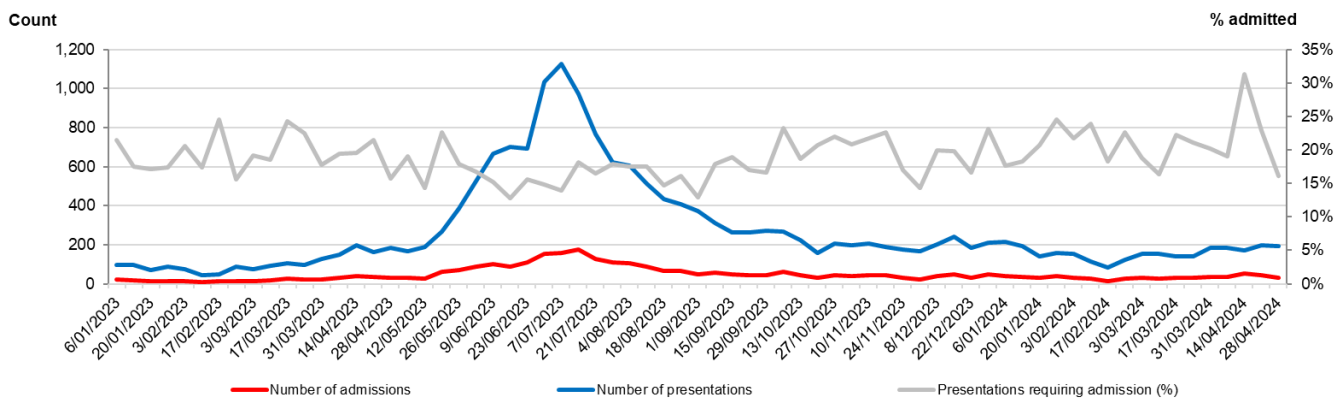
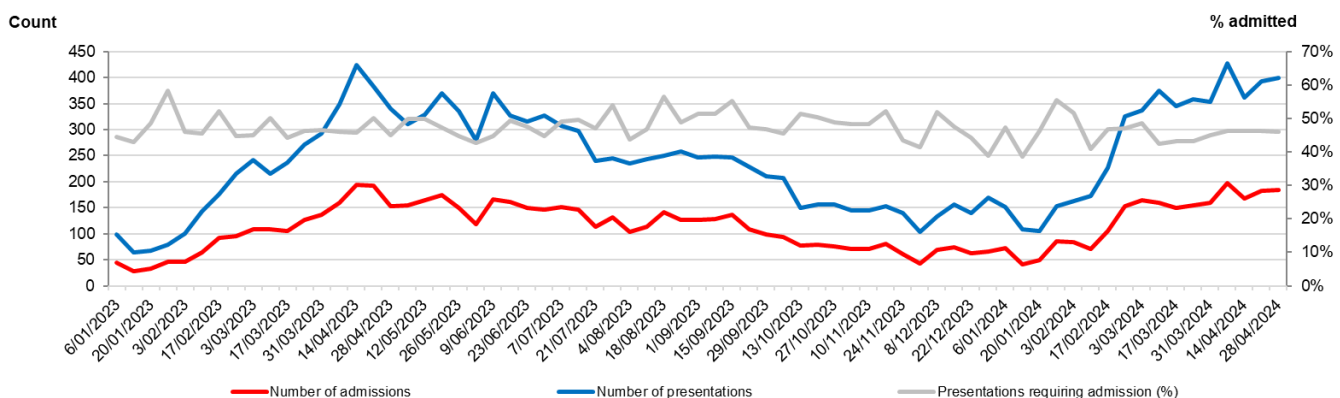


Figure 3. Bronchiolitis weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 2023-2024, children aged 0-4 years.



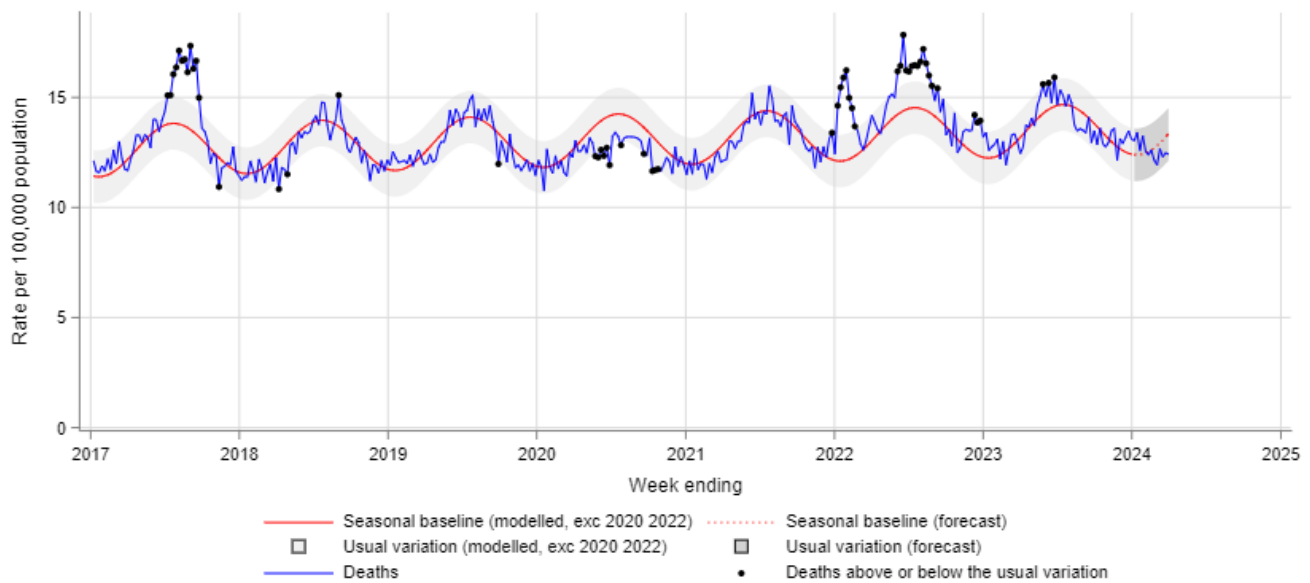
Death surveillance

All-cause mortality

The model for rapid surveillance of excess all-cause mortality in NSW is updated annually, and has a focus on surveillance for increased mortality in recent months. The model outputs for the current year should not be directly compared to previous years' outputs, due to a change in the baseline of the model. The NSW model supports surveillance of the impact of circulating viruses such as COVID-19 and influenza on all-cause mortality. This is not the same approach as that used by the [ABS](#) or by the [Actuaries Institute](#) to examine excess mortality associated with COVID-19 during the pandemic period. These approaches modelled excess mortality in the absence of COVID-19.

Interpretation: Weekly lag adjusted all-cause mortality is within the usual variation.

Figure 4. All-cause death rate per 100,000 population, all ages, 2017 to 31 March 2024.



Notes:

In this report, due to the time interval between a death occurring and the date on which the death is registered, only deaths reported 4 weeks prior to the date of analysis are used. Deaths are lag adjusted for the weeks ending 25 February 2024 to 31 March 2024. For additional information see [COVID-19 surveillance report data sources and methodology](#) for details.

Epidemiological week 17, ending 27 April 2024

Notifications of COVID-19, influenza and RSV

Notification data is obtained from laboratory tests for infections. This indicator provides information about community infection.

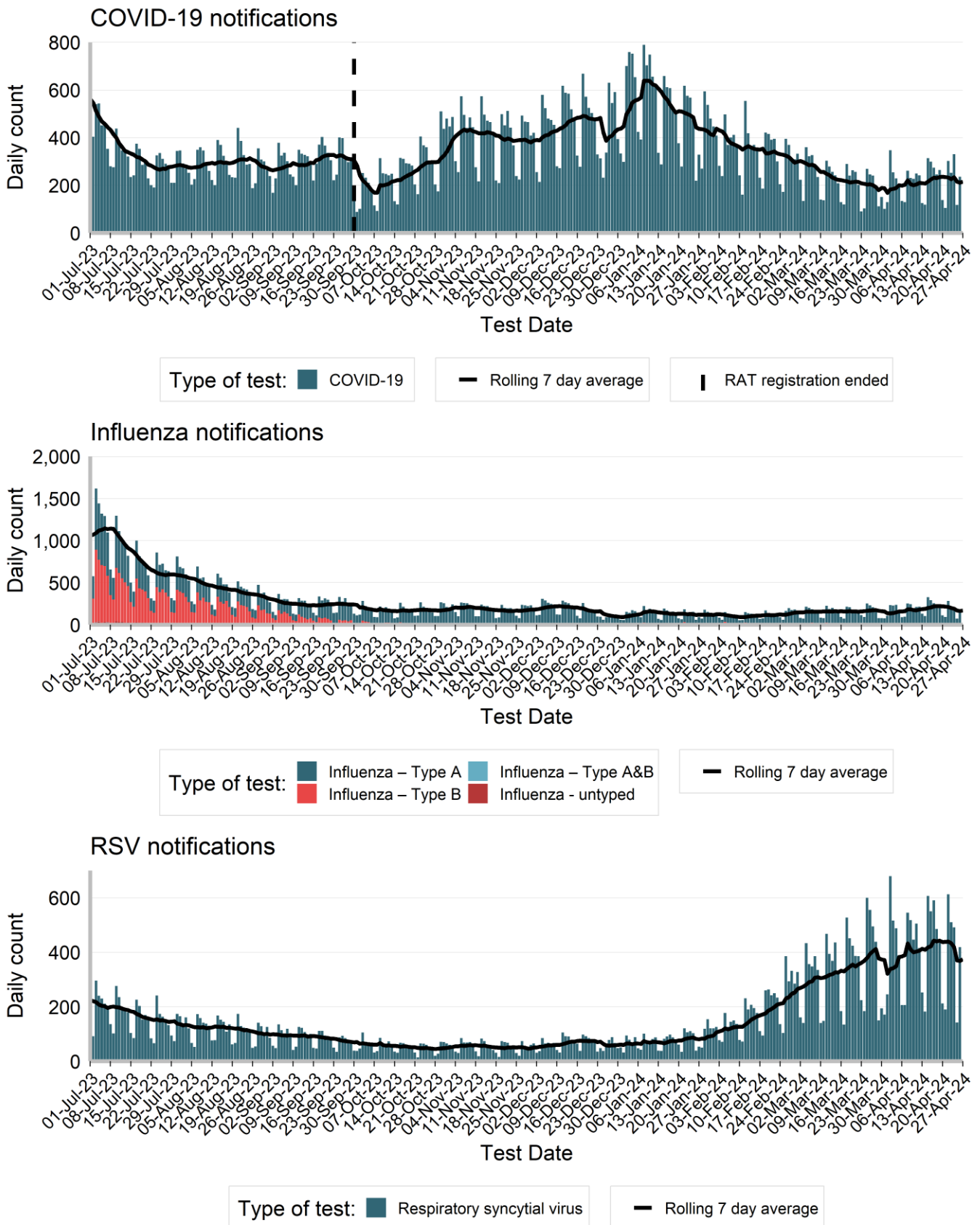
Interpretation: In the past week there was decrease of 8.8% in COVID notifications, an increase of 24% in influenza notifications, and a decrease of 15.2% in RSV notifications.

Table 1: Notifications of COVID-19, influenza and RSV, NSW, tested in the week ending 27 April 2024.

	COVID		Influenza		RSV	
	Week ending 27 April 2024	Year to Date	Week ending 27 April 2024	Year to Date	Week ending 27 April 2024	Year to Date
Gender						
Female	854	21,455(55%)	626	8,995(52%)	1,364	14,877(51%)
Male	649	17,520(45%)	552	8,317(48%)	1,253	14,158(49%)
Age group (years)						
0-4	167	3,955(10%)	202	2,307(13%)	1,627	18,698(64%)
5-9	31	760(2%)	138	2,114(12%)	168	2,089(7%)
10-19	54	1,756(5%)	101	2,245(13%)	78	1,052(4%)
20-29	113	3,072(8%)	117	1,840(11%)	79	804(3%)
30-39	187	4,208(11%)	157	2,135(12%)	120	1,249(4%)
40-49	132	3,897(10%)	121	1,948(11%)	71	815(3%)
50-59	151	3,881(10%)	112	1,577(9%)	107	964(3%)
60-69	182	4,315(11%)	86	1,271(7%)	116	1,144(4%)
70-79	185	5,346(14%)	81	1,133(7%)	134	1,103(4%)
80-89	211	5,243(13%)	44	563(3%)	84	820(3%)
90+	99	2,548(7%)	19	194(1%)	31	317(1%)
Local Health District of residence						
Central Coast	44	1,402(4%)	58	572(3%)	101	1,500(5%)
Far West	4	143(0%)	0	18(0%)	1	25(0%)
Hunter New England	147	3,134(8%)	71	920(5%)	253	2,028(7%)
Illawarra Shoalhaven	68	1,772(5%)	47	815(5%)	183	1,546(5%)
Mid North Coast	46	1,099(3%)	5	216(1%)	64	417(1%)
Murrumbidgee	93	1,097(3%)	37	386(2%)	41	239(1%)
Nepean Blue Mountains	60	1,780(5%)	61	780(5%)	202	1,735(6%)
Northern NSW	37	1,380(4%)	19	335(2%)	44	511(2%)
Northern Sydney	234	4,636(12%)	174	3,132(18%)	361	4,358(15%)
South Eastern Sydney	179	4,226(11%)	132	2,122(12%)	216	3,069(11%)
South Western Sydney	184	5,651(14%)	246	2,665(15%)	447	5,378(19%)
Southern NSW	21	661(2%)	10	177(1%)	29	247(1%)
Sydney	88	3,178(8%)	57	1,387(8%)	159	1,868(6%)
Western NSW	71	867(2%)	13	222(1%)	64	412(1%)
Western Sydney	235	7,557(19%)	244	3,512(20%)	448	5,666(19%)
Aboriginal status						
Aboriginal and/or Torres Strait Islander	41	852(2%)	29	366(2%)	67	760(3%)
Not Aboriginal or Torres Strait Islander	838	22,117(57%)	596	9,547(55%)	1,068	12,546(43%)
Not Stated / Unknown	626	16,034(41%)	553	7,418(43%)	1,483	15,756(54%)
Total	1,505	39,003(100%)	1,178	17,331(100%)	2,618	29,062(100%)

Note: Total includes all cases including those with missing gender, age, LHD; or who are interstate or overseas residents.

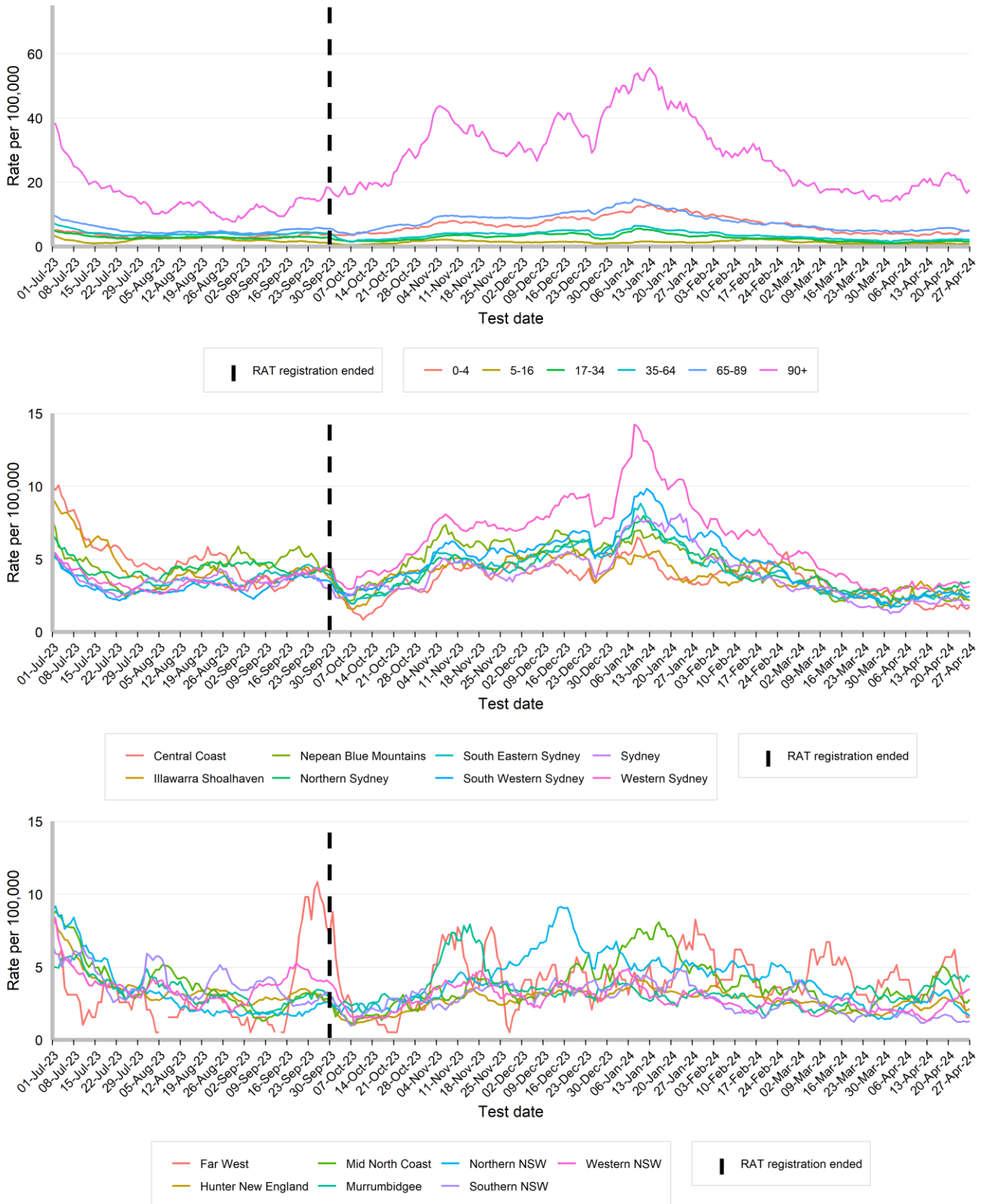
Figure 5. People notified with COVID-19, Influenza and RSV, by date of test and type of test performed, NSW, 01 July 2023 to 27 April 2024.



Rates of COVID-19 notifications per 100,000 population

Interpretation: Rates of COVID-19 notifications are stable across all ages. Those aged 90 and over continue to experience the highest rate of notification.

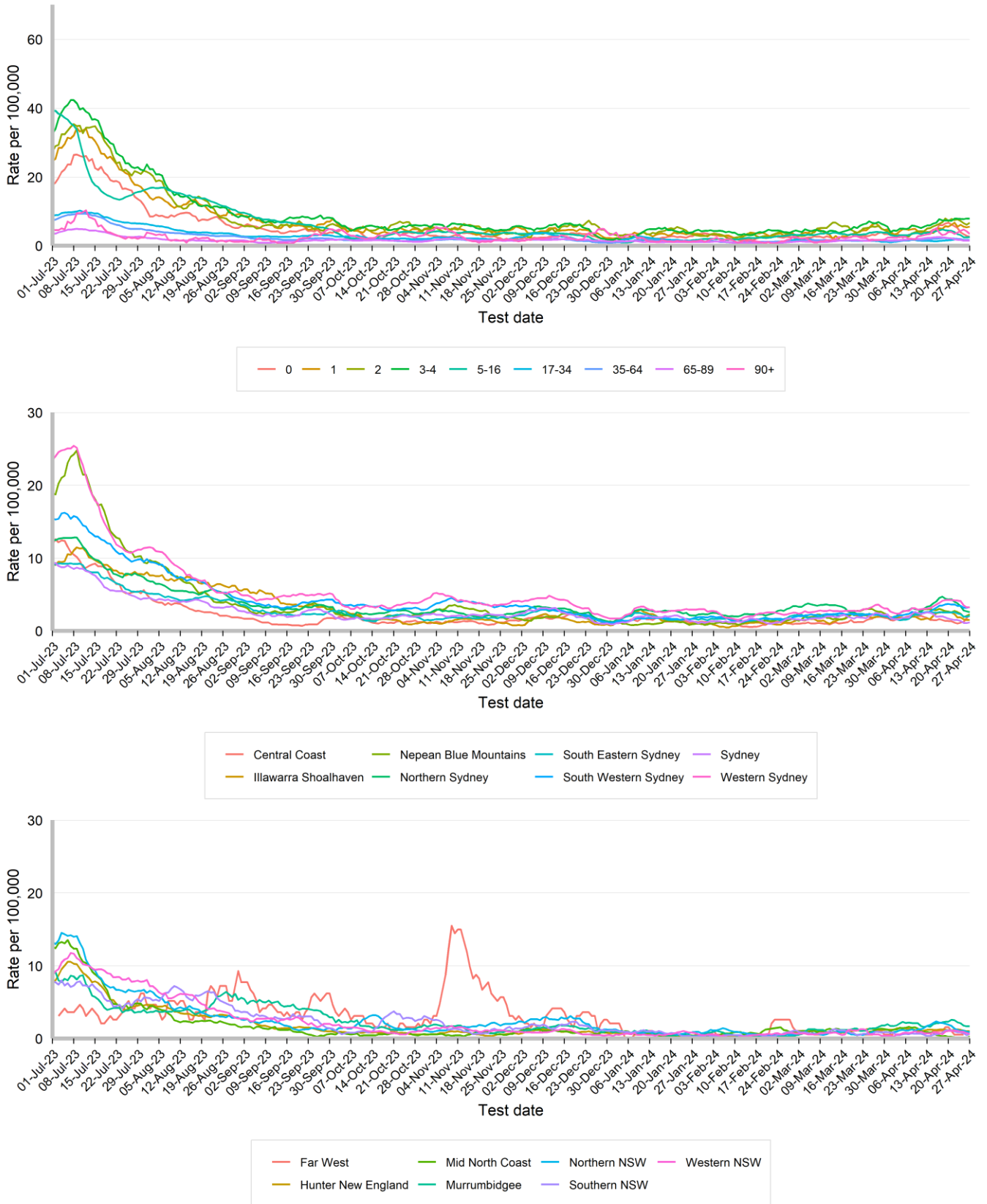
Figure 6. Daily seven-day rolling average rate of COVID-19 notifications per 100,000 population, by age group, Local Health District and test date, NSW, 01 July 2023 to 27 April 2024.



Rates of influenza notifications per 100,000 population

Interpretation: Rates of influenza notifications have low and stable across age groups and LHDs.

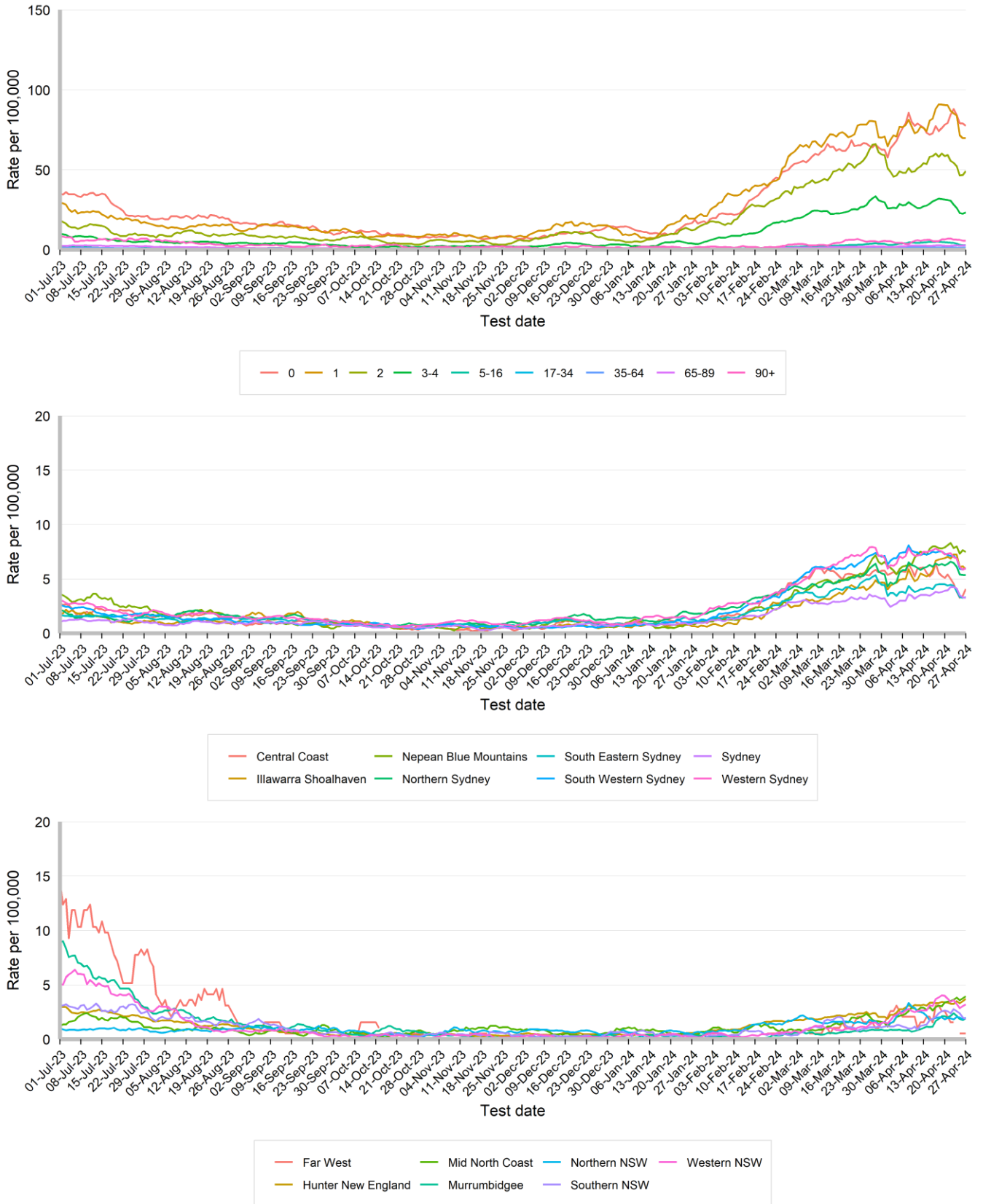
Figure 7. Daily seven-day rolling average rate of influenza notifications per 100,000 population, by age group, Local Health District and test date, NSW, 01 July 2023 to 27 April 2024.



Rates of RSV notifications per 100,000 population

Interpretation: Rates of RSV notifications in children under 5 years of age remain at a high level.

Figure 8. Daily seven-day rolling average rate of respiratory syncytial virus notifications per 100,000 population, by age group, Local Health District and test date, NSW, 01 July 2023 to 27 April 2024.

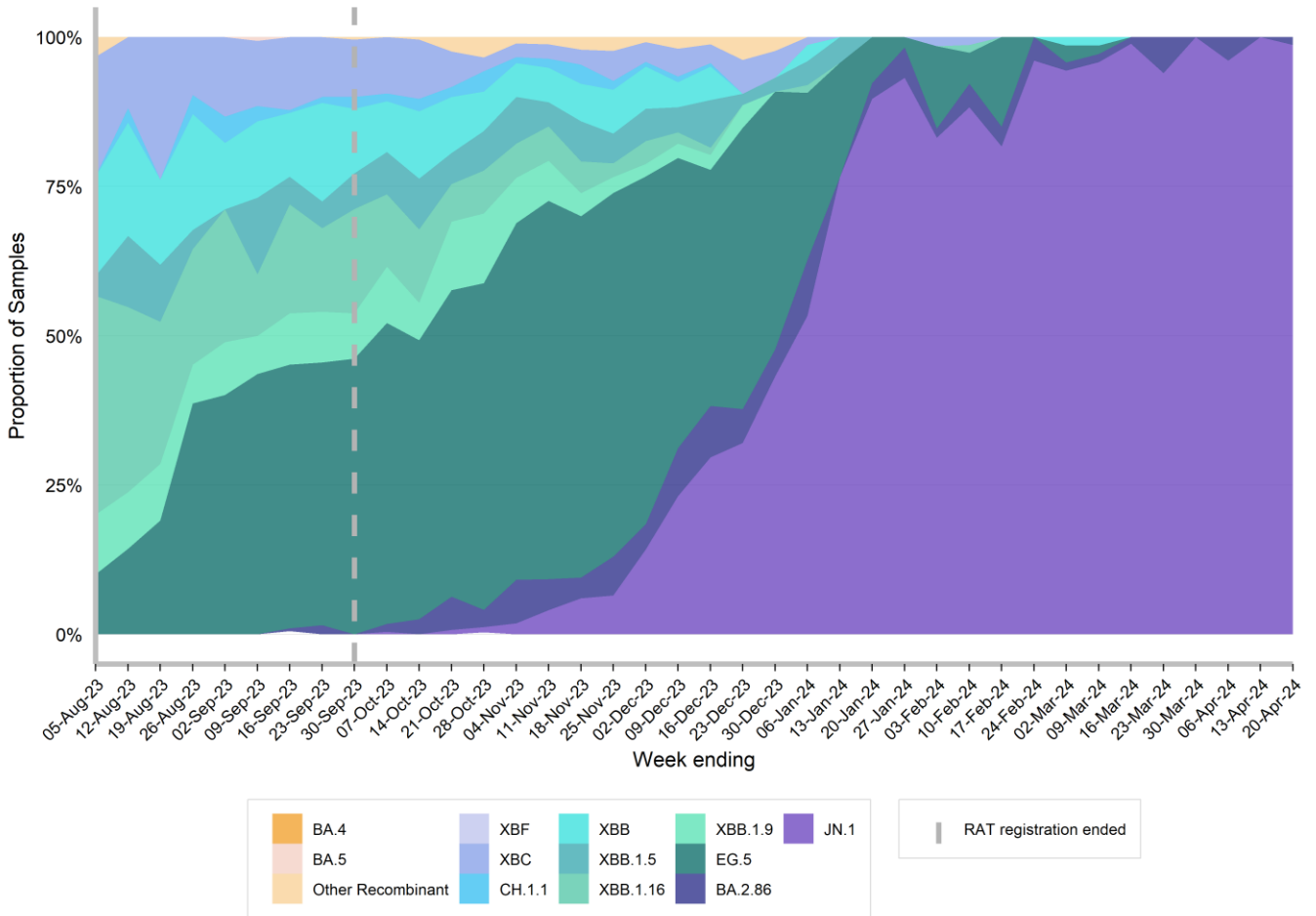


COVID-19 Whole Genome Sequencing

Specimens from people with COVID-19 undergo whole genome sequencing to identify and understand the behaviour of circulating variants. Community samples are sourced from cases who test via PCR at community pathology services, and may not necessarily reflect the distribution in all cases across NSW. NSW continues to monitor results from cases who are admitted from ICU to monitor for increased disease severity and from cases who return from overseas to monitor for new variants introduced into NSW. There is a lag between the date a PCR test is taken and the date that the results of WGS are reported.

Interpretation: JN.1 dominates sub-lineages circulating in the community.

Figure 9. Estimated distribution of COVID-19 sub-lineages in the community, 05 August 2023 to 20 April 2024.



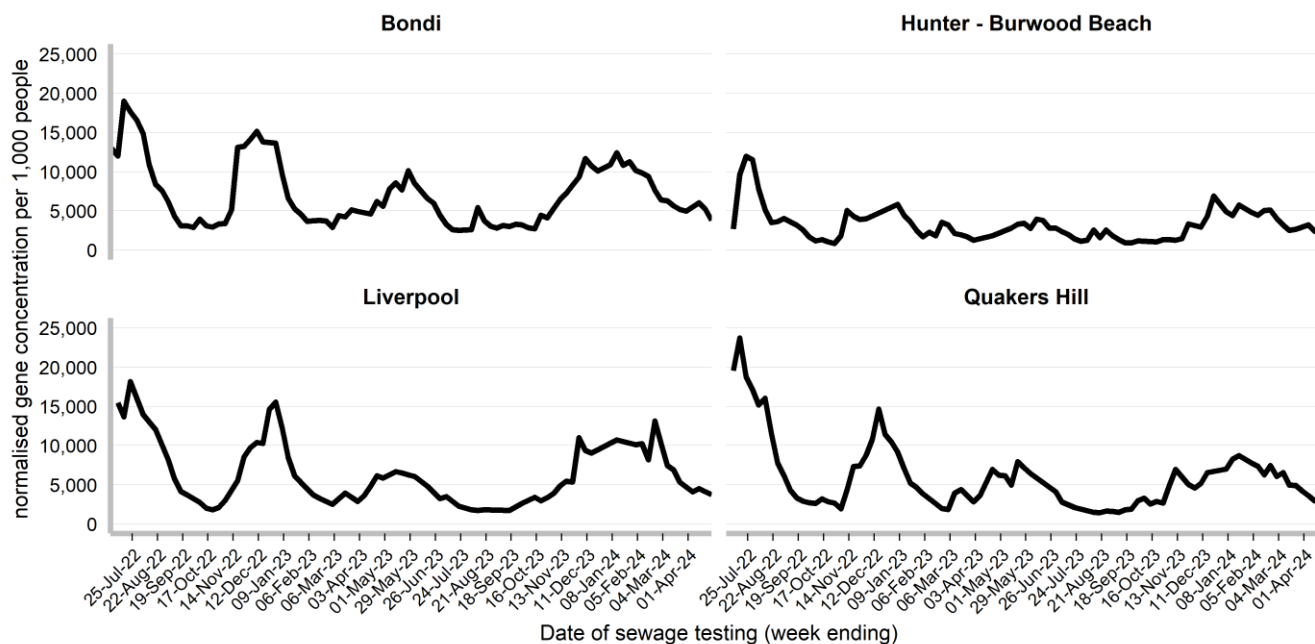
Other surveillance indicators

COVID-19 Sewage surveillance program

Trends are presented for Sydney Bondi, Quakers Hills, Liverpool and Burwood Beach sewage catchments from 5 February 2022 to the week ending 27 April 2024. For more information, please see the COVID-19 Sewage Surveillance Program website: <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/sewage-surveillance.aspx>.

Interpretation: Gene concentrations per 1,000 people are low in all catchment areas.

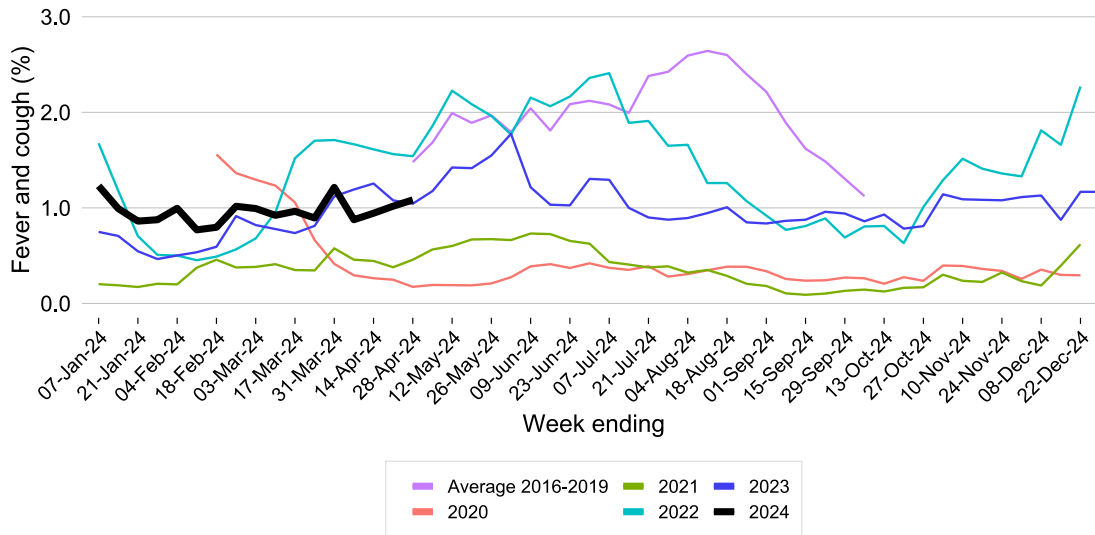
Figure 10. Gene concentration, per 1,000 people in each sewage catchment, 1 July 2022 to 27 April 2024.



FluTracking and NSW sentinel laboratory network

FluTracking is an online health surveillance system used to detect epidemics of influenza across Australia and New Zealand. Participants complete an online survey each week to provide community level influenza-like illness surveillance, consistent surveillance of influenza activity across all jurisdictions over time, and year to year comparisons of the timing, attack rates and seriousness of influenza in the community. More information about FluTracking and ways to be involved are available here: <https://info.flutracking.net/about/>

Figure 11. Proportion of FluTracking participants reporting influenza-like illness, NSW, 1 January to 28 April 2024.



Epidemiological week 17, ending 27 April 2024

The NSW sentinel laboratory network comprises of 13 public and private laboratories throughout NSW who provide additional data on positive and negative test results. This helps us to understand which respiratory viruses are circulating as well as how much.

Interpretation: There has been a slight increase in COVID-19 PCR test positivity this week. Influenza test positivity remains low.

Figure 12. Number and proportion of tests positive for COVID-19 at sentinel NSW laboratories, 1 July 2023 to 28 April 2024.

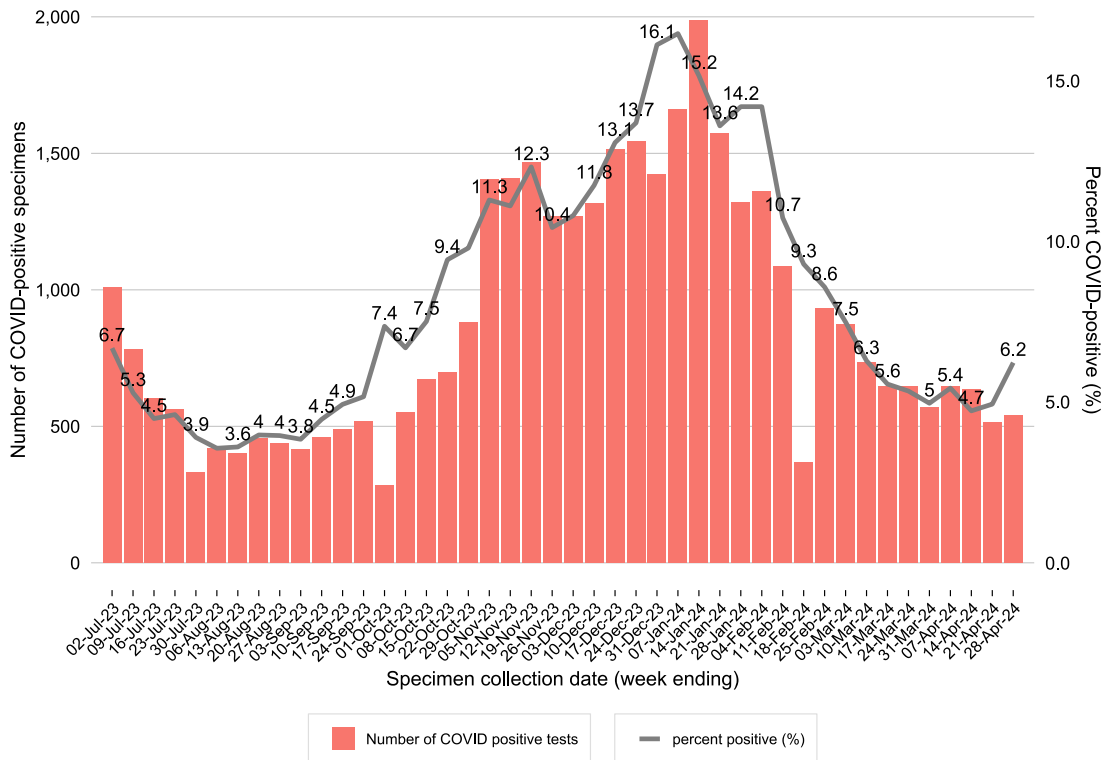


Figure 13. Number and proportion of tests positive for influenza at sentinel NSW laboratories, 1 July 2023 to 28 April 2024.

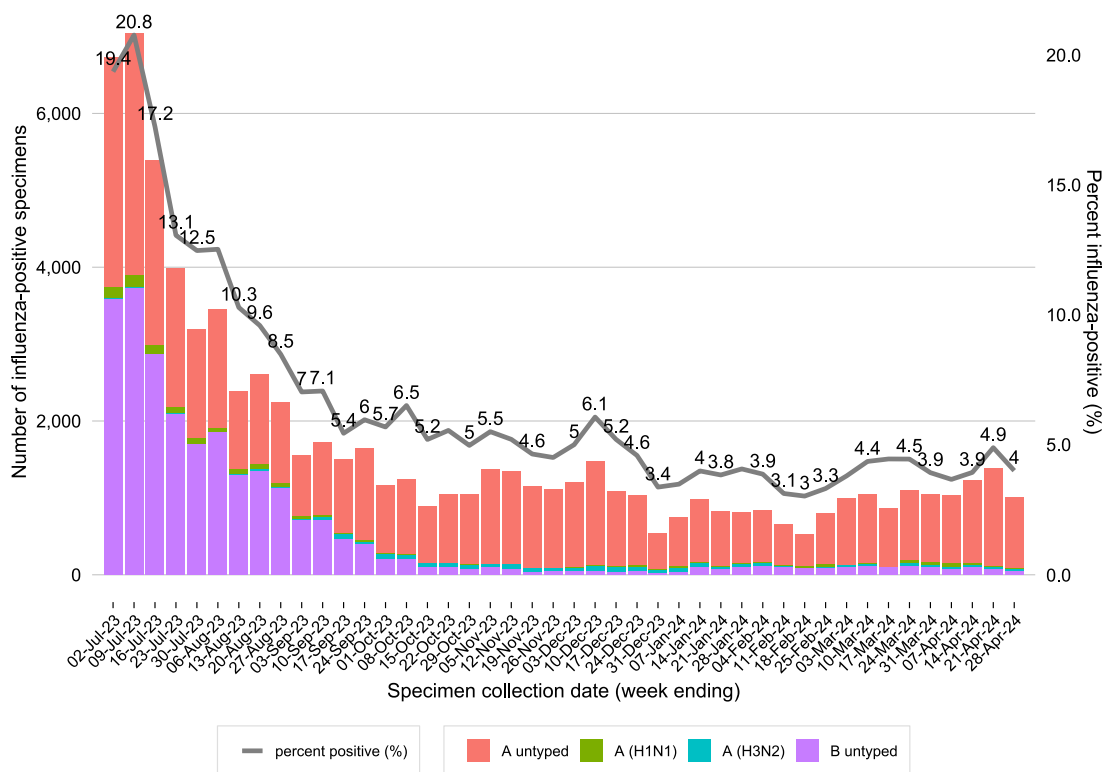


Figure 14. Number of positive PCR test results and proportion of tests positive for other respiratory viruses at sentinel NSW laboratories, 1 July 2023 to 28 April 2024.

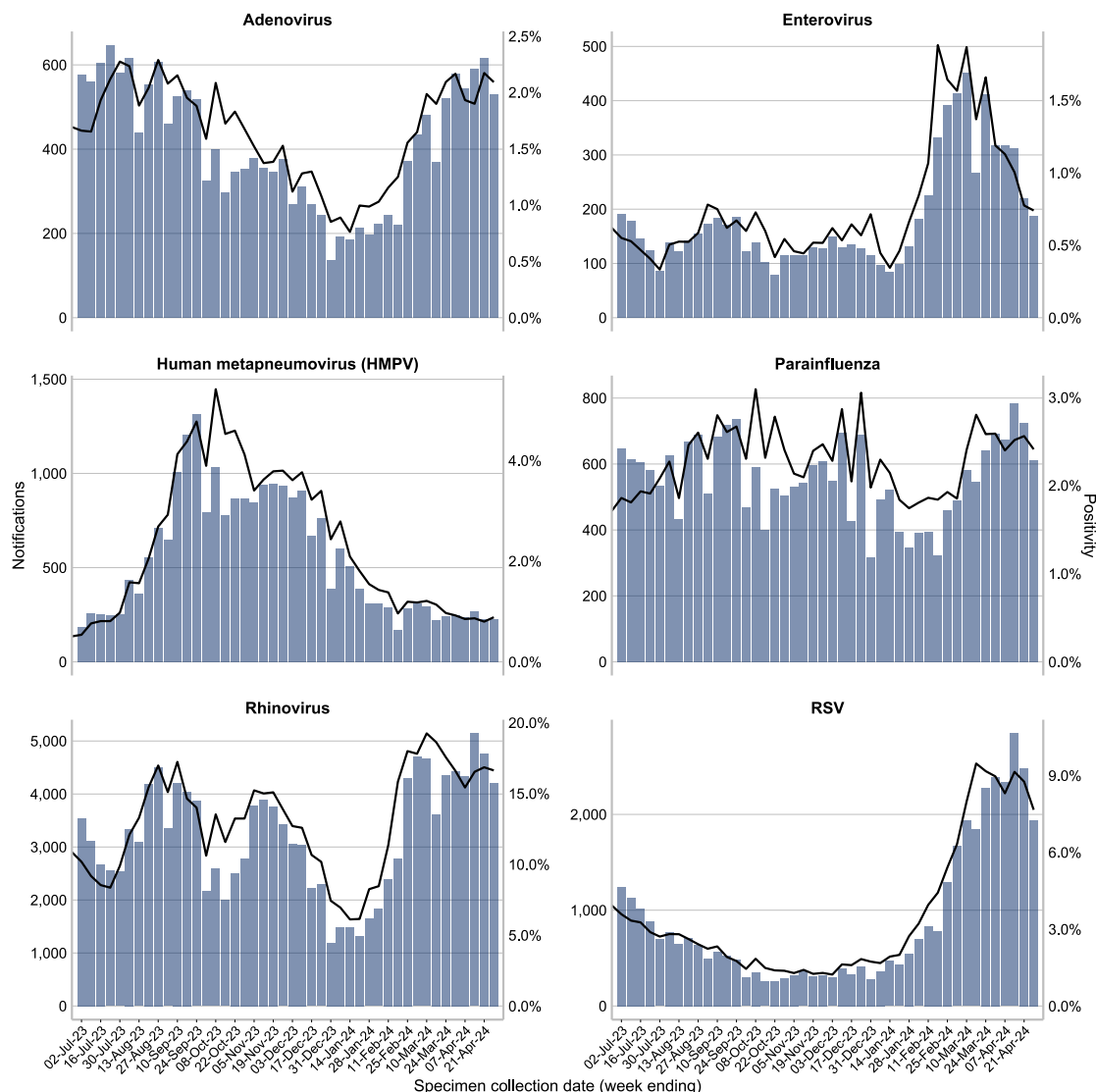


Table 2. Total number of respiratory disease notifications from sentinel laboratories, NSW in the four weeks to 28 April 2024.

	Week ending				Year to date n
	07 April	14 April	21 April	28 April	
	n(% pos)	n(% pos)	n(% pos)	n(% pos)	
Influenza	1,031 (3.7%)	1,225 (3.9%)	1,384 (4.9%)	1,013 (4.0%)	15,918
Adenovirus	543 (1.9%)	591 (1.9%)	615 (2.2%)	529 (2.1%)	6,507
Parainfluenza	674 (2.4%)	783 (2.5%)	725 (2.6%)	610 (2.4%)	9,068
Respiratory syncytial virus (RSV)	2,334 (8.3%)	2,846 (9.1%)	2,480 (8.8%)	1,938 (7.7%)	25,118
Rhinovirus	4,334 (15.4%)	5,144 (16.5%)	4,770 (16.9%)	4,206 (16.6%)	57,491
Human metapneumovirus (HMPV)	239 (0.9%)	269 (0.9%)	226 (0.8%)	224 (0.9%)	5,129
Enterovirus	317 (1.1%)	312 (1.0%)	219 (0.8%)	187 (0.7%)	4,436
Number of PCR tests conducted	28,099	31,113	28,305	25,290	405,958
SARS-CoV-2	648 (5.4%)	636 (4.7%)	514 (4.9%)	542 (6.2%)	16,101
Number of COVID PCR tests	11,913	13,441	10,402	8,696	181,510
Number of laboratories reporting	12	12	10	9	-
Number of laboratories reporting COVID	4	4	2	2	-

Recent data is subject to change.

In Focus

This section of the report will be provided when NSW Health is investigating a particular aspect of respiratory illness activity.

Pertussis

Pertussis (commonly known as whooping cough) is caused by the bacteria *Bordetella pertussis*. Pertussis can cause serious illness in all ages but can be particularly dangerous in babies. Pertussis can cause pneumonia and can be life threatening. Anyone with pertussis can spread it to others. The bacteria spread from one person to another mainly when someone with the infection coughs and fine droplets that contain the bacteria spread into the surrounding air. Vaccination reduces the risk of infection and severe disease. There is seasonal variation in pertussis activity, with greater activity typically in the spring and summer months. Outbreaks of pertussis usually occur every few years as population immunity wanes. Public health interventions in place during 2020 and 2021 to reduce the transmission of COVID-19, also reduced other respiratory infections, including pertussis. In 2020 there was dramatic reduction in the rate of notifications to almost half of the low in 2013, with further reductions in 2021 and 2022 (Figure 15). Notifications of people with pertussis in NSW started to increase in 2023 and are expected to continue to increase. The highest rates of pertussis are observed in children 5- 14 years (Figure 16). The rate in this age group has stabilised in recent weeks. Additional notification data can be found on the [NSW Health pertussis data](#) page.

Figure 15. Pertussis notifications and rates per 100,000 by year, 2009 to 2024 year to date (YTD).

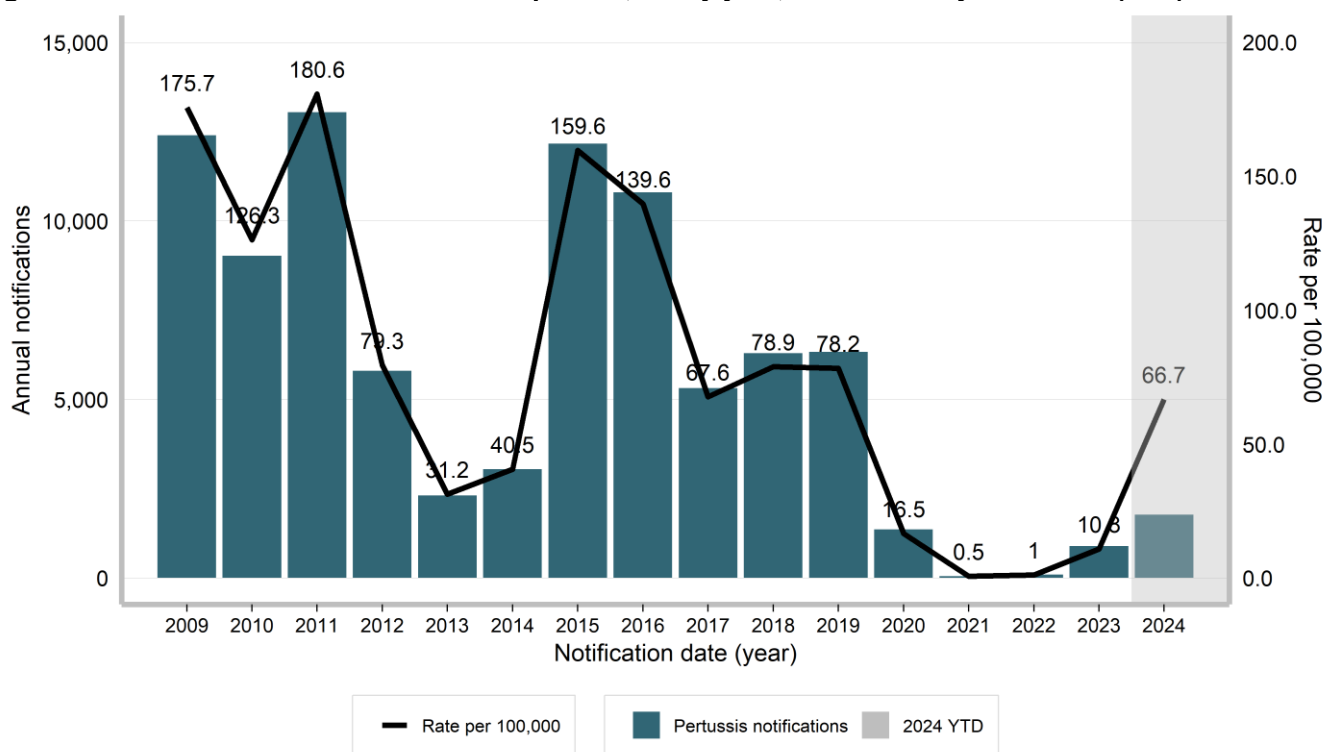


Figure 16. Monthly pertussis notification rates per 100,000 by age group, 1st September 2022 to 30 March 2024.

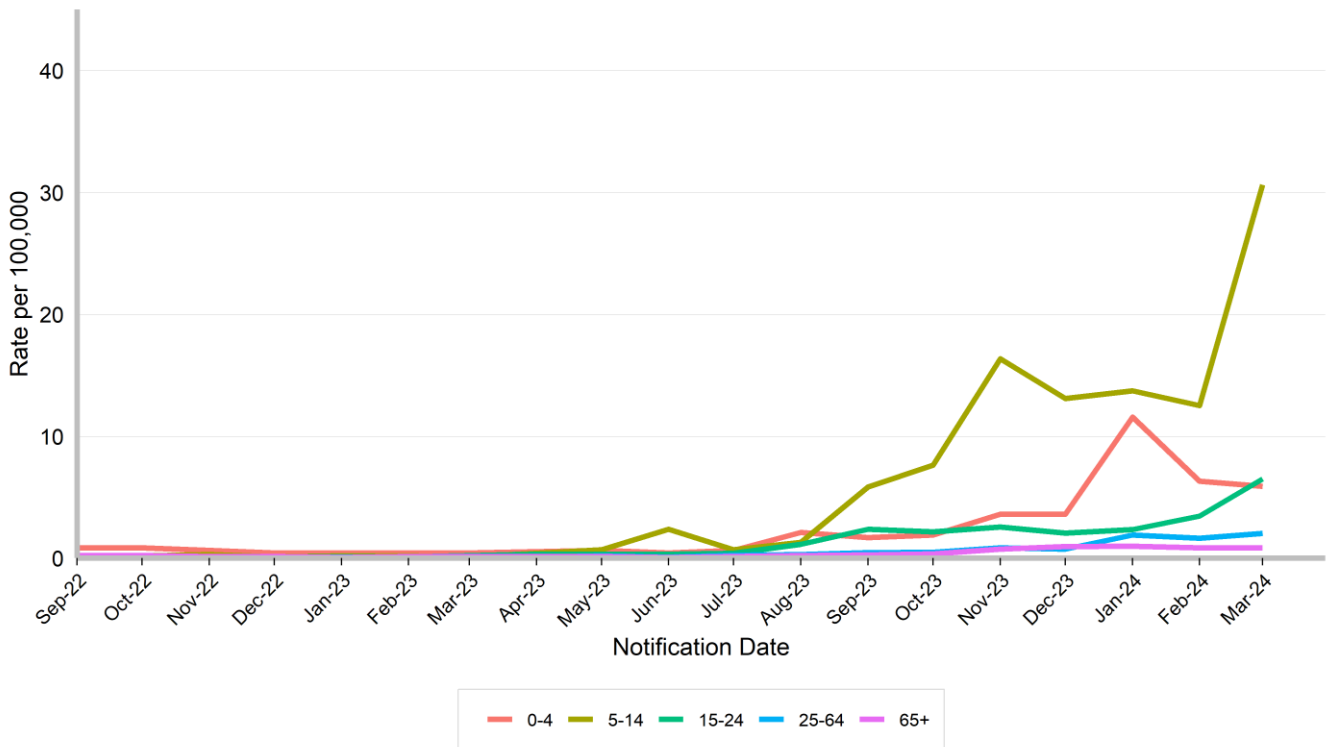
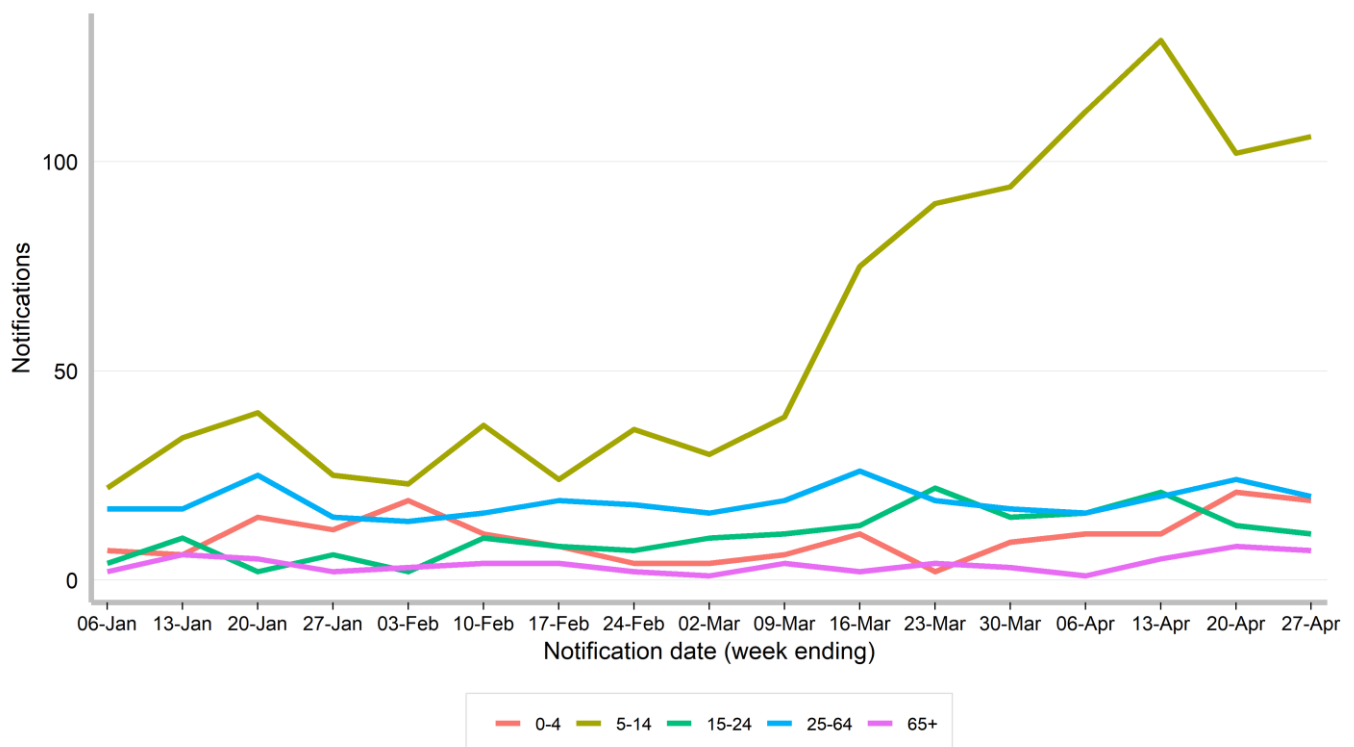


Figure 17. Weekly pertussis notifications by age group, 31st December 2023 to 27 April 2024.



Pneumonia

There have been unseasonably high presentations to emergency departments (ED) in NSW for children and young adults with pneumonia, particularly in those aged 5 – 16 years (Figure 19), which have continued through April. Within the ED, most pneumonia presentations are classified as unspecified pneumonia, that is, a specific cause of the pneumonia has not yet been identified. This information may become available later in the admission or following discharge from hospital.

There is some indication, from a number of different data sources, that increases in pneumonia are likely contributed to by infection with *Mycoplasma pneumoniae*. *M.pneumoniae* is a common cause of pneumonia in school aged children and epidemics occur every 3-5 years. The last epidemic in NSW was before the COVID-19 pandemic.

Both *M. pneumoniae* and *B.pertussis* cause persistent cough, sometimes wheezing and can cause pneumonia. Everyone can help reduce the spread of these pathogens through simple measures such as, staying home if unwell and wearing a mask if you need to go out, staying up to date with recommended vaccinations and practicing good hygiene, including regular handwashing and covering your coughs and sneezes.

Figure 18. Unplanned emergency department (ED) presentations with a diagnosis of pneumonia, 1 January to 28 April 2024 and comparison with the previous 5 years, persons aged 0 – 4 years.

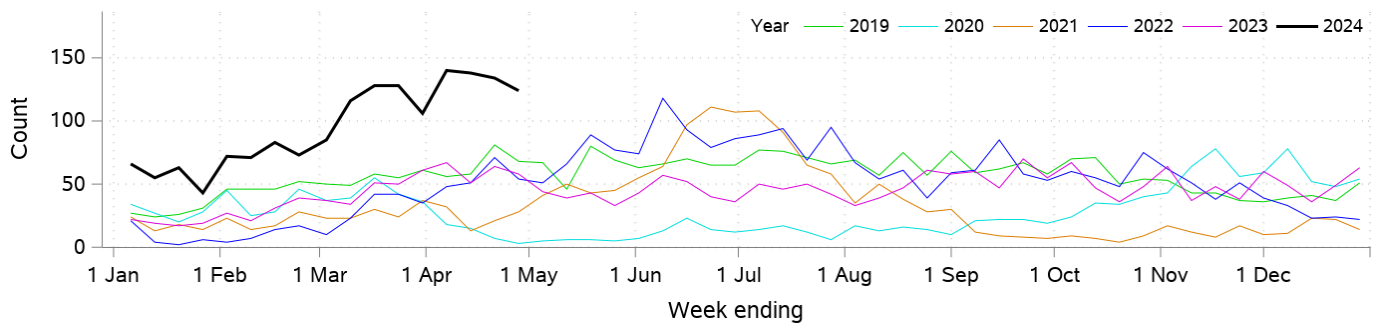


Figure 19. Unplanned emergency department (ED) presentations with a diagnosis of pneumonia, 1 January to 28 April 2024 and comparison with the previous 5 years, persons aged 5 – 16 years.

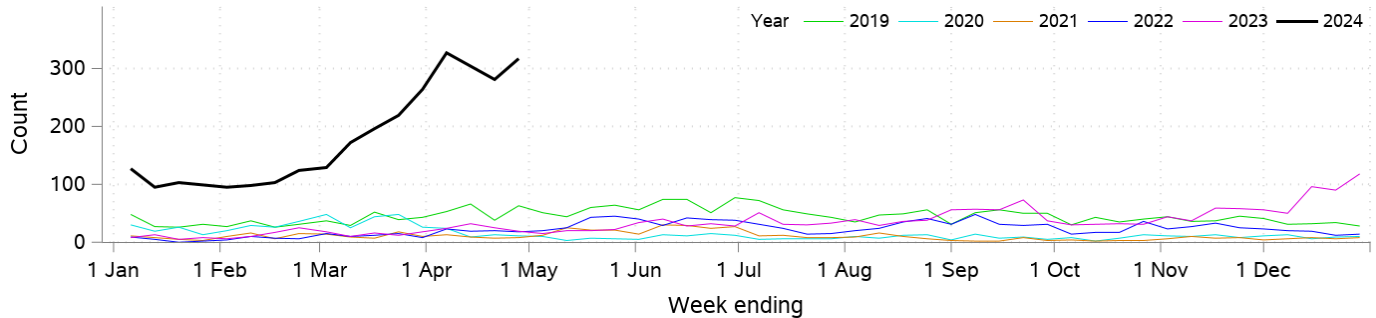


Figure 20. Unplanned emergency department (ED) presentations with a diagnosis of pneumonia, 1 January to 28 April 2024 and comparison with the previous 5 years, persons aged 17 – 34 years.

