

NSW Respiratory Surveillance Report - week ending 29 April 2023

COVID-19 Summary

- The COVID-19 indicators suggest ongoing community transmission at moderate to high levels, with moderate impact on hospital system.
- XBB and its sublineages now represent 80% of sequenced samples with increasing prevalence of with XBB.1.16. This variant dominance is a shift from the diversity of variants which circulated during the October-January wave.
- There were 11,503 people diagnosed with COVID-19 this week, a decrease of 4.3% since the previous week.
- Emergency departments' presentations for coronaviruses requiring an admission have decreased to 236 from 269 admissions in the previous week.
- There were 39 COVID-19 deaths reported this week. Deaths may not have occurred in the week in which they were reported.

Other respiratory viruses summary

- There were 853 people diagnosed with influenza this week, a decrease of 16.5% since the previous week.
 - Emergency department presentations for influenza-like illness requiring an admission have decreased to 26 from 32 admissions in the previous week.
 - The positivity data has not been updated since last week due to delays in the sentinel laboratory network. Of the 15,084 tests conducted for influenza last week, the proportion positive has decreased to 3.9% from 4.6%.
 - It is recommended that those who are eligible receive their COVID-19 and influenza vaccinations <https://www.nsw.gov.au/covid-19/vaccination/get-vaccinated>
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Data sources

The NSW Respiratory Surveillance Report consolidates data from a range of sources to provide an understanding of what is happening in the community. This data includes laboratory results, hospital administrative data, emergency department syndromic surveillance, death registrations and community surveys. Data in this report are collected for surveillance purposes and are indicative of trends. Data should not be compared between reports as data for previous weeks are updated when new information becomes available.

COVID-19 hospital admissions, intensive care unit admissions, and deaths

Figure 1. Daily seven-day rolling average of people with COVID-19 admitted to hospital within 14 days of their diagnosis, NSW, 01 October 2022 to 29 April 2023

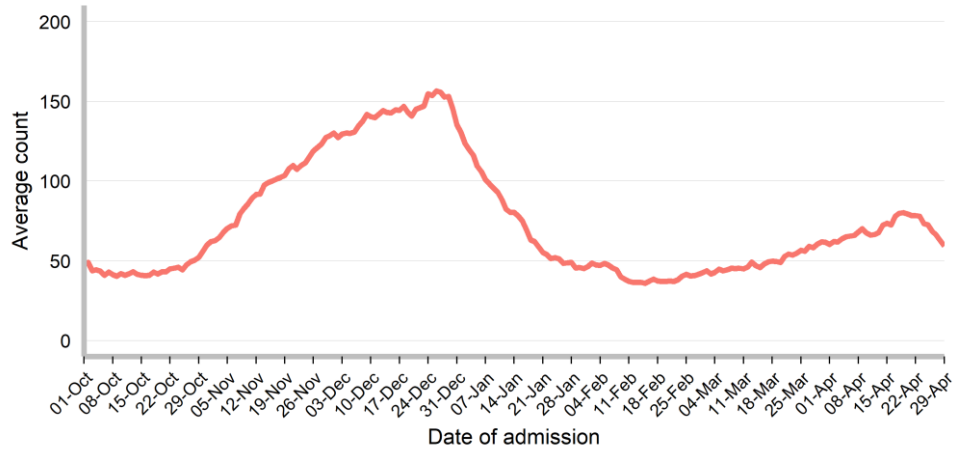
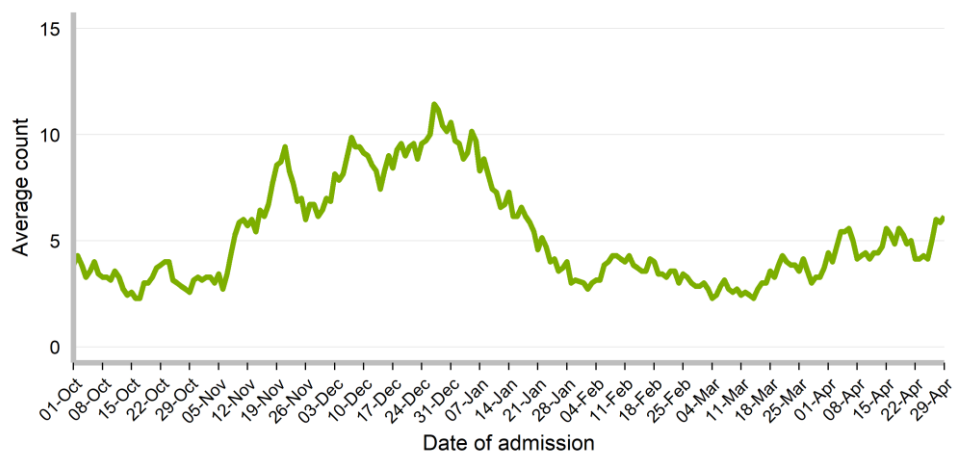


Figure 2. Daily seven-day rolling average of people with COVID-19 admitted to intensive care units, NSW, 01 October 2022 to 29 April 2023



- Hospital admissions in people with COVID-19 have decreased in the last week. ICU admissions for people with COVID-19 have increased in the last week
- Four hundred fourteen people diagnosed with COVID-19 in the previous 14 days were admitted to a NSW public hospital. The seven-day rolling average of daily hospital admissions decreased to an average of 59 admissions by the end of this week, compared with 78 admissions at the end of the previous week.
- Forty three people diagnosed with COVID-19 were admitted to ICU. The seven-day rolling average of daily ICU admissions increased to an average of 6 admissions by the end of this week, compared with 4 admissions at the end of the previous week.

Table 1. People with a COVID-19 diagnosis in the previous 14 days who were admitted to hospital, admitted to ICU or reported as having died in the week ending 29 April 2023

	Admitted to hospital (but not to ICU)	Admitted to ICU	Deaths
Gender			
Female	192	24	23
Male	222	19	16
Transgender	0	0	0
Not stated / inadequately described	0	0	0
Age group (years)			
0-9	29	1	0
10-19	5	1	0
20-29	6	0	0
30-39	15	2	0
40-49	18	0	0
50-59	30	6	4
60-69	52	9	1
70-79	97	15	8
80-89	114	9	11
90+	48	0	15
Local Health District of residence*			
Central Coast	30	4	3
Illawarra Shoalhaven	31	2	2
Nepean Blue Mountains	15	3	1
Northern Sydney	47	6	2
South Eastern Sydney	35	6	5
South Western Sydney	42	5	2
Sydney	41	3	6
Western Sydney	51	4	4
Far West	2	0	0
Hunter New England	36	6	4
Mid North Coast	11	1	2
Murrumbidgee	16	2	2
Northern NSW	11	0	2
Southern NSW	6	0	0
Western NSW	35	1	1
Total	414	43	39

*Excludes cases in correctional settings

- Fifteen of the deaths were aged care residents. Four of these people died in hospital and 11 died at an aged care facility.
- Two of the deaths occurred at home. Of these, two were diagnosed with COVID-19 prior to death.
- Deaths are identified from the NSW Registry of Births Deaths and Marriages (BDM). If a person dies in NSW, their death must be registered under the Births, Deaths and Marriages Registration Act 1995 (Part 7). NSW Health receives a secure feed from the BDM on a daily basis under the Public Health Act 2010 (Part 129A). Seventy five percent of COVID-19 deaths in 2022 have been registered in less than four weeks of death. Deaths reported to a coroner will be registered with the BDM, however cause of death information may be delayed as it is not recorded until there is a coronial determination.

Notifications of COVID-19

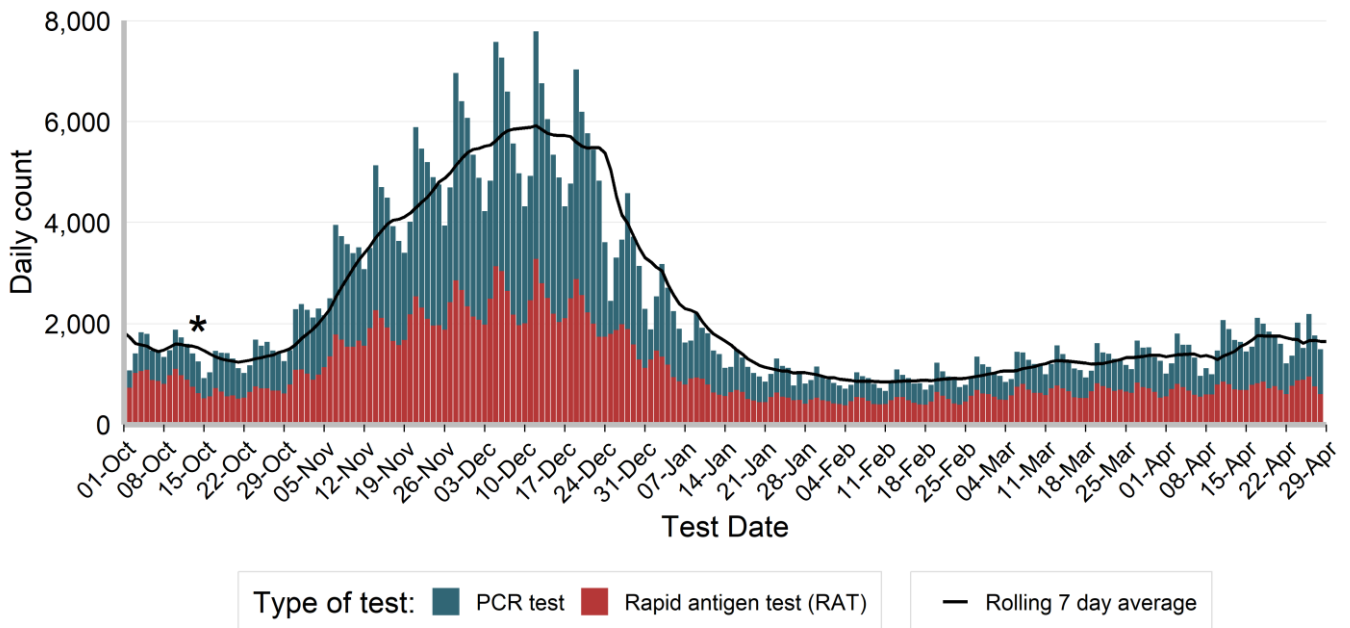
Table 2. Notifications of COVID-19 by gender, age group, Local Health District, NSW, tested in the week ending 29 April 2023

	Week ending 29 April 2023			Year to date
	PCR	RAT	Total	Total
Gender				
Female	3,516 (55.3%)	3,162 (61.4%)	6,678 (58.1%)	88,497 (57.2%)
Male	2,835 (44.6%)	1,976 (38.4%)	4,811 (41.8%)	66,087 (42.7%)
Transgender	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Not stated / inadequately described	6 (0.1%)	8 (0.2%)	14 (0.1%)	182 (0.1%)
Age group (years)				
0-4	259 (4.1%)	106 (2.1%)	365 (3.2%)	4,780 (3.1%)
5-9	105 (1.7%)	143 (2.8%)	248 (2.2%)	3,868 (2.5%)
10-19	295 (4.6%)	464 (9.0%)	759 (6.6%)	10,991 (7.1%)
20-29	711 (11.2%)	617 (12.0%)	1,328 (11.5%)	19,137 (12.4%)
30-39	861 (13.5%)	874 (17.0%)	1,735 (15.1%)	23,944 (15.5%)
40-49	763 (12.0%)	888 (17.3%)	1,651 (14.4%)	22,268 (14.4%)
50-59	816 (12.8%)	905 (17.6%)	1,721 (15.0%)	21,776 (14.1%)
60-69	900 (14.2%)	640 (12.4%)	1,540 (13.4%)	20,768 (13.4%)
70-79	798 (12.6%)	335 (6.5%)	1,133 (9.9%)	15,413 (10.0%)
80-89	583 (9.2%)	139 (2.7%)	722 (6.3%)	8,588 (5.6%)
90+	264 (4.2%)	35 (0.7%)	299 (2.6%)	3,205 (2.1%)
Local Health District of residence[#]				
Central Coast	208 (3.3%)	302 (5.9%)	510 (4.5%)	6,773 (4.5%)
Illawarra Shoalhaven	477 (7.6%)	251 (4.9%)	728 (6.4%)	9,668 (6.4%)
Nepean Blue Mountains	319 (5.1%)	288 (5.6%)	607 (5.3%)	7,265 (4.8%)
Northern Sydney	714 (11.4%)	706 (13.8%)	1,420 (12.5%)	18,961 (12.5%)
South Eastern Sydney	844 (13.5%)	483 (9.4%)	1,327 (11.7%)	17,404 (11.5%)
South Western Sydney	766 (12.3%)	461 (9.0%)	1,227 (10.8%)	15,738 (10.4%)
Sydney	605 (9.7%)	454 (8.9%)	1,059 (9.3%)	14,051 (9.3%)
Western Sydney	1,265 (20.2%)	518 (10.1%)	1,783 (15.7%)	20,586 (13.6%)
Far West	13 (0.2%)	27 (0.5%)	40 (0.4%)	328 (0.2%)
Hunter New England	534 (8.5%)	771 (15.1%)	1,305 (11.5%)	19,163 (12.7%)
Mid North Coast	51 (0.8%)	118 (2.3%)	169 (1.5%)	3,374 (2.2%)
Murrumbidgee	66 (1.1%)	206 (4.0%)	272 (2.4%)	4,215 (2.8%)
Northern NSW	127 (2.0%)	142 (2.8%)	269 (2.4%)	4,490 (3.0%)
Southern NSW	84 (1.3%)	155 (3.0%)	239 (2.1%)	3,675 (2.4%)
Western NSW	177 (2.8%)	236 (4.6%)	413 (3.6%)	5,728 (3.8%)
Aboriginal status[^]				
Aboriginal and/or Torres Strait Islander	142 (2.2%)	173 (3.4%)	315 (2.7%)	4,846 (3.1%)
Not Aboriginal or Torres Strait Islander	3,761 (59.2%)	4,527 (88.0%)	8,288 (72.1%)	112,907 (73.0%)
Not Stated / Unknown	2,454 (38.6%)	446 (8.7%)	2,900 (25.2%)	37,013 (23.9%)
Total	6,357 (100%)	5,146 (100%)	11,503 (100%)	154,766 (100%)

[#]Excludes cases in correctional settings

[^]Aboriginal status is reported by COVID-19 cases when completing their RAT registration or responding to a short text message survey sent to cases detected by PCR. Not all cases respond to the question.

Figure 3. People notified with COVID-19, by date of test and type of test performed, NSW, 01 October 2022 to 29 April 2023



* from the 14th October RATs were no longer required to be notified

- There were 11,503 people diagnosed with COVID-19 this week, a decrease of 4.3% since the previous week.

Figure 4. Daily seven-day rolling average rate of COVID-19 notifications per 100,000 population, by age group and test date, NSW, 01 October 2022 to 29 April 2023

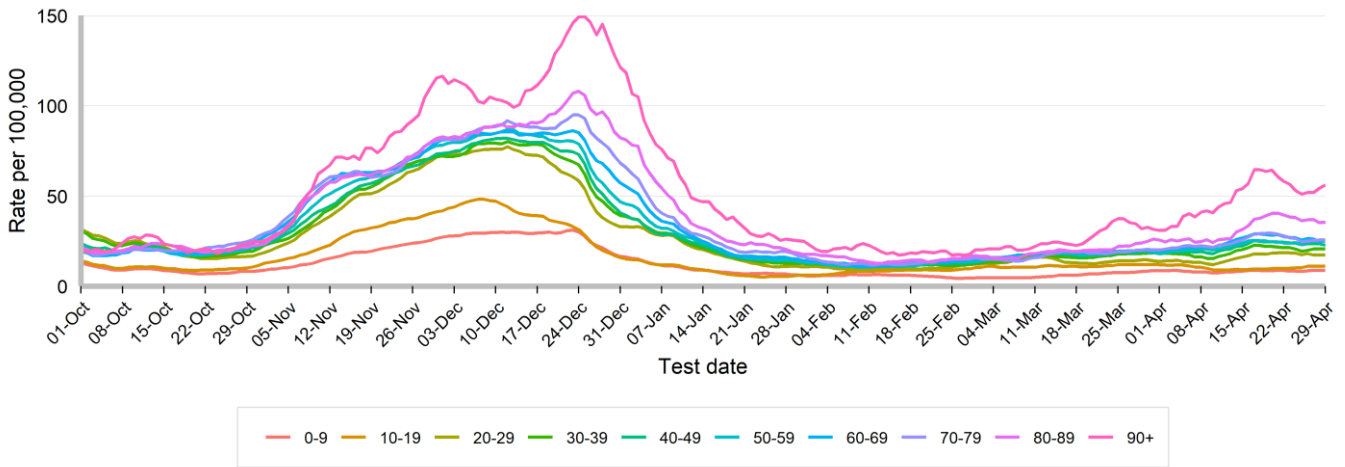


Figure 5. Daily seven-day rolling average rate of COVID-19 notifications per 100,000 population, by metropolitan Local Health District and test date, NSW, 01 October 2022 to 29 April 2023

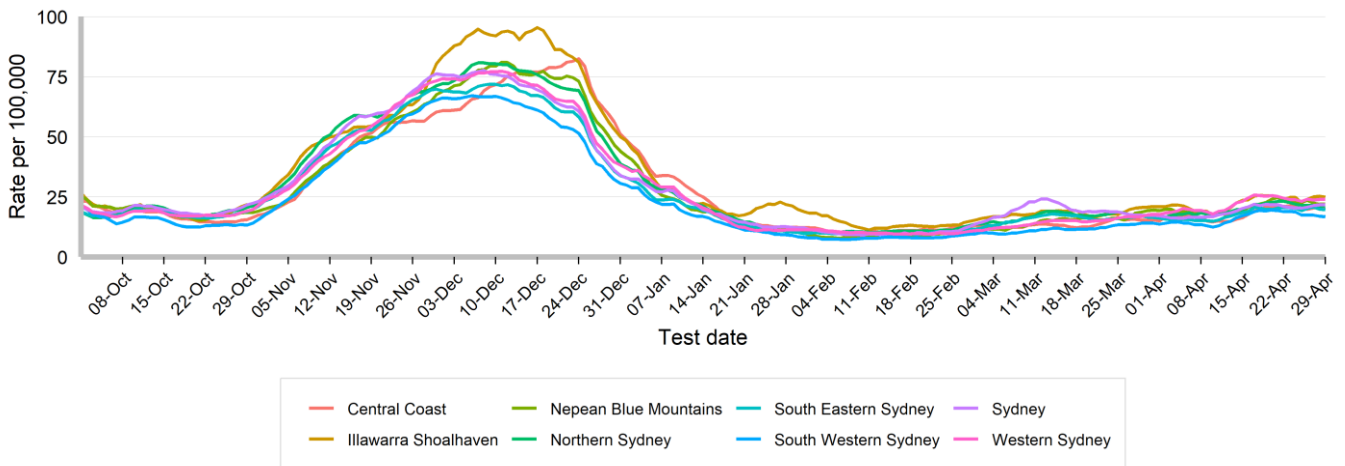
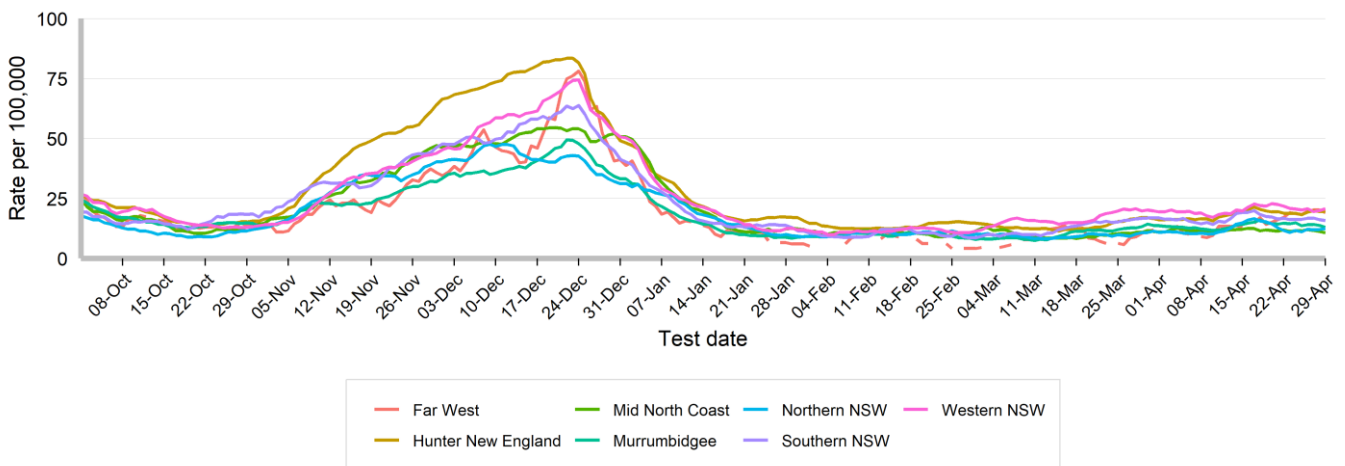


Figure 6. Daily seven-day rolling average rate of COVID-19 notifications per 100,000 population, by rural and regional Local Health District and test date, NSW, 01 October 2022 to 29 April 2023



Emergency department and community surveillance

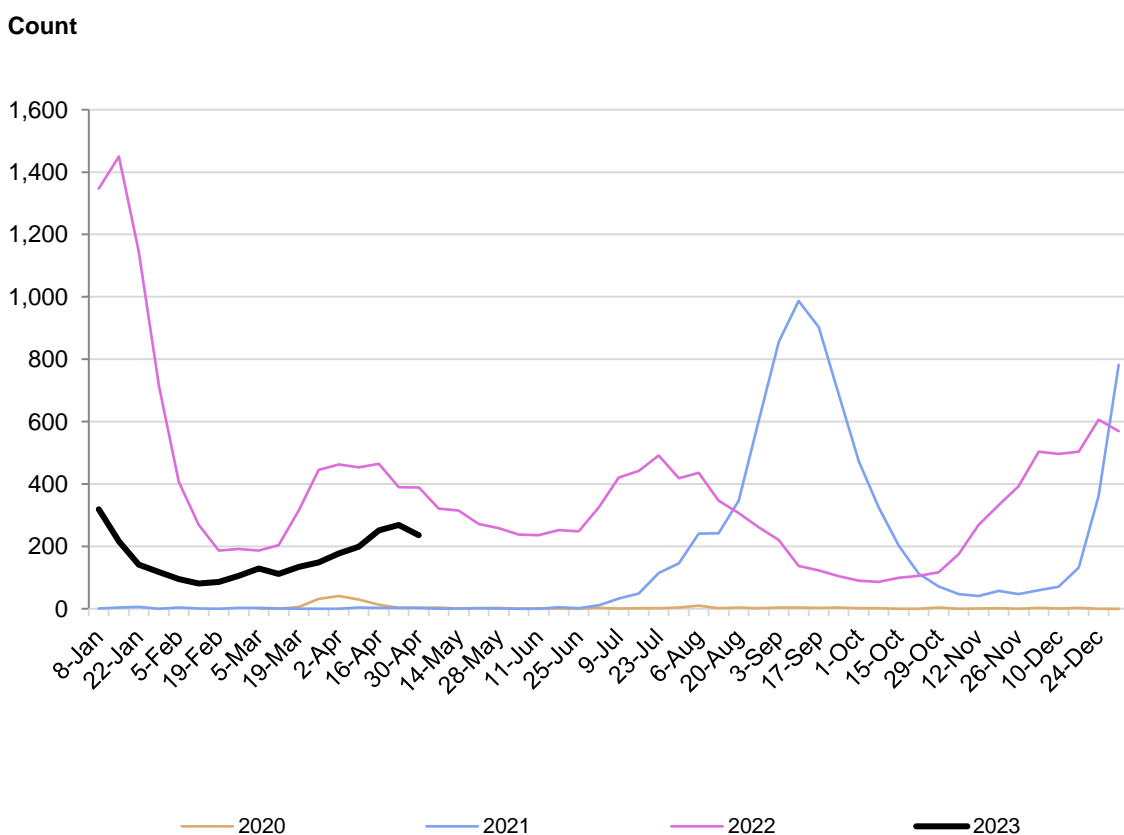
Public Health Rapid, Emergency, Disease and Syndromic Surveillance (PHREDSS) system

The NSW Public Health Rapid, Emergency, Disease and Syndromic Surveillance (PHREDSS) system provides daily monitoring of most unplanned presentations to NSW public hospital emergency departments (EDs) and all emergency Triple Zero (000) calls to NSW Ambulance. Emergency hospital presentations and ambulance calls are grouped into related acute illness and injury categories.

The number of presentations and calls in each category is monitored over time to quickly identify unusual patterns of illness. Unusual patterns could signify an emerging outbreak of disease or issue of public health importance in the population. PHREDSS is also useful for monitoring the impact of seasonal and known disease outbreaks, such as seasonal influenza or gastroenteritis, on the NSW population. The 88 NSW public hospital EDs used in PHREDSS surveillance account for 95% of all ED activity in NSW public hospitals in 2020-2021, including most major metropolitan public hospitals (99%) and rural public hospitals (89%).

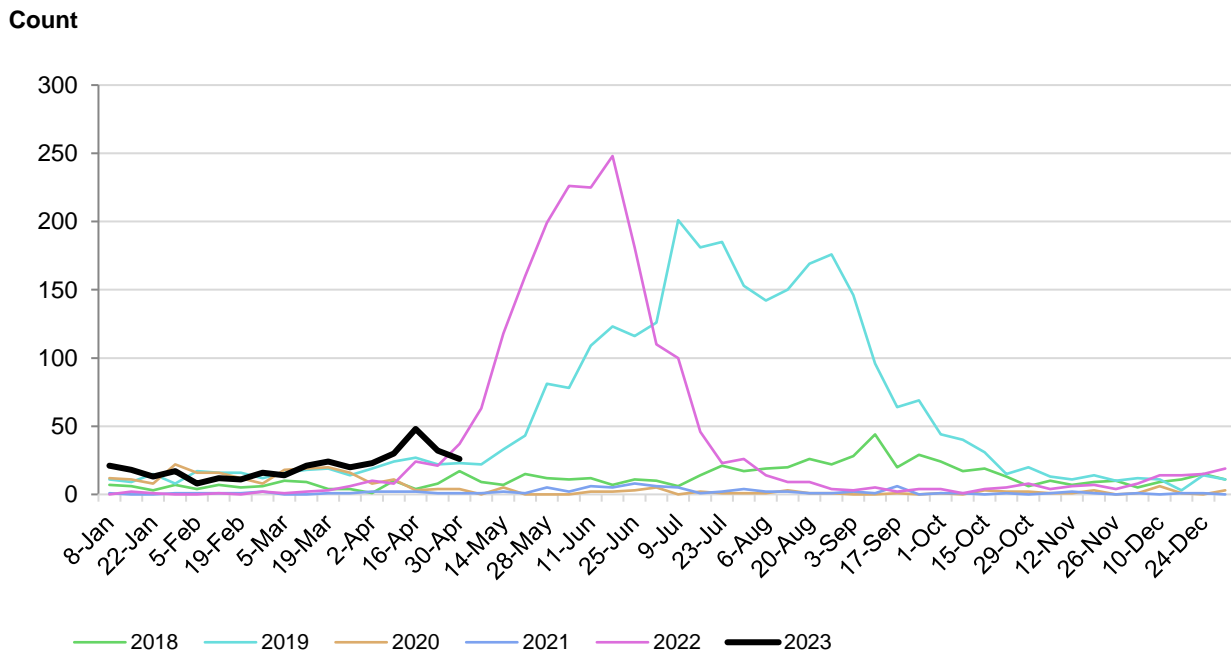
The emergency department 'coronaviruses/SARS' surveillance syndrome includes provisional diagnoses (SNOMEDCT and ICD-10-AM codes) for coronavirus infections SARS, MERS, COVID-19 or other coronaviruses, or clinical condition of Severe Acute Respiratory Syndrome (SARS). It excludes testing and suspected coronavirus codes. There are no ICD-9 codes for COVID-19, so COVID-19 ED presentations at Albury Hospital will be mapped to the fever/unspecified infection surveillance syndrome. A person with COVID-19 may be admitted for reasons other than COVID-19, and of this the number of admissions from ED with a diagnosis of coronaviruses/SARS will be less than the number of confirmed cases of COVID-19 who are in hospital.

Figure 7. Weekly counts of unplanned emergency department (ED) presentations for 'coronaviruses/SARS', that were admitted, for 2023 (black line), compared with the previous two years (coloured lines), persons of all ages, 88 NSW hospitals



- **Emergency department presentations for coronaviruses/SARS requiring an admission have decreased to 236 from 269 admissions in the previous week.**

Figure 8. Weekly counts of unplanned emergency department (ED) presentations for ‘influenza-like illness’, that were admitted, for 2023, compared with previous years, persons of all ages, 88 NSW hospitals



- Emergency department presentations for influenza-like illness requiring an admission have decreased to 26 from 32 admissions in the previous week.

COVID-19 Whole Genome Sequencing

Whole genome sequencing (WGS) is a laboratory procedure that identifies the genetic profile of an organism. WGS can help understand how a virus transmits, responds to vaccination and the severity of disease it may cause. It can also help to monitor the spread of the virus by identifying specimens that have are genomically similar. WGS has been used in NSW since the start of the COVID-19 pandemic to inform epidemiological investigations, and to monitor for and analyse the behaviour of new SARS-CoV-2 variants circulating in the community. WGS is conducted at three NSW reference laboratories. Prior to August 2021, low community transmission meant that most positive specimens were able to be sequenced. However, since that time high case numbers have required prioritisation of specimens for sequencing.

Specimens from people with COVID-19 who are admitted to hospital or an ICU are prioritised to identify and understand lineages with increased disease severity. Specimens from overseas arrivals are also prioritised to monitor for the introduction of new variants into the community. This is not a random sample, therefore the proportion of sequences identified is not necessarily reflective of their distribution in the community. There is a lag between the date a PCR test is taken and the date that the results of WGS are reported, therefore the count of sequences for recent dates will increase over time.

Variants of Concern

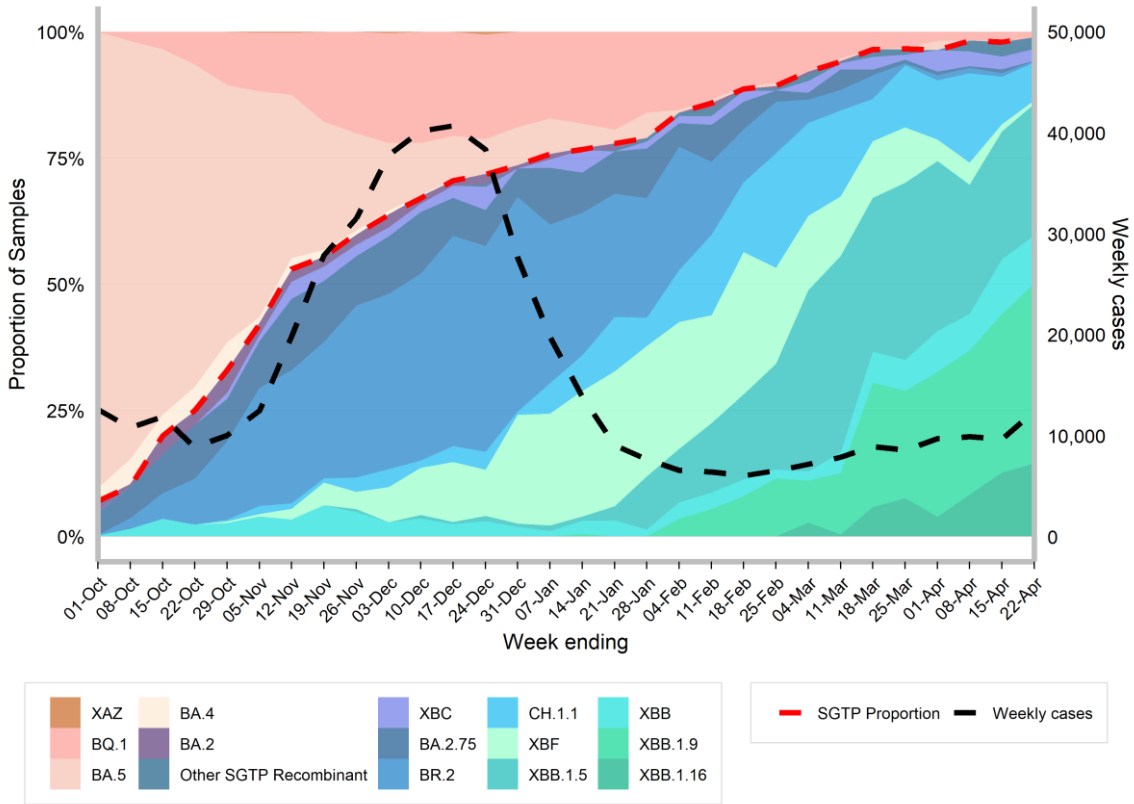
Like all viruses, the SARS-CoV-2 virus changes over time. The World Health Organization monitors these changes and classifies lineages according to the risk that they pose to global public health. Those that they identify as having changes that increase transmissibility, increase virulence, or decrease the effectiveness of vaccines or treatments are designated as variants of concern (VOCs).

Table 3. Variants of concern (VOCs) identified by whole genome sequencing (WGS) of virus from people who tested positive for SARS CoV-2 by PCR, by test date, NSW, in the four weeks to 22 April 2023

Variant	Week ending			
	01 April	08 April	15 April	22 April
Omicron (BA.2.75)	2 (0.5%)	1 (0.3%)	2 (0.5%)	0 (0%)
Omicron (BA.5)	1 (0.2%)	0 (0%)	0 (0%)	0 (0%)
Omicron (BQ.1)	5 (1.2%)	3 (0.8%)	6 (1.6%)	1 (0.3%)
Omicron (BQ.1.1)	0 (0%)	1 (0.3%)	0 (0%)	0 (0%)
Omicron (BR.2)	6 (1.5%)	5 (1.4%)	4 (1.1%)	0 (0%)
Omicron (CH.1.1)	48 (11.9%)	56 (15.5%)	35 (9.3%)	23 (8%)
Recombinant	0 (0%)	7 (1.9%)	8 (2.1%)	5 (1.7%)
Recombinant (XAY)	0 (0%)	0 (0%)	0 (0%)	2 (0.7%)
Recombinant (XBB)	54 (13.4%)	113 (31.2%)	87 (23.2%)	28 (9.7%)
Recombinant (XBB.1.16)	24 (6%)	18 (5%)	38 (10.1%)	47 (16.3%)
Recombinant (XBB.1.5)	137 (34%)	103 (28.5%)	100 (26.7%)	78 (27.1%)
Recombinant (XBB.1.9)	93 (23.1%)	31 (8.6%)	76 (20.3%)	91 (31.6%)
Recombinant (XBC)	14 (3.5%)	11 (3%)	11 (2.9%)	8 (2.8%)
Recombinant (XBF)	19 (4.7%)	12 (3.3%)	6 (1.6%)	4 (1.4%)
Recombinant (XBL)	0 (0%)	1 (0.3%)	1 (0.3%)	1 (0.3%)
Recombinant (XBY)	0 (0%)	0 (0%)	1 (0.3%)	0 (0%)
Total	403	362	375	288

- The BA.1, BA.4 and BA.5 lineages of the Omicron variant have a mutation that results in a failure of certain PCR test platforms to detect the S gene (SGTF). This mutation is typically not present in the BA.2 lineage, and therefore the detection of an S gene (SGTP) can be used as a proxy to estimate the prevalence of BA.2 and its sub-lineages in the community (Figure 9).
- A PCR testing platform used by a large private pathology provider in NSW can routinely report on detection of the S gene in a specimen positive for SARS-CoV-2. Around 99% of SARS-CoV-2 positive specimens currently have an S gene detected (Figure 9).
- Figure 9 shows the distribution of sub-lineages in the community estimated using the proportion that are SGTP. This figure provides an indication of the sub-lineages which may be circulating in the community. This sample does not include overseas arrivals, or tests taken from hospitalised cases.

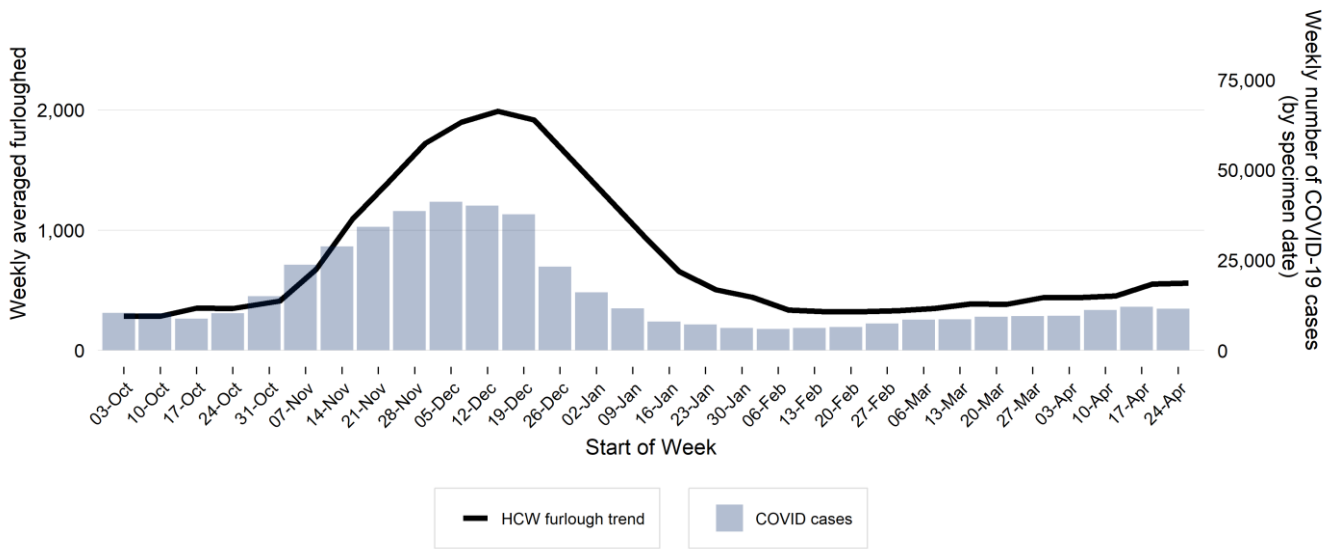
Figure 9. Estimated distribution of COVID-19 sub-lineages in the community, 01 October 2022 to 22 April 2023



NSW Healthcare worker furloughing

NSW Health collects data on the workforce impacts of COVID-19 within Local Health Districts. Healthcare workers are included in these statistics if they are in isolation and unable to work due to testing positive to COVID-19, exposure to COVID-19, and/or whilst waiting a negative test result. As healthcare workers can be exposed to COVID-19 within the community when the amount of COVID-19 circulating in the community increases the risk of exposure and transmission also increases leading to increased numbers of healthcare workers being furloughed (absent) from work. This indicator is helpful to assess the level of COVID-19 circulating in the community when community testing decreases. These data also provide an insight into the stress experienced within the healthcare system due to reduced staffing capacity.

Figure 9. Average number of healthcare worker furloughing and number of COVID-19 notifications by week in NSW, 01 October 2022 to 30 April 2023



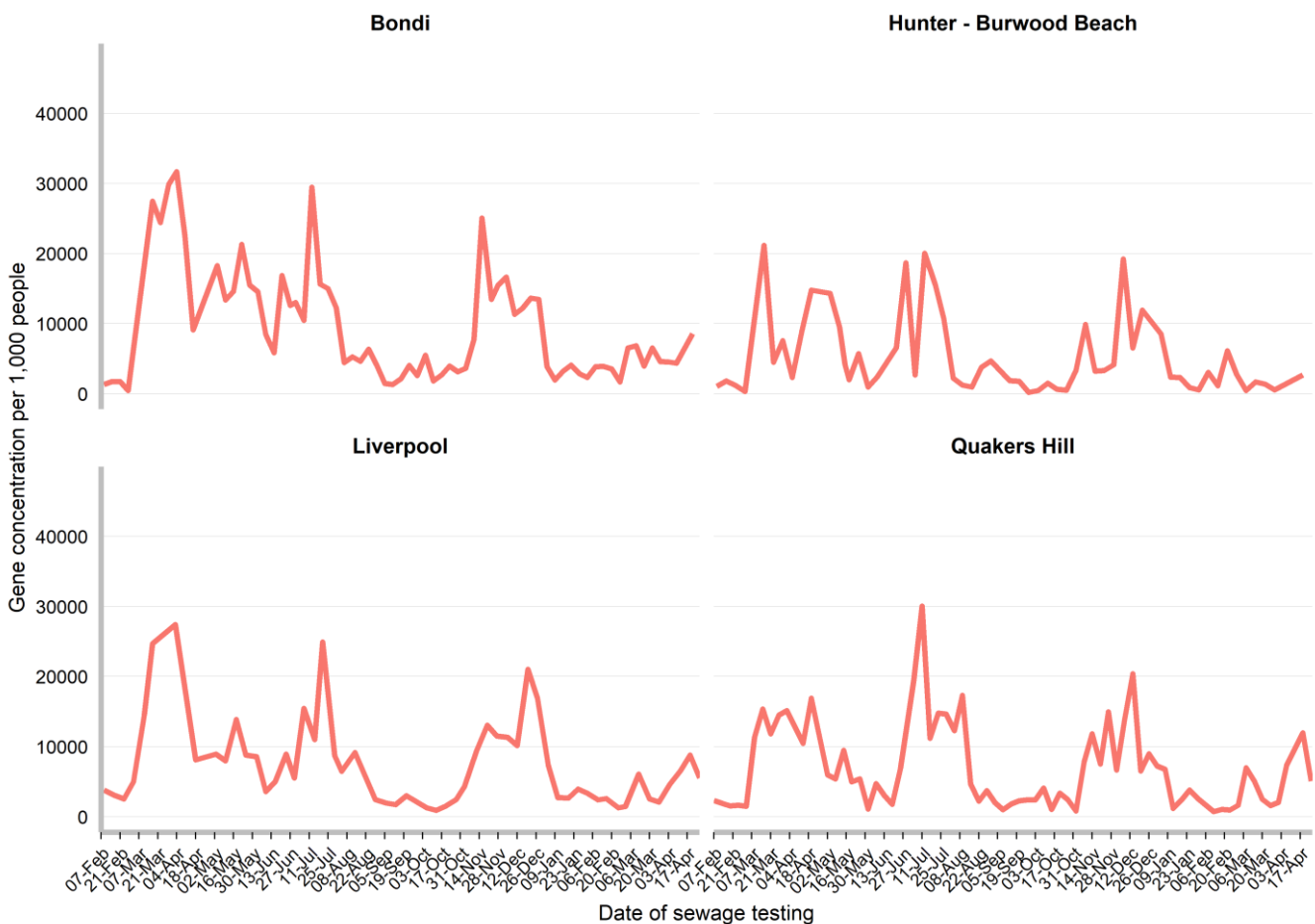
COVID-19 Sewage surveillance program

The NSW Sewage Surveillance Program tests untreated sewage for fragments of the SARS-CoV-2 virus that causes COVID-19. Gene copy numbers are influenced by many factors including virus shedding by people (which varies individually and over the course of the infection), dilution of virus within sewage – such as during rain, the period of time over which the sewage sample is collected, and the presence of chemicals and microorganisms in the sewage that affects how well the testing can detect SARS-CoV-2 virus fragments. Gene copy numbers are reported per 1,000 people in the catchment over time. Trends should be interpreted over an extended period to take into account these fluctuations in environmental conditions.

Trends are presented for Sydney Bondi, Quakers Hills, Liverpool and Burwood Beach sewage catchments from 5 February 2022 to the week ending 29 April 2023. Peaks in gene copy numbers can be seen that relate to peaks in COVID-19 notifications during March and July 2022. Dips in the graph in early April and July are due to heavy rain. Gene copy numbers have stabilised to low levels in recent weeks.

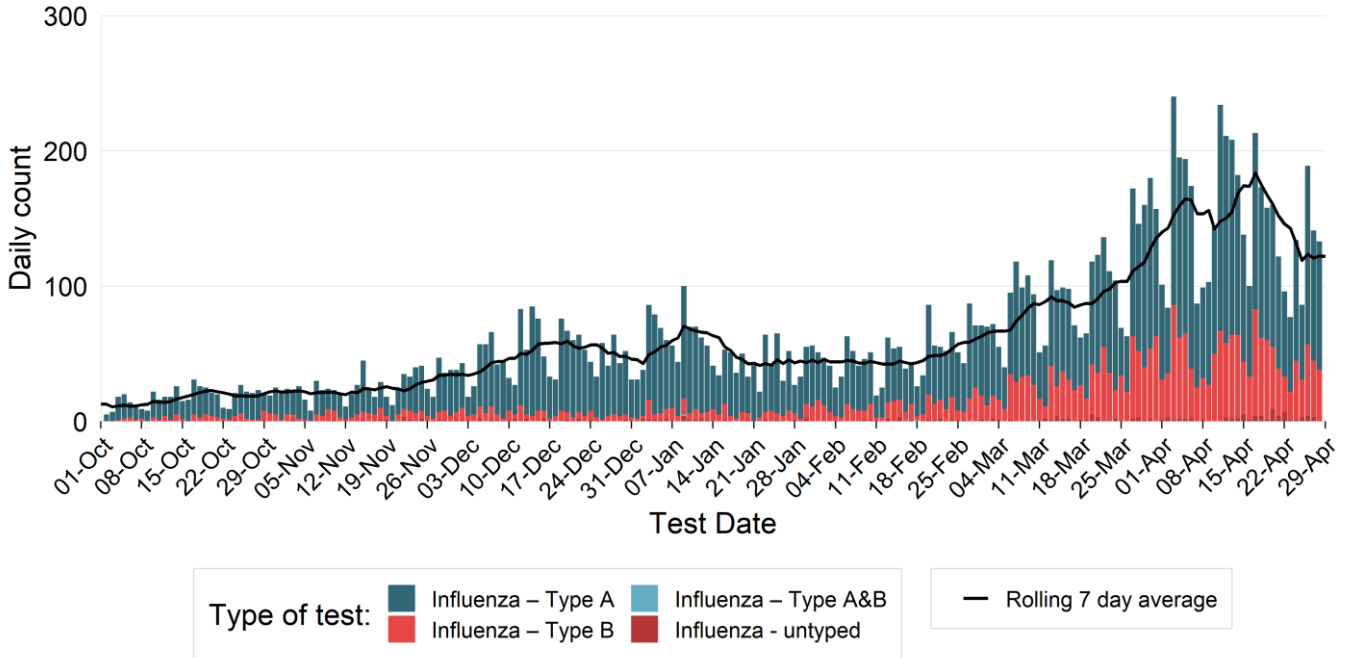
For more information, please see the COVID-19 Sewage Surveillance Program website: <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/sewage-surveillance.aspx>.

Figure 10. Gene concentration, per 1,000 people in each sewage catchment, 5 February 2022 to 29 April 2023



Influenza and other respiratory viruses

Figure 11. People notified with influenza, by date of test and virus type, NSW, 01 October 2022 to 29 April 2023

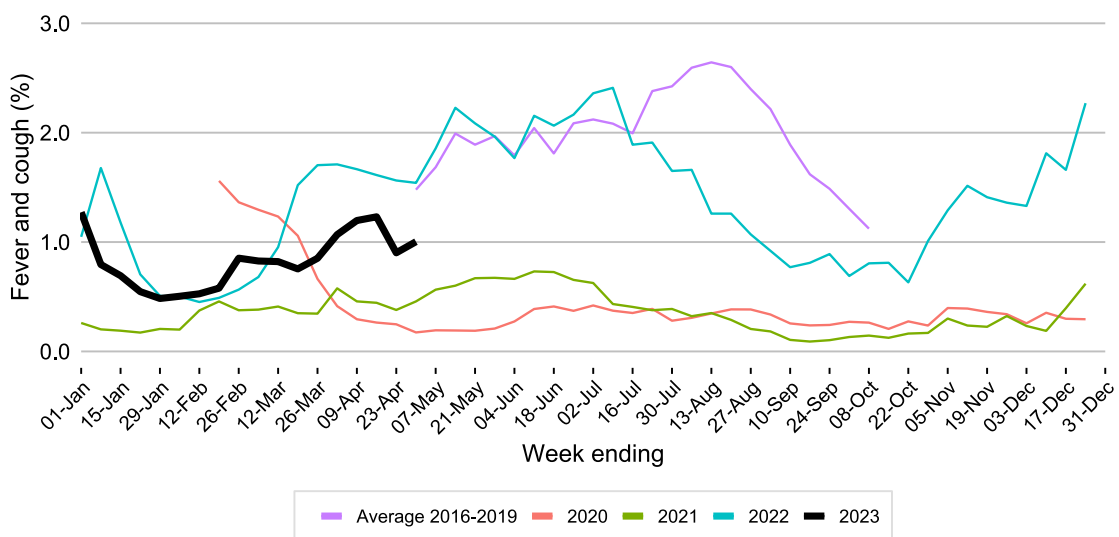


- There were 853 people diagnosed with influenza this week, a decrease of 16.5% since the previous week.

FluTracking

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. Additional FluTracking reports are available at: <https://info.flutracking.net/reports-2/australia-reports/>

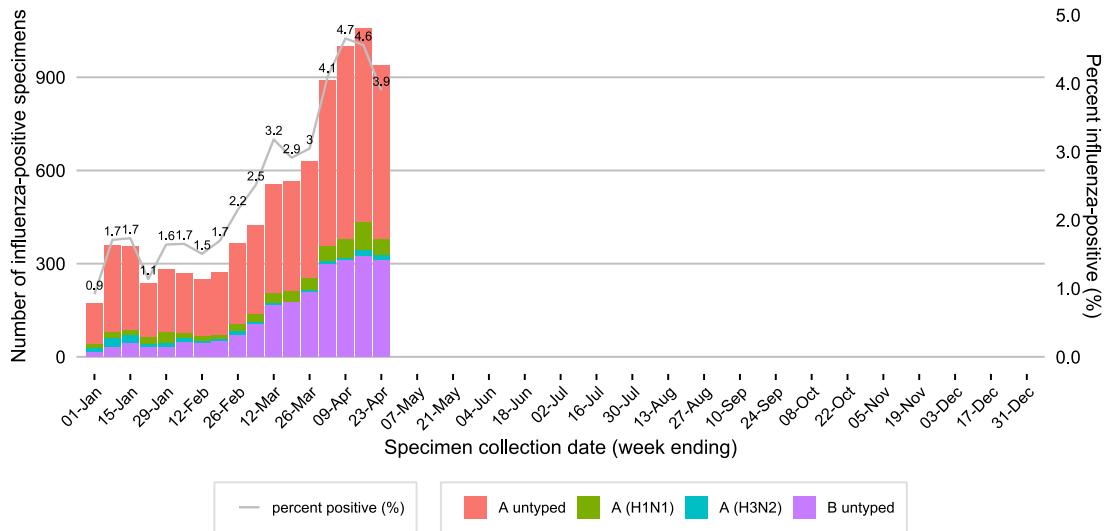
Figure 12. Proportion of FluTracking participants reporting influenza-like illness, NSW, 1 January to 30 April 2023



- The proportion of FluTracking participants reporting influenza-like illness increased/ this week.
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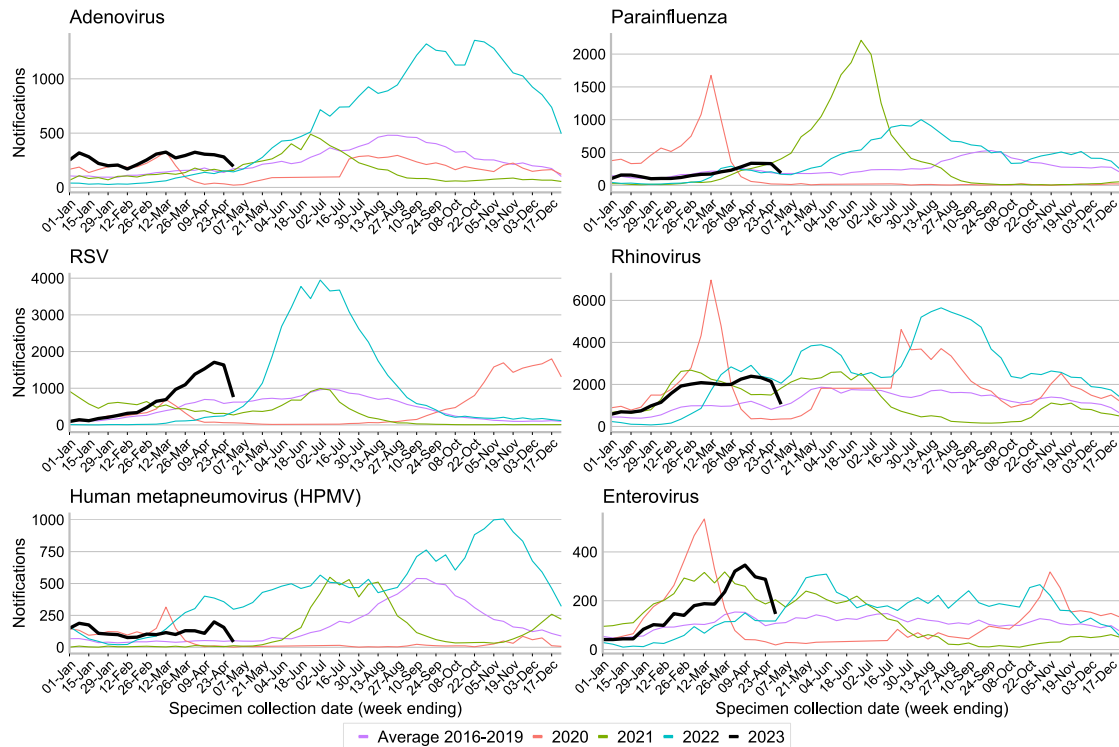
The NSW sentinel laboratory network comprises of 13 public and private laboratories throughout NSW who provide additional data on positive and negative test results. This helps us to understand which respiratory viruses are circulating as well as how much.

Figure 13. Number and proportion of tests positive for influenza at sentinel NSW laboratories, 1 January 2022 to 30 April 2023



- This data has not been updated since last week due to delays in the sentinel laboratory network. Of the 15,084 tests conducted for influenza last week, the proportion positive has decreased to 3.9% from 4.6%.

Figure 14. Number of positive PCR test results for other respiratory viruses at sentinel NSW laboratories, 1 January 2022 to 30 April 2023.



- Recent data is subject to change. For the week ending 30 April 2023, 8 out of 13 sentinel laboratories have provided testing data at the time of reporting.

Table 4. Total number of respiratory disease notifications from sentinel laboratories, NSW in the four weeks to 30 April 2023

	Week ending				Year to date
	09 April	16 April	23 April	30 April*	
Adenovirus	306	301	281	194	4,715
Respiratory syncytial virus (RSV)	1,530	1,708	1,635	759	12,530
Rhinovirus	2,389	2,323	2,142	1,058	28,620
Human metapneumovirus (HMPV)	109	199	156	42	2,160
Enterovirus	346	298	288	146	2,930
Number of PCR tests conducted	21,482	23,208	24,094	15,063	344,190

*Recent data is subject to change. For the week ending 30 April 2023, 8 out of 13 sentinel laboratories have provided testing data at the time of reporting.