

## NSW Respiratory Surveillance Report - week ending 12 November 2022

### COVID-19 Summary

- The current wave of COVID-19 cases continues to grow. There were 22,672 people diagnosed with COVID-19 this week, an increase of 52.8% since the previous week. PCR testing for COVID-19 has increased by 17.7% compared to the previous week. The proportion of PCR tests that were positive for COVID-19 has increased from 14% to 16%.
- There are several emerging subvariants of the virus circulating. An increasing proportion of cases are BA.2.75 (including BR.2) and BQ.1 sublineages.
- The seven-day rolling average of daily hospital admissions increased to an average of 63 admissions by the end of this week, compared with 55 admissions at the end of the previous week. There were 440 people with COVID-19 admitted to hospital and 40 people admitted to ICU this week.
- Emergency department presentations for coronaviruses/SARS requiring an admission have increased to 248 from 169 admissions in the previous week.
- There were 24 COVID-19 deaths reported this week. Of these, 8 (33%) had not received three doses of vaccine. There were no deaths in people aged under 65 years. Deaths may not have occurred in the week in which they were reported.

### Other respiratory viruses summary

- Influenza activity is currently low

### Public health recommendations

- Because of the high level of COVID-19 transmission across the state, NSW Health is recommending that masks should be worn in indoor public places where physically distancing is not possible, and on public transport. For more information on how to protect yourself and others from COVID-19 please see <https://www.nsw.gov.au/covid-19/stay-safe>.
- If you are travelling to the northern hemisphere please make sure you are up-to-date with COVID and influenza vaccinations.

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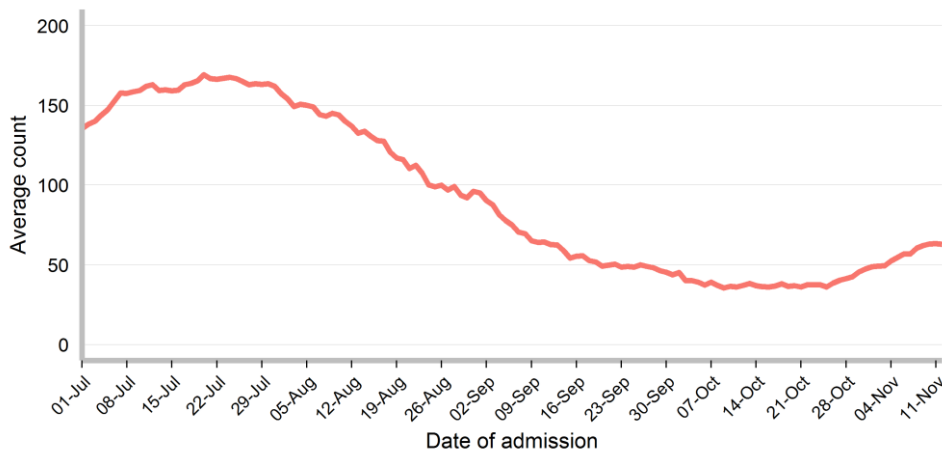
### Data sources

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.

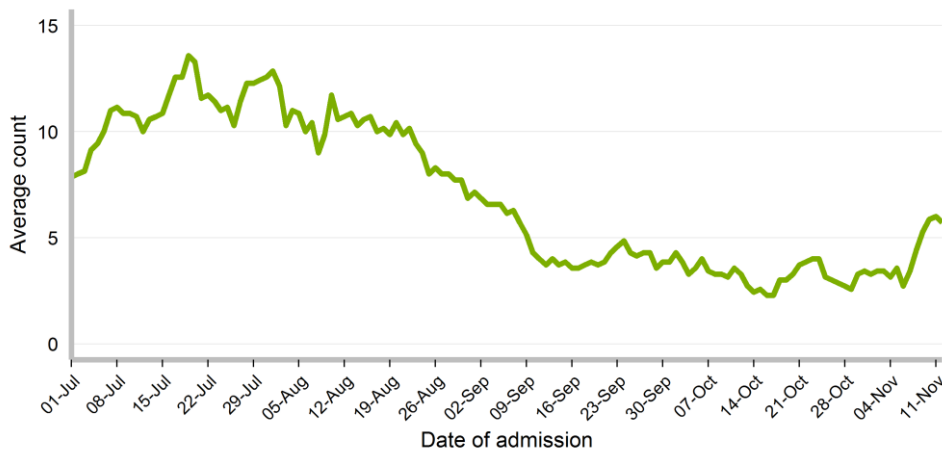
### COVID-19 hospital admissions, intensive care unit admissions, and deaths

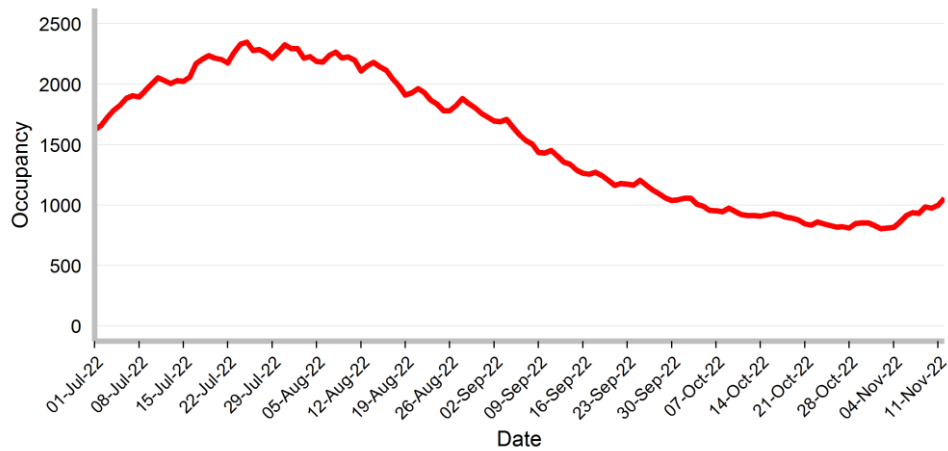
- COVID-19 vaccines are very effective in preventing the severe impacts of infections with the virus. Over 95 per cent of people aged 16 and over in NSW have received two doses of a COVID-19 vaccine, while more than 70 per cent of people eligible for their third dose have received it. With such high vaccination coverage in the community, a high proportion of people admitted to hospital or intensive care unit (ICU) with COVID-19 are now vaccinated with two or three doses. However, people who are not vaccinated remain far more likely to suffer severe COVID-19. Note that some people with COVID-19 who are admitted to hospital or ICU are admitted for conditions unrelated to their COVID-19 infection, and these admissions will not be prevented by vaccination.
- Despite the substantial protection from COVID-19 provided by vaccination, older age remains a significant risk factor for serious illness and death with COVID-19, particularly when combined with significant underlying health conditions.

**Figure 1. Daily seven-day rolling average of people with COVID-19 admitted to hospital within 14 days of their diagnosis, NSW, 01 July to 12 November 2022**



**Figure 2. Daily seven-day rolling average of people with COVID-19 admitted to intensive care units, NSW, 01 July to 12 November 2022**



**Figure 3. Number of people in hospital with COVID-19 by day, NSW, 01 July to 12 November 2022**

- Hospital admissions in people with COVID-19 have increased in the last week. ICU admissions for people with COVID-19 have increased in the last week
- Four hundred forty 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 increased to an average of 63 admissions by the end of this week, compared with 55 admissions at the end of the previous week.
- Forty 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.
- The number of people in hospital with COVID-19 has increased to 1,055 at the end of this week compared to 857 at the end of last 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 12 November 2022**

	Admitted to hospital (but not to ICU)	Admitted to ICU	Deaths
<b>Gender</b>			
Female	207	14	12
Male	233	26	12
<b>Age group (years)</b>			
0-9	29	1	0
10-19	9	0	0
20-29	16	0	0
30-39	16	3	0
40-49	16	1	0
50-59	30	6	0
60-69	57	7	4
70-79	88	15	3
80-89	141	7	8
90+	38	0	9
<b>Local Health District of residence*</b>			
Central Coast	20	0	2
Illawarra Shoalhaven	33	4	1
Nepean Blue Mountains	22	3	1
Northern Sydney	48	3	1
South Eastern Sydney	61	4	1
South Western Sydney	69	8	6
Sydney	39	1	2
Western Sydney	44	6	2
Far West	1	0	0
Hunter New England	35	4	4
Mid North Coast	12	0	3
Murrumbidgee	9	1	0
Northern NSW	15	4	0
Southern NSW	13	0	0
Western NSW	9	2	1
<b>Vaccination status^</b>			
Four or more doses	182	15	8
Three doses	105	13	6
Two doses	63	2	3
One dose	2	0	0
No dose	1	0	5
Unknown	87	10	2
<b>Total</b>	<b>440</b>	<b>40</b>	<b>24</b>

\*Excludes cases in correctional settings

^Vaccination status is determined by matching to Australian Immunisation Register (AIR) data. Name and date of birth need to be an exact match to that recorded in AIR for vaccination status to be determined. People with unknown vaccination status were those unable to be found in AIR. This may occur when names in AIR are different, for example shortened name or different spelling, to those used for the COVID-19 notification.

- Of the 24 people who were reported to have died with COVID-19, 14 (58%) were known to have received three or more doses of a COVID-19 vaccine, while 3 had received two doses, 0 had received one dose and 5 had received no doses of a COVID-19 vaccine. The vaccination status of the remaining 2 were unable to be determined.<sup>1</sup>
- Eleven were aged care residents. Three of these people died in hospital and 8 died at an aged care facility.
- 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. Deaths may be excluded if there was a clear alternative cause of death that was unrelated to COVID-19 (e.g. major trauma).

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<sup>1</sup> The Australian Technical Advisory Group on Immunisation (ATAGI) recommends that everyone aged 16 years and over has three doses of a COVID-19 vaccine, with an additional winter dose recommended for other people at increased risk of severe illness.

## Notifications of COVID-19

**Table 2. Notifications of COVID-19 by gender, age group, Local Health District, NSW, tested in the week ending 12 November 2022**

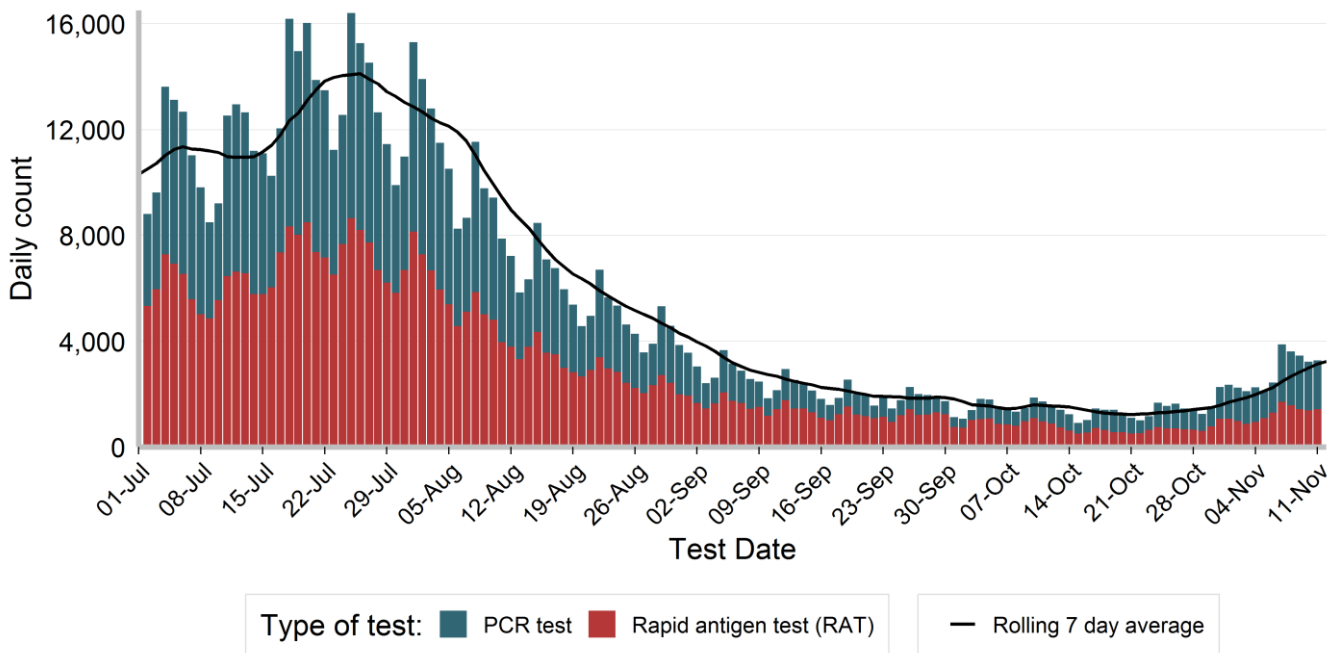
	Week ending 12 November 2022	Year to date *
<b>Gender</b>		
Female	12,729 (56.1%)	1,644,106 (52.6%)
Male	9,919 (43.8%)	1,477,079 (47.3%)
Not stated / inadequately described	24 ( 0.1%)	4,497 ( 0.1%)
Transgender	0 ( 0.0%)	6 ( 0.0%)
<b>Age group (years)</b>		
0-4	571 ( 2.5%)	141,721 ( 4.5%)
5-9	466 ( 2.1%)	198,278 ( 6.3%)
10-19	1,460 ( 6.4%)	438,328 (14.0%)
20-29	2,815 (12.4%)	505,512 (16.2%)
30-39	3,405 (15.0%)	543,802 (17.4%)
40-49	3,083 (13.6%)	460,397 (14.7%)
50-59	3,367 (14.9%)	360,459 (11.5%)
60-69	3,446 (15.2%)	253,275 ( 8.1%)
70-79	2,580 (11.4%)	143,025 ( 4.6%)
80-89	1,131 ( 5.0%)	61,280 ( 2.0%)
90+	347 ( 1.5%)	19,365 ( 0.6%)
<b>Local Health District of residence<sup>#</sup></b>		
Central Coast	922 ( 4.1%)	137,700 ( 4.5%)
Illawarra Shoalhaven	1,424 ( 6.4%)	176,703 ( 5.7%)
Nepean Blue Mountains	1,025 ( 4.6%)	159,343 ( 5.1%)
Northern Sydney	3,289 (14.8%)	369,740 (11.9%)
South Eastern Sydney	2,932 (13.2%)	352,633 (11.4%)
South Western Sydney	2,647 (11.9%)	384,556 (12.4%)
Sydney	2,223 (10.0%)	261,937 ( 8.5%)
Western Sydney	3,048 (13.7%)	415,975 (13.4%)
Far West	50 ( 0.2%)	10,300 ( 0.3%)
Hunter New England	2,354 (10.6%)	376,406 (12.2%)
Mid North Coast	389 ( 1.8%)	70,966 ( 2.3%)
Murrumbidgee	435 ( 2.0%)	103,404 ( 3.3%)
Northern NSW	539 ( 2.4%)	90,454 ( 2.9%)
Southern NSW	428 ( 1.9%)	75,850 ( 2.5%)
Western NSW	514 ( 2.3%)	108,281 ( 3.5%)
<b>Aboriginal status<sup>^</sup></b>		
Aboriginal and/or Torres Strait Islander	425 ( 1.9%)	118,111 ( 3.8%)
Not Aboriginal or Torres Strait Islander	15,749 (69.5%)	2,518,903 (80.6%)
Not Stated / Unknown	6,498 (28.7%)	488,674 (15.6%)
<b>Total</b>	<b>22,672 (100%)</b>	<b>3,125,688 (100%)</b>

\*Excludes 180,433 positive RATs registered up to 19 January 2022 for whom demographic information is not available.

<sup>#</sup>Excludes cases in correctional settings

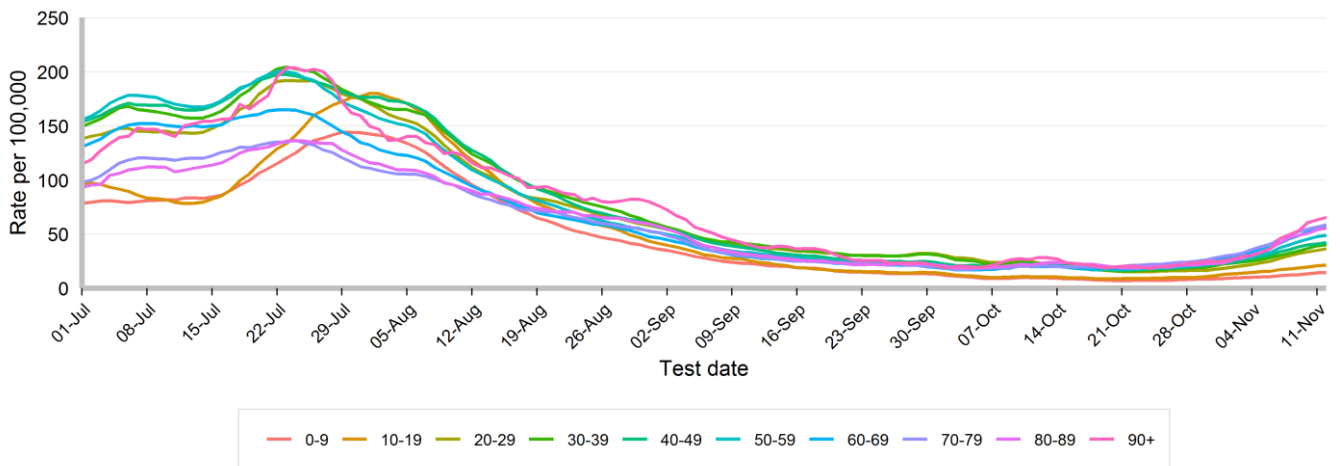
<sup>^</sup>Aboriginal status is reported by COVID-19 cases when completing their RAT registration or responding to a short text message survey sent to cases detected by PCR. Not all cases respond to the question.

**Figure 4. People notified with COVID-19, by date of test and type of test\* performed, NSW, 01 July to 12 November 2022**

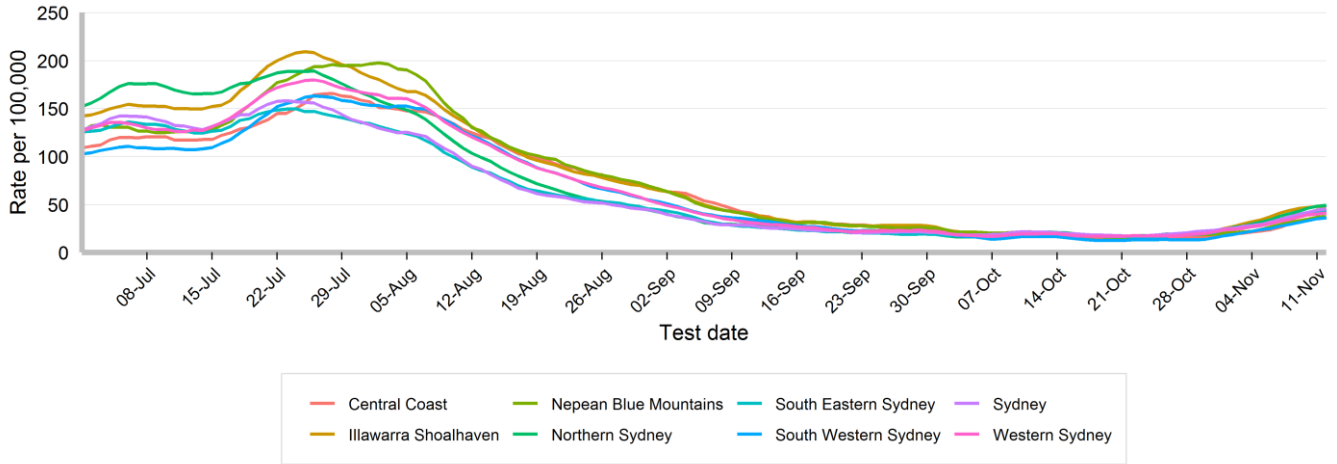


- There were 22,672 people diagnosed with COVID-19 this week, an increase of 52.8% since the previous week.
- \*On 14 October 2022 the mandatory reporting of positive rapid antigen tests in NSW was removed. PCR testing rates have almost halved from what they were at the beginning of the Omicron BA.4/5 wave in June-August 2022. The changes in COVID-19 testing and reporting means that notification numbers no longer reflect the level of community transmission in the same way as during the BA.4/5 wave.

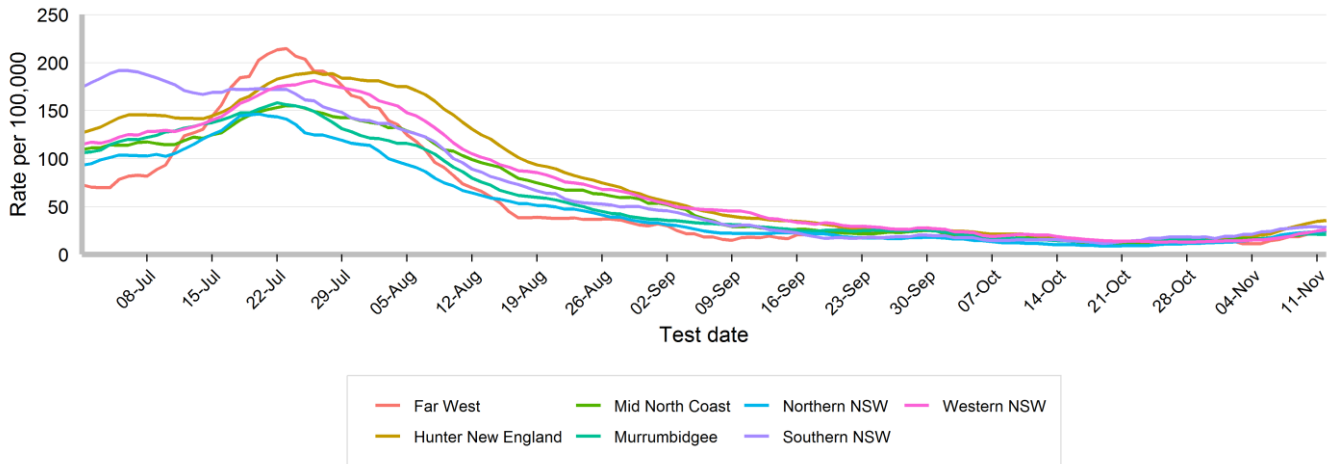
**Figure 5. Daily seven-day rolling average rate of COVID-19 notifications per 100,000 population, by age group and test date, NSW, 01 July to 12 November 2022**



**Figure 6. Daily seven-day rolling average rate of COVID-19 notifications per 100,000 population, by metropolitan Local Health District and test date, NSW, 01 July to 12 November 2022**



**Figure 7. Daily seven-day rolling average rate of people reported with COVID-19 per 100,000 population, by rural and regional Local Health District and test date, NSW, 01 July to 12 November 2022**





## 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.

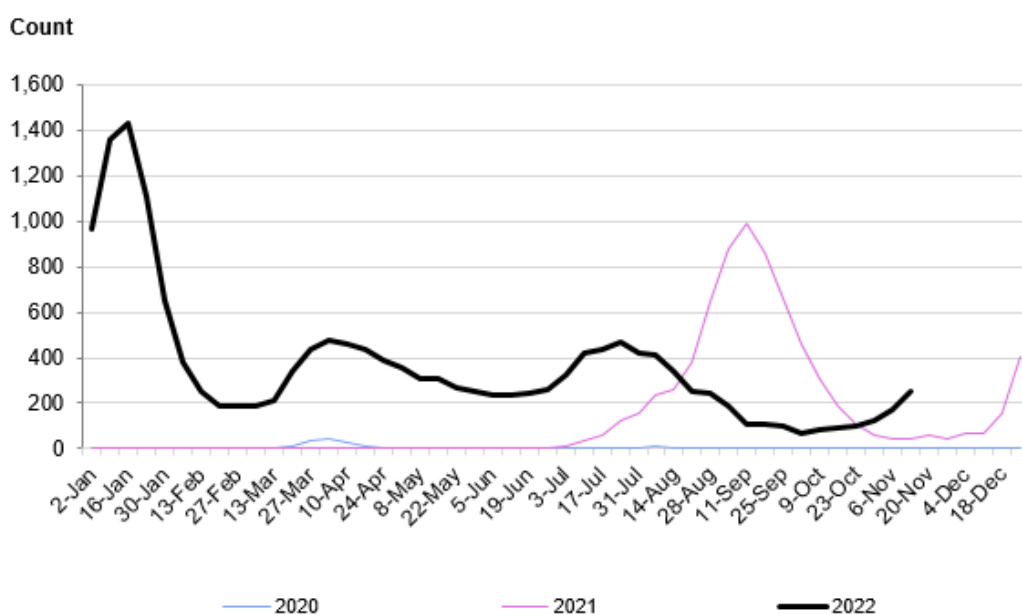
The number of presentations and calls in each category is monitored over time to quickly identify unusual patterns of illness. Unusual patterns could signify an emerging outbreak of disease or issue of public health importance in the population. PHREDSS is also useful for monitoring the impact of seasonal 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 'influenza-like illness' surveillance syndrome includes provisional diagnoses of ILI, influenza, including pneumonia with influenza and avian and other new influenza viruses. Influenza-like illness does not include COVID-19. The number of emergency department presentations for ILI reflects only a fraction of the impact of influenza on emergency departments but it is a useful marker of seasonal timing and trends. The number of presenting patients requiring an admission also provides an indication of severity.

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 IDC-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 8. Weekly counts of unplanned emergency department (ED) presentations for 'coronaviruses/SARS', that were admitted, for 2022 (black line), compared with the previous two years (coloured lines), persons of all ages, 88 NSW hospitals**

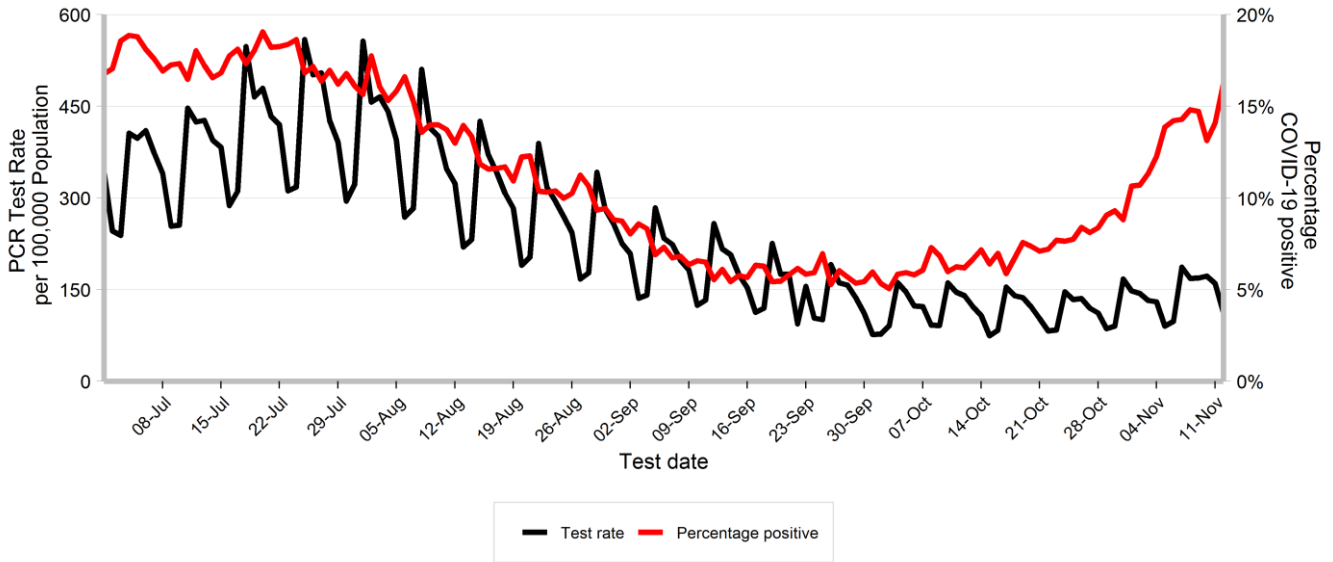


- Emergency department presentations for coronaviruses/SARS requiring an admission have increased to 248 from 169 admissions in the previous week.

## Laboratory Surveillance

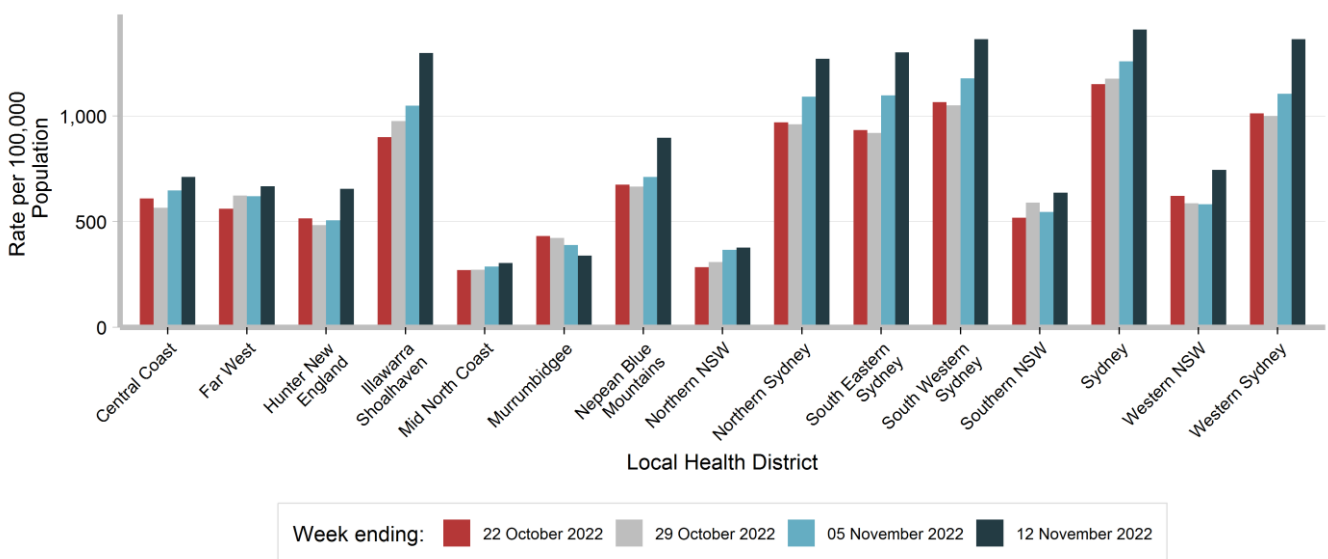
### COVID-19 PCR testing

Figure 9. Rate of PCR tests for COVID-19 per 100,000 population per day, and percentage of PCR tests which were positive for COVID-19, by test date, NSW, 01 July to 12 November 2022



- There were 89,742 PCR tests reported this week. This is a 17.7% increase compared to 76,251 PCR tests reported in the previous week.
- The percentage of PCR tests that were positive for COVID-19 has increased to 16.3% compared to 13.9% at the end of the previous week admissions by the end of this week.

Figure 10. Rate of PCR tests for COVID-19 per 100,000 population by Local Health District and test date, NSW, in the four weeks to 12 November 2022



## 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).

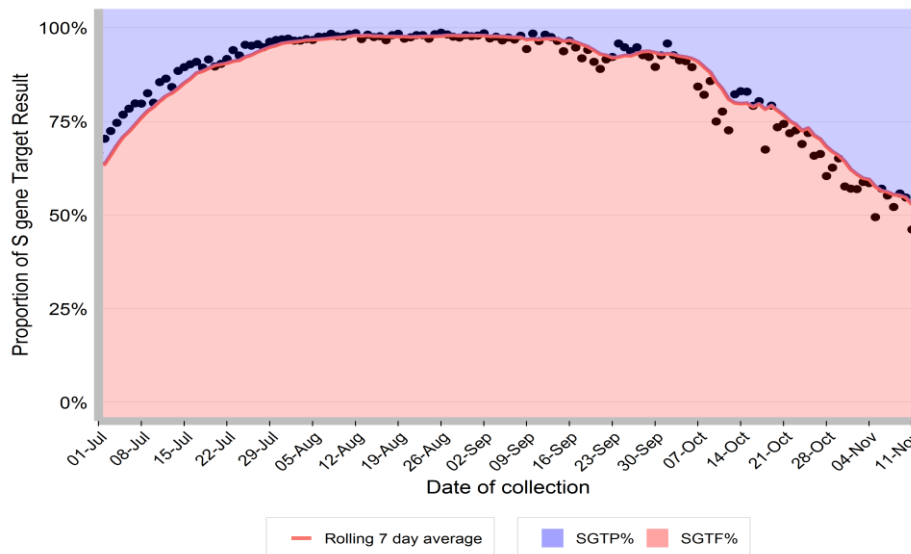
**Table 3. Variants of concern (VOCs) identified by whole genome sequencing (WGS) of virus from people who tested positive for SARS CoV-2 by PCR, by test date, NSW, in the four weeks to 05 November 2022**

Variant	Week ending			
	15 October	22 October	29 October	05 November
Dual Infection	1 (0.1%)	0 (0%)	0 (0%)	0 (0%)
Omicron (BA.1)	0 (0%)	1 (0.3%)	0 (0%)	0 (0%)
Omicron (BA.2)	1 (0.1%)	6 (1.7%)	24 (4.3%)	15 (3.7%)
Omicron (BA.2.3.20)	19 (2.8%)	5 (1.4%)	1 (0.2%)	0 (0%)
Omicron (BA.2.75)	33 (4.8%)	36 (10.4%)	50 (8.9%)	43 (10.7%)
Omicron (BA.2.75.2)	17 (2.5%)	10 (2.9%)	6 (1.1%)	5 (1.2%)
Omicron (BA.4)	2 (0.3%)	6 (1.7%)	9 (1.6%)	0 (0%)
Omicron (BA.4.6)	23 (3.4%)	8 (2.3%)	14 (2.5%)	6 (1.5%)
Omicron (BA.5)	506 (74%)	179 (51.9%)	324 (58%)	211 (52.4%)
Omicron (BJ.1)	1 (0.1%)	3 (0.9%)	0 (0%)	0 (0%)
Omicron (BQ.1)	14 (2%)	12 (3.5%)	5 (0.9%)	2 (0.5%)
Omicron (BQ.1.1)	18 (2.6%)	22 (6.4%)	24 (4.3%)	32 (7.9%)
Omicron (BR.2)	19 (2.8%)	33 (9.6%)	57 (10.2%)	58 (14.4%)
Recombinant (XBB)	29 (4.2%)	24 (7%)	40 (7.2%)	26 (6.5%)
Recombinant (XBC)	1 (0.1%)	0 (0%)	5 (0.9%)	5 (1.2%)
<b>Total</b>	<b>684</b>	<b>345</b>	<b>559</b>	<b>403</b>

- The Omicron variant is currently the dominant COVID-19 variant circulating in the NSW community. Most recent specimens have been identified as the BA.5 sub-lineage.

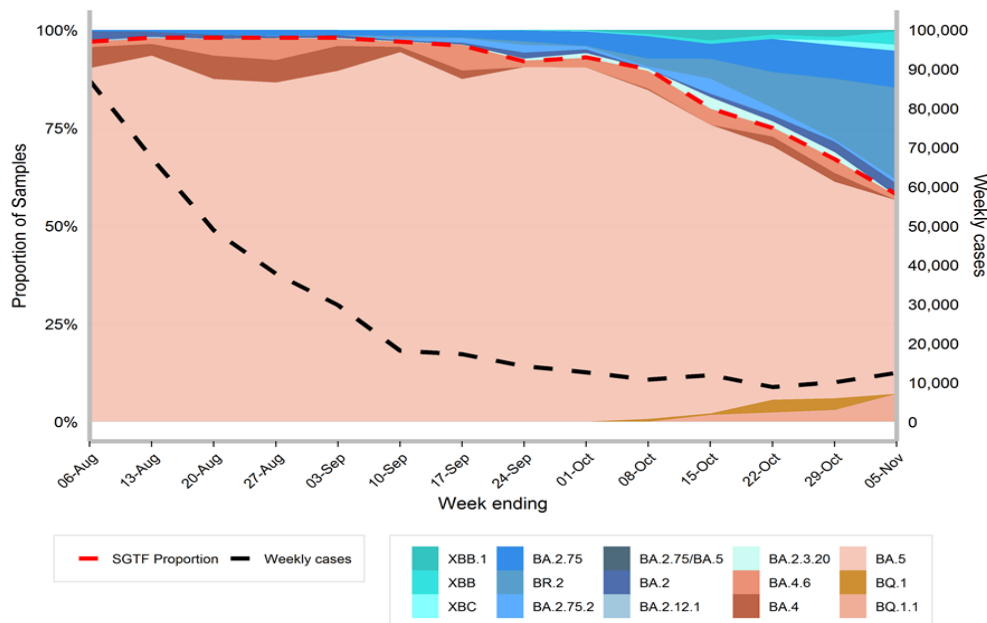
- The BA.1, BA.4 and BA.5 lineages of the Omicron variant have a mutation that results in a failure of certain PCR test platforms to detect the S gene (SGTF). This mutation is typically not present in the BA.2 lineage, and therefore the detection of an S gene (SGTP) can be used as a proxy to estimate the prevalence of BA.2 and its sub-lineages in the community (Figure 11).
- 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 51% of SARS-CoV-2 positive specimens currently have an S gene detected (Figure 11). A sample of S gene detected specimens have been prioritised for WGS, with the majority of these now being identified as BA.2.75 and newly emerging recombinants including XBB.
- Figure 12 shows the distribution of sub-lineages in the community estimated using the ratio of SGTP/SGTF (Figure 11). 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 11. Result of S gene target detection (percent positive (P) and negative(F)), 01 July to 12 November 2022**



\*SGTF is a failure to detect the presence of the S gene likely indicating a BA.1, BA.4 and BA.5 sub-lineage. SGTP is a positive detection of the presence of the S gene likely indicating a BA.2 sub-lineage.

**Figure 12. Estimated distribution of COVID-19 sub-lineages in the community, 31 July 2022 to 5 November 2022\***



\*For the week ending 5 November insufficient community samples were analysed to report an unbiased estimate of distribution of variants in this report.

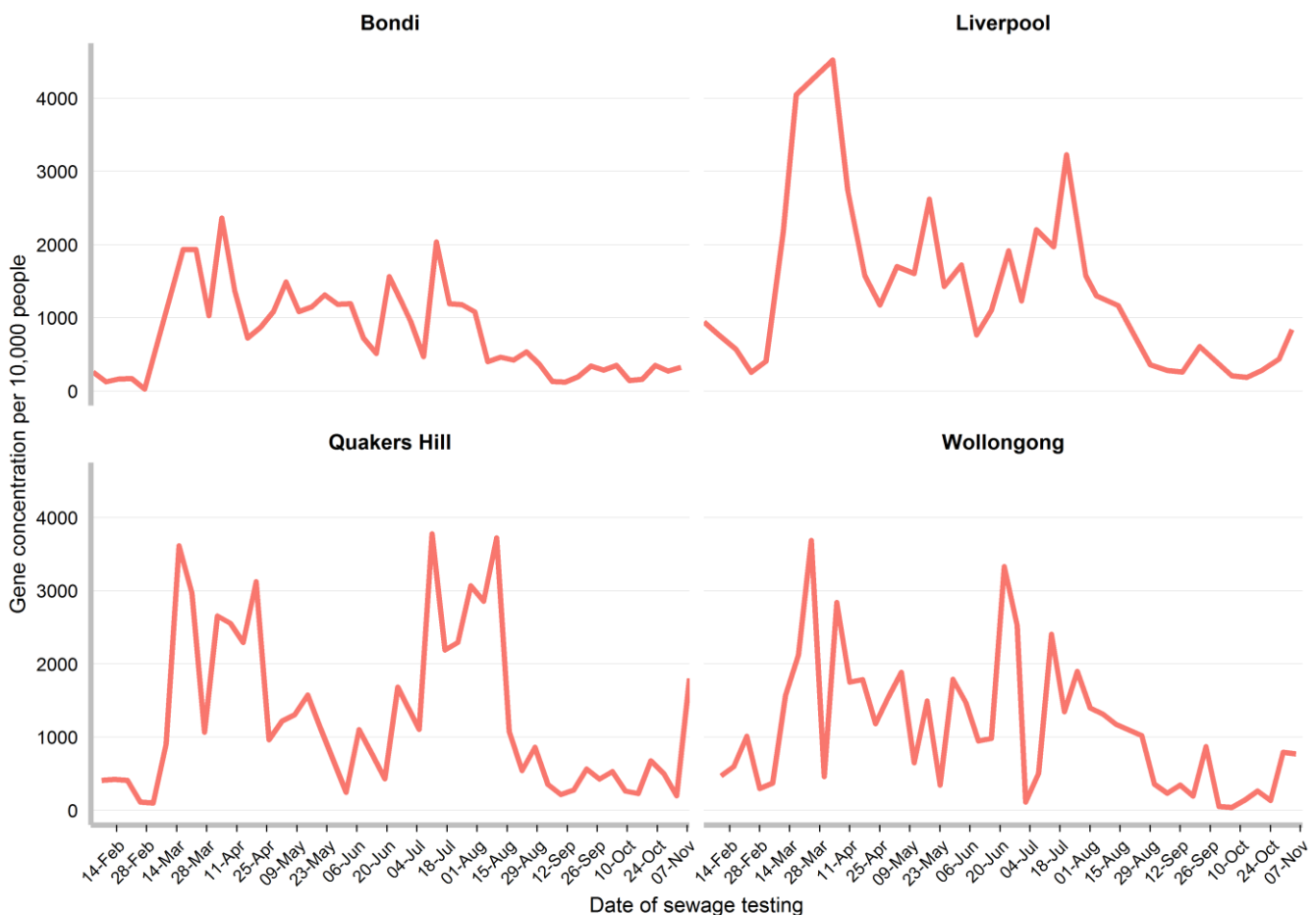
### COVID-19 Sewage surveillance program

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 10,000 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 Wollongong sewage catchments from 5 February 2022 to the week ending 12 November 2022. 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.

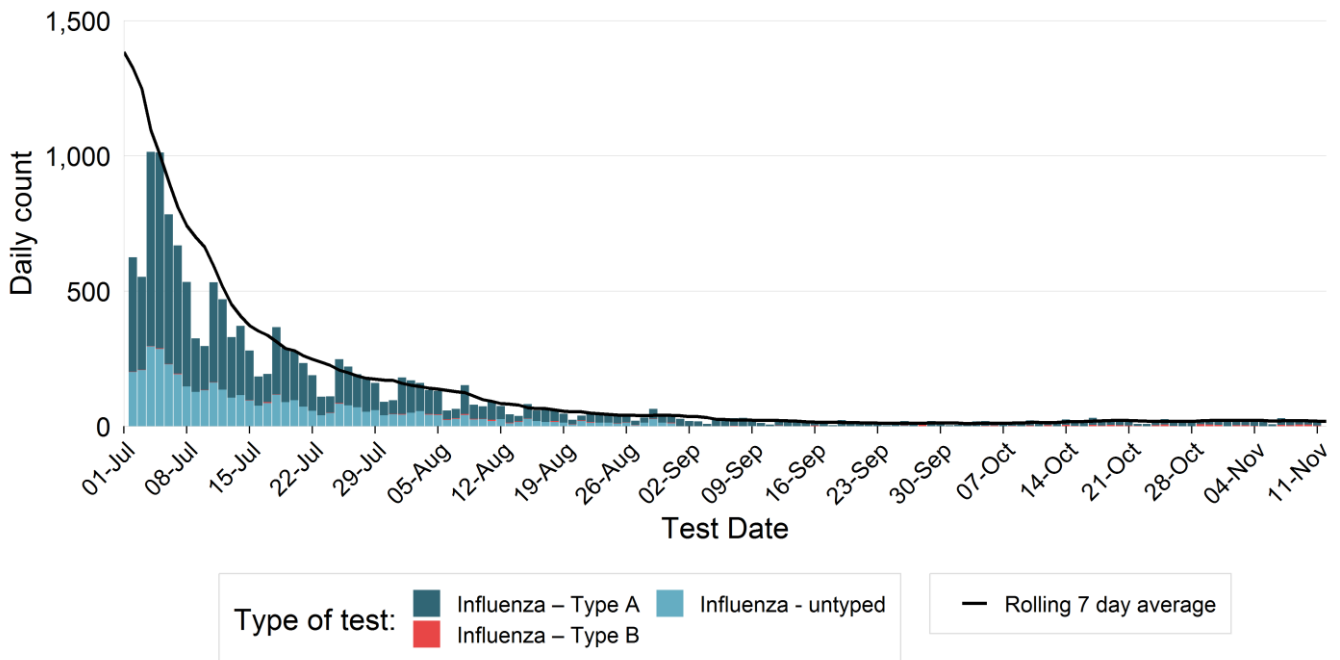
In the week ending 12 November 2022, all tested samples contained fragments of SARS-CoV-2. Gene copy numbers have increased in Quakers Hill. Results are not yet available for Bondi, Liverpool and Wollongong. Gene copy numbers have decreased in Taree. Gene copy numbers are stable in Bathurst. Gene copy numbers have increased in Gosford- Kincumber, Batemans Bay, Goulburn, Broken Hill, Dubbo, Armidale, Tamworth, Hunter–Burwood Beach, Hunter – Boulder Bay, Lismore, Tweed-Banora Point, Port Macquarie and Coffs Harbour. For more results, please see the COVID-19 Sewage Surveillance Program website: <https://health.nsw.gov.au/Infectious/covid-19/Pages/sewage-surveillance-weekly-result.aspx>.

**Figure 13. Gene concentration, per 10,000 people in each sewage catchment, 5 February 2022 to 12 November 2022**



### Influenza and other respiratory viruses

Figure 14. People notified with influenza, by date of test and virus type, NSW, 01 July to 12 November 2022



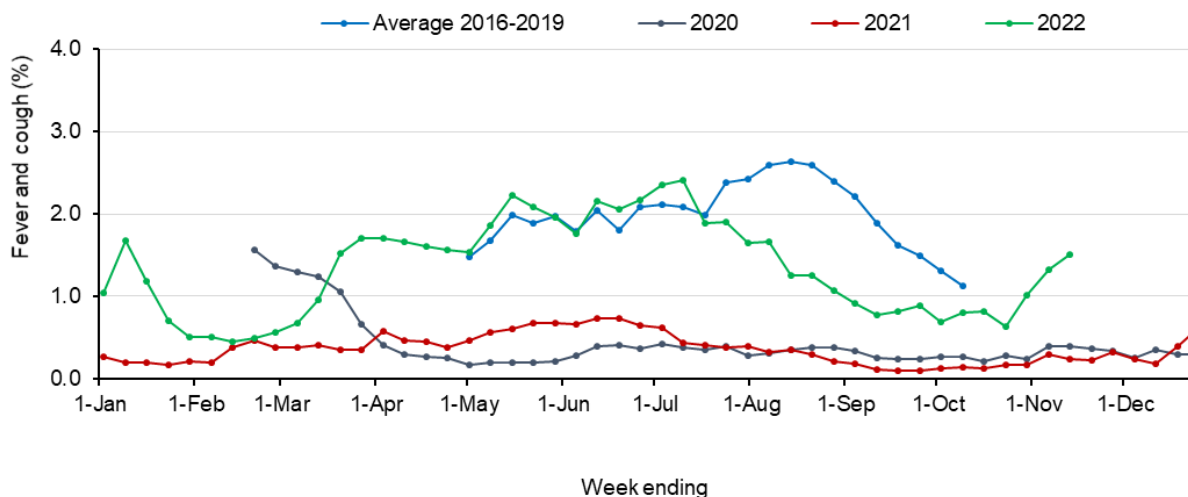
- There were 127 people diagnosed with influenza this week, a decrease of 15.3% since the previous week.

### 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.

The FluTracking weekly sample size is currently in a decreased inter-seasonal period. Between 31 October 2022 and 1 April 2023 participants are able to opt out of completing the weekly survey. In previous years roughly two thirds of participants continue to complete the weekly survey. Should there be a surge in COVID-19 or influenza activity, participants who have consented will be asked if they would like to recommence surveys earlier. Additional FluTracking reports are available at: <https://info.flutracking.net/reports-2/australia-reports/>

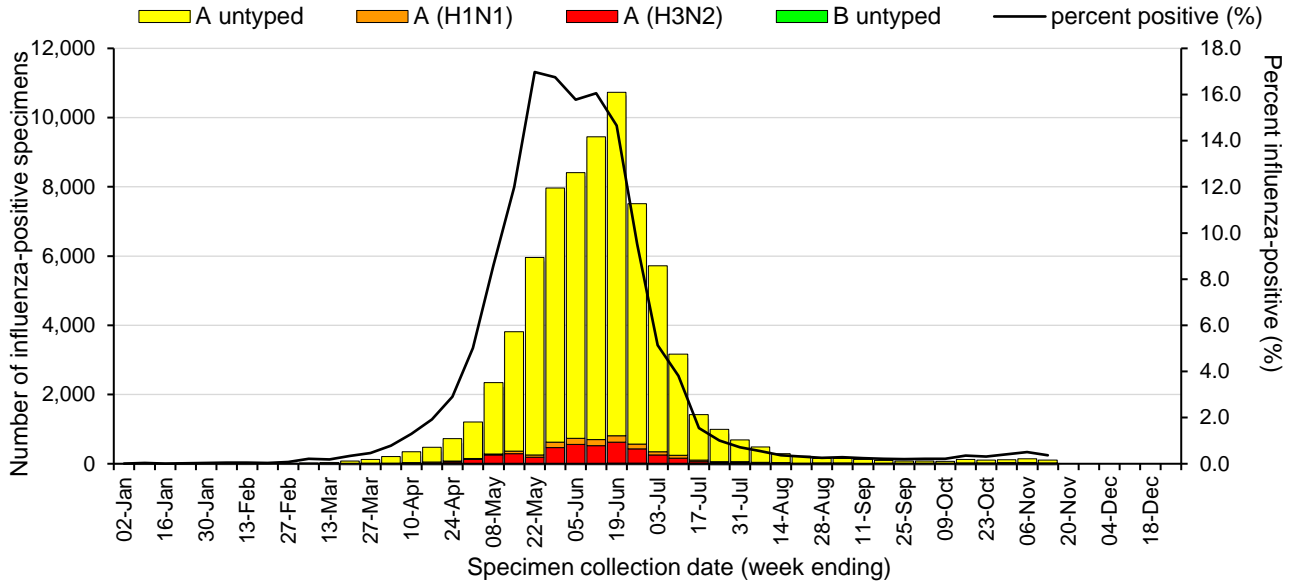
Figure 15. Proportion of FluTracking participants reporting influenza-like illness, NSW, 1 January to 13/11/2022



- The proportion of FluTracking participants reporting influenza-like illness increased this week.

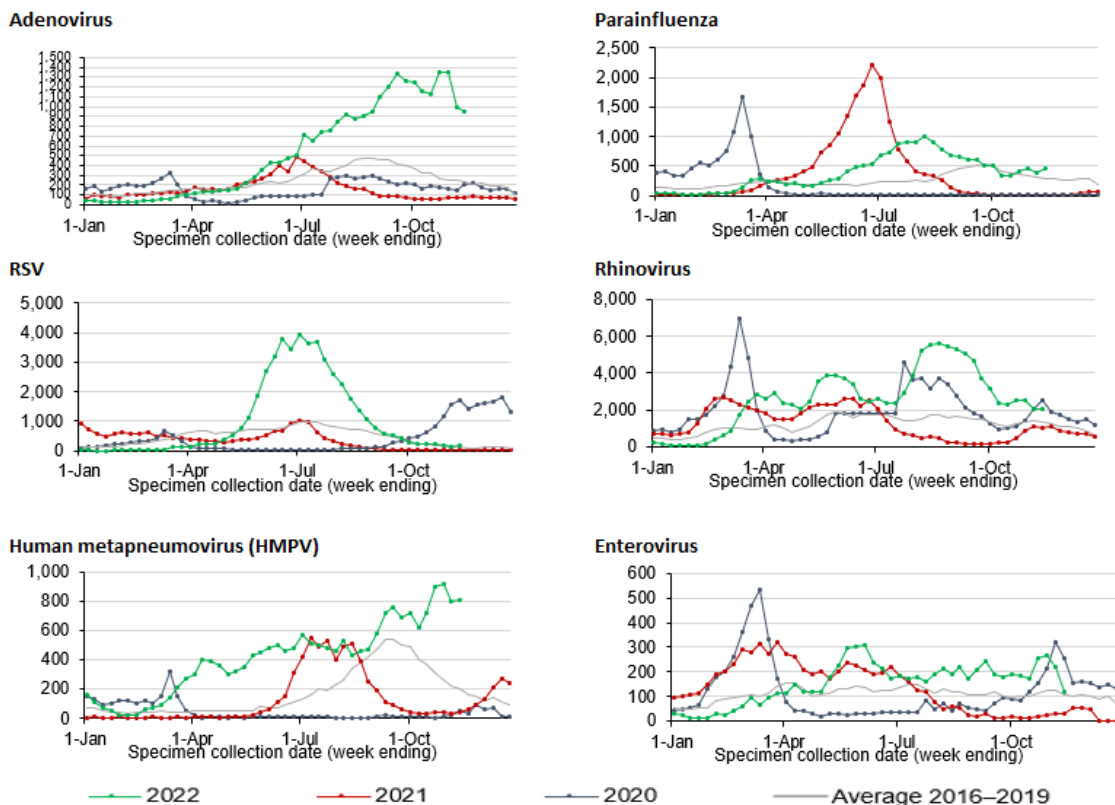
The NSW sentinel laboratory network comprises of 13 public and private laboratories throughout NSW who provide additional data on positive and negative test results. This helps us to understand which respiratory viruses are circulating as well as how much.

**Figure 16. Number and proportion of tests positive for influenza at sentinel NSW laboratories, 1 January to 12 November 2022**



- Of the 29,877 tests conducted for influenza, the proportion positive has remained stable at below 1%.

**Figure 17. Number of positive PCR test results for other respiratory viruses at sentinel NSW laboratories, 1 January to 12 November 2022.**



- Recent data is subject to change. For the week ending 12 November 2022, 10 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 12 November 2022**

	Week ending				Year to date
	23 October	30 October	06 November	13 November*	
Adenovirus	1,348	1,343	997	943	24,557
Respiratory syncytial virus (RSV)	204	186	150	188	45,986
Rhinovirus	2,504	2,531	2,069	2,038	119,231
Human metapneumovirus (HMPV)	900	920	757	811	18,983
Enterovirus	254	266	222	120	7,030
Number of PCR tests conducted	32,468	28,990	28,121	29,877	1,914,310

\*Recent data is subject to change. For the week ending 12 November 2022, 10 out of 13 sentinel laboratories have provided testing data at the time of reporting.