COVID-19 WEEKLY SURVEILLANCE IN NSW

EPIDEMIOLOGICAL WEEK 6, ENDING 13 FEBRUARY 2021

Published 18 February 2021

SUMMARY FOR THE WEEK ENDING 13 FEBRUARY 2021

- There were no locally acquired cases reported in the week ending 13 February.
- Testing rates increased significantly compared to the previous week (up 47%). This increase is likely due to targeted public health messaging advising people who attended COVID-19 affected locations in Victoria and the Illawarra region to get tested. It also corresponds to an increase in respiratory virus activity among school aged children.
- The NSW Sewage Surveillance Program reported one detection from a sample taken from the Bondi treatment plant. The Bondi catchment includes quarantine hotels.
- There have been five cases in returned travellers with COVID-19 Variants of Concern (VoC) detected this week. There have been 35 cases in return travellers since 30 November 2020.

TABLE OF CONTENTS

SECTION 1: HOW IS THE OUTBREAK TRACKING IN NSW?

Table 1. COVID-19 cases and tests reported in NSW, up to 13 February 2021

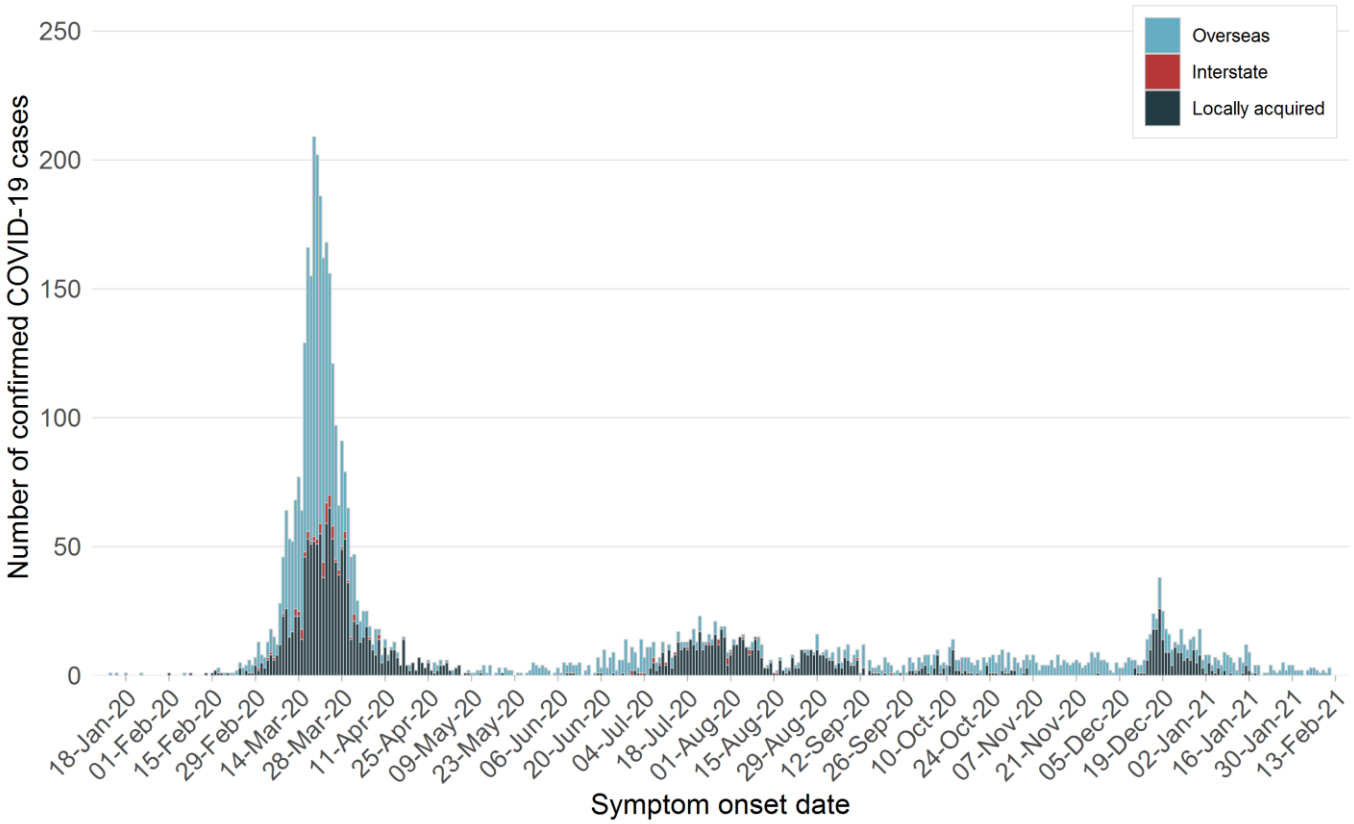
	Week ending 13 Feb	Week ending 6 Feb	% change	Pandemic total
Number of cases	18	15	↑ 20%	4949
Overseas acquired	18*	15	↑ 20%	2772
Interstate acquired	0	0	-	90
Locally acquired	0	0	-	2,087
No epidemiological links to other cases or clusters	0	0	-	445
Number of deaths	0	0	-	56
Number of tests	104,197	70,964	↑47%	4,813,413

Note: The case numbers reported for previous weeks is based on the most up to date information from public health investigations.

*One case is a returned overseas traveller who tested positive to COVID-19 on day 16 after being released from hotel quarantine on day 14. The person from the Wollongong area returned two negative tests during their quarantine period. Investigations to date suggest the infection was likely acquired overseas and there is no indication that there was transmission in hotel quarantine.

To understand how the outbreak is tracking we look at how many new cases are reported each day and the number of people being tested. Each bar in the graph below represents the number of new cases based on the date of symptom onset.

Figure 1. COVID-19 cases by likely infection source & illness onset, NSW, week ending 13 February



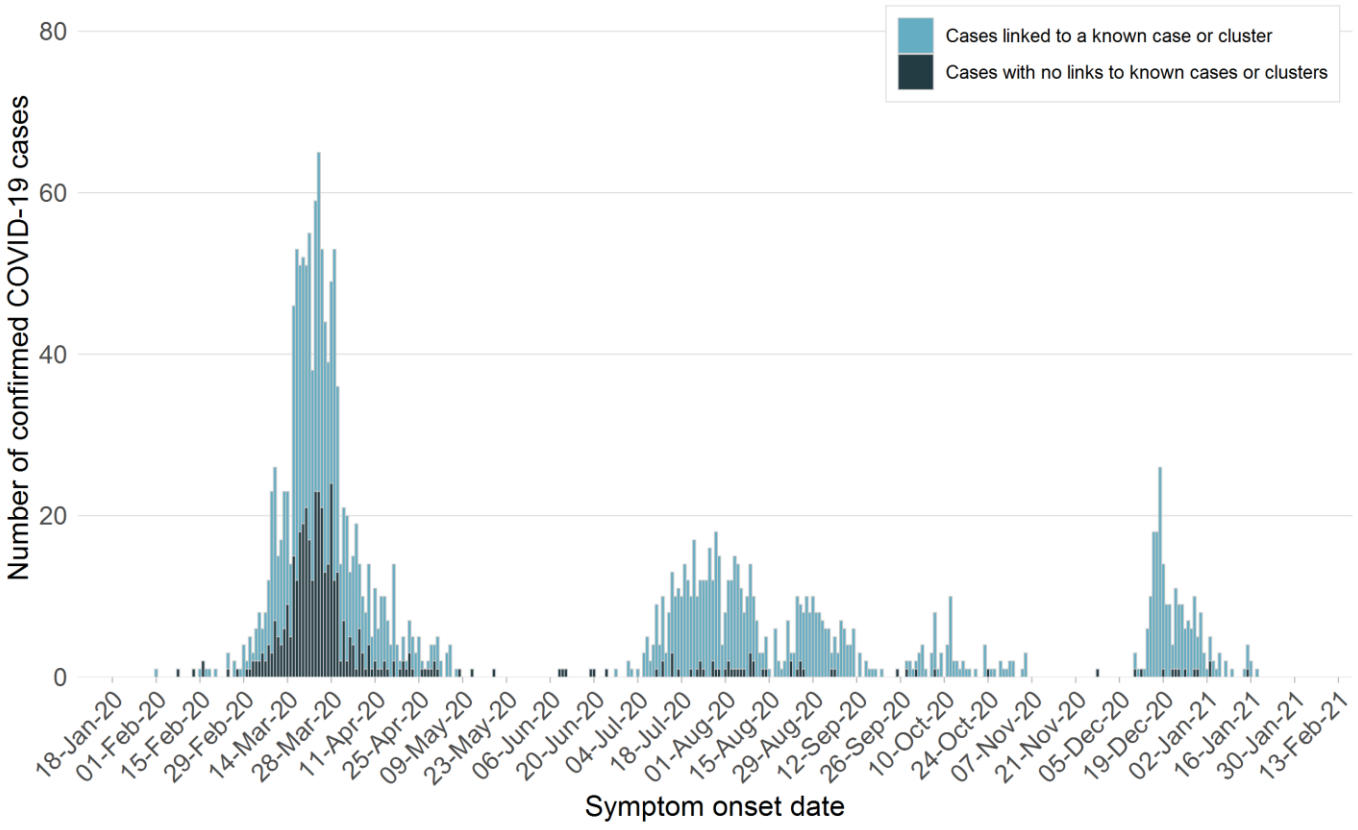
The date of the first positive test is used for cases who did not report symptoms.

Interpretation: The majority (98%) of COVID-19 cases diagnosed in the last four weeks in NSW have been overseas acquired.

How much local transmission is occurring in NSW?

Public health efforts are focused on contact tracing to limit further spread in the community and identifying the source of infection for every case. To understand the extent of community transmission, locally acquired cases who have had contact with a case or who are part of a known cluster are considered separately to those with an unidentified source of infection. Cases with no links to other cases or clusters suggest that there are people infected with COVID-19 in the community who have not been diagnosed.

Figure 2. COVID-19 cases by likely infection source and illness onset, NSW, week ending 13 February



The date of the first positive test is used for cases who did not report symptoms.

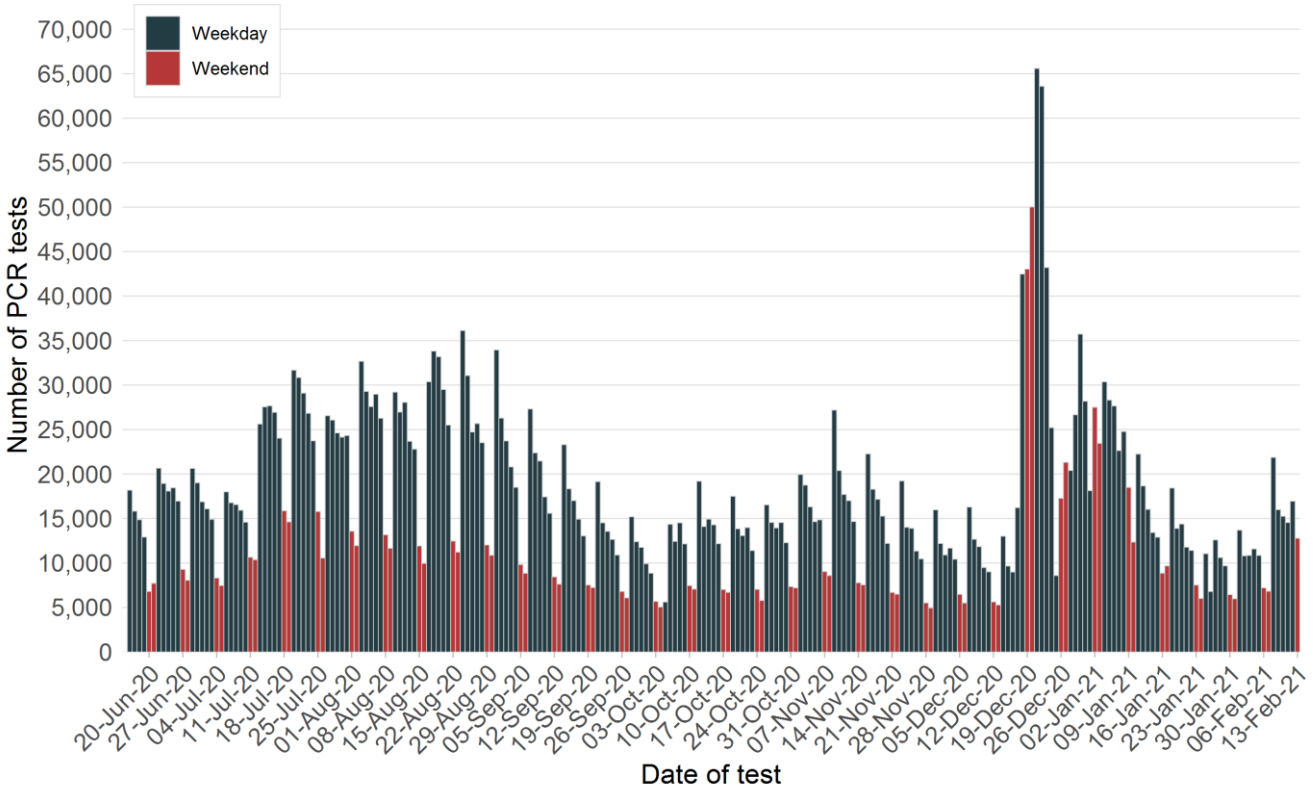
Interpretation: As at 13 February, 28 days have passed since the last locally acquired case was notified in NSW on 16 January 2021.

SECTION 2: COVID-19 TESTING IN NSW

How much testing is happening?

The bars on the graph below show the number of tests by the date a person presented for the test.[1] While public health facilities are generally open seven days a week, less testing occurs through GPs and private collection centres on weekends and public holidays. This explains the lower number of tests on weekends.

Figure 3. Number of PCR tests per day, NSW, 13 February



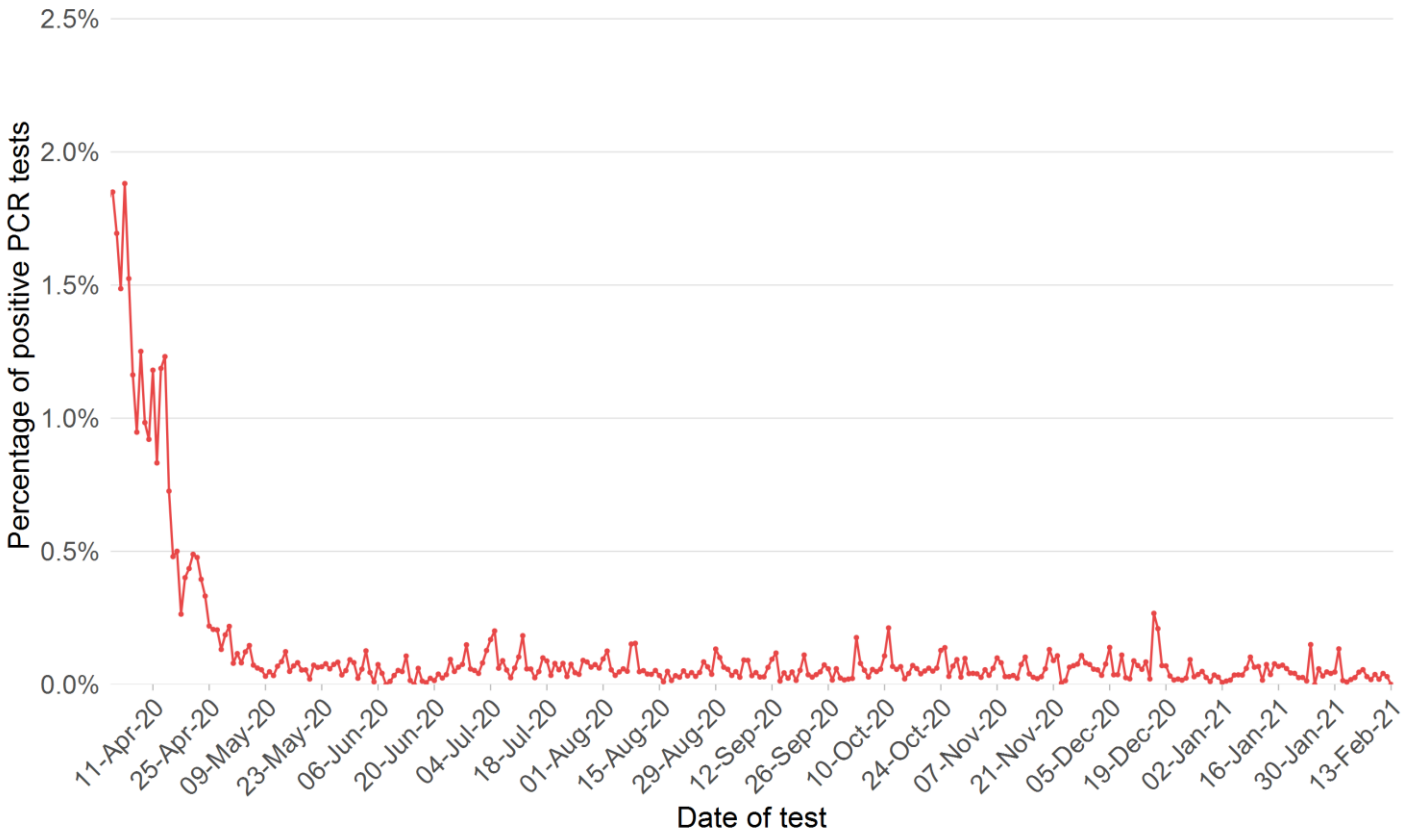
Includes SARS-CoV-2 PCR tests only and excludes repeat positive tests for an individual.

Interpretation: Testing numbers increased significantly in the week ending 13 February (up 47%) compared to the previous week. The average daily testing rate of 1.8 per 1,000 people in NSW each day has increased compared to the previous week of 1.3 per 1,000 people. This increase is likely due to targeted public health messaging advising people who attended COVID-19 affected locations in Victoria and the Illawarra region to get tested. It also corresponds to an increase in respiratory virus activity among school aged children.

[1] The number of tests per day displayed below is different to the 24 hour increase in tests reported each day as there are delays in some laboratories providing negative results to NSW Health.

What proportion of tests are positive?

Figure 4. Proportion of positive PCR tests per day, NSW, 13 February

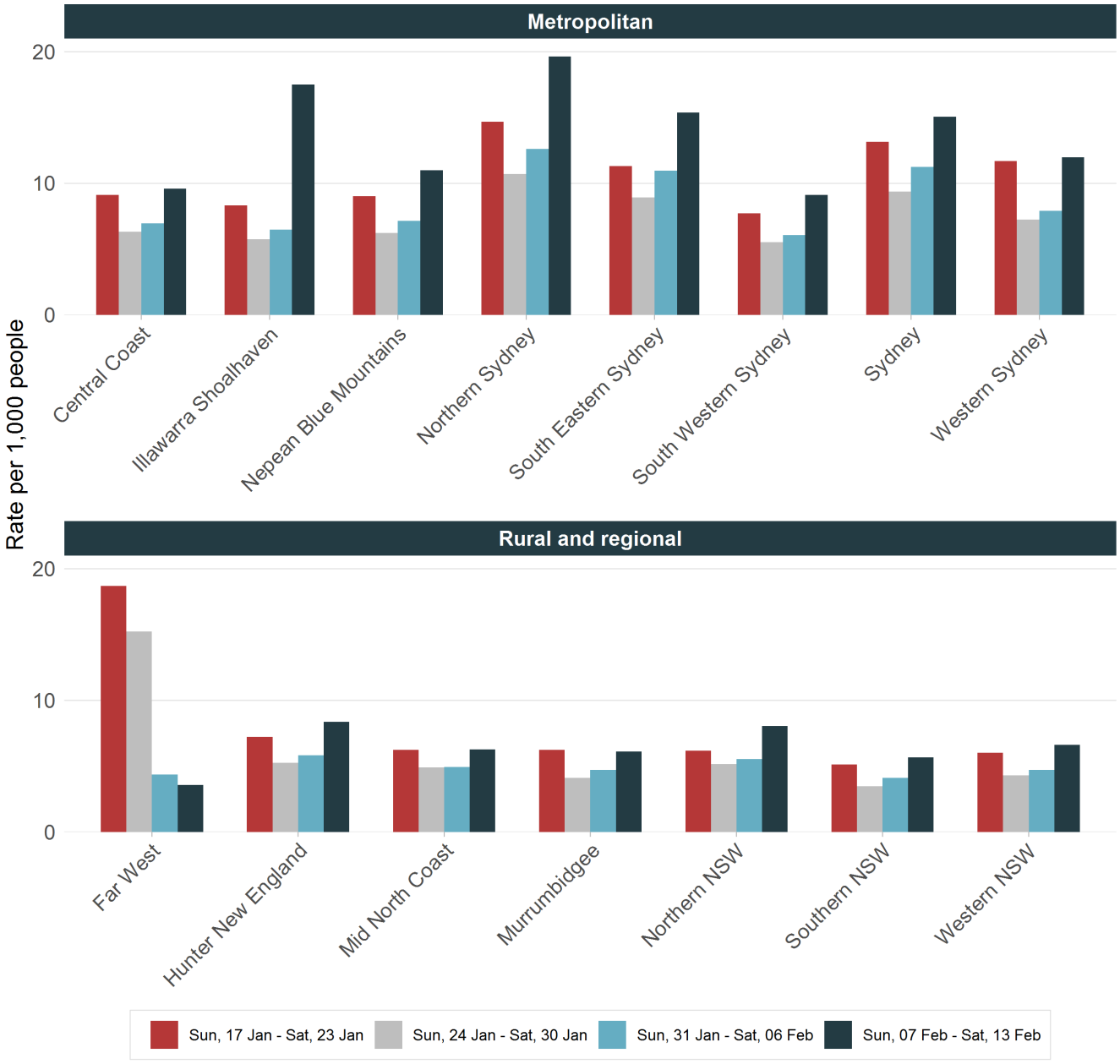


Includes SARS-CoV-2 PCR tests only and excludes repeat positive tests for an individual.

Interpretation: The proportion of tests positive for COVID-19 in NSW declined in mid-March to early May 2020, and then stabilised at very low levels. This includes PCR testing of returned travellers in hotel quarantine and excludes saliva testing for people working in hotel quarantine.

Testing by Local Health District

Figure 5. Rates of COVID-19 testing by LHD of residence and week

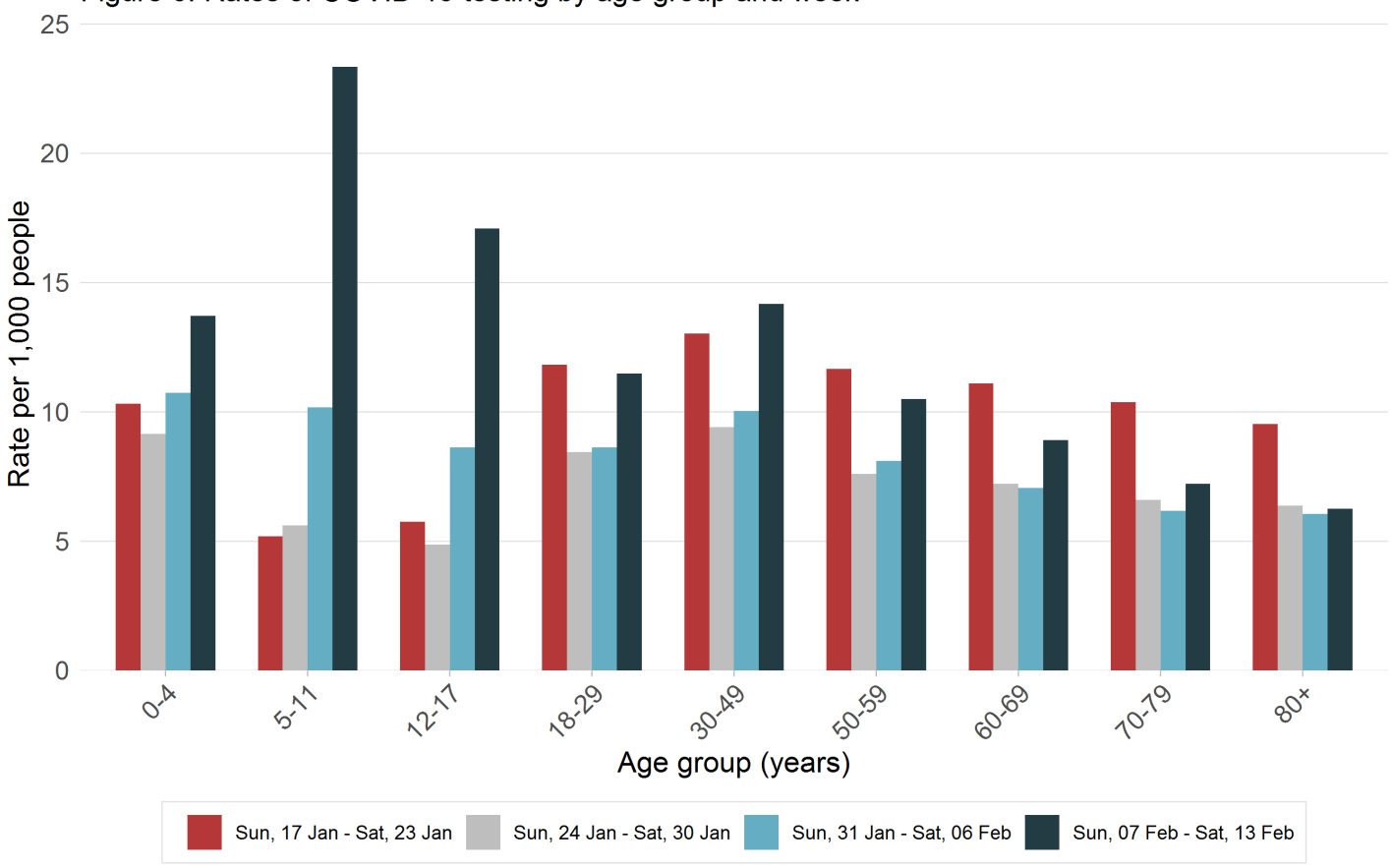


Includes SARS-CoV-2 PCR tests only and excludes notifications with missing postcode of residence.

Interpretation: State-wide testing rates in the week ending 13 February were higher compared to the previous week (9 per 1,000 people compared to 13 per 1,000 people). The overall increase in testing rates across LHDs is likely driven by public health alerts promoting testing in response to the Holiday Inn cluster in Victoria. Testing rates in Illawarra Shoalhaven surged this week following reports of a returned overseas traveller who tested positive to COVID-19 on day 16 after being released from hotel quarantine.

Testing by age group

Figure 6. Rates of COVID-19 testing by age group and week

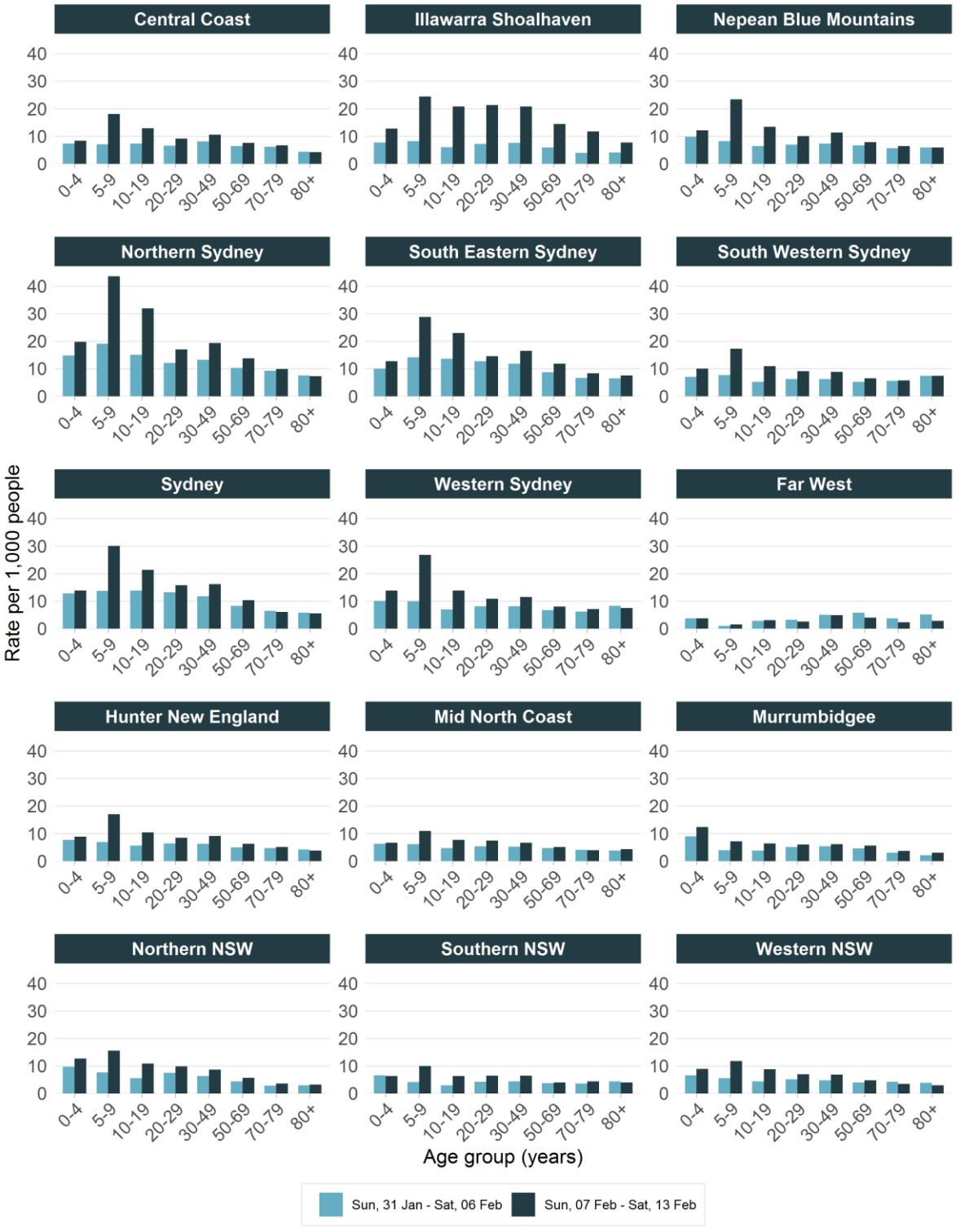


Includes SARS-CoV-2 PCR tests only and excludes notifications with age missing.

Interpretation: In the week ending 13 February, testing rates have increased in all age groups except for those aged 80 years and over. This corresponds to an overall increase in respiratory virus activity in NSW. Testing rates in school-age children aged 5–17 years were significantly higher compared to the previous weeks. This rise is likely driven by the start of the school year and messaging from NSW Health advising that students with flu-like symptoms are to be tested and symptom-free before being permitted to return to school.

Testing by LHD and age group

Figure 7. Rates of COVID-19 testing by age group, LHD of residence and week



Includes SARS-CoV-2 PCR tests only and excludes notifications with missing postcode of residence.

Interpretation: Testing rates have increased or remained steady in most LHDs in the week ending 13 February. Testing increased significantly in children aged 5-19 years across most LHDs. This corresponds to the start of the school year. Testing increased significantly across all age groups in Illawarra Shoalhaven following a public health alert advising people in the area who attended various COVID-19 affected venues to get tested and isolate.

SECTION 3: COVID-19 TRANSMISSION IN NSW IN THE LAST FOUR WEEKS

Information from cases who were diagnosed in the last four weeks is used to understand where COVID-19 is spreading in the community. This takes into account the incubation period and the time it takes for people to seek testing and for the laboratory to perform the test. This section summarises cases based on the date the case was reported to NSW Health.

Table 2. Locally acquired COVID-19 cases in NSW, by notification week and source of infection, 23 January to 13 February 2021

Locally acquired cases	Week ending				Total
	13 Feb	6 Feb	30 Jan	23 Jan	
Cases who are linked to a known case or cluster	0	0	0	0	0
Cases with no epidemiological links to other cases or clusters	0	0	0	0	0
Total	0	0	0	0	**0**

Interpretation: There were no new locally acquired cases reported in the week ending 13 February. No locally acquired cases have been reported in the last four weeks.

Table 3. Locally acquired COVID-19 cases by LHD of residence and week reported, 23 January to 13 February 2021

Local Health District	Week ending				Total	Days since last case reported
	13 Feb	6 Feb	30 Jan	23 Jan		
Central Coast	0	0	0	0	0	46
Illawarra Shoalhaven	0	0	0	0	0	42
Nepean Blue Mountains	0	0	0	0	0	151
Northern Sydney	0	0	0	0	0	33
South Eastern Sydney	0	0	0	0	0	42
South Western Sydney	0	0	0	0	0	36
Sydney	0	0	0	0	0	33
Western Sydney	0	0	0	0	0	28
Far West	0	0	0	0	0	317
Hunter New England	0	0	0	0	0	191
Mid North Coast	0	0	0	0	0	298
Murrumbidgee	0	0	0	0	0	159
Northern NSW	0	0	0	0	0	203
Southern NSW	0	0	0	0	0	117
Western NSW	0	0	0	0	0	198
Total	**0**	**0**	**0**	**0**	**0**	**216**

Interpretation: There were no locally acquired cases reported in the week ending 13 February.

SECTION 4: CURRENT COVID-19 CLUSTERS IN NSW

Public health staff interview all new cases at the time of diagnosis to identify the likely source of their infection. Cases are also asked to report all the locations visited and people with whom they have been in contact within their infectious period (generally two days prior to symptom onset until the time of isolation and three days in high risk settings). Close contacts are quarantined to limit the spread of infection to others and encouraged to seek testing.

Clusters are defined as a group of cases that are infected with the same virus (with the identical genetic sequence) that are linked epidemiologically to each other. This means that a direct source of infection can be identified for each case in the cluster, through contact with a known case where transmission likely occurred.

A case that shares the same virus (with an identical genetic sequence) is not counted as part of the cluster if an epidemiological link to another case in the cluster has not been found. Although the case must have been infected through contact with an infectious person in the cluster, that contact or that infectious person has not been found.

Cases in community settings

There were no cases reported in the last week who were linked to recent clusters.

Clusters with no ongoing public health risk

There have been no new cases associated with the Berala clusters for more than four weeks. At least two incubation periods have passed since the last notified case and there is no ongoing public health risk. This cluster is now closed.

SECTION 5: COVID-19 IN SPECIFIC POPULATIONS

COVID-19 in healthcare workers

The following describes infections of COVID-19 in healthcare workers (HCWs). HCWs in this section includes roles such as doctor, nurse, orderly, paramedic, laboratory technician, pharmacist, administrative staff, cleaners, and other support staff. Public health units routinely undertake investigations of COVID-19 cases in healthcare workers to identify ongoing risks in healthcare settings.

There were no locally acquired cases of COVID-19 reported in HCWs in the week ending the 13 February.

In total, there have been 48 cases of COVID-19 in health care workers since 1 August 2020. Of these, 25 HCWs were potentially infected in healthcare settings. A further nine cases were social or household contacts of a known case, eight were exposed in community settings, and for six cases the source of infection is unknown. Prior to August 2020, there were 206 cases identified in HCWs who had worked in a health facility in the 14 days prior to symptom onset or date of testing (see COVID-19 in healthcare workers in NSW).

Pregnant women

There were no locally acquired cases of COVID-19 reported in pregnant women in the week ending 13 February.

In total, 39 pregnant women have been diagnosed with COVID-19 in NSW. As those who test negative are not interviewed, testing rates among pregnant women are not available.

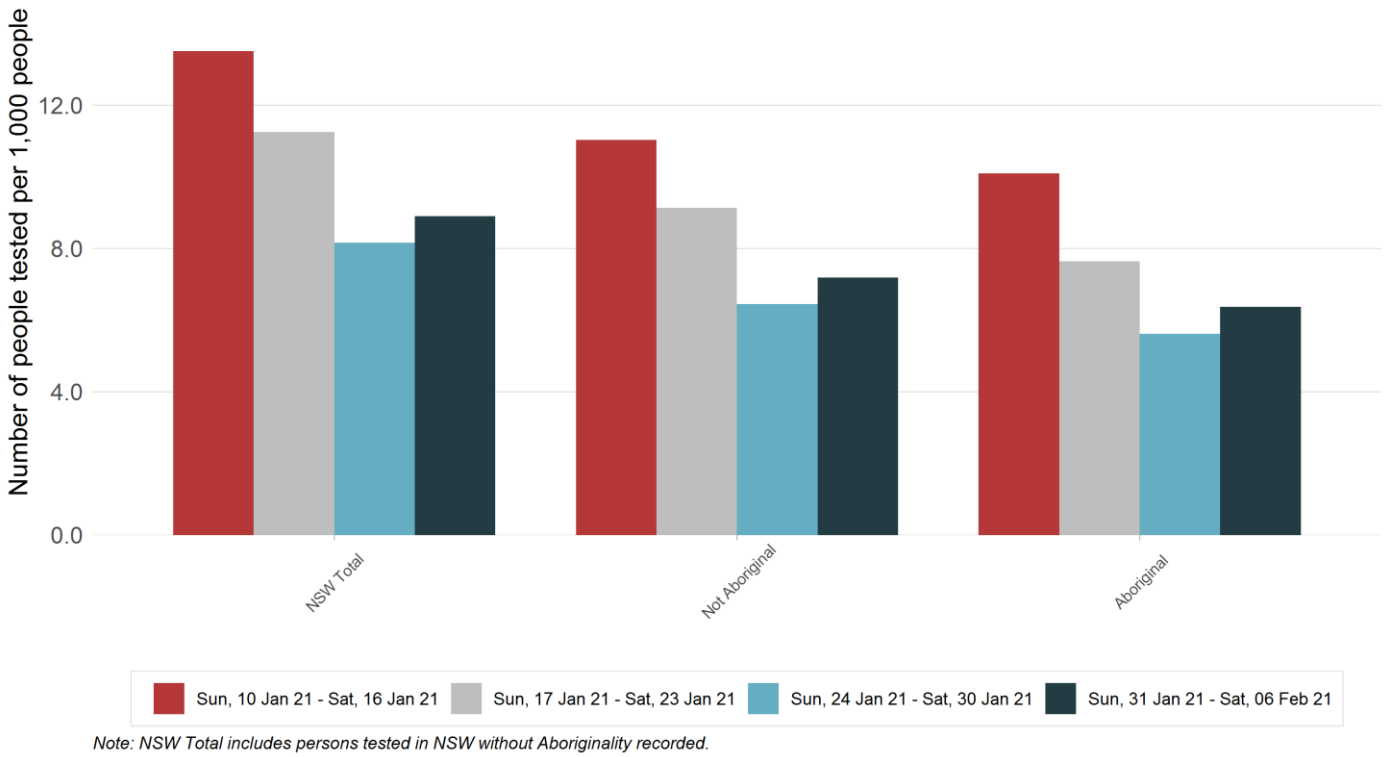
Aboriginal people

There were no locally acquired cases of COVID-19 reported in an Aboriginal person reported in the week ending 13 February.

Aboriginal and Torres Strait Islander communities are recognised as a priority group due to key drivers of increased risk of transmission and severity of COVID-19 which include mobility, remoteness, barriers to access including institutional racism and mistrust of mainstream health services, crowded and inadequate housing, and burden of disease.

In total, 46 Aboriginal people have been diagnosed with COVID-19, representing 0.9% of all cases in NSW. Aboriginal status is collected by public health staff on interview with the case at the time of diagnosis, those who test negative are not interviewed. Aboriginal status for those tested can be ascertained through linkage with other health information systems but there is a delay in getting this information. Results of the most recent linkage are available for people tested up to 06 February 2021, with Aboriginal status ascertained for approximately 90% of all COVID-19 test records.

Figure 8. Testing Rate per 1,000 by Aboriginality and week, NSW



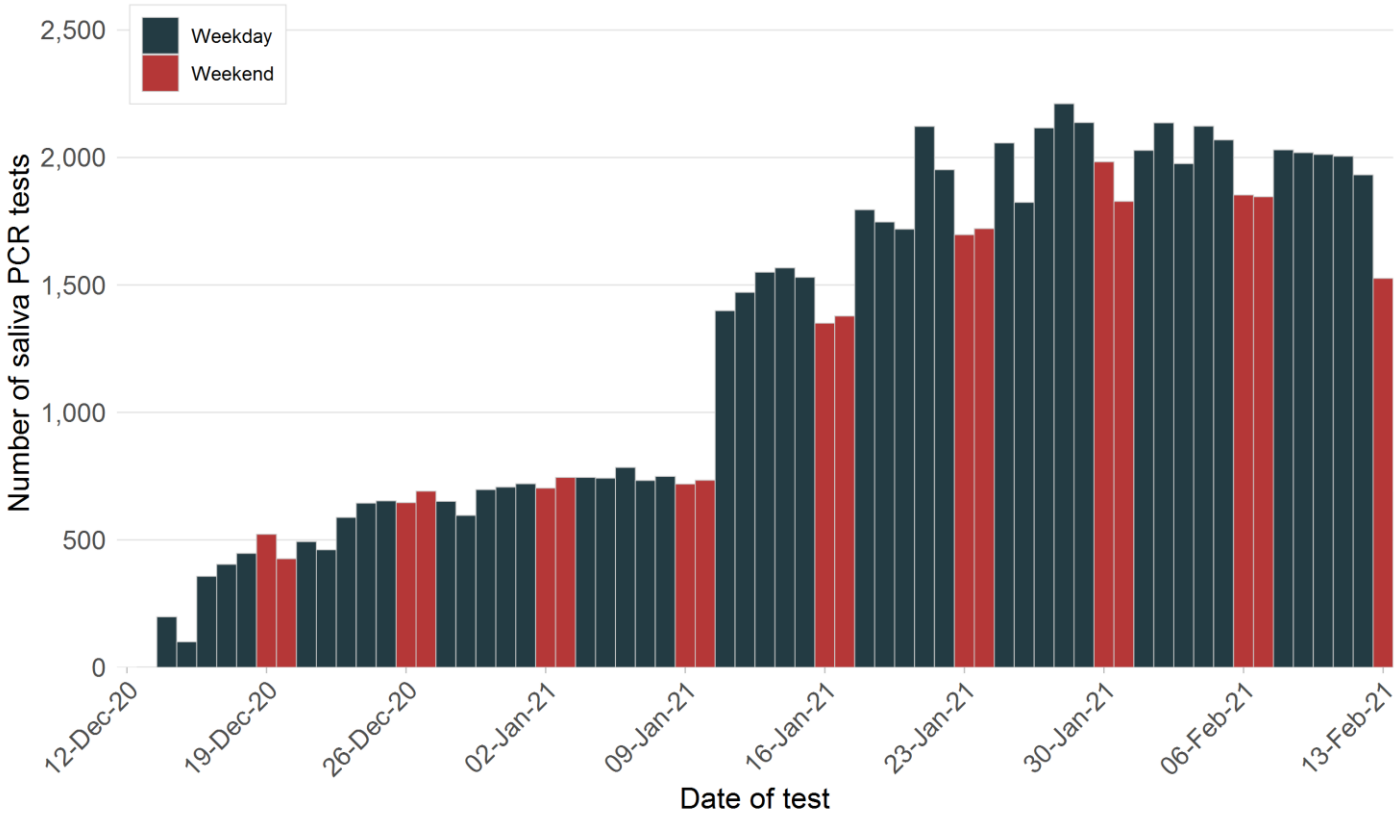
Note: NSW Total includes persons tested in NSW without Aboriginality recorded.

Interpretation: Testing rates increased in the week ending 6 February compared to the previous week for Aboriginal people but have remained slightly below the rates reported for non-Aboriginal people.

Quarantine workers – Screening Program

As the number of COVID-19 cases rise across the world and more people return to Australia from overseas, increased numbers of COVID-19 cases are seen in quarantine facilities. Routine screening of quarantine workers is implemented out of care and caution for staff members who work in NSW quarantine facilities. Screening involves daily COVID-19 saliva PCR testing, which is painless and quick (see NSW hotel quarantine worker surveillance and testing program).

Figure 9. Daily numbers of saliva PCR test results reported for workers in quarantine facilities in NSW, 2020-21



Interpretation: Since screening of quarantine workers began in December 2020, a total of 75,435 saliva PCR tests have been conducted. The number of saliva tests conducted daily is not included in the reported PCR testing numbers. The number of saliva PCR tests increased significantly on 11 January 2021, which corresponds to the expansion of the NSW quarantine hotel worker surveillance and testing program. The number of saliva PCR tests on 12 and 13 February 2021 is incomplete due to delays in reporting negative results. To date, there have been no confirmed cases of COVID-19 reported through saliva PCR testing.

SECTION 6: DEATHS

How many people have died as a result of COVID-19?

Since the start of the pandemic, 1.1% of cases (56 people) have died as a result of COVID-19, most of whom were 70 years of age or older, including 28 residents of aged care facilities with known COVID-19 outbreaks. Approximately 21% (12/56) of the deaths were in overseas-acquired cases.

There were no deaths reported in the week ending 13 February.

Table 4. Deaths as a result of COVID-19, by age group, NSW, 2020 and 2021

Age group (years)	Number of deaths	Number of cases	Case fatality rate
0–4	0	110	0%
5–11	0	115	0%
12–17	0	160	0%
18–29	0	1,116	0%
30–49	0	1,590	0%
50–59	1	676	0.1%
60–69	4	636	0.6%
70–79	15	383	3.9%
80+	36	163	22.1%
Total	**56**	**4,949**	**1.1%**

Interpretation: Cases older than 80 years of age had both the highest number of deaths and the highest case fatality rate. No cases under 50 years of age have died as a result of COVID-19 in NSW.

SECTION 7: NSW SEWAGE SURVEILLANCE PROGRAM

The NSW Sewage Surveillance Program tests untreated sewage for fragments of the COVID-19 (SARS-CoV-2) virus at sewage treatment plant locations across NSW. Testing sewage can help track infections in the community and provide early warning of an increase in infections. These tests provide data to support NSW Health's response to COVID-19.

An infected person can shed virus in their faeces even if they do not have symptoms, and shedding can continue for several weeks after they are no longer infectious. The NSW sewage surveillance for SARS-CoV-2 is in the preliminary stages of analysis and work is progressing to assess the significance of the results. For example, it is not currently known the minimum number of cases that can be detected in a catchment. A small number of cases in a large sewage catchment may not be detected by sewage surveillance due to factors such as dilution, inhibition, reduction in shedding over the infection period or movement of cases.

Network locations within the Malabar, North Head, Glenfield and Liverpool treatment plant catchments have been added as routine sites. The table below shows results for the last 10 weeks for sites that have had detections. Full result from all sites across NSW are available in Appendix D.

Table 5. Locations with positive SARS-CoV-2 detections in sewage samples, since December 2021 for the week ending 13 February 2021

		12-Dec	19-Dec	26-Dec	2-Jan	9-Jan	16-Jan	23-Jan	30-Jan	6-Feb	13-Feb
Pop.	**Location**	**50**	**51**	**52**	**53**	**1**	**2**	**3**	**4**	**5**	**6**
Sydney treatment plants											
69,245	Warriewood										
1,241	Brooklyn										
31,924	Hornsby Heights										
57,933	West Hornsby										
318,810	Bondi										
1,857,740	Malabar 1										
	Malabar 2										
181,005	Liverpool										
161,200	Glenfield										
1,341,986	North Head										
163,374	Quakers Hill										
55,000	Wollongong										
Sydney Network Sites											
North Head	Camellia SPS - North										
North Head	Camellia SPS - South										
Glenfield	Minto Sewage Network										
Liverpool	Ireland Park Sewage Network										
Regional Sites											
32,000	Ulladulla										
139,500	Gosford-Kincumber										
21,000	Batemans Bay										

Sampling commenced week ending 18 July 2020

not sampled or not analysed

SARS-CoV-2 not detected

SARS-CoV-2 detected

site moved to composite sample or ceased

c composite of the separate influent samples

n result from network sites

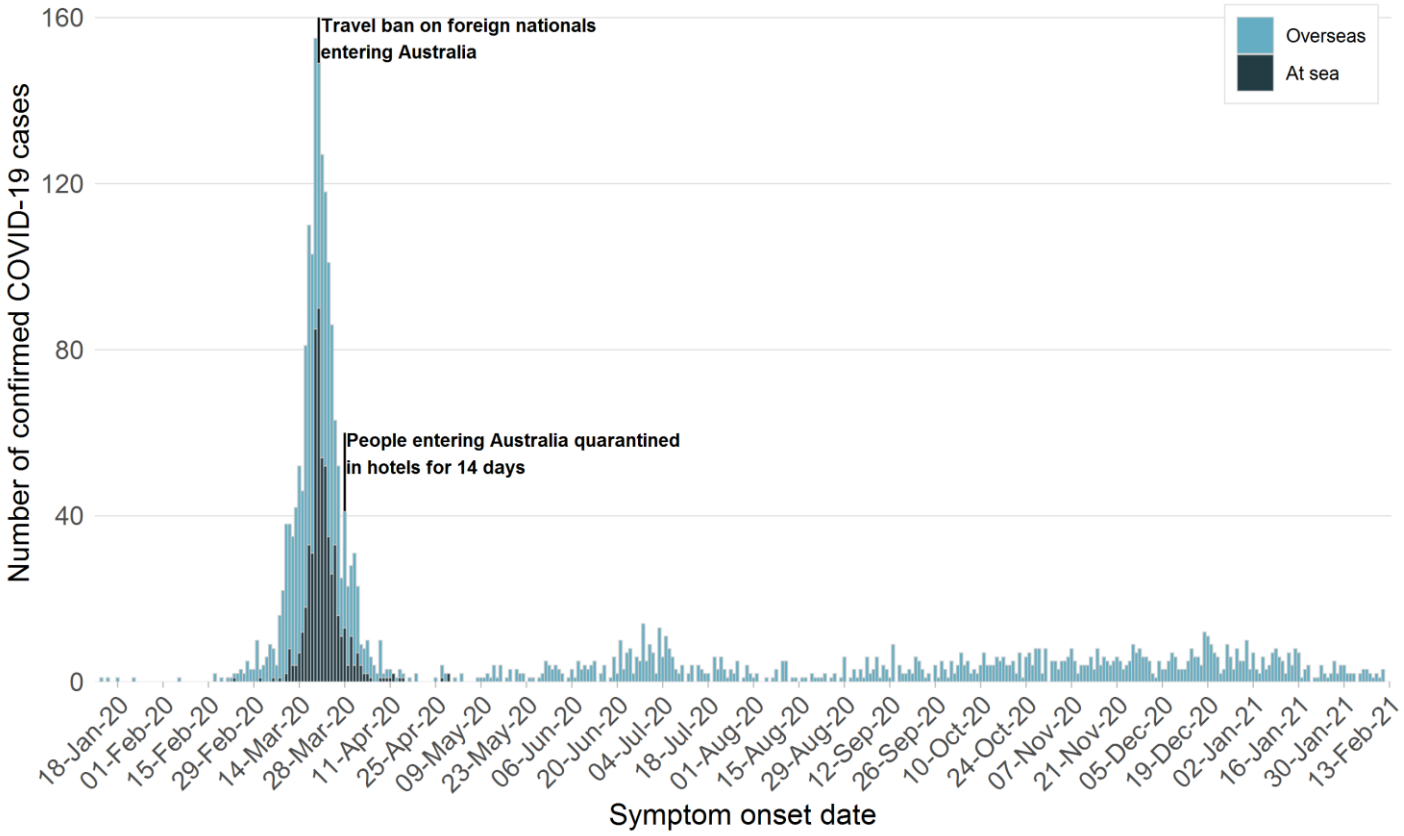
Interpretation: In the week ending 13 February, 124 sewage samples were tested for fragments of SARS-CoV-2. Of these, there was one detection – taken from the Bondi treatment plant. The Bondi treatment plant catchment includes quarantine hotels. There were no detections from regional sites.

SECTION 8: COVID-19 IN RETURNED TRAVELLERS

To limit the spread of COVID-19 into NSW, travel restrictions were introduced for all non-Australian citizens and permanent residents. In addition, since 29 March returned travellers have been quarantined in hotels for a 14-day period and travellers who develop symptoms are isolated until no longer infectious.

The graph below shows the number of cases in returned travellers by the date of symptom onset. Cases acquired at sea refers to those cruise ship passengers who acquired their infection prior to disembarking in NSW.

Figure 10. Overseas acquired COVID-19 cases by infection source & illness onset, NSW,13 February



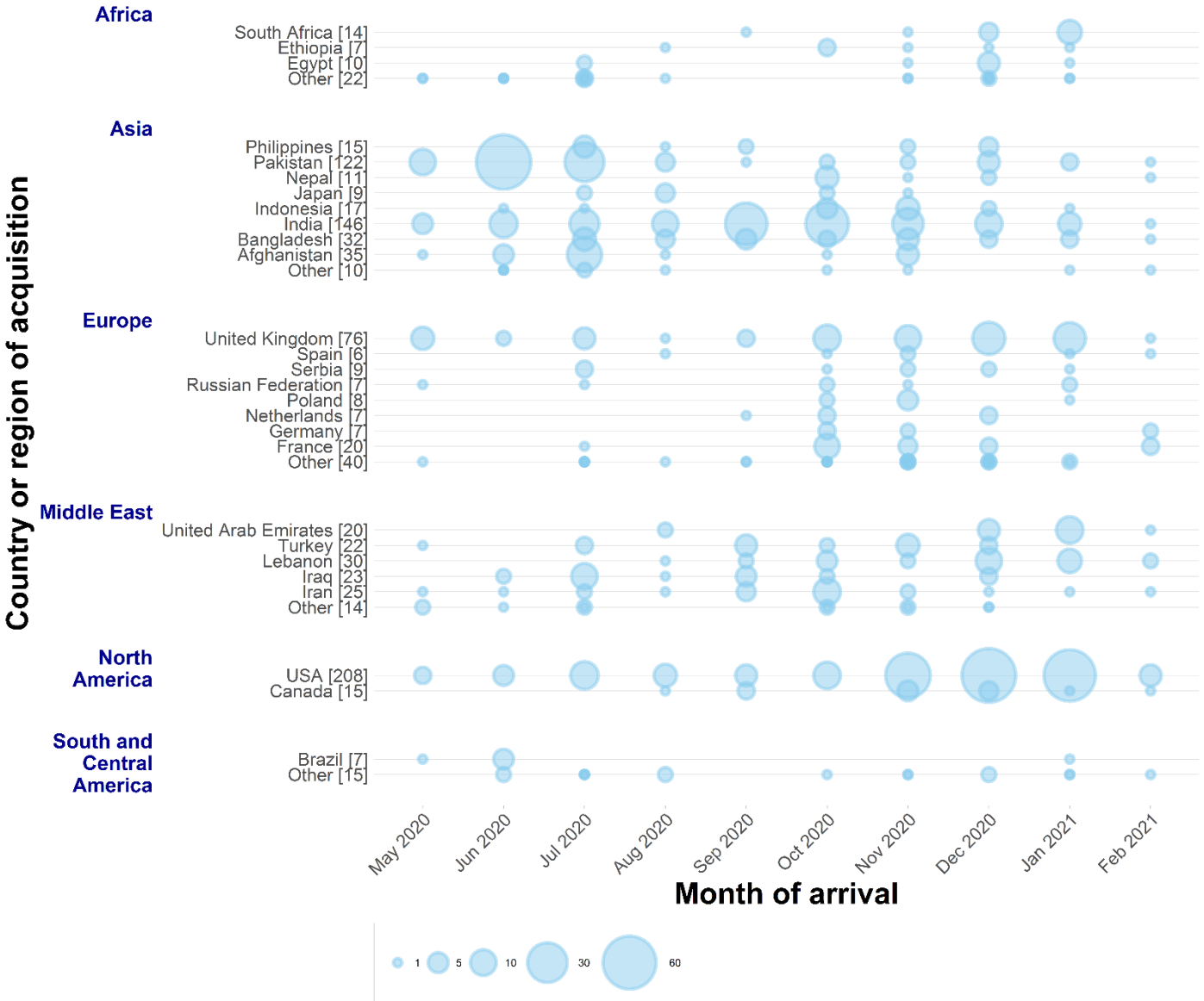
The date of the first positive test is used for cases who did not report symptoms.

Interpretation: The number of new cases in returned travellers has decreased markedly and remained low since March 2020 in line with travel restrictions. There were 18 overseas acquired cases reported in the week ending 13 February (up 20% compared to the previous week).

Country of acquisition of COVID-19 for overseas travellers

The following figure displays the countries and regions with the greatest numbers of international travellers diagnosed with COVID-19 in NSW.

Figure 11. Overseas-acquired COVID-19 cases by country of acquisition and arrival month, reported from May 2020 to 13 February 2021



Interpretation: Since May 2020, the majority of international travellers diagnosed in NSW were likely infected in Asia or North America. In recent months, there has been a steady increase in the number of positive return travellers from the United States of America and the United Kingdom. The pattern seen in COVID-positive travellers over time reflects the evolving nature of the pandemic in those areas.

In the last four weeks, 69 travellers have tested COVID-positive after arriving in NSW. The table below lists the top 10 countries of acquisition for these travellers.

Table 6. Top 10 countries of acquisition for overseas travellers that have tested positive in the last four weeks, 23 January to 13 February 2021

Country of acquisition of COVID-19	Number (%) of cases in the last four weeks
USA	23 (33%)
United Arab Emirates	7 (10%)
United Kingdom	6 (9%)
Lebanon	4 (6%)
France	3(4%)
India	3 (4%)
Germany	2 (3%)
Spain	2 (3%)
Sri Lanka	2 (2%)
Other	17 (25%)
Total	69 (100%)

Interpretation: In the last four weeks, travellers returning from the United States of America accounted for the largest number of overseas acquired cases (23, 33%), followed by travellers returning from United Arab Emirates (7, 10%), and the United Kingdom (6, 9%).

COVID-19 Variants of Concern (VoC) in returned travellers

Mutations of the COVID-19 virus are the basis for new genetic variants and the changing prevalence of variant viruses over time. New variants of COVID-19 may be of concern if they demonstrate to be more infectious than other strains. In the last few weeks NSW Health Pathology has identified two Variants of Concern (B.1.1.7 and B.1.351) in returned travellers in hotel quarantine. VoC B.1.1.7 originated in the United Kingdom and VoC B.1.351 has origins in South Africa. Both strains can now be found in other parts of the world and are defined by multiple mutations, including a shared mutation in the spike protein that binds to the human ACE2 receptor.

NSW Health has strict protocols in place for managing the health of returned travellers and staff which have been further strengthened to address the additional risk associated with the new variants. Since 30 November, 35 returned travellers have tested positive with one of the two Variants of Concern.

Table 7. Overseas travellers that have tested positive by VoC and week of COVID-19 diagnosis, 30 November 2020 to 13 February 2021

	Previous four weeks (week ending)				30 Nov – 16 Jan	Total since 30 November
	13 Feb	6 Feb	30 Jan	23 Jan		
Overseas acquired cases	18	15	18	18	275	344
Cases with VoC	5	0	2	4	26	35
B.1.1.7	5	0	1	3	18	27
B.1.351	0	0	1	1	6	8
% of overseas cases with VoC	28%	0%	11%	22%	9%	10%

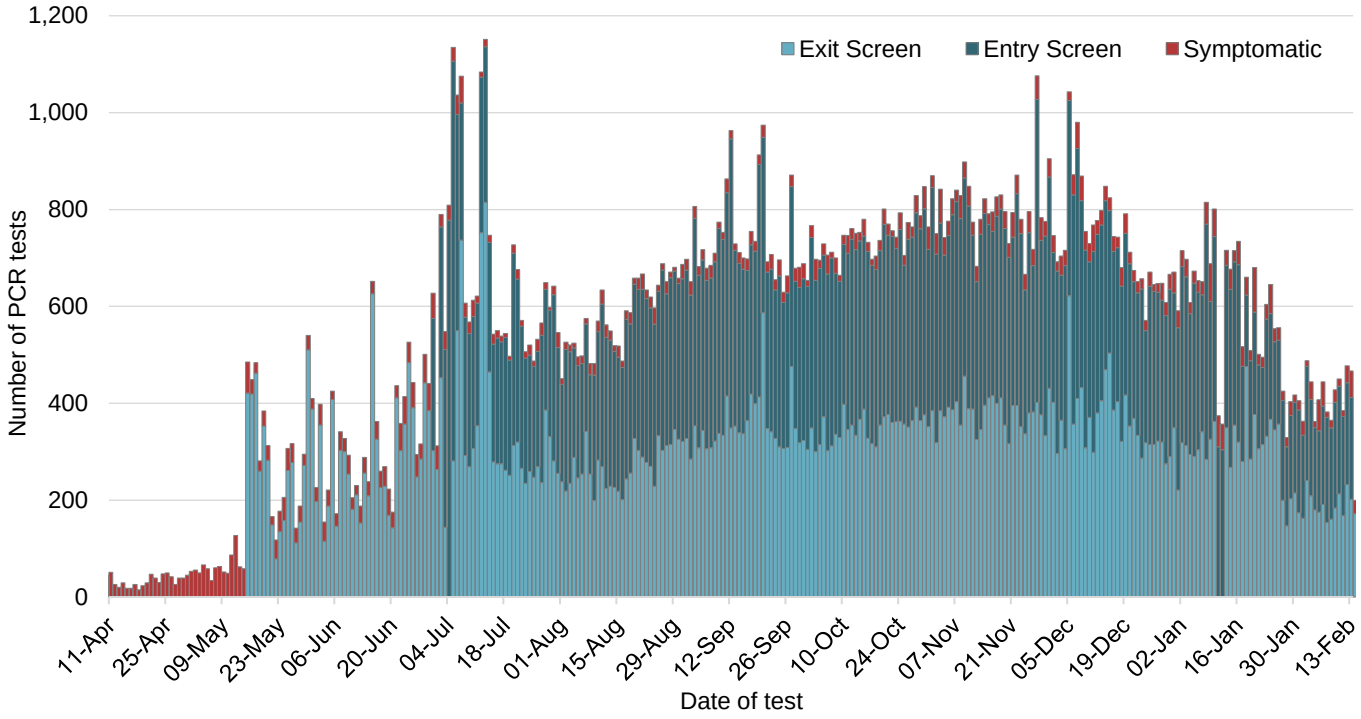
Interpretation: In the week ending 13 February, five returned travellers in hotel quarantine were identified as having a COVID-19 Variant of Concern (B.1.1.7). Since 30 November 2020, travellers with a VoC likely acquired their infection in the United Kingdom (12), South Africa (7), Lebanon (4), the United Arab Emirates (4), Germany (2), and one case in each France, India and Nigeria. For three cases the likely country of acquisition was unable to be determined.

Hotel quarantine

The program of screening all overseas travellers after arrival in NSW commenced on 15 May 2020. From 30 June 2020, the program was extended to include screening of travellers on entry to quarantine, day 2 after arrival, and exit of quarantine. On 11 January 2021, exit screening of travellers was moved from day 10 to day 12 of quarantine. Testing is also carried out on individuals that became symptomatic in additional to the two mandatory tests.

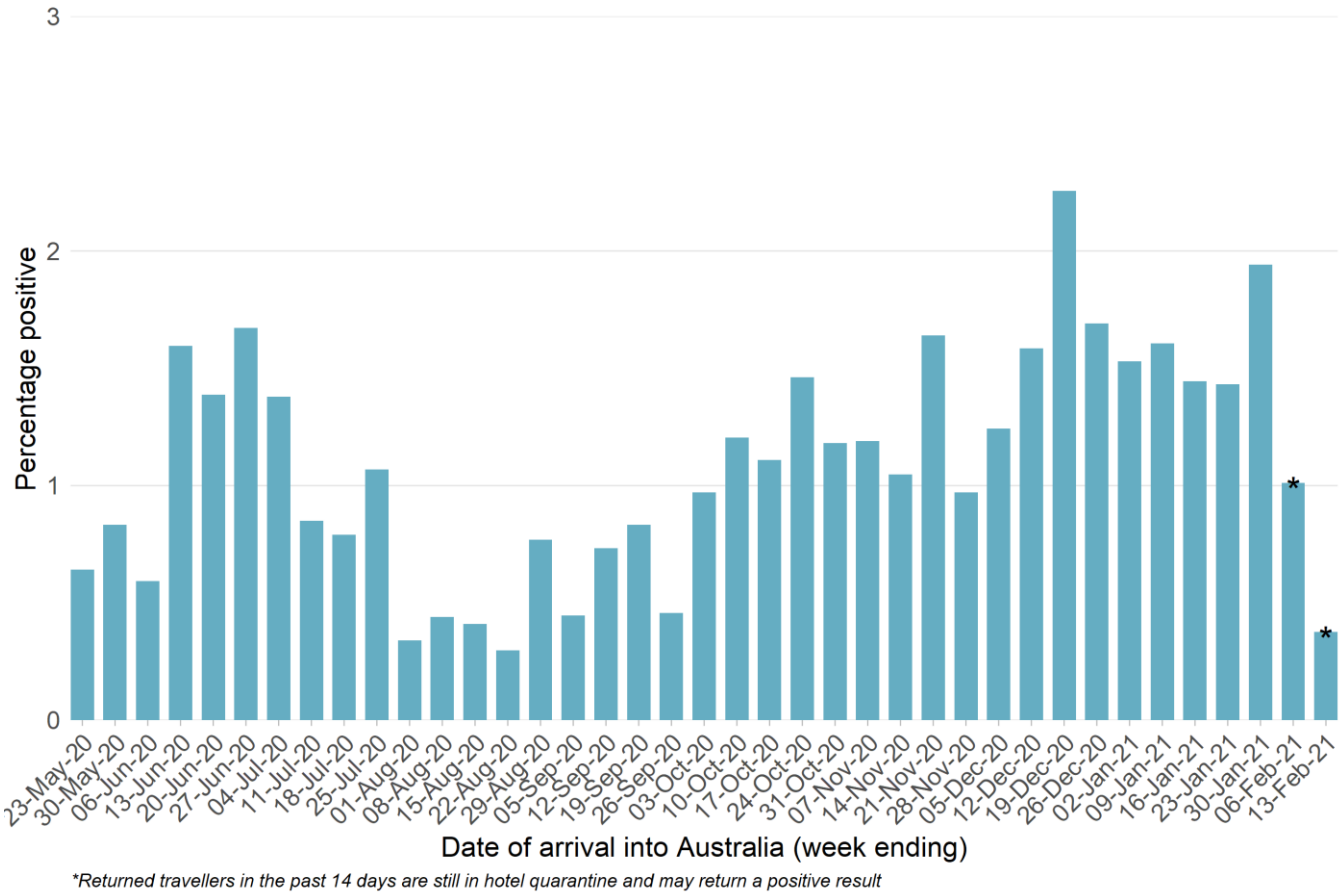
Since hotel quarantine began on 29 March 2020, a total of 171,954 PCR tests have been conducted with 862 overseas acquired cases and 4 interstate acquired COVID-19 cases detected while in hotel quarantine. In the last four weeks, 5,460 returned travellers received an entry swab on day two in hotel quarantine and 6,852 returned travellers received an exit swab.

Figure 12. COVID-19 testing in returned travellers in hotel quarantine, reported from 11 April 2020 to 13 February 2021, NSW



Interpretation: In the week ending 13 February, there were 2,954 tests of travellers conducted through the hotel quarantine screening programs.

Figure 13. COVID-19 percentage positive in returned travellers in hotel quarantine by week of arrival in Australia, reported from week ending 23 May 2020 to week ending 13 February, NSW, 2020 and 2021



**Returned travellers in the past 14 days are still in hotel quarantine and may return a positive result*

Interpretation: The increase in proportion of returned travellers testing positive during their quarantine period since September 2020 is consistent with the current high numbers of COVID-19 cases being reported worldwide. Data is likely incomplete for returned travellers who have arrived within the last two weeks as they are still in hotel quarantine.

SECTION 9: OTHER RESPIRATORY INFECTIONS IN NSW

Influenza and other respiratory virus cases and tests reported in NSW, up to 7 February 2021

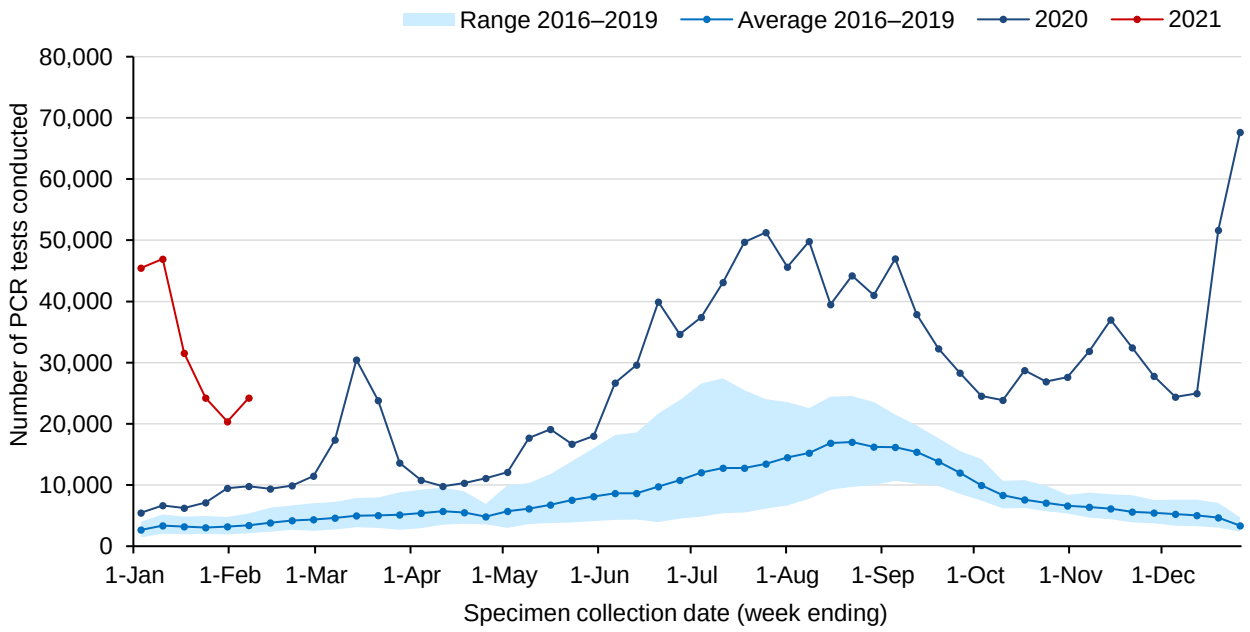
In NSW, routine surveillance for influenza and other respiratory viruses is conducted through sentinel laboratories. The number of all PCR tests (positive and negative) are provided to NSW Health by participating laboratories each week. Testing counts reflect the number of influenza PCR tests conducted; not all samples are tested for all respiratory viruses.

The most recent data available is for testing carried out to 7 February 2021. A total of 192,852 influenza tests have been performed at participating laboratories in the four weeks from 4 January to 7 February 2021. Refer to Appendix B for PCR testing results for a range of respiratory viruses.

How much influenza testing is happening?

The red line in the figure below shows the number of PCR tests for influenza carried out each week in 2021 and the black line shows the testing numbers for 2020. The blue line shows the average number of tests carried out for the same week in the previous four years (2016–2019) and the shaded area shows the range of counts reported in the same time period.

Figure 14. Testing for influenza by week, to 7 February 2021

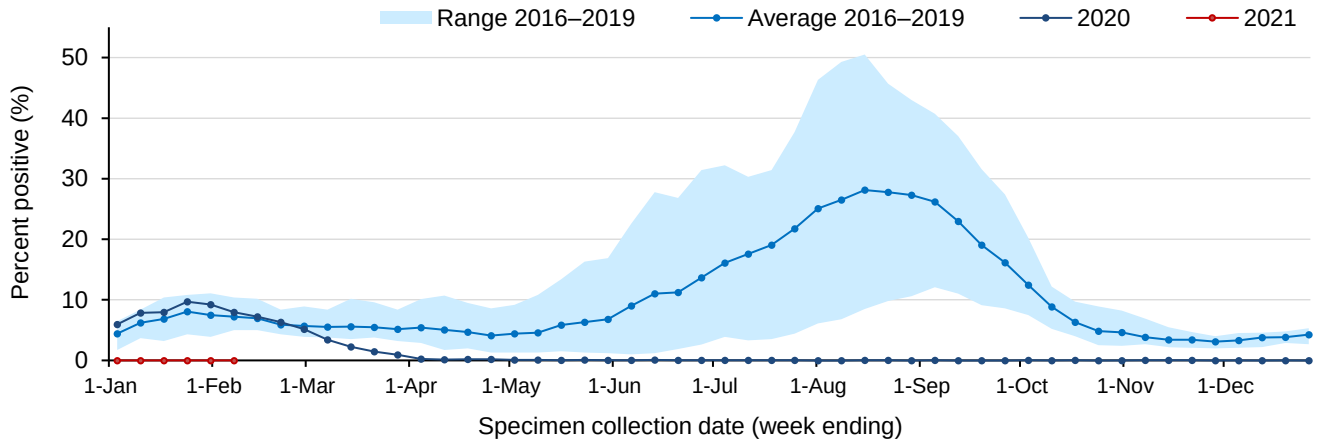


Interpretation: In the week ending 7 February, the number of influenza tests performed increased. The testing numbers continue to exceed the four-year average for this time of year.

How much influenza is circulating?

The graph below shows the proportion of tests found to be positive for influenza with the red line showing weekly counts for 2021, the black line showing counts for 2020, the blue line showing the average for 2016 to 2019 and the shaded area showing the range recorded for 2016 to 2019.

Figure 15. Proportion of tests positive for influenza, to 7 February 2021

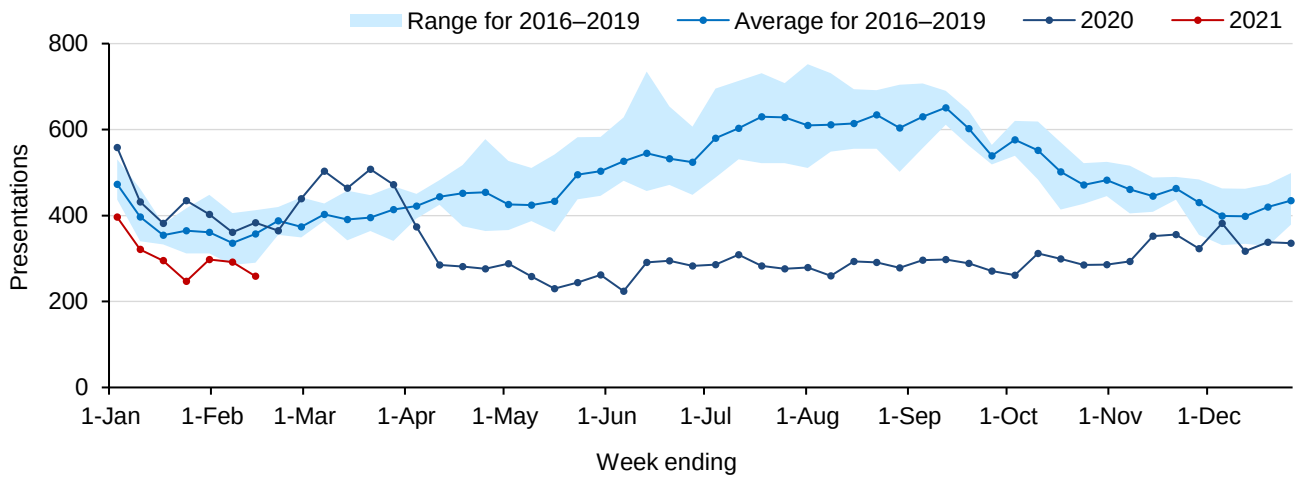


Interpretation: In the week ending 7 February, the percent of influenza tests that were positive continued to be very low (<0.01%), indicating limited influenza transmission in the community. Since early March 2020, this percentage has remained far lower than the usual range for the time of year.

How are emergency department presentations for respiratory infections tracking?

The figure below shows weekly pneumonia presentations to Emergency Departments in NSW, using PHREDSS[2]. The red line shows the weekly counts for 2021, the black line showing counts for 2020, the blue line showing the average for 2016 to 2019 and the shaded area showing the range recorded for 2016 to 2019.

Figure 16. Emergency Department pneumonia presentations in NSW by week, to 14 February 2021



Interpretation: Pneumonia presentations include people with diagnoses of viral, bacterial, atypical or unspecified pneumonia, and Legionnaires' disease, but excludes 'pneumonia with influenza' and provides an indicator of more severe respiratory conditions. In the week ending 14 February, pneumonia presentations decreased while still remaining below the seasonal range for this time of year.

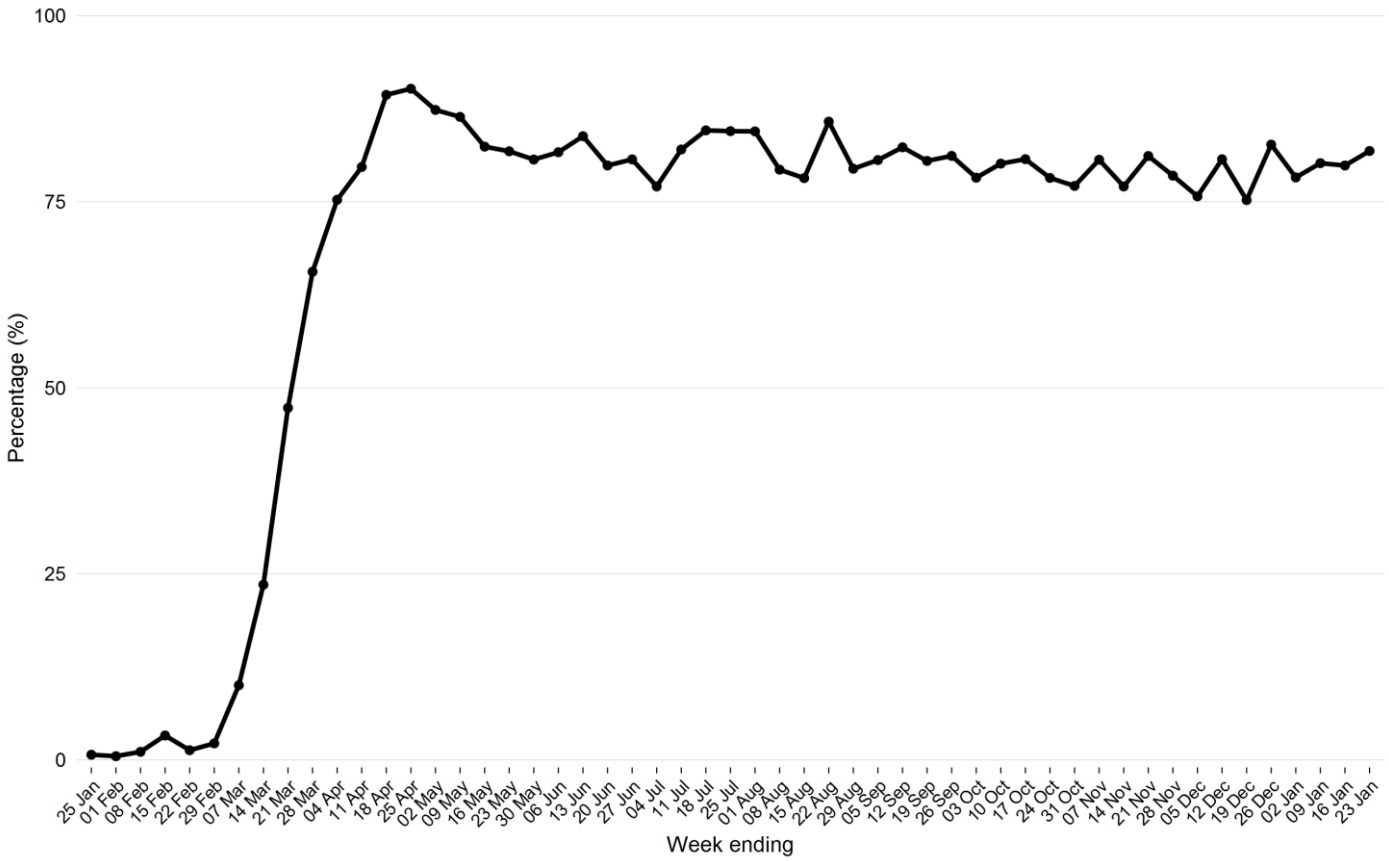
[2] NSW Health Public Health Rapid, Emergency Disease and Syndromic Surveillance (PHREDSS) system, CEE, NSW Ministry of Health. Comparisons are made with data for the preceding 5 years. Includes unplanned presentations to 67 NSW emergency departments (accounts for 87% of total public ED activity).

Are all people diagnosed with pneumonia in a NSW Emergency Department tested for COVID-19?

COVID-19 testing is recommended for everyone with respiratory symptoms. To understand the testing rates among patients presenting to an emergency department (ED) with pneumonia, COVID-19 testing data was linked to the Emergency Department Data Collection (EDDC) which contains data on all unplanned presentations to NSW EDs. Pneumonia presentations were recorded as having been tested for COVID-19 if testing occurred on the same date or one day either side of the ED presentation. As there is a delay in receipt of data to the EDDC, complete data on pneumonia presentations was limited to the week ending 23 January 2021.

The figure below shows the percentage of ED presentations for pneumonia that were tested for COVID-19. Pneumonia presentations are defined using the NSW Health Public Health Rapid, Emergency Disease and Syndromic Surveillance (PHREDSS) system definitions. This included diagnoses of viral, bacterial, atypical or unspecified pneumonia, and Legionnaires' disease, but excluded diagnoses of pneumonia with influenza.

Figure 17: Percentage of emergency department presentation for Pneumonia PHREDSS syndrome that were tested for COVID-19, week ending the 23 January 2021

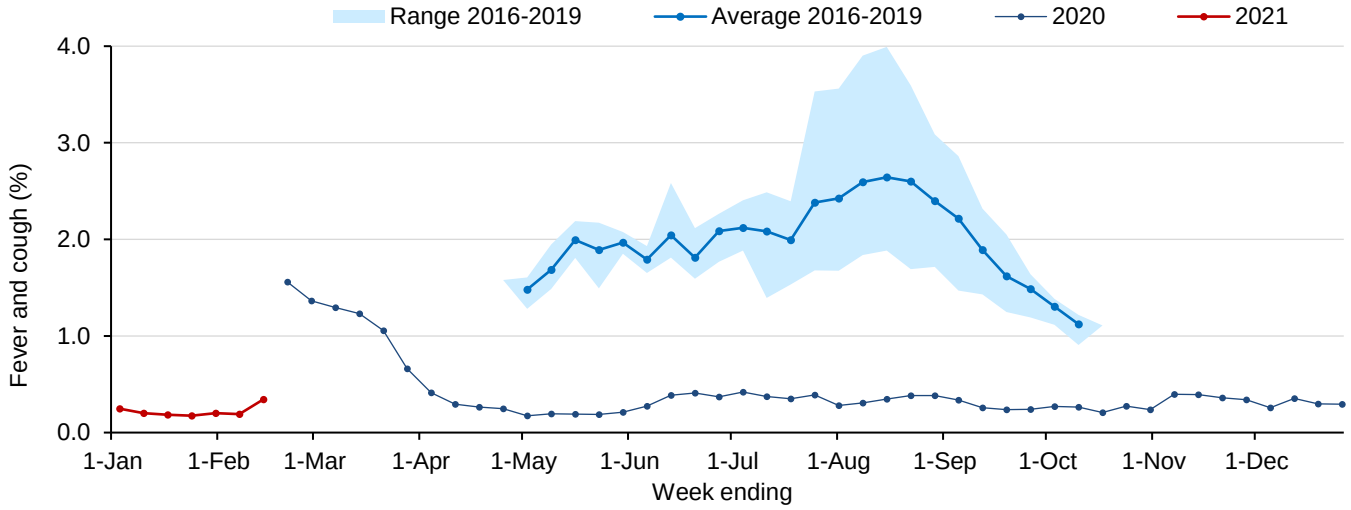


Interpretation: The percentage of ED pneumonia presentations that were tested for COVID-19 has remained steady and above 75% since May, with a peak of almost 90% of all pneumonia presentations tested during late April.

How many people have flu-like symptoms in the community?

FluTracking is an online survey that asks participants to report flu-like symptoms, such as fever or cough, in the last week. Across NSW approximately 25,000–30,000 people participate each week. The survey usually commences at the beginning of May in line with the flu season but commenced at the end of February this year given the COVID-19 outbreak.

Figure 18. Proportion of FluTracker participants in NSW reporting influenza-like illness, to 14 February 2021



Interpretation: In NSW in the week ending 14 February of the 15,990 people surveyed, 55 people (0.34%) reported flu-like symptoms. In the last four weeks, 72% (112/154) of new cases of flu-like illness also reported having a COVID-19 test.

APPENDIX A: COVID-19 PCR TESTS IN NSW BY LOCAL GOVERNMENT AREA

Local Health District	Local Government Area	Week ending				Total since January 2020	
		13-February		6-February			
		No.	Tests per 1,000 population	No.	Tests per 1,000 population	No.	Tests per 1,000 population
Central Coast	Central Coast / *LHD Total*[2]	3388	9.6	2459	6.97	178219	505.07
Far West	Balranald	14	5.99	3	1.28	614	262.62
	Broken Hill	60	3.43	87	4.98	8052	460.67
	Central Darling	4	2.18	5	2.72	505	274.61
	Wentworth	30	4.25	37	5.25	3011	426.91
	LHD Total[2]	108	3.58	132	4.38	12182	404.13
Hunter New England	Armidale Regional	226	7.34	165	5.36	12093	392.9
	Cessnock	290	4.83	223	3.72	18936	315.68
	Dungog	53	5.62	34	3.61	2960	314.13
	Glen Innes Severn	19	2.14	19	2.14	2206	248.68
	Gunnedah	46	3.63	45	3.55	3920	309.12
	Gwydir	10	1.87	7	1.31	835	155.99
	Inverell	67	3.97	83	4.91	5019	297.16
	Lake Macquarie	2097	10.18	1418	6.89	108124	525.13
	Liverpool Plains	37	4.68	34	4.3	2547	322.28
	Maitland	1057	12.41	700	8.22	48489	569.35
	Mid-Coast	481	5.13	357	3.8	29989	319.59
	Moree Plains	24	1.81	53	4	3587	270.49
	Muswellbrook	84	5.13	63	3.85	5510	336.45
	Narrabri	24	1.83	21	1.6	3148	239.67
	Newcastle	2087	12.6	1332	8.04	106201	641.42
	Port Stephens	535	7.28	397	5.4	34784	473.37
	Singleton	199	8.48	129	5.5	11437	487.49
	Tamworth Regional	453	7.24	376	6.01	27080	433
	Tenterfield	25	3.79	15	2.27	1300	197.15
	Upper Hunter Shire	120	8.46	63	4.44	4993	352.12
	Uralla	16	2.66	18	2.99	1485	247.01
	Walcha	15	4.79	2	0.64	1068	340.78
	LHD Total[2]	7960	8.36	5550	5.83	435384	457.15
Illawarra Shoalhaven	Kiama	244	10.43	159	6.8	12588	538.27
	Shellharbour	843	11.51	459	6.27	38491	525.6
	Shoalhaven	834	7.89	546	5.17	42714	404.3
	Wollongong	5422	24.86	1565	7.18	120914	554.36
	LHD Total[2]	7343	17.5	2729	6.5	214707	511.68
Mid North Coast	Bellingen	140	10.77	60	4.62	4654	358.11
	Coffs Harbour	442	5.72	357	4.62	25158	325.56
	Kempsey	223	7.5	178	5.98	10985	369.31
	Nambucca	89	4.49	88	4.44	6067	306.34
	Port Macquarie-Hastings	518	6.13	432	5.11	32255	381.6
	LHD Total[2]	1412	6.26	1115	4.94	79119	350.6

Local Health District	Local Government Area	Week ending				Total since January 2020	
		13-February		6-February			
		No.	Tests per 1,000 population	No.	Tests per 1,000 population	No.	Tests per 1,000 population
Murrumbidgee	Albury	383	7.05	268	4.93	21364	393.06
	Berrigan	29	3.31	13	1.49	2209	252.46
	Bland	29	4.86	27	4.52	1763	295.21
	Carrathool	5	1.79	2	0.71	400	142.91
	Coolamon	26	5.99	28	6.45	1541	354.99
	Cootamundra-Gundagai Regional	59	5.25	23	2.05	3574	318.11
	Edward River	48	5.28	47	5.17	3002	330.47
	Federation	74	5.95	55	4.42	3495	281.02
	Greater Hume Shire	74	6.87	42	3.9	3720	345.6
	Griffith	149	5.51	149	5.51	10878	402.46
	Hay	6	2.03	6	2.03	625	211.94
	Hilltops	79	4.22	69	3.69	6246	333.94
	Junee	37	5.54	32	4.79	1566	234.33
	Lachlan[1]	13	2.14	16	2.63	1132	186.34
	Leeton	35	3.06	41	3.58	3213	280.73
	Lockhart	3	0.91	7	2.13	915	278.54
	Murray River	9	0.74	10	0.83	992	81.86
	Murrumbidgee	10	2.55	19	4.85	952	243.04
	Narrandera	13	2.2	8	1.36	1308	221.73
	Snowy Valleys	47	3.25	47	3.25	4985	344.29
	Temora	42	6.66	18	2.85	1520	241
	Wagga Wagga	662	10.14	493	7.55	31033	475.54
	LHD Total[2]	1822	6.11	1410	4.73	105681	354.5
Nepean Blue Mountains	Blue Mountains	1061	13.41	694	8.77	53911	681.4
	Hawkesbury	719	10.68	463	6.88	37375	555.38
	Lithgow	97	4.49	73	3.38	7736	358.07
	Penrith	2456	11.53	1584	7.44	131119	615.65
	LHD Total[2]	4305	11.01	2795	7.15	228318	583.95
Northern NSW	Ballina	451	10.11	266	5.96	17250	386.53
	Byron	418	11.92	267	7.61	16817	479.38
	Clarence Valley	261	5.05	218	4.22	13953	270.08
	Kyogle	47	5.34	35	3.98	2206	250.8
	Lismore	398	9.11	265	6.07	17743	406.09
	Richmond Valley	167	7.12	141	6.01	8150	347.33
	Tenterfield	25	3.79	15	2.27	1300	197.15
	Tweed	750	7.73	527	5.43	30242	311.77
	LHD Total[2]	2496	8.04	1723	5.55	106662	343.67
Northern Sydney	Hornsby	2110	13.88	1378	9.06	84248	554.05
	Hunters Hill	552	36.85	330	22.03	19062	1272.5
	Ku-ring-gai	3219	25.32	1918	15.08	110402	868.26
	Lane Cove	1435	35.74	854	21.27	54263	1351.34
	Mosman	688	22.21	439	14.17	23015	742.87
	North Sydney	994	13.25	674	8.98	41963	559.35

Local Health District	Local Government Area	Week ending				Total since January 2020	
		13-February		6-February			
		No.	Tests per 1,000 population	No.	Tests per 1,000 population	No.	Tests per 1,000 population
	Northern Beaches	5912	21.62	4019	14.69	299137	1093.74
	Parramatta[1]	2830	11	1906	7.41	123500	480.18
	Ryde	2041	15.55	1237	9.42	76811	585.13
	Willoughby	1214	14.95	804	9.9	42603	524.74
	LHD Total[2]	18766	19.63	12059	12.62	776048	811.84
South Eastern Sydney	Bayside	2062	11.56	1429	8.01	82243	461.01
	Georges River	1591	9.98	1121	7.03	69476	435.67
	Randwick	2970	19.08	2323	14.92	113456	728.92
	Sutherland Shire	3357	14.56	2213	9.6	147491	639.57
	Sydney[1]	4180	16.97	3333	13.53	183095	743.25
	Waverley	1810	24.36	1223	16.46	64983	874.66
	Woollahra	1527	25.71	1066	17.95	54666	920.5
	LHD Total[2]	14753	15.38	10511	10.96	598839	624.38
South Western Sydney	Camden	1456	14.35	991	9.77	78525	774.13
	Campbelltown	1986	11.62	1276	7.46	105516	617.26
	Canterbury-Bankstown[1]	3587	9.49	2532	6.7	182915	484.01
	Fairfield	1200	5.67	866	4.09	82867	391.45
	Liverpool	2225	9.78	1481	6.51	129866	570.63
	Wingecarribee	617	12.07	334	6.53	33108	647.48
	Wollondilly	375	7.06	235	4.42	22589	425.01
	LHD Total[2]	9496	9.14	6324	6.09	542596	522.46
Southern NSW	Bega Valley	191	5.54	93	2.7	11913	345.54
	Eurobodalla	308	8.01	198	5.15	18248	474.31
	Goulburn Mulwaree	244	7.84	187	6.01	12521	402.19
	Queanbeyan-Palerang Regional	301	4.93	228	3.73	17276	282.75
	Snowy Monaro Regional	84	4.04	85	4.09	7581	364.56
	Upper Lachlan Shire	56	6.95	56	6.95	2736	339.5
	Yass Valley	49	2.87	47	2.75	4181	244.69
	LHD Total[2]	1233	5.68	894	4.12	74486	343.14
Sydney	Burwood	338	8.32	203	5	16941	417.14
	Canada Bay	1525	15.87	1050	10.93	64775	674.22
	Canterbury-Bankstown[1]	3587	9.49	2532	6.7	182915	484.01
	Inner West	3310	16.48	2566	12.78	151307	753.48
	Strathfield	684	14.58	462	9.85	29604	630.87
	Sydney[1]	4180	16.97	3333	13.53	183095	743.25
	LHD Total[2]	10503	15.07	7833	11.24	468399	672.24
Western NSW	Bathurst Regional	420	9.63	273	6.26	21213	486.34
	Blayney	57	7.72	42	5.69	3466	469.71
	Bogan	7	2.71	7	2.71	951	368.6
	Bourke	9	3.47	5	1.93	572	220.85
	Brewarrina	1	0.62	3	1.86	343	212.91
	Cabonne	66	4.84	33	2.42	3432	251.72
	Cobar	18	3.86	16	3.43	1176	252.47

Local Health District	Local Government Area	Week ending				Total since January 2020	
		13-February		6-February			
		No.	Tests per 1,000 population	No.	Tests per 1,000 population	No.	Tests per 1,000 population
	Coonamble	12	3.03	7	1.77	1021	257.96
	Cowra	63	4.94	55	4.32	3788	297.26
	Dubbo Regional	380	7.07	273	5.08	20453	380.74
	Forbes	27	2.73	20	2.02	2398	242.08
	Gilgandra	7	1.65	16	3.77	1045	246.52
	Lachlan[1]	13	2.14	16	2.63	1132	186.34
	Mid-Western Regional	167	6.61	129	5.11	9327	369.37
	Narromine	42	6.44	33	5.06	1943	298.14
	Oberon	24	4.44	8	1.48	1837	339.49
	Orange	424	9.99	273	6.43	23695	558.17
	Parkes	60	4.04	40	2.7	4500	303.3
	Walgett	8	1.34	21	3.53	1705	286.41
	Warren	20	7.42	21	7.79	1432	530.96
	Warrumbungle Shire	57	6.14	41	4.42	2937	316.56
	Weddin	13	3.6	15	4.15	878	243.01
	LHD Total[2]	1892	6.64	1341	4.71	108911	382.13
Western Sydney	Blacktown	4645	12.4	2871	7.67	210901	563.23
	Cumberland	2431	10.07	1832	7.59	136659	565.83
	Parramatta[1]	2830	11	1906	7.41	123500	480.18
	The Hills Shire	3227	18.13	2089	11.74	135084	759.03
	LHD Total[2]	12625	11.98	8351	7.93	587130	557.35
NSW Total[3]		***104,197***	***12.88***	***70,964***	***8.77***	***4,813,413***	***595***

[1]Local Government Area (LGA) spans multiple Local Health Districts.

[2]Local Health District total counts and rates includes tests for LHD residents only. Murrumbidgee includes Albury LGA residents.

[3]NSW Total counts and rates include tests where residential information is incomplete.
See https://www.health.nsw.gov.au/Infectious/covid-19/Pages/counting-tests.aspx for detail on how tests are counted.

APPENDIX B: NUMBER OF POSITIVE PCR TEST RESULTS FOR INFLUENZA AND OTHER RESPIRATORY VIRUSES AT SENTINEL NSW LABORATORIES, January 2020 to 7 February 2021

The reported testing numbers reflect the number of influenza PCR tests conducted. Not all samples are tested for all of the other respiratory viruses. Therefore, data presented may tend to under-represent current respiratory virus activity in NSW.

Testing numbers in NSW from 28 December 2020 – 7 February 2021

Specimen collection date	PCR tests conducted	Influenza A		Influenza B		Adeno-virus	Para-influenza	RSV	Rhino-virus	HMPV**	Entero-virus
		No.	%Pos.	No.	%Pos.						
Total	192,852	3	0.00%	0	0.00%	518	100	3,889	4,833	27	747
Month ending											
31 January*	168,596	2	0.00%	0	0.00%	416	88	3,275	3,541	23	560
Week ending											
7 February	24,256	1	0.00%	0	0.00%	102	12	614	1,292	4	187

Testing numbers in NSW from January – 27 December 2020

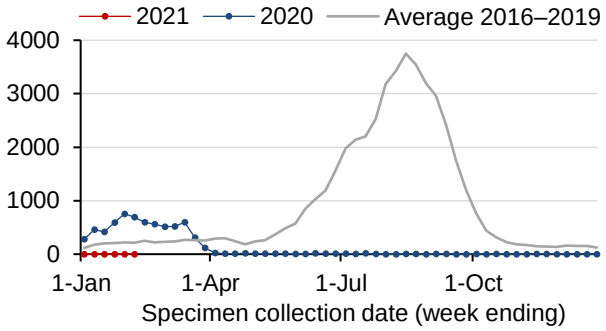
Specimen collection date	PCR tests conducted	Influenza A		Influenza B		Adeno-virus	Para-influenza	RSV	Rhino-virus	HMPV**	Entero-virus
		No.	%Pos.	No.	%Pos.						
Total	1,393,182	6,631	0.48%	955	0.07%	9,139	9,193	22,004	138,737	2,435	6,434
Month ending											
3 February *	34,953	2,508	7.18%	401	1.15%	846	1,900	752	5,036	599	335
1 March	40,575	2,363	5.82%	315	0.78%	798	2,435	1,118	8,245	437	1,007
29 March	85,238	1,549	1.82%	200	0.23%	898	4,117	1,977	18,088	664	1,502
3 May *	54,128	70	0.13%	13	0.02%	175	273	410	2,250	48	210
31 May	71,525	35	0.05%	6	0.01%	237	62	115	3,511	27	112
28 June	130,922	42	0.03%	11	0.01%	629	83	178	28,321	112	246
2 August *	227,152	34	0.01%	2	0.00%	1,251	89	209	31,589	79	427
30 August	174,594	9	0.01%	2	0.00%	1,137	37	299	13,926	14	235
27 September	145,489	6	0.00%	1	0.00%	938	35	866	8,416	61	259
1 November *	131,686	7	0.01%	1	0.00%	894	56	3,508	5,632	51	662
29 November	129,164	6	0.00%	3	0.00%	752	42	6,255	8,252	192	884
27 December	167,756	2	0	0	0	584	64	6,317	5,471	151	555

Notes: Preliminary laboratory data is provided by participating sentinel laboratories on a weekly basis and are subject to change.
Serological diagnoses are not included.
HMPV – Human metapneumovirus
RSV - Respiratory syncytial virus
*Five-week period

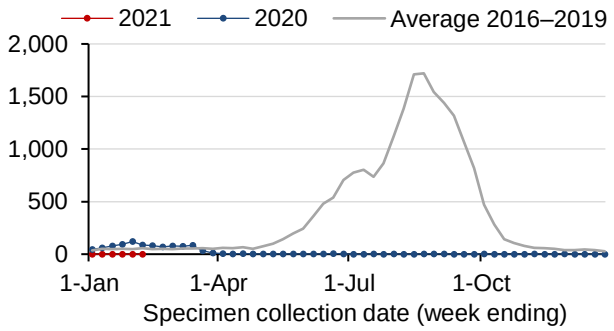
APPENDIX C: NUMBER OF POSITIVE PCR TEST RESULTS FOR INFLUENZA AND OTHER RESPIRATORY VIRUSES AT SENTINEL NSW LABORATORIES, January 2020 to 7 February 2021

Not all samples are tested for all of the other respiratory viruses. Therefore, data presented may tend to under-represent current respiratory virus activity in NSW.

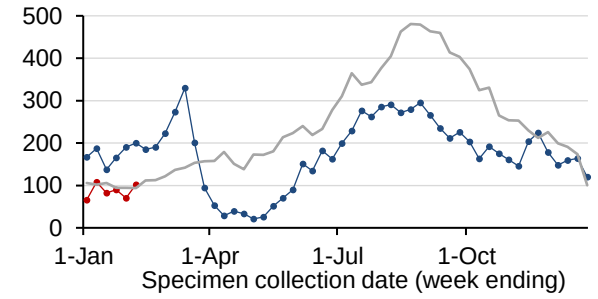
Influenza A



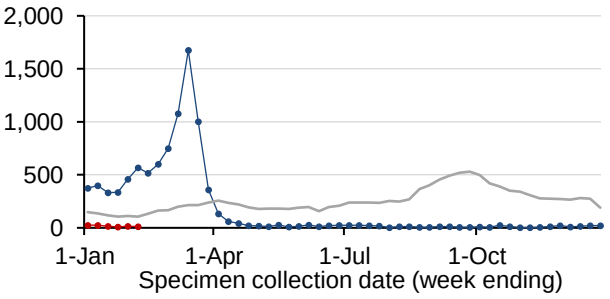
Influenza B



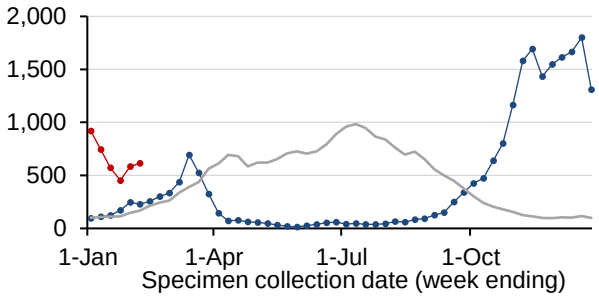
Adenovirus



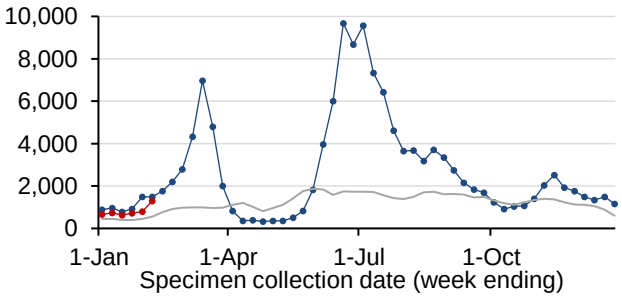
Parainfluenza



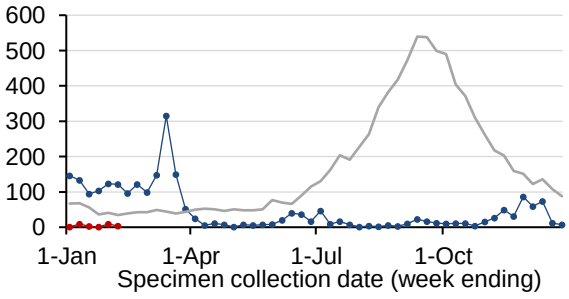
Respiratory syncytial virus (RSV)



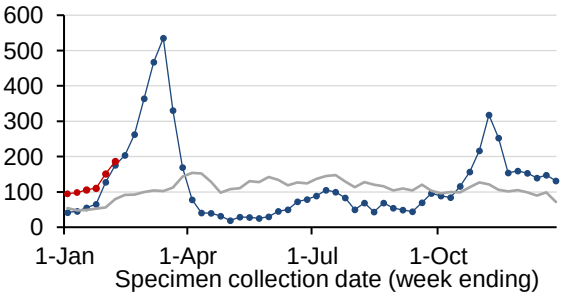
Rhinovirus



Human metapneumovirus (HMPV)



Enterovirus



Note: Preliminary laboratory data is provided by participating sentinel laboratories on a weekly basis and are subject to change. Serological diagnoses are not included.

APPENDIX D: SARS-COV-2 TESTING IN SEWAGE SAMPLES COLLECTED IN THE PREVIOUS 10 WEEKS, WEEK ENDING 13 February 2021

The NSW Sewage Surveillance Program tests untreated sewage for fragments of the COVID-19 (SARS-CoV-2) virus at sewage treatment plant locations across NSW. The table below shows results for the last 10 weeks of samples collected across all sites in NSW.

Sydney Sites		12-Dec	19-Dec	26-Dec	2-Jan	9-Jan	16-Jan	23-Jan	30-Jan	6-Feb	13-Feb
Pop.	Location	50	51	52	53	1	2	3	4	5	6
60,514	Blue Mountains (Winmalee)										
4,681	North Richmond										
13,052	Richmond										
110,114	Penrith										
12,000	Lithgow										
19,000	South Windsor										
8,000	McGraths Hill										
69,245	Warriewood										
1,241	Brooklyn										
31,924	Hornsby Heights										
57,933	West Hornsby										
318,810	Bondi										
233,176	Cronulla										
1,857,740	Malabar 1										
	Malabar 2										
181,005	Liverpool									n	
98,743	West Camden										
6,882	Wallacia										
14,600	Picton										
161,200	Glenfield										
1,341,986	North Head										
26,997	Castle Hill Cattai										
	Castle Hill Glenhaven										
163,374	Quakers Hill										
119,309	Rouse Hill										
37,061	Riverstone										
163,147	St Marys										
73,686	Shellharbour										
55,000	Wollongong										
68,000	Port Kembla										
93,000	Bellambi										

Sydney Network Sites		12-Dec	19-Dec	26-Dec	2-Jan	9-Jan	16-Jan	23-Jan	30-Jan	6-Feb	13-Feb
Network	Location	50	51	52	53	1	2	3	4	5	6
Malabar	Earlwood Sewage Network										
Malabar	Marrickville Sewage Network 1										
Malabar	Marrickville Sewage Network 2										
Malabar	Bardwell Creek Sewage Network										
Malabar	Arncliffe Sewage Network 2										
Malabar	Blakehurst Sewage Network										
Malabar	Padstow Sewage Network 1										
Malabar	Padstow Sewage Network 2										
Malabar	Fairfield Sewage Pumping Station 1										
Malabar	Fairfield Sewage Pumping Station 2										
Malabar	Homebush Sewage Pumping Station										
Malabar	Croydon Sewage Network										
Malabar	Dulwich Hill Sewage Network										
Malabar	Canterbury Sewage Network										
North Head	Auburn Sewage Network										
North Head	Camellia Sewage Pumping Station - North										
North Head	Camellia Sewage Pumping Station - South										
Glenfield	Minto Sewage Network										
Liverpool	Ireland Park Sewage Network										

Regional Sites		12-Dec	19-Dec	26-Dec	2-Jan	9-Jan	16-Jan	23-Jan	30-Jan	6-Feb	13-Feb
Pop.	Location	50	51	52	53	1	2	3	4	5	6
14,700	Bowral										
14,000	Mittagong										
9,000	Moss Vale										
1,000	Berrima										
2,000	Bundanoon										
900	Robertson										
16,068	Bombo										
7,200	Gerringong/Gerroa										
32,000	Ulladulla										
18,000	Bomaderry										
37,500	Nowra										
16,000	St Georges Basin										
11,000	Cullburra Beach										
139,500	Gosford-Kincumber										
59,060	Charmhaven										
29,300	Wyong-Toukley										
38,900	Bateau Bay										

Regional Sites (cont.)		12-Dec	19-Dec	26-Dec	2-Jan	9-Jan	16-Jan	23-Jan	30-Jan	6-Feb	13-Feb
Pop.	Location	50	51	52	53	1	2	3	4	5	6
41,300	Woy Woy										
5,000	Perisher										
8,400	Thredbo										
3,000	Jindabyne										
8,000	Cooma										
500	Gunning										
500	Charlottes Pass										
51,750	Albury composite			C			C	C	C	C	C
	Albury Kremer St										
	Albury Waterview										
22,419	Goulburn										
21,000	Batemans Bay										
18,000	Moruya										
17,000	Narooma										
8,000	Eden										
15,500	Merimbula										
5,000	Bermagui										
7,800	Deniliquin										
48,000	Queanbeyan										
50,000	Wagga Wagga composite		C	C		C			C	C	C
	Wagga Wagga- inlet 1										
	Wagga Wagga- inlet 2										
	Wagga Wagga -Kooringal STP										
2,050	Bourke										
40,000	Orange										
36,603	Bathurst										
19,000	Broken Hill										
500	Dareton										
11,600	Parkes										
37,000	Dubbo										
24,000	Armidale										
45,000	Tamworth										
	Narrabri										
	Tenterfield										
	Urbenville										
10,000	Moree										
26,394	Taree										
12,000	Forster										
7,582	Hallidays Point										
5,180	Harrington										
10,715	Hawks Nest										
225,834	Hunter - Burwood Beach										

Regional Sites (con't)		12-Dec	19-Dec	26-Dec	2-Jan	9-Jan	16-Jan	23-Jan	30-Jan	6-Feb	13-Feb
Pop.	Location	50	51	52	53	1	2	3	4	5	6
60,000	Hunter - Shortland										
115,000	Hunter - Belmont										
60,000	Hunter - Morpeth										
58,300	Hunter - Boulder Bay										
35,000	Hunter - Raymond Terrace										
32,000	Hunter - Dora Creek										
42,000	Hunter - Toronto										
70,000	Hunter - Edgeworth										
2,500	Hunter - Karuah										
32500	Lismore composite										c
17,000	East Lismore										
15,500	South Lismore										
18,958	Byron Bay - Ocean Shores										
	Byron Bay										
31,104	Ballina										
16,000	Tweed - Murwillumbah										
75,000	Tweed - Banora Point										
25,000	Tweed - Kingscliff										
18,000	Tweed - Hastings Point										
18,550	Grafton composite										c
12,250	North Grafton										
6,300	South Grafton										
6,500	Yamba										
8,730	Nambucca Heads										
54,370	Port Macquarie										
7,010	Bonny Hills										
8,540	Dunbogan										
12,105	South West Rocks										
4,052	Crescent Head										
12,000	Urunga										
50,000	Coffs Harbour										

Sampling commenced week ending 18 July 2020

- not sampled or not analysed
- SARS-CoV-2 not detected
- SARS-CoV-2 detected
- site moved to composite sample or ceased

c composite of the separate influent samples

n result from network sites

GLOSSARY

Term	Description
Case	A person infected who has tested positive to a validated specific SARS-CoV-2 nucleic acid test or has had the virus identified by electron microscopy or viral culture. Blood tests (serology) is only used in special situations following a public health investigation and require other criteria to be met in addition to the positive serology result (related to timing of symptoms and contact with known COVID-19 cases). Case counts include: - NSW residents diagnosed in NSW who were infected overseas or in Australia (in NSW or interstate), and - interstate or international visitors diagnosed in NSW who were under the care of NSW Health at the time of diagnosis
Health care workers	Individuals who work within a hospital or other healthcare settings, including staff in direct or indirect contact with patients or infectious materials.
Incubation period	The time in which the case was infected. The incubation period for COVID-19 is between 1 and 14 days prior to symptom onset.
Overseas acquired case	Case who travelled overseas during their incubation period. While testing rates in NSW are high and case counts are low, cases who have travelled overseas in their incubation period are considered to have acquired their infection overseas.
Interstate acquired case	Case who travelled interstate during their infection and the public health investigation concludes the infection was likely acquired interstate.
Cluster	Group of cases sharing a common source of infection or are linked to each other in some way.

Dates used in COVID-19 reporting

Event	Date name	Source
Person first starts to feel unwell	Date of symptom onset	Public health staff interview all cases at the time of diagnosis. This is the date provided to NSW Health by the case.
Person has a swab taken	Date of test	This date is provided to NSW Health by the laboratory when the test result (positive or negative) is notified.
Laboratory notifies NSW Health of result	Date of notification	This date is provided to NSW Health by the laboratory. Laboratories prioritise notification of positive results to allow prompt public health action. Positive cases: The date of notification is collected by NSW Health on the day of notification. Cases are informed of their diagnosis by their doctor or public health staff as soon as the result is available. The date of notification to NSW Health is usually the same day as the date the case finds out about the result. Negative cases: Some laboratories notify NSW Health of negative results in batches at regular intervals. For these laboratories the date of notification to NSW Health does not reflect the date the negative result was available at the laboratory. NSW Health does not collect information on the date the person was informed of the result.