

COVID-19 WEEKLY SURVEILLANCE IN NSW

EPIDEMIOLOGICAL WEEK 30, ENDING 25 JULY 2020

Published 30 July 2020

SUMMARY FOR THE WEEK ENDING 25 JULY

- The number of people diagnosed with COVID-19 in NSW continues to increase with 86 locally-acquired cases reported in the week ending 25 July.
- The number of cases linked to known clusters continues to grow with additional cases identified in those who had close contact with cases prior to isolation highlighting the importance of self-isolation and early testing for cases and contacts.
- The clusters identified in people attending Our Lady of Lebanon Cathedral and Bankstown area funeral services serves as a reminder of the risks associated with these settings.
- High testing rates coupled with low case counts indicate that to 25 July, low levels of COVID-19 transmission continue in the community.
- However, 10 cases reported in the last two weeks have no links to known cases or clusters.
- Continued high rates of testing along with measures known to limit transmission (including physical distancing, regular handwashing, and use of masks particularly in situations where physical distancing is not possible) are essential in the coming weeks to contain the spread into the NSW community.

SECTION 1: PREVENTING THE SPREAD OF COVID-19 – WE ALL PLAY A ROLE

Everyone has an important role to play to prevent the spread of COVID-19. For the public health response to be effective, members of the community, laboratories, clinicians and public health staff all have to play their part.

The sooner we can diagnose cases, the faster we can identify other people who may have been infected, and the better we can limit the spread of infection across our community.

The roles we all play are outlined below.

Everyone

- Seek medical attention and get tested quickly every time you develop respiratory symptoms (even if mild) or unexplained fever.
- Stay at home to avoid spreading infection to others as soon as you:
 - develop symptoms and until you are told that you do not have COVID-19 and you are well
 - are told that you are a close contact of a COVID-19 case and until your quarantine period has ended (even if you test negative before then).
- Follow the advice given in public health alerts regarding the need to self-isolate and seek testing if you attended a location at a time where a cluster has been identified.

People who are diagnosed with COVID-19

- Provide information to public health staff at the time of interview on the locations visited and people you have been in contact with in your **incubation period** and while infectious.
- Stay at home until you are told your isolation period has ended.

Clinicians

- Promote COVID-19 testing amongst symptomatic people to ensure a COVID-19 diagnosis as close as possible to the time symptoms start.
- Encourage testing in people without symptoms when advised to do so for public health purposes.
- Support cases to self-isolate until their isolation period has ended.

Laboratories

- Notify NSW Health of new diagnoses promptly so public health staff can interview cases and identify people potentially infected by a case (close contacts).

Public health staff

- Interview cases as quickly as possible after diagnosis and collect information from cases to detect new clusters and enable contact tracing.
- Quarantine close contacts as quickly as possible.

Here is a snapshot of how effective we've been in preventing the spread of COVID-19 in NSW in the past two weeks:

	Week of reporting	
	Week ending 25 July	Week ending 18 July
Proportion of locally-acquired symptomatic cases tested (swabbed) within:		
• 1 day of symptom onset	67% (51/76)	51% (27/53)
• 2 days of symptom onset	82% (62/76)	70% (37/53)
• 3 days of symptom onset	92% (70/76)	85% (45/53)
Proportion tested more than 3 days after symptom onset	8% (6/76)	15% (8/53)
Number of tests conducted	166,705	156,919
Proportion of new locally-acquired diagnoses notified to NSW Health by the laboratory within:		
• 1 day of swab collection	67% (58/86)	60% (37/62)
• 2 days of swab collection	100% (86/86)	92% (57/62)
• 3 days of swab collection	100% (86/86)	100% (62/62)
Proportion of locally-acquired cases interviewed by public health staff within 1 day of notification to NSW Health	100% (86/86)	100% (62/62)
Proportion of locally-acquired cases who entered isolation within*:		
• 1 day of symptom onset	64% (48/75)	Data not available as not reported statewide for all
• 2 days of symptom onset	87% (65/75)	
• 3 days of symptom onset	91% (68/75)	
Proportion entering isolation more than 3 days after symptom onset	8% (7/85)	cases

* While known to be isolating, the date isolation began was not available for one case in the week ending 25 July.

Interpretation: Despite the high volume of testing, the time taken to notify cases remains stable with almost all new cases reported in the week ending 25 July notified to NSW Health within two days of swab collection. Public health staff are responding quickly with all cases interviewed within one day of notification. While almost all cases were isolated and tested within three days of symptoms, improvements can be made. People are reminded of the importance of self-isolation and testing as soon as they experience even mild symptoms to limit the spread of infection.

SECTION 2: HOW IS THE OUTBREAK TRACKING IN NSW?

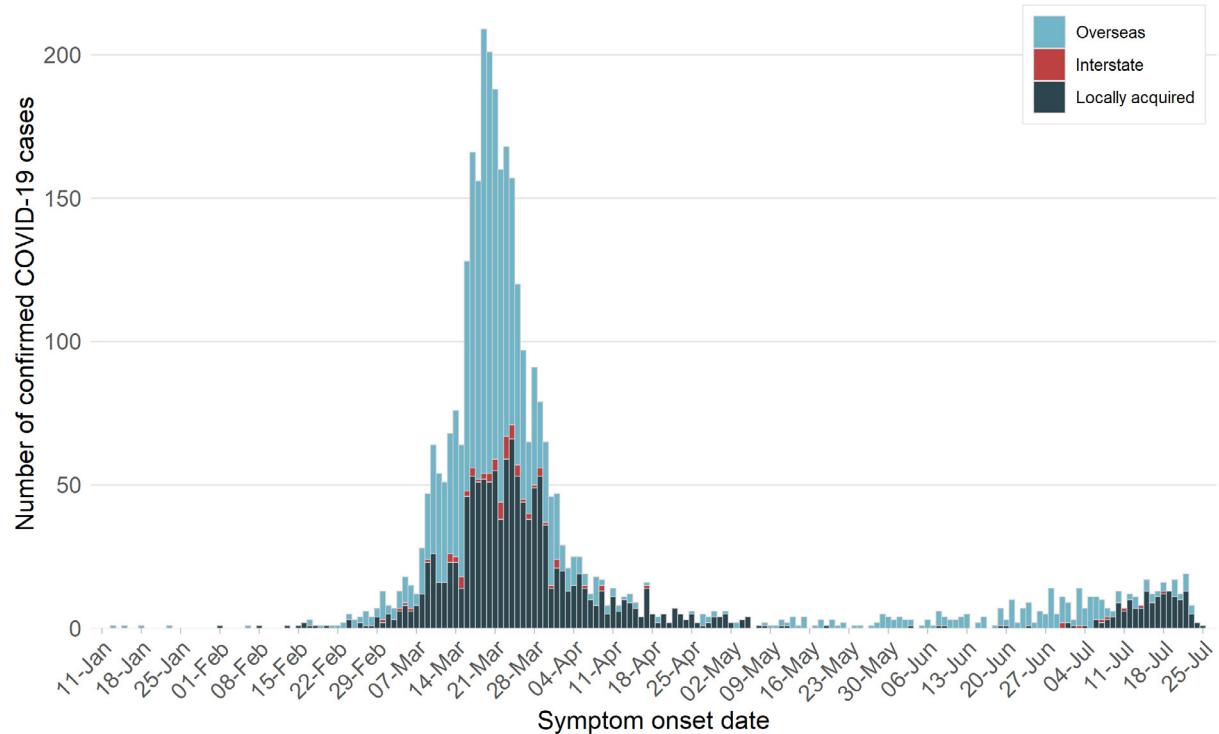
Table 1. COVID-19 cases and tests reported in NSW, up to 25 July 2020

	Week ending 25 July	Week ending 18 July	Total to 25 July
Number of cases	109	92	3,489
Overseas acquired	21	26	2,017
Interstate acquired	2	4	76
Locally acquired	86	62	1,396
Number of deaths	0	0	51
Number of tests	166,705	156,919	1,387,456

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

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 and illness onset, NSW, 2020



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

Interpretation: Approximately 60% of COVID-19 infections diagnosed in NSW to 25 July have been **overseas acquired** and the remaining 40% have been **locally acquired**. The number of new cases diagnosed in NSW decreased significantly following a peak in mid-March. The increase in overseas-acquired cases since June is largely due to a program of screening all overseas travellers 2 days and 10 days after arrival in NSW. Two cases reported in the last week acquired their infection in Victoria, and a further 86 were locally acquired, most of which were part of known clusters.

How many NSW cases were infected in Victoria?

In response to the continued community transmission in Victoria, border measures have been introduced to limit the spread of infection into NSW. From 8 July, under the Public Health (COVID-19 Border Control) Order 2020, a person who has been in Victoria within the last 14 days must not travel to NSW. This was updated on 22 July to further restrict travel to NSW from Victoria and redefine border zone residents. Exceptions are only given in very limited circumstances and those authorised to enter NSW from Victoria must self-isolate for 14 days from arrival in NSW. NSW Health staff, along with the wider community, are strongly discouraged from travelling to Victoria whilst the outbreak of COVID-19 continues in Victoria.

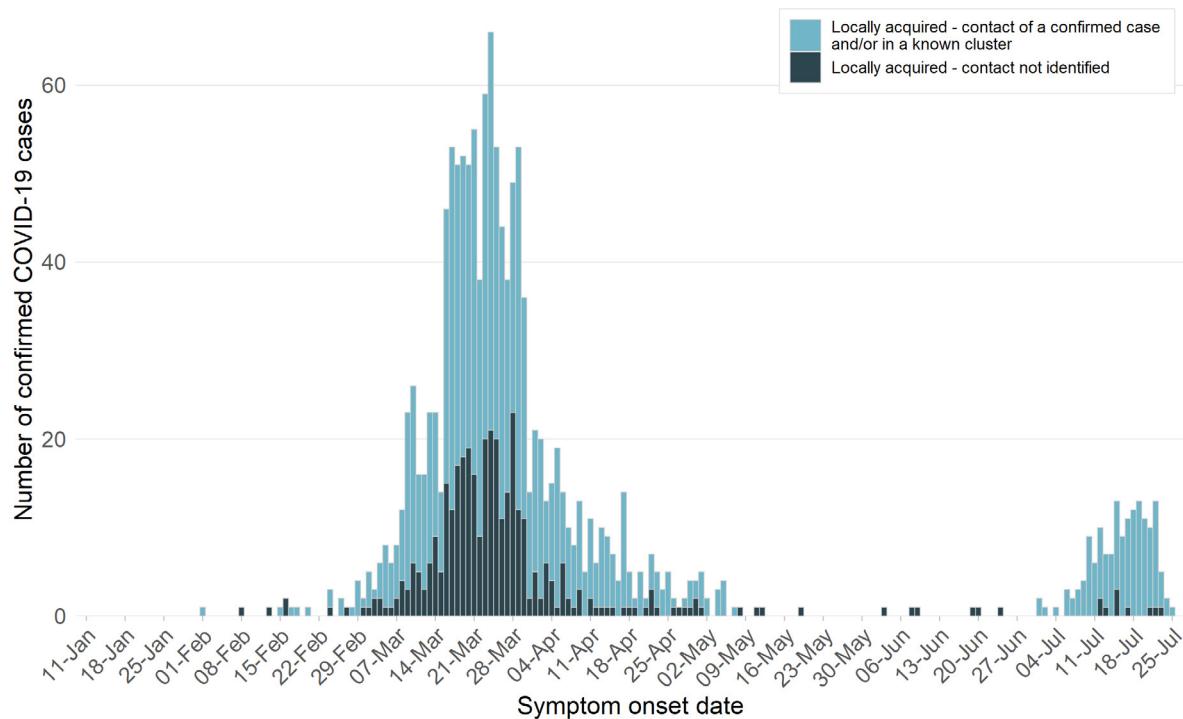
Two cases reported in the last week acquired their infection in Victoria, including one case who arrived into NSW on 7 July prior to the borders closing and another who was isolating at home when diagnosed and who had no close contacts in NSW.

How much transmission is occurring in NSW?

All new cases who have not travelled outside of NSW are investigated by public health staff to determine the likely source of infection and identify **clusters**. 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.

As new cases are diagnosed each day, public health efforts are focussed on contact tracing to limit further spread in the community and special attention is given to identifying the source of infection for every case. High rates of testing are needed to ensure cases are identified as quickly as possible.

Figure 2. Locally acquired COVID-19 cases by likely infection source and illness onset, NSW, 2020



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

Interpretation: Most cases with a symptom onset in recent weeks have been linked to known clusters.

Figure 3. Locally acquired COVID-19 cases by LHD of residence and illness onset, NSW, 2020



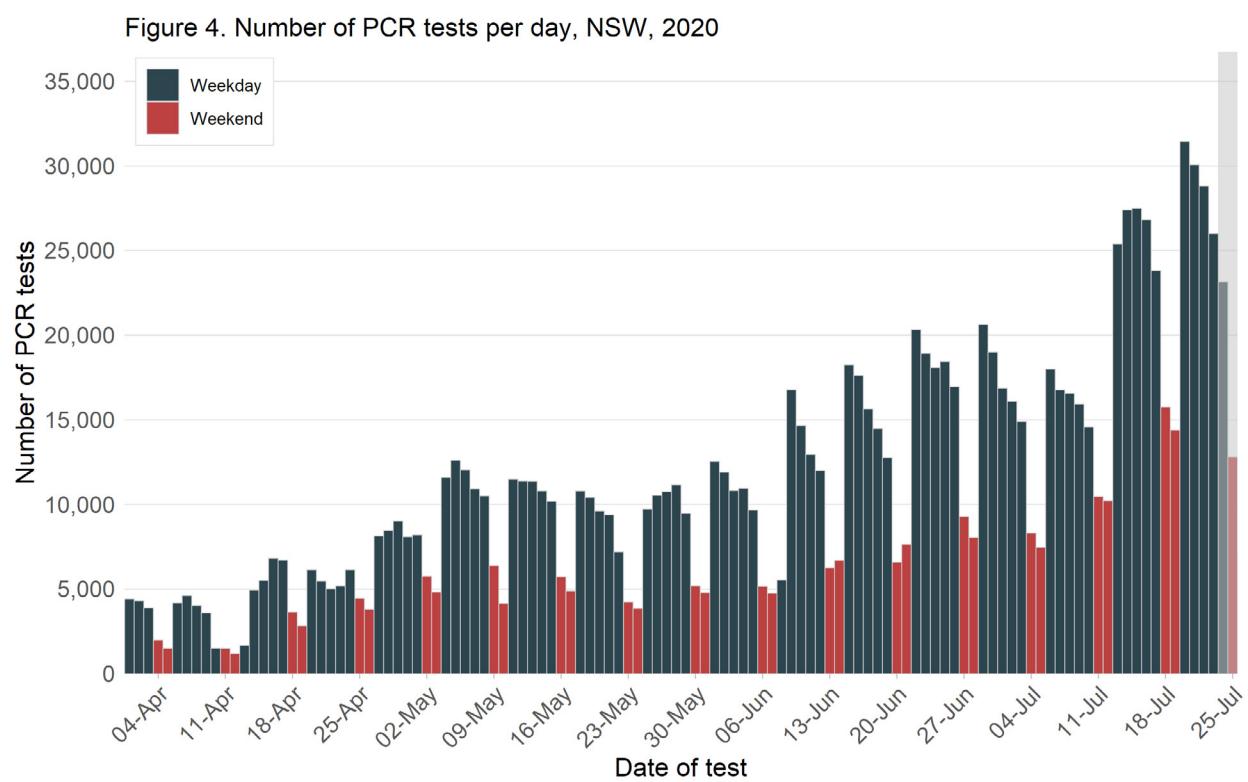
The date of the first positive test is used for cases who did not report symptoms.

Interpretation: In the last two weeks, cases in South Western Sydney, Western Sydney and Nepean Blue Mountains LHDs have been associated with known clusters. For the week ending 11 July, the two cases in Murrumbidgee LHD were household contacts of a case who had returned from Melbourne; there have been no further cases reported in this LHD. High testing rates are particularly encouraged in border areas given the outbreak in Victoria.

How much testing is happening?

High rates of testing are essential to identify and isolate people who are infectious and to allow contact tracing to limit the spread of infection. Testing is not recommended for people without symptoms except on specific public health advice for people who have been identified as a close contact of someone with COVID-19 or in an outbreak setting.

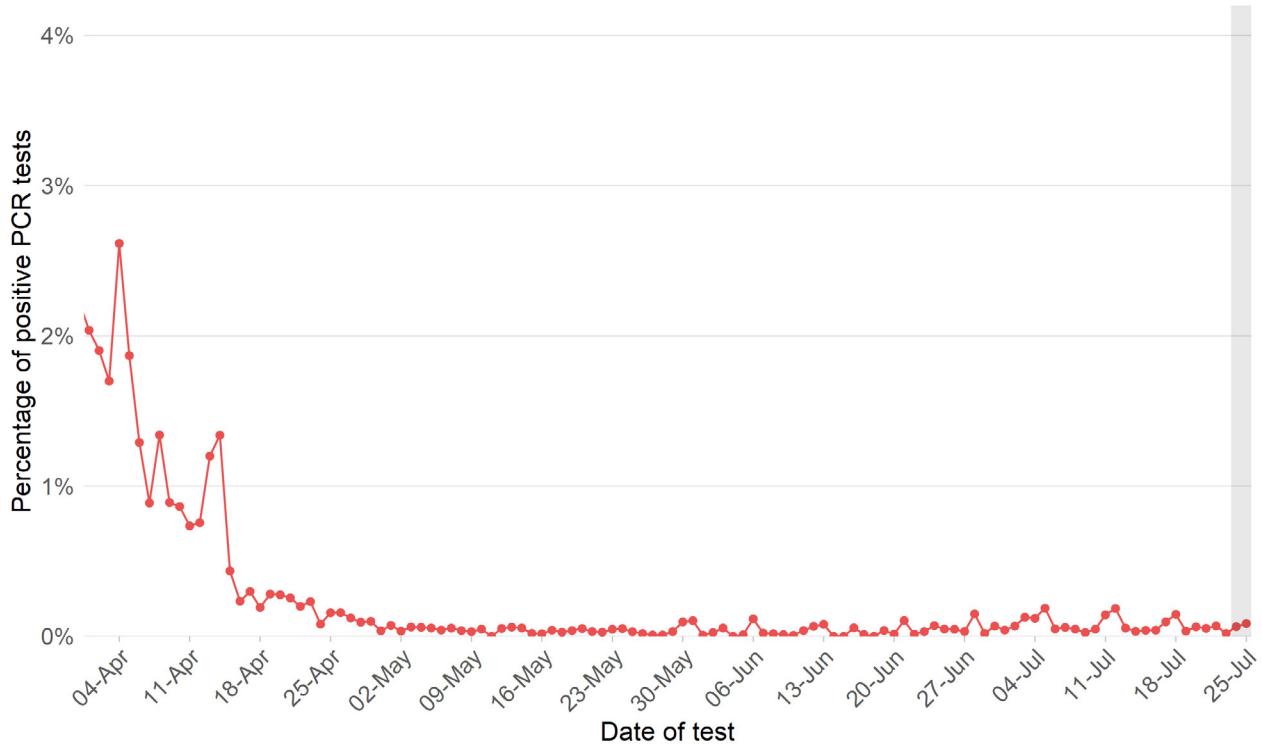
The bars on the graph below show the number of tests by the date a person presented for the test.¹ While public health facilities are open seven days a week, less testing occurs through GPs and private collection centres on weekends and public holidays. This explains the lower number of tests on weekends.



Interpretation: COVID-19 testing has increased significantly since April in line with the changes in testing criteria and increased availability of testing. Early in the outbreak the focus was on returned travellers and close contacts of confirmed cases, whereas now testing is recommended for anyone with even mild respiratory symptoms or unexplained fever. Throughout June and July testing rates remain high and the week ending 25 July had the highest number of tests since the outbreak began. Monday 20 July recorded the highest number of daily tests to date, with a total of 31,447 tests.

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.

Figure 5. Proportion of PCR tests positive for COVID-19, NSW, 2020



Includes SARS-CoV-2 PCR tests only and excludes repeat positive tests for an individual.
Counts in the shaded area may be incomplete due to a delay in reporting negative results.

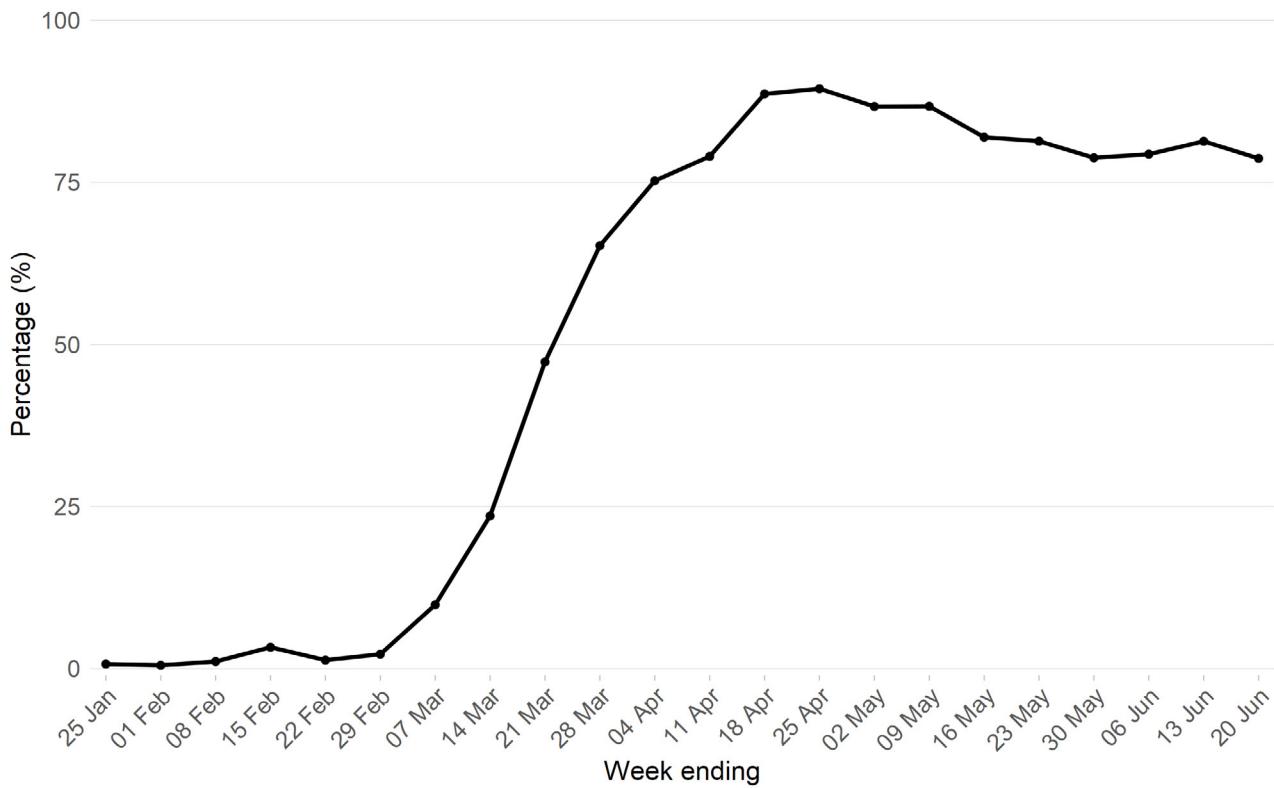
Interpretation: The proportion of tests positive for COVID-19 in NSW declined in mid-March to early May, and then stabilised at very low levels. Despite high rates of testing, particularly in areas where clusters have been identified, the overall proportion of tests found to be positive indicate low levels of transmission in the community.

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 20 June.

The figure below shows the proportion of pneumonia presentations² to EDs in NSW tested for COVID-19 by week. This included diagnoses of viral, bacterial, atypical or unspecified pneumonia, and Legionnaires' disease, but excluded diagnoses of pneumonia with influenza.

Figure 6. Proportion of Emergency Department pneumonia presentations tested for COVID-19, NSW 2020

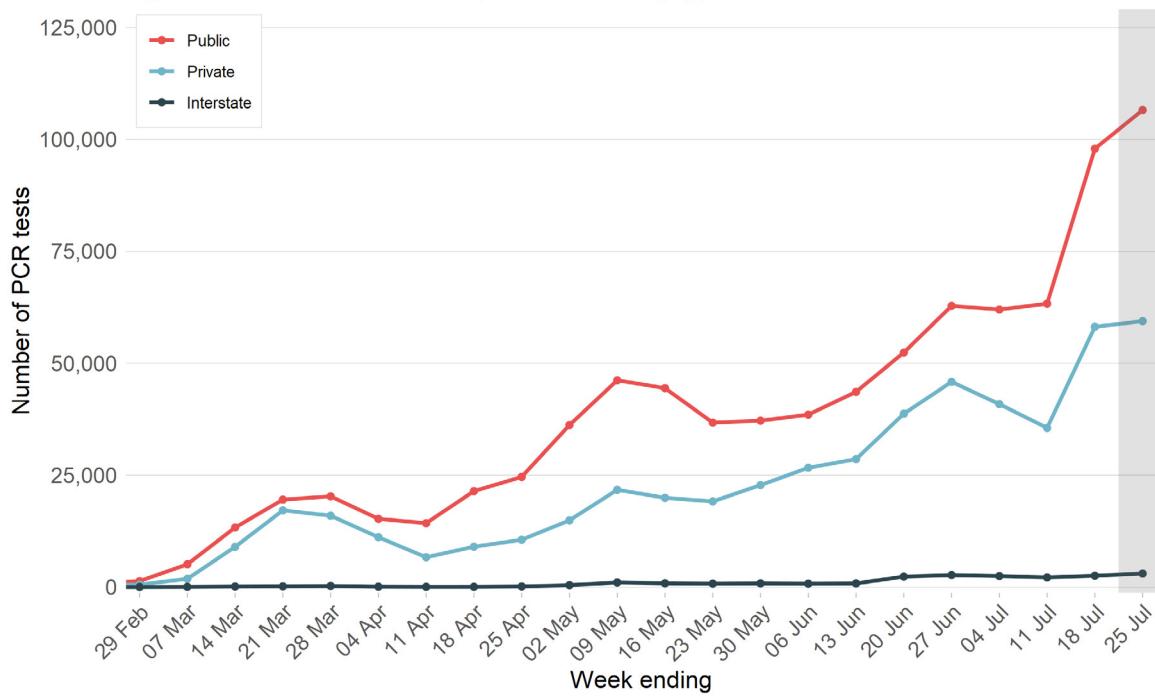


Interpretation: The percentage of ED pneumonia presentations that were tested for COVID-19 increased from less than 5% of presentations in February to more than 75% of presentations in April. Since April to the week ending 20 June, the percentage of ED presentations tested for COVID-19 has remained at more than 75%, with a peak of almost 90% of all pneumonia presentations tested during late April.

² Pneumonia presentations are defined using the NSW Health Public Health Rapid Emergency Disease and Syndromic Surveillance (PHREDSS) system definitions.

Which laboratories are doing the testing?

Figure 7. Number of PCR tests by week and facility type, NSW, 2020



Includes SARS-CoV-2 PCR tests only and excludes repeat positive tests for an individual.
Counts in the shaded area may be incomplete due to a delay in reporting negative results.

Interpretation: In the week ending 25 July, testing in both public and private facilities remains high with approximately 60% of PCR tests conducted at private laboratories during this period.

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

Information from cases who became unwell 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 the laboratory to perform the test.

Table 2. Locally-acquired COVID-19 cases in NSW, by week of onset* and source of infection, 28 June to 25 July 2020

Locally-acquired cases	Week of onset				Total
	25 July	18 July	11 July	4 July	
Cases who are linked to a known case or cluster	52	62	27	4	145
Cases with no links to other cases or clusters	3	7	0	0	10
Total	55	69	27	4	155

* If cases are asymptomatic, the date of their earliest positive COVID-19 test is used.

Interpretation: The majority (94%) of cases with a symptom onset in the four weeks ending 25 July were linked to known clusters which are further described below. The high rates of testing in the community and low number of cases with no source identified indicate that, currently, transmission within the community is limited.

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. Information on all cases with no obvious source of infection is compared to identify new clusters. Cases are also asked to report all the locations visited and people with whom they have been in contact within their infectious period (two days prior to symptom onset until the time of isolation). Close contacts are quarantined to limit the spread of infection to others and encouraged to seek testing. Secondary clusters are identified when close contacts test positive to COVID-19. Tertiary cases are those who likely acquired their infection from secondary cases. The table below shows the clusters identified in the four weeks ending 25 July.

Clusters in high-risk settings

No clusters have been identified in settings known to be at high risk including aged care and other residential facilities, healthcare, military and correctional facilities.

Community clusters

In total, there were 145 locally-acquired cases with an onset in the four weeks ending 25 July who had links to known clusters or other cases. This included 14 community clusters involving 139 cases which are further described below, and six cases who were household contacts of cases who acquired their infection outside of NSW.

Table 3. COVID-19 community clusters, up to 25 July 2020

Cluster name	Number of linked cases	Source of cluster
Crossroads Hotel Casula and linked clusters	55*	Victorian-acquired case
Thai Rock Restaurant Wetherill Park and linked clusters	68	Source not identified
Soldiers Club Batemans Bay	8	Source not identified
Bankstown area funeral services	8	Source not identified
Total	139	

* Excludes the source case who acquired their infection in Victoria.

Crossroads Hotel Casula cluster

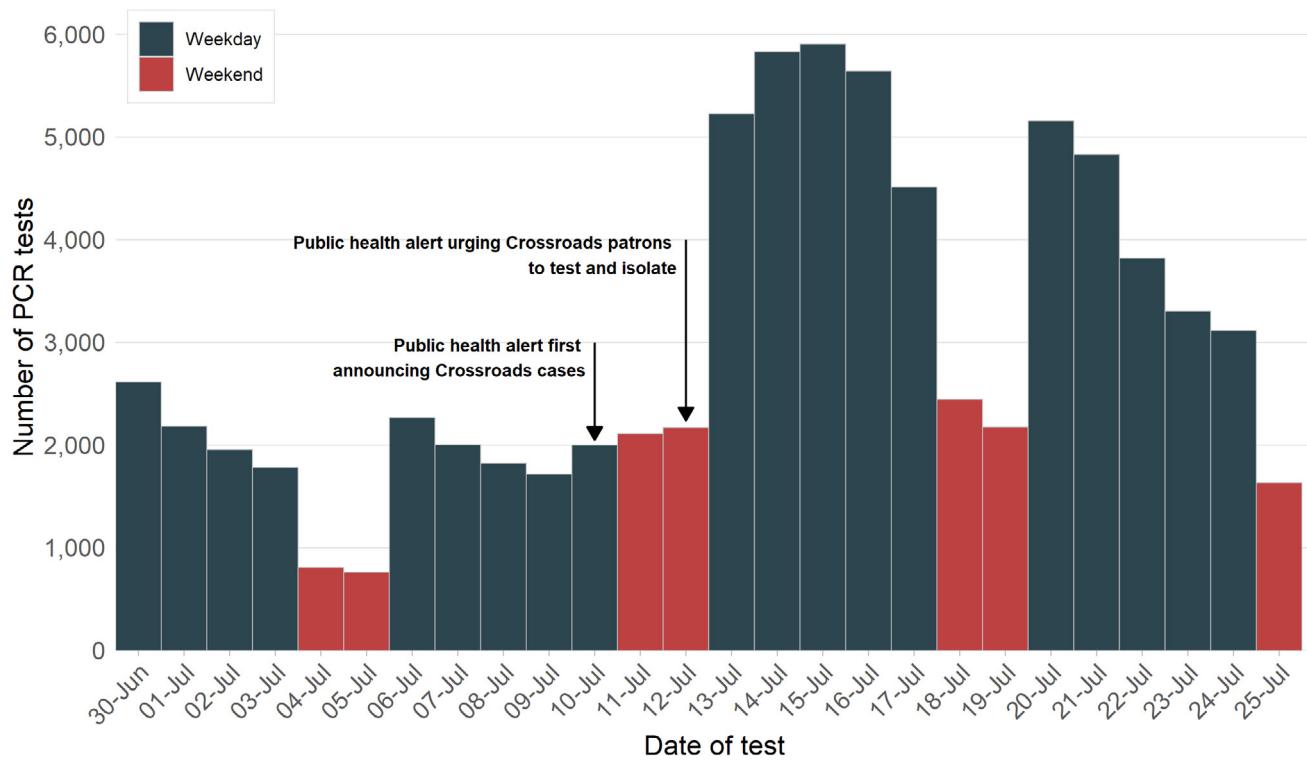
The public health investigation identified that the source of the Crossroads Hotel Casula was a case who had acquired their infection in Victoria and infection was likely spread to others in a workplace and then at the hotel on 3 July when these cases attended while infectious. Everyone who attended the hotel from 3-10 July was advised to self-isolate for 14 days following the last visit to the hotel and seek testing. No further cases have been identified in hotel attendees in the week ending 25 July however an additional 11 cases who are linked to the hotel cluster have been reported. In total, 56 cases have been linked to this cluster. In addition to the Crossroads Hotel attendees (15 cases including the source case), a further seven linked clusters involving 14 people have been identified including clusters at a gym, a restaurant and five separate workplaces. An additional 26 secondary and tertiary cases have been reported in household members or friends.

Table 4. Clusters linked to Crossroads Hotel Casula

Location	Primary cases	Cases in household or social contacts	Total
Crossroads Hotel Casula	14	27	41
Planet Fitness Casula	4	0	4
Workplace in Canterbury-Bankstown LGA	3	0	3
Workplace in Sutherland Shire LGA	3	0	3
Hurricanes Brighton-Le-Sands	1	0	1
Workplace in Liverpool LGA	1	0	1
Workplace in Camden LGA	1	0	1
Workplace in Blacktown LGA	1	0	1
Total	28	27	55*

* Excludes the source case who acquired their infection in Victoria.

Figure 8. COVID-19 PCR tests in Crossroads Hotel cluster associated areas, NSW, 2020



*Includes SARS-CoV-2 PCR tests only and excludes repeat positive tests for an individual.
Counts in the shaded area may be incomplete due to a delay in reporting negative results.
Areas included: Blacktown, Camden, Campbelltown, Liverpool and Sutherland Shire LGAs.*

Interpretation: A marked increase in testing of residents in LGAs where clusters were identified followed the release of public health alerts and calls to close contacts (those identified by the venues as having attended at a time when transmission was possible). The low proportion of additional cases identified indicates low levels of COVID-19 in these areas.

Thai Rock Restaurant Wetherill Park

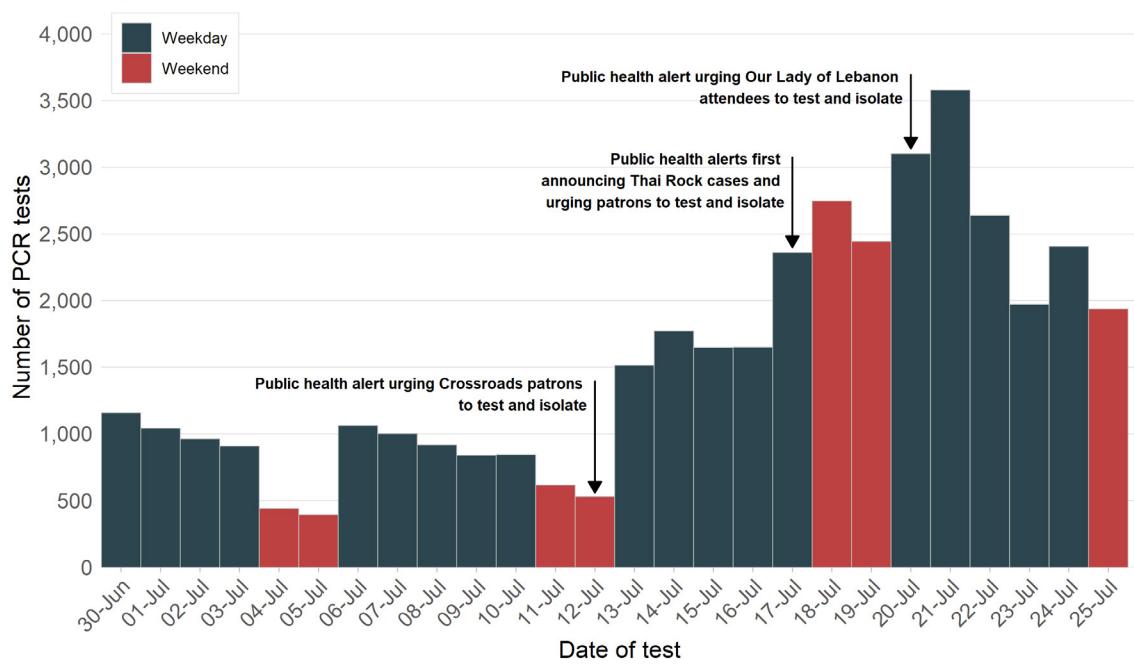
The Thai Rock Restaurant Wetherill Park cluster was identified when interviews revealed multiple cases had attended the venue in their incubation period. An additional nine cases were reported in the week ending 25 July, making a total of 20 people who were likely infected at the restaurant.

Three secondary clusters have been identified involving work colleagues at two separate locations and attendees of Our Lady of Lebanon Cathedral, Harris Park. Those who attended services at the cathedral on 15, 16 and 17 July were advised to self-isolate for 14 days since last attending the cathedral and seek testing. In the week ending 25 July, six cases were identified in cathedral attendees and a further six cases in household or social contacts of cathedral attendees. The public health investigation is ongoing. Despite extensive investigation, the source of this outbreak is not known but whole genome sequencing in samples of the virus collected from cases matches a strain known to be circulating in Victoria which is related to the Crossroads Hotel strain.

Table 5. Clusters linked to Thai Rock Restaurant Wetherill Park

Location	Primary cases	Cases in household or social contacts	Total
Thai Rock Restaurant Wetherill Park	20	28	48
Our Lady of Lebanon	6	6	12
Workplace in Fairfield LGA	6	0	6
Workplace in Cumberland LGA	2	0	2
Total	34	34	68

Figure 9. COVID-19 PCR tests in Thai Rock Wetherill Park cluster associated areas, NSW, 2020



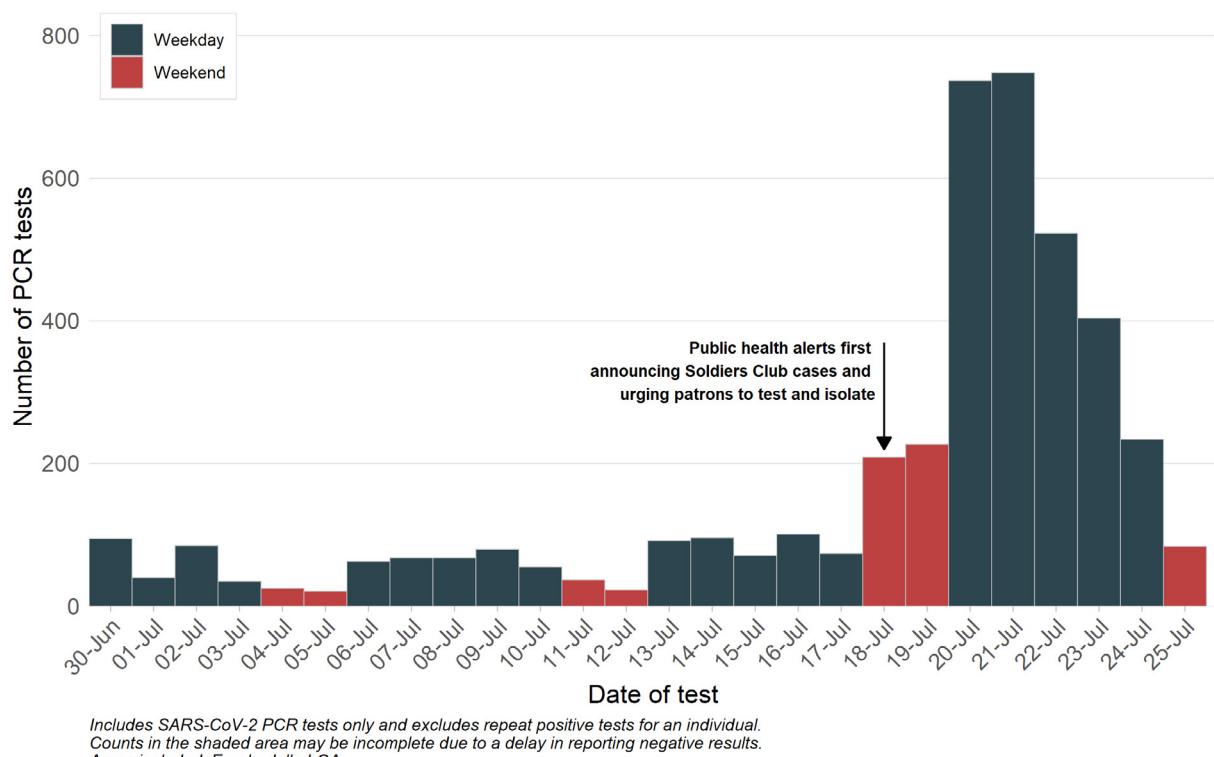
Includes SARS-CoV-2 PCR tests only and excludes repeat positive tests for an individual.
Counts in the shaded area may be incomplete due to a delay in reporting negative results.
Areas included: Cumberland, Fairfield and Parramatta LGAs.

Interpretation: Testing rates in residents of Cumberland, Fairfield and Parramatta LGAs increased following the messaging (including public health alerts and phone calls by contact tracers) to those identified as close contacts. The low proportion of additional cases identified indicates low levels of COVID-19 in these LGAs.

Soldiers Club Batemans Bay

A family group diagnosed with COVID-19 reported visiting Batemans Bay, including attending Soldiers Club. A staff member subsequently tested positive for COVID-19 and so all those who attended the restaurant on 10, 13, 15-17 July were advised to self-isolate for 14 days since attending the restaurant and seek testing. An additional four cases were reported in attendees in the week ending 25 July. The public health investigation is ongoing. A thorough public health investigation has not been able to identify the source of the cluster, however, whole genome sequencing of samples collected from cases suggests the strain is similar to that circulating in Victoria.

Figure 10. COVID-19 PCR tests in Soldiers Club cluster associated areas, NSW, 2020

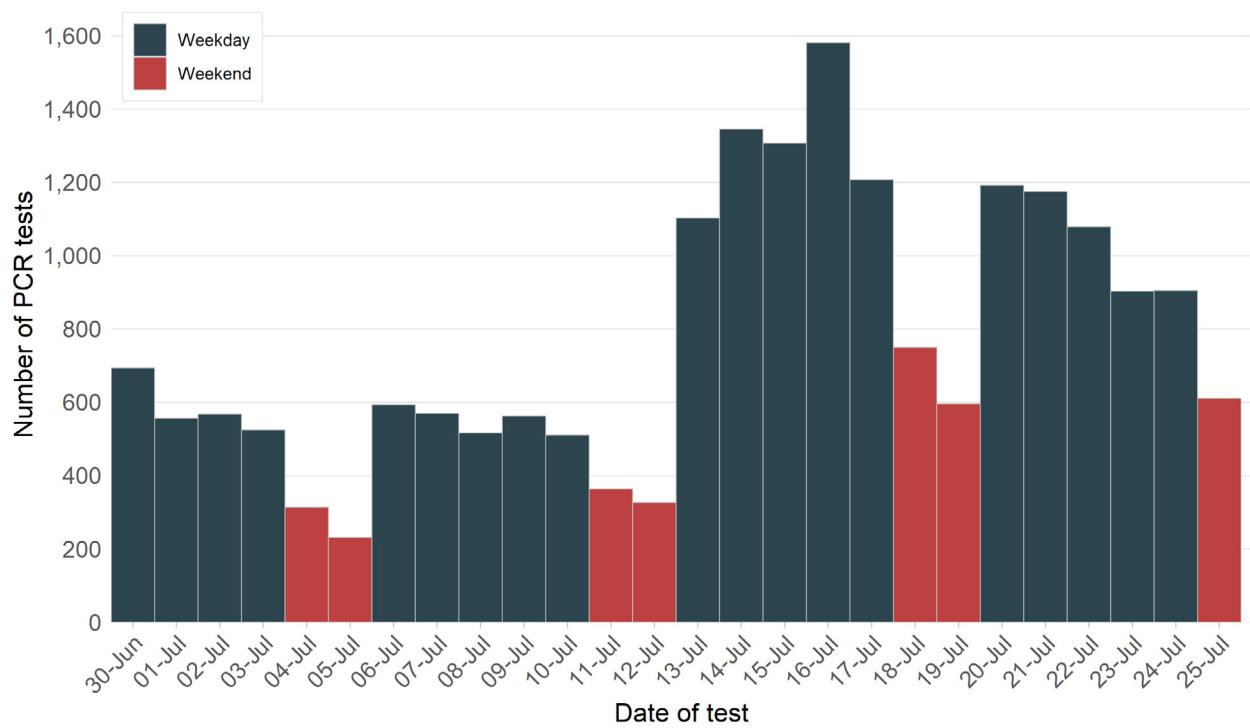


Interpretation: A marked increase in testing of local residents followed the release of the public health alert and calls to those on attendee lists provided by Soldiers Club. The low proportion of additional cases identified indicates low levels of COVID-19 in this area.

Bankstown area funeral services

A case, whose source of infection is not known, attended multiple events in their exposure and incubation in the week ending 25 July, including services at St Brendan's Catholic Church Bankstown. Close contacts including attendees at services held on 16 and 18 July were requested to isolate and get tested. Nine cases and one secondary case (household contact) was identified to 25 July. The public health investigation is ongoing.

Figure 11. COVID-19 PCR tests in Canterbury-Bankstown LGA, NSW, 2020



*Includes SARS-CoV-2 PCR tests only and excludes repeat positive tests for an individual.
Counts in the shaded area may be incomplete due to a delay in reporting negative results.
Areas included: Canterbury-Bankstown LGA.*

Interpretation: More testing has occurred in residents of Canterbury-Bankstown in the two weeks ending 25 July compared with the previous two weeks. The low proportion of additional cases identified indicates low levels of COVID-19 in this area.

SECTION 5: COVID-19 CASES WITH NO LINKS TO KNOWN CASES OR CLUSTERS

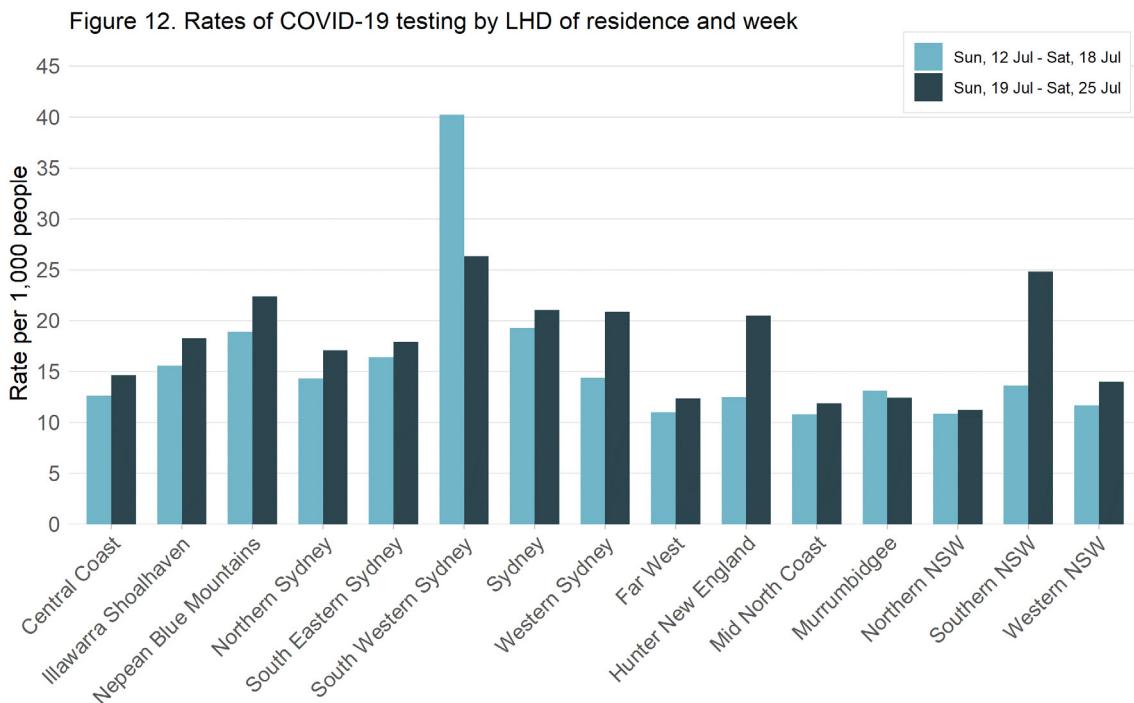
Cases with no identified links to known cases or clusters suggest that there are people infected with COVID-19 in the community who have not been diagnosed. Testing of people with whom they have been in contact in the 14 days prior to symptom onset and more broadly in the local community is important to identify the source of the infection, detect other cases and prevent further transmission in the community.

Cases and testing by LHD of residence

Table 6. Locally-acquired COVID-19 cases with an unknown source of infection by LHD of residence and week of onset, 27 June to 25 July 2020

Local Health District	Week of onset				Total
	25 July	18 July	11 July	4 July	
Central Coast	0	0	0	0	0
Far West	0	0	0	0	0
Hunter New England	0	0	0	0	0
Illawarra Shoalhaven	0	1	0	0	1
Mid North Coast	0	0	0	0	0
Murrumbidgee	0	0	0	0	0
Nepean Blue Mountains	0	1	0	0	1
Northern NSW	0	0	0	0	0
Northern Sydney	0	0	0	0	0
South Eastern Sydney	0	0	0	0	0
South Western Sydney	2	4	0	0	6
Southern NSW	0	0	0	0	0
Sydney	0	0	0	0	0
Western NSW	0	0	0	0	0
Western Sydney	1	1	0	0	2
Grand Total	3	7	0	0	10

Interpretation: In addition to the seven cases previously reported, no links to known cases or clusters were identified for three cases with an onset in the week ending 25 July. The 10 cases with no source identified and symptom onset in the last four weeks included six residents from South Western Sydney LHD, two from Western Sydney LHD and one each from Illawarra Shoalhaven and Nepean Blue Mountains LHDs.



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

Interpretation: Statewide testing rates in the week ending 25 July were higher when compared to the previous week (21 per 1,000 vs 19 per 1,000). Testing has increased in most LHDs, most notably Southern NSW and Hunter New England LHD. Though testing has declined in South Western Sydney LHD relative to last week, it still has the highest testing rate in the state.

COVID-19 testing in area of residence of cases with an unknown source of infection

High rates of testing in areas where cases may have acquired their infection are necessary to identify other cases and enable public health action to limit the spread of infection. The following analysis is based on the date that the case was reported to NSW Health.

Table 7. Testing in local government areas (LGA) with locally-acquired cases where no source was identified, reported from 28 June to 25 July 2020

LGA	Cases				Tests				Tests per 1,000 population			
	25 July	18 July	11 July	4 July	25 July	18 July	11 July	4 July	25 July	18 July	11 July	4 July
Campbelltown	1	0	0	0	3,832	9,221	2,191	2,185	22.4	53.9	12.8	12.8
Liverpool	2	0	0	0	6,430	11,833	2,970	2,286	28.3	52.0	13.1	10.0
Parramatta	1	0	0	0	4,337	2,969	2,198	2,459	16.9	11.5	8.6	9.6

Interpretation: Rates of testing in Campbelltown and Liverpool LGAs remain higher than the NSW rate. Though testing in Parramatta is below the state rate, an increase was reported in the week ending 25 July compared with previous weeks.

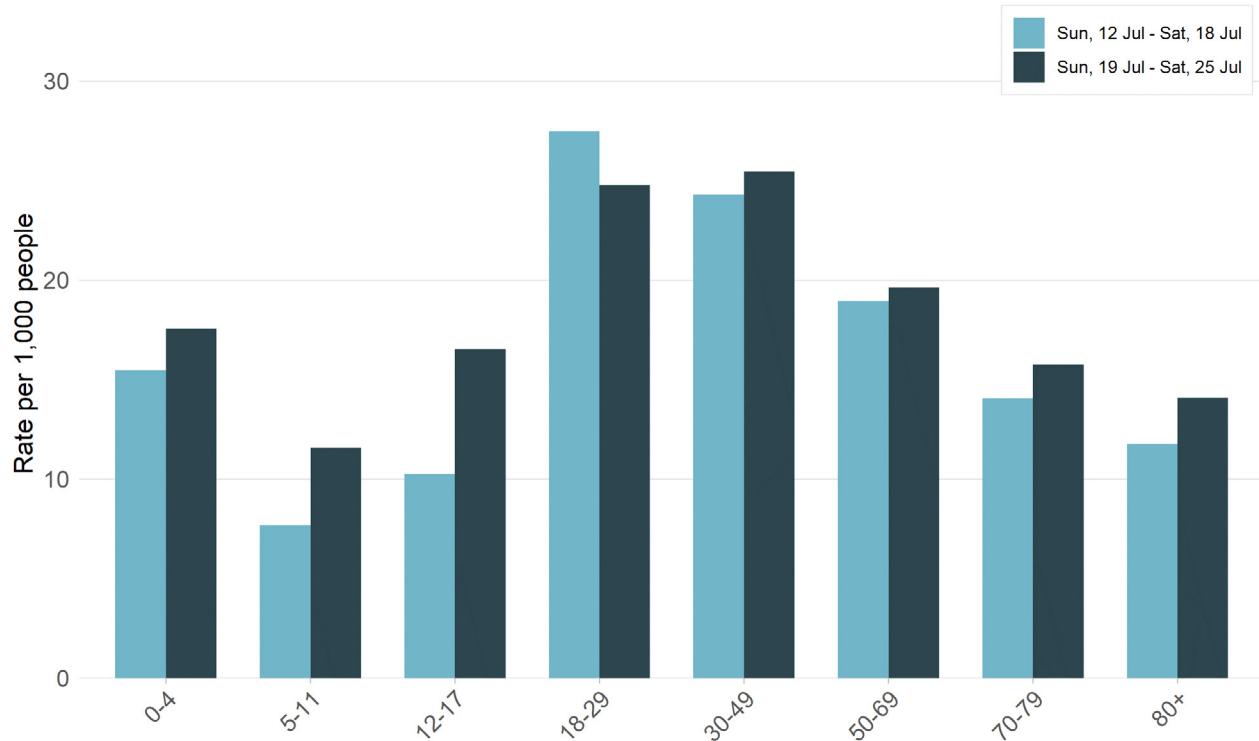
Cases and testing by age group

Table 8. Locally-acquired COVID-19 cases with no links to known cases or clusters by age group and week of onset, 28 June to 25 July 2020

Age group	Week ending				Total
	25 July	18 July	11 July	4 July	
0-4 years	0	0	0	0	0
5-11 years	0	0	0	0	0
12-17 years	0	0	0	0	0
18-29 years	1	4	0	0	5
30-49 years	1	3	0	0	4
50-69 years	1	0	0	0	1
70-79 years	0	0	0	0	0
80+ years	0	0	0	0	0
All ages	3	7	0	0	10

Interpretation: Nine of the 10 cases in the last four weeks were aged between 18 and 49 years.

Figure 13. Rates of COVID-19 testing by age group and week



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

Interpretation: Testing rates have increased in almost all age groups for the week ending 25 July. While there was a decrease in testing rates in young adults (18-29 years), this group recorded the second highest testing rate across all age groups.

Cases and testing by gender

Table 9. Locally-acquired COVID-19 cases with no links to known cases or clusters by gender and week of onset, 28 June to 25 July 2020

Gender	Week ending				Total
	25 July	18 July	11 July	4 July	
Female	0	3	0	0	3
Male	3	4	0	0	7
Total	3	7	0	0	10

Table 10. Rates of COVID-19 testing by gender, up to 25 July 2020*

Gender	Week ending 25 July		Week ending 18 July		Total to 25 July	
	No. tests	No. tests per 1,000 population	No. tests	No. tests per 1,000 population	No. tests	No. tests per 1,000 population
Female	92,984	22.8	85,231	20.9	772,920	189.7
Male	73,100	18.2	71,359	17.8	610,326	152.0

*Excludes cases with unavailable information on gender.

Interpretation: Testing increased for both males and females in the week ending 25 July compared with the previous week. Females continue to have a higher rate of testing compared to males.

SECTION 6: COVID-19 IN SPECIFIC POPULATIONS

Aboriginal people

Aboriginal people are considered to be a vulnerable group for serious COVID-19 disease due to their high burden of chronic disease. Additionally, transmission within Aboriginal communities is likely to be high due to factors such as high number of people per household and barriers to accessing health care.

Two Aboriginal cases were notified in the week ending 25 July, one associated with the Crossroads Hotel cluster and another with the Soldiers Club cluster. In total, 36 Aboriginal people have been diagnosed with COVID-19, representing 1% of all cases in NSW.

As those who test negative are not interviewed Aboriginal status is ascertained through periodic data linkage with other health information systems. Refer to the Weekly Report for the week ending 18 July for the most recent data on testing rates amongst Aboriginal people.

Pregnant women

No cases in pregnant women were reported in the week ending 25 July. As those who test negative are not interviewed, testing rates among pregnant women are not available.

Children

Seventeen locally-acquired cases were reported in children reported in the week ending 25 July. All children were associated with known clusters, and most were household contacts of cases that had visited known locations.

SECTION 7: WHO IS UNDERGOING COVID-19 TESTING?

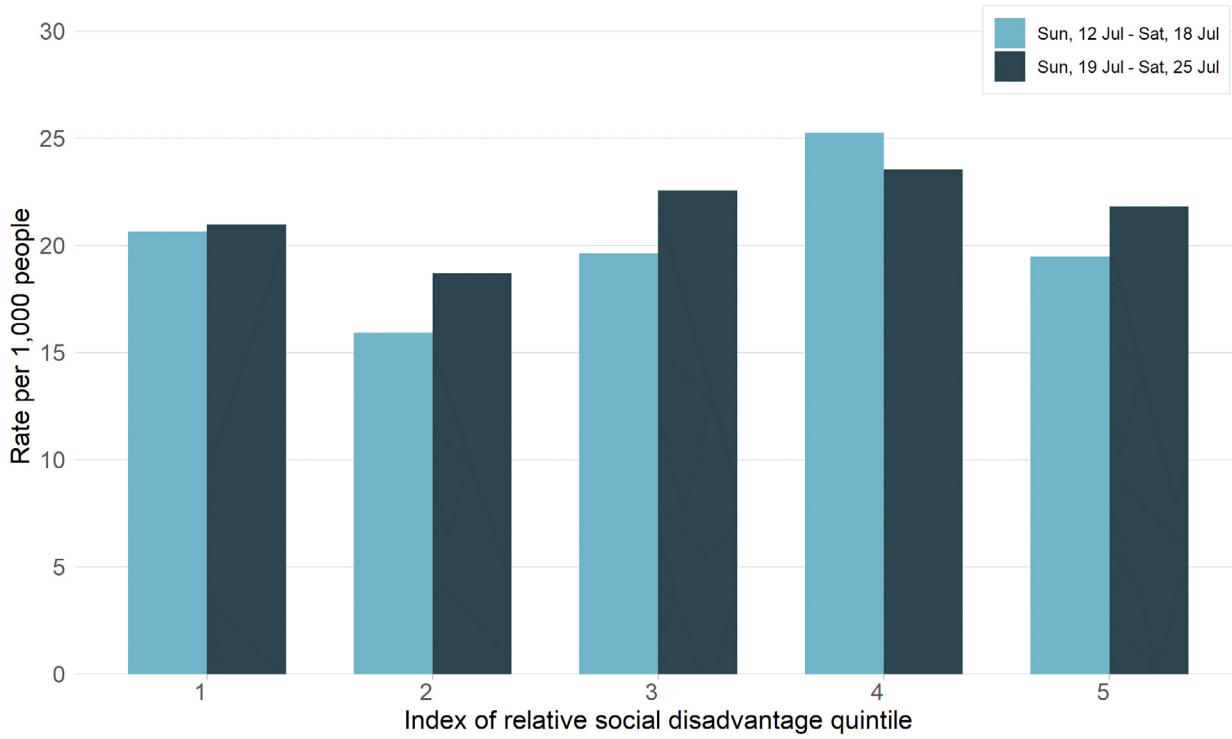
The age, sex and area of residence of people undergoing testing is outlined in Section 3. Additional analyses including by index of relative socio-economic disadvantage, remoteness and country of birth further our understanding of those undergoing testing.

Testing by Index of Relative Socio-economic Disadvantage (IRSD)

As defined by the ABS, the Index of Relative Socio-economic Disadvantage (IRSD) is a socio-economic index that summarises information about the economic and social conditions of people and households within an area.

Low scores indicate relatively greater disadvantage. Areas with a low score could have many households with low income, many people with no qualifications or many people in low skill occupations. Inversely, areas have a high score if there are few households with low incomes, and few people with no qualifications or low skilled occupations. For more information, visit the [ABS website](#).

Figure 14. Rates of COVID-19 testing by IRSD* quintile and week, NSW, 2020



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

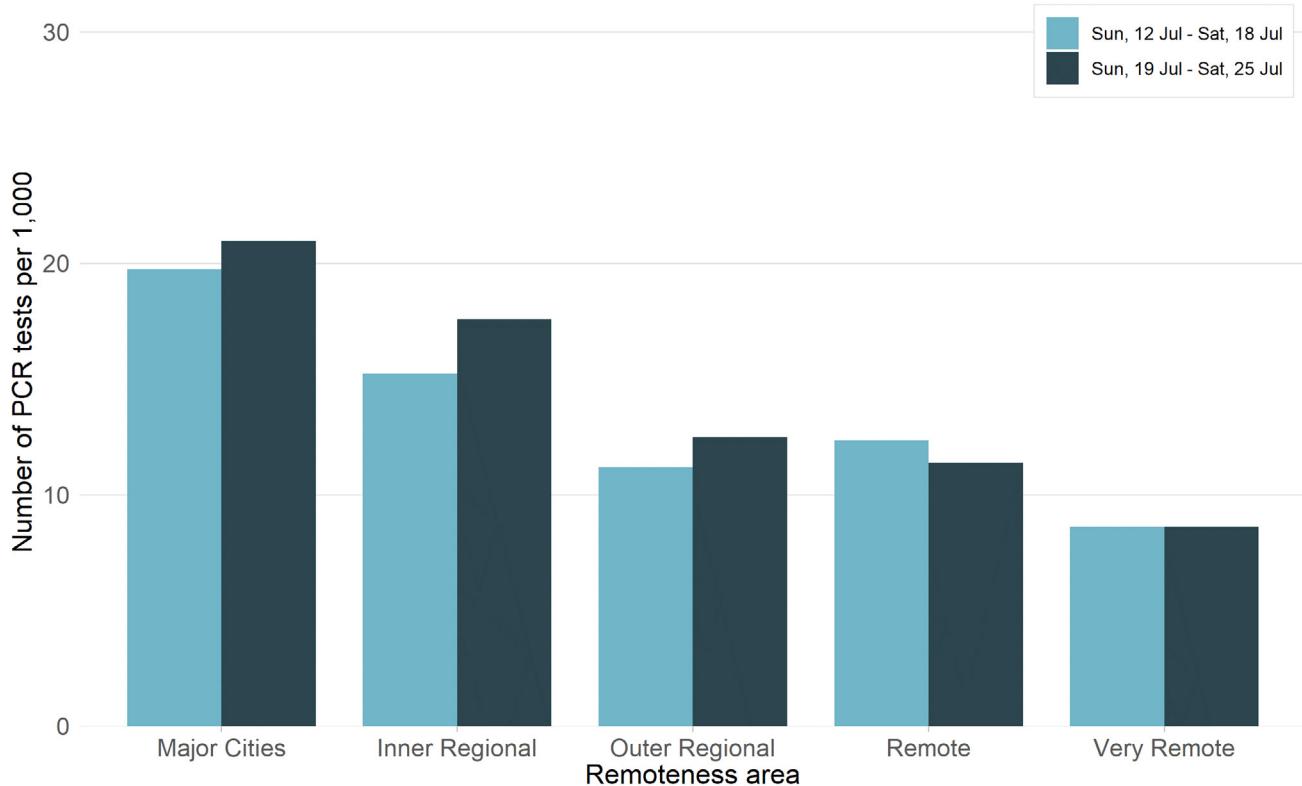
*Index of Relative Social Disadvantage.

Interpretation: Testing in the most disadvantaged people (Group 1) remains stable and is comparable with the other groups.

Testing by remoteness

Remoteness areas classify geographical areas of Australia based on relative access to services. For more detailed information and a map of remoteness areas see the [ABS website](#).

Figure 15. Rates of COVID-19 testing by remoteness area and week, NSW, 2020



Interpretation: Highest rates of testing continue to be reported in major cities. Testing increased in major cities, inner regional and outer regional areas in the week ending 25 July compared with the previous week. Testing rates in remote areas remained stable and comparable with outer regional areas.

SECTION 8: DEATHS

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

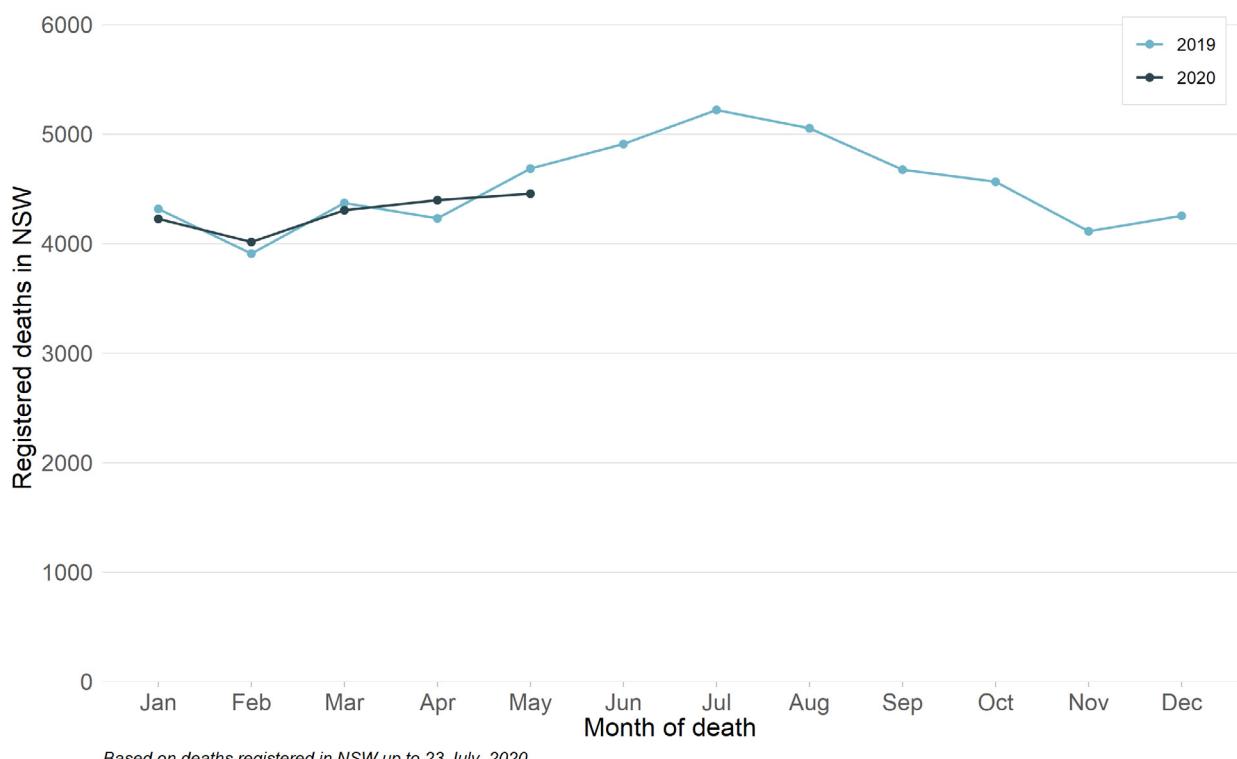
In total, 1.5% of cases (51 people) have died as a result of COVID-19 infection, most of whom were 70 years of age or older, including 28 residents of aged care facilities with known COVID-19 outbreaks. Approximately one-quarter of the deaths were in overseas-acquired cases.

Internationally it is estimated that 4% of COVID-19 cases are reported to have died as a result of their infection.³ Countries such as Italy, the United Kingdom and Spain have reported higher mortality rates (14.3%, 15.3% and 10.4%), while NSW reports similar rates to South Korea (2.1%) and New Zealand (1.8%). Rates of death in COVID-19 cases are substantially influenced by rates of testing and case ascertainment particularly of milder cases.

How many people have died in NSW from any cause of death?

NSW Health receives notifications of all deaths notified to the NSW Registry of Births Deaths and Marriages. Deaths from any cause are seasonal, increasing in winter and decreasing in summer. On average there is a delay of about 14 days for a death to be registered and notified to NSW Health, and deaths referred to a coroner may take longer to register.

Figure 16. Deaths from any cause registered in NSW from January 2019 to May 2020



Interpretation: When compared to the same period in 2019, the numbers of registered deaths were slightly higher in April, but lower in May. While there is a lag in notification of deaths, there is no indication to date that the COVID-19 pandemic in NSW is causing an overall increase in mortality.

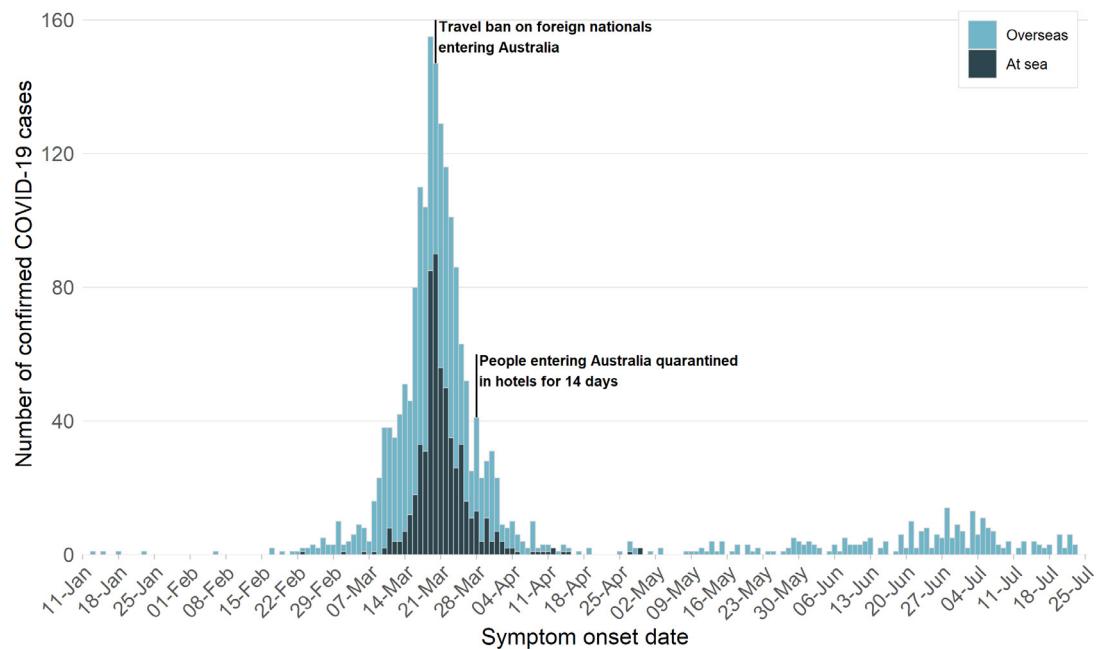
³ WHO Coronavirus disease (COVID-19) Situation Report – 189
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

SECTION 9: 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 28 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 17. Overseas acquired COVID-19 cases by infection source and illness onset, NSW, 2020



Interpretation: Up to 25 July, cruise ship passengers accounted for the largest number of overseas-acquired infections (581 cases). Following this, cases were most commonly returning from the United Kingdom (333 cases), United States (285 cases) and Pakistan (108 cases).

Overall, the number of new cases in returned travellers has decreased markedly in line with travel restrictions. Returned travellers account for less than half of all cases (47%, 146 cases) reported in NSW in the last four weeks.

Most travellers diagnosed in quarantine are returning Australian nationals and the country where people acquired their infection in recent weeks can be influenced by the numbers and size of arriving repatriation flights. Effective hotel quarantine minimises the risk of transmission to the community. In the four weeks ending 25 July, cases had most commonly returned from Pakistan (38 cases).

Airport screening

Health screening of returning travellers was introduced for people returning from particular countries early in the outbreak but was expanded to all returning travellers on 21 March 2020. As part of the health screening passengers are asked to complete a questionnaire about their health upon arrival into Sydney International Airport. People with symptoms are assessed by an onsite health team and tested for COVID-19.

During the week ending 25 July, a total of 3,082 people were screened at Sydney International Airport and 0 were referred for testing. Since screening began on 2 February, a total of 102,732 people have been screened with 1,175 referred for onsite health assessment and testing.

SECTION 10: OTHER RESPIRATORY INFECTIONS IN NSW

Influenza and other respiratory virus cases and tests reported in NSW, up to 19 July 2020

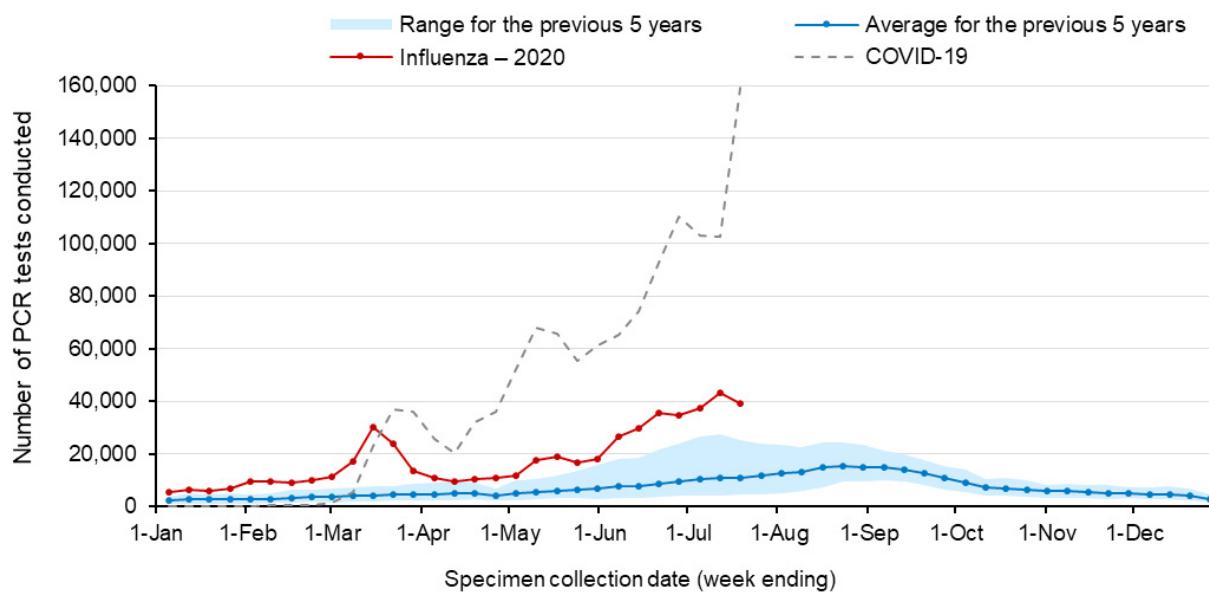
In NSW, routine surveillance for influenza and other respiratory viruses is conducted through sentinel laboratories. The number of all PCR tests (positive and negative) are provided to NSW Health by participating laboratories each week. Testing counts reflect the number of influenza PCR tests conducted;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

The most recent data available is for testing carried out to 19 July. A total of 532,915 influenza tests have been performed at participating laboratories to 19 July, with 39,208 tests conducted in the most recent week. 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. The blue line shows the average number of tests carried out for the same week in the last five years and the shaded area shows the range of counts reported in the previous five years. The grey line shows the number of COVID-19 tests.

Figure 18. Testing for influenza and COVID-19 by week, to 19 July 2020

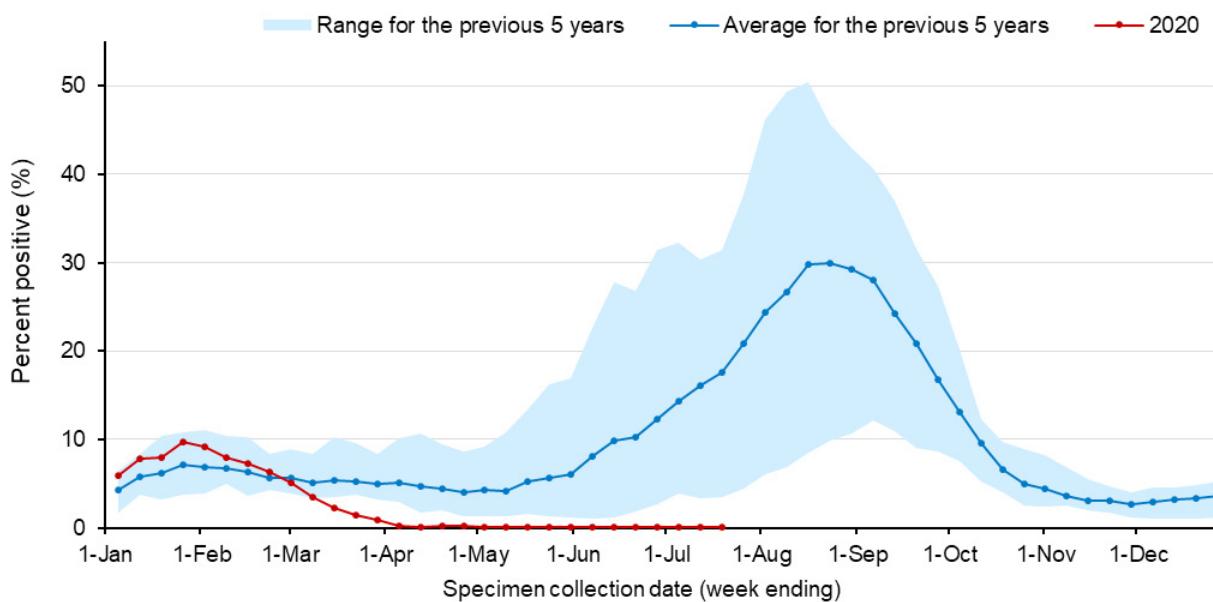


Interpretation: The number of influenza tests performed has exceeded the previous five-year average every week this year. The peak in March corresponds to an increase in testing for COVID-19 virus. The subsequent decline of influenza testing, and sharp increase in COVID-19 testing from April, reflects changes in testing practices for COVID-19 introduced in late March so that testing for influenza and other respiratory viruses was by exception to enable laboratories to increase COVID-19 testing using common equipment. Subsequently, testing for both influenza and COVID-19 has increased.

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 2020, the blue line showing the average for the past five years and the shaded area showing the range recorded in the previous five years.

Figure 19. Proportion of tests positive for influenza, to 19 July 2020



Interpretation: The percent of influenza tests that were positive in the week ending 19 July continues to be very low (less than 0.1%), indicating limited influenza transmission in the community.

How many people have died as a result of influenza?

No influenza deaths were reported in the week ending 19 July. The number of influenza-related deaths identified via Coroner's reports and death registrations from 1 January to 19 July 2020 is lower than the same period last year (12 deaths in 2020 compared with 90 in 2019).⁴ Two-thirds of the deaths were in people aged 65 years and over.

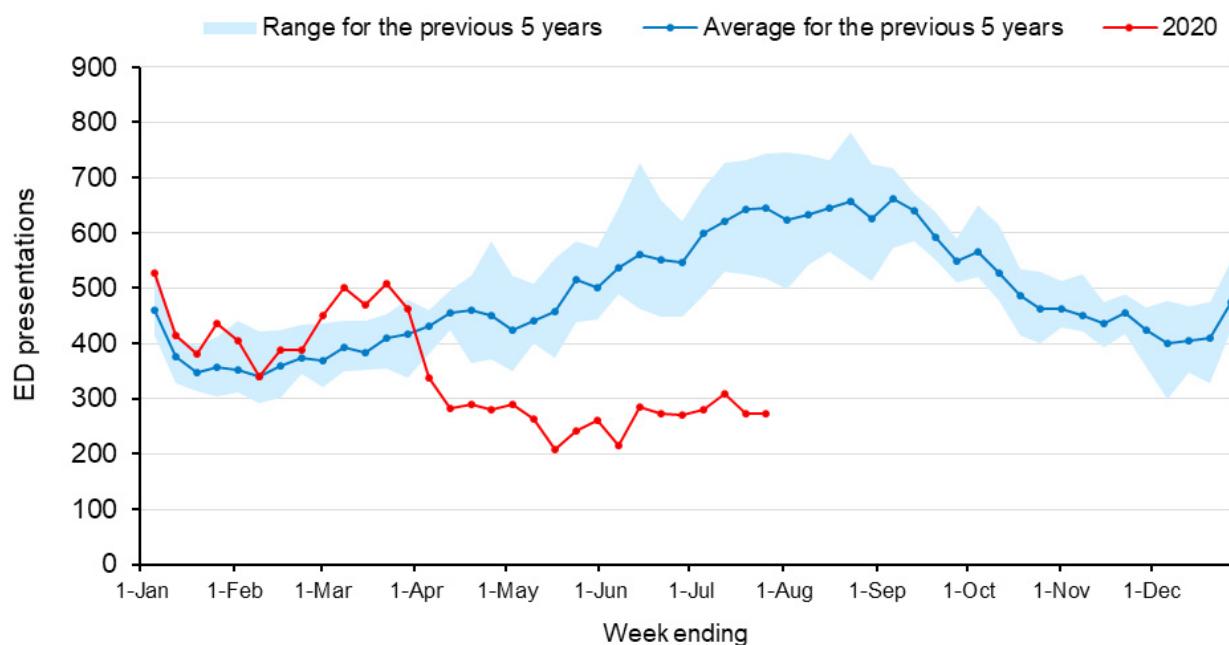
⁴ Includes deaths in people with laboratory-confirmed influenza.

How are emergency department presentations for pneumonia tracking?

The figure below shows weekly pneumonia presentations to Emergency Departments in NSW. This includes presentations 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 using PHREDSS.⁵

The red line shows the weekly counts for 2020, the blue line shows the average for the same week for the past five years and the shaded area shows the range recorded in the previous five years.

Figure 20. Emergency Department pneumonia presentations in NSW by week, to 26 July 2020



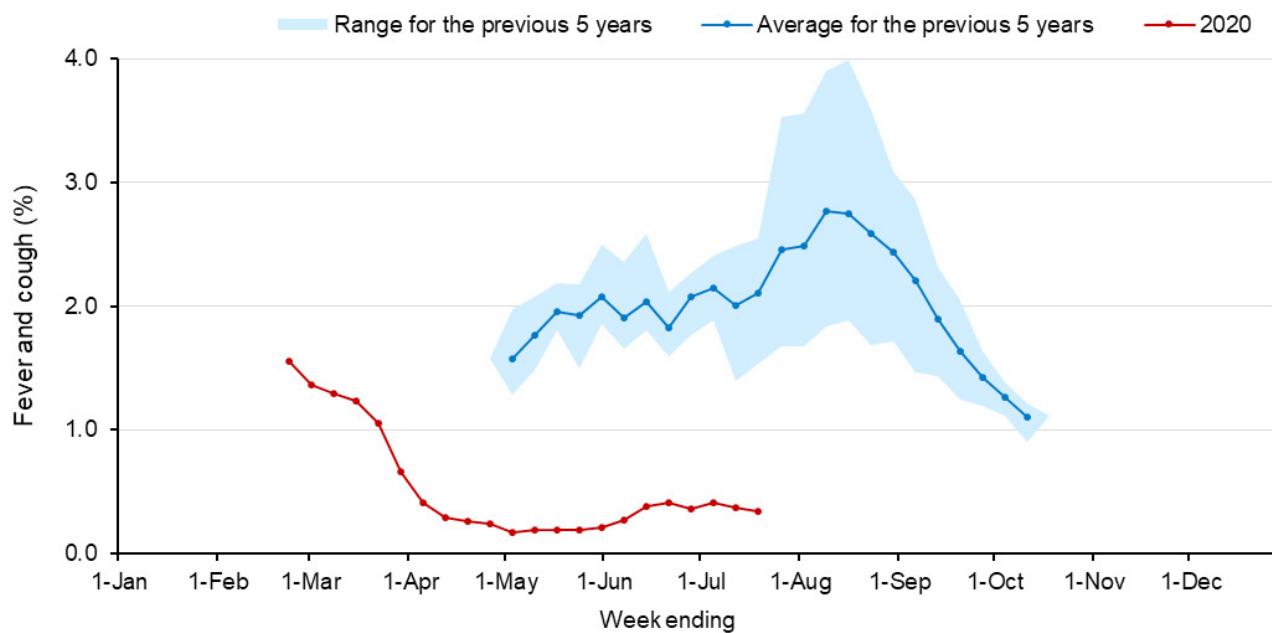
Interpretation: Pneumonia presentations decreased from the end of March and have continued to remain well below the usual range for this time of year.

⁵ 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).

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 21. Proportion of FluTracker participants in NSW reporting influenza-like illness, to 19 July 2020



Interpretation: In NSW in the week ending 19 July, of the 24,366 people surveyed, 83 people (0.3%) reported flu-like symptoms. The proportion of people reporting symptoms increased from mid-June but remains well below the usual range for this time of year.

APPENDIX A: COVID-19 PCR TESTS IN NSW

Local Health District	Local Government Area	Week ending				Total	
		25 July		18 July			
		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	5166	14.6	4456	12.6	55509	157.3
Far West	Balranald	25	10.7	28	12.0	175	74.9
	Broken Hill	231	13.2	161	9.2	2013	115.2
	Central Darling	17	9.2	25	13.6	151	82.1
	Wentworth	99	14.0	118	16.7	860	121.9
Hunter New England	LHD Total ²	372	12.3	332	11.0	3199	106.1
	Armidale Regional	385	12.5	289	9.4	4486	145.8
	Cessnock	686	11.4	612	10.2	7169	119.5
	Dungog	133	14.1	96	10.2	1024	108.7
	Glen Innes Severn	86	9.7	73	8.2	951	107.2
	Gunnedah	152	12.0	128	10.1	1139	89.8
	Gwydir	32	6.0	23	4.3	304	56.8
	Inverell	228	13.5	172	10.2	2008	118.9
	Lake Macquarie	3682	17.9	2698	13.1	34699	168.5
	Liverpool Plains	90	11.4	76	9.6	952	120.5
	Maitland	2533	29.7	1360	16.0	17090	200.7
	Mid-Coast	921	9.8	842	9.0	10331	110.1
	Moree Plains	117	8.8	78	5.9	1341	101.1
	Muswellbrook	256	15.6	219	13.4	1997	121.9
	Narrabri	117	8.9	138	10.5	1248	95.0
	Newcastle	3952	23.9	2856	17.3	34411	207.8
	Port Stephens	4492	61.1	879	12.0	14314	194.8
	Singleton	565	24.1	403	17.2	4243	180.9
	Tamworth Regional	799	12.8	699	11.2	10174	162.7
	Tenterfield	46	7.0	37	5.6	460	69.8
Illawarra Shoalhaven	Upper Hunter Shire	212	15.0	154	10.9	1827	128.8
	Uralla	42	7.0	42	7.0	552	91.8
	Walcha	21	6.7	35	11.2	364	116.2
	LHD Total ²	19538	20.5	11896	12.5	150982	158.5
	Kiama	474	20.3	369	15.8	4169	178.3
	Shellharbour	1565	21.4	1251	17.1	13020	177.8
	Shoalhaven	1725	16.3	1319	12.5	14729	139.4
	Wollongong	3892	17.8	3598	16.5	33296	152.7
	LHD Total ²	7656	18.3	6537	15.6	65214	155.4

COVID-19 WEEKLY SURVEILLANCE IN NSW
www.health.nsw.gov.au/coronavirus
Epidemiological week 30, ending 25 July 2020

Local Health District	Local Government Area	Week ending				Total	
		25 July		18 July			
		No.	Tests per 1,000 population	No.	Tests per 1,000 population	No.	Tests per 1,000 population
Mid North Coast	Bellingen	146	11.2	153	11.8	1543	118.7
	Coffs Harbour	878	11.4	782	10.1	8656	112.0
	Kempsey	357	12.0	318	10.7	3646	122.6
	Nambucca	203	10.3	181	9.1	2004	101.2
	Port Macquarie-Hastings	1102	13.0	1008	11.9	9811	116.1
	LHD Total ²	2686	11.9	2442	10.8	25660	113.7
Murrumbidgee	Albury	672	12.4	961	17.7	5884	108.3
	Berrigan	88	10.1	119	13.6	837	95.7
	Bland	104	17.4	87	14.6	640	107.2
	Carrathool	17	6.1	14	5.0	114	40.7
	Coolamon	66	15.2	47	10.8	500	115.2
	Cootamundra-Gundagai Regional	177	15.8	118	10.5	1271	113.1
	Edward River	94	10.4	112	12.3	1109	122.1
	Federation	150	12.1	131	10.5	1087	87.4
	Greater Hume Shire	151	14.0	165	15.3	1212	112.6
	Griffith	370	13.7	324	12.0	3144	116.3
	Hay	22	7.5	20	6.8	218	73.9
	Hilltops	258	13.8	207	11.1	1811	96.8
	Junee	63	9.4	68	10.2	481	72.0
	Lachlan ¹	35	5.8	45	7.4	371	61.1
	Leeton	117	10.2	84	7.3	962	84.1
	Lockhart	30	9.1	31	9.4	343	104.4
	Murray River	54	4.5	59	4.9	236	19.5
	Murrumbidgee	39	10.0	43	11.0	347	88.6
	Narrandera	69	11.7	51	8.7	451	76.5
	Snowy Valleys	211	14.6	199	13.7	1644	113.5
	Temora	36	5.7	69	10.9	581	92.1
	Wagga Wagga	916	14.0	982	15.1	9886	151.5
	LHD Total ²	3708	12.4	3909	13.1	32906	110.4
Nepean Blue Mountains	Blue Mountains	1786	22.6	1587	20.1	17957	227.0
	Hawkesbury	1310	19.5	1209	18.0	12493	185.6
	Lithgow	253	11.7	256	11.9	2760	127.8
	Penrith	5535	26.0	4477	21.0	47164	221.5
	LHD Total ²	8755	22.4	7393	18.9	79757	204.0

COVID-19 WEEKLY SURVEILLANCE IN NSW
www.health.nsw.gov.au/coronavirus
Epidemiological week 30, ending 25 July 2020

Local Health District	Local Government Area	Week ending				Total	
		25 July		18 July			
		No.	Tests per 1,000 population	No.	Tests per 1,000 population	No.	Tests per 1,000 population
Northern NSW	Ballina	607	13.6	534	12.0	6448	144.5
	Byron	459	13.1	614	17.5	5479	156.2
	Clarence Valley	425	8.2	421	8.2	4863	94.1
	Kyogle	131	14.9	67	7.6	705	80.2
	Lismore	566	13.0	586	13.4	6031	138.0
	Richmond Valley	316	13.5	265	11.3	2825	120.4
	Tenterfield	46	7.0	37	5.6	460	69.8
	Tweed	977	10.1	865	8.9	10489	108.1
	<i>LHD Total²</i>	3489	11.2	3364	10.8	36951	119.1
Northern Sydney	Hornsby	2191	14.4	1628	10.7	20824	137.0
	Hunters Hill	534	35.7	414	27.6	5420	361.8
	Ku-ring-gai	2698	21.2	2238	17.6	24699	194.3
	Lane Cove	1422	35.4	1214	30.2	14928	371.8
	Mosman	524	16.9	445	14.4	5864	189.3
	North Sydney	1094	14.6	970	12.9	11161	148.8
	Northern Beaches	4120	15.1	3690	13.5	46534	170.1
	Parramatta ¹	4337	16.9	2969	11.5	31125	121.0
	Ryde	1905	14.5	1737	13.2	19693	150.0
South Eastern Sydney	Willoughby	1104	13.6	847	10.4	10303	126.9
	<i>LHD Total²</i>	16321	17.1	13708	14.3	165360	173.0
	Bayside	2306	12.9	2269	12.7	22399	125.6
	Georges River	2317	14.5	2255	14.1	20183	126.6
	Randwick	2998	19.3	2574	16.5	32126	206.4
	Sutherland Shire	5074	22.0	4833	21.0	46393	201.2
	Sydney ¹	5234	21.3	4242	17.2	44915	182.3
	Waverley	1545	20.8	1372	18.5	19831	266.9
	Woollahra	1431	24.1	1135	19.1	15470	260.5
South Western Sydney	<i>LHD Total²</i>	17195	17.9	15727	16.4	169799	177.0
	Camden	3581	35.3	5703	56.2	26298	259.3
	Campbelltown	3832	22.4	9221	53.9	35112	205.4
	Canterbury-Bankstown ¹	6461	17.1	7620	20.2	52694	139.4
	Fairfield	8299	39.2	5607	26.5	28201	133.2
	Liverpool	6430	28.3	11833	52.0	42891	188.5
	Wingecarribee	1031	20.2	2503	49.0	11221	219.4
	Wollondilly	714	13.4	2819	53.0	8341	156.9
	<i>LHD Total²</i>	27380	26.4	41783	40.2	178566	171.9

COVID-19 WEEKLY SURVEILLANCE IN NSW
www.health.nsw.gov.au/coronavirus
Epidemiological week 30, ending 25 July 2020

Local Health District	Local Government Area	Week ending				Total	
		25 July		18 July			
		No.	Tests per 1,000 population	No.	Tests per 1,000 population	No.	Tests per 1,000 population
Southern NSW	Bega Valley	587	17.0	893	25.9	4385	127.2
	Eurobodalla	2957	76.9	666	17.3	7400	192.3
	Goulburn Mulwaree	491	15.8	398	12.8	4378	140.6
	Queanbeyan-Palerang Regional	729	11.9	486	8.0	6221	101.8
	Snowy Monaro Regional	341	16.4	311	15.0	2460	118.3
	Upper Lachlan Shire	119	14.8	83	10.3	915	113.5
	Yass Valley	165	9.7	114	6.7	1499	87.7
	<i>LHD Total²</i>	5395	24.9	2952	13.6	27268	125.6
Sydney	Burwood	459	11.3	433	10.7	4187	103.1
	Canada Bay	1817	18.9	1694	17.6	18404	191.6
	Canterbury-Bankstown ¹	6461	17.1	7620	20.2	52694	139.4
	Inner West	4875	24.3	4024	20.0	45601	227.1
	Strathfield	880	18.8	803	17.1	7380	157.3
	Sydney ¹	5234	21.3	4242	17.2	44915	182.3
	<i>LHD Total²</i>	14688	21.1	13430	19.3	132841	190.7
	Bathurst Regional	711	16.3	599	13.7	6328	145.1
Western NSW	Blayney	110	14.9	90	12.2	1093	148.1
	Bogan	52	20.2	25	9.7	272	105.4
	Bourke	14	5.4	12	4.6	183	70.7
	Brewarrina	12	7.5	15	9.3	162	100.6
	Cabonne	94	6.9	93	6.8	1047	76.8
	Cobar	66	14.2	51	11.0	341	73.2
	Coonamble	54	13.6	30	7.6	394	99.6
	Cowra	141	11.1	135	10.6	1262	99.0
	Dubbo Regional	831	15.5	647	12.0	6233	116.0
	Forbes	149	15.0	74	7.5	677	68.3
	Gulgandra	103	24.3	26	6.1	349	82.3
	Lachlan ¹	35	5.8	45	7.4	371	61.1
	Mid-Western Regional	338	13.4	300	11.9	3120	123.6
	Narromine	103	15.8	52	8.0	586	89.9
	Oberon	57	10.5	45	8.3	592	109.4
	Orange	606	14.3	569	13.4	6605	155.6
	Parkes	155	10.5	112	7.6	1201	81.0
	Walgett	94	15.8	138	23.2	733	123.1
	Warren	60	22.3	57	21.1	470	174.3
	Warrumbungle Shire	104	11.2	202	21.8	1100	118.6
	Weddin	98	27.1	28	7.8	353	97.7
	<i>LHD Total²</i>	3984	14.0	3334	11.7	33349	117.0

Local Health District	Local Government Area	Week ending				Total	
		25 July		18 July			
		No.	Tests per 1,000 population	No.	Tests per 1,000 population	No.	Tests per 1,000 population
Western Sydney	Blacktown	8705	23.3	5852	15.6	63174	168.7
	Cumberland	5445	22.5	3651	15.1	32626	135.1
	Parramatta ¹	4337	16.9	2969	11.5	31125	121.0
	The Hills Shire	4084	23.0	3091	17.4	33936	190.7
	LHD Total ²	21993	20.9	15174	14.4	155995	148.1
NSW Total ³		166,705	20.6	156,919	19.4	1,387,456	171.5

¹Local Government Area (LGA) spans multiple Local Health Districts.²Local Health District total counts and rates includes tests for LHD residents only. Murrumbidgee includes Albury LGA residents.³NSW 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, 1 JANUARY TO 19 JULY 2020

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.

Specimen collection date	Total PCR tests conducted	Influenza A		Influenza B		Adeno-virus	Para-influenza	RSV	Rhinovirus	HMPV	Enterovirus
		No.	%Pos.	No.	%Pos.						
1 Jan–19 July 2020											
Total	532,915	6,603	1.2%	946	0.2%	4,235	8,933	4,678	87,670	1,958	3,694
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	126,768	48	0.04%	10	0.01%	628	81	178	28,191	112	241
Week ending											
5 July	37,394	12	0.03%	1	<0.003%	199	24	42	9,574	46	89
12 July	43,126	4	0.01%	0	0.00%	229	24	48	7,328	9	105
19 July	39,208	14	0.04%	0	0.00%	225	17	38	5,447	16	93

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

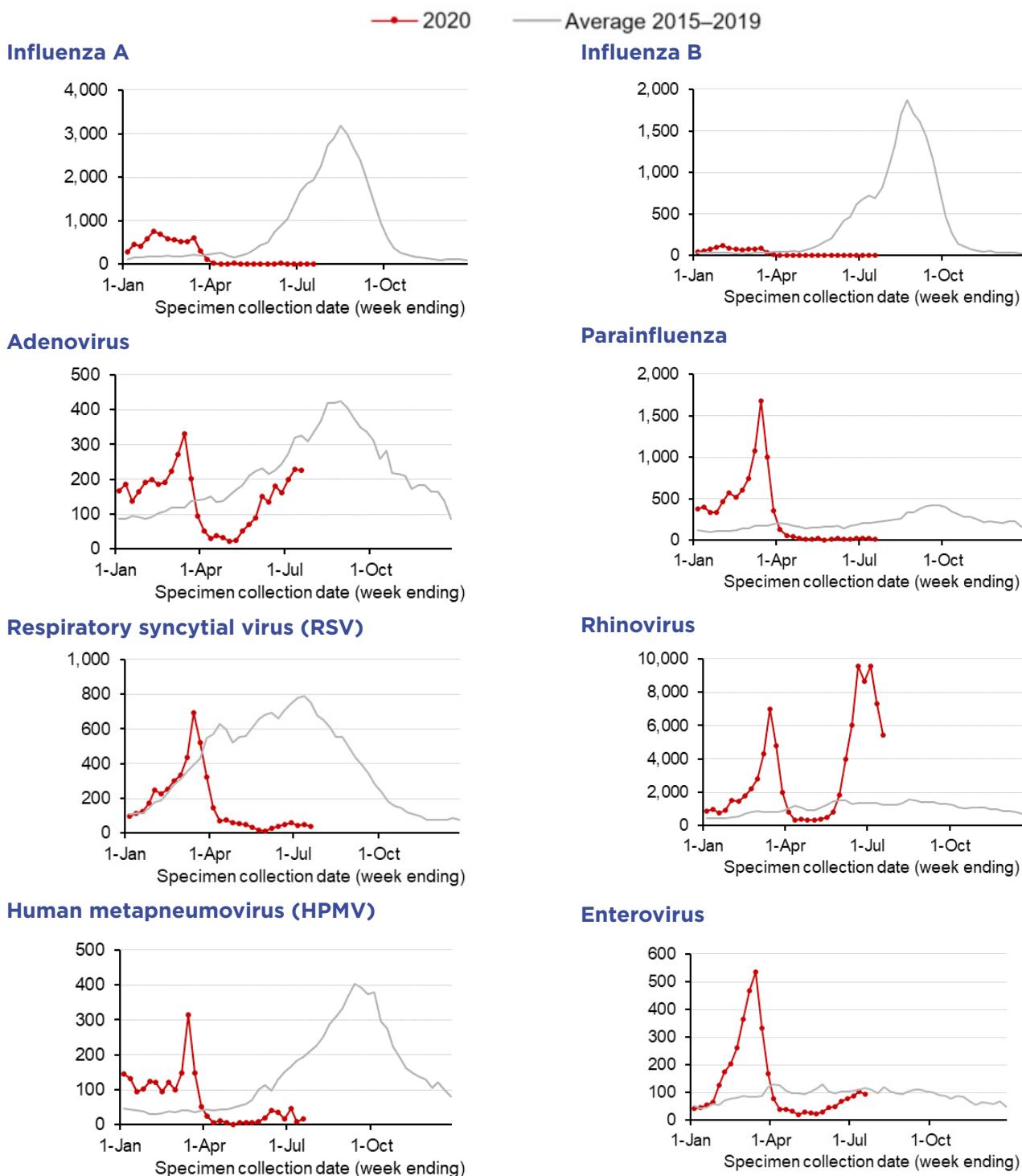
HMPV - Human metapneumovirus

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, 1 JANUARY TO 19 JULY 2020

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.



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

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: <ul style="list-style-type: none">- 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.
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 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.