COVID-19 WEEKLY SURVEILLANCE IN NSW

EPIDEMIOLOGICAL WEEK 32, ENDING 8 AUGUST 2020

Published 13 August 2020

SUMMARY FOR THE WEEK ENDING 8 AUGUST

- Fewer locally-acquired cases were reported in the week ending 8 August when compared to the previous week (66 vs 91 cases) while testing rates increased by 10% (average daily testing rate of 2.9 per 1,000 people in NSW).
- Investigations to date have been unable to link three cases reported this week with known cases or clusters.
- High testing rates and low case counts indicate limited community transmission.
- Cases reported this week have primarily been household contacts of cases linked to known clusters, however additional cases have been reported in farm workers who live in southwestern Sydney but work on the Central Coast, and a new cluster has been identified in a school at Cherrybrook.
- Testing and isolation as soon as symptoms develop (even if mild) is essential.
- People identified as close contacts should:
    - seek testing regardless of symptoms
    - repeat testing despite a previous negative test if symptoms (even mild) develop
    - remain isolated for 14 days from last exposure to the case regardless of a negative test result.

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 our locally-acquired cases to show how effective we've been in preventing the spread of COVID-19 in NSW in the past two weeks:

Measure		Week of reporting	
		Week ending 8 August	Week ending 1 August
Cases with **no links** to known case or cluster	Proportion tested (swabbed) within:		
	• 1 day of symptom onset	100% (3/3)	0% (0/2)
	• 2 days of symptom onset	100% (3/3)	50% (1/2)
	• 3 days of symptom onset	100% (3/3)	50% (1/2)
	Proportion tested more than 3 days after symptom onset	0% (0/3)	50% (1/2)
	Proportion who entered isolation within:		
	• 1 day of symptom onset	100% (3/3)	0% (0/2)
	• 2 days of symptom onset	100% (3/3)	0% (0/2)
	• 3 days of symptom onset	100% (3/3)	50% (1/2)
	Proportion who entered isolation more than 3 days after symptom onset	0% (0/3)	50% (1/2)
Cases **linked** to known case or cluster	Proportion tested (swabbed) within:		
	• 1 day of symptom onset	35% (20/57)	56% (40/71)
	• 2 days of symptom onset	58% (33/57)	70% (50/71)
	• 3 days of symptom onset	72% (41/57)	82% (58/71)
	Proportion tested more than 3 days after symptom onset	28% (16/57)	18% (13/71)
	Proportion who entered isolation within:		
	• 1 day of symptom onset	61% (35/57)	85% (60/71)
	• 2 days of symptom onset	75% (43/57)	93% (66/71)
	• 3 days of symptom onset	88% (50/57)	96% (68/71)
	Proportion who entered isolation more than 3 days after symptom onset	12% (7/57)	4% (3/71)
Number of tests conducted		163,636	148,224
Proportion notified to NSW Health by the laboratory within:			
• 1 day of swab collection		76% (50/66)	74% (67/91)
• 2 days of swab collection		98% (65/66)	99% (90/91)
• 3 days of swab collection		98% (65/66)	100% (91/91)
Proportion notified to NSW Health by the laboratory more than 3 days after the swab collection		2% (1/66)	0%
Proportion of locally-acquired cases interviewed by public health staff within 1 day of notification to NSW Health		100% (66/66)	100% (91/91)

Interpretation: All three cases with no links to known clusters or cases sought testing and isolated within a day of developing symptoms, thereby limiting the spread of infection into the community. However, 28% of cases who have been linked to a known case or cluster were tested more than three days after symptom onset and 12% of these cases isolated more than three days after symptom onset. All people are reminded of the need to isolate and seek testing as soon as symptoms develop to limit spread to other people.

Despite the high volume of testing, the time taken to notify cases remains stable with most new cases in the week ending 8 August notified to NSW Health within two days of swab collection. One case was notified more than three days after the swab collection, however, NSW Health was notified of a preliminary result so public health action was undertaken prior to confirmation of the final diagnosis. Public health staff are responding quickly, with all cases interviewed within one day of notification.

SECTION 2: HOW IS THE OUTBREAK TRACKING IN NSW?

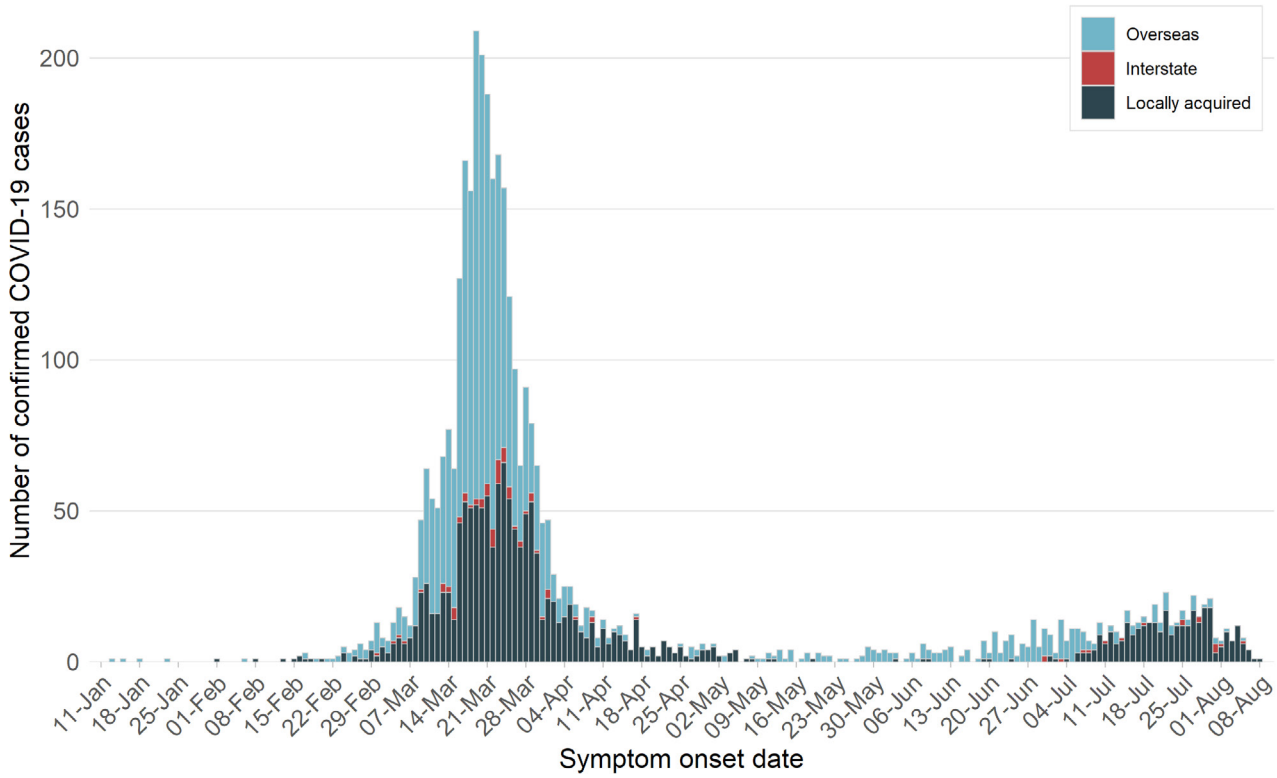
Table 1. COVID-19 cases and tests reported in NSW, up to 8 August 2020

	Week ending 8 August	Week ending 1 August	% change	Total to 8 August
Number of cases	78	110	↓ 29%	3,678
Overseas acquired	7	15	↓ 53%	2,039
Interstate acquired	5	4	↑ 25%	85
Locally acquired	66	91	↓ 28%	1,554
Number of deaths	0	1		52
Number of tests	163,636	148,224	↑ 10%	1,702,472

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 8 August 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. In recent weeks, the number of overseas-acquired cases has decreased while the number of locally-acquired cases has increased.

How many NSW cases were infected in Victoria?

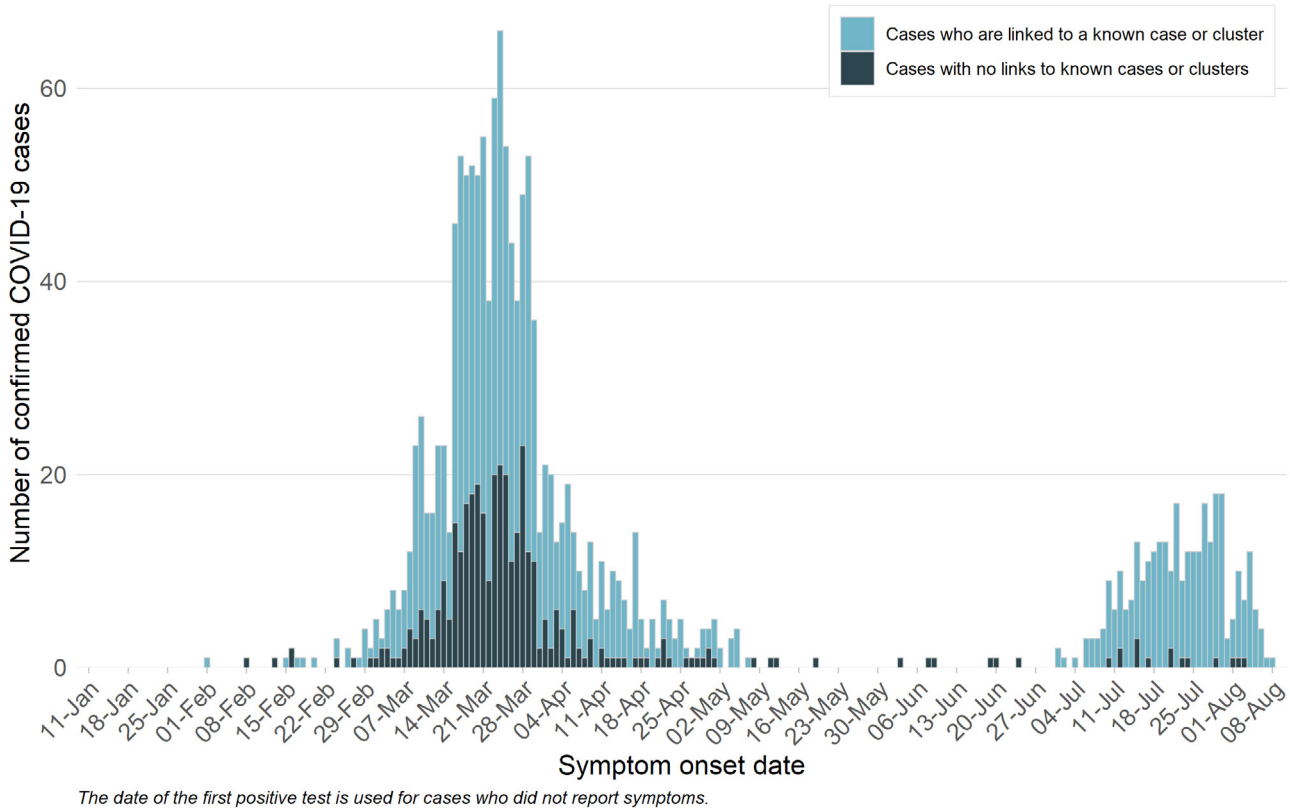
In response to the continued community transmission in Victoria, border measures have been introduced to limit the spread of infection into NSW. From 8 July, under the Public Health (COVID-19 Border Control) Order 2020, a person who has been in Victoria within the last 14 days must not travel to NSW. 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.

Five cases (including three from a single household) reported in the last week acquired their infection in Victoria, all of whom were isolated on arrival into NSW.

How much transmission is occurring in NSW?

All new cases 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. Currently, public health efforts are focussed on contact tracing to limit further spread in the community, and identifying the source of infection for every case.

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



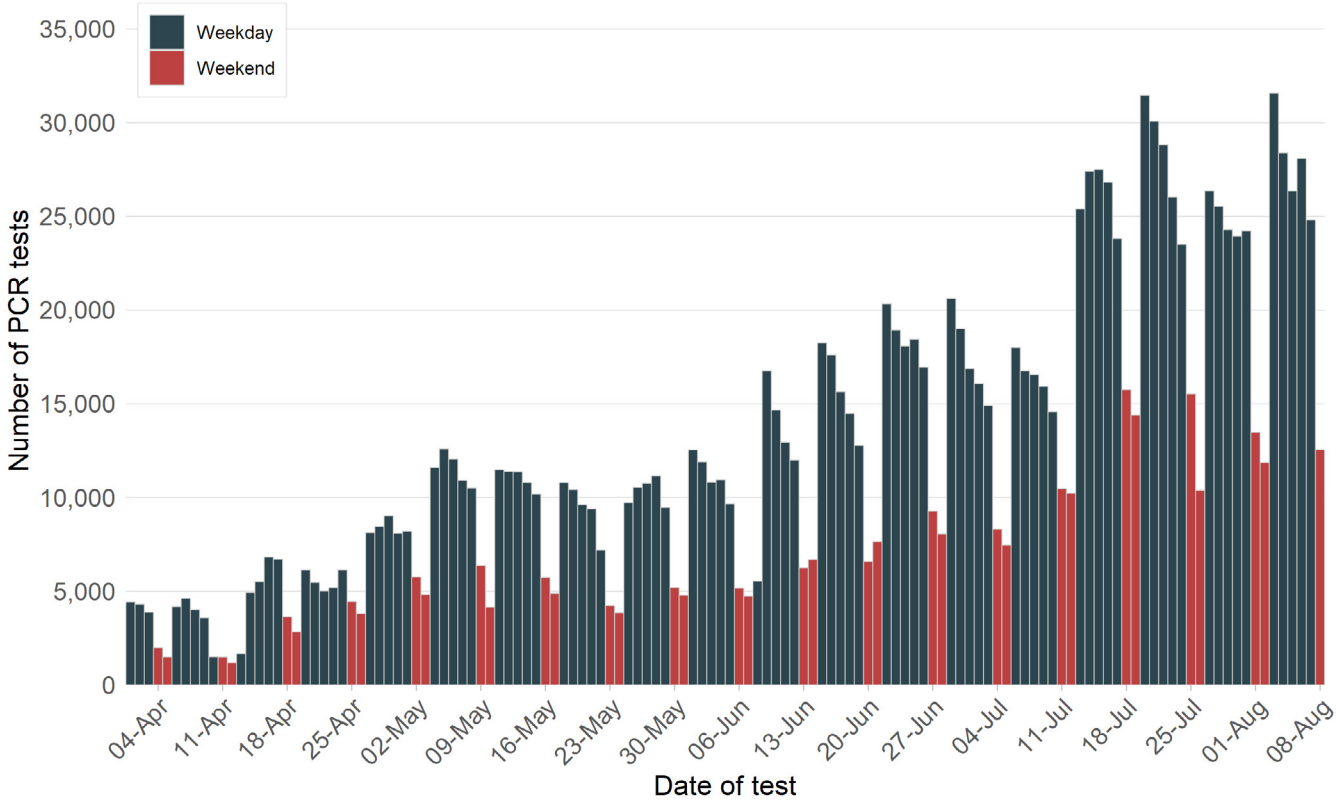
The date of the first positive test is used for cases who did not report symptoms.

Interpretation: Of the locally-acquired cases with an onset in the last four weeks, 94% (265/281) were linked to known cases or clusters.

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. 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.

Figure 3. Number of PCR tests per day, NSW, 2020

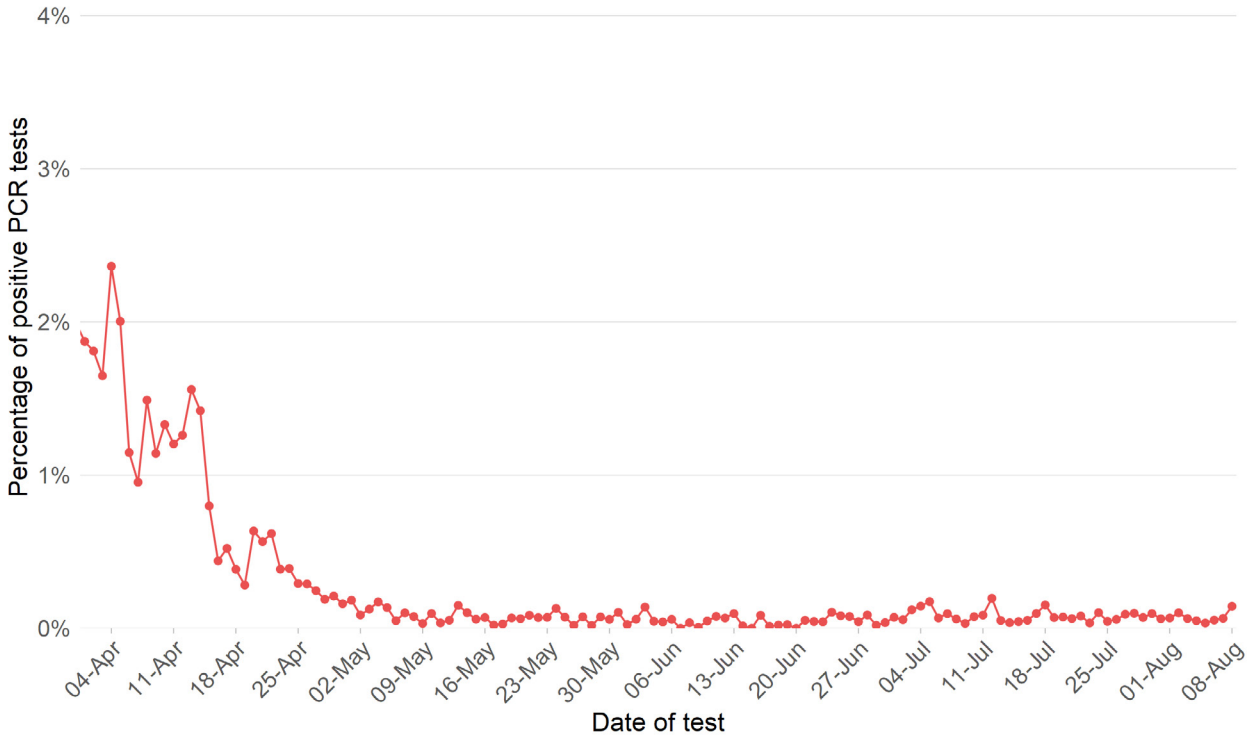


Includes SARS-CoV-2 PCR tests only and excludes repeat positive tests for an individual.

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. A 10% increase in testing was reported in the week ending 8 August compared with the previous week, continuing the trend of considerably higher testing in July and August compared to previous months. An average of 2.9 tests were conducted per 1,000 people in NSW each day in the week ending 8 August with the single highest daily test count reported on Monday 3 August (31,572 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 4. Proportion of PCR tests positive for COVID-19, NSW, 2020

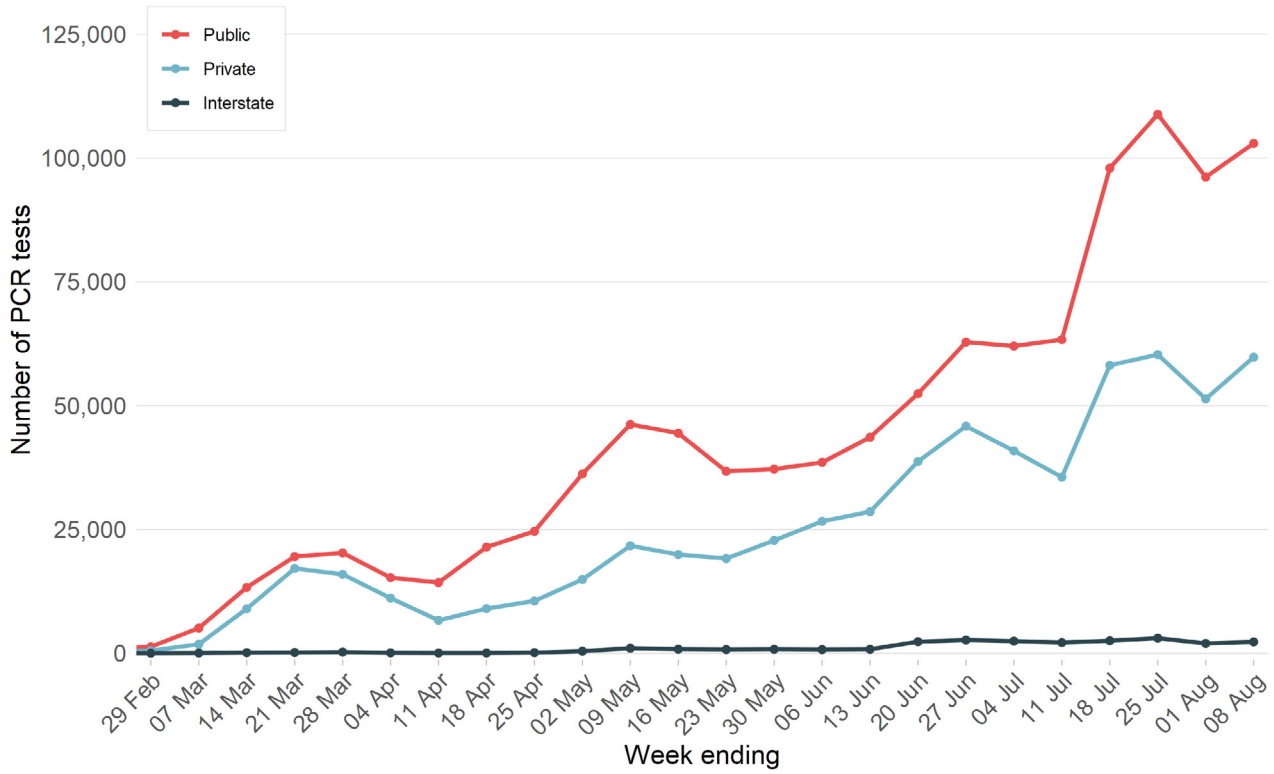


Includes SARS-CoV-2 PCR tests only and excludes repeat positive tests for an individual.

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.

Which laboratories are doing the testing?

Figure 5. 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.

Interpretation: In the week ending 8 August, testing in both public and private facilities remained high with approximately 62% of PCR tests conducted at public laboratories during this period.

SECTION 3: 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 cases and clusters are identified when close contacts who did not attend the location of the primary outbreak 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 8 August.

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, correctional and military facilities. A new cluster in a school was identified this week (further described below).

Community clusters

In total, 273 cases with an onset in the four weeks ending 8 August were linked to known clusters.

Table 2. COVID-19 community clusters, 1 July to 8 August 2020

Date cluster first identified	Cluster	Cases linked in the week ending 8 Aug	Number of linked cases	Source of cluster
10 July	Crossroads Hotel Casula and linked clusters	0	57*	Victorian-acquired case
17 July	Thai Rock Restaurant Wetherill Park and linked clusters	10	110*	Source not identified
18 July	Soldiers Club Batemans Bay	0	8	Source not identified
24 July	Bankstown area funeral services and linked clusters	25	60*	Source not identified
27 July	Thai Rock Restaurant Potts Point and linked clusters	10	34	Thai Rock Wetherill Park case
2 August	School in Northern Sydney LHD	4	4	Under investigation
	Total	**49**	**273**	

* Excludes the source cases.

Crossroads Hotel Casula

No additional cases have been linked to the Crossroads Hotel Casula cluster in the week ending 8 August. In total, 58 cases have been linked to this cluster including 15 hotel attendees (including the source case) and 43 cases who acquired their infection at a range of other locations.

Thai Rock Restaurant Wetherill Park

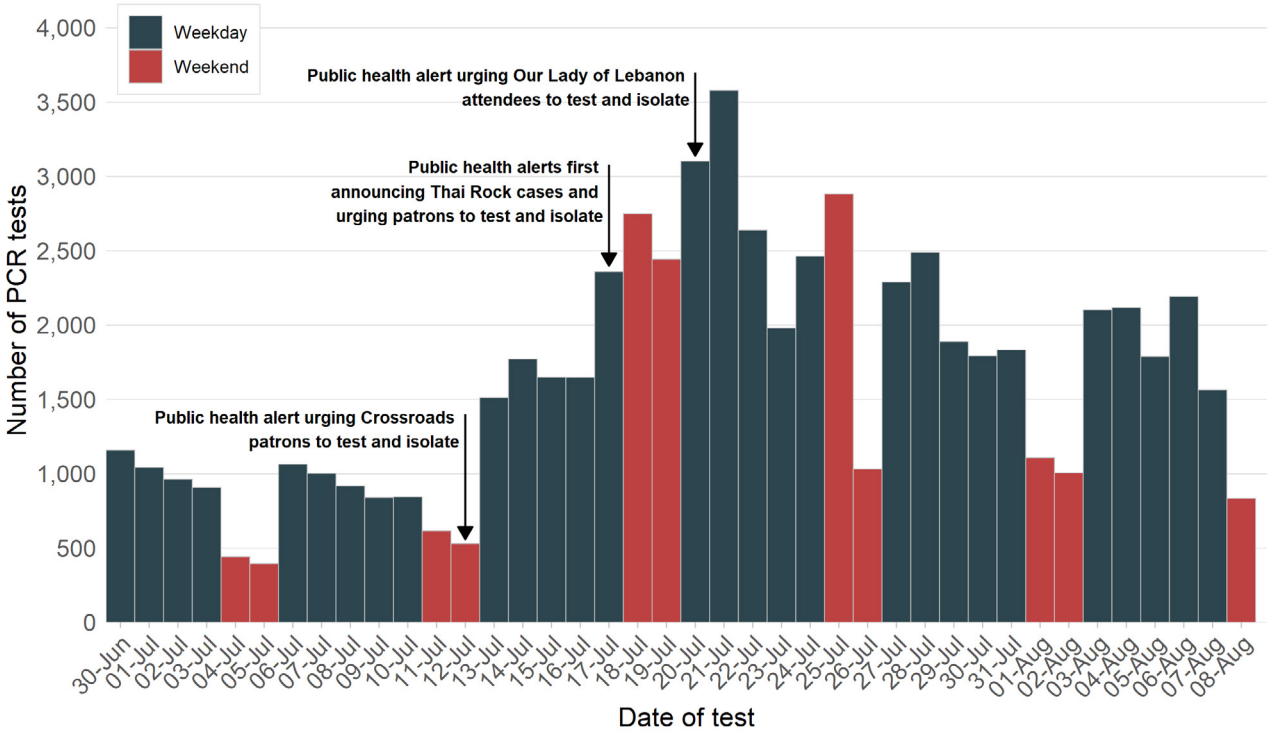
Three secondary clusters linked to the cluster at Thai Rock Restaurant have previously been identified, including two workplaces and Our Lady of Lebanon Cathedral, Harris Park. An additional 10 linked cases were reported in the week ending 8 August, including five associated with a sporting match.

On 25 July, Western Sydney LHD received a report of COVID-19 in a 5-year-old child who was a household contact of a cathedral attendee. On interview with the case's family it was identified that he attended mini-soccer training on 22 July while infectious but did not attend the game on 25 July. Between 25 July and 1 August, the case's father, two of his teammates and a parent of each of these children who attended both the training and the game also tested positive. No cases have been identified in parents or children in the opposing team on Saturday 25 July. The public health investigation identified multiple opportunities for transmission including while car-pooling to training, at training or through close contact within the home. Mini-soccer is played on very small fields between opposing teams of 4-5 players. Car-pooling aside, parents are often in close proximity to players and each other at training and games. At least four further cases had occurred in other household contacts by 8 August.

Table 3. Clusters linked to Thai Rock Restaurant Wetherill Park cluster

Setting of exposure	Primary cases	Secondary		Tertiary		Total
		Household	Other	Household	Other	
Thai Rock Restaurant Wetherill Park	**19**	**16**	**5**	**16**	**2**	**58**
Our Lady of Lebanon Cathedral, Harris Park	10	13	2	0	1	**26**
Sporting match, Canterbury-Bankstown LGA	4	5	0	0	0	**9**
Primary School, Fairfield LGA	1	2	0	0	0	**3**
Workplace in Fairfield LGA	8	4	0	0	0	**12**
Workplace in Cumberland LGA	2	0	0	0	0	**2**
Total	**44**	**40**	**7**	**16**	**3**	**110**

Figure 6. 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.

Thai Rock Restaurant Potts Point and linked clusters

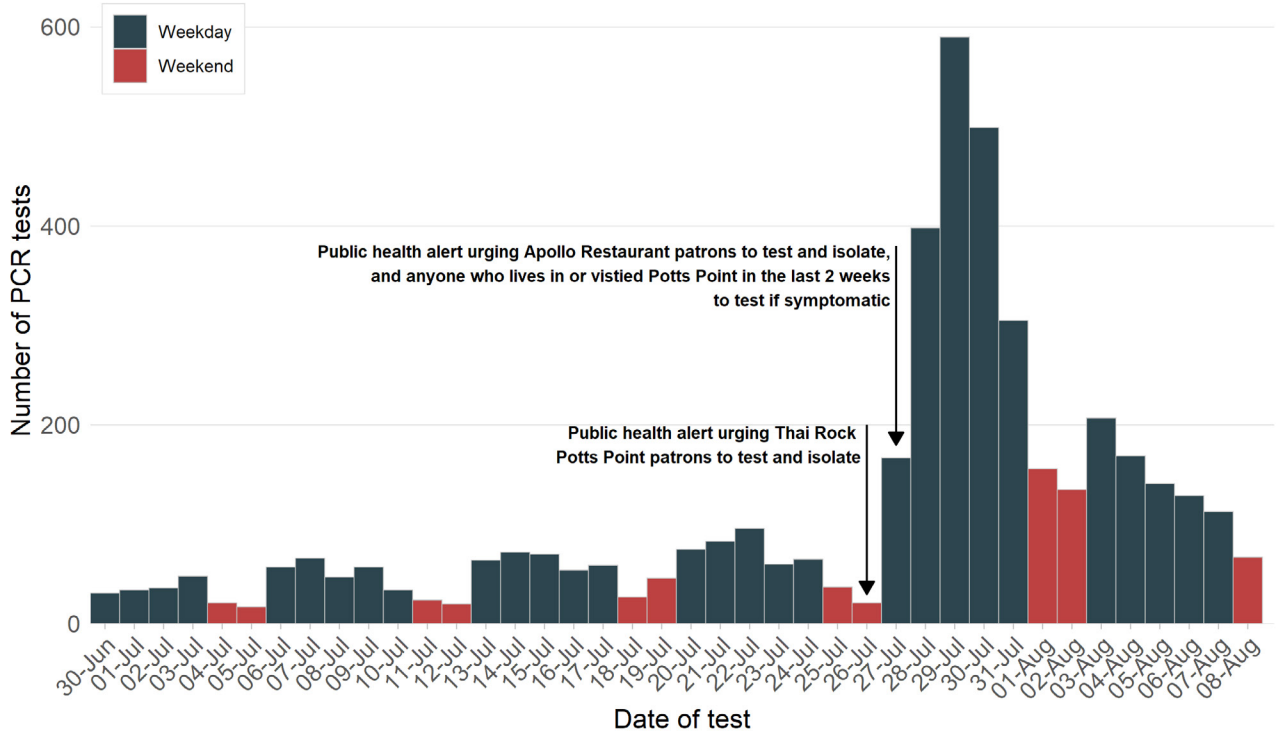
On 22 July a case was notified in a resident of Sydney LGA who had no known exposure to COVID-19. Places the case had visited, including Thai Rock Restaurant Potts Point on 17 July, were investigated. On 27 July a staff member of Apollo Restaurant Potts Point was notified with COVID-19, again with no known exposure source. Following media alerts urging staff and attendees of both restaurants to get tested, a couple who had eaten at Thai Rock on 17 July and Apollo on 22 July were identified as the link between the venues, as one was infectious when they visited Apollo. Whole genome sequencing shows that these cases cluster with cases from Thai Rock Wetherill Park.

In response to the two restaurant clusters, NSW Health issued a public health alert on 28 July to encourage testing in residents and recent visitors to Potts Point with even mild respiratory symptoms. In the week ending 8 August, an additional 10 cases were linked to the Apollo restaurant cluster, including six restaurant attendees and four household contacts of restaurant attendees.

Table 4. Clusters linked to Thai Rock Restaurant Potts Point

Setting of exposure	Primary cases	Secondary		Tertiary	Total
		Household	Other		
Thai Rock Restaurant Potts Point	**5**	**0**	**1**	**0**	**6**
Apollo Restaurant Potts Point	24	4	0	0	**28**
Total	**29**	**4**	**1**	**0**	**34**

Figure 7. COVID-19 PCR tests in Potts Point and surrounding suburbs, 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: postcode 2011.

Interpretation: A marked increase in the number of tests conducted in residents of Sydney LGA was observed following the public health alerts and information given to those who had attended Thai Rock and Apollo restaurants at the date and time of the outbreaks.

Bankstown area funeral services

A case, whose source of infection is not known, attended multiple events in their exposure and infectious period in the week ending 25 July, including services at St Brendan's Catholic Church Bankstown. A public health investigation identified that one of the funeral attendees attended Mounties, Mt Pritchard on multiple occasions while infectious. Following this, those who attended the venue during defined hours from 20 through to 25 July were directed to self-isolate for 14 days and undergo testing if they developed any COVID-19 symptoms. An additional three club patrons and nine secondary cases (eight household and one social contacts) were identified in the reporting week.

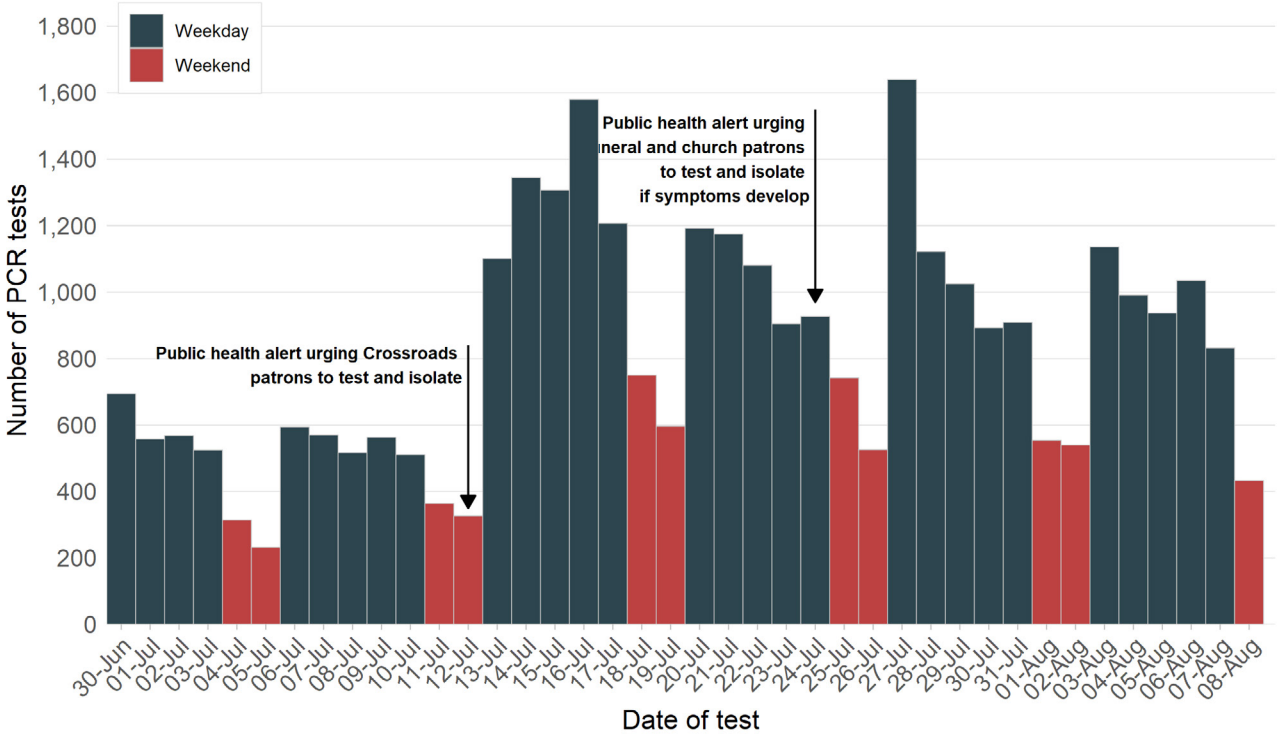
The public health investigation identified a recently diagnosed Mounties patron had driven several farm workers from South Western Sydney to the Central Coast during their infectious period. To 8 August, six cases have been identified in farm workers and a further seven cases in household and social contacts of farm workers.

In total, 61 cases have been associated with these clusters including 25 linked to the funeral services, 22 linked to the Mounties cluster and 13 cases linked to the farm.

Table 5. Clusters linked to Bankstown area funeral services

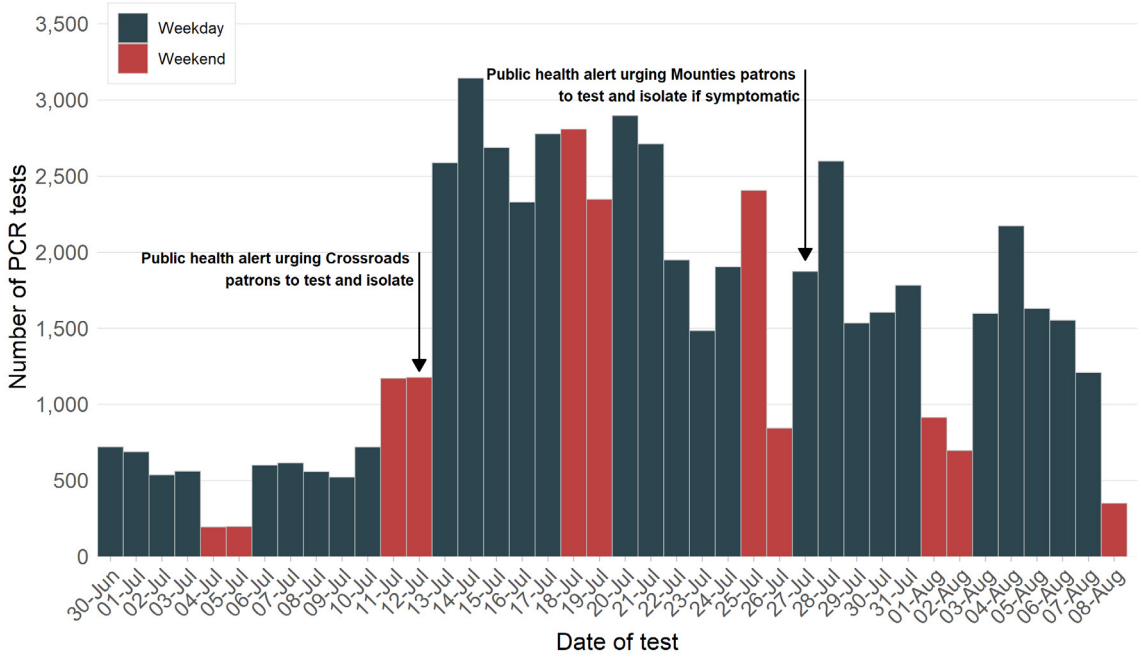
Setting of exposure	Primary cases	Secondary		Tertiary	Total
		Household	Other		
Bankstown area funeral services	**16**	**8**	**1**	**0**	**25**
Mounties, Mt Pritchard	11	7	4	0	22
Farm, Central Coast LHD	6	3	3	1	13
Total	**33**	**18**	**8**	**1**	**61**

Figure 8. 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.

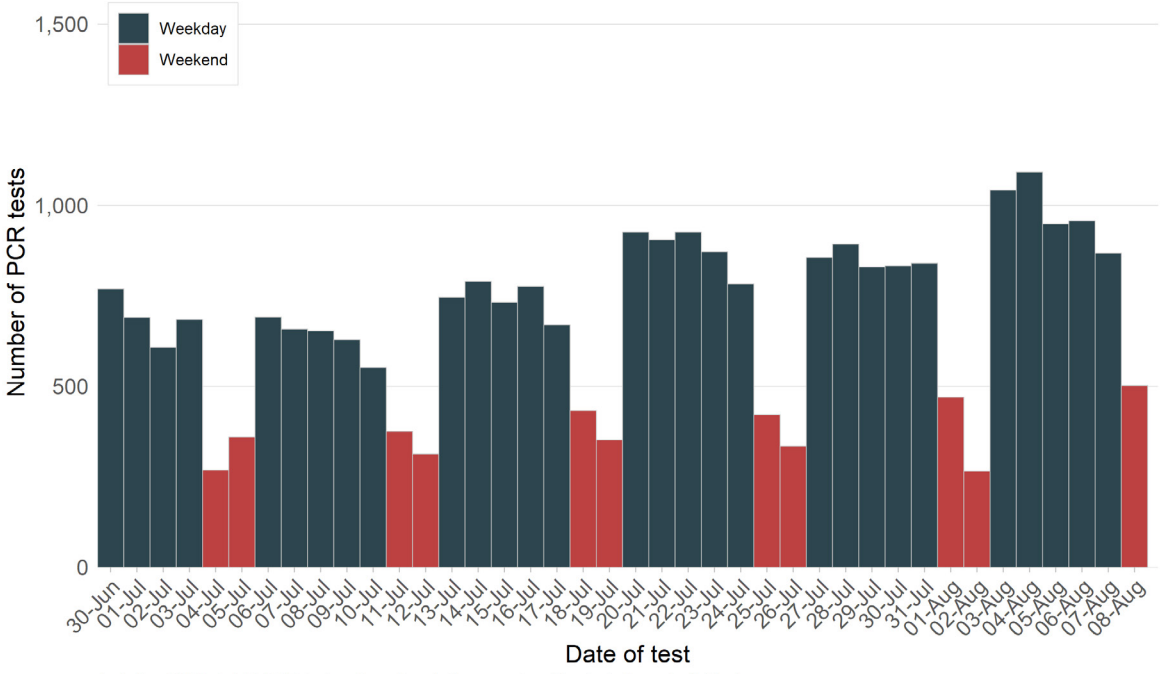
Figure 9. COVID-19 PCR tests in areas associated with the Mounties cluster, NSW, 2020



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: Fairfield and Liverpool LGAs.

Interpretation: While testing rates increased markedly in mid-July following the media alerts and calls to close contacts of the identified clusters, rates have trended downward in the recent week.

Figure 10. COVID-19 PCR tests in areas associated with the farm cluster, 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: Central Coast LGA.

Interpretation: The high rates of testing in the Central Coast LHD and low case counts suggests limited transmission into the community following the recent cluster identified in farm workers. The investigation is ongoing.

School in Northern Sydney LHD

On 7 August, Northern Sydney Public Health Unit and Western Sydney Public Health Unit identified an initial cluster of three cases linked to a school. Another case has since been linked. The school has closed for deep cleaning and close contacts have been advised to isolate and seek testing regardless of symptoms. The investigation into the source of this cluster continues.

Table 6. Clusters linked to school in Northern Sydney LHD

Setting of exposure	Primary cases	Secondary		Tertiary		Total
		Household	Other	Household	Other	
School in Northern Sydney LHD	**2**	**2**	**0**	**0**	**0**	**4**

SECTION 4: 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.

No Aboriginal cases were notified in the week ending 8 August. In total, 37 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

Two cases in pregnant women (both in their third trimester) were reported in the week ending 8 August, both linked to restaurant clusters. As those who test negative are not interviewed, testing rates among pregnant women are not available.

SECTION 5: DEATHS

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

In total, 1.4% of cases (52 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.

Table 7. Deaths as a result of COVID-19, by age group, NSW, 2020

Age group	Number of deaths	Proportion
0-4 years	0	0%
5-11 years	0	0%
12-17 years	0	0%
18-29 years	0	0%
30-49 years	0	0%
50-59 years	1	2%
60-69 years	4	8%
70-79 years	13	25%
80+ years	34	65%
Total	**52**	**100%**

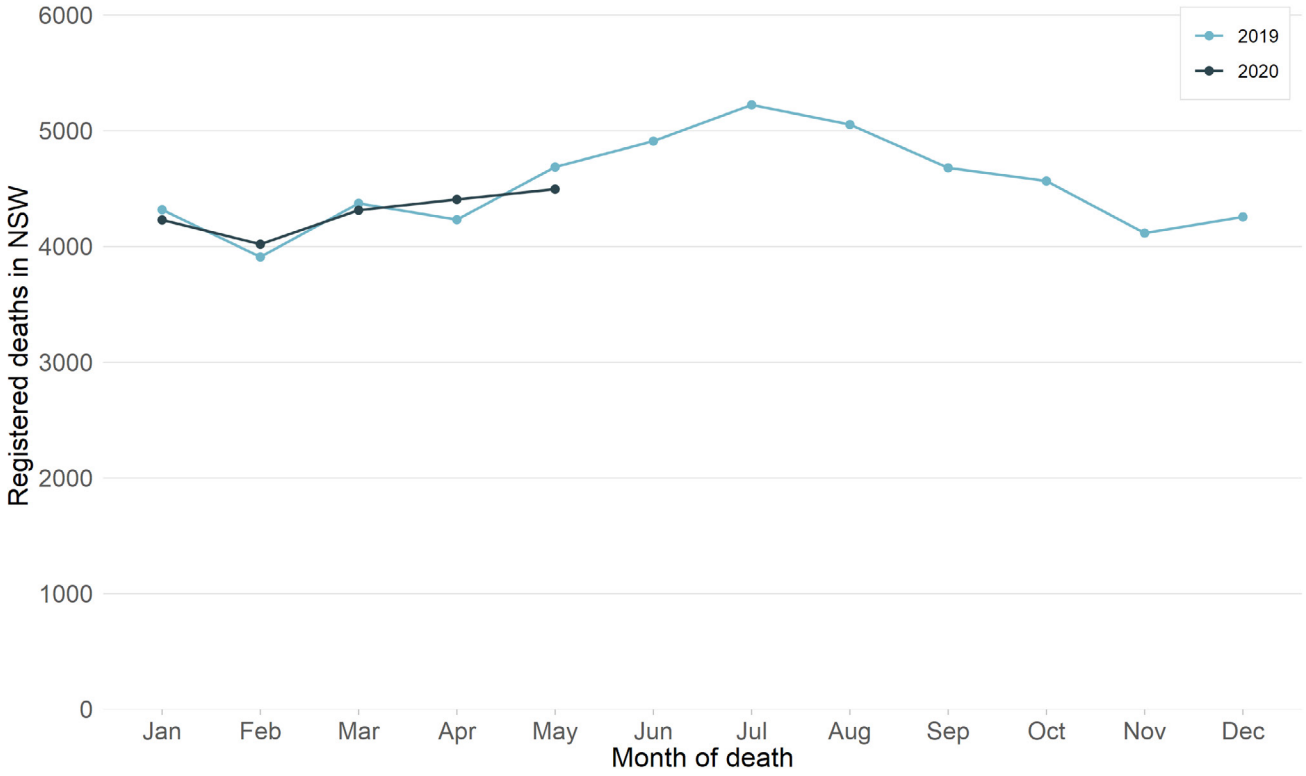
Internationally it is estimated that 3.7% of COVID-19 cases are reported to have died as a result of their infection.[2] Countries such as Italy, the United Kingdom and Spain have reported higher mortality rates (14.1%, 15.0% and 9.1%), while NSW reports similar rates to South Korea (2.1%) and New Zealand (1.8%). Mortality rates are heavily influenced by the testing criteria with lower rates of COVID-19-related deaths reported in countries where testing is recommended for all cases, including those with mild illness.

[2] WHO Coronavirus disease (COVID-19) Situation Report – 203
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

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

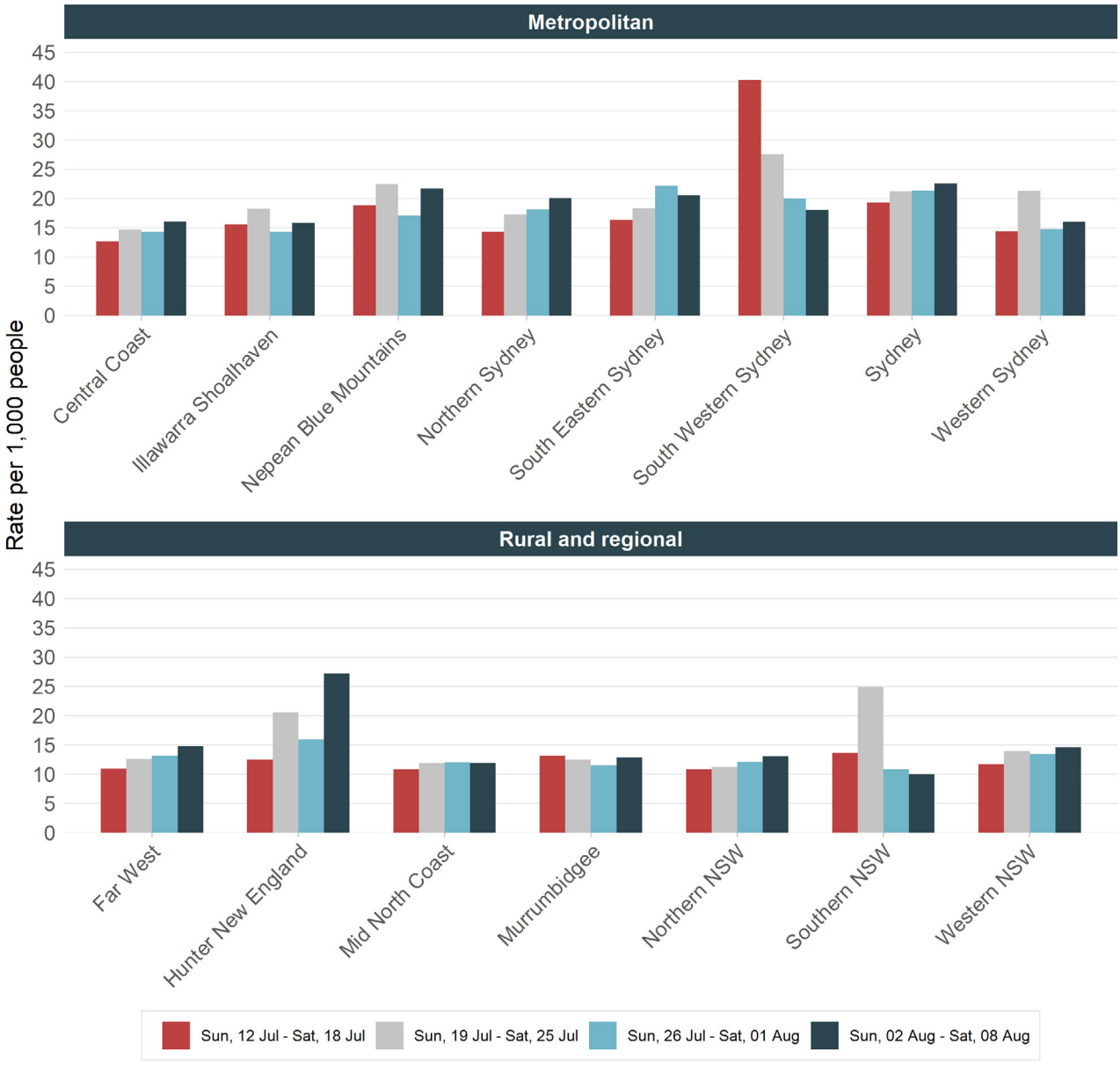


Based on deaths registered in NSW up to 06 August, 2020

Interpretation: When compared to the same period in 2019, the numbers of registered deaths were 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.

SECTION 6: COVID-19 TESTING IN NSW

Figure 12. Rates of COVID-19 testing by LHD of residence and week

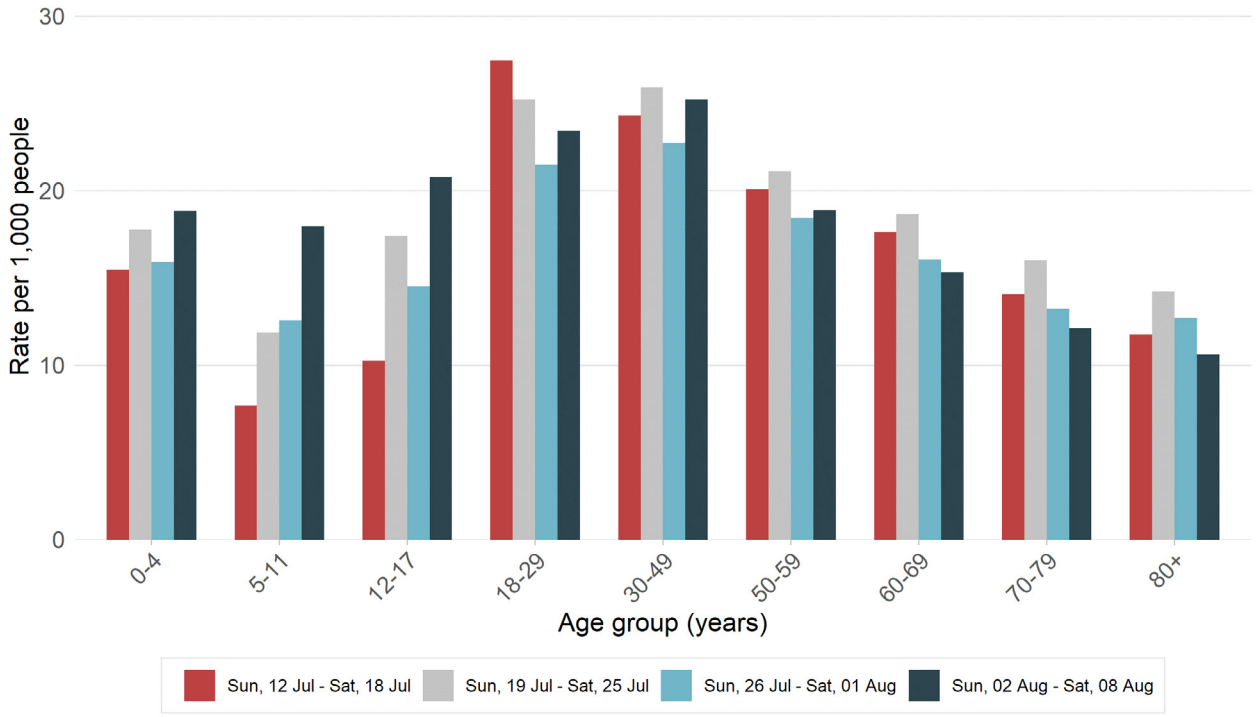


Includes SARS-CoV-2 PCR tests only and excludes notifications with missing postcode of residence.

Interpretation: Statewide testing rates in the week ending 8 August were higher compared to last week (20 per 1,000 vs 18 per 1,000). Testing rates increased significantly in Hunter New England LHD largely due to the increase in testing in response to a case not linked to any known cluster. Across most other LHDs, testing rates were slightly higher in the week ending 8 August when compared with the previous week.

Testing by age group

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

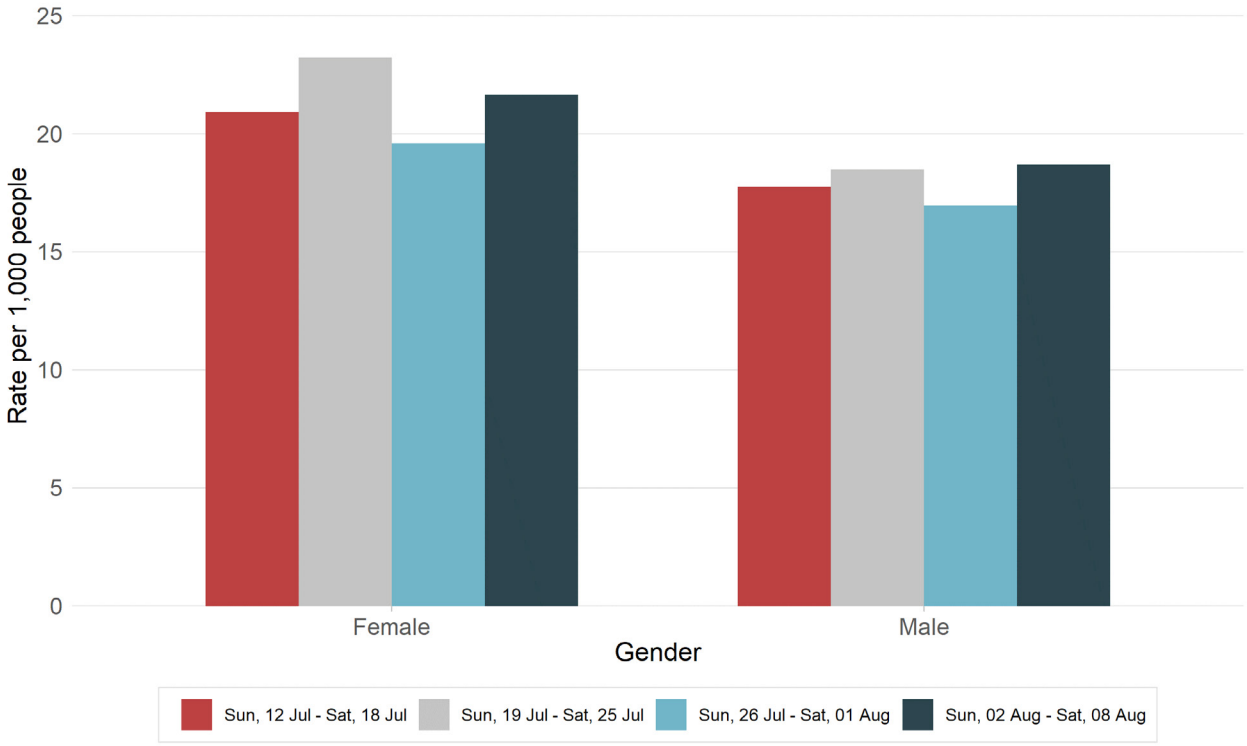


Includes SARS-CoV-2 PCR tests only and excludes notifications with age missing.

Interpretation: Testing rates have increased in almost all age groups less than 60 years for the week ending 8 August. While testing rates remained stable in people aged 50 to 59, a downward trend was observed in people over 60 years of age.

Testing by gender

Figure 14. Rates of COVID-19 testing by gender and week



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

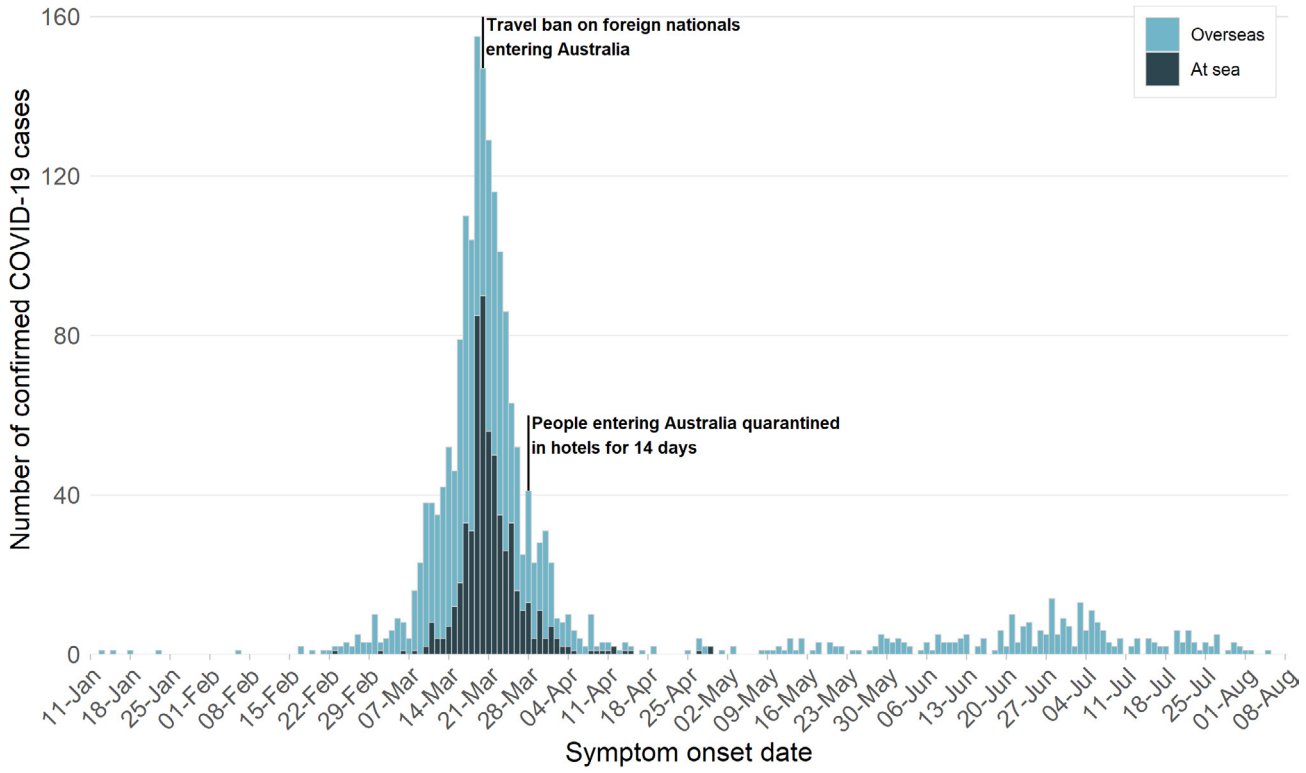
Interpretation: Testing rates are consistently higher in females compared with males. In both groups, rates increased in the week ending 8 August compared with the previous week.

SECTION 7: 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 15. Overseas acquired COVID-19 cases by infection source and illness onset, NSW, 2020



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 since March in line with travel restrictions and declined further again since mid-July. The recent decline is related to a reduction in the number of returning travellers due to the introduction of paid hotel quarantine on 18 July and a limit of 350 passengers per day arriving into Sydney from 20 July following a new agreement with the Commonwealth Government.

There has been a 53% decrease in the number of overseas-acquired cases reported in the week ending 8 August compared with the previous week.

Hotel quarantine

The program of screening all overseas travellers after arrival in NSW commenced on 15 May 2020. The program was extended to include screening on both day 2 and day 10 after arrival from 30 June 2020.

Table 8. COVID-19 cases and testing in returned travellers in hotel quarantine, reported from 28 June to 1 August 2020

Week ending	Cases	Tests	% positive
4 July	45	4,028	1.1%
11 July	40	5,655	0.7%
18 July	16	5,158	0.3%
25 July	18	3,984	0.5%
1 August	8	3,825	0.2%
8 August	7	3,621	0.2%

Interpretation: There has been a steady decrease in the proportion of positive COVID-19 tests reported in returned travellers.

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 8 August, a total of 3,147 people were screened at Sydney International Airport and 12 were referred for testing. Since screening began on 2 February, a total of 108,891 people have been screened with 1,222 referred for onsite health assessment and testing.

SECTION 8: OTHER RESPIRATORY INFECTIONS IN NSW

Influenza and other respiratory virus cases and tests reported in NSW, up to 2 August 2020

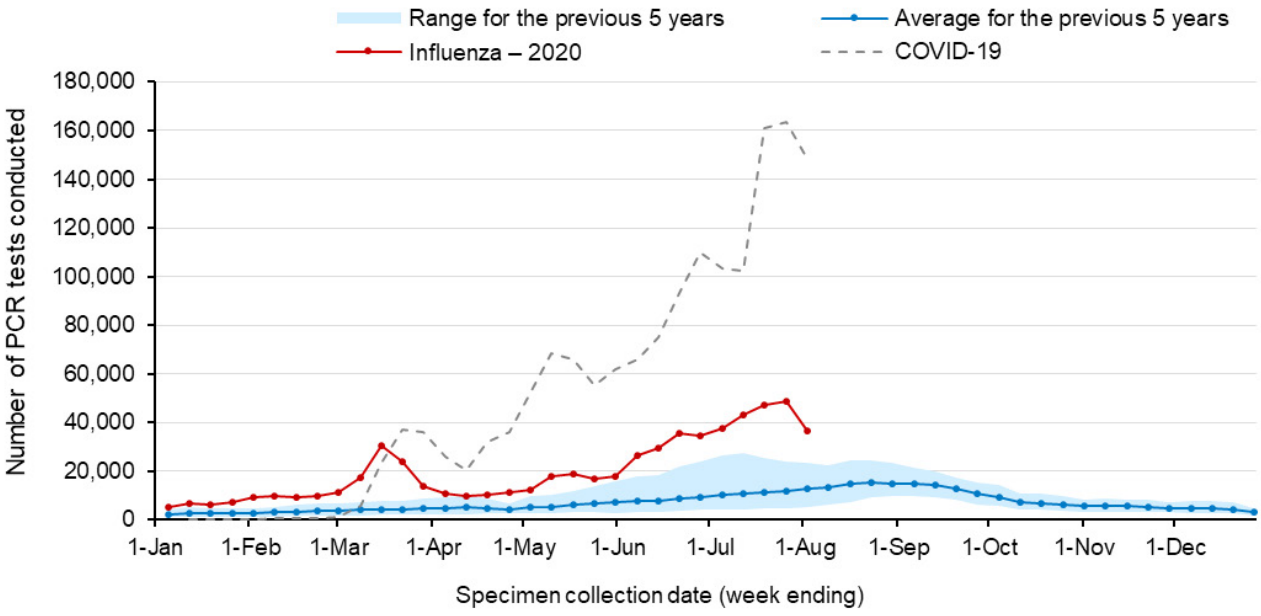
In NSW, routine surveillance for influenza and other respiratory viruses is conducted through sentinel laboratories. The number of all PCR tests (positive and negative) are provided to NSW Health by participating laboratories each week. Testing counts reflect the number of influenza PCR tests conducted;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

The most recent data available is for testing carried out to 2 August. A total of 635,514 influenza tests have been performed at participating laboratories to 2 August, with 45,556 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 16. Testing for influenza and COVID-19 by week, to 2 August 2020

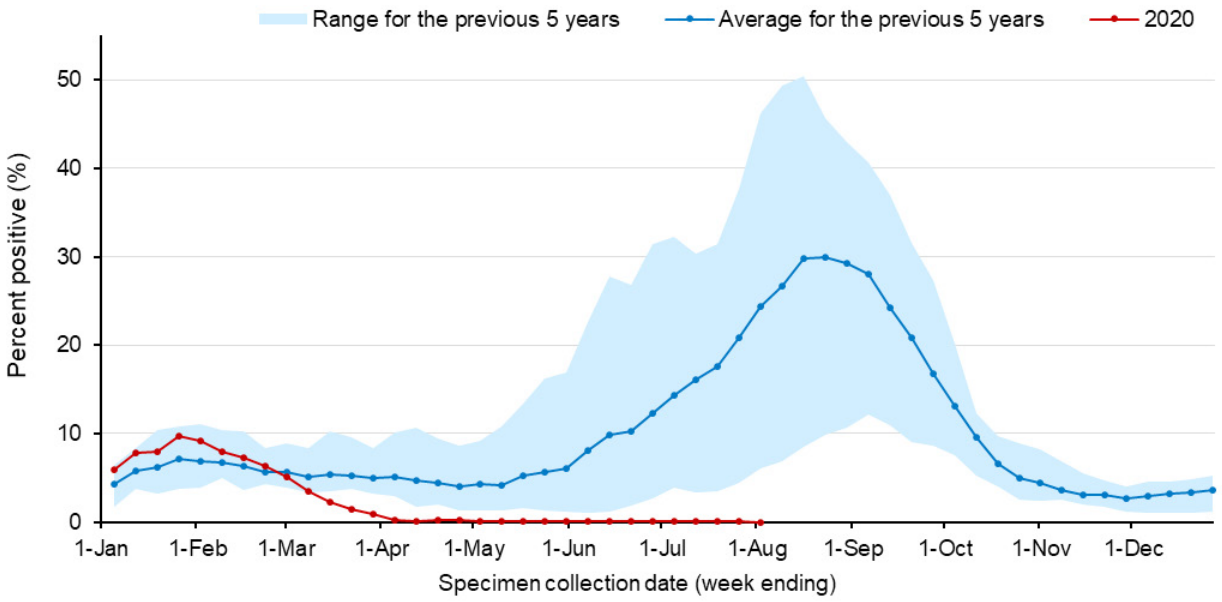


Interpretation: The number of influenza tests performed has exceeded the previous five-year average every week this year.

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 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.

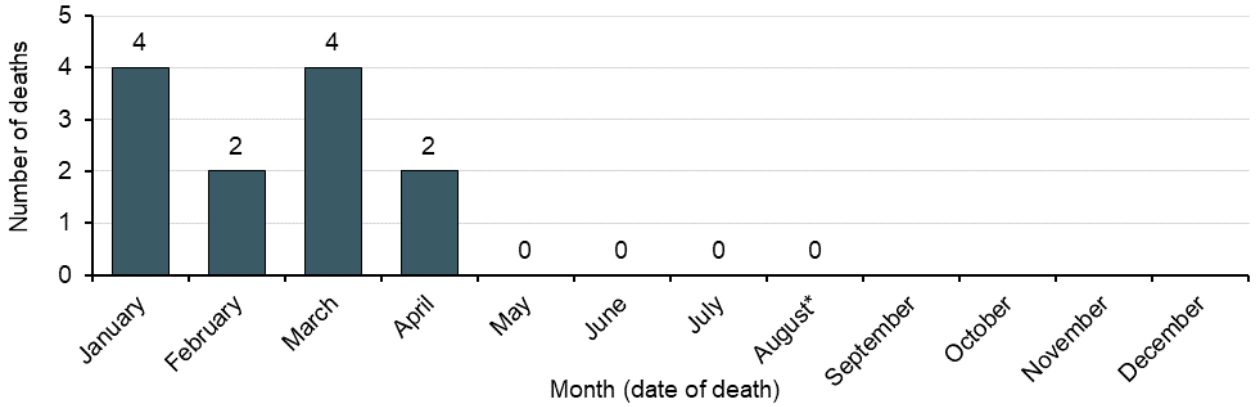
Figure 17. Proportion of tests positive for influenza, to 2 August 2020



Interpretation: The percent of influenza tests that were positive in the week ending 2 August 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?

Figure 18. Laboratory-confirmed influenza deaths by month of death, to 2 August 2020



Interpretation: No influenza deaths were reported in the week ending 2 August. The number of influenza-related deaths identified via Coroner's reports and death registrations from 1 January to 2 August 2020 is lower than the same period last year (12 deaths in 2020 compared with 127 in 2019).[3] Two-thirds of the deaths were in people aged 65 years and over.

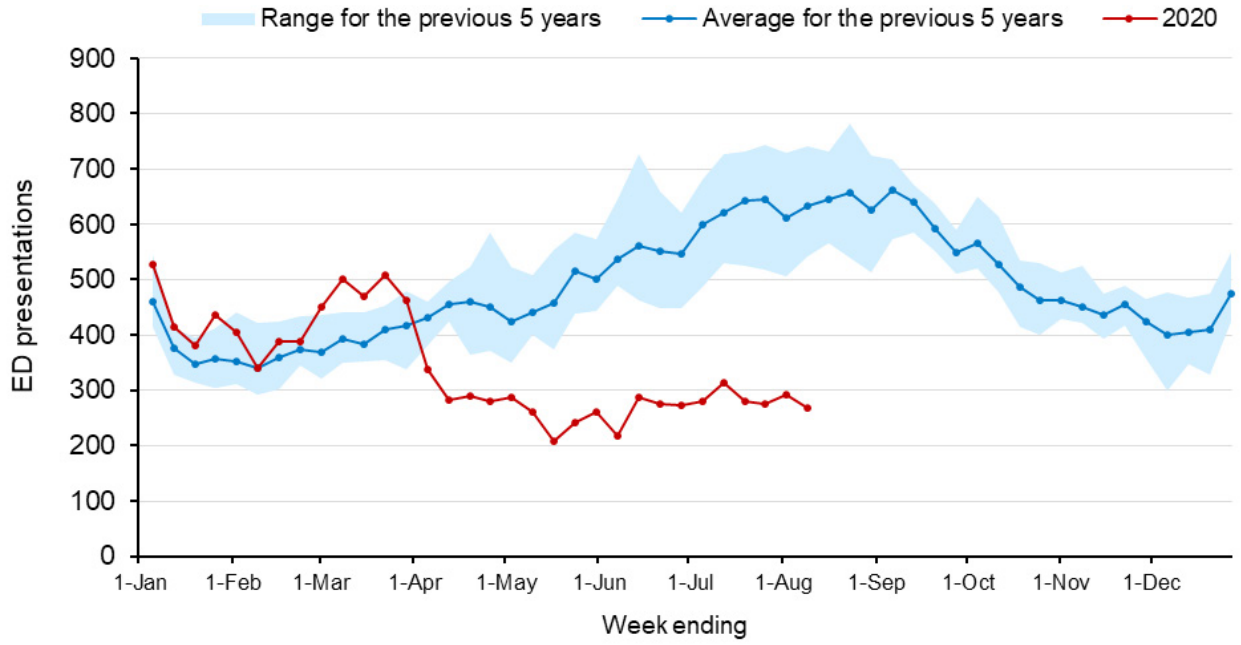
[3] Includes deaths in people with laboratory-confirmed influenza.

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.[4]

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 19. Emergency Department pneumonia presentations in NSW by week, to 9 August 2020



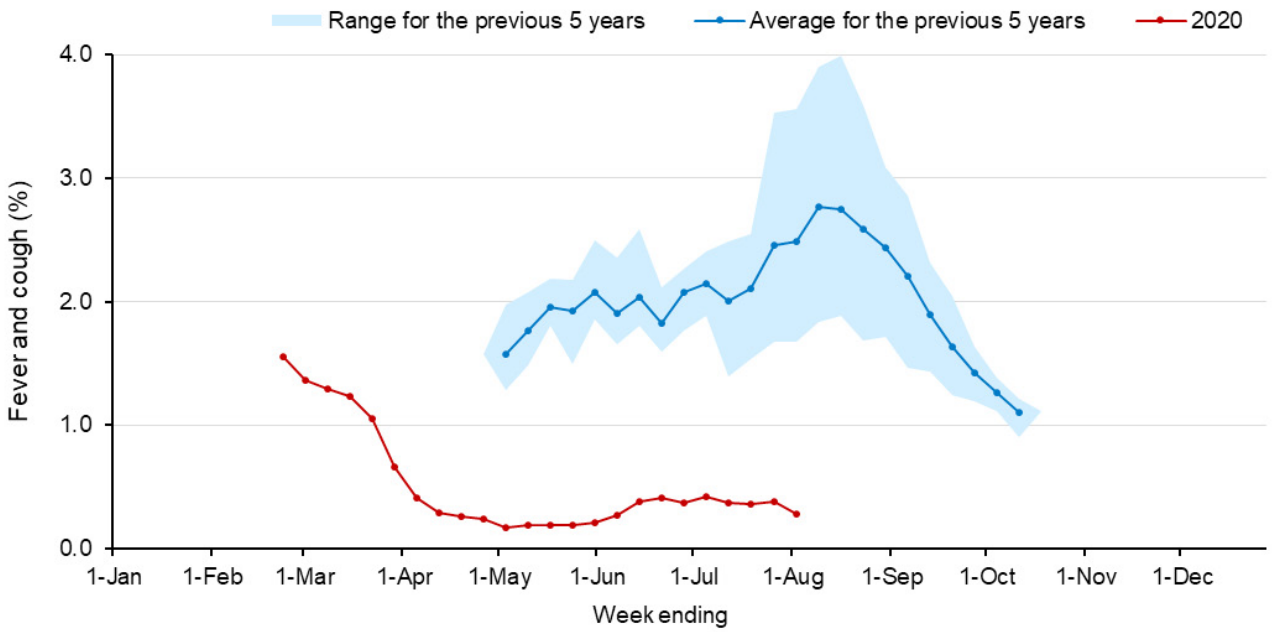
Interpretation: Pneumonia presentations decreased from the end of March and have continued to remain well below the usual range for this time of year.

[4] 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 20. Proportion of FluTracker participants in NSW reporting influenza-like illness, to 2 August 2020



Interpretation: In NSW in the week ending 2 August, of the 24,266 people surveyed, 69 people (0.3%) reported flu-like symptoms. The proportion of people reporting symptoms remains well below the usual range for this time of year.

IN FOCUS

LOCALLY-ACQUIRED COVID-19 CASES: A REVIEW OF THE LAST SIX WEEKS

Summary of locally-acquired cases reported in the six weeks ending 8 August:

- public health investigations were able to link 286 people diagnosed with COVID-19 (92% of all locally-acquired cases) to known cases or clusters
- 20 known transmission events (26 cases) remain unlinked, of which 12 (60%) occurred in South Western Sydney LHD and five (25%) in Western Sydney LHD residents
- the high testing rates throughout NSW and the low number of cases not linked to known cases indicates that, currently, community transmission is limited
- while the greatest number of cases were aged 30 to 49 years (86 cases), highest population rates of diagnosed infection were seen in those aged 12 to 17 years (31 cases) followed by 50 to 59 years (43 cases) and 60 to 69 years (40 cases)
- highest testing rates were observed in younger adults (18 to 49 years), while among those aged over 50 years, testing rates decreased with age
- almost 40% of cases linked to known clusters were acquired at home (111 cases)
- in the community, infections were most commonly acquired in restaurants and clubs (27%, 66 patrons and 10 staff), industrial workplaces (10%, 30 cases) and religious gatherings (8%, 24 cases).

This data shows:

- young adults (18 to 29 years) and those aged 30 to 49 years have followed recent public health advice and presented for COVID-19 testing
- testing in teenagers and older adults (aged 60 to 69 years) is important to detect infections which may be acquired in the community or at home
- a high proportion of cases linked to clusters were likely acquired in the home
- community settings at higher risk of COVID-19 transmission include restaurants and clubs, industrial workplaces and places of worship.

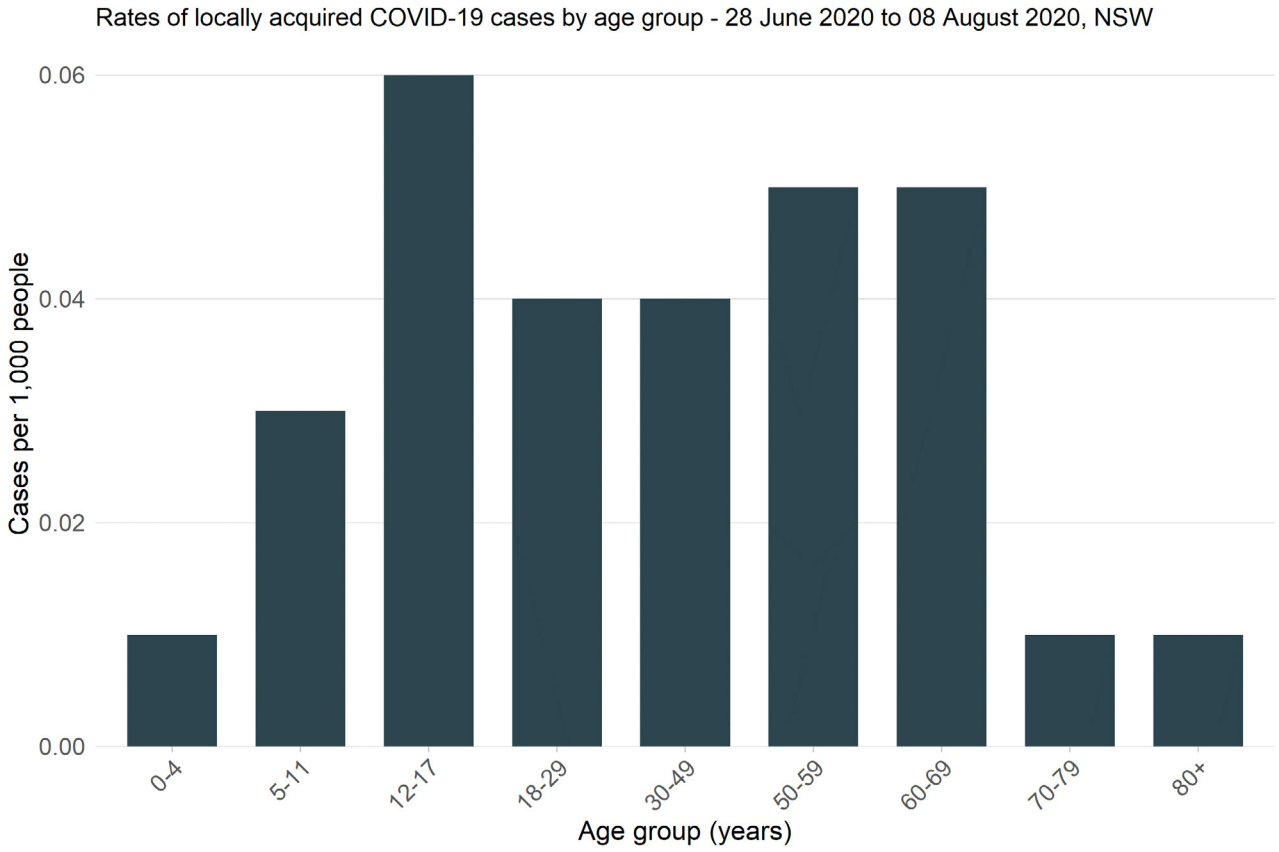
This highlights the importance of:

- testing among all age groups including teenagers and those in their 60s to prevent the spread of infection
- testing throughout NSW and in particular in residents and visitors to South Western Sydney and Western Sydney where the majority of recently reported unlinked cases reside
- development and strict implementation of COVID-19 Safety Plans in restaurants, clubs, workplaces and places of worship
- regular handwashing and maintaining physical distancing when out in the community, and mask wearing in situations where physical distancing is not possible, to prevent bringing home infection to household members.

SECTION 1: OVERVIEW OF LOCALLY-ACQUIRED CASES

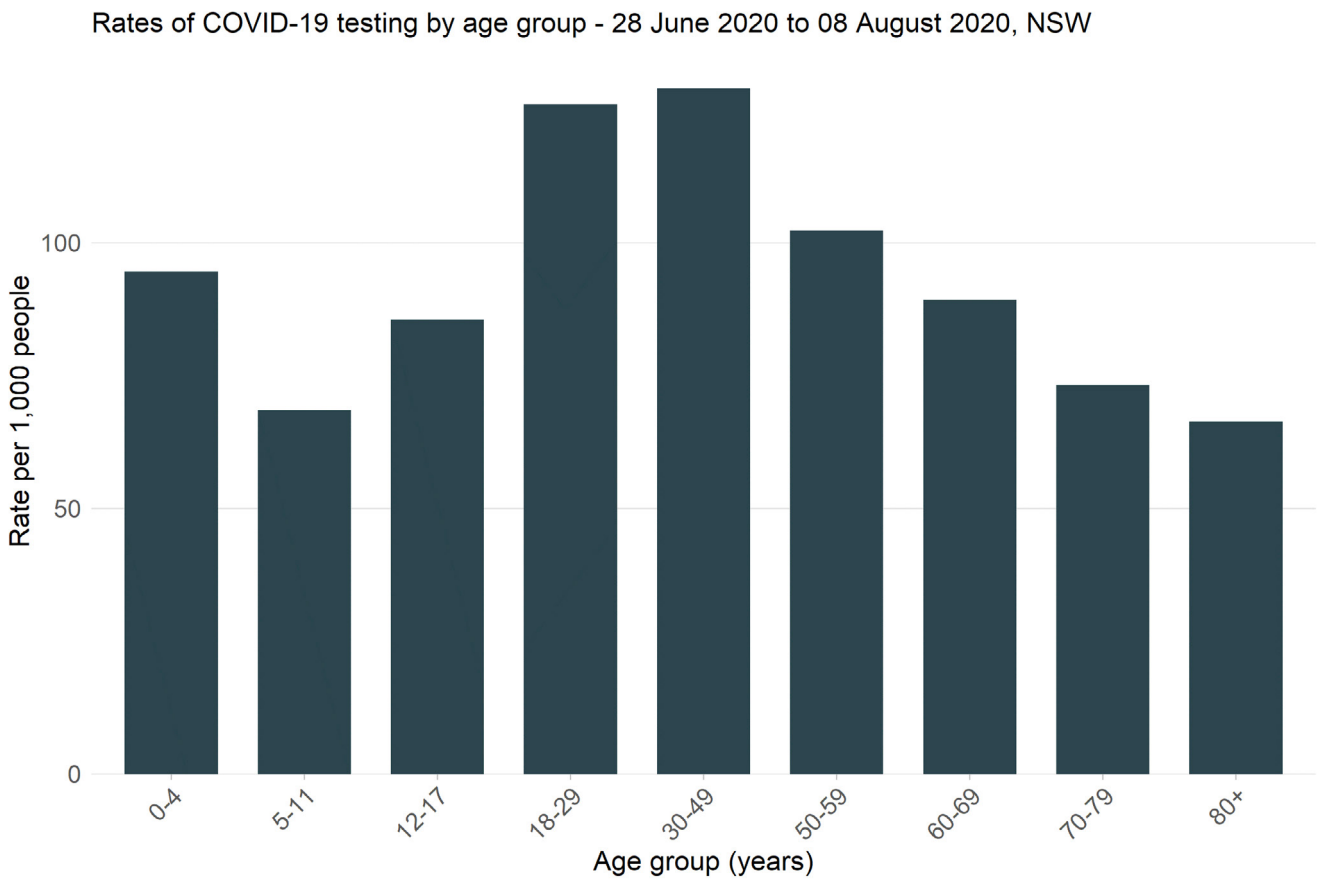
In the six weeks up to 8 August, 312 locally-acquired cases of COVID-19 were reported in NSW. Of these, 286 (92%) were found to be associated with known clusters or cases. Despite extensive public health investigations, it is unclear how 26 people (likely 20 transmission events) were infected.

What age groups are most affected?



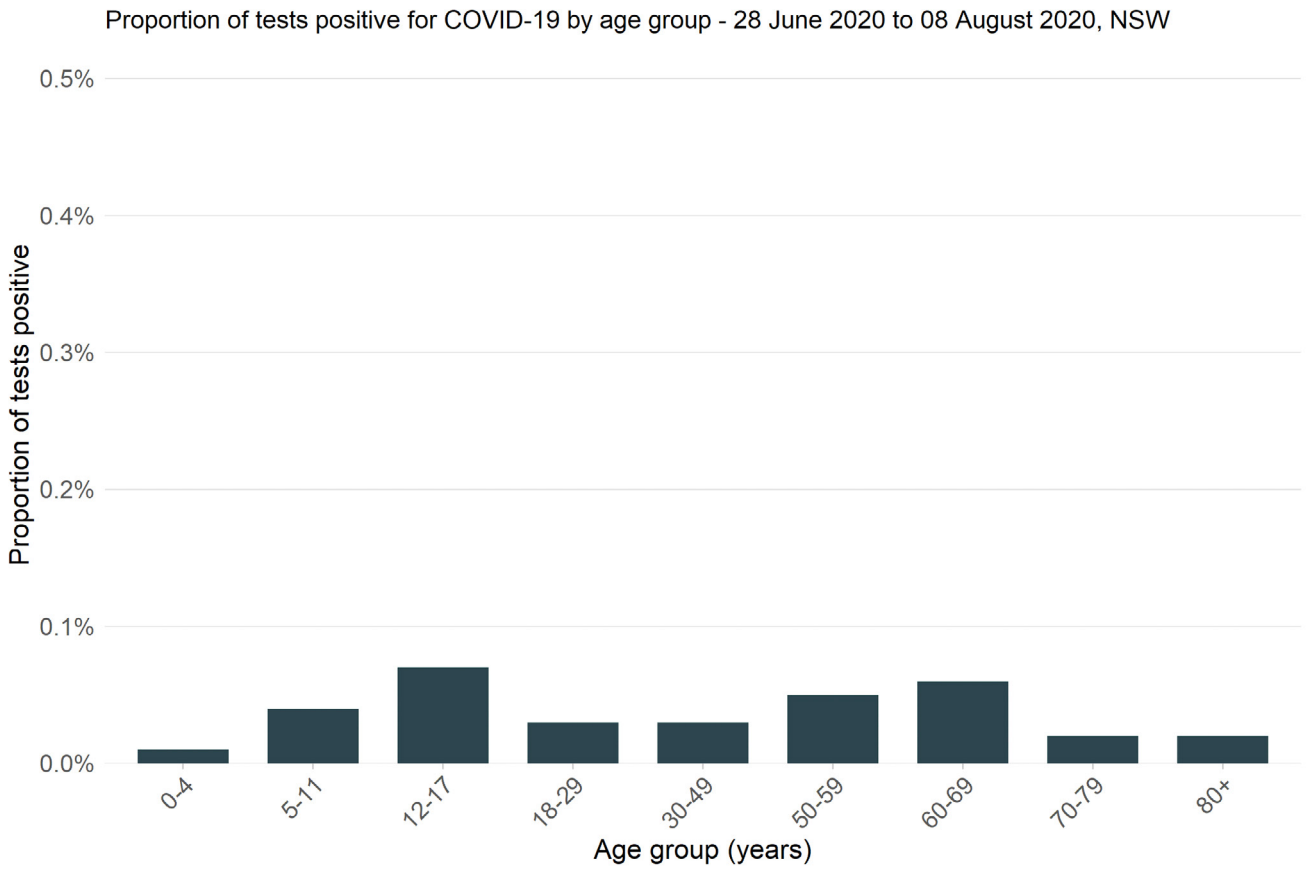
Interpretation: In the six-week period ending 8 August, highest rates of infection were reported in those aged 12 to 17 years (31 cases) followed by people aged 50 to 59 years (43 cases) and 60 to 69 years (40 cases). Lowest rates were reported in young children (aged 0 to 4 years, six cases) and older adults (70 years and over, 11 cases).

What age groups are getting tested?



Interpretation: Highest testing rates were observed in young adults (18 to 49 years). Among those aged over 50 years, testing rates decreased with age. Among children, highest rates were reported among those aged 0 to 4 years.

What proportion of people tested are diagnosed with COVID-19?



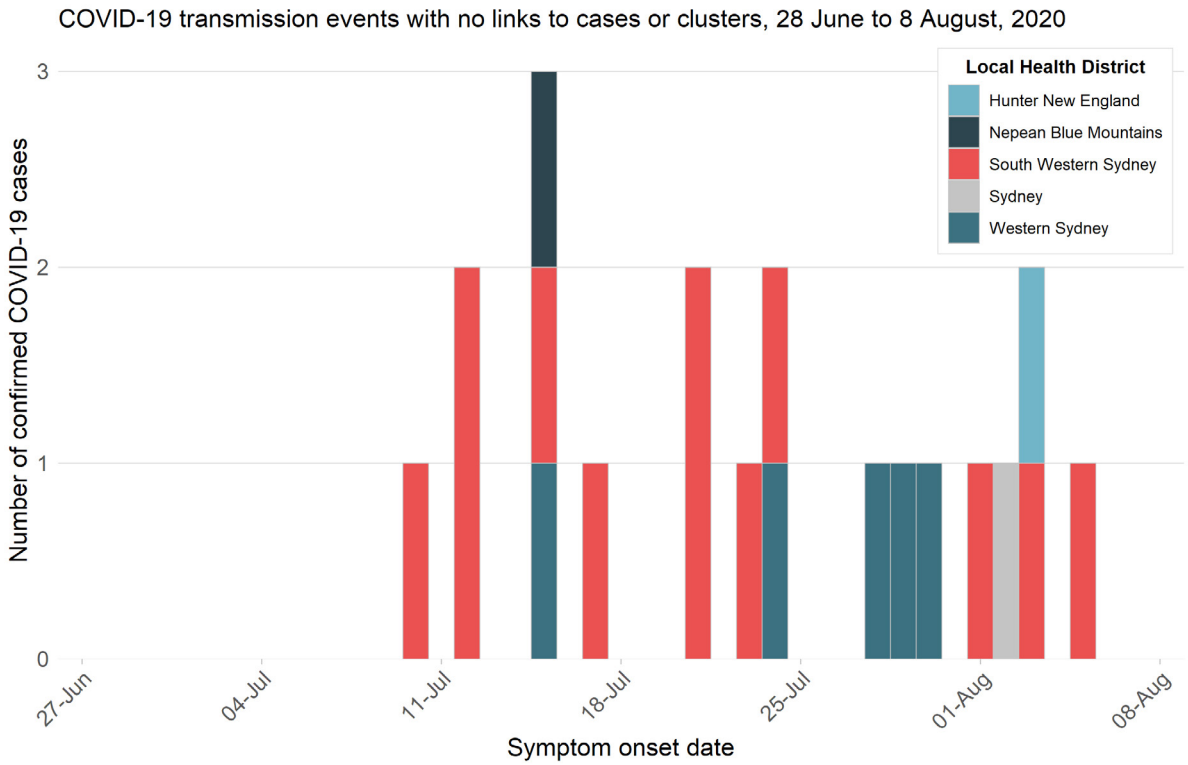
Interpretation: In each age group, the proportion of COVID-19 tests found to be positive was less than 0.1%, indicating that, currently, there is limited spread of COVID-19 in the community. The percent positivity was highest in teenagers (12 to 17 years) and older adults (60 to 69 years) due to the comparatively higher infection rates and lower testing rates.

SECTION 2: CASES WITH NO LINKS TO KNOWN CASES OR CLUSTERS

Extensive public health investigations were unable to identify a source of infection for 26 cases reported in the six weeks ending 8 August. This excludes a case who was likely infected earlier in the year. Among the 26 cases there were three family groups (total of nine cases) who had similar onsets, suggesting a common exposure. This indicates that there were at least 20 transmission events not linked to a known case or cluster. Of these, 12 (60%) occurred in South Western Sydney LHD, five (25%) in Western Sydney LHD residents and one resident each in Sydney, Hunter New England and Nepean Blue Mountains LHDs. The Hunter New England resident reported travelling to metropolitan Sydney during his incubation period and, while his source remains unclear, it is likely the infection was acquired in metropolitan Sydney.

With the exception of two children belonging to a family cluster of four people, all cases were adults with ages ranging from 19 to 75 years (average 42 years). Cases were evenly distibuted among males and females.

The figure below shows the 20 transmission events with an unknown source by onset date and LHD of residence.



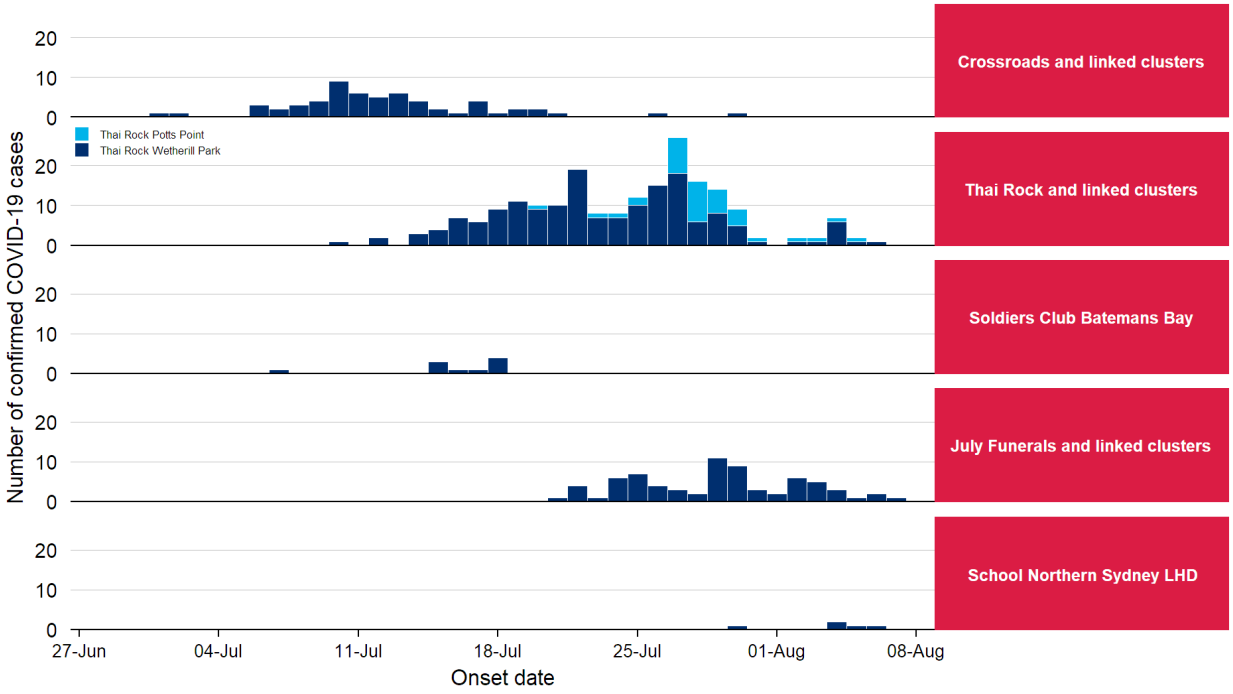
The date of the first positive test is used for cases who did not report symptoms.

Interpretation: The date cases developed symptoms ranged from 10 July to 8 August 2020. Given the high testing rates throughout NSW, the low number of cases not linked to any known cases or clusters indicates that, currently, community transmission is limited. While counts are low, high rates of testing are important to prevent the spread of infection, especially in South Western Sydney and Western Sydney where unlinked cases have been reported.

SECTION 3: CASES LINKED TO KNOWN CASES OR CLUSTERS

Between 28 June and 8 August, 286 cases have been linked to known cases or clusters. The figure below shows the clusters by onset date with the first cluster detected at a hotel in Casula in July and the most recent cluster occurring at a school in Northern Sydney LHD. Rapid isolation of cases and prompt testing and quarantining of all close contacts limits the spread of infection into the community.

Locally-acquired COVID-19 cases by onset date and cluster, 27 June to 8 August 2020



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

Interpretation: Following the initial outbreak detected at the Crossroads Hotel Casula in early July, seven secondary clusters were detected in people who had close contact with cases prior to their diagnosis and isolation. In mid-July a seemingly unrelated cluster was detected in Thai Rock Restaurant Wetherill Park and subsequent testing of close contacts identified a further five community clusters that stemmed from the original infections acquired in the restaurant. These five clusters were in South Western and Western Sydney LHDs. This cluster was subsequently linked to clusters in two restaurants in Potts Point. In late July, a cluster was detected in those who attended funeral services held in Bankstown. Clusters were detected arising from close contacts of funeral service attendees with subsequent exposures occurring at a club in Mt Pritchard and in a van during transport to a farm on the Central Coast. An investigation is also underway into a recently identified cluster at a school in Northern Sydney LHD.

Where are people getting infected?

While a number of clusters detected occurred in community locations in the six-week period, infections associated with these clusters were most commonly acquired at home (39%, 111 cases). In the community, infections were most commonly acquired in restaurants and clubs (27%, 66 patrons and 10 staff), industrial workplaces (10%, 30 cases) and places of worship (8%, 24 cases).

Setting of infection by age group

Children

All six cases in children aged 0 to 4 years and the majority (80%, 15 cases) of children aged 5 to 11 years acquired their infection at home from an adult family member who was part of a known cluster.

In comparison with younger age groups, older children (aged 12 to 17 years) were more likely to acquire their infection outside the home with 45% (14 cases) part of community clusters in the six-week period. Cases likely acquired outside the home occurred at a range of locations including restaurants, schools, places of worship and at social gatherings in residential homes. Parents were typically the source of infection for cases acquired within the home.

Young adults aged 18 to 29 years

The majority of young adults acquired their infection outside the home with just over a third of cases likely infected in a restaurant or pub (19 patrons and two staff) and 10 cases in social contacts of outbreak cases. The remaining community-acquired infections occurred in a gym (three cases), industrial workplaces (three cases), childcare centre (one case whose source was an adult colleague), on route to work on a farm (one case) and at a cathedral (one case). Of the 11 infections acquired at home, most were spread from adults aged over 40 years who were part of community clusters.

Adults aged 30 to 49 years

Approximately a third of cases aged 30 to 49 years likely acquired their infection in a restaurant or club (21 patrons and five staff, 30%). A further 19 cases (22%) were acquired at work, typically in industrial workplaces, while eight cases (9%) were likely acquired at religious gatherings. Inside the home, cases typically resulted from close contact with an infected adult of a similar age.

Adults aged 50 to 69 years

The settings of exposure for adults aged 50 to 59 years was similar to those aged 60 to 69 years with approximately a third of the infections acquired in the home (30 cases, 36%) and the remainder acquired in the community, most commonly at restaurants and clubs (23 cases, 28%) and religious gatherings (10 cases, 12%). Within the home, approximately half of the infections were likely spread from household members of a similar age while the other half were from younger adults.

Adults aged 70 years and over

Of the 11 cases aged 70 years and over, seven resulted from household contact with infected adults while two cases were restaurant attendees and two acquired their infection while attending a place of worship.

APPENDIX A: COVID-19 PCR TESTS IN NSW

Local Health District	Local Government Area	Week ending				Total	
		8 August		1 August			
		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]	5676	16.1	5057	14.3	66264	187.8
Far West	Balranald	23	9.8	27	11.6	229	98.0
	Broken Hill	300	17.2	237	13.6	2550	145.9
	Central Darling	21	11.4	23	12.5	196	106.6
	Wentworth	101	14.3	109	15.5	1074	152.3
	LHD Total[2]	445	14.8	396	13.1	4049	134.3
Hunter New England	Armidale Regional	511	16.6	405	13.2	5404	175.6
	Cessnock	962	16.0	707	11.8	8838	147.3
	Dungog	126	13.4	105	11.1	1255	133.2
	Glen Innes Severn	91	10.3	68	7.7	1110	125.1
	Gunnedah	157	12.4	115	9.1	1411	111.3
	Gwydir	26	4.9	39	7.3	370	69.1
	Inverell	206	12.2	196	11.6	2411	142.8
	Lake Macquarie	6746	32.8	3498	17.0	44948	218.3
	Liverpool Plains	76	9.6	67	8.5	1096	138.7
	Maitland	2623	30.8	1783	20.9	21499	252.4
	Mid-Coast	1066	11.4	1054	11.2	12451	132.7
	Moree Plains	132	10.0	117	8.8	1593	120.1
	Muswellbrook	289	17.7	189	11.5	2476	151.2
	Narrabri	116	8.8	111	8.5	1476	112.4
	Newcastle	9344	56.4	3534	21.3	47288	285.6
	Port Stephens	1637	22.3	1843	25.1	17802	242.3
	Singleton	551	23.5	430	18.3	5227	222.8
	Tamworth Regional	910	14.6	669	10.7	11758	188.0
	Tenterfield	70	10.6	57	8.6	589	89.3
	Upper Hunter Shire	220	15.5	171	12.1	2220	156.6
	Uralla	53	8.8	55	9.2	660	109.8
	Walcha	25	8.0	27	8.6	416	132.7
	LHD Total[2]	25924	27.2	15220	16.0	192163	201.8
Illawarra Shoalhaven	Kiama	399	17.1	377	16.1	4948	211.6
	Shellharbour	1336	18.2	1238	16.9	15594	212.9
	Shoalhaven	1294	12.3	1084	10.3	17105	161.9
	Wollongong	3609	16.6	3312	15.2	40212	184.4
	LHD Total[2]	6638	15.8	6011	14.3	77859	185.6

Local Health District	Local Government Area	Week ending				Total	
		8 August		1 August			
		No.	Tests per 1,000 population	No.	Tests per 1,000 population	No.	Tests per 1,000 population
Mid North Coast	Bellingen	163	12.5	139	10.7	1846	142.0
	Coffs Harbour	853	11.0	850	11.0	10375	134.3
	Kempsey	411	13.8	430	14.5	4492	151.0
	Nambucca	255	12.9	264	13.3	2528	127.6
	Port Macquarie-Hastings	1000	11.8	1042	12.3	11853	140.2
	LHD Total[2]	2682	11.9	2725	12.1	31094	137.8
Murrumbidgee	Albury	699	12.9	726	13.4	7314	134.6
	Berrigan	74	8.5	88	10.1	999	114.2
	Bland	80	13.4	50	8.4	772	129.3
	Carrathool	6	2.1	18	6.4	139	49.7
	Coolamon	54	12.4	52	12.0	607	139.8
	Cootamundra-Gundagai Regional	116	10.3	115	10.2	1503	133.8
	Edward River	128	14.1	118	13.0	1355	149.2
	Federation	116	9.3	114	9.2	1319	106.1
	Greater Hume Shire	130	12.1	113	10.5	1455	135.2
	Griffith	387	14.3	363	13.4	3895	144.1
	Hay	21	7.1	10	3.4	249	84.4
	Hilltops	231	12.4	161	8.6	2204	117.8
	Junee	66	9.9	49	7.3	598	89.5
	Lachlan[1]	47	7.7	38	6.3	458	75.4
	Leeton	100	8.7	100	8.7	1162	101.5
	Lockhart	42	12.8	23	7.0	408	124.2
	Murray River	47	3.9	41	3.4	324	26.7
	Murrumbidgee	29	7.4	25	6.4	401	102.4
	Narrandera	33	5.6	58	9.8	543	92.1
	Snowy Valleys	189	13.1	168	11.6	2002	138.3
	Temora	46	7.3	62	9.8	689	109.2
	Wagga Wagga	1219	18.7	964	14.8	12072	185.0
	LHD Total[2]	3824	12.8	3433	11.5	40184	134.8
Nepean Blue Mountains	Blue Mountains	1947	24.6	1571	19.9	21479	271.5
	Hawkesbury	1297	19.3	1108	16.5	14904	221.5
	Lithgow	310	14.4	285	13.2	3355	155.3
	Penrith	5007	23.5	3806	17.9	56042	263.1
	LHD Total[2]	8507	21.8	6677	17.1	94983	242.9

Local Health District	Local Government Area	Week ending				Total	
		8 August		1 August			
		No.	Tests per 1,000 population	No.	Tests per 1,000 population	No.	Tests per 1,000 population
Northern NSW	Ballina	669	15.0	606	13.6	7725	173.1
	Byron	551	15.7	545	15.5	6577	187.5
	Clarence Valley	514	10.0	510	9.9	5886	113.9
	Kyogle	80	9.1	81	9.2	865	98.3
	Lismore	626	14.3	642	14.7	7299	167.1
	Richmond Valley	360	15.3	329	14.0	3514	149.8
	Tenterfield	70	10.6	57	8.6	589	89.3
	Tweed	1234	12.7	1028	10.6	12757	131.5
	LHD Total[2]	4047	13.0	3757	12.1	44763	144.2
Northern Sydney	Hornsby	2397	15.8	1976	13.0	25212	165.8
	Hunters Hill	525	35.1	496	33.1	6452	430.7
	Ku-ring-gai	3049	24.0	2798	22.0	30591	240.6
	Lane Cove	1740	43.3	2007	50.0	18702	465.8
	Mosman	723	23.3	656	21.2	7252	234.1
	North Sydney	1407	18.8	1317	17.6	13899	185.3
	Northern Beaches	5539	20.3	4619	16.9	56715	207.4
	Parramatta[1]	3333	13.0	3423	13.3	37963	147.6
	Ryde	1978	15.1	1794	13.7	23556	179.5
	Willoughby	1214	15.0	1122	13.8	12647	155.8
	LHD Total[2]	19184	20.1	17391	18.2	202200	211.5
South Eastern Sydney	Bayside	2915	16.3	2701	15.1	28023	157.1
	Georges River	2246	14.1	2523	15.8	24961	156.5
	Randwick	3617	23.2	3450	22.2	39243	252.1
	Sutherland Shire	4407	19.1	4334	18.8	55159	239.2
	Sydney[1]	6778	27.5	7927	32.2	59735	242.5
	Waverley	2094	28.2	2015	27.1	24045	323.6
	Woollahra	1825	30.7	2132	35.9	19499	328.3
	LHD Total[2]	19714	20.6	21245	22.2	211091	220.1
South Western Sydney	Camden	2185	21.5	1968	19.4	30522	300.9
	Campbelltown	2933	17.2	2661	15.6	40819	238.8
	Canterbury-Bankstown[1]	5904	15.6	6669	17.7	65426	173.1
	Fairfield	4054	19.2	5421	25.6	38302	180.9
	Liverpool	5085	22.3	5670	24.9	53906	236.9
	Wingecarribee	806	15.8	817	16.0	12893	252.1
	Wollondilly	610	11.5	506	9.5	9460	178.0
	LHD Total[2]	18689	18.0	20787	20.0	219300	211.2

Local Health District	Local Government Area	Week ending				Total	
		8 August		1 August			
		No.	Tests per 1,000 population	No.	Tests per 1,000 population	No.	Tests per 1,000 population
Southern NSW	Bega Valley	370	10.7	331	9.6	5089	147.6
	Eurobodalla	316	8.2	513	13.3	8230	213.9
	Goulburn Mulwaree	442	14.2	411	13.2	5232	168.1
	Queanbeyan-Palerang Regional	497	8.1	552	9.0	7276	119.1
	Snowy Monaro Regional	303	14.6	322	15.5	3085	148.4
	Upper Lachlan Shire	68	8.4	89	11.0	1072	133.0
	Yass Valley	156	9.1	125	7.3	1781	104.2
	LHD Total[2]	2157	9.9	2346	10.8	31783	146.4
Sydney	Burwood	453	11.2	438	10.8	5085	125.2
	Canada Bay	1964	20.4	1856	19.3	22237	231.5
	Canterbury-Bankstown[1]	5904	15.6	6669	17.7	65426	173.1
	Inner West	5525	27.5	5084	25.3	56256	280.1
	Strathfield	823	17.5	825	17.6	9039	192.6
	Sydney[1]	6778	27.5	7927	32.2	59735	242.5
	LHD Total[2]	15753	22.6	14911	21.4	163683	234.9
Western NSW	Bathurst Regional	661	15.2	682	15.6	7669	175.8
	Blayney	109	14.8	175	23.7	1377	186.6
	Bogan	34	13.2	17	6.6	323	125.2
	Bourke	21	8.1	36	13.9	240	92.7
	Brewarrina	11	6.8	22	13.7	195	121.0
	Cabonne	151	11.1	164	12.0	1363	100.0
	Cobar	23	4.9	24	5.2	388	83.3
	Coonamble	29	7.3	42	10.6	465	117.5
	Cowra	132	10.4	126	9.9	1520	119.3
	Dubbo Regional	822	15.3	681	12.7	7740	144.1
	Forbes	75	7.6	75	7.6	828	83.6
	Gilgandra	39	9.2	42	9.9	430	101.4
	Lachlan[1]	47	7.7	38	6.3	458	75.4
	Mid-Western Regional	368	14.6	332	13.2	3819	151.2
	Narromine	69	10.6	68	10.4	723	110.9
	Oberon	45	8.3	124	22.9	761	140.6
	Orange	1079	25.4	839	19.8	8527	200.9
	Parkes	204	13.8	150	10.1	1558	105.0
	Walgett	81	13.6	55	9.2	870	146.1
	Warren	45	16.7	43	15.9	558	206.9
	Warrumbungle Shire	104	11.2	97	10.5	1301	140.2
	Weddin	28	7.8	23	6.4	404	111.8
	LHD Total[2]	4167	14.6	3840	13.5	41369	145.2

Local Health District	Local Government Area	Week ending				Total	
		8 August		1 August			
		No.	Tests per 1,000 population	No.	Tests per 1,000 population	No.	Tests per 1,000 population
Western Sydney	Blacktown	5907	15.8	5614	15.0	74757	199.6
	Cumberland	4224	17.5	3594	14.9	40748	168.7
	Parramatta[1]	3333	13.0	3423	13.3	37963	147.6
	The Hills Shire	3940	22.1	3407	19.1	41309	232.1
	LHD Total[2]	16915	16.1	15580	14.8	188948	179.4
NSW Total[3]		**163,636**	**20.2**	**148,224**	**18.3**	**1,702,472**	**210.5**

[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, 1 JANUARY TO 2 AUGUST 2020

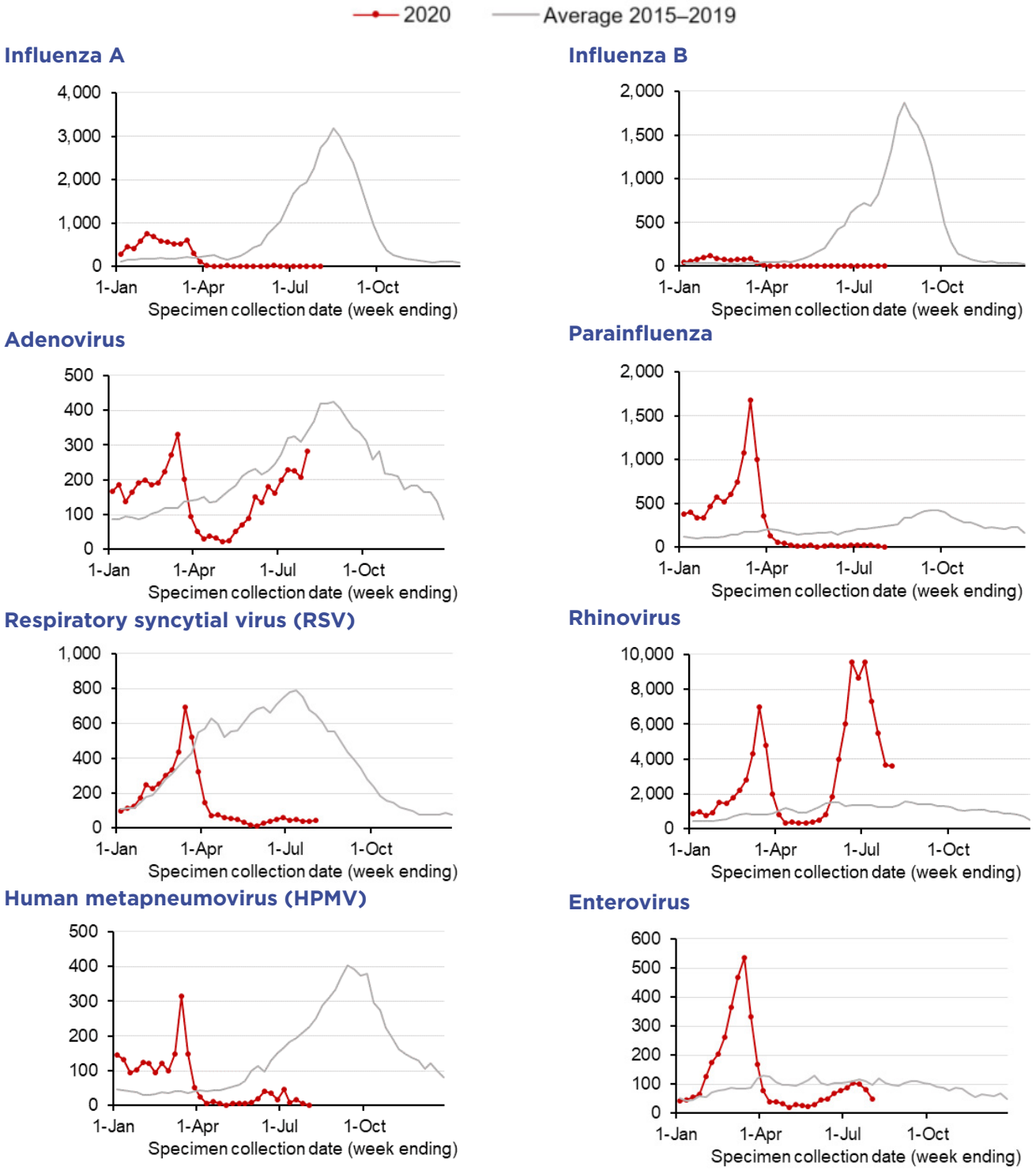
The reported testing numbers reflect the number of influenza PCR tests conducted. Not all samples are tested for all of the other respiratory viruses. Therefore, data presented may tend to under-represent current respiratory virus activity in NSW.

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—2 August 2020											
Total	635,514	6,610	1.0%	947	0.1%	4,728	8,957	4,759	95,009	1,966	3,834
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	<0.01%	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	47,262	14	0.03%	0	0.00%	226	20	38	5,468	16	100
26 July	48,989	6	0.01%	0	0.00%	207	17	38	3,688	7	83
2 August	45,556	1	<0.01%	1	<0.01%	285	4	43	3,630	1	50

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 2 AUGUST 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: - 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.