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Reporting period ending 28 August 2022

COVID-19 National Incident Centre Surveillance Team

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COVID-19 Australia: Epidemiology Report 65

Reporting period ending 28 August 2022

COVID-19 National Incident Centre Surveillance Team

Summary

Four-week reporting period (1–28 August 2022)

As of report 62 onward, the case data provided in this report includes both confirmed and probable cases reported to the National Notifiable Diseases Surveillance System (NNDSS), unless otherwise specified. Case definitions for confirmed and probable cases are in accordance with the coronavirus disease 2019 (COVID-19) Series of National Guidelines for Public Health Units (SoNG).

At the time of extraction, probable cases were not yet available from the Northern Territory, or Tasmania; and were incomplete from Victoria since 29 July 2022. At the time of extraction, Queensland was only reporting probable cases with a rapid antigen test conducted in a clinical setting; probable cases with a self-administered rapid antigen test were not reported to NNDSS. Due to transmission issues, data are incomplete for confirmed cases from Western Australia since 10 July 2022.

Trends – Nationally, weekly case numbers have decreased since the week ending 24 July 2022. In the reporting period 1–28 August 2022, there were 216,847 confirmed and 262,739 probable cases of COVID-19 reported in Australia to NNDSS. In the latter fortnight (15–28 August 2022) of the reporting period, 170,564 confirmed and probable cases were notified (an average of 12,183 cases per day), compared to 309,022 in the previous fortnight (22,073 cases per day); together, these mark the lowest case numbers observed in a reporting period during 2022.

Age group – In the reporting period 1–28 August 2022, the highest case rate was observed among adults aged 90 years and over, whilst the lowest rate was among children aged 0 to 17 years. Case rates decreased continuously across all age groups throughout the reporting period. For the entire Omicron wave to date (15 December 2021 – 28 August 2022), the highest case rate has been in adults aged 18 to 29 years.

Aboriginal and Torres Strait Islander persons – In the reporting period 1–28 August 2022, there were 16,524 new cases notified in Aboriginal and Torres Strait Islander people. In the current Omicron wave (15 December 2021 – 28 August 2022) there have been 265,978 cases of COVID-19 notified in Aboriginal and Torres Strait Islander people, representing 3.2% (265,978/8,386,519) of all COVID-19 cases in the Omicron wave to date.

Severity – The overall crude case fatality rate in the current BA.5 wave is 0.17%, which is similar to the rate observed during the BA.1 (0.15%) and BA.2 (0.10%) waves, and notably less than

that observed during the Delta (0.70%) wave. In the current reporting period, there were four notified cases of paediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS).

Virology - For samples collected in the four-week period 1–28 August 2022, all 8,576 were assigned against Omicron or recombinants consisting of two Omicron lineages, with BA.5 constituting 83% of sequences collected in the reporting period and available for analysis in AusTrakka. The BA.5 lineage is now the predominant sub-lineage being sequenced, and the proportion of BA.2 sequences has decreased substantially. Of the Omicron sequences in AusTrakka to date, 31.12% are BA.1; 48.01% are BA.2; 0.002% are BA.3; 3.76% are BA.4 and 17.07% are BA.5.

Acute respiratory illness – The prevalence of self-reported fever and cough symptoms in the community continued to decrease across this reporting period, ranging from of 2.0% in the week ending 7 August 2022 to 1.5% in the week ending 28 August 2022). The prevalence of runny nose and sore throat symptoms remained stable at approximately 1.4% in throughout the reporting period.

International situation – According to the World Health Organization (WHO), cumulative global COVID-19 cases stood at over 602 million COVID-19 cases and approximately 6.4 million deaths reported globally, as of 28 August 2022. For the South East Asian and Western Pacific regions combined, there were 10,603,194 newly-confirmed cases and 16,720 deaths in the four-week period to 28 August 2022. Compared to the previous four-week reporting period, new cases increased in the Western Pacific, whilst decreasing in South East Asia. New deaths increased across both regions over the same period, with a 78% increase in the Western Pacific region. In total, since the start of the pandemic, over 145 million cases and over one million deaths have been reported in the two regions.

Keywords: SARS-CoV-2; novel coronavirus; 2019-nCoV; coronavirus disease 2019; COVID-19; acute respiratory disease; epidemiology; Australia

This reporting period covers the four-week period of 1–28 August 2022. Within this period, data for each week is compared. The previous reporting period was the preceding four weeks (4–31 July 2022).¹ The focus of this report is on the epidemiological situation in Australia since the beginning of the current Omicron wave. For the purposes of this report, 15 December 2021 is used as a proxy for the beginning of this wave. This date was chosen as, from this date onwards, the majority of sequenced strains from cases were Omicron. Readers are encouraged to consult prior reports in this series for information on the epidemiology of coronavirus disease 2019 (COVID-19) in Australia.

From report 46 onward, and unless otherwise specified, tabulated data and data within the text, except those relating to severity, are extracted from the National Notifiable Diseases Surveillance System (NNDSS) based on ‘notification received date’ rather than ‘diagnosis date’ (see the Technical Supplement for definitions).² As a case’s diagnosis date can be several days prior to the date of its notification, there is potential for newly-notified cases to be excluded from the case count in the current reporting period when reporting by ‘diagnosis date’. Using ‘notification received date’ ensures that the case count for the reporting period better reflects the number of newly-notified cases. From report 64 onward, all figures, apart from

those relating to severity, are also based on 'notification received date' to better reflect the current reported trends in local transmission and to match data within the text. All tables and figures related to severity data extracted from NNDSS are based on 'diagnosis date' to better capture the true onset of severe illness and to enable a more accurate understanding of infection risk and disease severity.

From report 59 onwards, cases are no longer separated into 'locally acquired' or 'overseas acquired'. This change in reporting practice has been applied due to high levels of community transmission within Australia and limited follow-up of cases to determine sources of infection. Accordingly, from report 59 onwards, all case numbers should be interpreted as the aggregate of all places of acquisition.

As of report 62 onward, the case data provided includes both confirmed cases and probable cases reported to the NNDSS. In accordance with the COVID-19 series of national guidelines (SoNG), a confirmed case requires laboratory definitive evidence which includes the detection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by nucleic acid testing (including by polymerase chain reaction), by cell culture or by seroconversion or a four-fold or greater increase in SARS-CoV-2 antibodies of any immunoglobulin subclass in the absence of vaccination. In accordance with the COVID-19 SoNG, a probable case requires laboratory suggestive evidence, which is the detection of SARS-CoV-2 by rapid antigen testing. For the purposes of this report, only probable cases from 5 January 2022 are included.

Due to the dynamic nature of data in the NNDSS, numbers may be subject to revision and may vary from numbers previously reported and from case notifications released by states and territories.

Background and data sources

See the Technical Supplement for general information on COVID-19 including modes of transmission, common symptoms, and severity.²

Activity

COVID-19 trends

(NNDSS and jurisdictional reporting to the National Incident Centre)

Cumulatively, from the beginning of the pandemic to 28 August 2022, jurisdictions within Australia have reported 9,992,378 COVID-19 cases to the National Incident Centre (Table 1). In the same time period, there were 4,746,746 confirmed and 3,873,227 probable cases of COVID-19 reported to NNDSS nationally. The difference in these case numbers arises because probable cases are not yet systematically reported by all jurisdictions to NNDSS. The analyses in this report include both confirmed and probable cases reported to the NNDSS, unless otherwise specified.

In the four-week period 1–28 August 2022, there were 216,847 confirmed and 262,739 probable cases of COVID-19 reported in Australia to NNDSS. In the most recent reporting fortnight, a total of 170,564 confirmed and probable cases were notified (an average of 12,183 cases per day), compared to 309,022 in the previous

Table 1: Confirmed and probable COVID-19 cases by jurisdiction, 1 January 2020 – 28 August 2022^{a,b}

	Australia (total)	ACT	NSW	NT	Qld	SA	Tas.	Vic.	WA
Cases – PCR confirmed	4,769,787	119,786	1,887,842	20,923	629,635	446,196	55,981	1,138,566	470,858
Cases – RAT probable	5,222,591	82,170	1,532,539	74,421	967,813	304,262	188,637	1,417,618	655,131
Cases – total	9,992,378	201,956	3,420,381	95,344	1,597,448	750,458	244,618	2,556,184	1,125,989

a Source: jurisdictional reporting to the National Incident Centre.

b ACT: Australian Capital Territory; NSW: New South Wales; NT: Northern Territory; Qld: Queensland; SA: South Australia; Tas.: Tasmania; Vic.: Victoria; WA: Western Australia.

fortnight (22,073 cases per day); together, these mark the lowest case numbers observed in a reporting period during 2022. In the week ending 28 August 2022, case rates were highest in New South Wales at 432 per 100,000 population per week, followed by the Australian Capital Territory (366 per 100,000 population per week).

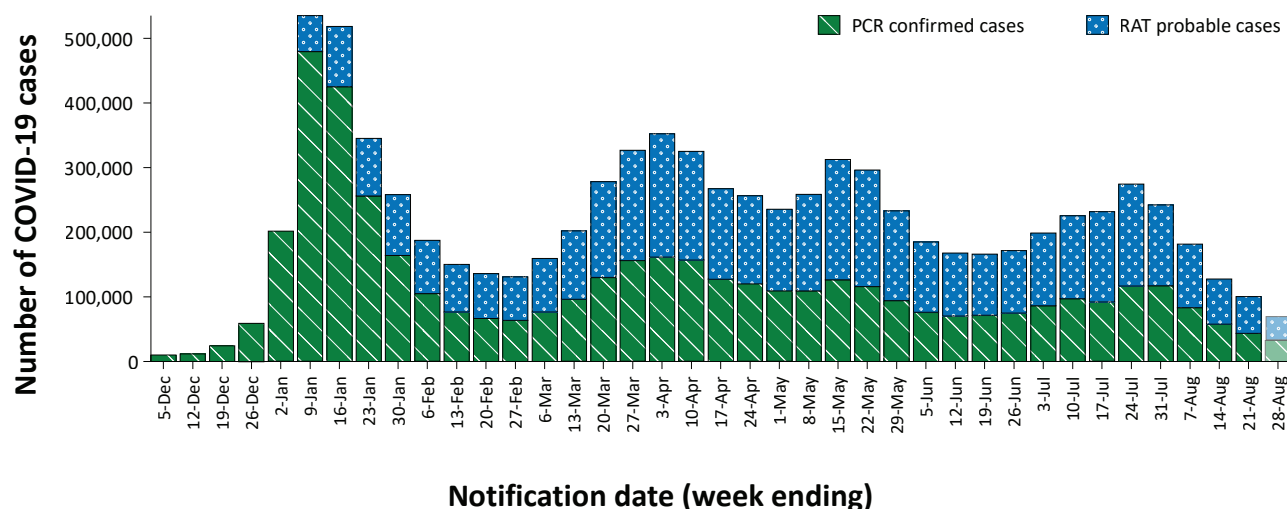
Since the emergence of the Omicron variant in Australia, there have so far been three distinct waves of transmission, defined by the predominant Omicron subvariant circulating. The first wave, driven by the BA.1 subvariant, occurred from mid-December 2021 to February 2022, with a peak in cases observed in early January 2022. From March 2022, the BA.2 subvariant was the predominant strain; in this second Omicron wave, there was a primary peak in early April and a secondary peak in late May 2022. In early July 2022, BA.5 (including sub-lineages) became the predominant subvariant detected in Australia, driving a third wave of transmission which peaked in the week ending 24 July 2022. Since then, cases have continued to decrease and, throughout this reporting period, have become the lowest observed since December 2021.

Case numbers since January 2022 are an underestimate, as probable cases are not yet systematically reported from all jurisdictions.

Demographic features (NNDSS)

In the reporting period 1–28 August 2022, the highest case rate was observed among adults aged 90 years and over, whilst the lowest rate was among children aged 0 to 17 years (Appendix A, Table A.1). Case rates declined across all age groups during the reporting period. (Figure 2). For the entire Omicron wave to date (15 December 2021 – 28 August 2022), the highest case rate has been in adults aged 18 to 29 years. For this age group, the weekly notification rate peaked in the week ending 9 January 2022 at 5,605 cases per 100,000 population (not depicted). Throughout this reporting period, case rates among different paediatric age groups decreased and converged to approximately 250 per 100,000 population in the week ending 28 August 2022 (Figure 2).

Figure 1: Confirmed and probable weekly COVID-19 notified cases by notification date, Australia, 29 November 2021 – 28 August 2022^a



^a Source: NNDSS extract from 31 August 2022 for notifications from 29 November 2021 to 28 August 2022. At the time of extraction, probable cases were not yet available from the Northern Territory, or Tasmania; and were incomplete from Victoria since 29 July. At the time of extraction, Queensland was only reporting cases where testing was conducted in a clinical setting; probable cases with self-administered testing were not reported to NNDSS. Due to transmission issues, data are incomplete for confirmed cases from Western Australia since 10 July 2022.

Table 2: Confirmed and probable COVID-19 cases by jurisdiction and date of notification, Australia, 15 December 2021 – 28 August 2022^{a,b}

Jurisdiction	Reporting period						Current Omicron wave		
	1–14 August 2022			15–28 August 2022			15 December 2021 – 28 August 2022		
	Confirmed	Probable	Total	Confirmed	Probable	Total	Confirmed	Probable	Total
ACT	4,032 (56.0%)	3,167 (44.0%)	7,199	2,136 (58.0%)	1,54 (42.0%)	3,684	118,551 (58.8%)	83,165 (41.2%)	201,716
NSW	73,273 (50.6%)	71,452 (49.4%)	144,725	40,179 (50.0%)	40,226 (50.0%)	80,405	1,801,333 (57.1%)	1,354,227 (42.9%)	3,155,560
NT ^c	471 (98.9%)	5 (1.1%)	476	274 (99.3%)	2 (0.7%)	276	18,617 (99.2%)	154 (0.8%)	18,771
Qld ^c	11,682 (75.3%)	3,842 (24.7%)	15,524	5,987 (60.9%)	3,846 (39.1%)	9,833	627,191 (90.5%)	65,498 (9.5%)	692,689
SA	13,965 (48.7%)	14,682 (51.3%)	28,647	6,113 (46.8%)	6,936 (53.2%)	13,049	451,819 (59.3%)	310,672 (40.7%)	762,491
Tas. ^c	1,532 (100.0%)	0 (0.0%)	1,532	727 (100.0%)	0 (0.0%)	727	55,836 (100.0%)	0 (0.0%)	55,836
Vic. ^c	22,782 (31.3%)	50,038 (68.7%)	72,820	11,646 (26.9%)	31,599 (73.1%)	43,245	991,617 (41.4%)	1,402,056 (58.6%)	2,393,673
WA ^d	13,136 (34.5%)	24,963 (65.5%)	38,099	8,912 (46.1%)	10,433 (53.9%)	19,345	448,328 (40.5%)	657,455 (59.5%)	1,105,783
Australia	140,873 (45.6%)	168,149 (54.4%)	309,022	75,974 (44.5%)	94,590 (55.5%)	170,564	4,513,292 (53.8%)	3,873,227 (46.2%)	8,386,519

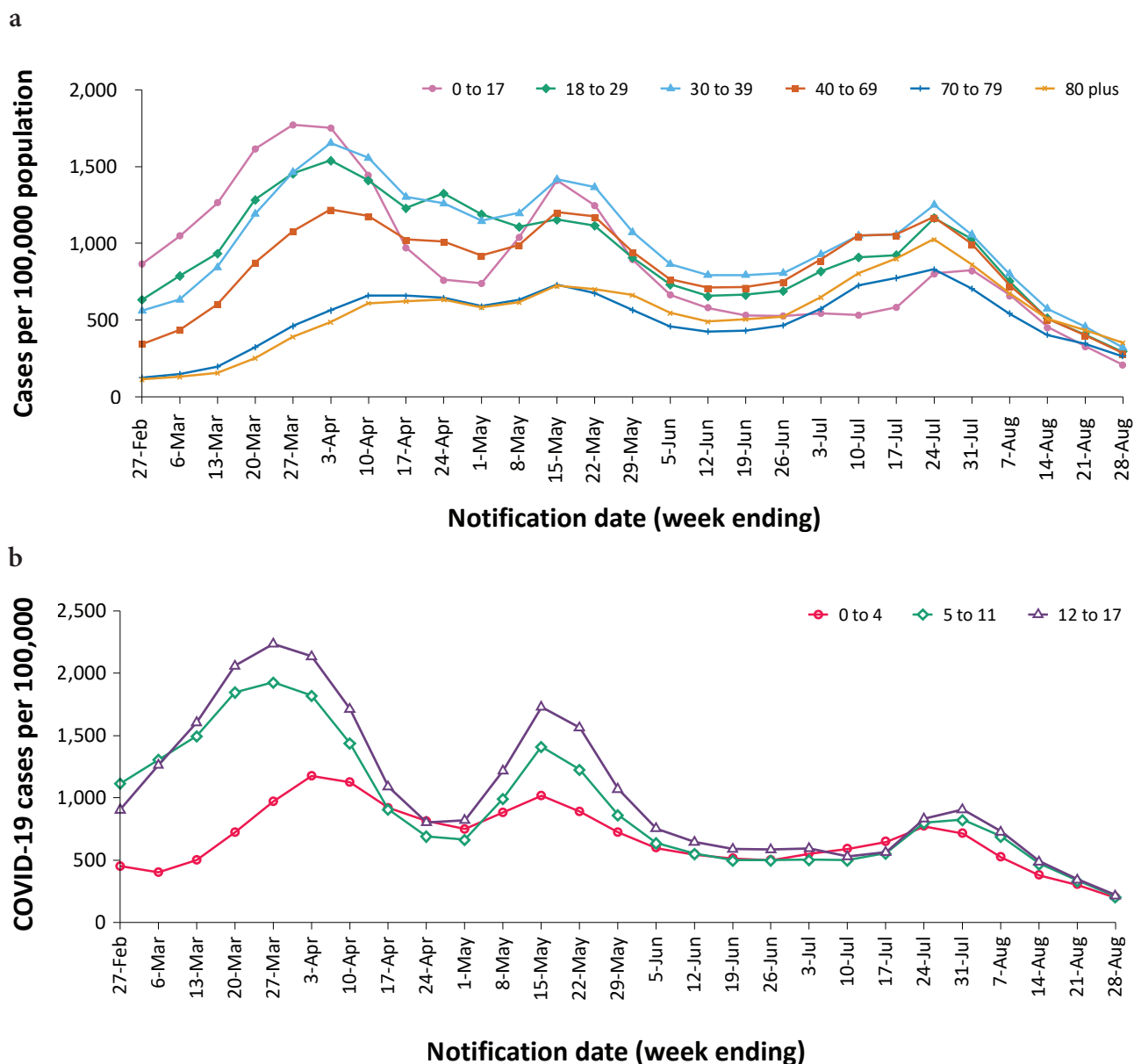
a Source: NNDSS extract from 31 August 2022 for notifications from 15 December 2021 to 28 August 2022.

b ACT: Australian Capital Territory; NSW: New South Wales; NT: Northern Territory; Qld: Queensland; SA: South Australia; Tas.: Tasmania; Vic.: Victoria; WA: Western Australia.

c At the time of extraction, probable cases were not yet available from the Northern Territory, or Tasmania; and were incomplete from Victoria since 29 July. At the time of extraction, Queensland was only reporting cases where testing was conducted in a clinical setting; probable cases with self-administered testing were not reported to NNDSS.

d Due to transmission issues, data are incomplete for confirmed cases from Western Australia since 10 July 2022.

Figure 2: Confirmed and probable COVID-19 case rates for (a) all ages and (b) children, by age group by notification week, Australia, 27 February – 28 August 2022^a



a Source: NNDSS extract from 31 August 2022 for notifications from 21 February to 28 August 2022. At the time of extraction, probable cases were not yet available from the Northern Territory, or Tasmania; and were incomplete from Victoria since 29 July. At the time of extraction, Queensland was only reporting cases that were conducted in a clinical setting; self-administered probable cases were not reported to NNDSS. Due to transmission issues, data are incomplete for confirmed cases from Western Australia since 10 July 2022.

Aboriginal and Torres Strait Islander persons (NNDSS)

Overall, since the start of the pandemic, Indigenous status is unknown for approximately 13% of COVID-19 cases. Therefore, the number of cases classified as Aboriginal and Torres Strait Islander people is likely an under-representation. During the reporting period, there were 16,524 new COVID-19 cases notified in Aboriginal and Torres Strait Islander people (Table 3). In the current Omicron wave (15 December 2021 – 28 August 2022) there have been 265,978 cases of COVID-19 notified in Aboriginal and Torres Strait Islander people, representing 3.2% (265,978/8,386,519) of all COVID-19 cases in the Omicron wave to date.

Of the COVID-19 cases notified in Aboriginal and Torres Strait Islander people from 15 December 2021 to date, 51% (124,296/245,653) lived in a regional or remote area (Table 4). The majority of cases reported in outer regional and remote areas since the start of the Omicron wave were diagnosed using RATs, at 55% and 61%, respectively.

It should be noted that the reliance on RATs for diagnosing COVID-19 is greater in regional and remote areas than in major cities, resulting in a larger under-representation of cases in regional and remote areas than in major cities, due to the incomplete capture of probable cases in NNDSS.

Nationally, there have been 244 COVID-19 associated deaths reported in Aboriginal and Torres Strait Islander people from the start of the pandemic to 28 August 2022. This comprises 77 from New South Wales, 70 from Queensland, 41 from the Northern Territory, 28 from Western Australia, 16 from Victoria, 10 from South Australia and two from the Australian Capital Territory. An additional 494 Aboriginal and Torres Strait Islander cases have been admitted to intensive care units (ICU) nationally. During the Omicron wave to date, the overall notification rate, to NNDSS, of severe cases (measured as those who were admitted to ICU or died) in Aboriginal and Torres Strait Islander people was 69.0 per 100,000 population, compared to 16.4 per 100,000 population during the Delta wave (Table 5). The higher rates of severe illness during the

Table 3: Confirmed and probable cases of COVID-19 among Aboriginal and Torres Strait Islander peoples by jurisdiction and date of notification, Australia, 15 December 2021 – 28 August 2022^a

Jurisdiction	1–7 August 2022	8–14 August 2022	15–21 August 2022	22–28 August 2022	15 December 2021 – 28 August 2022 (Omicron wave)
Australian Capital Territory	57	58	46	31	3,533
New South Wales	3,411	2,758	2,042	1,714	114,410
Northern Territory ^b	97	67	68	52	4,038
Queensland ^b	548	460	522	387	38,228
South Australia	447	341	213	178	20,575
Tasmania ^b	32	19	9	7	1,869
Victoria ^b	683	468	488	308	30,450
Western Australia ^c	329	279	280	125	52,875
Total	5,604	4,450	3,668	2,802	265,978

a Source: NNDSS extract from 31 August 2022 for notifications from 15 December 2021 to 28 August 2022.

b At the time of extraction, probable cases were not yet available from the Northern Territory, or Tasmania; and were incomplete from Victoria since 29 July. At the time of extraction, Queensland was only reporting cases that were conducted in a clinical setting; self-administered probable cases were not reported to NNDSS.

c Due to transmission issues, data are incomplete for confirmed cases from Western Australia since 10 July 2022.

Table 4: COVID-19 cases among Aboriginal and Torres Strait Islander people by area of remoteness, Australia, 15 December 2021 – 28 August 2022^a

Jurisdiction ^{b,c}	Major city	Inner regional	Outer regional	Remote ^d
ACT	3,463	29	10	1
NSW	61,514	36,940	12,704	2,621
NT ^e	0	0	1,218	2,566
Qld ^e	9,873	5,964	15,792	6,536
SA	11,003	2,206	4,396	2,874
Tas. ^e	17	1,284	545	13
Vic. ^e	17,400	9,785	3,218	13
WA ^f	27,465	3,732	6,483	14,664
Australia	130,735	59,940	44,366	29,288

- a Source: Source: NNDSS extract from 31 August 2022 for notifications from 15 December 2021 to 28 August 2022. Excludes cases with an overseas place of residence, and where place of residence is unknown.
- b ACT: Australian Capital Territory; NSW: New South Wales; NT: Northern Territory; Qld: Queensland; SA: South Australia; Tas.: Tasmania; Vic.: Victoria; WA: Western Australia.
- c Cases are classified based on jurisdiction of notification not jurisdiction of residence. Some cases are notified to a different jurisdiction to their location of residence.
- d 'Remote' here also includes areas classified as 'very remote'.
- e At the time of extraction, probable cases were not yet available from the Northern Territory, or Tasmania; and were incomplete from Victoria since 29 July. At the time of extraction, Queensland was only reporting cases that were conducted in a clinical setting; self-administered probable cases were not reported to NNDSS.
- f Due to transmission issues, data are incomplete for confirmed cases from Western Australia since 10 July 2022.

Table 5: Confirmed and probable COVID-19 cases in Aboriginal and Torres Strait Islander people by age and highest level of illness severity, Australia, 1 January 2020 to 28 August 2022

Age group (years)	15 December 2021 – 28 August 2022 (Omicron wave)				16 June 2021 – 14 December 2021 (Delta wave)				1 January 2020 – 28 August 2022 (Pandemic to date)			
	ICU ^a	Died ^a	ICU or died ^a	Rate ICU or died ^b	ICU ^a	Died ^a	ICU or died ^a	Rate ICU or died ^b	ICU ^a	Died ^a	ICU or died ^a	Rate ICU or died ^b
0–17	49	1	49	15.1	8	0	8	2.5	57	1	57	17.6
18–59	208	71	268	64.2	85	11	89	21.3	294	82	358	85.8
60+	114	147	234	414.6	27	14	34	60.2	143	161	270	478.4
All	371	219	551	69.0	120	25	131	16.4	494	244	685	85.8

- a 'ICU' and 'died' are not mutually exclusive categories; 'died' can include cases who died with or without prior admission to ICU. Therefore, the number of cases admitted to ICU or having died will not equal the sum of cases in ICU or died.
- b Rate per 100,000 population for the given time period.

Table 6: Total number of vaccinations administered, by jurisdiction, Australia, as at 28 August 2022^a

Jurisdiction ^b	Total number of doses administered	Percentage of eligible people who have had three or more doses
Australian Capital Territory	1,674,445	80.1%
New South Wales	19,621,969	69.5%
Northern Territory	613,505	78.9%
Queensland	11,967,523	64.8%
South Australia	4,409,002	75.5%
Tasmania	1,440,008	74.3%
Victoria	16,491,016	73.8%
Western Australia	6,903,977	83.1%
Total	63,121,445	71.7%

a Source: Australian Government Department of Health and Aged Care website.³

b 'Jurisdiction' refers to state/territory of residence.

Omicron wave may be attributed to the significantly higher levels of disease transmission in the community during the Omicron wave, rather than the Omicron variant inherently causing more severe illness compared to the Delta variant. Note that ICU status in NNDSS is likely incomplete.

Vaccinations

(Department of Health and Aged Care)

As of 28 August 2022, a total of 63,121,445 doses of COVID-19 vaccine had been administered (Table 6), of which 40,184,809 doses were administered by the Commonwealth in primary care or aged care and disability facilities. Nationally, the number of eligible people who have had three or more doses was 14,200,207 (71.7%).ⁱ Nationally, 19,853,167 people aged 16 years and over (> 95%) were fully vaccinated.ⁱⁱ

i Eligible persons are defined in accordance with recommendations by the Australian Technical Advisory Group on Immunisation as at the conclusion of the reporting period for this report.⁴

ii Individuals who are considered 'fully vaccinated' against COVID-19 are those who have received a complete schedule of a Therapeutic Goods Administration (TGA) approved COVID-19 vaccine and are at least seven days post their

second dose, with doses at least 14 days apart. This is with the exception of the Janssen (Johnson and Johnson) vaccine, where people are regarded as 'fully vaccinated' seven days after a single dose.⁵

Among children aged 12–15 years, 1,040,742 (83.7%) had received at least one dose, including 982,959 (79.0%) who were fully vaccinated. Among children aged 5–11 years, 1,180,902 (51.9%) had received at least one dose, including 924,016 (40.6%) who were fully vaccinated.

Severity

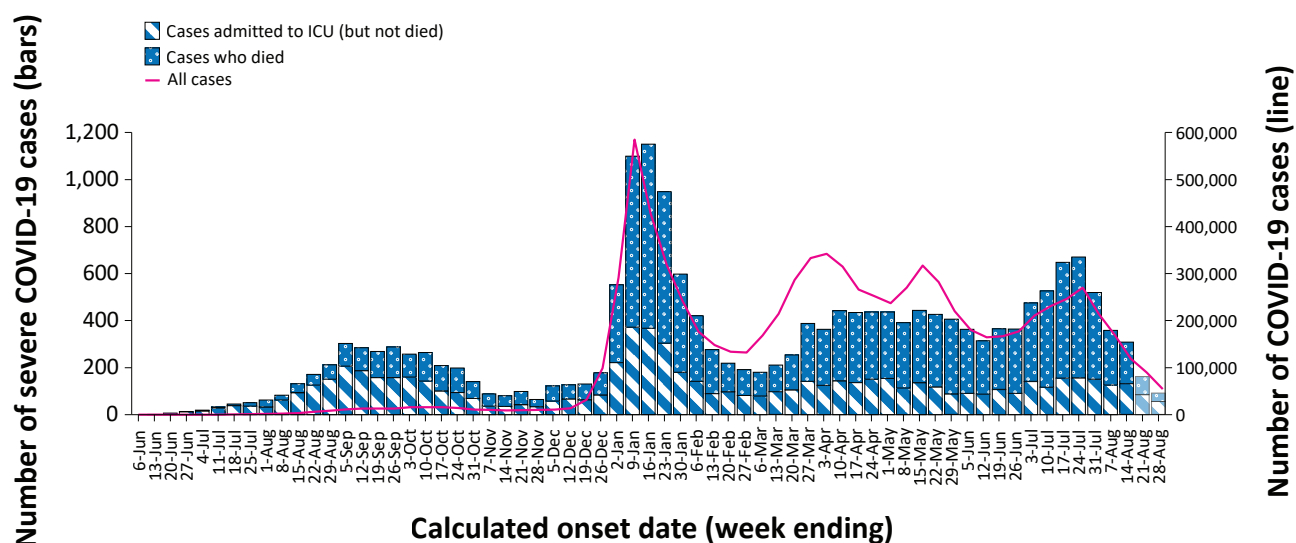
(NNDSS, FluCAN, SPRINT-SARI)

Given the delay between illness onset and severe illness, and so as to provide a more accurate assessment of severity, cases with an onset in the last two weeks have been excluded from analyses on the weekly rate of cases with severe illness (defined as cases admitted to ICU or died) and on the proportion of cases admitted to ICU or died.

In the Omicron wave, the notification rate of cases with severe illness peaked in the week ending 16 January 2022, at approximately 4.5 severe cases per 100,000 population per week (Figure 3). Coinciding with overall case trends,

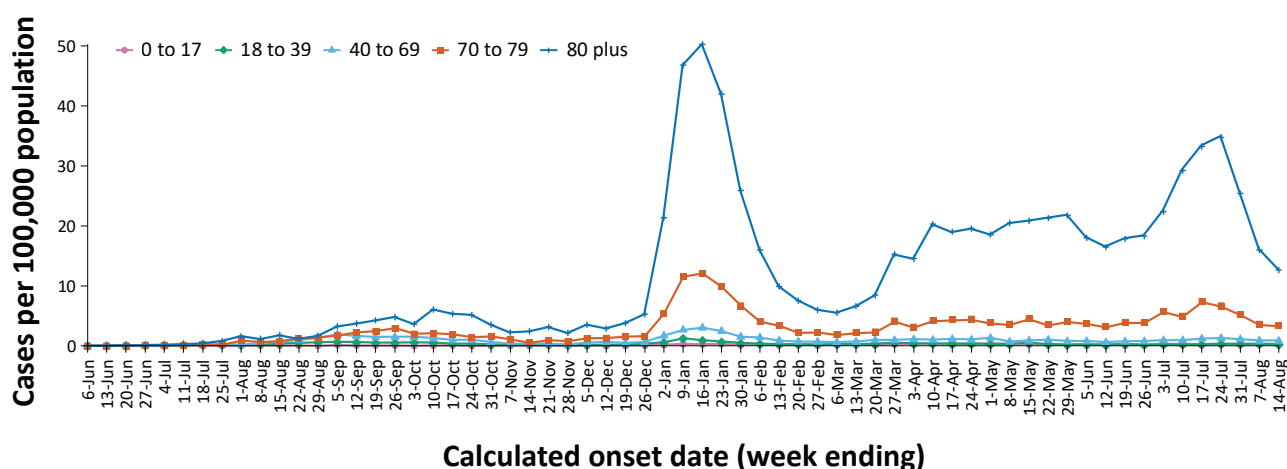
second dose, with doses at least 14 days apart. This is with the exception of the Janssen (Johnson and Johnson) vaccine, where people are regarded as 'fully vaccinated' seven days after a single dose.⁵

Figure 3: COVID-19 cases, deaths and ICU admissions, Australia, by date of onset, Australia, 31 May 2021 to 28 August 2022^{a,b}



- a Source: NNDSS extract from 31 August 2022 for notifications to 28 August 2022. At the time of extraction, probable cases were not yet available from the Northern Territory, or Tasmania; and were incomplete from Victoria since 29 July. At the time of extraction, Queensland was only reporting cases that were conducted in a clinical setting; self-administered probable cases were not reported to NNDSS. Due to transmission issues, data are incomplete for confirmed cases from Western Australia since 10 July 2022.
- b The shaded bars at the right represent the most recent two reporting weeks and should be interpreted with caution, as cases with an illness onset in these weeks may not have yet developed severe disease.

Figure 4: Age-specific rates of COVID-19 cases admitted to ICU or died, by date of diagnosis, Australia, 31 May 2021 to 14 August 2022^a



- a Source: NNDSS extract from 31 August 2022 for notifications to 28 August 2022. Includes cases with an illness onset from 31 May 2021 to 14 August 2022; cases with an illness onset in the last two weeks (15 August – 28 August 2022) were excluded to account for the delay between onset and development of severe illness.

there was an increase in severe cases during the BA.5 wave from late June 2022, with a peak occurring during the week ending 24 July 2022. Rates of severe cases continue to be greater in older age groups; in the BA.5 wave, those aged 80 years and over experienced a notable peak in severe rates during the week ending 24 July 2022, while this trend was not observed in the other age groups (Figure 4).

Hospitalisation and ICU admissions

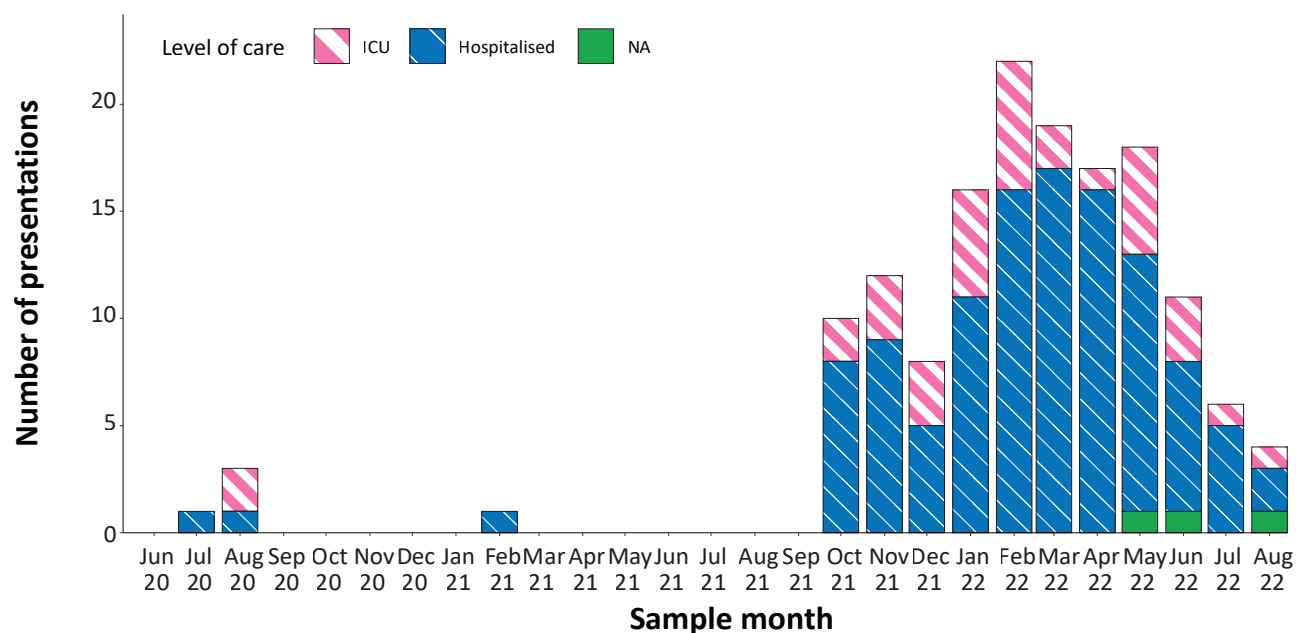
Between 15 December 2021 and 28 August 2022, there were 7,820 hospital admissions with confirmed COVID-19 reported at Influenza Complications Alert Network (FluCAN) sentinel sites, including 6% (493/7,820) admitted directly to ICU. In the current reporting period to 28 August 2022, there were 339 admissions with COVID-19 reported, including 6% (19/339) who were admitted directly to ICU. From the start of the Omicron wave to 28 August 2022, there were 3,575 COVID-19 cases admitted to ICUs participating in the sentinel surveillance system, Short Period Incidence Study of Severe Acute Respiratory Infection (SPRINT-SARI),⁶ with 176 of these admitted during this reporting period (1–28 August 2022).

Since 15 December 2021, for patients admitted to FluCAN sentinel sites with confirmed COVID-19, the median length of stay was 3 days (interquartile range, IQR: 1–7); mean (standard deviation, SD) = 5.8 days (12.8). This is lower than the median length of stay observed during the Delta wave, which was 6 days (IQR: 3–10); mean (SD) = 7.8 days (9.3).

PIMS-TS (PAEDS)

Since the start of the pandemic to 28 Aug 2022, there have been 148 cases of paediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS) reported to Paediatric Active Enhanced Disease Surveillance (PAEDS), including 113 cases reported in 2022 and four in the current reporting period. The majority of PIMS-TS cases to date have occurred in those aged 5 to < 12 years (53%; 78/148), followed by those aged 6 months to <5 years (27%; 40/148). To date, there have been no PIMS-TS associated deaths.

Figure 5: PIMS-TS cases reported to PAEDS, by sample month and level of care required, Australia, 1 June 2020 – 28 August 2022^a



a Source: PAEDS.

Table 7: Deaths associated with COVID-19 by reporting period, Australia, 1 January 2020 – 28 August 2022^{a,b}

Jurisdiction ^c	1–7 August 2022	8–14 August 2022	15–21 August 2022	22–28 August 2022	15 December 2021 – 28 August 2022 (Omicron wave)	1 January 2020 – 28 August 2022 (Pandemic to date)
ACT	10 (2.3%)	7 (2.1%)	5 (2.1%)	1 (0.9%)	104 (1.0%)	130 (1.0%)
NSW	163 (37.6%)	125 (36.9%)	101 (42.8%)	53 (48.6%)	4,171 (38.7%)	4,879 (37.4%)
NT ^d	6 (1.4%)	3 (0.9%)	0 (0.0%)	0 (0.0%)	75 (0.7%)	76 (0.6%)
Qld ^d	106 (24.5%)	52 (15.3%)	32 (13.6%)	6 (5.5%)	1,973 (18.3%)	1,980 (15.2%)
SA	16 (3.7%)	9 (2.7%)	3 (1.3%)	2 (1.8%)	781 (7.2%)	785 (6.0%)
Tas. ^d	4 (0.9%)	2 (0.6%)	0 (0.0%)	0 (0.0%)	37 (0.3%)	63 (0.5%)
Vic. ^d	110 (25.4%)	121 (35.7%)	88 (37.3%)	41 (37.6%)	3,064 (28.4%)	4,564 (34.9%)
WA ^e	18 (4.2%)	20 (5.9%)	7 (3.0%)	6 (5.5%)	584 (5.4%)	584 (4.5%)
Total	433	339	236	109	10,789	13,061

a Source: NNDSS, extract from 31 August 2022 for deaths to 28 August 2022.

b Deaths are categorised into time periods using date of death. Deaths with a missing date of death are classified using date of illness onset.

c ACT: Australian Capital Territory; NSW: New South Wales; NT: Northern Territory; Qld: Queensland; SA: South Australia; Tas.: Tasmania; Vic.: Victoria; WA: Western Australia.

d At the time of extraction, probable cases were not yet available from the Northern Territory, or Tasmania; and were incomplete from Victoria since 29 July. At the time of extraction, Queensland was only reporting cases that were conducted in a clinical setting; self-administered probable cases were not reported to NNDSS.

e Due to transmission issues, data are incomplete for confirmed cases from Western Australia since 10 July 2022.

COVID-19 deaths

There were 1,117 COVID-19-associated deaths among COVID-19 cases notified during the reporting period (1–28 August 2022). This brings the total number of COVID-19-associated deaths reported in NNDSS to 13,061 (Table 7). The overall crude case fatality rate in the current BA.5 wave is 0.17%, which is similar to the rate observed during the BA.1 (0.15%) and BA.2 (0.10%) waves, and notably less than observed during the Delta (0.70%) wave (Table 8).

Table 8: COVID-19 associated case fatality rates, among cases notified to NNDSS, by age group and date of onset, 1 January 2020 to 14 August 2022^{a,b}

Age group	BA.5 15 June – 14 August 2022	BA.2 1 March – 14 June 2022	BA.1 15 December 2021 – 28 February 2022	Omicron 15 December 2021 – 14 August 2022	Delta 16 June – 14 December 2021	Pandemic 1 January 2020 – 14 August 2022
0–4	< 0.05%	< 0.05%	< 0.05%	< 0.05%	0.00%	< 0.05%
5–11	0.00%	0.00%	< 0.05%	< 0.05%	< 0.05%	< 0.05%
12–15	0.00%	0.00%	< 0.05%	< 0.05%	< 0.05%	< 0.05%
16–17	0.00%	< 0.05%	0.00%	< 0.05%	0.00%	< 0.05%
18–29	< 0.05%	< 0.05%	< 0.05%	< 0.05%	< 0.05%	< 0.05%
30–39	< 0.05%	< 0.05%	< 0.05%	< 0.05%	0.06%	< 0.05%
40–49	< 0.05%	< 0.05%	< 0.05%	< 0.05%	0.19%	< 0.05%
50–59	< 0.05%	< 0.05%	0.05%	< 0.05%	0.66%	0.05%
60–69	0.11%	0.11%	0.25%	0.14%	1.94%	0.18%
70–79	0.55%	0.46%	1.18%	0.64%	6.21%	0.79%
80–89	2.09%	2.07%	5.08%	2.66%	14.92%	3.15%
90+	5.58%	5.81%	10.93%	6.66%	27.92%	7.58%
Unknown	0.75%	0.11%	0.00%	0.11%	0.00%	0.11%
Total	0.17%	0.10%	0.15%	0.13%	0.70%	0.15%

a Source: NNDSS, extract from 31 August 2022 for deaths to 28 August 2022. At the time of extraction, probable cases were not yet available from the Northern Territory, or Tasmania; and were incomplete from Victoria since 29 July. At the time of extraction, Queensland was only reporting cases that were conducted in a clinical setting; self-administered probable cases were not reported to NNDSS. Due to transmission issues, data are incomplete for confirmed cases from Western Australia since 10 July 2022.

b To account for the lag between illness onset and the development of severe illness, cases with an onset date in the last two weeks have been excluded from calculations of the case fatality rate.

Genomic surveillance and virology

(Communicable Disease Genomics Network, AusTrakka and jurisdictional sequencing laboratories)

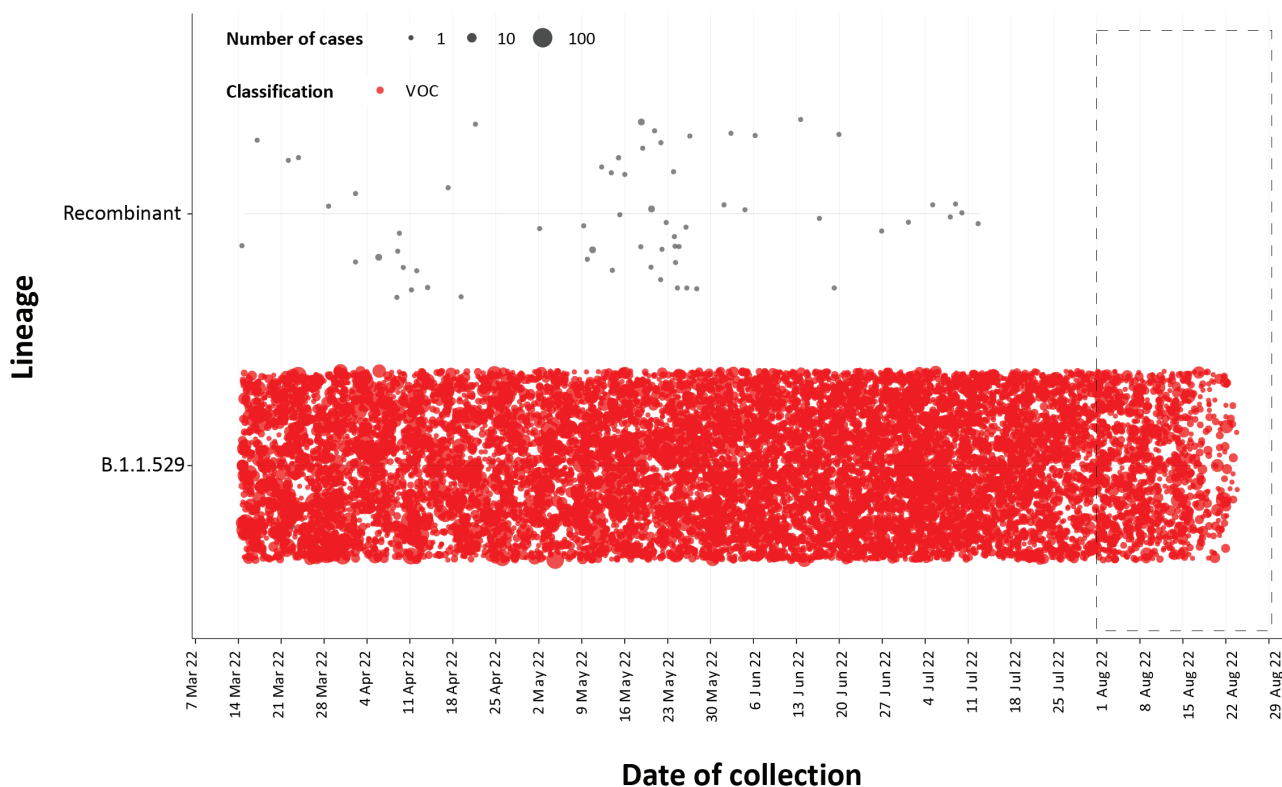
Nationally, 2.76% of COVID-19 cases have been sequenced since the start of the pandemic in January 2020, based on jurisdictional reporting of confirmed cases (Table 9). Case numbers and sequencing proportion are based on PCR results only, as rapid antigen tests do not allow for sequencing. The very large case numbers reported nationally across 2022 to date have required jurisdictional laboratories to move towards sequencing for surveillance purposes during this time, resulting in a drop in the

overall sequencing proportion. However, overall output of number of cases sequenced remains similar to, or higher than, previous periods (Figure 6).

Variants of concern (VOC)

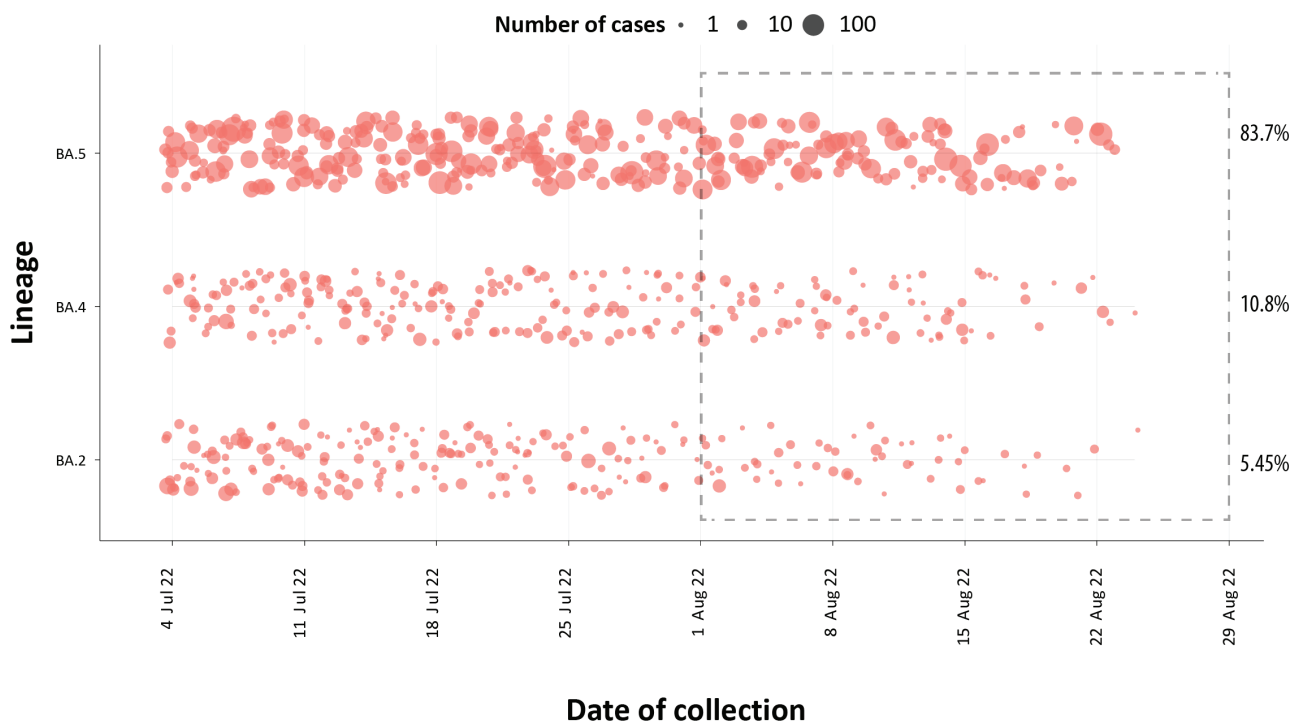
AusTrakka⁷ is actively monitoring and reporting on one lineage currently designated as a Variant of Concern (VOC) by international organisations, including the World Health Organization (WHO): Omicron (B.1.1.529). The Omicron variant displays a characteristic set of mutations, including a number of variations in the genomic region encoding the spike protein thought to have the potential to increase transmissibility and/or immune evasion.

Figure 6: Samples in AusTrakka from 7 March 2022 to 28 August 2022, by lineage and date of collection^a



^a The current reporting period (1 August to 28 August 2022) is marked by the dashed lines, and variant of concern samples are coloured red. The size of the circle is proportional to the number of samples in the lineage at each time point.

Figure 7: Sequences in AusTrakka by Omicron sub-lineage and collection date, 4 July to 28 August 2022^a



^a The current reporting period (1 August to 28 August 2022) is marked by the dashed lines. The size of the circle is proportional to the number of samples in the lineage at each time point.

Table 9: Australian SARS-CoV-2 genome sequences and proportion of positive cases sequenced, 1–28 August 2022 and cumulative to date

Measure	Reporting period 1–28 August 2022	Cumulative 23 January 2020 – 31 August 2022
SARS-CoV-2 cases sequenced ^a	8,576	133,649
Percentage of positive cases sequenced ^b	3.61%	2.76%

- a Total SARS-CoV-2 case numbers as reported by jurisdictional laboratories based on PCR results only. Cases identified via rapid antigen testing are reported differently by each jurisdiction and cannot be followed up for sequencing. They are therefore not included in the sequencing proportions reported here. Sequencing of samples from cases identified in the reporting period may be in process at the time of reporting. Remaining unsequenced samples may be due to jurisdictional sequencing strategy, or where samples have been deemed unsuitable for sequencing (typically because viral loads were too low for sequencing to be successful).
- b Based on individual jurisdictional reports of sequences and case numbers. Calculations of the percentage of cases sequenced based on the number of sequences available in AusTrakka may not always be up-to-date, since this may include duplicate samples from cases and may not represent all available sequence data

The CDGN VOC working group demoted four previously designated VOCs (Alpha (B.1.1.7), Beta (B.1.351), Gamma (P.1) and Delta (B.1.617)) due to the sustained absence of any cases in Australia, and very limited prevalence globally. Further information on variants is available in the Technical Supplement.²

All 8,576 sequences from samples collected within the reporting period were assigned to Omicron or to recombinants consisting of two Omicron lineages. BA.5 is currently the predominant sub-lineage being sequenced, representing 83% of sequences collected in the reporting period and available for analysis in AusTrakka. Of the Omicron sequences in AusTrakka to date, 31.12% are BA.1; 48.01% are BA.2; 0.002% are BA.3; 3.76% are BA.4 and 17.07% are BA.5. All sub-sub-lineages have been collapsed into their respective major sub-lineage.

Testing

(State and territory reporting)

From the commencement of the pandemic to 28 August 2022, over 78 million PCR tests for SARS-CoV-2 have been conducted nationally. Jurisdictional PCR testing rates are driven by current case numbers, testing policies and numbers of people experiencing symptoms.

The number, rates and percent positivity of RATs cannot be calculated, as there is currently no reporting of negative RATs.

During the four-week reporting period (1–28 August 2022), over 1.6 million PCR tests were conducted. In the week ending 28 August 2022, PCR percent positivity rates decreased across all jurisdictions, with the exception of South Australia and Western Australia, the latter of which had the highest positivity at approximately 20% (Figure 8).

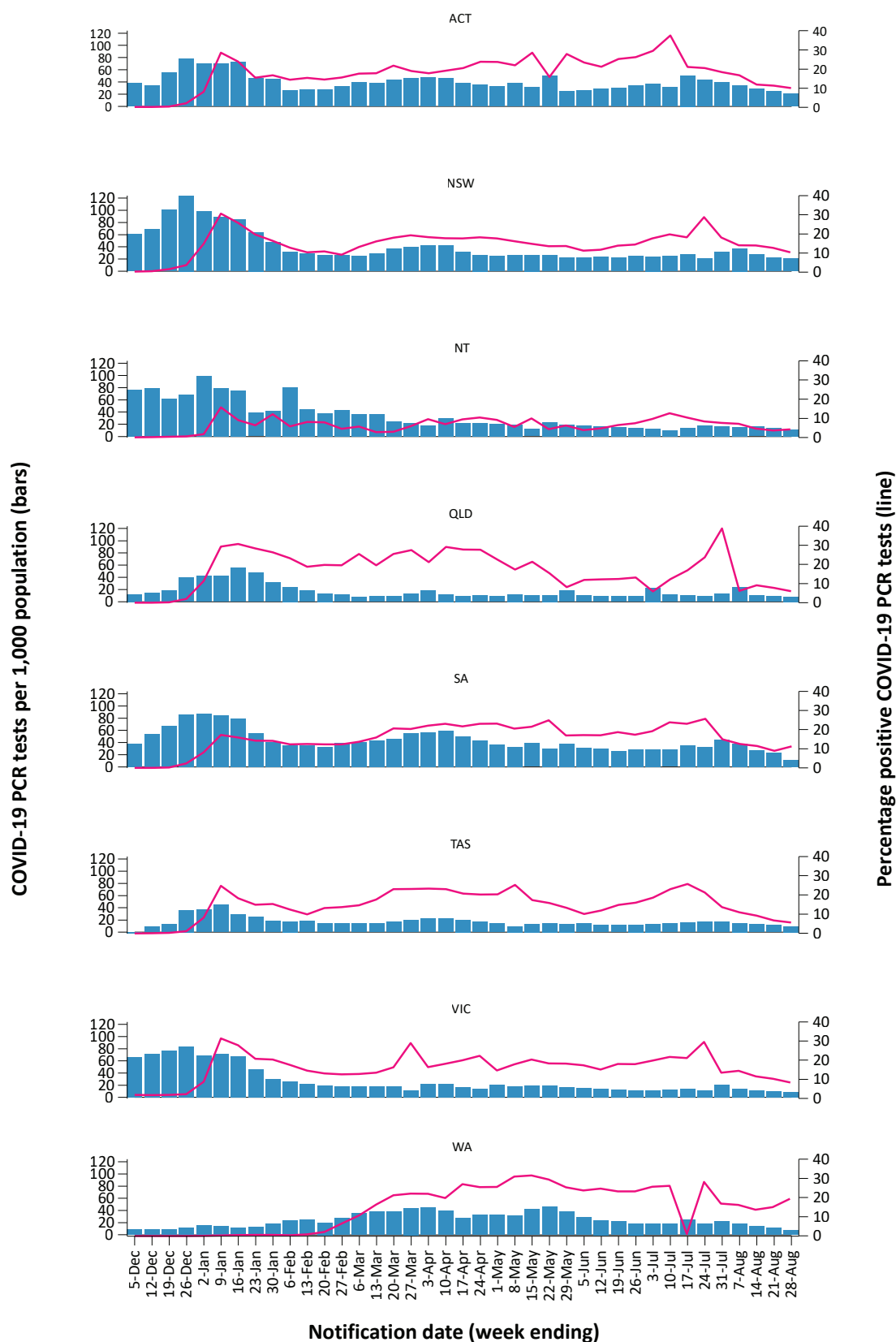
Acute respiratory illness

(FluTracking, ASPREN, and Commonwealth Respiratory Clinics)

Based on self-reported FluTracking data,⁸ the prevalence of fever and cough in the community over this reporting period continued to decrease, ranging from of 2.0% in the week ending 7 August 2022 to 1.5% in the week ending 28 August 2022 (Figure 9). The prevalence of runny nose and sore throat symptoms remained stable at approximately 1.4% in throughout the reporting period.

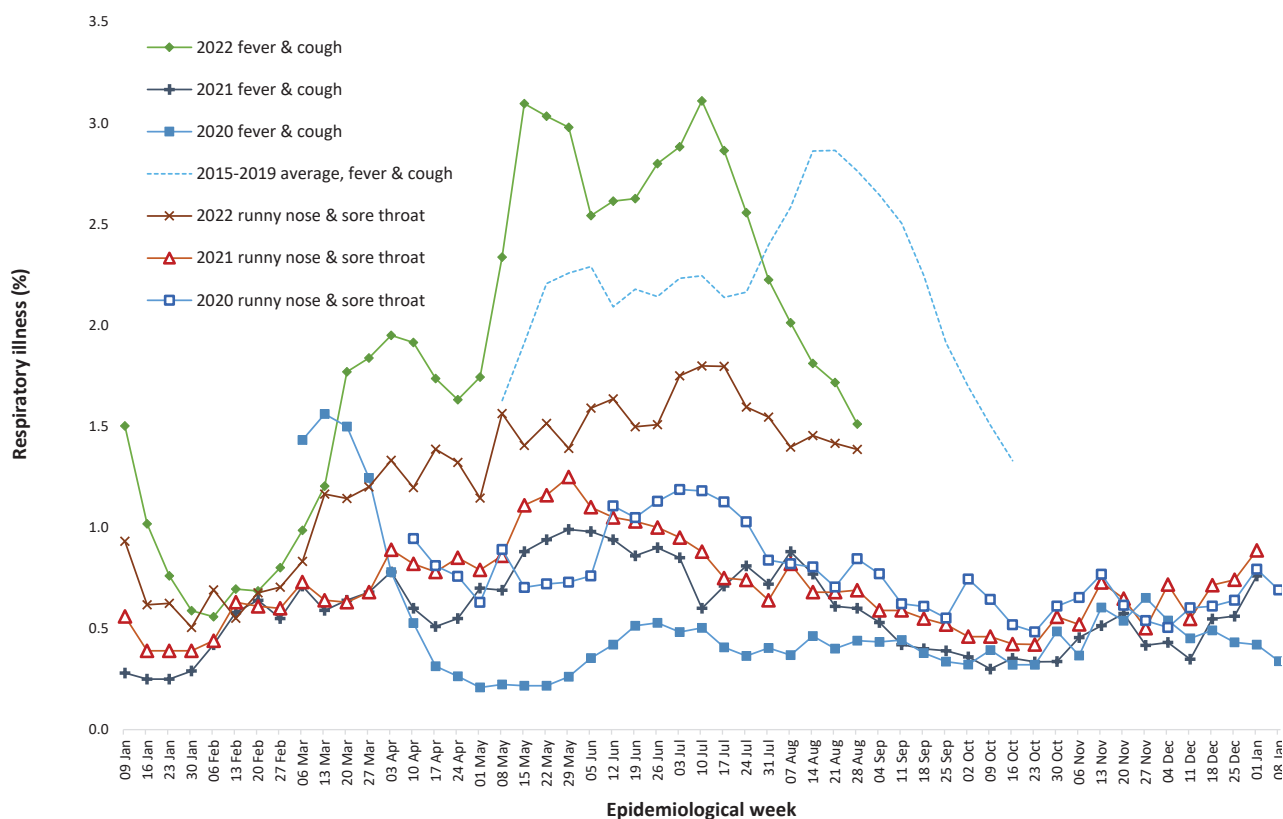
Over the reporting period, FluTracking data indicated that 31% of participants with ‘fever and cough’ were tested for SARS-CoV-2 with a PCR test and 82% were tested using a RAT (noting that in some instances RATs will be followed up by a PCR test for the same case).

Figure 8: SARS-CoV-2 polymerase chain reaction (PCR) testing rates per 1,000 population and percent positivity by jurisdiction and date of notification, 29 November 2021 – 28 August 2022^a



^a Source: testing data provided by jurisdictions to the NIR daily, current to 28 August 2022; case data extracted from NNDSS on 31 August 2022 for cases with a notification date up to 28 August 2022; population data based on Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at June 2021. Note: due to transmission issues, data are incomplete for Western Australia since 10 July 2022.

Figure 9: Weekly trends in respiratory illness amongst FluTracking survey participants (age-standardised) compared to the average of the previous five years, Australia, 1 January 2020 – 28 August 2022^{a,b}



- Epidemiological weeks are a standardised method for numbering weeks across years, with the first epidemiological week of any year ending on the first Saturday in January.
- In years prior to 2020, FluTracking was activated during the main Influenza season from May to October. A historical average beyond the week ending 11 October (epidemiological week 41) is therefore not available. In 2020, FluTracking commenced ten weeks early to capture data for COVID-19. Data on runny nose and sore throat were only collected systematically after 29 March 2020, therefore a historical average for this symptom profile is unavailable.

Of those with runny nose and sore throat, 12% were tested for SARS-CoV-2 using a PCR test and 68% were tested using a RAT. In the current reporting period, the percent positivity for fever and cough symptoms increased by approximately 20% compared to the previous reporting period for both PCR and RAT, to 36% and 35%, respectively. For runny nose and sore throat symptoms, the percent positivity remained decreased for both testing methods, at 15% for PCR and 6% for RAT. Note that participants with one set of symptoms are not excluded from having the other. It is important to acknowledge that there may be legitimate reasons why people did not get tested, including barriers to accessing testing. Symptoms reported to FluTracking

are not specific to COVID-19 and may also be due to infections with other respiratory pathogens and to chronic diseases, such as asthma.

From 4 July to 28 August 2022, of presentations to Commonwealth Respiratory Clinics that were tested for SARS-CoV-2, 9.8% (5,812/59,153) were found to be positive. The most commonly reported symptom amongst presentations that tested positive for COVID-19 was sore throat (56%), followed by cough (55%) and tiredness (44%).

Since the start of 2022, of those presenting to sentinel ASPREN sites with influenza-like illness who were tested for respiratory viruses,

58% (443/760) tested positive. Among those positive, the most common virus detected was influenza A (36%; 159/443), followed by rhinovirus (23%; 103/443); of those testing positive, 13% (59/443) were positive for SARS-CoV-2.

Countries and territories in Australia's near region

According to WHO, countries and territories in the South East Asian and Western Pacific regions reported 10,603,194 newly-confirmed cases and 16,720 deaths in the four-week period to 28 August 2022. Compared to the previous four-week reporting period, new cases increased in the Western Pacific, whilst decreasing in South East Asia. New deaths increased across both regions over the same period, with a 78% increase in the Western Pacific region.⁹ In total, since the start of the pandemic, over 145 million cases and over one million deaths have been reported in the two regions.¹⁰

Table 10 outlines new cases and deaths in the four-week period to 28 August 2022 and cumulative cases and deaths for the pandemic in selected countries with the highest number of new cases in the South East Asian region and the Western Pacific region.

As of 28 August 2022, over 602 million COVID-19 cases and approximately 6.4 million deaths have been reported globally since the start of the pandemic, with a global case fatality rate (CFR) of approximately 1.1%. The two regions reporting the largest burden of disease over the past four weeks were the Western Pacific region (49% of total cases) and the European region (27% of total cases).

Table 10: Cumulative cases and deaths, and new cases and deaths reported in the four-week period to 28 August 2022 for selected countries in Australia's near region according to WHO^a

Country	Cumulative cases	New cases reported in the last 4 weeks	Change in new cases in the last 4 weeks ^b	Cumulative deaths	New deaths reported in the last 4 weeks	Change in new deaths in the last 4 weeks ^b
South East Asian region						
India	44,456,535	310,803	-41%	527,991	1,302	+3%
Indonesia	6,372,542	127,564	-5%	157,647	552	+82%
Thailand	4,658,542	52,933	-13%	32,400	804	+6%
Nepal	997,868	7,741	-21%	12,007	36	+89%
Bangladesh	2,012,761	5,426	-69%	29,328	24	-77%
Western Pacific region						
Japan	19,345,212	5,295,234	+20%	40,829	7,320	+250%
Republic of Korea	23,569,192	3,080,064	+56%	27,093	1,830	+195%
China	6,551,088	771,628	+8%	24,976	1,077	-37%
Australia	10,053,456	464,479	-60%	14,014	1,814	-8%
Singapore	1,844,785	90,008	-61%	1,594	58	-46%

a Source: World Health Organization Coronavirus (COVID-19) Dashboard, accessed 1 September 2022.

b Percent change in the number of newly confirmed cases/deaths in the most recent four-week period compared to the four weeks prior.

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We thank public health staff from incident emergency operations centres and public health units in state and territory health departments, and the Australian Government Department of Health and Aged Care, along with state and territory public health laboratories. We thank those who have provided data from surveillance systems, such as Commonwealth respiratory clinics, ASPREN, FluTracking, FluCAN, SPRINT-SARI, Communicable Disease Genomics Network, AusTrakka and jurisdictional sequencing laboratories.

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Appendix A: Supplementary figures and tables

Table A.1: COVID-19 cases and rates per 100,000 population, by age group, sex, and notification received date, Australia, 15 December 2021 – 28 August 2022^{a,b}

Age group	Four-week reporting period						Current 'Omicron' wave					
	1–28 August 2022						15 December 2021 – 28 August 2022					
	Cases			Rate per 100,000 population			Cases			Rate per 100,000 population		
	Male	Female	People	Male	Female	People	Male	Female	People	Male	Female	People
0–4	10,539	10,039	21,622	1,347	1,360	1,422	180,493	171,819	385,933	23,065	23,270	25,375
5–11	19,303	17,799	38,460	1,644	1,598	1,681	358,755	340,945	772,383	30,547	30,615	33,757
12–15	10,571	9,966	21,415	1,619	1,611	1,684	209,614	211,693	469,725	32,100	34,224	36,941
16–17	5,104	5,705	11,372	1,682	1,992	1,928	94,852	108,561	221,692	31,256	37,913	37,587
18–29	34,167	42,325	80,042	1,650	2,128	1,971	744,317	865,909	1,714,835	35,933	43,525	42,229
30–39	34,544	43,163	81,347	1,853	2,253	2,152	631,150	746,929	1,486,722	33,854	38,979	39,325
40–49	29,650	36,861	69,540	1,816	2,218	2,111	513,919	615,572	1,222,942	31,476	37,031	37,115
50–59	24,942	31,362	59,182	1,625	1,949	1,883	403,953	469,421	939,851	26,320	29,177	29,897
60–69	19,236	22,848	44,071	1,450	1,619	1,610	275,977	302,300	617,682	20,809	21,415	22,561
70–79	14,357	14,986	30,533	1,518	1,489	1,564	160,280	158,531	335,308	16,944	15,747	17,172
80–89	6,888	8,249	15,669	1,777	1,688	1,788	68,288	75,687	149,452	17,621	15,485	17,054
90+	1,978	3,750	5,884	2,543	2,601	2,651	17,063	30,958	49,339	21,935	21,475	22,230

- a Source: NNDSS, extract from 31 August 2022 for notifications to 28 August 2022. At the time of extraction, probable cases were not yet available from the Northern Territory, or Tasmania; and were incomplete from Victoria since 29 July. At the time of extraction, Queensland was only reporting cases that were conducted in a clinical setting; self-administered probable cases were not reported to NNDSS. Data was not available from Western Australia since 10 July 2022.
- b Population data based on Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at June 2021.