Influenza is at a high level of activity. COVID-19 is at a moderate level. RSV remains at a high level of activity.

Summary

COVID-19 is at a moderate level of activity and is decreasing. Influenza activity is at a high level and continues to increase. RSV activity is still high but is decreasing. Influenza vaccinations are important at this time, especially for people who are at risk of severe disease.

Data sources and methods

NSW Health continually reviews the methods used to monitor respiratory virus activity in New South Wales. This is due to changes in testing, notification patterns and levels of respiratory virus, including COVID-19, in the community. These changes affect the usefulness of notifications for monitoring virus activity and community transmission over time. The Public Health, Rapid, Emergency and Syndromic Surveillance (PHREDSS) data, COVID-19 Wastewater Surveillance Program, Whole Genome Sequencing (WGS) data and the NSW Sentinel Laboratory Network results are currently of most value for monitoring COVID-19 and other respiratory viruses of importance in the community. Public registration of positive COVID-19 rapid antigen tests (RAT) in NSW ceased on 30 September 2023. NSW Health also monitors COVID-19 outbreaks in residential aged-care facilities that are published by the Australian Government and COVID-19 antiviral prescriptions dispensed in NSW.

The data source for this report updates as new information becomes available. Therefore, this report cannot be directly compared to previous versions of the NSW Respiratory Surveillance Report or to previous reporting periods. For additional information on the data sources and methods presented within this report please refer to COVID-19 surveillance report data sources and methodology.

Public Health Rapid, Emergency, Disease and Syndromic Surveillance

The PHREDSS system provides daily information about presentations to NSW public hospital emergency departments and subsequent admission to hospital categorised by symptom profile. Here we report on COVID-19, influenza-like illness and bronchiolitis (which is mainly caused by respiratory syncytial virus, RSV, though can be caused by other respiratory infections). These PHREDSS indicators, particularly the number of people admitted to hospital, are useful for monitoring the severity of illness and the impact on the health system.

Interpretation: Emergency Department (ED) presentations and admissions for COVID-19 are decreasing. The number of presentations for influenza-like illness has been increasing since May, and the number of admissions is now also increasing. ED presentations and admissions for bronchiolitis in young children are high, particularly in those aged less than 1 year. For children under 5 years of age with bronchiolitis, 78.6% of presentations and 82.1% of admissions, were for infants aged less than one year old.

Figure 1. 'COVID-19' weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 1 January 2024 - 13 July 2025, persons of all ages

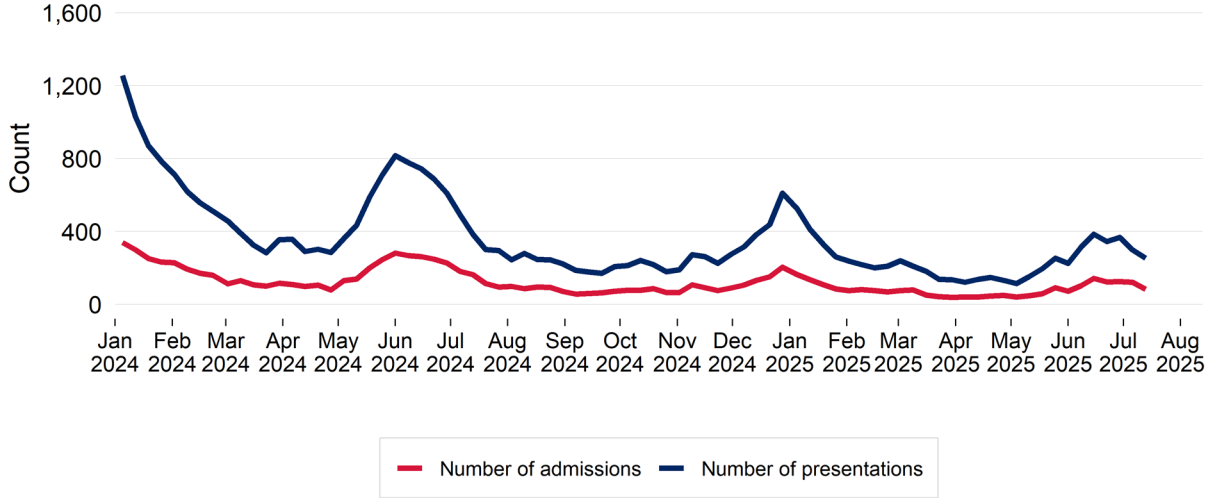


Figure 2. 'Influenza-like illness' weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 1 January 2024 - 13 July 2025, persons of all ages

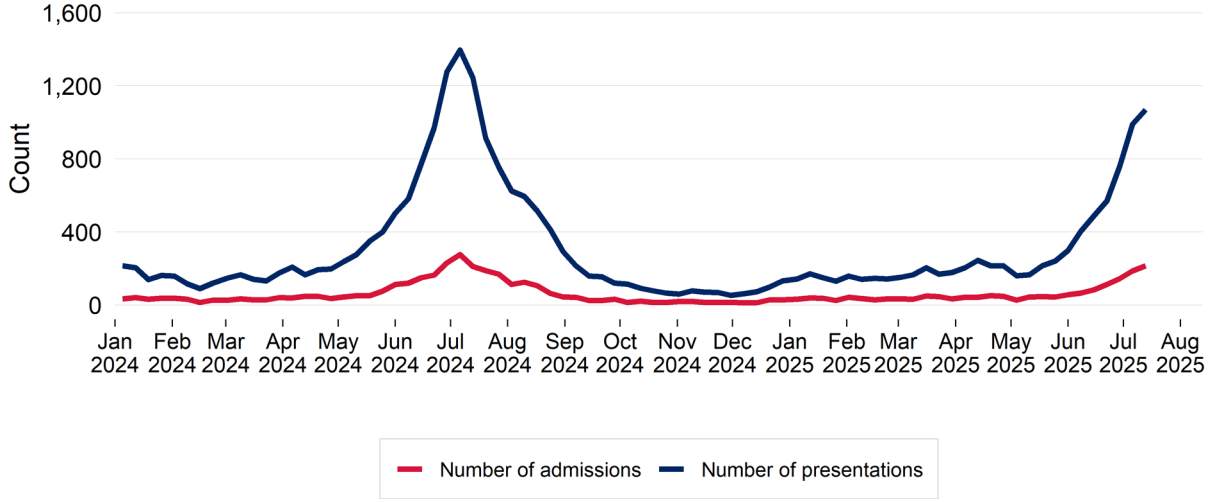
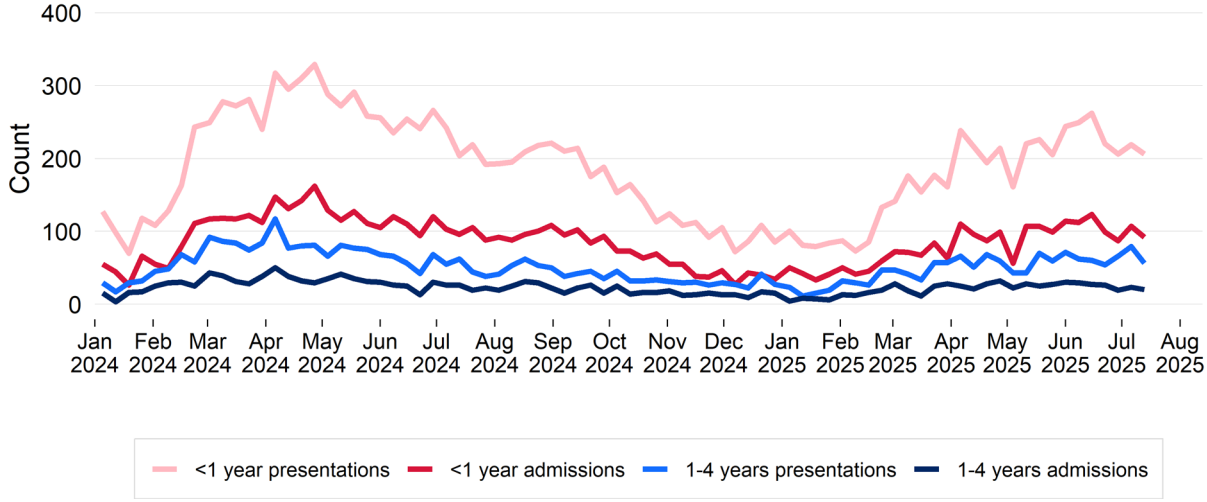


Figure 3. Bronchiolitis weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 1 January 2024 - 13 July 2025, children aged 0-4 years



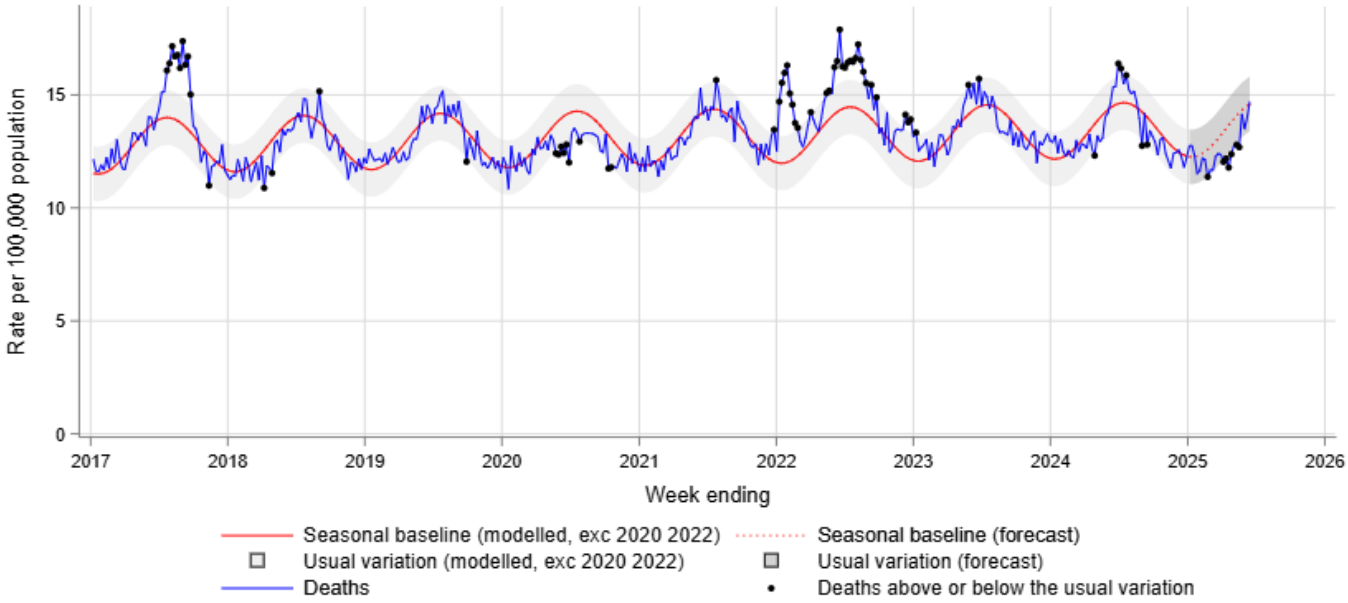
Death surveillance

All-cause mortality

The model for rapid surveillance of excess all-cause mortality in NSW is updated annually, and has a focus on surveillance for increased mortality in recent months. The model outputs for the current year should not be directly compared to previous years' outputs, due to a change in the baseline of the model. The NSW model supports surveillance of the impact of circulating viruses such as COVID-19 and influenza on all-cause mortality. This is not the same approach as that used by the ABS or by the Actuaries Institute to examine excess mortality associated with COVID-19 during the pandemic period. These approaches modelled excess mortality in the absence of COVID-19.

Interpretation: Weekly lag adjusted all-cause mortality is just above the seasonal baseline (red line) but within the lower threshold of the usual variation band (grey shading).

Figure 4. All-cause death rate per 100,000 population, all ages, 1 January 2017 to 15 June 2025



Notes:

In this report, due to the time interval between a death occurring and the date on which the death is registered, only deaths reported 4 weeks prior to the date of analysis are used. Deaths are lag adjusted for the weeks ending from 11 May 2025 to 15 June 2025. For additional information see COVID-19 surveillance report data sources and methodology for details.

Notifications of COVID-19, influenza and RSV

Notification data is obtained from laboratory tests for infections. This indicator provides information about community infection.

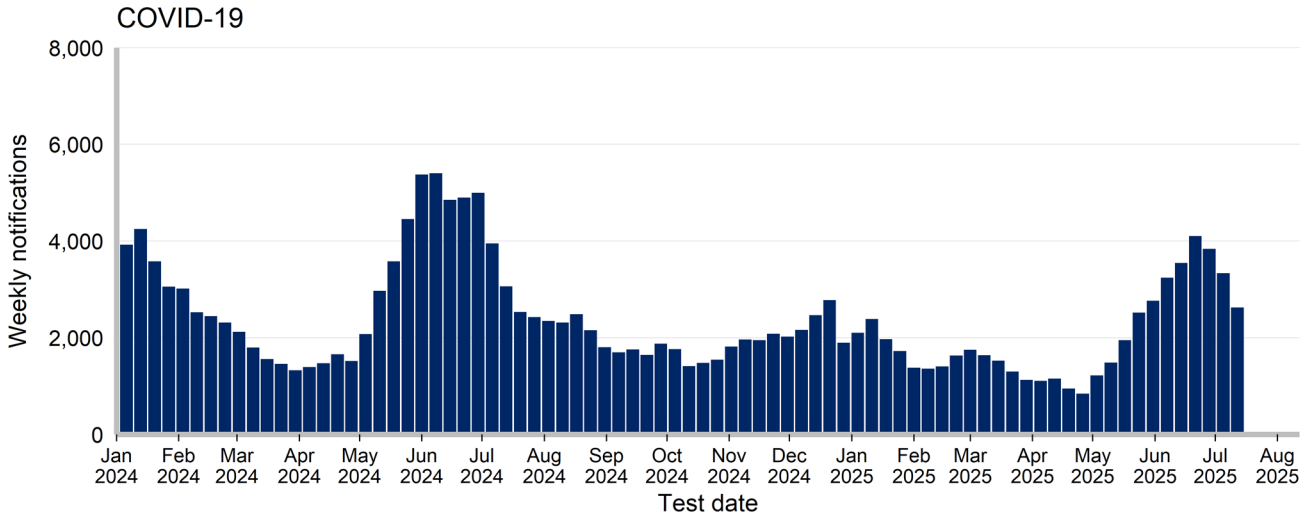
Interpretation: In the past week there was a decrease of 21.1% in COVID-19 notifications, an increase of 0.6% in influenza notifications, and a decrease of 10.5% in RSV notifications.

Table 1: Notifications of COVID-19, influenza and RSV, NSW, tested in the week ending 12 July 2025

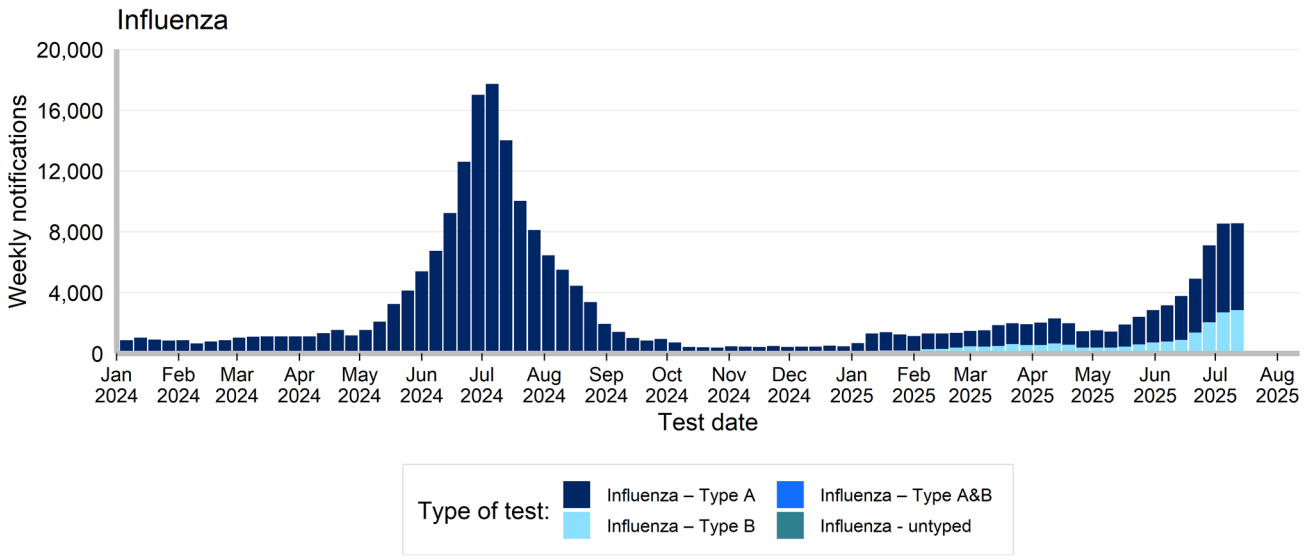
	COVID		Influenza		RSV	
	Week ending 12 July 2025	Year to Date	Week ending 12 July 2025	Year to Date	Week ending 12 July 2025	Year to Date
Gender						
Female	1,579	32,206 (58%)	4,472	37,690 (52%)	1,162	26,560 (53%)
Male	1,045	23,659 (42%)	4,087	34,614 (48%)	1,042	23,680 (47%)
Age group (years)						
0-4	324	5,585 (10%)	1,358	9,736 (13%)	933	25,583 (51%)
5-9	62	1,562 (3%)	1,420	11,778 (16%)	244	4,035 (8%)
10-19	113	3,787 (7%)	1,245	11,557 (16%)	111	2,717 (5%)
20-29	168	4,320 (8%)	502	4,456 (6%)	83	1,721 (3%)
30-39	292	6,403 (11%)	987	7,765 (11%)	131	2,525 (5%)
40-49	284	6,187 (11%)	1,032	8,273 (11%)	111	2,099 (4%)
50-59	248	5,382 (10%)	677	6,067 (8%)	129	2,488 (5%)
60-69	275	5,594 (10%)	555	5,075 (7%)	147	2,884 (6%)
70-79	323	6,898 (12%)	433	4,189 (6%)	148	2,932 (6%)
80-89	336	6,674 (12%)	278	2,689 (4%)	126	2,365 (5%)
90+	210	3,494 (6%)	76	744 (1%)	43	907 (2%)
Local Health District of residence						
Central Coast	68	1,919 (3%)	186	1,606 (2%)	59	1,842 (4%)
Far West	6	103 (0%)	8	68 (0%)	4	33 (0%)
Hunter New England	237	3,765 (7%)	703	4,749 (7%)	283	5,408 (11%)
Illawarra Shoalhaven	111	2,268 (4%)	407	3,039 (4%)	108	2,603 (5%)
Mid North Coast	22	814 (1%)	172	1,172 (2%)	42	801 (2%)
Murrumbidgee	71	1,650 (3%)	260	2,364 (3%)	150	953 (2%)
Nepean Blue Mountains	173	3,225 (6%)	675	4,855 (7%)	188	3,965 (8%)
Northern NSW	79	1,551 (3%)	237	2,334 (3%)	61	1,278 (3%)
Northern Sydney	306	7,339 (13%)	874	9,305 (13%)	203	6,641 (13%)
South Eastern Sydney	312	5,477 (10%)	618	6,923 (10%)	153	4,681 (9%)
South Western Sydney	408	8,711 (16%)	1,428	11,742 (16%)	258	7,203 (14%)
Southern NSW	58	972 (2%)	206	1,595 (2%)	91	920 (2%)
Sydney	197	4,500 (8%)	447	4,661 (6%)	77	3,171 (6%)
Western NSW	102	1,256 (2%)	326	2,407 (3%)	129	1,237 (2%)
Western Sydney	480	12,024 (22%)	1,999	15,310 (21%)	394	9,432 (19%)
Aboriginal status						
Aboriginal and/or Torres Strait Islander	59	1,178 (2%)	264	1,967 (3%)	82	1,476 (3%)
Not Aboriginal or Torres Strait Islander	1,370	29,603 (53%)	4,470	38,847 (54%)	1,036	22,853 (45%)
Not Stated / Unknown	1,198	25,121 (45%)	3,829	31,542 (44%)	1,088	25,936 (52%)
Total	2,627	55,902 (100%)	8,563	72,356 (100%)	2,206	50,265 (100%)

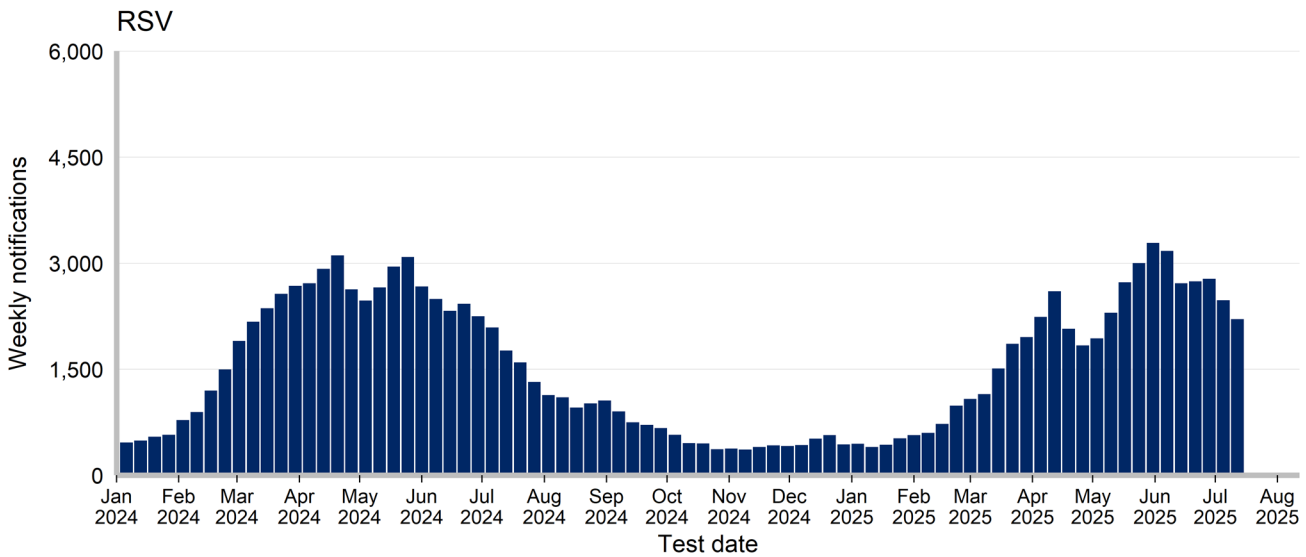
Note: Total includes all cases including those with missing gender, age, LHD; or who are interstate or overseas residents.

Figure 5. Weekly notifications of COVID-19*, Influenza and RSV, by date of test and type of test performed, NSW, 1 January 2024 to 12 July 2025



Public RAT registration ended 1 October 2023





Rates of COVID-19 notifications per 100,000 population

Interpretation: Rates of COVID-19 notifications have peaked and are now decreasing.

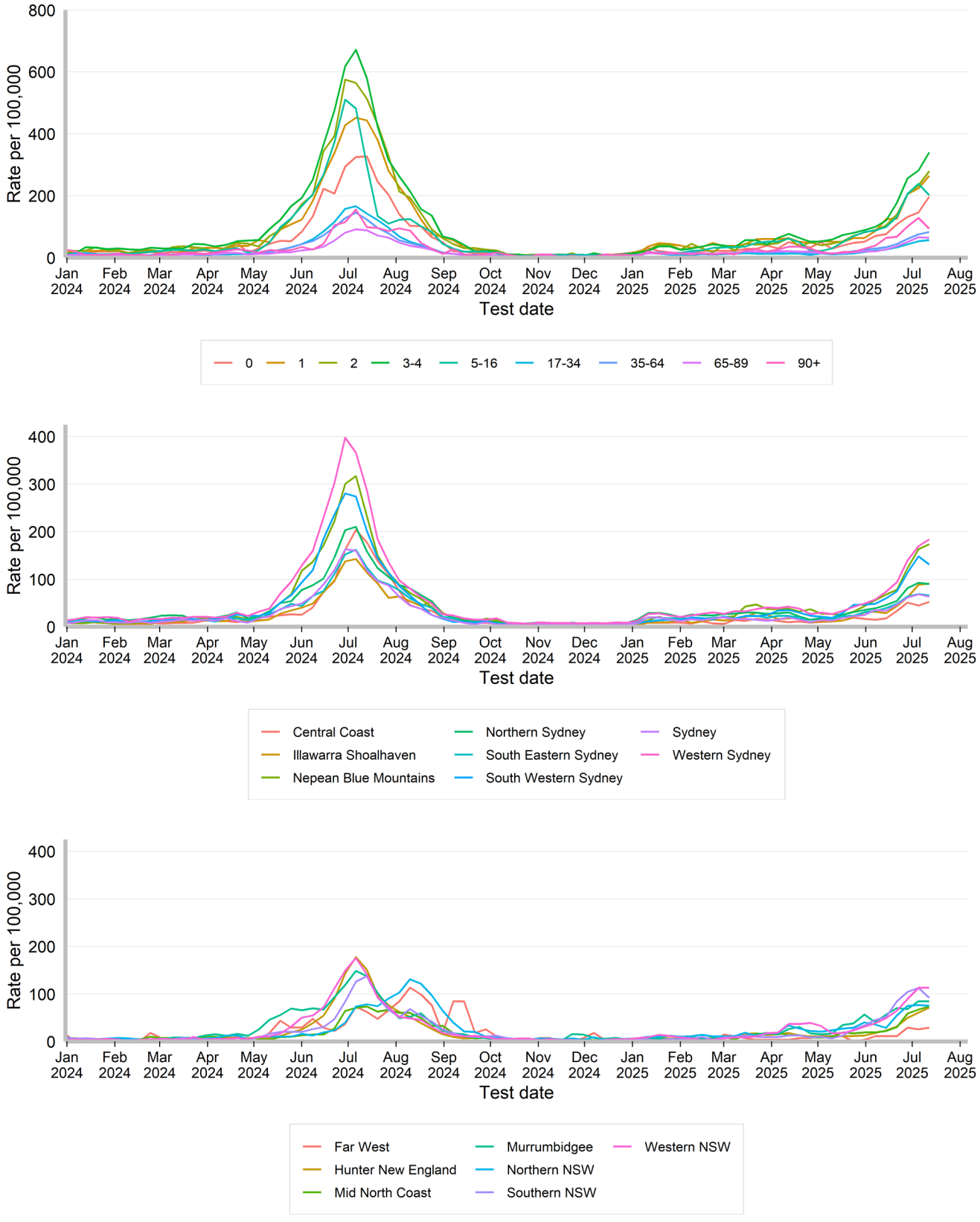
Figure 6. Weekly rate of COVID-19* notifications per 100,000 population, by age group, Local Health District and test date, NSW, 1 January 2024 to 12 July 2025

*Public RAT registration ended 1 October 2023

Rates of influenza notifications per 100,000 population

Interpretation: Influenza notification rates are increasing in most age groups and across most districts.

Figure 7. Weekly rate of influenza notifications per 100,000 population, by age group, Local Health District and test date, NSW, 1 January 2024 to 12 July 2025



Rates of RSV notifications per 100,000 population

Interpretation: Rates of RSV notifications remain high. In children less than 5 years, rates have decreased since the peak in June.

Figure 8. Weekly rate of respiratory syncytial virus notifications per 100,000 population, by age group and test date, NSW, 1 January 2024 to 12 July 2025

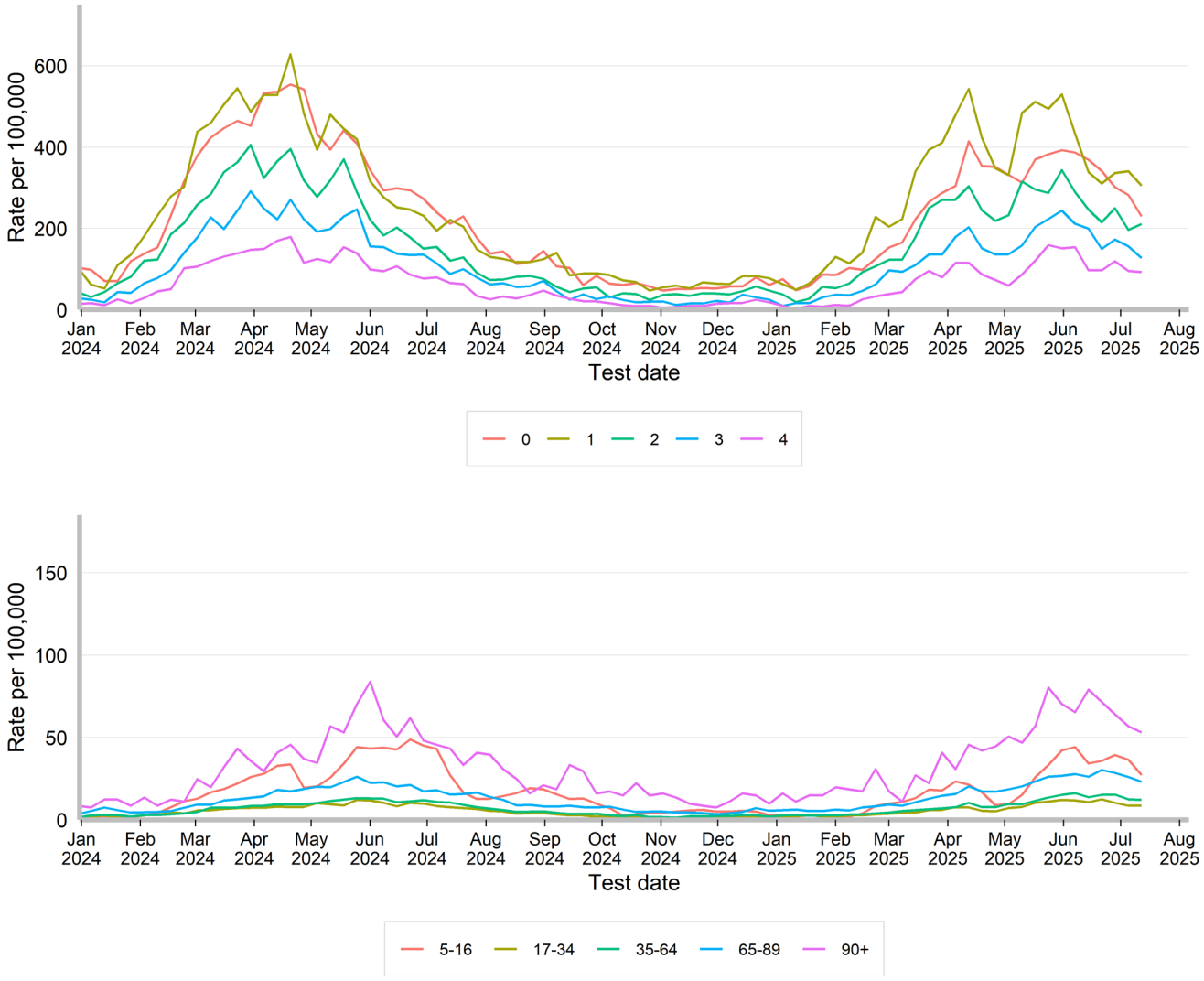
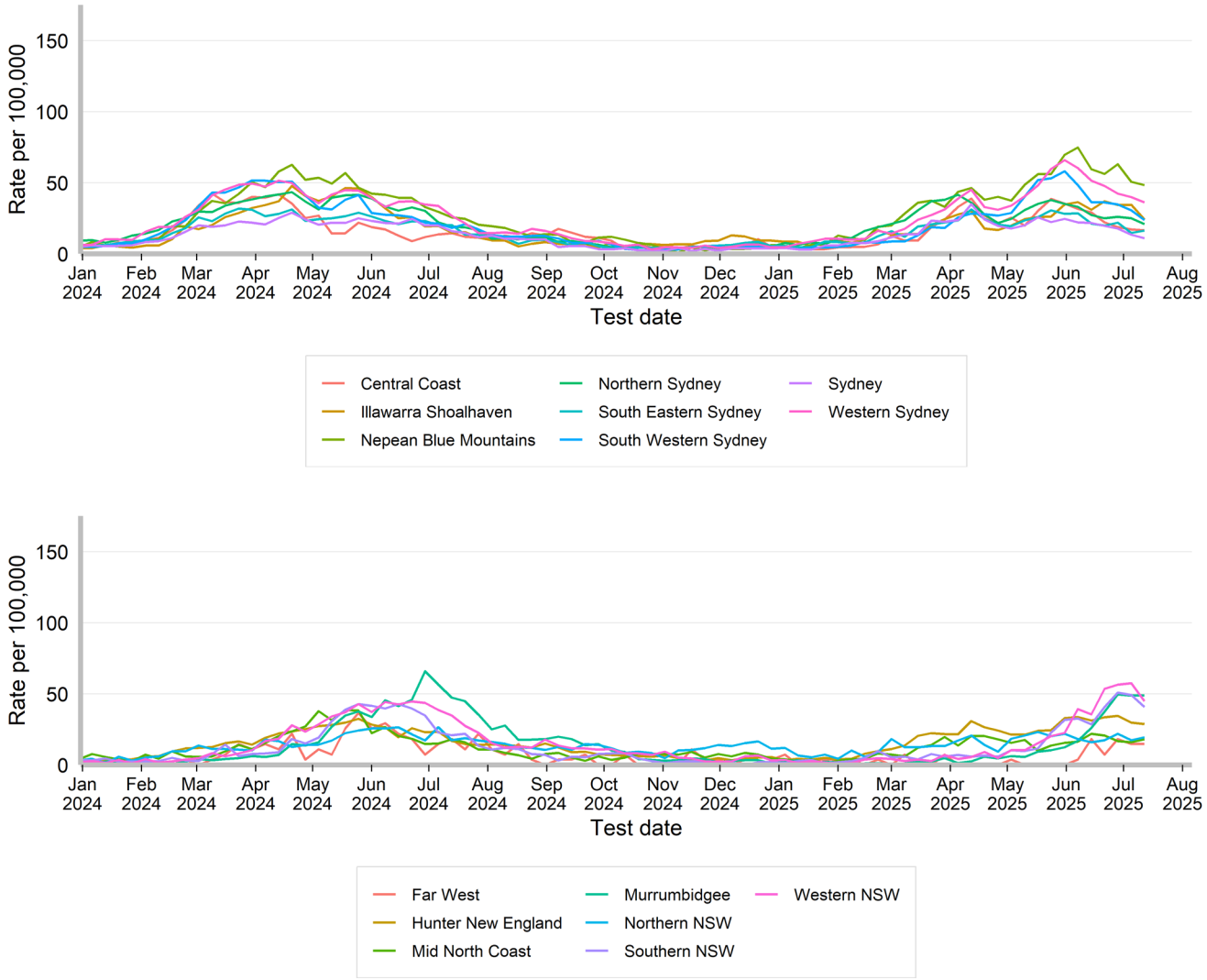


Figure 9. Weekly rate of respiratory syncytial virus notifications per 100,000 population, by Local Health District and test date, NSW, 1 January 2024 to 12 July 2025



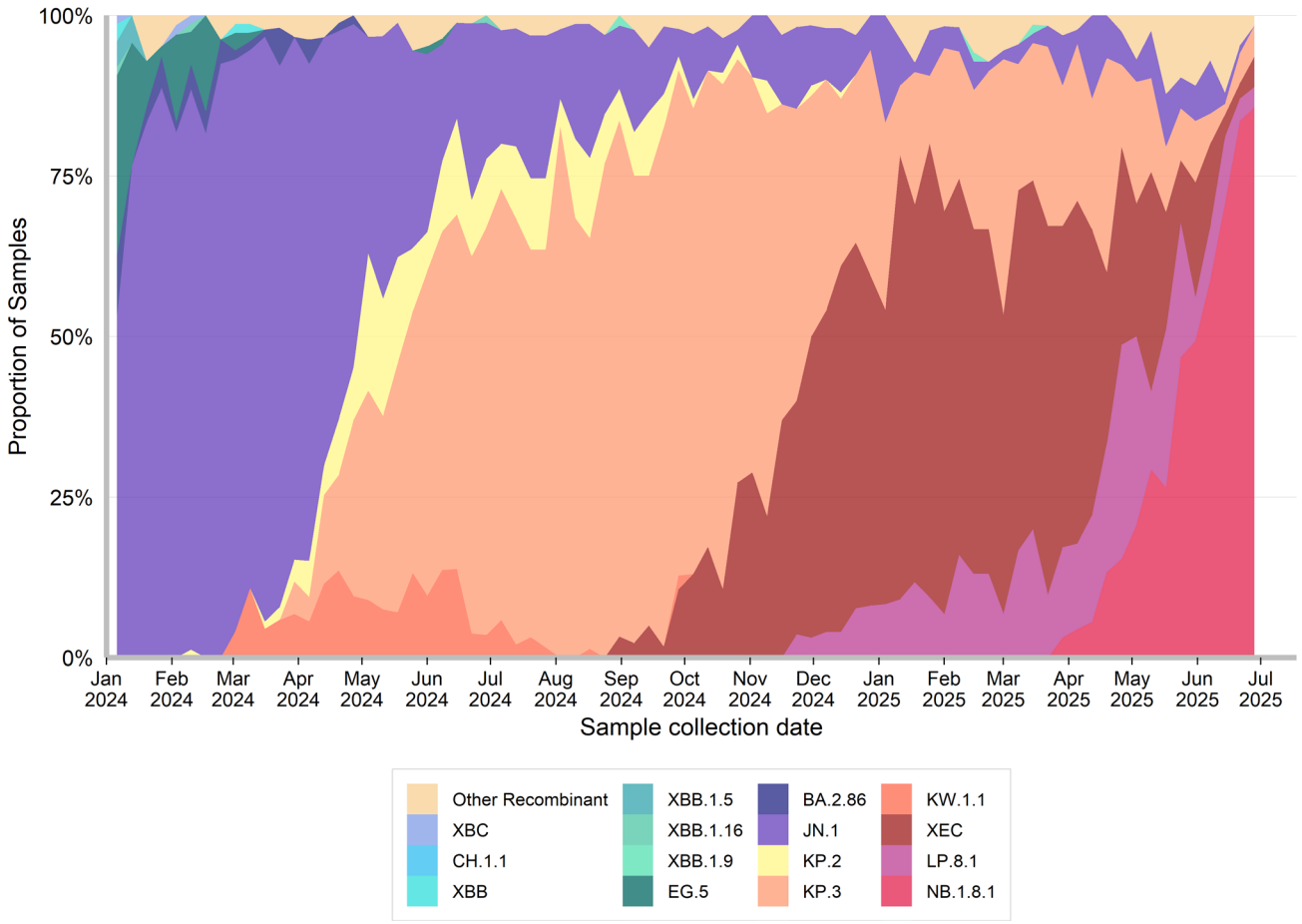
Other surveillance indicators

COVID-19 Whole Genome Sequencing

A subset of specimens from people who test positive with COVID-19 via PCR at NSW Health Pathology services undergo whole genome sequencing each week to identify and understand the behaviour of circulating variants. This sample may not necessarily reflect the distribution of all cases across NSW. NSW continues to monitor the sub-lineages in samples from ICU to monitor for increased disease severity.

Interpretation: NSW Health continues to monitor globally and locally emerging sub-lineages and consider their impact in the context of the local immunity profile. Sub-lineage NB.1.8.1 is the most frequently detected sub-lineage in this NSW sample.

Figure 10. Estimated weekly distribution of COVID-19 sub-lineages in the community, 1 January 2024 to 28 June 2025

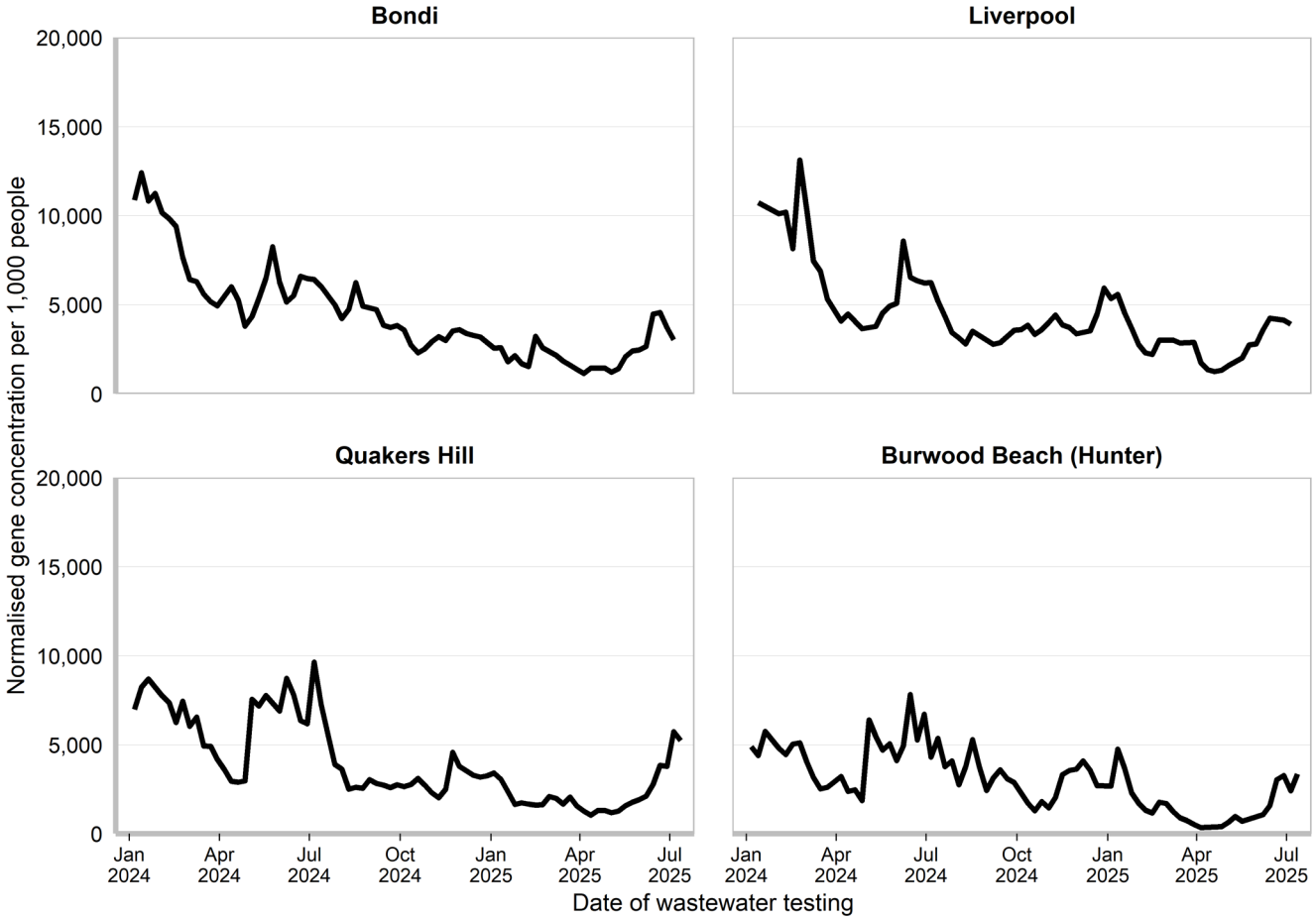


COVID-19 Wastewater Surveillance Program

Trends are presented for Bondi, Liverpool, Quakers Hill, and Burwood Beach (Hunter) wastewater catchments from 12 January 2024 to the week ending 12 July 2025. For more information, please see the COVID-19 Wastewater Surveillance Program website: https://www.health.nsw.gov.au/Infectious/covid-19/Pages/sewage-surveillance.aspx.

Interpretation: Gene concentrations per 1,000 people may have peaked in some catchment areas.

Figure 11. Gene concentration, per 1,000 people in each wastewater catchment, 1 January 2024 to 12 July 2025



NSW Sentinel Laboratory Network

The NSW Sentinel Laboratory Network comprises of 12 public and private laboratories throughout NSW who provide additional data on positive and negative test results. This data helps us understand which respiratory viruses are circulating and their level of activity. Note that the number of laboratories providing data differs between viruses and changes between weeks (Tables 2 and 3).

Interpretation: In the last week, test positivity for COVID-19 decreased to 6.4%. Influenza test positivity increased to 21.3%. RSV test positivity was 4.2%

Figure 12. Number and proportion of tests positive for COVID-19 at NSW sentinel laboratories by week, 1 January 2024 to 13 July 2025

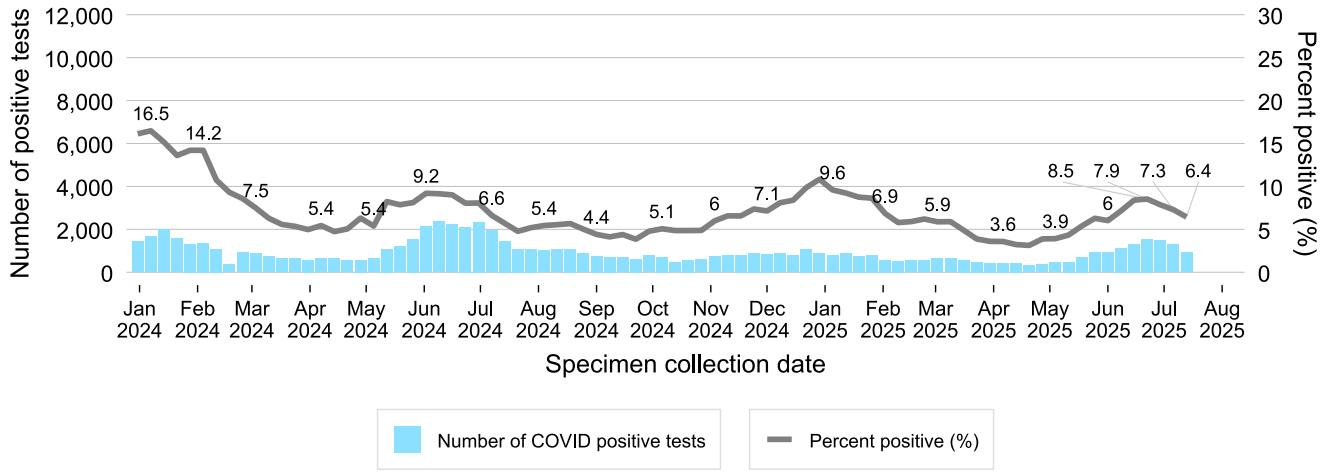


Figure 13. Number and proportion of tests positive for influenza at NSW sentinel laboratories by week, 1 January 2024 to 13 July 2025

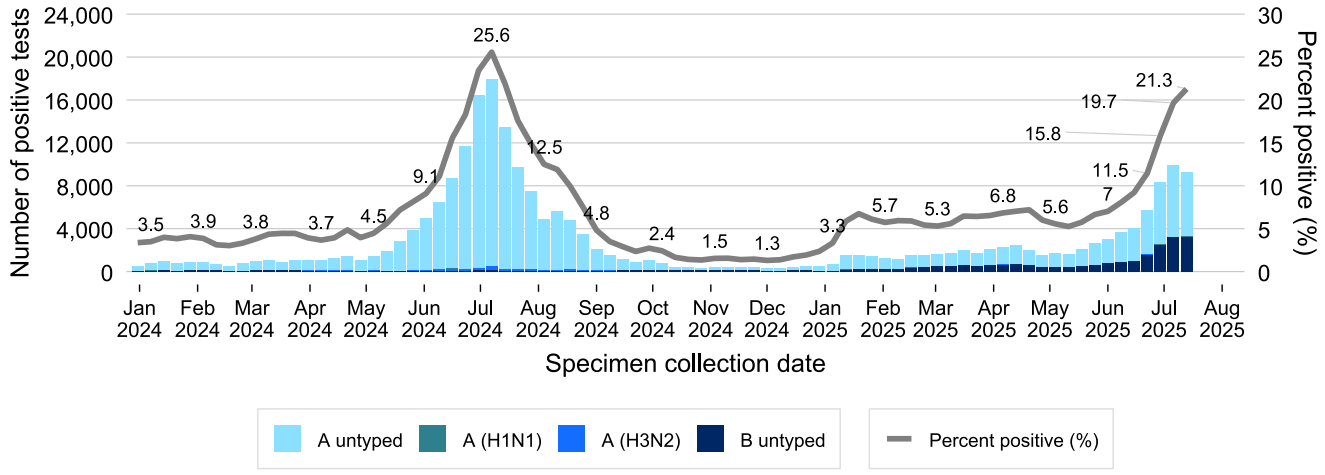


Figure 14. Number and proportion of tests positive for RSV at NSW sentinel laboratories by week, 1 January 2024 to 13 July 2025

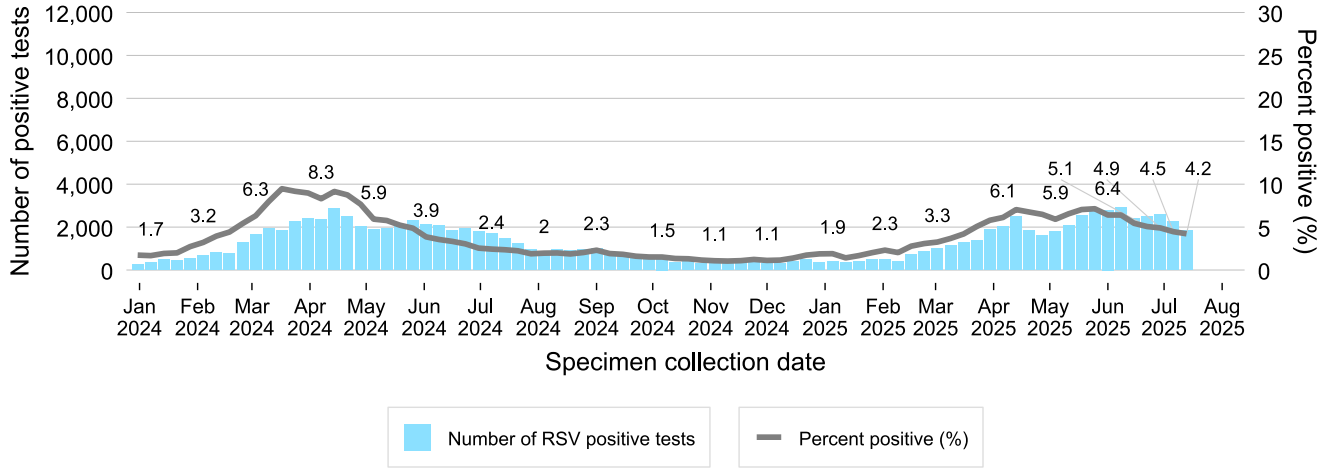


Figure 15. Number of positive PCR test results and proportion of tests positive for other respiratory viruses at NSW sentinel laboratories by week, 1 January 2024 to 13 July 2025

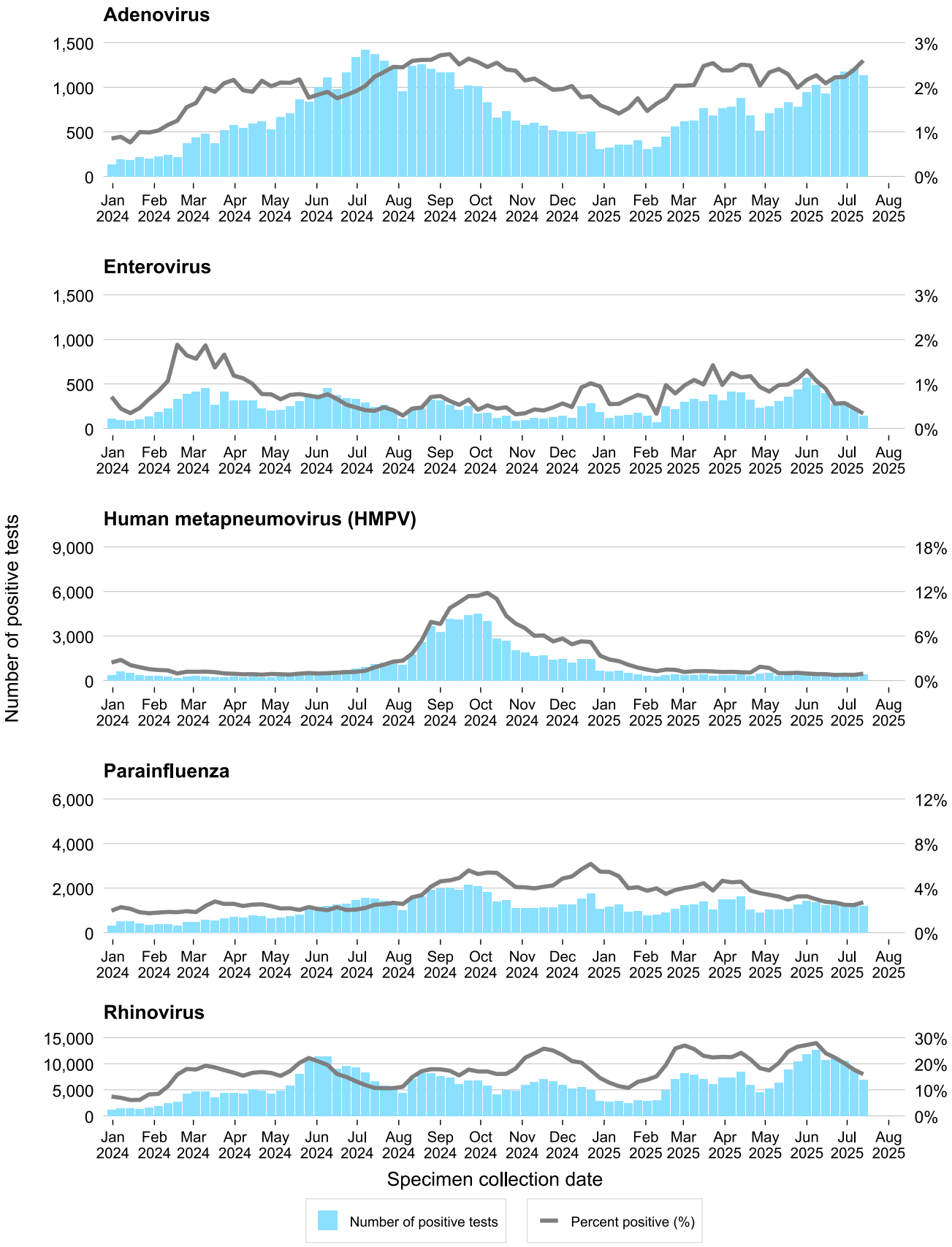


Table 2. Total number of COVID-19 notifications from NSW sentinel laboratories, in the four weeks to 13 July 2025

	Week ending							
	22 June		29 June		06 July		13 July	
	n	% pos	n	% pos	n	% pos	n	% pos
SARS-CoV-2	1,549	8.5%	1,478	7.9%	1,287	7.3%	925	6.4%
Number of COVID PCR tests conducted	18,163		18,807		17,664		14,384	
Number of laboratories reporting COVID	3		3		3		2	

Recent data is subject to change.

Table 3. Total number of other respiratory disease notifications from NSW sentinel laboratories, in the four weeks to 13 July 2025

	Week ending							
	22 June		29 June		06 July		13 July	
	n	% pos	n	% pos	n	% pos	n	% pos
Influenza	5,681	11.5%	8,332	15.8%	9,933	19.7%	9,272	21.3%
Respiratory syncytial virus (RSV)	2,512	5.1%	2,579	4.9%	2,256	4.5%	1,839	4.2%
Adenovirus	1,104	2.2%	1,174	2.2%	1,209	2.4%	1,133	2.6%
Human metapneumovirus (HMPV)	376	0.8%	419	0.8%	389	0.8%	404	0.9%
Rhinovirus	11,067	22.3%	10,620	20.2%	8,979	17.8%	6,971	16.0%
Enterovirus	276	0.6%	301	0.6%	231	0.5%	147	0.3%
Parainfluenza	1,343	2.7%	1,320	2.5%	1,252	2.5%	1,190	2.7%
Number of PCR tests conducted	49,608		52,611		50,534		43,566	
Number of laboratories reporting	12		12		12		9	

Recent data is subject to change.

FluTracking

FluTracking is an online health surveillance system used to detect epidemics of influenza across Australia and New Zealand. Participants complete an online survey each week to provide community level influenza-like illness surveillance, consistent surveillance of influenza activity across all jurisdictions over time, and year to year comparisons of the timing, attack rates and seriousness of influenza in the community. More information about FluTracking and ways to be involved are available here: https://info.flutracking.net/about/

Interpretation: The proportion of participants reporting fever and cough has been increasing since early May. This indicates that symptomatic respiratory illness is increasing in the community.

Figure 16. Proportion of FluTracking participants reporting influenza-like illness, NSW, 1 January to 13 July 2025