

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

Summary

Influenza is decreasing but remains at a moderate level of activity, which is unusual for this time of year. COVID-19 is stable at a low level of activity. RSV continues to decrease and is at a low level of activity. 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 remained stable at a low level in the last week. ED presentations and admissions for influenza-like-illness decreased in the last week but remained at a moderate level. ED presentations and admissions for bronchiolitis in young children decreased in the last week and remain at a low level. For children under 5 years of age with bronchiolitis, 74.8% of presentations and 80.7% of admissions, were for infants less than one year old.

Figure 1. 'COVID-19' weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 1 April 2024 - 26 October 2025, persons of all ages

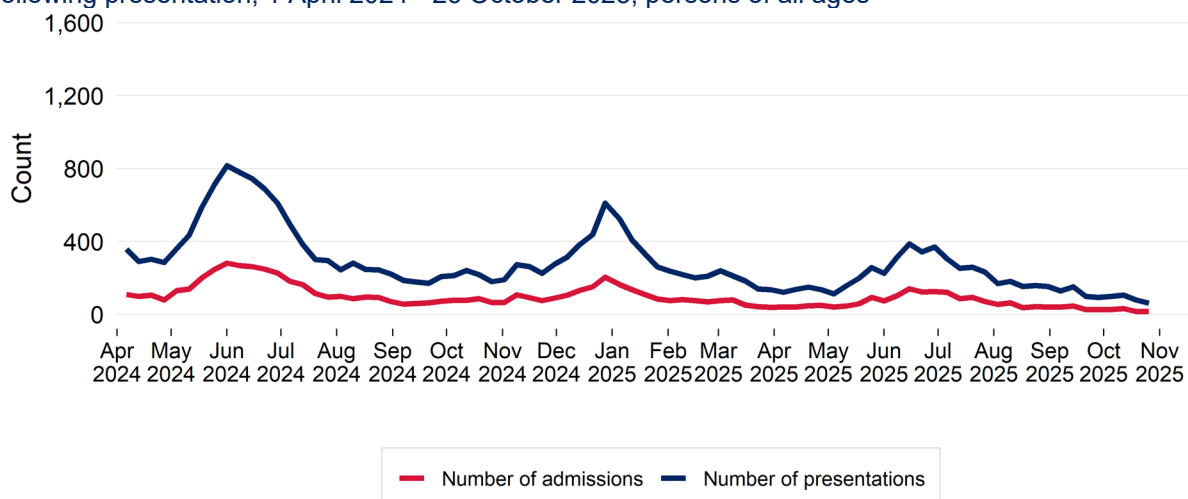


Figure 2. 'Influenza-like illness' weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 1 April 2024 - 26 October 2025, persons of all ages

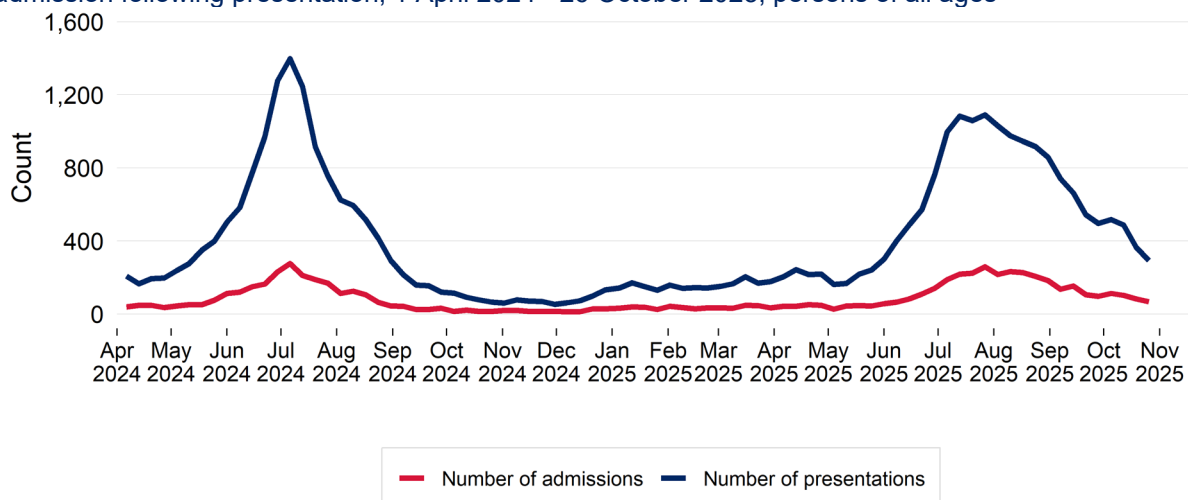
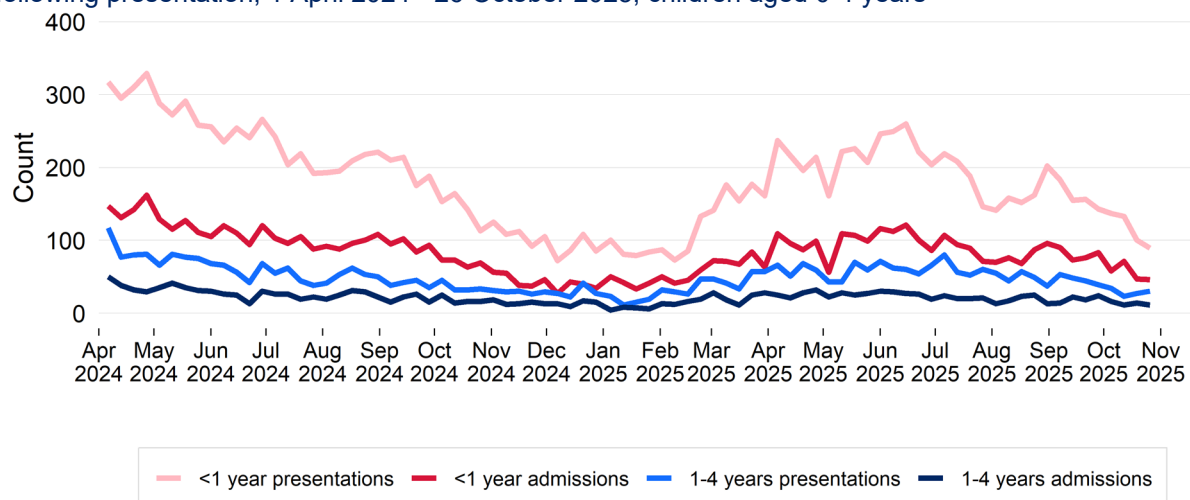


Figure 3. Bronchiolitis weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 1 April 2024 - 26 October 2025, children aged 0-4 years



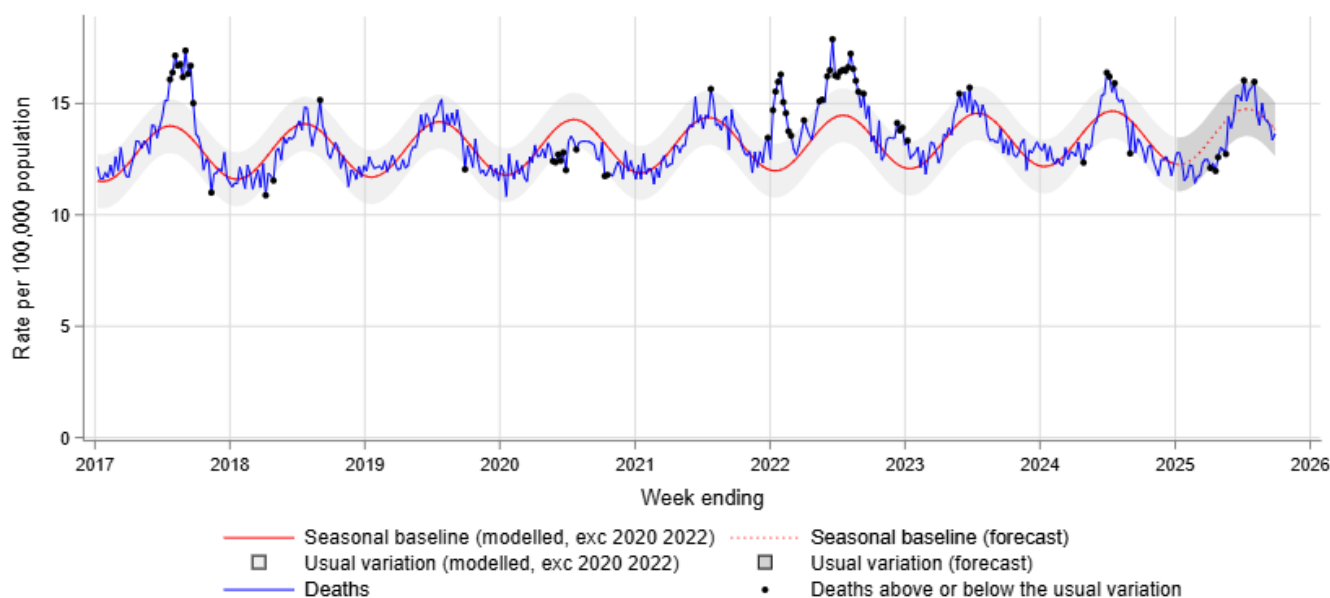
Death surveillance

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 below the seasonal baseline (red line) and 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 28 September 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 24 August 2025 to 28 September 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.

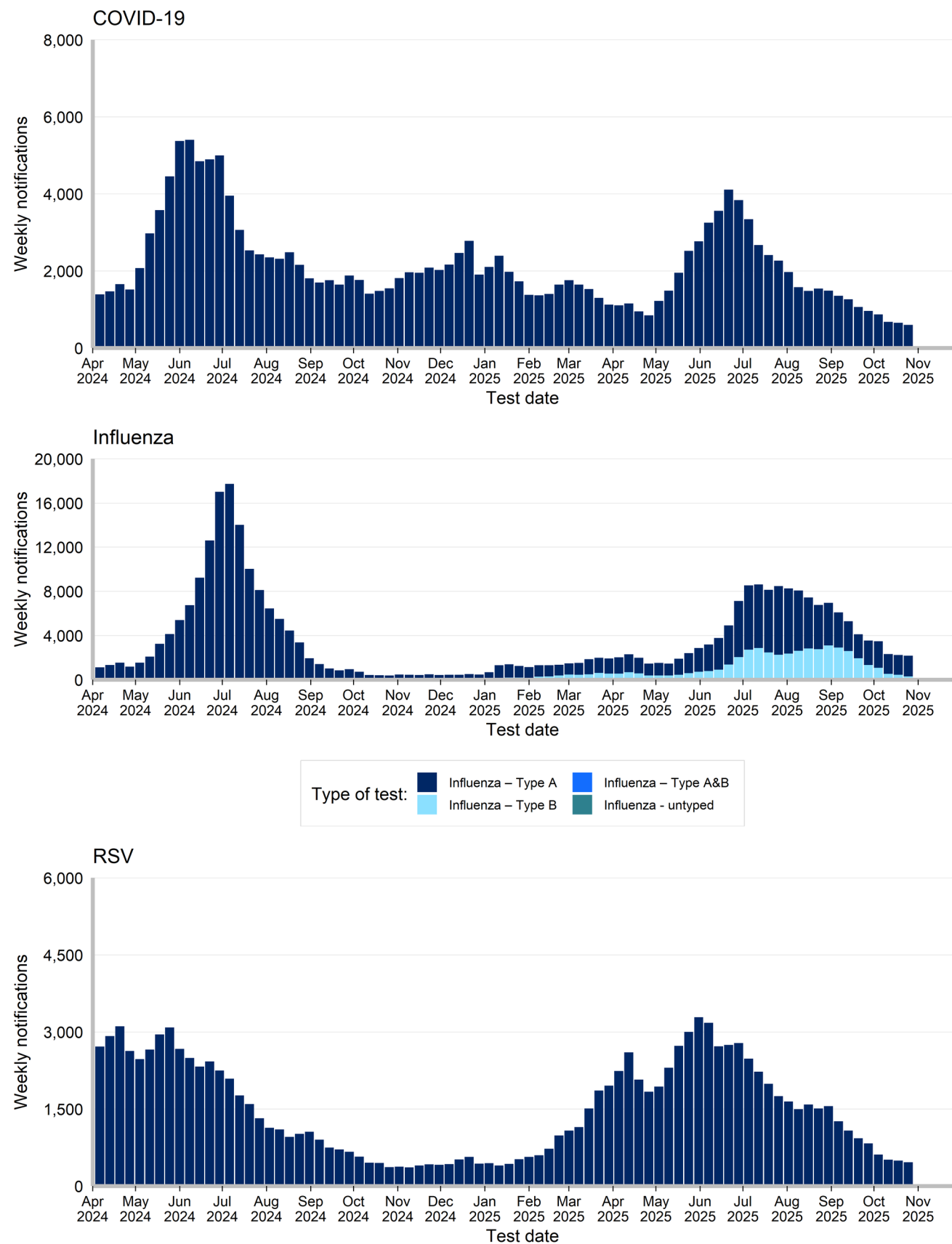
Interpretation: In the past week there was a decrease of 7.6% in COVID-19 notifications, a decrease of 2.2% in influenza notifications, and a decrease of 6.5% in RSV notifications.

Table 1: Notifications of COVID-19, influenza and RSV, NSW, tested in the week ending 25 October 2025

	COVID		Influenza		RSV	
	Week ending 25 October 2025	Year to Date	Week ending 25 October 2025	Year to Date	Week ending 25 October 2025	Year to Date
Gender						
Female	358	43,980 (58%)	1,121	81,120 (52%)	262	36,136 (53%)
Male	238	32,163 (42%)	1,047	74,535 (48%)	199	31,826 (47%)
Age group (years)						
0-4	73	7,915 (10%)	357	20,349 (13%)	152	32,274 (47%)
5-9	33	2,464 (3%)	323	24,326 (16%)	22	5,445 (8%)
10-19	47	5,419 (7%)	400	25,952 (17%)	25	3,961 (6%)
20-29	48	5,996 (8%)	224	10,523 (7%)	18	2,466 (4%)
30-39	67	8,762 (11%)	226	17,019 (11%)	22	3,450 (5%)
40-49	76	8,483 (11%)	170	17,701 (11%)	26	3,030 (4%)
50-59	55	7,233 (9%)	131	12,560 (8%)	31	3,678 (5%)
60-69	55	7,467 (10%)	147	10,677 (7%)	37	4,289 (6%)
70-79	66	9,058 (12%)	110	9,011 (6%)	51	4,399 (6%)
80-89	58	8,808 (12%)	65	5,838 (4%)	56	3,589 (5%)
90+	27	4,564 (6%)	18	1,755 (1%)	21	1,404 (2%)
Local Health District of residence						
Central Coast	29	2,576 (3%)	39	4,042 (3%)	18	2,318 (3%)
Far West	< 5	146 (0%)	< 5	176 (0%)	< 5	147 (0%)
Hunter New England	50	5,805 (8%)	101	11,606 (7%)	41	6,953 (10%)
Illawarra Shoalhaven	37	3,322 (4%)	73	7,587 (5%)	41	3,656 (5%)
Mid North Coast	9	1,107 (1%)	27	2,424 (2%)	5	1,161 (2%)
Murrumbidgee	16	2,156 (3%)	44	5,219 (3%)	19	2,268 (3%)
Nepean Blue Mountains	26	4,611 (6%)	127	10,123 (6%)	19	4,938 (7%)
Northern NSW	17	2,075 (3%)	37	4,675 (3%)	13	1,822 (3%)
Northern Sydney	88	9,917 (13%)	318	20,531 (13%)	61	8,788 (13%)
South Eastern Sydney	54	7,431 (10%)	242	14,171 (9%)	50	6,312 (9%)
South Western Sydney	93	11,597 (15%)	439	23,597 (15%)	52	9,126 (13%)
Southern NSW	7	1,261 (2%)	28	3,309 (2%)	8	1,548 (2%)
Sydney	40	5,947 (8%)	142	9,839 (6%)	42	4,199 (6%)
Western NSW	6	1,739 (2%)	54	4,817 (3%)	13	2,403 (4%)
Western Sydney	133	16,110 (21%)	495	33,235 (21%)	78	12,237 (18%)
Aboriginal status						
Aboriginal and/or Torres Strait Islander	9	1,621 (2%)	44	4,317 (3%)	11	2,163 (3%)
Not Aboriginal or Torres Strait Islander	344	40,231 (53%)	1,063	82,606 (53%)	241	31,773 (47%)
Not Stated / Unknown	246	34,348 (45%)	1,064	68,833 (44%)	209	34,059 (50%)
Total	599	76,200 (100%)	2,171	155,756 (100%)	461	67,995 (100%)

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

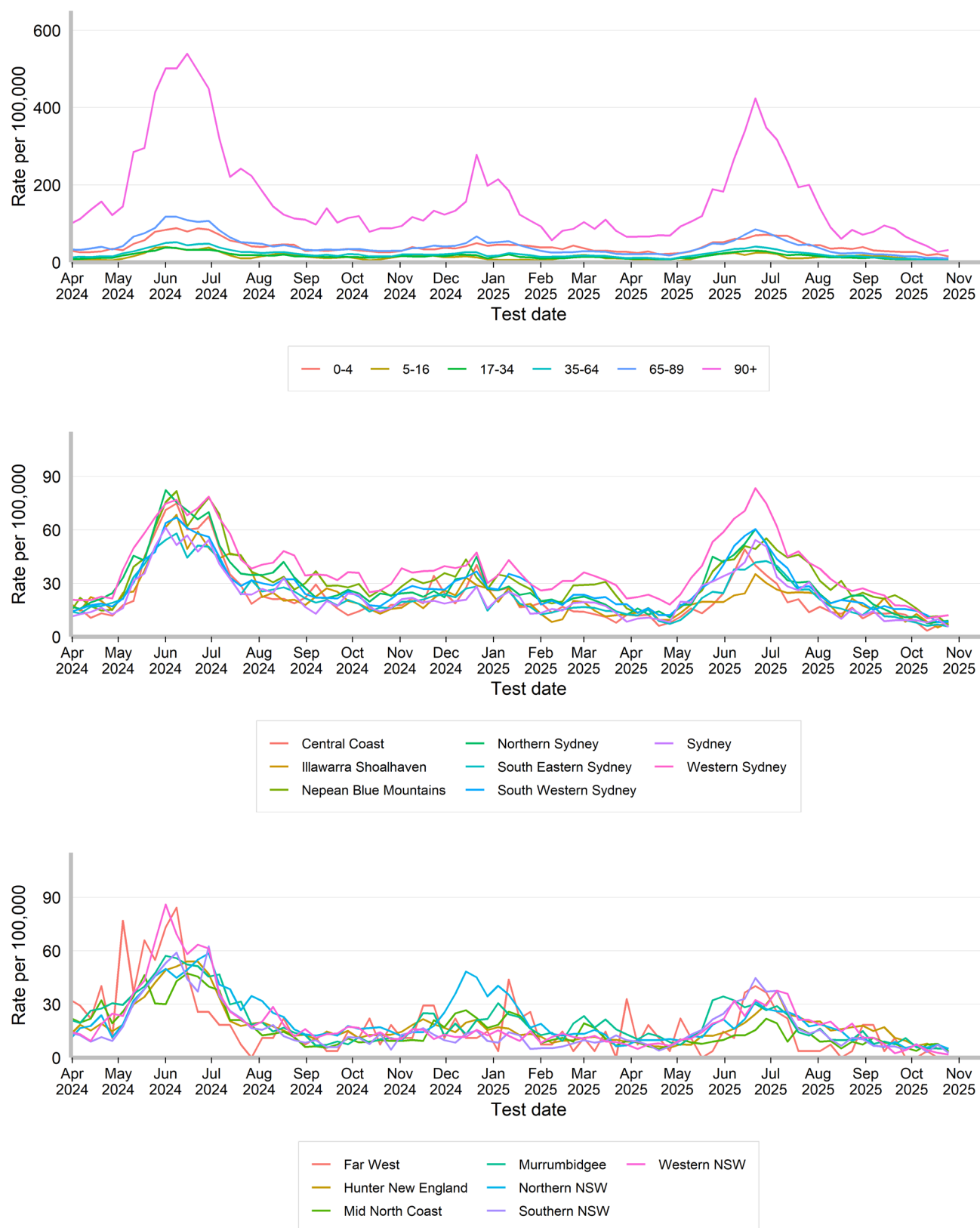
Figure 5. Weekly notifications of COVID-19*, Influenza and RSV, by date of test and type of test performed, NSW, 1 April 2024 to 25 October 2025



Rates of COVID-19 notifications per 100,000 population

Interpretation: Rates of COVID-19 notifications have been stable across most age groups and regions.

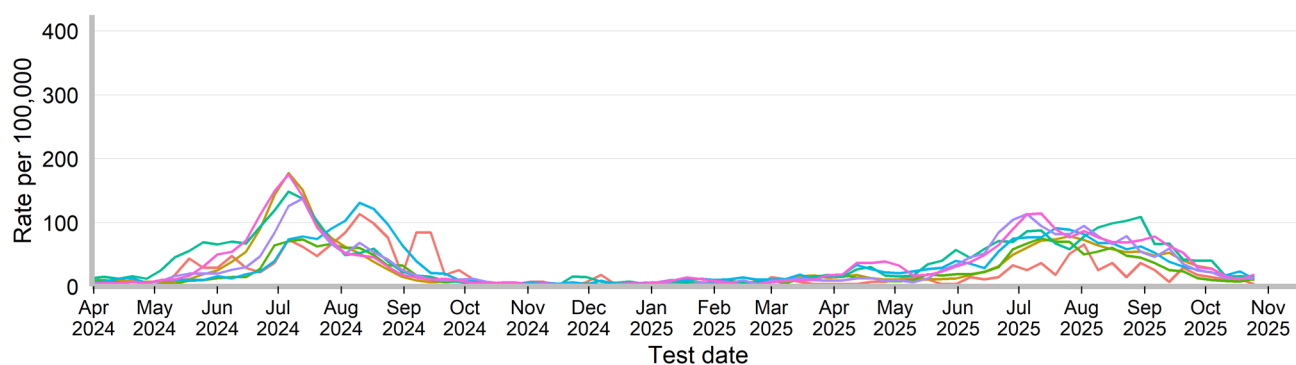
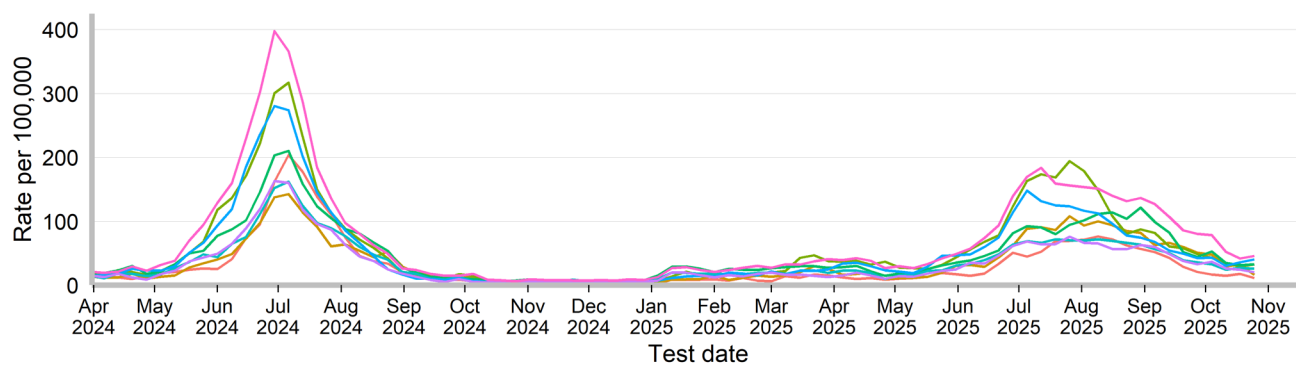
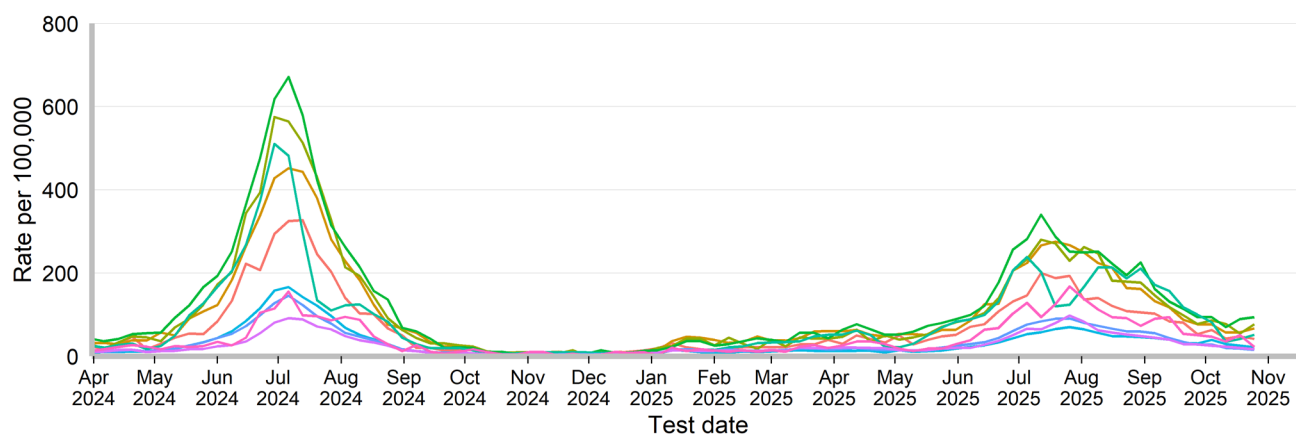
Figure 6. Weekly rate of COVID-19* notifications per 100,000 population, by age group, Local Health District and test date, NSW, 1 April 2024 to 25 October 2025



Rates of influenza notifications per 100,000 population

Interpretation: Rates of influenza notifications have been stable across most age groups and regions.

Figure 7. Weekly rate of influenza notifications per 100,000 population, by age group, Local Health District and test date, NSW, 1 April 2024 to 25 October 2025



Rates of RSV notifications per 100,000 population

Interpretation: Rates of RSV notifications have been stable across most age groups and regions.

Figure 8. Weekly rate of respiratory syncytial virus notifications per 100,000 population, by age group and test date, NSW, 1 April 2024 to 25 October 2025

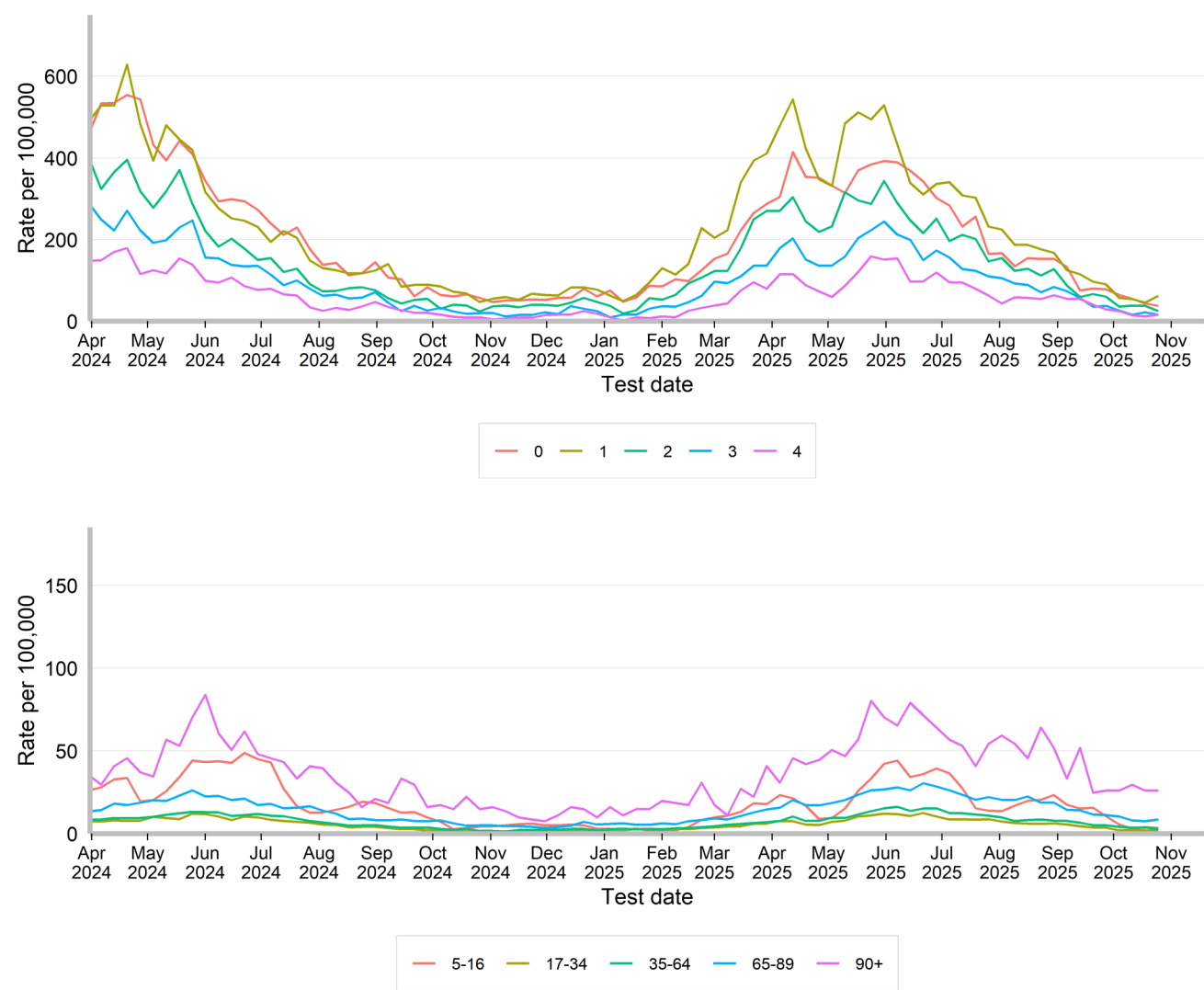
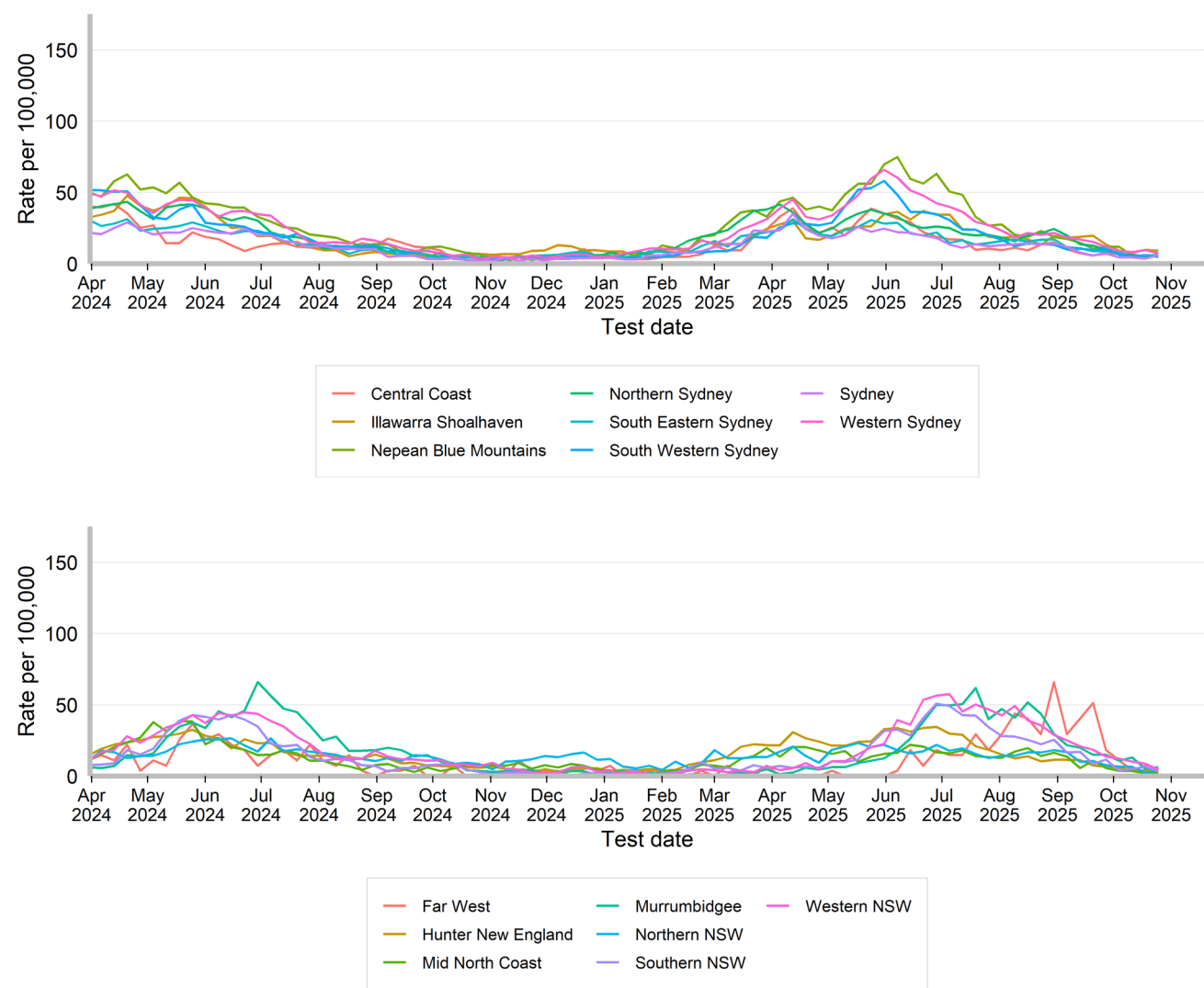


Figure 9. Weekly rate of respiratory syncytial virus notifications per 100,000 population, by Local Health District and test date, NSW, 1 April 2024 to 25 October 2025



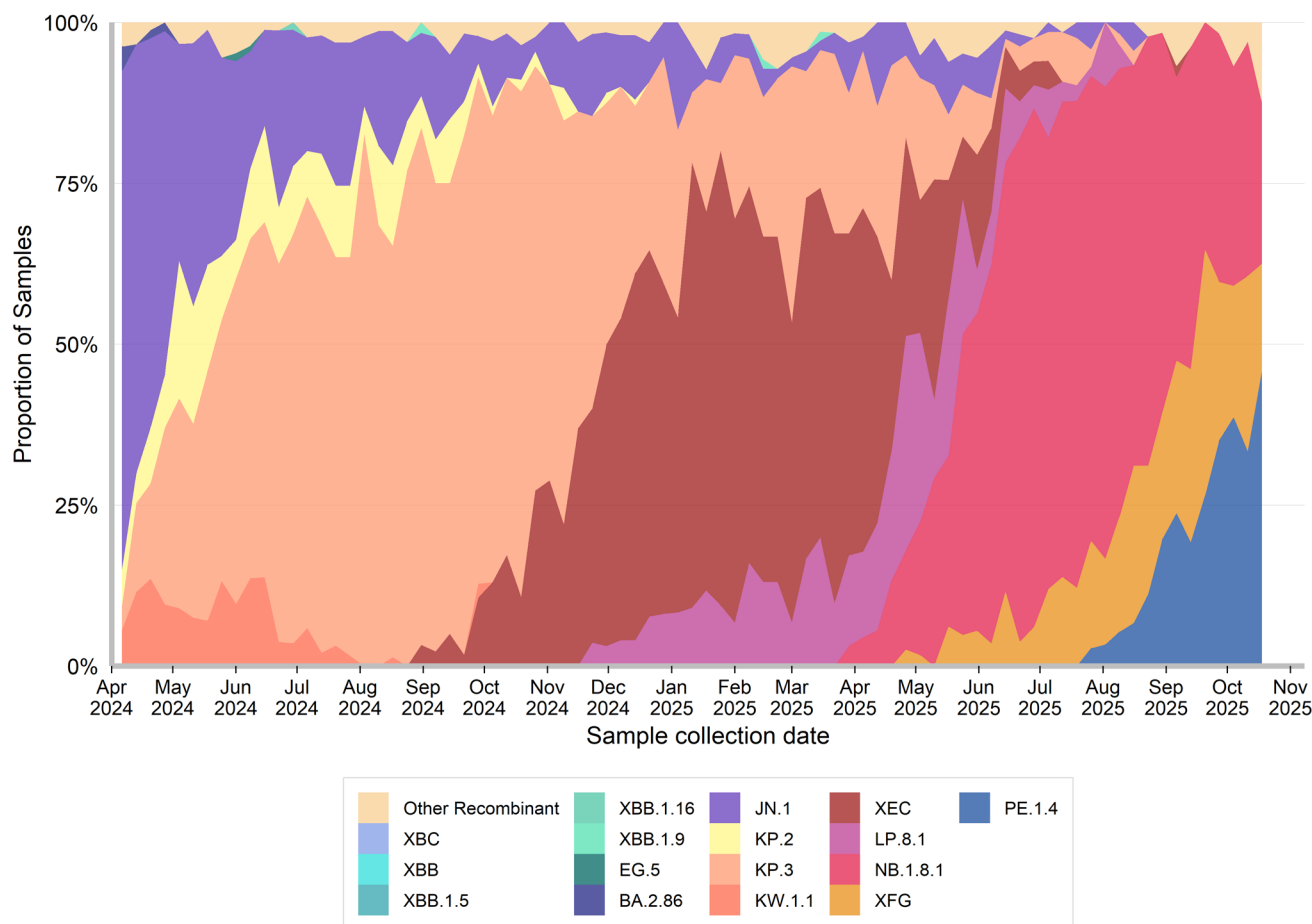
Other surveillance indicators

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 continues to monitor sub-lineages emerging globally and locally and consider their impact in the context of the local immunity profile. We continue to report COVID-19 sub-lineage PE.1.4 whose prevalence has been increasing in Australia and is now the dominant sub-lineage in NSW.

Figure 10. Estimated weekly distribution of COVID-19 sub-lineages in the community, 1 April 2024 to 18 October 2025

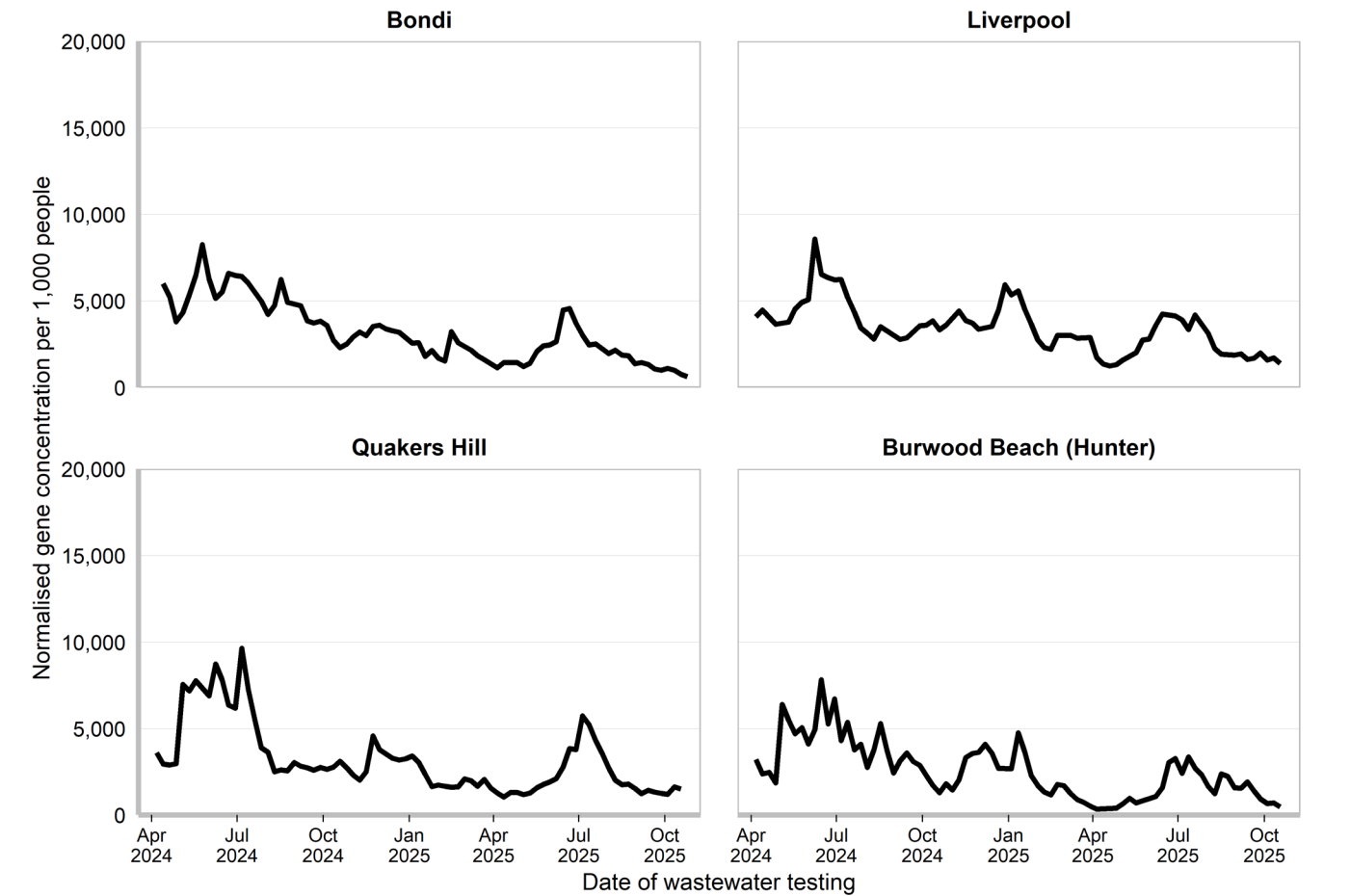


COVID-19 Wastewater Surveillance Program

Trends are presented for Bondi, Liverpool, Quakers Hill, and Burwood Beach (Hunter) wastewater catchments from 25 April 2024 to the week ending 25 October 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 are low in all catchments.

Figure 11. Gene concentration, per 1,000 people in each wastewater catchment, 1 April 2024 to 25 October 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 COVID-19 test positivity increased to 2.9%. Influenza test positivity decreased to 8.6%. RSV test positivity decreased to 1.4%.

Figure 12. Number and proportion of tests positive for COVID-19 at NSW sentinel laboratories by week, 1 April 2024 to 26 October 2025

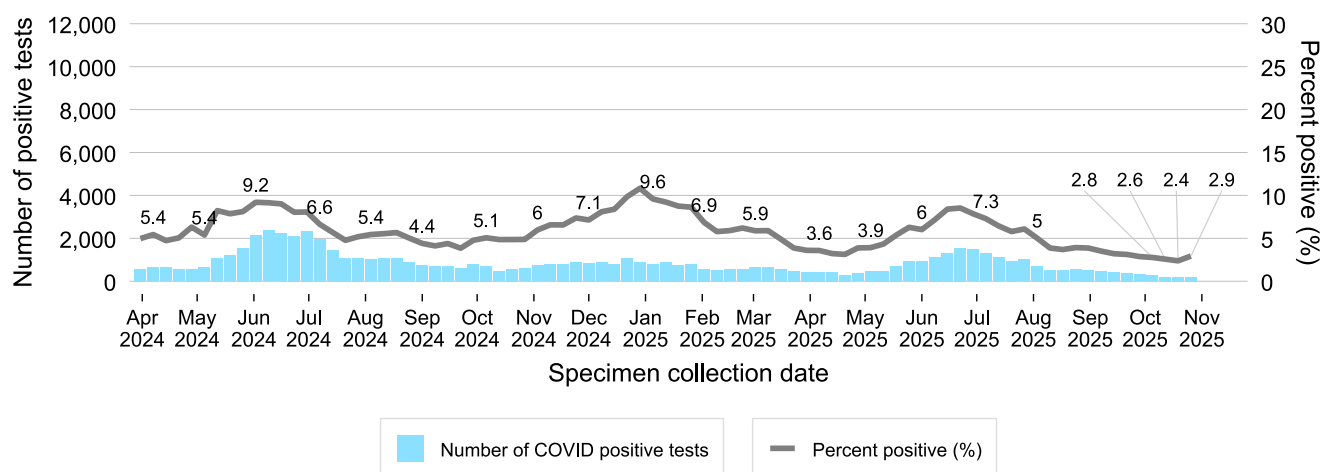


Figure 13. Number and proportion of tests positive for influenza at NSW sentinel laboratories by week, 1 April 2024 to 26 October 2025

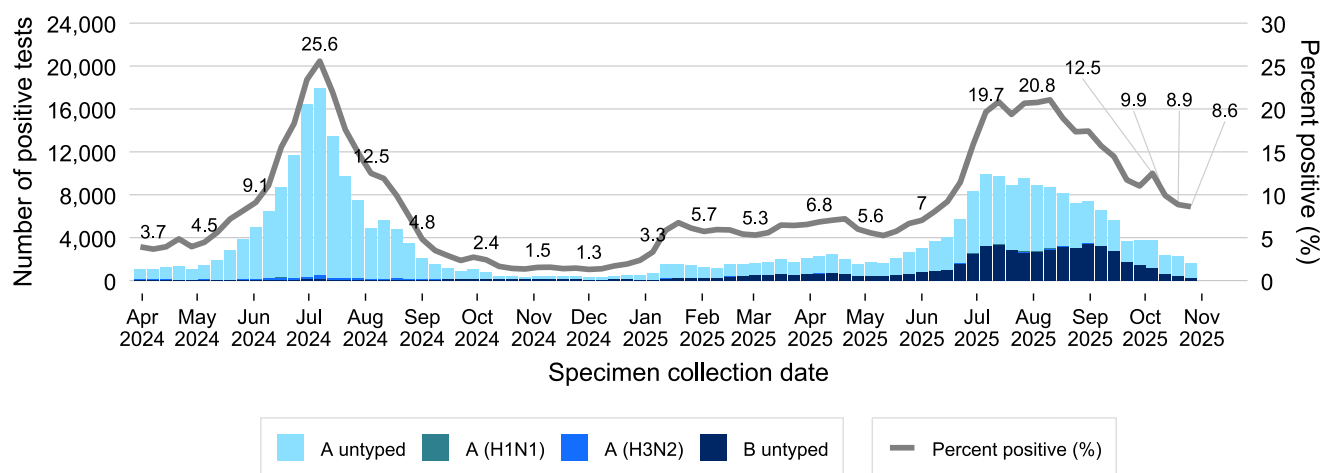


Figure 14. Number and proportion of tests positive for RSV at NSW sentinel laboratories by week, 1 April 2024 to 26 October 2025

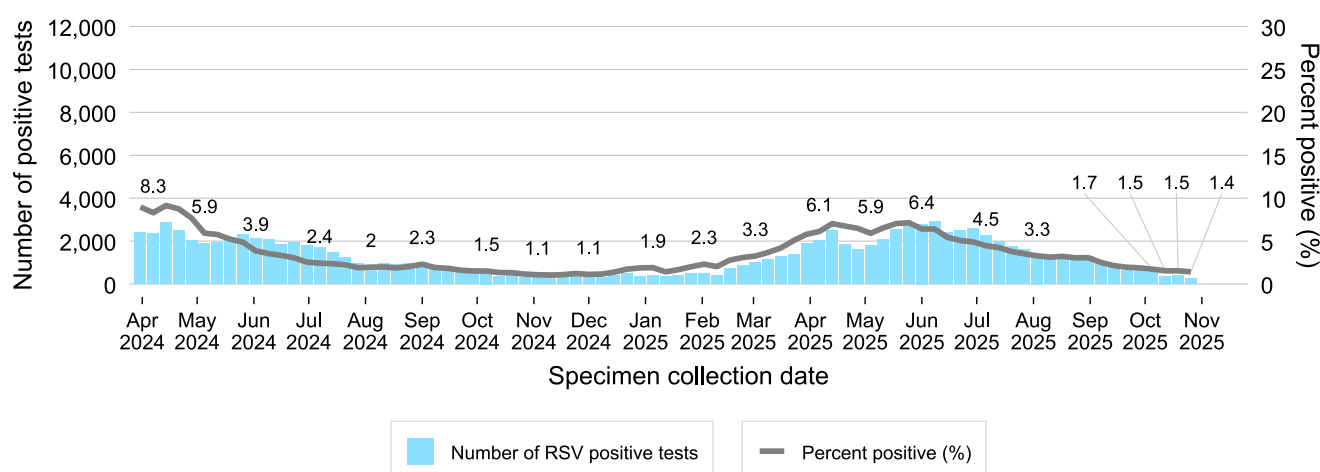


Figure 15. Number of positive PCR test results and proportion of tests positive for other respiratory viruses at NSW sentinel laboratories by week, 1 April 2024 to 26 October 2025

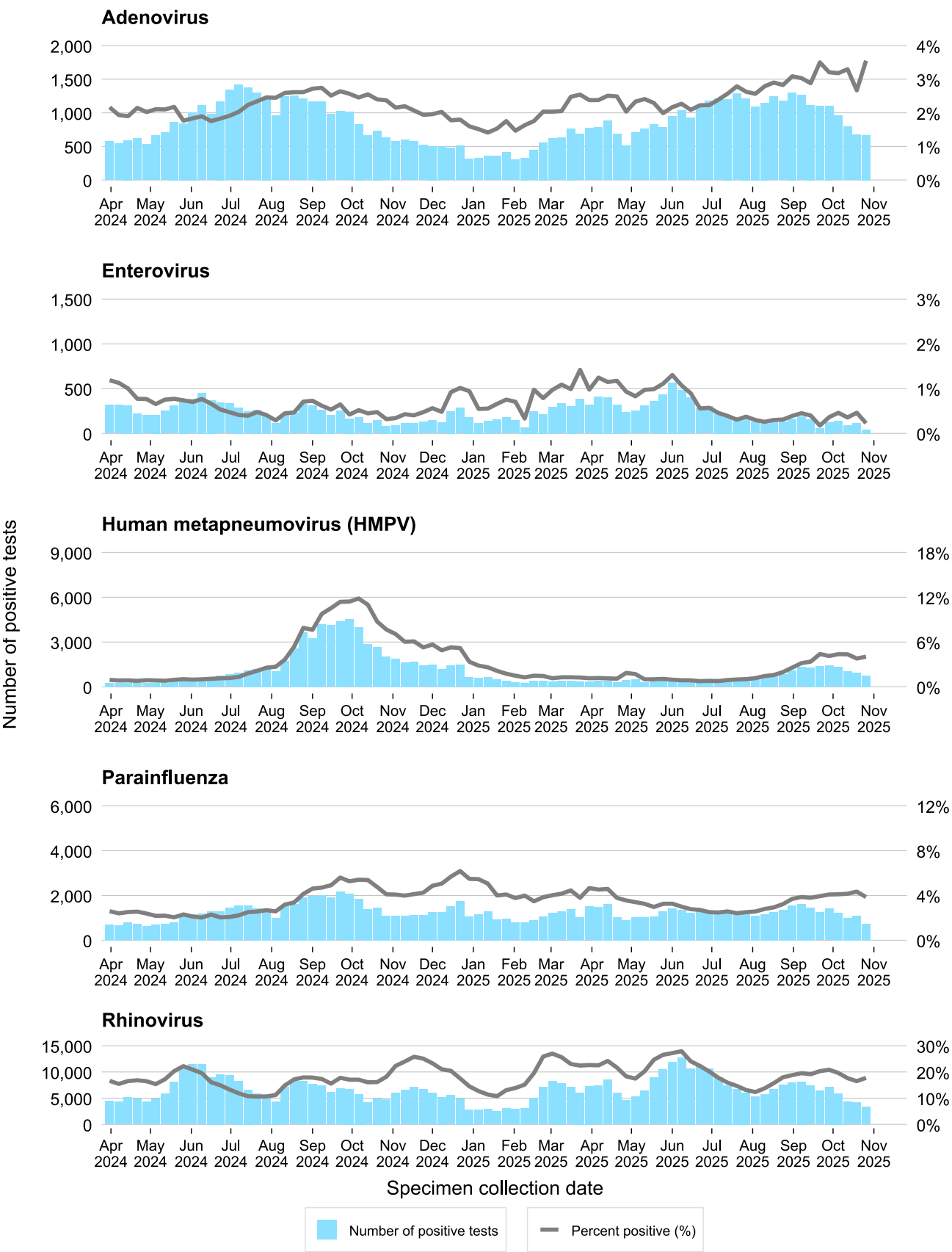


Table 2. Total number of COVID-19 notifications from NSW sentinel laboratories, in the four weeks to 26 October 2025

	Week ending							
	05 October		12 October		19 October		26 October	
	n	% pos	n	% pos	n	% pos	n	% pos
SARS-CoV-2	272	2.8%	195	2.6%	192	2.4%	194	2.9%
Number of COVID PCR tests conducted	9,824		7,577		8,073		6,617	
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 26 October 2025

	Week ending							
	05 October		12 October		19 October		26 October	
	n	% pos	n	% pos	n	% pos	n	% pos
Influenza	3,778	12.5%	2,394	9.9%	2,223	8.9%	1,620	8.6%
Respiratory syncytial virus (RSV)	520	1.7%	373	1.5%	385	1.5%	267	1.4%
Adenovirus	961	3.2%	797	3.3%	670	2.7%	668	3.6%
Human metapneumovirus (HMPV)	1,320	4.4%	1,052	4.4%	951	3.8%	760	4.0%
Rhinovirus	5,933	19.6%	4,262	17.6%	4,137	16.5%	3,340	17.8%
Enterovirus	139	0.5%	86	0.4%	116	0.5%	43	0.2%
Parainfluenza	1,239	4.1%	1,003	4.2%	1,089	4.3%	725	3.9%
Number of PCR tests conducted	30,213		24,161		25,097		18,808	
Number of laboratories reporting	11		11		11		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 people reporting fever and cough is below 1%.

Figure 16. Proportion of FluTracking participants reporting influenza-like illness, NSW, 1 January to 26 October 2025

