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

Summary

Influenza activity continued to increase and is now at a high level. The level of activity and increasing trend are very unusual for this time of year. This pattern is being driven predominantly by influenza A and in particular a new variant of subtype H3N2, subclade K. An In Focus on influenza is included at the end of this report. COVID-19 and RSV remained at a low level of activity.

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 for influenza-like-illness increased to a high level in the last week. ED presentations and admissions for bronchiolitis in young children decreased in the last week and remained at a low level. For children under 5 years of age with bronchiolitis, 75.0% of presentations and 80.4% 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 June 2024 - 14 December 2025, persons of all ages

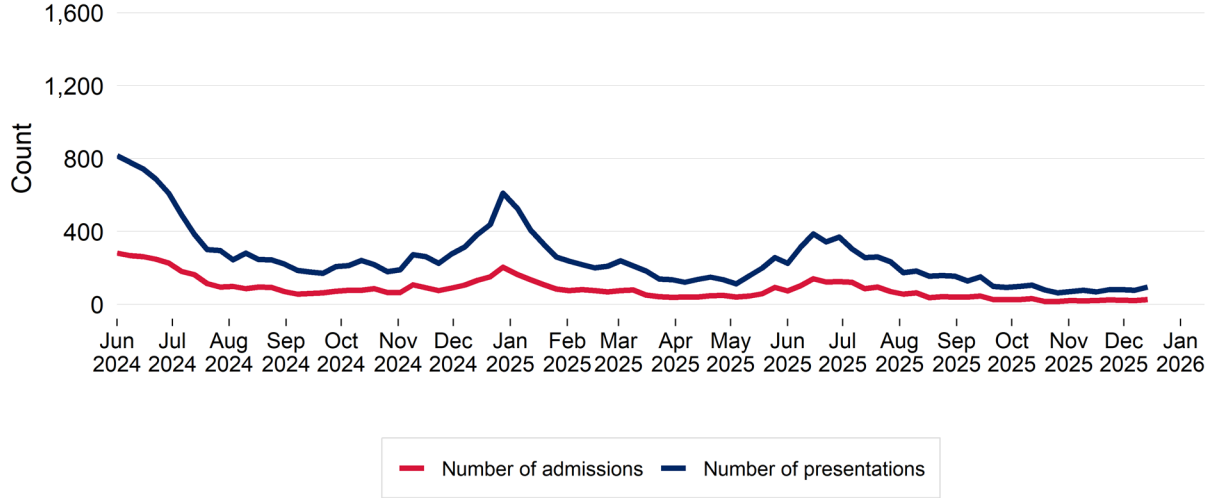


Figure 2. 'Influenza-like illness' weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 1 June 2024 - 14 December 2025, persons of all ages

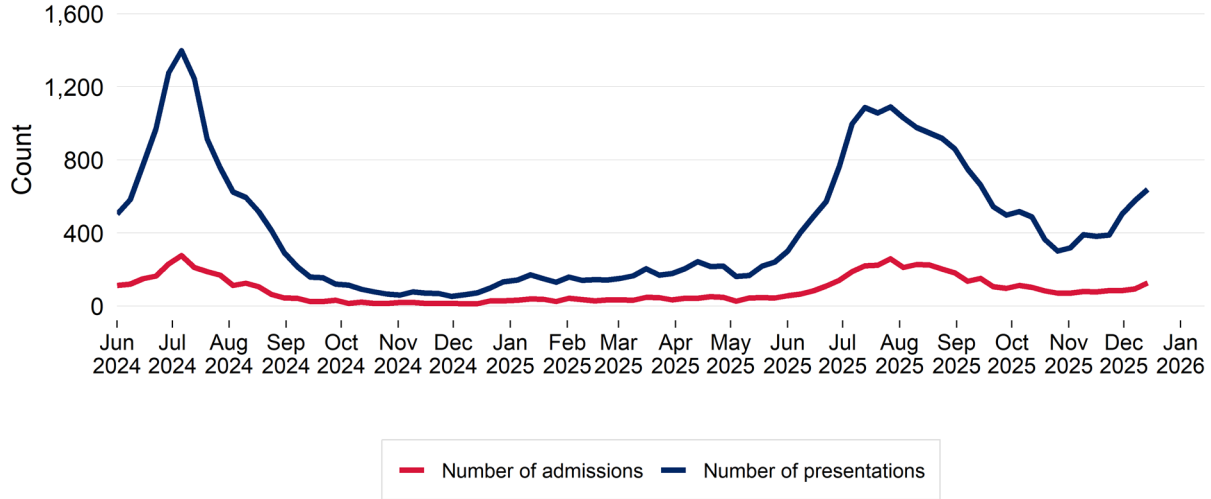
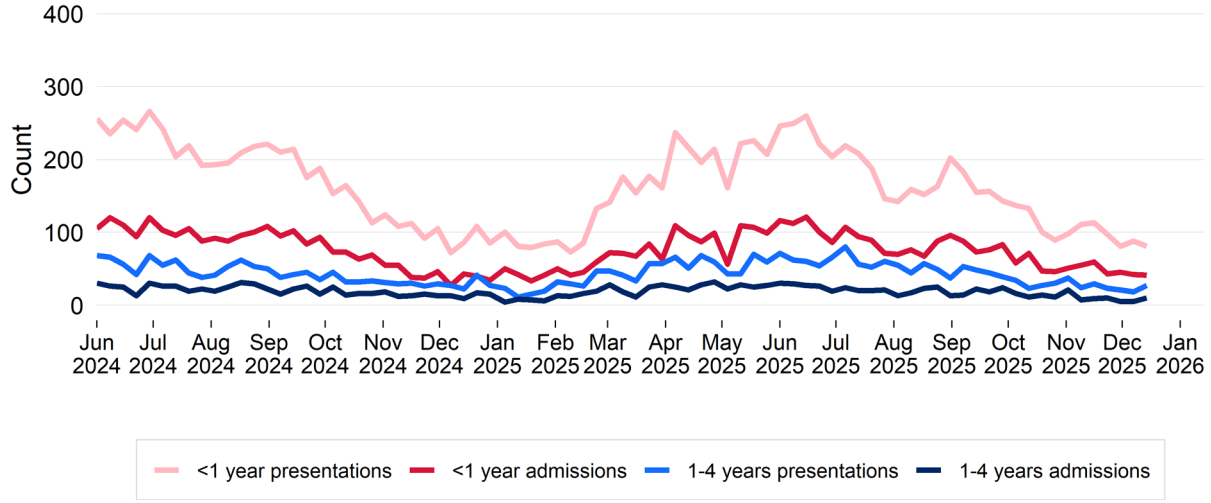


Figure 3. Bronchiolitis weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 1 June 2024 - 14 December 2025, children aged 0-4 years



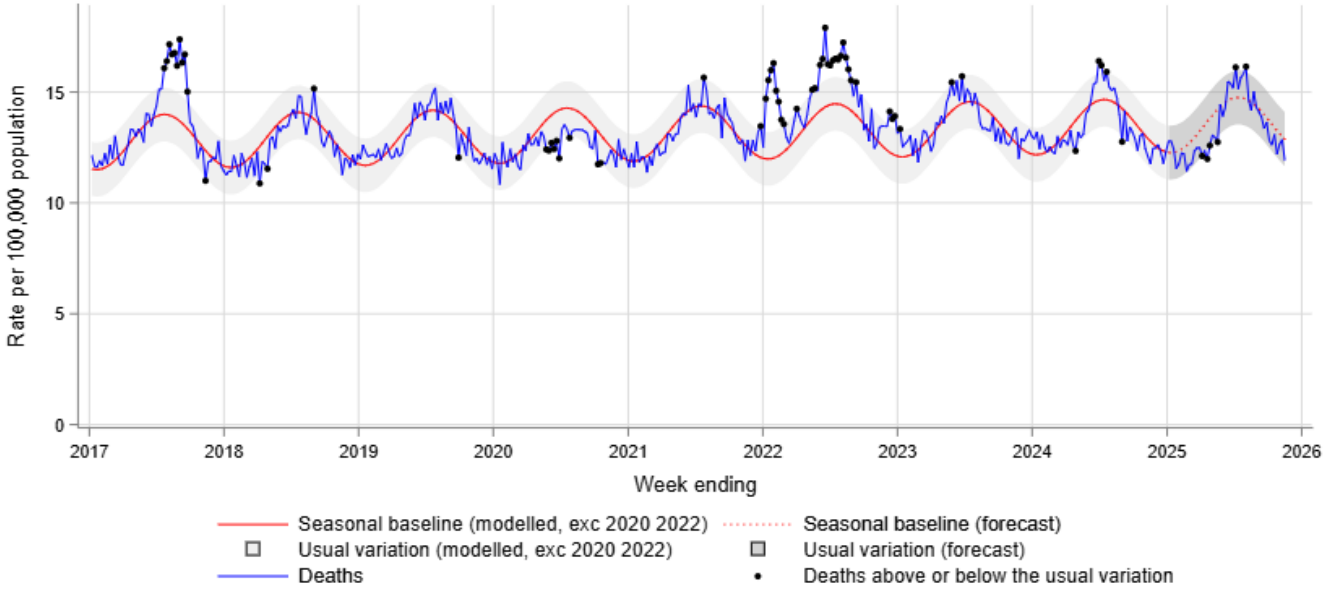
Death surveillance

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 16 November 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 12 October 2025 to 16 November 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.

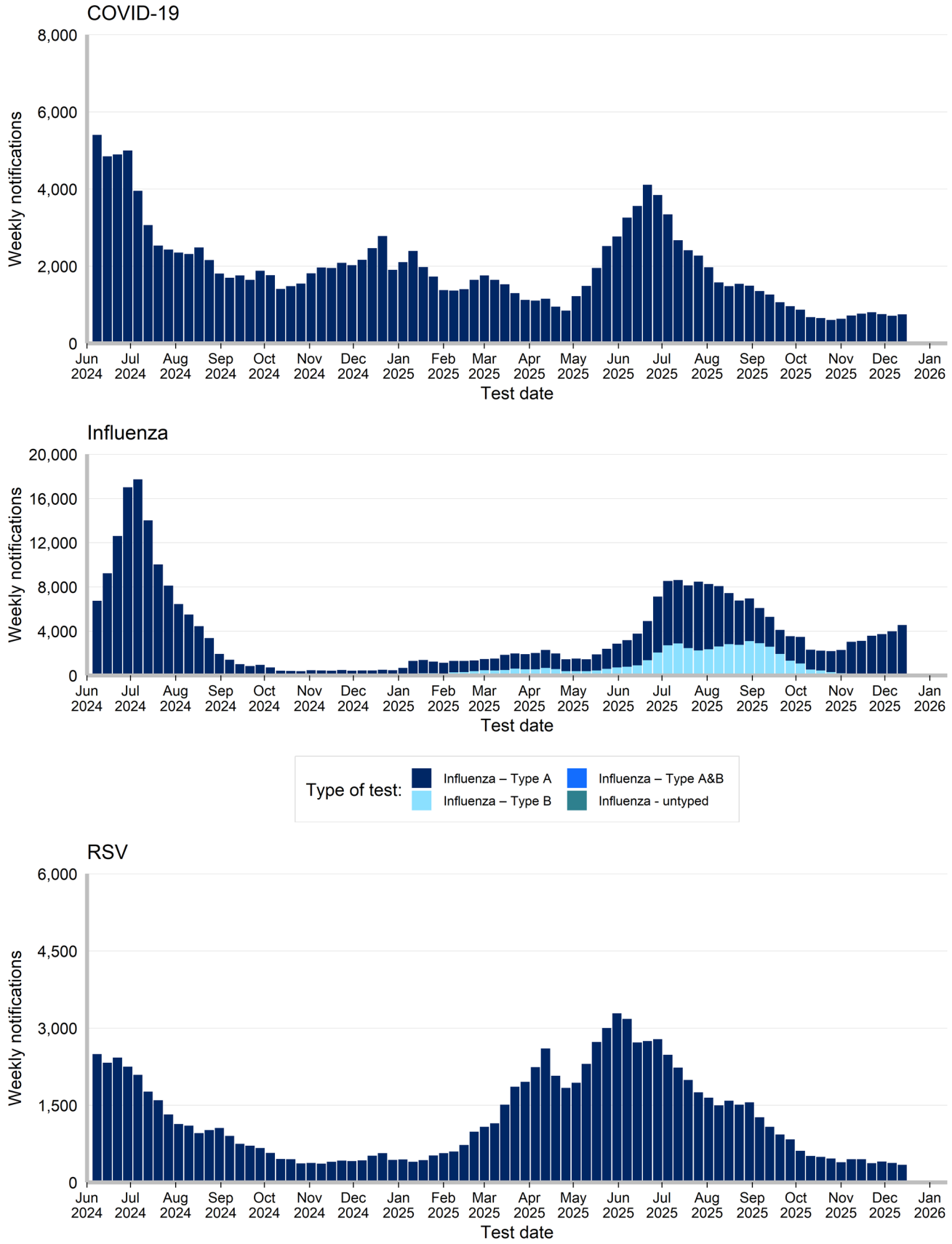
Interpretation: In the past week there was an increase of 5.6% in COVID-19 notifications, an increase of 14.9% in influenza notifications, and a decrease of 9.4% in RSV notifications.

Table 1: Notifications of COVID-19, influenza and RSV, NSW, tested in the week ending 13 December 2025

	COVID		Influenza		RSV	
	Week ending 13 December 2025	Year to Date	Week ending 13 December 2025	Year to Date	Week ending 13 December 2025	Year to Date
Gender						
Female	441	46,934 (58%)	2,427	93,829 (52%)	193	37,657 (53%)
Male	308	34,351 (42%)	2,127	86,189 (48%)	145	33,083 (47%)
Age group (years)						
0-4	118	8,647 (11%)	615	23,533 (13%)	140	33,265 (47%)
5-9	87	2,869 (4%)	882	28,695 (16%)	22	5,608 (8%)
10-19	103	6,068 (7%)	1,099	31,747 (18%)	17	4,121 (6%)
20-29	51	6,366 (8%)	404	12,695 (7%)	16	2,604 (4%)
30-39	88	9,363 (12%)	353	18,982 (11%)	19	3,606 (5%)
40-49	73	9,060 (11%)	336	19,564 (11%)	18	3,187 (5%)
50-59	67	7,661 (9%)	260	13,966 (8%)	28	3,881 (5%)
60-69	48	7,834 (10%)	239	12,052 (7%)	24	4,546 (6%)
70-79	57	9,506 (12%)	223	10,338 (6%)	23	4,690 (7%)
80-89	46	9,233 (11%)	119	6,531 (4%)	24	3,800 (5%)
90+	21	4,710 (6%)	27	1,984 (1%)	7	1,458 (2%)
Local Health District of residence						
Central Coast	33	2,744 (3%)	75	4,526 (3%)	13	2,408 (3%)
Far West	< 5	156 (0%)	10	244 (0%)	< 5	152 (0%)
Hunter New England	60	6,176 (8%)	258	12,820 (7%)	28	7,137 (10%)
Illawarra Shoalhaven	28	3,566 (4%)	179	8,399 (5%)	29	3,875 (5%)
Mid North Coast	9	1,172 (1%)	36	2,669 (1%)	11	1,214 (2%)
Murrumbidgee	7	2,284 (3%)	73	5,584 (3%)	6	2,351 (3%)
Nepean Blue Mountains	55	4,928 (6%)	288	11,643 (6%)	15	5,062 (7%)
Northern NSW	24	2,200 (3%)	88	5,107 (3%)	16	1,972 (3%)
Northern Sydney	94	10,547 (13%)	660	23,891 (13%)	55	9,174 (13%)
South Eastern Sydney	84	7,964 (10%)	464	16,767 (9%)	37	6,690 (9%)
South Western Sydney	124	12,468 (15%)	783	28,154 (16%)	45	9,408 (13%)
Southern NSW	8	1,381 (2%)	66	3,683 (2%)	< 5	1,585 (2%)
Sydney	38	6,253 (8%)	365	11,695 (6%)	24	4,434 (6%)
Western NSW	11	1,834 (2%)	68	5,124 (3%)	< 5	2,450 (3%)
Western Sydney	183	17,260 (21%)	1,133	39,374 (22%)	51	12,737 (18%)
Aboriginal status						
Aboriginal and/or Torres Strait Islander	18	1,747 (2%)	97	4,837 (3%)	9	2,248 (3%)
Not Aboriginal or Torres Strait Islander	365	42,898 (53%)	2,266	94,822 (53%)	140	33,260 (47%)
Not Stated / Unknown	368	36,703 (45%)	2,194	80,473 (45%)	189	35,268 (50%)
Total	751	81,348 (100%)	4,557	180,132 (100%)	338	70,776 (100%)

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

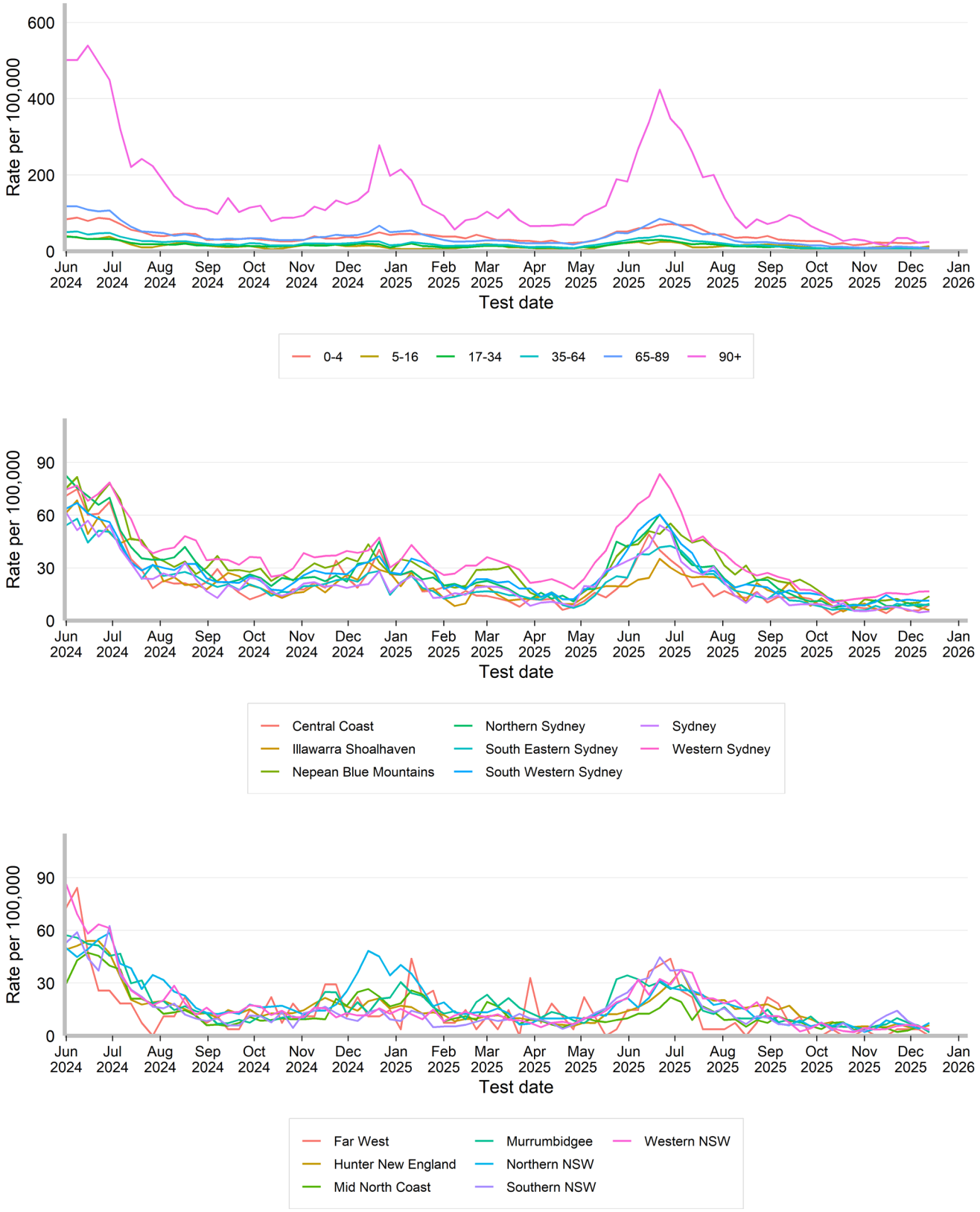
Figure 5. Weekly notifications of COVID-19*, Influenza and RSV, by date of test and type of test performed, NSW, 1 June 2024 to 13 December 2025



Rates of COVID-19 notifications per 100,000 population

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

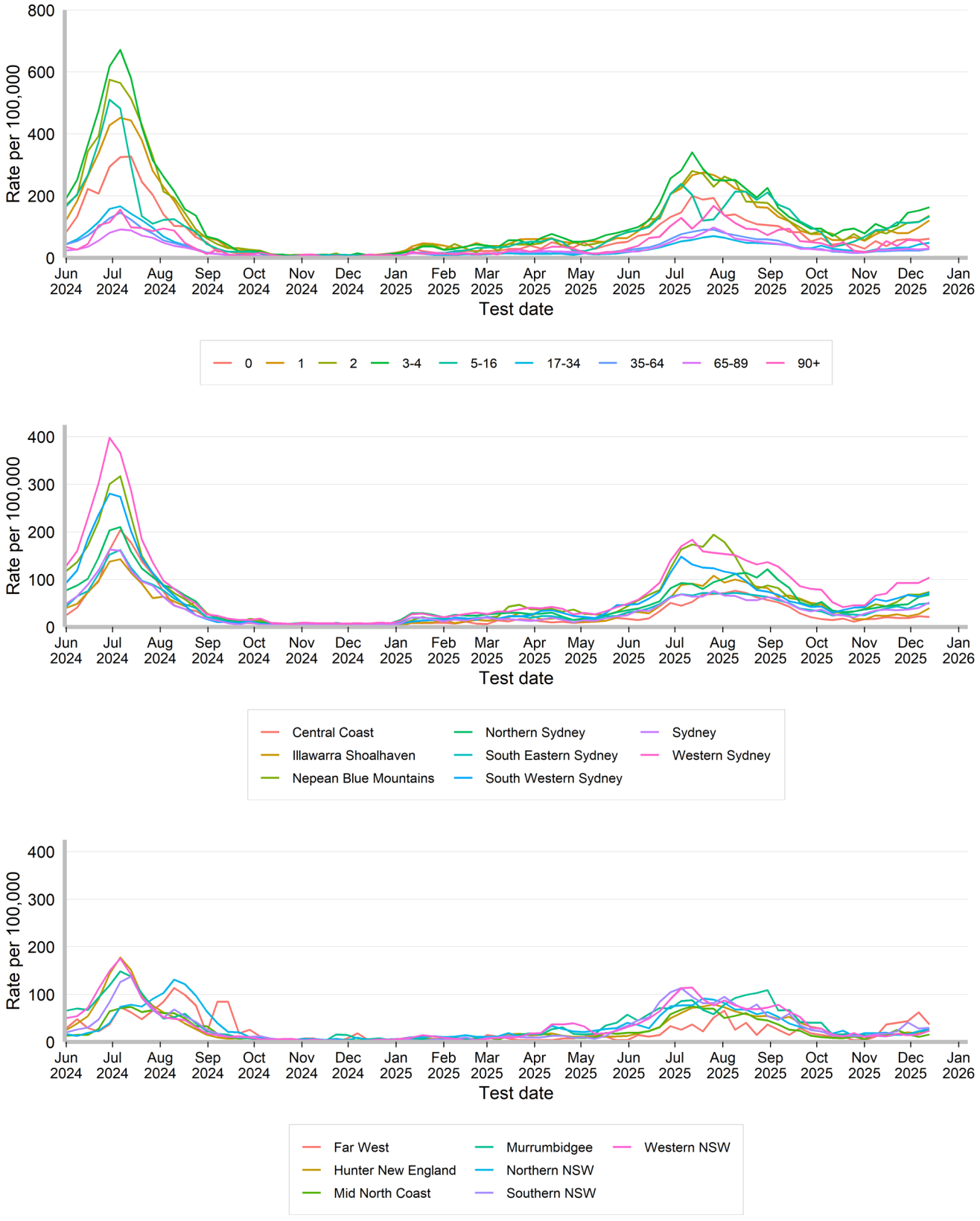
Figure 6. Weekly rate of COVID-19* notifications per 100,000 population, by age group, Local Health District and test date, NSW, 1 June 2024 to 13 December 2025



Rates of influenza notifications per 100,000 population

Interpretation: Rates of influenza notifications have increased 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 June 2024 to 13 December 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 June 2024 to 13 December 2025

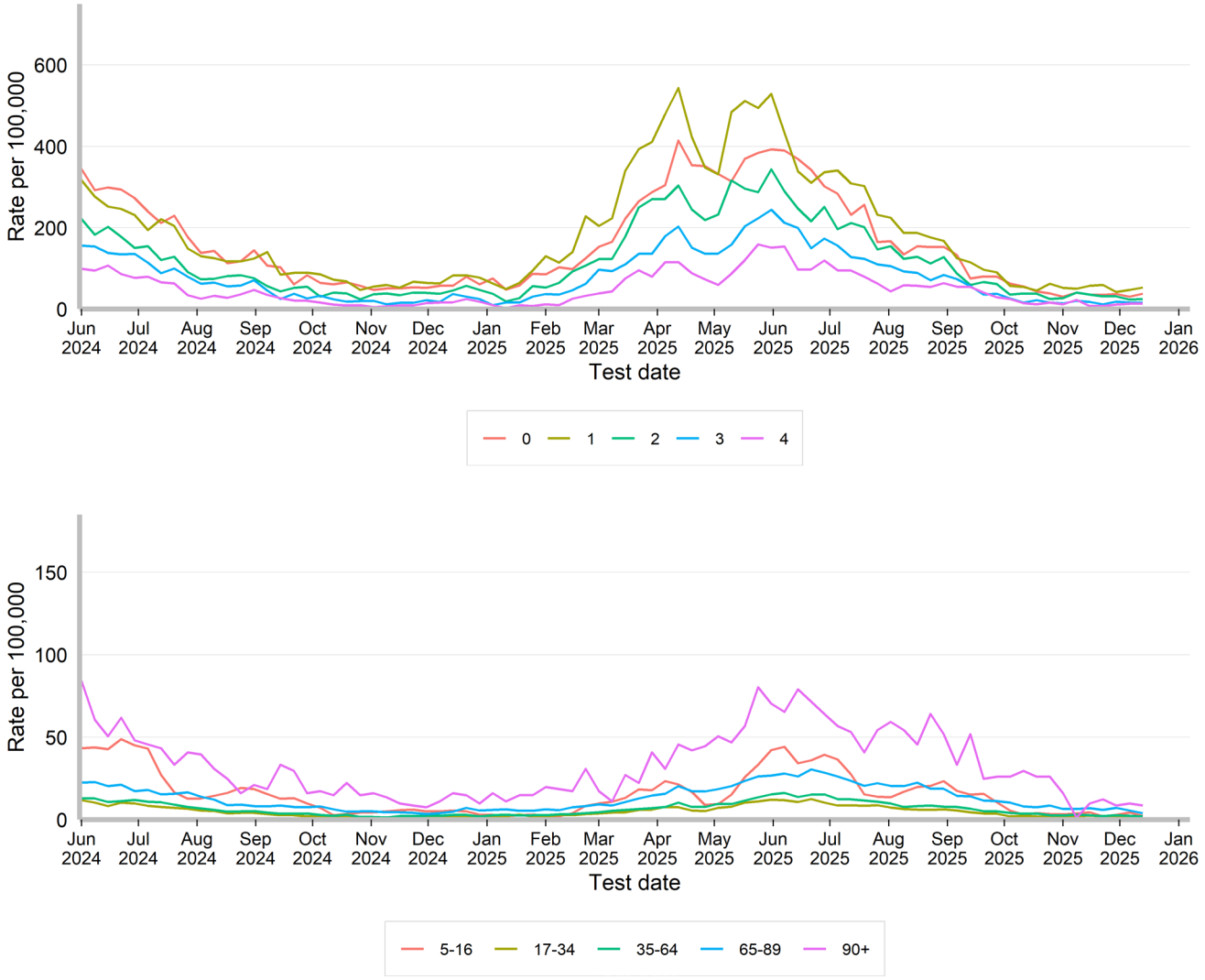
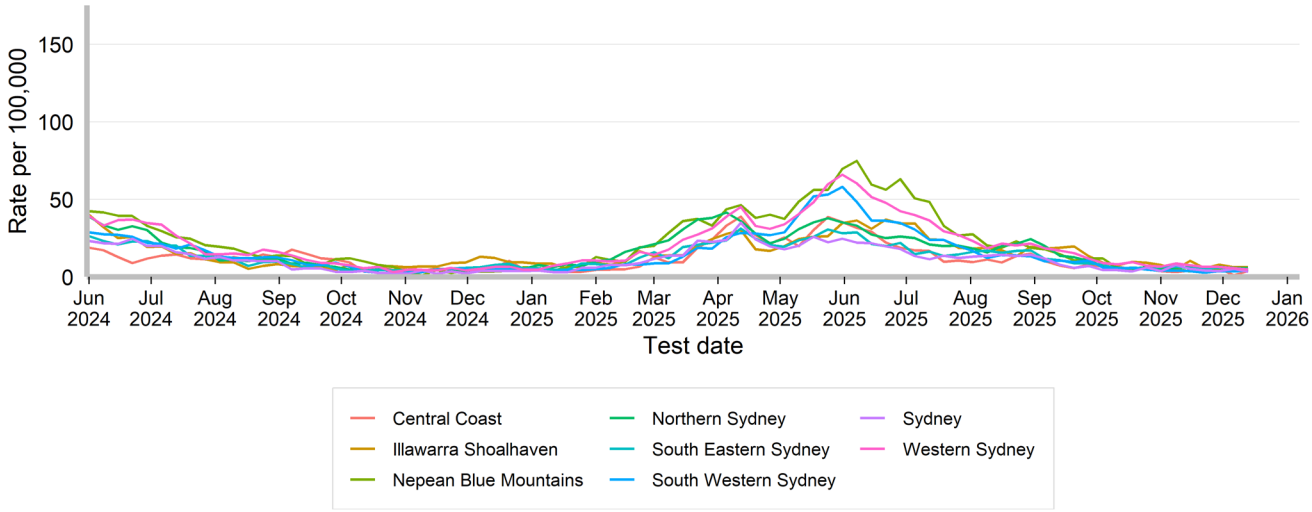
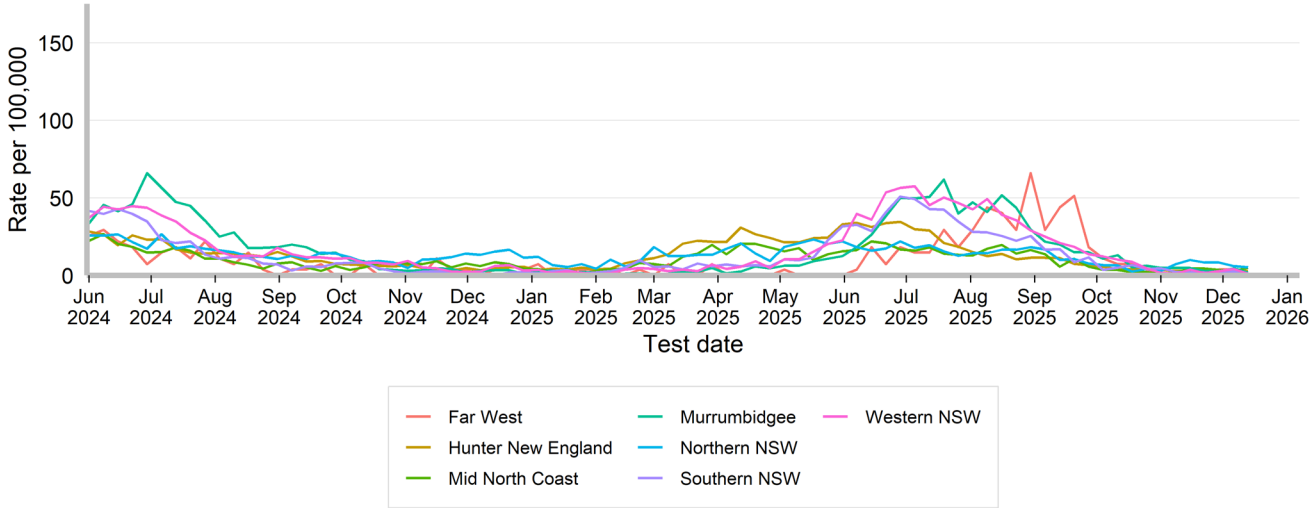


Figure 9. Weekly rate of respiratory syncytial virus notifications per 100,000 population, by Local Health District and test date, NSW, 1 June 2024 to 13 December 2025





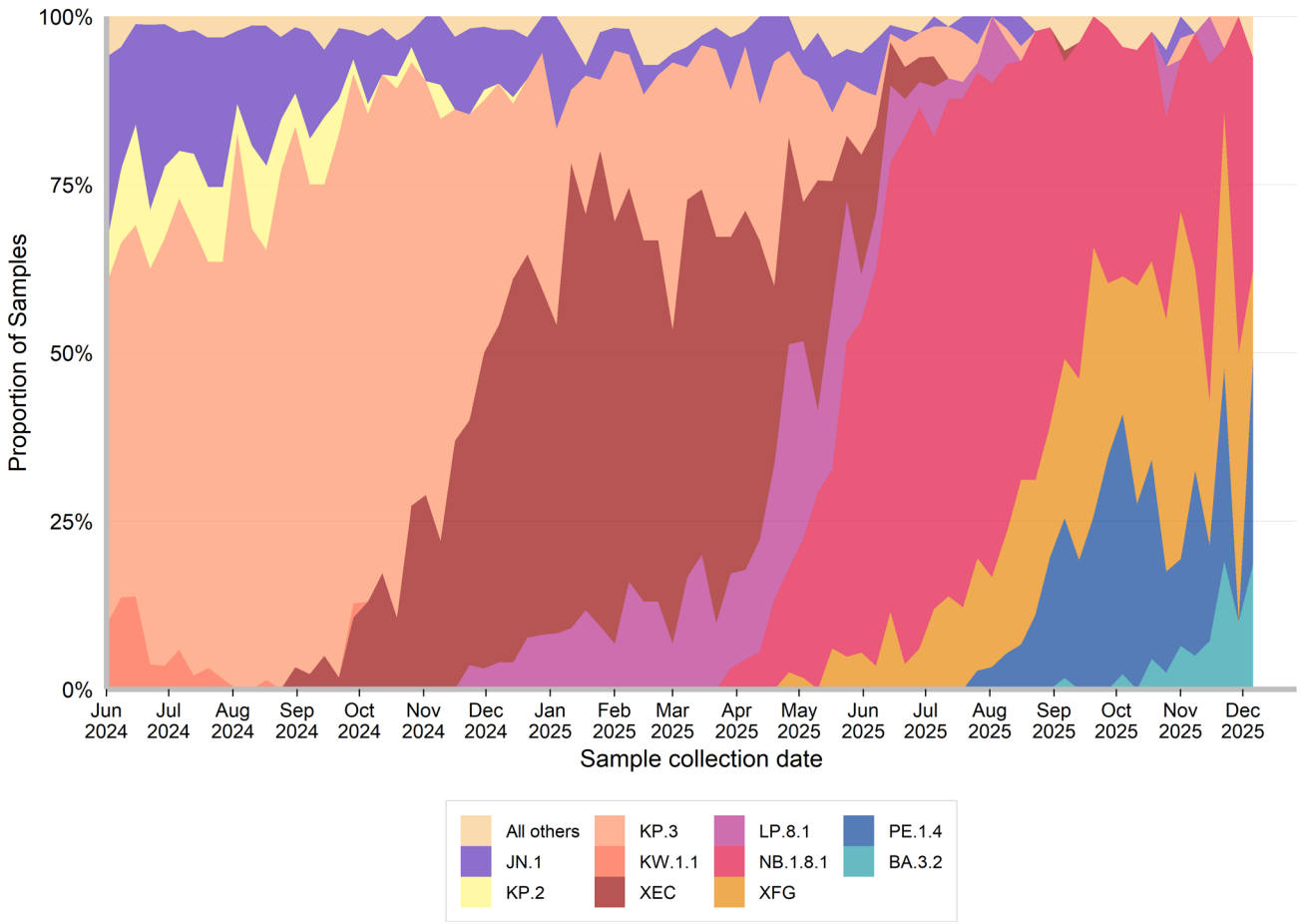
Other surveillance indicators

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.

Figure 10. Estimated weekly distribution of COVID-19 sub-lineages in the community, 1 June 2024 to 6 December 2025

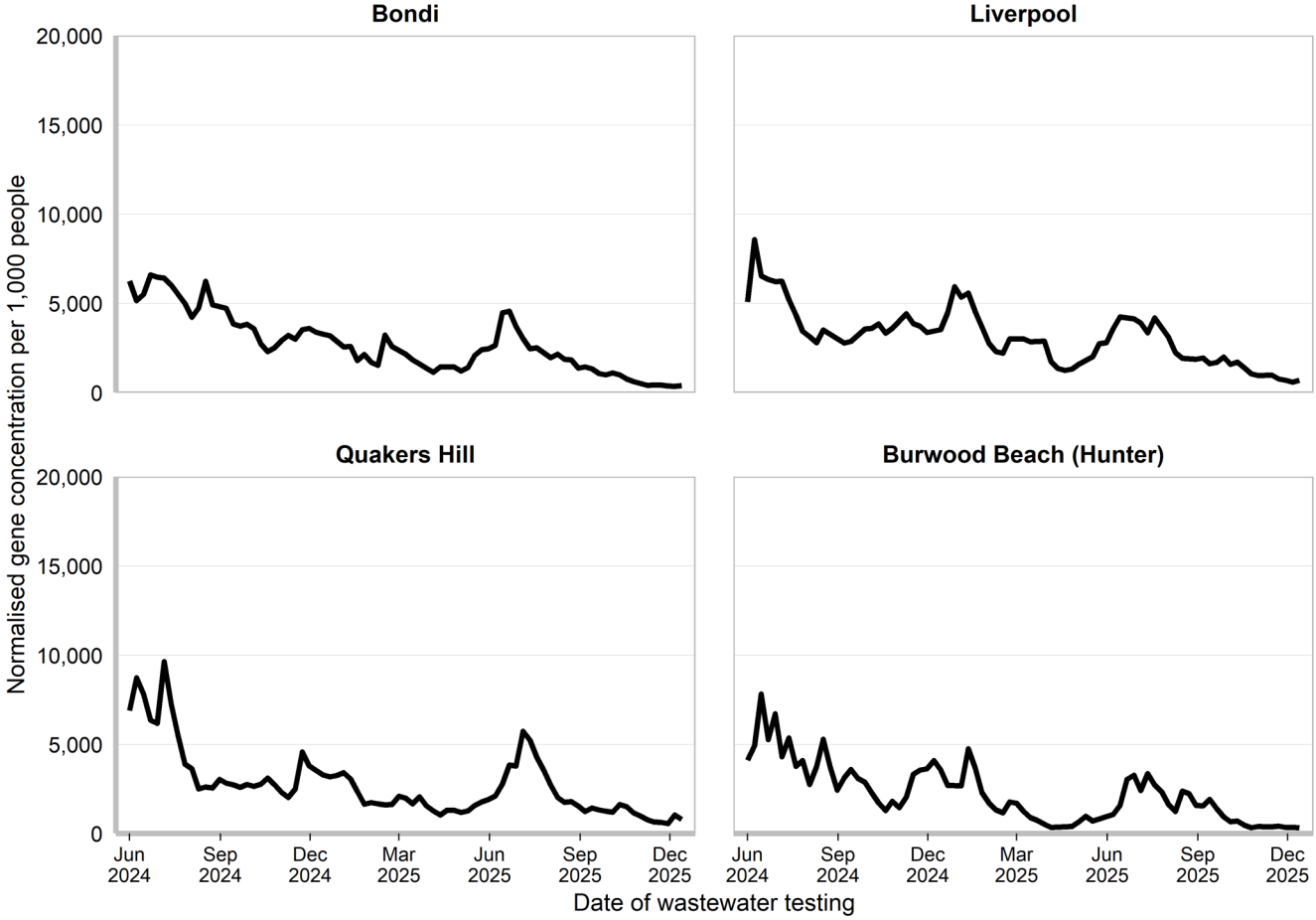


COVID-19 Wastewater Surveillance Program

Trends are presented for Bondi, Liverpool, Quakers Hill, and Burwood Beach (Hunter) wastewater catchments from 13 June 2024 to the week ending 13 December 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 June 2024 to 13 December 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 3.0%. Influenza test positivity increased to 17.2%. RSV test positivity decreased to 0.9%.

Figure 12. Number and proportion of tests positive for COVID-19 at NSW sentinel laboratories by week, 1 June 2024 to 14 December 2025

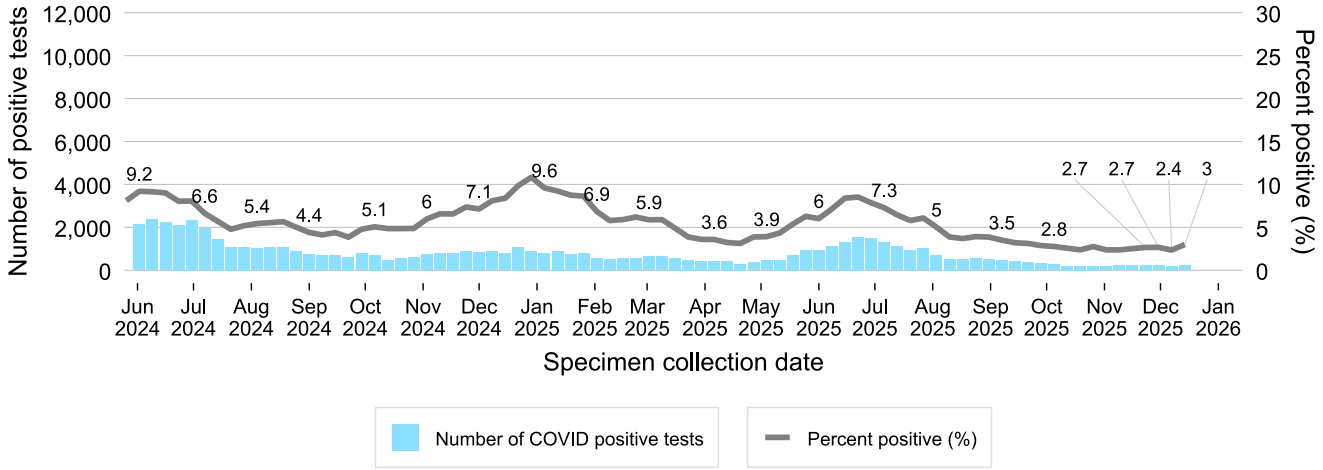


Figure 13. Number and proportion of tests positive for influenza at NSW sentinel laboratories by week, 1 June 2024 to 14 December 2025

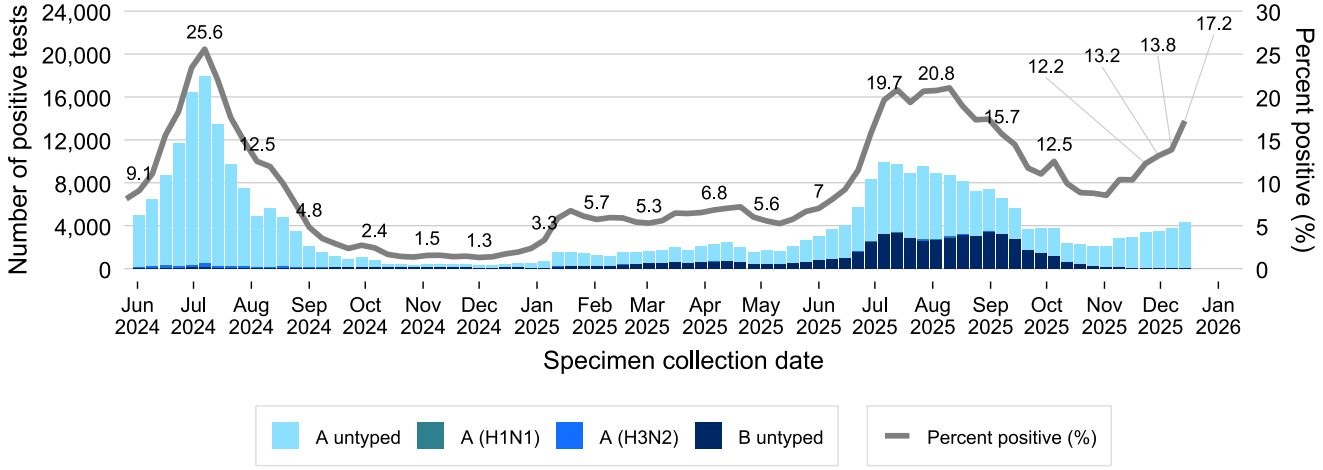


Figure 14. Number and proportion of tests positive for RSV at NSW sentinel laboratories by week, 1 June 2024 to 14 December 2025

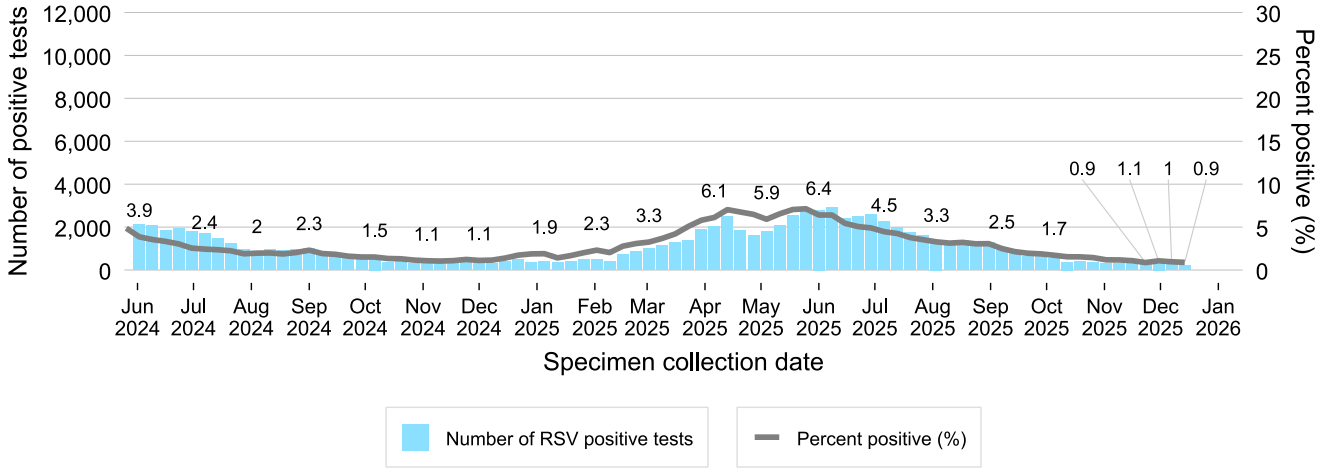


Figure 15. Number of positive PCR test results and proportion of tests positive for other respiratory viruses at NSW sentinel laboratories by week, 1 June 2024 to 14 December 2025

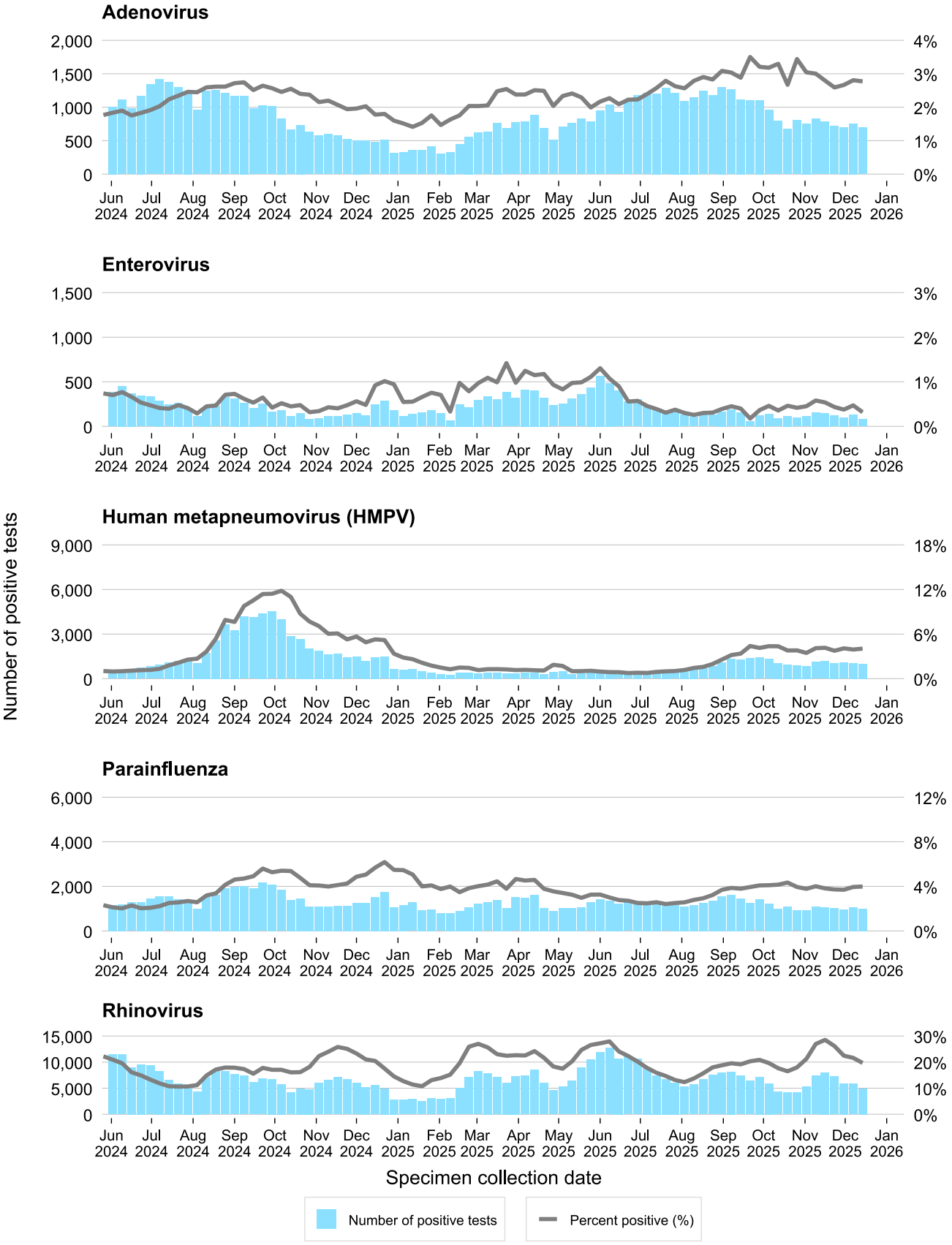


Table 2. Total number of COVID-19 notifications from NSW sentinel laboratories, in the four weeks to 14 December 2025

	Week ending							
	23 November		30 November		07 December		14 December	
	n	% pos	n	% pos	n	% pos	n	% pos
SARS-CoV-2	235	2.7%	229	2.7%	206	2.4%	221	3.0%
Number of COVID PCR tests conducted	8,825		8,584		8,757		7,367	
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 14 December 2025

	Week ending							
	23 November		30 November		07 December		14 December	
	n	% pos	n	% pos	n	% pos	n	% pos
Influenza	3,388	12.2%	3,460	13.2%	3,734	13.8%	4,294	17.2%
Respiratory syncytial virus (RSV)	241	0.9%	281	1.1%	259	1.0%	223	0.9%
Adenovirus	717	2.6%	701	2.7%	757	2.8%	692	2.8%
Human metapneumovirus (HMPV)	1,039	3.8%	1,072	4.1%	1,057	3.9%	1,008	4.0%
Rhinovirus	7,235	26.1%	5,904	22.4%	5,829	21.6%	4,912	19.7%
Enterovirus	120	0.4%	99	0.4%	127	0.5%	79	0.3%
Parainfluenza	1,030	3.7%	972	3.7%	1,063	3.9%	994	4.0%
Number of PCR tests conducted	27,683		26,301		26,964		24,959	
Number of laboratories reporting	11		11		11		10	

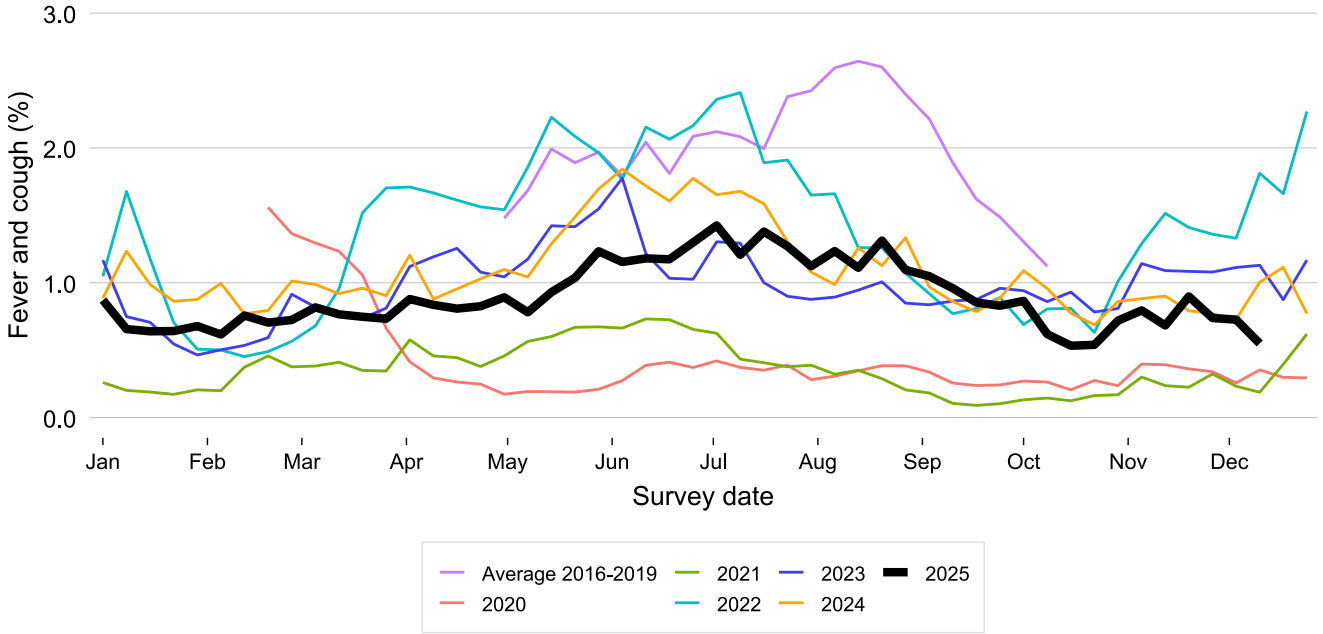
Recent data is subject to change.

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 14 December 2025



In Focus

Influenza

Influenza can occur year-round but is most common in autumn and winter. In NSW, the peak of influenza activity, the flu season', usually occurs between May and October, with variability from year to year within these months. The number of people who develop influenza in any season is influenced by which types of influenza virus are circulating, how infectious they are and the level of population immunity. There are two main types of influenza viruses that affect humans, A and B. These types are separated into subtypes and subclades each of which can impact different age groups and cause different severity of illness. Multiple subtypes of influenza often circulate during the influenza season.

In 2025 in NSW, increased influenza activity has lasted longer than the usual 'flu season', continuing into November and December. Influenza A(H1N1) activity was the highest in July and declined in early September. Influenza B had two peaks of activity in July and September (Figure 17). Since early October influenza A notifications increased every week and have now reached a high level of activity. This level of activity is very unusual for this time of the year.

Subclade analysis of a subset of samples tested by the World Health Organization Collaborating Centre for Reference and Research on Influenza (WHOCCRRI) in Melbourne indicates that of NSW influenza A samples tested in June to mid-September, most were subtype H1N1. From October, subtype H3N2 subclade K became dominant (Figure 18). Subclade K is contributing to the early commencement of the 'flu season' and high case numbers in some northern hemisphere countries. Genetic analyses show that subclade K is quite different to previous H3N2 subclades. There is currently no indication that it causes increased disease severity.

Children aged 0-4 years and 5-16 years have had the highest influenza notification rates since June 2025 (Figure 19). Weekly counts of unplanned emergency department (ED) presentations for influenza-like illness have been increasing in all age groups since late October (Figure 19). In the week ending 13 December, presentations were highest among children aged 5–16 years and 0–4 years. However, the highest weekly counts of admissions from ED continue to be in adults aged 65 years and older and children aged 0-4 years. These have increased since late October (Figure 20).

Further information on this unseasonal influenza activity can be found here:

AHPC Statement: Increased influenza activity and guidance for the holiday season

Eurosurveillance | Extended influenza seasons in Australia and New Zealand in 2025 due to the emergence of influenza A(H3N2) subclade K viruses.

Figure 17. Weekly notifications of influenza by date of test and influenza type, NSW, 1 June 2025 to 13 December 2025

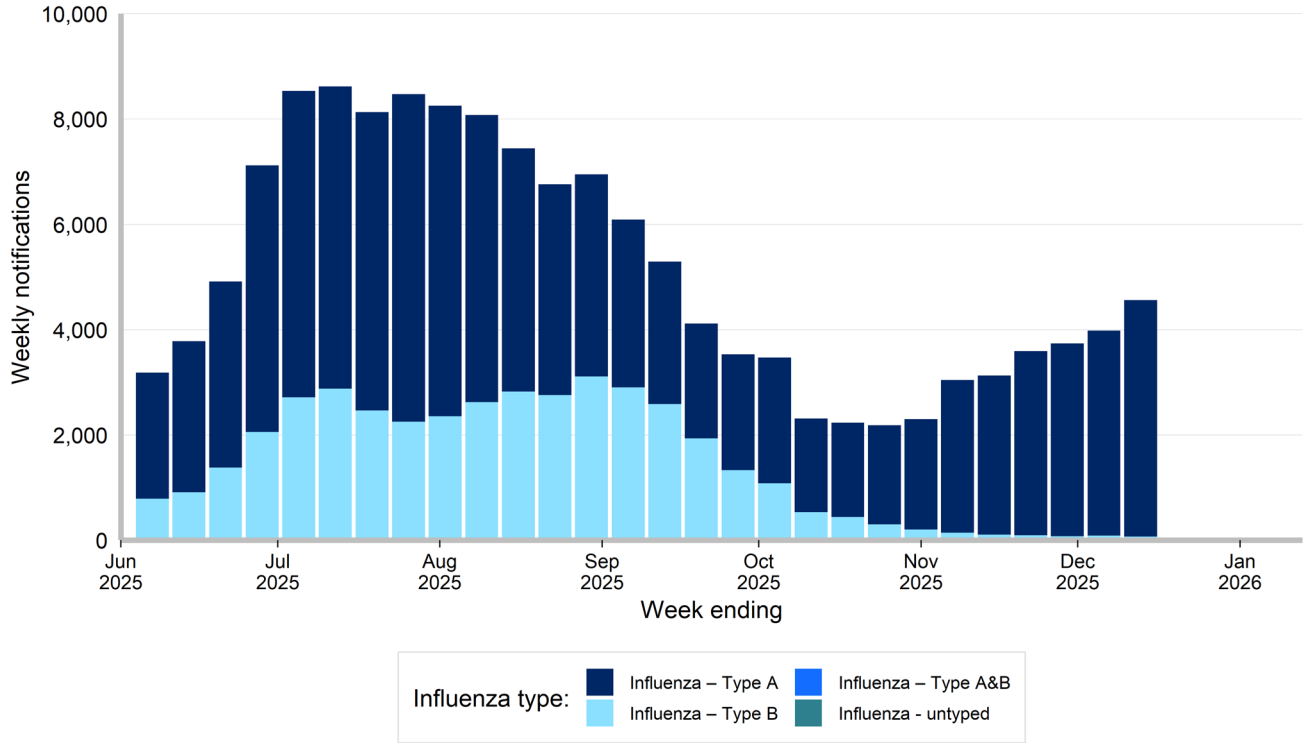
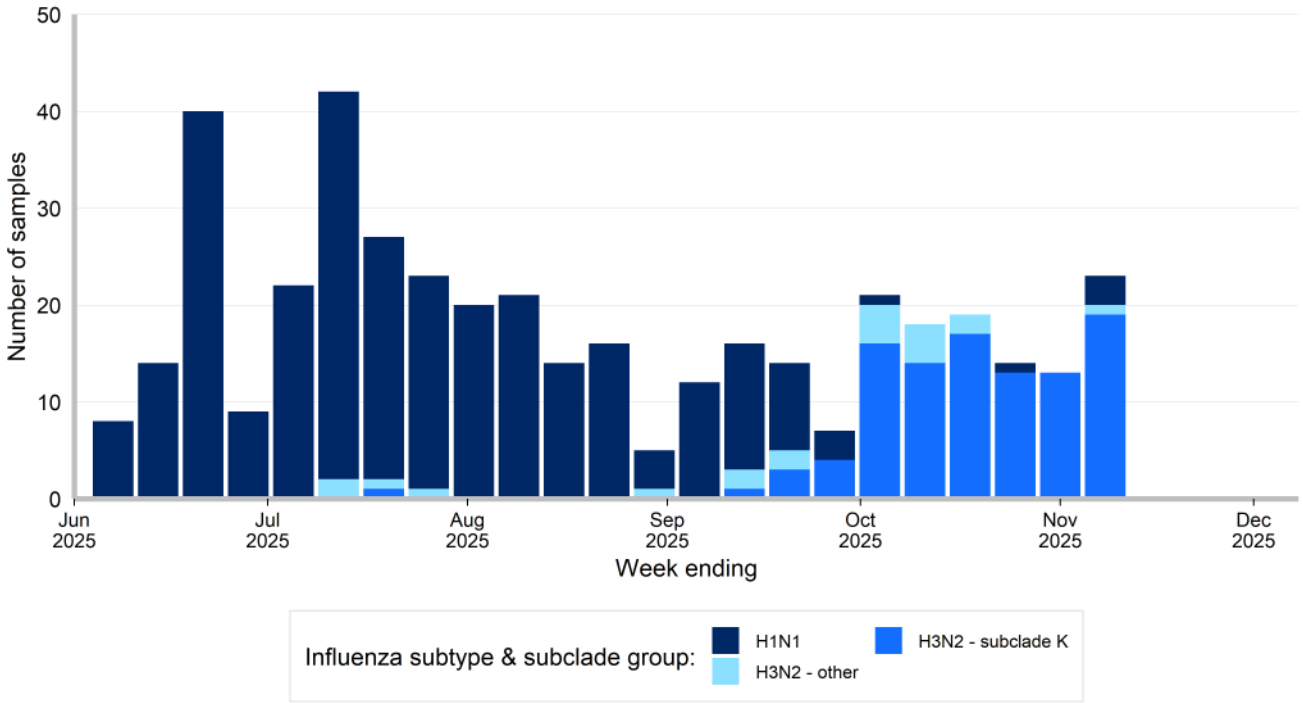


Figure 18. Subtyping influenza A samples, by week of specimen collection, influenza subtype and influenza subclade group, NSW, 1 June 2025 to 8 November 2025



Source: World Health Organization (WHO) Collaborating Centre for Reference and Research on Influenza (Melbourne)

Figure 19. Weekly rate of influenza notifications per 100,000 population, by age group and test date, NSW, 1 June 2025 to 13 December 2025

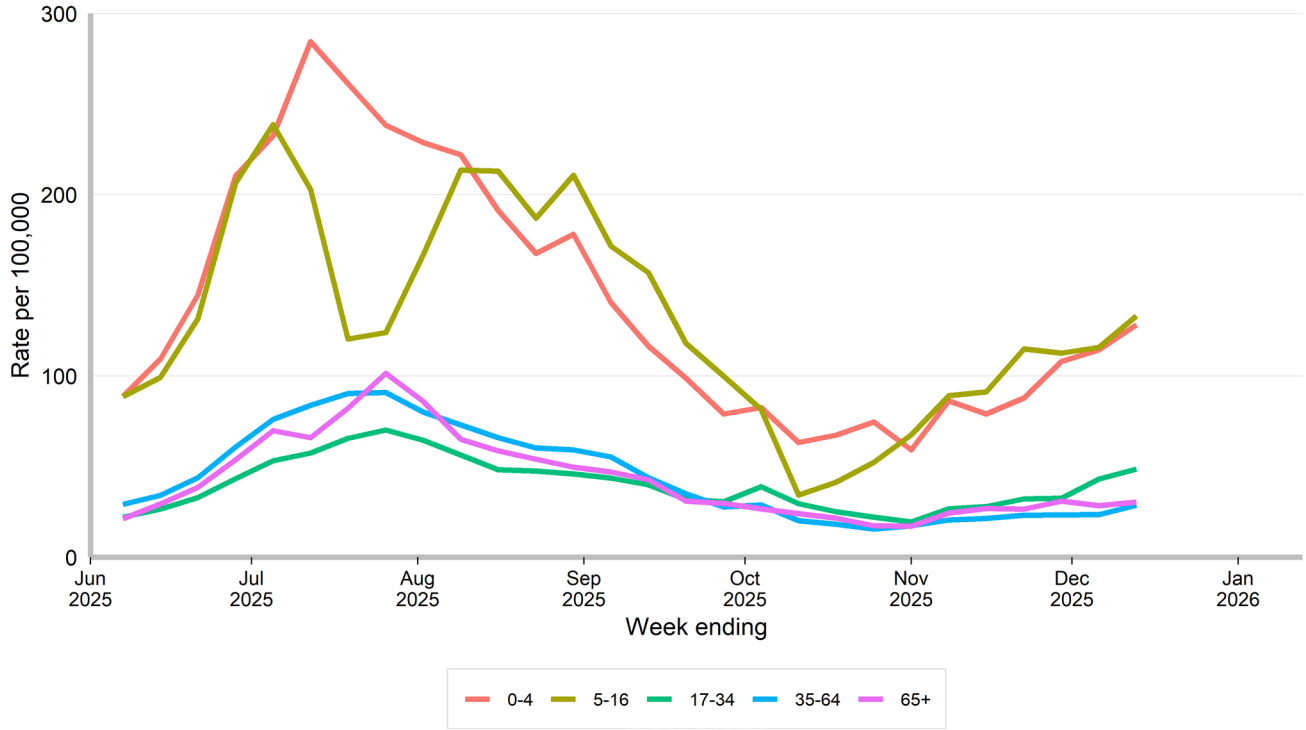


Figure 20. 'Influenza-like illness' weekly counts of unplanned emergency department (ED) presentations by age group, 1 June 2025 - 13 December 2025

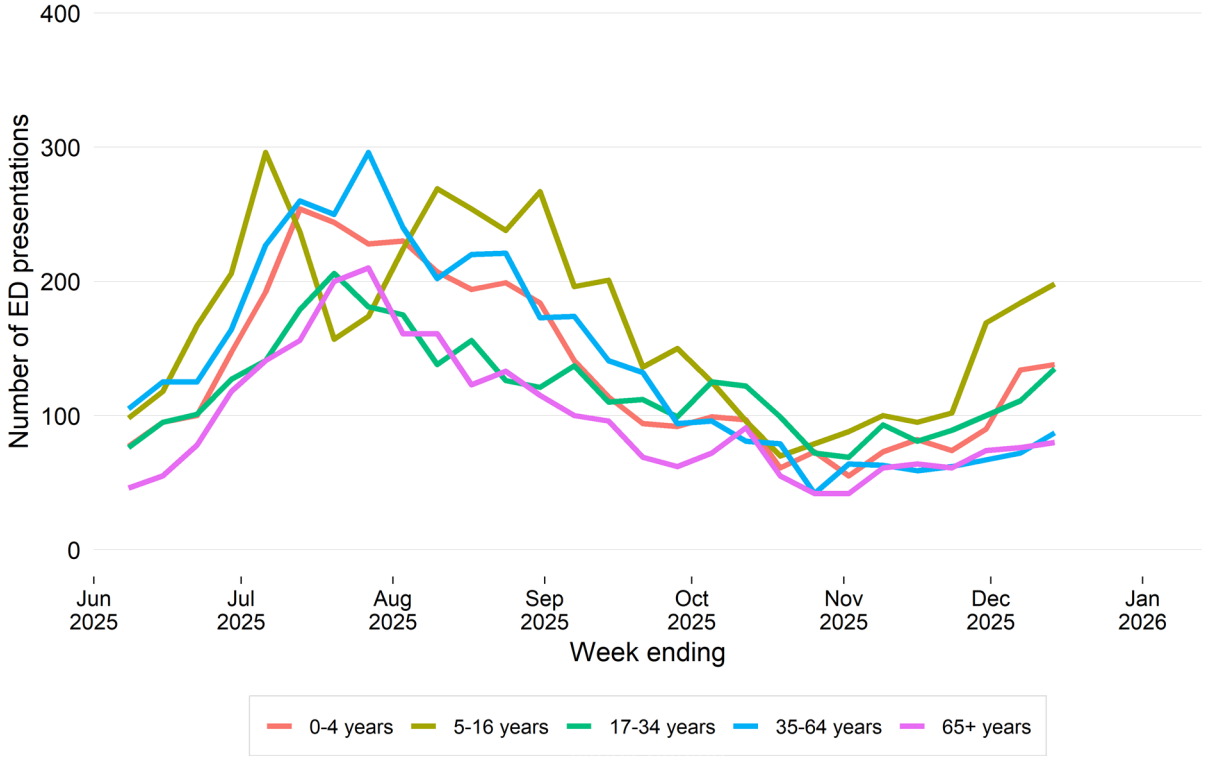
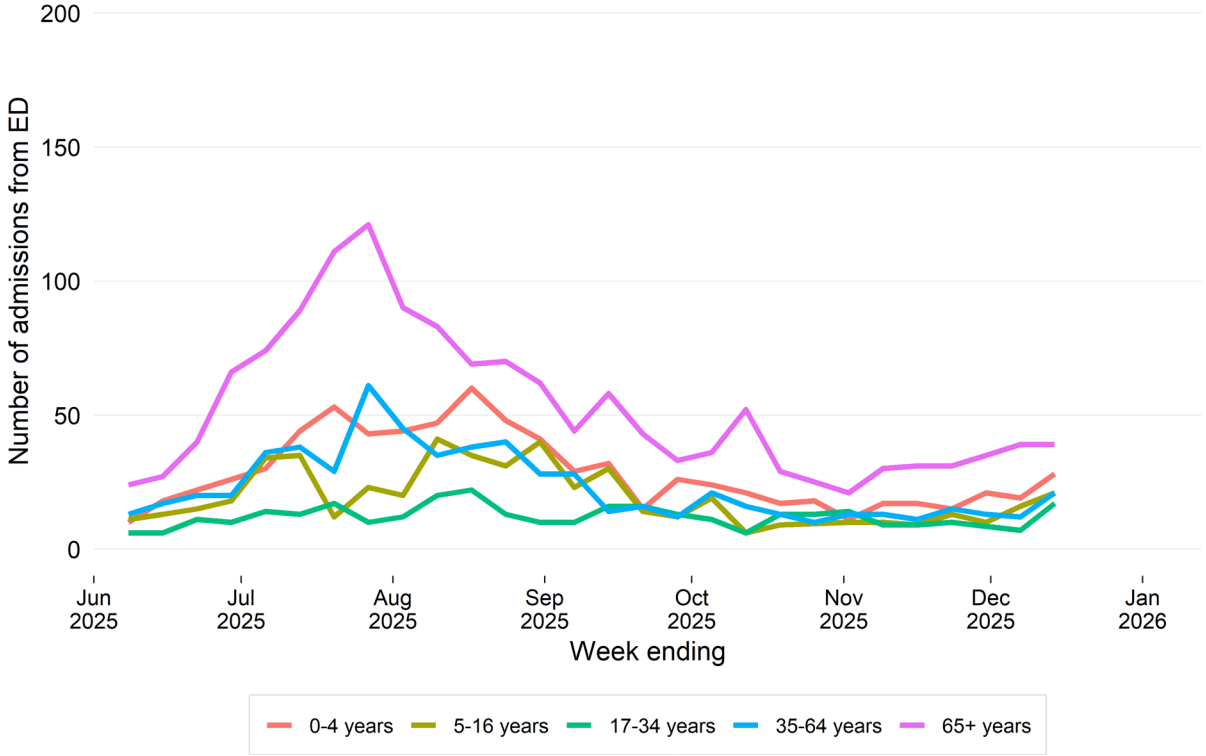



Figure 21. 'Influenza-like illness' weekly counts of admission following emergency department (ED) presentation by age group, 1 June 2025 - 13 December 2025