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 activity has decreased over the last two weeks and is now at a moderate level. The decrease in activity is likely due to the summer holiday period impacting transmission and testing behaviour. 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. ED presentations and admissions for influenza-like-illness have decreased. 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, 87.5% of presentations and 90.6% 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 July 2024 - 4 January 2026, persons of all ages

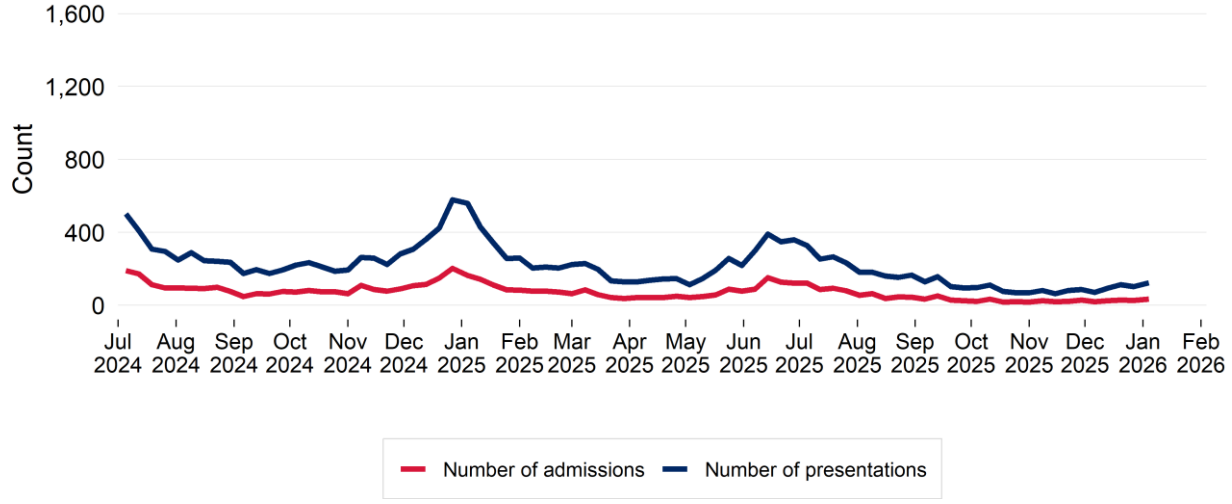


Figure 2. 'Influenza-like illness' weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 1 July 2024 - 4 January 2026, persons of all ages

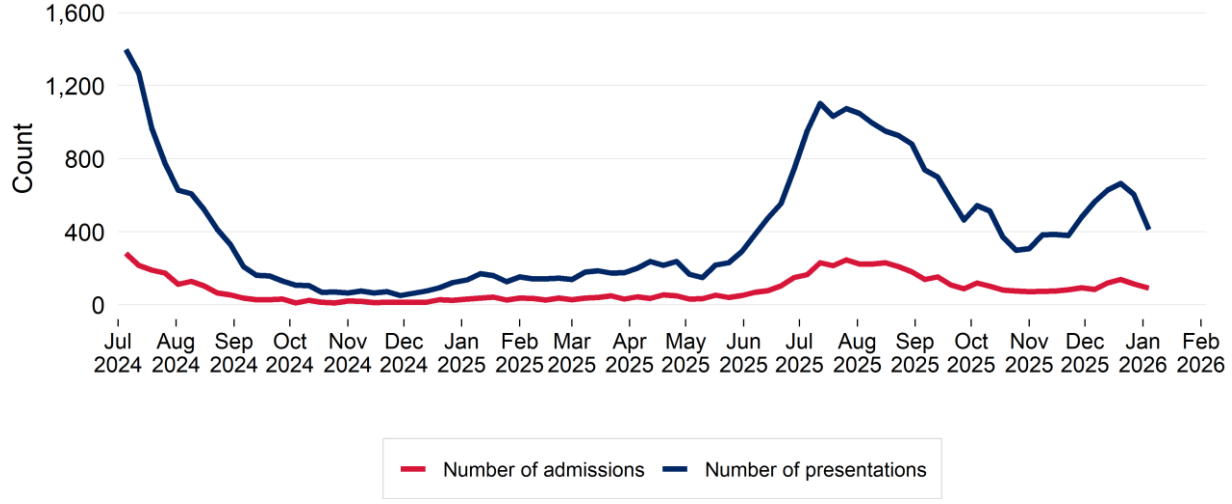
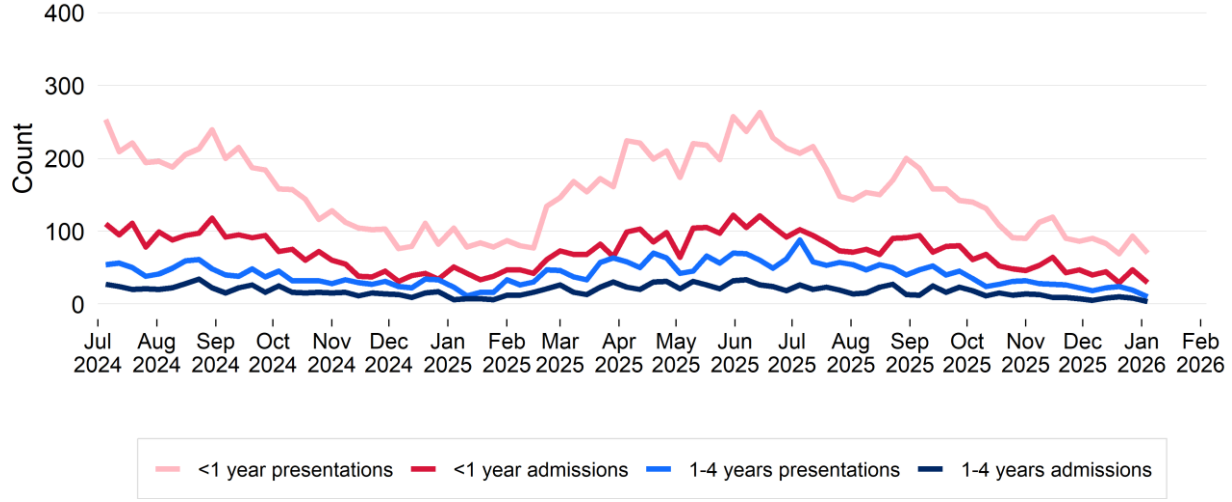


Figure 3. Bronchiolitis weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 1 July 2024 - 4 January 2026, children aged 0-4 years



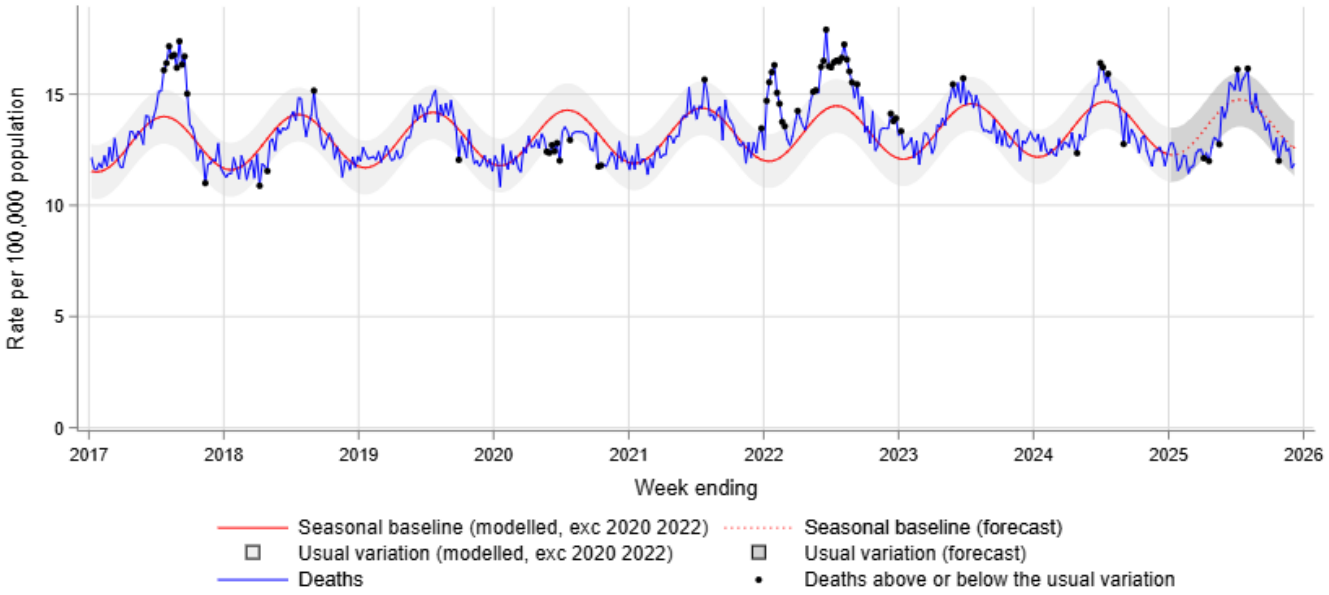
Death surveillance

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 7 December 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 2 November 2025 to 7 December 2025. 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.

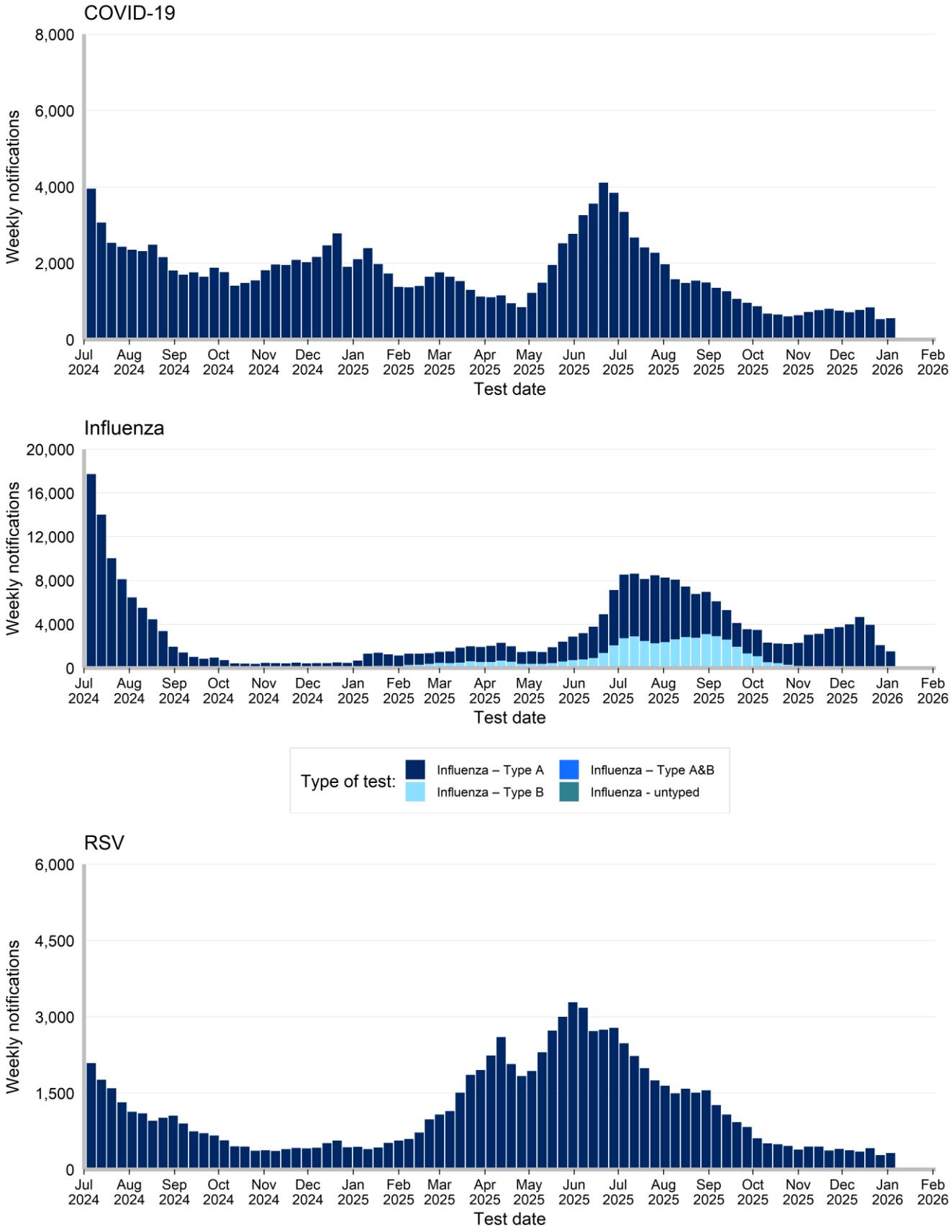
Interpretation: In the past week there was an increase of 5.1% in COVID-19 notifications, a decrease of 27.3% in influenza notifications, and an increase of 14.2% in RSV notifications.

Table 1: Notifications of COVID-19, influenza and RSV, NSW, tested in the week ending 3 January 2026

	COVID		Influenza		RSV	
	Week ending 3 January 2026	2025 Year to Date	Week ending 3 January 2026	2025 Year to Date	Week ending 3 January 2026	2025 Year to Date
Gender						
Female	325	48,077 (58%)	854	97,975 (52%)	181	38,239 (53%)
Male	233	35,166 (42%)	668	89,710 (48%)	141	33,530 (47%)
Age group (years)						
0-4	100	8,996 (11%)	226	24,745 (13%)	121	33,670 (47%)
5-9	22	3,035 (4%)	145	29,904 (16%)	7	5,647 (8%)
10-19	33	6,242 (7%)	142	32,967 (18%)	11	4,169 (6%)
20-29	54	6,515 (8%)	168	13,517 (7%)	11	2,654 (4%)
30-39	52	9,564 (11%)	162	19,668 (10%)	23	3,663 (5%)
40-49	40	9,221 (11%)	129	20,146 (11%)	16	3,236 (5%)
50-59	42	7,798 (9%)	87	14,413 (8%)	22	3,948 (5%)
60-69	44	7,981 (10%)	139	12,530 (7%)	33	4,630 (6%)
70-79	75	9,706 (12%)	153	10,860 (6%)	29	4,779 (7%)
80-89	69	9,416 (11%)	125	6,902 (4%)	35	3,901 (5%)
90+	36	4,800 (6%)	47	2,105 (1%)	14	1,498 (2%)
Local Health District of residence						
Central Coast	37	2,862 (3%)	52	4,734 (3%)	9	2,449 (3%)
Far West	< 5	156 (0%)	< 5	252 (0%)	< 5	152 (0%)
Hunter New England	61	6,342 (8%)	140	13,344 (7%)	30	7,231 (10%)
Illawarra Shoalhaven	30	3,647 (4%)	69	8,672 (5%)	21	3,938 (5%)
Mid North Coast	7	1,223 (1%)	42	2,779 (1%)	10	1,237 (2%)
Murrumbidgee	12	2,321 (3%)	33	5,773 (3%)	6	2,376 (3%)
Nepean Blue Mountains	34	5,070 (6%)	63	12,064 (6%)	11	5,106 (7%)
Northern NSW	14	2,264 (3%)	46	5,348 (3%)	11	2,022 (3%)
Northern Sydney	83	10,782 (13%)	207	24,918 (13%)	62	9,357 (13%)
South Eastern Sydney	44	8,150 (10%)	158	17,510 (9%)	46	6,841 (10%)
South Western Sydney	95	12,800 (15%)	224	29,381 (16%)	43	9,541 (13%)
Southern NSW	5	1,399 (2%)	22	3,809 (2%)	< 5	1,599 (2%)
Sydney	25	6,334 (8%)	110	12,238 (7%)	21	4,496 (6%)
Western NSW	11	1,866 (2%)	29	5,282 (3%)	7	2,460 (3%)
Western Sydney	108	17,667 (21%)	321	41,222 (22%)	41	12,870 (18%)
Aboriginal status						
Aboriginal and/or Torres Strait Islander	14	1,788 (2%)	37	5,001 (3%)	7	2,278 (3%)
Not Aboriginal or Torres Strait Islander	276	43,944 (53%)	788	98,724 (53%)	159	33,782 (47%)
Not Stated / Unknown	269	37,573 (45%)	698	84,077 (45%)	156	35,745 (50%)
Total	559	83,305 (100%)	1,523	187,802 (100%)	322	71,805 (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 July 2024 to 3 January 2026



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 July 2024 to 3 January 2026

Rates of influenza notifications per 100,000 population

Interpretation: Rates of influenza notifications have decreased 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 July 2024 to 3 January 2026

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 July 2024 to 3 January 2026

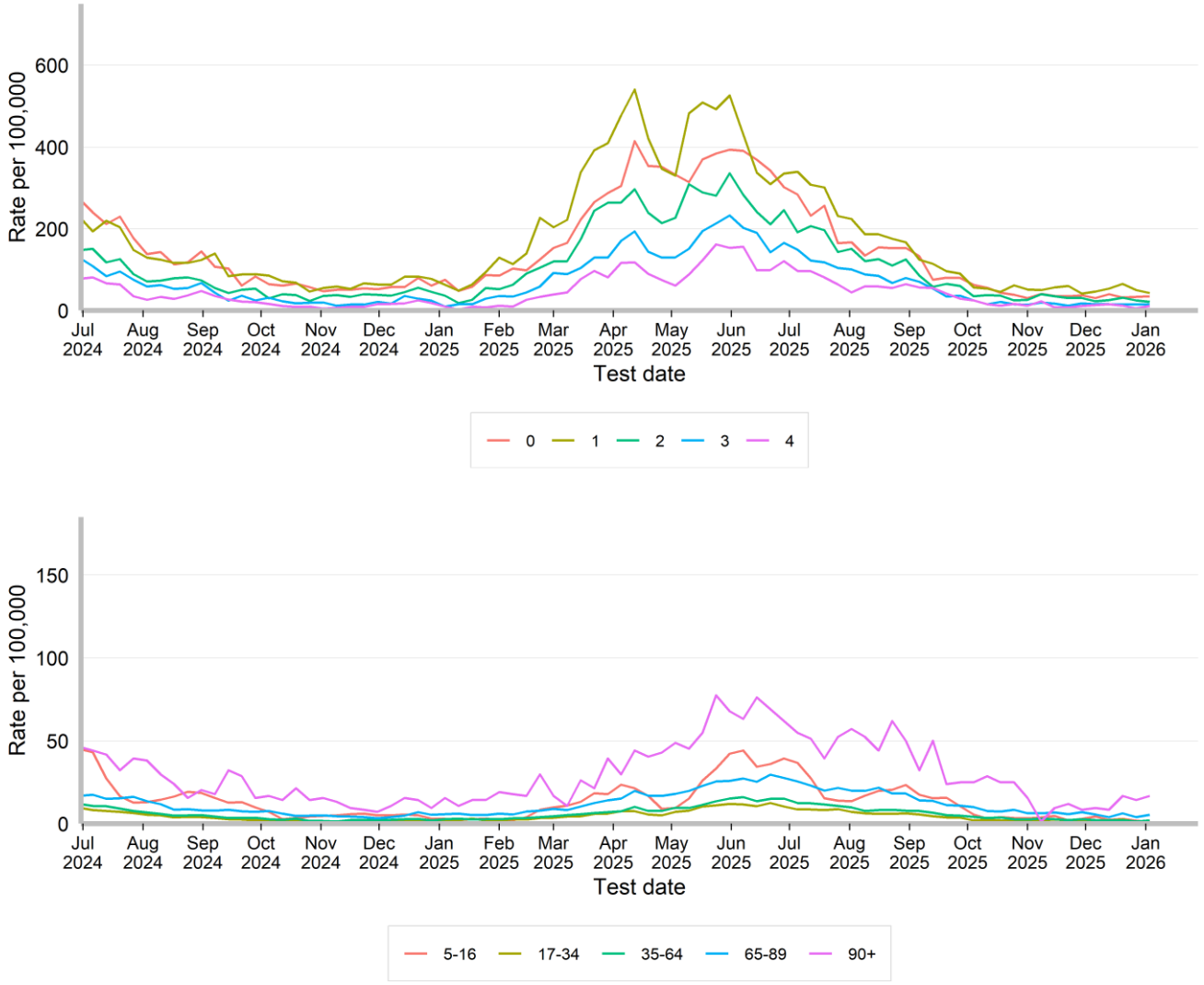
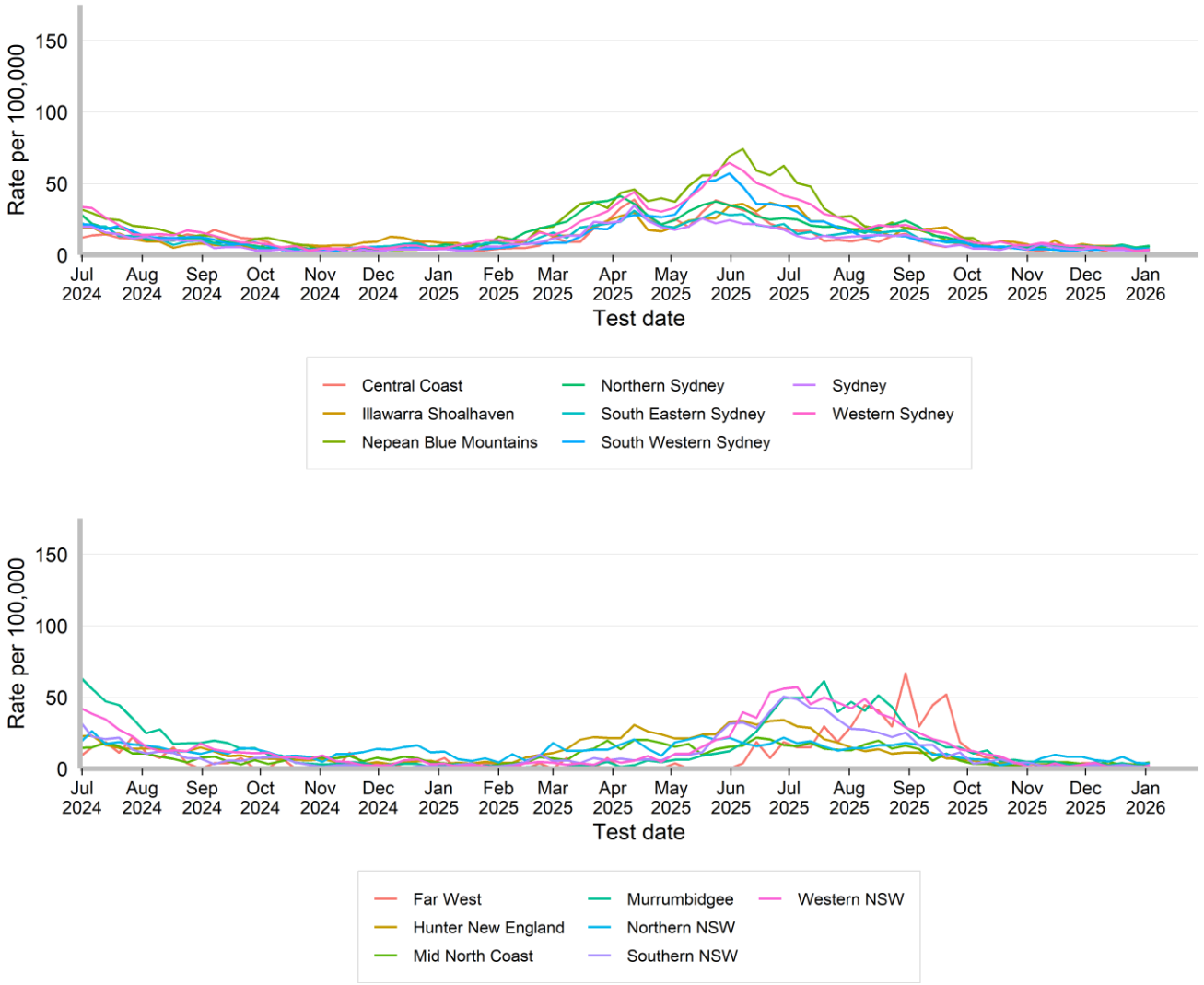


Figure 9. Weekly rate of respiratory syncytial virus notifications per 100,000 population, by Local Health District and test date, NSW, 1 July 2024 to 3 January 2026



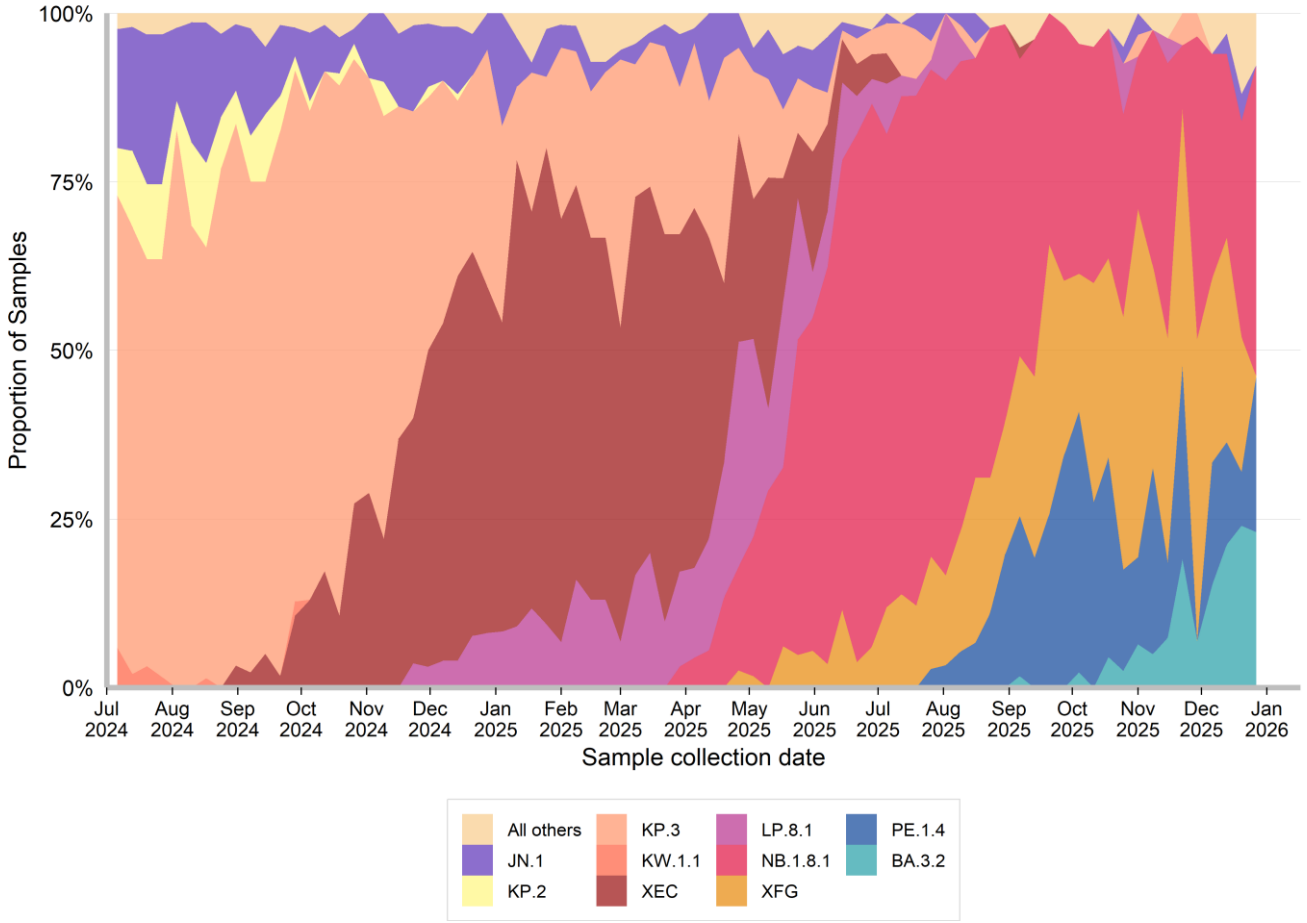
Other surveillance indicators

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 July 2024 to 27 December 2025

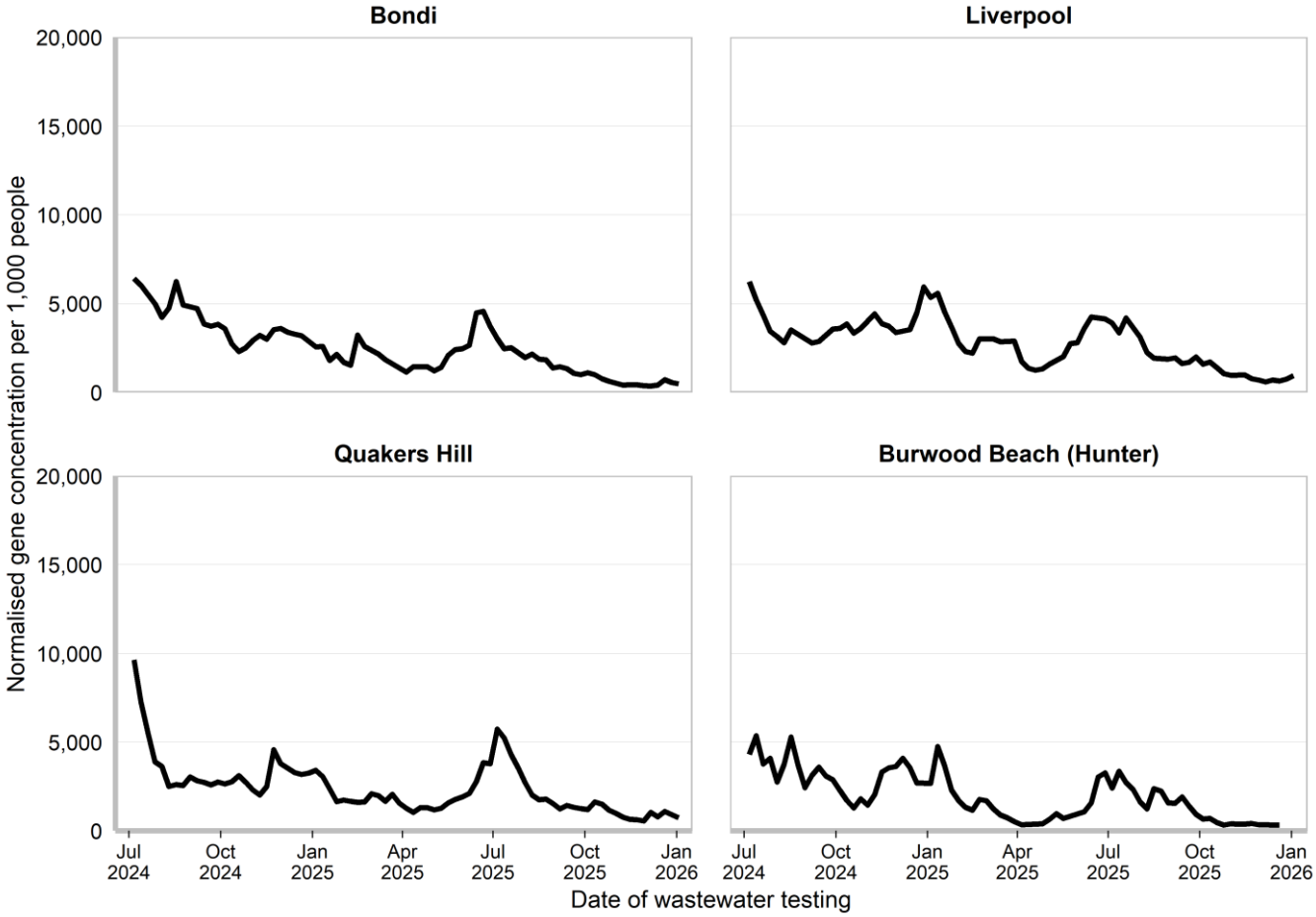


COVID-19 Wastewater Surveillance Program

Trends are presented for Bondi, Liverpool, Quakers Hill, and Burwood Beach (Hunter) wastewater catchments from 03 July 2024 to the week ending 3 January 2026. 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 July 2024 to 3 January 2026



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 3.5%. Influenza test positivity decreased to 8.4%. RSV test positivity increased to 1.3%.

Figure 12. Number and proportion of tests positive for COVID-19 at NSW sentinel laboratories by week, 1 July 2024 to 4 January 2026

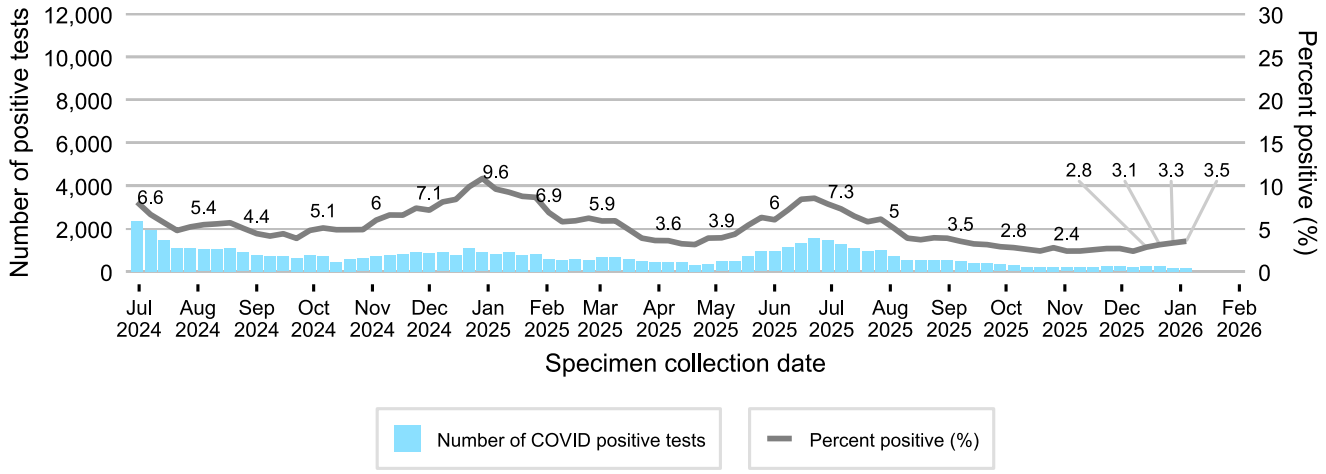


Figure 13. Number and proportion of tests positive for influenza at NSW sentinel laboratories by week, 1 July 2024 to 4 January 2026

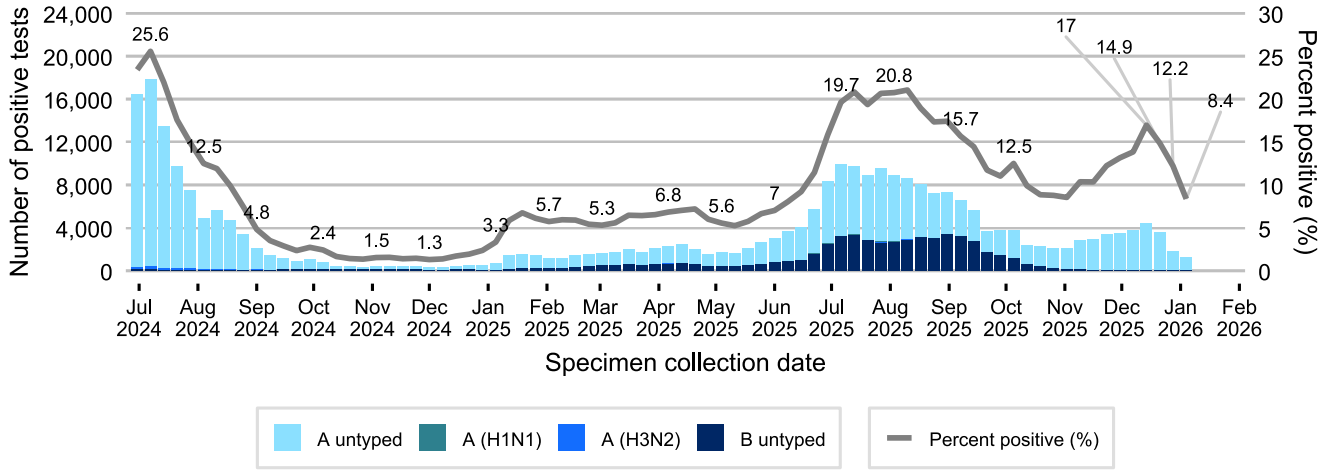


Figure 14. Number and proportion of tests positive for RSV at NSW sentinel laboratories by week, 1 July 2024 to 4 January 2026

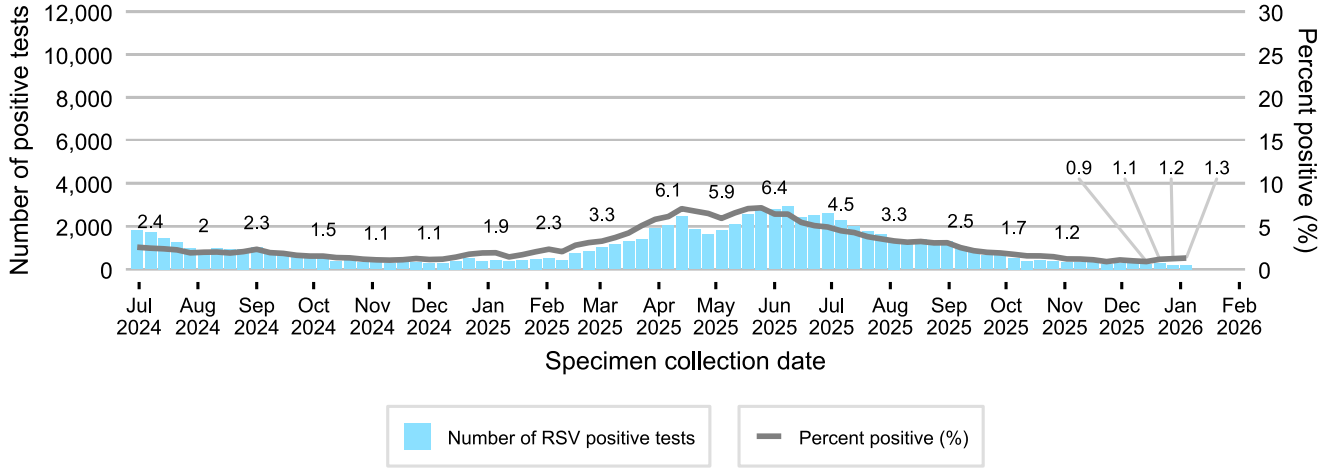


Figure 15. Number of positive PCR test results and proportion of tests positive for other respiratory viruses at NSW sentinel laboratories by week, 1 July 2024 to 4 January 2026

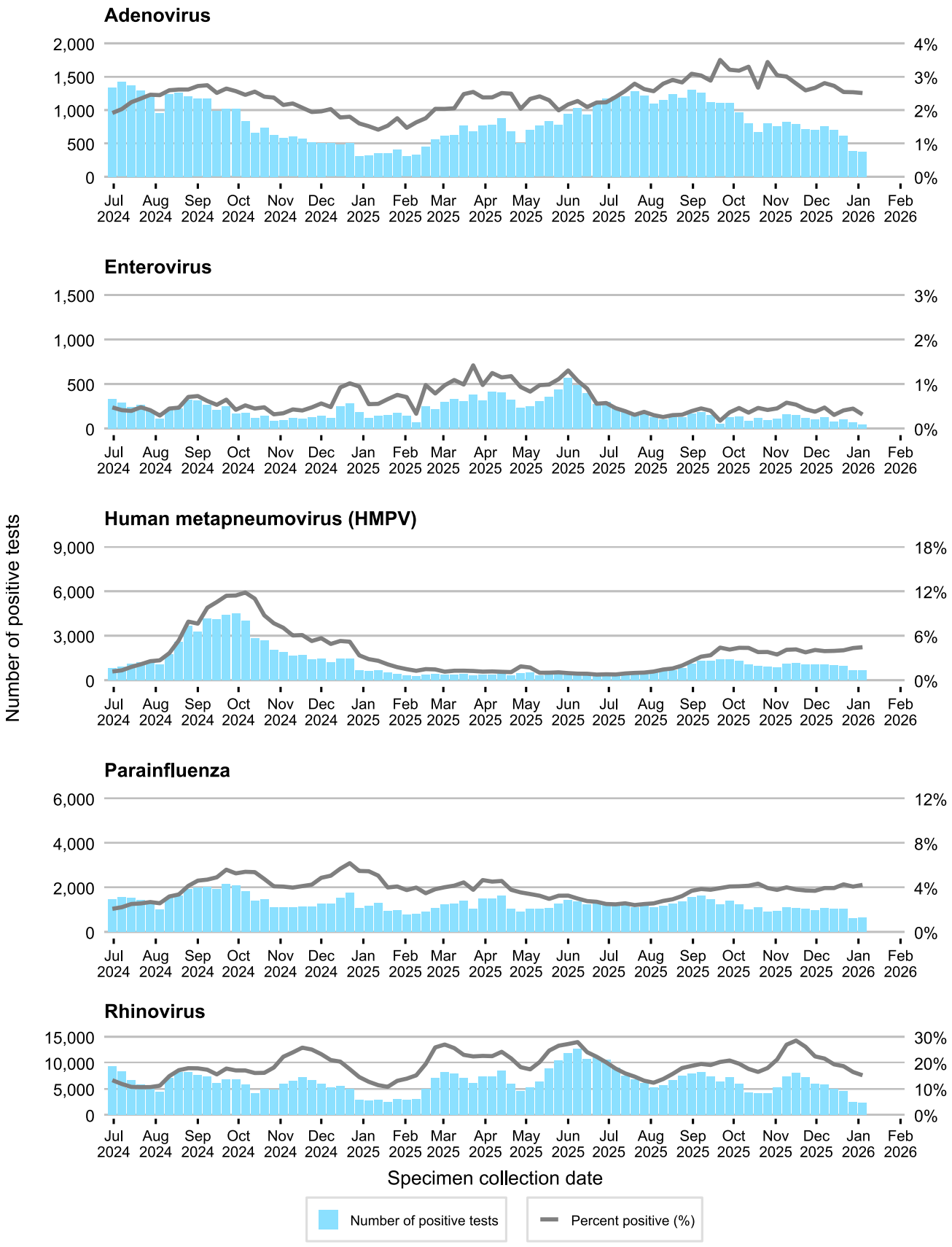


Table 2. Total number of COVID-19 notifications from NSW sentinel laboratories, in the four weeks to 4 January 2026

	Week ending							
	14 December		21 December		28 December		04 January	
	n	% pos	n	% pos	n	% pos	n	% pos
SARS-CoV-2	236	2.8%	253	3.1%	164	3.3%	171	3.5%
Number of COVID PCR tests conducted	8,352		8,122		4,941		4,862	
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 4 January 2026

	Week ending							
	14 December		21 December		28 December		04 January	
	n	% pos	n	% pos	n	% pos	n	% pos
Influenza	4,401	17.0%	3,621	14.9%	1,859	12.2%	1,254	8.4%
Respiratory syncytial virus (RSV)	228	0.9%	278	1.1%	185	1.2%	193	1.3%
Adenovirus	707	2.7%	618	2.5%	386	2.5%	376	2.5%
Human metapneumovirus (HMPV)	1,025	4.0%	981	4.0%	660	4.3%	666	4.4%
Rhinovirus	5,031	19.4%	4,547	18.7%	2,505	16.5%	2,276	15.2%
Enterovirus	79	0.3%	99	0.4%	68	0.4%	47	0.3%
Parainfluenza	1,023	3.9%	1,040	4.3%	620	4.1%	633	4.2%
Number of PCR tests conducted	25,944		24,327		15,227		14,979	
Number of laboratories reporting	11		11		11		10	

Recent data is subject to change.