

Influenza, COVID-19 and RSV are all at a low level of activity.

Summary

Influenza activity has continued decreasing and is now at a low level. COVID-19 and RSV remained at a low level of activity. This has been the first summer holiday period in NSW with low COVID-19 activity since the pandemic.

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 and are at a low level. ED presentations and admissions for bronchiolitis in young children remained stable at a low level. For children under 5 years of age with bronchiolitis, 85.5% of presentations and 80.0% 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 - 18 January 2026, persons of all ages

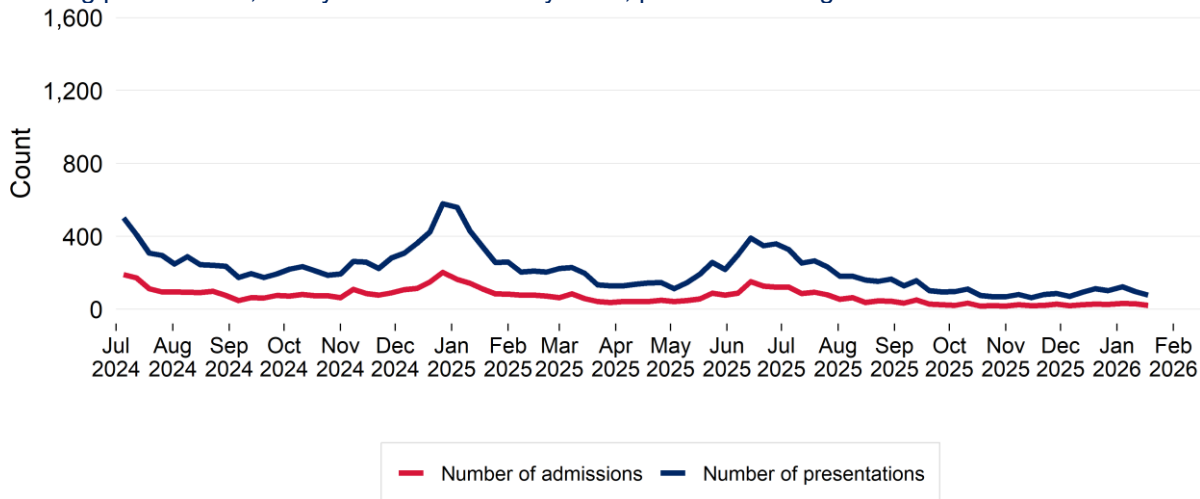


Figure 2. 'Influenza-like illness' weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 1 July 2024 - 18 January 2026, persons of all ages

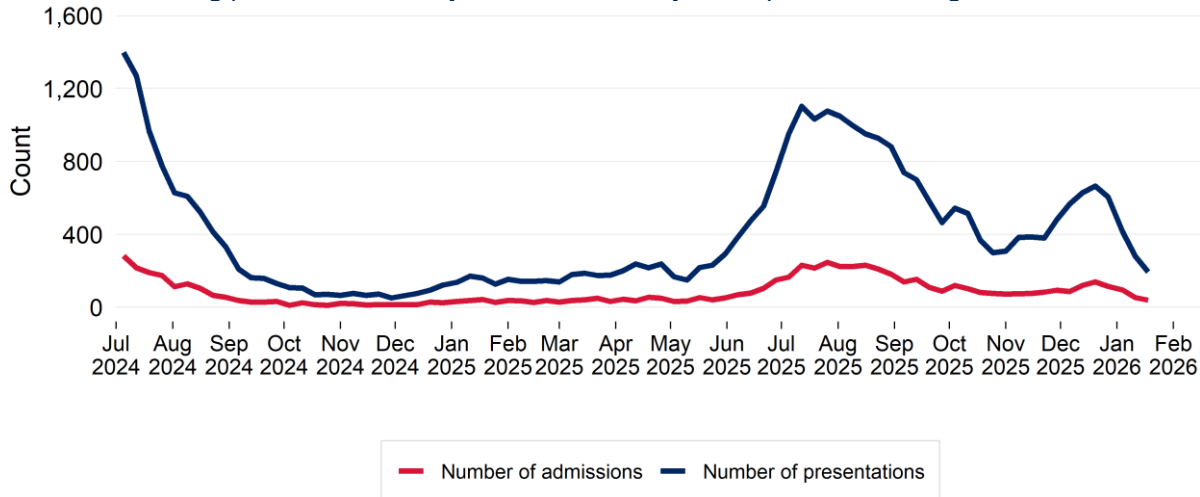
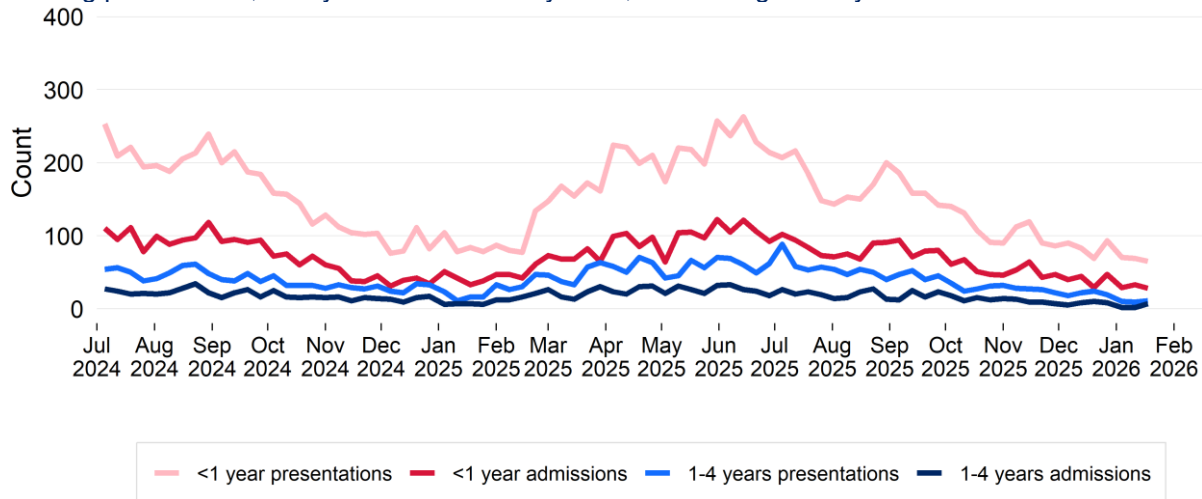


Figure 3. Bronchiolitis weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 1 July 2024 - 18 January 2026, children aged 0-4 years



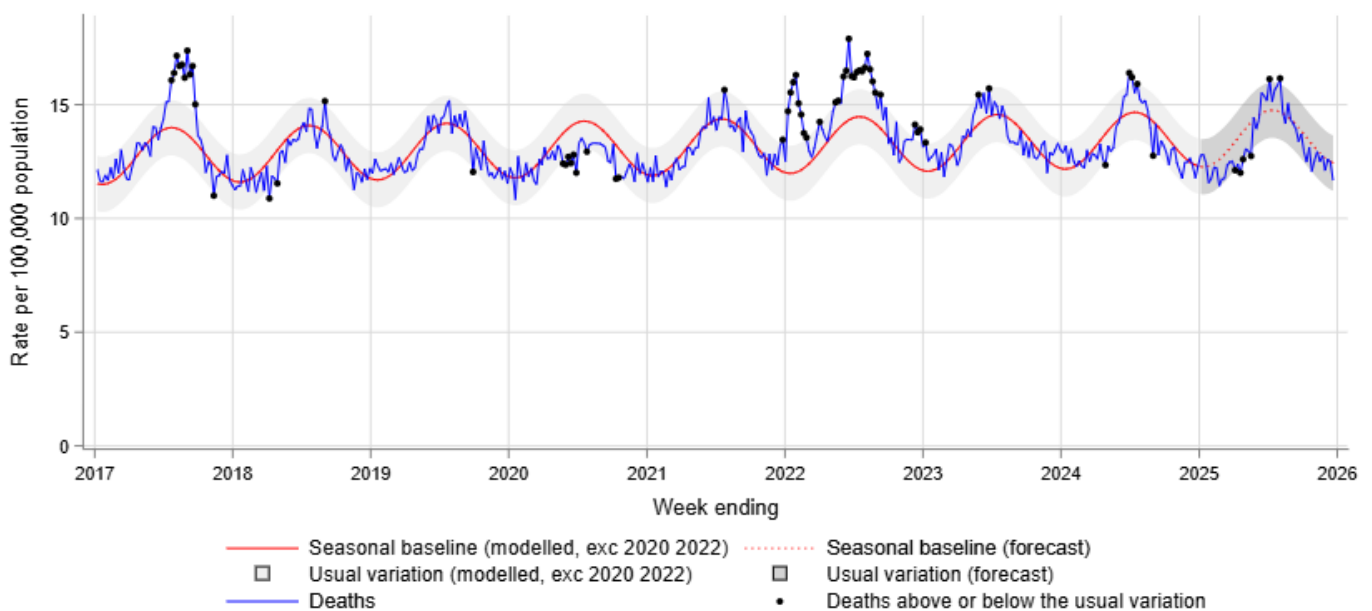
Death surveillance

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 21 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 16 November 2025 to 21 December 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.

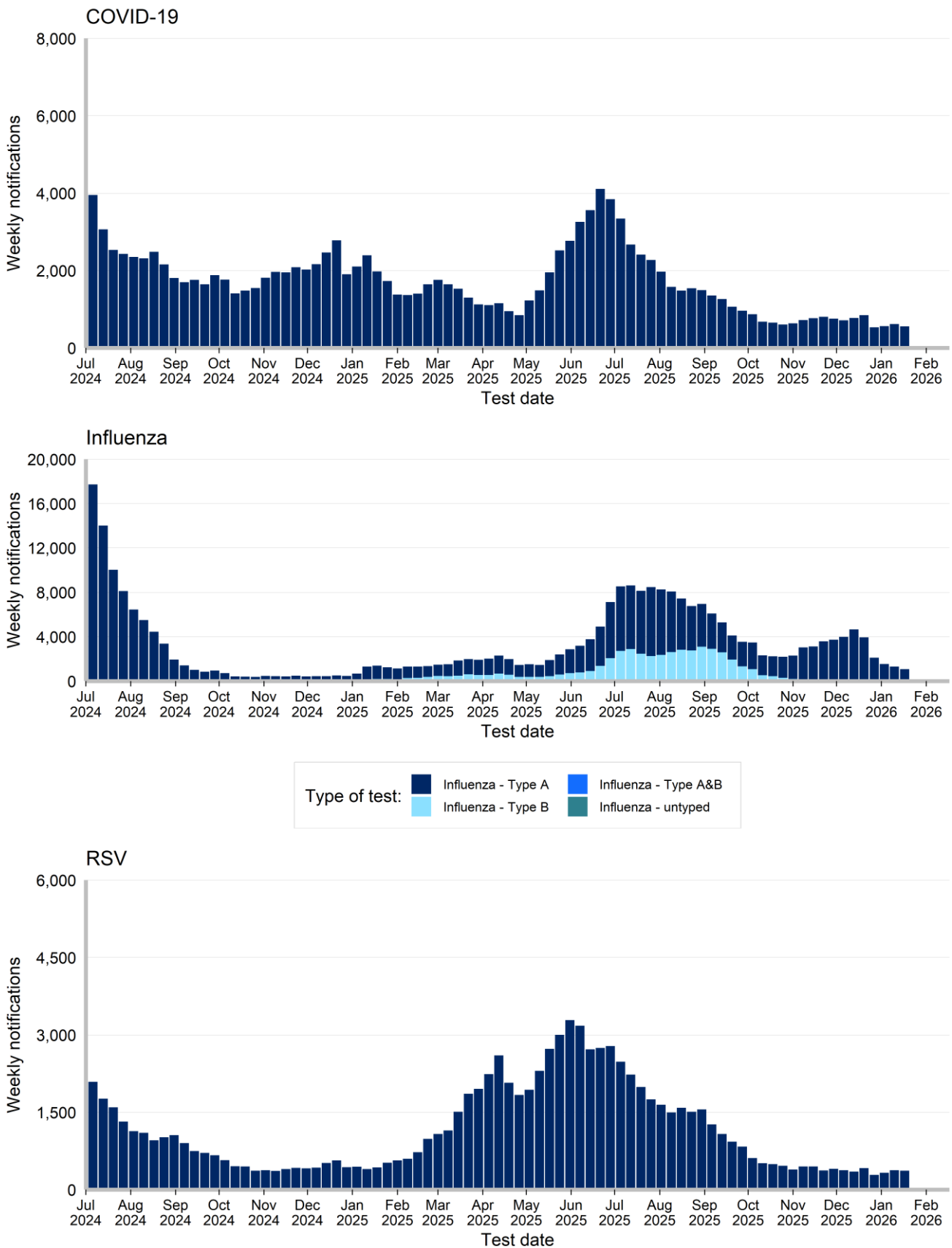
Interpretation: In the past week there was a decrease of 9.7% in COVID-19 notifications, a decrease of 18.2% in influenza notifications, and a decrease of 1.1% in RSV notifications.

Table 1: Notifications of COVID-19, influenza and RSV, NSW, tested in the week ending 17 January 2026

	COVID		Influenza		RSV	
	Week ending 17 January 2026	Year to Date	Week ending 17 January 2026	Year to Date	Week ending 17 January 2026	Year to Date
Gender						
Female	303	763 (56%)	550	1,529 (54%)	190	473 (55%)
Male	250	586 (43%)	516	1,295 (46%)	177	384 (45%)
Age group (years)						
0-4	92	231 (17%)	149	370 (13%)	134	273 (32%)
5-9	15	39 (3%)	110	223 (8%)	11	25 (3%)
10-19	30	63 (5%)	124	314 (11%)	20	42 (5%)
20-29	46	125 (9%)	150	432 (15%)	21	53 (6%)
30-39	79	161 (12%)	102	288 (10%)	26	56 (7%)
40-49	46	135 (10%)	108	270 (10%)	21	58 (7%)
50-59	52	132 (10%)	79	201 (7%)	31	75 (9%)
60-69	30	89 (7%)	88	250 (9%)	33	78 (9%)
70-79	74	165 (12%)	98	252 (9%)	38	93 (11%)
80-89	77	160 (12%)	46	165 (6%)	23	79 (9%)
90+	23	61 (4%)	13	61 (2%)	9	25 (3%)
Local Health District of residence						
Central Coast	35	64 (5%)	33	70 (2%)	14	29 (3%)
Far West	< 5	2 (0%)	< 5	8 (0%)	< 5	0 (0%)
Hunter New England	47	116 (8%)	83	233 (8%)	27	72 (8%)
Illawarra Shoalhaven	37	84 (6%)	52	128 (5%)	22	52 (6%)
Mid North Coast	< 5	16 (1%)	20	67 (2%)	7	24 (3%)
Murrumbidgee	14	29 (2%)	21	74 (3%)	< 5	12 (1%)
Nepean Blue Mountains	38	97 (7%)	34	109 (4%)	20	42 (5%)
Northern NSW	16	53 (4%)	29	80 (3%)	7	28 (3%)
Northern Sydney	60	167 (12%)	157	419 (15%)	53	150 (18%)
South Eastern Sydney	57	111 (8%)	146	326 (12%)	54	105 (12%)
South Western Sydney	75	211 (15%)	111	350 (12%)	49	107 (12%)
Southern NSW	6	12 (1%)	12	28 (1%)	< 5	12 (1%)
Sydney	26	54 (4%)	99	265 (9%)	34	55 (6%)
Western NSW	19	41 (3%)	25	59 (2%)	15	30 (4%)
Western Sydney	124	296 (22%)	200	561 (20%)	52	132 (15%)
Aboriginal status						
Aboriginal and/or Torres Strait Islander	18	44 (3%)	33	77 (3%)	< 5	13 (2%)
Not Aboriginal or Torres Strait	294	712 (53%)	566	1,504 (53%)	173	431 (50%)
Not Stated / Unknown	244	597 (44%)	468	1,245 (44%)	191	413 (48%)
Total	556	1,353 (100%)	1,067	2,826 (100%)	367	857 (100%)

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

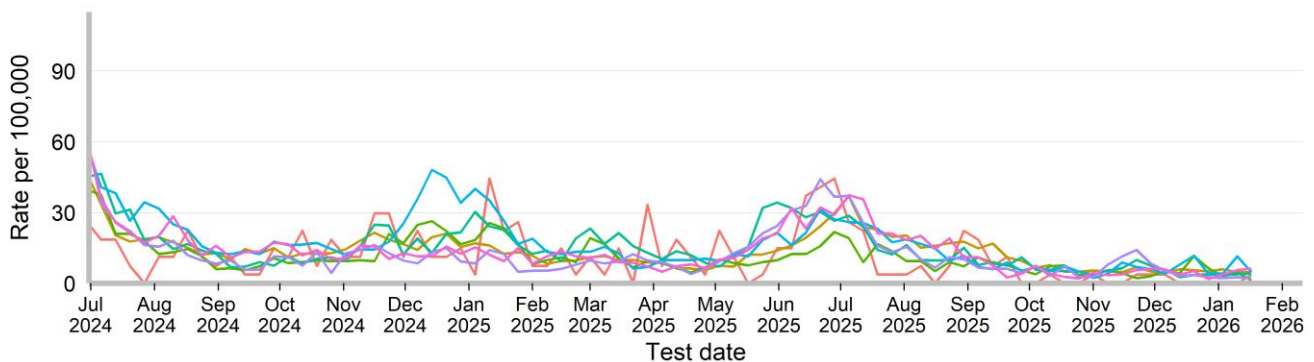
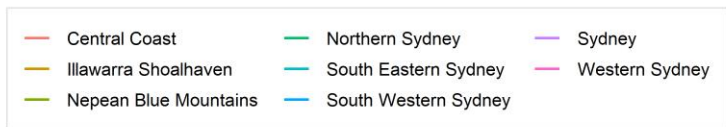
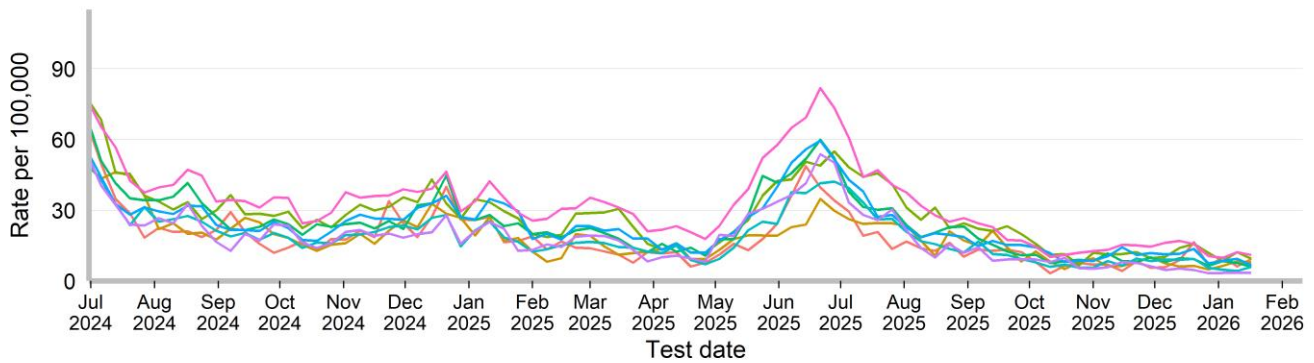
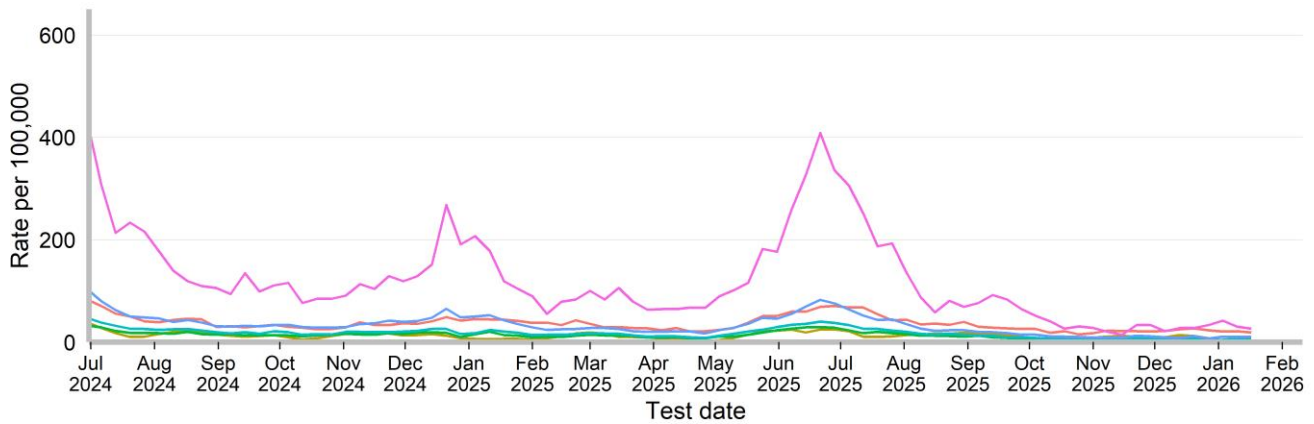
Figure 5. Weekly notifications of COVID-19*, Influenza and RSV, by date of test and type of test performed, NSW, 1 July 2024 to 17 January 2026



Rates of COVID-19 notifications per 100,000 population

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

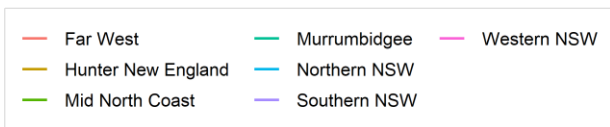
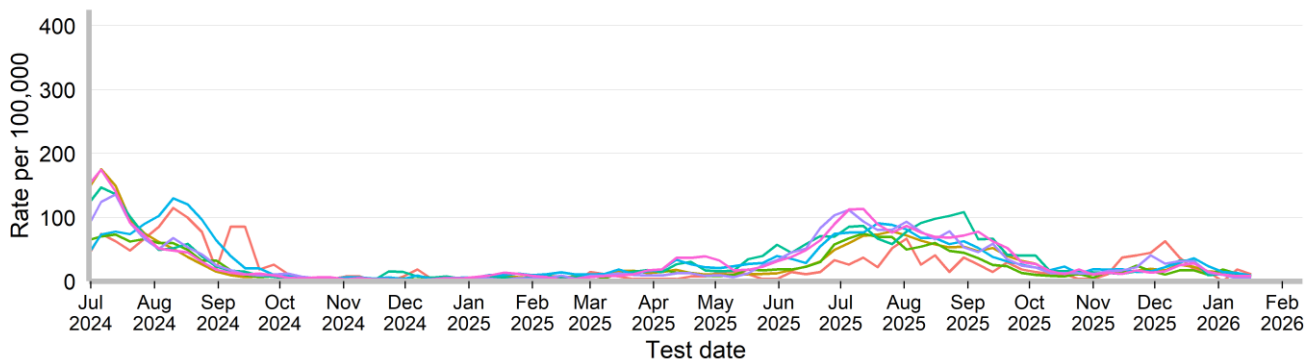
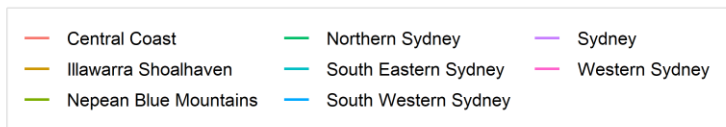
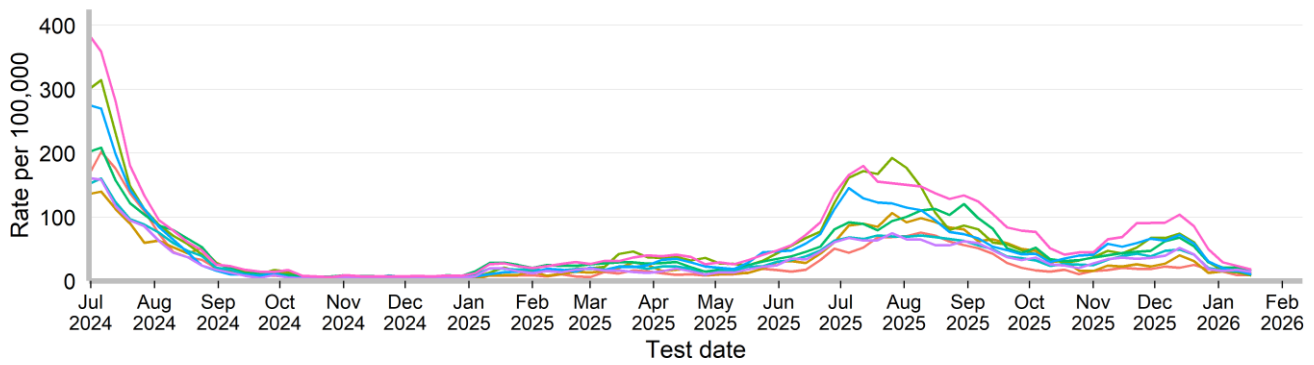
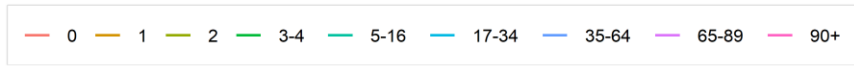
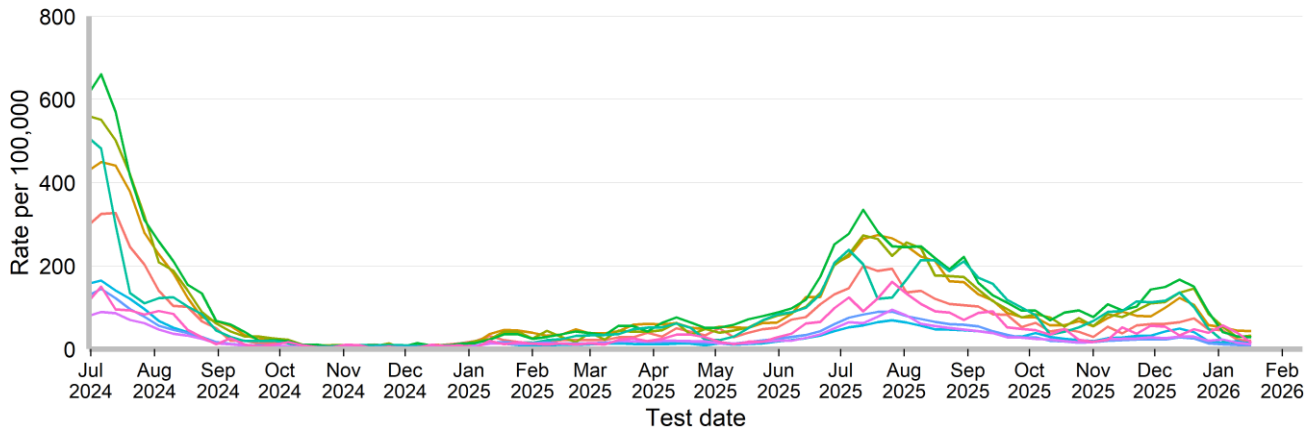
Figure 6. Weekly rate of COVID-19* notifications per 100,000 population, by age group, Local Health District and test date, NSW, 1 July 2024 to 17 January 2026



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 17 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 17 January 2026

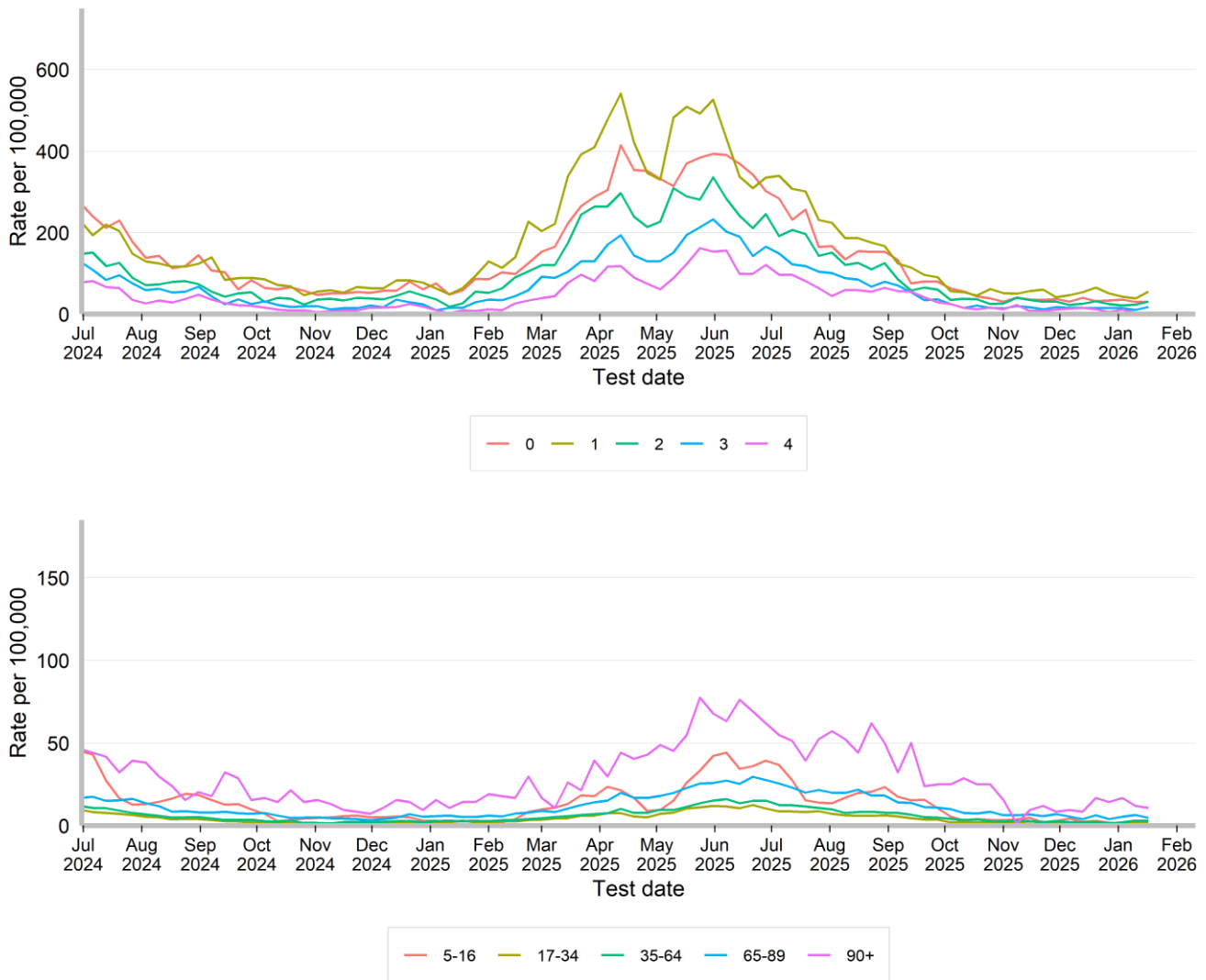
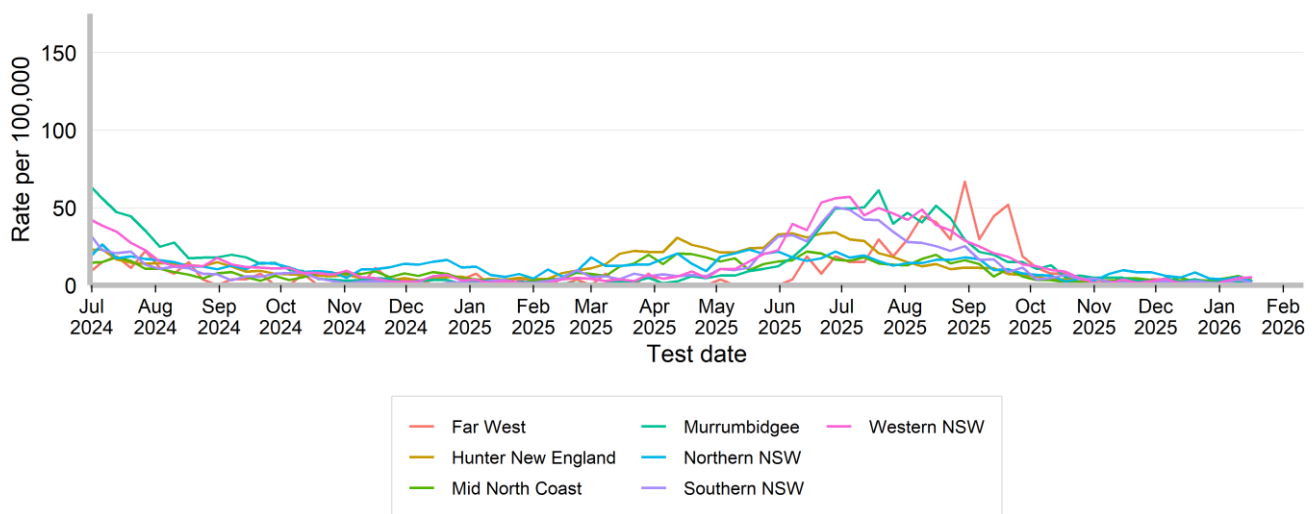
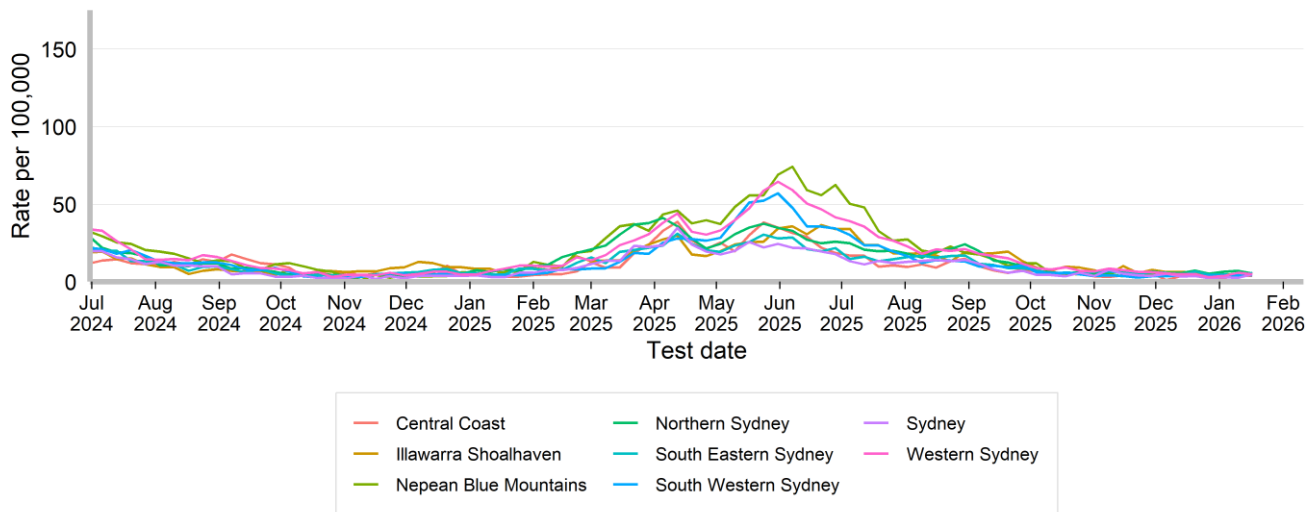


Figure 9. Weekly rate of respiratory syncytial virus notifications per 100,000 population, by Local Health District and test date, NSW, 1 July 2024 to 17 January 2026



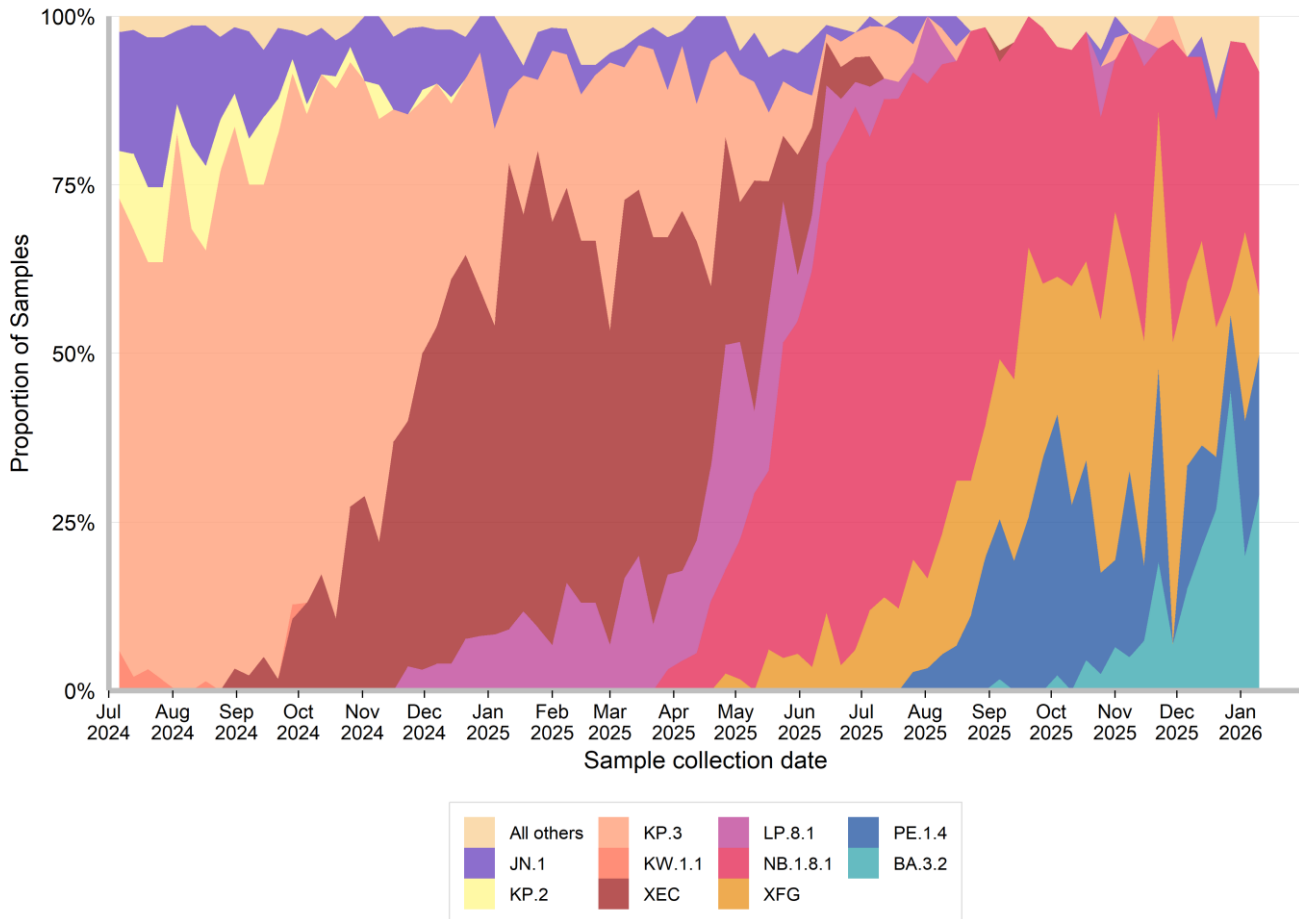
Other surveillance indicators

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. There are a number of sub-lineages currently co-circulating in NSW.

Figure 10. Estimated weekly distribution of COVID-19 sub-lineages in the community, 1 July 2024 to 10 January 2026

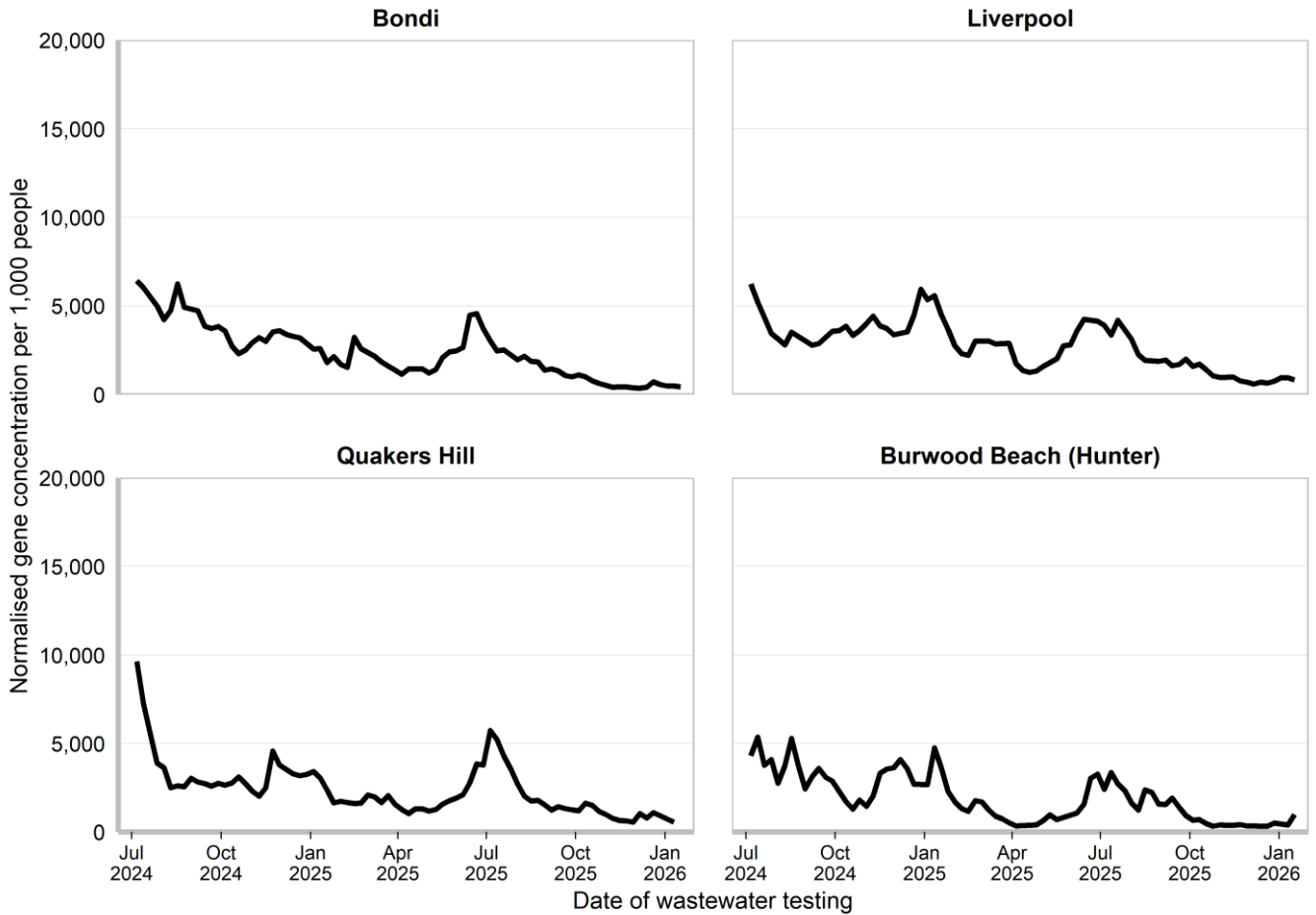


COVID-19 Wastewater Surveillance Program

Trends are presented for Bondi, Liverpool, Quakers Hill, and Burwood Beach (Hunter) wastewater catchments from 17 July 2024 to the week ending 17 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 17 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 3.1%. Influenza test positivity decreased to 5.4%. RSV test positivity increased to 1.7%.

Figure 12. Number and proportion of tests positive for COVID-19 at NSW sentinel laboratories by week, 1 July 2024 to 18 January 2026

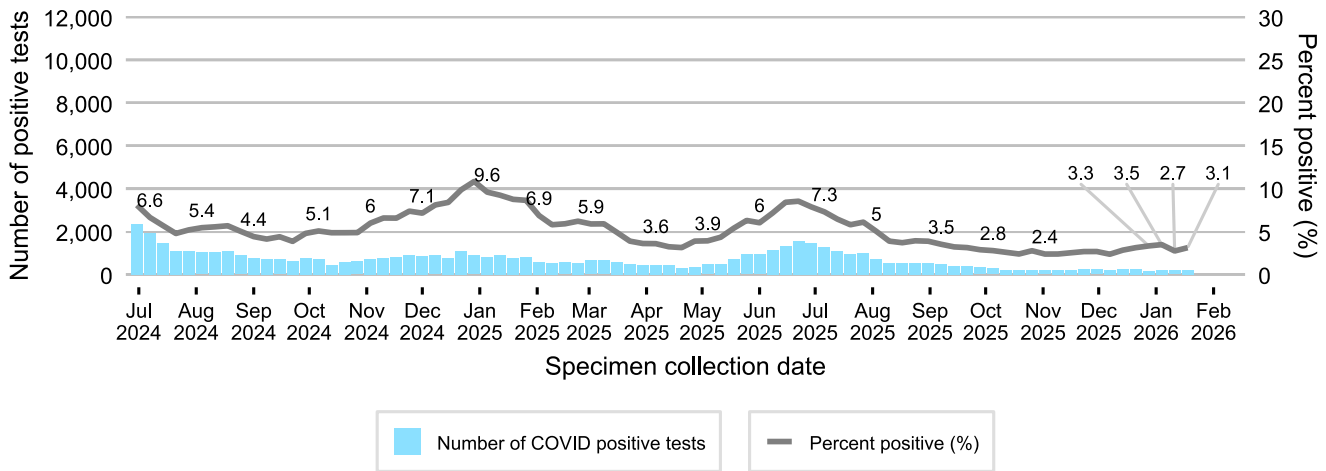


Figure 13. Number and proportion of tests positive for influenza at NSW sentinel laboratories by week, 1 July 2024 to 18 January 2026

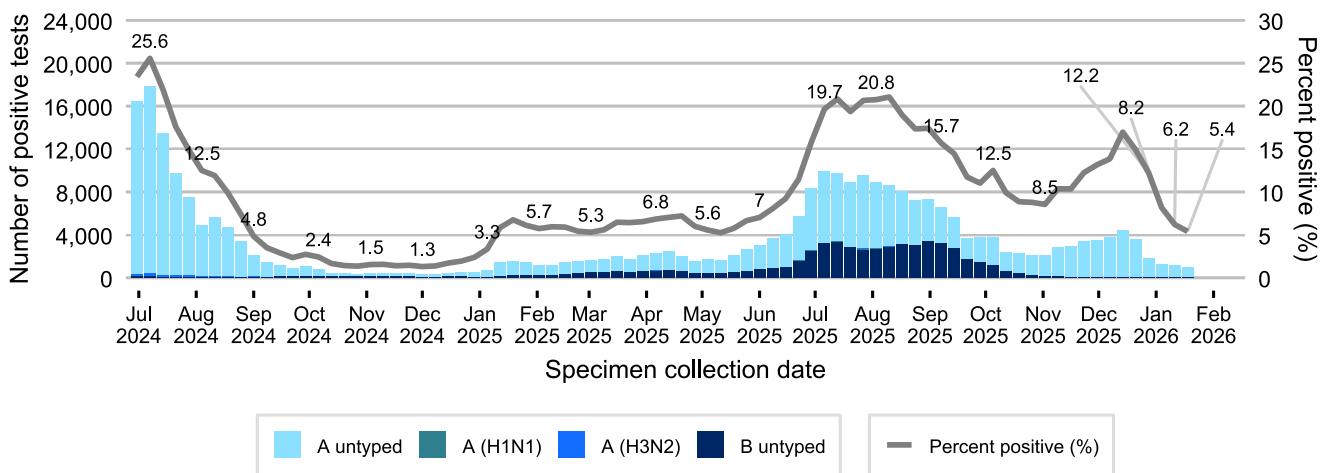


Figure 14. Number and proportion of tests positive for RSV at NSW sentinel laboratories by week, 1 July 2024 to 18 January 2026

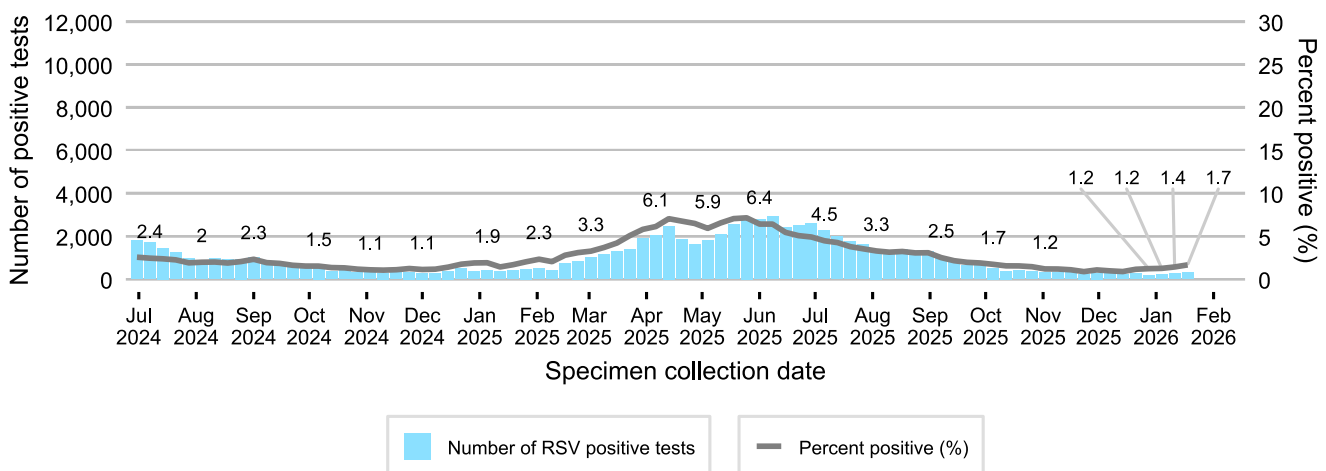


Figure 15. Number of positive PCR test results and proportion of tests positive for other respiratory viruses at NSW sentinel laboratories by week, 1 July 2024 to 18 January 2026

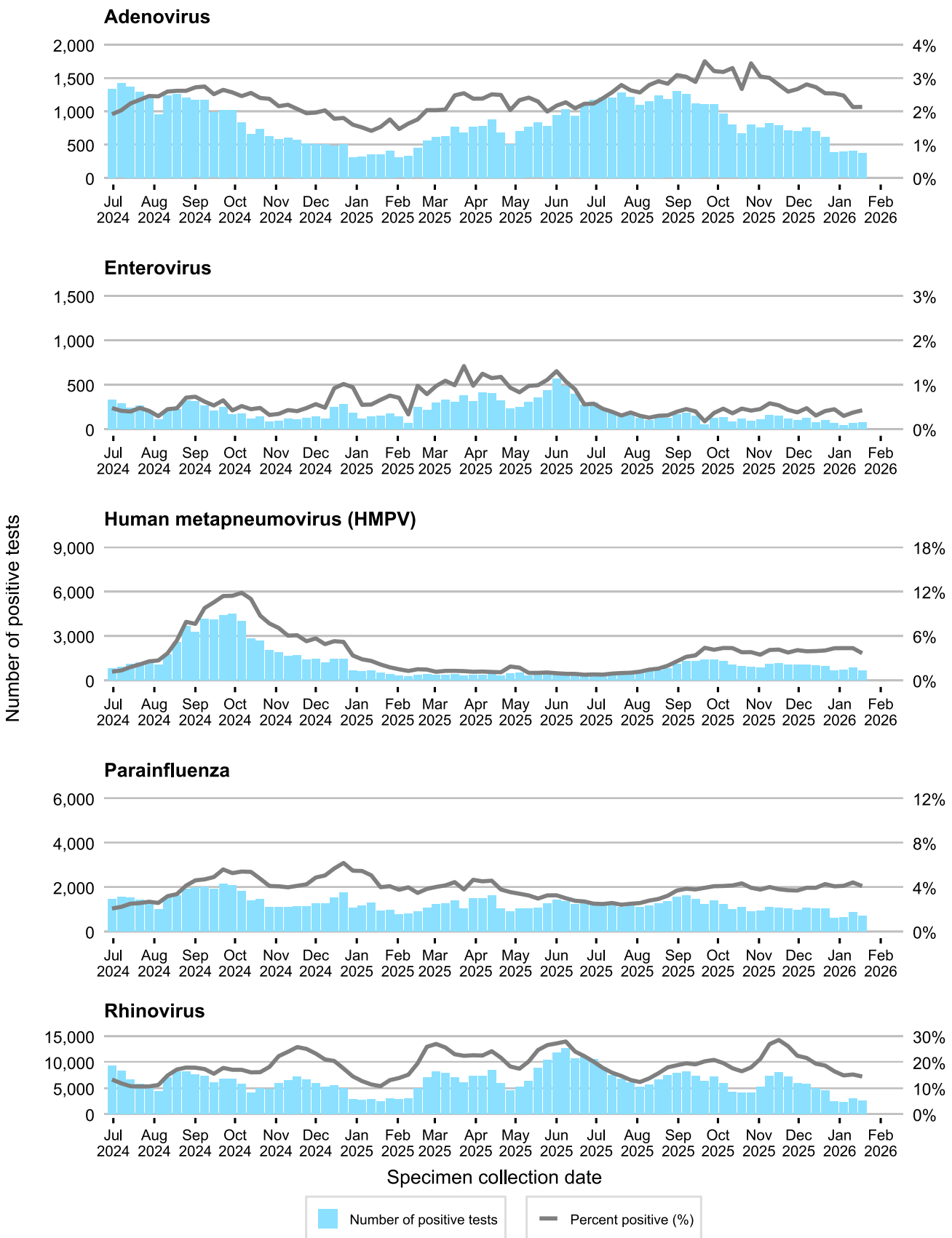


Table 2. Total number of COVID-19 notifications from NSW sentinel laboratories, in the four weeks to 18 January 2026

	Week ending							
	28 December		04 January		11 January		18 January	
	n	% pos	n	% pos	n	% pos	n	% pos
SARS-CoV-2	164	3.3%	199	3.5%	186	2.7%	188	3.1%
Number of COVID PCR tests conducted	4,941		5,733		6,810		6,038	
Number of laboratories reporting COVID	3		3		3		3	

Recent data is subject to change.

Table 3. Total number of other respiratory disease notifications from NSW sentinel laboratories, in the four weeks to 18 January 2026

	Week ending							
	28 December		04 January		11 January		18 January	
	n	% pos	n	% pos	n	% pos	n	% pos
Influenza	1,859	12.2%	1,295	8.2%	1,199	6.2%	944	5.4%
Respiratory syncytial virus (RSV)	185	1.2%	198	1.2%	273	1.4%	290	1.7%
Adenovirus	386	2.5%	392	2.5%	411	2.1%	373	2.1%
Human metapneumovirus (HMPV)	660	4.3%	689	4.3%	840	4.3%	640	3.7%
Rhinovirus	2,505	16.5%	2,359	14.9%	2,945	15.2%	2,530	14.5%
Enterovirus	68	0.4%	47	0.3%	72	0.4%	74	0.4%
Parainfluenza	620	4.1%	652	4.1%	855	4.4%	715	4.1%
Number of PCR tests conducted	15,227		15,850		19,322		17,496	
Number of laboratories reporting	11		11		11		10	

Recent data is subject to change.