

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

Summary

Influenza, COVID-19 and RSV all 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 and are at a low level. ED presentations and admissions for bronchiolitis in young children have increased but remained at a low level. For children under 5 years of age with bronchiolitis, 84.5% of presentations and 91.8% 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 - 1 February 2026, persons of all ages

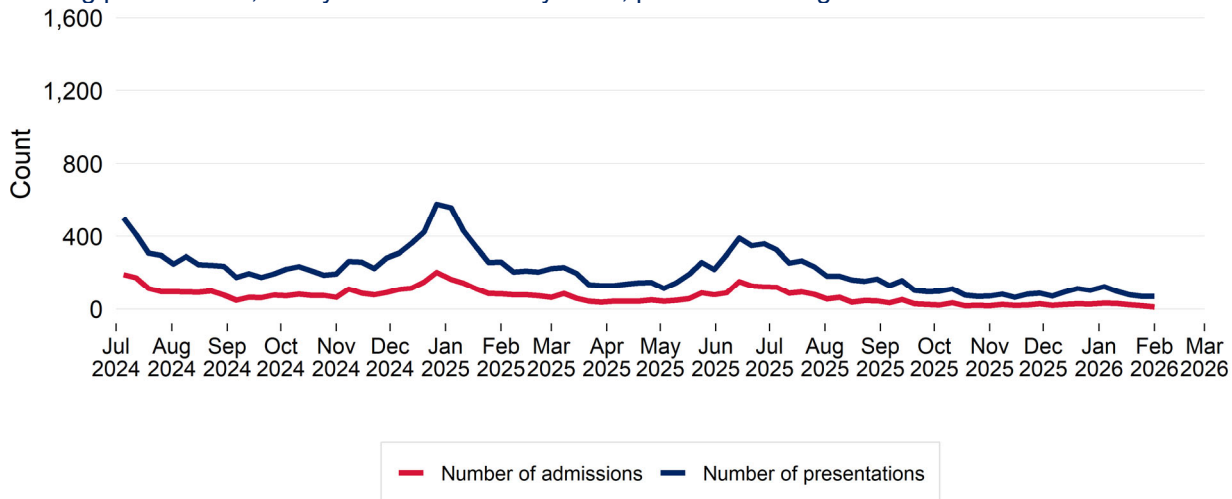


Figure 2. 'Influenza-like illness' weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 1 July 2024 - 1 February 2026, persons of all ages

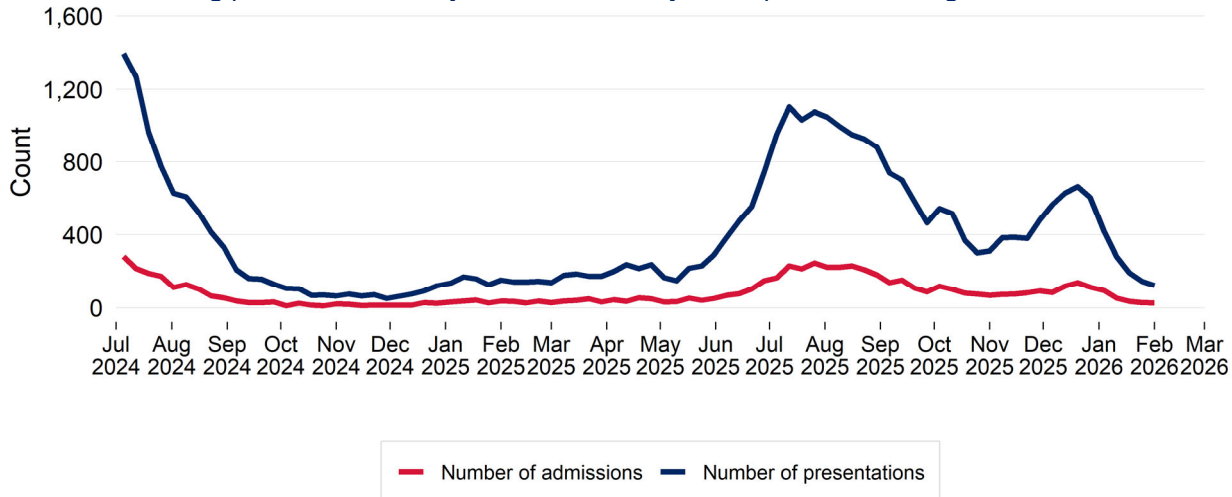
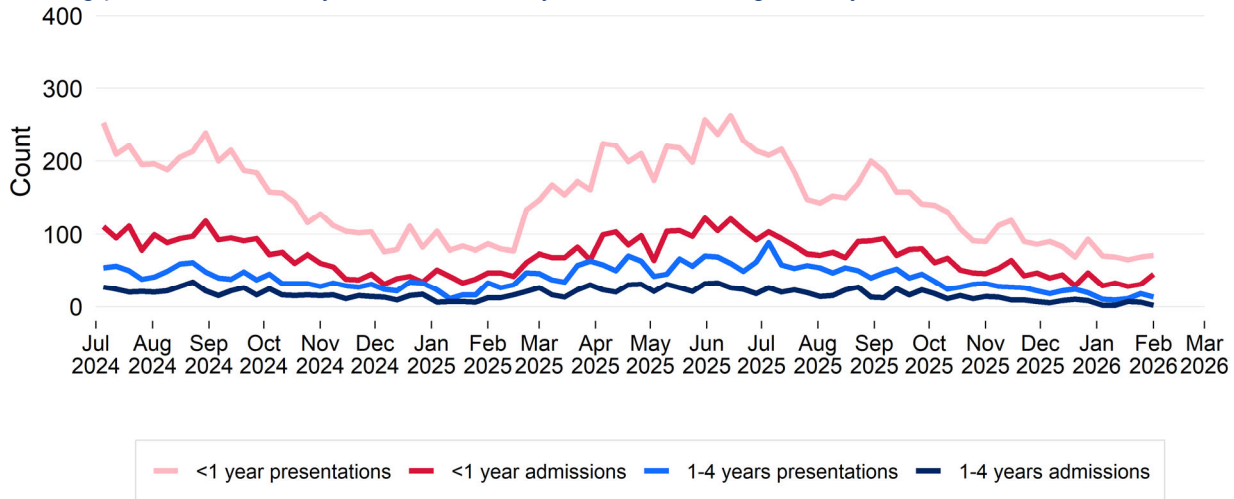


Figure 3. Bronchiolitis weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 1 July 2024 - 1 February 2026, children aged 0-4 years



Death surveillance

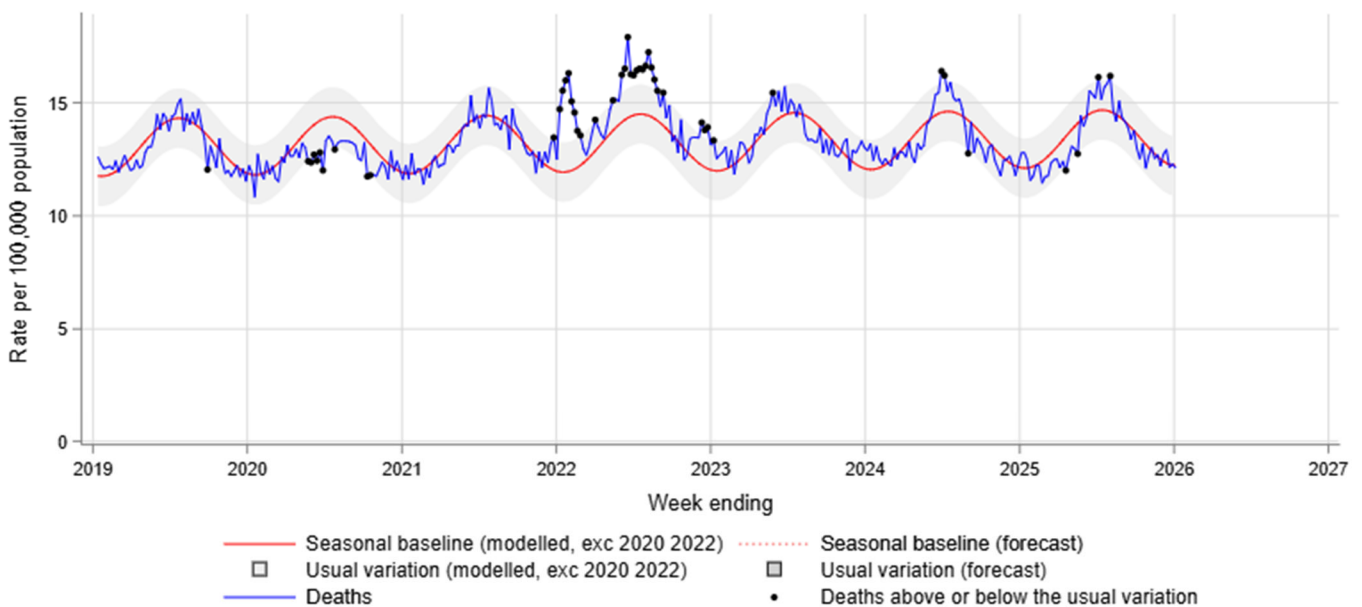
All-cause mortality

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. This is the first reporting week to use the baseline reference period of 2019-2025, excluding 2020 and 2022.

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.

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 2019 to 4 January 2026



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 30 November 2025 to 4 January 2026. 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.

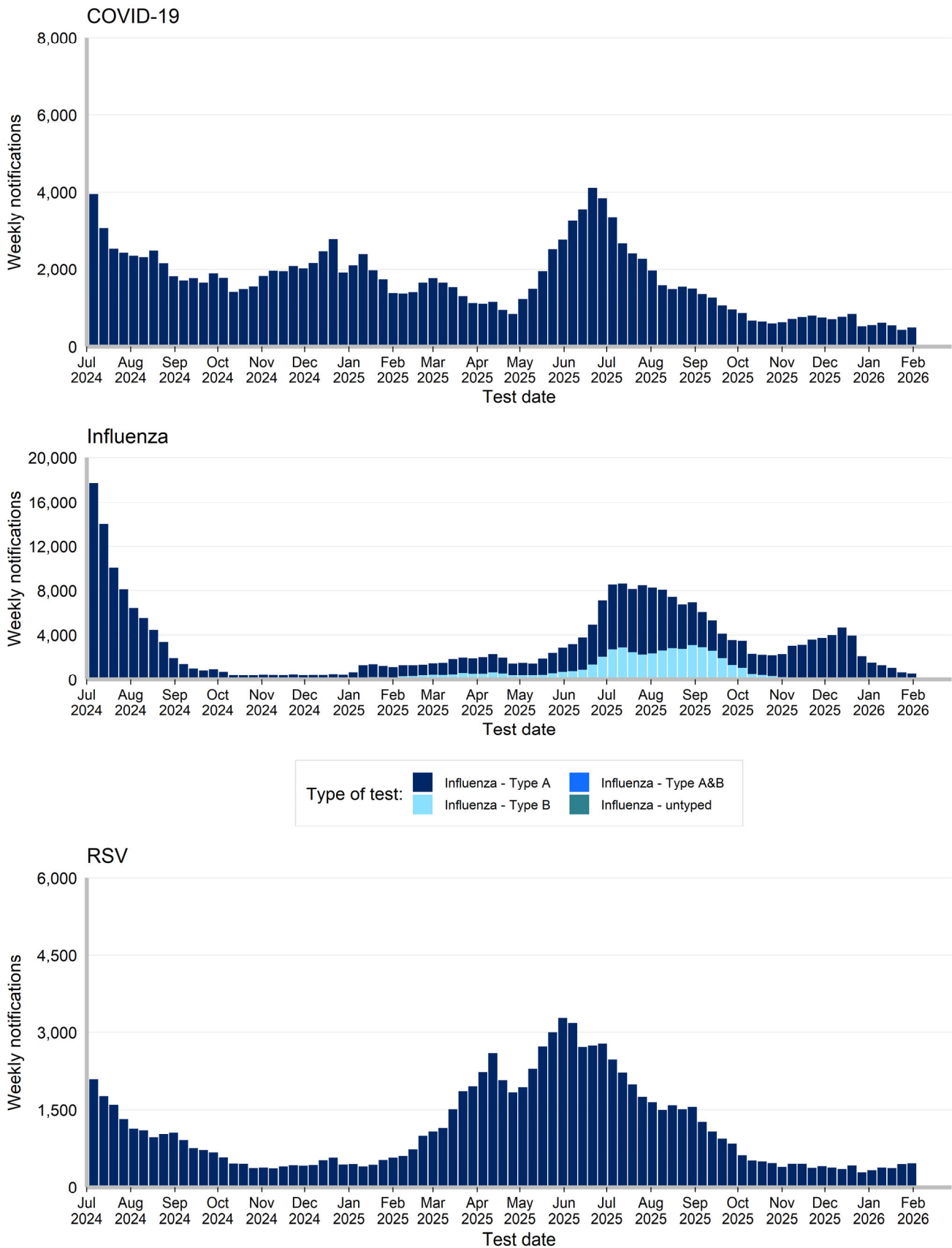
Interpretation: In the past week there was an increase of 18.5% in COVID-19 notifications, a decrease of 13.9% in influenza notifications, and an increase of 4.3% in RSV notifications.

Table 1: Notifications of COVID-19, influenza and RSV, NSW, tested in the week ending 31 January 2026

	COVID		Influenza		RSV	
	Week ending 31 January 2026	Year to Date	Week ending 31 January 2026	Year to Date	Week ending 31 January 2026	Year to Date
Gender						
Female	298	1,306 (57%)	290	2,172 (53%)	261	981 (56%)
Male	205	984 (43%)	274	1,890 (47%)	195	774 (44%)
Age group (years)						
0-4	125	467 (20%)	83	554 (14%)	219	677 (39%)
5-9	22	81 (4%)	71	344 (8%)	10	47 (3%)
10-19	18	102 (4%)	74	482 (12%)	20	77 (4%)
20-29	36	202 (9%)	69	573 (14%)	21	98 (6%)
30-39	66	271 (12%)	61	421 (10%)	26	113 (6%)
40-49	47	219 (10%)	61	408 (10%)	22	105 (6%)
50-59	37	201 (9%)	42	304 (7%)	31	155 (9%)
60-69	42	172 (7%)	42	349 (9%)	37	143 (8%)
70-79	46	244 (11%)	35	335 (8%)	35	161 (9%)
80-89	43	238 (10%)	21	216 (5%)	25	133 (8%)
90+	31	107 (5%)	5	78 (2%)	10	46 (3%)
Local Health District of residence						
Central Coast	11	88 (4%)	5	94 (2%)	13	53 (3%)
Far West	< 5	< 5 (0%)	< 5	8 (0%)	< 5	< 5 (0%)
Hunter New England	45	193 (8%)	52	340 (8%)	32	146 (8%)
Illawarra Shoalhaven	27	136 (6%)	21	169 (4%)	22	93 (5%)
Mid North Coast	12	45 (2%)	7	83 (2%)	8	42 (2%)
Murrumbidgee	16	59 (3%)	10	99 (2%)	< 5	24 (1%)
Nepean Blue Mountains	41	178 (8%)	22	154 (4%)	23	87 (5%)
Northern NSW	6	70 (3%)	17	128 (3%)	11	57 (3%)
Northern Sydney	62	288 (12%)	114	652 (16%)	99	308 (18%)
South Eastern Sydney	47	190 (8%)	77	503 (12%)	57	219 (12%)
South Western Sydney	79	360 (16%)	52	473 (12%)	65	250 (14%)
Southern NSW	7	21 (1%)	< 5	39 (1%)	< 5	16 (1%)
Sydney	32	98 (4%)	43	396 (10%)	34	121 (7%)
Western NSW	9	57 (2%)	7	74 (2%)	5	43 (2%)
Western Sydney	118	507 (22%)	125	823 (20%)	81	289 (16%)
Aboriginal status						
Aboriginal and/or Torres Strait Islander	11	59 (3%)	< 5	93 (2%)	7	27 (2%)
Not Aboriginal or Torres Strait Islander	246	1,187 (52%)	263	2,132 (52%)	180	795 (45%)
Not Stated / Unknown	248	1,050 (46%)	297	1,839 (45%)	269	933 (53%)
Total	505	2,296 (100%)	564	4,064 (100%)	456	1,755 (100%)

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

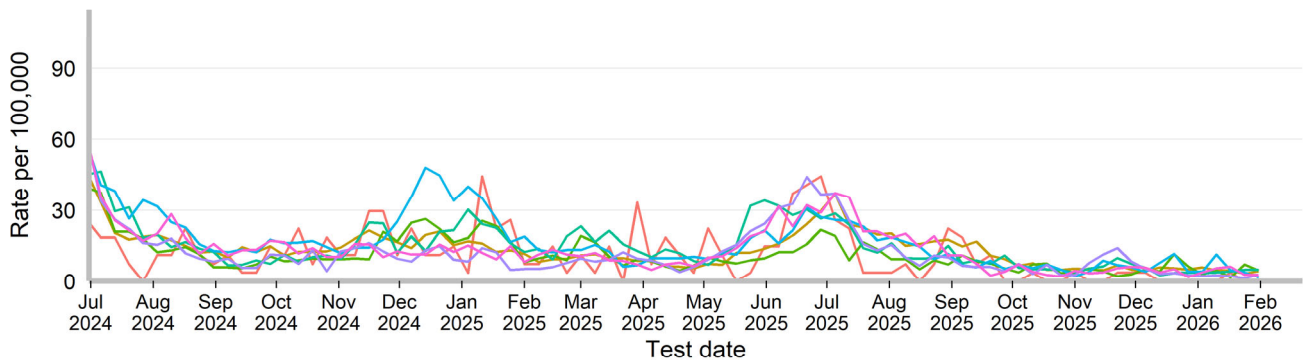
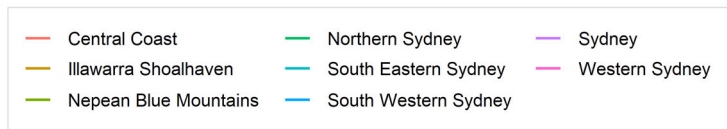
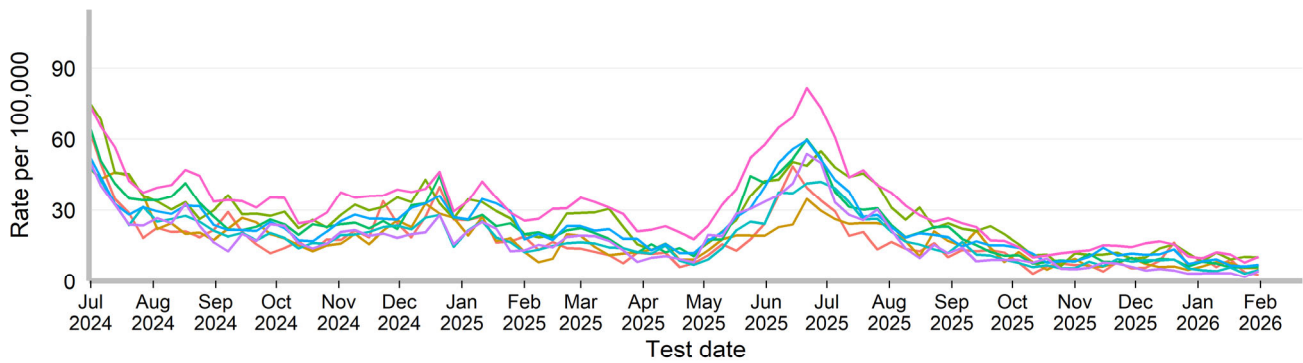
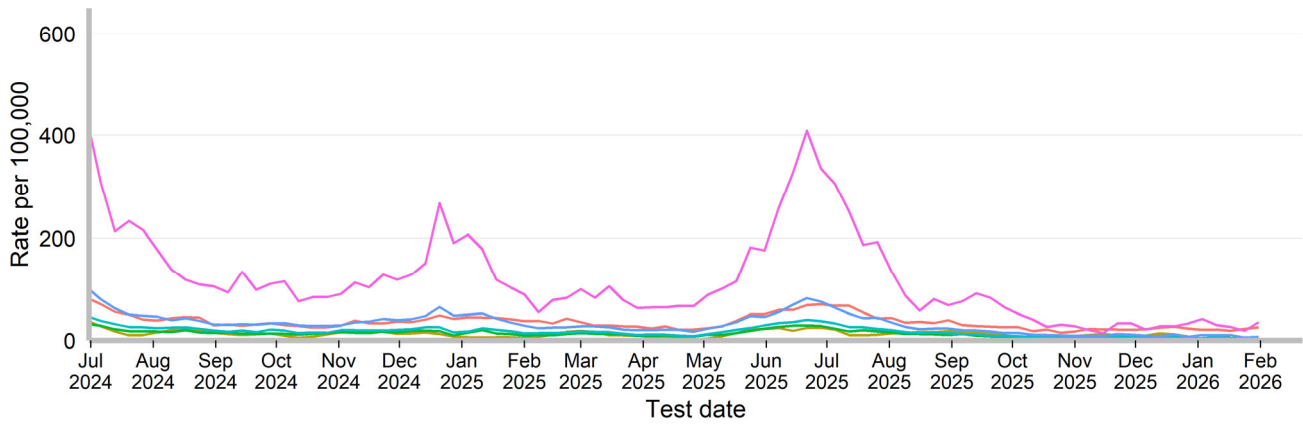
Figure 5. Weekly notifications of COVID-19*, Influenza and RSV, by date of test and type of test performed, NSW, 1 July 2024 to 31 January 2026



Rates of COVID-19 notifications per 100,000 population

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

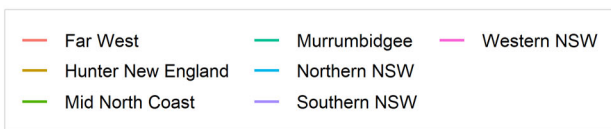
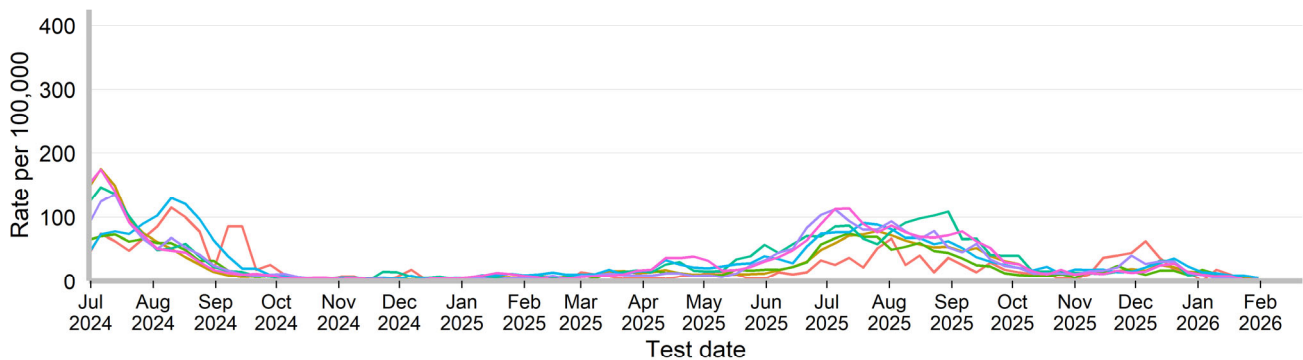
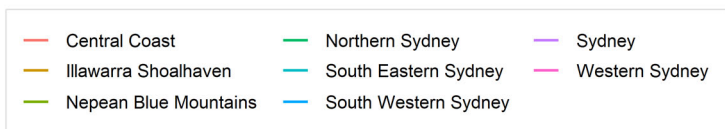
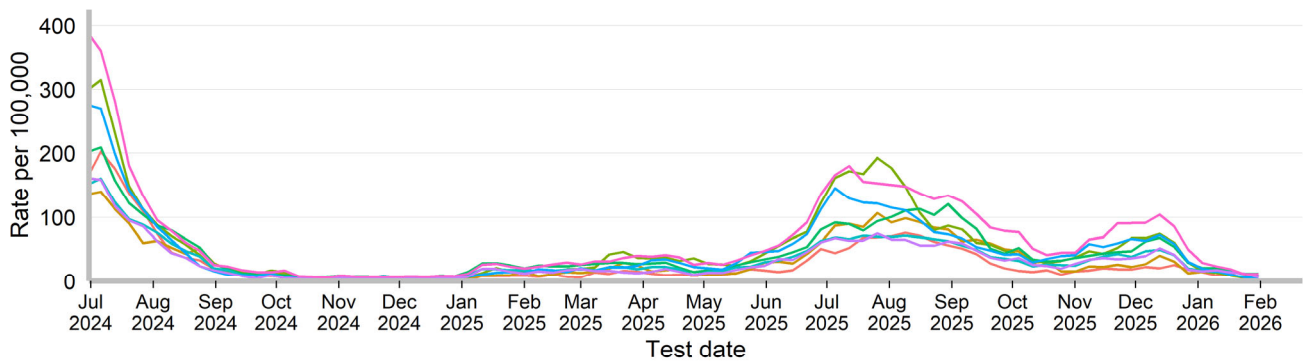
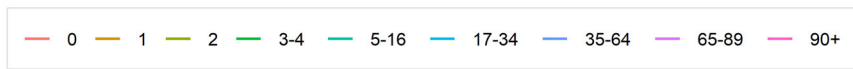
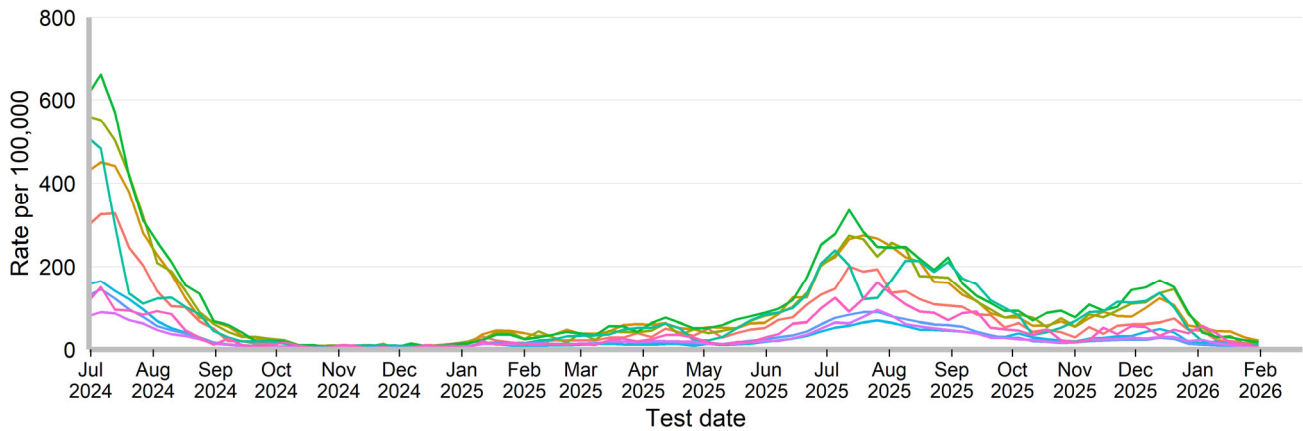
Figure 6. Weekly rate of COVID-19* notifications per 100,000 population, by age group, Local Health District and test date, NSW, 1 July 2024 to 31 January 2026



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 31 January 2026



Rates of RSV notifications per 100,000 population

Interpretation: Rates of RSV notifications have been stable across most age groups and regions. Rates in infants aged 0 and 1 year old have increased slightly.

Figure 8. Weekly rate of respiratory syncytial virus notifications per 100,000 population, by age group and test date, NSW, 1 July 2024 to 31 January 2026

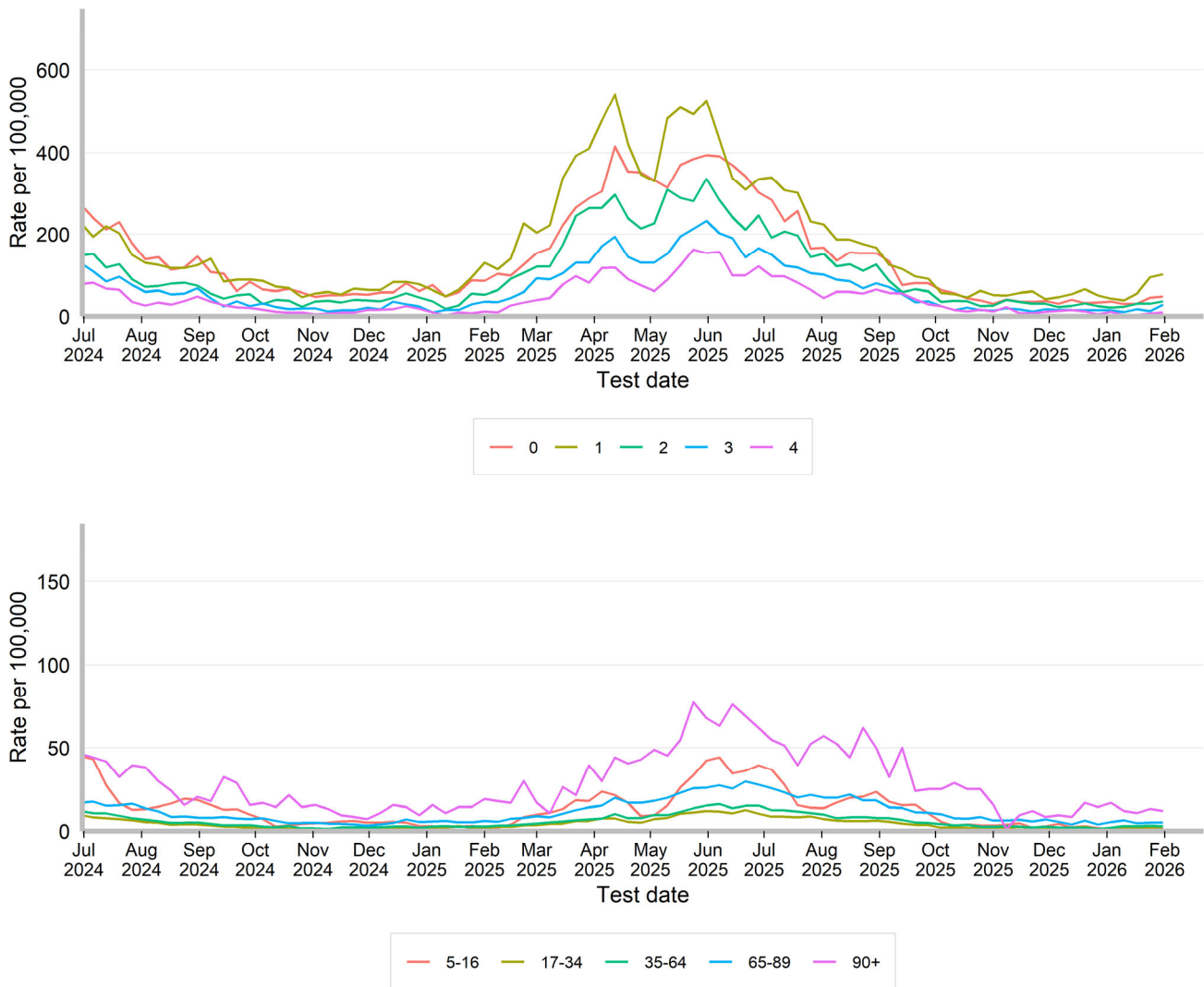
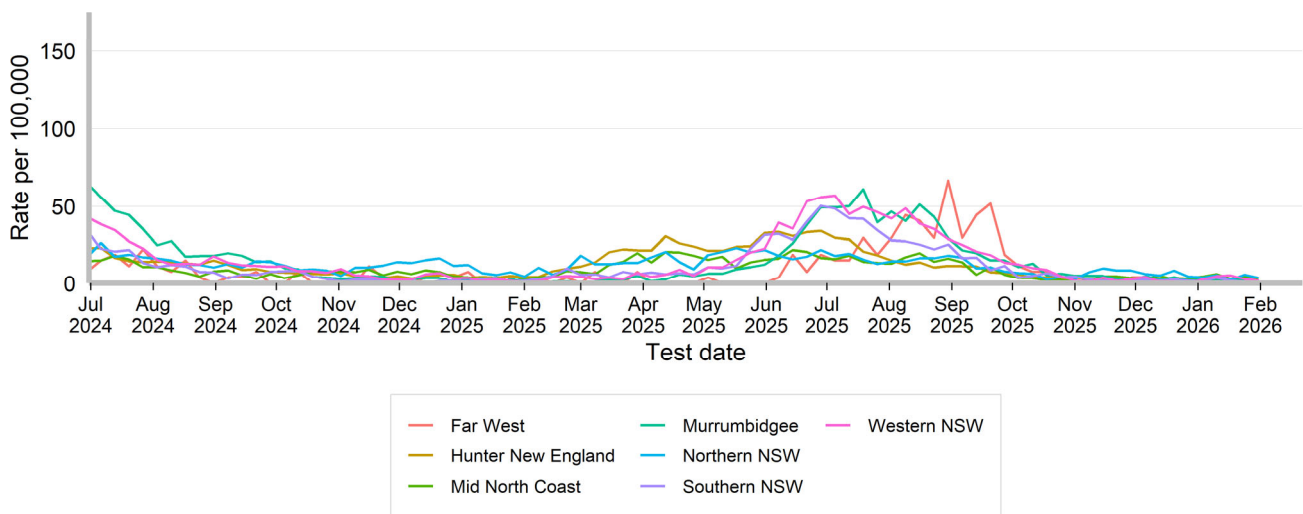
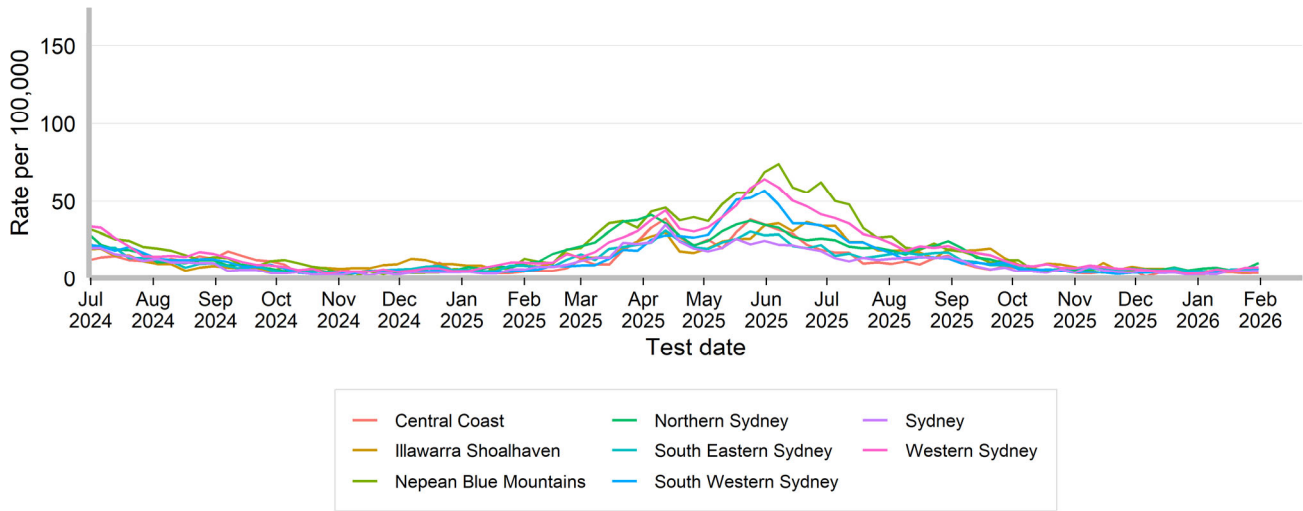


Figure 9. Weekly rate of respiratory syncytial virus notifications per 100,000 population, by Local Health District and test date, NSW, 1 July 2024 to 31 January 2026



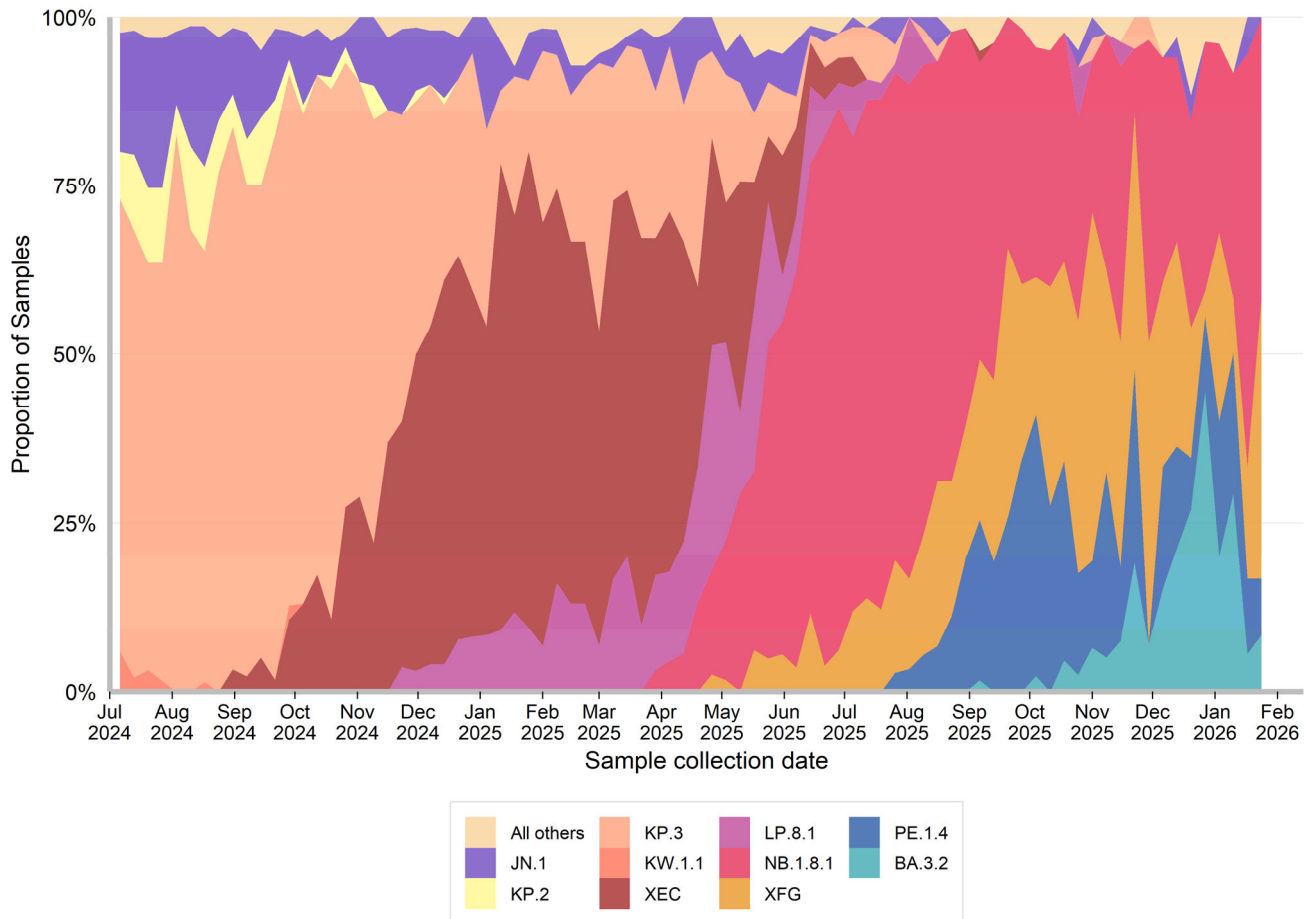
Other surveillance indicators

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 24 January 2026

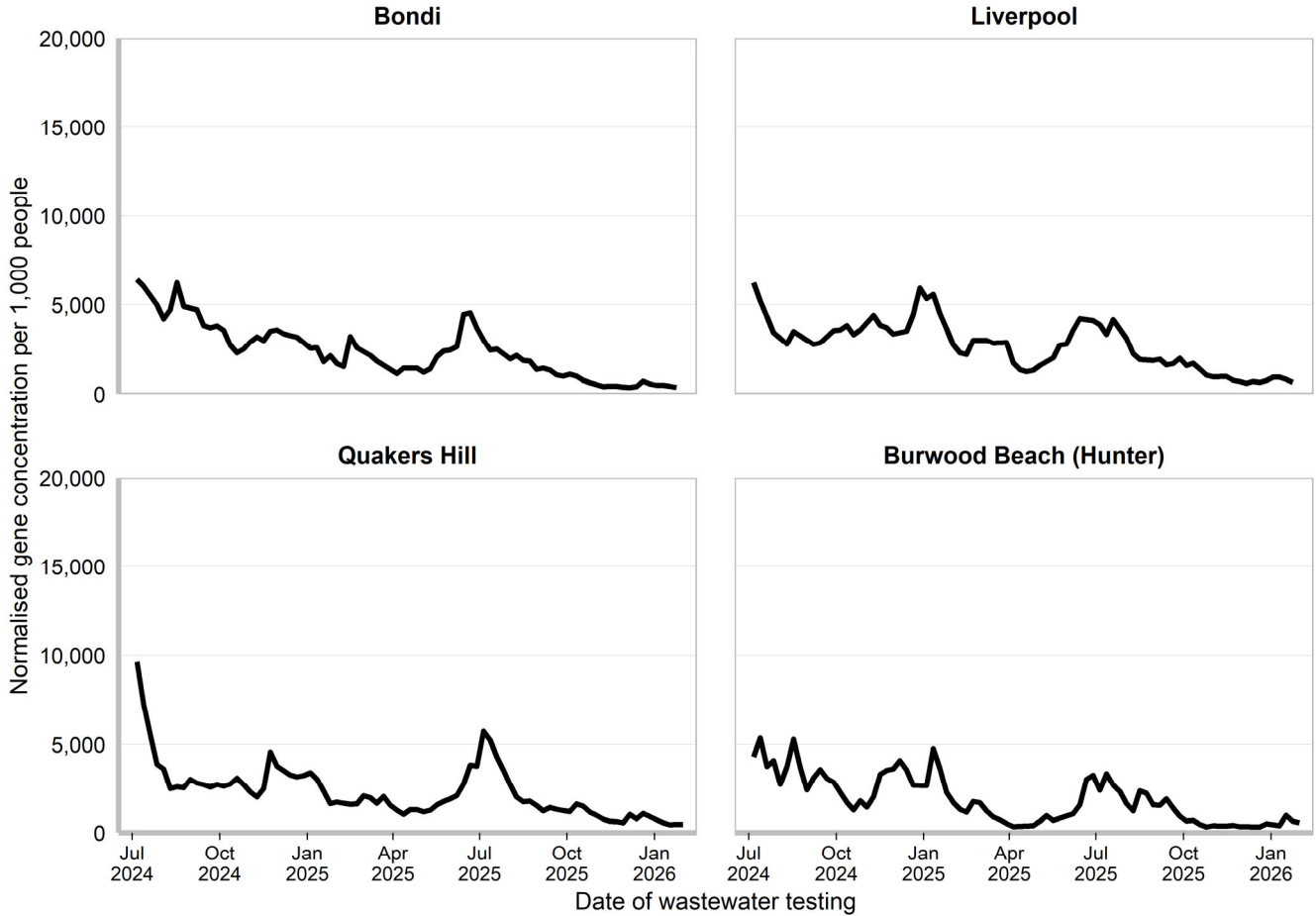


COVID-19 Wastewater Surveillance Program

Trends are presented for Bondi, Liverpool, Quakers Hill, and Burwood Beach (Hunter) wastewater catchments from 31 July 2024 to the week ending 31 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 31 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 3.0%. Influenza test positivity decreased to 3.2%. RSV test positivity increased to 2.0%.

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

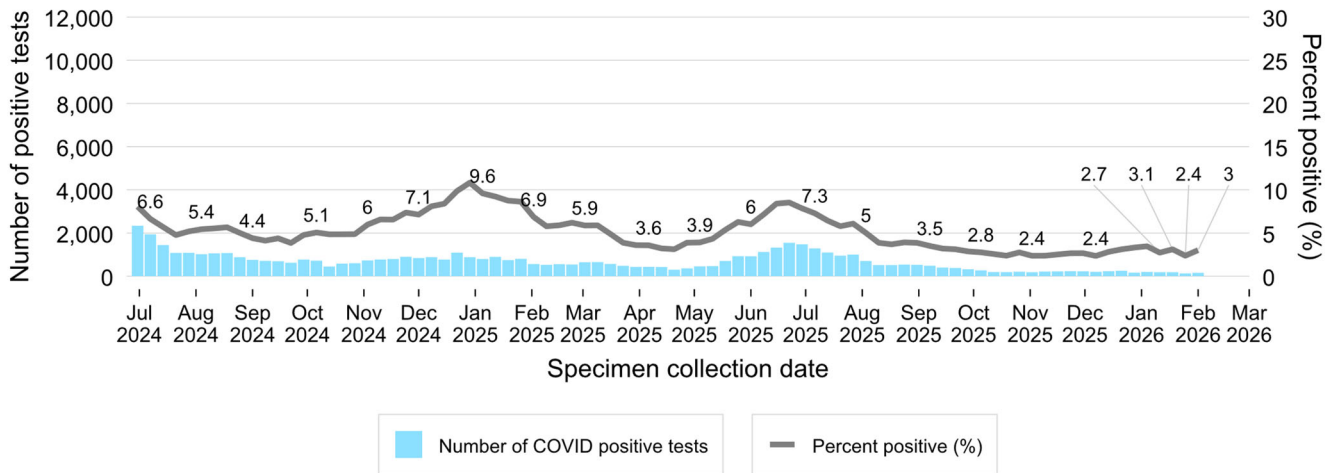


Figure 13. Number and proportion of tests positive for influenza at NSW sentinel laboratories by week, 1 July 2024 to 1 February 2026

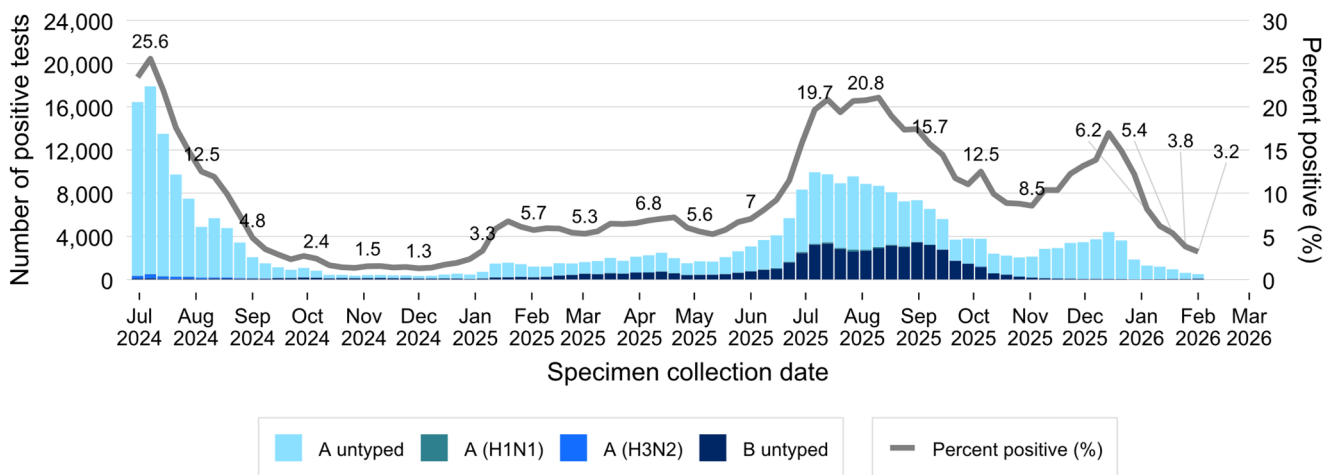


Figure 14. Number and proportion of tests positive for RSV at NSW sentinel laboratories by week, 1 July 2024 to 1 February 2026

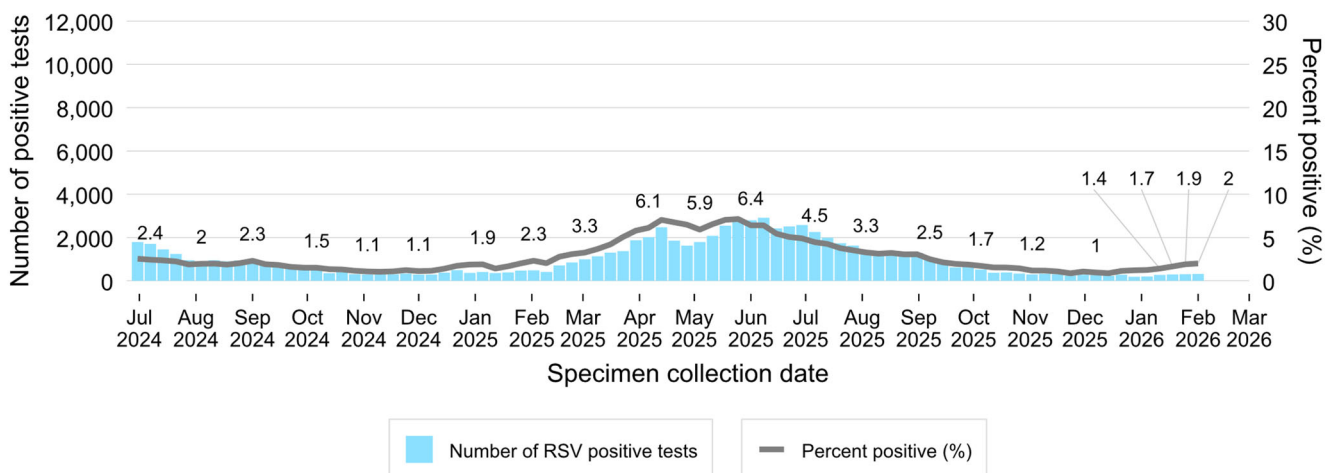


Figure 15. Number of positive PCR test results and proportion of tests positive for other respiratory viruses at NSW sentinel laboratories by week, 1 July 2024 to 1 February 2026

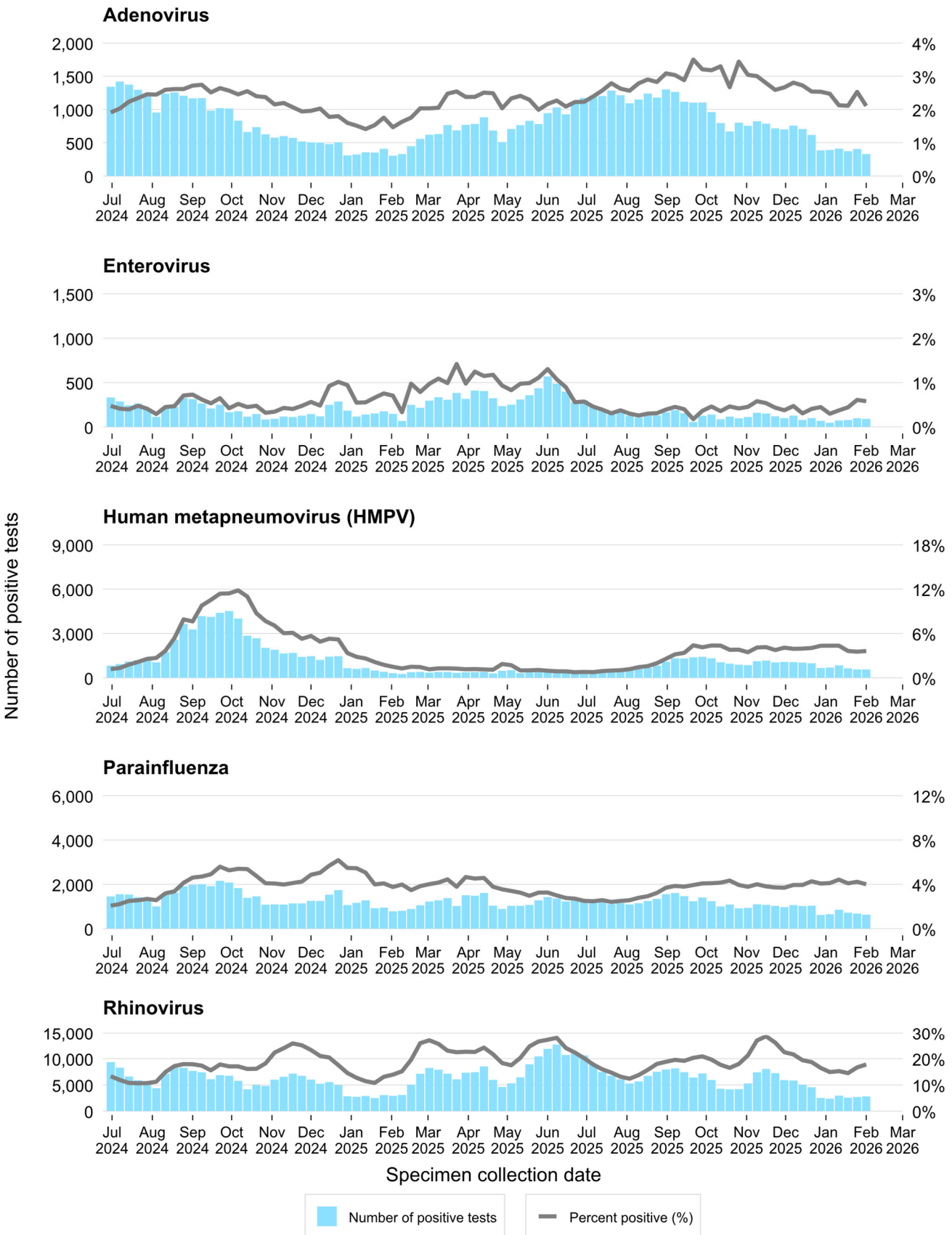


Table 2. Total number of COVID-19 notifications from NSW sentinel laboratories, in the four weeks to 1 February 2026

	Week ending							
	11 January		18 January		25 January		01 February	
	n	% pos	n	% pos	n	% pos	n	% pos
SARS-CoV-2	186	2.7%	188	3.1%	132	2.4%	157	3.0%
Number of COVID PCR tests conducted	6,810		6,038		5,547		5,199	
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 1 February 2026

	Week ending							
	11 January		18 January		25 January		01 February	
	n	% pos	n	% pos	n	% pos	n	% pos
Influenza	1,199	6.2%	948	5.4%	615	3.8%	506	3.2%
Respiratory syncytial virus (RSV)	273	1.4%	293	1.7%	307	1.9%	315	2.0%
Adenovirus	411	2.1%	373	2.1%	407	2.5%	331	2.1%
Human metapneumovirus (HMPV)	840	4.3%	640	3.6%	568	3.5%	568	3.6%
Rhinovirus	2,945	15.2%	2,555	14.5%	2,679	16.7%	2,791	17.8%
Enterovirus	72	0.4%	78	0.4%	98	0.6%	91	0.6%
Parainfluenza	855	4.4%	722	4.1%	680	4.2%	629	4.0%
Number of PCR tests conducted	19,322		17,657		16,082		15,705	
Number of laboratories reporting	11		11		10		10	

Recent data is subject to change.