

**Influenza and COVID-19 are both at a low level of activity. RSV is at a moderate level of activity.**

## Summary

Influenza and COVID-19 both remained at a low level of activity. Overall RSV activity remained stable and is at a moderate level.

## 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 respiratory outbreaks in residential aged care homes.

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 remained stable at a low level. ED presentations and admissions for bronchiolitis in children under 5 years of age increased but remained at a moderate level. For children under 5 years of age with bronchiolitis, 83.8% of presentations and 79.2% 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 October 2024 - 5 April 2026, persons of all ages

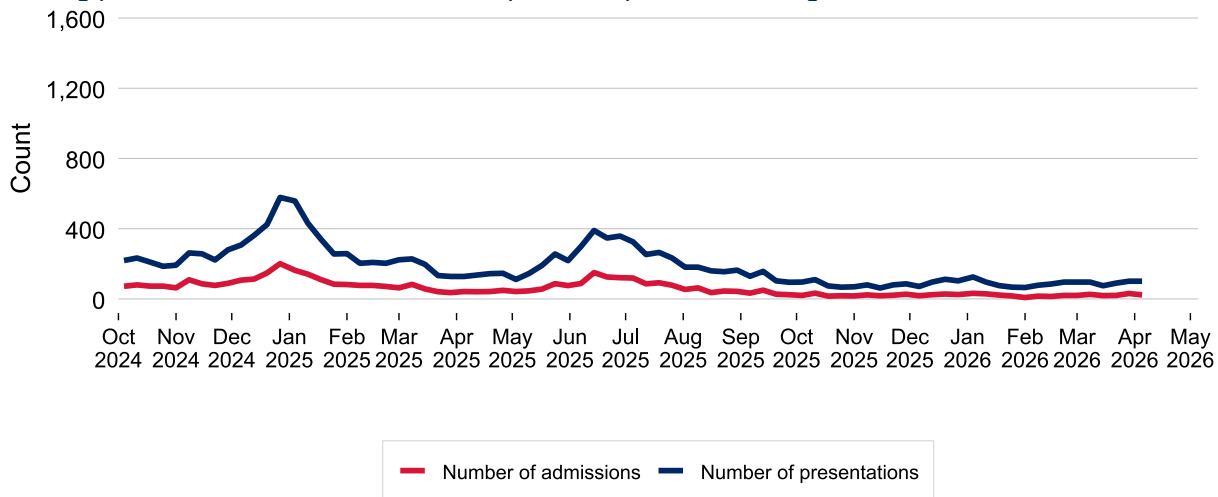


Figure 2. 'Influenza-like illness' weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 1 October 2024 - 5 April 2026, persons of all ages

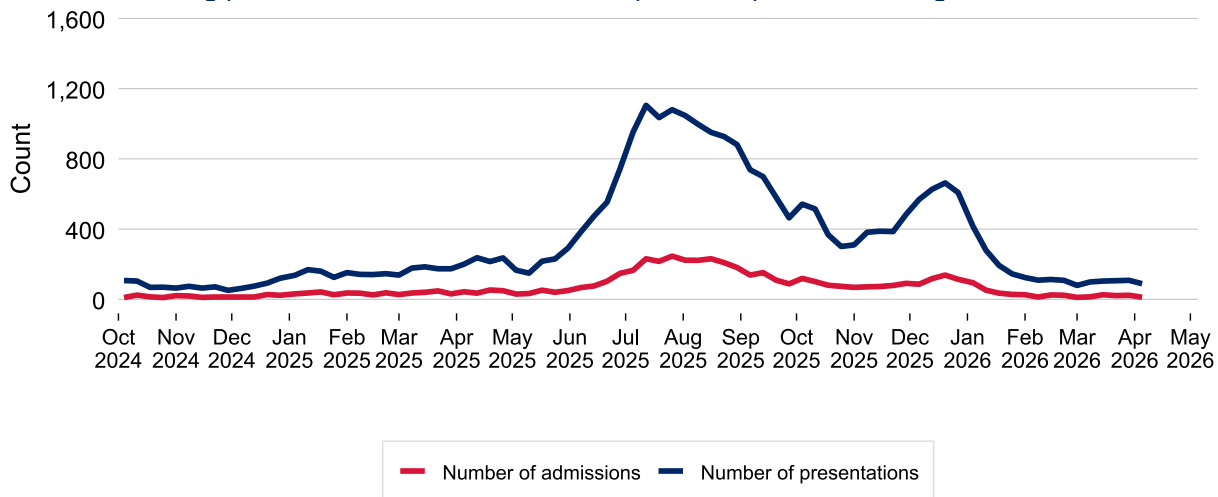
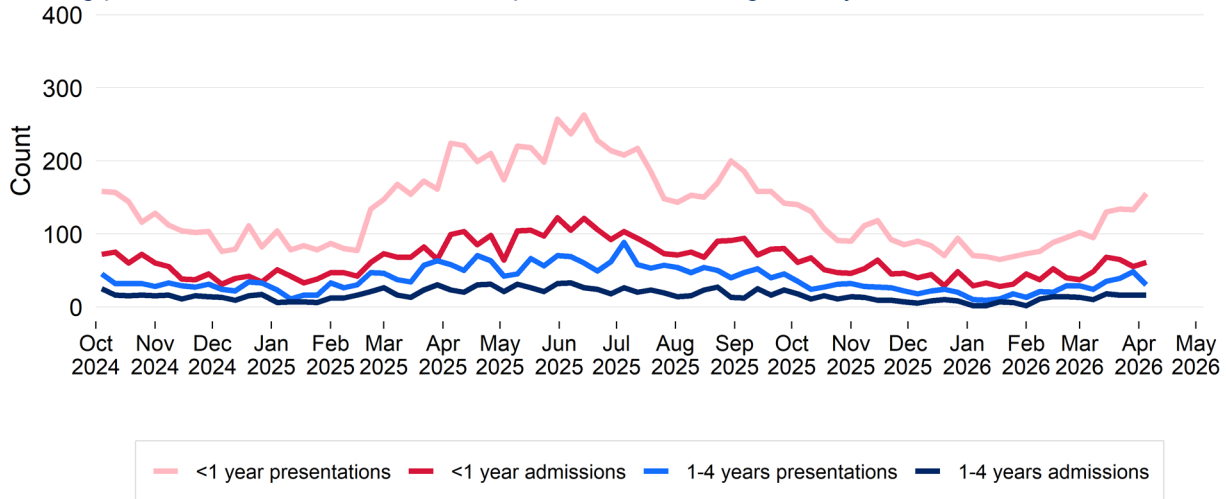


Figure 3. Bronchiolitis weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 1 October 2024 - 5 April 2026, children aged 0-4 years



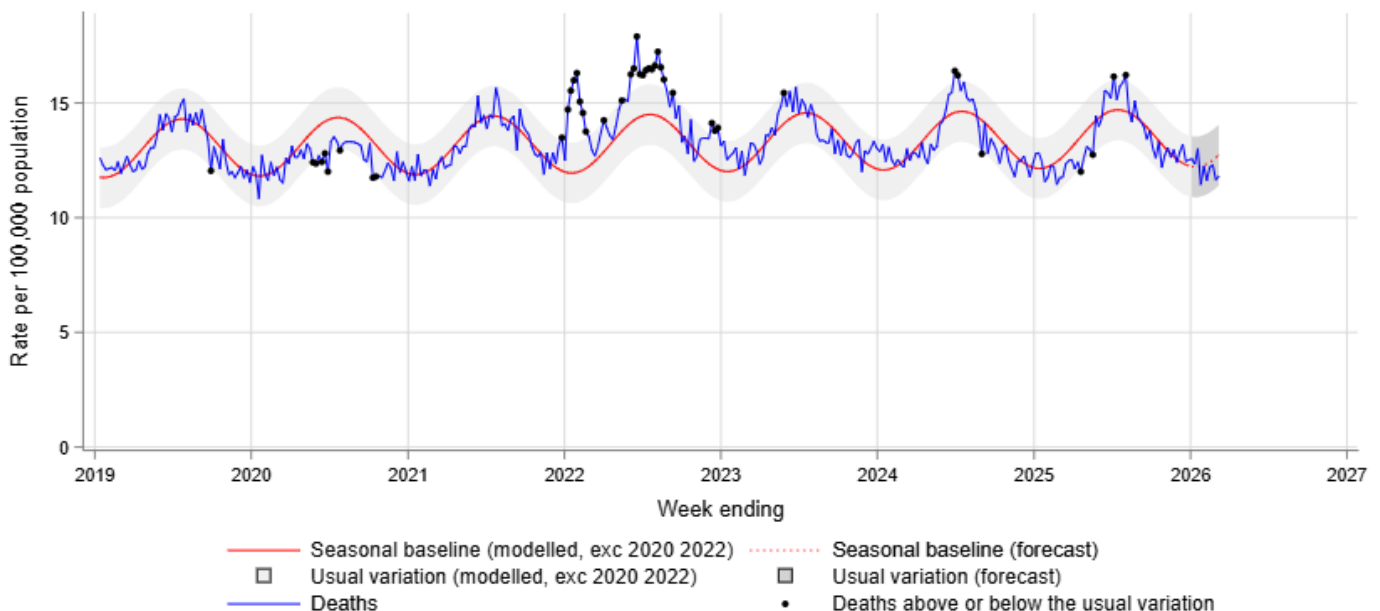
## Death surveillance

### 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.

**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 8 March 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 1 February 2026 to 8 March 2026. The baseline reference period is 2019-2025, excluding 2020 and 2022. 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.

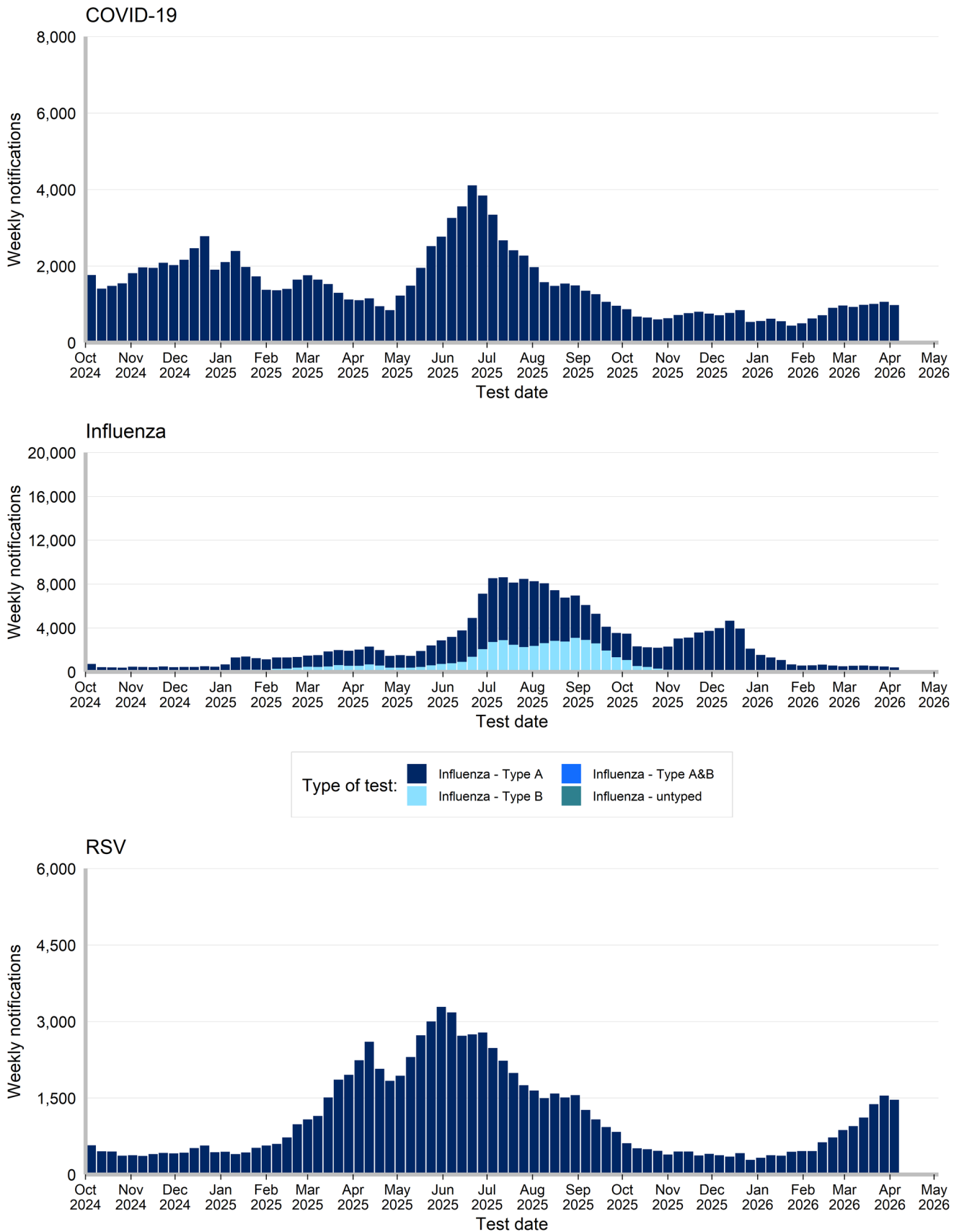
**Interpretation:** In the past week there was a decrease of 7.7% in COVID-19 notifications, a decrease of 18.4% in influenza notifications, and a decrease of 4.9% in RSV notifications. Reduced access to testing on the public holiday may have contributed to these decreases.

Table 1: Notifications of COVID-19, influenza and RSV, NSW, tested in the week ending 4 April 2026

	COVID		Influenza		RSV	
	Week ending 4 April 2026	Year to Date	Week ending 4 April 2026	Year to Date	Week ending 4 April 2026	Year to Date
Gender						
Female	589	5,901 (56%)	205	4,626 (52%)	739	5,768 (53%)
Male	386	4,535 (43%)	192	4,289 (48%)	722	5,109 (47%)
Age group (years)						
0-4	204	2,115 (20%)	54	1,180 (13%)	770	5,266 (48%)
5-9	71	852 (8%)	56	1,025 (11%)	105	562 (5%)
10-19	90	1,129 (11%)	63	1,295 (15%)	60	589 (5%)
20-29	66	774 (7%)	29	1,039 (12%)	62	515 (5%)
30-39	97	1,115 (11%)	36	911 (10%)	86	617 (6%)
40-49	93	1,004 (10%)	35	849 (10%)	62	531 (5%)
50-59	79	808 (8%)	24	653 (7%)	61	656 (6%)
60-69	63	668 (6%)	36	724 (8%)	83	685 (6%)
70-79	79	827 (8%)	36	684 (8%)	93	733 (7%)
80-89	93	790 (8%)	24	423 (5%)	62	544 (5%)
90+	40	362 (3%)	< 5	135 (2%)	18	184 (2%)
Local Health District of residence						
Central Coast	26	285 (3%)	13	193 (2%)	47	293 (3%)
Far West	< 5	12 (0%)	< 5	16 (0%)	< 5	< 5 (0%)
Hunter New England	47	707 (7%)	38	865 (10%)	126	868 (8%)
Illawarra Shoalhaven	55	400 (4%)	6	289 (3%)	99	811 (7%)
Mid North Coast	14	151 (1%)	6	144 (2%)	20	148 (1%)
Murrumbidgee	27	283 (3%)	< 5	154 (2%)	6	81 (1%)
Nepean Blue Mountains	61	791 (8%)	20	451 (5%)	108	755 (7%)
Northern NSW	17	263 (3%)	< 5	279 (3%)	43	325 (3%)
Northern Sydney	146	1,459 (14%)	61	1,476 (17%)	196	1,640 (15%)
South Eastern Sydney	100	905 (9%)	46	1,097 (12%)	170	1,335 (12%)
South Western Sydney	189	1,806 (17%)	43	1,056 (12%)	243	1,707 (16%)
Southern NSW	12	88 (1%)	< 5	71 (1%)	27	123 (1%)
Sydney	49	584 (6%)	25	818 (9%)	97	808 (7%)
Western NSW	25	208 (2%)	15	209 (2%)	19	120 (1%)
Western Sydney	201	2,436 (23%)	114	1,744 (20%)	259	1,838 (17%)
<b>Total</b>	<b>975</b>	<b>10,451 (100%)</b>	<b>398</b>	<b>8,929 (100%)</b>	<b>1,464</b>	<b>10,884 (100%)</b>

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

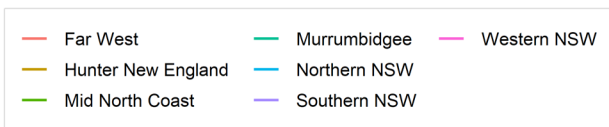
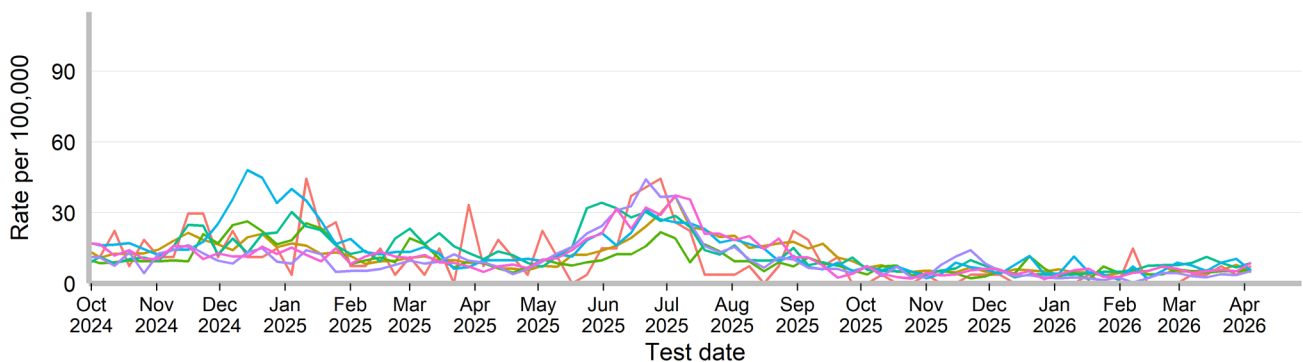
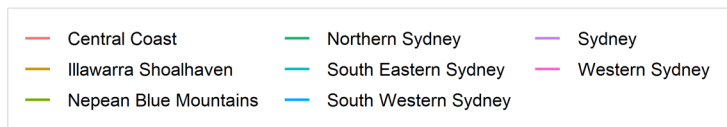
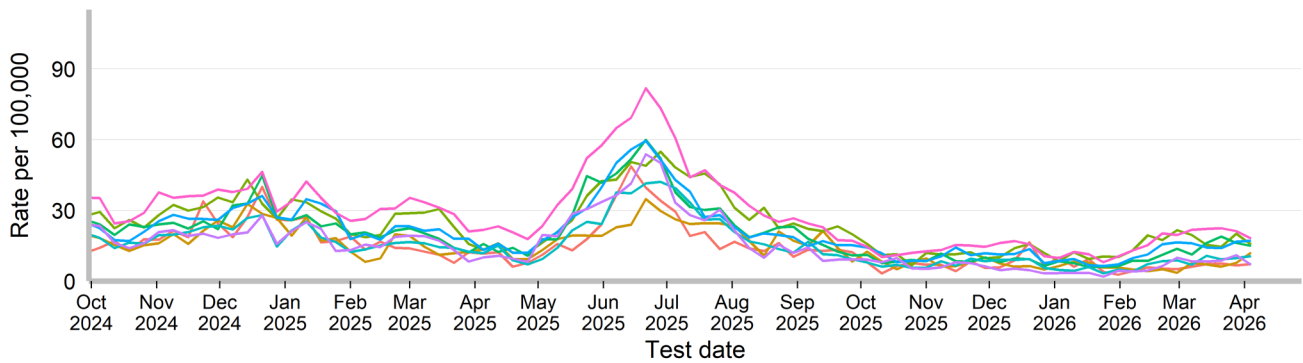
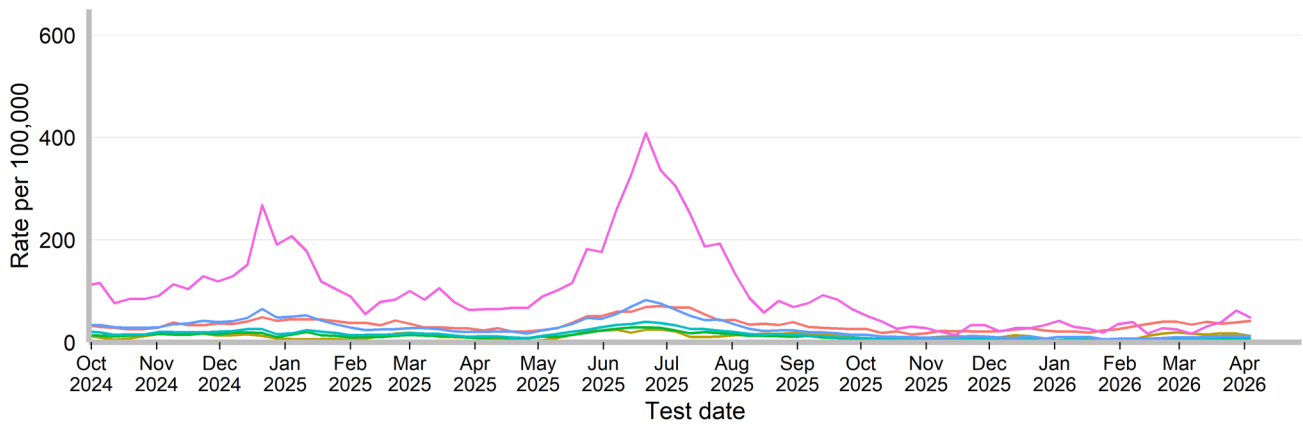
Figure 5. Weekly notifications of COVID-19, Influenza and RSV, by date of test and type of test performed, NSW, 1 October 2024 to 4 April 2026



# Rates of COVID-19 notifications per 100,000 population

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

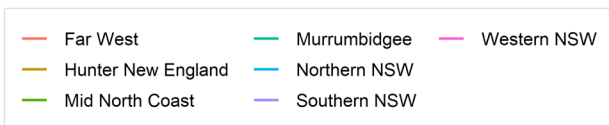
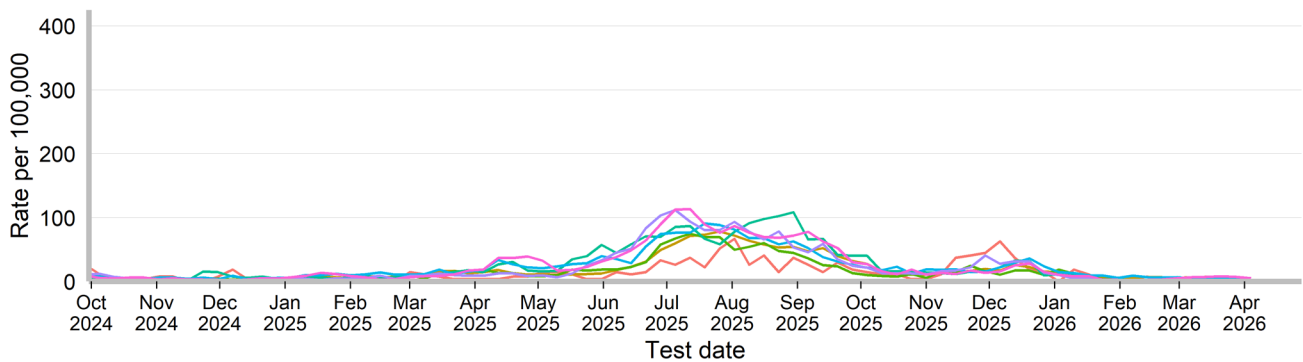
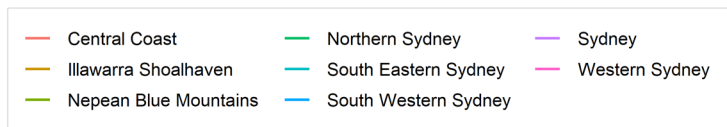
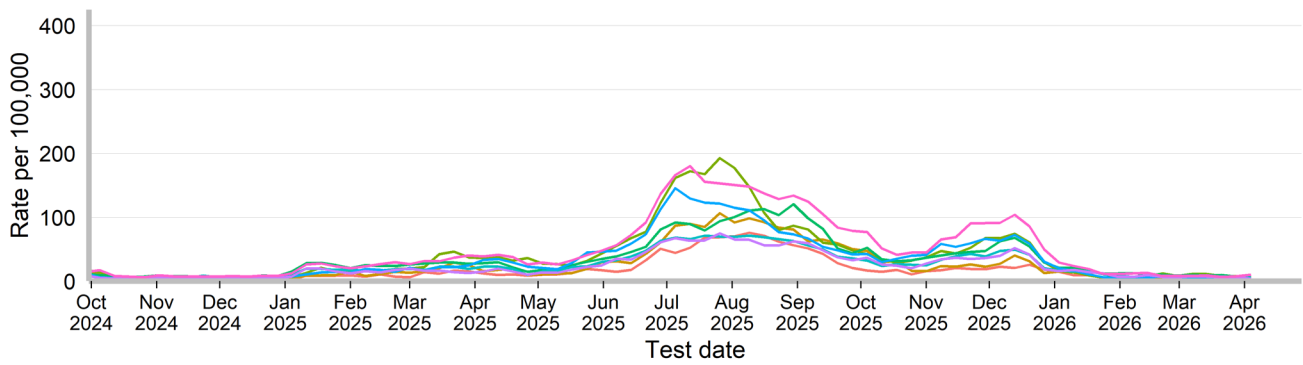
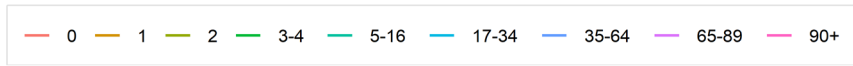
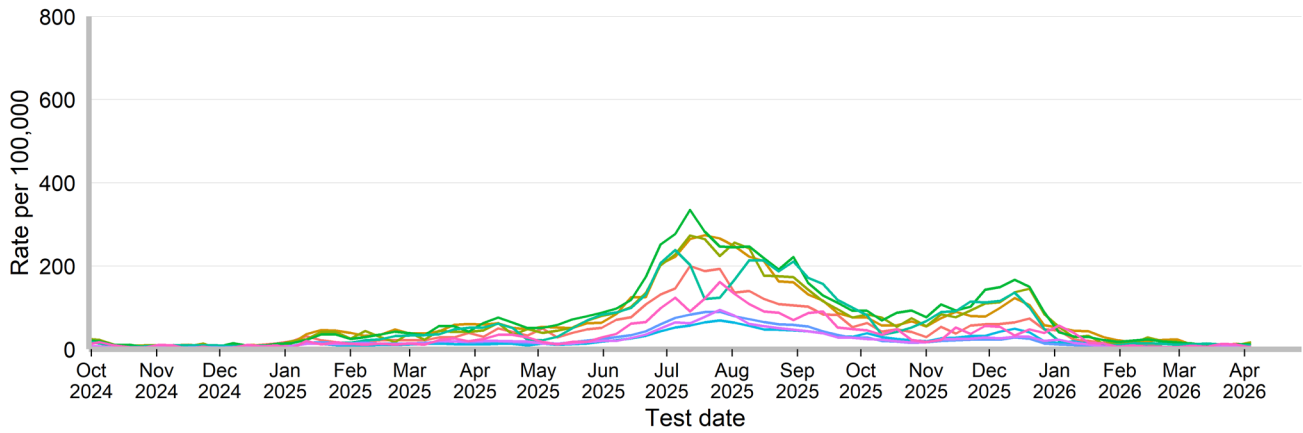
Figure 6. Weekly rate of COVID-19\* notifications per 100,000 population, by age group, Local Health District and test date, NSW, 1 October 2024 to 4 April 2026



# 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 October 2024 to 4 April 2026



# Rates of RSV notifications per 100,000 population

**Interpretation:** Rates of RSV notifications have increased in the one year age group, but decreased in other age groups.

Figure 8. Weekly rate of respiratory syncytial virus notifications per 100,000 population, by age group and test date, NSW, 1 October 2024 to 4 April 2026

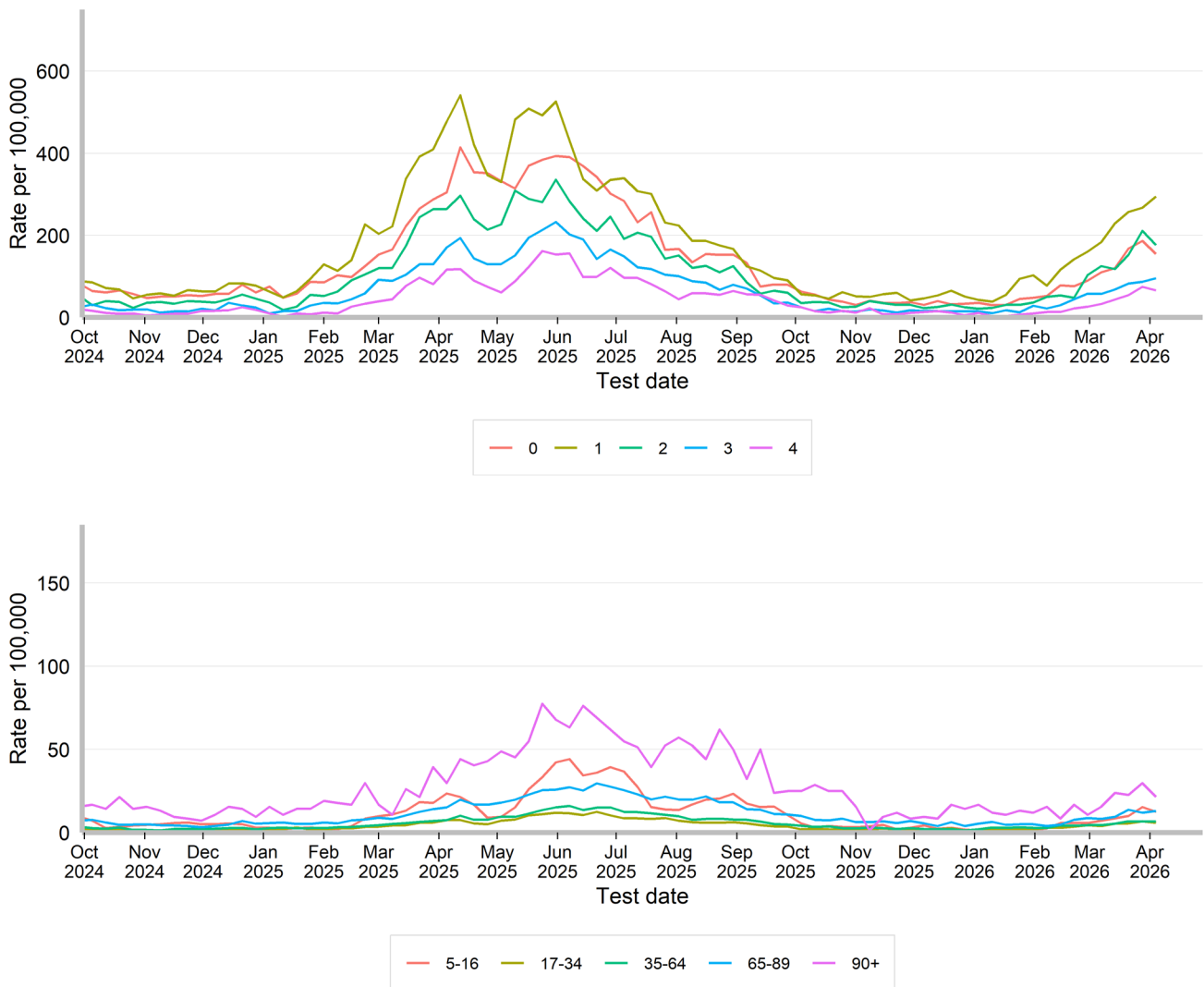
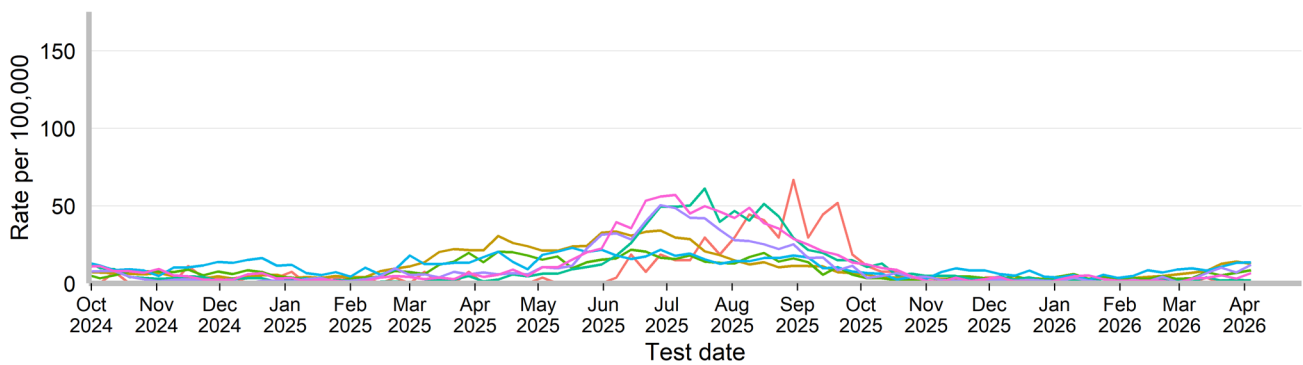
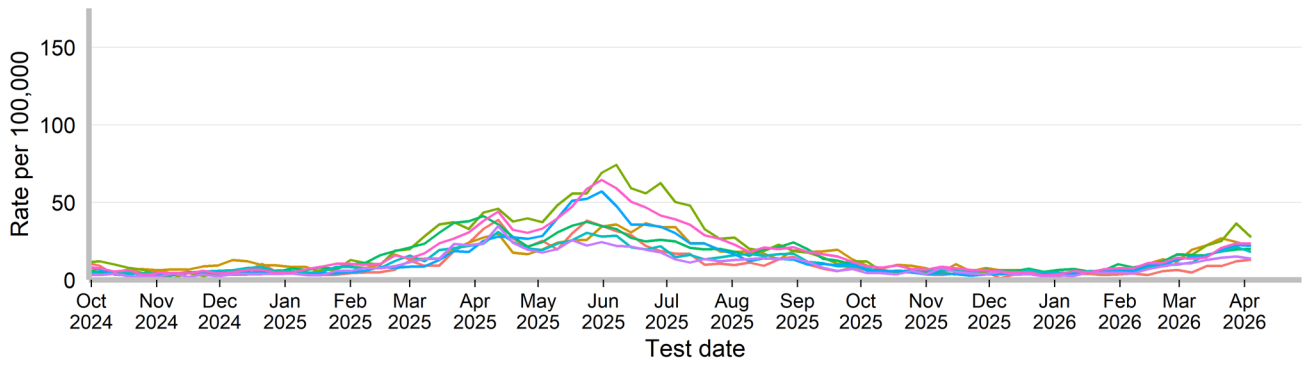


Figure 9. Weekly rate of respiratory syncytial virus notifications per 100,000 population, by Local Health District and test date, NSW, 1 October 2024 to 4 April 2026



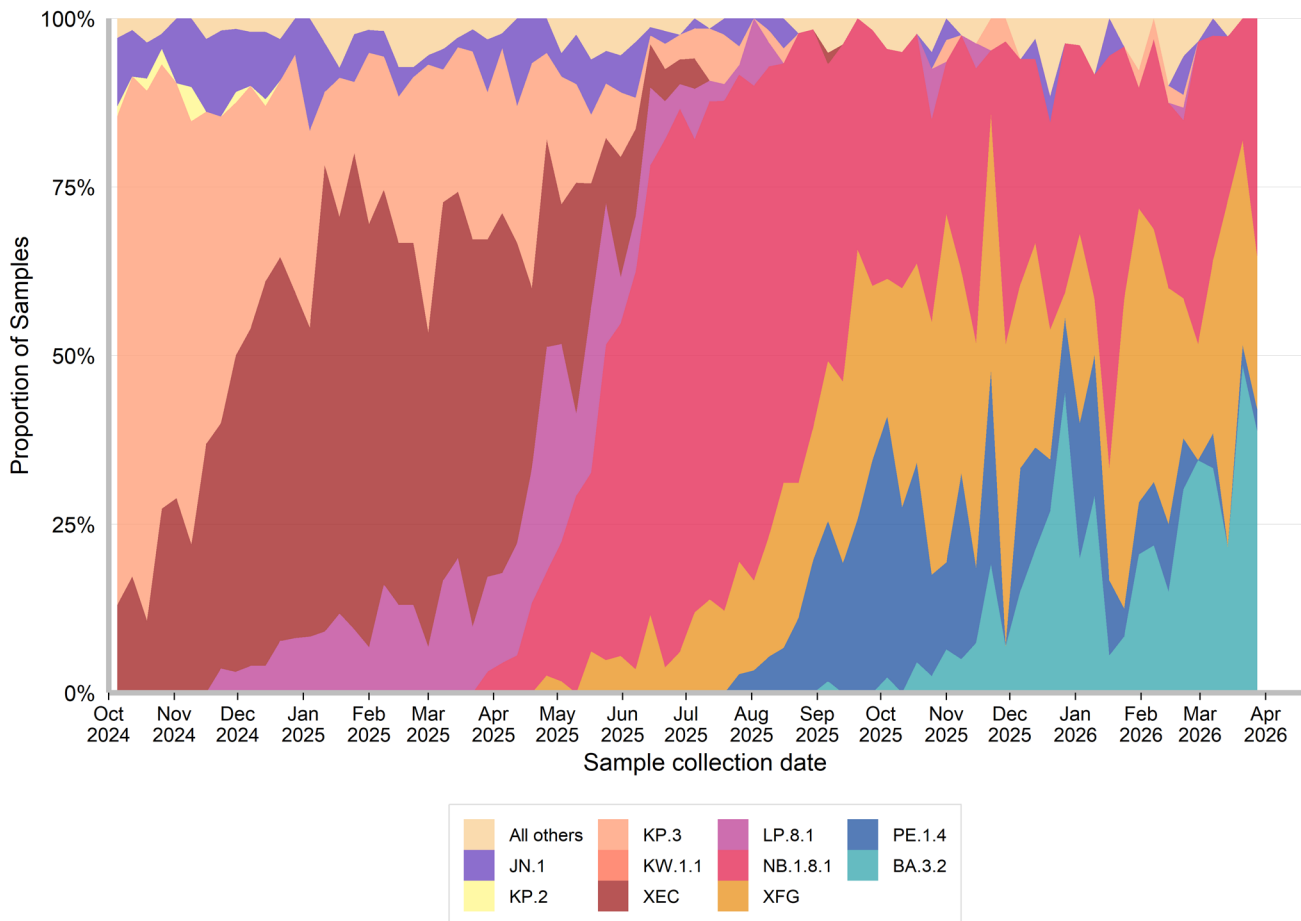
## Other surveillance indicators

### 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 October 2024 to 28 March 2026

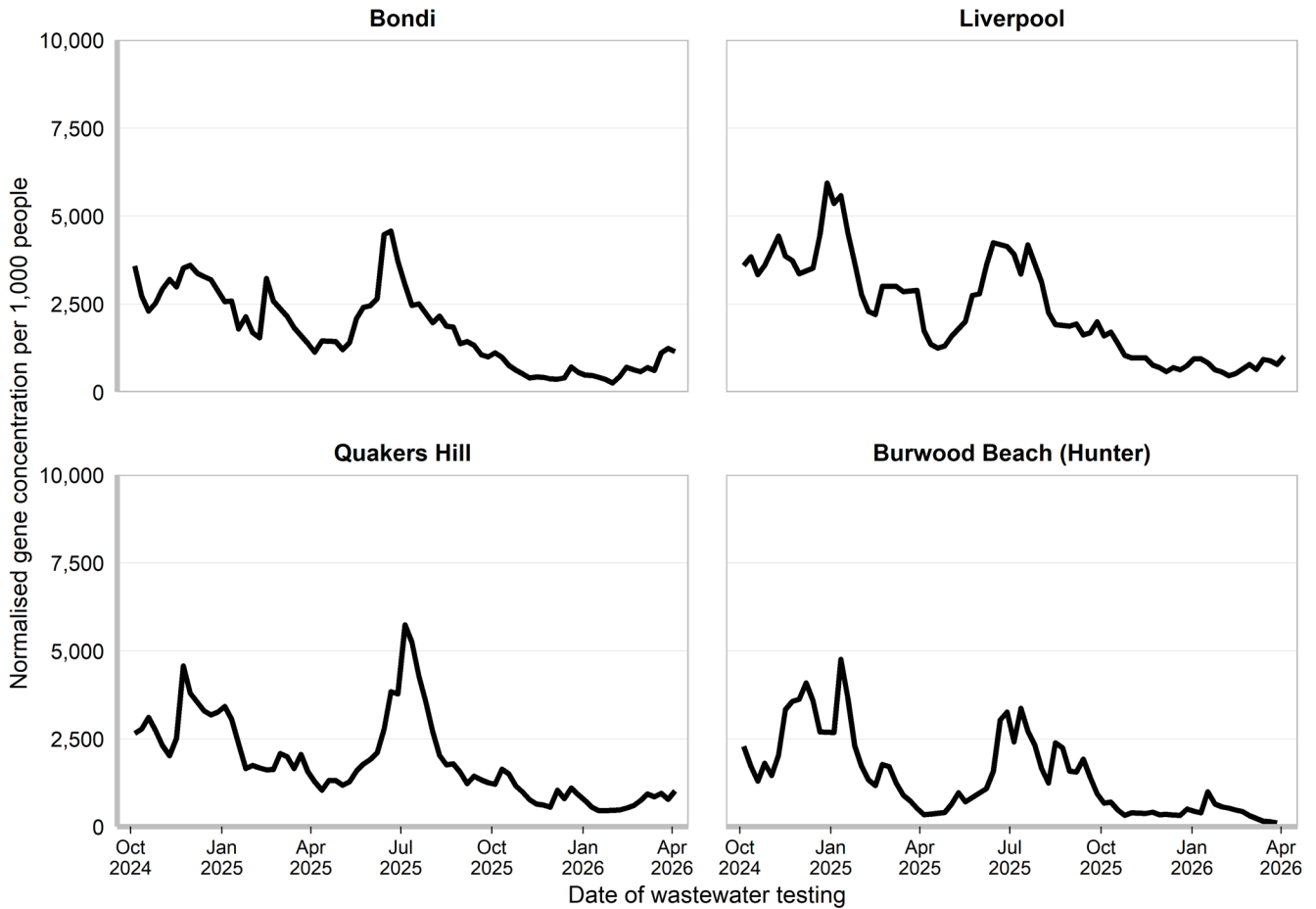


# COVID-19 Wastewater Surveillance Program

Trends are presented for Bondi, Liverpool, Quakers Hill, and Burwood Beach (Hunter) wastewater catchments from 04 October 2024 to the week ending 4 April 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 October 2024 to 4 April 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 4.8%. Influenza test positivity remained stable at 1.9%. RSV test positivity increased to 4.3%.

Figure 12. Number and proportion of tests positive for COVID-19 at NSW sentinel laboratories by week, 1 October 2024 to 5 April 2026

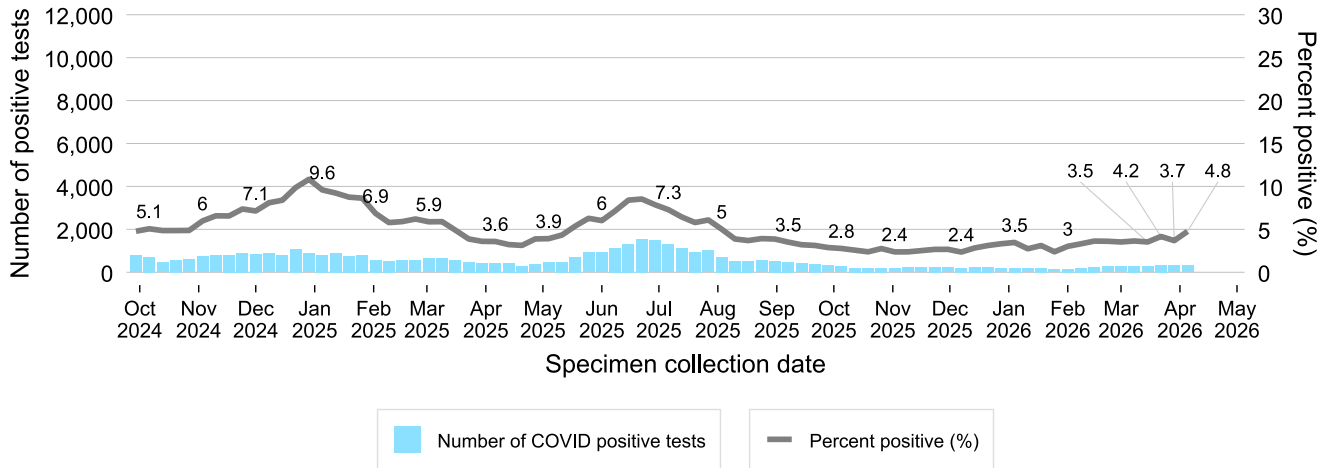


Figure 13. Number and proportion of tests positive for influenza at NSW sentinel laboratories by week, 1 October 2024 to 5 April 2026

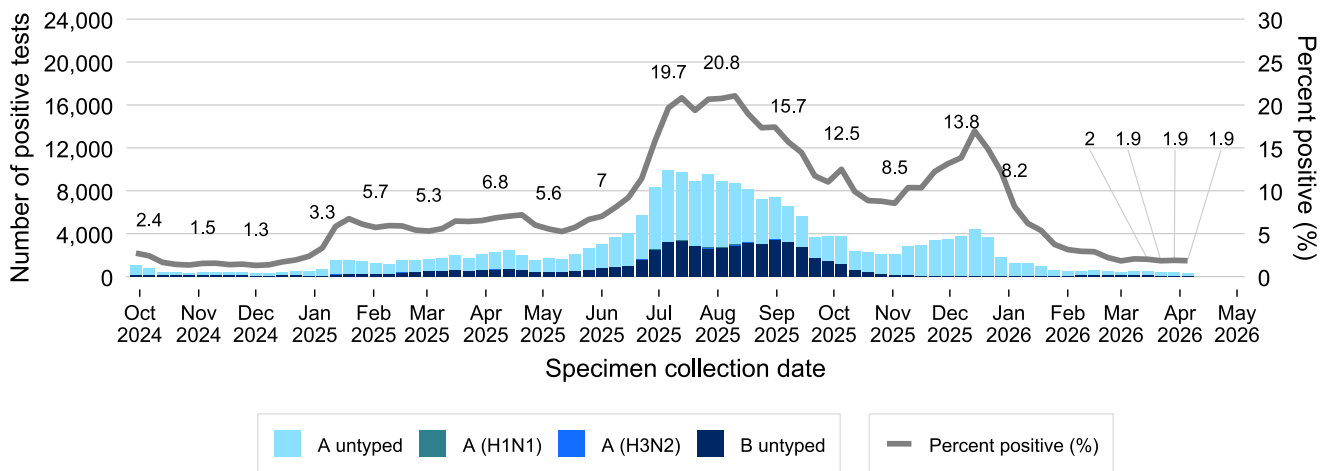


Figure 14. Number and proportion of tests positive for RSV at NSW sentinel laboratories by week, 1 October 2024 to 5 April 2026

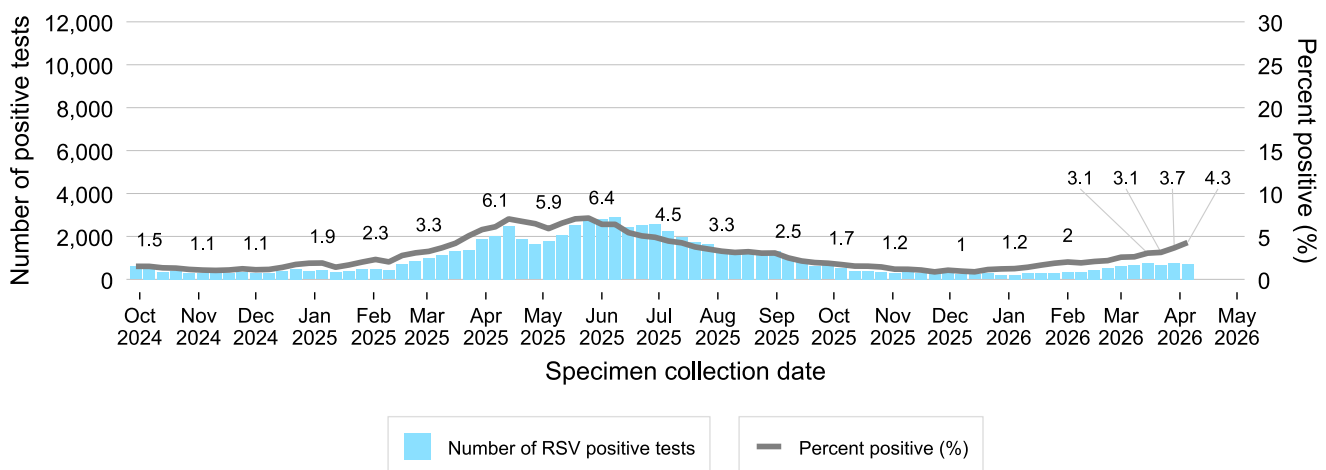
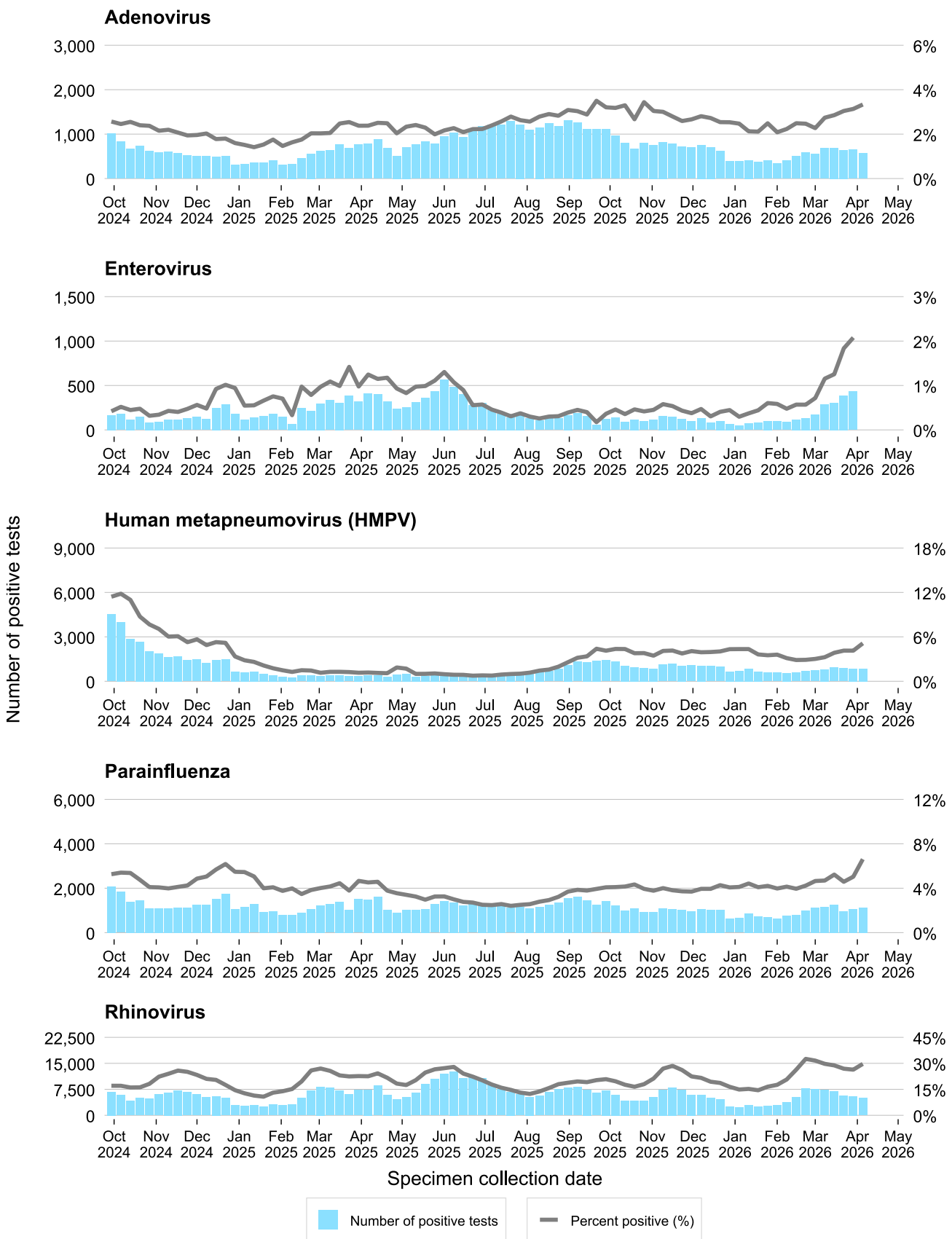


Figure 15. Number of positive PCR test results and proportion of tests positive for other respiratory viruses at NSW sentinel laboratories by week, 1 October 2024 to 5 April 2026



Enterovirus data for the week ending 5 April 2026 has been excluded due to missing data

Table 2. Total number of COVID-19 notifications from NSW sentinel laboratories, in the four weeks to 5 April 2026

	Week ending							
	15 March		22 March		29 March		05 April	
	n	% pos	n	% pos	n	% pos	n	% pos
SARS-CoV-2	263	3.5%	345	4.2%	312	3.7%	314	4.8%
Number of COVID PCR tests conducted	7,455		8,280		8,466		6,593	
Number of laboratories reporting COVID	2		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 5 April 2026

	Week ending							
	15 March		22 March		29 March		05 April	
	n	% pos	n	% pos	n	% pos	n	% pos
Influenza	490	2.0%	391	1.9%	396	1.9%	313	1.9%
Respiratory syncytial virus (RSV)	740	3.1%	664	3.1%	766	3.7%	723	4.3%
Adenovirus	692	2.9%	643	3.0%	655	3.1%	562	3.3%
Human metapneumovirus (HMPV)	933	3.8%	875	4.1%	864	4.1%	864	5.1%
Rhinovirus	6,985	28.8%	5,687	26.9%	5,505	26.4%	5,004	29.7%
Enterovirus	304	1.3%	388	1.8%	434	2.1%	NP	NP
Parainfluenza	1,267	5.2%	968	4.6%	1,052	5.0%	1,115	6.6%
Number of PCR tests conducted	24,240		21,135		20,891		16,862	
Number of laboratories reporting	10		10		9		8	

Recent data is subject to change

NP: Enterovirus data for the week ending 5 April 2026 has not been published due to missing data