

NSW COVID-19 WEEKLY DATA OVERVIEW

Epidemiological week 14, ending 9 April 2022

Summary

- The seven-day rolling averages of daily hospital and ICU admissions were similar to the previous week, with an average of 150 daily admissions to hospital and 10 daily admissions to ICU. Some people with COVID-19 may be admitted to hospital or ICU for reasons other than COVID-19.
- There were 124,554 people diagnosed with COVID-19 this week, a decrease of 14% since the previous week.
- The rate of people diagnosed with COVID-19 per 100,000 population decreased in people aged under 60 years this week and increased in people aged 60 years and over.
- The rate of people diagnosed with COVID-19 per 100,000 population decreased or remained stable in most local health districts this week.
- There were 264,655 PCR tests reported this week, a 3% decrease since the previous week. The percentage of PCR tests that were positive for COVID-19 increased this week to 18% compared with 16% at the end of the previous week.
- The BA.2 sub-lineage of the Omicron variant (B.1.1.529) is continues to be the dominant strain circulating.
- There were 75 deaths reported this week in people who died with COVID-19. Eleven of the deaths reported this week were in people aged under 65 years. Some deaths may not have occurred in the week in which they were reported.
- Unplanned emergency department presentations for respiratory problems/fever have increased above the seasonal average, particularly in the 0-4 year age group. Children's Hospital Westmead report that nine children have been hospitalised with influenza in the week.

Section 1: Hospital admissions, intensive care unit (ICU) admissions and reported deaths

Figure 1. Daily seven-day rolling average of people with COVID-19 admitted to hospital within 14 days of their diagnosis, NSW, in the four weeks to 9 April 2022

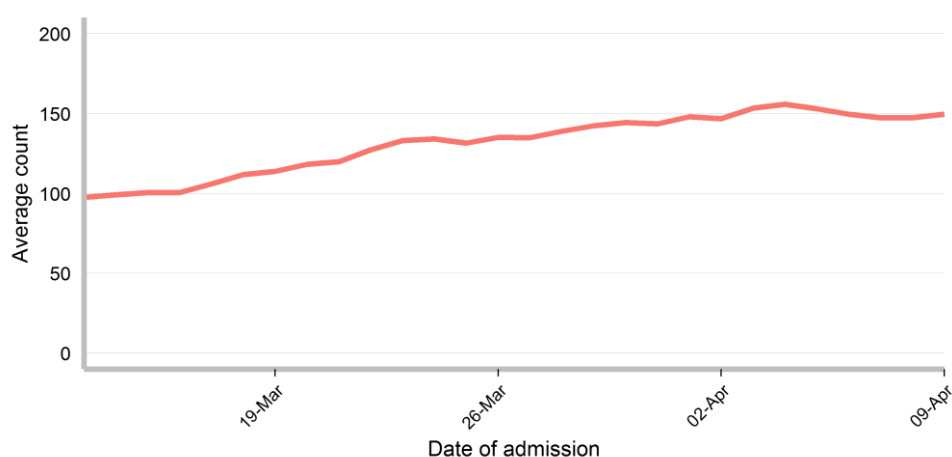
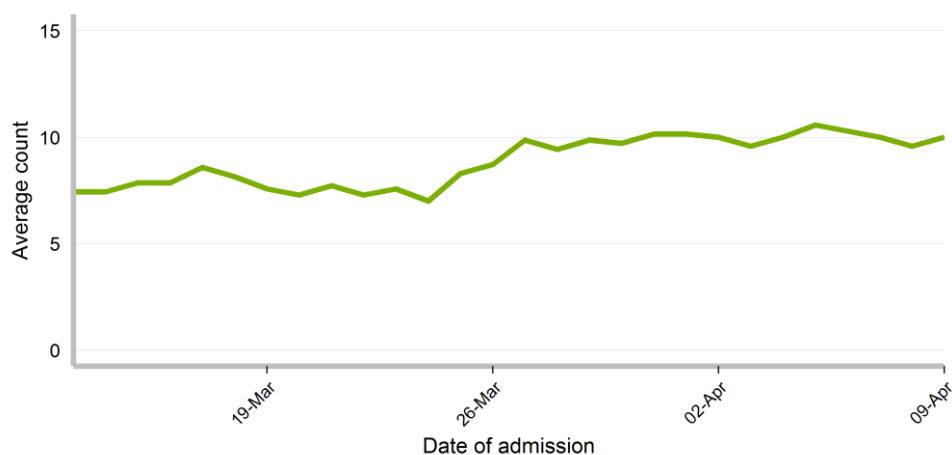


Figure 2. Daily seven-day rolling average of people with COVID-19 admitted to intensive care units, NSW, in the four weeks to 9 April 2022



*a seven-day rolling average uses the average of the previous seven days of data to smooth daily variations in data and make it easier to observe trends over time.

- Hospital and ICU admissions in people with COVID-19 have remained mostly stable in the last week.
- In the last week, 1,009 people diagnosed with COVID-19 in the previous 14 days were admitted to a NSW public hospital. The seven-day rolling average of daily hospital admissions increased slightly to an average of 150 daily admissions by the end of this week, compared with an average of 147 daily admissions at the end of the previous week.
- In the last week, 74 people diagnosed with COVID-19 were admitted to ICU. The seven-day rolling average of daily intensive care unit (ICU) admissions remained stable at 10 daily admissions by the end of this week, compared with an average of 10 daily admissions at the end of the previous week.

Table 1. Vaccination status of people with a COVID-19 diagnosis in the previous 14 days who were admitted to hospital in the week ending 9 April 2022, NSW

Vaccination status	Admitted to hospital (but not to ICU) (%)	Admitted to ICU (%)	Total
Three or more doses	426 (42%)	28 (38%)	454 (42%)
Two doses	291 (29%)	22 (30%)	313 (29%)
One dose	22 (2%)	1 (1%)	23 (2%)
No dose/Unknown	270 (27%)	23 (31%)	293 (27%)
Total	1,009 (100%)	74 (100%)	1,083 (100%)

Table 2. Reported deaths of people with COVID-19, by vaccination status, NSW, in the week ending 9 April 2022

Vaccination status	Number of deaths
Three or more doses	29 (39%)
Two doses	25 (33%)
One dose	4 (5%)
No dose/Unknown	17 (23%)
Total	75 (100%)

- COVID-19 vaccines are very effective in preventing the severe impacts of infections with the virus. Over 95 per cent of people aged 16 and over in NSW have received two doses of a COVID-19 vaccine, while 65 per cent of people eligible for their third dose have received it. With such high vaccination coverage in the community, a greater proportion of people admitted to hospital or ICU with COVID-19 are now vaccinated with two or three doses. However, people who are not vaccinated remain far more likely to suffer severe COVID-19. The minority

of the overall population who have not been vaccinated are significantly overrepresented among patients in hospitals and ICUs with COVID-19. Note that because some people with COVID-19 who are admitted to hospital or ICU are admitted for conditions unrelated to their COVID-19 infection, these admissions will not be prevented by vaccination.

Table 3. Age group of people with a COVID-19 diagnosis in the previous 14 days who were admitted to hospital in the week ending 9 April 2022, NSW

Age group (years)	Admitted to hospital (but not to ICU) (%)	Admitted to ICU (%)	Total
0-9	83 (8%)	0 (0%)	83 (8%)
10-19	70 (7%)	2 (3%)	72 (7%)
20-29	108 (11%)	7 (9%)	115 (11%)
30-39	132 (13%)	6 (8%)	138 (13%)
40-49	90 (9%)	9 (12%)	99 (9%)
50-59	78 (8%)	13 (18%)	91 (8%)
60-69	96 (10%)	17 (23%)	113 (10%)
70-79	134 (13%)	12 (16%)	146 (13%)
80-89	148 (15%)	8 (11%)	156 (14%)
90+	70 (7%)	0 (0%)	70 (6%)
Total	1,009 (100%)	74 (100%)	1,083 (99%)

Table 4. Reported deaths of people with COVID-19, by age group, NSW, in the week ending 9 April 2022

Age-group (years)	Number of deaths
0-9	0 (0%)
10-19	0 (0%)
20-29	0 (0%)
30-39	3 (4%)
40-49	0 (0%)
50-59	3 (4%)
60-69	6 (8%)
70-79	19 (25%)
80-89	24 (32%)
90+	20 (27%)
Total	75 (100%)

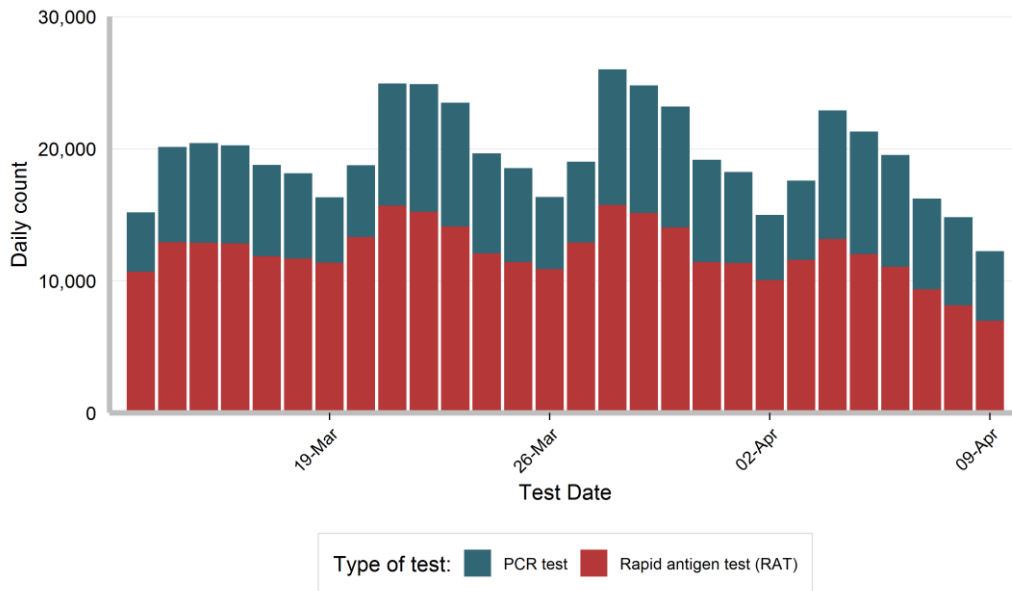
- Despite the substantial protection from COVID-19 provided by vaccination, older age remains a significant risk factor for serious illness and death with COVID-19, particularly when combined with significant underlying health conditions.
- Of the 75 people who were reported to have died with COVID-19, 25 were aged care residents. Six of these people died in hospital and 19 died at an aged care facility.
- Six of the deaths occurred at home. Of these, three were diagnosed with COVID-19 after death. Four had significant underlying health conditions.
- Of the 11 people aged under 65 years who died with COVID-19, five were unvaccinated, four had received two doses and two had received three doses of a COVID-19 vaccine. Eight had significant underlying health conditions that increase the risk of severe disease from COVID-19. Of the three who did not have significant underlying health conditions, none had received three doses of a COVID-19 vaccine.
- Reported deaths were classified as COVID-19 deaths if they met the surveillance definition in the Communicable Diseases Network of Australia's COVID-19 National Guidelines for Public Health Units. Under

this definition, deaths are considered COVID-19 deaths for surveillance purposes if the person died with COVID-19, not necessarily because COVID-19 was the cause of death. Deaths may be excluded if there was a clear alternative cause of death that was unrelated to COVID-19 (e.g. major trauma).

- NSW Health does not report deaths under investigation by the Coroner until the Coroner issues their findings on the cause of death.
- COVID-19 related deaths are notified to NSW Health from a range of sources, including public and private hospitals, aged care facilities, and the Coroner. Not all deaths reported by NSW Health occurred in the week in which they are reported as there is sometimes a delay between a death occurring and it being reported to NSW Health.

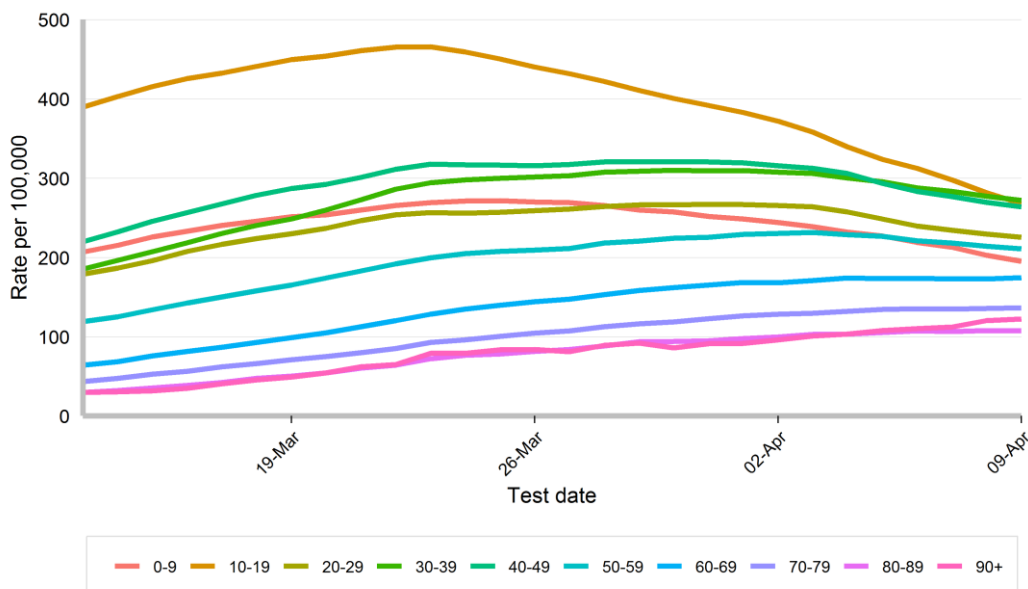
Section 2: Number of people diagnosed with COVID-19

Figure 3. Number of people diagnosed with COVID-19, by date of test and type of test performed, NSW, in the four weeks to 9 April 2022



- There were 124,554 people diagnosed with COVID-19 this week, a decrease of 14% from the previous week.
- Mandatory registration of positive RAT results commenced on 12 January 2022, with people encouraged to register their results from 1 January onwards.

Figure 4. Daily seven-day rolling average rate of people reported with COVID-19 per 100,000 population, by age group and test date, NSW, in the four weeks to 9 April 2022



- The rate of people diagnosed with COVID-19 per 100,000 population decreased this week in people aged under 60 years, particularly amongst those aged under 20 years. The rate continued to increase in people aged 60 years and over.

Figure 5. Daily seven-day rolling average rate of people reported with COVID-19 per 100,000 population, by metropolitan Local Health District and test date, NSW, in the four weeks to 9 April 2022

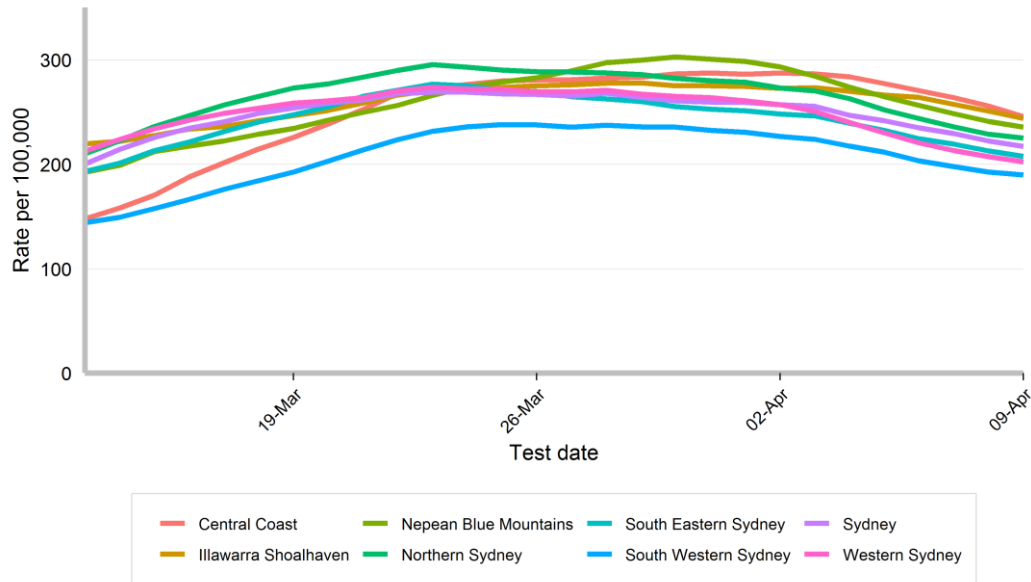
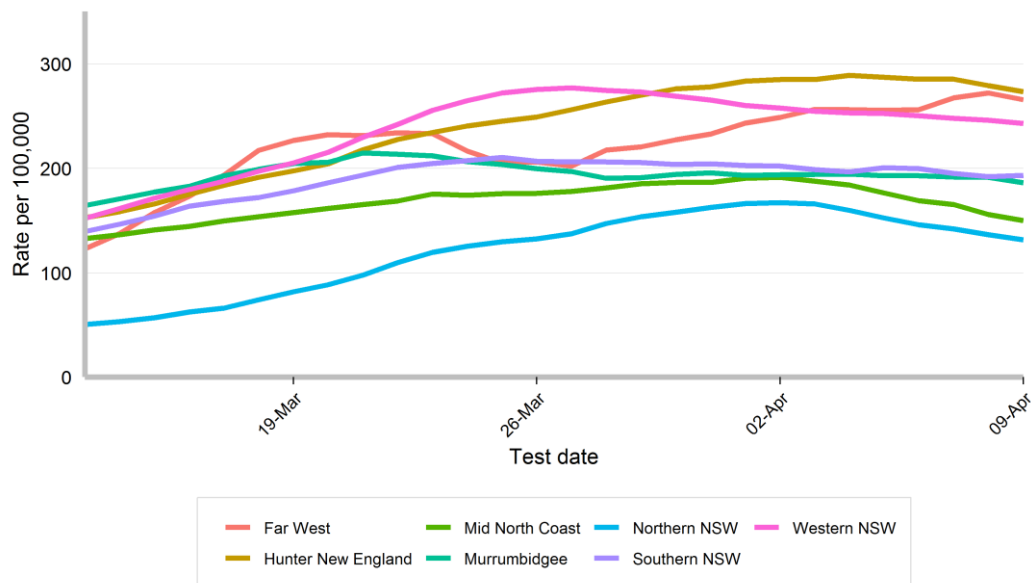


Figure 6. Daily seven-day rolling average rate of people reported with COVID-19 per 100,000 population, by rural and regional Local Health District and test date, NSW, in the four weeks to 9 April 2022



- The rate of people diagnosed with COVID-19 per 100,000 population decreased or remained stable in most local health districts (LHDs)

Table 5. Number of people diagnosed with COVID-19, by test type, age group and Local Health District, NSW, reported in the week ending 9 April 2022

	People diagnosed by a PCR test	People diagnosed by rapid antigen test	Total
Age group (years)			
0-9	5,093 (37%)	8,696 (63%)	13,789 (100%)
10-19	5,570 (31%)	12,511 (69%)	18,081 (100%)
20-29	7,502 (41%)	10,987 (59%)	18,489 (100%)
30-39	9,083 (41%)	13,208 (59%)	22,291 (100%)
40-49	7,772 (41%)	11,309 (59%)	19,081 (100%)
50-59	6,947 (48%)	7,384 (52%)	14,331 (100%)
60-69	5,401 (53%)	4,859 (47%)	10,260 (100%)
70-79	3,133 (56%)	2,440 (44%)	5,573 (100%)
80-89	1,308 (63%)	757 (37%)	2,065 (100%)
90+	429 (72%)	165 (28%)	594 (100%)
All ages	52,238 (42%)	72,316 (58%)	124,554 (100%)
Local Health District (LHD)*			
Central Coast	2,048 (34%)	4,021 (66%)	6,069 (100%)
Illawarra Shoalhaven	3,013 (42%)	4,149 (58%)	7,162 (100%)
Nepean Blue Mountains	2,534 (39%)	3,909 (61%)	6,443 (100%)
Northern Sydney	6,673 (44%)	8,372 (56%)	15,045 (100%)
South Eastern Sydney	7,061 (51%)	6,892 (49%)	13,953 (100%)
South Western Sydney	6,569 (48%)	7,250 (52%)	13,819 (100%)
Sydney	5,470 (52%)	5,118 (48%)	10,588 (100%)
Western Sydney	7,666 (51%)	7,264 (49%)	14,930 (100%)
Total metropolitan LHDs	41,034 (47%)	46,975 (53%)	88,009 (100%)
Far West	93 (17%)	467 (83%)	560 (100%)
Hunter New England	6,155 (34%)	12,064 (66%)	18,219 (100%)
Mid North Coast	330 (14%)	2,035 (86%)	2,365 (100%)
Murrumbidgee	837 (22%)	3,052 (78%)	3,889 (100%)
Northern NSW	560 (20%)	2,305 (80%)	2,865 (100%)
Southern NSW	988 (34%)	1,947 (66%)	2,935 (100%)
Western NSW	1,563 (32%)	3,285 (68%)	4,848 (100%)
Total rural and regional LHDs	10,526 (30%)	25,155 (70%)	35,681 (100%)

*Excludes cases in correctional settings and hotel quarantine.

- In the week ending 9 April 2022, the proportion of cases reported by RAT for regional LHDs (70%) was higher than for metropolitan LHDs (53%).
- The proportion of people reported with COVID-19 who were diagnosed by PCR test generally increased with age. The high proportion of children with COVID-19 who were diagnosed by RAT may in part be due to families of school children being given a supply of RATs.

Table 6. Rate per 100,000 population of people diagnosed with COVID-19, by Aboriginal status, age group and Local Health District, NSW, reported in the week ending 9 April 2022

	Case rate in Aboriginal people	Case rate in non-Aboriginal people [#]	Total case rate [#]
Age group (years)			
0-9	739	1,424	1,380
10-19	1,327	2,009	1,967
20-29	2,484	1,638	1,671
30-39	2,973	2,027	2,052
40-49	2,153	1,867	1,875
50-59	1,519	1,475	1,476
60-69	1,460	1,265	1,269
70-79	1,245	1,090	1,092
80+	934	830	830
All ages[^]	1,667	1,607	1,609
Local Health District (LHD)*			
Central Coast	1,594	1,820	1,810
Illawarra Shoalhaven	1,845	1,763	1,766
Nepean Blue Mountains	1,945	1,743	1,752
Northern Sydney	2,172	1,643	1,646
South Eastern Sydney	1,778	1,524	1,527
South Western Sydney	1,492	1,432	1,433
Sydney	1,673	1,612	1,613
Western Sydney	1,620	1,573	1,574
Total metropolitan LHDs	1,717	1,596	1,598
Far West	1,474	1,937	1,877
Hunter New England	1,957	2,000	1,997
Mid North Coast	903	1,107	1,093
Murrumbidgee	1,497	1,317	1,614
Northern NSW	746	979	966
Southern NSW	1,731	1,416	1,430
Western NSW	1,723	1,737	1,735
Total rural and regional LHDs	1,614	1,597	1,636

[#]Includes all cases who did not identify as Aboriginal and/or Torres Strait Islander.

[^]Excludes cases where date of birth is unknown

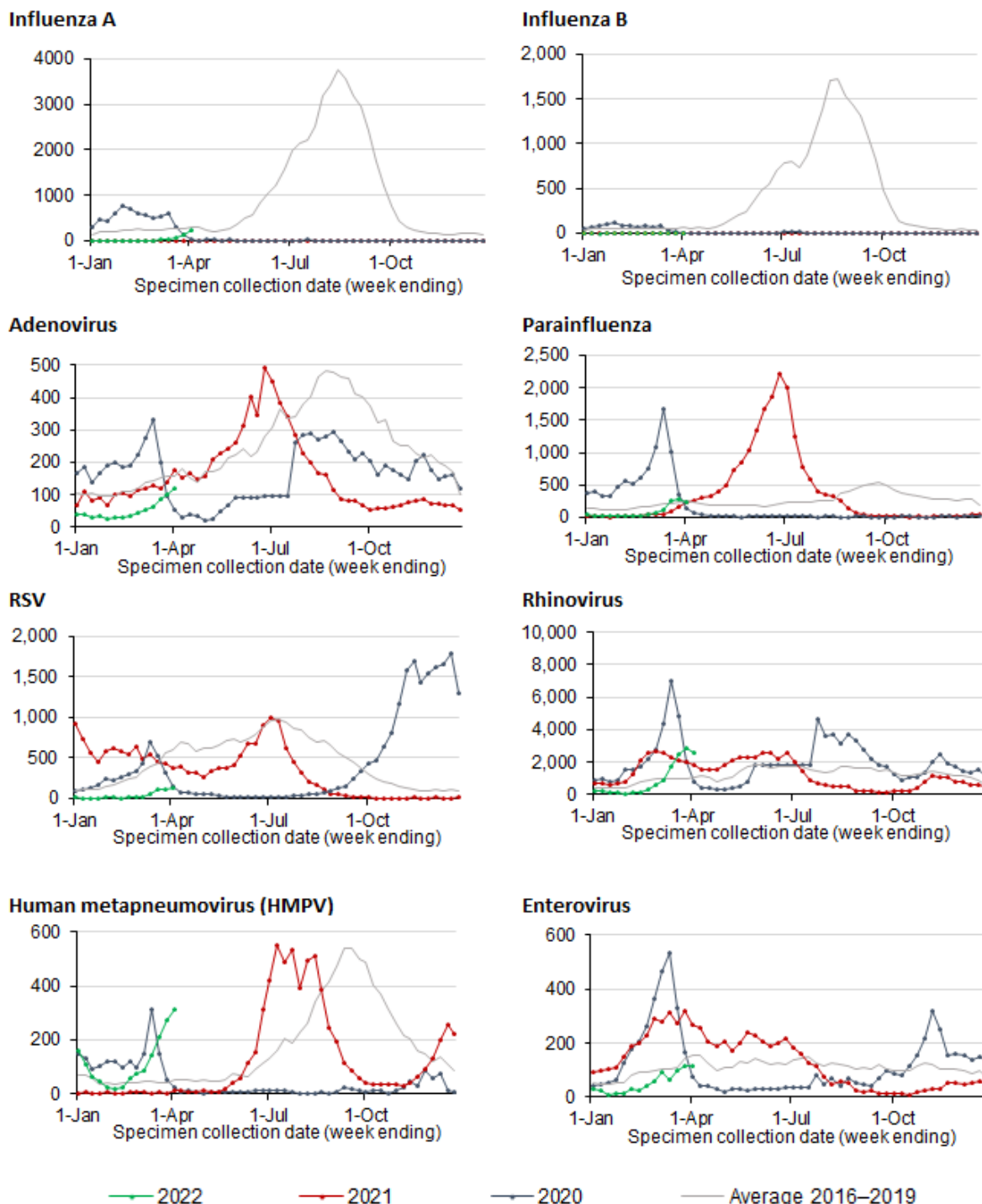
*Excludes cases in correctional settings and hotel quarantine.

- Aboriginal and Torres Strait Islander communities are recognised as a priority group due to key drivers of increased risk of transmission and severity of COVID-19 which include mobility, remoteness, barriers to healthcare access which may include institutional racism and mistrust of mainstream health services, crowded and inadequate housing, and burden of disease.
- Overall, the case rate per 100,000 population was similar for people who are Aboriginal and/or Torres Strait Islander and people who are non-Aboriginal. The rate was highest in the 30-39 year age group for both groups. The rate for people who are Aboriginal and/or Torres Strait Islander was higher in metropolitan LHDs than in rural and regional LHDs, whereas the rate was similar for non-Aboriginal people across both regions.
- Data on Aboriginal cases needs to be interpreted cautiously. NSW Health is no longer interviewing every case and Aboriginal status is now recorded through the short text message survey sent at the time of notification. However, not all cases respond to this message and hence Aboriginality may be under-reported (complete data is available for 69% of cases).

Section 3: Number of people reported to be diagnosed with influenza and other respiratory viral infections

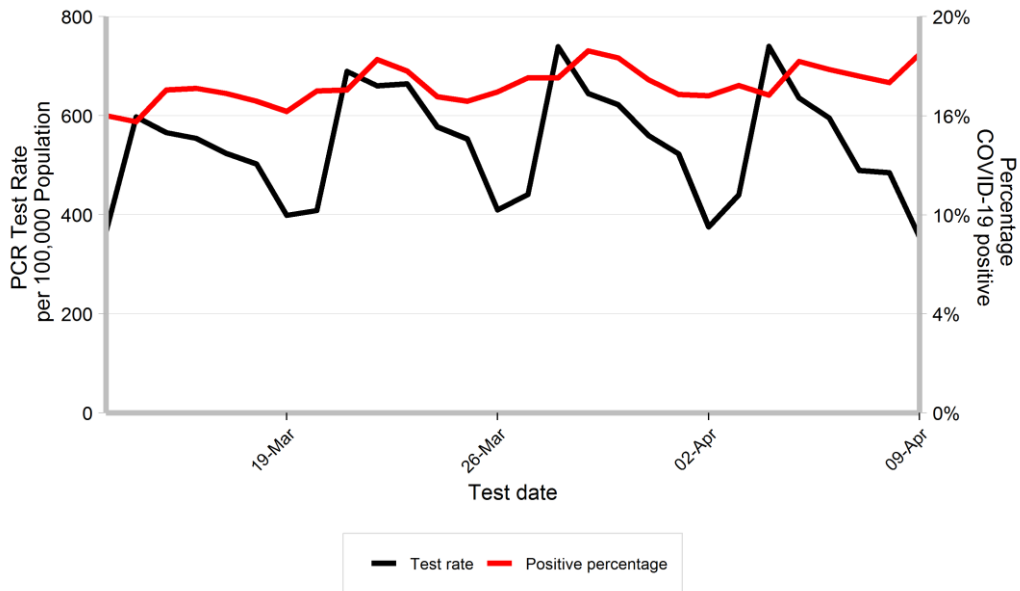
- In the week ending 3 April 2022, 240 cases of influenza A were identified. No cases of influenza B were identified.
- The number of PCR tests for influenza A that were positive increased but remained low. Of 26,442 PCR tests conducted for influenza, 0.91% were positive for influenza A and 0.00% were positive for influenza B.
- Cases of adenovirus, RSV, human metapneumovirus and enterovirus increased in the week ending 3 April 2022, and cases of parainfluenza and rhinovirus decreased.

Figure 7. Number of positive PCR test results for influenza and other respiratory viruses at sentinel NSW laboratories, January 2020 to 3 April 2022



Section 4: Testing

Figure 8. Rate of PCR tests for COVID-19 per 100,000 population per day, and percentage of PCR tests which were positive for COVID-19, by test date, NSW, in the four weeks to 9 April 2022



- There were 264,655 PCR tests reported in the week ending 9 April 2022. This is a 3% decrease compared to 275,193 PCR tests in the previous week.
- The percentage of PCR tests that were positive for COVID-19 increased this week to 18% by 9 April 2022 compared to 16% at the end of the previous week.
- The proportion of people with PCR confirmed COVID-19 who were notified to NSW Health by the laboratory within 24 hours of specimen collection was 98% (56,095/57,524).

Figure 9. Rate of PCR tests for COVID-19 per 100,000 population by Local Health District and test date, NSW, in the four weeks to 9 April 2022

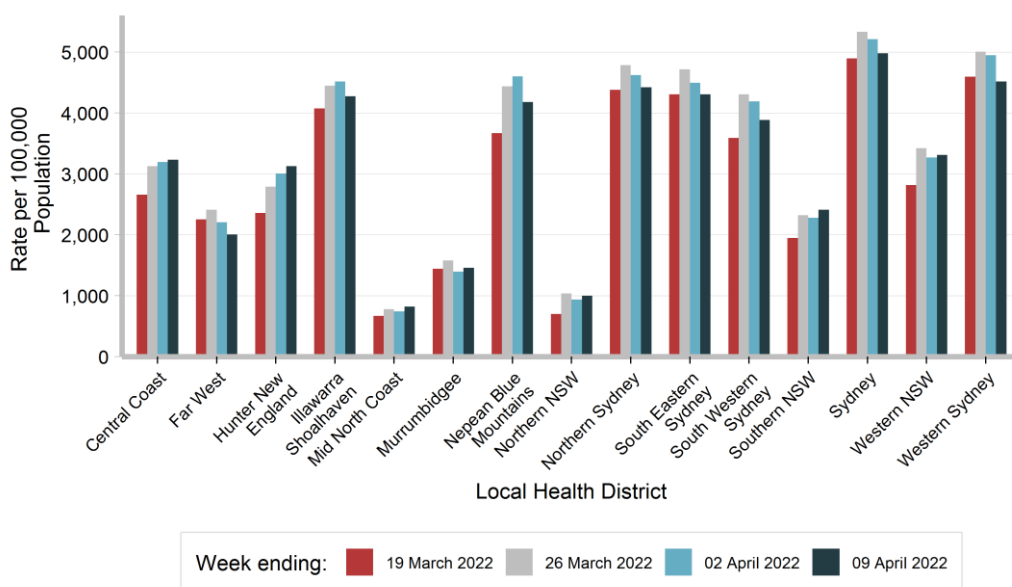


Table 7. Variants of concern (VOCs) identified by whole genome sequencing (WGS) of virus from people who tested positive for SARS CoV-2 by PCR, by test date, NSW, in the four weeks to 9 April 2022

Variant	Week ending			
	19 March	26 March	02 April	09 April
Omicron (BA.1)	117	5	22	2
Omicron (BA.2)	472	594	473	22
Mixed BA.1/BA.2*	3	2	1	0
Recombinant BA.1/BA.2 (XE)^	0	0	0	1
Total	592	651	496	25

* 'Mixed' infections occur when two separate virus sequences are detected at the same time in a single specimen.

^ Recombinant virus sequences occur when two separate virus strains merge, forming a new, single strain that contains genomic regions of both co-infecting strains.

- SARS-CoV-2 variants that pose an increased risk to global public health are designated as variants of concern (VOCs) by the World Health Organization.
- VOCs are identified by WGS conducted at three NSW reference laboratories. WGS can only be conducted on PCR positive tests. Specimens from people admitted to hospital and ICU are prioritised for WGS. This is not a random sample, therefore the proportion of VOCs identified is not necessarily reflective of their distribution in the community.
- There is a lag between the date a PCR test is taken and the date that the results of WGS are reported, therefore the count of VOCs for recent dates will increase over time.
- The Omicron variant (B.1.1.529) is the only COVID-19 variant to be identified by WGS in the NSW community in recent weeks. Two sub-lineages of the Omicron variant (BA.1 and BA.2) are both circulating, with BA.2 being the dominant sub-lineage.
- Six mixed BA.1/BA.2 infections have been identified in specimens collected in the last four weeks.
- One recombinant XE (BA.1/BA.2) has been identified in a specimen collected in the week ending 9 April 2022. This is the first XE sequence to be identified in NSW and was identified in a recently returned traveller. Another recombinant BA.1/BA.2 sequence has previously been identified but it was not of the XE lineage.

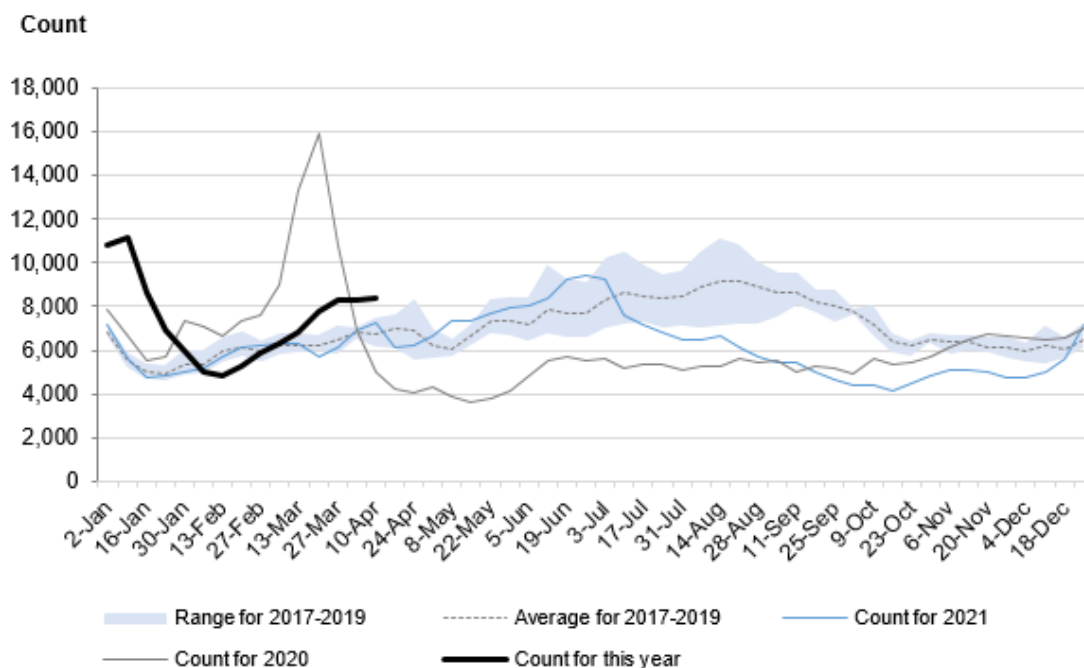
S gene detection as a proxy for the BA.2 Omicron sub-lineage

- The BA.1 sub-lineage of the Omicron variant has a mutation that results in a failure of certain PCR test platforms to detect the S gene. This mutation is not present in the BA.2 sub-lineage, and therefore in a region where there is little Delta variant circulating the detection of an S gene can be used as a proxy to distinguish between the two Omicron sub-lineages.
- The PCR test used by a large private pathology provider in NSW can routinely report on detection of the S gene in a specimen positive for SARS-CoV-2. The proportion of SARS-CoV-2 positive specimens with an S gene has increased and was 97% by 9 April 2022. This indicates that the BA.2 sub-lineage may have made up around 97% of the SARS-CoV-2 detected in NSW by 9 April 2022.
- The number of specimens processed using this PCR test has fallen in recent weeks, with an average of 250 positive specimens detected per day using the test this week. This affects the generalisability of the estimate but recent WGS results are consistent with this finding.

Appendix A: Other respiratory virus surveillance

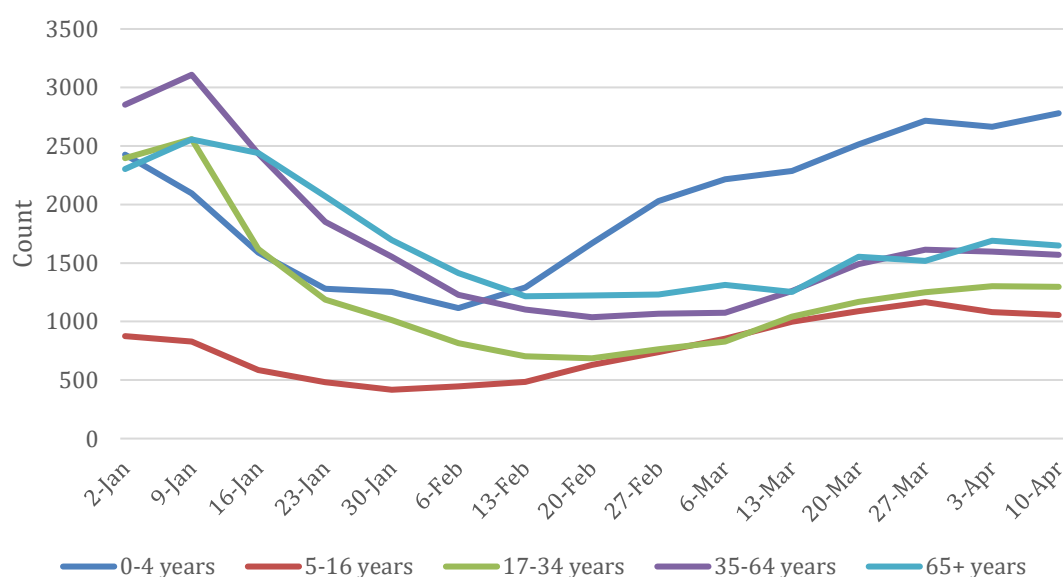
Hospital Surveillance

Figure A1. Weekly counts of unplanned Emergency Department presentation for all respiratory problems/fever and unspecified infections*, 2022, compared to the same week in the previous 5 years.



*Unspecified infections include asthma, breathing problems, bronchitis, coronaviruses/SARS, influenza-like illness, and pneumonia.

Figure A2. Weekly counts of unplanned Emergency Department presentation for all respiratory problems/fever and unspecified infections, 2022, by age group.



- Emergency Department presentations for all respiratory problems/fevers and unspecified infections are above the above the seasonal average and are highest in the 0-4 year age group.
- The increase in unplanned Emergency Department presentations for the 0-4 year age group is largely driven by presentations for coronaviruses/SARS and bronchiolitis, however an increase in admissions in children with influenza has also been observed, with nine children admitted to Children’s Hospital Westmead with influenza in the week ending 9 April 2022.

Figure A3. Weekly counts of unplanned Emergency Department presentation for pneumonia, 2022, compared to the same week in the previous 5 years.

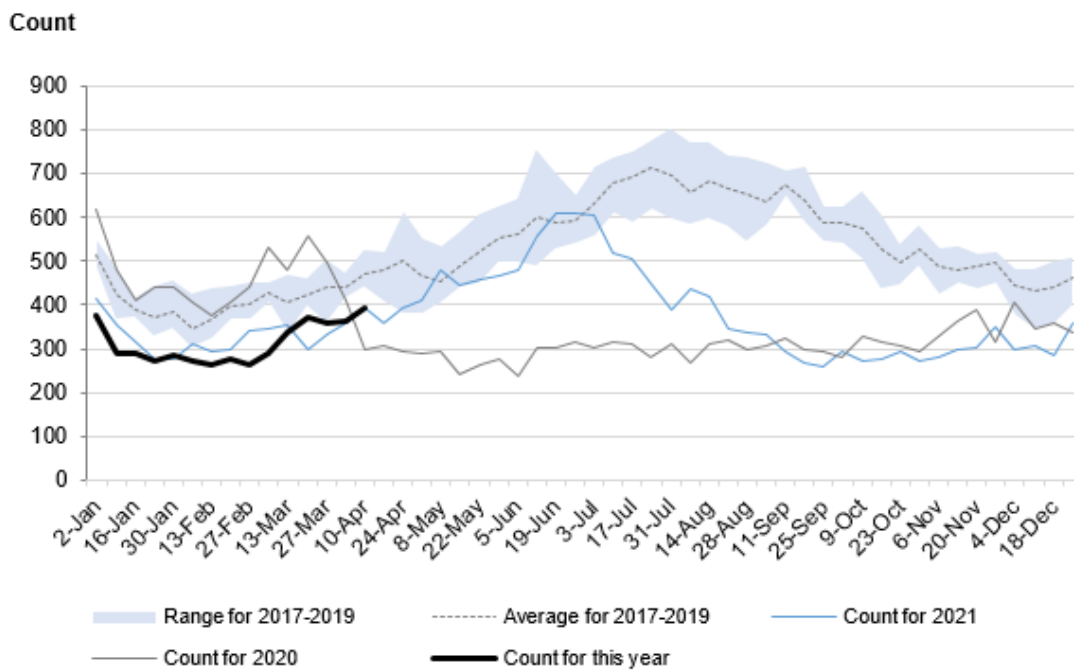


Figure A4. Weekly counts of unplanned Emergency Department presentation for bronchiolitis, 2022, compared to the same week in the previous 5 years.

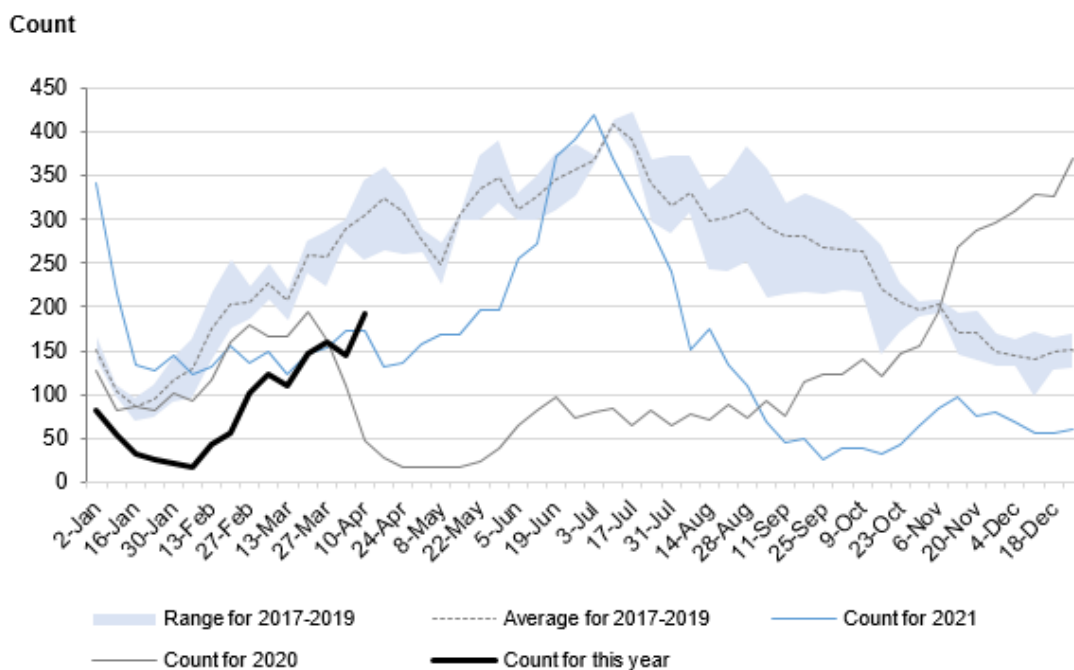


Figure A5. Weekly counts of unplanned Emergency Department presentation for influenza like illness, 2022, compared to the same week in the previous 5 years.

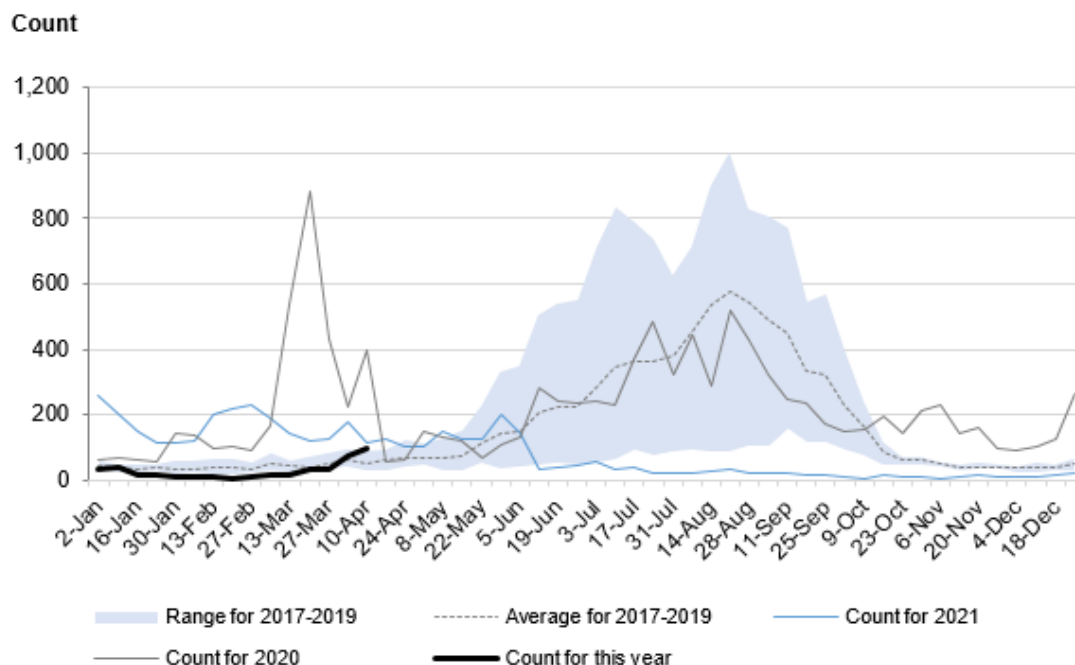
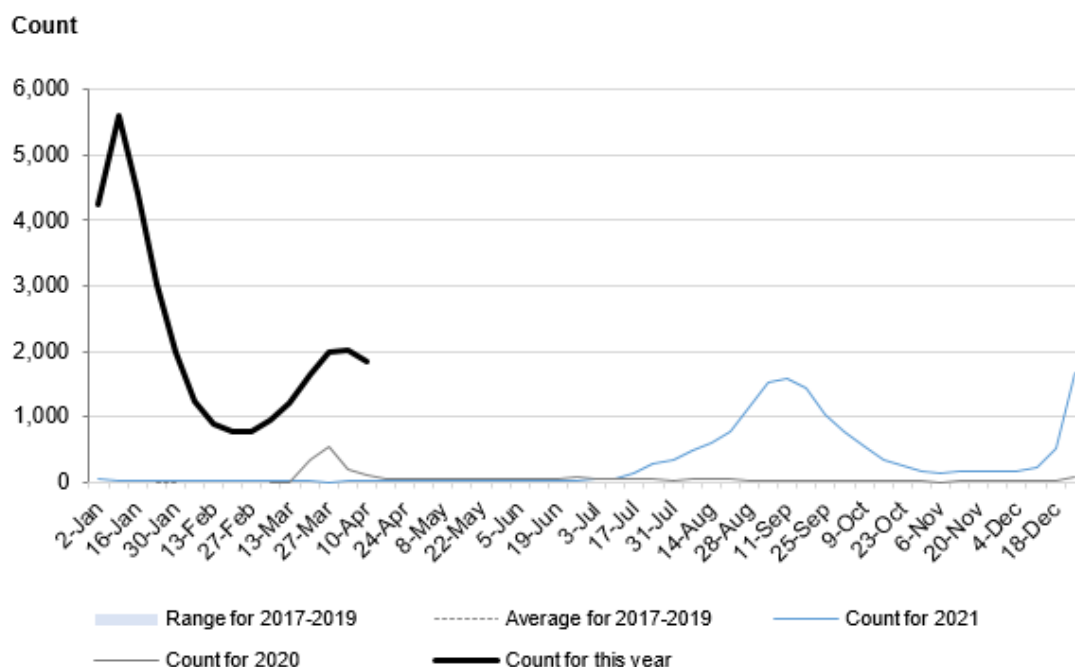


Figure A6. Weekly counts of unplanned Emergency Department presentations for coronaviruses and SARS, 2022, compared to the same week in the previous 5 years.



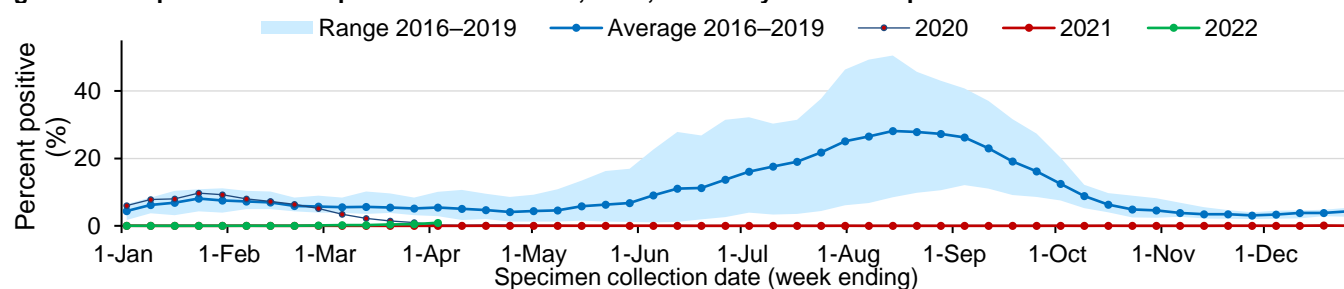
- Emergency Department presentations for pneumonia and bronchiolitis are similar to the previous two years and remain below the seasonal average.
- Emergency Department presentations for influenza like illness are lower than previous two years but are currently higher than the seasonal average.
- Emergency Department presentations for coronaviruses and SARS are higher than the previous two years.

Laboratory testing for influenza and other respiratory infections in NSW

Table A1. Total number of respiratory disease reports by virus type, NSW, 7 March to 3 April 2022

Respiratory disease	Week ending				Year to date
	13 Mar	20 Mar	27 Mar	3 Apr	
Influenza A	33	78	129	240	537
Influenza B	2	0	0	0	3
Adenovirus	61	86	102	122	693
Parainfluenza	126	258	291	241	1,211
Respiratory syncytial virus (RSV)	47	104	110	126	471
Rhinovirus	1,709	2,464	2,835	2,612	12,145
Human metapneumovirus (HMPV)	143	211	272	314	1,451
Enterovirus	67	97	114	115	697

Figure A7. Proportion of tests positive for influenza, NSW, 1 January 2016 to 3 April 2022



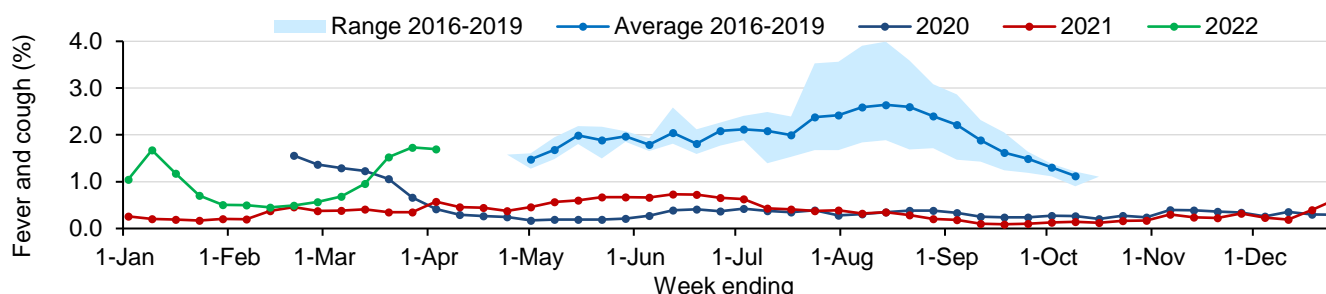
- The percentage of influenza tests that were positive has been low (<1%) relative to the usual seasonal range indicating limited influenza transmission in the community.

Table A2. Number of notifications of laboratory-confirmed influenza by Local Health District, NSW, 7 March to 3 April 2022

LHD	Week ending				Year to date
	13 Mar	20 Mar	27 Mar	3 Apr	
Central Coast	0	3	1	3	7
Far West	0	0	0	0	0
Hunter New England	4	1	1	1	9
Illawarra Shoalhaven	0	1	1	1	3
Mid North Coast	0	1	0	1	8
Murrumbidgee	0	0	0	2	4
Nepean Blue Mountains	2	1	1	1	8
Northern NSW	0	1	3	2	11
Northern Sydney	8	8	12	7	43
South Eastern Sydney	4	4	7	19	37
South Western Sydney	5	7	20	63	104
Southern NSW	0	0	0	0	0
Sydney	3	9	6	21	43
Western NSW	0	0	1	3	5
Western Sydney	2	26	35	36	108
Unassigned	7	16	41	80	150
Total	35	78	129	240	540

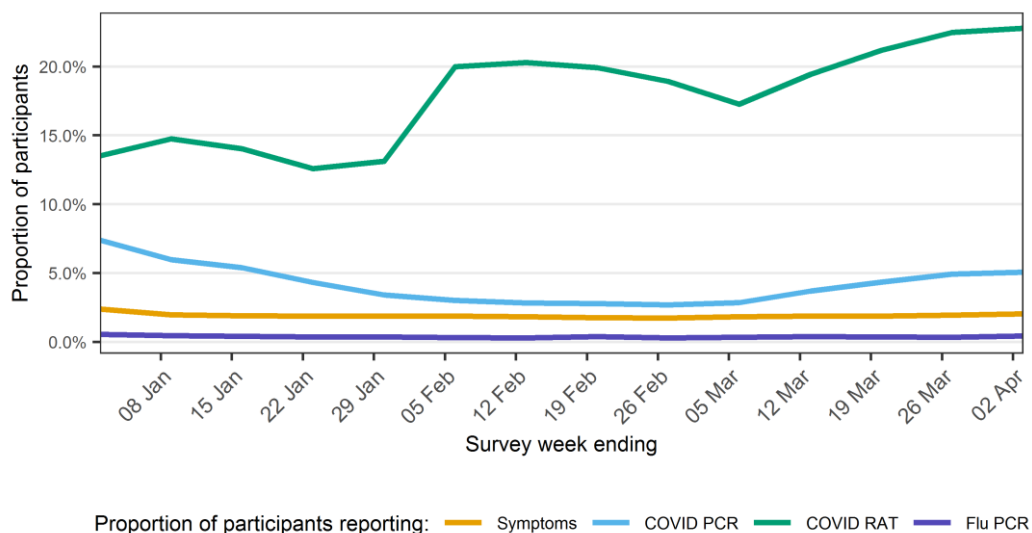
Community surveillance

Figure A8. Proportion of FluTracking participants reporting influenza-like illness, NSW, 1 January 2016 to 3 April 2022



- FluTracking is a voluntary online weekly survey conducted across Australia, New Zealand and Hong Kong to monitor flu and COVID-like illness in the community. A limitation of this system is that participants are self-selected (individuals need to register to receive the weekly survey) and not representative of the population as a whole, but provide an indication of illness in the community and trends over time. For more information about FluTracking, go to <https://info.flutracking.net/>
- Prior to the COVID-19 pandemic, FluTracking was only conducted during the influenza season (May – Oct), therefore it is not possible to compare current trends to a seasonal average. However, in March 2022 the proportion of FluTracking participants reporting influenza-like illness (fever and cough) was higher than in March 2021.

Figure A9. Proportion of NSW FluTracking participants who reported influenza-like symptoms, a COVID-19 PCR test, a COVID-19 rapid antigen test (RAT), and/or an influenza PCR test, 2 January to 3 April 2022



Appendix B: Early Childhood Education and Care (ECEC) and school aged children

- Mandatory registration of positive RAT results started on 12 January 2022, with people encouraged to register their results collected from 1 January onwards. Demographic information was not available for RATs registered prior to 20 January 2022, therefore RATs registered before this date are not included in this section.
- The School RAT Surveillance Program commenced at the beginning of school term 1 2022 (31 January 2022). Under this program, all school students and staff were requested to undertake two RATs per week. From Monday 28 February, all students and staff were provided with an allocation of RATs to use at their discretion, such as if they were experiencing COVID-19 symptoms.

Figure B1. Seven-day rolling average of COVID-19 case rate per 100,000 population for children aged 0-18 years, by age group and notification date, 1 January to 9 April 2022

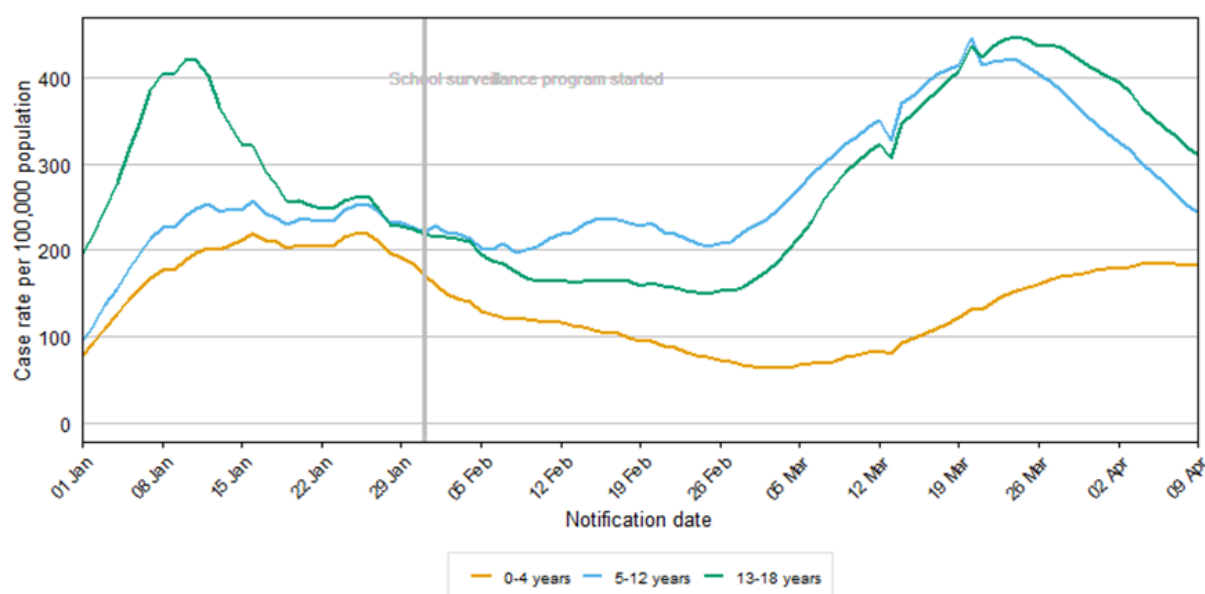


Table B1. Number of cases in children aged 0-18 years by age group and test type, 30 January to 9 April 2022

Weeks	Test type	Age group (years)			Total
		0-4	5-12	13-18	
Week ending 5 March 2022 (Week 5 school term)	PCR	1,032	5,176	2,643	8,851
	RAT	1,508	10,778	6,174	18,460
Week ending 12 March 2022 (Week 6 school term)	PCR	1,328	7,144	4,275	12,747
	RAT	1,813	13,399	8,916	24,128
Week ending 19 March 2022 (Week 7 school term)	PCR	2,009	8,346	5,539	15,894
	RAT	2,600	15,933	11,050	29,583
Week ending 26 March 2022 (Week 8 school term)	PCR	2,663	7,936	5,785	16,384
	RAT	3,373	15,649	12,001	31,023
Week ending 2 April (Week 9 school term)	PCR	2,980	6,157	5,303	14,440
	RAT	3,754	12,867	10,755	27,376
Week ending 9 April (Week 10 school term)	PCR	3,142	4,529	4,200	11,871
	RAT	3,725	9,772	8,448	21,945
Since 30 January 2022 (school term 1)	PCR	20,554	56,478	37,021	114,053
	RAT	25,021	111,469	75,532	212,022

Epidemiological week 14, ending 9 April 2022

- COVID-19 notifications in cases aged 5-12 years and 13-18 years increased from the end of February and peaked in mid-March 2022. The rate in these age groups has since declined.
- COVID-19 notifications in children aged 0-4 years increased around 5 March. They have not increased to the same level but have also not decreased as observed in the older children.

Table B2. Number of cases in children aged 0-18 years by Local Health District of residence*, 6 March to 9 April 2022

LHD	Week ending 12 March 2022	Week ending 19 March 2022	Week ending 26 March 2022	Week ending 2 April 2022	Week ending 9 April 2022	Year to date
Central Coast	1,387	2,088	2,513	2,316	1,969	23,098
Far West	66	159	187	193	243	1,622
Hunter New England	3,819	4,798	5,458	6,024	5,739	57,077
Illawarra Shoalhaven	2,348	2,514	2,619	2,345	1,952	26,384
Mid North Coast	900	979	997	1,015	730	11,149
Murrumbidgee	1,162	1,733	1,694	1,340	1,226	15,368
Nepean Blue Mountains	1,938	2,368	2,660	2,699	2,082	26,614
Northern NSW	309	451	847	913	771	11,176
Northern Sydney	5,771	7,124	6,420	5,492	4,080	55,567
South Eastern Sydney	4,122	5,171	4,832	3,658	2,779	46,011
South Western Sydney	3,922	4,858	5,987	4,898	3,837	62,162
Southern NSW	827	1,011	1,173	996	880	10,149
Sydney	2,469	3,177	3,018	2,472	1,864	28,812
Western NSW	1,248	1,639	2,099	1,782	1,515	17,424
Western Sydney	6,506	7,299	6,796	5,534	4,005	67,203
Total	36,794	45,369	47,300	41,677	33,672	459,816

* Excludes people with a usual place of residence outside NSW, and those for whom LHD was not available at the time of data extraction.

- Since 1 January 2022, the three LHDs with the most cases aged 0-18 years are South Western Sydney, Western Sydney and Hunter New England LHDs.

Table B3. Number of positive RAT registrations for ECEC aged children and number of ECEC services* with at least one case registered to them, 27 February to 9 April 2022

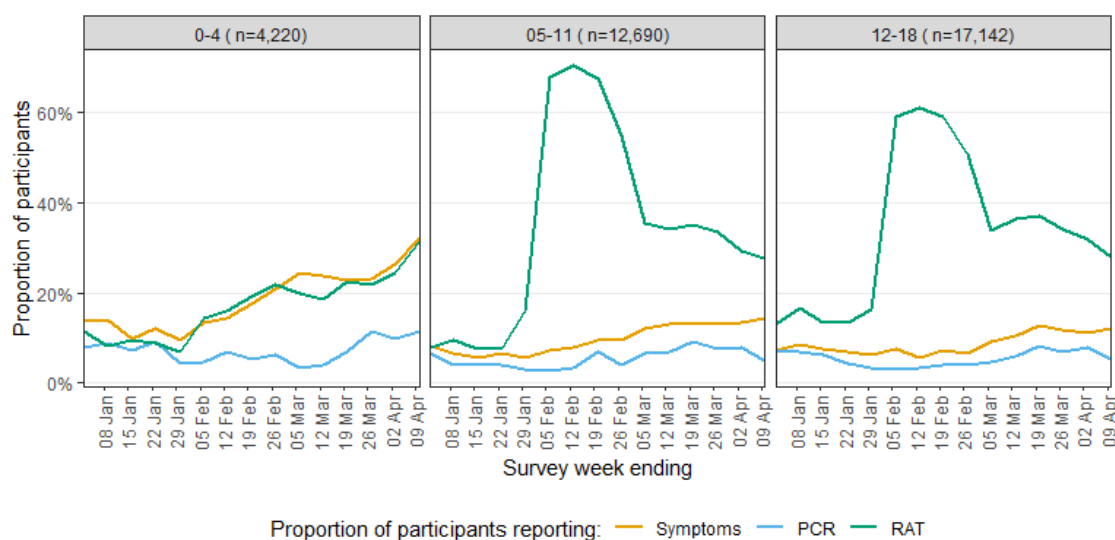
	Week ending 5 March 2022		Week ending 12 March 2022		Week ending 19 March 2022		Week ending 26 March 2022		Week ending 2 April 2022		Week ending 9 April 2022	
	Cases	ECECs affected	Cases	ECECs affected	Cases	ECECs affected	Cases	ECECs affected	Cases	ECECs affected	Cases	ECECs affected
Total	1,304	777	1,545	906	1,837	1,093	1,644	1,061	1,750	1,159	1,589	1,101

Table B4. Number of positive RAT registrations for school aged children and number of schools* with at least one case registered to them, 27 February to 9 April 2022

	Week ending 5 March 2022		Week ending 12 March 2022		Week ending 19 March 2022		Week ending 26 March 2022		Week ending 2 April 2022		Week ending 9 April 2022	
	Cases	Schools affected	Cases	Schools affected	Cases	Schools affected	Cases	Schools affected	Cases	Schools affected	Cases	Schools affected
Primary	6,063	997	7,765	1,072	8,533	1,126	5,928	1,119	4,889	1,108	3,402	1,026
Secondary	3,371	376	5,062	372	5,757	381	4,414	377	3,856	382	2,828	382
K-12	154	35	251	37	258	41	238	39	207	38	227	41
Other	5,953	612	7,742	638	8,377	652	5,932	647	4,678	616	3,031	572
Total	15,541	2,020	20,820	2,119	22,925	2,200	16,512	2,182	13,630	2,144	9,488	2,021

* Individual ECECs and schools may appear in multiple week ending periods reported in these tables. Therefore, the number of ECECs and schools with at least one case registered to them cannot be aggregated across weeks.

- Service NSW asks for the name of the school or ECEC service the person who has tested positive attends when they register a positive RAT, if the case is aged 0-19 years. This question is not compulsory and not everyone chooses to answer the question. Therefore, data in this section may be an under-count of cases in school and ECEC settings.
- Since 30 January 2022, of all RATs registered in the 0-19 age group, the proportion registered against a school or ECEC name increased from 57% in week 1 (week ending 5 February) to 86% in week 6 of term 1 (week ending 12 March), but declined to 47% in week 10 (week ending 9 April). Some of those who did not answer the question may not be school or ECEC attenders.
- In the week ending 9 April 2022, approximately 60% of schools and 19% of ECECs in NSW had at least one positive RAT registered to them. This is likely an underestimate because the data presented in the tables above excludes schools and ECECs that were entered as free text in the Service NSW RAT registration form and therefore cannot be assigned as a school or ECEC.

Figure B2. Proportion of NSW FluTracking participants reporting symptoms, COVID-19 PCR tests and COVID-19 rapid antigen tests (RATs) for their children by age group, 3 January to 10 April 2022

- There was a sharp increase in the proportion of participants self-reporting the use of RATs for children aged 5-18 years beginning in the week ending 29 January 2022, before experiencing a sharp decrease at the end of February. This corresponded with the school RAT surveillance program, which started at the beginning of term and ended on 27 February. Children in ECEC were not part of the RAT surveillance program however the proportion using RATs has steadily continued to increase since the end of January.
- The proportion of participants reporting symptoms across all age groups has continued to increase since the beginning of the year. PCR testing has remained largely stable since the beginning of the year.