

Acute Respiratory Infections Annual Summary 2022

Public Health Unit Data from 1 Jan 2022 – 31 Dec 2022

Key messages

Cases: From 1 January 2022 to 31 December 2022 there were **394,629** notifications of COVID-19 in residents of South Eastern Sydney Local Health District (SESLHD), with the highest number of notifications being reported in early January, followed by three smaller waves in April, August, and December. Sutherland Shire LGA had the highest crude rate of cases throughout the year. The sex distribution of COVID-19 cases was similar and the age group most affected were people aged 20-49 years.

There were **12,295** influenza cases reported during 2022, with most cases being reported during a single wave in June and July. Case counts are not comparable to previous years due to deployment across NSW of "triplex" PCR testing (COVID-19, influenza & RSV) from May 2022, which increased influenza testing, and probably increased case detection. Sutherland Shire LGA had the highest crude rate of influenza cases across the district. Most influenza notifications occurred in children aged 0-9 years of age. The sex distribution of notifications was mostly similar.

Deaths: There were 679 COVID-19-related deaths reported amongst SESLHD residents during 2022.

Aged & Disabled Care Facilities: During 2022 there were **404** outbreaks in aged care facilities. Outbreaks in aged care facilities peaked in January, followed by three secondary peaks of outbreaks reported to the PHU in April-May, July-August and again in December. Throughout the year there were changes to the way data were collected for residential aged care and disability facilities which impacted reporting.

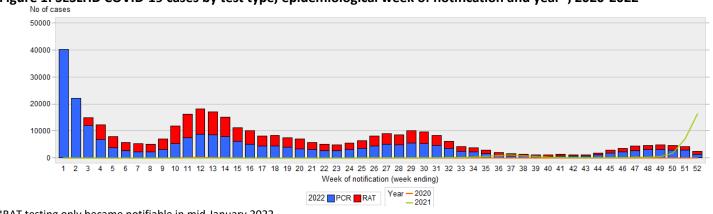
Testing: COVID-19 testing rates peaked in January followed by a steep decline in February before a second peak in March and April. Test positivity rate for COVID-19 also peaked in January at **75%.** Sutherland Shire LGA had the highest rate of testing from January to September. From September Woollahra had the highest rate of testing across the district. Waverley LGA had the lowest rate of testing throughout the year in SESLHD.

Emergency department activity: COVID-19 presentations and admissions were highest in January and fluctuated at lower levels during the remainder of 2022. Presentations and admissions for other acute respiratory infections peaked in June -July.

Data summary

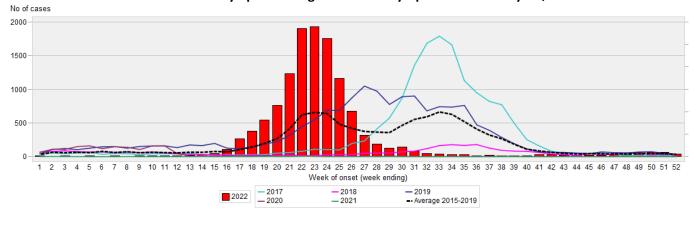
1. Case numbers





*RAT testing only became notifiable in mid-January 2022

Figure 2: SESLHD influenza notifications by epidemiological week of symptom onset and year, 2017 - 2022



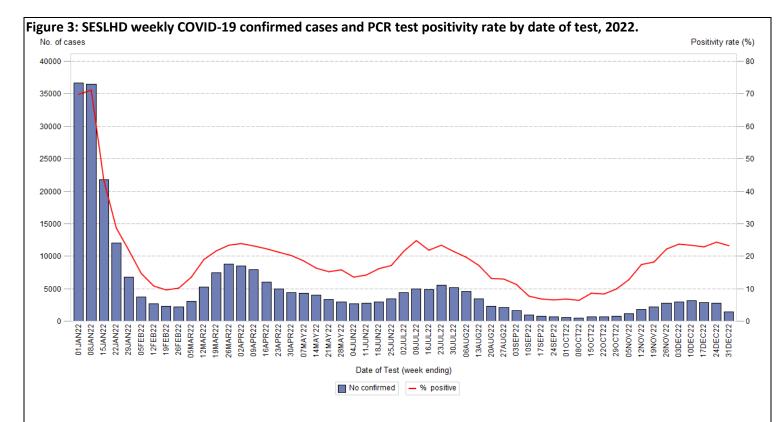


Figure 4: SESLHD crude rate of PCR and RAT positive COVID-19 cases, per 100,000 people by LGA of residence and date of test, 2022

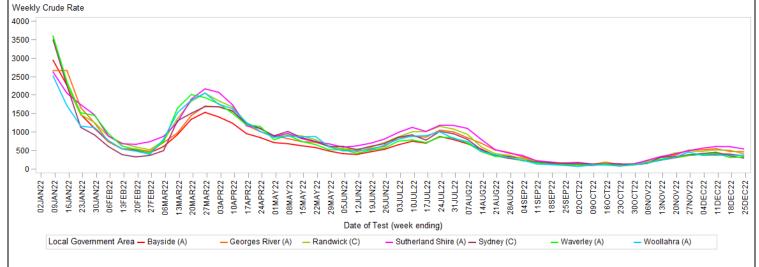
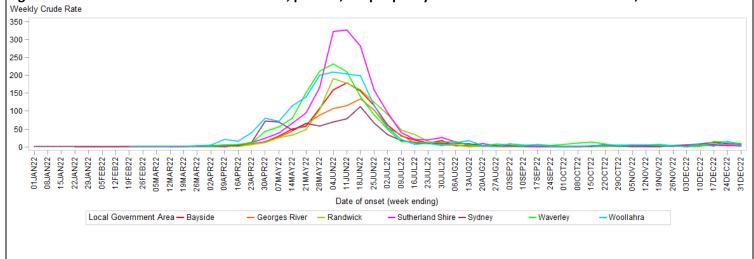
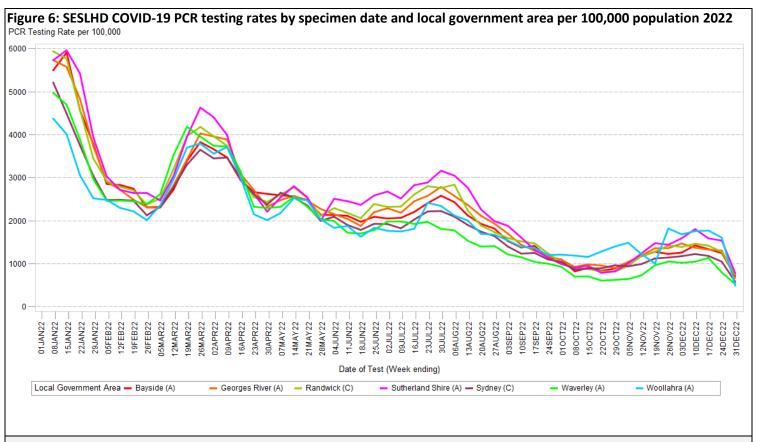


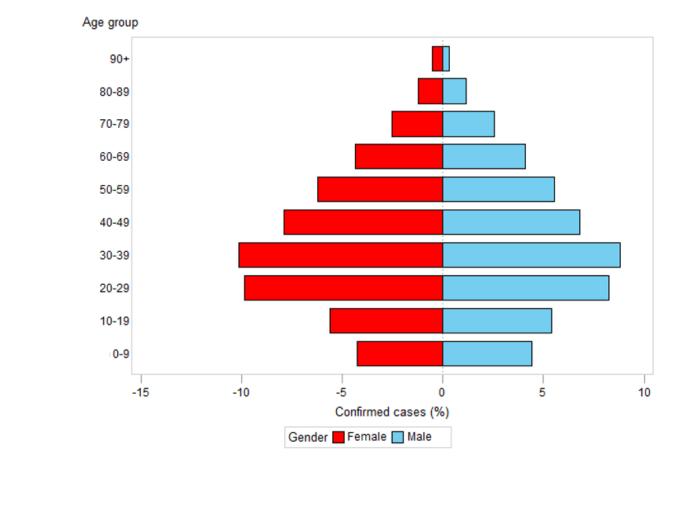
Figure 5: SESLHD crude rate of influenza cases, per 100,000 people by LGA of residence and date of test, 2022



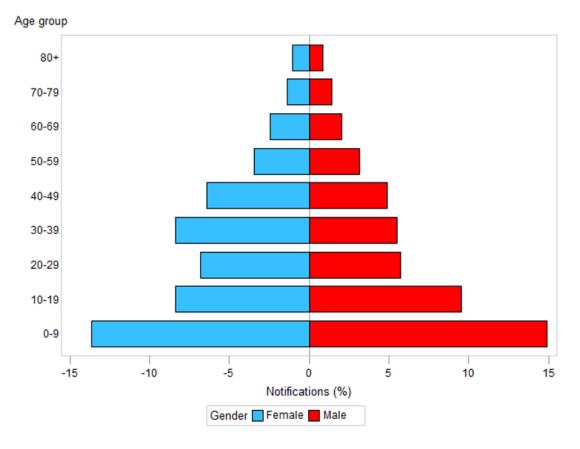


2. Demographic Data

Figure 7: SESLHD proportion of COVID-19 cases by date of notification, age group and gender, 2022

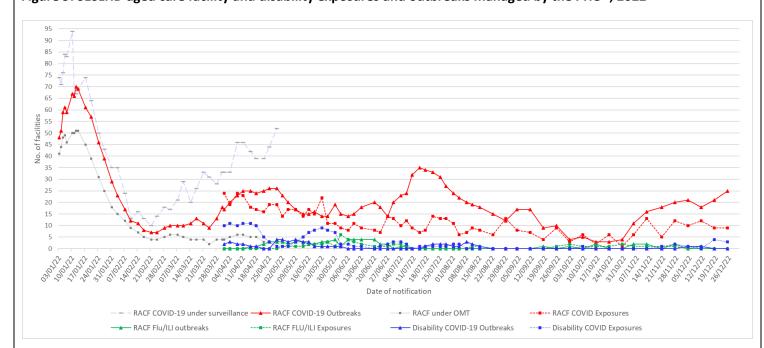






3. Residential facility outbreaks reported to the Public Health Unit

Figure 9: SESLHD aged care facility and disability exposures and outbreaks managed by the PHU*, 2022



^{*&}quot;RACFs under OMT" (OMT = outbreak management team) ceased being reported in May due to changes in operational response. Collection of data for "RACF COVID-19 under surveillance", which included both exposures and outbreaks ceased in April 2022, and collection of "RACF COVID-19 outbreaks" and "RACF COVID-19 exposures" began.

Recording of the number of disability services with a COVID-19 exposure or outbreak began in April 2022.

^{&#}x27;Flu/ILI' outbreaks include outbreaks caused by RSV.

4. Emergency Department Activity – all acute hospitals located within SESLHD boundaries

Figure 10: Presentations to ED due to influenza like illness 2017 - 2022

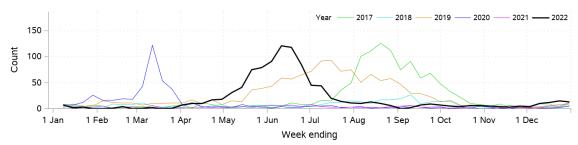


Figure 11: Presentations to ED due Coronaviruses/SARS, 2020-2022

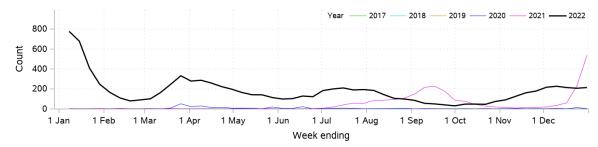


Figure 12: SARS coronavirus hospital admissions, 2020–2022

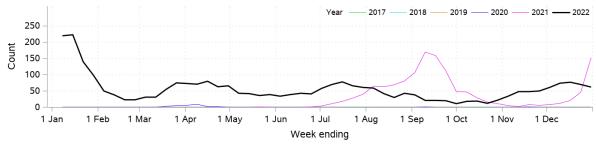


Figure 13: Pneumonia and ILI admissions, 2017–2022

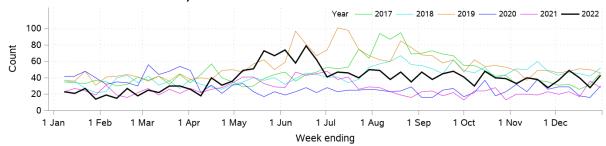


Figure 14: Respiratory, fever and unspecified infection presentations, 2017–2022

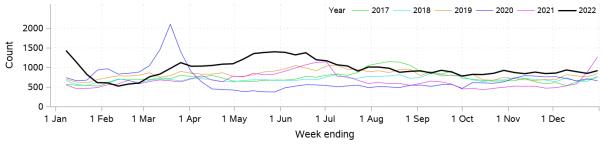


Figure 15: Bronchiolitis presentations, 2017–2022

