



**Key messages for local services**

**New cases:** In the 7 days to 10 March there were **1146** new COVID-19 cases notified in SESLHD residents, which is a **30% increase** compared to the previous report. COVID-19 notifications continue mainly in adults. Presentations to ED for influenza like illness (ILI) increased but the number is small and below average; presentations for bronchiolitis remain higher than usual for this time of the year. Admissions from ED to hospital due to COVID-19 continue to increase slowly while admissions due to pneumonia and ILI increased sharply and are above average. Influenza notifications remain low with 54 notifications this week.

**Deaths:** There has been 1 COVID-19 related death reported in the past week. The total number of COVID-19 related deaths in SESLHD is 778.

**Aged & Disabled Care Facilities:** Exposures in aged care facilities are steady: twelve aged care facilities are under surveillance following recent COVID-19 exposure, with five experiencing an outbreak. Two aged care facilities are under surveillance following recent RSV exposure, with one experiencing an outbreak. There is one disability service with a recent COVID-19 exposure.

**Boarding Houses & Temporary Accommodation:** There is no temporary accommodation facility with a recent exposure to COVID-19.

**Testing:** Most notifications continue to be from PCR testing (56%). The estimated positivity rate for the week ending 12 March is 3.4%, a 0.5% decrease compared to last week (3.9%)\*. As of 10 March, 61% of isolates sequenced in the past week by ICPMR were recombinant lineages, with the emergent recombinant lineage XBB.1.5 representing 31.9% of all new sequences.

\* SESLHD SARS-CoV-2 PCR positivity is now based on SEALS testing data that mainly reflects patients presenting to District Hospitals, including SCH. Given the level of surveillance testing performed this is likely to produce a lower positivity rate than the previous rate based on all District resident testing, but should be a useful indicator of community disease activity over time, provided hospital surveillance practices are stable.

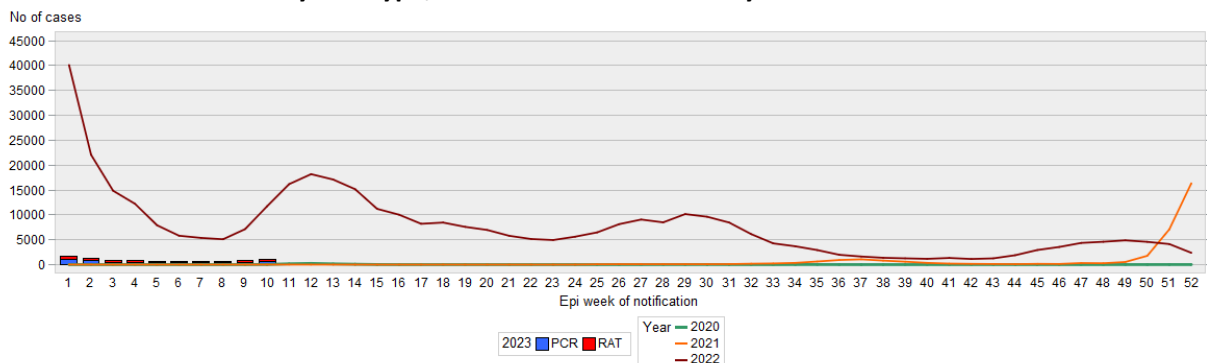
**Data summary**

**1. Case numbers**

**Table 1: SESLHD COVID PCR and RAT positive cases by LGA of residence and notification week**

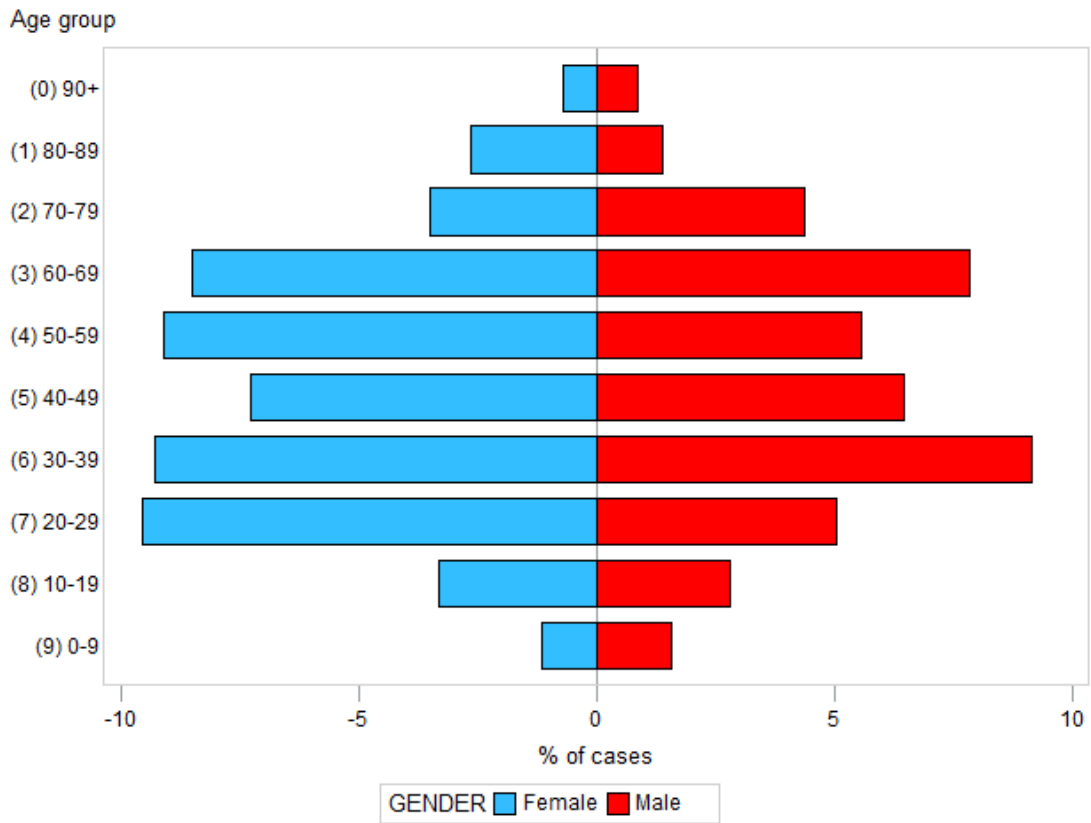
LGA	7 days	14 days	28 days	Total	7 day crude rate per 100,000*	Total crude rate per 100,000*
Bayside	195	335	595	77,187	98.0	38,798.6
Georges River	154	285	496	71,799	95.3	44,452.1
Randwick	222	397	678	74,674	144.2	48,498.1
Sutherland Shire	280	479	846	116,130	117.0	48,544.9
Sydney	121	179	278	35,508	153.2	44,968.1
Waverley	101	154	228	33,985	137.8	46,361.7
Woollahra	73	117	197	24,535	127.3	42,772.2
<b>SESLHD</b>	<b>1,146</b>	<b>1,946</b>	<b>3,318</b>	<b>433,818</b>	<b>118.1</b>	<b>44,706.45</b>

**Figure 1: SESLHD COVID -19 cases by test type, week of notification and year**



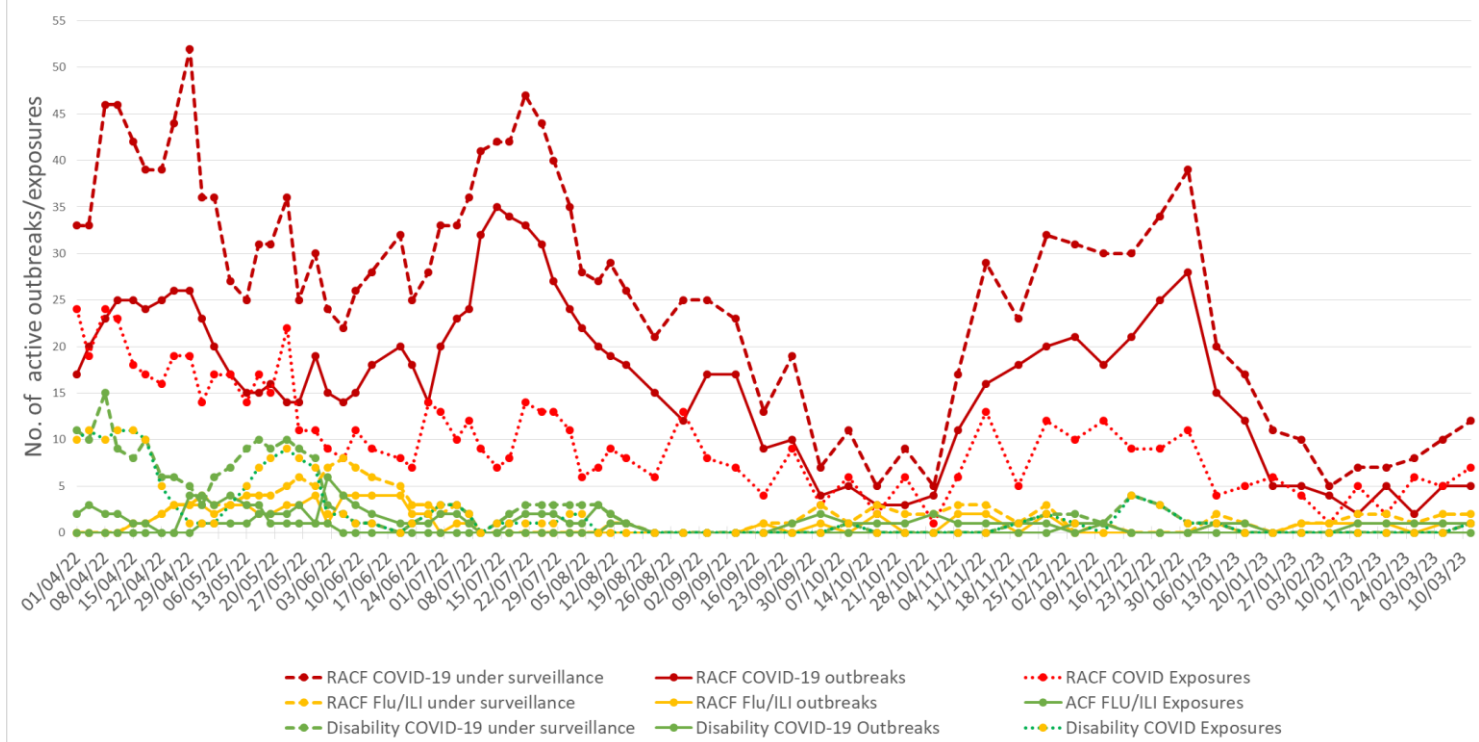
## 2. Demographic Data

Figure 2: Percentage of COVID cases in the last 7 days by age group and gender



## 3. Residential facility outbreaks reported to the Public Health Unit

Figure 3: SESLHD aged care facility and disability exposures and outbreaks managed by the PHU, April to 12 March 2023



NB. 'Flu/ILI' outbreaks include outbreaks caused by RSV

#### 4. Emergency department presentations

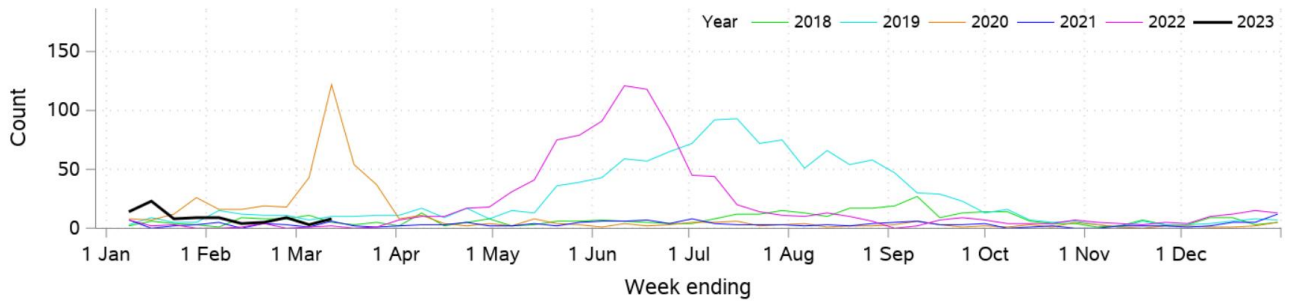
**Table 2: Emergency presentations within SESLHD weekending 12 March 2023**

Diagnosis / Category	Trend since last week	Compared to average for time of year (2017-2021)	Comment
Respiratory, fever and unspecified infection presentations	Steady	Similar	
Influenza like illness (ILI) presentations	Increased*	Lower	<b>0.3 x lower than average</b>
Coronaviruses/SARS presentations	Steady	N/A	
Bronchiolitis presentations	Steady	<b>Higher</b>	<b>1.8 x higher than average</b>

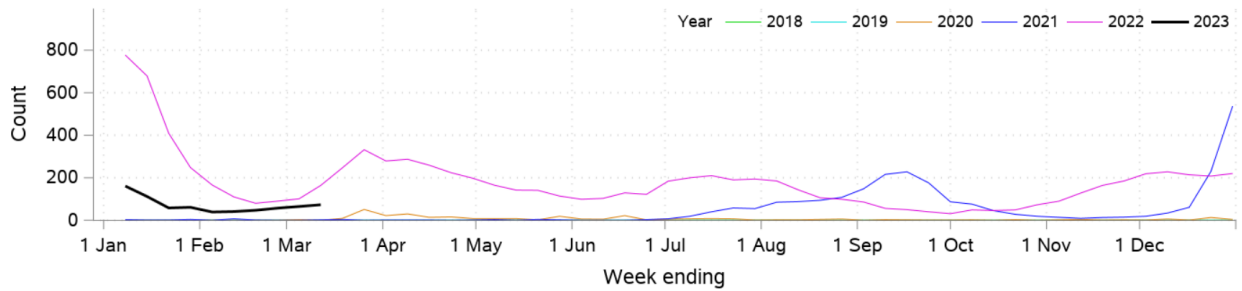
\*Very small numbers.

Data is from NSW Public Health Rapid Emergency Department Surveillance System. Increase or decrease indicates change >20% compared to previous week

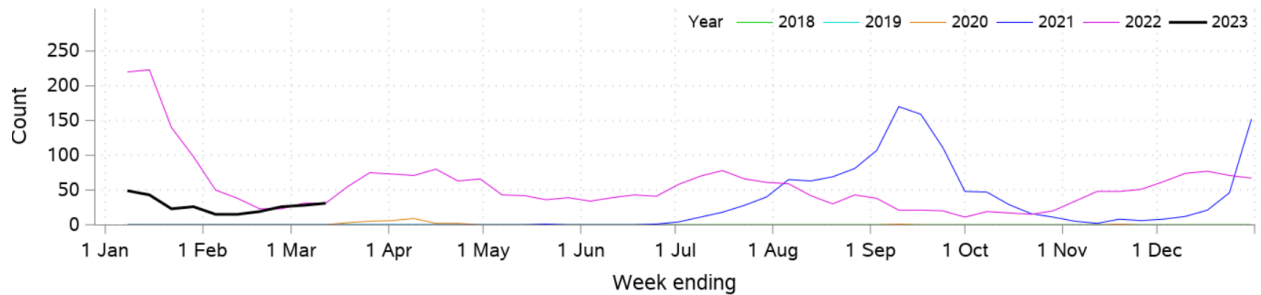
**Figure 4: Presentations to ED due to influenza like illness**



**Figure 7: Presentations to ED due Coronaviruses/SARS**



**Figure 8: SARS coronavirus hospital admissions**



**Figure 9: Pneumonia and ILI admissions**

