

Summary of changes to COVID-19 surveillance and reporting activities

An outline of the changes

Tasmanians are encouraged to keep informed about trends in acute respiratory infections (ARI) in the community, with reporting changes from Friday 12 April 2024.

Updates to content on the Department of Health website as we approach winter will inform Tasmanians about the current activity and trends of acute respiratory infections in Tasmania, including COVID-19, influenza, and Respiratory Syncytial Virus (RSV). Tasmanians can use this information to inform what they can do to keep themselves and others well.

Improvements include:

- weekly publication of a new surveillance report called *RespTas*, which presents detailed information about activity and trends of influenza-like-illness and respiratory virus infections currently occurring in Tasmania
- weekly publication of *Acute Respiratory Infection Activity in Tasmania*. This is a summary of the current level of activity and trends of influenza-like illness, COVID-19, influenza, and Respiratory Syncytial Virus (RSV) in Tasmania. This will replace the existing *Weekly Statistics* COVID-19 webpage and COVID-19 risk levels.

Public Health Services will continue to monitor, analyse, and report acute respiratory infections in Tasmania using a range of data, including from the community, laboratories and other sources.

More detail about the updated surveillance and reporting

Public Health Services have updated their Acute Respiratory Infection Surveillance reporting ahead of Winter 2024. COVID-19-specific surveillance and reporting will be complemented by more comprehensive reporting of other ARI in the community.

The objectives of ARI surveillance activities conducted by Public Health Services are to:

- provide early warning of ARI increases in the community, describe trends in circulating pathogens, and identify peaks of winter respiratory illnesses

- monitor the uptake of public health interventions including vaccinations and antiviral medications to enable targeted public health messaging and inform future winter strategies
- monitor the severity of illness due to ARI and identify those at greatest risk for severe disease to inform future winter strategies.

Monitoring ARI activity

ARI activity is monitored weekly using a range of surveillance systems.

FluTracking is a longstanding weekly online community survey of influenza-like illness (ILI) and is the primary data source used to monitor overall ARI activity in the community.

Tasmanians who wish to contribute to monitoring ARI in the community are encouraged to [sign up for FluTracking](#). FluTracking is a very short weekly online survey, sent by email, which asks participants whether they have had any symptoms of an ILI. FluTracking data provide measures of the frequency and severity of ILI in the community, and which age groups are affected. ILI or ARI can be caused by various respiratory infections, so we need to use other forms of surveillance of specific pathogens to provide this detail.

Data on testing conducted by two major laboratory services in Tasmania will be used to identify the trends in specific circulating respiratory pathogens. The proportion of tests that are positive for a particular pathogen (test positivity) is a reliable measure of the contribution of that pathogen to overall ARI activity, particularly when followed over several weeks.

Data will also be presented on the number, rates and trends in laboratory confirmed cases of COVID-19, influenza, and respiratory syncytial virus (RSV), statewide, by age groups, and by region of residence. The incidence of ARI outbreaks in residential aged care facilities will also be used to inform assessments of ARI activity.

Monitoring the uptake of public health interventions

National data sources including the Australian Immunisation Register and Pharmaceutical Benefits Scheme are used to monitor the uptake of COVID-19 and influenza vaccination and COVID-19 treatments.

Monitoring ARI severity

Various measures are used to monitor ARI severity, including national and international intelligence shared through existing national networks and publications.

FluTracking data provide an indication of the overall severity of ARI in Tasmania through reporting of health-seeking behaviour and absence from normal activities.

Counts of hospitalisations associated with or due to COVID-19 will no longer appear in surveillance reports. Routine reporting of such data has not proven to be a useful or timely indicator of disease severity. Rather, these counts mostly reflect community disease activity and their interpretation has been complicated by testing practices (such as testing all routine admissions). Established systems in public hospitals will be used to monitor health system activity and capacity. Further work is underway seeking to identify useful measures of the severity of various ARI pathogens among hospitalised persons.

To date, identification and reporting of COVID-19 deaths has relied on information provided to Public Health mostly from hospitals and aged care facilities. We will move to report numbers of deaths due to COVID-19 and influenza based on data provided by the Australian Bureau of Statistics who apply internationally-agreed practices to describe the cause of death using information provided on the death certificate by the medical practitioner who certified the death. There will be a three-month lag in reporting to enable time for registration and processing.


Further background – the current context of COVID-19

The public health response to COVID-19 has shifted with the changing epidemiology of the pandemic.

SARS-CoV-2, the virus that causes COVID-19, is established and circulating in the community, along with the pathogens that cause other acute respiratory infections.

Surveillance systems and the reporting that informs clinical, public, and public health actions have also changed.

For most of the first 18 months of the pandemic, population susceptibility to infection and illness was high, so public health and social measures were used to stop the entry and spread of COVID-19 in the community. Testing and isolation practices aimed to identify and manage every infection.



When high uptake of vaccines that effectively prevented most severe illness was achieved, the public health response shifted from suppressing community transmission to protecting individuals at higher risk of severe COVID-19.

The Tasmanian public is no longer asked to register their positive COVID-19 Rapid Antigen Tests (RATs) with Public Health Services. While RAT results are no longer needed for surveillance of COVID-19 in Tasmania, they remain an important clinical tool for diagnosing COVID-19. It remains very important for Tasmanians at higher risk of severe respiratory illness to get tested promptly – by PCR or RAT – so they can access early treatment through their GP or services such as Care@home. Tasmanians eligible for treatment should ensure they have a testing and treatment plan with their GP or healthcare provider.

Our shift to a broader approach to surveillance of the multiple pathogens that cause ARIs throughout the year also demonstrates that we need to consider the illness and harm that any of these can cause.

We should all stay home when we are unwell with cold or flu-like symptoms and avoid contact with people at higher risk of harm from respiratory infections. This includes not visiting settings such as hospitals and aged care facilities until well again and at least seven days after the start of the illness, regardless of the diagnosis.

The familiar seasonal patterns of influenza and other respiratory infections was disrupted by the public health response to COVID-19, and are only now being re-established. A clear seasonal pattern of COVID-19 is not yet established, but it is reasonable to expect a further wave of infection during 2024. Tasmanian surveillance activities will address the circulation of COVID-19, influenza, RSV, and other respiratory pathogens, to present a useful, timely, clear and more comprehensive account of ARI epidemiology.