



Reporting period: Week 5 – 6, 2026
(26 January – 8 February 2026)

Summary: The Northern Territory (NT) is experiencing moderate influenza-like illness (ILI) activity. Influenza and RSV activity has increased this reporting period.



Influenza-like-illness levels are increasing

13% Influenza positivity during the reporting period.

15

Case of influenza have been detected this year:
14 x Influenza A
1 x Influenza B

7

Case of influenza have been detected in this reporting period
6 x Influenza A
1 x Influenza B

Key messages

- ILI rates are low and below baseline, with the exception of the NT where there is moderate activity.
- Influenza and RSV activity have increased since the last reporting period.
- Enterovirus / rhinovirus is the most commonly circulating pathogen in this reporting period and YTD.

Participation

303 reporters have submitted data to ASPREN this fortnight (321 YTD), throughout all 8 jurisdictions. Reporters undertook a total of 42,765 patient consultations during the reporting period.

Table 1. ASPREN reporter participation, weeks 5-6, 2026.

Jurisdiction	Reporters	Consultations	Proportion	ABS population proportion
ACT	21	2,339	6.9%	1.76%
NSW	77	12,125	25.4%	31.1%
NT	3	406	1%	0.96%
QLD	34	6,210	11.2%	20.5%
SA	45	5,789	14.9%	6.89%
TAS	20	2,123	6.6%	2.09%
VIC	40	5,868	13.2%	25.6%
WA	63	7,905	20.8%	11%
Australia	303	42,765	100%	100%

Syndromic Surveillance

Influenza-like illness (ILI)

Figure 1. ASPREN ILI rate per 100,000 consultations, 1 January 2024 – 8 February 2026.

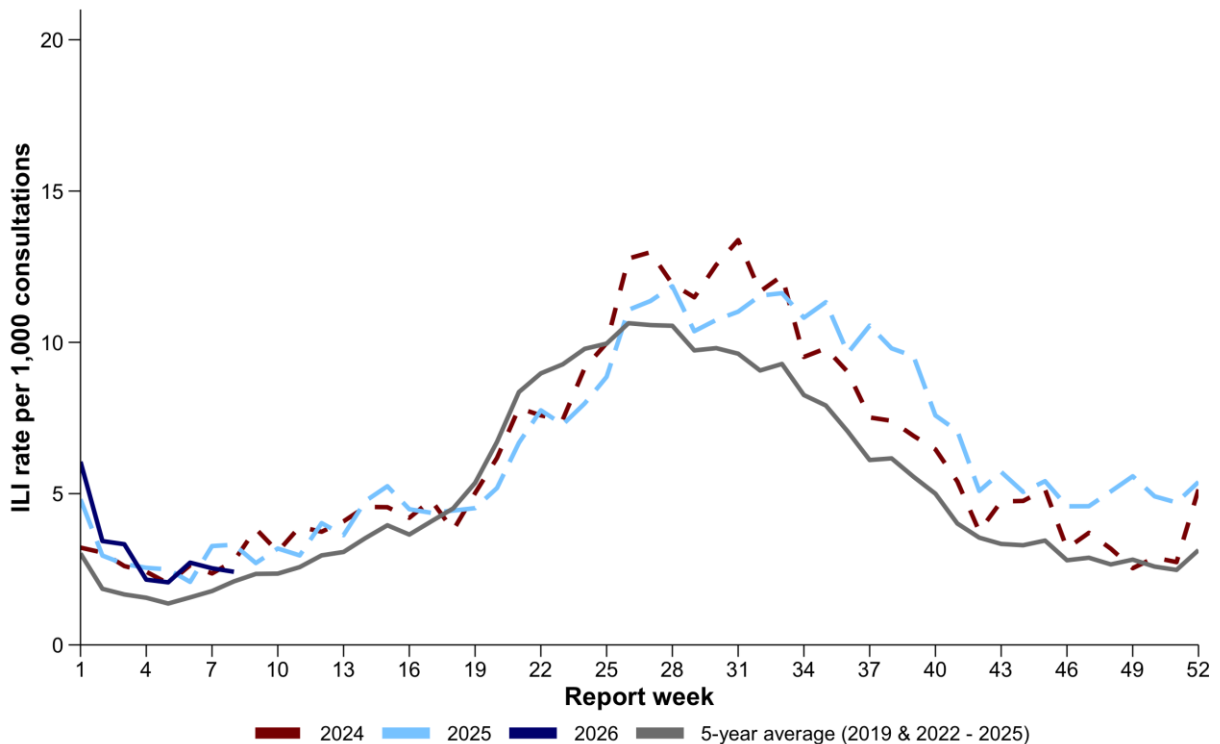
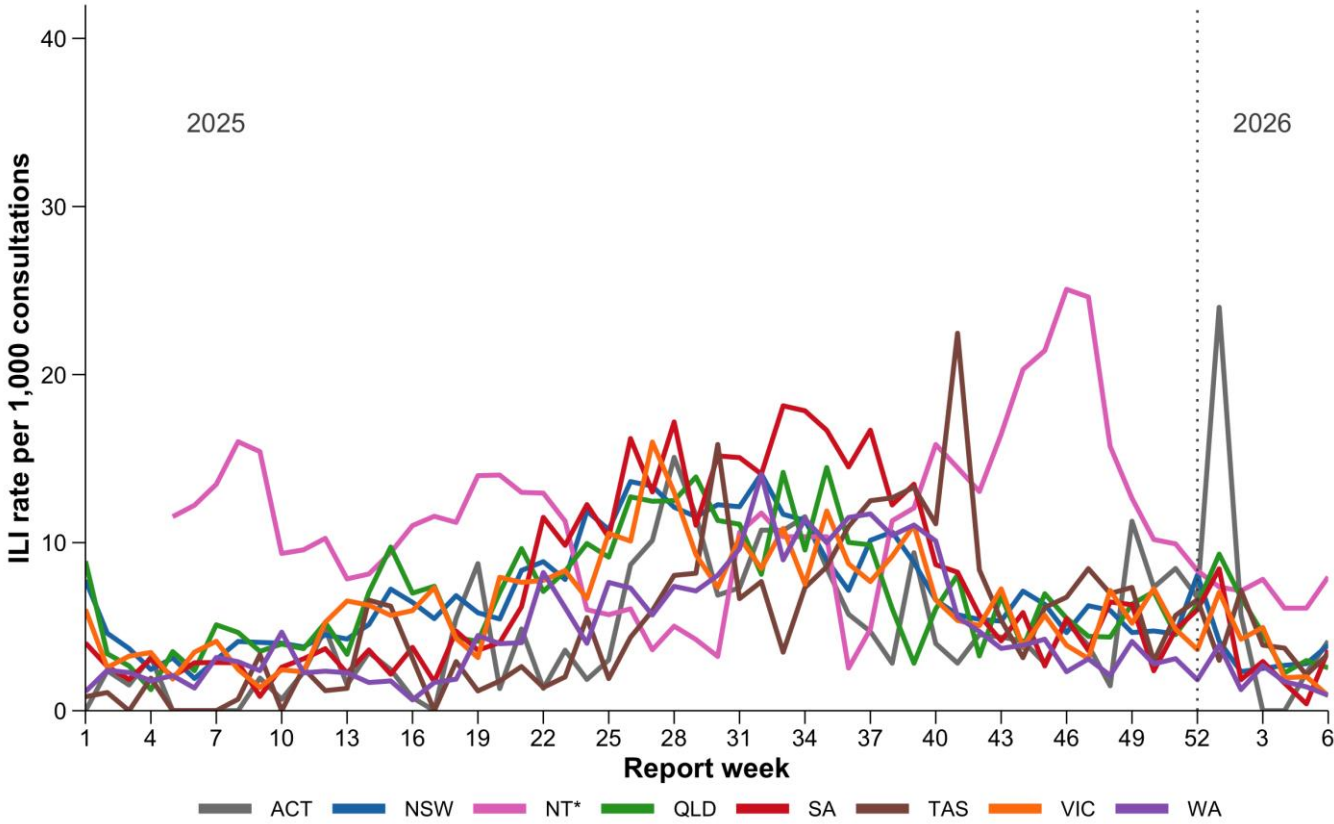


Figure 2. ASPREN ILI rate by jurisdiction, 1 January 2025 – 8 February 2026.



* NT data are presented as a 5 week rolling average due to sparse data.

Figure 3. Map of ILI activity by jurisdiction, week 6, 2026

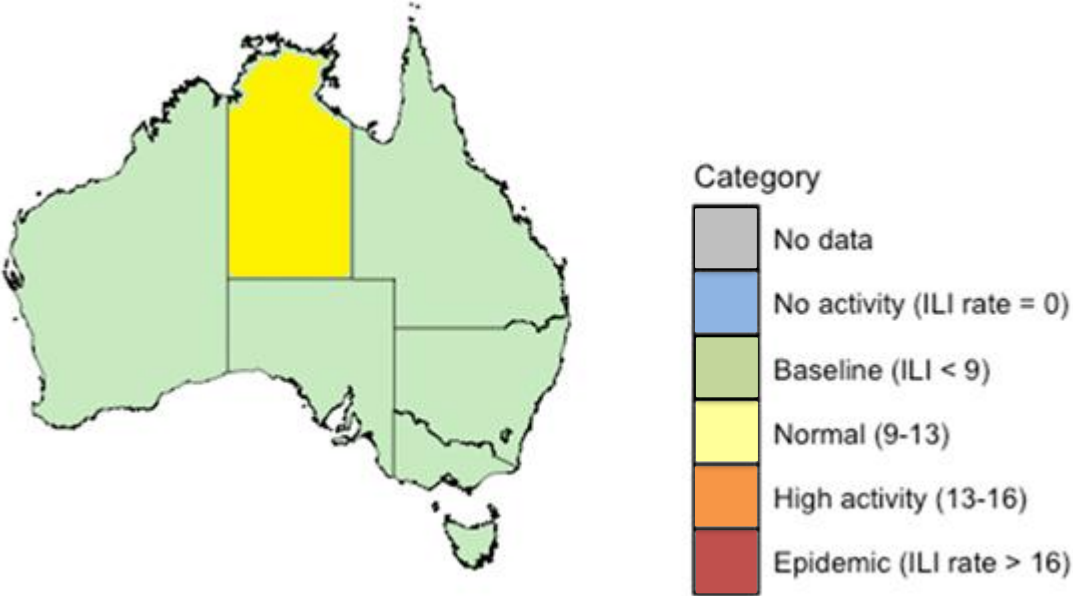
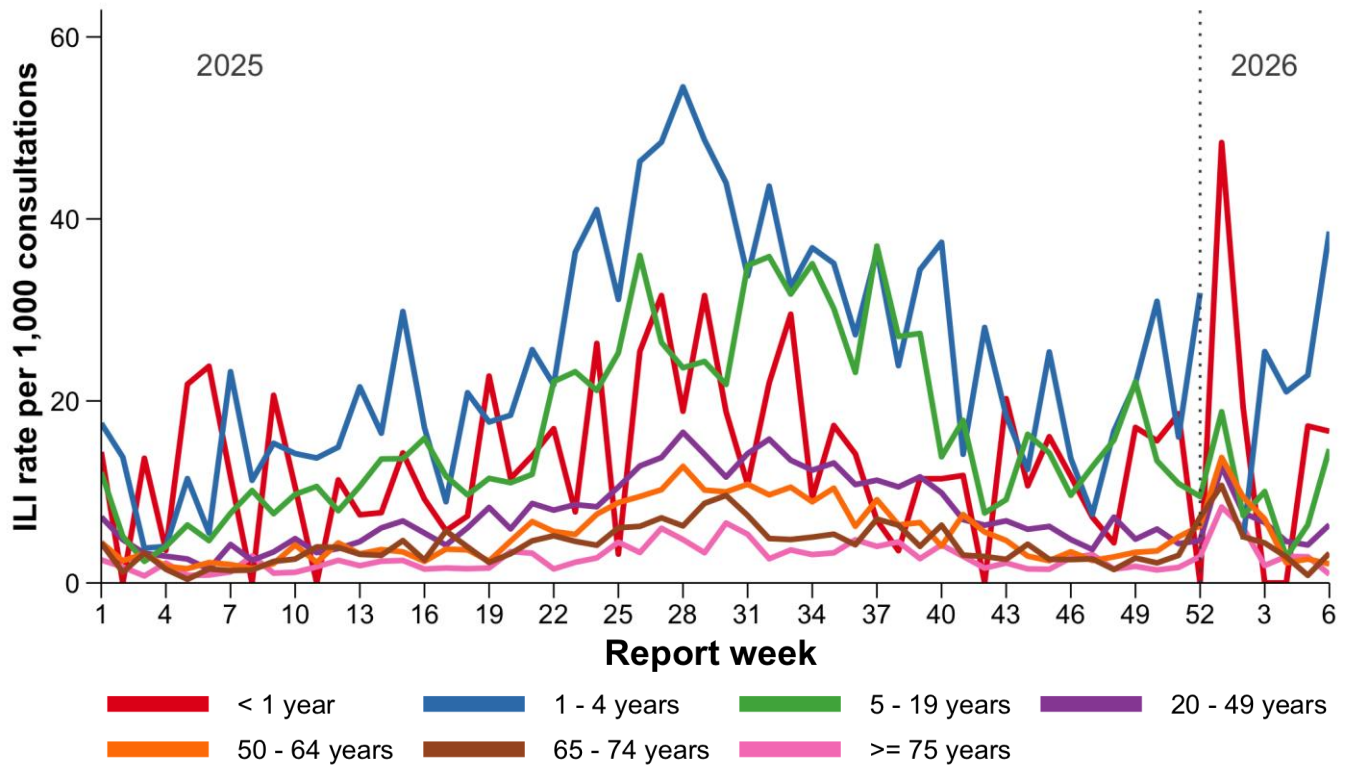


Figure 4. ASPREN ILI rate by age, 1 January 2025 – 8 February 2026.



Summary ILI activity

- ASPREN reporters saw 104 ILI patients in week 5 – 6, 2026.
- ILI rates showed a slight increase from previous fortnight, throughout all jurisdictions, with the exception of WA and Victoria.
- Nationally, ILI rates are low and below baseline.
- Rates are highest in the NT.
- ILI rates are highest in the <1 year and 1 – 4 years age groups, consistent with previous trends.

Virological Surveillance

Respiratory pathogen activity

Table 2: ASPREN virological surveillance summary, 2026.

Indicator	Current fortnight 26 January – 8 February 2026	Previous fortnight 12 - 25 January 2026	YTD 29 December 2025 – 8 February 2026
Number of ILI notifications	104	124	370
Number of swab tests performed	55	49	138
Proportion of swab tests positive for influenza	13%	6%	11%
Proportion of swab tests positive for influenza A	11%	6%	10%
Proportion of swab tests positive for influenza B	2%	0%	1%
Proportion of swab tests positive for COVID-19	4%	4%	3%
Proportion of swab tests positive for RSV	7%	0%	4%
Proportion of swab tests positive for any pathogen	24%	10%	18%

Figure 5. ASPREN weekly virological detection of respiratory pathogens, 2026.

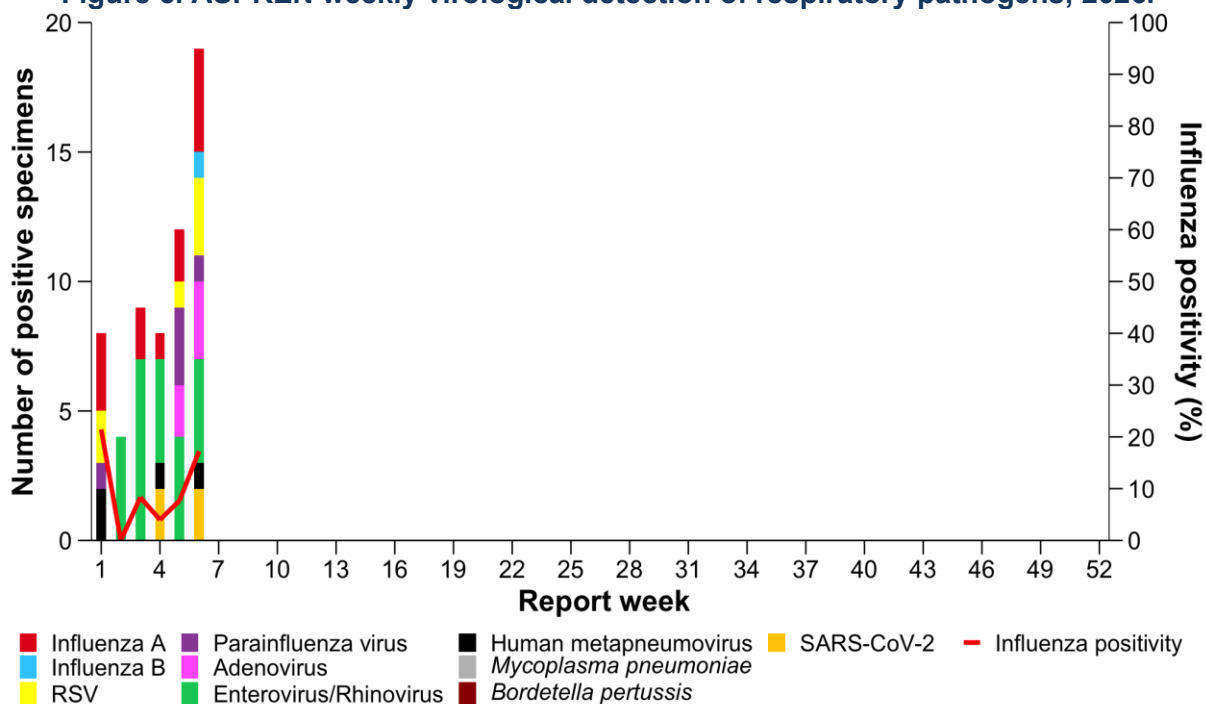


Figure 6: ASPREN weekly virological detection of influenza by type and subtype, RSV and COVID-19, 2026.

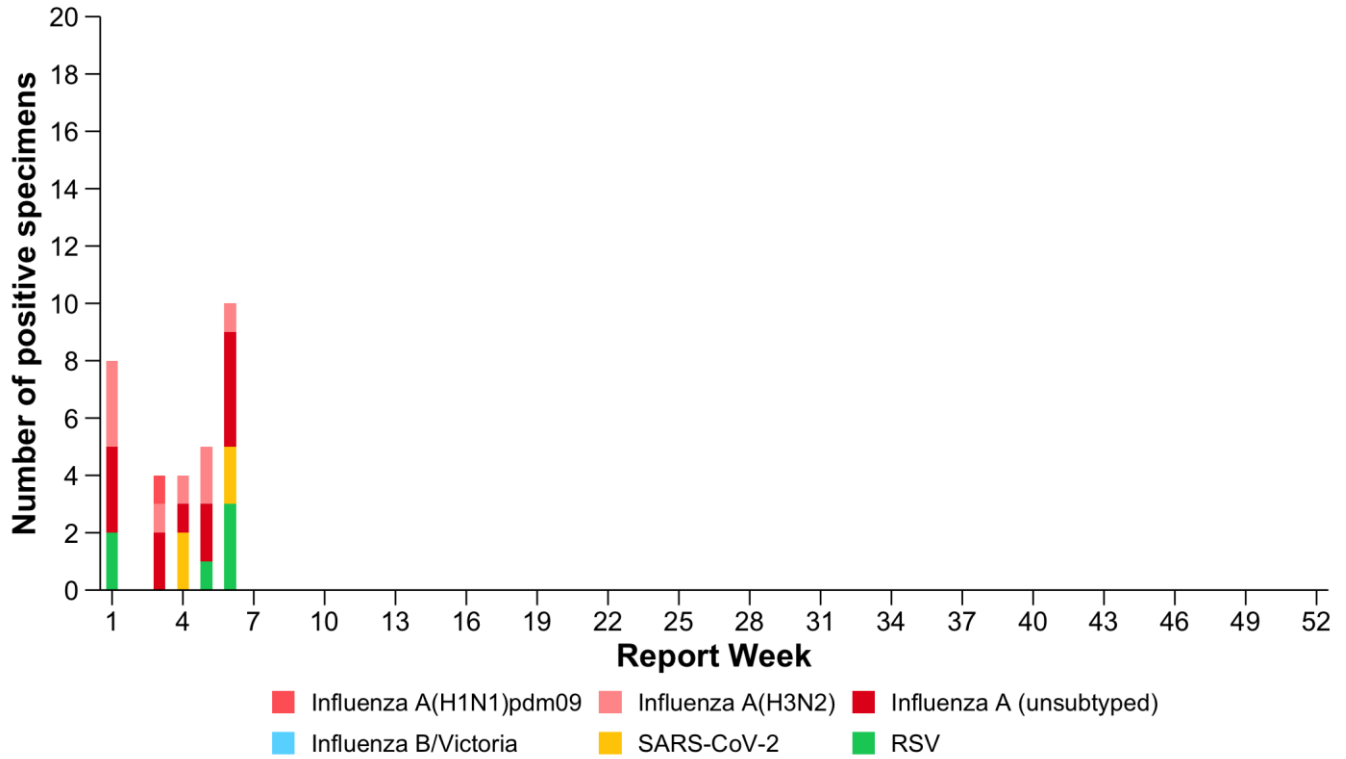


Figure 7: ASPREN virological detection by jurisdiction, 2026.

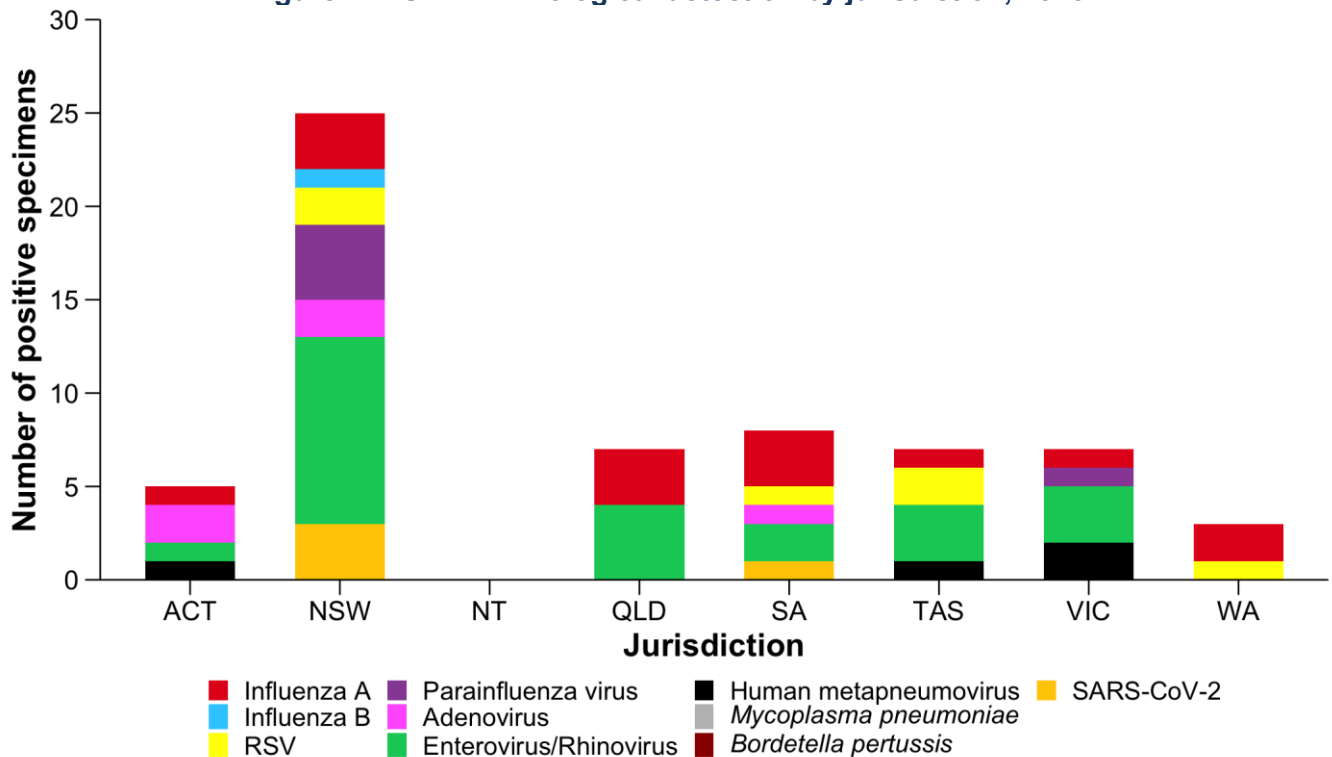


Table 3: ASPREN respiratory pathogen positivity by age group*, 2026.

Pathogen	<1 year	1 – 4 years	5 – 19 years	20 – 49 years	50 – 64 years	65 – 74 years	>= 75 years
Influenza A	0%	13.3%	20%	40%	6.7%	20%	0%
Influenza A (H1N1)pdm09	0%	0%	0%	100%	0%	0%	0%
Influenza A (H3N2)	0%	20%	10%	40%	10%	20%	0%
Influenza A (H3N2) subclade K	0%	33.3%	16.7%	33.3%	0%	16.7%	0%
Influenza B	0%	0%	0%	0%	0%	0%	0%
COVID-19	0%	25%	25%	25%	0%	0%	25%
RSV	16.7%	16.7%	16.7%	0%	33.3%	16.7%	0%
NIRV positive	15.2%	19.6%	10.9%	28.3%	10.9%	10.9%	4.3%
Positive for other respiratory pathogen[#]	11.5%	18%	13.1%	31.1%	9.8%	13.1%	3.3%
Negative for all pathogens	0%	11.7%	9.1%	33.8%	16.9%	16.9%	11.7%

* Proportion positivity was calculated as the number of specimens detected in each age group divided by the total number of specimens detected x 100.

Other respiratory pathogens are parainfluenza virus 1, 2, 3, human metapneumovirus, adenovirus, enterovirus / rhinovirus, *Mycoplasma pneumoniae*, and *Bordetella pertussis*.

Summary virological activity

- Enterovirus / rhinovirus is the most commonly circulating pathogen in this reporting period and year to date.
- 6 cases of influenza A and 1 case of influenza B was detected in this reporting period. 3 cases were influenza A(H3N2) subclade K and 3 are awaiting subtyping / WGS results.
- In 2026, low levels of influenza A activity have been detected in all jurisdictions, with the exception of the NT where there are sparse virological data.
- 1 case of influenza B has been detected in 2026.
- RSV activity has increased this fortnight.
- 4 cases of COVID-19 / SARS-CoV-2 and 6 cases of RSV have been detected in 2026. Note that the ILI case definition is not highly sensitive to detect COVID-19 or RSV.

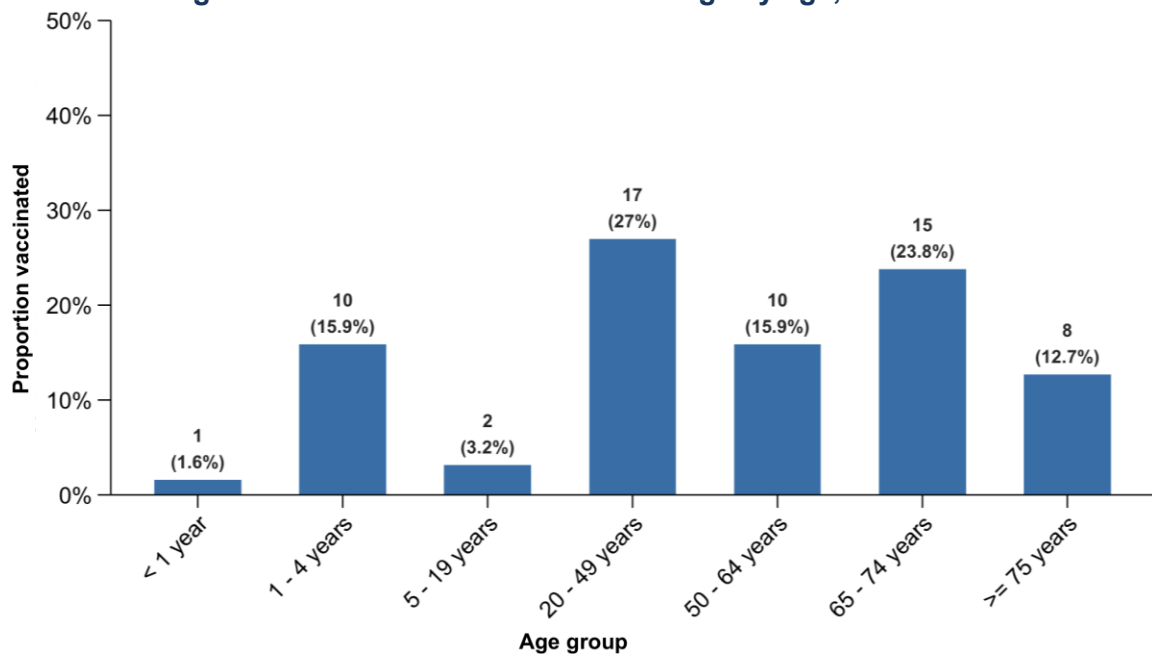
Vaccination Coverage

Vaccination coverage

Table 4: ASPREN vaccination coverage by year, 2024 – 2026.

Vaccine	Vaccinated	Not vaccinated	Unknown vaccination status	% vaccinated 2026 YTD (n)	% vaccinated 2025 (n)	% vaccinated 2024 (n)
Influenza	63	72	3	47% (63)	36% (1,147)	40% (975)
COVID-19	3	128	7	2% (3)	8% (251)	N/A
RSV < 6 months	2	0	0	100% (2)	24% (8)	18% (7)
Maternal RSV	3	N/A	N/A	100% (3)	29% (10)	4% (1)
RSV > 6 months	2	115	21	2% (2)	4% (98)	1% (11)

Figure 8: Influenza vaccination coverage by age, 2026.



Summary vaccination coverage and vaccine effectiveness

- It is too early in the season for interpretation of vaccine coverage. The 2026 seasonal influenza vaccine will be available in April.