



Reporting period: Week 7 – 8, 2026
(9 February – 22 February 2026)

Summary: The Northern Territory (NT) is experiencing moderate influenza-like illness (ILI) activity.

Enterovirus / rhinovirus is the most commonly circulating pathogen, with low levels of influenza still circulating.



Influenza-like-illness levels are increasing

11%

Influenza positivity during the reporting period.

23

Case of influenza have been detected this year:
21 x Influenza A
2 x Influenza B

8

Case of influenza have been detected in this reporting period
7 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.
- Enterovirus / rhinovirus activity has increased from the previous fortnight, while influenza detections have remained steady. Enterovirus / rhinovirus is the most commonly circulating pathogen in this reporting period.

Participation

310 reporters have submitted data to ASPREN this fortnight (325 YTD), throughout all 8 jurisdictions. Reporters undertook a total of 48,123 patient consultations during the reporting period.

Table 1. ASPREN reporter participation, weeks 7-8, 2026.

Jurisdiction	Reporters	Consultations	Proportion	ABS population proportion
ACT	14	1,934	4.5%	1.76%
NSW	81	13,105	26.1%	31.1%
NT	3	461	1%	0.96%
QLD	35	7,432	11.3%	20.5%
SA	44	5,648	14.2%	6.89%
TAS	23	2,587	7.4%	2.09%
VIC	43	7,367	13.9%	25.6%
WA	67	9,589	21.6%	11%
Australia	310	48,123	100%	100%

Syndromic Surveillance

Influenza-like illness (ILI)

Figure 1. ASPREN ILI rate per 100,000 consultations, 1 January 2024 – 22 February 2026.

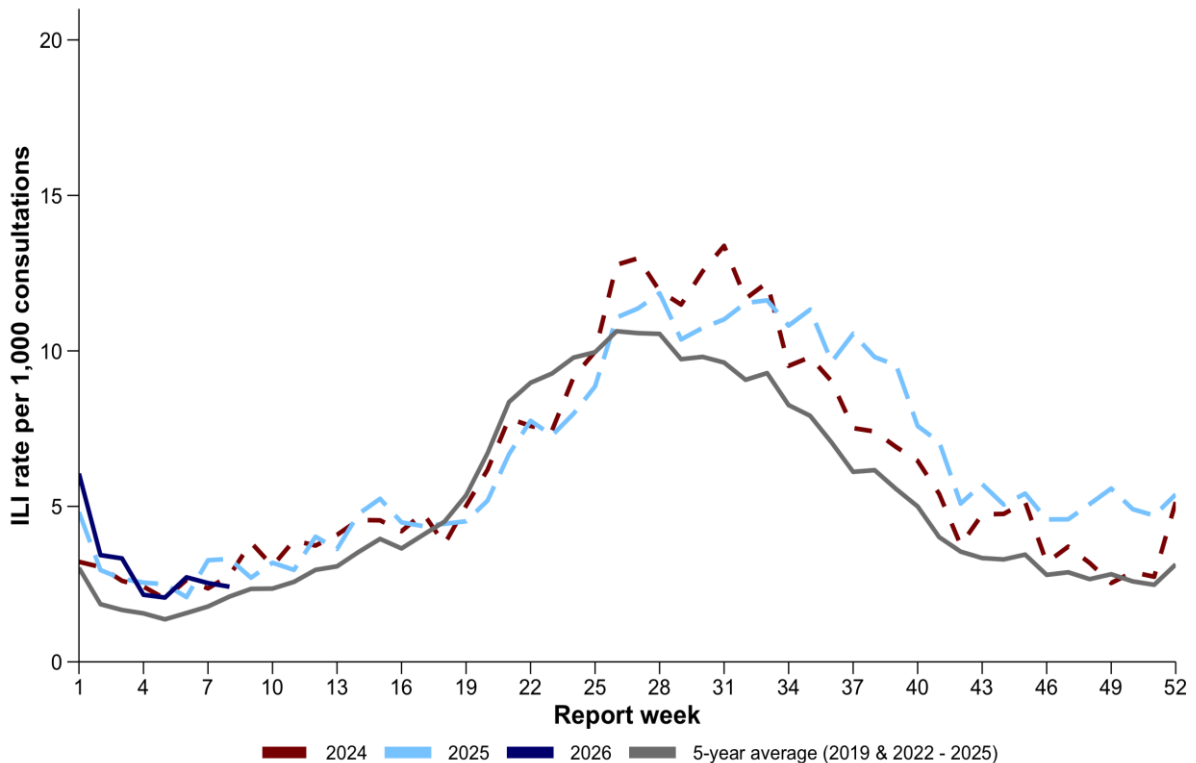
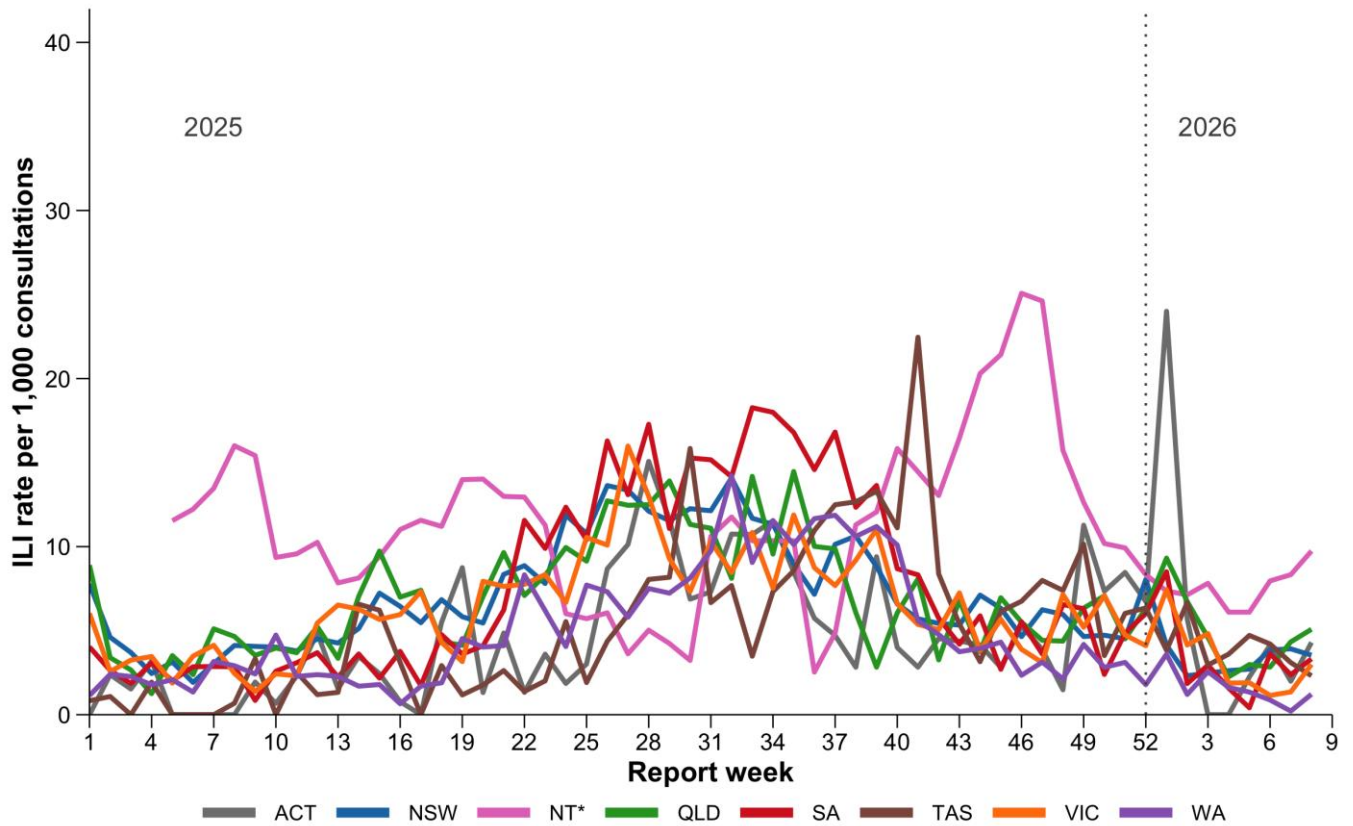


Figure 2. ASPREN ILI rate by jurisdiction, 1 January 2025 – 22 February 2026.



* 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

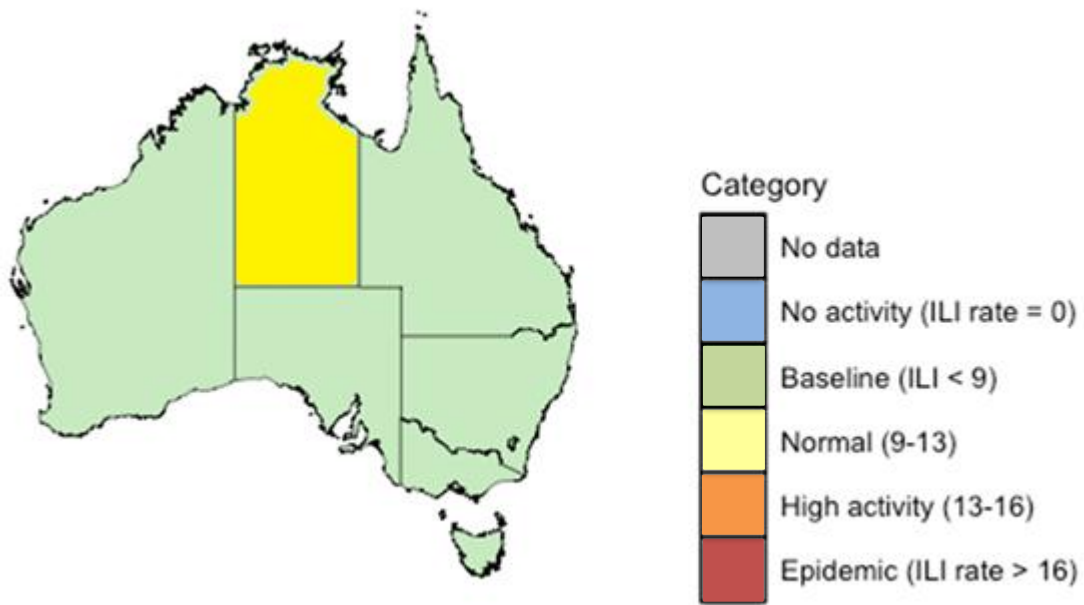
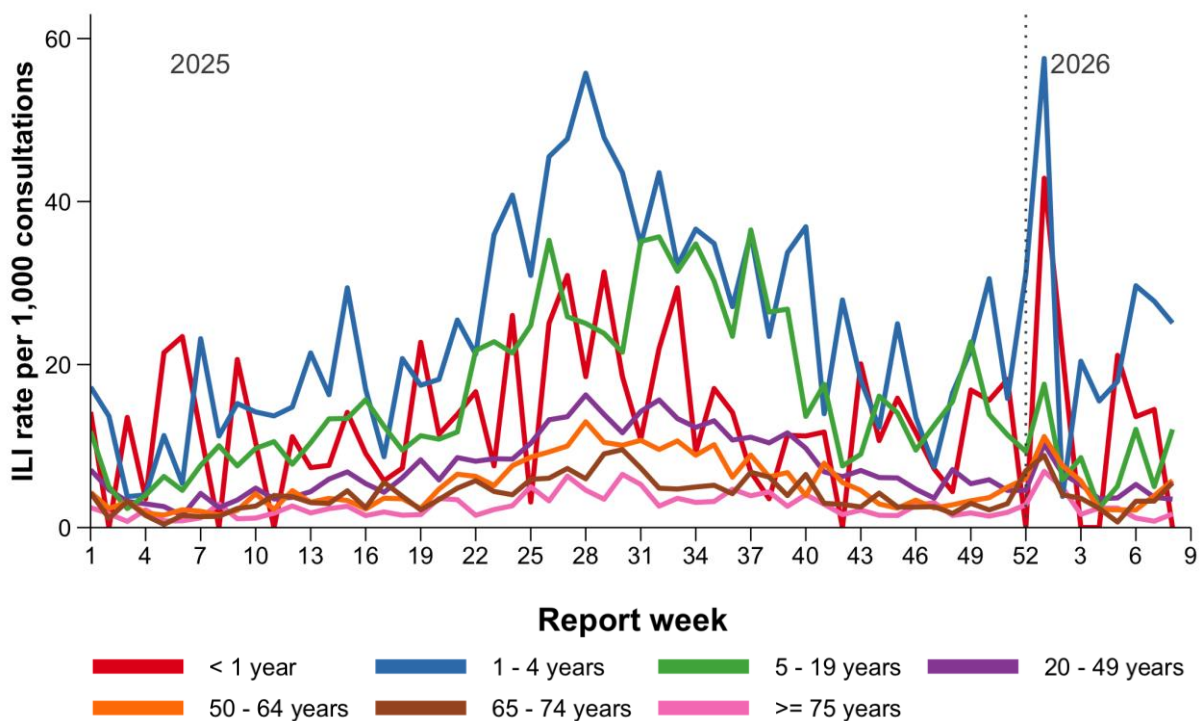


Figure 4. ASPREN ILI rate by age, 1 January 2025 – 22 February 2026.



Summary ILI activity

- ASPREN reporters saw 143 ILI patients in week 7 – 8, 2026.
- ILI rates increased from the previous fortnight, throughout the majority of jurisdictions.
- 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 9 February – 22 February 2026	Previous fortnight 26 January – 8 February 2026	YTD 29 December 2025 – 8 February 2026
Number of ILI notifications	143	111	522
Number of swab tests performed	72	55	210
Proportion of swab tests positive for influenza	11%	13%	11%
Proportion of swab tests positive for influenza A	10%	11%	10%
Proportion of swab tests positive for influenza B	1%	2%	1%
Proportion of swab tests positive for COVID-19	6%	4%	4%
Proportion of swab tests positive for RSV	0%	7%	3%
Proportion of swab tests positive for any pathogen	17%	24%	18%

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

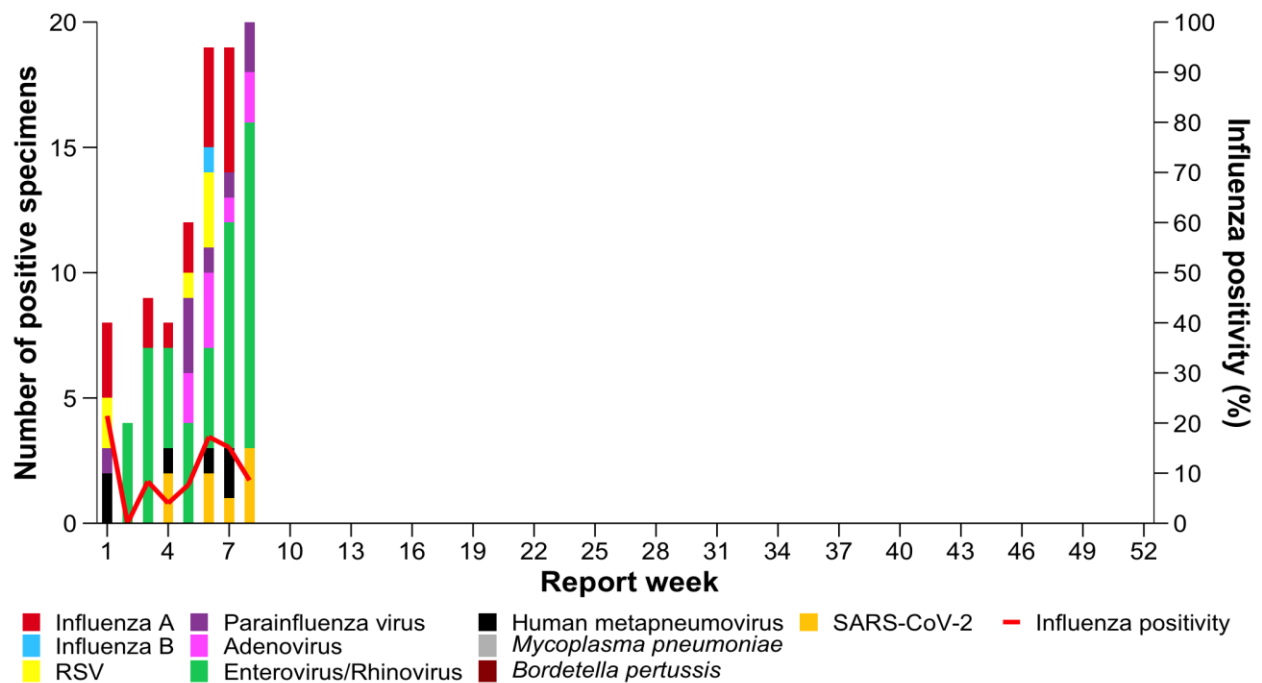


Figure 6: ASPREN weekly virological detection of influenza by type and subtype, RSV and COVID-19, 2026.

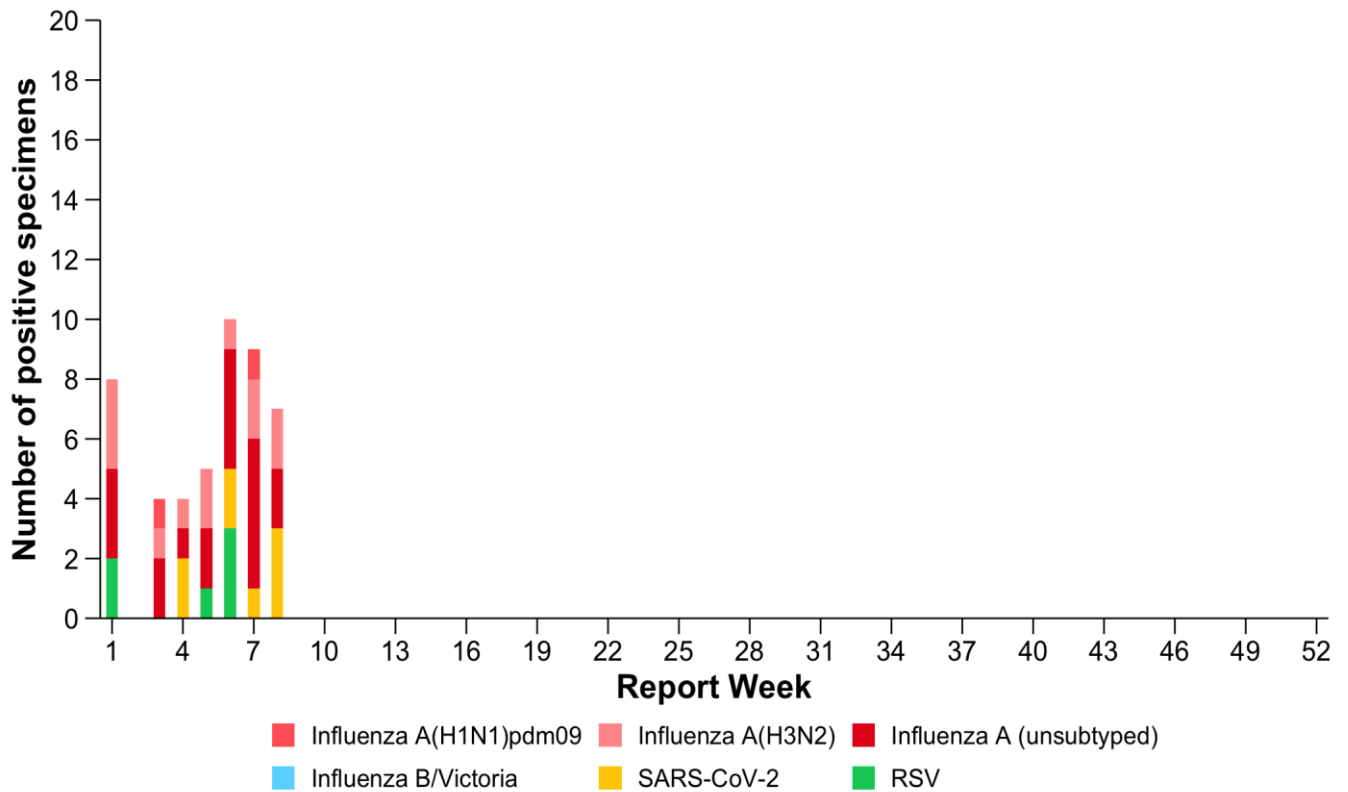


Figure 7: ASPREN virological detection by jurisdiction, 2026.

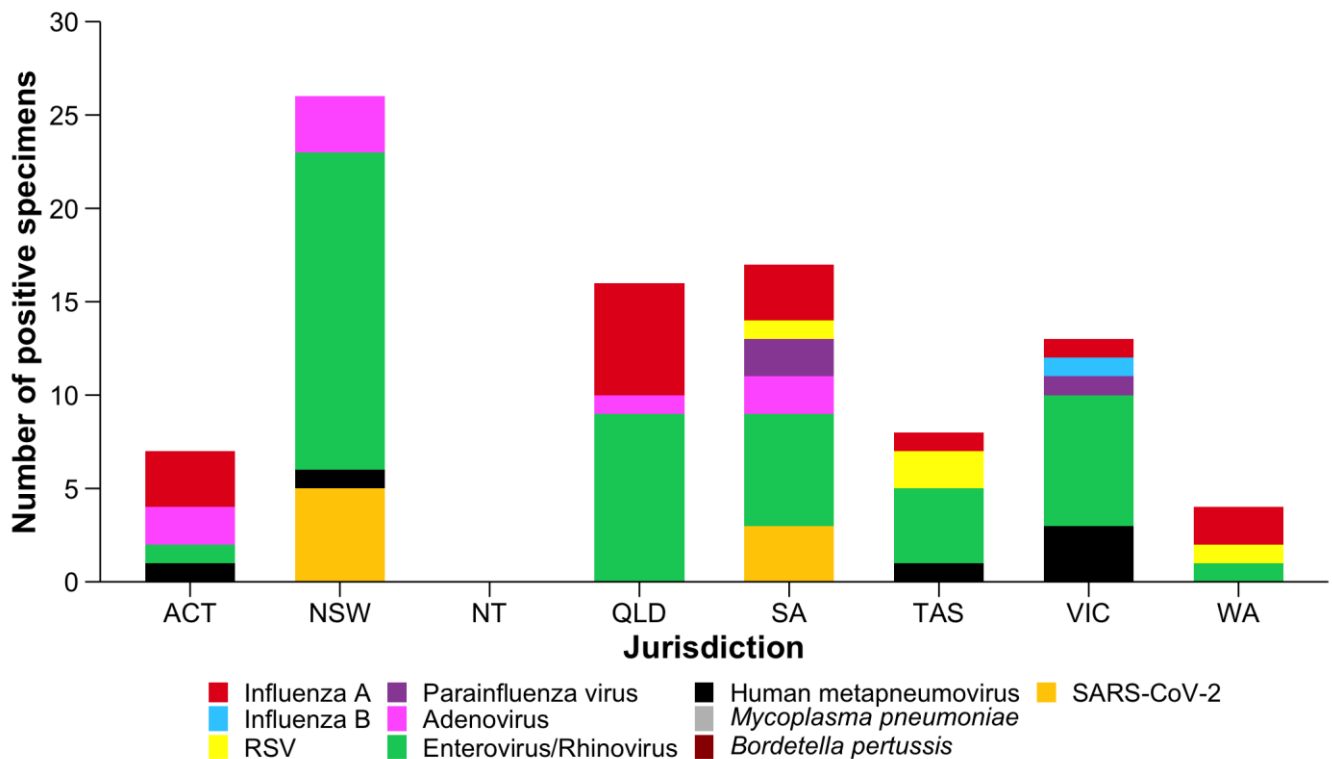


Table 3: ASPREN respiratory pathogen positivity by age group*, 2026.

Pathogen	<1 year	1 – 4 years	5 – 19 years	20 – 49 years	50 – 64 years	65 – 74 years	>= 75 years
Influenza A	4.3%	13.0%	21.7%	30.4%	13.0%	17.4%	0.0%
Influenza A (H1N1)pdm09	0.0%	50.0%	0.0%	50.0%	0.0%	0.0%	0.0%
Influenza A (H3N2)	7.1%	14.3%	14.3%	28.60%	21.40%	14.30%	0.0%
Influenza A (H3N2) subclade K	10.0%	20.0%	20.0%	20.0%	20.0%	10.0%	0.0%
Influenza B	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
COVID-19	0.0%	37.5%	25.0%	25.0%	0.0%	0.0%	12.5%
RSV	16.7%	16.7%	16.7%	0.0%	33.3%	16.7%	0.0%
NIRV positive	12.0%	16.0%	14.7%	30.7%	10.7%	10.7%	5.3%
Positive for other respiratory pathogen[#]	9.3%	15.5%	16.5%	30.9%	11.3%	12.4%	4.1%
Negative for all pathogens	0%	8%	12.50%	33.90%	21.40%	15.20%	8.90%

* Proportion positivity was calculated as the number of specimens detected in each age group divided by the total number of specimens tested in that age group.
[#] 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.
- 7 cases of influenza A were detected in this reporting period. 5 x influenza A(H3N2), 1 x influenza A(H1N1)pdm09 and 1 x unable to be subtyped. Of these 5 were able to be WGS, 4 samples were influenza A(H3N2) subclade K and 1 sample was influenza A(H1N1)pdm09 subclade D.3.1.1.
- 1 case of influenza B have been detected in 2026.
- 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.
- COVID-19 detections have increased this reporting period (4 in the reporting period and 8 YTD).

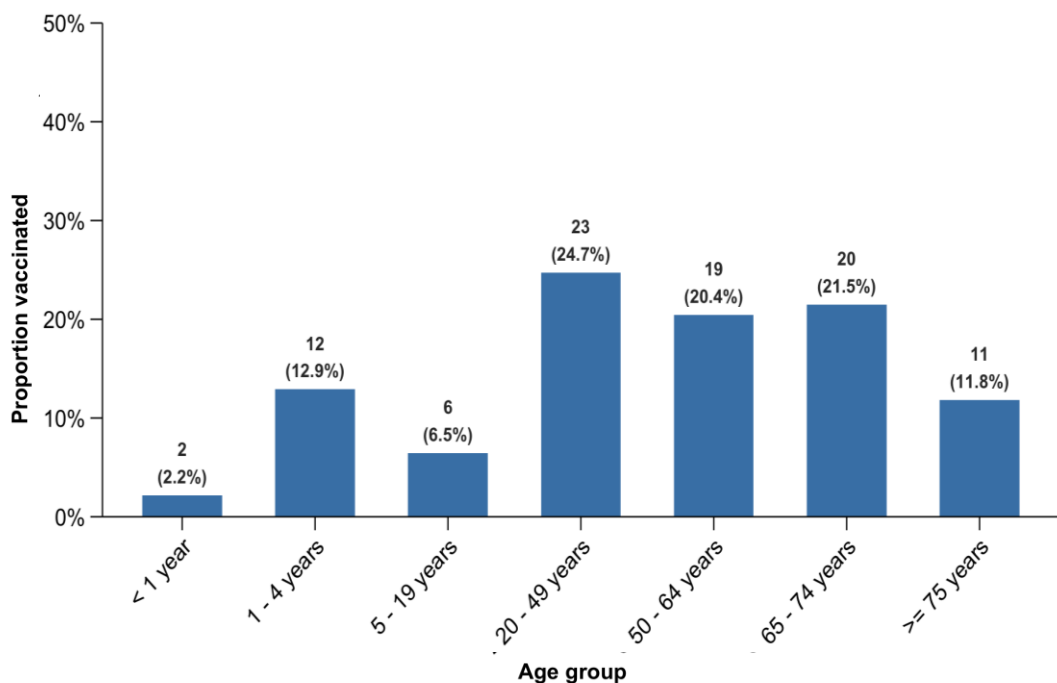
Vaccination Coverage

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	93	114	3	45% (93)	36% (1,147)	40% (975)
COVID-19	6	196	8	3% (6)	8% (251)	N/A
RSV < 6 months	2	0	0	100% (2)	24% (8)	18% (7)
Maternal RSV	3	N/A	N/A	75% (3)	29% (10)	4% (1)
RSV > 6 months	2	175	33	1% (2)	4% (98)	1% (11)

Figure 8: Influenza vaccination coverage by age and influenza status, 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.