



# aspren | ASPREN UPDATE

Reporting period: Week 9 – 10, 2026  
(23 February – 8 March 2026)

**Summary: The Northern Territory (NT) is experiencing moderate influenza-like illness (ILI) activity. Enterovirus / rhinovirus is the most commonly circulating pathogen.**



Influenza-like-illness levels are increasing

6%

Influenza positivity during the reporting period.

25

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

2

Case of influenza have been detected in this reporting period  
2 x Influenza A  
0 x Influenza B

## Key messages

- ILI rates are low and below baseline, with the exception of the NT where there is moderate activity.
- Influenza activity has decreased from the previous fortnight. Enterovirus / rhinovirus is the most commonly circulating pathogen in this reporting period.

## Participation

312 reporters have submitted data to ASPREN this fortnight (331 YTD), throughout all 8 jurisdictions. Reporters undertook a total of 48,145 patient consultations during the reporting period.

**Table 1. ASPREN reporter participation, weeks 9-10, 2026.**

Jurisdiction	Reporters	Consultations	Proportion	ABS population proportion
ACT	21	3,198	6.7%	1.76%
NSW	85	13,620	27.2%	31.1%
NT	3	424	1%	0.96%
QLD	35	7,022	11.2%	20.5%
SA	44	5,590	14.1%	6.89%
TAS	21	2,342	6.7%	2.09%
VIC	42	7,202	13.5%	25.6%
WA	61	8,747	19.6%	11%
<b>Australia</b>	<b>312</b>	<b>48,145</b>	<b>100%</b>	<b>100%</b>

## Syndromic Surveillance

### Influenza-like illness (ILI)

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

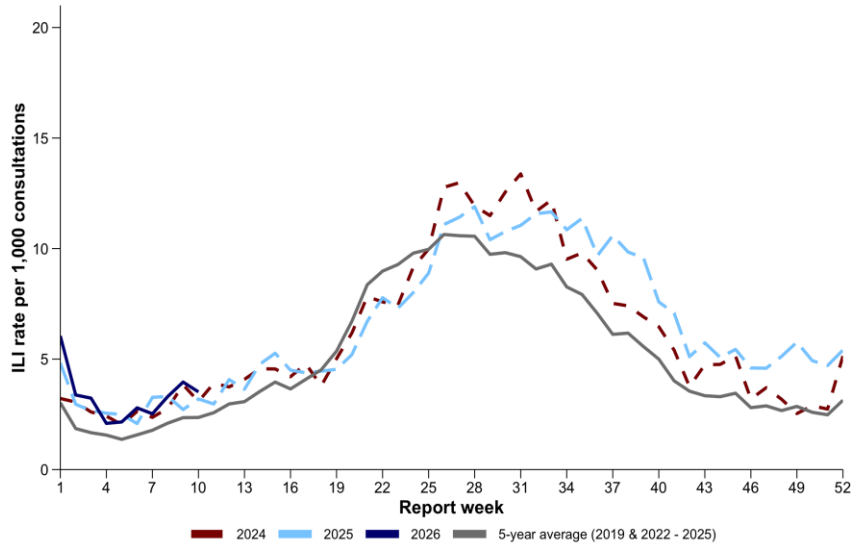
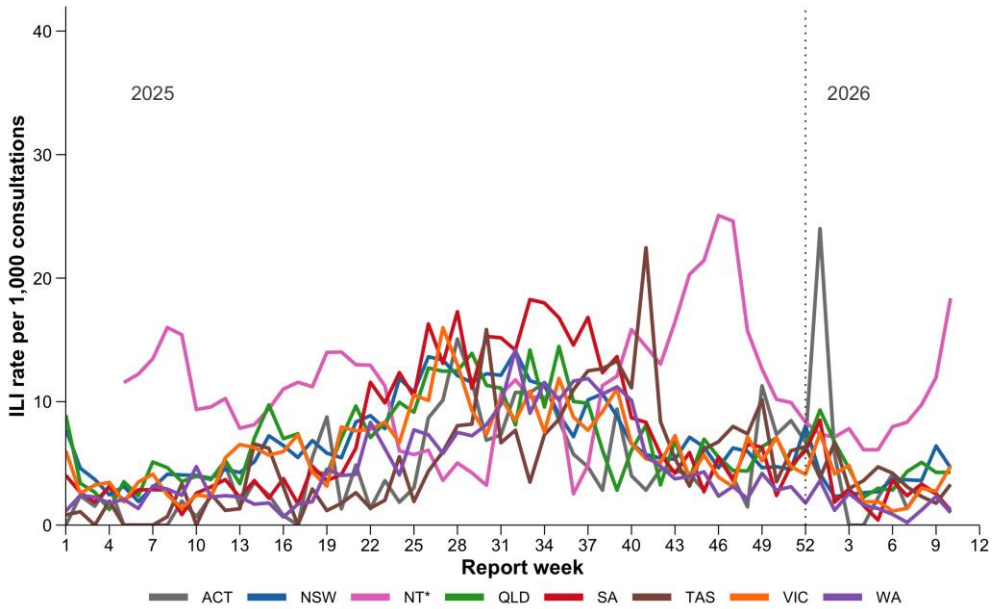
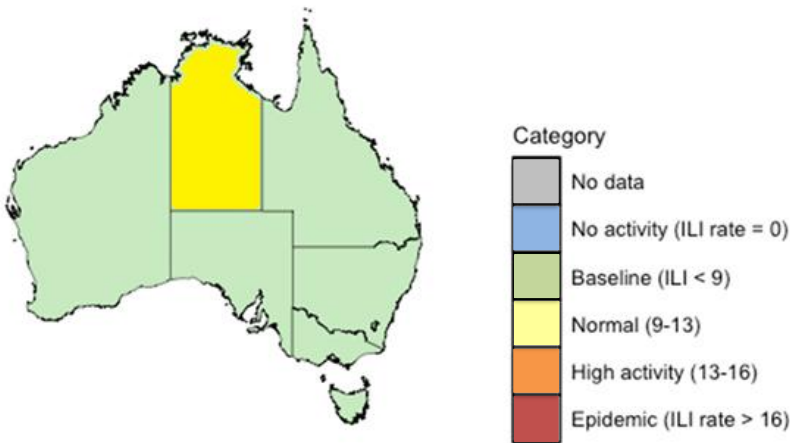


Figure 2. ASPREN ILI rate by jurisdiction, 1 January 2025 – 8 March 2026.



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

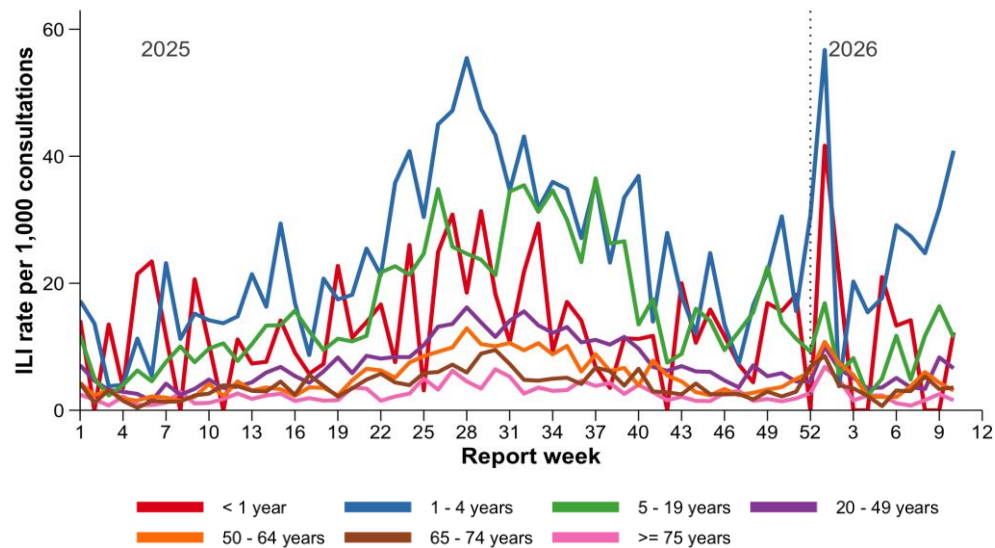
Figure 3. Map of ILI activity by jurisdiction, week 10, 2026



Commented [LA1]: Monique we don't feel like there is an epidemic in NT as its likely the Kathy Garren situation Daniel says (this affects report 4 if needed to amend.). TAS shows zero ILI in Z.A table (not shown here). Daniel does have notifications of 4 x ILI in TAS during week 10, unsure why Z.A has not captured them in her data? @zahra please check. Daniel says there is an ILI rate of 3.5 doing his calculations.

Commented [LA2]: Lana to amend map once final decision is made

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



- ASPREN reporters saw 180 ILI patients in week 9 – 10, 2026.
- Nationally, ILI rates are low and below baseline.
- Rates are highest in the NT, increasing in the reporting period.
- ILI rates are highest in the 1 – 4 years age group, increasing in the reporting period.

# Virological Surveillance

## Respiratory pathogen activity

Table 2: ASPREN virological surveillance summary, 2026.

Indicator	Current fortnight 23 February – 8 March 2026	Previous fortnight 9 February – 22 February 2026	YTD 29 December 2025 – 8 March 2026
Number of ILI notifications	180	145	704
Number of swab tests performed	82	73	293
Proportion of swab tests positive for influenza	2%	11%	9%
Proportion of swab tests positive for influenza A	2%	10%	8%
Proportion of swab tests positive for influenza B	0%	1%	1%
Proportion of swab tests positive for COVID-19	2%	5%	3%
Proportion of swab tests positive for RSV	7%	0%	4%
Proportion of swab tests positive for any pathogen	11%	16%	16%

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

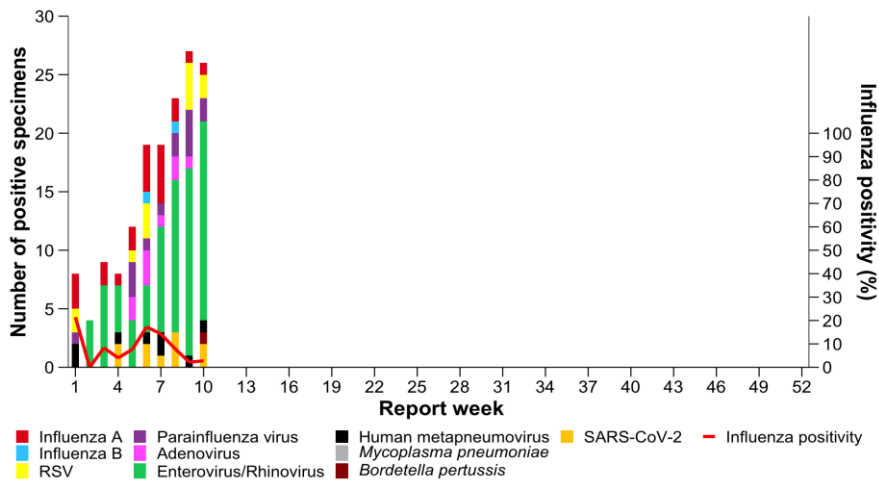


Figure 6: ASPREN weekly virological detection of influenza by type and subtype, RSV and COVID-19, 2026.

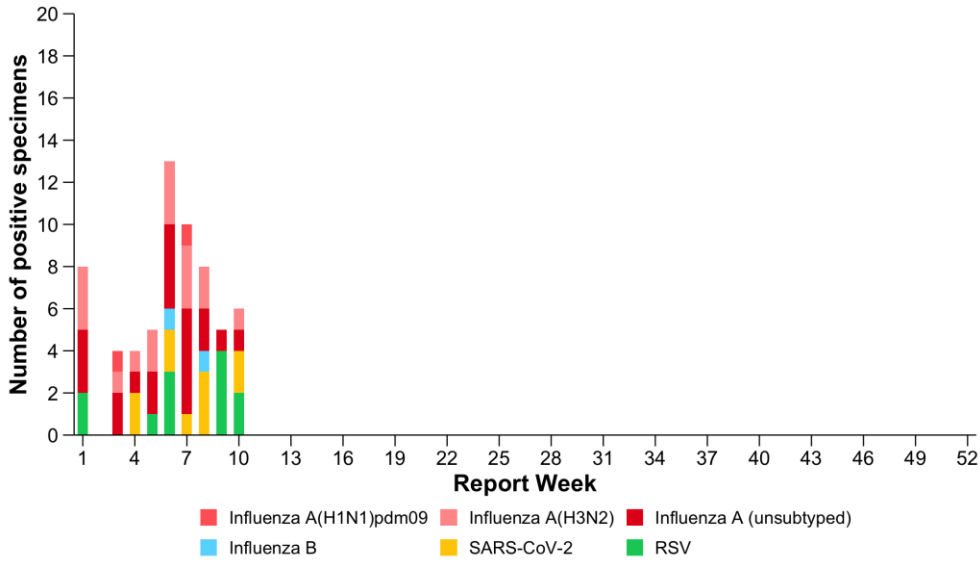
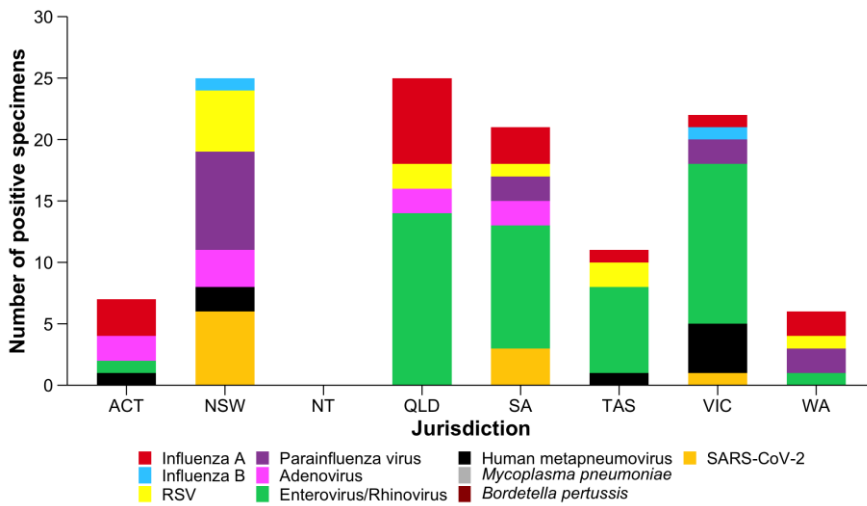


Figure 7: ASPREN virological detection by jurisdiction, 2026.



**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
<b>Influenza A</b>	4.0%	16.0%	20.0%	28.0%	16.0%	16.0%	0.0%
<b>Influenza A (H1N1)pdm09</b>	0.0%	50.0%	0.0%	50.0%	0.0%	0.0%	0.0%
<b>Influenza A (H3N2)</b>	5.6%	16.7%	16.7%	33.3%	16.7%	11.1%	0%
<b>Influenza A (H3N2) subclade K</b>	9.1%	27.3%	18.2%	18.2%	18.2%	9.1%	0.0%
<b>Influenza B</b>	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<b>COVID-19</b>	0.0%	40.0%	30.0%	20.0%	0.0%	0.0%	10.0%
<b>RSV</b>	16.7%	16.7%	33.3%	8.3%	16.7%	8.3%	0%
<b>NIRV positive</b>	8.1%	17.1%	20.3%	26.8%	13.8%	9.8%	4.1%
<b>Positive for other respiratory pathogen#</b>	6.9%	16.6%	20.7%	27.6%	13.8%	11%	3.4%
<b>Negative for all pathogens</b>	0.7%	6.9%	11.7%	35.9%	20%	17.2%	7.6%

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

# 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.
- 2 cases of influenza A were detected in this reporting period. 1 case was influenza A(H3N2) subclade K and 1 was unable to be subtyped.
- 2 cases of COVID-19 were detected this reporting period.
- RSV activity has increased this fortnight with 6 cases detected.

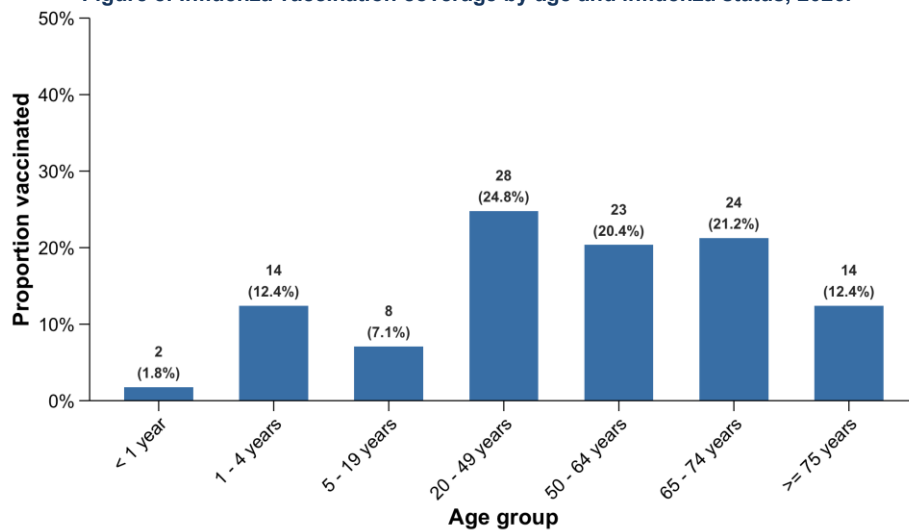
## Vaccination Coverage

### 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	113	167	6	40% (113)	36% (1,147)	40% (975)
COVID-19	9	267	10	3% (9)	8% (251)	N/A
RSV < 6 months	3	0	0	100% (3)	24% (8)	18% (7)
Maternal RSV	4	N/A	N/A	80% (4)	29% (10)	4% (1)
RSV > 6 months	8	221	57	3% (8)	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.