ASPREN UPDATE

Reporting period: Week 33-34 2026
(10 August - 23 August 2026)

Summary: Influenza-like illness rates are increasing. Swab positivity for influenza is up. RSV activity has decreased. COVID-19 activity has increased.

▲ ILI levels have increased and are higher than seen during the same period in previous years

20% influenza positivity during the reporting period.

157 cases of influenza have been detected this year:
141 influenza A
16 influenza B

41 cases of influenza have been detected in this reporting period:
41 influenza A
0 influenza B

Key messages

- ILI rates have increased since the last reporting period (see Figure 1) and are higher than the five-year average for this time of year (Figure 1); however, they are only at baseline or normal levels (Figure 3).
- Influenza virus detections have increased since the last reporting period (see Table 2). Positivity was at 20% overall (see Table 3) and A(H3N2) predominated (Figure 6).
- RSV activity has decreased since the last reporting period and was around 6%.
- SARS-CoV-2 activity was low at 2%.

This report is based on data available as at 23 August 2026. Delays in the reporting of data may cause data to change retrospectively.

Participation

340 reporters submitted data to ASPREN this fortnight (384 YTD) in all 8 jurisdictions.

Table 1. ASPREN reporter participation, weeks 33-34 (10 August–23 August), 2026.

Jurisdiction	GPs	Consultations	Percentage	ABS population percentage
ACT	22	3,132	6.5%	1.8%
NSW	82	14,034	24%	31%
NT	31	4,681	9.1%	0.96%
QLD	31	5,785	9.1%	20%
SA	40	5,500	12%	6.9%
TAS	20	2,860	5.9%	2.1%
VIC	47	8,432	14%	26%
WA	67	10,162	20%	11%
Australia	**340**	**54,586**	**100%**	**100%**

Syndromic Surveillance

Influenza-like illness (ILI)

Figure 1. ASPREN ILI rate per 1,000 consultations, 1 January 2024 - 23 August 2026 and the 5-year average for 2019, 2022-2025.

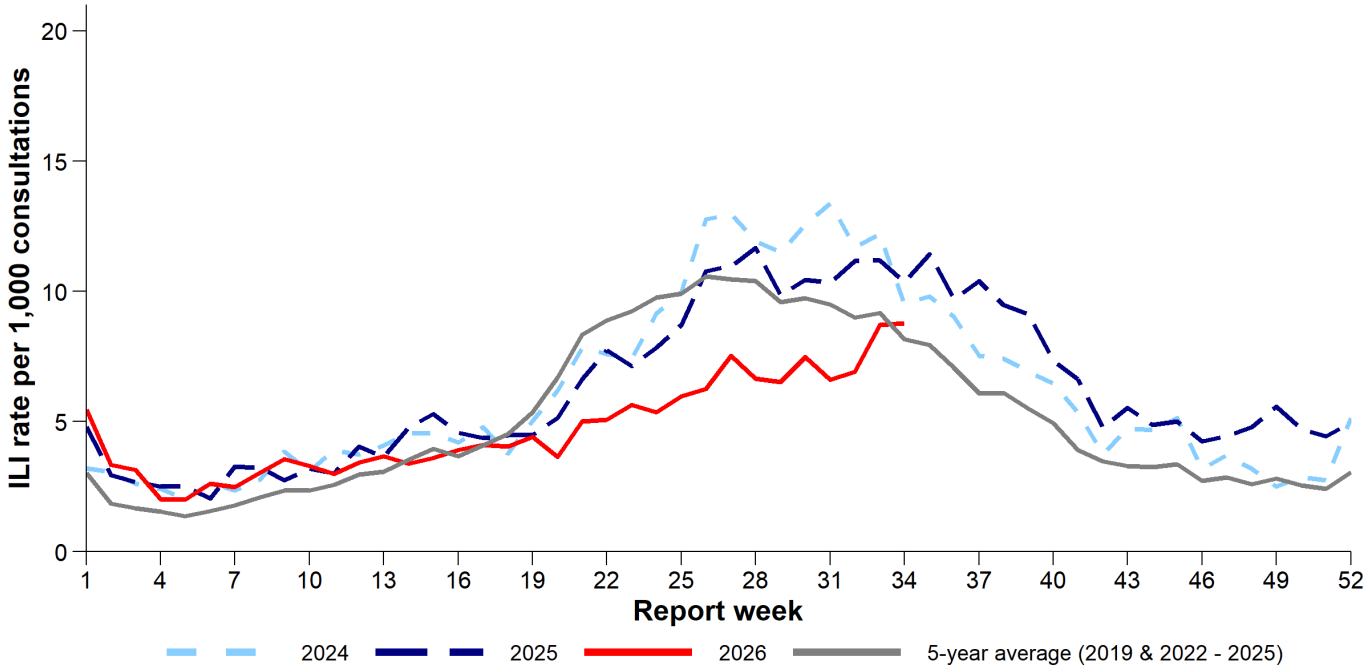


Figure 2. ASPREN ILI rate by jurisdiction, 28 December 2025 - 23 August 2026.

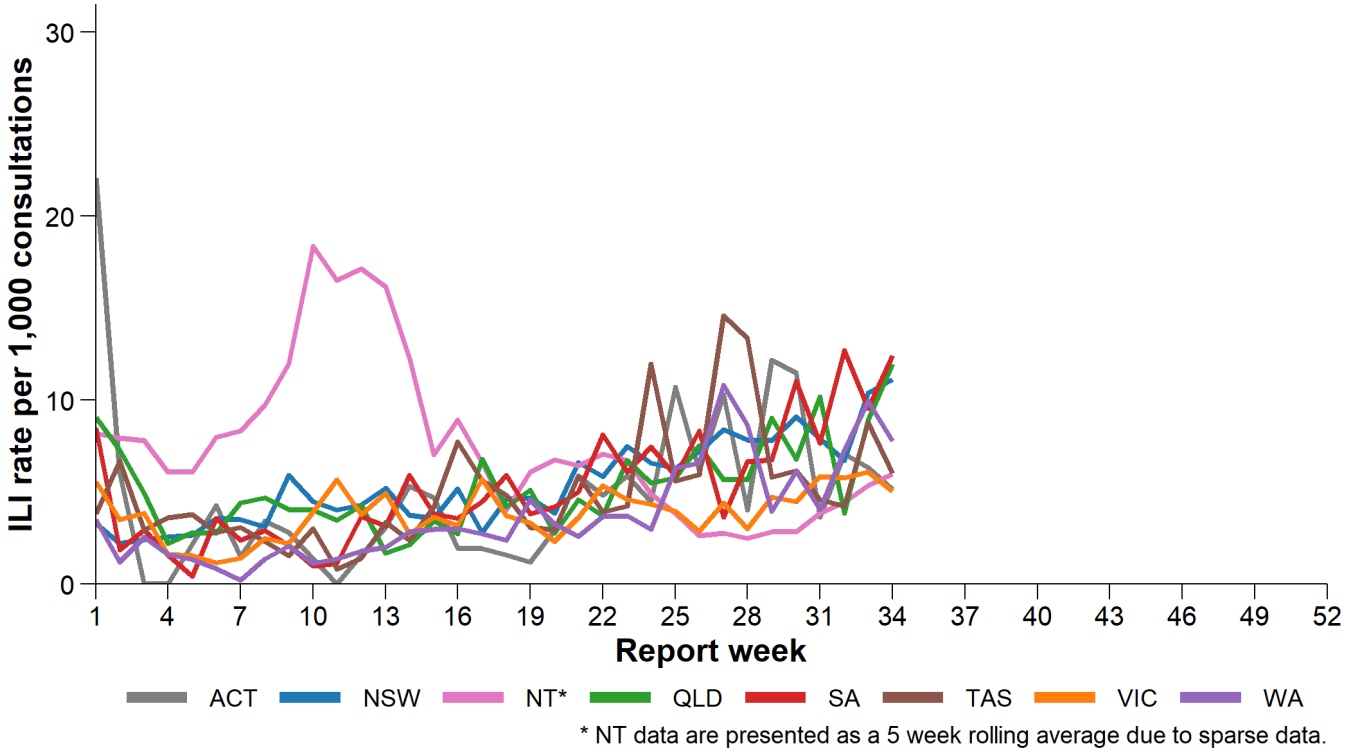


Figure 3. Map of ILI activity by jurisdiction, week 34 2026.

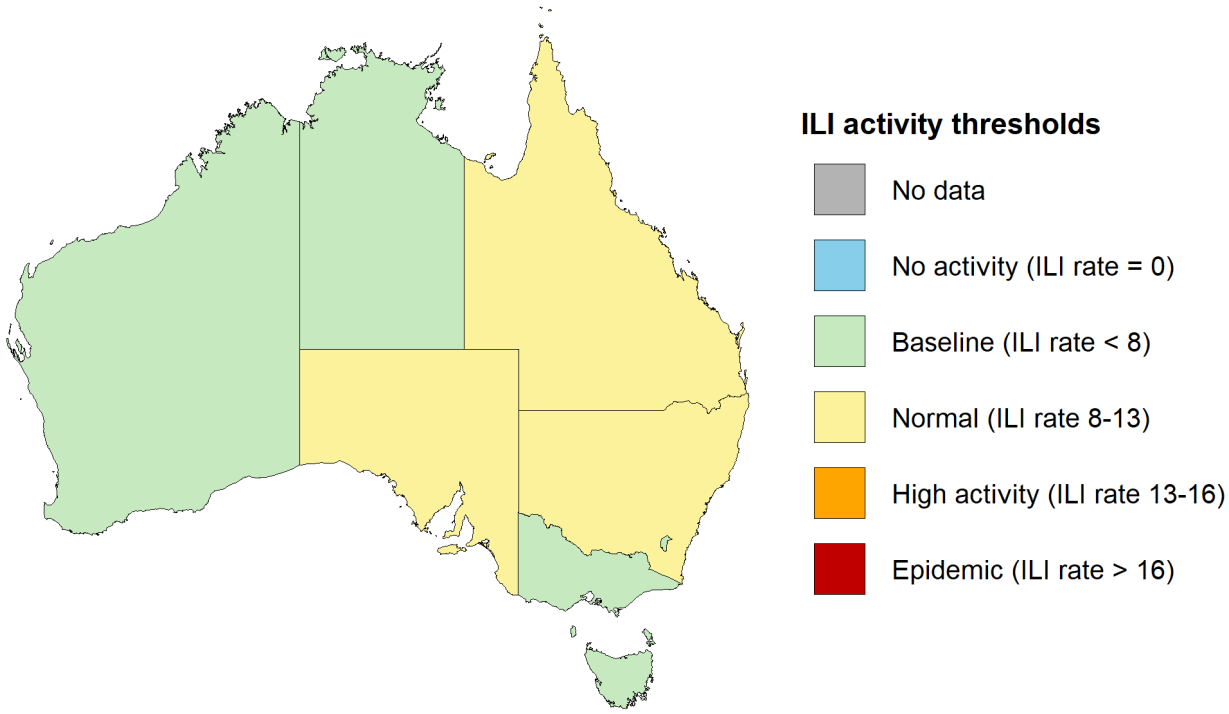
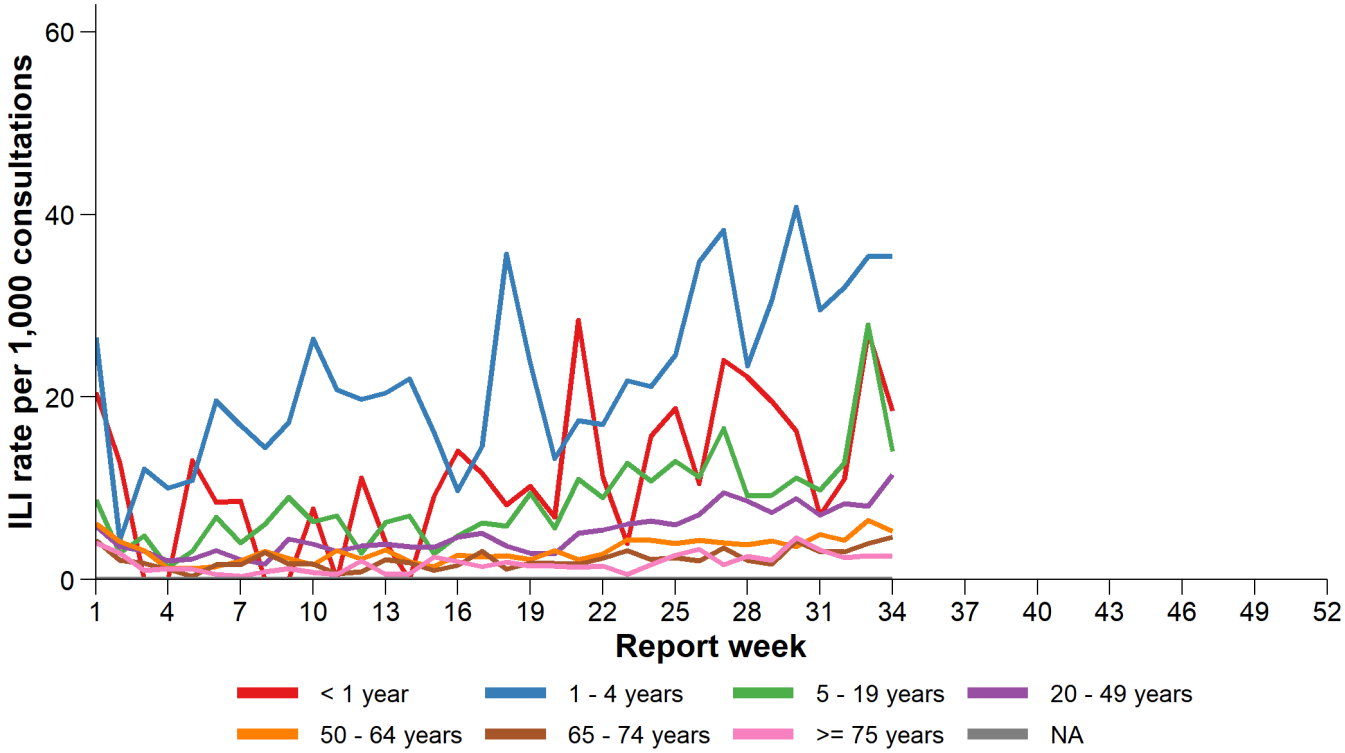


Figure 4. ASPREN ILI rate by age, 28 December 2025 - 23 August 2026.



Summary ILI activity

- ASPREN reporters saw 484 ILI patients in weeks 33-34 2026
- Nationally, ILI rates were higher than the five-year average (Figure 1). However, in most jurisdictions ILI activity remained at baseline levels.
- ILI rates were highest for child age groups, with the 1 - 4 years age group the highest. ILI rates were lowest for people aged ≥75 years (Figure 4).

Virological Surveillance

Respiratory pathogen activity

Table 2: ASPREN virological surveillance summary, 2026.

Indicator	Current fortnight 9 Aug – 22 Aug 2026	Previous fortnight 26 Jul – 8 Aug 2026	YTD 28 Dec 2025 – 22 Aug 2026	Last YTD 30 Dec 2024 – 24 Aug 2025
Number of ILI notifications	484	363	4097	5568
Number of swab tests performed	205	171	1967	2038
% swab tests positive for influenza	20%	11%	8%	20%
% swab tests positive for influenza A	20%	9.9%	7.2%	15%
% swab tests positive for influenza B	0%	1.2%	0.81%	5.4%
% swab tests positive for RSV	5.9%	9.9%	7.1%	6.5%
% swab tests positive for SARS-CoV-2	2%	0.58%	3.2%	6.4%
% swab tests positive for any pathogen	27%	22%	18%	33%

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

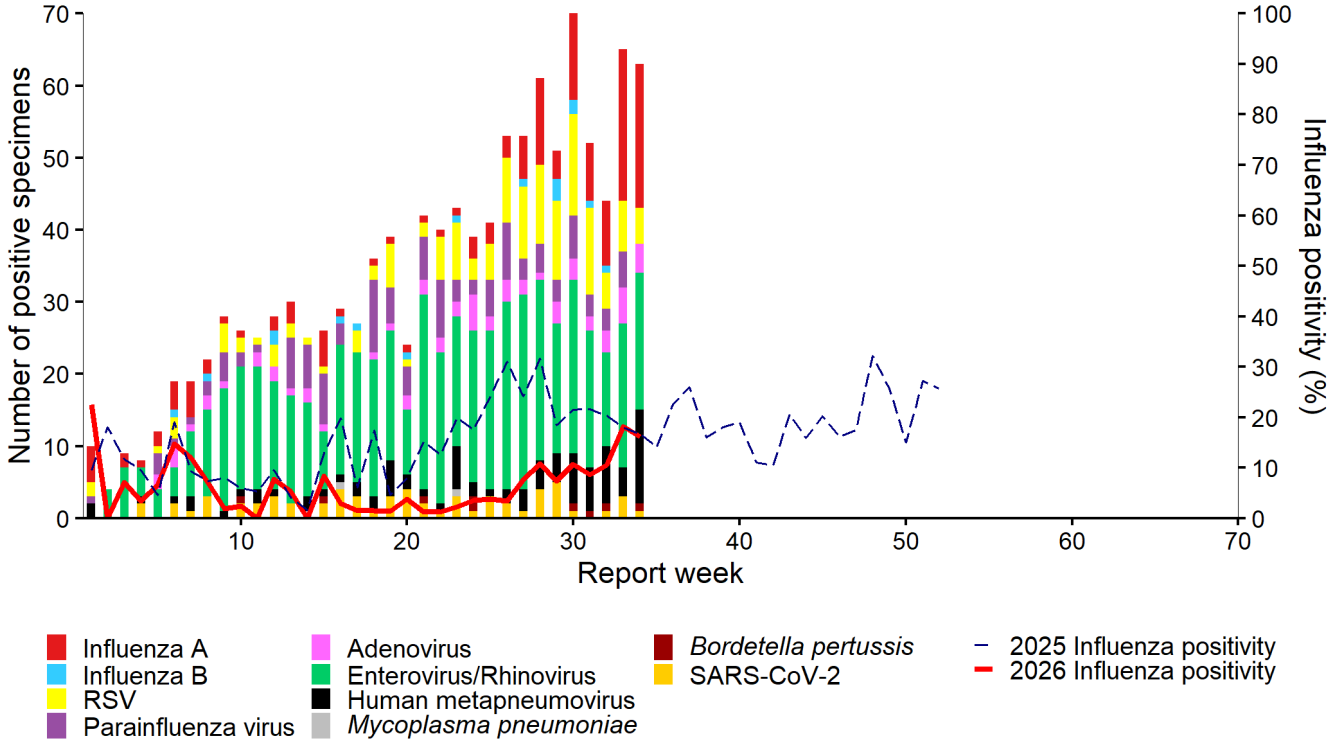


Figure 6: ASPREN weekly virological detection of influenza by type and subtype, RSV and SARS-CoV-2, 2026.

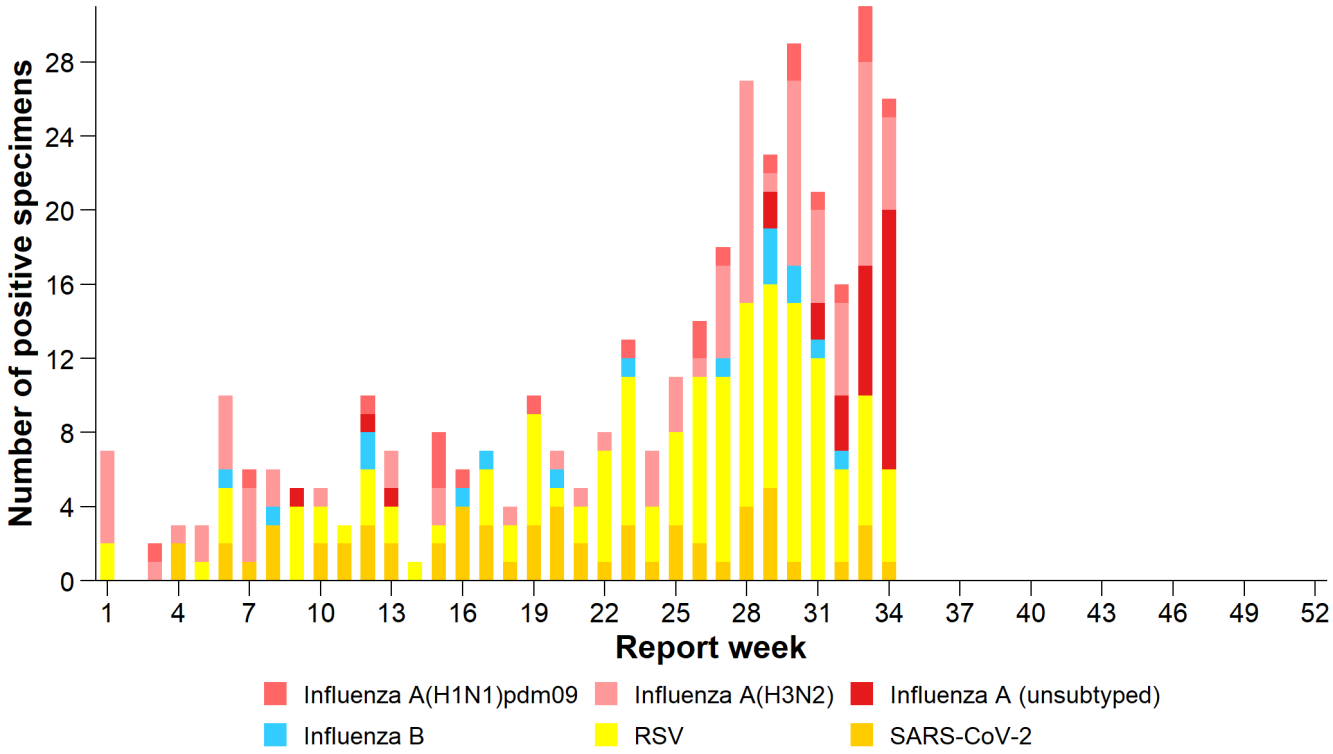


Figure 7: ASPREN virological detection by jurisdiction, 2026.

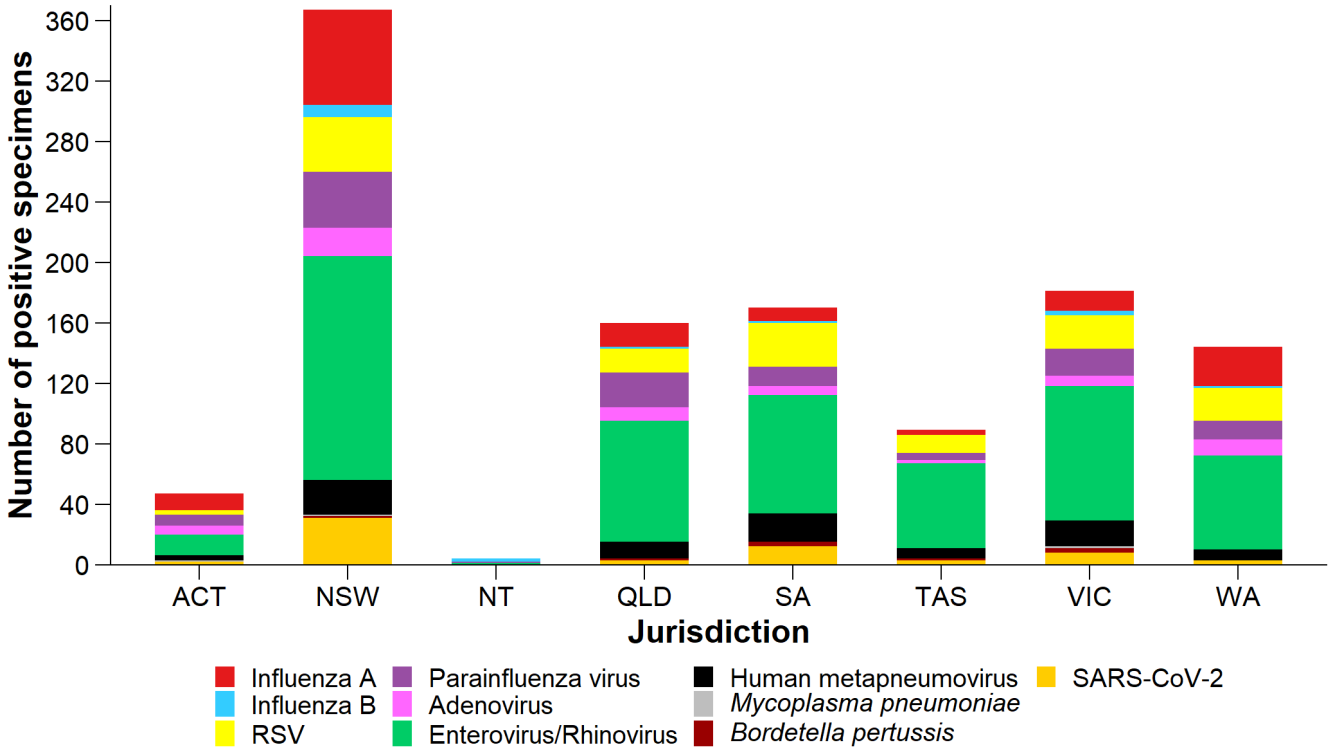


Table 3: ASPREN respiratory pathogen percent positivity by age group, 2026.

Virus	< 1 year	1 - 4 years	5 - 19 years	20 - 49 years	50 - 64 years	65 - 74 years	>= 75 years
Influenza	1.7% (1)	6.0% (18)	15% (41)	10% (62)	4.5% (14)	7.2% (15)	3.0% (6)
Influenza A	1.7% (1)	6.0% (18)	12% (34)	9.2% (56)	4.2% (13)	6.2% (13)	3.0% (6)
A(H1N1)pdm09	0% (0)	1.3% (4)	0.7% (2)	1.2% (7)	1.3% (4)	1.9% (4)	0.5% (1)
A(H3N2)	1.7% (1)	4.0% (12)	9.7% (27)	6.3% (38)	2.3% (7)	3.8% (8)	1.5% (3)
A(H3N2) subclade K	1.7% (1)	3.4% (10)	7.4% (20)	4.7% (28)	1.6% (5)	2.0% (4)	1.5% (3)
Influenza B	0% (0)	0% (0)	2.5% (7)	1.0% (6)	0.3% (1)	1.0% (2)	0% (0)
RSV	17% (10)	17% (51)	5.0% (14)	4.3% (26)	4.8% (15)	6.2% (13)	5.6% (11)
SARS-CoV-2	1.7% (1)	3.0% (9)	2.8% (8)	2.9% (18)	4.2% (13)	1.4% (3)	5.1% (10)
NIRP positive	81% (46)	72% (214)	49% (137)	41% (247)	43% (132)	42% (86)	44% (85)
Positive for any pathogen	81% (46)	77% (229)	63% (177)	51% (305)	48% (145)	48% (99)	46% (89)
Negative for all pathogens	19% (11)	23% (68)	37% (103)	49% (292)	52% (158)	52% (107)	54% (103)

Data shown are % (n). Proportion positivity was calculated as the number of specimens detected in each age group divided by the total number of specimens detected.
NIRP: Non-influenza respiratory pathogen. Includes parainfluenza virus 1, 2, 3, human metapneumovirus, adenovirus, enterovirus / rhinovirus, Mycoplasma pneumoniae, and Bordetella pertussis.

Summary virological activity

- Influenza positivity has increased in this reporting period and reached 20% (Table 2).
- Influenza A was the predominant virus detected (Figure 5), a majority of which were A(H3N2); however, there are many viruses awaiting subtyping (Figure 6).
- RSV detections have decreased since the last reporting period and were at 6% positivity. Year-to-date, a majority of RSV presentations have been among persons aged 1 - 4 years.
- SARS-CoV-2 activity remains low (2% positivity).
- Many samples have tested positive for other pathogens, the most common being Enteroviruses/Rhinoviruses.

Vaccination Coverage and Vaccine Effectiveness (VE)

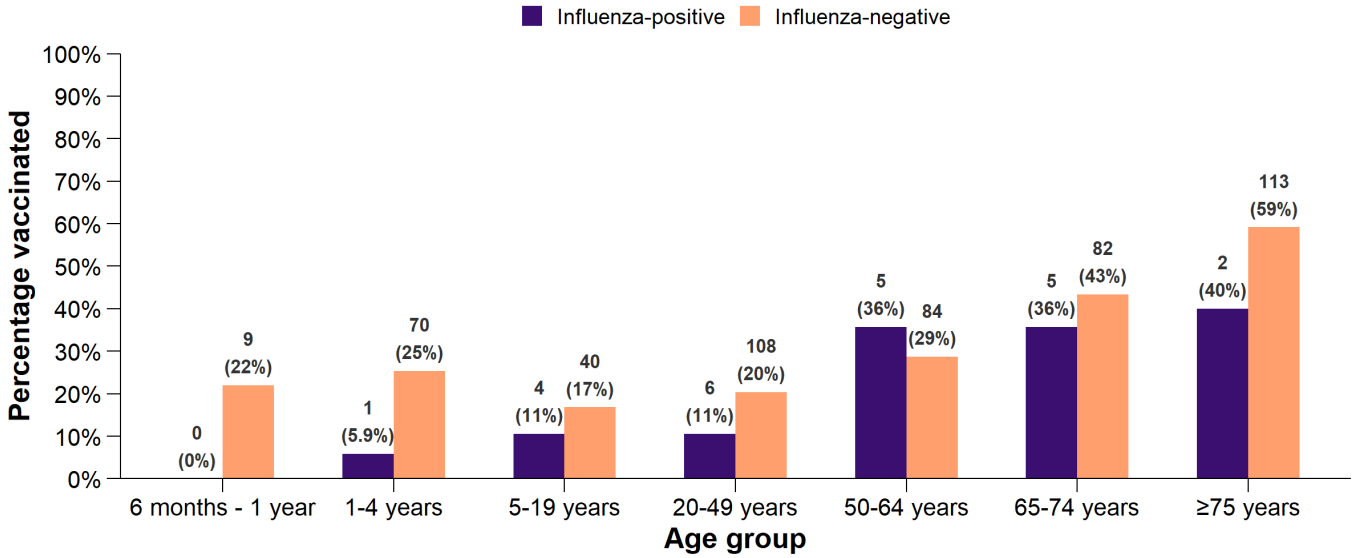
Vaccination coverage

Table 4. ASPREN vaccination coverage by year, 2024 - 2026

Vaccine	Vaccinated	Not vaccinated	% vaccinated 2026 YTD (n)	% vaccinated 2025 (n)	% vaccinated 2024 (n)
Influenza*	529	1,062	33% (529)	36% (1,017)	36% (855)
COVID-19 (adults ≥18y)	106	1,153	8.4% (106)	10% (200)	24% (195)
RSV (infants <6m^)	14	1	93% (14)	50% (11)	35% (8)
RSV (Adults ≥60y)	65	399	14% (65)	3.3% (23)	1.5% (4)

*Please note: the method for calculating vaccination coverage has been updated and the values shown, including historical values, may differ from previous reports. *Influenza vaccination coverage is calculated among test-negative patients with a date of vaccination and only considers the period since the respective year's influenza vaccine became available (~week 12). ^Infant RSV immunisation considers either maternal vaccination or child receipt of monoclonal antibodies.*

Figure 8. Influenza vaccination coverage by age group and influenza status, 2026.



Note: Children aged <6m excluded as they are ineligible for vaccination.

Summary vaccination coverage

- Influenza vaccination coverage to-date in 2026 is comparable with previous years (Table 4).
- RSV coverage among infants has been steadily increasing since 2024. RSV vaccination among older adults aged ≥60 years has also been increasing since 2024.
- COVID-19 vaccination among adults aged ≥18 years is lower than in previous years.
- Interim influenza vaccine effectiveness estimates have been submitted to the World Health Organization for consideration at the 2027 southern hemisphere influenza vaccine strain selection meeting (21-25 September). The interim estimate for any influenza is 58% (95% confidence interval: 23, 77). Data from 1,124 ASPREN patients contributed to these estimates.