aspren | ASPREN UPDATE

Reporting period: Week 35-36 2026
(24 August - 6 September 2026)

Summary: Influenza-like illness rates are higher than the 5-year average for this time of year. Influenza and RSV positivity have both decreased slightly since the last report while COVID-19 activity has increased.

▼ ILI levels have decreased but remain higher than seen during the same period in previous years

17% influenza positivity during the reporting period.

182 cases of influenza have been detected this year:
165 influenza A
17 influenza B

25 cases of influenza have been detected in this reporting period:
24 influenza A
1 influenza B

Key messages

- ILI rates have decreased since the last reporting period but are higher than the five-year average (see Figure 1) and have reached normal levels in 6/8 jurisdictions.
- ILI activity is highest in the 1 - 4 years age group (see Figure 4).
- There were fewer influenza virus detections compared with the last reporting period (see Table 2). Influenza positivity was highest in school-aged children aged 5-19 years.
- RSV detections have continued to decline and positivity is at 3.3%.
- SARS-CoV-2 activity has increased slightly from 2% to 3.3% positivity.

This report is based on data available as at 6 September 2026. Delays in the reporting of data may cause data to change retrospectively.

Participation

338 reporters submitted data to ASPREN this fortnight (385 YTD) in all 8 jurisdictions.

Table 1. ASPREN reporter participation, weeks 35-36 (24 August– 6 September), 2026.

Jurisdiction	GPs	Consultations	Percentage	ABS population percentage
ACT	22	2,792	6.5%	1.8%
NSW	84	13,270	25%	31%
NT	28	2,149	8.3%	0.96%
QLD	31	5,635	9.2%	20%
SA	40	5,015	12%	6.9%
TAS	20	2,623	5.9%	2.1%
VIC	46	8,209	14%	26%
WA	67	10,218	20%	11%
Australia	**338**	**49,911**	**100%**	**100%**

Syndromic Surveillance

Influenza-like illness (ILI)

Figure 1. ASPREN ILI rate per 1,000 consultations, 1 January 2024 - 6 September 2026 and the 5-year average for 2019, 2022-2025.

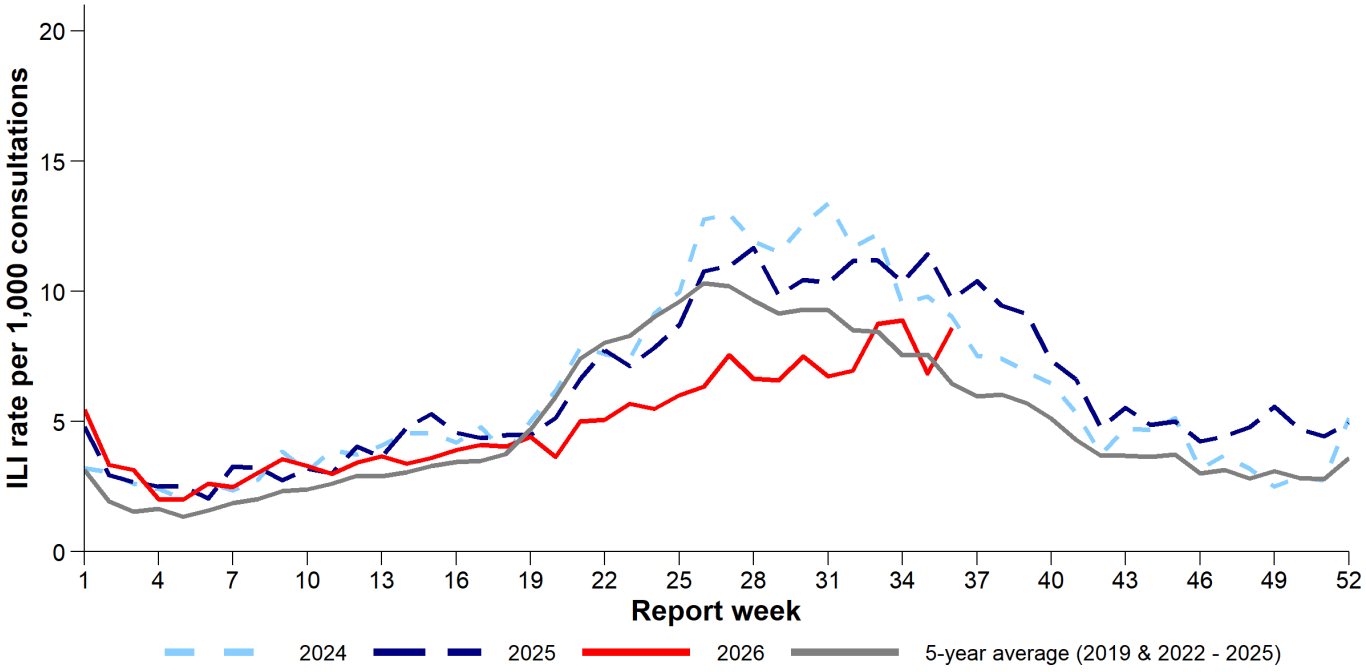


Figure 2. ASPREN ILI rate by jurisdiction, 28 December 2025 - 6 September 2026.

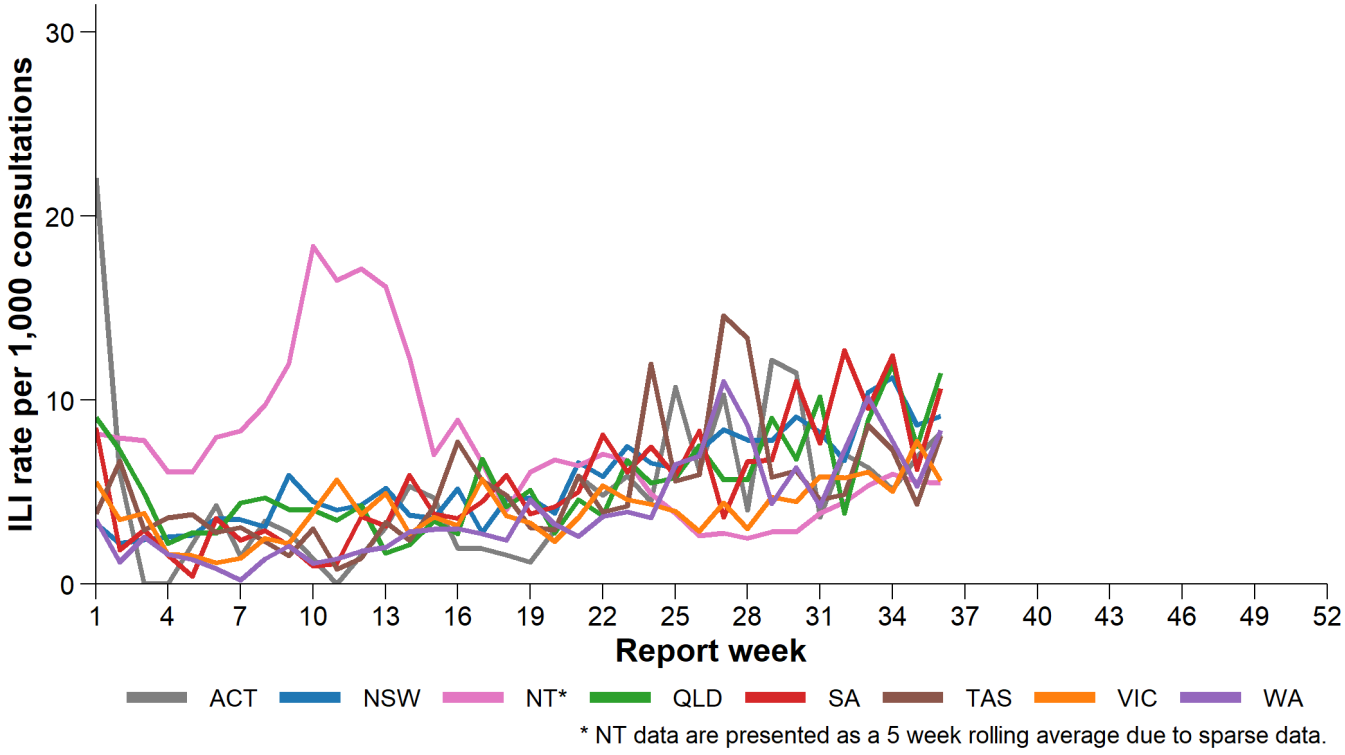


Figure 3. Map of ILI activity by jurisdiction, week 36 2026.

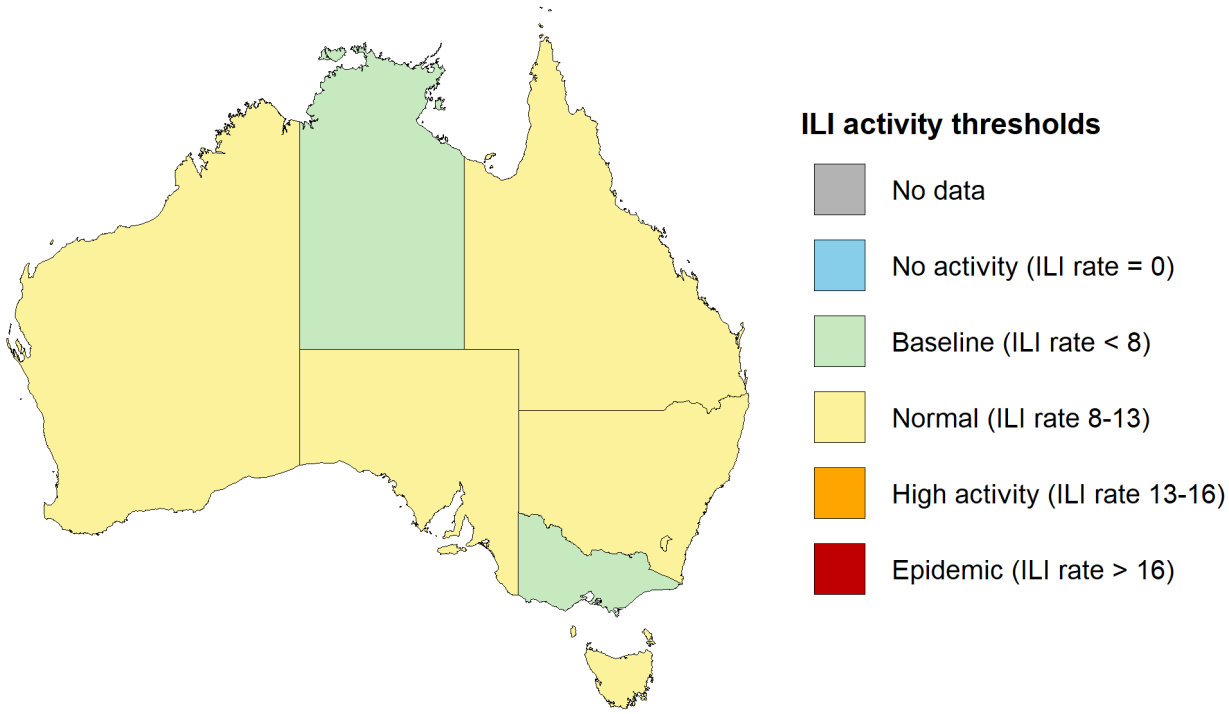
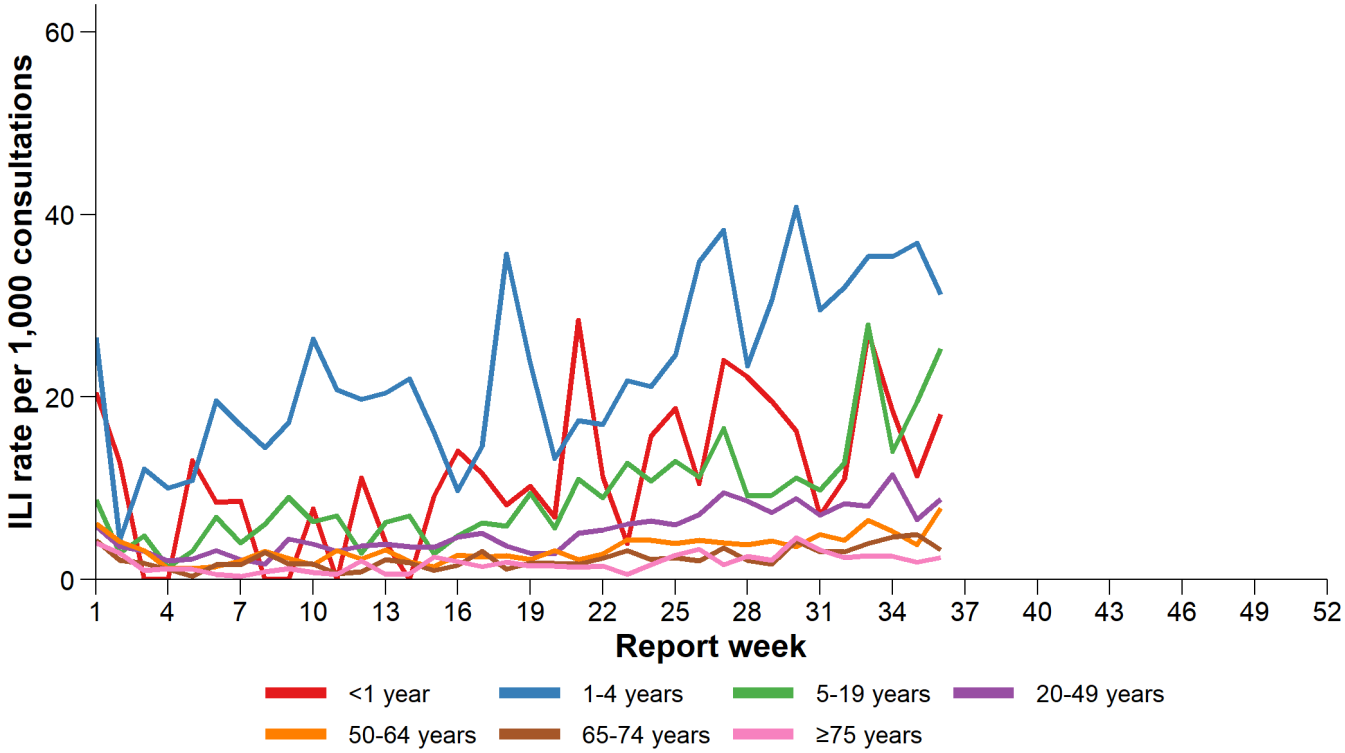


Figure 4. ASPREN ILI rate by age, 28 December 2025 - 6 September 2026.



Summary ILI activity

- ASPREN reporters saw 400 ILI patients in weeks 35-36 2026
- Nationally, ILI rates are higher than the 5-year average for this time of year, but not yet as high as 2025 (Figure 1). In most jurisdictions, ILI activity reached normal levels; only NT and Victoria remained at baseline.
- ILI rates were highest for the 1 - 4 years age group and lowest for people aged ≥ 75 years (Figure 4).

Virological Surveillance

Respiratory pathogen activity

Table 2: ASPREN virological surveillance summary, 2026.

Indicator	Current fortnight 24 Aug – 6 Sep 2026	Previous fortnight 10 Aug – 23 Aug 2026	YTD 29 Dec 2025 – 6 Sep 2026	Last YTD 30 Dec 2024 – 7 Sep 2025
Number of ILI notifications	400	484	4498	6148
Number of swab tests performed	150	205	2117	2224
% swab tests positive for influenza	17%	20%	9%	20%
% swab tests positive for influenza A	16%	20%	7.8%	14%
% swab tests positive for influenza B	0.67%	0%	0.8%	5.7%
% swab tests positive for SARS-CoV-2	3.3%	2%	3.2%	6%
% swab tests positive for RSV	3.3%	5.9%	6.8%	6.4%
% swab tests positive for any pathogen	23%	27%	18%	33%

YTD: Year to-date.

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

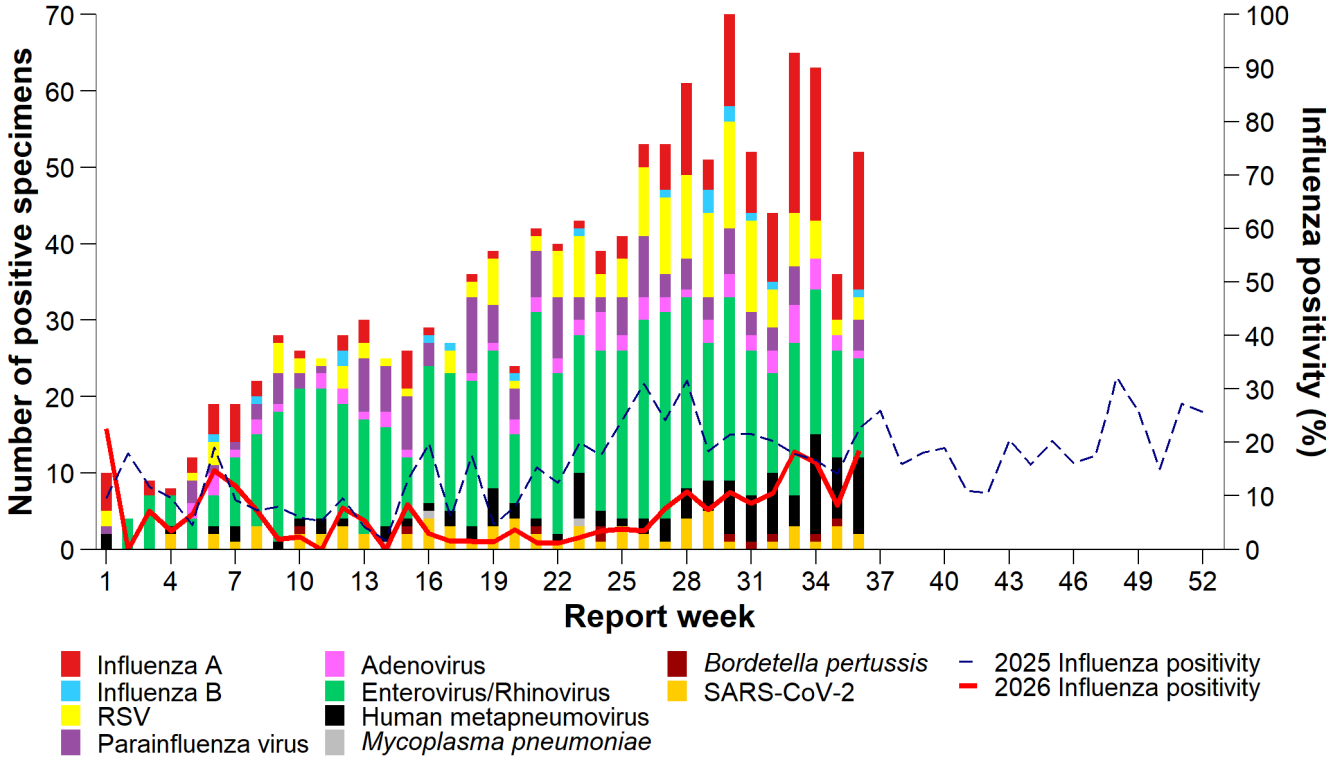


Figure 6: ASPREN weekly virological detection of influenza by type and subtype, RSV and SARS-CoV-2, 2026.

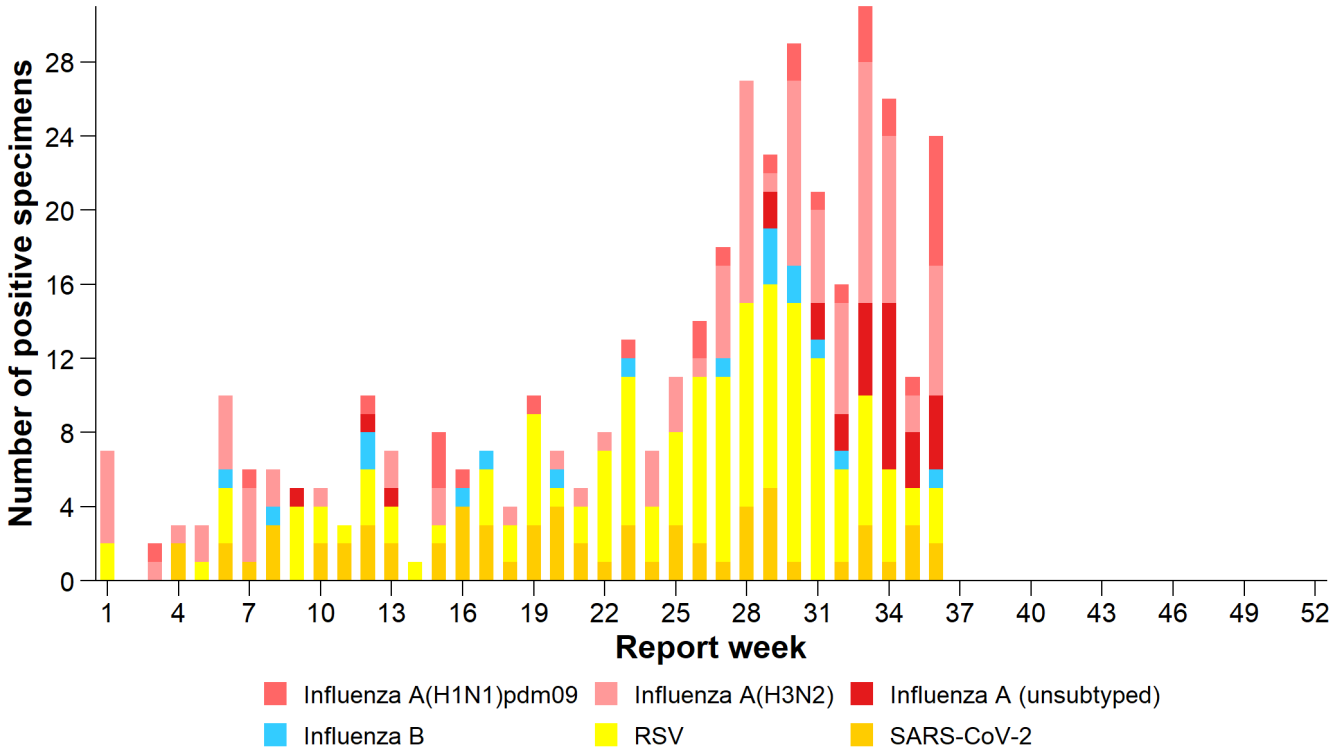


Figure 7: ASPREN virological detection by jurisdiction, 2026.

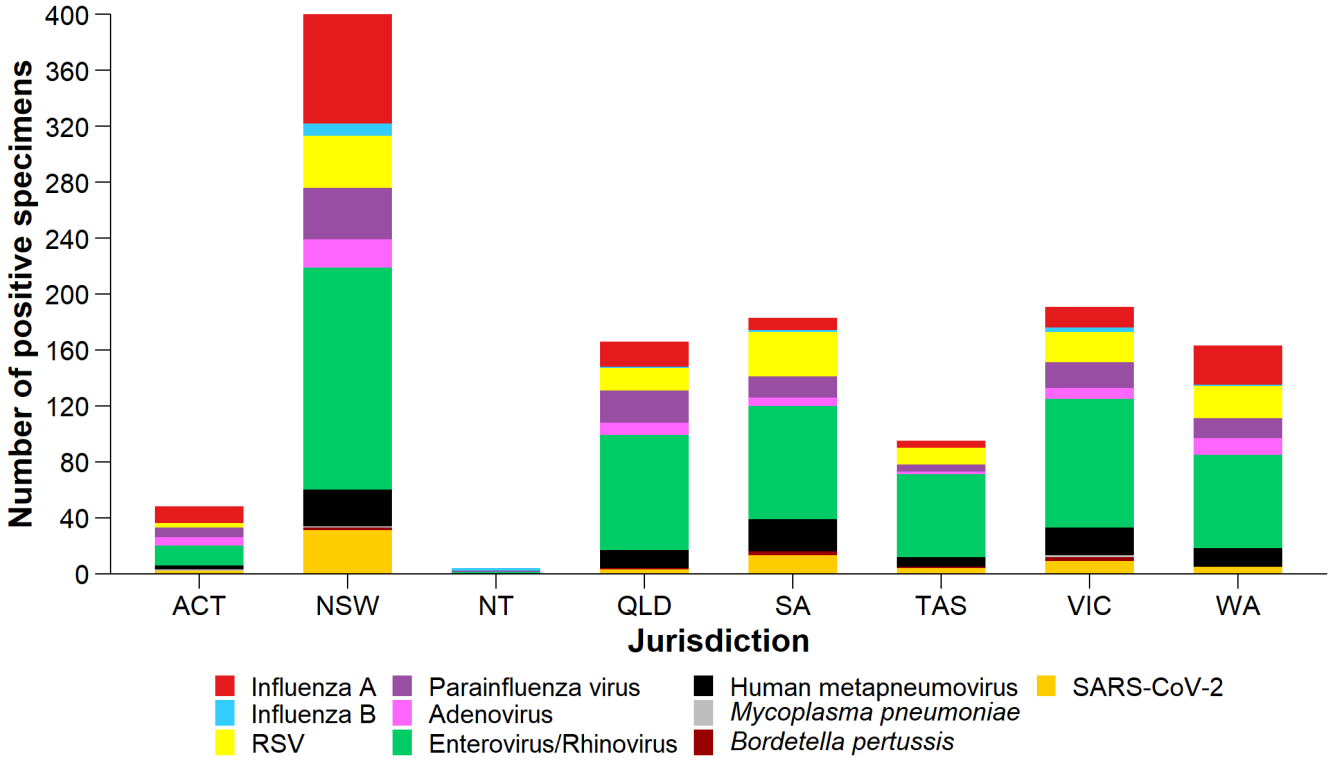


Table 3: ASPREN respiratory pathogen percent positivity by age group, 2026.

Virus	<1 year N = 61	1-4 years N = 314	5-19 years N = 313	20-49 years N = 647	50-64 years N = 342	65-74 years N = 226	≥75 years N = 214
Influenza	1.6% (1)	7.6% (24)	16% (49)	11% (68)	5.3% (18)	7.1% (16)	2.8% (6)
Influenza A	1.6% (1)	7.6% (24)	13% (42)	9.5% (61)	5.0% (17)	6.2% (14)	2.8% (6)
A(H1N1)pdm09	0% (0)	1.6% (5)	1.0% (3)	1.6% (10)	1.8% (6)	2.2% (5)	0.5% (1)
A(H3N2)	1.6% (1)	4.5% (14)	10% (31)	6.3% (40)	2.4% (8)	3.6% (8)	1.4% (3)
A(H3N2) subclade K	1.6% (1)	3.9% (12)	7.7% (23)	4.6% (29)	1.8% (6)	1.8% (4)	1.4% (3)
Influenza B	0% (0)	0% (0)	2.2% (7)	1.1% (7)	0.3% (1)	0.9% (2)	0% (0)
RSV	16% (10)	17% (52)	5.1% (16)	4.0% (26)	4.4% (15)	6.6% (15)	5.1% (11)
SARS-CoV-2	1.6% (1)	2.9% (9)	2.9% (9)	2.9% (19)	3.8% (13)	1.8% (4)	5.6% (12)
NIRP positive	80% (48)	71% (220)	48% (150)	40% (256)	43% (144)	42% (94)	46% (95)
Positive for any pathogen	80% (48)	77% (241)	63% (197)	51% (320)	48% (160)	48% (108)	48% (99)
Negative for all pathogens	20% (12)	23% (71)	37% (114)	49% (313)	52% (175)	52% (115)	52% (109)

Data are % (n). Proportion positivity was calculated as the number of specimens detected in each age group divided by the total number of specimens detected for that age group.
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 was still high this week (17%), with comparable numbers of A(H1N1)pdm09 (n=8) and A(H3N2) (n=9) detected.
- RSV activity was lower than in recent weeks at 5.9%.
- SARS-CoV-2 activity increased slightly since the last reporting period from 2% to 3.3%.
- Enterovirus/Rhinovirus were also common this reporting period and these viruses have been the most common pathogens detected throughout the year.

Vaccination Coverage and Vaccine Effectiveness (VE)

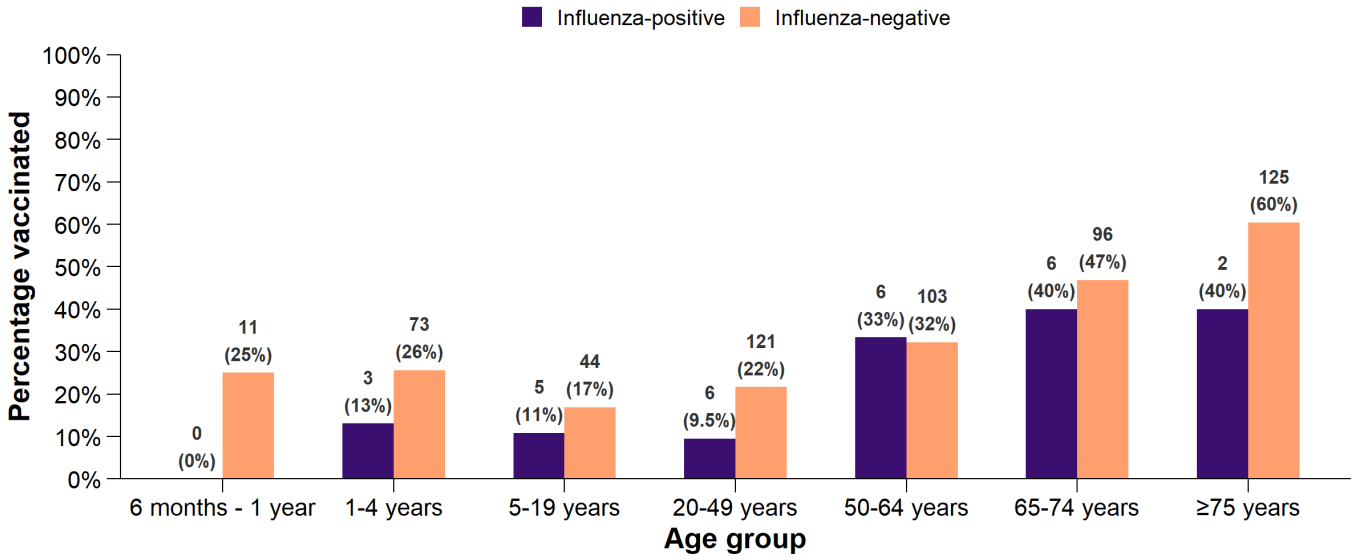
Vaccination coverage

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

Vaccine	Vaccinated/ immunised	Not vaccinated/ immunised	% vaccinated 2026 YTD (n)	% vaccinated 2025 (n)	% vaccinated 2024 (n)
Influenza*	601	1,136	35% (601)	36% (1,017)	36% (855)
COVID-19 (adults ≥18y)	118	1,238	8.7% (118)	10% (200)	24% (195)
RSV (infants <6m^)	14	1	93% (14)	50% (11)	30% (8)
RSV (Adults >60y)	75	430	15% (75)	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 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).
- Compared with previous years, RSV coverage in 2026 has seen a substantial increase among infants <6m (93%) and a more modest increase among older adults aged ≥60 years (15%).
- COVID-19 vaccination among adults aged ≥18 years is lower than in previous years (8.7%).
- 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.