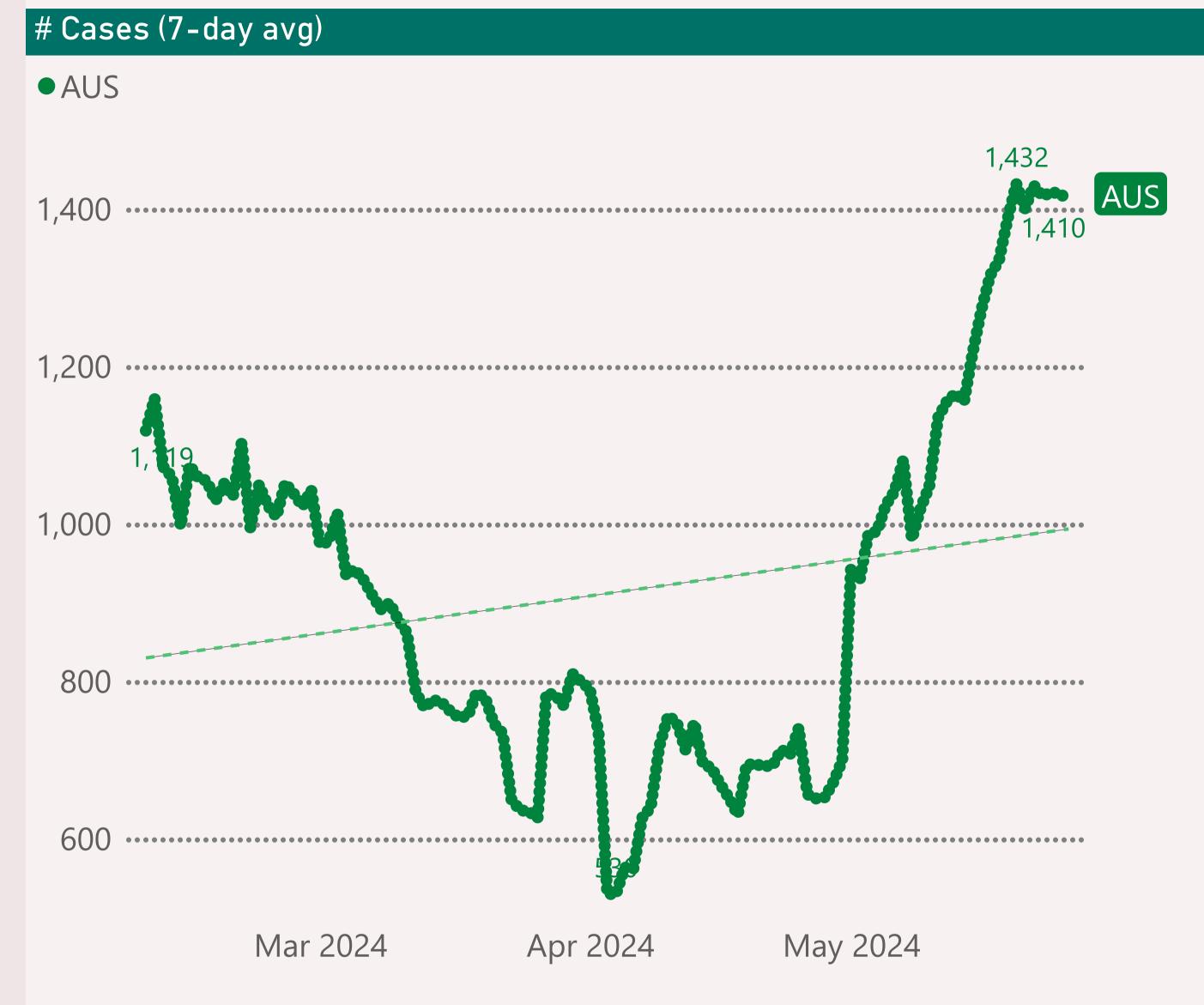
From: 10 February 2024 to 26 May 2024

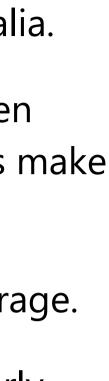


This page shows the trend for reported cases for Australia.

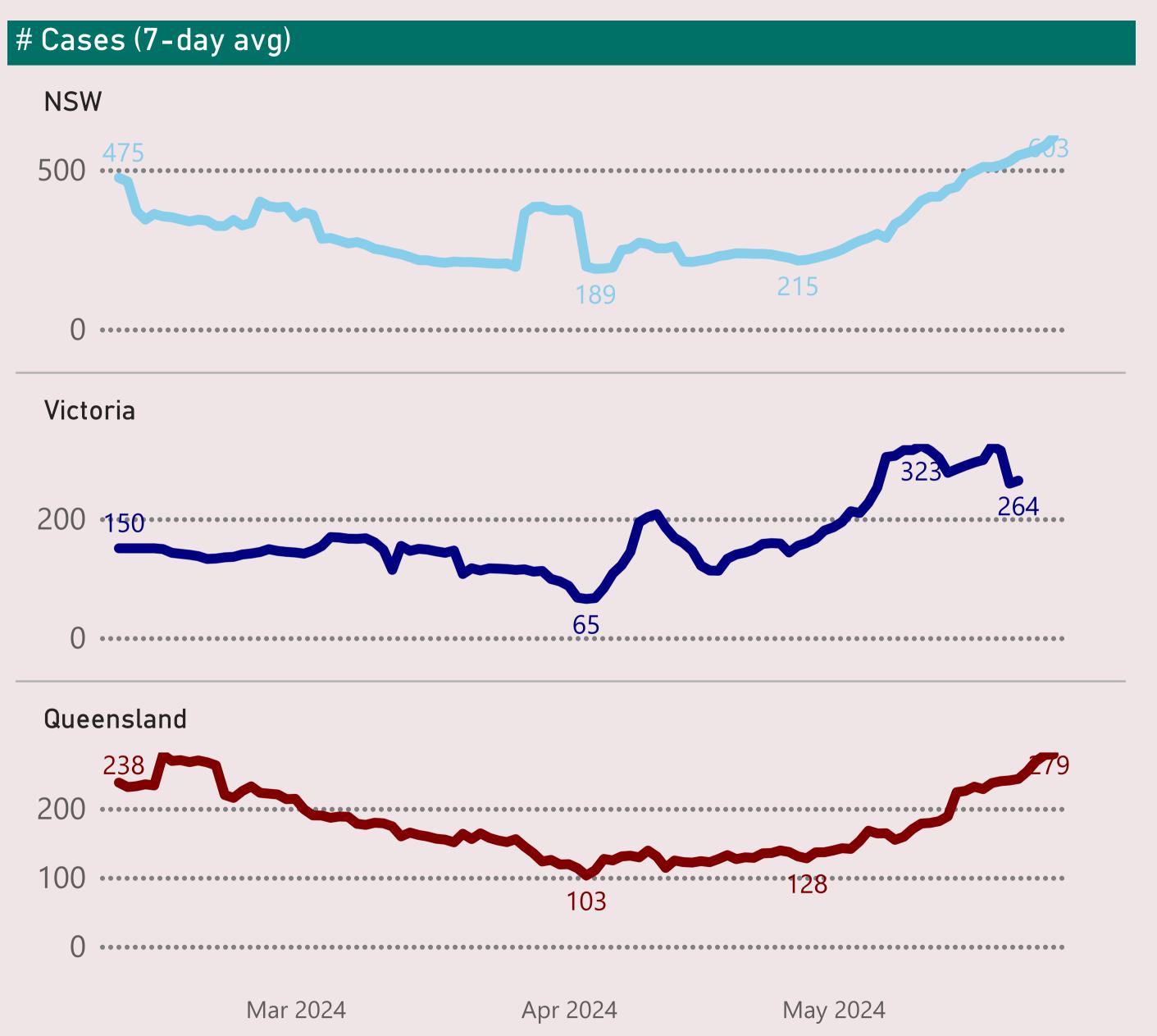
While this series is quite timely (updated daily), it is often volatile with wild unexplained swings, which sometimes make it difficult to interpret.

The raw cases reported are smoothed with a 7-day average.

The last 6 months are shown, currently starting from early February where there was a large artefact in this series.



## From: 10 February 2024 to 26 May 2024



This page shows the trend for reported cases for NSW, Victoria and Queensland.

While this series is quite timely (updated daily), it is often volatile with wild unexplained swings, which sometimes make it difficult to interpret.

From my understanding, the data collection methods and criteria are fairly similar across these states, e.g. PCR cases only.

The raw cases reported are smoothed with a 7-day average.

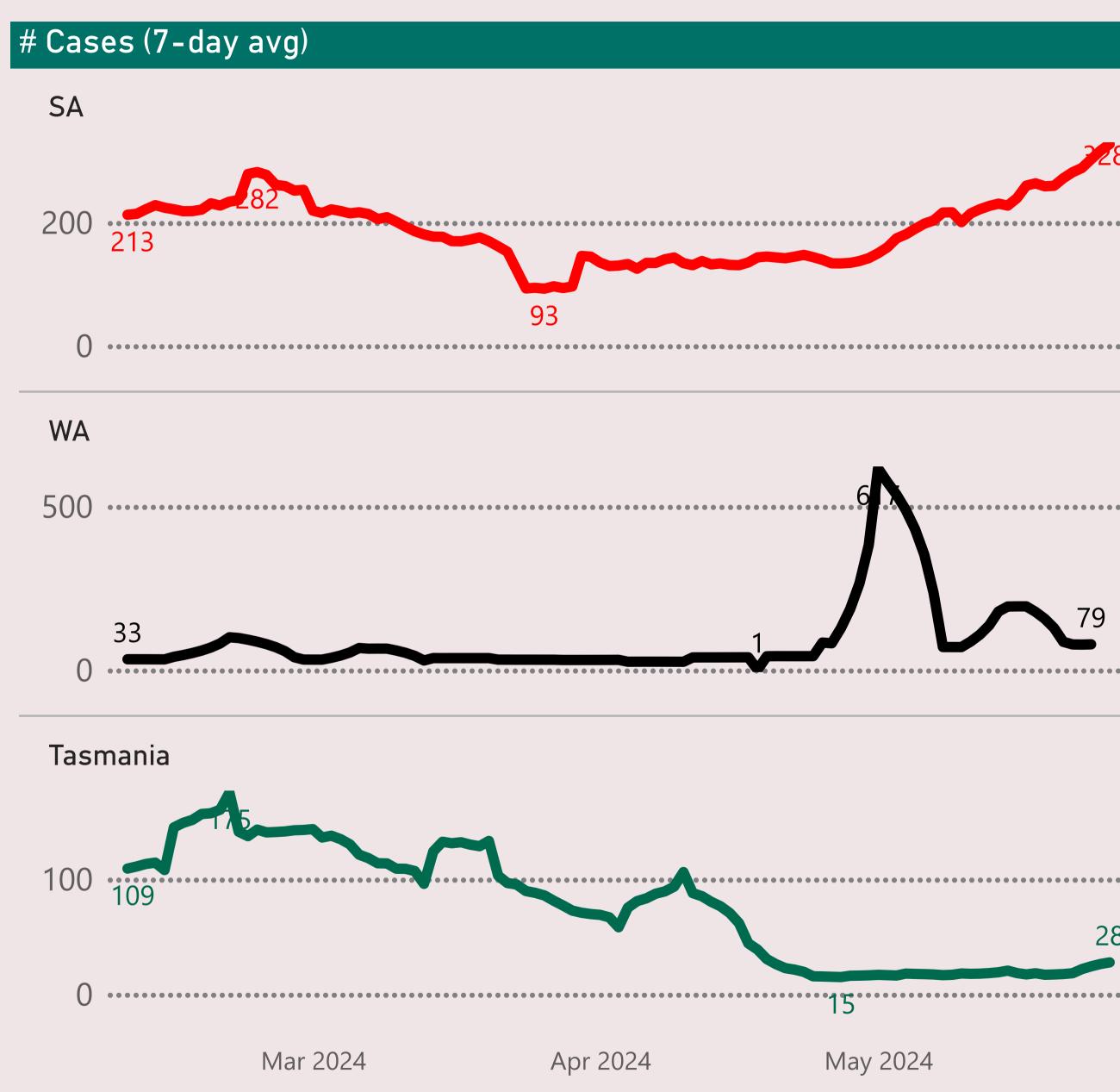
The last 6 months are shown, currently starting from early February where there was a large artefact in this series.





# From: 10 February 2024 to 26 May 2024

28



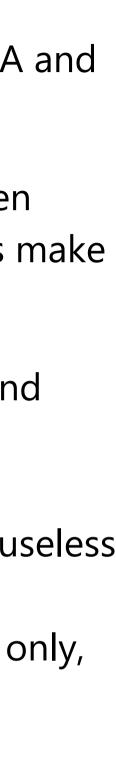
This page shows the trend for reported cases for SA, WA and Tasmania.

While this series is quite timely (updated daily), it is often volatile with wild unexplained swings, which sometimes make it difficult to interpret.

From my understanding, the data collection methods and criteria are quite different across these states, e.g.

- SA: PCR+RAT cases
- WA: long lags with sporadic "massive dumps". Quite useless for analysis, but included for completeness
- TAS: was PCR+RAT but changed in April 2024 to PCR only, so can only compare trends.

The raw cases reported are smoothed with a 7-day average. The last 9 weeks are shown.

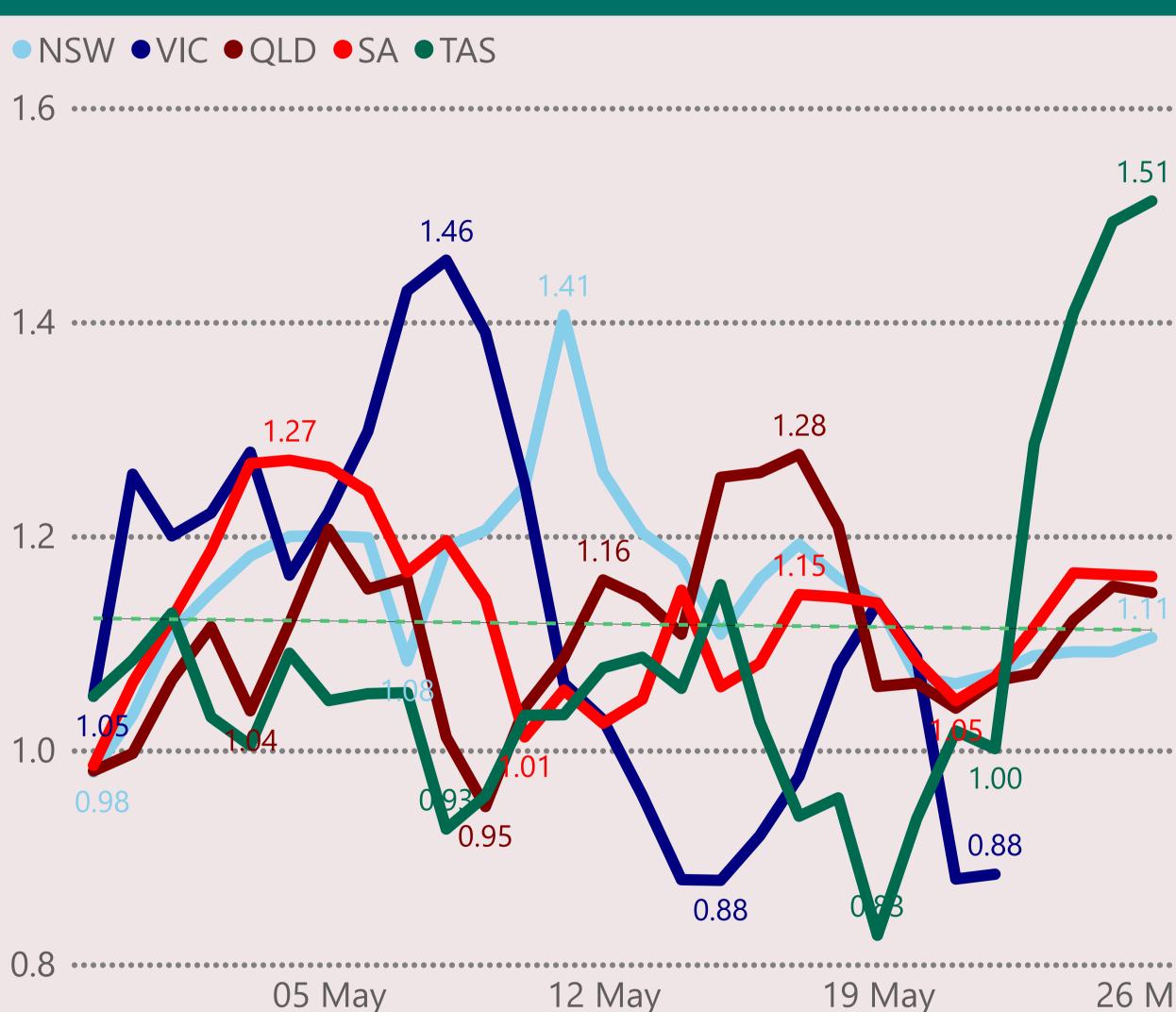


## From: 29 April 2024 to 26 May 2024

1.51

TAS







While this series is quite timely (updated daily), it is often volatile and prone wild unexplained swings, which sometimes make it difficult to interpret.

From my understanding, the data collection methods and criteria are fairly similar across these states, e.g. PCR cases only.

The Reff is a comparison of the current 7-day average against the same figure 7 days ago. This will tend to smooth out the differences in data collection methods and criteria across these states.

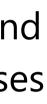
The last 4 weeks are shown.



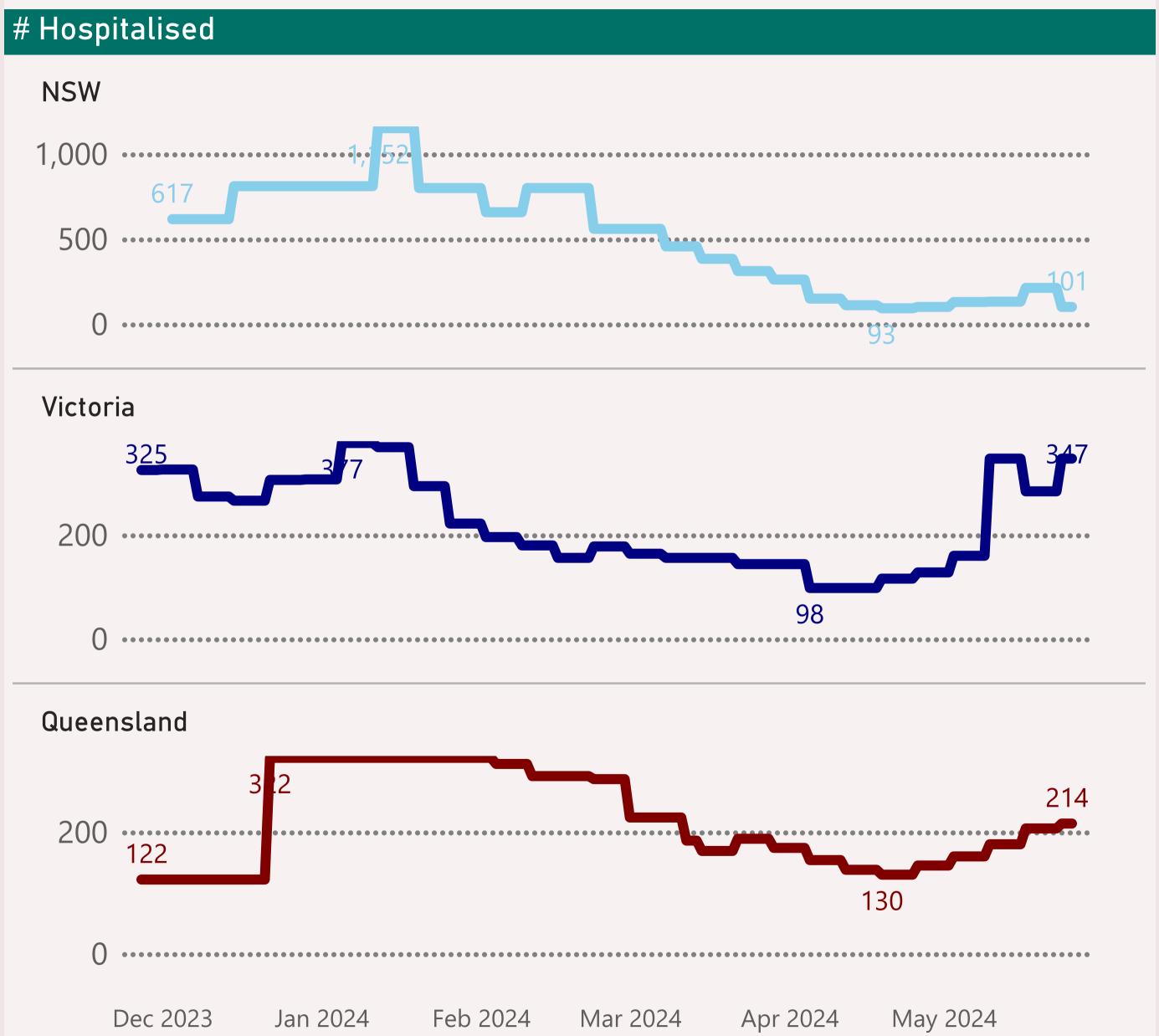
QLD

26 May





# From: 27 November 2023 to 26 May 2024



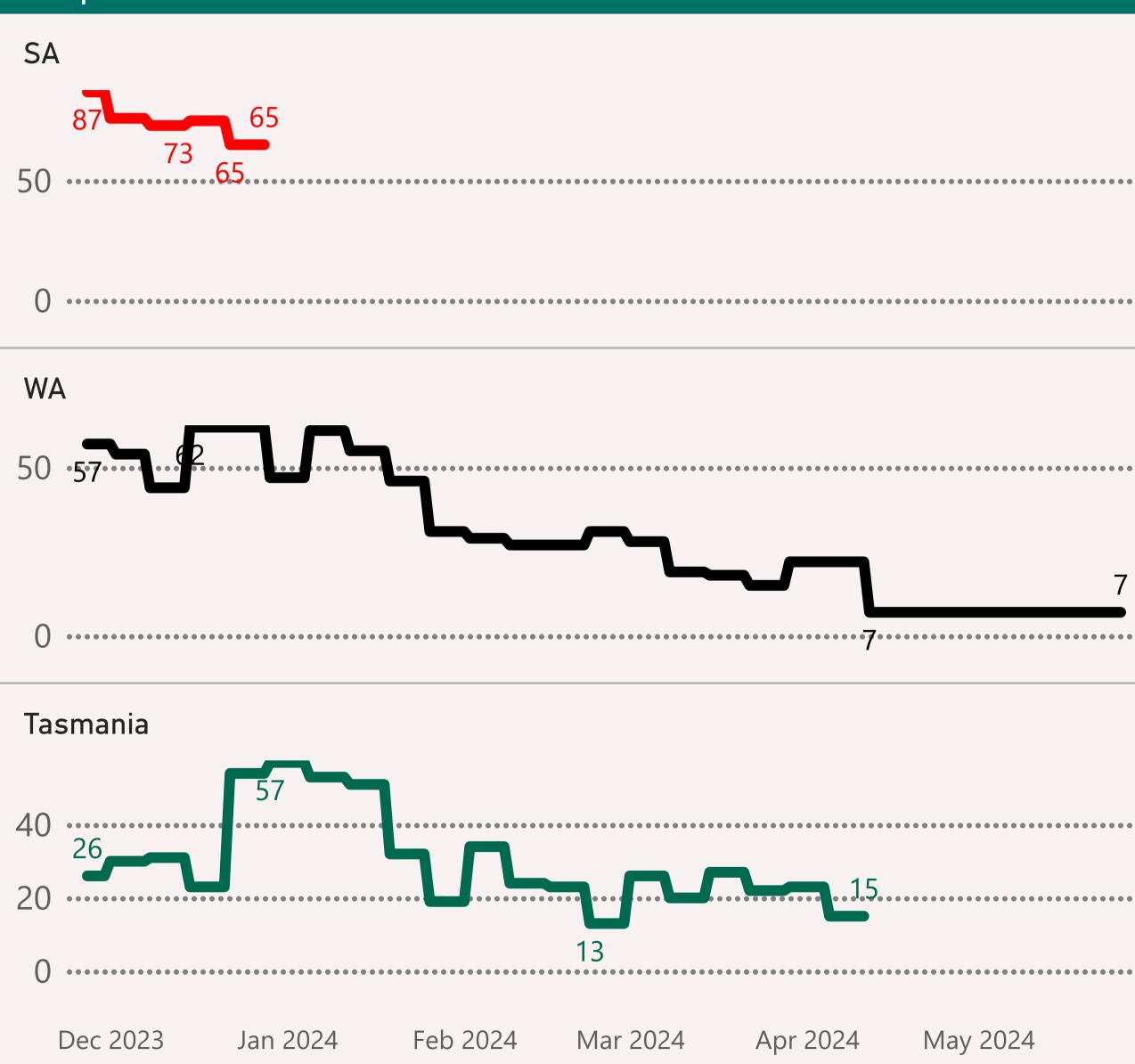
This page shows the trends in hospitalised cases for NSW, Victoria and Queensland.

Each state uses different criteria to collect this data, so direct comparisons are not informative. Generally, they represent the level of cases in hospital with COVID-19.



# From: 27 November 2023 to 26 May 2024



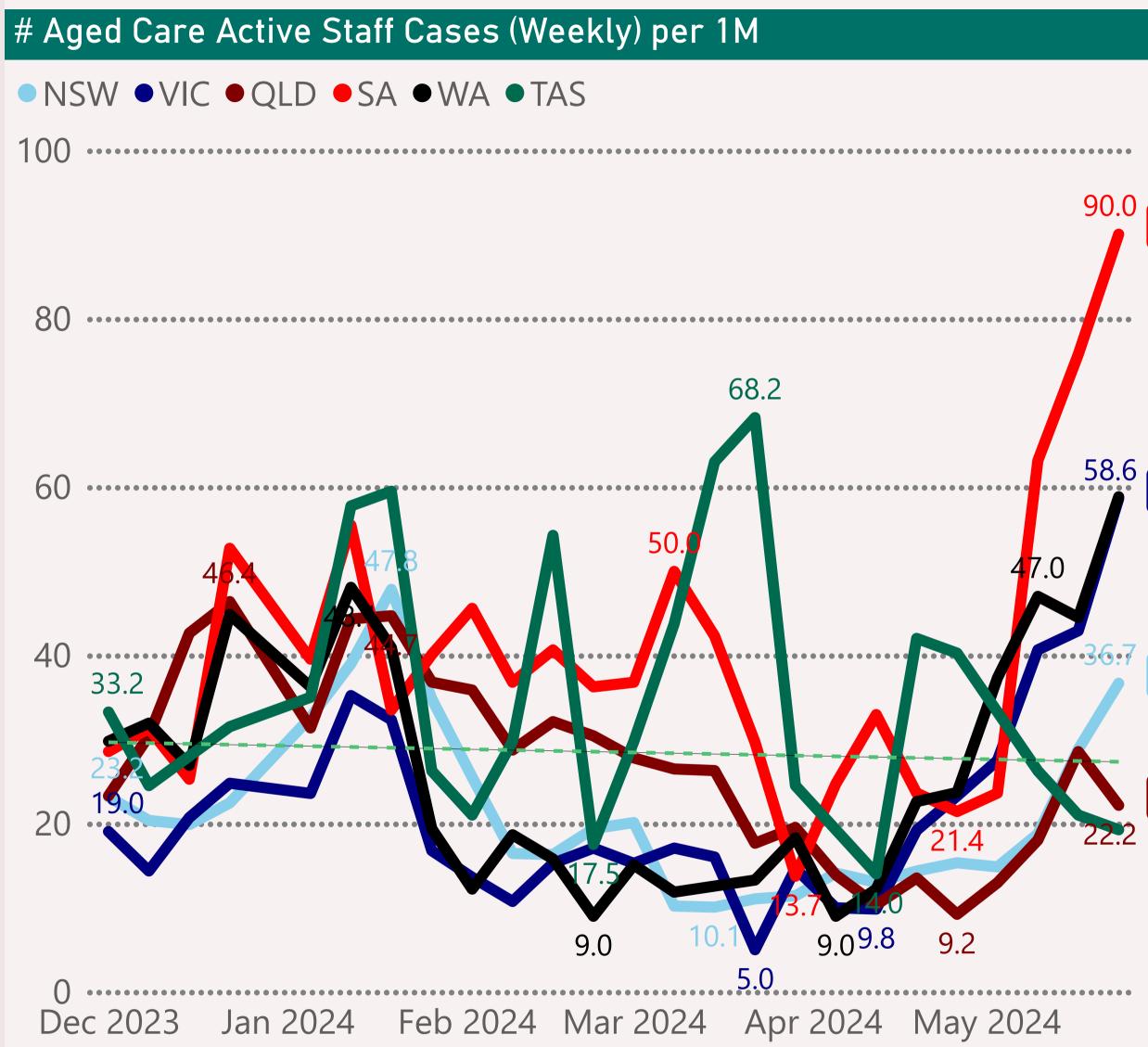


This page shows the trends in hospitalised cases for South Australia, Western Australia and Tasmania.

Each state uses different criteria to collect this data, so direct comparisons are not informative. Generally, they represent the level of cases in hospital with COVID-19.



From: 1 December 2023 to 24 May 2024



VIC

NSW

QLD

This page shows Aged Care Active Staff cases for all states. These are probably one of the closest proxies available for infection levels, due to higher testing levels in this cohort.

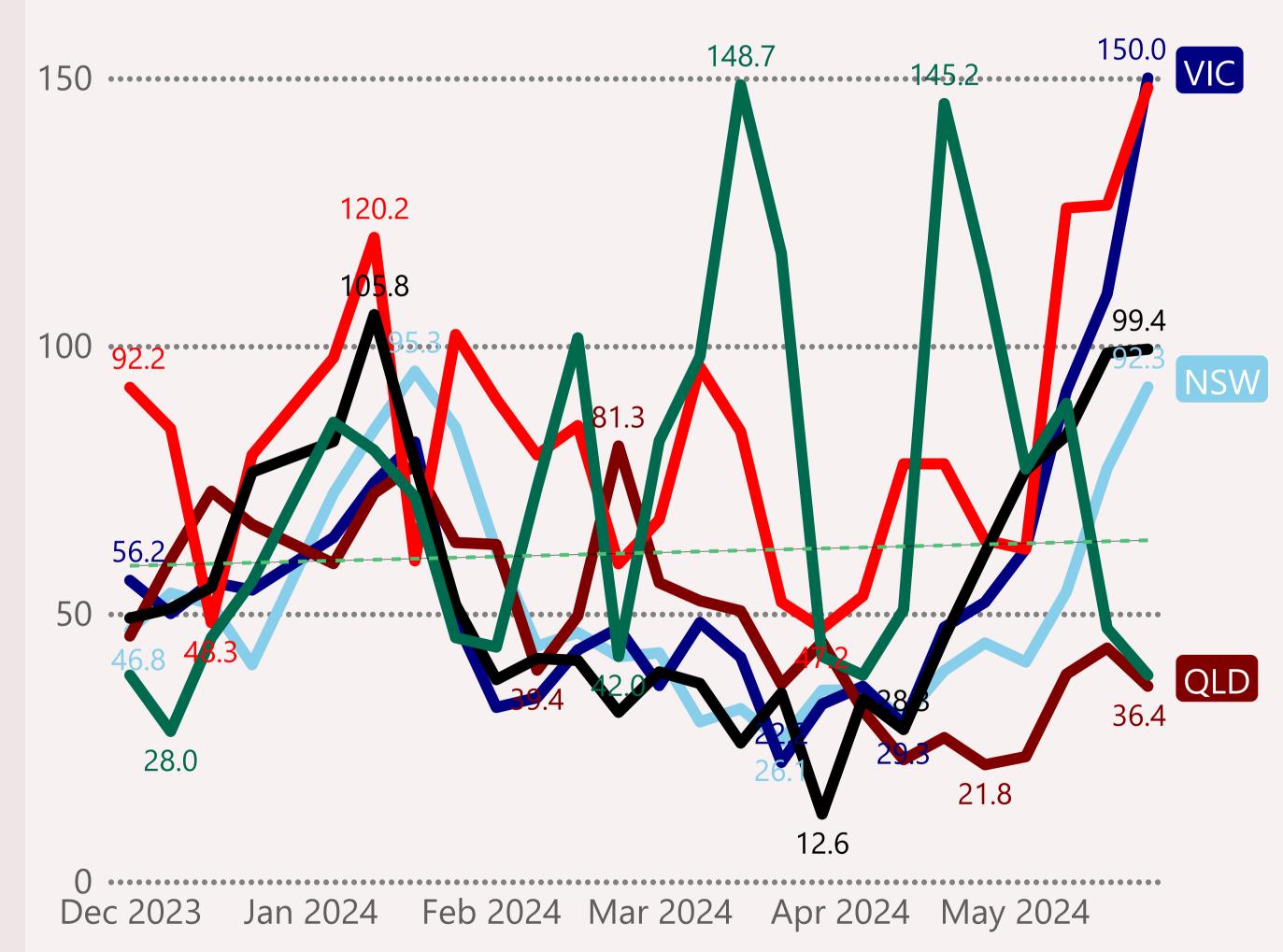
They are shown on a per-capita basis: active cases per 1 million population, to help compare infection rates.



From: 1 December 2023 to 24 May 2024

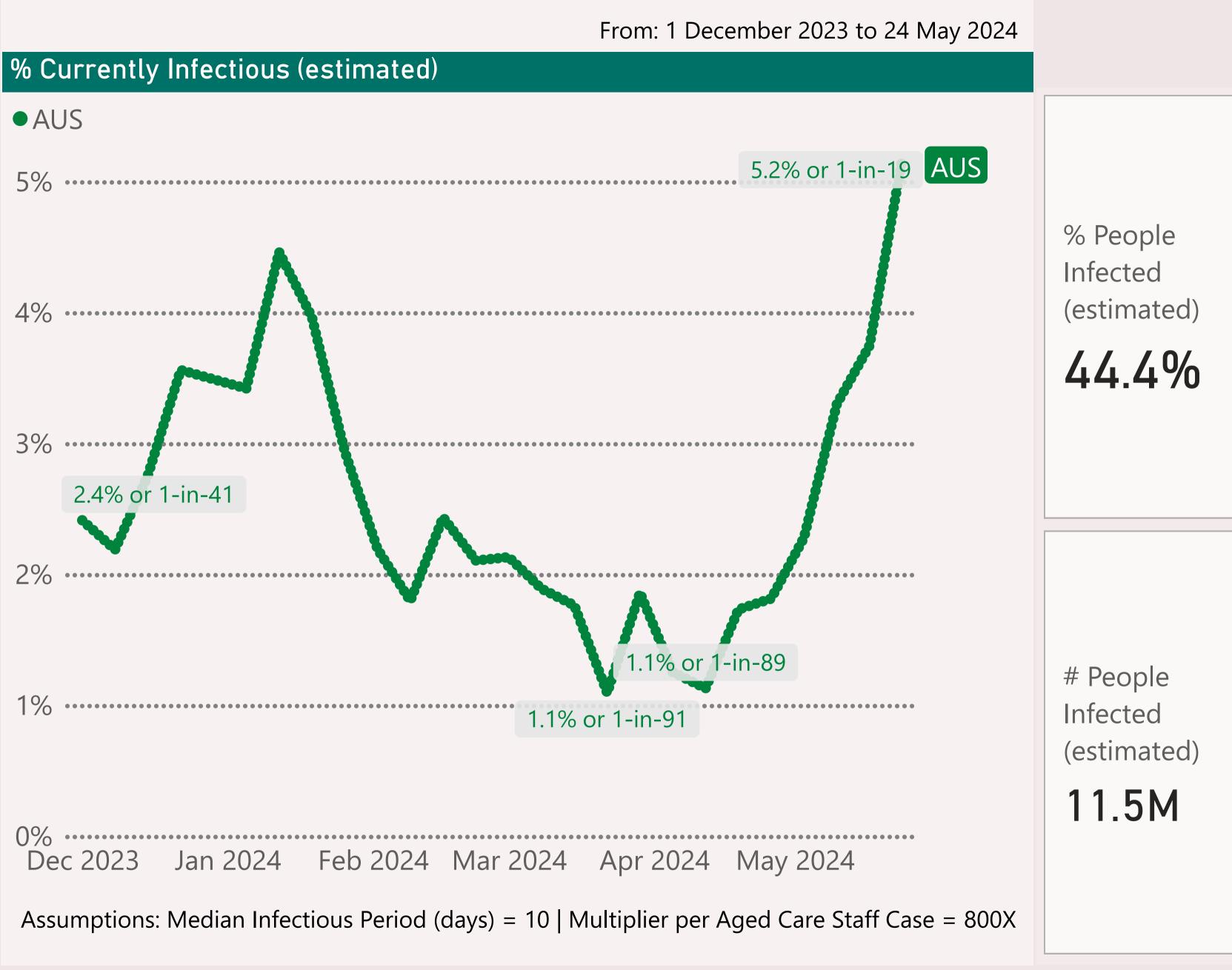
# # Aged Care Active Resident Cases (Weekly) per 1M





This page shows Aged Care Active Resident cases for all states.

They are shown on a per-capita basis: active cases per 1 million population, to help compare infection rates.



This page estimates the % of the Australian population Currently Infectious, based on Aged Care Staff Cases. The (somewhat heroic) assumption is that this data series has been consistent across the time period, with data shared for all states and territories, with the same data collection and testing methods used in every jurisdiction and over time, and with the same relative relationship to population cases.

Starting from that assumption, the total of Aged Care Staff Cases were translated into population level infections using this method:

Starting from the <u>Kirby seroprevalence surveys</u>:

1. Between Round 3 and 4, seroprevalence increased by 19% 2. Add 20% for the limits of seroprevalence testing (maxes out at 80%) = 23% infected

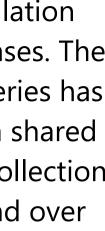
3. 23% of the Australian population of  $\sim$  26M = 6M

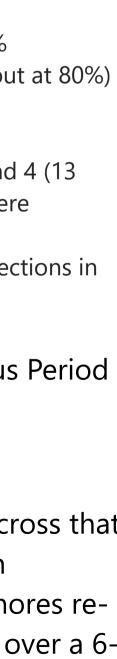
4. Between the end date for Round 3 (2 Sep 2022) and Round 4 (13 Dec 2022), around 7,600 Australian Aged Care Staff cases were reported

5. Therefore, each Aged Care Staff Case represents ~800 infections in the broader population (6M / 7,600 = 789)

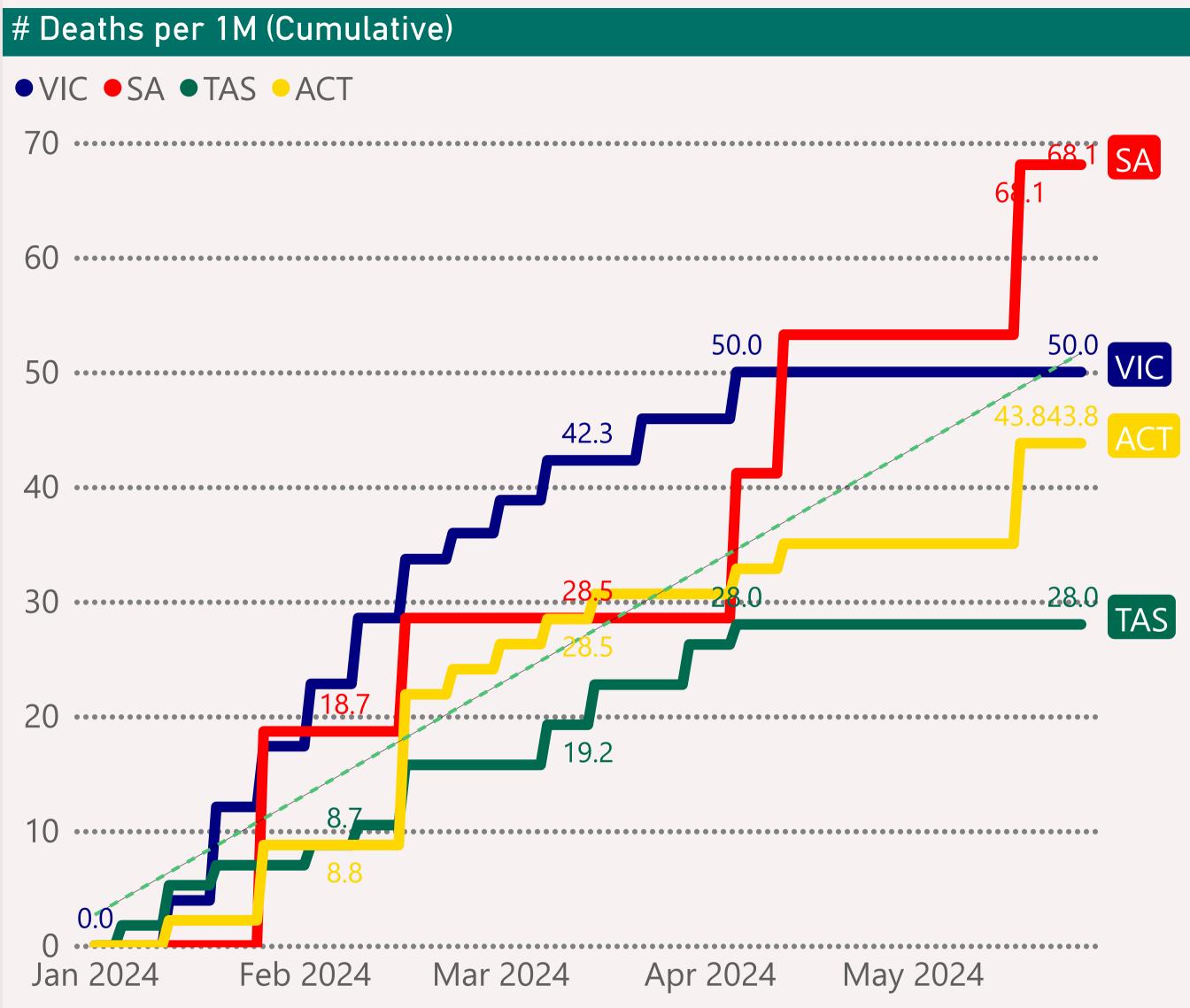
The last 6 months are shown. A median Infectious Period of 10 days is used to get from daily cases to the percentage Currently Infected.

The estimated total number of people infected across that period is calculated, both as a % of the Australian population and as the number of people. This ignores reinfections during the period, which are less likely over a 6month window.





From: 5 January 2024 to 26 May 2024



This page shows cumulative deaths for the states & territories that still report deaths, currently: Victoria, South Australia, Tasmania plus the ACT.

They are shown on a per-capita basis: cases per 1 million population, to help compare death rates.

There may be some differences in the criteria used by each state.

The data is only reported sporadically, so the cumulative presentation helps to standardise the analysis.

The current year is shown.

