



Victorian Respiratory Surveillance Report

28 November 2025

Contents

About this report	1
Summary	2
Laboratory surveillance	3
Case notifications	3
Testing	8
Community surveillance	9
FluTracking	9
How to use this report	12
Data sources	12
Interpretation of data	12
Definitions	12

About this report

The Victorian Respiratory Surveillance Report summarises the latest surveillance information on COVID-19, influenza and respiratory syncytial virus (RSV) in Victoria. This report provides an overview of the current levels and trends of acute respiratory illness from these conditions in the community. Please see the section on How to use this report for more information.

Measurements of the greatest value for summarising respiratory illness in Victoria are presented in this report. Other systems are also reviewed by the Department of Health to understand patterns of respiratory disease in Victoria which inform the overall summaries presented.

Data are presented as at 26 November 2025 for the week ending 22 November 2025.

Each report reflects the data available at the time the report was prepared. Information may differ from previous reports as new data are received or updated.



Department
of Health

Summary

In Victoria, activity of COVID-19, influenza and RSV has decreased from winter peaks, however, influenza A activity remains elevated in spring.

COVID-19 activity increased in May, peaked in June, and then declined, returning to similar levels following previous winter waves in September. Activity started to slowly increase again from mid-October. Overall influenza activity increased in May, peaked in early July, then briefly declined before activity stabilised at elevated levels from mid-July to August. Following this, activity continued to decline in September and October, before stabilising again from late October. Influenza B has returned to inter-seasonal levels, while influenza A remains elevated; influenza A/H3N2 notifications increased from early July and influenza A remains considerably higher at this time of year compared to recent years, with further increases in activity across October and November. RSV activity increased in May, peaked in early July, and has continued to steadily decline since the peak.

COVID-19

CASE TREND

Notifications have continued to increase



TEST POSITIVITY

The percentage of tests that were positive have increased



NOTIFICATIONS LAST 12 WEEKS



Influenza

CASE TREND

Notifications have increased



TEST POSITIVITY

The percentage of tests that were positive have increased



NOTIFICATIONS LAST 12 WEEKS



RSV

CASE TREND

Notifications have continued to decrease



TEST POSITIVITY

The percentage of tests that were positive have slightly decreased



NOTIFICATIONS LAST 12 WEEKS



Laboratory surveillance

Case notifications

Laboratory-confirmed cases of COVID-19, influenza and RSV are notified to the Victorian Department of Health. Notified infections that are diagnosed through laboratory testing are only a subset of the total number of infections in the community. Trends in notifications may be impacted by changes in testing.

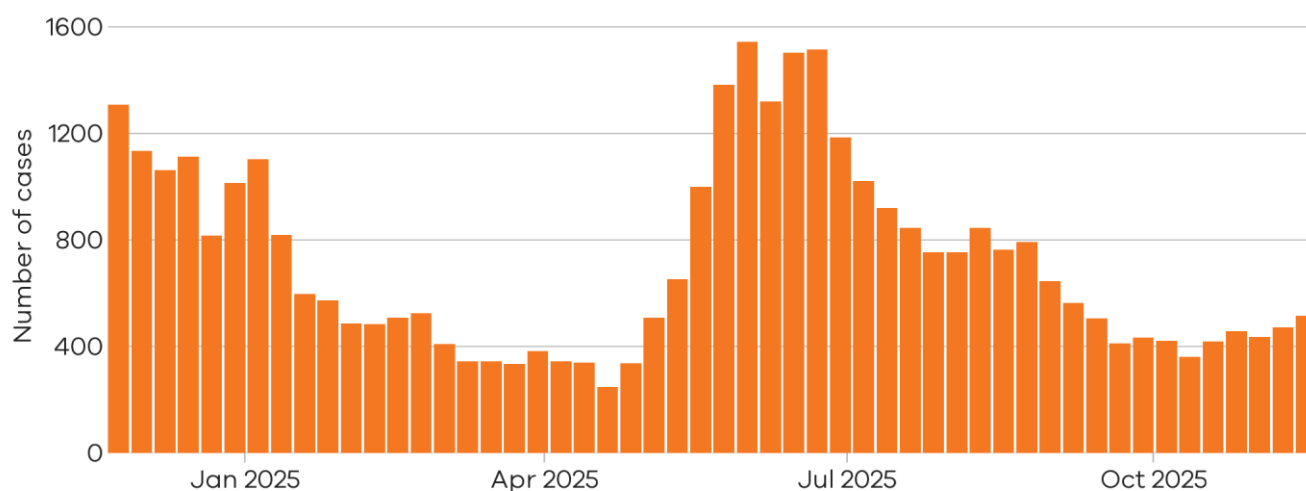
Summary

In the past week, COVID-19 notifications have continued to increase (+9%), influenza notifications have increased (+26%) and RSV notifications have continued to decrease (-11%).

COVID-19	9% increase	
Influenza	26% increase	
RSV	11% decrease	

COVID-19

Figure 1: COVID-19 notified cases by week, Victoria, 24 November 2024 to 22 November 2025



There were **472** notified COVID-19 cases two weeks ago

9 Nov 2025 to 15 Nov 2025

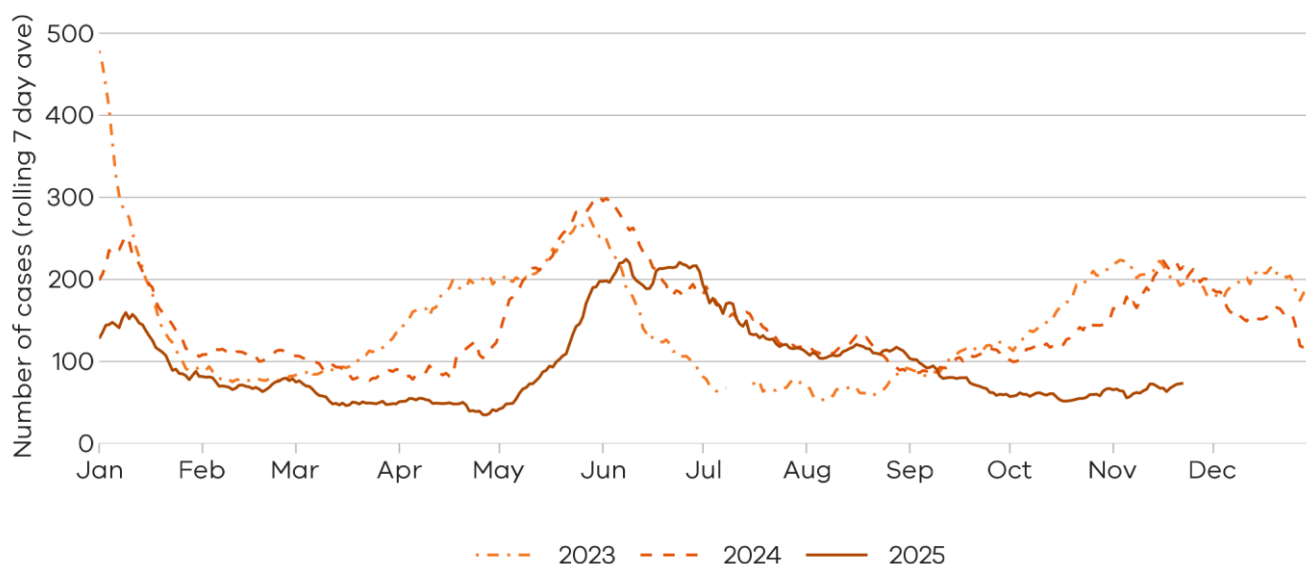
There were **515** notified COVID-19 cases last week

16 Nov 2025 to 22 Nov 2025



9% increase

Figure 2: COVID-19 trends in notified cases (7-day rolling average), Victoria, 1 January 2023 to 22 November 2025

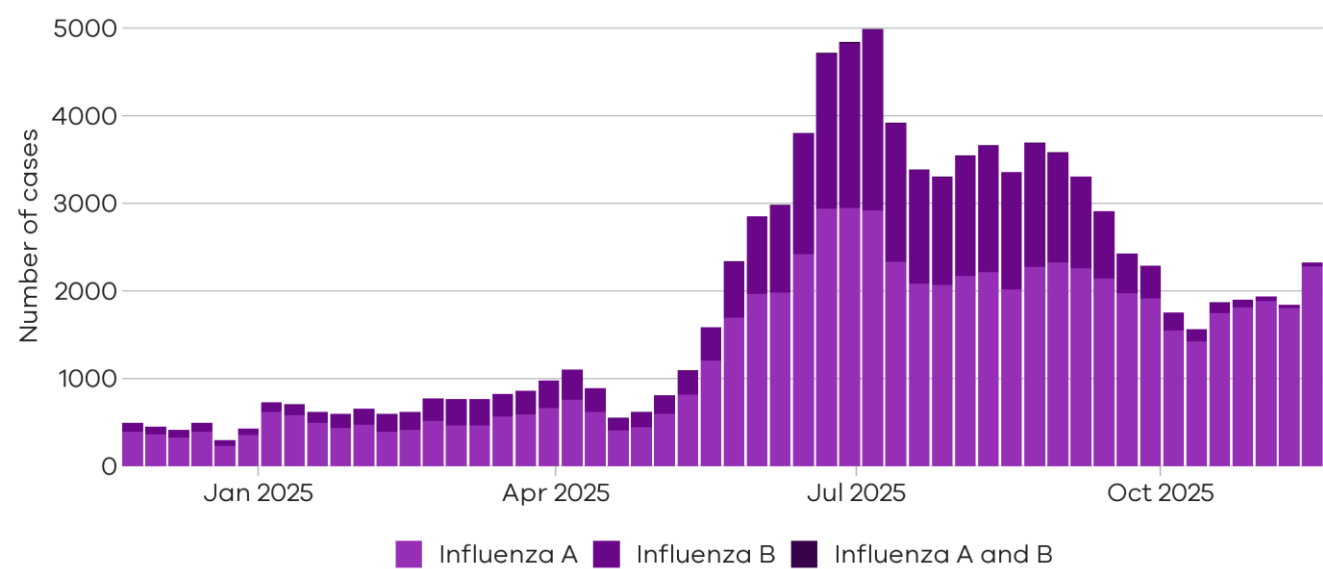


Notified COVID-19 cases are lower than the same time in the past two years

Influenza

Influenza notifications presented in this report are reported from a subset of laboratories in Victoria, generally comprising around 85% of total influenza notifications.

Figure 3: Influenza notified cases by week, Victoria, 24 November 2024 to 22 November 2025



There were **1808** cases of influenza A notified two weeks ago

9 Nov 2025 to 15 Nov 2025

There were **2283** cases of influenza A notified last week

16 Nov 2025 to 22 Nov 2025


26% increase

There were **33** cases of influenza B notified two weeks ago

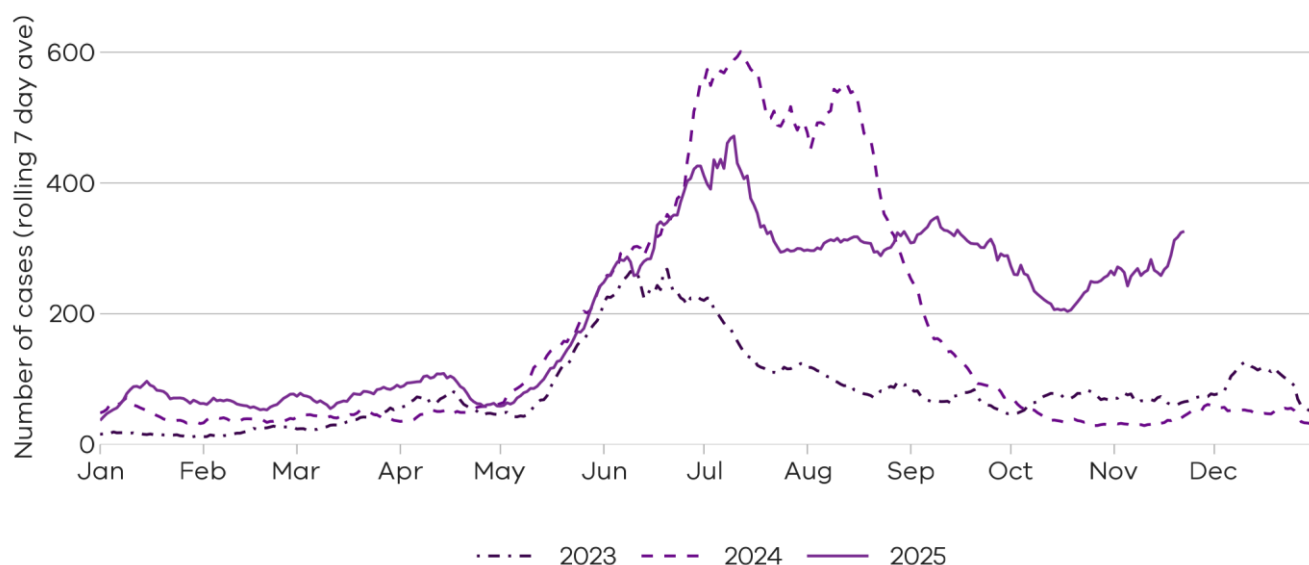
9 Nov 2025 to 15 Nov 2025

There were **41** cases of influenza B notified last week

16 Nov 2025 to 22 Nov 2025

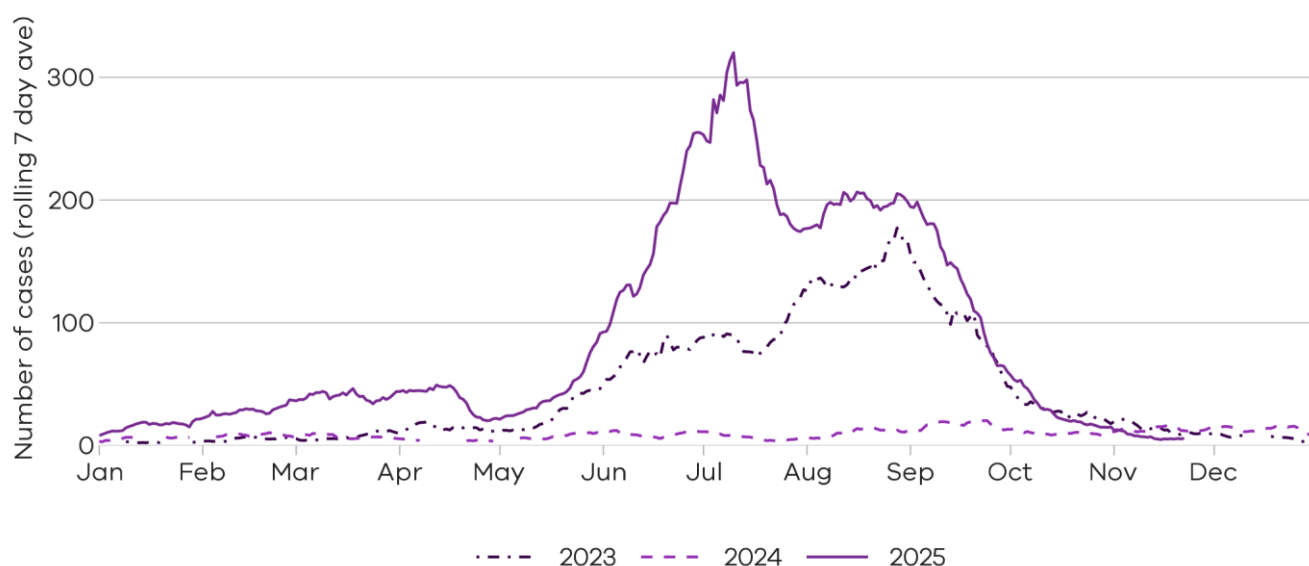

24% increase

Figure 4: Influenza A trends in notified cases (7-day rolling average), Victoria, 1 January 2023 to 22 November 2025



Notified influenza A cases remain significantly higher than the same time in the past two years

Figure 5: Influenza B trends in notified cases (7-day rolling average), Victoria, 1 January 2023 to 22 November 2025



Notified influenza B cases have returned to inter-seasonal levels, similar to the past two years

Respiratory Syncytial virus (RSV)

RSV notifications presented in this report are reported from a subset of laboratories in Victoria, generally comprising around 85% of total RSV notifications.

Figure 6: RSV notified cases by week, Victoria, 24 November 2024 to 22 November 2025

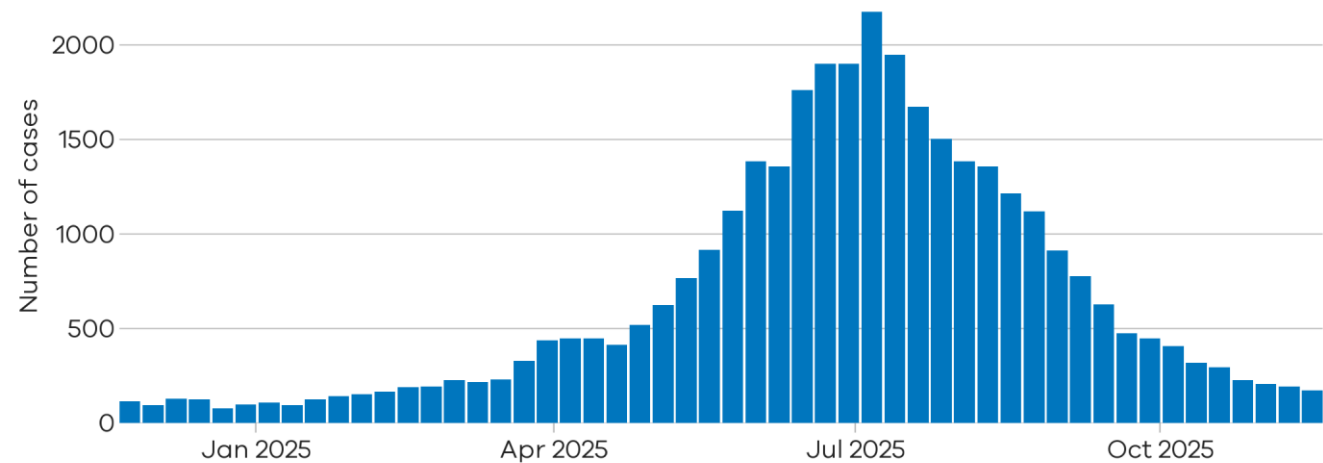
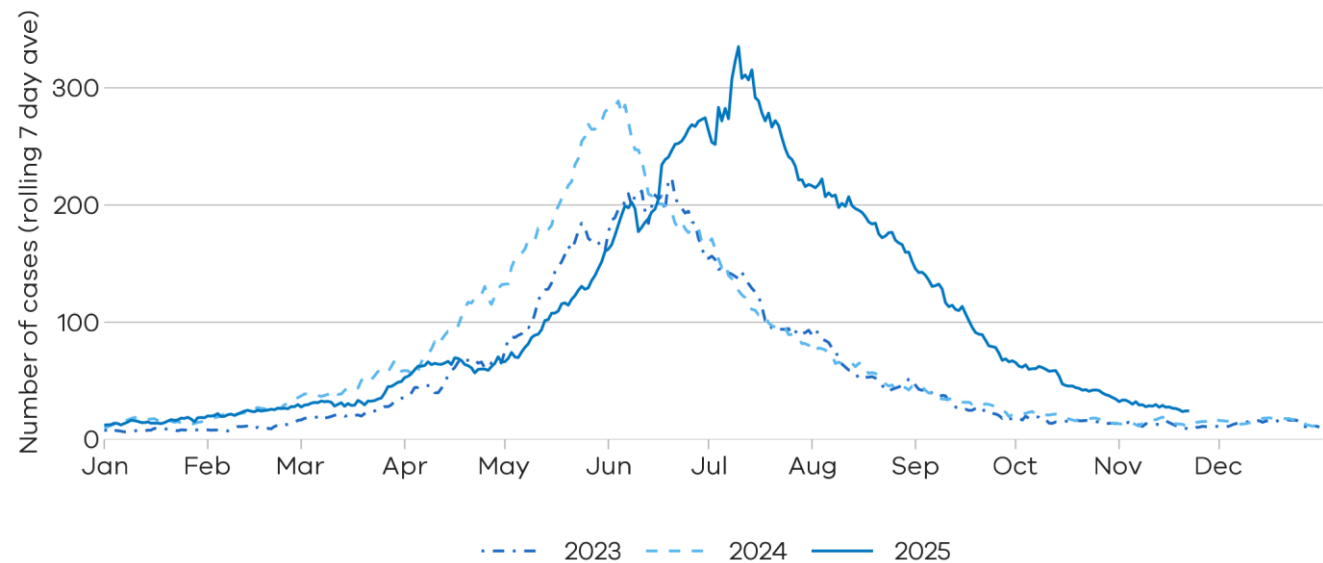


Figure 7: RSV trends in notified cases (7-day rolling average), Victoria, 1 January 2023 to 22 November 2025

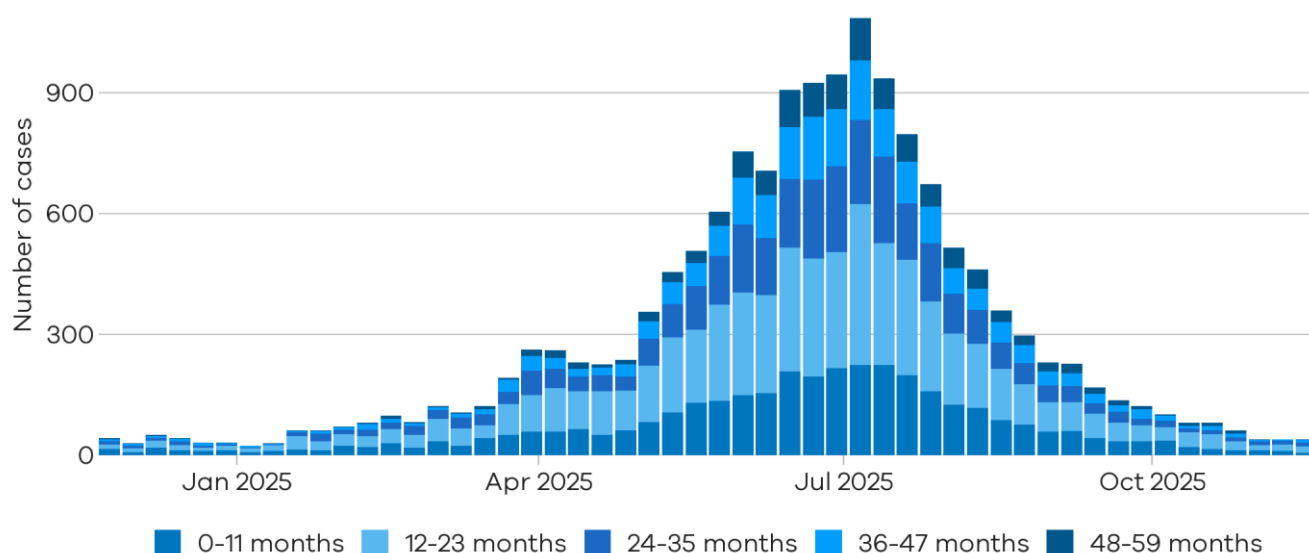


i Notified RSV cases have returned to inter-seasonal levels, similar to levels in the past two years

Young children and older adults

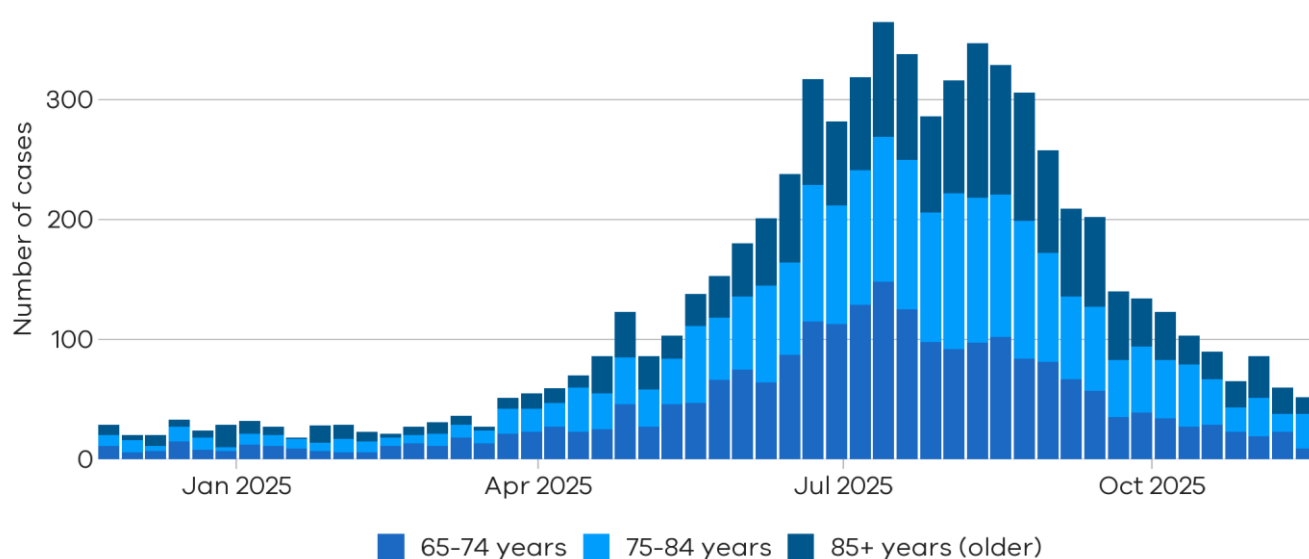
Young children and older adults are at greater risk of severe disease from RSV.

Figure 8: RSV trends in notified cases by week in young children (under 5 years), Victoria, 24 November 2024 to 22 November 2025



Children under 2 years comprise the majority of notified RSV cases in young children

Figure 9: RSV trends in notified cases by week in older adults (65+ years), Victoria, 24 November 2024 to 22 November 2025



Notified RSV cases in adults aged over 65 years have declined in the recent period

Testing

Laboratory testing for respiratory illnesses changes over time. Tracking the percentage of tests with the notifiable condition detected (i.e. test positivity) is a useful measure to understand trends in disease surveillance over time.

Test results presented in this report are from selected laboratories. These include private and hospital laboratories and represent tests completed across Victoria.

Summary

In the past week, the percentage of COVID-19 tests that were positive have increased (2.4% to 3.2%), the percentage of influenza tests that were positive have increased (6.8% to 7.9%) (influenza A: 13.3% to 15.6%; influenza B: 0.2% to 0.3%), and the percentage of RSV tests that were positive have slightly decreased (1.4% to 1.1%).

Figure 10: Weekly test positivity for COVID-19, influenza and RSV, Victoria, 24 November 2024 to 22 November 2025

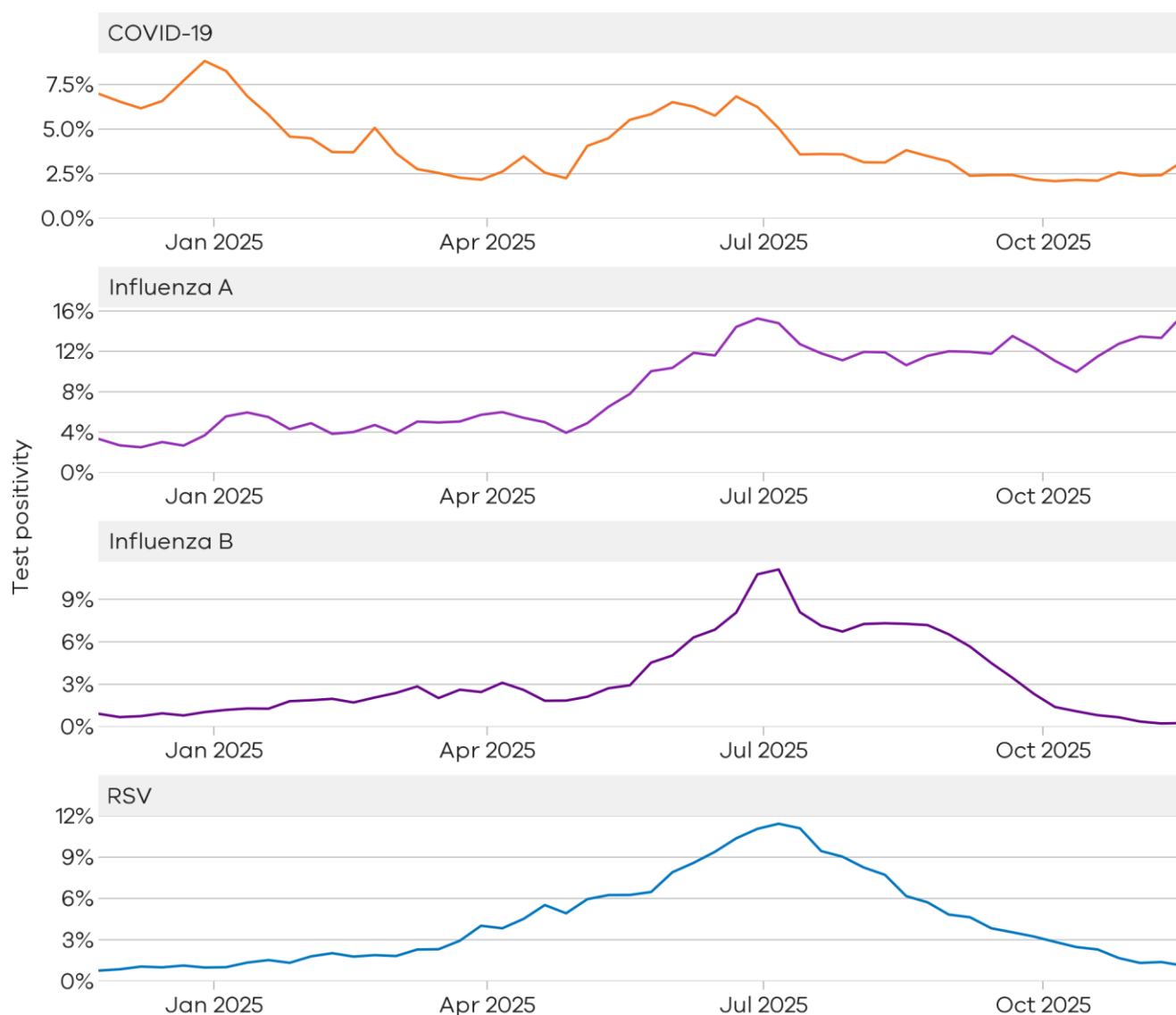
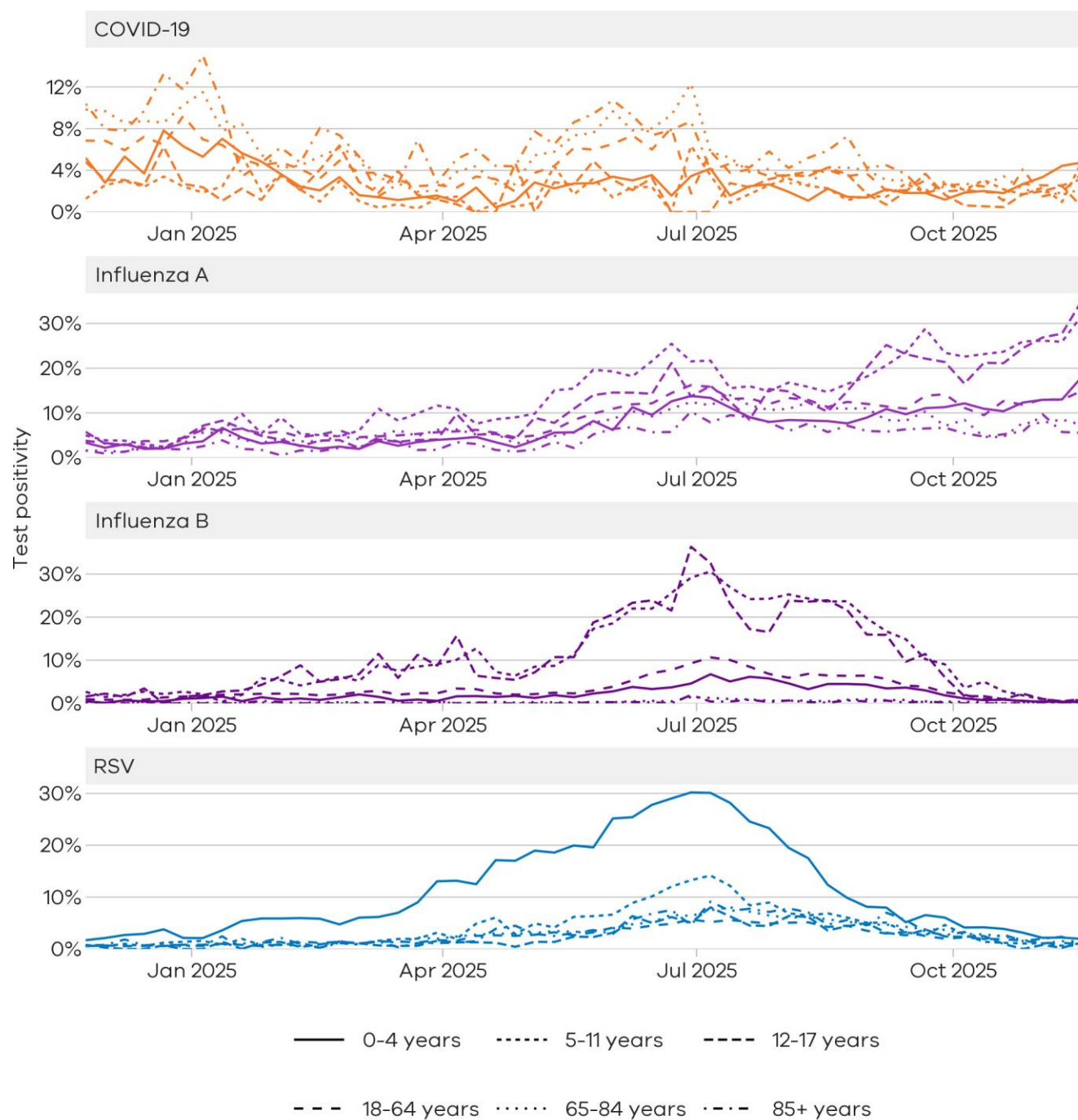


Figure 11: Weekly test positivity by age groups for COVID-19, influenza and RSV, Victoria, 24 November 2024 to 22 November 2025



Community surveillance

Respiratory illnesses are not limited to the notifiable conditions presented above. Understanding the overall burden of respiratory illness in the community is useful to understand broader trends in illness over time.

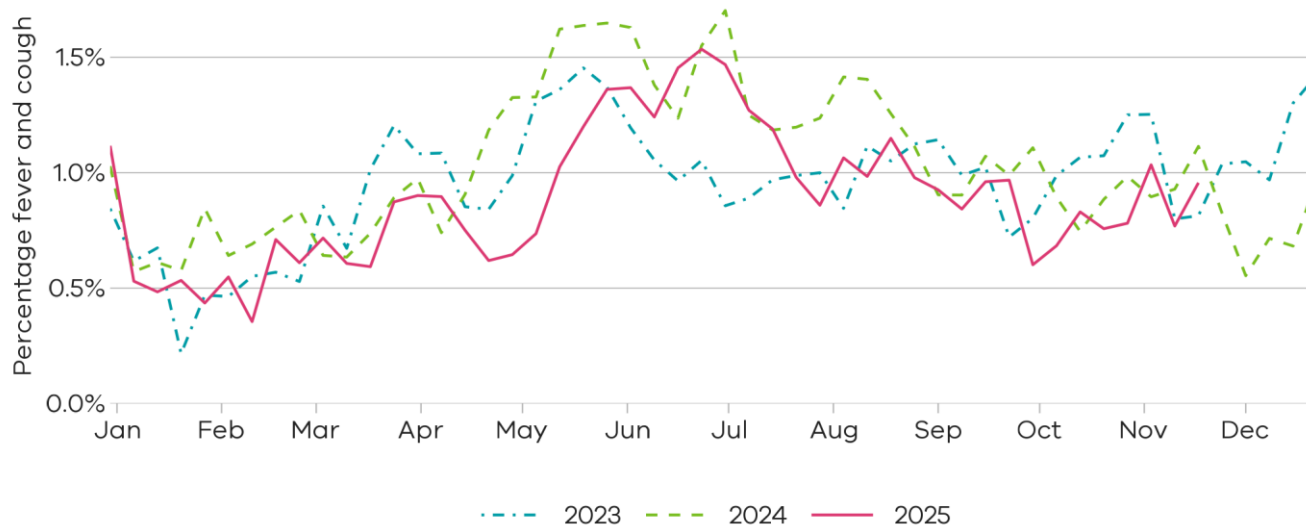
FluTracking

FluTracking is an online surveillance system across Australia, New Zealand, Hong Kong and Fiji. Volunteer participants complete a simple weekly online survey which collects self-reported information on respiratory symptoms. Data used in this report are received up to 12:00PM Tuesday. More information about FluTracking and ways to be involved are available here: <https://info.flutracking.net/>

Summary

In the past week, the percentage of Victorian FluTracking participants reporting respiratory illness (fever and cough) have slightly increased from the previous week.

Figure 12: Proportion of FluTracking participants reporting respiratory illness by week, Victoria, 1 January 2023 to 23 November 2025. Respiratory illness is defined as fever & cough.



Reported respiratory illness from FluTracking is at similar levels compared to the past two years

How to use this report

Data sources

All notified cases in Victoria are recorded in the Victorian Public Health Events Surveillance System (PHESS). Under the *Public Health and Wellbeing Act 2008* and *Public Health and Wellbeing Regulations 2019*, the Victorian Department of Health is authorised to collect information from doctors and laboratories about diagnoses of certain health-related conditions in Victoria.

The FluTracking surveillance system collects data from volunteer participants in a weekly survey. FluTracking reports are available here: <https://info.flutracking.net/reports/australia-reports/>

The Victorian Department of Health continually reviews surveillance methods to monitor respiratory disease in Victoria. Measurements included in this report may be updated or removed accordingly.

Definitions

Notified cases: Laboratory-confirmed cases of COVID-19, influenza, and RSV are reported according to the CDNA case definitions <https://www.health.gov.au/resources/collection/s/cdna-surveillance-case-definitions/> Where multiple positive test results are received for the same person within 30 days of the initial test result they are counted as a single case.

Rapid antigen test results are not collected by the Victorian Department of Health, however, remain an important tool for individuals to access treatment and protect their community.

Case notifications are included in the Victorian dataset if the postcode of residence of the case is in Victoria. This does not necessarily reflect where the infection was acquired.

Test positivity: Test positivity is the percentage of total tests where the notifiable condition was detected. This is reported by the date of specimen collection.

Dates: Case notifications are based on the date the notification was first received by the Victorian Department of Health. Test positivity is based on the date of specimen collection.

Weeks: For the purposes of this report, data are aggregated by week, with the week starting Sunday and ending Saturday unless otherwise specified.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Department of Health, November 2025

ISSN 2982-3161 - Online (pdf/word)