

Victorian Respiratory Surveillance Report

29 May 2026

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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 27 May 2026 for the week ending 23 May 2026.

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 and influenza is low, RSV is low-moderate and increasing.

COVID-19 activity is low

MODELLED CURRENT TRENDS COVID-19 cases were most likely stable 	NOTIFICATIONS LAST 12 MONTHS 	TEST POSITIVITY (LAST 2 WEEKS) The percentage of tests that were positive were stable 
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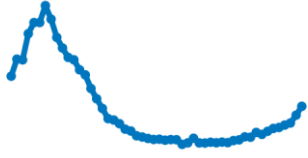

COVID-19 activity remains low.

Influenza activity is low

MODELLED CURRENT TRENDS Influenza cases were most likely stable 	NOTIFICATIONS LAST 12 MONTHS 	TEST POSITIVITY (LAST 2 WEEKS) The percentage of tests that were positive have remained stable 
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Influenza activity remains low, and is lower than typical for this time of year. There has been no clear signal of season onset.

RSV activity is low-moderate

MODELLED CURRENT TRENDS RSV cases were almost certainly increasing 	NOTIFICATIONS LAST 12 MONTHS 	TEST POSITIVITY (LAST 2 WEEKS) The percentage of tests that were positive have increased 
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RSV activity is low-moderate, and notifications are increasing. Trends in RSV case notifications are similar to previous seasons, but the increase is slightly later than previous seasons.



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.




Notifications (last two weeks)

In the past week (to 23 May 2026), COVID-19 notifications have continued to slightly increase (+8%), influenza notifications have continued to increase (+16%) and RSV notifications have continued to increase (+24%).

COVID-19	8% increase	
Influenza	16% increase	
RSV	24% increase	

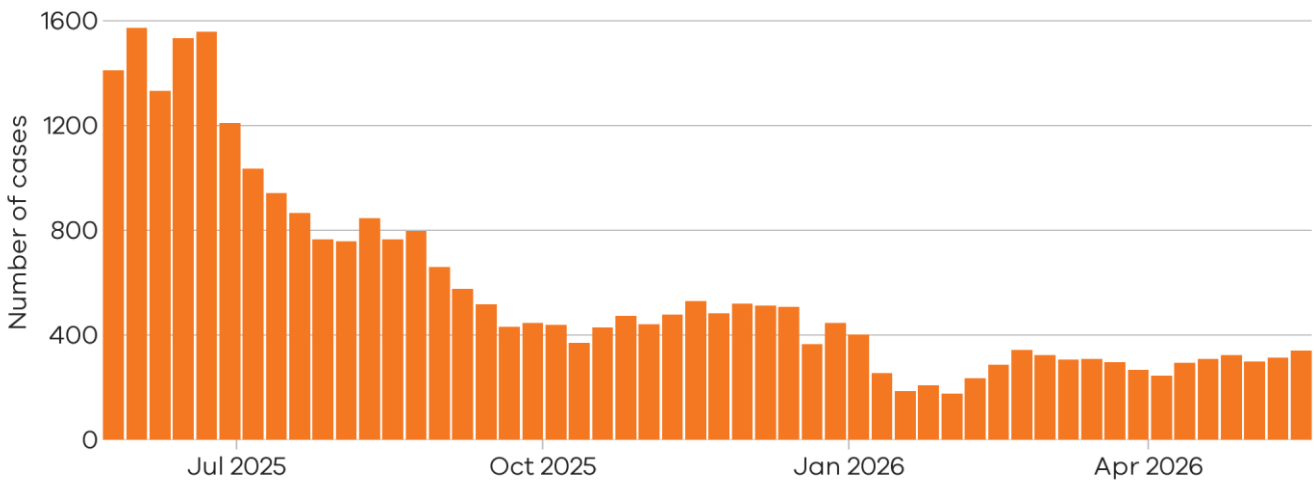
Modelled current trends

The Australia-Aotearoa Consortium for Epidemic Forecasting & Analytics (ACEFA) performs modelling throughout the winter respiratory season using data provided by the Victorian Department of Health. The results of modelling to 17 May 2026 were:

COVID-19	Most likely stable 57% probability case notifications were increasing	
Influenza	Most likely stable 59% probability case notifications were increasing	
RSV	Almost certainly increasing >95% probability case notifications were increasing	

COVID-19

Figure 1: COVID-19 notified cases by week, Victoria, 25 May 2025 to 23 May 2026

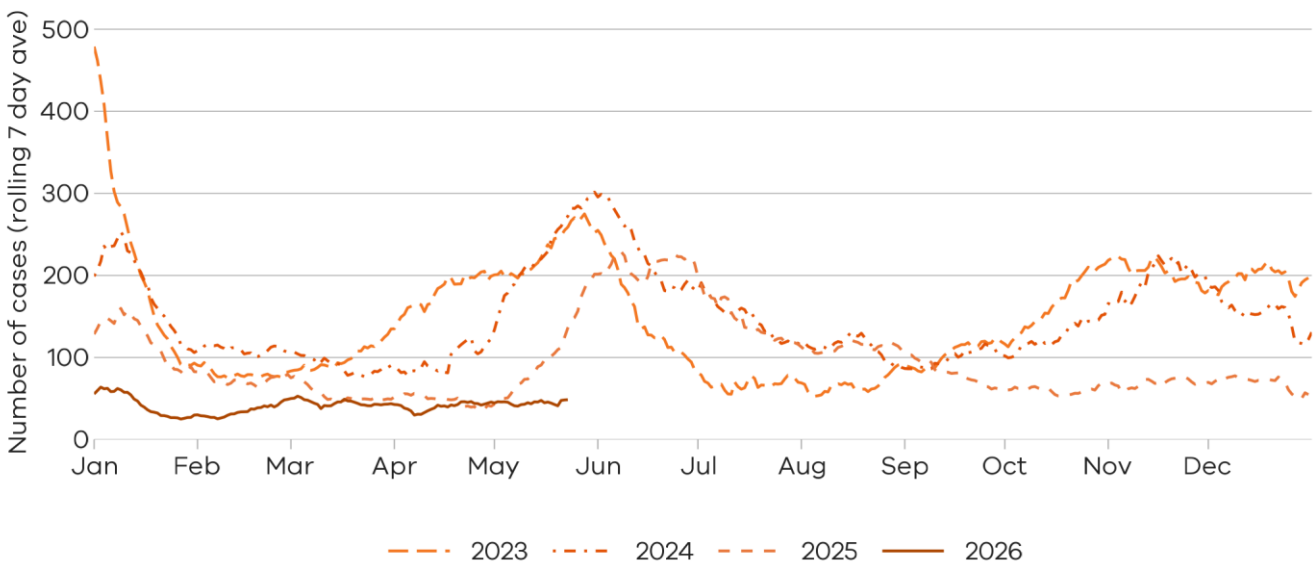



There were **314** notified COVID-19 cases two weeks ago
 10 May 2026 to 16 May 2026

There were **340** notified COVID-19 cases last week
 17 May 2026 to 23 May 2026


8% increase

Figure 2: COVID-19 trends in notified cases (7-day rolling average), Victoria, 1 January 2023 to 23 May 2026

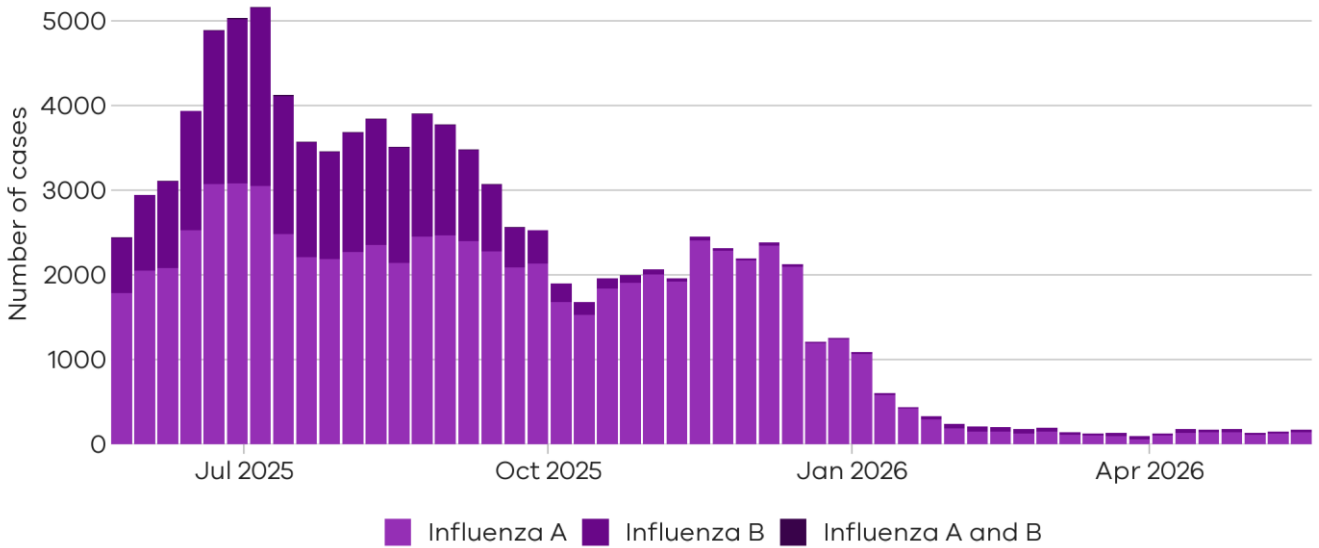


 Notified COVID-19 cases are low and at lower levels than the same time in the past three years

Influenza

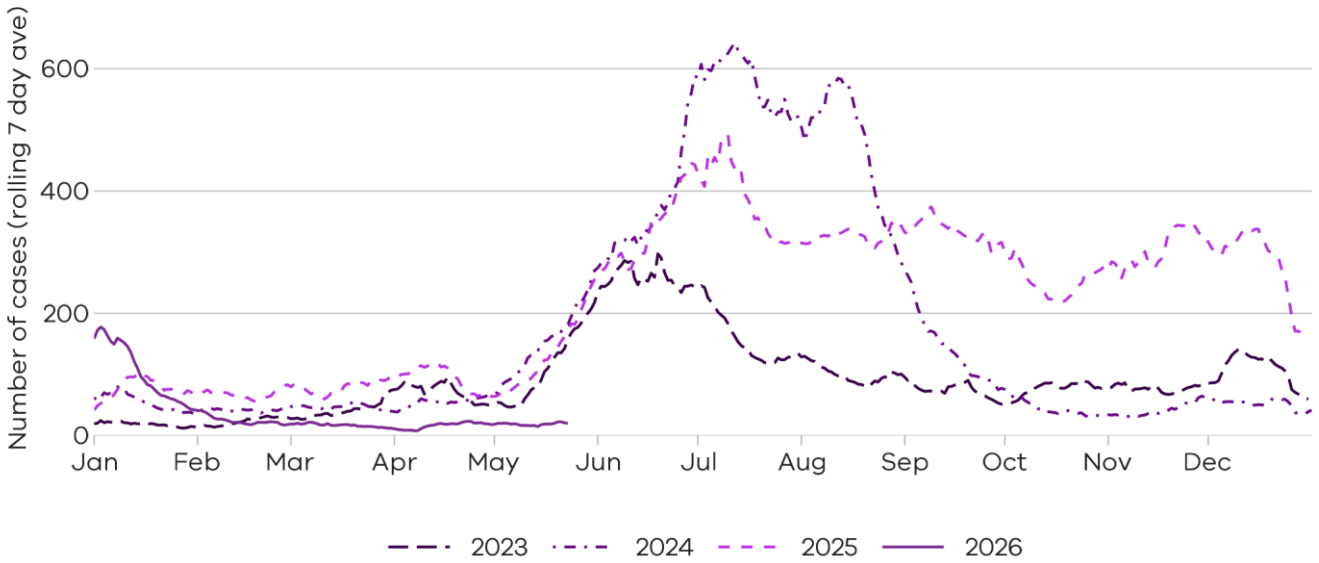
Influenza notifications presented in this report are reported from a subset of laboratories in Victoria, generally comprising around 85% of total influenza notifications.

Figure 3: Influenza notified cases by week, Victoria, 25 May 2025 to 23 May 2026



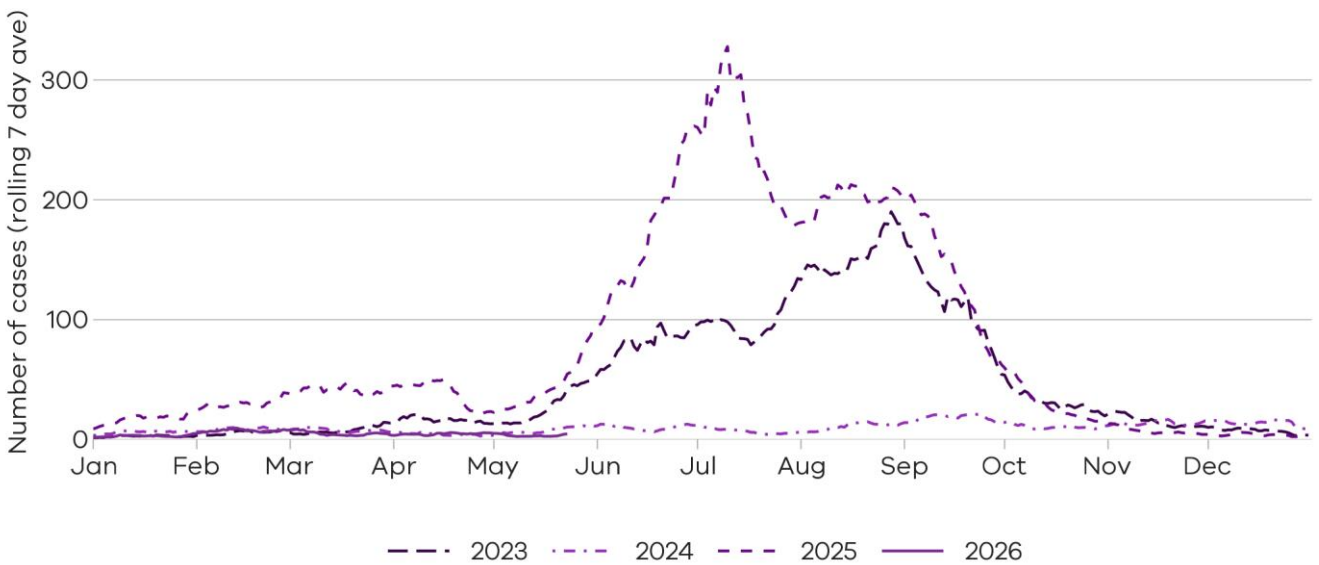
<p>There were 148 cases of influenza (overall) notified two weeks ago</p> <p>10 May 2026 to 16 May 2026</p>	<p>There were 172 cases of influenza (overall) notified last week</p> <p>17 May 2026 to 23 May 2026</p>	<p>16% increase</p>
<p>There were 129 cases of influenza A notified two weeks ago</p> <p>10 May 2026 to 16 May 2026</p>	<p>There were 139 cases of influenza A notified last week</p> <p>17 May 2026 to 23 May 2026</p>	<p>8% increase</p>
<p>There were 17 cases of influenza B notified two weeks ago</p> <p>10 May 2026 to 16 May 2026</p>	<p>There were 32 cases of influenza B notified last week</p> <p>17 May 2026 to 23 May 2026</p>	<p>88% increase</p>

Figure 4: Influenza A trends in notified cases (7-day rolling average), Victoria, 1 January 2023 to 23 May 2026



Notified influenza A cases are at lower levels than the same time in the past three years

Figure 5: Influenza B trends in notified cases (7-day rolling average), Victoria, 1 January 2023 to 23 May 2026

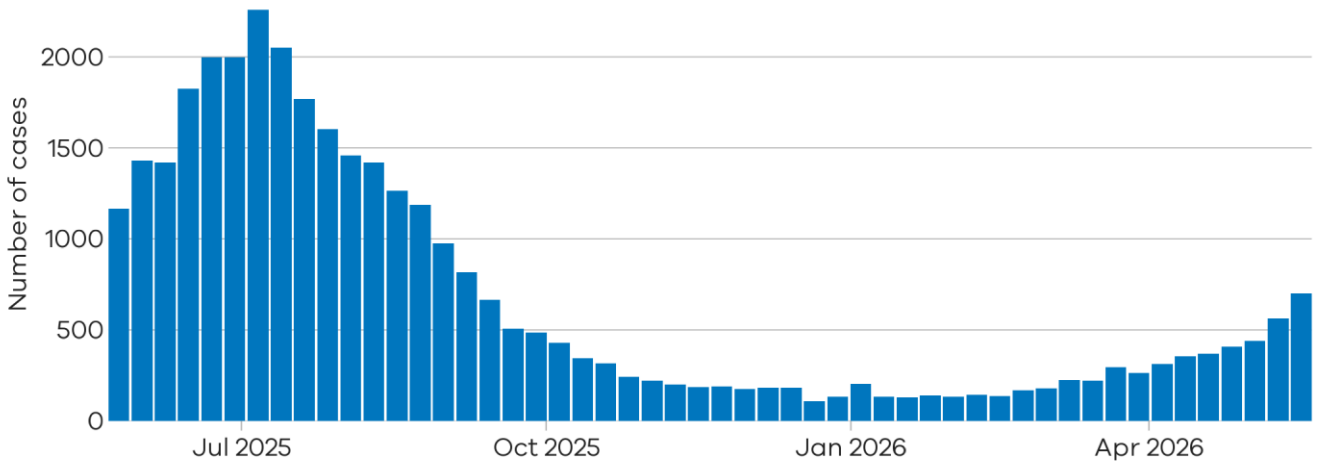


Notified influenza B cases are at lower levels than the same time in the past three years

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, 25 May 2025 to 23 May 2026



There were **562** notified RSV cases two weeks ago

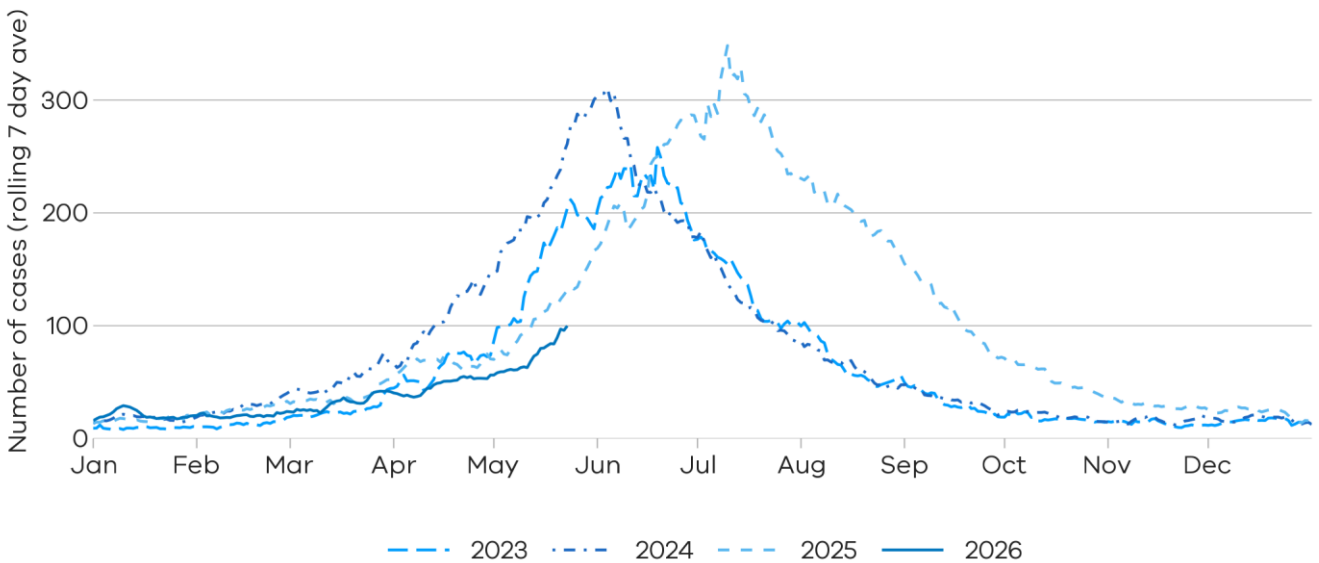
10 May 2026 to 16 May 2026


There were **699** notified RSV cases last week

17 May 2026 to 23 May 2026


24% increase

Figure 7: RSV trends in notified cases (7-day rolling average), Victoria, 1 January 2023 to 23 May 2026

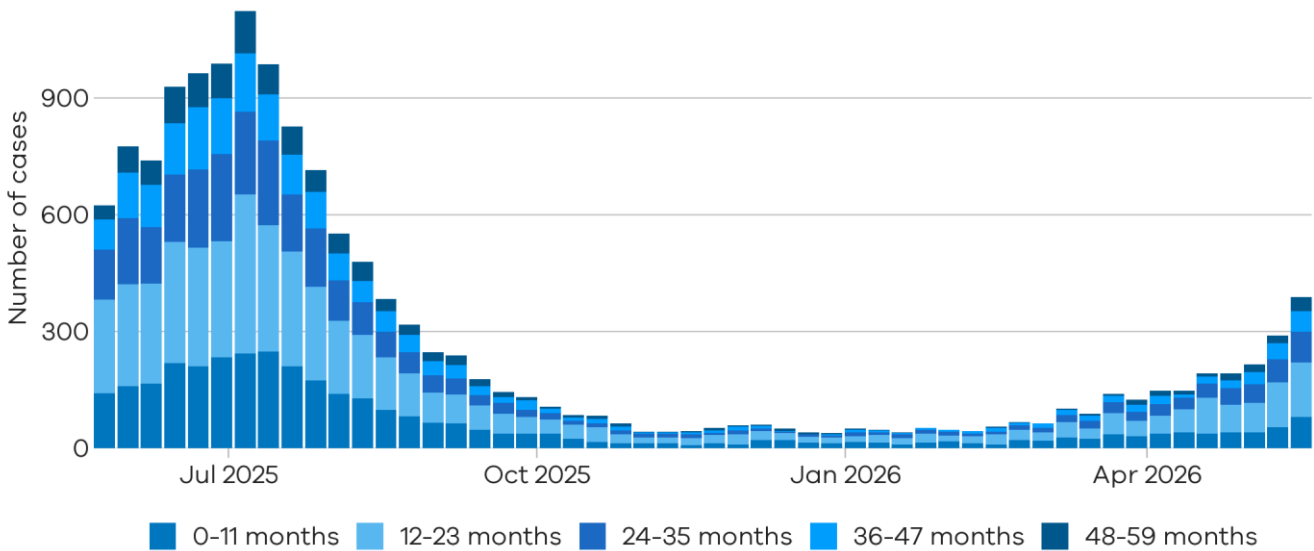


 RSV cases are at lower levels than at the same time in the past three years but are increasing

Young children and older adults

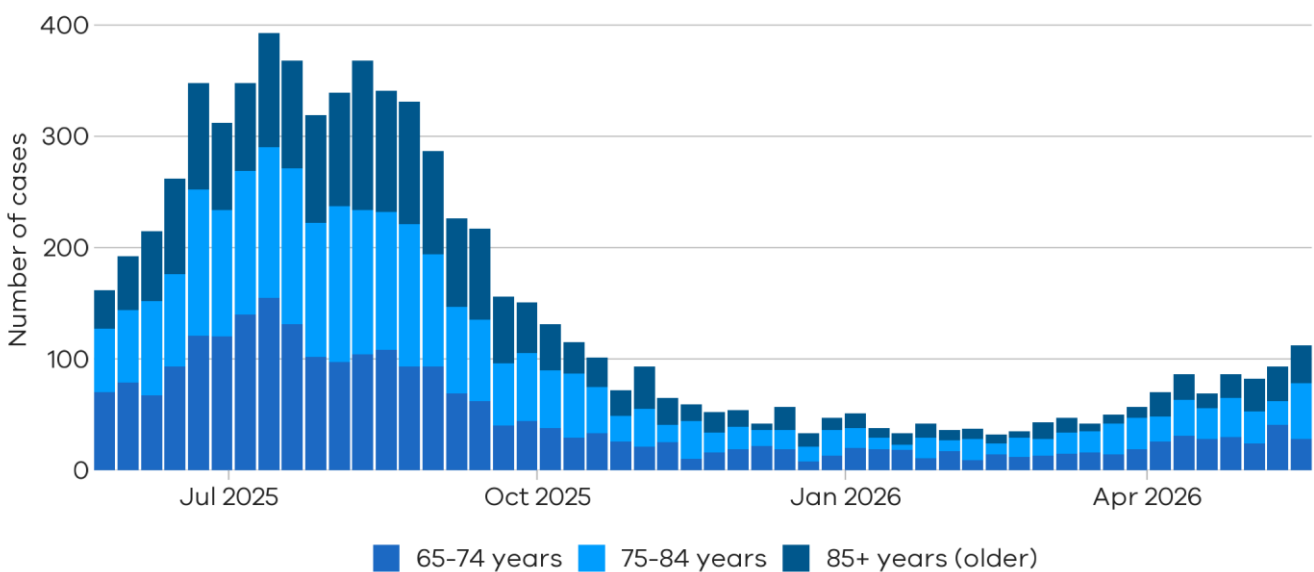
Young children and older adults are at greater risk of severe disease from RSV.

Figure 8: RSV trends in notified cases by week in young children (under 5 years), Victoria, 25 May 2025 to 23 May 2026



i RSV case numbers are increasing among younger children

Figure 9: RSV trends in notified cases by week in older adults (65+ years), Victoria, 25 May 2025 to 23 May 2026



i RSV case numbers are increasing among older adults

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 were stable (2.8% to 2.7%), the percentage of influenza tests that were positive have remained stable (0.7% to 0.6%) (influenza A: 1.1% to 0.8%; influenza B: 0.2% to 0.3%), and the percentage of RSV tests that were positive have increased (4.4% to 5.2%).





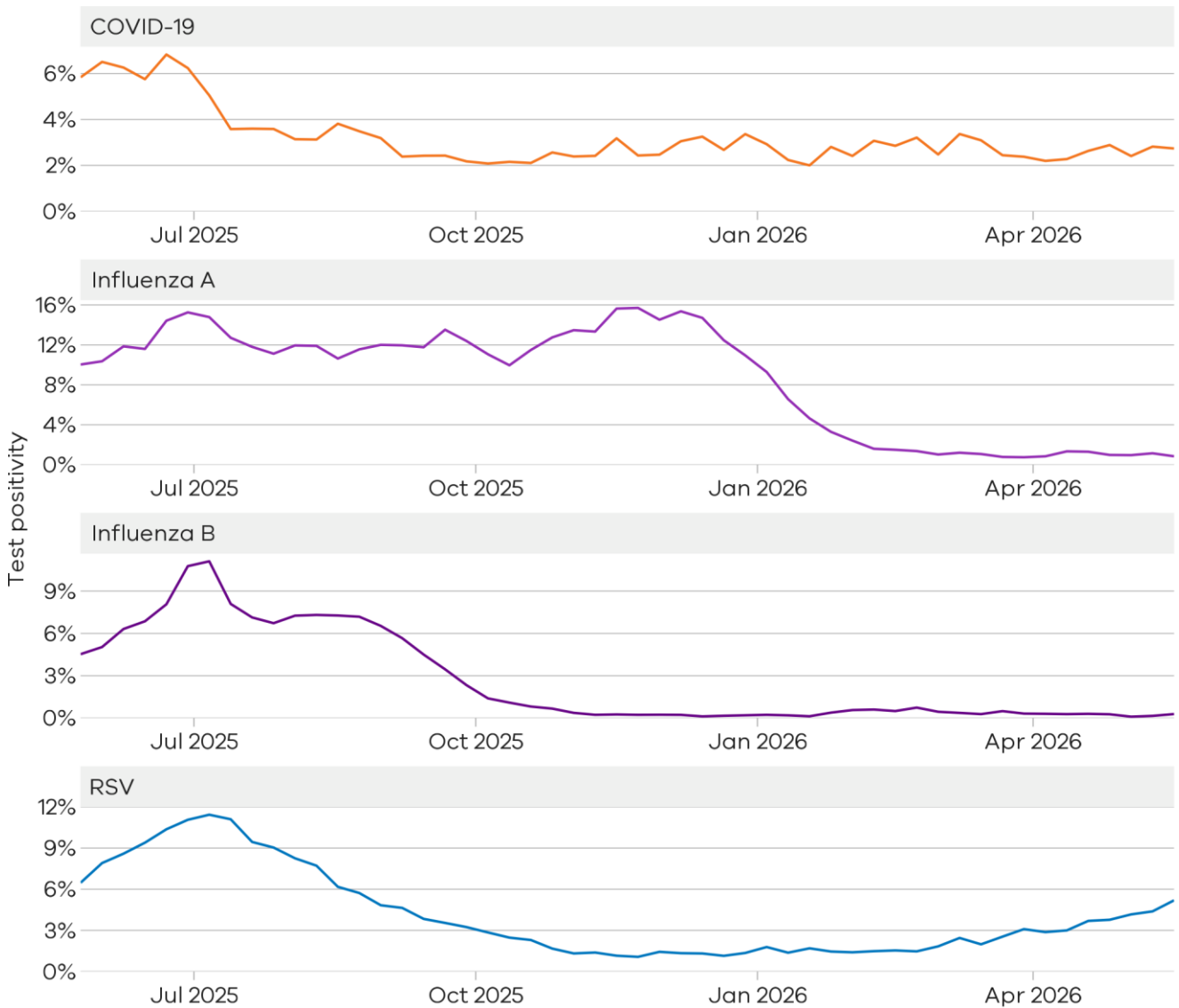
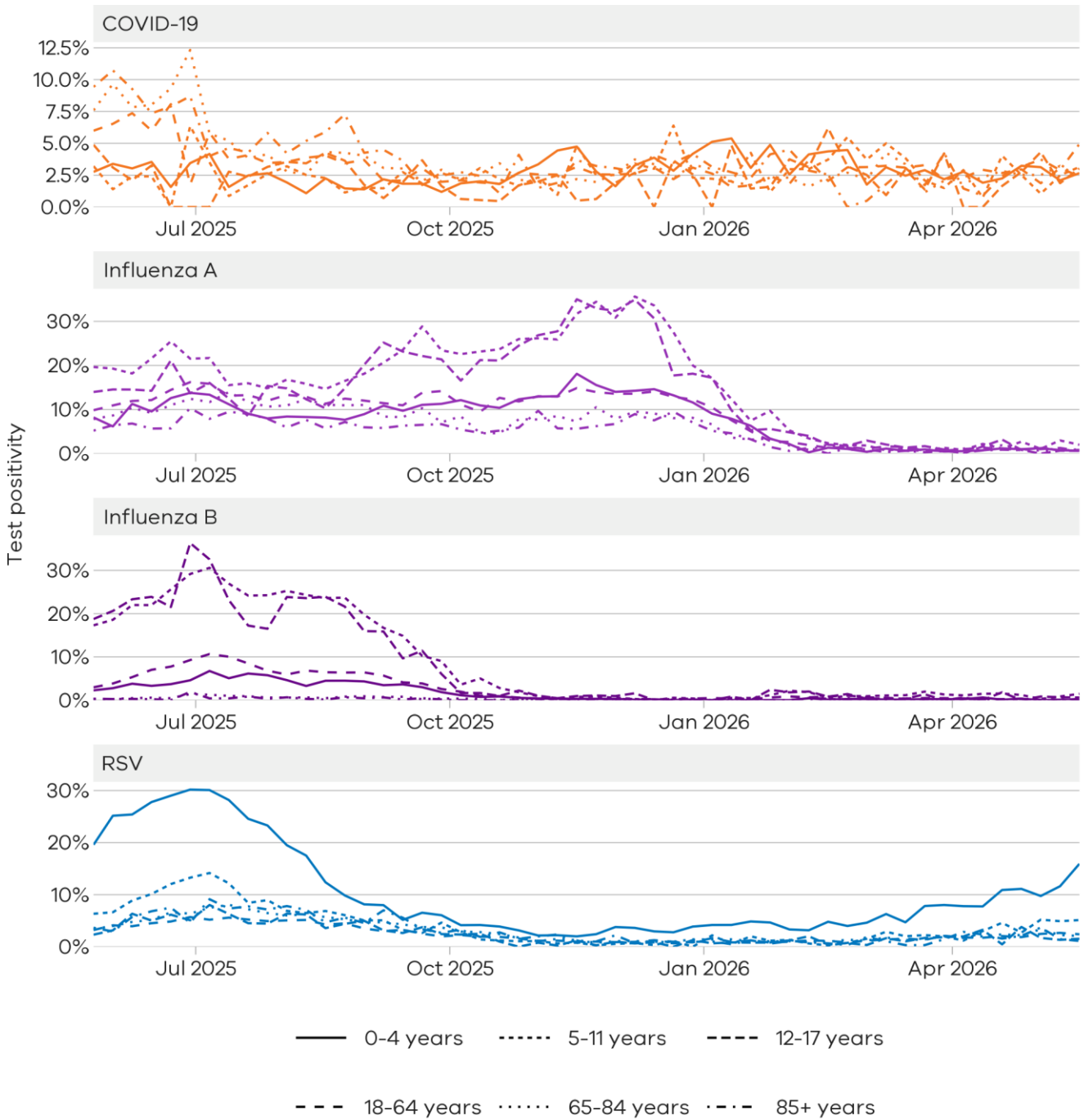
COVID-19	2.8% to 2.7%	
Influenza A	1.1% to 0.8%	
Influenza B	0.2% to 0.3%	
RSV	4.4% to 5.2%	

Figure 10: Weekly test positivity for COVID-19, influenza and RSV, Victoria, 25 May 2025 to 23 May 2026



- i** COVID-19 test positivity remains low
- i** Influenza A test positivity remains low
- i** Influenza B test positivity remains low
- i** RSV test positivity is low-moderate and is increasing

Figure 11: Weekly test positivity by age groups for COVID-19, influenza and RSV, Victoria, 25 May 2025 to 23 May 2026



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.

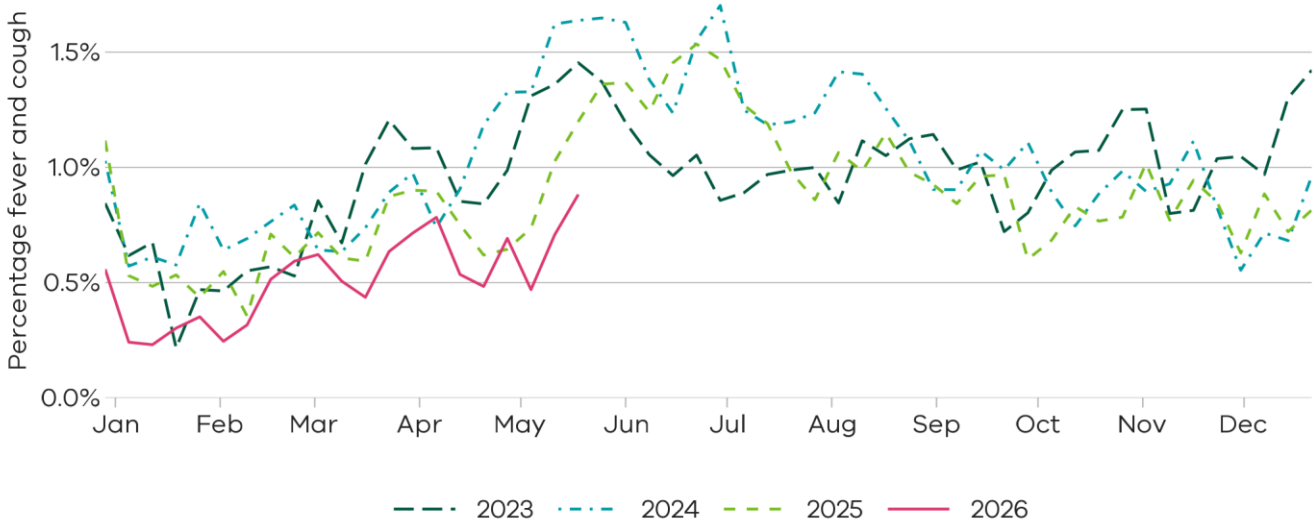
FluTracking

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 24 May 2026. Respiratory illness is defined as fever & cough.



Reported respiratory illness from FluTracking is low compared to the past three 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.

Modelling is performed by the Australia-Aotearoa Consortium for Epidemic Forecasting & Analytics (ACEFA) throughout the winter respiratory season using data provided by the Department of Health. <https://github.com/acefa-hubs>

Pathology services are required to notify the Department of Health of all tests performed during a weekly period for schedule 4A conditions including influenza, RSV and COVID-19.

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/collections/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.

Modelled current trends: Modelled current trends indicate whether cases are likely to be increasing, decreasing or stable based on modelled trends in expected cases for each condition. Details of the statistical modelling methods can be found in the paper at <https://doi.org/10.1093/aje/kwaf119>

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.

Activity levels: The Victorian Department of Health monitors activity of acute respiratory illnesses assessed against trends from recent seasons and determined by expert review of multiple surveillance inputs informed by statistical analysis of all data sources available at the time the report is prepared.

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