Victorian Respiratory Surveillance Report

13 November 2026

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VICTORIA State Government | Department of Health

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 11 November 2026 for the week ending 7 November 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.

Summary

In Victoria, activity of influenza has decreased to low-moderate levels, and RSV and COVID-19 activity remain low.

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

→

COVID-19 activity remains low.

Influenza activity is low-moderate

MODELLED CURRENT TRENDS

Influenza cases were almost certainly decreasing

↘

NOTIFICATIONS LAST 12 MONTHS



TEST POSITIVITY (LAST 2 WEEKS)

The percentage of tests that were positive have slightly decreased

↘

Influenza activity has decreased to low-moderated levels. In 2026, influenza activity remained low throughout early winter, increased from July, peaked in mid-September and has since declined. The 2026 influenza season onset and peak have occurred later than in recent years.

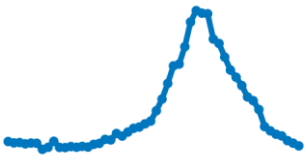
RSV activity is low

MODELLED CURRENT TRENDS

RSV cases were almost certainly decreasing

↘

NOTIFICATIONS LAST 12 MONTHS



TEST POSITIVITY (LAST 2 WEEKS)

The percentage of tests that were positive have remained stable

→

RSV activity increased from April and peaked in early July at moderate levels, before declining steadily to current low levels. Trends in RSV case notifications are broadly similar to previous seasons, however, with a lower peak in 2026.

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 7 November 2026), COVID-19 notifications have decreased (-15%), influenza notifications have continued to decrease (-12%) and RSV notifications have continued to decrease (-18%).

COVID-19	**15%** decrease	↘
Influenza	**12%** decrease	↘
RSV	**18%** decrease	↘

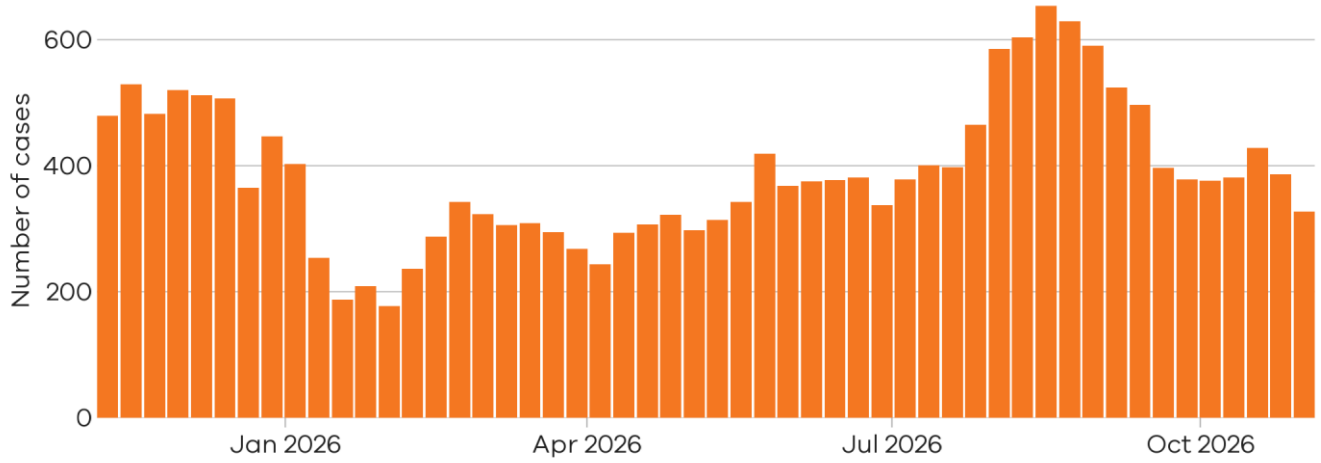
Modelled current trends

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 1 November 2026 were:

COVID-19	**Most likely stable** 61% probability case notifications were increasing	→
Influenza	**Almost certainly decreasing** 4% probability case notifications were increasing	↘
RSV	**Almost certainly decreasing** 3% probability case notifications were increasing	↘

COVID-19

Figure 1: COVID-19 notified cases by week, Victoria, 9 November 2025 to 7 November 2026



There were **386** notified COVID-19 cases two weeks ago

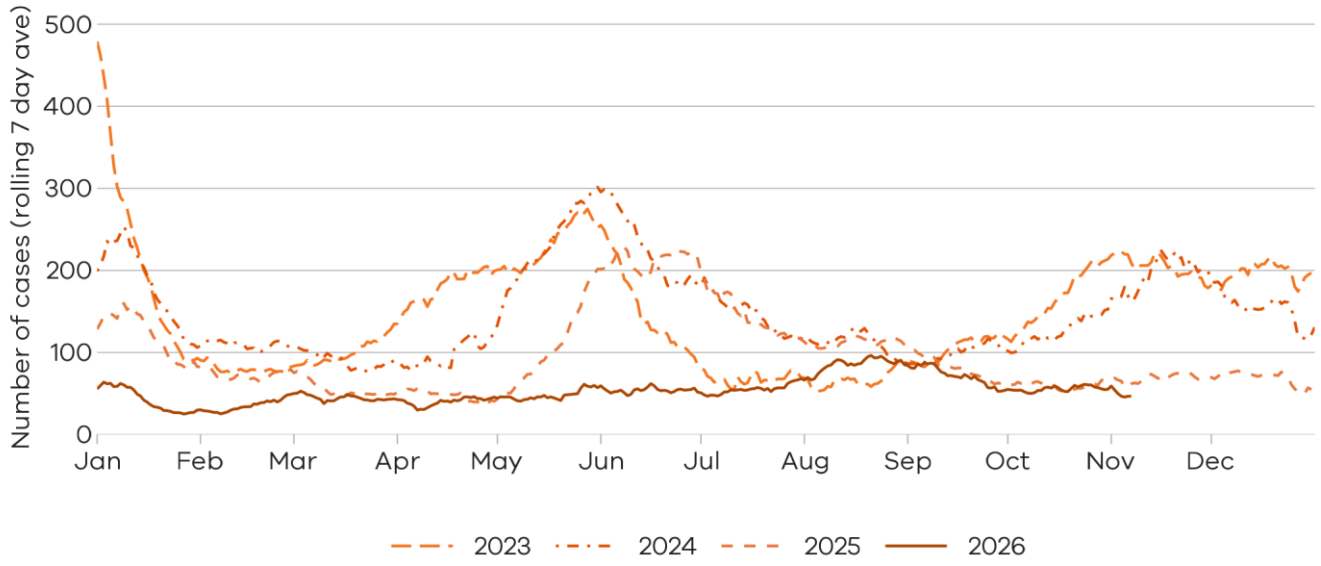
25 Oct 2026 to 31 Oct 2026

There were **327** notified COVID-19 cases last week

1 Nov 2026 to 7 Nov 2026

15% decrease

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

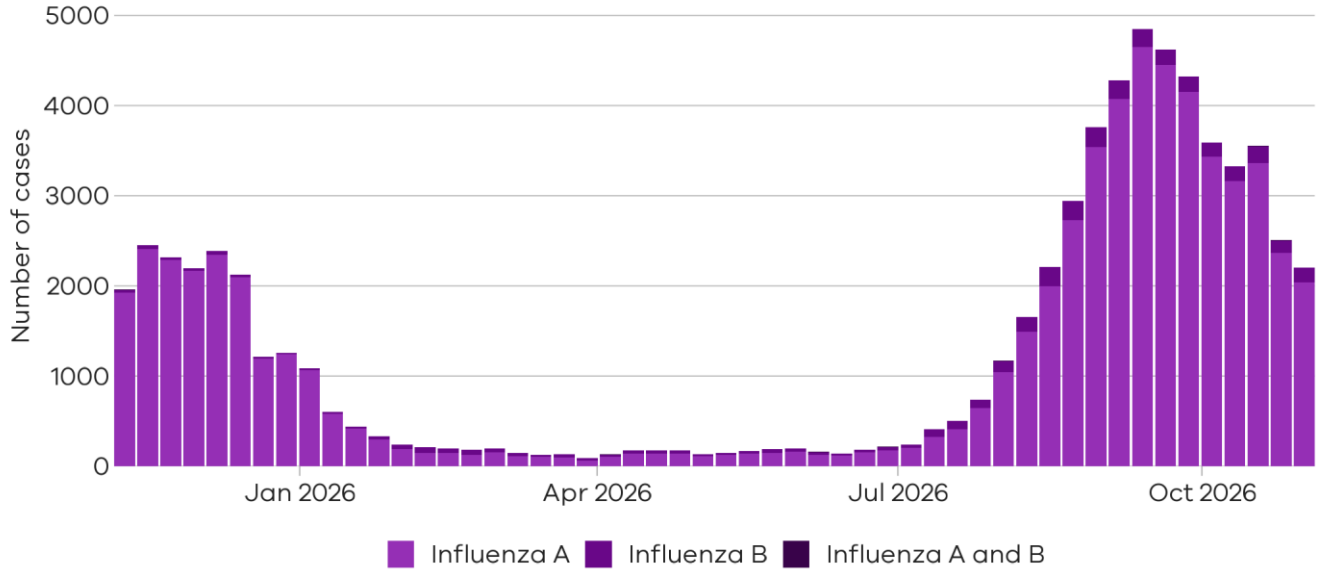


Notified COVID-19 cases are at similar levels to the same time last year

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, 9 November 2025 to 7 November 2026



There were **2505** cases of influenza (overall) notified two weeks ago

25 Oct 2026 to 31 Oct 2026

There were **2202** cases of influenza (overall) notified last week

1 Nov 2026 to 7 Nov 2026

12% decrease

There were **2366** cases of influenza A notified two weeks ago

25 Oct 2026 to 31 Oct 2026

There were **2038** cases of influenza A notified last week

1 Nov 2026 to 7 Nov 2026

14% decrease

There were **138** cases of influenza B notified two weeks ago

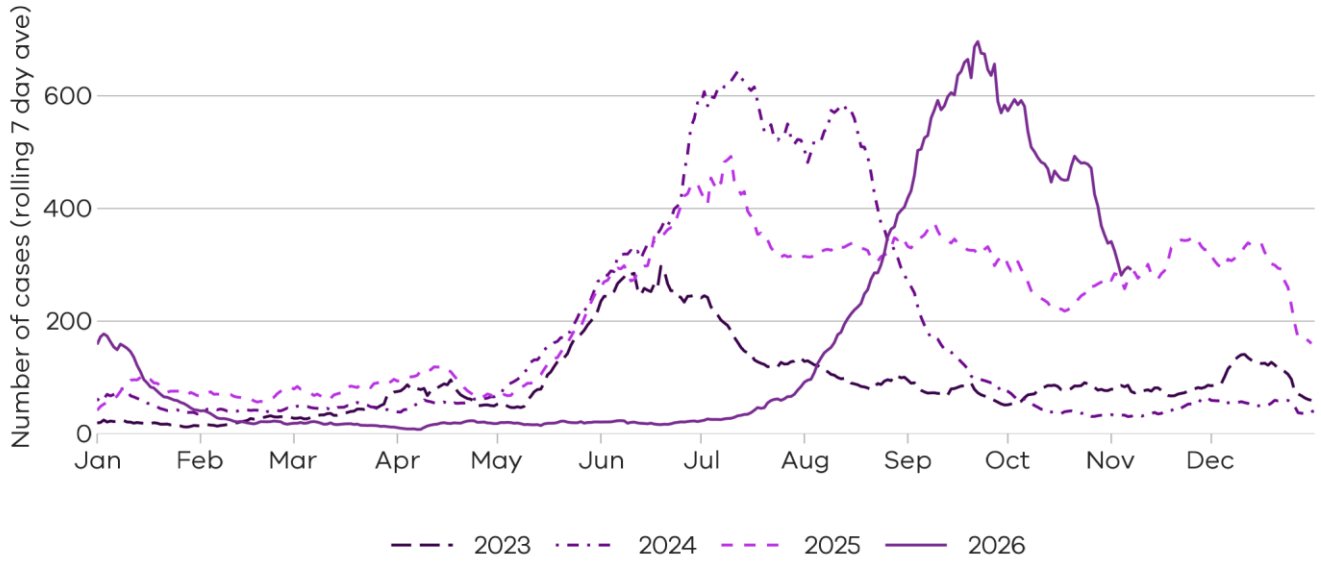
25 Oct 2026 to 31 Oct 2026

There were **163** cases of influenza B notified last week

1 Nov 2026 to 7 Nov 2026

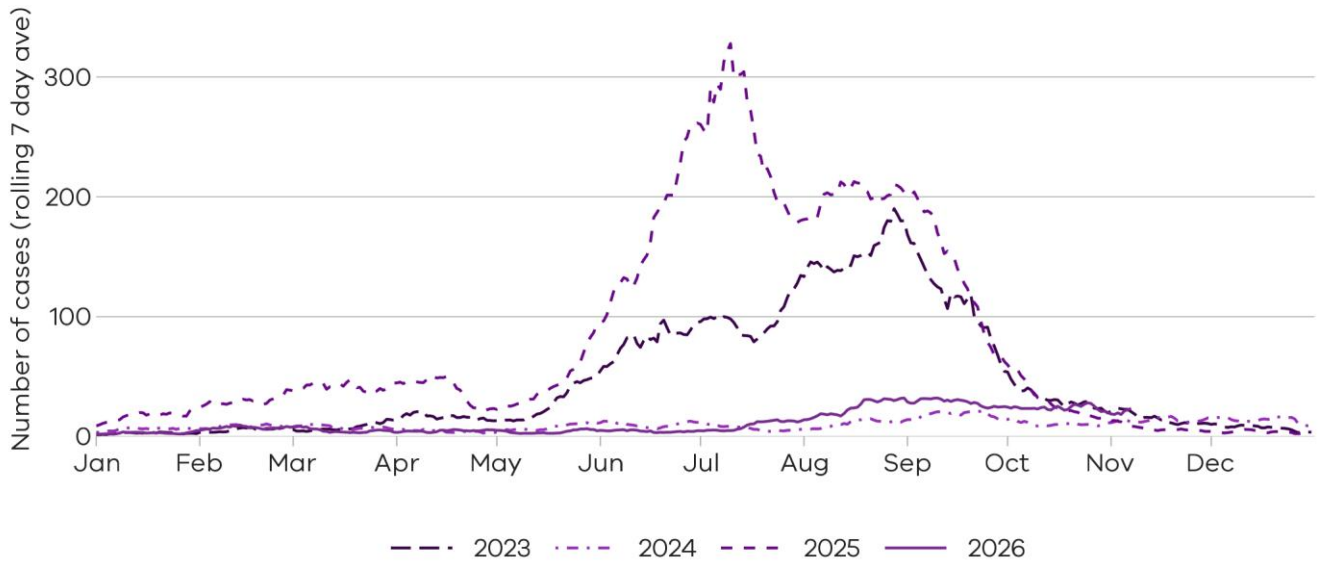
18% increase

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



Notified influenza A cases are at similar levels to the same time last year

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

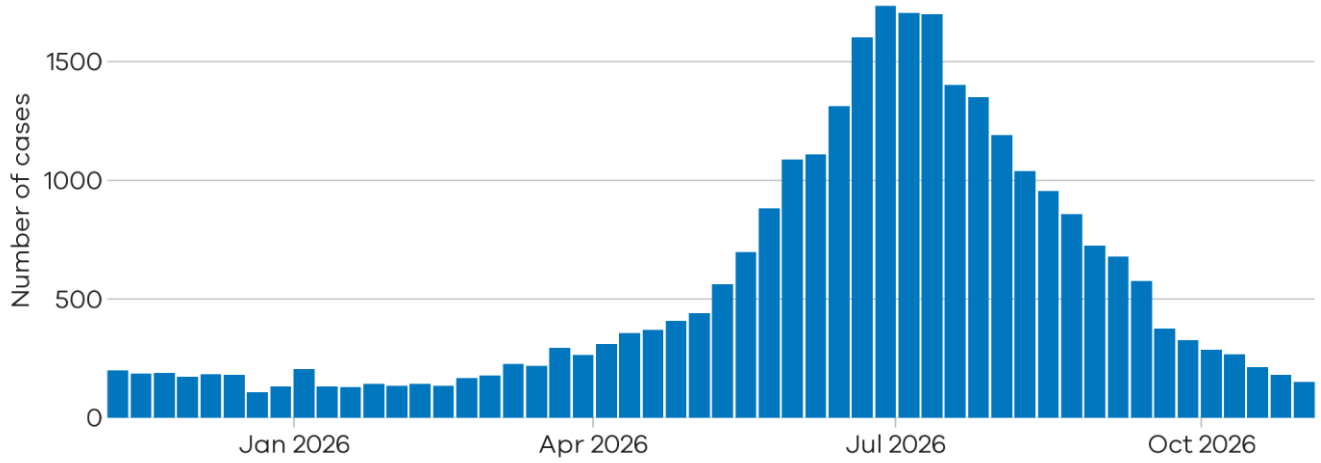


Notified influenza B cases are at similar levels to the same time in recent years

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, 9 November 2025 to 7 November 2026



There were **182** notified RSV cases two weeks ago

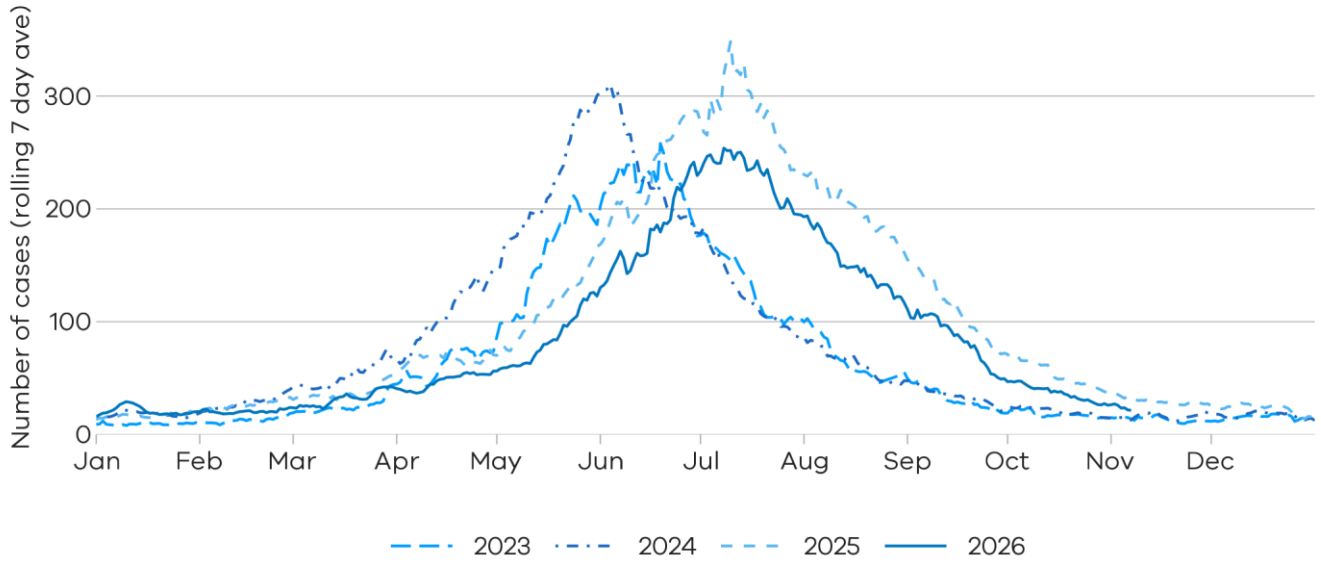
25 Oct 2026 to 31 Oct 2026

There were **150** notified RSV cases last week

1 Nov 2026 to 7 Nov 2026

18% decrease

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

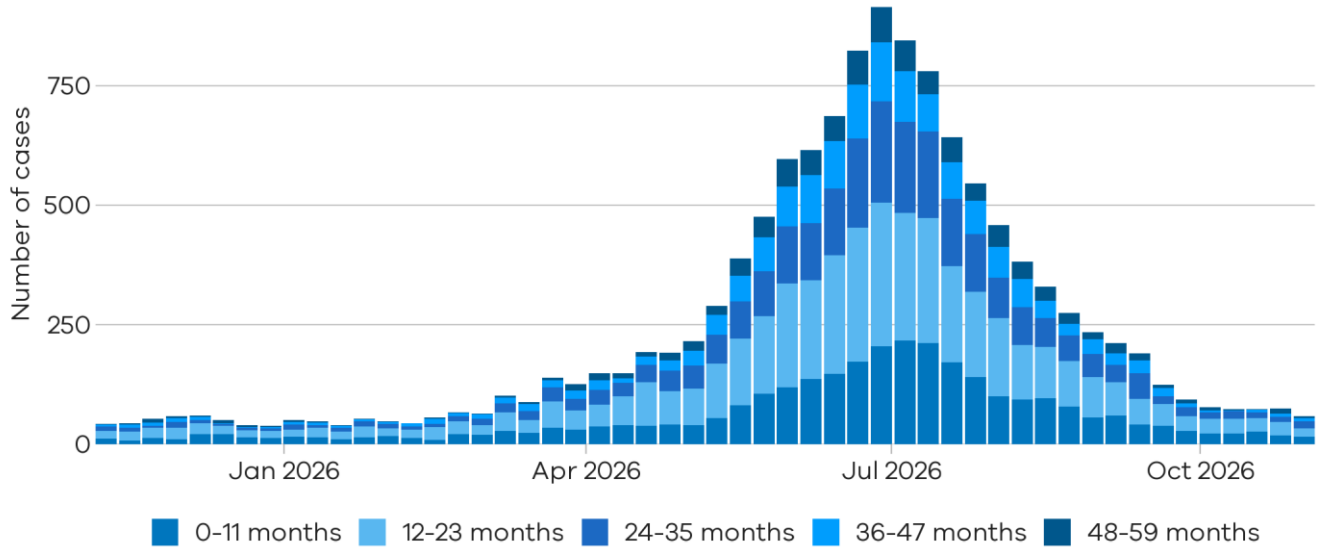


Notified RSV cases are at similar levels to the same time in recent years

Young children and older adults

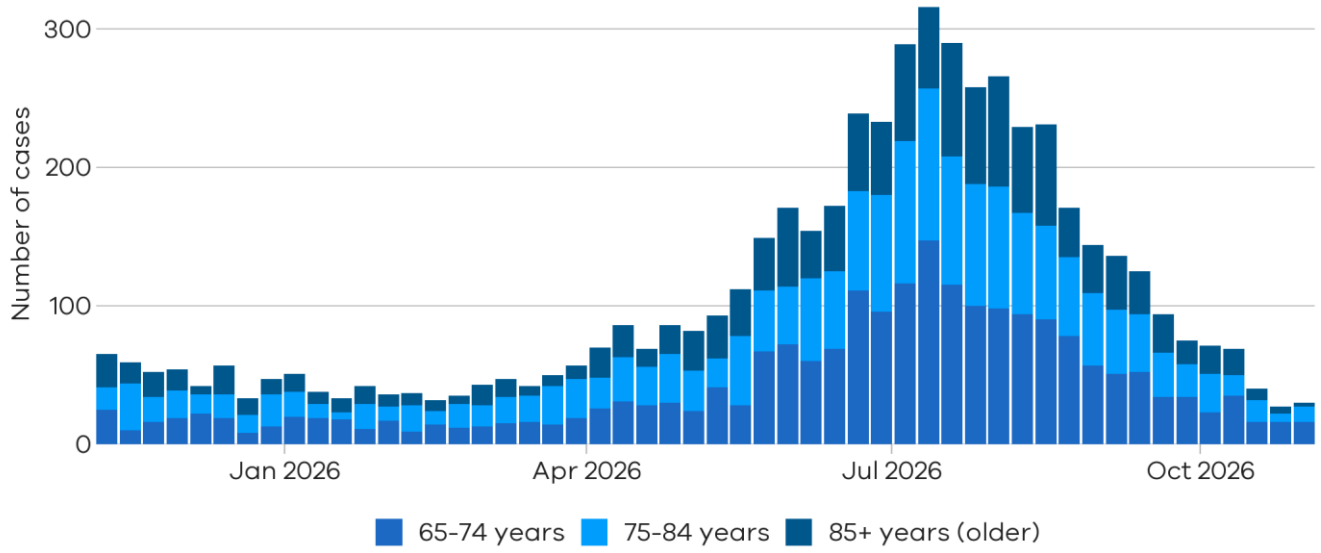
Young children and older adults are at greater risk of severe disease from RSV.

Figure 8: RSV trends in notified cases by week in young children (under 5 years), Victoria, 9 November 2025 to 7 November 2026



RSV case numbers have continued to decrease in younger children

Figure 9: RSV trends in notified cases by week in older adults (65+ years), Victoria, 9 November 2025 to 7 November 2026



RSV case numbers have continued to decrease in 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.

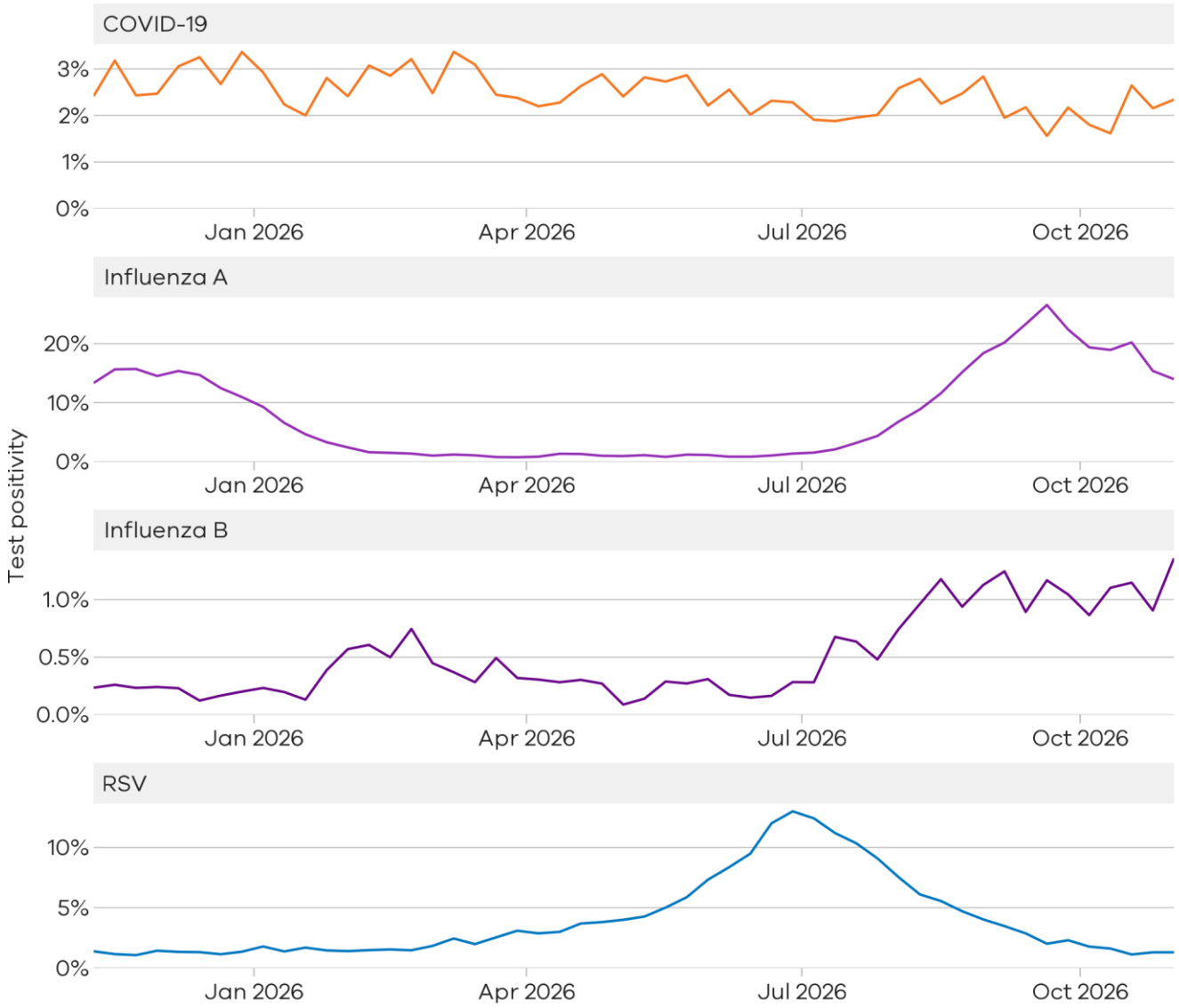
Test results presented in this report are from selected laboratories. These include private and hospital laboratories and represent tests completed across Victoria.

Summary

In the past week, the percentage of COVID-19 tests that were positive were stable (2.2% to 2.3%), the percentage of influenza tests that were positive have slightly decreased (8.1% to 7.7%) (influenza A: 15.4% to 14.0%; influenza B: 0.9% to 1.4%), and the percentage of RSV tests that were positive have remained stable (1.3% to 1.3%).

COVID-19	2.2% to 2.3%	→
Influenza A	15.4% to 14.0%	↘
Influenza B	0.9% to 1.4%	↗
RSV	1.3% to 1.3%	→

Figure 10: Weekly test positivity for COVID-19, influenza and RSV, Victoria, 9 November 2025 to 7 November 2026



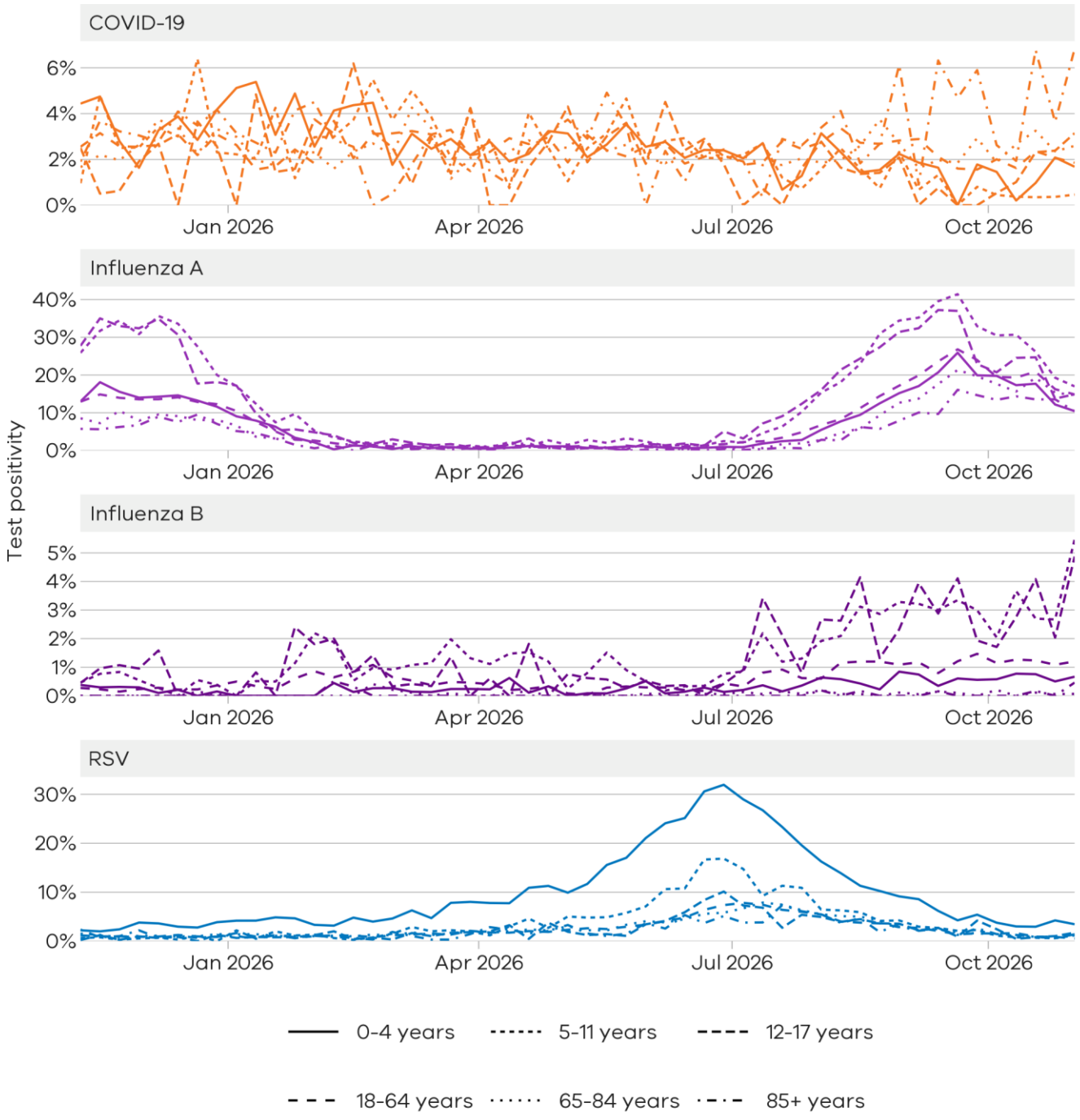
COVID-19 test positivity remains low

Influenza A test positivity has decreased to low-moderate levels

Influenza B test positivity remains low and stable

RSV test positivity is low and has decreased in the same period as case notifications

Figure 11: Weekly test positivity by age groups for COVID-19, influenza and RSV, Victoria, 9 November 2025 to 7 November 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.

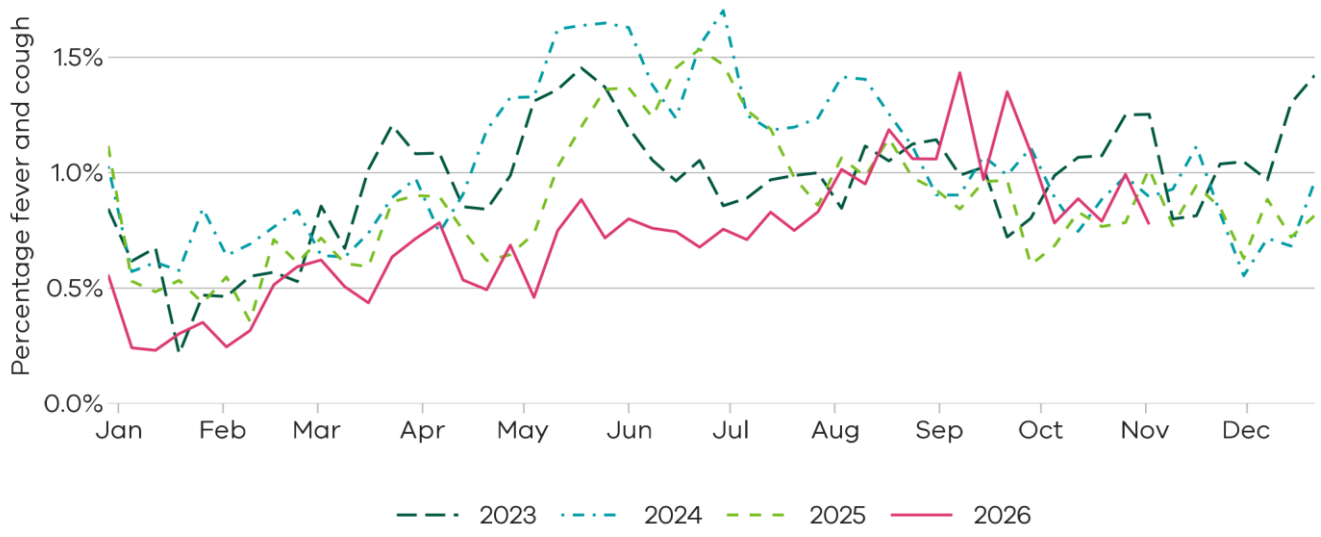
FluTracking

FluTracking is an online surveillance system across Australia, 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 decreased from the previous week.

Figure 12: Proportion of FluTracking participants reporting respiratory illness by week, Victoria, 1 January 2023 to 8 November 2026. Respiratory illness is defined as fever & cough.



Reported respiratory illness from FluTracking is similar to recent 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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