#### **HEALTH & WELLBEING**

## Neighbours reveal Aude Alaskar's wifes heartache after discovering her young husband unconscious with COVID-19 while isolding in their Liverpool home

Neighbours of Aude Alaskar - Sydney's youngest COVID-19 victim - knew something was amiss when they head 'crying, shouting and howling'.

Alex Hart / Updated 04.08.2021



New details have emerged after a 27-year-old man with no underlying health conditions became Sydney's youngest COVID victim in the curent outbreak.

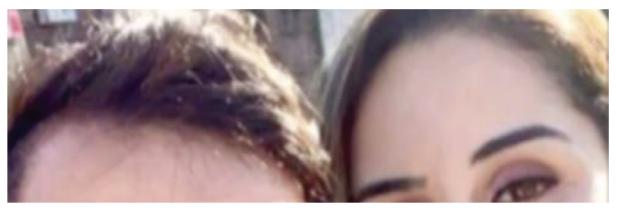
Aude Alaskar had been isolating at his Liverpool home for 13 days after being diagnosed with COVID-19.

Watch his neighbours recall the 'commotion' in the video player above

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He had been in regular contact with nursing staff and had complained of feeling "a little fatigued".

But on Tuesday, his condition deteriorated and he collapsed with paamedics unable to revive him.





Aude Alaskar and his wife Yasmin. Credit: 7NEWS

"He was with another person, you can imagine the trauma for that other person," Chief Health Officer Dr Kerry Chant said.

That person was his wife of only a few months, aged care worker Yasmin.

A neighbour told 7NEWS she heard her "crying, shouting and howling".

"After that there was really a commotion of police," the neighbour said.





Aude Alaskar. Credit: Facebook

The couple tested positive for COVID-19 on July 21 and Yasmin is now in hospital.

Aude had not been vaccinated.

It has not been disclosed whether Yasmin has been.

A woman in her 80s also died in Royal Prince Alfred Hospital on Tuesday, bringing the death toll in the seven-week Sydney outbreak to 17.





Sydney man Aude Alaskar.Credit: 7NEWS

Premier Gladys Berejiklian said the mar/s death "demonstrates again how this disease is lethal, how it affects people of all ages".

Health Minister Brad Hazzard said the tragedy should prompt people 18 and over to consult their GP or pharmacist about whether to get the AstaZeneca vaccine.

"Go and get it," he said on Wednesday.





https://7news.com.au/lifestyle/health-wel being/neighbours-reveal-aude-alaskars-wifes-heartache-after-discovering-her-young-husband-unconscio... 4/5



NSW Premier Gladys Berejiklian speaks to the media during a press conference. Credit: JOEL CARRETT/AAPIMAGE

"Sadly we just heard one young person, in his 20s, has passed away which I think emphasises what we have been saying now for quite some time about two-thirds of all of our cases are currently under 40 years," he added.

"It's a very serious issue."

There were 233 new cases reported in New South Wales on Wednesday morning.





# Sydney man Aude Alaskar, 27, died 'suddenly' from COVID-19 two weeks after contracting the virus

By Freya Noble, Nick Pearson 7:38pm Aug 4, 2021



The youngest person to die from COVID-19 in Australia contracted the virus a fortnight before he suddenly deteriorated.

Aude Alaskar, a 27-year-old forklift truck driver, was in isolation with his wife, a disability worker, at their home in Liverpool in south-west Sydney.

It is believed she caught the virus first and her husband then became infected on July 21.

LIVE UPDATES: Queensland records 16 new local cases



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Sydney man has become the youngest person in NSW to die from COVID-19





Aude A askar, 27, d ed from coronav rus. H s w fe, who a so has the v rus, was rushed to L verpoo Hosp ta . (Supp ed/Kate Geraghty)

A relative told 9News he had relatively mild symptoms until lunchtime yesterday, when he started coughing, vomiting and then collapsed.

He had not been vaccinated.

His death was announced during the daily COVID-19 press conference this morning.

"Our deepest condolences to his family and loved ones," NSW Premier Gladys Berejiklian said.

"But it demonstrates again how this disease is lethal, how it affects people of all ages."

Chief Health Officer Kerry Chant said he was being cared for by the southwestern Sydney local health district.

"He was being followed up daily by nursing staff and suddenly deteriorated," she said.

"That death is also being referred to the coroner as I understand it."

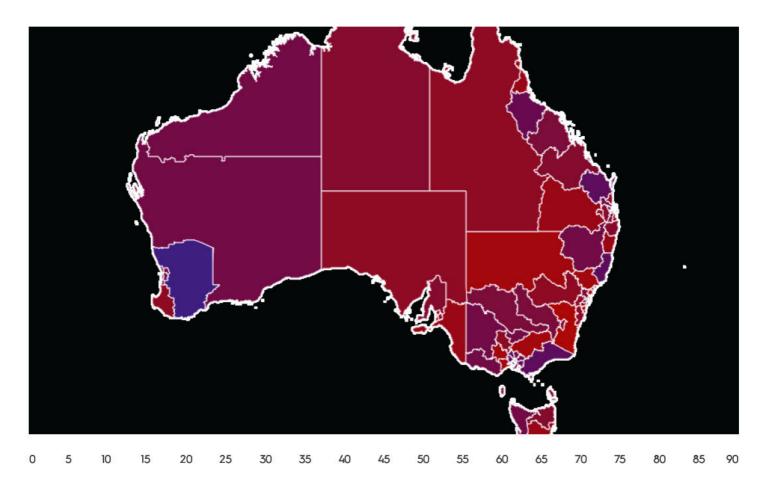




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Sydney man has become the youngest person in NSW to die from COVID-19

FIRST DUSE FULLT VACCINATED



Source: Australian Government - data as of September 12

Dr Chant said the man had complained of feeling "a little fatigued" before his death.

"I think that is important to understand that your health status can deteriorate and you can have sudden death with COVID infection."

His wife has since been taken to hospital.

"He was with another person. You can imagine the trauma for that other person who has now been hospitalised. That person also had COVID," Dr Chant said this morning.

His family said he had no obvious health issues but have suggested he may have had an underlying heart condition.

A second COVID-19 death was also recorded yesterday.

A woman in her 80s from Sydney's inner west died at Royal Prince Alfred Hospital.

NSW recorded 233 new cases of COVID-19 today.

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**Health & Education** 

Coronavirus pandemic

# Why COVID-19 can be deadly for young people

Jill Margo Health editor



Aug 5, 2021 - 9.08am

While the young man with COVID-19 who died suddenly in Sydney this week was said to have suffered a cardiac arrest, that is yet to be confirmed, with experts saying a few complications of this disease can be fatal for young adults.

Forklift driver Aude Alaskar, 27, on Tuesday became the youngest person to die of COVID-19 in NSW. He [https://www.afr.com/politics/27-year-old-man-becomes-nsw-s-youngest-covid-19-death-20210804-p58fum]was not vaccinated and his death has been referred to the coroner to determine the cause.

He had received daily checks by nursing staff, had been feeling a little fatigued, and died suddenly on his 13th day in isolation, a day before being released.

Christine Jenkins, professor of respiratory medicine at the UNSW Sydney, who has not seen details of the case, said heart issues were one of at least four potential complications.

Heart muscle can slowly become inflamed in a condition known as myocarditis. It can build silently, making the heart unstable and twitchy.



Aude Alaskar died on Tuesday night after what health authorities have described as a sudden deterioration. **Facebook** 

This can suddenly send it into an abnormal rhythm and make it unable to pump blood. While this complication is uncommon, Professor Jenkins said with COVID-19 it occured more in men than women.

# **Clotting**

Clotting is another serious risk. Two types are linked to COVID-19 and are <u>not to be</u> confused [https://www.afr.com/politics/federal/europe-has-passed-1-million-dead-who-20210416-p57jo6] with rare clots associated with the AstraZeneca jab.

Hospital figures show people with COVID-19 have a 20 per cent risk of a large clot lodging in their lungs. This comes with a 75 per cent risk of dying.

Clotting can also occur in the tiny vessels all through the lungs and seriously compromise breathing until there is insufficient oxygen to sustain life.

## Pneumonia

COVID-19 is essentially a respiratory disease and the problem for young and otherwise healthy people is that they may be unaware they are low on oxygen. As a result, progressive pneumonia is a common cause of death.

It occurs in two phases. The first phase of COVID-19 infection may induce a scratchy throat, fever and a bit of coughing, which young people seem to get over within the first few days.

# One thing about young people with pneumonia is that you never put them in a single room and forget to look at them.

— Professor Christine Jenkins

But a short while later, just as they seem to be recovering, the second phase kicks in. They take a turn for the worse and, with very low oxygen, can still feel okay.

In medical parlance, such cases are called "happy hypoxics". They may be sitting up in hospital, discussing their medical history and suddenly decline catastrophically. Rapid intubation and ventilation is used to try to save them.

"It remains perplexing how a person can be severely hypoxemic [oxygen deprived] and not appear to be terribly distressed or in the kind of extremis that we would expect," Professor Jenkins said.

"One thing about young people with pneumonia is that you never put them in a single room and forget to look at them. As they're young, fit, muscular and don't have comorbidities, you can be lulled into a false sense of security that they're going to be fine – and then they are not."

# **Cytokine storm**

Professor Jenkins, who is also head of the Respiratory Group at The George Institute for Global Health, says another possible cause is a "cytokine storm". In 30 per cent of cases, the immune system goes rogue, acts against the person and overwhelms them.

This is characterised by the creation of lots of inflammatory products called cytokines that swiftly go beyond control.

This can damage the lungs, send the heart rate up, drop blood pressure, create fever and make the person confused.

"One can't say this young man from NSW would have unquestionably survived had he been in hospital [but] depending on the complication, he may have had a better chance of surviving," Professor Jenkins said.

While sudden death is difficult to prevent, vaccination has a high probability of preventing it.

<u>Jill Margo</u> is the health editor, based in the Sydney office. Jill has won multiple prizes, including two Walkley Awards and is an adjunct associate professor at School of Clinical Medicine, Faculty of Medicine and Health, UNSW Sydney, Australia. *Connect with Jill on Twitter. Email Jill at jmargo@afr.com* 

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## **EXCLUSIVE: Family of youngest Covid** death victim, 27, lash out at the 'slow and confusing' vaccine rollout - and insist he tried to get jabbed but there was a THREE-MONTH wait

- Ady Al-Askar collapsed in the shower and could not be revived on Tuesday
- · The 27-year-old had been diagnosed with Covid almost two weeks earlier
- · His brother-in-law said he was told he had to wait until September to get jabbed
- · Mr Al-Askar's wife is in hospital being treated for shock and for coronavirus
- · Do you know more? Email brittany.chain@mailonline.com

By BRITTANY CHAIN FOR DAILY MAIL AUSTRALIA PUBLISHED: 12:47 AEST, 5 August 2021 | UPDATED: 09:22 AEST, 6 August 2021

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Relatives of a 27-year-old man who dropped dead in the shower 13 days after receiving a Covid diagnosis believe the slow and confusing vaccine rollout may have contributed to his death.

Ady Al-Askar collapsed and died on Tuesday inside his home in Liverpool in Sydney's south-west.

His brother-in-law told Daily Mail Australia the newly-married forklift operator had wanted to get vaccinated, despite his concerns about long-term effects, but there were several roadblocks that delayed the process.

'It's the fact that the stupid health department had a three-month waiting line,' he said.

Mr Al-Askar caught the highly infectious Delta strain off his disability support

worker wife, Yasmin, who first contracted the virus through her workplace.



Pictured: Adv Al-Askar

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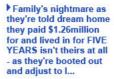
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- Aller Andrews

The virus has been spreading through NSW since mid-June, with a further five deaths recorded on Thursday and 262 new cases. Victoria is also on the brink of a sixth lockdown after recording six new cases.

Mrs Al-Askar's brother, Fahad Aziz, wants the public to know that Mr Al-Askar was not against the vaccine, but was not able to secure an immediate appointment.

Family also said Mr Al-Askar was 'anxious' about the long-term effects of the vaccine, particularly on his children if he was to have them.

But Mr Aziz said Mr Al-Askar 'followed all the rules and never disobeyed the law', and wanted to do his bit to end the lockdown by getting vaccinated.

But he claims Mr Al-Askar was told 'he would be waiting until September' due to 'the slow rollout' in the community.



Ady Al-Askar married Yasmin (pictured together) just six weeks ago and the couple were hoping to celebrate after lockdown lifted

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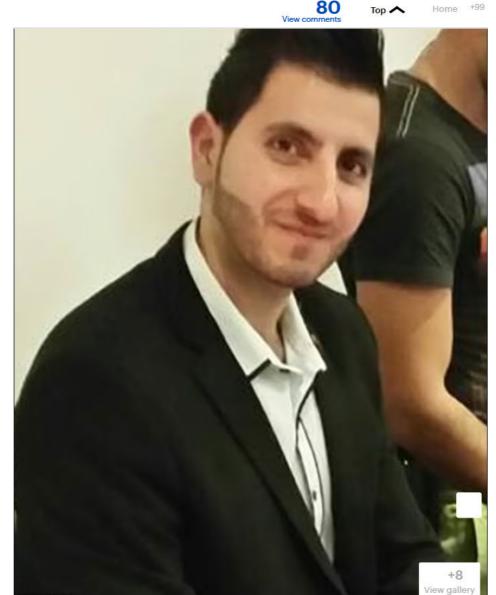
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Until recently, Mr Al-Askar would not have qualified for a vaccination as priority was given to the elderly and frontline workers

'When the health department talk about him being unvaccinated it wasn't like the poor man had a choice, he was in a line and I assure you he won't be the only person to die from this tragic pandemic if the vaccine isn't handed out to everyone.

'Australia is the slowest with their vaccine production and are starting to fix their mistakes after people starting losing lives and one of them was my brother.'

Until recently Mr Al-Askar would not have qualified for a vaccination as priority was given to the elderly and frontline workers.

But when the Delta strain seeped into the community, Premier Gladys Berejiklian issued an urgent plea for adults of all ages to come forward and get the AstraZeneca vaccine. Both the federal and state governments have come under fire for the conflicting advice regarding the rollout.

Cumberland Mayor Steve Christou said he and his wife Josephine struggled to book a timely vaccination in their part of western Sydney, where only 17.7 per cent of people are fully vaccinated and 35.1 per cent have had a first dose.

'I don't think it's as easy for people to book an appointment in western Sydney and get vaccinated as easy as it is in the more affluent suburbs,' he said on Wednesday.

Mr Al-Askar's cousin, Khalid Thijeel, earlier told Daily Mail Australia that the 27-yearold was absolutely not an anti-vaxxer, but was wary of potential long term effects the









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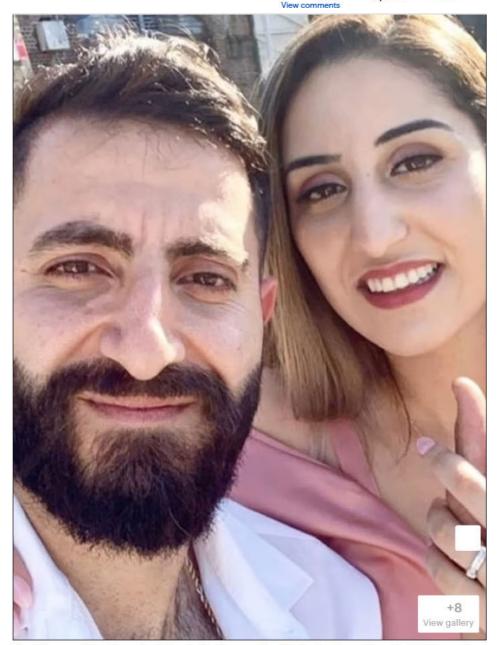








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The 27-year-old had been isolating in his Liverpool unit in Sydney's southwest with his aged care nurse wife, Yasmin (pictured together), who first contracted the virus and brought it home from work

Given his youth, he said Mr Al-Askar wasn't overly concerned about the extended wait times to get the jab.

Mr Thijeel stressed his cousin was hesitant after mixed messaging from the Federal Government which initially told Australians the AstraZeneca jab was not safe for people under the age of 60.

'He was young, and it's my understanding he wanted to see what long-term effects there were... he doesn't have children yet, but would it affect them',' he said.

'He was just waiting to see'.

The Australian Technical Advisory Group on Immunisation's latest advice states that increased transmissibility of the Delta variant outweighs any minor risks associated with the AstraZeneca jab.

'In a large outbreak, the benefits of the COVID-19 vaccine AstraZeneca are greater than the risk of rare side effects for all age groups,' the advice states.

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for alternative vaccines."

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Pictured: Mr Al-Askar on his wedding day, just six weeks ago

Sydney's vaccine divide: NSW government is accused of giving MORE jabs to city's north and east - as furious mayor says it takes 30 DAYS to get vaccinated in southwest hotspot

Sydney's south-west, taking in the Liverpool and Fairfield council areas, has eastern Australia's lowest metropolitan vaccination rate despite being in a

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Heidi Klum's daughter Leni, 19, showcases her

Just 14.0 per cent who those aged to and over have had two doses, with 55.1 per cent so far receiving one injection.

On the other side of the city, 26.9 per cent of people are fully vaccinated on the North Shore where a majority, or 51.9 per cent, have had one dose, federal Department of Health data shows.

In the eastern suburbs, where the outbreak of the more contagious Delta strain began in June, 23.9 per cent of eligible residents were fully vaccinated with 44.8 per cent having receiving a single jab as of August 1.

Even the Richmond-Tweed area of northern NSW, covering the traditional antivaxxer hubs of Mullumbimby and Byron Bay, had a higher first dose vaccination rate of 39.7 per cent with 17.2 per cent fully vaccinated.

Cumberland Mayor Steve Christou said he and his wife Josephine struggled to book a timely vaccination in their part of western Sydney, where only 17.7 per cent of people are fully vaccinated and 35.1 per cent have had a first dose.

'I don't think it's as easy for people to book an appointment in western Sydney and get vaccinated as easy as it is in the more affluent suburbs,' he said on Wednesday.

'Only last night my wife, she conducted a little test with me in our loungeroom, where she jumped online and she could potentially book herself a vaccination appointment within seven days if her postcode was within the northern suburbs or eastern suburbs area.

'But for western Sydney, there's was potentially up to a 30-day wait so that may be part of the problem. We're a bit short of jabs out here.'

Residents in the Fairfield, Liverpool, Canterbury-Bankstown, Cumberland, Blacktown, Parramatta, Campbelltown and the Georges River are subject to stricter measures banning them from venturing more than 5km from home, even for work unless they are employed in the health or emergency services sectors.

With Premier Gladys Berejiklian calling on NSW to hit a six million vaccination target, Mr Christou said he had offered 19 community centres to be turned into immunisation hubs.

'Just come in: give us the nurses, give us the jabs, and we'll absolutely help you reach your six million target,' he said.

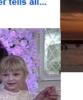
'But it's hard to do that when you're not giving us nurses or jabs.'





























Pictured: Healthcare workers asking a person in southwest Sydney to check in on Wednesday

Six Australians have died as a result of developing blood clots after receiving their AstraZeneca jab, out of about 12.3million doses administered.

Meanwhile 22 people have died as a result of the current Covid outbreak in NSW.

Pfizer is largely considered the preferable option among certain demographics, but is not as easy to source as the AstraZeneca.

Mr Al-Askar's death makes him the youngest victim of the virus in New South Wales to date.

He and his wife were due to finish their 14-day quarantine period on Wednesday, and relatives claim the 27-year-old had even returned a negative Covid test just one day before his death.

It is understood a person can still experience adverse symptoms, including death, even after returning a negative result.

But Mr Thijeel said his cousin was feeling '90 per cent fine' even as recently as Tuesday morning.

He did not develop any symptoms until about a week after his diagnosis.

'He woke up yesterday, he was feeling good, he had breakfast, called his family and then he had a shower about 4pm and that was it,' Mr Thijeel said.

'He only got married about 6 weeks ago... [he was] just starting his life.'

Mr Al-Askar's wife, who was quarantining with him inside their unit, found him unconscious in the shower and called an ambulance.

She was rushed to hospital in shock. She, too, had minor symptoms.

'He had no coughing, nothing,' Mr Thijeel said.

Paramedics who responded to the emergency reportedly confirmed that he suffered heart failure, whereas the hospital specified that Covid was a contributing factor in his death.

Daily Mail Australia has contacted NSW Health regarding the family's claims about the three-month vaccine wait period.

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New South Wales recorded another 233 cases of Covid-19 on Wednesday as Sydney's Delta outbreak continues to grow



Mr Al-Askar's cousin Khalid Thijeel (pictured together) said the family are not certain he died of Covid-19, despite what authorities have told them











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encounter despite being 'in love





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Rita Ora and her husband Taika Waititi shock staff as they

## advice has changed regarding vaccinations

When the vaccine rollout began, Prime Minister Scott Morrison was confident in the way the nation was managing the pandemic that he publicly declared: 'It's not a race'.

Those comments came back to haunt him just months later when the highlyinfectious Delta variant of Covid crept through our strict border protocols.

Since then, he's very much so confirmed that it IS a race against time, and, as a result, the messaging has been confusing for some.

Initially, the AstraZeneca vaccine was rolled out only for people over the age of 60. The health advice stated it was not safe for younger people to have this vaccine, due to an extremely low risk of blood clotting.

AZ is Australia's primary vaccine supply, followed by Pfizer, which was publicly lauded as the safer option for young people.

In response to the increased threat of the Delta variant, this advice has changed several times.

The most up to date advice is this: 'In a large outbreak, the benefits of the COVID-19 Vaccine AstraZeneca are greater than the risk of rare side effects for all age groups.

'ATAGI reiterates that all adults in greater Sydney should strongly consider the benefits of earlier protection with COVID-19 Vaccine AstraZeneca rather than waiting for alternative vaccines.'









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# Australia's youngest Covid victim is laid to rest by devastated family after he deteriorated rapidly at the end of his infection

- A Funeral was held for Australia's youngest Covid-19 victim, Aude Alaskar
- · On Friday friends and family gathered to mourn the loss of the 27-year-old
- · Mr Alaskar died suddenly from the virus on Tuesday after feeling mostly 'well'
- A handful of relatives attended the emotional small gravesite ceremony

By MIRIAH DAVIS FOR DAILY MAIL AUSTRALIA

PUBLISHED: 19:39 AEST, 7 August 2021 | UPDATED: 21:20 AEST, 7 August 2021

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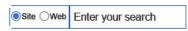
The grief stricken mother of Australia's youngest person to die from **Covid-19** has broken down as loved ones gathered to farewell the man in an emotional ceremony.

On Friday a handful of masked relatives held a small gravesite ceremony for Aude Alaskar, with many still in shock by the 27-year-old's sudden death.

He had told friends he had been feeling mostly 'well' before he collapsed in his Liverpool home on Tuesday.

Friends and family paid tribute to the young man posting photos and videos of the funeral to social media.

Vision showed devastated loved ones surrounding the gravesite to offer prayer as the victim's mother leans over to cradle her son's coffin before it is lowered into the ground.



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On Friday a handful of relatives farewelled Aude Alaskar after he suddenly died from Covid-19 in his Liverpool home on Tuesday

'This is not a goodbye, I'll see you at the end of the road. God bless you.' His family wrote in tributes posted to social media.

Mr Alaskar was found by his wife, whom he had wed only six weeks prior to his death, after collapsing in the bathroom of the couple's Liverpool home.

She was also infected with the virus after contracting the Delta strain from an Aged Care home at which she worked, and was later hospitalised for shock.

The couple were receiving daily check-ups from health care workers before Mr Alaskar's condition suddenly deteriorated on day 13 of his isolation period.





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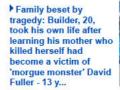
Aude Alaskar was just 27-years-old when he suddenly died despite telling friends he felt mostly 'well', he is the youngest person to fall victim to the Covid-19 Delta Variant



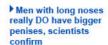
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Friends and family farewelled the young man with a series of videos and photos uploaded to social media

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Mr Alaskar's wife Yasmin also tested positive for the virus after contracting Covid-19 from an **Aged Care home** 

News South Wales Chief Health Officer Kerry Chant said the man was being cared for by Sydney Local Health District during his quarantine period.

'He was being checked daily and he did complain of feeling a little fatigued but the deterioration happened suddenly, is my understanding,' Dr Chant said.

'We are aware that with Covid you can get sudden deaths.'

Bash Mnati the cousin of Mr Alaskar, told The Daily Telegraph loved ones were still processing the loss of an 'amazing person'.

'We lost one of our family members, it's heartbreaking,' he said.

The death of Mr Alaskar, who was unvaccinated, has mounted pressure on the government to increase vaccination rates of young people.

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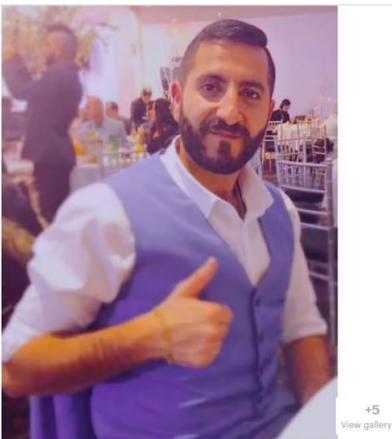


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The 27-year-old's death has been referred to the coroner due to his young age and unexpected death as his family search for answers

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Aude Alaskar had no underlying health conditions and worked as a forklift driver, he was a soccer player and didn't smoke or drink according to relatives.

His death has since been referred to the coroner, due to his young age and unexpected death as his grieving family search for answers.

It comes as the state suffered its worst blow since the Covid pandemic began recording 319 local cases and five more deaths on Saturday.

NSW Health Minister Brad Hazzard confirmed that 51 cases were out in the community while infectious, with a staggering 194 infections still under investigation.

The state's Delta virus case numbers now stand at 4,929 cases after it was first reported on June 16.

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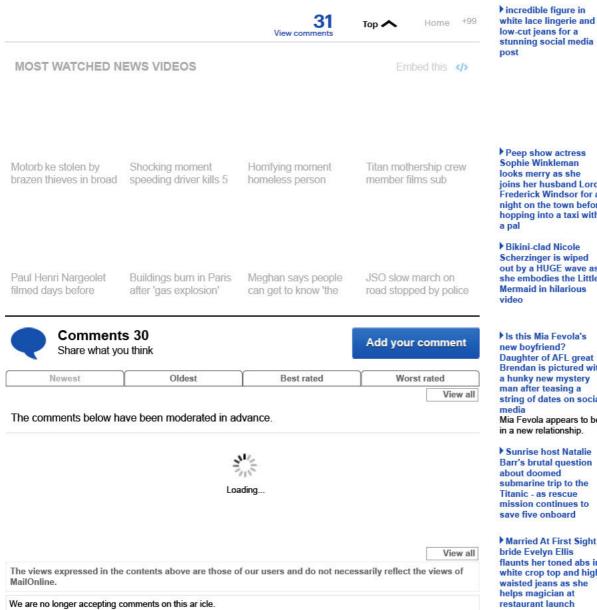












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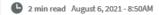
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Coronavirus

# Family of Covid victim Aude Alaskar say system let him down

The horrified wife of Aude Alaskar, Yasmin, threw herself on her collapsed husband in the bathroom of their home in south west Sydney in a desperate attempt to wake him up, family reveal.



A 27-year-old Sydney man has become the nation's youngest ever COVID victim. Aude Alaskar had been on day 13 of his isolation period after testing positive to COVID when his condition took a turn. He vomited and collapsed and passed away at his home in Sydney's southwest. Tragically his wife was home at the time and...

The distraught brother of a Liverpool man in his 20s who died suddenly after contracting Covid 19 has told of how his sibling collapsed "suddenly" in a shower as his wife screamed for help.

Louie Alaskar said NSW health officials could have done more to care for his brother Aude while he and his wife Yasmin isolated at their Warwick Farm home in Sydney's southwest.

"Yasmin threw herself on him, she found him in the shower on the floor, she fell on his body, she was shaking him so he would wake up ... he would not," Louie said.

https://archive.md/5Cur5



Forklift driver Aude Alaskar, 27, collapsed after contracting covid-19 on Tuesday at his South West Sydney home where his wife Yasmin battled in vain to revive him.



Aude Alaskar was self isolating with his wife at their home and collapsed on day 13 of his quarantine, despite receiving a negative test result a day prior

"Today we mourn him, we are saying goodbye to my brother, he was young, his life hasn't started."

Mr Alaskar and his family say the NSW Department of Health could have done more to help his brother, a 27 year old forklift driver, who was cared for remotely through phone consultations with nurses while police checked daily he and his wife were self isolating at home.

"The health people let him down, they didn't do enough, police checked on him and his wife daily asking them to appear from the balcony, the health officials would just speak to him over the phone," a cousin told The Daily Telegraph.

https://archive.md/5Cur5 2/5



Aude Alaskar, 27, collapsed inside the Liverpool unit he shared with his wife Yasmin on Tuesday and was unable to be revived by paramedics.

"The cops would come to the house every day and say 'hi' from the balcony and leave, the only help he got was from the nurses over the phone who would check and ask every day what his temperature was, how he felt, how they were both getting on."

His wife Yasmin, a disability care worker, has been declared covid free, and is at Liverpool Hospital suffering from shock.

"She's in great shock, she's clear now of Covid, but she is angry, she believes he could have been saved, he was doing ok for a while," the cousin added.

"We are really angry that the system let him down, if you knew how lovely he was, you, too, would be so sad that he died before his time."



The 27-year-old married just three months ago and is believed to have caught the virus from his wife.

https://archive.md/5Cur5 3/5

He was on day 13 of his quarantine period when his health took a sharp and dramatic downturn and he collapsed in the bathroom on Tuesday.

His wife, whom he wed in January, called emergency services after struggling to revive him and relatives who rushed to their unit to help.

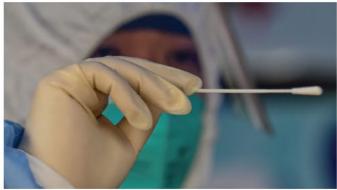
NSW Health declined to comment but had confirmed on Wednesday that Mr Alaskar "suddenly deteriorated" and had not been vaccinated.





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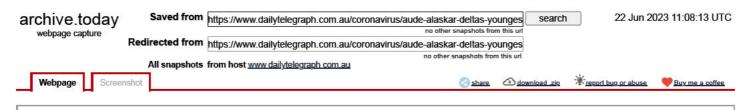


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Coronavirus

# Aude Alaskar, Delta's youngest victim, laid to rest by devastated family

The grieving family of Sydney's youngest victim of the growing Delta outbreak have laid him to rest vowing 'this is not a goodbye'.



The youngest victim of the current Delta outbreak has been laid to rest, with his family vowing "this is not a goodbye".

The youngest victim of the current Delta outbreak has been laid to rest, with his family vowing "this is not a goodbye".

Aude Natesh Alaskar, 27, died on Tuesday after contracting COVID 19, his family believes, through the aged care centre where his wife worked.

Mr Alaskar, whose death has mounted pressure on the government to increase the rate of young people vaccinated, was farewelled on Friday in a small gravesite ceremony attended by just a handful of devastated relatives.



https://archive.is/4an2v 1/7



Aude Alaskar with his wife Yasmin.

https://archive.is/4an2v 2/7



Mr Alaskar's family farewell him today.

Alongside photos and video of the young forklift driver's funeral posted to social media, his family wrote: "This is not a goodbye, I'll see you at the end of the road. God bless you."

Mr Alaskar's death came as a shock to loved ones, who said he had largely been feeling "well" after contracting COVID 19.

But on the 13th day of his quarantine period at home in his Liverpool unit he was found by his wife collapsed in the bathroom.

NSW chief health officer Dr Kerry Chant said Mr Alaskar and his wife, who also contracted the virus, had been receiving daily check ups by Health staff and "deteriorated suddenly".

"He was being cared for by southwestern Sydney Local Health District during his isolation period and he'd reached day 13," she said.

https://archive.is/4an2v 3/7



A family Instagram post today.

"He was being followed up daily by nursing staff and suddenly deteriorated. He was being checked daily and he did complain of feeling a little fatigued but the deterioration happened suddenly, is my understanding.

"We are aware that with Covid you can get sudden deaths."

https://archive.is/4an2v 4/7

Mr Alaskar's cousin Bash Mnati told the Telegraph his family was still coming to terms with the loss of an "amazing person".

"We lost one of our family members, it's heartbreaking," he said.



Aude with his wife Yasmin.

Mr Alaskar's death was referred to the coroner, with this referral understood to have been based on his young age and unexpected death.

His family said they were desperate for answers around the unvaccinated man's death.

"We have a lot to say, we don't want it to happen to anyone else, but now is not the time for that," Mr Mnati said.





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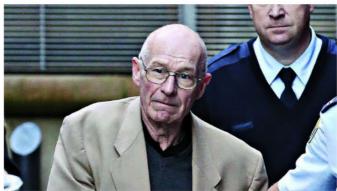
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# **Sydney**

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# Covid death of Sydney man Aude Alaskar, 27, prompts calls for young people to get vaccinated

Forklift driver, who died at home 13 days into his isolation, is the youngest person to die of coronavirus in NSW since the start of the pandemic

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NSW Covid update: Sydney man in his 20s dies as local cases climb to 233

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### Mostafa Rachwani

**●** @Rachwani91

Wed 4 Aug 2021 15.59 AEST

The death of a <u>Sydney</u> man in his 20s from Covid-19 has prompted authorities to urge young people to get vaccinated and to be wary of how serious the virus is.

Forklift driver Aude 'Ady' Alaskar, 27, from Warwick Farm, is the youngest person to die of Covid in New South Wales since the pandemic began in March 2020. No other person in their 20s has died.

He collapsed in his home in south-west Sydney, with the NSW premier, Gladys Berejiklian, confirming he was not vaccinated.

Alaskar, who got married earlier this year, caught the virus from his wife, an aged care worker, the ABC reports.

His cousin, Bash Mnati, remembered him as a "perfect man".

"He was so nice, he was so good, he never had any trouble with anyone," Mnati told the ABC.

"He just got married about three months ago and his wedding party was in two months' time. He was a soccer player, he was a very fit guy. He used to always do sports. He never smoked, doesn't drink."

The Gunners Soccer Club, where he played, also paid tribute on Facebook.

"Ady was a true gentleman both on and off the field and will be greatly missed. Rest in Peace Brother."

Alaskar was in day 13 of his home isolation after catching the disease. He was being checked on daily by staff from the South Western Sydney Local Health District.

The NSW chief health officer, Dr Kerry Chant, said he had "suddenly deteriorated" and that he had no underlying conditions.

"He did complain of feeling a little fatigued but the deterioration happened suddenly is my understanding," she said.

"We are aware that with Covid you can get sudden deaths and I think that is important to understand that your health status can deteriorate and you can have sudden death with Covid."

Chant also said the man was living with someone else at the time, and that they had also tested positive and been admitted to hospital.

"You can imagine the trauma for that other person who has now been hospitalised. That person also had Covid and that person has been hospitalised and offered all care. You can imagine how traumatic such an event was," Chant said.

The man's death will be referred to the coroner.

Professor Sarah Palmer, co-director of the Centre for Virus Research at The Westmead Institute for Medical Research, said a "dramatic" drop in oxygen levels can cause people with Covid-19 to deteriorate quickly.

"Typically, it can be someone whose oxygen levels have dropped dramatically, and their lungs can absolutely collapse, and that's usually what a very rapid Covid-19 infection does to people.

"And I understand this person had problems with breathing, and in many cases that's because your oxygen levels drop dramatically, to the point where you collapse and need to be taken to an intensive care unit to receive oxygen."

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Palmer urged young people to take whichever vaccination they could, whether AstraZeneca or Pfizer.

"I think for everyone who is young and thinking 'Oh, I'm not susceptible to this virus', this Delta variant is extremely contagious. And I do believe that if I was younger, I would be getting vaccinated as soon as possible.

"The vaccine that is the best vaccine for you to take right now is the one that you have access to and with this variant being so contagious, I think people should get vaccinated as soon as they can."

Prof Greg Dore, an infectious diseases doctor with St Vincent's hospital in Sydney, described the Delta outbreak as "an epidemic of younger people".

"Rapid deterioration in a younger person is unusual, but not unheard of," said Dore, who helps to manage Covid patients quarantining in the community.

"A coroner's report is essential to determine factors contributing to death."

The NSW Health minister, Brad Hazzard, urged young people to heed the government's calls to get vaccinated as soon as possible.

"Sadly, we just heard one young person in his 20s has passed away which I think emphasises what we have been saying now for quite some time about two-thirds of all of our cases are currently under 40 years old.

"My strong encouragement to young people, to older people, is to go and get the vaccine."

It comes as NSW recorded 233 locally acquired cases on Wednesday. In addition to the death of Mr Alaskar, a woman in her 80s from Sydney's inner west, who was also unvaccinated, died overnight.

The Covid death toll in NSW since the latest outbreak began in Sydney in mid-June is 16. Since the pandemic began the death toll stands at 73.

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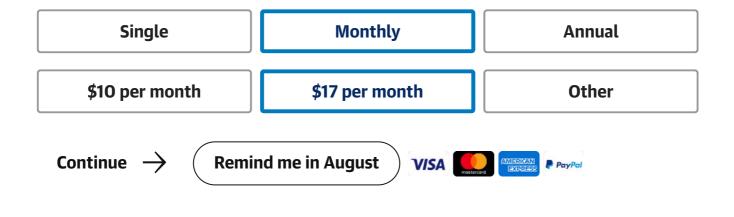
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#### Coronavirus

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# Misinformation on 27-year-old Sydney man's Covid-19 death spreads on social media

Baseless and bizarre claims surrounding the death of Aude Alaskar circulating on Facebook and WhatsApp groups

#### Mostafa Rachwani and Christopher Knaus

Thu 5 Aug 2021 18.24 AEST

she said.

Misinformation surrounding the death of 27-year-old Sydney man Aude 'Ady' Alaskar is circulating in Arabic WhatsApp groups, while conspiracy-filled <a href="Instagram">Instagram</a> and Facebook pages are trying to convince their followers the young man did not die of Covid-19.

Authorities confirmed Alaskar was not vaccinated against Covid-19 and contracted the virus from his wife, an aged care worker. The forklift driver from Warwick Farm, in south-west Sydney, died on his 13th day of isolation after deteriorating suddenly.

The New South Wales chief health officer, Dr Kerry Chant, told reporters on Tuesday that he had no underlying conditions.

"He did complain of feeling a little fatigued but the deterioration happened suddenly is my understanding,"

Since his death, misinformation seeking to minimise Covid-19's role in his death has spread through various social media and messaging apps.

A message being shared through WhatsApp groups claims his family have a history of heart conditions that contributed to his death

The message, written in Arabic, says he was "90% healthy" before collapsing around 4pm and dying of a heart attack.

It is unclear whether the message actually comes from the man's family or is fake, but its contents have been picked up by influencers and meme pages, promoting the idea that the man didn't test positive and did not die of Covid-19.

Maria Zee, an influencer with over 10,000 followers, posted a live video to her Instagram on Wednesday night, making baseless and bizarre claims, including that Alaskar had come back to life and medical staff "destroyed the paperwork".

Refusing to mention Covid-19 by name - referring to it only as "C O so and so" - she also claimed to have received a note from Alaskar that shares his "experience" and wrongly blames his death on pneumonia.

Facebook, which owns WhatsApp, has repeatedly stated that it is taking strong action to prevent misinformation about Covid-19 spreading.

In a statement issued on Thursday, NSW Health said people with Covid-19 can develop myocarditis, inflammation of the heart muscle, and pericarditis, inflammation of the outer lining of the heart.

"Myocarditis and pericarditis can be caused by many conditions including autoimmune conditions, viruses and bacteria, certain cancers and certain medications," a spokesperson said.

"People who get sick with Covid-19 can develop myocarditis and pericarditis. There is insufficient evidence available to determine whether people who contract the Delta variant of the virus that causes Covid-19 have a different risk of developing myocarditis and/or pericarditis compared with the original virus or other variants."

Speaking generally, Prof Peter Collignon, an infectious diseases expert at Australian National University, said recent studies in New York suggested Covid-19 may be associated with some forms of sudden death, though it remained a very rare event.

Much of the commentary on Alaskar's death, and others, appears to be driven by a form of binary thinking; that if someone who died of Covid-19 also had another underlying condition, then the virus must not have been the ultimate cause of death.

"Having a binary view of this is counter-productive," Collignon said.

Misinformation about the cause of Alaskar's death and conspiracy theories linking his death to government strategies to boost the vaccine rollout also circulated on Facebook.

A post in an Auburn community Facebook page repeated the misinformation about an underlying heart condition being responsible for Alaskar's death.

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The misinformation was further amplified in Facebook comment sections, including on news articles announcing the death.

A man claiming to be Alaskar's cousin wrote there is a "history" of heart conditions in the family and denied he died of Covid-19.

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NEWS

# 'His deterioration happened suddenly.' The story of Australia's youngest COVID-19 victim.





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Aude Alaskar loved sport. He'd never smoked. He didn't drink. He was working as a forklift driver in southwest Sydney.

Just three months ago he married his wife, Yasmin. The last post on his Facebook timeline is announcing their engagement in 2020.

On Tuesday, he became Australia's youngest COVID-19 victim.

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Watch: Some of the country's leading medical professionals are pleading with Australians to get vaccinated and "not wait for Pfizer."

00:20 / 00:37

Video via Today Show.

He tested positive for the virus 13 days before his death, after contracting it from his wife who works at an aged care facility.

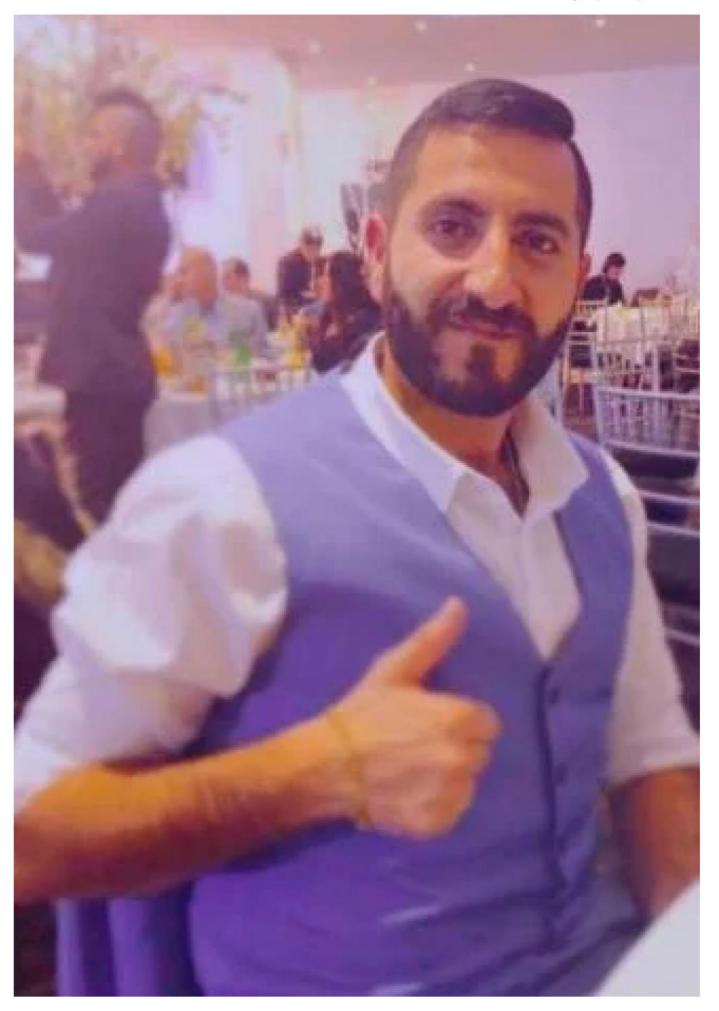
Every day he was being called by nursing staff while in isolation, and had complained of being fatigued, but his deterioration happened suddenly. His family claim he received a negative COVID test the day before he died.

On Tuesday, around lunchtime, his wife found him collapsed in the bathroom of their Warwick Farm home while taking a shower. He'd been coughing and vomiting.

Paramedics couldn't save him.

Relatives have since told *The Daily Telegraph* that his family had a long history of heart problems. We do know that there are a number of cardiovascular complications that can occur from COVID-19.

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Yasmin has been taken to hospital where she's being treated for shock.

Family who spoke with *The Daily Telegraph* said Aude, who was born in Iraq and came to Australia as a refugee in 2011, was "an amazing person" and "such a sweetheart".

His soccer club described him as a "gentleman both on and off the field," with president Gary Phillips telling *The Australian* he was "fit as a fiddle".



# Gunners Soccer Club Bensley Road about 2 years ago



Gunners Soccer Club are truly saddened and devastated at the loss of one of our own.

Aude (Ady) Alaskar, a long standing and passionate player of the GSC brotherhood has tragically and suddenly passed away.

Our club would like to offer our most heartfelt condolences to his wife, family, friends and their very close community.... See more



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Score one more goal for Ady, organized by Nicholas Pedre...

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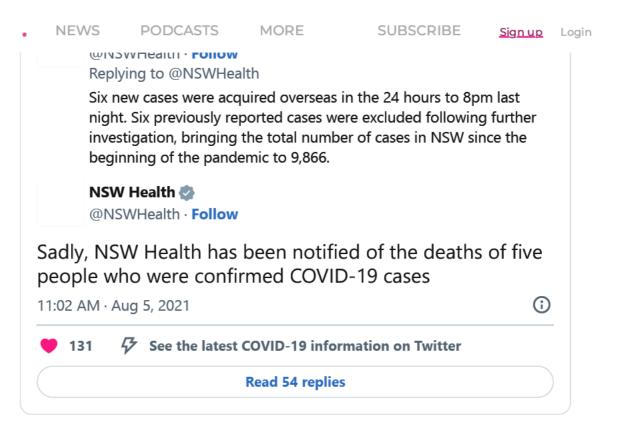
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A woman in her 80s also died on Tuesday, and yesterday the total deaths since mid-June sat at 17. That number has since jumped exponentially in just 24 hours.

On Thursday, NSW recorded its worst numbers since the pandemic began. Five more deaths, three people in their 60s, one person in their 70s, and one person in their 80s, as well as 262 new cases.



Four of the most recent fatalities weren't vaccinated, and the fifth had received one dose of AstraZeneca.

At 27, Aude was not yet approved for his age group's preferred vaccine, reigniting calls for under 40s to be given access to Pfizer.

He is the second person in NSW aged under 40 to die from the virus, with 38-year-old Adriana Midori Takara dying last month at Sydney's Royal Prince Alfred Hospital.

According to *The Daily Telegraph*, she had actually tried to get vaccinated "numerous times" before her death, but was informed by the NSW Health portal that no appointments were available until October.

People under 40 are now able to request an AstraZeneca vaccine from a GP.

In an open letter published in *The Australian*, top Australian doctors, infectious disease specialists, surgeons, immunologists and ICU specialists are advising: "our strong recommendation to all Australians in an outbreak setting is to get a first dose of AstraZeneca or Pfizer vaccine as soon as possible, followed by a second dose as soon as possible.

"AstraZeneca is an excellent vaccine that has already saved millions of lives and will save many more. COVID kills, and by the time you or someone you love is infected, hospitalised or in ICU it is too late."

Read: Exactly how to get vaccinated for COVID-19 in Australia.

Feature image: Mamamia/Facebook.

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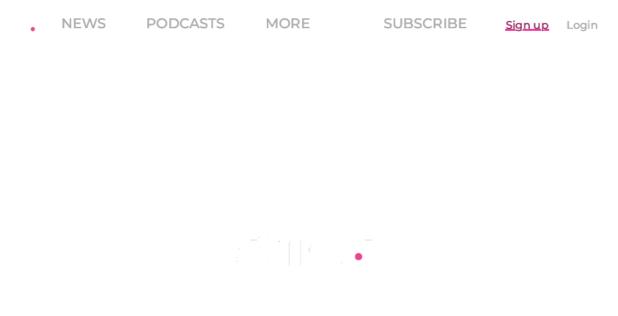


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1 upvotes

How heartbreaking. And how heartbreaking that Adriana had tried to get vaccinated multiple times.



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OPINION

# The problem with our obsession with "underlying health conditions."





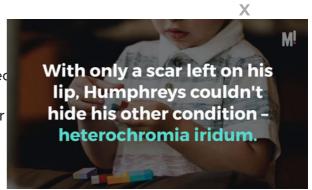
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This week, I asked my colleagues a question.

"Who here has an 'underlying health condition' as spec

Me! Me! Me! Ping. Ping. Ping. Turns out a fair themselves as such.



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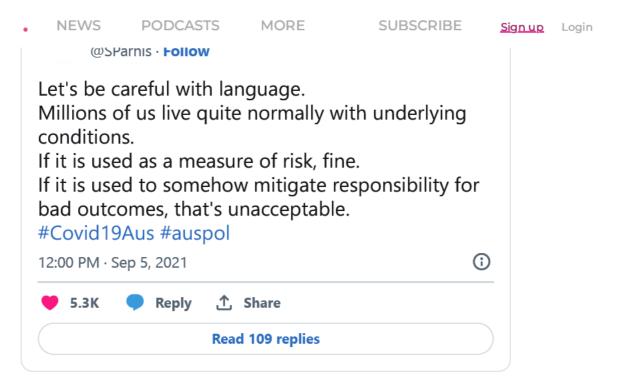
In fact, medical practitioner Dr Vyom Sharma told *The Project* on Tuesday night at least 40 percent of Australians fall into this category.

Here's Dr Sharma. Post continues after video.

It's a category we hear being wheeled out in COVID briefings every single day in the same breath as announcing who has lost their life to the virus overnight.

"Let's be careful with language," wrote Emergency Physician Stephen Parnis online.

"Millions of us live quite normally with underlying conditions. If it is used as a measure of risk, fine. If it is used to somehow mitigate responsibility for bad outcomes, that's unacceptable."



The reason for his warning is because of the colloquial way that phrase is being increasingly used in the context of, "BUT, they had underlying health conditions..." As if that somehow makes someone's death from COVID-19, expected?

#### Okay?

#### Inevitable?

It's also a phrase that's been co-oped by conspiracy theorists and anti-vaxxers who declare; I don't have any health conditions. The virus won't kill *me*. I don't need a vaccine. Open up my local pub, now.

It's an extension of the same moral ugliness we saw in the first COVID wave, when those who wanted their 'freedoms' back immediately kept telling us all that "only old people are dying". As if your life doesn't matter so much if you're over a certain age, so why bother trying to save them from the virus?

This time around, we're using different language in an effort to explain away or excuse young people who are dying. *They* are not like *us. They* have an 'underlying health condition.'

Writer Ebony Kenna had an interesting observation as she watched this rhetoric bubble away.

"'Underlying health conditions' is the new 'but what wa

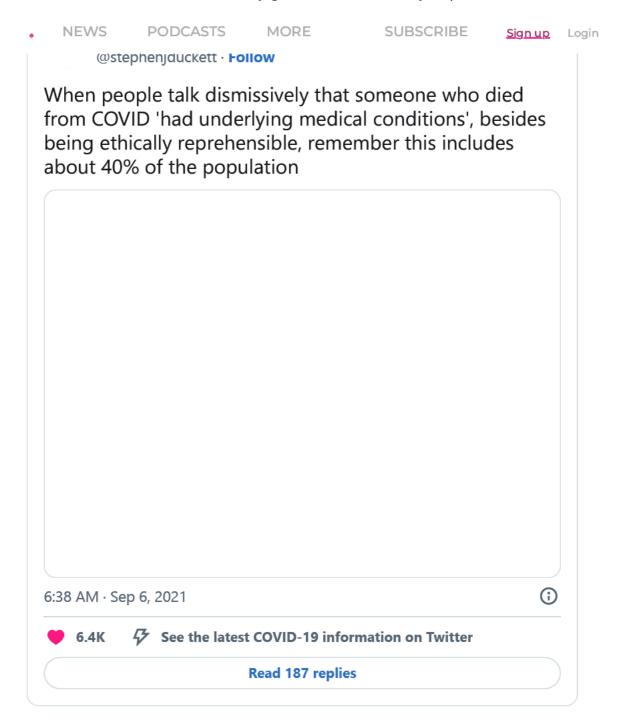


She's right, in a way. Of course this topic should never be conflated with sexual harassment, but there is a level of victim blaming happening here.

It's as though what we're really saying is that the virus is not responsible for killing people. Rather, it's their 'underlying health conditions.'

People With Disability Australia President Samantha Connor shares the same feeling. She told *SBS* including that information in the public announcements can be "anxiety-provoking" and is tantamount to "victim-blaming".

While it could be considered ethically reprehensible that the government is including these details at all, it's really us - the people watching - drawing conclusions from it. As if this small detail can tell us whether we can either breathe a sigh of relief or not.



It's a ridiculous concept. Because it makes the assumption that the death of someone who didn't have any underlying health condition is somehow more tragic. More devastating.

The youngest Australian to die in this pandemic so far is Aude Alaskar, 27, who lost his life in his south-west Sydney home in August.

Media and armchair experts were quick to point out that his family had a histo issues. We don't know if he did - but his family did. It w that not all healthy 27-year-old men were going to die



It's a dangerous game to play.

Not just because we've learnt time and time again fron outbreaks than us, that COVID doesn't discriminate. It

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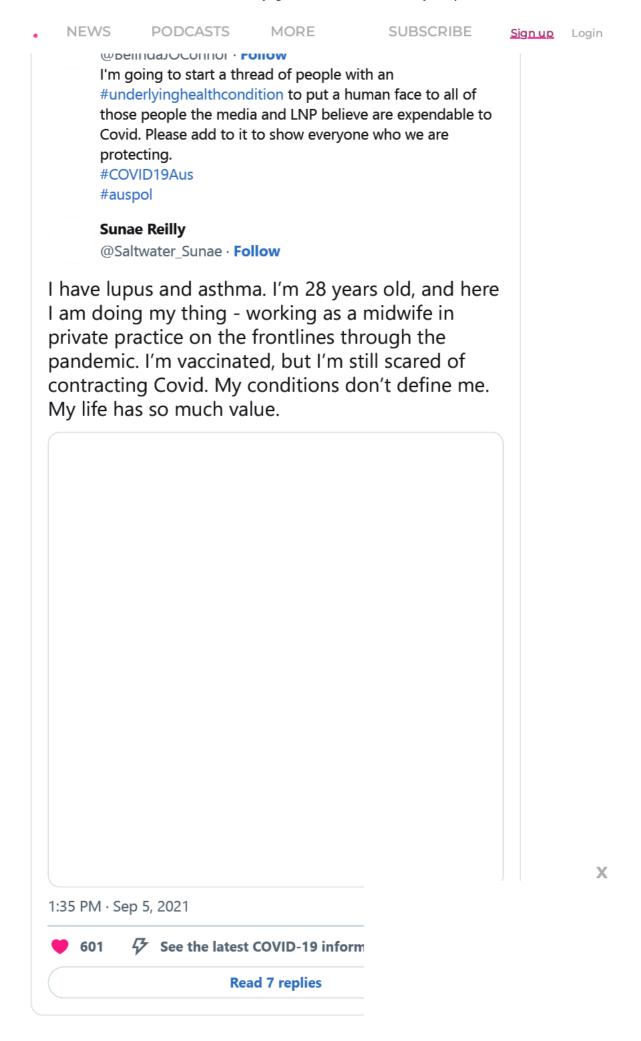
It's okay. They had an underlying health condition.

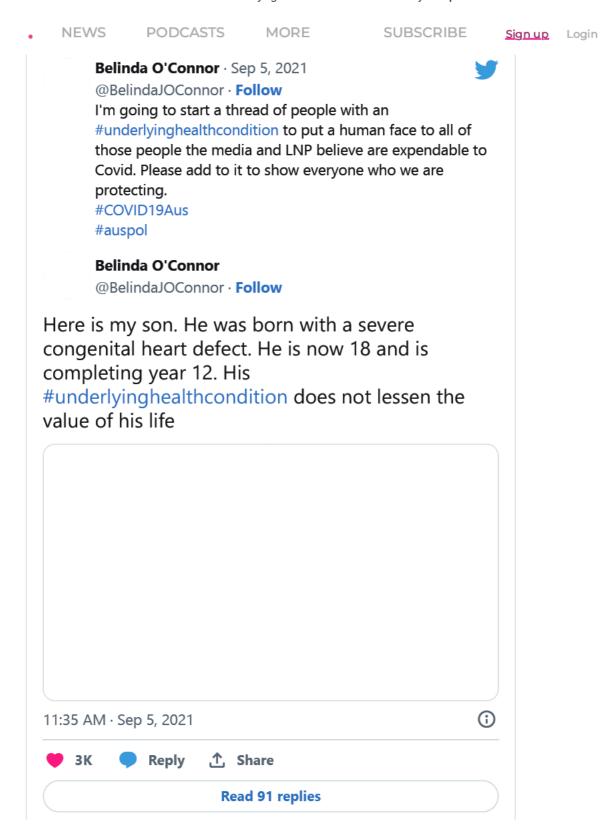
This virus is turning us into soulless, selfish health police who blame our neighbours for their ill-health.

Whether someone is vaccinated or not (another detail announced with each new death in the COVID briefing) is somewhat helpful. It helps to reiterate the need for all of us to get double-jabbed.

But having 'underlying health conditions' isn't a choice someone can make. As Dr Parnis pointed out, it's not just being used as a measure of risk anymore - it's being used, in some circles, to mitigate responsibility.

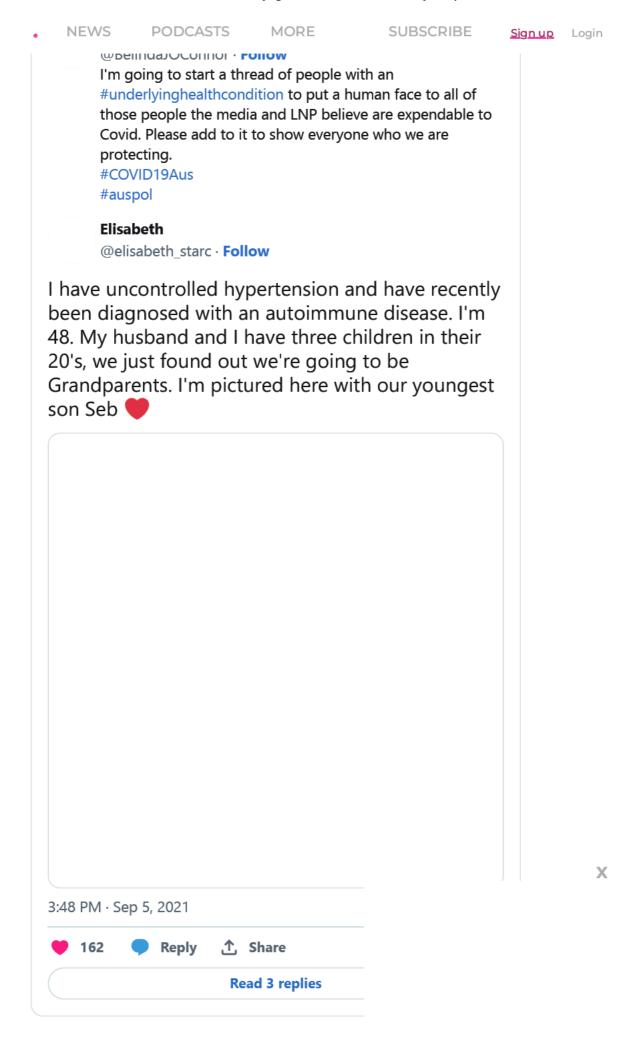
But, again, having asthma is not a choice.





Having an autoimmune disease is not a choice.

X



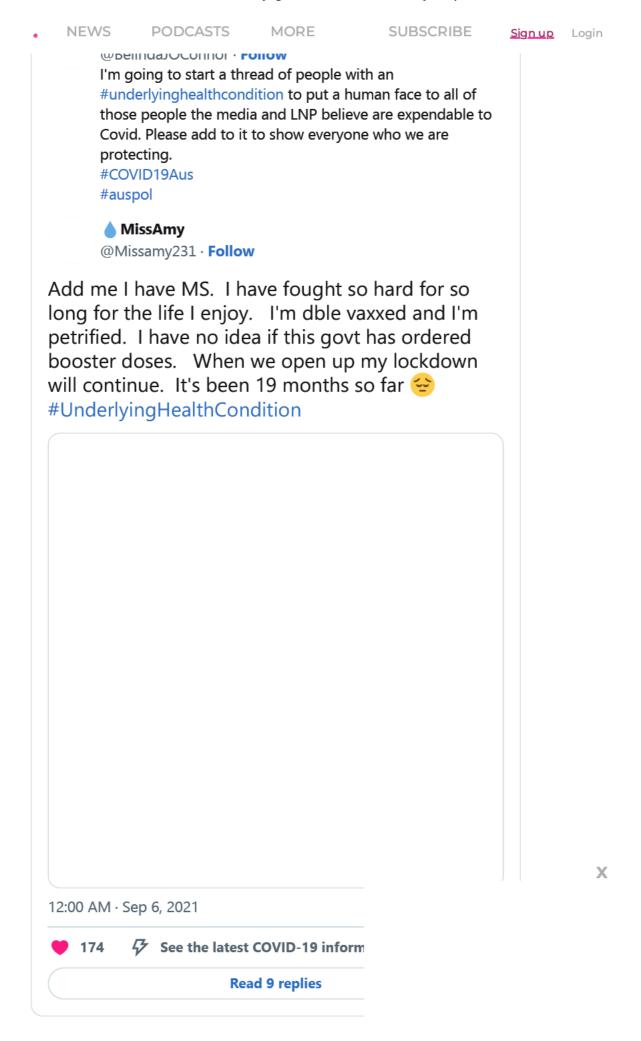
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Australians with underlying health conditions are too. At a higher rate - yes. But one death isn't more devastating than the other.

Let's remember that every time our leaders read out the latest fatalities from this awful virus.

For more from Gemma Bath, keep up to date with her articles here, or follow her on Instagram, @gembath.

Feature image: Getty/NSW Government.

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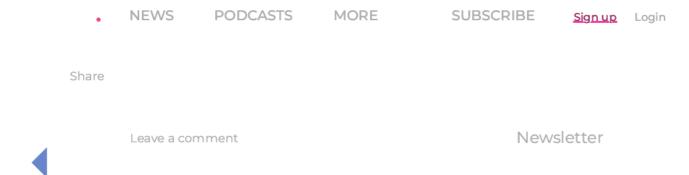
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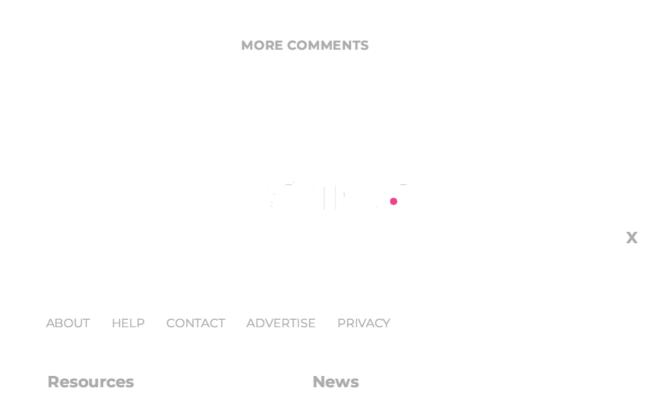
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My thoughts when I hear the underlying health issue' is - this is so unfair, these people are already battling one bugger condition (& all the treatments, tests, symptoms that this entails) and then they get slammed with Covid as well - being smashed from both sides!!



Excellent article. Adding that people have underlying health issues almost let's us think, 'luckily I don't have any so up I'll be ok!' Firstly you don't always know if you have any and secondly you're not expendable because you do have a health condition. Many people live with all sorts of health conditions very well. The other thing I haven't liked is that if you are 'elderly' you are expendable! It's true very old people often can't handle a bad dose of the flu or pneumonia so,covid, being respiratory, is also hard for them to beat. But I've felt everyone over 60 is expendable at times. Especially last year! I'm 64 and am by no means done just because I have had more life than people younger than me.I haven't even got grandchildren yet or been to one of my children's wedding! I think the messaging and language needs to change.



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Regular football player Aude Ala

d after he collapsed in the shower ( Image: Facebook)

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# Newlywed who refused jab dies after catching Covid from care home worker wife

Only 17 per cent of Australians are fully vaccinated against the virus. Forklift truck driver Aude Alaskar, 27, died in Sydney after hesitating when he was invited for his Covid jab

By Sam Elliott-Gibbs, Reporter

21:35, 4 Aug 2021

89 | BOOKMARK

A newlywed man who only got married six weeks ago has died from **Covid** having skipped the vaccine due to its potential side effects.

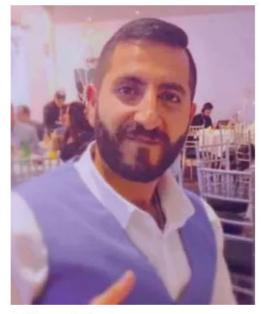
Aude Alaskar, 27, caught the deadly bug from his new wife Yasmin, who works in a care hon

The fit football player collapsed in the shower at home in Sydney, Australia, and was later pronounced dead.

His cousin Khalid Thijeel said he was not an anti-vaxxer, but accepted he had concerns about PRIVACY

Tragic Mr Alaskar was "just waiting to see" before accepting the invitation to be vaccinated.

He caught the highly transmissible Delta variant two weeks ago, and had been self-isolating at home.



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( Image: Facebook)

The truck driver's relative says he was was feeling "90 per cent fine" as recently as Tuesday morning. He died hours later.

"He was young, and it's my understanding he wanted to see what long-term effects there were - he doesn't have children yet, but would it affect them?," he **told the Daily Mail.** 



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Army to be deployed as police set up checkpoints to enforce Sydney's 'zero Covid' lockdown

"He woke up, he was feeling good, he had breakfast, called his family and then he had a shower about 4pm and that was it.

"He only got married about six weeks ago, he was just starting his life."

**PRIVACY** 

Fewer than 20 per cent of Australians are fully vaccinated against the virus.

On Saturday, authorities imposed a snap three-day lockdown in parts of Queensland, including the country's third largest city Brisbane.



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#### racebook)

It comes a day after officials deployed hundreds of soldiers in Sydney to enforce its Covid lockdown.

The military has recently been called in to help enforce its "Zero Covid" strategy, helping thousands of police officers in Sydney, along with other locked down parts of Australia, enforce stay-at-home orders, prevent anti-lockdown protests and issue fines to those not wearing a mask.

The measures will stay in place until at least 28 August.

Under the Government's strict policy, rule-breakers caught ignoring the regulations will be hit with a £265 fine.

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New South Wales police commissioner Mick Fuller told a news conference: "The sheer volume of increase over the last week, the level of compliance has gone from hundreds into thousands."

Steve Christou, one local mayor, told **SBS**: "Our people are one of the poorest demographics, and as it is, they already feel picked on and marginalised.

"They can't afford to pay the mortgage, the rent, the food or work. Now to throw out the army to enforce lockdown on the streets is going to be a huge issue to these people."

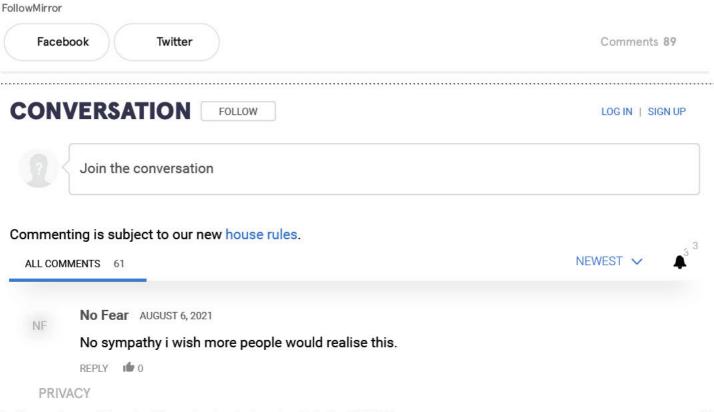
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I wish I had not had that drunken doink with gorgeous Laverna I had met in a pub. . . who turned out to be Larry from the Philippines. . .

But hey I GOT MY JABS

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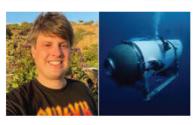
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### News

# Horrific final moments of 27yo COVID victim Aude Alaskar

A neighbour revealed the horrific final moments of 27-year-old Aude Alaskar.



### Madeline Cox



2 min read August 5, 2021 - 6:45AM

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A neighbour revealed the horrific final moments of 27-year-old Aude Alaskar as he died with COVID in Sydney on Tu  $\,$  d  $\,$ y

On Tuesday, <u>Aude Alaskar</u> collapsed in the shower around 2 pm, with his terrified wife Yasmin immediately calling an ambulance.

The Sydney couple – who had only been married for three months and hadn't yet celebrated their wedding with family and friends – contracted <u>COVID</u> from Yasmin's work, an aged care facility.

They were on day 13 of their <u>quarantine period</u> when the 27-year-old man "suddenly deteriorated" before passing away.

"At first I heard crying, then shouting and howling," neighbour, Mimi Anzures, told the ABC, describing Yasmin's cries.

"After that two ambulances came and after a few minutes there were police cars everywhere."

Want to join the family? Sign up to our <u>Kidspot newsletter</u> for more stories like this



Liverpool man Aude Alaskar collapsed at home while isolating. Source:Supplied

# Aude Alaskar had no underlying health conditions

Although paramedics tried to revive Aude, he was tragically pronounced dead a short time later.

A relative, speaking to <u>9NEWS</u>, revealed that the 27-year-old had mild COVID symptoms until Tuesday lunchtime when he suddenly started coughing and vomiting.

They also said that he had been perfectly fit and healthy before catching the virus – and had no underlying health conditions.

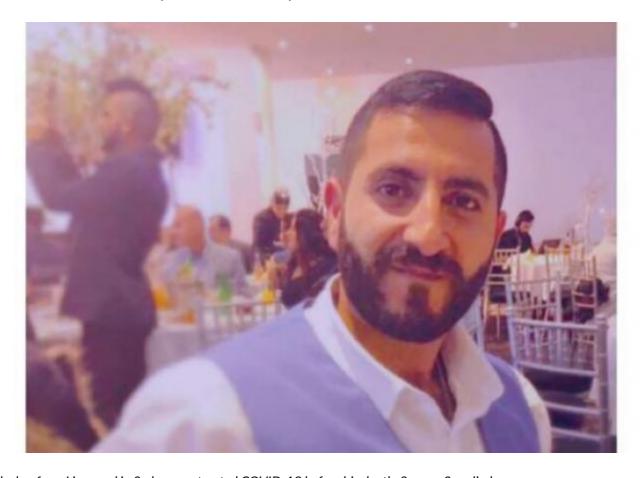
His cousin, Bash Mnati, told <u>news.com.au</u> that Aude was a "soccer player" and a "very fit guy".

"He used to always do sports. He never smoked, doesn't drink," he added.

"You can ask people all around, he's never been in fights or had problems, never had any issue with family or friends, everyone loved him, he was such a great person.

"He was a real diamond."

RELATED: Tributes flow for newlywed who died after positive COVID-19 test



Aude Alaskar from Liverpool in Sydney contracted COVID-19 before his death. Source: Supplied.

### "He was feeling a little fatigued but the deterioration happened suddenly"

The 27-year-old's death was announced by NSW chief health officer Kerry Chant during the state's coronavirus update on Wednesday morning.

Dr Chant did say that Aude hadn't been vaccinated but didn't reveal whether Yasmin had been.

She explained that he wasn't in the hospital at the time of his death as his condition deteriorated really quickly.

"He was being checked daily and he did complain of feeling a little fatigued but the deterioration happened suddenly," she said.

"It is important that we understand that with COVID you can get sudden deaths and I think that is important to understand your health status can deteriorate."

Dr Chant also said that the man's wife had now been hospitalised.

"You can imagine the trauma for that other person who has now been hospitalised," Dr Chant said.

"That person also had Covid and that person has been hospitalised and offered all care."

She added that the 27-year-old's death has been referred to the coroner.

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# Twist in death of 27-year-old Covid-19 patient Aude Alaskar

The family of a Sydney man claim he returned a negative Covid-19 test just a day before his death, leaving them shocked at his sudden deterioration.



Ally Foster

@allyjfoster 3 min read August 5, 2021 - 10:45AM

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A 21-year-old Sydney man has become the nation's youngest ever COVID victim. Aude Alaskar had been on day 13 of his isolation period after testing positive to COVID when his condition took a turn. He vomited and collapsed and passed away at his home in Sydney's southwest. Tragically his wife was home at the time...

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Heartbreaking admission before 23yo's death



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The family of a 27-year-old Sydney man who died after contracting Covid-19 claim he returned a negative test result the day before his death, making his suddenly deteriorating health even more shocking.

Aude Alaskar, who was married just three months ago, collapsed inside the Warwick Farm home he shared with his wife in Sydney's southwest on Tuesday.

He was on day 13 of his isolation period after contracting Covid-19 from his wife, who works at an aged care facility.

Mr Alaskar was being followed up daily by nursing staff and had relatively mild symptoms until he "suddenly deteriorated" around lunchtime on Tuesday, when he started coughing, vomiting and then collapsed.

He was unable to be revived by paramedics.

### **RELATED:** Flaw in PM's plan to end lockdowns





Aude Alaskar pictured with his wife Yasmin.



The 27-year-old was married just three months ago.

His death came as a major shock to his family, who told <u>The Daily Telegraph</u> he had received a clear Covid-19 test the day before he died.

They also told the publication his family had a long history of heart problems.

It is understood a person can return a negative test but still have the virus in their system and suffer adverse symptoms.

When announcing the death yesterday, chief health officer Dr Kerry Chant said health authorities are "aware that with covid you can get sudden deaths".

"He was being cared for by southwestern Sydney Local Health District during his isolation period and he'd reached day 13," Dr Chant said on Wednesday.

"He was being followed up daily by nursing staff and suddenly deteriorated. He was being checked daily and he did complain of feeling a little fatigued but the deterioration happened suddenly, is my understanding."

### **RELATED: Wild photos of quarantine arrest**



NSW Chief Health Officer Dr Kerry Chant announced his death on Wednesday. Picture: NCA NewsWire/Bianca De Marchi

Executive Director of the Victor Chang Cardiac Research Institute, Professor Jason Kovacic, said the Delta variant appears to have the potential to pose more of a risk of complications for young people.

"Deepest condolences to the family of the man who tragically passed away, apparently from complications related to Covid-19. There are a number of potential cardiovascular complications that have now been reported to occur from Covid-19," Professor Kovacic said.

"These include inflammation of the heart muscle, heart failure, heart rhythm problems and blood clots to the heart or to the lungs. Therefore, there are several mechanisms that could have been involved in this most unfortunate of events.

"The Delta strain is significantly more transmittable than earlier strains of Covid-19 and appears to have the potential to cause more serious infections and complications in younger people.

"This sad situation underscores the importance of vaccination, which will be the most effective way to prevent heartbreaking deaths like this one."

Mr Alaskar's wife, who also has Covid-19, is now in hospital so she can be monitored by health staff.

"You can imagine the trauma for that other person who has now been hospitalised," Dr Chant said.

"That person also had Covid and that person has been hospitalised and offered all care."

Mr Alaskar's neighbour, Mimi Anzures, said she heard Mr Alaskar's wife's cries of distress.

"At first I heard crying, then shouting and howling," she told the ABC.

"After that two ambulances came and after a few minutes there were police cars everywhere."

Mr Alaskar's cousin, Bash Mnati, said his cousin collapsed in the shower about 2pm and his wife called an ambulance.

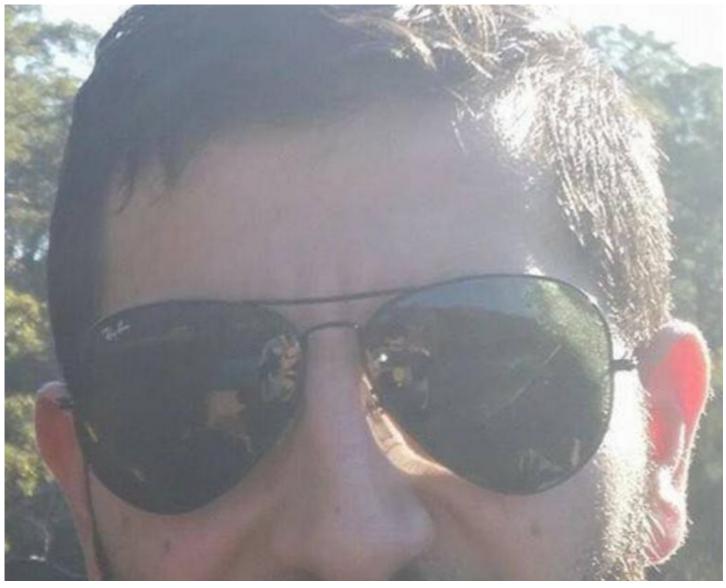
"His head was hurting the day before. He wasn't feeling well," Mr Mnati said.

"He was a soccer player, he was a very fit guy. He used to always do sports. He never smoked, doesn't drink."





The Sydney man's soccer club also paid tribute to Mr Alaskar (pictured in the middle on the bottom row). Picture: Gunners Soccer Club/Facebook



 $https://www.news.com.au/lifestyle/health/health-problems/twist-in-death-of-27 year old-covid 19-patient-aude-alaskar/news-story/41 af 00 b4 dfc 3 eabd \dots \ \ 7/9$ 



His death has been referred to the coroner.

The 27-year-old's soccer club also posted a tribute to Mr Alaskar, offering their "sincere condolences" to his family, friends and teammates.

"Our thoughts and prayers are with you all during this time. Ady was a true gentleman both on and off the field and will be greatly missed. Rest in Peace Brother," Gunners Soccer Club Bensley Road wrote in a Facebook post.

Mr Alaskar had not been vaccinated and his death has been referred to the coroner.

He is the second person under 40 to die as a result of NSW's latest Covid-19 outbreak.

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### Australia News

# Liverpool man Aude Alaskar dies at home after contracting COVID-19

Relatives have remembered the Liverpool man as an "amazing person" after he died suddenly after contracting COVID-19.

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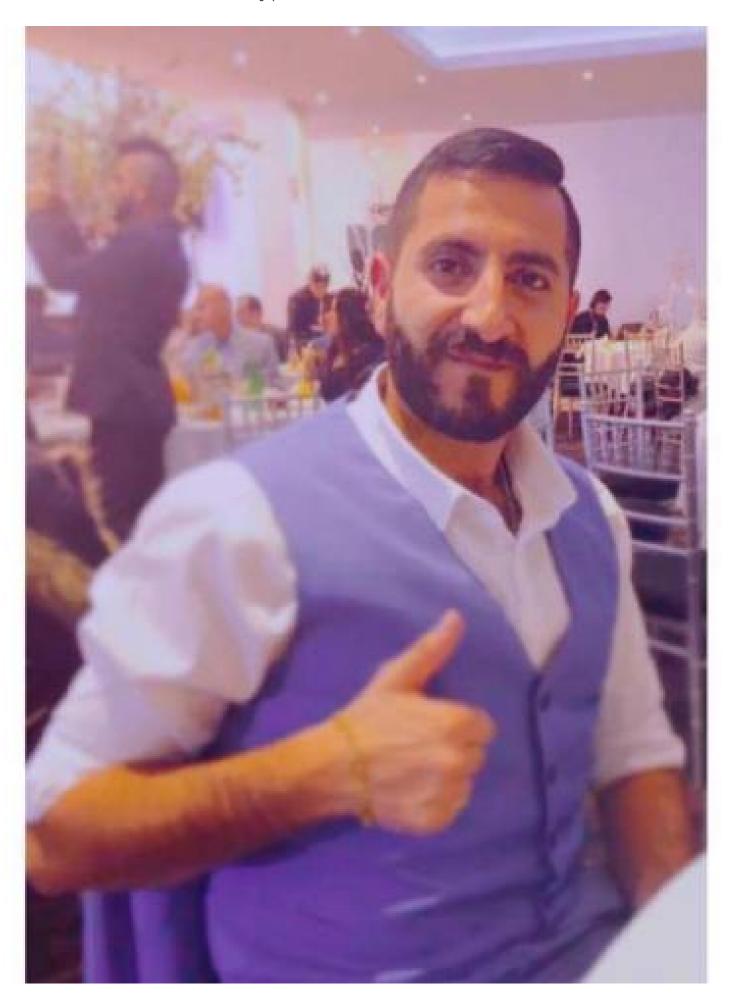


New South Wales Chief Health Officer Dr Kerry Chant says the state has recorded two deaths - one of which was a woman in her 80s and the other was a man in his 20s who "suddenly deteriorated". Dr Chant said the man in his 20's from southwestern Sydney died at his home on Tuesday. "He was being cared for by South...

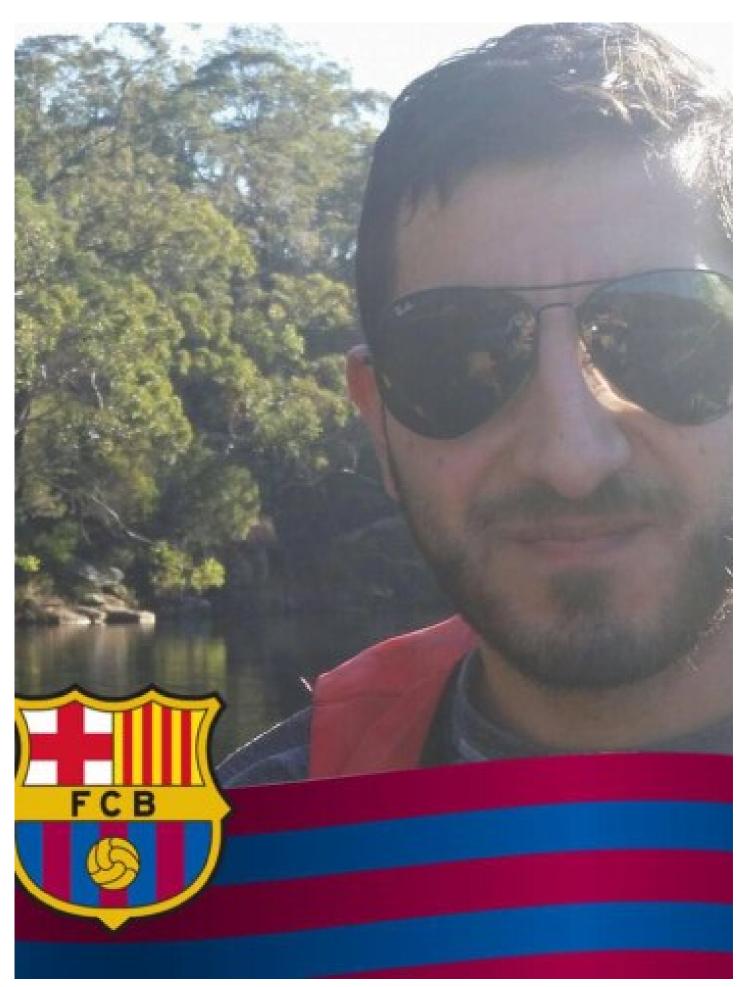
A Liverpool man who died with COVID-19 has been identified by the Daily Telegraph as 27-year-old forklift driver Aude Alaskar.

He is one of two deaths New South Wales recorded on Wednesday - the other was a woman in her 80s - taking the state's COVID death toll to 73.

Mr Alaskar passed away on Tuesday after he collapsed inside the Liverpool unit he shared with his wife and was unable to be revived by paramedics.



Aude Alaskar passed away after contracting COVID. Photo: Facebook



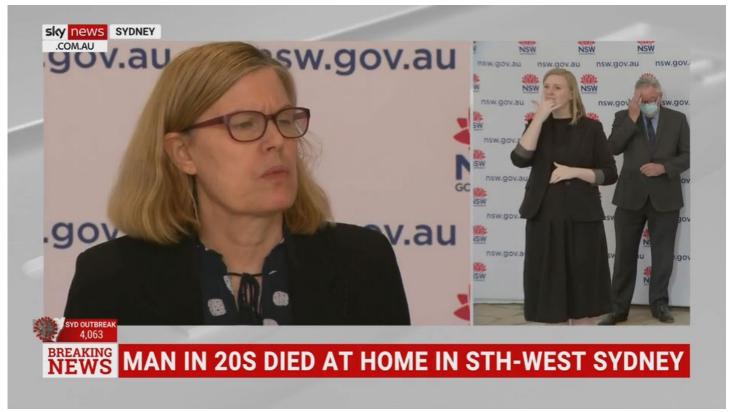
27-year-old Aude Alaskar collapsed suddenly before he died. Photo: Facebook

Mr Alaskar was in his 13th day of isolation after catching the virus from his wife who worked in an aged care facility, the Daily Telegraph reported.

NSW chief health officer Dr Kerry Chant said the man's death was referred to the coroner and confirmed he had been receiving treatment from health care workers in his local area.

"He was being followed up daily by nursing staff and suddenly deteriorated," Dr Chant said at the daily COVID update.

"He was being checked daily and he did complain of feeling a little fatigued but the deterioration happened suddenly, is my understanding.



New South Wales Chief Health Officer Dr Kerry Chant says the case of the man in his 20s who died of COVID-19 has been referred to the coroner. "I understand it's been referred to the coroner but I'll just need to confirm that with the local health...

"We are aware that with COVID you can get sudden deaths."

Mr Alaskar's family told the Daily Telegraph he had received a negative COVID test the day prior to his death but his family had a history of heart problems.

The 27-year-old married earlier this year and is being remembered as an "amazing person" by relatives.

"He was an amazing person, such a sweetheart," his cousin Bash Mnati told the Daily Telegraph.

"You can ask people all around, he's never been in fights or had problems, never had any issue with family or friends, everyone loved him, he was such a great person. He was a real diamond."



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# The Sydney Morning Herald

National NSW Coronavirus pandemic

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# 'Kind-hearted' man, 27, dies hours away from COVID-19 isolation freedom

### Laura Chung and Daniella White

Updated August 4, 2021 — 4.32pm, first published at 4.05pm

A young man in isolation after testing positive to COVID-19 was one day off being released when he died, leaving his friends shocked at his sudden death.

Aude "Ady" Alaskar, 27, died on Tuesday night after what health authorities have described as a sudden deterioration.



Aude "Ady" Alaskar, 27, died on Tuesday night after what health authorities have described as a sudden deterioration. FACEBOOK

He lived with his wife in Liverpool and the couple were isolating after testing positive to COVID-19.

Mr Alaskar's wife, a disability support worker, caught the virus first before he became infected on July 21. He died on the 13th day of his isolation period.

Friends of Mr Alaskar, the youngest person in NSW to die with COVID-19, said they were in shock upon hearing the news. One man described the 27-year-old, who went into cardiac arrest on Tuesday evening, as "kind-hearted".

Gunners Soccer Club, in Macquarie Fields, led tributes to Mr Alaskar, remembering him as a "true gentleman".

"We would like to offer our sincere condolences to the family, friends and the AA4 team mates of Aude (Ady) Alaskar," the team posted on social media.

"Our thoughts and prayers are with you all during this time. Ady was a true gentleman both on and off the field and will be greatly missed. Rest in Peace Brother."

A friend posted on social media: "We express our condolences to ourselves, the family and friends of the deceased."

Another friend wrote: "Why is the world so mean and it takes the good ones?"

Premier Gladys Berejiklian said the man was not vaccinated.

"Obviously our deepest condolences to his family and loved ones," she said. "But it demonstrates again how this disease is lethal, how it affects people of all ages."

Chief Health Officer Kerry Chant said the young man's death had been referred to the NSW Coroner. She said he was being treated at home by South Western Sydney Local Health District but "suddenly deteriorated".

"We are aware that with COVID you can get sudden deaths and I think that is important to understand, that your health status can deteriorate," Dr Chant said, adding that the man was living at home with his wife, who was also a positive case.

"You can imagine the trauma for that other person, who has now been hospitalised," Dr Chant said. "He was being checked daily, and he did complain of feeling a little fatigued but the deterioration happened suddenly."

Two police officers who attended the couple's home have undergone a COVID-19 test and are self-isolating until a negative result is received.

"The responding officers were wearing personal protective equipment in accordance with guidelines determined by the Clinical Excellence Commission," a NSW Police spokesman said.

A woman in her 80s from the inner west who has been in Royal Prince Alfred Hospital since she tested positive on July 27 also died on Tuesday.

NSW reported 233 new local cases of COVID-19 on Wednesday, its third-highest daily figure during Sydney's outbreak.

South Western Sydney Local Health District has been contacted for comment.

Stay across the most crucial developments related to the pandemic with the Coronavirus Update. Sign up to receive the weekly newsletter.

Daniella White is the education reporter for The Sydney Morning Herald. Connect via <u>Twitter</u> or <u>email</u>.

### **WNEWS**

# Sydney man Aude Alaskar died of COVID-19 just months after getting married

By Alison Xiao

Posted Wed 4 Aug 2021 at 3:17pm, updated Wed 4 Aug 2021 at 4:57pm



Aude Alaskar was on day 13 of home isolation when he collapsed and died at his Warwick Farm apartment. (Supplied)

Friends and family of a Sydney man who died "suddenly" from COVID 19 just months after getting married say the news has left them with "breaking hearts".

Aude Alaskar, 27, collapsed inside the Warwick Farm unit he shared with his wife yesterday.

His cousin, Bash Mnati, remembered him as a "perfect man" who had been celebrating his recent wedding.

"He was so nice, he was so good, he never had any trouble with anyone," said Mr Mnati.

"He just got married about three months ago and his wedding party was in two months' time."

### **Key points:**

- Aude Alaskar collapsed at his home in Warwick Farm on day 13 of isolation
- He was found by his wife who had also tested positive
- Relatives say he was a "fit guy" who had no underlying health problems

### Catch up on the latest COVID 19 news here

His relatives said Mr Alaskar, who worked as a forklift truck driver, had no underlying health conditions.

"He was a soccer player, he was a very fit guy. He used to always do sports. He never smoked, doesn't drink," Mr Mnati said.



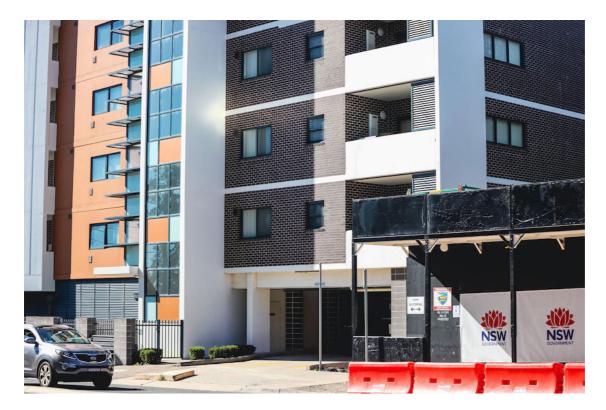
Aude Alaskar was a keen soccer player who had no underlying health problems. (Supplied)

Mr Alaskar, the youngest COVID victim in NSW, died at his home in Sydney's south west yesterday. while on day 13 of his home isolation after testing positive for COVID 19.

His cousin said that about 2:00pm, Mr Alaskar was going to have a shower when he collapsed.

His wife called an ambulance.

"His head was hurting the day before. He wasn't feeling well," Mr Mnati said.



The apartment block at Warwick Farm where Mr Alaskar collapsed and died. (ABC NEWS: Tim Swanston)

Neighbour Mimi Anzures heard Mr Alaskar's partner's cries of distress.

"At first I heard crying, then shouting and howling," she said.

"After that two ambulances came and after a few minutes there were police cars everywhere."

Mr Alaskar's condition was being checked daily by staff from the South Western Sydney Local Health District but chief health officer Kerry Chant said he "suddenly deteriorated".



Neighbour Mimi Anzures described hearing shouting and howling from another unit in the block before ambulances and police arrived. (ABC NEWS: Tim Swanston)

"He did complain of feeling a little fatigued but the deterioration happened suddenly is my understanding," Dr Chant said.

Mr Alaskar's wife who also tested positive for COVID 19 has been admitted to hospital.

"We are aware that with COVID you can get sudden deaths and I think that is important to understand that your health status can deteriorate and you can have sudden death with COVID," Dr Chant said.

"You can imagine the trauma for that person who has now been hospitalised."



Aude Alaskar, 27, had been celebrating his recent wedding.

Mr Mnati said his cousin arrived in Australia in 2011 as a refugee from Iraq.

A tribute posted on Facebook by Rawna Alkhamesi described Mr Alaskar as her "best friend" for the past nine years.

She said Mr Alaskar and his partner had been preparing for their wedding party and his death had "left us in breaking hearts".

Belmore GP Jamal Rifi said Mr Alaskar's death should "send a message loud and clear" for people to get vaccinated.

"For anyone who is hesitant, right now is the right time to get vaccinated, protection for themselves, protection for their loved one, there is no excuse anymore," Dr Rifi said.

Sources close to the investigation said police officers called to the apartment block have been ordered to self isolate for 14 days amid fears of potential exposure.



Dr Kerry Chant says the man in his 20s died at home

Read our full coverage on COVID 19 here



#### **EPIDEMIOLOGICAL WEEK 31, ENDING 7 August 2021**

**Published 19 August 2021** 

#### Overview

Table 1. Number and proportion of COVID-19 cases in NSW by likely source of infection to week ending 7 August 2021

	2020		2021				
	Jan – Jun	July – Dec	Jan – Jun	last 4 weeks	last 7 days	year to date	
Locally acquired	1,236 (39 %)	808 (52 %)	255 (27 %)	4,640 (99 %)	1,772 (99 %)	5,291 (87 %)	
Interstate acquired	67 (2 %)	23 (1 %)	1 (0 %)	0	0	1 (0 %)	
Overseas acquired	1,892 (59 %)	714 (46 %)	672 (72 %)	70 (1 %)	20 (1 %)	767 (13 %)	
Total	3,195 (100 %)	1,545 (100 %)	928 (100 %)	4,710 (100 %)	1,792 (100 %)	6,059 (100 %)	
Deaths	51	5	0	28	15	29	

#### Summary for the week ending 7 August 2021

- There were 1,772 locally acquired cases reported in the week ending 7 August 2021. Of these:
  - 470 (27%) cases were residents of Canterbury-Bankstown LGA
  - o 274 (15%) cases were residents of Cumberland LGA
  - 144 (8%) cases were residents of Fairfield LGA
  - o 884 (50%) cases were residents across 29 other LGAs
- There were 20 cases reported in overseas returned travellers in the last week (up 25%).
- There were 15 deaths as a result of COVID-19 reported this week including a male in his 20s, a female and four males in their 60s, a male in his 70s, four females and two males in their 80s and two males in their 90s. Two of those who died were partially vaccinated and 13 were unvaccinated.
- In the four weeks ending 7 August 2021, 100% (2,193 out of 2,193) of the locally acquired cases sequenced were the delta variant of concern. For overseas-acquired cases, 100% (30/30) of sequenced cases were COVID-19 variants of concern.
- Since March 2021, 52 (1%) locally acquired cases have reported being fully vaccinated. 24 (4.3%) of overseas acquired COVID-19 cases self-reported being fully vaccinated prior to arrival in Australia.
- Testing rates increased compared to the previous week (up 8.6%) with high testing rates in the Nepean Blue Mountains, South
  Western Sydney, Sydney, Western Sydney and Hunter New England LHDs in response to targeted public health messaging.
- In recent weeks there have been declines in lab diagnoses of several common respiratory viruses as well as emergency
  presentations for pneumonia and bronchiolitis.
- In the week ending 7 August, 184 sewage samples were tested for fragments of SARS-CoV-2- and there were 77 detections of fragments of SARS-CoV-2. The sewage treatment plants at Woolgoolga and Moama were added as new sites. Detections from Armidale, Bomaderry, Bonny Hills, Castle Hill-Cattai, Charmhaven, Coffs Harbour, Dubbo, Burwood Beach, Shortland, Mudgee, Woy Woy and West Lindfield occurred with no known or recent cases in the catchment. Subsequently cases were identified in all these catchments except Bombaderry, Bonny Hills, Coffs Harbour, and Woy Woy.

## Indicators of effective prevention for COVID-19 in NSW for the week ending 07 August 2021

#### Cases' community risk

A case is assigned a community exposure risk level based on an initial assessment of their opportunity to transmit the infection in the community during their infectious period. Their infectious period is two days before symptom onset (or specimen collection date if asymptomatic) until the date NSW Health is notified of the infection.

- Low risk indicates that the case was in isolation during their infectious period or had stayed at home (with or without household members) with no community exposures.
- Medium risk indicates that the case was isolating for part of their infectious period, or only had low risk community
  exposures and no venue exposures for their entire infectious period.
- High risk indicates that the case was active in the community with venue exposures during their infectious period

#### Locally acquired cases by risk of community exposure during their infectious period

Community exposure risk	07-Aug	06-Aug	05-Aug	04-Aug	03-Aug	02-Aug	01-Aug	Total Week Ending 07 Aug
Low risk	110	164	170	133	126	103	108	914 (52%)
Medium risk	40	50	59	46	31	33	28	287 (16%)
High risk	72	79	84	51	66	63	57	472 (27%)
Risk not determined	42	5	12	13	14	11	2	99 (6%)
Total	264	298	325	243	237	210	195	1,772 (100%)

Interpretation: In the week ending 7 August, 52% of total cases had low risk community exposures, 16% had medium risk, 27% had high risk community exposures. Six percent (99/1772) of cases have a risk status that have not yet been identified.

#### **Measures of Public Health Action**

	Week ending 7 Aug	Week ending 31 July
Proportion locally acquired cases notified to NSW Health by the laboratory within 1 day of specimen collection	73%	78%
Locally acquired cases interviewed by public health staff within 1 day of notification to NSW Health	89%	90%
Close contacts (identified by the case) contacted by public health staff within 2 days of case notification	100%	100%

Interpretation: In the week ending 7 August, 73% of cases were notified to NSW Health within a day of test and 89% of cases were interviewed within one day of notification. All close contacts were contacted by public health staff within two days of case notification. NSW Health has been working closely with laboratory providers to minimise the turn-around times for test results.

Where there are many cases, NSW Health may conduct a shorter preliminary interview with some patients upon confirmation of a positive COVID-19 result. In this preliminary interview the patient's result is confirmed, their welfare and medical needs are assessed, their need to isolate is reinforced, and their close contacts are identified to arrange urgent testing.

For those cases who have a short preliminary interview, further details are collected in a follow up interview. Only once the follow up interview is completed will cases be considered interviewed for the measures described in the table above.

In addition, short delays in conducting interviews may be as a result of cases being moved to a different location for the purpose of isolation or deteriorating health, incorrect contact details, or not being able to be reached by phone, in which case escalation processes are put in place.

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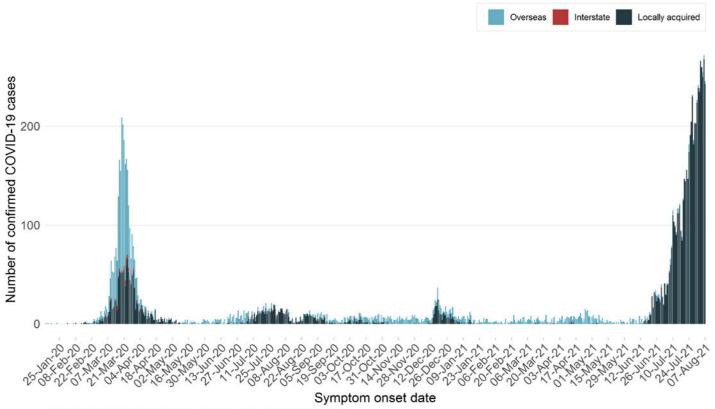
#### COVID-19 Vaccination program

- Australian Government Department of Health reports the number of vaccine doses administered across Australia —
   <u>Daily COVID-19 vaccine rollout numbers</u>
- Therapeutic Goods Administration (TGA) report data on received reports of suspected side effects (also known as adverse events) and other safety information from Australia and overseas Weekly COVID-19 vaccine safety report
- AusVaxSafety is conducting active vaccine safety surveillance of the vaccines in use. Surveillance data have been
  provided by Vaxtracker, SmartVax and the Victorian Department of Health COVID-19 Vaccine Management System
  based on surveys sent on Day 3 after the vaccination Weekly COVID-19 vaccine safety surveillance report

#### Section 1: How is the outbreak tracking in NSW?

To understand how the outbreak is tracking we look at how many new cases are reported each day and the number of people being tested. Each bar in the graph below represents the number of new cases based on the date of symptom onset.

Figure 1. COVID-19 cases by likely infection source and illness onset, NSW, from 25 January 2020 to 7 August 2021



The date of the first positive test is used for cases who did not report symptoms.

Interpretation: Between 13 January 2020 and 7 August 2021, there were 10,799 confirmed COVID-19 cases. Of those, 3,373 (31%) were overseas acquired, 91 (1%) were interstate acquired, and 7,335 (68%) were locally acquired.

#### COVID-19 cases reported in 2020

The epidemiology of COVID-19 in NSW continued to evolve since the first three cases were reported in NSW on 25 January 2020 in people who acquired their infection in China. The first locally acquired COVID-19 case in NSW was reported on 2 March 2020 and by mid-March case numbers had increased rapidly in overseas returned travellers and their contacts and within localised community outbreaks. In NSW, the number of reported daily cases peaked on 27 March 2020 at 213 cases. Public health action and the introduction of a range of stringent control measures, including the closure of international borders, 14-day mandatory quarantine for returned travellers and restrictions of movement within NSW lead to a decline in cases. Community transmission was interrupted by the end of May 2020.

In early July seeding of SARS-CoV-2 into South Western Sydney from an outbreak in Melbourne led to a second wave of infection. Following intensive public health action community transmission was again interrupted by the end of November 2020.

In December 2020 two new introductions of SARS-CoV-2 caused outbreaks in Sydney's Northern Beaches and Berala in Sydney's West. Community transmission was again interrupted by the end of January 2021.

#### COVID-19 cases reported in 2021

Figure 2. COVID-19 cases by likely infection source and reporting date, NSW, from 1 January 2021 to 7 August 2021

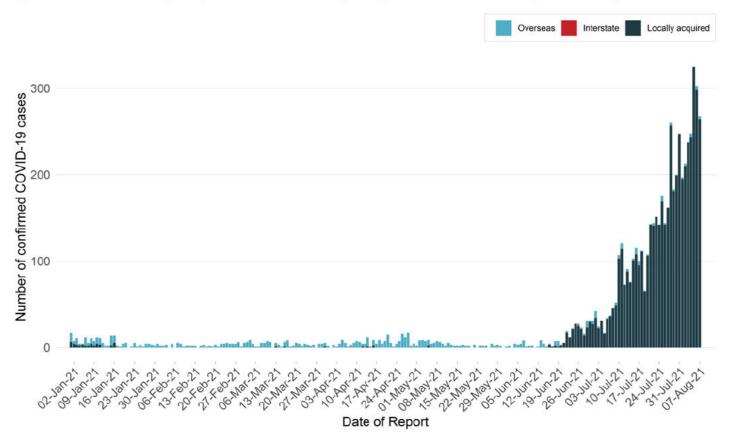


Table 2, COVID-19 cases and tests reported, NSW, from 1 January 2021 to 7 August 2021

	Week ending 07 Aug	Week ending 31 Jul	% change	Total 2021
Number of cases	1,792	1,373	31 %	6,059
Locally acquired	1,772	1,357	31 %	5,291
Known epidemiological links to other cases or clusters	1,001	849	18 %	3,590
No epidemiological links to other cases or clusters	771	508	52 %	1,701
Overseas acquired	20	16	25 %	767
Interstate acquired	0	0	-	1
Number of tests	770,553	709,819	9 %	5,958,867

Note: The case numbers reported for previous weeks is based on the most up to date information from public health investigations.

Interpretation: Most cases reported in the last four weeks in NSW were locally acquired 4,640 (98.5%). All locally acquired cases sequenced had the same delta variant of concern. Of the 1,772 locally acquired cases associated with the Greater Sydney outbreak reported in the week ending 07 August 2021

- 470 (27%) cases were residents of Canterbury-Bankstown LGA
- 274 (15%) cases were residents of Cumberland LGA
- 144 (8%) cases were residents of Fairfield LGA
- 884 (50%) cases were residents across 29 other LGAs

In the week ending 07 August, the majority of cases with no epidemiological links were residents of Canterbury-Bankstown LGA (215/771, 28%). There were 20 cases that acquired their infection overseas.

## Section 2: Locally acquired COVID-19 transmission in NSW in the last four weeks

Information from cases who were diagnosed in the last four weeks is used to understand where COVID-19 is spreading in the community. This considers the incubation period and the time it takes for people to seek testing and for the laboratory to perform the test. This section summarises cases based on the date the case was reported to NSW Health.

Table 3. Locally acquired COVID-19 cases by LHD of residence and week reported, NSW, 11 July to 7 August 2021

Local Health District		Week ending				Days since last case
Local Health District	07 Aug	31 Jul	24 Jul	17 Jul	Total	reported
South Western Sydney	660	597	411	468	2,136	0
Western Sydney	523	353	223	50	1,149	0
Sydney	306	271	112	39	728	0
Nepean Blue Mountains	117	14	4	11	146	0
South Eastern Sydney	97	79	82	80	338	0
Northern Sydney	31	32	15	5	83	0
Central Coast	12	2	4	0	18	0
Illawarra Shoalhaven	3	7	6	0	16	4
Hunter New England	23	0	0	0	23	0
Far West	0	1	1	0	2	9
Mid North Coast	0	0	0	0	0	492
Murrumbidgee	0	0	0	0	0	473
Northern NSW	0	0	0	0	0	334
Southern NSW	0	0	0	0	0	130
Western NSW	0	1	0	0	1	12
NSW*	1,772	1,357	858	653	4,640	0

<sup>\*</sup>Includes people with a usual place of residence outside of NSW

Interpretation: There were 1,772 locally acquired cases reported in the week ending 07 August 2021. Most cases were residents of South Western Sydney LHD (660, 37%) followed by Western Sydney LHD (523, 30%), and Sydney LHD (306, 17%)

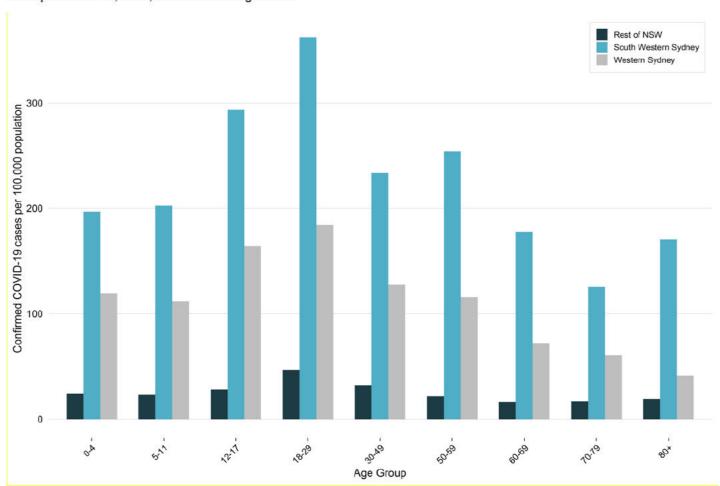
## Section 3: Epidemiology of local cases with COVID-19 from 16 June 2021 to 7 August 2021

Since 16 June 2021, NSW has experienced a cluster of COVID-19 infections caused only by the delta variant of the SARS-CoV-2 virus. This section describes some of the epidemiological features of this cluster.

#### Age breakdown of locally acquired cases

Since 16 June 2021, 5,240 locally acquired cases have been diagnosed with COVID-19 in NSW with 5,212 cases residing in eight metropolitan LHD areas\*. The rate of COVID-19 diagnosed in each age group allows the risk of infection by age to be compared between areas. The largest number of cases were reported in South Western Sydney LHD (45%, 2,359/5,240). Overall rates of infection in the South Western Sydney LHD are 224.1 per 100,000 people compared with 110.8 per 100,000 people in Western Sydney LHD and 25.5 per 100,000 people in the rest of the NSW Local Health Districts.

Figure 3. Rates of COVID-19 infection by age group, South Western Sydney LHD, Western Sydney LHD and rest of Metropolitan LHDs, NSW, 16 June to 7 August 2021



Interpretation: From 16 June to 7 August, the age group with the highest rates of COVID-19 was those aged 18-29. The rate was almost eight times higher in South Western Sydney and four times higher in Western Sydney when compared with the rest of the metropolitan LHDs (362.3, 184.3 and 46.8 per 100,000 people respectively).

\*Metropolitan LHDs include: Central Coast LHD, Illawarra Shoalhaven LHD, Nepean Blue Mountains LHD, Northern Sydney LHD, South Eastern Sydney LHD, South Western Sydney LHD and Western Sydney LHD.

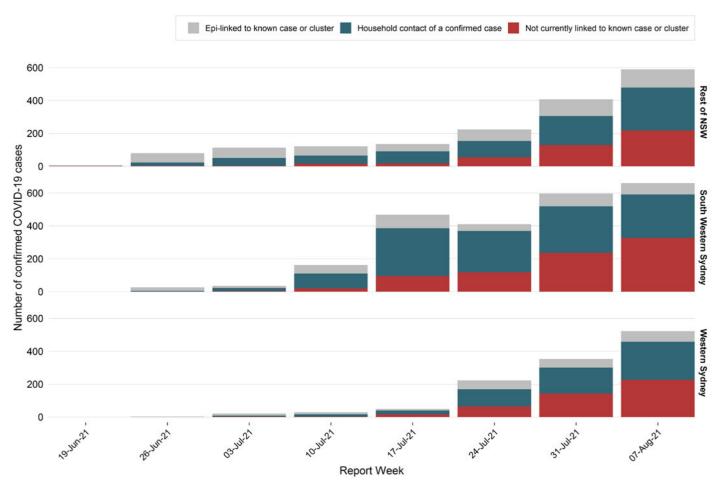
#### Source of infection for locally acquired cases in NSW

In the week ending 7 August, 43% of cases diagnosed with COVID-19 acquired their infection in a household setting (757/1,772) compared with 45% the previous week. Of the 660 cases reported this week in South Western Sydney LHD, 264 (40%) were household contacts, 69 (10%) were epidemiologically linked but not household contacts and 327 (50%) were not currently linked to a case or cluster.

There were 523 cases reported this week in Western Sydney LHD. Of these 232 (44%) are household contacts, 65 (13%) are epidemiologically linked but not household contacts and 226 (43%) have not currently been linked to a case or cluster.

Of the remaining 589 cases reported this week in the rest of the NSW LHDs, 261 (44%) are household contacts, 110 (19%) are epidemiologically linked but not household contacts and 218 (37%) have not currently been linked to a case or cluster.

Figure 4. Source of infection for locally acquired cases, South Western Sydney LHD, Western Sydney LHD and rest of NSW LHDs, week ending 19 June to 7 August 2021



Interpretation: In the week ending 7 August, cases increased significantly across the South Western Sydney area (660 compared to 597 the previous week) and Western Sydney area (523 cases compared with 356 the previous week), and the rest of NSW LHDs (589 cases compared with 407).

#### Measurement of risk of community exposure by LHD

In the week ending 7 August, 378 (52%) cases were classified as low risk, 93 (14%) as medium risk and 146 (22%) as high risk in South Western Sydney. This compares to 266 (51%) classified as low risk, 91 (17%) as medium risk and 140 (27%) as high risk in Western Sydney and 270 (46%) classified as low risk, 103 (17%) as medium risk and 186 (32%) as high risk in the rest of the Metropolitan LHDs during the same period.

Figure 5. Daily number of locally acquired cases by community risk level, South Western Sydney LHD, Western Sydney LHD and rest of NSW LHDs, 11 July to 7 August 2021.



Note: Graph does not include cases where risk has not yet been identified (99 cases, 6%)

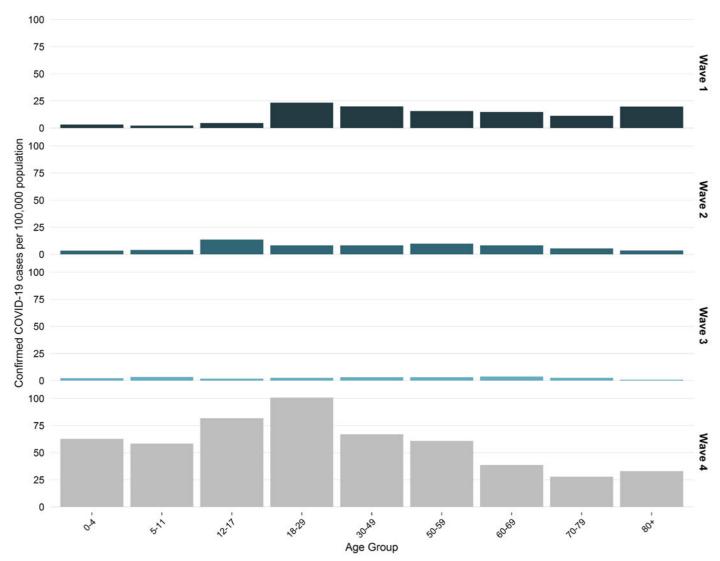
**Interpretation:** While 52% (914/1,772), of cases reported in South Western Sydney, Western Sydney and the rest of NSW LHDs were considered low risk in the community 43% were infectious in the community for at least part of their infectious period.

### Age breakdown of locally acquired cases across four waves, NSW, from 1 January 2020 - 7 August 2021

There have been four distinct waves in reported cases of COVID-19 in NSW since 1 January 2020. Each wave captures a sharp rise in cases after a prolonged period of very few or no cases. Each wave is distinct and is described below:

- The first wave represents the period from 1 January to 31 May 2020 and includes the period prior to international borders being closed. In this period, there were 1,230 locally acquired cases with residents of South Eastern Sydney mainly affected (350/1230, 29%). The median age and interquartile range (IQR) for cases diagnosed in this period was 39 years (IQR = 27-56 years).
- The second wave represents the period from 1 June to 31 October 2020. In this period there were 627 locally acquired cases and cases were mainly affected of South Western Sydney and Western Sydney (407/627, 65%). The median age was 37 years (IQR = 22-55 years).
- The third wave represents the period from 1 November 2020 to 31 January 2021 and was seeded in the Northern Beaches and Berala areas from two distinct outbreak sources. In this period there were 229 locally acquired cases with residents of Northern Sydney mainly affected (125/229, 55%). The median age was 39 years (IQR = 20-58 years).
- The current fourth wave is considered the period between 1 June to present. To 7 August there have been 5,240 locally acquired cases in this period with 68% (3,561 /5,240) of cases residing in South Western Sydney and Western Sydney. The median age was 30 years (IQR = 19-47 years).

Figure 6. Rates of COVID-19 infection by age group, four waves, NSW, from 25 January 2020 to 7 August 2021



Interpretation: The fourth wave of COVID-19 which has been driven by the more transmissible delta variant has had significantly higher rates of infections across all age groups when compared with previous waves. In this fourth wave the age group with the highest rates of people diagnosed with COVID-19 is those aged 18-29 years (100.8 per 100,000 people) and high rates are also seen in people aged 12-17 years of age (81.8 per 100,000 people) and 30-59 years (67.0 per 100,000 people).

## Section 4: COVID-19 in specific populations Aboriginal people

Aboriginal and Torres Strait Islander communities are recognised as a priority group due to key drivers of increased risk of transmission and severity of COVID-19 which include mobility, remoteness, barriers to access including institutional racism and mistrust of mainstream health services, crowded and inadequate housing, and burden of disease.

There were 23 locally acquired cases of COVID-19 reported in Aboriginal people in the week ending 7 August 2021. Of the 23 cases, none was fully vaccinated. In total there have been 49 Aboriginal people diagnosed with COVID-19 in the current Greater Sydney outbreak.

Since the beginning of the pandemic in January 2020, there have been 98 Aboriginal people diagnosed with COVID-19, representing 1% of all cases in NSW. This compares to 3.4% of Aboriginal people residing in NSW.

#### **Healthcare workers**

The following describes infections of COVID-19 in healthcare workers (HCWs). HCWs in this section includes roles such as doctor, nurse, orderly, paramedic, laboratory technician, pharmacist, administrative staff, cleaners, and other support staff. Public health units routinely undertake investigations of COVID-19 cases in healthcare workers to identify ongoing risks in healthcare settings.

In the week ending 7 August, there were 39 healthcare workers diagnosed with COVID-19. Of these, 3 (8%) were potentially infected in a healthcare setting, 16 (41%) were social or household contacts of previously reported cases and 20 (51%) are currently not linked. Three (8%) cases were fully vaccinated and 14 (36%) were partially vaccinated.

In total there have been 182 cases of COVID-19 in health care workers since August 2020. Of these, 48 were potentially infected in healthcare settings. A further 75 cases were linked to social or household contacts, and for 59 cases the source of infection is either unknown or under investigation. Prior to August 2020, there were 35 cases identified in HCWs who had worked in a health facility in the 14 days prior to symptom onset or date of testing (see COVID-19 in healthcare workers in NSW).

Table 5. Number of healthcare worker infections by source of infection and proportion fully vaccinated

	Last 7 days			Current Grea	ater Sydney outbre August 2021)	ak (16 June-07
Healthcare workers	Number of HCWs	Fully vaccinated	Partially vaccinated	Number of HCWs	Fully vaccinated	Partially vaccinated
Healthcare acquired	3	1 (33%)	1 (33%)	25	6 (24%)	8 (32%)
Community acquired	16	0 (0%)	8 (50%)	58	4 (7%)	19 (33%)
Not currently linked	20	2 (10%)	5 (25%)	50	5 (10%)	17 (34%)
Total	39	3 (8%)	14 (36%)	133	15 (11%)	44 (33%)

Interpretation: Since 16 June, most healthcare workers associated with the Greater Sydney outbreak have been infected in the community and outside of a healthcare setting (108/133, 81%). Of the 133 healthcare workers that have been diagnosed with COVID-19 in the current outbreak, 15 (11%) have been fully vaccinated and 44 (33%) have been partially vaccinated.

#### Aged care workers

There were 13 locally acquired cases in aged care workers in the week ending 7 August 2021. Five cases acquired their infection while working in an aged care facility, five cases were social or household contacts of a known case and for three cases the source of infection is under investigation. Of the five cases who acquired their infection at work, 80% (4/5) were partially vaccinated.

Since 1 January 2021, there have been 40 cases reported in aged care workers. Of these, 21 (52%) people have reported being partially vaccinated. There has been one aged care worker diagnosed with COVID-19 who has been fully vaccinated.

Table 6. Number of aged care worker infections by source of infection and proportion fully vaccinated

Aged care workers	Last 7 days			Current Greater Sydney outbreak (16 June - 07 August 2021)		
Aged care workers	Number of ACWs	Fully vaccinated	Partially Vaccinated	Number of ACWs	Fully vaccinated	Partially Vaccinated
Acquired at aged care facility	5	0 (0%)	4 (80%)	11	0 (0%)	7 (64%)
Community acquired	5	1 (20%)	2 (40%)	19	1 (5%)	8 (42%)
Not currently linked	3	0 (0%)	2 (67%)	10	0 (0%)	6 (60%)
Total	13	1 (8%)	8 (62%)	40	1 (2%)	21 (52%)

Interpretation: In the week ending 7 August there were 13 aged care workers diagnosed with COVID-19. Of these, five (38%) were infected in an aged care facility, five (38%) were social or household contacts of previously reported cases and three (23%) are not currently linked.

#### Pregnant women

There were 19 cases in a pregnant woman in the week ending 07 August. Since January 2020, 99 pregnant women have been diagnosed with COVID-19 in NSW. As those who test negative are not interviewed, testing rates among pregnant women are not available.

#### Section 5: COVID-19 vaccination status

COVID-19 vaccinations began in Australia on 22 February 2021. The first people to receive the COVID-19 vaccines were priority groups at a higher risk of COVID-19 infection, including quarantine and border workers, frontline healthcare workers, and aged and disability care residents and staff.

There are a range of vaccines available worldwide. People receiving vaccines are considered fully vaccinated two weeks after they complete the recommended course for that vaccine. Both vaccines being administered in Australia, Pfizer-BioNTech and AstraZeneca, and many from overseas such as Moderna and Sinovac, recommend a two-dose course. In the United States of America, there is one single dose vaccine available, the Johnson & Johnson vaccine.

The tables below show the number of COVID-19 cases by their COVID-19 vaccination status. Definitions of status are as follows:

- Cases reported as fully vaccinated completed the recommended vaccine course greater than 14 days prior to known exposure to COVID-19 or arrival in Australia.
- · Cases reported as partially vaccinated:
  - o received their first dose of a two-dose vaccination prior to known exposure to COVID-19 or arrival in Australia, or
  - completed their second dose of a two-dose vaccination within 14 days prior to known exposure to COVID-19 or arrival in Australia, or
  - completed a single-dose vaccination course (currently only Johnson & Johnson vaccine) within 14 days prior to known exposure to COVID-19 or arrival in Australia.

Table 6a. Locally acquired COVID-19 cases by vaccination status and week reported, NSW, 1 March to 7 August 2021

Vaccination Status	Week					Total from 1 Mar 2021
8	07 Aug 21	31 Jul 21	24 Jul 21	17 Jul 21	10 Jul 21	
Total locally acquired cases	1772	1357	858	653	609	5249
Fully Vaccinated	22 (1.2%)	14 (1.0%)	7 (0.8%)	2 (0.3%)	7 (1.1%)	52 (1.0%)
Partially Vaccinated	163 (9.2%)	135 (9.9%)	52 (6.1%)	24 (3.7%)	38 (6.2%)	412 (7.8%)
None	1,259 (71%)	1,077 (79.4%)	790 (92.1%)	624 (95.6%)	559 (91.8%)	4,309 (82.1%)
Under Investigation	328 (18.5%)	131 (9.7%)	9 (1%)	3 (0.5%)	5 (0.8%)	476 (9.1%)

Table 6b. Overseas acquired COVID-19 cases by vaccination status and week reported, NSW, 1 March to 7 August 2021

Vaccination Status	Week cination Status					
10	07 Aug 21	31 Jul 21	24 Jul 21	17 Jul 21	10 Jul 21	
Total overseas acquired cases	20	16	8	26	488	558
Fully ∀accinated	1 (5.0%)	0 (0.0%)	2 (25.0%)	7 (26.9%)	14 (2.9%)	24 (4.3%)
Partially Vaccinated	0 (0.0%)	2 (12.5%)	1 (12.5%)	5 (19.2%)	28 (5.7%)	36 (6.5%)
None	4 (20.0%)	4 (25.0%)	5 (62.5%)	11 (42.3%)	428 (87.7%)	452 (81%)
Unknown/Missing	15 (75.0%)	10 (62.5%)	0 (0.0%)	3 (11.5%)	18 (3.7%)	46 (8.2%)

Interpretation: In the past week 1.2 % of locally acquired cases were fully vaccinated. This compares with around 23% of the NSW population who had received two doses of vaccine by 7 August. Since 1 March 2021, there have been 52 (1.0%) locally acquired cases reported as being fully vaccinated and 412 (7.8%) partially vaccinated. Twenty-four (4.3%) overseas acquired cases have reported being fully vaccinated prior to arrival in Australia, although they may not have been fully vaccinated prior to being exposed to COVID-19.

## Section 6: COVID-19 hospitalisations and deaths How many people are in hospital as a result of COVID-19?

In the week ending 7 August 2021, of the 1,772 locally acquired cases, there were 176 people admitted to hospital as a result of being diagnosed with COVID-19. In total, there have been 759 people hospitalised as a result of the current Greater Sydney outbreak.

Table 7. Hospitalisations and ICU admissions as a result of COVID-19, by age group, NSW, from 16 June to 7 August 2021

Age-group (years)	Hospitalised (%)	Rate of hospitalisations per 100,000 people, NSW	Hospitalised and in ICU (%)	Rate of ICU admission per 100,000 people, NSW
0-4	13 (1.7%)	2.6	0 (0.0%)	0.0
5-11	11 (1.4%)	1.5	0 (0.0%)	0.0
12-17	17 (2.2%)	3.0	2 (1.9%)	0.4
18-29	131 (17.3%)	9.5	15 (14.0%)	1.1
30-49	211 (27.8%)	9.6	18 (16.8%)	0.8
50-59	136 (17.9%)	14.0	26 (24.3%)	2.7
60-69	90 (11.9%)	10.7	24 (22.4%)	2.9
70-79	77 (10.1%)	13.2	14 (13.1%)	2.4
80+	73 (9.6%)	21.2	8 (7.5%)	2.3
Total	759 (100.0%)	9.4	107 (100.0%)	1.3

Interpretation: The highest number of cases hospitalised are aged 30-49 (211, 27.8%) years, followed by those aged 50-59 years (136, 17.9%). In NSW, cases aged 80 years and over have the highest rate of hospitalisation (21.2 per 100,000 people).

#### How many people in hospital with COVID-19 are vaccinated?

Of the 759 people hospitalised as a result of COVID-19 in the current outbreak, 107 (14%) people were in ICU of which 98 (91.6%) were unvaccinated or whose vaccination status is unknown and 9 (8.4%) were partially vaccinated or had a single dose within 14 days. There were no fully vaccinated cases in ICU.

Table 8. Hospitalisations and ICU admissions due to COVID-19, by vaccination status, NSW, from 16 June to 7 August 2021

Vaccination status	Hospitalised (%)	Hospitalised and in ICU (%)
Fully Vaccinated	16 (2.1%)	0 (0.0%)
Partially vaccinated	74 (9.7%)	9 (8.4%)
None	669 (88.1%)	98 (91.6%)
Total	759 (100.0%)	107 (100.0%)

**Interpretation:** Of the 759 people hospitalised, 16 (2.1%) are fully vaccinated, 74 (9.7%) were partially vaccinated and 669 (88.1%) were either not vaccinated or vaccination status has not yet been determined.

#### How many people have died as a result of COVID-19?

Since the start of the pandemic, <1% of cases (86 people) have died as a result of COVID-19, most of whom were 80 years of age or older, including 30 residents of aged care facilities with known COVID-19 outbreaks. Approximately 14% (12/86) of the deaths were in overseas acquired cases.

There were 15 deaths as a result of COVID-19 reported this week including a male in his 20s, a female and four males in their 60s, a male in his 70s, four females and two males in their 80s and two males in their 90s. Two people were partially vaccinated and 13 were unvaccinated.

Table 9. Deaths as a result of COVID-19, by age group, NSW, from 25 January 2020 to 7 August 2021

Age group	Current outbreak	\$	Since January 202	)
(years)	Number of deaths	Total number of deaths	Number of cases*	Case fatality rate*
0-4	0	0	470	0%
5-11	0	0	572	0%
12-17	0	0	637	0%
18-29	1	1	2,637	<0.1%
30-49	1	1	3,344	<0.1%
50-59	1	2	1,318	0.2%
60-69	6	10	986	1.0%
70-79	3	18	557	3.2%
<b>80</b> +	18	53	278	19.1%
Total	30	86	10,799	0.8%

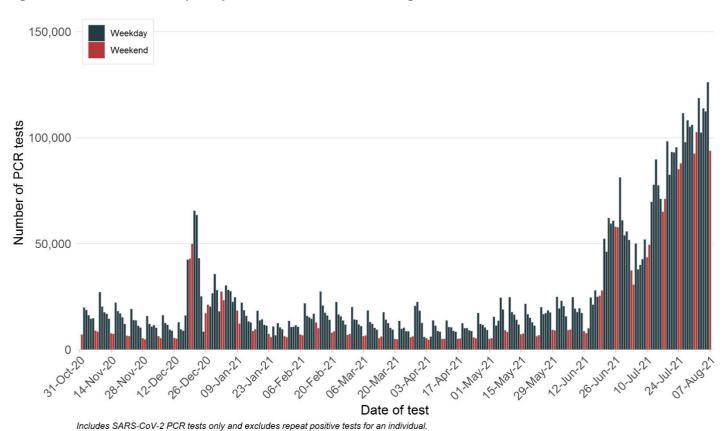
Interpretation: Cases older than 80 years of age had both the highest number of deaths and the highest case fatality rate.

## Section 7: COVID-19 testing in NSW How much testing is happening?

The bars on the graph below show the number of tests by the date a person presented for the test. While public health facilities are generally open seven days a week, there may be less demand and availability for testing through GPs and private collection centres on weekends and public holidays. This likely explains lower testing numbers on weekends.

The PCR testing numbers reported are for tests performed on nose and throat swabs. Saliva PCR tests are not included, these are reported in the "Border and quarantine workers – saliva testing screening program" section.

Figure 8. Number of PCR tests per day, NSW, 31 October 2020 to 7 August 2021

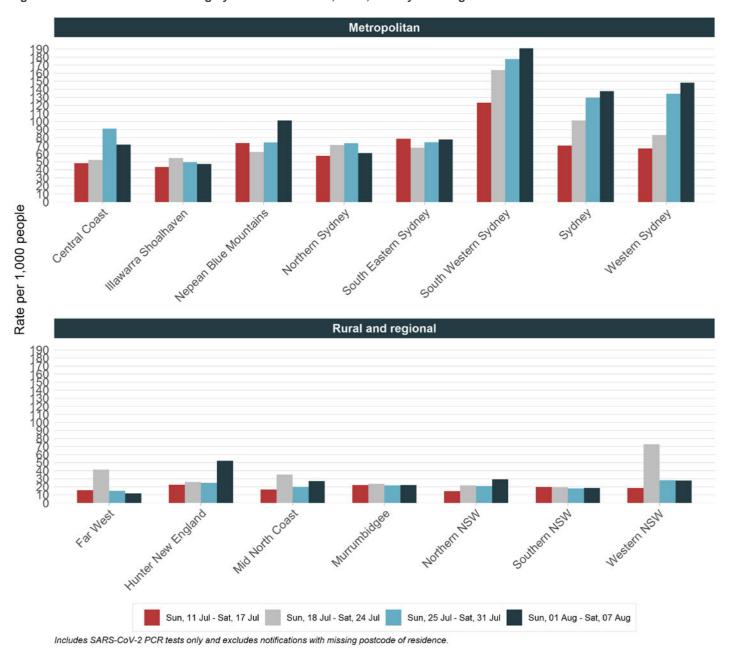


**Interpretation:** Testing numbers increased in the week ending 7 August 2021 (up 9%) compared to the previous week. The average daily testing rate of 13.6 per 1,000 people in NSW each day increased compared to the previous week of 12.5 per 1,000 people.

<sup>&</sup>lt;sup>1</sup> The number of tests per day displayed below is different to the 24 hour increase in tests reported each day as there are delays in some laboratories providing negative results to NSW Health.

#### **Testing by Local Health District and Local Government Areas**

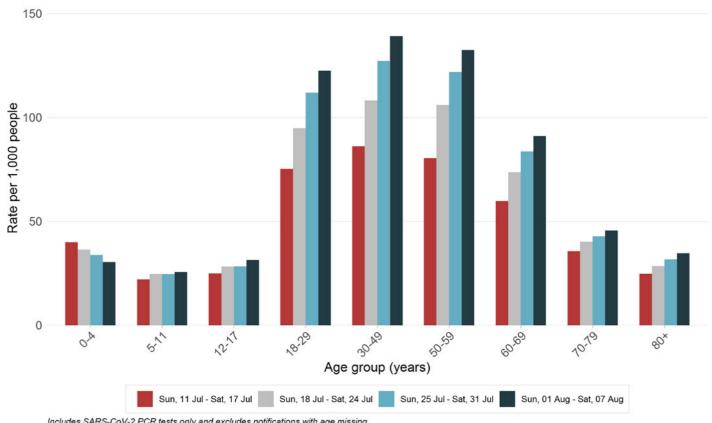
Figure 9. Rates of COVID-19 testing by LHD of residence, NSW, 11 July to 7 August 2021



**Interpretation:** State-wide weekly testing rates in the week ending 7 August increased or remained steady across most LHDs compared to the previous week (95.3 per 1,000 people compared to 87.7 per 1,000 people). Testing rates more than doubled in Hunter New England LHD in response to targeted public health messaging urging residents to get tested (52.4 per 1,000 people compared to 25.0 per 1,000 the previous week). This followed reports of several COVID-19 exposure sites in the area and a positive sewage detection in Newcastle reported on 2 August. Increased rates of testing were also seen in Nepean Blue Mountains and Northern NSW LHDs.

#### Testing by age group

Figure 10. Rates of COVID-19 testing by age group and week, NSW, 11 July to 7 August 2021



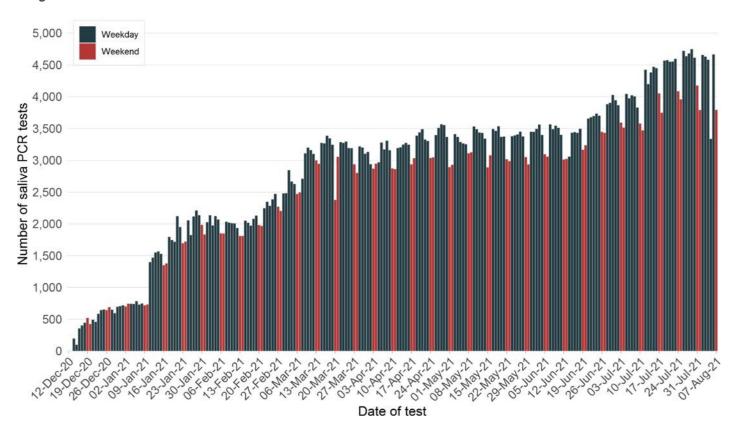
Includes SARS-CoV-2 PCR tests only and excludes notifications with age missing.

Interpretation: In the week ending 7 August 2021, testing rates increased or remained steady across most age groups with the greatest increase seen in adults aged 18-69.

#### Border and quarantine workers – saliva testing screening program

The number of COVID-19 infections in people returning to Australia from overseas reflects the number of cases in other parts of the world. Cases in returned overseas travellers are then detected in quarantine facilities. Routine screening of quarantine workers is implemented out of care and caution for staff members who work in NSW quarantine facilities. Screening involves a daily SARS-CoV-2 saliva PCR testing, which is painless and quick (see NSW hotel quarantine worker surveillance and testing program).

Figure 11. Daily numbers of saliva PCR test results reported for border and quarantine workers, NSW, 12 December 2020 to 7 August 2021



<sup>\*</sup> The number of saliva PCR tests in the most recent days may be incomplete due to delays in reporting negative results.

**Interpretation:** Since screening of quarantine workers began in December 2020, a total of 662,046 saliva PCR tests have been conducted to 7 August 2021. The number of saliva PCR tests increased significantly on 11 January 2021, which corresponds to the expansion of the NSW quarantine hotel worker surveillance and testing program. Two confirmed cases of COVID-19 have been reported through saliva PCR testing, reported on 13 March and 16 June 2021. The daily number of saliva PCR tests is not included in the total PCR testing numbers reported.

#### Section 8: Variants of Concern (VoC)

Like other viruses, the SARS-CoV-2 virus that causes COVID-19 acquires mutations over time. Some of these mutations affect parts of the virus, such as the spike protein on the surface of the virus, which play an important role in infection. The spike protein allows the virus to enter human cells during infection. That is why it plays an important role in our own immune response to the virus and is the immune mechanism targeted by many COVID-19 vaccines. Global surveillance is done to monitor the prevalence of mutations in the SARS-CoV-2 virus. The surveillance particularly focuses on mutations affecting the spike protein that may reduce vaccine effectiveness or enable re-infection.

This report reflects the recommendations of <u>Australia's Communicable Diseases Genomics Network (CDGN)</u> for reporting of Variants of Concern (VoC) in NSW. The CDGN reports on four internationally recognised VoCs:

- Alpha (B.1.1.7) first identified in the United Kingdom in September 2020 and recognised as a VoC on 18 December 2020.
- Beta (B.1.351) first identified in South Africa in December 2020 and recognised as a VoC on 18 December 2020.
- Gamma (P.1) first identified in Japan among a group of Brazilian travellers in December 2020 and recognised as a VoC on 11 January 2021.
- B.1.617 sub-lineages, including Kappa (B.1.617.1) and Delta (B.1.617.2). The B.1.617 lineage was first detected in India in October 2020. The Delta lineage (B.1.617.2) was internationally recognised as a VoC on 11 May 2021.

In the week ending 7 August 2021, there have been:

- 157 locally acquired cases diagnosed with a VOC. All of these cases have been diagnosed with infection by the Delta variant.
- 3 returned travellers diagnosed with a VoC. Of these:
  - 1 (33%) with the alpha variant
  - 2 (67%) with the delta variant.
- In the four weeks ending 7 August The countries of likely acquisition of the 30 returned travellers diagnosed with a VoC are: UAE (4), Fiji (3), France (3), India (3), China (2), Lebanon (2), UK (2) and 11 from 11 other countries.

Table 10a. Variants identified among locally acquired COVID-19 cases by week reported, NSW, 29 November 2020 to 7 August 2021

Allen CO DE		Week	ending		29 Nov to	Total since 29
Variant	7 Aug*	31 July*	24 Jul	17 Jul	10 Jul	November
Total variants identified	157	993	565	478	525	2,718
Alpha (B.1.1.7)	0	0	0	0	6	6
Beta (B.1.351)	0	0	0	0	1	1
Gamma (P.1)	0	0	0	0	0	0
Kappa (B.1.617.1)	0	0	0	0	0	0
Delta (B.1.617.2)	157	993	565	478	518	2,711

<sup>\*</sup>Note: identification of variants of concern is through whole genome sequencing. Results for reported cases in the most recent week may not be available at the time of reporting. 100% of locally acquired cases sequenced in the week ending 7 August have been the Delta variant of concern.

Interpretation: Only the delta variant has been detected in recent weeks among locally acquired cases, and this is associated with the cluster that emerged in Sydney from 16 June 2021.

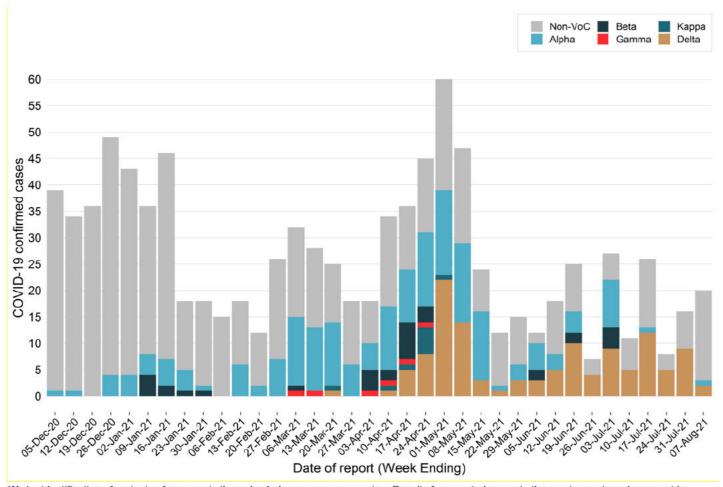
Table 10b. Variants identified among overseas acquired COVID-19 cases by week reported, NSW, 29 November 2020 to 7 August 2021

∨ariant		Week e	ending		29 Nov to	Total since 29	
vanant	7 Aug*	31 July*	24 Jul	17 Jul	10 Jul	November	
Total variants identified	3	9	5	13	334	364	
Alpha (B.1.1.7)	1	0	0	1	192	194	
Beta (B.1.351)	0	0	0	0	33	33	
Gamma (P.1)	0	0	0	0	6	6	
Kappa (B.1.617.1)	0	0	0	0	9	9	
Delta (B.1.617.2)	2	9	5	12	94	122	

<sup>\*</sup>Note: identification of variants of concern is through whole genome sequencing. Results for reported cases in the most recent week may not be available at the time of reporting.

Interpretation: In the last four weeks, the delta variant has been the most commonly detected variant among cases who acquired a variant infection overseas (28/30, 93%). These results are consistent with the increasing incidence of infections caused by the delta variant in many countries.

Figure 12. Overseas acquired COVID-19 cases by VoC and week reported, NSW, 29 November 2020 to 7 August 2021



<sup>\*</sup>Note: identification of variants of concern is through whole genome sequencing. Results for reported cases in the most recent week may not be available at the time of reporting.

Interpretation: Since 29 November 2020 there have been 364 returned travellers diagnosed with a COVID-19 VoC. In the four weeks ending 7 August 2021, 43% (30/70) of overseas acquired cases have been identified as having COVID-19 variants of concern.

### Section 9: NSW Sewage Surveillance Program

The NSW Sewage Surveillance Program tests untreated sewage for fragments of the COVID-19 (SARS-CoV-2) virus at sewage treatment plant locations across NSW. In Sydney, testing is undertaken from both the sewage treatment plant (inlet sites) and sites within the network (network sites). Testing sewage can help track infections in the community and provide early warning of an increase in infections. These tests provide data to support NSW Health's response to COVID-19.

An infected person can shed virus in their faeces even if they do not have symptoms, and shedding can continue for several weeks after they are no longer infectious. The NSW sewage surveillance for SARS-CoV-2 is in the preliminary stages of analysis and work is progressing to assess the significance of the results. For example, it is not currently known the minimum number of cases that can be detected in a catchment. A small number of cases in a large sewage catchment may not be detected by sewage surveillance due to factors such as dilution, inhibition, reduction in shedding over the infection period or movement of cases.

The table below shows results for the last 10 weeks for sites that have had detections. The results from all sites across NSW are available in Appendix D.

Table 11. Locations with SARS-CoV-2 detections in sewage samples in the last 10 weeks, NSW, week ending 5 Jun to 7 August 2021

		5	12	19	26	3	10	17	24	31	7
		June	June	June	June	July	July	July	July	July	August
Pop.	Location	22	23	24	25	26	27	28	29	30	31
60,514	Blue Mountains (Winmalee)										
110,114	Penrith	e e						9			
19,000	South Windsor										
8,000	McGraths Hill										
69,245	Warriewood										
1,241	Brooklyn										
31,924	Hornsby Heights										
57,933	West Hornsby										
318,810	Bondi										
233,176	Cronulla										
4.057.740	Malabar 1										
1,857,740	Malabar 2										
181,005	Liverpool										
98,743	West Camden										
161,200	Glenfield										
1,341,986	North Head										
00.007	Castle Hill Cattai										
26,997	Castle Hill Glenhaven	j j									
163,147	Quakers Hill										
119,309	Rouse Hill	Ĭ Ī									
37,061	Riverstone										
163,147	St Marys										
55,000	Wollongong										
68,000	Port Kembla										
93,000	Bellambi										

#### Epidemiological week 31, ending 7 August 2021

(Continued). Locations with SARS-CoV-2 detections in sewage samples in the last 10 weeks, NSW, 5 Jun to 7 Aug 2021

		5	12	19	26	3	10	17	24	31	7
Catchment	Location	June 22	June 23	June 24	June 25	July 26	July 27	July 28	July 29	July 30	August 31
Bondi	Paddington	ZZ	2.0	24	23	20	ZI	20	23	30	- 51
Bondi	Rozelle		-								
Cronulla	Caringbah										
Cronulla	Miranda										
Malabar	Earlwood										
Malabar	Marrickville 1			7							
Malabar	Marrickville 2										
Malabar	Arncliffe 1		4	7				-			
Malabar	Arncliffe 2										
Malabar	Blakehurst		-			-					
Malabar	Padstow 1										
Malabar	Padstow 2										
Malabar	Fairfield SPS 1										
11101 1010											
Malabar	Fairfield SPS 2			·							
Malabar	Homebush SPS			c.							
Malabar	Croydon										
Malabar	Dulwich Hill										
Malabar	Canterbury										
Malabar	Botany										
Malabar	Maroubra										
North Head	Camellia SPS - North										
North Head	Camellia SPS - South										
North Head	Auburn										
North Head	Northmead SPS										
North Head	Northmead										
North Head	Tunks Park										
North Head	Vineyard Creek										
North Head	Boronia										
North Head	West Lindfield										
North Head	Lane Cove West Sewage Network										
North Head	Allambie Heights										
North Head	Buffalo Creek Reserve										
Glenfield	Minto										
Liverpool	Ireland Park										
Quakers Hill	Eastern Creek										
St Marys	Ropes Creek										
14,700	Bowral										
14,000	Mittagong										
9,000	Moss Vale										
18,000	Bomaderry										
59,060	Charmhaven										
29,300	Wyong-Toukley										
	Mannering Park										
38,900	Bateau Bay										
41,300	Woy Woy										
2,050	Bourke										

#### Epidemiological week 31, ending 7 August 2021

12,000	Mudgee						
1,700	Molong						
37,000	Dubbo						
24,000	Armidale						
225,834	Hunter - Burwood Beach		Ť				
60,000	Hunter - Shortland						
115,000	Hunter - Belmont						
21,500	Hunter - Kurri Kurri						
	Byron Bay						
7,010	Bonny Hills						
50,000	Coffs Harbour						

Sampling commenced week ending 18 July 2020



not sampled or analysed SARS-CoV-2 not detected SARS-CoV-2 detected

site moved to composite sample or ceased

Sewage Pumping Sta ion result pending, not available at time of

reporting

Interpretation: In the week ending 7 August, 184 sewage samples were tested for fragments of SARS-CoV-2. Of these, there were 77 detections. The sewage treatment plants at Woolgoolga and Moama were added as new sites. There were 28 detections outside Sydney taken from the Armidale, Bomaderry, Bonny Hills, Bowral (2), Charmhaven (2), Coffs Harbour, Dubbo (2), Burwood Beach (4), Shortland (4), Belmont, Kurri Kurri, Mannering Park, Mittagong, Mudgee (2), Woy Woy and Toukley (3) sewage treatment plants.

In Sydney there were detections from the sewage treatment plants in:

Bondi (2), Castle Hill-Cattai, Cronulla (2), Glenfield, Liverpool, Malabar (4), McGraths Hill, North Head (2), Penrith, Quakers Hill, Riverstone, Rouse Hill, St Marys, Warriewood (2), West Camden, West Hornsby, Wilmalee and Wollongong.

There were also detections from the sewage networks and pumping stations within:

- the Cronulla catchment including Miranda
- the Malabar catchment including Arncliffe 1, Blakehurst, Croydon, Dulwich Hill, Earlwood, Fairfield 1&2, Maroubra, Marrickville 2 and Padstow 1.
- the North Head catchment including Buffalo Creek Reserve, Camellia North & South, Lane Cove West, Tunks Park and West Lindfield.
- the Quakers Hill catchment including Eastern Creek
- the Glenfield catchment including Minto
- the St Marys catchment including Ropes Creek
- Port Kembla (2)
- Bellambi (2)

Detections from Armidale, Bomaderry, Bonny Hills, Castle Hill-Cattai, Charmhaven, Coffs Harbour, Dubbo, Burwood Beach, Shortland, Mudgee, Woy Woy and West Lindfield occurred with no known or recent cases in the catchment. Subsequently cases were identified in all these catchments except Bombaderry, Bonny Hills, Coffs Harbour, and Woy Woy.

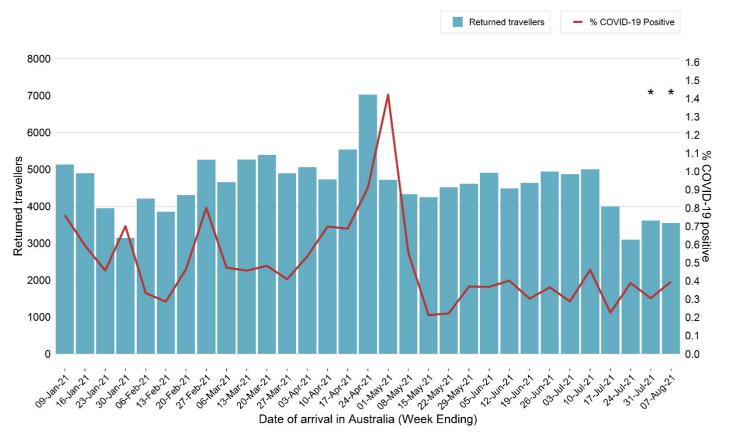
#### Section 10: COVID-19 in returned travellers

To limit the spread of COVID-19 into NSW, travel restrictions were introduced for all non-Australian citizens and permanent residents in mid-March 2020. In addition:

- From 29 March 2020 returned travellers have been quarantined in hotels for a 14-day period and travellers who develop symptoms are isolated until no longer infectious. Returned travellers are screened on entry and exit from quarantine and following release from quarantine.
- From 22 January 2021 (local time at departure point) all people travelling to Australia on flights must provide proof of a negative COVID-19 PCR test result at the time of check-in.

The figure below shows the number of returned travellers screened at Sydney International Airport since 2021. Returned travellers include international flight crew who are required to be tested before leaving the airport.

Figure 13. Returned travellers screened at Sydney International Airport by week of arrival and percent COVID-19 positive, NSW, 3 January 2021 to 7 August 2021



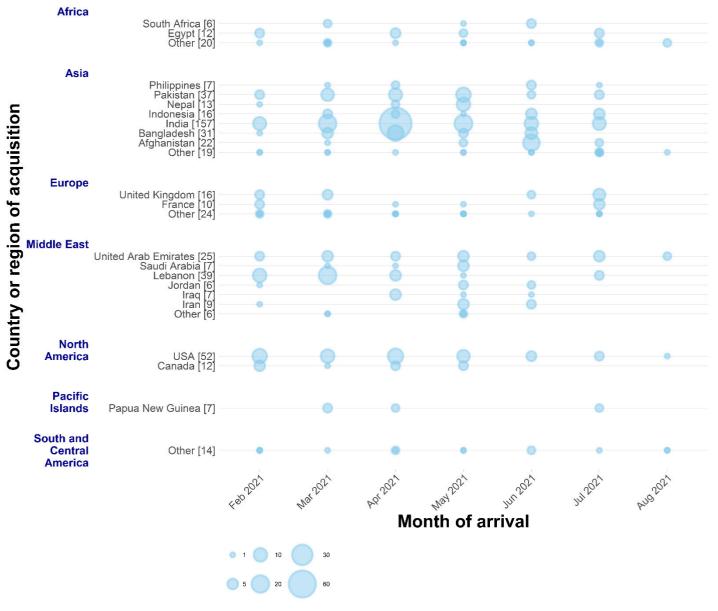
\*Returned travellers entering Australia in the past 14 days are still in quarantine and may return a positive result prior to the end of their hotel quarantine period.

Interpretation: Since 3 January 2021, there has been on average 658 people screened on arrival through Sydney International Airport daily. In the last four weeks, 31 returned travellers have subsequently tested positive for COVID-19 while completing quarantine. The proportion of returned travellers who test positive for COVID-19 has been low. In the week ending 1 May 2021 the proportion increased to over 1% (1.4%) of returned travellers testing positive, but this has subsequently fallen back to lower levels.

#### Country of acquisition of COVID-19 for returned travellers

The following figure displays the countries and regions with the greatest numbers of returned international travellers diagnosed with COVID-19 in NSW.

Figure 14. Overseas acquired COVID-19 cases by country of acquisition and arrival month, NSW, 1 February 2022 to 7 August 2021\*



<sup>\*</sup> Data for current month is incomplete

Interpretation: In April 2021, there was a significant increase in detections of COVID-19 in travellers from India, which subsided following travel restrictions introduced in May. The pattern seen in COVID-positive returned travellers over time reflects the evolving nature of the pandemic in those areas and the country of origin of returned travellers, as well as travel requirements enacted by the Australian Government.

In the last four weeks, there have been 70 COVID-positive returned travellers in NSW. The table below lists countries of acquisition for these travellers.

Table 12. Top countries of acquisition for overseas acquired cases that have tested positive in the last four weeks, 11 July 2021 to 7 August 2021

Country of acquisition of COVID-19	Number (%) of cases in the last four weeks
India	6 (9%)
United Arab Emirates	6 (9%)
France	5 (7%)
Indonesia	5 (7%)
United Kingdom	5 (7%)
Egypt	3 (4%)
Fiji	3 (4%)
China (excludes SARs and Taiwan)	2 (3%)
Colombia	2 (3%)
Kenya	2 (3%)
Lebanon	2 (3%)
Thailand	2 (3%)
USA	2 (3%)
Zimbabwe	2 (3%)
Other	23 (33%)
Total	70 (100%)

**Interpretation**: In the four weeks to 7 August 2021, travellers returning from India and the United Arab Emirates accounted for the largest number of overseas acquired cases (6, 9%).

#### Cases among returned travellers in quarantine

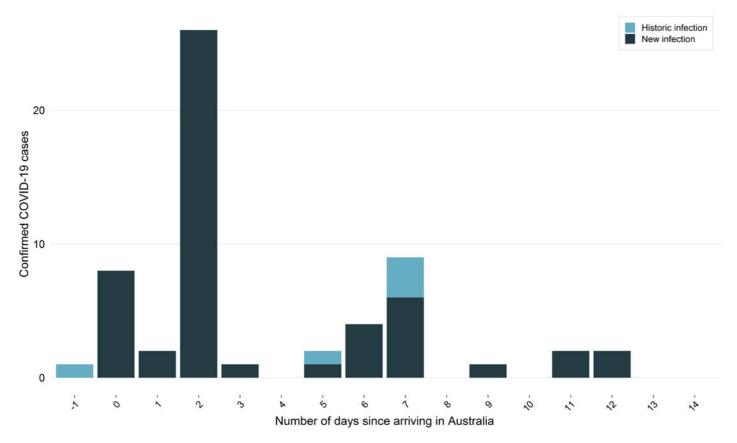
The program of screening all overseas travellers after arrival in NSW commenced on 15 May 2020. From 30 June 2020, the program was extended to include screening of travellers on entry to quarantine, day 2 after arrival, and exit of quarantine. On 11 January 2021, exit screening of travellers was moved from day 10 to day 12 of quarantine. Routine day 7 screening was introduced on 2 June 2021. In addition to these three routine tests, individuals that become symptomatic, or who are symptomatic on arrival, are also tested.

Overseas returned travellers complete their quarantine in several facilities, with the majority in hotels managed by police or hotels managed by NSW Health (known as Special Health Accommodation). Since September 2020 international flight crew are also required to quarantine in police-managed hotels.

The figure below shows the number of overseas acquired cases in returned travellers within the quarantine program, by the number of days since they arrived in Australia. Overseas acquired cases include people with likely exposure overseas, in flight or are coquarantining with family members who acquired COVID-19 overseas.

Historical COVID-19 infections are a subset of confirmed cases that have been infected sometime in the past and are not considered infectious at the time of diagnosis. An historic case requires laboratory evidence to support historic infection and must be asymptomatic in the 14 days prior to the positive test.

Figure 15. Number of overseas acquired cases in the last four weeks who tested positive for SARS-CoV-2 within 14 days since arrival in NSW by COVID-19 infection status, 11 Jul to 7 August 2021

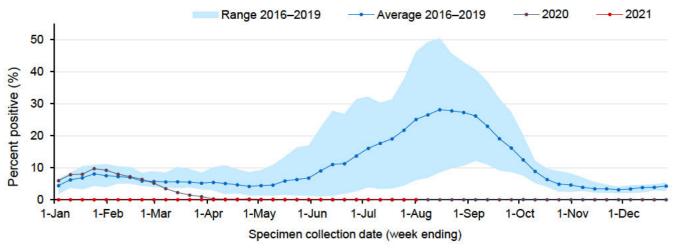


**Interpretation:** In the four weeks ending 7 August 2021, 51.4% of overseas acquired COVID-19 cases have tested positive within two days of arriving to Australia, with most people testing positive on day two screening.

## Section 11: Other respiratory infections in NSW How much influenza is circulating?

The graph below shows the proportion of tests found to be positive for influenza with the red line showing weekly counts for 2021, the dark blue line showing counts for 2020, the light blue line showing the average for 2016 to 2019 and the shaded area showing the range recorded for 2016 to 2019.

Figure 16. Proportion of tests positive for influenza, NSW, 1 January 2016 to 01 August 2021

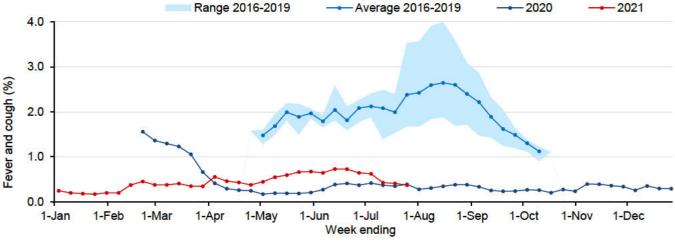


Interpretation: In the week ending 1 August, the percent of influenza tests that were positive continued to be very low (<0.01%), indicating limited influenza transmission in the community. Since early March 2020, this percentage has remained far lower than the usual range for the time of year. There have been 13 influenza cases reported in 2021 and none were reported in the week ending 1 August.

#### How many people have flu-like symptoms in the community?

FluTracking is an online survey that asks participants to report flu-like symptoms, such as fever or cough, in the last week. Across NSW approximately 25,000–30,000 people participate each week. The survey usually commences at the beginning of May in line with the flu season but has continued throughout the year due to the COVID-19 outbreak.

Figure 17. Proportion of FluTracker participants reporting influenza-like illness, NSW, 1 January 2016 to 08 August 2021



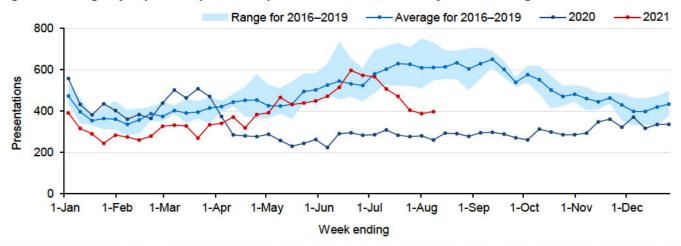
Interpretation: In NSW in the week ending 8 August July 2021, of the 23,823 people surveyed, 79 people (0.33%) reported flu-like symptoms. In the last four weeks, 50% (172/347) of new cases of flu-like illness reported having a COVID-19 test. The proportion of people with flu-like symptoms being tested for COVID-19 has decreased since January, when 80% reported being tested, and has remained at around 50% since early April 2021.

#### How are emergency department presentations tracking?

Improved hygiene and social distancing measures implemented during the COVID-19 pandemic have impacts on a broad range of other viral and bacterial infections.

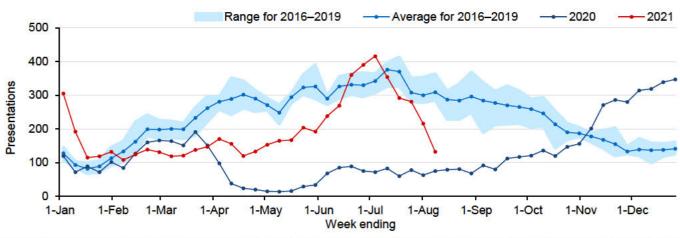
The figures below show weekly pneumonia and bronchiolitis presentations to Emergency Departments in NSW, using PHREDSS<sup>2</sup>. The red line shows the weekly counts for 2021, the dark blue line showing counts for 2020, the light blue line showing the average for 2016 to 2019 and the shaded area showing the range recorded for 2016 to 2019.

Figure 18. Emergency Department pneumonia presentations, NSW, 1 January 2016 to 08 August 2021



Interpretation: Pneumonia presentations include people with diagnoses of viral, bacterial, atypical or unspecified pneumonia, and Legionnaires' disease, but excludes 'pneumonia with influenza' and provides an indicator of more severe respiratory conditions. In the week ending 8 August, pneumonia presentations increased very slightly following a six week decline and remain significantly below the seasonal range for this time of year.

Figure 19. Emergency Department bronchiolitis presentations, NSW, 1 January 2016 to 08 August 2021



Interpretation: Bronchiolitis is a common disease of infants often caused by respiratory syncytial virus (RSV). Public health measures introduced last year around social distancing and improved hygiene practices coincided with a large decrease in bronchiolitis presentations for the majority of 2020. A rise in bronchiolitis presentations in the later part of 2020 corresponds to an increase in RSV detections. In the week ending 8 August 2021, bronchiolitis presentations continue to decrease and are below the seasonal range for this time of year.

<sup>&</sup>lt;sup>2</sup> NSW Health Public Health Rapid, Emergency Disease and Syndromic Surveillance (PHREDSS) system, CEE, NSW Ministry of Health. Comparisons are made with data for the preceding 5 years. Includes unplanned presentations to 67 NSW emergency departments (accounts for 87% of total public ED activity).

Appendix A: COVID-19 PCR tests in NSW by Local Government Area

препакт	A. COVID-19 FCK	CStS III		ending	Verminent	Thursday 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -		
		0	7-Aug		1-Jul	Total since	January 2021	
Local Health District	Local Government Area	No.	Tests per 1,000 population	No.	Tests per 1,000 population	No.	Tests per 1,000 population	
<b>Central Coast</b>	LHD Total <sup>2</sup>	25213	71.45	32235	91.35	360921	1022.84	
	Balranald	32	13.69	36	15.40	1106	473.05	
	Broken Hill	252	14.42	279	15.96	12346	706.33	
Far West	Central Darling	14	7.61	17	9.24	754	410.01	
	Wentworth	57	8.08	125	17.72	4956	702.68	
	LHD Total <sup>2</sup>	355	11.78	457	15.16	19162	635.68	
	Armidale Regional	1534	49.84	847	27.52	22054	716.53	
	Cessnock	2091	34.86	1158	19.30	31595	526.72	
	Dungog	246	26.11	153	16.24	5167	548.34	
	Glen Innes Severn	208	23.45	102	11.50	3674	414.16	
	Gunnedah	391	30.83	230	18.14	6701	528.43	
	Gwydir	93	17.37	59	11.02	1597	298.34	
	Inverell	511	30.25	216	12.79	8793	520.60	
	Lake Macquarie	16379	79.55	6817	33.11	200838	975.41	
	Liverpool Plains	256	32.39	137	17.34	4225	534.61	
	Maitland	6537	76.76	2917	34.25	89217	1047.57	
	Mid-Coast	2772	29.54	1731	18.45	49787	530.57	
Hunter New England	Moree Plains	320	24.13	185	13.95	8067	608.33	
Liigiana	Muswellbrook	559	34.13	326	19.91	9497	579.90	
	Narrabri	278	21.16	170	12.94	5127	390.33	
	Newcastle	10753	64.94	4849	29.29	182727	1103.62	
	Port Stephens	2748	37.40	1521	20.70	56389	767.40	
	Singleton	1141	48.63	624	26.60	18937	807.17	
	Tamworth Regional	2239	35.80	1331	21.28	46623	745.48	
	Tenterfield	113	17.14	77	11.68	2225	337.43	
	Upper Hunter Shire	516	36.39	230	16.22	8389	591.61	
	Uralla	156	25.95	123	20.46	2695	448.27	
	Walcha	64	20.42	44	14.04	1831	584.24	
	LHD Total <sup>2</sup>	49890	52.38	23829	25.02	765677	803.96	
	Kiama	928	39.68	1009	43.15	23676	1012.40	
	Shellharbour	4071	55.59	4373	59.71	74956	1023.53	
Illawarra Shoalhaven	Shoalhaven	3558	33.68	2817	26.66	77377	732.40	
Gilouniaven	Wollongong	11293	51.78	12535	57.47	234212	1073.81	
	LHD Total <sup>2</sup>	19850	47.31	20734	49.41	410221	977.62	
	Bellingen	311	23.93	246	18.93	8309	639.35	
	Coffs Harbour	1757	22.74	1553	20.10	45374	587.16	
Mid North	Kempsey	861	28.95	601	20.21	18647	626.90	
Coast	Nambucca	366	18.48	290	14.64	10294	519.77	
	Port Macquarie-Hastings	2847	33.68	1761	20.83	56075	663.41	
	LHD Total <sup>2</sup>	6142	27.22	4451	19.72	138699	614.62	
	Albury	1384	25.46	1484	27.30	39288	722.83	
Murrumbidgee	Berrigan	125	14.29	125	14.29	3339	381.60	
-	Bland	94	15.74	75	12.56	2835	474.72	

## COVID-19 WEEKLY SURVEILLANCE IN NSW Epidemiological week 31, ending 7 August 2021

			Week	ending		Total since	January 2004
		0	7-Aug		1-Jul	l otal since	January 2021
Local Health District	Local Government Area	No.	Tests per 1,000 population	No.	Tests per 1,000 population	No.	Tests per 1,000 population
	Carrathool	14	5.00	39	13.93	705	251.88
	Coolamon	113	26.03	86	19.81	2611	601.47
	Cootamundra-Gundagai Regional	241	21.45	271	24.12	6695	595.91
	Edward River	173	19.04	134	14.75	4595	505.83
	Federation	249	20.02	264	21.23	6378	512.82
	Greater Hume Shire	300	27.87	290	26.94	7224	671.13
	Griffith	475	17.57	560	20.72	18226	674.31
	Hay	41	13.90	33	11.19	1065	361.14
	Hilltops	395	21.12	343	18.34	10899	582.71
	Junee	138	20.65	133	19.90	3036	454.29
	Lachlan <sup>1</sup>	68	11.19	83	13.66	1893	311.60
	Leeton	172	15.03	176	15.38	5386	470.60
	Lockhart	106	32.27	96	29.22	1736	528.46
	Murray River	53	4.37	44	3.63	1689	139.38
	LHD Total <sup>2</sup>	63	16.08	64	16.34	1631	416.39
	Narrandera	82	13.90	65	11.02	2147	363.96
	Snowy Valleys	222	15.33	214	14.78	7903	545.82
	Temora	101	16.01	103	16.33	2432	385.60
	Wagga Wagga	2067	31.67	1915	29.35	55089	844.17
	LHD Total <sup>2</sup>	6627	22.23	6535	21.92	185518	622.32
	Blue Mountains	4937	62.40	3996	50.51	99080	1252.31
Nepean Blue	Hawkesbury	5578	82.89	5093	75.68	76490	1136.62
Mountains	Lithgow	475	21.99	430	19.90	12521	579.54
	Penrith	29245	137.32	19954	93.69	268462	1260.52
	LHD Total <sup>2</sup>	39663	101.44	28920	73.97	451707	1155.30
	Ballina	1647	36.91	1040	23.30	40934	917.23
	Byron	1249	35.60	946	26.97	32762	933.90
	Clarence Valley	1148	22.22	836	16.18	23913	462.87
	Kyogle	162	18.42	104	11.82	3759	427.35
Northern NSW	Lismore	1414	32.36	983	22.50	32666	747.64
	Richmond Valley	691	29.45	701	29.87	15196	647.60
	Tenterfield	113	17.14	77	11.68	2225	337.43
	Tweed	2789	28.75	1858	19.15	55155	568.60
	LHD Total <sup>2</sup>	9117	29.38	6489	20.91	204879	660.13
	Hornsby	7014	46.13	6474	42.58	160628	1056.35
	Hunters Hill	1506	100.53	1482	98.93	37544	2506.28
	Ku-ring-gai	6827	53.69	7981	62.77	207981	1635.68
	Lane Cove	3533	87.98	3859	96.10	101868	2536.87
Northern	Mosman	1279	41.28	1360	43.90	42553	1373.52
Sydney	North Sydney	2559	34.11	2820	37.59	81563	1087.20
	Northern Beaches	15607	57.06	30184	110.36	524990	1919.53
	Parramatta <sup>1</sup>	26763	104.06	22428	87.20	281043	1092.71
	Ryde	13532	103.08	10055	76.60	174531	1329.55
	Willoughby	2781	34.25	2938	36.19	82494	1016.07
	LHD Total <sup>2</sup>	58010	60.69	69813	73.03	1465766	1533.36

## COVID-19 WEEKLY SURVEILLANCE IN NSW Epidemiological week 31, ending 7 August 2021

		4	Week			Total since	January 2024
		07	7-Aug		1-Jul	Total since	January 2021
Local Health District	Local Government Area	No.	Tests per 1,000 population	No.	Tests per 1,000 population	No.	Tests per 1,000 population
	Bayside	14665	82.20	13670	76.63	199349	1117.45
	Georges River	20015	125.51	16617	104.20	182781	1146.17
	Randwick	10196	65.51	10586	68.01	265532	1705.97
South Eastern	Sutherland Shire	16039	69.55	15625	67.75	302014	1309.63
Sydney	Sydney <sup>1</sup>	17807	72.29	18551	75.31	393367	1596.83
	Waverley	4913	66.13	5141	69.20	155547	2093.64
	Woollahra	3644	61.36	3794	63.89	124431	2095.26
	LHD Total <sup>2</sup>	74768	77.96	71389	74.43	1369837	1428.25
	Camden	14601	143.94	14708	145.00	170723	1683.04
	Campbelltown	29542	172.82	22561	131.98	234915	1374.23
	Canterbury-Bankstown <sup>1</sup>	104153	275.60	89658	237.24	573764	1518.23
South Western	Fairfield	52174	246.46	57320	270.77	353763	1671.10
Sydney	Liverpool	43174	189.70	42089	184.94	336960	1480.59
	Wingecarribee	2425	47.42	2742	53.62	58225	1138.67
	Wollondilly	4168	78.42	4613	86.79	47277	889.52
	LHD Total <sup>2</sup>	198117	190.77	184388	177.55	1478338	1423.49
	Bega Valley	514	14.91	463	13.43	19316	560.27
	Eurobodalla	737	19.16	619	16.09	27633	718.24
	Goulburn Mulwaree	879	28.23	1031	33.12	23264	747.27
Southern NSW	Queanbeyan-Palerang Regional	1035	16.94	981	16.06	29413	481.39
	Snowy Monaro Regional	442	21.26	398	19.14	13021	626.16
	Upper Lachlan Shire	194	24.07	193	23.95	5000	620.42
	Yass Valley	272	15.92	224	13.11	7170	419.62
	LHD Total <sup>2</sup>	4077	18.78	3915	18.04	124890	575.34
	Burwood	3422	84.26	2898	71.36	37790	930.51
	Canada Bay	7293	75.91	5837	60.76	128661	1339.19
Condenses:	Canterbury-Bankstown <sup>1</sup>	104153	275.60	89658	237.24	573764	1518.23
Sydney	Inner West	14680	73.10	14530	72.36	292226	1455.23
	Strathfield	7891 17807	168.16	6666	142.05	71143	1516.07
	LHD Total <sup>2</sup> LHD Total <sup>2</sup>	17807 95884	72.29	18551 90334	75.31 129.65	393367 1070555	1596.83
	Bathurst Regional	1226	137.61 28.11	1384	31.73	37589	1536.45 861.78
	Blayney	181	24.53	243	32.93	6944	941.05
	Bogan	37	14.34	25	9.69	1383	536.05
	Bourke	40	15.44	36	13.90	1186	457.92
	Brewarrina	16	9.93	10	6.21	525	325.88
	Cabonne	331	24.28	431	31.61	7681	563.37
	Cobar	59	12.67	34	7.30	1968	422.50
Western NSW	Coonamble	92	23.24	67	16.93	1733	437.85
	Cowra	209	16.40	262	20.56	6975	547.36
	Dubbo Regional	1618	30.12	1200	22.34	37915	705.80
	Forbes	178	17.97	169	17.06	4907	495.36
	Gilgandra	74	17.46	50	11.80	1793	422.98
	Lachlan <sup>1</sup>	68	11.19	83	13.66	1893	311.60
	Mid-Western Regional	1358	53.78	553	21.90	17439	690.63
		.500	30.10	555	_1.00		550.00

			Week	ending		Total aines	January 2021
		0	7-Aug	3	1-Jul	Total Since	January 2021
Local Health District	Local Government Area	No.	Tests per 1,000 population	No.	Tests per 1,000 population	No.	Tests per 1,000 population
	Narromine	172	26.39	125	19.18	3454	530.00
	Oberon	136	25.13	139	25.69	3147	581.59
	Orange	1345	31.68	2611	61.51	49320	1161.81
	Parkes	284	19.14	287	19.34	8411	566.89
	Walgett	104	17.47	80	13.44	2639	443.31
	Warren	132	48.94	61	22.62	2471	916.20
	Warrumbungle Shire	231	24.90	151	16.28	5028	541.93
	Weddin	67	18.54	85	23.53	1682	465.54
	LHD Total <sup>2</sup>	7941	27.86	8070	28.31	205584	721.32
	Blacktown	56448	150.75	55357	147.84	491477	1312.53
2021 21	Cumberland	56000	231.86	45891	190.01	355929	1473.70
Western Sydney	Parramatta <sup>1</sup>	26763	104.06	22428	87.20	281043	1092.71
Sydney	The Hills Shire	17744	99.70	18471	103.79	281877	1583.85
	LHD Total <sup>2</sup>	156210	148.29	141547	134.37	1373571	1303.90
NSW Total <sup>3</sup>		770553	95.25	709819	87.74	5958867	736.59

Source - Notifiable condition information management System, accessed as at 8pm10 Aug 2021

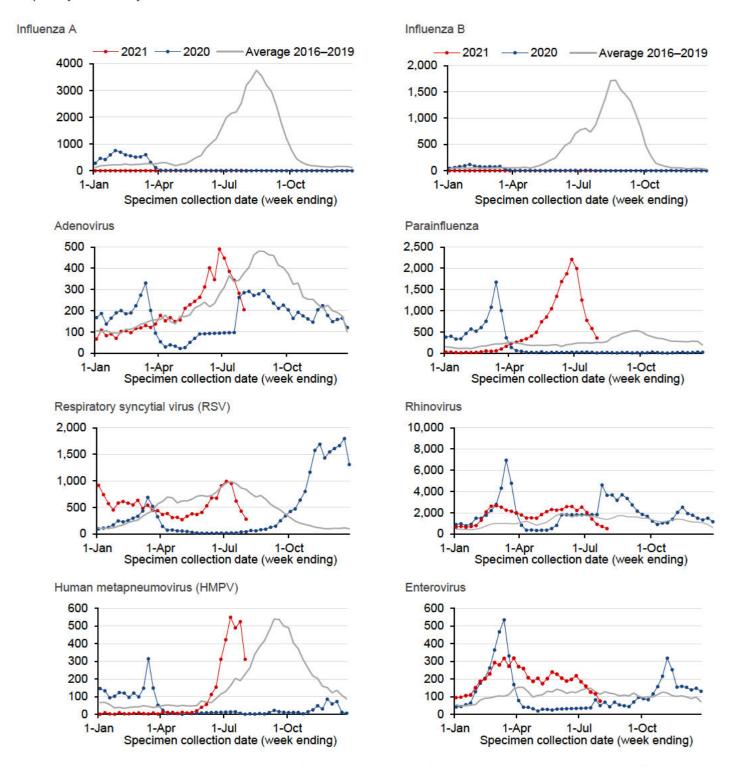
<sup>1</sup> Local Government Area (LGA) spans multiple Local Health Districts.

<sup>2</sup> Local Health District total counts and rates includes tests for LHD residents only. Murrumbidgee includes Albury LGA residents.

<sup>3</sup> NSW Total counts and rates since January 2021 include tests where residential information is incomplete. See https://www.health.nsw.gov.au/Infectious/covid-19/Pages/counting-tests.aspx for detail on how tests are counted.

# Appendix C: Number of positive PCR test results for influenza and other respiratory viruses at sentinel NSW laboratories, January 2020 to 08 August 2021

Not all samples are tested for all of the other respiratory viruses. Therefore, data presented may tend to under-represent current respiratory virus activity in NSW.



Note: Preliminary laboratory data is provided by participating sentinel laboratories on a weekly basis and are subject to change. Serological diagnoses are not included.

## Appendix D: SARS-CoV-2 testing in sewage samples collected in the previous 10 weeks, week ending 7 Aug 2021

The NSW Sewage Surveillance Program tests untreated sewage for fragments of the COVID-19 (SARS-CoV-2) virus at sewage treatment plant locations across NSW. Charlotte Pass has recommenced sampling. The table below shows results for the last 10 weeks of samples collected across all sites in NSW.

	Sydney Sites	5- Jun	12- Jun	19- Jun	26- Jun	3- Jul	10- Jul	17- Jul	24- Jul	31- Jul	7- Aug
Pop.	Location	22	23	24	25	26	27	28	29	30	31
60, 514	Blue Mountains (Winmalee)										
4,681	North Richmond										
13,052	Richmond										
110,114	Penrith										
12,000	Lithgow										
19,000	South Windsor										
8,000	McGraths Hill										
69,245	Warriewood										
1,241	Brooklyn				9		S (0				
31,924	Hornsby Heights										
57,933	West Hornsby										
318,810	Bondi										
233,176	Cronulla										
1,857,740	Malabar 1										
	Malabar 2										
181,005	Liverpool										
98,743	West Camden										
6,882	Wallacia										
14,600	Picton										
161,200	Glenfield										
1,341,986	North Head	a.									
26,997	Castle Hill Cattai										
	Castle Hill Glenhaven										
163,374	Quakers Hill										
119,309	Rouse Hill										
37,61	Riverstone										
163,147	St Marys			ĺ							
73,686	Shellharbour										
55,000	Wollongong										
68,000	Port Kembla										
93,000	Bellambi										

#### Epidemiological week 31, ending 7 August 2021

Sydney Netw	ork Sites	5- June	12- June	19- June	26- June	3- July	10- July	17- July	24- July	31- July	7- Aug
Network	Location	22	23	24	25	26	27	28	29	30	31
Bondi	Paddington Sewage Network										
Bondi	Rozelle Sewage Network				Î						
Cronulla	Caringbah Sewage Network										
Cronulla	Miranda Sewage Network										
Malabar	Earlwood Sewage Network										
Malabar	Marrickville Sewage Network 1										
Malabar	Marrickville Sewage Network 2										
Malabar	Bardwell Creek Sewage Network										
Malabar	Arncliffe Sewage Network 1										
Malabar	Arncliffe Sewage Network 2										
Malabar	Blakehurst Sewage Network										
Malabar	Padstow Sewage Network 1										
Malabar	Padstow Sewage Network 2										
Malabar	Fairfield SPS 1										8
Malabar	Fairfield SPS 2										
Malabar	Homebush SPS										
Malabar	Olympic Park										
Malabar	Croydon Sewage Network										
Malabar	Dulwich Hill Sewage Network										
Malabar	Canterbury Sewage Network										
Malabar	Botany Sewage Network										
Malabar	Maroubra Sewage Network										
North Head	Camellia SPS - North								2.		
North Head	Camellia SPS - South								\$		
North Head	Auburn Sewage Network										
North Head	Northmead SPS										
North Head	Northmead Sewage Network										
North Head	Tunks Park Sewage Network						j				
North Head	Vineyard Creek Sewage Network										
North Head	Boronia Park Sewage Network										
North Head	West Lindfield Sewage Network										
North Head	Lane Cove West Sewage Network										
North Head	Allambie Heights Sewage Network										
North Head	Buffalo Creek Reserve Sewage Network										
Glenfield	Minto Sewage Network										
Liverpool	Ireland Park Sewage Network										
Quakers Hill	Eastern Creek Sewage Network										
St Marys	Ropes Creek Sewage Network							e)			

#### Epidemiological week 31, ending 7 August 2021

Regional S	ites	5- June	12- June	19- June	26- June	3- July	10- July	17- July	24- July	31- July	7- Aug
Pop.	Location	22	23	24	25	26	27	28	29	30	31
14,700	Bowral									8	
14,000	Mittagong										
9,000	Moss Vale										
1,000	Вепіта										
2,000	Bundanoon										
900	Robertson										
16,68	Bombo										
7,200	Gerringong/Gerroa										
32,000	Ulladulla										
18,000	Bomaderry				. (						
37,500	Nowra				, Î						
14,000	Vincentia										
16,000	St Georges Basin										
11,000	Cullburra Beach				,						
139,500	Gosford-Kincumber										
59,60	Charmhaven										
29,300	Wyong-Toukley										
15,800	Gwandalan-Mannering										
	Mannering Park							2			
40,500	Wyong South										
38,900	Bateau Bay										
41,300	Woy Woy				·						3
5,000	Perisher										
8,400	Thredbo										8
3,000	Jindabyne										
8,000	Cooma		8.			00					
500	Gunning										
500	Charlottes Pass										
	Albury composite	С	С	С	С	С	C	С	С	С	С
51,750	Albury Kremer St										
	Albury Waterview					<i>E</i>					
22,419	Goulburn										
21,000	Batemans Bay										
18,000	Moruya										
17,000	Narooma										
8,000	Eden										
15,500	Merimbula										
5,000	Bermagui										
7,800	Deniliquin										
5,600	Moama										
48,000	Queanbeyan										
50,000	Wagga Wagga composite	С	С	С	С	С	С	С	С	С	С
30,000	Wagga Wagga- inlet 1										

#### Epidemiological week 31, ending 7 August 2021

	Wagga Wagga- inlet 2	b L					
	Wagga Wagga -Kooringal STP						
2,300	Gundagai						
2,800	Hay						
5,000	Narrandera			,			S)

5,000	Narrandera			188							
Regional Sit	tes (con't)	5-	12-	19-	26-	3-July	10-	17-	24-	31-	7-
Pop.	Location	June 22	June 23	June 24	June 25	26	July 27	July 28	July 29	July 30	Aug 31
2,050	Griffith		20	21	20	20	Z.I	20	20	00	01
2,050	Bourke									r -	
2,500	Nyngan							6			
40,000	Orange										
12,000	Mudgee										
36,603	Bathurst										
3,700	Blayney										
1,700	Molong										
8,000	Forbes										
2,500	Coonabarabran						2	25			
1,100	Balranald									9	
19,000	Broken Hill										
500	Dareton										
1,100	Buronga										
1,200	Wentworth							4			
11,600	Parkes										
37,000	Dubbo										
24,000	Armidale										
45,000	Tamworth										
11,000	Muswel brook										
7,400	Narrabri						7				
3,300	Tenterfield						, ,				
750	Urbenville										
10,000	Moree										
26,394	Taree										
12,000	Forster										
7,582	Hallidays Point										
5,180	Harrington										
10,715	Hawks Nest										
225,834	Hunter - Burwood Beach										
60,000	Hunter - Shortland										
115,000	Hunter - Belmont										
60,000	Hunter - Morpeth										
58,300	Hunter - Boulder Bay										
35,000	Hunter - Raymond Terrace										
32,000	Hunter - Dora Creek										
42,000	Hunter - Toronto										

#### Epidemiological week 31, ending 7 August 2021

70,000	Hunter - Edgeworth						4			
2,500	Hunter - Karuah									
3,000	Hunter -Dungog									
21,500	Hunter - Kurri Kurri									
32,000	Hunter - Cessnock									
40,000	Hunter - Farley									
32500	Lismore composite	С	С	С	С	С	С	С	С	C)
17,000	East Lismore								7.	
15,500	South Lismore									

Regional Sit	tes (con't)	5- June	12- June	19- June	26- June	3₋ July	10- July	17- July	24- July	31- July	7- Aug
Pop.	Location	22	23	24	25	26	27	28	29	30	31
18,958	Byron Bay - Ocean Shores										
(both plants total)	Byron Bay						Ì				
2,000	Bangalow										
3,500	Mullumbimby						,	0			
31,104	Ballina										
7,700	Lennox Head								0		
16,000	Tweed - Murwillumbah							S			
75,000	Tweed - Banora Point										
25,000	Tweed - Kingscliff							2.			
18,000	Tweed - Hastings Point										
18,550	Grafton composite	С	С	С	С	С	С	С	С	С	С
12,250	North Grafton										
6,300	South Grafton							d.			
6,500	Yamba								7		
8,730	Nambucca Heads							7			
54,370	Port Macquarie		7				, i	7			
7,010	Bonny Hills							6			
8,540	Dunbogan										
12,105	South West Rocks										
4,052	Crescent Head										
12,000	Urunga										
14,000	Woolgoolga						-	in .			
50,000	Coffs Harbour										

sampling commenced week ending 18 July 2020
not sampled or analysed
SARS-CoV-2 not detected
SARS-CoV-2 detected
site moved to composite or ceased
c composite of the separate influent samples

n result from network sites

### Glossary

Term	Description
Case	A person infected who has tested positive to a validated specific SARS-CoV-2 nucleic acid test or has had the virus identified by electron microscopy or viral culture. Blood tests (serology) is only used in special situations following a public health investigation and require other criteria to be met in addition to the positive serology result (related to timing of symptoms and contact with known COVID-19 cases).  Case counts include:  - NSW residents diagnosed in NSW who were infected overseas or in Australia (in NSW or interstate), and  - interstate or international visitors diagnosed in NSW who were under the care of NSW Health at the time of diagnosis
Health care workers	Individuals who work within a hospital or other healthcare settings, including staff in direct or indirect contact with patients or infectious materials.
Incubation period	The time in which the case was infected. The incubation period for COVID-19 is between 1 and 14 days prior to symptom onset.
Overseas acquired case	Case who travelled overseas during their incubation period. While testing rates in NSW are high and case counts are low, cases who have travelled overseas in their incubation period are considered to have acquired their infection overseas.
Interstate acquired case	Case who travelled interstate during their infection and the public health investigation concludes the infection was likely acquired interstate.
Cluster	Group of cases sharing a common source of infection or are linked to each other in some way.

### Dates used in COVID-19 reporting

Event	Date name	Source
Person first starts to feel unwell	Date of symptom onset	Public health staff interview all cases at the time of diagnosis. This is the date provided to NSW Health by the case.
Person has a swab taken	Date of test	This date is provided to NSW Health by the laboratory when the test result (positive or negative) is notified.
Laboratory notifies NSW Health of result	Date of notification	This date is provided to NSW Health by the laboratory. Laboratories prioritise notification of positive results to allow prompt public health action.  Positive cases: The date of notification is collected by NSW Health on the day of notification. Cases are informed of their diagnosis by their doctor or public health staff as soon as the result is available. The date of notification to NSW Health is usually the same day as the date the case finds out about the result.  Negative cases: Some laboratories notify NSW Health of negative results in batches at regular intervals. For these laboratories the date of notification to NSW Health does not reflect the date the negative result was available at the laboratory. NSW Health does not collect information on the date the person was informed of the result.