



# Virus Watch

Week ending 21<sup>st</sup> May 2023

## Key Points

### Influenza and influenza-like illnesses (ILI)

- The rate of ILI presentations at sentinel GPs and emergency departments (EDs) increased in the past week.
- Influenza notifications to the Department of Health increased by 49% in the past week and remained in the higher range of values usually reported at this time of year.
- Non-influenza respiratory virus detections at PathWest Laboratory Medicine (PathWest) increased in the past week.
- COVID-19 cases increased by 8% in the past week to 4,317 cases. See [COVID-19 Weekly surveillance report \(health.wa.gov.au\)](https://www.health.wa.gov.au/COVID-19-Weekly-surveillance-report)

### Gastroenteritis

- The rate of gastroenteritis presentations to sentinel GPs decreased in the past week.
- Rotavirus notifications to the Department of Health and norovirus detections at PathWest decreased slightly in the past week.

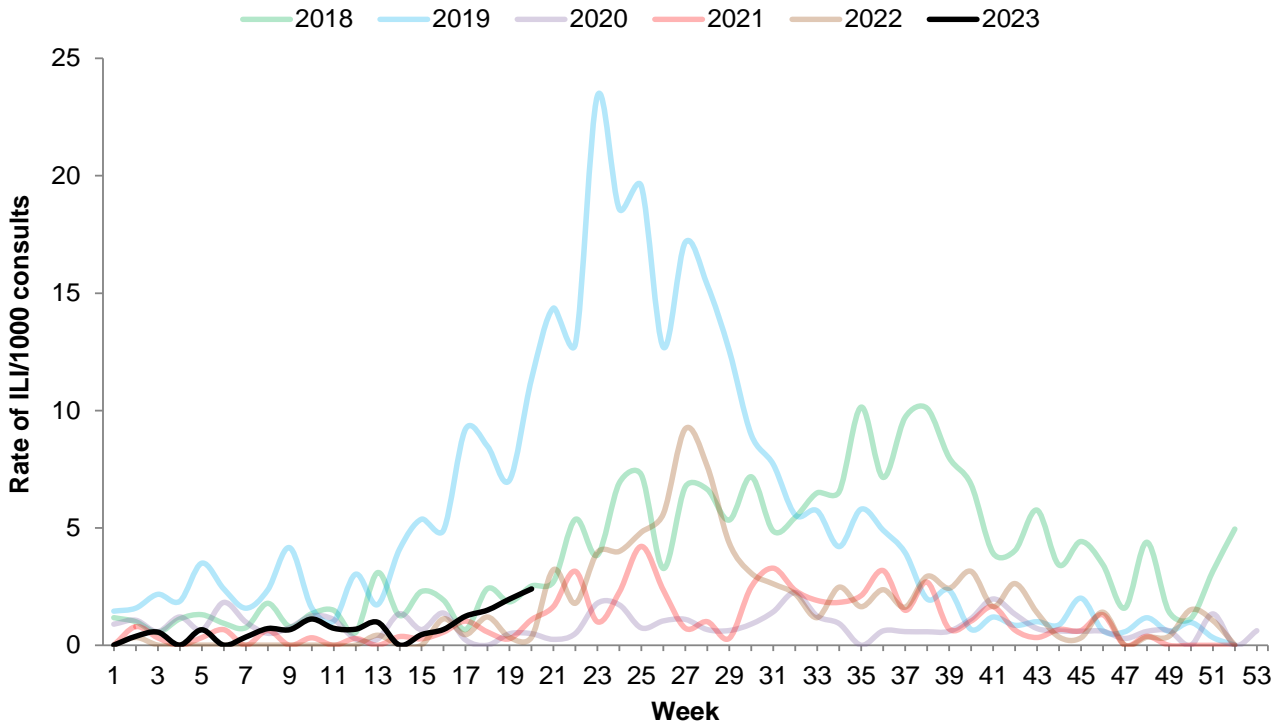
### Other vaccine-preventable diseases

- **Chickenpox and shingles:** In the past week there were no chickenpox presentations to sentinel GPs and three presentations to EDs. Shingles presentations to GPs decreased while presentations to EDs increased.
- **Measles:** No measles cases were notified in the past week.
- **Mumps:** No mumps case were notified in the past week.
- **Rubella:** No rubella cases were notified in the past week.
- **Invasive meningococcal disease (IMD):** One IMD serogroup B case was notified in an adult in the past week. See [media statement \(health.wa.gov.au\)](https://www.health.wa.gov.au/media-statement).

## Influenza and influenza-like illnesses (ILI)

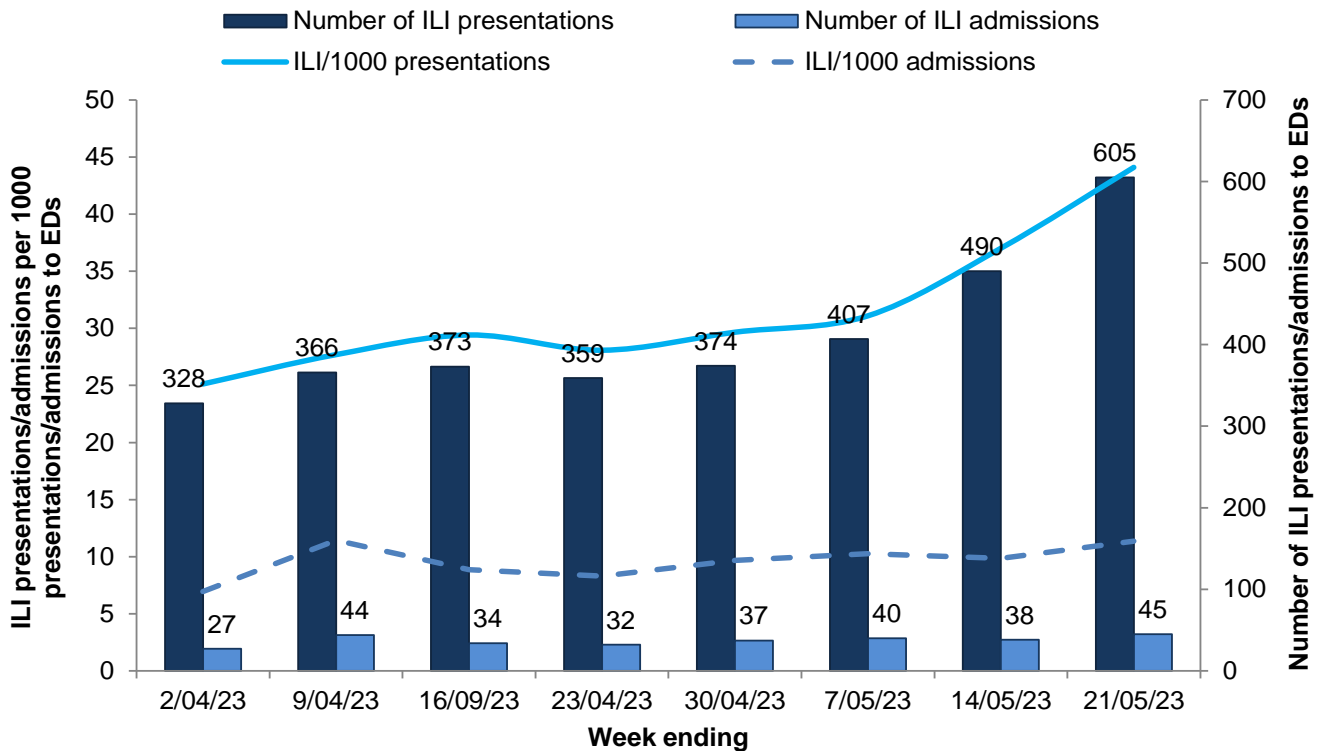
The rate of ILI presentations to sentinel GPs increased in the past week (Figure 1).

**Figure 1. Rate of ILI per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) in WA by week, 2018 to 2023 YTD**



The rate of ILI-related presentations and admissions to EDs increased in the past week (Figure 2).

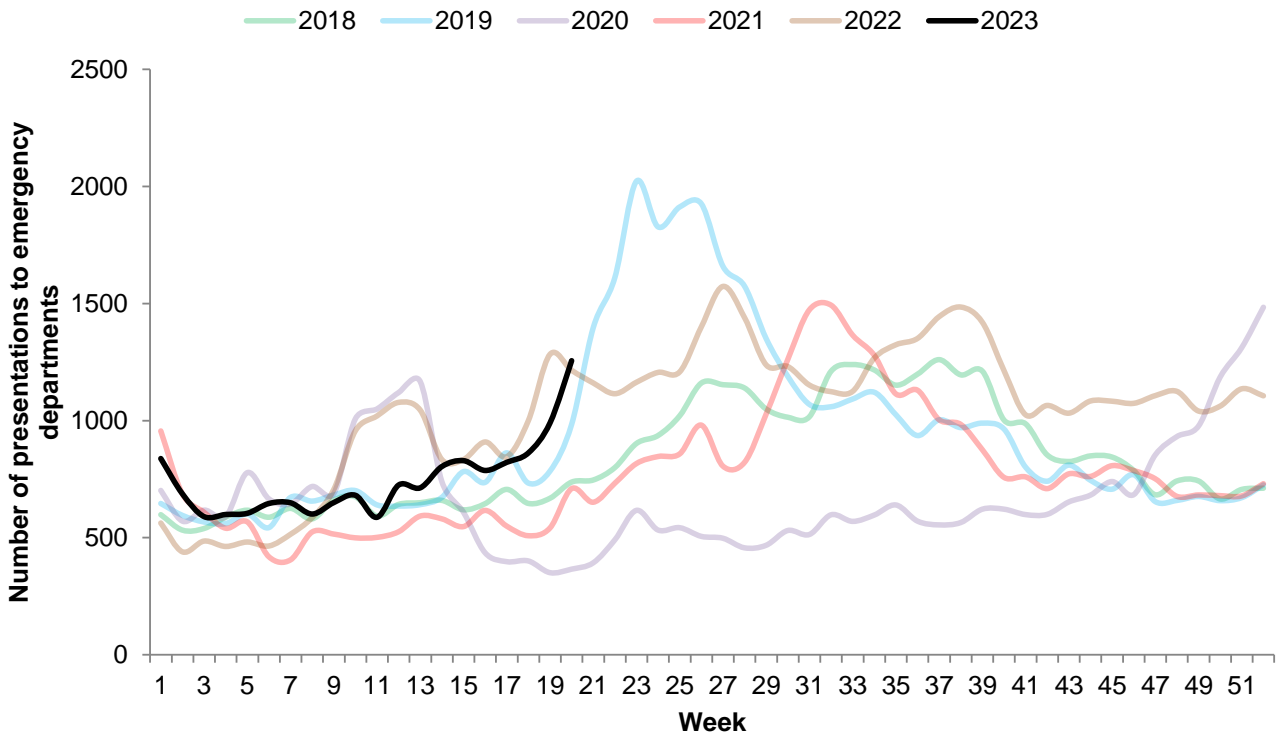
**Figure 2. Number and rate of ILI presentations/admissions to emergency departments in WA in the past eight weeks**



Note: This graph is a count of current EDIS data using the ICD codes B34.9 and J06.9, which are consistent with a clinical presentation of influenza-like illness. This data may differ from that presented in the Winter Respiratory Illness Report provided by the Information and System Performance Directorate, DoH.

The number of respiratory illness presentations to EDs increased in the past week and remained in the higher range of values usually reported at this time of year (Figure 3).

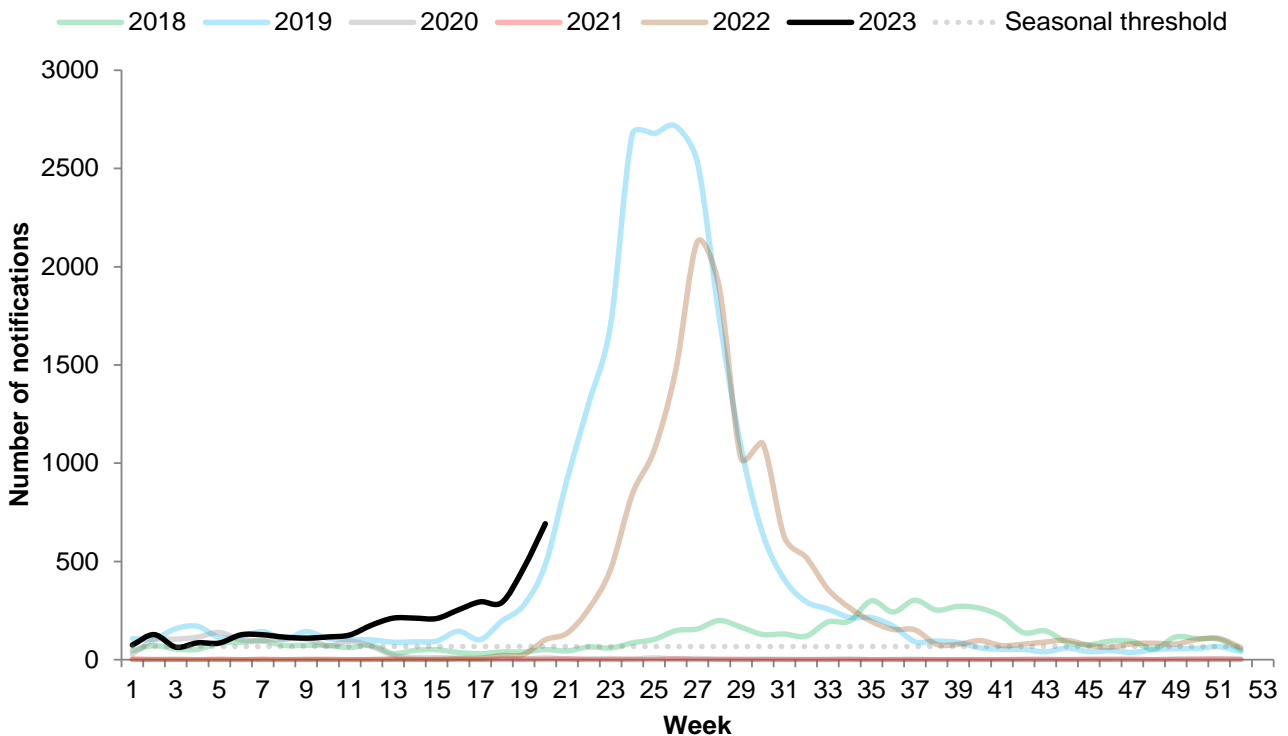
**Figure 3. Number of respiratory illness presentations to emergency departments in WA by week, 2018 to 2023 YTD**



Note: This graph is a count of current EDIS data using the ICD codes B34.9, H66.9, J00, J06.9, J09.0, J10.0, J10.1, J10.8, J11.0, J11.1, J11.8, J12.9, J18.0, J18.1, J18.8, J18.9, J20.9, J21.9, J22, J40, J44.0, J44.1, J44.9, J45.9, J46.0, J98.8, J98.9, R05 and COVID-19 code U07.1, which are consistent with a clinical presentation of all respiratory-like illness. This data is different to Figure 3 but similar to that presented in the Winter Respiratory Illness Report provided by the Information and System Performance Directorate, DoH.

In the past week, there were 692 influenza cases reported to the Department of Health, which was 49% higher compared to the previous week (Figure 4).

**Figure 4. Number of influenza notifications in WA by week, 2018 to 2023 YTD**



Note: This graph is a count of all influenza notifications by week of receipt by the DoH, WA (through WANIDD) to the end of the current reporting week. The seasonal threshold defines a value above which may indicate seasonal influenza activity. The threshold value is calculated based on analysis of inter-seasonal influenza data from 2015 to 2018.

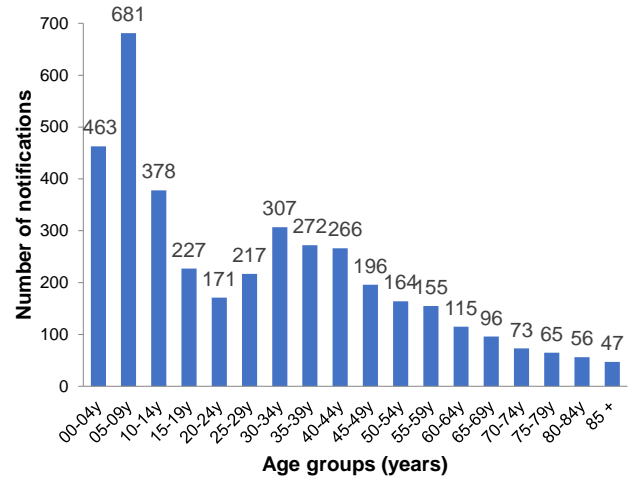
In the year to date, the number of influenza notifications and hospitalisations are higher than the previous five-year average, while the number of reported deaths is lower. Vaccination coverage to date is highest in the  $\geq 65$  year age group (Table 1). The majority of notifications have been in those aged less than 15 years (Figure 5).

**Table 1. Influenza notifications and vaccination coverage in WA, 2023 YTD**

Notifications	Category	2023 Year to Date	5 yr average
Influenza infections extracted by optimal date of onset	Notifications	3,949	1,146
	Hospitalisations	538	263
	Reported Deaths	0	7
Vaccinations	Age group	2023 Year to Date	5 yr average
Influenza vaccinations as recorded in the Australian Immunisation Register	6mo-< 5 yrs	8.6%	NA
	5-<15 yrs	6.6%	NA
	15-<50 yrs	10.9%	NA
	50-<65 yrs	22.1%	NA
	$\geq 65$ yrs	47.5%	NA

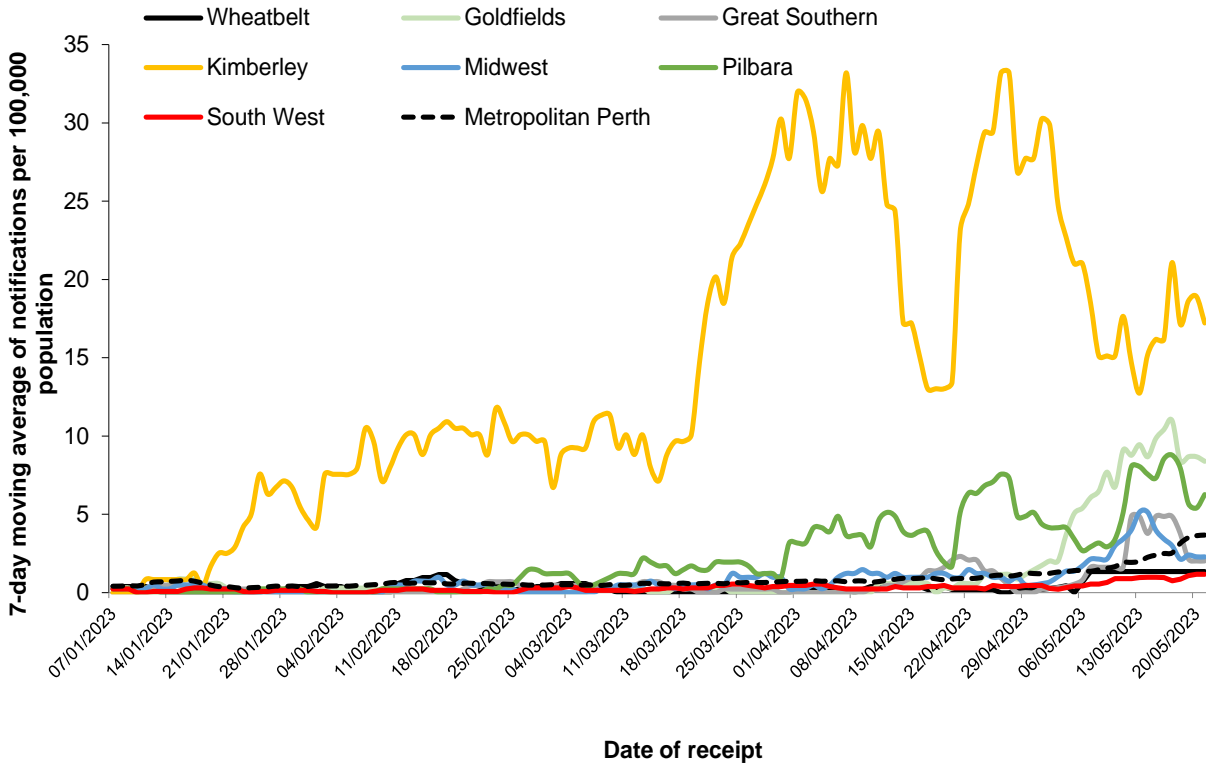
Note: NA: data not available. Notification data source: WANIDD. Vaccination data source: AIR data downloaded from [National Centre for Immunisation Research and Surveillance](#)

**Figure 5. Influenza notifications by age group in WA, 2023 YTD**



In the last week, the seven-day moving average for influenza notification rates increased in all regions (Figure 6).

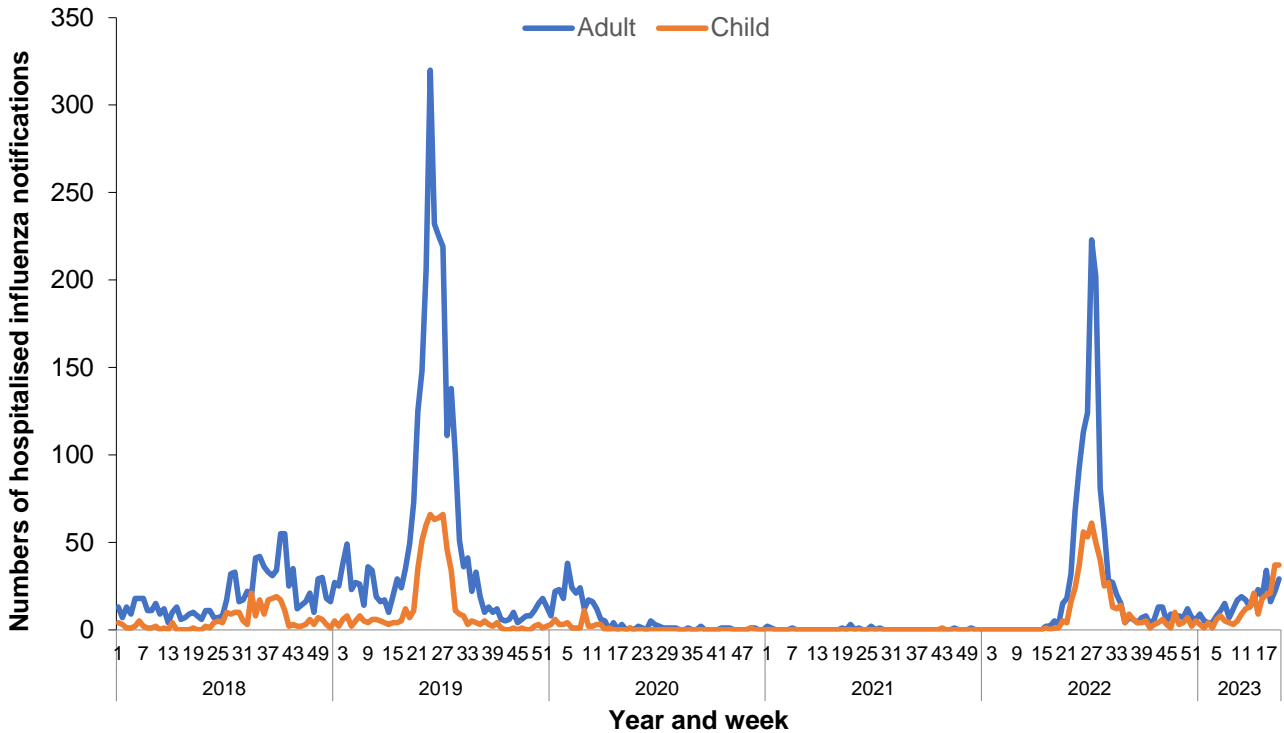
**Figure 6. 7-day moving average of influenza notifications per 100,000 people in WA by health region, 2023 YTD**



Note: This graph shows the 7-day moving average of influenza cases per 100,000 people in the WA health regions for 2023 by date of receipt, received by the DoH, WA (through WANIDD) to the end of the current reporting week.

The number of influenza cases reported as hospitalised in the past week increased among adults and remained stable in children (Figure 7).

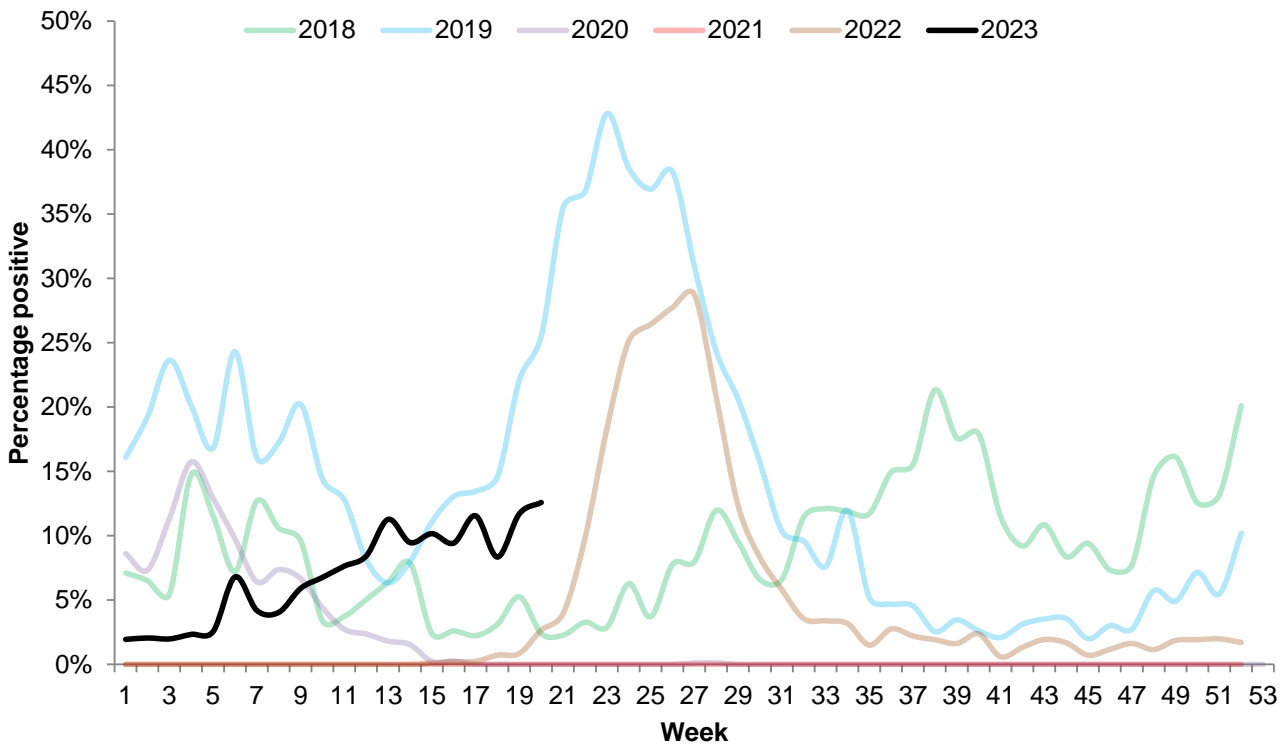
**Figure 7. Number of notified influenza cases hospitalised in WA by week, 2017 to 2023 YTD**



Note: This graph shows the number of all notified influenza cases that have been hospitalised, by week of notification receipt, received by the DoH, WA (through WANIDD) to the end of the current reporting week. Child notifications were defined as individuals less than 18 years of age.

The percentage positivity of influenza PCR testing at PathWest increased to 12% (159 detections) in the last week. (Figure 8).

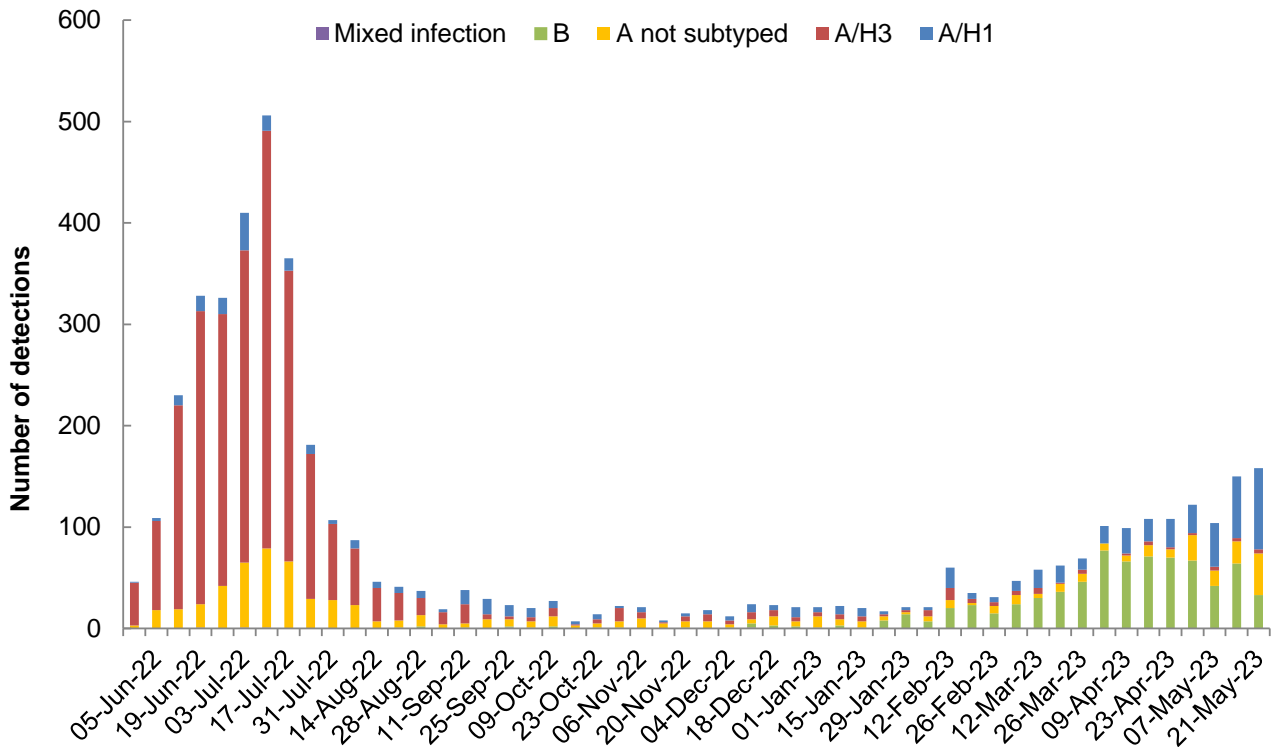
**Figure 8. Proportion of PCR positive influenza detections at PathWest by week, WA, 2018 to 2023 YTD**



Note: This graph is a count of all WA samples reported by PathWest, excluding samples referred by other private laboratories for influenza subtyping.

Of the 159 influenza detections at PathWest in the past week, 81 were type A/H1, 33 were type B, 4 were type A/H3 and 41 were type A cases not yet subtyped (Figure 9).

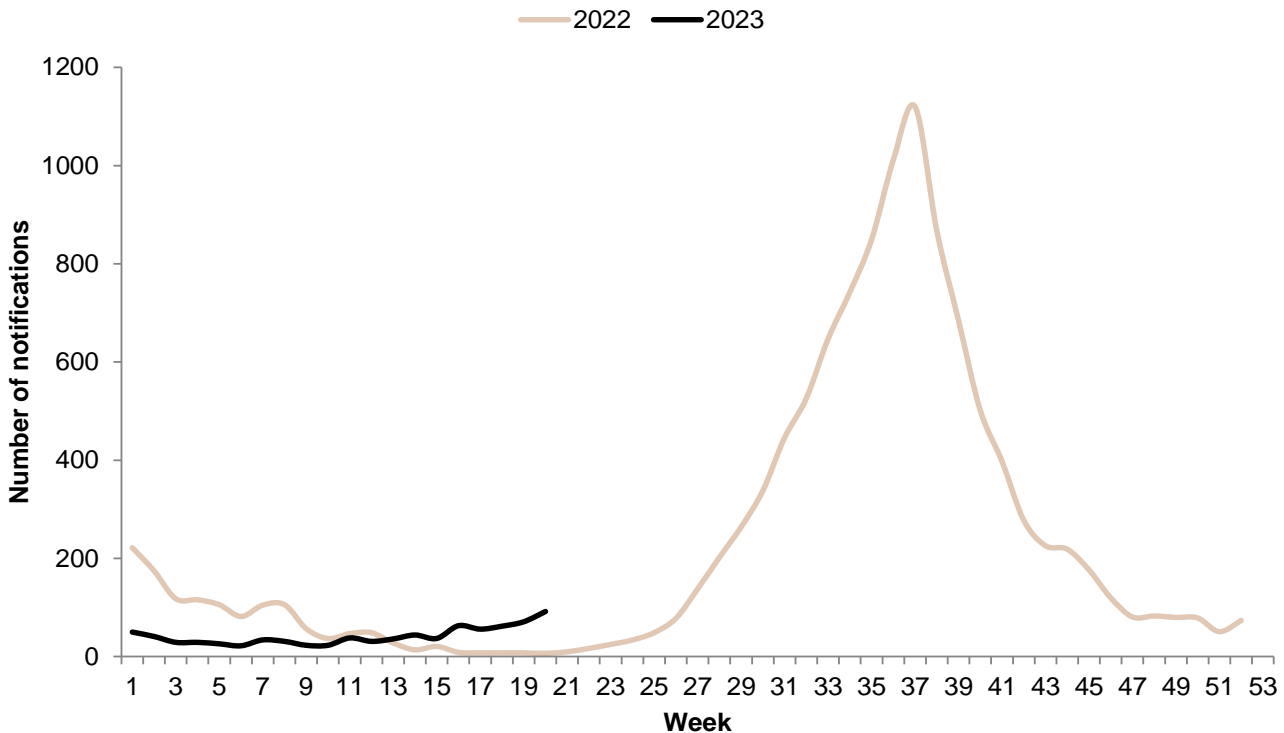
**Figure 9. Number of PCR positive influenza detections at PathWest by type, subtype and week, WA, 2022 to 2023 YTD**



Note: The graph is a summary of all WA samples positive for influenza reported at PathWest, excluding samples referred by other private laboratories for influenza subtyping. These samples were tested using a rapid testing method that does not determine the influenza subtype (i.e., influenza A/H3N2 or A/H1N1).

In the past week, there were 92 respiratory syncytial virus (RSV) cases reported to the Department of Health, which was 30% higher compared to the previous week (Figure 10).

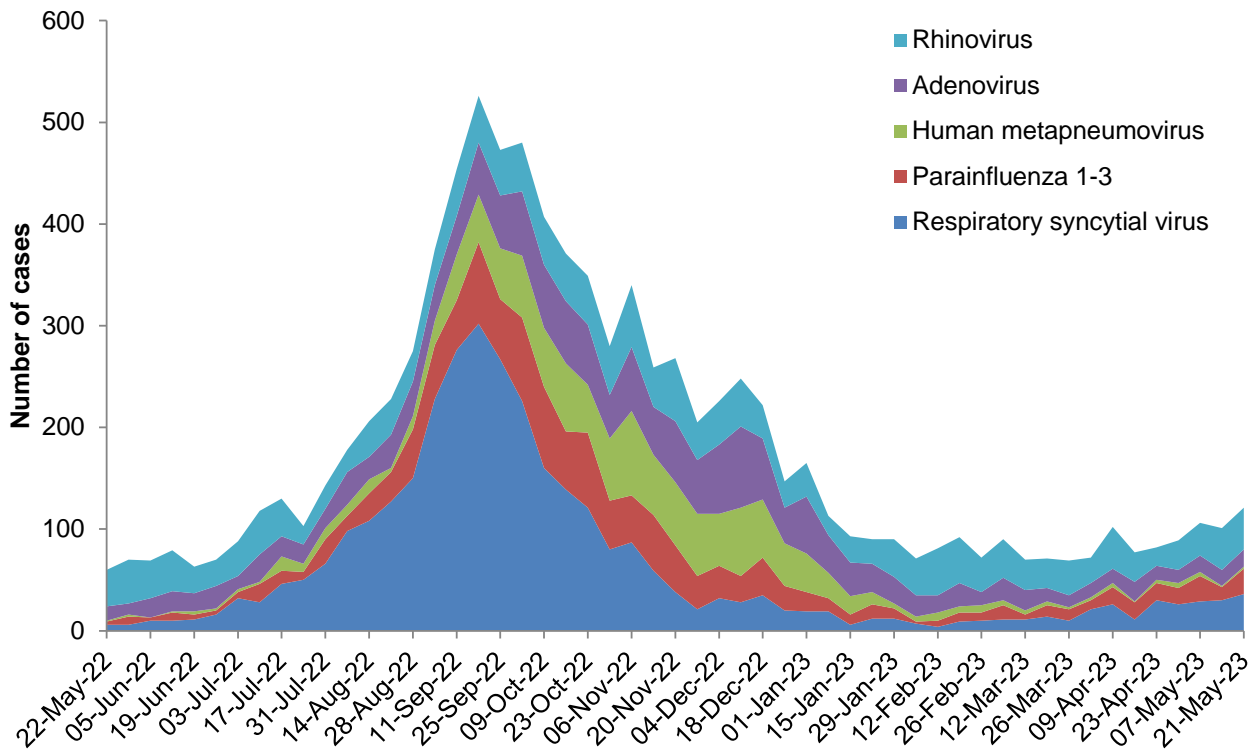
**Figure 10. Number of respiratory syncytial virus (RSV) notifications by week, WA, 2022 to 2023 YTD**



Note: Respiratory syncytial virus (RSV) was made a notifiable infectious disease in WA in July 2021. This graph is a count of all RSV by week of onset by the DoH, WA (through WANIDD) to the end of the current reporting week.

Excluding SARS-CoV-2, non-influenza respiratory virus detections at PathWest increased in the past week (Figure 11). The most common non-influenza respiratory virus detected was rhinovirus (41 cases).

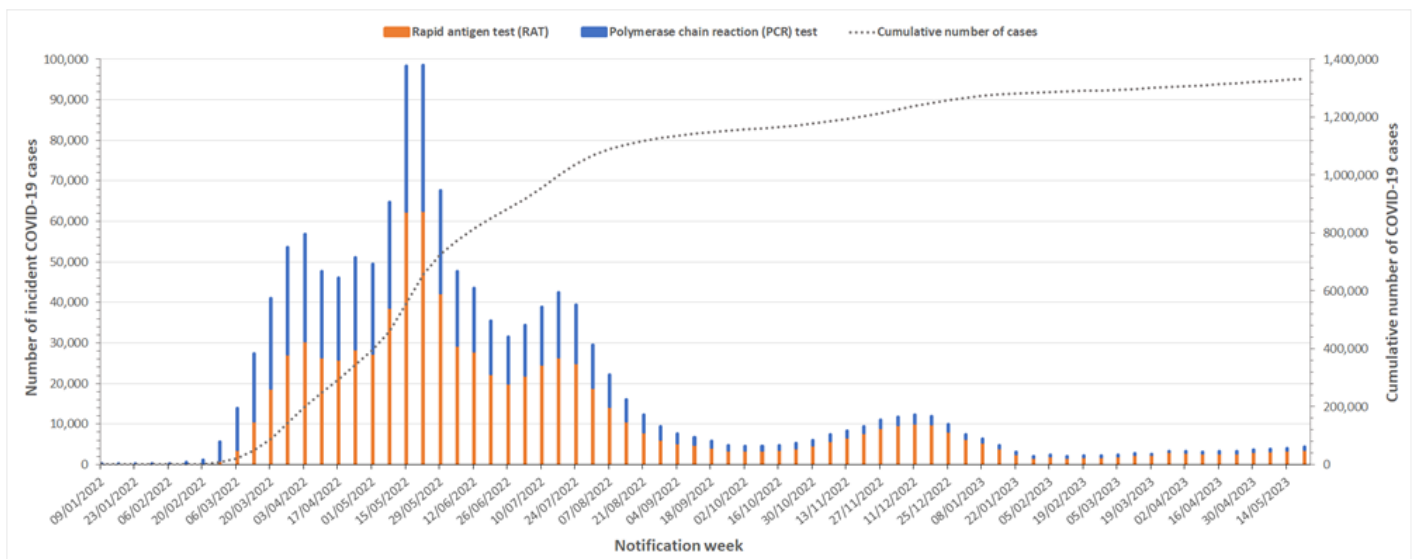
**Figure 11. Number of non-influenza respiratory virus detections at PathWest by week, WA, 2022 to 2023 YTD**



Note: This graph is a count of all WA samples positive for a common respiratory virus other than influenza reported by PathWest.

In the past week, there were 4,317 COVID-19 cases reported in WA, which was 8% higher compared to the previous week. Of these, 13% were diagnosed by PCR test and 87% were diagnosed by rapid antigen test (Figure 13).

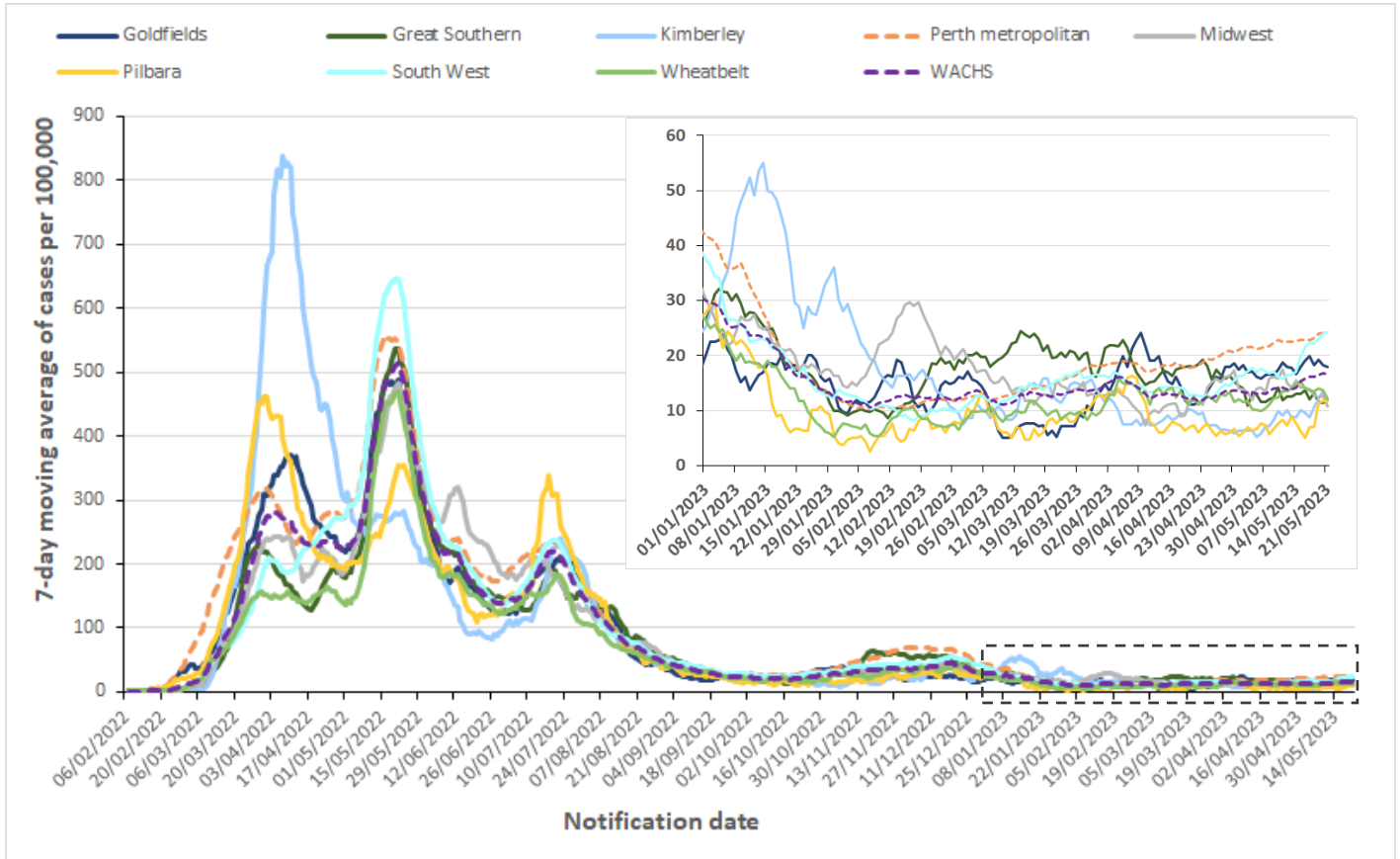
**Figure 13. Number of COVID-19 cases in WA by test type and notification date, 2022 to 2023 YTD**



Note: Data sourced from Public Health Operations COVID-19 Unified System (PHOCUS); Notification date is to the 6pm reporting period

The moving seven-day average case rate per 100,000 population increased in the Goldfields, Kimberley, Perth metropolitan, Pilbara and South West regions and decreased in all other regions. (Figure 14).

**Figure 14. Seven-day moving average of COVID-19 notifications per 100,000 people in WA by health region, 2022 to 2023 YTD**



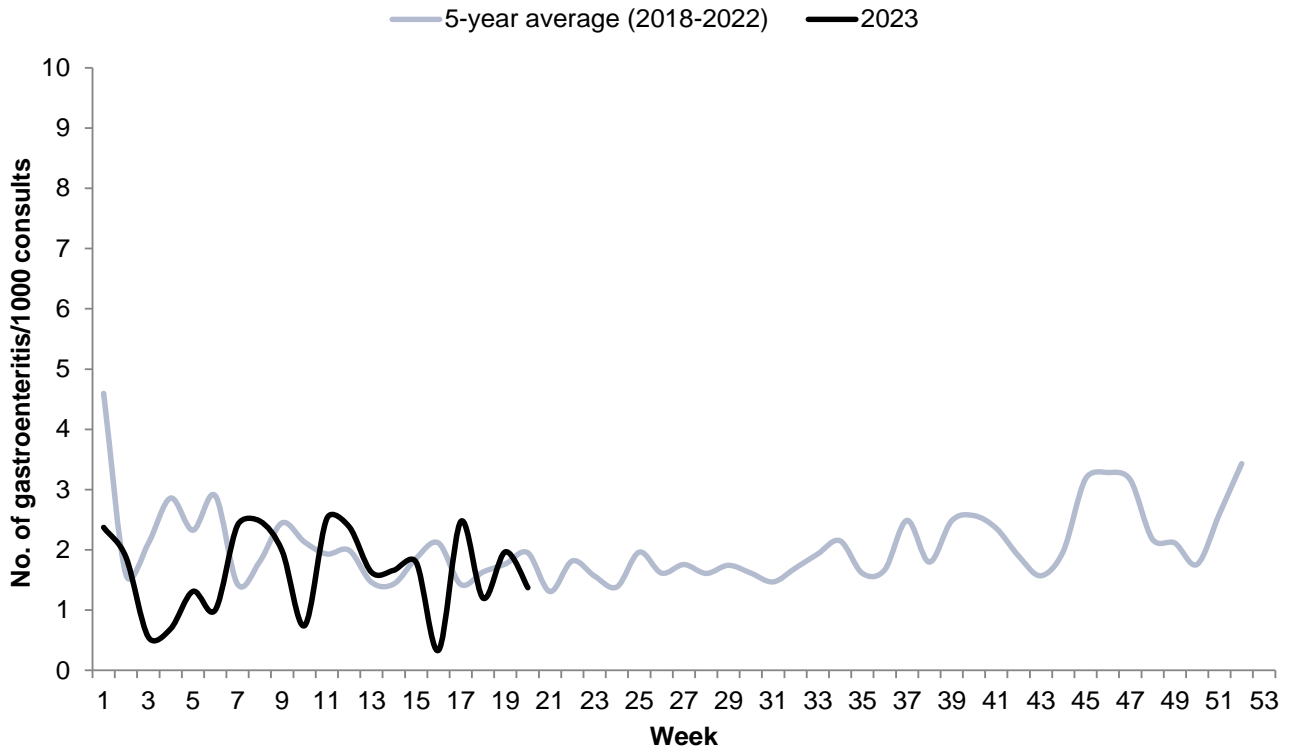
Note: Data sourced from Public Health Operations COVID-19 Unified System (PHOCUS). Western Australia Country Health Service (WACHS) region includes all non-metropolitan health regions: Central-Wheatbelt, Goldfields, Great Southern, Kimberley, Midwest, Pilbara and South West. Perth metropolitan region includes East Metropolitan Health Service, North Metropolitan Health Service and South Metropolitan Health Service. Population denominator sourced from Australian Bureau of Statistics 2020 estimates. See also the [WA COVID-19 Weekly surveillance report](#) for further epidemiological analysis and the [Australian Government Dept of Health and Aged Care](#) for immunisation coverage data.



## Gastroenteritis

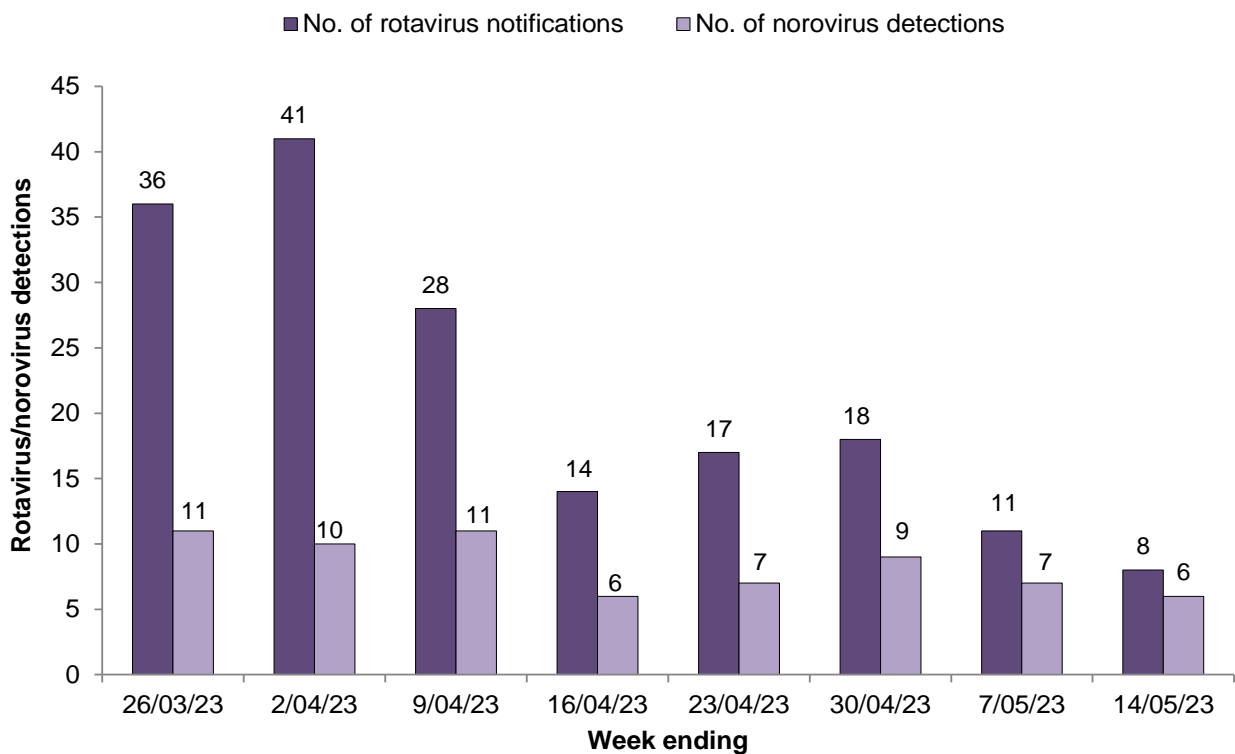
The rate of gastroenteritis presentations to sentinel GPs decreased in the past week (Figure 15).

**Figure 15. Number of gastroenteritis presentations per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) in WA by week, 2018 to 2023 YTD**



Rotavirus notifications to the Department of Health and norovirus detections at PathWest decreased slightly in the past week (Figure 16).

**Figure 16. Number of rotavirus notifications to the Department of Health and norovirus detections at PathWest in WA in the past eight weeks**

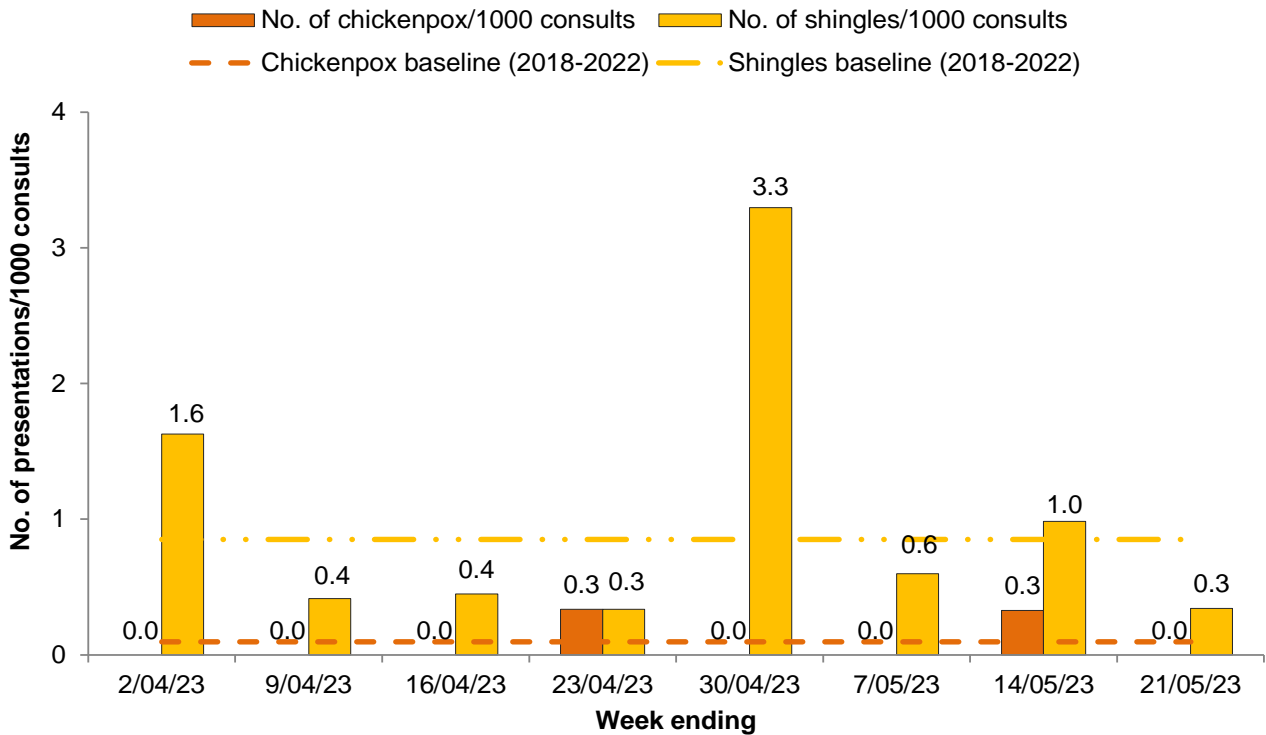


Note: Rotavirus notifications reported to the Department of Health include detections from all WA pathology laboratories. Norovirus detections are from PathWest only.

## Viral rashes

There were no chickenpox presentations to sentinel GPs in the past week and the rate of shingles presentations decreased below the baseline (Figure 17).

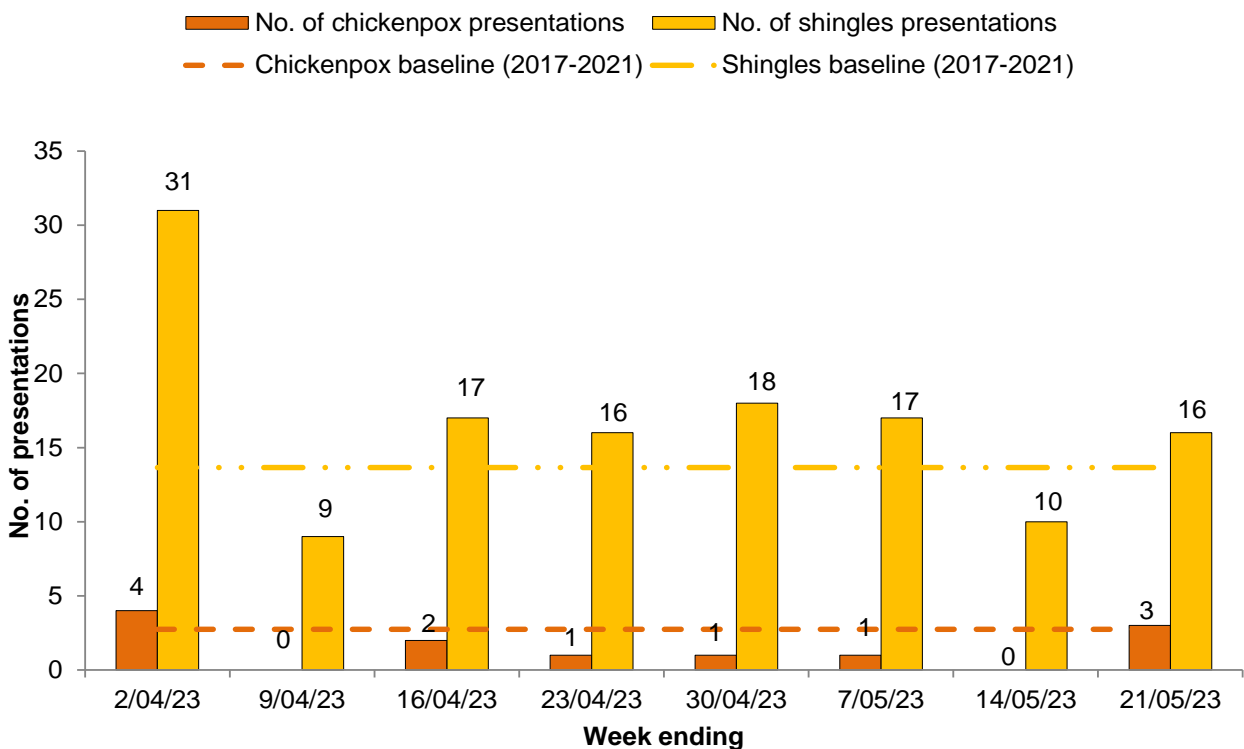
**Figure 17. Number of varicella-zoster presentations per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) in WA in the past eight weeks**



Note: Baseline levels for chickenpox and shingles presentations to WA ASPREN GPs per thousand consultations were calculated using the mean of weekly WA ASPREN data from week 1, 2018 to week 52, 2022.

There were three chickenpox presentations to EDs in the past week and shingles presentations increased (Figure 18).

**Figure 18. Number of varicella-zoster presentations to Emergency Departments in WA in the past eight weeks**



Note: Baseline levels for varicella-zoster virus presentations to Emergency Departments in WA were calculated using the mean of weekly EDIS data from week 1, 2018 to week 52, 2022.

## Report Notes

Virus WAtch is a weekly electronic publication by the Communicable Disease Control Directorate (CDCD) and key collaborators. It provides a brief summary of general practice and hospital emergency department sentinel surveillance data on influenza-like illness, gastroenteritis and varicella-zoster disease, together with relevant laboratory information, to alert health care workers in WA about important circulating viruses. All figures and data were accurate at time of publication, but subject to change. Please note that the influenza and ILI surveillance systems in Western Australia (WA) have been impacted by the COVID-19 pandemic. Therefore, respiratory viral activity should be interpreted with caution and take into account the effects of changes in health seeking behaviour including accessing alternate health services such as telehealth, focused testing for COVID-19 at COVID-19 clinics or specific acute respiratory infection clinics, increased testing for other respiratory viruses and the impact of international border closures. The data collections used to create this publication include:

- Sentinel general practice (GP) data collected by WA members of the Australian Sentinel Practices Research Network (ASPREN).
- Emergency Department (ED) data provided by the Emergency Department Information System (EDIS), which currently incorporates data from the following hospitals: Fiona Stanley Hospital, Sir Charles Gardiner Hospital, Royal Perth Hospital, Perth Children's Hospital, King Edward Memorial Hospital, St John of God Midland, Bunbury Hospital, Armadale Hospital, Joondalup Health Campus, and Rockingham General Hospital.
- Disease notification data are sourced from the Western Australian Notifiable Infectious Diseases Database (WANIDD). These data are received by CDCD, WA Department of Health from medical providers and public or private laboratories in WA. Hospitalisation data are included in the report during the influenza season.
- Viral laboratory data obtained from PathWest laboratories at QEII Medical Centre, as well as via notification data sent by all WA laboratories to CDCD, WA Department of Health.
- As of 1 January 2022, the definition of a confirmed influenza case has changed to remove 'Single high titre by CFT or HAI to influenza virus' from the list of [laboratory definitive evidence](#).
- As of March 2022, this report includes COVID-19 cases diagnosed by Polymerase Chain Reaction (PCR) test and Rapid Antigen Test (RAT) sourced from Public Health Operations COVID-19 Unified System (PHOCUS).
- Current and archived issues of Virus Watch [http://ww2.health.wa.gov.au/Articles/F\\_I/Infectious-disease-data/Virus-WAtch](http://ww2.health.wa.gov.au/Articles/F_I/Infectious-disease-data/Virus-WAtch).

**This document can be made available in alternative formats on request for a person with disability.**

© Department of Health 2023

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

[healthywa.wa.gov.au](http://healthywa.wa.gov.au)