



Virus Watch

Week ending 24th July 2022

Key Points

Influenza and influenza-like illnesses (ILI)

- Most indicators of influenza activity continued to decrease in the past week.
- ILI presentations at emergency departments (EDs) and sentinel GPs decreased in the past week.
- The number of influenza cases reported to the Department of Health decreased but remained high with 1,035 cases in the past week.
- Non-influenza virus detections at PathWest Laboratory Medicine (PathWest) decreased in the past week.
- As of 24th July 2022, WA has recorded a total of 1,034,742 COVID-19 cases. See [webpage](#) for further information.

Gastroenteritis

- Gastroenteritis presentations to sentinel GPs increased in the past week. Data for gastroenteritis presentations to EDs are being reviewed and not available for this week.
- Notifications for rotavirus increased in the past week and detections of norovirus at PathWest decreased.

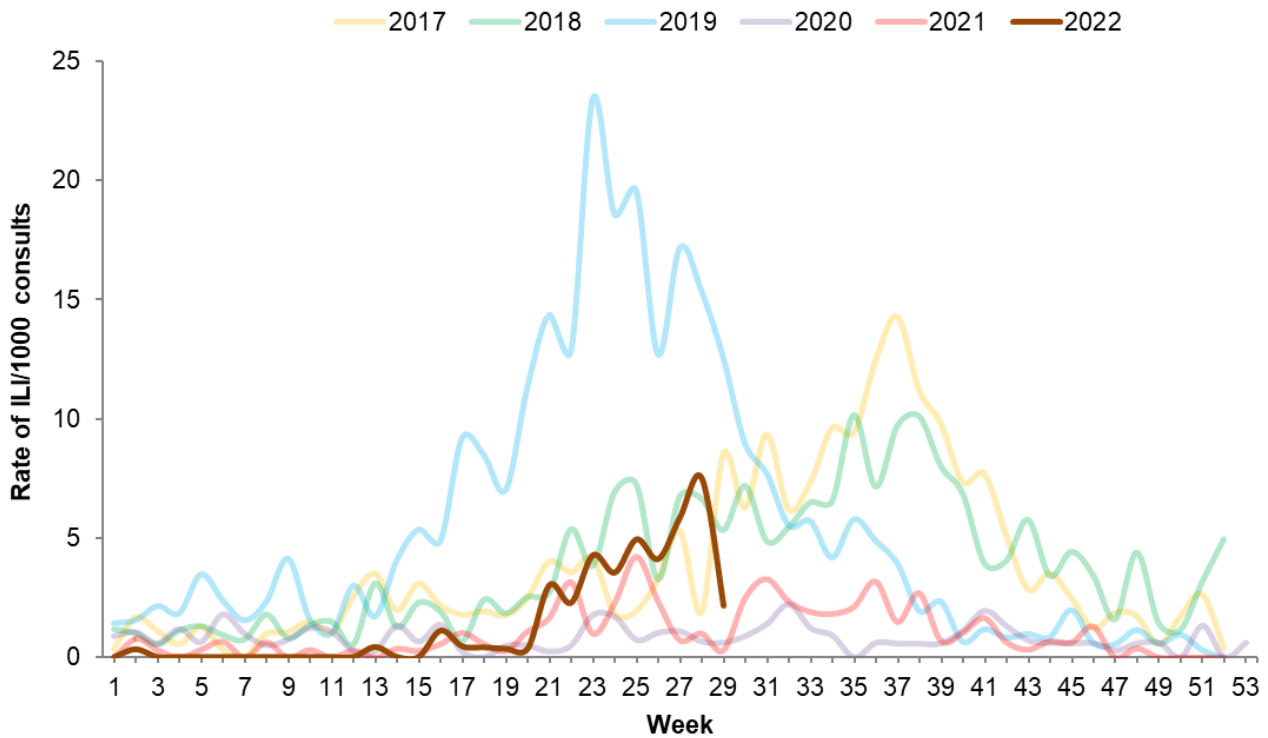
Other vaccine-preventable diseases

- **Chickenpox and shingles:** There were no chickenpox presentations to sentinel GPs in the past week, while presentations to EDs were stable. Shingles presentations at sentinel GPs and EDs decreased in the past week.
- **Measles:** No measles cases were notified in the past week.
- **Mumps:** No mumps cases were notified in the past week.
- **Rubella:** No rubella cases were notified in the past week.
- **Invasive meningococcal disease (IMD):** No IMD cases were notified in the past week.

Influenza and influenza-like illnesses (ILI)

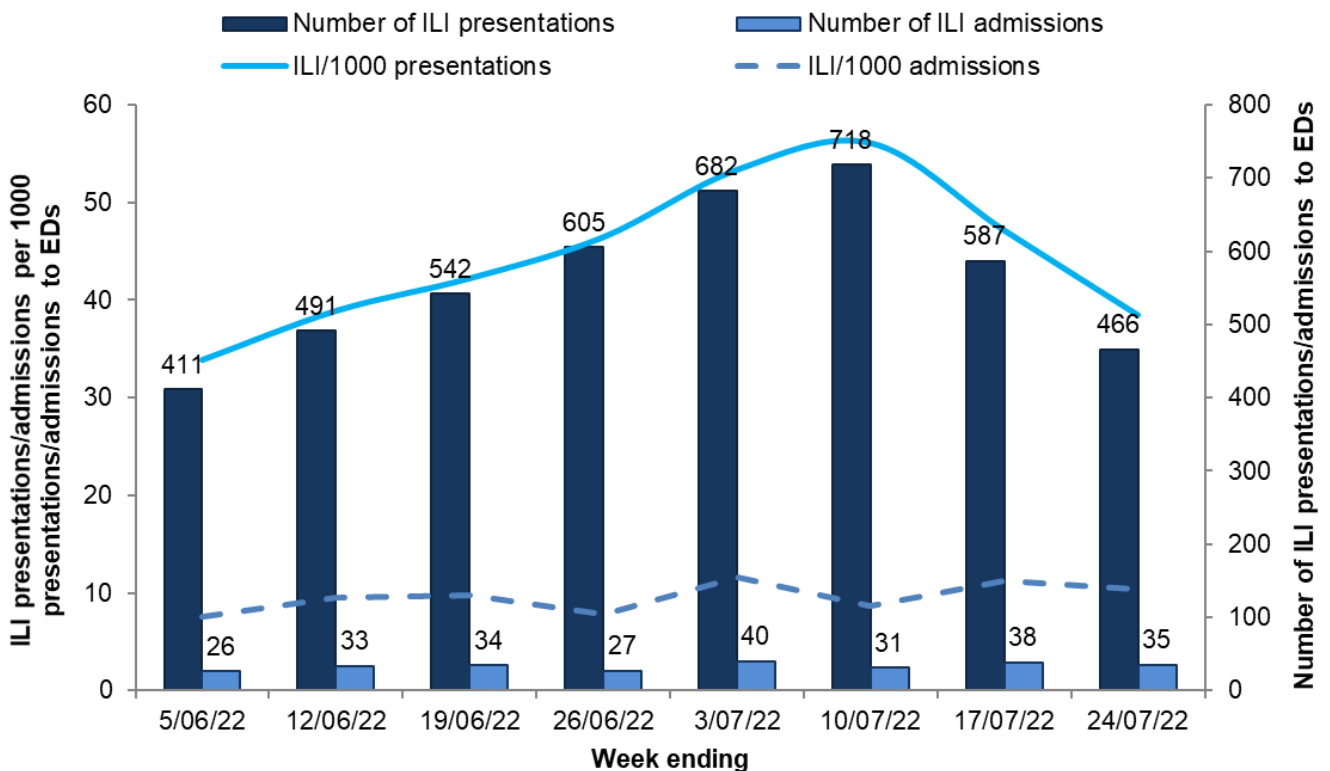
The rate of ILI presentations to sentinel GPs decreased in the past week to the lower range of values usually reported at this time of year (Figure 1).

Figure 1. Rate of ILI per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) in WA by week, 2017 to 2022 YTD



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

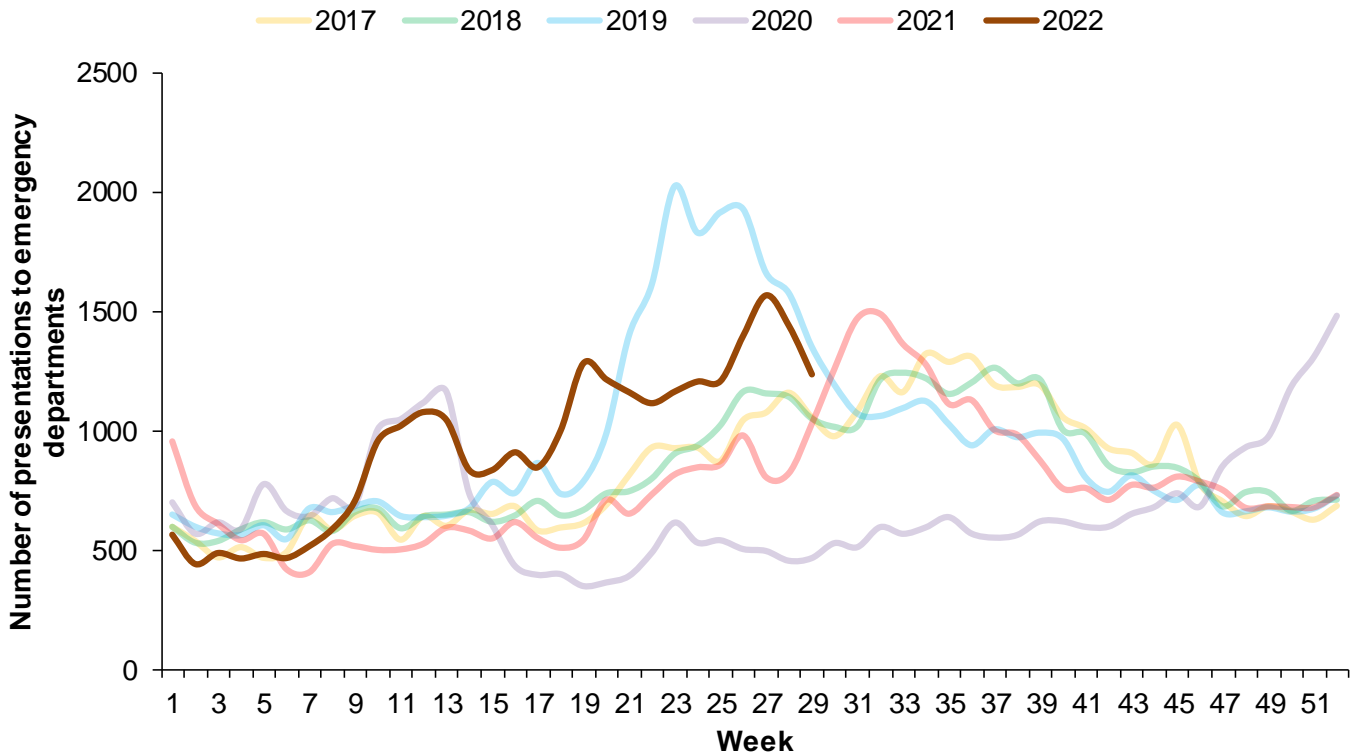
Figure 2. Number and rate of ILI presentations/admissions to emergency departments in WA in the past eight weeks of 2022



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 a viral 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 continued to decrease in the past week, although still in the higher range of what is usually reported at this time of year (Figure 3).

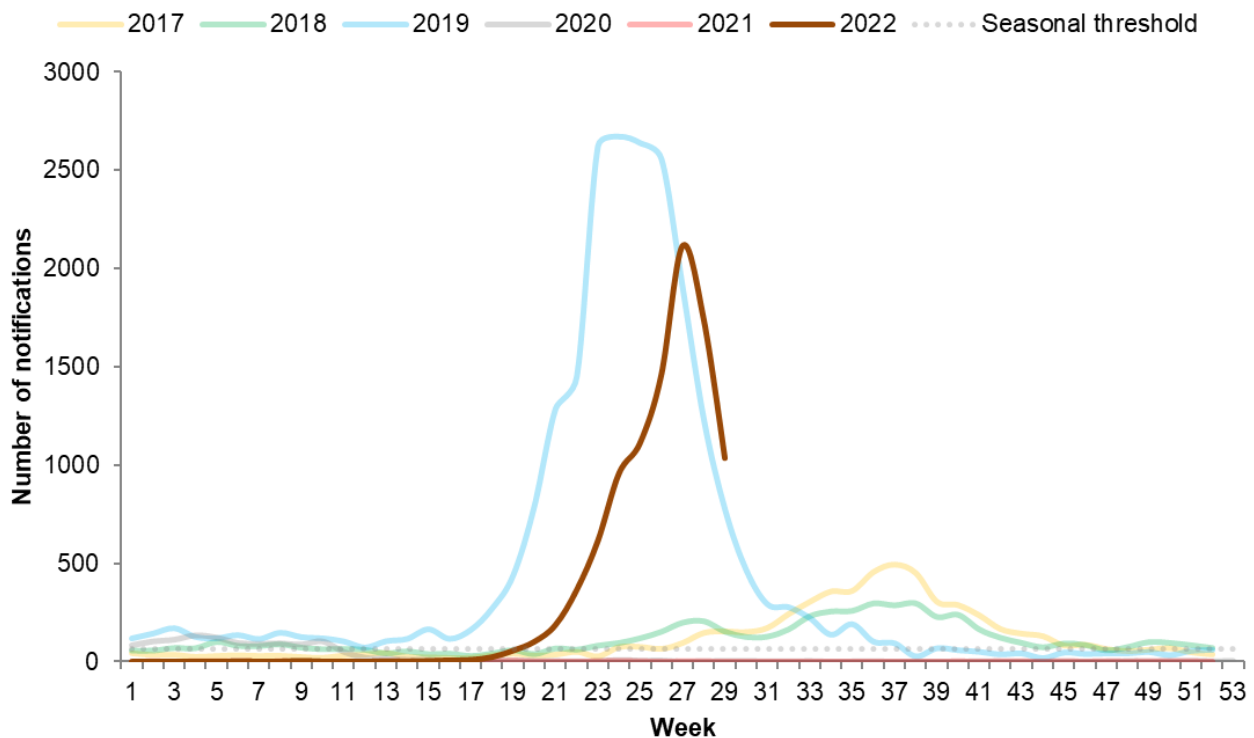
Figure 3. Number of respiratory illness presentations to emergency departments in WA by week, 2017 to 2022 YTD



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.

The number of influenza cases reported to the Department of Health decreased to 1,035 cases in the past week but remained above the seasonal threshold (Figure 4).

Figure 4. Number of influenza notifications in WA by week, 2017 to 2022 YTD



Note: This graph is a count of all influenza notifications by week of onset, received 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 seasonal influenza data from the past four years. It cannot be used to interpret data from 2019 in this graph.

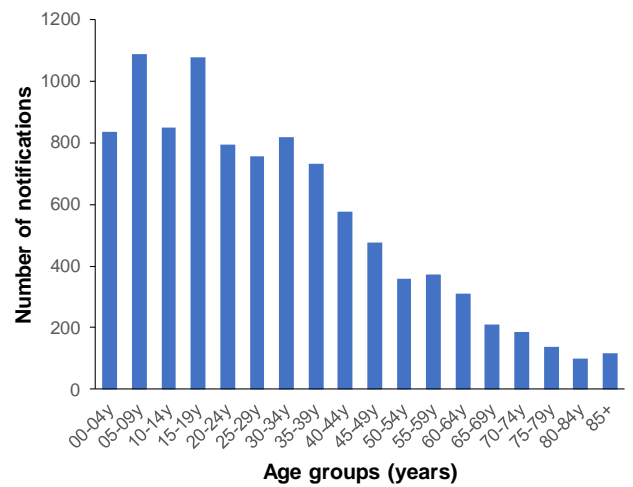
In comparison to the previous five-year average, the number of influenza notifications and hospitalisations are higher, and the number of reported deaths is lower. Vaccination has been highest among those 65 years or older (Table 1). The majority of notifications have been reported in those aged 5 to 19 years (Figure 5).

Table 1. Influenza notifications and vaccinations in WA, 2022 YTD

Notifications	Category	2022 Year to Date	5 yr average
Laboratory-confirmed influenza infections extracted by optimal date of onset	Notifications	9786	5098
	Hospitalisations	1405	806
	Reported Deaths	5	23
Vaccinations	Age group	2022 Year to Date	5 yr average
Influenza vaccinations administered as recorded in the Australian Immunisation Register	< 5 yrs	22.6%	NA
	5-<15 yrs	17.9%	NA
	15-<50 yrs	23.3%	NA
	50-<65 yrs	41.9%	NA
	≥ 65 yrs	68.1%	NA

Note: NA: data not available. Table shows influenza notifications by category received by the DoH, WA (through WANIDD) to the end of the current reporting week. Vaccination data is from the [National Centre for Immunisation Research and Surveillance](#).

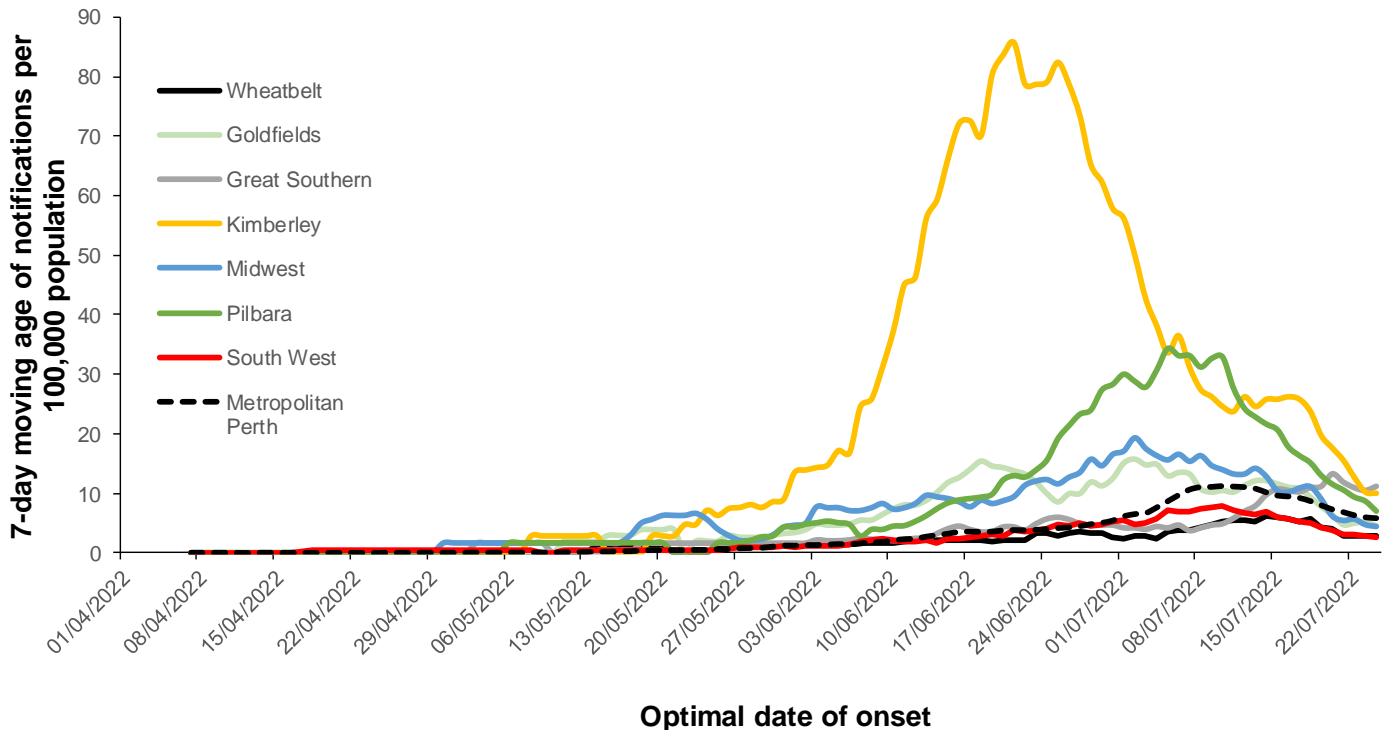
Figure 5. Influenza notifications by age group in WA, 2022 YTD



Note: This graph shows influenza notifications received by the DoH, WA (through WANIDD) to the end of the current reporting week.

The rate of influenza cases in the Kimberley region continue to decrease after a high peak in mid-June (Figure 6).

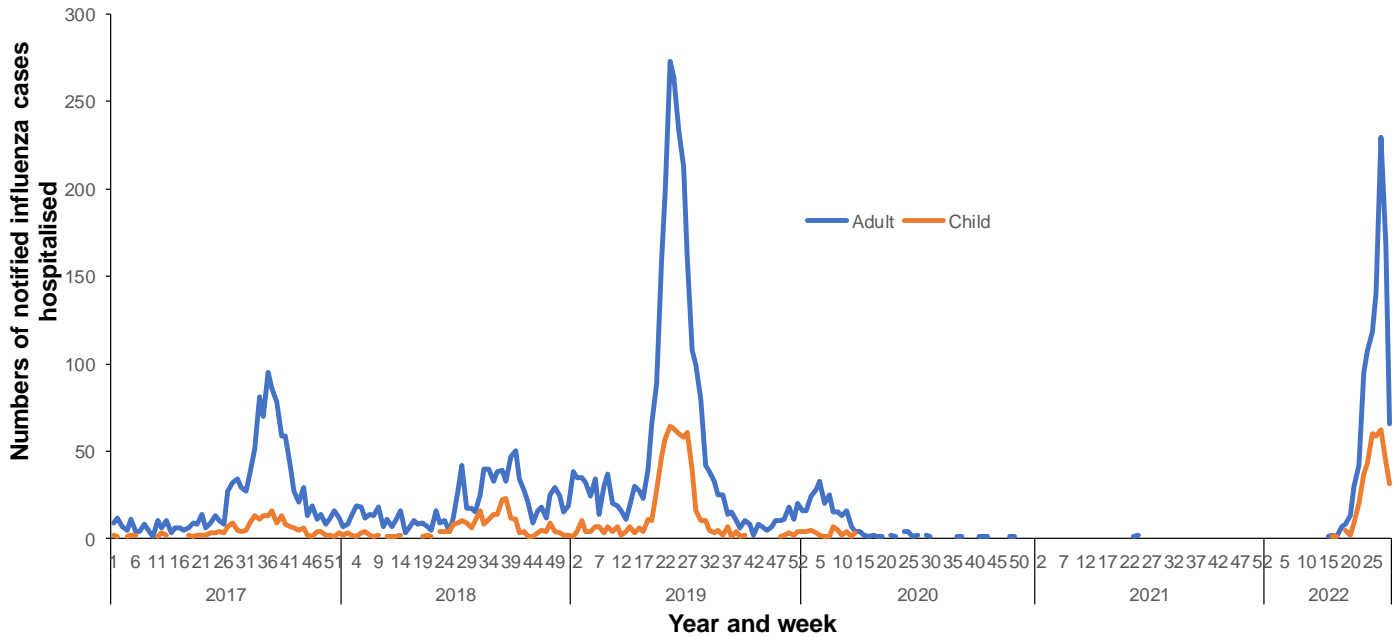
Figure 6. 7-day moving average of influenza notifications per 100,000 people in WA by health region, 2022 YTD.



Note: This graph shows the 7-day moving average of influenza cases per 100,000 people in the WA health regions for 2022 by date of onset, received by the DoH, WA (through WANIDD) to the end of the current reporting week.

The number of hospitalized influenza cases continues to decrease in adults and children (Figure 7).

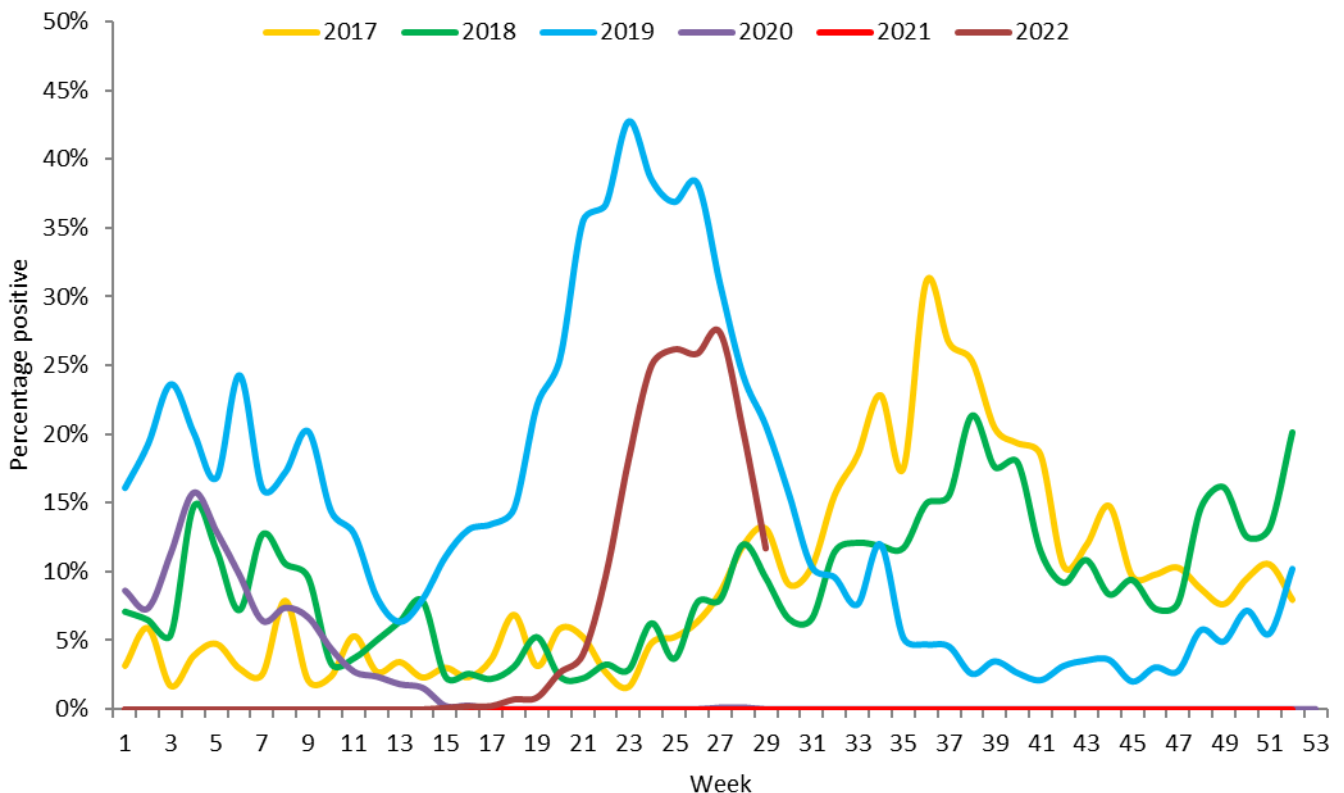
Figure 7. Number of notified influenza cases hospitalised in WA by week, 2017 to 2022 YTD.



Note: This graph shows the number of all notified influenza cases that have been hospitalised, by week of onset, 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.

Of the 1,462 specimens submitted for influenza PCR testing at PathWest in the past week, 171 tested positive (Figure 8).

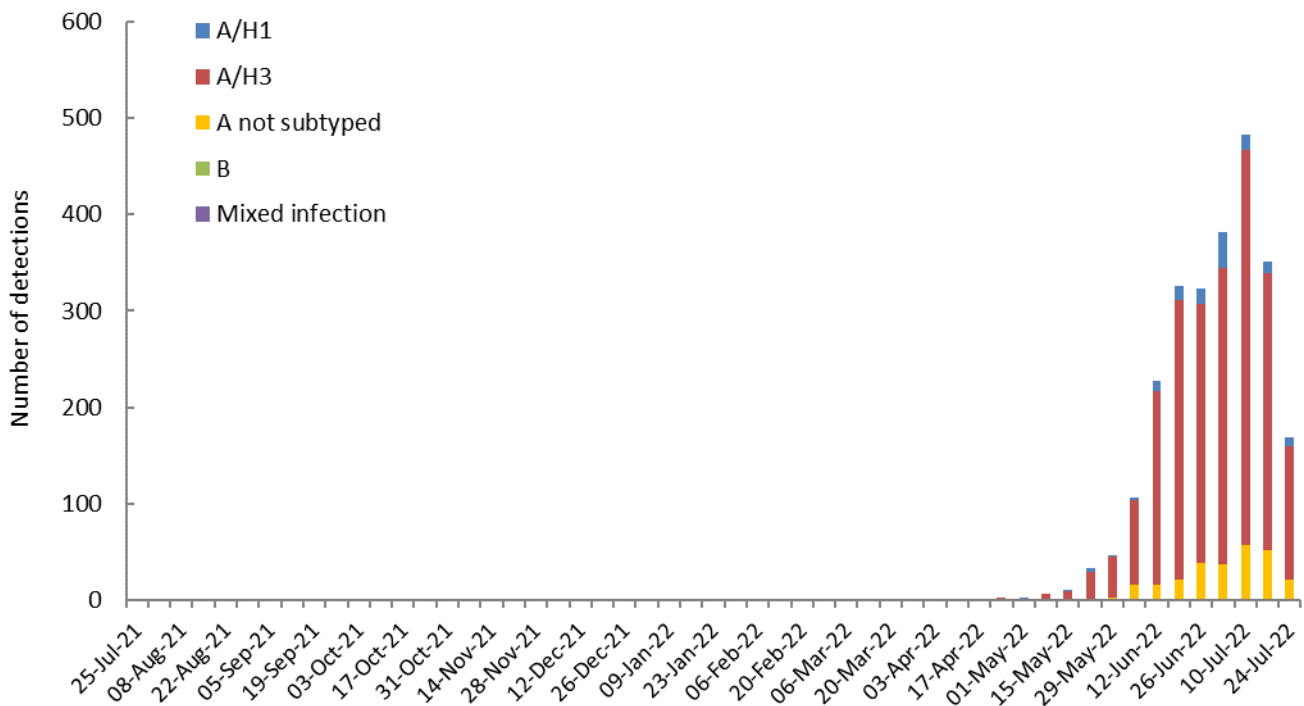
Figure 8. Proportion of PCR positive influenza detections at PathWest by week, WA, 2017 to 2022 YTD



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

All 169 samples subtyped by PathWest in the past week were influenza A: Nine were A/H1, 138 were A/H3 and 22 were not subtyped (Figure 9).

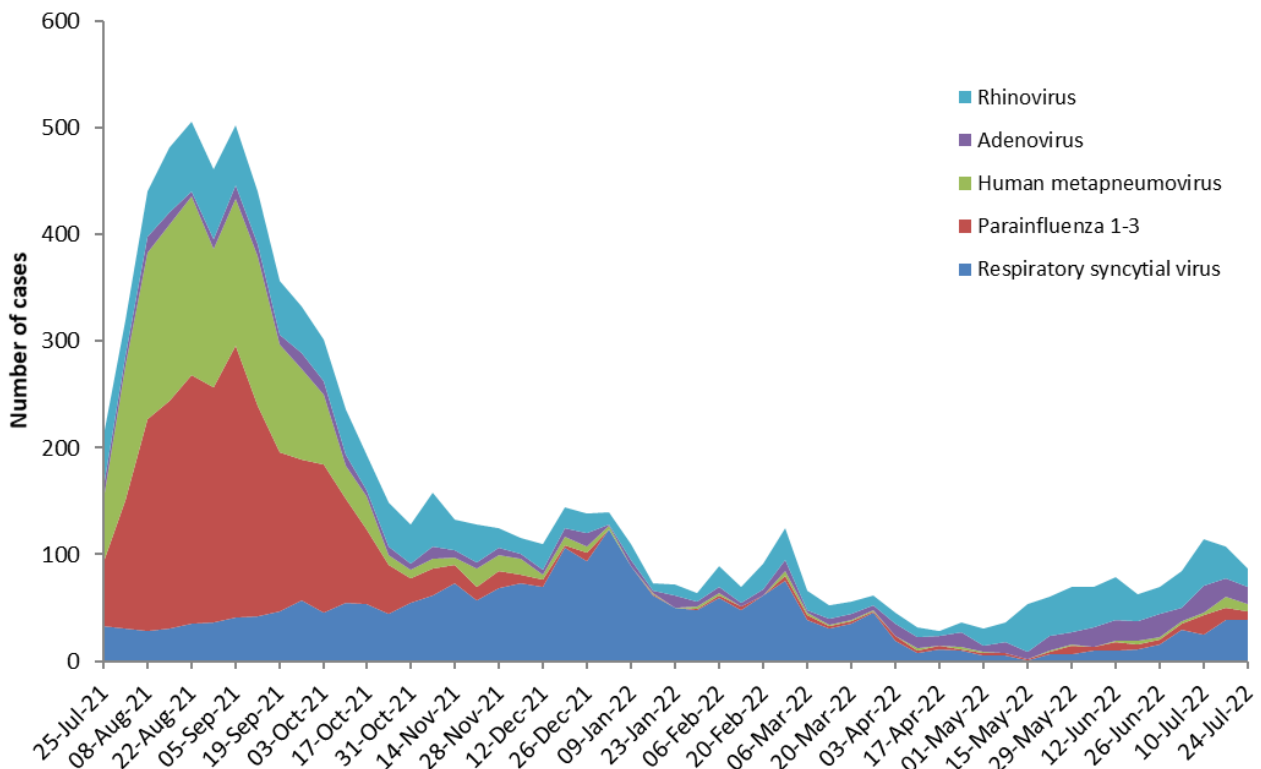
Figure 9. Number of PCR positive influenza detections at PathWest by type, subtype and week, WA, 2021 to 2022



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).

Non-influenza virus detections at PathWest decreased in the past week (Figure 10).

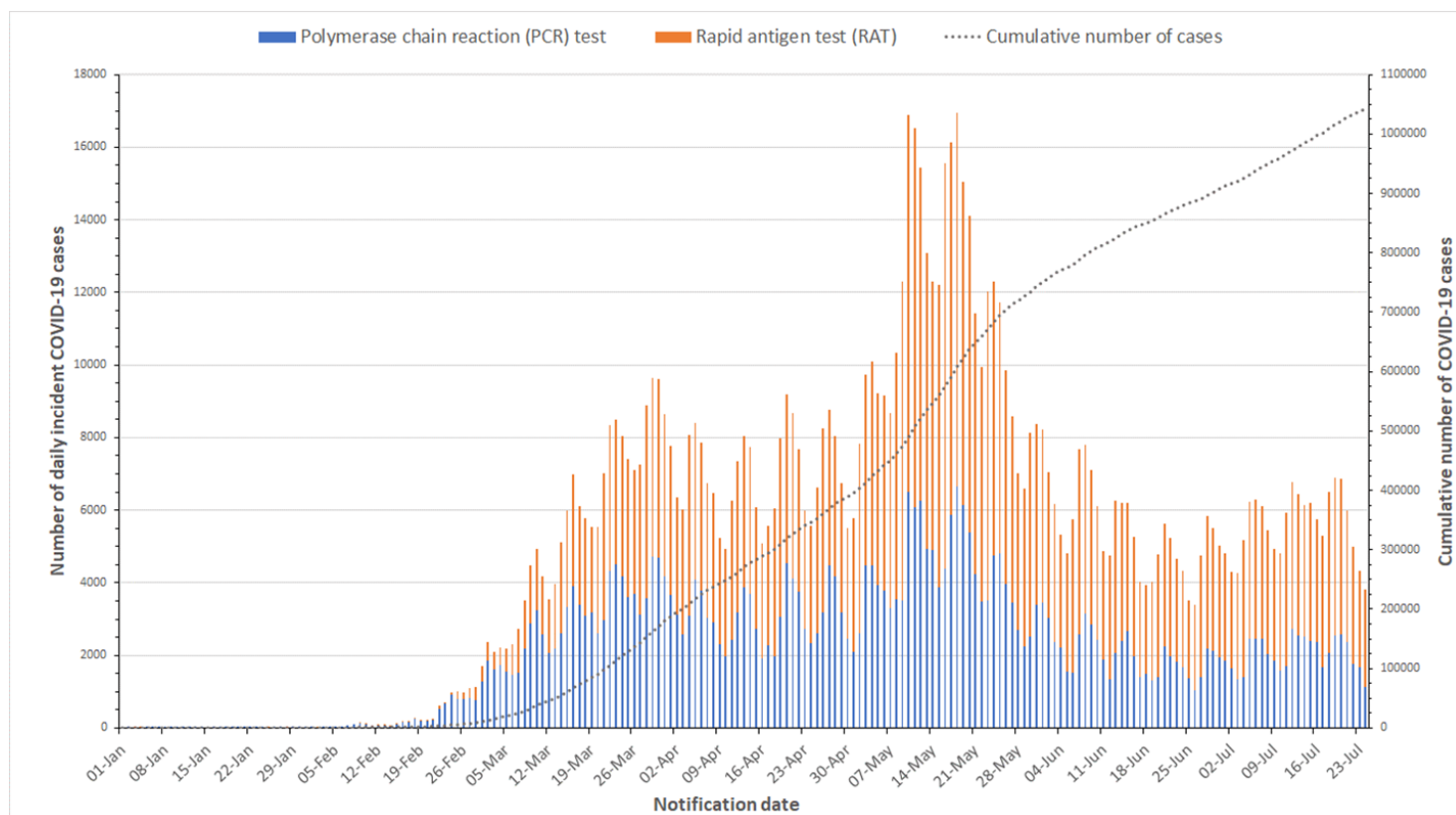
Figure 10. Number of non-influenza respiratory virus detections at PathWest by week, WA, 2021 to 2022 YTD



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 39,366 COVID-19 cases reported in WA, which was 9% lower than the previous week. Of these, 36% were diagnosed by PCR test and 64% were diagnosed by rapid antigen test (Figure 11).

Figure 11. Number of COVID-19 cases in WA by test type and notification date, 2022 YTD



Note: Data sourced from Public Health Operations COVID-19 Unified System (PHOCUS); Notification date is to the 8pm reporting period

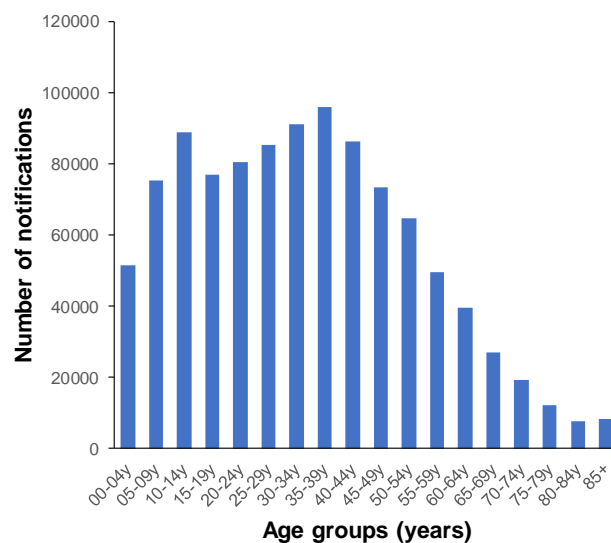
The number of COVID-19 notifications, hospitalisations and deaths to date are all significantly higher than reported in the same period in 2021. Vaccination has been highest among those 12 years or older (Table 2). The majority of notifications have been reported in those aged 10 to 39 years (Figure 12).

Table 2. COVID-19 notifications and vaccinations in WA, 2022 YTD

Notifications	Category	2022 Year to Date	2021 Same Period
COVID-19 infections extracted by date of receipt of notification	Notifications	1,043,052	114
	Hospitalisations	6768	14
	Reported Deaths	463	0
Vaccinations	Age group	Two doses	Three doses
Number of people vaccinated with COVID-19 vaccines as recorded in the Australian Immunisation Register	5-11 years	42.3%	N/A
	12-15 years	80.3%	N/A
	16+ years	98.0%	82.9%

Note: Percentage of 16+ WA population who are eligible for a third dose. Notification data sourced from Public Health Operations COVID-19 Unified System (PHOCUS). Hospitalisation data is sourced from WANIDD and is a count of COVID-19 notifications, by week of onset, received by the DoH, WA (through WANIDD). Vaccination data is from the [Australian Government Dept of Health and Aged Care](#)

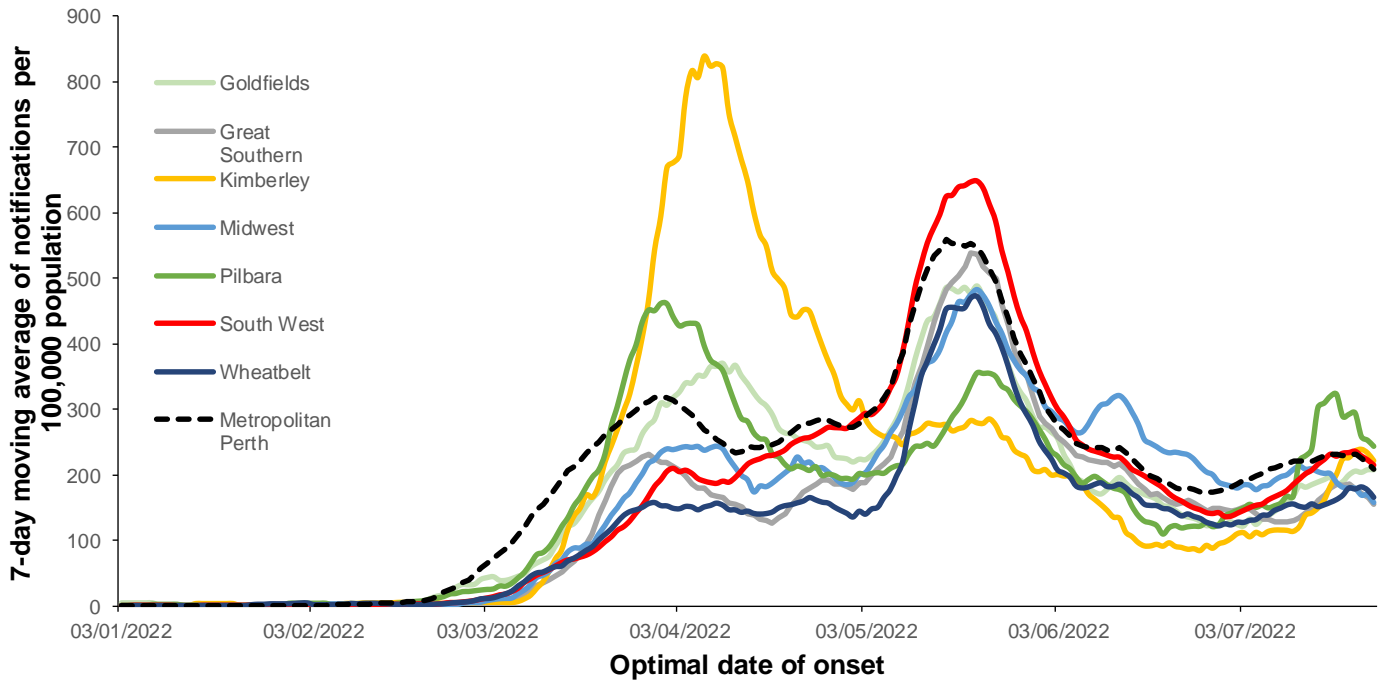
Figure 12. COVID-19 notifications by age group in WA, 2022 YTD



Note: Data sourced from Public Health Operations COVID-19 Unified System (PHOCUS).

The rate of COVID-19 cases is similar in all WA regions (Figure 13).

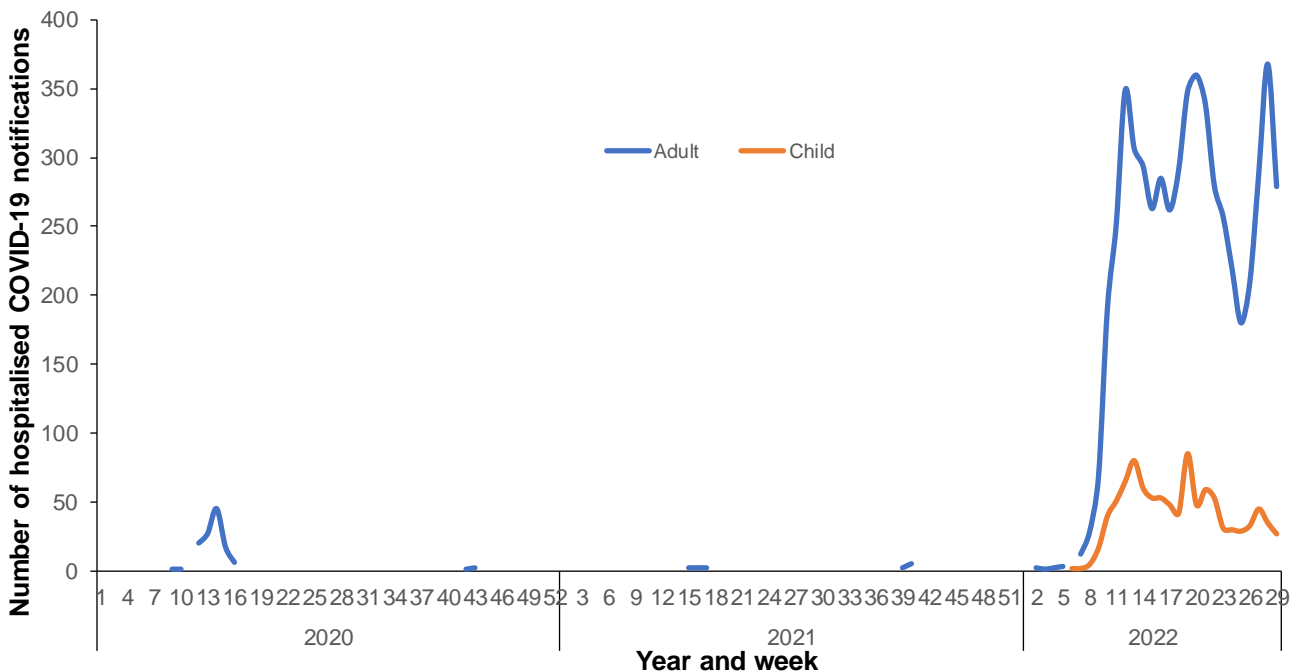
Figure 13. 7-day moving average of COVID-19 notifications per 100,000 people in WA by health region, 2022 YTD.



Note: Data sourced from Public Health Operations COVID-19 Unified System (PHOCUS).

The number of COVID-19 cases reported as hospitalized continues to decrease (Figure 14).

Figure 14. Number of notified COVID-19 cases hospitalised in WA by week, 2020 to 2022 YTD.

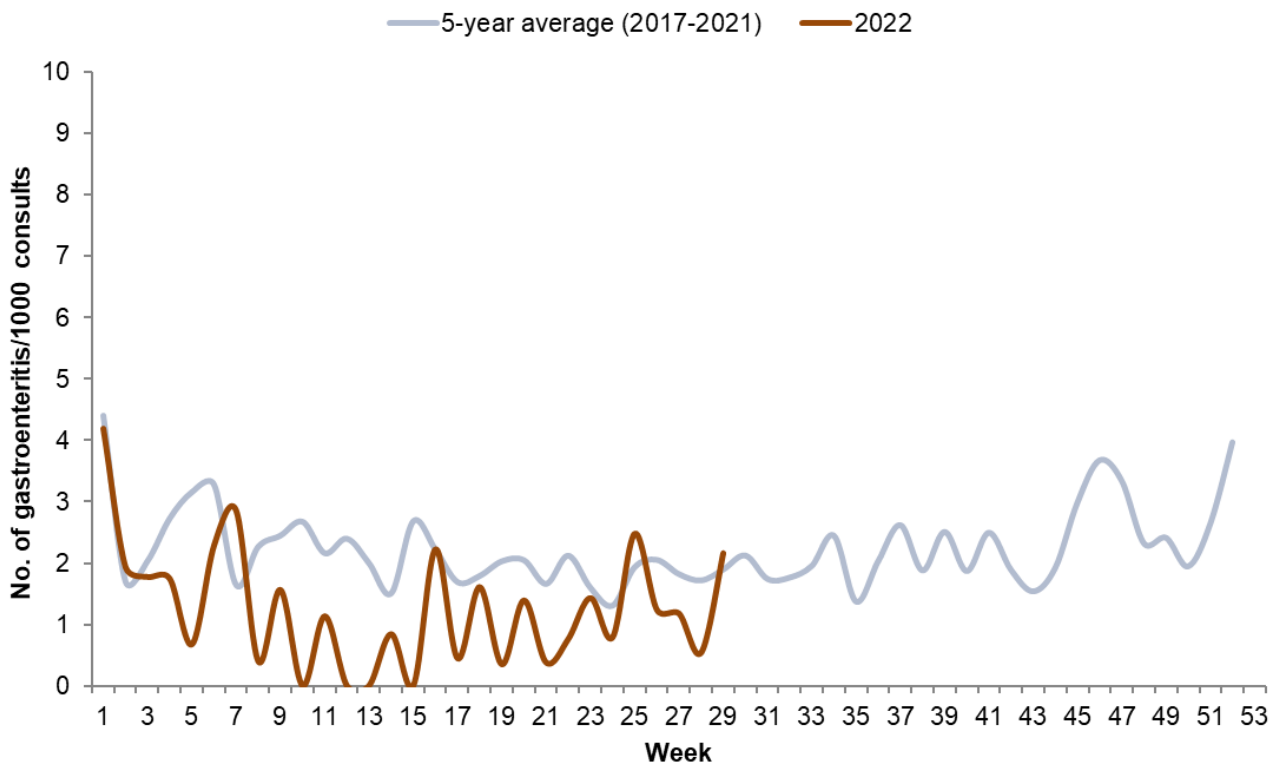


Note: Hospitalisation data is a count of all COVID-19 notifications, by week of onset, received by the DoH, WA (through WANIDD) to the end of the current reporting week. Child notifications were defined as individuals less than 18 years of age.

Gastroenteritis

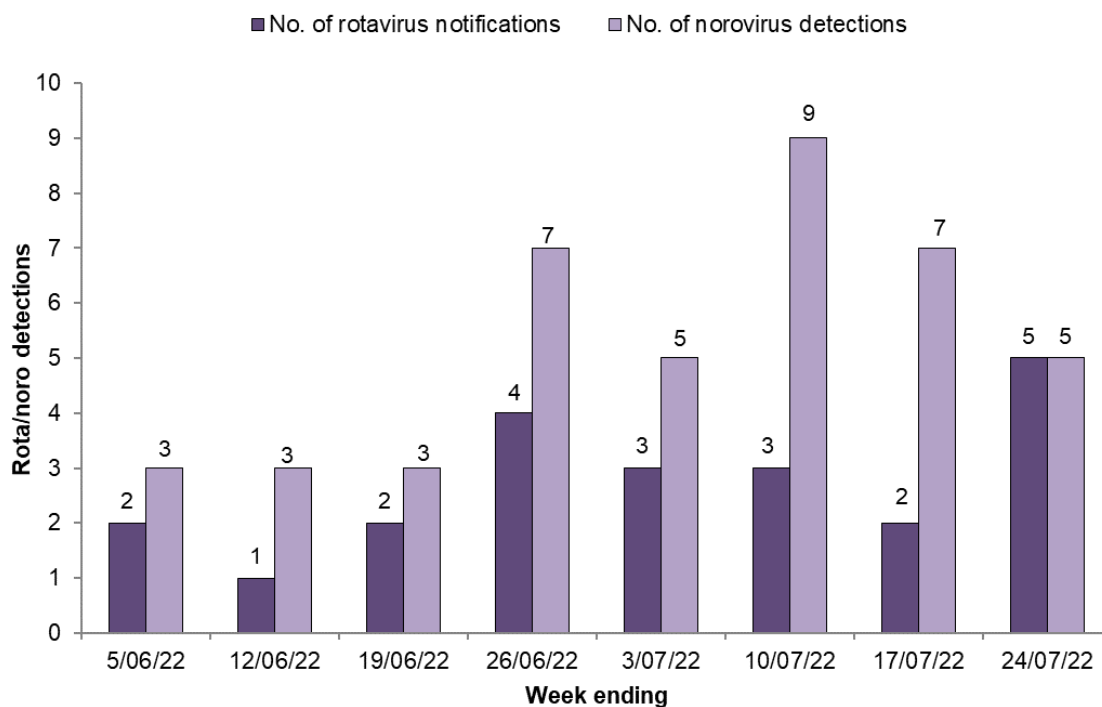
The rate of gastroenteritis presentations to sentinel GPs increased in the past week and was higher than the previous five-year average for presentations at this time of year (Figure 15).

Figure 15. Number of gastroenteritis presentations per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) in WA by week, 2017 to 2022 YTD



Rotavirus notifications to the Department of Health increased in the past week while norovirus detections at PathWest decreased (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 of 2022

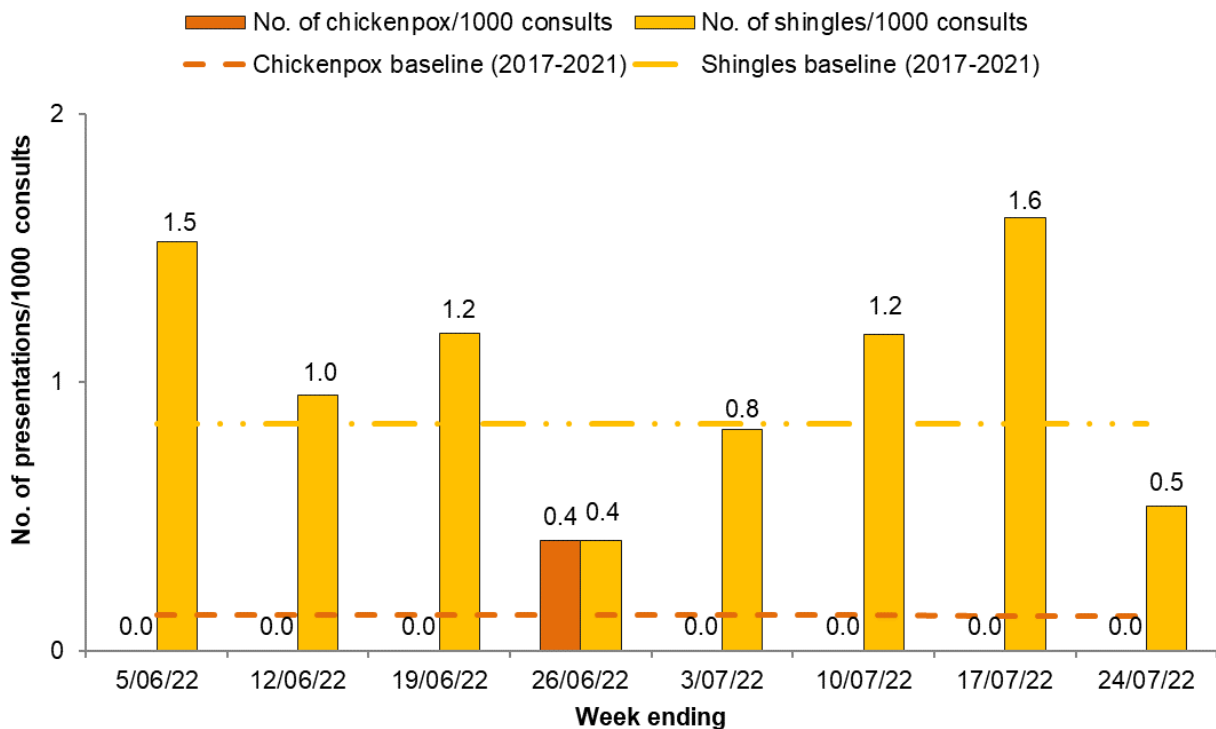


Note: Rotavirus notifications reported to the Department of Health include detections from all WA pathology laboratories. Norovirus detections are from PathWest only.

Viral rashes

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

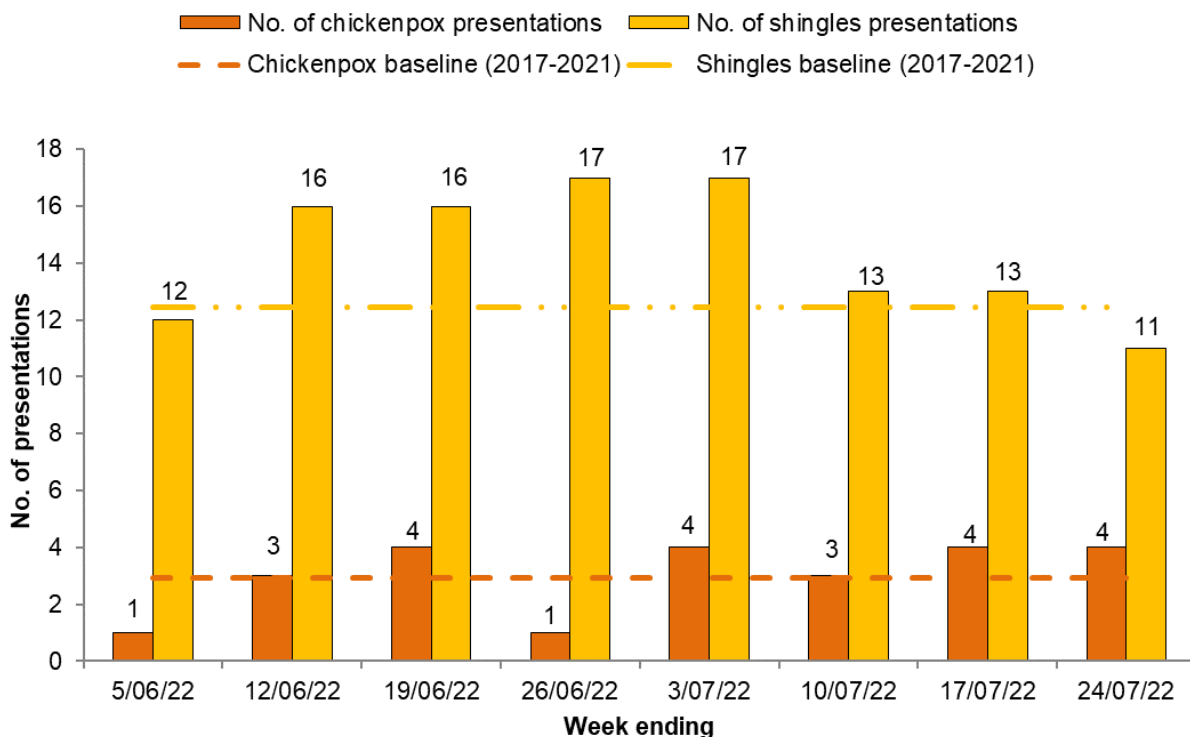
Figure 17. Number of varicella-zoster presentations per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) in WA in the past eight weeks of 2022



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, 2017 to week 52, 2021.

The number of shingles presentations to EDs decreased below the baseline level in the past week while chickenpox presentations were stable (Figure 18).

Figure 18. Number of varicella-zoster presentations to Emergency Departments in WA in the past eight weeks of 2022



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, 2017 to week 52, 2021.

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.

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