



# Virus WAch

Week ending 21<sup>st</sup> July 2024

## Key Points

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

- In the past week, most indicators of ILI activity decreased or remained stable, except for the number of respiratory illness presentations to EDs which increased.
- Influenza notifications decreased slightly and remained above the seasonal threshold in the past week.
- Respiratory syncytial virus (RSV) notifications increased in the past week.
- Total non-influenza respiratory virus detections at PathWest Laboratory Medicine (PathWest) were stable in the past week.
- In the past week, 282 COVID-19 PCR positive cases were notified in WA, a decrease of 19% compared to the previous week. See [COVID-19 surveillance report](#) (fortnightly data).

### Gastroenteritis

- The number of gastroenteritis presentations to EDs decreased into the mid-range of values usually reported at this time of year. The rate of gastroenteritis presentations to sentinel GPs decreased below the baseline in the past week.
- Rotavirus notifications to the Department of Health and norovirus detections at PathWest increased in the past week.

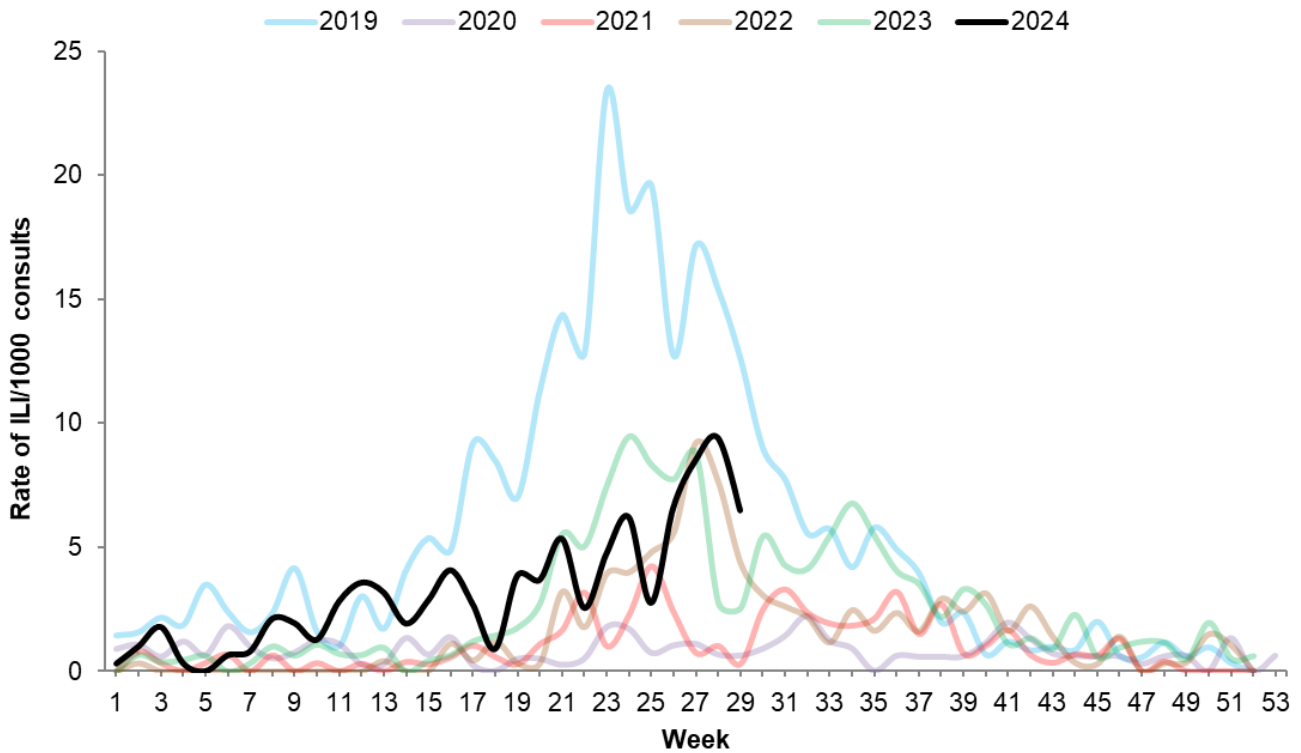
### Other vaccine-preventable diseases

- **Chickenpox and shingles:** The number of shingles presentations to EDs decreased in the past week while chickenpox presentations remained stable. There was one chickenpox presentation to sentinel GPs in the past week and the rate of shingles presentations remained above the baseline.
- **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)

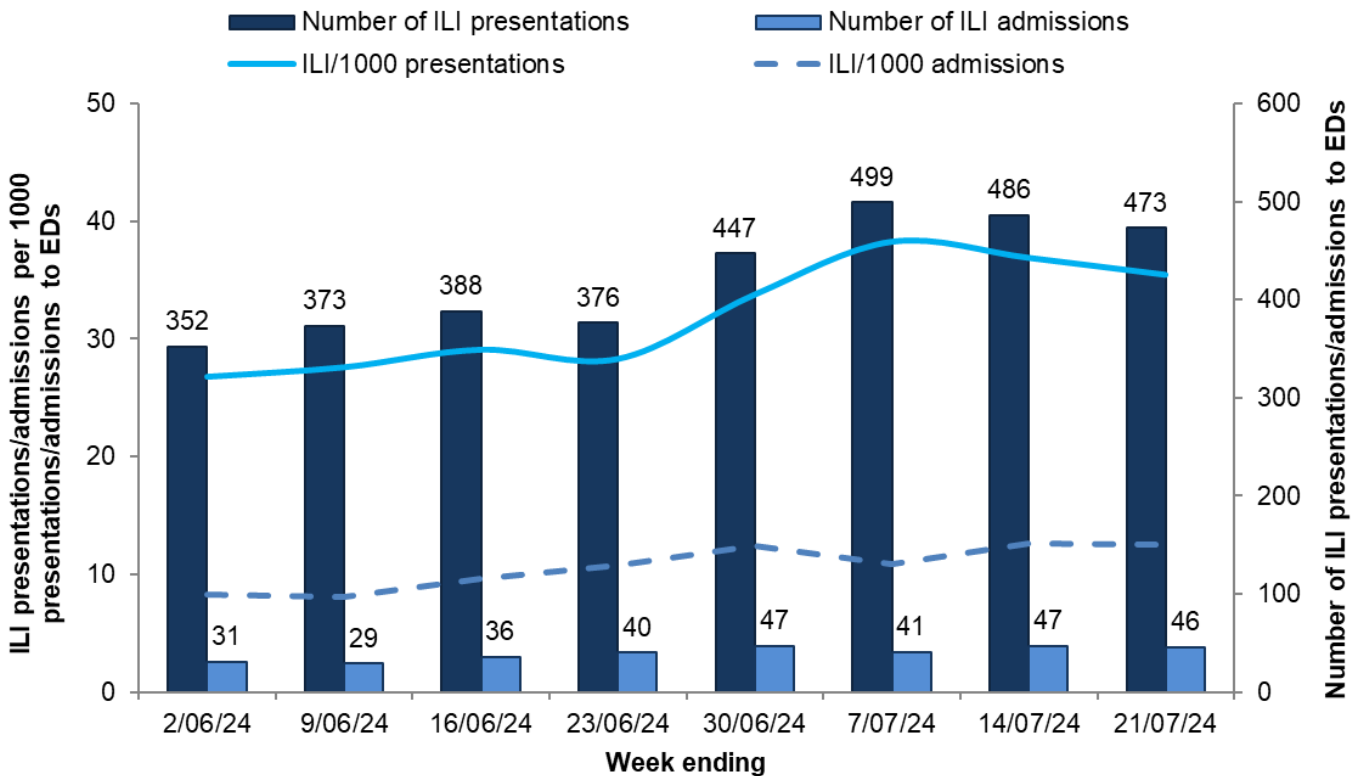
The rate of ILI presentations to sentinel GPs decreased but remained in the upper range of values usually reported at this time of year (Figure 1).

**Figure 1. Rate of ILI per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) by week, WA, 2019 to 2024 YTD**



The rate of ILI-related presentations to EDs decreased in the past week, while the rate of admissions was stable (Figure 2).

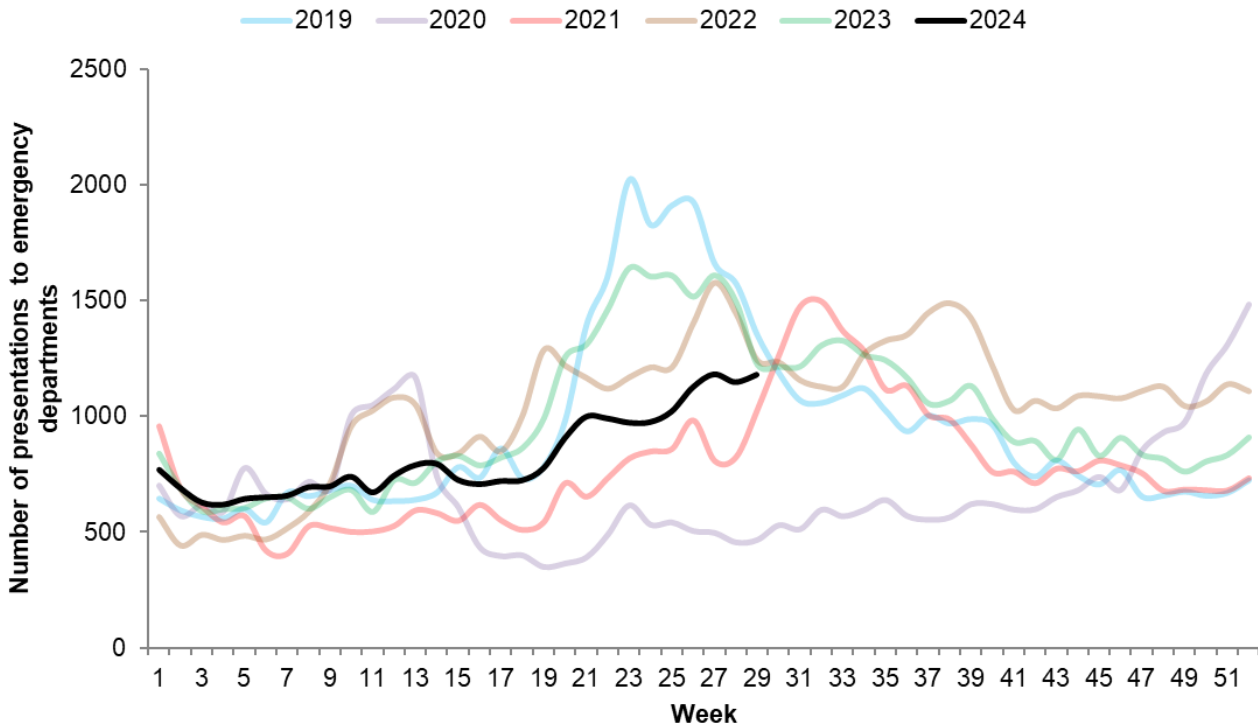
**Figure 2. Number and rate of ILI presentations/admissions to emergency departments in the past eight weeks, WA**



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.

In the past week, the number of respiratory illness presentations to EDs increased into the upper range of values usually reported at this time of year (Figure 3).

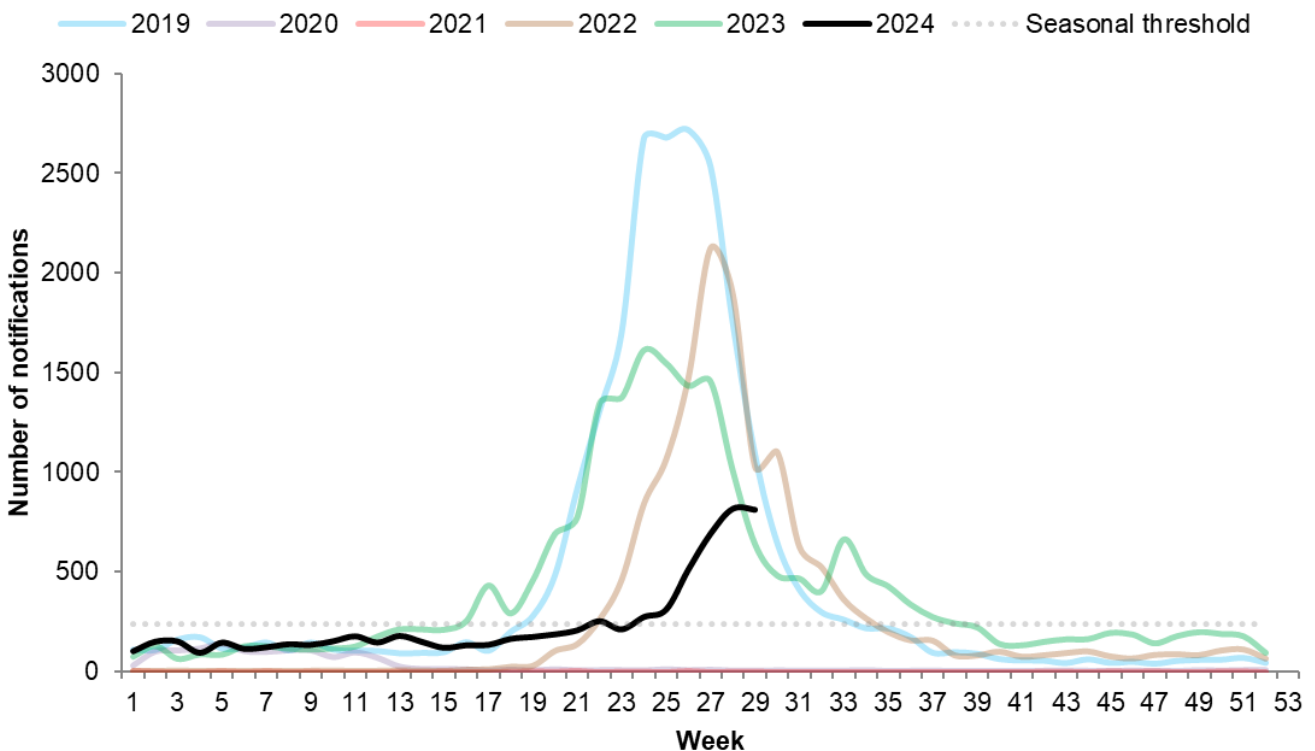
**Figure 3. Number of respiratory illness presentations to emergency departments by week, WA, 2019 to 2024 YTD**



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 2 but similar to that presented in the Winter Respiratory Illness Report provided by the Information and System Performance Directorate, DoH.

In the past week the number of influenza cases notified to the Department of Health decreased slightly to 812 cases and remained above the seasonal threshold (Figure 4).

**Figure 4. Number of influenza notifications by week, WA, 2019 to 2024 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 2016 to 2019 and 2023.

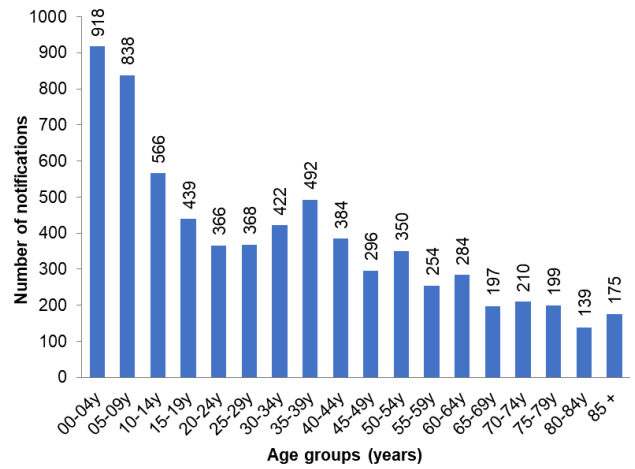
In the year to date, the number of influenza notifications, hospitalisations, and deaths\* were lower than the previous five-year average (Table 1). Thirty-four percent of notifications were in those aged less than 15 years (Figure 5).

**Table 1. Influenza notifications and vaccination coverage, WA, 2024 YTD compared to the 5-year average for the same period**

Notifications		2024 Year to Date	5-year average
Influenza infections extracted by date of receipt	Notifications	6,897	7,963
	Hospitalisations	1,322	1,384
	Reported deaths	6	24
Vaccinations		2024 Year to Date	5-year average
Influenza immunisations administered	Age group		
	6mo-< 5 yrs	34,830	NA
	5-64 yrs	464,129	NA
	≥ 65 yrs	303,405	NA
Total		802,364	NA

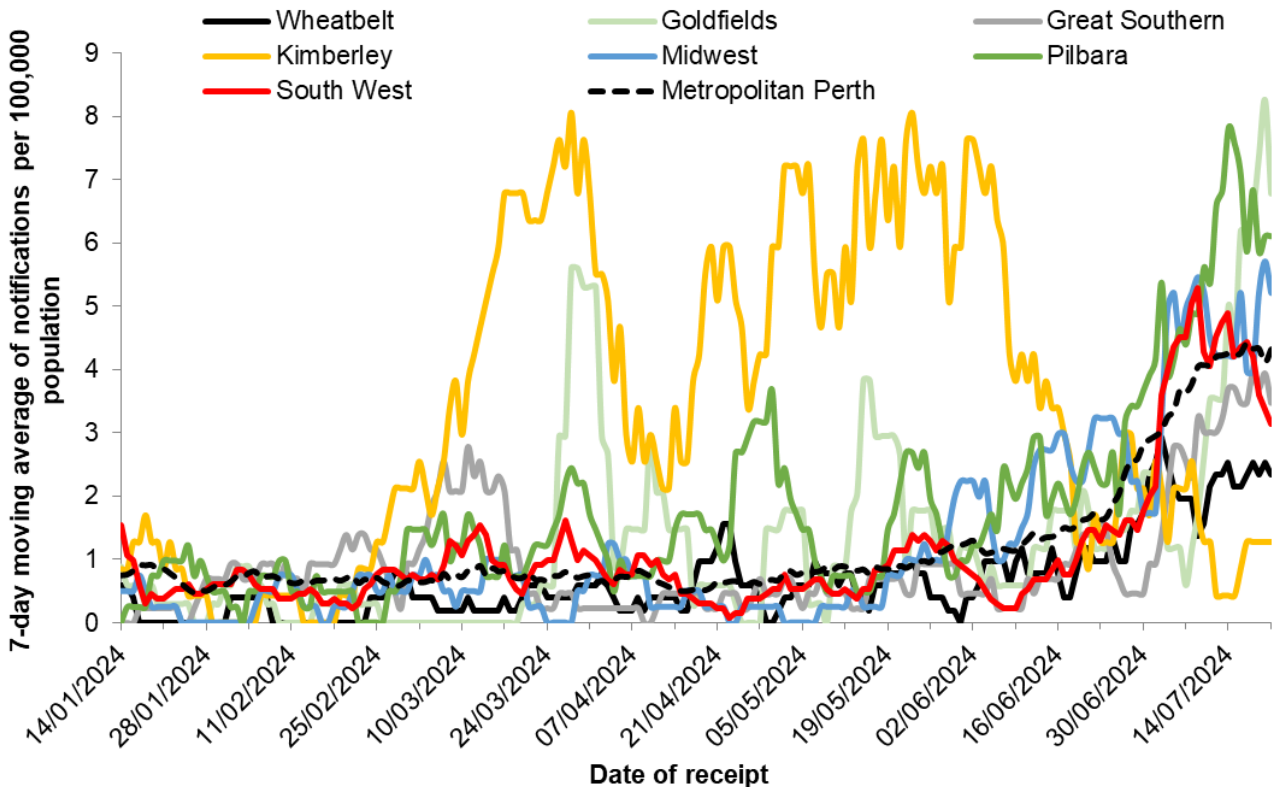
Note: NA: data not available. Note: 5-year average is calculated using the years 2016-2019 and 2023. Notification data source: WANIDD. Immunisation data source: Department of Health and Aged Care [Influenza \(flu\) immunisation data](#) | Australian Government Department of Health and Aged Care. Doses administered from 1 March. \* Reported deaths may include historical deaths that occurred prior to the current reporting period.

**Figure 5. Influenza notifications by age group, WA, 2024 YTD**



In the past week, the seven-day moving average for influenza notification rates decreased or remained stable all regions, except for the Goldfields, Midwest and Kimberley regions where the rates increased (Figure 6).

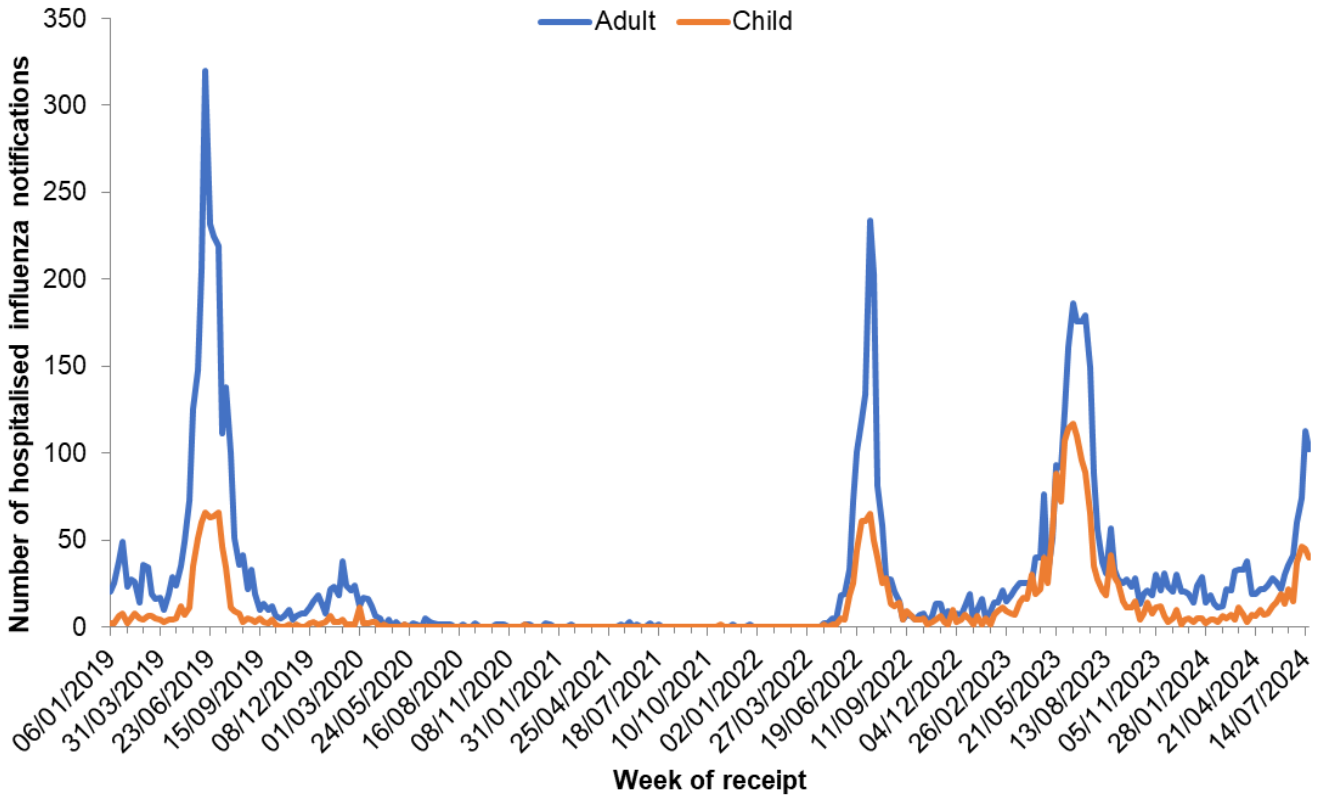
**Figure 6. 7-day moving average of influenza notification rates per 100,000 people by health region, WA, 2024 YTD**



Note: This graph shows the 7-day moving average of influenza cases per 100,000 people in the WA health regions for 2024 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 decreased in both adults and children (Figure 7).

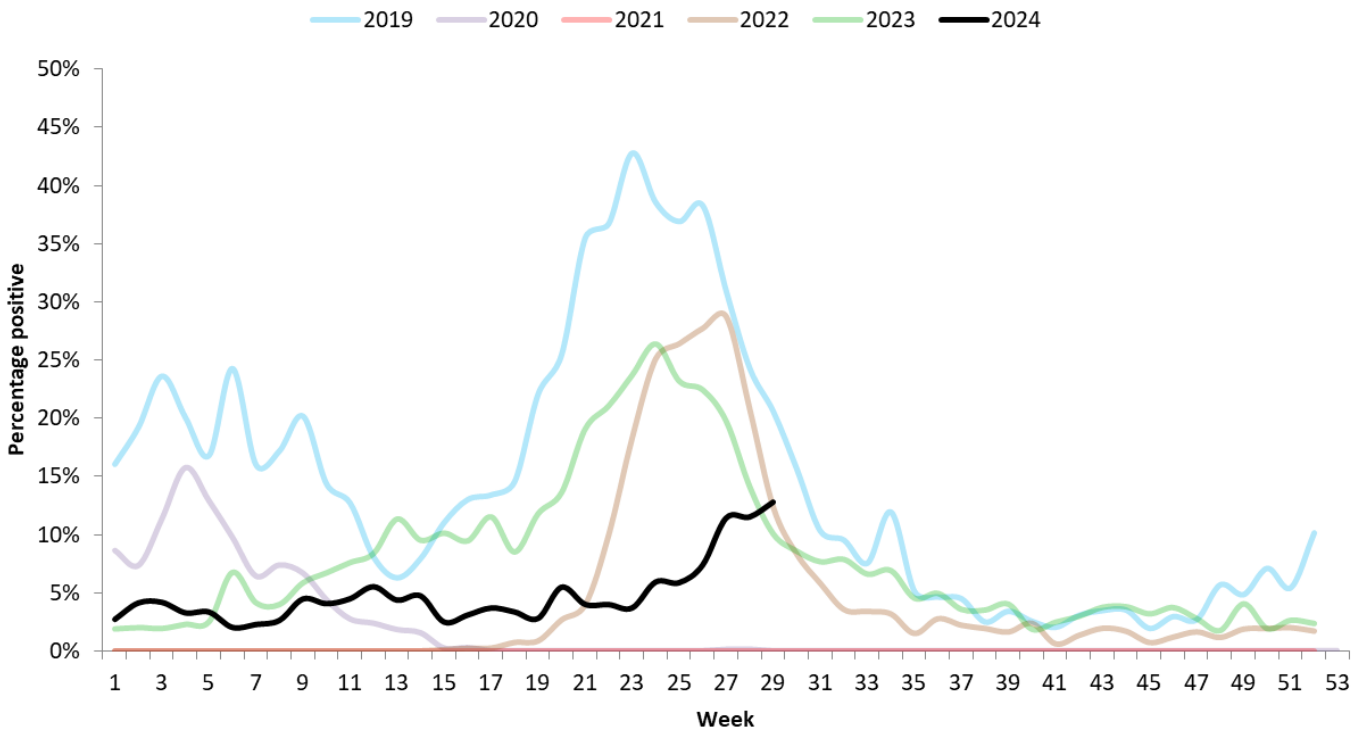
**Figure 7. Number of notified influenza cases hospitalised by week, WA, 2019 to 2024 YTD**



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 influenza PCR test positivity at PathWest increased to 12.8% (211 detections) in the past week. (Figure 8).

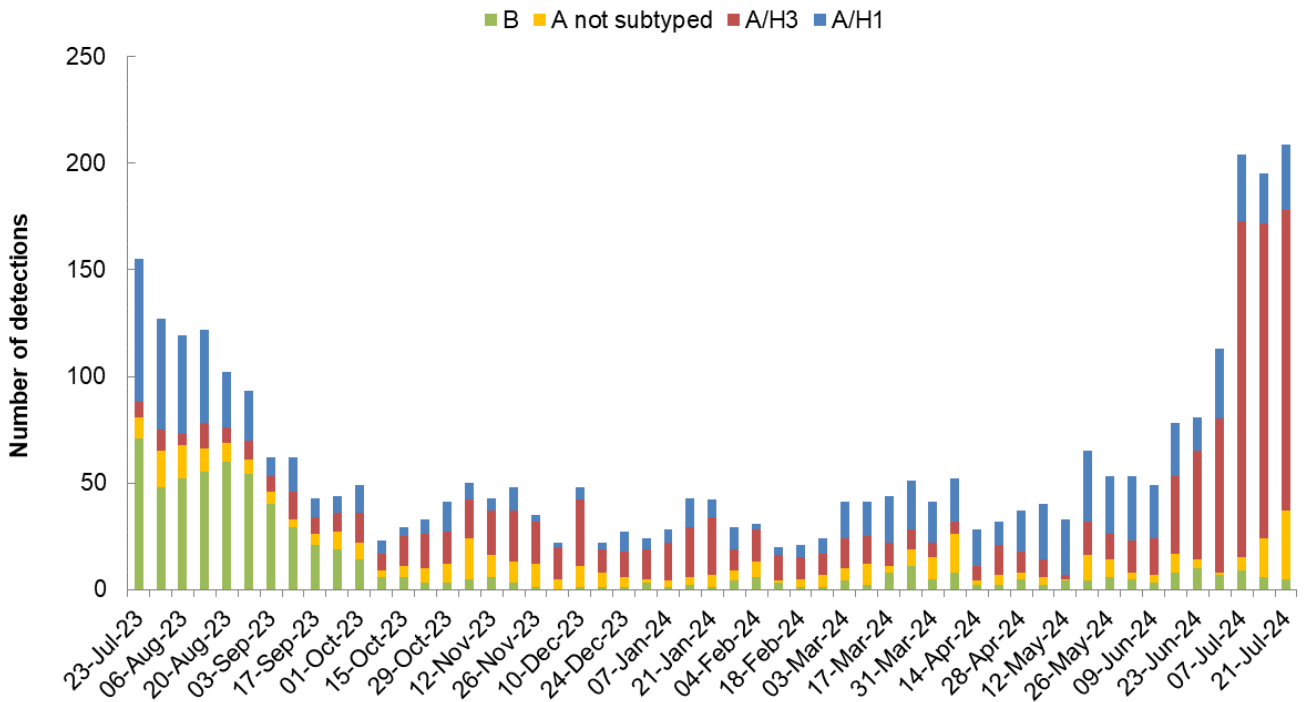
**Figure 8. Proportion of PCR positive influenza detections at PathWest by week, WA, 2019 to 2024 YTD**



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

PathWest reported 211 influenza detections in the past week, which included 31 A/H1, 142 A/H3, 32 influenza A not yet subtyped and 6 influenza B (Figure 9).

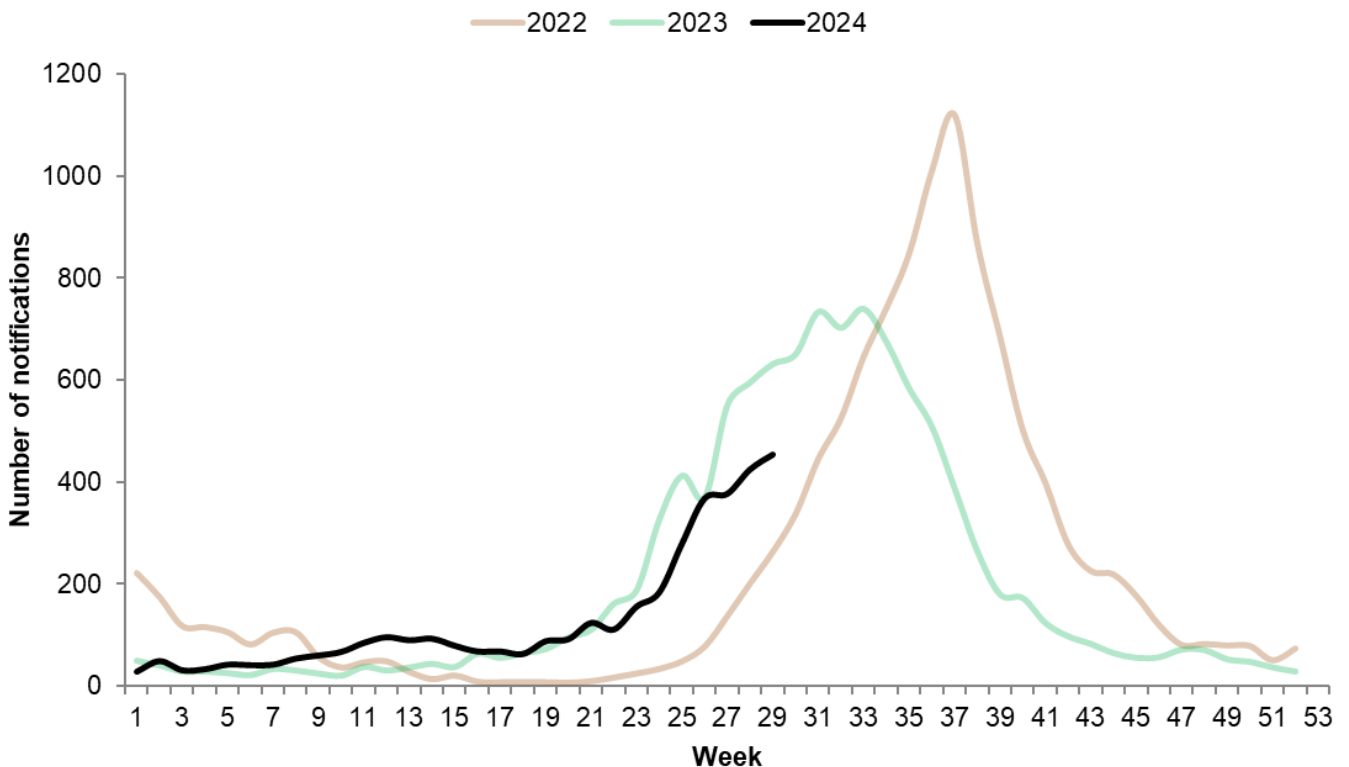
**Figure 9. Number of PCR positive influenza detections at PathWest by type, subtype and week, WA, 2023 to 2024 YTD**



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, the number of RSV cases notified to the Department of Health increased by 7% to 454 cases (Figure 10).

**Figure 10. Number of respiratory syncytial virus (RSV) notifications by week, WA, 2022 to 2024 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.

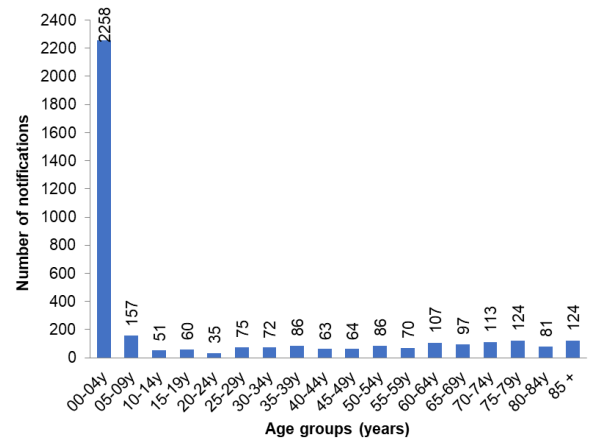
In the year to date, the number of RSV notifications and deaths\* were higher compared to the same period in 2023, while the number of hospitalisations were lower. To date, 18,394 infants have received a dose of RSV immunisation (Table 2). The majority of RSV notifications were in those aged less than 5 years (Figure 11).

**Table 2. RSV notifications and infant immunisation coverage, WA, 2024 YTD compared to 2023 for the same period**

Notifications	Category	2024 Year to Date	2023
RSV infections extracted by optimal date of onset	Notifications	3,723	3,578
	Hospitalisations	1,111	1,234
	Reported deaths	4	2
Number of infants receiving a dose of RSV immunisation		2024 Year to Date	2023
Persons		18,394	N/A

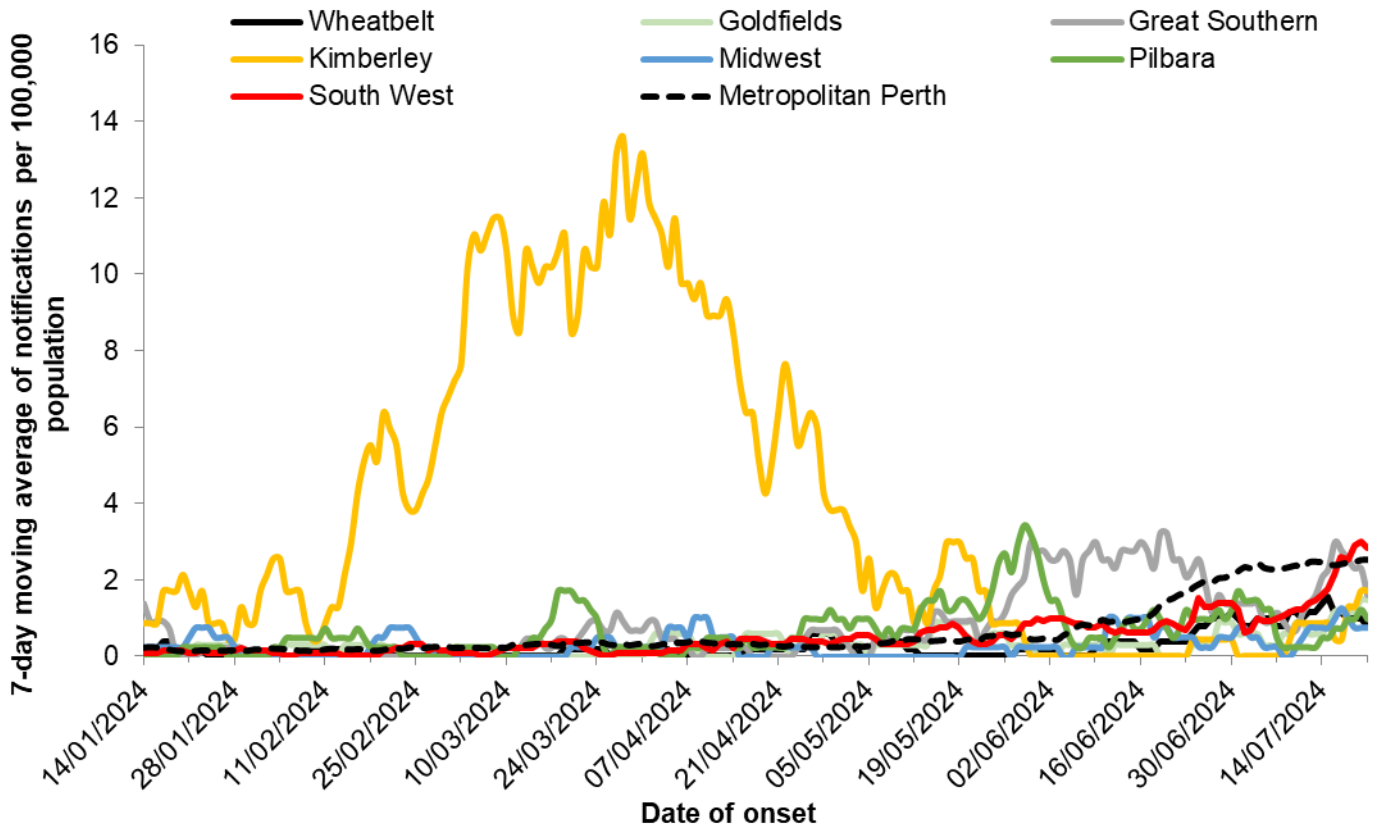
Note: N/A: data not available. Notification data source: WANIDD. Immunisation data source: Australian Immunisation Register accessed by WA Department of Health. Immunisation data does not include adult doses of RSV containing vaccine. \* Reported deaths may include historical deaths that occurred prior to the current reporting period.

**Figure 11. RSV notifications by age group, WA, 2024 YTD**



In the past week, the seven-day moving average for RSV notification rates increased in all regions, except for the Wheatbelt, Great Southern and Metropolitan regions where the rates decreased or remained stable (Figure 12).

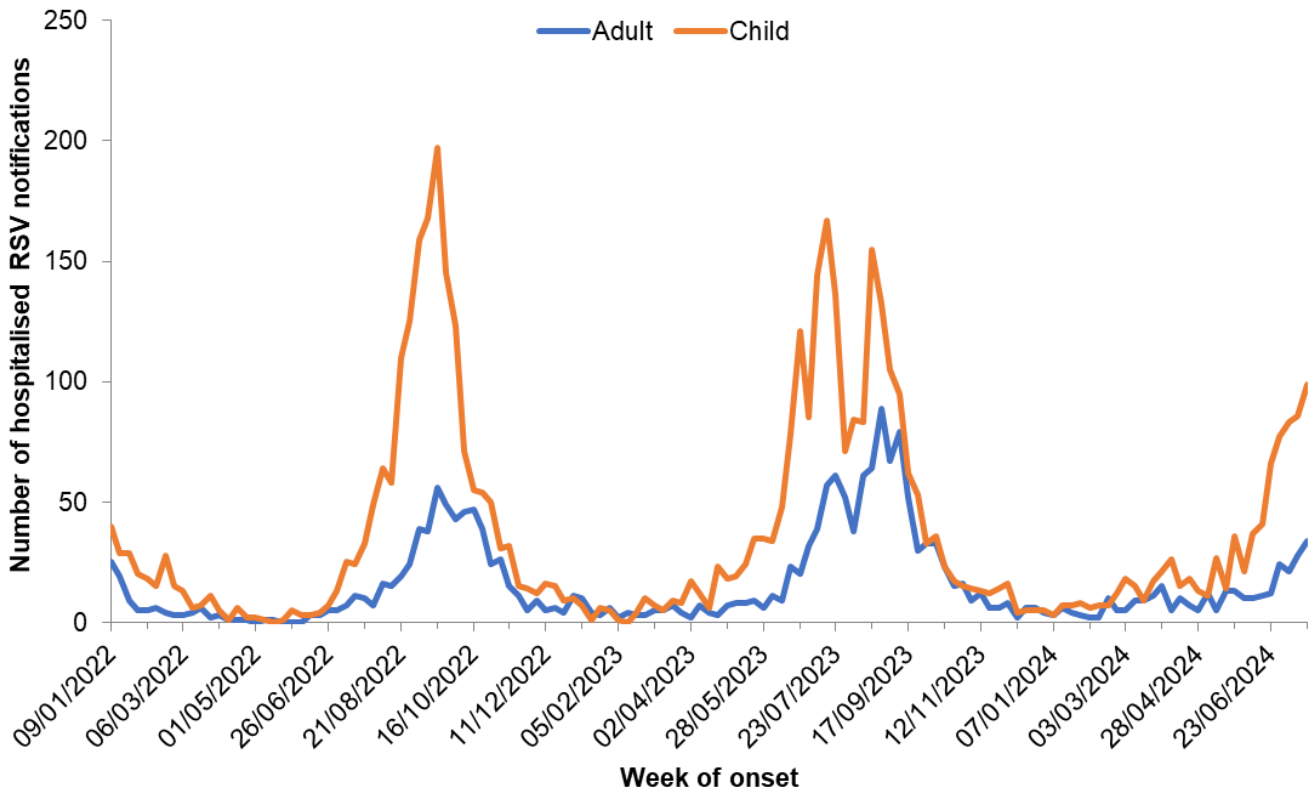
**Figure 12. 7-day moving average of RSV notification rates per 100,000 people by health region, WA, 2024 YTD**



Note: This graph shows the 7-day moving average of RSV cases per 100,000 people in the WA health regions for 2024 by optimal date of onset, received by the DoH, WA (through WANIDD) to the end of the current reporting week.

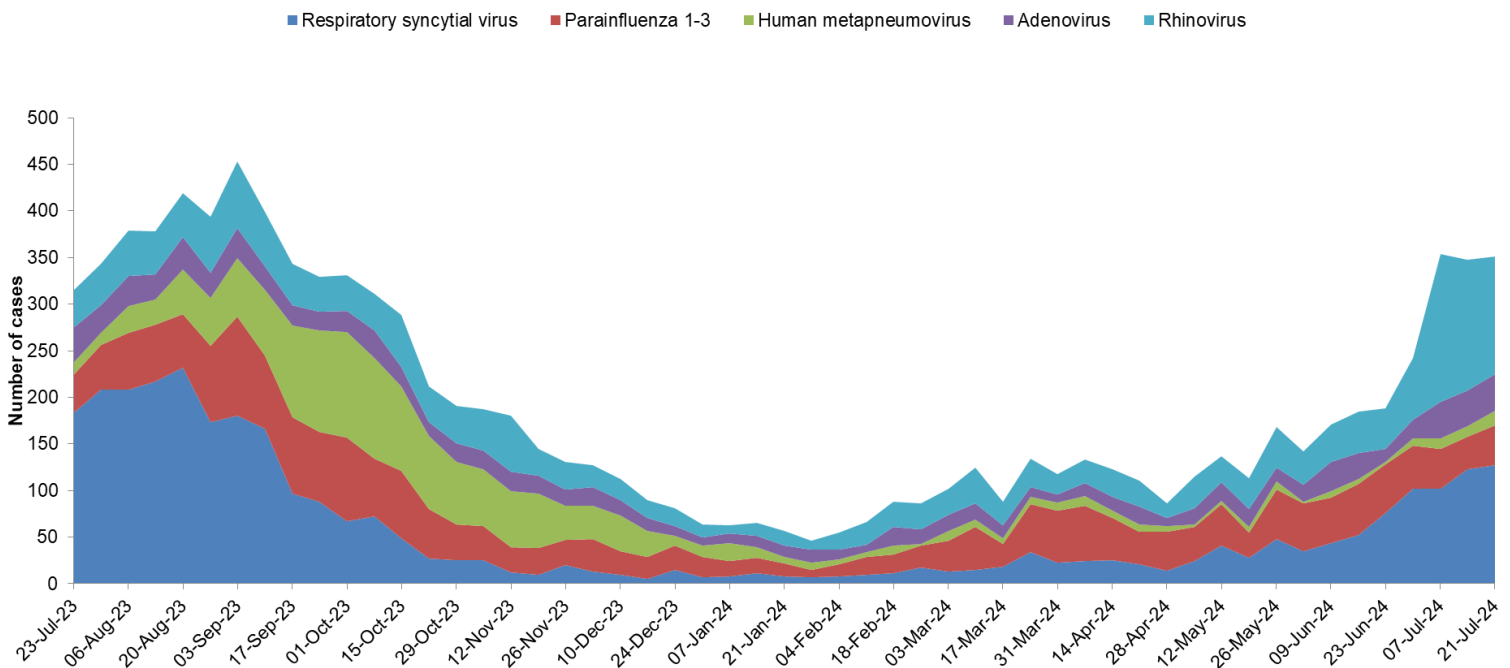
In the past week, the number of RSV cases reported as hospitalised increased in both children and adults. (Figure 13).

**Figure 13. Number of notified RSV cases hospitalised by week, WA, 2022 to 2024 YTD**



Non-influenza respiratory virus detections at PathWest were stable in the past week (Figure 14). The most common non-influenza respiratory virus detected was RSV (127 cases), followed by rhinovirus (126 cases).

**Figure 14. Number of non-influenza respiratory virus detections at PathWest by week, WA, 2023 to 2024 YTD**

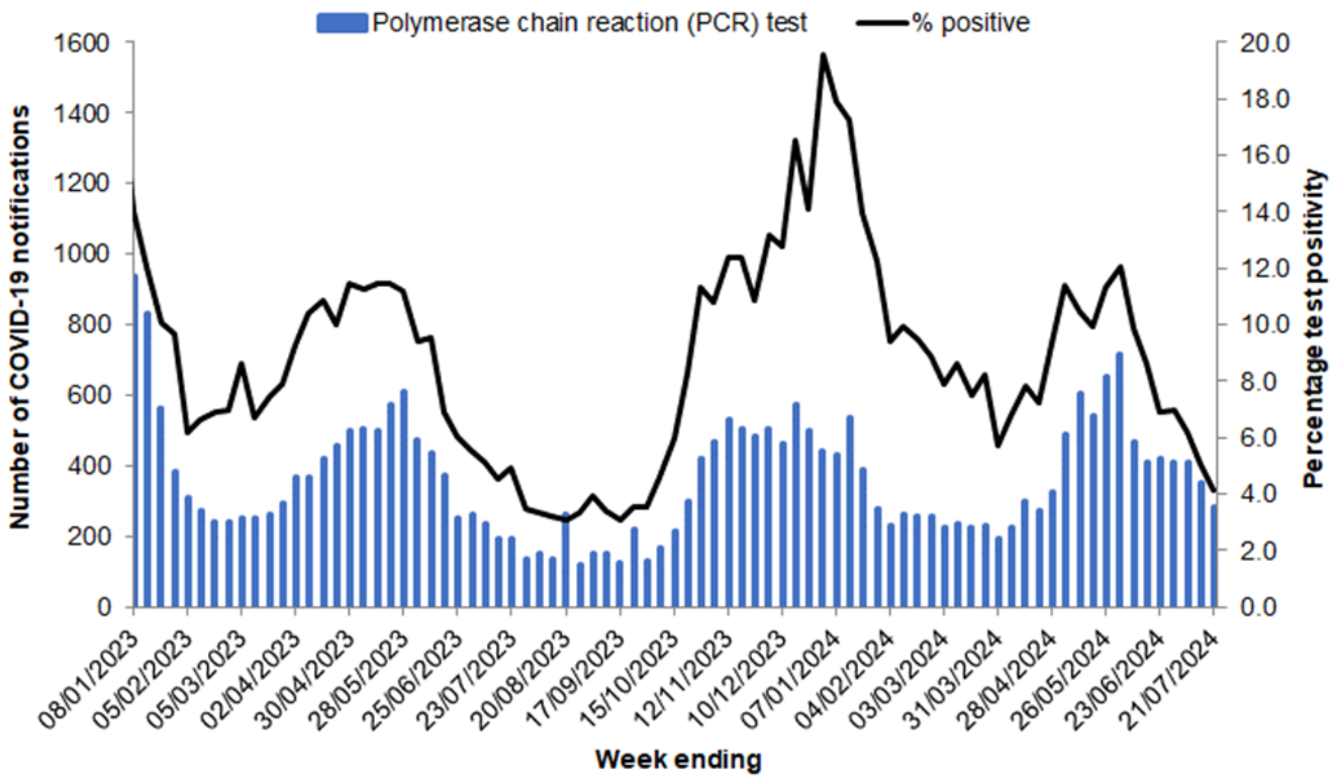


Note: This graph is a count of all WA samples positive for a common respiratory virus other than influenza reported by PathWest.



In the past week, 282 COVID-19 PCR positive cases were notified in WA, a decrease of 19% in comparison to the previous week. (Figure 15).

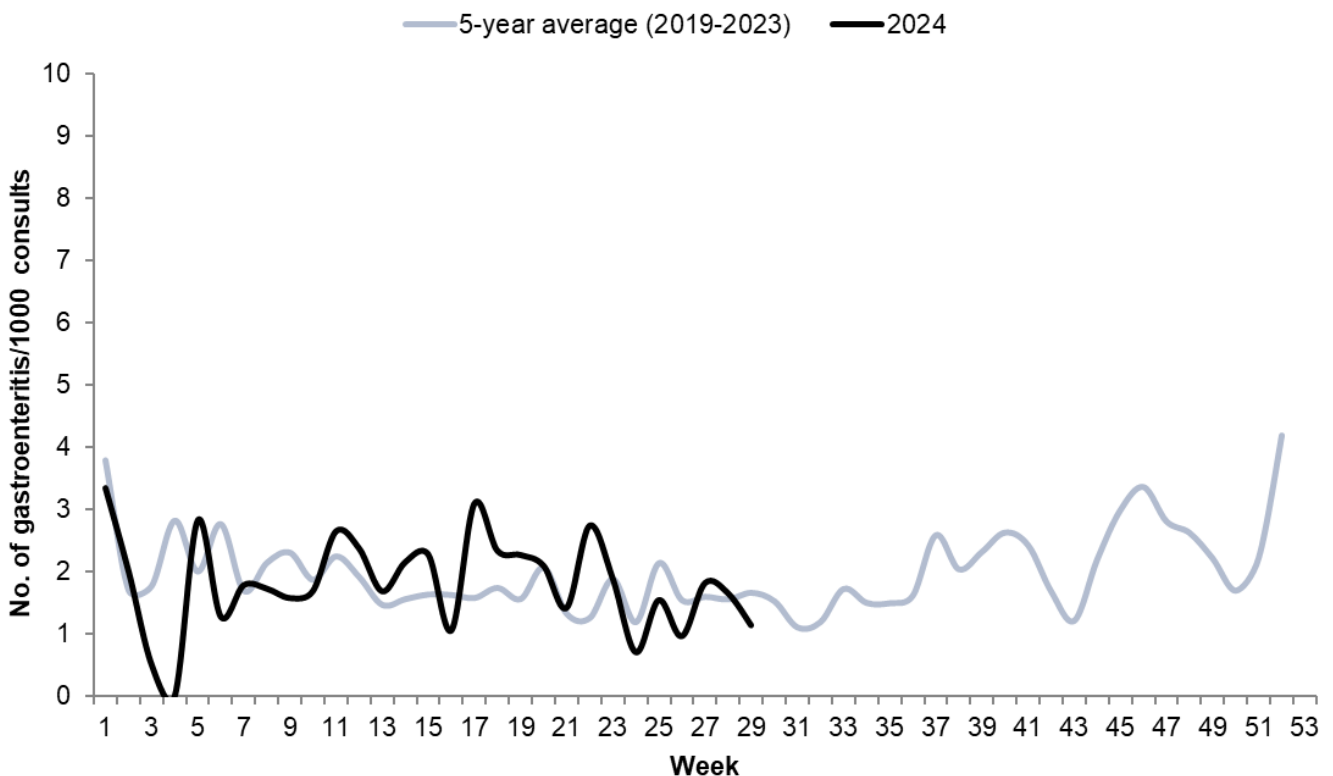
Figure 15. COVID-19 cases and test positivity by notification week, WA, 2023 to 2024 YTD



## Gastroenteritis

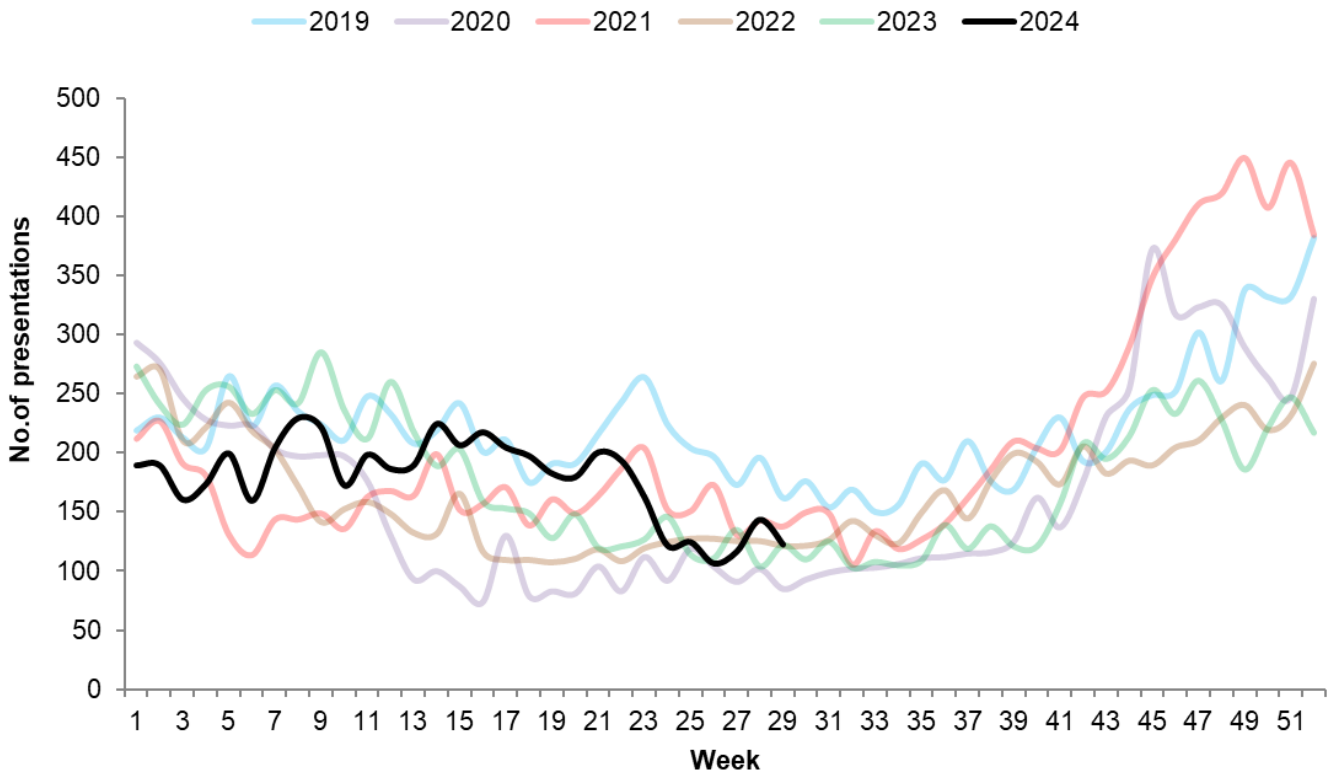
The rate of gastroenteritis presentations to sentinel GPs decreased below the baseline in the past week (Figure 16).

Figure 16. Number of gastroenteritis presentations per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) by week, WA, 2019 to 2024 YTD



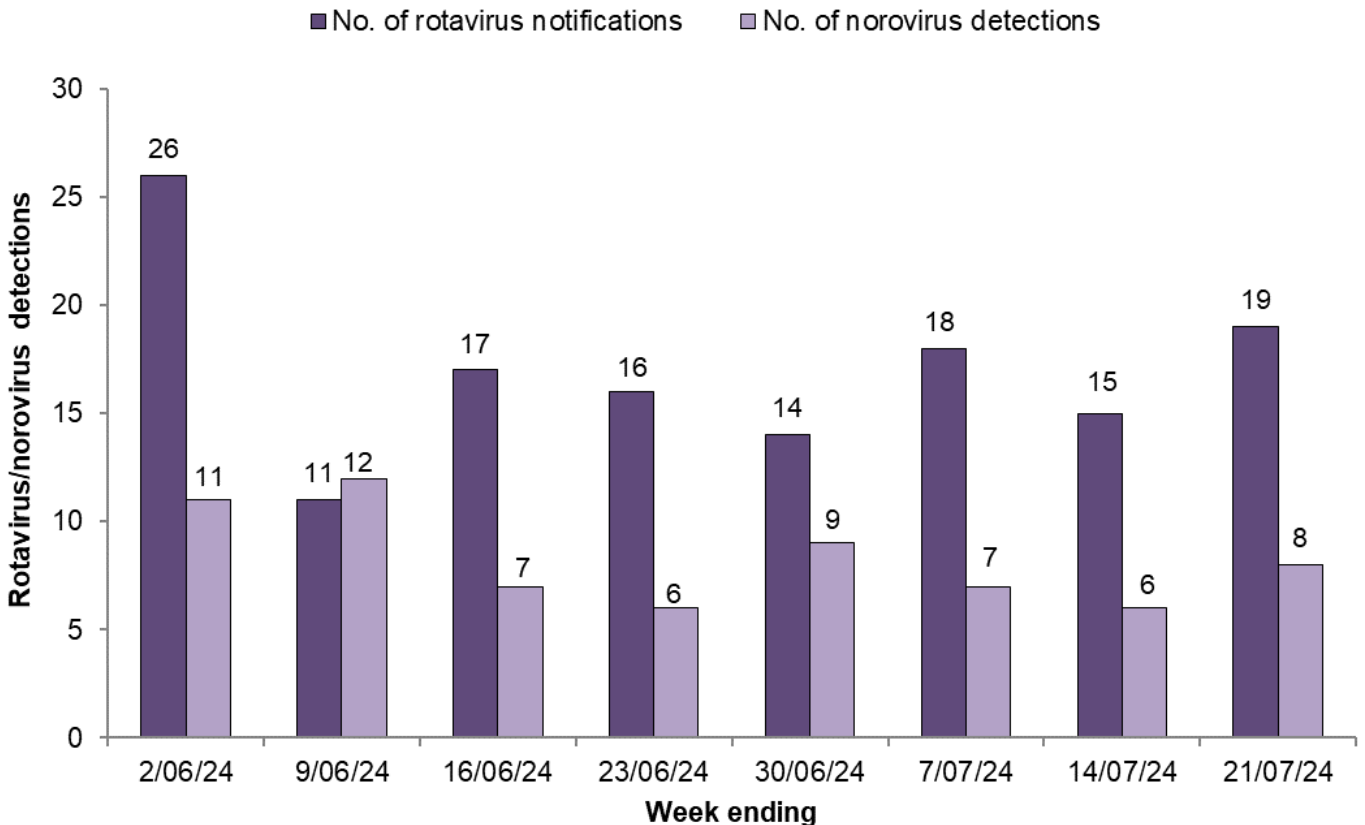
Gastroenteritis presentations at EDs decreased in the past week into the mid-range of values usually reported at this time of year (Figure 17).

**Figure 17. Number of gastroenteritis presentations to Emergency Departments by week, WA, 2019 to 2024 YTD**



In the past week, statewide rotavirus notifications to the Department of Health and norovirus detections at PathWest increased (Figure 18).

**Figure 18. Number of rotavirus notifications to the Department of Health and norovirus detections at PathWest in the past eight weeks, WA**

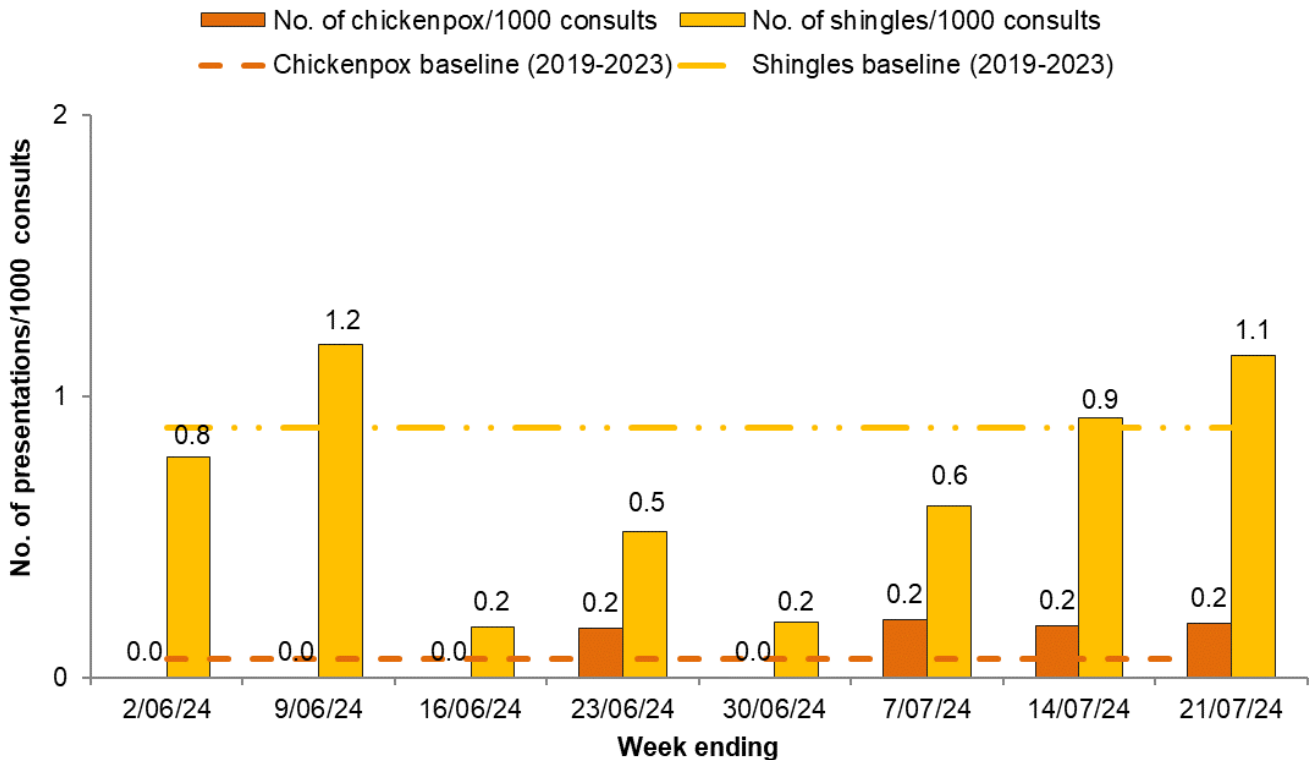


Note: Rotavirus notifications reported to the Department of Health include detections from all WA pathology laboratories. Norovirus detections are from PathWest only.

## Viral rashes

There was 1 chickenpox presentation to sentinel GPs in the past week and the rate of shingles presentations remained above the baseline (Figure 19).

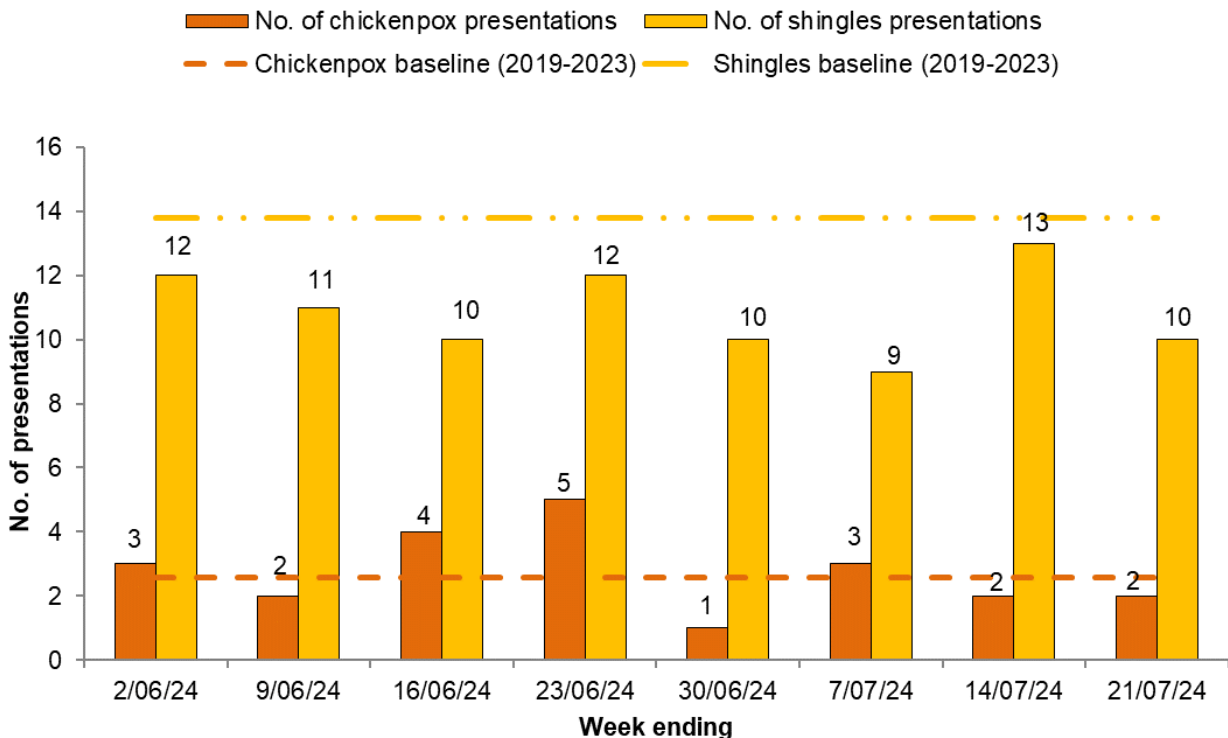
**Figure 19. Number of varicella-zoster presentations per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) in the past eight weeks, WA**



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, 2019 to week 52, 2023.

The number of shingles presentations to EDs decreased in the past week while chickenpox presentations remained stable (Figure 20).

**Figure 20. Number of varicella-zoster presentations to Emergency Departments in the past eight weeks, WA**



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, 2019 to week 52, 2023.

## 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.
- Reported deaths may include historical deaths that occurred prior to the current reporting period.
- 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).
- From 9 October 2023, it is no longer a requirement to register positive COVID-19 rapid antigen test (RAT) results to the WA Department of Health. Therefore, probable COVID-19 cases diagnosed by RAT will not be reported from that date.
- From 14 January 2024, the methodology for calculating the influenza seasonal threshold has changed. The threshold value is calculated based on analysis of inter-seasonal influenza data from 2016 to 2019 and 2023.
- 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).

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