



Virus Watch

Week ending 21st April 2024

Key Points

Influenza and influenza-like illnesses (ILI)

- In the past week, ILI activity decreased at EDs and increased at sentinel GPs.
- Respiratory syncytial virus (RSV) notifications decreased in the past week.
- Total non-influenza respiratory virus detections at PathWest Laboratory Medicine (PathWest) decreased in the past week.
- In the past fortnight, 523 COVID-19 PCR positive cases were notified in WA, an increase of 25% in comparison to the previous fortnight. See [COVID-19 surveillance report \(health.wa.gov.au\)](https://health.wa.gov.au).

Gastroenteritis

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

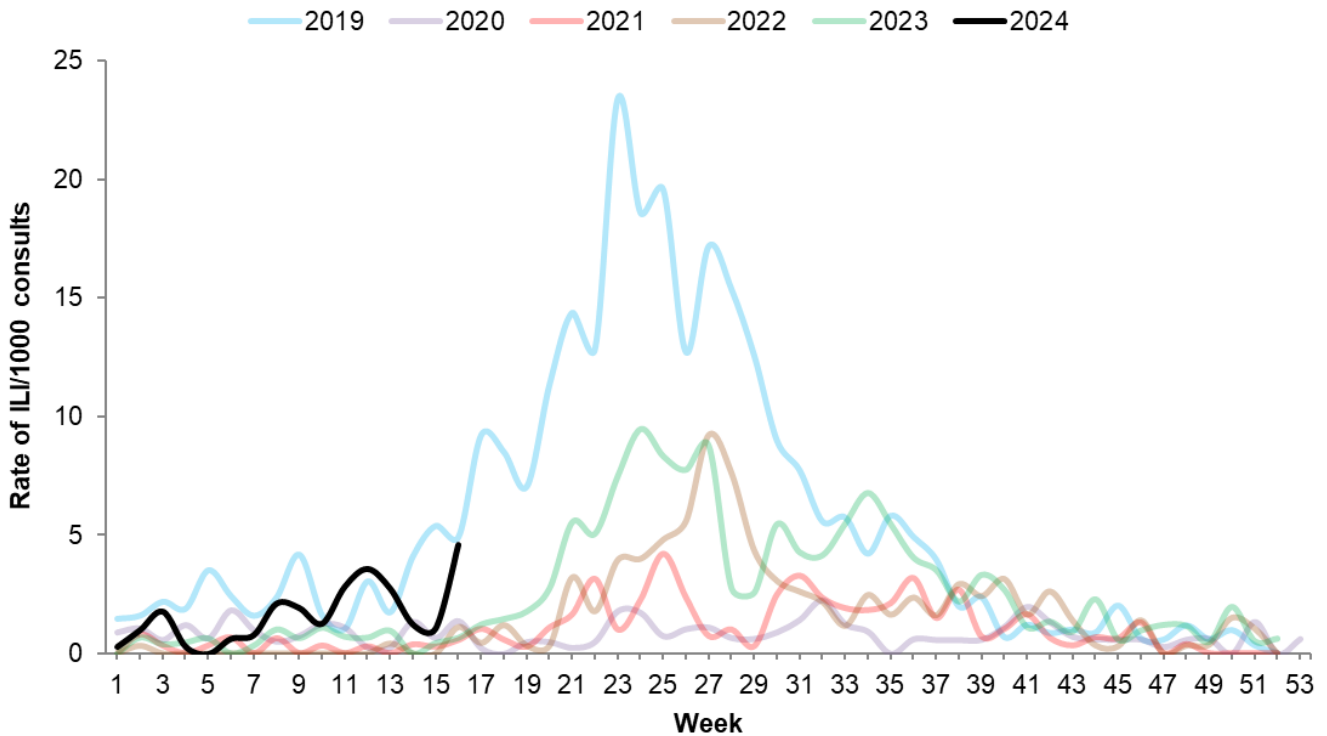
Other vaccine-preventable diseases

- **Chickenpox and shingles:** In the past week, there were no chickenpox presentations to sentinel GPs and the rate of shingles presentations decreased. Chickenpox and shingles presentations to EDs decreased and were below baseline levels.
- **Measles:** No measles cases 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)

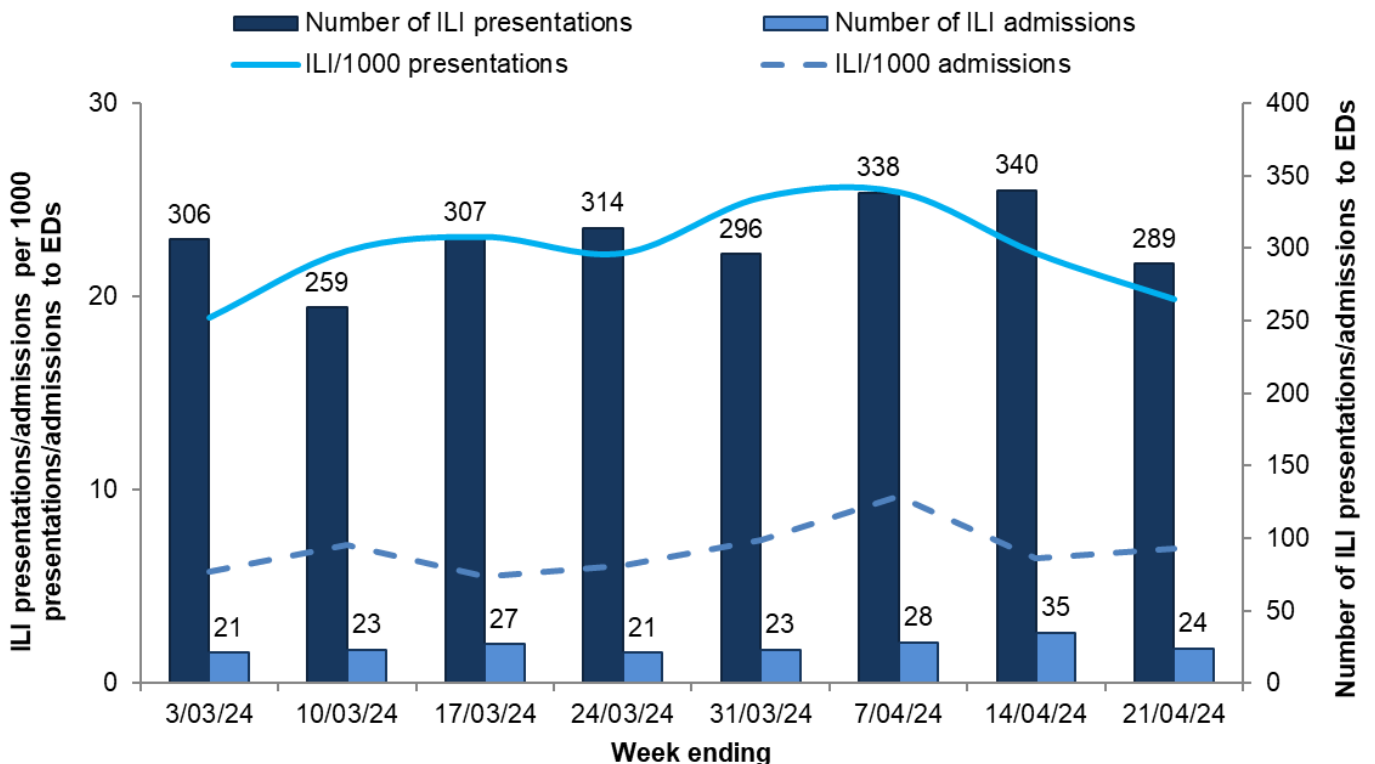
The rate of ILI presentations to sentinel GPs increased to the higher range of values usually reported at this time of year (Figure 1).

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



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

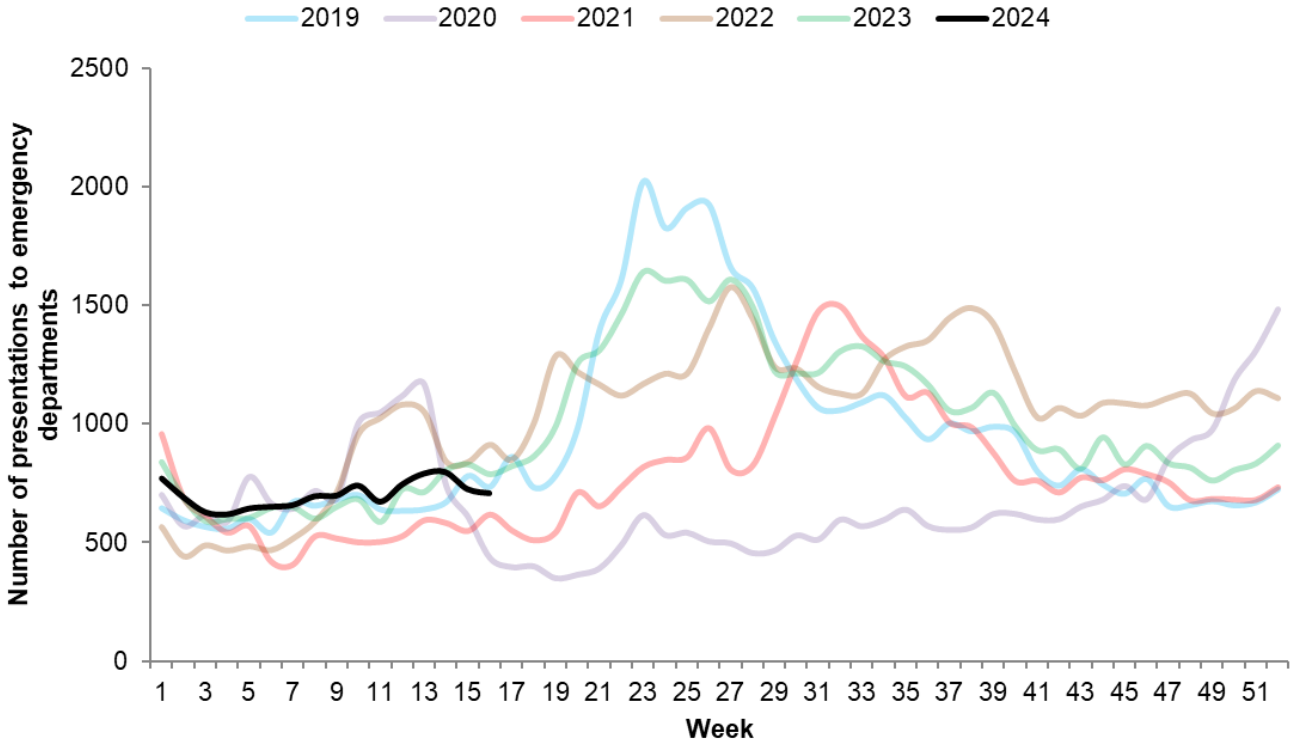
Figure 2. Number and rate of ILI presentations/admissions to emergency departments in WA in the past eight weeks



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 decreased in the past week but remained in the mid-range of values usually reported at this time of year (Figure 3).

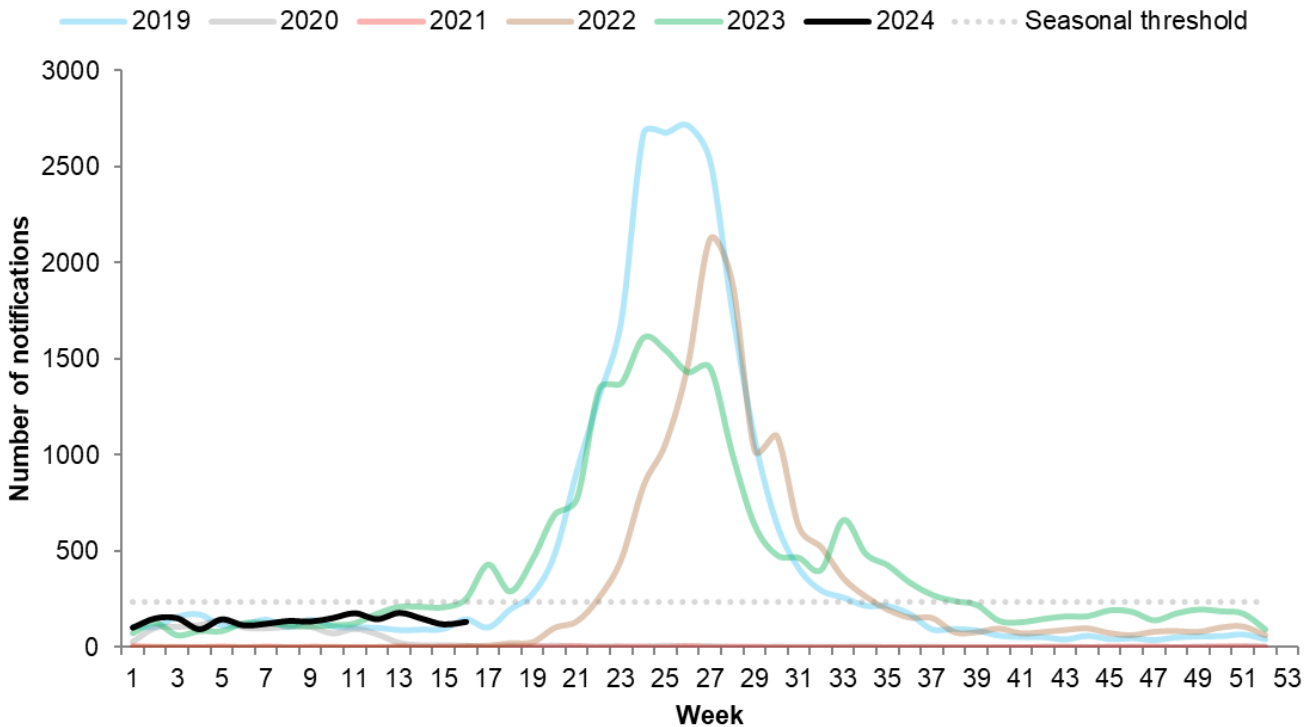
Figure 3. Number of respiratory illness presentations to emergency departments in WA by week, 2019 to 2024 YTD



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.

The number of influenza cases notified to the Department of Health was stable at 130 cases in the past week and remained below the seasonal threshold (Figure 4).

Figure 4. Number of influenza notifications in WA by week, 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.

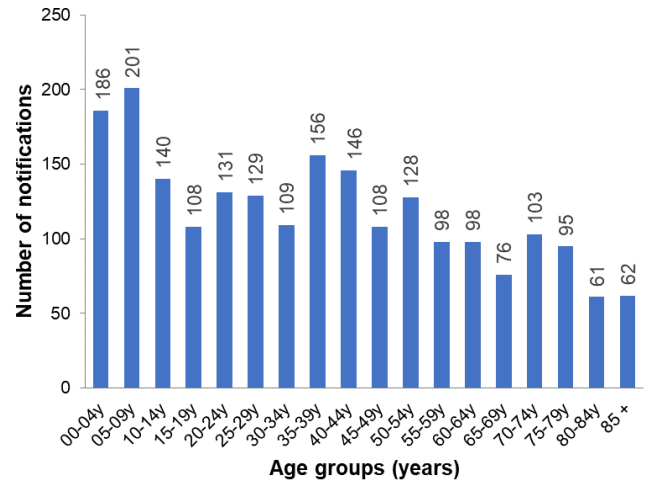
In the year to date, the number of influenza notifications and hospitalisations were higher than the previous five-year average, while the number of reported deaths was lower. Vaccination coverage to date was highest in the ≥ 65 year age group (Table 1). The majority of notifications were in those aged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

Table 1. Influenza notifications and vaccination coverage in WA, 2024 YTD

Notifications		2024 Year to Date	5 yr average
Influenza infections extracted by optimal date of onset	Notifications	2,135	1,178
	Hospitalisations	430	278
	Reported		
	Deaths	0	5
Vaccinations		2024 Year to Date	5 yr average
Influenza vaccinations administered	Age group		
	6mo-< 5 yrs	1,257	NA
	5-64 yrs	39,036	NA
	≥ 65 yrs	74,793	NA
	Total	115,086	NA

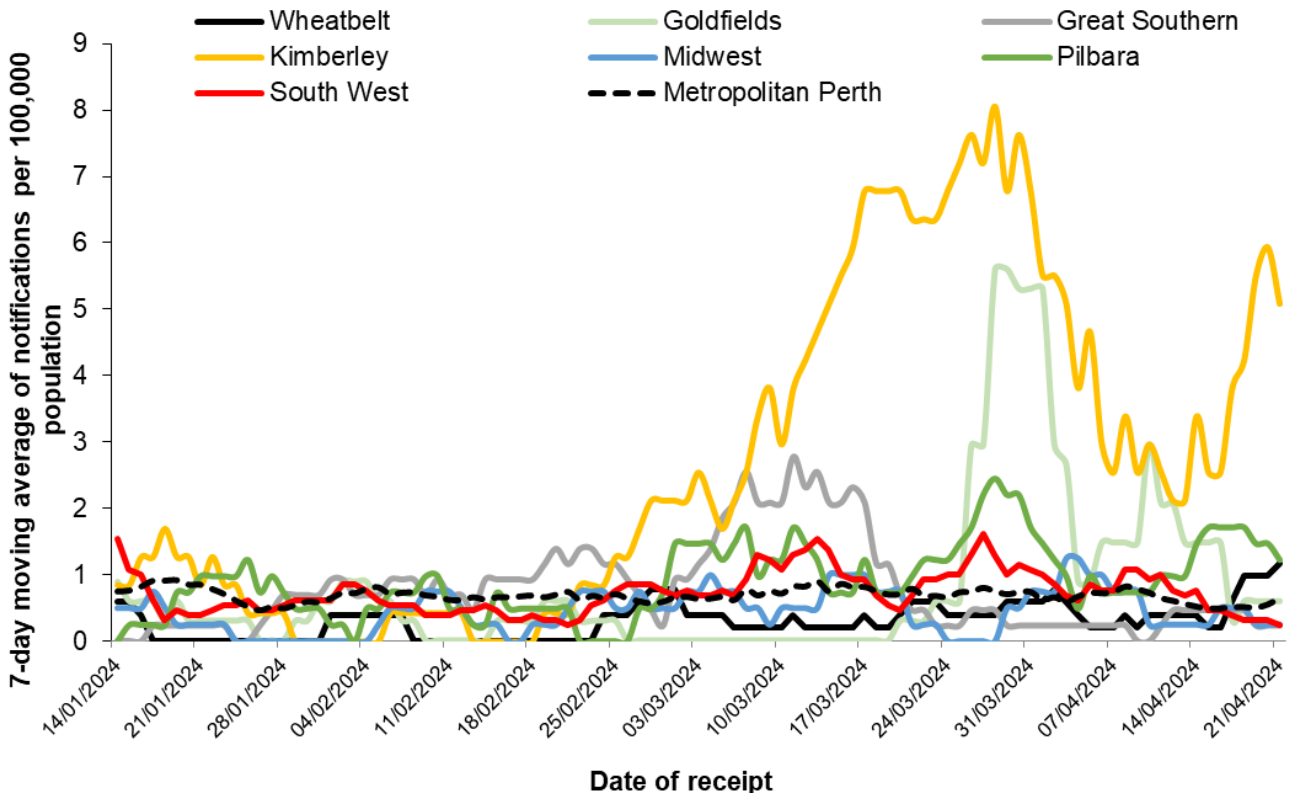
Note: NA: data not available. Notification data source: WANIDD. Vaccination data source: Department of Health and Aged Care [Influenza \(flu\) immunisation data](#) | Australian Government Department of Health and Aged Care. Doses administered from 1 March.

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



In the past week, the seven-day moving average for influenza notification rates decreased in all regions with the exception of the Great Southern, Kimberley and Wheatbelt regions, where the rates increased (Figure 6).

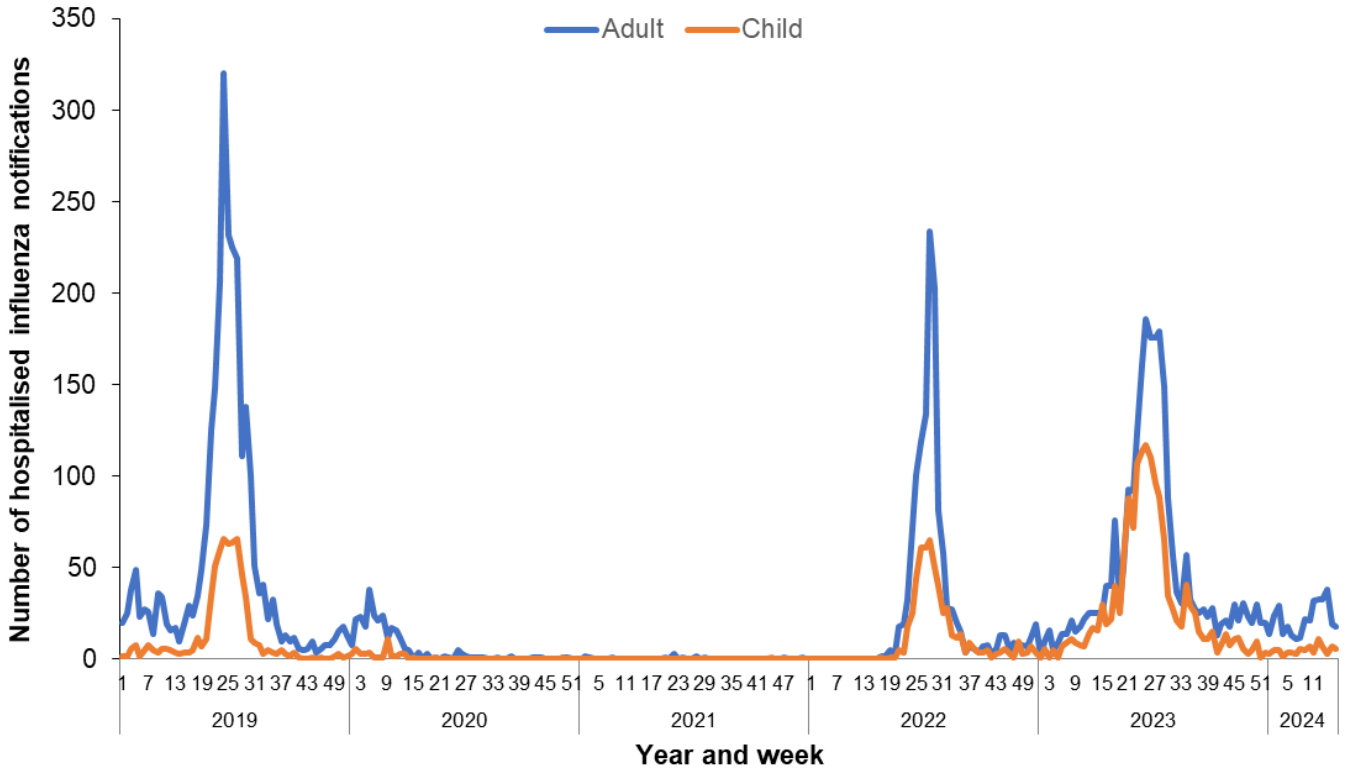
Figure 6. 7-day moving average of influenza notifications per 100,000 people in WA by health region, 2024 YTD



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 remained stable for both adults and children (Figure 7).

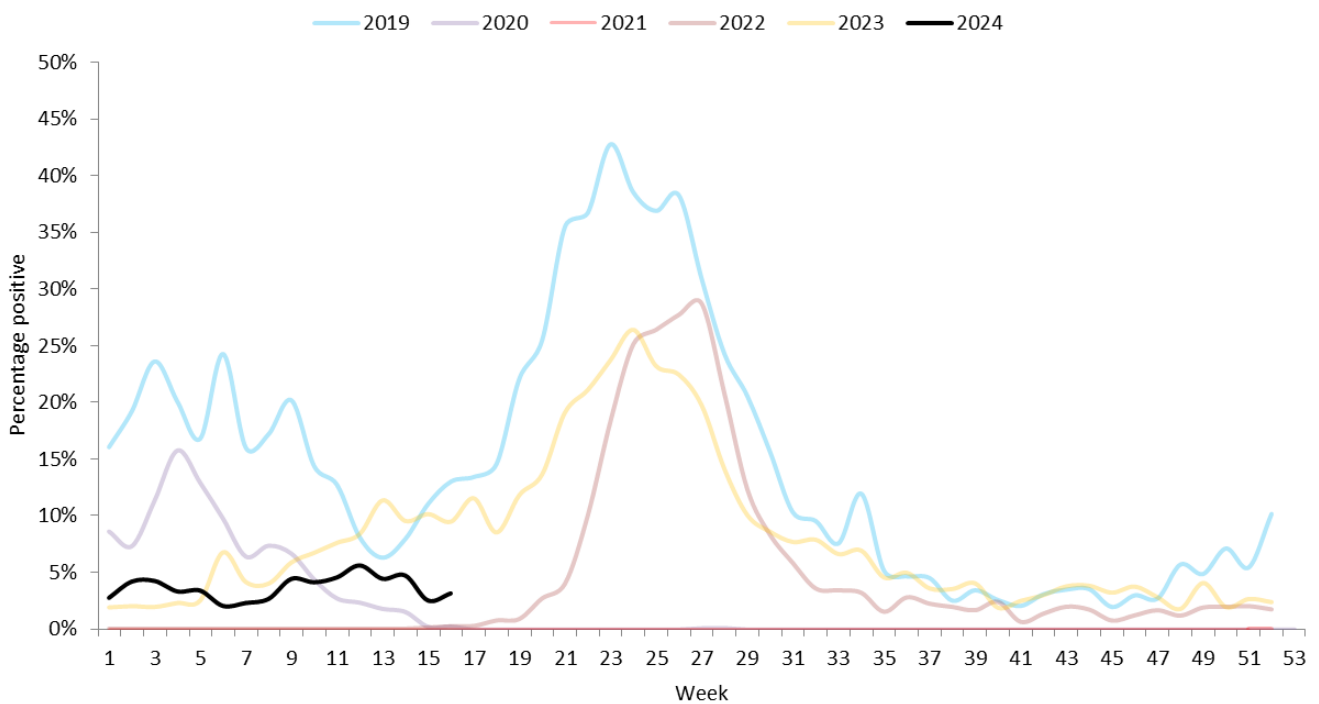
Figure 7. Number of notified influenza cases hospitalised in WA by week, 2019 to 2024 YTD



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 3.5% (36 detections) in the past week. (Figure 8).

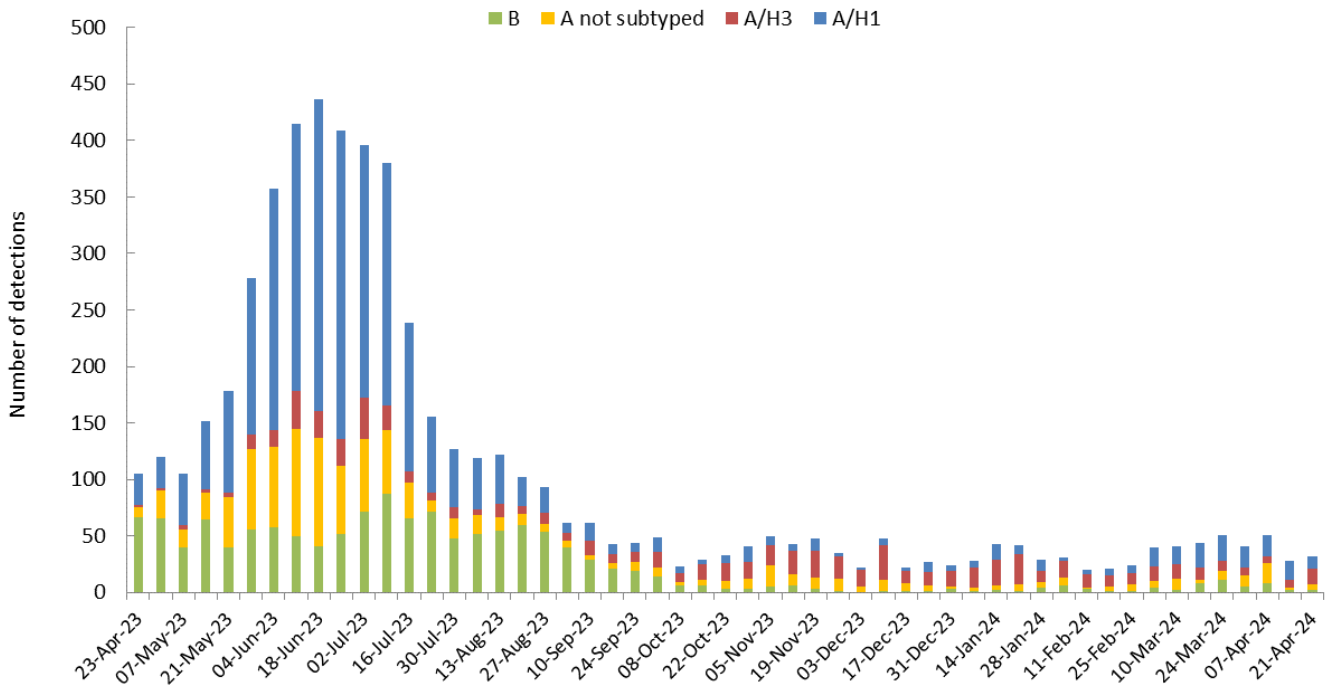
Figure 8. Proportion of PCR positive influenza detections at PathWest by week, WA, 2019 to 2024 YTD



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 36 influenza detections in the past week, which included 14 A/H1, 14 A/H3, 5 influenza A not yet subtyped and 3 influenza B (Figure 9).

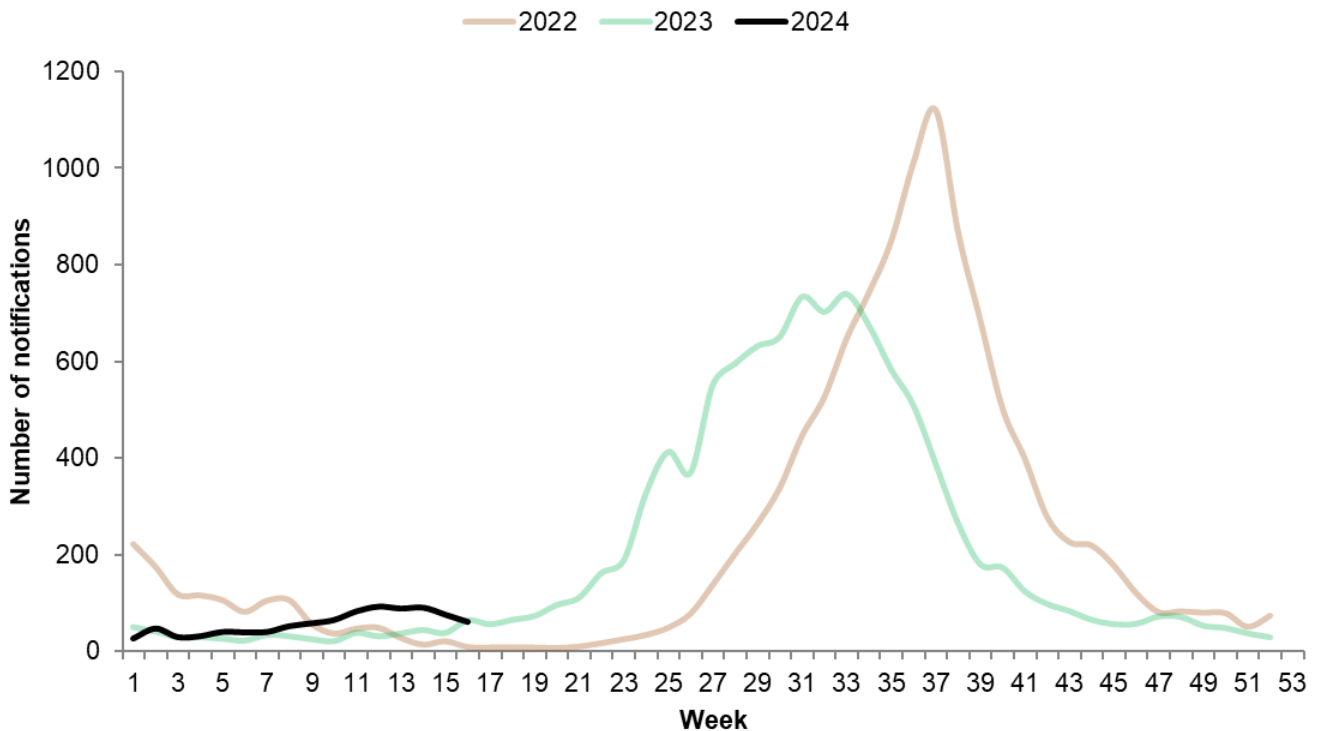
Figure 9. Number of PCR positive influenza detections at PathWest by type, subtype and week, WA, 2023 to 2024 YTD



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)

The number of respiratory syncytial virus (RSV) cases notified to the Department of Health decreased by 19% to 62 cases in the past week (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.

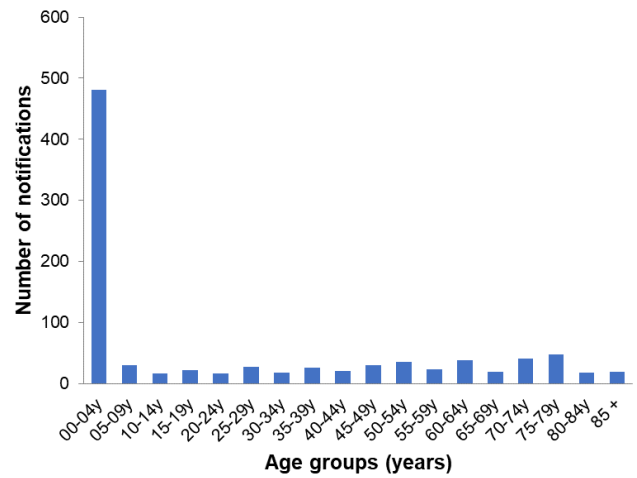
In the year to date, the number of RSV notifications and hospitalisations were higher than in the comparable period in 2023, and there were no reported deaths. To date, 2,554 children have received a dose of RSV immunisation (Table 2). The vast majority of notifications were in those aged less than 5 years (Figure 11).

Table 2. RSV notifications and vaccination coverage in WA, 2024 YTD

Notifications	Category	2024 Year to Date	2023
RSV infections extracted by date of receipt	Notifications	935	505
	Hospitalisations	300	171
	Reported		
	Deaths	0	0
Number of children receiving a dose of RSV immunisation		2024 Year to Date	2023
	Persons	2,554	N/A

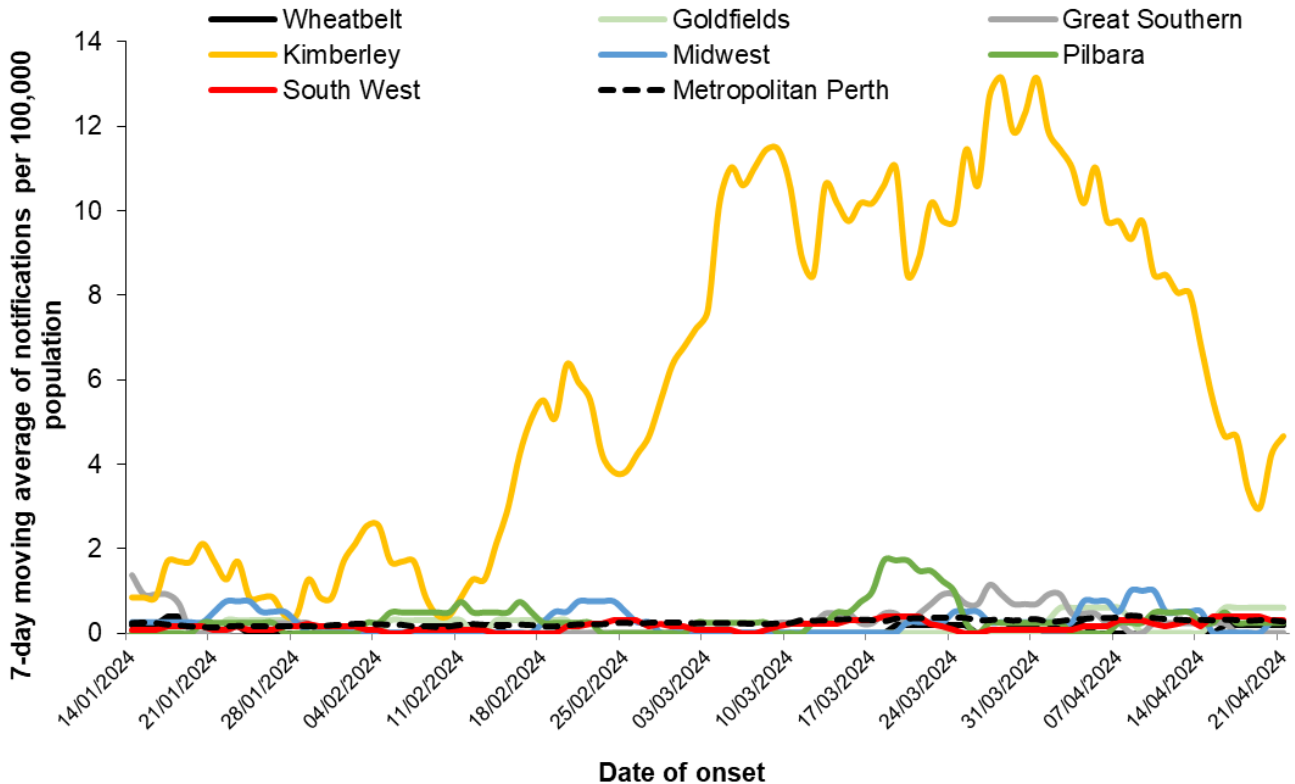
Note: NA: data not available. Notification data source: WANIDD. Vaccination data source: Australian Immunisation Register accessed by WA Department of Health. Immunisation data does not include adult doses of RSV containing vaccine.

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



In the past week, the seven-day moving average for RSV notification rates decreased or remained stable in all regions with the exception of the Wheatbelt and Pilbara regions, where the rates increased (Figure 12).

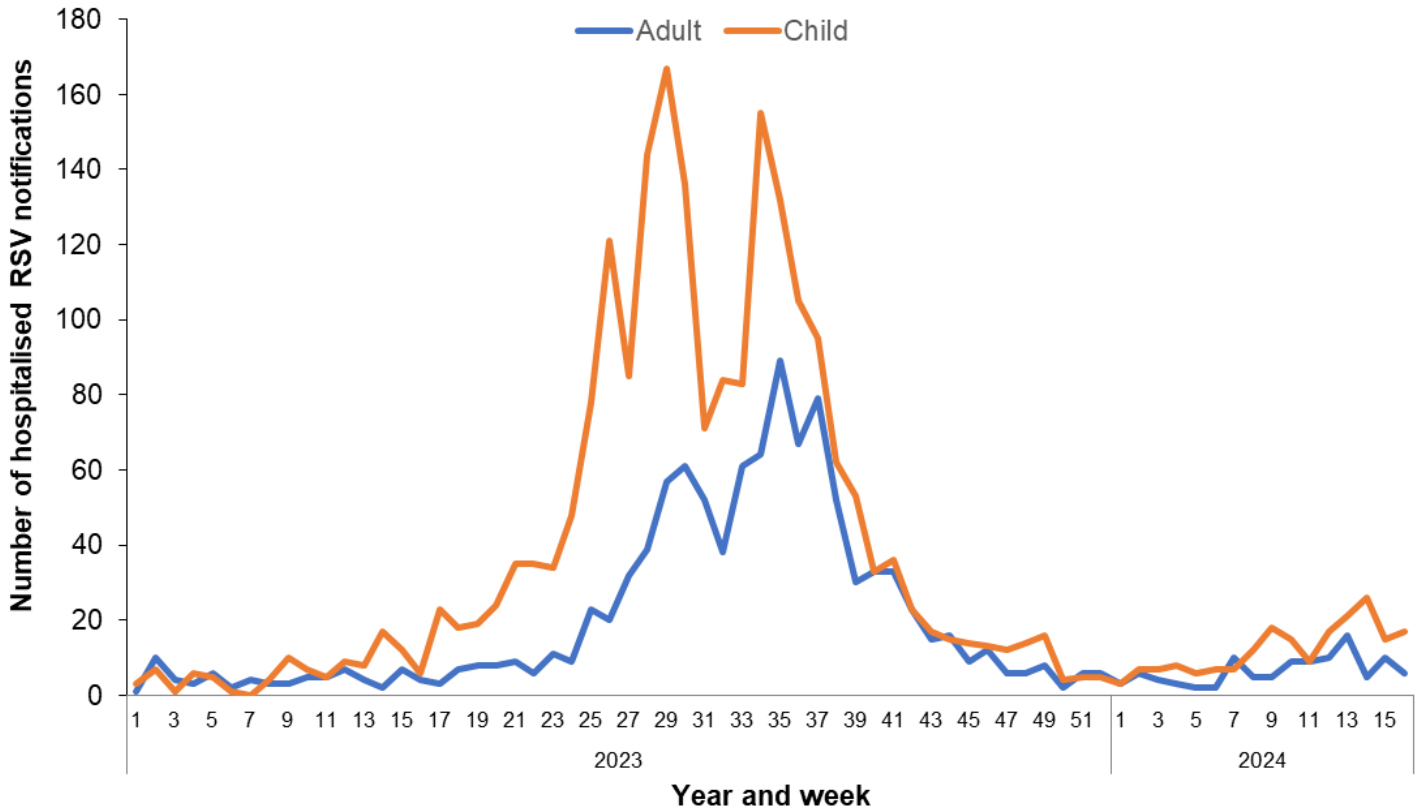
Figure 12. 7-day moving average of RSV notifications per 100,000 people in WA by health region, 2024 YTD



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.

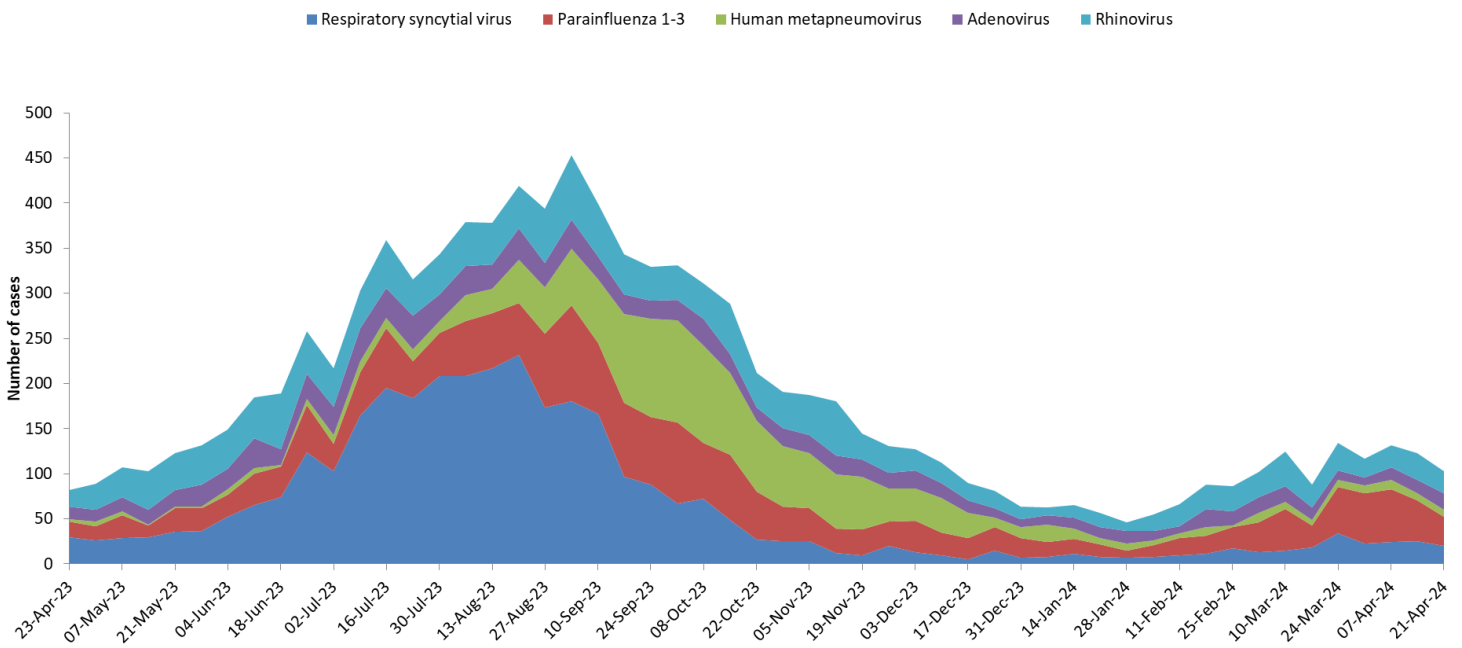
The number of RSV cases reported as hospitalised in the past week decreased among adults and remained stable among children (Figure 13).

Figure 13. Number of notified RSV cases hospitalised in WA by week, 2023 to 2024 YTD



Non-influenza respiratory virus detections at PathWest decreased in the past week (Figure 14). The most common non-influenza respiratory virus detected was human parainfluenza (32 cases).

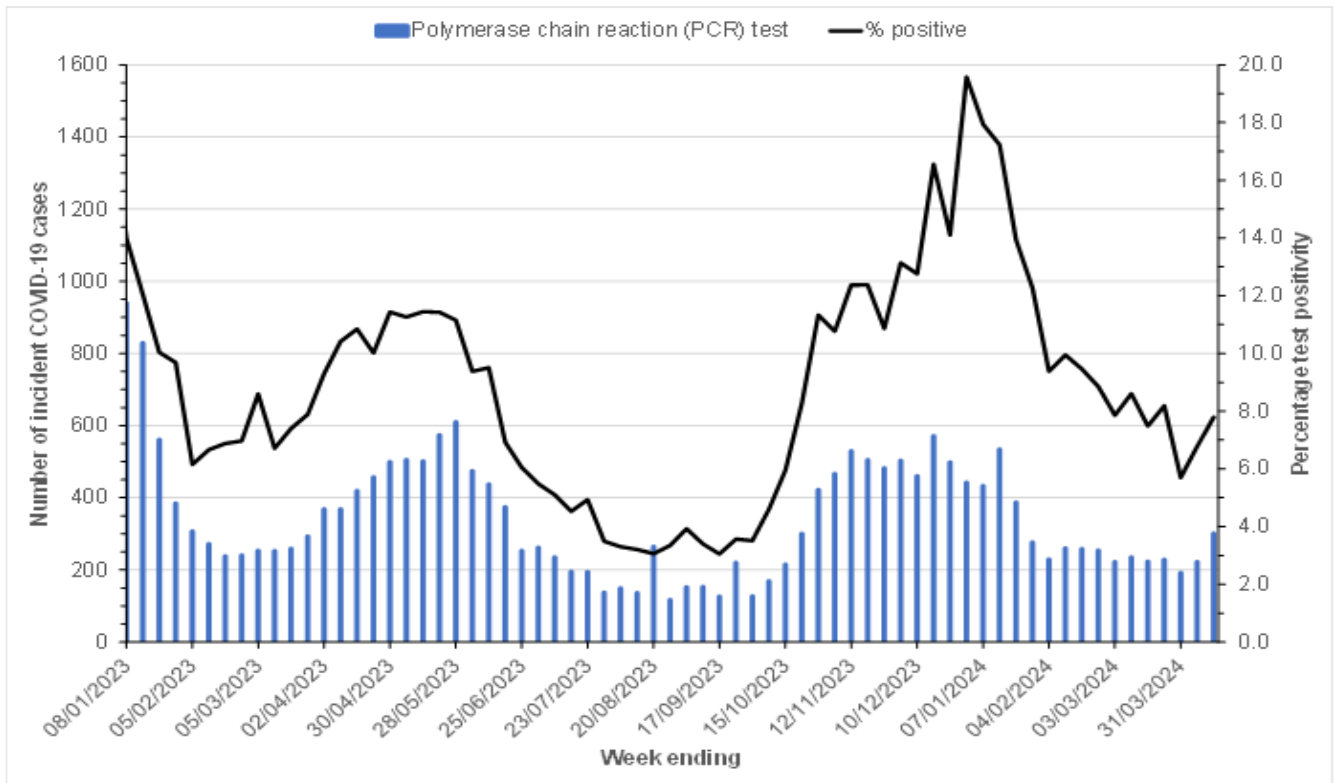
Figure 14. Number of non-influenza respiratory virus detections at PathWest by week, WA, 2023 to 2024 YTD



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 fortnight, 523 COVID-19 PCR positive cases were notified in WA, an increase of 25% in comparison to the previous fortnight. (Figure 15).

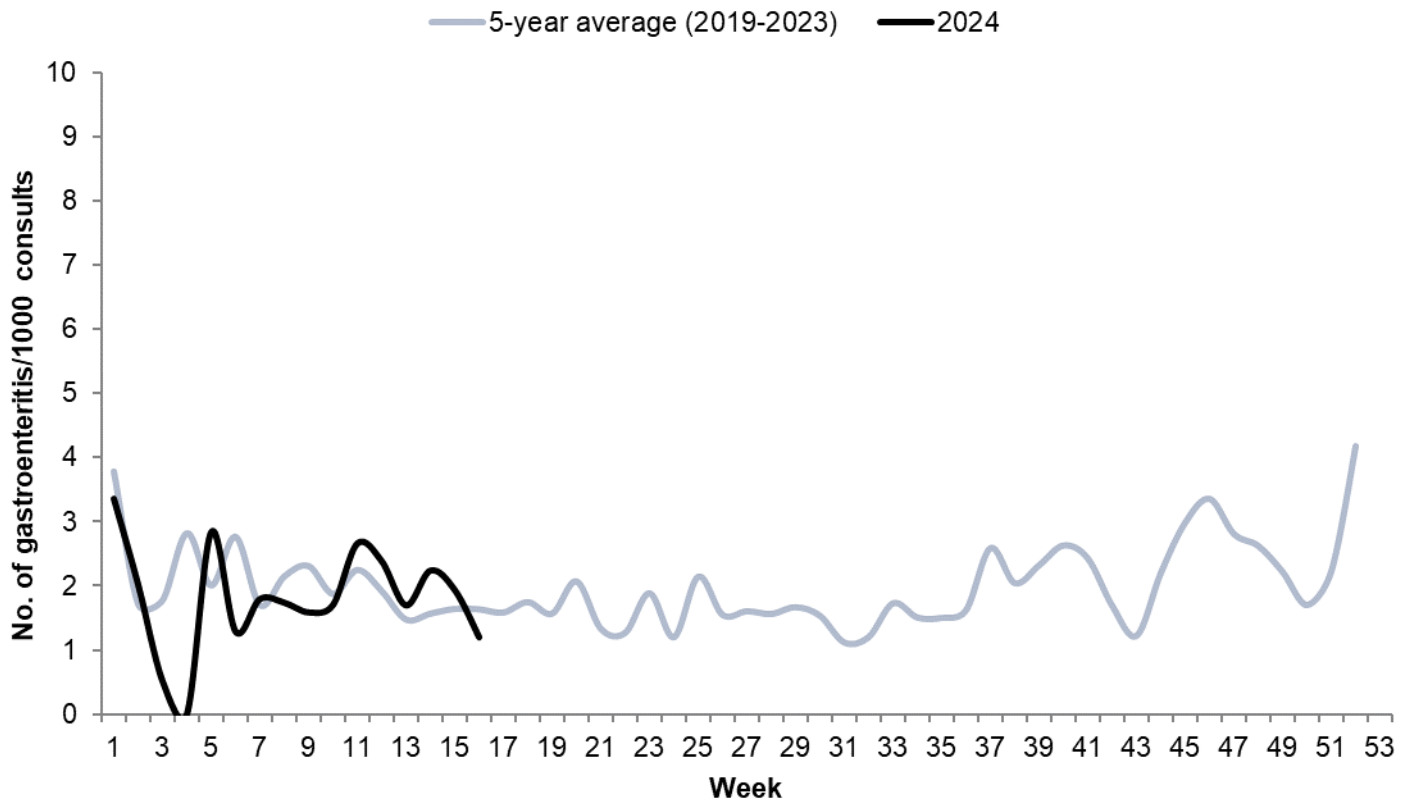
Figure 15. COVID-19 cases and test positivity by notification week in WA, 08 January 2023 to 14 April 2024



Gastroenteritis

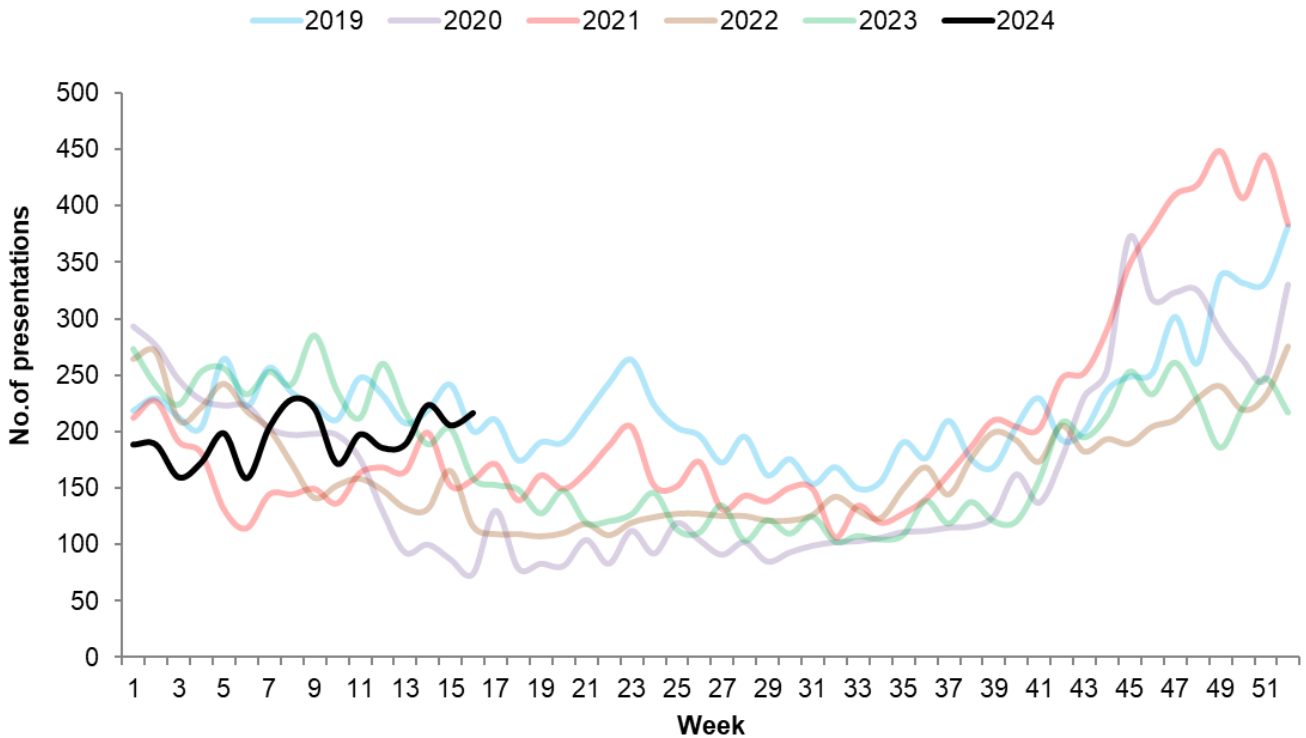
The rate of gastroenteritis presentations to sentinel GPs decreased below the baseline in the past week (Figure 16).

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



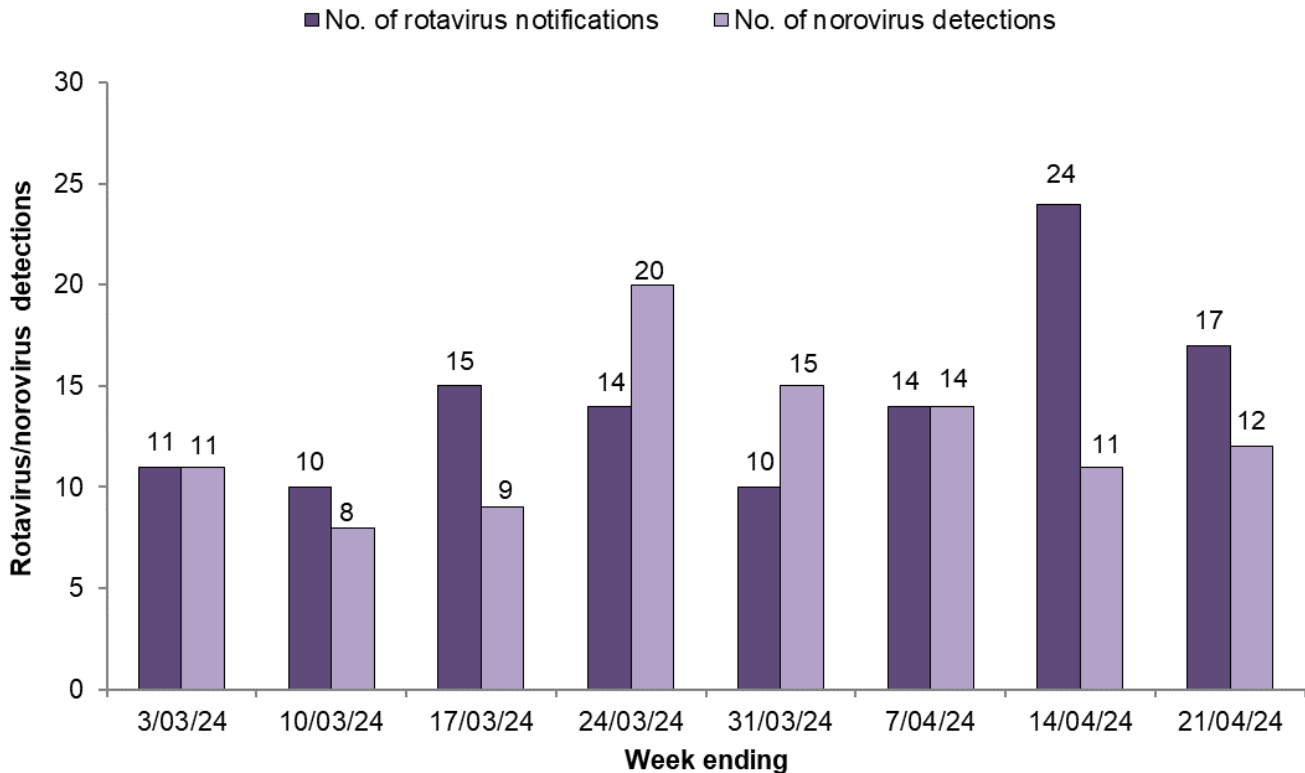
Gastroenteritis presentations at EDs increased in the past week and remained in the upper range of values usually reported at this time of year (Figure 17).

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



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

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

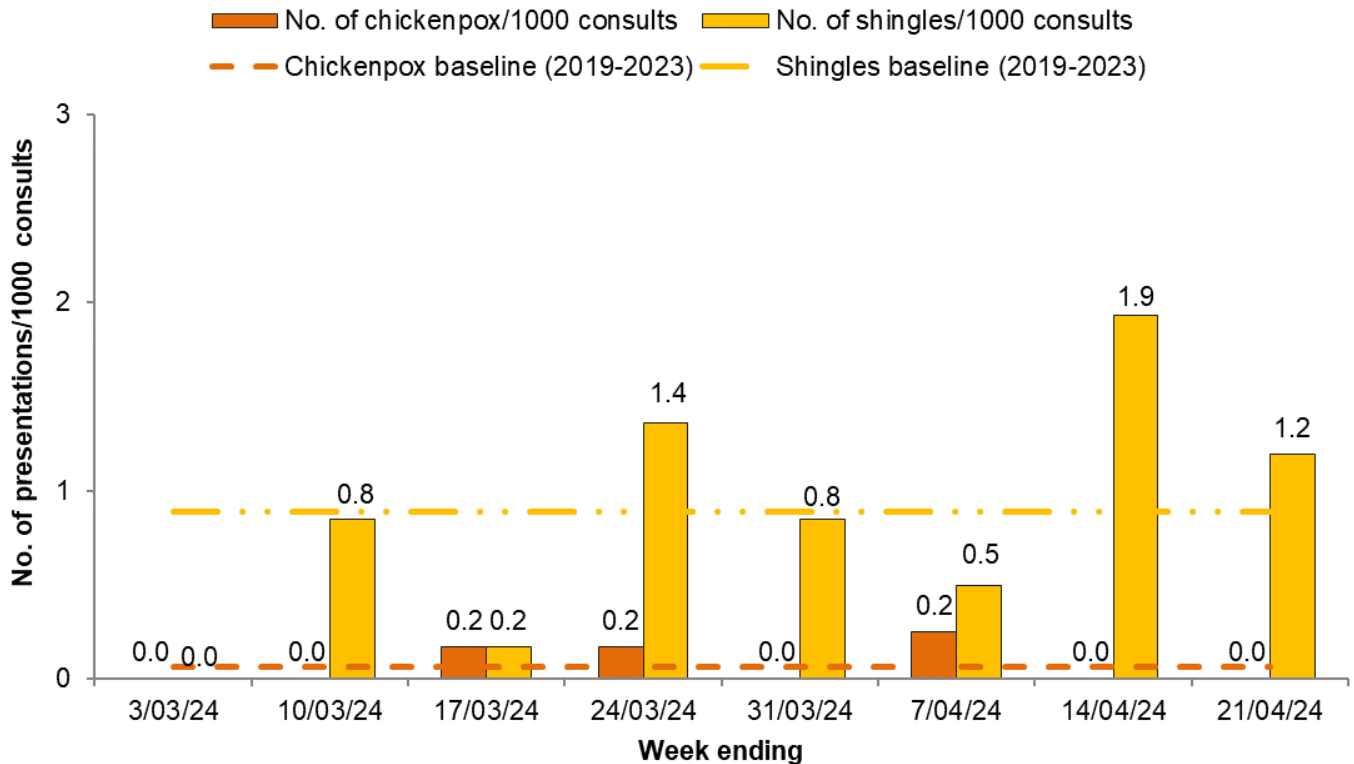


Note: Rotavirus notifications reported to the Department of Health include detections from all WA pathology laboratories. Norovirus detections are from PathWest only.

Viral rashes

There were no chickenpox presentations to sentinel GPs in the past week and the rate of shingles presentations decreased (Figure 19).

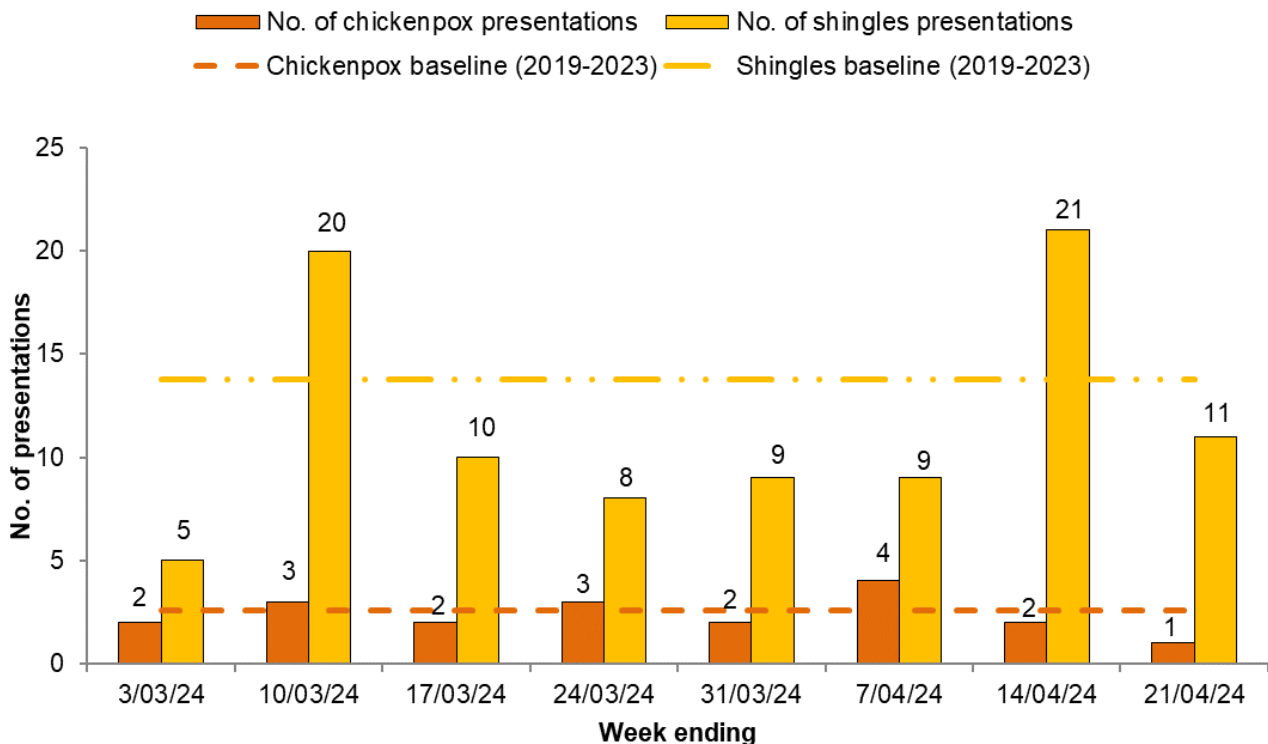
Figure 19. Number of varicella-zoster presentations per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) in WA in the past eight weeks



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, 2019 to week 52, 2023.

In the past week, the number of chickenpox and shingles presentations to EDs decreased and were below baseline levels (Figure 20).

Figure 20. 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, 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.
- 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.

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