



# Virus WAch

Week ending 24<sup>th</sup> March 2024

## Key Points

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

- In the past week, most indicators of ILI activity increased except for the rate of ILI presentations EDs which remained stable and influenza notifications to the Department of Health, which decreased.
- Respiratory syncytial virus (RSV) notifications remained stable in the past week.
- Total non-influenza respiratory virus detections at PathWest Laboratory Medicine (PathWest) increased in the past week.
- COVID-19 notifications increased to 228 cases in the past week. 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 but remained above the baseline and the number of presentations to EDs decreased and remained in the mid range of values usually reported at this time of year.
- Rotavirus notifications to the Department of Health remained stable and norovirus detections at PathWest increased in the past week.

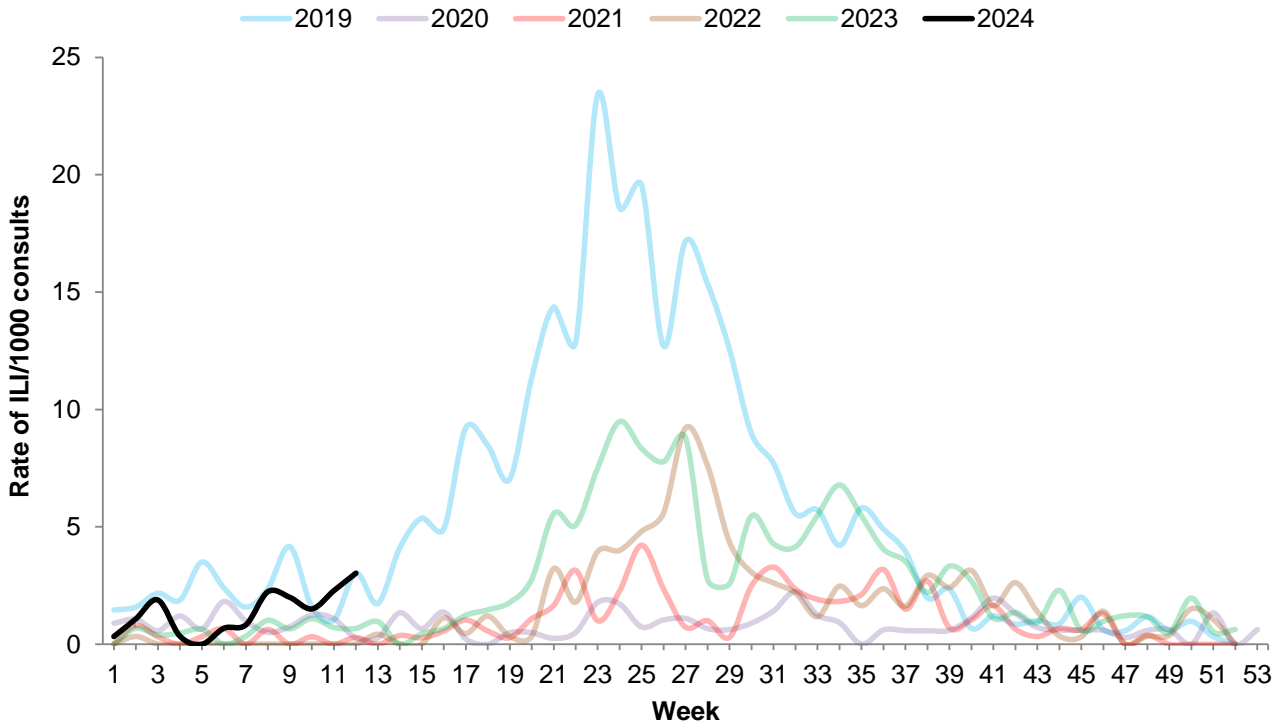
### Other vaccine-preventable diseases

- **Chickenpox and shingles:** In the past week, the rate of chickenpox presentations to sentinel GPs remained stable and the rate of shingles presentations increased above the baseline. Chickenpox presentations to EDs remained stable while shingles presentations decreased.
- **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)

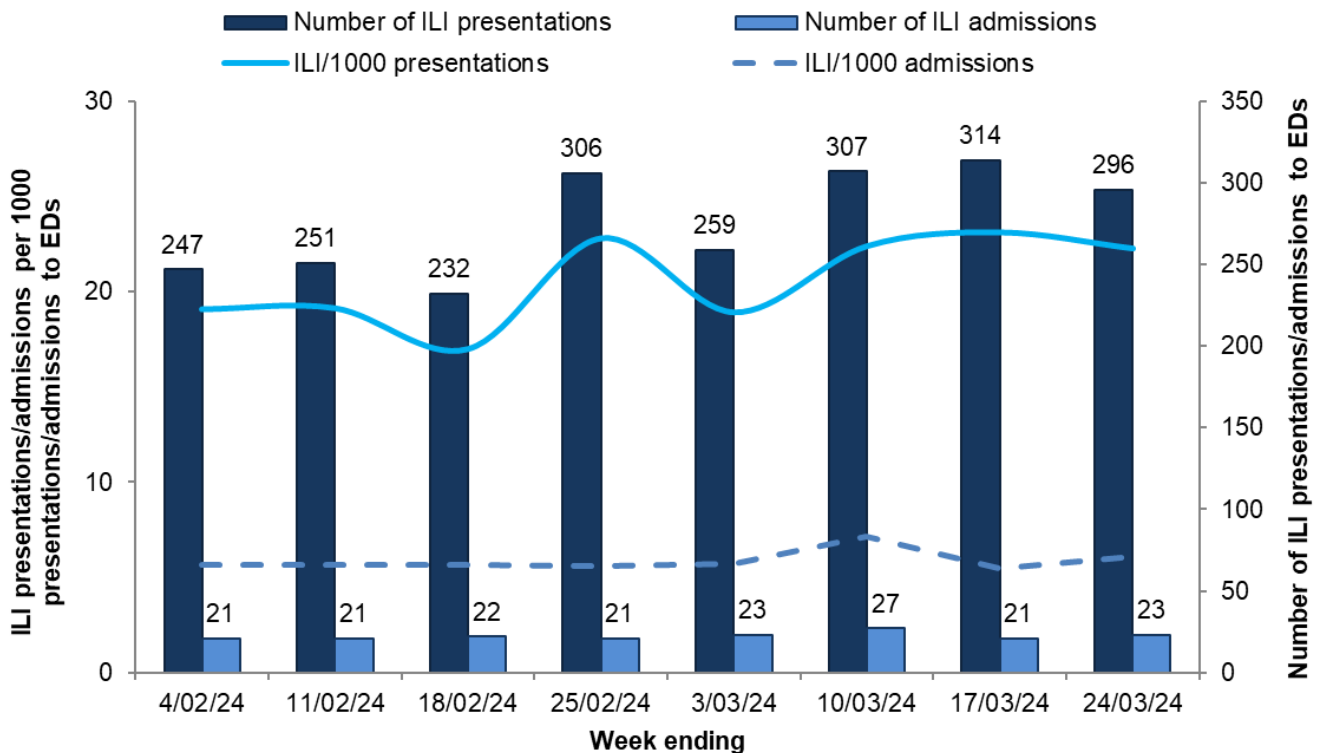
The rate of ILI presentations to sentinel GPs increased and remained in the higher range of values usually reported at this time of year (Figure 1).

**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 remained relatively stable in the past week while the rate of ILI-related admissions increased (Figure 2).

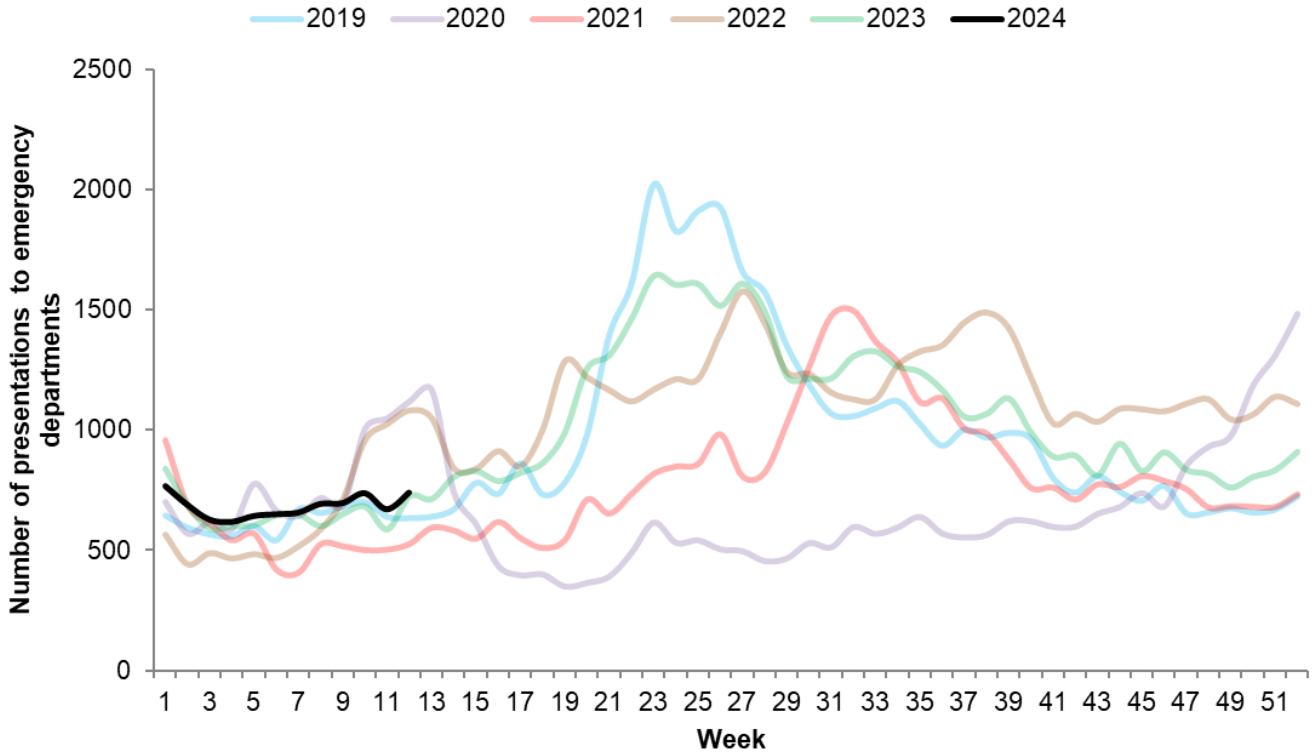
**Figure 2. Number and rate of ILI presentations/admissions to emergency departments in WA in the past eight weeks**



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

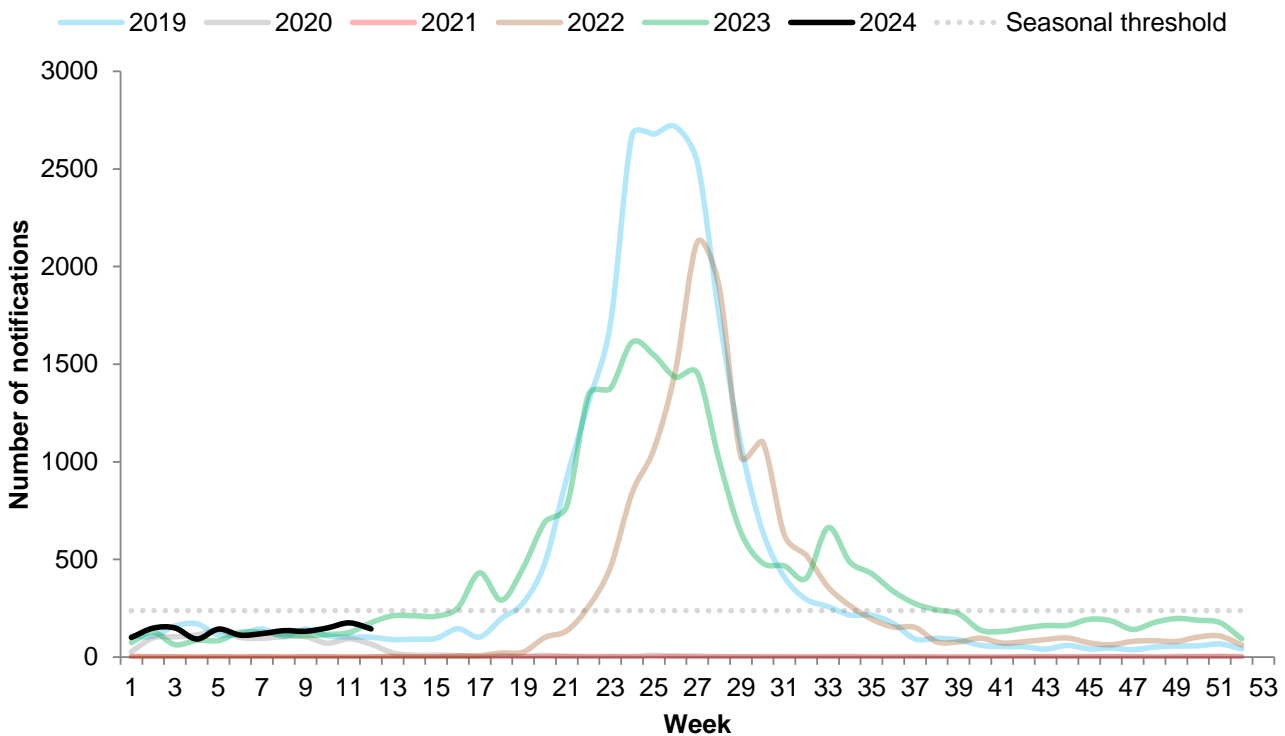
**Figure 3. Number of respiratory illness presentations to emergency departments in WA by week, 2019 to 2024 YTD**



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 decreased by 18% to 144 cases in the past week and remained below the seasonal threshold. (Figure 4).

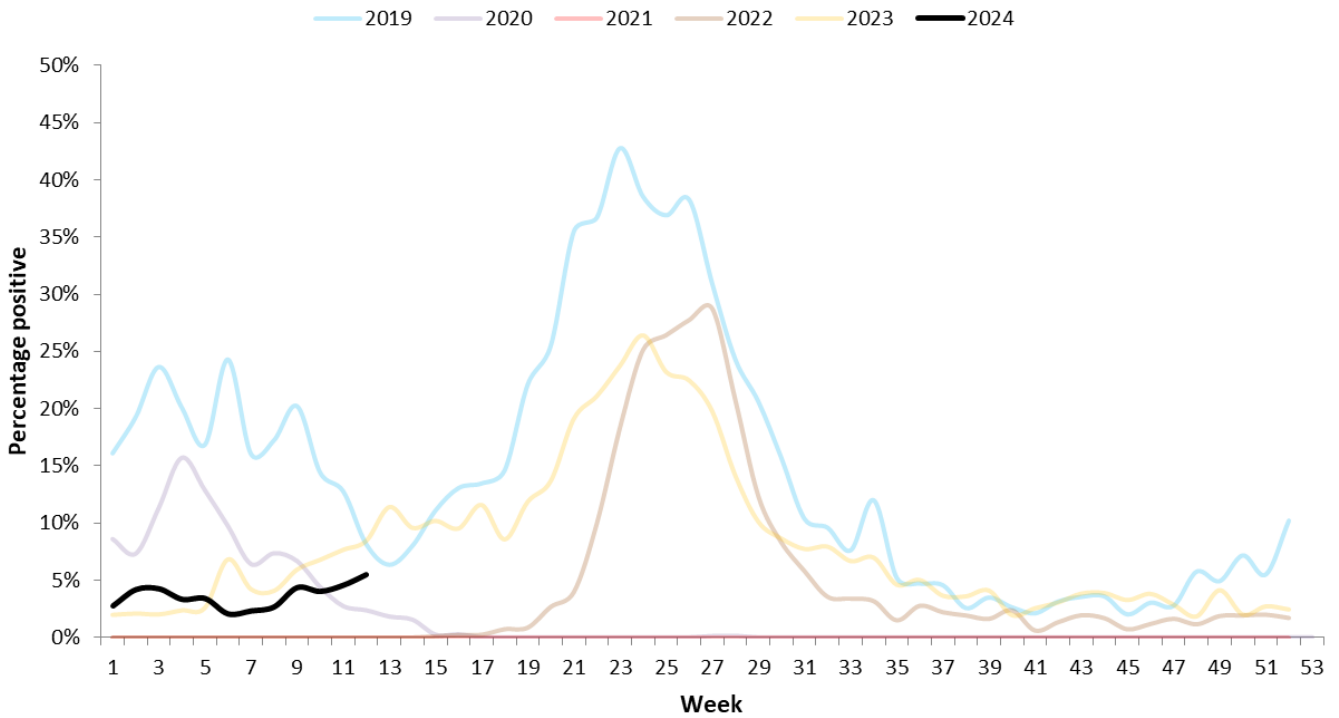
**Figure 4. Number of influenza notifications in WA by week, 2019 to 2024 YTD**



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.

The influenza PCR test positivity at PathWest increased to 5.4% (49 detections) in the past week. (Figure 8).

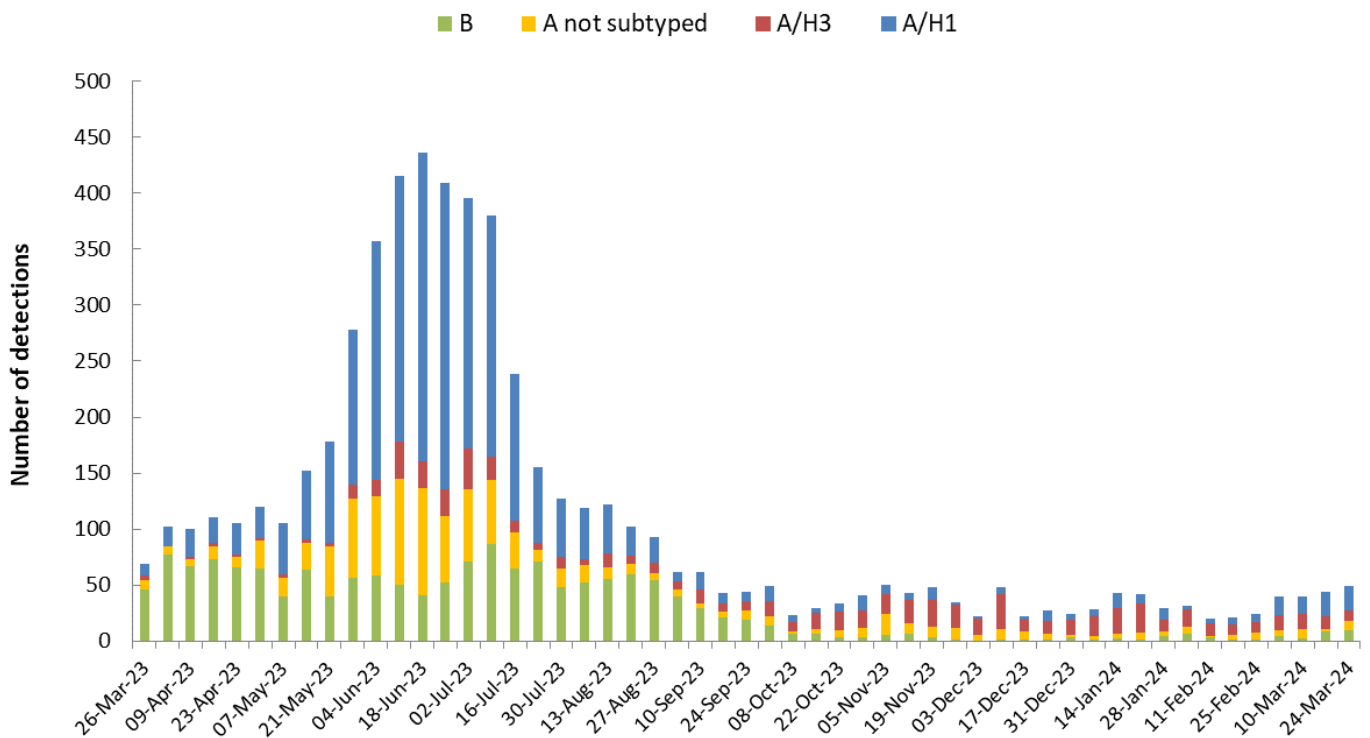
**Figure 8. Proportion of PCR positive influenza detections at PathWest by week, WA, 2019 to 2024 YTD**



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 49 influenza detections in the past week, which included 22 A/H1, 9 A/H3, 8 influenza A not yet subtyped and 10 influenza B (Figure 9).

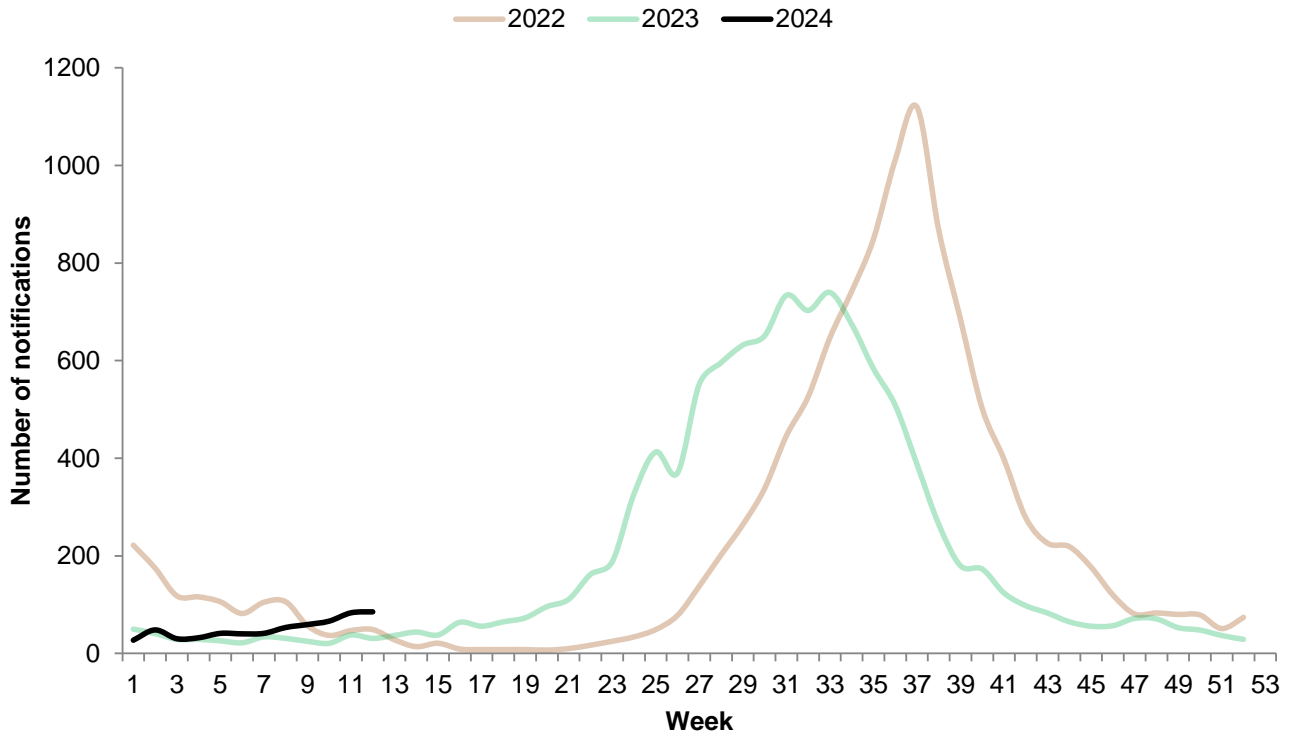
**Figure 9. Number of PCR positive influenza detections at PathWest by type, subtype and week, WA, 2023 to 2024 YTD**



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 remained stable at 85 cases (Figure 10).

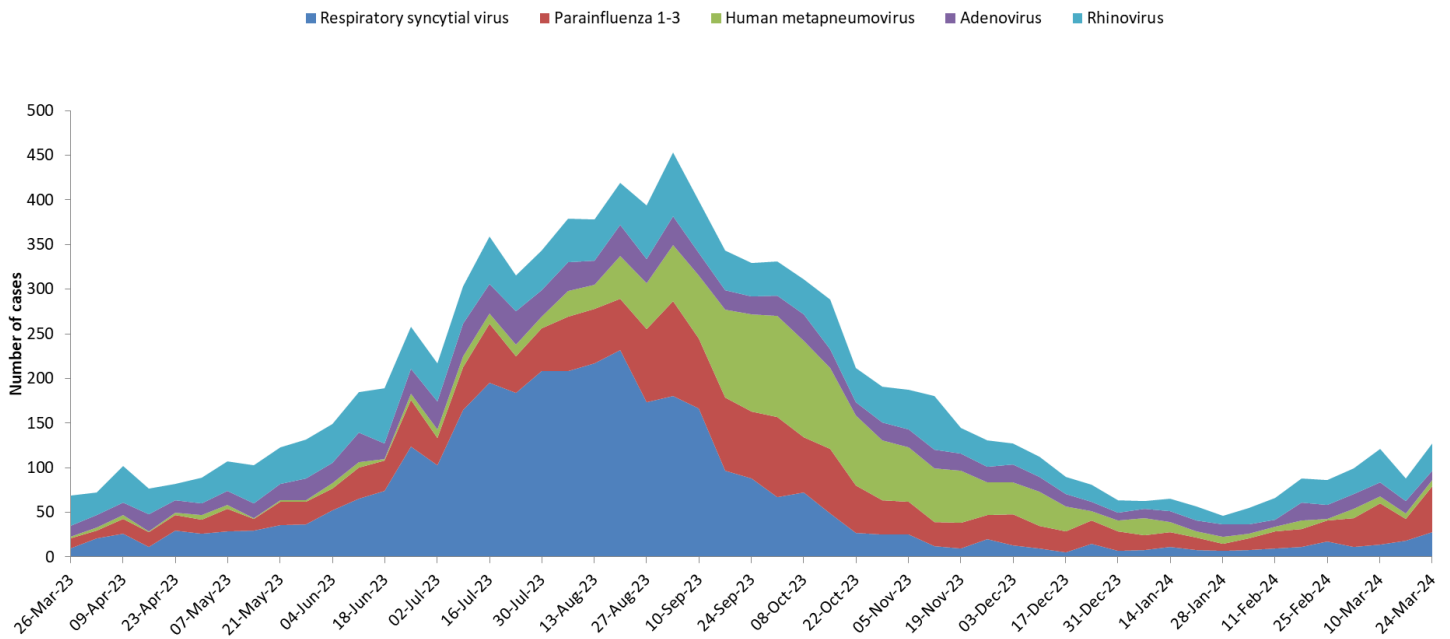
**Figure 10. Number of respiratory syncytial virus (RSV) notifications by week, WA, 2022 to 2024 YTD**



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.

Non-influenza respiratory virus detections at PathWest increased in the past week (Figure 11). The most common non-influenza respiratory virus detected was human parainfluenza (51 cases).

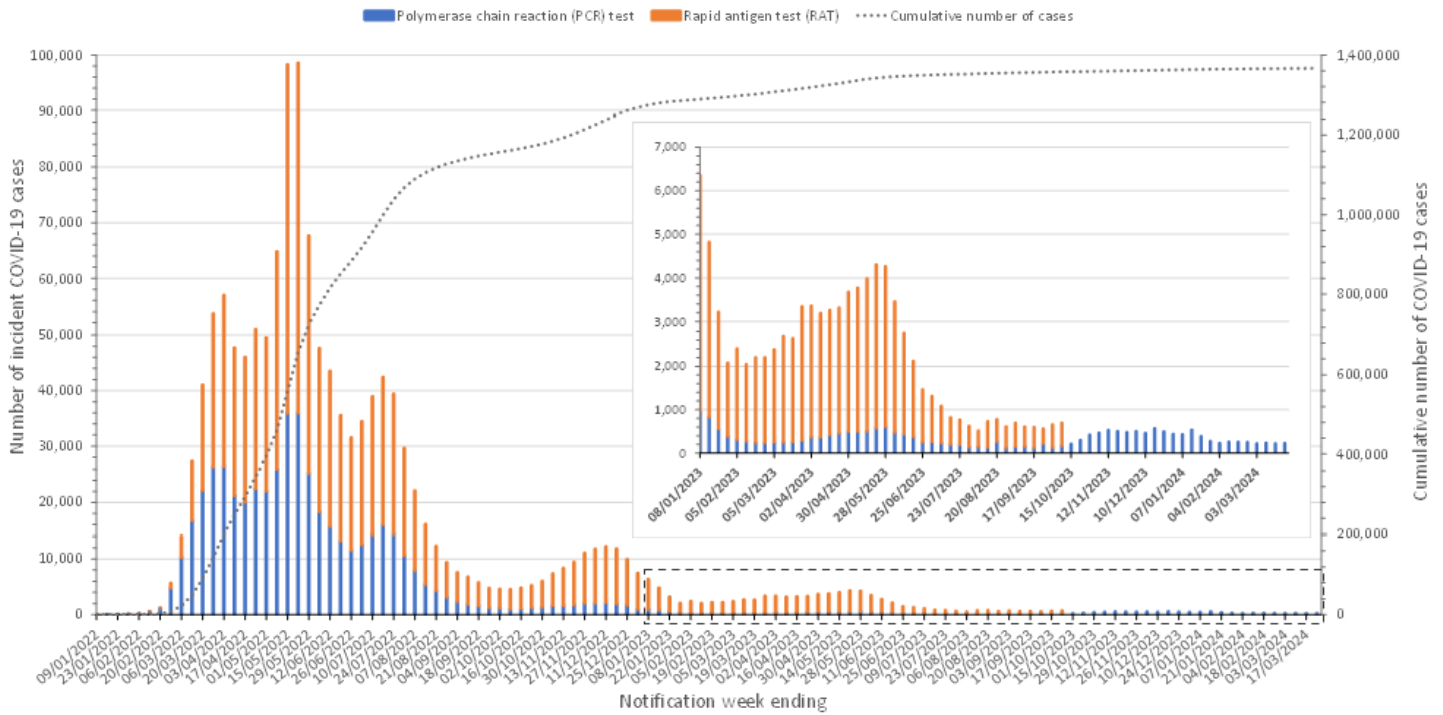
**Figure 11. Number of non-influenza respiratory virus detections at PathWest by week, WA, 2023 to 2024 YTD**



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, 228 COVID-19 PCR positive cases were notified in WA, an increase of 2.2% in comparison to the previous week. (Figure 12).

**Figure 12. Number of COVID-19 cases in WA by test type and notification date, 2022 to 2024 YTD**

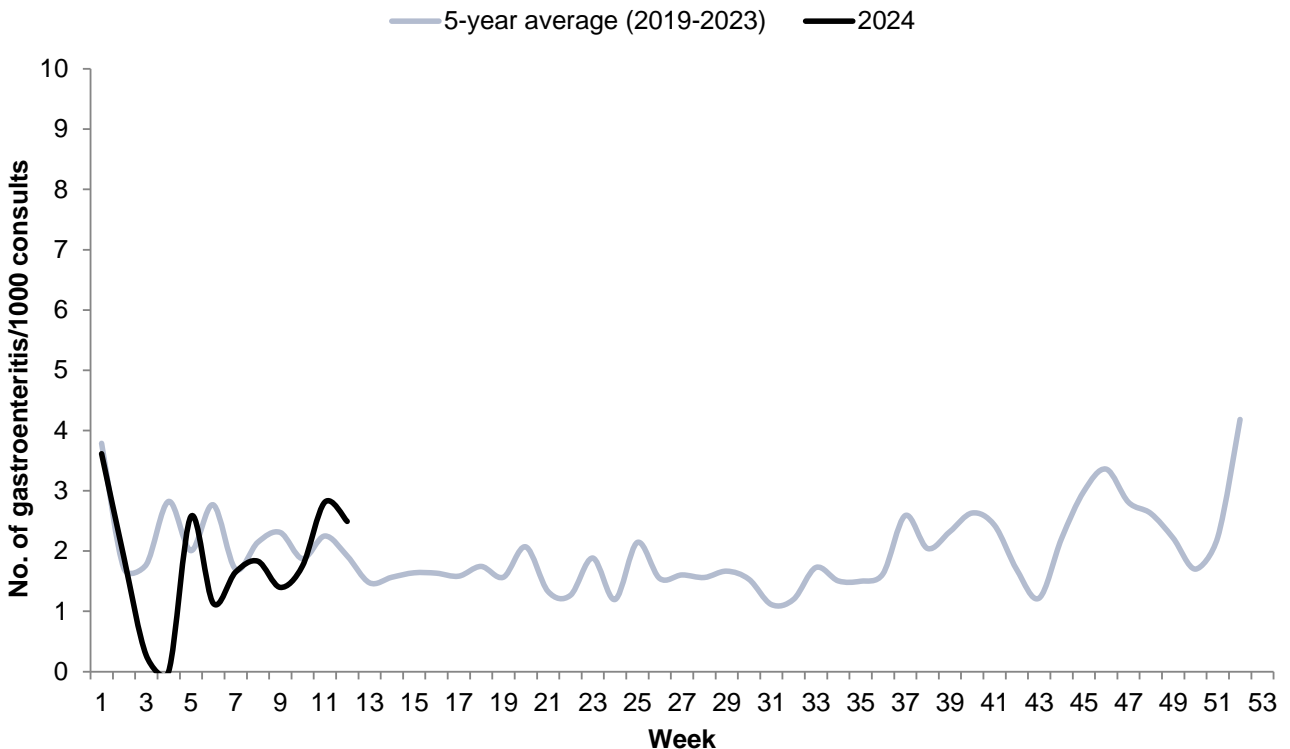


Notes: Data sourced from Public Health Operations COVID-19 Unified System (PHOCUS); Notification date is to the 6pm reporting period  
From 9th October 2023, COVID-19 cases detected by Rapid Antigen Test (RAT) were no longer counted due to the closure of the online RAT registration system

## Gastroenteritis

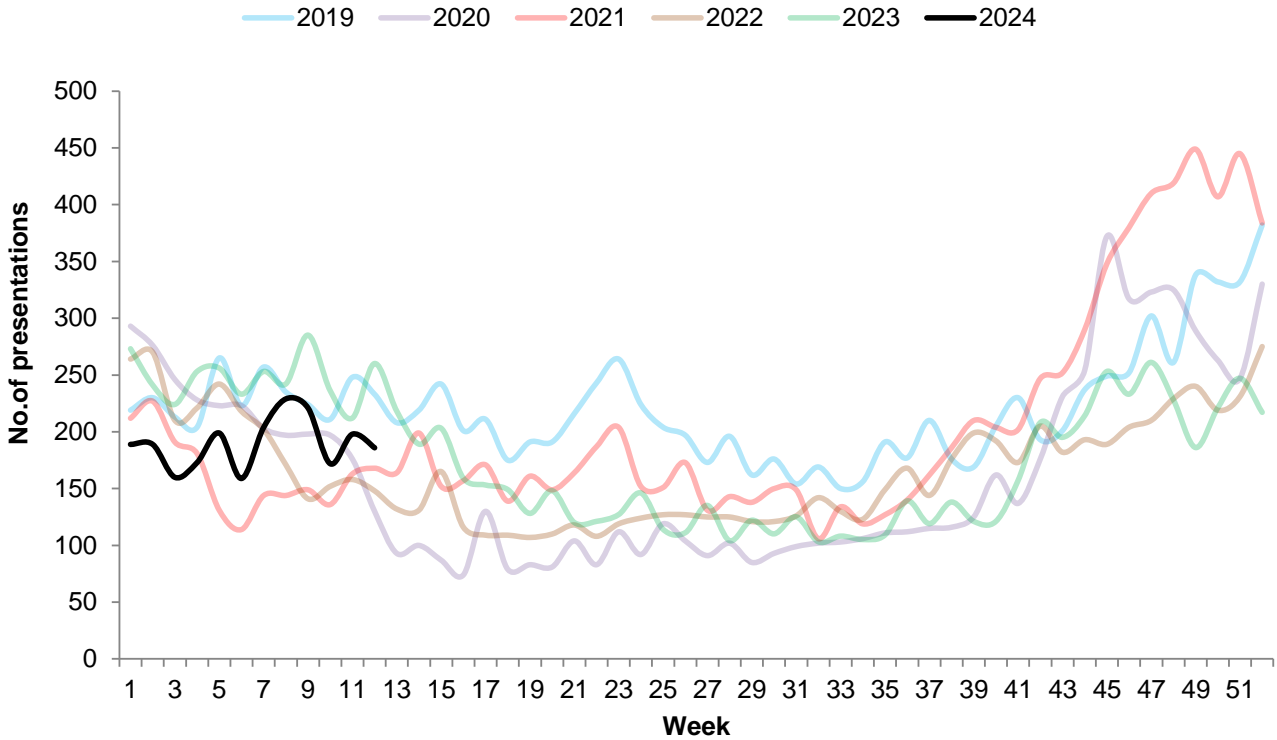
The rate of gastroenteritis presentations to sentinel GPs decreased in the past week but remained above the baseline (Figure 14).

**Figure 14. Number of gastroenteritis presentations per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) in WA by week, 2019 to 2024 YTD**



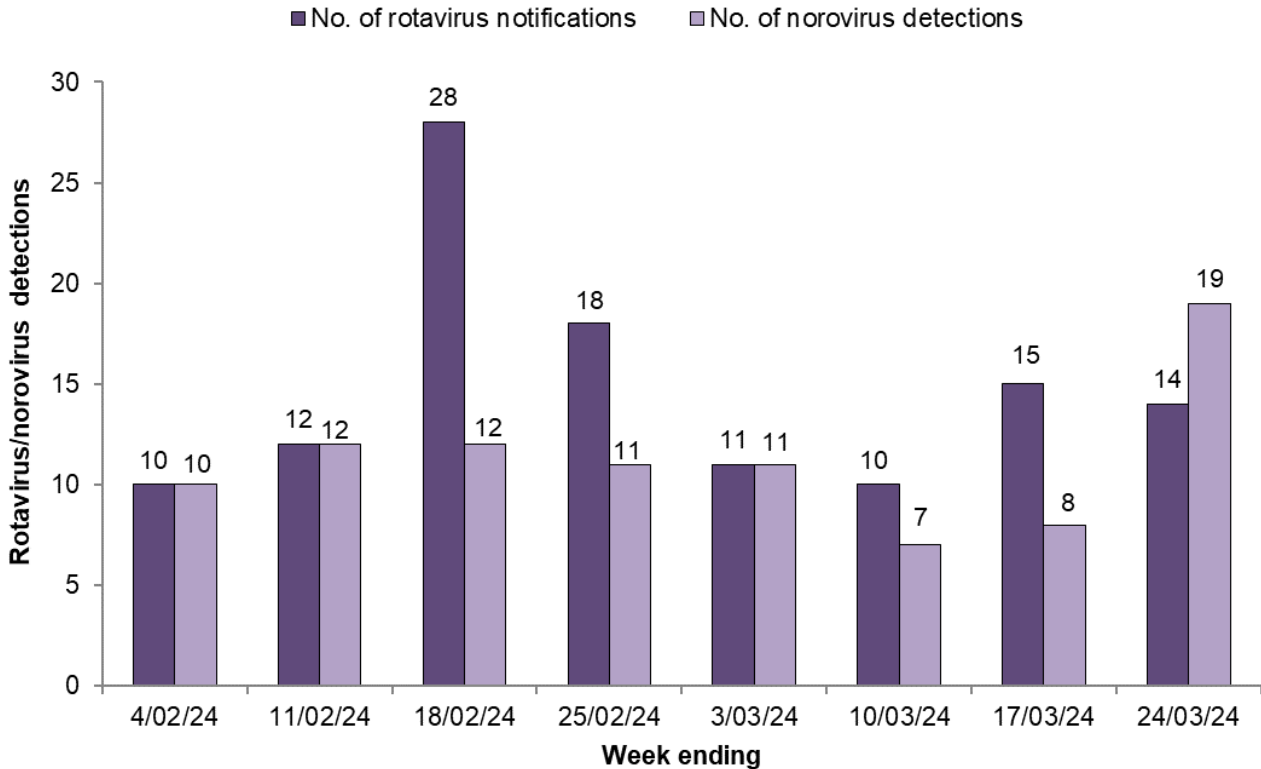
Gastroenteritis presentations at EDs decreased in the past week but remained in the mid-range of values usually reported at this time of year (Figure 15).

**Figure 15. 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 remained stable and norovirus detections at PathWest increased (Figure 16).

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

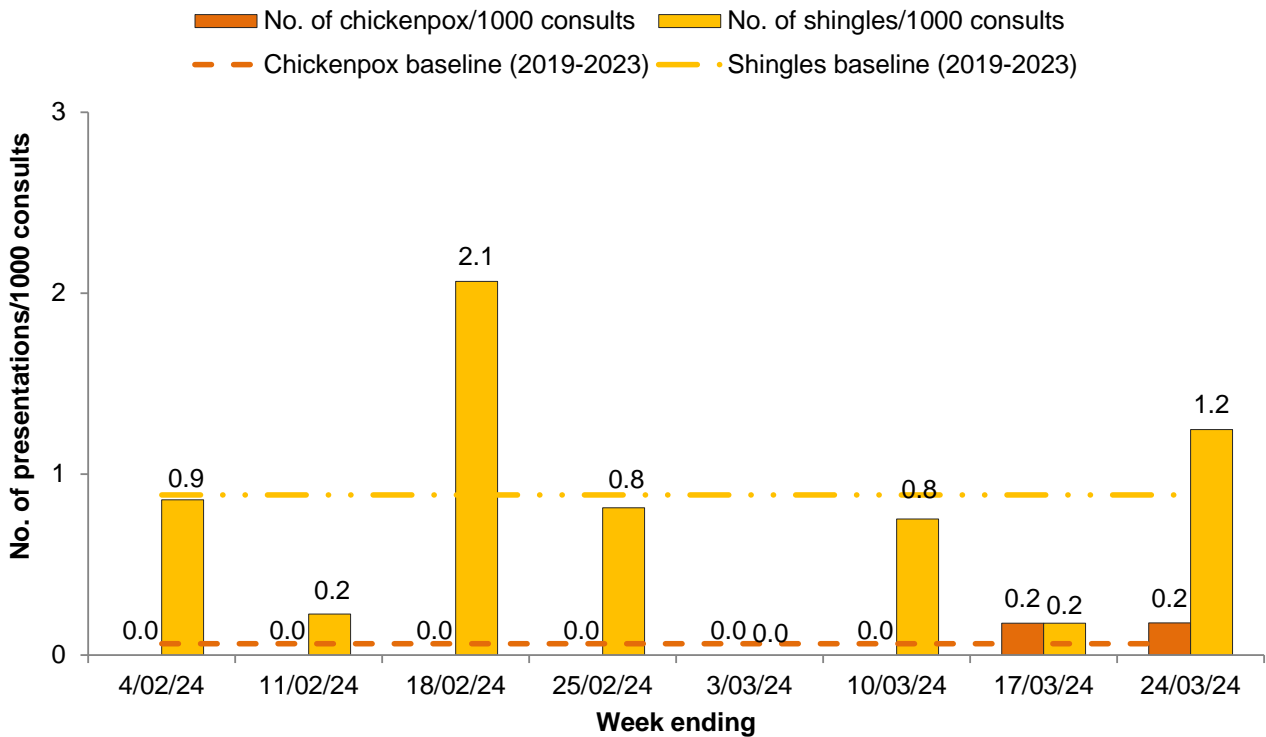


Note: Rotavirus notifications reported to the Department of Health include detections from all WA pathology laboratories. Norovirus detections are from PathWest only.

## Viral rashes

The rate of chickenpox presentations to sentinel GPs remained stable in the past week while the rate of shingles presentations increased above the baseline (Figure 17).

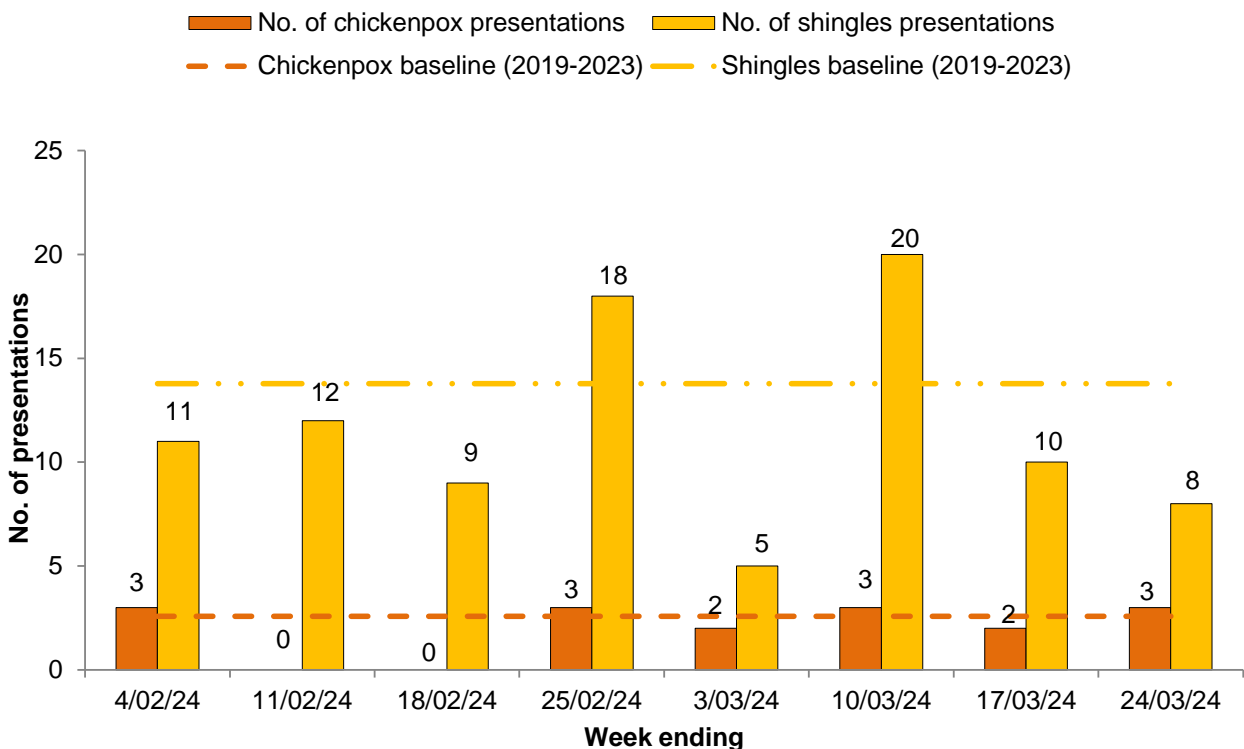
**Figure 17. Number of varicella-zoster presentations per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) in WA in the past eight weeks**



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, 2019 to week 52, 2023.

The number of chickenpox presentations to EDs increased to the baseline in the past week while shingles presentations decreased (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, 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](http://ww2.health.wa.gov.au/Articles/F_I/Infectious-disease-data/Virus-WAtch).

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