Virus WAtch

Week ending 9th January 2022

Key Points

Please note that the influenza and ILL 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.

Influenza and influenza-like illnesses (ILI)

- Indicators of influenza activity remain below interseasonal levels.
- ILI-related presentations to EDs decreased in the past week and ILI activity at sentinel GPs were in the lower range of values usually seen at this time of year.
- There were no PCR positive influenza samples reported by PathWest in the past week.
- Respiratory syncytial virus was the most common respiratory virus detected at PathWest in the past week.

Gastroenteritis

- Gastroenteritis presentations at sentinel GPs and EDs decreased in the past week.
- Notifications for rotavirus increased in the past week, while detections of norovirus decreased.

Other vaccine-preventable diseases

- Chickenpox and shingles: Shingles presentations to sentinel GPs decreased below baseline levels in the past week, while presentations at EDs remained above baseline levels. There were no chickenpox presentations to sentinel GPs in the past week, while presentations at EDs were above baseline levels.
- 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): One meningococcal serogroup B case was notified in a child in the past week.

Other diseases

Coronavirus COVID-19: As of 9th January 2022, a total of 1,231 confirmed COVID-19 cases have been notified in WA. See webpage for further information.
Influenza and influenza-like illnesses (ILI)

The rate of ILI presentations to sentinel GPs remained in 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

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

Figure 2. Number and rate of ILI presentations/admissions to Emergency Departments in WA in the last eight weeks

Note: This graph is a summary 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.
The number of respiratory viral presentations to EDs decreased in the past week to the mid-range of values usually reported at this time of year (Figure 3).

**Figure 3. Number of respiratory viral presentations to Emergency Departments in WA by week, 2017 to 2022**

There were no influenza notifications reported to the Department of Health in the past week (Figure 4).

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

Note: This graph is a summary 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.

Note: This graph is a summary 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 epidemic seasonal influenza activity. The threshold value is calculated based on analysis of seasonal influenza data from the past four years.
None of the 649 specimens submitted for influenza PCR testing at PathWest were positive in the past week (Figure 5). The last PCR positive influenza sample reported by PathWest was in July 2020.

Figure 5. Proportion of influenza PCR specimens positive for influenza at PathWest by week, 2017 to 2022

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

There was an overall decrease in non-influenza virus detections in the past week (Figure 6). The most common non-influenza virus detected at PathWest this week was respiratory syncytial virus (77 cases).

Figure 6. Number of non-influenza respiratory virus detections at PathWest by week, 2021 to 2022

Note: This graph is a summary of all WA samples positive for a common respiratory virus other than influenza reported by PathWest.
COVID-19 activity in WA has increased since late-December 2021. The majority of new cases were acquired interstate or locally as a contact of a confirmed case and/or in a known cluster (Figure 7).

**Figure 7. Number of confirmed COVID-19 cases in WA by optimal date of onset and place of acquisition, 2020 to 2022**

Note: This graph includes all specimens that tested positive for SARS-CoV-2 virus by polymerase chain reaction (PCR) tests at Western Australian pathology laboratories.

**Gastroenteritis**

The number of gastroenteritis presentations to sentinel GPs decreased in the past week but remained in the higher-range of values usually reported at this time of year (Figure 8).

**Figure 8. Number of gastroenteritis presentations per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) in WA by week, 2017 to 2022**
Gastroenteritis presentations and admissions to EDs decreased in the past week and remained below baseline levels (Figure 9).

Figure 9. Number of gastroenteritis presentations and admissions to Emergency Departments in WA in the last eight weeks

![Graph showing number of gastroenteritis presentations and admissions to EDs in WA over the last eight weeks. The graph includes baseline levels from 2017 to 2021.]

This graph is a summary of current EDIS data for gastroenteritis presentations and admissions. Baseline levels for gastroenteritis presentations and admissions were calculated using the mean of weekly EDIS data from week 1, 2017 to week 52, 2021.

The number of gastroenteritis presentations at EDs decreased in the past week and remained well below the range of values usually reported at this time of year (Figure 10).

Figure 10. Number of gastroenteritis presentations to Emergency Departments in WA by week, 2017 to 2022

![Graph showing number of gastroenteritis presentations to EDs in WA by week from 2017 to 2022.]

This graph is a summary of current EDIS data for gastroenteritis presentations.
The number of norovirus detections to PathWest decreased over the past two weeks. Rotavirus notifications to the Department of Health increased in the past week and remained higher than average levels (Figure 11).

**Figure 11. Number of rotavirus notifications to the Department of Health and norovirus detections at PathWest in WA in the last eight weeks**

![Graph showing rotavirus and norovirus detections]

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 baseline levels in the past week. There were no chickenpox presentations to sentinel GPs in the past six weeks (Figure 12).

**Figure 12. Number of varicella-zoster presentations per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) in WA in the last eight weeks**

![Graph showing chickenpox and shingles presentations]

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.
Chickenpox and shingles presentations at EDs decreased in the past week and were above baseline levels (Figure 13).

Figure 13. Number of varicella-zoster presentations to Emergency Departments in WA in the last 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, 2017 to week 52, 2021.