Key Points
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.

Influenza and influenza-like illnesses (ILI)
- Indicators of influenza activity have increased in the past week.
- ILI activity at EDs increased in the past week while ILI presentations at sentinel GPs remained below the range of values usually seen at this time of year.
- There were 93 influenza cases reported to the Department of Health in the past week.
- Non-influenza virus detections at PathWest increased in the past week.

Gastroenteritis
- Gastroenteritis presentations to sentinel GPs increased in the past week while presentations to EDs remained below baseline levels.
-Notifications for rotavirus and detections of norovirus at PathWest remained stable in the past week.

Other vaccine-preventable diseases
- **Chickenpox and shingles**: There were no chickenpox presentations to EDs in the past week but presentations to GPs increased above the baseline level. There were no shingles presentations at sentinel GPs in the past week and presentations to EDs decreased below the baseline level.
- **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.

Other diseases
**Coronavirus COVID-19**: As of 22nd May 2022, WA has recorded 650,198 COVID-19 cases. See [webpage](http://ww2.health.wa.gov.au/Articles/F_I/Infectious-disease-data/Virus-WAtch) for further information.
Influenza and influenza-like illnesses (ILI)

The rate of ILI presentations to sentinel GPs increased in the past week but remained well below the 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 and admissions to EDs increased in the past week (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 ILI-related presentations to EDs increased 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 ILI presentations to Emergency Departments in WA by week, 2017 to 2022**

The number of influenza cases reported to the Department of Health increased to 93 cases in the past week, exceeding the seasonal threshold (Figure 4).

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

Note: 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. 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. It cannot be used to interpret data from 2019 in this graph.
Of the 1,198 specimens submitted for influenza PCR testing at PathWest in the past week, 31 tested positive (Figure 5).

**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.

Non-influenza virus detections at PathWest increased in the past week (Figure 6).

**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.
In the past week, there were 99,724 COVID-19 cases reported in WA, which was 0.5% higher than the previous week. Of these, 36% were diagnosed by PCR test and 64% were diagnosed by rapid antigen test (Figure 7).

Figure 7. Number of COVID-19 cases in WA by test type and notification date, 2022

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

Gastroenteritis

The rate of gastroenteritis presentations to sentinel GPs increased in the past week to the mid-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 remained below baseline levels (Figure 9).

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

*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

*This graph is a summary of current EDIS data for gastroenteritis presentations
Rotavirus notifications to the Department of Health and norovirus detections at PathWest remained stable in the past week (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**

![Bar chart showing rotavirus notifications and norovirus detections](image)

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 increased above the baseline level in the past week and there were no shingles presentations (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**

![Bar chart showing chickenpox and shingles presentations](image)

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.
There were no chickenpox presentations to EDs in the past week and shingles presentations decreased below the baseline level (Figure 13).

**Figure 13. Number of varicella-zoster presentations to Emergency Departments in WA in the last eight weeks**

![Bar chart showing the number of chickenpox and shingles presentations from 3/04/22 to 22/05/22. The chart includes a line representing the chickenpox baseline (2017-2021) and another line for the shingles baseline (2017-2021).]

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.

This document can be made available in alternative formats on request for a person with disability.

© Department of Health 2022

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

healthywa.wa.gov.au