



# Virus WAtch

Week ending 17<sup>th</sup> April 2022

## 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 remain below interseasonal levels.
- ILI-related presentations and admissions to EDs increased in the past week and ILI activity at sentinel GPs remained well below the range of values usually seen at this time of year.
- There were two influenza cases reported to the Department of Health in the past week.
- Non-influenza virus detections at PathWest decreased in the past week.

## Gastroenteritis

- There were no gastroenteritis presentations to sentinel GPs in the past week and presentations to EDs remained below baseline levels.
- Notifications for rotavirus increased and detections of norovirus at PathWest decreased in the past week.

## Other vaccine-preventable diseases

- **Chickenpox and shingles:** There were no chickenpox or shingles presentations to sentinel GPs in the past week, while presentations to EDs remained below 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):** No IMD cases were notified past week.

## Other diseases

**Coronavirus COVID-19:** As of 17<sup>th</sup> April 2022, WA has recorded 292,712 COVID-19 cases. See [webpage](#) for further information.

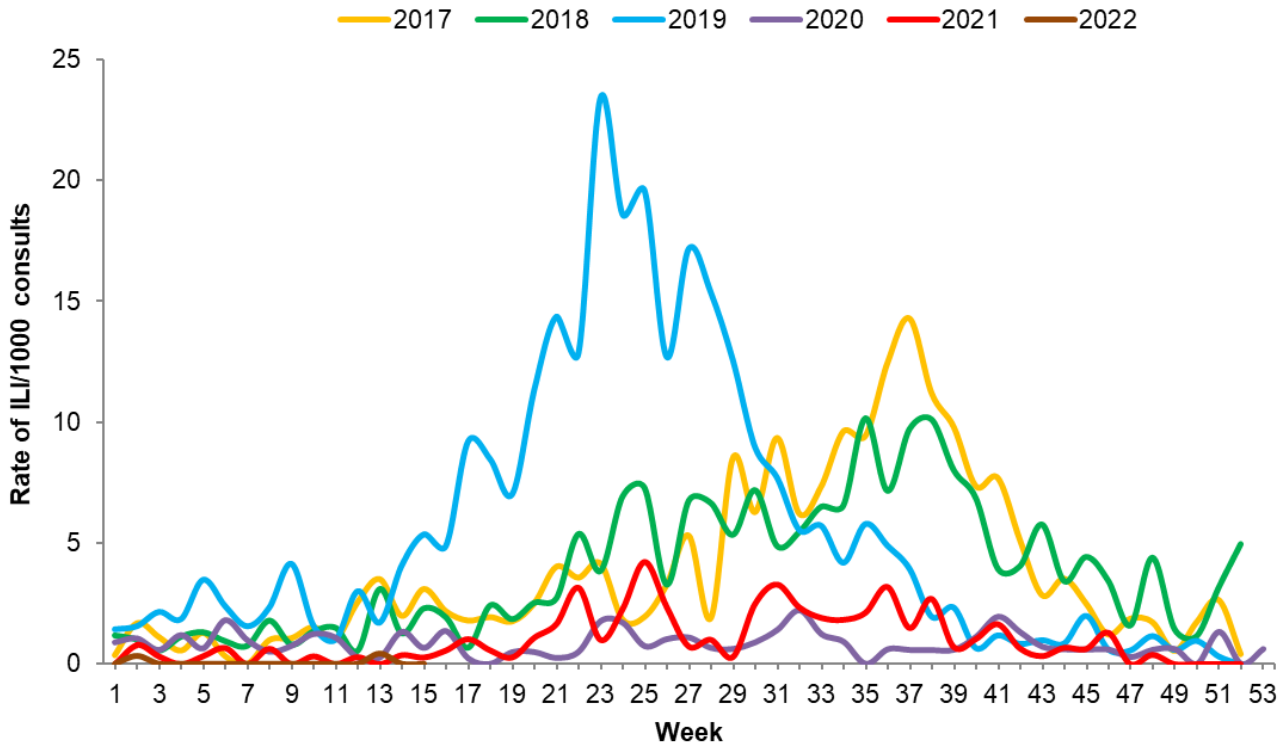
*Virus WAtch is a weekly electronic publication by the Communicable Disease Control Directorate (CDCD) and key collaborators. It provides a brief summary of General Practice and Hospital Emergency Department sentinel surveillance data on influenza-like illness, gastroenteritis and varicella-zoster disease, together with relevant laboratory information, to alert health care workers in WA to important circulating viruses. All figures and data were accurate at time of publication, but subject to change. 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.
- Notification data derived from disease notifications (Western Australian Notifiable Infectious Diseases Database [WANIDD]) received by CDCD, WA Department of Health from medical providers and public or private laboratories in WA. These data are updated routinely to include admission status for all public and public/private hospitals in WA and 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)
- Current and archived issues of Virus Watch [http://ww2.health.wa.gov.au/Articles/F\\_1/Infectious-disease-data/Virus-WAtch](http://ww2.health.wa.gov.au/Articles/F_1/Infectious-disease-data/Virus-WAtch)

## Influenza and influenza-like illnesses (ILI)

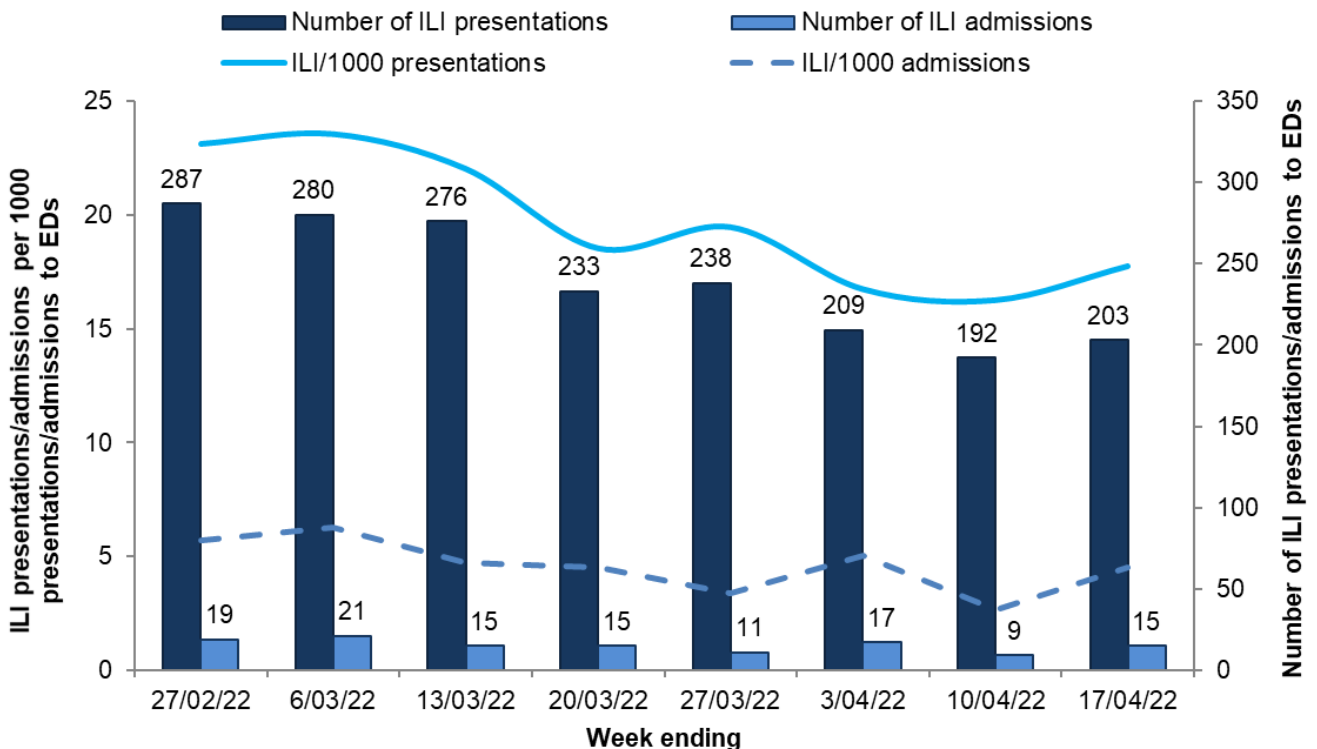
The rate of ILI presentations to sentinel GPs remained well below the range of values usually reported at this time of year (Figure 1).

**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).

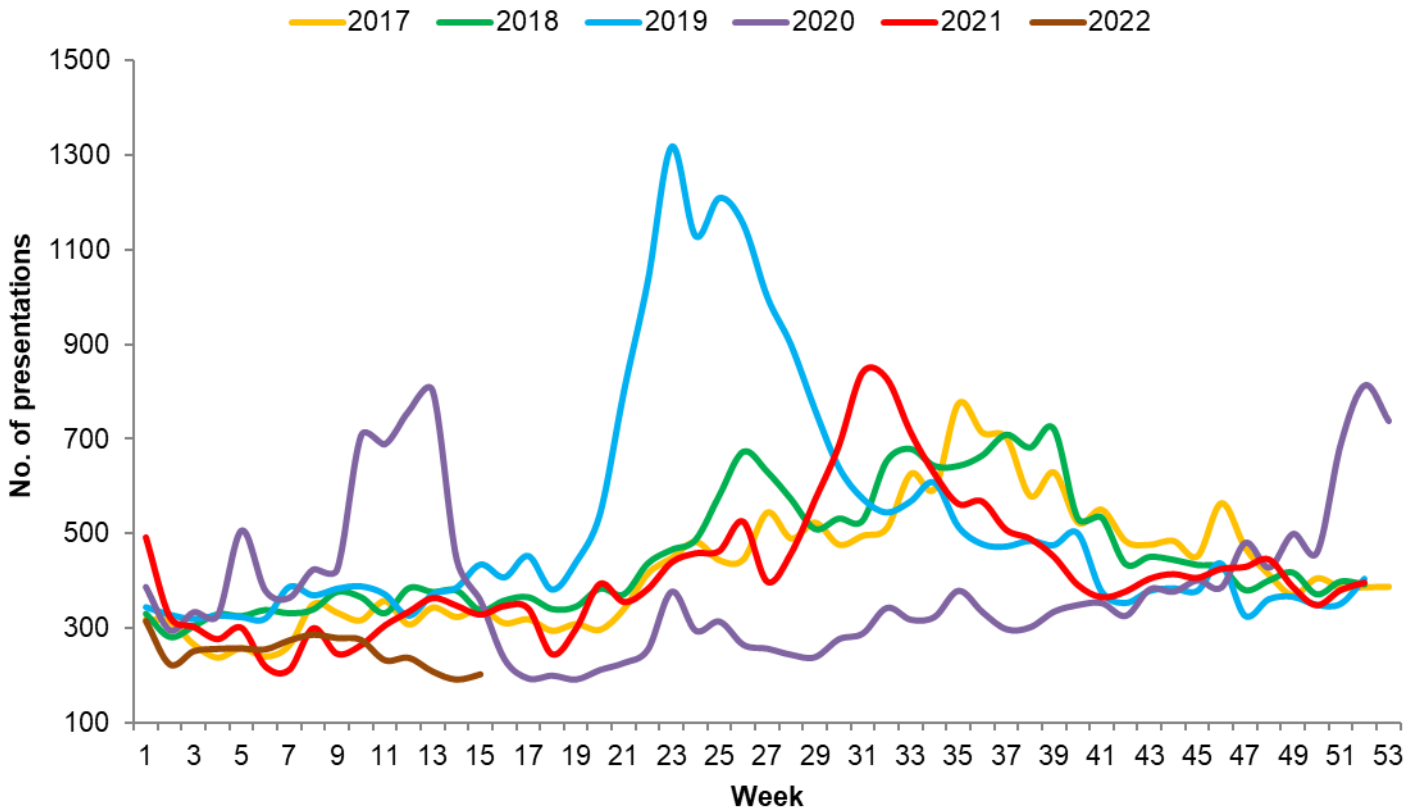
**Figure 2. Number and rate of ILI presentations/admissions to Emergency Departments in WA in the last eight weeks**



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 respiratory viral presentations to EDs increased in the past week but remained below the range of values usually reported at this time of year (Figure 3).

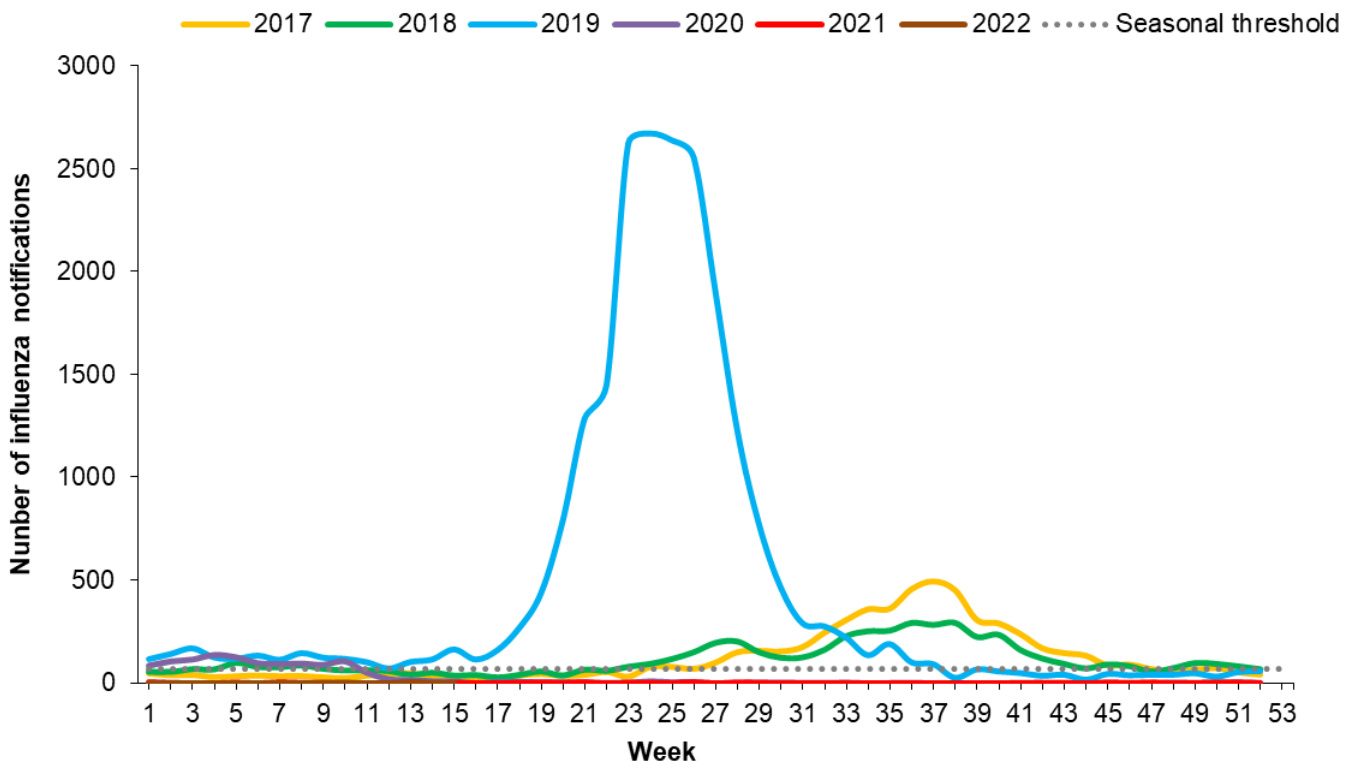
**Figure 3. Number of respiratory viral presentations to Emergency Departments in WA by week, 2017 to 2022**



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.

There were two cases of influenza reported to the Department of Health in the past week (Figure 4).

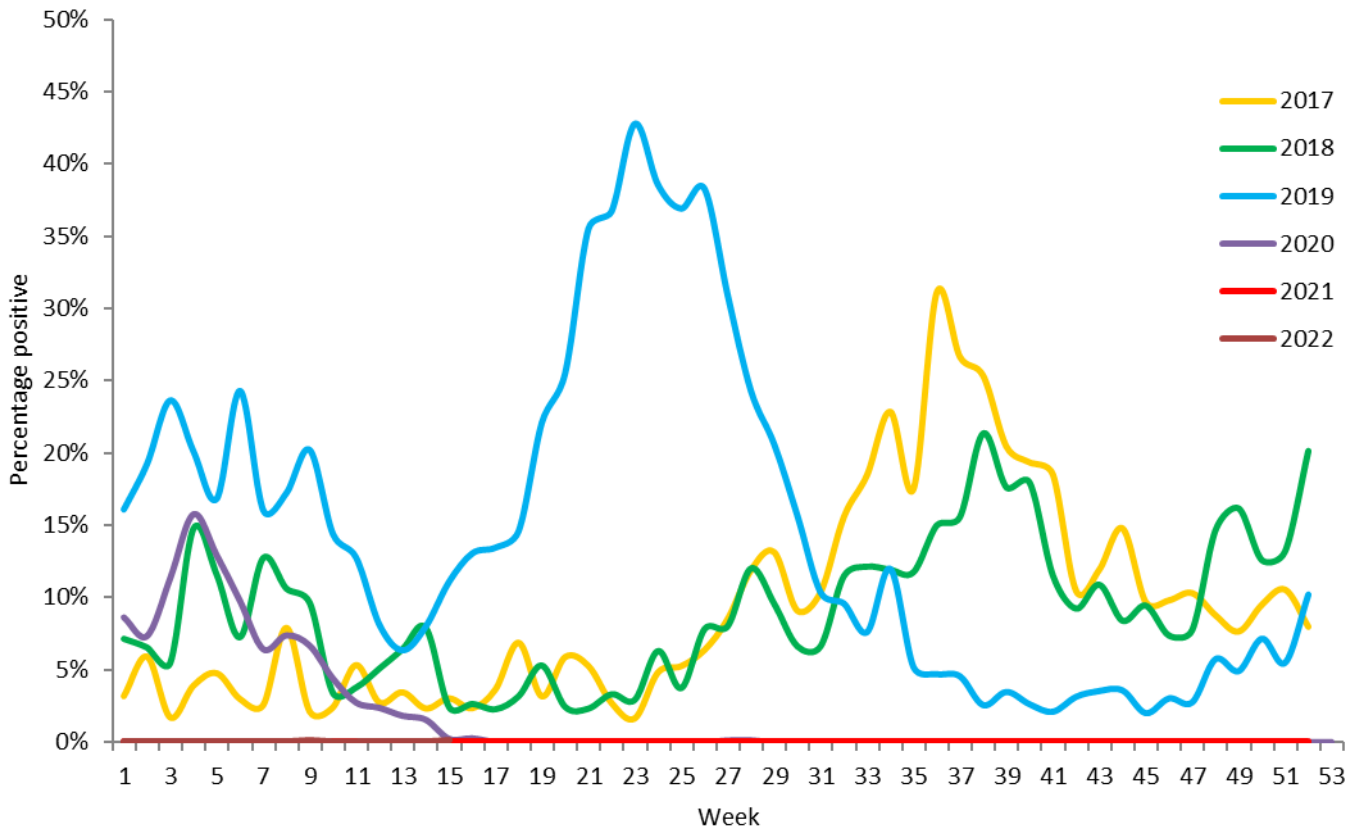
**Figure 4. Number of influenza notifications in WA by week, 2017 to 2022**



Note: This graph is a summary of 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.

Of the 867 specimens submitted for influenza PCR testing at PathWest in the past week, one tested positive (Figure 5).

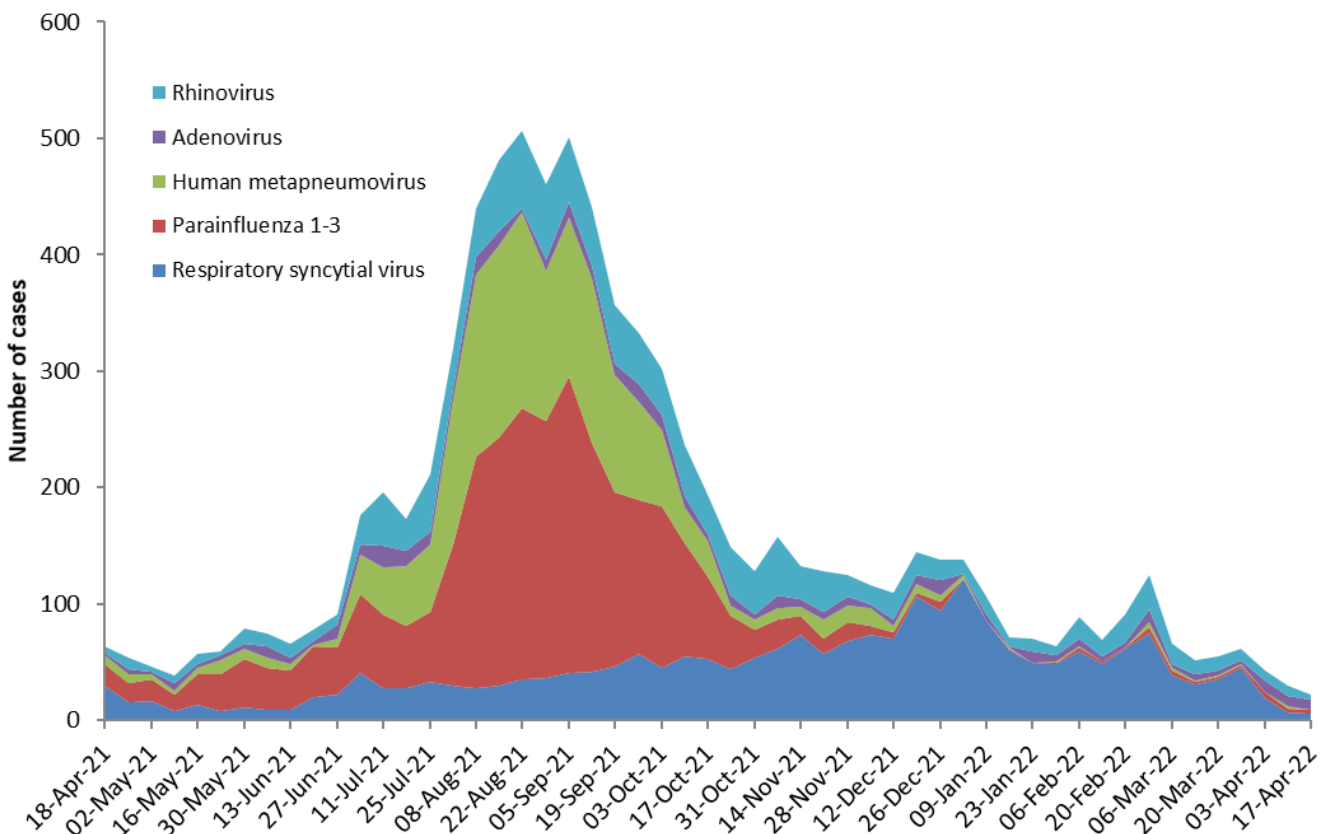
**Figure 5. Proportion of influenza PCR specimens positive for influenza at PathWest by week, 2017 to 2022**



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 decreased in the past week (Figure 6).

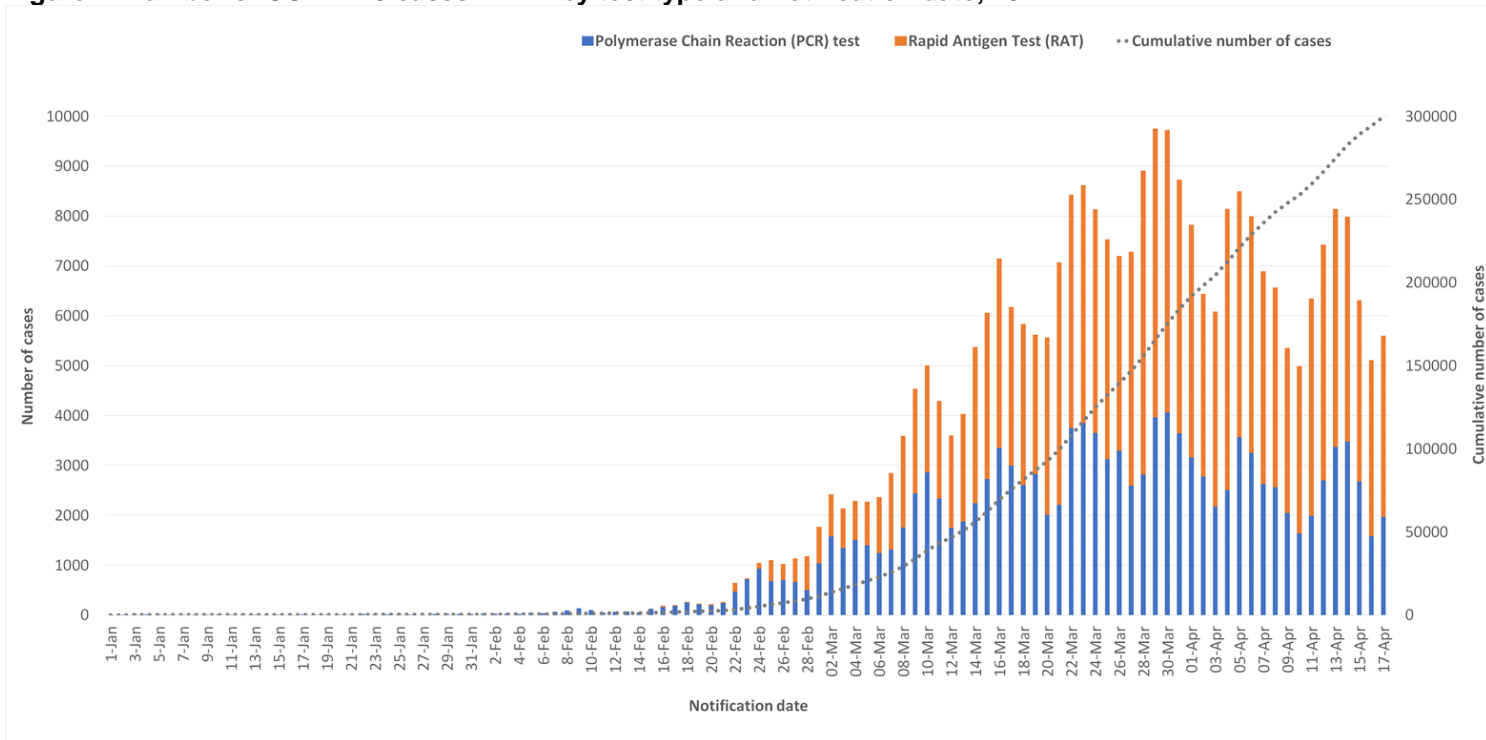
**Figure 6. Number of non-influenza respiratory virus detections at PathWest by week, 2021 to 2022**



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 46,368 COVID-19 cases reported in WA, which was 4% lower than the previous week. Of these 19,636 were reported with a positive PCR test and 26,732 were reported with a positive rapid antigen test (Figure 7).

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

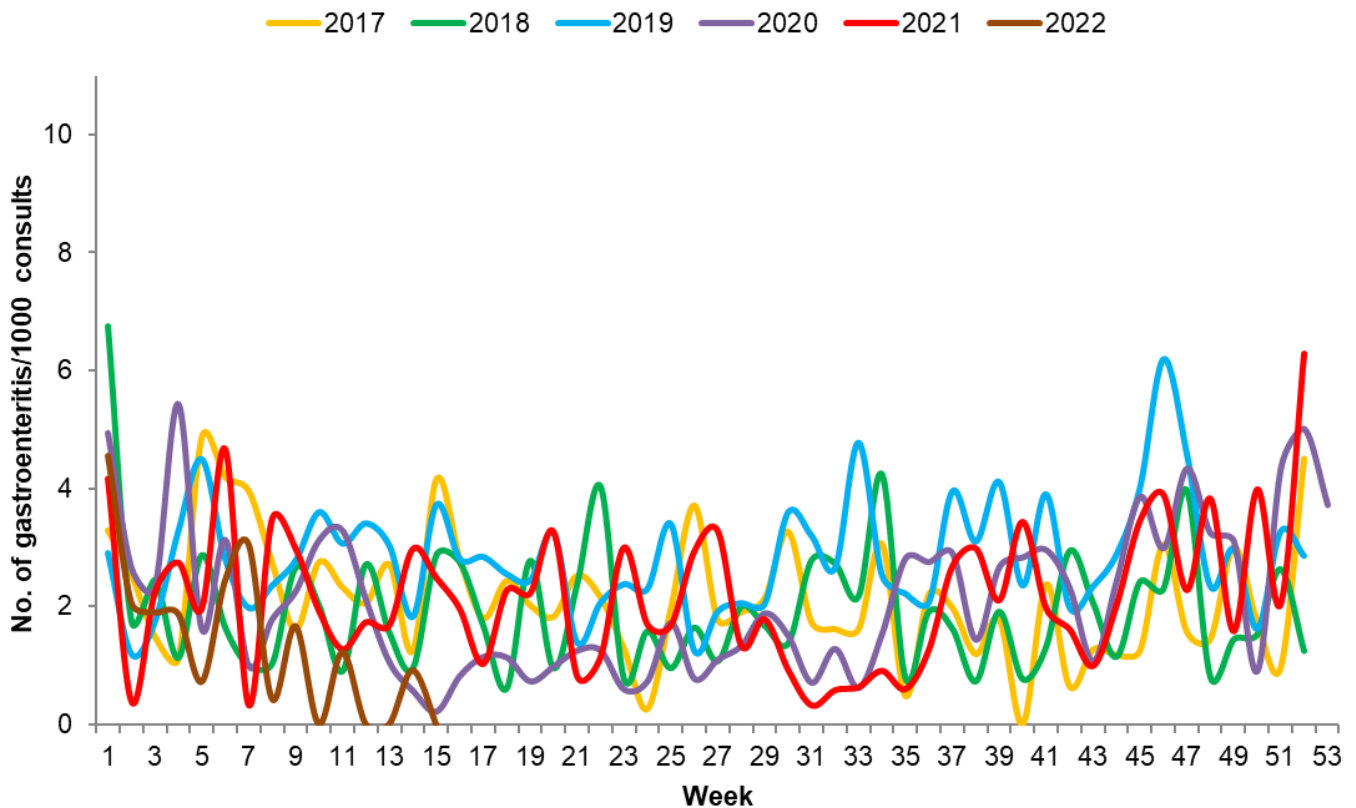


Note: Data sourced from Public Health Operations COVID-19 Unified System (PHOCUS); Notification date is to the 8pm reporting period

## Gastroenteritis

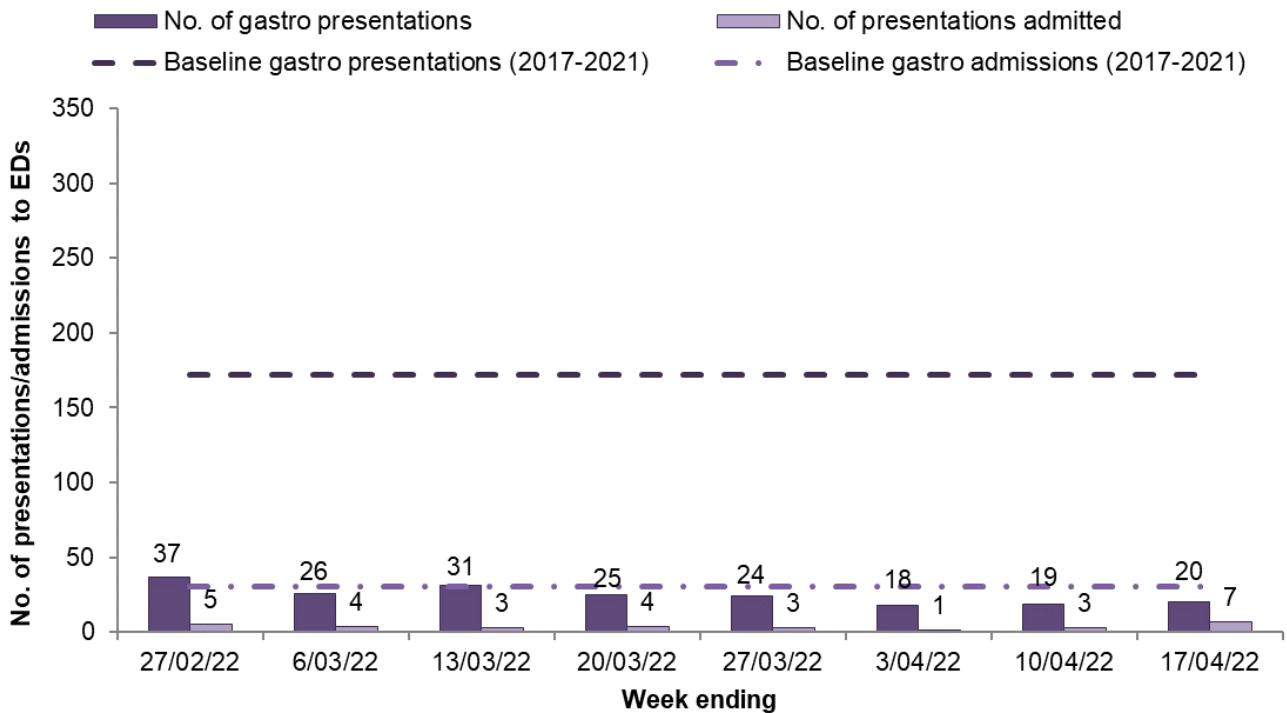
There were no gastroenteritis presentations to sentinel GPs in the past week (Figure 8).

**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 increased in the past week but remained below baseline levels (Figure 9).

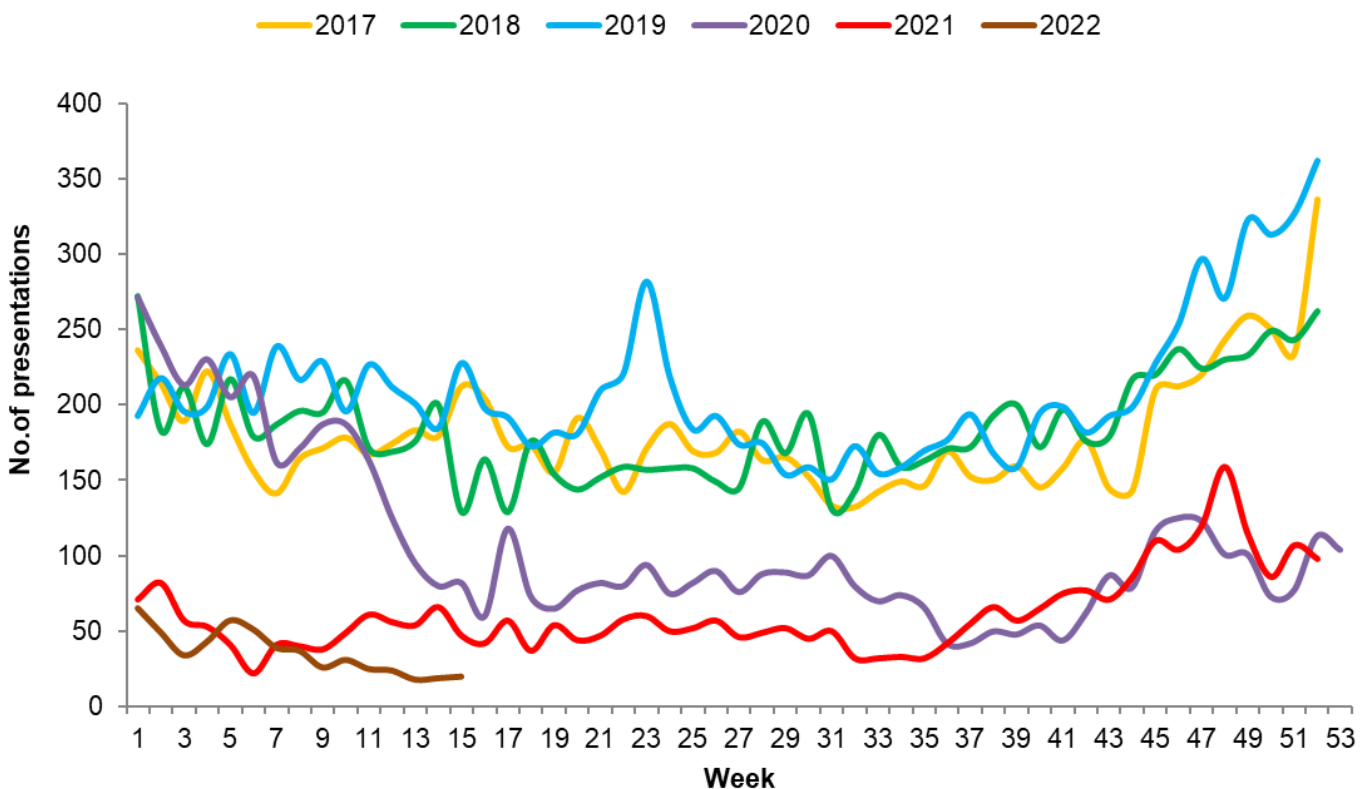
**Figure 9. Number of gastroenteritis presentations and admissions to Emergency Departments in WA in the last eight weeks**



\*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 was stable in the past week and remained well below the range of values usually reported at this time of year (Figure 10).

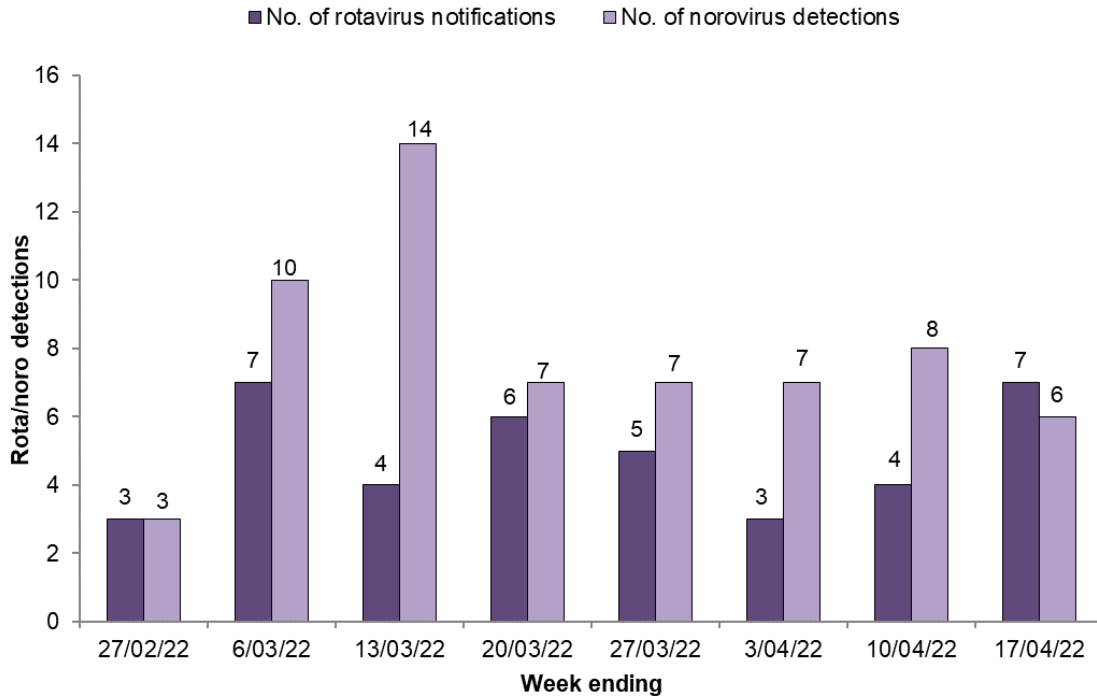
**Figure 10. Number of gastroenteritis presentations to Emergency Departments in WA by week, 2017 to 2022**



\*This graph is a summary of current EDIS data for gastroenteritis presentations

Rotavirus notifications to the Department of Health increased in the past week while norovirus detections at PathWest decreased (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**

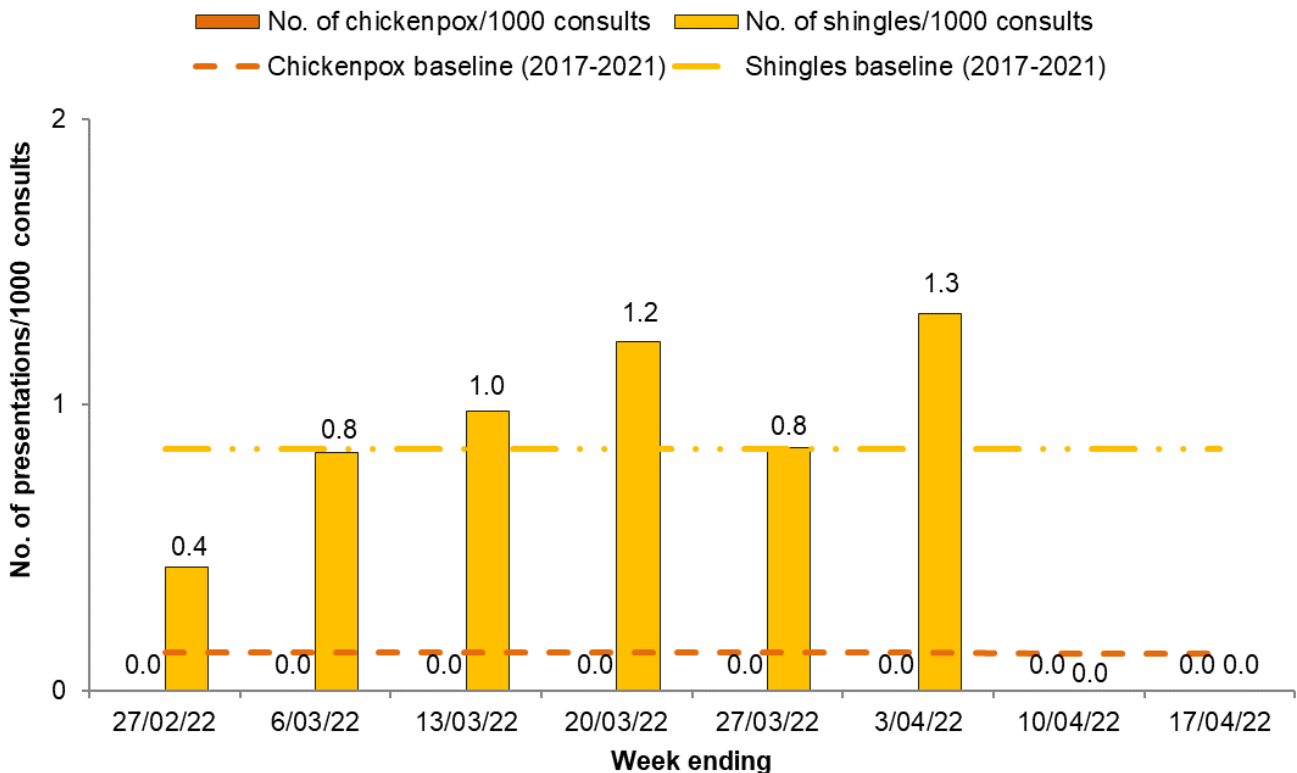


Note: Rotavirus notifications reported to the Department of Health include detections from all WA pathology laboratories. Norovirus detections are from PathWest only.

## Viral rashes

There were no chickenpox presentations to sentinel GPs over the past eight weeks and no shingles presentations to sentinel GPs over the past two 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**

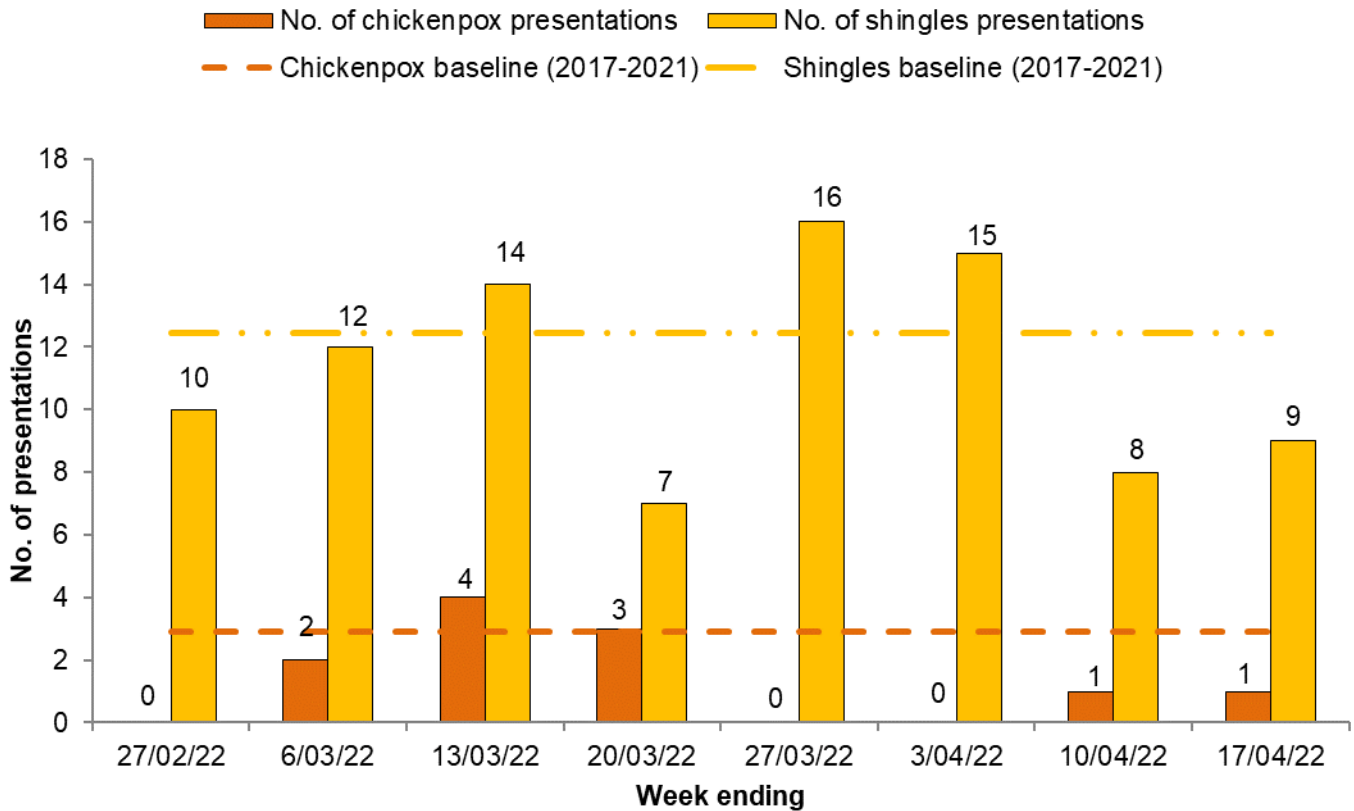


Note: Baseline levels for chickenpox and shingles presentations to WA ASPREN GPs per thousand consultations were calculated using the mean of weekly WA ASPREN data from week 1, 2017 to week 52, 2021.



There number of chickenpox and shingles presentations at EDs in the past week remained below 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.

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