



Virus WAtch

Week ending 21st November 2021

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 to EDs decreased in the past week. 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.
- Notifications for rotavirus and detections of norovirus decreased in the past week.

Other vaccine-preventable diseases

- **Chickenpox and shingles:** Shingles presentations increased at sentinel GPs and decreased at EDs, while chickenpox presentations to EDs were below baseline levels in the past week.
- **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 21st November 2021, a total of 1,120 confirmed COVID-19 cases have been notified in WA. See [webpage](#) for further information.

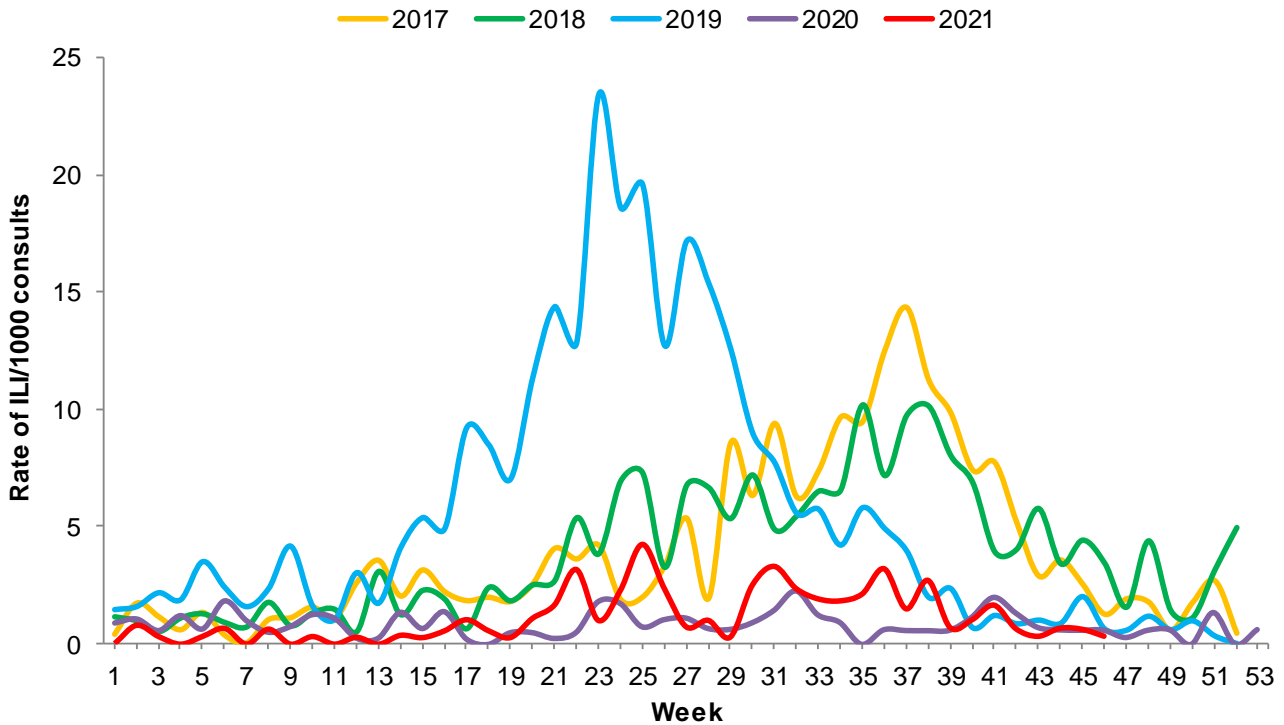
Virus WAtch is a weekly electronic publication by the Communicable Disease Control Directorate (CDCD) and key collaborators. It provides a brief summary of General Practice and Hospital Emergency Department sentinel surveillance data on influenza-like illness, gastroenteritis and varicella-zoster disease, 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 August 2020, daily reporting of COVID-19 cases include only confirmed cases diagnosed by nose and throat swabs. See [webpage](#) for further information Current and archived issues of Virus Watch http://ww2.health.wa.gov.au/Articles/F_1/Infectious-disease-data/Virus-WAtch

Influenza and influenza-like illnesses (ILI)

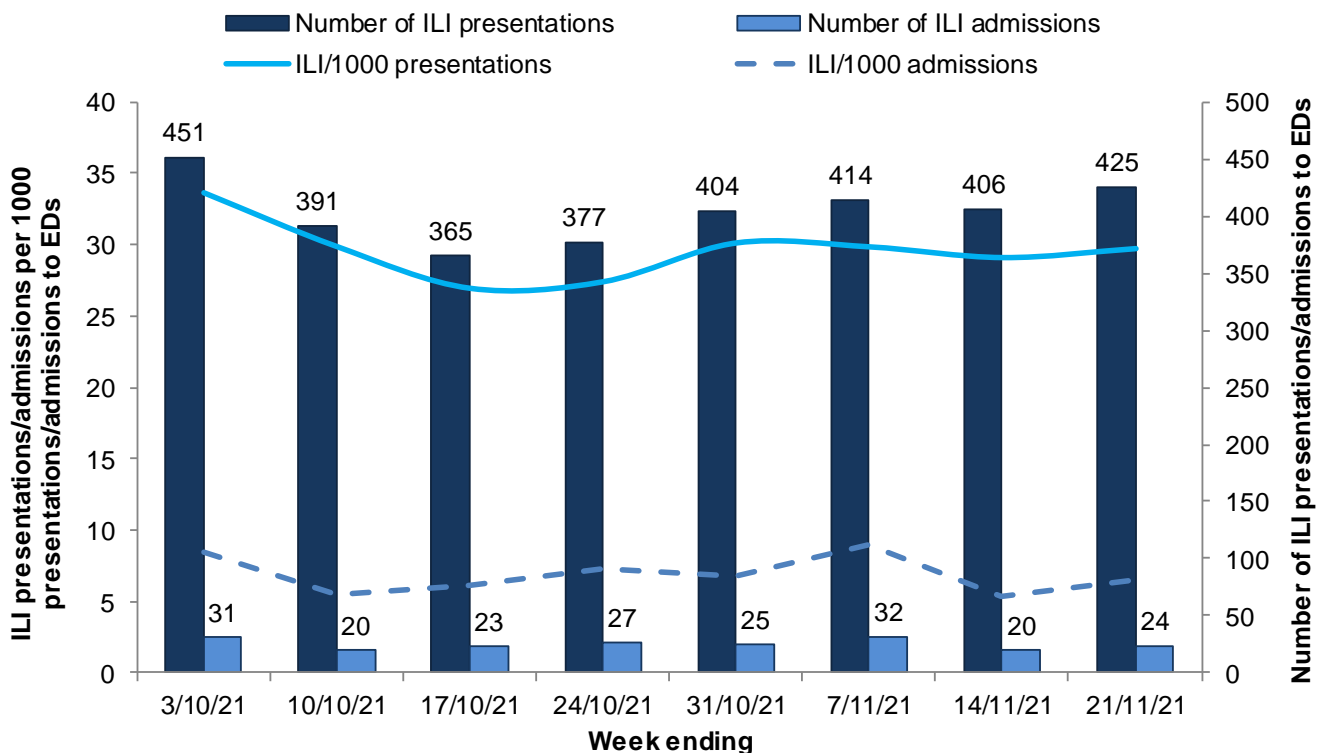
The rate of ILI presentations to sentinel GPs remained in the lower range of values usually reported at this time of year (Figure 1). All 23 samples submitted for influenza testing by sentinel GPs so far this year have been negative.

Figure 1. Rate of ILI per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) in WA by week, 2017 to 2021



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

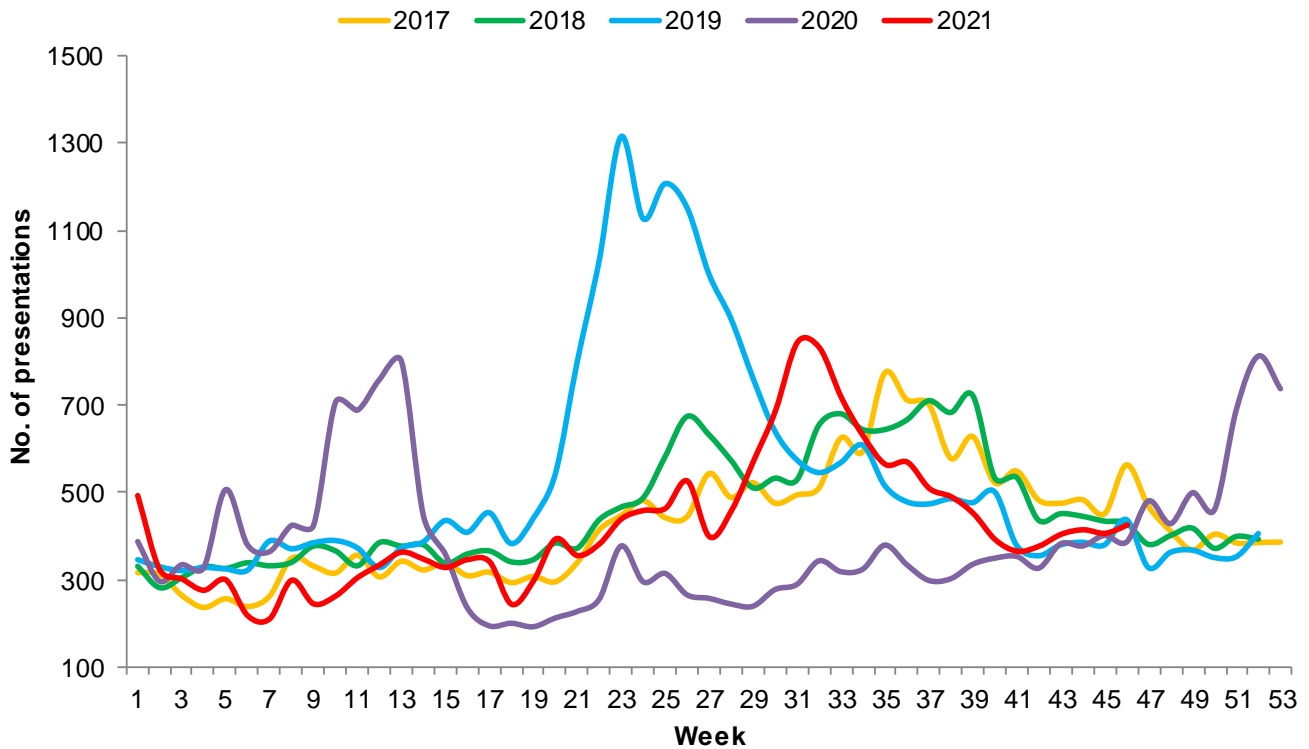
Figure 2. Number and rate of ILI presentations/admissions to Emergency Departments in WA in the last eight weeks



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 in the mid-range of values usually reported at this time of year (Figure 3).

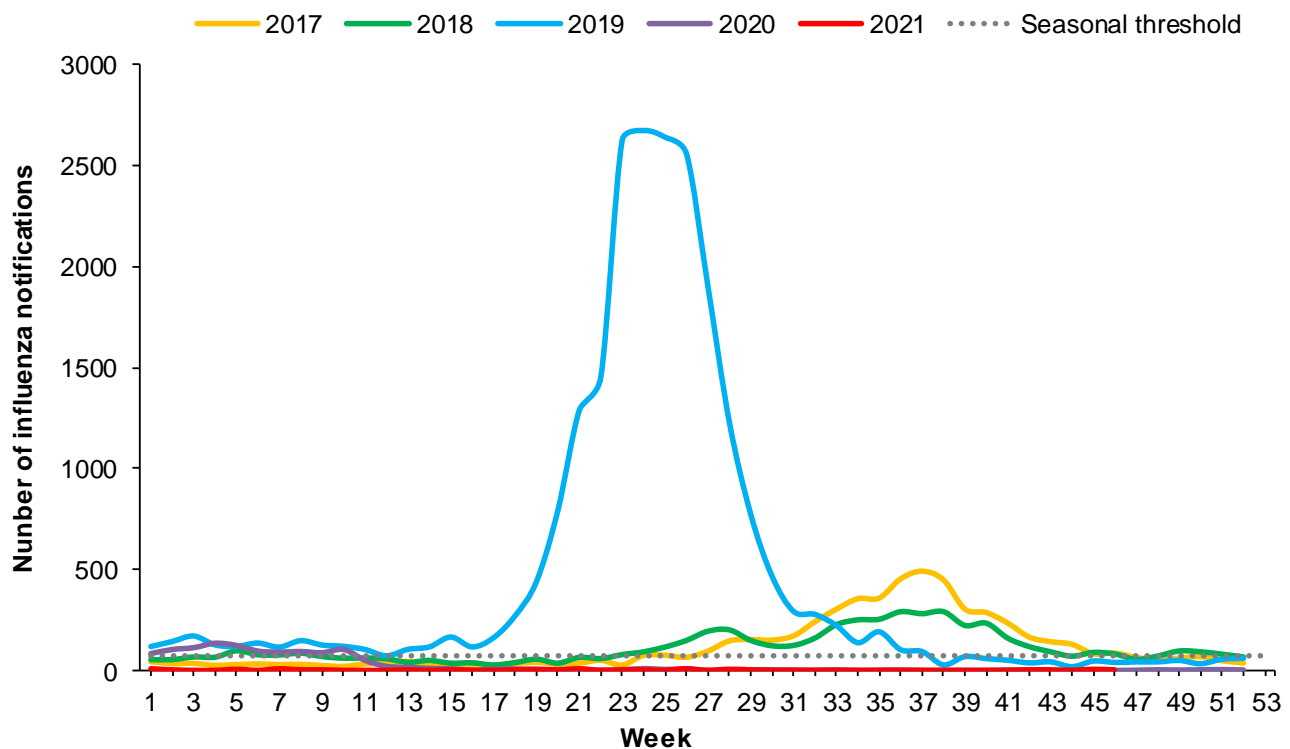
Figure 3. Number of respiratory viral presentations to Emergency Departments in WA by week, 2017 to 2021



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 was one notification of influenza reported to the Department of Health in the past week (Figure 4).

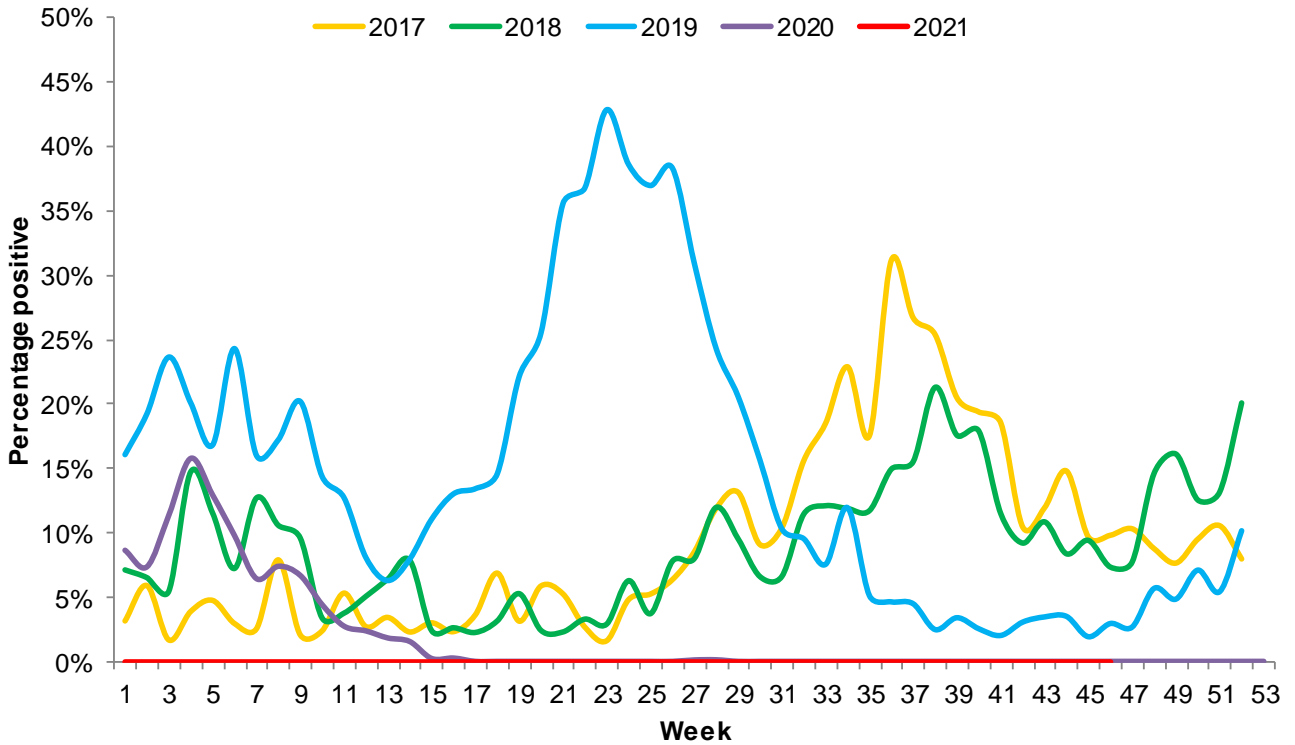
Figure 4. Number of influenza notifications in WA by week, 2017 to 2021



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 632 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.

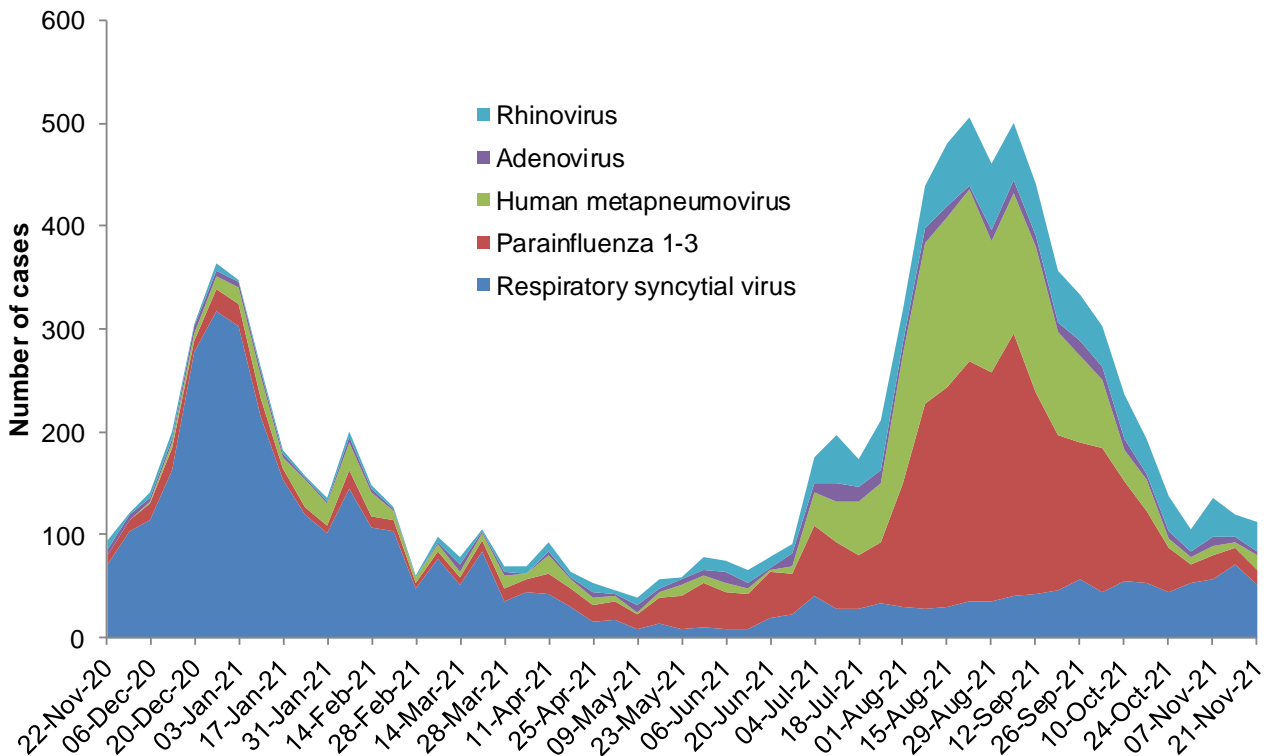
Figure 5. Proportion of influenza PCR specimens positive for influenza at PathWest by week, 2017 to 2021



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 (52 cases).

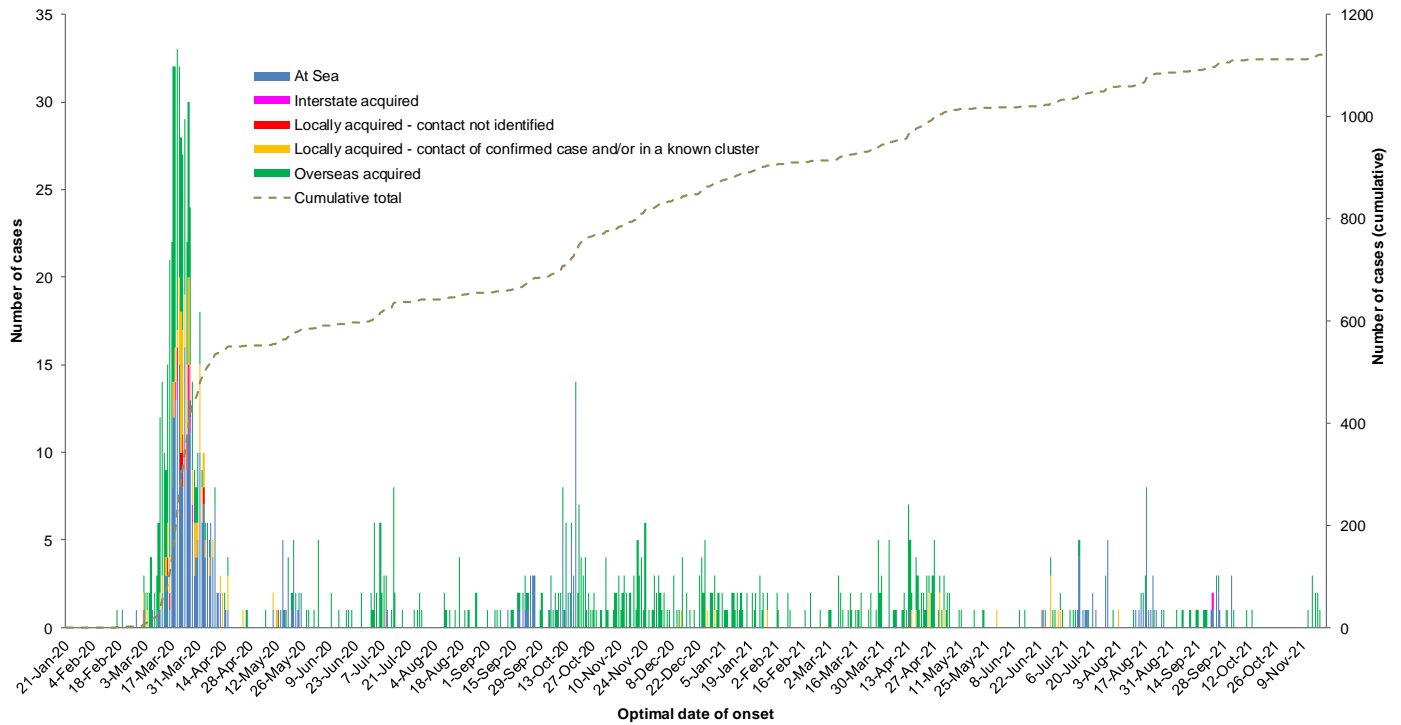
Figure 6. Number of non-influenza respiratory virus detections at PathWest by week, 2020 to 2021



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 remains low with the majority of cases acquired overseas or at sea. (Figure 7).

Figure 7. Number of confirmed COVID-19 cases in WA by optimal date of onset and place of acquisition, 2020 to 2021

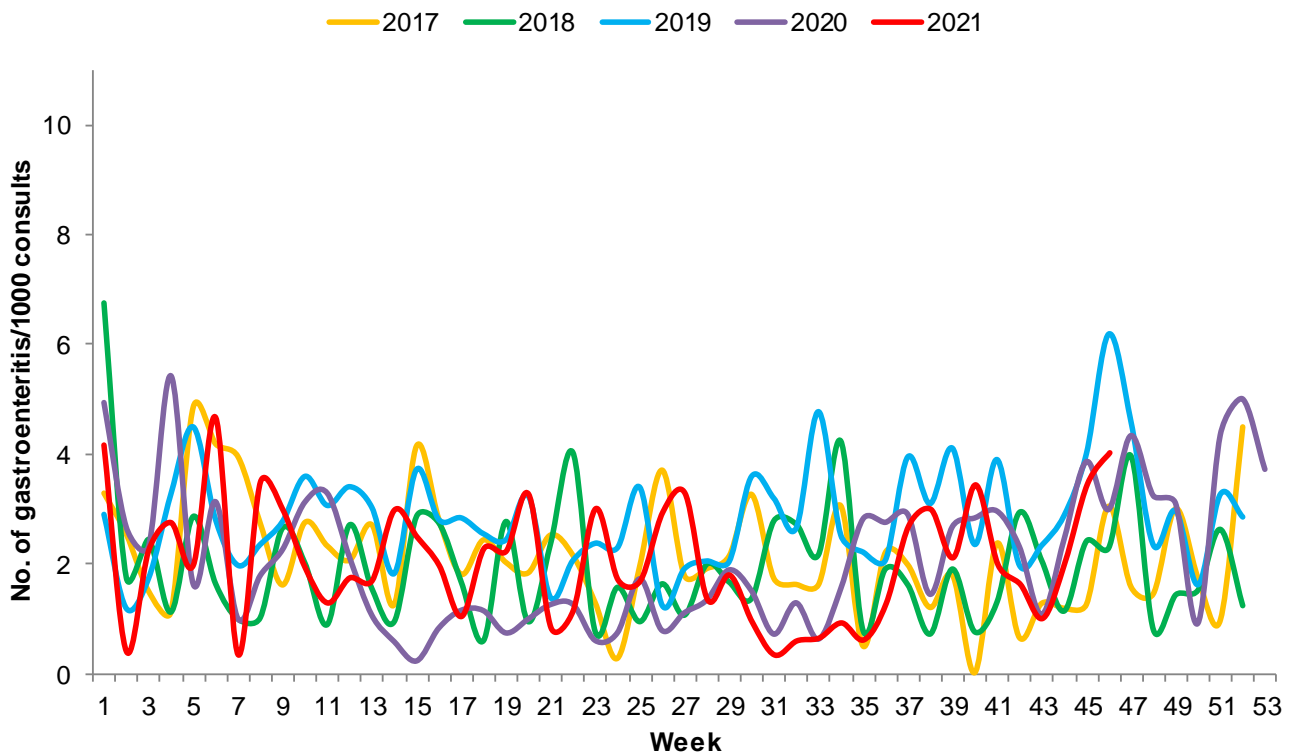


Note: This graph includes all specimens that tested positive for SARS-CoV-2 virus by polymerase chain reaction (PCR) tests at Western Australian pathology laboratories.

Gastroenteritis

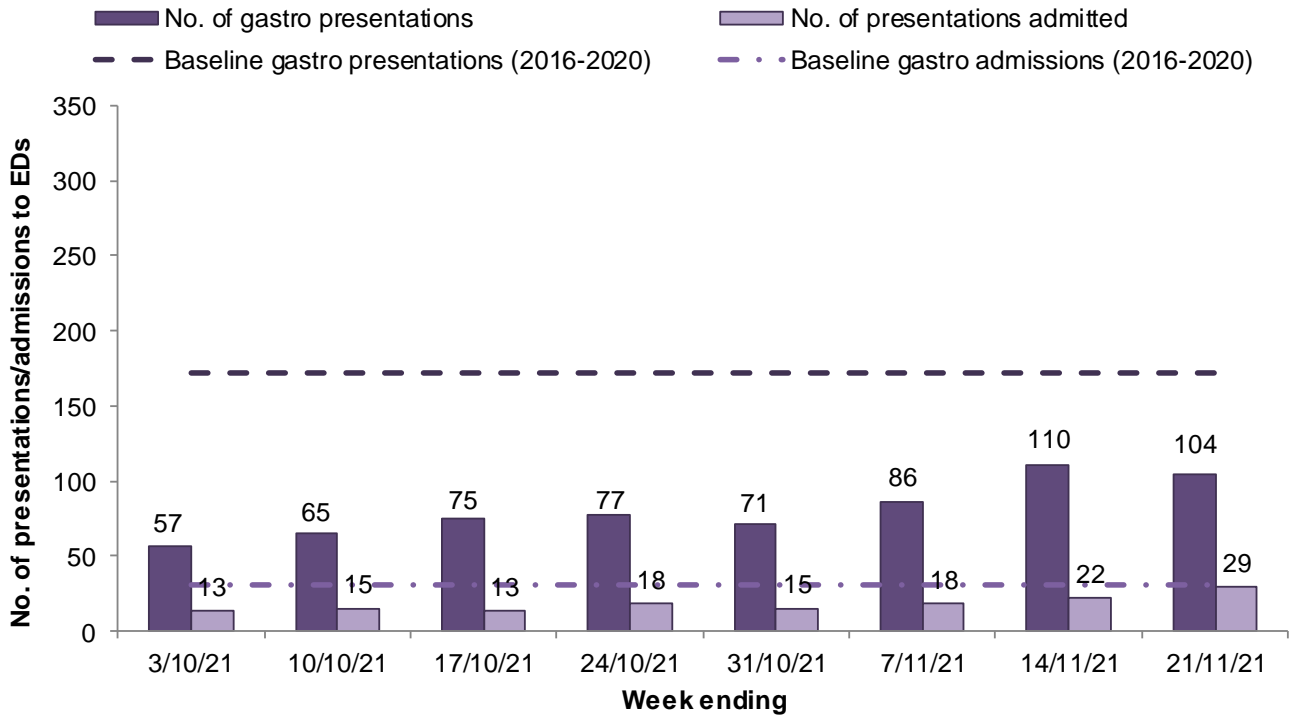
The number of gastroenteritis presentations to sentinel GPs increased in the past week to the high range of values usually reported at this time of year (Figure 8).

Figure 8. Number of gastroenteritis presentations per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) in WA by week, 2017 to 2021



Gastroenteritis presentations and admissions to EDs increased in the past week but remained below baseline levels (Figure 9).

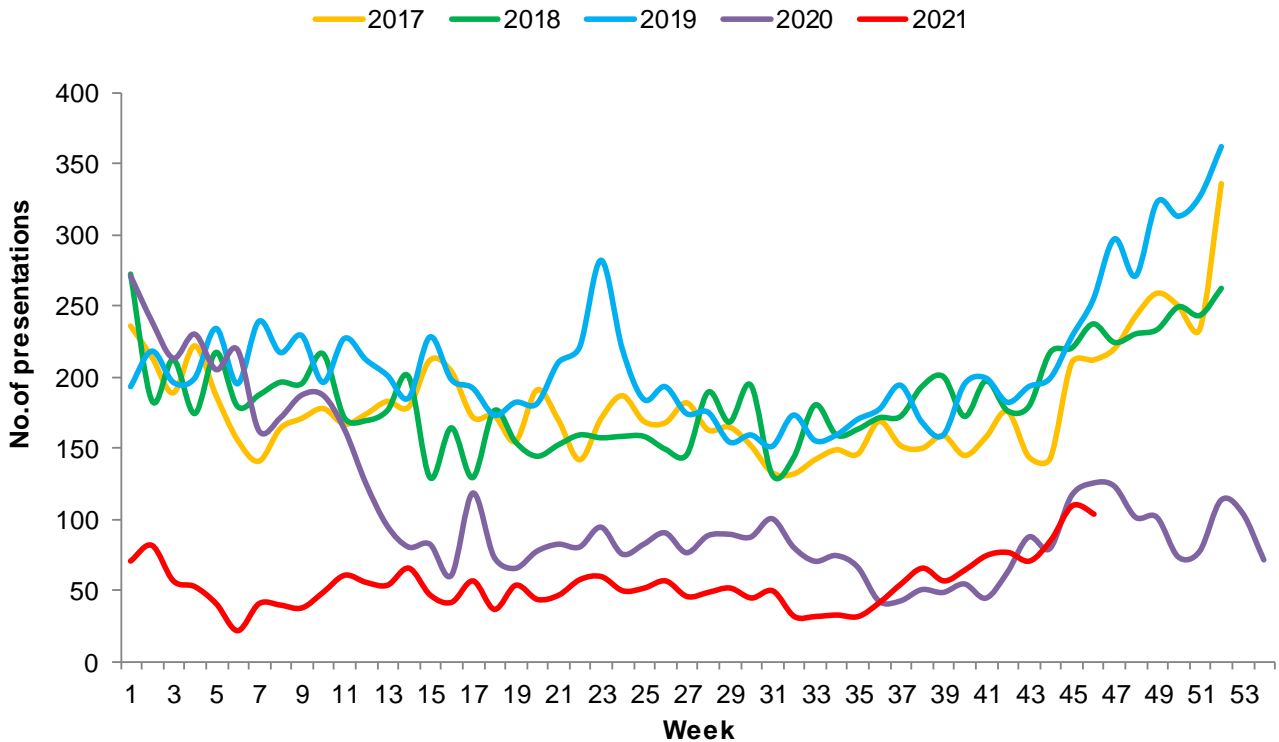
Figure 9. Number of gastroenteritis presentations and admissions to Emergency Departments in WA in the last eight weeks



*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, 2016 to week 52, 2020.

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).

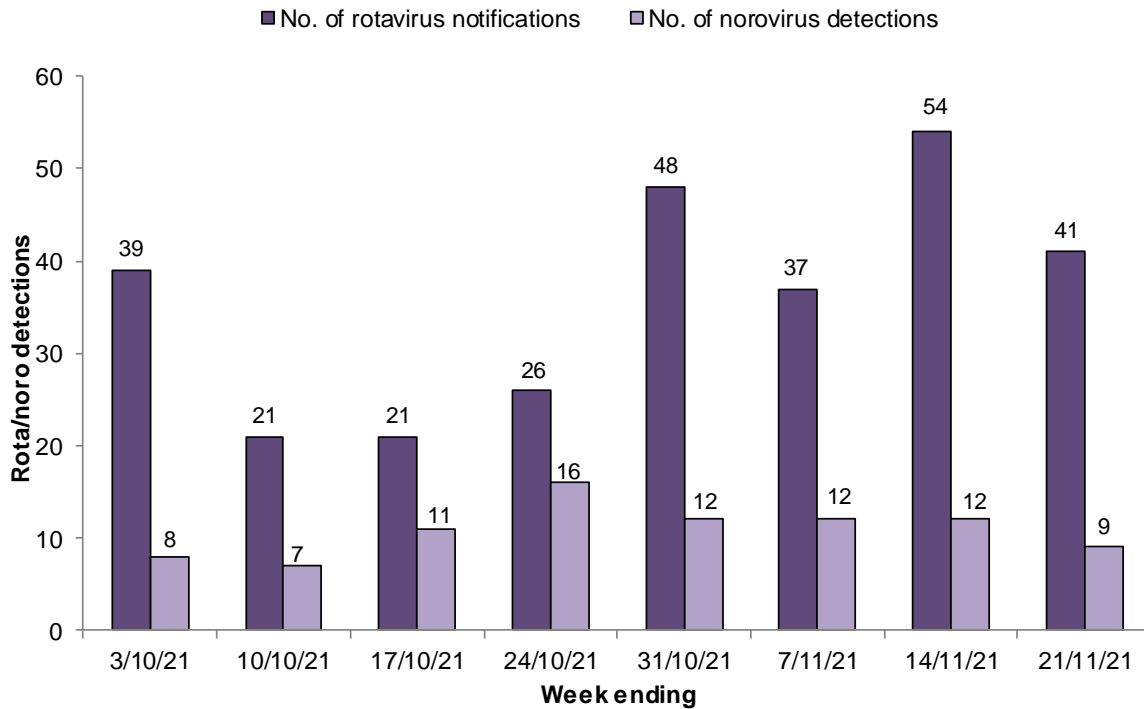
Figure 10. Number of gastroenteritis presentations to Emergency Departments in WA by week, 2017 to 2021



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

The number of norovirus detections to PathWest decreased in the past week. Rotavirus notifications to the Department of Health also decreased in the past week and remained at 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

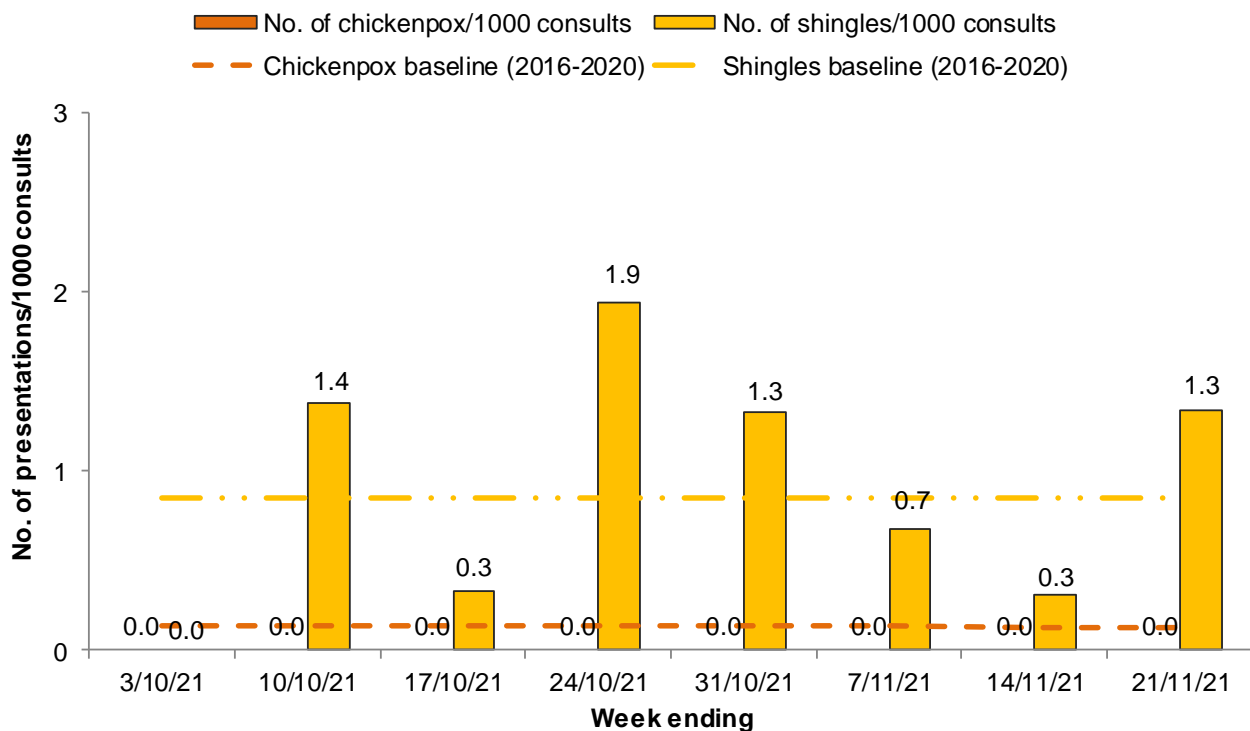


Note: Rotavirus notifications reported to the Department of Health include detections from all WA pathology laboratories. Norovirus detections are from PathWest only.

Viral rashes

The number of shingles presentations to sentinel GPs increased above baseline levels in the past week. There have no chickenpox presentations at sentinel GPs in the past 21 weeks (Figure 12).

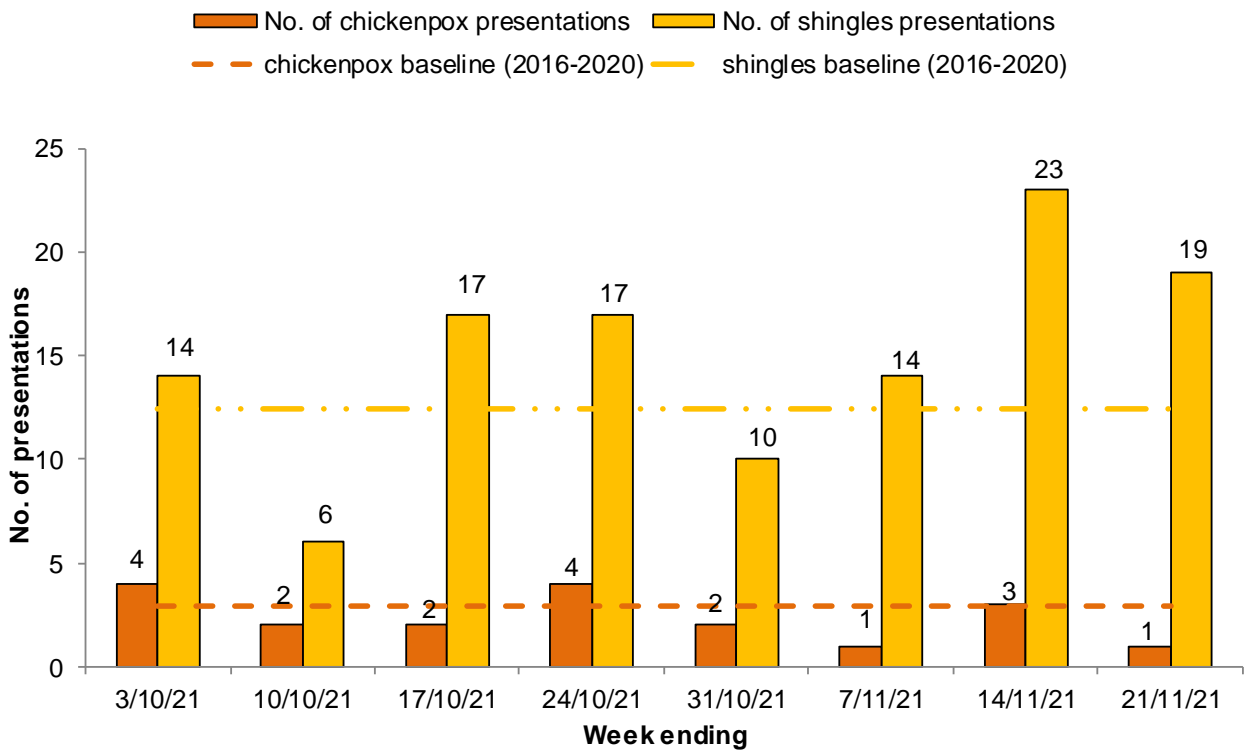
Figure 12. Number of varicella-zoster presentations per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) in WA in the last eight weeks



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, 2016 to week 52, 2020.

Chickenpox presentations at EDs decreased to below baseline levels in the past week, while shingles presentations also decreased but remained 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, 2016 to week 52, 2020.

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