



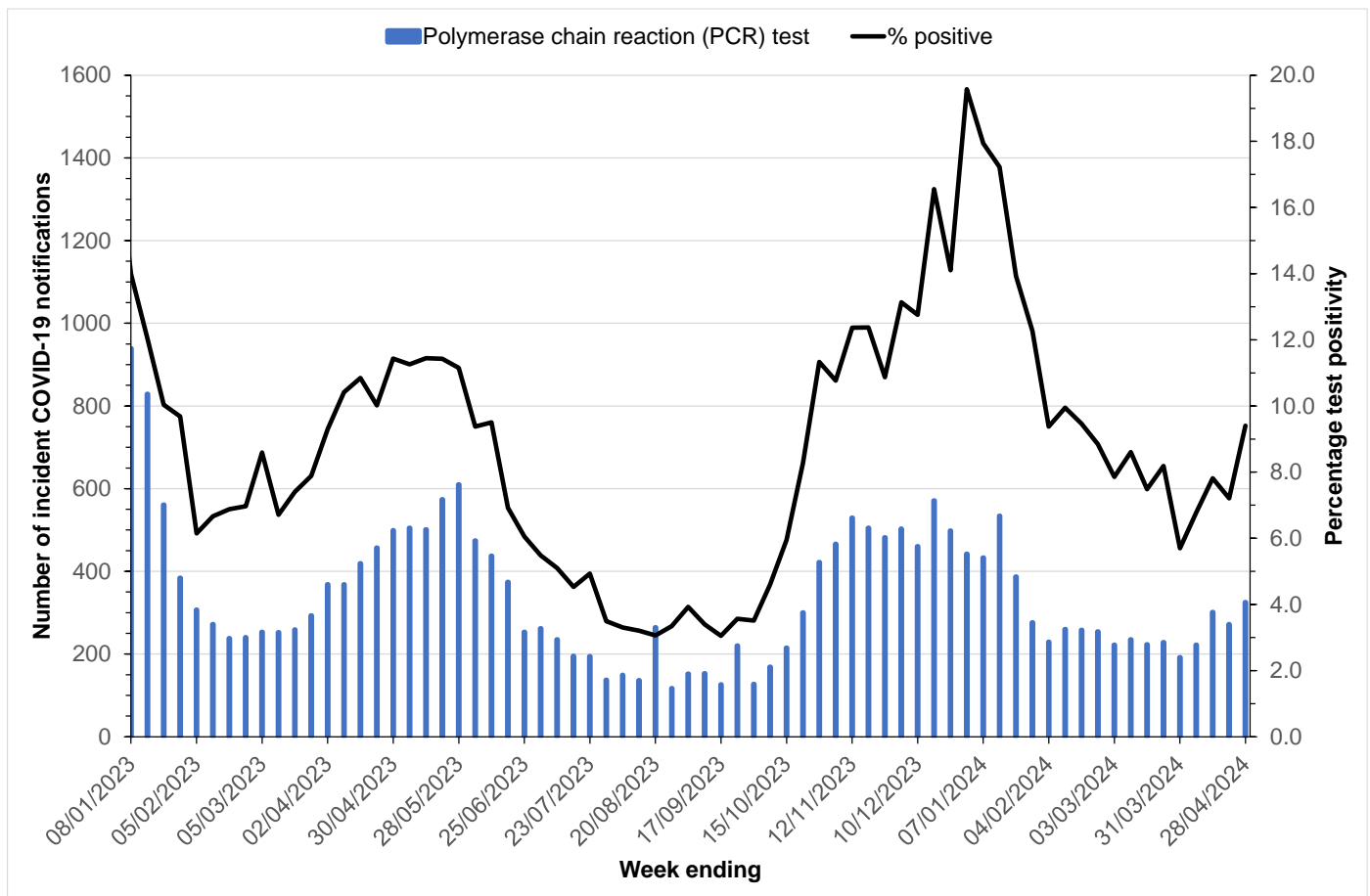
COVID-19 fortnightly surveillance report

Summary for the fortnight 15 to 28 April 2024 (inclusive)

- COVID-19 activity indicators suggest that community transmission increased this fortnight.
- COVID-19 notifications increased by 7%, from 523 last fortnight to 560 this fortnight.
- Currently hospitalised cases increased by 2% from an average of 96 last fortnight to 98 this fortnight.
- Intensive care unit admissions remained the same with an average of 3 admissions last fortnight and 3 this fortnight.
- Reported COVID-19-related deaths increased from 9 deaths last fortnight to 10 this fortnight.
- Genomic sequencing of clinical samples indicated SARS-CoV-2 Omicron sub-lineage JN.1.X continues to predominate.
- Sequencing of SARS-CoV-2 fragments in wastewater also indicated that JN.1.X continues to predominate.

COVID-19 notifications

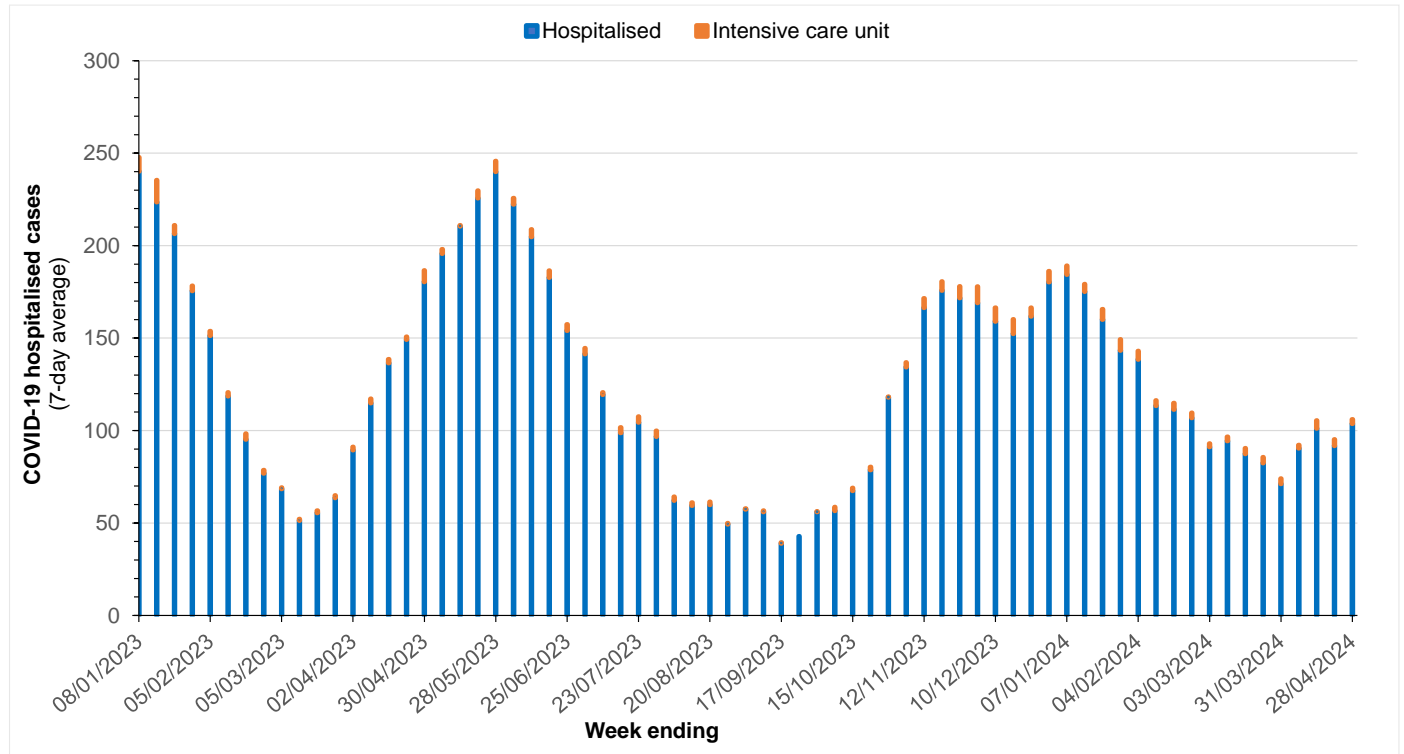
Figure 1. COVID-19 notifications* and test positivity by week, Western Australia, 08 January 2023 to 28 April 2024.



Notes
Data sourced from Public Health Operations COVID-19 Unified System (PHOCUS) dataset and Western Australian public and private pathology laboratories.
*Only confirmed COVID-19 notifications diagnosed by polymerase chain reaction (PCR) are included in this chart; notifications detected by rapid antigen test (RAT) have been excluded.
Week refers to data reported over the 7 days Monday to Sunday.

COVID-19-related hospitalisations and intensive care unit (ICU) admissions

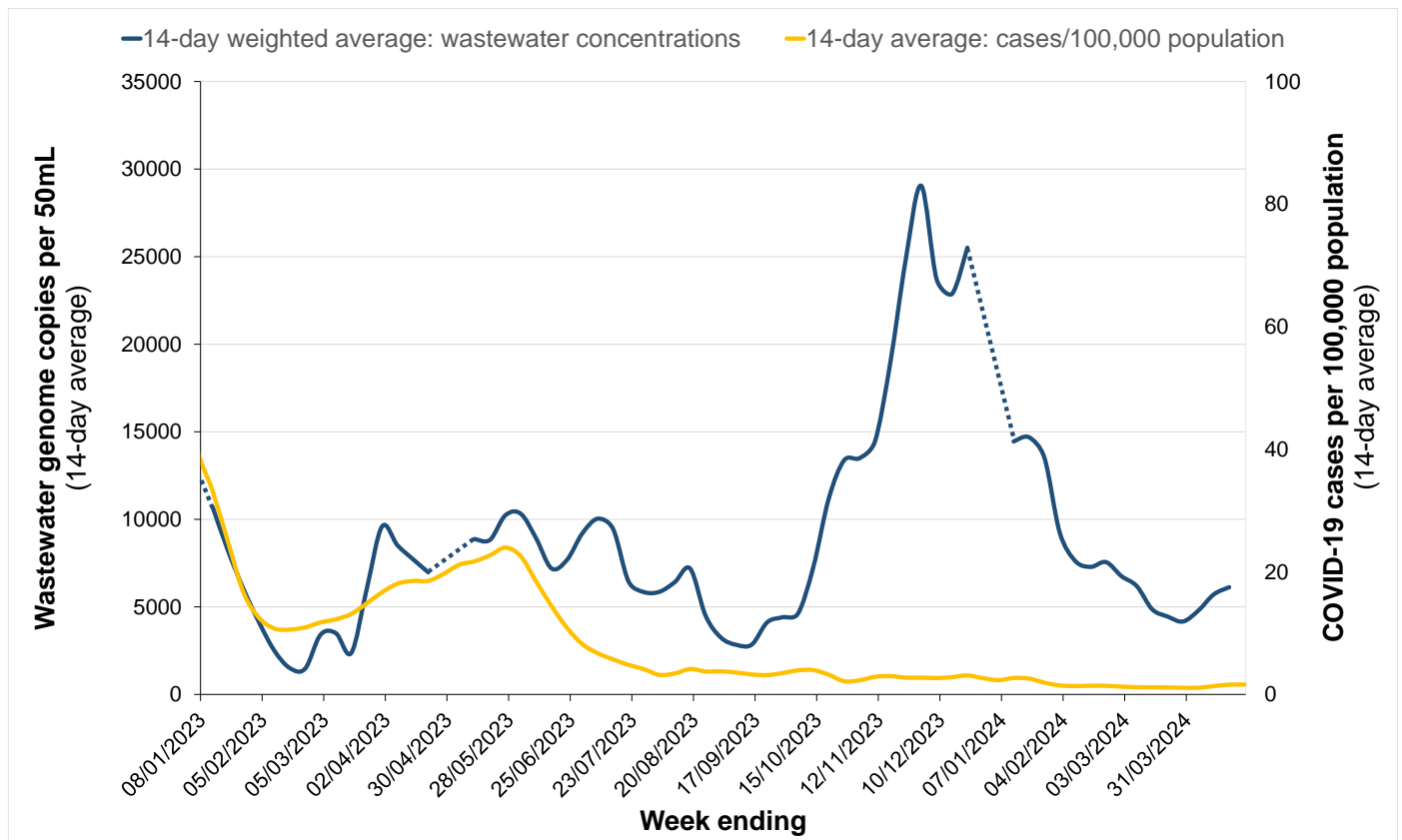
Figure 2. 7-day average of COVID-19 cases currently in hospital or in ICU, 08 January 2023 to 28 April 2024.



Notes
Data sourced PHOCUS dataset and Information and System Performance Directorate live admission datasets.
Week refers to data reported over the 7 days Monday to Sunday.
'Hospitalised' relates to active and cleared (>5 days after the first positive COVID-19 PCR test) COVID-19 cases that are current hospital inpatients. The reason for admission may be unrelated to COVID-19 for some people.
'Intensive care unit' (ICU) is a subset of hospitalised and relates to active/cleared COVID-19 cases that are currently in an ICU.

Wastewater surveillance

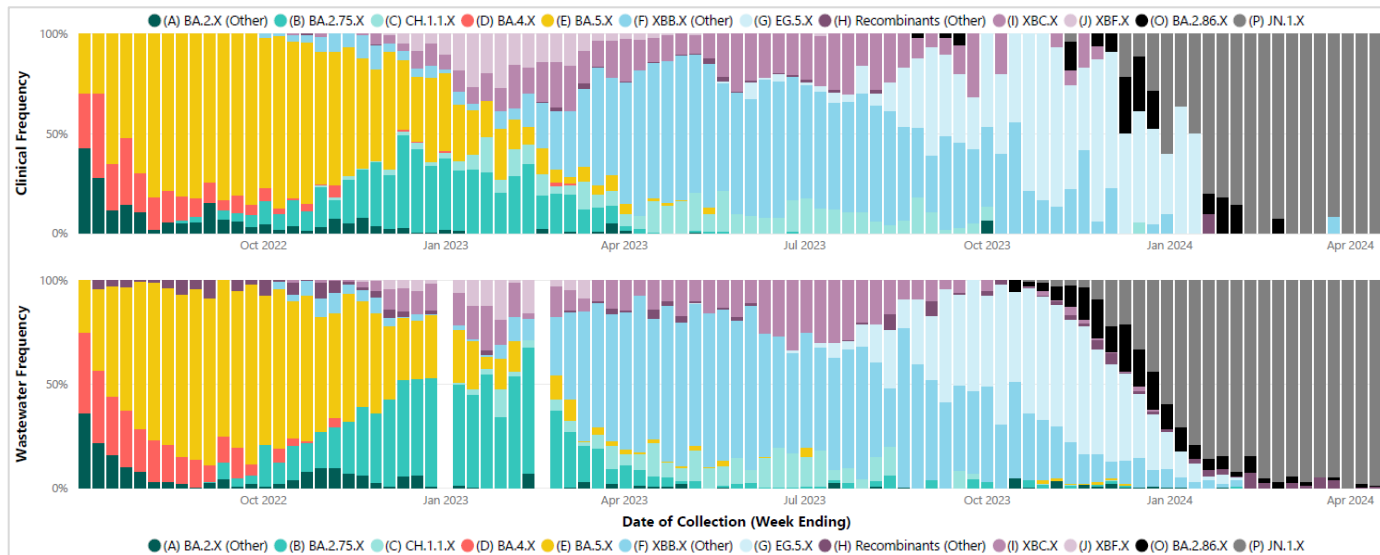
Figure 3: SARS-CoV-2 concentration in wastewater and COVID-19 notification rate, Perth metropolitan area, Western Australia, 08 January 2023 to 26 April 2024.



Notes
Data sourced from PHOCUS dataset and PathWest.
Wastewater is sourced from three wastewater treatment plants in the Perth metropolitan area (Subiaco, Woodman Point and Beenyup).
As 25/04/2024 was a public holiday, samples were not collected from all three sampling sites so a 14-day average could not be calculated.
COVID-19 notification rates in the metropolitan catchment areas and wastewater genome concentrations are presented as a 14-day average.
Wastewater genome concentrations across the three sampling sites were weighted by the respective population size. The weighting for each catchment area was calculated by dividing the respective population size by the total population size across all three catchment areas.
Dotted lines in wastewater concentration represents results that could not be determined due to no sample collection or sample analysis failure.
From 9 October 2023, COVID-19 cases detected by rapid antigen tests (RATs) are no longer counted due to the closure of the online RAT registration system.
Week ending for SARS-CoV-2 genome copies refers to wastewater sample collection date and for COVID-19 notifications refers to clinical specimen collection date (PCR only).
Link to wastewater surveillance online dashboard: [COVID-19 wastewater surveillance \(health.wa.gov.au\)](https://health.wa.gov.au)

COVID-19 genomics

Figure 4. Distribution of SARS-CoV-2 variants in clinical samples (top) and metropolitan wastewater catchments (bottom), 03 July 2022 to 21 April 2024.



Notes

Data sourced from PHOCUS dataset and PathWest.

Week ending for wastewater sequences refers to sample collection date and for clinical sequences refers to specimen collection date (PCR only) The X following the lineage name indicates the inclusion of all descendant lineages.

The availability of sequence results for clinical samples are likely to be updated retrospectively because samples are shared across different whole genome sequencing runs which take place on different days each week.

The distribution of variants in wastewater is largely representative of the distribution of variants in clinical cases, although for most recent weeks is slightly skewed due to the small number and lag in sequencing of clinical cases. Therefore, the most recent week of clinical sequencing has been removed to minimise the possibility of misinterpretation and the distribution in wastewater samples provides a more representative indication of the community distribution of SARS-CoV-2 variants for this period.

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

© Department of Health 2024

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.