

COVID-19 Weekly Surveillance Report

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Summary for the week 21 March to 27 March 2022 (inclusive)

In the week of 21 to 27 March 2022 there were:

- 53,887 COVID-19 cases reported (30% increase compared to previous week)
 - o 25,793 with positive polymerase chain reaction (PCR) tests (27% increase)
 - o 28,094 with positive rapid antigen tests (RAT) (32% increase)
 - o 53,143 locally-acquired, 636 interstate acquired, 108 overseas acquired
- 154 hospital admissions (20% increase) and 9 transfers into an intensive care unit (29% increase).
- 16 deaths (33% increase), aged between 17 to 97 years old
- 122,046 COVID-19 PCR tests conducted (11% increase)

Surveillance summary

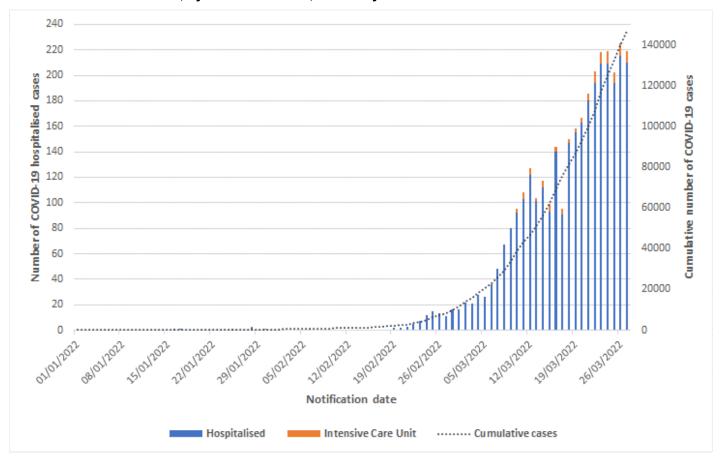
There were 122,046 PCR tests conducted in the current reporting week (week ending 27 March 2022), an 11 per cent increase compared to the previous reporting week, with test positivity reaching a high of 26 per cent. Case numbers increased by 30 per cent compared to the previous week. This compares to the 50 per cent week-on-week increase observed during the previous 7-day period. There was an increase in cases diagnosed by PCR test and RAT of 27 per cent and 32 per cent, respectively.

There has been an overall increasing trend in cases in all regions of WA, with the largest increase observed in the Kimberley and Pilbara regions. Cases continue to be predominately among people less than 40 years, with the highest rates observed between those aged 10 to 29 years. With the continuing upward trend in case numbers, the rate of cases per 100,000 population in WA has now increased above all other Australia jurisdictions, apart from Tasmania.

There were 5386 cases and 0 deaths in the Aboriginal population during the reporting period. Cases in the Aboriginal population increased at a greater rate, compared to the non-Aboriginal population, with the rate ratio increasing to over 2.

Hospitalisations, ICU admissions and deaths

Figure 1. Number of COVID-19 cases admitted to hospital and intensive care unit transfers, and cumulative number of COVID-19 cases, by notification date, 1 January to 27 March 2022.



Notes

Data sourced from Western Australia Department of Health dataset

'Hospitalised' relates to active and cleared 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.

Table 1. Number of COVID-19 related deaths by vaccination status and age group, 21 to 27 March 2022.

Number of COVID-19 vaccine doses	Deaths n=16
0	4 (25.0%)
1	1 (6.3%)
2	3 (18.7%)
3+	8 (50.0%)
Age group (years)	
0-9	0 (0%)
10-19	1 (6.3%)
20-29	0 (0%)
30-39	0 (0%)
40-49	0 (0%)
50-59	0 (0%)
60-69	1 (6.3%)
70-79	3 (18.7%)
80-89	6 (37.5%)
90+	5 (31.2%)

Data sourced from Western Australia Department of Health dataset

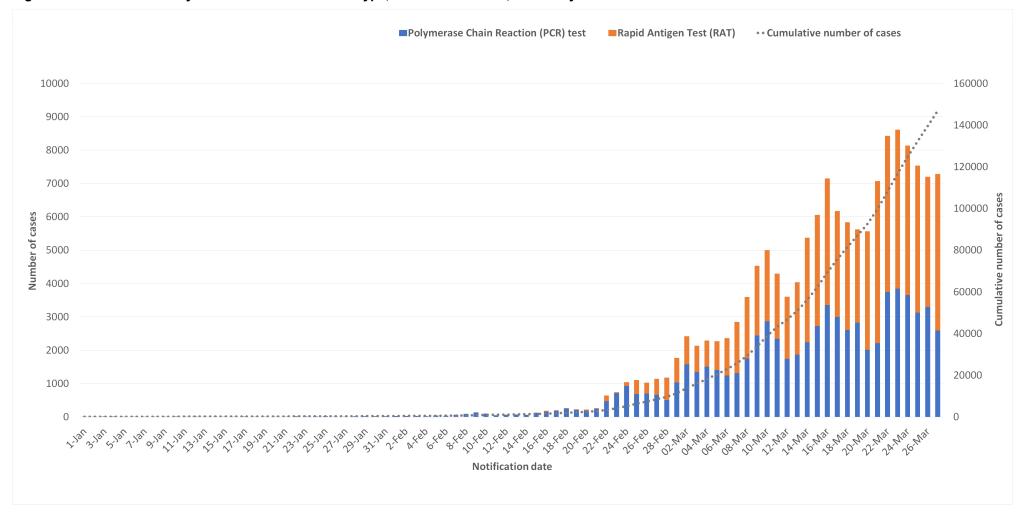
Number of vaccination doses sourced from Australian Immunisation Register. Vaccination data are available for WA residents only, therefore, the number of unvaccinated individuals (0 doses) may be overestimated

Hospitalisation and intensive care unit breakdown available in bi-weekly WA COVID-19 data update. Link here.

Deaths are reported by date of death and not necessarily associated with hospital and/or ICU admissions.

Case data

Figure 2. COVID-19 cases by notification date and test type, Western Australia, 1 January to 27 March 2022.

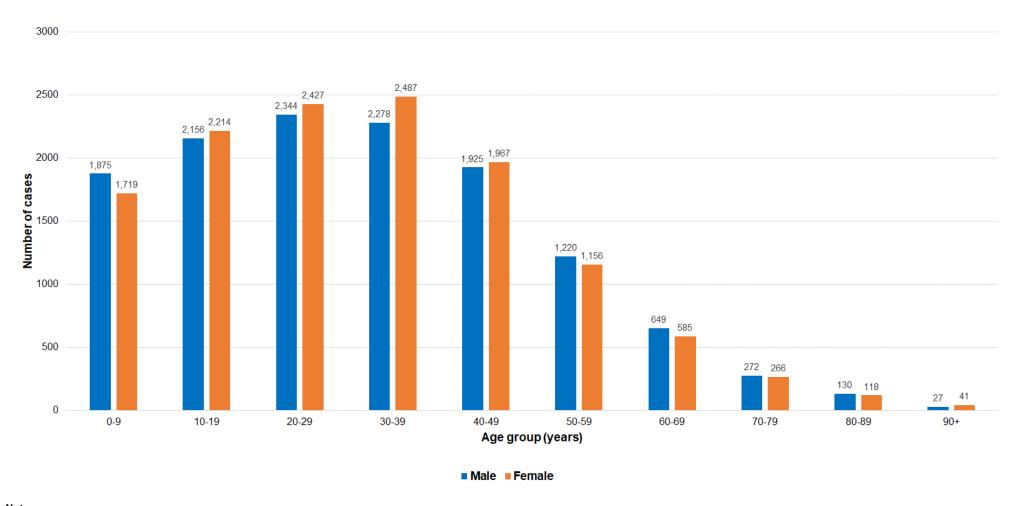


Notes

Data sourced from Western Australia Department of Health dataset

Notification date refers to data collected up to the end of the 24-hour reporting period 8pm to 8pm.

Figure 3. COVID-19 cases by age group and sex, Western Australia, 21 to 27 March 2022.

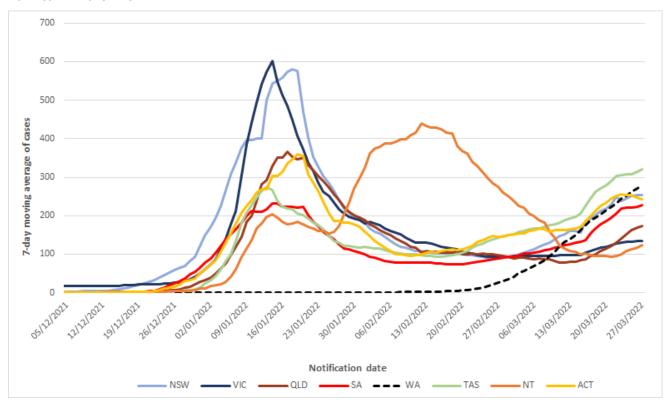


Data sourced from Western Australia Department of Health dataset

Gender data is partially incomplete due to the unavailability of this variable during rapid antigen test registration, resulting in a discrepancy to total case numbers reported for the week.

- Males: n=12,876 (49.8%). Females: n=12,980 (50.2%)
- Median age = 28 years; range: 0 to 101 years

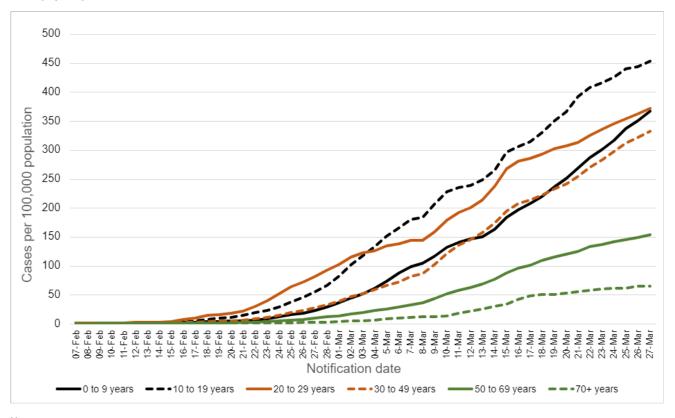
Figure 4. 7-day moving average of COVID-19 cases per 100,000 people, by Australian jurisdiction, 1 December 2021 to 27 March 2022.



Data sourced from the respective jurisdictional health department datasets

Population denominator is sourced from Australian Bureau of Statistics June 2021 estimates.

Figure 5. 7-day moving average of COVID-19 cases per 100,000 by age group, Western Australia, 7 February to 27 March 2022.



Notes

Data sourced from Western Australia Department of Health dataset

Population denominator sourced from Australian Bureau of Statistics June 2021 estimates.

Table 2. Number of COVID-19 cases and case rates per 100,000 population, by region, 21 to 27 March 2022.

	Region	Week 21 to 27 March 2022		Week 14 to 20 March 2022	
		Number for current week	Rates for current week (cases/100,000 pop)	Number for previous week	Rates for previous week (cases/100,000 pop)
WACHS Regions	Goldfields	907	1140	616	1007
	Great Southern	943	1479	487	764
	Kimberley	934	2299	417	1027
	Midwest	826	1159	412	578
	Pilbara	1740	2473	857	1218
	South West	1806	922	1042	532
	Wheatbelt	785	987	473	595
WACHS total*		7941	1363	4304	739
Other**		1776	_	1595	-
Metropolitan		44,178	1927	35,646	1555
Total		53,895	1813	41,545	1389

Data sourced from Western Australia Department of Health dataset

Cases include all cases whose source of infection is classified as 'locally-acquired', 'interstate-acquired', 'overseas-acquired' and 'source under investigation'

Case data is by place of usual residence for positive case (due to unavailability of data for specific location of acquisition)
Case data includes those determined by both polymerase chain reaction (PCR) tests and rapid antigen tests (RAT)

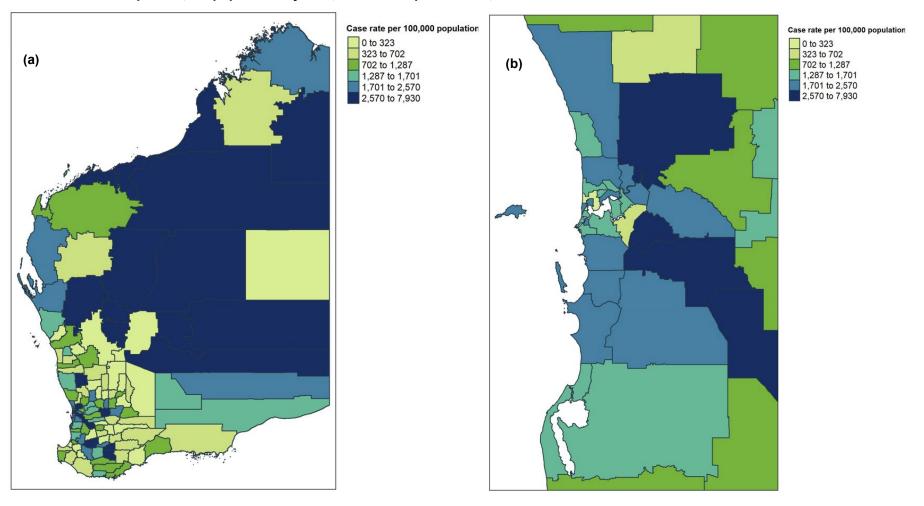
Total excludes WACHS*

Population denominator is sourced from Australian Bureau of Statistics 2019 estimates.

^{*}Western Australia Country Health Service (WACHS) includes Goldfields, Great Southern, Kimberley, Midwest, Pilbara, South West and Wheatbelt public health regions

^{**}Other includes overseas and interstate residential addresses

Figure 6 (a). Locally-acquired COVID-19 case rates per 100,000 population by LGA, regional Western Australia, 21 to 27 March 2022. (b) Locally-acquired COVID-19 case rates per 100,000 population by LGA, Perth metropolitan area, 21 to 27 March 2022.



Data sourced from Western Australia Department of Health dataset

'Locally-acquired' cases include all cases whose source of infection is classified as 'locally-acquired' and 'source under investigation' only (excludes interstate and overseas-acquired cases) Case data is represented on the map by place of usual residence for positive case (due to unavailability of data for specific location of acquisition)

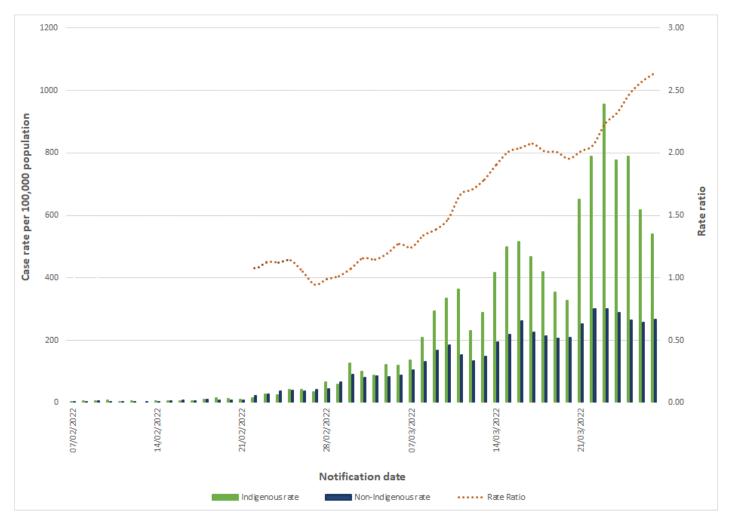
Case data includes those determined by both polymerase chain reaction (PCR) tests and rapid antigen tests (RAT)

Areas on the map are defined by Local Government Area (LGA) boundaries

Population denominator is sourced from Australian Bureau of Statistics 2019 estimates.

Aboriginal case summary

Figure 7. COVID-19 cases in Western Australia per 100,000 population, and rate ratio, by Indigenous status and notification date, 7 February to 27 March 2022.



Notes

Data sourced from Western Australia Department of Health dataset

Indigenous status is defined as those who identify as 'Aboriginal and Torres Strait Islander origin'/'Aboriginal but not TSI origin'/'TSI but not Aboriginal origin'

Cases where Indigenous status was not stated were designated as non-Indigenous

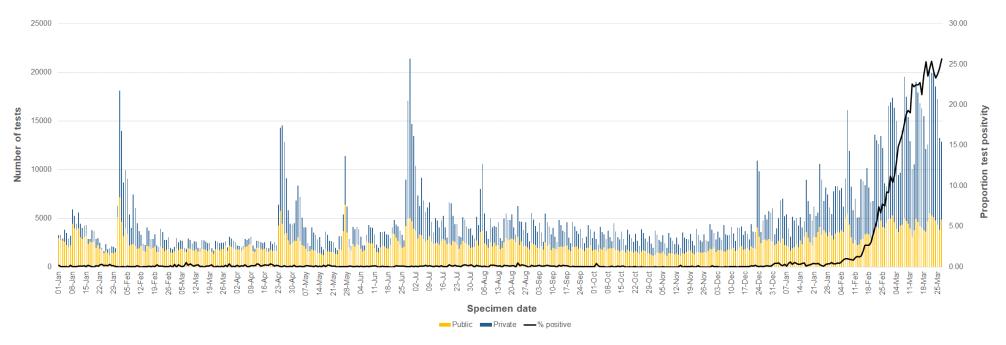
Cases include those determined by both polymerase chain reaction (PCR) tests and rapid antigen tests (RAT)

Population denominator is sourced from Australian Bureau of Statistics 2019 estimates

Rate ratio is calculated as Indigenous rate/Non-Indigenous rate, with a 7-day average of the respective rate ratios applied to smooth the trend Rate ratio is only plotted from 22nd February 2022 onwards due to there being too few case numbers prior to this date.

Testing data

Figure 8. The number of COVID-19 polymerase chain reaction tests and proportion positive by laboratory category and specimen date, 1 January 2021 to 27 March 2022.



Notes

Data sourced from Western Australian public and private pathology laboratories Number of tests includes both positive and negative tests.

Table 3. Number of COVID-19 polymerase chain reaction tests and testing rates, by region, Western Australia, 21 to 27 March 2022.

	Region	Week 21 to 27 March 2022		Week 14 to 20 March 2022	
		Number for week	Rates for week (tests/100,000 pop)	Number for previous week	Rates for previous week (tests/100,000 pop)
WACHS	Goldfields	803	1313	733	1199
Regions	Great Southern	1001	1570	898	1408
	Kimberley	2058	5066	1349	3321
	Midwest	835	1172	771	1082
	Pilbara	1964	2791	1354	1924
	South West	4260	2174	3477	1775
	Wheatbelt	1254	1576	1087	1366
WACHS total *		12,175	2090	9669	1660
Other**		1947	-	1639	-
Metropolitan		108,214	4720	99,093	4322
Total		122,336	4254	110,401	3839

Data sourced from Western Australian public and private pathology laboratories

Number of tests includes both positive and negative tests

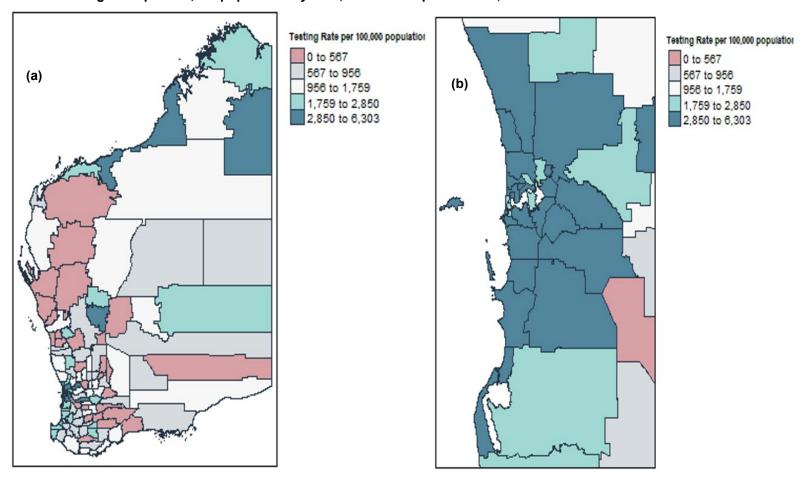
Population denominator is sourced from Australian Bureau of Statistics 2019 estimates.

Region of residential address for person tested
*Western Australia Country Health Service (WACHS) includes Goldfields, Great Southern, Kimberley, Midwest, Pilbara, South West and Wheatbelt public health regions

Total excludes WACHS*

**Other includes overseas and interstate residential addresses

Figure 9 (a). Polymerase chain reaction testing rates per 100,000 population by LGA, regional Western Australia, 21 to 27 March 2022. (b) Polymerase chain reaction testing rates per 100,000 population by LGA, Perth metropolitan area, 21 to 27 March 2022.



Data sourced from Western Australian pathology laboratories and includes both positive and negative tests RAT testing numbers could not be included due to the department only receiving positive RAT tests

Population denominator is sourced from Australian Bureau of Statistics 2019 estimates

Testing data is represented on the map by place of usual residence for person tested (due to unavailability of data for place of test)

Areas on the map are defined by Local Government Area (LGA) boundaries.

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