



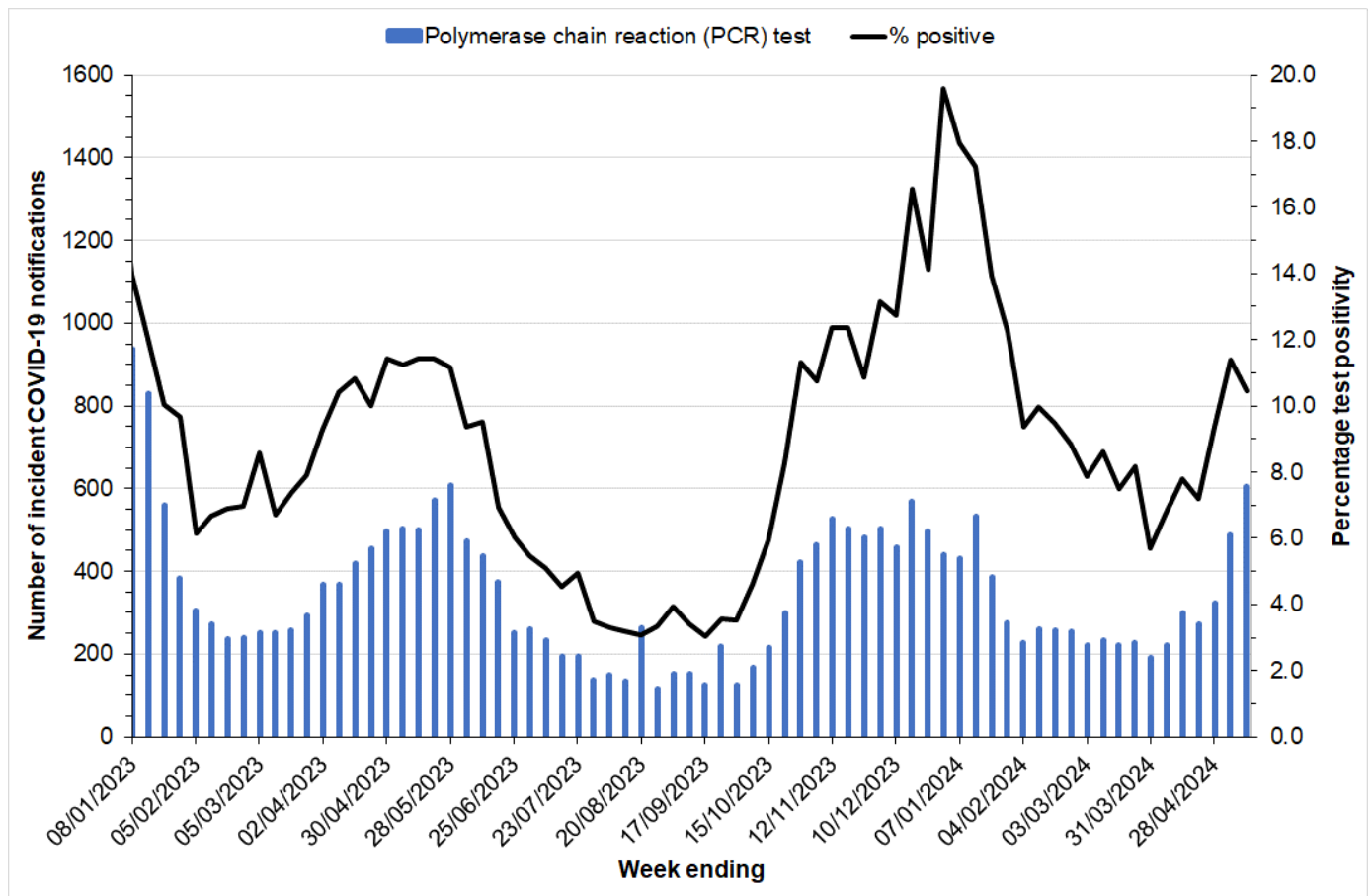
COVID-19 Fortnightly Surveillance Report

Summary for the fortnight 29 April to 12 May 2024 (inclusive)

- All COVID-19 activity indicators increased this fortnight.
- COVID-19 notifications increased by 83%, from 597 last fortnight to 1,095 this fortnight.
- Currently hospitalised cases increased by 57% from an average of 98 per day last fortnight to 154 per day this fortnight.
- Cases currently in intensive care units increased with an average of 3 per day last fortnight to 5 per day this fortnight.
- Reported COVID-19-related deaths increased from 10 deaths last fortnight to 15 this fortnight.
- The SARS-CoV-2 concentration in wastewater from the Perth metropolitan area has increased this fortnight.
- Genomic sequencing of clinical samples and SARS-CoV-2 fragments indicated SARS-CoV-2 Omicron sub-lineage JN.1.X continues to predominate.

COVID-19 notifications

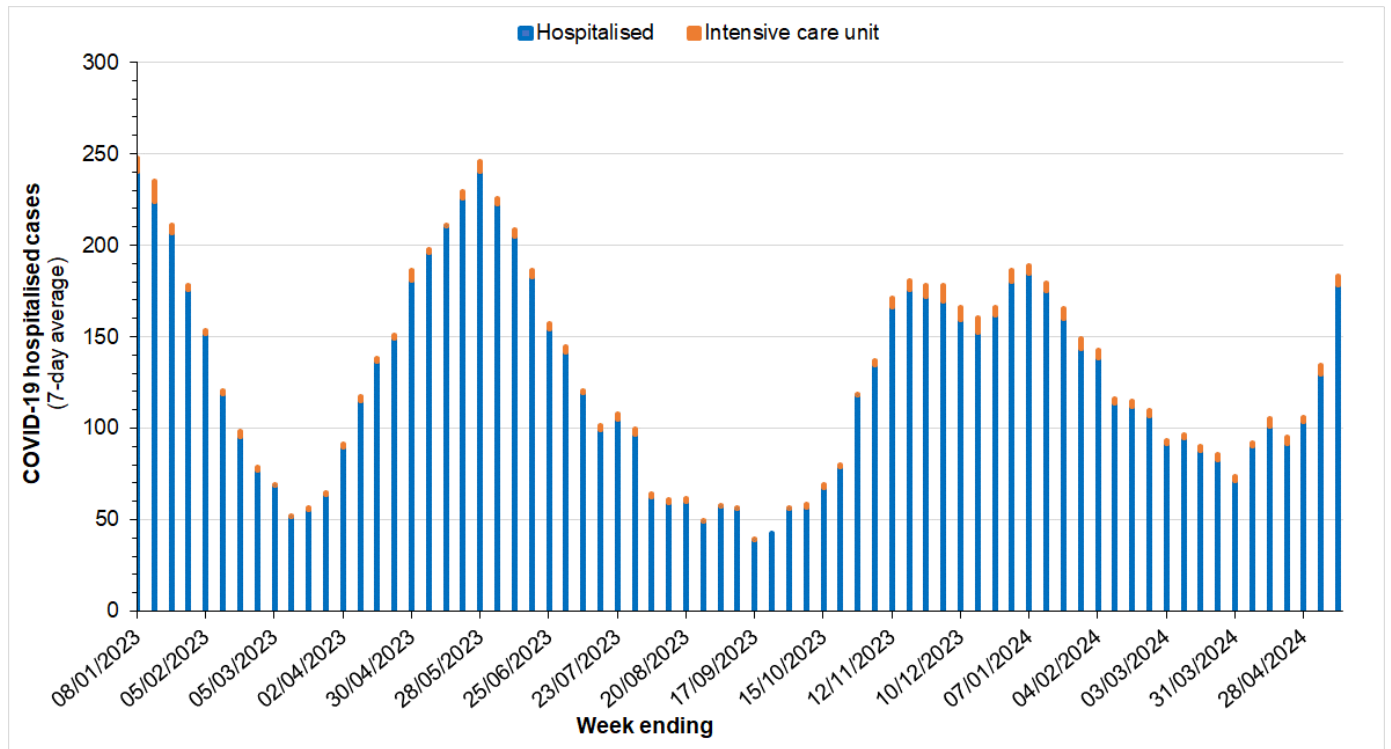
Figure 1. COVID-19 notifications* and test positivity by week, Western Australia, 08 January 2023 to 12 May 2024.



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

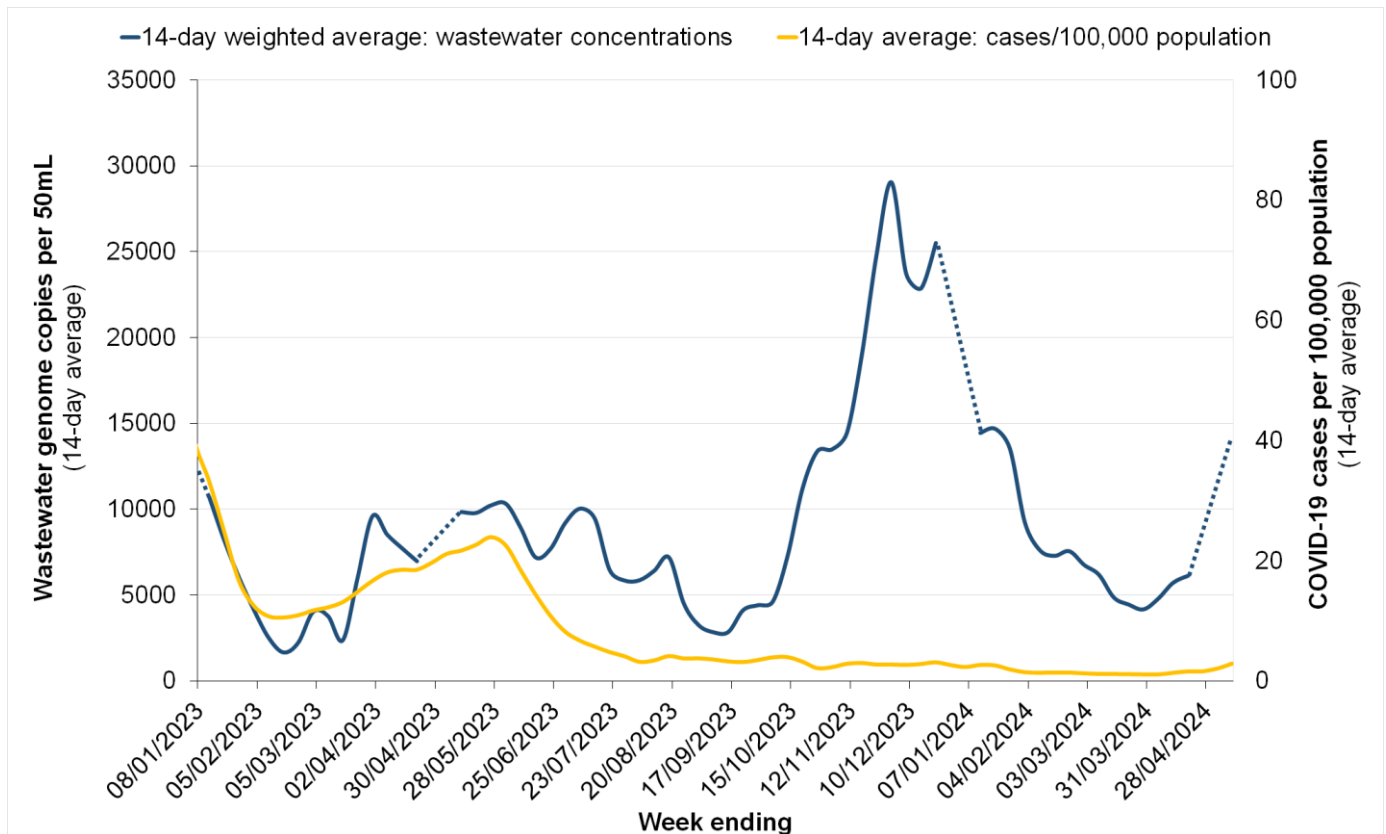
Figure 2. 7-day average of COVID-19 cases currently in hospital or in ICU, 08 January 2023 to 12 May 2024.



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

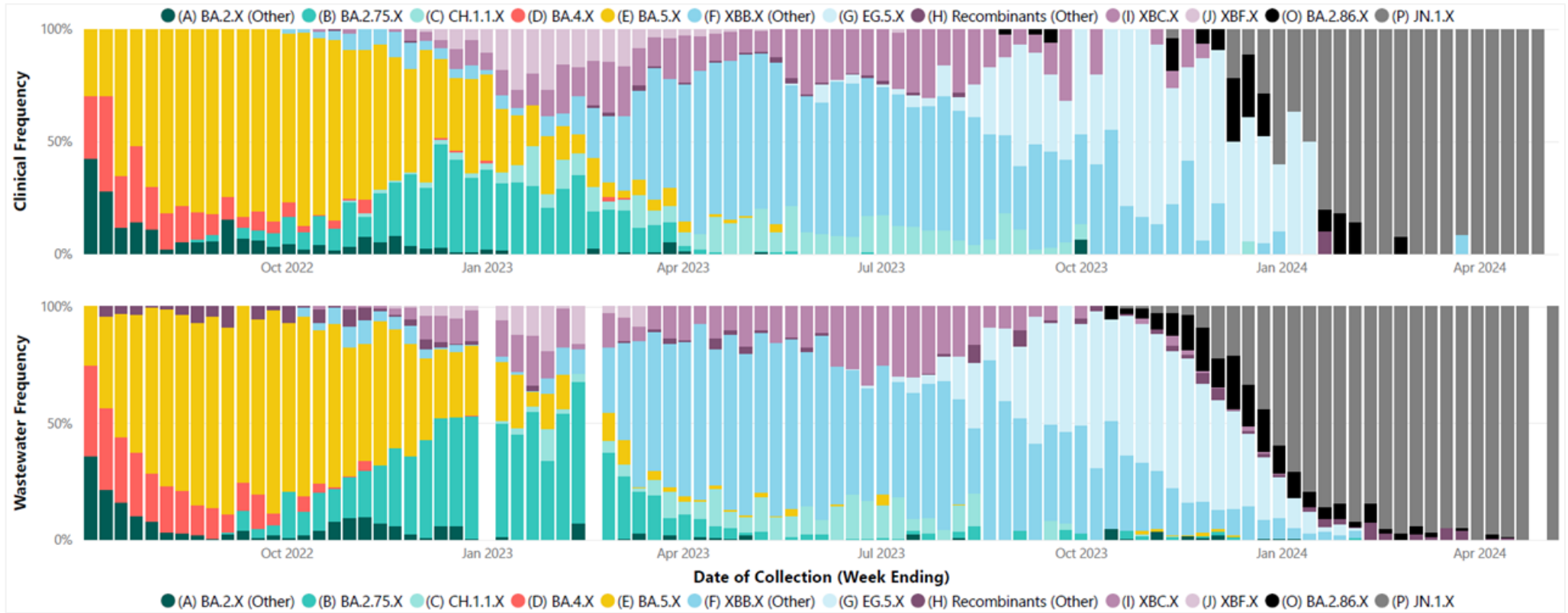
Figure 3: SARS-CoV-2 concentration in wastewater and COVID-19 notification rate, Perth metropolitan area, Western Australia, 08 January 2023 to 10 May 2024.



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).
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 missing results that could not be determined due to no sample collection or sample analysis failure.
From 9 October 2023, COVID-19 cases detected by 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 05 May 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 genomic results for wastewater samples with collection dates from the week ending 28/04/2024 are pending and will be included in the next update.

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.

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