



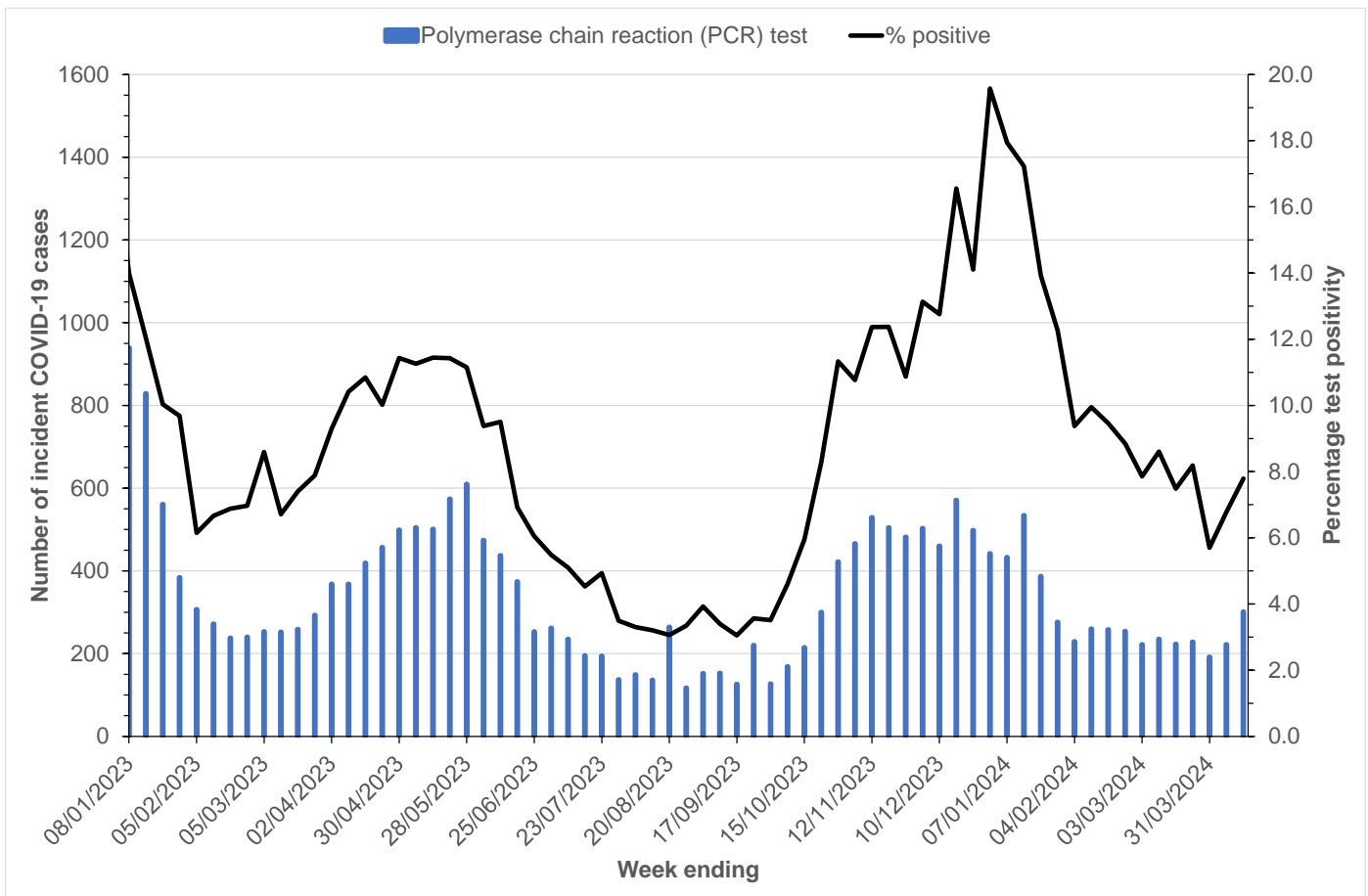
COVID-19 fortnightly surveillance report

Summary for the fortnight 01 to 14 April 2024 (inclusive)

- In this fortnight, COVID-19 indicators suggests that community transmission is increasing.
- COVID-19 cases increased by 25%, from 420 cases last fortnight to 523 cases this fortnight.
- The 14-day average of currently hospitalised cases increased by 25% from 77 last fortnight to 96 this fortnight.
- The 14-day average of intensive care unit admissions remained the same with 3 last fortnight and 3 this fortnight.
- COVID-19-related deaths decreased by 18%, from 11 deaths last fortnight to 9 this fortnight.
- Genomic sequencing of clinical samples indicated SARS-CoV-2 Omicron sub-lineage JN.1.X predominated.
- Sequencing of SARS-CoV-2 fragments in wastewater also indicated that JN.1.X predominated.

COVID-19 cases

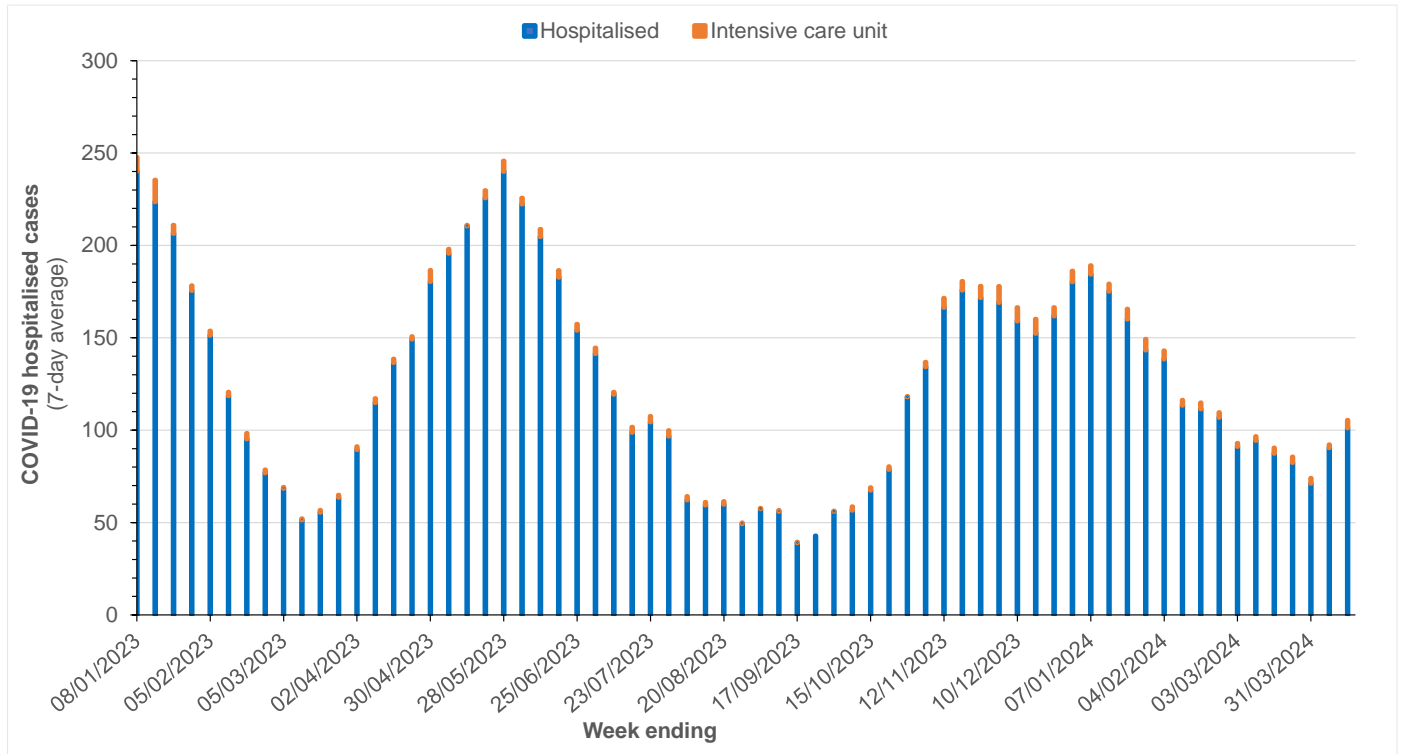
Figure 1. COVID-19 cases* and test positivity by notification week, Western Australia, 08 January 2023 to 14 April 2024.



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 cases diagnosed by polymerase chain reaction are included in this chart; cases detected by rapid antigen test (RAT) have been excluded.
Notification week refers to data reported over the 7 days Monday to Sunday.

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

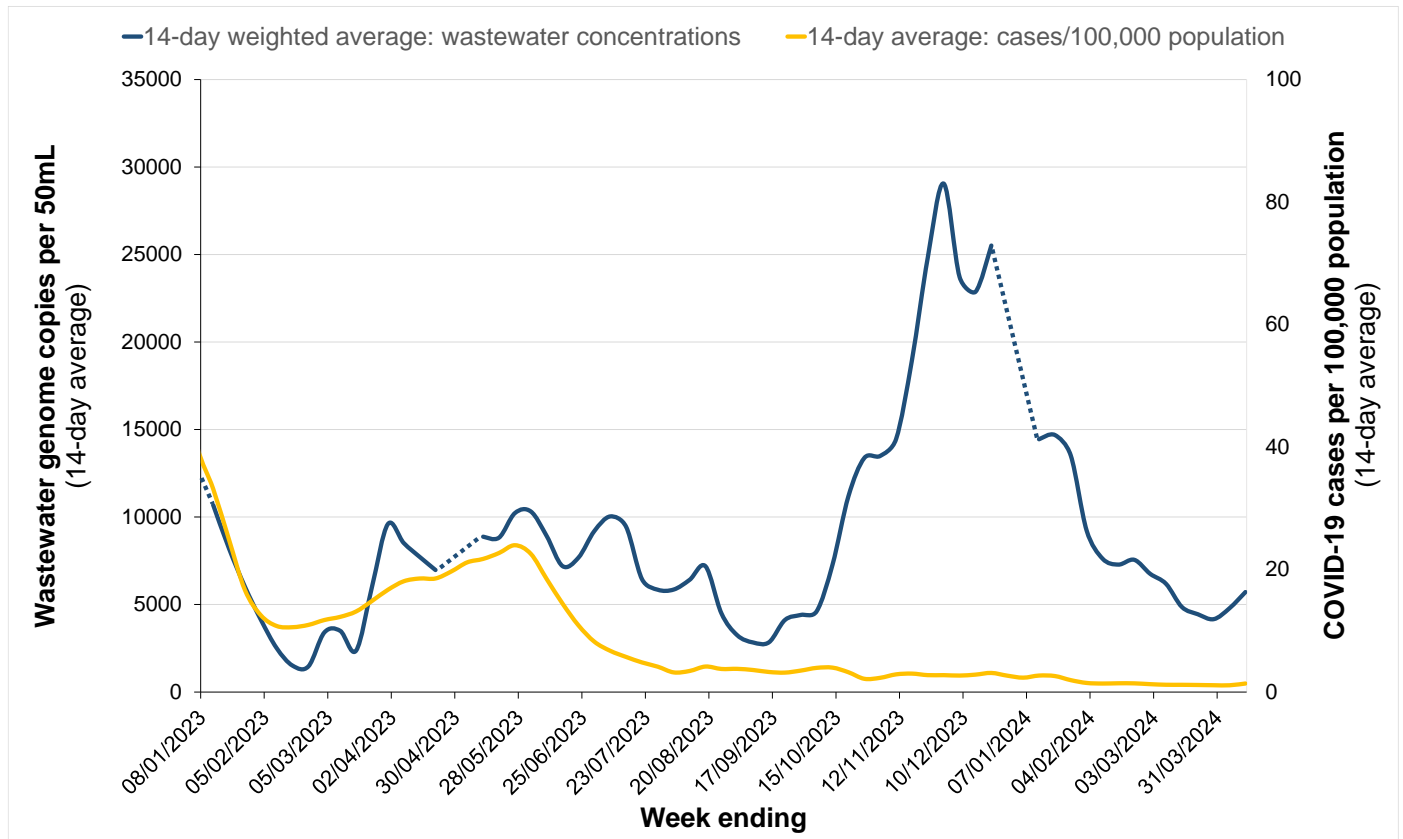
Figure 2. 7-day average of COVID-19 cases currently in hospital or in ICU, 08 January 2023 to 14 April 2024.



Notes
Data sourced from Public Health Operations COVID-19 Unified System (PHOCUS) dataset and Information and System Performance Directorate live admission datasets.
Notification week refers to data reported over the 7 days Monday to Sunday.
'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.

Wastewater surveillance

Figure 3: SARS-CoV-2 concentration in wastewater and COVID-19 case rate, Perth metropolitan area, Western Australia, 08 January 2023 to 12 April 2024.

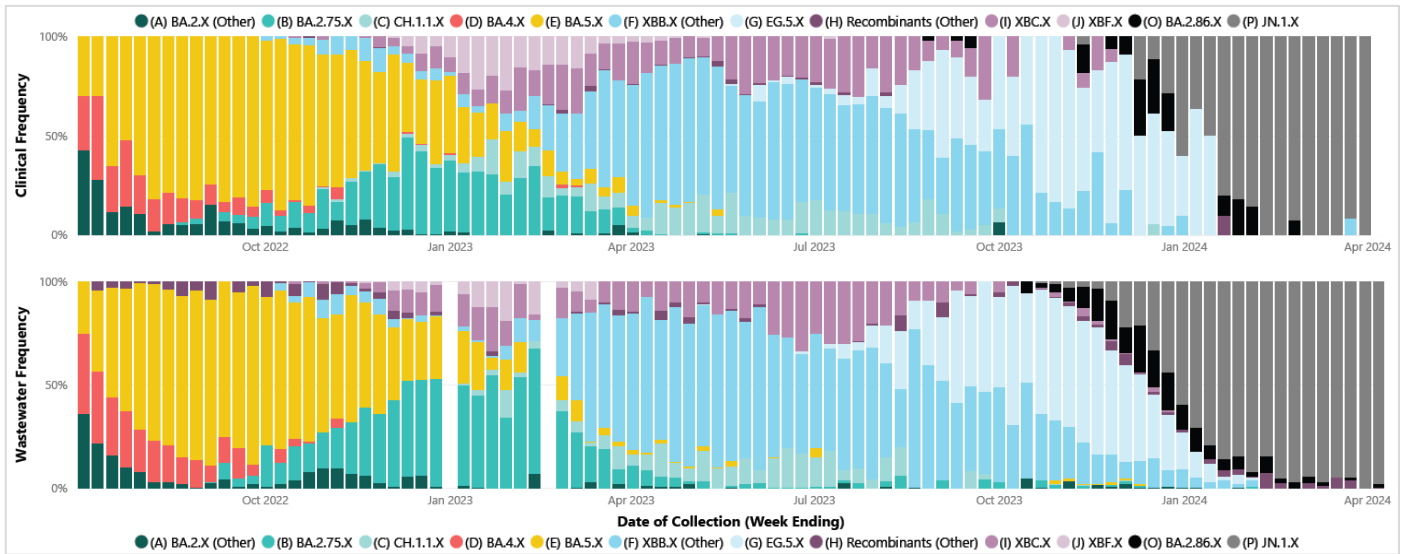


Notes

Data sourced from Public Health Operations COVID-19 Unified System (PHOCUS) dataset and PathWest. Wastewater is sourced from three wastewater treatment plants in the Perth metropolitan area (Subiaco, Woodman Point and Beenyup). COVID-19 case 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 cases 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 07 April 2024.



Notes
Data sourced from Public Health Operations COVID-19 Unified System (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 because samples are shared across different WGS 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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