Government of Western Australia
Department of Health

PathWest
LABORATORY MEDICINE WA

# Virus WAtch

## Week ending 20th April 2025

## Key Points

Influenza and influenza-like illnesses (ILI)

- In the past week, most indicators of ILI activity decreased except for the rate of ILI presentations to EDs which increased.
- Influenza notifications decreased to 282 cases but remains above the seasonal threshold.
- Respiratory syncytial virus (RSV) notifications remained stable in the past week.
- Total non-influenza respiratory virus detections at PathWest Laboratory Medicine (PathWest) decreased in the past week.
- In the past week, COVID-19 PCR positive cases decreased to 92 notifications. The SARS-CoV-2 concentration in wastewater from the Perth metropolitan area decreased this week. Genomic sequencing indicated SARS-CoV-2 Omicron sub-lineages XEC and JN.1.X predominated in the clinical samples and Omicron sub-lineages XEC predominated in the wastewater samples. See COVID-19 wastewater dashboard.

### Gastroenteritis

- Rotavirus notifications to the Department of Health and norovirus detections at PathWest decreased in the past week.

### Other vaccine-preventable diseases

- **Measles**: One measles case was notified in the past week. See media release.
- **Mumps**: No mumps cases were notified in the past week.
- **Rubella**: No rubella cases were notified in the past week.
- **Invasive meningococcal disease (IMD)**: Four IMD cases were notified in the past week. See media release.

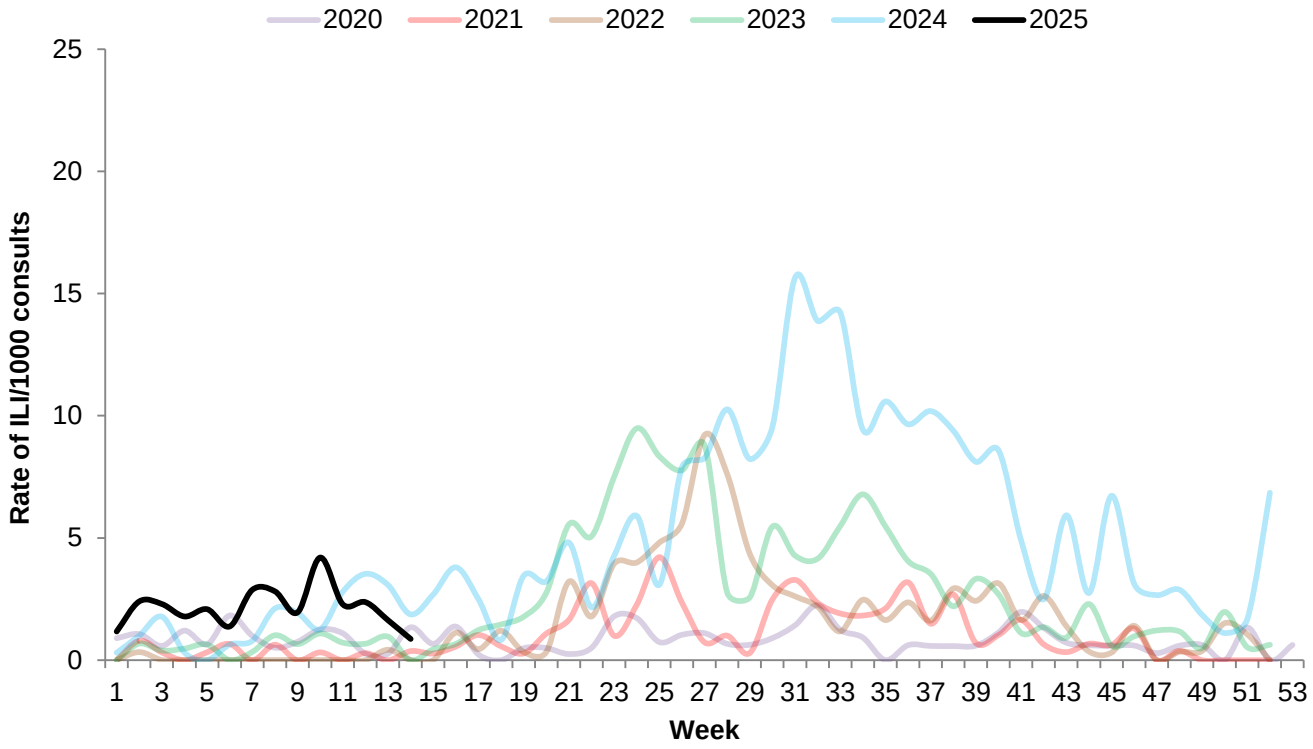
*Due to a technical issue at PathWest this week, data represented in Figures 5,6, and 8 are up to week ending 14th April 2025.

For information relating to other notifiable diseases in WA, see Notifiable infectious disease dashboard.

## Influenza and influenza-like illnesses (ILI)

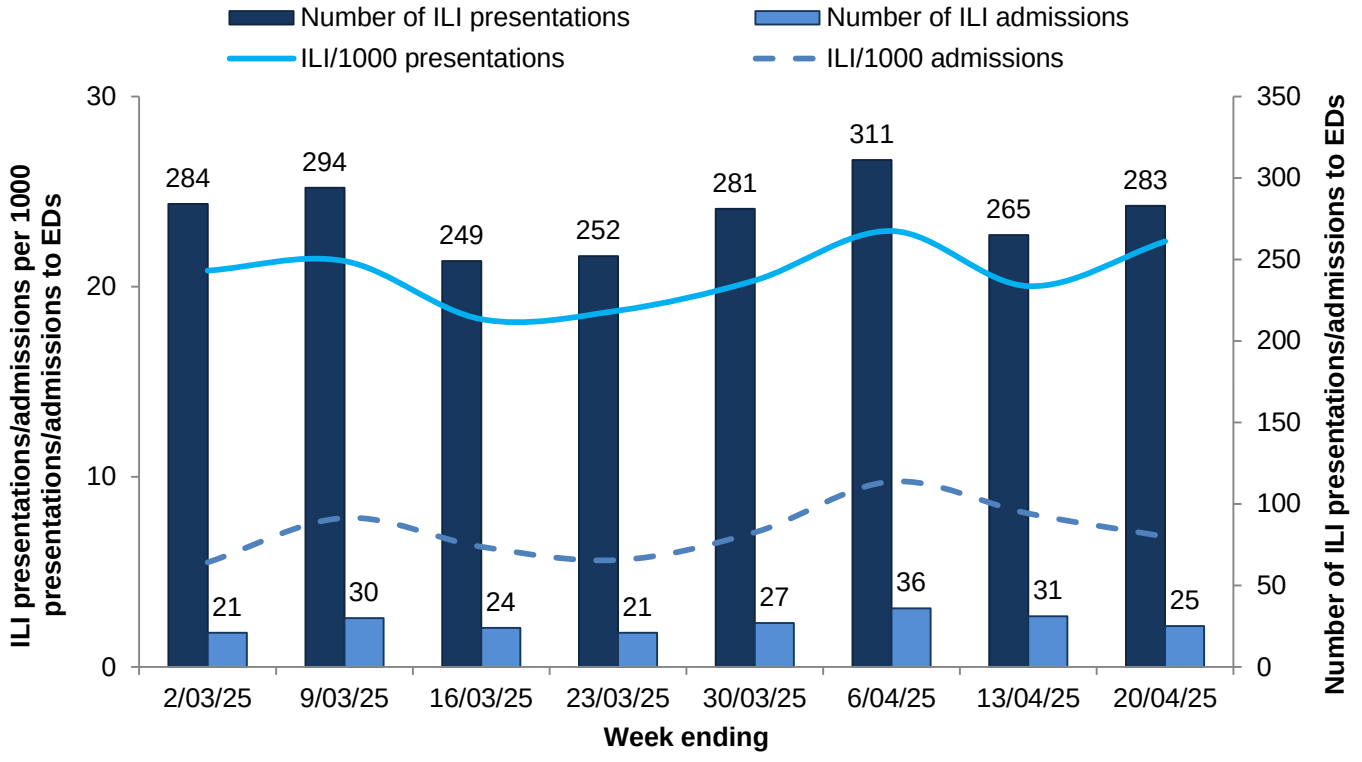
The rate of ILI presentations to sentinel GPs decreased but remained in the mid-range of values usually reported at this time of year (Figure 1).

**Figure 1. Rate of ILI per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) by week, WA, 2020 to 2025 YTD**




The rate of ILI-related presentations to EDs increased while admissions decreased in the past week (Figure 2).

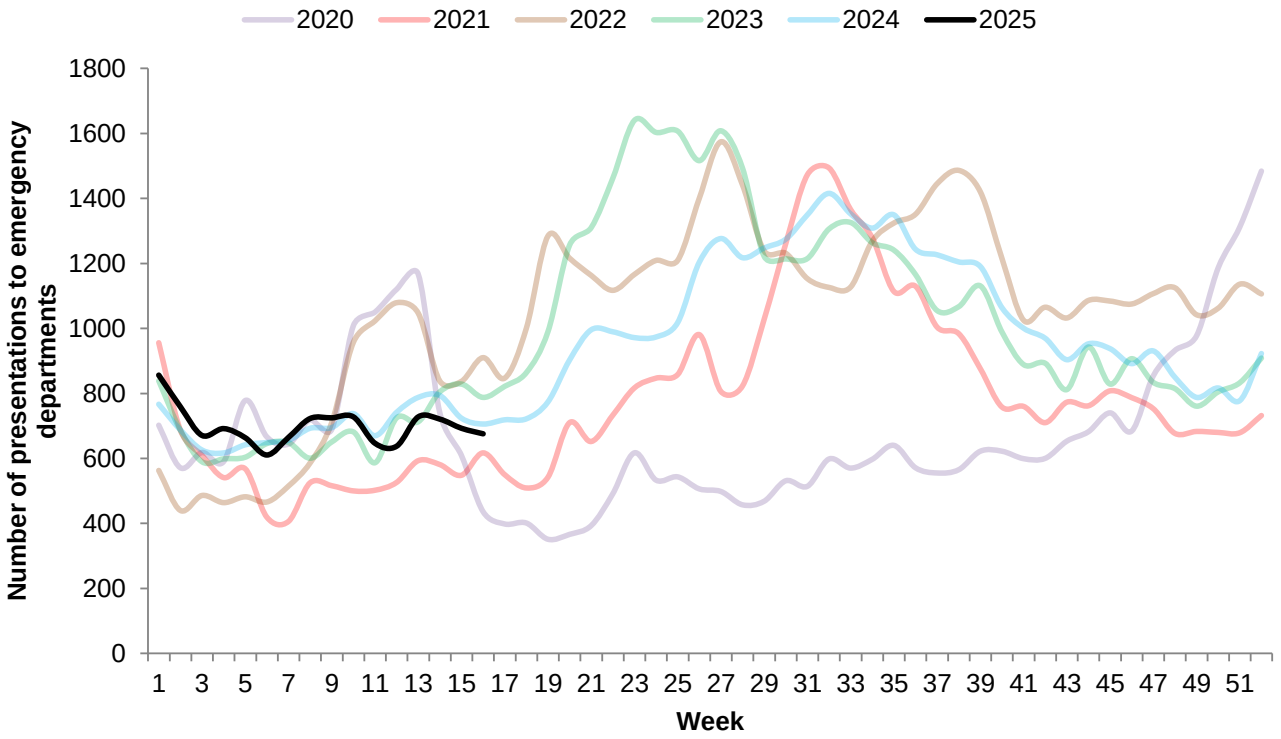
**Figure 2. Number and rate of ILI presentations/admissions to emergency departments in the past eight weeks, WA**




Note: This graph is a count of current EDIS data using the ICD codes B34.9 and J06.9, which are consistent with a clinical presentation of influenza-like illness. This data may differ from that presented in the Winter Respiratory Illness Report provided by the Information and System Performance Directorate, DoH.

In the past week, the number of respiratory illness presentations decreased but remained in mid-range of values usually reported at this time of year (Figure 3).

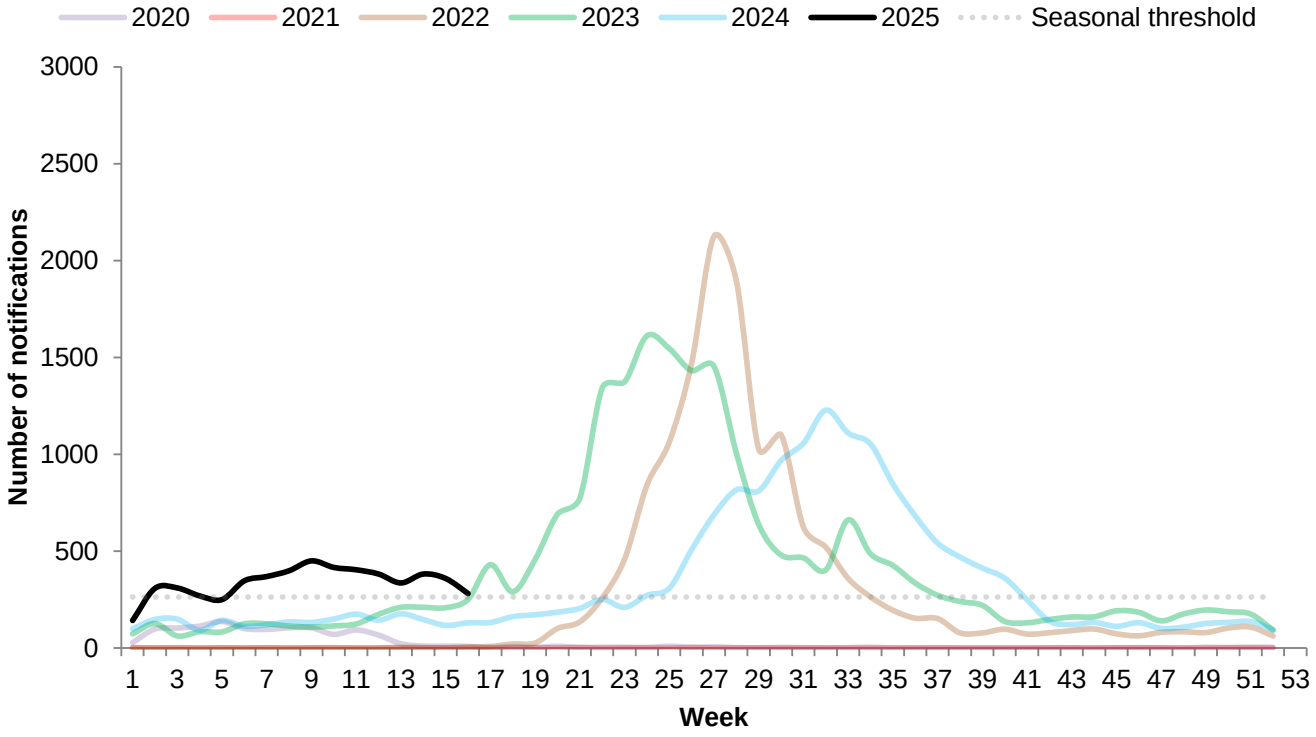
**Figure 3. Number of respiratory illness presentations to emergency departments by week, WA, 2020 to 2025 YTD**




Note: This graph is a count of current EDIS data using the ICD codes B34.9, H66.9, J00, J06.9, J09.0, J10.0, J10.1, J10.8, J11.0, J11.1, J11.8, J12.9, J18.0, J18.1, J18.8, J18.9, J20.9, J21.9, J22, J40, J44.0, J44.1, J44.9, J45.9, J46.0, J98.8, J98.9, R05 and COVID-19 code U07.1, which are consistent with a clinical presentation of all respiratory-like illness. This data is different to Figure 2 but similar to that presented in the Winter Respiratory Illness Report provided by the Information and System Performance Directorate, DoH.

In the past week, the number of influenza cases notified to the Department of Health decreased by 22% to 282 cases and remains above the seasonal threshold (Figure 4).

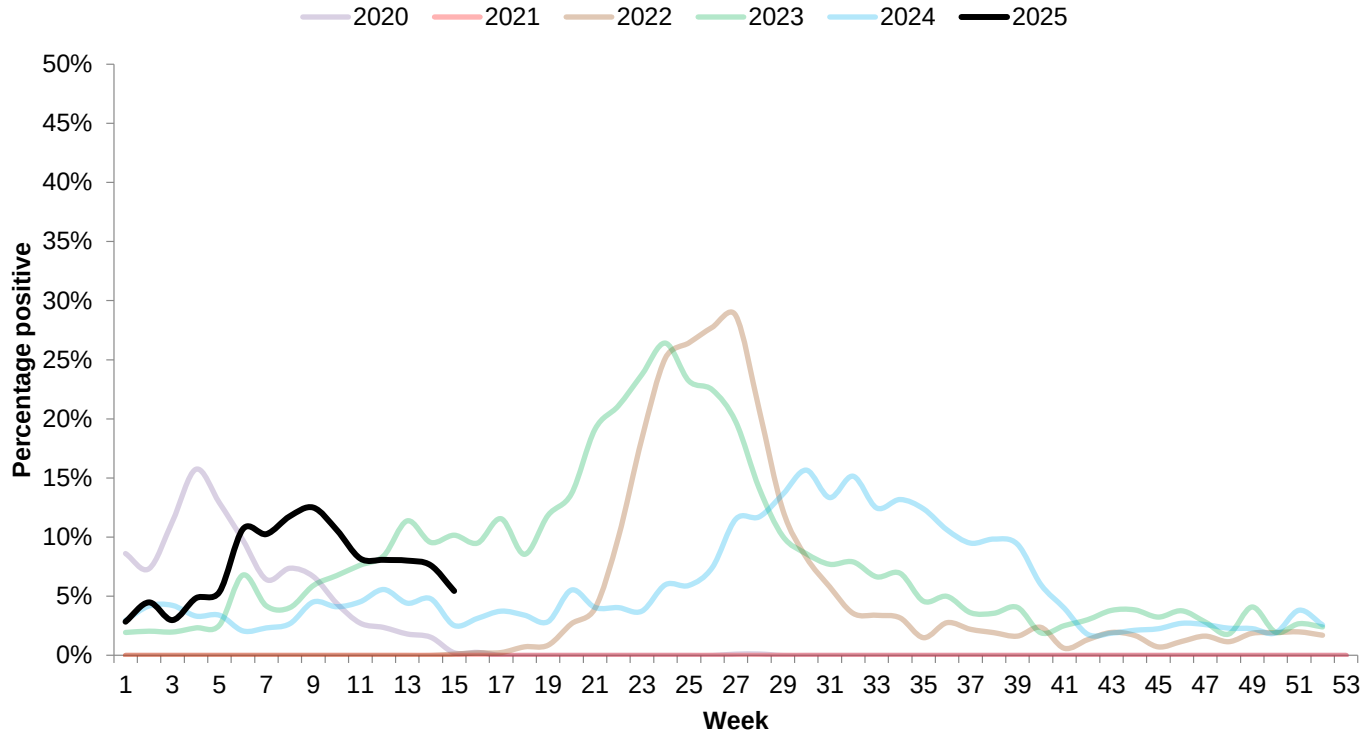
**Figure 4. Number of influenza notifications by week, WA, 2020 to 2025 YTD**




Note: This graph is a count of all influenza notifications by week of receipt by the DoH, WA (through WANIDD) to the end of the current reporting week. The seasonal threshold fines a value above which may indicate seasonal influenza activity. The threshold value is calculated based on analysis of inter-seasonal influenza data from 2016 to 2019 and 2023.

The influenza PCR test positivity at PathWest decreased to 5.5% (68 detections) in the past week (Figure 5).

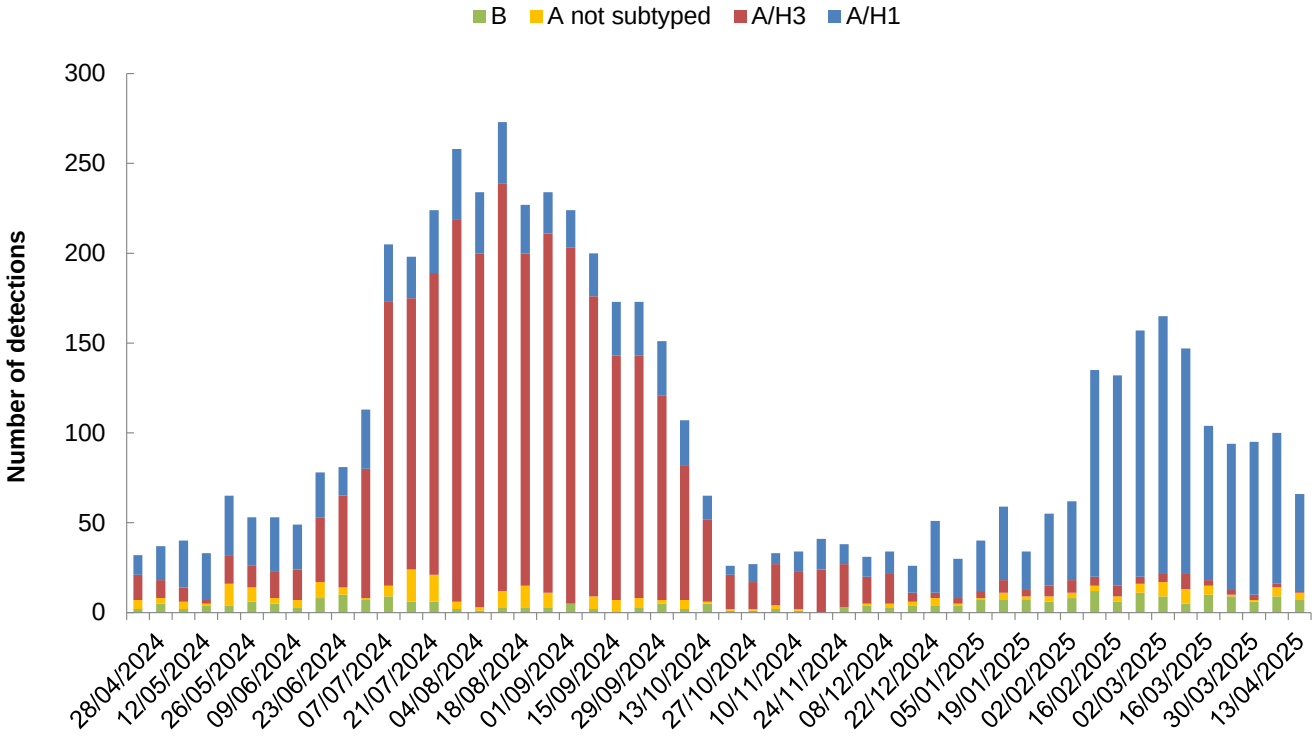
**Figure 5. Proportion of PCR positive influenza detections at PathWest by week, WA, 2020 to 2025 YTD**




Note: This graph is a count of all WA samples reported by PathWest, excluding samples referred by other private laboratories for influenza subtyping.

PathWest reported 68 influenza detections in the past week, which included 56 A/H1, 1 A/H3, 4 influenza A not subtyped, and 7 influenza B (Figure 6).

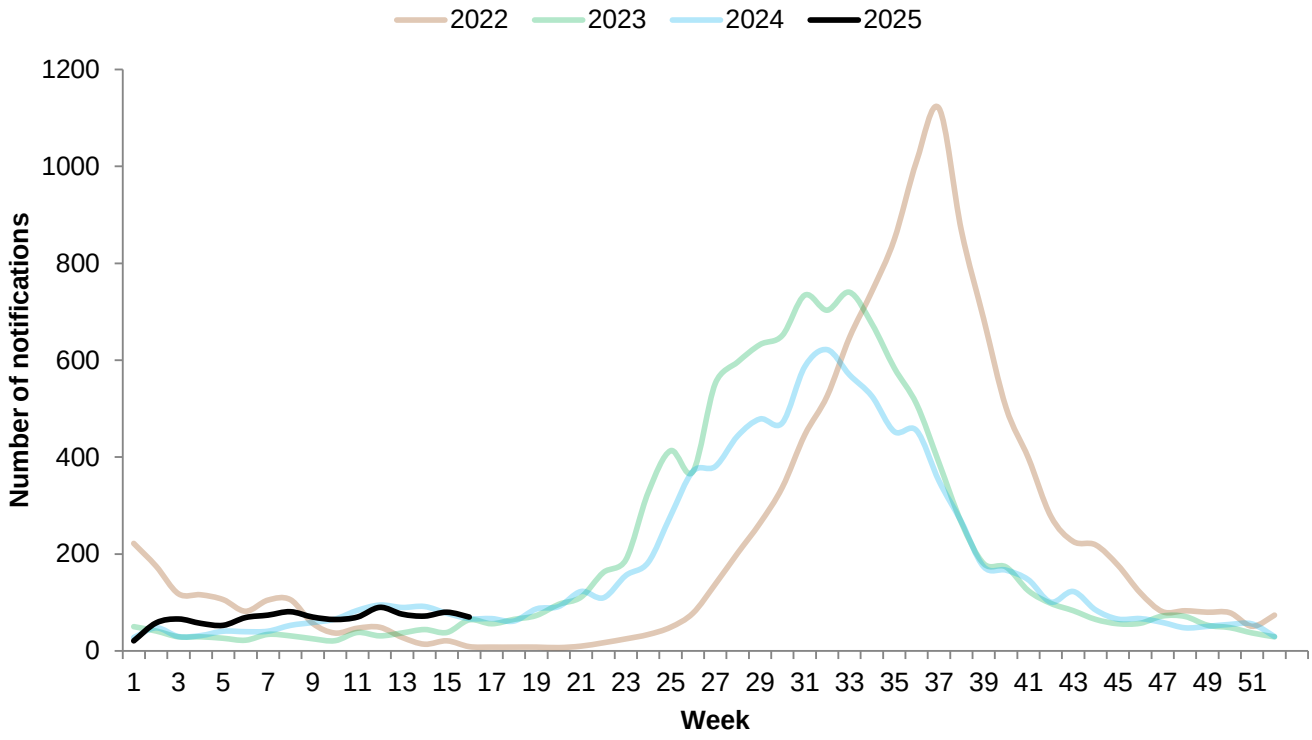
**Figure 6. Number of PCR positive influenza detections at PathWest by type, subtype and week, WA, 2024 to 2025 YTD**




Note: The graph is a summary of all WA samples positive for influenza reported at PathWest, excluding samples referred by other private laboratories for influenza subtyping. These samples were tested using a rapid testing method that does not determine the influenza subtype (i.e., influenza A/H3N2 or A/H1N1)

The number of respiratory syncytial virus (RSV) cases notified to the Department of Health remained stable at 70 cases in the past week (Figure 7).

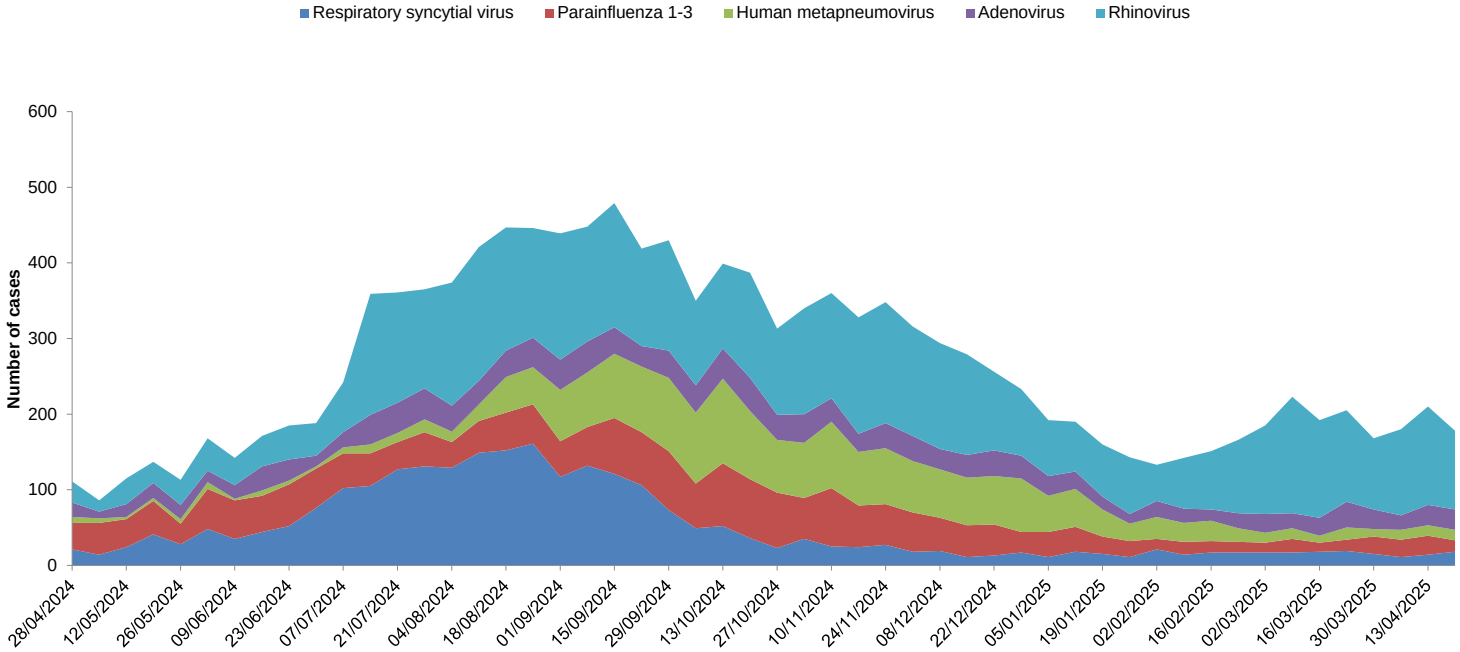
**Figure 7. Number of respiratory syncytial virus (RSV) notifications by week, WA, 2022 to 2025 YTD**




Note: Respiratory syncytial virus (RSV) was made a notifiable infectious disease in WA in July 2021. This graph is a count of all RSV by week of onset by the DoH, WA (through WANIDD) to the end of the current reporting week.

Non-influenza respiratory virus detections at PathWest decreased in the past week. The most common non-influenza respiratory virus detected was rhinovirus (104 cases) (Figure 8).

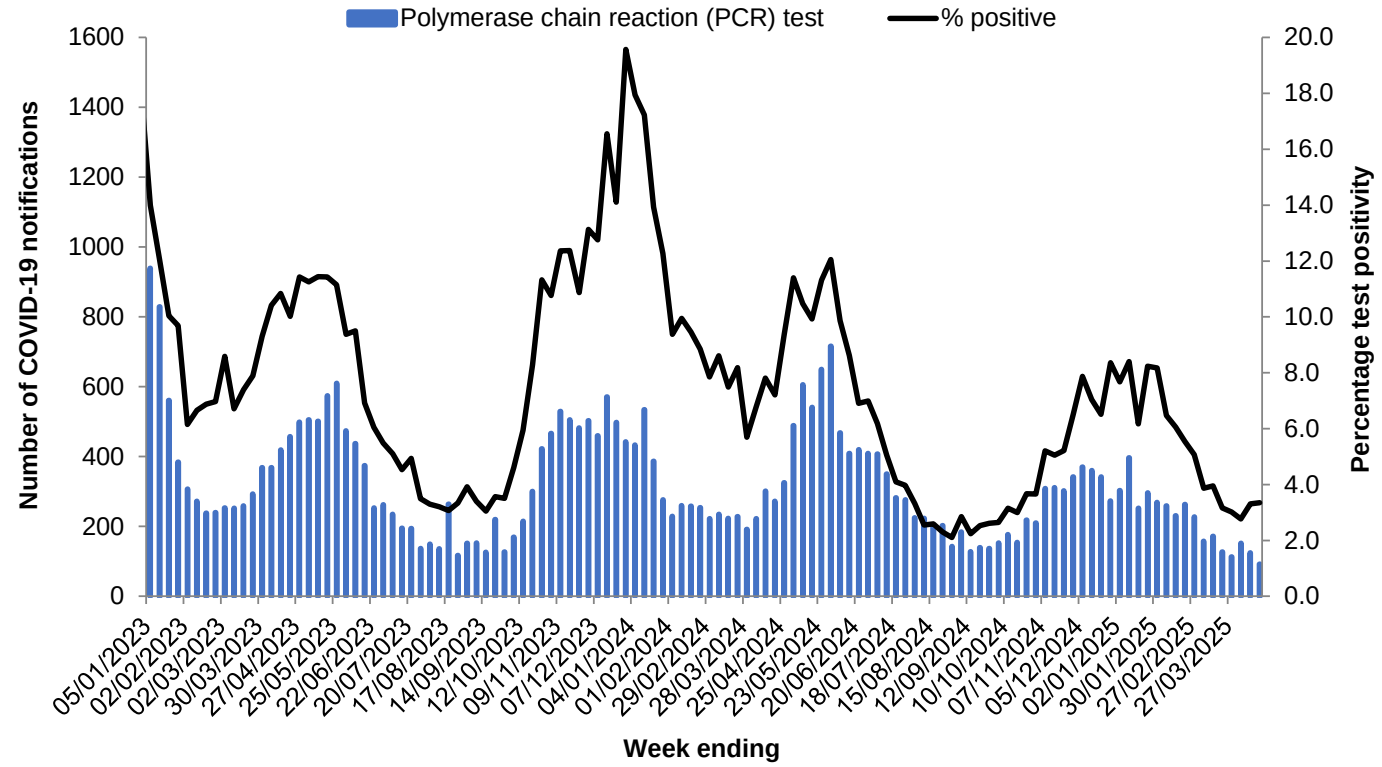
**Figure 8. Number of non-influenza respiratory virus detections at PathWest by week, WA, 2024 to 2025 YTD**




Note: This graph is a count of all WA samples positive for a common respiratory virus other than influenza reported by PathWest. Rhinovirus detections have increased since July 2024. This reflects a change in laboratory testing scope which has increased the number of Rhinovirus tests performed and does not necessarily reflect increasing incidence of this virus.

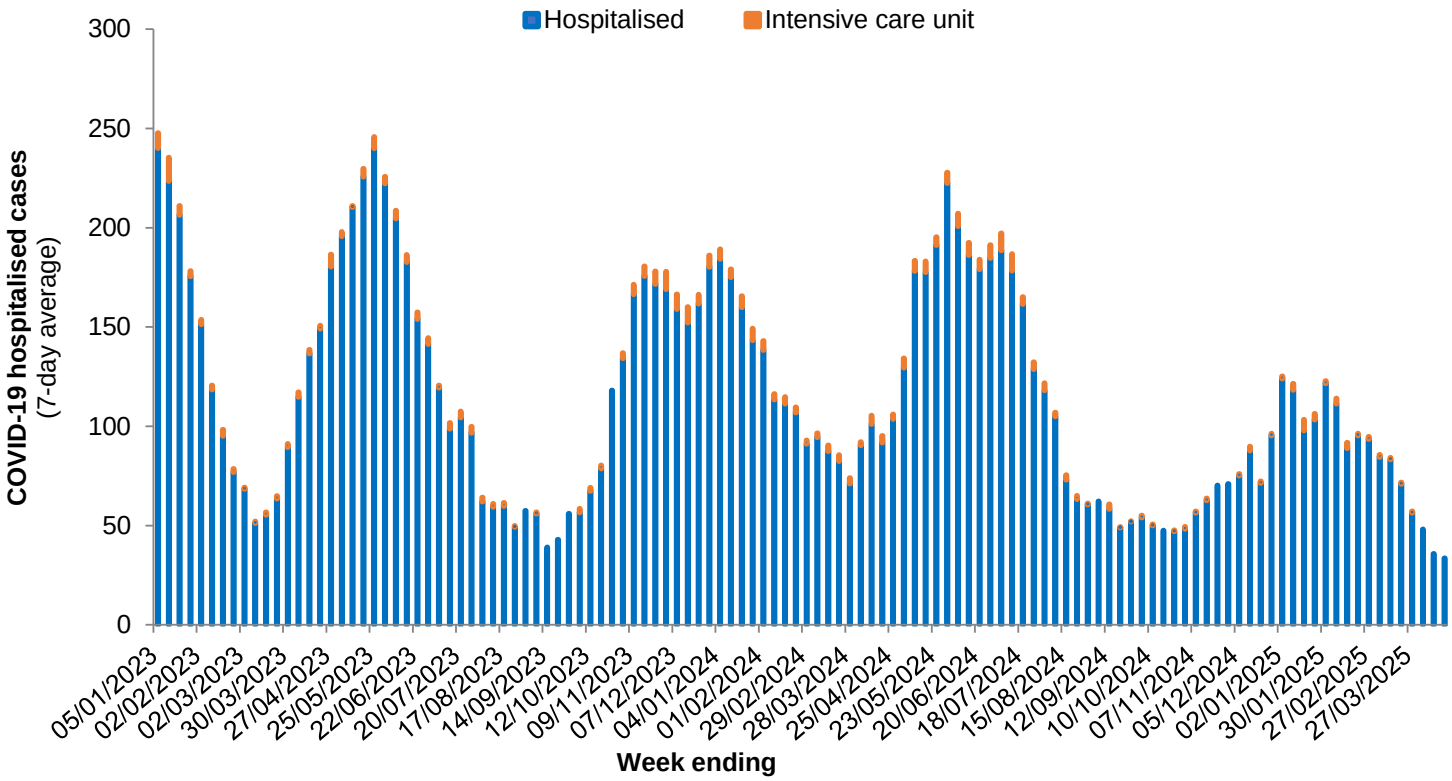
In the past week, the number of COVID-19 notifications to the Department of Health decreased to 92 cases (Figure 9).

**Figure 9. COVID-19 notifications and test positivity by notification week, WA, 2023 to 2025 YTD**




In the past week, currently hospitalised cases decreased to an average of 34 per day. The 7-day average for cases currently in intensive care units remained at zero (Figure 10).

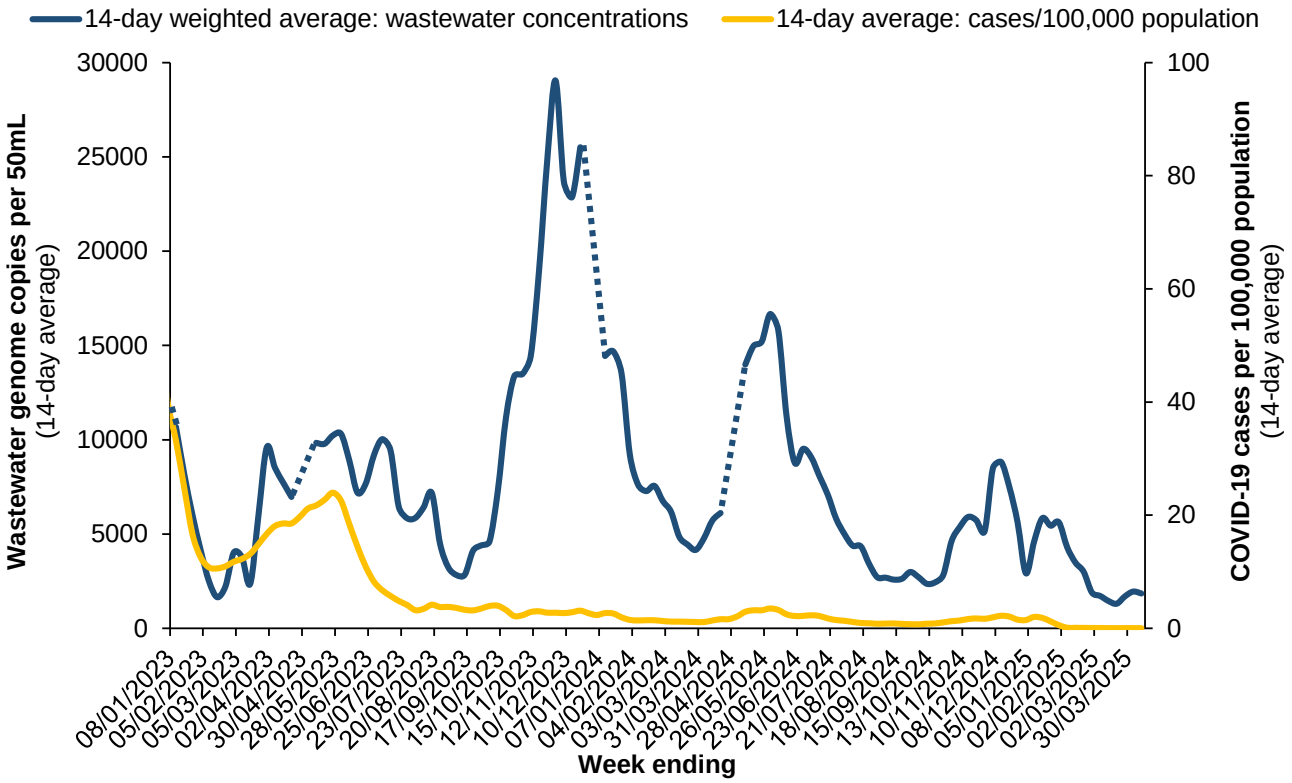
**Figure 10. 7-day average of COVID-19 cases currently in hospital or in ICU, WA, 2023 to 2025 YTD**




Note: 'Hospitalised' relates to active and cleared (>5 days after the first positive COVID-19 PCR test) COVID-19 cases that are current hospital inpatients. 'Intensive care unit' (ICU) is a subset of hospitalised and relates to active/cleared COVID-19 cases that are currently in an ICU. The reason for admission may be unrelated to COVID-19 for some people.

The SARS-CoV-2 concentration in wastewater from the Perth metropolitan area decreased in the past week (Figure 11).

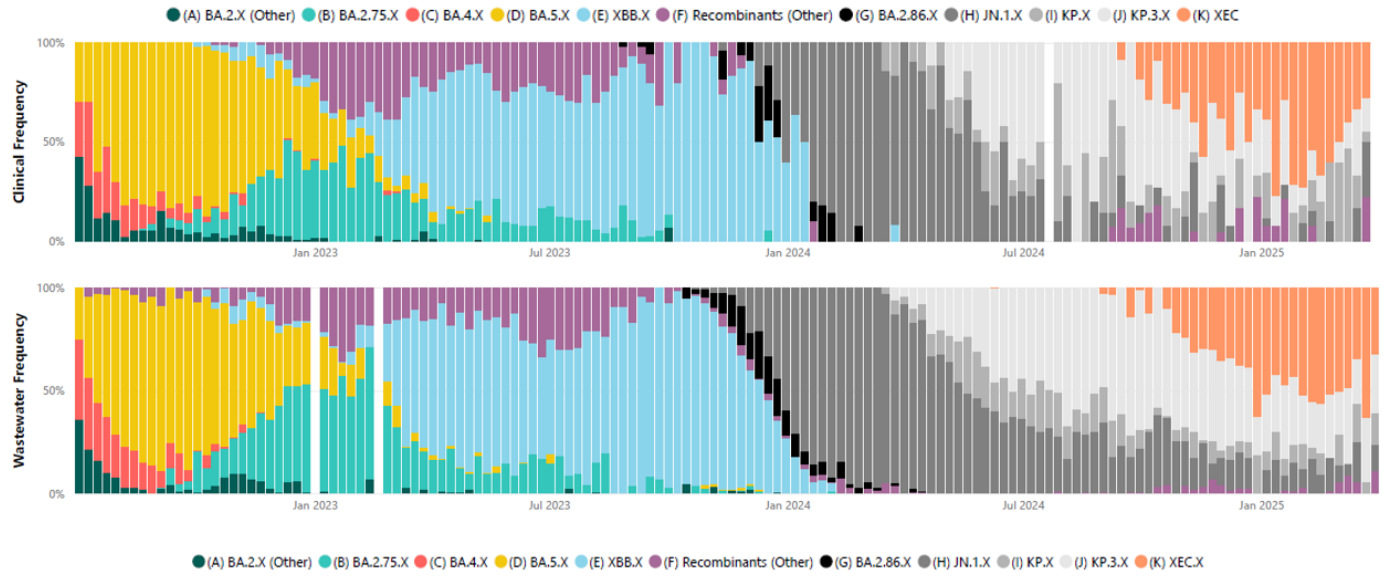
**Figure 11. SARS-CoV-2 concentration in wastewater and COVID-19 notification rate, Perth metropolitan area, WA, 2023 to 18 April 2025.**




Note: Wastewater is sourced from three wastewater treatment plants in the Perth metropolitan area (Subiaco, Woodman Point and Beenyup). Dashed lines in wastewater concentration represents missing results that could not be determined due to no sample collection or sample analysis failure. A more sensitive SARS-CoV-2 test was introduced December 2024 resulting in an increase (approximately 20%) in the quantification values when compared to the previous values. Between 17/02/2025 to 17/03/2025 there were missed samples from the Woodman Point Wastewater Treatment Plant thus underestimating the wastewater concentration over this time.

Genomic sequencing indicated SARS-CoV-2 Omicron sub-lineages XEC and JN.1.X predominated in the clinical samples and Omicron sub-variant XEC predominated in the waste samples (Figure 12).

**Figure 12. Distribution of SARS-CoV-2 variants in clinical samples (top) and metropolitan wastewater catchments (bottom), 03 July 2022 to 30 March 2025.**

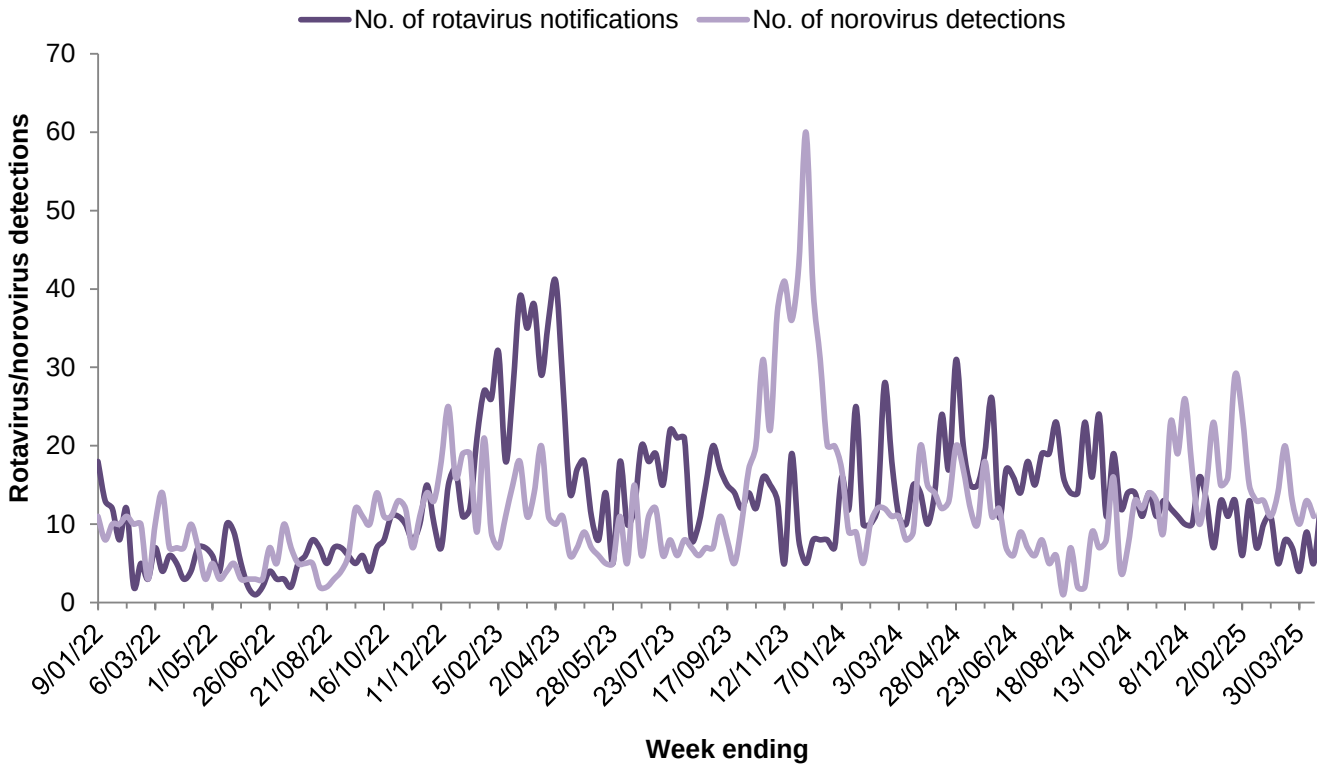



Note: The X following the lineage name indicates the inclusion of all descendant lineages. The distribution of variants in wastewater is largely representative of the distribution of variants in clinical cases, although for most recent weeks is slightly skewed due to the small number and lag in sequencing 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.

## Gastroenteritis

In the past week, rotavirus notifications to the Department of Health and norovirus detections at PathWest decreased (Figure 13).

**Figure 13. Number of rotavirus notifications to the Department of Health and norovirus detections at PathWest, WA, 2022 to 2025 YTD**




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

## Report Notes

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 and gastroenteritis, together with relevant laboratory information, to alert health care workers in WA about important circulating viruses. All figures and data were accurate at time of publication, but subject to change. 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. 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.
- Disease notification data are sourced from the Western Australian Notifiable Infectious Diseases Database (WANIDD). These data are received by CDCD, WA Department of Health from medical providers and public or private laboratories in WA. 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 January 2022, the definition of a confirmed influenza case has changed to remove 'Single high titre by CFT or HAI to influenza virus' from the list of laboratory definitive evidence.
- As of March 2022, this report includes COVID-19 cases sourced from Public Health Operations COVID-19 Unified System (PHOCUS).
- From 9 October 2023, it is no longer a requirement to register positive COVID-19 Rapid Antigen Test (RAT) results to the WA Department of Health. Therefore, probable COVID-19 cases diagnosed by RAT will not be reported from that date.
- From 14 January 2024, the methodology for calculating the influenza seasonal threshold has changed. The threshold value is calculated based on analysis of inter-seasonal influenza data from 2016 to 2019 and 2023.
- From 1 January 2025, the Australian Sentinel Practices Research Network (ASPREN) have changed their reporting frequency for sentinel general practice (GP) data. This data will now be updated monthly.
- Current and archived issues of Virus Watch http://ww2.health.wa.gov.au/Articles/F_I/Infectious-disease-data/Virus-WAtch.

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