Victorian COVID-19 Surveillance Report

Weekly report 20 October 2023

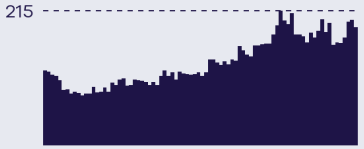
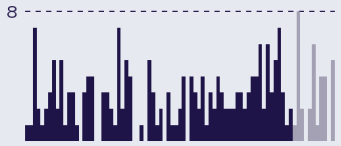
OFFICIAL

VICTORIA State Government | Department of Health

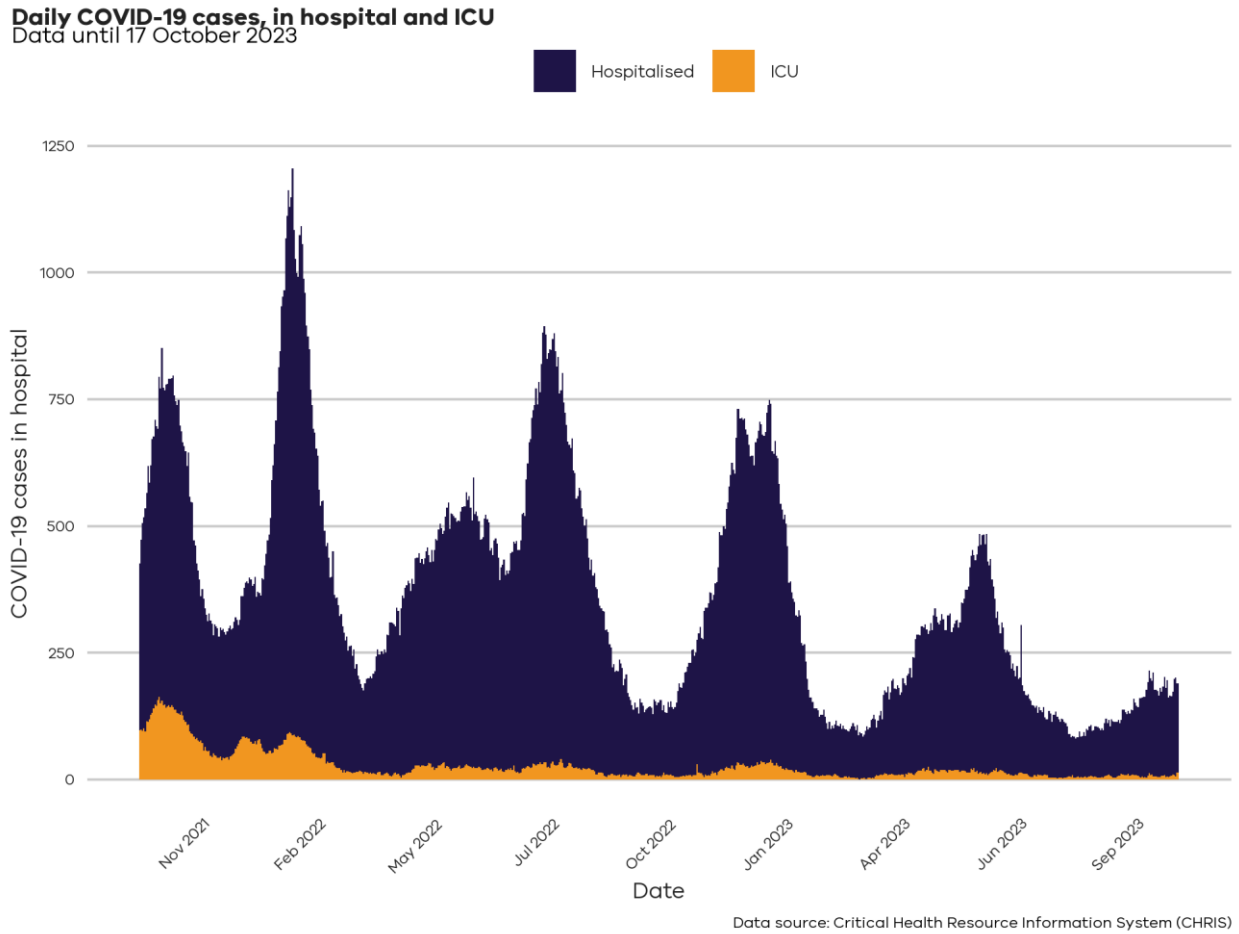
Epidemiological Summary

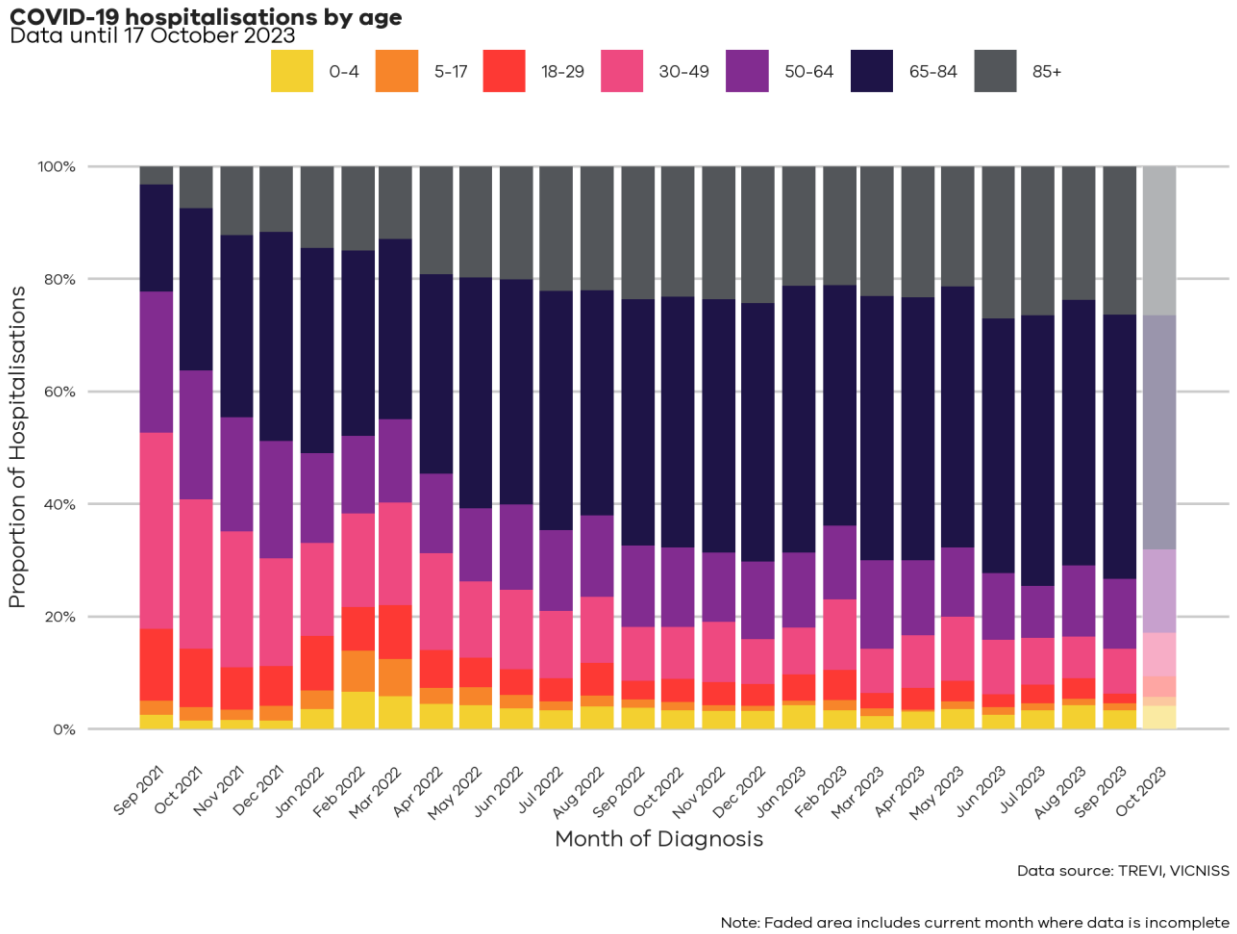
Longer term trends in key surveillance indicators reflect a persistent baseline level of COVID-19 activity in Victoria

Recent trends demonstrate increased community COVID-19 activity in Victoria over the past week

Daily numbers last 12 weeks	
	**The number of people in hospital with COVID-19 declined again this week** to a daily average of 179, down from 183 last week. The current average continues to remain low relative to recent months. The **7-day average of ICU patients increased this week** (6 to 8).
	**Levels of SARS-CoV-2 in metropolitan wastewater catchments have increased in the most recent measurements.** Higher levels of SARS-CoV-2 suggest higher prevalence of COVID-19 infections in the community. *(Plot shows metro median relative quantitative levels of COVID-19 in wastewater)*
	**Deaths in the most recent 28-day period have continued to increase, with a current 28-day total of 86**. Increases and decreases in the reporting of deaths attributable to COVID-19 tend to lag waves of infections and hospitalisations by several weeks.
	**A mix of Omicron recombinant XBB* sublineages continue to dominate** in Victoria. There is currently no evidence of increased severity for XBB subvariants. Globally, **EG.5 is the most prevalent variant of interest and has continued to rise in prevalence.** The WHO has evaluated the public health risk of EG.5 as low, aligning with other circulating variants of interest such as XBB.1.16, with no reported changes in disease severity to date. EG.5 has been detected locally in Victoria since April 2023 and was detected at increased levels in wastewater during August. **BA.2.86 is a WHO Variant Under Monitoring** due to high divergence from other BA.2s. It has been detected several times in Australia, however, there have not been any detections yet in Victorian wastewater.

COVID Hospitalisations

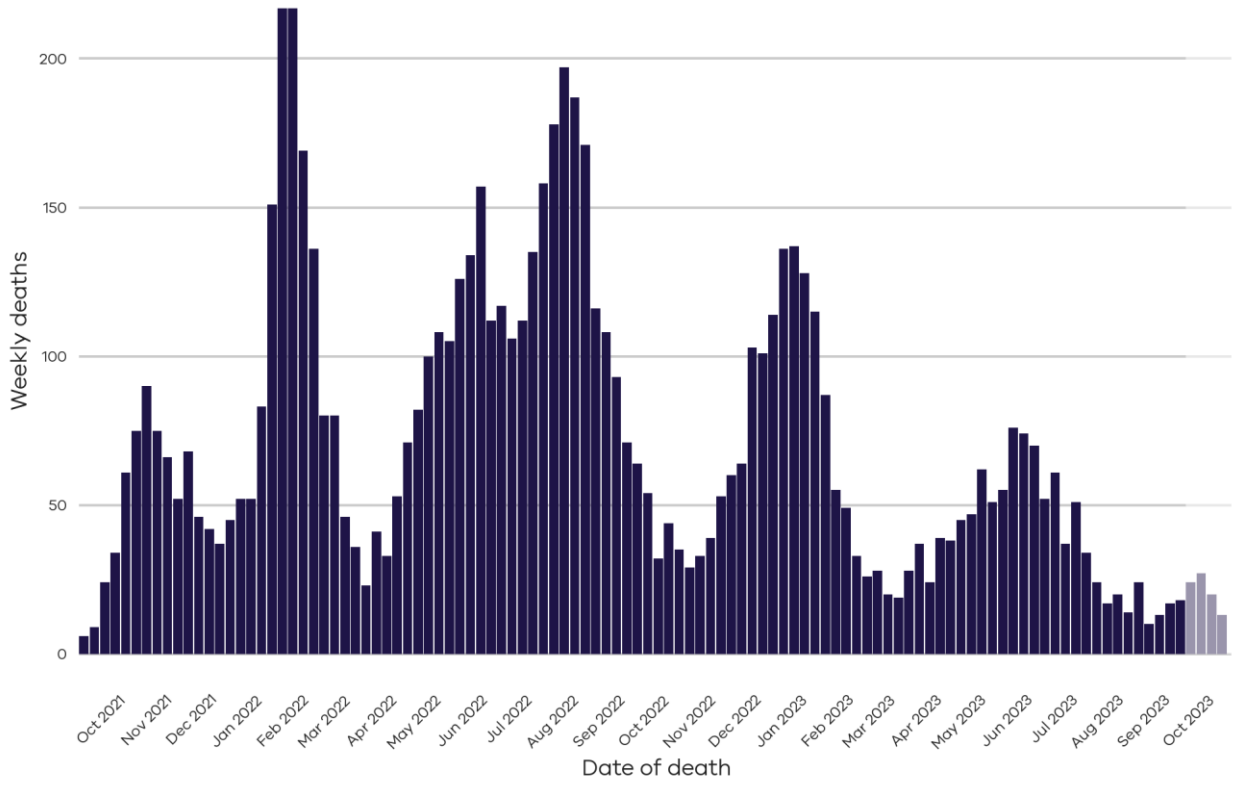




This graph shows data back to September 2021 when hospitalisations were increasing during the Delta variant wave.
Hospitalisations represent the number of COVID-19 positive patients in hospital on a given day.

COVID Mortality

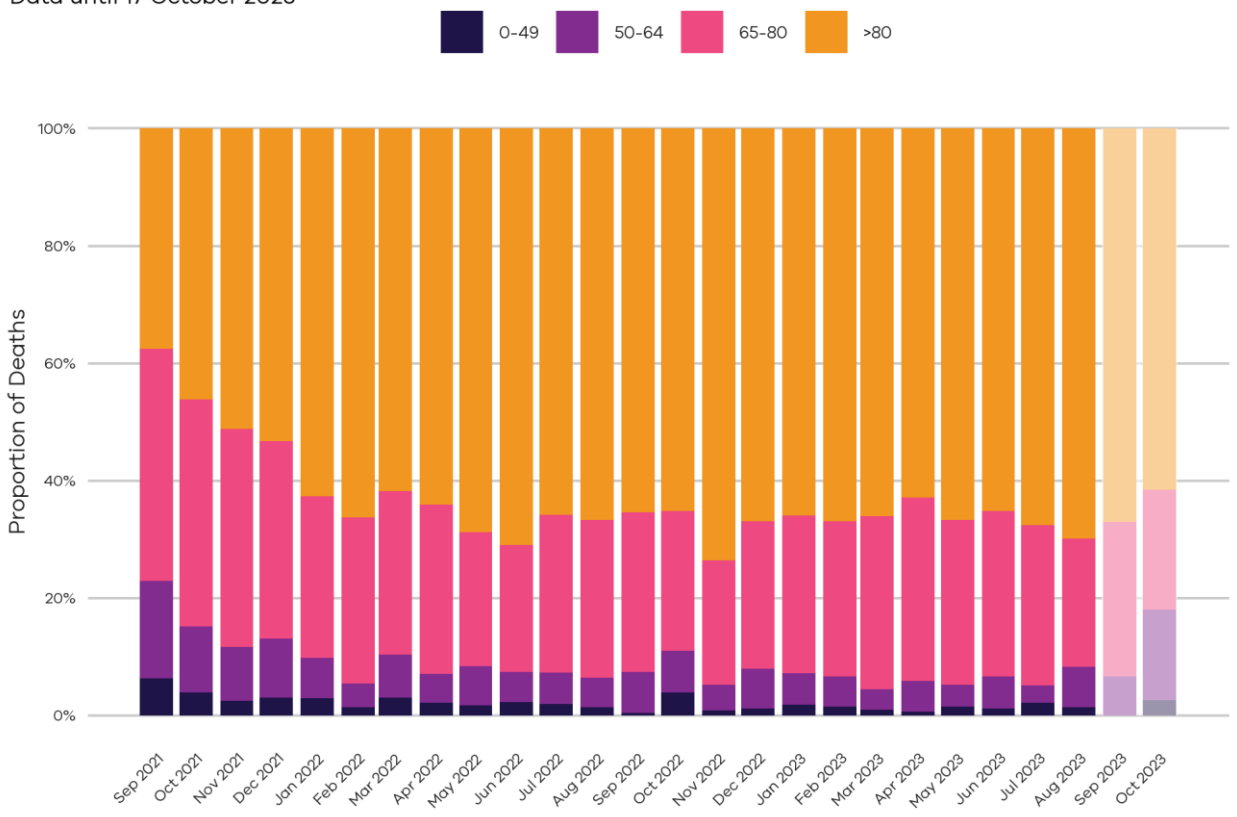
Weekly deaths
Data until 17 October 2023



Data source: TREVI

Note: Faded area includes last 4 weeks where data is incomplete

COVID-19 deaths by age
Data until 17 October 2023

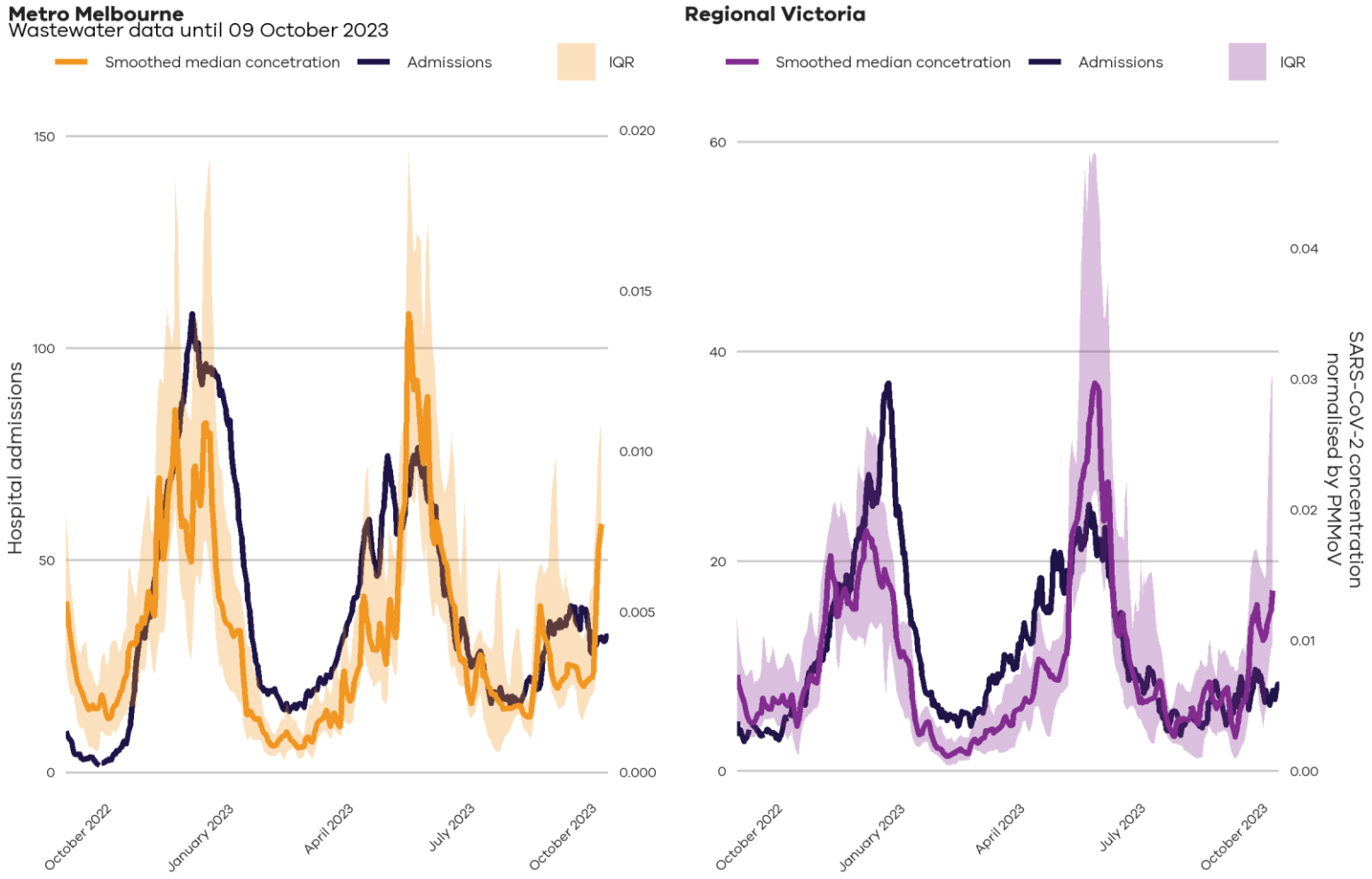


Data source: TREVI

Note: Faded area includes last 4 weeks where data is incomplete

Date is based on date of death, not date of when each death was reported. This applies to all death metrics in the report unless stated otherwise.

Quantitative Wastewater Levels



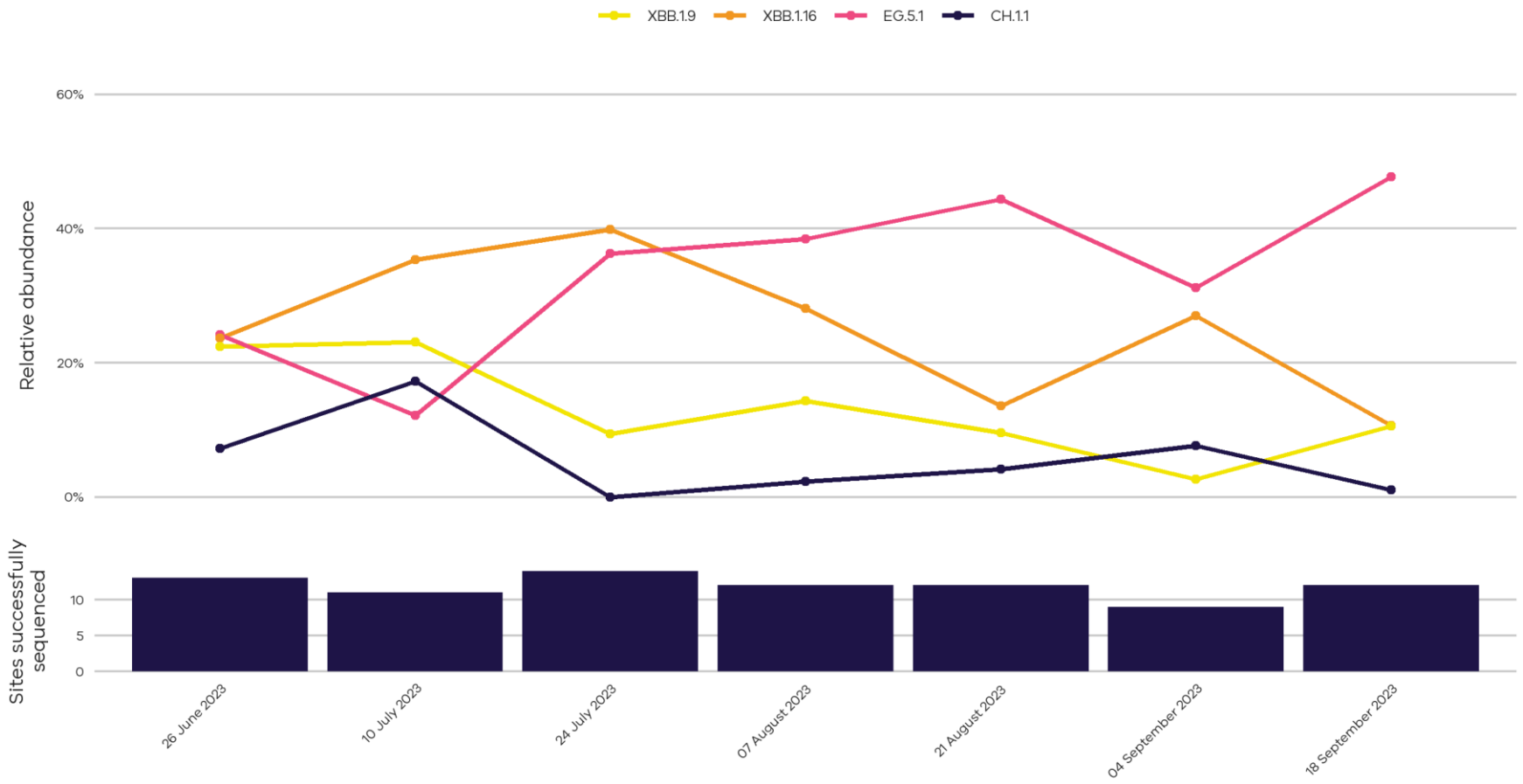
Quantitative wastewater sampling and hospital admission numbers provide insights into changes in prevalence and COVID-19 wave detection.

These charts show the median SARS-CoV-2 wastewater viral loads with hospital admissions over time, which show a close relationship.

Quantitative SARS-CoV-2 levels are normalised by PMMoV (a non-pathogenic virus that is shed consistently by the population) and smoothed over the read period to account for rainfall, population movements and catchment size.

Wastewater surveillance: variant trends in Victoria

Variant trends in wastewater
Latest date data retrieved: 28 September 2023



The polyclonal representation of SARS-CoV-2 subvariants across Victoria continues to be dominated by Omicron XBB recombinant sublineages.

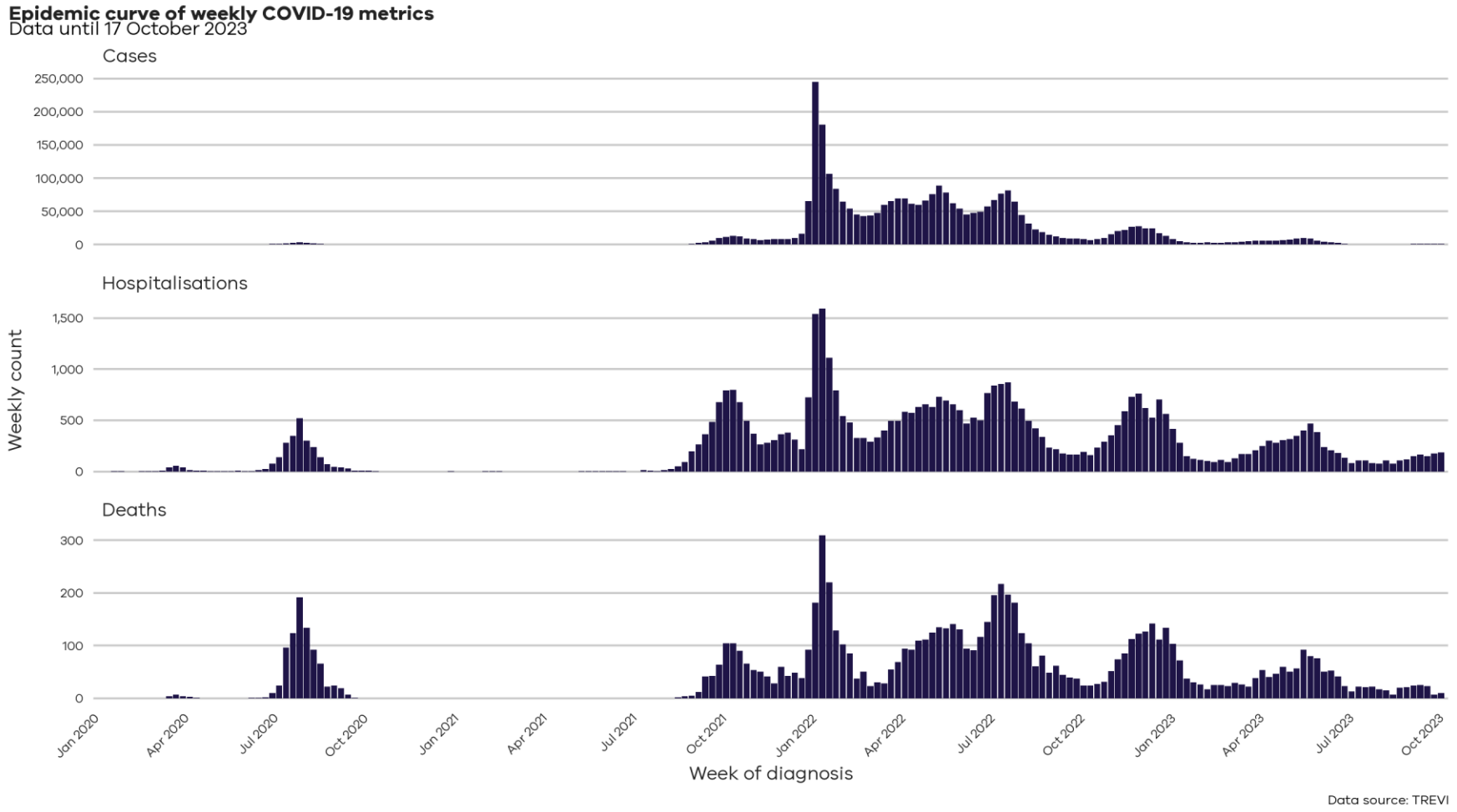
Analysis of wastewater samples can help us understand which SARS-CoV-2 variants are currently circulating in Victoria. In the past there have been waves of infections and hospitalisations when a new variant or subvariant has spread quickly relative to the others.

There are a number of closely related sublineages circulating in Victoria. Only the most detected variants have been displayed here.

Please note that due to lower viral loads detected in recent months, Victoria has recently made a change to sequencing methodology, which has been retrospectively applied to the period reported here.

Appendix

COVID-19 Historical Data



Cases are reported according to the definitions given in the Coronavirus (COVID-19) CDNA National Guidelines for Public Health Units. Where multiple positive test results are received for the same person within 35 days of the initial test result they are counted as a single case. **As of 30 June 2023, probable cases are not collected by the Victorian Department of Health, case counts since this date reflect cases with a positive PCR test only.**

COVID-19 Hospitalisations represent the number of active COVID-19 patients in hospital on a given day. This is reported in two ways:

- as reported by Victorian hospitals to the Critical Health Resource Information Service (CHRIS) as aggregated data.
- as reported to the Victorian Nosocomial Infection Surveillance System (VICNISS) at case level. Totals using demographic breakdowns from VICNISS may differ from totals using the aggregated values from CHRIS.

COVID-19 deaths are counted according to the Victorian surveillance definition, including all deaths reported in the Victorian Deaths Index (VDI) with COVID-19 listed as a primary or contributing cause of death on the medical death certificate, or a death within 35 days of diagnosis, excluding clearly unrelated causes such as trauma. Deaths may be reported retrospectively as the time between death, submission of the data to VDI and linkage to case data may vary.