Report created on 27 August 2023

Fortnightly Respiratory Surveillance Report

Department of **Health**

Tasmanian Government

Fortnightly Respiratory Surveillance Report, Tasmania

Public Health Services

Report for the epidemiological fortnight ending 27 August 2023

The Fortnightly Respiratory Surveillance Report provides a current overview of the epidemiology of COVID-19, influenza, respiratory syncytial virus (RSV) and other circulating respiratory viruses in Tasmania. The focus of this report is on COVID-19, influenza and RSV cases notified to Public Health Services since 1 January 2023.

This report describes trends in community-based influenza-like illness, case notifications, case rates per 1,000 people, PCR testing, hospitalisations and deaths, whole genome sequencing and virology. It presents epidemiological curves to display the magnitude and distribution of cases over time; graphs to monitor PCR testing, and rates per 1,000 people by region of residence and age group; tables to examine trends in weekly case notifications and rates per 1,000 people by region of residence, age group and local government area (LGA); tables to monitor trends in weekly PCR testing for other respiratory pathogens tested in Tasmania; tables to examine weekly hospital admissions and deaths in COVID-19 cases; and tables to monitor weekly trends regarding whole genome sequencing of COVID-19 and the virology of influenza.

Data sources: The Fortnightly Respiratory Surveillance Report consolidates data from a range of sources to provide an understanding of what is happening in the community. These data include pathology results, hospital administrative data, death registrations and community surveys. Data in this report are collected for surveillance purposes and are indicative of trends. Data should not be compared between reports as data for previous weeks are updated as new information becomes available.

Caveats to the data: Information presented in this report is based on data available in the Tasmanian Notifiable Diseases Surveillance System (TNDSS) at the time of reporting and is subject to change. Case notifications are received daily from public and private laboratories in Tasmania. The weekly number of cases reported to Public Health Services underestimates the true number of new infections in the community.

Reporting week is the epidemiological week from Monday to Sunday. Data are presented for the week ending on the date shown in the column header (e.g., data for the week of 20 March to 26 March have the column header “26March2023”). Rates presented are calculated as the number of reported cases per 1,000 people per week and the number of PCR tests performed per 1,000 people per week.

Population estimates are calculated using population data from the Australian Bureau of Statistics. The data in this report are calculated using the most recent population data, for 30 June 2021, which was released on 26 July 2022.

Information regarding testing of respiratory viruses (other than SARS-CoV-2) and whole genome sequencing of SARS-CoV-2 are received a week following the data collection cut-off date hence the 7-day lag in reporting.

Hospitalisations for cases with COVID-19 are reported daily from public and private hospitals in Tasmania and include all individuals with COVID-19 admitted to hospital. Hospital admissions with COVID-19 also include admissions whereby COVID-19 was not the primary reason for admission (i.e. incidental diagnosis), and cases diagnosed with COVID-19 after admission (i.e. potentially hospital-acquired infections).

Key messages

Activity

Influenza-like Illness

The prevalence of reported influenza-like-illness (ILI; fever and cough) in the community is stable and below a seasonal increase observed in May through to July (Figure 1). ILI may be due to symptoms of various infections including influenza, COVID-19 and other respiratory infections such as respiratory syncytial virus (RSV) and rhinovirus.

COVID-19

- The percentage of PCR tests positive for COVID-19 has increased marginally to approximately 2.5% in the week ending 27 August 2023. However, PCR positivity remains relatively low compared to higher positivity rates observed from April to late May (Figure 2).
- The number of reported COVID-19 cases state-wide has remained low following a small peak in the current wave in May (Figure 3). In recent weeks there has been a gradual increase in the number of notifications, with 260 and 303 cases notified in the weeks ending 20 August 2023 and 27 August 2023, respectively (Table 1).
- From 1 January 2023 to 27 August 2023, a total of 22,400 COVID-19 cases were notified in Tasmania. Of these total cases, 5,990 cases (27.2%) resided in the North, 4,134 cases (18.7%) resided in the North-West, and 11,928 cases (54.1%) resided in the South (Table 1).
- In recent weeks, weekly notification rates of COVID-19 remained less than 1 per 1,000 people in almost all LGAs. In the week ending 27 August 2023, the highest number of cases were reported from the Hobart, Kingborough, and Clarence LGAs. The notification rate was highest in the South (Table 1, 2).
- The trends indicate a recent slight increase in COVID-19 activity after a consistent decrease since late May. Overall, COVID-19 activity remains low.

Influenza

- In the week ending 20 August 2023, the percentage of PCR tests positive for influenza continued to decrease to approximately 1.5% from a peak of 8% in early July (Figure 6).
- The number of reported influenza cases has decreased over the reporting fortnight, with 72 and 81 cases notified in the weeks ending 20 August 2023 and 27 August 2023 respectively, compared with 112 and 107 cases in the preceding weeks ending 06 August 2023 and 13 August 2023 respectively (Table 3).
- From 1 January 2023 to 27 August 2023, a total of 2,823 influenza cases were reported in Tasmanian residents. Of these, 1025 cases (36.3%) resided in the North, 452 cases (16.0%) resided in the North-West, and 1,345 cases (47.4%) resided in the South (Table 3).
- In recent weeks, the weekly notification rates of influenza were less than or equal to 0.5 per 1,000 people in all LGAs. In the week ending 27 August 2023, the highest number of influenza cases was reported in the Launceston LGA. The notification rate was highest in the North (Table 3, 4).
- Overall, these trends indicate reducing seasonal influenza activity and a continued decline since a peak observed in June.

RSV

- During the reporting fortnight (week ending 20 August 2023), the percentage of PCR tests positive for RSV has increased to approximately 4.5%. However, PCR positivity remains below the peak of 5.5% observed in late July (Figure 10).

- The number of RSV cases has been relatively stable over recent weeks and remains less than the peak observed in mid-June (Figure 11). There were 80 and 61 RSV cases notified in the weeks ending 20 August 2023 and 27 August 2023, respectively (Table 5).
- From 1 January 2023 to 27 August 2023, a total of 1,573 RSV cases were reported in Tasmanian residents. Of these, 661 cases (42.0%) resided in the North, 182 cases (11.6%) resided in the North-West, and 729 cases (46.4%) resided in the South (Table 5).
- In recent weeks, notification rates of RSV remained less than 0.5 per 1,000 people in almost all LGAs. In the week ending 27 August 2023, the highest number of RSV cases was reported in the Launceston LGA. The notification rate was highest in the North (Table 5, 6).
- Overall, these trends indicate ongoing seasonal RSV activity and a recent decline in activity from a peak observed in June.

Severity

COVID-19

- From 1 January 2023 to 27 August 2023, 1,181 COVID-19 cases were admitted to hospital, 38 cases were admitted to ICU and 79 cases died where COVID-19 caused or contributed to the death (Table 8).
- In recent weeks, COVID-19 hospitalisations have remained relatively stable, while ICU admissions and deaths remained uncommon. In the week ending 27 August 2023, there were 19 hospitalisations, one ICU admission and one death where COVID-19 was reported as a cause or contributory factor (Table 8).

Age distribution

COVID-19

- From 1 January 2023 to 27 August 2023, adults aged 80 years and older had the highest COVID-19 notification rates with 70.6 cases per 1,000 people, followed by adults aged 65-79 years at 47.3 per 1,000 people (Table 1).
- COVID-19 case notification rates remain stable in all age groups since early June (Figure 5).
- In the week ending 27 August 2023, COVID-19 notification rates were similar across most age groups, and marginally higher in adults aged 80 years and older at 0.8 per 1,000 people (Table 1).
- In the fortnight ending 27 August 2023, adults aged 80 years and older had the highest numbers of COVID-19 related hospital admissions and deaths (Table 9 & 10).

Influenza

- From 1 January 2023 to 27 August 2023, children and teenagers aged 5-17 years had the highest influenza notification rates at 11.2 cases per 1,000 people, followed by young children aged 0 to 4 years at 8.4 per 1,000 people (Table 3).
- In the week ending 27 August 2023, influenza notification rates have decreased and were similar across most age groups, and marginally higher in children and teenagers aged 5-17 years at 0.4 per 1,000 people (Table 3).

RSV

- From 1 January 2023 to 27 August 2023, children aged 0-4 years had the highest RSV notification rates with 21.6 cases per 1,000 people, followed by adults aged 80 years or older at 5.9 per 1, 000 people (Table 5).
- In the week ending 27 August 2023, the number of reported RSV cases declined in all age groups. The highest incidence continued to be reported in children aged 0-4 years at 1.1 per 1,000 people (Table 5).

Virology/genomics

COVID-19

- A range of Omicron subvariants and sub-lineages continue to be detected by whole genome sequencing in Tasmania. In recent weeks, Omicron Recombinant GL, Omicron Recombinant XBC and Omicron Recombinants XBB.1.16 were the most common SARS-CoV-2 variants identified among the small number of viruses that were genotyped (Table 11).

Influenza

- From 1 January 2023 to 27 August 2023, 64% of influenza notifications were Influenza A and 36% were Influenza B (Table 12). In the last 4 weeks, the relative contribution of influenza B increased substantially, with approximately 59% of isolates Influenza B. Of those Influenza A and B isolates subjected to subtyping, the majority were H1N1(Influenza A) and B Victoria (Influenza B) (Table 13).

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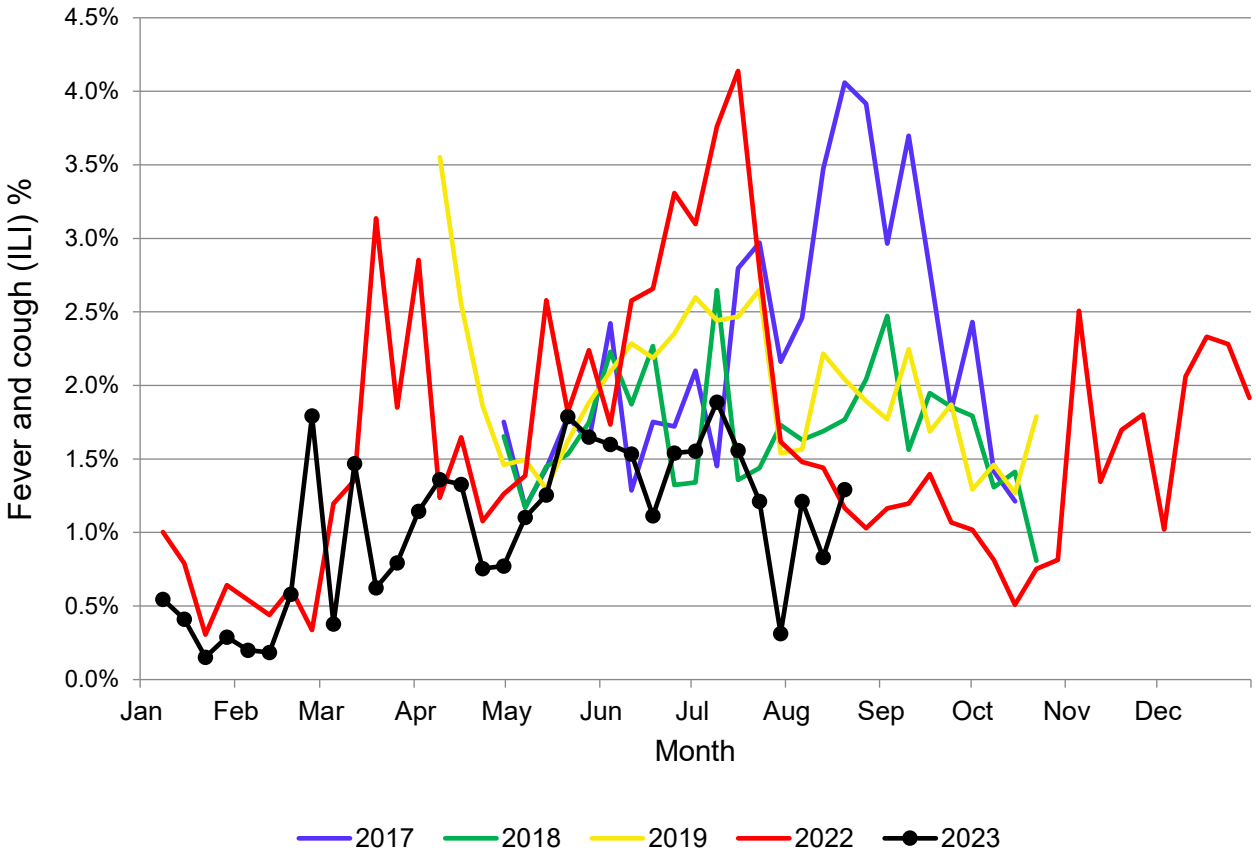
Section 1: Activity

1.1 Community-based surveillance of influenza-like illness

FluTracking is an online health surveillance system used to detect epidemics of influenza across Australia and New Zealand. Participants complete an online survey each week to provide community level influenza-like illness (ILI) surveillance, consistent surveillance of influenza activity across all jurisdictions over time, and year to year comparisons of the timing, attack rates and seriousness of influenza in the community. Influenza-like illness may reflect symptoms of influenza, COVID-19 or other respiratory infections such as respiratory syncytial virus (RSV) or rhinovirus.

A weekly web-based survey is sent to voluntary participants to capture information on influenza-like illness, including symptoms and indicators of impact and severity. Data presented here relate to new cases (incidence) of influenza-like illness, defined as fever and cough, based on week of onset of symptoms.

More information on joining FluTracking can be found at: *https://info.flutracking.net/*



Data source: FluTracking (age-standardized data), Hunter New England Local Health District, New South Wales Ministry of Health. Note: Information regarding influenza-like illness are received from FluTracking a week following the data collection cut-off date hence the 7-day lag in reporting. Reporting periods for FluTracking vary by year. ILI – Influenza-like illness (reporting fever and cough). 2020 and 2021 have been removed from this figure as incidence of ILI for both these years were less than 1.0 per cent.

Figure 1: Proportion of FluTracking participants in Tasmania reporting influenza-like illness (fever and cough) by week, from 2017 to 20 August 2023.

1.2 COVID-19

1.2.1 Weekly percentage of PCR tests positive for COVID-19

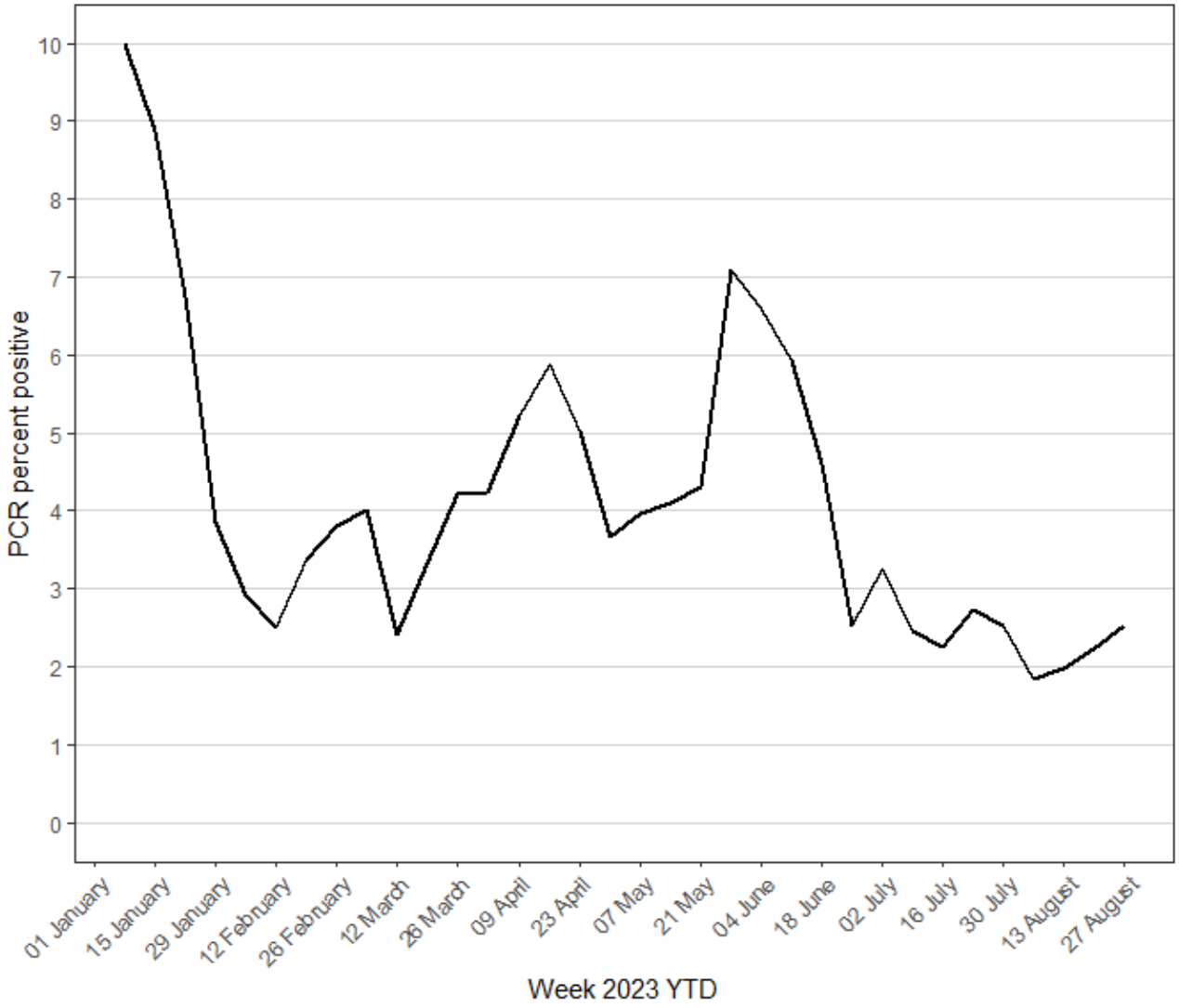


Figure 2: Weekly percentage of PCR tests positive for COVID-19 in Tasmania from 1 January 2023 to 27 August 2023.

1.2.2 Number of COVID-19 cases notified per week

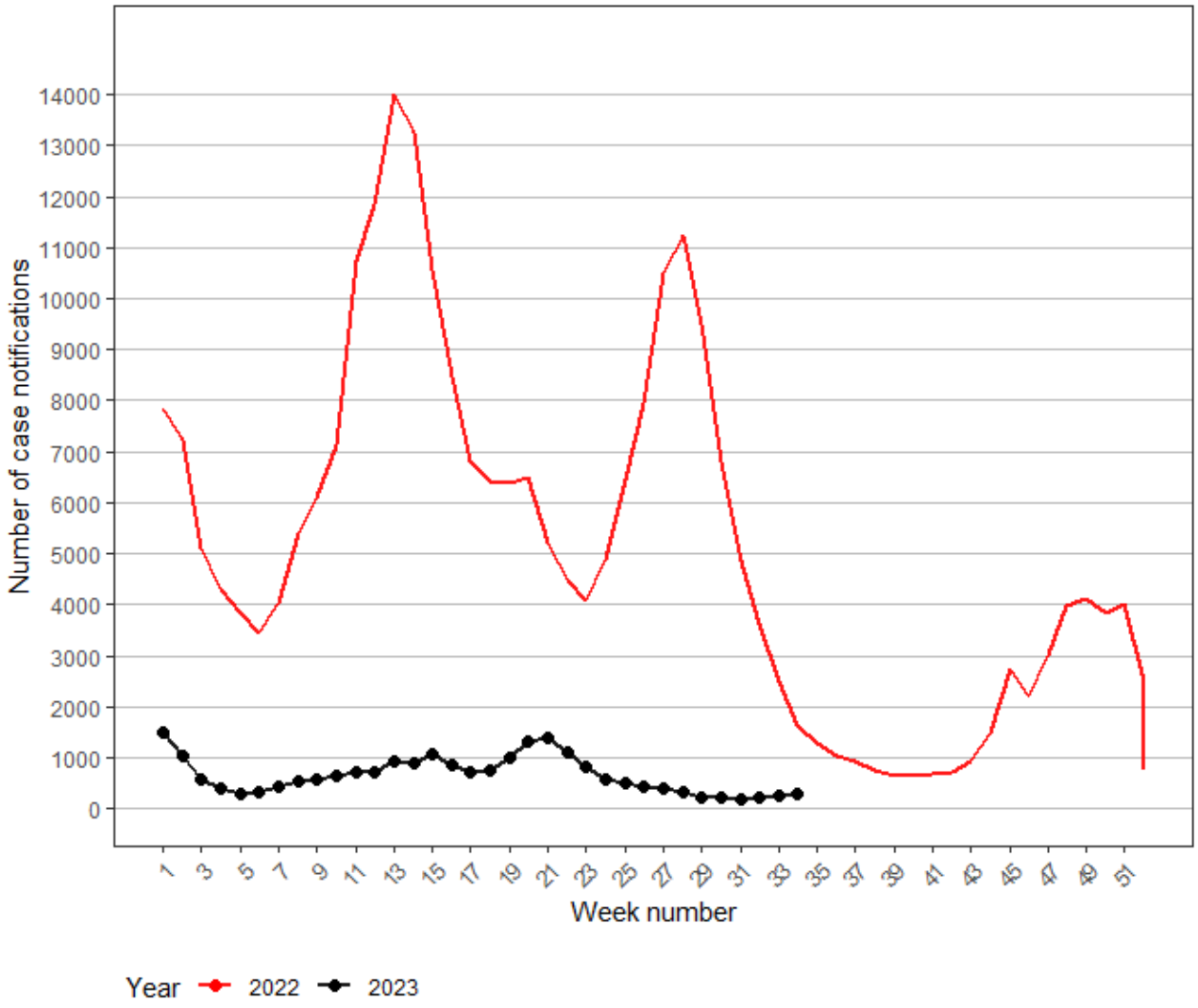


Figure 3: Number of COVID-19 cases in Tasmania notified per week from 1 January 2022 to 27 August 2023.

1.2.3 Weekly COVID-19 case numbers and the number of cases per 1,000 people, by region of residence and age group

Table 1: COVID-19 cases and number of cases per 1,000 people (rate) per week notified in Tasmania for each of the last four weeks, and total number and overall number of cases per 1,000 people (rate) from 1 January 2023 to 27 August 2023, by region of residence and age group.

	06Aug2023		13Aug2023		20Aug2023		27Aug2023		Total Since 1 January 2023	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Total Cases	Cumulative prevalence YTD
Region of Residence										
North	44	0.3	33	0.2	43	0.3	43	0.3	**5990**	**38.7**
North-West	25	0.2	25	0.2	43	0.4	57	0.5	**4134**	**34.7**
South	122	0.4	152	0.5	174	0.6	201	0.7	**11928**	**40.6**
Unknown Region	0	-	0	-	0	-	2	-	**348**	**-**
Age Group										
0-4	8	0.3	8	0.3	6	0.2	14	0.5	**625**	**21.3**
5-17	25	0.3	31	0.4	52	0.6	40	0.5	**2580**	**31.0**
18-39	52	0.4	48	0.3	68	0.5	83	0.6	**5800**	**41.1**
40-64	61	0.4	64	0.4	84	0.5	106	0.6	**7725**	**44.6**
65-79	23	0.3	38	0.5	31	0.4	41	0.5	**3881**	**47.3**
80 and over	22	0.9	21	0.8	19	0.8	19	0.8	**1787**	**70.6**
Unknown Age	0	-	0	-	0	-	0	-	**2**	**-**
Total	**191**	**0.3**	**210**	**0.4**	**260**	**0.5**	**303**	**0.5**	**22400**	**39.4**

1.2.4 Weekly number of COVID-19 cases per 1,000 people notified since 1 January 2023, by region of residence

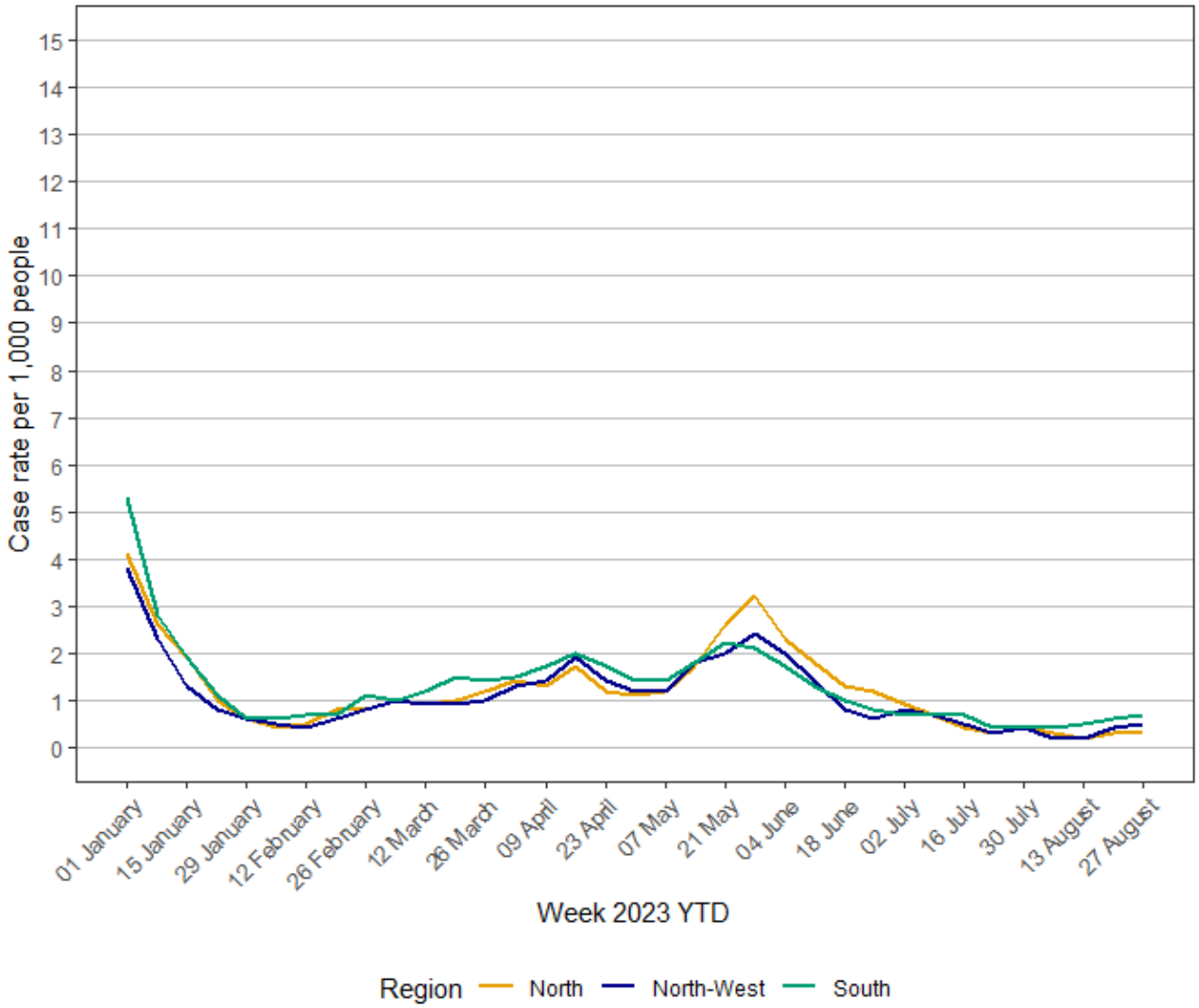


Figure 4: Weekly number of COVID-19 cases per 1000 people (rate) notified in Tasmania from 1 January 2023 to 27 August 2023, by region of residence.

1.2.5 Weekly number of COVID-19 cases per 1,000 people notified since 1 January 2023, by age group

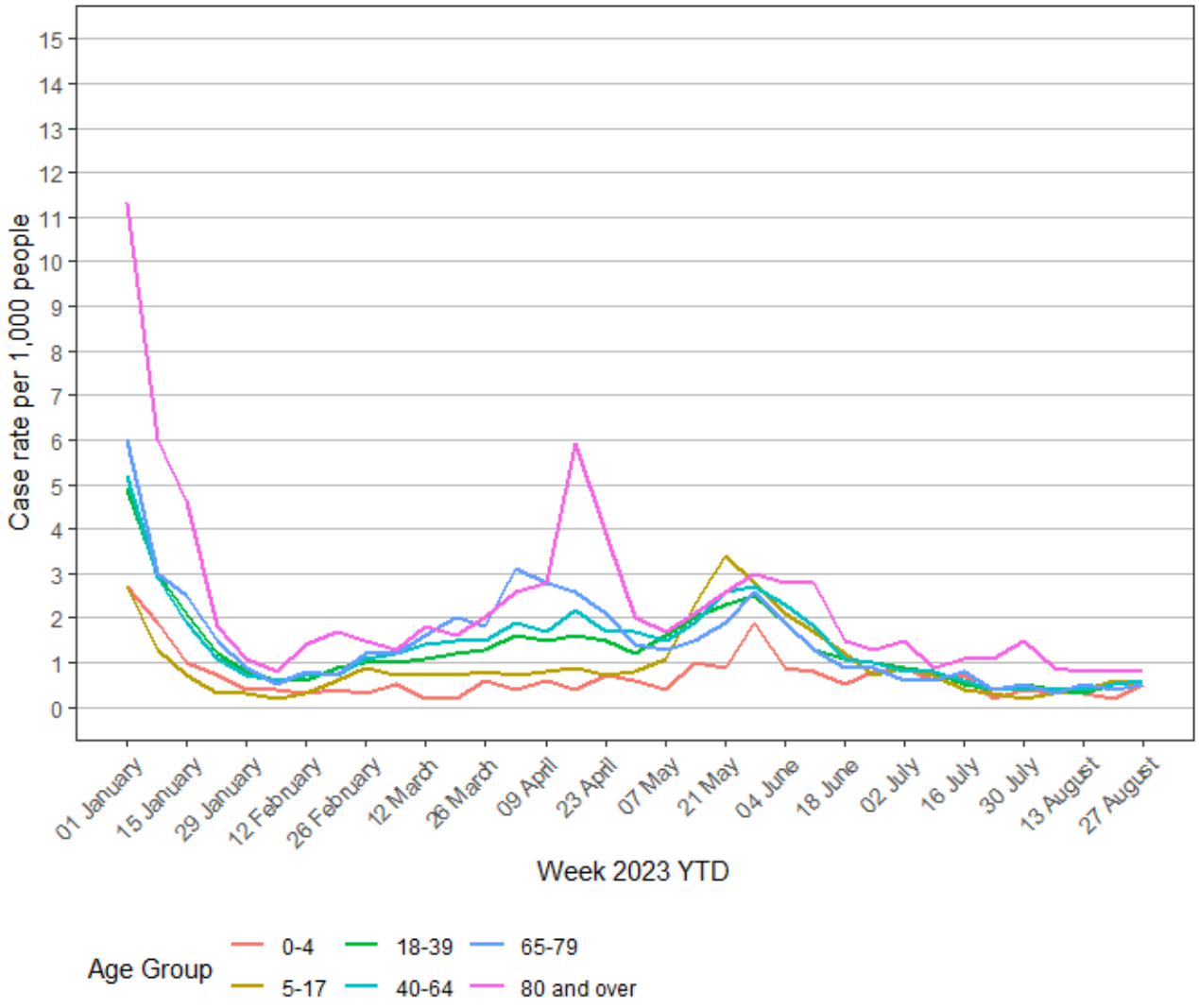


Figure 5. Weekly number of COVID-19 cases per 1,000 people (rate) notified in Tasmania from 1 January 2023 to 27 August 2023, by age group.

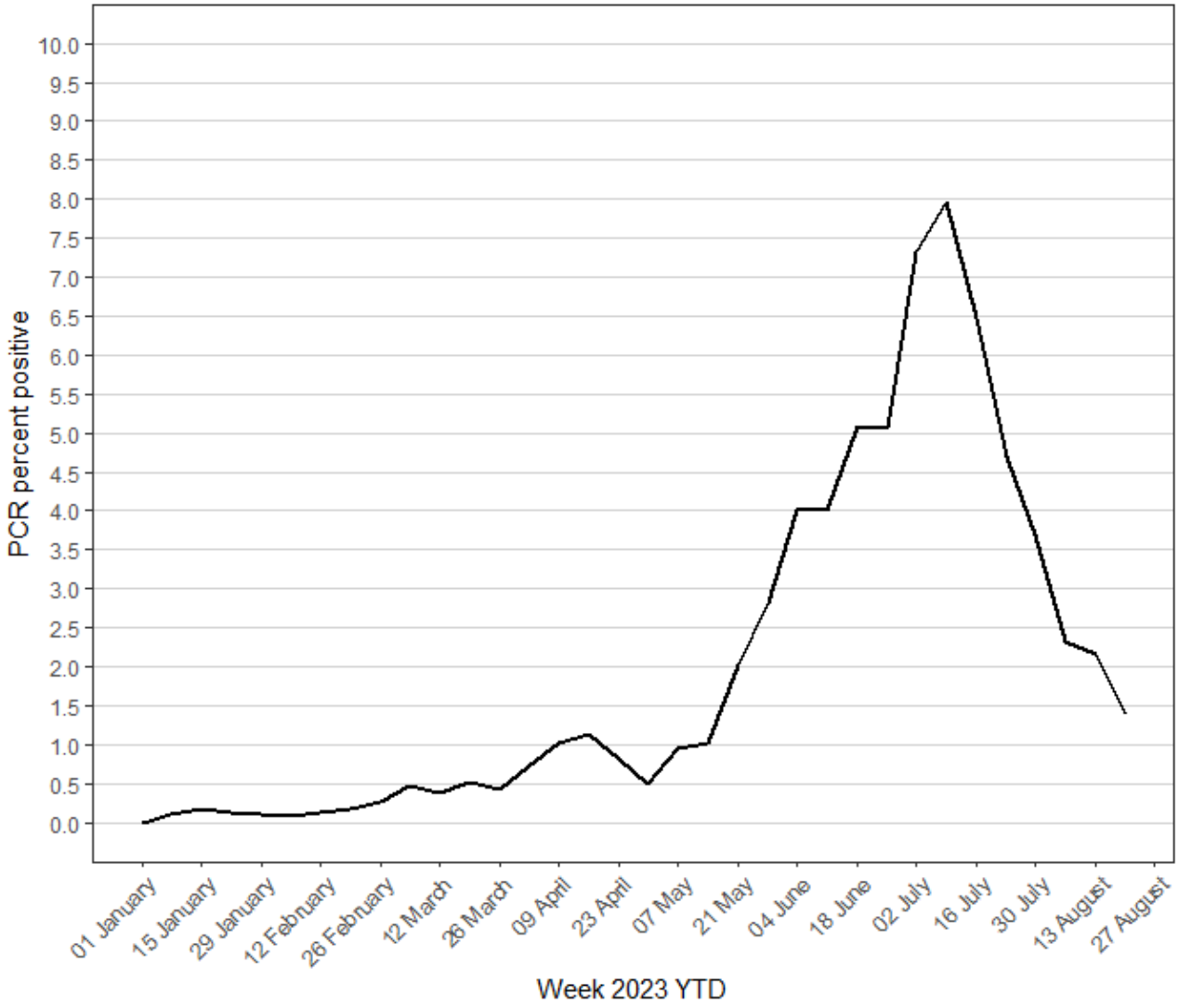
1.2.6 Weekly COVID-19 case numbers and number of cases per 1,000 people, by Local Government Area

Table 2. COVID-19 cases and number of cases per 1,000 people (rate) notified per week in Tasmania, for each of the last four weeks and total cases notified from 1 January 2023 to 27 August 2023, by Local Government Area (LGA).

	06Aug2023		13Aug2023		20Aug2023		27Aug2023		Total Since 1 January 2023	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Total Cases	Cumulative prevalence YTD
Break O'Day	1	0.1	1	0.1	2	0.3	1	0.1	**216**	**31.1**
Brighton	4	0.2	9	0.5	2	0.1	20	1.0	**725**	**37.6**
Burnie	6	0.3	3	0.1	8	0.4	4	0.2	**792**	**38.7**
Central Coast	2	0.1	2	0.1	3	0.1	10	0.4	**810**	**34.8**
Central Highlands	2	0.8	0	-	1	0.4	1	0.4	**54**	**20.9**
Circular Head	1	0.1	1	0.1	0	-	3	0.4	**155**	**18.6**
Clarence	32	0.5	21	0.3	42	0.7	40	0.6	**2723**	**43.6**
Derwent Valley	1	0.1	6	0.5	7	0.6	2	0.2	**352**	**31.7**
Devonport	6	0.2	13	0.5	19	0.7	9	0.3	**963**	**35.8**
Dorset	3	0.4	1	0.1	0	-	1	0.1	**216**	**30.9**
Flinders	2	2.1	0	-	0	-	0	-	**25**	**26.7**
George Town	1	0.1	2	0.3	1	0.1	0	-	**258**	**35.8**
Glamorgan-Spring Bay	0	-	1	0.2	3	0.6	5	1.0	**109**	**21.3**
Glenorchy	13	0.3	35	0.7	27	0.5	19	0.4	**2025**	**39.5**
Hobart	26	0.5	35	0.6	31	0.6	44	0.8	**2435**	**43.4**
Huon Valley	6	0.3	5	0.3	5	0.3	17	0.9	**672**	**35.7**
Kentish	0	-	3	0.4	4	0.6	4	0.6	**195**	**28.8**
King Island	0	-	0	-	0	-	0	-	**21**	**12.7**
Kingborough	22	0.5	31	0.8	50	1.2	43	1.1	**1929**	**47.3**
Latrobe	6	0.5	0	-	4	0.3	17	1.3	**557**	**43.8**
Launceston	20	0.3	20	0.3	28	0.4	29	0.4	**3220**	**44.8**
Meander Valley	9	0.4	3	0.1	7	0.3	3	0.1	**715**	**33.8**
Northern Midlands	1	0.1	6	0.4	0	-	4	0.3	**515**	**36.7**
Sorell	12	0.7	4	0.2	5	0.3	6	0.4	**617**	**36.3**
Southern Midlands	4	0.6	5	0.7	1	0.1	4	0.6	**189**	**27.6**
Tasman	0	-	0	-	0	-	0	-	**98**	**37.1**
Waratah-Wynyard	4	0.3	2	0.1	2	0.1	2	0.1	**513**	**35.0**
West Coast	0	-	1	0.2	3	0.7	8	1.8	**128**	**29.3**
West Tamar	7	0.3	0	-	5	0.2	5	0.2	**825**	**32.0**

1.3 Influenza

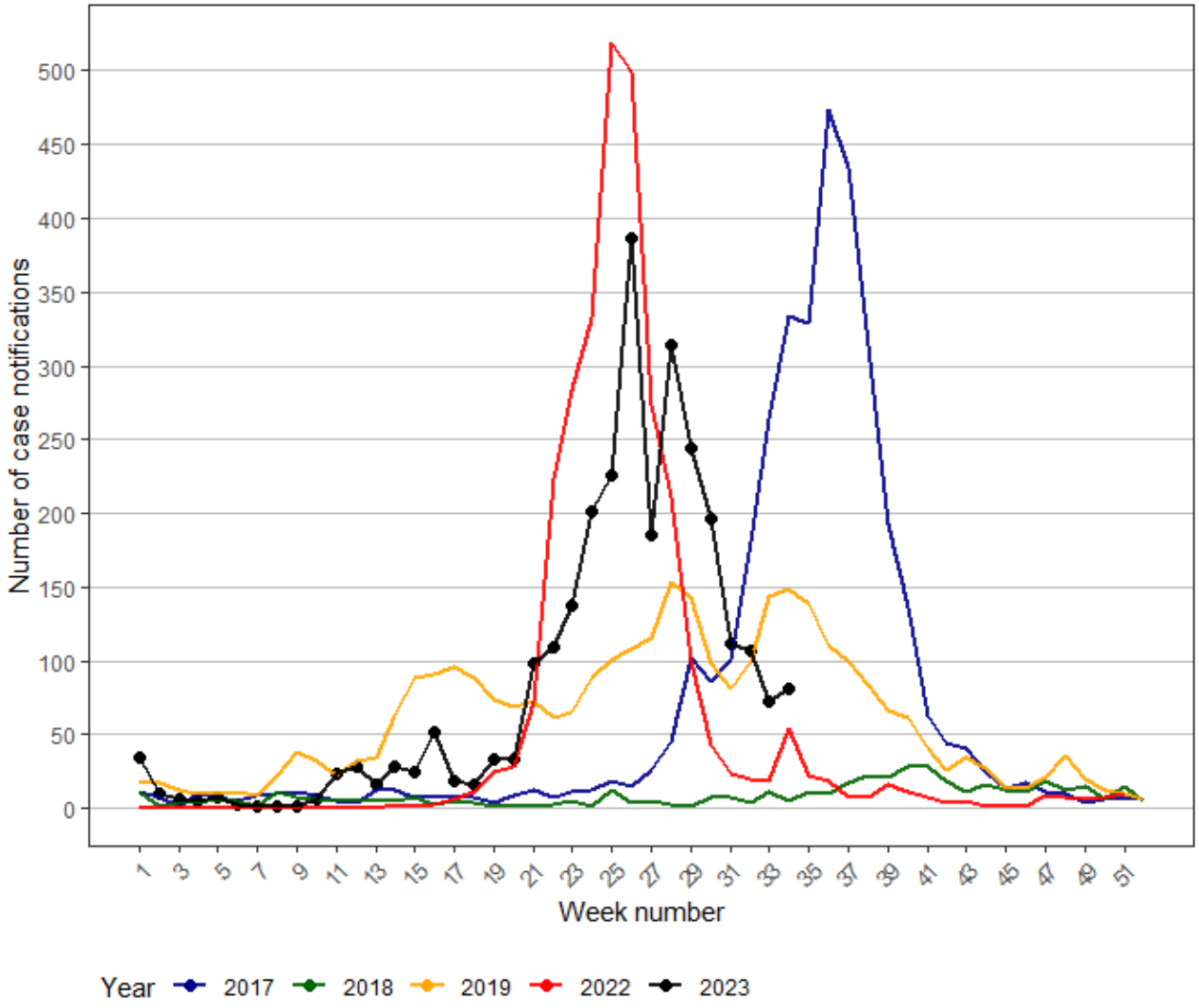
1.3.1 Weekly percentage of PCR tests positive for influenza



*Pathology data regarding the testing of influenza specimens is received a week following the data collection cut-off date hence the 7-day lag in reporting.

Figure 6: Weekly percentage of PCR tests positive for influenza in Tasmania from 1 January 2023 to 20 August 2023.

1.3.2 Number of influenza cases notified per week



*2020 and 2021 have been removed from this figure due to the very low number of influenza cases notified during these two years.

Figure 7: Number of influenza cases in Tasmania notified per week from 1 January 2017 to 31 December 2019 and from 1 January 2022 to 27 August 2023.

1.3.3 Weekly influenza case numbers and the number of cases per 1,000 people, by region of residence and age group

Table 3: Influenza cases and number of cases per 1,000 people (rate) per week notified in Tasmania for each of the last four weeks, and total number and overall number of cases per 1,000 people (rate) from 1 January 2023 to 27 August 2023, by region of residence and age group.

	06Aug2023		13Aug2023		20Aug2023		27Aug2023		Total Since 1 January 2023	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Total Cases	Cumulative prevalence YTD
Region of Residence										
North	69	0.4	48	0.3	31	0.2	35	0.2	**1025**	**6.6**
North-West	4	0.0	10	0.1	4	0.0	3	0.0	**452**	**3.8**
South	39	0.1	49	0.2	37	0.1	43	0.1	**1345**	**4.6**
Unknown Region	0	-	0	-	0	-	0	-	**1**	**-**
Age Group										
0-4	6	0.2	4	0.1	5	0.2	5	0.2	**245**	**8.4**
5-17	28	0.3	40	0.5	22	0.3	34	0.4	**931**	**11.2**
18-39	50	0.4	25	0.2	25	0.2	21	0.1	**755**	**5.3**
40-64	20	0.1	28	0.2	14	0.1	10	0.1	**617**	**3.6**
65-79	5	0.1	9	0.1	4	0.0	8	0.1	**200**	**2.4**
80 and over	3	0.1	1	0.0	2	0.1	3	0.1	**75**	**3.0**
Unknown Age	0	-	0	-	0	-	0	-	**0**	**-**
Total	**112**	**0.2**	**107**	**0.2**	**72**	**0.1**	**81**	**0.1**	**2823**	**5.0**

1.3.4 Weekly number of influenza cases per 1,000 people, by region of residence

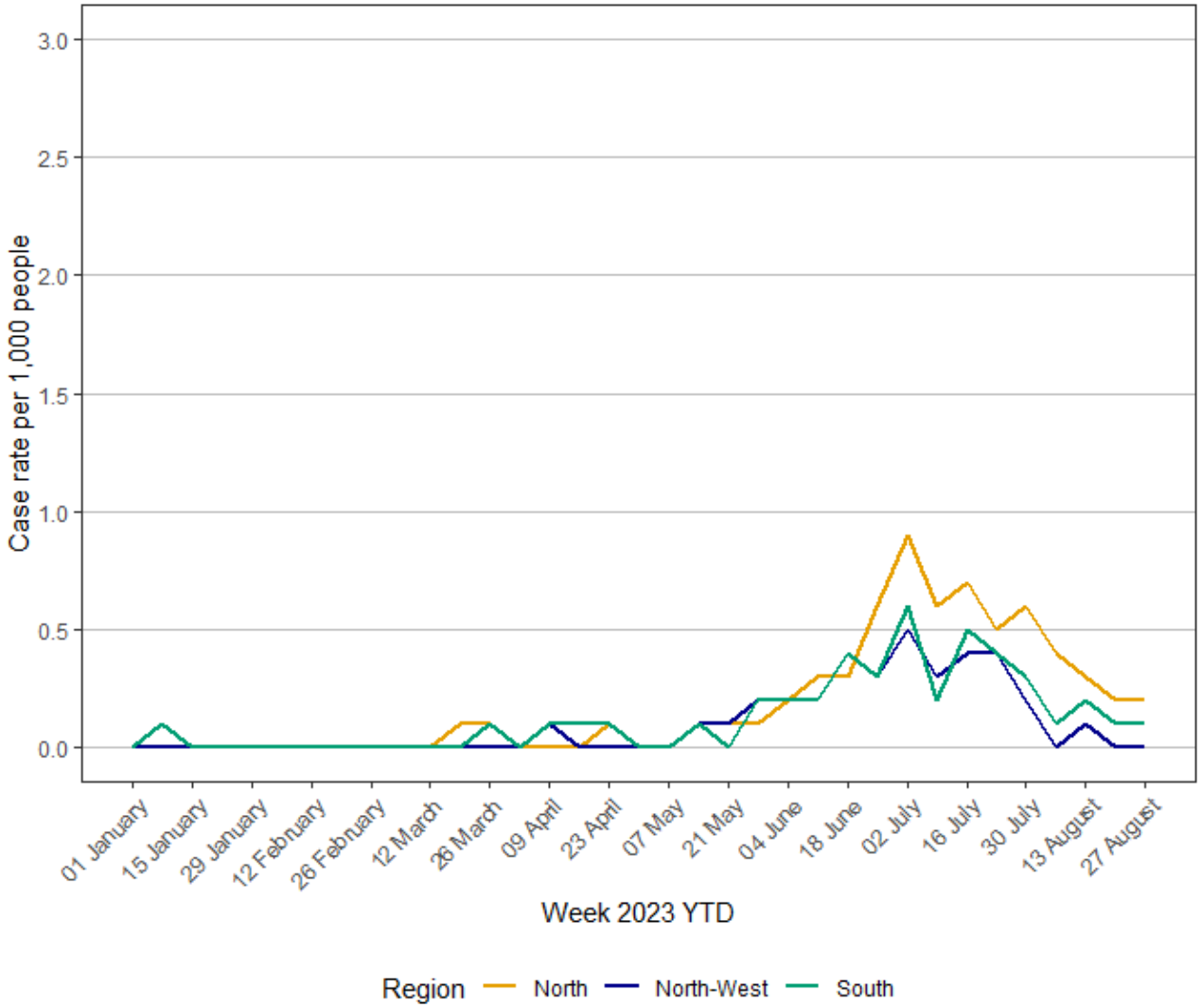


Figure 8: Weekly number of influenza cases per 1,000 people (rate) from 1 January 2023 to 27 August 2023, by region of residence

1.3.5 Weekly number of influenza cases per 1,000 people, by age group

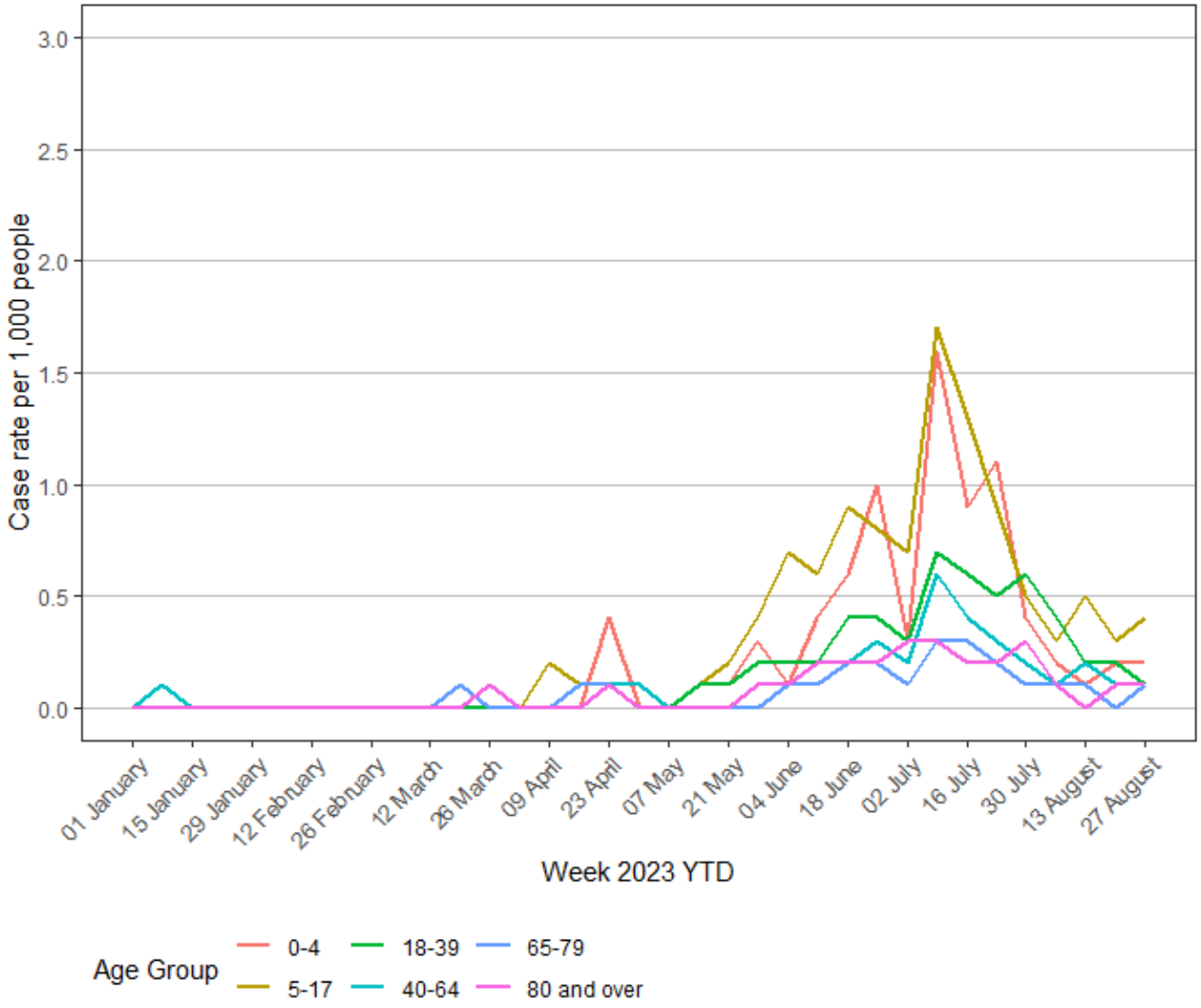


Figure 9: Weekly number of influenza cases per 1000 people (rate) from 1 January 2023 to 27 August 2023, by age group.

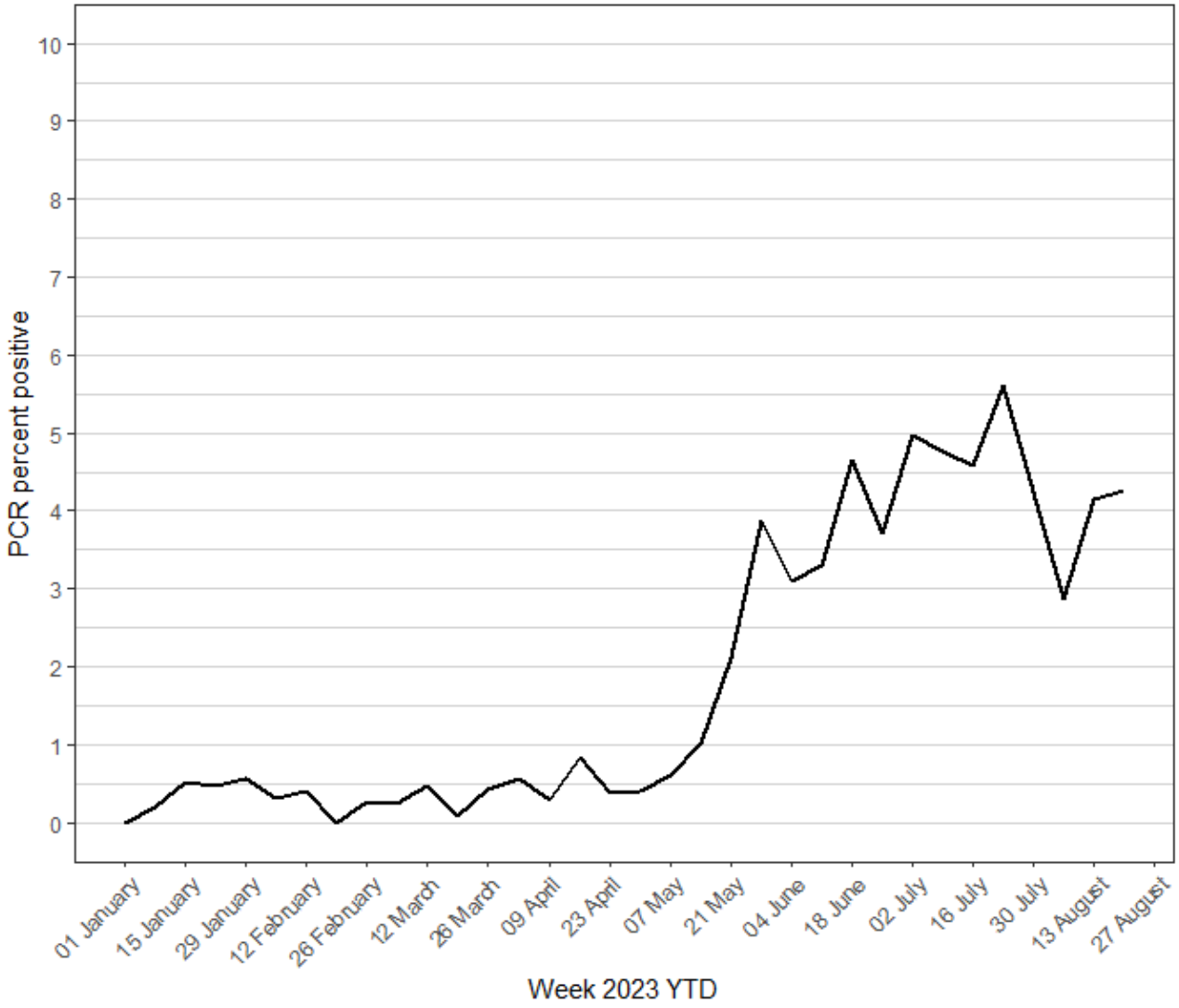
1.3.6 Weekly influenza case numbers and number of cases per 1,000 people, by Local Government Area

Table 4. Influenza cases and number of cases per 1,000 people (rate) notified per week in Tasmania, for each of the last four weeks and total cases notified from 1 January 2023 to 27 August 2023, by Local Government Area (LGA).

	06Aug2023		13Aug2023		20Aug2023		27Aug2023		Total Since 1 January 2023	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Total Cases	Cumulative prevalence YTD
Break O'Day	0	-	2	0.3	0	-	1	0.1	**13**	**1.9**
Brighton	6	0.3	8	0.4	7	0.4	7	0.4	**115**	**6.0**
Burnie	0	-	1	0.0	0	-	0	-	**79**	**3.9**
Central Coast	2	0.1	3	0.1	0	-	2	0.1	**77**	**3.3**
Central Highlands	0	-	0	-	0	-	0	-	**4**	**1.6**
Circular Head	0	-	0	-	0	-	0	-	**18**	**2.2**
Clarence	7	0.1	8	0.1	3	0.0	2	0.0	**280**	**4.5**
Derwent Valley	1	0.1	2	0.2	1	0.1	6	0.5	**37**	**3.3**
Devonport	2	0.1	2	0.1	0	-	0	-	**140**	**5.2**
Dorset	1	0.1	0	-	0	-	0	-	**23**	**3.3**
Flinders	0	-	0	-	0	-	0	-	**1**	**1.1**
George Town	13	1.8	4	0.6	3	0.4	0	-	**119**	**16.5**
Glamorgan-Spring Bay	1	0.2	0	-	1	0.2	0	-	**24**	**4.7**
Glenorchy	8	0.2	10	0.2	6	0.1	9	0.2	**233**	**4.5**
Hobart	5	0.1	11	0.2	7	0.1	10	0.2	**227**	**4.0**
Huon Valley	4	0.2	0	-	1	0.1	1	0.1	**78**	**4.1**
Kentish	0	-	2	0.3	2	0.3	1	0.1	**35**	**5.2**
King Island	0	-	0	-	0	-	0	-	**7**	**4.2**
Kingborough	4	0.1	5	0.1	9	0.2	5	0.1	**163**	**4.0**
Latrobe	0	-	1	0.1	1	0.1	0	-	**51**	**4.0**
Launceston	39	0.5	29	0.4	16	0.2	27	0.4	**542**	**7.5**
Meander Valley	1	0.0	4	0.2	3	0.1	4	0.2	**99**	**4.7**
Northern Midlands	12	0.9	6	0.4	8	0.6	2	0.1	**102**	**7.3**
Sorell	1	0.1	4	0.2	2	0.1	2	0.1	**140**	**8.2**
Southern Midlands	2	0.3	1	0.1	0	-	0	-	**29**	**4.2**
Tasman	0	-	0	-	0	-	1	0.4	**15**	**5.7**
Waratah-Wynyard	0	-	1	0.1	1	0.1	0	-	**36**	**2.5**
West Coast	0	-	0	-	0	-	0	-	**9**	**2.1**
West Tamar	3	0.1	3	0.1	1	0.0	1	0.0	**126**	**4.9**

1.4 Respiratory syncytial virus (RSV)

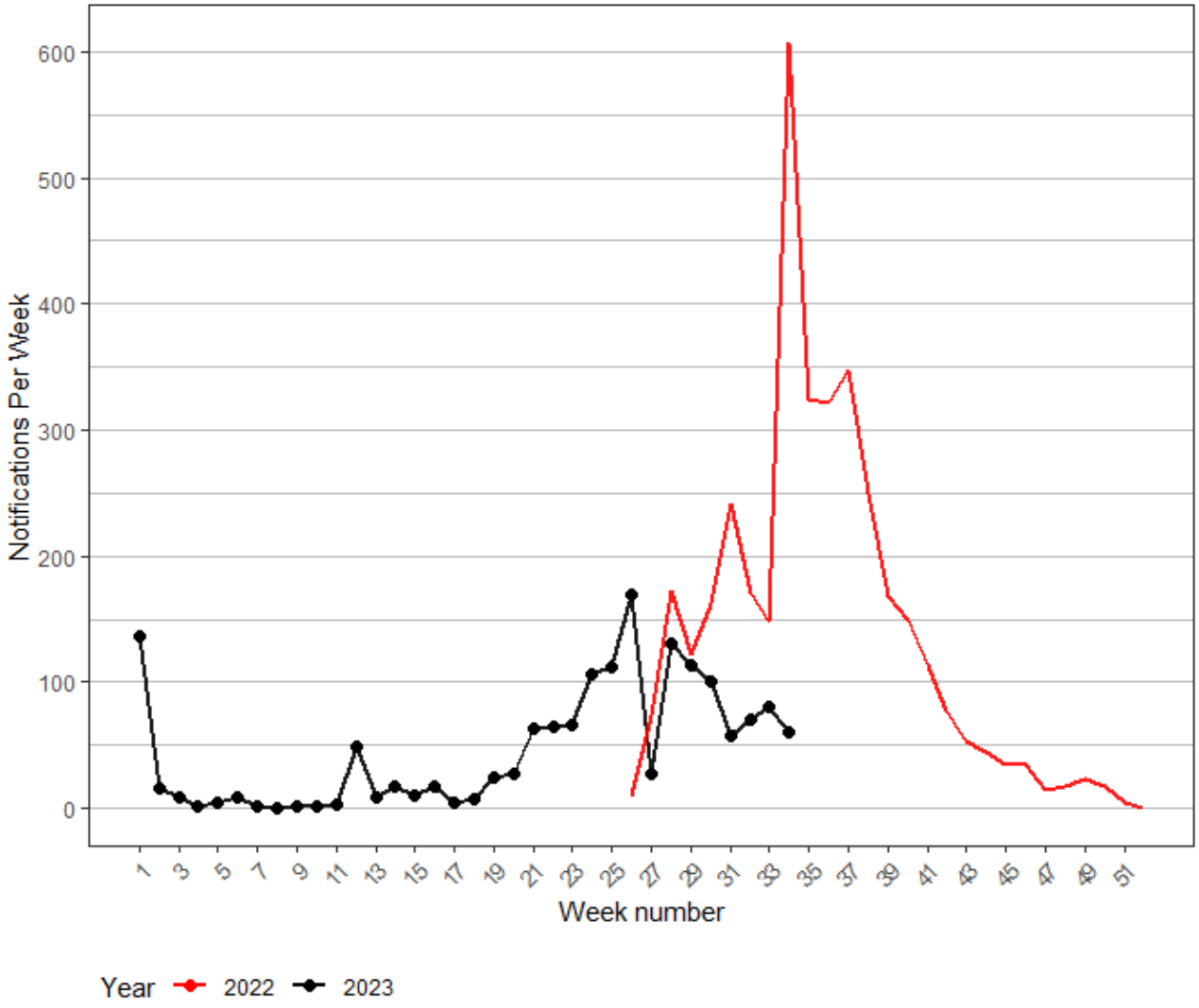
1.4.1 Weekly percentage of PCR tests positive for RSV



*Pathology data regarding the testing of RSV specimens is received a week following the data collection cut-off date hence the 7-day lag in reporting.

Figure 10: Weekly percentage of PCR tests positive for RSV in Tasmania from 1 January 2023 to 20 August 2023.

1.4.2 Number of RSV cases notified per week



*RSV infection became a notifiable disease in Tasmania from 1 July 2022.

Figure 11: Number of RSV cases notified per week in Tasmania from 1 July 2022 to 27 August 2023.

1.4.3 Weekly RSV case numbers and the number of cases per 1,000 people, by region of residence and age group

Table 5: RSV cases and number of cases per 1,000 people (rate) per week notified in Tasmania for each of the last four weeks, and total number and overall number of cases per 1,000 people (rate) from 1 January 2023 to 27 August 2023, by age group and region of residence.

	06Aug2023		13Aug2023		20Aug2023		27Aug2023		Total Since 1 January 2023	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Total Cases	Cumulative prevalence YTD
Region of Residence										
North	31	0.2	23	0.1	34	0.2	27	0.2	**661**	**4.3**
North-West	5	0.0	19	0.2	13	0.1	10	0.1	**182**	**1.5**
South	21	0.1	28	0.1	33	0.1	24	0.1	**729**	**2.5**
Unknown Region	0	-	0	-	0	-	0	-	**1**	**-**
Age Group										
0-4	21	0.7	30	1.0	35	1.2	33	1.1	**633**	**21.6**
5-17	3	0.0	7	0.1	7	0.1	2	0.0	**112**	**1.3**
18-39	6	0.0	7	0.0	14	0.1	7	0.0	**226**	**1.6**
40-64	4	0.0	10	0.1	10	0.1	11	0.1	**222**	**1.3**
65-79	10	0.1	11	0.1	10	0.1	6	0.1	**231**	**2.8**
80 and over	13	0.5	5	0.2	4	0.2	2	0.1	**149**	**5.9**
Unknown Age	0	-	0	-	0	-	0	-	**0**	**-**
Total	**57**	**0.1**	**70**	**0.1**	**80**	**0.1**	**61**	**0.1**	**1573**	**2.8**

1.4.4 Weekly number of RSV cases per 1,000 people, by region of residence

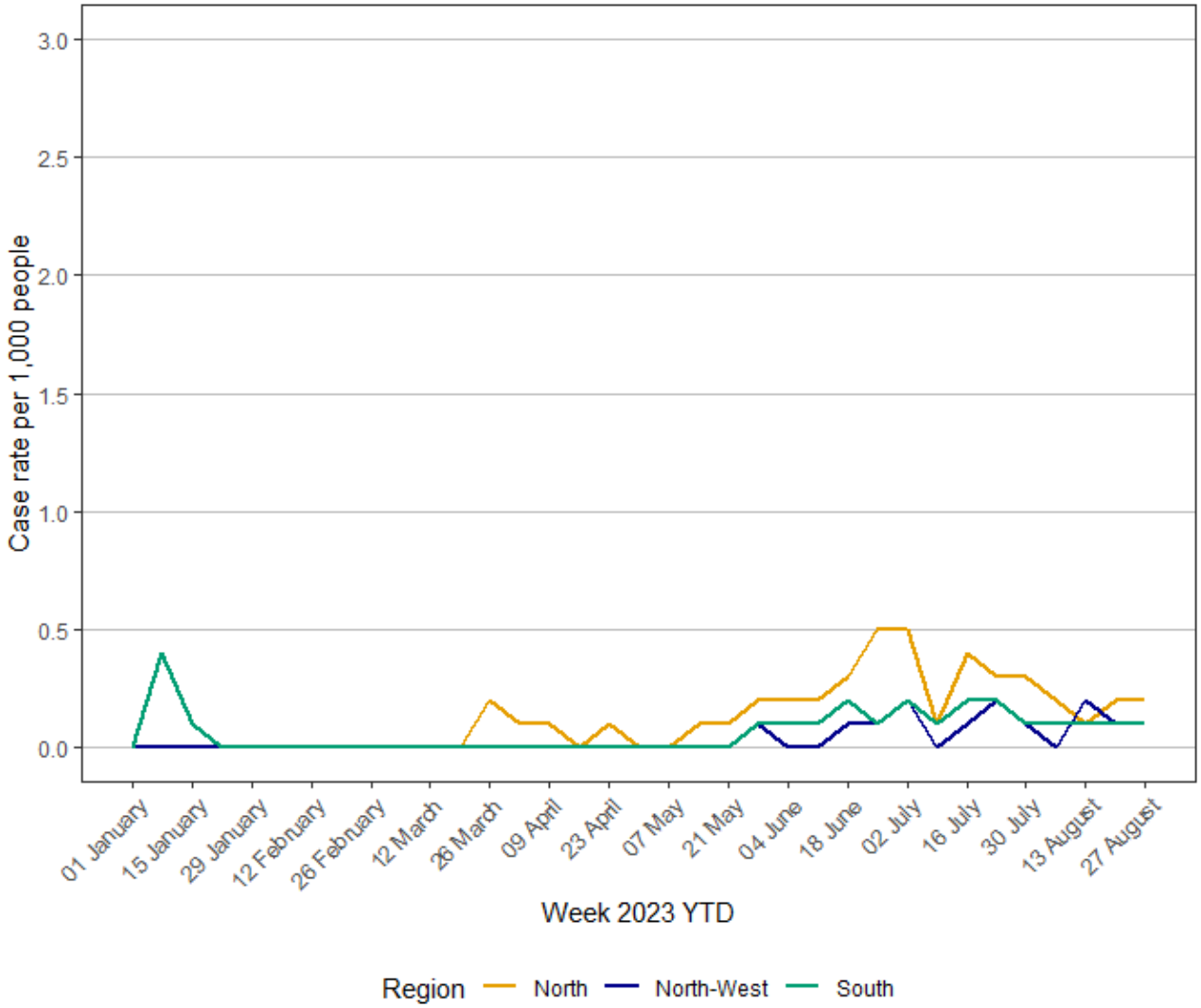


Figure 12: Weekly number of RSV cases per 1000 people (rate) from 1 January 2023 to 27 August 2023, by region of residence.

1.4.5 Weekly number of RSV cases per 1,000 people, by age group

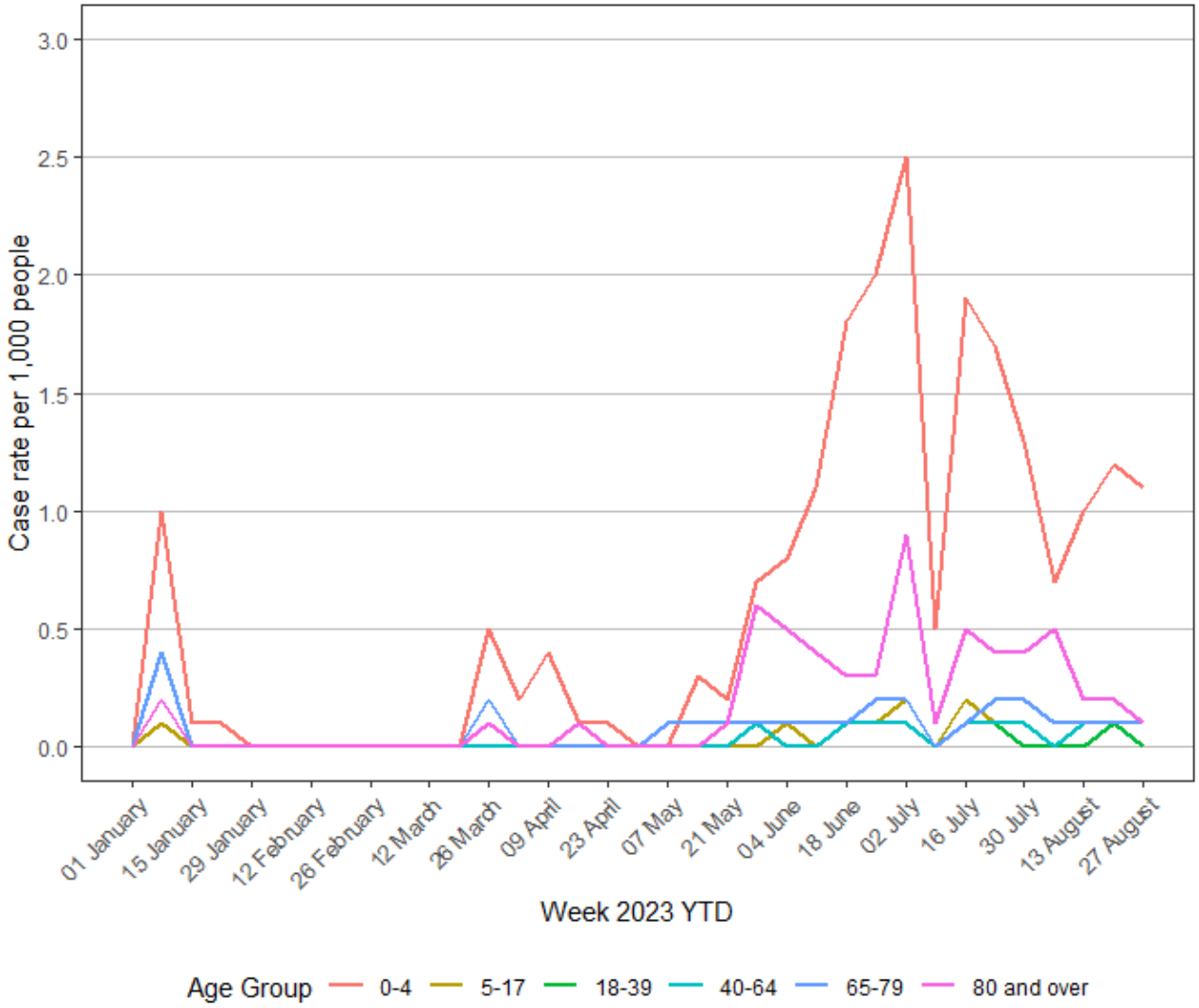


Figure 13: Weekly number of RSV cases per 1,000 people (rate) from 1 January 2023 to 27 August 2023, by age group.

1.4.6 Weekly RSV case numbers and number of cases per 1,000 people, by Local Government Area

Table 6. RSV cases and number of cases per 1,000 people (rate) notified per week in Tasmania, for each of the last four weeks and total cases notified from 1 January 2023 to 27 August 2023, by Local Government Area (LGA).

	06Aug2023		13Aug2023		20Aug2023		27Aug2023		Total Since 1 January 2023	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Total Cases	Cumulative prevalence YTD
Break O'Day	0	-	0	-	0	-	0	-	**19**	**2.7**
Brighton	2	0.1	0	-	1	0.1	3	0.2	**37**	**1.9**
Burnie	3	0.1	3	0.1	6	0.3	2	0.1	**54**	**2.6**
Central Coast	0	-	2	0.1	1	0.0	4	0.2	**27**	**1.2**
Central Highlands	0	-	0	-	0	-	0	-	**2**	**0.8**
Circular Head	0	-	0	-	0	-	0	-	**3**	**0.4**
Clarence	2	0.0	7	0.1	6	0.1	4	0.1	**167**	**2.7**
Derwent Valley	1	0.1	2	0.2	1	0.1	0	-	**19**	**1.7**
Devonport	0	-	8	0.3	3	0.1	0	-	**43**	**1.6**
Dorset	1	0.1	1	0.1	4	0.6	0	-	**17**	**2.4**
Flinders	0	-	0	-	0	-	0	-	**0**	**-**
George Town	1	0.1	0	-	4	0.6	0	-	**46**	**6.4**
Glamorgan-Spring Bay	0	-	0	-	2	0.4	0	-	**5**	**1.0**
Glenorchy	1	0.0	6	0.1	6	0.1	5	0.1	**132**	**2.6**
Hobart	10	0.2	6	0.1	6	0.1	4	0.1	**179**	**3.2**
Huon Valley	1	0.1	0	-	1	0.1	1	0.1	**30**	**1.6**
Kentish	0	-	0	-	0	-	0	-	**5**	**0.7**
King Island	0	-	0	-	0	-	0	-	**0**	**-**
Kingborough	2	0.0	0	-	2	0.0	4	0.1	**83**	**2.0**
Latrobe	0	-	2	0.2	0	-	2	0.2	**18**	**1.4**
Launceston	15	0.2	16	0.2	17	0.2	15	0.2	**387**	**5.4**
Meander Valley	3	0.1	0	-	3	0.1	6	0.3	**63**	**3.0**
Northern Midlands	3	0.2	4	0.3	4	0.3	2	0.1	**59**	**4.2**
Sorell	2	0.1	6	0.4	8	0.5	3	0.2	**66**	**3.9**
Southern Midlands	0	-	1	0.1	0	-	0	-	**6**	**0.9**
Tasman	0	-	0	-	0	-	0	-	**3**	**1.1**
Waratah-Wynyard	0	-	4	0.3	1	0.1	1	0.1	**20**	**1.4**
West Coast	2	0.5	0	-	2	0.5	1	0.2	**12**	**2.7**
West Tamar	8	0.3	2	0.1	2	0.1	4	0.2	**70**	**2.7**

1.5 Other respiratory pathogens

1.5.1 Weekly number of tests, percentage of PCR tests positive and weekly case numbers for other respiratory pathogens

Two pathology providers in Tasmania provide respiratory pathogen PCR testing data to Public Health Services for routine surveillance: Royal Hobart Hospital (RHH) Pathology and Diagnostic Services Pty Ltd (DSPL) (Hobart Pathology, Launceston Pathology, North-West Pathology). Depending on the test conducted, multiplex testing may cover adenovirus, Bordetella pertussis, influenza A, influenza B, metapneumovirus, Mycoplasma pneumoniae, parainfluenza, respiratory syncytial virus (RSV), rhinovirus and SARS-CoV-2 infections. Data in this table provides an indication of circulating respiratory pathogens other than influenza, RSV and SARS-CoV-2.

Table 7: Number of PCR tests (both positive and negative), percentage of tests positive and weekly case numbers for other respiratory pathogens in Tasmania, for the last four weeks to 06 August 2023 and since 1 January 2023.

	30Jul2023		06Aug2023		13Aug2023		20Aug2023		Total Since 1 January 2023	
	Tests	Percent positive	Tests	Percent positive	Tests	Percent positive	Tests	Percent positive	Total Tests	Cumulative prevalence YTD
Adenovirus	497	3.4	451	2.2	504	3.8	469	3.0	**10560**	**3.3**
Bordetella pertussis	114	0.0	125	0.0	105	0.0	113	0.0	**1787**	**0.1**
Metapneumovirus	497	4.2	451	2.0	504	2.0	469	1.5	**10560**	**3.2**
Mycoplasma pneumoniae	114	0.0	125	0.0	105	0.0	113	0.0	**1786**	**0.1**
Parainfluenza	497	1.8	451	2.9	504	4.0	469	3.8	**10560**	**2.4**
Rhinovirus	497	16.7	451	13.3	504	17.9	469	21.1	**10561**	**18.3**
	Cases		Cases		Cases		Cases		**Cases**	
Adenovirus	17		10		19		14		**60**	
Bordetella pertussis	0		0		0		0		**0**	
Metapneumovirus	21		9		10		7		**47**	
Mycoplasma pneumoniae	0		0		0		0		**0**	
Parainfluenza	9		13		20		18		**60**	
Rhinovirus	83		60		90		99		**332**	

Section 2: Severity

2.1 COVID-19

2.1.1 Clinical severity and deaths in reported COVID-19 cases by reporting week

Table 8: Hospital admissions with or due to COVID-19, number of ICU admissions (for any reason), and deaths for which COVID-19 was a cause or contributing factor, in Tasmania for each of the last four weeks and from 1 January 2023 to 27 August 2023.

Reporting Week	06Aug2023	13Aug2023	20Aug2023	27Aug2023	Total Since 1 January 2023
All Hospital Admissions with COVID-19	17	11	15	19	1181
Intensive Care Admissions	1	1	0	1	38
Deaths	3	1	2	1	79

2.1.2 Hospital admissions in reported COVID-19 cases by age group

Table 9: Hospital admissions with or due to COVID-19 in Tasmania for each of the last four weeks and from 1 January 2023 to 27 August 2023, by age group.

Age Group	06Aug2023	13Aug2023	20Aug2023	27Aug2023	Total Since 1 January 2023
0-4	0	1	0	1	**45**
5-17	0	1	0	0	**23**
18-39	1	0	2	1	**94**
40-64	6	2	3	2	**216**
65-79	4	3	5	7	**378**
80 and over	6	4	5	8	**425**
Total	17	11	15	19	**1181**

2.1.3 Deaths in reported COVID-19 cases by age group

Table 10: Deaths for which COVID-19 was a cause or contributing factor, in Tasmania for each of the last four weeks and from 1 January 2023 to 27 August 2023, by age group.

Age Group	06Aug2023	13Aug2023	20Aug2023	27Aug2023	Total Since 1 January 2023
0-4	0	0	0	0	**0**
5-17	0	0	0	0	**0**
18-39	0	0	0	0	**0**
40-64	0	0	0	0	**6**
65-79	0	1	1	0	**24**
80 and over	3	0	1	1	**49**
Total	3	1	2	1	**79**

Section 3: Genomics/Virology

3.1 COVID-19

3.1.1 COVID-19 variants identified by whole genome sequencing

Like all viruses, SARS-CoV-2 changes over time. The World Health Organization monitors these changes and classifies lineages according to the risk that they pose to global public health. Those that they identify as having changes that increase transmissibility, increase virulence, or decrease the effectiveness of vaccines or treatments are designated as variants of concern.

Whole genome sequencing is used in Tasmania to monitor for new SARS-CoV-2 variants circulating in the community, in particular variants of concern. Whole genome sequencing is a laboratory procedure that identifies the genetic profile of an organism. Whole genome sequencing can help understand how a virus transmits, responds to vaccination and the severity of disease it may cause. It can also help to monitor the spread of the virus by identifying specimens that are genomically similar. In Tasmania, whole genome sequencing for SARS-CoV-2 is conducted at the Royal Hobart Hospital Pathology Laboratory.

Not all case specimens are sequenced. Specimens from people with COVID-19 who are admitted to hospital, or ICU are prioritised, to identify and understand lineages with increased disease severity. Specimens from overseas arrivals are also prioritised to monitor for the introduction of new variants into the community. As this is not a random sample, the proportion of sequences identified does not necessarily reflect their distribution in the community.

There is a time lag between the date a PCR test is taken and the date that the results of whole genome sequencing are reported to Public Health Services. The count of specimens which have been sequenced for recent weeks will therefore increase over time.

Table 11: SARS-CoV-2 variants, selected subvariants and selected sub-lineages identified by whole genome sequencing, by specimen collection date in the four weeks to 27 August 2023 and from 1 January 2023 to 06 August 2023, Tasmania

Variant	06Aug2023	13Aug2023	20Aug2023	27Aug2023	Total Since 1 January 2023
XBB.1.5	2 (11.8%)	_	_	_	174 (16.1%)
XBB.1.16	3 (17.6%)	1 (8.3%)	2 (11.1%)	_	141 (13.0%)
Recombinant XBF	_	_	_	_	176 (16.2%)
Recombinant XBC	3 (17.6%)	4 (33.3%)	1 (5.6%)	_	102 (9.4%)
Recombinant GL	4 (23.5%)	4 (33.3%)	12 (66.7%)	1 (50.0%)	29 (2.7%)
XBB recombinant Sub-lineage EG	_	_	2 (11.1%)	_	76 (7.0%)
Other Recombinants*	5 (29.4%)	3 (25.0%)	1 (5.6%)	1 (50.0%)	384 (35.4%)
Total	17 (100.0%)	12 (100.0%)	18 (100.0%)	2 (100.0%)	1084 (100.0%)

*** Other recombinants** include the following B.1.1.529 Sub-lineages: FY.3; FL.4; XBB.2.3.2; XBB.1.22.1; XBB.1.9.2; XBL.1; FL.1; FL.2; FK.1.4; FL.6.

3.2 Influenza

3.2.1 Influenza by virological type and subtype/lineage

Table 12: Notifications of influenza by virological type and subtype/lineage in the four weeks to 27 August 2023 and total since 1 January 2023, Tasmania

Influenza Type	4 - weeks to 27 August 2023		Total since 1 January 2023	
	Notifications	Percentage	Notifications	Percentage
Influenza A	153	41.1	1802	63.8
Influenza B	219	58.9	1021	36.2
Total	372	100	2823	100

Table 13: Notifications of influenza by subtype/lineage in the four weeks to 27 August 2023 and total since 1 January 2023, Tasmania

Influenza Subtype/lineage		4 - weeks to 27 August 2023		Total since 1 January 2023	
		Notifications	Percentage	Notifications	Percentage
Influenza A	A (H1N1)	8	100.0	134	95.7
	A (H3N2)	0	0.0	6	4.3
	Not Sub-Typed	145	NA	1661	NA
Influenza B	B Victoria	1	100.0	52	100.0
	B Other	0	0.0	0	0.0
	Not Sub-Typed	218	NA	969	NA
Total		372		2823	

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