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Fortnightly Respiratory Surveillance Report

Department of **Health**

Tasmanian Government

Fortnightly Respiratory Surveillance Report, Tasmania

Public Health Services

Report for the epidemiological fortnight ending 11 February 2024

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.

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 “26 March 2024”). 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

Influenza-like Illness

The prevalence of reported influenza-like illness (ILI) in the community has remained low at less than 0.5% during the reporting fortnight (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

- In the week ending 11 February 2024, PCR positivity further decreased to 4.7%, down from the 9.7% observed in the first week of 2024. PCR positivity has decreased consistently over the last four weeks (Figure 2).
- The number of reported COVID-19 cases state-wide increased steadily between 09 October and 12 November 2023 then remained relatively stable until the last week of 2023 (Figure 3). Subsequently, there was a decrease in notifications in the first two weeks of 2024 and notifications have been relatively stable in the most recent four weeks.
- From 01 January 2024 to 11 February 2024, a total of 4,130 COVID-19 cases were notified in Tasmania; 619 and 577 cases in the weeks ending 04 February 2024 and 11 February 2024, respectively (Table 1).
- Of these total cases notified, 962 (23%) resided in the North, 743 (18%) resided in the North-West, and 2,420 (59%) resided in the South (Table 1).
- In the week ending 11 February 2024, the weekly notification rates of COVID-19 were less than 2.0 per 1,000 people in most LGAs. The highest number of cases were reported from the Launceston, Clarence, Hobart and Glenorchy LGAs during the period from 1 January 2024 to 11 February 2024. The notification rate was highest in the South (Tables 1 and 2).
- These numbers indicate a recent downward trend of COVID-19 activity for this current wave, which began in mid-October.

Influenza & RSV

Influenza and RSV activities are currently at inter-seasonal levels. Due to low activity, analyses of notifications are not presented in this report.

Severity

COVID-19

- From 21 January 2024 to 11 February 2024, 151 COVID-19 cases were admitted to hospital, eight cases were admitted to ICU and four cases died where COVID-19 caused or contributed to the death (Table 3).
- This fortnight, hospital admissions associated with COVID-19 have reduced slightly, and ICU admissions and deaths associated with COVID-19 remain relatively low but still occur (Table 3).
- In the fortnight ending 11 February 2024, adults aged 80 years and older continued to have the highest number of COVID-19 related hospital admissions and the number of admissions among those aged 18 to 64 years decreased (Table 4).

Age distribution

COVID-19

- From 1 January 2024 to 11 February 2024, adults aged 80 years and older had the highest cumulative COVID-19 notification rates at 17.3 cases per 1,000 people, followed by adults aged 65 to 79 years at 9.5 cases per 1,000 people (Table 1).

- COVID-19 case notification rates remain relatively stable in recent weeks across most age groups (Figure 5), but an increase in the notification rate has been observed in those aged 80 years and older from 1.8 per 1000 in the week ending 04 February to 3.2 per 1000 during the week ending 11 February 2024 (Table 1).

Virology/genomics

COVID-19

- A range of Omicron subvariants and sub-lineages continue to be detected by whole genome sequencing in Tasmania. Among the 104 viruses genotyped in the four weeks ending 11 February 2024, most were characterised as Omicron BA.2 or recombinant XBB.1.9 sub-lineages.
- Among 104 samples genotyped, 91 (87.5%) were JN, 7 (6.7%) were HK.

Contents

Key messages **3**
Section 1: Activity **6**
1.1 Community-based surveillance of influenza-like illness 6
1.2 COVID-19 7
1.2.1 Weekly percentage of PCR tests positive for COVID-19 7
1.2.2 Number of COVID-19 cases notified per week 8
1.2.3 Weekly COVID-19 case numbers and the number of cases per 1,000 people, by region of residence and age group 9
1.2.4 Weekly number of COVID-19 cases per 1,000 people notified since 01 January 2023, by region of residence 10
1.2.5 Weekly number of COVID-19 cases per 1,000 people notified since 01 January 2023, by age group 11
1.2.6 Weekly COVID-19 case numbers and number of cases per 1,000 people, by Local Government Area 12
Section 2: Severity **13**
2.1 COVID-19 13
2.1.1 Clinical severity and deaths in reported COVID-19 cases by reporting week 13
2.1.2 Hospital admissions in reported COVID-19 cases by age group 13
2.1.3 Deaths in reported COVID-19 cases by age group 14
Section 3: Genomics/Virology **15**
3.1 COVID-19 15
3.1.1 COVID-19 variants identified by whole genome sequencing. 15

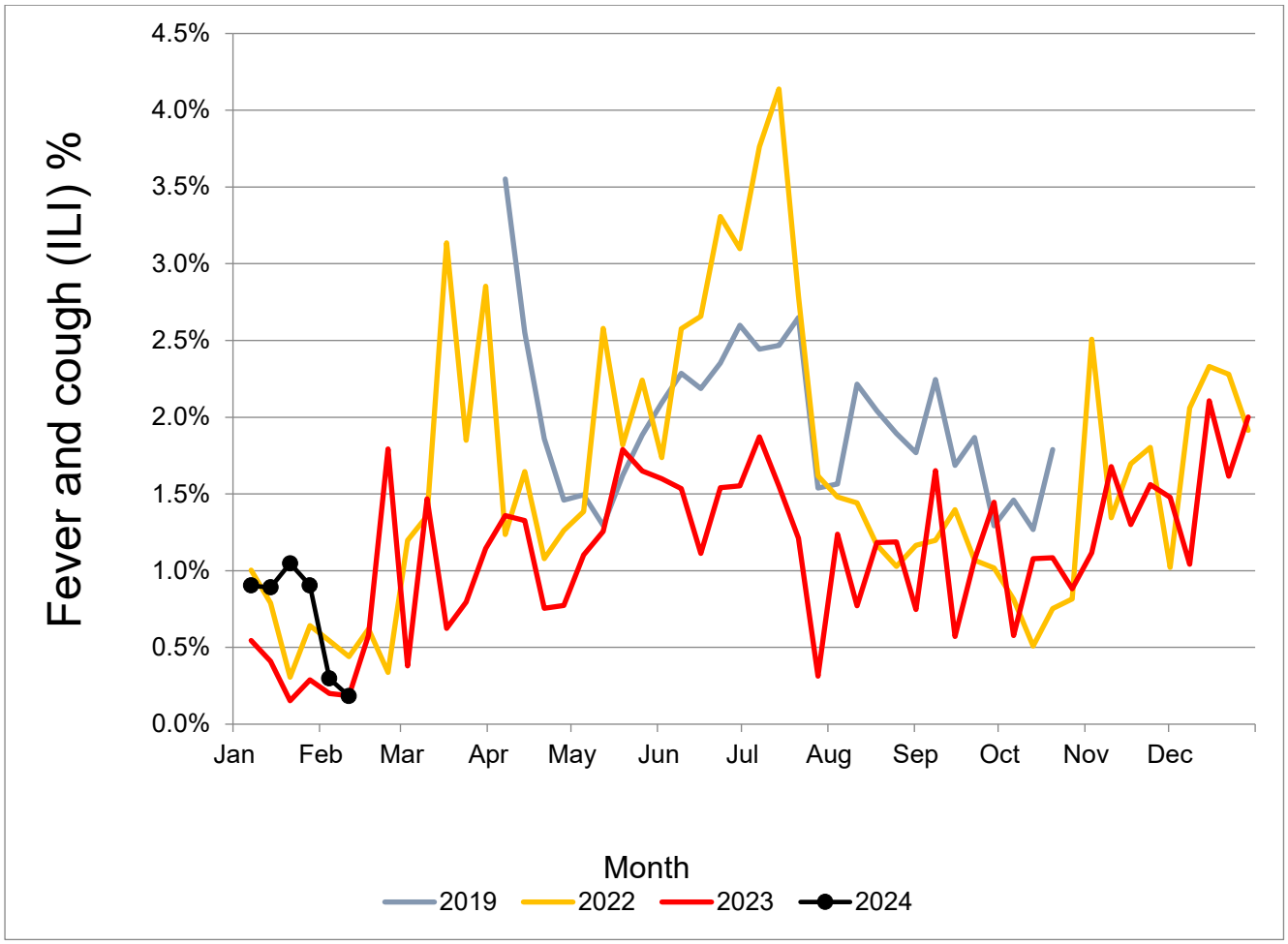
Section 1: Activity

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, during 2019 to 2024.

1.2 COVID-19

1.2.1 Weekly percentage of PCR tests positive for COVID-19

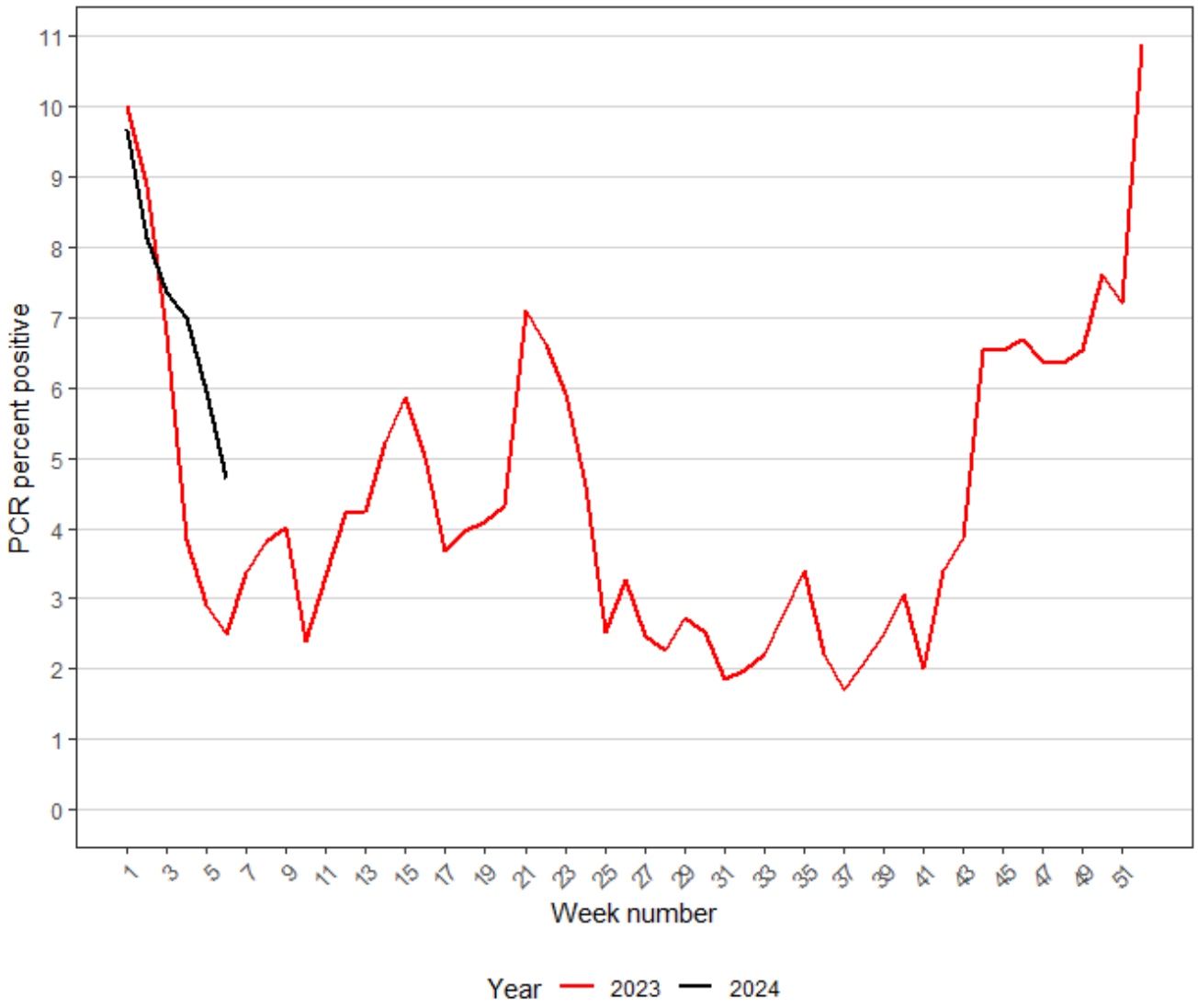


Figure 2: Weekly percentage of PCR tests positive for COVID-19 in Tasmania from 01 January 2023 to 11 February 2024.

1.2.2 Number of COVID-19 cases notified per week

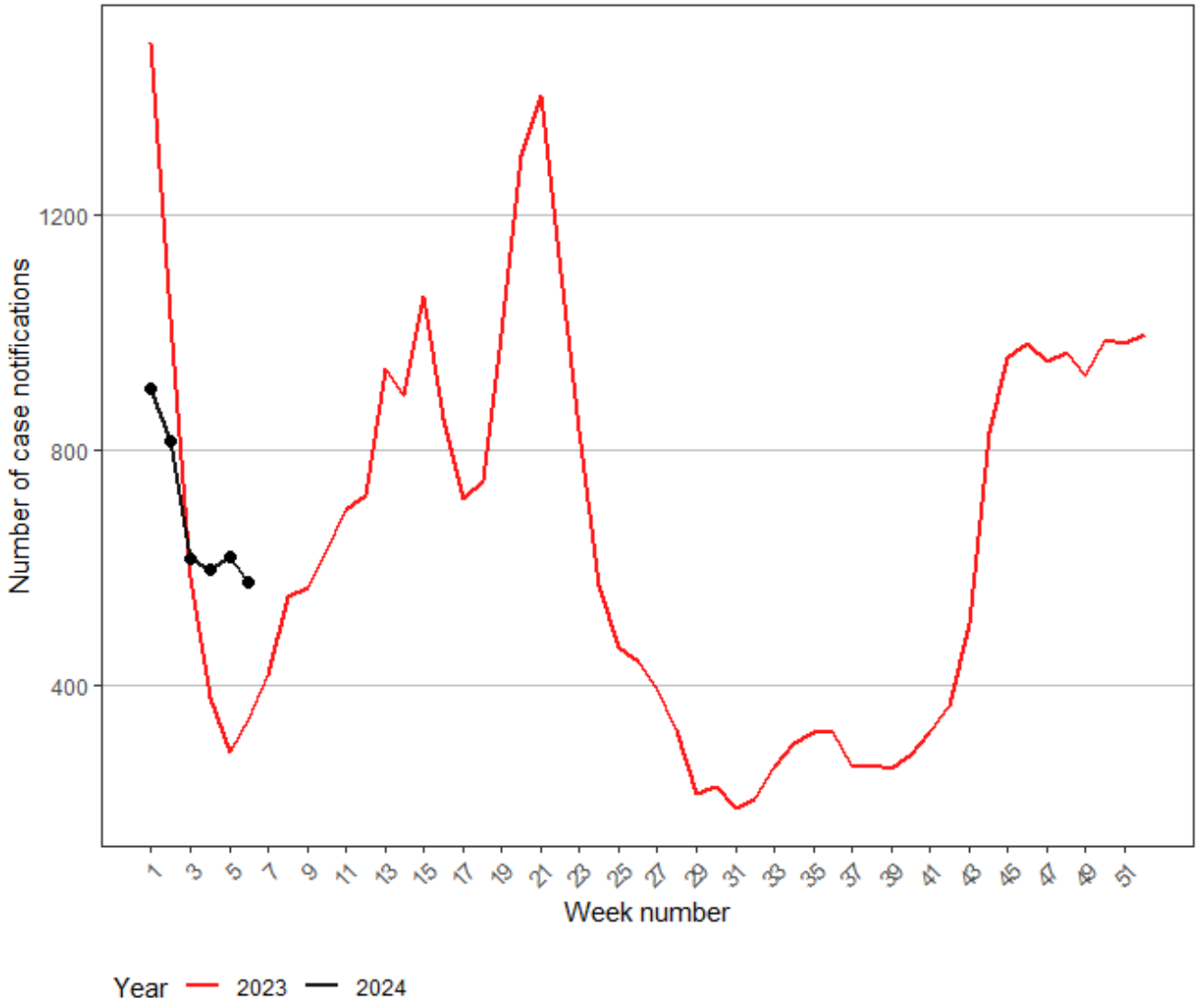


Figure 3: Number of COVID-19 cases in Tasmania notified per week from 01 January 2023 to 11 February 2024

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 01 January 2024 to 11 February 2024, by region of residence and age group.

	21Jan2024		28Jan2024		04Feb2024		11Feb2024		Total Since 1 January 2024	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Region of Residence										
North	159	1.0	131	0.8	126	0.8	151	1.0	**962**	**6.2**
North-West	92	0.8	117	1.0	134	1.1	143	1.2	**743**	**6.2**
South	364	1.2	347	1.2	358	1.2	283	1.0	**2420**	**8.2**
Unknown Region	2	-	1	-	1	-	0	-	**5**	**-**
Age Group										
0-4	26	0.9	28	1.0	27	0.9	14	0.5	**142**	**4.8**
5-17	30	0.4	33	0.4	48	0.6	44	0.5	**207**	**2.5**
18-39	156	1.1	166	1.2	167	1.2	125	0.9	**1075**	**7.6**
40-64	221	1.3	219	1.3	219	1.3	201	1.2	**1491**	**8.6**
65-79	118	1.4	98	1.2	112	1.4	111	1.4	**778**	**9.5**
80 and over	66	2.6	52	2.1	46	1.8	82	3.2	**437**	**17.3**
Unknown Age	0	-	0	-	0	-	0	-	**0**	**-**
Total	**617**	**1.1**	**596**	**1.0**	**619**	**1.1**	**577**	**1.0**	**4130**	**7.3**

1.2.4 Weekly number of COVID-19 cases per 1,000 people notified since 01 January 2023, by region of residence

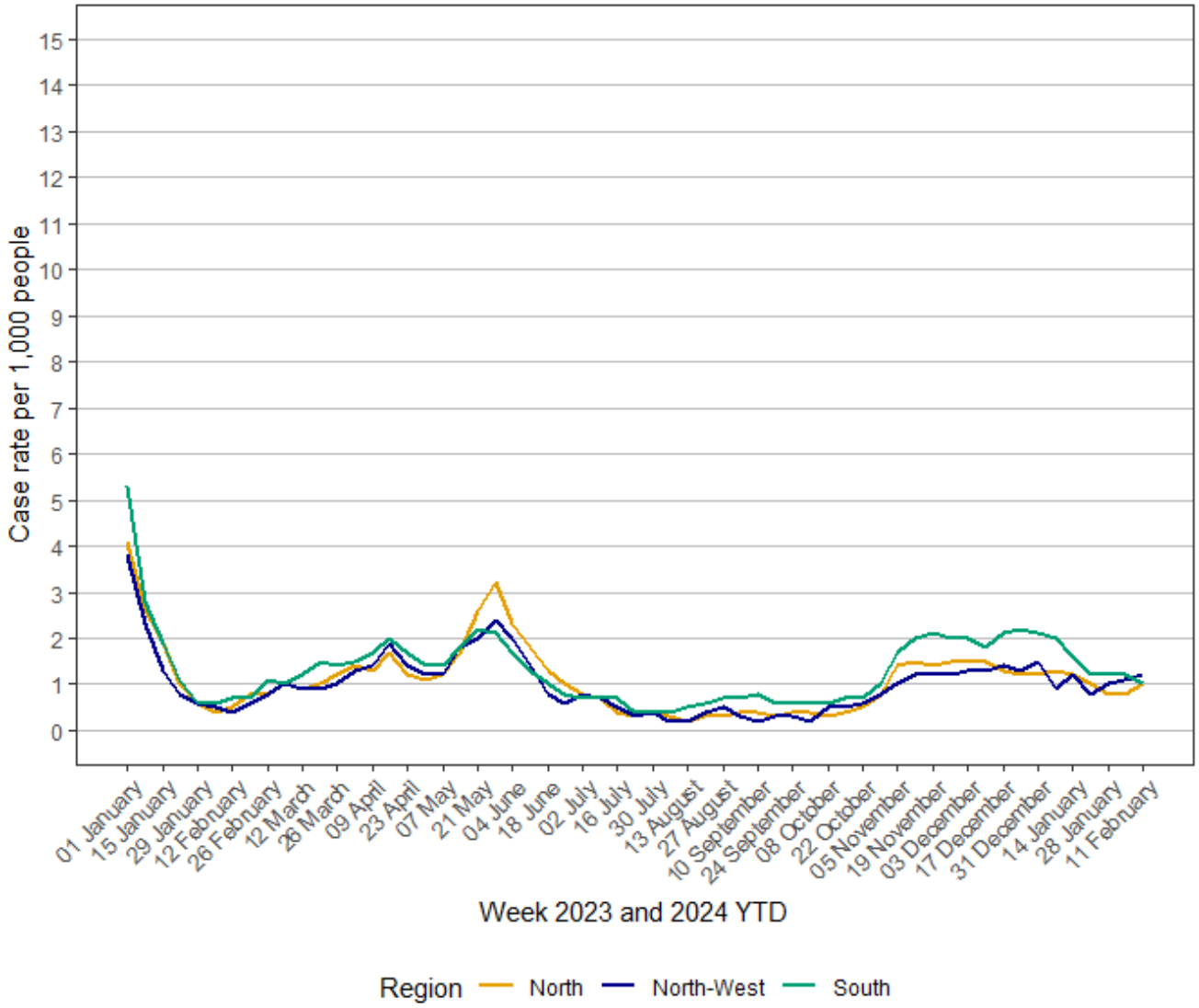


Figure 4: Weekly number of COVID-19 cases per 1000 people (rate) notified in Tasmania from 01 January 2023 to 11 February 2024, by region of residence.

1.2.5 Weekly number of COVID-19 cases per 1,000 people notified since 01 January 2023, by age group

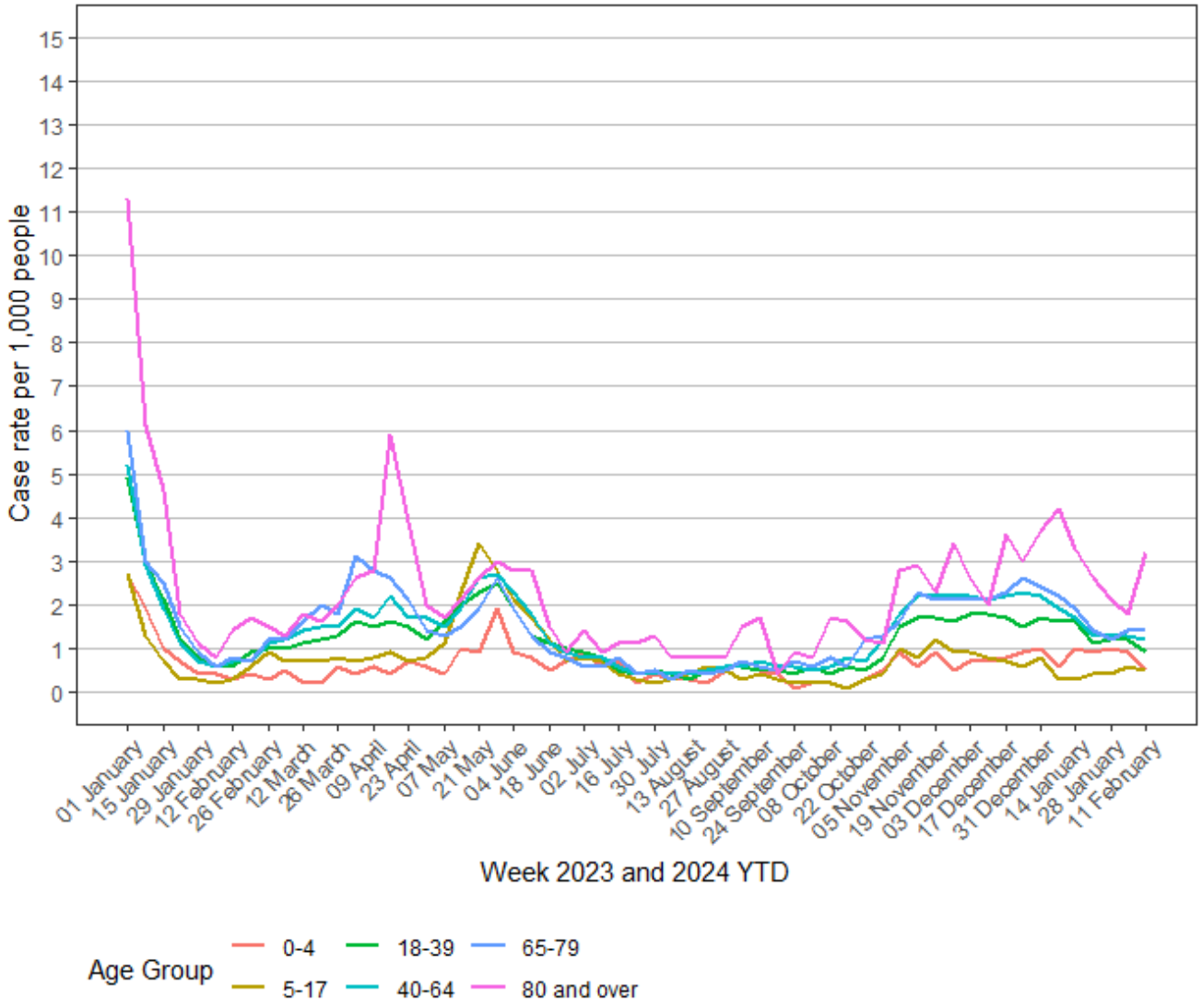


Figure 5. Weekly number of COVID-19 cases per 1,000 people (rate) notified in Tasmania from 01 January 2023 to 11 February 2024, by age group.

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 to 14 January 2024 and for the year-to-date period from 1 January 2024 to 11 February 2024, by Local Government Area (LGA).

	21Jan2024		28Jan2024		04Feb2024		11Feb2024		Total Since 1 January 2024	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Break O'Day	7	1.0	0	-	5	0.7	3	0.4	**30**	**4.3**
Brighton	23	1.2	19	1.0	48	2.5	18	0.9	**183**	**9.5**
Burnie	12	0.6	23	1.1	22	1.1	21	1.0	**123**	**6.0**
Central Coast	20	0.9	28	1.2	33	1.4	31	1.3	**150**	**6.4**
Central Highlands	1	0.4	0	-	0	-	2	0.8	**4**	**1.6**
Circular Head	2	0.2	2	0.2	4	0.5	3	0.4	**23**	**2.8**
Clarence	78	1.3	77	1.2	87	1.4	64	1.0	**536**	**8.6**
Derwent Valley	25	2.2	15	1.3	13	1.2	7	0.6	**102**	**9.2**
Devonport	14	0.5	30	1.1	34	1.3	58	2.2	**193**	**7.2**
Dorset	3	0.4	5	0.7	0	-	3	0.4	**17**	**2.4**
Flinders	1	1.1	0	-	0	-	0	-	**6**	**6.4**
George Town	7	1.0	11	1.5	7	1.0	9	1.2	**45**	**6.2**
Glamorgan-Spring Bay	6	1.2	0	-	4	0.8	6	1.2	**31**	**6.1**
Glenorchy	67	1.3	68	1.3	74	1.4	59	1.2	**437**	**8.5**
Hobart	66	1.2	73	1.3	57	1.0	48	0.9	**499**	**8.9**
Huon Valley	22	1.2	16	0.9	12	0.6	11	0.6	**117**	**6.2**
Kentish	5	0.7	6	0.9	2	0.3	5	0.7	**40**	**5.9**
Kingborough	59	1.4	49	1.2	38	0.9	54	1.3	**353**	**8.6**
Latrobe	14	1.1	11	0.9	16	1.3	12	0.9	**82**	**6.5**
Launceston	85	1.2	78	1.1	64	0.9	63	0.9	**543**	**7.6**
Meander Valley	19	0.9	17	0.8	15	0.7	38	1.8	**120**	**5.7**
Northern Midlands	11	0.8	5	0.4	13	0.9	8	0.6	**70**	**5.0**
Sorell	11	0.6	22	1.3	16	0.9	9	0.5	**116**	**6.8**
Southern Midlands	5	0.7	8	1.2	5	0.7	5	0.7	**30**	**4.4**
Tasman	1	0.4	0	-	4	1.5	0	-	**12**	**4.5**
Waratah-Wynyard	21	1.4	14	1.0	20	1.4	11	0.8	**111**	**7.6**
West Coast	4	0.9	3	0.7	3	0.7	2	0.5	**21**	**4.8**
West Tamar	26	1.0	15	0.6	22	0.9	27	1.0	**131**	**5.1**

Section 2: Severity

2.1 COVID-19

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

Table 3: 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 to 28 January 2024 and from 01 January 2024 to 11 February 2024.

Reporting Week	21Jan2024	28Jan2024	04Feb2024	11Feb2024	Total Since 01 January 2024
All Hospital Admissions with COVID-19	40	38	47	26	415
Intensive Care Admissions	3	1	3	1	11
Deaths	1	1	1	1	6

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

Table 4: Hospital admissions with or due to COVID-19 in Tasmania for each of the last four weeks and from 01 January 2024 to 11 February 2024, by age group.

Age Group	21Jan2024	28Jan2024	04Feb2024	11Feb2024	Total Since 01 January 2024
0-4	2	7	3	2	**33**
5-17	0	1	0	0	**3**
18-39	4	5	7	2	**59**
40-64	8	5	8	2	**64**
65-79	9	8	12	9	**116**
80 and over	17	12	17	11	**140**
Total	40	38	47	26	**415**

2.1.3 Deaths in reported COVID-19 cases by age group

Table 5: Deaths for which COVID-19 was a cause or contributing factor, in Tasmania for each of the last four weeks and from 01 January 2024 to 11 February 2024, by age group.

Age Group	21Jan2024	28Jan2024	04Feb2024	11Feb2024	Total Since 1 January 2024
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	**0**
65-79	0	0	0	0	**1**
80 and over	1	1	1	1	**5**
Total	1	1	1	1	**6**

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. In Australia, The Communicable Diseases Genomic Network (CDGN) Variants of Concern (VOC) Working Group is closely monitoring SARS-CoV-2 changes to gain a better understanding of the impact of mutations (*https://www.cdgn.org.au/variants-of-concern*). 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.

COVID-19 variants identified by whole genome sequencing in Tasmania:

- During the four weeks, 21 January to 11 February 2024, a total of 104 samples were sequenced.
- Among the viruses that were genotyped, the majority of variants characterized were Omicron recombinant BA.2 or XBB sub-lineages.
- Among 104 samples, 91 (87.5%) were JN sub-lineages (mostly JN.1) and 7 (6.7%) samples were HK sub-lineages.

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