Victorian COVID-19 Surveillance Report

Weekly report 02 February 2024

OFFICIAL

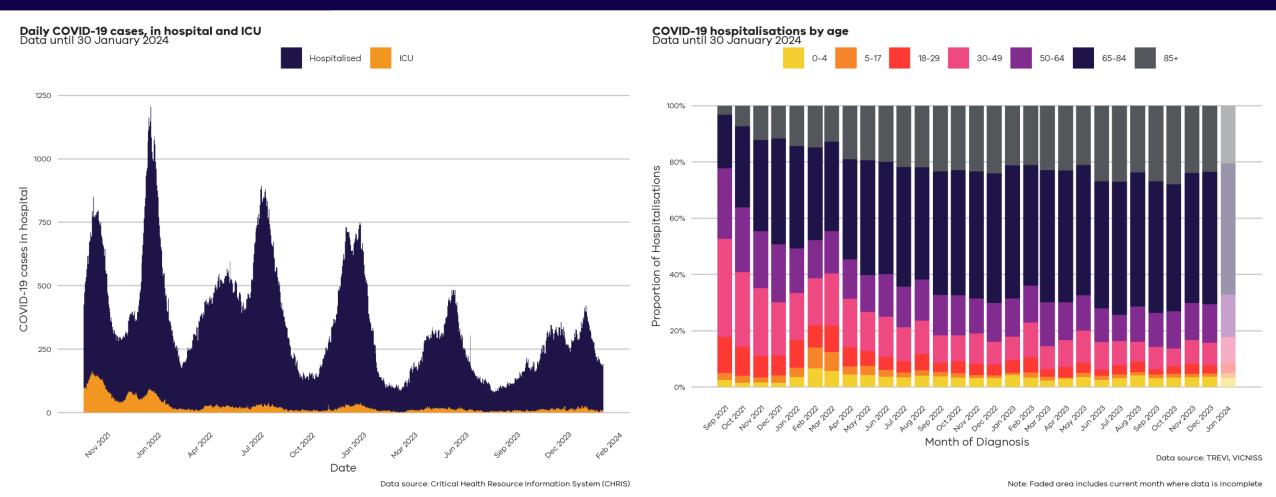


Epidemiological Summary

Current indicators show decreasing levels of COVID-19 activity in Victoria.

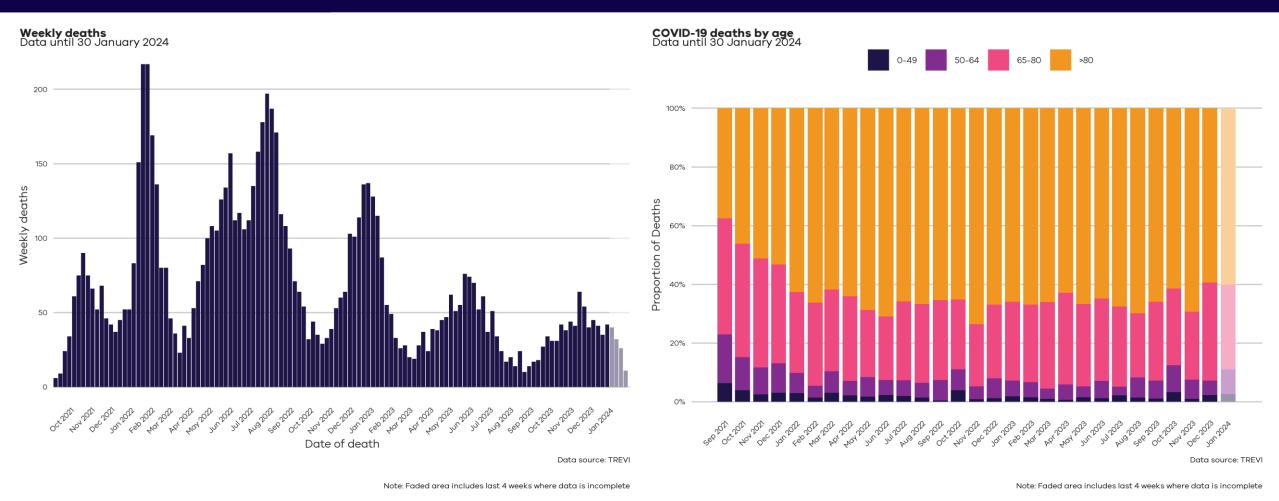
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Daily numbers last 12 weeks	
421	The number of people in hospital with COVID-19 has continued to decline this week. The 7-day average is 196, compared to 222 last week. The 7-day average of ICU patients also declined this week (8 to 7).
	The latest quantitative wastewater measures indicate decreasing COVID-19 viral loads in Victorian wastewater in both metropolitan and regional catchments.
	Higher levels of SARS-CoV-2 in wastewater suggest higher prevalence of COVID-19 infections in the community.
	(Plot shows metropolitan median relative quantitative levels of SARS-CoV-2 in wastewater)
	Deaths in the most recent 28-day period (20/12/2023 – 16/01/2024) declined compared to the prior 28-day period (22/11/2023 – 19/12/2023), with a current 28-day total of 149. Increases and decreases in the reporting of deaths attributable to COVID-19 tend to lag waves of infections and hospitalisations by several weeks.
	(Note that reporting periods for deaths are lagged by 2 weeks to allow for delays in data collection)
· ****	Following rapid growth in early December, JN.1 (a sublineage of BA.2.86) is the dominant variant in Victorian wastewater samples at approximately 71% in the most recent week. This is the first time a single subvariant has been dominant in Victoria since BA.5 in 2022. JN.1 is also the dominant variant globally.

COVID Hospitalisations



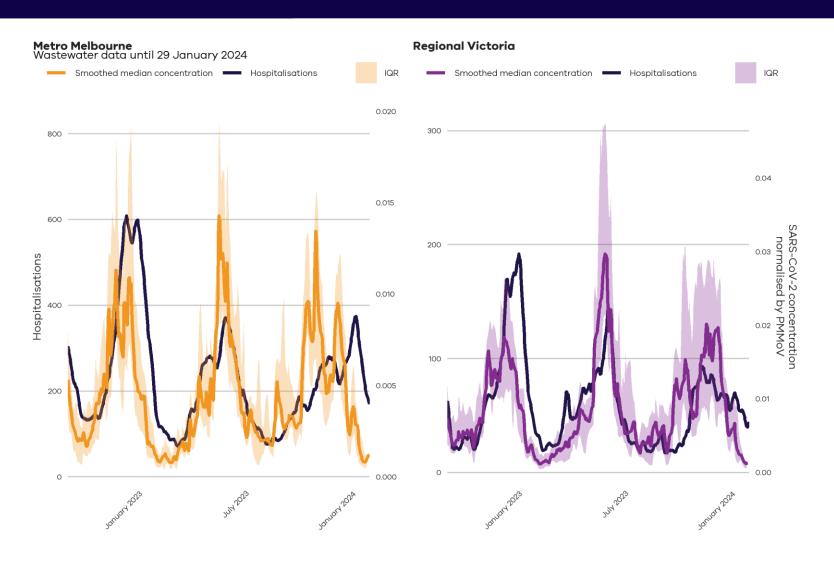
This graph shows data back to September 2021 when hospitalisations were increasing during the Delta variant wave. Hospitalisations represent the number of COVID-19 positive patients in hospital on a given day.

COVID Mortality



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

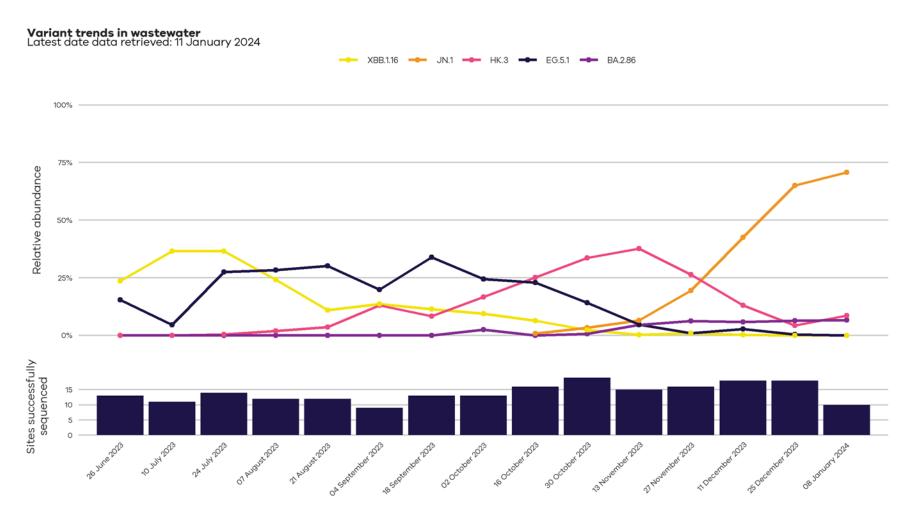


Quantitative wastewater sampling and 7-day average hospitalisations provide insights into changes in prevalence and COVID-19 wave detection.

These charts show the median SARS-CoV-2 wastewater viral loads with hospitalisations 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



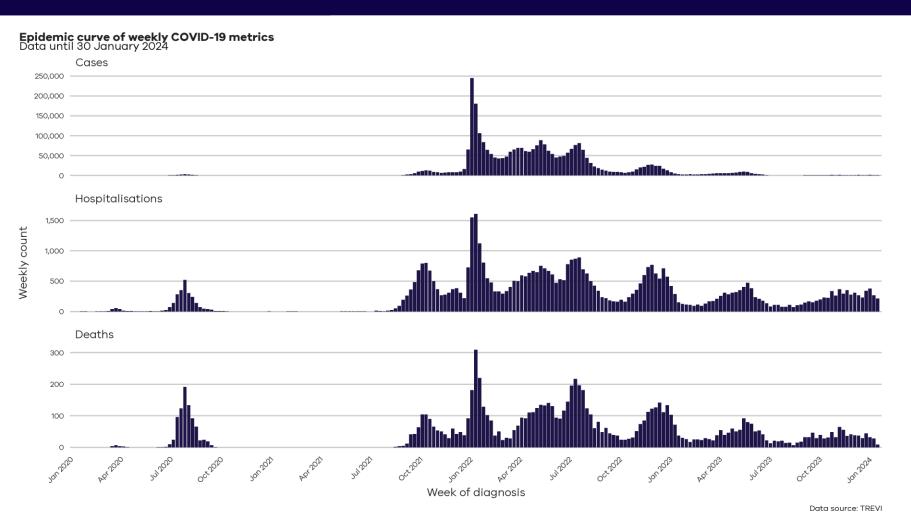
Analysis of wastewater samples can help us understand which SARS-CoV-2 variants are currently circulating in Victoria.

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.

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.