Victorian COVID-19 Surveillance Report
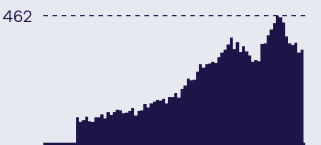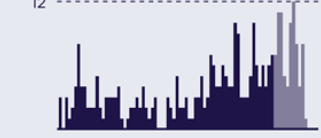
14 June 2024

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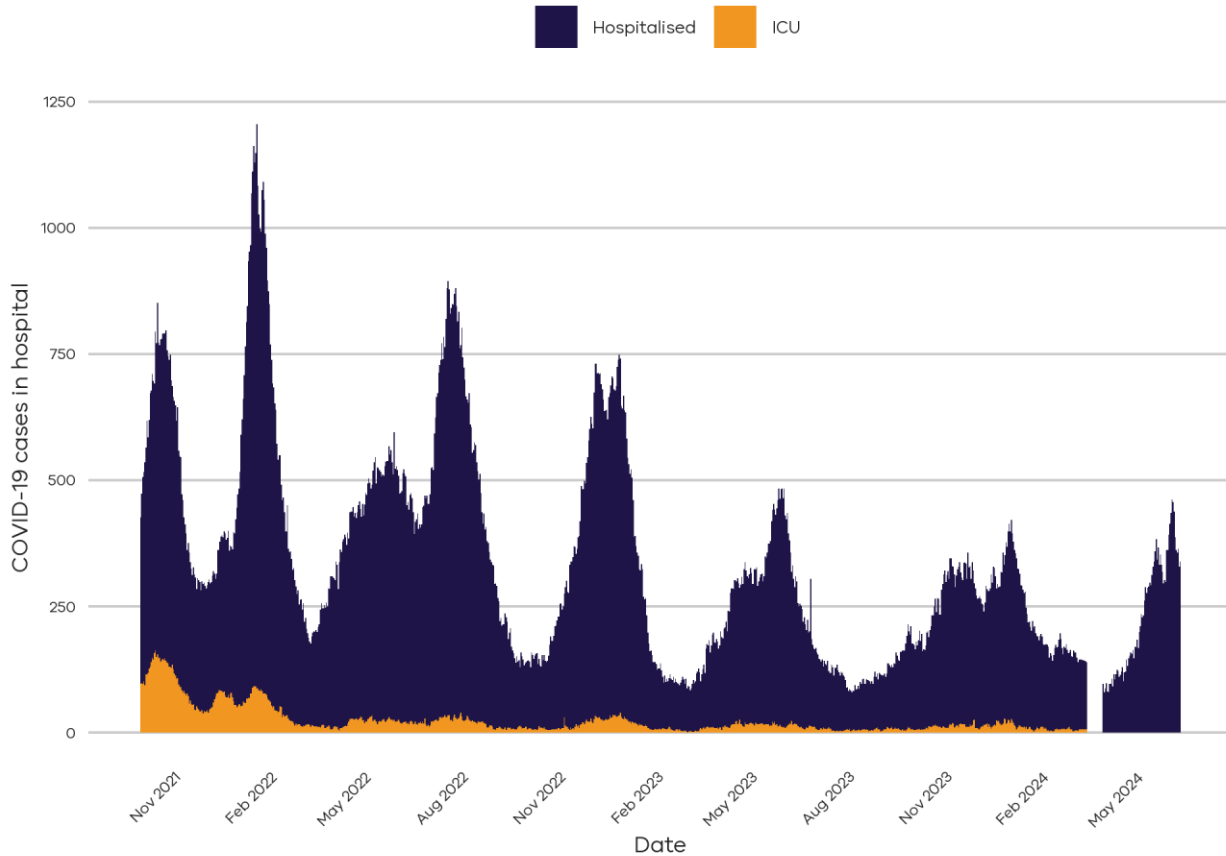
Epidemiological Summary

Current trends indicate high levels of COVID-19 activity in Victoria.

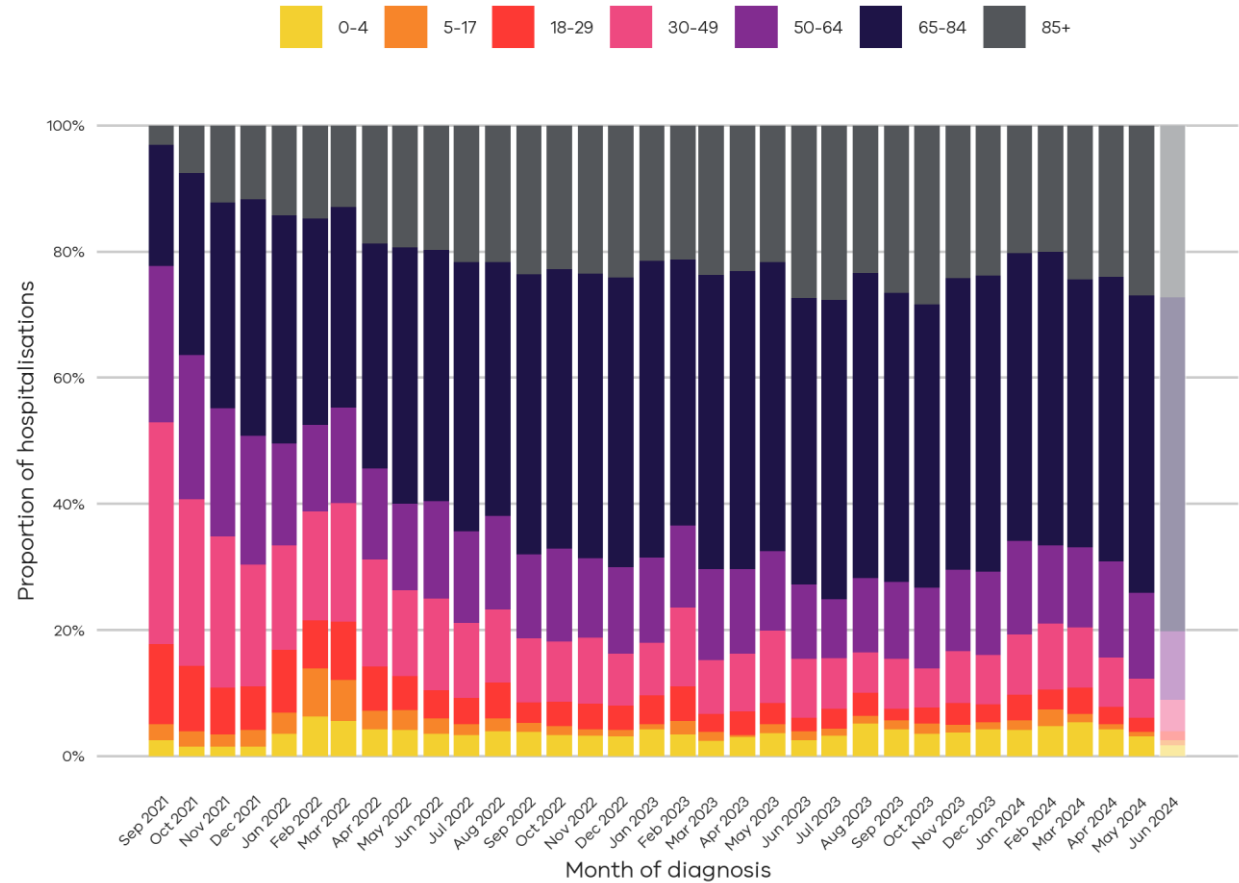| Daily counts last 12 weeks	
462 ---- (chart)	**The number of people in hospital with COVID-19 has decreased this week.** The 7-day average is 368, compared to 412 last week.
(chart)	**The latest quantitative wastewater measures indicate there are increasing SARS-CoV-2 viral loads in Victorian wastewater** in metropolitan and regional catchments. Increasing levels of SARS-CoV-2 in wastewater suggest increasing prevalence of COVID-19 infections in the community. *(Plot shows metropolitan relative quantitative levels of SARS-CoV-2 in wastewater)*
12 ---- (chart)	**Deaths in the most recent 28-day period (01 May 2024 - 28 May 2024) have increased compared to the prior 28-day period (03 Apr 2024 - 30 Apr 2024), with a current 28-day total of 134.** Increases and decreases in the reporting of deaths attributable to COVID-19 tend to lag waves of infections and hospitalisations by several weeks.
(virus icon)	Following rapid growth in early December, **JN.1 (including sublineages) remains the dominant variant in Victorian wastewater samples** at approximately 54% in the most recent samples (excluding KP.3). As of 3 May 2024, four JN.1 sublineages were declared Variants Under Monitoring by the WHO, including **KP.3 which has been increasing in Victorian wastewater** at approximately 42% in the most recent samples. KP.3 is the fastest growing variant globally, making up 20% of sequenced samples globally in the week to 28 April.

COVID Hospitalisations

Daily COVID-19 cases in hospital and ICU
Data until 11 June 2024

Legend: Hospitalised, ICU

COVID-19 cases in hospital (y-axis: 0, 250, 500, 750, 1000, 1250)

Date (x-axis: Nov 2021, Feb 2022, May 2022, Aug 2022, Nov 2022, Feb 2023, May 2023, Aug 2023, Nov 2023, Feb 2024, May 2024)

Data source: Critical Health Resource Information System (CHRIS)

COVID-19 hospitalisations by age
Data until 11 June 2024

Legend: 0-4, 5-17, 18-29, 30-49, 50-64, 65-84, 85+

Proportion of hospitalisations (y-axis: 0%, 20%, 40%, 60%, 80%, 100%)

Month of diagnosis (x-axis: Sep 2021, Oct 2021, Nov 2021, Dec 2021, Jan 2022, Feb 2022, Mar 2022, Apr 2022, May 2022, Jun 2022, Jul 2022, Aug 2022, Sep 2022, Oct 2022, Nov 2022, Dec 2022, Jan 2023, Feb 2023, Mar 2023, Apr 2023, May 2023, Jun 2023, Jul 2023, Aug 2023, Sep 2023, Oct 2023, Nov 2023, Dec 2023, Jan 2024, Feb 2024, Mar 2024, Apr 2024, May 2024, Jun 2024)

Data source: TREVI, VICNISS
Note: Faded area includes current month where data is incomplete

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.
Please note that COVID-19 hospitalisation data from CHRIS is unavailable for dates between 15 March 2024 and 30 March 2024

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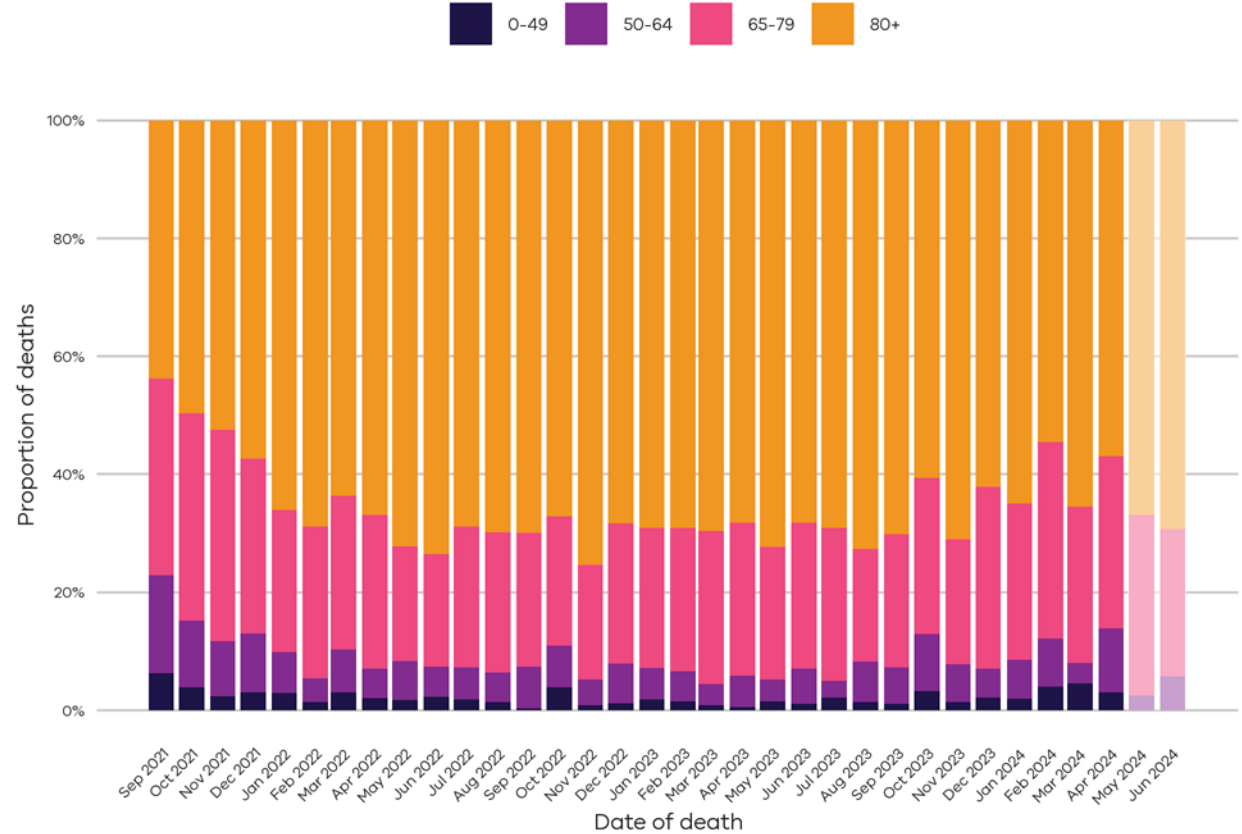
COVID Mortality

Weekly COVID-19 deaths
Data until 11 June 2024
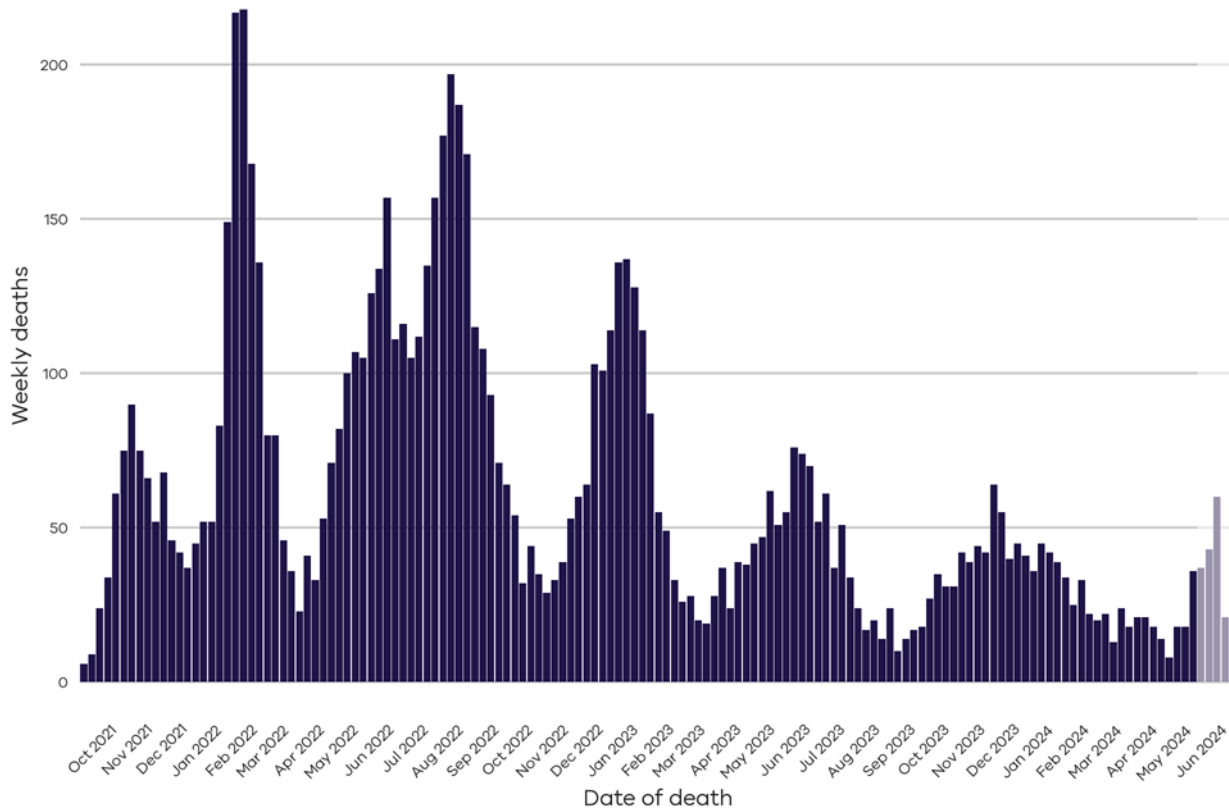
Data source: TREVI
Note: Faded area includes last 4 weeks where data is incomplete

COVID-19 deaths by age
Data until 11 June 2024

0-49   50-64   65-79   80+

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

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

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Wastewater surveillance: variant trends in Victoria

Variant trends in wastewater
Latest retrieval 30 May 2024

Legend: KP.3, JN.1, HV.1, EG.5.1, XBB.1.16
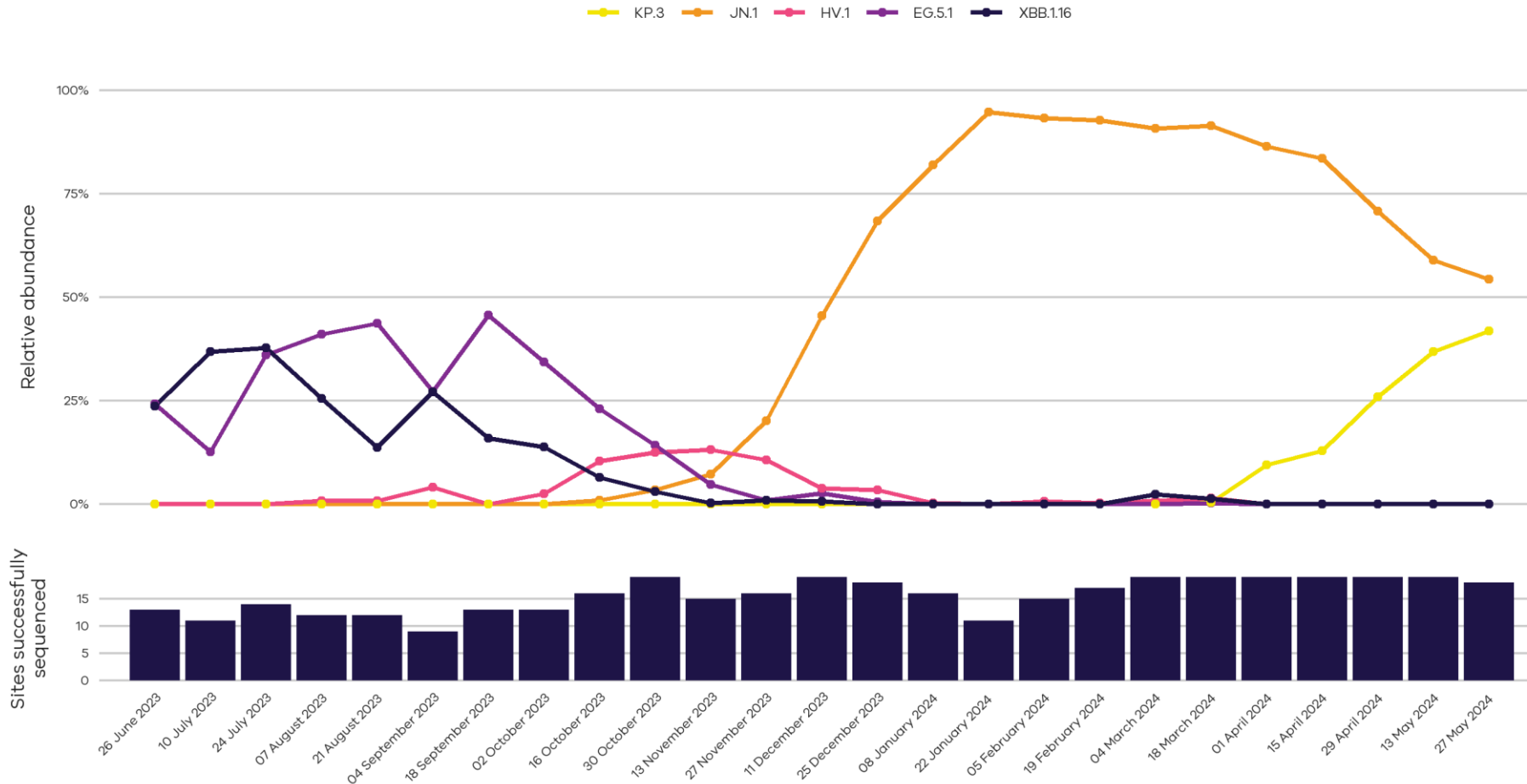
Analysis of wastewater samples can help us understand which SARS-CoV-2 variants are currently circulating in Victoria.
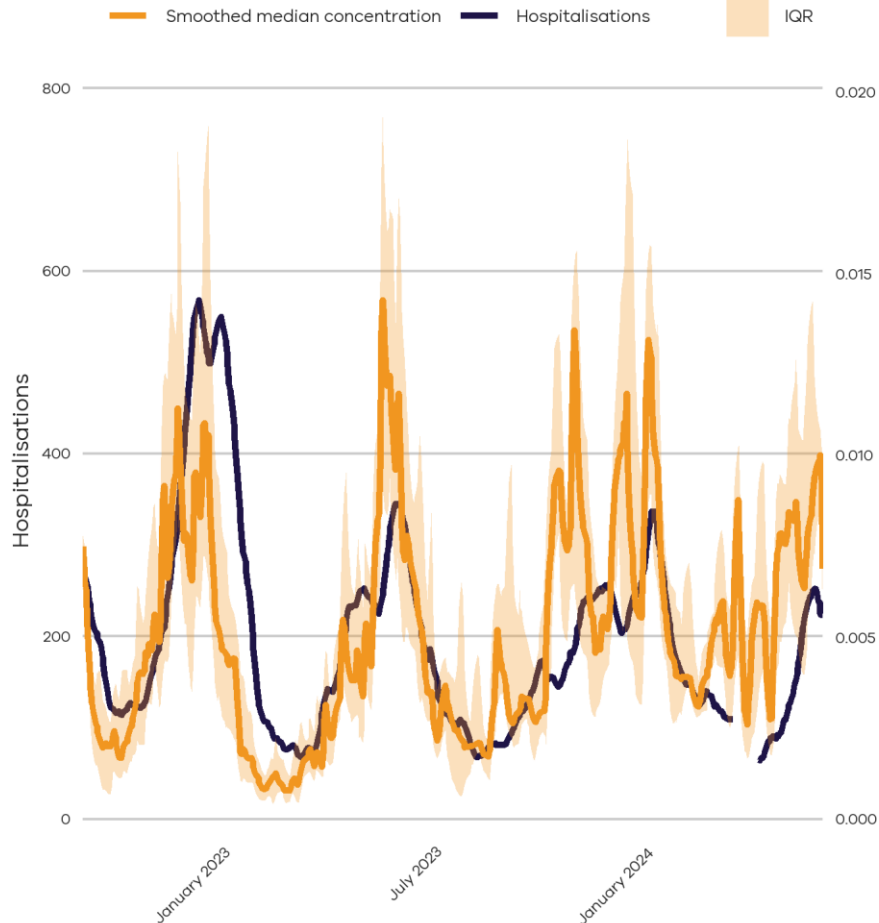
In the past there have been waves of infections and hospitalisations when a new variant or subvariant has spread quickly relative to the others.

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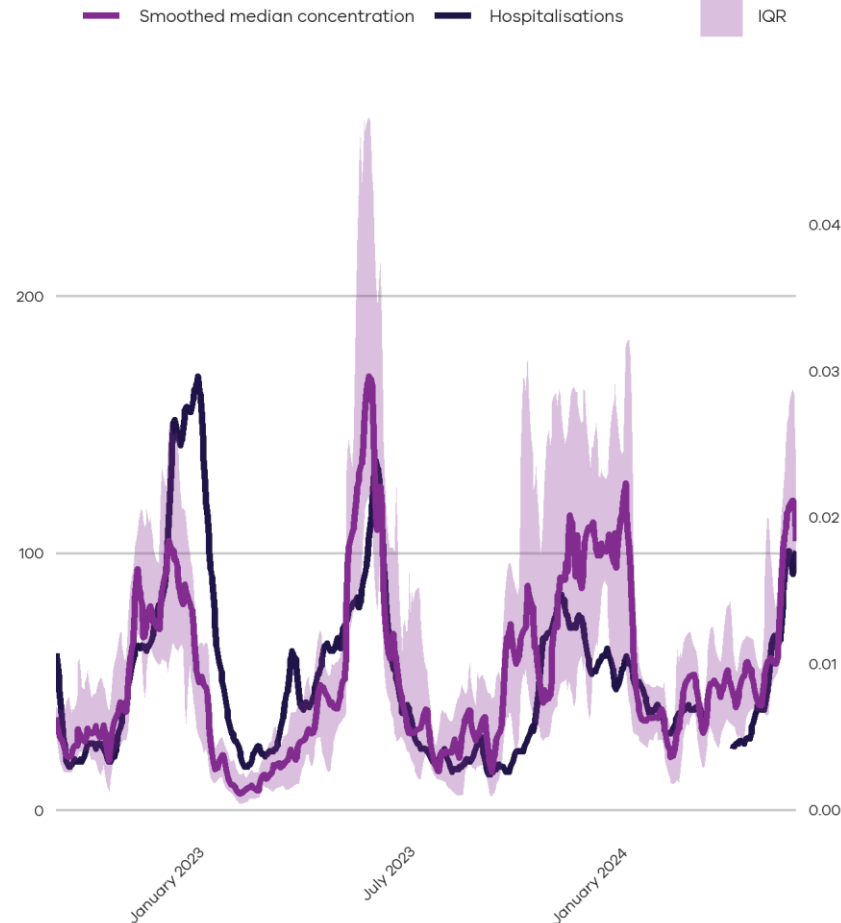
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Quantitative Wastewater Levels

Metro Melbourne
Wastewater data until 30 May 2024

— Smoothed median concentration   — Hospitalisations   ▨ IQR

Regional Victoria

— Smoothed median concentration   — Hospitalisations   ▨ IQR

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.
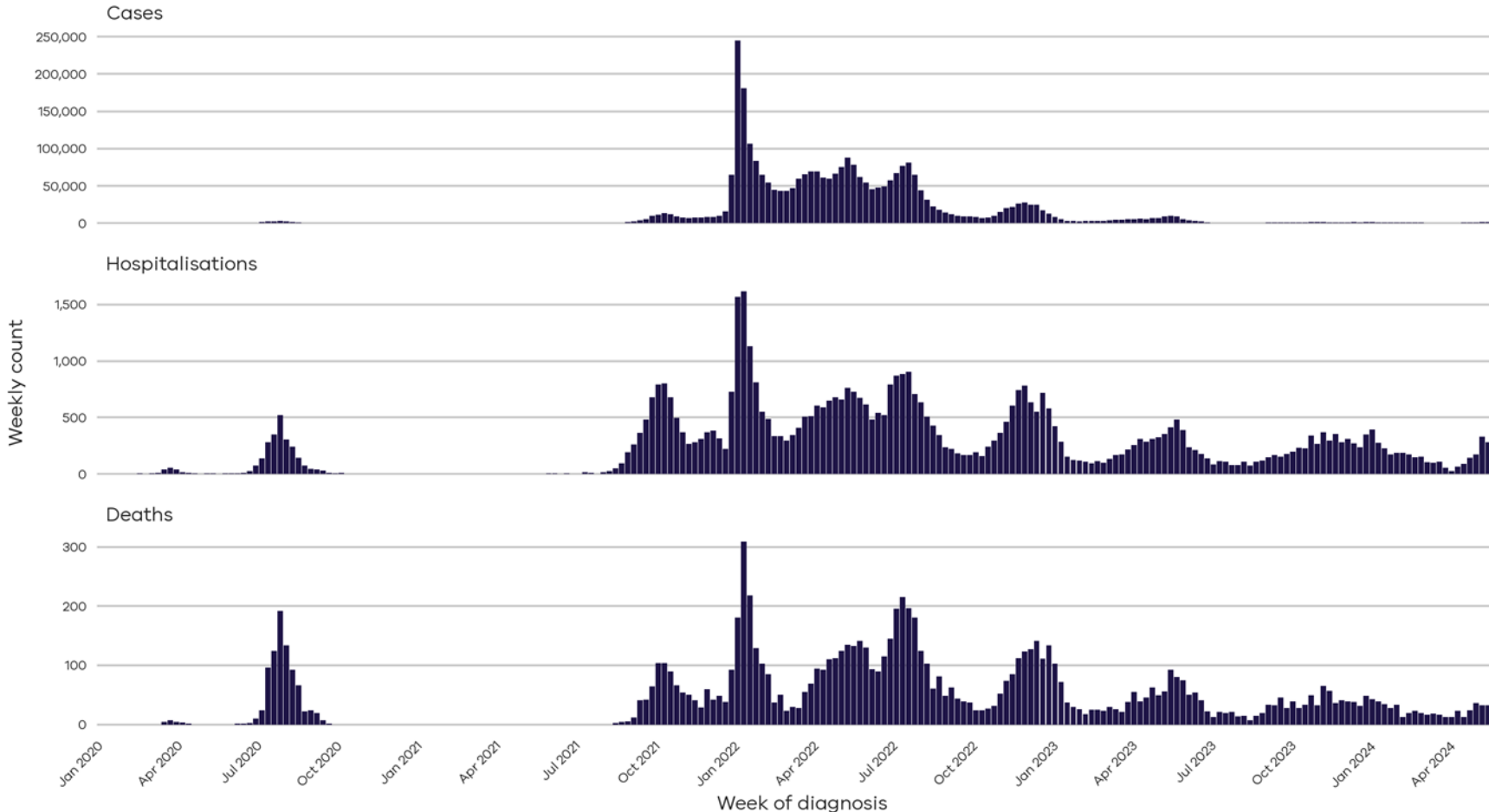
Please note that COVID-19 hospitalisation data from CHRIS is unavailable for dates between 15 and 30 March 2024

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Appendix

COVID-19 Historical Data

Epidemic curve of weekly COVID-19 metrics
Data until 11 June 2024

Data source: TREVI

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.

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