

Victorian COVID-19 Surveillance Report

18 October 2024

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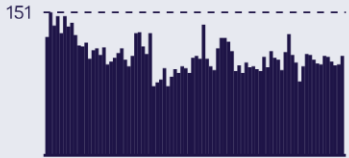
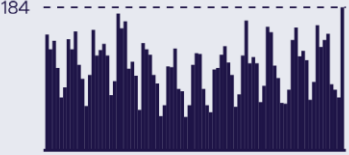




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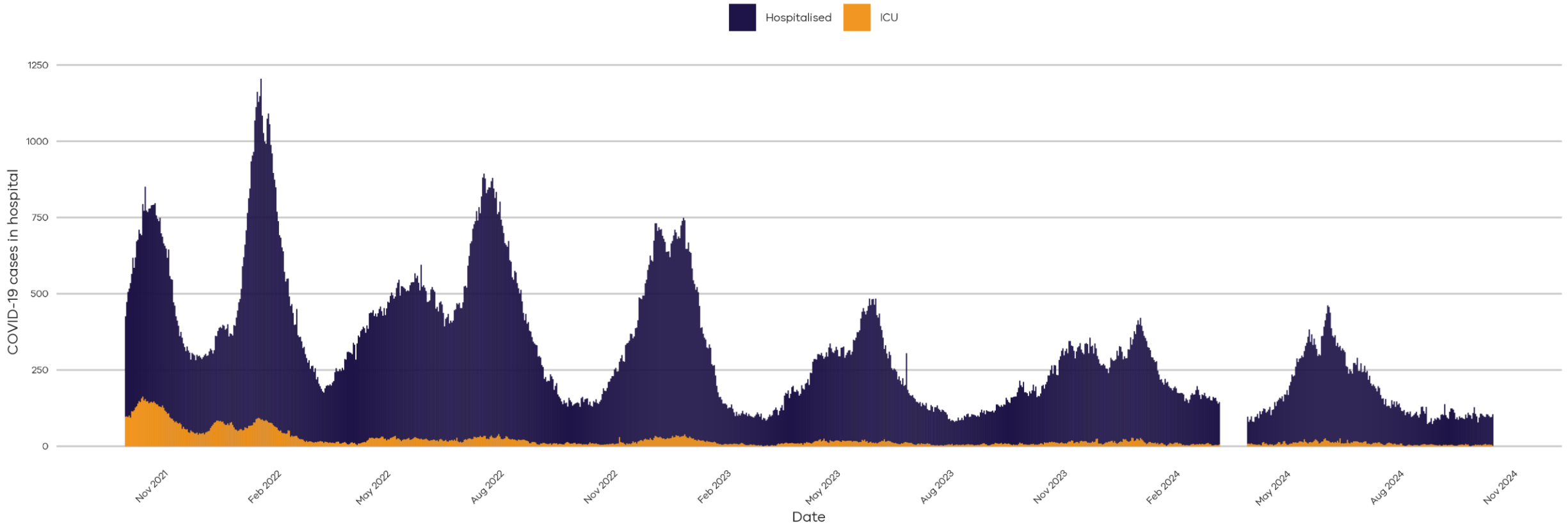
Epidemiological Summary

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

Daily counts last 12 weeks	 <p>The number of people in hospital with COVID-19 has slightly increased this week. The 7-day average is 100 (week ending 15 October), compared to 97 last week.</p> <p>The 7-day average of ICU patients has remained stable this week (5 to 5).</p>
 <p>184</p>	<p>COVID-19 notifications remained stable this week. A total of 840 cases (PCR-confirmed) were notified in the most recent week (ending 15 October), compared to 837 the week prior.</p> <p>14,901 PCR tests were completed last week, similar to the week prior with 15,448 tests.</p> <p>6% of tests returned a positive SARS-CoV-2 result, an increase from 5.7% the previous week.</p>
 <p>7</p>	<p>Deaths have declined. In the most recent 28-day period (04 Sep 2024 - 01 Oct 2024) there were 64 COVID-19 associated deaths. Increases and decreases in the reporting of deaths attributable to COVID-19 tend to lag waves of infections and hospitalisations by several weeks.</p>
	<p>Globally, JN.1 is the most prevalent variant. JN.1 sublineages declared Variants Under Monitoring by WHO include JN.1.7, KP.2, KP.3, KP.3.1.1, JN.1.18, LB.1 and XEC. XEC (recombinant KS.1.1 and KP.3.3) was designated a VUM on 24 September 2024.</p> <p>KP.3 is the most prevalent JN.1 sublineage in Australia. Recently, KP.3.1.1 and XEC have increased in abundance nationally.</p>

COVID-19 Hospitalisations

Daily COVID-19 cases in hospital and ICU
Data until 15 October 2024

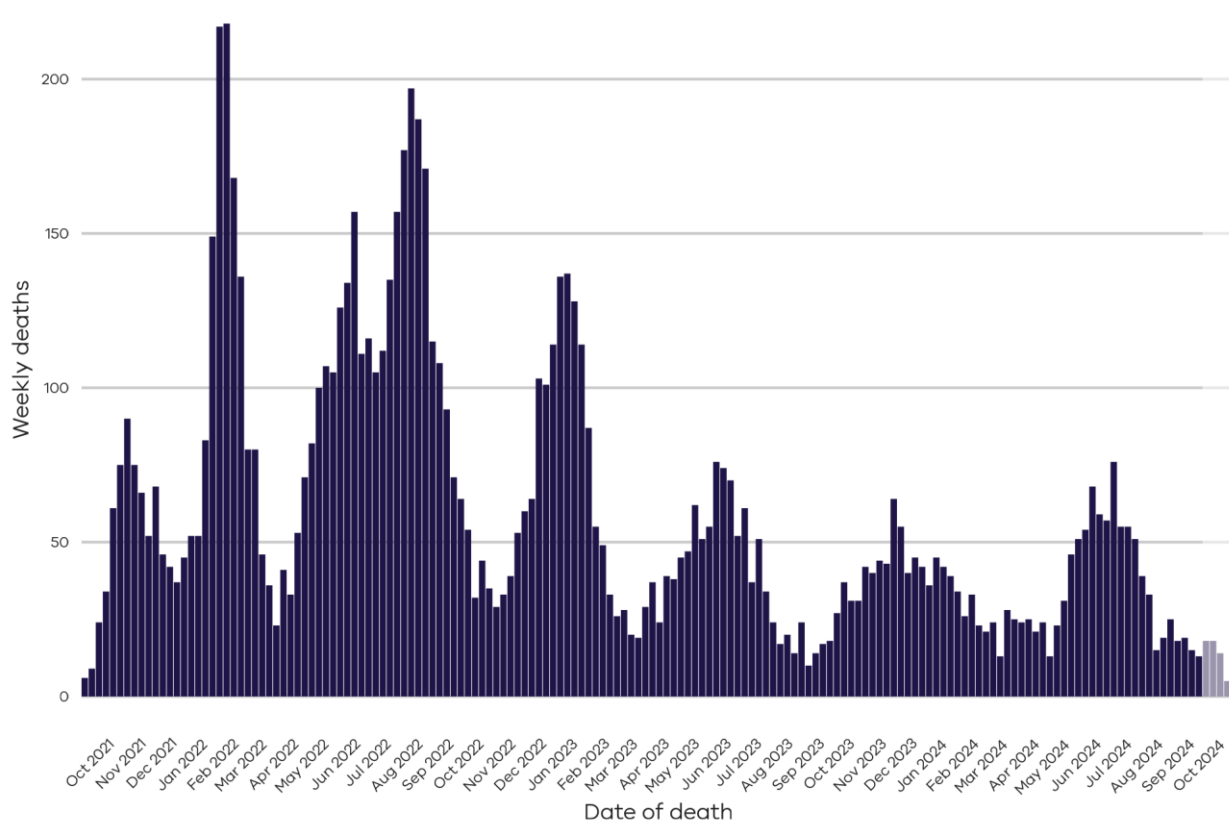


Data source: Critical Health Resource Information System (CHRIS)

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 8 March 2024 and 30 March 2024

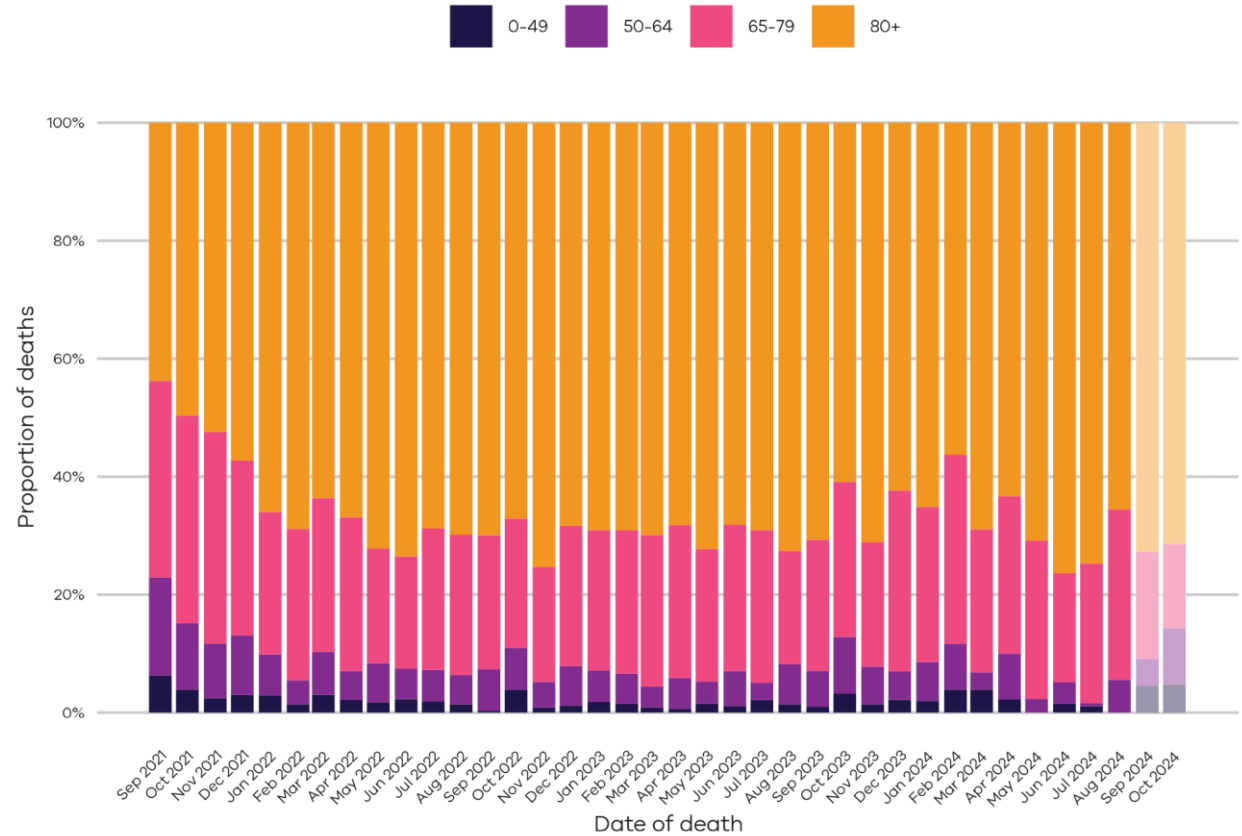
COVID-19 Mortality

Weekly COVID-19 deaths
Data until 15 October 2024



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

COVID-19 deaths by age
Data until 15 October 2024

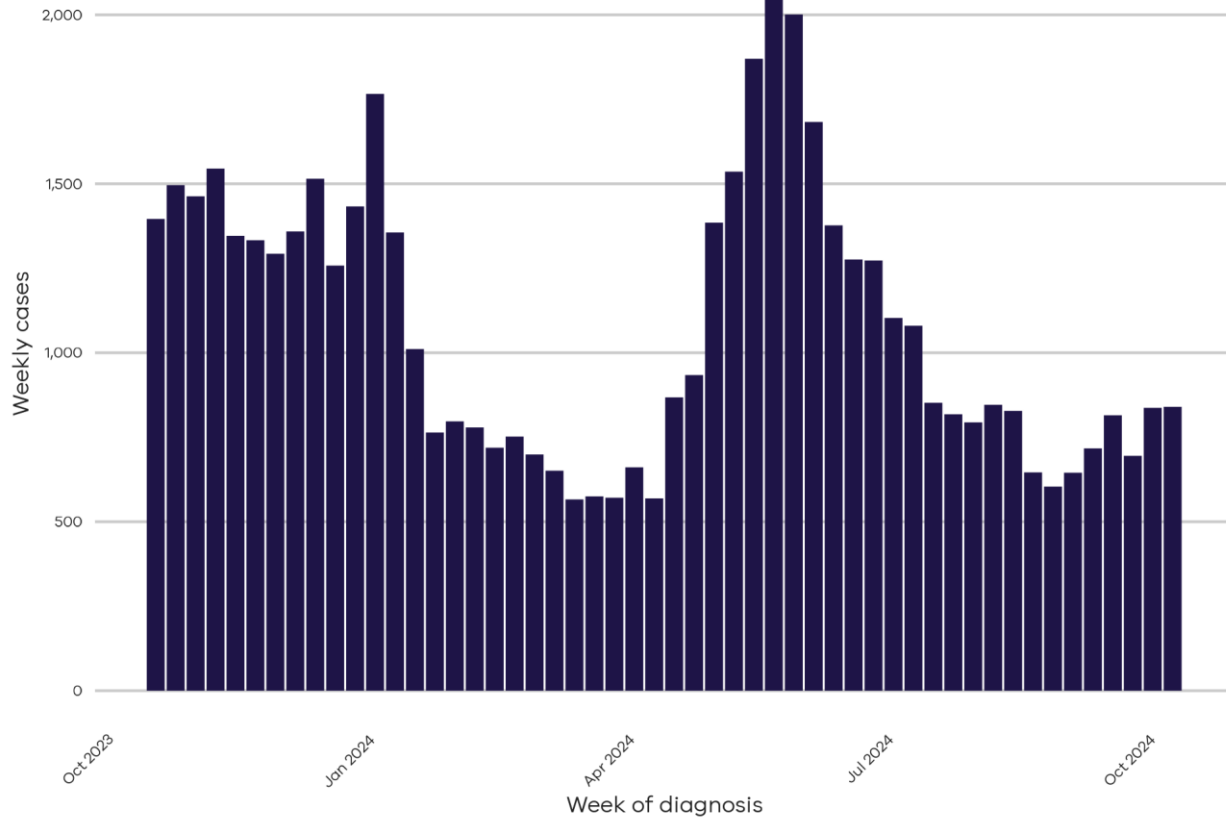


Data source: TREVI
Note: Faded area includes last 4 weeks where data is incomplete

Date is based on date of death, not the date of when each death was reported.

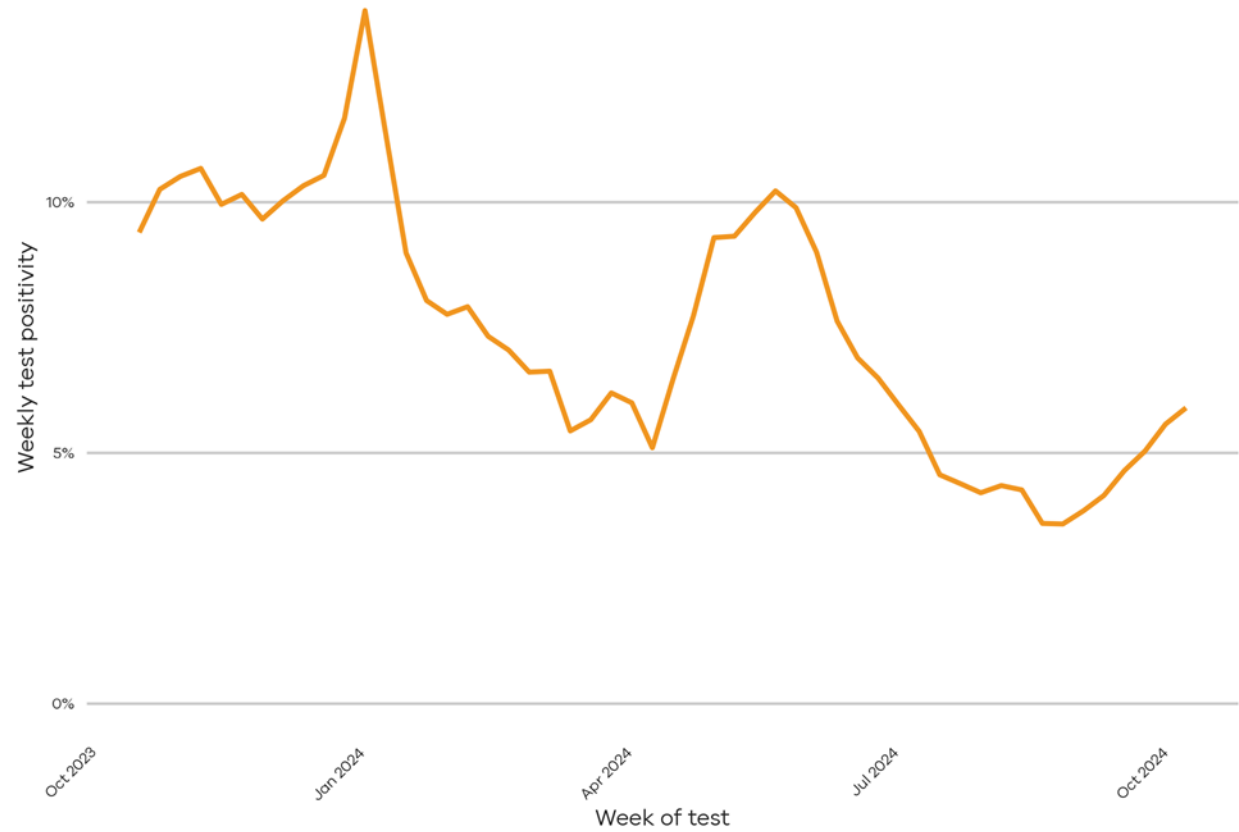
COVID-19 Cases and Testing

COVID-19 notifications (PCR-confirmed) by week in the past year
Data until 15 October 2024



Data source: TREVI

COVID-19 test positivity by week in the past year
Data until 15 October 2024



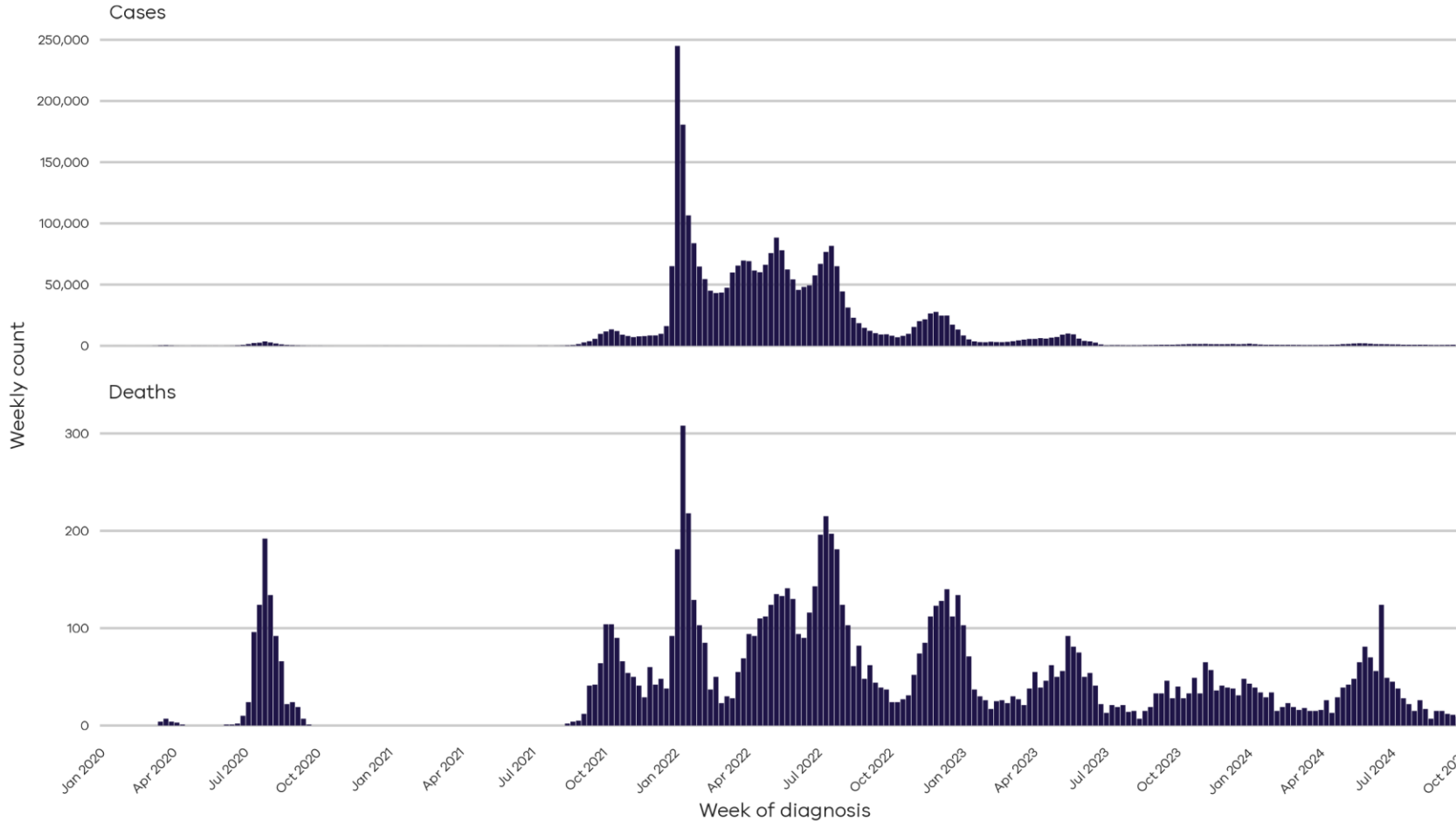
Data source: TREVI

Only confirmed notifications diagnosed by PCR are included. Rapid Antigen Test (RAT) results are no longer collected by the Department of Health.

Appendix

COVID-19 Historical Data & Definitions

Epidemic curve of weekly COVID-19 metrics
Data until 15 October 2024



Data source: TREV

COVID-19 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. Rapid Antigen Testing remains an important tool for individuals to access treatment and protect their community.

Changes in case numbers may be indicative of trends but they are a small subset of the total COVID-19 infections in Victoria.

COVID-19 Hospitalisations represent the number of active COVID-19 patients in hospital on a given day. This is reported by Victorian hospitals with an ICU to the Critical Health Resource Information Service (CHRIS) as daily aggregated data.

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.

Test positivity is the percentage of SARS-CoV-2 tests with SARS-CoV-2 virus detected.