Government of Western Australia
Department of Health

PathWest
LABORATORY MEDICINE WA

Virus WAtch

Week ending 10th Aug 2025

Key Points

Respiratory viruses

- The rate of ILI presentations to sentinel GPs and the number of respiratory illness presentations to emergency departments both increased in the last week, while the rate of ILI-related admissions to emergency departments remained stable.
- Influenza notifications increased this week following a slight decrease, continuing an upward trend.
- RSV notifications marginally decreased this week; however, activity remains high.
- Total non-influenza respiratory virus detections at PathWest Laboratory Medicine (PathWest) decreased in the past week, with RSV most frequently detected.
- SARS-CoV-2 notifications decreased in the past week, which was mirrored by a decrease in wastewater concentrations. Omicron sub-lineage NB.1.8.X remains the predominant strain detected in clinical and wastewater samples. While Omicron sub-lineage XFG.X is on the rise globally it remains at a low prevalence in clinical and wastewater samples in WA; its impact remains uncertain. See COVID-19 wastewater dashboard.

Gastroenteritis

- Rotavirus notifications to the Department of Health continued to decrease in the past week following a sustained increase since June due to an outbreak in the Kimberley region, with most cases reported in children aged 0 to 4 years old. Norovirus detections at PathWest also decreased in the past week.

Other vaccine-preventable diseases

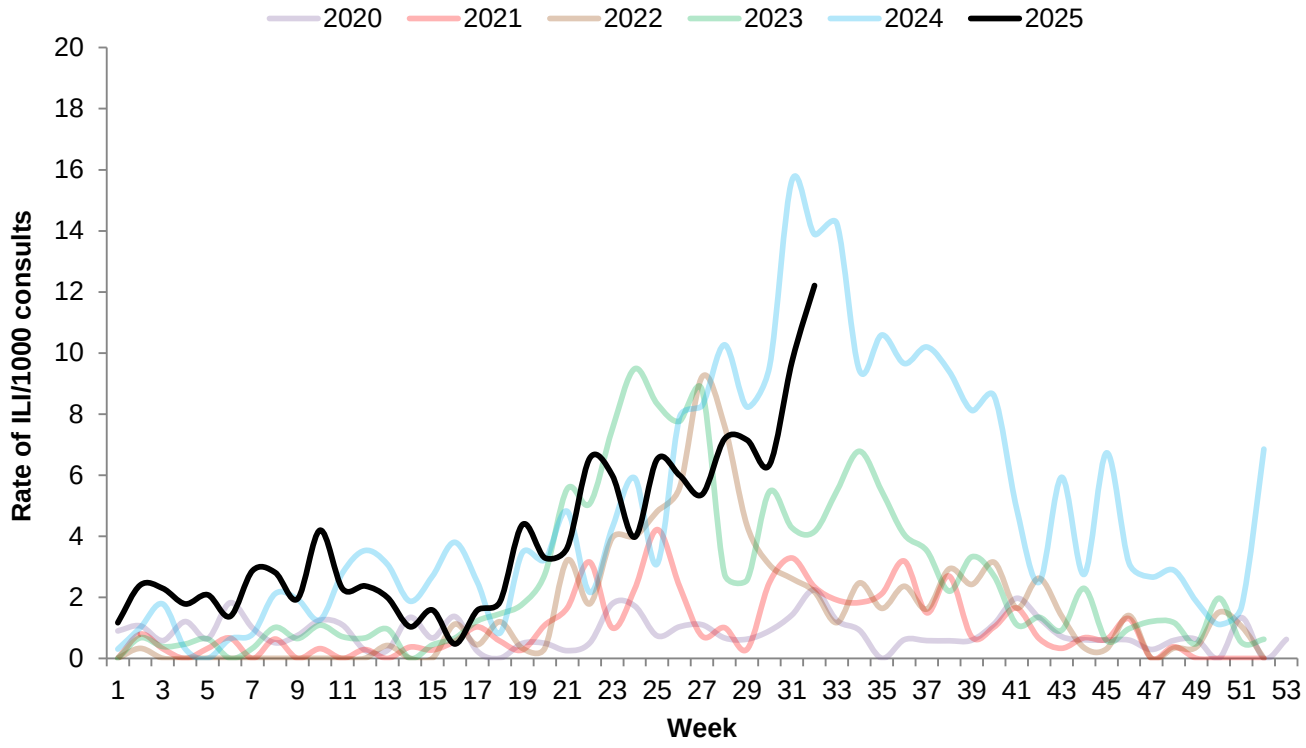
- **Measles**: Four locally acquired measles cases were notified in the past week. See media release.
- **Mumps**: No mumps cases were notified the past week.
- **Rubella**: No rubella cases were notified in the past week.
- **Invasive meningococcal disease (IMD)**: One serogroup B IMD case was notified in the past week.

For information relating to other notifiable diseases in WA, see Notifiable infectious disease dashboard.

Respiratory viruses

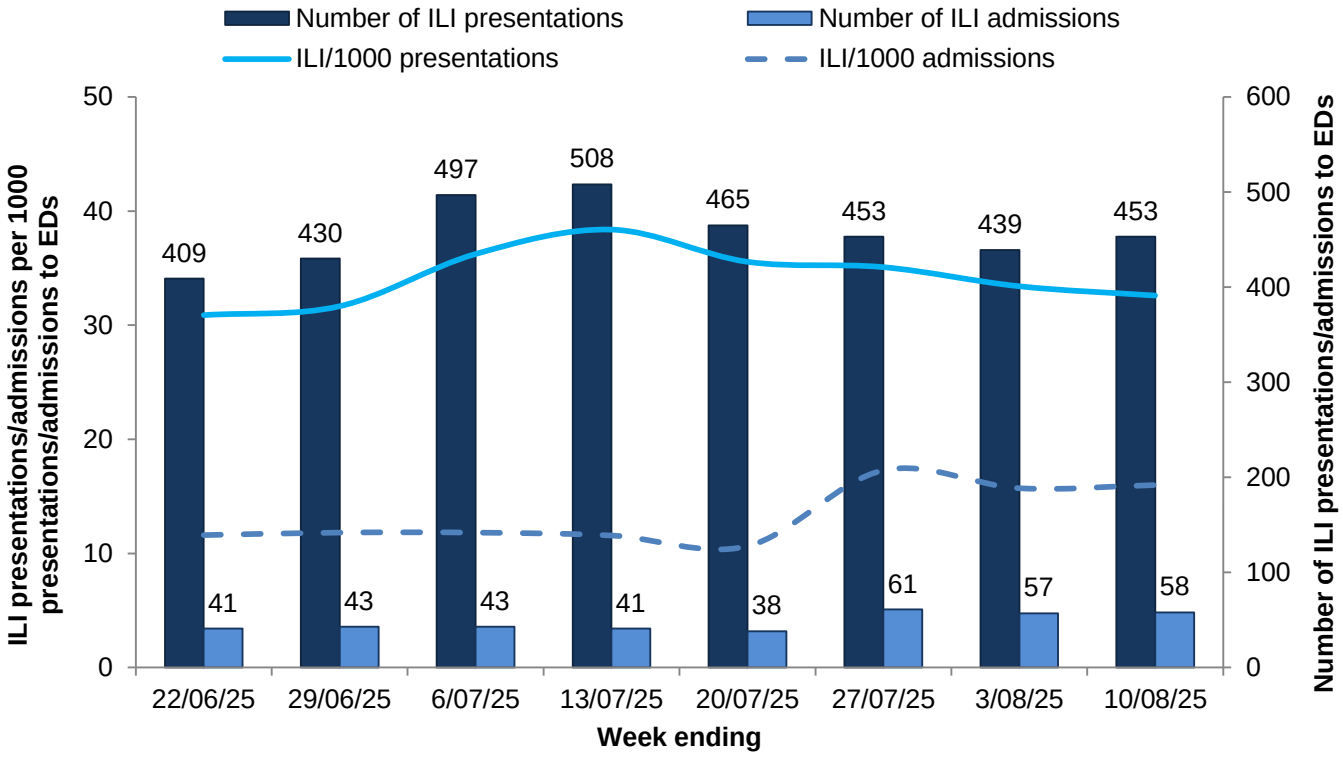
The rate of ILI presentations to sentinel GPs increased and remained in the upper range of values usually reported at this time of year (Figure 1).

Figure 1. Rate of ILI per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) by week, WA, 2020 to 2025 YTD



The rate of ILI-related presentations and admissions to EDs stabilised in the past week (Figure 2).

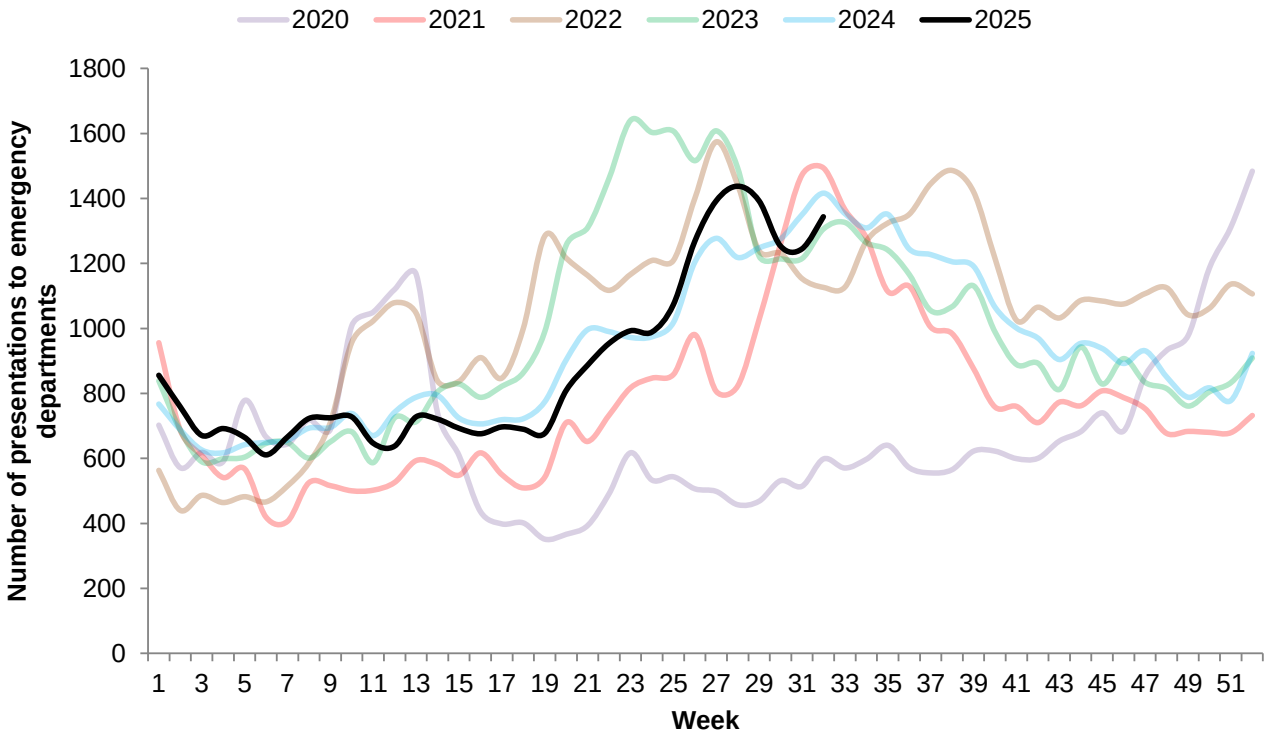
Figure 2. Number and rate of ILI presentations/admissions to emergency departments in the past eight weeks, WA



Note: This graph is a count of current EDIS data using the ICD codes B34.9 and J06.9, which are consistent with a clinical presentation of influenza-like illness. This data may differ from that presented in the Winter Respiratory Illness Report provided by the Information and System Performance Directorate, DoH.

In the past week, the number of respiratory illness presentations increased and remained in the higher range of values usually reported at this time of year (Figure 3).

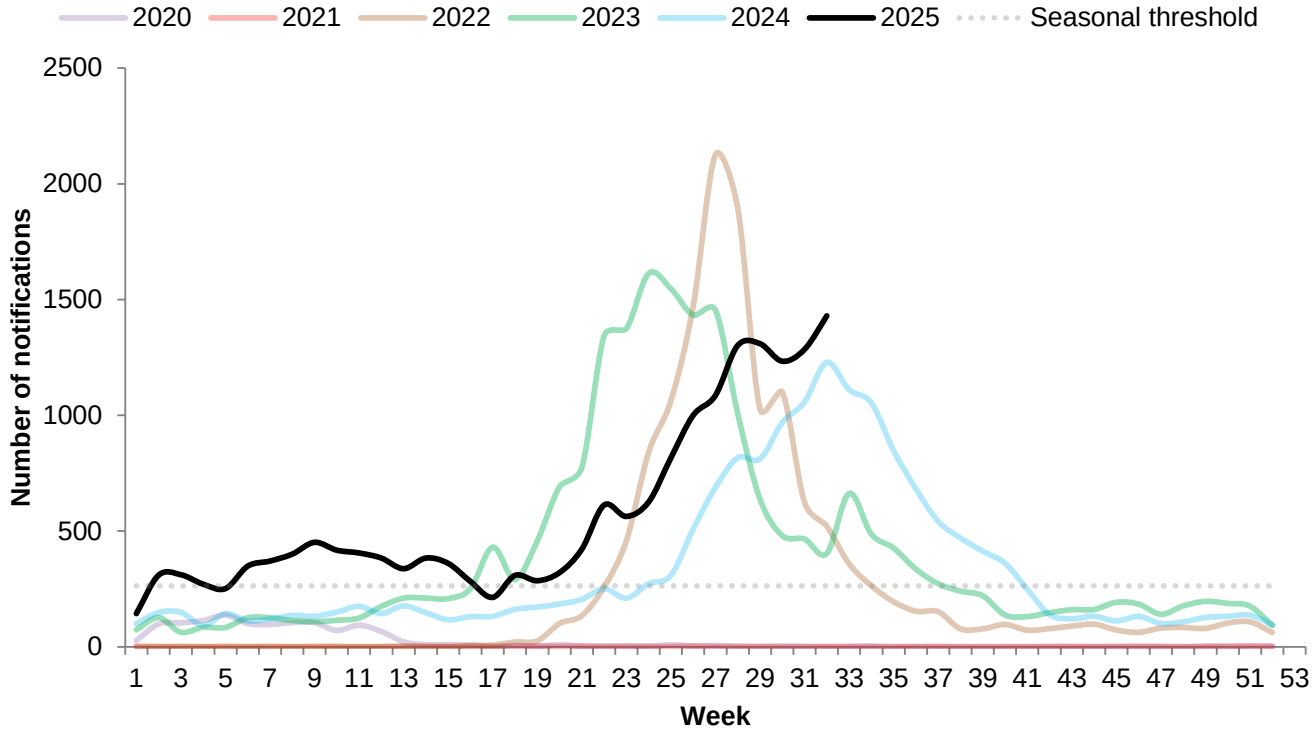
Figure 3. Number of respiratory illness presentations to emergency departments by week, WA, 2020 to 2025 YTD



Note: This graph is a count of current EDIS data using the ICD codes B34.9, H66.9, J00, J06.9, J09.0, J10.0, J10.1, J10.8, J11.0, J11.1, J11.8, J12.9, J18.0, J18.1, J18.8, J18.9, J20.9, J21.9, J22, J40, J44.0, J44.1, J44.9, J45.9, J46.0, J98.8, J98.9, R05 and COVID-19 code U07.1, which are consistent with a clinical presentation of all respiratory-like illness. This data is different to Figure 2 but similar to that presented in the Winter Respiratory Illness Report provided by the Information and System Performance Directorate, DoH.

In the past week, the number of influenza cases notified to the Department of Health increased by 11% to 1430 cases (Figure 4).

Figure 4. Number of influenza notifications by week, WA, 2020 to 2025 YTD



Note: This graph is a count of all influenza notifications by week of receipt by the DoH, WA (through WANIDD) to the end of the current reporting week. The seasonal threshold defines a value above which may indicate seasonal influenza activity. The threshold value is calculated based on analysis of inter-seasonal influenza data from 2016 to 2019 and 2023.

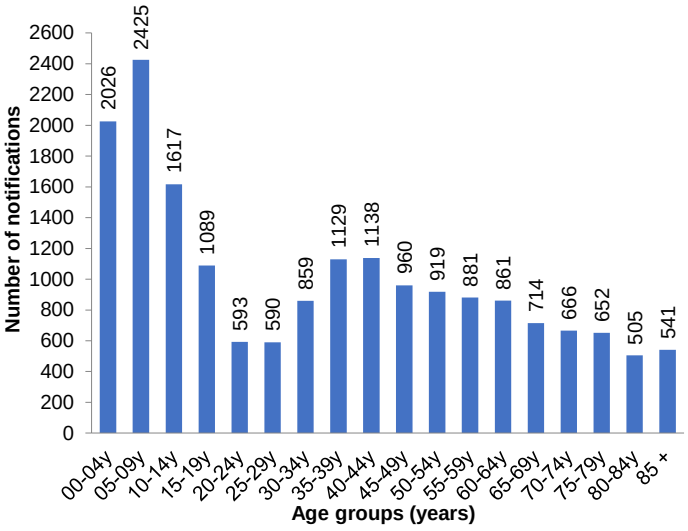
In the year to date, influenza notifications and hospitalisations are higher than the previous five-year average, while the number of deaths* are lower (Table 1). A third of notifications were in those aged less than 15 years (Figure 5).

Table 1. Influenza notifications and vaccination coverage in WA, 2025 YTD compared to the same period in both 2024 and for the 5-year average

Notifications	Category		2025 Year to Date	5-year average
Influenza infections extracted by date of receipt	Notifications		18,165	10,432
	Hospitalisations		2,920	1,831
	Reported deaths		9	28
Vaccinations	**Age group**	**2024#**	**2025 Year to Date**	**5-year average**
Influenza immunisations administered	6 mo - 4 yrs	38,514	39,660	43,070
	5 - 64 yrs	480,172	532,526	565,590
	≥ 65 yrs	310,387	330,160	321,978
	Total	829,073	902,346	930,640
Coverage	**Age group**	**2024#**	**2025 Year to Date**	**4-year average**
Influenza immunisations coverage	6 mo - 4 yrs	21.1%	22.6%	25.4%
	5 - 11 yrs	13.6%	16.0%	17.1%
	12 - 64 yrs	19.8%	21.8%	24.9%
	≥ 65 yrs	59.0%	60.0%	64.8%
	Total	26.1%	28.2%	31.0%

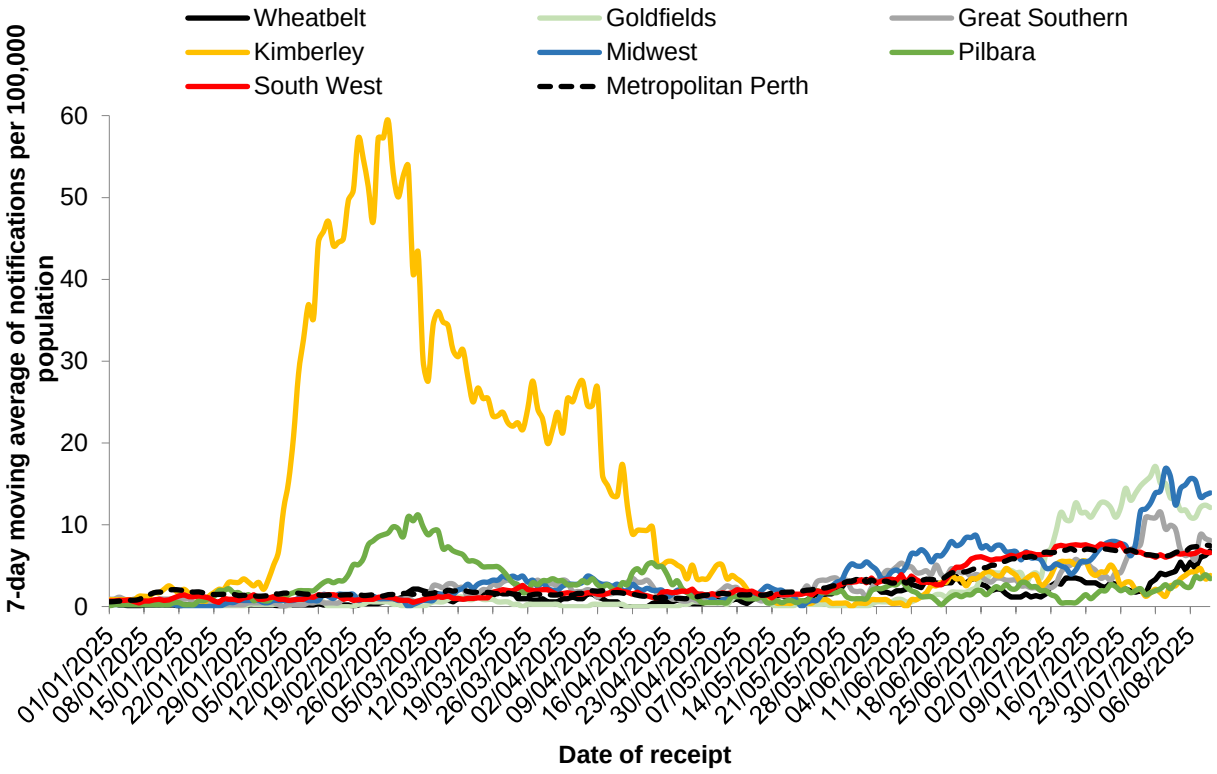
Notification data source: WANIDD. Immunisation data source: Department of Health and Aged Care Influenza Immunisation data. Coverage data source: Australian Immunisation Register (AIR) accessed by WA Department of Health. Data may differ from estimates published elsewhere, due to difference in calculation methodologies. See report notes on calculations for the 5-year average and 4-year average for influenza notifications, immunisation and coverage. *Reported deaths may include historical deaths that occurred prior to the current reporting period. #Vaccination and coverage data in 2024 are compared with the data from same period in 2025 year to date.

Figure 5. Influenza notifications by age group in WA, 2025 YTD



In the past week, the seven-day moving average for influenza notification rates increased or remained stable in all regions, except for the Goldfields and Great Southern regions where the rate decreased (Figure 6).

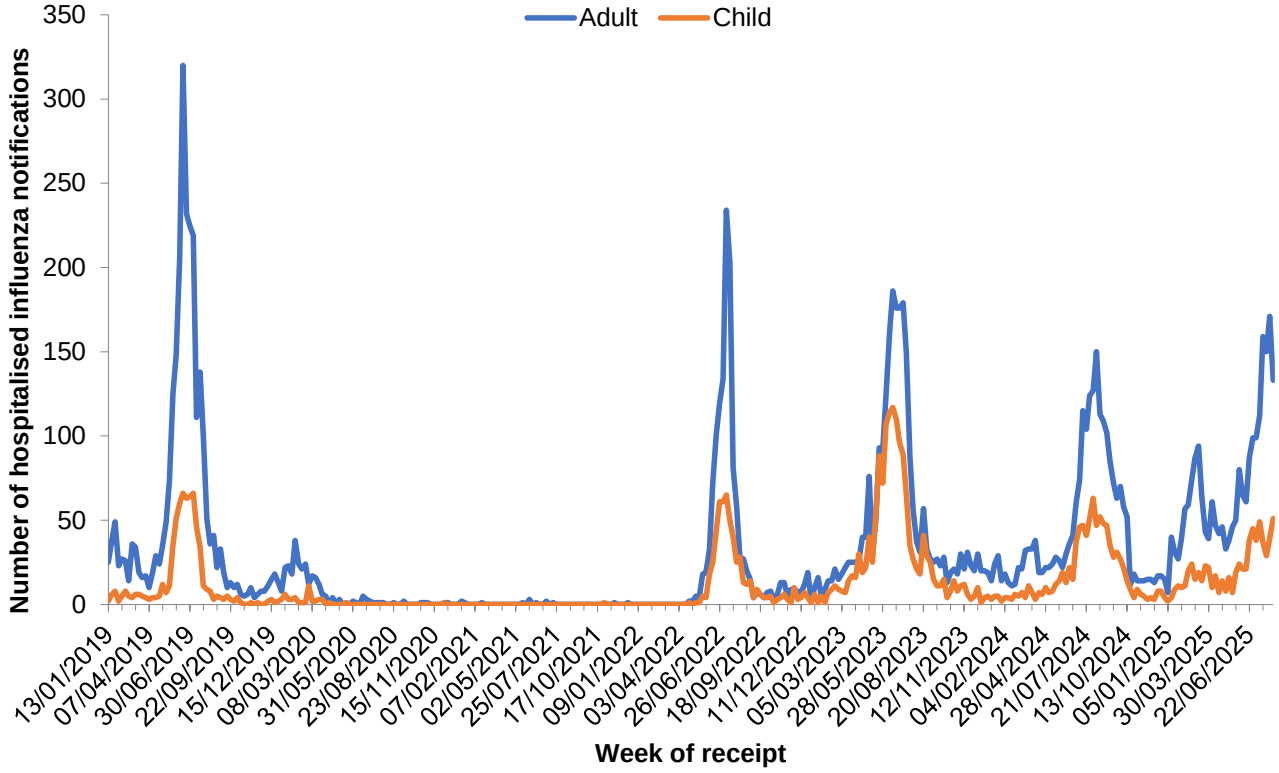
Figure 6. 7-day moving average of influenza notification rates per 100,000 people by health region, WA, 2025 YTD



Note: This graph shows the 7-day moving average of influenza cases per 100,000 people in the WA health regions for 2025 by date of receipt, received by the DoH, WA (through WANIDD) to the end of the current reporting week.

The number of influenza cases reported as hospitalised in the past week decreased amongst adults and increased amongst children (Figure 7).

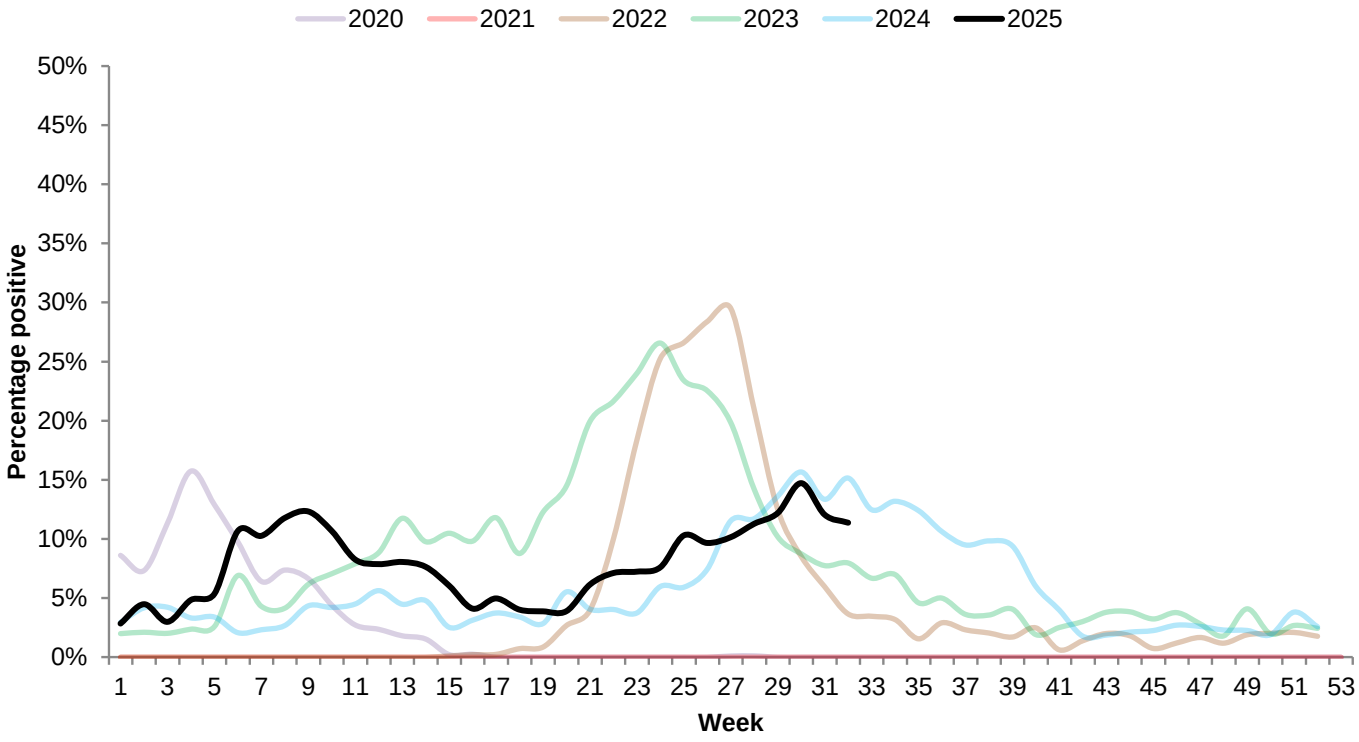
Figure 7. Number of notified influenza cases hospitalised by week, WA, 2019 to 2025 YTD



Note: This graph shows the number of all notified influenza cases that have been hospitalised, by week of notification receipt, received by the DoH, WA (through WANIDD) to the end of the current reporting week. Child notifications were defined as individuals less than 18 years of age.

The influenza PCR test positivity at PathWest remained stable at 11.4% (196 detections) in the past week (Figure 8).

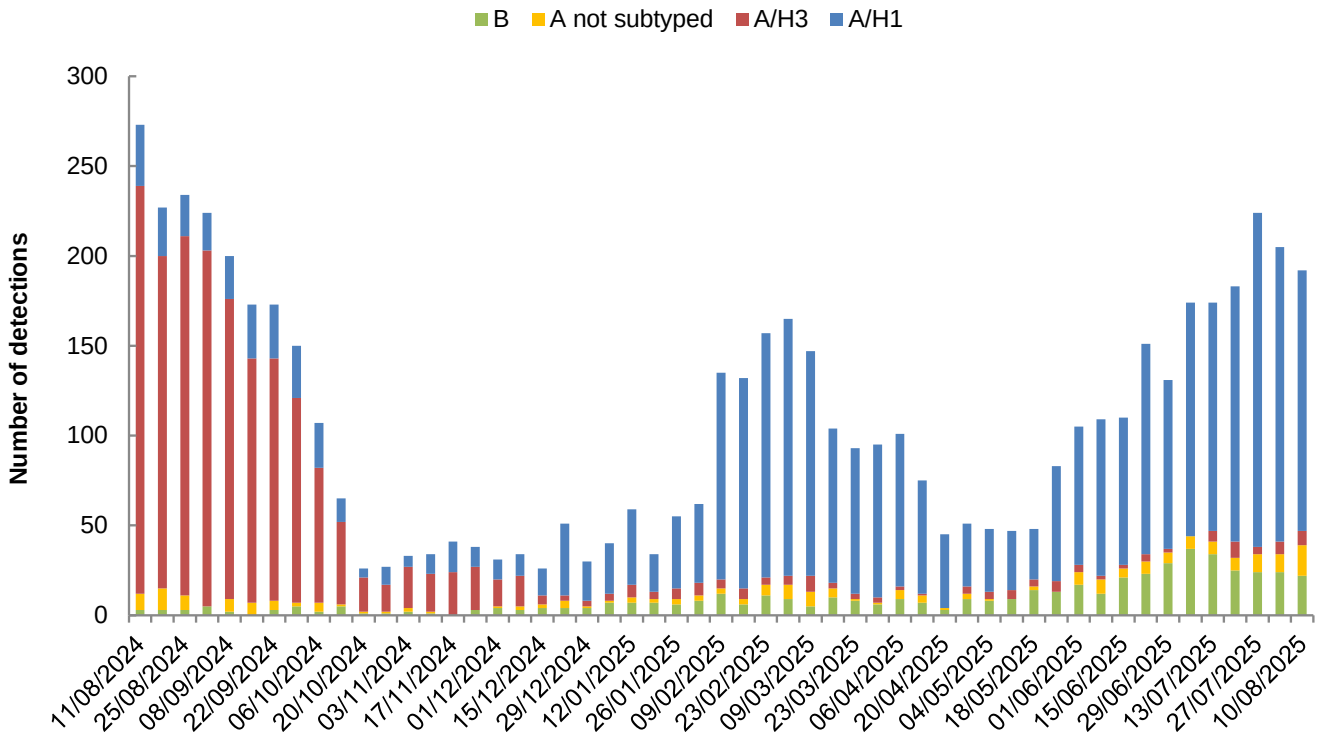
Figure 8. Proportion of PCR positive influenza detections at PathWest by week, WA, 2020 to 2025 YTD



Note: This graph is a count of all WA samples reported by PathWest, excluding samples referred by other private laboratories for influenza subtyping.

PathWest reported 196 influenza detections in the past week, which included 148 A/H1, 8 A/H3, 17 influenza A not yet subtyped and 23 influenza B (Figure 9).

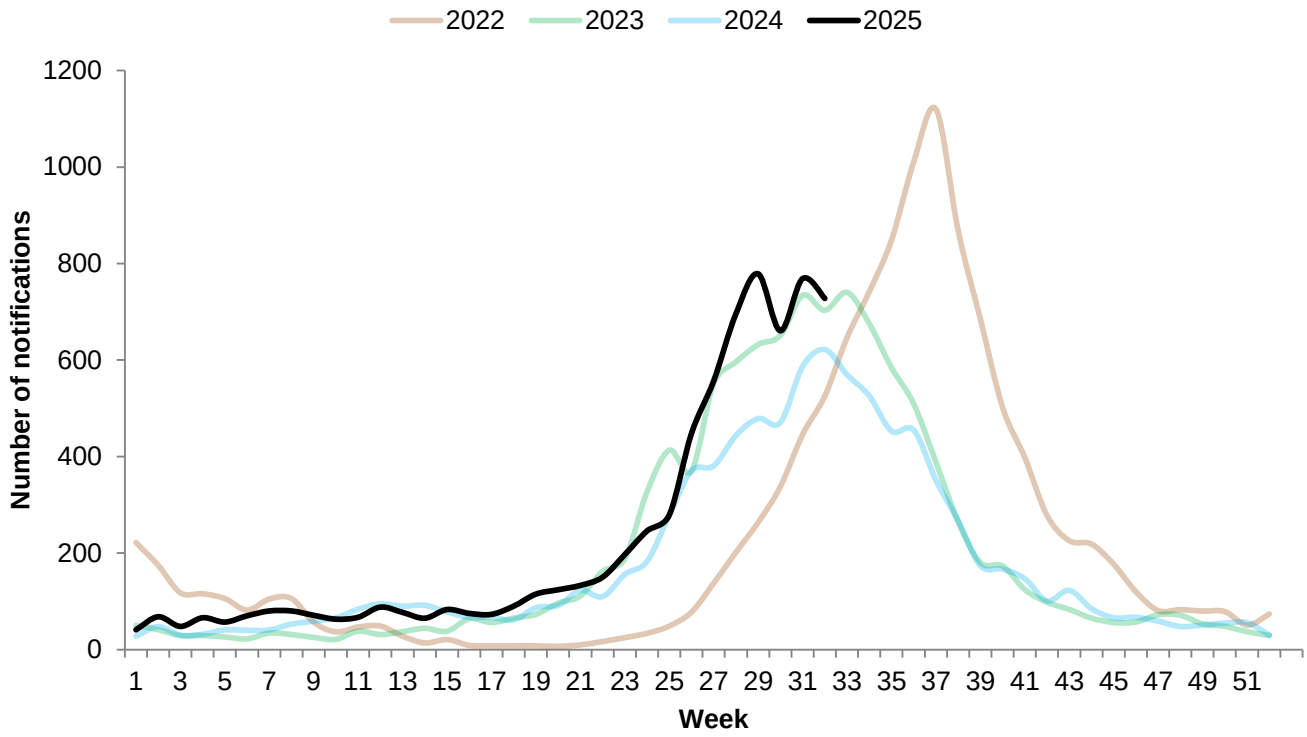
Figure 9. Number of PCR positive influenza detections at PathWest by type, subtype and week, WA, 2024 to 2025 YTD



Note: The graph is a summary of all WA samples positive for influenza reported at PathWest, excluding samples referred by other private laboratories for influenza subtyping. These samples were tested using a rapid testing method that does not determine the influenza subtype (i.e., influenza A/H3N2 or A/H1N1).

The number of respiratory syncytial virus (RSV) cases notified to the Department of Health decreased to 728 cases in the past week (Figure 10).

Figure 10. Number of respiratory syncytial virus (RSV) notifications by week, WA, 2022 to 2025 YTD



Note: Respiratory syncytial virus (RSV) was made a notifiable infectious disease in WA in July 2021. This graph is a count of all RSV by week of onset by the DoH, WA (through WANIDD) to the end of the current reporting week.

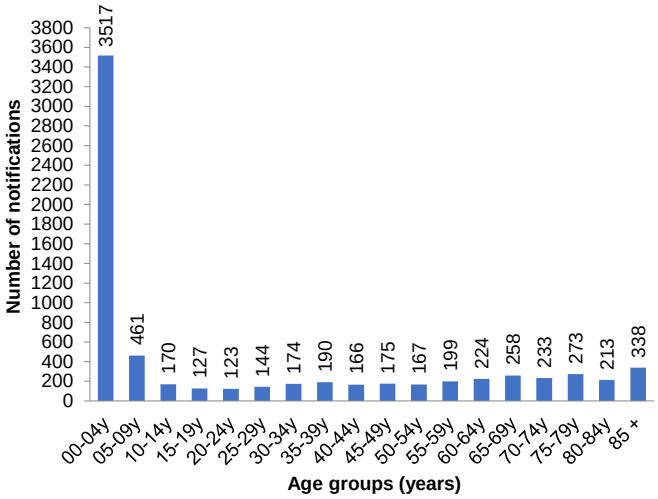
In the year to date, RSV notifications are higher compared to the same period in 2024, while the number of hospitalisations and the number of deaths* are lower. To date, 19,108 pregnant adults and infants have received a dose of RSV immunisation (Table 2). The majority of RSV notifications were in those aged less than 5 years (Figure 11).

Table 2. RSV notifications and child immunisation coverage, WA, 2025 YTD compared to 2024 for the same period

Notifications	Category	2025 Year to Date	2024
RSV infections extracted by optimal date of onset	Notifications	7,152	5,458
	Hospitalisations	1,393	1,541
	Reported deaths	5	6
Number of pregnant adults and infants receiving a dose of RSV immunisation^		**2025 Year to Date**	**2024**
	Persons	19,108	N/A

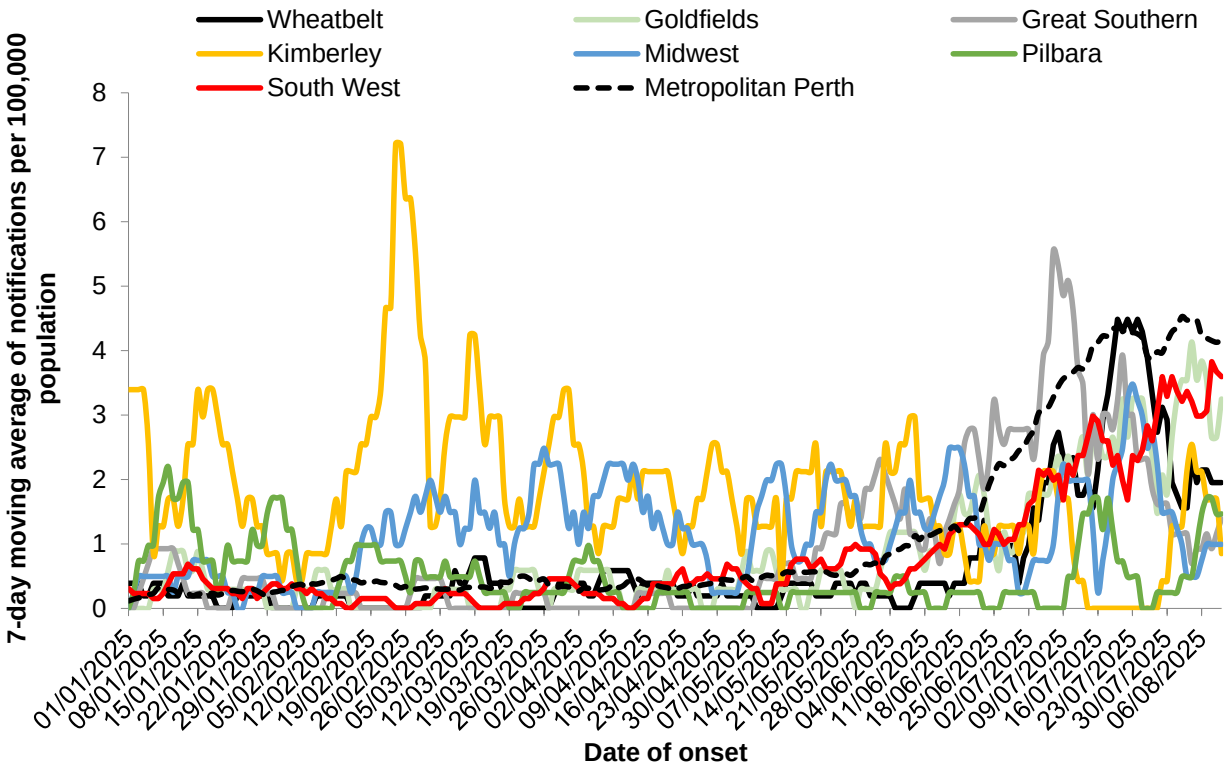
Note: N/A: data not available. Notification data source: WANIDD. Immunisation data source: Australian Immunisation Register accessed by WA Department of Health. ^Immunisation data includes infant and maternal doses of RSV containing vaccine. *Reported deaths may include historical deaths that occurred prior to the current reporting period.

Figure 11. RSV notifications by age group, WA, 2025 YTD



In the past week, the seven-day moving average for RSV notification rates increased or remained stable in all regions except for the Kimberley region where the rate decreased (Figure 12).

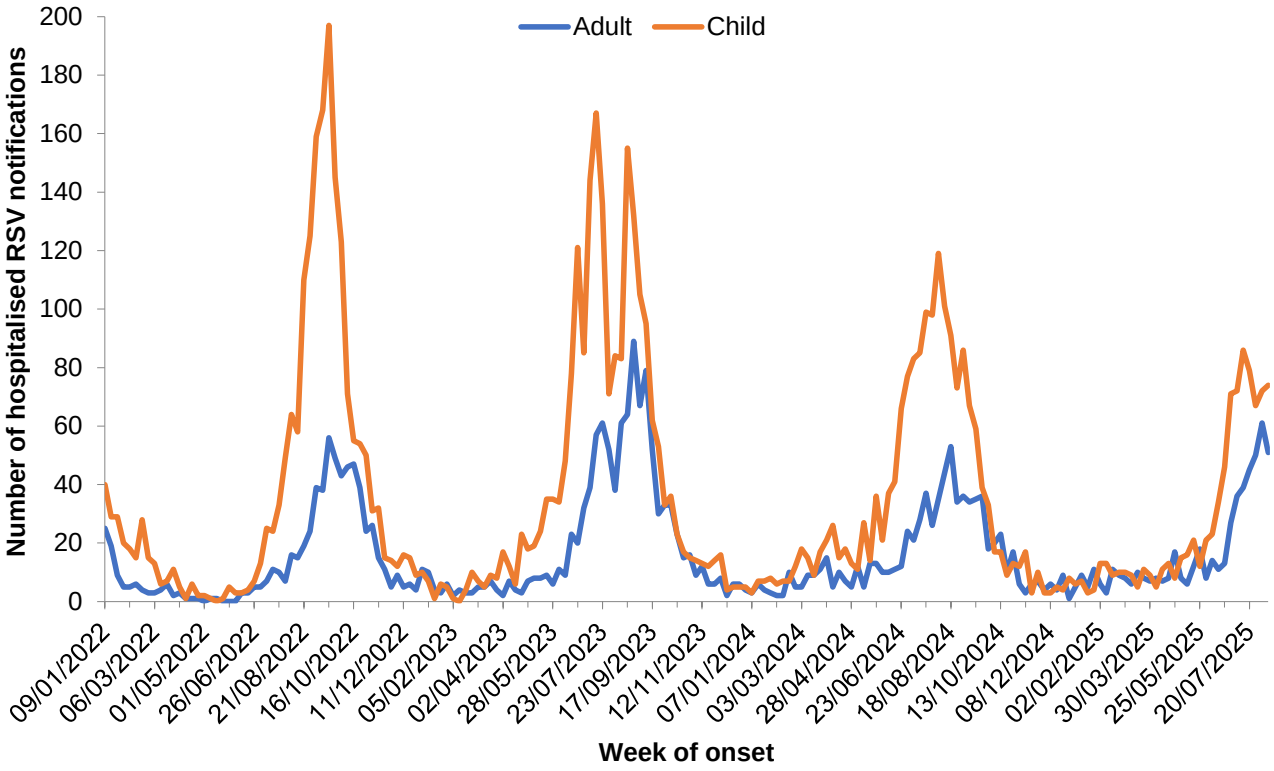
Figure 12. 7-day moving average of RSV notification rates per 100,000 people by health region, WA, 2025 YTD



Note: This graph shows the 7-day moving average of RSV cases per 100,000 people in the WA health regions for 2025 by optimal date of onset, received by the DoH, WA (through WANIDD) to the end of the current reporting week.

The number of RSV cases reported as hospitalised in the past week decreased amongst adults and remained stable amongst children (Figure 13).

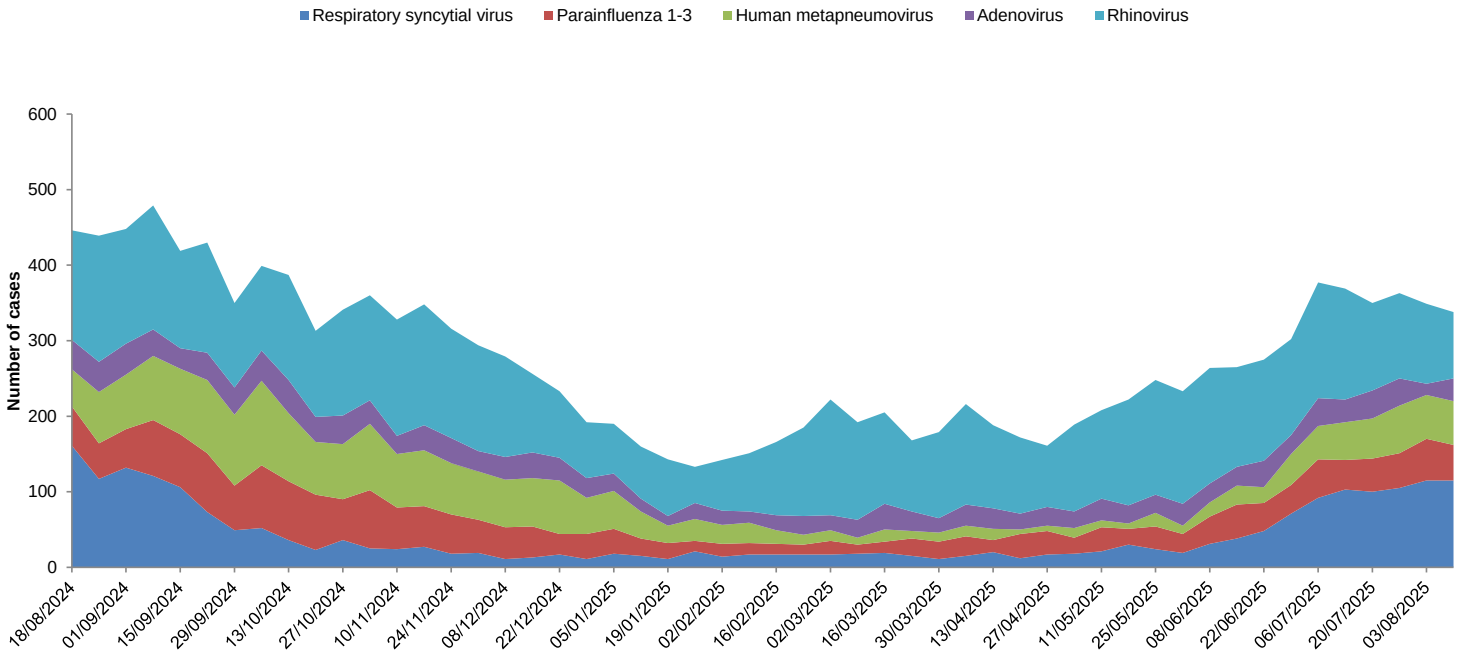
Figure 13. Number of notified RSV cases hospitalised by week, WA, 2022 to 2025 YTD



Note: This graph shows the number of all notified RSV cases that have been hospitalised, by week of onset, received by the DoH, WA (through WANIDD) to the end of the current reporting week. Child notifications were defined as individuals less than 18 years of age.

Non-influenza respiratory virus detections at PathWest decreased in the past week. The most common non-influenza respiratory virus detected was RSV (115 cases) (Figure 14).

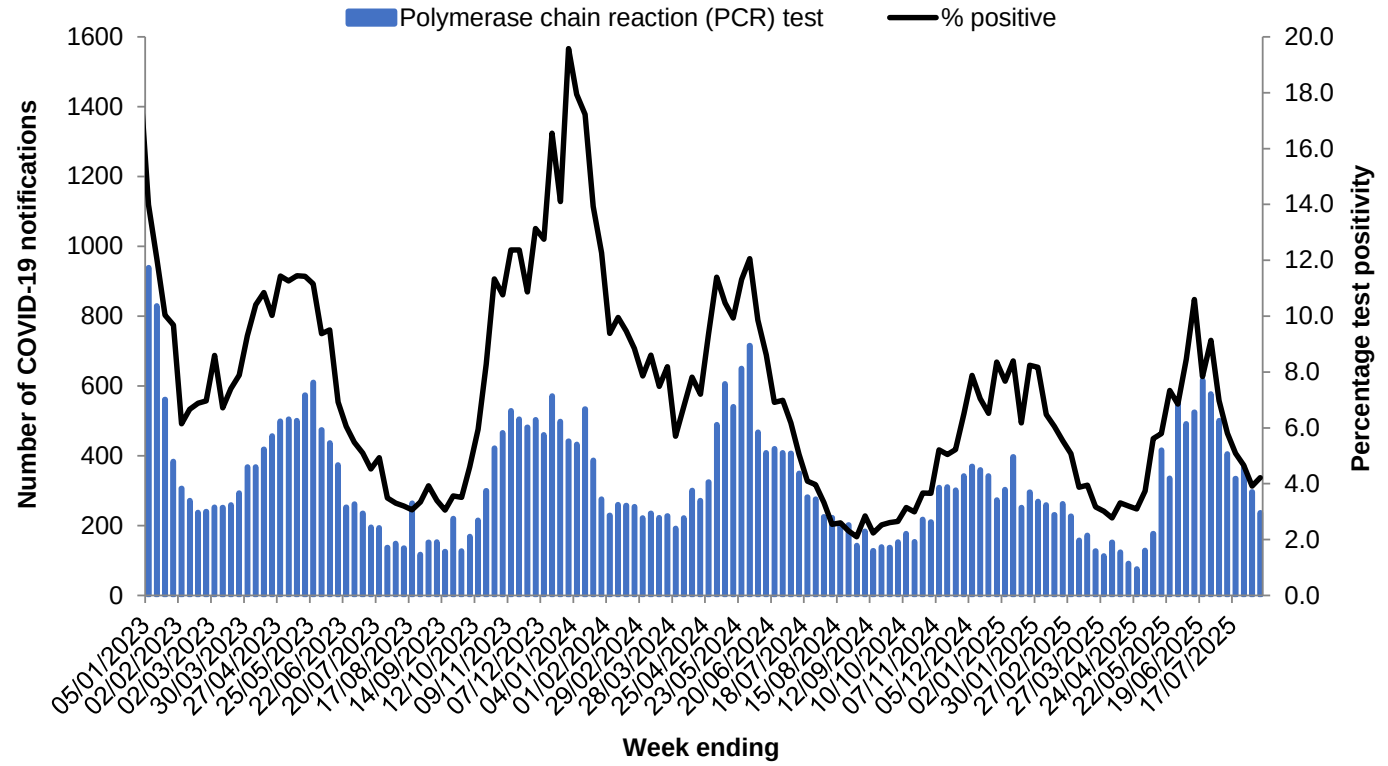
Figure 14. Number of non-influenza respiratory virus detections at PathWest by week, WA, 2023 to 2025 YTD



Note: This graph is a count of all WA samples positive for a common respiratory virus other than influenza reported by PathWest. Rhinovirus detections have increased since July 2024. This reflects a change in laboratory testing scope which has increased the number of Rhinovirus tests performed and does not necessarily reflect increasing incidence of this virus.

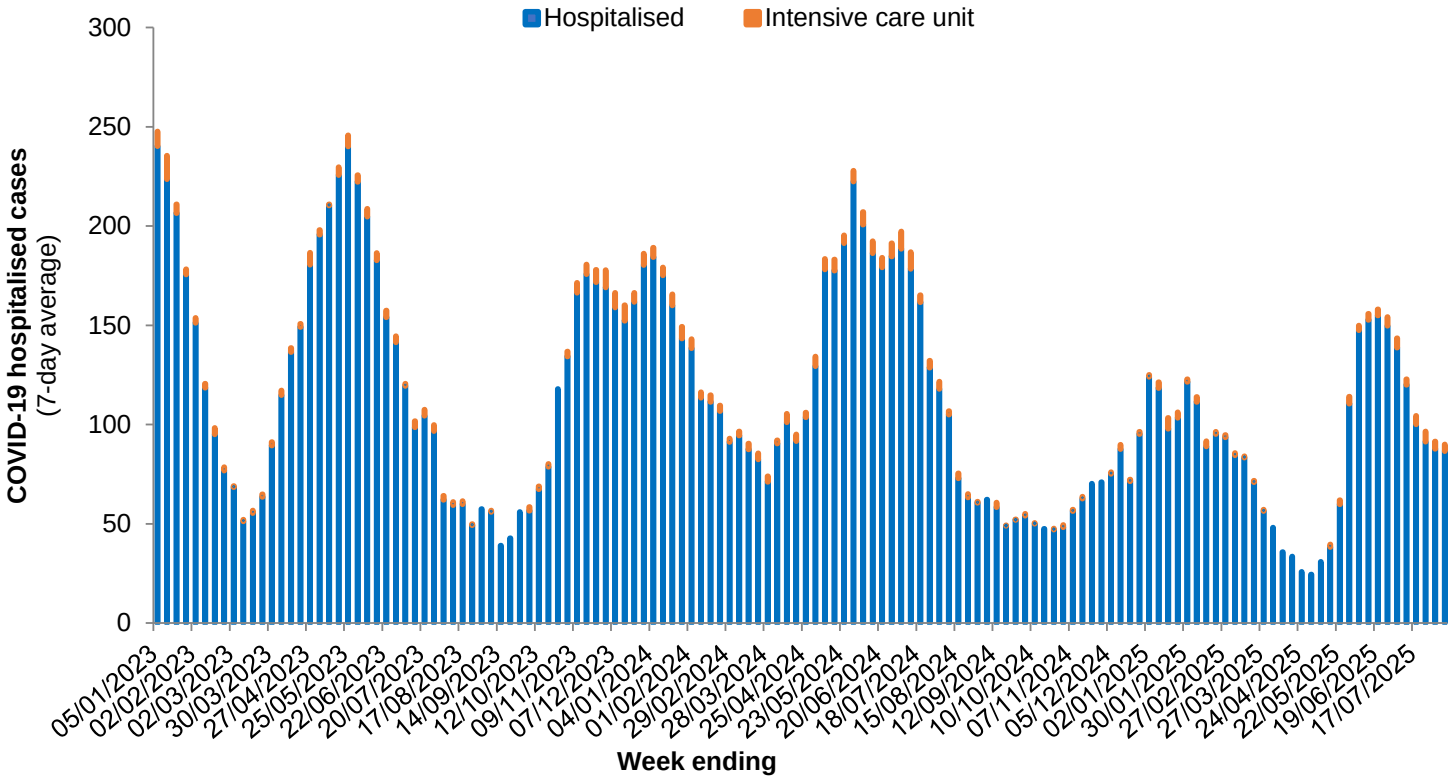
In the past week, the number of COVID-19 notifications to the Department of Health decreased to 237 notifications (Figure 15).

Figure 15. COVID-19 notifications and test positivity by notification week, WA, 2023 to 2025 YTD



In the past week, currently hospitalised cases decreased to an average of 90 per day. The 7-day average for cases currently in intensive care units decreased to three (Figure 16).

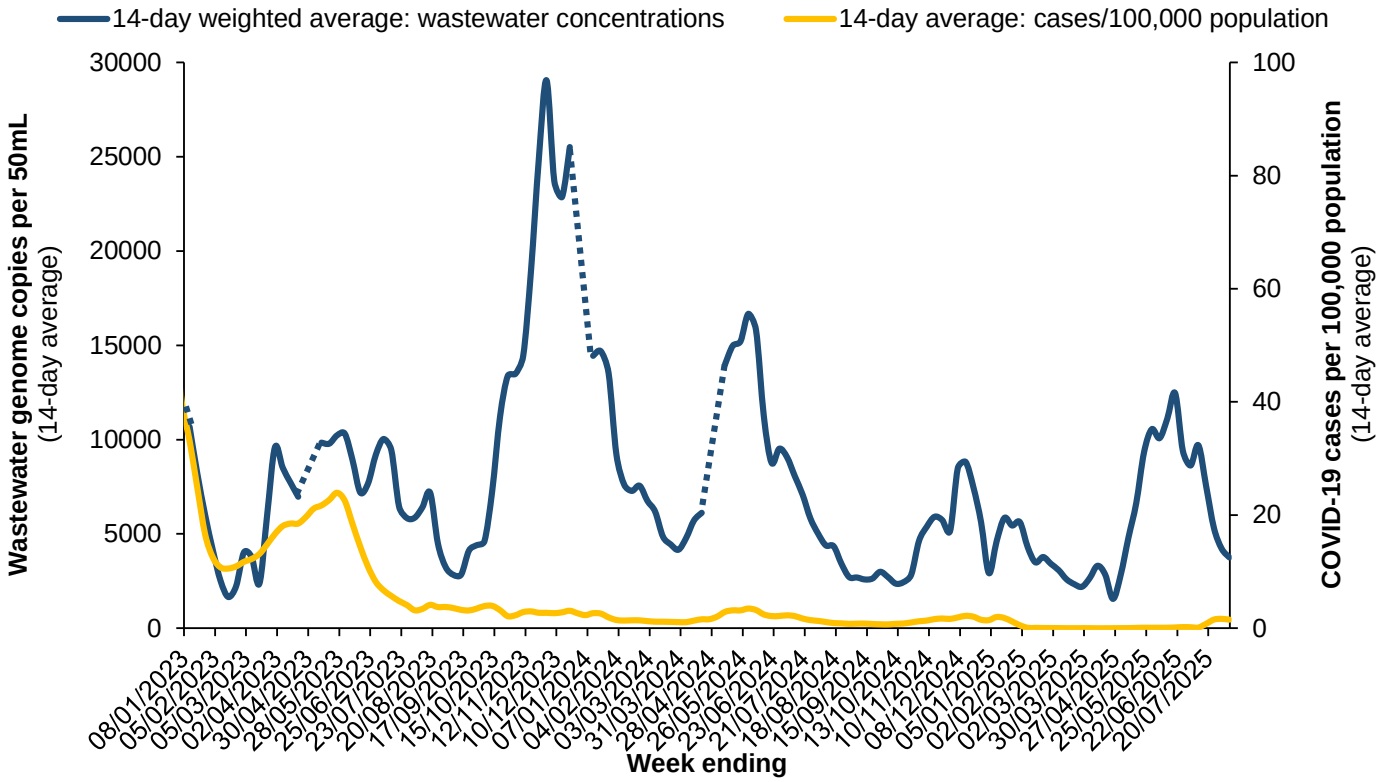
Figure 16. 7-day average of COVID-19 cases currently in hospital or in ICU, WA, 2023 to 2025 YTD



Note: 'Hospitalised' relates to active and cleared (>5 days after the first positive COVID-19 PCR test) COVID-19 cases that are current hospital inpatients. 'Intensive care unit' (ICU) is a subset of hospitalised and relates to active/cleared COVID-19 cases that are currently in an ICU. The reason for admission may be unrelated to COVID-19 for some people.

The SARS-CoV-2 concentration in wastewater from the Perth metropolitan area decreased in the past week (Figure 17).

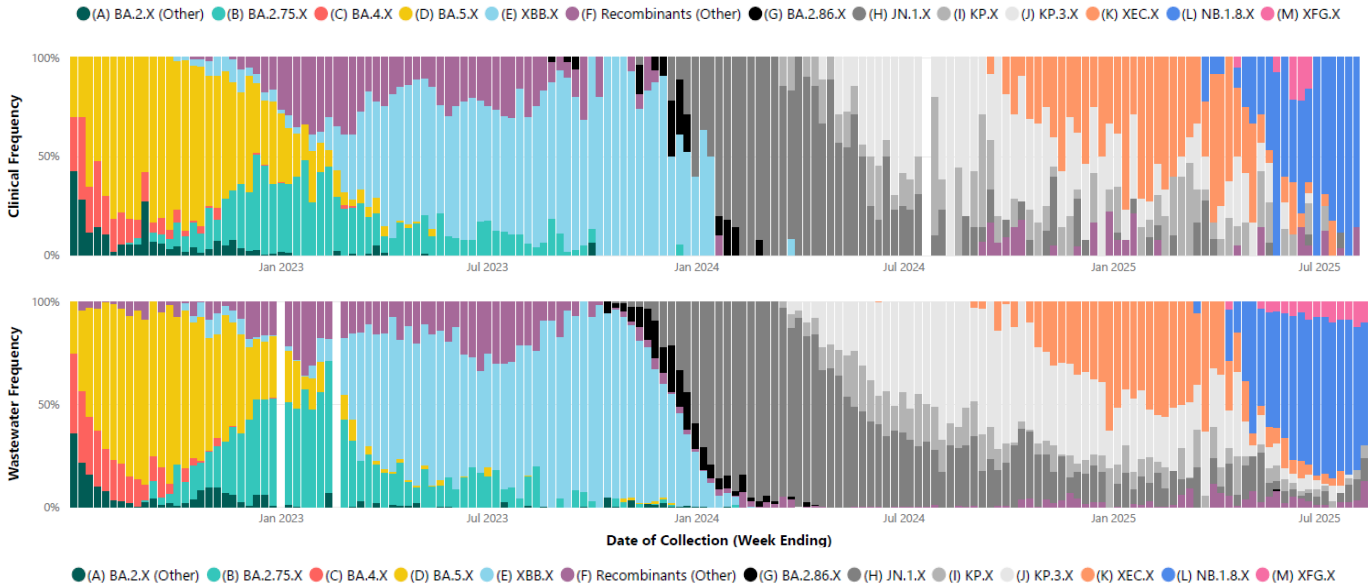
Figure 17. SARS-CoV-2 concentration in wastewater and COVID-19 notification rate, Perth metropolitan area, WA, 2023 to 08 Aug 2025.



Note: Wastewater is sourced from three wastewater treatment plants in the Perth metropolitan area (Subiaco, Woodman Point and Beenyup). Dashed lines in wastewater concentration represents missing results that could not be determined due to no sample collection or sample analysis failure. A more sensitive SARS-CoV-2 test was introduced December 2024 resulting in an increase (approximately 20%) in the quantification values when compared to the previous values. From February 2025, in the event of missing samples from any catchment area, the weighted genome concentrations will be recalculated to account for this.

Genomic sequencing indicated SARS-CoV-2 Omicron sub-lineage NB.1.8.X predominated in clinical and wastewater samples (Figure 18).

Figure 18. Distribution of SARS-CoV-2 variants in clinical samples (top) and metropolitan wastewater catchments (bottom), 03 July 2022 to 10 Aug 2025.

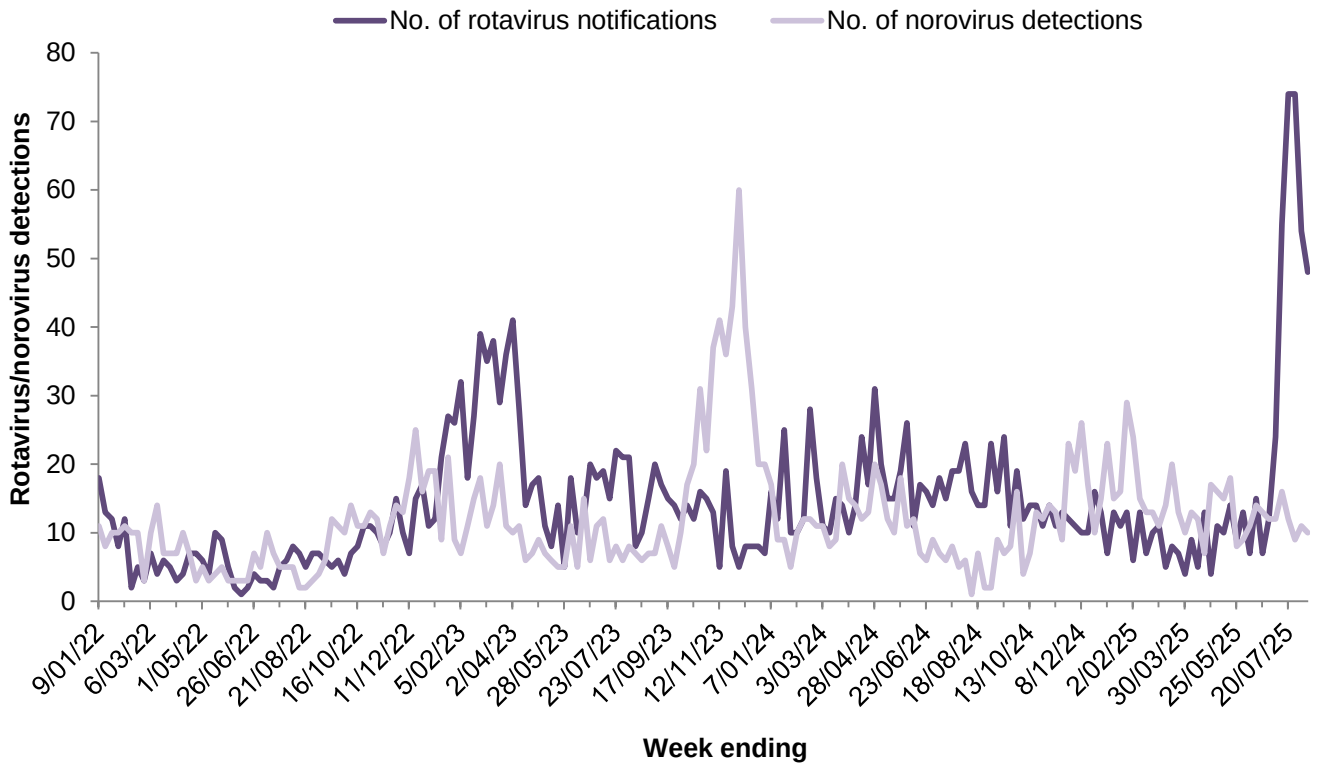


Note: The X following the lineage name indicates the inclusion of all descendant lineages. The distribution of variants in wastewater is largely representative of the distribution of variants in clinical cases, although for most recent weeks is slightly skewed due to the small number and lag in sequencing of clinical cases. Therefore, the most recent week of clinical sequencing has been removed to minimise the possibility of misinterpretation and the distribution in wastewater samples provides a more representative indication of the community distribution of SARS-CoV-2 variants for this period.

Gastroenteritis

Rotavirus notifications reported to the Department of Health continued to decrease in the past week after a month of increased activity, while norovirus detections at PathWest also decreased (Figure 19).

Figure 19. Number of rotavirus notifications to the Department of Health and norovirus detections at PathWest, WA, 2022 to 2025 YTD



Note: Rotavirus notifications reported to the Department of Health include detections from all WA pathology laboratories. Norovirus detections are from PathWest only.

Report Notes

Virus WAtch is a weekly electronic publication by the Communicable Disease Control Directorate (CDCD) and key collaborators. It provides a brief summary of general practice and hospital emergency department sentinel surveillance data on influenza-like illness and gastroenteritis, together with relevant laboratory information, to alert health care workers in WA about important circulating viruses. All figures and data were accurate at time of publication, but subject to change. Please note that the influenza and ILI surveillance systems in Western Australia (WA) have been impacted by the COVID-19 pandemic. Therefore, respiratory viral activity should be interpreted with caution and take into account the effects of changes in health seeking behaviour including accessing alternate health services such as telehealth, focused testing for COVID-19 at COVID-19 clinics or specific acute respiratory infection clinics, increased testing for other respiratory viruses and the impact of international border closures. The data collections used to create this publication include:

- Sentinel general practice (GP) data collected by WA members of the Australian Sentinel Practices Research Network (ASPREN).
- Emergency Department (ED) data provided by the Emergency Department Information System (EDIS), which currently incorporates data from the following hospitals: Fiona Stanley Hospital, Sir Charles Gardiner Hospital, Royal Perth Hospital, Perth Children's Hospital, King Edward Memorial Hospital, St John of God Midland, Bunbury Hospital, Armadale Hospital, Joondalup Health Campus, and Rockingham General Hospital.
- Disease notification data are sourced from the Western Australian Notifiable Infectious Diseases Database (WANIDD). These data are received by CDCD, WA Department of Health from medical providers and public or private laboratories in WA. Hospitalisation data are included in the report during the influenza season.
- Viral laboratory data obtained from PathWest laboratories at QEII Medical Centre, as well as via notification data sent by all WA laboratories to CDCD, WA Department of Health.
- As of 1 January 2022, the definition of a confirmed influenza case has changed to remove 'Single high titre by CFT or HAI to influenza virus' from the list of laboratory definitive evidence.
- As of March 2022, this report includes COVID-19 cases sourced from Public Health Operations COVID-19 Unified System (PHOCUS).
- From 9 October 2023, it is no longer a requirement to register positive COVID-19 Rapid Antigen Test (RAT) results to the WA Department of Health. Therefore, probable COVID-19 cases diagnosed by RAT will not be reported from that date.
- From 14 January 2024, the methodology for calculating the influenza seasonal threshold has changed. The threshold value is calculated based on analysis of inter-seasonal influenza data from 2016 to 2019 and 2023.
- From 1 January 2025, the Australian Sentinel Practices Research Network (ASPREN) have changed their reporting frequency for sentinel general practice (GP) data. This data will now be updated monthly.
- Current and archived issues of Virus Watch http://ww2.health.wa.gov.au/Articles/F_I/Infectious-disease-data/Virus-WAtch.
- Five-year average for influenza notifications is calculated using the years 2017-2019 and 2023-2024. Five-year average for influenza vaccinations includes data for the same time period each year. Four-year average for influenza coverage includes data for years 2021-2024 given that influenza vaccination in AIR only became mandatory in 2021.

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