Government of Western Australia
Department of Health

PathWest
LABORATORY MEDICINE WA

Virus WAtch

Week ending 10th May 2026

Key Points

Respiratory viruses

- Sentinel surveillance indicators for acute respiratory illness remain at low levels.
- Influenza and COVID-19 activity remain low, while RSV activity is gradually increasing.
- Total non-influenza respiratory virus detections at PathWest increased in the past week, with rhinovirus most frequently detected.
- COVID-19 wastewater concentration levels remain low. See respiratory virus wastewater dashboard.

Gastroenteritis

- Rotavirus notifications reported to the Department of Health increased and norovirus detections at PathWest decreased in the past week.

Other vaccine-preventable diseases

- **Measles**: No measles cases were notified in the past week.
- **Mumps**: No mumps cases were notified in the past week.
- **Rubella**: No rubella cases were notified in the past week.
- **Invasive meningococcal disease (IMD)**: No IMD cases were notified in the past week.

Winter Edition Update

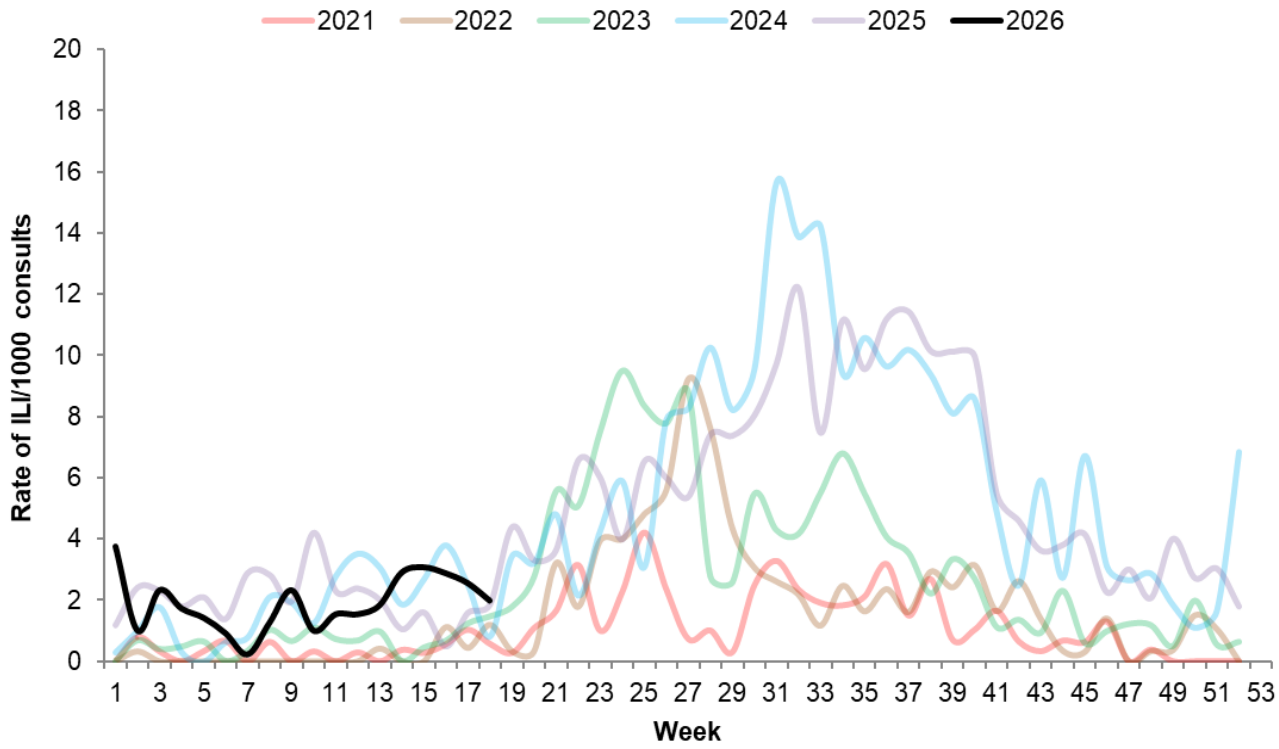
As part of the Virus Watch Winter Edition, additional tables and figures have been incorporated to provide more detailed insights into seasonal trends of influenza and RSV.

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

Respiratory viruses

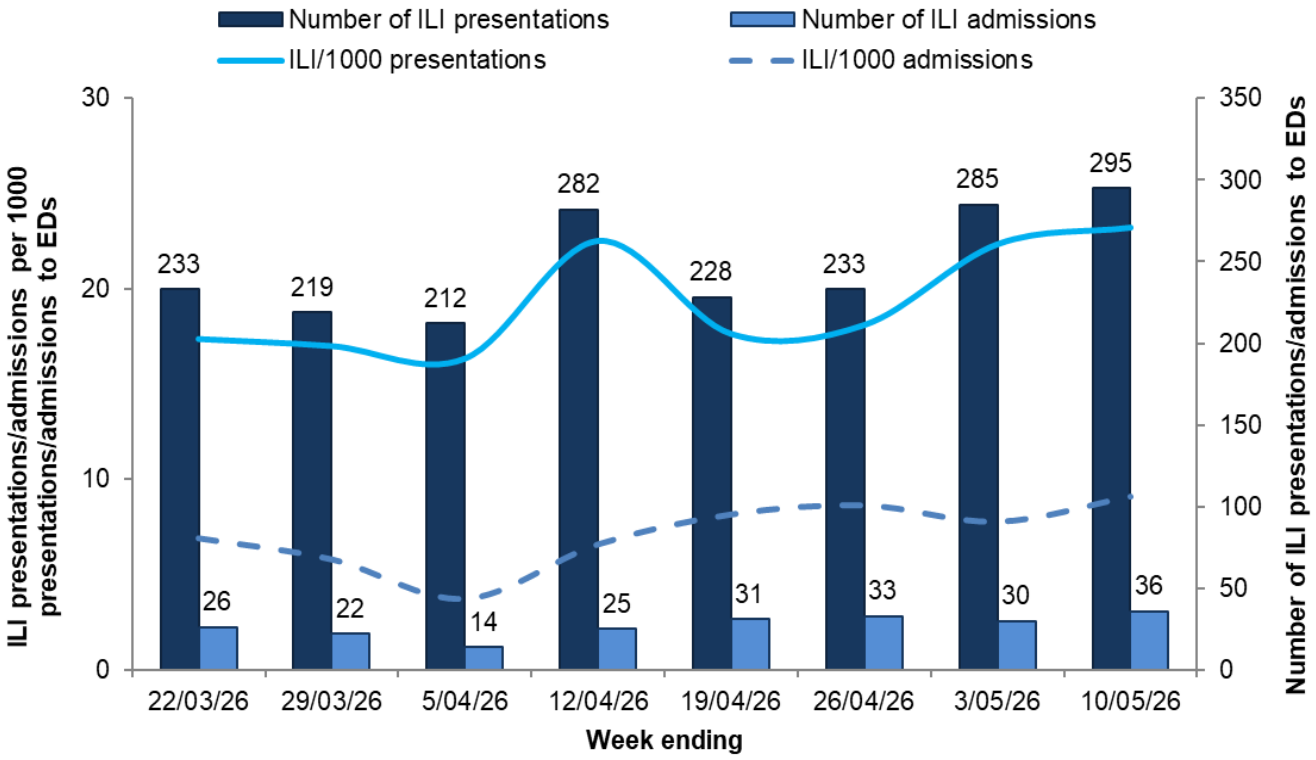
The rate of ILI presentations to sentinel GPs decreased to the mid range of values usually reported at this time of year (Figure 1).

Figure 1. Rate of ILI per 1000 consultations at sentinel GPs (Australian Sentinel Practices Research Network) by week, WA, 2021 to 2026 YTD



The rate of ILI-related ED presentations and admissions marginally increased in the past week but remained within the low to mid-range levels usually reported at this time of year.

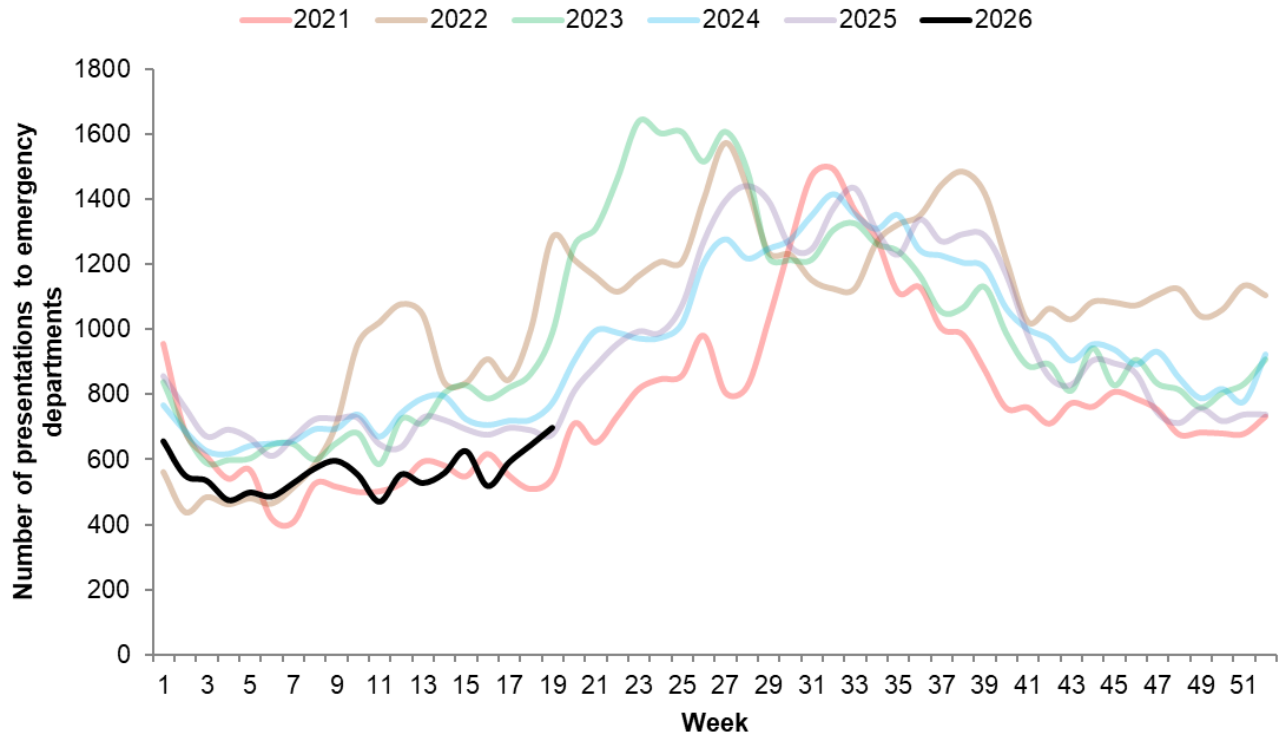
Figure 2. Number and rate of ILI presentations/admissions to emergency departments in the past eight weeks, WA



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.

The number of respiratory illness presentations to emergency departments increased, although remain in the low to mid-range of levels usually reported at this time of the year (Figure 3).

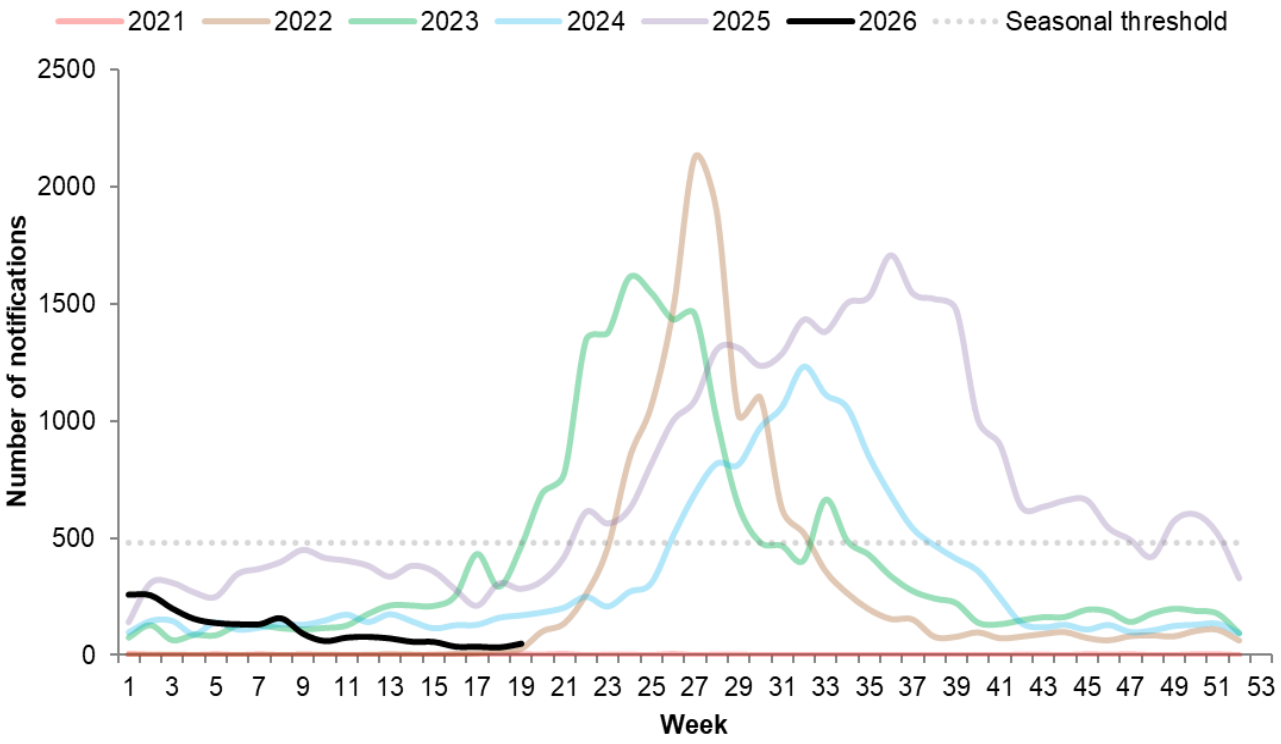
Figure 3. Number of respiratory illness presentations to emergency departments by week, WA, 2021 to 2026 YTD



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, influenza notifications remained low and stable at 50 notifications (Figure 4).

Figure 4. Number of influenza notifications by week, WA, 2021 to 2026 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 2018 to 2019 and 2023 to 2025.

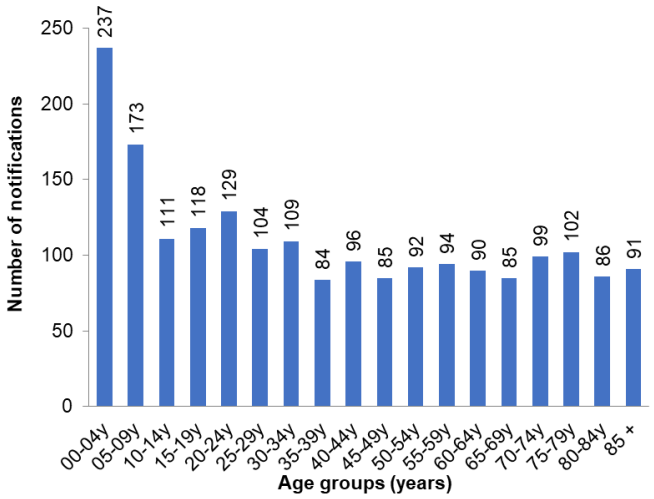
In the year to date, influenza notifications and hospitalisations were lower than the previous five-year average, while the number of deaths* was lower (Table 1). Just under a third of notifications were in those aged less than 15 years (Figure 5).

Table 1. Influenza notifications, hospitalisations, reported deaths and immunisation coverage in WA

Category	2026 Year to Date		5-year average	
Influenza	1,985		3,040	
Hospitalisations	292		649	
Reported deaths	1		6	
Coverage	**Age group**	**2025#**	**2026 Year to Date**	**5-year average**
Influenza immunisations coverage	6 mo - 4 yrs	5.1%	6.6%	5.4%
	5 - 11 yrs	3.8%	5.1%	4.0%
	12 - 64 yrs	7.7%	6.4%	9.7%
	≥ 65 yrs	35.9%	32.8%	39.3%
	Total	12.2%	11.1%	13.9%

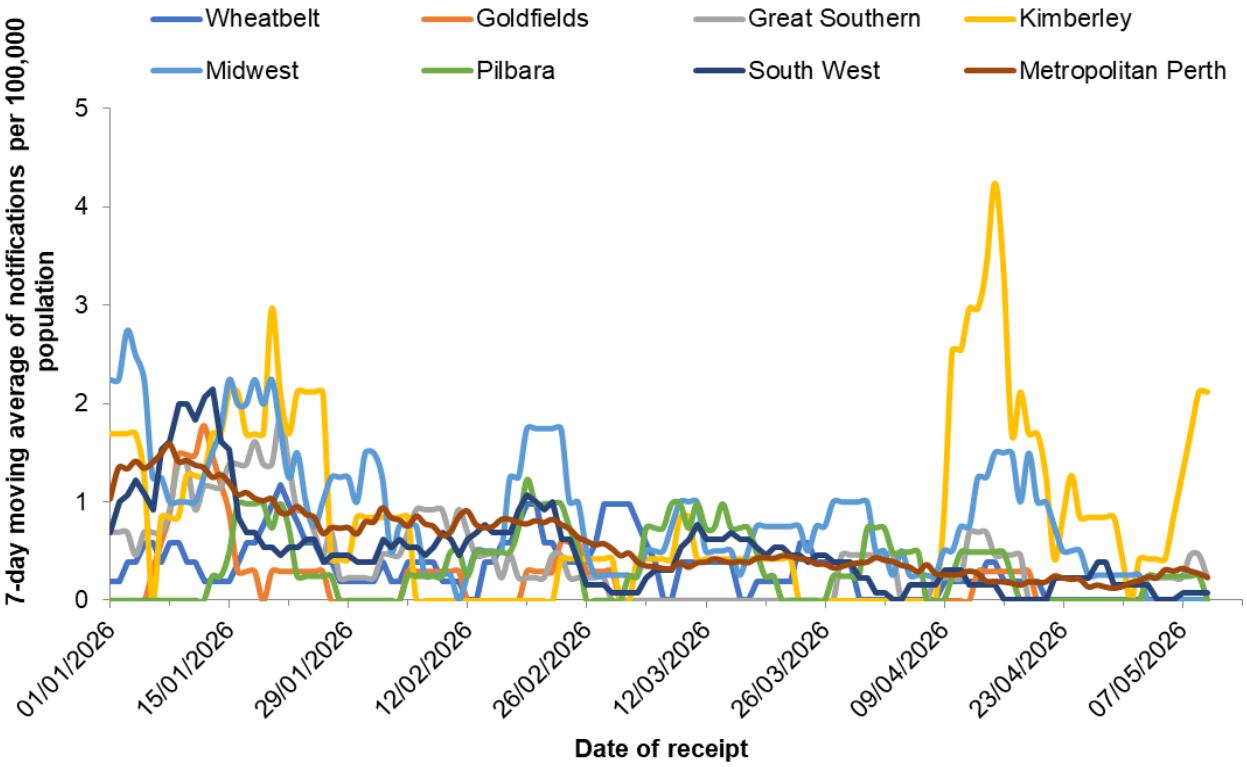
Notification data source: WANIDD. See report notes on calculations for the 5-year average influenza notifications. *Reported deaths may include historical deaths that occurred prior to the current reporting period. #Immunisation coverage data in 2025 are compared with the data from same period in 2026 year to date.

Figure 5. Influenza notifications by age group in WA, 2026 YTD



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

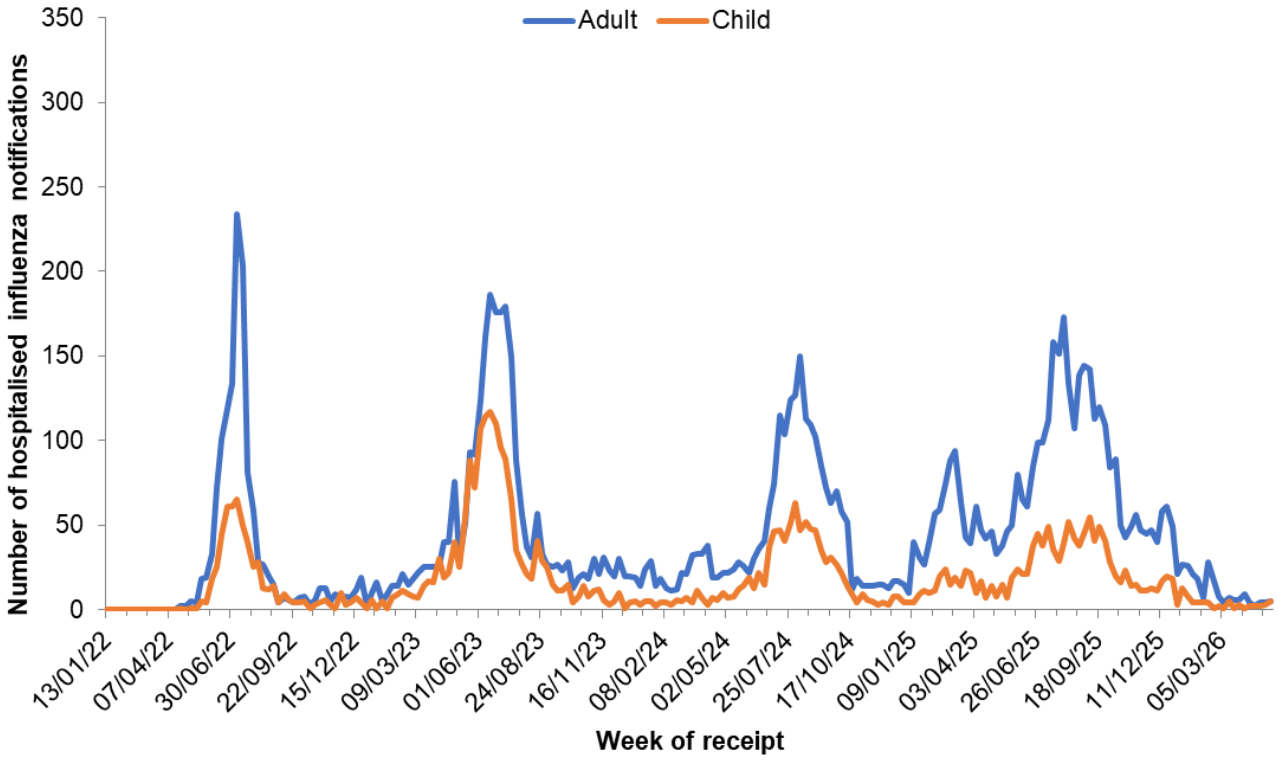
Figure 6. 7-day moving average of influenza notification rates per 100,000 people by health region, WA, 2026 YTD



Note: This graph shows the 7-day moving average of influenza cases per 100,000 people in the WA health regions for 2026 by date of receipt, received by the DoH, WA (through WANIDD) to the end of the current reporting week.

Number of influenza-related hospitalizations remained low in adults and children (Figure 7).

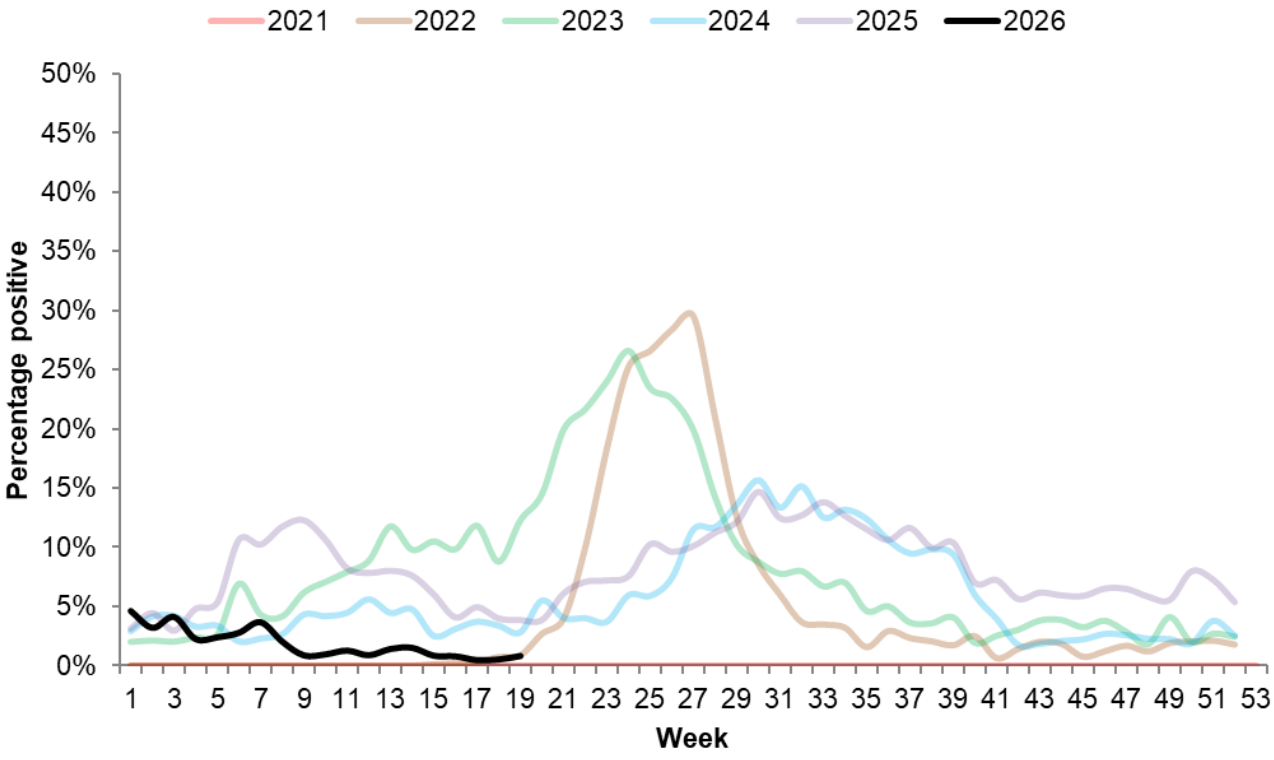
Figure 7. Number of notified influenza cases hospitalised by week, WA, 2022 to 2026 YTD



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.

Influenza PCR test positivity at PathWest remains low at 0.8% in the past week (Figure 8).

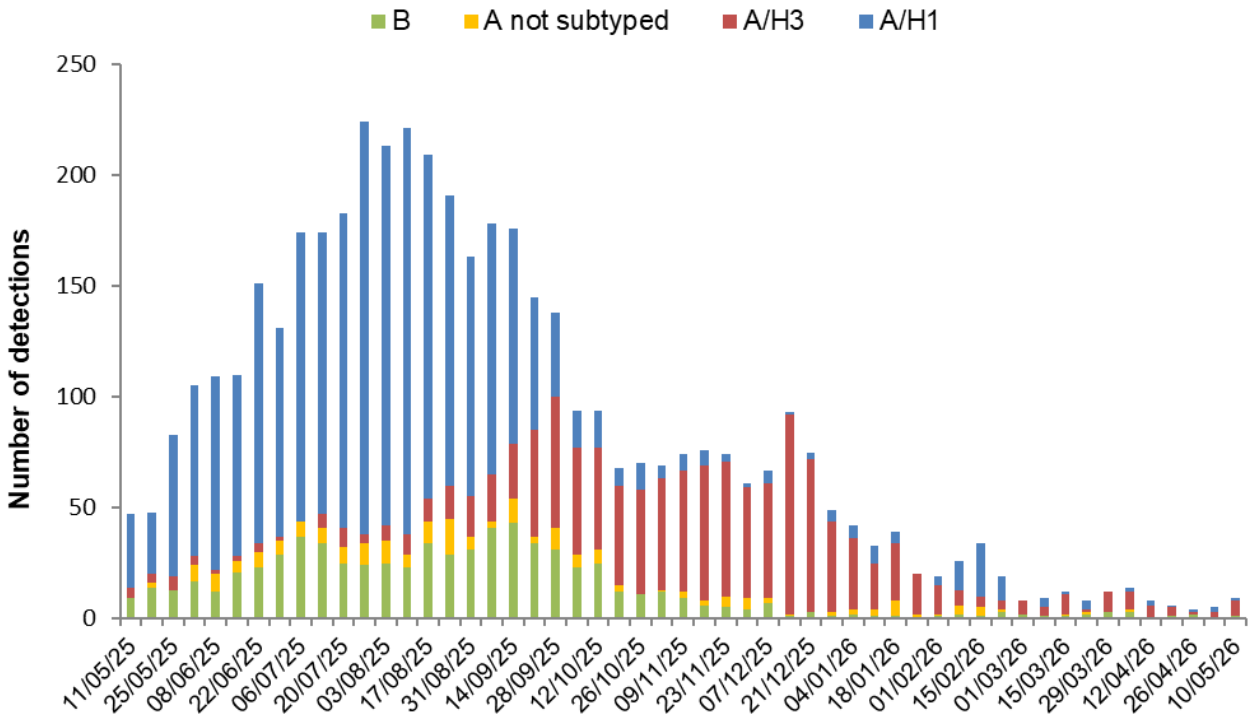
Figure 8. Proportion of PCR positive influenza detections at PathWest by week, WA, 2021 to 2026 YTD



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 nine influenza detections in the past week, comprising one A/H1, one influenza B and seven influenza A/H3 (Figure 9). These detections accounted for 18% of statewide influenza notifications.

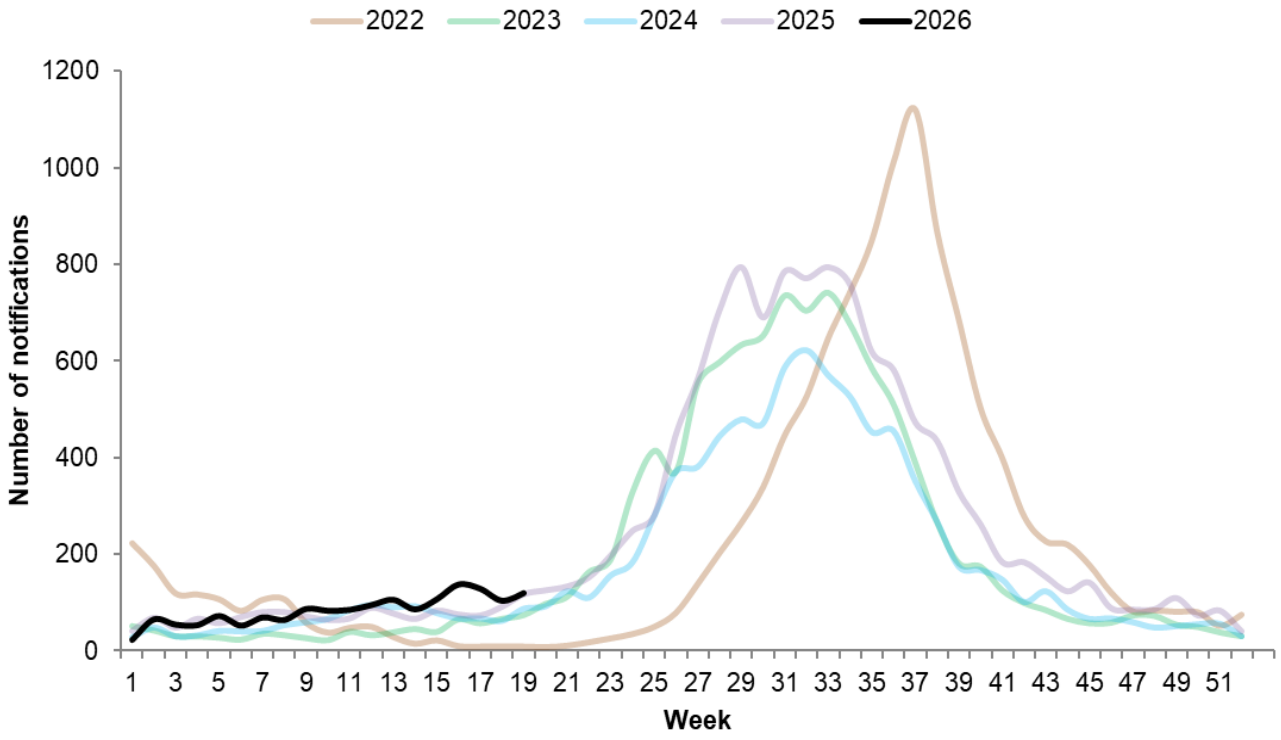
Figure 9. Number of PCR positive influenza detections at PathWest by type, subtype and week, WA, 2025 to 2026 YTD



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) notifications to the Department of Health increased marginally to 120 cases in the past week, remaining just above levels seen in recent years (Figure 10).

Figure 10. Number of respiratory syncytial virus (RSV) notifications by week, WA, 2022 to 2026 YTD



Note: 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.

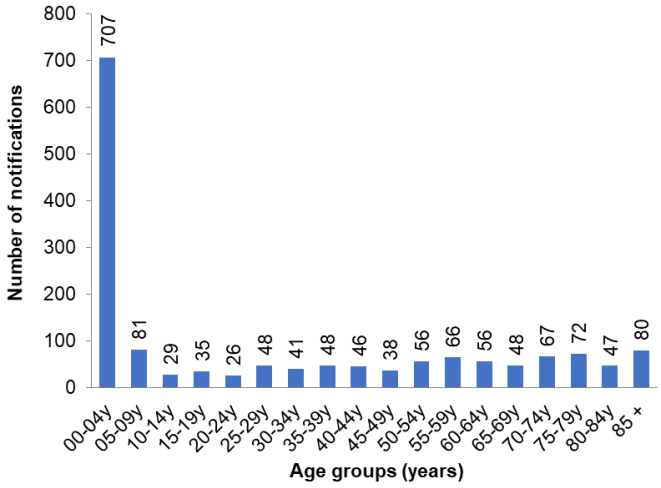
In the year to date, RSV notifications were higher compared to the same period in 2025, while the number of hospitalisations was similar. No RSV-related deaths* have been reported in 2026 to date. The highest proportion (44%) of RSV notifications were in those aged less than 5 years (Figure 11).

Table 2. RSV notifications, hospitalisations and reported deaths in WA

Category	2026 Year to Date	4-year average
Notifications	1,591	1,146
Hospitalisations	330	331
Reported deaths	0	2

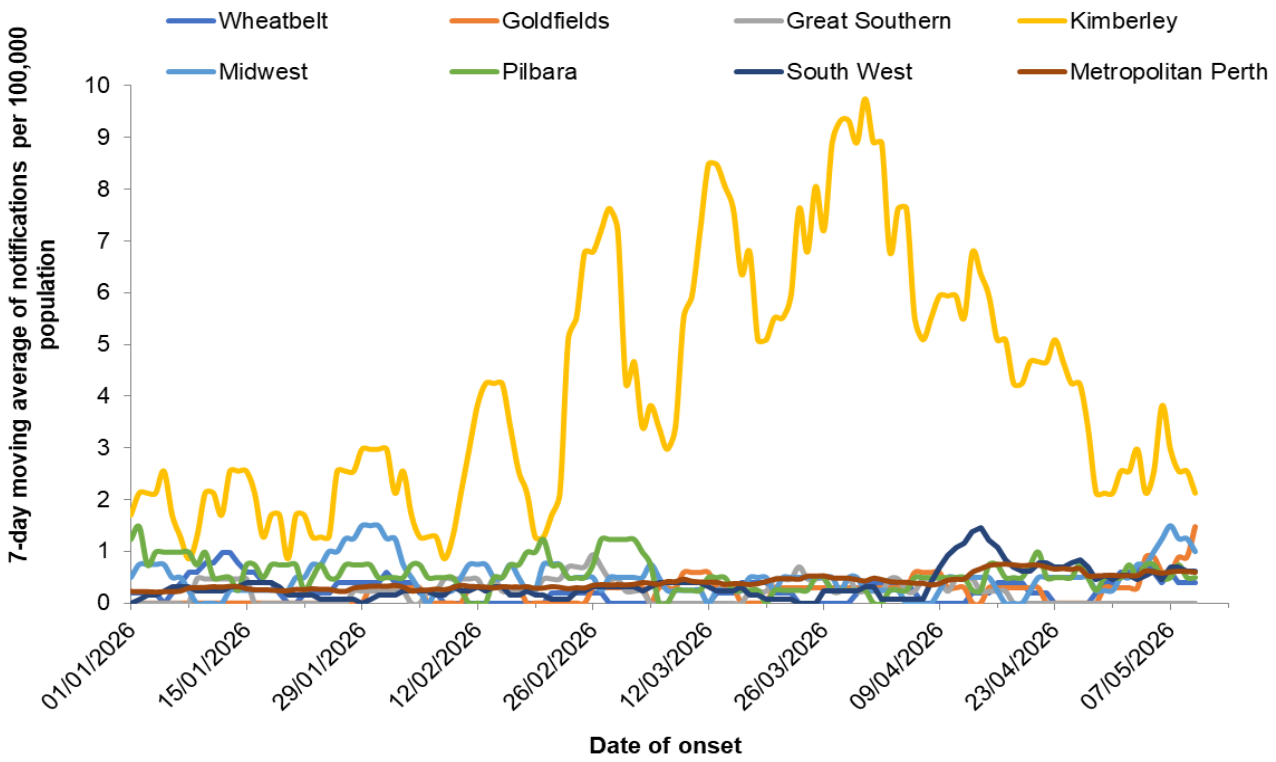
Note: Notification data source: WANIDD. *Reported deaths may include historical deaths that occurred prior to the current reporting period.

Figure 11. RSV notifications by age group, WA, 2026 YTD



In the past week, the seven-day moving average for RSV notification rates remained stable across most regions, except for the Goldfields, Midwest, South West and metropolitan Perth regions where rates increased (Figure 12).

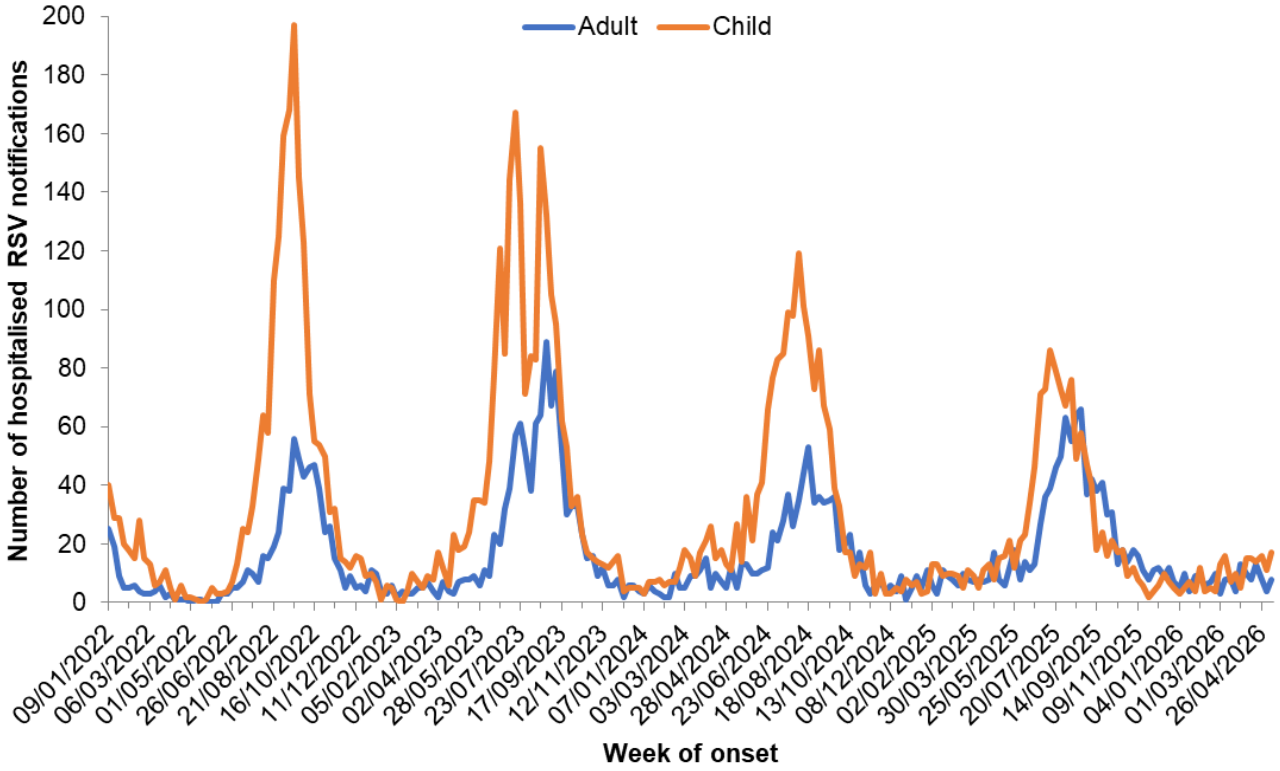
Figure 12. 7-day moving average of RSV notification rates per 100,000 people by health region, WA, 2026 YTD



Note: This graph shows the 7-day moving average of RSV notifications per 100,000 people by WA health region by optimal date of onset, received by the DoH, WA to the end of the current reporting week.

RSV-related hospitalisation cases increased marginally in adults and children but remains low (Figure 13).

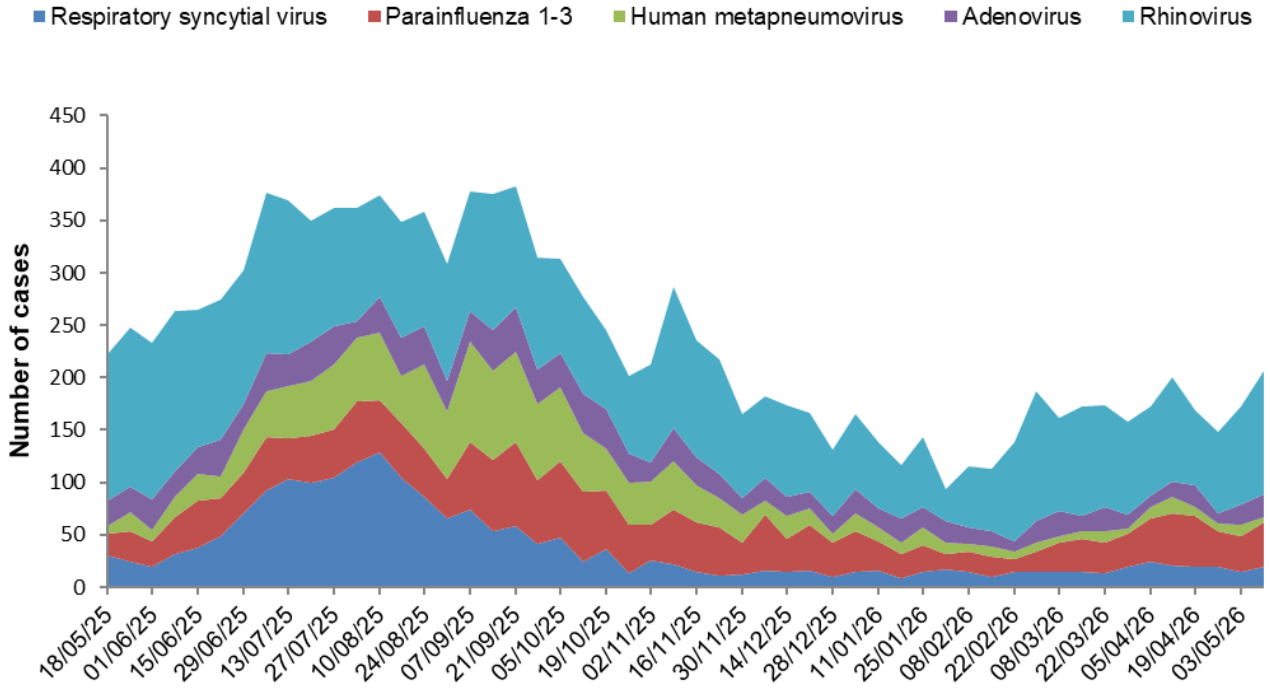
Figure 13. Number of notified RSV cases hospitalised by week, WA, 2022 to 2026 YTD



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 increased marginally in the past week. The most commonly detected non-influenza respiratory virus was rhinovirus (118 cases) (Figure 14).

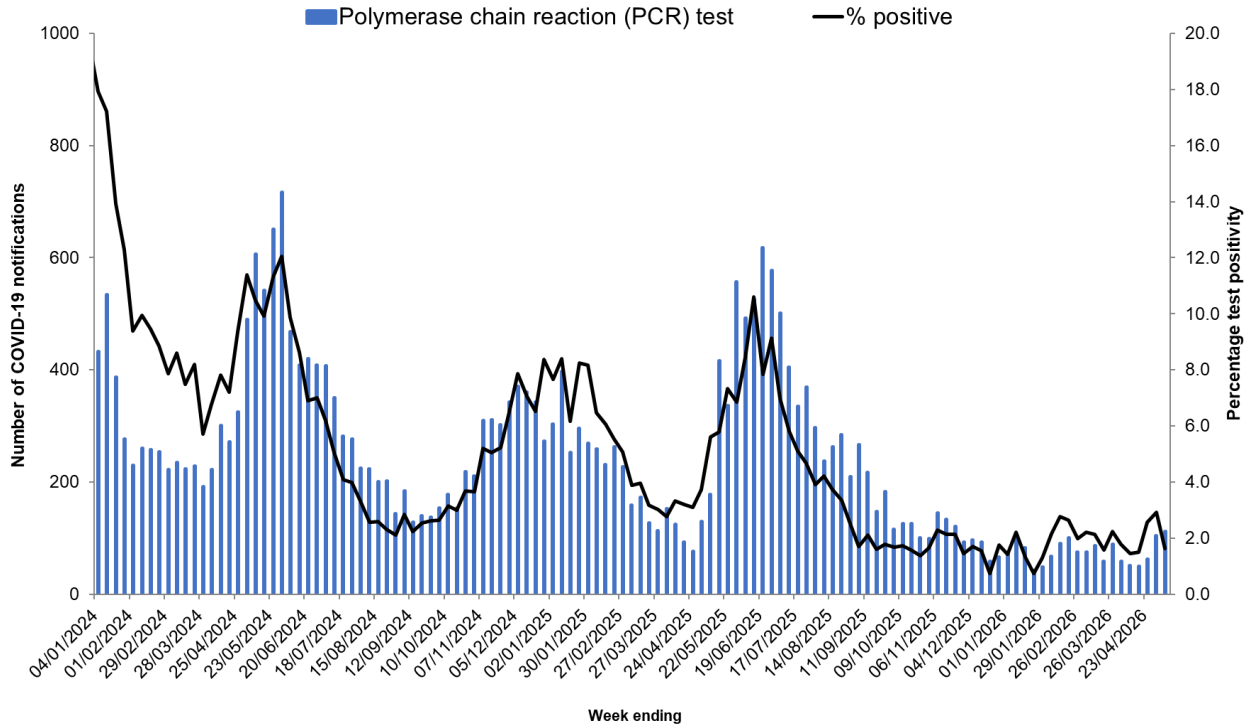
Figure 14. Number of non-influenza respiratory virus detections at PathWest by week, WA, 2025 to 2026 YTD



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.

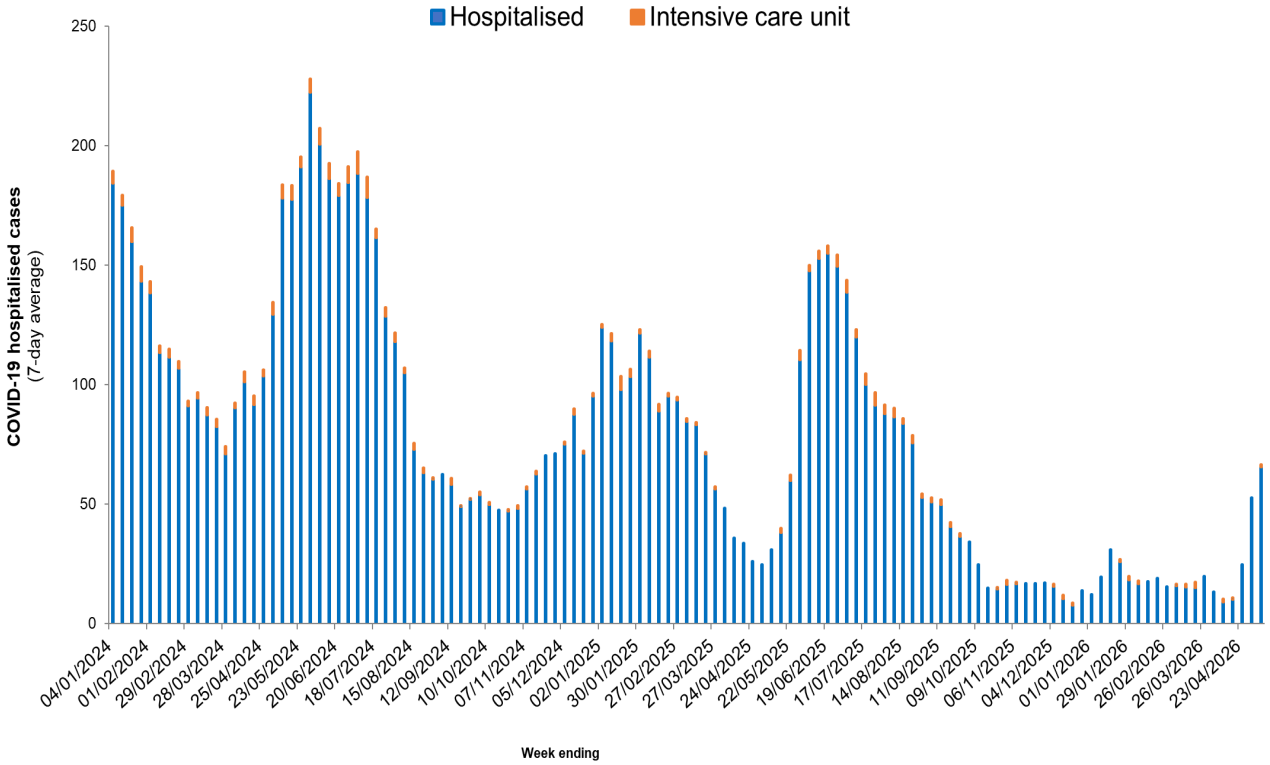
In the past week, the number of COVID-19 notifications to the Department of Health increased marginally but remained low at 112 notifications (Figure 15).

Figure 15. COVID-19 notifications and test positivity by notification week, WA, 2024 to 2026 YTD



In the past week, currently hospitalised COVID-19 cases increased to 66 per day, largely due to an increase in cases among long stay patients. The 7-day average for cases currently in intensive care units was one (Figure 16).

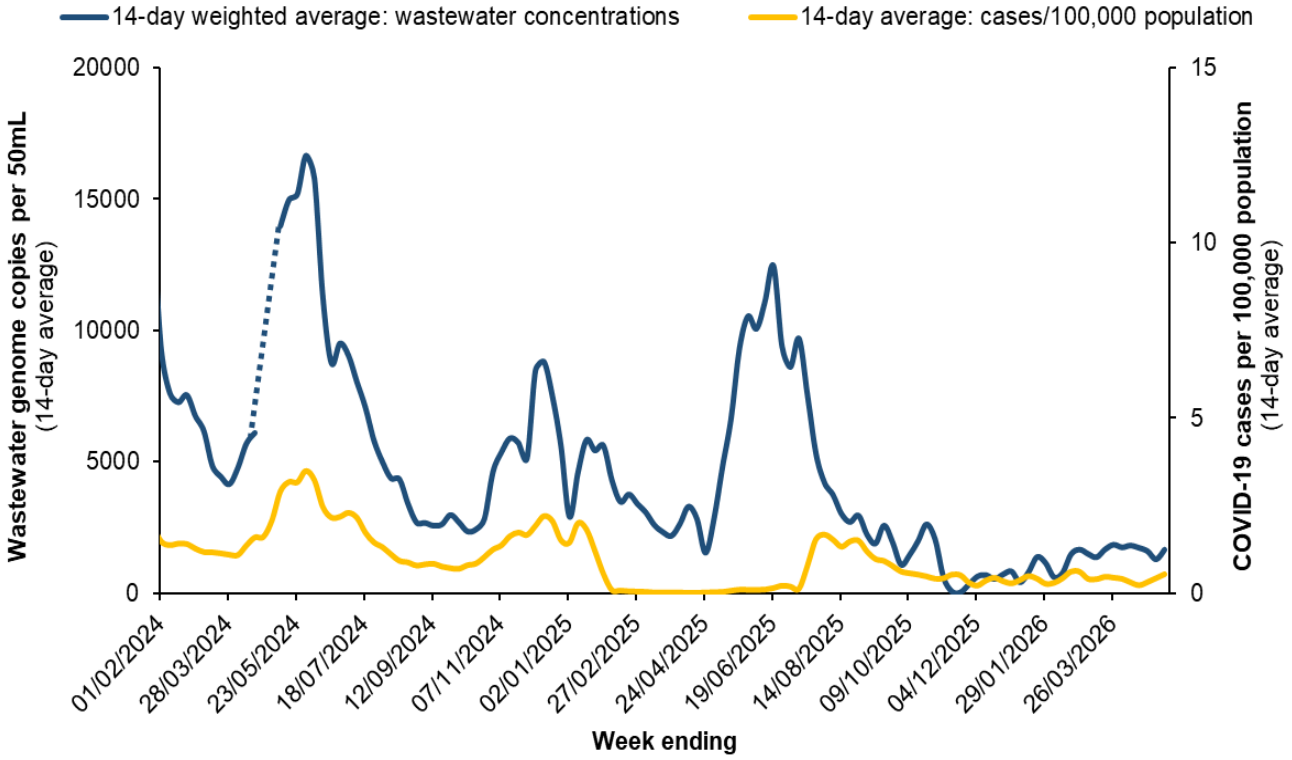
Figure 16. 7-day average of COVID-19 cases currently in hospital or in ICU, WA, 2024 to 2026 YTD



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. Hospitalisation counts represent the number of people in hospital with COVID on a given day; individuals may be counted for up to 60 days if they are long staying patients.

The SARS-CoV-2 concentration in wastewater from the Perth metropolitan area increased marginally but remains low, reflecting low COVID-19 activity in the community (Figure 17).

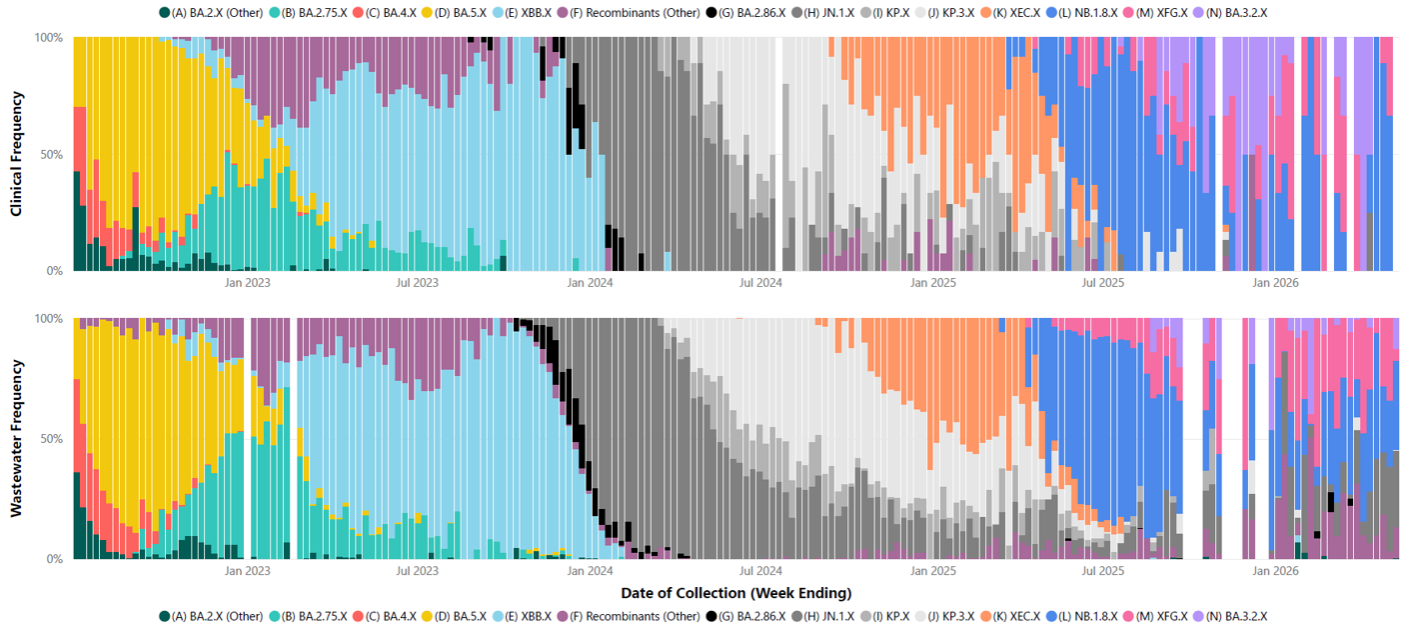
Figure 17. SARS-CoV-2 concentration in wastewater and COVID-19 notification rate, Perth metropolitan area, WA, 2024 to 8 May 2026.



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. Trend data prior to 2024 is available on the Respiratory Virus Wastewater Surveillance Dashboard.

Genomic sequencing results indicated SARS-CoV-2 Omicron sub-lineage NB.1.8.X predominated in wastewater samples. NB.1.8.X has been identified in the majority of clinical samples tested in the past month. Recent clinical sequencing data should be interpreted with caution due to the low number of available clinical samples.

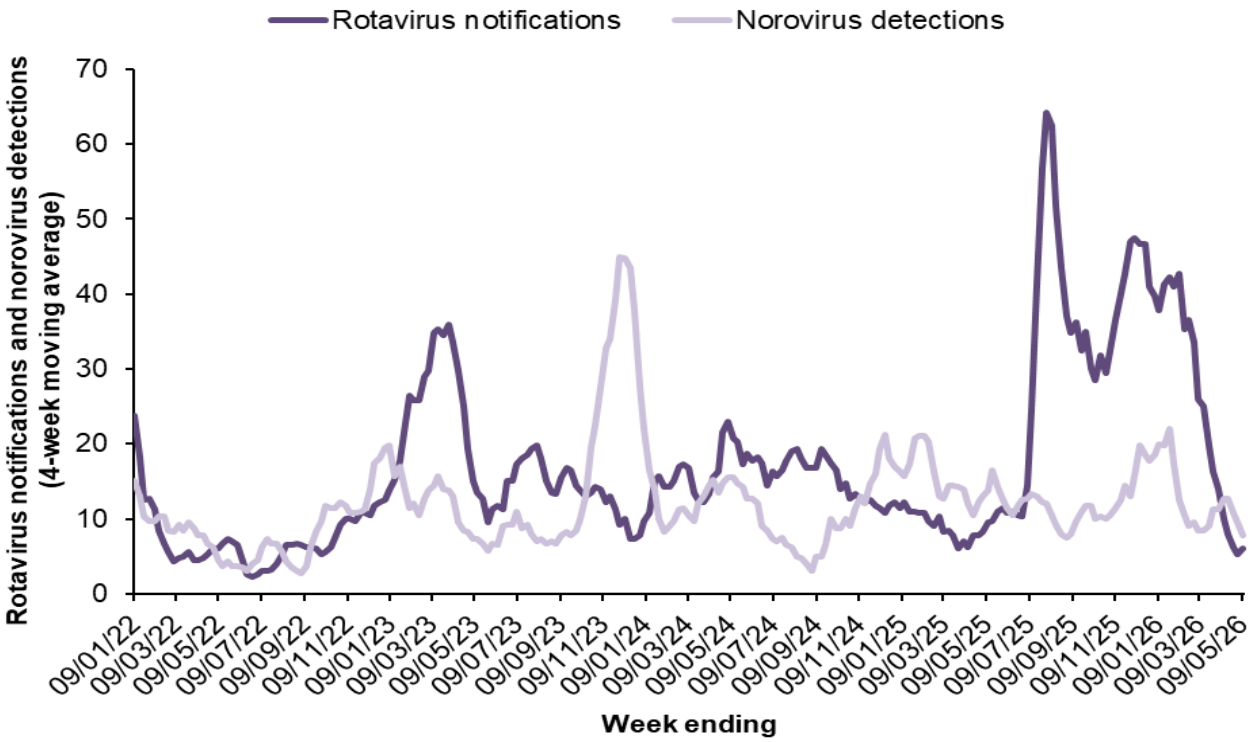
Figure 18. Distribution of SARS-CoV-2 variants in clinical samples (top) and metropolitan wastewater catchments (bottom), 3 July 2022 to 10 May 2026



Gastroenteritis

The four-week moving average for rotavirus notifications reported to the Department of Health increased and norovirus detections at PathWest decreased in the past week (Figure 19).

Figure 19. Rotavirus notifications to the Department of Health and norovirus detections at PathWest, 4-week moving average, WA, 2022 to 2026 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 acute respiratory illness 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 2018 to 2019 and 2023 to 2025.
- 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.
- 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.
- From 5 October 2025, the methodology for wastewater quantification transitioned from quantitative PCR (qPCR) to digital PCR (dPCR). dPCR provides improved sensitivity and stronger correlation with clinical case rates for SARS-CoV-2. Wastewater concentration levels by dPCR are generally higher than those produced by qPCR. As a result, an initial artefactual increase may be observed from this date reflecting the change in testing method.
- The X following the lineage name (Figure 12) indicates inclusion of all respective sublineages. 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.

- The gaps in the clinical samples (top graph of Figure 12) occur when no clinical samples were sequenced from the Metropolitan region. The gaps in the wastewater samples (bottom graph of Figure 12) occur when no samples were collected during Public Holiday periods, or insufficient viral concentration for genomic sequencing. Wastewater frequencies are calculated as an average across three metropolitan wastewater treatment plants. During weeks where only some treatment plants yield sufficient viral concentrations, one or two samples may be used to calculate the weekly average.
- The method of data extraction for influenza and RSV was extracted by date of receipt and optimal date of onset respectively.
- Five-year average for influenza notifications is calculated using the years 2018-2019 and 2023-2025. Five-year average for influenza vaccinations includes data for the same time period each year. Five-year average for influenza coverage includes data for years 2021-2025 given that influenza vaccination in AIR only became mandatory in 2021.
- Four-year average for RSV notifications is calculated using the years 2022-2025.

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