Government of Western Australia
Department of Health

PathWest
LABORATORY MEDICINE WA

Virus WAtch

Week ending 15th November 2026

Key Points

Respiratory viruses

- Sentinel general practitioner surveillance indicates ILI activity in the community has remained stable since mid-September. The rate of ILI-related ED presentations decreased in recent weeks, while the rate of ILI-related admissions has fluctuated with no clear trend since mid-September. Respiratory illness presentations to ED were at low-mid levels.
- Influenza notifications decreased in the past week, following an upward trend in cases since early October. COVID-19 notifications and test positivity are increasing, but remain at moderate levels, while RSV notifications remained at interseasonal levels. Of the influenza clinical samples subtyped by PathWest in this reporting period, A/H1 remains the predominant subtype, following the decrease in A/H3 detections since October.
- Total non-influenza respiratory virus detections at PathWest decreased in the past week, with rhinovirus most frequently detected.
- Influenza and SARS-CoV-2 wastewater concentrations remained at moderate levels, while RSV wastewater concentrations were at low levels. See respiratory virus wastewater dashboard.

Gastroenteritis

- Rotavirus notifications reported to the Department of Health and norovirus detections at PathWest remained at low levels.

Other vaccine-preventable diseases

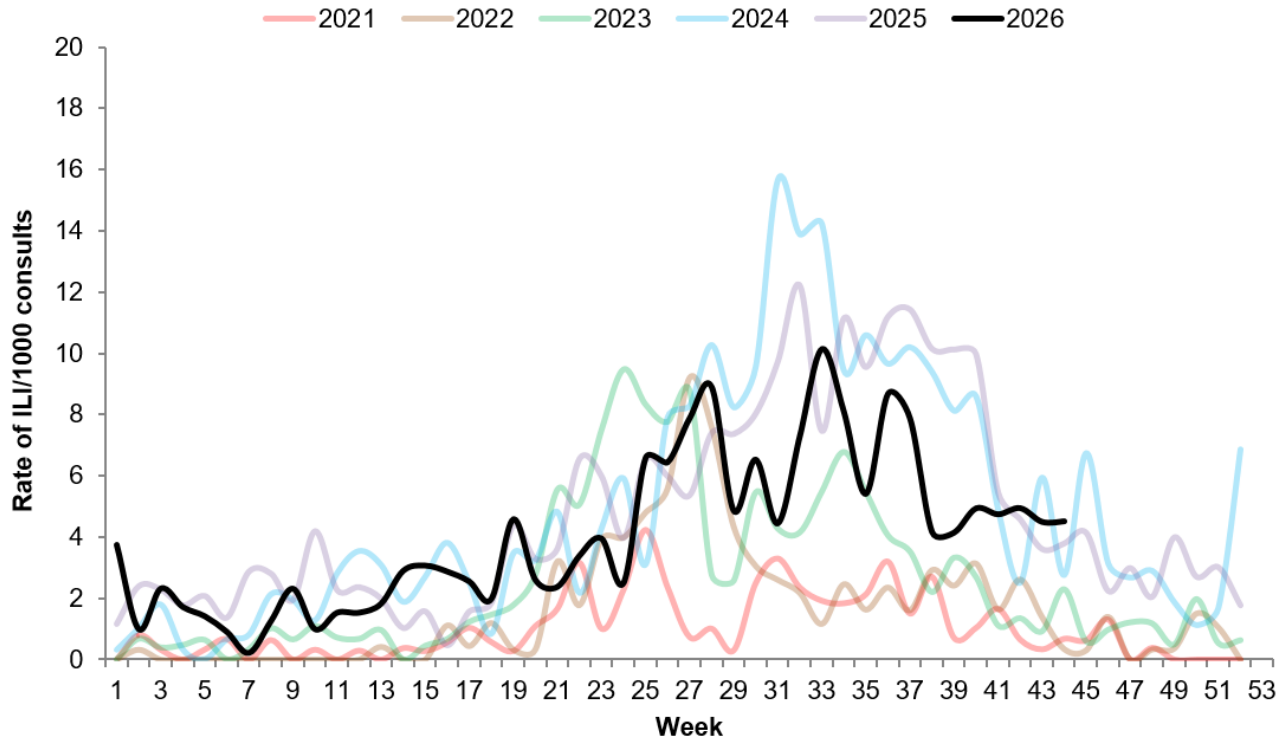
- **Measles**: One measles case was notified in the past week. See media release.
- **Mumps**: No mumps cases were notified in the past week.
- **Rubella**: No rubella cases were notified in the past week.
- **Invasive meningococcal disease (IMD)**: No IMD cases were notified in the past week.
- **Diphtheria**: There is an outbreak of diphtheria affecting multiple Australian states and territories, including WA. There were 3 diphtheria case notified in the past week from regional areas of WA. Since December 2025, there have been 288 diphtheria cases notified in regional WA.

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

Respiratory viruses

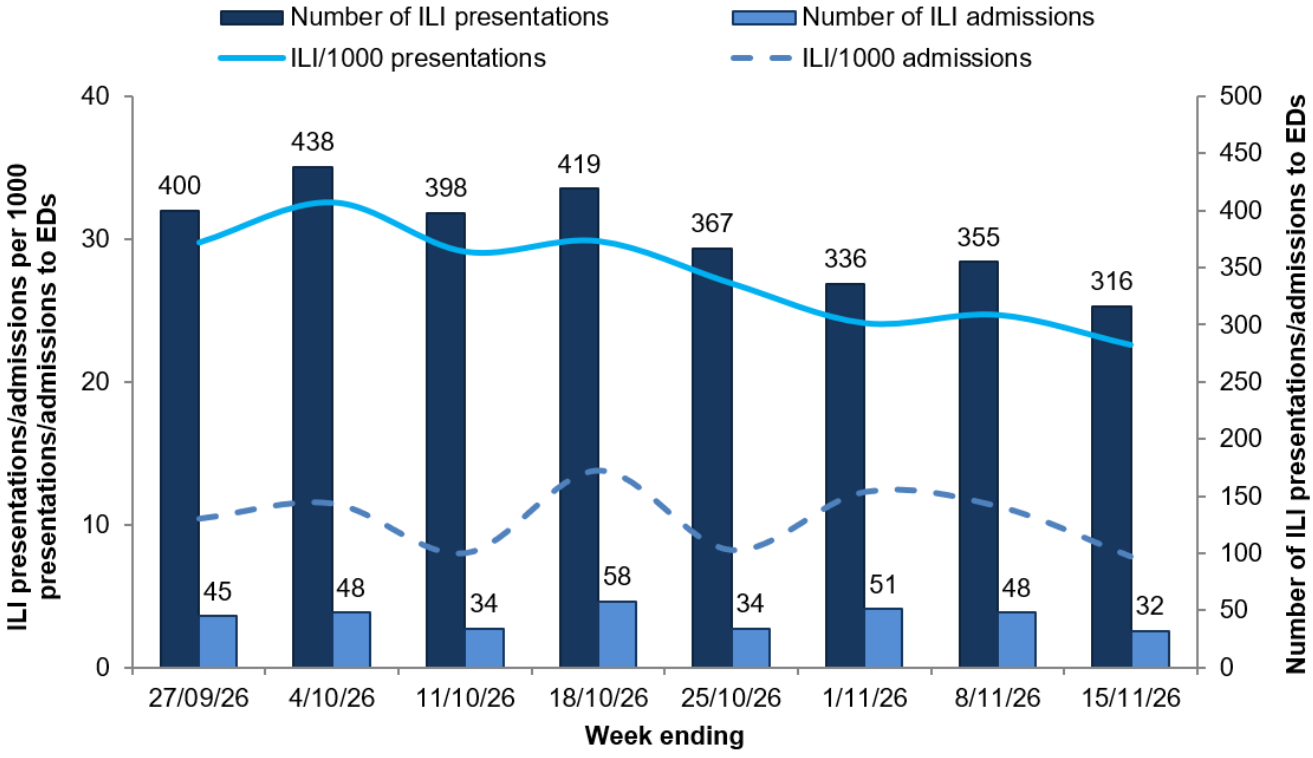
The rate of ILI presentations to sentinel GPs remained relatively stable and is at higher range than typically observed at this time of year (Figure 1).

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 the rate of ILI-related admissions both declined in the past week (Figure 2).

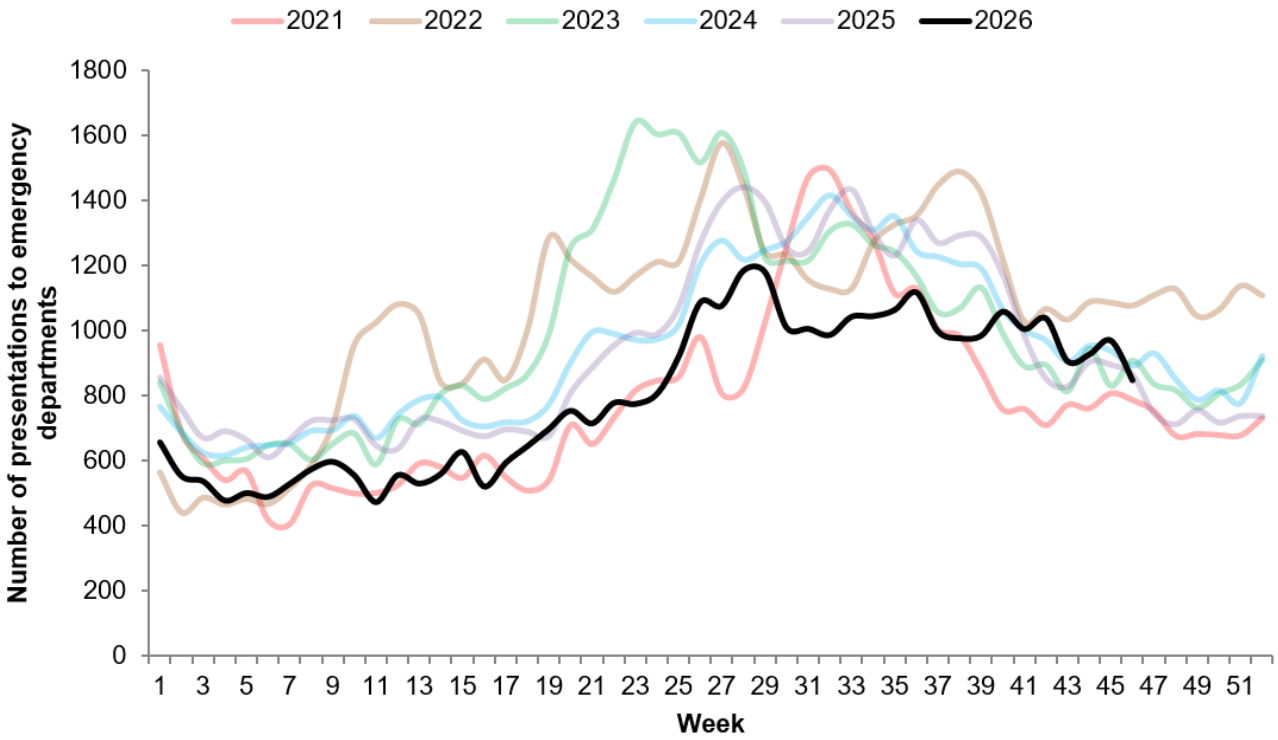
Figure 2. Number and rate of ILI presentations/admissions to emergency departments in the past eight weeks, WA



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.

The number of respiratory illness presentations to emergency departments decreased in the past week and were in the low to mid-range of values reported at this time of year (Figure 3).

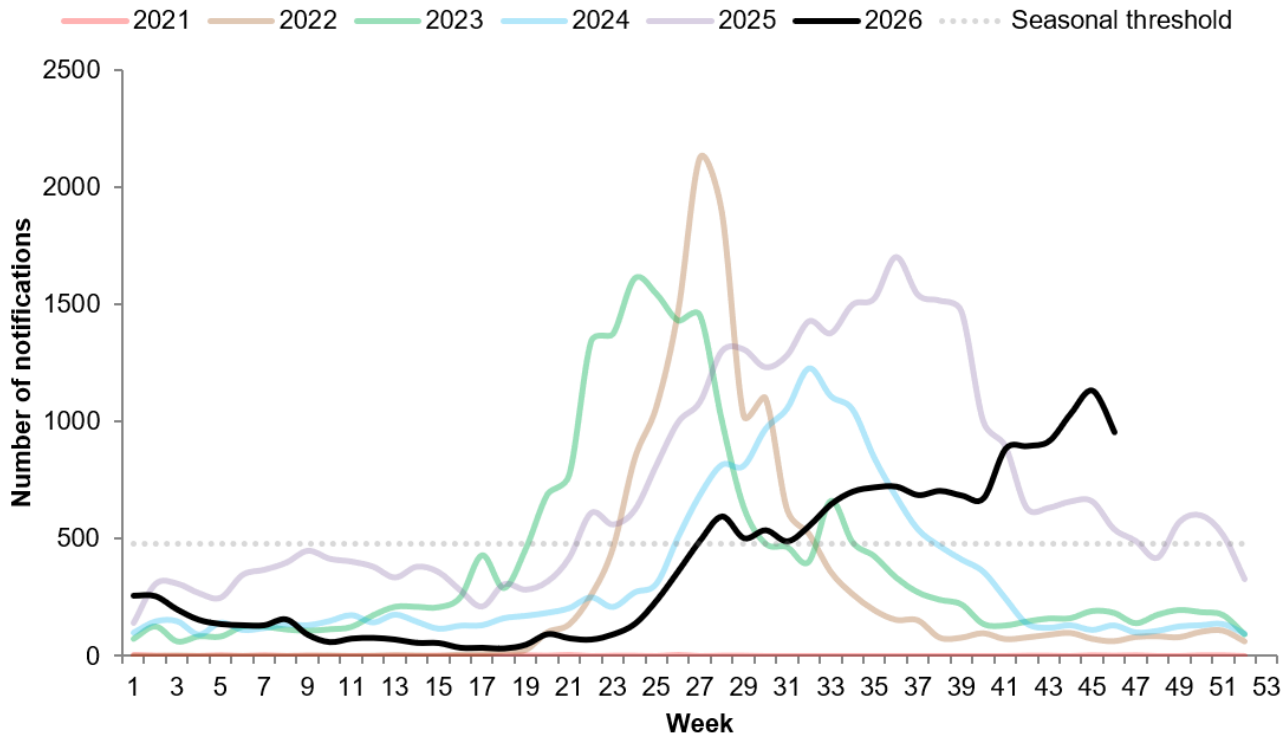
Figure 3. Number of respiratory illness presentations to emergency departments by week, WA, 2021 to 2026 YTD



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.

Influenza notifications decreased to 956 cases in the past week but remained higher than usually reported at this time of year (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.

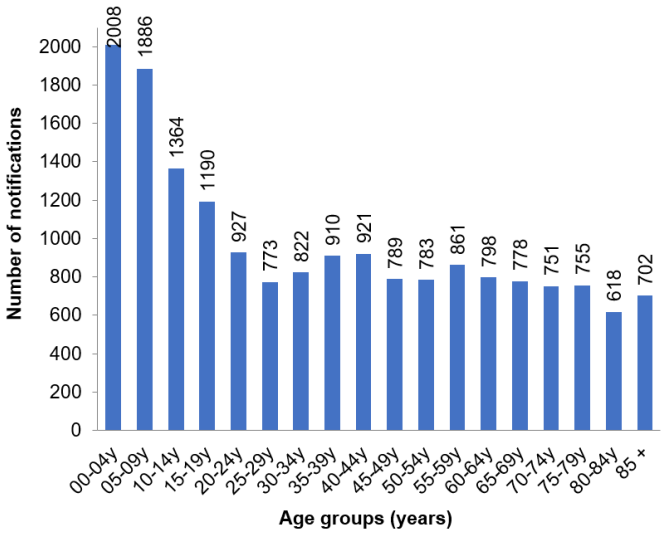
In the year to date, influenza notifications, hospitalisations and deaths* were lower compared to the previous five-year average (Table 1). Almost one-third of notifications were in those aged less than 15 years (Figure 5).

Table 1. Influenza notifications, hospitalisations, reported deaths in WA

Category	2026 Year to Date	5-year average
Influenza	17,636	19,773
Hospitalisations	2,755	3,199
Reported deaths	8	35

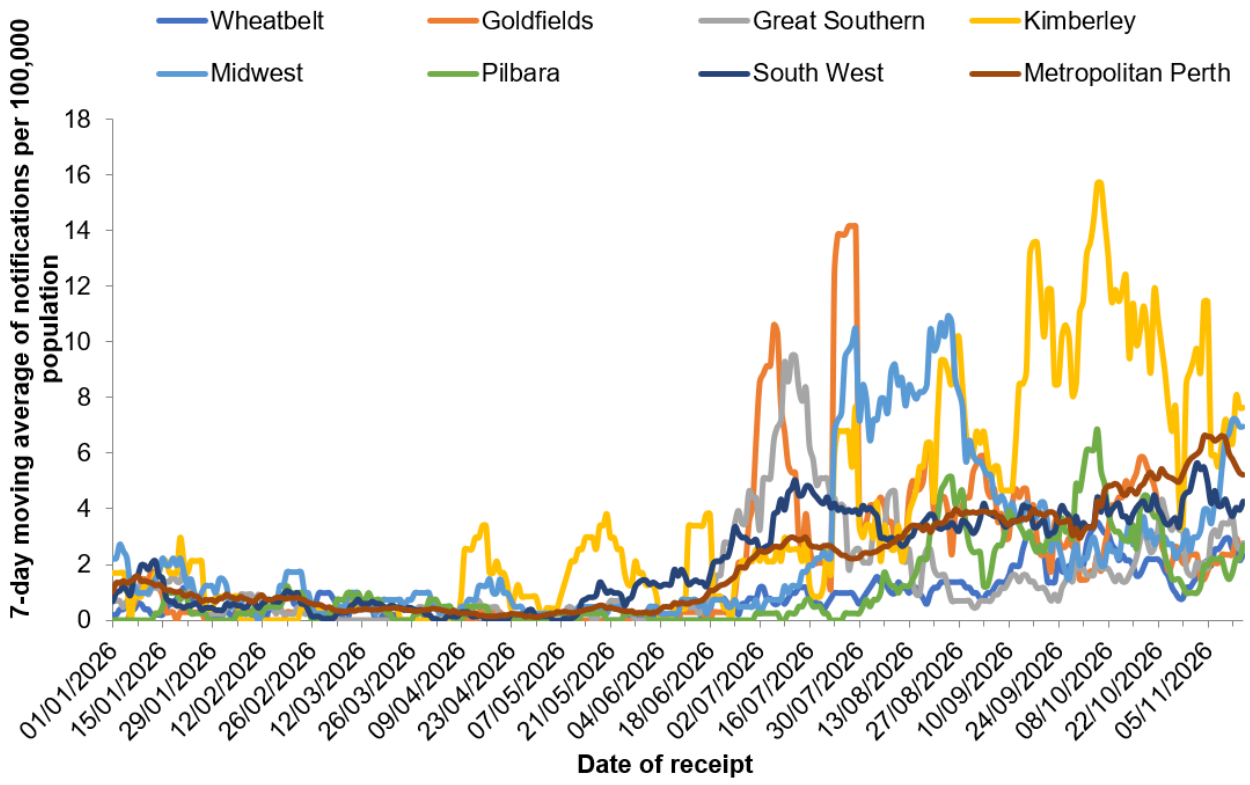
Notification data source: WANIDD. See report notes on calculations for the 5-year average influenza notifications. *Reported deaths may include historical deaths that occurred prior to the current reporting period.

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



In the past week, the 7-day moving average of influenza notification rates decreased or remained stable across most regions, except in the Kimberley and Midwest regions where rates increased. The Kimberley region recorded the highest average rate in WA at 7.6 per 100,000 population (Figure 6).

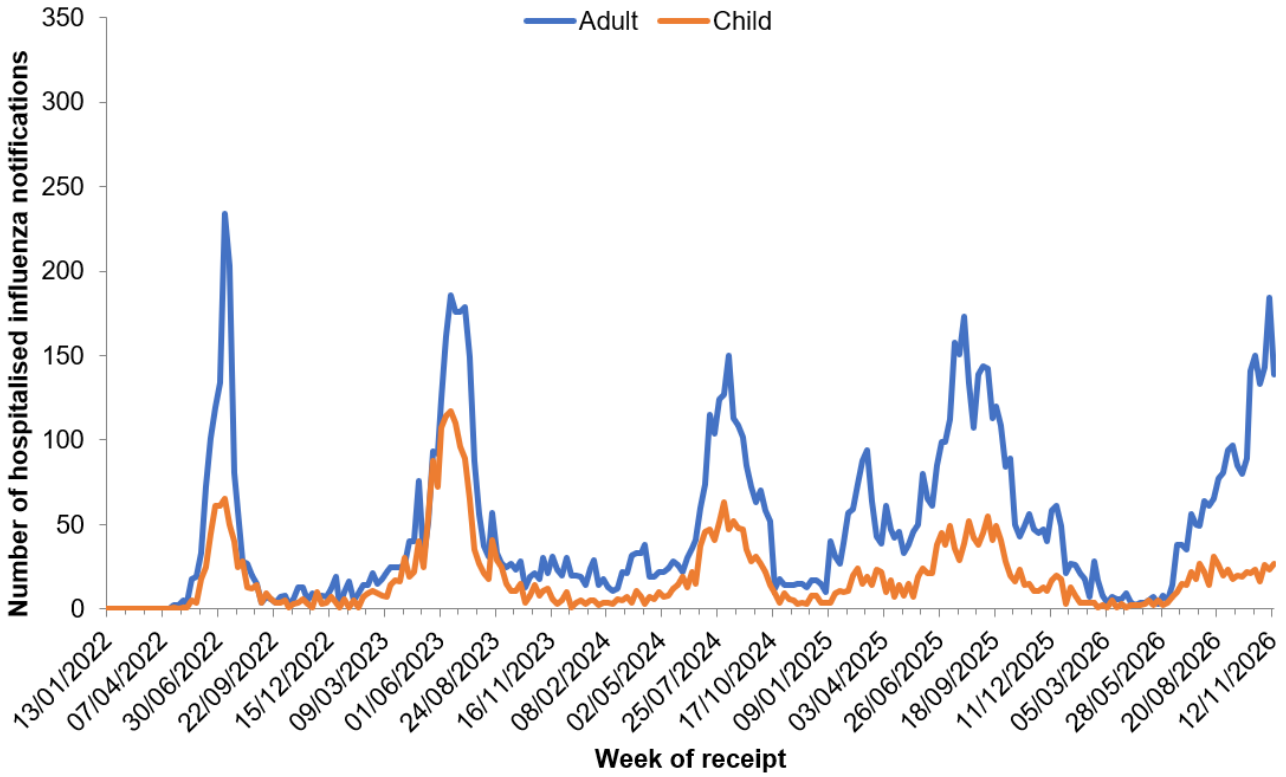
Figure 6. 7-day moving average of influenza notification rates per 100,000 people by health region, WA, 2026 YTD



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.

Influenza-related hospitalisations in adults decreased sharply in the past week, while hospitalisations in children have remained stable (Figure 7).

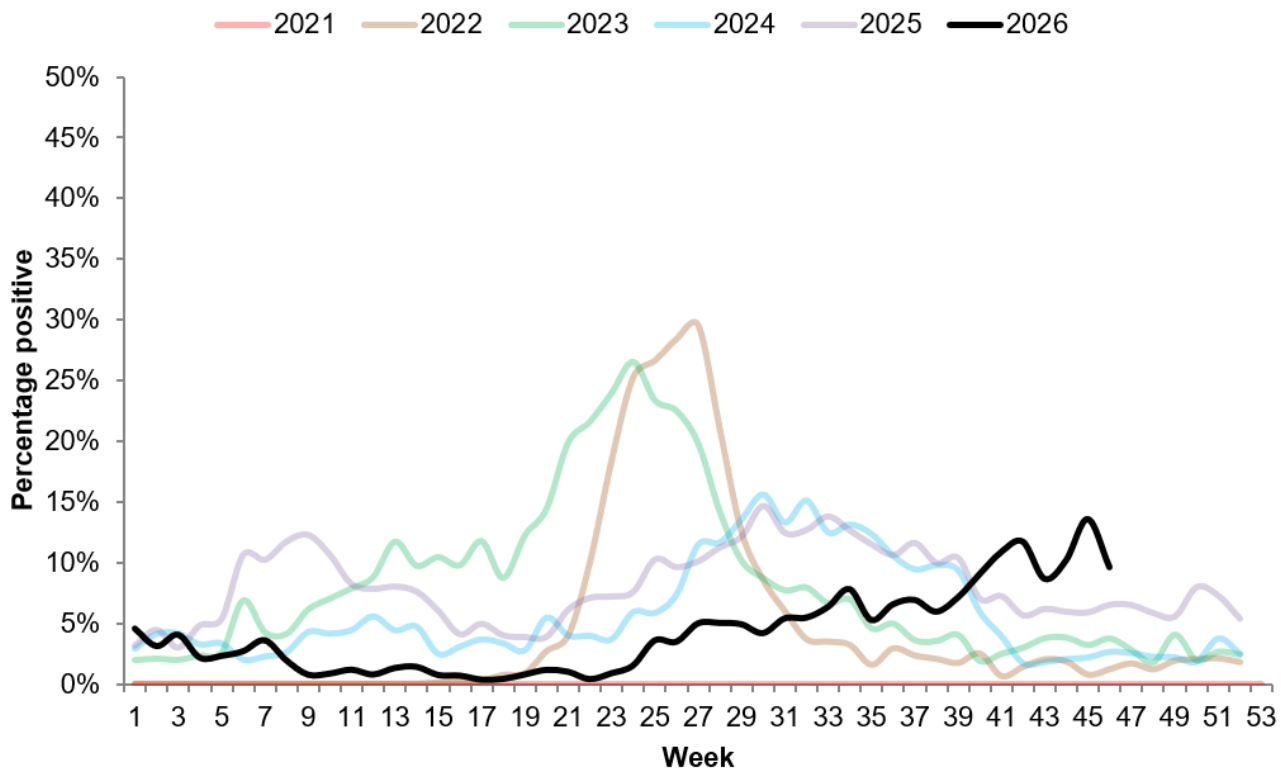
Figure 7. Number of notified influenza cases hospitalised by week, WA, 2022 to 2026 YTD



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 decreased to 9.8% in the past week but remained higher than usually reported at this time of year (Figure 8).

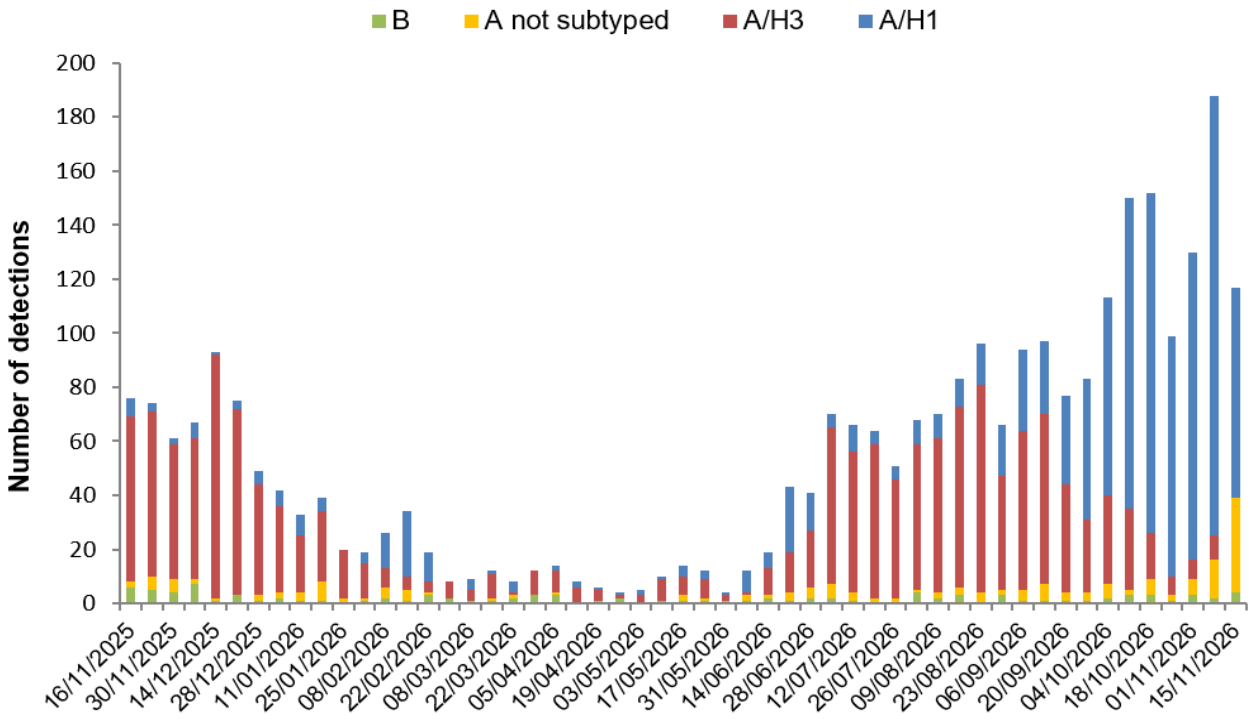
Figure 8. Proportion of PCR positive influenza detections at PathWest by week, WA, 2021 to 2026 YTD



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 120 influenza detections in the past week, comprising 78 A/H1, 5 influenza B and 37 influenza A/untyped (Figure 9). These detections accounted for 13% of statewide influenza notifications.

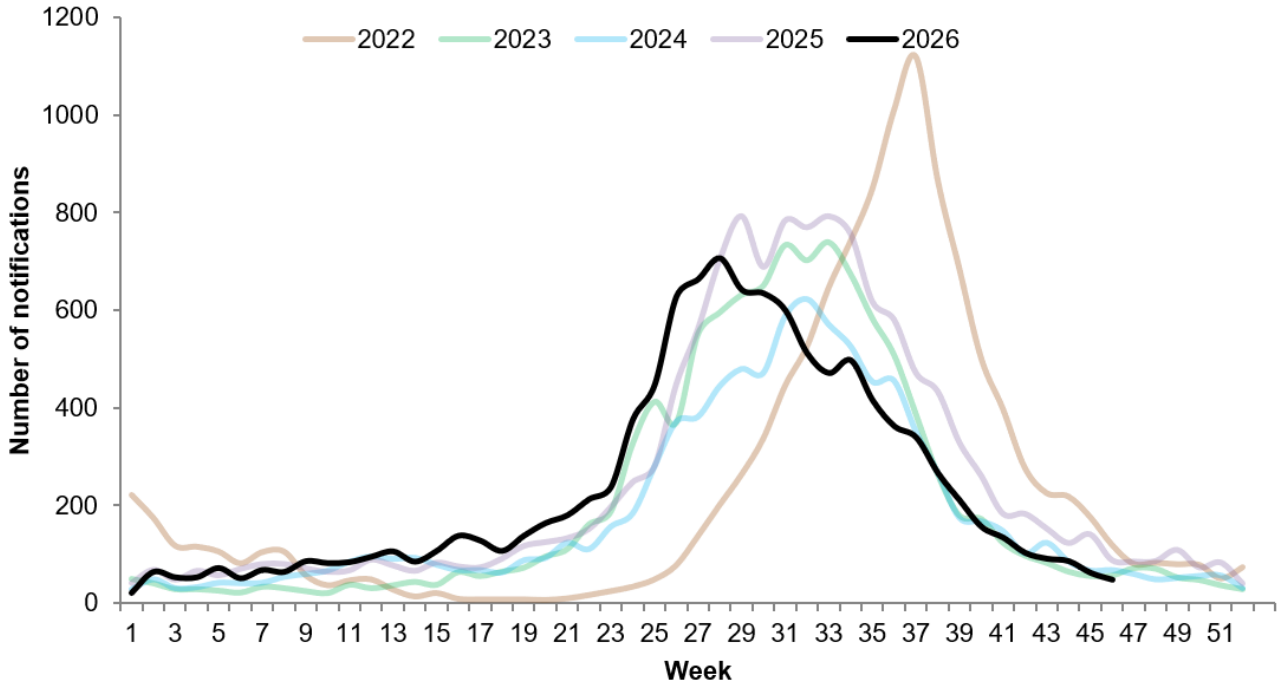
Figure 9. Number of PCR positive influenza detections at PathWest by type, subtype and week, WA, 2025 to 2026 YTD



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 decreased to 49 cases in the past week, remaining at interseasonal levels (Figure 10).

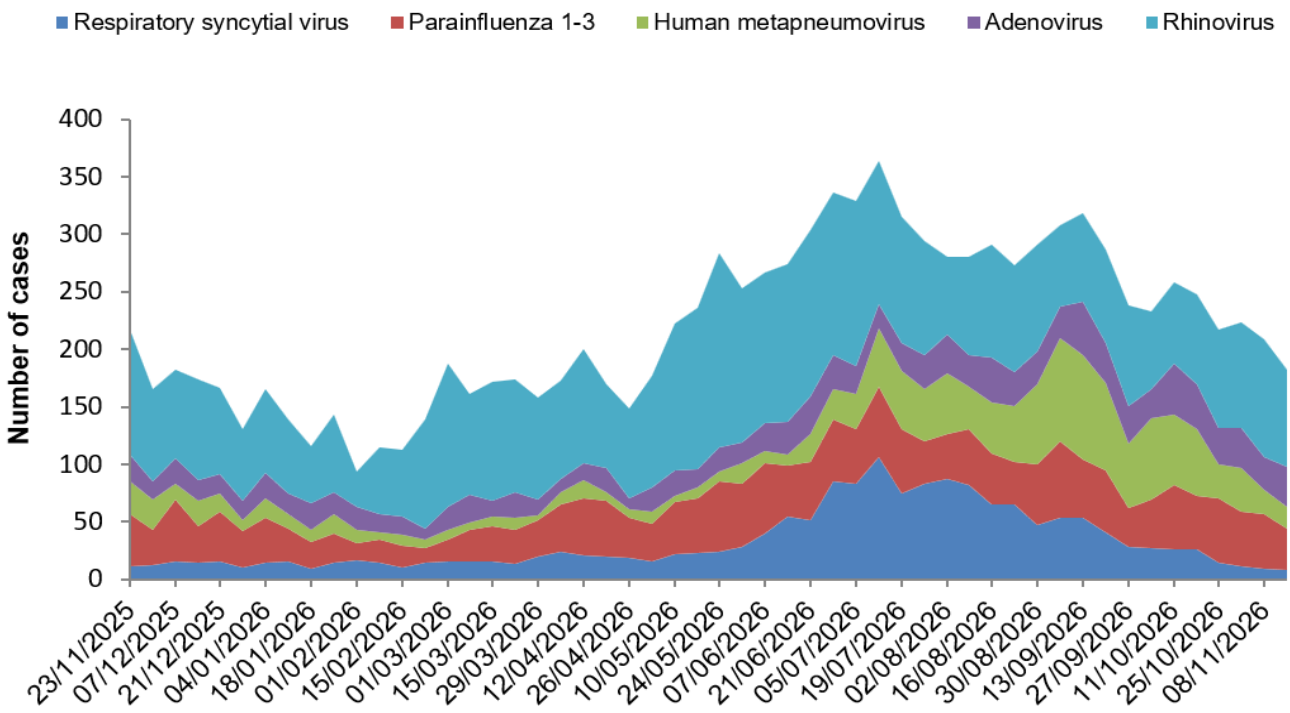
Figure 10. Number of respiratory syncytial virus (RSV) notifications by week, WA, 2022 to 2026 YTD



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.

Non-influenza respiratory virus detections at PathWest decreased in the past week. The most commonly detected non-influenza respiratory virus in the past week was rhinovirus (84 cases) (Figure 11).

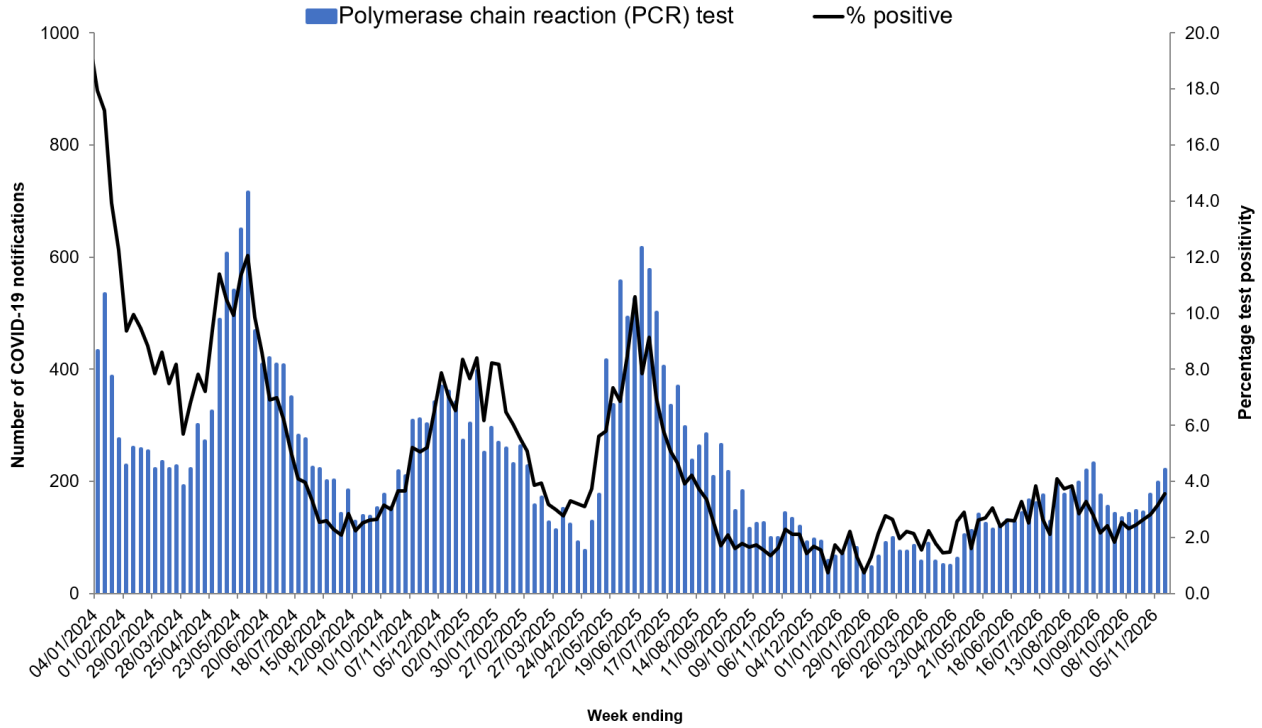
Figure 11. Number of non-influenza respiratory virus detections at PathWest by week, WA, 2025 to 2026 YTD



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.

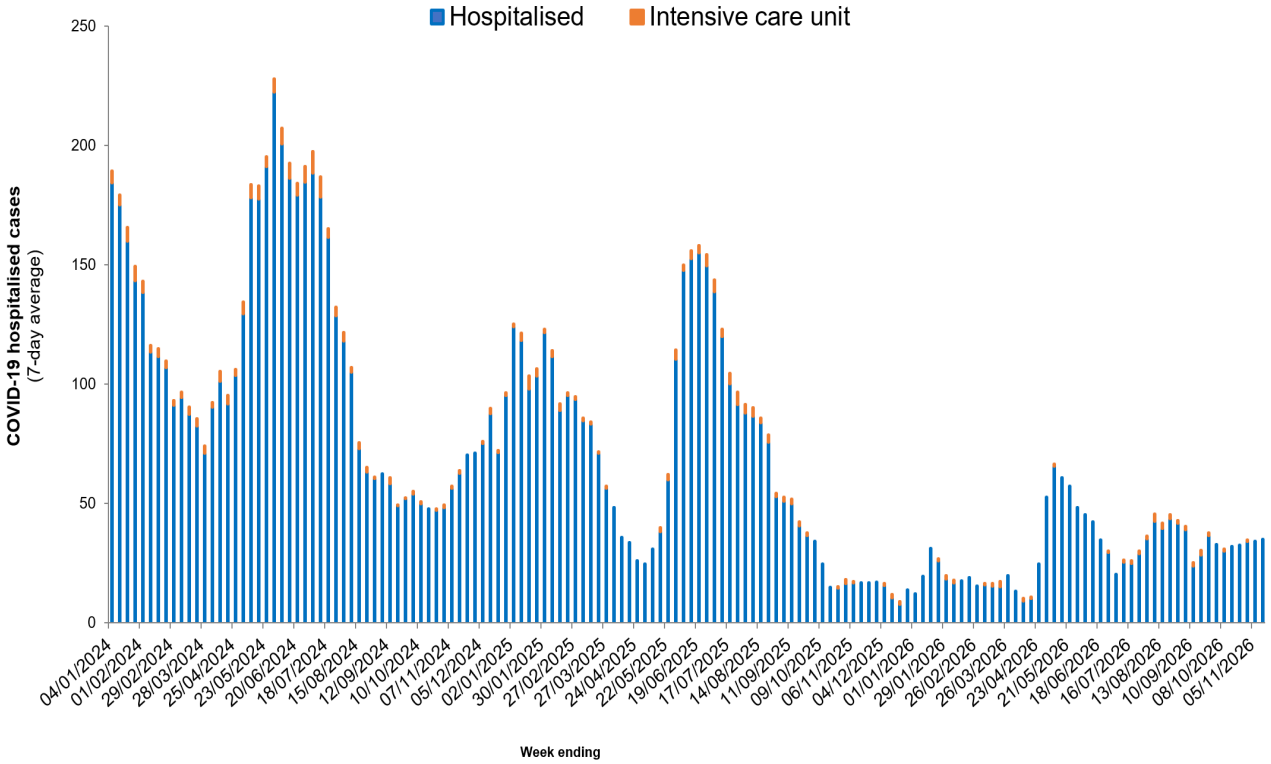
COVID-19 notifications increased to 221 cases in the past week, with viral activity remaining at a moderate level (Figure 12).

Figure 12. COVID-19 notifications and test positivity by notification week, WA, 2024 to 2026 YTD



In the past week, currently hospitalised COVID-19 cases were relatively stable at 35 per day, while the 7-day average for cases currently in intensive care units remained at zero (Figure 13).

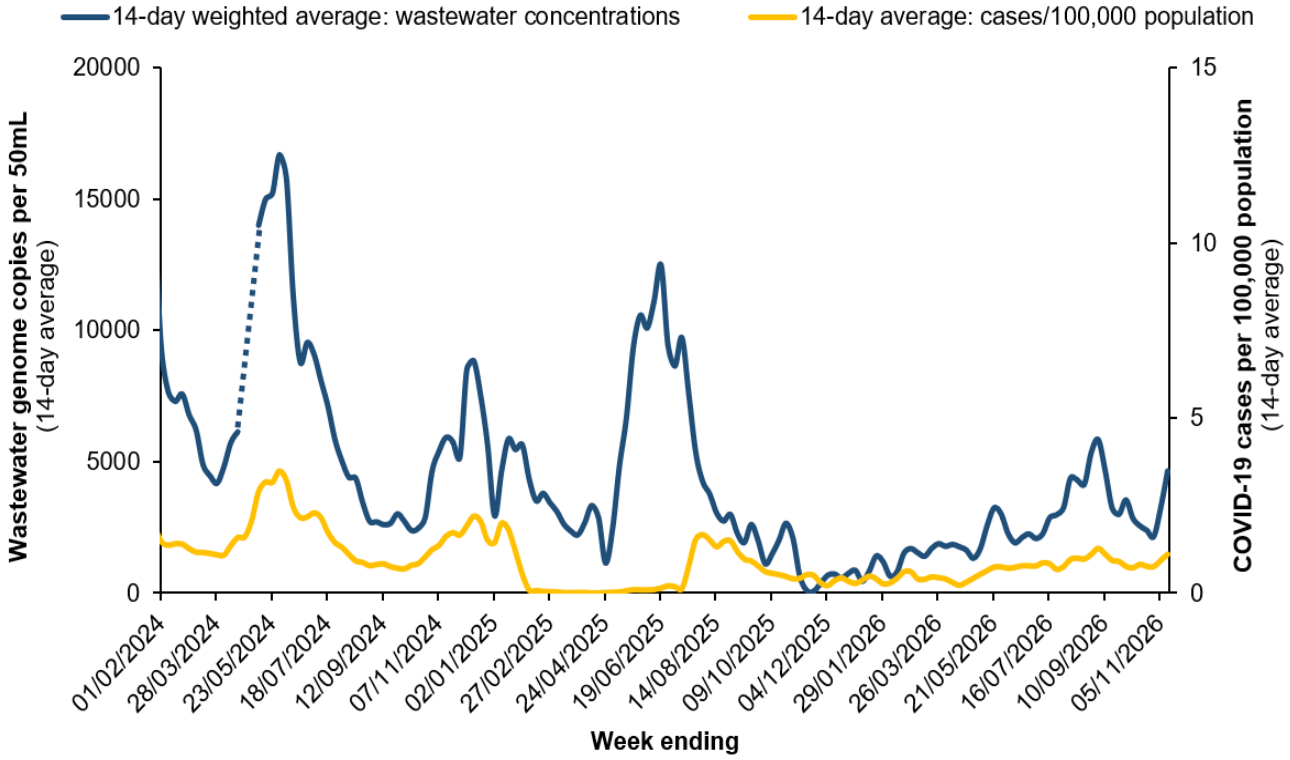
Figure 13. 7-day average of COVID-19 cases currently in hospital or in ICU, WA, 2024 to 2026 YTD



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 in the past week but remained at moderate levels (Figure 14).

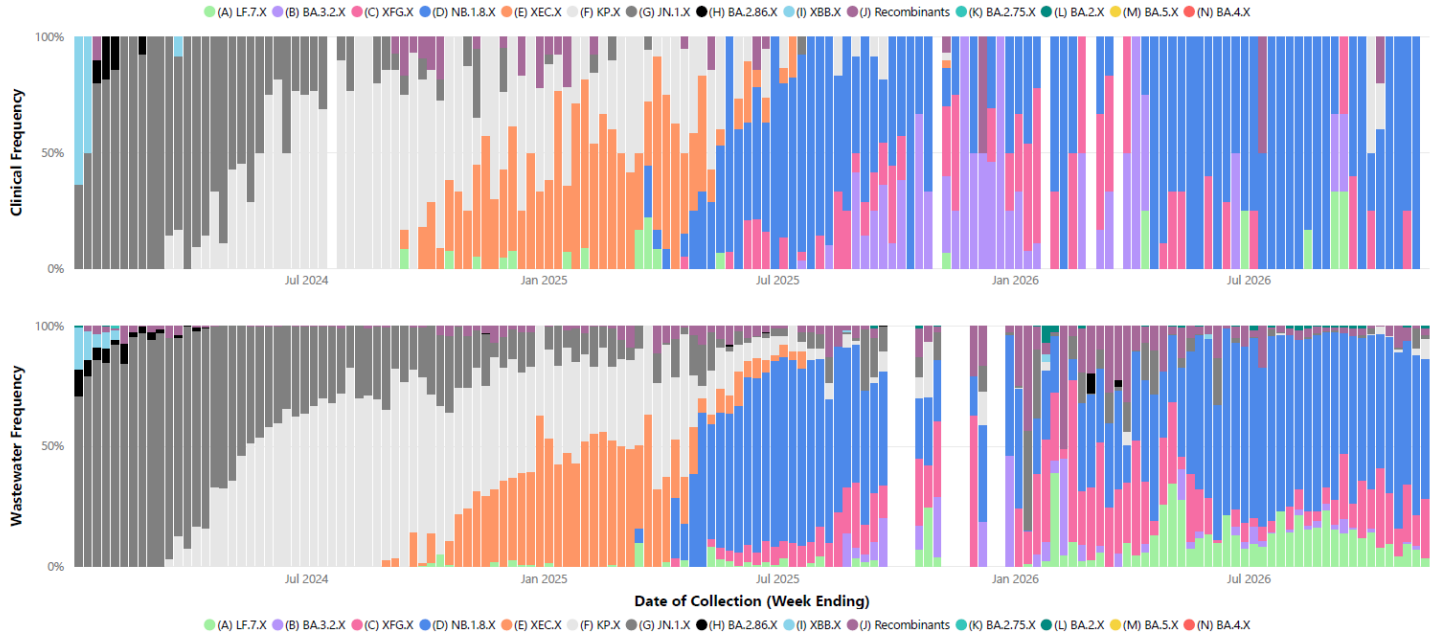
Figure 14. SARS-CoV-2 concentration in wastewater and COVID-19 notification rate, Perth metropolitan area, WA, 2024 to 13 November 2026.



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.

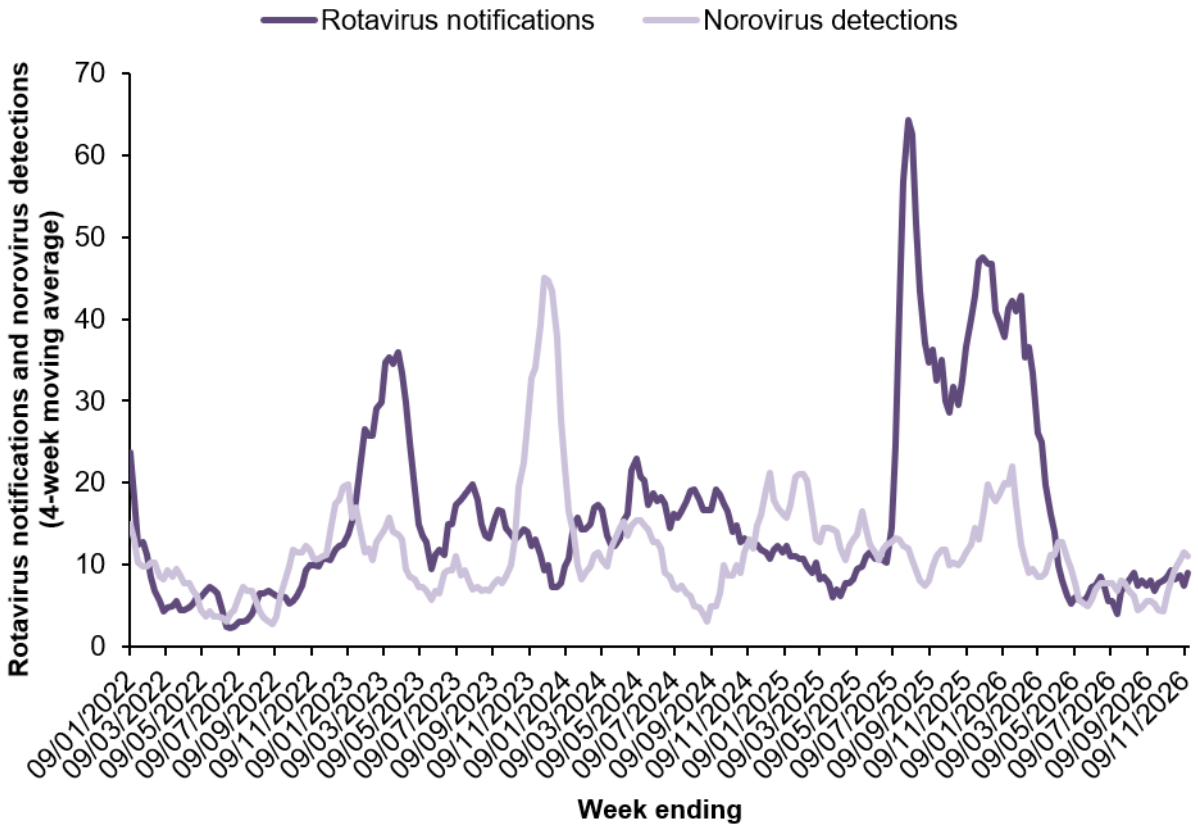
Figure 15. Distribution of SARS-CoV-2 variants in clinical samples (top) and metropolitan wastewater catchments (bottom), 01 Jan 2024 to 15 Nov 2026



Gastroenteritis

The 4-week moving average for rotavirus notifications reported to the Department of Health and norovirus detections at PathWest remained at low levels (Figure 16).

Figure 16. 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 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. 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 Gairdner 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 1 January 2026, this report includes COVID-19 cases sourced from WA Notifiable Infectious Diseases Database (WANIDD).
- 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 are not 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.
- For wastewater testing, 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 15) 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 15) occur when no clinical samples were sequenced from the Metropolitan region. The gaps in the wastewater samples (bottom graph of Figure 15) 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.
- Five-year average for influenza notifications is calculated using the years 2018-2019 and 2023-2025.
- Influenza data were extracted by date of receipt, while RSV data were extracted by optimal date of onset.

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