# Executive summary

**16 August 2023**

Reported case rates for the week ending 13 August have increased for the second week in a row. In the week ending 06 August, hospital admissions and viral RNA in wastewater increased compared to the previous week. Rates of mortality have remained relatively stable since July.

In the period of 30 June to 28 July 2023, the XBB variants are still the most common (approximately 59% of case), while the closely related CH.1.1 and FK.1.1 lineages have declined (each causing approximately 5% of case). The proportion of sequenced cases caused by the XBC variant has risen with XBC.1.3 has grown to 24% of sequenced cases.

# Key insights

## National Trends

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| **Cases** | The 7-day rolling average of reported[[1]](#footnote-2) case rates was 14.6 per 100,000 population for the week ending 13 August 2023. This is an increase compared to the previous week (12.6 per 100,000 to 06 August 2023). |
| **Wastewater** | The viral RNA in wastewater for the week ending 06 August 2023 increased compared to the previous week. Please visit the ESR website for information on wastewater trends.[[2]](#footnote-3) |
| **Hospitalisations****[[3]](#endnote-2)** | In the week ending 06 August 2023, the 7-day rolling average of hospital admissions was 0.5 per 100,000 population, an increase compared to the previous week (0.38 per 100,000 30 July 2023). |
| **Mortality[[4]](#endnote-3)** | As of 06 August 2023, there were 614 deaths attributed to COVID-19 in 2023. There were 2,576 deaths during 2022 and 50 deaths prior to 2022.  The mortality rate was 0.02 per 100,000 population as of 06 August, stable compared to previous week (8 and 9 deaths respectively). |
| **Variants of Concern** | In the period of 30 June to 28 July 2023, the XBB variants were still the most common (approximately 59% of sequenced cases), while the closely related CH.1.1 and FK.1.1 lineages have declined (each causing approximately 5% of cases). The proportion of sequenced cases caused by the XBC variant has risen. Most sequenced XBC cases in New Zealand are from the XBC.1.3 lineage (approximately 24% of sequenced cases). Data from wastewater for weeks 25 to 28 (week ending 09 and 16 July 2023 respectively) align with clinical samples; the XBC variant is on the rise, estimated to be present in 10% to 25% of samples, while the XBB variant remains the most prevalent, found in 40% to 63% of samples. |

## Māori

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| **Cases** | The 7-day rolling average of reported case rates was 13.6 per 100,000 population for the week ending 13 August 2023. This is an increase compared to the previous week, which was 12.1 per 100,000. |
| **Hospitalisationsi** | The 7-day rolling average rate for the week ending 06 August 2023 was 0.38 per 100,000 population, an increase compared to the previous week (0.27 per 100,000). |
| **Mortalityii** | As of 06 August 2023, there were 50 deaths attributed to COVID-19 in 2023. There were 237 deaths during 2022 and 15 deaths prior to 2022. |

## Pacific peoples

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| **Cases** | The 7-day rolling average of reported case rates was 8.6 per 100,000 population for the week ending 13 August 2023. This is relatively stable from the previous week, which was 8.1 per 100,000. |
| **Hospitalisationsi** | The 7-day rolling average rate for the week ending 06 August 2023 was 0.72 per 100,000 population, an increase compared to the previous week (0.32 per 100,000). |
| **Mortalityii** | As of 06 August 2023, there were 18 deaths attributed to COVID-19 in 2023. There were 148 deaths during 2022 and 4 deaths prior to 2022. |

1. The proportion of infections reported as cases is unknown and may vary by factors such as age and ethnicity. [↑](#footnote-ref-2)
2. <https://www.esr.cri.nz/our-expertise/covid-19-response/covid19-insights/wastewater-surveillance-dashboard/> [↑](#footnote-ref-3)
3. Hospital admissions data provides information on hospitalisations “for” COVID-19. Data pertaining to recent trends (up to 90 days) is provisional. Admissions may be re-coded as hospitalised “with” COVID-19 and removed from the dataset. [↑](#endnote-ref-2)
4. The mortality figures are for deaths attributed to COVID-19. Recent trends should be interpreted with caution to account for death coding delays of months or years after death. [↑](#endnote-ref-3)