



# Executive summary

**09 August 2023**

Reported case rates for the week ending 06 August have increased for the first time since the end of May 2023. In the week ending 30 July, hospital admissions, viral RNA in wastewater, and mortality decreased or remained stable compared to the previous week.

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

<b>Cases</b>	The 7-day rolling average of reported <sup>1</sup> case rates was 12.6 per 100,000 population for the week ending 06 August 2023. This is an increase compared to the previous weeks average (9.9 per 100,000 to 30 July 2023).
<b>Wastewater</b>	The viral RNA in wastewater for the week ending 30 July 2023 decreased compared to the previous week. Please visit the ESR website for information on wastewater trends. <sup>2</sup>
<b>Hospitalisations<sup>i</sup></b>	In the week ending 30 July 2023, the 7-day rolling average of hospital admissions was 0.40 per 100,000 population, a decrease compared to the previous week (0.43 per 100,000 23 July 2023).
<b>Mortality<sup>ii</sup></b>	<p>As of 30 July 2023, there were 605 deaths attributed to COVID-19 in 2023. There were 2,571 deaths during 2022 and 50 deaths prior to 2022.</p> <p>The mortality rate was 0.03 per 100,000 population as of 30 July, stable compared to previous week (9 and 11 deaths respectively).</p>
<b>Variants of Concern</b>	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

<b>Cases</b>	The 7-day rolling average of reported case rates was 12.0 per 100,000 population for the week ending 06 August 2023. This is an increase compared to the previous week, which was 10.6 per 100,000.
<b>Hospitalisations<sup>i</sup></b>	The 7-day rolling average rate for the week ending 30 July 2023 was 0.33 per 100,000 population, a decrease compared to the previous week (0.41 per 100,000).
<b>Mortality<sup>ii</sup></b>	As of 30 July 2023, there were 47 deaths attributed to COVID-19 in 2023. There were 235 deaths during 2022 and 15 deaths prior to 2022.

<sup>1</sup> The proportion of infections reported as cases is unknown and may vary by factors such as age and ethnicity.

<sup>2</sup> <https://www.esr.cri.nz/our-expertise/covid-19-response/covid19-insights/wastewater-surveillance-dashboard/>



# Pacific peoples

## Cases

The 7-day rolling average of reported case rates was 8.1 per 100,000 population for the week ending 06 August 2023. This is an increase from the previous week, which was 6.5 per 100,000.

## Hospitalisations<sup>i</sup>

The 7-day rolling average rate for the week ending 30 July 2023 was 0.40 per 100,000 population, a decrease compared to the previous week (0.52 per 100,000).

## Mortality<sup>ii</sup>

As of 30 July 2023, there were 18 deaths attributed to COVID-19 in 2023. There were 146 deaths during 2022 and 4 deaths prior to 2022.

---

<sup>i</sup> 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.

<sup>ii</sup> 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.