



Executive summary

20 September 2023

Reported case rates for the week ending 17 September 2023 have decreased by 12% compared to the week prior. In the week ending 10 September 2023, hospital admissions and mortality have increased compared to the previous week.

From 18 August to 01 September 2023, the EG.5 lineage increased and represented the majority (approximately 31%) of recently analysed cases. This increased by 4-6% compared to other variants per day, but it's not expected to form a wave. XBB (approximately 23%) and XBB.1.16 (approximately 13%) had declined in proportion, while XBC.1.3 (approximately 21%) remained stable compared to other variants. Although BA.2.86 continued to spread overseas, it had not yet been detected in New Zealand.¹

¹ ESR's genomic sequencing focuses on PCR testing, which are now used almost exclusively in a hospital setting. Therefore, results are not a representative sample of community cases.



Key insights

National Trends

Cases	The 7-day rolling average of reported ² case rates decreased for the week ending 17 September 2023 compared to the previous week ending 10 September 2023 (8.3 and 9.5 per 100,000 population, respectively).
Wastewater	SARS-CoV-2 levels remained relatively low in August 2023. ³
Hospitalisationsⁱ	In the week ending 10 September 2023, the 7-day rolling average of hospital admissions increased to 0.61 per 100,000 population, compared to the previous week (0.55 per 100,000 in the week ending 03 September 2023).
Mortalityⁱⁱ	As of 10 September 2023, there were 675 deaths attributed to COVID-19 in 2023. There were 2,593 deaths during 2022 and 50 deaths prior to 2022. The mortality rate was 0.04 per 100,000 population as of 10 September, the rates increased compared to the previous week (from 10 to 14 deaths, respectively).
Variants of Concern	From 18 August to 01 September 2023, the EG.5 lineage increased and represented the majority (approximately 31%) of recently analysed cases. This increased by 4-6% compared to other variants per day, but it's not expected to form a wave. XBB (approximately 23%) and XBB.1.16 (approximately 13%) had declined in proportion, while XBC.1.3 (approximately 21%) remained stable compared to other variants. Although BA.2.86 continued to spread overseas, it had not yet been detected in New Zealand.

Māori

Cases	The 7-day rolling average of reported case rates was 6.9 per 100,000 population for the week ending 17 September 2023, a decrease compared to the previous week, which was 7.2 per 100,000.
Hospitalisationsⁱ	The 7-day rolling average rate for the week ending 10 September 2023 was 0.43 per 100,000 population, a decrease compared to the previous week (0.54 per 100,000).
Mortalityⁱⁱ	As of 10 September 2023, there were 55 deaths attributed to COVID-19 in 2023. There were 240 deaths during 2022 and 15 deaths prior to 2022.

² The proportion of infections reported as cases is unknown and may vary by factors such as age and ethnicity.

³ <https://www.esr.cri.nz/our-expertise/covid-19-response/covid19-insights/wastewater-surveillance-report/>



Pacific peoples

Cases	The 7-day rolling average of reported case rates was 5.0 per 100,000 population for the week ending 17 September 2023, a decrease compared to the previous week, which was 6.2 per 100,000.
Hospitalisationsⁱ	The 7-day rolling average rate for the week ending 10 September 2023 was 0.80 per 100,000 population, an increase compared to the previous week (0.68 per 100,000).
Mortalityⁱⁱ	As of 10 September 2023, there were 20 deaths attributed to COVID-19 in 2023. There were 150 deaths during 2022 and 4 deaths prior to 2022.

ⁱ 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.

ⁱⁱ 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.