



Executive summary

25 October 2023

Reported case rates for the week ending 22 October 2023 have increased compared to the week prior. In the week ending 15 October 2023, hospital admissions have decreased, and mortality has increased compared to the previous week.

Genomics surveillance¹ data from 18 September to 02 October 2023 showed an XBB variant called EG.5 had been slowly increasing. EG.5 made up 41% of all observed cases. EG.5 was the most common tracked variant, but its growth rate had slowed in the past few weeks. This possibly indicates that other variants were becoming competitive with EG.5, or that EG.5 had reached its limit. The rest of the cases were primarily other XBB variants (33%), with a smaller portion attributed to XBC.1.3 (14%) and other recombinants (10%)². BA.2.86 variant was detected in wastewater monitoring.

¹ <https://www.esr.cri.nz/our-expertise/covid-19-response/covid19-insights/genomics-insights/>

² WGS relies on PCR samples, and COVID-19 testing prioritises PCR for hospital and care cases. This means the cases sequenced are not random, and they mostly involve older individuals.



Key insights

National Trends

Cases	The 7-day rolling average of reported ³ case rates increased for the week ending 22 October 2023 compared to the previous week ending 15 October 2023 (11.0 and 10.4 per 100,000 population, respectively).
Wastewater	SARS-CoV-2 levels remained relatively low and stable through September. ⁴
Hospitalisationsⁱ	In the week ending 15 October 2023, the 7-day rolling average of hospital admissions decreased to 0.65 per 100,000 population, compared to the previous week (0.71 per 100,000 in the week ending 08 October 2023).
Mortalityⁱⁱ	As of 15 October 2023, there were 737 deaths attributed to COVID-19 in 2023. There were 2,620 deaths during 2022 and 50 deaths prior to 2022. The 7-day rolling average mortality rate was 0.04 per 100,000 population as of 15 October 2023 (14 deaths over the week) compared to 0.03 per 100,000 in the previous week (ten deaths over the week).
Variants of Concern	Genomics surveillance data ⁵ from 18 September to 02 October 2023 showed an XBB variant called EG.5 had been slowly increasing. EG.5 made up 41% of all observed cases. EG.5 was the most common tracked variant, but its growth rate had slowed in the past few weeks. This possibly indicates that other variants were becoming competitive with EG.5, or that EG.5 had reached its limit. The rest of the cases were primarily other XBB variants (33%), with a smaller portion attributed to XBC.1.3 (14%) and other recombinants (10%). BA.2.86 variant was detected in wastewater monitoring.

Māori

Cases	The 7-day rolling average of reported case rates was 8.1 per 100,000 population for the week ending 22 October 2023, an increase compared to the previous week, which was 7.4 per 100,000.
Hospitalisationsⁱ	The 7-day rolling average rate for the week ending 15 October 2023 was 0.54 per 100,000 population, a decrease compared to the previous week (0.73 per 100,000).
Mortalityⁱⁱ	As of 15 October 2023, there were 55 deaths attributed to COVID-19 in 2023. There were 242 deaths during 2022 and 15 deaths prior to 2022.

³ The proportion of infections reported as cases is unknown and may vary by factors such as age and ethnicity.

⁴ <https://www.esr.cri.nz/our-expertise/covid-19-response/covid19-insights/wastewater-surveillance-report/>

⁵ <https://www.esr.cri.nz/our-expertise/covid-19-response/covid19-insights/genomics-insights/>



Pacific peoples

Cases	The 7-day rolling average of reported case rates was 7.0 per 100,000 population for the week ending 22 October 2023, stable compared to the previous week, which was 7.0 per 100,000.
Hospitalisationsⁱ	The 7-day rolling average rate for the week ending 15 October 2023 was 0.52 per 100,000 population, a decrease compared to the previous week (0.96 per 100,000).
Mortalityⁱⁱ	As of 15 October 2023, there were 24 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.