



# Executive summary

27 September 2023

Reported case rates for the week ending 24 September 2023 have remained relatively stable compared to the week prior. In the week ending 17 September 2023, hospital admissions have decreased, and mortality has 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.<sup>1</sup>

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<sup>1</sup> 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

<b>Cases</b>	The 7-day rolling average of reported <sup>2</sup> case rates remained relatively stable for the week ending 24 September 2023 compared to the previous week ending 17 September 2023 (8.1 and 8.4 per 100,000 population, respectively).
<b>Wastewater</b>	SARS-CoV-2 levels remained relatively low and stable through August and into September 2023. <sup>3</sup>
<b>Hospitalisations<sup>i</sup></b>	In the week ending 17 September 2023, the 7-day rolling average of hospital admissions decreased to 0.57 per 100,000 population, compared to the previous week (0.63 per 100,000 in the week ending 10 September 2023).
<b>Mortality<sup>ii</sup></b>	As of 17 September 2023, there were 696 deaths attributed to COVID-19 in 2023. There were 2,596 deaths during 2022 and 50 deaths prior to 2022. The mortality rate was 0.06 per 100,000 population as of 17 September compared to 0.04 per 100,000 in the previous week (21 and 14 deaths, respectively).
<b>Variants of Concern</b>	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

<b>Cases</b>	The 7-day rolling average of reported case rates was 6.3 per 100,000 population for the week ending 24 September 2023, a decrease compared to the previous week, which was 6.9 per 100,000.
<b>Hospitalisations<sup>i</sup></b>	The 7-day rolling average rate for the week ending 17 September 2023 was 0.57 per 100,000 population, an increase compared to the previous week (0.43 per 100,000).
<b>Mortality<sup>ii</sup></b>	As of 17 September 2023, there were 55 deaths attributed to COVID-19 in 2023. There were 240 deaths during 2022 and 15 deaths prior to 2022.

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

<sup>3</sup> <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 4.7 per 100,000 population for the week ending 24 September 2023, a decrease compared to the previous week, which was 5.0 per 100,000.

## Hospitalisations<sup>i</sup>

The 7-day rolling average rate for the week ending 17 September 2023 was 0.44 per 100,000 population, a decrease compared to the previous week (0.76 per 100,000).

## Mortality<sup>ii</sup>

As of 17 September 2023, there were 21 deaths attributed to COVID-19 in 2023. There were 150 deaths during 2022 and 4 deaths prior to 2022.

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<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.