# Executive summary

**30 August 2023**

Reported case rates for the week ending 27 August have decreased compared to the week prior. In the week ending 20 August, hospital admissions and viral RNA in wastewater increased compared to the previous week, however, mortality has decreased 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

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| **Cases** | The 7-day rolling average of reported[[1]](#footnote-2) case rates was 9.5 per 100,000 population for the week ending 27 August 2023. This is a decrease compared to the previous week (10.8 per 100,000 to 20 August 2023). |
| **Wastewater** | The viral RNA in wastewater for the week ending 20 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 20 August 2023, the 7-day rolling average of hospital admissions was 0.56 per 100,000 population, an increase compared to the previous week (0.49 per 100,000 13 August 2023). |
| **Mortality[[4]](#endnote-3)** | As of 20 August 2023, there were 640 deaths attributed to COVID-19 in 2023. There were 2,587 deaths during 2022 and 50 deaths prior to 2022.  The mortality rate was 0.03 per 100,000 population as of 20 August, a decrease compared to the previous week (from 16 to 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 8.5 per 100,000 population for the week ending 27 August 2023. This is a decrease compared to the previous week, which was 9.6 per 100,000. |
| **Hospitalisationsi** | The 7-day rolling average rate for the week ending 20 August 2023 was 0.57 per 100,000 population, an increase compared to the previous week (0.49 per 100,000). |
| **Mortalityii** | As of 20 August 2023, there were 51 deaths attributed to COVID-19 in 2023. There were 239 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 5.0 per 100,000 population for the week ending 27 August 2023. This is a decrease from the previous week, which was 7.0 per 100,000. |
| **Hospitalisationsi** | The 7-day rolling average rate for the week ending 20 August 2023 was 0.60 per 100,000 population, an increase compared to the previous week (0.48 per 100,000). |
| **Mortalityii** | As of 20 August 2023, there were 19 deaths attributed to COVID-19 in 2023. There were 149 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)