COVID-19 Update

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Deputy Chief Health Officer

21 December, 2022

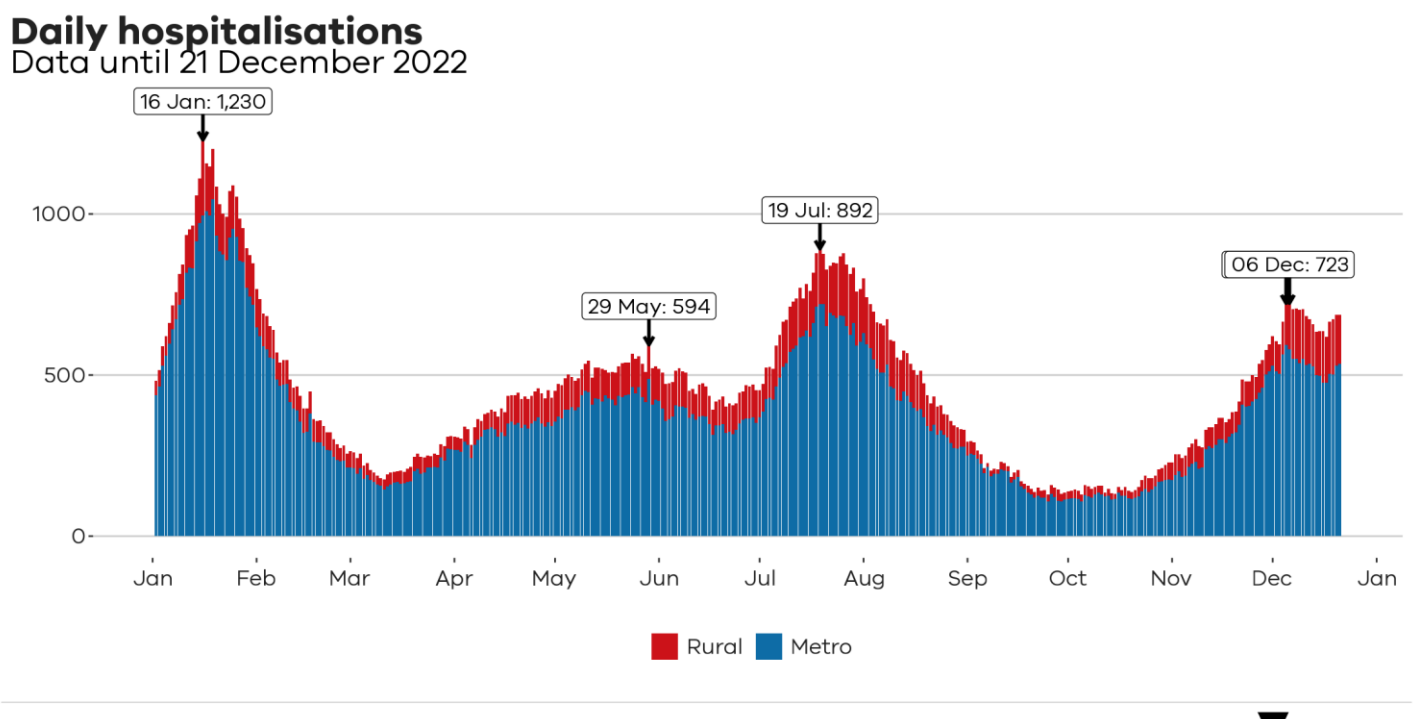
VICTORIA State Government | Department of Health

Epidemiological summary

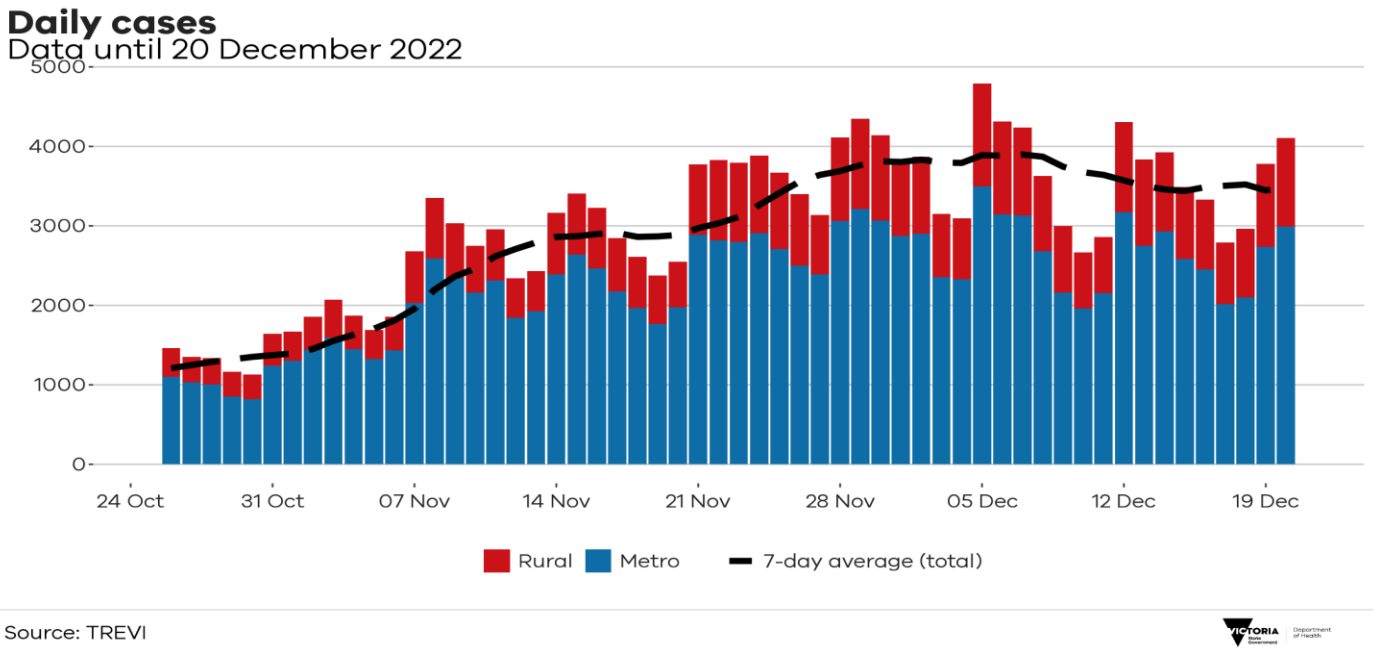
- ✓ The current wave has plateaued
- ✓ The wave was driven by a combination of waning pop immunity, reduction in community protective behaviours, & emerging immune evasive subvariants (XBF increased 5 to 32% in 6 weeks).

- ✓ Hospitalisations (691)have increased by 5% in the last 7 days
- ✓ ICU occupancy has (31) increased by 35%
- ✓ Furlough 1585 (3% increase)
- ✓ Weekly deaths (64, Nov 30) increased by 40=8%

- ✓ Reported case numbers have stablised with 0.6% decrease in the last 7 days.
- ✓ Significant underestimation due to falling case ascertainment (~15%).

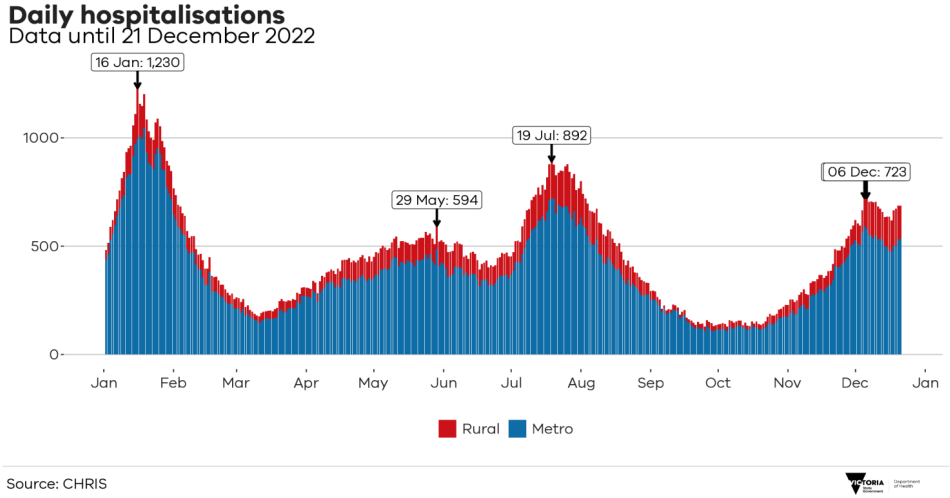


Source: CHRIS

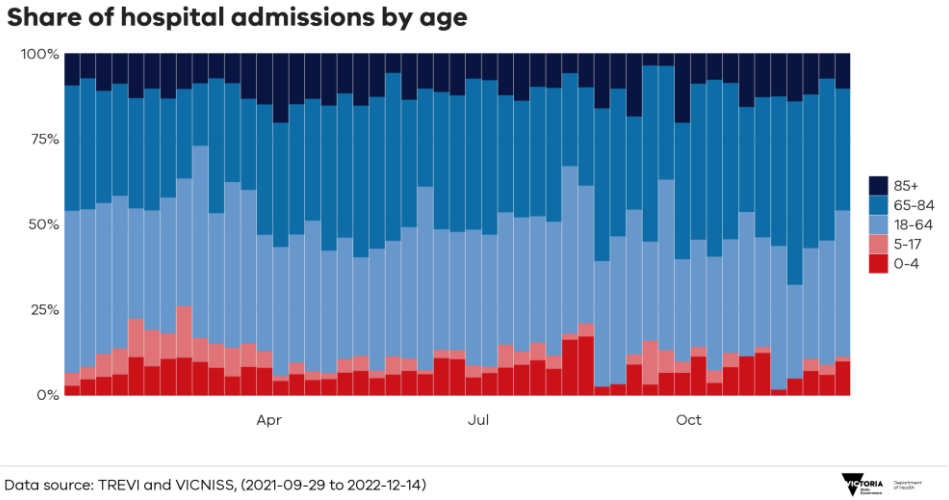


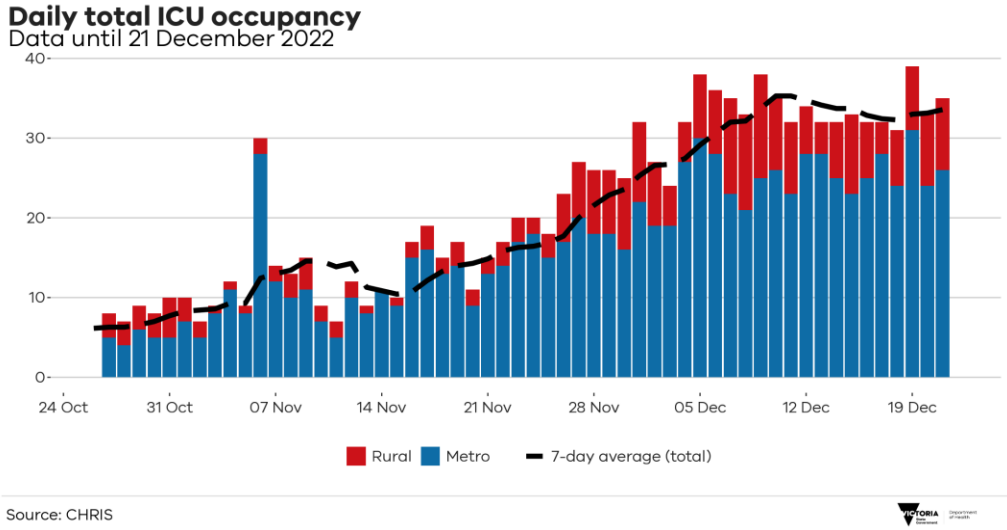
Source: TREVI

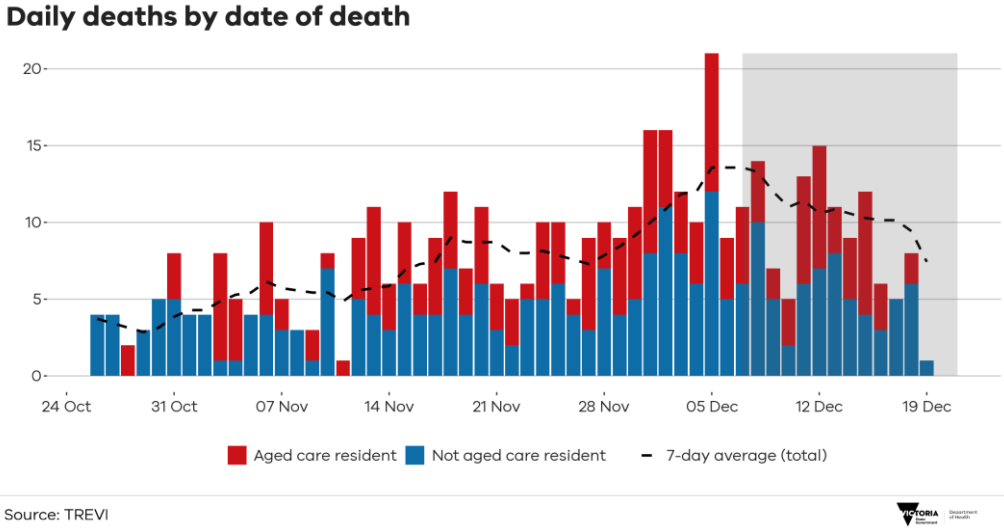
Morbidity and Mortality



Note: data is taken from a live feed and the latest data point may vary slightly between reports

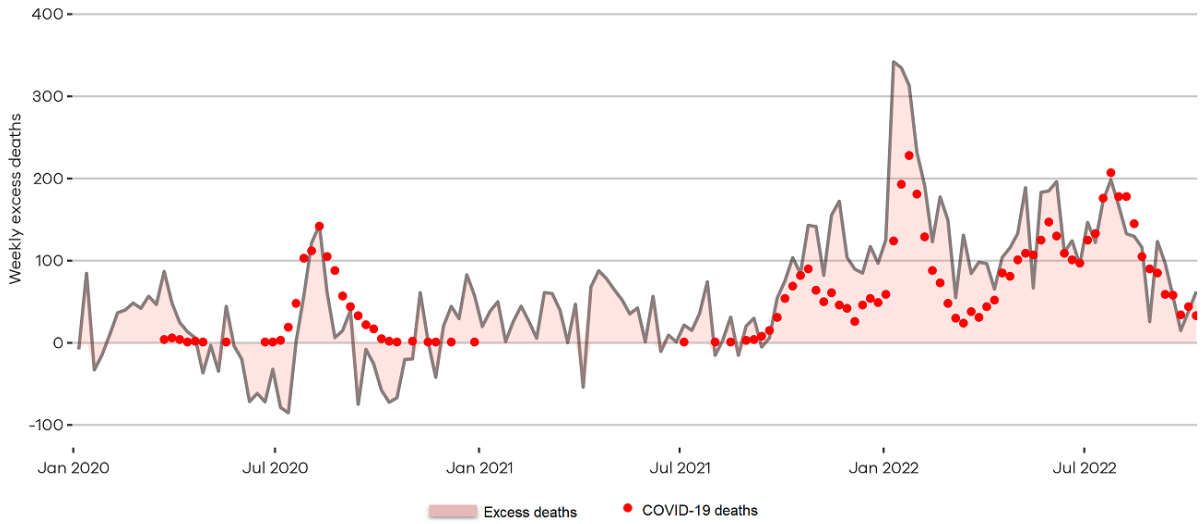






Excess Deaths and Cumulative Excess Deaths in Victoria

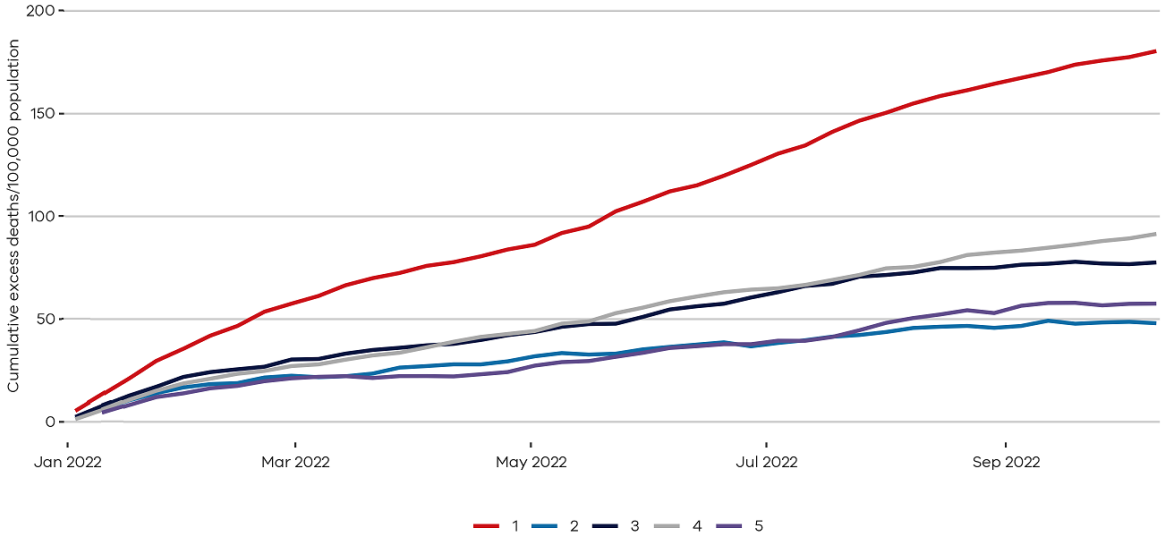
Excess deaths in Victoria with COVID-19 deaths superimposed



Source: VDI, TREVI

Cumulative excess deaths in Victoria by socio-economic status quintile

1 being the quintile with greatest relative social disadvantage

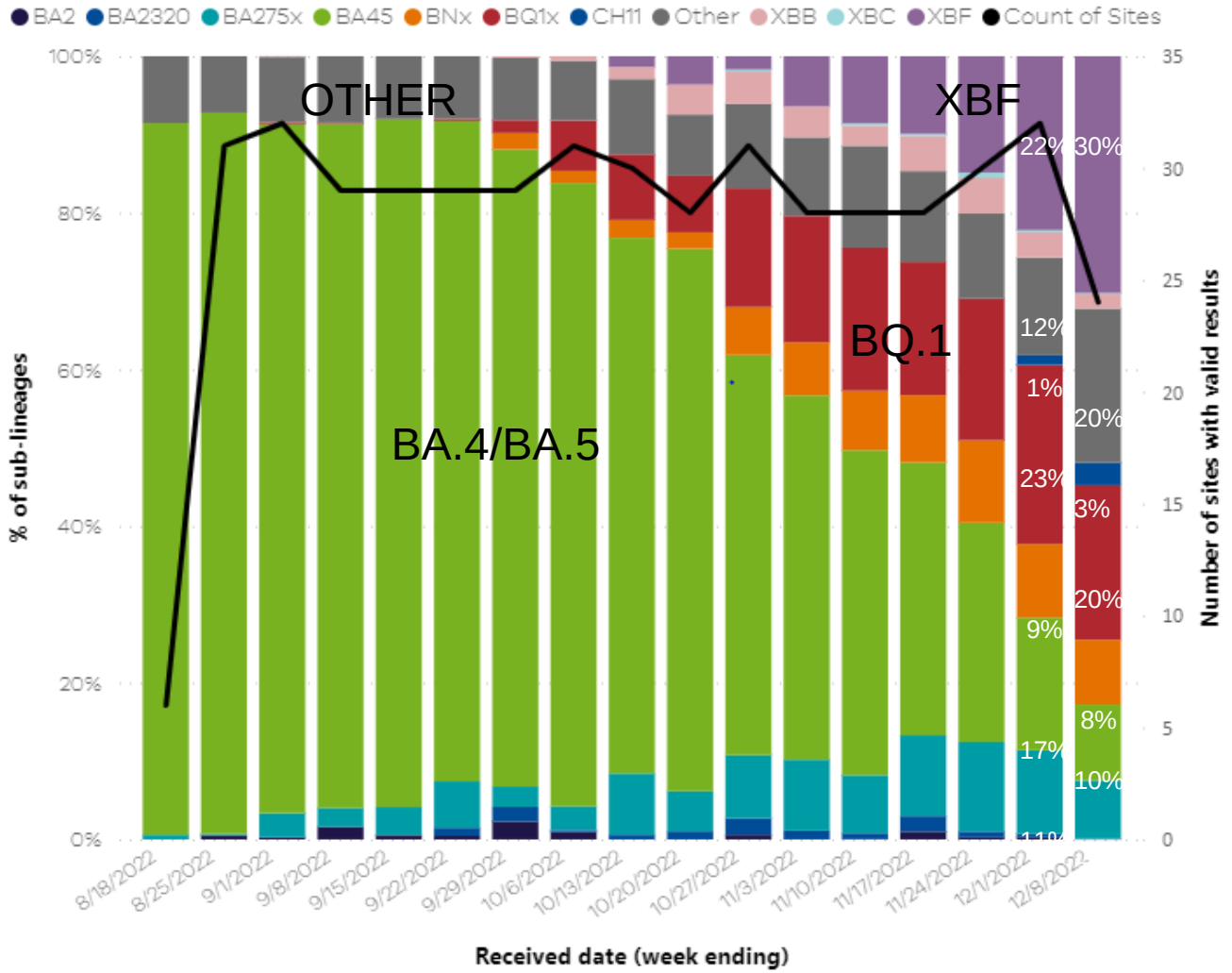


Source: VDI

- **From 1 January 2022 to 13 October 2022, estimated excess deaths in Victoria were 86 excess deaths per 100,000 population.**
- The close alignment of excess deaths and COVID-19 death counts suggest excess deaths in Victoria were largely explained by COVID-19 associated mortality
- Excess death rates were higher in areas of lower socioeconomic disadvantage.

Virologic Surveillance

- **The current wave in Victoria is driven by a mixture of new Omicron subvariants which became dominant in late October / early November**
- **XBF recombinant (BA.2.75.3 = CJ.1 and BA.5), BQ.1/BQ.1.1, BA 2.75 (and its sublineages BN.1. CH.1.1) are widely distributed**
- **XBF shows the most recent rapid growth. No signs of increased severity**
- **Many are resistance to Evusheld** (XBB, XBB.1, BA.2.75.2, BA.4.6, BF.7, BQ.1, BQ.1.1)



Countries of interest

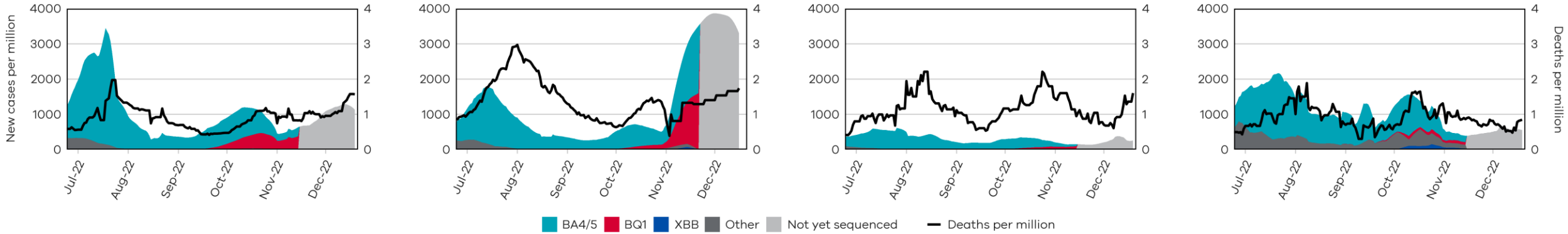
France

Italy

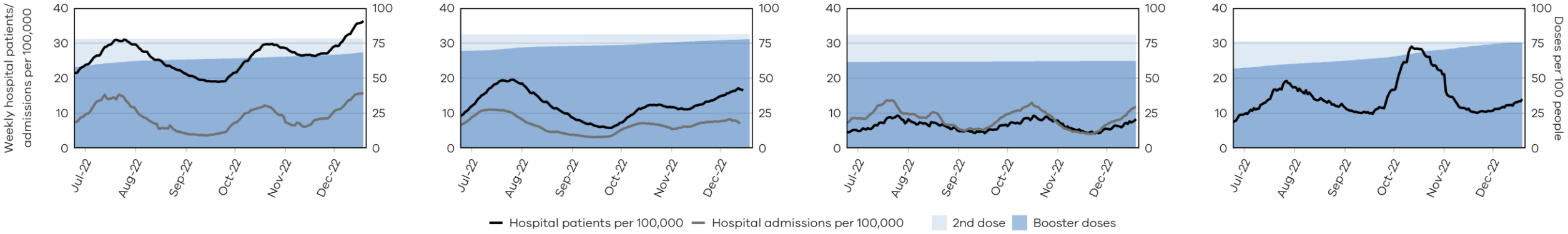
Denmark

Austria

Cases, variant share, and deaths



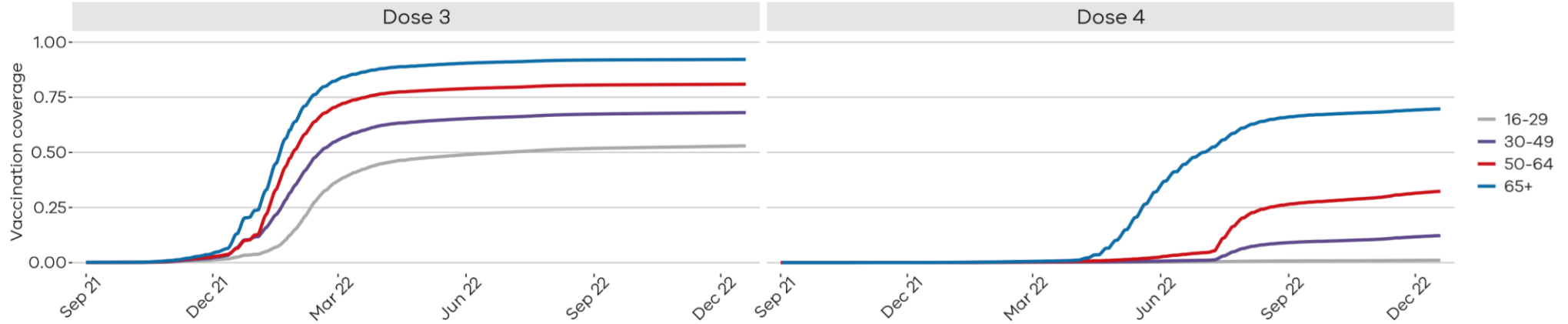
Hospitalisations and vaccinations



*Booster doses refer to count of all doses beyond those prescribed by the original vaccination protocol.

Vaccination

Last updated: 21 Dec 22



Source: AIR (ABS population)

Age group	Dose 1^	Dose 2^	Dose 3^	Dose 4^	Waned immunity*	Doses delivered to Victorians	
						4 Week Trend	7 days to 17 Dec
0-4	0% (+0.01%)	0% (+0.00%)	0% (+NA)	NA (+NA)	NA		11
5-11	63% (+0.16%)	48% (+0.25%)	0% (+0.01%)	0% (+0.00%)	94%		493
12-15	100% (+0.03%)	98% (+0.09%)	2% (+0.05%)	0% (+0.00%)	97%		128
16-29	94% (+0.04%)	92% (+0.02%)	53% (+0.31%)	1% (+0.12%)	95%		1,359
30-49	98% (+0.03%)	97% (+0.01%)	68% (+0.17%)	12% (+1.00%)	91%		4,884
50-64	99% (+0.03%)	98% (+0.01%)	81% (+0.10%)	32% (+1.61%)	88%		4,464
65+	100% (+0.04%)	100% (+0.01%)	92% (+0.08%)	70% (+0.91%)	91%		3,299
				Total aged 12+	92%		

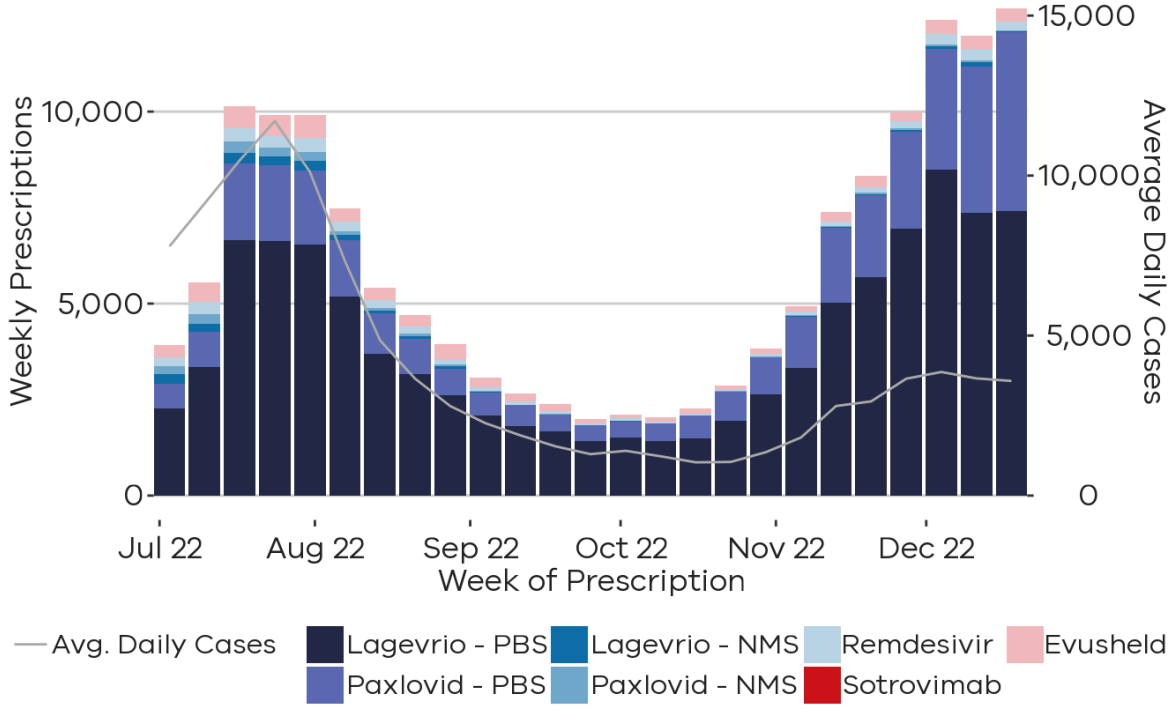
Low eligibility

^ Current vaccination coverage (change in coverage in last 30 days)

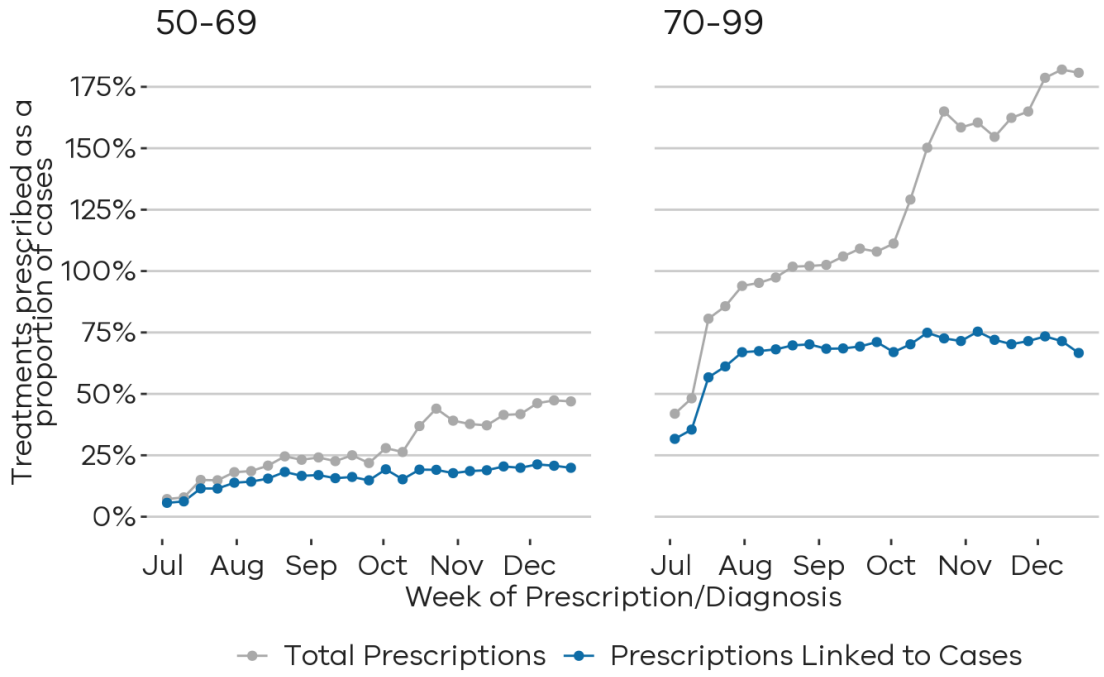
*People with at least one vaccination but no vaccination or diagnosis in last 120 days
This will NOT capture any unreported COVID infections

Treatments

Weekly Prescriptions
Data until 18 December 2022



Proportion of cases by age
Data until 18 December 2022

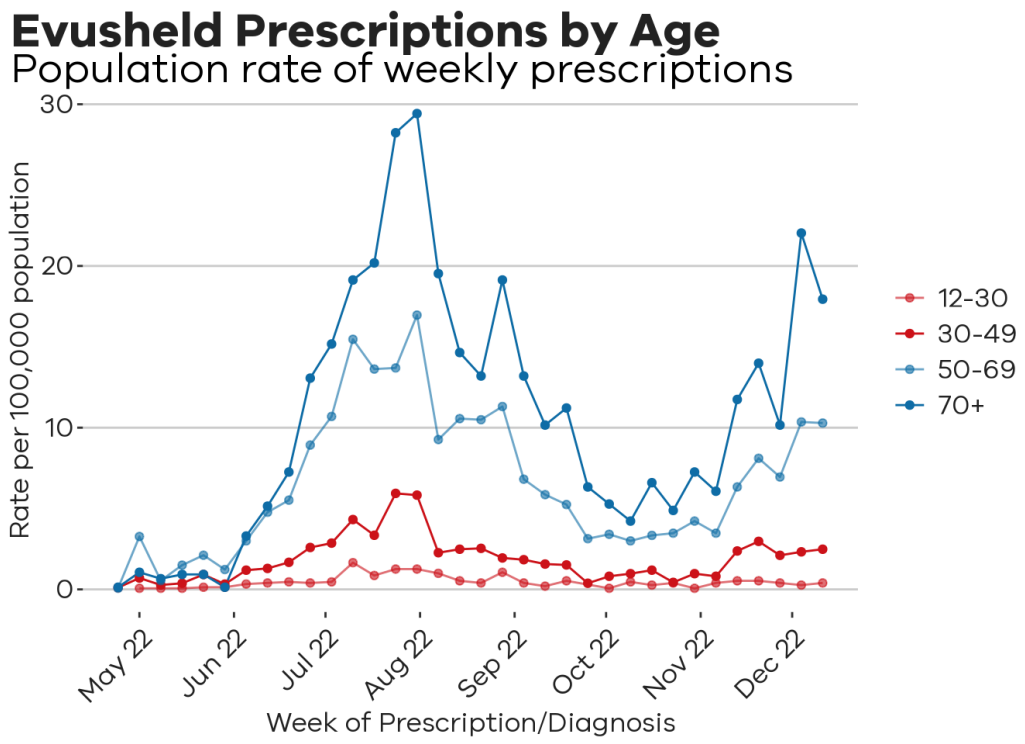


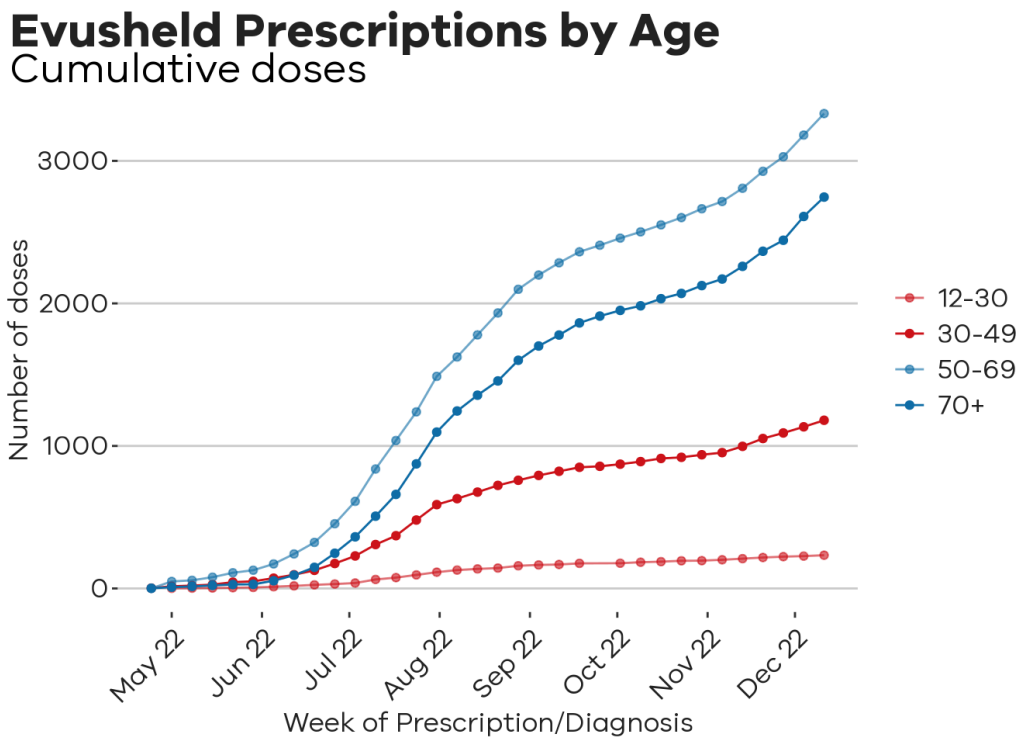
Sunday Data (updated Wednesdays): 21 December 2022

Evusheld usage

Evusheld is approved by the TGA for use as pre-exposure prophylaxis in those at risk for severe disease of COVID.

Evusheld is prioritised for severely immunocompromised individuals not expected to mount an adequate immune response to COVID-19 vaccination or due to underlying medical conditions or treatments that compromise the body's immune system.

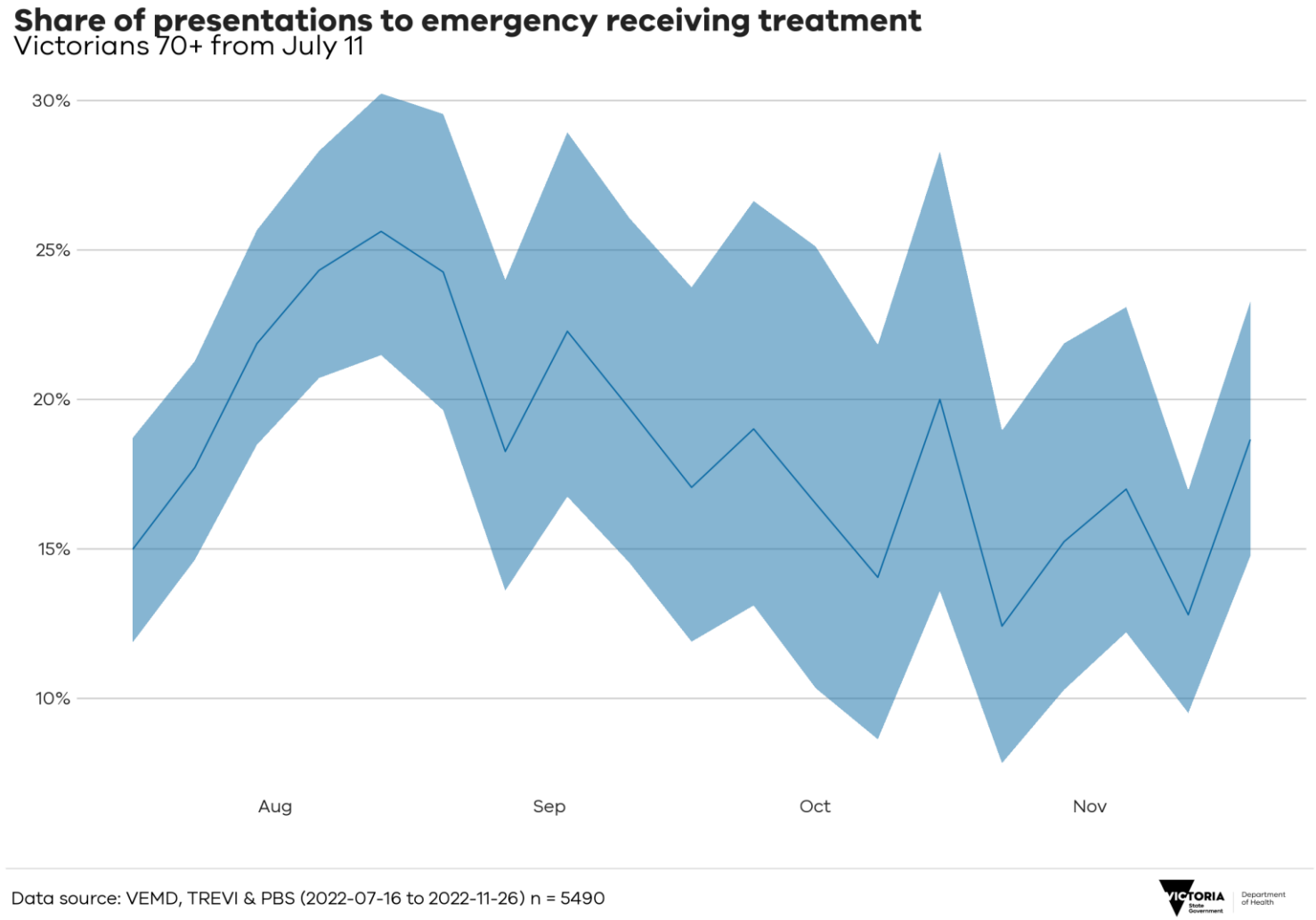




Victorians 70+ that receive treatment prior to ED presentation

The chart to the right shows the share of COVID positive Victorians aged 70+ that were receiving treatment before presenting to emergency.

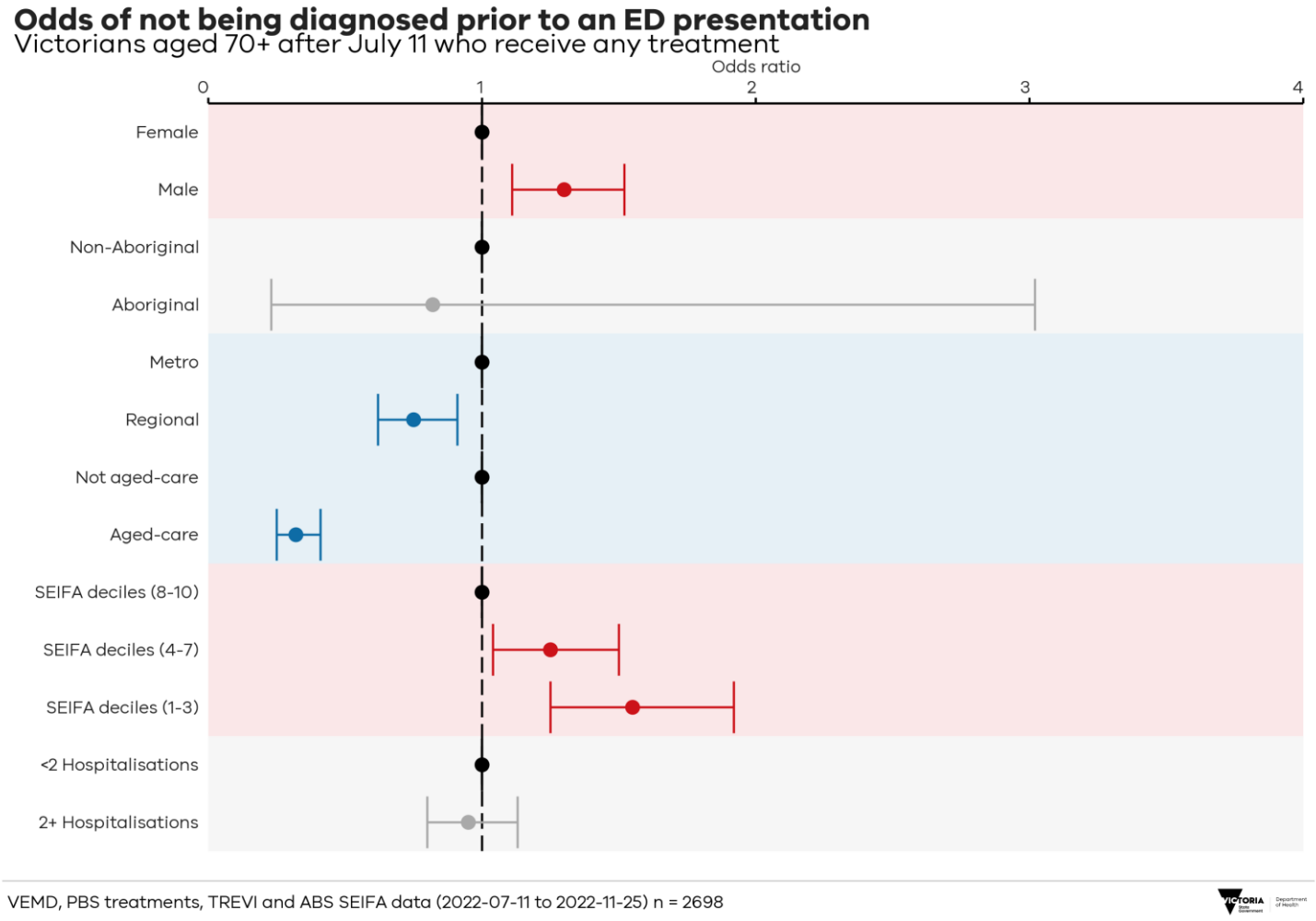
- **Approximately 20% were receiving treatment at the time of presentation**
- 60% were undiagnosed at time of presentation
- 20% were diagnosed at least one day before but were not linked to a treatment.



Likelihood of being diagnosed prior to presentation at ED

Males, people residing in metro areas, people not living in aged care and those living in an area of socioeconomic disadvantage were all factors associated with increased likelihood of presenting to ED with undiagnosed COVID for Victorians aged 70+.

60% of people who present to ED with COVID are undiagnosed at the time. This analysis compares the characteristics of this 60% of presentations compared to the characteristics of the 40% who were diagnosed at time of presentation.

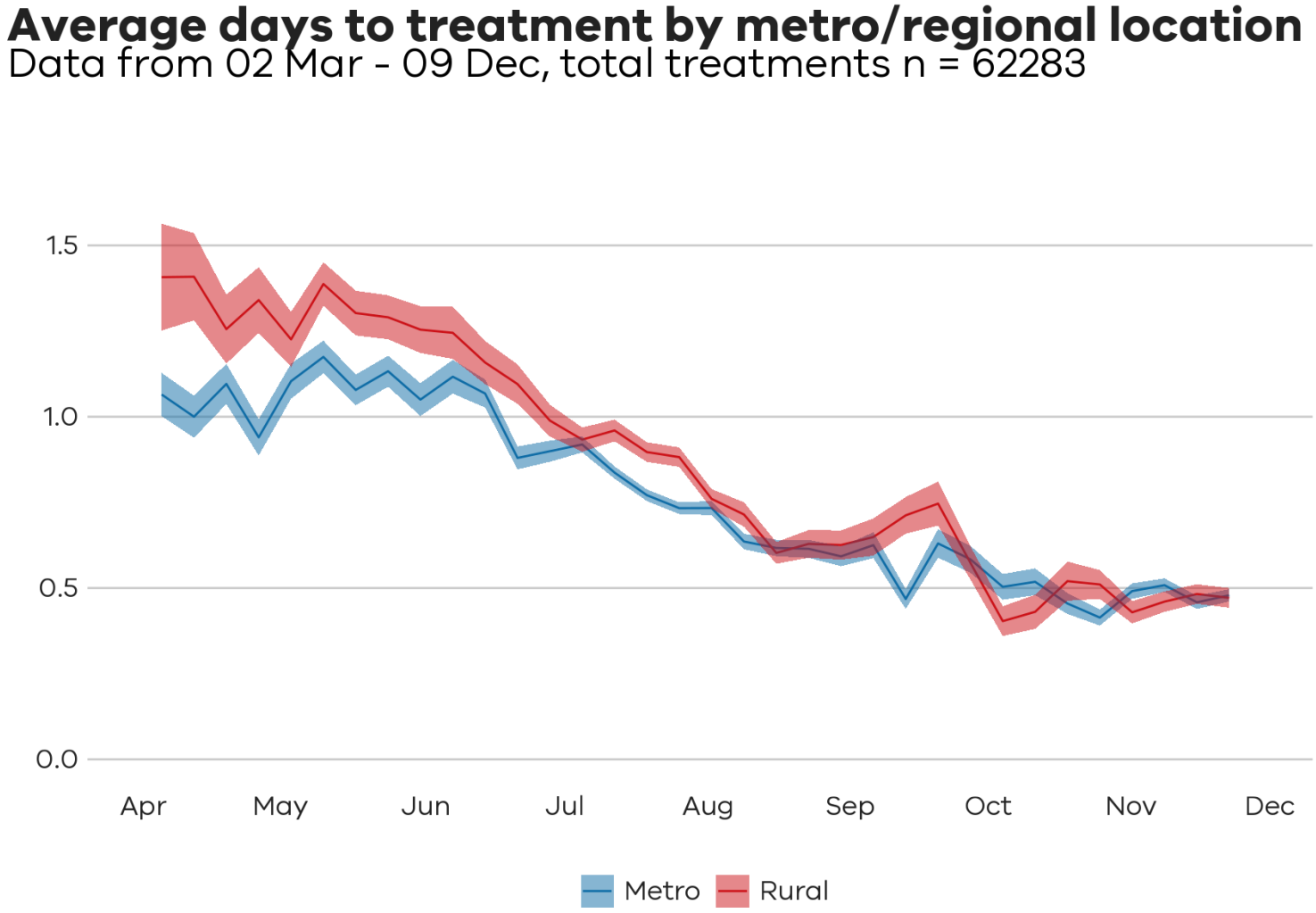


Help: guide to interpreting forest plots

Time to treatment over time for both metro and regional populations

The average time from diagnosis to treatment has decreased over time in both metropolitan and regional areas.

- The gap between regional and metropolitan areas has reduced over time.
- By August, the time to treat between Metropolitan and Regional areas was similar



Last data update: 14 December 2022

Six steps to protect our community

#1 Masks	**Wear a quality mask to protect from COVID and flu**
#2 Ventilation	**Have fresh air when gathering indoors (or go outside!)**
#3 Isolation	**Stay home if unwell**
#4 Testing	**Take a RAT if you have symptoms, PCR if high risk**
#5 Medication	**Consult your doctor immediately if positive and high risk**
#6 Vaccination	**If you're due for your third or fourth dose, get it NOW!**

How to get Covid-19 medication

1

Get tested
as soon as you notice symptoms to confirm you have COVID-19

2

Report your positive result
to the Department of Health at www.coronavirus.vic.gov.au/report (only in English). Or by calling the Coronavirus Hotline on 1800 675 398. Need an interpreter? Press 0 when you call.

3

Ask your doctor
or the COVID Positive Pathways Program if you can get COVID-19 medication

4

If you are eligible, you will be prescribed medication. For the medicine to work best, you must **take it within five days of getting sick**. You should take the medication even if your symptoms are mild.

Covid-19 Medications Eligibility

Who can get COVID-19 medications?

Only people most likely to need hospital care can get COVID-19 medications. This includes people who:

- are aged 70+
- are aged 50+ with other health conditions
- have a weakened immune system, disability or congenital heart disease
- live in an aged care facility.

Most other people can manage COVID-19 safely at home without medication.

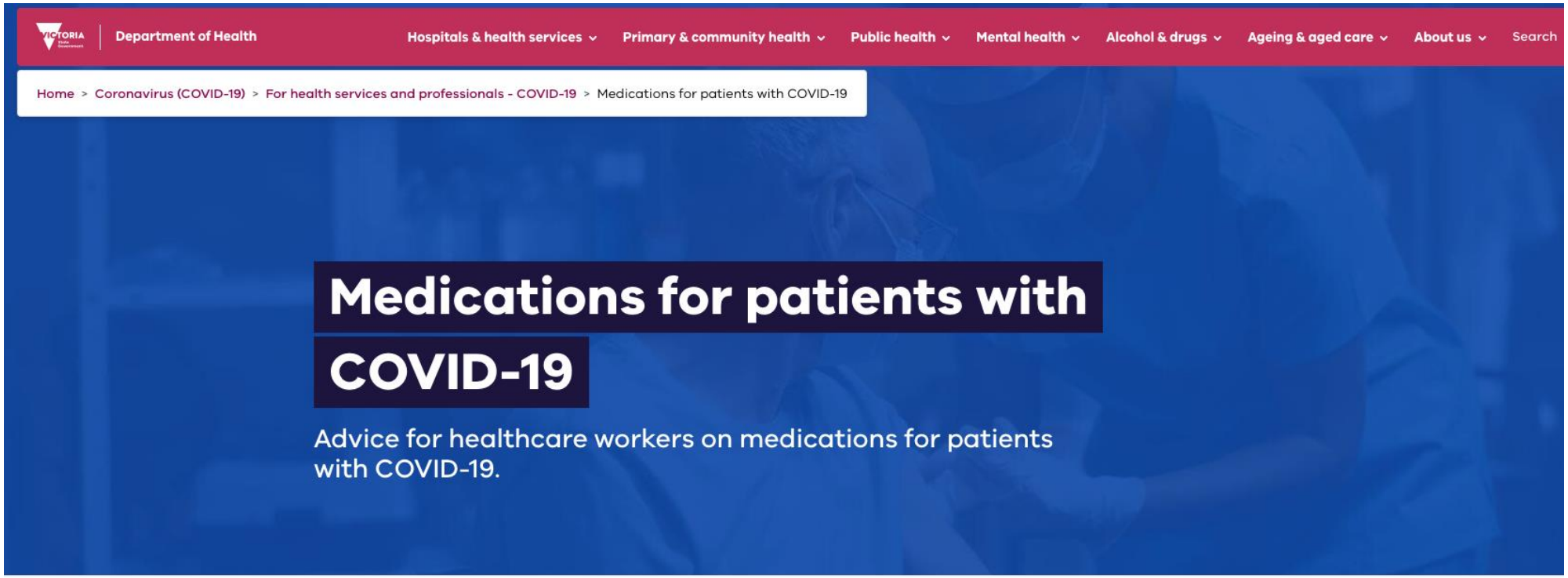
What medications can I get?

Doctors can prescribe Lagevrio™ and Paxlovid™ (antiviral tablets) to adults. They are on the Pharmaceutical Benefits Scheme (PBS), so they cost less money. They can also prescribe inhaled corticosteroids (puffers) to adults and children.

Some medications are only available through hospitals. Your doctor will refer you to a hospital if you need these. You may also get referrals and support through the COVID Positive Pathways Program.

Resources

https://www.health.vic.gov.au/covid-19/vaccines-and-medications-in-patients-with-covid-19



On this page

Early therapies

COVID-19

Develop a COVID-19 treatment plan for your patients

Actively engaging with at-risk patients to develop a COVID-19 treatment plan enables them to quickly access the best available treatment should they become infected.

Clinicians should consider contacting at-risk patients that may be eligible for early therapies for a proactive consultation to develop a COVID treatment plan, or do this during an elective/non-urgent consultation.

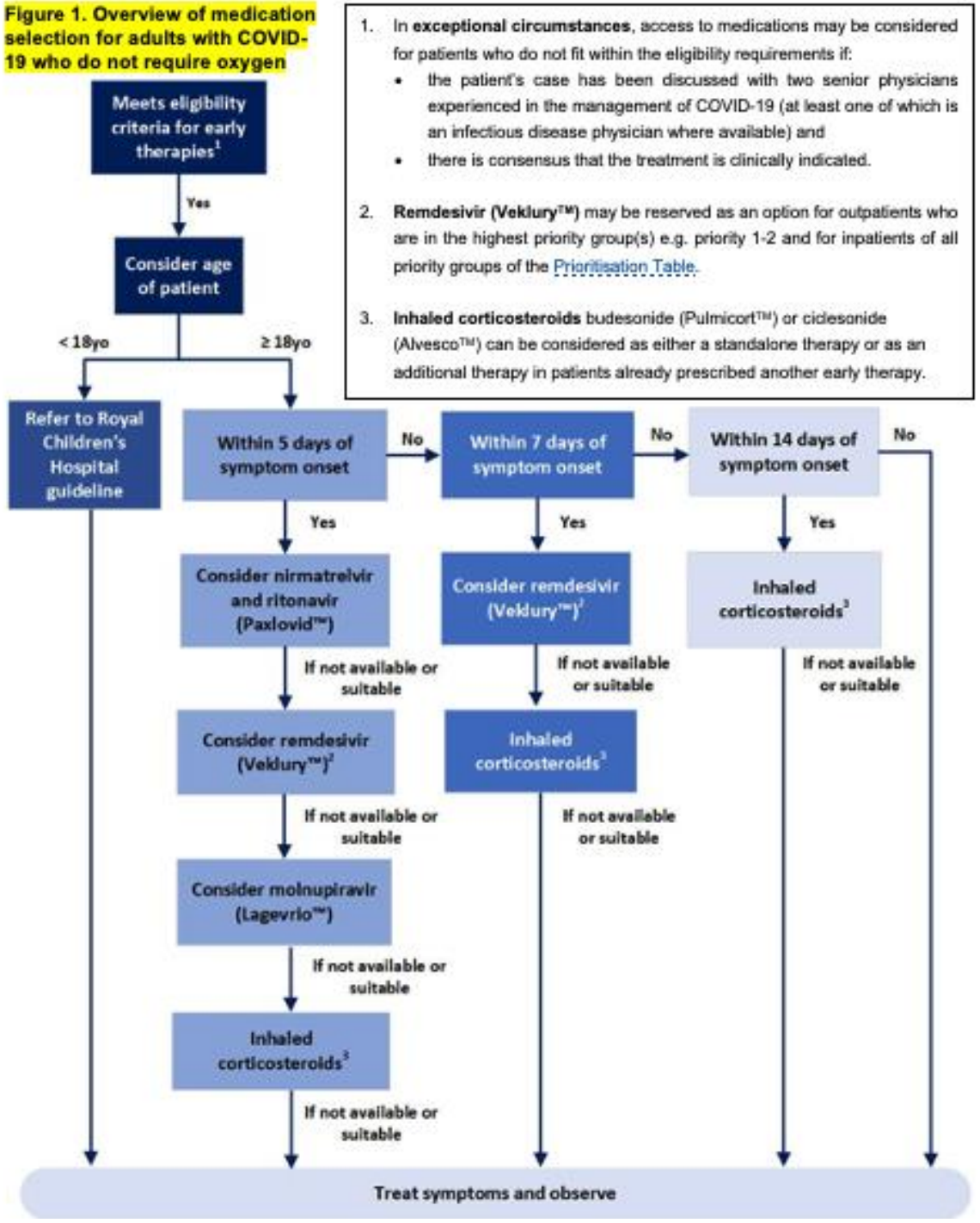
Examples of COVID treatment plan templates are available to download:

- Pre infection COVID-19 Treatment plan – GP template produced by North Western Melbourne PHN
- COVID-19 Readiness plan GP template produced by Western Public Health Unit.

Vic Guidelines

1. **Paxlovid (nirmatrelvir + ritonavir)**
2. **Remdesivir**
3. **Lagevrio (molnupiravir)**

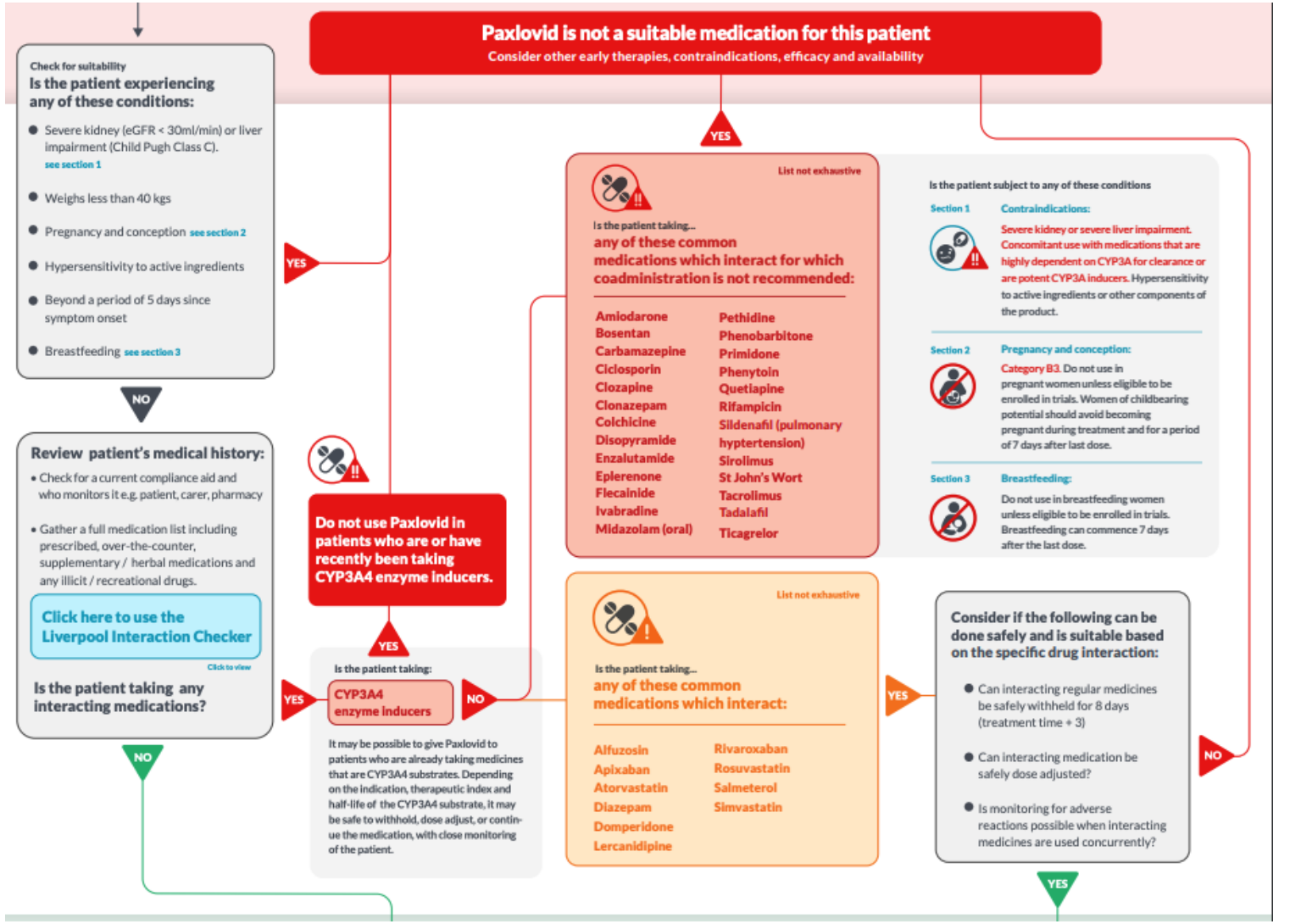
Figure 1. Overview of medication selection for adults with COVID-19 who do not require oxygen



1. In **exceptional circumstances**, access to medications may be considered for patients who do not fit within the eligibility requirements if:
   - the patient's case has been discussed with two senior physicians experienced in the management of COVID-19 (at least one of which is an infectious disease physician where available) and
   - there is consensus that the treatment is clinically indicated.
2. **Remdesivir (Veklury™)** may be reserved as an option for outpatients who are in the highest priority group(s) e.g. priority 1-2 and for inpatients of all priority groups of the Prioritisation Table.
3. **Inhaled corticosteroids** budesonide (Pulmicort™) or ciclesonide (Alvesco™) can be considered as either a standalone therapy or as an additional therapy in patients already prescribed another early therapy.

NATIONAL CLINICAL EVIDENCE TASKFORCE
COVID-19

Prescribing considerations for nirmatrelvir plus ritonavir (Paxlovid)



Treatment Effectiveness

Victorian COVID-19 treatment analysis

Treatments in Victoria

- Antiviral treatments (AVT) for COVID-19 have been available in Australia to all individuals over the age of 70 who tested positive to SARS-CoV-2 from July 11 2022.

- The two approved AVTs, molnupiravir and nirmatrelvir-ritonavir have been shown to reduce death and hospitalisation in unvaccinated individuals with COVID-19 in randomised clinical trials

Study aims and objectives

Among COVID-19 cases in Victoria who were diagnosed between 11th July and 23rd September 2022 aged over 70 years :

1. Describe the characteristics (clinical and demographic) of COVID-19 people who received COVID-19 AVT treatment compared to those who did not
2. Assess the effect of treatment on hospitalisation and death
3. Asses the effect of drug type (Paxlovid and Lagevrio) on hospitalisation and death
4. Asses the effect of time between diagnosis and treatment on hospitalisation and death

https://theconversation.com/paxlovid-is-australias-first-line-covid-antiviral-but-lagevrio-also-prevents-severe-disease-in-over-70s-195349

Summary Results

(Preliminary data)

Victorians (70+) who receive a treatment, compared to individuals who did not receive a treatment are

26% less likely to be hospitalised

- **32% for Paxlovid, 26% for Lagevrio**
- **37% if receiving treatment within 0-1 days of diagnosis**

55% less likely to die

- **72% for Paxlovid and 54% for Lagevrio**
- **63% if receiving treatment within 0-1 days of diagnosis**