

# COVID-19 Update

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21 September, 2022

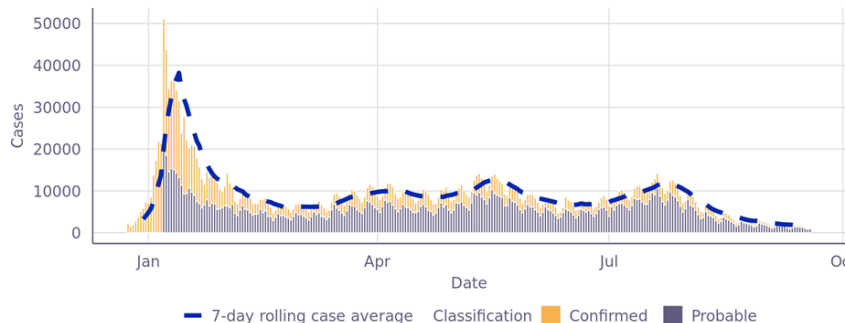


Department  
of Health

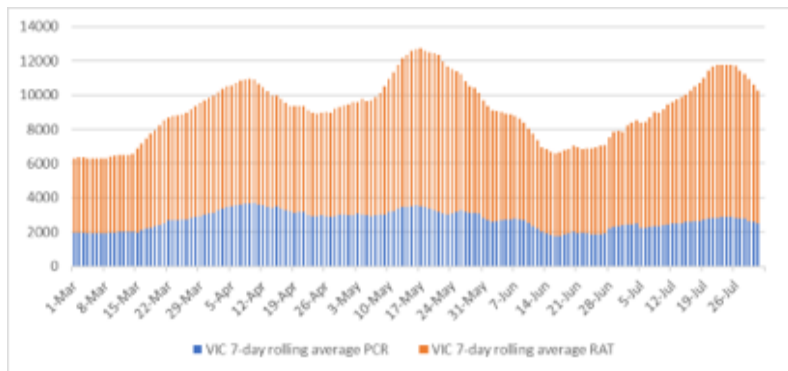
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# Epidemic Curve – Cases

Epicurve total cases



Victorian case numbers (rolling 7 day average)

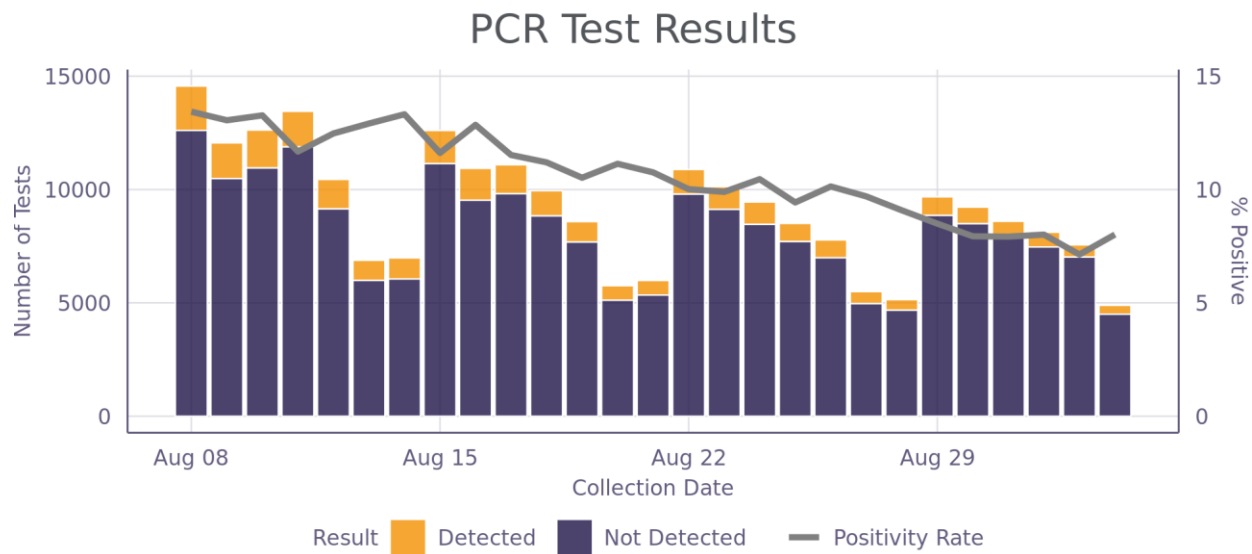


|   |   |
|---|---|
| <b>20 September</b>                           | <b>Confirmed + Probable</b>                     |
| <b>Cases 7-day average</b>                    | <b>1,526</b><br><b>(last week 1,808: ↓ 16%)</b> |
| <b>Patients in hospital<br/>7 day average</b> | <b>157</b><br><b>177 (last week 211: ↓ 16%)</b> |
| <b>Patients in ICU</b>                        | <b>12 (8 active)</b>                            |
| <b>Deaths in 2022<br/>Total in pandemic</b>   | <b>3,957 (71%)</b><br><b>5,568</b>              |

- Cases in Victoria continued to decline, 15,928 cases diagnosed (3,812 PCR, 12,116 RAT) in the past week, down 17.7% from the week before
- The decrease in cases was consistent across age groups (range - 14% in 19-39, 22% in 65+)
- Weekly PCR tests: 53,881 (7% positive)
- Active Cases: 13,182

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# Test Positivity



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# Variant relative abundance trends from wastewater surveillance

Report includes results from samples collected to 8 September 2022

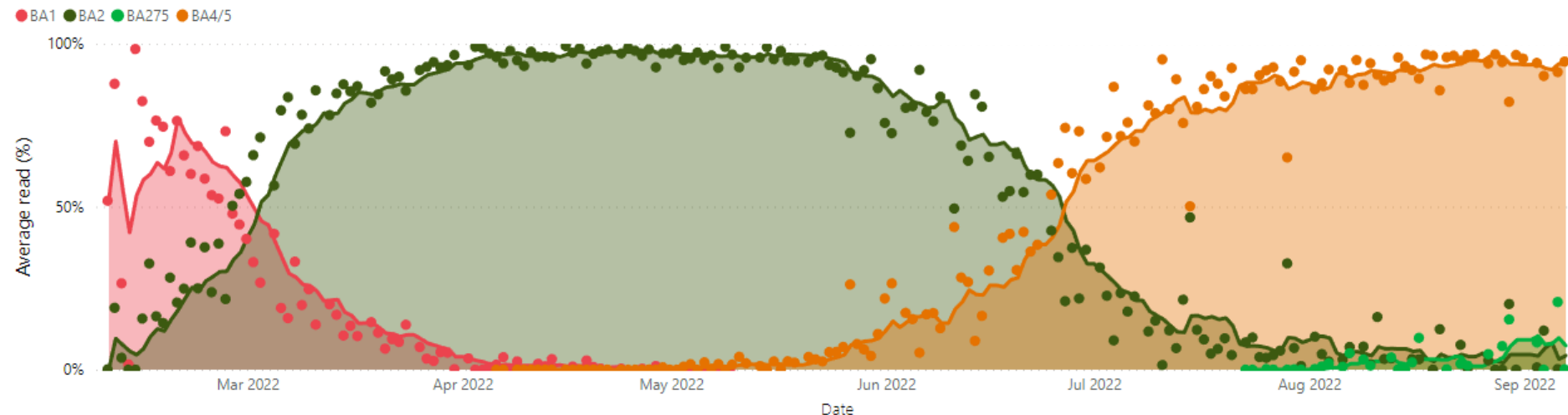
## Overall in Victoria from wastewater sentinel surveillance at 32 core catchments.

- Omicron BA.4 and BA.5 and related sublineages (BA.5.2.1, BA.5.2, BA.4.6, BE.1 and BF.1) remain the dominant group of variants now in a post peak decline.
  - Median relative abundance overall of 97% (R:63-98%) : lower levels in some metro areas reflect local increase of BA.2.75
- Omicron BA.2.75 shows repeat (X15) airport incursions, heterogeneous spread and growth to >20% relative abundance in localised metro areas.
  - Median relative abundance is 0% (R:0-33%)

## Figure below shows population weighted rolling average

*\* note some bias toward metro areas due to inclusion of large metro treatment plants as well as their subcatchments*

Variant detections in wastewater sampling (dots are daily average data population weighted, line is seven day rolling average population weighted)



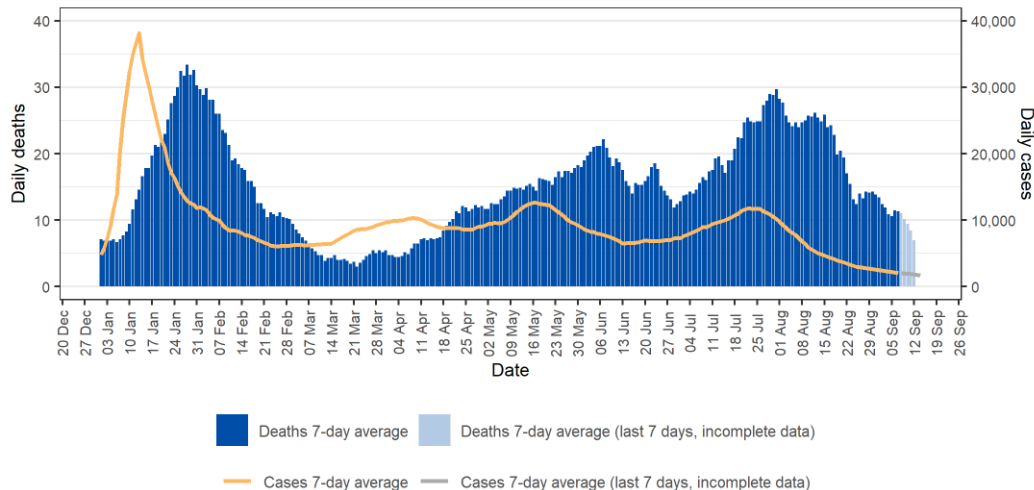
# Note – for median relative abundance, source is most recent sample results in last 14 days  
All core surveillance catchments reported in last 14 day period through 8 Sep.

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# Statewide deaths from 01/01/2022 to 15/09/2022

| 2022 Cumulative deaths | Current week 7-day average deaths | Previous week 7-day average deaths | Two weeks prior 7-day average deaths | Change in 28-day deaths average from previous | 2022 Cumulative deaths in aged care residents |
|------------------------|-----------------------------------|------------------------------------|--------------------------------------|---|---|
| 3,901                  | 4                                 | 11                                 | 14                                   | -38%  | 1,738   |

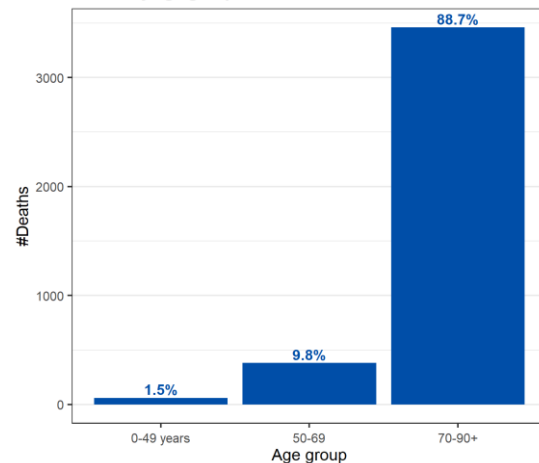
7-day rolling average deaths and case numbers



## Deaths in 2022

69.3% of total deaths in pandemic  
 45.6% Female  
 23.7% Rural residence  
 44.1% Aged care residents  
 0.2% Indigenous (44% unknown)  
 36.8% Hospitalised  
 5.7% ICU  
 65.4% < 3 vaccine doses

Deaths by age group






Date is based on date of death, not date of when each death was reported. This applies to all death metrics in the report unless stated otherwise.

Source: TREVI

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# Trends

As of 19/09/2022

| Metric                  | Detail   | Trend   | Current period   | Previous period  |
|-------------------------|--|---|--|--|
| <b>Cases</b>            | Cases continued to decline this week-18%   |  | 1,550 (average)  | 1,888 (average)  |
| <b>Hospitalisations</b> | Falling along with case numbers (-16%) (CHRIS data)  |  | 187 (average)  | 223 (average)  |
| <b>Mortality</b>        | COVID-19 mortality in Victoria is decreasing (61%)   |  | 270 (last 28-day total)  | 689 (previous 28-day total)  |
| <b>Vaccination</b>      | Small numbers of doses (9) have begun to be delivered to eligible children under 5 years of age. |   | Winter dose coverage:<br>9.1% aged 30-49<br>26.6% aged 50-64<br>65.2% aged 65+ | Winter dose coverage:<br>9.0% aged 30-49<br>26.3% aged 50-64<br>64.8% aged 65+ |

# Changes to pandemic orders regarding isolation

## 11:59pm September 8, 2022

### Quarantine, Isolation & Testing

#### Positive cases - self-isolation period

- **Reduce** the period from 7 days to 5 days if asymptomatic

#### Sensitive settings workers – restriction from working after self-isolation

- **Add** a restriction on diagnosed persons and probable cases working at high-risk settings until the seventh day after they became a case.

This includes:

- hospitals
- residential aged care facilities
- disability care facilities
- In home care

#### Positive cases – post self-isolation

- **Add** a requirement for positive cases until the seventh day after they became a case.
  - not visit a hospital or care facility,
  - notify their workplace if they are attending on-site.

### Additional mitigation strategies

**Following isolation** - up to 10 days after date of positive test, but especially

- **Strong recommendation** to undertake RA Test as an additional risk mitigation strategy in the days following self-isolation when attending settings of higher risk
- **Strong recommendation** to wear a face covering for 5 days after completing a period of self-isolation

# Staying well

## Six steps to protect our community

### #1 Masks

Wear a quality mask to protect from COVID and flu

### #2 Ventilation

Ensure airflow 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!

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# Vaccination update

|                       |       |
|-----------------------|-------|
| Vaccination           |       |
| % Dose 3 Eligible Pop | 73.9% |
| % Dose 3 >16          | 69.9% |
| % Dose 3 >65          | 90.6% |
| % Winter dose 4       | 38.1% |
| 50-64                 | 26.6% |
| >65 years             | 65.2% |

- **6 months to 5 years (paediatric Moderna):** in addition to vaccination at primary care clinics for eligible children, there are specialist vaccination clinics at 3 sites – RCH, Monash and Western hospitals
- ATAGI have approved the **first bivalent vaccine** (BA.1 + original 2020 strain), roll out expected mid October through GP and community pharmacy
- Other bivalent vaccines in the pipeline – against BA.4/5. Expected future scenario of bivalent/multivalent vaccines in use with regular updates to target new variants
- Evidence is strong for **boosters** – The 4<sup>th</sup> dose reduces risk of dying from COVID-19 four fold compared to 3 doses for those 50+ years

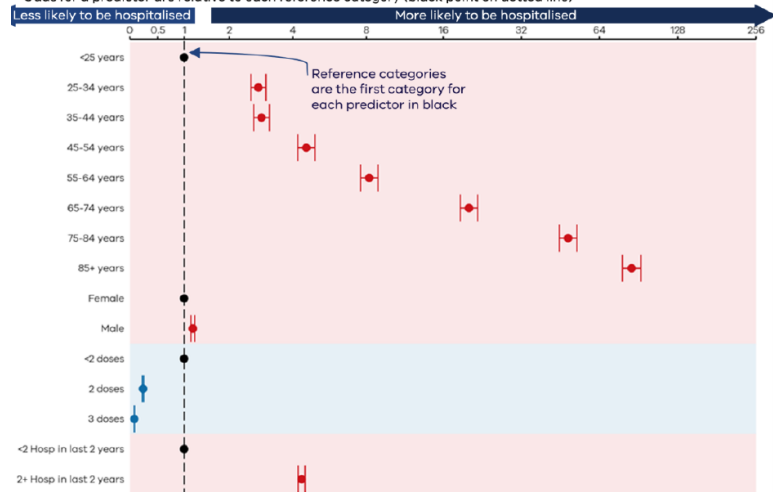
# Vaccination reduces risk of hospitalisation and severe disease

**Hospitalisation:** factors associated with individuals being admitted to hospital for cases in the Omicron wave was investigated

Triple dosed individuals less likely to be admitted to hospital

## Odds of Being Hospitalised Given a Diagnosis of COVID-19

Odds for a predictor are relative to each reference category (black point on dotted line)

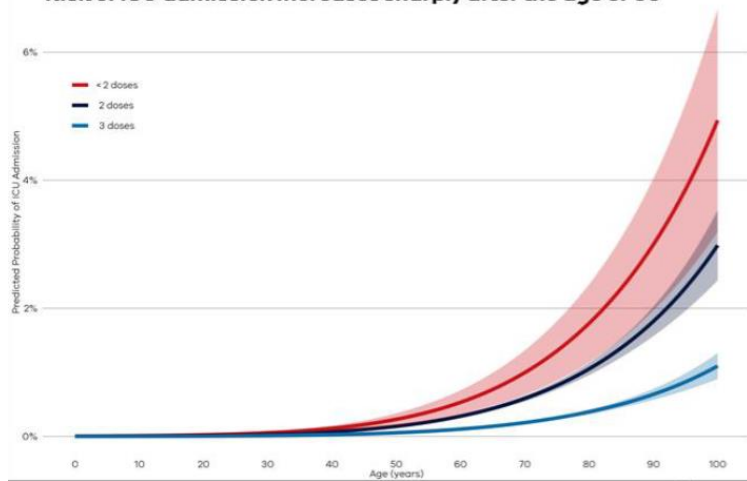


Date source: TREVI, VICNISS, VAED, Australian Bureau of Statistics, last run: 2022-07-05



**ICU admission:** Individuals diagnosed with COVID are 81% less likely to be admitted to ICU if they had 3 doses of the vaccine relative to those with < 2 doses

## Risk of ICU admission increases sharply after the age of 60



Source: TREVI, VICNISS, AIR & VAED. Last run: 2022-07-05



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# Access to antiviral therapy

- **Reduces risk of hospitalisation for those at highest risk, which includes people who:**
  - are aged 70 and over
  - are aged 50 and over with certain health conditions (or 30 if they're Aboriginal or Torres Strait Islander)
  - have a weakened immune system, disability or are born with heart disease.
- **Common oral medications accessed through PBS - Paxlovid™ and Lagevrio™**
- **Pre-planning for those at highest risk – individuals in community and in residential care**
- **Evusheld™ – antibodies given for pre-exposure prophylaxis for those people with:**
  - severe immunocompromise or anaphylaxis which means they are unable to get vaccinated AND are over 65 years old (50 years old if Aboriginal or Torres Strait Islander)