

# COVID-19 Update

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26<sup>th</sup> April 2023



Department  
of Health

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# Epidemiological summary (weekly report date 20/4)

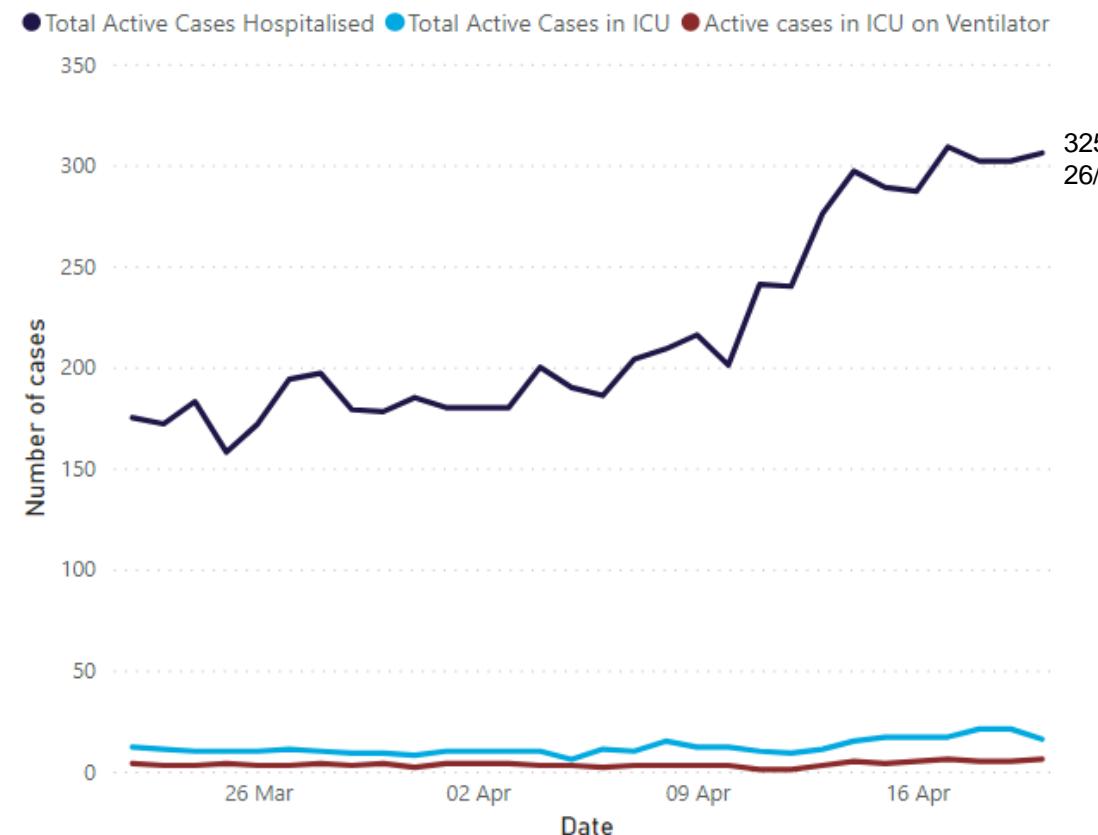
- ✓ Victoria is experiencing a new wave with multiple indicators showing an increase including cases, hospitalisations and healthcare worker furlough, in the context of increased variant share of the Omicron subvariant XBB.1.5 and XBB.1.9.1 in virologic surveillance.
- ✓ XBB.1.5 and XBB.1.9.1 increased variant share substantially during March 2023. Variant share is hovering around 40-50% but as cases and related indicators have been increasing, this likely represents a growing number of cases.

As of 26 April:

- ✓ Hospitalisations have increased by 29% from 7 days prior
- ✓ There are currently 14 ICU admissions, which is a 77% increase from the previous week
- ✓ Antiviral treatment provision increased last week
- ✓ There has been a 20% decrease in furloughed healthcare workers (603 to 487) in the past 7 days

## Victorian hospitalisations

Number of hospitalised cases, by admission type

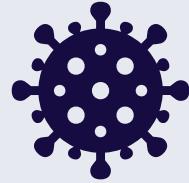


## Key Insights & Metric Summary

- Recent increases in hospitalisations, quantitative wastewater and cases indicate the current COVID-19 wave continues to grow similarly to the previous polyclonal wave.
- No increased severity in circulating sublineages has been observed globally.

Metric	Detail	Current Period	Last Period	Trend
Cases	Continued increase this week (+4%)	865 (average)	829 (average)	▲
Hospitalisations	Continued increase this week (+25%) (CHRIS data) (Barwon South West +4%, NEPHU +6%, Grampians (Ballarat) +72%, Gippsland (La Trobe) +81%)	298 (average)	238 (average)	▲
Mortality	Increase this month (+3% 28-day change)	94 (last 28-days total)	91 (previous 28-days total)	▲
Anti-viral treatment prescriptions	Continued increase this week (7%) (PBS data)	3,837 (last 7-days total)	3,594 (previous 7-days total)	▲
Virology	XBB sublineages (XBB.1.5, XBB.1.9.1, XBB.1.16 and other) constitute 74% of circulating lineages (Wastewater surveillance data)	74% (last 7-days total)	not available	
Priority populations	Aged care cases increased this week (+44%)	234 (last 7-days total)	163 (previous 7-days total)	▲
	NDIS participant cases decreased this week (-7%)	122 (last 7-days total)	131 (previous 7-days total)	▼
	Aboriginal/Torres Strait Islander cases decreased this week (-11%)	56 (last 7-days total)	63 (previous 7-days total)	▼
	Hospital Acquired Infections (HAIs) decreased this week (-15%)	64 (last 7-days total)	75 (previous 7-days total)	▼

# Insights – Variants and Intervention



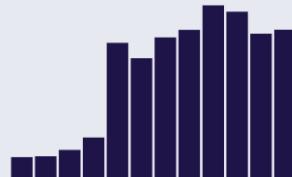
## **Omicron recombinant XBB sublineages dominate the polyclonal wave.**

These include XBB.1.5 as the most prevalent, with rapid growth of XBB.1.9.1 and XBB.1.16. Many new XBB sublineages with similar mutations continue to emerge. There has been no evidence of increased severity.

## **XBB1.5 and other sublineages are also growing globally.**



- **XBB.1.16 ("Arcturus")** emerged in India and rapidly grew to dominance with a surge in cases and hospitalisations. Global spread documented with higher levels notably in Singapore and USA.
- **Delta/Omicron recombinant XBC.1.6** is recently classified with most sequenced samples globally from South Australia, low levels are detected in Victoria.

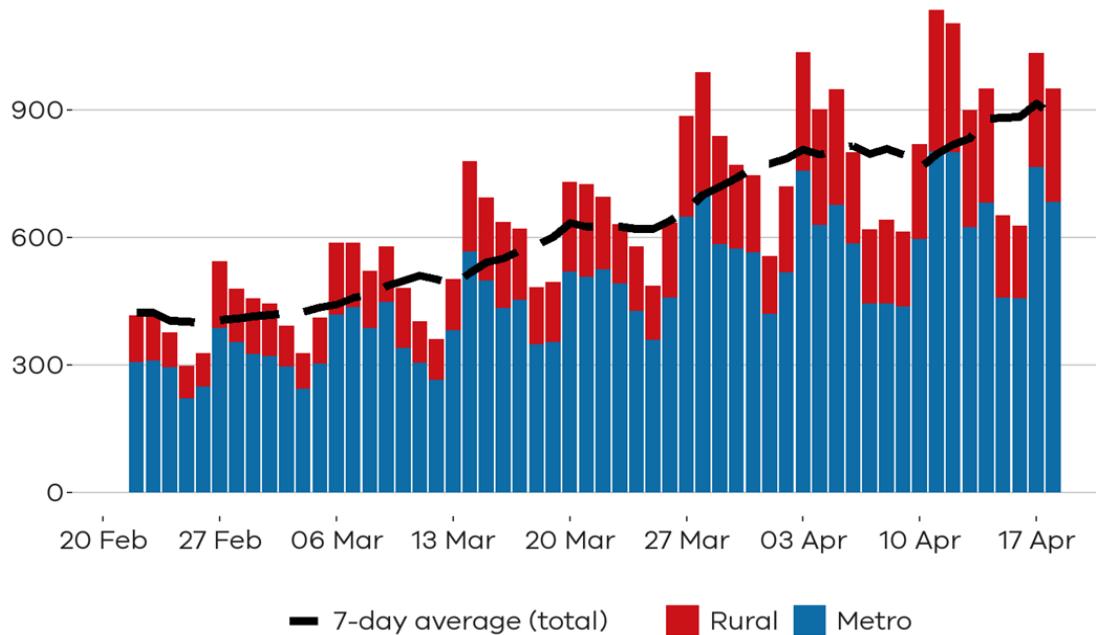


**Vaccination delivery has increased since the eligibility change on 20 February 2023** however, remains low compared to uptake at 4th dose eligibility expansions in March and July 2022.

# Incidence & Hospitalisations

## Daily cases

Data until 18 April 2023

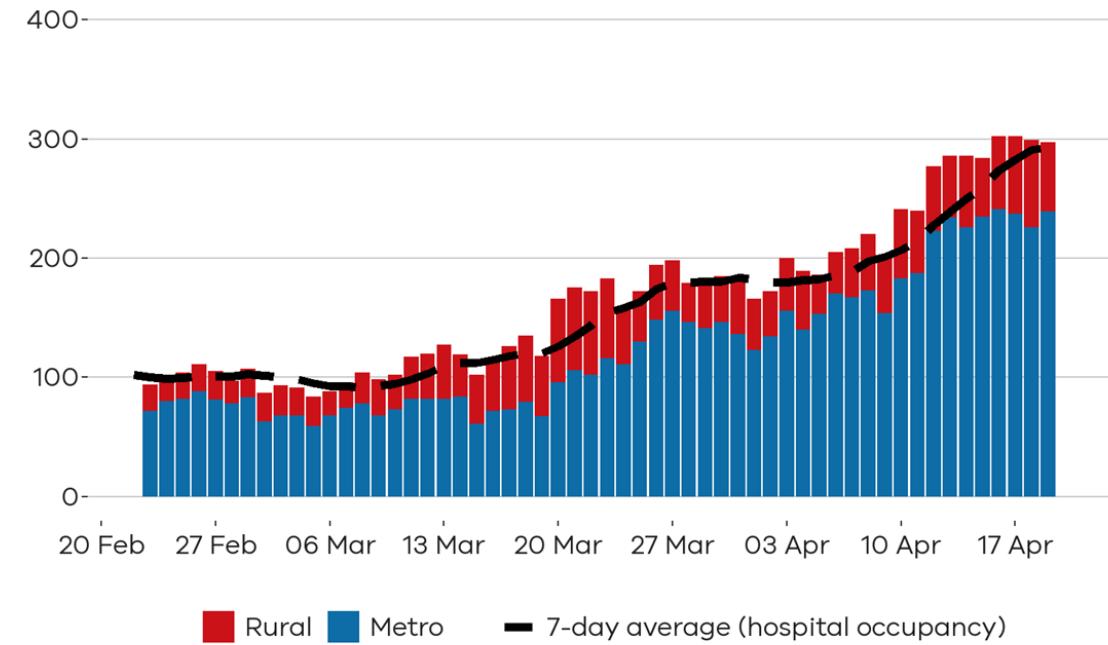


Source: TREV1



## Daily hospitalisations

Data until 19 April 2023



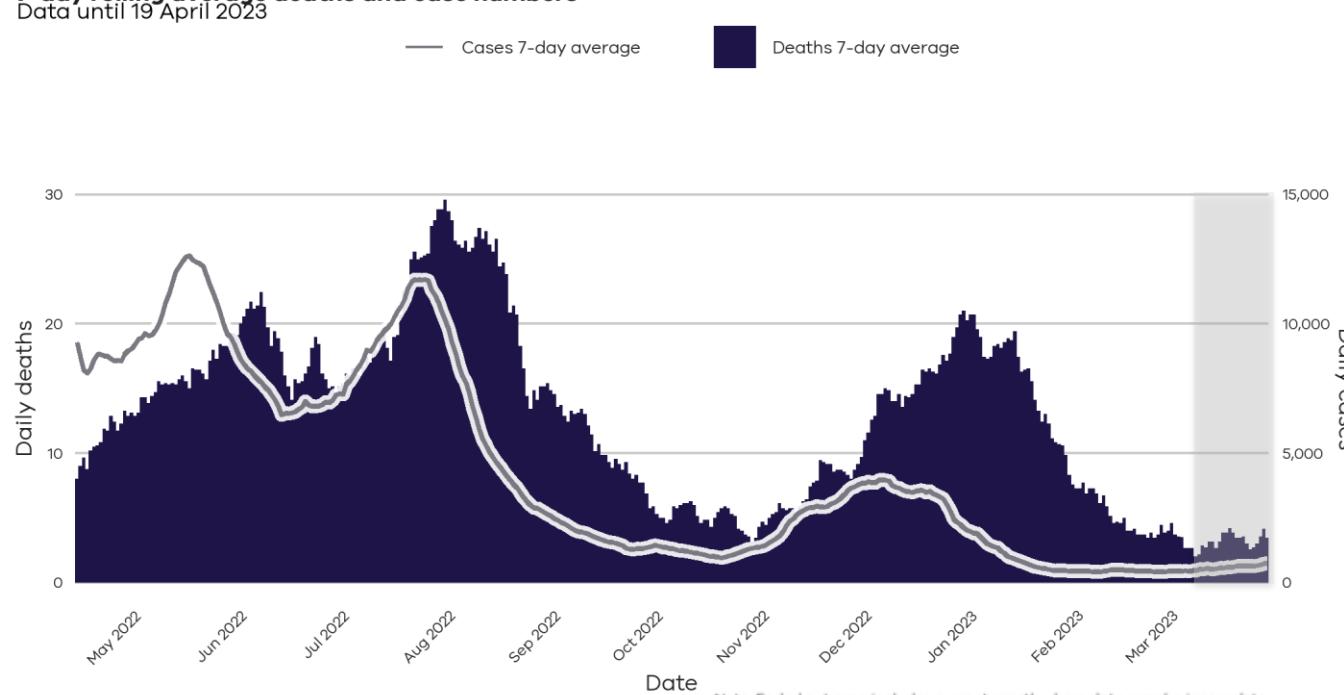
Source: CHRIS



# Statewide deaths from 20/04/2022 to 20/04/2023

Cumulative deaths	Cumulative deaths past 12 months	Case Fatality Rate past 12 months (per 100 cases)	Change in 28-day deaths average from previous	Cumulative deaths in aged care residents past 12 months	Case Fatality Rate in aged care past 12 months (per 100 cases)
7,551	4,442	0.29	18%	1,906	6.62

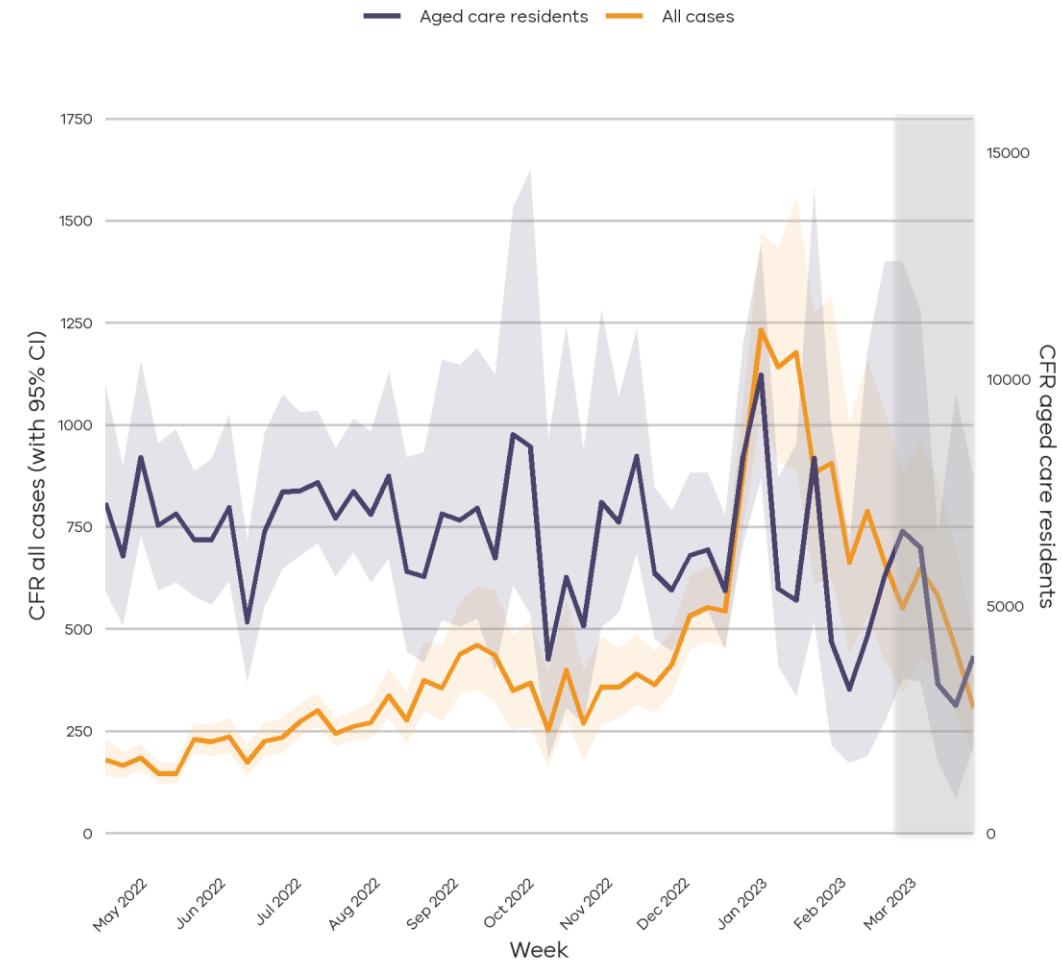
## 7-day rolling average deaths and case numbers



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

## COVID-19 case fatality rate (CFR), last 12 months, per 100,000 cases per week

Data until 19 April 2023



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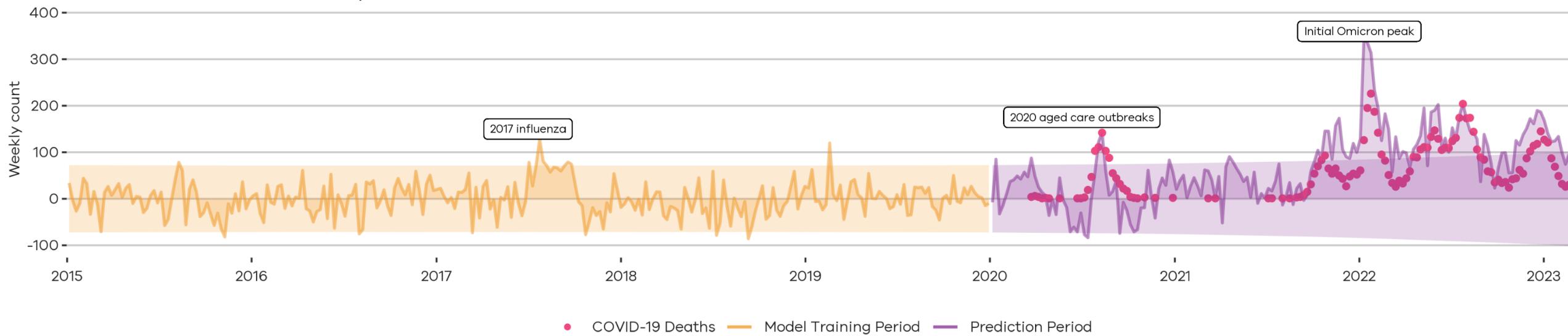
# Excess Death in Victoria

Excess death refers to deaths above what would be expected under 'normal' conditions (based on trends prior to the pandemic).

Year	Deaths	Expected Deaths	Excess Deaths	% Excess/Expected
2020	40,902	40,479	422	1.04
2021	42,947	40,300	2,646	6.57
2022	47,331	39,972	7,358	18.41
2023	6,523	5,563	959	17.25

## Excess Deaths in Victoria

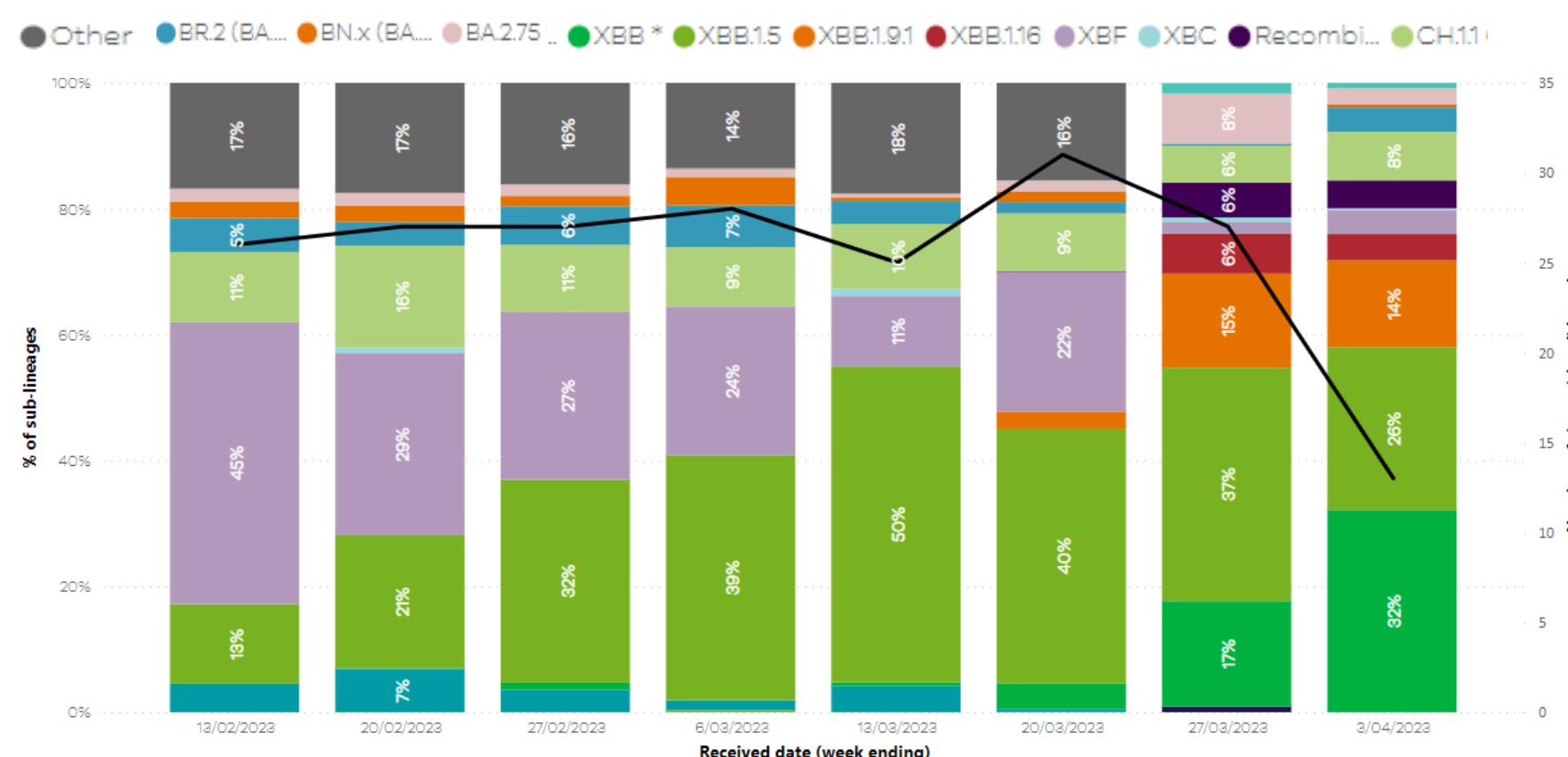
Plotted with COVID-19 deaths reported since 2020



Data Source: MCCC, VDI, TREV

# Wastewater surveillance: variant trends in Victoria

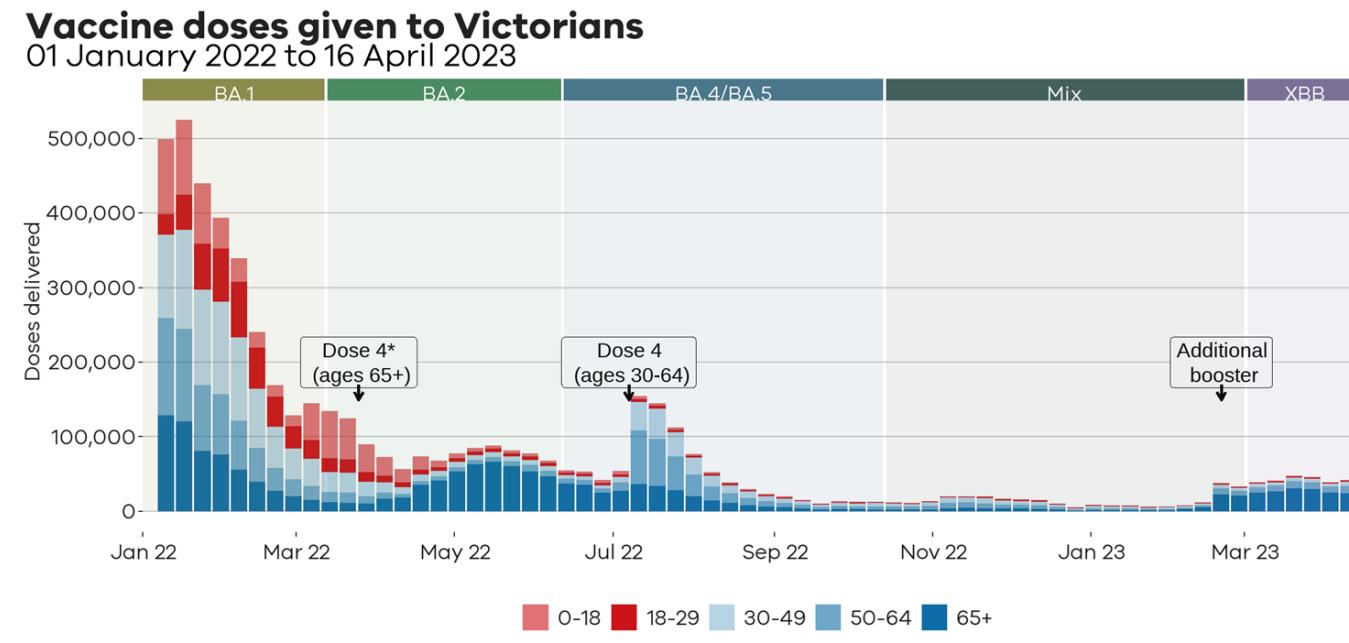
sampled up to 3 April (reported 18 April)



- Whole genome sequencing (WGS) commenced from 21 March
- Surveillance shows a polyclonal picture across Victoria dominated by Omicron XBB recombinant sublineages
- Omicron recombinants (mean 75%) include:
  - XBB.1.5 (mean 37%),
  - XBB.1.9.1 (mean 15%),
  - XBB.1.16 (mean 6%)
  - other XBB lineages (17%)
- Remainder is comprised of other recombinants (6%), CH.1.1 (6%), other BA.2.75 sublineages (8%) and XBF and other (5%)
- Airport surveillance shows incursion of multiple XBB lineages with XBB.1.16 most prevalent (data not shown)

# Vaccination

Age group	Waned vaccination	Eligible for booster dose	Doses last 7 days*
00-04	n/a	n/a	13
05-11	98%	n/a	204
12-15	99%	n/a	79
16-17	98%	n/a	78
18-29	97%	94%	1,554
30-49	94%	91%	4,759
50-64	89%	84%	8,966
65+	78%	73%	22,934
<b>Total eligible</b>	<b>91% (12+ years)</b>	<b>86% (18+ years)</b>	<b>38,587</b>



Source: AIR. \*Additional eligibility requirement of 4 month gap from 3rd dose

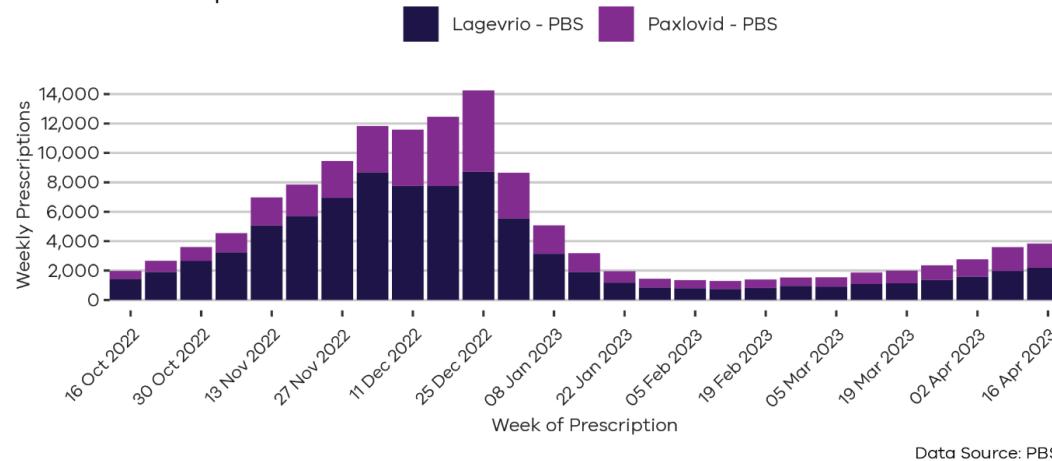
Vaccination delivery has increased since the eligibility change on 20 February 2023 but remains low compared to uptake at 4<sup>th</sup> dose eligibility expansions in March and July 2022.

**Significantly waned immunity leaves a vast number of Victorians at risk.** 86% of the Victorian population aged 18+ and 74% of the highest risk group, those 65+ are eligible for a booster dose having had no vaccine or recorded COVID-19 diagnosis in the last 6 months.

# Treatments

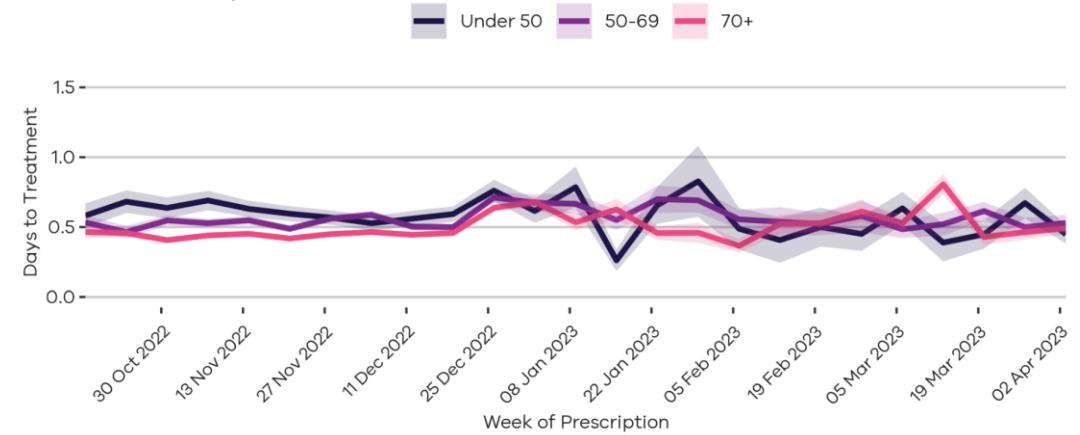
## Weekly PBS Prescriptions

Data until 16 April 2023



## Average Days to Treatment by Age

Data until 09 April 2023

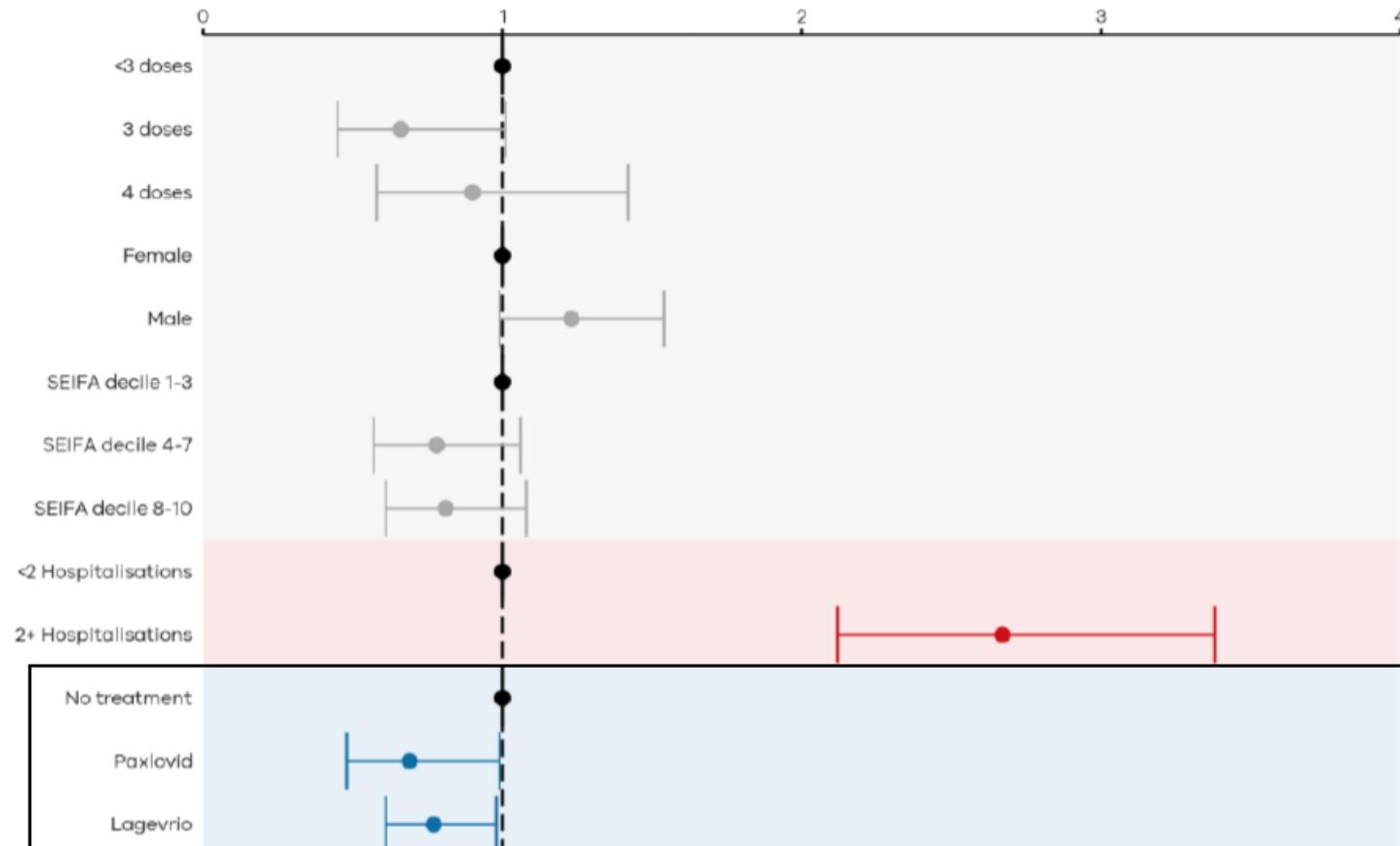


# Paxlovid and Lagevrio both provide a similar benefit in reducing hospitalisation risk

A logistic regression was used to investigate which factors predicted individuals being admitted to hospital\*.

- **Paxlovid and Lagevrio both have similar in reducing the risk of hospitalisation – individuals who do not received either drug are between 26% and 32% more likely to be hospitalised**
- **COVID-19 cases (70+) who receive Paxlovid or Lagevrio are 72% and 54% less likely to die, respectively, compared to individuals who did not receive a treatment.**

**Effect of PBS treatments on hospitalisation risk (odds ratios)**  
Age 70+ Victorians (excluding aged care) diagnosed with COVID-19 from 11 July 2022



\* The study population is Victorians 70+ not in aged care who reported a COVID diagnosis and were diagnosed 2 or more days before hospitalisation.

Data source: TREVI, VAED, VICNISS, PBS, cases diagnosed from 2022-07-11 to 2022-10-07, total n = 27932. Last run: 2022-10-21.

# COVID-19 testing

- ✓ Rapid Antigen Tests are the easiest way to test for COVID-19. Free RATs are available from all local councils so all Victorians can plan ahead and get tested
- ✓ People can collect 2 packs of 5 RATs and an extra 2 packs for each person in the household
- ✓ People with disability and their carers can get 4 packs of 5 RATs

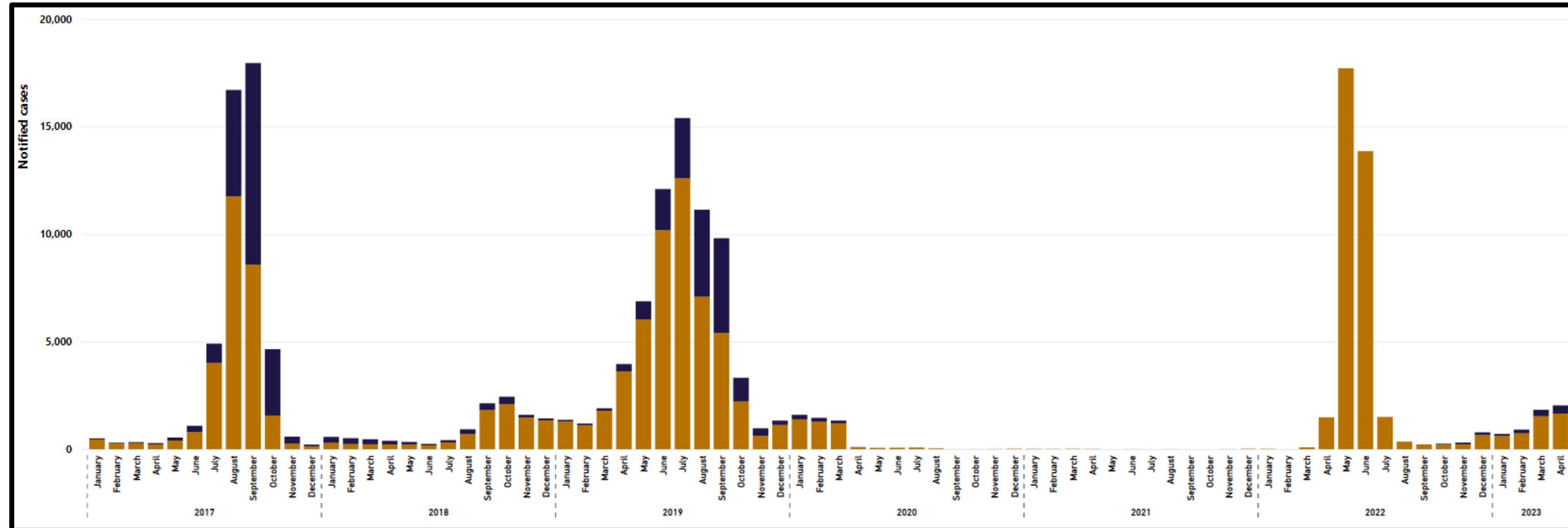
  

- ✓ PCR is still available for eligible groups – requires a referral from a clinician

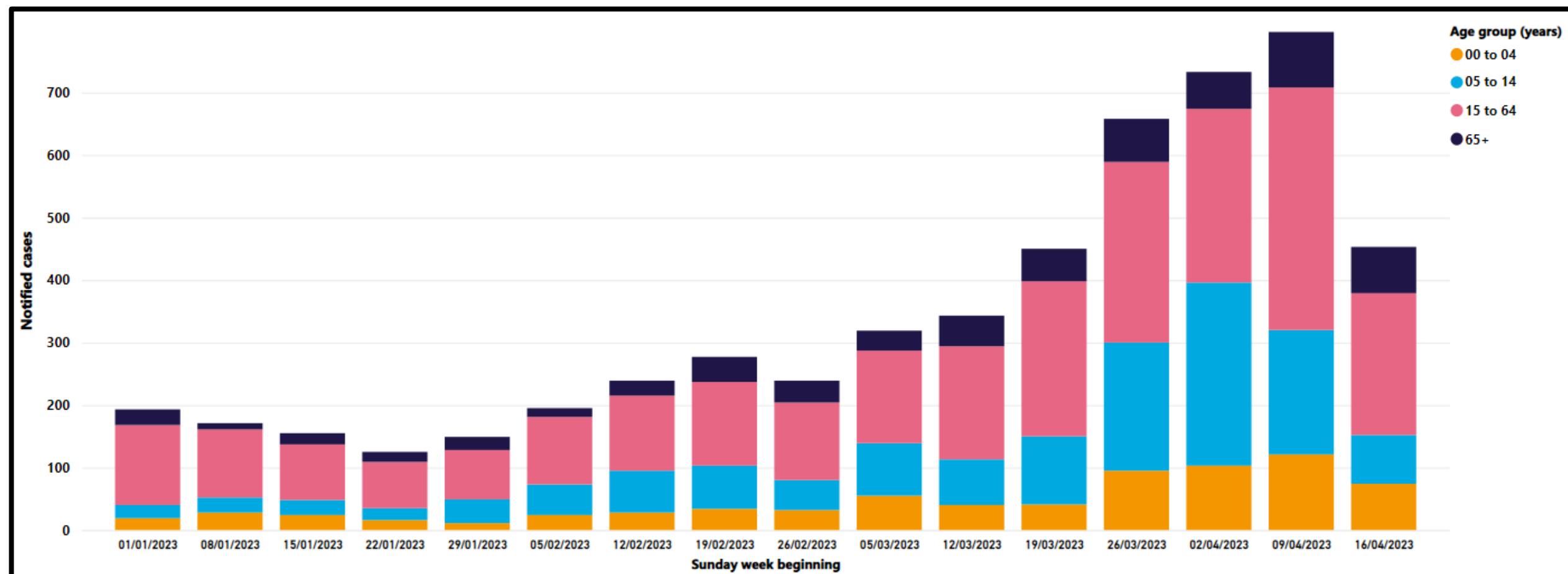
  

- ✓ Ensure message around serial testing importance if symptomatic and first RAT is negative

# Notified influenza cases: VIC 1 Jan 2017 – 20 April 2023



# Notified influenza cases 2023: age groups



# Victorian seasonal influenza vaccination program

## Free influenza vaccines

- Free seasonal influenza vaccine is funded under the National Immunisation Program (NIP) for groups at higher risk of complications from influenza.
- A state-funded free influenza vaccination program in Victoria is not planned in 2023.

## 2023 vaccine stock

National Immunisation Program (NIP) stock is now available to order through Onelink Online.

## 2023 priority cohort

**Infants and young children aged 6 months to <5 years due to:**

- the low rate of influenza vaccine uptake in 2022
- the clinical risks of contracting influenza for this age group

## Resources and education

- The free influenza eLearning module has been updated for the 2023 season.
- Victorian Department of Health – Seasonal Influenza vaccine page. Contains links to resources and clinical guidance.

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Stay Well This Winter (influenza and COVID messaging) from 30 April

# Victorian seasonal influenza vaccination program

## Key points

**Children aged 6 months to less than 5 years are at higher risk of complications from influenza.**

- Can be co-administered with other childhood vaccines (refer to [Handbook](#) and [COVID vaccine ATAGI](#) advice for precautions)

**People aged  $\geq 65$  years are at higher risk of complications from influenza.**

- Fluad® Quad** (an adjuvanted influenza vaccine) is funded under the NIP and is preferentially recommended over standard quadrivalent vaccine (QIV).
- Can be co-administered with [COVID-19 vaccines](#)

**Table 1. Seasonal influenza vaccines registered and available for use in Australia in 2023, by age**

Vaccine Registered age group	Vaxigrip Tetra 0.5 mL (Sanofi)	Fluarix Tetra 0.5 mL (GSK)	Afluria Quad 0.5 mL (Seqirus)	FluQuadri 0.5 mL (Sanofi)	Influvac Tetra 0.5 mL (Viatris)	Flucelvax Quad 0.5 mL (Seqirus)	Fluad Quad 0.5 mL (Seqirus)	Fluzone High-Dose Quad 0.7 mL (Sanofi)
6 to 24 months (<2 years)	✓	✓	✗	✓	✓	✗	✗	✗
$\geq 2$ to <5 years	✓	✓	✗	✓	✓	✓	✗	✗
$\geq 5$ to <60 years	✓*	✓*	✓*	✓	✓	✓	✗	✗
$\geq 60$ to <65 years	✓*	✓*	✓*	✓	✓	✓	✗	✓
$\geq 65$ years	✓	✓	✓	✓	✓	✓	✓	✓

Ticks indicate age at which a vaccine is registered and available. White boxes indicate availability for free under the NIP.

\* NIP funding only for Aboriginal and Torres Strait Islander people, pregnant women and people who have certain medical conditions.

## New in 2023:

AIR codes have been updated; historical vaccine brands that are no longer registered/available have been removed.

When reporting to AIR, select the relevant vaccine brand name and code i.e. (NIP) for NIP funded vaccines and (non-NIP) for privately purchased vaccines.

# Thank you



**STAY WELL THIS WINTER**

**WITH YOUR FLU SHOT AND UP-TO-DATE COVID VAX**

Plus, you can get both vaccines at the same time. Book now with your pharmacist or doctor.

Find out more at [betterhealth.vic.gov.au](https://betterhealth.vic.gov.au)

Authorised by the Victorian Government, 1 Treasury Place, Melbourne.

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