

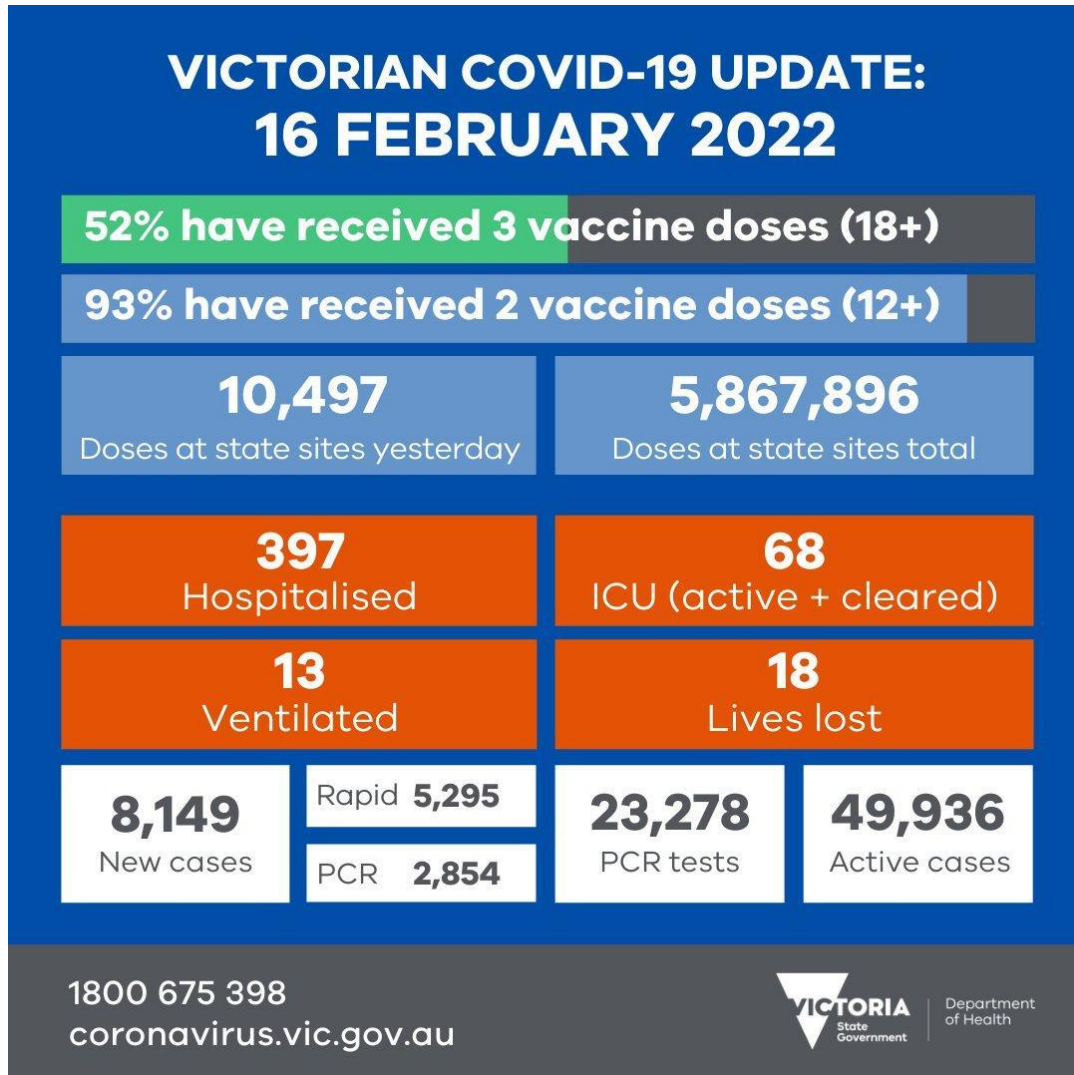
COVID-19 Treatments for outpatients

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Department
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- As of today (16 February), **52%** of eligible **18+** have received **3 vaccine doses**
- **ATAGI recommends** a third dose for all adolescents aged **16-17 years** at an interval of three months [Link](#)
- **Novavax** roll out will start **from 21 February** for **dose 1 and 2** - available at select primary care providers and state hubs

- **Vaccination** should be **offered** to all persons who have **previously had** SARS-CoV-2 (**COVID-19**) infection regardless of a person's history of symptomatic or asymptomatic infection.
- Vaccination of people with known current COVID-19 should be **deferred** until the person has **recovered completely** from the acute illness and they have been appropriately **cleared from their isolation**.
- Some immunity will occur from having had COVID-19, however the current recommendation is for vaccination at the first available opportunity after recovery from COVID-19 and **not more than 4 months after COVID-19 disease**.

When to delay vaccination after having COVID:

1. People with multisystem inflammatory syndrome should delay vaccination until 3 months after symptoms have resolved.
2. People who have received monoclonal antibody therapies or convalescent plasma should delay vaccination until at least 90 days after these have been administered

Risk of COVID-19 Hospitalization

Analysis from logistic regression on confirmed cases and hospitalizations Dec 14 – Jan 4.

# of at-risk conditions	Age group	Female				Male			
		0 Doses	1 Dose	2 Doses	3 Doses	0 Doses	1 Dose	2 Doses	3 Doses
0 at-risk conditions	<20	0.3%	0.1%	0.1%	0.0%	0.4%	0.2%	0.1%	0.0%
	20-39	1.5%	0.5%	0.4%	0.2%	1.8%	0.7%	0.4%	0.2%
	40-49	1.9%	0.7%	0.4%	0.2%	2.3%	0.8%	0.5%	0.3%
	50-59	2.7%	1.0%	0.6%	0.3%	3.2%	1.2%	0.8%	0.4%
	60-69	2.9%	1.1%	0.7%	0.3%	3.6%	1.3%	0.8%	0.4%
	70-79	5.2%	1.8%	1.2%	0.6%	6.3%	2.2%	1.5%	0.7%
	80+	9.5%	3.3%	2.2%	1.1%	11.8%	4.0%	2.7%	1.3%
1-2 at-risk conditions	<20	0.9%	0.3%	0.2%	0.1%	1.2%	0.4%	0.3%	0.1%
	20-39	4.5%	1.7%	1.1%	0.5%	4.7%	1.8%	1.1%	0.6%
	40-49	5.2%	1.9%	1.2%	0.6%	5.9%	2.2%	1.3%	0.7%
	50-59	6.8%	2.6%	1.6%	0.8%	8.3%	3.2%	1.9%	1.0%
	60-69	7.5%	3.0%	1.8%	0.9%	9.5%	3.6%	2.2%	1.1%
	70-79	13.9%	5.4%	3.3%	1.6%	17.2%	6.9%	4.2%	2.0%
	80+	26.2%	9.7%	6.2%	2.9%	33.9%	13.1%	8.1%	3.9%
3+ at-risk conditions	<20	5.5%	1.8%	1.3%	0.5%	7.3%	1.8%	1.4%	1.4%
	20-39	23.0%	10.6%	5.1%	2.9%	25.2%	11.0%	6.6%	3.6%
	40-49	26.2%	10.6%	5.8%	3.6%	35.6%	8.3%	6.5%	4.0%
	50-59	36.0%	13.2%	7.7%	4.3%	37.0%	12.3%	8.9%	5.1%
	60-69	33.2%	14.8%	7.6%	3.9%	40.3%	16.2%	9.4%	5.0%
	70-79	50.1%	23.2%	12.8%	5.9%	59.6%	26.6%	15.9%	7.5%
	80+	71.9%	31.8%	20.7%	9.4%	83.7%	43.8%	26.3%	12.7%

Model estimates* of the proportion of cases that would result in hospitalization by demographic group and vaccine status

Hospitalization risk for younger people with two or more doses approaches zero

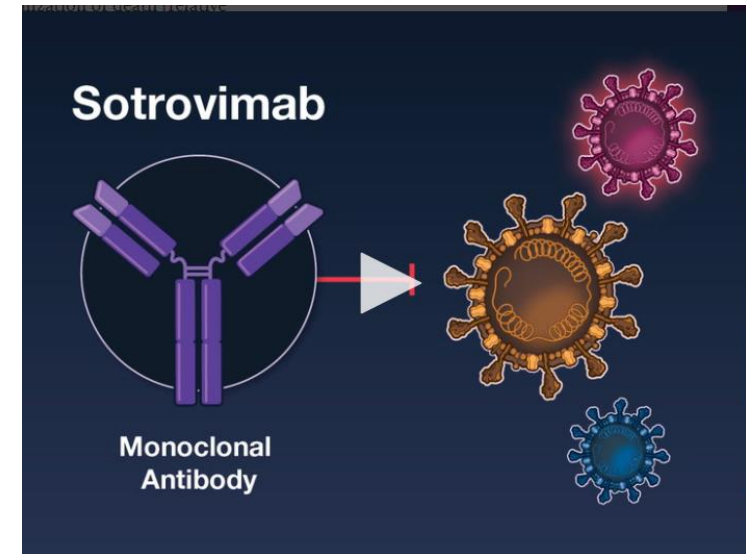
Canadian data

Even with 3 doses, substantial risk observed for those over 80+ (over 10%) when multiple risk conditions present

*Point estimates expected to change as more data becomes available. Differences between same-colored cells may not be statistically significant.

Sotrovimab

- Within 5 days of symptoms
- Not on oxygen
- Unvaccinated and with risk factors
- Immunosuppressed
- Under-vaccinated and with high risk for severe disease
- Needs IV infusion, single dose



Primary Outcome: Hospitalization for >24 Hours or Death		
Outcome	Sotrovimab N=291	Placebo N=292
Hospitalization for any cause through day 29	3	21
Death from any cause through day 29	0	1

85% relative risk reduction in progression to hospitalisation or death

Nirmatrelvir plus ritonavir (Paxlovid)

- Within 5 days of symptom onset
- Not on oxygen
- BD dosing for 5 days

- 89% reduction in hospital admission
- 10 fold reduction in viral load
- Protease inhibitor
- Trial not yet published
- Should work for omicron

****Concerns regarding drug interactions****

Renal dose adjustment

Who?

Unvaccinated and Risk factors for severe disease

Immunosuppressed

Under-vaccinated and high risk for severe disease

- **Within 5 days of symptoms**
- **Not on oxygen**
- **Other treatments not available**
- **BD for 5 days**
 - 31% reduction in hospitalisation
 - Should work for omicron
 - Interim analysis was much more promising
 - Misdirects the viral polymerase

- **Age ≥ 60 years**
- **Obesity** (BMI ≥ 30 kg/m²)
- **Chronic kidney disease** excluding patients on dialysis
- **Serious heart conditions** such as heart failure, coronary artery disease or cardiomyopathies
- **Chronic obstructive pulmonary disease**
- **Active cancer** (excluding minor cancers not associated with immunosuppression, e.g. basal cell carcinomas)
- **Immunocompromised state** following solid organ transplant
- **Sickle cell disease**
- **Diabetes mellitus**

Who?

- Unvaccinated
- immunosuppressed or not immunocompetent regardless of vaccination status
- Under-vaccinated who are at high risk of severe disease

Concerns about teratogenicity

- Women contraception for Rx + 4 days
- Men for 3/12

Budesonide

- Within 14 days of symptom onset
- 800mcg bd
- not requiring oxygen
- one or more risk factors for disease progression.

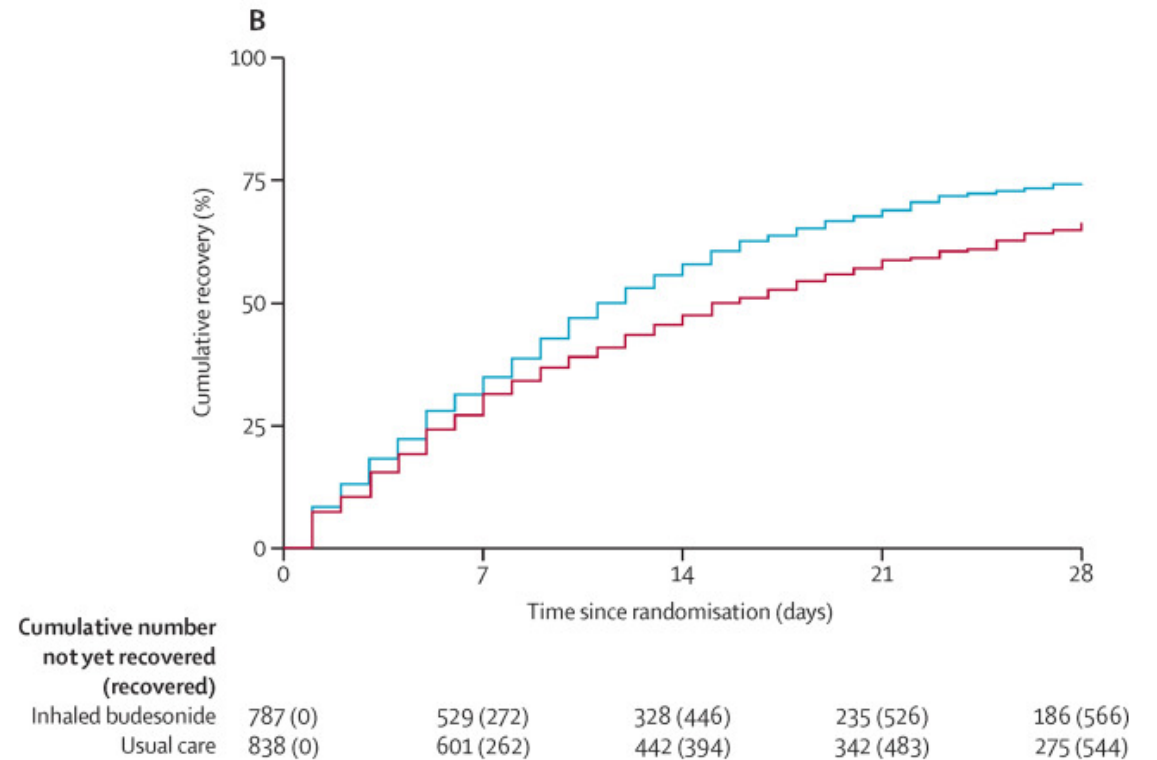


Figure 2 Time to first reported recovery

Yu et al Lancet 2021

- **Dexamethasone** – only if needing oxygen
- **Casirivimab plus imdevimab** (Ronapreve/REGEN-COV) – not for omicron
- **Remdesivir** within 7 days also has significant (87%) reduction in transfer to hospital but requires 3 days of IV infusions

COVID-19 positive pathways (C+P) update

Louise Galloway

Executive Director, Community Based Health Services
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Department
of Health

COVID positive pathways (C+P) program update

Addressing a COVID challenge - GPs are informed their patients have tested positive to COVID, enabling a connection for care

- Pilot conducted by Healthdirect Australia with the support of both state and federal Departments of Health, North Western Melbourne Primary Health Network (NWMPHN) and Eastern Melbourne Primary Health Network (EMPHN) and the North East Health Service Partnership (NE HSP).
- GPs receive secure messaging notifications about medium risk COVID positive patients in Melbourne's northeast. The GP notifications went live on 27th January.
 - C+P **medium risk** means currently there is no action for the GP to take but rather be informed that their patient is under hospital care
- 2,207 GP secure notifications were sent over the pilot period, with over seventy per cent of notifications being successfully received.
- Sector engagement is ongoing to understand the GP experience, and feedback will be used to improve the overall notification content and model, and inform the statewide roll out.
- Further updates will be provided closer to the statewide rollout commencing

Secure Messaging

allows health care providers to send and receive **sensitive** and **confidential** clinical information using an **encrypted** system. It is usually **integrated** in your **practice's clinical software**. More information is available on the [Australian Digital Health Agency website](#).

COVID-19 Vaccination Program Update

Dr Thomas Schulz

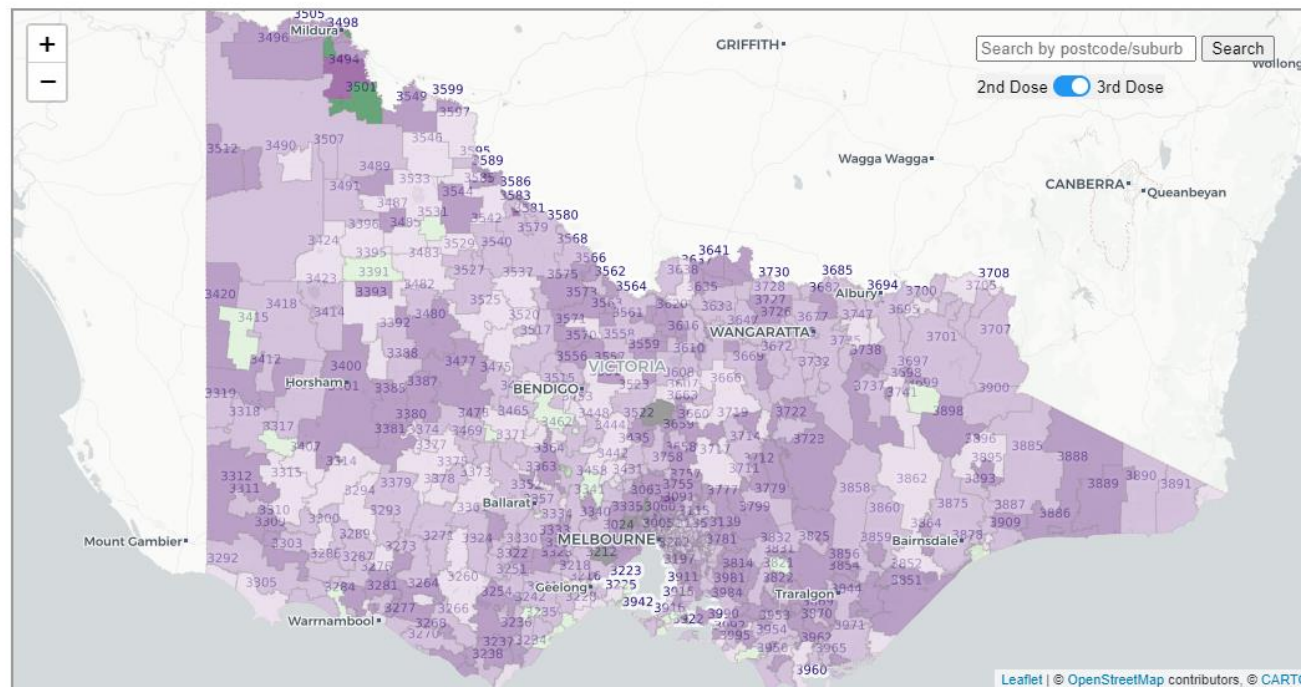
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Third (booster) dose vaccinations

Zoom in on the map to find your postcode within an LGA to **view vaccination rates** in the **eligible population 12 years and over**, based on data from the Victorian and Commonwealth governments.



Map updated: Wednesday, 9 February 2022

Data period: 2 - 8 February 2022

[Weekly COVID-19 vaccine data | Coronavirus Victoria](#)

Third Dose (Booster)

- Third doses will be available to anyone aged 18 and over who had their second dose of a COVID-19 vaccine **more than three or more months ago**.
- Eligible people will receive the **Pfizer or Moderna** vaccine as their **booster dose**. They can safely get this dose regardless of which COVID-19 vaccine they received for their initial doses.
- Although not preferred, **AstraZeneca** can also be used as a third dose in the following situations:
 - For individuals who have received AstraZeneca for their first two doses if there are no contraindications or precautions for use,
 - If a significant adverse reaction has occurred after a previous mRNA vaccine dose which contraindicates further doses of mRNA vaccine (e.g. anaphylaxis, myocarditis).
- They can also get a third dose if they have completed an initial vaccination course overseas with a COVID-19 vaccine recognised by the Therapeutic Goods Administration.

Severe immunocompromise (SI) Individuals

- A **fourth dose** is now recommended 4 months for severely immunocompromised people aged 12 and over after the course of three doses.
- The additional dose is intended to maximise the level of immune response to as close as possible to the general population.
- To get a fourth dose, eligible people can walk up to [Victorian vaccination centres](#) that accepts fourth dose walk-ins or [book online](#)

Third Dose Vaccination Requirements in Key Sectors

- Workers in key sectors who are already required to be fully vaccinated must get their third dose before being permitted to work onsite. This applies to workers in:
 - healthcare
 - aged care
 - disability services
 - emergency services
 - correctional facilities
 - quarantine accommodation
 - food distribution
- Workplaces must sight and record proof of vaccination
- Healthcare workers eligible for a third dose on or before Wednesday 12 January 2022 had until **Saturday 12 March 2022** to get their third dose.
- Workers not yet eligible for a third dose will be required to get it within three months and two weeks of the deadline to receiving their second mandatory dose.

COVID-19 vaccination after COVID-19 disease



Mandatory vaccinations after contracting COVID-19

25 January 2022

By getting vaccinated you are helping to keep yourself, your family and your community safe.

Workforces required to receive a third dose by 12 February

Workers eligible for a third dose on or before 12 January in mandated workforces including healthcare, aged care, disability, emergency services, correctional facilities, quarantine accommodation and food distribution will have until 12 February to get their third COVID-19 vaccination dose. Education staff, including subcontractors, will have until 25 February to get their third COVID-19 vaccination dose.

When can a person receive a COVID-19 vaccine dose after contracting COVID-19?

Most people who have tested positive to COVID-19 can get a COVID-19 vaccine as soon as their acute symptoms resolve, and they have completed their isolation period.

There is no recommended interval between COVID-19 recovery and receiving a vaccine dose and ATAGI has [no requirement to delay COVID-19](#) vaccination for people who have been infected with COVID-19.

If a person has received specialised treatment for COVID-19 (e.g. anti-SARS-CoV-2 monoclonal antibodies or convalescent plasma), a 90-day interval is recommended before getting a COVID-19 vaccination.

People with severe and ongoing symptoms may require a [medical exemption](#). This exemption can be for up to 4 months.

More information is available in ATAGI's [Expanded Guidance on temporary medical exemptions for COVID-19 vaccines](#).

If someone is unable to get vaccinated via their usual support networks, **Disability Liaison Officers (DLOs)** can assist them to make suitable arrangements.

This can include In Home Vaccination, supported access to fixed sites and low sensory options.

To contact a DLO you can complete an easy online [form](#).

If you can't use the form you can email DLOcoordinator@dhhs.vic.gov.au.

You can also call the coronavirus (COVID-19) hotline on 1800 675 398.

Supported access to COVID-19 vaccination for children

If someone is unable to get vaccinated via their usual support networks, [Disability Liaison Officers \(DLOs\)](#) can assist them to make suitable arrangements considering

- Accessibility needs
- Anxiety
- Physical and development disability
- Sensory sensitivities

In home vaccination will be available for eligible children.



Severe needle phobia pathways for children

- VR headsets, 'busy bee' ice packs, cooling wands
- Distraction techniques
- Pain management and/or awake sedation

OFFICIAL

Supported Access to COVID-19 Vaccination

Victorian Aboriginal COVID-19 Information line is available to provide Aboriginal community members access to Aboriginal staff who can answer questions about COVID-19, getting vaccinated and directing callers to available support needed.

The service is accessible via **1800 312 911 (9 am-5 pm, 7 days a week)**.

All Aboriginal and Torres Strait Islander children aged 5-11 are **eligible for walk-up appointments at state-run vaccination centres**.