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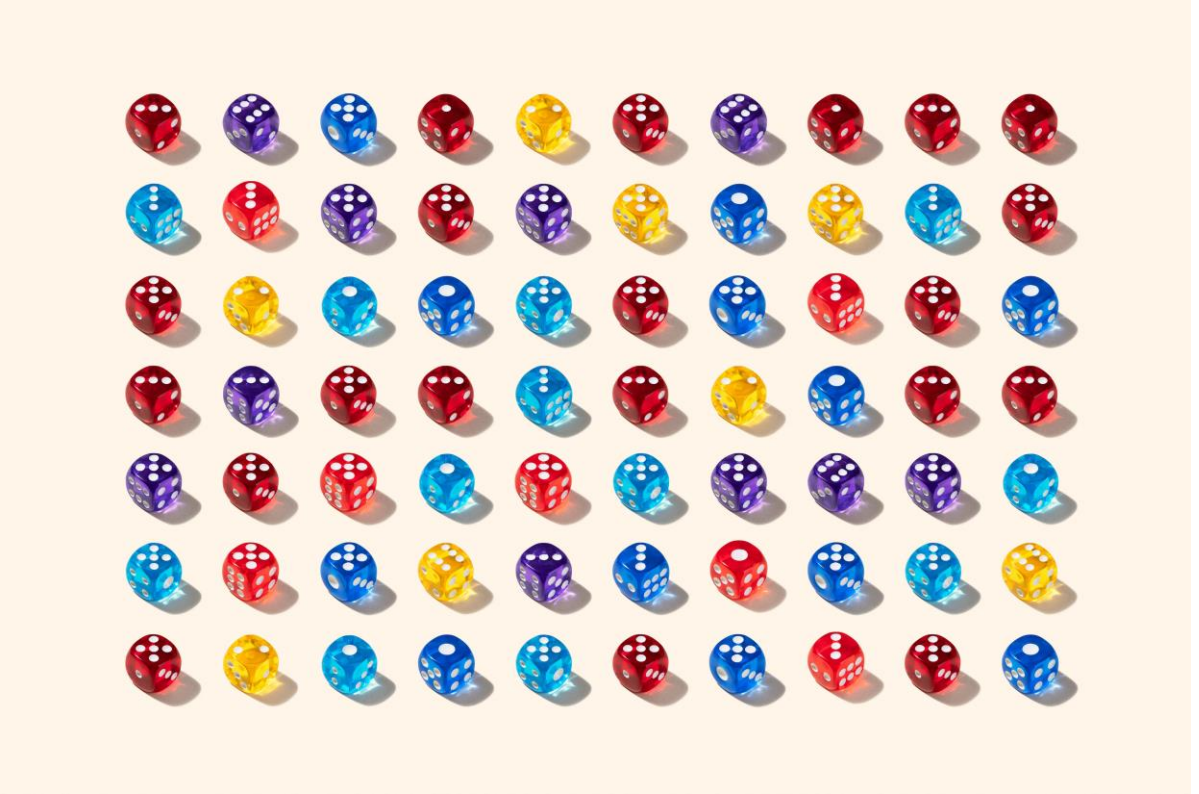
Omicron and its impact

- The rapid growth rate in Omicron infections is believed to result from a:
  - combination of increased transmissibility and the ability to evade immunity from past infection or vaccination (i.e. immune evasion).
  - a greater role for immune evasion than increased transmissibility; immunity conferred by prior infection or vaccination is likely to be reduced compared with Delta but not completely overcome.
- Vaccinated people who either receive a third (booster) dose or who were also previously infected are likely to have stronger protection against Omicron
- Evidence suggests that for most people, at least those who are up to date on their COVID vaccines, omicron appears to cause milder illness that can resemble the common cold, another form of the coronavirus.

Omicron: Living with uncertainty

- What is the impact on disease severity?
- What is the impact on transmission?
- What is the impact on vaccine efficacy?



Key messages: Severity (Omicron v Delta)

HR for ED review = 0.53

HR for admission = 0.33

HR for hospitalisation if 5 – 17yo = 0.42

Pubic Health England matched data from 500 000 omicron cases

More sore throat,

less loss of smell/taste

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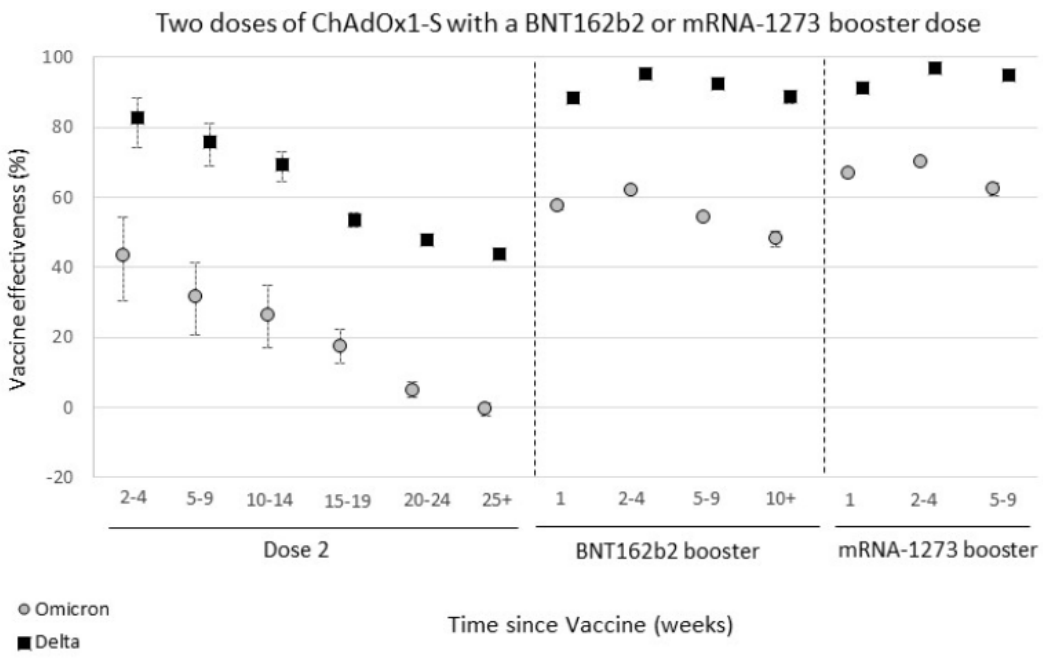
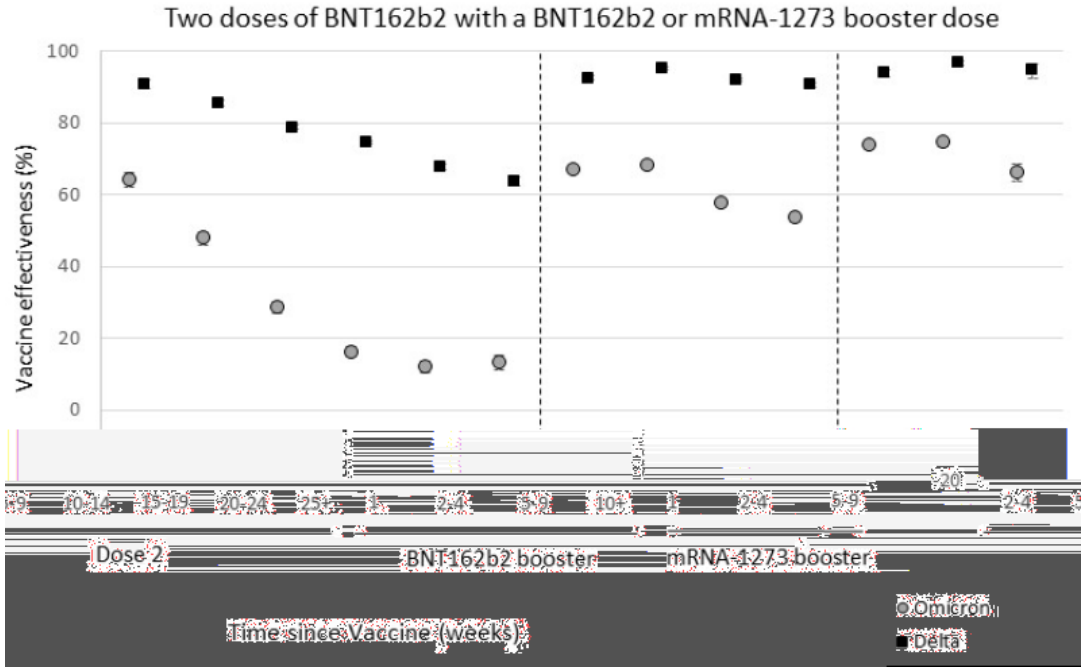
VE against symptomatic infection (AZ and Pfz)





Omicron VE against hospitalisation (AZ or Pf)

Table 5: Hazard ratios (HR) against hospitalisation with Omicron and Delta (all brands combined) (CI=Confidence interval)

		HR against hospitalisation (95% CI)	
Dose	Interval after dose	Omicron	Delta
1	4+ weeks	0.65 (0.30-1.42)	0.27 (0.2-0.37)
2	2-24 weeks	0.33 (0.21-0.55)	0.1 (0.09-0.13)
2	25+ weeks	0.49 (0.30-0.81)	0.15 (0.13-0.18)
3	2+ weeks	0.32 (0.18-0.58)	0.11 (0.09-0.14)

Table 2. Hazard ratios and vaccine effectiveness against hospitalisation (all vaccine brands combined). OR = odds ratio, HR = hazards ratio, VE = vaccine effectiveness

Dose	Interval after dose (weeks)	OR v symptomatic disease	HR vs hospitalisation	VE vs hospitalisation
1	4+	0.74 (0.72-0.76)	0.57 (0.38-0.85)	58% (37-72)
2	2 to 24	0.81 (0.8-0.82)	0.45 (0.36-0.56)	64% (54-71)
2	25+	0.94 (0.92-0.95)	0.6 (0.49-0.74)	44% (30-54)
3	2 to 4	0.32 (0.31-0.33)	0.26 (0.19-0.35)	92% (89-94)
3	5 to 9	0.42 (0.41-0.43)	0.29 (0.23-0.37)	88% (84-91)
3	10+	0.5 (0.49-0.51)	0.34 (0.26-0.44)	83% (78-87)

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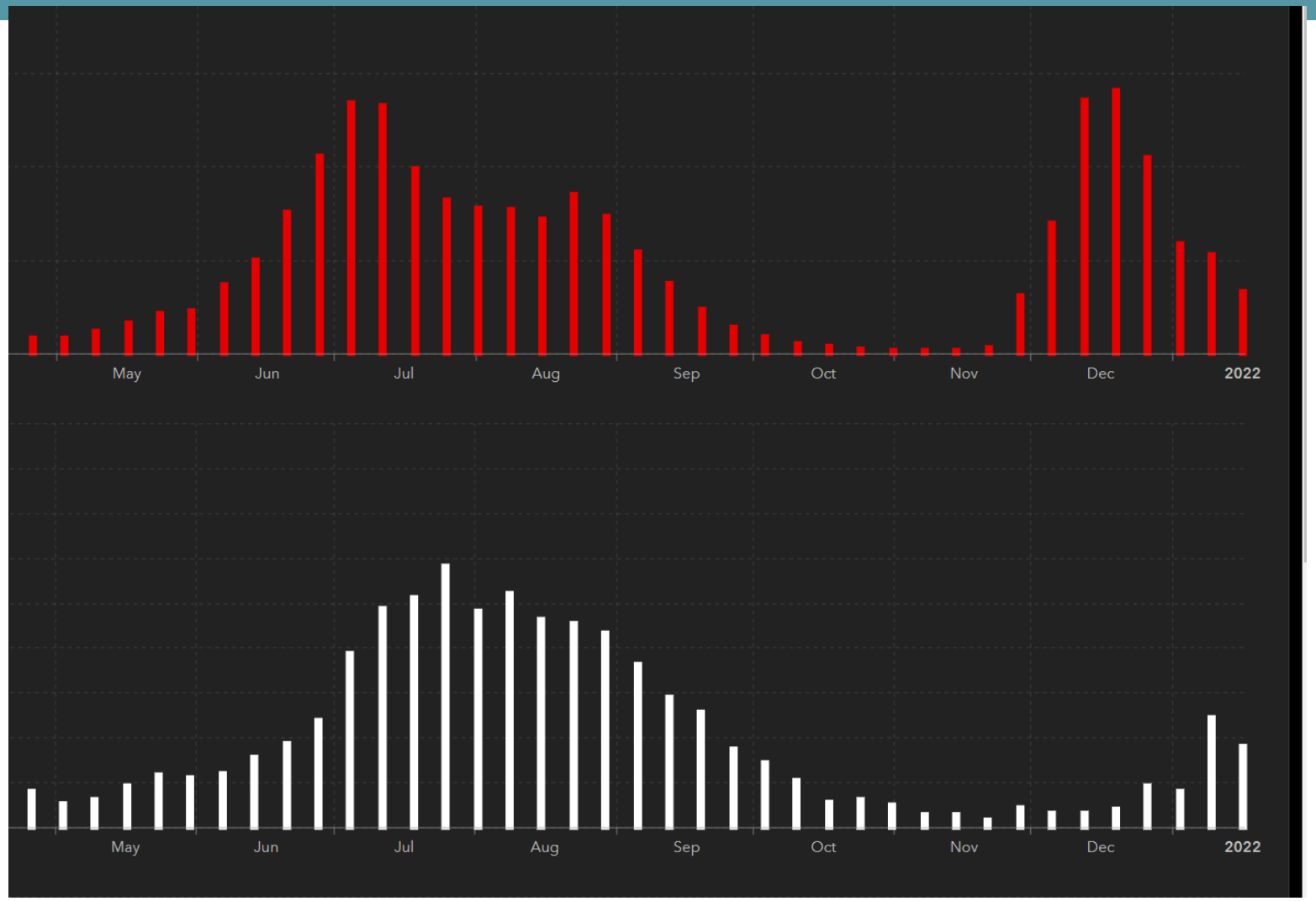
South Africa

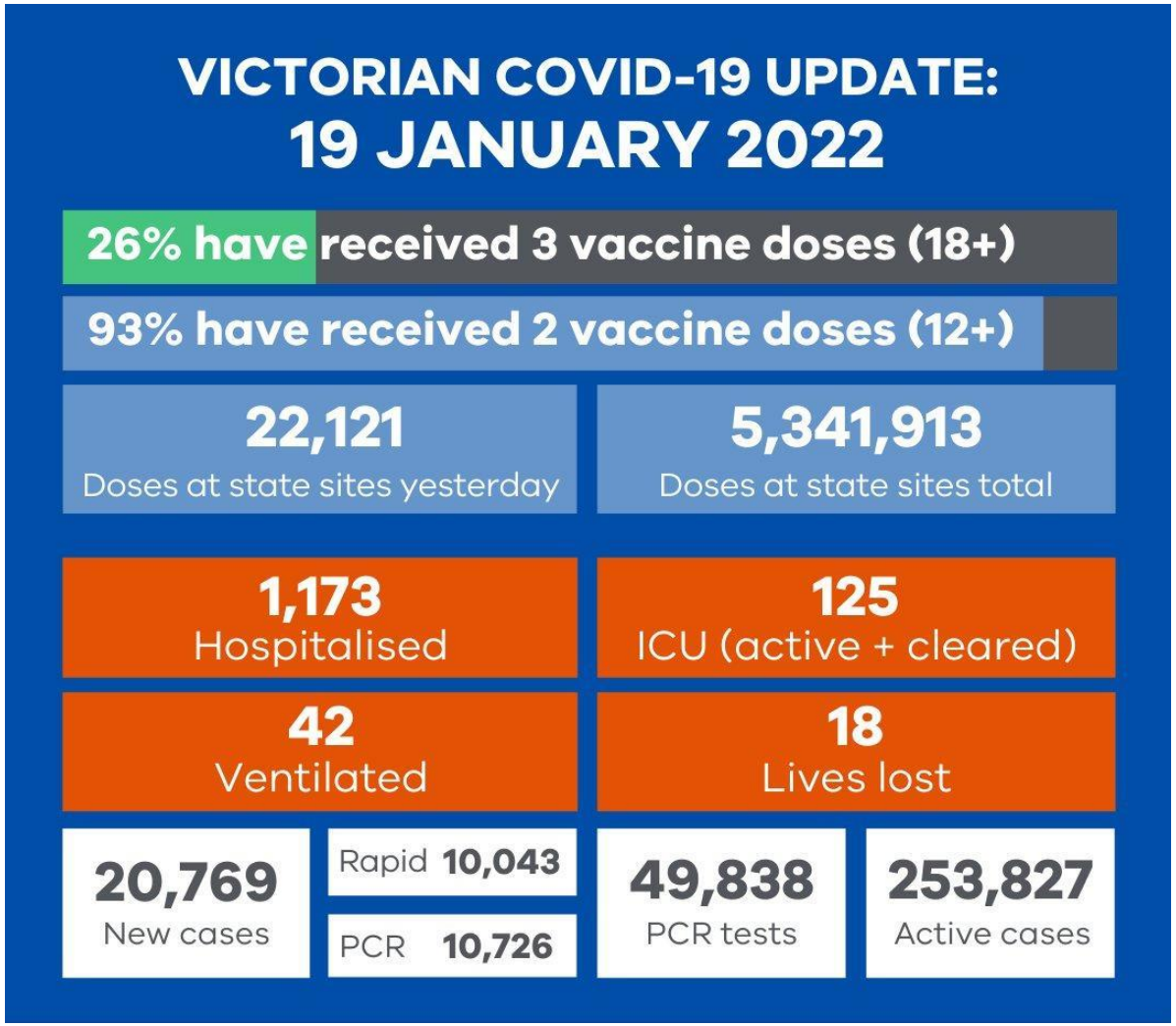
Weekly cases



Weekly Deaths

Daily cases on 17th Jan are less than 10% of the peak on Dec 16th

Program update



5 – 11 year old Vaccinations:

- 17.6% of the population has had one dose
- 101,719 doses (41,610 at state hubs)
- All Aboriginal and Torres Strait Islander children aged 5-11 are **eligible for walk-up appointments at state-run vaccination centres.**

Booster Blitz: 21 – 24 January 2022

COVID-19 third doses are now available to anyone aged 18 and over who had their second dose of a COVID-19 vaccine **three** or more months ago.

An additional 60,000 booster appointments will be available for this weekend.

Participating sites will offer walk up access and extended hours of operation during the blitz:

- Royal Exhibition Building: walk-up access available 8am to 8pm daily
- Latrobe University Bundoora: walk-up 8am to 8pm daily
- Sandown Racecourse: walk-up 9am to 6:30pm Saturday and Sunday
- Dandenong Plaza: walk-up 9am to 5pm daily
- Frankston's Bayside Centre: walk-up 9:30am to 5pm Saturday and Sunday
- Sunshine Hospital: walk-up 8am to 8pm daily
- Bendigo Vaccination Hub: walk-up 9am to 8pm daily
- Ballarat Mercure: walk-up 8:30am to 3pm on Sunday

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.

Benefits of a third dose

- A third dose dose will help maintain protection against COVID-19, help Victoria to remain open and to support community, business and schools to continue operating in a COVID safe way.
- Two initial COVID-19 vaccine doses are very effective at preventing infection and serious illness. International evidence suggests that this protection against COVID-19 gradually decreases over time, particularly from 6 months onwards. A COVID-19 third dose helps prevent waning immunity (loss of protection) against COVID-19
- A third dose increases your protection against:
    - infection with the virus that causes COVID-19
    - severe disease
    - dying from COVID-19.
- A third dose will continue to protect you, your loved ones and your community against COVID-19.
- Third/Fourth doses will be free for everyone.

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
- Workers eligible for a third dose on or before Wednesday 12 January 2022 will have until Saturday 12 February 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

- **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 6 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

Supported Access to COVID-19 Vaccination

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

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.**

Vaccine safety for women

Planning pregnancy: **No evidence of increased risk of pregnancy complications** in women who become pregnant after vaccination. COVID-19 vaccines have no effect on fertility.

Breastfeeding: It is **safe to continue breastfeeding** before or after COVID-19 vaccination.
No evidence of any side effects or any harm to the woman or her infant.

Currently pregnant: Royal Australian New Zealand College of Obstetricians and Gynaecologists and ATAGI recommend that **pregnant women are routinely offered Pfizer vaccine at any stage of pregnancy**. There are no safety concerns for the woman or her baby and helps protect against the risk of COVID-19 infection to protect both the woman and her baby.

What are the risks of COVID-19 in pregnancy?

Pregnant women with COVID-19 have a higher risk of certain complications compared to nonpregnant women with COVID-19 of the same age, including:

- An increased risk (about 5 times higher) of needing admission to hospital.
- An increased risk (about 2-3 times higher) of needing admission to an intensive care unit.
- An increased risk (about 3 times higher) of needing invasive ventilation (breathing life support).

COVID-19 during pregnancy also increases the risk of complications for the newborn, including:

- A slightly increased risk (about 1.5 times higher) of being born prematurely (before 37 weeks of pregnancy).
- An increased risk (about 3 times higher) of needing admission to a hospital newborn care unit.