

**NSW may drag Australia into COVID-19 holiday catastrophe if we do not change course immediately.**



Prepared by OzSAGE with an urgent ad-hoc meeting held on December 18<sup>th</sup> 2021.

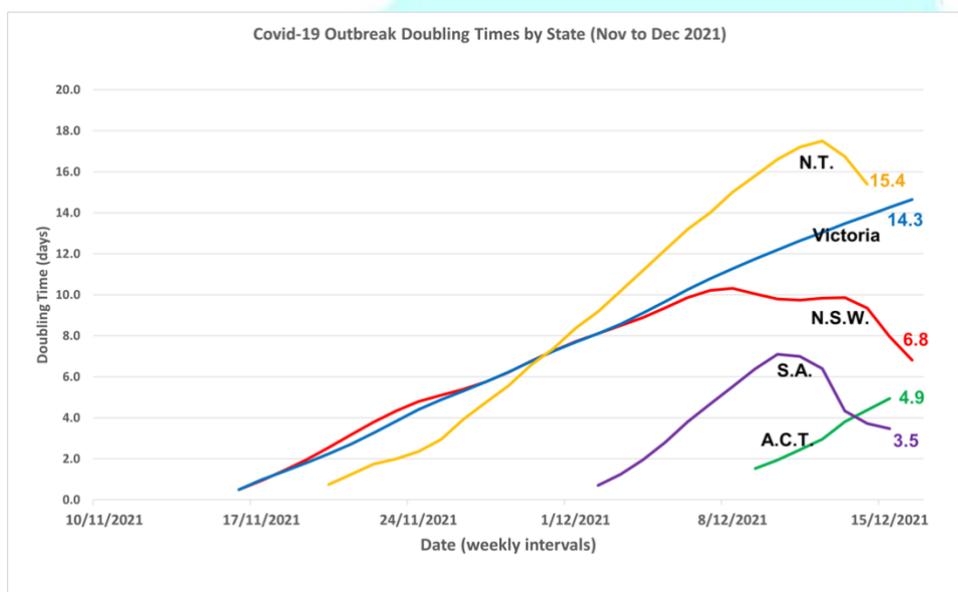
**OZSAGE**



### Key points:

- Australia faces an unprecedented surge in COVID-19 caused by relaxing of restrictions, opening borders and co-circulation of Delta and Omicron.
- Two doses of vaccination are not enough to provide strong protection against Omicron or Delta, and Australia has a third dose coverage of below 5% of population.
- The booster interval must be shortened as an epidemic control measure to counteract waning of immunity against Delta and vaccine resistance against Omicron.
- Dropping of masks, QR codes and other measures just as cases are rising will worsen the surge in COVID-19.
- The impact on health systems, as seen in several highly vaccinated countries, will be significant, even if hospitalisation rates are lower.
- Multiple public health measures must be implemented or reinstated.
- **Failing to act now will increase the chances that heavier measures such as lockdown are required in the weeks ahead – as we are now seeing in other countries [such as The Netherlands](#).**
- There are simple measures the public and businesses can take to protect themselves, their families, their staff and their livelihoods. These measures do not impinge on “freedom” and will prevent unnecessary illness and death.

NSW and likely Victoria are facing an unprecedented surge in COVID-19 due to increased mixing of people pre-dating the final relaxation of restrictions on December 15<sup>th</sup> 2021. This is thought to be predominately Delta, with a rising incidence of Omicron. The NSW government has done their own modelling, which predicts 25,000 cases a day by January 2022. In Australia there is a surge in Delta following relaxation of restrictions in October, and now the Omicron variant has begun to make an impact. Doubling times as at December 17<sup>th</sup> 2021 of: NSW - 6.8 days, Victoria - 14.3, ACT - 4.9, SA - 3.5, and NT - 15.4.



The Argyle nightclub outbreak in Newcastle is currently the world’s largest known Omicron superspreader event. On Wednesday December 8<sup>th</sup> it is believed one person who had recently

travelled from Sydney was positive with Omicron at the beginning of the party. By Friday December 17<sup>th</sup>, over 200 people had tested positive with COVID-19 and thousands of people are now in isolation as close and secondary contacts.

On December 15<sup>th</sup>, as daily cases surged to over 1,000, NSW persisted with its Roadmap, abandoning low impact, high yield strategies such as indoor mask mandates in retail and the use of QR codes. Three weeks after the world was alerted about [Omicron](#), NSW has taken decisions with a certainty and confidence that is [not reflected in the scientific community](#). NSW is an outlier in international best practice in terms of its decisions to disregard potential impacts on human health and safety of removing most safeguards. OzSAGE has consistently warned against sole reliance on vaccination to protect against the ravages of SARS-CoV-2, and the evidence about Omicron further reinforces this position.

In Victoria and NSW, the decision was taken by governments to abdicate responsibility for contact tracing, which is a pillar of epidemic control. COVID-positive cases or close contacts are now expected to do much of their own contact tracing. This ignores the stigma associated with COVID-19, the fact that some people may be too ill or have inadequate health literacy to do their own contact tracing, and other barriers. They may not have all the names and phone details of people with whom they came into contact. For all other serious communicable disease, contact tracing is a government responsibility. The infrastructure for digital contact tracing has already been established in NSW, and citizens are familiar with and accustomed to using QR check-ins, so this decision to abandon them cannot be justified. Functioning contact tracing is also an assumption in the Doherty modelling which has informed the National Plan.

Omicron is a game changer. Evidence continues to mount that [Omicron](#) spreads faster, has greater immune escape properties which reduce vaccine effectiveness, and [may be as severe as delta](#). Two doses of vaccine are not adequate protection. Immunity against Delta wanes after 3-4 months following the second dose, and two doses provided minimal protection against symptomatic infection with Omicron. [Available data show](#) that the protection against symptomatic infection after two doses of AstraZeneca is only 6% and Pfizer is 34%. In addition, the shortening of the interval between AstraZeneca doses from 12 to 6 weeks during the Delta epidemic would further reduce protection for people who received this vaccine. [Even protection against severe disease drops](#) about 20 percentage points from 93% against Delta to only 70% for Omicron for two doses of Pfizer. Shortening the interval between the second and third dose is an epidemic control measure. Waiting 5-6 months for Dose 3 means the peak of the epidemic would already have occurred with a low proportion of people triple vaccinated at the peak. The protective benefit of the third dose would be missed. ATAGI has made a decision not to shorten the interval for receiving a third vaccine dose below 5 months, despite other countries including the UK shortening the interval to 3 months.

It is anticipated the impact of Omicron on health systems may be larger than previous strains, with higher caseloads and more hospitalisations – while Delta may also continue to circulate, creating two epidemics. Ongoing public health measures such as testing, tracing, ventilation, masks and physical distancing will be required to reduce the impacts of COVID-19. We have entered a dangerous phase of the pandemic which shows no sign of ending.

On the current trajectory, a lockdown may be inevitable if the health system begins failing. OzSAGE advice below will help avert further lockdown. Additional restrictions have been imposed in recent days in several countries including The Netherlands, Ireland, Denmark and South Korea. Some of these countries have higher third dose vaccination rates than Australia and most may have extensive partial immunity due to past infection with other COVID-19 strains. England is currently considering

a two week “circuit breaker” lockdown and The Netherlands have already announced one until at least mid-January.

OzSAGE remains concerned about the disproportionate effects on certain at-risk populations such as people with disabilities, cancer and other immunosuppressive diseases, chronic medical conditions, older Australians and First Nations communities. We remain concerned about vulnerable regional, rural and remote health services with lower testing and treatment capacity. Some areas still have very low rates of vaccination. They are not well positioned to cope with large local outbreaks, sick leave for staff and additional visitors to the regions and rapid rollout of third doses of vaccine. They may require additional supports over the weeks ahead.

At 25,000 cases a day (175,000 cases a week), the population impact of a reduction in protection against hospitalisation will be substantial. This is why it is urgent that we achieve rapid and high third dose coverage in Australia. People who had AstraZeneca are especially vulnerable.

Staffing within hospitals remains a key issue, due to staff furloughing requirements, taking time off to care for children who are infected or a contact, and health care worker fatigue (similarly for other critical and first responder workforces). Also, the ability to provide care for non-COVID patients in hospitals settings is compromised. In primary care settings, lack of certainty around timing of third doses adds additional pressures on staffing, coordination and delivery of vaccines and provision of information to the community.

## Recommendations

### **OzSAGE calls on the NSW and Victorian governments to immediately (and for other state jurisdictions to follow):**

- Reinstate QR codes to enable scaled up, automated digital contact tracing.
- Reinstate indoor mask mandates.
- Retain all testing centres and expand testing capacity.
- Heed the advice of Chief Health Officers.
- Reinstate isolation of international arrivals, along with a program of testing.
- Use S Gene Target Failure as a proxy measure for Omicron and report this in routine surveillance.
- Mandate ventilation standards for all hospitality and retail venues using CO2 measurements in accordance with OzSAGE [guidelines](#) and have a communication campaign on safe indoor air for the community and businesses.
- Make rapid antigen tests available free of charge or subsidised for people who are financially disadvantaged.
- Ensure that health services in regional and remote areas have resources for workforce and supplies to provide vaccinations and rapid antigen tests.
- Expedite services in those areas and population groups that have lower vaccination rates (some currently as low as 35% double vaccinated). This is particularly important for [Aboriginal and Torres Strait Islander communities](#), and those regions with higher Aboriginal and Torres Strait Islander populations that continue to have lower vaccinations rates compared to the rest of Australia. The same applies for remote communities, people with disabilities and the homeless.

**OzSAGE calls on the Australian Government to immediately:**

- Allow the third vaccine dose to be given any time from 3 months after the second dose. Shortening the interval is an epidemic control measure, and the current interval will result in the epidemic peak occurring on a backdrop of very low third dose vaccine coverage rates, affording little to no protection to double vaccinated people against symptomatic infection. Low third dose rates will fuel epidemic growth and result in preventable illness and death as well as cascading failures in health systems.
- Prioritise Aboriginal and Torres Strait Islander people, all people who received AstraZeneca, people living in aged care and other groups prioritised in Phase 1A and 1B for a third dose at 3 months post-dose 2.
- Vaccinate opportunistically any person attending for a third dose if they present 2 months or longer after their second dose.
- Initiate culturally and linguistically diverse public communication about the importance of a third dose so that the community does not have a false sense of security about being double vaccinated.
- Ensure that third doses are provided to people in residential aged and disability care as soon as possible, preferably before Christmas Day, to ensure risks from family visits over the holiday season are minimised.
- Initiate a communication campaign to educate the community that SARS-CoV-2 is airborne, and on effective airborne mitigation measures such as ventilation and masks.
- Direct resources and support to continue vaccination of Aboriginal and Torres Strait Islander people for first, second and third doses.
- Make rapid antigen testing kits available at Aboriginal Community Controlled Health Services for distribution free of charge to community members.
- Provide a pack of free rapid antigen tests and high quality masks to all who request it. At the least, subsidise these tests to make repeat testing feasible for all Australians.

