

COVID-19 – State of Play

Dr Kat Taylor, Director Public Health CCLHD

Georgina Rosee, Program Manager, CCLHD COVID Vaccination rollout

It began in Bondi...

JUNE 17 2021 - 10:05PM

Infected limo driver under scrutiny in NSW

Tiffanie Turnbull and Angelo Riso

National



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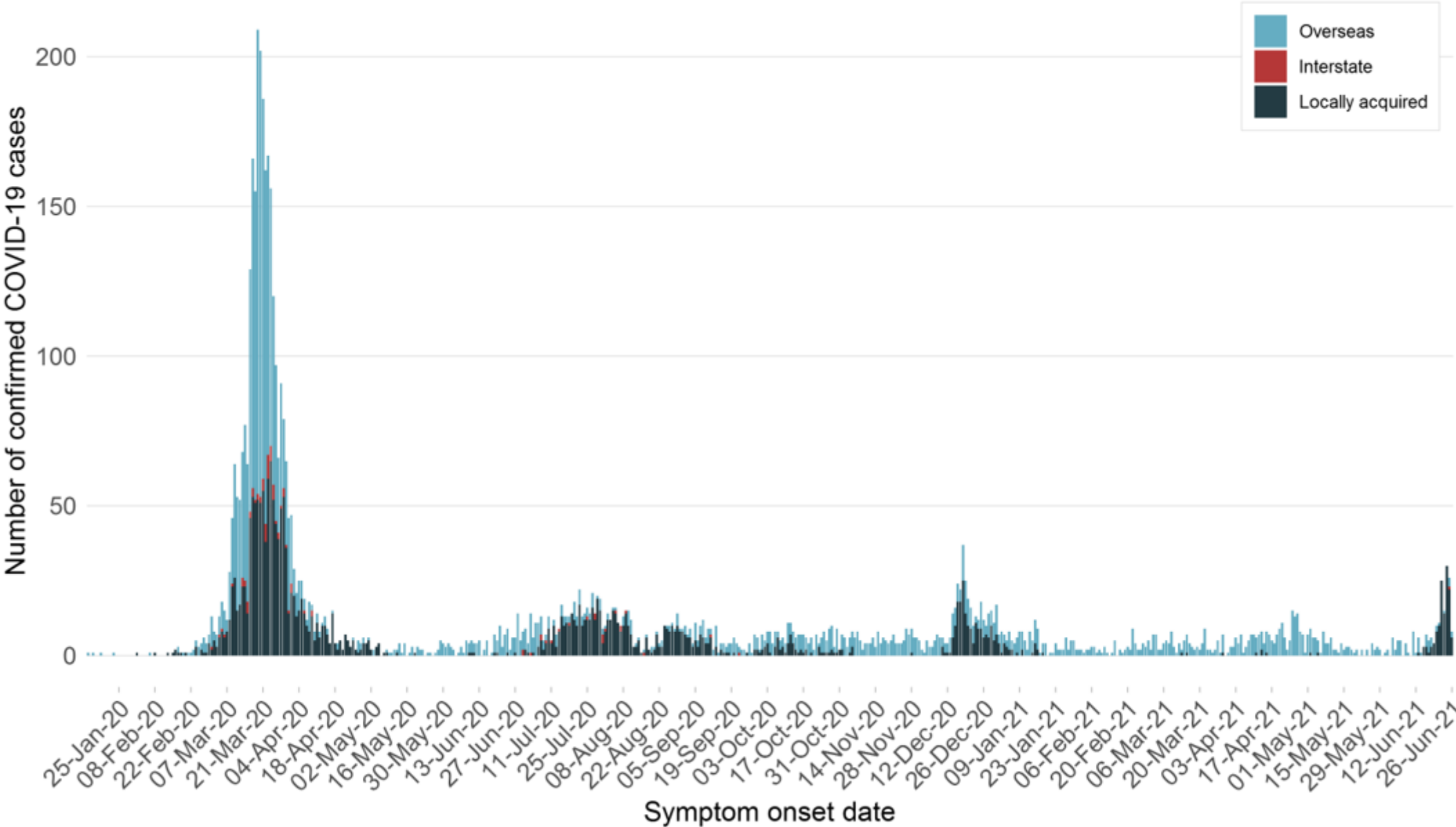
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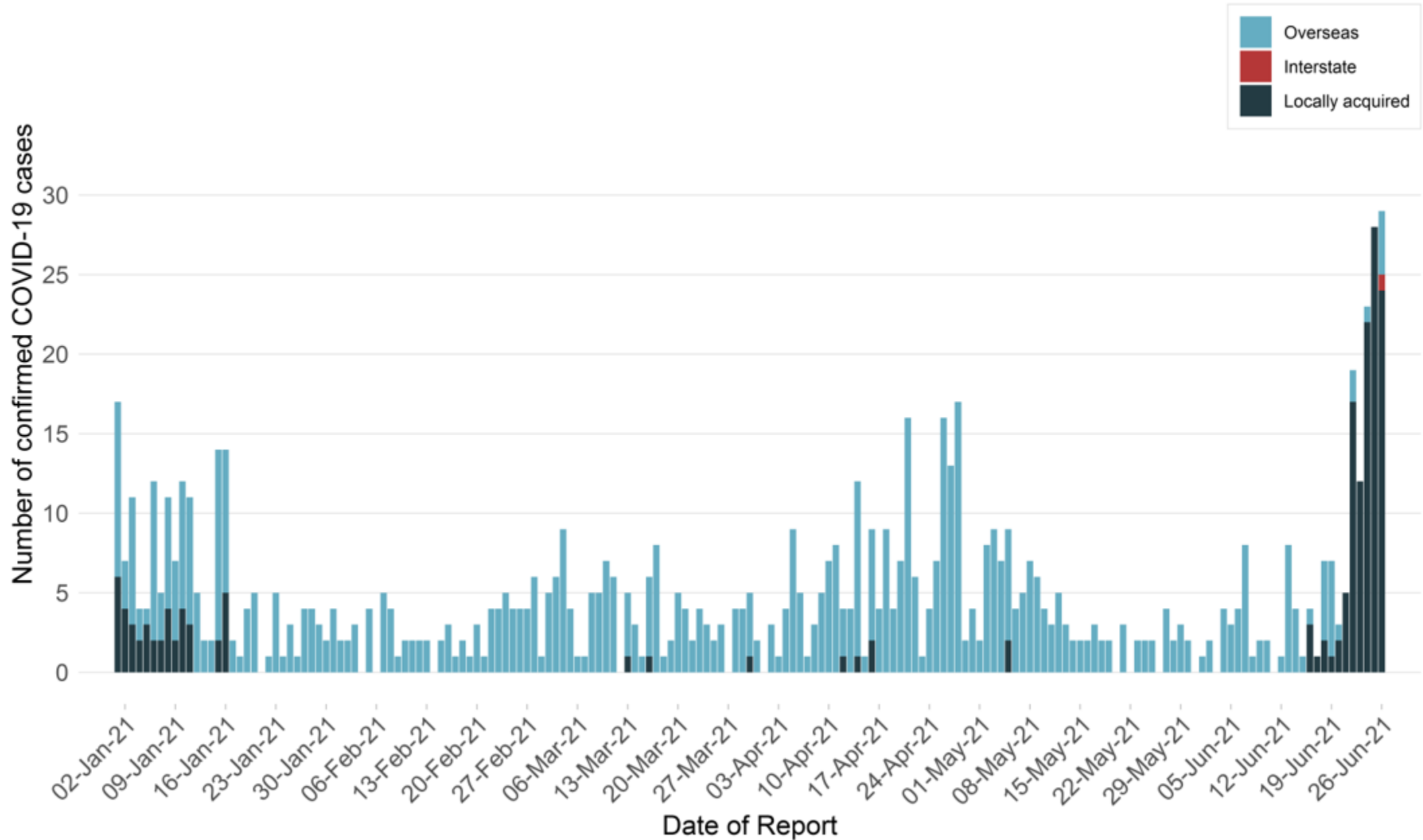
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Figure 1. COVID-19 cases by likely infection source and illness onset, NSW, from 25 January 2020 to 26 June 2021



The date of the first positive test is used for cases who did not report symptoms.

Figure 2. COVID-19 cases by likely infection source and reporting date, NSW, from 1 January 2021 to 26 June 2021



Sydney cluster as at 8pm – 30 June 2021

175 cases in cluster

14 unlinked (5 unlinked, 9 close contacts of an unlinked case), 7 under investigation

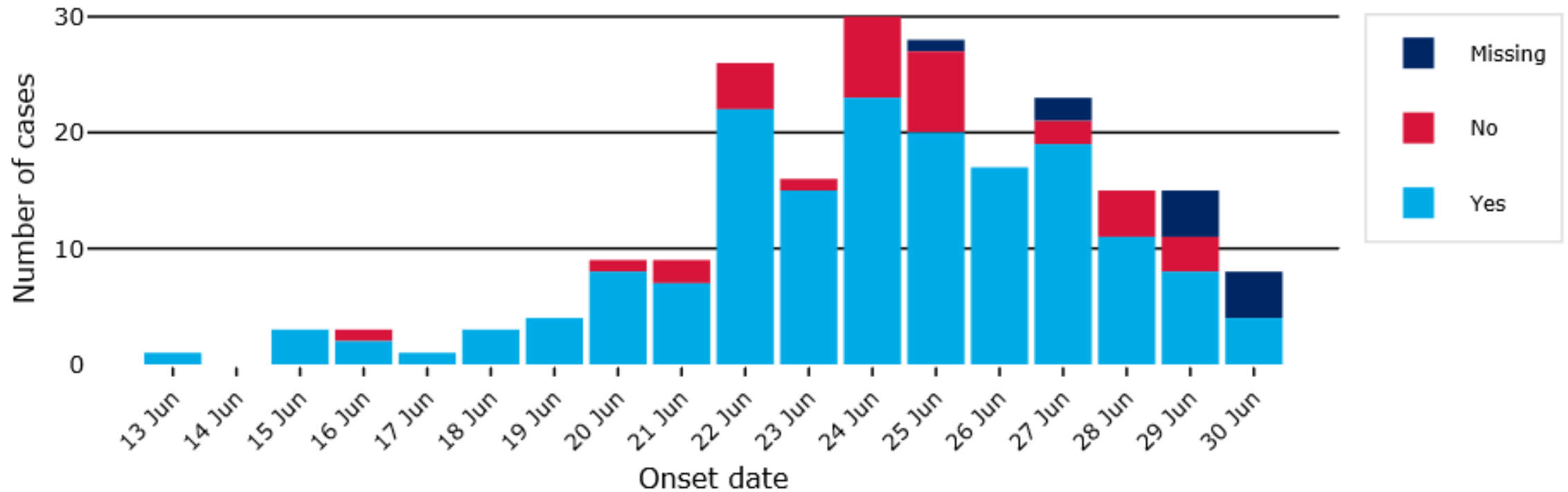
Several “super spreading” events – e.g. birthday party in West Hoxton

More than 230 exposure locations

Over 5000 close contacts in quarantine

Epidemic curve – by onset date

Symptoms and onset date



Delta strain

Transmissibility

Severity

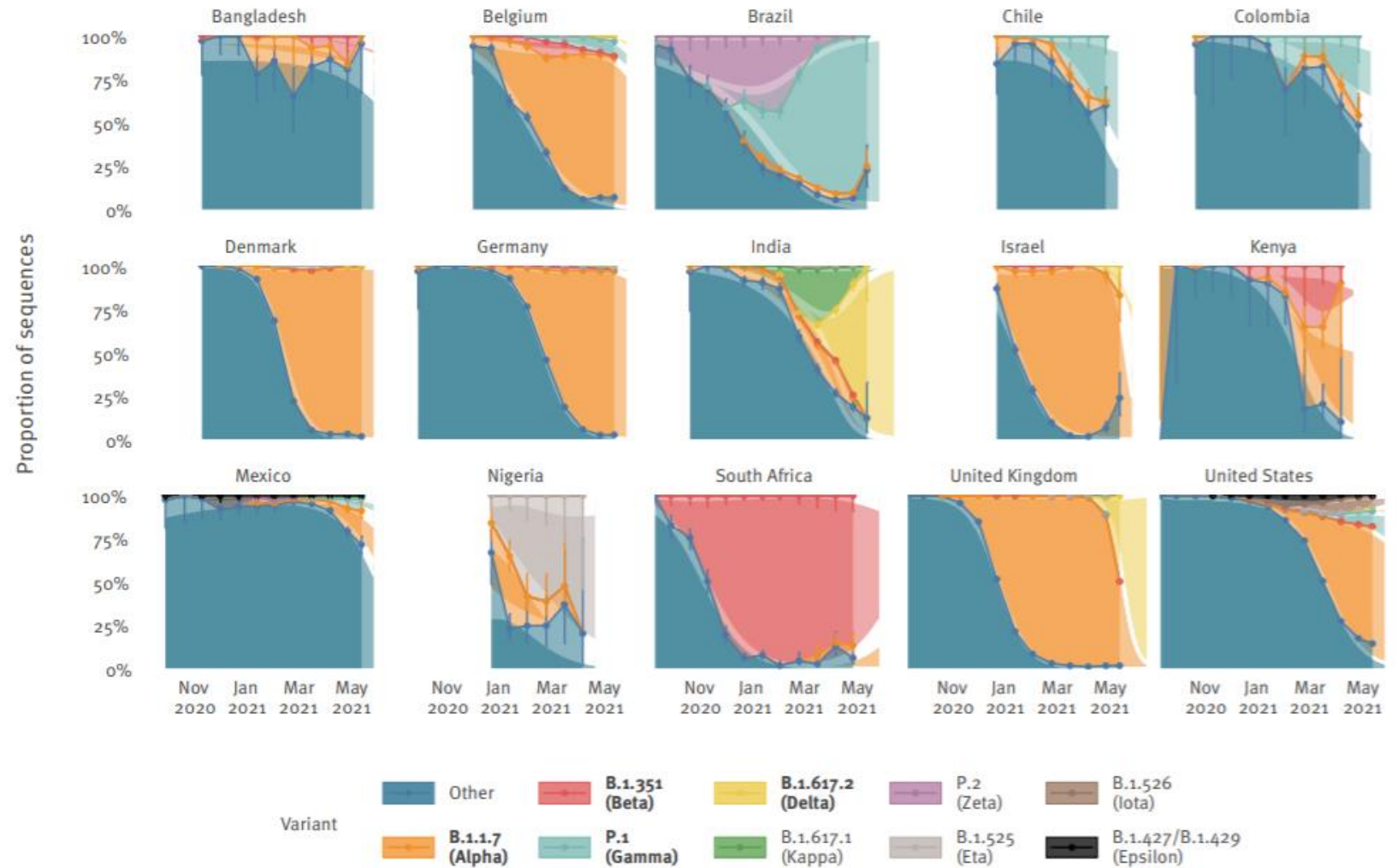
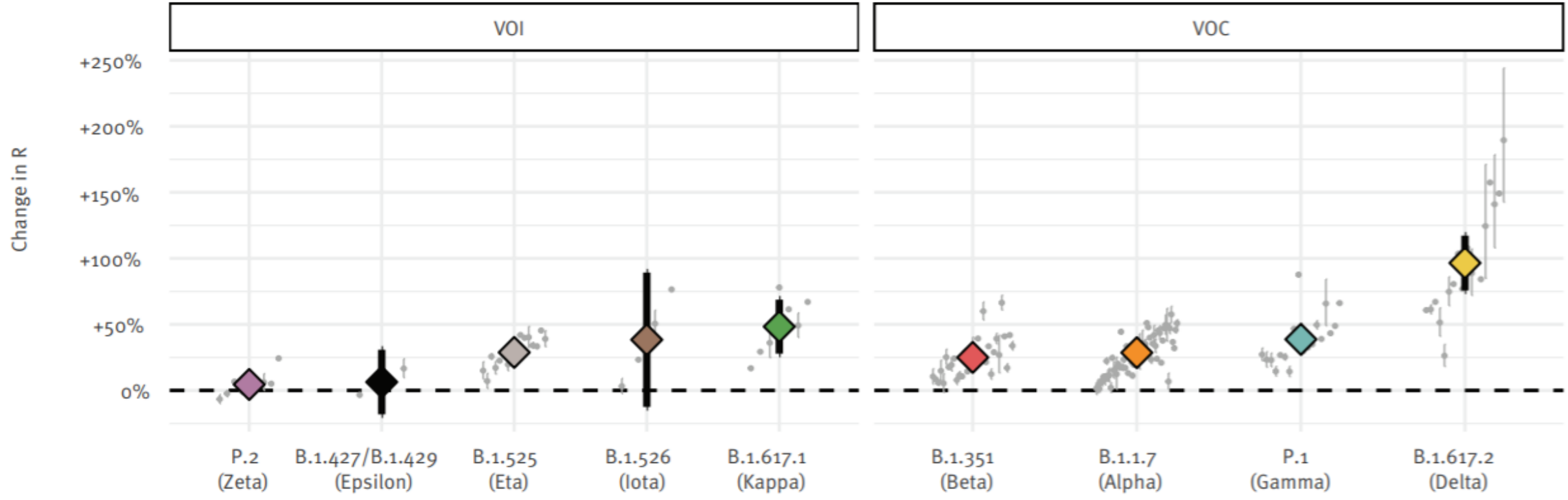


FIGURE 1

Estimated change in effective reproduction number of SARS-CoV-2 variants relative to non-variants, 64 countries, data until 3 June 2021



HOCOL

PHOTO
PRINTING



Working harder to achieve control

Increased public health and social measures

Higher vaccination rates



Current restrictions

- Central Coast included in Greater Sydney restrictions = stay at home
- Red alert for health facilities

**HIGH TRANSMISSION
(RED ALERT)**

Escalate PPE controls

Universal mask use by HWs

Patients presenting directly
from the community, inter-
and intra-hospital transfers
wear a mask

Risk assessment of cases
and community
transmission will be
determined by the Risk
Escalation Review Panel

Visitors by exception

Vaccines highly effective against hospitalisation from Delta variant

New analysis by PHE shows for the first time that 2 doses of COVID-19 vaccines are highly effective against hospitalisation from the Delta (B.1.617.2) variant.

From: [Public Health England](#)

Published 14 June 2021

The [analysis](#) suggests:

- the Pfizer-BioNTech vaccine is 96% effective against hospitalisation after 2 doses
- the Oxford-AstraZeneca vaccine is 92% effective against hospitalisation after 2 doses

Vaccine effectiveness – symptomatic disease Delta variant

- Notably lower VE after single dose for both AstraZeneca and Pfizer – 33.5% (vs 51.1% for Alpha variant)
- AstraZeneca Dose 2 – 59.8% against Delta (vs 66.1% against Alpha)
- Pfizer Dose 2 – 87.9% Delta against (vs 93.4% against Alpha)

Effectiveness of COVID-19 vaccines against the B.1.617.2 variant [Comments \(2\)](#)

👤 Jamie Lopez Bernal, Nick Andrews, Charlotte Gower, Eileen Gallagher, Ruth Simmons, Simon Thelwall, Julia Stowe, Elise Tessier, Natalie Groves, Gavin Dabrera, Richard Myers, Colin Campbell, Gayatri Amirthalingam, Matt Edmunds, Maria Zambon, Kevin Brown, Susan Hopkins, Meera Chand, Mary Ramsay

doi: <https://doi.org/10.1101/2021.05.22.21257658>

This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should *not* be used to guide clinical practice.

Abstract

Full Text

Info/History

Metrics

 Preview PDF

TTS – current evidence

- 64 confirmed (2 fatal, 19 hospitalised, 43 discharged)
- Seek immediate medical attention if:
 - Severe or persistent headache/blurred vision
 - Shortness of breath, chest pain, leg swelling or persistent abdominal pain
 - Unusual skin bruising and/or pinpoint round spots beyond the site of vaccination
- Commonly 4-30 days after vaccination

| Age bracket (years) | Estimated rate (per 100,000 AZ vaccinations) |
|----------------------------|---|
| <50 | 3.0 |
| 50-59 | 2.4 |
| 60-69 | 1.3 |
| 70-79 | 1.7 |
| ≥80 | 1.9 |

Mixed dose schedules

- Non-inferiority study based on GMC of anti-spike antibodies 28 days post-boost
- Non-inferiority demonstrated with AZ-BNT but not BNT-AZ
- GMCs of both heterologous schedules higher than AZ-AZ
- Under review by ATAGI

Safety and Immunogenicity Report from the Com-COV Study – a Single-Blind Randomised Non-Inferiority Trial Comparing Heterologous And Homologous Prime-Boost Schedules with An Adenoviral Vectored and mRNA COVID-19 Vaccine

45 Pages • Posted: 25 Jun 2021

[Xinxue Liu](#)

University of Oxford - Oxford Vaccine Group

[Robert H. Shaw](#)

University of Oxford - Oxford Vaccine Group

Current ATAGI advice

Comirnaty is the preferred vaccine for 16 to under 60 years

AstraZeneca can be used in adults under 60 years for whom Comirnaty is not available – risk v benefit discussion leading to informed decision-making

People of any age without contraindications who have had their first dose of AZ without serious adverse events should receive the second dose

On the basis of current information, Comirnaty and AZ are not considered interchangeable

Contraindications to AstraZeneca

The patient noted above has a history of the following medical condition/s and it is recommended they receive the Pfizer (COMIRNATY™) COVID-19 vaccine according to current ATAGI advice.

- Cerebral Venous Sinus Thrombosis (CVST)
- Heparin Induced Thrombocytopenia (HIT)
- Idiopathic splanchnic (mesenteric, portal or splenic) venous thrombosis
- Anti-phospholipid syndrome with thrombosis
- Anaphylaxis, thrombosis with thrombocytopenia or other serious adverse event attributed to the first dose of the AstraZeneca COVID-19 vaccine
- History of anaphylaxis to a component of the AstraZeneca COVID-19 vaccine
- Other medical contraindication to AstraZeneca COVID-19 vaccine

Key messages

- NSW outbreak is far from over
- Two doses of vaccine are required for optimal protection
- Pre-vaccination counselling is critical – high degree of vigilance in patients for red flag symptoms after vaccination with AstraZeneca vaccine
- Importance of testing in all with symptoms (especially respiratory)
- Self-care