



Hunter New England Local Health District **COVID-19 Update**

10 November 2021

Tony Merritt



Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE

Total Confirmed

60,364

Confirmed Cases by
Country/Region

175 Others

58 Singapore

53 Hong Kong

33 Thailand

28 South Korea

28 Japan

19 Malaysia

18 Taiwan

16 Germany

16 Vietnam

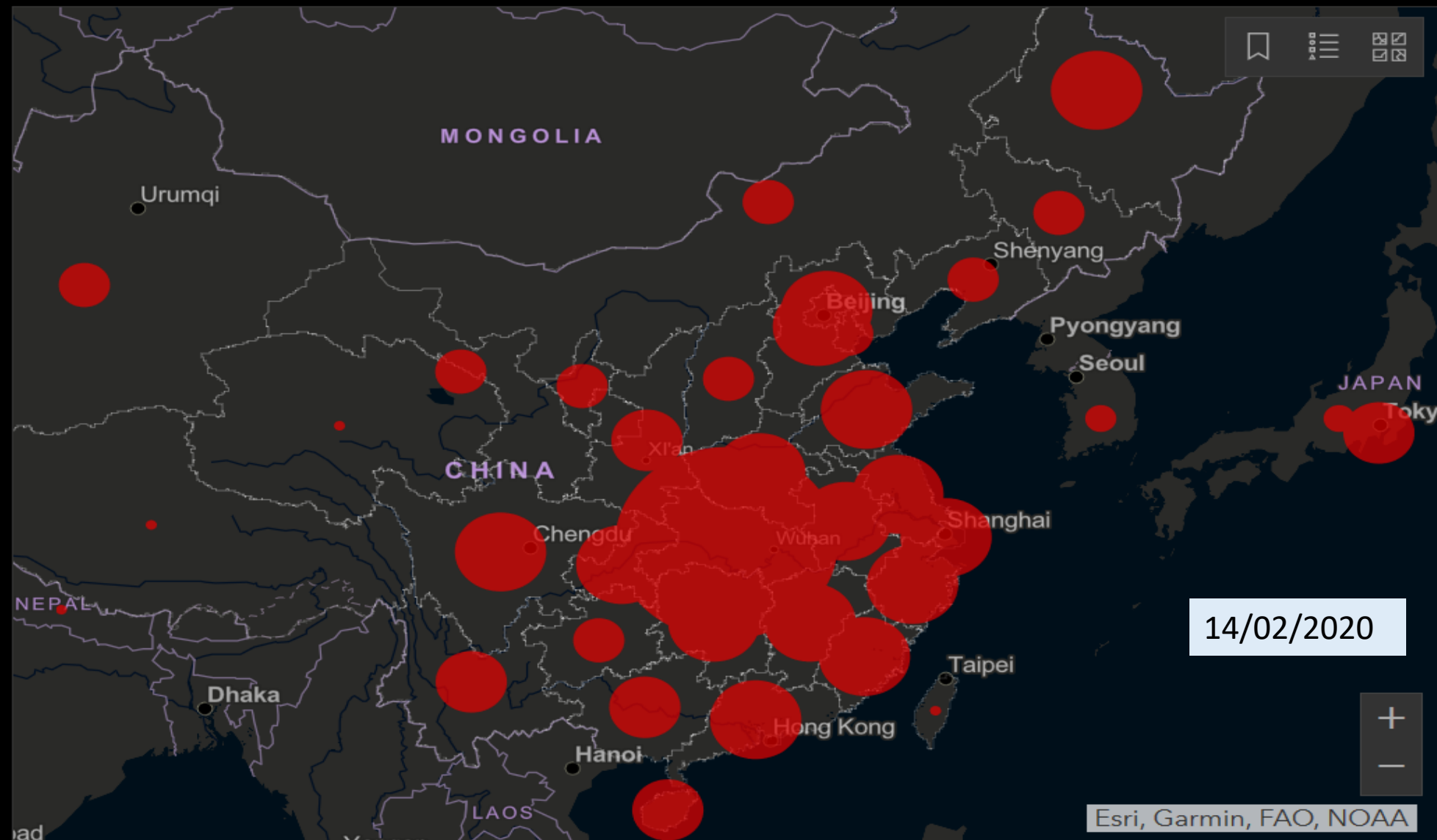


Country/Region



Last Updated at (M/D/YYYY)

2/14/2020, 5:53:02 AM



Mobile Version: [Here](#). Visualization: [JHU CSSE](#). Automation Support: [Esri Living Atlas team](#).
Data sources: [WHO](#), [CDC](#), [ECDC](#), [NHC](#) and [DXY](#). Read more in this [blog](#). [Contact US](#).
Downloadable database: GitHub: [Here](#). Feature layer: [Here](#).



Last Updated at (M/D/YYYY)
10/11/2021, 10:22

Total Cases

250,774,865

Total Deaths

5,062,835

Total Vaccine Doses Administered

7,309,678,471

Cases | Deaths by
Country/Region/Sovereignty

US

28-Day: 2,131,483 | 40,007
Totals: 46,679,405 | 757,093

United Kingdom

28-Day: 1,146,959 | 4,126
Totals: 9,412,147 | 142,556

Russia

28-Day: 1,002,259 | 29,883
Totals: 8,727,817 | 244,588

Turkey

28-Day: 786,388 | 5,946
Totals: 8,290,135 | 72,510

Ukraine

28-Day: 565,874 | 14,606
Totals: 3,253,327 | 78,017

Germany

28-Day: 492,831 | 2,423
Totals: 4,830,147 | 96,800

India

28-Day: 391,193 | 10,426
Totals: 34,377,113 | 461,389

Romania

28-Day: 345,349 | 11,367
Totals: 1,718,726 | 51,483

Brazil

28-Day: 303,339 | 8,360
Totals: 21,897,025 | 609,756

Iran

28-Day: 279,761 | 4,571
Totals: 6,004,460 | 127,551

28-Day Cases

12,068,996

28-Day Deaths

197,005

28-Day Vaccine Doses Administered

728,429,372



Esri, FAO, NOAA

Powered by Esri

Admin0

Admin1

Admin2

28-Day

Totals

Incidence

Case-Fatality Ratio

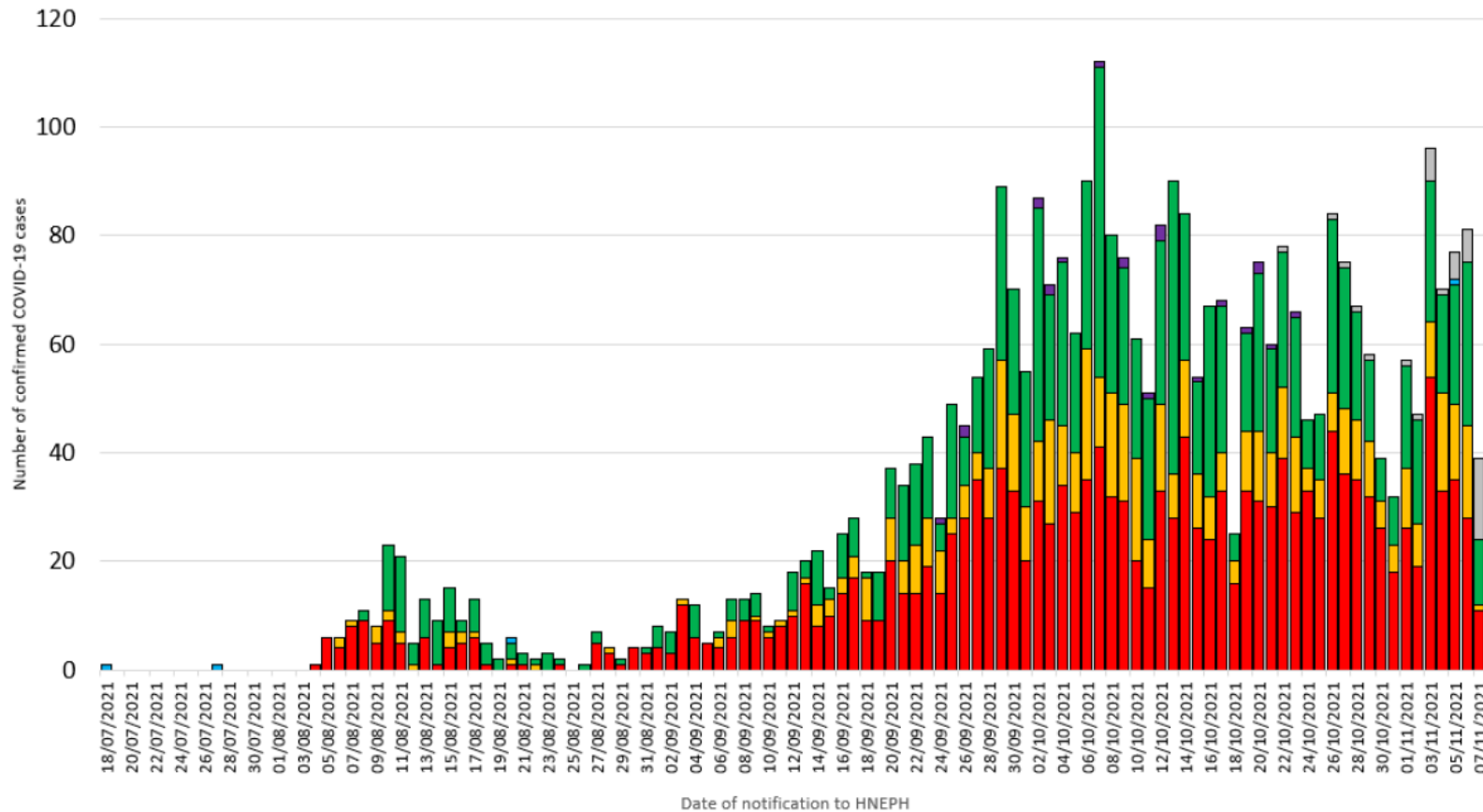
Global Vaccinations

US Vaccinations

Terms of Use

HNE wave 3 (from 18 July 2021)

Epi curve of HNELHD cases by notification date and infectious in the community status, 18 July – 7 November 2021



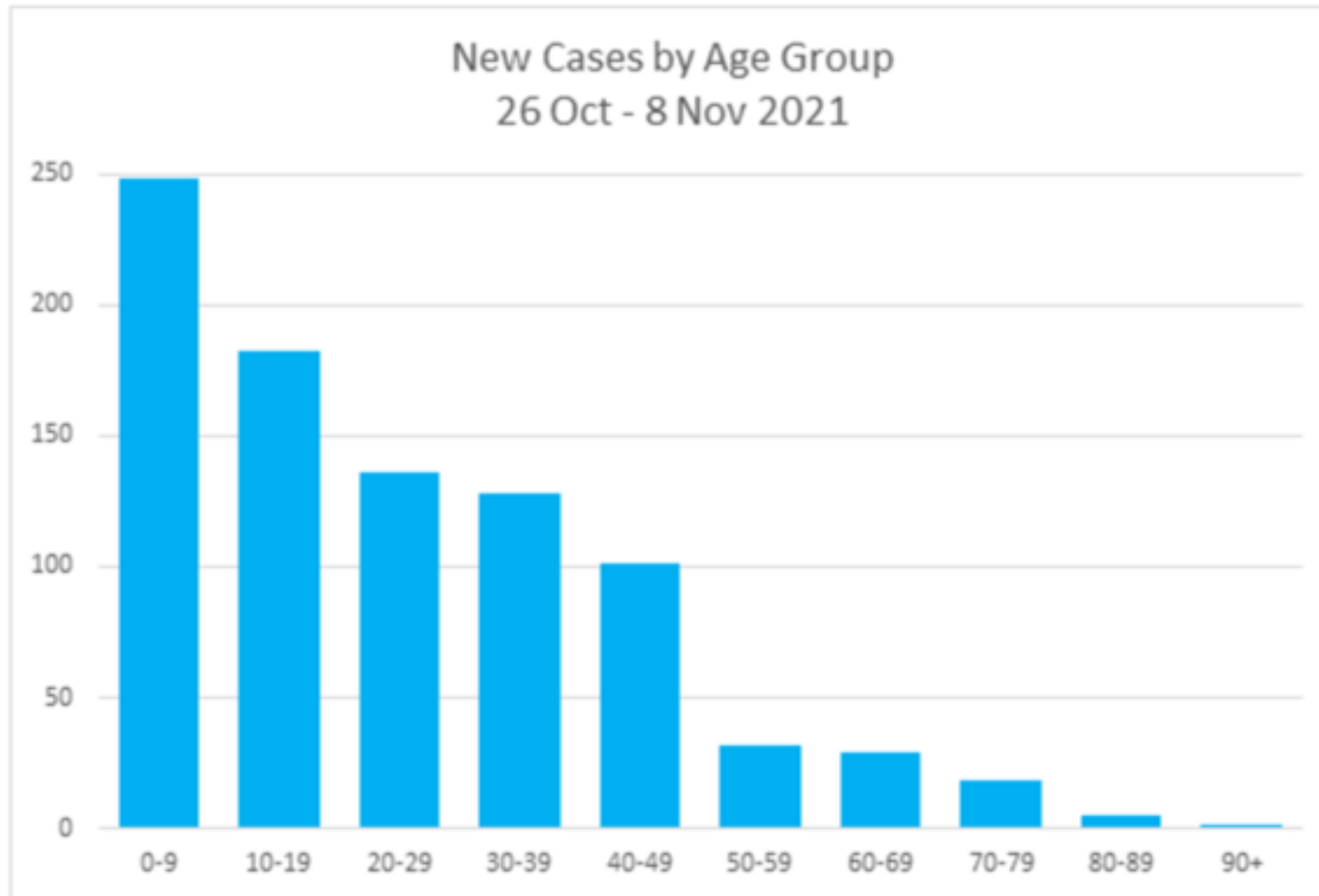
Total cases	3563
Aboriginal	31%
Hospitalised	7%
ICU admissions	34 (1%)
Deaths	14

COVID-19 Hospitalisations by age group

1 Sep to 8 Nov 2021

Age	Total cases	Number hospitalised	Percent
0-4	286	15	5%
5-12	609	3	0%
13-19	379	7	2%
20-29	611	32	5%
30-39	622	35	6%
40-49	462	40	9%
50-59	249	27	11%
60-69	147	33	22%
70-79	73	24	33%
80-89	21	6	29%
90+	3	2	67%
Total	3482	231	7%

HNE cases by age (wave 3)



Median age 27yrs (0 – 99)

Female 49%

Local Government Areas

N (%)

Lake Macquarie 905 (25%)

Newcastle 787 (22%)

Cessnock 473 (13%)

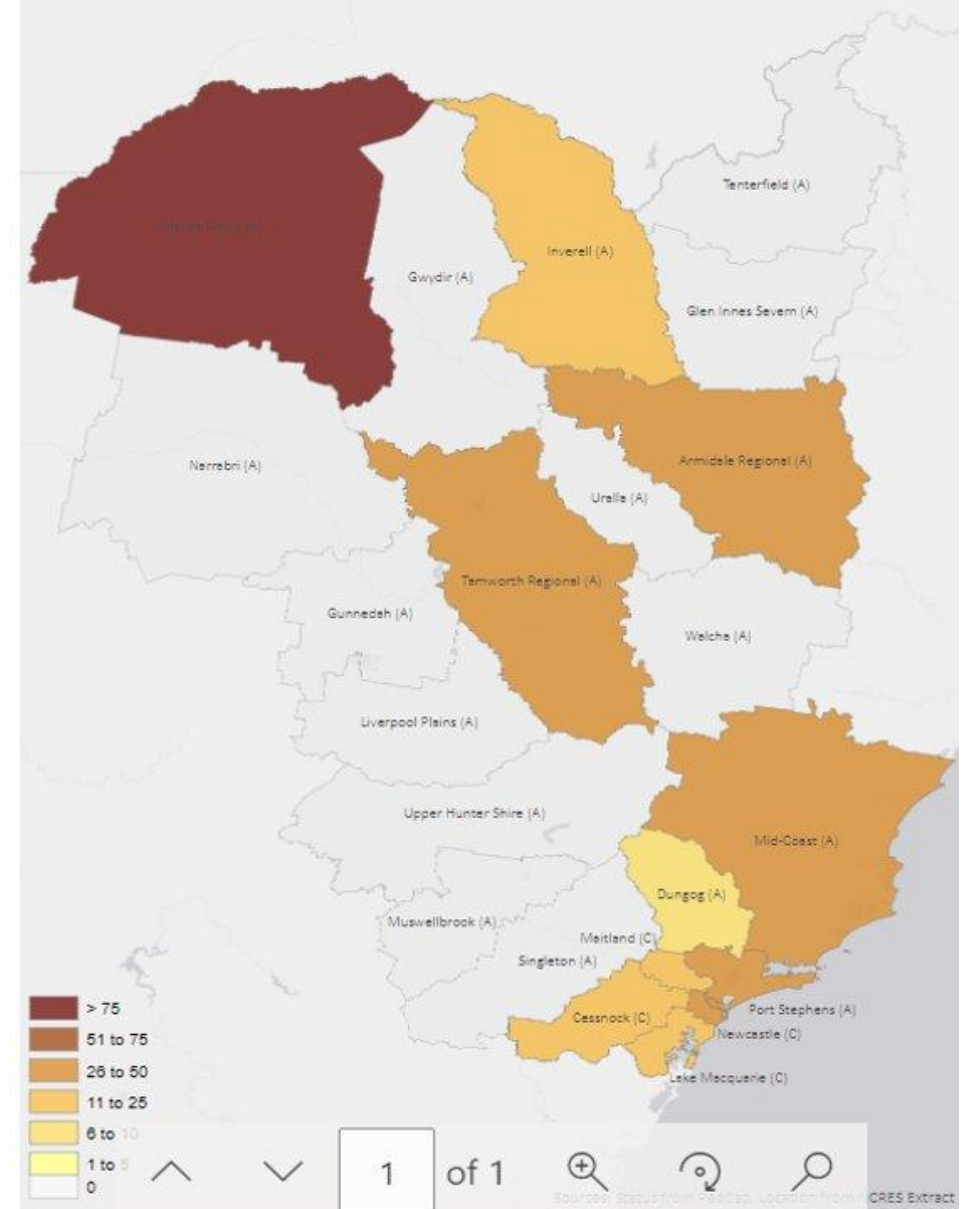
Maitland 424 (12%)

Port Stephens 252 (7%)

Tamworth Regional 174 (5%)

HNELHD Active Aboriginal Cases

Date: 7/11/2021

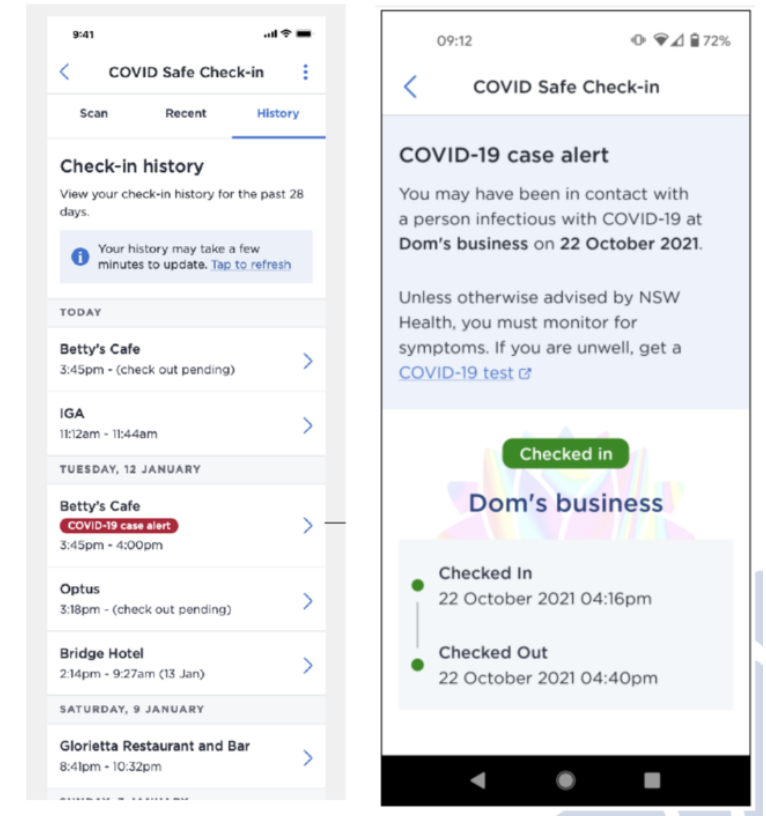


HNE vaccination coverage

Local Government Area (LGA) Geographic Vaccine Rates		
LGA	One dose (%)	Two doses (%)
Armidale	90.2	84
Cessnock	>95	90
Dungog	>95	93.6
Glen Innes	>95	88.3
Gunnedah	>95	90.8
Gwydir	90.9	83.4
Inverell	93.2	82.9
Lake Macquarie	>95	94.9
Liverpool Plains	93.7	85.6
Maitland	>95	>95
Mid-Coast	>95	90.5
Moree Plains	87.8	79.2
Muswellbrook	>95	88.9
Narrabri	>95	89.7
Newcastle	93.6	89.1
Port Stephens	>95	>95
Singleton	>95	93.7
Tamworth	>95	92.5
Tenterfield	90.7	78.5
Upper Hunter Shire	>95	>95
Uralla	>95	90.4
Walcha	>95	92.5
Source: COVID-19 vaccination – Local Government Area (LGA) – 8 November 2021 (health.gov.au) (Data as at 7 November 2021) Criteria includes individuals 15 years and over		

HNE contact tracing processes

- Case
 - Notification by labs. Some patients notified before PHU
 - Standardised short case interview (local, MOH, other LHDs)
 - All cases then have CCiTH oversight
- Close contacts
 - All receive NSW Health SMS
 - HNE do not interview
- Venues and exposure sites
 - Focus on high risk settings eg RACF, Healthcare settings
 - Many settings trigger no response from NSW Health
 - NSW Health website listings being phased out
 - Local listings on Facebook
 - Service NSW App alerts
 - SafeWork support for workplaces




Advice to cases and contacts and their carers

Regular major changes, check for latest version!

What if the person I care for is a close contact and cannot self-isolate on their own?

If you are not fully vaccinated, you will need to self-isolate with them for their full isolation period.

If you are fully vaccinated, you will not need to self-isolate but you must not attend high-risk settings (health care, aged care, disability care, early childhood centres, primary schools and correctional facilities) during the close contact's isolation period.

health.nsw.gov.au

Frequently asked questions for parents and carers of people who need to isolate due to COVID-19

These frequently asked questions are for parents or carers of someone who needs to self-isolate due to COVID-19. This could be someone caring for a confirmed case, a close or casual contact, or someone waiting for test results.

Self-isolation

Where can I get further information on contact management and self-isolation?

Self-isolation requirements and testing guidance is different for people with COVID-19, people who are close contacts, people who are casual contacts and people who have symptoms of COVID-19.

For information relevant to your situation, please refer to the resources below:

- [Confirmed cases](#)
- [Close contact](#)
- [Casual contact](#)
- [COVID-19 symptoms](#)

What if the person I care for is a close contact and cannot self-isolate on their own?

If you are not fully vaccinated, you will need to self-isolate with them for their full isolation period.

If you are fully vaccinated, you will not need to self-isolate but you must not attend high-risk settings (health care, aged care, disability care, early childhood centres, primary schools and correctional facilities) during the close contact's isolation period.

If other members of your household cannot self-isolate away from you or the person who is a close contact (e.g. a single parent household with young children), you will all need to follow the advice above depending on individual vaccination status.

You should keep the person who is the close contact away from the rest of your household as much as you can.

This advice also applies when a parent or carer is the close contact and is unable to self-isolate away from the person they care for in the household. See the [close contact](#) factsheet for further information on testing and isolation timeframes.

What if the person I care for is a close contact and can self-isolate by themselves?

If the person you care for can self-isolate effectively alone, other members of your household will not need to self-isolate. The person who is a close contact must remain completely separated from the rest of the household.

For further information on safely isolating within a household and testing requirements, see the [close contact](#) factsheet.


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Advice to cases and contacts and their carers

What if the person I care for is a case and cannot self-isolate on their own?

If you live with a COVID-19 positive person and have not been isolating from them, you should only leave self-isolation after 14 days have passed from when the person received their positive result.

To end isolation, you need to have a negative day 12 test, feel well and have had no further contact with a COVID-19 positive person

health.nsw.gov.au

Close contacts of COVID-19

If you have been told you are a close contact of someone with COVID-19:

- If you are fully vaccinated:
 - self-isolate for 7 days
 - get tested straight away and again on day 6
 - leave self-isolation after 7 days if your test on day 6 is negative, you feel well and you have had no further contact with a COVID-19 positive person
 - for the following 7 days, work from home if you can and do not attend a high-risk setting (healthcare, aged care, disability care, early childhood centres, primary school and correctional facilities) even if it is your place of work
 - get tested again on day 12.
- If you are not fully vaccinated:
 - self-isolate for 14 days
 - get tested straight away, on day 6 and again on day 12
 - leave self-isolation after 14 days if your test on day 12 is negative, you feel well and you have had no further contact with a COVID-19 positive person.
- If you have had COVID-19 in the past six months you will generally not be considered a close contact and you do not need to self-isolate or get a test unless you have symptoms.

What do I need to do?

Self-isolation and testing requirements for close contacts are different based on vaccination status.

Fully vaccinated close contact

2 doses completed at least 14 days before you last had contact with a COVID-19 case.

1. Self-isolate for 7 days
7 full 24-hour periods from the date you last had contact with the COVID-19 positive person.
For example, if you last had contact with the positive person at 10am Tuesday, you must self-isolate until 10am the following Tuesday.
2. Get tested – immediately, and again on day 6
3. Leave self-isolation after 7 days
You can leave self-isolation after 7 days if your test on day 6 is negative, you feel well and you have had no further contact with a COVID-19 positive person
4. Limit activity for another week
For the next 7 days, you must work from home where possible and not go to high risk settings (health care, aged care, disability care, early childhood centres, primary school and correctional facilities)
5. Get tested again on day 12

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Diagnostic challenges (#2)

42yo male. Potential workplace exposure. Low risk contact. Asymptomatic.

25/10 Swab sent to private lab A. CT values of 34, 35, 34 (Seegene)

27/10 Rpt swab sent to private lab B: non detect

28/10 Rpt swab sent to private lab B: non detect

Interpretation? Next steps?

Diagnostic challenges (#2)

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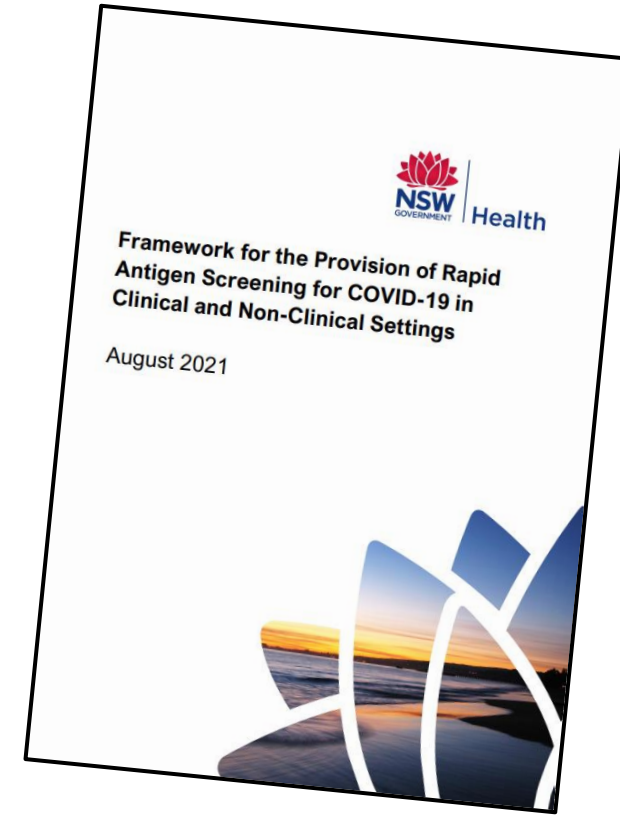
29/10 Rpt swab at PathNorth: Belmont Roche LIAT: detect (CT 32), AusDx weak detect (ND, 39)

Became aware that son was also a case with high CTs (113896401) with Fa as likely source

Confirmed case. Multiple false negative swabs

Diagnostic challenges

- False positive PCR
- False negative PCR
- Mild illness in fully vaccinated cases
- Rapid viral clearance in children
- Rapid Antigen Tests (RATs)
 - Screening, not diagnostic
 - Modest sensitivity (70% at best), utility depends on pretest probability
 - Repeated testing settings
 - Potential for false reassurance
 - Not notifiable and not reported to PHU



5. Use of rapid antigen tests

Rapid antigen testing for COVID-19 should be used as a screening test and is not suitable for use as a diagnostic test. Rapid antigen screening should be conducted 2-3 times per week with individuals in identified priority settings. A person who receives a positive rapid antigen test result needs to have an urgent PCR test on a second collection to determine whether COVID-19 is in fact present.

Thanks

Diagnostic challenges (#1)

9yo Male, asymptomatic. Swabbed due to potential school exposure.

26/10 Swab sent to private lab. CT values of 34, 35, 33 (Seegene)

28/10 Rpt swab sent to private lab. Non detect

29/10 Rpt swab at PathNorth (Belmont Roche LIAT): non detect

Interpretation? Next steps?

Diagnostic challenges (#1)

9yo Male, asymptomatic. Swabbed due to potential school exposure.

26/10 Swab sent to private lab. CT values of 34, 35, 33 (Seegene)

28/10 Rpt swab sent to private lab. Non detect

29/10 Rpt swab at PathNorth (Belmont Roche LIAT): non detect

Paediatric ID consult.

Managed as possible infection with rapid viral clearance

Sotrovimab

- Monoclonal antibody
- Reduced risk of hospitalisation
- IV infusion (stat)
- Early in illness (< 5 days from onset)
- Only cases who are not fully vaccinated
- Risk factor present

aci.health.nsw.gov.au

Model of care for the use of sotrovimab in adults in NSW

Who can be treated with sotrovimab?

Clinical criteria

As per the National Taskforce Guidelines, sotrovimab is appropriate for use in adult patients:

- within five (5) days of symptom onset (symptoms may be very mild); AND
- who do not require oxygen; AND
- who have not been fully vaccinated (note: fully vaccinated means 2nd dose > 2 weeks ago); AND
- who have one or more of the following risk factors for disease progression;
 - diabetes (requiring medication)
 - obesity (BMI > 30 kg/m²)
 - chronic kidney disease (i.e. eGFR < 60 by MDRD)
 - congestive heart failure (NYHA class II or greater)
 - chronic obstructive pulmonary disease (history of chronic bronchitis, chronic obstructive lung disease, or emphysema with dyspnoea on physical exertion)
 - moderate-to-severe asthma (requiring an inhaled steroid to control symptoms or prescribed a course of oral steroids in the previous 12 months)
 - age ≥ 55 years.