



Hunter New England Local Health District COVID-19 Update

5 October 2021

Recap on COVID-19

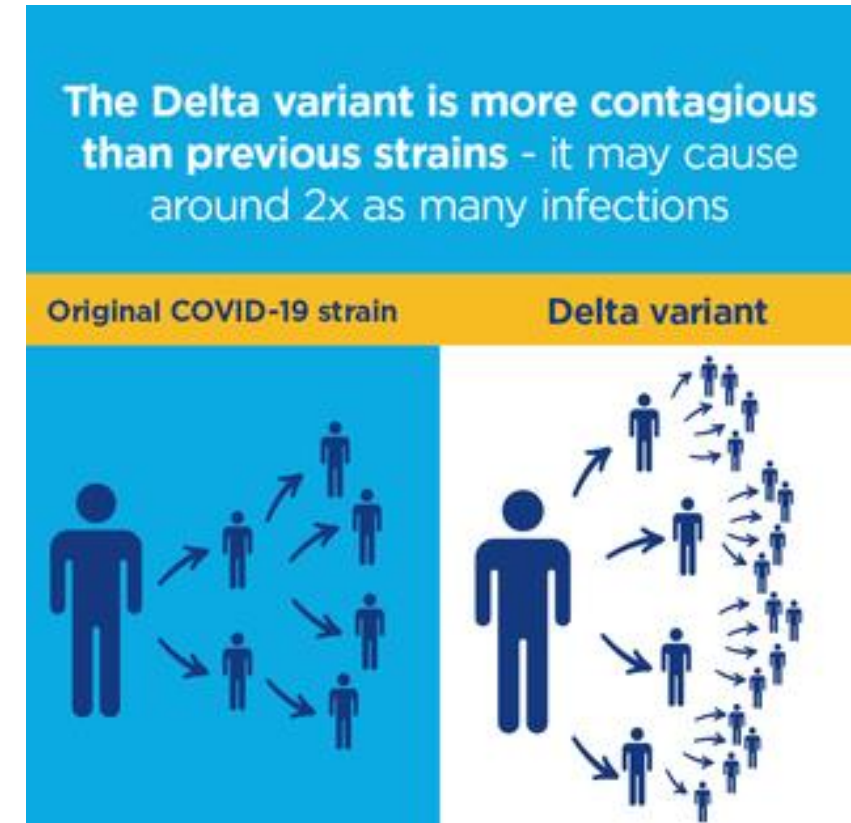
- **New Year's Eve 2019:** China reported a cluster of cases of pneumonia in Wuhan, Hubei Province.
- **7 January 2020:** Chinese health authorities confirmed that this cluster was associated with a new type of coronavirus
 - The virus was called SARS-CoV-2
 - The disease caused by the virus was called COVID-19
- There have been over **234 million cases** worldwide and almost **5 million deaths**

Recap on COVID-19

- The first case of COVID-19 in Australia was reported in Victoria in January 2020
- COVID-19 cases have occurred in NSW over 3 'Waves'.
 - We are now in Wave 3
- There have been **64,479** COVID-19 cases diagnosed in NSW
- **92%** of these cases are from the **Delta strain**, which began with a single case in the community, approximately 4 months ago

Delta Variant of Concern

- The third wave of COVID-19 has been caused by a new variant, Delta
- Delta is twice more infectious and possibly twice as severe than previous strains
- Symptoms are similar:
 - Fever, cough, shortness of breath, sore throat, headache, fatigue
 - Can be infectious with the virus for days before symptoms
 - People can develop symptoms up to 14 days after being exposed



Public health response to COVID-19

The HNELHD public health unit has been working around the clock to reduce virus transmission in the community. Control measures include:

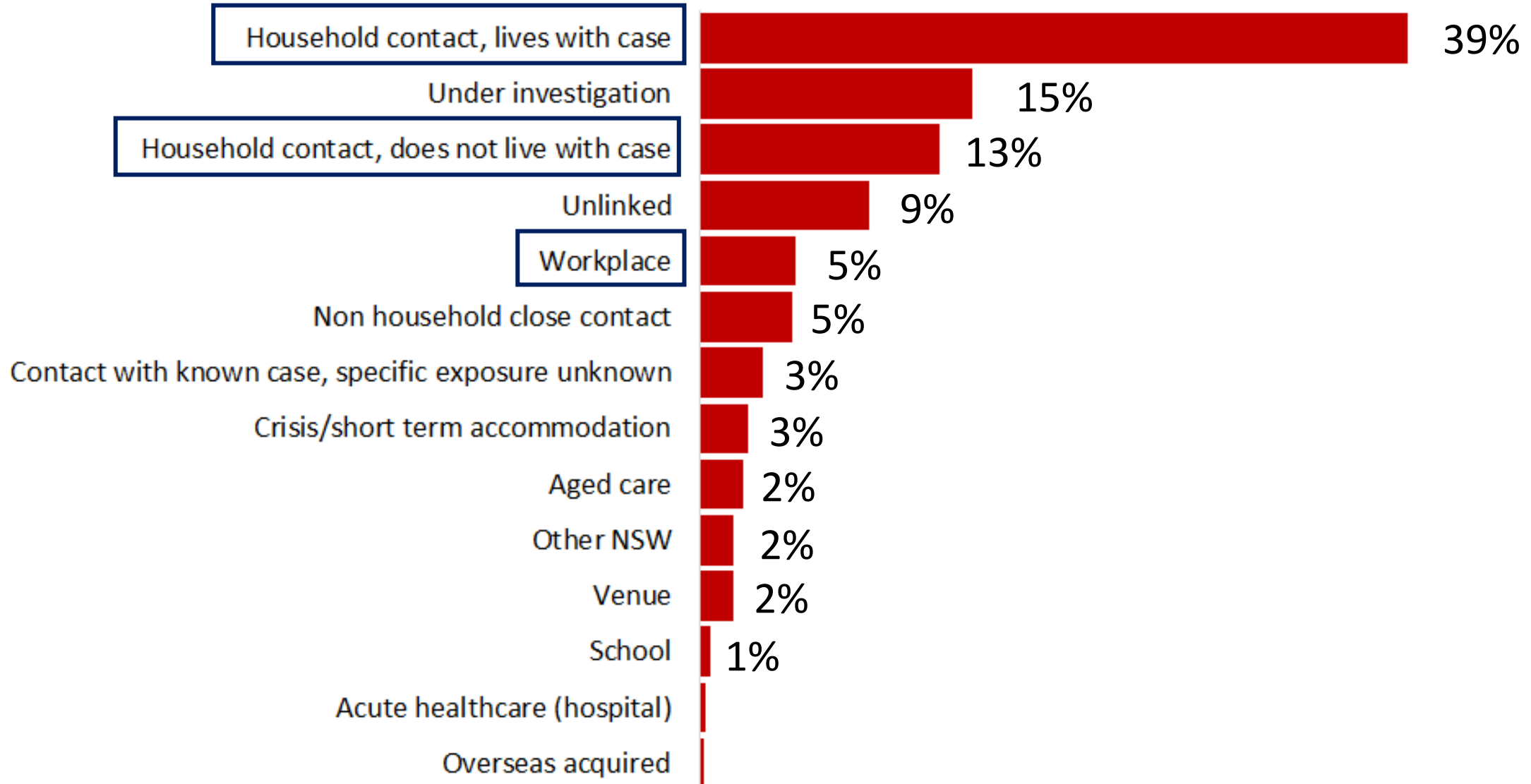
- **Vaccination:** COVID-19 vaccines are up to 95% effective, and our best chance to reduce transmission
- **Restrictions:** on people's movement and interactions (essential workers only) until 70% vaccinated
- **Contact tracing:** Isolation of cases until they are no longer infectious and quarantining any close contacts for 14 days after exposure
- **Outbreak response:** Certain environments are high risk for rapid transmission, such as nursing homes or crisis accommodation. These outbreaks require targeted public health support to prevent rapid transmission and high case numbers

The COVID-19 situation in HNELHD

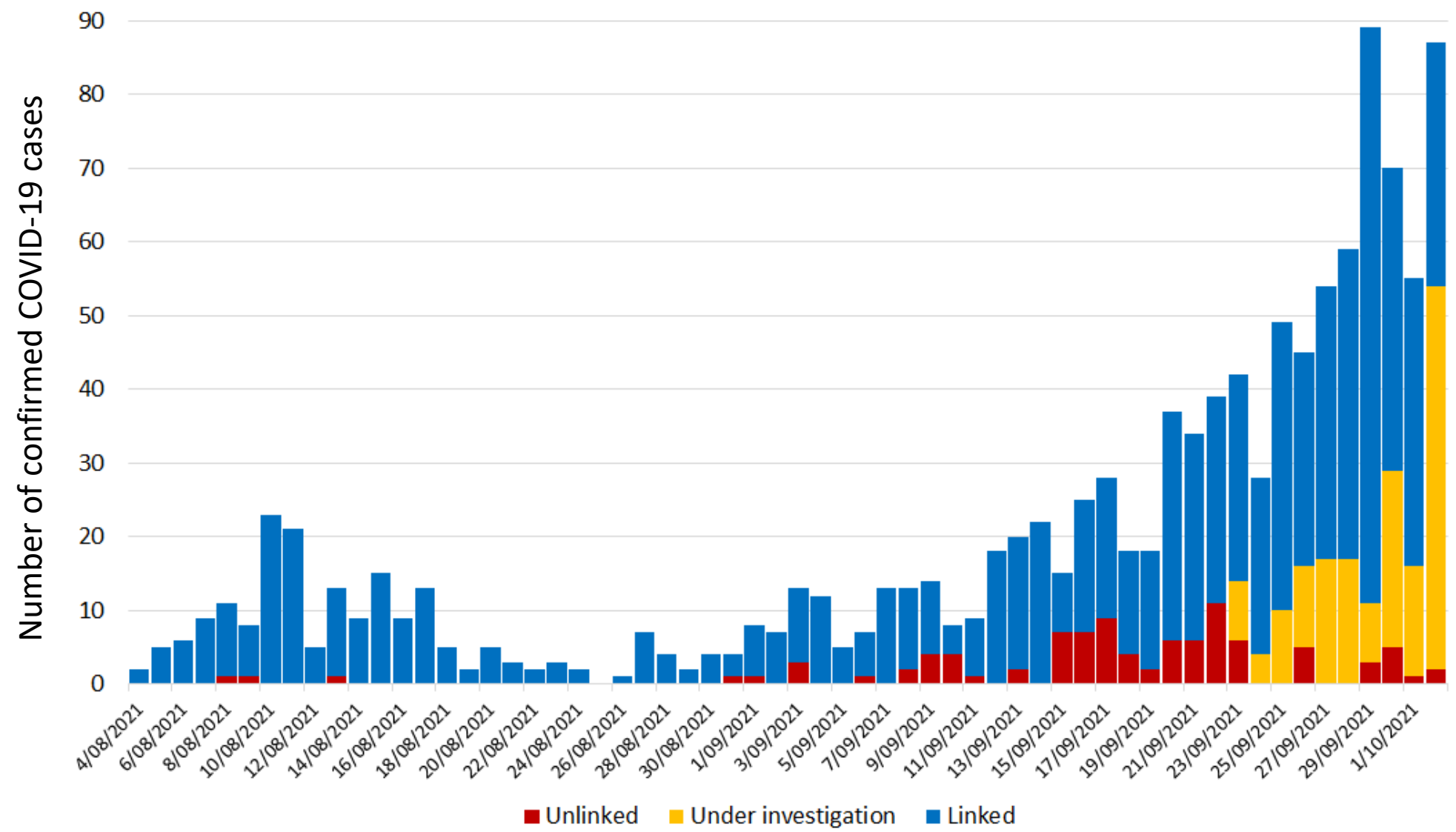
- **1222** total confirmed COVID-19 cases
- Median age **29** years (Range, 0 – 99 years)
- **46%** female

Local Government Areas	N (%)
Newcastle	384 (33%)
Lake Macquarie	341 (29%)
Maitland	156 (13%)
Cessnock	111 (10%)
Port Stephens	101 (9%)

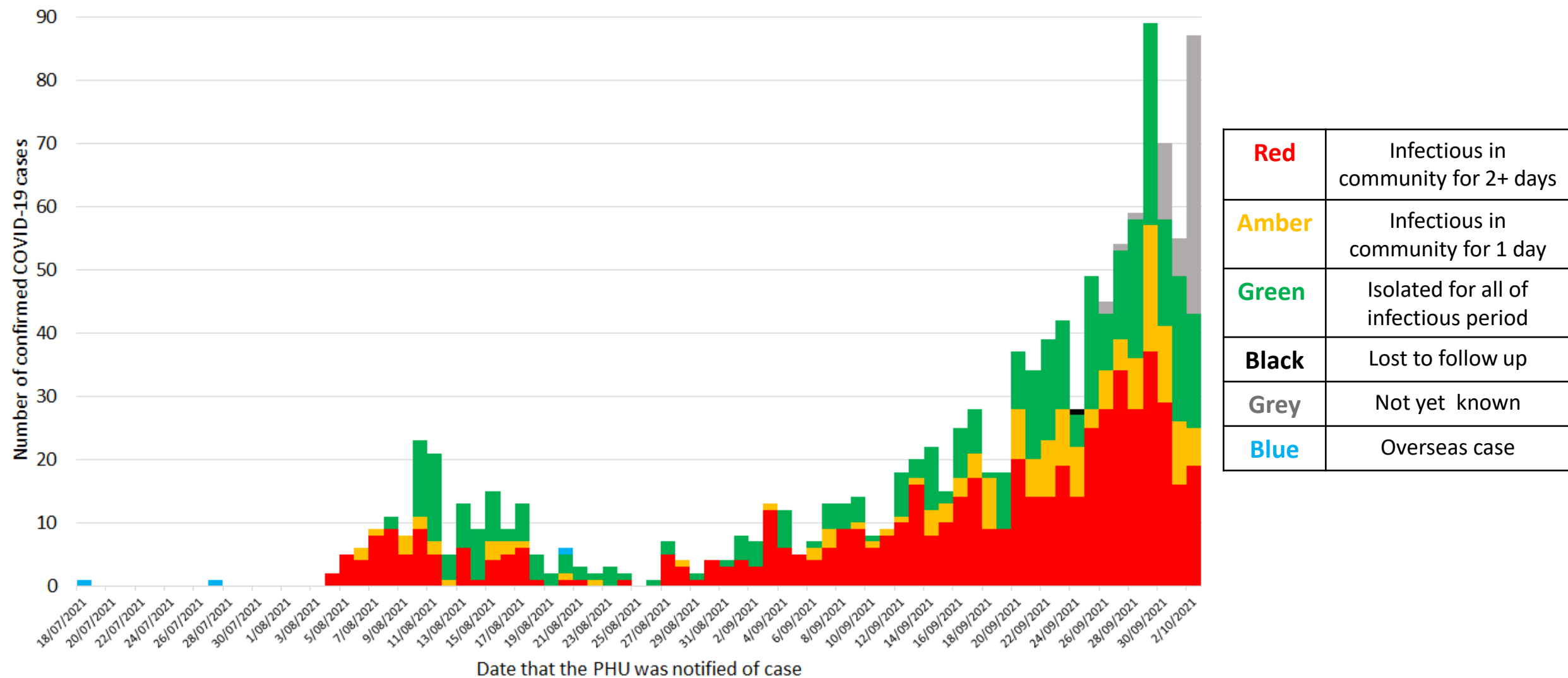
Sources of infection in HNELHD



COVID-19 cases that are unlinked or under investigation

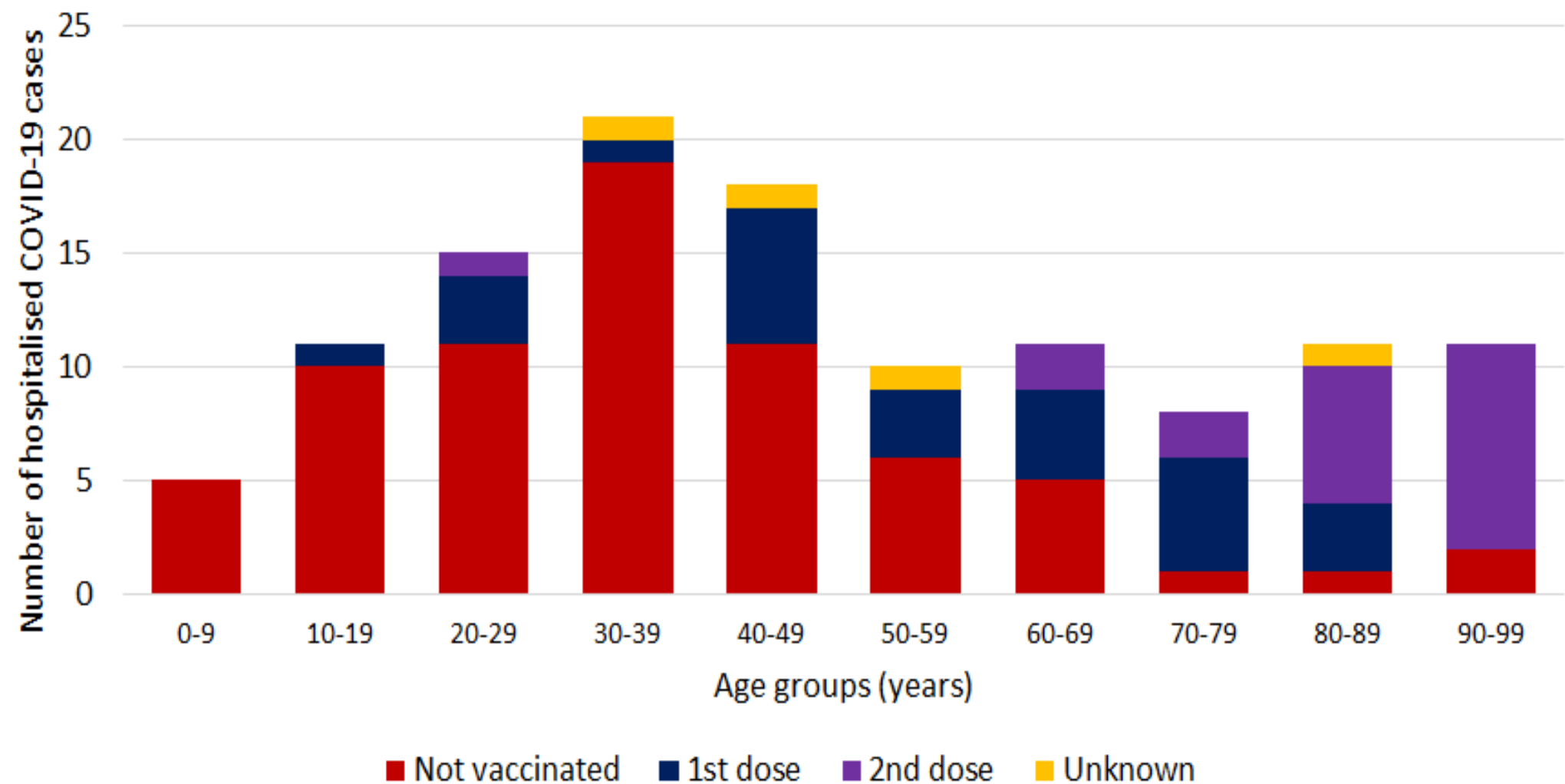


COVID-19 cases infectious in the community

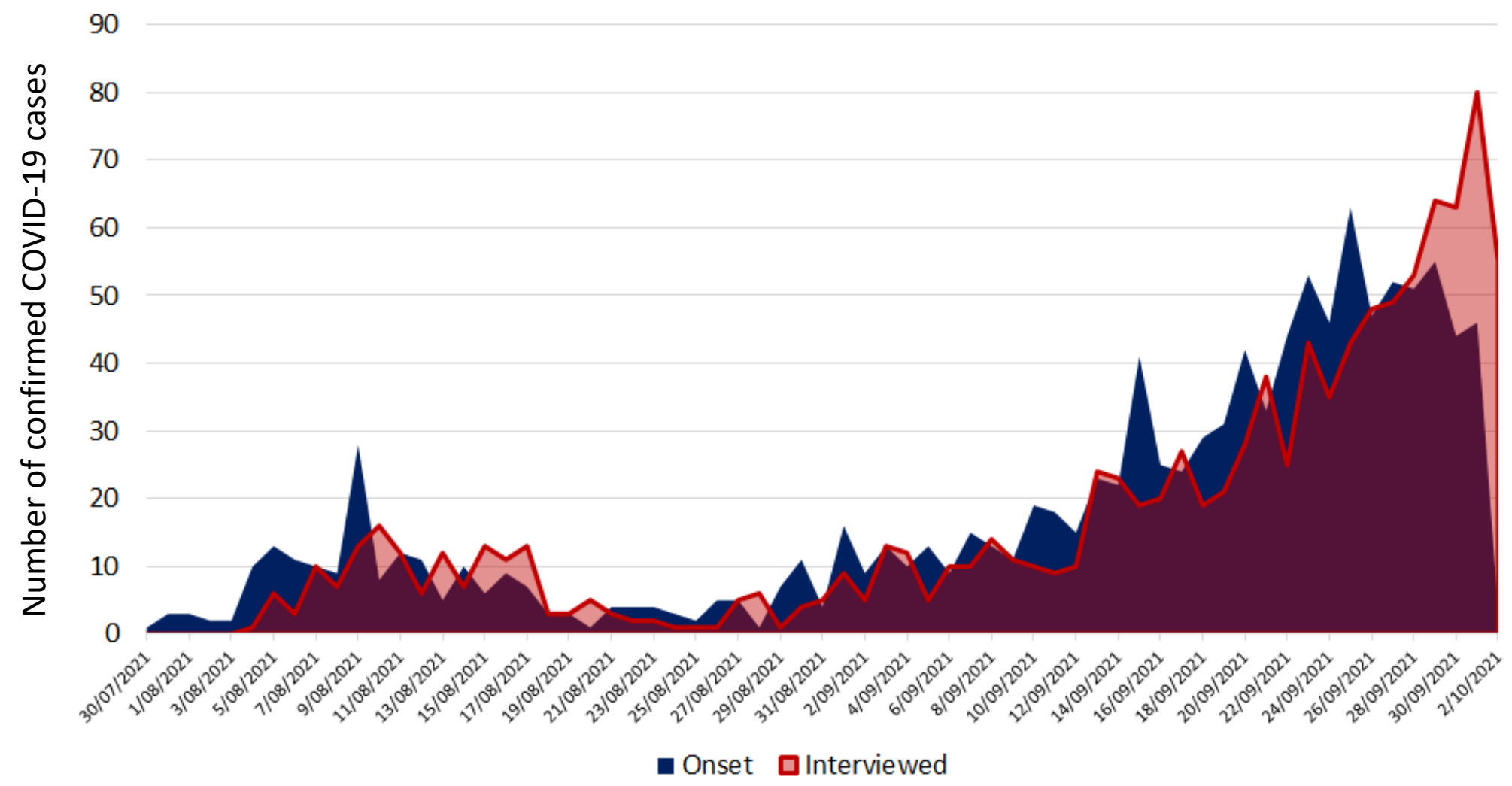


COVID-19 Hospitalisations by age group and vaccination status

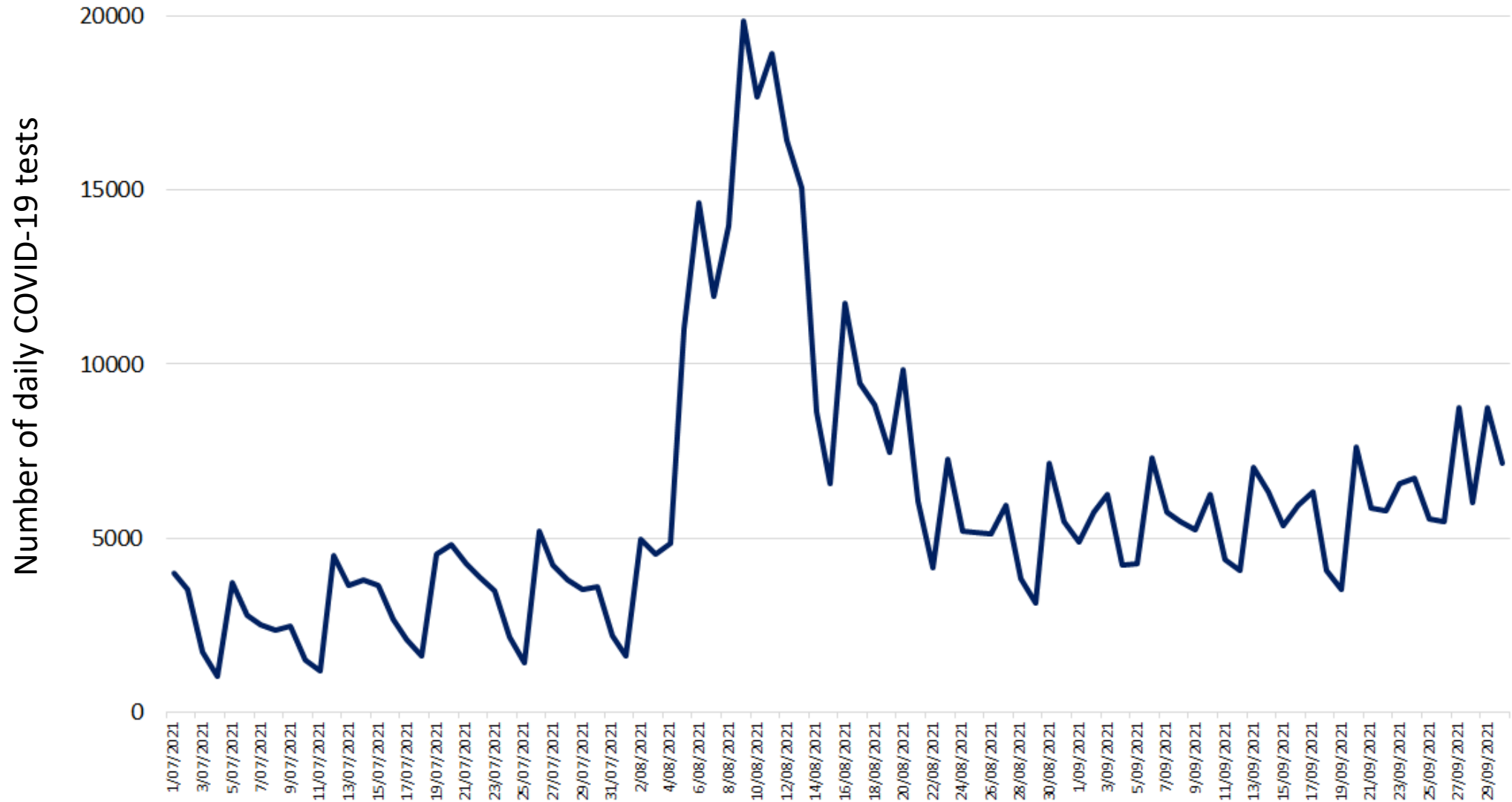
There have been 121 (10%) COVID-19 cases admitted to hospital:



Public health action: Timing between symptom onset and case interview



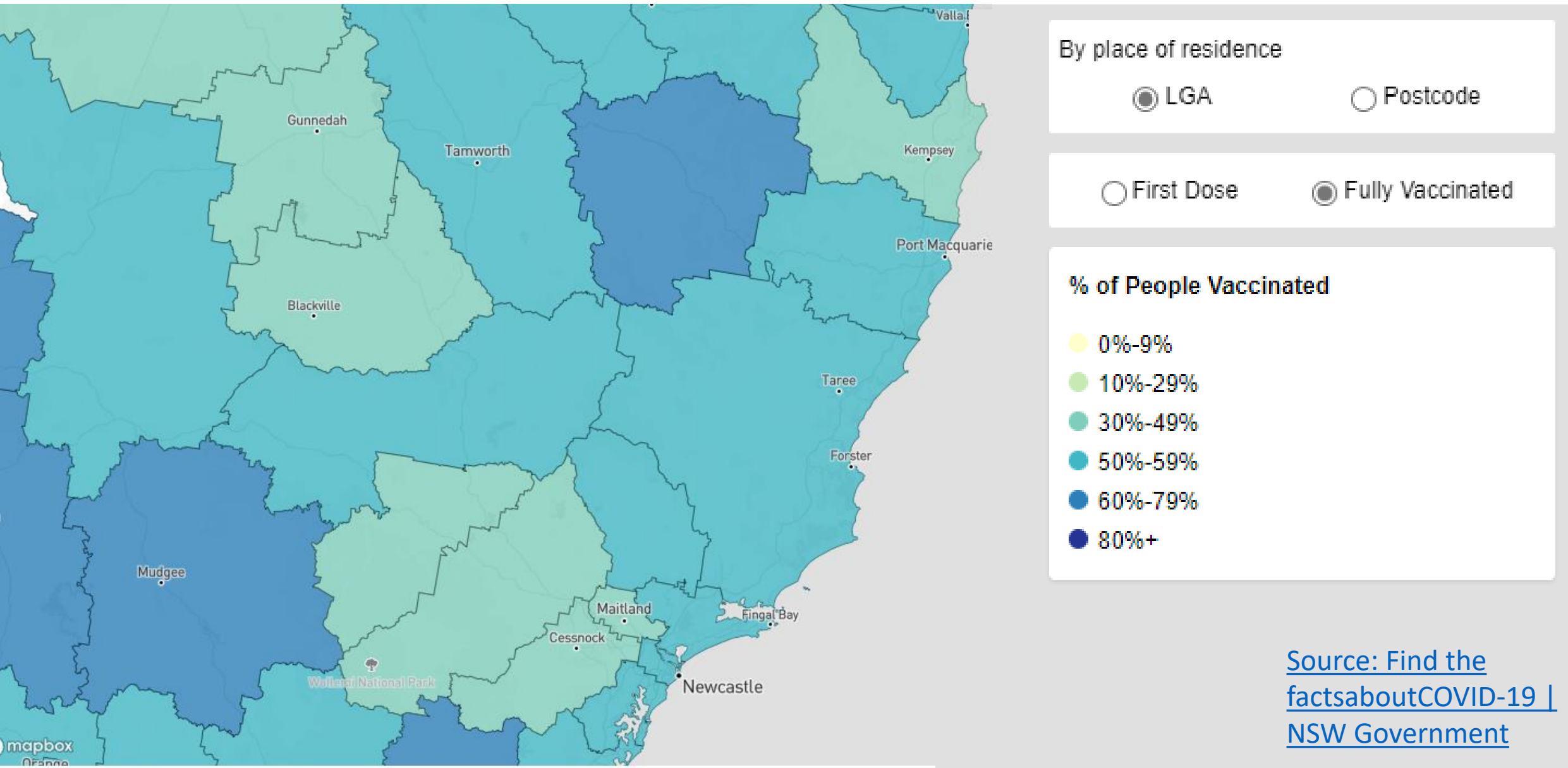
COVID-19 testing in HNELHD



COVID-19 sewage detection

Regional Sites (HNE)		22-Aug	29-Aug	5-Sep	12-Sep	19-Sep	26-Sep	3-Oct
Pop.	Location							
24,000	Armidale							
	Uralla							
	Guyra							
	Glen Innes							
45,000	Tamworth							
	Quirindi							
10,000	Moree							
12,000	Forster							
7,582	Hallidays Point							
225,834	Hunter – Burwood Beach							
60,000	Hunter – Shortland							
115,000	Hunter – Belmont							
60,000	Hunter – Morpeth							
58,300	Hunter – Boulder Bay							
35,000	Hunter – Raymond Terrace							
32,000	Hunter – Dora Creek							
70,000	Hunter – Edgeworth							
42,000	Hunter – Toronto							
2,500	Hunter – Karuah							
3,000	Hunter – Dungog							
32,000	Hunter – Cessnock							
40,000	Hunter – Farley							
21,500	Hunter – Kurri Kurri							
	Muswellbrook							
	Singleton							
	Gunnedah							
	Scone							
	Inverell							
	Branxton							
	Tanilba Bay							

COVID-19 vaccination rates in HNELHD

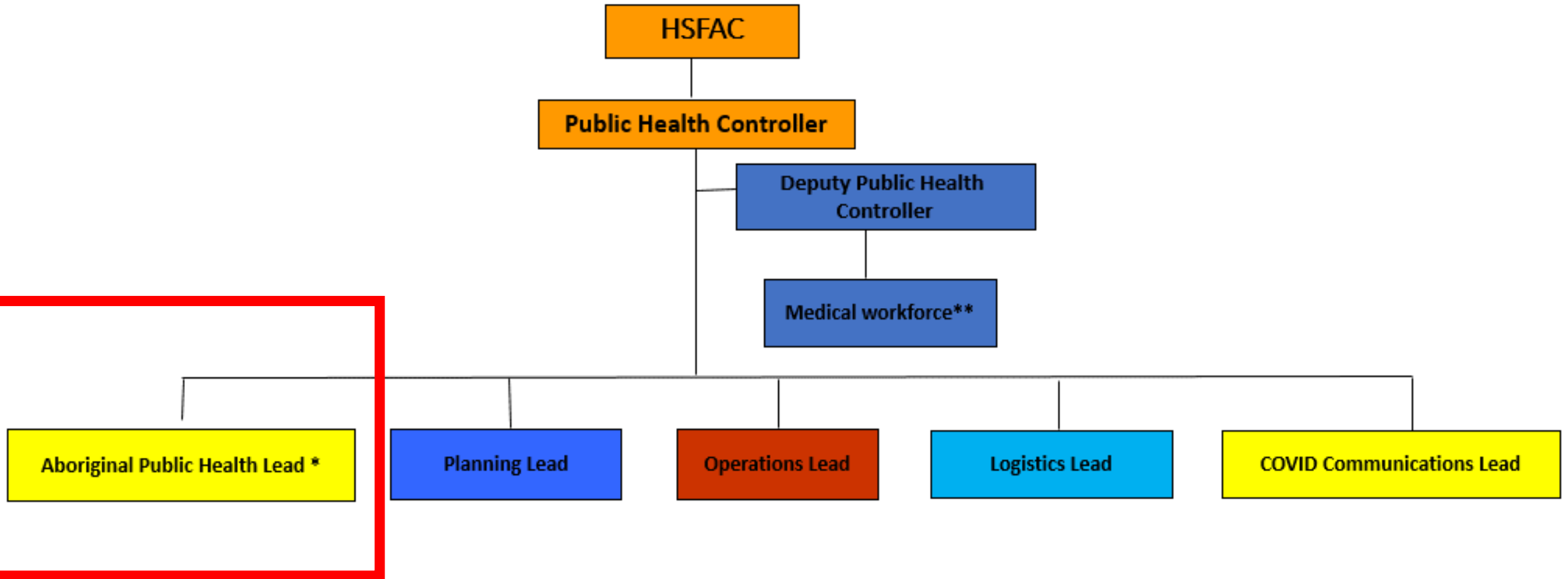




Aboriginal Epi update

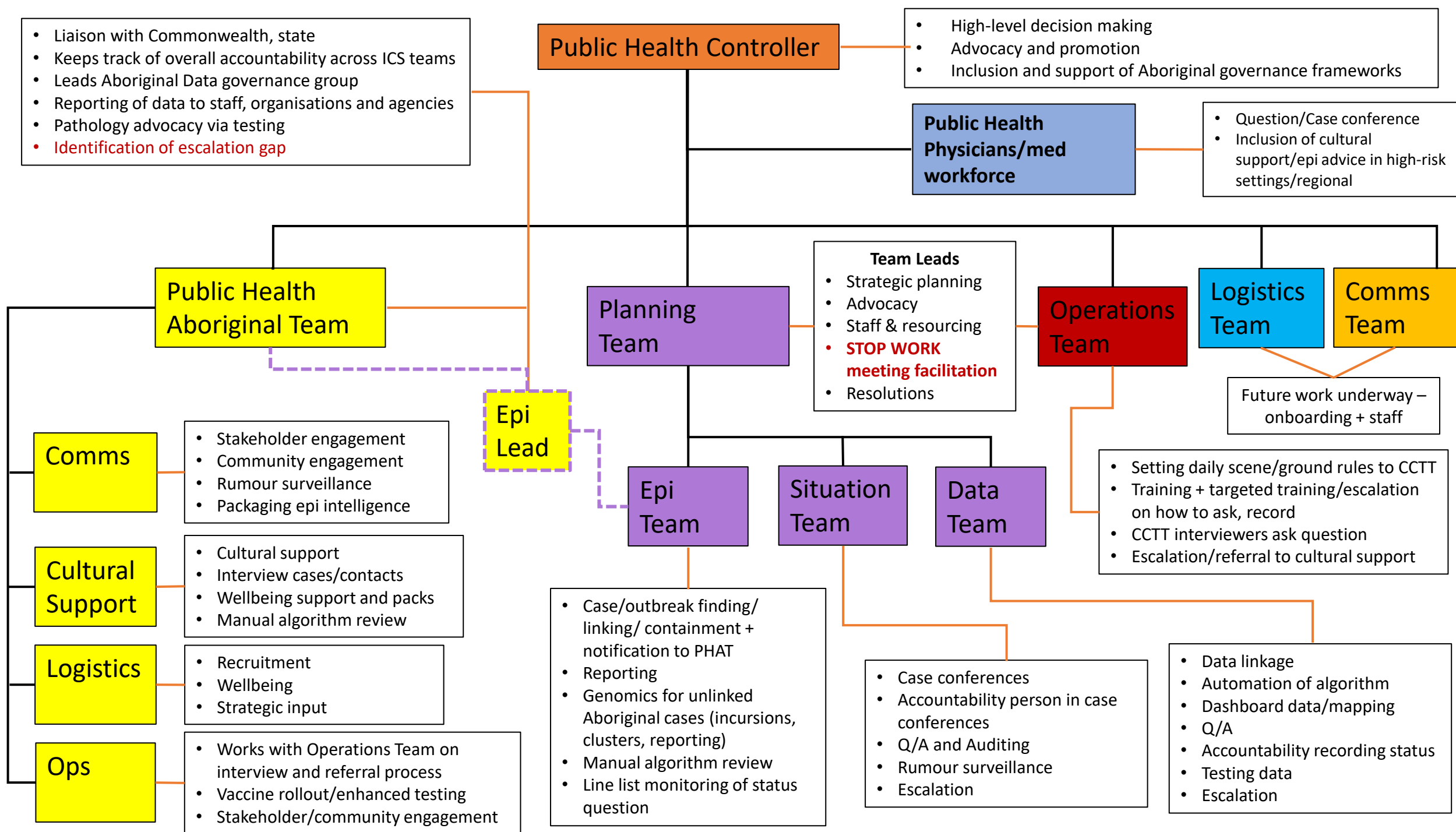
5 October 2021

Incident Command System



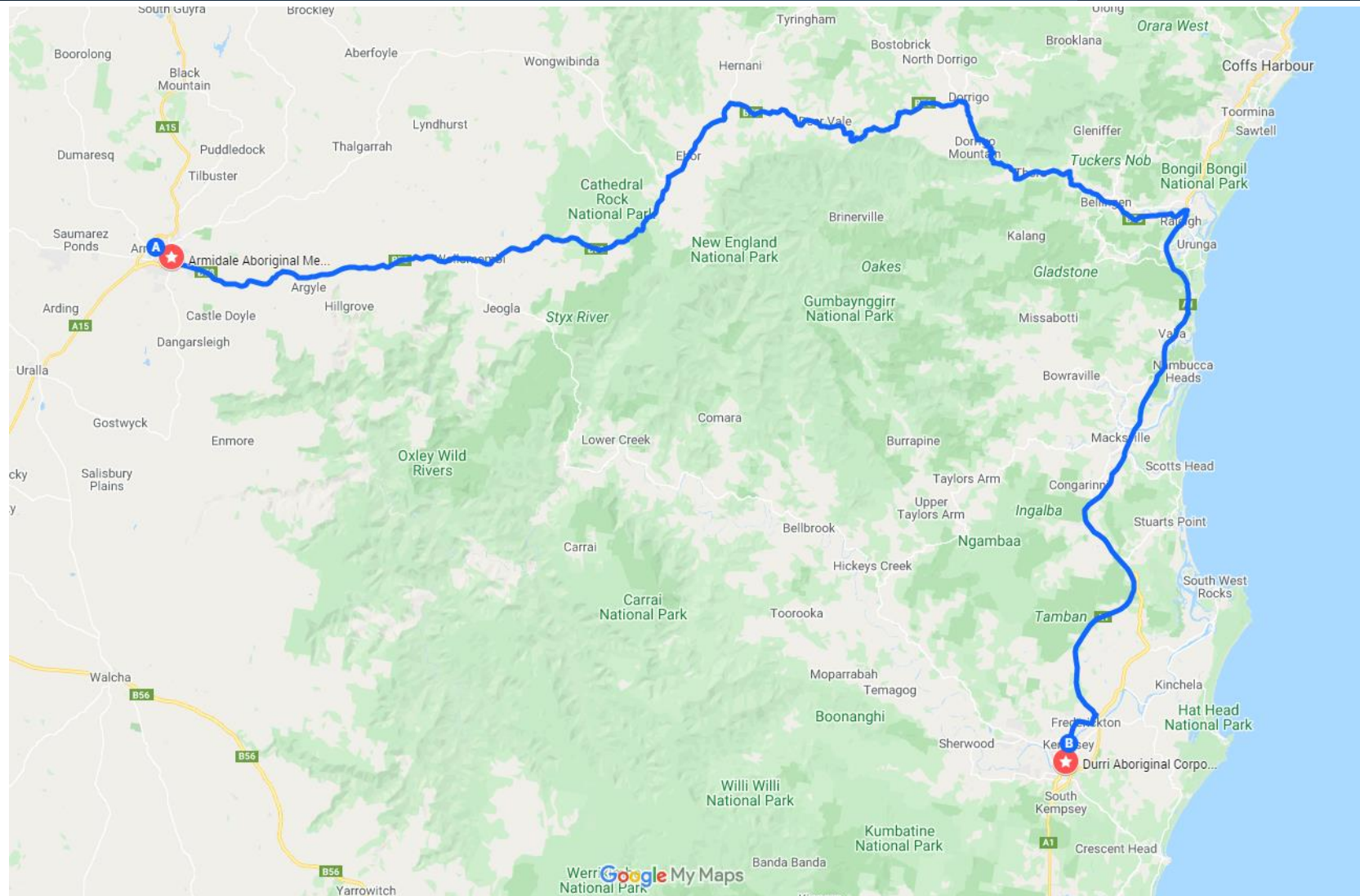
*PHU Aboriginal Team provides cultural governance across the entire ICS operation; including planning, operations and logistics.

** Medical workforce is rostered as required by Public Health Controller to the various teams; after distribution the medical officer is directed by the Team lead



Disease surveillance approaches

Local and cultural intelligence

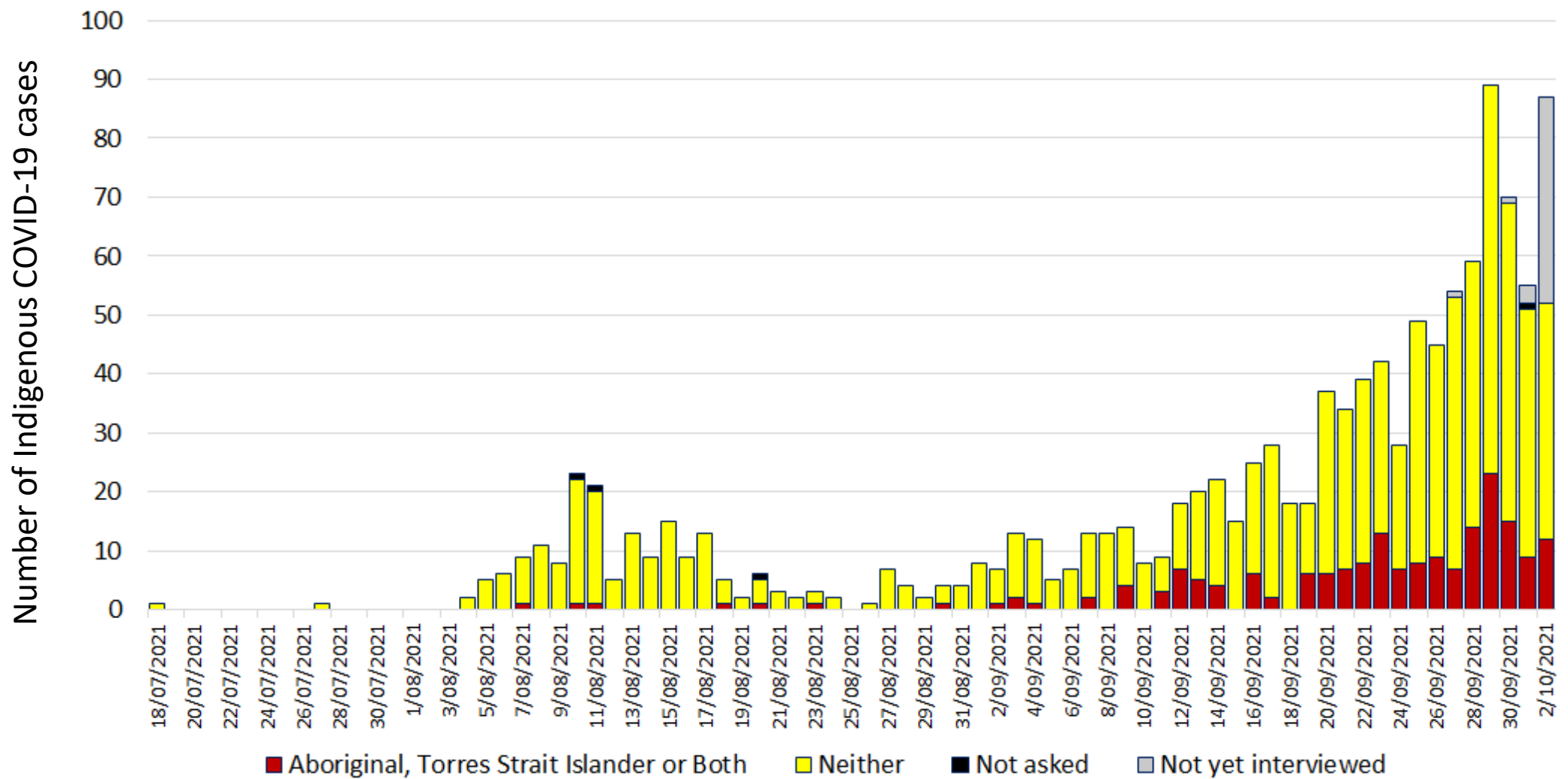


Aboriginal case update – Monday 4 October

- 1222 cases in HNE on Monday 4 October
 - From 498 on 28 September (140% increase)
- 225 Aboriginal or Torres Strait Islander
 - From 56 on 28 September (302% increase)
 - 18.4% of all cases
- 99.4% Aboriginal status completeness – steady

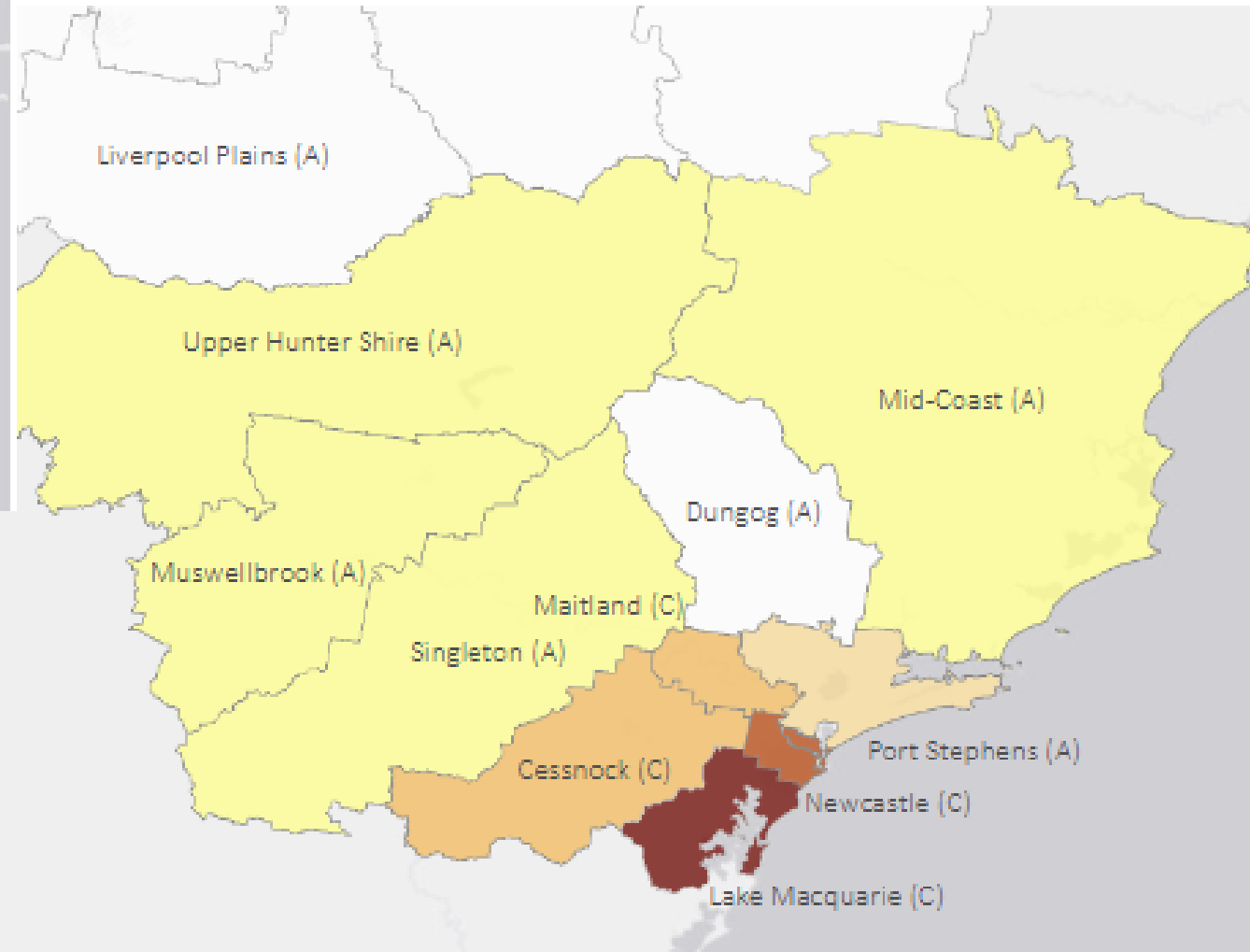
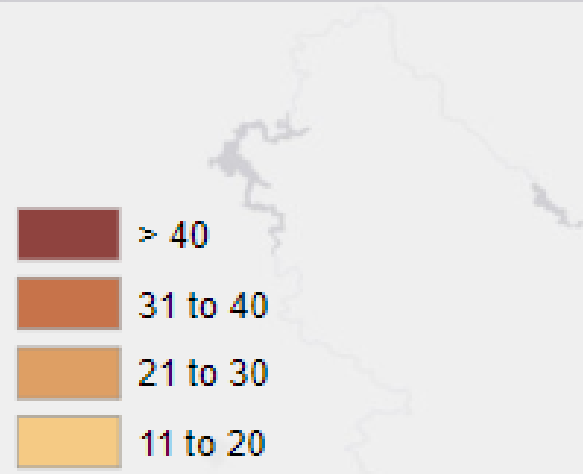
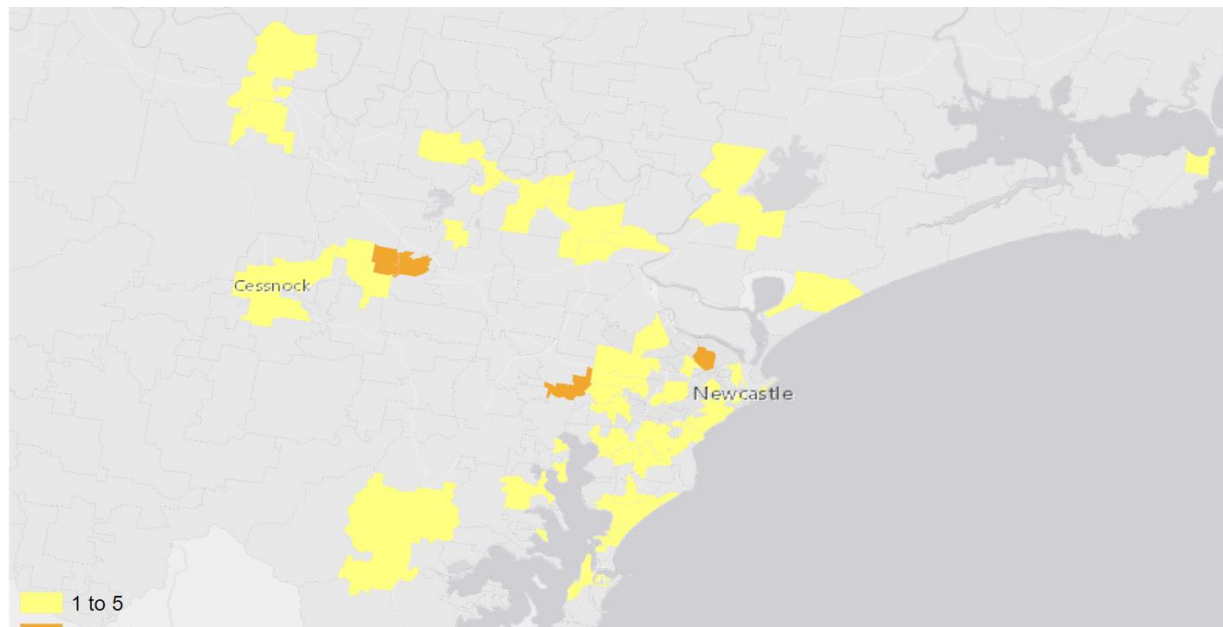
Over 733 cultural support referrals

- 280 active (mix of cases and close contacts)
- Includes >46 referrals in Western NSW

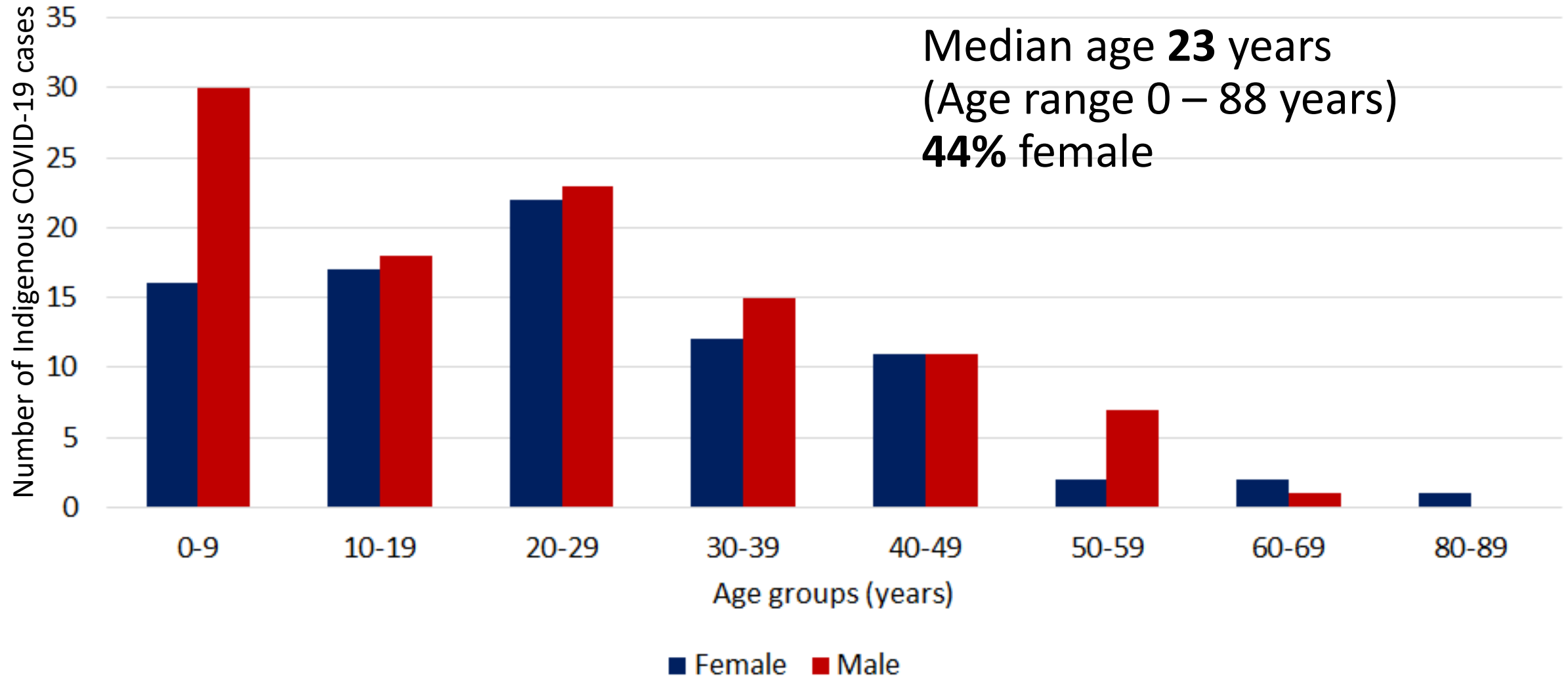


Epidemic curve by Aboriginal and Torres Strait Islander status, notification

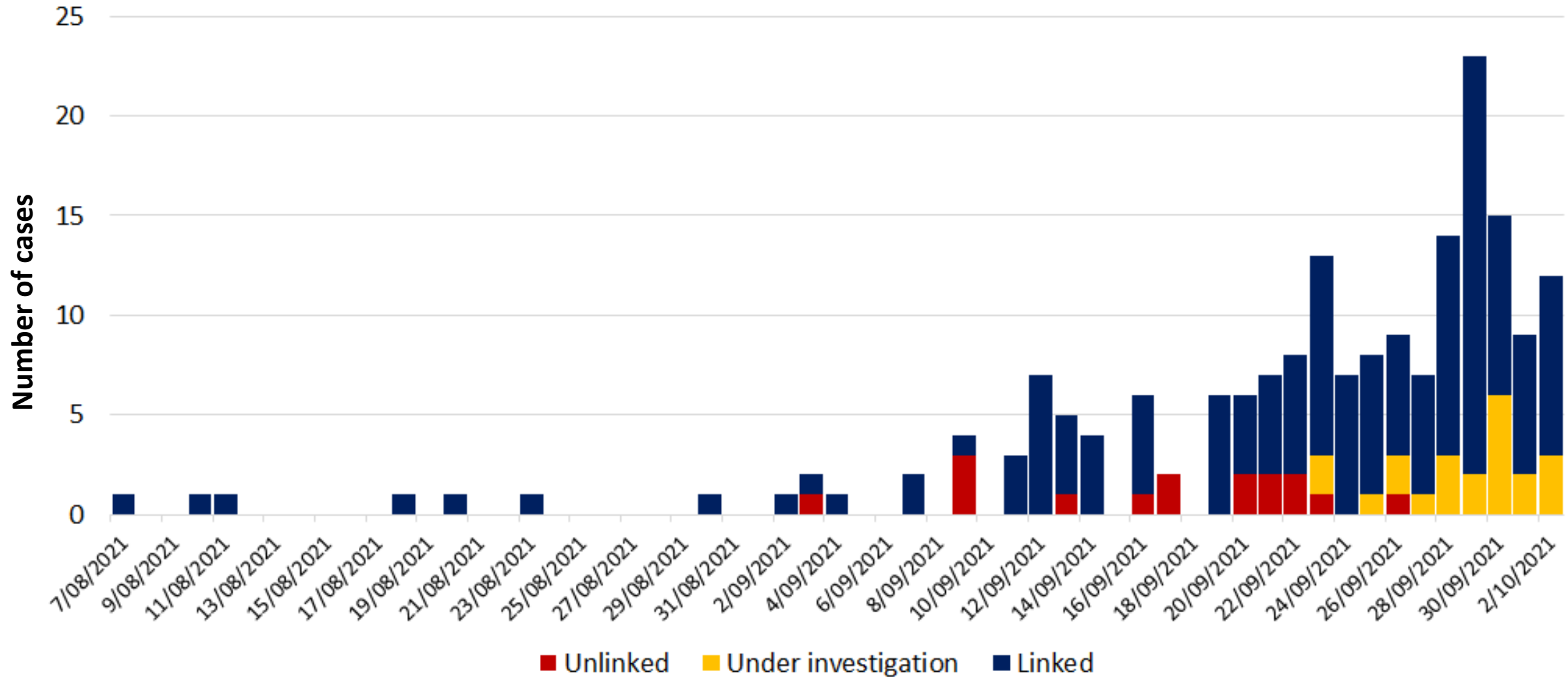
Location of active Aboriginal and Torres Strait Islander COVID-19 cases in HNELHD



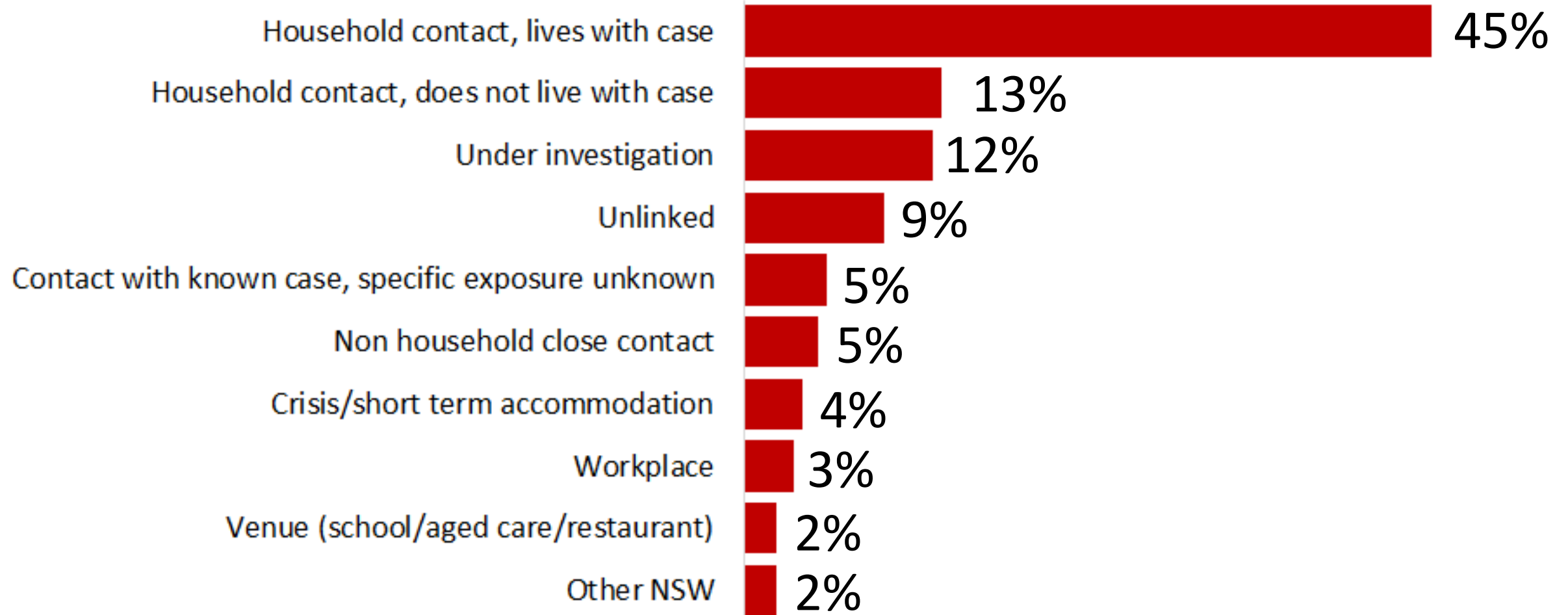
Age and sex of Aboriginal and Torres Strait Islander COVID-19 cases in Hunter New England



Unlinked Aboriginal COVID-19 cases in HNELHD Wave 3 (up to 3 October 2021)



Sources of infection for Aboriginal COVID-19 cases in HNELHD Wave 3 (up to 3 October 2021)



COVID-19 Outbreaks involving Aboriginal people

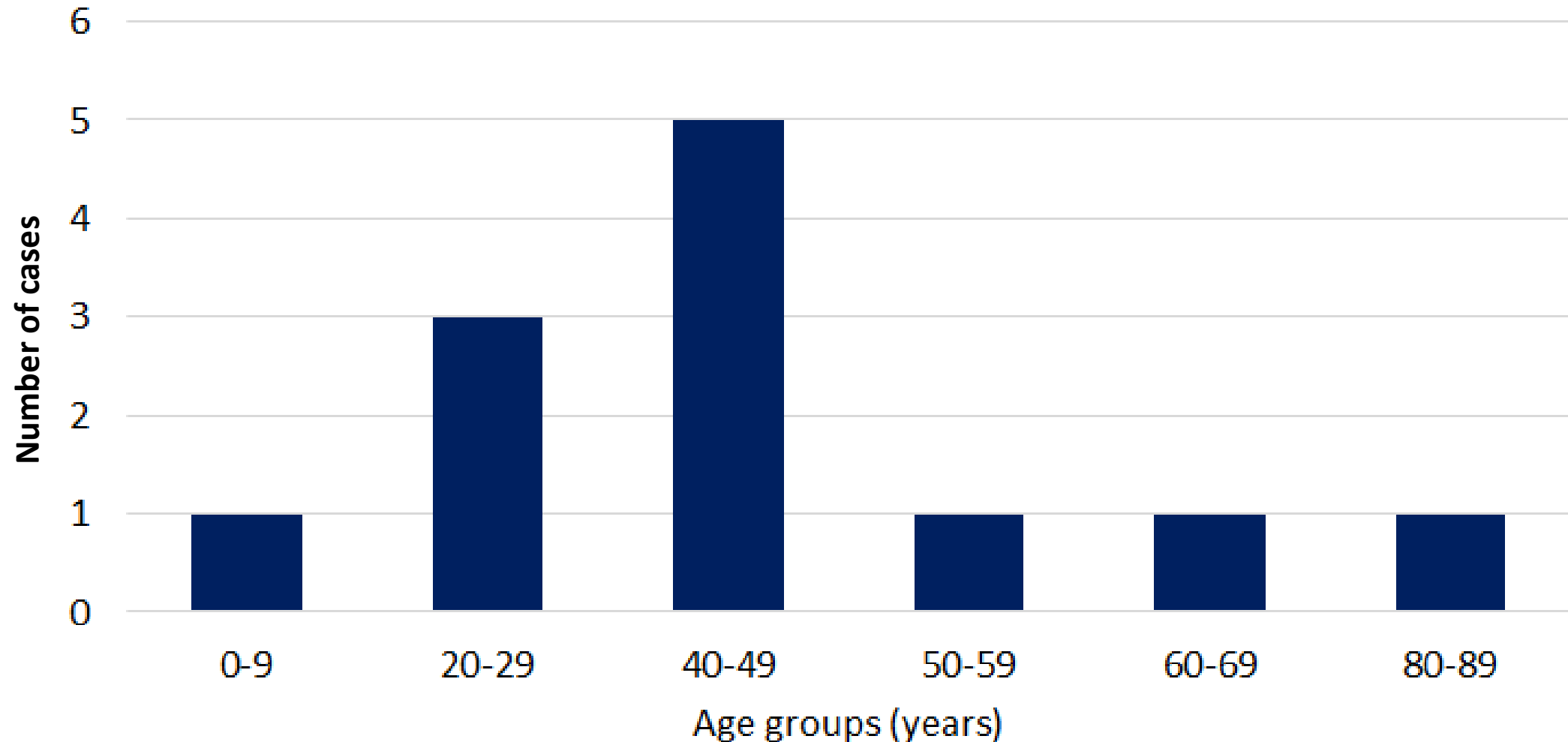
The HNELHD Public Health Unit has responded to **36** COVID-19 outbreaks

Of these, **12 (33%)** outbreaks had Aboriginal people or families

Outbreak setting	Number of outbreaks
Restaurant	1
Aged care facility	1
Mining operation	1
Social housing	1
Crisis/short term accommodation	2
Childcare	2
Gathering/event	1
Workplace- food preparation	2
Hospital	1
Workplace- construction	1

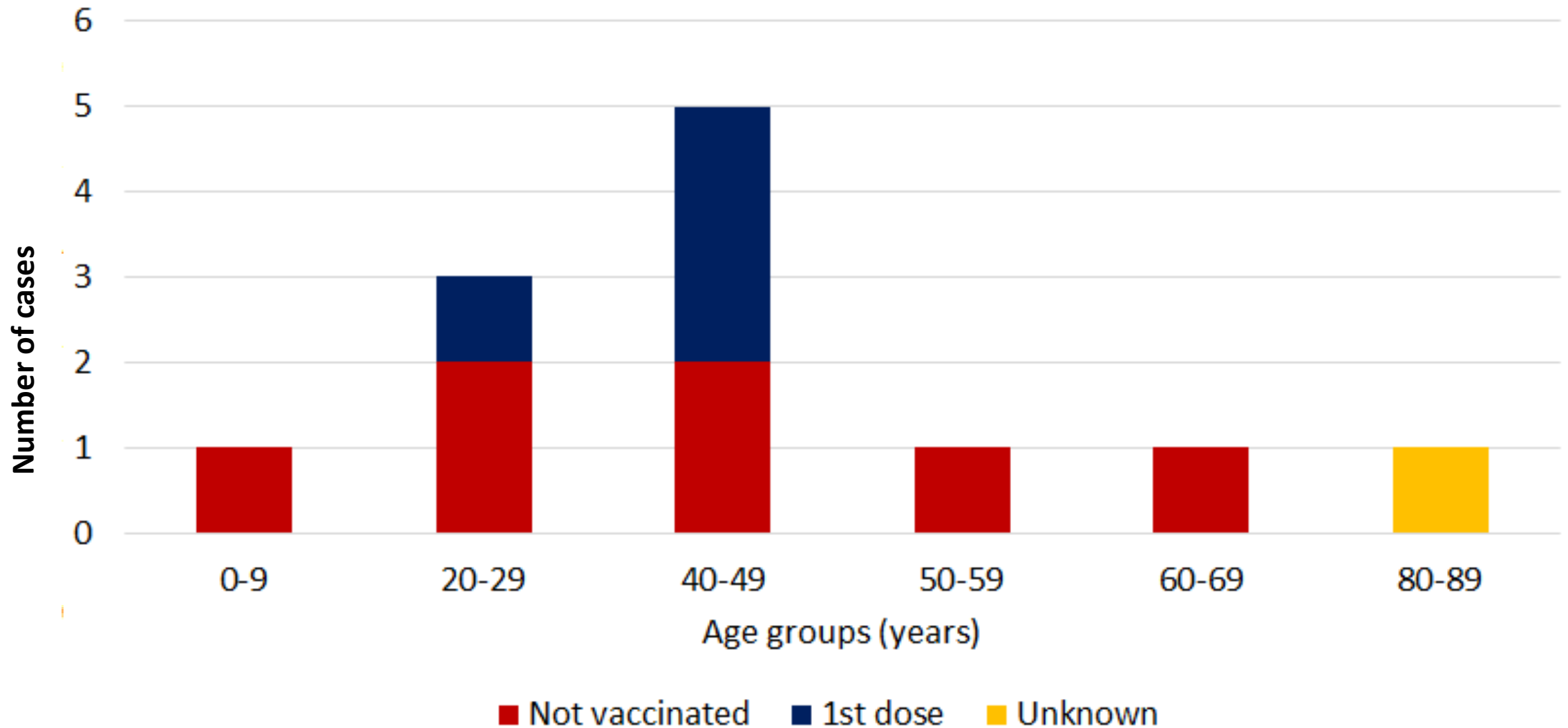
Hospitalisations

In Wave 3 so far, 12 (6%) Aboriginal people have been admitted to hospital:



Hospitalisations

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What the data tells us

- Aboriginal cultural governance and decision-making in the context of COVID has been highly effective
- Households is the most common way COVID has spread in HNELHD
- Increased trends in outbreaks
- 1 in 10 have gone to hospital
- Vaccination is the most effective protect yourself and your community against COVID

Aboriginal and Torres Strait Islander peoples must continue to be treated as one of the highest priority groups in our pandemic response

Aboriginal Public Health Team

MISSION:

To reduce the risk of a public health emergency for Aboriginal and Torres Strait Islander communities in Hunter New England

PURPOSE:

- * Embed cultural governance and inclusion across the entire ICS operation; including planning, operations and logistics
- * Co-ordinate Aboriginal Cultural Support for case and contact management
- * Co-ordinate the HNE Aboriginal Governance Group on COVID-19