

COVID - 19: IT'S NOT A MATTER OF "IF" BUT "WHEN".

September 1, 2021

It's been a long haul over the last 18 months and I'm sure, like me, you are fed up with the constant barrage of COVID advice in the media; in particular rhetoric from experts on how we can beat this virus and live happily in a COVID free world. Even now these same experts are telling us that lockdowns might have worked better in Victoria if they had locked down harder after the first case. These people live in fairy land. Lockdowns are an important means to slow up transmission, in other words to "flatten the curve" but real world experience tells us it's not "if but when" you get COVID - 19. We are all going to be exposed to COVID at some time in the future. You can reduce your risk of exposure to some extent but in the end, you too **WILL** be exposed. This is the nature of a novel infectious disease. It may not be in the next few months or even years but at some time you will contract COVID. People respond to the virus in different ways. Some will have few if any symptoms while others will end up on a ventilator in an intensive care unit. Multiple research studies have shown it is more serious in older people, particularly those with pre-existing medical issues such as diabetes or obesity and less so in younger people. The case fatality rate ranges from over 20% in people over 75 years to less than .1% under 30 years (USA data). Deaths do occur in young people and many more young people have been seriously unwell with the Delta strain of COVID. Long COVID can be very debilitating.

We can all reduce our risk of hospitalisation through vaccination. To put it simply, the difference between you experiencing a "cold like experience" and a visit to intensive care is vaccination. This has been well shown in well-vaccinated populations in the UK, USA and Israel.

I have worked for many years looking after travellers heading overseas. I have also treated many exotic health issues in returned travellers. On one occasion more than 20 years ago, I was asked to review a person who had a very high fever and rash. He had just returned from Thailand and was very concerned he had an exotic disease. Examination revealed multiple posterior cervical lymph nodes consistent with a diagnosis of Rubella (German Measles). Blood was taken and this confirmed the diagnosis. Ten days later I developed similar symptoms but worse. I had developed a nasty arthritis seen with adult Rubella. I was in my 40's. How could this have happened to me? Was I sloppy in my examination technique. Should I have taken more precautions when examining him. Rubella was a "growing up disease" in the 50's and 60's and it wasn't until 1971 that the Rubella vaccination was offered in the community. First to young girls in primary school and then in 1989 as Measles, Mumps Rubella (MMR) to all children aged 12 months. Vaccination was undertaken to reduce the risk of Congenital Rubella Syndrome in babies born to women infected with Rubella during pregnancy. I just presumed I was naturally immune to Rubella and despite working as a paediatrician for a number of years and undertaking extensive travel and work in less developed countries I had never been exposed! It still found me out in the end. Australia has been declared free of Rubella since 2018. We do see the occasional imported case in Australia but local transmission is unlikely. The virus is locked out by our high rate of immunisation – 47 years in the making! It can be similarly said for Measles. Australia was declared free of Measles in 2012 – 44 years to achieve!

We are very fortunate to have access to a COVID vaccine at this time. All three provide good protection against serious disease. Unfortunately they do not stop you from infecting another person even if you are fully vaccinated. There is evidence that you will infect fewer people but transmission of the virus from person to person will still be possible. You can't hide amongst vaccinated people as with Rubella or Measles. It is up to you to protect yourself and the best way is

through vaccination. We don't have to look too far afield to find the evidence that vaccination makes a difference. NSW is experiencing a major outbreak of COVID-19. More 23,000 cases and 107 deaths have been reported since June 16th this year. (September 2, 2021).

Surveillance data to August 7th show the majority of ICU admissions to be either unvaccinated or partially vaccinated with most of the deaths occurring in those who would have had ample opportunity to be vaccinated. A few would not have been given the opportunity to receive any vaccine and this is very unfortunate.

Table 8. Hospitalisations and ICU admissions due to COVID-19, by vaccination status, NSW, from 16 June to 7 August 2021

| Vaccination status | Hospitalised (%) | Hospitalised and in ICU (%) |
|----------------------|------------------|-----------------------------|
| Fully Vaccinated | 16 (2.1%) | 0 (0.0%) |
| Partially vaccinated | 74 (9.7%) | 9 (8.4%) |
| None | 669 (88.1%) | 98 (91.6%) |
| Total | 759 (100.0%) | 107 (100.0%) |

Interpretation: Of the 759 people hospitalised, 16 (2.1%) are fully vaccinated, 74 (9.7%) were partially vaccinated and 669 (88.1%) were either not vaccinated or vaccination status has not yet been determined.

How many people have died as a result of COVID-19?

Since the start of the pandemic, <1% of cases (86 people) have died as a result of COVID-19, most of whom were 80 years of age or older, including 30 residents of aged care facilities with known COVID-19 outbreaks. Approximately 14% (12/86) of the deaths were in overseas acquired cases.

There were 15 deaths as a result of COVID-19 reported this week including a male in his 20s, a female and four males in their 60s, a male in his 70s, four females and two males in their 80s and two males in their 90s. Two people were partially vaccinated and 13 were unvaccinated.

Table 9. Deaths as a result of COVID-19, by age group, NSW, from 25 January 2020 to 7 August 2021

| Age group (years) | Current outbreak | Since January 2020 | | |
|-------------------|------------------|------------------------|------------------|---------------------|
| | Number of deaths | Total number of deaths | Number of cases* | Case fatality rate* |
| 0-4 | 0 | 0 | 470 | 0% |
| 5-11 | 0 | 0 | 572 | 0% |
| 12-17 | 0 | 0 | 637 | 0% |
| 18-29 | 1 | 1 | 2,637 | <0.1% |
| 30-49 | 1 | 1 | 3,344 | <0.1% |
| 50-59 | 1 | 2 | 1,318 | 0.2% |
| 60-69 | 6 | 10 | 986 | 1.0% |
| 70-79 | 3 | 18 | 557 | 3.2% |
| 80+ | 18 | 53 | 278 | 19.1% |
| Total | 30 | 86 | 10,799 | 0.8% |

Interpretation: Cases older than 80 years of age had both the highest number of deaths and the highest case fatality rate.

The next few months are very important in the vaccine roll out. Supplies of the vaccine are increasing and individuals should be able to have a first dose. It is important to undertake this as soon as possible as a major outbreak can happen at any time.

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