From: News
To: s47F ; News
Subject: RE: COVID questions [SEC=OFFICIAL]
Date: Wednesday, 5 April 2023 1:28:00 PM

Pleasure s47F please see additional below.

1. **Data from the PBS of utilisation of COVID antivirals - how many courses have been prescribed, and trends over time**

Over 754,450 PBS prescriptions for COVID-19 oral treatments have been dispensed up to the week ending 26 March 2023 with over 535,450 for Lagevrio® (molnupiravir) and 219,000 for Paxlovid® (nirmatrelvir & ritonavir). For trends over time, please see the COVID-19 treatment charts available at Coronavirus (COVID-19) case numbers and statistics | Australian Government Department of Health and Aged Care. This information is updated each Friday, and will be updated on Thursday 6 April 2023 due to the public holiday on Friday this week. Note that PBS data captures information on PBS medicines when they are dispensed. No information is available on prescriptions that are written but not dispensed, or for medicines dispensed as private (non-PBS) prescriptions.

PBS data do not capture the following:

- Private prescriptions (e.g., non-PBS prescriptions)
- Medicines dispensed Over-the-Counter
- In-patients in public hospitals
- Diseases diagnosis and diagnostic tests information

2. **Availability in the national stockpile of antivirals and federal funding to make this available, for which eligible groups**

National Medical Stockpile

The Australian Government, through the National Medical Stockpile, has deployed supplies of oral antiviral treatments to all state and territory health departments, for supply to high priority groups. States and territories are responsible for distribution of this supply within their jurisdiction following their COVID-19 care arrangements. Further information about access via states and territories is available at www.health.gov.au using the search 'Oral treatments for COVID-19'.

Pharmaceutical Benefits Scheme

The Government has invested in a diverse range of COVID-19 treatment options to ensure Australia will have sufficient treatment supply to manage different stages of disease. This includes the two oral antiviral treatments, Lagevrio and Paxlovid), which are listed on the Pharmaceutical Benefits Scheme (PBS).

Eligible patients who test positive to COVID-19 can access the oral antiviral treatments under the PBS from their local community pharmacy on a prescription from an authorised prescriber such as a General Practitioner (GP), medical practitioner or nurse practitioner in accordance with the PBS requirements. Availability of COVID-19 oral antiviral treatments through the PBS, supports quick and affordable access to Australians at high risk of developing severe COVID-19 disease, helping to reduce hospitalisation and deaths from COVID-19.

From 1 April 2023, patients may be eligible for a PBS-subsidised prescription of Paxlovid if they test positive to COVID-19, and are:

- 70 years of age or older,
- 60-69 years of age with one risk factor,
- 50-59 years of age with two risk factors,
- First Nations person 30 years of age or older and with one risk factor,
- 18 years of age or older
    - with moderate to severe immunocompromise, or
    - who have been previously hospitalised from COVID-19 disease, and subsequently reinfected.

Patients may be eligible for a PBS-subsidised prescription of Lagevrio if they test positive to COVID-19, and are:

- 70 years of age or older,
- 50-69 years of age with two risk factors,
- First Nations person 30 years of age or older and with one risk factor,
- 18 years of age or older
    - with moderate to severe immunocompromise, or
    - who have been previously hospitalised from COVID-19 disease, and subsequently reinfected.

-

Background (if required)

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The current PBS listings of Paxlovid and Lagevrio reflect the evidence that has been submitted to the Pharmaceutical Benefits Advisory Committee (PBAC) to date. The PBAC is an independent expert body appointed by the Government, and its members include doctors, health professionals, health economists and consumer representatives.

The Government cannot list a medicine on the PBS unless the PBAC makes a recommendation in favour of doing so, and similarly requires the advice of the PBAC to change the criteria of existing PBS listings, such as a change to the medical conditions and patients that can be treated. Under legislation, there is no provision for the subsidised supply of a PBS-listed item outside the terms of the PBS listing criteria.

The PBAC continues to monitor the eligibility criteria for PBS access to Paxlovid® and Lagevrio® and may recommend changes to the eligibility criteria as needed, considering new evidence for their effectiveness and safety in other patient groups, as well as the evolving epidemiology of COVID-19.

3. **Any analysis on how significant a role they have played in the overall reduction in severe outcomes?**

The Department of Health and Aged Care does not have any available analysis regarding the effectiveness of the use of oral anti-viral measures specific to the fourth Omicron COVID-19 wave. However, earlier research by the Victorian Department of Health using data linkage examined the risk of hospitalisation in more than 27,000 people aged over 70 years diagnosed with covid and the risk of death in more than 32,000 people who did and didn't undergo treatment.

- This study found:
    - COVID-19 medicines substantially reduced risk of hospitalisation (32% for

Paxlovid, 26% for Lagevrio) and risk of death (72% for Paxlovid, 54% for Lagevrio
- early treatment with a COVID-19 antiviral provided the greatest benefit – treatment with either drug within one day of diagnosis reduced the risk of hospitalisation by 37%, and death by 63%
- the benefits for reducing the risk of hospitalisation were not seen if people were treated two or more days after diagnosis
- the benefits for reducing the risk of death were not seen if treated four or more days after diagnosis

There is also a significant body of international peer-reviewed evidence that shows that early treatment with oral antivirals during active COVID-19 infection significantly reduces the risk of severe outcomes.

Thanks, s22

Unless stated otherwise, this information is provided on a background basis and should not be attributed.

From: s47F @croakey.org>
Sent: Tuesday, 4 April 2023 1:05 PM
To: News <news@health.gov.au>
Subject: Re: COVID questions [SEC=OFFICIAL]

Huge thanks for these very comprehensive responses well ahead of time, it's greatly appreciated.

One other element that I was hoping to touch on was Paul Kelly's comment in his Fourth Omicron analysis on the place of antivirals in our success in improving outcomes

I'd be interested in
1. Data from the PBS of utilisation of COVID antivirals - how many courses have been prescribed, and trends over time
2. Availability in the national stockpile of antivirals and federal funding to make this available, for which eligible groups
3. Any analysis on how significant a role they have played in the overall reduction in severe outcomes

Thanks for any insights you might be able to shoot across.

All the best,
s47

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https://croakey.org/
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On 3 Apr 2023, at 2:56 pm, News <News@health.gov.au> wrote:

Hi s47F passed your query to us. Please see below, along with last week's MR and presser. Below can be attributed to a spokesperson for the Department of Health and Aged Care.

Thanks, s22 .

1. **What is the latest national data on COVID-19 vaccine coverage, broken down by primary dose, first booster, more than one booster (if available), and are there significant differences by state?**

On 31 March, the Government updated its methodology for reporting vaccine uptake to better reflect ATAGI's latest booster recommendations and to align with ATAGI's shift from numbered to time-based doses. Please see PowerPoint Presentation (health.gov.au)

Reporting for primary course doses can be found on the first slide. The weekly statistics transparently report on how many adults have received a 2023 booster dose; how many have received a dose in the past 6 months; how many have received one more than 6 months ago, and how many are completely unvaccinated.

2. **What is the comparable data on coverage in Aboriginal and Torres Strait Islander communities?**

Weekly COVID-19 Vaccine Rollout updates are available that include a breakdown of vaccination for indigenous populations by jurisdiction and age, available here: COVID-19 vaccination rollout update | Australian Government Department of Health and Aged Care.

Weekly reports are also available for Indigenous populations, broken down by age and LGA, with the most recent available here:https://www.health.gov.au/resources/collections/covid-19-vaccination-geographic-vaccination-rates-lga-indigenous-population?language=en#march-2023

https://www.health.gov.au/resources/collections/covid-19-vaccine-rollout-full-data-and-analysis, contains the full collection of data reports, geographical summaries, and sentiment analyses of Australia's COVID-19 vaccine rollout.

Q3: What are the latest most reliable estimates on levels of hybrid immunity (vaccinated or COVID-19 infection in the last 3-6 months) in the community?

The World Health Organization defines hybrid immunity as the immune protection in individuals who have had one or more doses of a COVID-19 vaccine and experienced at least one SARS-CoV-2 infection before or after the initiation of vaccination.

While assessing specific population levels of hybrid immunity is complex, it is clear that Australia's hybrid immunity is high and continues to rise.

- This is broadly evidenced by increasing levels of antibodies detected in analyses, concurrent to the reductions or stabilisation observed in severe illness during the latest Omicron wave.

This is supported by the results of the latest seroprevalence survey commissioned by the Department of Health and Aged Care, which analysed blood samples collected in theperiod of 29 November 2022 to 13 December 2022, which found:

- The prevalence of antibodies that indicate exposure to either vaccination and/or natural infection was 99.6%, with little variation between jurisdictions or age groups. This is consistent with the results of the three earlier surveys.
- The prevalence of antibodies that specifically indicate infection from SARS-CoV-2 increased from 65% in the prior survey (23 August 2022 – 2 September 2022) to 71%.
- Full details of the seroprevalence surveys can be found on the Kirby Institute's webpage, at: https://kirby.unsw.edu.au/project/serosurveillance-sars-cov-2-infection-inform-public-health-responses.

Q4: What are the latest most reliable estimates on deaths and hospitalisations with severe disease?

Of notifications from jurisdictions to the National Incident Centre, as at 28 March 2023*:

- National average COVID-19 associated hospitalisations over the past 7 days (22-28 March 2023) – 1,442.
    - This reflects an increase of 6.1% compared to the prior 7 days (15-21 March 2023).
- National average COVID-19 associated ICU admissions over the past 7 days – 36.5.
    - This reflects a decrease of -0.5% compared to the prior 7 days (22-28 March 2023).

- In considering COVID-19 deaths, it is important to note that:
    - Factors such as other diseases or chronic conditions may have also contributed to or caused deaths associated with COVID-19.
    - National Notifiable Diseases Surveillance System (NNDSS) death data may have a delay of up to two weeks in confirming death notifications publicly reported by states and territories; data for the last two weeks will be subject to revision.
    - For more information on mortality statistics in Australia, please see Australian Bureau of Statistics – Causes of death.
- Of notifications to NNDSS, as at 28 March 2023:
    - The provisional rolling 7 day average of COVID-19 associated deaths was 3.
        - The rolling 7 day average on 14 March 2023 was 6.
    - 7 day rolling averages of COVID-19 associated deaths have trended downwards since a peak of 55 on 1 January 2023.
- Further information and visual depictions on all COVID-19 statistics are available on the department's website, at: https://www.health.gov.au/health-alerts/covid-19/case-numbers-and-statistics.

3. **ATAGI recently updated its advice on priorities for the national COVID-19 vaccine program. What is the government's strategy for 2023 on COVID-19 vaccination – priority populations, funding, messaging?**

The Australian Government is continuing to support COVID-19 vaccination pathways (including via in-reach) for priority populations including residential aged care and people with disability in residential accommodation settings or people with a disability or who are frail and cannot leave home to visit a primary care vaccination site. Primary care providers will be key to the delivery of on-site COVID-19 booster vaccinations as residents become eligible.

As part of the National COVID-19 Health Management Plan the site visit payment (flag fall) was increased to $118.15 for primary care providers who

visit vulnerable patients to administer COVID-19 vaccinations. In addition, the Vulnerable Vaccination Program has been extended to 31 December 2023 to enable Primary Care Networks (PHNs) to continue to develop and implement innovative, short-term COVID-19 vaccination activities, tailored to the needs of priority populations in their regions.

To support booster uptake in 2023, the Australian Government launched a new advertising campaign on 30 March. It will appear across a range of media, including television, radio, cinema, out of home display, digital and social media. Campaign materials include an adaption for First Nations audience and will be translated for culturally and linguistically diverse audiences. See the campaign website.

4. **Does Australia still have vaccine targets? What are they? Are we continuing to meet them? If targets are no longer in place, what will the measurable outcome be? Could the COVID vaccine eventually find its way onto the childhood immunisation schedule?**

The goal of the Australian COVID-19 vaccination program remains the prevention of severe illness from COVID-19, which is reflected in the at risk populations in ATAGI's current advice.

In terms of children, ATAGI currently recommends only children and adolescents aged 5-17 years who have medical comorbidities that increase their risk of severe COVID-19, or disability with significant or complex health needs should consider a booster in 2023.

Government will continue to review the available evidence and advice from ATAGI in future directions for the COVID vaccine program.

5. **There is a perceived information gap around this issue – people are unsure whether or not to get boosted, or how to make an informed decision about this with the latest data on COVID incidence, prevalence, efficacy of the latest generation of vaccines. How does the government plan to address this?**

ATAGI's latest booster recommendations are very clear about who is recommended to get a 2023 booster. To support booster uptake in 2023, the Australian Government launched a new advertising campaign on 30 March. It will appear across a range of media, including television, radio, cinema, out of home display, digital and social media and provides eligibility detail and links to more information to assist with decision making and booking an appointment.

6. **Related question – the messaging and in the context in which this is occurring has obviously changed (high levels of immunity, reduced**

levels of severe disease). To what extent does the onus remain on the federal and state governments to prosecute the case for vaccination, and how much, going forward, is this going to rely on general practitioners?

Messaging and advice has continued to evolve in line with the latest evidence. The Government will continue to update the public on the latest advice and stress the need for people to be vaccinated according to the ATAGI advice, and we recognise the role of health practitioners as trusted sources of information in the community.

7. **What groups will the COVID-19 vaccine remain government funded (i.e free) for in 2023, and how is it envisaged it will transition into the national vaccination schedule?**

COVID-19 vaccines currently remain free for everyone in Australia. Should any changes be made to COVID-19 Vaccine arrangements, they will be widely communicated to providers and the general population as early as possible.

The Australian Government is currently working with states and territories on supporting the transition of vaccine storage and distribution arrangements for COVID-19 Vaccines to be more in line with logistic arrangements for other vaccines. The Government is working hard to ensure this transition does not impact the general population.

8. **Where does the COVID program stand/how important is it at this stage in the broader context of other infectious disease and health priorities confronting the federal government?**

COVID-19 remains a priority, underlined by the latest campaign as part of a range ofmeasures announced by the government as part of its response.

9. **What are Australia's responsibilities and ongoing efforts in the broader Asia-Pacific region and within the global community to promote vaccine access and equity?**
10. **How does the national COVID-19 vaccine stockpile stand at present (how many do we have, how many do we need), and how much spoilage are we projecting (how many are due to expire), at what cost in dollar terms?**

The Commonwealth Vaccine stockpile has more than sufficient doses to complete future vaccine requirements into 2024. There are currently more than 12 million doses of bivalent vaccines in Commonwealth warehouses. The Department works closely with vaccine manufacturers to ensure deliveries align with Australia's needs.

We carefully manage vaccine stocks to minimise wastage and ensure that all doses are distributed efficiently and effectively. While all avenues to avoid

wastage are explored, the WHO recognizes that wastage can be expected as part of any vaccination program. In Australia, wastage of vaccines is expected to remain within the WHO accepted range of between 15-40% of vaccines when using multi dose vials.

Where practical, we are working with Department of Foreign Affairs and Trade to donate excess stock to our regional neighbours depending on the needs of those countries.

Australia has already donated more than 52.1 million doses to countries in the Indo-Pacific and Southeast Asia.

- 23.5 million as part of our commitment to share 40 million doses and a further 28.5 million through our agreement with UNICEF.

Australia has offered a further 16.8m doses to the COVAX facility for distribution to participating developed and developing countries with 770,000 doses being accepted.

From: s47F @croakey.org>
Sent: Thursday, 30 March 2023 12:32 PM
To: s22 @Health.gov.au>
Subject: COVID questions

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi s22

As mentioned via text, am working on a piece for The Saturday Paper for publication next weekend (deadline for responses to these queries Monday COB/Tues lunchtime at a pinch, but sooner is obviously immensely helpful) around where we are at in terms of the public health response - and particularly in our vaccination program - to COVID-19.I've written a list of questions, quite a few of which are just seeking some data/numbers, attached. Assuming these are best furnished in writing and attributable to the Minister, but of course also always happy for an opportunity to speak with him directly if he has time and inclination at all.

Any clarification needed or followup questions, feel free to buzz me or shoot an email across.

Thanks so much for your help.

All the best,
s47

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From: s22
To: PERCY, Richard
Cc: s22
Subject: RE: Blood donor SARS-CoV-2 serosurvey round 4 update [SEC=OFFICIAL]
Date: Monday, 13 February 2023 12:18:42 PM
Attachments: image001.png

Hi Richard
We have reviewed this, and didn't find any major sensitivities, however have noted some points for further consideration.
Main findings

- The study presents the results of the fourth round of the national SARS CoV-2 serosurvey, which was conducted between 29 November-13 December 2022.
- The prevalence of anti-spike antibodies (which indicates exposure to vaccination and/or natural infection) was 99.6%, with little variation across jurisdictions or age groups, consistent with Rounds 1–3.
- The prevalence of anti-nucleocapsid antibodies (which indicates natural infection) increased modestly from 65% in Round 3 to 71% in Round 4.
- As in previous rounds, the prevalence of anti-nucleocapsid antibodies was highest for the 18–29-year-old age group (83.2%) and decreased with age.
- These results suggest that by December 2022, more than two-thirds of the adult population had been infected with SARS CoV-2, virtually all subsequent to the appearance of the Omicron variant in late 2021.

Points for consideration (maybe for future rounds if time doesn't permit for this round).

- Would be good to include some analysis on how the seroprevalence estimates compared with cumulative case notifications, particularly given there was considerable changes in case ascertainment and reporting over that period (e.g. cessation of mandatory isolation of cases and reporting of RATs).
- Further explanation/assumptions on why the prevalence of anti-nucleocapsid antibodies decreases with age. The report mentions that anti-nucleocapsid antibodies are produced at lower levels and wane faster in people who are vaccinated. So is the lower seroprevalence in older age groups due to higher coverage and uptake of boosters in older people?
    - In this regard, is it possible to collect vaccination status of donors? I know this might be out of scope, but it would greatly help in contextualising some of the findings, and also help answer questions around hybrid immunity.

Kind regards,
s22

From: PERCY, Richard
Sent: Friday, 10 February 2023 4:40 PM
To: s22
Cc: s22
Subject: FW: Blood donor SARS-CoV-2 serosurvey round 4 update [SEC=OFFICIAL]
Hi s22
Can we get a quick review of this one on Monday?
TY
R

From: HARPER, Emily <Emily.HARPER@Health.gov.au>
Sent: Wednesday, 8 February 2023 3:33 PM

To: PERCY, Richard <Richard.Percy@health.gov.au>
Cc: GRINBERGS, Helen <Helen.GRINBERGS@health.gov.au>; s22
s22 @Health.gov.au>; s22 @health.gov.au>
Subject: FW: Blood donor SARS-CoV-2 serosurvey round 4 update [SEC=OFFICIAL]
Hi Richard – can you please have the team review for any sensitivities and key outcomes and track any proposed feedback to me ASAP?
Many thanks,

E

Emily Harper
Assistant Secretary – Public Health & Surveillance Branch
Office of Health Protection | Chief Medical Officer Group
Australian Government Department of Health and Aged Care
T: 02 6289 s22 | E: Emily.Harper@health.gov.au
Executive Assistant: s22 @health.gov.au)
The Department of Health and Aged Care acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

From: s47F @kirby.unsw.edu.au>
Sent: Wednesday, 8 February 2023 3:21 PM
To: HARPER, Emily <Emily.HARPER@Health.gov.au>; s22
@health.gov.au>
Cc: s22 @health.gov.au>; s47F
s47F @health.nsw.gov.au>; s47F @kirby.unsw.edu.au>s47F
s47F @health.nsw.gov.au>
Subject: Blood donor SARS-CoV-2 serosurvey round 4 update
REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.
Dear Emily,
We are pleased to provide you with an advanced draft of the Round 4 blood donor serosurvey report and supplementary materials. Please review the documents and share them internally. We will finalise the update for release within the next week and would appreciate any feedback. Also, we are discussing the potential approach for further serosurvey rounds and will provide the Department with more details soon.
Kind regards,
s47F
s47F
s47F

The Kirby Institute, University of New South Wales
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