
COVID + Learning Network Webinar Questions

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Q1: Regarding Omicron and more specific type vaccines, when are we going to see them in Australia?

A: Ben Cowie, Acting Chief Health Officer, Department of Health

It is still yet to be determined whether we have enough evidence that specific vaccines are substantially better in terms of the immunity they give at a population level than the ancestral sort of variant vaccines that we're currently using.

I do think that there is a potential benefit in terms of being more akin to what circulating now than what was the ancestral strain of COVID-19. But we're still waiting for good population level evidence to the degree of difference that that makes. We've got evidence that the current ancestral strain vaccines are very protective against severe illness and ending up in hospital. But with every successive wave of COVID-19 their impact on preventing transmission and stopping you getting COVID in the 1st place is slightly less because of the capacity of the new variants of COVID to breakthrough immunity. They still retain greater than 90% efficacy against loss of life or serious illness resulting in hospitalization.

Can we deploy a specific variant vaccine quick enough before new variants of COVID-19 emerge? The virus can evolve much more quickly than we're able to design, deploy, and then deploy at scale. The virus is moving faster than us and will probably continue to do so until we get vaccines which are more novel, which might target other aspects of the virus and not just incremental changes in the spike protein.

Q2: What about children? Are they going to get a third dose?

A: Ben Cowie, Acting Chief Health Officer, Department of Health

ATAGI are continually looking at the evidence there and they haven't moved on that yet. The best level evidence that's available globally will be reviewed, then Australia's vaccination recommendations will be adjusted accordingly. I do think that will happen; but it's always this risk benefit equation and clearly the benefit of vaccines are greatest amongst those at greatest risk of severe outcomes, such as older people and people with multiple medical conditions.

Q3: Do the admitted to hospital numbers also include admitted to Hospital in the Home (HITH)?

A: Ben Cowie, Acting Chief Health Officer, Department of Health

Those numbers do not include people in HITH. So that's just those who are hospitalised. Currently it's 78 HITH over and above the 402 that I mentioned.

Q4: And then one last question is when will we get the next set of modelling for the next wave? When will we have an idea of what's to come?

A: Ben Cowie, Acting Chief Health Officer, Department of Health

The challenge to have a good sense of what the next wave will bring really depends on the behaviour of the new variant that kicks it off and how that compares with existing variants. We don't know that yet on a global basis, so it's impossible to say what the next wave will hold in terms of the height of the peak or the degree to which immune breakthrough is going to be an issue. But what I can guarantee is that there's going to be another wave and on the balance of probabilities it's going to be in November or December of this year.

Q5: There's a lot of bad news about healthcare in the news and we don't hear enough good news stories. Any thoughts on that?

A: Eleanor Sawyer, Manager, Healthcare worker wellbeing centre, Safer Care Victoria

It's true, and I guess I need to acknowledge that healthcare workers are exhausted. It's been such a challenging two years and this this work is really supporting people to build their reserve. We just must continue to meet and connect, and really support each other as a team and to be able to have those wellbeing conversations. I think it has been helpful to be able to identify the bright spots. I was just wondering if Melissa would like to add to that in terms of from a participant's perspective.

A: Melissa Seymour, Innovation and Special Projects Manager, Euroa Health

I think that finding those bright spots as you put it, and just having that time to come together and understand that we're all feeling the same way. But not getting lost in that and finding some things that make us feel good or to celebrate is an amazing investment in anyone's day; and it isn't an onerous task.

Q6: There's a comment about rostering; teaching staff about roster management is what is needed, not improved rostering. Empowering staff to request rosters that are better for their wellbeing and then training roster managers and how to roster to reduce fatigue and burnout. Any comments about that?

A: Eleanor Sawyer, Manager, Healthcare worker wellbeing centre, Safer Care Victoria

There is a huge amount of literature out there on how to roster and one of the teams did a literature review on this and perhaps that's something that we should put up on our on our website so that others can access it.

Q7: And is there any funding available for these great ideas? You alluded earlier to the Department of

Health funding; I often wonder if funding works its way down to the staff at the coalface. Do you want to tell us a bit about that funding initiative?

A: Eleanor Sawyer, Manager, Healthcare worker wellbeing centre, Safer Care Victoria

There is \$32 million that was that was available the from December 2021 to June 2022 through the bewell. besafe grants, and most health services receive funding, you may have had some meals through that funding. There were a huge variety of ways this was used. Some people created better spaces for staff to be able to have some time away in their breaks. There's also some additional funding that's just been released for more food vouchers to support staff that are that are working at night. So, there has been a large amount of funding put into the wellbeing space over the last year.

Q8: Where can start find out whether their organization has received that funding. Is there a list somewhere?

A: Eleanor Sawyer, Manager, Healthcare worker wellbeing centre, Safer Care Victoria

It would be on the Department of Health website or contact your HR department.