



ADDENDUM
RESPONSES TO QUESTIONS TAKEN ON NOTICE

Hearing Date: 31/01/2022

Directed to: Professor Brett Sutton

1. Ms WARD Page no. 20

Question asked: What is the average stay in hospital for an unvaccinated person versus a vaccinated person?

Further response:

The average length of stay for COVID in Victoria, as measured between 1 July 2021 and 31 December 2021 is 6 days.

Vaccination remains an evidence-based intervention that not only minimises transmission risk but also protects those who contract COVID-19 from the harms of severe illness. Our hospitalisation data shows those who have received 3 doses of vaccine are 4-5 times less likely to be hospitalised relative to someone who has less than 2 doses of vaccine.

As per my previous response, the average length of stay for COVID in Victoria is not significantly different between those who are vaccinated and those who are not. However, it is important to note that length of stay is not the main metric to compare severity of illness between those who were vaccinated and those who were not. Analysis of hospital data shows that, for the equivalent risk of hospitalisation, unvaccinated people were approximately 20 years younger than those who had received 3 doses of a vaccine. Vaccination remains the most powerful intervention to prevent significant COVID-19 illness.

3. Ms KEALY Page no. 18

Question asked: What information was provided to you from pathology companies as to the maximum capacity of their testing system and what modelling was done in regard to when you would hit peak testing?

Given that coincided with a large number of recommendations to ease restrictions coming into the Christmas period, which was when we saw a peak of omicron cases coming through, did you take into consideration or what advice did you provide to the minister and to the Premier in regard to when Victoria's pathology testing system would meet its maximum capacity and therefore try and minimise a situation where people were getting their results 12 days after they were tested or 100 000 tests were actually thrown out?

Further response:

The way laboratories handled PCR tests needed to change when the test positivity rate increased significantly from mid-December. Prior to this time there was a test positivity rate of approximately 1-2 per cent so samples could be batched, and up to 10 samples could be run at a time. When the



test positivity rate increased, batched testing could no longer occur, and individual testing of samples was required. This led to lengthened test turnaround times.

Lengthened test turnaround times, coupled with increasing demand for tests due to increased numbers of close contacts and exposed persons, led to changes to preserve and maintain current PCR capacity for the most critical tests and the introduction of rapid antigen testing for complementary purposes. We also introduced the definition of probable cases to reduce the need for confirmatory PCRs if individuals tested positive on a rapid antigen test.

We were the first jurisdiction in Australia to enable probable cases to self-report their rapid antigen tests which then put them on a COVID-positive pathway with clear messaging to inform them to isolate and ensured they were followed up by health services. As such we were able to preserve the benefits of a test, trace, isolate and quarantine measure despite the pressures on our PCR system.

From the modelling, which was provided to the Department of Health just before Christmas, there was a large amount of uncertainty around when the Omicron wave might occur and how high the peak would be. Some of the more pessimistic but plausible scenarios indicated that there could be as many as 60,000 cases a day by early February with 30,000 cases by mid-late January. The Minister was kept abreast of this information as it came to hand.

At the time of these changes, there was also a high volume of PCR tests being undertaken for interstate travel requirements of other jurisdictions. With engagement at the national level, other jurisdictions subsequently eased those testing requirements and enabled Victorians at the highest risk and need for PCR to access them.

Test turnaround time remained high at over 80 per cent of test results returned by the next day until 23 December 2021.

Unprocessed Tests – January 2022

Due to the backlog caused by the high demand of PCR tests and individual testing of samples, three private pathology providers advised the department that some samples were no longer able to be processed.

The Department of Health worked with these providers to clear their backlog and reset their testing system.

Due to the backlog of PCR tests, about 71,500 PCR samples at Melbourne Pathology, ACL and Dorevitch were no longer able to be processed.

All those people affected were sent an SMS message starting on Friday 14 January – Friday 21 January 2022.

Response previously provided:

Testing system Capacity

	Previous capacity (85% turnaround time in 24 hours)	In December 2021 - Capacity with increased positivity rates
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		(85% turnaround the next day)
Total Overall Pathology Capacity	76,800	50,000