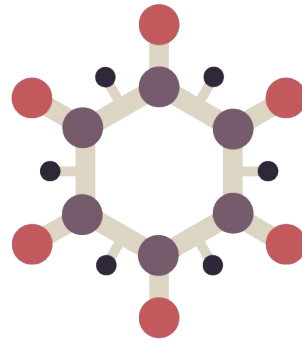


Aged Care – Immunisation update

A/Prof Michael Murray AM

Geriatrician Lead, VACRC July –Oct 2020, Geriatrician VicSIS

Aged Care Advisory Group AHPPC



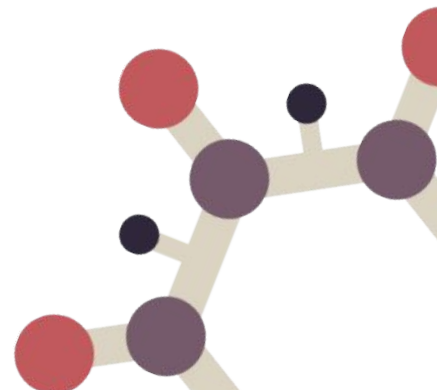
IMMUNISATION
COLITON

I am a Board Director of several RACF in the not for profit sector and sit on several sector related committees.

I do not receive / accept any remuneration from the sector. All views expressed are my own.

Outline

- Immunisation rates
 - RACF Residents and Staff
 - Aged Care Packages, Home Care
 - Vulnerable groups Vs Age
- A House divided – A tale of two cities
- Vaccination
 - Encourage or mandate (as if we currently really had a choice)
- Where to from here?

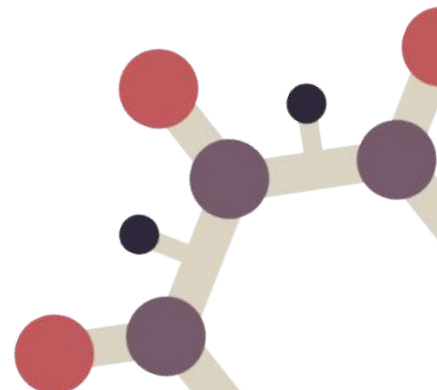


2nd Wave Outbreaks Victoria c.f. most recent outbreaks



Are we there yet?

- Immunisation rates
 - 98.7% all RACF received doses 1 and 2
 - 158K residents dose 1, 150K residents dose 1 and 2
 - Completion anticipated towards end July
 - Approx 15% elected not to be vaccinated (most choice, some active palliative pathway)
 - Mandatory reporting staff vaccination mid June
 - 33% (85K) dose 1, 40K dose 2
 - Targeted rollout to highest risk LGAs



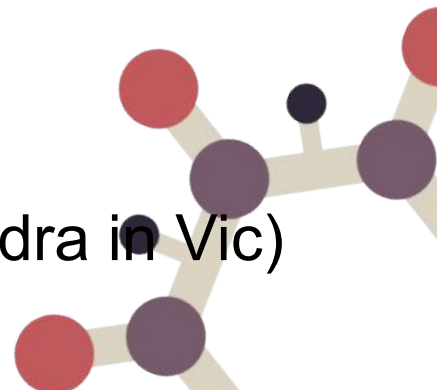
Adverse events

- Adverse immunisation events historically underreported (MJA 2017)
 - Victorian DHS initiated active surveillance given difficulty with AusVaxSafety phone surveys
- Difficult to determine esp. non specific events given expected attrition rate in RACF
- overall reporting has been low (8000 dose 1 and 5000 dose 2 surveyed in RAC Vic)
- SAEFVIC/ DH/ VicSIS process for following up on any deaths temporally associated with vaccination



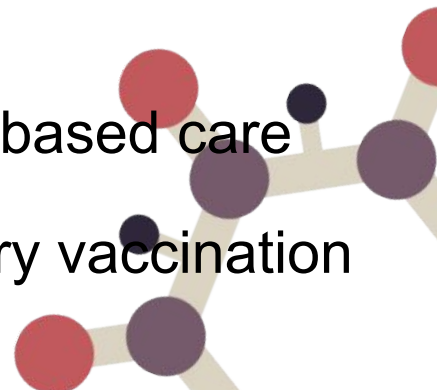
Emerging Issues – Mandatory vaccination and for Whom

- Situational Vs risk based
 - Only Italy has mandatory RC staff vaccination, not yet recommended by WHO
- Staff - older age group in RAC and in Subacute c.f. Acute Health
 - Issue less polarising with move 50 to 60yrs
- Access / availability
 - Vaccine
 - Largest quantity of non AZ vaccine from last quarter 2021
 - Clinics esp. rural and remote (even issue in Victoria e.g. 2 hr Alexandra in Vic)



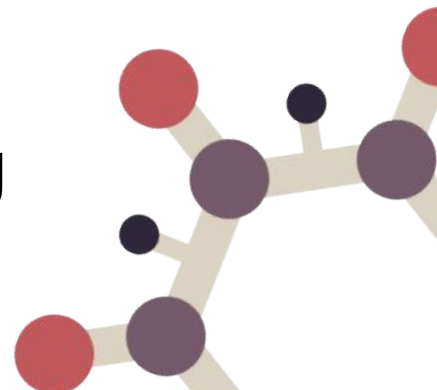
Mandatory vaccination - Staff

- Significant proportion professional health staff historically vaccine reluctant
 - Rates of vaccination in non clinical hospital staff, allied health professionals
>>nursing staff
 - Limited and inconstant in public health practice
 - varies with jurisdiction
 - Varies over time e.g. Victoria
- Hesitancy / uncertainty in Aged Care
 - Significant proportion staff not vaccinated e.g. flu across RAC / Home based care
 - Some data suggesting professional workforce depletion with mandatory vaccination
 - Rarely any redeployment option



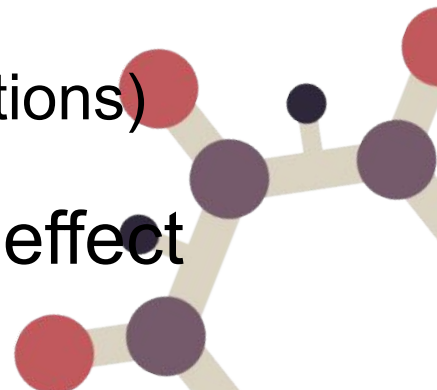
Mandatory vaccination - Staff

- Contributory factors (not well delineated)
- Divisive (though some recent trend to improvement) media reporting
 - Snide and condescending editorial comment thrown out often at end of a news segment
 - Rise of the naysayer armchair expert and the all powerful retrospectoscope
 - 50% (Aust Talks National Survey 2021) trust journalists (50:50)
- Reactive policy environment & challenge of strategic planning
- Disharmony and poor focus across jurisdiction



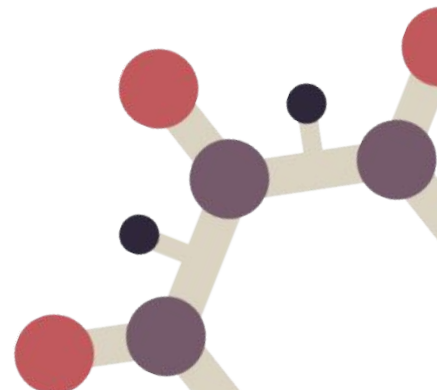
Mandatory vaccination - Residents

- 85% residents electing to be vaccinated
- Significant range 45-98%
 - CALD communities – accessible / available information
 - Family / NOK reluctance (lack of reliable post recent lockdown information other than anecdotal reports of requested additional sweeps)
 - Treating clinician discouragement
 - Lack of a medical director / coordination function in RAC (FFS limitations)
- Resident admission rate up to 50 per hub per week – dilution effect



Mandatory vaccination – Resident/visitor

- Unlikely to be easily able to mandate vaccination for Residents
 - Existing right of tenure
 - Can we mandate vaccination (once, twice or as required) for all new residents, all new resident visitors etc
 - Risk to others now Vs future variants A α, B β, Γ γ, Δ δ, E ε, Z ζ, H η, Θ θ, I ι, K κ, Λ λ, etc



Where to from here?

- Is herd immunity achievable in RACF
 - Significant resident (< 3yr LOS) and staff turnover (up to 18% per year historically)
- How to achieve similar protection in Home based care (or other at risk group)
- Move towards extended support e.g. In-Reach, Embedded GP sessions etc
- Is a maturing risk based and strategic multi-partisan approach

