

What is behind Victoria's suppression success, and will it last?

By Catherine Bennett

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Victoria is in the strong situation everyone wanted us to reach: 11 consecutive days with no new COVID-19 cases, and counting. How did we get here and, just as importantly, will it last?

Lockdown was critical to our success. The second wave began with rapid community spread in Melbourne that quickly escaped the limited suburban lockdown implemented at the beginning of July.

Within 10 days, lockdown rules expanded to metropolitan Melbourne and Mitchell, a critical call that suppressed rising community transmission that threatened to affect more workplaces, fuelling further escalation.



Melburnians flocked to ailing Lygon Street after restrictions were eased on the weekend. Credit: Getty Images

It became clear in the second wave that our public health response couldn't cope; not in the early days to quash it, nor to contain it as cases grew exponentially.

So the rebuild began: establishing a state of the art IT system to replace a more paper-based system; decentralising the public health response; and moving to more aggressive field tactics for following up cases and contacts.

Much of the new system relied on the new IT infrastructure that wasn't ready until very recently. Other key elements included improved laboratory turnaround times and the containment of healthcare outbreaks that ran long into the tail of the second wave.

It was significant in the past week to see active aged care and healthcare-related cases finally return to zero. Throughout, a third of cases were linked to health or aged care, and another third to their household contacts. This was a crucial battle that had to be won to contain the second wave, and was carried out in the midst of our most vulnerable citizens and essential workers.

The last month of the second wave comprised complex clusters in Chadstone, Frankston and Box Hill. This was just before second-degree contacts were asked to quarantine alongside close contacts of cases who they lived with. One of these contacts of a close contact, a truck driver, took the virus to Kilmore and Shepparton before he had symptoms, or even knew he had been exposed.

But the public health response shifted gears, rolling out the more comprehensive contact follow-up and working with the communities and local businesses to close down these clusters rapidly and confidently. There was one last gasp in this wave – the complex northern suburbs cluster – and the strategy worked there too.

Some tweaks were needed to smooth communications and case management operations, but the fundamentals of our revamped response had proved themselves and will be key to avoiding cases escalating beyond our control again.

With our early warning systems (wastewater testing and asymptomatic worker screening), strong testing rates and now our world-class case detection, follow-up and management, we should never have to experience a third wave.

Careful reflection and evaluation will tell us the true cost of our lockdowns. In Victoria's case, this needs to be weighed against cases prevented, but also must take into account the time needed to build a health response strong enough to protect us as we open up.

With the IT system and aged care sentinel surveillance only fully on line in October, and some of the local public health teams still being stood up, we needed to stay in lockdown until we reached this exit point.

One compensation for Victoria is that the extent of lockdown increased our chances of emerging with zero days. Lockdown not only makes contact tracing more efficient, it also shuts



Police and protesters scuffle during and anti-lockdown demonstration. Credit: Jason South

down the virus independently of testing and contact tracing by limiting networks and causing the virus to die out in the absence of susceptible people.

Another compensation is that Victoria can now be more confident than NSW that we do not have large tracts of hidden transmission.

Entering lockdown early was necessary for Victoria, and sustaining strict lockdown for four months was also needed as a primary intervention to allow time for our public health systems and processes to be rebuilt and strengthened.

Should this be a path recommended for other states or countries?

This is a complex question because deciding when you can safely open up depends as much on the capacity of the public health response as on case numbers.

Victoria has set a benchmark for what can be achieved at the more extreme end of lockdown strategies, and we will see how other approaches play out across Europe and North America, with lockdowns reimposed as cases rise and winter approaches.

The great news for us in Victoria now is that this success is sustainable as long as we all play our part. We can reap the benefits of suppressed, if not eliminated, local transmission and be protected by a stronger public health system that we have all helped build.



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