

National [Coronavirus pandemic](#)

OPINION

We need to talk about Christmas as Victoria opens up

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We all want a good Christmas. But if we stick to road maps without being flexible, there is a risk that cases, hospitalisation and ICU admissions will peak at Christmas, turning the festive season into one of suffering for many patients and families sick with COVID as well as the healthcare professionals caring for them.

Ironically, that is exactly what the [Burnet modelling](#) underpinning Sunday's revised road map shows – a peak of about 1200 people in hospital on Christmas day.

Christmas will be a super-spreader event in any state living with the virus. Just as night follows day, the Christmas we want will also drive the case numbers further up.

What do we need to do now to achieve a decent Christmas without too much risk? We need to avoid finding ourselves in a bad position in mid-December, with case numbers high leaving no headroom for the inevitable surge in numbers that will follow the festive season.

The announcements made on Sunday by [Premier Daniel Andrews](#) to slightly increase the freedoms we get at 70 per cent double vaccinated are a little nerve-wracking. We are speeding up the opening, while case numbers are about 2000.

Burnet Institute modelling has (thankfully) warned off doing at 70 per cent double vaccinated what was planned at 80 per cent double vaccinated in the Victorian road map, as the risk of too much morbidity and mortality, and overwhelming the health services, was too great. It's true that at 70 per cent double vaccinated there are many more out there with one dose, providing partial protection.

Nevertheless, there is a real risk that case numbers could increase notably in about two weeks' time – especially with 10 visitors to the home permitted, which if including many unvaccinated will propel transmission. So, we – through our politicians and senior health officials – need to be adaptable and prepared to dab the brakes and slow down the opening up if necessary.

Thinking ahead to Christmas, behind what we are saying is the fact that at 80 per cent or even 90 per cent vaccine coverage we can't guarantee a good Christmas.

For example, in the UK about [95 per cent of all adults](#) have immunity to COVID from one or both of natural infection or vaccination. And still the virus spreads. In Singapore more than [80 per cent of the total population](#) (not just "eligible adults") are vaccinated, and they are struggling to open up as the virus is surging.

Why? Because this virus is so infectious, it does not need many unvaccinated people to spread easily. And vaccinated people can still spread the virus (although they are much less likely to get serious illness).

Australia is emerging as a world leader in vaccination coverage. DANIEL POCKETT

Australia is emerging as a world leader in vaccination coverage. Shooting for 95 per cent seemed impossible months ago but is now within reach. Over 95 per cent vaccine coverage will mean we can avoid much of the mortality and morbidity other countries have endured, live a better life (read: less time in lockdown), and have a buffer in 2022 for the waning vaccine immunity we know is coming.

Higher coverage is possible – in the ACT and Portugal there is virtually no one eligible left to vaccinate.

The [COVID-19 Pandemic Tradeoffs modelling](#) at our Melbourne School of Population and Global Health provides an insight into what living with the virus will be like.

This modelling shows us that at 80 per cent of vaccination coverage of adults only, running a loose suppression strategy that keeps case numbers well within health services capacity (i.e. further restrictions, including lockdowns, are put in place if the healthcare system is overwhelmed), and assuming one vaccinated but (unwittingly and undetected) infected cross-border arrival per day, that over the full course of the year there will be about 4000 people hospitalised.

That doesn't sound bad, but to achieve this we would spend roughly half the year in lockdown! We have to do better.

Including children at 80 per cent vaccination coverage and having light restrictions on all the time (e.g. density limits, working at home most days a week if you can), hospitalisations over the year drop to about 1000 – but there is still an average of 14 per cent of time in lockdown. We have to do better yet– and we can.

Innovations such as ventilation and air filtration of buildings, use of mass rapid antigen testing when needed, wearing masks in enclosed public spaces – and going for over 95 per cent vaccine coverage – will reduce or even remove the need for lockdowns. That is, a Vaccine-PLUS strategy.

We need to wait for approvals to vaccinate children but achieving 95 per cent coverage of the currently eligible population by Christmas is achievable.

To have a good Christmas, we need to ensure case numbers are low (and preferably falling) in the weeks leading into Christmas. High vaccination will help achieve that.

We also need to be prepared to dab the brakes if necessary in November (or earlier) if case numbers surge too high, and be prepared to dab the brakes in late November and early December if necessary to ensure case numbers are – say – less than 1000 per day and preferably falling in the lead-up to Christmas.

Accepting as a fait accompli a Christmas with over 1000 people in hospital, and the likelihood of a further surge of cases and hospitalisations after Christmas if we have the festive season we want, seems unnecessary and unwise.

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