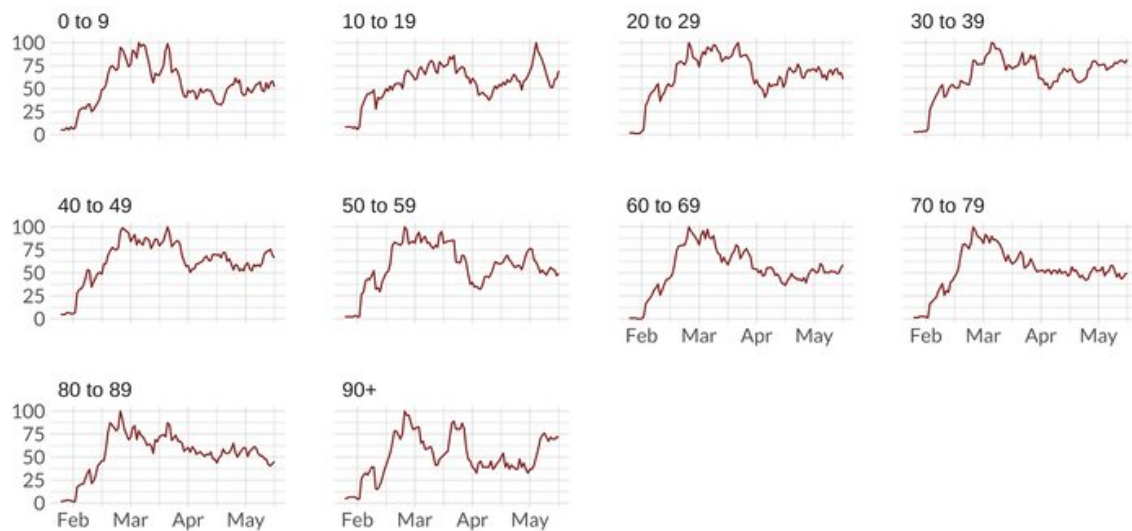


Resurgent COVID-19, flu and other viruses are pushing New Zealand's health system to the limit

June 1 2022, by Matthew Hobbs, Alex Kazemi and Lukas Marek

COVID hospitalisations are increasing back towards the previous peak in younger age groups
Rolling average of daily hospitalisations for each age group as a percentage of their omicron peak



@kazemialex Source: NZ COVID-19 data to 29 May 2022 via <https://github.com/Staz>

Hospitalisations for or with COVID-19 are starting to rise towards their previous peak in younger age groups.

As Aotearoa New Zealand heads into the colder winter months, the [pressures](#) on our health system and staff are growing significantly.

On top of the ongoing [impact of COVID-19](#), [flu cases](#) have [begun to spike](#).

Conditions are also primed for potential outbreaks of other illnesses including [measles](#), [whooping cough](#) and [respiratory syncytial virus \(RSV\)](#).

If we are to weather the coming storm, there will need to be a recommitment to [public health measures](#) that slow the spread of respiratory infections, as well as a renewed drive for widespread vaccination.

The first wave of [omicron](#) swept through Aotearoa New Zealand in late February and March.

Unfortunately, as seen in many other countries, the fall in case numbers has been much slower than the rise, with infections [reaching a plateau](#) in all age groups.

Case numbers have been driven by a high number of infections in [young people](#) between the ages of 10 and 29 years old. But the elderly have borne the brunt of hospitalizations, largely due to the higher risk of [severe outcomes](#) for older adults.

Age stratification aside, persistent inequities have also left Māori and Pasifika at the sharp end of the outbreak both in terms of cases and [severe outcomes](#).

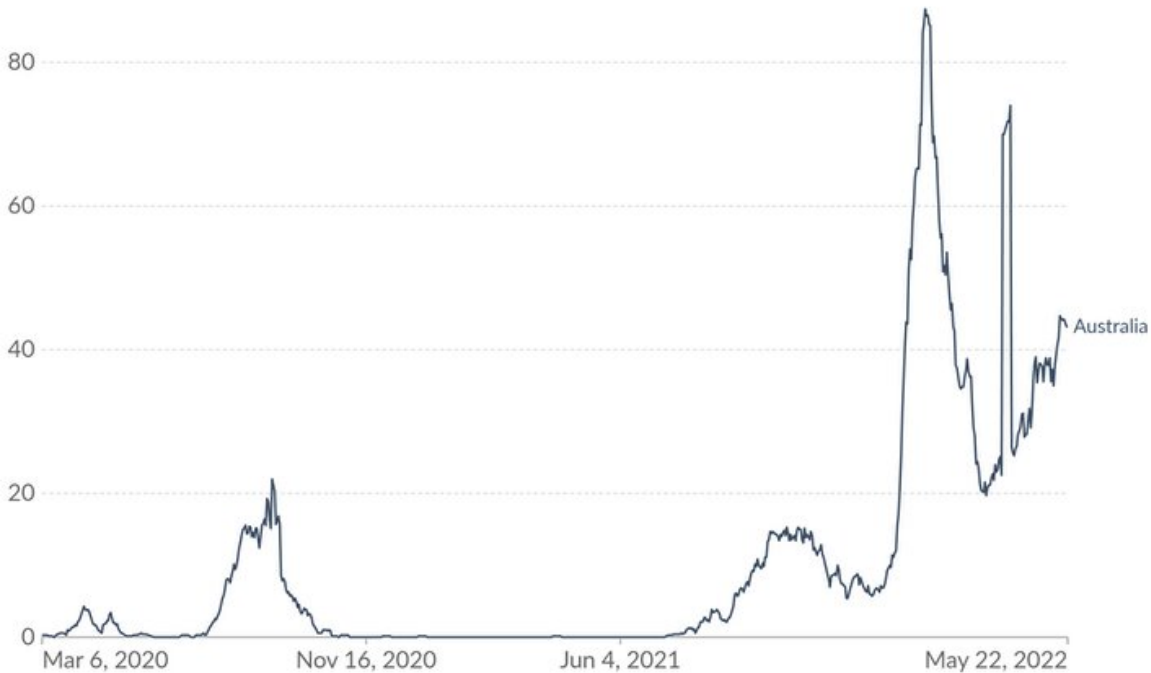
Hospitalization rates and [reinfections](#) are rising in many [age groups](#), mirroring trends [seen elsewhere](#).

An unwanted COVID-19 resurgence

New Zealand can expect [another resurgence of COVID-19](#) this winter.

Daily new confirmed COVID-19 deaths

7-day rolling average. Due to varying protocols and challenges in the attribution of the cause of death, the number of confirmed deaths may not accurately represent the true number of deaths caused by COVID-19.



Source: Johns Hopkins University CSSE COVID-19 Data

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There has been a recent increase in COVID-19 related deaths in Australia.
Credit: Our World in Data

While 95% of New Zealand has received the second dose of the vaccine, one of the highest rates [in the world](#), fewer have received a [booster](#). We also have lower than optimal levels of childhood vaccination.

Long COVID will add a layer of complication for our medical services.

A recent [report by the US Center for Disease Control](#) (CDC) suggests

one in five COVID-19 survivors aged 18 to 64 years old, and one in four survivors aged 65 years and above, experienced at least one condition that might be attributable to previous COVID-19 infection.

Despite being labeled as one of this [generation's disability challenges](#), there is currently no test for long COVID.

Worryingly, COVID-19 deaths in Australia have started to trend upwards. Evidence from [Australia](#) has shown that the overwhelming majority of people are dying from, not with, COVID-19.

Winter will bring more than COVID-19

Health professionals are not just worried about COVID-19. The flu and other viruses are also expected to hit hard this year.

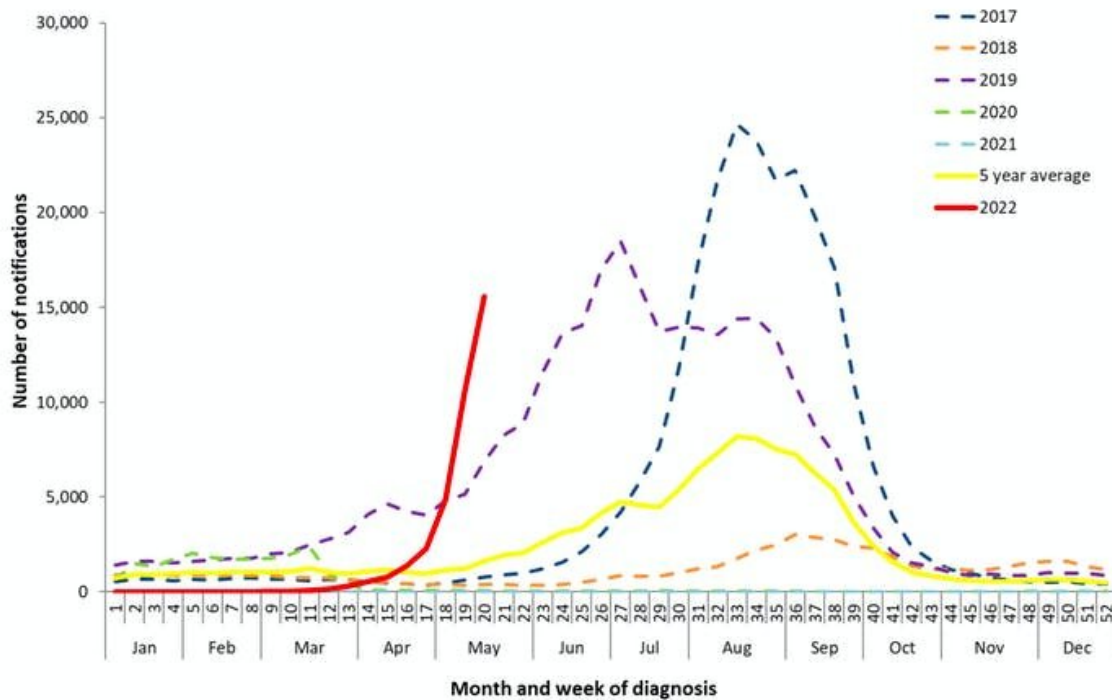
Thanks to closed borders, managed isolation and quarantine, and lockdowns, the last time New Zealand experienced a [flu season](#) was in 2019.

We are now more vulnerable to the virus. There has already been a reported [surge](#) in Dunedin.

In response, the government has made two million vaccines available and has the widened eligibility for people to get vaccinated for [free](#).

Unfortunately, there is growing concern that part of the population may not get vaccinated due to [immunization fatigue](#), or may be unable to due to [structural inequities in access to vaccines](#).

Figure 4. Notifications of laboratory-confirmed influenza, Australia, 01 January 2017 to 22 May 2022, by month and week of diagnosis*



Lab notifications in Australia for influenza show a steep pre-winter surge nationally, comparable to 2017 and 2019.

As with COVID-19, looking across the Tasman can help us understand what is likely to happen in New Zealand.

Much like New Zealand, [flu rates in Australia](#) have, until now, been very low due to closed borders.

The latest Australian national surveillance for [influenza](#) shows a steep rise in rates of the flu, as well as rising hospital and ICU admissions.

Vaccination gaps exist for other diseases

Before the COVID-19 pandemic even started, our research highlighted [declines in childhood immunization](#) for vaccine-preventable diseases.

Public [health](#) officials are now noticing further [significant declines](#) in routine childhood immunizations.

In April, the World Health Organization [reported](#) a 79% increase in [measles cases](#) in the first two months of 2022.

Meaningfully addressing long-standing [inequities](#) in childhood vaccination programs takes on new urgency in the face of these vaccination gaps.

Lessons can also be learned from the COVID-19 vaccination program regarding the success of handing [leadership](#) to Māori and Pasifika community providers to improve vaccination rates.

The health system is under unprecedented pressure

We have long been warned that an [underfunded health system](#) might struggle with a seasonal [surge in demand](#).

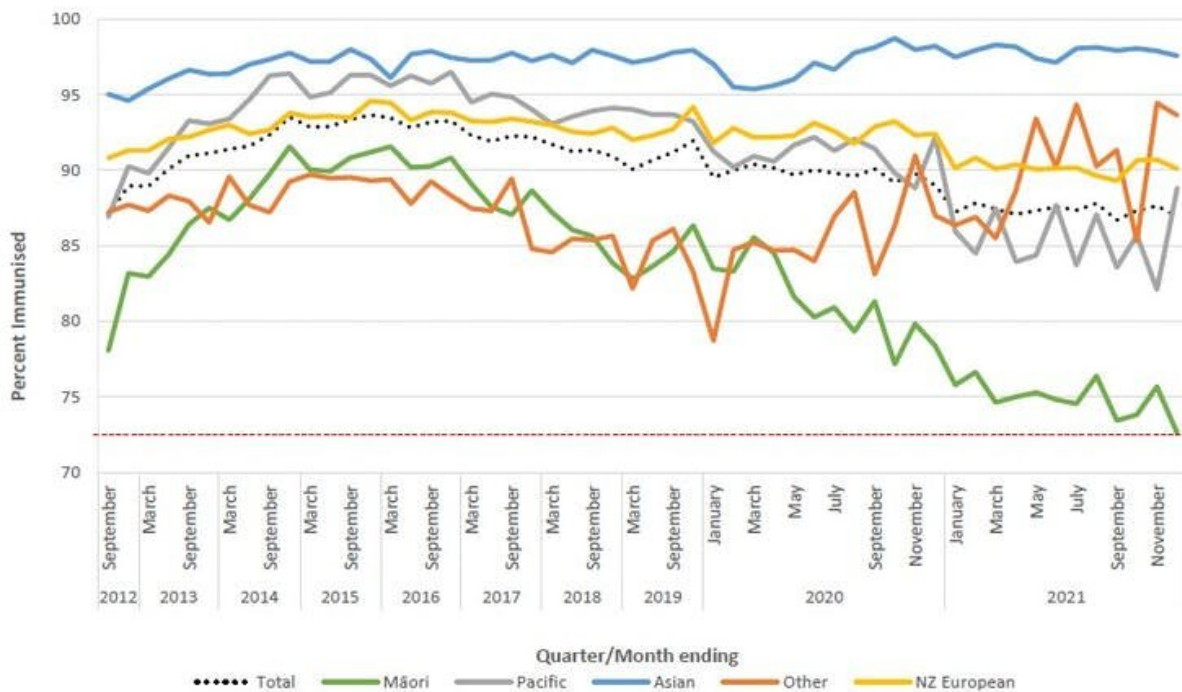


Figure 2. Immunisation Coverage at 8 months of age, by ethnicity

Maintaining high immunisation coverage in the current COVID-19 disease circulating environment. Credit: Dr Anna Howe, The Immunisation Advisory Centre, University of Auckland

Pressure points have appeared across the country. On May 23, [Dunedin Hospital's COVID-19 ward](#) was at capacity. Two days later, Nelson Hospital also hit capacity limits, leading to temporary ambulance ramping at the [emergency department](#).

[Canterbury District Health Board](#), [Hawke's Bay District Health Board](#), and [MidCentral District Health Board](#) have recently urged people to consider alternative care for minor conditions to help alleviate the pressure.

Community health providers are [also struggling](#) to meet demands.

What can you do?

During the winter, we spend more time in indoor spaces with [inadequate ventilation](#). We are also becoming more complacent with our mask wearing as policies relax.

In the future, vaccines will need to [improve](#).

But for now, it's important to remember that three doses of the COVID-19 vaccine remain effective against hospitalization even for newer [variants](#), as well as lowering the risk of infection.

But there are things we can all do to avoid the worst this winter has to offer, including to:

- ventilate indoor spaces—especially in crowded rooms
- wear [appropriate masks](#) where social distancing is not possible, particularly indoors
- get vaccinated against COVID-19, which helps to protect you from the most severe form of COVID-19, as well as protecting others by decreasing transmission. Other routine vaccinations for flu and measles will also be important to consider.

Finally, workplaces should continue to support people to stay home and isolate if required.

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