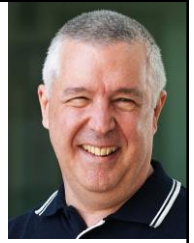


Contemporary Infection Control



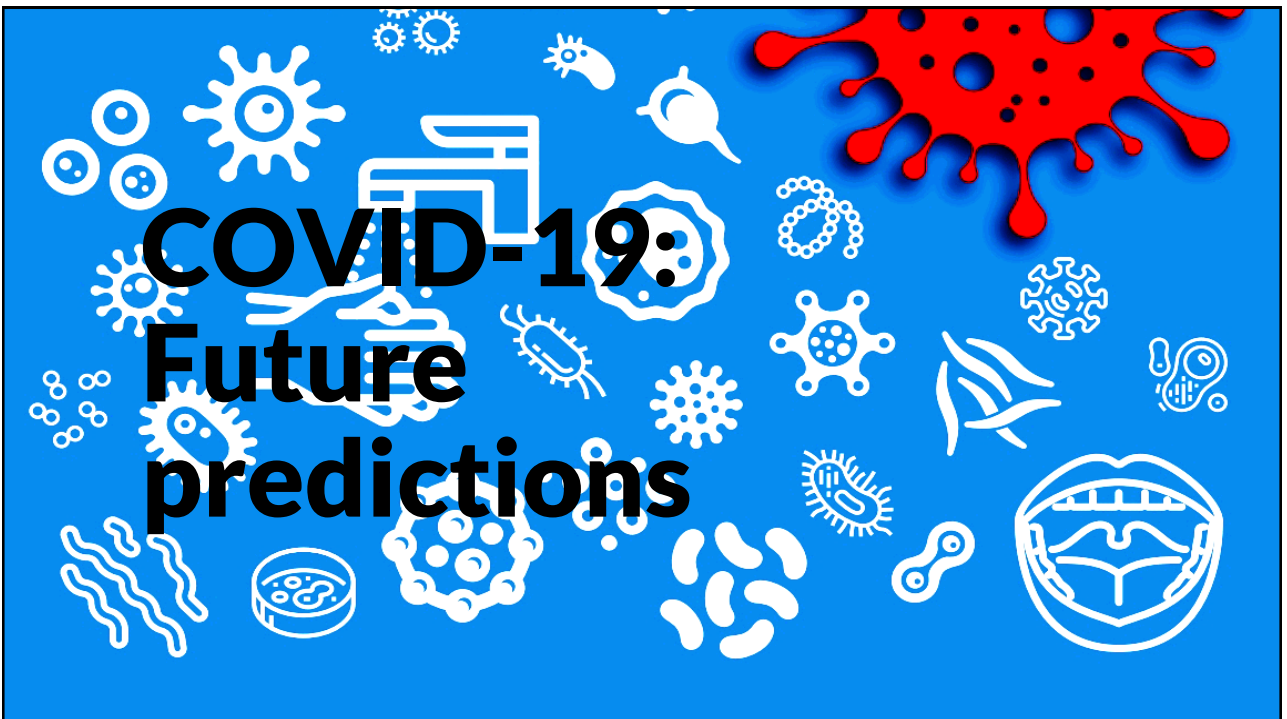
2022

Emeritus Professor Laurence J. Walsh AO

BDS(c)(Hons), PhD, DSc, GCEd, FRACDS, FFOP(RCPA), FFDT RCS Edin

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**COVID-19:
Future
predictions**



Learning from the past

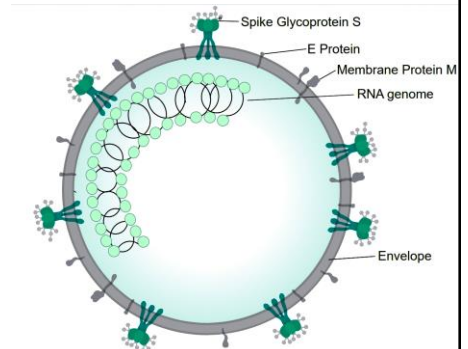
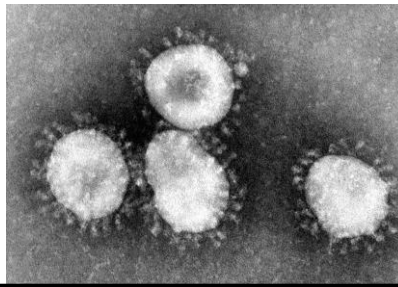
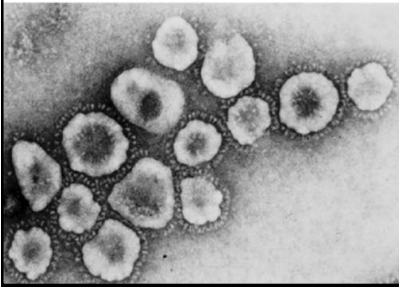
- Endemic CoV identified in 1960s.
- 4 major strains in circulation

HCoV-229E

HCoV-NL63

HCoV-OC43

HCoV-HKU1

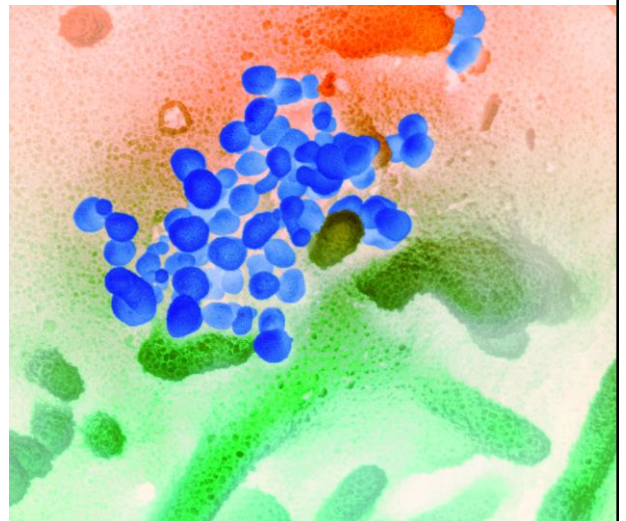
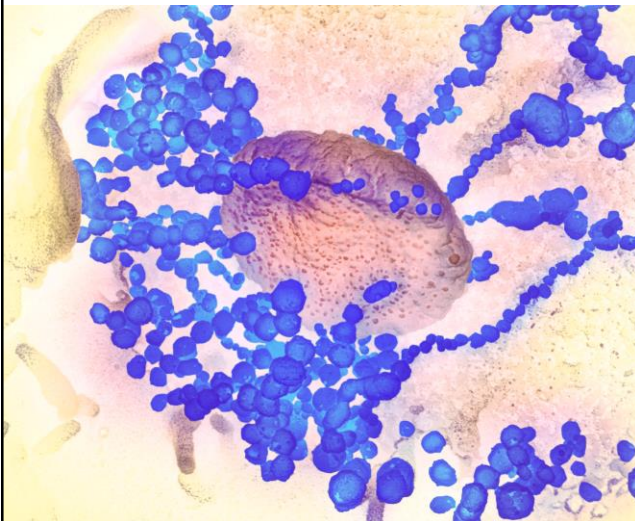


Very small 0.1-0.14 microns

- compared to RBC (L) and WBC (R)

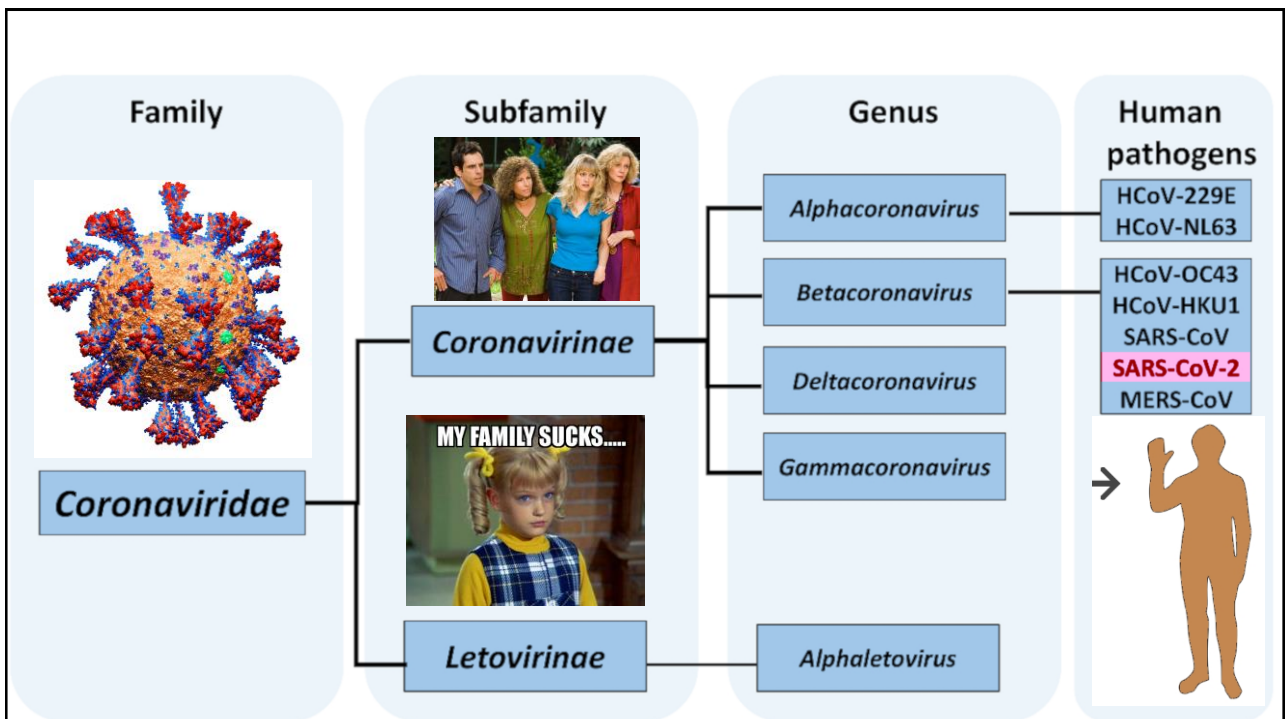
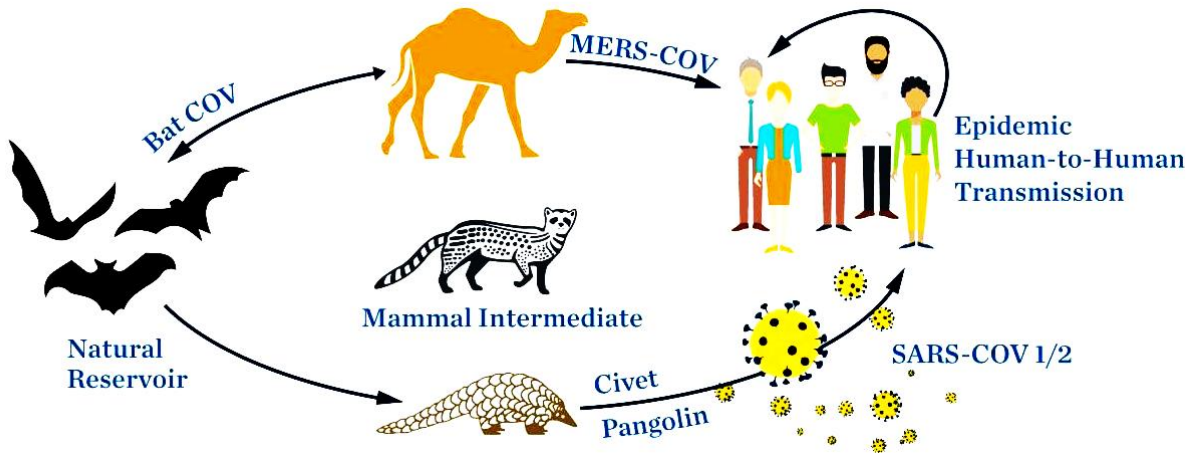
8 microns

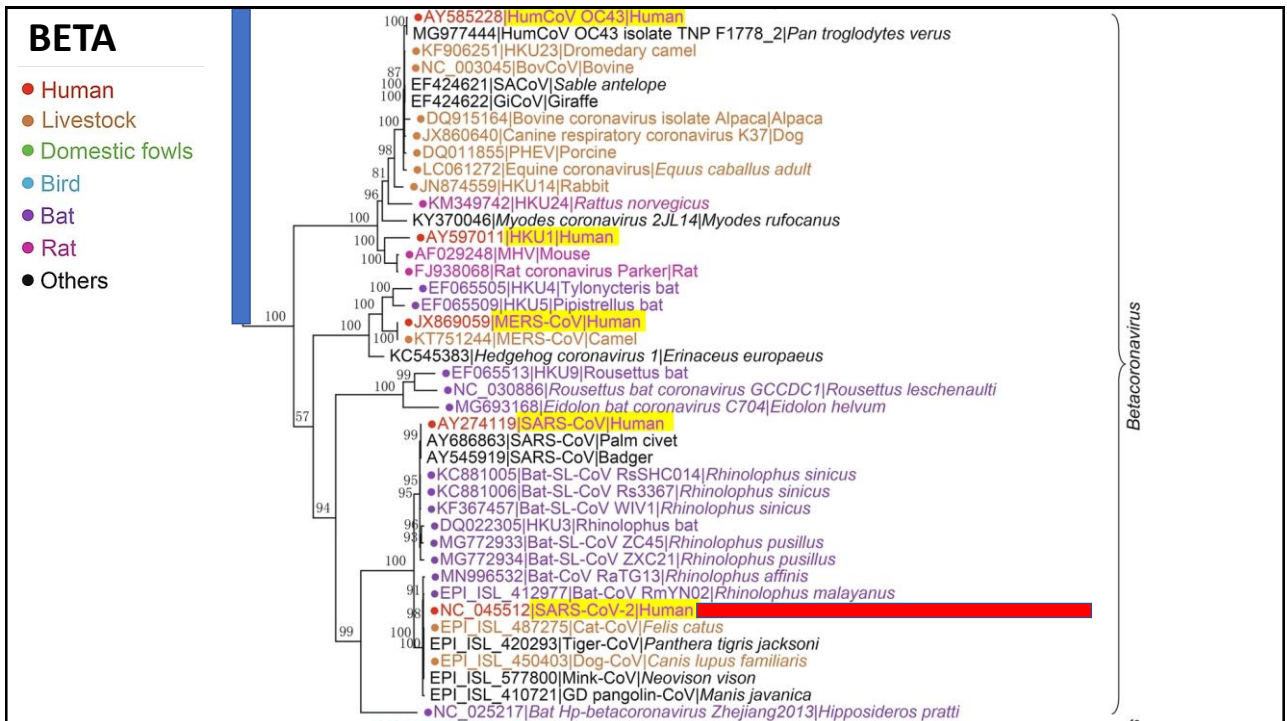
20 microns



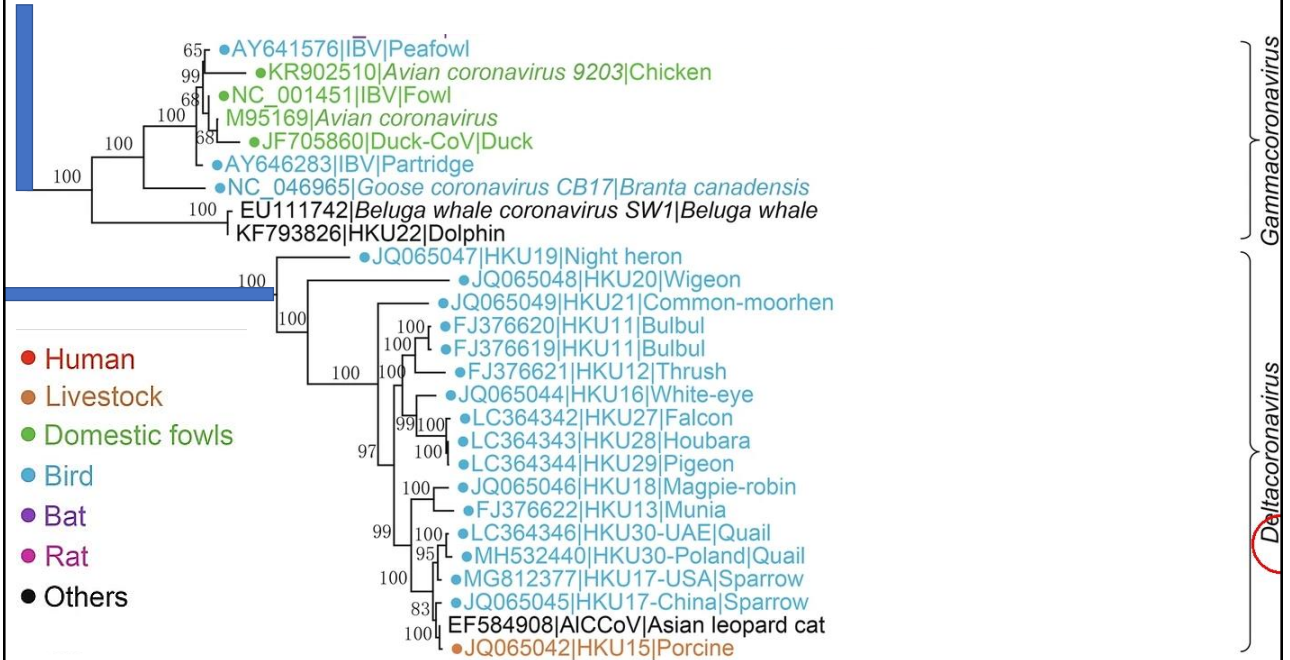
Learning from the past

- Multiple known animal coronavirus reservoirs
- Zoonoses: SARS, MERS, COVID-19, ????



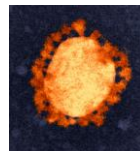


GAMMA, DELTA

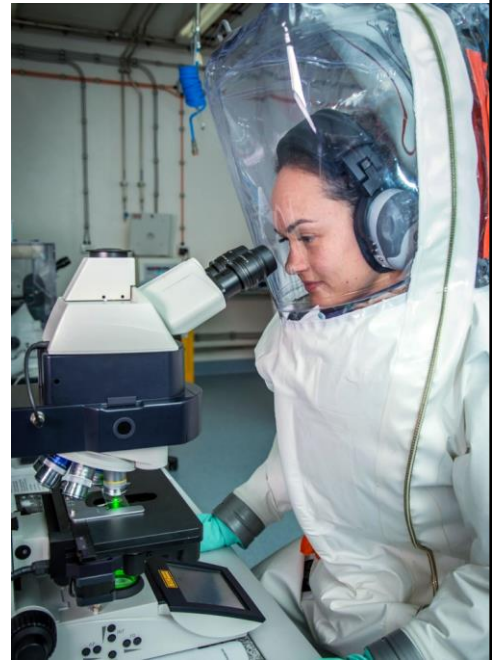


Learning from the past

- The 20+ year outlook: CSIRO Australian Centre for Disease Preparedness
 - Provides Australia's highest level of biocontainment within purpose-built biosecurity infrastructure.
 - Relationship with the Coalition for Epidemic Preparedness Innovations (CEPI) pre-dated the emergence of COVID-19. In October 2019, they pre-qualified with CEPI to develop a pre-clinical vaccine trial pipeline, in anticipation of "Disease-X" emerging from a wildlife source and requiring rapid assessment of candidate vaccines.



Working in our highly secure laboratory, droplets of SARS-CoV-2 in artificial mucous were applied to test surfaces.



Gains from the pandemic: Onshore capability

- Vaccine clinical trials capability
- Vaccine design approaches
- Vaccine production
- Mask and respirator production



- PoC Diagnostic device production
- Mask testing and certification



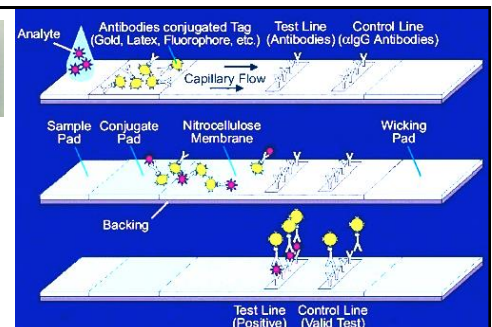
Identification ^[22]			Emergence			Changes relative to previously circulating variants at the time and place of emergence				Neutralising antibody activity (or efficacy when available)	
WHO label	PANGO lineage	Nextstrain clade	First outbreak	Earliest sample ^[25]	Designated VOC	Notable mutations	Transmissibility	Hospitalisation	Mortality	From natural infection ^[A]	From vaccination
Delta	B.1.617.2	21A	India	Oct 2020	6 May 2021 ^[26]	L452R, T478K, P681R ^[27]	+97% (76–117%) ^[28]	+85% (39–147%) relative to Alpha ^[D]	+137% (50–230%) ^[B]	Reinfections happened, with smaller occurrence rate than vaccinated infections ^{[E][31]}	Efficacy reduction for non-severe disease ^{[22][31][F]}
Alpha	B.1.1.7	20I (V1)	UK	20 Sep 2020 ^[33]	18 Dec 2020 ^[34]	69–70del, N501Y, P681H ^{[35][36]}	+29% (24–33%) ^{[28][G]}	+52% (47–57%) ^{[H][G]}	+59% (44–74%) ^{[H][G]}	Minimal reduction ^[15]	Minimal reduction ^[15]
Gamma	P.1 (B.1.1.28.1)	20J (V3)	Brazil	Nov 2020	15 Jan 2021 ^{[38][39]}	K417T, E484K, N501Y ^[35]	+38% (29–48%) ^[28]	Possibly increased ^[22]	+50% (50% Ctl, 20–90%) ^{[J][J]}	Reduced ^[15]	Retained by many ^[K]
Beta	B.1.351	20H (V2)	ZA	May 2020	14 Jan 2021 ^[40]	K417N, E484K, N501Y ^[35]	+25% (20–30%) ^[28]	Under investigation	Possibly increased ^{[17][22]}	Reduced, T cell response elicited by D614G virus remains effective ^{[15][22]}	Efficacy reduction against symptomatic disease, ^[L] retained against severe disease ^[22]
Omicron	B.1.1.529	21K	ZA	9 Nov 2021 ^[41]	26 Nov 2021 ^[24]	P681H, N440K, N501Y, S477N, many others ^[42]	Possibly increased ^[43]	~41% (37–45%) relative to Delta ^{[43][44]}	Under investigation	Increased reinfection rate ^[43]	Efficacy reduction against symptomatic disease, unknown for severe disease ^[43]

Very high risk
High risk
Medium risk
Low risk
Unknown risk

The changing enemy

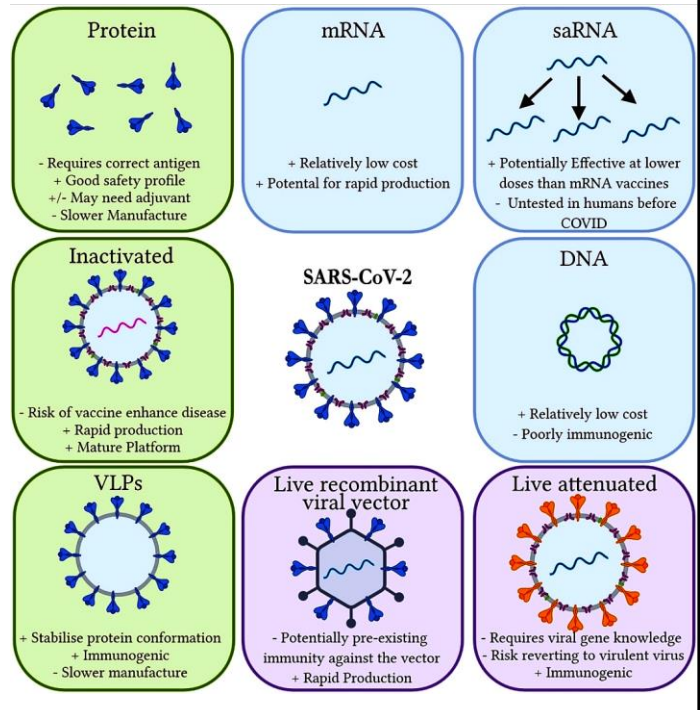


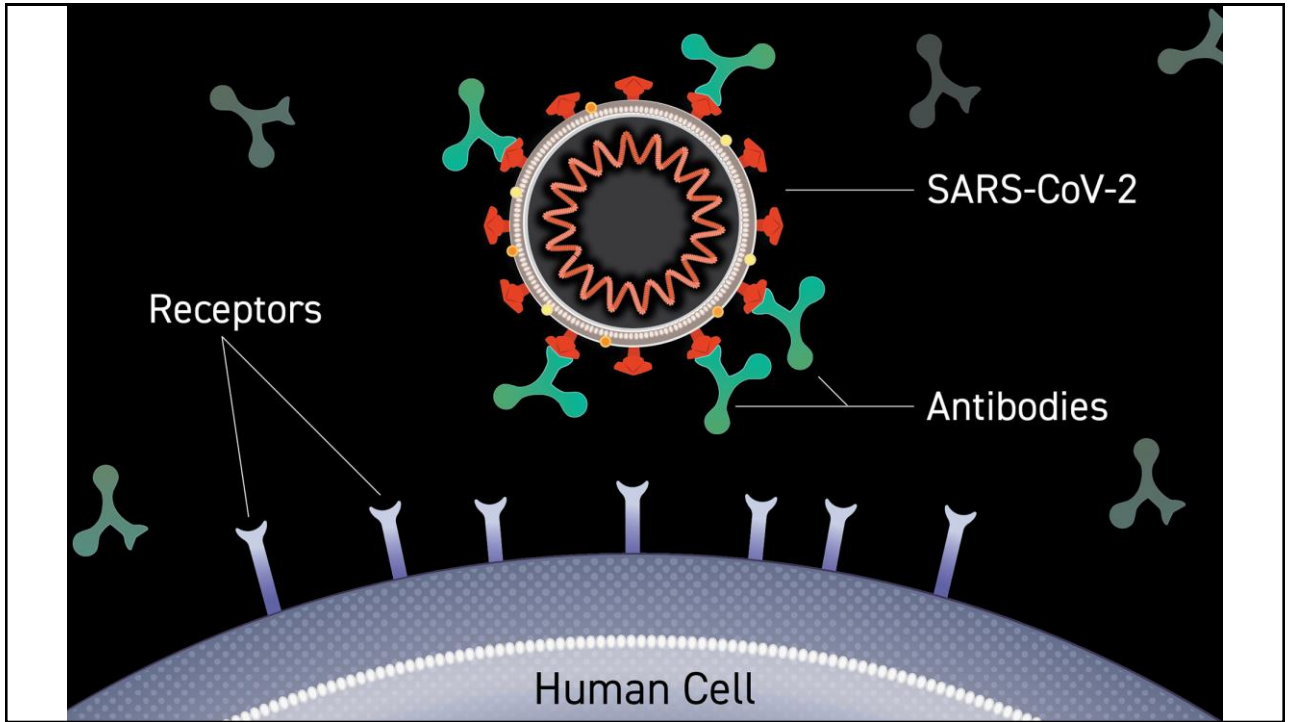
- More VoC emerge in non-immunized popn
- Viral mutation impacts on:
 - Transmission (R_0 value)
 - Virulence (Hosp/ICU, excess deaths)
 - PCR testing
 - RAT (lateral flow) testing
 - Vaccine design
- Attenuation with time
- Disease sequestering into unvax popn



Defences

- Antibody vs. T cell immunity
- Profiling booster periods
- Vaccines
 - Updated mRNA vaccines
 - Wider epitope coverage
 - Link to influenza vaccination
 - Needle-free tech (patch)
- New biologics to treat severe infections
- Neutralizing monoclonal Abs
- New antiviral agents
- Mx of LONG COVID





**Compared with combination therapy,
the probability of inferiority of bamlanivimab was:**

Bamlanivimab/etesevimab



Casirivimab/imdevimab



VS

HOSPITALIZATION
RATES FOR PATIENTS
OVER 60 YEARS OLD

18.7%

Without
MAB treatment

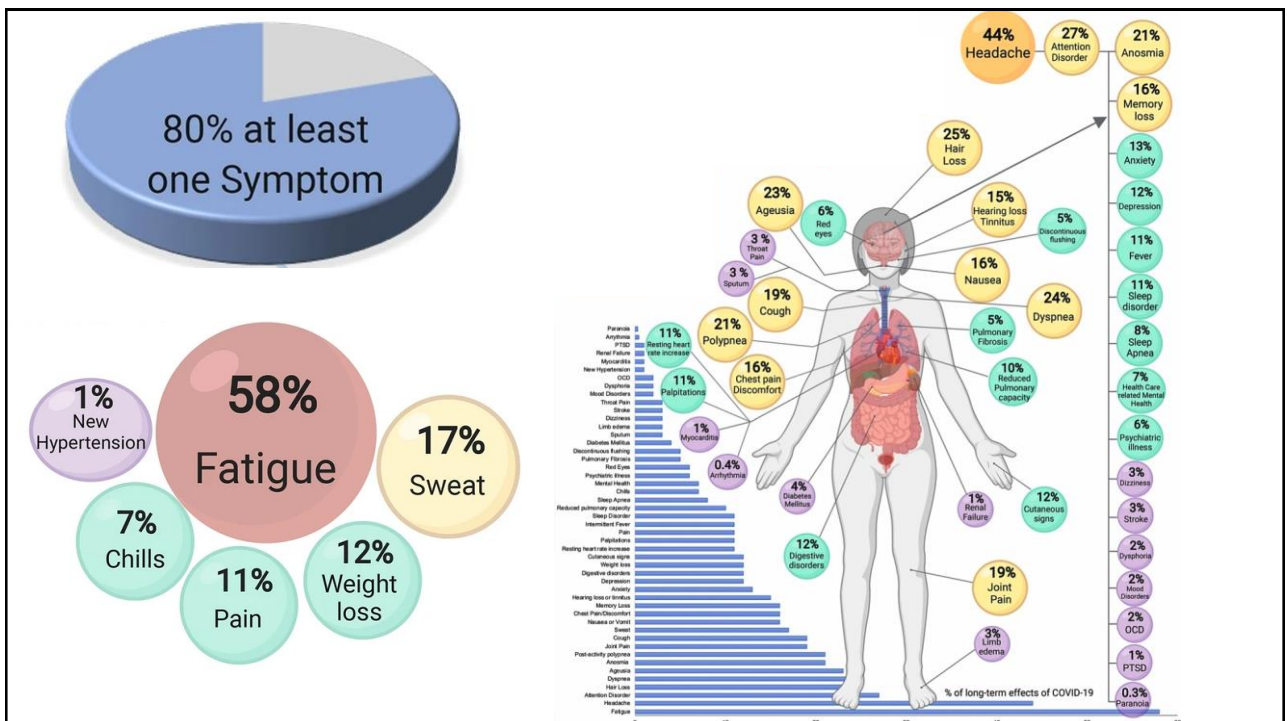
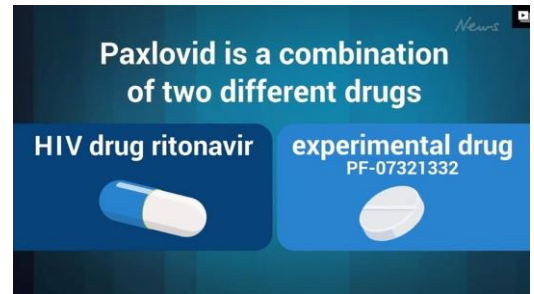
8.9%

With
MAB treatment

More than
50%
reduction

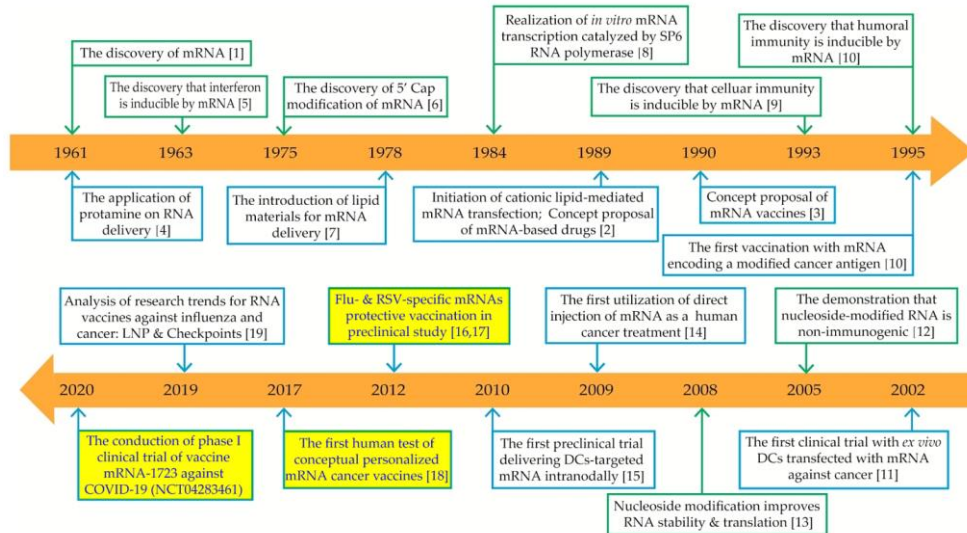
New antivirals

- Paxlovid
 - Nirmatralvir
 - Protease inhibitor
 - Blocks replication
 - High effect on Omicron
- Molnupiravir
 - Nucleoside analogue

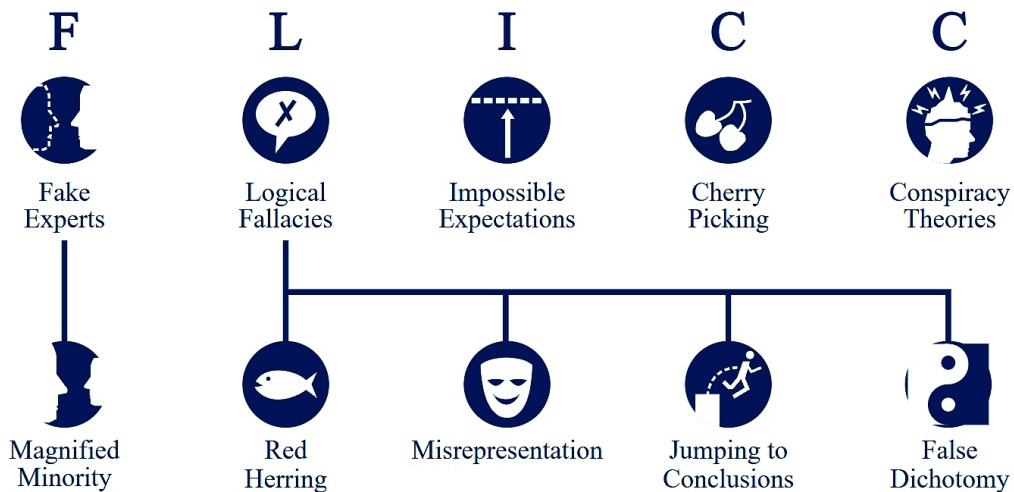



Dealing with vaccine misinformation


- mRNA vaccines for RNA viruses are not new



Anti-science and COVID-19: Science denial common traits







DISINFODEMIC


Deciphering **COVID-19** disinformation

Policy brief 1

Authors: Julie Posetti and Kalina Bontcheva


Four key disinfectemic format types

In contaminating public understanding of different aspects of the pandemic and its effects, COVID-19 disinformation has harnessed a wide range of formats. Many have been honed in the context of anti-vaccination campaigns and political disinformation. They frequently smuggle falsehoods into people's consciousness by focusing on beliefs rather than reason, and feelings instead of deduction. They rely on prejudices, polarisation and identity politics, as well as credulity, cynicism and individuals' search for simple sense-making in the face of great complexity and change. The contamination spreads in text, images, video and sound. The main format types of the disinfectemic are:




1. Emotive narrative constructs and memes

False claims and textual narratives which often mix strong emotional language, lies and/or incomplete information, and personal opinions, along with elements of truth. These formats are particularly hard to uncover on closed messaging apps.




3. Fraudulently altered, fabricated, or decontextualised images and videos

These are used to create confusion and, generalised distrust and/or evoke strong emotions through viral memes or false stories.



2. Fabricated websites and authoritative identities

These include false sources, polluted datasets, and fake government or company websites, and websites publishing seemingly plausible information in the genre of news stories e.g. reporting bogus cases of COVID-19.



4. Disinformation infiltrators and orchestrated campaigns

These are aimed at: sowing discord in online communities; advancing nationalism and geopolitical agendas; illicit collection of personal health data and phishing; or monetary gain from spam and adverts for false cures. These formats may also include artificial amplification and antagonism by bots and trolls as part of organised disinformation campaigns.

Access to reliable and accurate information is critical at the best of times, but during a crisis such as the ongoing COVID-19 pandemic, it can be a matter of life and death.

Controls

- Hierarchy of risk controls:
 - **ADA Risk Mx Principles, Oct 2021**
- Respiratory protection:
 - BFE vs. PFE
- Face and eye protection
- Aerosol and droplet spread patterns
- Impact of HVE
- Air quality issues

Risk management principles for dentistry

During the COVID-19 pandemic

Version 1.22 October 2021

12

What might stay

- Pre-appt screening
- Pre-procedural rinsing
- Lower water spray
- Face shields
- HVE – testing to 250 L/min
- More attention to air handling in operatory design



