

TMJ Blogs

WA Government mis-steps in regulating community response to omicron strain of SARS-CoV-2

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The Tasman Medical Journal is politically neutral but government decisions in the area of health based on misapplication of science and/or causing widespread community confusion justify comment. In a previous blog (<https://tasmanmedicaljournal.com/2022/01/omicron-strain-demands-new-terminology-to-describe-vaccination-status-against-sars-cov-2-infection/>) and a supplementary blog we summarised information demonstrating from four studies that the omicron strain of COVID is resistant to currently available vaccines until the “booster” or 3rd dose has been administered. A further two studies confirm that conclusion (1,2). Thus the description of double-vaccinated persons as “fully vaccinated” is wrong for the omicron strain, which is the strain currently feared most by the WA authorities.

In response to the perceived risk of the omicron strain and in order to reduce its impact on the state hospital system, the WA government has recently reversed its ‘binding’ policy of opening the state borders on 5 February 2022 and introducing further restrictive regulations that even the Premier has admitted are inconsistent. Examples are variation of self-isolation periods on an occupational basis and variation on the treatment of international arrivals depending on whether they arrive directly or via another State.

In addition, the government has embarked on a state-wide policy of non-admission to any venue according to vaccination status. The policy has resulted in discrimination of a minority on health grounds that are questionable in principle as well as being clearly flawed scientifically. This is because the policy is based on continuation of the concept of being “fully vaccinated” after 2 doses of vaccine, though this is untrue for the omicron variant. However, only about 35% of the WA population has received booster doses at the time of writing. If the totally unvaccinated minority is 5% of the population, we are therefore in the situation in which about 60% of the individuals being admitted to venues because they are ostensibly “fully vaccinated” are NOT immune to infection with the omicron strain but are nevertheless being admitted to the venues! This discriminatory situation stretches all credulity.

Another problem lies in the quarantine rules. What is the justification for imposing any 14-day quarantine requirement on *any* person who arrives in a state with PCR evidence of non-infection with SARS and is triple vaccinated, whilst residents who may be carrying the feared strain are free to roam the streets without testing? Why are persons with known contact with a case who are fortunate to work in protected positions permitted to self-isolate for only 7 days?

The COVID pandemic has demonstrated that restrictive rules designed to slow down viral spread by isolating individuals in a personal bubble lead to severe mental health problems and profound economic consequences while at the same time (as shown in the eastern states) fail to halt the spread of the omicron strain. We call on the Premier of WA to relax the state’s borders by abolishing quarantine for triple vaccinated entrants who are PCR-negative, and (as previously suggested) redefine “fully vaccinated” to mean having been vaccinated thrice.

[Added 8 February 2022]

Since posting the above I have realised that this Journal’s responsibility does not stop at revealing the truth as it sees it. Rather, it should avoid potential criticisms of creating mischief by not proffering advice to the authorities by describing their options.

The problems created by mandatory vaccination declarations in the face of an omicron strain outbreak are

1. The policy takes an implicit binary view of COVID immunity, infectivity and spread – vaccinated, no disease present and zero chance of infection spread; unvaccinated, danger to self and the public. This binary classification is totally misleading. It does not take account that individual immune responses to vaccination vary or that even individuals with a strong response can infect or be infected.
2. The policy does not take account of the effect of vaccination on immunity against omicron, namely that persons with only two doses of any vaccine are not immune, whereas those who have had a booster have reasonable immunity (see above). In a new study, it has been shown that a booster dose increased cell-mediated immunity that is persistent (3). Instead, the policy wrongly confers the immunity of the second group onto members of the first, with the result that about 60% of persons currently entering venues in WA are counted as immune, protected and protective when they are not. This percentage will gradually fall over months as the “boosted” proportion of the population slowly increases, but for the time being the likely result is that community spread of omicron strain will be encouraged rather than prevented.
3. The policy is socially divisive as it removes rights of assembly from the unvaccinated minority, on the basis that this confers protection against the majority. This is an unprecedented step for a democratic government to take. The quantitative effect on the spread of omicron is uncertain, but under current conditions it is unlikely to have a substantial effect as 60% of the allegedly vaccinated majority is having the same effect, whatever it is.
4. It creates an obligation on all businesses, clubs, hospitals, entertainment venues and shops to demand evidence of the health details of individuals, under threat of prosecution and enormous fines if proven guilty. This is also an unprecedented step.
5. The steps currently in place are not preventing a steady increase in COVID cases in WA. Whether they are slowing the trends is presumed but quite uncertain.

The options facing the WA administration are:

1. Do not alter the current policy. This is probably attractive from an administrative viewpoint and the most likely response.
2. Limit social access only to those who are triple vaccinated to obtain consistency with facts (and without changing the underlying assumptions implicit in the policy). Such a response would leave only 40% of the adult population eligible to mix in the community, so appears politically unattractive.
3. Abandon the policy. This removes all the above objections but risks increased community spread. It would be a brave decision, given that the frequently-aided justification for current restrictions is that they reduce the incidence of COVID-19 infection.

It appears that the omicron strain of SARS-CoV-2 presents us with a wicked (4) problem

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