Chief Health Officer Advice – Public Health (COVID-19 Management) Declaration 2022

I, Dr Kerryn Coleman, Chief Health Officer of the Australian Capital Territory, provide the following advice to the Australian Capital Territory Executive on the Public Health (COVID-19 Management) Declaration 2022, as required under section 118Q of the *Public Health Act 1997*.

Scope of a Public Health (COVID-19 Management) Declaration

The *Public Health Act 1997* establishes a regulatory framework for protecting the public from risks to public health presented by COVID-19.

The Executive may make a Public Health (COVID-19 Management) Declaration (COVID-19 Management Declaration) where there are reasonable grounds for believing that COVID-19 presents a serious risk to public health.

In forming a belief on reasonable grounds that COVID-19 presents a serious risk to public health, the Executive must –

a) consider whether a material risk of substantial injury or prejudice to the health of people has happened or may happen because of COVID-19; and
b) take into account the following:
    i. the number of people likely to be affected;
    ii. the location, immediacy and seriousness of the threat to the health of people;
    iii. the nature, scale and effect of any harm, illness or injury that may happen;
    iv. the availability and effectiveness of any precaution, safeguard, treatment or other measure to eliminate or reduce any risk to the health of people.

A COVID-19 Management Declaration may only be in force for a period of up to 90 days at a time although it can be extended by the Executive on one or more occasions for a period not longer than 90 days on each occasion.

During a period when a COVID-19 Management Declaration is in force, I am required to provide advice to the Executive every 30 days in my capacity as Chief Health Officer about the status of the risk presented by COVID-19.

Under the *Public Health Act 1997*, the implementation of a COVID-19 Management Declaration enables the implementation of specific Ministerial (Division 6C.3), Chief Health Officer (Division 6C.4) and Executive (Division 6C.5) directions to protect the public from the public health risks presented by COVID-19.

Advice to the Executive on the proposed declaration

Current epidemiological situation in the ACT

As forecast, the ACT experienced a wave in the level of COVID-19 community transmission during the Winter period, following the arrival of the Omicron BA.5 subvariant. Transmission peaked in the week ending 3 July 2022, when there were 8,068 new cases reported and the 7-day rolling case mean (Polymerase Chain Reaction [PCR] and Rapid Antigen Test [RAT], combined) was 1,020-1,080 cases per day. Since this time, the ACT has experienced a sustained decrease in reported COVID-19 case numbers. In the week ending 11 September 2022, the ACT recorded 876 new COVID-19 cases; the lowest number of weekly cases recorded in the ACT for 2022. The 7-day rolling case mean (PCR and RAT, combined) also decreased to 105-130 cases per day, compared to 160-200 cases per day the week prior.

Similarly, hospitalisations continue to decrease following a peak in numbers in mid-July 2022. As at 8:00pm on 8 September 2022, 86 inpatients across ACT hospitals were affected by COVID-19 with 1 patient in ICU. This compares with a total of 171 inpatients across ACT hospitals affected by COVID-19 at 8pm on 17 July 2022. While hospitalisations of persons affected by COVID-19 remain high, placing strain on the health system, pleasingly ICU admissions remain low and stable. There have been a total of 125 deaths of ACT residents with COVID-19 since the start of the pandemic.

Using PCR testing data, test positivity decreased to 7% in the week ending 11 September 2022 from 9% in the previous week. It is likely that there are more people with COVID-19 in the community who have not presented for testing or declared a positive RAT result. However, at this stage in the COVID-19 response, the monitoring of severe health outcomes and impacts on the health system, with targeted supports to high-risk settings and vulnerable cohorts, are far more important than total case numbers.

Active outbreaks and exposures continue to be managed across the Territory, although the number of outbreaks has also decreased in the last weeks. Outbreaks have been managed within hospital, residential aged care, and disability support settings. In the week ending 11 September, there were six active COVID-19 outbreaks in ACT Residential Aged Care Facilities (RACFs). Similarly, there were seven active COVID-19 outbreaks in ACT RACFs in the week prior (ending 4 September 2022).

<u>Omicron BA.4/5 subvariant</u>

Since January 2022, Whole Genome Sequencing (WGS) has been undertaken on less than 5 per cent of all PCR tests conducted in the ACT. WGS is currently being prioritised for cases from outbreaks in high-risk settings, recently returned overseas travellers, hospitalised cases, deaths and a small proportion of other community cases. Sequencing of these samples demonstrates that BA.5 remains the dominant variant in the ACT, accounting for almost all samples tested.

In large part, the recent Winter wave of COVID-19 transmission was due to the BA.5 subvariant's immune escape potential with vaccination or previous infection with an earlier variant having minimal effect on onwards transmission of COVID-19. However vaccination and antiviral treatments continue to provide high levels of protection from severe health outcomes. ACT Health is closely monitoring sequenced samples to observe the dominance of BA.5 and the potential for new subvariants to emerge.

Vaccination

Vaccination rates among ACT residents remain high, although the uptake of booster doses has not matched the extremely high coverage for primary vaccination coverage of 95 percent of eligible persons (5 years and older). As at 11 September 2022, 78.2[1] percent of all eligible Canberrans (16 years and older) had received their COVID-19 booster vaccination, comparing favourably to a national uptake of 71.7 percent.[2]

A second booster dose has been available to targeted cohorts at higher risk of adverse COVID-19 related health outcomes, including older persons (50 years and older), Aboriginal and Torres Strait Islander persons (50 years and older), people with immunocompromising conditions, people with disability that have significant or complex health needs or multiple comorbidities, and people with severe obesity or that are severely underweight. As at 11 September 2022, 27.5% of Canberrans (16 years and older) had received their fourth COVID-19 vaccine or second booster dose. Estimates of the number of individuals that qualify for a second winter booster dose are not available. This information is not captured at a population level in the ACT.

On 3 August, the Australian Technical Advisory Group on Immunisation (ATAGI)[3] recommended COVID-19 vaccination for children aged 6 months to under 5 years with underlying conditions that increase the risk of severe infection from COVID-19. These conditions include:

- severe primary or secondary immunodeficiency, including those undergoing treatment for cancer, or on immunosuppressive treatments,
- bone marrow or stem cell transplant or chimeric antigen T-cell (CAR-T) therapy
- complex congenital cardiac disease
- structural airway anomalies or chronic lung disease
- type 1 diabetes mellitus
- chronic neurological or neuromuscular conditions, or
- a disability that requires frequent assistance with activities of daily living, such as severe cerebral palsy or Down Syndrome (Trisomy 21).

From 29 August 2022, these vaccines have been available at select ACT primary care clinics and at the Access and Sensory Clinic. As at 13 September 2022, 9 doses of this paediatric vaccine had been administered at the Access and Sensory Clinic. Estimates of the number of children that qualify for vaccination in this age group are not available.

[1] Daily vaccination figures produced by ACT Health, calculated on 11 September 2022 using data from the Australian Immunisation Register.

[2] Department of Health (2002). COVID-19 Vaccination Rollout: 28 June 2022. Retrieved from: https://www.health.gov.au/sites/default/files/documents/2022/06/covid-19-vaccine-rollout-update-28-june-2022.pdf

[3] ATAGI (2002). ATAGI recommendations on COVID-19 vaccine use in children aged 6 months to <5 years. Released 3 August 2022. Retrieved from: https://www.health.gov.au/news/atagi-recommendations-on-covid-19-vaccine-use-in-children-aged-6-months-to

Public health benefit of implementing a COVID-19 Management Declaration in the ACT

The ACT Public Health Emergency Declaration due to COVID-19 (PH Emergency Declaration) is scheduled to expire on 30 September 2022. The PH Emergency Declaration took effect from 16 March 2020 and has been extended on numerous occasions due to the ongoing public health risk presented by COVID-19. The PH Emergency Declaration has enabled me, as Chief Health Officer, to take necessary actions to reduce the impact of COVID-19 on public health and protect the lives of all Canberrans.

Following the commencement of new COVID-19 management provisions under the *Public Health Act 1997*, the ACT Government has the legislative framework to enable a transition from a PH Emergency Declaration, should it be considered appropriate in the context of the level of risk presented by COVID-19. The COVID-19 Management Declaration framework provides the ability to implement public health and social measures (PHSM), COVID-19 vaccination requirements for certain workers, and test trace, isolate and quarantine (TTIQ) arrangements.

In considering the current epidemiological situation in the ACT, I am of the view that it is proportionate for the ACT to step down from a Public Health Emergency Declaration, however it remains necessary for the ACT Government to continue to provide a framework for targeted public health requirements, through the implementation of a COVID-19 Management Declaration for the purpose of:

- mitigating the risk of COVID-19 in high-risk settings,
- protecting Canberrans that are at higher risk of severe health outcomes associated with COVID-19, and
- minimising widespread community transmission during period/s of high transmission risk, to reduce the burden of COVID-19 on our public health system.

There remains significant uncertainty and complexity relating to the evolution of the COVID-19 pandemic, which is likely to continue over the coming months, noting that there will need to be significant decisions taken at a national level in relation to the future of the response. The ACT, like other jurisdictions, is actively transitioning to the endemic management of COVID-19, similar to other notifiable diseases. Final ongoing baseline requirements relating to isolation, quarantine and mask wearing requirements are under active consideration and change will require careful transition and national alignment to ensure at those who are most vulnerable to disease are protected as far as possible.

Implementing a COVID-19 Management Declaration will therefore enable the ACT to continue its final transition to endemic setting, consistent with the National COVID-19 Response.

The current epidemiology illustrates that COVID-19 transmission remains in the ACT community and patterns of transmission have resulted in the need for outbreak management across multiple high-risk settings. While the ACT enjoys a relatively high level of vaccination coverage (compared to the National average) and access to antivirals, serious adverse health outcomes remain a risk for some members of our community that can result in hospitalisation and (in some cases) death.

Equally, it is unlikely that the ACT will need to implement strict public health measures such as broad community lockdowns in the future, negating the need for a PH Emergency Declaration to be in place. Despite there being increased levels of immune escape with the predominant Omicron BA.5 subvariant, vaccines and antiviral treatment remain highly effective at preventing severe disease and hospitalisation for most Canberrans.

I further consider that implementing a COVID-19 Management Declaration will appropriately divide the responsibility of introducing public health restrictions between the Executive, Minister for Health and myself, as the Chief Health Officer.

Advice on necessary TTIQ measures

As we continue to experience new cases of COVID-19, it is essential that the ACT has an effective and proportionate TTIQ framework, which reflects the national guidance. The Australian Health Protection Principal Committee (AHPPC) and the Communicable Disease Network of Australia (CDNA) continue to recommend the isolation of confirmed COVID-19 cases for five days, and the testing and seven day quarantine of household contacts (subject to risk mitigations)[4].

To give effect to ongoing targeted TTIQ requirements outside of a PH Emergency Declaration, it is my advice that the Executive should implement a COVID-19 Management Declaration that will enable me, as Chief Health Officer, to enact a Chief Health Officer Management Direction that gives effect to isolation and quarantine requirements.

Subject to the ACT Executive enacting a COVID-19 Management Declaration, I propose to introduce a Chief Health Officer Management Direction that will enforce the following TTIQ requirements:

- A minimum five day isolation period for an individual who returns a positive COVID-19 test result and is therefore considered a diagnosed person,
- A requirement for household contacts of a diagnosed person to quarantine for seven days from the last date that a member of the household returned a positive COVID-19 test,
- A standing exemption for household contacts to leave quarantine if they are non-symptomatic and comply with a set of risk mitigation requirements, and
- A standing exemption for recovered cases to be exempt from isolation and quarantine requirements for 28 days from their date of clearance.

The Chief Health Officer Management Direction will be implemented in accordance with Division 6C.4 of the *Public Health Act 1997* and all necessary documentation will be published online.

[4] Communicable Diseases Network of Australia, Australian Government Department of Health, *Coronavirus disease 2019 (COVID-19) Series of National Guidelines version 7.0,* published 3 June 2022 https://www.health.gov.au/sites/default/files/documents/2022/07/coronavirus-covid-19-cdna-national-guidelines-for-public-health-units_0.pdf

Advice on necessary PHSM

The ACT currently has low-level PHSMs in place similarly aligned with eastern jurisdictions, such as NSW and Victoria, which incorporates regular advice provided by AHPPC through updated statements.

Targeted PHSMs have been implemented in the ACT since the start of the pandemic to reduce community transmission and protect members of the community who are most at risk of health outcomes. Key PHSMs such as physical distancing and maintaining good hand and respiratory hygiene have become common practice for the community, although they are not enforced through public health directions. In the ACT, we refer to these measures as COVID Smart behaviours and ACT Health will continue to encourage the community to practise these behaviours to reduce transmission of COVID-19 and other respiratory illnesses.

More restrictive PHSMs such as business and gathering restrictions, density limits in certain spaces and wearing face masks have also been enforced in the ACT through public health directions at times. When implementing these types of restrictions in the past, I have considered the overall epidemiological situation in the ACT, vaccination status of individuals, availability of effective treatments, and whether such measures are a proportionate way to reduce community transmission.

At this stage in our COVID-19 response and with our high vaccination coverage and effective treatments, I do not consider it proportionate or necessary for business or gathering restrictions to be implemented beyond the conclusion of the Public Health Emergency on 30 September 2022. ACT Health will continue to provide public health risk-based advice and tools to businesses and the community around COVID safety measures and will continue to recommend the development of COVID Safety Plans for businesses and events. It is my view that these measures are now well ingrained for businesses and, due to the improving epidemiological situation, no longer need to be enforced through a Direction.

The use of face masks in indoor settings is recognised as an effective measure to reduce transmission of COVID-19 and other respiratory illnesses. In implementing face mask requirements through public health directions, I have always been guided by the expert advice of AHPPC and considered the level of community transmission in the ACT.

The ongoing requirement for active outbreak management at multiple high-risk settings across the ACT, combined with the increased risk of transmission and serious health outcomes associated with residents and service users in these settings, leaves me satisfied that it is currently both reasonable and proportionate to continue to require facemasks to be worn in certain high-risk settings. This includes hospitals, residential aged care and custodial settings. In addition, I believe it is currently proportionate and reasonable that facemasks are worn in disability service and care settings, including residential care facilities. Consideration will need to be given to the transition of these requirements away from Public Health Directions and into policy settings with the transition to endemic management of COVID-19. Enabling individual settings to determine their own policy settings will provide additional flexibility for application across each setting. However, it is important that this transition is undertaken in a cohesive manner, and preferable with national decisions taken to ensure consistent approaches and community messaging.

Further, diagnosed persons and household contacts are known to be at high risk of COVID-19 transmission relative to the general population. I am therefore of the view that maintaining time limited facemask requirements for these cohorts remains an appropriate mitigation strategy for reducing community transmission of COVID-19 and reducing the burden placed on the ACT healthcare system.

Conversely, I am satisfied that requiring people to wear facemasks on public transport, taxi and ride share services is no longer a proportionate strategy to alleviate the public health risk presented by COVID-19. This advice is based on a pattern of decline in the number of COVID-19 cases reported in the ACT, the high levels of community vaccination coverage and greater accessibility of oral antiviral treatments for eligible persons. I have provided advice to the Minister for Health on this matter which will be published, should a Ministerial Management Declaration be implemented.

Advice on necessary vaccination requirements

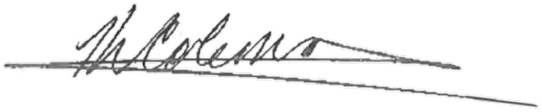
As part of the transition to a COVID-19 Management Declaration, I do not recommend the continuation of the mandatory requirement for residential aged care, in-home and community aged care and disability support workers to be up to date with COVID-19 vaccination. As the ACT and Australia transition to the next phase of managing COVID-19, mandating COVID-19 vaccination through public health directions is no longer a proportionate public health measure.

The ACT has achieved high levels of population wide vaccination coverage, relative to national and global standards. Being up to date with vaccination continues to be a highly effective way of reducing an individual's risk of hospitalisation and severe COVID-19 related disease. The ACT Government strongly recommends that all eligible persons present for their booster vaccination(s) if they have not already done so. However, the Omicron BA.5 subvariant is responsible for almost all reported cases of COVID in the ACT and unlike previous variants, BA.5 has demonstrated significant immune escape, making the available vaccines less effective at preventing virus transmission. Therefore maintaining vaccination requirements at the present time would not be a proportionate approach. However, should the ACT need to respond to a more complex situation, with the emergence of new variants, with new characteristics, the settings that may be required to appropriately respond will need to be carefully reviewed. This may include vaccination requirements, as well as any potential changes to TTIQ and PHSM.

Recommendation

Based on the above advice and noting the national transition to manage COVID-19 as an endemic disease, it is my recommendation that the ACT Executive should enact a Public Health (COVID-19 Management) Declaration 2022 for a period of 90 days, concluding on 29 December 2022, noting that this timeframe is subject to a 30 day review. It is recommended that this Declaration commence from 30 September 2022.

As noted above, the ACT, together with all jurisdictions is operating within an uncertain and complex period relating to the evolution of the pandemic. It is likely that there will be significant decisions to be taken at a national level that will inform the future of the COVID-19 pandemic over the coming months. The COVID-19 Management Declaration provides an appropriate mechanism to support transition away from a Public Health Emergency declaration, whilst maintaining an ability to appropriately respond to changes the pandemic response.



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20 September 2022

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