

**2022**

**THE LEGISLATIVE ASSEMBLY FOR THE  
AUSTRALIAN CAPITAL TERRITORY**

**Chief Health Officer update on the Status of the public health emergency -  
Report 24 - March 2022**

**Presented by  
Rachel Stephen-Smith MLA  
Minister for Health  
22 March 2022**



**ACT**  
Government

**ACT Health**

Ms Rachel Stephen-Smith MLA  
Minister for Health  
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London Circuit  
CANBERRA ACT 2601

Dear Minister

**CHIEF HEALTH OFFICER REPORT ON THE STATUS OF THE PUBLIC HEALTH  
EMERGENCY DUE TO COVID-19 – 7 MARCH 2022**

Please find herein my report to you, as Minister for Health, in relation to the declaration of a public health emergency in the ACT due to COVID-19.

Section 119 (4B) of the *Public Health Act 1997* provides that if the “COVID-19 declaration has been extended or further extended under subsection (4), the chief health officer must advise the Minister at least every 30 days about—

(a) the status of the emergency; and

(b) whether the chief health officer considers the declaration is still justified.”

Minister, my advice is that COVID-19 continues to pose a public health risk to the ACT community. My recommendation to you, as of 7 March 2022, is that the public health emergency declaration in the ACT remain in place at this time.

All Australian jurisdictions are maintaining public health emergency status or similar at this time and continue to be focused on managing COVID-19 transmission in the community and reducing the risk of negative health outcomes across the population.

Yours sincerely

Dr Vanessa Johnston  
Acting Chief Health Officer  
8 March 2022

# **CHIEF HEALTH OFFICER REPORT ON THE STATUS OF THE PUBLIC HEALTH EMERGENCY DUE TO COVID-19 – 7 MARCH 2022**

## **Declaration of a public health emergency in the ACT**

A public health emergency declaration is in force in the ACT due to the public health risk of COVID-19 to the ACT community. As Acting Chief Health Officer, I make a recommendation to the Minister for Health that the public health emergency declaration remain in place due to the ongoing public health risk COVID-19 presents.

The public health emergency declaration enables me, as Acting Chief Health Officer, to take necessary actions to reduce threats to public health, including issuing public health directions that aim to limit the spread of COVID-19 in our community. These directions include the requirement for unvaccinated returned international travellers to complete a mandatory period of quarantine, and for confirmed cases of COVID-19 and their household contacts to self-isolate.

The ACT's public health response to COVID-19 is guided by the advice of the Australian Health Protection Principal Committee (AHPPC) and National Cabinet.

## **Global situational update**

Globally, as at 7 March 2022, there have been 445,096,612 confirmed cases of COVID-19, and sadly 5,998,301 deaths reported to the World Health Organization (WHO)<sup>1</sup>.

WHO reported on 1 March 2022 that the weekly number of new cases across the world in the week of 21 to 27 February 2022 remained similar to the previous reporting week, however the number of deaths reported decreased by 10 per cent. The Republic of Korea, Germany, Vietnam, the Russian Federation, Japan and the Netherlands reported the highest number of new cases for the week.

The Omicron Variant of Concern (VoC) continues to be the dominant VoC in many countries across the world including the USA, the United Kingdom and Australia. Evidence shows that the Omicron VoC is more transmissible than the Delta VoC, with a doubling time of two to three days.

## **National situational update<sup>2</sup>**

As at 6 March 2022, there have been a total of 2,989,232 cases of COVID-19 reported in Australia and 5,416 deaths. Nationally, there were 28,842 new locally acquired cases reported in the past seven days and 61 overseas acquired cases, with a further 152,838 under investigation. All Australian jurisdictions continue to report high daily case numbers due to the Omicron VoC, with the vast majority of locally acquired cases recorded in NSW, South Australia, and Victoria. Across Australia, there is currently an estimated 220,153 active cases and 1,737 cases currently hospitalised, of which 113 are in intensive care units.

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<sup>1</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports> Coronavirus disease (COVID-19) Weekly Epidemiological Update published 1 March 2022, accessed 7 March 2022

<sup>2</sup> <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers#covid19-summary-statistics> Coronavirus (COVID-19) at a glance – 6 March 2022, Australian Government Department of Health, accessed 7 March 2022

In NSW, as at 7 March 2022, 9,017 new cases and 5 deaths were reported in the previous 24 hour period. There are 108,980 active cases across the state with 1,066 COVID-19 cases in hospital and 43 of those cases in intensive care units.

In Victoria, as at 12 noon on 7 March, 5,645 new cases and 2 deaths were reported in the previous 24 hour period. There are 39,094 active cases across the state with 227 COVID-19 cases in hospital and 15 of those cases in intensive care units.

The stabilisation of COVID-19 cases across Australia has reduced the impact on health system capacity and workforce pressures in most jurisdictions, however COVID-19 continues to impose a public health risk which is being closely monitored.

### **ACT situational update**

As at 8:00pm on 7 March 2022, there have been a total of 55,321 cases recorded in the ACT since the start of the pandemic and sadly, 34 people have died. There are 3,757 active cases across the ACT with 43 COVID-19 cases in hospital and 2 of those cases in intensive care with both requiring ventilation.

In February 2022, the 7-day rolling average of cases remained between 300 and 600 new cases per day. This includes cases confirmed via Polymerase Chain Reaction (PCR) and those identified through voluntary self-reporting of positive Rapid Antigen Test (RAT) results. However, 7-day rolling case average has increased in recent weeks, with an increase in case incidence in the 5-11, 18-24 and more recently 25-64 year age groups. This increase is likely a combination of transmission in primary schools, a return to on-campus tertiary education, and generally more community mixing in the context of a reduction in mandated public health social measures.

From 11:59pm on 25 February 2022, anyone who tests positive for COVID-19 using a RAT in the ACT is required to report their positive result to ACT Health using the online registration form available on the ACT COVID-19 website. Anyone who tests positive, either by PCR test or RAT, must also take reasonable steps to notify their employer, or if relevant the operator of an education setting or a high risk setting, if they attended these places during their infectious period. These requirements are enforced under the Public Health (Diagnosed People and Household Contacts) Emergency Direction 2022. It is also recommended that a diagnosed person notify any person who is a low, moderate or high risk contact that they have become a diagnosed person, wherever possible.

PCR tests conducted during February 2022 were relatively low compared to earlier months, particularly with the introduction of voluntary reporting of positive RAT tests. In the last week of February, the average number of daily negative PCR tests was 1722 (4.0 per 1,000 population) which is relatively low compared to the peak on 22 December (6,738 negative tests or 15.6 per 1,000). However, since the start of March 2022, PCR testing demand has started to increase again.

Over the pandemic, PCR test positivity rates initially peaked at 1.3 per cent on 20 October 2021, then reached an all-time high of 28 per cent on 11 January 2022. These average test positivity rates dropped to 13 per cent on 8 February 2022 and have since remained around 14 to 16 per cent on average. High case rates combined with a PCR test positivity rate above 10 per cent indicates that the ACT continues to experience high rates of community transmission.

Active outbreaks are continuing to be managed for the ACT, including in residential aged care facilities and early childhood education and care services.

As of 3 March 2022, 67 high-risk sites were impacted by COVID-19 in the ACT. This is inclusive of 45 Residential Aged Care Facilities (RACFs)/Transition/Respite listings, of which 13 are active with five active outbreaks and seven exposures and 18 disability service providers with staff and client exposures to COVID-19.

As of 27 February 2022, 122 education services (schools and colleges) and 107 Early Childhood Education and Care services (including day care, preschools, out of school hours care) were affected by COVID-19 exposures.

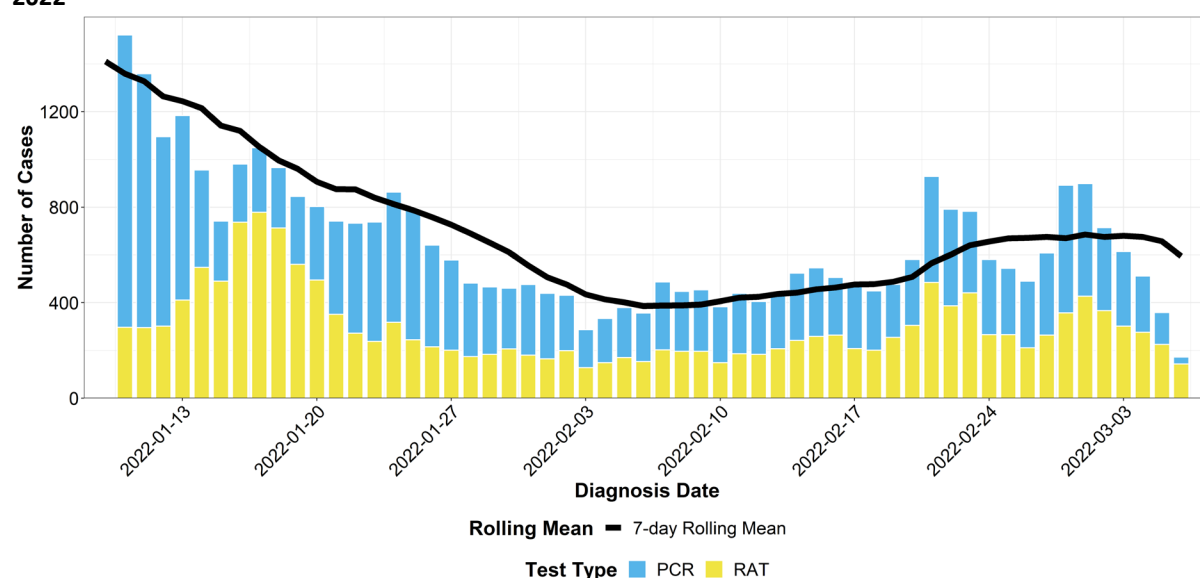
As of 9:00am on 7 March 2022, a total of 880,977 negative PCR COVID-19 tests have been recorded in the ACT since the beginning of the pandemic.

As of 9:00am on 7 March 2022, there are 2,477 individuals in quarantine in the ACT being supported by ACT Health. This includes people directed by ACT Health to quarantine and people who are household contacts of cases confirmed by PCR or identified via RAT.

ACT Health continues to operate the 'Lazaretto' quarantine and isolation facility at the Australian National University which provides accommodation for confirmed cases and contacts who are unable to safely isolate or quarantine at home. The accommodation facility provides residents with a range of clinical, social, community and cultural supports.

Hospitalisations due to COVID-19 remain stable. From 21 to 27 February 2022, 16 new hospitalisations were reported in the ACT, compared to 14 new admissions in the previous week (14 to 20 February 2022), and 21 in the week before (7 to 13 February 2022). ICU admissions have remained consistently low.

**Figure 1: COVID-19 cases recorded in the ACT by date of test, last eight weeks – 10 January 2022 to 6 March 2022**



Source: ACT Health Data Repository (SunQuest) and ACT Health REDCap Database.

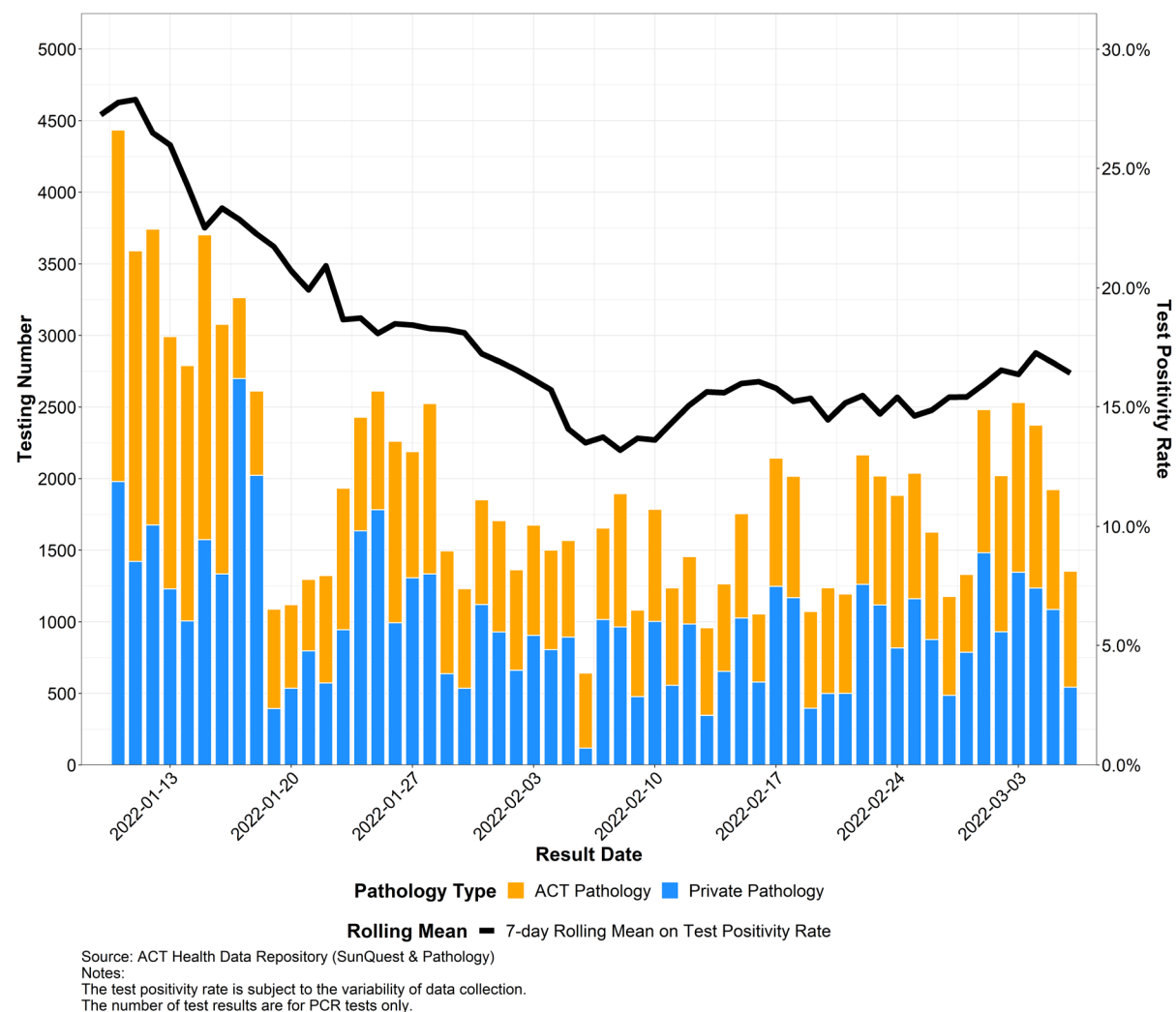
Notes:

DIAGNOSIS DATE refers to TRUE ONSET DATE if known, otherwise it will be earliest of the SPECIMEN DATE, the NOTIFICATION DATE or the NOTIFICATION RECEIVE DATE.

For cases confirmed by PCR and RAT tests reported to ACT Health.

A small number of cases are missing specimen collection date and therefore are not included in the graph.

**Figure 2: Negative testing by result date and pathology type (with test positivity rate) in the ACT, last eight weeks – 10 January 2022 to 6 March 2022**



In 2022, whole genome sequencing (WGS) has been attempted on 4 per cent (1,470 /36,632) of samples. Since December 2021, the Omicron variant has been the predominate lineage in the ACT. There was a significant increase in the proportion of Omicron variant infection from 76 per cent (374/489) to 100 per cent (665/665) between December 2021 and February 2022, respectively. The sub lineage of Omicron, BA.2, was first sequenced on a sample from the ACT that same month. This sub lineage may be more transmissible than BA.1, which has dominated until now. The proportion of the BA.2 sub lineage found on sequenced samples has been increasing, from approximately 5 per cent of sequenced Omicron cases in January 2022, to 34 per cent (53/155) of sequenced Omicron cases this week. Overall, the BA.2 sub lineage accounts for 12 per cent (207/1,728) of the Omicron cases sequenced since December 2021, noting that there is a bias in the samples that are sequenced, which prioritises cases in recently returned international travellers and hospitalised cases.

The Doherty Institute have provided forward estimates of COVID-19 cases and transmission analysis through modelling through most of the pandemic to AHPPC. Their latest Situational Assessment of COVID-19 in Australia Report as of 4 March 2022 indicates the effective reproductive rate in the ACT is steadily increasing above 1 and the case incidence is likely to

increase over the next 3 weeks. Encouragingly, ward and ICU occupancy are likely to remain steady or increase over the next few weeks but not to the same extent as the case incidence.

### Public Health Social Measures

As outlined in the ACT's COVID-19 Pathway Forward, Public Health Social Measures (PHSM) in the ACT have gradually been eased to align with the National Plan to Transition Australia's National COVID-19 Response and the approach of NSW and Victoria, where possible. The ACT is operating with low level PHSM which balance the need for low level restrictions to reduce the risk of outbreaks while allowing businesses and the wider community to operate under COVID normal conditions.

From 6:00pm on 18 February 2022, the following changes to business restrictions were implemented in the ACT in recognition of the relatively stable epidemiological situation:

- All density limits removed.
- All capacity signage requirements removed.
- Requirement for patrons to be seated while eating and drinking removed.
- Dancing permitted at all businesses and venues.

Canberrans were also encouraged to continue to work from home, where it suits both the employee and employer, throughout February 2022. This advice is not enforced under a public health direction, rather employers and employees are advised to determine whether this is appropriate for their workforce and for staff wellbeing.

Use of the Check in CBR app is only required at high impact businesses, including nightclubs, licensed pubs and bars, registered clubs and strip clubs and brothels.

In addition, schools and early childhood education and care (ECEC) services are asked to continue to require staff and visitors to check in, in accordance with the Health Guidelines for Schools and ECECs. People attending organised events in the ACT are only required to check in if the event is not ticketed or pre-registered.

From 6:00pm on 25 February 2022, the requirement for anyone aged 12 years and over to wear a face mask in all public indoor settings was eased to only apply to the following settings and situations:

- On public transport, including buses, light rail, taxis, rideshare and demand response vehicles. Drivers of these vehicles must wear a mask when transporting passengers
- An employee or visitor in a high-risk setting, including hospitals, residential aged care facilities, correctional facilities or residential accommodation facilities
- A worker who provides services to a person with a disability
- A worker for in-home and community aged care providers
- A staff member or visitor in all indoor spaces at a school or early childhood education and care setting. Students in years 7 to 12 are also required to wear a face mask while in an indoor space at school
- Inside the Canberra Airport terminal or on a domestic flight in or out of Canberra Airport.

From 11:59pm on 25 February 2022, organisers of events with more than 2,000 attendees are no longer required to seek an exemption, as long as the event is ticketed or attendees pre-register or use the Check In CBR app. Organisers of events of more than 5,000 people are still required to submit their COVID Safety Plans for review by ACT Health.

Certain businesses are required to have a COVID Safety Plan.

#### COVID-19 measures for the return to school

The ACT Government has released the *ACT Public Schools return to school plan* (the Return to School Plan) which was developed in line with advice from AHPPC and the ACT Government *Health Guidelines for Schools and Early Childhood Education and Care (including out of school hours care)* (the Guidelines).

Following the commencement of term 1, the Education Directorate and ACT Health commenced a new process to manage COVID-19 risks in schools and early childhood education and care (ECEC) services. These education settings are supported to undertake a risk assessment to determine the likeliness of exposure to children and educators as high, moderate, or low risk. This has enabled services to recommend quarantine and testing for affected rooms and cohorts of children and staff but remain open for lower risk individuals.

This process is being continuously reviewed, and ACT Health is working closely with the Education Directorate to update the health recommendations for actions which ECEC services (day care and pre-school) should take in response to COVID-19 exposures. Specifically, this includes moving away from a recommendation to quarantine following any exposure in these settings. It is anticipated that amendments to recommended actions for ECEC services will be implemented soon – with the Education Directorate leading ongoing consultation with the sector.

In addition to this support for schools and their communities, the ACT Government will continue to provide all school-based staff and students, across all school sectors, with two free RATs per week until week 8, Term 1, 2022. The provision of RATs to ACT Schools and Early Childhood Education and Care settings will assist in the early identification of cases and prevent high impact exposures and outbreaks in the Territory's education settings.

ACT Health and the ACT Education Directorate will provide support and advice to school communities as the term progresses to ensure students, staff and communities are equipped to minimise the risk of contracting COVID-19.

#### Standing Exemption for Essential Workers

The ACT has updated the Standing Exemption for Essential Workers, under the Public Health (Diagnosed People and Household Contacts) Emergency Direction 2022, with effect from 11:59pm on 3 March 2022, to include Veterinary Service workers.

Veterinary service workers include:

- A person who is employed by or engaged by a veterinary practice; and
- A person who provides laboratory and diagnostic services to a veterinary practice.



Under the current standing exemption, an essential worker is only eligible to return to work if they:

- Are employed in an industry specified as essential under the standing exemption;
- Have advised their employer they are a household contact and are approved to return to work;
- Consent to returning to work;
- Are unable to perform their duties from home and the employer has determined their absence from the workplace creates a high risk to critical service delivery;
- Are asymptomatic and have returned a negative COVID-19 test result since becoming aware of their status as a household contact; and
- Continue to undertake daily rapid antigen tests until the end of their quarantine period.

Eligible essential workers who return to work must comply with a set of conditions.

They must:

- Travel directly between their quarantine premises and place of work;
- Not attend public places other than for work purposes or an emergency;
- Wear a face mask when leaving their premises in accordance with public health directions; and
- Continue to comply with existing quarantine and testing requirements under the Direction when not at work.

In addition to these conditions, employers are required to adhere to their work health and safety obligations and undertake a range of actions if they seek to use the standing exemption to return workers to the workplace.

## **ACT COVID-19 Vaccination Program**

### Primary Vaccination coverage

The ACT's primary COVID-19 vaccination coverage remains exceptionally high at 98.6 per cent of persons aged 12 years and older having received two doses of an approved vaccine.

As of 1 March 2022, ACT Government clinics have administered 51 per cent of all COVID-19 vaccine doses in the Territory, with our partners in primary care administering 46.2 per cent and 2.8 per cent delivered through Commonwealth (aged-care) programs.

### Booster Vaccination

All individuals aged 16 years and over are now recommended to receive a COVID-19 vaccine booster dose 3 months (and no more than 6 months) after their last primary dose. The Australian Technical Advisory Group on Immunisation (ATGAI) has recommended this booster dose to maintain an 'up-to-date' vaccination status. A person will be considered 'overdue' if a booster has not been received within 6 months of completing their primary schedule.

As at 3 March 2022, 70.2 per cent of all Canberrans aged 16-years and older had received a third (or booster) vaccine. This compares with a national population coverage of 56.6 per cent booster uptake. Initially, the ACT experienced strong demand for booster vaccinations,

with all available appointments filled. Ongoing demand for booster vaccines has been lower than expected and weakened from mid-February. Such a decline in demand is being experienced by all Australian jurisdictions. The ACT Health Directorate is reviewing and seeking to address reasons for this decline in booster demand.

The Airport Precinct vaccination clinic was reopened on a short-term basis on Monday 24 January to help surge in response to anticipated demand for booster vaccines. The airport clinic ceased operating on 28 February.

ACT Health continues to develop clear messaging for the community about these issues to encourage booster vaccination uptake. This includes emerging data on the benefits of booster vaccines in reducing severe illness, hospitalisation and death from COVID-19.

Vaccination at the AIS clinic is now available without an appointment (walk-ins) and is operating for walk-ins only (no appointments) on 'match-days' at GIO stadium. This is to facilitate opportunistic vaccination for individuals attending sporting events at the stadium and also meet our rental obligations with the Australian Sports Commission for use of the AIS Arena.

#### Paediatric (5 to 11-year-olds) Vaccination Program

Vaccinations for children aged 5 to 11 years with the paediatric Pfizer vaccine commenced nationally on 10 January 2022. As at 3 March 2022, 78.6 per cent of the estimated population in this age group have received their first vaccine dose. The ACT has experienced the strongest uptake in paediatric vaccination compared to other jurisdictions.

Whilst demand was strong during the first few weeks of the program, paediatric vaccine uptake has been lower) since school returned for Term 1, 2022. ACT Health is working to support and educate vaccine hesitant parents and carers on the benefits of paediatric COVID-19 vaccination.

Lower vaccination uptake among the 5-to-11-year age group aligns with the broader global trend for this age cohort. Research indicates that this lower uptake is attributable to concerns about the long term impacts of a provisionally approved vaccine combined with 'milder' symptomatic infection in younger children.

The recommended interval between first and second dose vaccination for this age cohort is 8 weeks. From Monday 7 March, the AIS clinic will be delivering children their second dose of COVID-19 vaccination.

The Moderna vaccine was approved and recommended for use in children aged 6 to 11 years on 23 February 2022. In the ACT, the Moderna vaccine is available through participating GPs and pharmacies.

#### Novavax vaccine

Novavax COVID-19 vaccine was approved and recommended for use in people aged 18 and over on 24 January 2022. Administration of this vaccine by general practitioners and pharmacists began in the ACT on 16 February. There were total of 626 first doses administered to ACT residents aged 18 years and over from 16 February 2022 to 2 March 2022, with 31 per cent of first doses over this period being Novavax. These figures indicate

that over 200 people have come forward for primary dose vaccination with Novavax. This reflects consumer feedback that some individuals were awaiting the availability of Novavax before being vaccinated.

Novavax is currently registered for use in a primary COVID-19 vaccination course in people aged 18 years or older. An application for the Novavax vaccine for use in Australia as a booster dose is expected to be provided to the TGA shortly. ATAGI updated advice on 1 March 2022 advising Novavax is considered acceptable for use as a booster dose in an individual aged 18 or older if no other COVID-19 vaccine is suitable for that individual.

#### Equity to Access program

The ACT's Equity to Access Program continues to deliver COVID-19 vaccinations to vulnerable and marginalised community members through in-reach, pop-up, mobile and in-home settings.

Since 17 January 2022 when the Equity to Access program began, 239 doses have been administered through in-reach vaccinations to homebound individuals and at pop-up clinics arranged through non-government partner organisations.

Pop-up clinics in suburbs with relatively lower vaccination rates will commence within the next two weeks.

#### Aboriginal and Torres Strait Islander community

The ACT experienced strong uptake of primary course vaccines from the Aboriginal and Torres Strait Islander population in 2021, with vaccine uptake comparable across the indigenous and non-indigenous community.

However, Aboriginal and Torres Strait Islander people have a lower uptake of both booster dose (16 years and over) and first dose (5- to 11-year-olds) than non-Aboriginal and Torres Strait Islander people. Using population figures sourced from the Australian Immunisation Register (AIR)<sup>3</sup>, in alignment with a decision of the Commonwealth Aboriginal and Torres Strait Islander Advisory Group, as at 3 March 2022:

- Aboriginal and Torres Strait Islander children under 12 years currently have a rate of first dose vaccination 15.0 percentage points lower than non-Aboriginal and Torres Strait Islander children 57.0 per cent compared to 72.0 per cent respectively. ACT leads the country.
- Third or booster dose vaccination rates for Aboriginal and Torres Strait Islander residents of the ACT (aged 16 years and over) is currently 15.1 percentage points lower than for non-Aboriginal and Torres Strait Islander residents 46.7% and 61.8% respectively. ACT is behind QLA and WA in the booster coverage rate for Aboriginal and Torres Strait Islander residents.

As part of ACT Health Directorates work to address this, the Equity to Access team is working with Aboriginal and Torres Strait Islander liaison officers and Winnunga to continue to improve rates and reduce the vaccination gap.

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<sup>3</sup> It is important to note that AIR population figures inflate the ACT population by up to 20 per cent based on health services usage in the ACT as recorded by ACT Medicare addresses, compared to ABS and ACT Treasury population estimates.

A dedicated First Nations vaccination clinic (both paediatric doses and adult boosters) was held on Sunday 27 February. This was well attended with a number of primary vaccination doses and booster doses for adults plus paediatric vaccinations. This outcome is evidence of the slow and careful work of the program to provide vaccination and education in safe, culturally appropriate, and accessible settings.

#### Mandatory vaccination of workers

Four public health directions remain in place, which collectively ensure that workers in aged care, disability care, health care and teacher and childcare workers (of children under 12) have received their two-dose primary course of an approved COVID-19 vaccine. The directions target critical and high-risk sectors and are designed to curb COVID-19 transmission and reduce the severity of adverse outcomes associated with virus transmission.

The Australian Health Principal Protection Committee (AHPPC) have recommended that booster vaccines be mandated for residential and aged care facility (RACF) employees. It is anticipated the AHPPC intend to expand this advice to include disability and in-home community aged-care workers receive their booster vaccine to continue working. ACT Health is preparing amendments to relevant public health directions to reflect the AHPPC recommendations, in preparation for the release of these Statements.

No further recommendations are expected from the AHPPC and National Cabinet regarding the mandating of booster vaccines for other employee cohorts.

#### **Conclusion**

The epidemiological situation in the ACT has continued to remain stable throughout February 2022, although there are signs of a potential increase in case incidence in early March 2022, which ACT Health will continue to monitor directly. The increase in cases has not translated to an increase in hospitalisations.

The COVID-19 public health response remains focused on preventing outbreaks in high-risk settings and venues of high transmission impact.

PHSM and test, trace, isolate and quarantine (TTIQ) measures remain in effect in the Territory to reduce community transmission and protect vulnerable Canberrans, as well as the ACT's health system capacity.

The recent easing of PHSM was implemented because of the reduced level of risk within the ACT due to high vaccination coverage and the community's willingness to practise voluntary COVID smart behaviours.

The ACT's primary COVID-19 vaccination coverage remains high and booster doses continue to be administered to Canberrans to provide better protection from COVID-19. Our COVID-19 vaccination program is focused on ensuring all eligible Canberrans can access a COVID-19 vaccine, including children aged 5 to 11 years.

ACT Health is undertaking extensive work in preparation for the onset of winter, where it is highly likely that the ACT will see ongoing community transmission and further waves of COVID-19, particularly as vaccination and infection-derived immunity declines, as well as the emergence of the influenza season.

## **Recommendation**

As Acting Chief Health Officer, I advise the Minister for Health that the public health emergency declaration should remain in place due to the ongoing significant public health risk which is currently posed by COVID-19.

Although relatively stable at this time, if the pandemic situation should deteriorate due to a new variant or with the onset of winter, and this aligns with an anticipated low to moderate influenza season, a quick assessment of the projected impact will be required and rapid action taken to reduce virus transmission, protect populations at high risk of complications and minimise social and economic disruption. Tightened PHSMs will need to be implemented quickly.

Currently, it remains necessary to maintain effective TTIQ measures and low level PHSM to minimise the transmission of the Omicron variant in the ACT and protect vulnerable Canberrans. This recommendation is consistent with other Australian jurisdictions, including the Commonwealth, which continue to maintain emergency status or similar at this time, with a focus on suppression for the purpose of minimising transmission within high risk settings and among vulnerable population cohorts.