

2022

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

Chief Health Officer Update on Status of Public Health Emergency – Report 22

January 2022

**Presented by
Rachel Stephen-Smith
MLA Minister for Health
8 February 2022**



ACT
Government

ACT Health

Mr Chris Steel MLA
Acting Minister for Health
ACT Legislative Assembly
London Circuit
CANBERRA ACT 2601

Dear Minister

CHIEF HEALTH OFFICER REPORT ON THE STATUS OF THE PUBLIC HEALTH EMERGENCY DUE TO COVID-19 – 6 JANUARY 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 6 January 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 Kerry Coleman
Chief Health Officer
10 January 2022

In NSW, as at 8:00pm on 5 January 2022, 34,994 new cases and 6 deaths were reported in the previous 24 hour period. There are 207,667 active cases across the state with 1,609 COVID-19 cases in hospital and 132 of those cases in intensive care units.

In Victoria, as at 12 noon on 6 January 2022, 21,997 new cases and 6 deaths were reported in the previous 24 hour period. There are 61,120 active cases across the state with 631 COVID-19 cases in hospital and 51 of those cases in intensive care units.

In Queensland, as at 7:00pm on 5 January 2022, 10,332 new cases were reported in the previous 24 hour period. There are 42,250 active cases across the state with 296 COVID-19 cases in hospital and 12 of those cases in intensive care units.

In South Australia, as at 12:00am on 5 January 2022, 3,493 new cases were reported in the previous 24 hour period. There are 19,250 active cases across the state with 125 COVID-19 cases in hospital and 12 of those cases in intensive care units.

In Tasmania, as at 8:00pm on 5 January 2022, 751 new cases were reported in the previous 24 hour period. There are 3,223 active cases across the state with 5 COVID-19 cases in hospital, none of which are in intensive care units.

In Northern Territory, as at 12:30pm on 6 January 2022, 256 new cases were reported in the previous 24 hour period. There are 769 active cases across the territory with 23 COVID-19 cases in hospital and 2 of those cases in intensive care units.

In Western Australia, as at 6 January 2022, 1 new locally acquired case and 6 new interstate acquired cases were reported in the previous 24 hour period. There are 74 active cases across the state with none of these cases hospitalised.

ACT situational update

As at 8:00pm on 5 January 2022, there have been a total of 8,021 cases recorded in the ACT since the start of the pandemic and sadly, 15 people have died. There are 3,565 active cases across the ACT with 20 COVID-19 cases in hospital and 2 of those cases are in intensive care requiring ventilation.

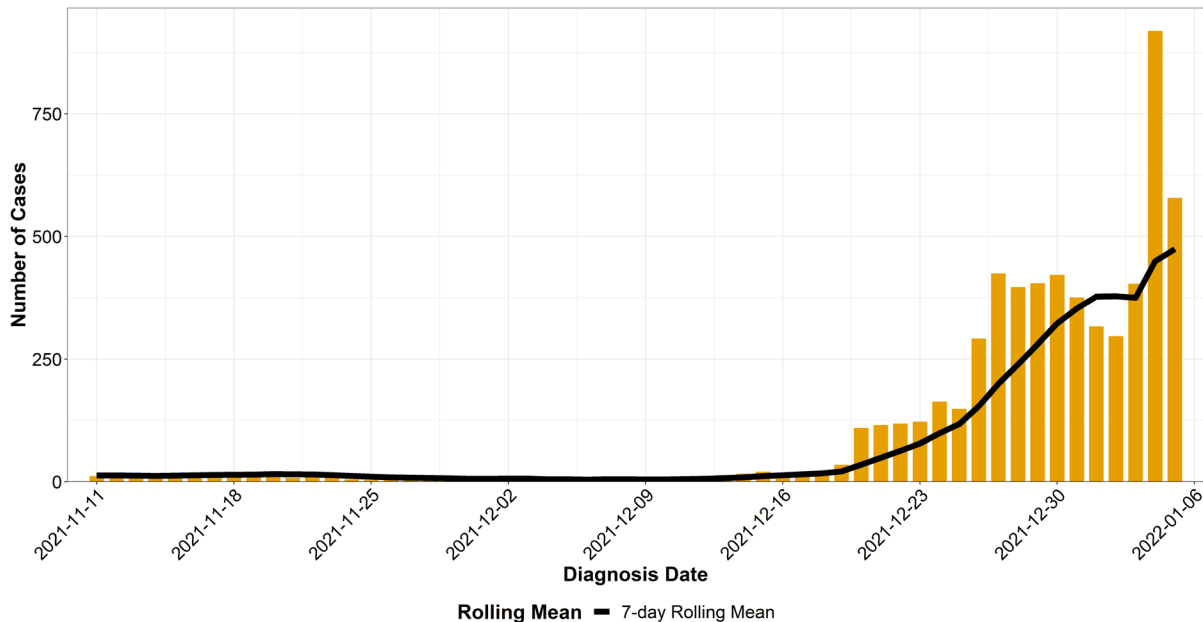
As at 8:00pm on 5 January 2022, a total of 757,371 negative COVID-19 tests have been recorded in the ACT. Testing numbers in the ACT have increased over the last month as a result of the increase in cases and exposures in the ACT and surrounding region, as well as the requirement for domestic travellers to receive a negative PCR test result prior to travelling to several Australian jurisdictions.

There are several testing facilities located across the ACT including Canberra Health Services facilities, GP led respiratory clinics and private pathology providers. The Mitchell Drive Through Testing Centre, Garran COVID-19 Surge Centre and Kambah Drive Through Testing centre provide testing seven days a week, and the Nicholls clinic provides testing services Monday to Friday. The Exhibition Park In Canberra (EPIC) Drive Through Testing Centre was closed at 10:00pm on 17 December 2021 to allow EPIC to return to its regular business functions. The new Mitchell Drive Through Testing Centre, located on Tooth Street in Mitchell, opened on 18 December 2021 to replace the EPIC centre and maintain the ACT's COVID-19 testing capability.

As of 9:00am on 6 January 2022, there are 1,544 close contacts in quarantine in the ACT being supported by ACT Health.

ACT Health operates 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.

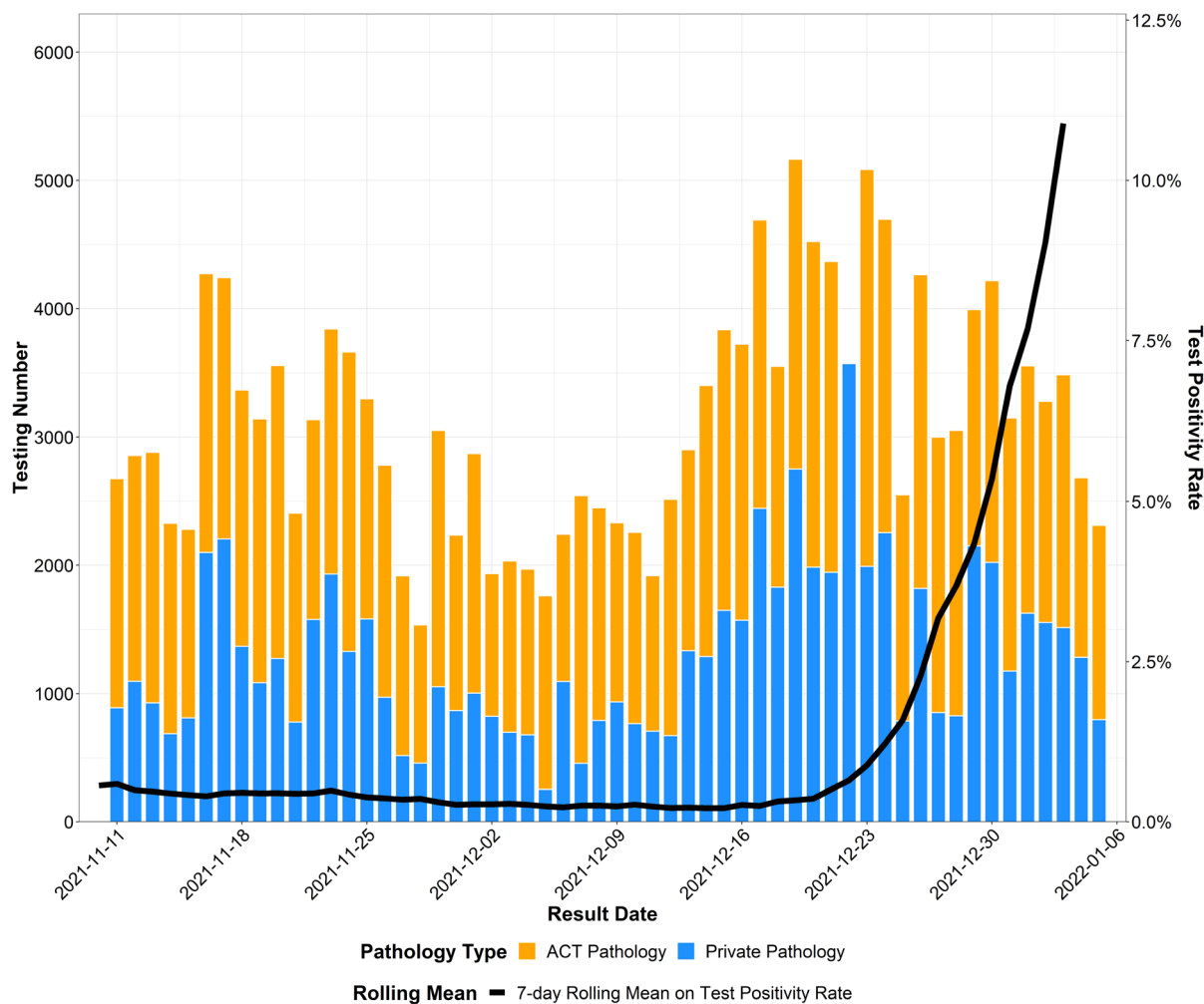
Figure 1: COVID-19 cases recorded in the ACT by diagnosis date, last eight weeks – 11 November 2021 to 6 January 2022



Source: ACT Health Data Repository (SunQuest).

The DIAGNOSIS DATE will be the FIRST SYMPTOM ONSET DATE if known, otherwise, it will be the NOTIFICATION RECEIVED DATE.

Figure 2: Negative testing by result date and pathology type (with test positivity rate) in the ACT, last eight weeks – 11 November 2021 to 6 January 2022



Source: ACT Health Data Repository (SunQuest & Pathology)
 Note: The test positivity rate is subject to the variability of data collection.

ACT’s Response to the Omicron Variant of Concern

The ACT’s public health response to COVID-19 has been adapted due to the continued prevalence of the Omicron variant. This variant has led to a significant increase in confirmed cases in the ACT and is now the dominant variant across the Territory.

In December 2021, the AHPPC presented jurisdictions with a detailed analysis of the impact of the Omicron variant across the world and advice on proportionate TTIQ measures to replace the range of precautionary measures that were introduced when Omicron was first classified by the World Health Organization.

Based on this advice, the ACT implemented the following changes to travel restrictions and quarantine requirements for close contacts of Omicron cases from 11:59pm on 15 December 2021:

- All fully vaccinated international travellers from South Africa, Lesotho, Botswana, Zimbabwe, Mozambique, Namibia, Eswatini and/or Malawi were permitted to quarantine for three days in line with international arrivals from all other countries;
- Close contacts of Omicron cases were permitted to follow the same requirements as all other close contacts of COVID-19 cases in the ACT, rather than quarantining for 14 days regardless of vaccination status.

Following the changes to quarantine for Omicron cases and the increased risk of potential transmission of Omicron across Australia, ACT Health published risk mitigation guidance for all close contacts to limit their movement in the community from days 8 to 14 following their exposure. Affected individuals were asked to minimise their movement in public spaces wherever possible, avoid mass gatherings and the use of public transport. This included attending large end-of-year events where increasing rates of transmission had been observed in NSW.

From 11:59pm on 5 January 2021, changes were introduced to the management of confirmed cases, contacts and exposures in the ACT, based on advice from AHPPC. These changes will enable ACT Health to contact people at highest risk of contracting COVID-19 and focus on preventing outbreaks in high risk settings as the number of confirmed cases continues to increase.

Confirmed cases of COVID-19 are required to isolate for at least seven days from the date that their COVID-19 test was conducted, regardless of vaccination status, until they are cleared to leave isolation by ACT Health. Anyone who tests positive for COVID-19 is required to inform their household contacts of their positive result and should notify any workplace and social contacts they have interacted with in the two days before onset of symptoms or their positive test result that they are at risk of contracting COVID-19. Isolation for

Contacts of a confirmed case of COVID-19 are now directed to self-assess their risk of exposure based on ACT Health's updated exposure guidance for household contacts and individuals who have had high, moderate, or low risk exposure to a case.

A household contact of a confirmed case is at high risk of contracting COVID-19 and is therefore required to:

- Undergo a PCR test as soon as possible and quarantine for seven days from the date of the positive test result of the first case in the household;
- Complete the ACT Health online declaration form; and
- Undergo a rapid antigen or PCR test on or after day 6.

A high risk exposure is categorised as when someone has spent a long time with a confirmed case of COVID-19, but is not a household contact. This could include staying overnight with a confirmed case, spending an evening indoors at the house of a confirmed case, driving a long distance with a confirmed case or looking after children who have since tested positive. A person who has had a high risk exposure should adhere to the following guidance:

- Undergo a PCR test as soon as possible and quarantine for seven days from the last date of exposure to the confirmed case;
- Undergo a rapid antigen or PCR test on or after day 6 of their quarantine;

- Undergo another rapid antigen or PCR test on day 12 or 13 following their seven day quarantine period;

Household and high risk exposure contacts are advised not to visit high risk settings, such as healthcare facilities, disability care and correctional facilities, and to avoid mass gatherings and large scale events from days 8 to 14 following their seven day quarantine period.

A moderate risk exposure is categorised as when someone has spent some time with a confirmed case of COVID-19, for example someone who had dinner with a confirmed case or met at a public venue or social function. A person who has had a moderate risk exposure should undergo a rapid antigen or PCR test as soon as possible and quarantine until a negative result is received. If their first test was within five days of their last exposure, they should undergo another rapid antigen or PCR test on or after day 6. There are no testing or quarantine requirements for other people in the same household as someone who has had a moderate risk exposure unless they test positive for COVID-19.

A low risk exposure is categorised as when someone has had a brief or distanced contact with a confirmed case of COVID-19, for example someone who went for a walk outdoors with a confirmed case or visited an exposure venue for a short period of time. A person who has had a low risk exposure should monitor for COVID-19 symptoms and if symptoms arise, they should undergo a PCR test and quarantine until they receive a negative result. There are no testing or quarantine requirements for other people in the same household as someone who has had a low risk exposure unless they test positive for COVID-19.

The ACT is working closely with the Commonwealth and other Australian jurisdictions to align our public health response where possible and ensure test, trace, isolate and quarantine (TTIQ) measures are effective in limiting transmission of Omicron as much as possible and preventing outbreaks in high risk settings.

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.

The ACT lifted all domestic travel restrictions from 11:59pm on 15 December 2021 and revoked the previously listed High Risk Geographical Areas. Anyone travelling to the ACT from interstate is permitted to do so without any requirement to complete a declaration prior to entry and there are no quarantine or testing requirements unless a person is identified as a close contact.

Currently, most businesses and venues across the ACT are permitted to have 25 people across an indoor venue before density limits of one person per two square metres applies for indoor spaces. Several PHSM were tightened in the ACT during December 2021 to limit transmission of COVID-19, particularly as people moved more freely around the Territory for the holiday period.

Since 11:59pm on 21 December 2021, all individuals aged 12 years and over are required to wear a face mask in indoor public settings, including public transport, taxis and rideshare vehicles. Visitor restrictions for residential aged care facilities were also introduced at this time with residents permitted to have only five visitors per day with a maximum of five visitors at any one time, except for end-of-life visits.

Visitor restrictions at all hospitals, community health centres and walk-in centres were tightened from 12:01am on 26 December 2021 to protect vulnerable patients and reduce the risk of outbreaks within the ACT's health care facilities. No visitors are permitted to enter these health care facilities other than in exceptional circumstances such as end-of-life, birthing or for paediatric care.

ACT COVID-19 Vaccination Program

Vaccination coverage

The ACT's COVID-19 vaccination coverage is exceptionally high and has placed the community in a strong position to respond to the risk of COVID-19. As at 5 January 2022, 98.5 per cent of the ACT's population aged 12 years and over have received their primary (two-dose) vaccination course and 18.9 per cent of all ACT adults had received their booster dose.

As of 5 January 2022, ACT Government clinics have administered 51.1 per cent of all COVID-19 vaccine doses in the Territory, with our partners in primary care administering 45.6 per cent and 3.3 per cent delivered through Commonwealth aged-care programs.

Booster Vaccination

The ACT is focussed on the rollout of booster vaccines to adults from Canberra and the surrounding region, 4-months after the completion of their primary vaccine course. This timeframe will again be shortened to a 3-month booster interval from 31 January 2022, consistent with advice from the Australian Technical Advisory Group on Immunisations (ATAGI). At this time, these vaccine doses are recommended but not essential to be considered fully vaccinated against COVID-19.

In the ACT, demand for booster vaccine doses is expected to peak at about 410,000 (based on the number of adults that received their primary vaccination course at ACT vaccine clinics in 2021). Most of these vaccines are due throughout January and February 2022. To accommodate this surge in demand, Cabinet has supported the temporary reopening of a second mass vaccination clinic in the Airport precinct. Work is underway to prepare the site, which is expected to open from 17 January 2022 and will deliver up to 5,502 booster vaccines per week over 6-weeks.

As at 31 December 2021, 58,613 booster vaccine doses had been administered at ACT vaccination clinics. With the inclusion of the Airport site ACT Health Directorate anticipate that unmet demand for booster vaccines can be met by mass vaccination clinics and primary care providers by the end of February 2022. Residual demand for boosters (from adults that were not fully vaccinated before December 2021) can be comfortably met thereafter at the AIS Arena clinic and through primary care providers.

Paediatric (5 to 11 year old) Vaccination Program

On 5 December 2021, the Therapeutic Goods Administration (TGA) provisionally approved the Pfizer COVID-19 vaccine for 5 to 11 year olds. The approved paediatric dose of the vaccine is a diluted formulation of the existing Pfizer Comirnaty vaccine already being administered to people aged 12-years and older. The TGA is also considering the provisional approval of a paediatric Moderna vaccine for 6 to 11 year olds; although no decision about suitability has yet been made.

Paediatric vaccine bookings opened at ACT Government clinics on 20 December 2021. As at 5 January 2022, there had been 10,005 bookings made at ACT Government run clinics for children aged 5 to 11 years old.

Appointments will commence from 10 January 2022. There is an 8-week interval between first and second primary doses of the vaccine for this age group. This means that assuming all eligible children and their families come forward for vaccination as soon as they are able, most children in the ACT (5 to 11 years) will be fully vaccinated by the end of March 2022; and will reach peak vaccine protection from mid-April 2022.

Equity to Access program

The ACT's Equity to Access Program delivers COVID-19 vaccinations to vulnerable and marginalised community members through in-reach, pop-up, mobile and in-home settings. The Program will recommence from 24 January 2022 and run until the end of April 2022. Final contract negotiations are underway with Aspen Medical to support vaccine administration alongside ACT Health Directorate.

The 2022 Program will focus on delivering third dose and booster vaccines to eligible adults that received their primary course as part of the program. The ACT Health Directorate is also working with the Education Directorate regarding the possible administration of paediatric vaccines at the Cranleigh and Malkara specialist schools, should this be the Education Directorate's preference.

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. Using population figures sourced from the Australian Immunisation Register (AIR), in alignment with a decision of the Commonwealth Aboriginal and Torres Strait Islander Advisory Group, as at 5 January 2022:

- 89.7 per cent of eligible Canberrans who identify as Aboriginal and Torres Strait Islander had received their first vaccination dose, 86.7 per cent were fully vaccinated and 11.1 per cent had received a third / booster dose; and
- 87.1 per cent of eligible non-Aboriginal and Torres Strait Islander Canberrans had received their first vaccination dose, 86.0 per cent were fully vaccinated and 15.9 per cent had received a third / booster dose.

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.

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 full 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.

At this time, it is not mandatory for these workers to have received a booster vaccine. This decision may be reviewed pending further advice from the Australian Health Principal Protection Committee.

Conclusion

The ACT has experienced a significant increase in COVID-19 cases following the emergence of the Omicron Variant of Concern in November 2021. While our nation leading vaccination coverage places us in a strong position to respond to the risks associated with Omicron, effective TTIQ and public health social measures are necessary to limit transmission and protect vulnerable members of the community from negative health outcomes.

Changes to the management of confirmed cases, contacts and exposures will enable ACT Health to focus on providing necessary support to confirmed cases and target public health responses to high risk settings and outbreaks. It is expected that these changes will reduce the demand for testing and enable the majority of confirmed cases to manage the disease at home.

ACT Health will closely monitor the number of confirmed cases that require hospitalisation due to COVID-19 and the overall impact of the epidemiological situation on health system capacity. As we move to living with COVID-19 and case numbers increase, public health officials will be focused on hospitalisation and vaccination data to understand the impact of the virus on our community and where resources are required within our health system.

Recommendation

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

At this time, it remains necessary to maintain effective TTIQ measures and public health social measures to slow the transmission of the Omicron variant in the ACT and protect vulnerable Canberrans as case numbers continue to increase. This recommendation is consistent with that of other Australian jurisdictions, including the Commonwealth, which are maintaining emergency status or similar at this time and focusing on suppression for the purpose of minimising transmission within high risk settings and among vulnerable population cohorts.