

**2022**

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

**TENTH ASSEMBLY**

**Chief Health Officer update on the Status of the public health emergency -  
Report 27 - June 2022**

**Presented by  
Rachel Stephen-Smith MLA  
Minister for Health  
9 June 2022**





**ACT**  
Government

**ACT Health**

Ms Rachel Stephen-Smith MLA  
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 – 1 JUNE 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 1 June 2022, is that the public health emergency declaration in the ACT should remain in place at this time.

Although the epidemiological situation in the ACT is relatively stable at this time, it is anticipated that throughout the winter season the continued prevalence of COVID-19 and the increasing number of influenza cases will require ongoing public health management and will likely place further pressure on our health system. Therefore it is vital that the ACT Government has the ability under a public health emergency declaration to tighten restrictions quickly should it be required over the coming months.

At this time, most Australian states and territories are maintaining public health emergency status or have implemented specific COVID-19 management measures and continue to be focused on responding to COVID-19 transmission in the community and reducing the risk of negative health outcomes across the population.

Yours sincerely

Dr Kerryn Coleman  
Chief Health Officer  
1 June 2022

# CHIEF HEALTH OFFICER REPORT ON THE STATUS OF THE PUBLIC HEALTH EMERGENCY DUE TO COVID-19 – 1 JUNE 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 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 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 confirmed cases of COVID-19 to isolate, and their household contacts to quarantine if they are unable to comply with certain risk mitigation requirements.

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

## Global situational<sup>1</sup>

Globally, as of 31 May 2022, there have been 526,558,033 confirmed cases of COVID-19, and sadly 6,287,117 deaths reported to the World Health Organization (WHO).

WHO reported that the weekly number of new cases across the world in the week of 16 May to 22 May 2022 decreased by 3 per cent compared to the previous week. The number of deaths reported also decreased by 11 per cent as compared to the previous week. The United States of America, China, Australia, Germany, and Japan reported the highest number of new cases for the week.

The Omicron Variant of Concern (VoC) continues to be the dominant VoC circulating globally, especially in 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 of 31 May 2022, there have been a total of 7,272,057 cases of COVID-19 reported in Australia and 8,521 deaths. Nationally, there were 83,410 confirmed new locally acquired cases reported in the past seven days and 353 overseas acquired cases, with a further 187,538 under investigation and therefore it is not determined where these cases were acquired. All Australian jurisdictions continue to report high daily case numbers, with the vast majority of locally acquired cases recorded in New South Wales, Western Australia, and

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<sup>1</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-019/situation-reports> Coronavirus disease (COVID-19) Weekly Epidemiological Update published 25 May 2022, accessed 26 May 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 – published 31 May 2022, Australian Government Department of Health, accessed 1 June 2022

Victoria. Across Australia, there is currently an estimated 278,717 active cases and 2,773 cases currently hospitalised, of which 92 are in intensive care units.

In NSW, as at 4:00pm on 30 May 2022, 7,342 new cases and 19 deaths were reported in the previous 24 hour period. There are 107,116 active cases across the state with 1,185 COVID-19 cases in hospital and 36 of those cases in intensive care units.

In Victoria, as at 10:00am on 30 May 2022, 8,288 new cases and 3 deaths were reported in the previous 24 hour period. There are 61,419 active cases across the state with 550 COVID-19 cases in hospital and 25 of those cases in intensive care units.

In Queensland, as at 7:00pm on 30 May 2022, 2,872 new cases and 1 death were reported in the previous 24 hour period. There are 28,575 active cases across the state with 365 COVID-19 cases in hospital and 4 of those cases in intensive care units.

### **ACT situational update**

As at 8:00pm on 31 May 2022, there have been a total of 132,735 cases recorded in the ACT since the start of the pandemic, and sadly, 64 people have died. There are 4,383 active cases across the ACT with 84 COVID-19 cases in hospital with five of those cases in intensive care and one case requiring ventilation.

In May 2022, the 7-day rolling average of cases varied from 932 to a peak of 1,018 cases per day. This includes cases confirmed via PCR and those identified through voluntary self-reporting of positive Rapid Antigen Test (RAT) results.

Since the emergence of the Omicron variant, the average case rate peaked on 8 January 2022 with 336 new cases per 100,000 population and subsequently decreased to 91 new cases per 100,000 in early February 2022. There were 237 cases per 100,000 on 14 May 2022 and this declined to 130 cases per 100,000 on 29 May 2022.

As of 9:00am on 30 May 2022, a total of 1,046,438 negative PCR COVID-19 tests have been recorded in the ACT since the beginning of the pandemic.

In the last week of May, the number of daily negative PCR tests varied between 996 (2.3 per 1,000 population) and 2,161 (5.0 per 1,000), compared to the peak on 22 December 2021 (6,738 negative tests or 15.6 per 1,000).

Over the pandemic, PCR test positivity rates reached an all-time high of 28 per cent on 11 January 2022. At the end of April, the average test positivity rate peaked again at 24 per cent and has since stabilised around 20–22 per cent in the last week of May.

High case rates combined with a PCR test positivity rate above 10 per cent and the decrease in case ascertainment due to greater reliance on RATs indicates that the ACT continues to show high rates of community transmission. It is likely that there are more people with COVID-19 in the community who have not presented for testing or recorded an accurate RAT result, however at this stage in the COVID-19 response, public health officials continue to be focused on monitoring severe outcomes and impacts on the health system rather than total case numbers.

ACT Health continues to support and respond to active outbreaks and exposures of COVID-19, including in residential aged care facilities, disability services, and education settings. As of 31 May 2022, ACT Health has been notified of 111 sites with a COVID-19 outbreak or exposure in the previous month. This is inclusive of:

- 26 Residential Aged Care Facilities (RACFs) / Transition / Respite listings for the month of May, of which 2 are currently cleared and 24 which are currently responding to active outbreaks and exposures (18 active outbreaks and 6 active exposures);
- 85 disability service providers with staff and client exposures for the month of May.

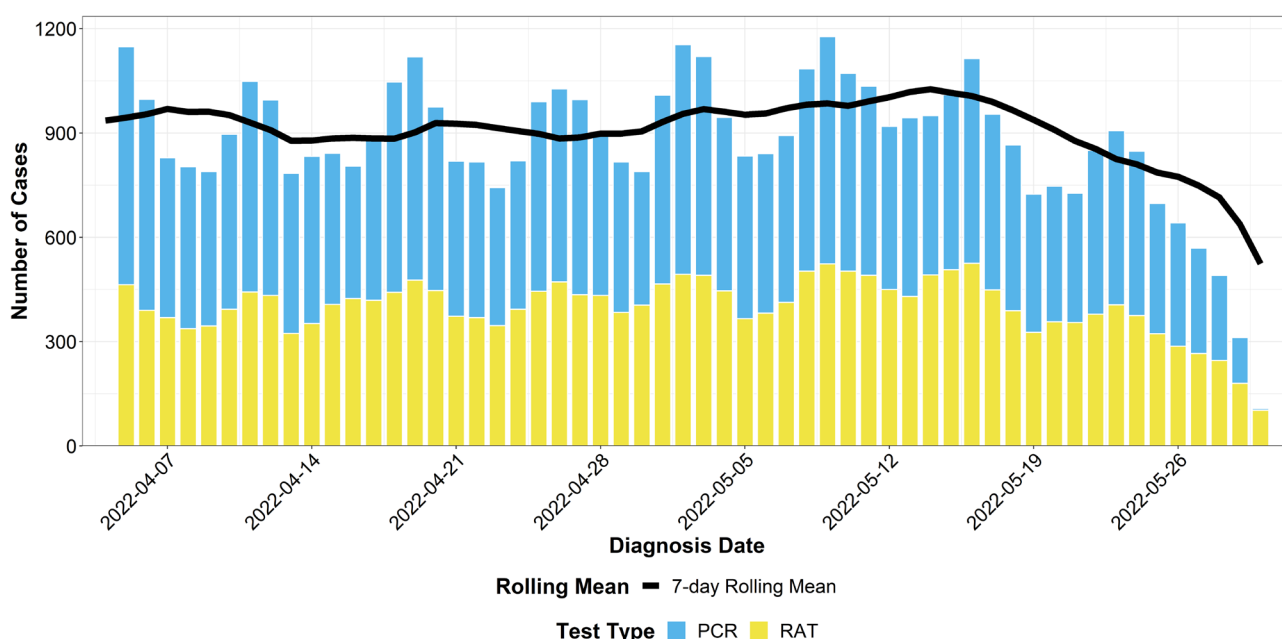
An outbreak within the Alexander Maconochie Centre (AMC) during May 2022 saw 57 detainees testing positive for COVID-19. There are currently no active cases within the facility.

As of 31 May 2022, an average 70 ACT Public School COVID-19 exposures were reported to the ACT Education Directorate weekly.

As of 9:00am on 1 June 2022, there are 1,315 individuals who are household contacts of a confirmed case. Household contacts are required to quarantine for a period of seven days, unless they have no symptoms of COVID-19 and comply with certain risk mitigation requirements, including testing and mask wearing requirements.

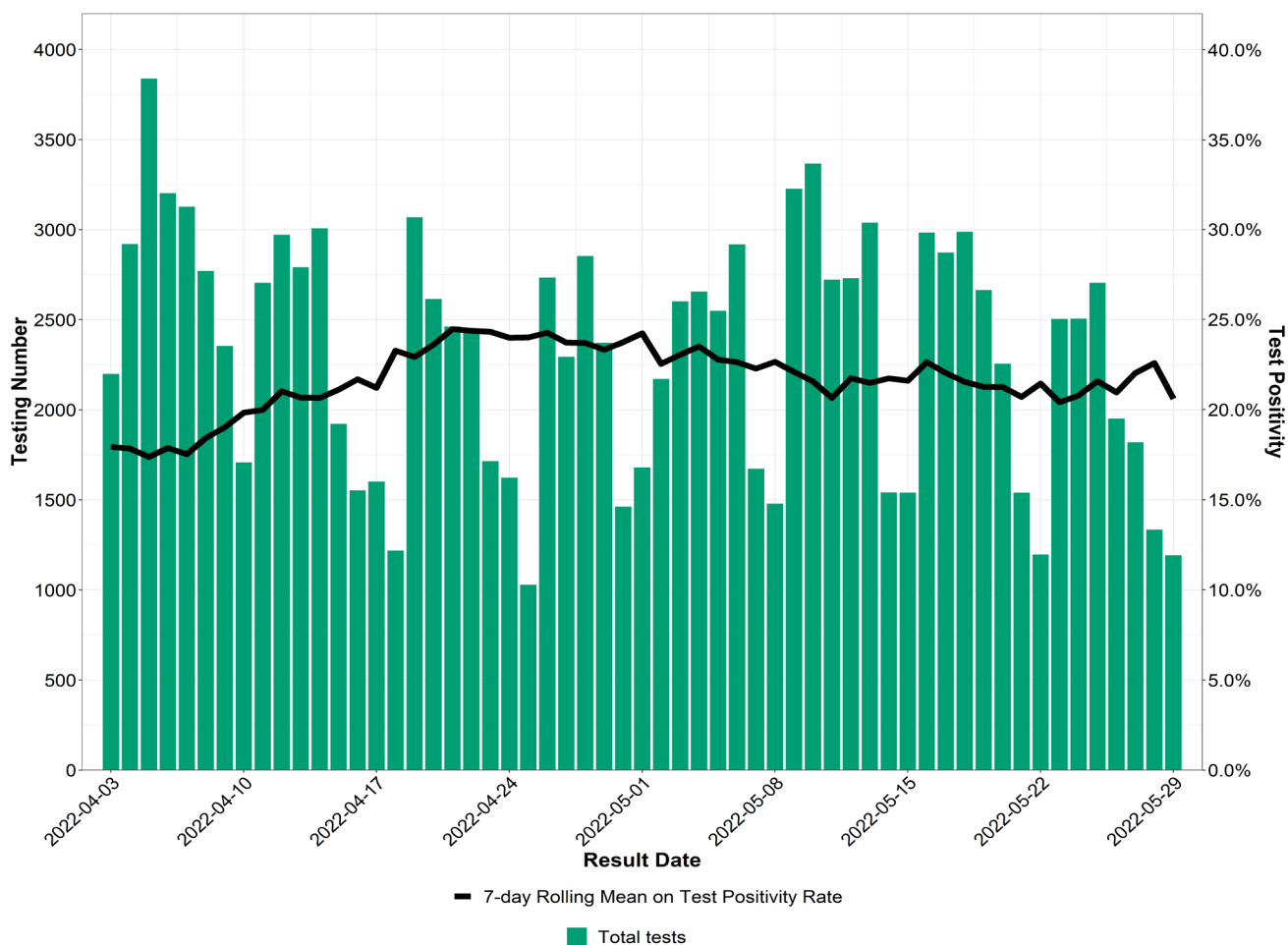
ACT Health continues to operate the ‘Lazaretto’ quarantine and isolation facility at the Australian National University which provides accommodation for confirmed cases and contacts who are unable to safely isolate or quarantine at home. The accommodation facility provides residents with a range of clinical,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

**Figure 1: COVID-19 cases recorded in the ACT by diagnosis date and test type (with 7-day rolling mean), last eight weeks – 4 April to 30 May 2022**



Notes:  
 The DIAGNOSIS DATE will be the TRUE ONSET DATE if known, otherwise it will be earliest of the SPECIMEN DATE, the NOTIFICATION DATE or the NOTIFICATION RECEIVED DATE.  
 Due to the case processing system, there is a small portion of cases that will not appear before the end of the cut-off period. This will result in an under-reporting of the case numbers and average mean for the 48 hours prior to the cut-off period.

**Figure 2: Number of Tests by Result Date (with 7-day Rolling Mean on Test Positivity Rate) – 3 April to 29 May 2022**



Source: ACT Health Data Repository (NDMS & Pathology)  
 Notes:  
 The test positivity rate is subject to the variability of data collection.  
 Testing numbers includes positive and negative tests for PCR only.

**Changes to the use of the Check In CBR app**

On 12 May 2022, the ACT Government announced that the use of the Check In CBR app would no longer be mandatory in the ACT.

With effect from 11:59pm on 13 May 2022, licensed venues, registered clubs, night clubs, strip clubs, brothels and non-ticketed events are no longer required to use the Check In CBR app.

The Chief Health Officer advised the Government that the requirement to register for and use the Check In CBR app in these settings could be removed at this point in our COVID-19 response, particularly as public health officials are focused on reducing transmission in high risk settings.

The Check In CBR app has undergone an update to include a new Health Screening Tool which can be used by high-risk facilities, where screening of visitors and staff remains important. The new Health Screening Tool will allow visitors of a facility to scan one QR code using the Check In CBR app, and simultaneously complete a check in and health screening

process. The existing business profile function and check in patron cards both remain compatible with the Tool.

In addition, within the recent rollout of the Health Screening Tool, enhanced security functionality was also implemented for the Check in CBR App. A direct link to the online form to record positive Rapid-Antigen Test Results has also been included in the App.

### Current Public Health and Social Measures

Public Health and Social Measures (PHSM) have gradually been eased in the ACT to align with the National Plan to Transition Australia's National COVID-19 Response and the approach of NSW and Victoria, where appropriate.

Low-level PHSM continue to be in place, and I am of the view that they remain proportionate to the level of risk being managed across the Territory. With the winter season approaching, the COVID-19 situation will be carefully monitored, and consideration may be given to reviewing PHSM should there be a deterioration of the ACT's situation.

### Extension of Public Health Emergency due to COVID-19

On 13 May 2022 the Public Health Emergency was extended for an additional 90 days to 11 August 2022, rather than the 60 days originally recommended in CHO Report 26. I provided additional advice to the Minister for Health which outlined that the delay to the debate of the Public Health Amendment Bill 2021 (No 2) (the Bill) in the Legislative Assembly should be considered in determining the length of the public health emergency declaration until such a time when the Government may step down from a public health emergency.

The Bill seeks to establish a new framework for the management of COVID-19 outside of a public health emergency through the establishment of a COVID-19 Management Declaration. This would enable the implementation of COVID-19 Management Directions to enact proportionate test, trace, isolate and quarantine (TTIQ) measures and public health and social measures (PHSM) if required.

The decision was made to extend the emergency declaration for 90 days, rather than 60 days, as it is important to ensure that there is sufficient time for implementation of a COVID-19 Management Declaration and that risks associated with this transition are carefully managed, particularly with the start of the winter season and noting the importance of maintaining community confidence in the response.

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

### Primary Vaccination coverage

The ACT's primary COVID-19 vaccination coverage remains exceptionally high at 97.2 per cent of eligible persons (5+) having received two doses of an approved vaccine. As at 30 May 2022, ACT Government clinics have administered 51.4 per cent of all COVID-19 vaccine doses in the Territory, with our partners in primary care administering 45.7 per cent and 2.9 per cent delivered through Commonwealth (aged care) programs.

### First Booster Vaccination

The Australian Technical Advisory Group on Immunisation (ATAGI) recommends a single booster dose three months following completion of a primary vaccination course for so



eligible persons (16+) remain up to date with vaccination. A person should delay booster vaccination if they have recovered from a COVID-19 infection in the last 3-months.

As at 30 May 2022, 76.6 per cent of all eligible Canberrans (16+) had received their COVID-19 booster vaccination, comparing favourably to a national uptake of 70.0 percent. Ongoing demand for booster vaccines remains low in the ACT. COVID-19 fatigue and a perception that Omicron variants are less severe appears to have reduced motivation to come forward for booster vaccines as soon as they fall available. People may also be delaying their booster vaccination where they have recently recovered from COVID-19.

High vaccination rates and low demand led to the closure of the AIS Arena mass vaccination clinic on 31 May 2022. The average number of vaccine doses administered daily across the ACT (using a rolling 7-days average) is 1,709 for all vaccine providers (Commonwealth, Territory and primary care). Ongoing vaccination demand can be absorbed by primary care providers using existing vaccination clinic capacity. There are currently 83 general practice clinics, 3 respiratory clinics and 65 pharmacies administering COVID-19 vaccines in the ACT.

ACT Health continues to develop clear messaging for the community to encourage booster vaccine uptake. Recent communications have also focused on the benefits of receiving both COVID-19 and influenza vaccines.

### Second (Winter) Boosters

On 25 May 2022, the ATAGI expanded eligibility for a second (winter) booster dose. A second booster dose is now available to older persons (65+), Aboriginal and Torres Strait Islander persons (50+), 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.

At 25 May 2022, 32,308 second booster doses had been administered to ACT residents. This accounts for 8.9% of the ACT population. Estimates of the precise number of individuals that qualify for a second winter booster dose are not available as this information isn't captured at a population level in the ACT.

Inclusion of additional high-risk cohorts in a second booster program is likely to reduce the net impact of respiratory illness on the tertiary public health system during winter, which has routinely seen COVID-19 positive hospital in-patient numbers greater than 80/day.

ACT Health continue to administer COVID-19 booster vaccinations for people with disability and their carers at the Access and Sensory clinic. As at 30 May 2022, there are 184 future COVID-19 vaccination appointments scheduled at the Access and Sensory Clinic, of which 15 are second dose appointments for the 5 to 11 year age cohort.

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

A primary vaccination course is recommended for children aged 5 to 11 years. First dose uptake of the vaccine has stalled for this age group at 80.6%. However, second dose vaccine coverage continues to increase slowly and (as at 30 May 2022) accounts for 68.1% of the target population. The ACT has experienced the strongest uptake in paediatric vaccination compared to other jurisdictions. Nationally, only 52.7% of 5 to 11-year-olds have received a first dose of a COVID-19 vaccine and 38.7% have received two doses.

A lower vaccination uptake for the 5-11 year age group aligns with the broader global and national 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.

#### Influenza Vaccine Co-administration

ACTHD began taking bookings for the influenza vaccine from people living with disability, their carers and family members on 24 May 2022. Influenza vaccines will be available at this clinic from 6 June 2022 and the clinic is extending its hours of operation from 2 to 3 days each week to help meet future demand for this additional vaccine type.

The clinic will have capacity to accommodate up to 234 vaccination appointments and under current eligibility settings less than half of clinic capacity is being utilised. ACTHD will therefore open influenza clinic eligibility to concession card holders that are not otherwise eligible for a free influenza clinic under the National Immunisation Program from 6 June 2022. The Access and Sensory Clinic continues to be highly valued by people living with disability and ACTHD are taking steps to ensure the continued delivery of dedicated "sensory" periods at the clinic for this target cohort. Influenza vaccinations will also soon be offered opportunistically to patients attending the Walk-in-Clinics for acute care needs.

#### Equity to Access program

In 2022, the Equity to Access program has administered a total of 986 COVID-19 vaccine doses to 24 March 2022 through a combination of in-reach vaccinations to homebound individuals and at pop-up clinics arranged through non-government partner organisations. Of these:

- 103 are second booster doses; and
- 589 are first booster doses.

In the month of May 2022, the Program's focus has been on facilitating in-home vaccinations for at-risk individuals that are unable to leave their home to access clinic services. In-reach clinics were also facilitated at sites in Gungahlin and Turner and a culturally targeted pop-up clinic was held on Reconciliation Day at the Arboretum on 30 May. The ACT's Equity to Access Program has been extended until 30 June 2022 and may be extended again to September 2022, contractual negotiations and financial arrangements permitting.

#### Mandatory vaccination requirements for Health Care and Education Workers

Public health directions outlining mandatory vaccination requirements for health care workers, education workers and childcare workers (of children under 12) were revoked with effect from 11:59pm on 13 May 2022.

The revocation of these vaccination requirements was based on updated advice from AHPPC on mandatory vaccination for high-risk settings.

These mandates supported an increase in primary vaccination coverage across employment cohorts at the height of the pandemic and they sought to reduce risk to those individuals who were not yet eligible for vaccination, as well as to protect our most vulnerable members of the community. However, with the high level of vaccination coverage across

the eligible population aged 5 years and over, the changing nature of the COVID-19 response and the risk profile that is currently being managed, it was no longer considered an appropriate mechanism for alleviating the public health emergency.

I continue to support ongoing vaccination requirements for workers in aged care and disability and other care as the risk of outbreaks and severe illness among the people they care for remains high. As previously advised, I will continue to monitor the need for vaccination for these workers to ensure our public health directions remain proportionate.

#### Mandatory vaccination requirements for Aged Care and Disability Care Workers

Consistent with the advice of the Australian Health Protection Principal Committee (AHPPC), Public Health Directions that require workers in residential aged care and disability care services remain in place. This is due to the close physical proximity maintained between staff and service users, coupled with the elevated risk of adverse health outcomes likely to be experienced by service users in these industries. The Australian Government Department of Health is closely monitoring booster vaccine uptake across these employment sectors and advise that reported uptake has increased following implementation of the mandates. As of 25 May 2022, 98 per cent of staff employed in residential aged care facilities reported having received a booster.

#### Closure of AIS Arena Mass Vaccination Clinic

The AIS Arena COVID-19 Mass Vaccination clinic closed on 31 May 2022. The Clinic was instrumental in supporting the response to COVID-19 and the ACT's world leading vaccination rates.

Since its opening in September 2021, the AIS COVID-19 Mass Vaccination Clinic employed around 110 nurses per day, seven days a week during its peak and administered more than 288,000 COVID-19 vaccinations.

#### **Conclusion**

The ACT continues to experience increased COVID-19 cases and high community transmission levels. This is still likely the result of the continued increase in movement and social interaction within the community, low-level public health social measures, and the continuous incidence of the more transmissible BA.2 sub-lineage.

Despite the ongoing high case numbers and test positivity in the ACT, hospitalisations and ICU admissions remain relatively stable, although hospitals continue to be under significant pressure. ACT Health will continue to work very closely with Canberra Health Services to monitor the impact of COVID-19 on our public hospitals. It is important to note that hospital numbers reflect both patients admitted due to being unwell with COVID-19 and patients who are admitted for unrelated illnesses who, through relevant screenings, are identified as being positive for COVID-19.

The COVID-19 public health response remains focussed on preventing outbreaks in high-risk settings and venues of high transmission impact with proportionate PHSM and TTIQ measures in effect to slow community transmission and protect vulnerable Canberrans, as well as the ACT's health system capacity.

## **Recommendation**

As 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 presented by COVID-19.

It is anticipated that throughout the winter season, the continued prevalence of COVID-19 and the increasing number of influenza cases will require ongoing public health management and will likely place further pressure on our health system.

Whilst the ACT transitions to the endemic phase of managing COVID-19, there are still significant risks to high-risk cohorts across the population and it is vital that the ACT Government has the ability under a public health emergency declaration to respond swiftly to a deterioration in the situation, particularly over the colder months.

As the Public Health Emergency declaration remains in place, I will continue to closely monitor the epidemiological situation in the ACT and recommend the revocation of the declaration should it no longer be required during the current 90 day period.

Other jurisdictions are either maintaining emergency response arrangements or stepping down to specific COVID-19 management measures, as COVID-19 still presents significant challenges for our health system and public health teams.