

2022

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

**Chief Health Officer Update on Status of Public Health Emergency – Report 21
December 2021**

**Presented by
Rachel Stephen-Smith
MLA Minister for Health
8 February 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 – 7 DECEMBER 2021

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 December 2021, 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
7 December 2021

CHIEF HEALTH OFFICER REPORT ON THE STATUS OF THE PUBLIC HEALTH EMERGENCY DUE TO COVID-19 – 7 DECEMBER 2021

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 close 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 of 7 December 2021, there have been 265,713,467 confirmed cases of COVID-19, and sadly 5,260,888 deaths reported to the World Health Organization (WHO)¹.

The weekly number of new cases across the world has remained steady over the past month with over 4 million cases reported in the last week, however the total number of deaths has increased by 10 per cent on the previous week. The United States of America (USA), Germany, the United Kingdom, France, and the Russian Federation reported the highest number of new cases.

A new COVID-19 Variant of Concern, named 'Omicron,' was classified by the World Health Organization on 26 November 2021. As of 9 December 2021, over 1880 confirmed cases of Omicron variant in over 52 countries, including Australia. Evidence is unfolding as to the public health impacts of Omicron, including its rate of transmission, severity of disease and potential vaccine escape.

Multiple countries, including Australia, have implemented travel bans on several Southern African countries where Omicron is circulating or other restrictions in response to the new variant.

National situational update²

As at 9:00pm on 7 December 2021, there have been a total of 220,558 cases of COVID-19 reported in Australia and 2,065 deaths. Nationally, there were 2,848 new locally acquired cases reported in the past seven days and 58 overseas acquired cases. The vast majority of

¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports> Coronavirus disease (COVID-19) Weekly Epidemiological Update published 7 December 2021, accessed 7 December 2021

² <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 – 7 November 2021, Australian Government Department of Health, accessed 7 November 2021

locally acquired cases in the past 30 days were recorded in Victoria and NSW. Across Australia, there is currently an estimated 16,335 active cases and 543 cases currently hospitalised.

Over the past month, a small number of COVID-19 cases have been recorded in Queensland, and South Australia, with the majority of cases in Australia recorded in NSW and Victoria. Community transmission of COVID-19 continues in NSW and, with daily case numbers remaining at a steady level in both jurisdictions. The ACT is closely monitoring the COVID-19 situation in NSW and Victoria with travel restrictions in place for certain high risk geographical areas to reduce the potential for case incursion into the ACT.

In NSW, as at 8:00pm on 7 December 2021, 403 new cases were reported in the previous 24 hour period and 1 death was recorded. There are 3,196 active cases across the state with 151 COVID-19 patients in hospital.

In Victoria, as at 12 noon on 7 December 2021, 1,1185 new cases were reported in the previous 24 hour period and 7 deaths were recorded. There are 13,050 active cases across the state with 297 COVID-19 patients in hospital.

Consideration is being given to easing travel restrictions for Victoria and NSW by 15 December 2021, as vaccination coverage of these populations continue to increase.

ACT situational update

As of 8:00pm on 6 December 2021, there have been a total of 2,043 cases linked to the current ACT outbreak and sadly, 11 people have died since 12 August 2021. There are currently 85 active cases; five of which are in hospital, three are in intensive care and one person requires ventilation. A total of 1,947 cases associated with the current outbreak have recovered. Of the ACT's 2,167 (total) cases since the start of the pandemic, 2,068 cases have recovered, and 14 deaths have been recorded.

As at 8:00pm on 7 December 2021, in the current outbreak commencing 12 August 2021, 82 per cent of cases have been locally acquired and linked to a known case or cluster (1,679/2,051) and 15 per cent of cases have been locally acquired but remain unlinked (302/2,051). To date, 64 of 2,051 cases (3 per cent) have been identified as having been acquired interstate – 28 of these from a known source and 36 from an unknown source. The total number of overseas acquired cases in this outbreak is six (<1 per cent; 6/2,051).

As of 9:00am on 7 December 2021, there are 1,067 people in quarantine in the ACT being supported by ACT Health. 670 of these individuals are identified close contacts of locally acquired cases, 27 individuals are close contacts of overseas acquired cases and 366 individuals are overseas travellers.

ACT Health is now only operating one dedicated quarantine and isolation facility, the 'Lazaretto' facility at the Australian National University, following the closure of the 'Ragusa' Quarantine Facility in O'Connor due to the reduction in demand for a second quarantine facility. These facilities have provided accommodation for positive cases and close contacts who are unable to safely isolate or quarantine at home. The accommodation facilities provide residents with a range of clinical, social, community and cultural supports.

As of 12 noon on 7 December 2021, there are 31 active exposure locations across the ACT.

Omicron Variant of Concern

The emergence of the Omicron variant has raised significant concern across the world and Australia has undertaken a cautious approach in responding to the variant. The Omicron variant has an unprecedented number of mutations in the spike protein that are predicted to affect its susceptibility to antibodies, from vaccination or prior infection, and monoclonal antibody therapies which may aid in the treatment of some COVID-19 positive patients.

The full impacts of the Omicron variant are unknown at this time, including its rate of transmission, severity of disease and potential vaccine escape. It is expected to take two to three weeks to collect and analyse sufficient emerging information on the Omicron variant to inform public health responses across Australia. 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 measures are effective in reducing onward transmission and negative health outcomes.

As at 8:00pm on 6 December 2021, 5 cases in the ACT had been confirmed as Omicron Variant of Concern.

To limit the risk of the new variant within the ACT, precautionary measures were introduced on 27 November 2021, in line with NSW and Victoria, for all international travellers who had entered the ACT and those intending to travel to the ACT.

Any travellers who arrive in Australia from 11:59pm on 27 November 2021 and have spent any time in South Africa, Lesotho, Botswana, Zimbabwe, Mozambique, Malawi, Namibia and Eswatini in the 14 days prior to arrival are required to quarantine for 14 days at their port of entry, in accordance with the restrictions in place in that jurisdiction, regardless of vaccination status. Seychelles was initially included in the Commonwealth Government's listed countries of interest and travel restrictions were applied to travellers who had spent time in the country, however the Commonwealth Chief Medical Officer removed Seychelles from the list of countries of interest on 30 November 2021.

Any travellers who arrived in Australia before 11:59pm on 27 November 2021 and have spent any time in South Africa, Lesotho, Botswana, Zimbabwe, Mozambique, Malawi, Namibia and Eswatini in the 14 days prior to arrival were required to:

- Quarantine until 14 days had passed since they were last in the country;
- Complete an online declaration form within 24 hours;
- Get tested for COVID-19 immediately if they hadn't already been tested; and
- Further testing for COVID-19 on day 5 or 6 and on day 12 or 13 after arriving in Australia.

Household members of any international travellers who have been in one of the listed countries must also quarantine with the traveller.

Fully vaccinated international travellers, arriving from countries other than those listed above, must follow the requirements of the jurisdiction of their port of entry to Australia. If the port of entry allows travel to the ACT, travellers must:

- Complete an online declaration within 24 hours prior to arriving in the ACT;

- Travel directly to their ACT residence or accommodation to complete a three-day quarantine period, with day zero being the day of arrival into Australia;
- Get tested for COVID-19 within 24 hours of arriving in Australia; and
- Get tested for COVID-19 again on day 6 after arriving in Australia.

All residents in the household where a returned traveller is quarantining must also quarantine if appropriate separation cannot be maintained.

Provided the returned traveller receives confirmation of a negative PCR test, they (and other household members) may leave quarantine at 11.59pm on day 3. They do not need to wait to be formally advised of the end of their quarantine by ACT Health.

While travellers may leave quarantine after day 3, due to the uncertain public health impact associated with the Omicron variant, we strongly encourage them to limit movement in the community until they receive a negative test result from the mandatory day 6 PCR test. This means travellers should:

- stay at home wherever possible and minimise their movement in public spaces to essential reasons only.
- keep good records of where they have been, including dates and times, and use Check in CBR wherever it is required.
- avoid use of public transport, and if essential ensure a mask is worn.
- practise good hand and respiratory hygiene and wear a face mask whenever in a public space.

Entry to high risk settings in the ACT is restricted for fully vaccinated international travellers who have been overseas in the 14 days prior to entering a facility. Individuals will need to seek an exemption directly from the operator of a facility.

Travellers are also not permitted to enter the following settings until they receive a negative test result following their day six test:

- Childcare or early childhood education services
- A primary school or school attended by children under 12 years of age, or a specific school or flexible education program

Arrangements for unvaccinated international travellers have not changed. These travellers are still required to complete 14 days quarantine at their port of entry regardless of where they are travelling from. These travellers will need to seek an exemption if they want to travel to the ACT before completing quarantine at their port of entry.

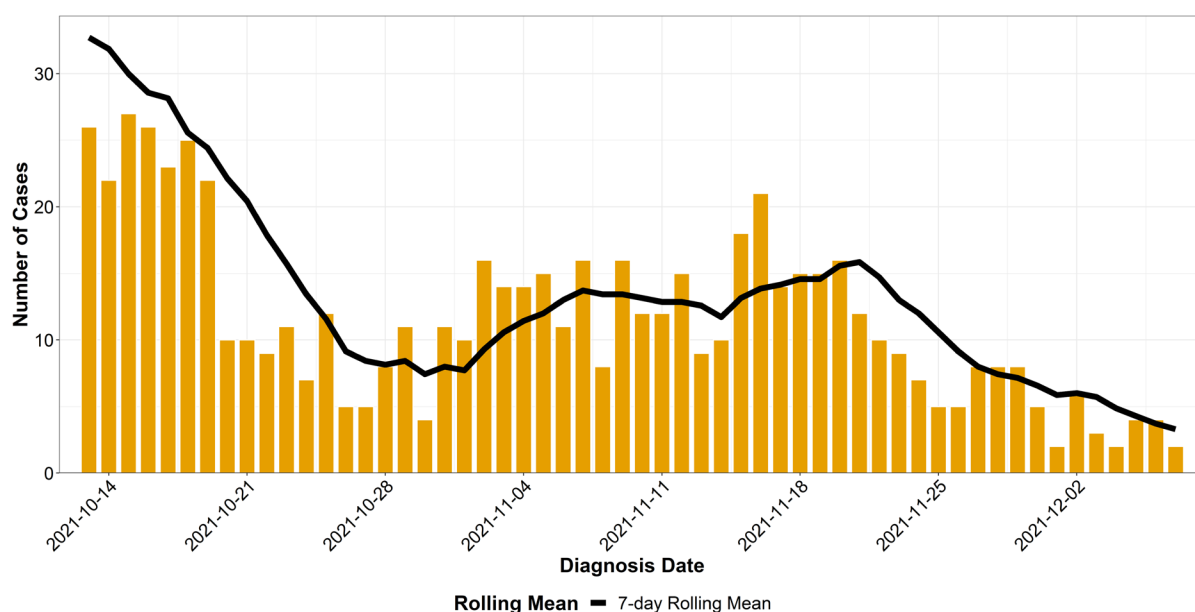
ACT Health Directorate is engaging closely with health officials in NSW and Victoria to ensure our approach is consistent with these jurisdictions, particularly as domestic travel is open between our three jurisdictions.

The ACT has also introduced new requirements for close contacts of an Omicron case and their household contacts. Under the new requirements, close contacts are required to complete an online form, quarantine for 14 days from the last date of exposure, undergo testing upon entering quarantine, on day 5 or 6 of the quarantine period and again on day

12 or 13. Household contacts of ‘Omicron Close Contacts’ are required to quarantine for the same 14 day period to reduce the risk of onward community transmission.

These new requirements will be reviewed and may be revised once the Commonwealth and jurisdictional health authorities are able to analyse emerging information on the new variant.

Figure 1: Cases by diagnosis date with source of infection in the ACT COVID-19 outbreak 2021, last eight weeks – 12 October to 6 December 2021



Source: ACT Health Data Repository (SunQuest).

The DIAGNOSIS DATE will be the FIRST SYMPTOM ONSET DATE if known, otherwise, it will be earliest of the SPECIMEN COLLECTION DATE, the NOTIFICATION DATE or the NOTIFICATION RECEIVED DATE.

ACT’s COVID-19 Pathway Forward

The ACT’s COVID-19 Pathway Forward continues to guide the ACT’s transition to COVID-normal, providing an outline of the ACT’s plan to gradually ease PHSM for gatherings, businesses, events and the broader community.

The most recent easing of public health social measures was brought forward from 26 November 2021 to 12 November 2021 due to the ACT’s stable epidemiological situation and nation-leading COVID-19 vaccination coverage, which at the time was approximately 95 per cent of people aged 12 years and over.

From 11:59pm on 11 November 2021, the following eased public health social measures took effect:

- Face masks only required to be worn in high risk settings, on public transport, in indoor spaces at a school, an early childhood education and care setting and in certain business settings, including front of house hospitality staff.
- No limits on the number of visitors to a household.
- No limits on the number of people permitted at an informal outdoor gathering, such as a picnic. Organised events must comply with relevant event restrictions.

- Density limits for most businesses and activities eased to 25 people permitted across a venue before the density limit of one person per two square metres in an indoor space applies. In most circumstances, there are no density limits in outdoor spaces.
- Patrons at hospitality and licensed venues permitted to eat and drink while standing and dancing is also permitted. Nightclubs are able to reopen in line with density limits.
- No limits on class sizes for dance schools, gyms and musical rehearsals.
- Indoor and outdoor entertainment venues as well as cinemas can apply 100 per cent of fixed seating capacity.
- Swimming pools and organised sporting activities permitted to have 25 people across a venue before the density limit of one person per two square metres per usable indoor space, excluding staff, applies. No more than 2,000 people are permitted across the whole site, both indoors and outdoors.
- Residential aged care facilities permitted to establish their own visitor policies, including to determine whether visitors are required to be vaccinated.
- COVID Safety Plans for the construction sector to be regularly reviewed in line with any guidance issued by ACT Health. Density limits only apply to indoor spaces at one person per two square metres.

From 12 November 2021, a small number of Indoor Play Centres targeted to children under 12 years of age were required to remain closed, in view of the increased risk associated with this unvaccinated cohort. These Indoor Play Centres were permitted to reopen from 26 November 2021, with density limits of one person per two square metres within each indoor and outdoor space.

ACT Health will continue to monitor the epidemiological situation in the ACT and review public health social measures in line with the risks presented by COVID 19. At this time, there is a need to retain some public health restrictions as uncontrolled outbreaks can pose a serious threat to our health systems and to vulnerable populations who can still be at risk of serious illness, even if fully vaccinated. This is especially the case, considering the emergence of the Omicron variant.

COVID Safe measures for ACT schools

ACT schools and early learning centres have returned to on-campus learning with stringent COVID safe measures to reduce the risk of transmission among students and staff. ACT Health has published the Health Guidelines for Schools and Early Childhood Education and Care (Including OSHC) to provide clear advice to schools, early learning centres and their communities as the response to COVID-19 continues.

Planning is currently underway for a Rapid Antigen Testing pilot program to commence in ACT schools from Term 1 of 2022. Rapid Antigen Tests provide a rapid COVID-19 screening test with the aim of detecting the virus in people who may be COVID positive but are not experiencing any symptoms. Currently, Rapid Antigen Testing pilots are operating in NSW and Victoria, however a series of challenges have been experienced by both jurisdictions. ACT Health and the Education Directorate are working with officials in NSW and Victoria to understand how their respective Rapid Antigen Testing trials are progressing and pivoting to changing public health requirements. Consideration will be given to these experiences in

establishing a testing pilot program for the ACT. As schools continue to deliver face to face learning for the remainder of the year and into the new year, ACT Health will provide the necessary guidance and support for schools to reduce the risk of transmission among students and staff.

Updated travel restrictions

The ACT currently applies a risk-based approach to assessing COVID-19 risk domestically across geographical areas. As of 26 November 2021, there are 26 identified high risk geographical areas across both NSW and Victoria.

Travellers who have spent time in a high risk geographical area are required to complete an online exemption form. Vaccinated travellers are permitted to enter the ACT for any reason, with exemption documentation generated through an automated process to avoid delay. Unvaccinated travellers are only permitted to travel to the ACT for essential reasons, with exemption applications to be considered on a case-by-case basis with approved exemptions subject to conditions, including testing and stay at home requirements.

Between 1 November 2021 and 7 December 2021, the total number of exemption applications received for travel from high risk geographical areas is 20,793. Of these, 18,917 were automatic approvals for vaccinated travellers and 1,876 exemption decisions were made for travellers who did not receive an automatic approval.

As noted earlier, it is likely that travel restrictions for NSW and Victoria will be eased with effect from 15 December 2021, should the situation remain largely stable.

Travel restrictions for international travellers have been revised due to the emergence of the Omicron variant, as outlined earlier in this report, and will be reviewed regularly by ACT Health as Australia's response to Omicron evolves.

Check In CBR and compliance with public health directions

The use of the Check In CBR app remains vital to provide contact tracers with the ability to quickly identify exposure locations when new locally acquired cases are reported. As of 7 December 2021, 28,499 venues had registered with Check In CBR, over 98 million check ins had been recorded through the app, and over 15,909 individual Check In CBR cards for people without access to a smart device had been approved and distributed.

The Health Protection Service, Access Canberra and ACT Policing are continuing to undertake compliance and enforcement activity across the ACT to help protect the community during the current local outbreak. Since the commencement of the lockdown, compliance activity has been focused on ensuring businesses and the community are complying with the various public health restrictions in place.

Since the commencement of the lockdown on 12 August 2021, ACT Policing has been responsible for the enforcement of compliance checks for in-home quarantine, 24-hour quarantine facility guarding, community and business compliance, border management between NSW and ACT, as per public health directions. ACT Policing and the Australian Defence Force ceased joint operations on the ACT borders on 14 October 2021.

As of 21 November 2021, ACT Policing has issued 121 cautions, 76 infringements, made 7 arrests for alleged breaches solely of health directions, and 49 arrests for alleged other offences, which included charges relating to breaching health directions. A total of 49,936 traffic compliance stops have been undertaken, as well as 8,696 personal compliance checks and 2,667 business compliance checks. To date, 623 directions to leave the ACT have been issued. ACT Policing will continue to conduct COVID-19 compliance activities including the checking of individuals subject to current directions such as mandatory quarantine.

As of 30 November 2021, Access Canberra and the Health Protection Service have undertaken a total of 22,176 proactive inspections and engagements across businesses and industry impacted by public health directions and COVID-19 restrictions. During the period 1 to 30 November 2021, a total of 863 inspections were undertaken with 839 of those being direct engagement with businesses and 24 direct observations where a business was not engaged.

Compliance activity in the last month was focused on engagement with businesses about the use of the Check In CBR app, COVID Safety Plans, specific guidance for businesses reopening in line with eased public health social measures such as cinemas, theatres and nightclubs, and other requirements under the Public Health Directions.

Compliance with Public Health Directions across the ACT over the month has been high overall, Compliance agencies will continue to undertake engagement and enforcement activity with businesses to protect the community from the risk of COVID-19.

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 end of day 6 December 2021, 98.1 per cent of the ACT's population aged 12 years and over are now fully vaccinated and 423,568 doses have been administered through ACT Government clinics.

Since 1 November 2021, adults who completed their primary COVID-19 vaccine course over 6 months ago can book in for a booster vaccine at an ACT Government vaccination clinic or through participating GPs and pharmacies. As at end of day on 6 December 2021, 19,503 (5.2 per cent) of eligible Canberrans aged 12 years and over had received a third or booster dose (the Australian Immunisation Register does not differentiate between third doses and booster doses).

Vaccine administration

The Equity to Access Program is winding down for the remainder of 2021 and will temporarily cease operations on 15 December 2021. Program activities will recommence in January 2022 with a focus on delivering third dose and booster vaccines as well as paediatric vaccines to children aged between 5 and 11 years old inclusive.

As of 5 December 2021, ACT Government clinics have administered 50.6 per cent of all COVID-19 vaccine doses in the Territory, with our partners in primary care administering 45.9 per cent and 3.5 per cent delivered through Commonwealth aged-care programs.

Since 1 November 2021, adults who completed their primary COVID-19 vaccine course over six months ago have been able to book in for a booster vaccine at an ACT Government vaccination clinic or through participating GPs and pharmacies.

As of 6 December 2021, over 19,503 third dose and booster vaccines have been administered to Canberrans which is approximately 5.2 per cent of the vaccine-eligible Canberra population. At this time, these vaccine doses are recommended but not essential to be considered fully vaccinated against COVID-19.

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.

This program represents the ACT's commitment to ensuring that everyone, no matter the circumstance, should be offered equitable access to healthcare and protection against COVID-19. Aspen Medical and Canberra Health Services worked closely with ACT Health to deliver these clinics since 11 September 2021.

As of 1 December 2021, Aspen Medical has delivered 2,066 vaccine doses to marginalised and hard-to-reach community members. Vaccination opportunities were targeted to people from culturally and linguistically diverse backgrounds, people living with disability (and their family and carers), LGBTIQ+ community members, and people living in insecure accommodation.

Canberra Health Services pop-up clinics have targeted regions with lower-than-average vaccine uptake across the ACT. Since 27 September 2021, pop-up clinics have administered a total of 1,492 vaccine doses. In addition, Canberra Health Services have administered 1,404 doses through outreach to patients in settings such as hospitals and hospices, mental health units, dialysis centres, adult incarceration centres, disability hubs and methadone clinics.

Aboriginal and Torres Strait Islander community

The ACT Government's vaccination program remains committed to increasing vaccination coverage across the Aboriginal and Torres Strait Islander community.

As at 1 December 2021, Commonwealth data indicates that 89.0 per cent of eligible Canberrans who identify as Aboriginal and Torres Strait Islander had received their first vaccination dose and 84.9 per cent were fully vaccinated.

It is important to note that vaccination coverage for this cohort is calculated 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.

Using the same methodology, the ACT's non-Indigenous vaccination rate is estimated to be 86.9 per cent having received their first dose vaccination and 85.2 per cent with two doses. This is because 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. In effect, it means that Aboriginal and Torres Strait Islander vaccination rates are comparable with non-Indigenous rates.

ACT Health continues to partner with Winnunga Nimmityjah Aboriginal Health and Community Services in the rollout of the ACT's COVID-19 Vaccination Program and provides funding for three nurses to support vaccination administration.

Mandatory vaccination of workers

Several public health directions have been implemented in the ACT that require workers in residential aged care facilities, in-home and community aged care programs, primary schools, early childhood education and care facilities, and hospitals, hospices, and disability and patient transport workers to be vaccinated with a COVID-19 vaccine.

The introduction of targeted public health directions that require vaccination of workers in critical and high-risk sectors is designed to curb COVID-19 transmission and reduce the severity of adverse outcomes, including death.

Health care settings have a particularly high likelihood of providing care to people with COVID-19, resulting in higher rates of potential exposure to staff and patients. To date, ACT hospitals have demonstrated effective infection prevention and control measures, although the impact of COVID-19 outbreaks in health care settings in other jurisdictions is well known. ACT Health has begun undertaking a compliance audit of healthcare services that require their staff to be vaccinated. Initial results show a very high level of compliance with public health directions. Only a small number of providers have not yet reported their vaccination coverage and follow-up activities are being undertaken with these providers.

Surveillance and monitoring

As of 7 December 2021, a total of 648,492 negative COVID-19 tests have been recorded in the ACT. Testing numbers in the ACT have declined over the last month following a peak in testing during August and September 2021.

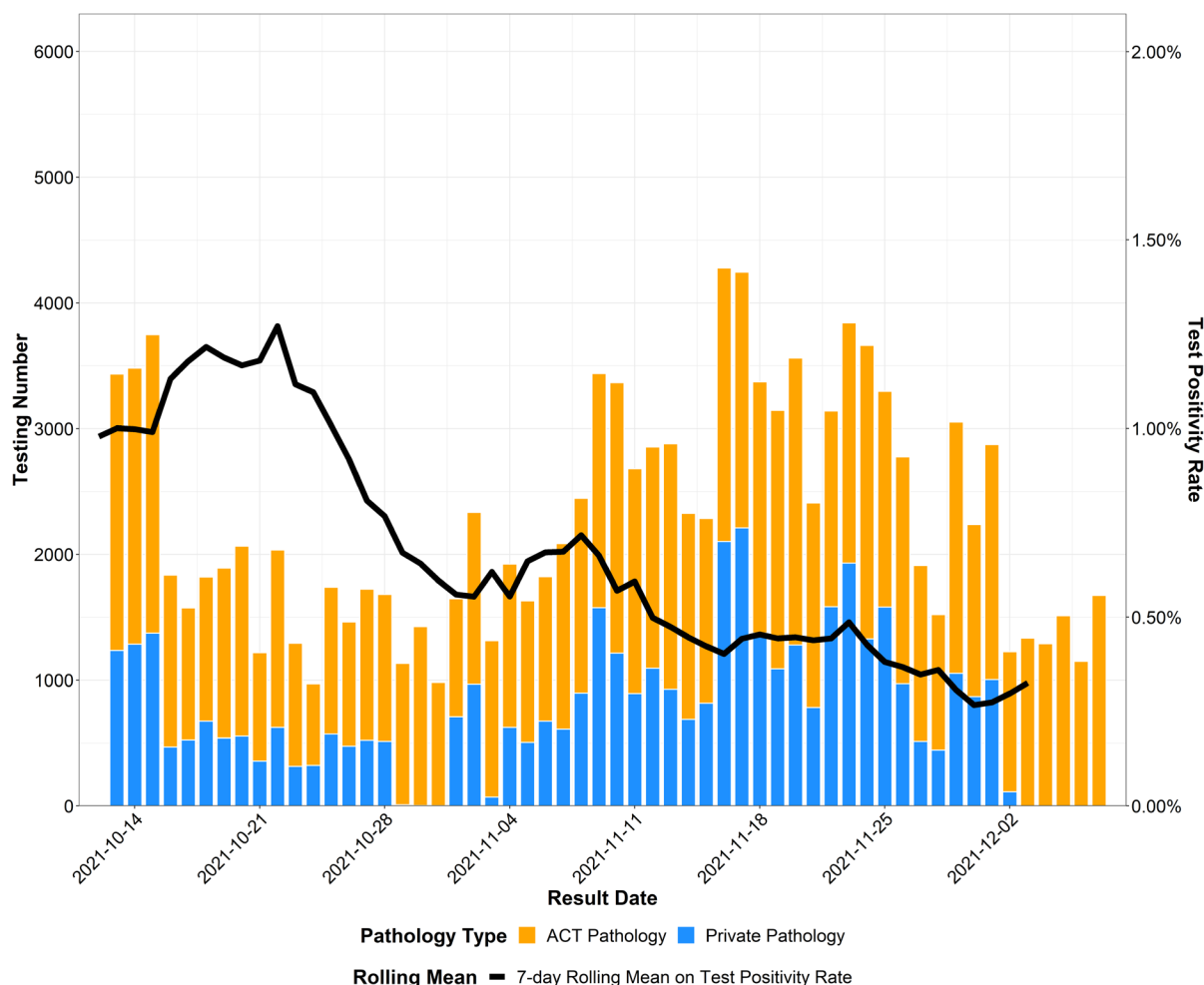
During the ACT Outbreak, numbers of negative tests have ranged from 970 (2.3 tests per 1000 population) to 8,488 (19.7 per 1000 population) per day, with a mean of 3,082 (7.1 per 1000 population) per day. Testing numbers reflect the timing of the announcement of exposure events in the ACT and the associated exit testing requirements based on variant and/or vaccination status, as well as the number of people affected.

After a drop in testing numbers from mid-October, testing numbers have increased again during November, reaching a peak of 4,279 on the 16th of November. The seven-day rolling mean for test positivity has decreased from its high of 1.3 per cent on 20 October, ranging from 0.3 to 0.7 per cent during November.

There are several testing facilities located across the ACT including Canberra Health Services facilities, GP led respiratory clinics and private pathology providers. Testing centres at Exhibition Park in Canberra (EPIC), the Garran COVID-19 Surge Centre and Kambah Drive Through provide testing seven days a week, and the Nicholls clinic provides testing services Monday to Friday.

ACT Health reminds all Canberrans to get tested for COVID-19 if they are experiencing any COVID-19 symptoms and if they have been at a listed exposure location to ensure any unknown positive cases in the community are quickly identified.

Figure 2: Negative testing by result date and pathology type (with test positivity rate) in the ACT COVID-19 outbreak 2021, last eight weeks - 12 October to 7 December 2021



Source: ACT Health Data Repository (SunQuest & Pathology).

Test positivity rate is not included for the past 5 days (including today) to account for the time delay in receiving pathology results.

Conclusion

The ACT is in a strong position to respond to the ongoing risks of COVID-19 due to our incredible vaccination coverage and effective test, trace, isolate and quarantine measures. ACT Health remains focused on reducing the potential of virus transmission within high risk settings, as well as schools and early learning centres where children under 12 years of age are not yet eligible to be vaccinated.

With the emergence of the Omicron variant, the ACT is working closely with the Commonwealth and all jurisdictions to understand the entire health impacts of the variant and will adapt our public health response to ensure our test, trace, isolate and quarantine measures are adequate to reduce the risk of negative health outcomes within the community.

Our public health social measures have been eased in line with the National Plan to Transition Australia’s National COVID-19 Response and any further easing will be undertaken based on the level of risk within the ACT and to align our approach with NSW and Victoria where possible.

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 significant public health risk which is currently posed by COVID-19.

At this time, it remains necessary to maintain strong public health measures to manage the community transmission of Delta COVID-19 cases and to strongly suppress transmission of Omicron, as the ACT and the world await further data on its transmissibility, severity and immune escape characteristics.. This recommendation is consistent with that of other Australian jurisdictions which are maintaining emergency status or similar at this time and focusing on suppression for the purpose of minimising community transmission, particularly in high risk settings.