

2022

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

**Chief Health Officer update on the Status of the public health emergency -
Report 25 - April 2022**

**Presented by
Rachel Stephen-Smith MLA
Minister for Health
3 May 2022**



ACT
Government

ACT Health

Ms Rachel Stephen-Smith MLA
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Dear Minister

CHIEF HEALTH OFFICER REPORT ON THE STATUS OF THE PUBLIC HEALTH EMERGENCY DUE TO COVID-19 – 6 APRIL 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 April 2022, is that the public health emergency declaration in the ACT remain in place at this time.

All Australian states and territories 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 April 2022

CHIEF HEALTH OFFICER REPORT ON THE STATUS OF THE PUBLIC HEALTH EMERGENCY DUE TO COVID-19 – 6 APRIL 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 isolate and quarantine.

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 situational¹

Globally, as at 6 April 2022, there have been 492,189,439 confirmed cases of COVID-19, and sadly 6,159,474 deaths reported to the World Health Organization (WHO).

WHO reported on 5 April 2022 that the weekly number of new cases across the world in the week of 28 March to 3 April 2022 decreased by 16 per cent compared to the previous week. The number of deaths reported also significantly decreased by 43 per cent as compared to the previous week. The Republic of Korea, Germany, France, Vietnam, and Italy 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. The Omicron BA.2 sub-lineage accounts for 93.6 per cent of all Omicron sequenced cases. Evidence shows that the Omicron VoC is more transmissible than the Delta VoC, with a doubling time of two to three days.

National situational update²

As at 6 April 2022, there have been a total of 4,587,845 cases of COVID-19 reported in Australia and 6,435 deaths. Nationally, there were 82,882 new locally acquired cases reported in the past seven days and 143 overseas acquired cases, with a further 314,396 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, Victoria, and Queensland. Across Australia, there is currently an estimated 488,958 active cases and 2,722 cases currently hospitalised, of which 114 are in intensive care units.

¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-019/situation-reports> Coronavirus disease (COVID-19) Weekly Epidemiological Update published 5 April 2022, accessed 6 April 2022

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 – 5 April 2022, Australian Government Department of Health, accessed 6 April 2022

In NSW, as at 5 April 2022, 24,151 new cases and 12 deaths were reported in the previous 24 hour period. There are 259,579 active cases across the state with 1,444 COVID-19 cases in hospital and 51 of those cases in intensive care units.

In Victoria, as at 12 noon on 5 April 2022, 12,007 new cases and 8 deaths were reported in the previous 24 hour period. There are 63,003 active cases across the state with 339 COVID-19 cases in hospital and 10 of those cases in intensive care units.

In Queensland, as at 7:00pm on 5 April 2022, 8,534 new cases and 1 death were reported in the previous 24 hour period. There are 56,487 active cases across the state with 468 COVID-19 cases in hospital and 14 of those cases in intensive care units.

ACT situational update

As at 8:00pm on 5 April 2022, there have been a total of 82,940 cases recorded in the ACT since the start of the pandemic and sadly, 43 people have died. There are 5,491 active cases across the ACT with 42 COVID-19 cases in hospital and four of those cases in intensive care with two requiring ventilation.

In March 2022, the 7-day rolling average of cases increased from 689 to a peak of 1,057 new 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 244 new cases per 100,000 on 22 March 2022 and this declined to 182 new cases per 100,000 on 31 March 2022.

As of 9:00am on 6 April 2022, a total of 947,612 negative PCR COVID-19 tests have been recorded in the ACT since the beginning of the pandemic.

In the last week of March, the number of daily negative PCR tests varied between 1,636 (3.8 per 1,000 population) and 2,865 (6.6 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. These average test positivity rates peaked again at 20 per cent on 18 March 2022, and since then has remained around 17 to 18 per cent. High case rates combined with a PCR test positivity rate above 10 per cent indicate that the ACT continues to show high rates of community transmission.

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

ACT Health continues to support high-risk settings to respond to COVID-19. As of 3 April 2022, ACT Health has been notified of 118 facilities or providers 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 March, of which 2 have been cleared and 24 which are currently

responding to active outbreaks and exposures (19 active outbreaks and 5 active exposures);

- 92 disability service providers with staff and client exposures for the month of March.

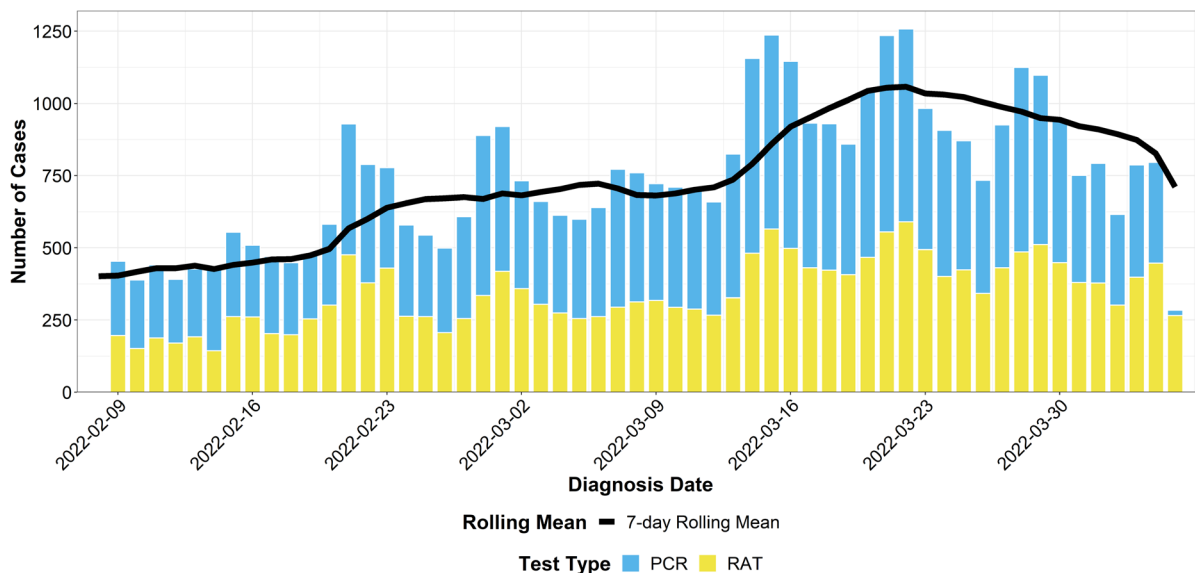
There are currently 2 active COVID-19 cases in ACT correctional facilities.

As of 3 April 2022, 365 education services (schools and colleges) and 282 Early Childhood Education and Care services (includes day care, preschools, OSHcare) were impacted by COVID-19 exposures over the previous month.

As of 9:00am on 6 April 2022, there are 2,099 individuals in quarantine in the ACT who are household contacts of a confirmed case. These individuals are being supported by ACT Health.

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 date of test, last eight weeks – 9 February 2022 to 6 April 2022



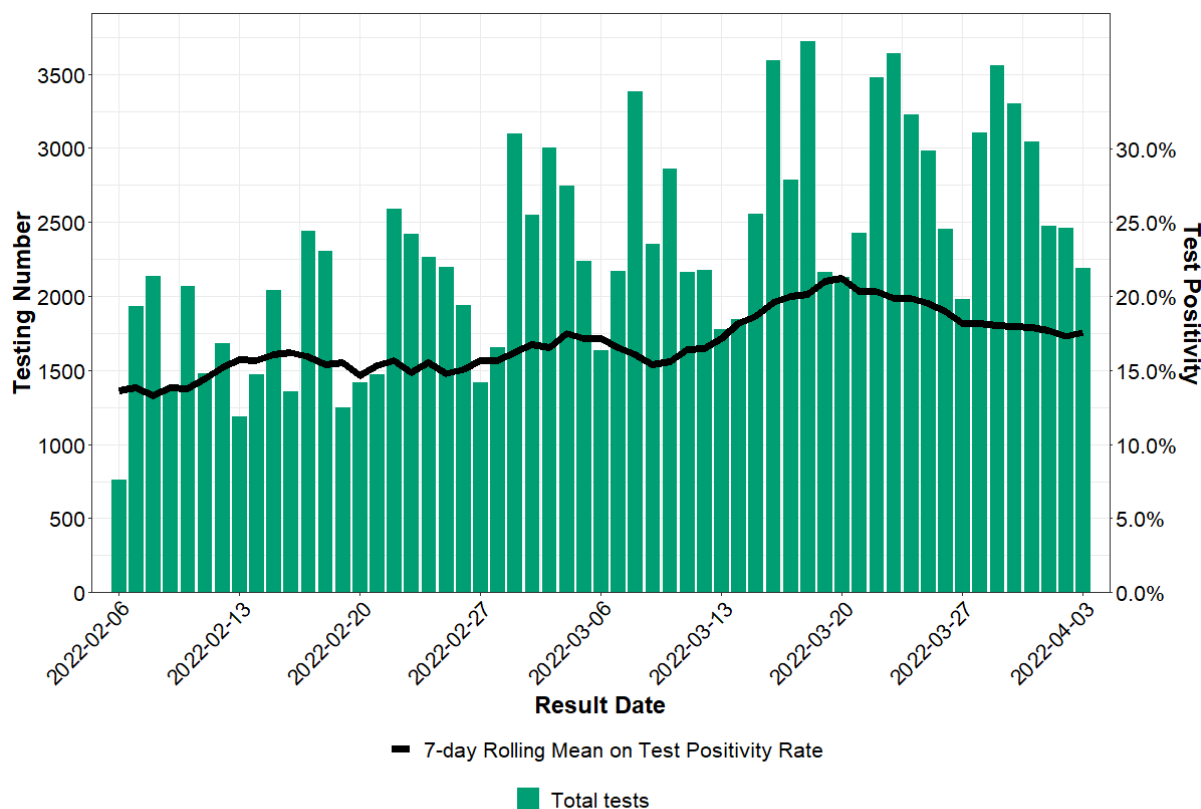
Source: ACT Health Data Repository (SunQuest) and ACT Health REDCap database; ABS.Stat Quarterly Population Estimates (ERP), by State/Territory, Sex and Age (September 2020).

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.

Figure 2: Testing by Result Date (with Test Positivity) – 6 March 2022 to 3 April 2022



Source: ACT Health Data Repository (SunQuest & 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 Test, Trace, Isolate and Quarantine (TTIQ) measures

The ACT has implemented all changes to the TTIQ framework in line with advice from AHPPC, the Communicable Disease Network Australia (CDNA) and decisions of National Cabinet.

The definition of a recovered case of COVID-19 has been revised following the publication of updated advice from CDNA, which is a sub-committee of AHPPC. From 11:59pm on 4 April 2022, the period for which people who have recovered from COVID-19 are exempted from further isolation and quarantine requirements was extended from 8 weeks to 12 weeks after they are cleared from isolation.

With effect from 11:59pm on 4 April 2022, air crew are no longer required to undergo COVID-19 testing if their next flight out of Australia is within 48 hours of entry. In addition, all travellers under the age of 18 years who are not fully vaccinated and arriving with a fully vaccinated traveller or are unaccompanied, will be regarded as fully vaccinated and not subject to quarantine requirements, however testing requirements still apply.

Fully vaccinated travellers diagnosed with COVID-19 in the 13 weeks prior to their travel to Australia will also no longer need to undergo a COVID-19 test within 24 hours of their arrival.

ACT Health will continue to monitor the latest national advice to inform any further changes to the ACT’s TTIQ framework.

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 are currently in place and remain proportionate to the level of risk being managed across the Territory.

Standing Exemption for Essential Workers

The ACT has updated the Standing Exemption for Essential Workers, made under the Public Health (Diagnosed People and Household Contacts) Emergency Direction 2022, with effect from 11:59pm on 1 April 2022, to include community pharmacy workers.

Pharmacy workers in a community pharmacy include:

- A pharmacist at a community pharmacy, or
- A person who is employed by or engaged by a community pharmacy.

A separate standing exemption has also taken effect as of 5 April 2022 to recognise the essential and unique role undertaken by national security workers in the ACT. The purpose of this exemption is to permit an essential worker who is an asymptomatic household contact to leave quarantine for essential work purposes.

Under the standing exemptions, 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.

AHPPC Statement on Winter Preparedness

AHPPC recently published a statement on winter season preparedness, following a request by National Cabinet for advice on several matters, including quarantine requirements for close contacts of confirmed COVID-19 cases and a transition away from quarantine requirements in each jurisdiction.

The AHPPC Statement notes that there has been a significant increase in COVID-19 cases observed in recent weeks due to a number of factors, including the emergence of the more transmissible Omicron BA.2 sub-lineage, relaxation of PHSM, waning population level protection from vaccines and previous COVID-19 infection, and a slowing in the uptake of booster and primary course vaccinations. The Statement also notes the current demands on the hospital system in managing the multiple challenges of the existing COVID-19 case load, the usual care of acute medical and surgical activities, the backlog of elective surgery and health issues associated with delayed health care.

The Statement recommends the appropriate time for any changes to be made would be following the anticipated peak of the current BA.2 sub-lineage. Making changes too early, including to quarantine requirements, could result in increased transmission in the community at a time when cases are already increasing or are at their peak, resulting in potential further disruption to the health system.

ACT Health is carefully considering the AHPPC Statement with a view to applying the advice to the ACT context over the coming months.

ACT COVID-19 Vaccination Program

Primary Vaccination coverage

The ACT's primary COVID-19 vaccination coverage remains exceptionally high at 98.3 per cent of persons aged 12 years and older having received two doses of an approved vaccine.

As of 3 April 2022, ACT Government clinics have administered 51.6 per cent of all COVID-19 vaccine doses in the Territory, with our partners in primary care administering 45.5 per cent and 2.9 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) 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 1 April 2022, 73.4 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 68.2 per cent booster uptake. Initially, the ACT experienced strong demand for booster vaccinations, with all available appointments filled. Ongoing demand for booster vaccines was than expected and weakened from mid-February. Such a decline in demand has been

experienced by all Australian jurisdictions. Reasons for the decline include COVID-19 fatigue and a perception that new variants of the virus are less severe.

On 25 March 2022, ATAGI released a statement on an additional 'winter dose' of the COVID-19 vaccine for cohorts that are at greatest risk of severe illness from COVID-19. These groups are adults aged 65-years and older, residents of aged care and disability facilities, people aged 16-years and older with severe immunocompromise and Aboriginal and Torres Strait Islander people aged 50-years and older. The additional winter booster dose can be given 4-months after a first booster dose is administered, or from 4-months after a confirmed COVID-19 infection, where the infection occurred since the persons' first COVID-19 booster dose.

Winter booster doses became available in the ACT on 4 April 2022 via primary care and Territory-run mass vaccination clinics. Modelling shows that about 60,000 ACT residents will fall eligible for a winter booster dose in 2022. ACT Health will continue to monitor and report on the uptake of this vaccine dose as part of routine reporting.

ACT Health continues to develop clear messaging for the community to encourage booster vaccine uptake. This includes emerging data on the benefits of booster vaccines in reducing severe illness, hospitalisation, and death from COVID-19. Recent communications have also focused on the benefits of receiving both COVID-19 and influenza vaccines, particularly as medical experts have warned that this year, we will see an increase in circulation of other respiratory viruses, including of influenza, alongside COVID-19.

Vaccination at the AIS clinic continues to be available without an appointment (walk-ins), including for Winter booster doses, and is operating for walk-ins only (no appointments) on 'match-days' at GIO stadium. This is to facilitate opportunistic vaccination for individuals as demand for schedule appointments has declined, and to 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 1 April 2022, 80.2 per cent of the estimated population in this age group have received their first vaccine dose and 54.0 percent are now up to date with vaccination. The ACT has experienced the strongest uptake in paediatric vaccination compared to other jurisdictions. Nationally, 52.41 percent of 5- to 11-year-olds have received a first dose of a COVID-19 vaccine and 28.94 percent are up to date with vaccination.

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 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.

The recommended interval between first and second dose vaccination for this age cohort is 8 weeks. The AIS clinic has now moved to a walk-in model for all vaccines administered at the clinic. This includes paediatric vaccines administered to children (aged 5 to 11).

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. As at 3 April 2022, 721 Novavax doses had been administered in the ACT, consisting of 362 first doses and 351 second doses. This reflects consumer feedback that some individuals were awaiting the availability of Novavax before being vaccinated. Encouragingly, it shows that most people awaiting the Novavax vaccine have returned to complete their primary vaccination course.

On 1 March 2022, ATAGI updated its booster vaccine advice indicating that 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. As at 3 April 2022, 91 Novavax doses had been administered to patients in the ACT as a COVID-19 booster or third dose.

Equity to Access program

The ACT's Equity to Access Program is scheduled to wind-up at the end of April 2022. Since 17 January 2022 when the Equity to Access program began, 665 doses have been administered through a combination of 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 commenced in March and will continue throughout April 2022.

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)³, in alignment with a decision of the Commonwealth Aboriginal and Torres Strait Islander Advisory Group. As at 30 March 2022, ACT Aboriginal and Torres Strait Islander:

- children (aged 5 to 11 years) have a rate of:
 - first dose vaccination that is 15.4 percentage points lower than non- Aboriginal and Torres Strait Islander children (58.1 % compared to 73.5 %).

³ 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.

- second dose vaccination that is 14.7 percentage points lower than non-Aboriginal and Torres Strait Islander children (34.2% compared to 48.9%).
- residents (aged 16 years and over) have a rate of:
 - Booster vaccination that is 15.4 percentage points lower than non-Aboriginal and Torres Strait Islander persons (50.6% compared to 66.0%).

The Equity to Access team continues its work with the Aboriginal and Torres Strait Islander Advisory officers within the COVID-19 Response Division and Winnunga to continue to improve rates and reduce the vaccination gap.

A dedicated First Nations vaccination clinic (both paediatric doses and adult boosters) was held on Sunday 27 February 2022, at Boomanulla Oval. This was well attended with primary vaccination doses and booster doses for adults plus paediatric vaccinations. Culturally targeted pop-up clinics have also operated on the north and southside of Canberra. Slow and careful work continues to provide vaccination and education in safe, culturally appropriate, and accessible settings.

Mandatory vaccination of workers

From 28 March 2022, disability, and aged care workers (including workers at residential aged care facilities) are required to be up to date with vaccination, consistent with public health directions issued under the *Public Health Act 1997*. The Commonwealth Department of Health are closely monitoring booster vaccine uptake across these employment sectors and advise that reported uptake has increased following implementation of the mandates. As at:

- 30 March 2022, 82% of staff employed in residential aged care facilities reported having received a booster; and
- 28 March 2022, 98.8% of staff employed with NDIS-registered providers report they are up to date with vaccinations.

The Department of Health continues to work with remaining providers to increase reporting and compliance obligations with regards to COVID-19 vaccines.

Public health directions remain in place for health care workers, education workers and childcare workers (of children under 12) requiring that impacted staff have received at least two doses of a vaccine.

Conclusion

The ACT continues to experience increased COVID-19 cases and high community transmission at levels resembling the peak in January 2022. It is likely the result of increased movement and social interaction within the community following easing measures implemented in February 2022, waning population level immunity and increased incidence of the more transmissible BA.2 sub-lineage.

However, despite the ongoing high case numbers and PCR test positivity, hospitalisations and ICU admission continue to remain stable. It is anticipated that we will see further increases in cases coming into winter, which ACT Health will continue to monitor closely.

The COVID-19 public health response remains focused on preventing outbreaks in high-risk settings and venues of high transmission impact with PHSM and TTIQ measures in effect to

slow community transmission and protect vulnerable Canberrans, as well as the ACT's health system capacity.

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 presented by COVID-19.

Although relatively stable at this time, should the pandemic situation deteriorate due to a new variant or with the onset of winter, and this coincides 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.

Currently, it remains necessary to maintain effective TTIQ measures and low level PHSM to 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 protecting our hospital systems and our most vulnerable cohorts.