

**2022**

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

**Chief Health Officer update on the Status of the public health emergency -  
Report 26 - May 2022**

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





**ACT**  
Government

**ACT Health**

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

Dear Minister

## **CHIEF HEALTH OFFICER REPORT ON THE STATUS OF THE PUBLIC HEALTH EMERGENCY DUE TO COVID-19 – 2 MAY 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 2 May 2022, is that the public health emergency declaration in the ACT should be extended for a further 60 days.

Although the epidemiological situation in the ACT is relatively stable at this time, it is anticipated that the upcoming winter season may result in an increase in case numbers and pressure on our health system and 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.

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 Kerry Coleman  
Chief Health Officer  
2 May 2022

# CHIEF HEALTH OFFICER REPORT ON THE STATUS OF THE PUBLIC HEALTH EMERGENCY DUE TO COVID-19 – 2 May 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 should be extended for a further 60 days 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 is guided by the advice of the Australian Health Protection Principal Committee (AHPPC) and National Cabinet.

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

Globally, as of 29 April 2022, there have been 510,270,667 confirmed cases of COVID-19, and sadly 6,233,526 deaths reported to the World Health Organization (WHO).

WHO reported on 27 April 2022 that the weekly number of new cases across the world in the week of 18 April to 24 April 2022 decreased by 21 per cent compared to the previous week. The number of deaths reported also significantly decreased by 20 per cent as compared to the previous week. Germany, the Republic of Korea, France, Italy, and the United States of America reported the highest number of new cases for the week.

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

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

As of 01 May 2022, there have been a total of 5,758,854 cases of COVID-19 reported in Australia and 7,231 deaths. Nationally, there were 67,849 new locally acquired cases reported in the past seven days and 358 overseas acquired cases, with a further 181,990 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 New South Wales, Victoria, and Queensland. Across Australia, there is currently an estimated

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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 27 April 2022, accessed 02 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 01 May 2022, Australian Government Department of Health, accessed 02 May 2022

326,554 active cases and 3,090 cases currently hospitalised, of which 154 are in intensive care units.

In NSW, as at 4pm 01 May 2022, 7,723 new cases and 5 deaths were reported in the previous 24 hour period. There are 149,307 active cases across the state with 1,656 COVID-19 cases in hospital and 72 of those cases in intensive care units.

In Victoria, as at 12 noon on 01 May 2022, 7,654 new cases and 7 deaths were reported in the previous 24 hour period. There are 55,513 active cases across the state with 437 COVID-19 cases in hospital and 26 of those cases in intensive care units.

In Queensland, as at 7:00pm on 01 May 2022, 5,333 new cases and no deaths were reported in the previous 24 hour period. There are 37,609 active cases across the state with 446 COVID-19 cases in hospital and 15 of those cases in intensive care units.

### **ACT situational update**

As at 8:00pm on 01 May 2022, there have been a total of 105,739 cases recorded in the ACT since the start of the pandemic and sadly, 52 people have died. There are 5,725 active cases across the ACT with 66 COVID-19 cases in hospital with two of those cases in intensive care and none requiring ventilation.

In April 2022, the 7-day rolling average of cases increased from 768 to a peak of 970 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 224 new cases per 100,000 on 7 April 2022 and this declined to 177 new cases per 100,000 on 27 April 2022.

As of 9:00am on 29 April 2022, a total of 990,350 negative PCR COVID-19 tests have been recorded in the ACT since the beginning of the pandemic.

In the last week of April, the number of daily negative PCR tests varied between 701 (1.6 per 1,000 population) and 3,198 (7.4 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 24 per cent on 21 April 2022, and since then have remained around 22 to 23 per cent. 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 are focused more on monitoring severe outcomes and impacts on the health system rather than total case numbers.

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 29 April 2022, ACT Health has been notified of 157 facilities or providers with a COVID-19 outbreak or exposure in the previous month. This is inclusive of:

27 Residential Aged Care Facilities (RACFs) / Transition / Respite listings for the month of April, of which 4 are currently cleared and 23 which are currently responding to active outbreaks and exposures (15 active outbreaks and 8 active exposures);

- 130 disability service providers with staff and client exposures for the month of April.

There are currently active 5 COVID-19 cases in ACT correctional facilities.

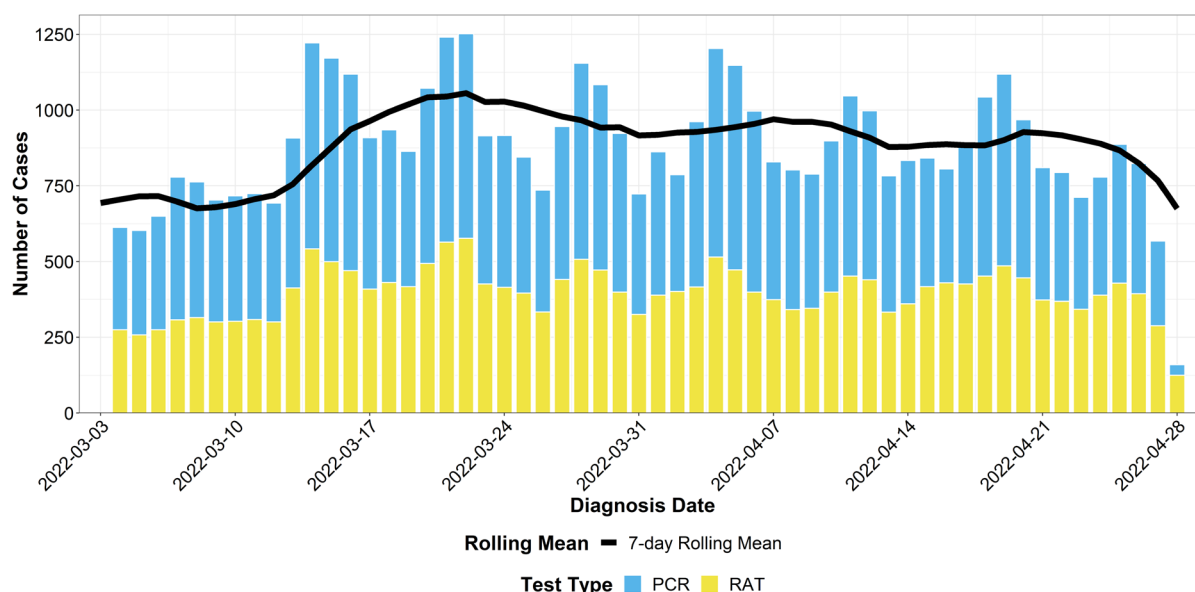
As of 24 April 2022, 115 education services (schools and colleges) and 182 Early Childhood Education and Care services\* (includes day care, preschools, OSHcare) were impacted by COVID-19 exposures over the previous month.

\*Moving forward ECEC data will no longer be reported to ACT Health.

As of 8:00pm on 30 April 2022, there are 1,756 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.

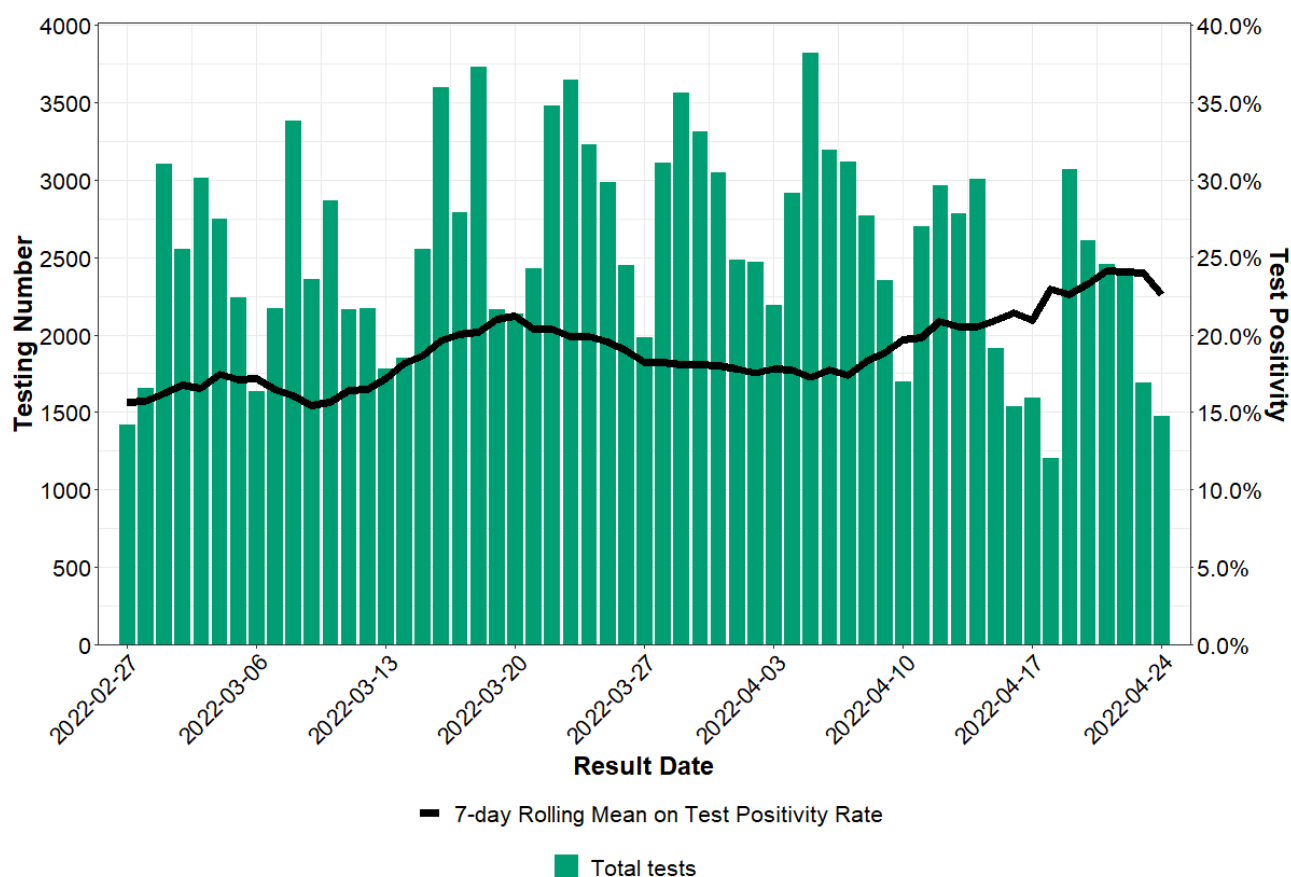
ACT Health continues to operate the 'Lazaretto' quarantine and isolation facility at the Australian National University which provides accommodation for confirmed cases and contacts who are unable to safely isolate or quarantine at home. The accommodation facility provides residents with a range of clinical,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

**Figure 1: COVID-19 cases recorded in the ACT by date of test, last eight weeks – 4 March 2022 to 28 April 2022**



Source: ACT Health Data Repository (SunQuest) and ACT Health REDCap Database.  
 Notes:  
 DIAGNOSIS DATE refers to TRUE ONSET DATE if known, otherwise it will be earliest of the SPECIMEN DATE, the NOTIFICATION DATE or the NOTIFICATION RECEIVE DATE.  
 For cases confirmed by PCR and RAT tests reported to ACT Health.

**Figure 2: Testing by Result Date (with Test Positivity and 7-day Rolling Mean) – 27 February 2022 to 24 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.

Recent correction to cumulative ACT COVID-19 cases

Positive RAT results for COVID-19 were collected and included in the daily case counts by ACT Health from 8 January 2022, through the introduction of a new online RAT declaration form that members of the public were asked to complete if they tested positive on a RAT.

Due to routine data cleaning work conducted by ACT Health in April 2022, 846 incomplete RAT declaration forms were identified and removed from the cumulative ACT COVID-19 cases total. These incomplete forms contained limited demographic information and/or the legal declaration had not been completed.

Changes to Test, Trace, Isolate and Quarantine (TTIQ) measures

On 31 March 2022, the Australian Health Protection Principal Committee (AHPPC) published their Statement on Winter Season Preparedness, which recommended that the appropriate time for any changes to TTIQ requirements should be made following the anticipated peak of the current Omicron BA.2 variant.

Following consideration of the epidemiological situation in the ACT, data presented to AHPPC indicating Australia had reached the peak of the Omicron BA.2 wave, and approaches of other jurisdictions, I determined that it is appropriate for the ACT to implement changes to the management of household contacts.

Household contacts are at highest risk of contracting COVID-19, compared with other exposures, due to the nature of contact between individuals in a household. For this reason, household contacts have, up until recently, been required to quarantine for a period of seven days and subject to testing requirements. However it is recognised that there are certain workforces which are under significant pressures due to these quarantine requirements. Further, there is also a need to reduce the burden of quarantine on families and individuals, with a focus on wellbeing, at this stage in our COVID-19 response.

Against this background, with effect from 11:59pm on 26 April 2022, household contacts in the ACT are no longer required to complete a mandatory quarantine period provided they comply with certain risk mitigation requirements for seven days from the last time someone in the household tested positive for COVID-19, with the date of collection of the positive test being day zero. An individual must:

- Advise ACT Health that they are a household contact by completing a COVID-19 online declaration form.
- Wear a face mask in all indoor spaces when outside of the home, if aged 12 years and over.
- Work or study from home, where it is practical to do so, and where it suits the employer and employee.
- Notify their employer and/or educational facility that they are a household contact. This will assist employers and educational facilities to determine whether the household contact can work or study from home or can attend the facility following an assessment of risks in accordance with work health and safety obligations.
- If it is not practical to work or study from home, and there is mutual agreement to attend work or study, individuals must undertake COVID-19 testing and return a negative result in the 24 hours prior to returning to work or study and then every 48 hours if ongoing attendance is required.
- If needing to attend a gathering that is unavoidable, they must return a negative COVID-19 test result in the 24 hours prior to attending.
- Not enter a high-risk setting such as an aged care facility or hospital unless they reside there or need care (noting that high-risk settings can consider granting exemptions from this requirement).

Household contacts are expected to practise COVID Smart behaviours, and as far as practicable, avoid attending crowded places, spending prolonged periods of time in indoor spaces with others and interacting with people who are at higher risk of severe illness.

Household contacts who are symptomatic or cannot comply with the risk mitigation requirements will be required to quarantine.

If a household contact develops symptoms at any time, they should undergo COVID-19 testing and remain at home until symptoms resolve, even if they return a negative test result.

In addition to the change in quarantine requirements for household contacts, the following changes to the TTIQ framework also came into effect this month:

- From 11:59pm on 29 April 2022, the ACT removed quarantine requirements for unvaccinated international travellers intending to travel to the ACT, noting that these travellers may be required to seek approval from their port of entry to onward travel to the ACT.
- All international travellers (including international air crew) are encouraged to undertake a COVID-19 test within 24 hours of arrival in Australia if they intend to travel to the ACT.
- With effect from 11:59pm on 4 April 2022, people who have recovered from COVID-19 are exempted from further isolation and quarantine requirements for 12 weeks after they were cleared from isolation. Previously this period was 8 weeks.

### Standing Exemption for Essential Workers

Prior to the changes to the management of household contacts from 26 April 2022, the ACT had extended the Essential Worker Standing Exemption for Household Contacts to federal election workers – a person employed or engaged on behalf of the Australian Electoral Commission to perform functions of election delivery. The updated Standing Exemption commenced from midday on 14 April 2022. This was in addition to previously exempted workers in food and grocery support, freight and transport, veterinary services, community pharmacy and national security.

A temporary exemption was also issued to the Canberra Airport from 6:00am on 14 April 2022 until 11:59pm on 25 April 2022. The temporary exemption covered security workers and airline check-in and baggage workers and reflected the workforce pressures being experienced at the Canberra Airport at a time of increased demand for services over the school holidays and Easter long weekend

Canberra Airport employers were required to adhere to the same requirements Essential Workers.

The temporary exemption for Canberra Airport workers has since expired and the Standing Exemption for Essential Workers has been revoked due to the changes in the management of household contacts, which permits individuals to attend essential work under similar requirements outlined in the standing exemption.

### 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.

Most recently PHSM relating to schools and early childhood education were eased from 11:59pm on 25 April 2022, including:

- Face masks are no longer required to be worn by staff and students in years 7 to 12 in ACT schools.
- Staff and visitors are no longer required to check in to school sites using the Check in CBR app. Schools are asked to continue to display their QR codes for voluntary use and for use by events who hire facilities, where check in is required to be used.

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.

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

### Primary Vaccination coverage

The ACT's primary COVID-19 vaccination coverage remains exceptionally high at 97.0 per cent of persons aged 5 years and older having received two doses of an approved vaccine. As of 26 April 2022, ACT Government clinics have administered 51.7 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

The Australian Technical Advisory Group on Immunisation (ATAGI) continues to recommend a booster dose three months following completion of a primary vaccination course for all individuals aged 16-years and older so that they can remain up to date with vaccination. A person will be considered 'overdue' if a booster has not been received within 6 months of completing their primary schedule.

As of 26 April 2022, 75.1 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 69.2 per cent booster uptake. Ongoing demand for booster vaccines remains low in the ACT. About 1 in 4 Canberrans aged 16-years and older are yet to receive a booster vaccine and the 7-day average number of booster vaccines administered across the ACT has now dropped to only 204 doses, daily. COVID-19 fatigue and a perception that new variants of the virus are less severe appears to have reduced Canberran's motivation to come forward for booster vaccines as soon as they fall available. Accordingly, ACT Health is taking steps to review the ACT Government's role in delivery of the COVID-19 vaccination.

On 25 March 2022, ATAGI recommended a second 'winter' booster for groups that are at greatest risk of severe illness from COVID-19, including 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 suggests that that about 60,000 ACT residents will fall eligible for a winter booster dose in 2022. As at 26 April 2022, 3 per cent of all Canberrans (or 10,937 persons) had received a fourth COVID-19 vaccine dose.

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.

### 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 of 27 April 2022, 80.7 per cent of this age group have received their first vaccine dose and 65.2 per cent are now up to date with vaccination. The ACT has experienced the strongest uptake in paediatric vaccination compared to other jurisdictions. Nationally, 52.83 per cent of 5 to 11-year-olds have received a first dose of a COVID-19 vaccine and 36.31 per cent are up to date with 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 paediatric 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 27 April 2022, 897 Novavax primary doses had been administered in the ACT, consisting of 470 first doses and 416 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 27 April 2022, 151 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 was scheduled to wind-up at the end of April 2022. Contractual negotiations are underway with Aspen Medical to extend this program to 30 June 2022. ACT Health intend to engage Aspen Medical for the purpose of administering primarily winter booster COVID-19 vaccines to remaining in-home and in-reach patients that fall eligible.

In 2022, the Equity to Access program has administered a total of 879 COVID-19 vaccine doses through a combination of in-reach vaccinations to homebound individuals and at pop-up clinics arranged through non-government partner organisations. Of these:

- 53 are winter (second) booster doses; and
- 506 are (first) booster doses.

In the month of April 2022, suburban pop-up clinics have taken place in dispersed locations throughout Canberra including Lyneham, Charnwood, Kambah and Turner.

### Aboriginal and Torres Strait Islander community

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

However, Aboriginal and Torres Strait Islander people have a lower uptake of both booster dose (16 years and over) and first dose (5- to 11-year-olds) than non-Aboriginal and Torres Strait Islander people. Using population figures sourced from the Australian Immunisation Register (AIR)<sup>3</sup>, in alignment with a decision of the Commonwealth Aboriginal and Torres Strait Islander Advisory Group. As at 20 April 2022, ACT Aboriginal and Torres Strait Islander:

- children (aged 5 to 11 years) have a rate of second dose vaccination that is 16.2 percentage points lower than non-Aboriginal and Torres Strait Islander children (41.9% compared to 58.1%).
- residents (aged 16 years and over) have a rate of booster vaccination that is 15.2 percentage points lower than non-Aboriginal and Torres Strait Islander persons (52.1% compared to 67.3%).

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 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, with later clinics to be run alongside Reconciliation Day events in May 2022. 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 20 April 2022:

- 89.6% of staff employed in residential aged care facilities reported having received a booster; and

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

- 97.8% 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.

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

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.

I have reviewed these Public Health Directions, against the ACT's current situation, and advise that I intend to revoke the following directions with effect from 11:59pm on 13 May 2022:

- *Public Health (ACT School or Early Childhood Education and Care Workers COVID-19 Vaccination) Emergency Direction 2022*
- *Public Health (Health Care and Support Workers COVID-19 Vaccination) Emergency Direction 2022*

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 is no longer considered an appropriate mechanism for alleviating the public health emergency at this time

Relevant employers will now need to consider whether they will implement policies associated with COVID-19 vaccination requirements, similar to policies established for the flu vaccine, within their own workplaces.

I currently support vaccination requirements continuing 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. I will continue to monitor the need for vaccination for these workers to ensure our public health directions remain proportionate.

### **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.

As previously advised, the ACT is moving into a period of higher risk and uncertainty, with the onset of winter, coinciding with a potential low to moderate influenza season. The winter season is likely to see ongoing community transmission and further waves of COVID-19, particularly as vaccination and infection-derived immunity declines.

Changes to TTIQ, particularly the change in how household contacts are managed, will likely also lead to an increase in cases in the community. However, these changes will better assist businesses and workplaces that have experienced significant staff shortages and improve the wellbeing of individuals who become household contacts.

Despite the ongoing high case numbers and PCR test positivity, hospitalisations and ICU admission remain stable, although hospitals continue to be under significant pressure due to workforce pressures. ACT Health will continue to work very closely with Canberra Health Services to monitor the impact of COVID-19 on our public hospitals.

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 recommend to the Minister for Health that the public health emergency declaration be extended for a further 60 days due to the ongoing public health risk which is posed by COVID-19.

While relatively stable at this time, it is anticipated with the upcoming winter season, coinciding with a projected low to moderate influenza season, that case numbers and pressure on our health system will increase.

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.

I advise that while a 60-day extension is the preferred option, 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 that period.

Other jurisdictions are taking a similar approach at this time as COVID-19 still presents significant challenges for our health system and public health teams.