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

TENTH ASSEMBLY

**Chief Health Officer Update on the Status of the Public Health Emergency –
Report 28 - 1 July 2022**

**Presented by
Rachel Stephen-Smith MLA
Minister for Health
2 August 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 – 1 JULY 2022

Please find herein my report to you, as Minister for Health, in relation to the declaration of a public health emergency in the ACT due to COVID-19.

Section 119 (4B) of the *Public Health Act 1997* provides that if the “COVID-19 declaration has been extended or further extended under subsection (4), the chief health officer must advise the Minister at least every 30 days about—

- (a) the status of the emergency; and
- (b) whether the chief health officer considers the declaration is still justified.”

Minister, my advice is that COVID-19 continues to pose a public health risk to the ACT community. My recommendation to you, as of 1 July 2022, is that the public health emergency declaration in the ACT should remain in place at this time.

Although the epidemiological situation in the ACT is relatively stable at this time, it is anticipated that throughout the winter the increase in cases due to the emergence of the Omicron BA.4 and BA.5 sub-variants and the increasing number of influenza cases will require ongoing public health management and will likely place further pressure on our health system. Therefore, it is vital that the ACT Government has the ability under a public health emergency declaration to tighten restrictions quickly should it be required over the coming weeks.

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

Yours sincerely

Dr Kerry Coleman
Chief Health Officer
6 July 2022

CHIEF HEALTH OFFICER REPORT ON THE STATUS OF THE PUBLIC HEALTH EMERGENCY DUE TO COVID-19 – 1 JULY 2022

Declaration of a public health emergency in the ACT

A public health emergency declaration is in force in the ACT due to the public health risk of COVID-19 to the ACT community. As Chief Health Officer, I make a recommendation to the Minister for Health that the public health emergency declaration remain in place due to the ongoing public health risk COVID-19 presents.

The public health emergency declaration enables me, as Chief Health Officer, to take necessary actions to reduce threats to public health, including issuing public health directions that aim to limit the spread of COVID-19 in our community. These directions include the requirement for confirmed cases of COVID-19 to isolate, and their household contacts to quarantine if they are unable to comply with certain risk mitigation requirements.

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

Global situational¹

Globally, as of 26 June 2022, there have been 541,313,815 confirmed cases of COVID-19, and sadly 6,327,547 deaths reported to the World Health Organization (WHO).

WHO reported that the weekly number of new cases across the world in the week of 20 June to 26 June 2022 increased by 18 per cent compared to the previous week. The number of deaths reported also increased by 3 per cent as compared to the previous week. The United States of America, Germany, Brazil, Italy, and China reported the highest number of new cases for the week.

The Omicron Variant of Concern (VoC) continues to be the dominant VoC circulating globally, especially in the USA, the United Kingdom and Australia accounting for 94% of sequences submitted to the global initiative on sharing all influenza data (GISAID). Among Omicron sequences, in the week of 13-19 June, sub-variant BA.5 represented the highest proportion at 43%, a significant increase from 28% in the previous week.

National situational update²

As of 29 June 2022, there have been a total of 8,087,651 cases of COVID-19 reported in Australia and 9,837 deaths. Nationally, there were 48,050 confirmed new locally acquired cases reported in the past seven days and 623 overseas acquired cases, with a further 146,396 under investigation and therefore it is not determined where these cases were acquired. All Australian jurisdictions continue to report high daily case numbers, with the vast majority of locally acquired cases recorded in New South Wales, Victoria, and

¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-019/situation-reports> Coronavirus disease (COVID-19) Weekly Epidemiological Update published 29 June 2022, accessed 30 June 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 – published 29 June 2022, Australian Government Department of Health, accessed 30 June 2022

Queensland. Across Australia, there is currently an estimated 237,727 active cases and 3,224 cases currently hospitalised, of which 108 are in intensive care units.

In NSW, as at 4:00pm on 29 June 2022, 11,504 new cases and 23 deaths were reported in the previous 24 hour period. There are 107,467 active cases across the state with 1,534 COVID-19 cases in hospital and 37 of those cases in intensive care units.

In Victoria, as at 1:00pm on 29 June 2022, 10,777 new cases and 23 deaths were reported in the previous 24 hour period. There are 46,010 active cases across the state with 463 COVID-19 cases in hospital and 17 of those cases in intensive care units.

In Queensland, as at 7:00pm on 29 June 2022, 5,286 new cases and 10 deaths were reported in the previous 24 hour period. There are 30,247 active cases across the state with 642 COVID-19 cases in hospital and 14 of those cases in intensive care units.

ACT situational update

As at 8:00pm on 28th June 2022, there have been a total of 156,472 cases recorded in the ACT since the start of the pandemic. Sadly 78 people have died. There are 6,543 active cases across the ACT with 116 COVID-19 cases in hospital with one of those cases in intensive care receiving ventilation.

In June 2022, the 7-day rolling average of cases varied from 696 to a peak of 939 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 the 8th of January 2022 with 336 new cases per 100,000 population and subsequently decreased to 91 new cases per 100,000 in early February 2022. In June there were 169 cases per 100,000 on the 14th and 164 cases per 100,000 on the 26th.

As of 9:00am on 30 June 2022, a total of 1,174,461 negative PCR COVID-19 tests have been recorded in the ACT since the beginning of the pandemic.

In the last week of June, the number of daily negative PCR tests varied between 1,213 (2.7 per 1,000 population) and 2,147 (4.7 per 1,000 population), compared to the peak on 22 December 2021 (6,738 negative tests or 15.6 per 1,000 population).

Over the pandemic, PCR test positivity rates reached an all-time high of 28% on the 11th of January 2022. At the end of May, the average test positivity rate peaked again at 22% and increased to 25% in the last week of June.

High case rates combined with a PCR test positivity rate above 10% and a potential decrease in case ascertainment due to a 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 a positive 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.

Outbreaks

ACT Health continues to support and respond to active outbreaks and exposures of COVID-19, including in residential aged care facilities (RACF), disability services, corrections, and education settings. On 16 June 2022, the definition of an outbreak in a residential care facility and the reporting requirements to ACT Health transitioned to align with the revised national definition.

Up until 11:59pm 15 June 2022, a COVID-19 outbreak was either defined as:

- Two or more residents of a residential care facility who have been diagnosed with COVID-19 via RAT or PCR within 5 days and have been onsite at the facility during their infectious period; or
- Five or more staff, visitors and/or residents of the residential care facility diagnosed with COVID-19 through RAT or PCR within 7 days who have been onsite during their infectious period.

A COVID-19 exposure was defined as any case of COVID-19 in staff, residents, or a visitor at the facility during their infectious period that does not meet the definition of an outbreak.

As of 16 June 2022, a COVID-19 outbreak in a RACF is defined as two (2) or more residents testing positive to COVID-19 within a 72-hour period. Exposures are no longer reported to ACT Health and will not be captured in future reporting.

For the period of 1 – 29 June 2022, ACT Health were notified of 22 RACF COVID-19 outbreaks.

180 staff and client cases across 88 disability service providers were reported to be linked to positive COVID-19 cases for the month of June, through case investigation or requests for assistance.

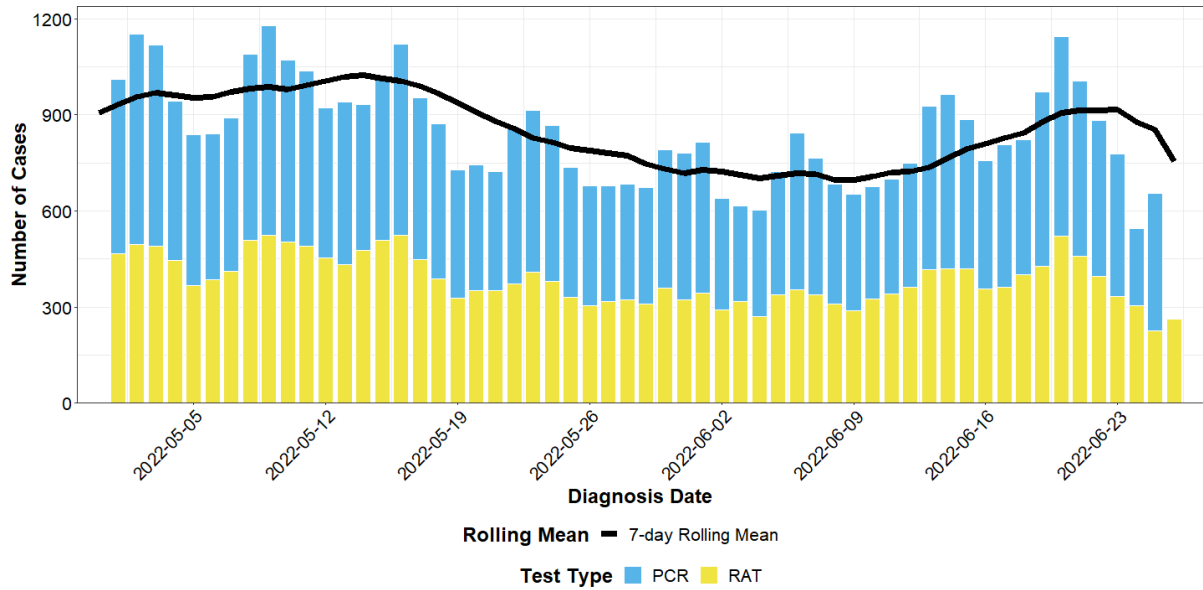
There are currently 5 active COVID-19 staff and visitor exposures in ACT correctional facilities. For the reporting period, there have been no detainee cases.

As of 29 June 2022, an average of 72 ACT Public Schools COVID-19 exposures were reported weekly.

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

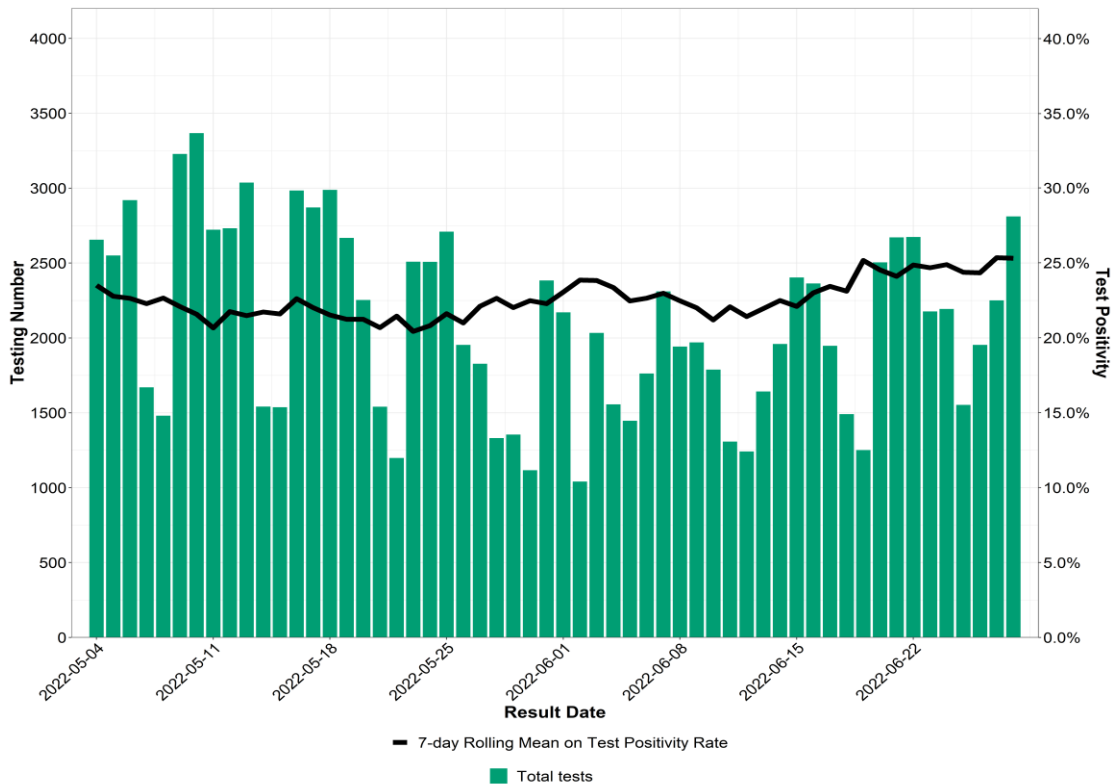
ACT Health continues to operate the 'Lazaretto' quarantine and isolation facility at the Australian National University which provides accommodation for confirmed cases and contacts who are unable to safely isolate or quarantine at home. The accommodation facility provides residents with a range of clinical,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

Figure 1: COVID-19 cases recorded in the ACT by diagnosis date and test type (with 7-day rolling mean), last eight weeks – 1 May to 26 June 2022



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

Figure 2: Number of Tests by Result Date (with 7-day Rolling Mean on Test Positivity Rate) – 4 May to 28 June 2022



Notes:
 Testing number includes positive and negative tests for PCR only.
 Test positivity is calculated as the number of positive PCR tests divided by the total number of PCR tests, both positive and negative.
 The rolling mean is the average of the test positivity for that day and the previous 6 days.

Omicron BA.4 and BA.5 sub-variants

Transmission of the Omicron BA.5 sub-variant is increasing with approximately 33 per cent of sequenced samples in the week to 26 June 2022 confirmed as the sub-variant. This reflects an increase in the proportion of sequenced samples from approximately 22 per cent in the previous week. Since January 2022, the ACT has undertaken Whole Genome Sequencing (WGS) on approximately 7 per cent of all Polymerase Chain Reaction (PCR) tests conducted in the ACT. WGS is currently being prioritised for cases from outbreaks in high-risk settings, recently returned overseas travellers, hospitalised cases, deaths and a small proportion of other community cases.

The rapidly growing prevalence of this subvariant is contributing to an increase in cases in the ACT in large part due to its immune escape for people who have been vaccinated or previously infected with COVID-19. National modelling undertaken by the Doherty Institute predicts that by the beginning of August 2022, Omicron BA.4/5 will completely replace Omicron BA.2 as the predominate circulating variant in Australia. For the ACT, this means another wave of cases over the winter months is very likely. At this stage the case peak and length of the wave of cases is yet to be determined, although the wave is expected to be larger than the wave observed during December 2021 and January 2022.

Current Public Health and Social Measures

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

Low-level PHSM continue to be in place, and I am of the view that they remain proportionate to the level of risk being managed across the Territory. With the commencement of the winter season, the COVID-19 situation has been and will continue to be carefully monitored. 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 97.3 per cent of eligible persons (5+) having received two doses of an approved vaccine. This figure has remained stable throughout the current reporting period.

First Booster Vaccination

The Australian Technical Advisory Group on Immunisation (ATAGI) recommends a single booster dose three months following completion of a primary vaccination course for most eligible persons (16+) to remain up to date with vaccination. Current ATAGI advice is that a person should delay booster vaccination if they have recovered from a COVID-19 infection in the last 3-months, in recognition of a short natural immunity post infection.

As at 27 June 2022, 78.9 per cent of all eligible Canberrans (16+) had received their COVID-19 booster vaccination, comparing favourably to a national uptake of 70.4 percent. Ongoing demand for booster vaccines remains low in the ACT. COVID-19 fatigue and a perception

that Omicron variants are less severe appears to have reduced motivation to come forward for booster vaccines as soon as they fall available. People may also be delaying their booster vaccination where they have recently recovered from COVID-19. As at 27 June 2022, there had been 156,472 total reported cases of COVID-19 since the beginning of the pandemic; impacting a significant proportion of the population which affects the uptake of booster vaccination.

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

Second (Winter) Boosters and Influenza

A second booster dose is currently available to older persons (65+), Aboriginal and Torres Strait Islander persons (50+), people with immunocompromising conditions, people with disability that have significant or complex health needs or multiple comorbidities, and people with severe obesity or that are severely underweight.

As at 27 June 2022, 44,094 second (winter) booster doses had been administered to ACT residents. Estimates of the number of individuals that qualify for a second winter booster dose are not available as this eligibility information is not captured at a population level in the ACT.

ACTHD continue to administer COVID-19 booster vaccinations for people with disability and their carers at the Access and Sensory Clinic. This was expanded to include free influenza vaccinations from 6 June in addition to COVID-19 vaccinations for people five years and over with a disability, a mental health condition, their carers and concession card holders (including Access Card holders).

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

A primary vaccination course is recommended for children aged 5 to 11 years. First dose uptake of the vaccine has stalled for this age group at 80.6%. However, second dose vaccine coverage continues to increase slowly and (as at 27 June 2022) accounts for 68.8% of the target population. The ACT has experienced the strongest uptake in paediatric vaccination compared to other jurisdictions. Nationally, only 52.3% of 5 to 11-year-olds have received a first dose of a COVID-19 vaccine and 39.5% have received two doses.

A lower vaccination uptake for the 5–11-year age group aligns with the broader global and national trend for this age cohort. Research indicates that this lower uptake is attributable to concerns about the long-term impacts of a provisionally approved vaccine combined with ‘milder’ symptomatic infection in younger children.

Access and Sensory Clinic

The Access and Sensory Clinic continues to be highly valued by people living with disability and ACTHD are taking steps to ensure the continued provision of dedicated services at the clinic for this target cohort.

The Access and Sensory Clinic has extended its hours of operation from 2 to 3 days each week to help meet future demand for influenza and COVID-19 vaccinations. To increase the

access and convenience of the service, the Access and Sensory Clinic is trialling extended Saturday opening hours until 8.30pm in June and early July 2022. The booking numbers during this trial will be reviewed and inform future operating hours of the clinic.

Equity to Access Program

The Equity to Access Program delivered vaccination services targeted at ensuring access to vaccination for vulnerable members of the community and people experiencing barriers to accessing mainstream health services. As at 27 June 2022, the program has administered, through clinical provider Aspen Medical, a total of 1174 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:

- 202 were second booster doses; and
- 810 were first booster doses.

In the month of June 2022, the Program's focus has been on facilitating in-home vaccinations for at-risk individuals that are unable to leave their home to access clinic services. Pop-up outreach clinics were also facilitated at Nicholls Community House, North Kambah Scout Hall, Mura Lanyon Youth and Community Centre, Turner Scout Hall and the Coombs Community Centre.

Demand from individuals for home in-reach vaccination from January 2022 to May 2022 declined by 94%, and demand from partners for community in-reach clinics similarly declined. As a result, the program's pop-up clinics and in-reach service ceased on 30 June.

There will continue to be options for people experiencing barriers to GP or pharmacy vaccination, including the Access and Sensory Clinic, the specialist vaccination clinic for people with severe needle phobia, and specialised services for people who are unable to leave their home. An evaluation of this program is in progress to inform the delivery of future programs.

Conclusion

The ACT continues to experience increased COVID-19 cases and high community transmission levels. This remains 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 and emergence of the BA.4 and BA.5 sub-variants.

The ACT continues to experience ongoing high case numbers and test positivity. Hospitalisations and ICU admissions had remained relatively stable but hospitalisations are starting to grow, placing additional pressure on an already stressed health system. This trend is being closely monitored and, according to modelling produced by the Doherty Institute, is likely to be experienced by all Australian jurisdictions due to a new wave of BA.4/5 transmission. ACT Health is continuing to work very closely with Canberra Health Services to monitor the impact of COVID-19 on our public hospitals. It is important to note that hospital numbers reflect both patients admitted due to being unwell with COVID-19 and patients who are admitted for unrelated illnesses who, through relevant screenings, are identified as being positive for COVID-19.

The COVID-19 public health response remains focussed on preventing outbreaks in high-risk settings and venues of high transmission impact with proportionate PHSM and TTIQ measures to slow community transmission and protect vulnerable Canberrans, as well as the ACT's health system capacity. Further advice regarding appropriate response measures will be provided if the forecast wave in the BA.4 and BA.5 subvariants are realised.

Recommendation

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

The continued prevalence of COVID-19 and the increase in cases due to the Omicron BA.4 and BA.5 sub-variants requires ongoing public health measures to limit transmission where possible and protect vulnerable members of the community. The circulation of influenza and other respiratory illnesses during the winter season is expected to place additional pressure on the ACT health system.

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

As the Public Health Emergency declaration remains in place, I will continue to closely monitor the epidemiological situation in the ACT and provide advice on any actions needed to reduce the risk presented by Omicron BA.4/5.

Other jurisdictions are either maintaining emergency response arrangements or stepping down to specific COVID-19 management measures as COVID-19 still presents significant challenges for our health system and public health teams. I will provide advice to the ACT Government in August 2022 regarding the status of the public health emergency based on the situation at that time.