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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 29 - 28 July 2022**

**Presented by
Rachel Stephen-Smith MLA
Minister for Health
2 August 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 – 28 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 28 July 2022, is that the public health emergency declaration in the ACT should be extended for a further 60 days.

Since my last report to you, the Omicron BA.5 subvariant has become the dominant sub-lineage in the ACT and Australia. Associated with greater immune escape, the healthcare system has grappled with greater community transition and an increasing number of influenza cases. These factors are likely to place continued pressure on our health providers and hospitals throughout winter. It is vital that the ACT Government can tighten restrictions quickly should it be required in this period.

Most Australian states and territories continue to maintain public health or COVID-19 management measures that are focussed on responding to COVID-19 transmission and reducing the risk of negative health outcomes across the population. Continuing the public health emergency will enable the ACT Government to maintain baseline measures that target high-risk settings and protect vulnerable Canberrans at greater risk of adverse health outcomes from COVID-19.

Yours sincerely

Dr Kerryn Coleman
Chief Health Officer
28 July 2022

CHIEF HEALTH OFFICER REPORT ON THE STATUS OF THE PUBLIC HEALTH EMERGENCY DUE TO COVID-19 – 28 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. The current declaration period is scheduled to end on 11 August 2022.

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, noting that this period is subject to ongoing review and further advice in 30 days.

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 25 July 2022, there have been 566,977,818 confirmed cases of COVID-19, and sadly 6,376,503 deaths reported to the World Health Organization (WHO).

The WHO reported that the weekly number of new cases across the world in the week of 18 to 24 July 2022 remained similar to the previous week with over 6.6 million new cases reported. The number of deaths reported was also similar to the week prior with over 12,600 deaths reported. Japan, United States of America, Germany, Italy and France 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 90.1 per cent of sequences submitted to the Global Initiative on Sharing All Influenza Data (GISAID) in the 30 days to 21 July 2022. A comparison of sequences submitted to GISAID showed that, in the week of 10 to 16 July 2022, sub-variant BA.5 represented the highest proportion at 52.4 per cent, a slight increase from 52 per cent in the previous week. Based on the data downloaded from GISAID on 18 July 2022, BA.5 has been reported in 100 countries.

¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-019/situation-reports> Coronavirus disease (COVID-19) Weekly Epidemiological Update published 20 July 2022, accessed 26 July 2022

National situational update²

As of 26 July 2022, there have been a total of 9,185,633 cases of COVID-19 reported in Australia and 11,304 deaths. Nationally, in the past seven days there were 59,284 confirmed new locally acquired cases and 824 overseas acquired cases reported, with a further 277,157 under investigation and therefore it is not yet determined where these cases were acquired. All Australian jurisdictions continue to report high daily case numbers, with most active cases recorded in New South Wales, Victoria, and Queensland. Across Australia, there is currently an estimated 377,251 active cases and 5,571 cases currently hospitalised, of which 165 are in intensive care units.

In NSW, as at 4:00pm on 26 July 2022, 16,173 new cases and 20 deaths were reported in the previous 24 hour period. There are 168,126 active cases across the state with 2,277 COVID-19 cases in hospital and 56 of those cases in intensive care units.

In Victoria, as at 10:30am on 27 July 2022, 12,653 new cases and 32 deaths were reported in the previous 24 hour period. There are 69,821 active cases across the state with 872 COVID-19 cases in hospital and 28 of those cases in intensive care units.

In Queensland, as at 7:00pm on 26 July 2022, 8,612 new cases were reported in the previous 24 hour period. There are 66,569 active cases across the state with 1,123 COVID-19 cases in hospital and 31 of those cases in intensive care units.

ACT situational update

As at 8:00pm on 26 July 2022, there have been a total of 187,664 cases recorded in the ACT since the start of the pandemic. Sadly 89 people have died. There are 5,604 active cases across the ACT with 141 COVID-19 cases in hospital and one of those cases in intensive care.

Since the emergence of the Omicron variant in late 2021, the average case rate peaked on 8 January 2022 with 336 cases per 100,000 population and subsequently decreased to 91 cases per 100,000 in early February 2022. On 6 July 2022, there were 280 cases per 100,000 population.

In July 2022, the 7-day rolling average of cases varied from 1,187 to a peak of 1,275 cases per day, and then gradually declined. This includes cases confirmed via PCR and those identified through voluntary self-reporting of positive Rapid Antigen Test (RAT) results.

As of 9:00am on 27 July 2022, a total of 1,143,324 negative PCR COVID-19 tests have been recorded in the ACT since the beginning of the pandemic.

Between the 18 July and 24 July 2022, the number of daily negative PCR tests varied between 1,334 (2.9 per 1,000 population) and 2,885 (6.4 per 1,000 population), compared to the peak on 22 December 2021 (6,738 negative tests or 15.6 per 1,000 population).

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 26 July 2022, Australian Government Department of Health, accessed 27 July 2022

Over the pandemic, PCR test positivity rates reached 28 per cent on 11 January 2022. The average test positivity rate peaked again at 29 per cent on 10 July and has since stabilised around 22–24% in late July 2022.

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 and changes to testing behaviours indicate 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.

As of 9:00am on 27 July 2022, there are 1,312 individuals who are household contacts of a confirmed case. Asymptomatic household contacts are no longer required to quarantine for a period of seven days, but they must 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. Demand for this facility has greatly reduced over the past few months, however the facility remains operational to support anyone who cannot safely isolate or quarantine elsewhere.

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.

For the period of 1 July 2022 to 26 July 2022, ACT Health was notified of 14 RACF COVID-19 outbreaks.

For the period 1 July 2022 to 26 July 2022, 132 staff and client cases across 73 disability service providers were identified to ACT Health through case investigation or requests for assistance.

During the reporting period, ACT Health has also supported outbreaks in ACT correctional facilities.

As of 26 July 2022, an average of 63 ACT Public Schools COVID-19 exposures were reported weekly.

Figure 1: COVID-19 cases recorded in the ACT by diagnosis date and test type (with 7-day rolling mean) – 1 January to 24 July 2022

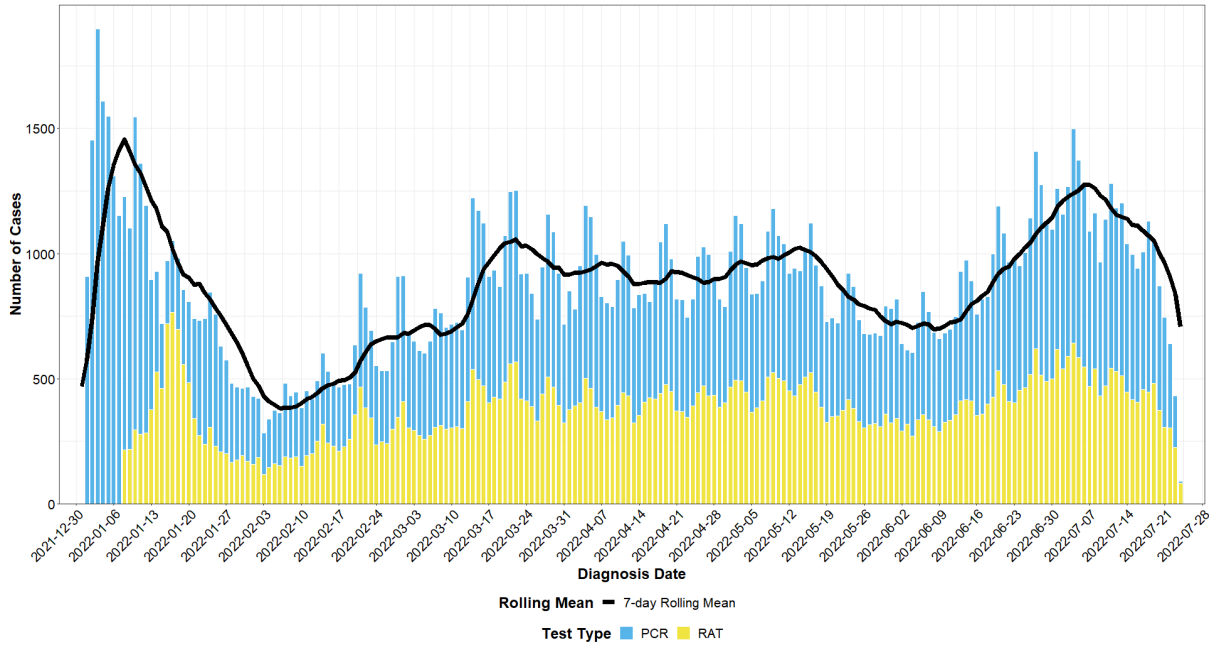
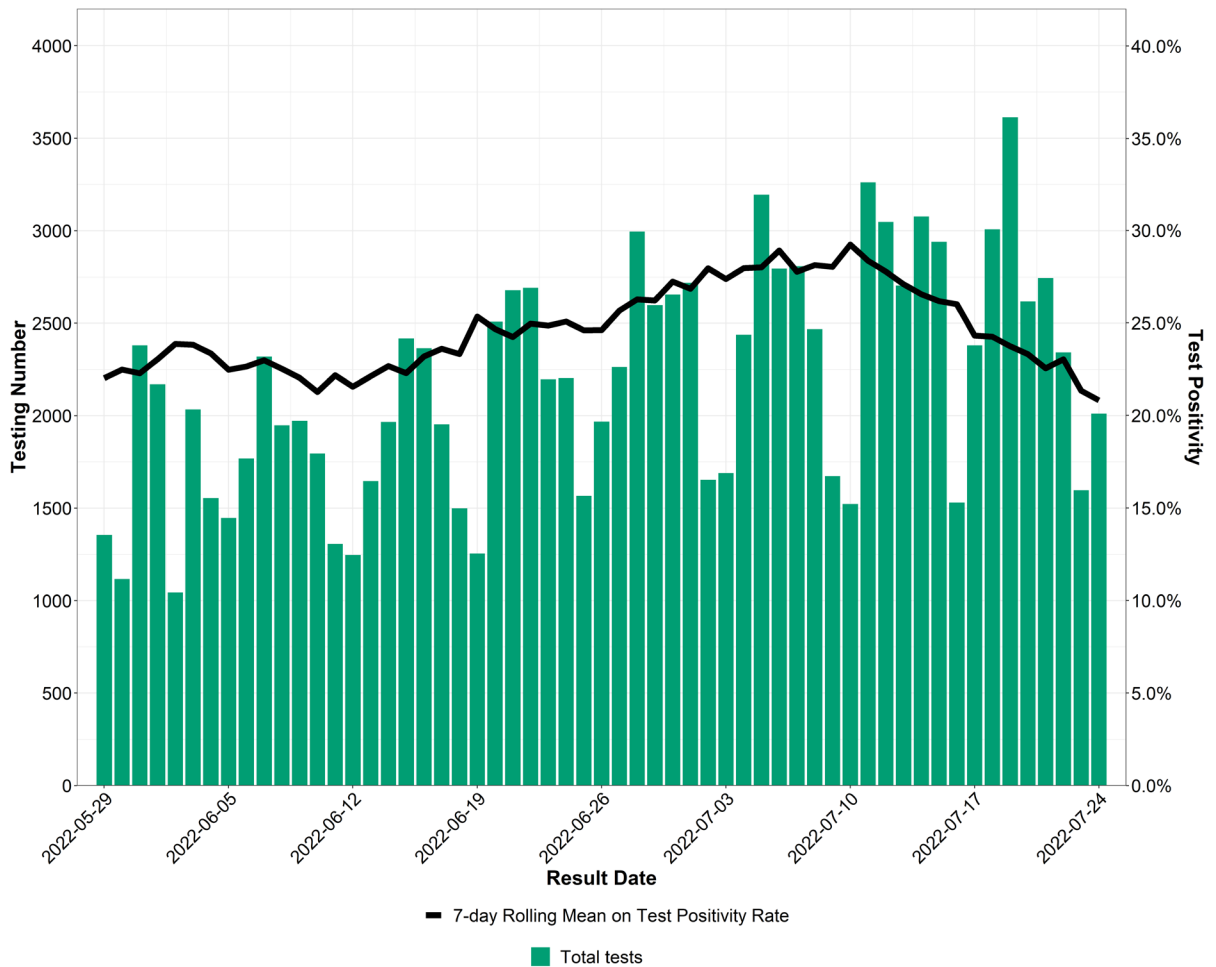


Figure 2: Number of Tests by Result Date (with 7-day Rolling Mean on Test Positivity Rate) – 29 May to 24 July 2022



Omicron BA.4 and BA.5 sub-variants

Whole Genome Sequencing (WGS) on tested case samples suggests that the BA.5 subvariant is now the predominant strain in the ACT. In the week ending 24 July 2022, 92 per cent of sequenced samples were confirmed as the BA.5 subvariant. This reflects the rapid increase in the predominance of this subvariant, as the proportion of BA.5 detected samples tested in the week ending 26 June 2022 was only 33 per cent.

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, hospitalised cases, deaths and a small proportion of other community cases.

The World Health Organization reports that the BA.5 subvariant continues to drive an increase in cases, hospitalisation and ICU admissions globally.³ In the ACT, the rapidly growing prevalence of this subvariant appears to be driving the recent wave of infections. This subvariant has greater levels of immune escape for people who have been vaccinated or previously infected with COVID-19.

Against this background, the situation for the ACT continues to remain very uncertain, with ongoing high case numbers possible over the coming weeks, with ongoing pressure on our health and hospital systems.

Current Public Health and Social Measures

Most Australian jurisdictions are continuing to ease PHSM and TTIQ measures, with states maintaining low level measures that are largely consistent with the ACT.

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. The PHSM in place target protections to vulnerable Canberrans and people engaged in high-risk settings as we adjust to living with COVID using COVID Smart behaviours. The COVID-19 situation has been and will continue to be carefully monitored and consideration may be given to reviewing PHSM should there be a deterioration of the ACT's situation.

³ <https://www.who.int/emergencies/diseases/novel-coronavirus-019/situation-reports> Coronavirus disease (COVID-19) Weekly Epidemiological Update published 20 July 2022, accessed 26 July 2022

RAT Distribution

With the end of the Commonwealth funded RAT distribution program for concession card holders on 31 August 2022, ACT Health is developing a RAT distribution plan that will enable concession card holders to access free tests across the ACT.

RATs continue to be supplied by ACT Health to the Community Services and Education Directorates for provision to disability and aged care providers and to schools during Term 3 on an as needs basis.

ACT COVID-19 Vaccination Program

Primary Vaccination coverage

The ACT's primary COVID-19 vaccination coverage remains exceptionally high at 97.4 per cent of eligible persons (5+) having received two doses of an approved vaccine.

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

As of 23 July 2022, 77.2 per cent of all eligible Canberrans (16+) had received their COVID-19 booster vaccination, comparing favourably to a national uptake of 71.1 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 become eligible. People may also be delaying their booster vaccination where they have recently recovered from COVID-19. As of 25 July 2022, there had been 185,633 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 and roll out 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

On 11 July 2022, the ATAGI changed their second (winter) booster recommendations. Everyone aged 50 or over were recommended to have a winter booster dose. People aged 30-49 years (inclusive) are also eligible to have a winter booster if they chose to. Prior to this a second booster dose was only 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.

Inclusion of additional persons in a second booster program is intended to reduce the net impact of respiratory illness on the tertiary public health system during winter.

As of 25 July 2022, 70,845 winter booster doses had been administered to eligible ACT residents (aged 30+). This includes 42.7 percent of people living in the ACT aged 50 years or older.

The ACT government continues to administer COVID-19 booster vaccinations and influenza vaccinations for people with disability and their carers at the Access and Sensory Clinic. The Access and Sensory Clinic provides free influenza vaccinations 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 23 July 2022) accounts for 69.6% 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.

Paediatric (6 months to less than 5 years) Vaccination Program

On 19 July, the Therapeutic Goods Administration (TGA) gave provisional approval for the Moderna COVID-19 vaccine for use in children aged from 6 months to less than 6 years. The intended dosing rate is for two doses at least 28 days apart. The ATAGI have not published recommendations for COVID-19 vaccination of children aged 6 months to less than 5 years. ACT Health is working with the Commonwealth COVID-19 vaccination program and local stakeholders in primary health care to facilitate the local administration of vaccine in accordance with any future ATAGI recommendations.

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.

Conclusion

The Omicron BA.5 subvariant is now the dominant COVID-19 variant in the ACT, accounting for 92 per cent of all sequenced samples. BA.5 has greater immune escape than previous variants and this applies to vaccine induced and natural (post infection) immunity to COVID-19.

ACT Health is continuing to work very closely with Canberra Health Services to monitor the impact of COVID-19 on our public hospitals. While there is no evidence suggesting that BA.4/5 subvariants are more severe at this point, ongoing high case numbers have seen commensurate increases in hospitalisation and ICU admissions. Indeed, since my last report,

the number of patients in hospital with COVID-19 has increased both nationally and within the Territory. COVID-19 patient numbers in ACT hospitals have at times exceeded 170 patients, placing sustained pressure on our healthcare system.

The immediate impact of the current wave of COVID-19 infections remains uncertain although there are early signs of stabilisation of case numbers and hospitalisations. The impact on our health system, including at risk settings, remains high and therefore targeted public health measures are required to protect people who use these services.

Further, the disability and aged-care sectors continue to be placed under significant pressure as we progress further into the winter season, with institutional outbreaks being reported at 12 residential aged care facilities and 27 disability support provider locations across the ACT.

Alongside COVID-19, ACT Health is closely monitoring and responding to new cases of influenza. In 2022, there have been more than 1,900 notifications of laboratory confirmed influenza made to ACT Health (to 27 July 2022). While the weekly notifications of influenza have continued to decrease over recent weeks, ACT Health will continue to monitor cases of influenza as there may be further peaks later in the season. Historically, the influenza season in the ACT lasts from June to October. The combined impact of COVID-19, influenza, and other respiratory diseases on the community has placed additional pressure on our health care system to date.

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.

Recommendation

As Chief Health Officer, I advise the Minister for Health that the public health emergency declaration be extended for 60 days. The ongoing public health risk that COVID-19 currently presents and the pressure that that the epidemiological situation is placing on our public health system and disability and aged-care providers makes this a proportionate response.

By extending the public health emergency declaration for a 60 day period, existing PHSM and TTIQ measures should be allowed to continue with ongoing monitoring to ensure that they remain proportionate.

The ongoing high number of cases due to the Omicron BA.5 sub-variant and the combined impact of respiratory illness on public health systems is expected to continue.

The continuation of PHSM and TTIQ measures will enable the ACT Government to limit transmission in high-risk settings and for people that are more vulnerable to adverse outcomes resulting from COVID-19. In particular, mandatory vaccination requirements for workers in aged care and disability care will be maintained for the duration of the public health emergency.

The epidemiological situation will continue to be carefully monitored over the coming weeks, with further advice to be provided on when it may be appropriate to move to a COVID-19 Management Declaration framework, following the passing of the Public Health Amendment Bill (No. 2) earlier in the year. In recommending a transition to a COVID-19

Management Declaration, it is likely that there will be a recommendation for certain PHSM and TTIQ measures to be eased at the same time, including for example remaining business and event restrictions and vaccination mandates, noting that I would not consider these measures to be proportionate at the conclusion of the public health emergency declaration.

I recommend an extension of the public health emergency declaration for a period of 60 days as the most appropriate mechanism for managing the current risk presented by COVID-19 and continuation of baseline PHSM and TTIQ mechanisms at this time.