

Dr Kerryn Coleman, ACT Chief Health Officer: Good afternoon, everyone. And thank you for joining us today for an update on the COVID-19 situation in the ACT. I think that many of you will have noticed that the amount of COVID 19 in the Territory and across Australia has been increasing in the last couple of weeks.

Here in Canberra, we are actually seeing more than a thousand new cases a day and weekly case numbers have increased significantly now for three weeks in a row. This increase has had important impacts across the Territory that I know are being felt by many of you.

This is adding to the co-circulation of winter viruses such as influenza and RSV. So it's not only increasing COVID numbers, but we see many people who have flu, respiratory syncytial virus as well as other colds.

But more COVID cases mean more people in isolation who can't fully participate in our society. And we know that this is reaching across our community from supermarkets to cafes, but also hospitals and our schools. And we are all feeling the effects of the increase in COVID-19 cases. And we are all tired of it.

Business and employers are dealing with record numbers of staff being sick and unavailable for work. We see everyday the schools are being impacted by the larger numbers of teachers and support staff who are off due to illnesses. We know that our health system is straining with the dual impacts, both of increasing numbers of sick people who need our care, but also increasing number of staff who are unwell who actually can't be at work.

But unfortunately, we do expect this current wave to continue to build over the coming weeks, which will place further pressures across the Canberra community, but also our health system. This current wave of COVID-19 is being driven by the rise of the BA.4 and/or the BA.5 Omicron subvariants, which are quickly overtaking our previous subvariants.

And as you've probably heard, these subvariants are escaping some of the immune defences that we have developed to COVID-19, making them more transmissible than we've seen before. Modelling does show that daily COVID-19 case numbers are expected to continue to increase across Australia over the coming weeks.

And these numbers are not expected to peak until later this month or early next month, during which time we could be seeing more than 2,000 or even 3,000 cases a day just here in the ACT. And this is happening at a time that we are also seeing those other viruses in the community circulating.

But there is some good news in that there are things that we can do to help limit the spread of the virus and other respiratory illnesses and also minimise the impacts on our community. But we know what these are and we've talked about them before and we have actually in Canberra been doing a really good job of these things.

So we just need to keep doing them again. As a community we have worked really hard to get back to a relatively normal way of doing things where we can safely enjoy all the things that we love.

And now is the time to refocus these efforts.

We need to use our COVID Smart behaviours again to continue to help protect our community as this new wave approaches and makes its way through Canberra and Australia. But we are coming into a very challenging period and we really need everyone to be serious about this.

We need to face this challenge head on as individuals and as a community. We are not currently looking at mandates which, as I've said before, we only want to use when we absolutely have to. But I am strongly urging everybody to do what you can to help minimise transmission and the impacts of COVID-19. These actions that we all, as individuals, groups and businesses can take include firstly vaccination. Please make sure you are up to date with your COVID-19 and influenza vaccinations.

Being up to date with your COVID-19 vaccination means you are less likely to experience severe illness, less likely to be in hospital, less likely to end up in the intensive care unit, less likely to end up on a ventilator and in the worst cases, less likely to die if you do get an infection with COVID-19. Based on the announcements that were made last Friday, more Australians are now eligible for their second booster or winter dose.

Anybody aged 30 or over can now get a second booster dose if it has been 12 weeks since your last booster dose or most recent COVID-19 infection. Please check those details on the website.

Secondly, get tested. Stay at home if you have any symptoms, no matter how mild. This message has not changed and get tested for COVID-19.

What has changed is the reinfection period. This has been reduced for people who have had COVID from 12 weeks to 28 days and this will formally come into effect using public health directions from midnight tonight.

What this means is that people can be reinfected with the virus as early as 28 days following a previous infection. So please don't ignore symptoms during this time. Act on them.

Thirdly, be prepared. Know if you would benefit from antiviral treatment. Know what COVID-19 treatments are out there and may be recommended for you or your immediate family members.

And I'll just remind everybody what the updated eligibility announcements that were made yesterday. All Australians aged 70 years and over are now eligible for this treatment. If you test positive to COVID-19. Also eligible are people aged 50 years and over and Aboriginal and Torres Strait Islander people aged 30 years and over. if you have two or more risk factors for severe disease and also immunocompromised people over 18 years of age.

All of these people are at greater risk of severe illness if they do get COVID-19.

So please check our website to see if you are eligible before you get an infection. Next time you speak to your health professional ask them what treatments and come up with a plan. Fourthly, we need to continue to protect our community members most at risk of severe illness from COVID.

Please don't attend those high risk settings such as healthcare, aged care and disability settings if you have symptoms of COVID-19, no matter how mild those symptoms are. Just remember we know that people over the age of 65 years are at greatest risk of severe COVID illness, and we are already seeing the number of cases as well as hospitalisations in this age group start to increase again.

So let's help protect them by not visiting when we have any symptoms present and wearing a mask.

Am I up to five? Mask wearing – please wear a mask outside of your home when crowded indoor settings and on public transport. You don't need me to mandate a mask to wear it, so please keep doing that.

Hygiene - remember your vigilance about hand and respiratory hygiene.

And finally, working from home.

If it is possible for you to work from home, do this. But I know that this may not be possible for many of you.

So do continue to attend your workplace if you need to but be extra careful about using those COVID Smart behaviours.

So these are all important actions that I really implore everybody to continue to take to minimise the impact of COVID-19 and protect our community.

So my four key messages today, to reiterate are please be up to date with your vaccinations, whether it be a second dose for our five to 11 year olds, our third dose or first booster for anyone over 16 and then a fourth or second booster for those at greatest risk.

Secondly, know what treatments you might have available to you if you test positive.

Thirdly, stay home and get tested if you have any symptoms. Previous infection will not protect you from this wave of COVID infections.

And fourthly, wear a mask when you can't physically distance from others.

The coming wave of COVID-19 infections is serious, and we all need to work together to protect ourselves, our family members and our community.

Thank you for listening today, and I'm happy to take any questions.

Thanks.

Reporter: Dr Coleman. Months and years past, when we were in here every day receiving COVID briefings, the justification given for the restrictions was the need to vaccinate the community and get that immunity up within the community. If we now have new variants for which the

current vaccines don't do anything for, should we not have tougher restrictions or is this an acknowledgment that previous rounds of restrictions were overkill?

Kerryn: Well, interesting question. I don't agree with the fact that vaccination is not having impact on this particular wave of COVID. We know that with waning immunity, there is decreased impact of vaccination on infection risk.

But actually, current vaccination is holding very up well, up very well to serious infection or serious outcomes. So we know that our vaccination program has been predicated and focused on protecting those at greatest risk and reducing serious illness. It does continue to do that, so that continues to be an appropriate and proportionate response at the moment in where we are.

Reporter: Moving to reintroduce restrictions. Then why is it still important that we know how many cases of COVID there are in the community?

Is it time to stop those daily reports of cases?

Kerryn: I think there's a really good argument for that. And if people would like to call for potentially stepping back on providing daily advice, we would be more than happy to consider it.

Our focus remains on the impact that it has on our health systems and monitoring those infections that are occurring in those highest risk to make sure that our interventions are reaching those people who they need to

Reporter: When you say not currently looking at mandate, that implies that you haven't ruled out future.

Kerryn: I don't think I could ever rule out reintroducing a mandate. We don't know what's around the corner.

As we've seen, COVID-19 has been quite an unpredictable and uncertain virus to deal with. What I do know is that our situation has changed, that we have excellent vaccination coverage and that is helping us to protect those at severe disease and minimising impact in the health system.

So the reasons for our mandates and our really strong public health measures has changed. But I would never say never in this circumstance, but our framework and our considerations have changed.

In the new world of high vaccination coverage. The public health direction is updated tonight to refer to reducing the reinfection period down from 12 weeks to 28 days. So you can be a case and you can be a close contact of a case within 28 days of exposure.

As after 28 days of exposure as opposed to 12 weeks period, which is what we used to say. So that means that you will be considered a case in that period and you will have to undergo those requirements as well as if you are a household contact and you choose to return to work, you need to do those risk mitigation measures.

Reporter: The weekly EPI reports have been showing that the number of people who are being infected for a second or even a third time is increasing steadily.

With that change in advice, do you expect that number to spike? And do you have modelling about how many people are likely to now be testing positive for their second and third time?

Kerryn: It's really difficult to get the number of for our modelling to address that issue about how many of those are second infections, how many are becoming third infections.

And part of that is about our reason for doing our whole genome sequencing now is to make sure that we can identify a new variant that we might need to change our actions for. We will definitely see rise in case numbers, and the majority of those will be BA.4 and BA.5 as that becomes dominant

What I can't tell you and what we're probably not going to be able to tell you to any degree of certainty is how many of those will be second or third infections.

Reporter: You've said that the public doesn't need you to tell them to wear masks in order for them to wear masks. But walking around anywhere in Canberra, you'll say that most people are not wearing masks, be outdoors or indoors or in whatever setting.

So is there not some value perhaps in a mandate in that case? Because the messaging has been out there for a long time about the value of masks, but it's clearly not being heeded.

Kerryn: So we have a number of options to ourselves. We can make a recommendation, we can make a strong recommendation or we can mandate it.

Mandating it comes with a compliance action and it also comes with some really negative outcomes associated with that.

My feeling is more Canberrans will step up, recognise that we're heading into a serious part of this COVID experience and hopefully take on board the need to wear masks moving forward.

Reporter: Feel as though the state and territory response currently in urging mask wearing is at odds with the Federal Government's removal of support payments for people who say test positive and don't have access to sick pay.

Do you think that there's a bit of a discrepancy in how the two levels of government are approaching the pandemic currently.

Kerryn: What I do know is that we continue to work together as strongly as we can. Both AHHPPC still mates very strongly and both jurisdictions and Commonwealth are represented on that forum.

I know that health ministers meet regularly for secretaries as well as I'm not sure if we're still calling it National Cabinet, but certainly our first ministers are all meeting.

We're all trying to achieve the same outcome, and we're all trying to make sure that those risk mitigations and strategies align where possible.

Reporter: Can we talk about numbers a little bit?

What is your modelling telling you about the number of cases, COVID cases that we might end up seeing within the community? The number in hospitals at this point we've got well over 130 in hospital at this point.

Again, if we look back a year or two ago, we would have been losing our minds over that sort of number. How high could these numbers go?

Kerryn: Our estimates under our modelling have a lot of uncertain estimates. Many assumptions are very uncertain. What we think is that within the next four weeks, we may see up to 2,000 to 3,000 cases per day. So that's infections being notified through our PCR testing and our RAT testing.

Remember, though, we've talked about how we can only count those infections which are identified and diagnosed. So we need people to continue to test so that we can get an adequate representation of how much COVID is in the in the community.

As case numbers rise, hospitalisation numbers or number of people in hospital with COVID in a bed in hospital will rise as well, reflecting the prevalence of COVID in the community. So if we're at around 130, I think it might be 135 today as well, that will climb as we see our community prevalence climb, we might get up to 160, we might see 200 people every day.

That's not new cases, that's every day a bed being occupied by someone with COVID. This is why we really need everybody to come on board, get your treatments, get your vaccination, wear your mask.

So we actually have Dave Peffer here from Canberra Health Services who's happy when you're finished asking questions of me. He'll come up and answer hospital related questions.

Reporter: I guess knowing about the prevalence of COVID in the community, what's the wastewater reporting currently telling us about how high that prevalence might be in terms of unreported cases?

Kerryn: So we've never been able to get an estimate from our wastewater in terms of how adequately our actual numbers represent what degree of community transmission is in the ACT and New South Wales, we've only really used that to detect where COVID might be entering, so we're not able to use that method here.

Reporter: When it comes to restrictions or mandates, masks, things like that. So you never can say

never with that sort of thing. What would be some of the triggers to reintroduce some forms of restrictions or mandates.

Kerryn: So one of the biggest or most important triggers for me would be the re-emergence or emergence of a new COVID variant, which was very severe. So if we saw a COVID variant that was much more severe than we saw with Delta variant, I think right back at the beginning and we actually had people not just in hospital with COVID, but for COVID, so many more people who are actually really sick.

And our ICU use were actually very, very high numbers of people who were very sick. Then we would need to look at seriously reducing transmission and seriously reducing the number of people who are sick with COVID. That is the most standout issue that we need to monitor for.

Reporter: Is there modelling about what deaths would look like?

I know it's difficult because our daily death counts are never particularly high, but do you know where they might go?

Kerryn: I can assume that we will see a little bit of a rise in deaths because we will probably see the proportion of deaths as per case counts stay about the same

Thank you.

Reporter: Thank you. Yes. And questions for Dave Peffer.

Kerryn: Thanks, everyone.

Dave Peffer, CEO, Canberra Health Services: Good morning.

Reporter: How's the hospital system going to cope with this surge? Mr Peffer

Dave Peffer: Well, there's no doubt the system's under increasing strain at the moment. We've seen chronic workforce shortages now for some time and this hasn't been a local characteristic of the health system. This is something nationally and globally that hospitals around the world are facing an increasing challenge.

And so for us day to day, we do see dislocations in the care that we're providing. And each day we take operational decisions to effectively redraw the bounds of the care that we provide.

The focus is always on preserving patient safety and workers workforce safety as well.

Reporter: [Inaudible]

Dave Peffer: Hmm. Well, we started this morning Canberra Hospital with 30 of our treatment spaces in the emergency department offline. So we had workforce shortages in there. That meant we had to deactivate 14 treatment spaces and then we had 16 bed block patients who were waiting for a bed in the hospital system.

We have been facing discharge delays into aged care and a range of other settings. And so when you take 30 treatment spaces out of a 90 treatment space emergency department, that gives you a sense of the sort of constraints that the team is working under day to day.

And you know, for us that means that we continue to triage and prioritise care. So those presenting requiring emergency care or urgent care will receive that safe treatment. But for those who perhaps don't need to be in the emergency department, and we do see people presenting each and every

day and it might be people presenting with a condition that they've had symptoms for a number of months, you know, it's probably not an emergency condition that requires immediate treatment in an ED.

And so for some Canberrans turning up to our emergency department, that does mean at the moment very lengthy waits. And that's certainly not something that we think is ideal at all. And we acknowledge the impact that has on the patients but also on the workforce as well that's there trying to do the best that they can under some very challenging circumstances.

Reporter: How many hours of people waiting.

Dave Peffer: Well, depends on the circumstances, but people could be spending anywhere north of four hours sitting in the waiting room waiting to be to be seen.

Now, that's always post triage. So we do have a team that triages and assesses how urgent is the care that a patient will need to receive. And then they make those prioritisation decisions day to day.

But it's broader than the emergency department as well. You know, surgeries under a lot of pressure.

We've had a big weekend. We continue to retrieve significant numbers from the snow. There's a lot of people on the road due to school holidays. So we've got high velocity trauma coming through. And, you know, we started the morning this morning with 90 hours of emergency surgery with 50 available in the book so as not to disrupt you know our critical category one and category two elective surgeries so the system's straining under the pressure it's standing up but it does impose a cost I think on the workforce and certainly on our patients who are having that delay in the treatment they're receiving.

Reporter: When might the Garran Surge Centre be used as just that a surge centre?

Dave Peffer: At the moment the Garran Surge Centre is still quite busy. So you're probably aware that it's been activated as essentially a COVID-19 walk-in centre. So the equivalent of a walk-in centre for those who are confirmed positive. And it's doing quite a busy trade with the numbers that we're seeing at the moment, the prevalence of the virus in community, it's actually relieving some of that pressure that otherwise would be presenting to the emergency department.

So at this stage it's performing quite a critical role for us in the health system. Having said that, you know, nothing's off the table and if at a point in time we do require we are required to activate that facility and operate it as something different be it an emergency department or something else, we will take that decision.

Reporter: The situation at the hospital. Sounds pretty troubling. How much longer can you keep going given it's going to get worse now?

And from your perspective, would reintroducing restrictions in the community help to slow some of the demand on your end?

Dave Peffer: Look, that's right. I mean, the system is under a lot of pressure at the moment, but it is holding up and the reason it's holding up is because of the thousands of dedicated healthcare workers who turn up each and every day, notwithstanding chronic shortages in the workforce.

Basically what happens at an operational level each day is we make the decisions to keep the service safe. And that might mean shortening operating hours of certain services.

It might mean deferring procedures or specialist clinics if we can't safely run them to ensure that we can continue to provide that critical care, recognising we are a trauma referral centre for the region.

So we're not just caring for ACT patients, it is for the region. And we continue to see some of that pressure in our intensive care unit as well. I think three of our patients at the moment, COVID positive patients in ICU are from New South Wales. So we are certainly seeing that pressure from the region.

How long can it stand up? Well, look, we will come through the other side of winter, but it will come at a cost and the cost will be the time delays and time delays aren't free in health care because the other side of that time delay is a patient and a family that's been waiting for care might be a patient who has mobility challenges or they've been living with chronic pain and so preached decision that we make. We, we recognise that there's a cost that comes with that.

And Doctor Coleman made the point that we're at a stage in the pandemic where everyone has a role to play.

And we firmly believe that as well and you know, acting early, particularly if you're eligible for treatments.

We continue to treat a number of quite elderly patients who would be eligible for oral antivirals but haven't received it, ensuring you are up to date and vaccinated and wearing a mask in the situations that Dr Coleman has just outlined, I think is what everyone in the community can do to keep themselves safe, but also to ensure that our health system continues to provide care to those who need it most.

Reporter: With acting early being so critical, are you at that point where you're looking seriously at shutting down clinics, cancelling elective surgeries to try and get ahead of this wave

Dave Peffer: Yeah well we're not looking at it, we're doing it day to day. And we've been doing that for some months now.

To give you a bit of context in terms of the challenges that we've been facing in the last three months. We had 18,000 days of COVID leave in our health service that we had to carry. 18,000. That doesn't include influenza, respiratory viruses, any sort of other impacts to the workforce, other types of leave, just COVID leave and that places a pretty big strain on those who are left to carry the service in and keep those services running.

So day to day there are impacts on elective surgery. I'd be surprised if we get through a full week without at least one day impacted in terms of elective surgery, throughput or any of our procedures that we offer. It would be months now since we've got through a full week without having to cancel or defer specialist clinics across a range of specialties. And each week we will see different parts of the workforce that are that are impacted in particular. And we have to adjust and we've got to make decisions and I guess we're always grateful that the workforce is there to back the system and the service and ultimately to provide the care to the patients.

Reporter: At any one time. What kind of order of magnitude proportion of the staff will be offered?

Dave Peffer: Well, that number moves up and down but to give you a rough indication, we're actually quite a precise indication of where we're at. As of this morning, 1 in 4 of our junior medical workforce is not at work.

Reporter: What is the junior medical world?

Dave Peffer: So we're talking about hundreds of doctors in that particular workforce. But I guess if you scale that out to right across the health system at any point in time, we have many hundreds of team members who are off for COVID, but also then we've got annual leave and we have encouraged people to continue to take their annual leave. People do need to recharge. They've been running pretty hard now for a number of years.

Reporter: I know you've answered this but if you're in this kind of strain and you're about to see a tripling of the cases per day, why are you so confident that you can cope if it's a breaking point now and you're about to see a huge increase? Because that's the kind of system that.

Dave Peffer: Look it will, the system will cope. But as I say, as I said before, it will come at a cost and the cost will be the time penalty. That is imposed on the patients. And the costs will also be the increasing strain on the workforce that carries us through the coming months. So the service levels we're maintaining today, if we see a tripling of case numbers, that will markedly change. People can expect that the health service that's available here in the Territory will markedly change to reflect that growing burden of disease in the community that we'll need to respond to.

Reporter: Can you give us a rough estimate of 135 or so people in hospital today with COVID how many of those people are there due to their COVID and how many are simply there for another reason?

Dave Peffer: Yeah, look, that's, that's a very, very hard number to come up with. And all jurisdictions around Australia haven't been able to agree on the precise definitions of doing that.

But the patients we've got in hospital today 66 of those are currently active cases, 70 are cleared. Then if you looked at the 66 who are admitted, who are active cases, there would be a share of those that are incidental. So of the five who are in ICU at the moment, for example, two of those are cleared cases. They're no longer COVID positive, both of them being surgical patients who are in full for procedures.

So look, I can't put a definite number on that for you. Suffice to say that as the case incidence grows in the community, the number of incidental COVID patients we carry will also grow.

Reporter: As numbers in ICU. The really the critical ones there for you, COVID patients, because we're probably going to get to a point, we're going to see more and more patients who are presenting with multiple complications, not just COVID. Is that the number you're really looking at those ICU numbers, which fortunately appear to have stayed fairly low despite the large fluctuations in case numbers overall?

Dave Peffer: Look, it is a really good indicator of the severity of disease. And I think what's turned that around here, but also nationally, has been the commitment to the vaccination rollout and the community actually backing it up and the incredible rates of vaccination that we've seen here locally in terms of severity of disease, I mean, of those who've been hospitalised ended up in ICU and on a ventilator.

So we're talking about the sickest of the patients who come into the Territory's hospital. 39% have been fully vaccinated, the rest have not. So that should give you a pretty good indication of severity of disease and what potentially sits behind that. And the good news being that people can go out and get vaccinated.

Reporter: So I'm going to throw 60% of the people in ICU for not being vaccinated,

Dave Peffer: 60% of those who've been ventilated in ICU. So we're talking about those requiring respiratory support that's correct.

Reporter: Thank you, Mr. Peffer.

Dave Peffer: Thank you.