

Chief Health Officer Advice – Public Health (Ministerial) COVID-19 Management Direction and Exemption 2022 (No.2)

I, Dr Kerryn Coleman, Chief Health Officer of the Australian Capital Territory, provide the following advice to the Minister for Health on the Public Health (Ministerial) COVID-19 Management Direction and Exemption 2022 (the Ministerial Direction) as required under section 118T of the *Public Health Act 1997* (the Act).

Scope of Public Health (Ministerial) COVID-19 Management Directions

The Act establishes a regulatory framework for protecting the public from risks to public health presented by COVID-19.

The Executive may make a COVID-19 management declaration where there are reasonable grounds for believing that COVID-19 presents a serious risk to public health.

While a COVID-19 management declaration is in force, the Minister for Health may make a direction (a Ministerial direction) in relation to one or more of the following:

- a) preventing or limiting entry into the ACT or an area in the ACT;
- b) regulating gatherings, whether public or private;
- c) requiring the use of personal protective equipment;
- d) regulating the carrying on of activities, businesses or undertakings;
- e) requiring the provision of information (including information about the identity of a person), or the production or keeping of documents.

The Minister may only make a Ministerial direction if satisfied it is necessary to prevent or alleviate the risk presented by COVID-19.

Advice to the Minister for Health on the proposed Ministerial Direction

Current epidemiological situation in the ACT

The number of reported COVID-19 cases in the ACT community has continued to decline, following an earlier peak in reported community transmission during the Winter months. Transmission peaked in the week ending 3 July 2022, when there were 8,068 new cases reported and the 7-day rolling case mean (Polymerase Chain Reaction [PCR] and Rapid Antigen Test [RAT], combined) was 1,020-1,080 cases per day. In the week ending 2 October 2022, the reported number of new weekly cases was the lowest recorded for 2022 with 560 new cases reported and a 7-day rolling case mean (PCR and RAT, combined) of 75-85 cases per day.

Similarly, hospitalisations decreased following a peak in numbers in mid-July 2022. As at 4pm on 2 October 2022, there were 57 inpatients affected by COVID-19 across ACT hospitals and none of these inpatients were admitted to ICU. This compares with a total of 171 inpatients across ACT hospitals affected by COVID-19 at 8pm on 17 July 2022. ICU admissions remain low and stable, despite COVID-19 infection of hospital inpatients placing a sustained level of pressure on our healthcare system. There have been a total of 126 lives lost since the start of the pandemic.

Using PCR testing data, the test positivity 7-day rolling mean for the week ending 2 October 2022, was an average of 6 percent, down from a peak of greater than 20 percent in July 2022. The reduced positivity rate is coupled with a reduction in the total number of PCR tests conducted to 3,871 in the week ending 2 October 2022; compared with 4,916 tests in the previous week. This is expected as ACT Health has adopted a policy of prioritising PCR testing for people attending testing sites who are likely to be at higher risk of severe disease e.g., older persons. All other attendees are offered RATs for self-administration and online reporting.

The number of active outbreaks being managed across the Territory has also decreased following my last report. In the week ending 2 October 2022, there were two active COVID-19 outbreaks in ACT Residential Aged Care Facilities (RACFs). This compares with four active COVID-19 outbreaks in the previous week and six active COVID-19 outbreaks in RACFs in the week ending 11 September 2022 (when I provided my last advice).

While this is reassuring, it is anticipated that community immunity to the Omicron Variant of Concern (VoC) will wane following COVID-19 infection and/or vaccination. In the week ending 2 October 2022, 15 percent (82/560) of new cases reported were in individuals who had previously reported an episode of COVID-19 to ACT Health. This is an increase from 9 percent of all new reported cases in the previous week. The proportion of ACT residents who experience multiple episodes of COVID-19 is expected to increase over time as immunity wanes; although it is too early to conclude that this data reflects waning or is simply due to short-term data fluctuations. ACT Health continues to monitor the situation.

Omicron BA.4/5 subvariant

Whole Genome Sequencing continues to be prioritised for cases from outbreaks in high-risk settings, recently returned overseas travellers, hospitalised cases, deaths and a small proportion of other community cases. Sequencing demonstrates that BA.5 remains the dominant variant in the ACT, accounting for almost all samples tested.

In the week ending 2 October 2022, the ACT detected the BQ.1 Omicron VoC for the first time in an individual that had not recently returned from overseas, indicating that local transmission had occurred. It remains to be established internationally if BQ.1 has any growth advantage over BA.5.

Vaccination

There has been little movement in vaccination rates since my last report. Vaccination rates among ACT residents remain high, although the uptake of booster doses has not matched the extremely high coverage for primary vaccination coverage of 95 percent of eligible persons (5 years and older).

As at 2 October 2022, 78.3¹ percent of all eligible Canberrans (16 years and older) had received their COVID-19 booster vaccination, comparing favourably to a national uptake of 72.2 percent.²

As at 2 October 2022, 28.4³ percent of Canberrans (16 years and older) and 59.7 percent of Canberrans (50 years and older) had received a second COVID-19 booster vaccination or fourth vaccine dose. Estimates of the number of individuals that qualify for a second booster dose are not available. This dose is recommended for people (16+) at higher risk of severe disease and older persons (50+). People aged 30 years and older may also choose to have this vaccine dose.

Children aged 6 months to less than 5 years that are at high risk of severe disease from COVID-19⁴ are eligible for vaccination. The number of children in this age group eligible to receive the vaccine is small. ACT Health does not routinely report on uptake of the vaccine among this age group.

Public health benefit of face mask requirements in high-risk settings

Despite having one of the highest vaccination rates in Australia, the current epidemiological situation in the ACT suggests that community transmission of COVID-19 will remain. Immune escape associated with both natural and vaccine induced immune responses for recent COVID-19 variants is a significant contributing factor.

Public Health Social Measures (PHSMs) have been eased in the ACT to align with the National COVID-19 Response and surrounding jurisdictions, where appropriate. The Australian Health Protection Principal Committee continues to recommend the use of face masks when visiting hospitals and health care and aged-care settings.⁵

In its most recent statement on 8 September 2022, relating to reduced isolation periods for COVID-19 cases, the AHPPC reiterated the importance of ensuring the continued protection of those most vulnerable to severe illness from COVID-19, especially in settings where there is increased risk of outbreaks occurring⁶.

Consistent with this advice, the ACT COVID-19 Response remains focused on minimising transmission and outbreaks in high-risk settings as people in these settings are often more likely to experience severe disease and poor health outcomes should they contract COVID-19⁷. Protecting people who are at higher risk of severe disease and reducing the risk of outbreak in high-risk settings

¹ Daily vaccination figures produced by ACT Health, calculated on 2 October 2022 using data from the Australian Immunisation Register.

² [Vaccination numbers and statistics | Australian Government Department of Health and Aged Care](#), data calculated on 5 October 2022 using data from the Australian Immunisation Register.

³ Ibid. ACT Health, calculated on 2 October 2022.

⁴ ATAGI (2002). ATAGI recommendations on COVID-19 vaccine use in children aged 6 months to <5 years. Released 3 August 2022. Retrieved from: <https://www.health.gov.au/news/atagi-recommendations-on-covid-19-vaccine-use-in-children-aged-6-months-to>

⁵ AHPPC (2021). *AHPPC Statement on the role of face masks to protect individuals and the community from COVID-19*. Published 15 November 2021. Retrieved from <https://www.health.gov.au/news/ahppc-statement-on-the-role-of-face-masks-to-protect-individuals-and-the-community-from-covid-19>

⁶ Australian Health protection Principal Committee (AHPPC) *Statement on reduced isolation period for COVID-19 cases*. Retrieved from: <https://www.health.gov.au/news/ahppc-statement-reduced-isolation-period-for-covid-19-cases>

⁷ Communicable Diseases Network of Australia, Australian Government Department of Health, *Coronavirus disease 2019 (COVID-19) Series of National Guidelines version 7.0*, published 3 June 2022 [https://www1.health.gov.au/internet/main/publishing.nsf/Content/7A8654A8CB144F5FCA2584F8001F91E2/\\$File/COVID-19-SoNG%20v7.0.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/7A8654A8CB144F5FCA2584F8001F91E2/$File/COVID-19-SoNG%20v7.0.pdf)

that provide care to these cohorts should continue to be a priority for the public health response.

Against this background, I recommend that face masks continue to be mandated for staff and visitors entering high risk settings, including hospitals, residential aged care facilities, and residential accommodation facilities and at in-home settings where older persons and people living with disability require frequent, close personal care. COVID-19 is spread by close contact with an infectious person, contact with droplets from an infected person's cough or sneeze, or touching objects or surfaces that have droplets from an infected person and then touching one's mouth or face.⁸

I acknowledge that employers and facilities can implement face mask requirements through work health and safety policies. However, implementing such requirements through a Ministerial direction will ensure there is consistency in application across identified high-risk settings. It will also provide people at higher risk of severe disease and operators of affected settings with certainty that all staff and visitors will adhere to this important public health measure. This is particularly important when the high-risk services being targeted in the ACT are essential in nature.

I therefore consider that the current epidemiological situation makes requiring visitors and staff to wear a face mask when in a setting as currently defined in the Public Health (Ministerial) COVID-19 Management Direction 2022 (No.2), to be proportionate and necessary to mitigate the public health risk. Consideration over the coming weeks will need to be given to the transition of these requirements away from Public Health Directions and into policy settings with the transition to endemic management of COVID-19. Enabling operators to determine their own policy settings will provide additional flexibility for application across each setting. However, it is important that this transition is undertaken in a cohesive manner.

Exemptions from face mask requirements

Exemptions from the requirement to wear a face mask should be considered on medical and compassionate grounds and any other grounds considered reasonable and appropriate by the Minister for Health. Persons should be permitted to temporarily remove a face mask in particular circumstances where wearing a face mask is not practical or proportionate, such as when consuming food, drink or medicine, receiving certain care, or in an emergency.

Face masks should not be required to be worn by persons under 12 years of age, or persons that have a physical or mental condition that makes wearing a face mask unsuitable.

Removal of specific requirements for diagnosed persons, recovered persons and household contacts

On 30 September 2022, National Cabinet agreed to end mandatory isolation and quarantine requirements for persons diagnosed with COVID-19 and their contacts. To maintain national consistency, the ACT will remove isolation requirements on 14 October 2022.

Following this decision, it is my recommendation to the Minister that specific mandates for diagnosed persons, recovered persons, and household contacts be removed. In my advice (dated 20 September 2022), I had previously recommended that these cohorts be required to wear a mask when leaving isolation or quarantine and when entering high risk and disability care settings. I also

⁸ Department of Health, *COVID-19 disease and symptoms: How COVID-19 spreads*, [COVID-19 disease and symptoms](#) | [Australian Government Department of Health and Aged Care](#)

recommended that these cohorts be prevented from entering a high-risk setting without first being granted written permission from an operator of the facility, for seven days following a COVID-19 diagnosis.

At this stage of the pandemic, the public health response is focused on working towards managing COVID-19 in a way that is like other endemic diseases. This means taking measured steps away from a government intervention framework that mandates public health measures, instead providing strong public health advice to the community about behaviours that reduce the risk of COVID-19 infection and transmission. Following an earlier reduction in the length of isolation for diagnosed persons, the ACT has continued to experience a sustained reduction in the number of reported COVID-19 cases in the community. The ACT should therefore continue to strongly recommend that ACT residents adopt COVID Smart behaviours, like staying at home if unwell and wearing a facemask in certain situations. I believe that the improving epidemiological situation means that it is no longer proportionate to mandate mask wearing for diagnosed persons, recovered persons and household contacts, but rather provide strong recommendations.

When providing my last advice, I recommended that recovered persons and household contacts be prohibited from entering high risk settings without first being granted written permission to do so by the facility operator. This enabled operators to formally consider risk mitigation measures prior to granting access when a person had recently recovered from or been exposed to COVID-19.

At this stage of the public health response, I consider that operators of high-risk settings have been provided with sufficient time to enable appropriate staff and visitor screening and onsite public health social measures to be included as part of their standard work health and safety practises. ACT Health will continue to provide public health advice and support to operators of these settings. However, the improving epidemiological situation, high vaccination rates and access to oral antiviral treatments that improve health outcomes for people at high risk of severe disease, mean that it is no longer proportionate to restrict staff and visitor access to these settings under the *Public Health Act 1997*.

Removal of places of detention from high-risk settings

To date, places of detention have been considered high-risk settings due to the congregate living situation and proximity of detainees, other residents, and staff employed to support them. However, at this stage of the pandemic, I am satisfied that places of detention are no longer considered high-risk settings for the purpose of COVID-19 management. Throughout the pandemic, the ACT has experienced some outbreaks at places of detention. However, these have been appropriately managed, and transmission contained by facility operators, with support provided by Justice Health. Residents of these settings have not experienced more severe outcomes associated with outbreak. I therefore no longer consider it proportionate to include places of detention in public health directions.

ACT Health will continue to provide relevant advice and support to places of detention, as and when required.

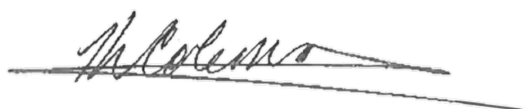
Recommendation

Based on the advice above, it is my recommendation that the Minister for Health enacts the Public Health (Ministerial) COVID-19 Direction 2022 (No.2) to give effect to face mask requirements in high-risk settings. There remains a need to ensure the continued protection of those who are most vulnerable to severe illness from COVID-19, particularly in settings where there is increased risk of outbreaks occurring. I therefore recommend that facemasks continue to be required for all staff and visitors to high-risk settings and standing exemptions be maintained.

Further, it is no longer necessary to include places of detention within the scope of the definition of a high risk setting. Facility operators have responded appropriately to onsite COVID-19 outbreaks throughout the pandemic and residents of these settings have not experienced more severe disease outcomes associated with these outbreaks.

I note that National Cabinet has decided to remove isolation and quarantine requirements, with effect from 14 October 2022. I also recommend that specific requirements for diagnosed persons, recovered persons and household contacts to wear a facemask following COVID-19 infection and to limit entry to high-risk settings no longer continue. Instead, operators of high-risk settings should continue to be encouraged to adopt appropriate public health social measures as part of their work health and safety practises.

These recommendations represent a relaxation of the public health restrictions currently in place under the Public Health (Ministerial) COVID-19 Direction 2022 (No. 1). I am therefore satisfied that formal consultation with the Human Rights Commissioner under section 118Y of the *Public Health Act 1997* is not required on this occasion.



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ACT Chief Health Officer

12 October 2022

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