



Your Ref:
Our Ref:
Contact:

The Honourable Mark McGowan MLA
Premier of Western Australia
13 Floor, Dumas House
2 Havelock Street
WEST PERTH WA 6005

CONTROLLED BORDER CONTROLS IN WESTERN AUSTRALIA

Dear Premier

On 12 March 2021, Queensland Health reported one locally acquired case in a medical registrar at the Princess Alexandra Hospital in Brisbane. The exposure event occurred during a shift at the Princess Alexandra on 10 March 2021. Whole genome sequencing identified the strain as the B.1.1.7 United Kingdom (UK) variant. Extensive contact tracing and testing identified 635 possible contacts for the registrar across a range of settings in the community (490 contacts) and the hospital (145 contacts). The investigation identified no further cases linked to the cluster.

On 26 March 2021, Queensland Health reported a locally acquired case in a 26-year-old male (Case 1). The case was symptomatic from 22 March 2021, but was assessed to be infectious from 20 March 2021. Whole genome sequencing confirmed the B.1.1.7 variant, which was identical to the registrar case from the Princess Alexandria hospital and the two linked overseas acquired cases. There was no history of exposure to these cases and it was believed that one or more intermediary cases had been missed in the community. There were multiple exposure sites visited while the case was infectious and upstream and downstream contact tracing was being undertaken.

In response, revised Directions were issued on 26 March 2021, based on my advice, that required any Queensland travellers who had entered Western Australia after 20 March 2021, and had visited the identified exposure sites during the relevant times, be tested immediately for COVID-19, self-quarantine for 14 days from the time they were at the high-risk location and undertake a day 11 test.

On 27 March 2021, Queensland Health reported that a close contact of Case 1, a 25-year-old male from Strathpine, had tested positive (Case 2). Further exposure sites were identified which this case had visited while infectious. After briefing the Emergency Management Team (EMT), I provided further advice to the State Emergency Coordinator (SEC) as follows:

- Effective immediately, all passengers arriving from Queensland should be required to get tested immediately (within 48 hours) and isolate until they have received a negative result. Any passenger who refuses to get tested should be required to self-quarantine for 14 days.
- As per previous advice, anyone who has been at the listed venues should be required to self-quarantine for 14 days and be tested immediately (within 48 hours) and at day 11.
- Anyone from the Brisbane area who did not visit the venues and has arrived from the 12-26 March should be advised to get tested if they develop any symptoms that may be related to COVID-19.

Airport testing was also arranged for both domestic terminals.

Late on 27 March 2021, serology confirmed that the brother of Case 1 was a historic case of COVID-19 (Case 0). It is believed that this person may be the intermediary between the Princess Alexandria medical registrar and Case 1 and Case 2; however, this is yet to be proven and further investigation is underway. Case 0 lives in a different household to the other two cases.

After briefing the EMT meeting on the afternoon of 27 March 2021, I provided further advice to the SEC as follows:

- All passengers who arrived today from Queensland should be advised that they will now be required to self-quarantine for 14 days and get tested at day 11. The previous advice that they were required to get tested immediately (within 48 hours) and isolate until they have received a negative result should be replaced by this advice.
- As per previous advice, anyone who has been at the listed venues should be required to self-quarantine for 14 days and be tested immediately (within 48 hours) and at day 11. Further venues from the second case should be added to the Directions to supplement those from the first case.
- Anyone from the Brisbane area who did not visit the venues and has arrived from the 12-26 March should be advised to get tested if they develop any symptoms that may be related to COVID-19.

On 29 March 2021, Queensland Health announced that two new community transmission cases, who were linked to the 25-year-old Strathpine man (Case 2), had tested positive. One of the new cases was infectious while in Gladstone between 25-28 March 2021, but both were now in quarantine. Two other cases were also identified - a nurse at the Princess Alexandria Hospital, who had last worked on a COVID ward on 18 March 2021, and her sister. Both had been in Byron Bay for a pre-wedding celebration between 26-28 March 2021. The Queensland Government also announced that Greater Brisbane would go into a three-day lockdown from 5:00 pm on 29 March 2021 and masks would be mandatory. This applied to the Ipswich, Logan, Redlands, Moreton and Brisbane council areas. Schools will close from 30 March 2021 and people in Greater Brisbane would only be able to leave their homes for essential reasons like grocery shopping, exercise, work and medical care.

A 22 December 2020 statement by the Australian Health Protection Principal Committee (AHPPC) noted the emergence of a new variant of the SARS-CoV-2 virus, the virus that causes COVID-19, in the United Kingdom. The variant (B.1.1.7) has rapidly become the dominant virus in the United Kingdom and is now being seen in most other regions of the world, including in North America, Europe and parts of Asia. An updated AHPPC statement was issued on 08 January 2021. The B.1.1.7 variant has been shown to spread more readily between individuals (transmissibility of between 35 to 70% in some studies) than previous SARS-CoV-2 viruses. There is also limited evidence that this variant may cause more severe disease. Fortunately, both the Pfizer and AstraZeneca vaccines appear to be effective against the B.1.1.7 variant.

The seeding of a single case of a more transmissible variant could have significant consequences. A strain with a 50% (or greater) increase in transmissibility could require much more stringent public health measures to control an outbreak. Modelling underway to assess the impact of the new variants, should they spread in Australia, supports rapid public health action to control such outbreaks.

Given the reported community cases and currently limited spread of the UK variant strain in Queensland, and its increased potential to spread rapidly through a susceptible population, the risk of importation of the B.1.1.7 variant strain, and the risk of developing subsequent community cases in WA should the strain be introduced, is now assessed as having moved from low to medium risk. Current modelling continues to show that WA, particularly in Phase 4B, remains the most susceptible to a major outbreak of all the States, only just surpassed by the Northern Territory, due to the increased numbers of people moving around in our society and the mixing between non-family groups. This susceptibility has continued to increase in recent modelling and is higher for the variants. On these grounds, it is recommended that changes be made to the controlled border arrangements to move Queensland from the Low Risk category to the Medium Risk category, as of 00.01 hours on 30 March 2021. All Queensland travellers will be restricted to those who have received exemptions. Exempted travellers would be required to self-quarantine in suitable premises for 14 days and to undertake testing on arrival and on day 11.

Given continuing changes in the epidemiology in other States and the situation in Western Australia, I am happy to re-consider the above advice should there be significant changes in the public health situation.

Yours sincerely

Dr Andy Robertson
CHIEF HEALTH OFFICER

29 March 2021