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Dear Premier

EASING OF CONTROLLED BORDER CONTROLS IN WESTERN AUSTRALIA – NEW ZEALAND

On 14 November 2020, based on my health advice, Western Australia (WA) implemented a new, safe and controlled border arrangement. The existing hard border exemption system was removed and replaced with a jurisdictional health risk-based threshold that allows for safe travel into Western Australia from interstate, subject to trigger points being met. Interstate travel is permitted into and around WA, depending on where travellers have come from and who they've had contact with in the 14 days prior to travel. They are also subject to conditions, including completing a G2G Pass declaration prior to entry.

Community transmission in other states and territories has been closely monitored and advice provided where any changes to WA borders were required to keep Western Australians protected. This arrangement has worked well and ensured that community transmission of COVID-19 has not occurred from an interstate arrival.

New Zealand (NZ) has been excluded from Western Australia's controlled border arrangement, with travellers arriving directly from NZ being considered international travellers, subject to the Australian Government's mandatory quarantine period of 14 days in a State Quarantine Facility. NZ travellers who enter Western Australia from other Australian States and Territories are currently considered to be in the Low Risk category, requiring home quarantine for 14 days and testing at Day 11.

A NZ 'travel bubble' has been established and managed by the Australian Government, which allows for travellers who have been in NZ for 14 days to travel by air to Australia and not undertake quarantine on arrival in certain jurisdictions. Western Australia had previously decided to not be included in this 'travel bubble' arrangement, as the agreement was not reciprocated for Australian travellers to NZ.

On 17 December 2020, I provided initial advice that the State Government may want to consider moving NZ from the Low Risk category to the Very Low Risk category. At that time, there had been several small outbreaks over the preceding 3 months in NZ, but, since 18 November 2020, no community cases had been reported for 28 days. I recommended that on or after the 22 December 2020, and subject to no further community outbreaks in NZ, NZ travellers who had arrived via another Australian jurisdiction, and had spent at least 14 days in NZ prior to arrival in Australia, should move from the Low Risk category to the Very Low Risk category. After subsequent announcements on the same day by NSW Health of a significant expansion of the outbreak in the Northern Beaches area of Sydney, and the requirement to reimpose border controls with NSW, this proposal was not progressed.

On 6 April 2021, the Right Honourable Jacinda Ardern, Prime Minister of New Zealand, announced that Australians will be permitted to travel to NZ and not required to quarantine from 19 April 2021. This will apply to persons who have spent 14 days in either Australia or NZ before travel and who arrive on a quarantine-free flight, or 'green flight', that only carries passengers who have been in Australia or NZ in the past 14 days. These flights must also be flown by crew who have not flown on any high-risk routes for a set period.

With community transmission now under control in Western Australia, the COVID-19 vaccination roll-out underway and robust testing and contact tracing arrangements in place, it is now appropriate to consider transitioning to a controlled border arrangement with NZ.

From a global perspective, NZ stands out regarding the efficacy of its approach to combatting the spread of COVID-19, having effectively eliminated the virus from its territory. The New Zealand Government's overall public health strategy is elimination of community spread, with a range of control measures in place to stop the importation and transmission of COVID-19 in NZ. I am confident that NZ has robust border control, case detection and surveillance strategies in place and an effective contact tracing and quarantine system.

Where community transmission of COVID-19 has occurred in NZ, swift action has been taken to contain the outbreak. The most recent community transmission case with an unknown origin occurred on 28 February 2021. In response to this, Auckland entered a lockdown for seven days and the rest of the country was subject to Level 2 restrictions, which restricted public gatherings and did not allow people who had been in Auckland in the previous 14 days to travel to Australia. Because of these actions, no further cases were detected.

On 22 March 2021, NZ reported a positive COVID-19 test result in a border worker at a managed isolation and quarantine facility. The case (Case A) was asymptomatic and identified through routine surveillance testing, a requirement of their employment. The case lived in a household of five. One household member initially returned a weak positive test result but repeat PCR and serological tests were both negative. This person was classified as a close contact and not a confirmed case. The remaining household members returned negative test results. Case A and the household

member that initially returned a weak positive test result were moved to a managed isolation facility. Remaining household members, and other close contacts for Case A, were required to self-isolate at home. Whole genome sequencing showed that Case A was infected with the B.1.1.7 strain of COVID-19, and was a close match to a person that had returned from overseas and was in the facility between 13 – 15 March 2021. All identified contacts have returned negative test results for COVID-19 to date.

It is noted that a case of COVID-19 has been reported today, 8 April 2021, by New Zealand. The case is a 24-year-old male hotel quarantine worker who had a sore throat for four days. The NZ Ministry of Health said an "urgent repeat test is being carried out today to give health officials a better understanding of this person's infection". It is understood that the man lived alone and travelled to work with a colleague. The colleague is currently self-isolating and will be tested. The country's Director General of Health has advised that there is currently no evidence of community transmission, but investigations are continuing.

I note that the actions taken by NZ in response to these cases is very similar to the actions taken by other jurisdictions of Australia, who are part of the Controlled Border arrangement. On this basis, I am confident that NZ is taking all the steps necessary to control and abate this outbreak; however, there remains a low risk that further cases may be detected over the next 5-7 days and may present up to 14 days after infection. Further contact tracing and testing over the next week will be critical in providing reassurance that there is no further community spread. As for other such recent cases in NSW and Queensland, such a diagnosis in a quarantine worker would not lead to an immediate change to border controls. However, evidence of further community cases may lead to recommended changes.

I recommend that New Zealand is included in Western Australia's Controlled Border arrangement and treated as any other jurisdiction. That is, subject to trigger points being met, persons arriving in WA, who have been resident in NZ for the preceding fourteen days, should be allowed to enter the State without the need to undertake mandatory self-quarantine in a State Quarantine Facility or at home. This arrangement should commence on or after 19 April 2021, when the new 'bubble' comes into force. I will continue to closely monitor community transmission in NZ and advise whether and when any changes to our borders are required to keep Western Australians protected.

I am happy to re-consider the above advice should there be significant changes in the public health situation.

Yours sincerely

Dr Andrew Robertson

CHIEF HEALTH OFFICER

08 April 2021

G O V E R N M E N T O F W E S T E R N A U S T R A L I A