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INTRODUCTION OF PHASE 4C IN WESTERN AUSTRALIA

Dear Premier

I am writing to provide advice regarding the introduction of Phase 4C of the COVID-19 Western Australian Roadmap. The implementation of border controls, hotel quarantine, public health measures, mass gathering restrictions, and physical distancing requirements has been highly effective in controlling the COVID-19 pandemic in Western Australia (WA). While all States and Territories have been effective in reaching the goal of no community spread, the re-introduction of COVID-19 into the WA community from international air or maritime travellers could lead to substantial outbreaks that may require either delay in easing of restrictions further or re-introduction of physical distancing and mass gathering measures, as was seen in lockdowns in WA and other jurisdictions in January, February and March 2021. Significant outbreaks in Papua New Guinea (PNG) and Timor Leste are anticipated to put greater pressure on the Australian hotel quarantine system, as highlighted by Queensland, which currently has over 50 PNG COVID-19 cases in hospital quarantine.

Current modelling shows that WA in Phase 4B, even after the previous lockdown and subsequent restrictions, is now the most susceptible of all the larger jurisdictions to a major outbreak, 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. This has been complicated by the emergence of recent variants of concern, including the B.1.1.7 (United Kingdom variant), B.1.351 (South African variant) and P1 (Brazil variant), which have increased transmissibility of between 35 and 70%. These variants have been increasing and are now the dominant strains being seen in active cases in hotel quarantine in WA, with over 70% of those with whole genome sequencing having these strains. There have been four outbreaks in March 2021 in hospital and hotel quarantine workers with variant strains in Queensland, New South Wales and New Zealand, which have all been effectively

controlled with limited community spread. The modelling also estimates that the transmission potential of such variants is at least 40% higher in WA. Phase 5, which would remove the final restrictions on physical distancing and would significantly increase the numbers and mixing at high risk venues, including at bars, nightclubs, music venues and events, is anticipated to raise that susceptibility to the highest level in Australia.

The current Phase 4B restrictions introduced on 15 March 2021, while largely effective in increasing capacity in certain areas, continue to limit operations and create implementation difficulties in some sectors, particularly those sectors that are lower risk because they involve fixed outdoor seating or fixed indoor seating with limited numbers and mixing. Other jurisdictions have either moved or are moving to 100% capacity in outdoor stadiums with fixed seating, while maintaining the 2 square metre rule for unfixed seating. Mask wearing on entry and exit is encouraged. For indoor seated entertainment venues, including cinemas and theatres, several States are now moving to 100% of the fixed seating capacity. For other venues, most jurisdictions continue to enforce the 2 square metre rule. This is broadly consistent with Step 3 ('COVID Normal') of the Roadmap to Reactivating Live Performance Venues and Events, which was endorsed by the Australian Health Protection Principal Committee (AHPPC) on 05 November 2020 and approved at National Cabinet for release on 13 November 2020.

In WA, given that there is a demonstrated capability to respond to outbreaks, including through contact tracing and testing, the risks posed by disease introduction through hotel quarantine and maritime operations are being further mitigated by enhanced quarantine arrangements, including staff testing, vaccination and protective equipment. As there is currently no community spread, it is proposed that the capacity limit would be raised to 100% of fixed seated capacity, for both indoor and outdoor seated entertainment venues, with no upper numerical limit. While open air stadiums are lower risk than internal fixed seated facilities, such as theatres and cinemas, the risk of large numbers and mixing on public transport in travelling to and from these events needs to be mitigated by revised public transport arrangements and masks. Mask wearing on entry and exit and on public transport should be strongly encouraged, but not mandated at this stage. Public transport to large outdoor venues should be enhanced to minimise crowding through extended hours at venues and on transport, and increased numbers and frequency of public transport options, particularly during peak periods. Places of worship, given seating arrangements and limited time in the facility, could also move to 100% capacity.

Given their higher risk due to increased mixing, numbers of patrons and face to face interactions, the capacity limits on other venues, including restaurants, clubs, cafes and bars, which have dedicated seating, should be maintained at 75% as per Phase 4B. All other facilities and venues, including pubs, clubs, nightclubs, and music and other events, which may have a mixture of seating and standing or standing alone, would continue to apply the 2 square metre rule, up to a maximum of 10,000 patrons, which is consistent with other jurisdictions. This new Phase could be considered Phase 4C.

Moving WA to Phase 4C, where there are still limits on exposure to large numbers of non-household members and mixing with other groups through physical distancing measures, will assist in reducing the numbers of people exposed and requiring public health and clinical interventions, should an outbreak occur. The addition of QR codes and attendance register requirements also greatly assists contact tracing in the event of an outbreak.

Given the ongoing potential for outbreaks from international travellers, the introduction of new strains of the virus, ongoing outbreaks internationally, recent community spread within Australia and the roll-out of the Pfizer and AstraZeneca vaccines, I recommend that the State moves to Phase 4C on or after 10 April 2021 while the COVID-19 vaccination and broader Australian control measures and public health measures continue to be undertaken.

Phase 5

On 01 March 2021, I advised the State Emergency Coordinator that we should consider going to Phase 4B on or after 13 March 2021. I further advised that a move to Phase 5 was not supported at the time and that a move from Phase 4B, given the circumstances at the time, was not expected to change in the next 2 months. While the Phase 4B advice has changed, a move to Phase 5 is not supported at this stage.

The COVID-19 vaccine program commenced on 22 February 2021 and WA Health has vaccinated over 50,000 people with the Pfizer or AstraZeneca vaccines, primarily in high risk quarantine, port and health workers (Phase 1A). Commonwealth Health also commenced vaccination of residential aged care and disability services facilities. On 22 March, Phase 1B commenced with WA Health and WA primary care services, including general practices and Aboriginal Medical Services, commencing vaccination of other vulnerable populations, including adults over 70 years of age, Aboriginal and Torres Strait Islanders over 55 years and younger adults with serious chronic disease. It is anticipated that this population's vaccinations will be largely complete by mid to late May 2021.

Once this population has been vaccinated, the risk to this population, which is highly susceptible to serious disease and premature death from COVID-19, will be significantly reduced. While there remains a residual risk to younger populations, it is anticipated that benefits of maintaining the final physical distancing and mass gathering measures will be reduced and could be removed, with Phase 5 being introduced. As the situation continues to evolve, including around the supply of the two vaccines and the Commonwealth roll-out of Phase 1B, I would recommend that the situation be reviewed in 1 month and further advice provided at that time.

Recommendations

In summary, for the reasons outlined above, I recommend that the State move to Phase 4C on or after 10 April 2021 with a review of a possible move to Phase 5 occurring in 1 month. 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

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