



Government of **Western Australia**
Department of **Health**

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 14 November 2020, Western Australia (WA) moved to a controlled interstate border, which removed the need to quarantine in some instances. There was an ongoing requirement for affected jurisdictions to have had 28 days of no community spread, from either an unknown source or where contacts of a case were not in quarantine, before they could move from the Low Risk category to the Very Low Risk category.

In January 2021, I requested the Public Health Emergency Operations Centre to review whether this measure of requiring two maximal incubation periods (28 days) before changing categories, which is used in some specific situations for communicable disease control (e.g. measles outbreaks), remains appropriate for COVID-19 and interstate state border closures. On 09 March 2021, I received the report, which I then reviewed.

On 16 March 2021, I provided advice to the State Emergency Coordinator (SEC) during the caretaker period (Attachment 1). Before the SEC had the opportunity to fully review and act on that advice, Queensland Health reported a series of outbreaks that commenced on or around the 12 March 2021 with locally acquired cases in a medical registrar and a nurse at the Princess Alexandra (PA) Hospital in Brisbane. Whole genome sequencing identified the strain as the B.1.1.7 United Kingdom (UK) variant. Further cases related to the first cluster were identified on and after 25 March 2021. A second cluster related to another PA nurse infected with a different B.1.1.7 UK variant strain was reported on 29 March 2021. A total of 20 cases were reported in the two clusters, with the last community case diagnosed on 31 March 2021. In the light of the recent Queensland outbreaks, I have reviewed the advice, which is outlined below.

CONTROLLED INTERSTATE BORDER – STATE CLASSIFICATION REVIEW

The review used publicly available COVID-19 data from Australian states and territories to undertake an analysis of outbreaks and periods of community transmission. Only locally acquired cases were analysed. The analysis contained in the report assumes high levels of community testing.

Results

Victoria experienced sustained community transmission between May and October 2020. Prior to the detection of the final case, there were no more than two consecutive days without a locally acquired case. Between July and November 2020, New South Wales (NSW) reported sustained low levels of community transmission, with 18 related clusters. During that period, there were two occasions when six consecutive days of zero locally acquired cases were recorded prior to the detection of the final case. The NSW Northern Beaches (December 2020 to January 2021) outbreak produced sustained low levels of community transmission for 31 days. Prior to the end of the outbreak, the greatest number of consecutive days with zero local cases was three days.

A series of cases associated with quarantine facility employees have been detected in multiple jurisdictions. These have caused, at most, small clusters of community cases. Many of these clusters were quickly linked to the index cases via contact tracing activities, which aided their control. There were no more than six consecutive days without a locally acquired case prior to the identification of the final cases in these small clusters.

In the recent Queensland outbreak, two PA staff members were infected in the first cluster by an overseas positive case within the hospital. The initial reported case, the medical registrar, was linked to no subsequent cases. The PA nurse, who was asymptomatic and not picked up on testing, subsequently infected an intermediary who then infected two people, who were picked up on testing. In the second cluster, the infected PA nurse was picked up on testing 5 days after becoming infected.

Analysis

Review of outbreaks and periods of community transmission from around Australia reveals that the greatest number of consecutive days with zero locally acquired cases prior to the detection of the final case was six days. Cases and clusters immediately associated with quarantine facilities were controlled rapidly, reducing the risk of community transmission. The recent Queensland outbreaks do not change this assessment. Infected close and casual contacts were rapidly contact traced, tested and diagnosed between 26-31 March 2021, with no subsequent cases over the last 6 days. The previously undiagnosed case from hospital quarantine and related cases were also identified within 13 days, which highlights the ongoing need for vaccination, testing and personal protection of staff rather than a public health requirement for a period of greater than 14 days of no community spread. This review also relates to the risk of a new case after 14 days in that jurisdiction and not to the risk of importation to

WA. WA has not imported any cases from the various jurisdictional outbreaks over the last 12 months.

These findings suggest that a shortened period with no community cases, from either an unknown source or where contacts of a known case were not in quarantine, would be adequate to safely classify a state as very low risk. It is also reasonable to view isolated cases, amenable to rapid contact tracing, differently to larger outbreaks when considering border changes.

Recommendation

In the light of the review, the current policy that requires a state or territory to have recorded at least 28 days of no community cases is very conservative, particularly where the source of the original case is known. Even when the original source is unknown, such as the cases in Victoria and NSW northern beaches, no further community cases were detected after six days despite extensive testing and contact tracing. While border restrictions have worked well, refinements to border controls that prevent COVID-19 importation, while minimising other negative consequences of border control (such as adverse mental and physical health effects and impacts on economic activity), need to be considered.

Given that the average incubation period is 5-6 days, changing the requirement to 14 days will continue to prevent disease importation, while allowing a safety margin should the characteristics of the disease change, as seen with the importation of more transmissible SARS CoV-2 variants, and further minimising the other impacts of border controls. The trigger points at Appendix 1 have been revised to reflect this.

RESTRICTED LOCATIONS AND DIRECT CONTACTS

As part of our ongoing review of the current arrangements around controlled border arrangements, the current arrangements around restricted locations and direct contacts have also been reviewed. Currently, in accordance with the 'Controlled Border for Western Australia Directions', a person who, in the 14 days before the person enters WA, has been in a restricted location or has knowingly been in direct contact with a person who, in the 14 day period prior to the direct contact, had been in a restricted location or a place outside of WA, must comply with the self-quarantine requirements provided in Schedule 1, unless directed otherwise. The self-quarantine requirements then provide that a person must remain inside their premises for a period ending 14 days after the day on which they entered WA unless otherwise directed. In practice, this requires all persons entering WA, who meet the requirements to self-quarantine, to be instructed to self-quarantine for a period of 14 days from the date on which they entered WA, regardless of the date they left the restricted location or the date on which they had direct contact with a person who, in the 14 day period prior to the direct contact, had been in a restricted location or a place outside of Australia.

Restricted locations

Requiring a person to quarantine for 14 days from the date they arrive in WA has highlighted a potential inconsistency in the application of the Directions. Where a person leaves a restricted location on day 1 and arrives in WA that day, they must quarantine until day 15. This allows for one maximal incubation period to pass with testing for COVID-19 on day 11. Where a person leaves a restricted location on day 1, travels to a very low risk jurisdiction and leaves that location on day 10, arriving in WA that day, they must then quarantine until day 24 and be tested on day 21. There is no public health rationale to require a person to self-quarantine beyond 14 days from leaving a restricted location. On this basis, I recommend that a person, who has been in a restricted location in the 14 days before they enter WA, be required to self-quarantine for a 14-day period from the day they left the restricted location, which includes time they have spent in a very low risk jurisdiction as long as they have spent the most recent period before coming to WA in a very low risk jurisdiction. I note that this may cause operational issues, and recommend that, where there is doubt regarding which quarantine direction to issue, a 14-day direction is issued.

Direct Contact

In this context, person A has been in direct contact with person B, where person B has been in a restricted location. The assumption is that person B could be a casual or close contact of a case by virtue of having been in a restricted location (a casual contact is defined in the Series of National Guidelines (SoNG) as a person who has been in the same setting with a confirmed case in their infectious period, but does not meet the definition of a primary close contact). This would make person A, by definition, a contact of a contact.

I appreciate that this was designed to prevent people deliberately bypassing the border Directions by meeting in a low risk jurisdiction. As there is limited public health rationale to quarantine a contact of a contact, particularly if this is a contact of a casual contact, and there has been no spread that we are aware of through such interactions, either within WA or in other Australian jurisdictions, I recommend that the concept of direct contact be removed from the current Directions.

PROPOSED AMENDMENTS TO BORDER CONTROLS

For the reasons outlined above, I recommend that, on or after the 10 April 2021, changes be made to the 'Controlled Border for Western Australia Directions' to:

- change the requirements to move from the Low Risk category to the Very Low Risk category from 28 days to 14 days of no community spread, as outlined in Appendix 1;
- require a person, who has been in a restricted location in the 14 days before they enter WA and has travelled via a very low risk jurisdiction, to self-quarantine for a 14-day period from the day they left the restricted location; and
- remove the concept of direct contact from the current Directions.

Given continuing changes in the epidemiology in other States and the situation in WA, 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

07 April 2021

Trigger Points for Reviewing Border Controls

| Risk of importation from affected jurisdiction (as at 07 April) | Trigger Point for Review | Proposed amendments to current conditions | Recommended review date and proposed action |
|---|--|--|---|
| High Risk | Greater than 20 new community cases per day, on 5-day and 14 day rolling average | <ol style="list-style-type: none"> 1. Hotel quarantine for travellers 2. Exemptions restricted to Commonwealth, State and specialist functions only 3. Testing at days 2 and 12. | |
| Medium Risk | 5 to 20 new community cases per day, on 5-day and 14 day rolling average | <ol style="list-style-type: none"> 1. Home quarantine for travellers 2. Testing at days 1 and 11. 3. Exemptions restricted to Commonwealth, State and specialist functions only | 2 weeks. If risk falls to a low risk, implement low risk conditions |
| Low Risk | Less than 5 new community cases per day, on 5-day and 14 day rolling average | <ol style="list-style-type: none"> 1. Home quarantine for travellers. 2. Testing at day 11. 3. General exemptions may be considered if community cases are still occurring | 2 weeks. If risk falls to a very low risk, implement very low risk conditions |
| Very Low Risk | No community cases, from either an unknown source or where the contacts of a case were not in quarantine, for 14 days | <ol style="list-style-type: none"> 1. No quarantine or testing required. 2. Declaration that visitor has been in a very low risk jurisdiction for last 14 days 3. Health screening. | 2 weeks. If all jurisdictions meet the very low risk criteria, implement the negligible risk conditions |
| Negligible Risk | No community cases, from either an unknown source or where the contacts of a case were not in quarantine, for 14 days in all jurisdictions | <ol style="list-style-type: none"> 1. Open all interstate borders | |