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Dear Premier

CONTROLLED BORDER TRANSITION ARRANGEMENTS

On 05 November 2021, I provided advice on changes to the controlled border arrangements. Under those proposed measures, which are planned to come into effect on reaching the 90% fully vaccinated target for people 12 years and older, I recommended that Western Australia (WA) should:

- fully open its domestic borders to fully vaccinated travellers, remove all quarantine requirements but continue to require pre-flight and on arrival testing (within 48 hours) for at least a month prior to review;
- allow uncapped inbound international arrivals for all vaccinated persons, without quarantine but subject to pre-flight and on arrival testing (within 48 hours);
- ensure appropriate testing, tracing, isolation and quarantine (TTIQ) arrangements are in place for any subsequent outbreaks;
- implement the minimum baseline Public Health and Social Measures (PHSMs) required to mitigate seeding and community spread, including mask use on public transport and in vulnerable areas, and 'Health pass' full vaccination requirements to attend events with capacity above 1000 people or in high risk venues, such as nightclubs;
- implement the minimum step-up PHSMs required to minimise cases in any subsequent outbreaks without requiring lockdowns; and
- continue hotel quarantine only for high risk unvaccinated overseas travellers.

On 27 November 2021, in my advice on the South Australia (SA) border, I advised of the potential threat of the B.1.1.529 (Omicron) variant, which had been declared by the World Health Organisation as a variant of concern on 26 November 2021. This variant is now rapidly spreading around the world, including in Africa, Europe, North America and Australia. I noted at the time that, given the opening of the borders on the east coast and in SA, and the minimal testing requirements currently in place, incursions of the variant may have already occurred or were expected. The proposed settings for domestic and international travellers in my advice of 05 November 2021

were broadly reflective of those announced by other jurisdictions, although some additional testing and 3-day isolation requirements have since been introduced in response to the spread of the Omicron variant in New South Wales and Victoria.

CHANGES TO THE TRANSITION REQUIREMENTS

In my previous advice, I noted that, as WA may be the final jurisdiction to transition its border arrangements, these settings will likely be further refined closer to the date. In particular, PHSMs and regional requirements needed further clarification. With further data available on vaccination rates, a firm date for re-opening was also expected.

Public Health and Social Measures in Regional Areas

In my advice of 05 November 2021, I outlined the PHSMs that would be required as complementary and supporting risk mitigation measures, in addition to high vaccination rates, to protect the community and manage outbreaks of COVID-19. These included face mask use, contact tracing registration at venues, COVID safety plans for venues and events, and restriction of access to certain venues and events to vaccinated individuals, with all areas of WA having 'baseline' PHSMs implemented at the point of transition.

The advice further discussed the risks of transitioning prior to adequate vaccination rates being achieved across all cohorts in the WA society, particularly disadvantaged and vulnerable groups. Unfortunately, it is becoming apparent that not all regions within WA will achieve a vaccination rate of 80% double dose at the same time, and the populations in these less vaccinated regions will need to be further protected by the implementation of additional PHSMs for a short period of time. It is my advice, as Chief Health Officer, that a range of additional PHSMs are implemented in regions of WA that have vaccination rates below 80% double dose vaccination.

When considering additional mitigation measures to apply to communities where the vaccination rate is less than 80%, there are some settings that are high risk for transmission of COVID. Mask wearing is a simple and effective way of reducing the risk of spreading COVID and its use in all indoor venues in areas with low vaccination rates will provide an additional mitigation measure that will protect the community.

The baseline PHSMs require restrictions on entrance to certain facilities or venues if people are not fully vaccinated. In areas of low vaccination coverage, this should be expanded to discretionary areas that are known to be at higher risk of transmission, generally due to the inability to use other forms of mitigation, such as mask wearing and physical distancing. It is my advice that the baseline requirements for full vaccination in place at the time of transition should be expanded in areas of low vaccination to include the requirement for proof of full vaccination for entry to pubs, bars, bottle shops and indoor entertainment venues (play centres, indoor cinemas, theatres, adult entertainment, gambling/gaming venues; live music events), all dine-in eating premises and gymnasiums/fitness centres. Vaccinated people entering these facilities would be permitted to remove their masks while in these facilities. A full vaccination requirement is also recommended for visitors (by air only) travelling to

regions with vaccination rates below 80%. The rationale for these measures is outlined below.

Entry to pubs, bars, bottle shops and indoor entertainment venues (play centres, indoor cinemas, theatres, adult entertainment, gambling/gaming venues; live music events) is discretionary for the local population, but could represent a high risk for seeding of the community should a non-vaccinated COVID case be admitted to the venue. Recent outbreaks in NSW at bars and other discretionary venues have highlighted this risk, particularly among unvaccinated populations. These venues have the potential to have many people and increased mixing, and other mitigations, such as mask wearing and physical distancing, have variable and limited effectiveness.

With respect to the expansion of vaccination requirements to dining-in venues, such as cafes, restaurants and bars in which food is served, these represent an environment in which people cannot wear masks consistently (as they will be eating and drinking) and people are gathering together for extended periods. For this reason, I advise that dine-in food serving premises should be restricted to patrons who are fully vaccinated. Entering such a premise to collect take-away food, however, represents a lower risk and should be allowed, regardless of vaccination status, although mask wearing should be mandatory where this occurs. Furthermore, because of the non-discretionary nature of a stop required at a roadhouse that serves food, this rule should not apply to dine-in services at a roadhouse or petrol station, where people have limited options, may not be able to get a take-away meal and where rest, food and drinks might be needed for safety reasons.

Another area that represents high risk for transmission of COVID-19, particularly in low vaccination areas, is gyms and fitness centres. Gyms and fitness centres have previously been the centre of COVID outbreaks, including in WA, and mitigation measures, such as mask use, hand hygiene and physical distancing, are difficult to effectively implement. It is my advice that, in regions of low vaccination coverage, these facilities should be restricted to use by people who are fully vaccinated. Pools, particularly those in outdoor areas and more remote communities, have other public health benefits, and should not be included in these requirements.

Finally, to limit the risk of incursion of infection from other areas of the State, only travellers who are fully vaccinated should be permitted entry to the regions that have a low vaccination rate. This restriction could only be reasonably applied to air transport and would be unenforceable for road or other forms of transport.

OPENING DATE

WA's fully vaccinated rate over 12 years of age has increased from 9.2% on 12 July 2021 to 79.3% on 09 December 2021. While this remains lower than jurisdictions that have had major outbreaks, WA is expected to reach 80% fully vaccinated on 12 December 2021. On modelling of current vaccination rates, WA is expected to reach 90% fully vaccinated over 12 years of age by 02 February 2022. This modelling accounts for expected reduced demand over the Christmas and New Year period, although, apart from Christmas, Boxing and New Years Day, vaccination centres will

be open. While mandated staff in Group 2 may be getting their first vaccines during that week, it is anticipated that a significant percentage will wait until the first week of January 2022 and just prior to 31 January 2022 to get their second dose, which is also expected to push the 90% target into the beginning of February 2022.

The possible impact of the Omicron variant also needs to be factored into considerations about opening. Emerging evidence indicates that the Omicron variant is highly transmissible and shows significant vaccine escape. While early indications suggest that Omicron may not cause more severe illness, the true severity of a variant may not be apparent until many infections have occurred and there has been transmission into vulnerable or unvaccinated populations. The combination of these factors may create a significant caseload with the potential to strain health system capacity, even if disease severity is reduced. Early evidence also indicates that, while two doses will give limited protection against disease, booster doses will increase the effectiveness of vaccines against the Omicron variant. The impact on prevention of serious disease by two or three doses requires further investigation. The period up to early February 2022 will allow for booster doses to be rolled out to the eligible population to enhance their protection.

Finally, vaccine will be available to 5-11 year old population from 10 January 2022. While this group rarely get serious disease, the planned timeframe will allow a significant portion of this group to receive their first vaccination doses prior to the opening of the borders.

RECOMMENDATIONS

Based on the current evidence available, including observations of other Australian jurisdictions and impacted countries, scientific literature, general modelling and modelling customised to the WA context, I recommend, as the Chief Health Officer, that WA should implement the range of border and public health changes, as previously outlined on 05 November 2021 and refined in this advice, when 90% of the WA population 12 years and over are fully vaccinated against COVID-19. Based on current modelling and other mitigating factors, it is recommended that these changes should come into force on or after 04 February 2022.

In addition to these measures, I further recommend that for regions where an 80% full vaccination rate has not yet been achieved, WA should:

- require masks to be worn in all indoor venues, except for those indoor venues where only fully vaccinated people can enter;
- require proof of full vaccination for entry to pubs, bars, bottle shops and indoor entertainment venues (play centres, indoor cinemas, theatres, adult entertainment, gambling/gaming venues; live music events),
- require proof of full vaccination for entry to all dine-in eating premises, except for roadhouses, petrol stations and for take away purposes;
- require proof of full vaccination for entry to gymnasiums and fitness centres, except for swimming pools; and
- require visitors travelling by air to regions with vaccination rates below 80% to be fully vaccinated

Proposed settings for testing and quarantine of international travellers are reflective of those announced by other jurisdictions. As WA will be the final jurisdiction to transition its border arrangements, particularly in response to the Omicron variant, these settings may be further refined closer to the opening date.

Yours sincerely



Dr Andy Robertson
CHIEF HEALTH OFFICER

11 December 2021