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

Your Ref:
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Contact:

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Dear Premier

TRANSITIONING TO A HIGH CASELOAD SETTING

During the COVID-19 pandemic, Western Australia (WA) has responded rapidly to outbreaks and has modified its response to reflect emerging public health evidence, relevant modelling, an improved understanding of the public health risk and the effectiveness of public health measures in other jurisdictions, and the unique requirements of the WA population, to control various outbreaks. WA has generally followed national advice and guidelines where the objectives aligned with the appropriate phase of WA's response. The current Omicron outbreak in the Perth/Peel area, which continues to expand and spread to other regions in WA, has led to further consideration of public health measures that are now required for WA's response and the need to transition to a 'high caseload' setting.

As the case numbers grow, WA's response needs to not only respond to the current situation, but also to anticipate the next steps required to manage the outbreak. Our current case numbers are more than 35 per day, and it is anticipated that this will grow exponentially over the coming weeks. Ensuring WA maximises the benefits of our Test, Trace, Isolate and Quarantine (TTIQ) measures is of paramount importance. The public health imperative is to ensure that, as far as possible, WA Health identifies all active cases and isolates them as quickly as possible, as well as quarantining their highest risk contacts. To ensure this can be achieved, WA needs to transition to the new close contact definitions, change the quarantine and isolation periods, revise the border arrangements and transition to new testing settings.

Based on the available modelling and evidence from international studies, there has been broad agreement at a national level that quarantine requirements for close contacts of COVID-19 cases needed to change. This change recognised that the Omicron strain could not be eliminated from the community once present and that each jurisdiction would need to adapt to minimise the impacts of an Omicron outbreak. To support public health sustainability, health system capacity, social cohesion and

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economic recovery during the anticipated Omicron community outbreaks, pragmatic decisions regarding the TTIQ management of COVID-19 were recommended.

New Close Contact Definitions

On 28 January 2022, the Government announced that, when required, WA would transition to new definitions for close contacts and remove the casual contact classification. Experience from the past two years, both from WA and interstate, has shown that the transmission of COVID will mostly occur between people who have had close contact with each other, with the most high-risk being household and household-like contacts. The next group of 'at risk' exposures is those that have had face-to-face contact without mask use, and then those that share a small space, again, without mask use. Given WA's increasing number of cases, particularly in large venues, the number of people who are being required to quarantine as close or casual contacts is now disproportionate to the risk. As Chief Health Officer, I recommend WA transitions to the close contact definition developed for 'high caseload' environments, such that:

- A close contact will be defined as:
  - A household member or intimate partner of a person with COVID-19 who has had contact with them during their infectious period; or
  - Someone who has had close personal interaction with a person with COVID-19 during their infectious period, where that interaction involved:
    - at least 15 minutes face to face contact where a mask was not worn by the exposed person or the person with COVID-19; or
    - greater than two hours within a small room, where masks have been removed for this period; or
  - Someone who is directed by WA Health that they are a close contact.

Quarantine period for Close Contacts and Isolation period for Cases

When considering the optimal period for quarantining close contacts and isolating cases, I have taken into consideration experience from overseas and interstate, evidence from modelling and international studies and the likely effect on compliance.

In early October 2021, a paper was accepted by the Australian Health Protection Principal Committee (AHPPC), which outlined the rationale for some countries reducing the quarantine times for international travellers. The Doherty Institute report[1] of 05 November 2021 showed that, with good compliance, the risk of transmission posed from 7 days home quarantine for fully vaccinated people is similar to 14 days. In a recent study undertaken by the Australian Department of Health of 1,382 COVID-19 positive cases returning to Australia, 94% of cases were identified by Day 7 of the 14 -day quarantine period.

[1] Doherty Modelling - Final Report to National Cabinet, available: https://www.doherty.edu.au/uploads/content_doc/Synthesis_DohertyModelling_FinalReport__NatCab05Nov.pdf

Modelling and a real-world example of reduced quarantine times, published in *Nature Communications* in 2021[2], supported a shorter quarantine period and demonstrated the relative advantages of a Day 6 test compared to an 'entry' test, with the former having a much higher chance of picking up a new case of COVID.

Several scientific studies have shown that compliance is likely to be higher with a measure such as quarantine that is less restrictive or of shorter duration. Anecdotal evidence suggests that the community is more inclined to cooperate with contact tracing efforts when the restriction for doing so truthfully is not as onerous. For people who may have been exposed and are cases, shorter periods of isolation encourage people to get tested, particularly when they have mild or minimal symptoms. Finding cases is a cornerstone of an effective public health response.

On 30 December 2021[3], the AHPPC agreed to a new isolation regime for COVID-19 cases and quarantine regime for close contacts, recommending that the isolation period for COVID-19 cases and quarantine for any close contacts should be 7 days. To provide additional reassurance, it was recommended that a COVID test should be conducted on Day 6 or 7 of the quarantine period, with release being contingent on a negative test result. Further restrictions for the close contact were recommended, including avoidance of high-risk settings for a further 7 days, continued wearing of a mask and monitoring for symptoms.

This AHPPC recommendation was presented to National Cabinet on 30 December 2021[4] and it was agreed nationally that the new approach to quarantine would be adopted, although WA did not specify from when the change would take effect. It is my recommendation that the outbreak in WA is now at a point when a change to the quarantine and isolation period is required and will provide the most effective response to increasing cases.

Interstate and international arrivals

Fully vaccinated interstate and international arrivals to WA represent people who are *lower risk* than known close contacts, as they have not had any known contact with a COVID-19 case. While the Controlled Border arrangements took a very precautionary approach to potential incursion of COVID-19 into the State, particularly in the context of low population vaccination rates, the current controls are now more precautionary than required, given WA's high community vaccination rate and rising local case numbers.

Changing the Controlled Border arrangements at this stage would be a proportionate response to the reducing risk while highlighting the increasing benefit in achieving high community vaccination rates in the lead up to the transition to open borders. This will remove the logical inconsistencies that have arisen between the international and interstate borders, which currently allow travellers to do 7 days self-quarantine, 14

[2] Optimal COVID-19 quarantine and testing strategies. Nature Communications 2021; 12: 356. Avail: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7788536/

[3] AHPPC Statement: https://www.health.gov.au/news/ahppc-statement-on-testing-tracing-isolating-and-quarantining-in-high-levels-of-covid-19-community-transmission

[4] National Cabinet Statement. https://www.pm.gov.au/media/national-cabinet-statement-12

days self-quarantine, and a combination of 7 days hotel quarantine and 7 days self-quarantine, depending on which border is crossed and the category the traveller falls into. This will not impact the public health risk and is expected to potentially reduce the risk due to improved compliance.

A change to the quarantine period will promote confidence within the community and industry that WA is moving towards a transition to 'living with COVID' and is expected to improve public engagement and trust. It will have great benefits to industry in allowing workers who have travelled into WA to commence their employment sooner.

Rapid Antigen Testing

On 20 January 2022, AHPPC recommended that Rapid Antigen Tests (RATs) could be used as an alternative diagnostic test to PCR for those at high risk of having COVID-19.[5] AHPPC further recommended that, in most circumstances in a high-prevalence environment, a positive RAT should be accepted as a diagnosis of COVID-19. These circumstances included in close contacts, high risk exposures and in symptomatic people. Given the increasing spread in WA, I recommend that WA recognises RATs as a positive diagnostic test for COVID-19 when WA moves to the high caseload settings and that a confirmatory PCR test is no longer required. Directions should require any positive RAT results to be entered into the WA Health testing portal.

Recommendations

The State vaccination rate continues to increase with 98% of the population 12 years and over having received their first dose and 93.3% their second dose. The booster dose rate is now 45.2% of the over 18 population. This is a higher vaccination rate than any other Australian jurisdiction achieved prior to their border opening. Although booster rates are less than optimal to maximise the protection of the population, this vaccination rate puts WA in a very strong position as we transition to a high caseload environment.

Based on the evidence regarding the highest risk period for a close contact being in the first seven days after exposure, the scientific literature, observations of other Australian jurisdictions and the changed protocols for the management of quarantine adopted nationally, I recommend, as the Chief Health Officer, that the arrangements for quarantine for cases and close contacts, and fully vaccinated domestic and international travellers entering WA, be changed to 7 days of self-quarantine in a suitable premises. I also recommend that WA continues to take a precautionary approach and requires travellers to undertake a Day 1 and 6 or 7 test, and close contacts to take a Day 6 or 7 test, and avoid high risk settings for a further 7 days (unless able to mitigate with regular testing). Travellers should also be required to use the G2GNow app to ensure their compliance with the 7-day self-quarantine requirements.

[5] AHPPC. AHPPC statement on rapid antigen testing for current high community prevalence environment. https://www.health.gov.au/news/ahppc-statement-on-rapid-antigen-testing-for-current-high-community-prevalence-environment

Based on the projected rapid increase in cases, ensuring the efforts are targeted to those most likely to get and transmit infection, and promoting public compliance with control measures, I also recommend that WA shifts to new definitions for close contacts, removes the casual contact requirements and recognises RATs as a positive diagnostic test for COVID-19 when WA moves to the high caseload settings.

In summary, I recommend on or after 08 February 2022 that WA moves to the high caseload settings under the Updated Transition Plan. The following requirements for fully vaccinated domestic and international travellers would apply:

- complete 7 days of self-quarantine with PCR or RAT testing on Day 1 and either PCR test on Day 6 or RAT on Day 7,
- travellers in self-quarantine would be required to use the G2GNow app;
- wear a mask in both indoor and outdoor settings for a further 7 days, and
- restrict access to high risk settings, such as hospitals, aged care facilities and prisons, until a full 14 days since arrival has passed (unless a worker needs to enter to work, in which case, further testing can be undertaken).

Asymptomatic close contacts or travellers who have already completed 7 days and have a negative PCR or RAT test at Day 6 or later should be allowed to exit quarantine when the high caseload settings are introduced. Cases would be required to complete 7 days and, if asymptomatic, can leave isolation on Day 8. If symptomatic, isolation would continue until symptoms resolve. Those cases, close contacts or travellers refusing to be tested would be required to quarantine for the full 14 days.

I will continue to monitor the situation and the latest evidence and changing advice, and 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

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