



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

Your Ref:
Our Ref:
Contact:

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Dear Premier

TRANSITION TO LEVEL 1 PUBLIC HEALTH AND SOCIAL MEASURES

On 04 November 2021, I provided advice on proposed transition arrangements for Western Australia (WA), which recommended a range of public health changes that should be implemented as WA transitioned to open borders with established community transmission of COVID-19. On 19 January 2022, I provided updated advice regarding the opening of the WA border, in which I recommended deferring the opening to allow the State to achieve a higher rate of vaccination amongst children and those receiving the booster dose. In that advice, I also indicated that a recommendation to move to moderate Public Health and Social Measures (PHSMs) was likely when a threshold number of cases were reached. In the context of increasing community transmission in WA since December 2021, with outbreak clusters expanding and new clusters appearing unlinked to other cases, a move to the next phase (Level 1) of the PHSMs, which will provide enhanced protection to the community from rapid spread of COVID-19, is recommended.

On 06 February 2022, I recommended that the Test, Trace, Isolation and Quarantine (TTIQ) settings should transition to the 'high case load settings', with a consequent change to the close contact definition and a reduction of the quarantine and isolation periods. These TTIQ settings are in keeping with the recommended low to medium TTIQ measures discussed in my letter of 19 January 2022. Having reached over 100 locally acquired cases per day, the number of cases is expected to increase rapidly, with an expected doubling of numbers as WA moves into an exponential growth phase. In South Australia (SA), cases went from 112 cases per day on 20 December 2021 to 838 cases per day within one week. The doubling time of case numbers is also expected to reduce from the current 10 days to 3-5 days.

In my advice of 04 November 2021, I discussed the rationale behind the need for PHSMs and the necessity for a graduated implementation from a baseline to a higher level in response to community transmission and pressure on the health system. The Australian Health Protection Principal Committee (AHPPC), in its statement of 22 December 2021, also emphasised the importance of the introduction of PHSMs in the

management of an Omicron outbreak. On 19 January 2022, I indicated the importance of introducing the PHSMs as the caseload increased and noted the beneficial impact that the introduction of such PHSMs had on SA's epidemic curve, which was in keeping with WA's preliminary modelling.

The State Health Incident Coordination Centre (SHICC) has been managing several clusters of COVID-19 since community transmission was detected in Perth in late December 2021. A Delta outbreak was declared on 24 December 2021 and an Omicron outbreak on 17 January 2022. The Omicron community outbreak is ongoing and now has multiple distinct clusters of cases. On 16 February 2022, 115 locally acquired cases were reported with 444 active cases in isolation. 32 schools have been impacted by cases within their staff and student cohorts and 81 cases are linked to these clusters. Two residential aged care facilities have also been impacted, with 34 staff, residents and close contacts impacted. These cases are now spreading beyond the Perth metropolitan area into the South West and Wheatbelt areas, and, more recently, into the Pilbara. While there has been no identified community spread in other regions, this situation could change rapidly. Other indicators of a growing outbreak include the increasing numbers of unlinked cases and a rising test positivity rate, which has tripled since 06 February 2022 (currently 1.85%). While still relatively low compared to other jurisdictions, who have rates between 10-30%, the rate is indicative of increasing transmission within WA that is not being picked up by testing. There are currently no cases in hospital, although such cases are expected to rise as case numbers rapidly increase.

As the Omicron outbreak developed in WA, baseline public health measures were recommended and adopted, including implementation of indoor mask wearing (limited to Perth, Peel, South West, Wheatbelt and Great Southern regions); proof of vaccination requirements at higher risk venues; revised quarantine arrangements for interstate health staff; revision of the entry requirements to allow for compassionate entry to WA; and a move to 7 day home quarantine for those interstate and international arrivals with suitable premises. WA's next step needs to move the PHSMs toward a moderate level. I propose that the approach is conducted in two phases, with the first phase (Level 1) outlined below and a second phase, being Level 2, introduced later, once very high caseloads occur, to continue to suppress the outbreak growth and reduce subsequent pressure on the hospital system.

LEVEL 1 PHSMs

Mask use

On 16 January 2022, mask wearing indoors became mandatory for the Perth and Peel regions after the initial Delta cases. This was extended to the South West region on 17 January 2022 and Great Southern and Wheatbelt regions on 27 January 2022. The Directions mandate masks be worn at all indoor venues, including schools and workplaces, for those 12 years and older, or in Year 7 and above (for schools). Masks are encouraged for younger children. Given the increasing spread of the disease across WA, indoor mask use should now be implemented across all regions.

Density and capacity limits

Experience from numerous outbreaks in Australia indicates that crowds and gatherings increase the likelihood of COVID-19 spread. Current baseline PHSMs require contact registers at many venues, but do not impose restrictions on density. Venues that allow large numbers of non-household groups, with increased mixing and where physical distancing is not always possible, are prone to increased levels of transmission. Where such an event occurs indoors, especially in poorly ventilated areas, the risk of transmission of COVID is very much higher.¹ This has been demonstrated in WA in the last two months, with several outbreaks associated with pubs, nightclubs and other gatherings. To reduce the impact of gatherings on transmission, many venues have required proof of vaccination since 31 January 2022, as outlined in the [Proof of Vaccination Directions \(No 3\)](#). This has the added benefit of helping protect the individuals from severe disease if they are exposed to a high-risk transmission event at a venue.

Recommendations

In addition to the mask and proof of vaccination requirements outlined above, and to further reduce potential transmission and suppress community outbreak growth, given the rapid growth in case numbers, I recommend, as the Chief Health Officer, that the following Level 1 restrictions be introduced:

- 2 sqm rule density requirements for hospitality, fitness venues (e.g. gyms, Pilates, yoga, dance), entertainment venues, cultural venues, hairdressers and beauty services, and places of worship.
- Nightclubs to comply with 2 sqm rule and a maximum capacity of 500 people.
- Crown complex to be subject to 2 sqm rule and the requirement for seated service only for the casino gaming floor.
- 75% capacity for entertainment venues that are seated and forward facing (i.e. theatres and cinemas) and for major stadiums including Optus and HBF Stadiums.
- Visitors to residential aged care, disability services and hospitals be restricted to four visitors per resident/patient per day.
- Home gatherings be restricted to 30 people.
- Private outdoor gatherings, including weddings and funerals, be restricted to 200 people.
- Indoor weddings and funerals to comply with indoor venue restrictions.
- Indoor community sports to comply with the venue requirements. There are no restrictions on outdoor community sport.

In addition, COVID Safety Plans as currently required should continue to apply, but the requirement should be expanded to include early childhood education and childcare services, and hairdressers and barbers. COVID Safety Plans should

¹ Bulfone, Malekinejad, Rutherford and Razani. 2021. Outdoor transmission of SARS-CoV-2 and Other Respiratory Viruses: A Systematic Review. <https://academic.oup.com/jid/article/223/4/550/6009483>

continue to be encouraged in other workplaces. Similarly, COVID Event Checklists should be required for events with more than 500 patrons and less than 1,000 patrons, and COVID Event Plans should be required for large events with 1,000 patrons and above.

In summary, I recommend, as Chief Health Officer, that WA should move from its current Public Health and Social Measures baseline settings on or after 18 February 2022 to the following settings:

- the Perth, Peel, South West, Wheatbelt, Great Southern and Pilbara regions should move to Level 1 PHSMs, as outlined above; and
- the remaining regions should move to implement all baseline PHSMs, including indoor mask wearing, with a further review within one week to determine whether Level PHSMs should also be extended to these regions.

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

16 February 2022