



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

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Dear Premier

TRANSITIONING TO VERY HIGH CASELOAD SETTINGS

On 8 February 2022, Western Australia (WA) moved to the 'high caseload settings' under the Updated Transition Plan, which altered the close contact definition, testing requirements and isolation protocols. On 28 February 2022, two workforces that are critical to the COVID-19 outbreak response, WA Police and healthcare workers, were transitioned to the 'very high caseload settings', as critical areas within these workforces were already experiencing major impacts from staff furloughing.

As case numbers increase further, WA needs to continue to instigate staged changes to the management of the outbreak, including implementing close contact furloughing arrangements. These revised arrangements are designed to minimise the furloughing requirements in critical industries, while still reducing overall transmission within the broader community. The recommendations set out below, under the 'very high caseload settings', will reduce the restrictions for some close contacts, to minimise the impact on essential workers and school attendance. The 'very high caseload settings' also alter the way in which contact tracing is managed for household contacts living with a case. These steps should be viewed as a continuation of WA's path towards 'living with COVID'.

CURRENT SITUATION

On 08 February 2022, when WA transitioned to the 'high caseload settings', WA had 65 new cases per day, and the outbreak had started to extend beyond the Perth/Peel area to other regions. Since that time, the epidemic curve has risen sharply, and we are now experiencing a very rapid rise in cases, with the 3-day rolling average now approximately 2,500 new cases per day. There are also 48 patients in hospital with the disease. The outbreak has extended to all regions, with multiple outbreaks across Perth and other regions in aged care facilities, other residential care facilities, schools, high risk workplaces and, more recently, remote Aboriginal communities. On current trends, WA is expected to reach 5,000 cases by the end of this week.

The 'high caseload settings' led to changes for isolation and quarantine periods, contact definitions and the testing that could be used for diagnosis of COVID-19. WA transitioned to a 7 day isolation period for cases and a 7 day quarantine period for close contacts and travellers (both vaccinated international and domestic travellers). The new close contact definition was implemented to restrict the classification of a 'close contact' to a household member or intimate partner of a case; to someone who had spent 15 minutes face to face where a mask was not worn by the case and the exposed person; or if greater than 2 hours was spent in a room with a case and masks were not worn. Casual contact requirements were ceased. In addition to the continued use of PCR tests, Rapid Antigen Tests (RATs) were permitted to be used for diagnosing COVID-19.

Given the increased case numbers, I have reviewed the Updated Transition Plan and considered the parameters of testing, tracing, isolation and quarantine (TTIQ) required at the next level under the 'very high caseload settings'.

VERY HIGH CASELOAD SETTINGS

Close Contact Definitions

The close contact definition for the general public, workplaces, schools and for 'critical workers' does not change in the 'very high caseload' environment. The community is now familiar with the definitions and can effectively apply the definitions to their own situation.

Isolation period for Cases

There is no change required for the isolation period for cases; cases should isolate for a minimum of 7 days.

Quarantine period for Household Close Contacts

Currently, in WA, if someone is living in a home with a case, they are obliged to quarantine for 7 days, from the *'time of their last contact'*. This can result in the close contact being required to remain in quarantine for a further 7 days after the case is released, if the case and close contact have not been able to keep separated during the period when the case was isolating.

Since WA transitioned to 'high caseload settings', the quarantine period for close contacts of a case in the home environment has changed at a national level.

On 21 February 2022, the Communicable Disease Network Australia (CDNA) agreed to reduce this quarantine period for 'household close contacts' to a static 7 days from the time of the case's positive test, provided the close contact has a negative day 6 PCR test or day 7 RAT, and regardless of whether or not they have isolated from the case during that period. This recognises that a case will be most infectious prior to symptom onset, or at the time of testing, and a household close contact is most likely to develop disease in the first 3-5 days after exposure. This reduction in quarantine

time for household contacts is a practical and risk-based measure that balances the very small risk from an infected close contact in the community against the benefits of people returning to work or school in ‘very high caseload settings’. WA should now transition to this national close contact management approach.

Critical workers and healthcare workers (including aged care workers)

In ‘very high caseload settings’, critical workers, including education workers, critical business and critical infrastructure workers, who are asymptomatic close contacts, may continue to attend their workplace during their quarantine period if approved by their senior management and if workers agree with their employer. The following conditions must be met:

- daily Rapid Antigen Test (RAT) for seven days prior to attending or on arrival at the workplace;
- quarantine in suitable premises when not working;
- attend the workplace in a surgical mask;
- travel to and from work without use of public transport, if possible; and
- actively monitor for symptoms of COVID-19 during their quarantine period.

It must be noted that returning close contacts to work early, even with daily RAT testing, is not without risk of introducing further spread of COVID-19 into the workplace and should be reserved for critical workers who are crucial to the ongoing functioning of an essential enterprise.

Quarantine period for school children who are close contacts

Based on the detrimental effects of prolonged loss of face-to-face schooling experienced by school children in the other Australian jurisdictions, the WA Departments of Education and Health have agreed to prioritise face-to-face learning for school age children. Schools and early childhood education settings will manage close contacts differently, with a modified quarantine for children.

In a ‘very high caseload setting’, the management of students in schools and early childhood education centres aims to minimise the rate of transmission while maintaining in-person educational opportunities for WA children. Students identified as asymptomatic close contacts, other than household close contacts, may:

- continue attending school provided they remain asymptomatic;
- attend before school care or after school care;
- attend sporting or cultural training, practice, or events organised through the relevant school and held immediately before or after school; and
- travel between the student’s usual place of residence and their school.

At all other times, they should quarantine in suitable premises until the 7 days has been completed.

The above arrangements will not apply to children who are household close contacts, or any child that is symptomatic. Children who are close contacts due to household contact should not attend school for 7 days, but instead should quarantine as per other

close contacts. If a child is unwell, they should be isolated and sent home, with testing arranged by parent/carer.

As with other close contacts, children who are identified as close contacts should be tested on Day 1 and Day 6 or 7 (depending if done by PCR or RAT). Widespread testing of asymptomatic children is not supported. Given the high number of children that may become 'close contacts' in a classroom environment, the false-positive rate of a RAT (1-2%) will potentially lead to many children being classified 'cases' when they are not infected and lead to further time away from school.

RECOMMENDATIONS

The recommendations I have outlined are based on a proportionate, targeted and risk stratified response to the current outbreak of the Omicron variant of COVID-19 in WA. The rapid increase in cases of COVID-19 in the WA community in recent weeks to 'very high caseload settings' support the importance of preparing for business continuity. Noting that the risk of exposure to COVID-19 cannot be eliminated, a system-based, risk managed approach that applies appropriate mitigation strategies should be implemented. For this reason, I recommend, as the Chief Health Officer, that WA move to the 'very high caseload settings' (Level 2 TTIQ response in the Updated Transition Plan) on or after 10 March 2021.

In summary, these settings will include:

- modification of the household close contact management protocol, to align with the national management approach;
- implementation of 'critical worker' quarantine arrangements; and
- implementation of modified quarantine arrangements for school children who are asymptomatic non-household close contacts, which will permit them to continue to attend school, with no additional testing required.

I will continue to monitor the situation, the latest evidence and changing advice and will re-consider the above advice should there be significant changes in the public health situation.

Yours sincerely



Dr Andrew Robertson
CHIEF HEALTH OFFICER

8 March 2022