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

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Dear Premier

UPDATED PUBLIC HEALTH AND SOCIAL MEASURES, BORDER AND VACCINATION REQUIREMENTS

On 05 November 2021, I provided advice regarding the rationale for use of Public Health and Social Measures (PHSMs) to mitigate the spread of COVID-19 during an outbreak in Western Australia (WA). In my advice, I noted that PHSMs should be titrated according to the number of cases in the community, the pressure within the health system and the capacity of the State to respond to outbreaks and emergency situations. Since February 2022, WA Health has been managing a COVID-19 outbreak due to the Omicron BA.2 variant, using the public health levers of Testing, Tracing, Isolation and Quarantine (TTIQ), COVID vaccinations and PHSMs, including masks. WA implemented a range of PHSMs in a staged approach, with Level 1 PHSMs implemented on 18 February 2022 and Level 2 PHSMs on 03 March 2022. Since that time, WA has been transitioning to 'living with COVID'. On 13 April 2022, I recommended that WA return to Level 1 PHSMs, as originally proposed on 24 March 2022, with the relaxation of capacity limits in hospitality venues, events, private functions and homes. In addition, changes to the Testing, Tracing, Isolation and Quarantine (TTIQ) settings were recommended, as follows:

- the 'close contact' definition should change to a 'household or household-like' close contact definition;
- the requirement for QR codes and contact registers should be removed from all venues (other than current arrangements in hospitals, disability and residential aged care facilities); and
- post-arrival testing requirements for all international and domestic travellers should cease.

The PHSM and TTIQ changes were introduced on 14 April 2022.

On review of the daily case numbers, WA reached its peak of COVID cases three weeks ago, on 29 March 2022, when the daily case number reached 9,754 new cases. Total active cases reached their peak of 54,064 cases on 01 April 2022. Since then, daily and overall active case numbers have been declining slowly, with 7,426 new cases and 39,591 active cases reported on 12 April 2022. Following the Easter weekend and the changes implemented on

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14 April 2022, cases have risen, with 9,314 new cases and 41,335 active cases reported on 20 April 2022. Case numbers are expected to plateau or continue to slowly fall, although past and proposed future changes to PHSMs, TTIQ settings and vaccination entry requirements may lead to higher case numbers, potential shortages of critical workers, and reduced school participation in coming weeks. While WA has experienced hospitalisations, ICU admissions and deaths due to COVID-19, these have been significantly below the expected numbers from the modelling data. Although these more serious cases may increase, in the event of a further peak or plateauing of cases, any anticipated rises are within the capacity of the WA health system to manage. Any sustained rise in cases, however, may limit WA Health's ability to return to full elective surgery, which would need to be managed subject to actual COVID hospitalisations and availability of furloughed staff. WA has now reached a point in the outbreak where it is appropriate to review the use of these public health levers and to ensure that these are at a level that supports the outbreak response while minimising adverse impacts on industry, schools and society.

CHANGES TO PUBLIC HEALTH AND SOCIAL MEASURES

In my advice of 16 February 2022, I recommended that WA move to Level 1 PHSMs from 18 February 2022. This included mask wearing indoors, one person per 2 square metre density limits and restrictions on capacity in entertainment venues, major stadia, nightclubs and home gatherings. These measures were designed to suppress the spread of disease in the early stage of the Omicron outbreak in venues that allowed large numbers of non-household groups to congregate, with increased mixing and where physical distancing was not always possible, which increased the level of transmission. To reduce the impact of gatherings on transmission, many venues had required proof of vaccination since 31 January 2022, as outlined in the Proof of Vaccination Directions (No 5). This had the added benefit of helping protect the individuals from severe disease if they were exposed to a high-risk transmission event at a venue.

On 24 March 2022, I made recommendations regarding the downgrading of PHSMs from Level 2 to Level 1 on 30 March 2022, including that these measures should not be fully implemented until two weeks after the peak of Omicron cases had been reached in WA. On 13 April 2022, I recommended that WA return to Level 1 PHSMs as proposed, with the relaxation of capacity limits in hospitality venues, events, private functions and homes. The Level 1 PHSMs still required density limits of one person per 2 square metre in public venues and events, which remained important in managing community spread among the ongoing cases. I further recommended that WA maintained some Level 2 PHSMs, including mask use for children aged 8-11 years and visitor restrictions at residential aged care facilities, disability care facilities, and hospitals, in line with the current restrictions. While these measures suppressed community spread, they continue to restrict the full operations of hospitality, entertainment, travel and other industries, which need to be considered in any review of such measures.

With the Omicron BA.2 outbreak trending downwards, albeit slowly, and hospitalisation and ICU admission rates remaining stable and much lower than anticipated, WA should now consider further easing the PHSMs. On 29 April 2022, WA will be 4 weeks past the peak of the Omicron BA.2 wave and the ongoing benefits of suppression of spread achieved through the PHSMs will have significantly reduced, particularly considering an anticipated 80%

coverage of COVID booster vaccines over 16 years and an estimated 15-20% of the WA population will have had the disease. In line with all other Australian jurisdictions, which have removed all remaining density and capacity settings, WA should consider removing the remaining 2 square metre rule, 75% capacity and COVID event plan requirements on or after 29 April 2022.

MASKS

On 3 January 2022, the Acting Chief Health Officer provided advice on implementing mandatory mask wearing in WA as an additional measure to reduce the risk of spreading COVID-19. SARS-CoV-2 infection is mainly transmitted by close personal contact (via respiratory droplets or aerosols) or via contaminated fomites[1]. The wearing of a mask in the community helps to protect both the individual wearer and those around them from transmission of COVID-19. 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. All other regions moved to indoor mask wearing on 18 February 2022. The Directions mandated 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). This was further extended to 8 to11 year old children with the implementation of the Level 2 PHSMs on 03 March 2022.

Mask wearing remains a cost effective non-pharmaceutical measure that assists in transmission reduction. Mask use, however, should be considered within a hierarchy of controls to manage the risk of COVID-19 transmission, which include other risk avoidance or mitigation strategies that should also be considered, a full detail of these can be found in the Australian Government publication, *Minimising the risk of infectious respiratory disease transmission in the context of COVID-19: The hierarchy of controls*[2]. Importantly, the hierarchy of controls lists different risk avoidance or mitigation strategies in decreasing order of reliability, with the use of Personal Protective Equipment (PPE) being the lowest and least reliable method of control. Masks have been highly effective in suppressing the outbreak, particularly in response to the early Delta outbreak in January 2022 and the early phases of the Omicron outbreak. With spread now occurring in household or household-like settings, as well as social settings, and the introduction of the revised close contact definitions from14 April 2022, the benefits of masks has lessened, although they still have an important role on public transport, on aircraft and at airports, where there is increased mixing and people cannot easily physically distance. Masks do have an ongoing role for visitors and staff in high risk settings, such as hospitals, residential aged care and disability services facilities, and prisons, as they protect both the more vulnerable populations and staff by reducing the transmission of COVID-19 and other respiratory viruses into and within these facilities, and should be retained. Masks should also no longer be required for 8 to 11 year olds in these settings. Masks should continue to be encouraged in settings where people are unable to physically distance. This is consistent with other Australian jurisdictions, who have removed the indoor mask wearing requirements, except for public transport, on aircraft and at airports, or in high-risk settings.

[1] Infection Control Expert Group. The use of face masks and respirators in the context of COVID-19. https://www.health.gov.au/sites/default/files/documents/2021/03/the-use-of-face-masks-and-respirators-in-the-context-of-covid-19.pdf

[2] Australian Government. Minimising the risk of infectious respiratory disease transmission in the context of COVID-19: The hierarchy of controls. 2021. https://www.health.gov.au/sites/default/files/documents/2021/07/minimising-the-risk-of-infectious-respiratory-disease-transmission-in-the-context-of-covid-19-the-hierarchy-of-controls.pdf

CLOSE CONTACT MANAGEMENT CHANGE

In my advice of 13 April 2022 on the proposed TTIQ settings, I proposed a new 'close contact' definition as outlined above. Close contacts captured by this definition are required to quarantine for 7 days, with testing by Rapid Antigen Test (RAT) or PCR within the first 24 hours and on Day 6 or 7. The Australian Health Protection Principal Committee (AHPPC) has been reviewing close contact management at the request of National Cabinet and supports a move away from mandatory quarantine for close contacts and the introduction of alternative measures to manage the resulting risk. New South Wales (NSW) and Victoria announced on 20 April 2022 that they will introduce such measures over the next week, albeit with additional testing requirements, with the remainder of jurisdictions expected to have introduced the change by the end of April 2022.

Removing mandatory quarantine for close contacts is expected to result in increased COVID-19 transmission in the community, with potential flow-on effects to health system capacity. The net impact of removing this requirement is difficult to quantify and may be partially offset by increased compliance with other public health measures, such as mask wearing and testing. The introduction of mandatory RAT testing is also expected to further mitigate this risk. Reduced testing rates have resulted in lower case ascertainment and it is likely that individuals who would usually be required to quarantine may not be doing so, as they are unaware of their exposure status.

To move to national minimal requirements for contact testing, it is recommended that WA adopt the following protocol from 29 April 2022:

- For a period of seven days post exposure to a COVID-19 case, all close contacts are required to:
  - wear a face mask when leaving the house;
  - avoid visiting high-risk settings, including hospitals, health care settings, disability and aged care facilities, and correctional facilities, except where critical worker furloughing arrangements apply; and
  - undertake daily RAT testing.
- All close contacts are strongly recommended to:
  - work from home where possible, avoid non-essential gatherings, and avoid contact with people at risk of severe illness; and
  - notify their employer/ educational facility of their close contact status and their attendance.
- In addition, symptomatic close contacts are required to:
  - isolate immediately and remain isolated until at least symptoms resolve;
  - get tested in accordance with current WA protocols; and
  - if the test is positive, the close contact should be managed as a case.

VACCINATION REQUIREMENTS FOR TRAVELLERS

On 18 February 2022, in my advice on opening the WA border on 05 March 2022, I recommended that WA should permit entry for any triple dose (if eligible) vaccinated interstate traveller or any 'fully vaccinated' international traveller (primary course, no booster requirement) without the need to quarantine. These requirements were put in place to protect

the WA community from further exacerbation of our local outbreak from introduced cases. Given that it is now more than six weeks after the border opening, and approximately three weeks beyond the peak of the WA COVID-19 Omicron outbreak, it is appropriate to revisit this requirement and consider if the original public health objectives are still being met.

The Office of the Chief Health Officer and the State Emergency Coordinator have received multiple requests for exemptions from the booster vaccination requirement from international and interstate travellers. Requests have come from people who are elite athletes, industry specialists, airline flight crew and the Australian Defence Force, coming to WA for a short period and a very specific purpose. Another group requesting exemption are international travellers who arrive in WA indirectly, via another Australian state or territory, as they have frequently arrived without receiving the opportunity to have a booster vaccination.

WA now has a very high vaccination rate, with 96.6% of people 5 years and over having received 1 dose, and 98.9% of people over 11 years having received 2 doses. Our booster rate is the highest in Australia with 78.2% of people over 16 years having received a booster dose. With such high vaccination rates, the contribution of this border requirement to increasing WA booster rates further is negligible and the vaccination requirements imposed on travellers are no longer proportionate to the risk.

Given the continuing high local caseloads, imported cases from overseas and interstate represent only 1-3% of imported cases. As most states have double vaccination rates over 92%, the risk of transmission from the entry of small numbers of unvaccinated or partially vaccinated people into WA is very low, while the risk of them becoming infected in WA is of similar magnitude to any other Australian jurisdiction. Similarly, the risk from unvaccinated overseas travellers is also very low and the requirement for such people to hotel quarantine for 7 days, given high levels of local disease, is no longer proportionate to the risk. NSW and Victoria announced on 20 April 2022 that this requirement would be removed in next few days and other jurisdictions are expected to follow. On review, it is recommended that the vaccination requirements for interstate arrivals be removed from 29 April 2022. Once these requirements are removed, there will be no further need for the G2G Pass, which can be retired. The requirement for vaccinations for international arrivals, and the requirement to quarantine in a hotel, should be reviewed in 4 weeks after their implementation in other jurisdictions.

PROOF OF VACCINATION REQUIREMENTS

On 15 January 2022, in response to the Omicron outbreak, I recommended the implementation of proof of vaccination requirements statewide for entry at a range of hospitality, entertainment, fitness, sporting and music venues and events. These were discretionary venues and events that were 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. These measures were introduced on 31 January 2022 with the intention to further protect the WA population by encouraging uptake of both two dose and booster vaccinations. In the subsequent 3 months, these requirements, along with other targeted vaccination measures, have successfully increased the two dose vaccination rate over 12 years of age from 88.8% to 98.9% and the booster rate over 16 years of age from 22.1% to 78.2%, which has been a significant contributor in reducing serious disease, hospitalisation

and ICU admissions during the current outbreak. With the very high two dose vaccination rates achieved, the proportionality of this measure is now reduced, and there is little ongoing benefit or requirement for this mandate. Given the other changes proposed, and except for high-risk settings, such as hospitals and residential aged care facilities, where enhanced protections are still recommended, this is an appropriate time to remove this mandate.

VACCINE MANDATES

The current requirements for identified employment groups to be vaccinated to access various workplaces, including the requirements for an initial two dose course and subsequent booster dose, have been reviewed and remain proportionate to the ongoing risk of infection, transmission and serious disease, with an estimated 20% of the population yet to receive a booster dose. Recent hospitalisation data shows that this 20% portion of the population accounts for 61% of hospital admissions, with the estimated 1% of the population who is unvaccinated responsible for 32% of hospital admissions. These vaccination requirements will continue to be reviewed over coming weeks, as vaccination rates continue to rise.

VISITOR REQUIREMENTS

On 17 February 2022, restrictions on hospital visitors were implemented following locally acquired case numbers in WA exceeding 100 per day. The restrictions were in line with the implementation of Level 1 PHSMs. Measures introduced included:

- visiting hours being reduced to between 10am and 12 pm and 5pm to 7pm, seven days a week;
    - where possible, visitor numbers were limited to the same two visitors per patient per day, with a maximum of two visitors at any given time, noting that this did not apply to essential visitors, mental health advocates or other statutory personnel (as defined in the Visitor Guidelines by the Chief Health Officer);
    - all hospital visitors were required to show proof of vaccination before visiting a hospital;
    - surgical masks were required for all clinical and non-clinical staff;
    - the wearing of masks by visitors was required, unless an exemption applied; and
    - all public hospital visitors were expected to undertake screening, risk assessment and potentially testing before entry.

On 3 March 2022, further restrictions on hospital visitors were implemented following case numbers in WA exceeding 1000 a day. The restrictions were in line with the implementation of Level 2 PHSMs. The rationale for the restrictions was to reduce the number of people attending hospital wherever and whenever clinically safe to do so, and thus minimise the risk of an outbreak in a hospital as far as practicable. From 6 March 2022, all hospital patients were permitted to have one visitor at a time during designated visiting hours, with essential visitors, including birth partners, end-of-life support persons and parents of children, as outlined in the COVID-19 Visitor Guideline for WA Public Hospital and Health services, able to remain with the patient outside of standard visiting hours.

With the easing of other restrictions, it is proposed that patients may now have 2 visitors per day during the hospital's usual visiting hours. This is in addition to essential visitors as outlined above. Similarly, residential aged care and disability services facilities should continue to be restricted to two visitors per day per resident. Given the risk to vulnerable

patients and residents, mask requirements should continue to apply. This is consistent with the ongoing requirements in other Australian jurisdictions.

SCHOOLS

Schools and early learning centres have been subject to series of measures that have restricted a range of usual activities. With the changes proposed in this advice, many of these activities, including whole school assemblies, school balls and off-site events could recommence. Limitation on parents entering schools, school camps and parent/teacher interaction should be removed.

Volunteers and ad hoc workers should be allowed to return to classrooms, although mandatory vaccination requirements should remain. Proof of vaccination requirements for visitors should not be required for the reasons outlined above. Current cleaning requirements should be retained.

RECOMMENDATIONS

As previously advised, the implementation and release of PHSMs needs to be tailored to optimise the management of the outbreak, including with variants that may have different transmissibility and severity, and used in a way that is proportionate to the risk. The current Level 1 PHSMs are proportionate, given WA's case numbers have increased over recent days and, while there has been plateauing of cases and slower rates of hospitalisations than expected, this effect is likely due to WA's vaccine coverage and PHSM use.

The levers of control have been effective to date, with PHSMs remaining the principal measure available in controlling the growth of this outbreak. Given the slower fall from the peak and widespread disease, the benefits of maintaining the PHSMs with their economic, social and psychological consequences need to be factored against limited further suppression of spread of the disease, particularly in the context of a less virulent variant, very high rates of vaccination and low hospitalisation rates. All other Australian jurisdictions, albeit with different degrees of population--level immunity and vaccination rates, have moved to remove these restrictions and WA should consider following this lead.

As WA transitions to 'Living with COVID-19', most of the measures previously mandated should continue to be highly recommended. This includes social distancing, socially responsible mask wearing in certain settings (e.g. larger indoor gatherings), hand and general hygiene, and taking a COVID-19 test if symptoms develop. Emphasising ongoing personal responsibility remains important in effectively managing COVID-19 in the long-term.

Based on my review of the current outbreak, the control measures in place and the medical literature, it is my advice, as Chief Health Officer, that removing the Level 1 PHSMs should be considered no earlier than 29 April 2022 and only in the full knowledge that this may have the effect of increasing cases and hospitalisations in the short to medium term with the potential for further peaks and plateauing of cases. Should such a transition be required, and is deemed appropriate by Government, I recommend the following changes be implemented on or after 0001 hours on 29 April 2022:

- 2 square metre requirements and other capacity limits for all venues and events to be removed;
- mask wearing required for those aged 12 years and over indoors to be removed, except for on public transport, on aircraft, at airports and in high risk settings, including hospitals, aged care, disability services and correction facilities;
- indoor mask wearing requirements for those aged 8 -11 years to be removed;
- quarantine requirements for close contacts to be removed, subject to the conditions outlined above;
- proof of vaccination requirements to be removed, except for hospitals and residential aged care facilities;
- vaccination requirements for interstate travellers to be removed;
- vaccination requirements for overseas travellers, including the requirement for hotel quarantine, to be reviewed within 4 weeks;
- residential aged care and disability services facilities to be restricted to two visitors per resident per day, as per current Level 1 restrictions;
- hospitals to be restricted to two visitors per day, except for parents/carers of children, birth partners and for compassionate reasons, during usual visiting hours; and
- schools to revert to baseline settings, including permitting assemblies, camps, balls and off-site events.

I will continue to monitor the situation, 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

21 April 2022