**Record of meeting between the Minister for Health and the Chief Health Officer**

*Tuesday 14 December 2021*

Minister Foley asked the Chief Health Officer whether it was possible to find a proportionate means of controlling the risks of COVID-19 in a less restrictive manner than a vaccine mandate. Would a combination of mask wearing and testing be a reasonable alternative to a vaccine mandate?

The Chief Health Officer indicated that this was an entirely reasonable question but that there were a number of insurmountable challenges that prevented the combination of mask wearing and testing being an equally robust solution to the risks of exposure and transmission.

The Chief Health Officer indicated that mask wearing was appropriate in many higher risk settings and that these settings often required an N95 face mask, other PPE, training in PPE use, and a buddy system in place for donning and doffing. Even though these settings reported generally high levels of compliance, compliance clearly fluctuated across time and depended on participants’ (variable) motivation to comply. Motivation varies with the presence of a clear mandate, the particular settings in which the participant was located, and other circumstances affecting the participants’ presence of mind. The Chief Health Officer noted his personal experience of watching people wearing a face mask while walking down the street, then taking off the face mask when engaging in conversation with someone they had met. Face masks do not provide protection all of the time, because people’s compliance (to wear the mask, and to wear the mask correctly) will fluctuate.

The Chief Health Officer further noted that testing has its utility (especially for PCR which is gold standard for detecting infection at time that it is taken) but still involves some uncertainty. Testing provides a good indication of a person’s infectiousness at the time that the test is taken, but a person can become infectious shortly after the test is taken and go on to infect other people. The Chief Health Officer also questioned whether it was feasible for people to undertake testing on a daily basis (especially with PCR testing, which takes it time to process) and noted that testing doesn’t protect a person from being exposed.

The Chief Health Officer noted that Rapid Antigen (RA) tests are cheaper and provide a result more quickly, but they are less sensitive in picking up a true positive case. Some RA tests only deliver a positive result on 50%-66% of true infectious cases. People would also have to take a RA test every day. As a matter of real-world applicability, there are real challenges in overseeing compliance with the result and making sure that participants are not gaming the testing system by either taking a photo of a previous negative result or bringing a previous test (or a test performed by someone else) onto site.

By comparison, the Chief Health Officer noted that a vaccine, once administered, provides continuous protection that doesn’t require compliance (albeit in a manner that wanes over time).

Minister Foley asked whether a combination of testing, distancing and screening might be effective enough, especially in light of the potential effect that a mandate might have on the social licence and its effect on goodwill and compliance.

The Chief Health Officer noted that this combination only operated in organised settings. Although the risk was less in some other settings – especially outdoors or places that were highly ventilated – not all workplaces and settings were organised, outdoors or highly ventilated. It is necessary to protect Victorians in all the settings they visit, whether shopping, working or engaging in essential activities. No other mitigation than vaccination applies universally in all settings and circumstances.