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

4 January 2022

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Minister for Health: The Hon. Martin Foley

Acting Chief Health Officer: Professor Benjamin Cowie

Acting Secretary, Department of Health: Jacinda de Witts

Acting Deputy Secretary, Public Health Policy and Strategy: David Ruschena

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**Update on epidemiology since 23 December CHO advice was provided to Minister**

The Minister sought an update on the epidemiology associated with COVID-19 and, in particular, Omicron, since the last formal advice he received from the CHO on 23 December. The ACHO provided a summary of the changes:

* The epidemiology in Victoria has shifted significantly since the previous formal advice. On 23 December there were approximately 14,800 confirmed active cases in the community. Today there are over 48,000. Omicron had increased from 3% of sequenced isolates in the first half of December, to 30% of isolates by the 20 of December, to greater than 75% by 31 December 2021.
* Due the high volume of total PCR tests being received, and also the high proportion of tests with positive results (now over 20%) leading to an inability to pool specimens, laboratory PCR testing for COVID-19 is increasingly unable to meet expected turnaround times for results. Only 30% of results are currently available by the day after the test, and many results take several days to be received. This delay is preventing timely access to support and linkage to clinical care, including the provision of time-critical interventions such as Sotrovimab.
* There are substantial pressures on the testing system and hospitalisations moved from 398 inpatients and falling on 23 December, to 516 inpatients and rising today. Twelve Victorian health services have indicated that they were already using extended-team workforce models to deliver care under specialist supervision, and some health services had indicated that they were no longer able to meet optimal nurse to patient ratios. These workforce challenges would only increase as more healthcare workers became infected, with recent trends suggesting an increase in the number of clinical health care workers with COVID-19 rising in excess of 10% per day.
* The ACHO expects to see a similar situation with regards to Omicron as NSW is currently experiencing; by next week more than 20,000 cases per day and more than 1000 hospital inpatients, with the number of hospitalised cases increasing by 10% or greater each day. The ACHO noted that in both Victoria and NSW, at times there appear to be artificial plateaus in the number of cases being reported, as pathology and reporting systems experience significant delays in test processing and result reporting resulting in an inability to reflect significant increases in case numbers in a timely fashion.

**Policy issues raised by the Minister**

**Issue 1 - vaccine mandates**

**Minister:** sought advice from the ACHO on whether there was more we could do to extend vaccine mandates for a 3rd shot beyond the groups already advised.

**ACHO:** Indicated that during the significant Delta wave mandates for both particular workforces and the broader vaccinated economy settings were proportionate and had a significant impact on uptake,with substantial benefit for reducing transmission and protecting health and wellbeing of Victorians. However, given they are quite restrictive of the rights of the individual, the new mandate recommendations are focussed only on those at greatest risk of exposure and/or those that provide care for vulnerable Victorians who are more likely to experience severe illness if exposed to COVID-19.

The ACHO recommended on this basis that the Minister consider making a 3rd dose of COVID-19 vaccination mandatory for the following workers: health care workers, aged care workers, disability care workers, emergency services workers, workers in correctional facilities, hotel quarantine workers, and workers in abattoirs and meat and poultry processing facilities.

The Minister asked for advice on the vaccination of hotel quarantine workers, noting the likely use of hotel quarantine facilities to assist with management of the Omicron surge in Victoria, including the use of hotel quarantine to decant acute hospital in-patients with COVID-19 who no longer require acute care but remain COVID-19 positive and are unable to return home. This has the potential to significantly reduce bed pressures in the hospital system in the coming weeks and substantially contribute to hospital capacity. As a result, the likelihood of exposure to COVID-19 for hotel quarantine workers would increase from current levels, and furthermore the probability of interactions with COVID-19 positive individuals recently discharged from acute hospitals (compared with typically well international travellers who by definition have a negative COVID-19 test in the 72 hours prior to departure). On this basis, the ACHO recommended the Minister consider extending mandatory 3rd dose vaccination to the hotel quarantine workforce.

Subsequently, the Minister asked for advice on the inclusion of early childhood learning staff in mandatory 3rd dose vaccination, given that (with the imminent commencement of the 5-11 vaccination program) transmission among children aged under 5 years can be expected to represent an increased proportion of the total; and the critical role early childhood learning plays in supporting workforce participation, including among many essential workers including health care, aged care and disability care workers. The ACHO considered that high levels of 3rd dose coverage in this group are highly desirable on these grounds, but that the Minister could consider in the first instance a strong engagement program for this industry and workers to promote high levels of vaccination uptake. Measures such as paid leave to attend vaccination appointments and addressing other logistical and financial barriers to vaccination should be explored. Were these interventions not to result in high levels of vaccination to protect these workers and the children in their care, the consideration of a 3rd dose mandate would remain open.

TheACHO advised that for the broader community it is was appropriate to adopt the least restrictive option at this stage and increase effective communication with the public regarding the profound benefits of the 3rd dose through significant community engagement and empowerment. That ACHO noted that, subject to consideration of vaccine mandates’ effect on the social licence and community compliance, additional mandates could be considered appropriate in future if evidence of certain groups falling behind in coverage or facing increased risk of transmission or adverse outcomes becomes apparent. The ACHO noted that a consideration of a broader 3rd dose vaccine mandate associated with access to the ‘vaccinated economy’ would require resolution of operational issues associated with the verification of an individual’s 3rd dose vaccination status through the Australian Immunisation Register (AIR) and how this interfaces with the Services Victoria check-in App.

**Minister:** sought advice on which groups would be categorised as “emergency workers” in relation to vaccine mandates, and whether this should include ESTA.

**ACHO**: Recommended that ESTA workers, whose role is critical to the support of Ambulance Victoria in providing emergency services to Victorians, could therefore be considered for inclusion in mandatory 3rd dose vaccination as being in scope as “emergency service workers”, and that it was open to the Minister to consider including other categories of workers essential to emergency services and acute health responses to the Omicron surge in Victoria.

**Issue 2- options to minimise transmission at major events**

**Minister:** sought advice on the relative merits of either introducing crowd limits or requiring pre-event Rapid Antigen (RA) Tests.

**ACHO:** Agreed that it is highly desirable to find ways to employ a more targeted (and less arbitrary) way of managing the risks major events, especially if it were possible to specifically prevent entry by patrons who have evidence of COVID-19 infection. In such circumstances, the public health objective of mitigating the risk of large scale amplification of COVID-19 transmission in the community through major events would be achieved with less restrictive, or even no requirement for, crowd limits. RA tests in particular present a significant opportunity that can be harnessed to reduce the risk of COVID-19 incursion and transmission in a range of contexts including sensitive settings, as well as major events. With the high prevalence of COVID-19 in the community at the current time, the positive predictive value of a positive RA test relative to PCR is greater than 90%.

However, the ACHO noted some significant constraints on being able to take this approach at present that prevent implementation of such a measure, including:

* Current supply constraint and inability for community members to source RA tests
* Operational issues such as inability to check compliance with testing requirements, or the results of tests undertaken, in a timely and reliable way.

If supply and implementation issues could be addressed, then deployment of RA tests could achieve the public health objective of reducing risk of amplification of COVID-19 transmission posed by major events with lesser, or even avoidance of capacity caps.

Subsequently, the ACHO was asked about more universal mask use in major events. He responded that extending mask use to include while patrons are seated at outdoor events (except while eating or drinking) could be an additional risk mitigant.

**ACHO**: reflected the overarching importance of RA testing moving forward and shift away from reliance on PCR testing as highlighted in the 23 December CHO advice.

**Issue 3 – consideration of economic impacts of recommended public health settings**

**Minister:** indicated that some of the measures would have significant financial costs (particularly to small business and the State) and sought advice from the ACHO about whether such costs had been taken into consideration.

**ACHO:** In making the recommendations to the Minister to consider a range of public health and social measures – including introducing DQ4 indoors (including cinemas and seated theatres), the closure of indoor dancefloors, seated service requirement in indoor hospitality settings, and a requirement to work or study from home where possible (excluding early childhood learning, primary and secondary schools) – the ACHO stated that he had considered the least restrictive measures to achieve maximum public health intent. This is clear in the revised proposal to limit the reintroduction of density quotients, closure of dancefloors, and requirement for seated service to indoor settings and recommending these restrictions not apply to outdoor settings. This reflects the need to allow economic activity to continue, balanced against the public health evidence that outdoor environments are fundamentally lower risk than indoor environments.

The ACHO acknowledged that broader social and economic factors are critical aspects that the Minister would be considering in parallel with the public health advice when deciding on what public health measures the Minister felt to be most appropriate and proportionate in response to the Omicron surge in Victoria.

**Issue 4** **– evidence of effectiveness of the recommended settings**

**Minister**: sought advice from the ACHO on what evidence exists that indicates that the recommended measures will have an impact versus whether it is essentially “too late to act”.

**ACHO:** Noted that there is evidence that public health and social measures such as those recommended do have a downward impact on transmission and on health system pressures and that the impact on acute health services, while necessarily delayed due to the incubation period of COVID-19 and the time taken from onset of symptoms to more severe illness in those cases where this occurs, could be anticipated to be in effect from two weeks’ time onward.

With regard to evidence of the effectiveness of public health and social measures, the ACHO noted that there is substantial evidence for these measures available in the international literature and that this evidence underpins the impact of proposed measures in mathematical models that have helped inform policy responses to COVID-19 in Victoria and other jurisdictions, nationally, and internationally.

Subsequently, the ACHO provided some further evidence and information collated by public health colleagues in the Department in relation to the impact of various public health and social measures, including the position of international and national public health bodies, evidence from key international publications on the effect of physical distancing in general, and closure of businesses, workplaces, venues and public event bans specifically. In addition, the modelled incremental benefit of applying density quotients in the Victorian context was provided.

**Further questions on procedure and considerations for ACHO advice**

The Minister then sought advice from the ACHO on specific aspects of the proposed recommendations and the updated epidemiological advice.

**Minster:** Requested clarification on what changes are needed for isolation and testing for diagnosed and close contacts.

**ACHO:** Indicated the need to shift away from PCR to RA tests to preserve and reduce pressure on the testing system. Noted that, in order to facilitate this shift, some changes need to be made to case definitions in the Orders.

**Minister:** Asked whether the measures recommended on 23rd December for isolation and testing are still applicable.

**ACHO:** Noted that they are applicable but capacity to mandate testing is currently limited by our access to RA tests. More information on RA test supplies will be available by end of the week and will be considered for implementation next week.

**Minister:** Sought advice on any changes for outdoor settings for 6 January.

**ACHO:** Given the epidemiology, recommended the capacity of major events outdoor be limited to 50%. Other outdoor entertainment would recommend no restrictions, no requirement for seated service. Noted the importance of encouraging outdoor activities, rather than potentially forcing people back into private residences and indoor spaces and potentially increasing transmission given that these are higher risk environments.

[NB: ACHO later clarified that one possible approach might be to reduce all outdoor entertainment capacity to 50% (not just major events) in light of the difficulties in defining an ‘event’ and the intent of capturing both larger and smaller events where there are pinch points at the start or end of the event, with crowds congregating at an entry or exit point, increasing transmission risk. Noting the alternative option discussed of requiring RA test before entry to entertainment venues – and the further information that the Minister requested on this option.]

**Minister:** Sought advice on whether the removal of indoor dancefloors should be mandated or could it be recommended.

**ACHO:** Recommend that prohibiting operation of dancefloors indoors is mandated but outdoor dancefloors could continue.

**Minister:** Sought confirmation that the previous advice to mandate seated service in hospitality and entertainment venues as per 23rd December is still applicable.

**ACHO:** Reaffirmed the advice for indoor settings but not outdoor.

**Minister:** Sought confirmation of previous advice regarding workplace measures provided by the CHO on 10 December.

**ACHO:** Indicated that some changes are necessary to the Workplace Order because there are challenges with the consistency with Quarantine, Isolation and Testing Orders.

**Minister:** Sought the ACHO’s agreement to provide advice on a pathway to increasing reliance on RA testing for entry to venues and events.

**Minister:** Sought advice on any other ACHO recommended changes.

**ACHO:** Recommended the cessation of elective surgery given the increased hospitalisation rates and pressure on the health system caused by the Omicron surge.

**Minister:** Indicated strong support for the cessation of elective surgery

**Minister:** Regarding the strong recommendation to work from home, the Minister asked the ACHO if we need to go stronger or can we maintain that recommendation?

**ACHO:** Noted that not mandating working from home could lead to increased workplace transmission despite other controls in place such as masks. A mandate to work from home could be implemented, but recommended this not apply to workers from early learning centres, primary or secondary schools. However, the Minister could consider waiting and reviewing progress of the next two weeks with the recommended restrictions, as many people are not currently working on-site during this time of year.

**Minister:** Sought confirmation that the ACHO advice is that all changes should be made simultaneously.

**ACHO:** The advice covers changes split over the 6th and 10th of January, and includes consideration of RA test availability. It is proportionate on that basis. Further, all changes are recommended over the 6th and 10th given the delay of impact of the changes. The ACHO stated that it is better to move earlier; a change in Orders would not have an immediate effect, but would have a profound effect on case numbers roughly two weeks after the changes occurred.

**Minister:** Sought confirmation that these are the only changes recommended.

**ACHO:** Indicated the ACHO and CHO may look at other measures over the coming months, including whether the options were operationally viable, but at this stage these are the recommendations for immediate future.

**Minister**: Asked the ACHO whether there are there any less restrictive measures considered and if so, why not recommend them?

**ACHO:** Indicated that less restrictive measures were considered, particularly considering the human rights objective of favouring less restrictive options whenever possible. These were not recommended given the transmissibility of the Omicron variant and the increasing pressures on the health system. Other measures for vulnerable communities should continue in tandem.