

s22

From: AHPPC Secretariat
Sent: Friday, 2 September 2022 3:04 PM
To: AHPPC Secretariat; KIDD, Michael; 'Chris Lease '; andrew.robertson_Contact; Brett Sutton; 'Dr Charles Pain '; 'Dr John Gerrard'; kerryn.coleman_Contact; VEITCH, Mark; KELLY, Paul; kerry.chant_Contact; mark.veitch_Contact; s47F
Cc: AHPPC Secretariat; NORRIS, Sarah; HARPER, Emily
Subject: AHPPC Meeting Monday 5 September - Agenda and Draft AHPPC Statement for comment by 9am Monday 5 September [SEC=OFFICIAL]
Attachments: Draft AHPPC statement - reduced isolation period for COVID-19 cases.docx

Dear Chief Health Officers,

Please see agenda below for AHPPC meeting 12pm – 1pm AEST Monday 5th September.

The paper attached is a draft AHPPC Statement on the reduced isolation period for COVID-19 cases.

ACTION: Secretariat seeks any feedback on this draft statement in track changes by **9am Monday 5 September** to enable incorporation prior to the 12pm meeting.

Agenda	Item	Paper/s	Speaker/s
1	Meeting opening <ul style="list-style-type: none"> Welcome 	No	Chair
2	Draft AHPPC statement to address further advice on isolation requirements for workers in hospitals and other healthcare settings.	Yes	Chair
3	Other Business	No	Chair

Kind regards,

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Australian Health Protection Principal Committee (AHPPC)

Office of Health Protection and Response | Australian Government Department of Health

T: s22 | E: s22 @health.gov.au

A: MDP 140, GPO Box 9848, CANBERRA ACT 2601, Australia

I acknowledge the traditional custodians of the lands and waters where we live and work, and pay my respects to elders past and present.

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From: AHPPC Secretariat
Sent: Monday, 5 September 2022 11:30 AM
To: AHPPC Secretariat; 'Chris Lease '; andrew.robertson_Contact; Brett Sutton; 'Dr Charles Pain '; 'Dr John Gerrard'; kerryn.coleman_Contact; VEITCH, Mark; KELLY, Paul; kerry.chant_Contact; mark.veitch_Contact; Nicola.spurrier_Contact; s47F
Cc: AHPPC Secretariat; NORRIS, Sarah; HARPER, Emily
Subject: UPDATED: Draft AHPPC Statement on reduced isolation period for COVID-19 [SEC=OFFICIAL]
Attachments: For AHPPC consideration - Draft AHPPC statement - reduced isolation period for COVID-19 cases 05092022 update.docx

Dear AHPPC Members,

Thank you for your feedback on the draft AHPPC Statement. Having reviewed comments to date, we have prepared a revised draft statement for discussion at today's AHPPC meeting today. Of note:

- The direct quote of the National Cabinet Statement has been omitted, with the focus more on the advice of AHPPC regarding implementation and healthcare settings – as requested by National Cabinet.
- There is strengthened reference to the role of workplaces in supporting the transition.

We look forward to discussing further later today.

Kind regards,

Secretariat Team.



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AHPPC Statement – reduced isolation period for COVID-19 cases

The AHPPC notes the need for a proportionate approach to isolation settings for those with COVID-19 infections at this stage of the pandemic. The AHPPC further notes that while balancing a proportionate approach to isolation settings for all Australians, it is important to ensure the continued protection of those most vulnerable to severe illness from COVID-19.

Noting this, while COVID-19 cases with no symptoms after five days may leave isolation, the AHPPC strongly advises that people should be excluded from attending high-risk settings (such as aged care, disability care, hospitals, and other healthcare settings) until at least seven days following their positive test result and they are without symptoms. This applies to both staff and visitors.

It remains important for people who continue to have respiratory symptoms after five days following a positive test to continue to isolate until symptoms have resolved.

No changes are recommended to the management of close contacts. Close contacts should continue to monitor for symptoms, avoid high-risk settings, get tested and stay at home should symptoms develop.

The AHPPC notes the importance of workplaces in implementing this transition, and reiterates the shared responsibility of all Australians in minimising the ongoing impact of COVID-19, and encourages Australians to continue practising the health behaviours that have served us so well throughout the pandemic:

- Ensure you are up to date with recommended vaccinations;
- Stay home if you are unwell, and get tested;
- Speak to your healthcare professional about eligibility for treatments should you become unwell with COVID-19;
- Consider wearing a mask when outside your home and especially when in crowded, indoor environments such as public transport;
- Keep indoor spaces well ventilated;
- Practise good respiratory and hand hygiene.

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From: AHPPC Secretariat
Sent: Monday, 5 September 2022 3:11 PM
To: AHPPC Secretariat; 'Chris Lease '; andrew.robertson_Contact; Brett Sutton; 'Dr Charles Pain '; 'Dr John Gerrard'; kerryn.coleman_Contact; VEITCH, Mark; KELLY, Paul; kerry.chant_Contact; mark.veitch_Contact; Nicola.spurrier_Contact; s47F
Cc: AHPPC Secretariat; NORRIS, Sarah; HARPER, Emily
Subject: FOR ENDORSEMENT BY 6PM TODAY: Draft AHPPC statement on reduced isolation period for COVID-19 cases [SEC=OFFICIAL]
Attachments: For AHPPC consideration - Draft AHPPC statement - reduced isolation period for COVID-19 cases Post meeting update 05092022.docx

Dear AHPPC Members,

BACKGROUND:

As foreshadowed during the meeting earlier today, please find attached a revised AHPPC statement regarding the reduced isolation period for COVID-19 cases. The revised statement has incorporated suggested amendments to wording, including:

- Removal of reference to 'other healthcare settings'
- More specific reference to residential aged care facilities and disability care facilities (consistent with previous statements)
- Addition of 'wear a mask when outside the home' with respect to close contacts
- Reference to role of workplaces in transition
- Reference to need to stay up to date with jurisdictional public health requirements and information

ACTION:

- Please endorse.

DUE:

- Your endorsement is sought by **6pm AEST today** to enable appropriate clearance processes to take place ahead of publication. **Please note that no response by this time will be taken as endorsement.**

Many thanks,

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AHPPC Statement – reduced isolation period for COVID-19 cases

The AHPPC notes the need for a proportionate approach to isolation for those with COVID-19 infections at this stage of the pandemic. The AHPPC further notes that while balancing a proportionate approach to isolation for all Australians, it is important to ensure the continued protection of those most vulnerable to severe illness from COVID-19 - especially in settings where there is increased risk of outbreaks occurring.

Noting this, while COVID-19 cases with no symptoms after five days may leave isolation, the AHPPC strongly advises that people should be excluded from attending high-risk settings (such as residential aged care facilities, disability care facilities and hospitals) until at least seven days following their positive test result and they are without symptoms. This applies to both staff and visitors.

It remains important for people who continue to have respiratory symptoms after five days following a positive test to continue to isolate until symptoms have resolved.

No changes are recommended to the management of close contacts. Close contacts should continue to monitor for symptoms, avoid high-risk settings, wear a mask when outside the home, get tested and stay at home should symptoms develop.

The AHPPC notes the importance of workplaces in implementing this transition, and reiterates the shared responsibility of all Australians in minimising the ongoing impact of COVID-19. The AHPPC encourages Australians to continue practising the health behaviours that have served us so well throughout the pandemic:

- Ensure you are up to date with recommended vaccinations;
- Stay home if you are unwell, and get tested;
- Speak to your healthcare professional about eligibility for treatments should you become unwell with COVID-19;
- Consider wearing a mask when outside your home and especially when in crowded, indoor environments such as public transport;
- Keep indoor spaces well ventilated;
- Practise good respiratory and hand hygiene;
- Stay up to date with jurisdictional public health requirements and information.

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From: AHPPC Secretariat
Sent: Wednesday, 7 September 2022 9:14 AM
To: KELLY, Paul; andrew.robertson_Contact; Marianne.Gale1@health.nsw.gov.au; 'Chris Lease'; 'Dr John Gerrard'; VEITCH, Mark; mark.veitch_Contact; Brett Sutton; 'Dr Charles Pain'; kerryn.coleman_Contact; s47F
Cc: Nicola.spurrier_Contact; kerry.chant_Contact
Subject: BENNETT, Sonya; MCMILLAN, Alison; KIDD, Michael; NORRIS, Sarah; HARPER, Emily; AHPPC Secretariat; PEYROVI, Pasha
Attachments: FOR URGENT ENDORSEMENT BY 12PM AEST: Revised draft AHPPC Statement - Reduced isolation period [SEC=OFFICIAL]
For AHPPC consideration - Draft AHPPC statement - reduced isolation period for COVID-19 cases revised 07092022.docx
Importance: High

Good Morning AHPPC Members,

Thank you for your feedback to date this week on the draft Statement regarding the reduced isolation period for COVID-19 cases.

Additional amendments have been incorporated based on feedback received.

Your urgent review and endorsement of the attached revised draft Statement is sought by **12pm AEST today**, to enable appropriate clearance processes to take place ahead of publication and transition this Friday.

Please note that no response by 12pm AEST will be taken as endorsement.

Kind regards,

AHPPC Secretariat



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AHPPC Statement – reduced isolation period for COVID-19 cases

The AHPPC notes the need for a proportionate approach to isolation for those with COVID-19 infections at this stage of the pandemic. The AHPPC further notes that while balancing a proportionate approach to isolation for all Australians, it is important to ensure the continued protection of those most vulnerable to severe illness from COVID-19 - especially in settings where there is increased risk of outbreaks occurring.

Noting this, while COVID-19 cases with no symptoms after five days may leave isolation, the AHPPC strongly advises that these individuals should be excluded from attending high-risk settings (such as residential aged care facilities, disability care facilities and hospitals) until at least seven days following their positive test result and they remain symptom-free. This applies to both staff and visitors.

It remains important for people who continue to have respiratory symptoms after five days following a positive test to continue to isolate until symptoms have resolved.

For those who test positive to COVID-19, please refer to your state or territory website for information about the period of infectiousness, what symptom-free means, how to access antiviral treatment and the steps you can take to reduce the risk of infecting others.

No changes are recommended to the management of close contacts. Close contacts should continue to monitor for symptoms, avoid high-risk settings, wear a mask when outside the home, test for COVID-19 and stay at home should symptoms develop.

The AHPPC notes the importance of workplaces in using a workplace safety framework whilst implementing this transition, and reiterates the shared responsibility of all Australians in minimising the ongoing impact of COVID-19.

The AHPPC continues to reiterate the importance of other risk mitigating strategies to reduce the impact of COVID-19 on individuals and the community. This includes the following:

- Ensure you are up to date with recommended vaccinations;
- Stay home if you are unwell, and get tested;
- Speak to your healthcare professional about eligibility for treatments should you become unwell with COVID-19;
- Consider wearing a mask when outside your home and especially when in crowded, indoor environments such as public transport;
- Keep indoor spaces well ventilated;
- Practise good respiratory and hand hygiene.

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Australian Health Protection Principal Committee

Outcomes - Emergency Teleconference

5 September 2022 12:30 – 13.30AEST

Members attending	
Prof Paul Kelly (Chair)	Commonwealth Chief Medical Officer
Prof Michael Kidd	Commonwealth Deputy Chief Medical Officer
Dr Sonya Bennett	Commonwealth Deputy Chief Medical Officer
Prof Alison McMillan	Commonwealth Chief Nursing and Midwifery Officer
Dr Andrew Robertson / Dr Jelena Maticevic	Chief Health Officer, Western Australia
Prof Nicola Spurrier / Dr Chris Lease	Chief Health Officer, South Australia
Prof Brett Sutton & Vikki Lynch / Dr Deb Friedman	Chief Health Officer, Victoria
Dr Kerry Chant / Dr Marianne Gale	Chief Health Officer, New South Wales
Dr John Gerrard / Dr Alun Richards	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Kerryn Coleman / Dr Miranda Harris	Chief Health Officer, Australian Capital Territory
Dr Charles Pain / Dr Shereen Labib	Chief Health Officer, Northern Territory
Department of Health	
Ms Sarah Norris Ms Emily Harper	First Assistant Secretary, Office of Health Protection and Response
Dr Jennie Hood	Assistant Secretary, Office of Health Protection and Response
Ms Carolyn Paterson	Assistant Secretary, Office of Health Protection and Response
Ms Jodie Grieve	Assistant Secretary, People Communications and Parliamentary
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s22	AHPPC Secretariat

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Agenda Item 1 – Welcome

The Chair, Professor Paul Kelly, welcomed members to the meeting and acknowledged the Traditional Custodians and paid his respects to Elders past and present and emerging.

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Draft AHPPC Statement on reduced isolation period for COVID-19 cases

Professor Kelly advised that National Cabinet requested AHPPC provide further advice on whether the 7 day isolation requirement should apply to hospitals and other health care settings, balancing the risks of 5 days isolation with the risks of staff shortages.

Professor Kelly advised he sought clarification from the National Cabinet Secretariat and has confirmed that an AHPPC statement was not requested. However, if members thought a statement would assist with providing the advice to National Cabinet whilst also providing clarity to the public, then work on the draft statement can proceed. Members noted that the draft being considered had incorporated the views they provided over the weekend.

Members discussed aspects of the statement, which was edited during the meeting. Items discussed included:

- The rationale for exclusion from high-risk settings includes that:
 - Health, disability, and aged care workers care provide care for individuals who are most at risk of severe outcomes as a result of infection.
 - Hospital-acquired COVID-19 infections have mortality rates as high as 7%, reflecting the above.

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- Many staff will be reluctant to return to work because of this, even if asymptomatic.
- Some jurisdictions have existing individual exemptions for such staff, following individual assessment of risk and benefit, such as working with negative rapid antigen tests and exclusive work on COVID-19 wards.
- 'Other health care settings' in relation to high-risk settings:
 - Members agreed that the most high-risk settings are residential aged care, residential disability care, and hospitals.
 - The wording on settings to be left slightly less specific than the three settings above, to allow flexibility for jurisdictions which wish to include other settings.
 - States and territories are not all aligned in terms of requirements for house-hold contacts etc.
 - States may need to review individual guidance.
- Include reference to stopping outbreaks in high-risk settings as well as protecting the vulnerable.
- Include mask wearing in relation to close contacts.
- Suggestion to revisit existing AHPPC statements and ensure consistent language was used from them in relation to aged care.

Members agreed to proceed with the statement setting out the reduced isolation principles with the updates discussed today.

ACTION:

An updated version will be re-distributed for agreement by 6:00pm AEST.

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AHPPC statements:

Professor Kelly noted that another review of AHPPC statements and their currency would be undertaken.

Vaccine mandates:

s47F noted that some jurisdictions had already removed all vaccine mandates. He asked if others were considering doing so, and in what timeframe:

- QLD has revoked requirements for healthcare workers in private hospitals. Mandates continue for aged care and disability care due to the published AHPPC statement.
- NSW has moved to policy based for health care staff. Mandates still exist under public health orders for aged care and disability care.
- ACT still maintains mandates for residential and aged care but will step down to policy settings from the end of September.

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- VIC mandates are still in place for aged care, disability, and health care and all but ready to consider removal.
- TAS moved out of the public health emergency declaration on 1 July and saw a transition of staff to WHS risk assessments. No longer have any mandates for COVID-19 vaccinations.
- SA still in place for aged care, disability, and health care and not able to provide timing information at the moment but keen to move on mass.
- NT removed mandates when the emergency period expired on 15 July and have no mandates.

Professor Kelly advised that AHPPC could go to the Aged Care Advisory Group (ACAG) for further advice if required.

s47F advised there had been quite a lot of discussion within ACAG about all elements of protect of the most vulnerable including visitors and visitation.

ACTION:

Professor Kelly agreed that AHPPC should seek formal advice from ACAG and from the Disability Advisory Group.