

**AHPPC – 26 Feb 2020 – action items****CDNA update**

- s37(1)(c) [REDACTED] to draft a message of response, for the CMO to send out, to s47 F [REDACTED] regarding the use of convalescent plasma.
- CDNA to review the PUI list for s33(a)(iii) [REDACTED] at the next meeting.

**AHPPC travel restriction statement**

- AHPPC agreed that the statement should include a staged and monitored approach with changes to the border measures.
- AHPPC agreed to send any further comments to the NIR as soon as possible.
- AHPPC agreed to sign off on the travel restriction statement s34(3) [REDACTED]

**Cruise ship protocol**

- AHPPC agreed to review this protocol at the next meeting.

**Other Business**

- AHPPC discussed issues around aged care and reviewing the infection control arrangements to include COVID-19 and agreed that engagement with the aged care sector was a priority.
- AHPPC agreed that a scenario needs to be developed that looks at the transmission of COVID-19 in people who do not have a link to international travel and the measures to be taken to contain the outbreak.
- AHPPC agreed that a protocol was required for who gets hospital care
- Members agreed to discuss supply chain issues and the National Medical Stockpile at the next meeting.
- Members agreed to provide an update on the quantity of COVID-19 laboratory tests undertaken so far at the next meeting.

**Next Meeting Agenda Items**

- **Supply Chain Issues** – jurisdictions should be prepared to discuss their stockpiles and supplies
- **Jurisdictional update – quantity of lab tests undertaken so far**
- **Cruise Ship Protocol**

## Border Information

- AHPPC agreed that the Traveller Illness Checklist (TIC) should include additional information on “fever and/or recent coughing illness”.
- NIR to review the TIC content and send to CDNA and AHPPC for comment.
- AHPPC agreed that the **Health.gov.au** website should include a daily update on the COVID-19 international high risk locations.
- NIR to update Health.gov.au daily with international high risk locations.
- AHPPC agreed that messaging at the borders should shift to prioritise self-monitoring for symptoms and getting tested. Messaging should also include the health.gov.au web address which will provide advice on the high risk countries.
- NIR to review the content of border messaging.

## Cruise Ship Protocols

- AHPPC agreed that the Cruise Ship Protocol should be sent to CHBOs for final endorsement on Monday.

## COAG Health Council Meeting (CHC)

- Chief Health Officer should seek approval to attend CHC.
- A letter is being sent by Minister Hunt to jurisdictional Health Ministers that will include a series of questions around status of preparedness and potential gaps, to be discussed at the meeting.

## Next meeting Agenda Items

- Supply Chain Issues
- Jurisdictional update – case load paper and quantity of lab test undertaken so far.

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**AHPPC – 28.02.2020****CMO Update**

- ACTION: s37(1)(c) to consult with all states and territories to determine liaison officer requirements in both the NIR and within jurisdictional health emergency operations centres, to facilitate and support open lines of communication between jurisdictions and the Commonwealth.

**Fact Sheet - Information for International Travellers**

- ACTION: NIR to revise the wording of the document and send to AHPPC for comment by 16:00 today (28 Feb 20).
- AHPPC members to send final comments to the NIR by 17:00 today.

**Supply Chain Issues**

- ACTION: AHPPC members to send to the NIR requirements for PPE, consumables, medications and other supplies which will be required to support a pandemic response, or may run short in the coming months.
- ACTION: NIR to provide these requirements to the AHPPC secretariat.
- ACTION: s47F to send the proposed national mask policy to CDNA and then on to AHPPC for comment and endorsement.

**Laboratory Test data**

- ACTIONS: AHPPC to send jurisdictional data on quantities of laboratory tests for COVID-19 being undertaken to NIR weekly on Wednesdays.
- ACTION: NIR to collate jurisdictional data for AHPPC monitoring and advice to government.

**Next meeting**

- ACTION: Noting CDNA will meet on Sunday, AHPPC will meet on Saturday and Sunday, with jurisdictional reports and issue discussion by exception, returning to a full agenda on Monday.

## AHPPC – 29.02.2020

### Consideration of COVID-19 travel restrictions

- **ACTION:** Professor Brendan Murphy will provide advice on behalf of AHPPC to the Australian Government on implementing restrictions on further countries (beyond mainland China).
  - A majority of AHPPC members recommended that:
    - DFAT increase the travel advice for Iran, to Level 4 (do not travel), effective 1 March 2020;
    - all travellers arriving in Australia from Iran self-isolate for 14 days from the date of departure; and
    - current travel restrictions for mainland China be maintained.

### National tracker for pandemic preparedness

- **ACTION:** the NIR to draft the table of questions regarding jurisdictions preparations, in collaboration with members, to capture information [contemplated](#) by Minister Hunt [to](#) the Council of Australia Governments [Health Council](#).

### Other business

- **ACTION:** If available, the NIR to send AHPPC members a summary of the Biosecurity Act, 2015. s47C [REDACTED]
- **ACTION:** NIR in consultation with members to develop the question and answer fact sheet on changes at the border. s47C [REDACTED]
- **ACTION:** s47F [REDACTED] to attempt modelling on travel volumes between Iran and Indonesia.

### Next meeting

Sunday 1 March 2020, 2pm

**AHPPC – 01.03.2020**

### **Consideration of travel advice**

- **ACTION: Indonesian Travel advisory** - AHPPC supported the Department of Foreign Affairs and Trade (DFAT) comment in regard to the World Health Organization's assessment of coronavirus: "The World Health Organization has upgraded its assessment of the risk of the global spread of coronavirus to "very high". While there are currently no confirmed cases in Indonesia, many countries in the region have reported cases. It is possible the coronavirus is present but undetected. Take sensible precautions to minimise your risk of exposure. See our coronavirus bulletin and Department of Health for advice. Monitor the media and subscribe for travel advice updates.

**ACTION: Italy Travel advisory** - AHPPC agreed that DFAT should raise the travel advisory for the whole of Italy to level 2 "Exercise a high degree of caution" due to the heightened risk of sustained local transmission of COVID-19. And that Northern Italy outbreak regions should be raised to level 3 "Reconsider your need to travel" due to sustained local transmission.

- **ACTION:** s37(1)(c) to advise DFAT.

### **Other business**

- **ACTION:** s37(1)(c) committed to investigating if aged care facilities are required to offer free flu vaccinations for both residents and staff.
- **ACTION:** s37(1)(c) to seek additional information on residential aged care vaccination programs at the upcoming Aged Care meeting on Friday 6 March 2020.

### **Next meeting**

Monday, 2 March 2020, 2pm

# Australian Health Protection Principal Committee (AHPPC)

## Emergency Teleconference

### Novel Coronavirus COVID19

Monday 2 March 2020 14:00 – 15:00 AEDT

### Outcomes

Members attending	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Ms Allison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeremy McAnulty	Director, Health Protection, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Kerryn Coleman	Chief Health Officer, ACT
Dr Hugh Heggie	Chief Health Officer, Northern Territory
A/Prof Dianne Stephens	Deputy Chief Health Officer, Northern Territory
RADM Sarah Sharkey	Commander Joint Health and Surgeon General, ADF
Mr Rob Cameron	EMA
Dr Caroline McElany	NZ Ministry of Health
Dr Sonya Bennett	CDNA
Ms Bronte Martin	NCCTRC
Invited Experts	
Dr Mike Catton	VIDRL
Professor Jodie McVernon	University of Melbourne
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
Dr Ben Howden	Chair, Public Health Laboratories Network
Professor Lyn Gilbert	Director, Infection Prevention and Control, Institute of Clinical Pathology, University of Sydney
Department of Health	
Ms Celia Street	First Assistant Secretary, Office of Health Protection
Ms Rhonda Owen	Assistant Secretary, Health Emergency Management Branch
Dr Cath Kelaher	Principal Medical Officer, MSAU
Dr Gary Lum	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
s22	Director, HEPsL
	Director, Emergency Preparedness and Response Section
	AHPPC Secretariat

Agenda	Item	Speaker
1	Welcome <ul style="list-style-type: none"> <li>Daily review of national and international COVID-19 developments</li> </ul>	Prof Paul Kelly Deputy CMO
2	CDNA Update	s37(1)(c)
3	Jurisdictional Update	s37(1)(c) / Jurisdictions
4	Sprint Sari Paper	s47F
5	Modelling	s47F
6	Other business <ul style="list-style-type: none"> <li>➤ Supply Chain issues</li> </ul> Out of Session <ul style="list-style-type: none"> <li>➤ Daily EPI report</li> <li>• Next meeting Tuesday 3 March 2020</li> </ul>	s37(1)(c)

**ACTION: NIR to develop an AHPPC statement, for press release today, to advise passengers arriving from Iran to self-isolate for 14 days. Disseminate through jurisdictional faith based connections who are conduits into the community.**

**ACTION: NIR to circulate the web-link for the COVID-19 SoNG and traveller's fact sheet to AHPPC members.**

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#### Health website links:

Please note the link below on for advice on the current list of high risk countries (on the fact sheet). AHPPC coronavirus (COVID-19) statement on 29 February 2020

[www.health.gov.au/covid19-travellers](http://www.health.gov.au/covid19-travellers)

For information, the following page provides a list of countries which are considered by CDNA to pose a risk of transmission to travellers arriving in Australia.

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-covid-19-countries.htm>

# Australian Health Protection Principal Committee (AHPPC)

## Emergency Teleconference

### Novel Coronavirus COVID19

Tuesday 3 February 2020 14:00 – 15:00 AEDT

## Outcomes

Members attending	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Ms Allison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson/ Dr Paul Armstrong	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeremy McAnulty	Director, Health Protection, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Kerry Coleman	Chief Health Officer, ACT
Dr Hugh Heggie	Chief Health Officer, Northern Territory
A/Prof Dianne Stephens	Deputy Chief Health Officer, Northern Territory
Vicki Ross	ADF
EMA Planning	EMA
Dr Caroline McElany	NZ Ministry of Health
Dr Sonya Bennett	CDNA
Ms Bronte Martin	NCCTRC
Invited Experts	
Professor Jodie McVernon/ Professor James McCaw	University of Melbourne
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
Professor Lyn Gilbert	Director, Infection Prevention and Control, Institute of Clinical Pathology, University of Sydney
Department of Health	
Ms Rhonda Owen	Assistant Secretary, Health Emergency Management Branch
Dr Cath Kelaher	Principal Medical Officer, MSAU
Dr Gary Lum	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
s22	AHPPC Secretariat

## Border Measures

s47F provided members with an update on the current modelling paper which focuses on the effectiveness of different border measures.

- **Action:** s47F to send the border measures modelling paper through to AHPPC for consideration prior to Wednesday's meeting.

Members discussed the travel advice fact sheet and reference to the current location of "high risk countries" on the Health.gov.au website. Members noted that the location is really hard to find.

- **Action:** NIR to place the "high risk country" advice on the Health.gov.au home page.
- **Action:** NIR to send the hyper-link for the travel advice fact sheet out to members.

## AHPPC Media Release

Members discussed the quarantine period for passengers returning to Australia from Iran. Members also discussed the media release providing specific advice to the Iranian community on social distancing measures and self-isolation for people returning from Iran.

- **Action:** NIR to send the CMO media release for the Iranian community to AHPPC for comment prior to public release.

## AHPRA Letter

Members discussed the key messages included in the letter from the CMO to AHPRA.

- **Action:** Medical Advisors to review the letter to AHPRA to include generic Commonwealth advice as well as advice specific to each state or territory.

## Masks

Members noted the continued issue of mask supply, the limited capacity of onshore production and the potential of a large scale procurement for mask production.

- **Action:** NIR to send the spreadsheet on jurisdictional quantities of masks through to AHPPC for population.
- **Action:** AHPPC to populate the spreadsheet and return to the NIR by 4:00PM Wednesday 4 March 2020. Information to include quantities of reserve and BAU stock and how long the stock is predicted to last.

## Agenda Items – Wednesday 4 March 2020

- Border Measures – Public Document
- Modelling Scenario Paper

## Border Measures

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## Agenda Items – Wednesday 4 March 2020

- Border Measures – Public Document
- Modelling Scenario Paper

Dear AHPPC

Please see the following actions from today's meeting. Also, attached is a template for reporting all confirmed cases to the National Incident Room.

### CDNA Update

s37(1)(c) provided members with an overview of the outcomes from CDNA including consideration of the review of travel advice to Italy.

- CDNA members agreed that it was reasonable for DFAT to review the travel advice for Italy and s33(a)(iii) noting the epidemiological evidence emerging of elevated risk of sustained human to human transmission relative to other countries, this particularly relates to Lombardy, Emilio Romanga and Veneto in Italy and s33(a)(iii).
- Members expressed a wish to receive travel data from high risk countries.

s37(1)(c) raised the issue of the First One Hundred (FFX) study and s47B(b), s47C

- Members expressed a wish to see the study commence.

### Travel advice

The CMO clarified that the Iran travel measures apply to travellers from the 19<sup>th</sup> of February.

### Mask Policy

s47B(b), s47C

- ACTION: s47F to disseminate the holdings of PHNs to jurisdictions.

### AHPPC Statement

AHPPC Recommendation on international travellers and the risk of COVID-19 importation.

Members reviewed the recommendations in the AHPPC Statement for the National Security Committee taking place Thursday 5 March 2020.

- **ACTION:** AHPPC to provide comment on the final draft by 16:00 AEDT

### **Private laboratories**

s47B(b), s47C

- **ACTION:** PHLN to table a position statement on broader testing capability for SARS-COV-2 for Thursday 5 March 2020.

### **Modelling - Border Measures**

s47F provided members with an outline of the most recent modelling which focuses on the likely impact of additional border measures on a COVID-19 epidemic in Australia.

Members noted that the modelling will inform a number of decisions including the statement to be tabled at NSC and advised that the key messages would be very useful if included in the daily SitRep.

- **Action:** NIR to include the key messages regarding border measures in the SitRep.

### **OUTSTANDING ACTIONS**

- Jurisdictions to provide, as soon as possible, a stock-take on quantity of PPE held in their own stockpile.
- Jurisdictions to provide, as soon as possible, the secretariat with numbers/data on laboratory testing.

# Australian Health Protection Principal Committee (AHPPC)

## Emergency Teleconference

### Novel Coronavirus COVID19

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Thursday 5 March 2020 14:00 – 15:00 AEDT

## Outcomes

### CMO update

s34(3)



### Contact Tracing

s37(1)(c) requested that the NIR assist with contact details for any traveller who had arrived into Australia from Iran since the 19<sup>th</sup> February.

- **ACTION:** NIR to provide details, if available, to s47B(b).

### Home isolation period

Members discussed the concerns being raised around the continued isolation period of 14 days and implications for business including airline staff and noted that the self-isolation period would need to be reviewed in the near future.

### Scaling the response

Members discussed the current case load and evolving situation in NSW including the response actions being undertaken and how lessons from NSW experience could inform future policy.

Members noted that policy needed to be developed which included consideration of risk management and risk perception in the scaling up of the response.

### Seasonal Vaccine

- **ACTION:** s37(1)(c) to confirm with s37(1)(c) about the dates of availability of seasonal influenza vaccine off-line.

### Notification of Confirmed COVID-19 Cases Table

- **Decision:** Members noted the table provided through CDNA to be used in providing case notifications to the Commonwealth as early as possible. Members also noted that while jurisdictions are currently providing cases at the earliest opportunity, as numbers increase this will change to a single daily update.

### Out of Session

- **ACTION:** AHPPC to send endorsement of the PHLN Statement on Emergency Testing Provisions for SARS-COV-2 by 12:00 Friday 6 March 2020.
- **ACTION:** Members to note the changes to the process for requesting incoming passenger cards (IPCs).

Next Meeting

- 2:00PM Friday 6 March 2020

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# Australian Health Protection Principal Committee (AHPPC)

## Emergency Teleconference

### Novel Coronavirus COVID19

Friday 6 March 2020 14:00 – 15:00 AEDT

### Agenda

Members attending	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Ms Allison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeremy McAnulty	Director, Health Protection, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Kerryn Coleman / Dr Vanessa Johnston	Chief Health Officer, ACT
Dr Hugh Heggie	Chief Health Officer, Northern Territory
A/Prof Dianne Stephens	Deputy Chief Health Officer, Northern Territory
RADM Sarah Sharkey	Commander Joint Health and Surgeon General, ADF
Mr Rob Cameron	EMA
Dr Caroline McElany	NZ Ministry of Health
Dr Sonya Bennett	CDNA
Ms Bronte Martin	NCCTRC
Invited Experts	
Dr Mike Catton	VIDRL
Professor Jodie McVernon	University of Melbourne
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
Dr Ben Howden	Chair, Public Health Laboratories Network
Professor Lyn Gilbert	Director, Infection Prevention and Control, Institute of Clinical Pathology, University of Sydney
Department of Health	
Ms Celia Street	First Assistant Secretary, Office of Health Protection
Ms Rhonda Owen	Assistant Secretary, Health Emergency Management Branch
Dr Cath Kelaher	Principal Medical Officer, MSAU
Dr Gary Lum	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
s22	Director, HEPsL
	Director, Emergency Preparedness and Response Section
	AHPPC Secretariat

**CMO update**

s37(1)(c) gave members an update on the current situation in New South Wales and noted that the 14 day isolation period for health care workers is decimating the health workforce.

- Members agreed that the 14 day self-isolation period should be reviewed.

s47B(b), s47C

Members noted that the NIR was developing a table to compile the data. Data requirements include: date of onset, diagnosis, serial; swab results and date of negative clearance results.

- **ACTION:** NIR to send table out to members for completion

**Prime Minister Funding Announcement \$1 Billion**

Members noted the Prime Ministers major funding announcement at the press conference today.

- **ACTION:** NIR to summarise the decisions from the transcript and send to members.

**Webinar – Controlling COVID-19 in Australia**

Dr Bruce Aylward, team lead of the WHO-China Joint Mission on Coronavirus in China, will report on raising awareness that countries across the world can and must fight the virus to avoid the impact suffered by Wuhan.

- **ACTION:** s37(1)(c) to send the webinar link to AHPPC.

**CDNA update**

- **ACTION:** s37(1)(c) to provide a brief summary on school closure.
- **ACTION:** s47F to provide the AHPPC Secretariat with the link to the 'Potential Pre-symptomatic Transmission' paper from China

**AHPPC Sharing Platform – GOVTEAMS**

- **ACTION:** NIR to establish a platform for all members to share information including communications and papers.

**Swab Supply**

Members discussed the current supply of swabs for testing. States may be able to supply others with swabs if resources are available

- **ACTION:** NIR to follow-up with PHLN re swabs supply and availability
- **ACTION:** South Australia and Tasmania to seek advice through their PHLN representatives about providing s47B(b)

**GP Round table**

Members discussed the increase of respiratory presentations to the GP each week and noted the need for clear guidelines on who will be referred to the COVID-19 clinic as the flu season is fast approaching.

**COVID-19 Clinics**

- **ACTION:** Members to send the locations of the COVID-19 clinics including whether they are open to compile into a table.

**Contact Tracing Details**

- **ACTION:** NIR to send IPC information for all incoming passengers from Iran backdated to 19 February 2020.

**National Security Committee Advice**

Current border measures for people traveling to Australia from Italy which will be implemented from 5 March 2020. From the Prime Minister's statement of 5 March:

*We will also put in place what are enhanced screening measures to deal with those travellers that come from Italy. And I want to be very clear about what those enhanced screening measures involve. Travellers will be asked mandatory questions at check-in and anyone failing those checks will be denied approval to board. If anyone gets sick on board, biosecurity and health will meet the plane on arrival and manage those people directly. On arrival, travellers will not be able to use the smart gates. They will have to be dealt with directly by an officer and they will be asked further detailed questions. They will undergo health screening at the airport, which involves temperature checks and associated checks. If necessary, Health will make a decision on what is to happen with that passenger and Border Force and biosecurity officers will also be placed in the baggage halls to conduct a further questioning and checking.*

**EMA Briefing**

- **ACTION:** EMA to provide a briefing at AHPPC on Sunday 8 March 2020 in relation to the National Coordination Model.

**PPE Information**

- **ACTION:** AHPPC to provide their PPE information for the Stocktake currently undertaken by s47F [REDACTED] and the Stockpile team.

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# Australian Health Protection Principal Committee (AHPPC)

## Emergency Teleconference

### Novel Coronavirus COVID19

Saturday 7 March 2020 14:00 – 15:00 AEDT

### Outcomes

Members attendees	
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Ms Allison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Kerry Coleman	Chief Health Officer, ACT
Dr Hugh Heggie	Chief Health Officer, Northern Territory
A/Prof Dianne Stephens	Deputy Chief Health Officer, Northern Territory
Brigadier Craig Schramm	Commander Joint Health and Surgeon General, ADF
Mr Shaun Anderson	EMA
Dr Nicola Jones	NZ Ministry of Health
Dr Sonya Bennett	CDNA
Invited Experts	
Professor Jodie McVernon	University of Melbourne
Professor Allen Cheng	Director, Infection, Prevention & Healthcare Epidemiology Unit, Alfred Health
Department of Health	
Ms Rhonda Owen	Assistant Secretary, Health Emergency Management Branch
Dr Gary Lum	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
s22	AHPPC Secretariat

Agenda	Item	Speaker
1	Welcome <ul style="list-style-type: none"> <li>Daily review of national and international developments</li> <li>Proposed date for face to face meeting Thursday 12 or Tuesday 17 March</li> </ul>	Prof Paul Kelly DCMO
2	CDNA Update	nil
3	Jurisdictional Update	Jurisdictions
4	Public Gatherings	Discussion
5	PPE Estimates	s47F
6	Other business	s37(1)(c)

s47B(b), s47C

## 1. DCMO update

The DCMO welcomed members and provided an update.

- A cruise ship in the US has positive cases of COVID-19. There is a small number of Australians on board, but only a small number.
- s47F who was working after returning from the US has tested positive for COVID-19 and had a high potential number of contact cases.
- Deputy CMO has press conference at 3.30 pm today.
- Further announcements will be made tomorrow about the National Stockpile in relation to masks.

## Proposed face-to-face meeting

- **DECISION:** Tuesday the 17 March with dial-in details to be provided for members who cannot attend in person.
- **ACTION:** Secretariat will circulate a draft Agenda next week for members to review and provide suggestions.
- Agenda to include:
  - Planning the next steps,
  - Scenario planning,
  - Advice to government on non-border measures,
  - Whole of government coordination mechanisms,
  - State capacities,
  - Emerging clinical issues (guidelines and capacities)
  - Public and risk communications
  - Contact tracing and aircraft
  - Modelling

## 2. CDNA Update

CDNA did not meet today. Nil update.

## 3. Jurisdictional Update

### Victoria:

- s47F has returned from the US. The Minister has made statements around this case.
- **DECISION:** Task CDNA with considering s47B(b), s47C

### Tasmania:

- s47B(b), s47C

#### South Australia:

- s47B(b), s47C

#### Western Australia:

- Provided update on a returned traveller from s47F have been contacted.
- Receiving offers for masks from the US and Mexico. s47B(b), s47C

#### Queensland:

- Latest confirmed case of COVID-19 in a returnee s47F. State is up to 14 positive cases.

#### New South Wales:

- **DECISION:** CDNA to consider s47F recently circulated paper.
- Provided update on the Aged Care Facility. New provider has been brought in as the original staff who were in contact with the confirmed case are in self-isolation.

#### Australian Capital Territory:

- Nil comment.

#### New Zealand:

- Nil comment.

### 4. Public Gatherings

s47B(b), s47C

- **DECISION:** Members will consider the proposed wording offline and agree on a standard message at tomorrow's meeting.

s47B(b), s47C

- s47B(b), s47C

- **DECISION:** Members request CDNA to consider advice for gatherings of healthcare professionals.

## 5. PPE Estimates

- **DECISION:** States will provide information pertaining to price, specifications and source of potential masks to the APHHC Secretariat.
- **DECISION:** States will advise the Commonwealth of their estimated COVID-19 PPE stocks and requirements.

## 6. Other Business

- **DECISION:** All members agreed that entire plane manifests are not necessary (2 by 2 only) as s47B(b), s47C
- Agenda for 8 March 2020 will have a slightly different format to allow time to discuss the proposed wording for public gatherings.

Chair closed meeting at 3.07 PM

Next meeting Sunday 8 March 2020

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# Australian Health Protection Principal Committee (AHPPC)

## Emergency Teleconference

## Novel Coronavirus COVID19

Sunday 8 March 2020 14:00 – 15:00 AEDT

### Outcomes

Members attending	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Ms Allison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson / Dr Paul Armstrong	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch and Dr Scott McKeown	Chief Health Officer, Tasmania Acting Director of Public Health
Dr Kerry Coleman / Dr Vanessa Johnston	Chief Health Officer, ACT
Dr Hugh Heggie	Chief Health Officer, Northern Territory
RADM Sarah Sharkey	Commander Joint Health and Surgeon General, ADF
Mr Rob Cameron	EMA
Dr Niki Stefangiannis	NZ Ministry of Health
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s22	Director, Border Section
Mr Graeme Barden	Assistant Secretary, National Incident Room
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Agenda	Item	Speaker
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2	CDNA Update	s37(1)(c)
3	Public Gatherings	Discussion
4	Established COVID clinics, triage protocols and hotlines (AHPRA & GP Letters)	s37(1)(c)
5	Jurisdictional Update	Jurisdictions
6	Other business <ul style="list-style-type: none"> <li>s47F cluster: Healthcare worker / GP transmission risk</li> </ul>	s37(1)(c)

### Item 6: Other business item (proposed messages)

s47B(b), s47C

### 1. Welcome

CMO welcomed members and provided a brief review of national COVID-19 developments:

- Third death in Australia overnight.
- Cases are appearing in new locations both nationally and internationally.
- A s47F attended an event in Canberra at the National Convention Centre late February with high volume of attendees as well as additional social events during his visit. All close contacts have been identified and quarantined.
- s47F

### 2. CDNA Update

CDNA members agreed:

- To amend the case definition to include testing for all returned travellers and any health care workers with respiratory symptoms.
- That in respect to self-quarantine, the advice remains as is (for all higher risk countries).
- That for testing purposes, the definition for healthcare worker needs to be expanded to include healthcare workers in any setting, including aged care.
- As the case definition will include all returned travellers, the moderate risk category will be removed.
- To develop a principals paper for the treatment of public gatherings.

- **DECISION:** AHPPC to review the messaging around the healthcare workers at next meeting.

**Human Biosecurity Measures at Australia's Border** - Administration of the Traveller with Illness Checklist and if any symptoms outlined then referred to a Human Biosecurity Officer for medical advice or assistance.

- **ACTION:** Add to the agenda for Chief Biosecurity Officers to discuss. Potential meeting next week.
- Confirmed that at present advice for travellers returning to Australia from Italy can return to work immediately.

### 3. Public Gatherings

AHPPC reviewed proposed wording for the public gathering message

- CDNA principles paper will outline risk assessment criteria around public gatherings. Events raised for future consideration against these Principles included the NSW Easter Show.
  - Medical conferences and messaging for Healthcare workers was an outcome of yesterday's meeting (7 March 2020) and has been passed on to the CDNA to review. CDNA will update AHPPC shortly.
  - GAMSAT is being cancelled in other countries, advice may need to be prepared as part of public gatherings statements.
- **DECISION:** Public gatherings statement to be published this afternoon.

### 4. Established COVID clinics, triage protocols and hotlines (AHPRA and GP Letters)

CMO outlined plan to send attached letter out via Colleges this afternoon and again next week to all GPs via AHPRA.

- The CMO summarised the letter and noted it aims to highlight the potential future direction. The letter brings attention to the development of respiratory clinics and the concept of a triage hotline. Members are in general support of the letter.
- The National Hotline will have a triage process. Both CDNA and AHPPC will have the opportunity to provide advice on the triage process.
- **ACTION:** States to provide contacts for the locations of all respiratory clinics for the National Hotline.
- **ACTION:** AHPRA indicated they can send out the letter to all GPs alongside any State specific information. If States wish for information to be included, provide this information by Tuesday COB to the AHPPC Secretariat and note that it is intended to accompany the GP Letters.

### 5. Jurisdictional Update

Members noted they may get requests from their state electoral commission on how to safely conduct elections and has raised this with the CDNA to consider under public gatherings.

**Tasmania:**

- **ACTION:** s37(1)(c) to prepare dot points on the particulars of their latest confirmed COVID-19 case to have AHPPC decide on an approach around the casual contacts with s47F offline.

**South Australia:**

- s47B(b), s47C

**Queensland:**

- There are local elections at the end of this month s47B(b), s47C
- Anyone who is self-isolating in QLD is being supported with full costs being covered by the State Government. Support includes accommodation, meals and rental assistance for those who cannot work.

**6. Other business**

s47F cluster: Healthcare worker / GP transmission risk

- If any GPs or Health Professionals have respiratory symptoms they should get tested immediately and not work until they receive their test results. This messaging mirrors advice for the general public.
- Members agreed Doctors should be held to a higher standard than the general public.

**Journalism and Patient risk:**

Members discussed the risk to public confidence and patient privacy by the expected publication of "heat mapping" by the *Daily Telegraph*. It was understood that patients would have their health status, location and movements published.

- Issue raised about people identified who have been COVID-19 positive and tracking their movements.
- **ACTION:** NIR would undertake discussions with the Public Health Association Australia and Press Association to address the risks raised by this proposed article.

**CMO closed meeting at 3.08pm**

**Next meeting Monday 9 March 2020.**

# Australian Health Protection Principal Committee (AHPPC)

## Emergency Teleconference

### Novel Coronavirus COVID19

Monday 9 March 2020 14:00 – 15:00 AEDT

### Outcomes

Members attending	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Ms Allison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson / Dr Paul Armstrong	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Kerryn Coleman / Dr Vanessa Johnston	Chief Health Officer, ACT
Dr Hugh Heggie	Chief Health Officer, Northern Territory
RADM Sarah Sharkey	Commander Joint Health and Surgeon General, ADF
Mr Shaun Anderson	EMA
Dr Caroline McElany	NZ Ministry of Health
Dr Sonya Bennett	CDNA
Ms Bronte Martin	NCCTRC
Invited Experts	
Professor Jodie McVernon	University of Melbourne
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
Dr Ben Howden	Chair, Public Health Laboratories Network
Professor Lyn Gilbert	Director, Infection Prevention and Control, Institute of Clinical Pathology, University of Sydney
Mr Joe Buffone	Emergency Management Australia
Department of Health	
Ms Rhonda Owen	Assistant Secretary, Health Emergency Management Branch
Dr Cath Kelaher	Principal Medical Officer, MSAU
Dr Gary Lum	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
s22	Director, Emergency Preparedness and Response Section
	AHPPC Secretariat

Agenda	Item	Speaker
1	Welcome <ul style="list-style-type: none"> <li>Daily review of national and international COVID-19 developments</li> </ul>	Prof Brendan Murphy CMO
2	CDNA Update	s37(1)(c)
3	US advised citizens not to travel on cruise ships <ul style="list-style-type: none"> <li>DFAT requested advice from AHPPC on whether to mirror this advice</li> </ul>	Discussion
4	Pandemic Preparedness beyond the Health System <ul style="list-style-type: none"> <li>Presentation by EMA</li> <li>Pandemic Preparedness Tracker</li> </ul>	s37(1)(c) Discussion
5	Jurisdictional Update	Jurisdictions
6	Other business	s37(1)(c)
Next meeting Tuesday 10 March 2020		

### Agenda Item 3: DFAT proposed message (in response to US advice on cruises)

Australians, particularly those with underlying health concerns should reconsider taking an overseas cruise at this time due to COVID-19. If in doubt, consult a medical professional before travelling. There have been instances of cruise ships being put into quarantine, countries preventing disembarkation of ships or denying entry to ports. The itineraries of a number of cruise ships have changed. Disruptions to cruise ship itineraries due to COVID-19 can have significant consequences for travellers. The situation is fluid and you can expect further disruptions. Repatriation from cruise ships affected by COVID-19 should not be relied upon as an option. If, despite our advice, you proceed with your cruise and you're concerned about the impact of the COVID-19 outbreak on your plans, check with your travel agent or cruise company and read and subscribe to our travel advisories for your destinations, including transit locations.

#### Also note:

The [Cruise Line International Association \(CLIA\) Australasia's](#) policies to prevent the spread of the virus, which all CLIA ocean member cruise lines are required to implement. On 9 March 2020, the US State Department issued a [bulletin](#) advising US citizens, particularly those with underlying health conditions, not to travel by cruise ship. It advises that the US Centres for Disease Control and Prevention (CDC) has noted an increased risk of infection of COVID-19 in a cruise ship environment. The CDC notes that older adults and travellers with underlying health issues should avoid situations that put them at increased risk for more severe disease. This entails avoiding crowded places, avoiding non-essential travel such as long plane trips, and especially avoiding embarking on cruise ships.

## 1. Welcome

CMO welcomed members and provided a brief review of national and international COVID-19 developments:

- s47F misinterpreted Minister Hunt's press conference yesterday reporting that everyone in the community with flu-like illness should be COVID-19 tested and a correction has been negotiated for issue.
- Concerns around the significant volume of cases being reported in the US and that numbers may be underestimated due to difference in testing measures.

## 2. CDNA Update

CDNA met today and:

- Members finalised additional criteria in the case definition for testing of health care workers to include both clinical and epidemiological considerations.
- Members noted the importance of ensuring a balance is made between treatment of health care workers, and the running of services, members agreed to the addition of a caveat/footnote allowing some discretion in rural and remote areas on a case by case basis (whereby there may be a large impact on health services).
- Members noted the update from AHPPC in respect to the SoNG. It was noted that it was felt that testing of Healthcare workers should be included in the case definition, rather than in the laboratory definition. If it is then included in the case definition, a definition of 'symptoms' is required.

Yesterday the CDNA decided to move case definition for testing travellers from listed countries to all countries. Discussed the case definition today:

- In returned traveller it is any symptom i.e. fever or respiratory symptoms.
- In Health Care Workers the minimum national guideline for testing any HCW who is exhibiting ILI symptoms (respiratory and fever), are to be lab tested, regardless of travel history, before attending workplaces.

Health Care Workers ceasing work in a rural and remote region whilst awaiting a result would not be feasible. CDNA Members considered a mechanism whereby local circumstances could be taken into account.

- Potential solutions to address the time period awaiting results include: tele health, video conferencing, PPE, speeding up time for testing results.
- Members agreed the case definition for COVID-19 be amended to include both clinical criteria (those with ILI – fever and ARI) and epi criteria for HCWs, with a caveat/footnote for the ability for some discretion in rural and remote on a case by case basis (whereby there may be a large impact on health services). Should the epidemiology change, CDNA will consider expanding from ILI to any symptoms.
- Aged care guidelines to be discussed by Members tomorrow (10 March 2020)
- **ACTION:** AHPPC members to review CDNA drafted statement for comment at tomorrow's meeting.
- **ACTION:** Communications strategy to be developed to accompany statement, noting different narrative for aged care workers may be required.

## 3. US advised citizens not to travel on cruise ships

Members discussed this development, and noted proposals by Home Affairs for restrictions to cruise ships in Australia.

AHPPC notes that a carefully considered, measured and proportionate response is required. This would include sufficient advance notice for companies to make changes to itineraries, and travellers to change their plans if required.

The AHPPC noted:

- In no case is it advisable to leave people at risk of COVID-19 infection on board a ship; the preferable approach is to disembark people into quarantine and self-isolation as appropriate.
  - Leaving people on board would create a material risk of transmission and greater chance of deaths – as evidenced by the experience of the Diamond Princess in Japan.
  - AHPPC feels strongly that Australia could not refuse assistance where there are a number of people on-board requiring medical assistance.
- The arrival of a large cruise ship with a suspected case would present a major burden on the local health system.
  - Management is possible at some ports in some jurisdictions (NSW and Qld). The management of these arrivals would entail a considerable diversion of public health resources.
  - Quarantine facilities – ADF barracks, or other facilities such as Howard Springs – if large enough to accommodate total passengers, would make quarantining possible.
- International cruise ships with final destinations in Australia are likely to have a significant number of Australian nationals and residents on board, who cannot be refused entry.
  - A number of cruise ships conduct essentially domestic voyages – departing and returning to Australian ports without intervening international ports – and therefore present a lower risk of on-board transmission and importation upon arrival.
- Cruise ships vary in size, with smaller ships passenger numbers well within capacity of most jurisdictions to manage health screening, quarantine and self-isolation.
  - Large ships of greater than 1000 passengers would be beyond the capacity of all jurisdictions without assistance from other states or the Commonwealth.

NSW has developed a plan for the accommodation of a cruise ship with suspected COVID-19 cases, including:

- The removal of suspected cases for quarantine, testing and medical attention.
- The transporting of NSW residents home for self-isolation and other Australian nationals (ideally) for transfer to their home state.
- A complete changeover of the ship's crew.
- Medical cleaning for the vessel.

#### **4. Pandemic Preparedness beyond the Health System**

##### **National Coordination Mechanism**

Mr Joe Buffone gave AHPPC an update on:

- Changes to the National Coordination Mechanism diagram.
- First Ministers are meeting regularly to discuss related issues and prioritise the main domains to focus on.
- International students who have limitations on work hours as there are a high proportion of student visa holders working in aged care facilities.

##### **Pandemic Preparedness Tracker**

States provided input to the Pandemic Preparedness Tracker (PPT) ahead of meeting.

- PPT is a live document and subject to change with time.

- **ACTION:** AHPPC Members to continue to develop and refine input including providing suggestions of fields not currently captured and review of traffic light coding. CHOs to be copied on the tracker in addition to the CDNA Members.
- Once the PPT has been further developed it could be shared by Health Ministers and First Ministers with a statement that it is the best estimate at present time noting it is a live document.
- CMO will likely talk to CoAG on pandemic preparedness later this week. Slides will be shared with AHPPC Members on Thursday (12 March 2020).

## 5. Jurisdictional Update

### NSW

- COVID-19 cases with an implication for a s47F, s47B(b) .

### Victoria

- Three additional cases that are all travel related with no significant public exposures.

### Queensland

- An additional case has been imported from s47F and it is likely that s47F will be COVID-19 positive.

### Western Australia:

- One additional COVID-19 case yesterday and a further two cases today.

### Tasmania:

- Advice has been provided to the s47F following agreement from AHPPC offline.

## 6. Other business

Nil

**Meeting Closed at 3.05 PM**

**Next meeting Tuesday 10 March 2020.**

# Australian Health Protection Principal Committee (AHPPC)

## Emergency Teleconference

### Novel Coronavirus COVID19

Tuesday 10 March 2020 14:00 – 15:00 AEDT

#### Outcomes

Members attending	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Ms Allison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson / Dr Paul Armstrong	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Annaleise Van Diemen	For the Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Vanessa Johnston	Chief Health Officer, ACT
Dr Hugh Heggie	Chief Health Officer, Northern Territory
Lieutenant Colonel Vicki Ross	Commander Joint Health and Surgeon General, ADF
Mr Shaun Anderson	EMA
Ms Nicki Stephanige	NZ Ministry of Health
Dr Sonya Bennett	CDNA
Ms Bronte Martin	NCCTRC
Invited Experts	
Professor Rob Moss	University of Melbourne
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
Dr Ben Howden	Chair, Public Health Laboratories Network
Professor Lyn Gilbert	Director, Infection Prevention and Control, Institute of Clinical Pathology, University of Sydney
Mr Joe Buffone	Emergency Management Australia
Department of Health	
Ms Rhonda Owen	Assistant Secretary, Health Emergency Management Branch
Dr Cath Kelaher	Principal Medical Officer, MSAU
Dr Gary Lum	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
s22	Director, Emergency Preparedness and Response
	AHPPC Secretariat

#### 1. Welcome

The Deputy CMO welcomed members and provided a brief review of national and international COVID-19 developments:

Members noted:

- The Telehealth item was approved and it is proposed that it will go live later this week.
- The Pathology item was also approved - private labs incentivised to test:
  - Aged Care
  - Primary Care
  - Hospital support
- Supported the inclusion of Italy in the travel restriction advice to level 3 for the country as a whole, and level 4 for outbreak zone (these are consistent with the Republic of Korea).

#### Travel restrictions - Italy

- Travel advice - s47B(b), s47C
  - s47B(b), s47C
- Travel ban for foreign national arrivals from Italy
  - s47B(b), s47C

ACTION: members agreed to recommend s47B(b), s47C the travel advice for Italy to s47B(b), s47C

ACTION: members to endorse the following Statement out of session:

s47B(b), s47C

## 2. CDNA Update

CDNA met today, Members noted:

- Further work has been done on the social distancing and crowded places paper.
- s47B(b), s47C

- CDNA to consider further at the meeting tomorrow

- AHPPC statement on crowded places was published on health.gov.au over the weekend.

## 3. Jurisdictional update

Members noted:

NT

- Emergency management arrangements are stood up to the highest level with a Police Incident Controller appointed to complement the Health Incident Controller s47F
- Focus on remote community preparedness.
- Some communities are closing their borders.

- First COVID19 Clinic opened today.

## QLD

- 18 confirmed cases, an increase of three since reported yesterday.
  - s47F
  - s47F
- Seeking clarification around conditions for case management and home isolation.

## NSW

- Six to seven new cases are arising each day.
- These cases include both returned travellers and close contacts testing positive.
- Three schools impacted; the schools have been closed for one day to allow cleaning and contact tracing activities.

## ACT

- No cases to date.
- Chief of Defence Force (CDF) directive for all symptomatic members to be tested; caused resourcing issues for ACT Health in response.
  - ADF Health has worked to adjust this directive to reduce the volume of testing.

## SA

- No new cases
- COVID-19 clinics open at all metropolitan hospitals

## WA

- No new cases.
- Three COVID-19 Clinics opened today.
- Issues in relation to IPC requests through Converg; time delays receiving the IPCs are impacting on contact tracing
  - s37(1)(c) advised that a Qantas representative has commenced in the NIR.

**Healthcare Workers**

Members discussed the exclusion of Healthcare Workers from medical conferences, consensus from members to have an AHPCC National Statement:

ACTION: s37(1)(c) to provide the AHPCC Secretariat with a draft for members input and consideration.

**4. Models of care - s47F**

Members noted:

- This report summarises earlier findings, and highlights implications relevant to preparedness activities across different sectors of the health system.
- It refers to the flows through the health care system – national to jurisdictional, the breakdown of use of PPE and health sector demand.
- Review of the three scenarios include the number and timing and PPE use and demand are quite consistent.
- To review the modelling document and consider the impacts on jurisdictions.

# Australian Health Protection Principal Committee (AHPPC)

## Emergency Teleconference

### Novel Coronavirus COVID19

Wednesday 11 March 2020 14:00 – 15:00 AEDT

## Outcomes

Members attending	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Ms Allison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Kerryn Coleman / Dr Vanessa Johnston	Chief Health Officer, ACT
Dr Hugh Heggie	Chief Health Officer, Northern Territory
A/Prof Dianne Stephens	Deputy Chief Health Officer, Northern Territory
Dr Caroline McElany	NZ Ministry of Health
Dr Sonya Bennett	CDNA
Ms Bronte Martin	NCCTRC
Invited Experts	
Professor Jodie McVernon	University of Melbourne
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
Dr Ben Howden	Chair, Public Health Laboratories Network
Professor Lyn Gilbert	Director, Infection Prevention and Control, Institute of Clinical Pathology, University of Sydney
Department of Health	
Ms Celia Street	First Assistant Secretary, Office of Health Protection
Ms Rhonda Owen	Assistant Secretary, Health Emergency Management Branch
Dr Cath Kelaher	Principal Medical Officer, MSAU
Dr Gary Lum	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
s22	Director, HEPSL
	Director, Emergency Preparedness and Response Section
	AHPPC Secretariat

Commonwealth, State and Territory Health Ministers and their representatives attended the first 30 minutes of the meeting.

### **Commonwealth update**

Minister Hunt provided an overview of the \$2.4 billion COVID-19 health package which will provide support across primary and aged care, hospitals, research and the National Medical Stockpile. Minister Hunt noted the health package has been designed to add to existing health services and the items within the package are not capped and will be demand driven.

Further detail is here: <https://www.pm.gov.au/media/24-billion-health-plan-fight-covid-19>

State and Territory ministers provided comment and asked questions of Minister Hunt and the Chief Medical Officer on the package, together with suggestions for consideration by AHPPC.

Key discussion was around the distribution and use of PPE, confirmation of the isolation period for international travellers and consistent messaging.

Minister Hunt requested that AHPPC consider the following guidelines and present to COAG.

- Testing
- Events and mass gatherings
- School closures
- Isolation – who and how to conduct
- Social distancing measures

**ACTION:** Secretariat to send the Health Package advice to jurisdictions.

### **PPE**

Jurisdictions discussed the issue of limited PPE in jurisdictional stockpiles.

Minister Hunt asked jurisdictions to continue to draw down on their inventory in the first instance. Minister Hunt also agreed that should a genuine crisis occur the NMS will provide shortfalls. Members noted that the replenishment of masks was arriving late April.

### **Laboratory Capacity**

Members noted CDNA's discussion on laboratories ability to test for COVID-19 is nearly at capacity and the need to review the testing requirements to conserve the supply of consumables.

**ACTION:** AHPPC members to provide appropriate contacts to the Secretariat in relation to specimen collection discussion and advice.

**ACTION:** Infection Control Expert Group to consider the need for disposable full length gowns for specimen collection in private pathology approved collection centres.

**Health Sector/Critical care capacity modelling paper**

s47F [REDACTED] provided members with an update on the modelling health sector and critical care modelling paper which is being presented to COAG on Friday 13<sup>th</sup> March. s47B(b), s47C [REDACTED]

**ACTION:** s47F [REDACTED] will provide a revised version of the modelling paper to s37(1)(c) [REDACTED] tomorrow.

**ACTION:** s37(1)(c) [REDACTED] to circulate the COAG presentation to AHPPC for comment tomorrow.

**Health Care Worker and Aged Care Worker Statements**

**ACTION:** Secretariat to circulate the AHPPC statement and fact sheet to members for final comment. Comments are due by 6:00PM.

**Travel Statement – Italy**

**ACTION:** s47B(b), s47C [REDACTED]  
[REDACTED]

**Travel Restrictions**

**AGREE:** AHPPC agreed to s47B(b), s47C [REDACTED] to maintain the current travel restrictions on China, Iran and Republic of China s47B(b), s47C [REDACTED].

**AGREE:** CDNA to consider and rationalise travel restrictions for AHPPC consideration next week.

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# Australian Health Protection Principal Committee (AHPPC)

## Emergency Teleconference

### Novel Coronavirus COVID19

Thursday 12 March 2020 14:00 – 15:00 AEDT

## Outcomes

Members attending	
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Ms Allison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Kerry Coleman	Chief Health Officer, ACT
A/Prof Dianne Stephens	Deputy Chief Health Officer, Northern Territory
Ms Nicole Curtis	Commander Joint Health and Surgeon General, ADF
Ms Justine Rixon	EMA
Vanessa	CDNA
Invited Experts	
Professor Jodie McVernon Professor James McCaw	University of Melbourne
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
Dr Ben Howden	Chair, Public Health Laboratories Network
Professor Lyn Gilbert	Director, Infection Prevention and Control, Institute of Clinical Pathology, University of Sydney
Department of Health	
Ms Celia Street	First Assistant Secretary, Office of Health Protection
Ms Rhonda Owen	Assistant Secretary, Health Emergency Management Branch
Dr Cath Kelaheer	Principal Medical Officer, MSAU
Dr Gary Lum	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
Mr Graeme Barden	
s22	Director, Emergency Preparedness and Response Section
	AHPPC Secretariat

**COVID-19 First Few X (FFX) Project**

s47F provided members with an overview of the FFX project. Members noted that the project will commence in the next week or so, prior to widespread transmission, and will take approximately 4 to 8 weeks to complete.

**Health Care Worker Fact Sheet and AHPPC Statement**

Members noted that CDNA had discussed and finalised the document for AHPPC endorsement.

**ACTION:** s37(1)(c) to provided final clearance on the fact sheet and AHPPC statement for publication today.

**ACTION:** NIR to distribute to the Aged Care sector.

**Coordination of Surge Workforce efforts**

s37(1)(c) provided members with an overview of the proposed mechanism to identify surge workforce. Members noted the preparation being undertaken.

**Social Distancing / Mass Gatherings / Crowded Places**

s47F advised members that the modelling document on which has been revised to include pre-symptomatic transmission will be sent to CDNA tomorrow. Members noted that CDNA were developing a risk-based tool for assessing the risk of transmission in crowded places.

Members also noted that major event organisers needed to make their own commercial decisions about running or cancelling events based on current health advice. AHPPC advice on mass gathering to be sent out by the middle of next week.

**ACTION:** s37(1)(c) to prepare a holding statement on mass gatherings based on the statement by s47F.

**ACTION:** NIR to circulate the paper "Pre-emptive Social Distancing and Hygiene" s47F

**Travel Bans**

AHPPC statement s47B(b), s47C

**ACTION:** AHPPC to review travel advice s47B(b), s47C, based on CDNA advice, tomorrow.

**Other Business**

**ACTION:** AHPPC to send notification of state based cases, as confirmed, to Health Ops.

**ACTION:** AHPPC to send state based information, advice and links for publication on health.gov.au to NIR.

# Australian Health Protection Principal Committee (AHPPC)

## Emergency Teleconference

### Novel Coronavirus COVID19

Friday 13 March 2020 12:00 – 13:00 AEDT

## Outcomes

Members attending	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Ms Allison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeremy McAnulty	Director, Health Protection, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Kerryn Coleman / Dr Vanessa Johnston	Chief Health Officer, ACT
Dr Hugh Heggie	Chief Health Officer, Northern Territory
A/Prof Dianne Stephens	Deputy Chief Health Officer, Northern Territory
RADM Sarah Sharkey	Commander Joint Health and Surgeon General, ADF
Mr Rob Cameron	EMA
Dr Caroline McElany	NZ Ministry of Health
Dr Sonya Bennett	CDNA
Ms Bronte Martin	NCCTRC
Invited Experts	
Professor Jodie McVernon Professor James McCaw	University of Melbourne
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
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Dr Gary Lum	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
s22	Director, HEPsL
	Director, Emergency Preparedness and Response Section
	AHPPC Secretariat

## Meeting 1 – 12.00PM

### Public Gathering Discussion

s37(1)(c) led discussion on public gatherings and events and noted the pressure to limit mass gatherings. s37(1)(c) advised that events with a local attendees would be low risk however international events with a larger proportion of foreign attendees from high risk countries, may present a higher risk.

Members noted that COAG has asked for more definitive guidelines which incorporate a risk assessment tool to enable decision making without impinging on the sovereignty of states.

Members discussed the strategy of cancelling public gatherings and events from Monday 16 March 2020 for a four week period. This would include indoor events over 100 people and outdoor event over 500 people where people are static for a period of more than two hours.

Schools, Universities and Childcare facilities are not included in the

**AGREED:** Members agreed that a whole of community, national approach to public gatherings was required to reduce transmission.

**Testing** s47B(b), s47C  
s47B(b), s47C

**ACTION:** CDNA to consider guidance criteria for prioritising testing in a community transmission scenario where testing capacity is limited.

- CDNA already has guidance on testing criteria - case definition changed this week - broadened the formal testing criteria
- CDNA - strong recommendation to continue with the testing criteria

**ACTION:** NIR to prepare a paper detailing the options for increasing supply and reducing demand.

s47F developed a statement on the closure of public gatherings on behalf of AHPPC.

**ACTION:** AHPPC to provide comment by 2:00PM.

### **Meeting 2 – 2:00PM**

Members met briefly to provide advice to the CMO to relay to the Prime Minister and Premiers on public gatherings.

Members noted the need to comprehensively consider and document outgoing AHPPC statements and position.

AGREE – Members agreed to put in place social distancing messages that are proportionate for gatherings of 500 people or more from a risk based approach.

### **Meeting 3 – 5:30PM**

Members reviewed the AHPPC statement on public gatherings and testing.

**ACTION:** NIR to circulate the clean version of the document for member clearance.

**ACTION:** NIR to publish the statement at 18:45

### **Next Meeting**

Saturday 14 March 2020 14:00 to 16:00

- State Health Ministers will participate for the first 30 minutes.
- Members to discuss in detail what will be included or excluded from the public gathering or event list.
- Develop the content of a new document for COVID-19 Cabinet.

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## Joint AHPPC – Health Ministers Teleconference – 14 March 2020 – Outcomes

### Travel advice

- Under the new National Cabinet arrangements, AHPPC continue to be reassess travel restrictions.

- s47B(b), s47C

s47B(b), s47C

s47B(b), s47C, s33(a)(i)

### Other actions:

- Members sought further information on the role of the new National Cabinet.
- The Commonwealth to start the National Comms campaign this weekend focussing on hand hygiene.
  - Additionally developing media around social distancing.

### Agenda items for AHPPC face to face

- ICU policy and capacity.

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## AHPPC outcomes 1500 – 1630 – meeting one

In preparation for the National Cabinet meeting, members discussed/agreed:

- The current epidemiology situation in Australia, noting the number of identified cases remains relatively small, this continues to rise and there are early signs that community transmission may be occurring in localised areas.
- Evidence suggests that COVID-19 will circulate in the community until a threshold of herd immunity is achieved.

- The next step in the response is to slow the outbreak in Australia by taking measures to reduce transmission.
  - This will ensure the health system does not become overwhelmed, and that all cases of COVID-19 continue to receive appropriate care.
- AHPPC agreed that social distancing measures are required and will need to be introduced progressively to reduce disruption.
  - Non-essential gatherings of more than 500 people should not occur
  - a risk assessment approach should be used for all gatherings.
- AHPPC recognises the importance of advice regarding events held indoors and in other closed space environments.
- Further consideration on this issue will be discussed at a future AHPPC meeting, with advice to be presented National Cabinet at its meeting of 20 March 2020.
  - The advice will also be shared with the National Coordinating Mechanism to enable non-health advice to be provided in parallel to the public health advice.

#### ACTIONS

- s47F [REDACTED] and the Commonwealth to draft initial AHPPC Statement on Social Distancing measures.
- Members to reconvene for a teleconference at 1830 AEST to finalise the AHPPC Statement.

#### Travel Restrictions

- To be considered by CDNA next week s47B(b), s47C [REDACTED]

#### Meeting two: 1830 - 1930

Members endorsed the AHPPC statement on Social Distancing Measures.

#### Travel Restriction Statement:

All people who have returned from overseas countries should practice social distancing for 14 days. AHPPC recommends that returned travellers should be excluded from work during this time if they work in vulnerable settings, such as healthcare facilities, aged care facilities and should not visit remote Indigenous communities.

## AHPPC Teleconference – 15 March 2020

### National Cabinet meeting

#### The CMO provided an update of discussions from the National Cabinet meeting

- PM announced new border measures which will come into effect at 9:00PM Sunday 15 March 2020. All return travellers from anywhere in the world are to self-isolate for 14 days from the arrival date.
  - Advice on this will be provided to travellers via in-flight announcements.
- Members agreed to have State and Territory Health Minister's join AHPPC teleconference from 3:00PM to 3:30PM every Thursday.

**Action:** CMO to send advice to the health care sector.

**Action:** NZ to share advice on self-isolation recommendations to AHPPC when their communications strategy is released.

#### AHPPC Face to Face – Monday 16 March 4:00 -10:00PM / Tuesday 17 March 8:00am – 5:00PM

- Due to the volume of content and the complexity of the issues, members of AHPPC agreed to extend their face to face meeting scheduled for Tuesday 17 March to include Monday afternoon/evening.
- AHPPC to develop a clear narrative about the implementation of public gatherings and social/physical distancing measures including what will and won't be included in the measures. This will be delivered to First Ministers at 8:00PM Tuesday 17 March by the CMO.
- s47B(b), s47C
- Members agreed it would be beneficial to combine all the individual jurisdictional messages on social distancing into one document.
- New Zealand is using the term "physical" distancing rather than social distancing. Members agreed that this was a clearer description.
- s47B(b), s47C

**Action:** NIR to send the papers by s47F to AHPPC.

Action: AHPPC Secretariat to make arrangements for the revised meeting times.

Action: NIR to send updated stats to AHPPC members each morning.

# Australian Health Protection Principal Committee (AHPPC)

## Emergency Teleconference

### Novel Coronavirus COVID19

Friday 13 March 2020 12:00 – 13:00 AEDT

## Outcomes

Members attending	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Ms Allison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeremy McAnulty	Director, Health Protection, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Kerryn Coleman / Dr Vanessa Johnston	Chief Health Officer, ACT
Dr Hugh Heggie	Chief Health Officer, Northern Territory
A/Prof Dianne Stephens	Deputy Chief Health Officer, Northern Territory
RADM Sarah Sharkey	Commander Joint Health and Surgeon General, ADF
Mr Rob Cameron	EMA
Dr Caroline McElany	NZ Ministry of Health
Dr Sonya Bennett	CDNA
Ms Bronte Martin	NCCTRC
Invited Experts	
Professor Jodie McVernon Professor James McCaw	University of Melbourne
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
Dr Ben Howden	Chair, Public Health Laboratories Network
Professor Lyn Gilbert	Director, Infection Prevention and Control, Institute of Clinical Pathology, University of Sydney
Department of Health	
Ms Celia Street	First Assistant Secretary, Office of Health Protection
Ms Rhonda Owen	Assistant Secretary, Health Emergency Management Branch
Dr Cath Kelaher	Principal Medical Officer, MSAU
Dr Gary Lum	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
s22	Director, HEPsL
	Director, Emergency Preparedness and Response Section
	AHPPC Secretariat

## Meeting 1 – 12.00PM

### Public Gathering Discussion

s37(1)(c) led discussion on public gatherings and events and noted the pressure to limit mass gatherings. s37(1)(c) advised that events with a local attendees would be low risk however international events with a larger proportion of foreign attendees from high risk countries, may present a higher risk.

Members noted that COAG has asked for more definitive guidelines which incorporate a risk assessment tool to enable decision making without impinging on the sovereignty of states.

Members discussed the strategy of cancelling public gatherings and events from Monday 16 March 2020 for a four week period. This would include indoor events over 100 people and outdoor event over 500 people where people are static for a period of more than two hours.

Schools, Universities and Childcare facilities are not included in the

**AGREED:** Members agreed that a whole of community, national approach to public gatherings was required to reduce transmission.

**Testing –** s47B(b), s47C  
s47B(b), s47C

**ACTION:** CDNA to consider guidance criteria for prioritising testing in a community transmission scenario where testing capacity is limited.

- CDNA already has guidance on testing criteria - case definition changed this week - broadened the formal testing criteria
- CDNA - strong recommendation to continue with the testing criteria

**ACTION:** NIR to prepare a paper detailing the options for increasing supply and reducing demand.

s47F developed a statement on the closure of public gatherings on behalf of AHPPC.

**ACTION:** AHPPC to provide comment by 2:00PM.

### **Meeting 2 – 2:00PM**

Members met briefly to provide advice to the CMO to relay to the Prime Minister and Premiers on public gatherings.

Members noted the need to comprehensively consider and document outgoing AHPPC statements and position.

AGREE – Members agreed to put in place social distancing messages that are proportionate for gatherings of 500 people or more from a risk based approach.

### **Meeting 3 – 5:30PM**

Members reviewed the AHPPC statement on public gatherings and testing.

**ACTION:** NIR to circulate the clean version of the document for member clearance.

**ACTION:** NIR to publish the statement at 18:45

### **Next Meeting**

Saturday 14 March 2020 14:00 to 16:00

- State Health Ministers will participate for the first 30 minutes.
- Members to discuss in detail what will be included or excluded from the public gathering or event list.
- Develop the content of a new document for COVID-19 Cabinet.

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### Travel advice

- Under the new National Cabinet arrangements, AHPPC continue to be reassess travel restrictions.
- s47B(b), s47C

s47B(b), s47C

s47B(b), s47C, s33(a)(i)

### Other actions:

- Members sought further information on the role of the new National Cabinet.
- The Commonwealth to start the National Comms campaign this weekend focussing on hand hygiene.
  - Additionally developing media around social distancing.

### Agenda items for AHPPC face to face

- ICU policy and capacity.

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- Evidence suggests that COVID-19 will circulate in the community until a threshold of herd immunity is achieved.

- The next step in the response is to slow the outbreak in Australia by taking measures to reduce transmission.
  - This will ensure the health system does not become overwhelmed, and that all cases of COVID-19 continue to receive appropriate care.
- AHPPC agreed that social distancing measures are required and will need to be introduced progressively to reduce disruption.
  - Non-essential gatherings of more than 500 people should not occur
  - a risk assessment approach should be used for all gatherings.
- AHPPC recognises the importance of advice regarding events held indoors and in other closed space environments.
- Further consideration on this issue will be discussed at a future AHPPC meeting, with advice to be presented National Cabinet at its meeting of 20 March 2020.
  - The advice will also be shared with the National Coordinating Mechanism to enable non-health advice to be provided in parallel to the public health advice.

#### ACTIONS

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- Members to reconvene for a teleconference at 1830 AEST to finalise the AHPPC Statement.

#### Travel Restrictions

- To be considered by CDNA next week s47B(b), s47C [REDACTED]

#### Meeting two: 1830 - 1930

Members endorsed the AHPPC statement on Social Distancing Measures.

#### Travel Restriction Statement:

All people who have returned from overseas countries should practice social distancing for 14 days. AHPPC recommends that returned travellers should be excluded from work during this time if they work in vulnerable settings, such as healthcare facilities, aged care facilities and should not visit remote Indigenous communities.

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- s47B(b), s47C


**Action:** NIR to send the papers by s47F to AHPPC.

Action: AHPPC Secretariat to make arrangements for the revised meeting times.

Action: NIR to send updated stats to AHPPC members each morning.

**AHPPC – 16.03.2020**

s47B(b), s47C




CDNA – focused and written documents

- Regional risk assessments – social distancing overall – overarching aims and principles (paper for AHPPC)
- Gatherings under 500 risks can be mitigated s47B(b), s47C

Public Gatherings – CDNA doc (see document – s37(1) (a))


- Beyond the point of containment – spread around the world

s47B(b), s47C



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s47B(b), s47C




**Tier 1 (Essential) – Health Care, Pharmacy, Food, Essential Services, Call Centres, Communications**

**Tier 2 – Schools, Universities, workplaces,**

**Tier 3 – entertainment, leisure activities,**

s47B(b), s47C



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s47B(b), s47C

**Principles for indoor gatherings**

Pre-amble – everyone should be undertaking social distancing as much as possible. However if this is not the situation.

Non-essential indoor gatherings of less than 500 people remains a high risk of infection transmission, but may be permitted if mitigated by the following:

- In a given occupied space there needs to be no more than one person per 4m squared of floor space.
- Availability of hand hygiene products and suitable waste receptacles, with frequent cleaning and waste disposal.
- Promotion of the Department of Health recommendations for unwell individuals to isolate at home and not attend.
- For settings where there is ongoing movement and increased number of interactions between individuals, the individual's attendance should be less than two hours duration.
- For events that are primarily static, such as theatres, restaurants, cinemas, sporting events, the event should be limited to four hours duration.
- Safe food handling for catering at events: (VIC safe food handling include)
  - Unwell catering staff should stay home
  - Food should be prepared by staff trained in safe food handling
  - Deny entry for staff who look and feel unwell.

**RULES – Flights and Public Transport**

Domestic air travel: The risk of acquiring COVID19 on planes is small, however, in order to minimise the spread of infection over long distances, discretionary travel should be minimised.

s47B(b), s47C

**Public Transport (trains, trams, buses, and ferries):** Most public transport is considered essential, however employers should consider offering staggered work times and reduced working arrangements to employees to reduce risk of overcrowding at peak traffic times. Operators should increase the frequency of cleaning, particularly of those surfaces that are frequent touch points. Commuters should consider hand hygiene measures which should be promoted on vehicles. Long distance bus or train services pose a higher risk, and should be

reconsidered if not essential. The Spirit of Tasmania ferries are regarded as essential transport, and risk mitigation is underway.

Taxis and ride share vehicles: If possible, passengers should sit in the back seat, and hand sanitiser should be available for passengers and drivers to utilise. The air conditioning/heating setting should be set to external airflow, as opposed to recycle.

Mass transport of vulnerable people, including the elderly, should be avoided of have a risk mitigation strategies such as distance seating.

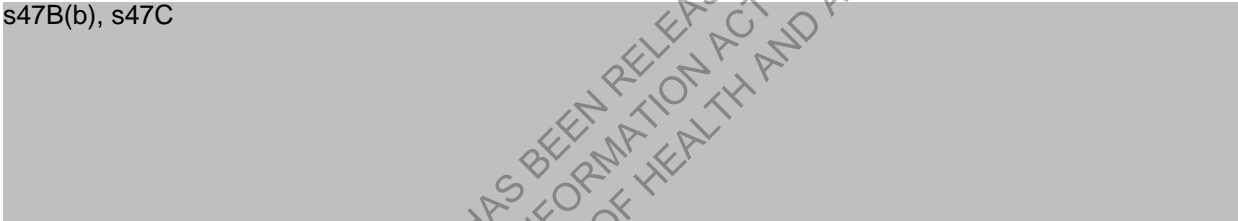
#### **Examples:**

- Cinemas and theatres to implement alternate seating, staggered seating and alternate rows except for family groups.
- Seated restaurants to have capacity reduction of approximately 50%.
- Weddings and funerals will need larger spaces or reduced number of attendees.
- Gyms and indoor fitness activities:

#### **Specific advice for:**

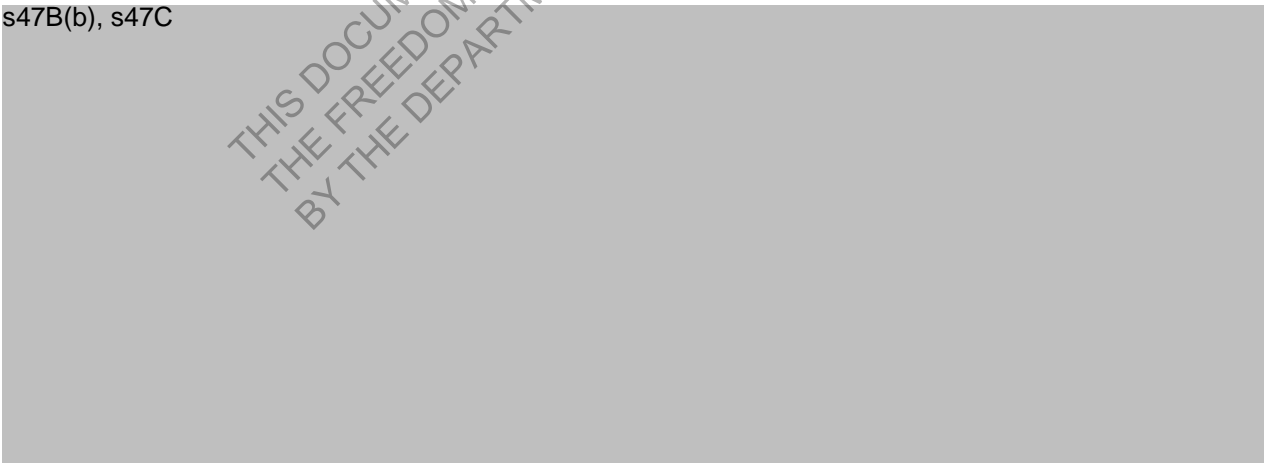
##### **Universities**

s47B(b), s47C



##### **Schools**

s47B(b), s47C



#### **Boarding Schools –**

- In boarding schools, there is a higher risk due to close living arrangements and higher frequency of contact. An outbreak in a boarding school would present a more difficult management issue including potentially isolation of the entire boarding school as defined close contacts following a confirmed case. The staff caring for the students

would also need to be isolated and depending on the structure of the boarding house may be unsuitable to return home.

- School and parents should consider the risks and balance vs benefits, and make their own decisions, noting the .....
- we are reducing the risk of transmission by limiting
- Closure and return to rural and remote locations is preferable at this moment before
- Schools and parents can consider a range of options... parents should be aware that current COVID19 pandemic may still be an issue.

### Sporting Clubs

- Organisers must ensure....
- Individuals must .....

### Gyms and indoor

- Organisers must ensure....
- Individuals must .....

## DEFINITION

Static: Where attendees are seated in the same place for the duration of attendance.

Organised: Planned in advance.

Essential: Non-discretionary, required for the continuation of required services including education, work and utilities.

---

### Social venues, pubs and nightclubs

Total attendees must be less than 500 per uninterrupted space and the 4m<sup>2</sup> per individual rule must apply.


### Outdoor EVENTS

Outdoor events with fewer than 500 attendees may proceed. There are general measures that all events should abide.

Exemptions for events over 500 people include: Food markets, parliamentary sittings with appropriate risk mitigation.


Individual CHOs may grant exemptions from these requirements in low risk environments where risk mitigation measures have been provided.

s47B(b), s47C




### 17.03.2020 AHPPC

s47B(b), s47C




Narrative to the graph – put it in but explain there is a mix of cases in Australia – still largely related to imported cases. Aggressive social distancing in place to contain the spread.

s47B(b), s47C



- Still have a predominance of imported cases and need to continue contact tracing.
- Need to have continue the public message on social distancing

s47B(b), s47C




s47B(b), s47C

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s47B(b), s47C

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s47B(b), s47C



s47B(b), s47C



### Disability

s47B(b), s47C – statement issued Australian Disability Sector – support, hotlines etc

Govt measures – same recommendations for residential disability care – no excursions, no group settings. s37(1)(c) – residential disability services – present a high risk similar to hat of aged care – same range of measures that are applicable to aged care should be applied. Facilities that the public use should be shut down.


### Swimming pool expert – Community sport advice

- No congregation – before, during and after the event.
- Pre & post match protocols so players, visitors an officials should not touch
- Most of the risk mitigation can be applied across contact sports – can't mitigate the rules of the game.
- Contact sports are at the greater risk of transmission than other sports and should be
- Standard public health practices. All recommended health hygiene messages need to be followed including not sharing drink bottles.
- Swimming meets – s37(1)(c)

### Musicians –

PM – discussion with colleagues – considering 100 – Commonwealth Parliament only sitting with 100 people.

s47B(b), s47C



- Non-essential indoor gatherings greater than 100 people will no longer be permitted. Examples of non-essential gatherings.
- Gatherings of less than 100 people may be permitted if mitigated by the following: s47B(b), s47C ), With an appropriate social distancing policy.
- s47B(b), s47C

- 
- 
- 
- 

s47B(b), s47C

.....

To find and manage our contacts and control the care. DFAT travel advisory to all Aus not to travel OS – Do not go unless it is essential.

ANZAC Day – not happening.

### Food stockpiling

Health advice – think about small stockholding of basics foods so that if you are feeling unwell you don't need to shop – Premiers strongly discourage panic buying of food – advice small addition of food in house – risk of Australia home quarantines relatively low – measures in place.

- Simple house hold continuity plan – a short list of what people might need. Craft message.

\*\*\*\*\*

s47B(b), s47C

### Swimming pools

Person to Person spread at swimming pools – no evidence that the virus will survive in well managed and maintained pools chlorinated in accordance with Australian standards. Minimise time spent out of the pool and comply with aforementioned social distancing and protective measures when in change rooms and outside the pool. Shower with soap before attending the facility.

Recreational water facilities (water slides, surf parks) should also comply with social distancing and protective measures.

### Outdoor Events

Outdoor events of fewer than 500 attendees may proceed

Food markets are exempt from the 500 person limit, however should undertake measures such as stall density reduction to decrease the risk .....

**GENERAL POPULATION – INDOOR GATHERINGS**

AHPPC made a number of recommendations for non-essential indoor gatherings.

Non-essential gatherings greater than 100 people will no longer be permitted. Gatherings of less than 100 people may be permitted if mitigated by space, time and hygiene.

s47B(b), s47C

s47B(b), s47C

**Direct CDNA – no swab or clearance for COVID19 – NO SWAB SOLUTION**


\*\*\*\*\*

**Border Measures**

s47B(b), s47C

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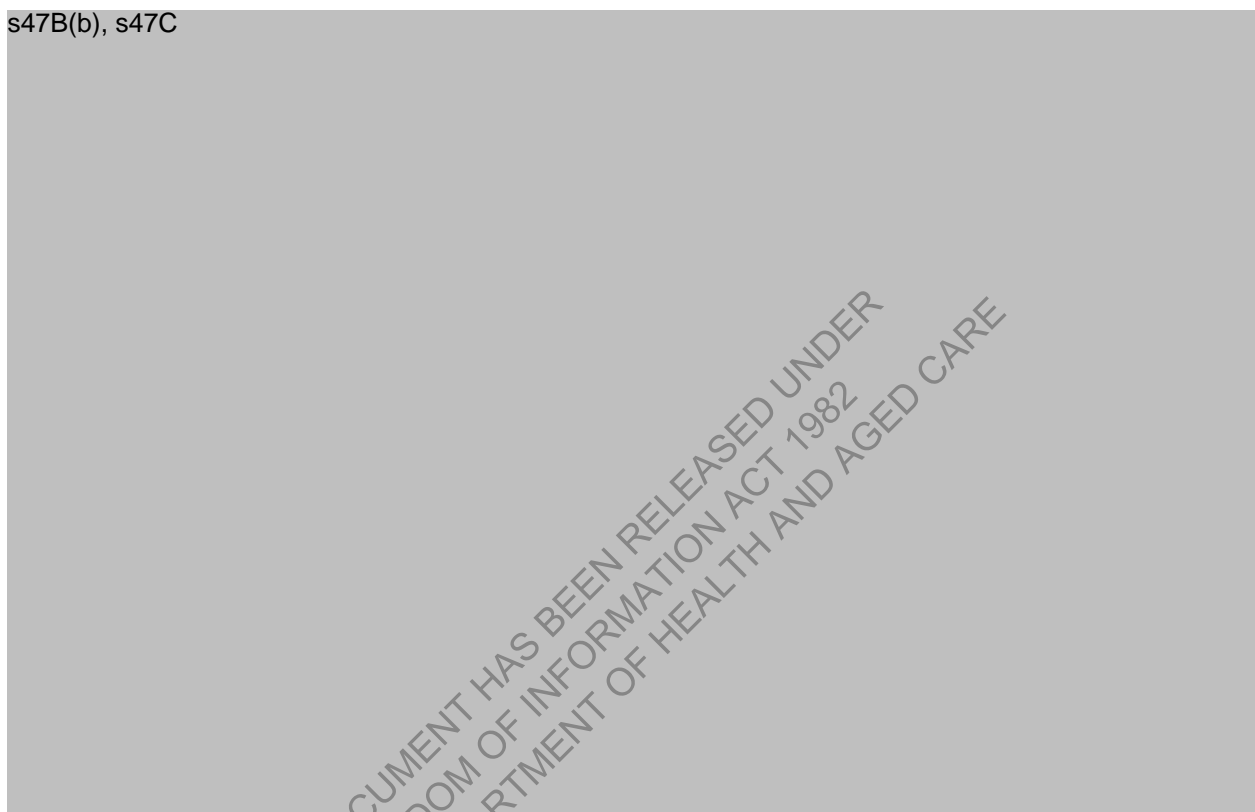
s47B(b), s47C



### **Health screening at the border**

Iran, Italy, Sth Korea and China – no one wants us to take away screening – need a risk based approach.

s47B(b), s47C



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### **Cruise Ships – risk**

Few on the water with Aus on them – border force isolation requirements for cruise ships.

Scenario - A boat coming from Singapore going passed Broome with sick person on board. Where would they know to go? Phone HBO at that stage. Members agree.

### **Contact Tracing**

s47B(b), s47C



s47B(b), s47C

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## FINAL DOCUMENT

CMO + members reviewed the AHPPC statement on COVID-19 17 March 2020

### Recommendation on Social Distancing

- Validate the wording – based on best evidence strategies to contain transmission have provided. These strategies will remain essential throughout the control phase that we are now in.

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# Australian Health Protection Principal Committee (AHPPC)

## Emergency Teleconference

### Novel Coronavirus COVID19

Wednesday 18 March 2020 14:00 – 15:20 AEDT

### Agenda

Members attending	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Ms Allison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrer	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Mark ...	Queensland Health
Dr Mark Veitch/ Julie Graeme	Chief Health Officer, Tasmania
Dr Hugh Heggie	Chief Health Officer, Northern Territory
A/Prof Dianne Stephens	Deputy Chief Health Officer, Northern Territory
RADM Sarah Sharkey	Commander Joint Health and Surgeon General, ADF
Sean	EMA
Dr Caroline McElany	NZ Ministry of Health
Dr Annaliese Van Dieman	CDNA
Ms Bronte Martin	NCCIRC
Invited Experts	
Professor Jodie McVernon Professor James McCaw	University of Melbourne
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
Professor Lyn Gilbert	Director, Infection Prevention and Control, Institute of Clinical Pathology, University of Sydney
Department of Health	
Ms Celia Street	First Assistant Secretary, Office of Health Protection
Ms Rhonda Owen	Assistant Secretary, Health Emergency Management Branch
Dr Cath Kelaher	Principal Medical Officer, MSAU
Dr Gary Lum	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
s22	Director, HEPsL
Mr Graeme Barden	Assistant Secretary, NIR
s22	AHPPC Secretariat

## AHPPC teleconference – 18 March 2020 – OUTCOMES

### National Cabinet Meeting

The CMO provided update from the National Cabinet meeting.

- The Prime Minister complimented AHPPC members on the volume of work undertaken over the last couple of days.
- First Ministers endorsed without reservation the AHPPC advice on residential aged care facilities and the recommendations to the education sector on schools including boarding schools universities and other higher education centres.
- First Ministers supported the recommendations on cancellation of ANZAC Day ceremonies and events due to the high proportion of older Australians who attend such events.
- Additionally First Ministers supported AHPPC advice against the bulk purchase of foods medicine and other goods.
- The CMO reminded members that the AHPPC is now a co-opted subcommittee of the National Cabinet. The National Cabinet provide clearance and permission for AHPPC statements to be released.

**ENDORSED:** Members endorsed the need for heightened confidentiality awareness under the new National Cabinet structure.

### Recommendations on Public Gatherings update

The CMO led discussion on defining the term indoor public gatherings. AHPPC's advice was updated to clarify what is considered indoor prior to going to National Cabinet.

### Early Learning and Childcare advice

Members considered the Early Learning and Childcare Statement that had been modelled on the schools statement.

- It was agreed that childcare centres are essential services and should continue at this time with agreed risk mitigation measures.
- These measures were revised, including adhering with the NHMRC childcare cleaning guidelines, influenza vaccination for children, staff and parents and enhanced personal hygiene for children, staff and parents.
- AHPPC will continuously review emerging evidence of COVID-19 in children to inform public health policy.

**ACTION:** Members to review and endorse prior to sending to National Cabinet this afternoon.

**ACTION:** s47F

to provide a critique of the document "*Epidemiological Characteristics of 2143 Paediatric Patients with 2019 Coronavirus Disease in China*" and report back to AHPPC within the coming days.

### Options for Treatment of Emerging High Risk Countries in Public Guidance

s47F led discussion on the treatment of new and emerging higher risk countries for the COVID-19 Series of National Guidelines.

AHPPC considered the recommendation from the CDNA to review the categorisation of high risk countries for COVID-19 importation risk.

- AHPPC noted that the risk for importation from the USA and Europe (including the UK) was now considered high, as is potentially the risk from other countries where ascertainment may be poor.
- AHPPC noted that there is no longer a strong basis for having travel restrictions on only four countries and that Government should consider aligning these restrictions with the risk.
- Consideration could be given to lifting all travel restrictions, noting the imposition of universal quarantine and a decline in foreign nationals travel, or consideration of the imposition of restrictions on all countries, while small numbers of foreign nationals continue to arrive.

**AGREE:** AHPPC strongly supported the continuation of a 14 day quarantine requirement for all returning travellers, as the most important public health measure in relation to case importation.

**ACTION:** CMO to develop a recommendation on travel to circulate to members.

#### **Jurisdictional updates**

Members noted:

- s47F [REDACTED]  
[REDACTED] this is a good example of the need for social distancing and the success of public interventions.
- ICEG – s47F [REDACTED] alerted members to an infection control outbreak document '*COVID-19 Prevention, Control and Management in Residential Care Facilities*'. This document will be ready to circulate through CDNA then AHPPC this week.

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# Australian Health Protection Principal Committee (AHPPC)

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Thursday 19 March 2020 14:00 – 15:00 AEDT

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Dr Cath Kelaher	Principal Medical Officer, MSAU
Dr Gary Lum	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
s22	AHPPC Secretariat

## AHPPC teleconference – 19 March 2020 – OUTCOMES

### Agenda Item 1 - National Cabinet Meeting:

The CMO advised that at the First Health Ministers meeting earlier this week that not all Premiers were in support of the AHPPC Statement on the non-essential gathering of greater than 100 people.

The CMO sought unanimous endorsement from all members to support the agreed position that all non-essential indoor gatherings of greater than 100 people will no longer be permitted. Additionally noting that there must be a density of no more than one person per 4m<sup>2</sup> of floor space.

Members were encouraged to raise this with their Premiers to verify the 100 limit with the population density requirement. Members also supported the overall approach that this should not be advisory and that it should be enforced.

#### ACTION:

- Members to reiterate with their Premiers the AHPPC Statement on the non-essential gathering of greater than 100 people with inclusion of the density of no more than 4m<sup>2</sup> of floor space.
- Members agreed that the approach should be enforced.

### Agenda Item 2 – Point of Care Testing

Members noted s47F update on Point of Care Testing and its use to quickly screen patients at COVID19 Clinics. s47F advised that this could potentially add unnecessary burden to the clinic and the diagnostic laboratory personal.

#### ACTIONS:

- s47F, Chair of PHLN will draft a statement on Point of Care Serology testing on behalf of AHPPC s47B(b), s47C.
- ACTION: AHPPC to discuss at AHPPC 20 March 2020 teleconference.

### Agenda Item 3 – Discussion on Schools for children with special needs

Members discussed the need to include schools that cater for students with special needs to the AHPPC Statement on Schools. All members agreed to this model with NSW to take the lead to draft a statement to provide for discussion at CDNA prior to endorsement at AHPPC.

#### ACTION:

- s47B(b) to draft discussion paper for CDNA on Children with special needs for inclusion in the AHPPC Statement on Schools.

### Agenda Item 4 – Hydroxychloroquine restriction

Members discussed a recent article alluding to the possibility of *Hydroxychloroquine* in treatment of COVID-19. In anticipation of stockpiling, members agreed for TGA to schedule to restrict the drug for use only by rheumatologist.

**ACTION:**

- Members agreed to TGA to schedule restriction of dispensing of *Hydroxychloroquine*.

**Agenda Item 5 – Ibuprofen and COVID, ACE Inhibitors and COVID, Ventolin**

Members noted the recent article from French authorities urging people showing symptoms of the coronavirus to stay away from anti-inflammatory medicines including ibuprofen. Prof Paul Kelly provided a press release yesterday rejecting the claims stating there is no evidence between the link of Ibuprofen and COVID-19 and to seek Doctor's advice.

s37(1)(c), s47B(b), s47C

These articles have impacted on the restriction of paracetamol. s37(1)(c) advised that work had been undertaken by the Commonwealth the pharmacy Guild to place restrictions on pharmacists to limit dispensing of paracetamol and Ventolin. Children's paracetamol will only be available behind the counter at Pharmacies.

**ACTION:**

- s37(1)(c) to circulate limitation to pharmacist directive information.

**Jurisdictional Update**

s47B(b), s47C

It was agreed to maintain the AHPPC position on 100 100 non-essential gatherings.

**Repatriation of Australian from Overseas**

The National Incident Room is producing a protocol for repatriation of international travellers diagnosed with COVID-19. Due to the level 4 travel restriction, travel insurance is no longer applicable therefore sick travellers will need to fund their own return to their home jurisdiction. Jurisdictions will receive and care for returning travellers however will not fund any medivac retrieval.

s47C

**ACTION:**

- s47C



# Australian Health Protection Principal Committee

Emergency Teleconference – Friday 20 March 2020

## Novel Coronavirus COVID19

14:00 – 15:00 AEDT

### Outcomes

Members attending	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Ms Allison McMillan	Chief Nursing and Midwifery Officer
Dr Paul Armstrong	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeremy McAnulty	Director, Health Protection, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Kerryn Coleman / Dr Vanessa Johnston	Chief Health Officer, ACT
Dr Hugh Heggie	Chief Health Officer, Northern Territory
A/Prof Dianne Stephens	Deputy Chief Health Officer, Northern Territory
RADM Sarah Sharkey	Commander Joint Health and Surgeon General, ADF
Mr Rob Cameron	EMA
Dr Caroline McElany	NZ Ministry of Health
Dr Sonya Bennett	CDNA
Dr Ben Howden	Chair, Public Health Laboratories Network
Ms Bronte Martin	NCCTRC
Invited Experts	
Professor Jodie McVernon Professor James McCaw	University of Melbourne
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
Professor Lyn Gilbert	Director, Infection Prevention and Control, Institute of Clinical Pathology, University of Sydney
Department of Health	
Ms Celia Street	First Assistant Secretary, Office of Health Protection
Ms Rhonda Owen	Assistant Secretary, Health Emergency Management Branch
Dr Cath Kelaher	Principal Medical Officer, MSAU
Dr Gary Lum	Principal Medical Officer, MSAU
s22	Director, HEPSL
Mr Graeme Barden	Assistant Secretary, NIR
s22	AHPPC Secretariat

**Agenda Item 1 – Meeting opening**

s47B(b), s47C

[REDACTED]

s37(1)(c) [REDACTED] joined the teleconference at 15:00 and provided the following update to members:

- The National Cabinet discussed AHPPC advice on the 4 square metre rule, childcare and foreign tourists ban.
- The National Cabinet will continue to meet every Tuesday and Friday.
- Members need to agree criteria for when additional social distancing measures would need to be enacted and report to National Cabinet next week. It was agreed there would be a 90 minute joint meeting of CDNA and AHPPC on Sunday 22 March 2020 to consider a position. s37(1)(c) [REDACTED] agreed to convene a working group to provide advice ahead of the joint meeting.
- In order to provide accurate data in real time, no case should be “under investigation” for longer than 24 hours. To ensure this goal is met, additional resources will be provided to jurisdictions as necessary.

**ACTION:**

- s37(1)(c) [REDACTED] and others to convene a working group on Saturday 21 March at 3pm to develop advice relating to threshold criteria for enacting social distancing measures.
- Members of the working group are to send in any relevant material prior to the working group to allow the Department to structure a draft options paper.
- AHPPC and CDNA to hold a joint meeting for 90 minutes on Sunday 22 March 2020 to consider threshold criteria for enacting additional social distancing measures and finalise the options paper.
- Jurisdictions to consider resources needed to ensure no case is under investigation for longer than 24 hours, and advise the Commonwealth.

**Agenda Item 2 – Health capacity of islands**

Members noted that a key issue for islands is hospital and health care capacity and capability to deal with COVID-19 s47B(b), s47C

[REDACTED]

**ACTION:**

- s37(1)(c) [REDACTED] (Health) to discuss advice for islands regarding COVID-19 plans with s37(1)(c) [REDACTED] (EMA).

### Agenda Item 3 – CDNA Update

Members discussed the release from isolation revised criteria. Members endorsed the following:

- Confirmed cases with mild illness who did not require hospitalisation, noting that some members suggested there should be different time periods for quarantine and isolation, to differentiate between the two.
- Confirmed cases with more severe illness who have been discharged from hospital, noting that admission to hospital for positive swabs should be dealt with on a case-by-case basis.
- All cases who have specimens taken at clinical recovery can be released from isolation if they meet criteria described in the revised document, with the minor caveat that PCR negative on at least two consecutive respiratory specimens will be reviewed as the pandemic evolves in Australia.

ACTION:

- AHPPC Secretariat to amend 'Release from isolation –revised criteria' document so that point 3, PCR negative on at least two consecutive respiratory specimens will be reviewed as the pandemic evolves in Australia. Members to respond by 6pm tonight.

### Agenda Item 4 – New health screening models at airports

Members noted the paper and were advised that under the new model, travellers will be referred for enhanced screening in the following ways:

1. Travellers who are non-compliant with requirements to complete the Isolation Declaration Card (IDC) or who indicate to border staff that they do not agree to comply with isolation requirements
2. Questioning by Biosecurity Officers (BOs) in international airports – *Do you feel well? Have you had fever in the last 24 hours or new coughing illness in the past 2 weeks? Have you been in contact with anyone known or suspected to have COVID-19?*
3. s47B(b), s47C
4. Travellers self-identifying as unwell or requesting screening to ABF or BOs

Members noted that this will be implemented at 9pm tonight, in line with new border restriction measures. Queensland advised that all incoming passengers will be issued a quarantine order as well as the isolation card. Members agreed that local arrangements are up to jurisdictions.

Members discussed exit screening for Pacific Islands. Jurisdictions requested additional information relating to what would happen if an individual failed a screen. Queensland agreed to undertake exit screening, and Victoria and NSW agreed in principle. s47B(b), s47C

ACTION:

- Health to send the new health screening models at airports to CHBOs.
- Health to discuss exit screening for Pacific Islands further with DFAT and advise members about what would happen if an individual fails the screen.

**Agenda Item 4 – Statement on Point of Care testing**

Members discussed the PHLN statement on Point-of-Care Serology testing for SARS-CoV-2 (the virus that causes COVID-19) and agreed it should be used for an AHPPC statement, noting that:

- The final paragraph on the first page should begin with “early in the epidemic”; and
- The third dot point “if used properly by a trained medical professional...” should be clarified to include return to work.

**ACTION:**

- PHLN Secretariat to amend the statement on Point-of-Care Serology testing and circulate to members.

**Agenda Item 5 – Fact sheets for funeral directors**

Members agreed that this item should be discussed at tomorrow’s meeting.

**ACTION:**

- AHPPC Secretariat to include on agenda for AHPPC teleconference on 21 March 2020.

**Agenda Item 6 – Criteria for escalation of social distancing measures**

This was discussed under Agenda Item 1.

**Agenda Item 6 – Other business****Jurisdictional Update**

Members noted updates from jurisdictions, including:

- s47F [REDACTED] and passengers are being contacted via text, email and phone. NZ Health has been advised as the last port of the cruise ship was in NZ on 14 March.
- NT has 2 positive cases from overseas.

**Interpol**

- Members noted the update from Interpol advising of fraud schemes taking advantage of the COVID-19 situation.



## Australian Health Protection Principal Committee

### Outcomes

### Novel Coronavirus COVID19

Saturday 21 March 2020 14:00 – 15:00 AEDT

Members attending	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Hugh Heggie	Chief Health Officer, Northern Territory
A/Prof Dianne Stephens	Deputy Chief Health Officer, Northern Territory
Kate Lindell	ADF
Serena	EMA
Dr Caroline McElany	NZ Ministry of Health
Dr Sonya Bennett	CDNA
Dr Ben Howden	Public Health Laboratories Network
Ms Bronte Martin	NCCTRC
Invited Experts	
Professor Jodie McVernon	University of Melbourne
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
Professor Lyn Gilbert	Director, Infection Prevention and Control, Institute of Clinical Pathology, University of Sydney
Department of Health	
Ms Celia Street	First Assistant Secretary, Office of Health Protection
Dr Cath Kelaher	Principal Medical Officer, MSAU
Dr Gary Lum	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
s22	AHPPC Secretariat

**AGENDA ITEM 1 – MEETING OPENING**

Prof Brendan Murphy, Chief Medical Officer opened the meeting.

**AGENDA ITEM 2 - ELECTIVE DENTAL CARE**

s47F

s47F provided members with an overview of the concerns raised by the Australian Dental Association in relation to maintaining the safety of dentists, dental staff and patients during the pandemic.

s47F noted that consideration is being given to the risk stratification of services in dentistry and only focussing on four areas: trauma; facial swelling; acute infections and dental pain. Members noted the need for national consistency and a single source of truth with advice to the dental industry.

**ACTION:** s47F to consolidate advice in to a paper outlining infection control measures and potential reduction of measures for review by the s47F and the ICEG and CDNA.

**ACTION:** AHPPC to review and endorse the document at the teleconference on Monday 23 March 2020.

**AGENDA ITEM 3 – WHOLE OF GOVERNMENT UPDATE****NATIONAL CABINET – FORWARD PLANNING**

The CMO advised members that National Cabinet was meeting on Tuesday 24 March 2020. Premiers have made a number of requests for advice from AHPPC including:

**School closures**

**ACTION:** Members to discuss at the joint AHPPC/CDNA teleconference Sunday 22 March 2020.

**ACTION:** AHPPC to finalise Monday 23 March 2020.

**Operationalisation of non-essential domestic travel**

**ACTION:** Members to discuss at the joint AHPPC/CDNA teleconference Sunday 22 March 2020.

**ACTION:** AHPPC to finalise Monday 23 March 2020.

**COVID-19 testing**

**ACTION:** s37(1)(c) and Labs team to develop a paper which provides clear advice on the supply of COVID-19 tests by 12:00pm Monday 23 March 2020.

**ACTION:** s37(1)(c) to provide a brief overview at the joint AHPPC/CDNA teleconference on Sunday 22 March 2020.

**AGENDA ITEM 4 – CDNA UPDATE**

This item was not discussed.

**ACTION:** Re-schedule – Fact Sheets for funeral directors.

## **AGENDA ITEM 5 - SUSPENSION OF BREAST CANCER SCREENING AND CERVICAL SCREENING DURING COVID-19**

The CMO provided members with an overview of the email from Breast Screen Victoria regarding the continuation of breast screening during the COVID-19 pandemic. Members noted Breast Screen Victoria's concerns about close contact, assessment activity, elective surgery and health care capacity.

Members agreed that further work needed to be undertaken on the implications of suspension of screening. Members also agreed that the cervical screening should be reviewed.

**ACTION:** The Commonwealth Cancer Screening Branch to liaise with Breast Screen Australia regarding developing a modelling paper on the risks associated with the continuation of screening for AHPPC consideration.

**ACTION:** AHPPC to review at the teleconference on Wednesday 25 March 2020.

## **ITEM 7 - OTHER BUSINESS**

### **Critical Care Capacity**

The CMO advised members that s47B(b), s47C to provide the following information from jurisdictions on critical care expansion:

- Current Intensive Care Beds operating now.
- Physical (bed/ward) ICU expansion capacity.
- Potential surge bed capacity outside of ICU.
- Standard ICU ventilators currently available.
- Anaesthetic and other ventilators that can be used for ventilator support (including any central ventilator stockpile).
- Ventilator consumables stock on hand.
- Ventilators on order from overseas.
- Ventilator consumables on order.
- Timeframe and likelihood of delivery of current orders.

### **Cases under investigation**

The CMO advised that Premiers have been questioning the number of cases being reported as under investigation.

**ACTION:** AHPPC to provide Epi data to National Cabinet on Tuesday that include cases reported and only cases under investigation for that day.

**ACTION:** CMO to send the data field requirements to members today.

## **CRUISE SHIPS**

Members raised concerns over the number of confirmed cases in passengers who have disembarked from the Ruby Princess. Members noted that the s47B(b), s47C Jurisdictions meet all cruise ships on arrival to port.

**ACTION:** s37(1)(c) s47B(b), s47C

## **NEXT MEETING**

AHPPC to meet for 2 hours on Sunday for a joint teleconference with CDNA.

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## Australian Health Protection Principal Committee

### Outcomes - Joint Teleconference with CDNA

### Novel Coronavirus COVID19

Sunday 22 March 2020 14:00 – 16:00 AEDT

AHPPC Members attending	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Dr Nick Coatsworth	Deputy Commonwealth Chief Medical Officer
Ms Allison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeremy McAnulty	Director, Health Protection, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Kerry Coleman / Dr Vanessa Johnston	Chief Health Officer, ACT
Dr Hugh Heggie	Chief Health Officer, Northern Territory
A/Prof Dianne Stephens	Deputy Chief Health Officer, Northern Territory
RADM Sarah Sharkey	Commander Joint Health and Surgeon General, ADF
Mr Rob Cameron	EMA
Dr Caroline McElany	NZ Ministry of Health
Dr Sonya Bennett	CDNA
Dr Ben Howden	Chair, Public Health Laboratories Network
Ms Bronte Martin	NCCTRC
CDNA Members Attending	
Dr Miranda Harris	Australian Capital Territory (proxy)
Dr Jenny Firman	Australian Government Department of Health
Dr Catherine Kelaher	Australian Government Department of Health
Dr Gary Lum	Australian Government Department of Health
Dr Rebecca Newton	Australian Government Department of Health
Prof. Martyn Kirk	Australian National University
Dr Katherine Gibney	Australasian Society for Infectious Diseases
Prof. Jodie McVernon	Doherty Institute
Prof. Allen Cheng	Monash University
Dr Vicki Krause	Northern Territory
Dr Mike Catton	Public Health Laboratory Network
Dr Louise Flood	South Australia
Dr Christine Selvey	New South Wales

Dr Julie Graham	Tasmania (proxy)
Dr Annaliese Van Diemen	Victoria
Dr Paul Armstrong	Western Australia
Dr Clare Huppatz	Western Australia
Ms Gabrielle Bryant	Australian Government Department of Health
Dr Marcelle Noja	Australian Government Department of Health
<b>Invited Experts</b>	
Professor Jodie McVernon Professor James McCaw	University of Melbourne
Professor Lyn Gilbert	Director, Infection Prevention and Control, Institute of Clinical Pathology, University of Sydney
<b>Department of Health</b>	
Ms Celia Street	First Assistant Secretary, Office of Health Protection
Ms Rhonda Owen	Assistant Secretary, Health Emergency Management Branch
Dr Cath Kelaher	Principal Medical Officer, MSAU
Dr Gary Lum	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
s22 	AHPPC Secretariat

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**AGENDA ITEM 1 – MEETING OPENING**

Prof Brendan Murphy, Chief Medical Officer opened the meeting and welcomed CDNA members.

**AGENDA ITEM 2 – EPI UPDATE**

An update was given on the World Health Organisation; 32,000 new cases have now been reported. In Australia, as of 0600hrs 22 March 2020, 1,098 cases had been reported.

Members noted that additional increases of cases had been reported after this figure was published.

Members discussed the state level 'heat maps'. Members agreed to endorse the publication of the heat maps on the Department of Health website, with the caveat that cases under 5 need to be suppressed (Tasmania and ACT). Members agreed maps would represent 'rates', not 'numbers'.

**AGENDA ITEM 3 – UPDATE OF COVID-19 WORKING GROUP**

Discussion was centred on the first 1,000 cases, most notably the rate of increase. Dr Sutton updated members on the draft COVID-19 Working Group paper.

**School closures**

Discussion occurred on closing schools; in particular the risk to lower socioeconomic areas and the lack of an evidence base associated with closing them. Members agreed that schools should remain open for the time being, noting that an option to close them in the future may be necessary.

**Operationalisation of non-essential domestic travel**

This was not discussed as the Prime Minister announced that non-essential travel, both overseas and domestically, be restricted.

**COVID-19 testing**

Members noted that testing is critical. Due to time restraint at the meeting today formal discussions of COVID-19 testing will be an agenda item for Monday 23 March 2020 meeting.

**ACTION:** AHPPC Secretariat to include COVID-19 testing to Monday's agenda.

**AGENDA ITEM 4 – Next Steps****Advice to National Cabinet**

Members discussed the draft statement to National Cabinet on further short term social distancing measures. In consultation with members minor edits were recommended. The final document to be distributed to members for endorsement prior to going to National Cabinet.

**ACTION:** AHPPC Secretariat to make final changes to document and distribute to members by 1630 AEDT for Cabinet at 1645 AEDT Sunday 22 March 2020.

**Next meeting Monday 23 March 2020- 1400 -1500 AEDT**

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## Australian Health Protection Principal Committee

### Agenda - Emergency Teleconference

### Novel Coronavirus COVID19

**Monday 23 March 2020 14:00 – 16:00 AEDT**

Members attending	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Ms Allison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeremy McAnulty	Director, Health Protection, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Kerry Coleman / Dr Vanessa Johnston	Chief Health Officer, ACT
Dr Hugh Heggie	Chief Health Officer, Northern Territory
A/Prof Dianne Stephens	Deputy Chief Health Officer, Northern Territory
RADM Sarah Sharkey	Commander Joint Health and Surgeon General, ADF
Mr Rob Cameron	EMA
Dr Caroline McElany	NZ Ministry of Health
Dr Sonya Bennett	CDNA
Dr Ben Howden	PHLN
Ms Bronte Martin	NCCTRC
Invited Experts	
Professor Jodie McVernon Professor James McCaw	University of Melbourne
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
Professor Lyn Gilbert	Director, Infection Prevention and Control, Institute of Clinical Pathology, University of Sydney
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Ms Celia Street	First Assistant Secretary, Office of Health Protection
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Dr Cath Kelaher	Principal Medical Officer, MSAU
Dr Gary Lum	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
s22	AHPPC Secretariat

**AGENDA ITEM 1 – MEETING OPENING**

Prof Brendan Murphy, Chief Medical Officer opened the meeting.

**AGENDA ITEM 2 and 3 – ICU CRITICAL CARE CAPACITY**

The CMO led discussion on ICU critical care capacity including expansion capacity and the use of invasive and non-invasive ventilators and the ANZCICs survey data. Members noted that National Cabinet would like further advice on this issue.

Members discussed the advice from s47B(b), s47F

on invasive ventilation in the ICU and non-invasive ventilation which can be safely provided in regular hospital beds. Members also discussed the worldwide shortage of invasive ventilators, lengthy supply time and on-shore manufacturing capacity and heat map data.

**ACTION:** AHPPC members to send jurisdictional data on ICU capacity as well as thematic heat map data by postcode to the AHPPC Secretariat for consolidating by 12:00PM Tuesday 24 March 2020.

**ACTION:** AHPPC members to circulate s47F contact details.

**ACTION:** AHPPC Secretariat to circulate s47F draft modelling paper to members.

**ACTION:** AHPPC Secretariat to add s47F modelling paper to the agenda for Tuesday 24 March 2020.

**AGENDA ITEM 4 – UPDATE ON LABORATORY CAPACITY**

s37(1)(c) provided members with an update on Australia's laboratory capacity and the actions being undertaken to strengthen capacity and capability to test for COVID-19.

Members noted s37(1)(c) request that biomedical engineers be given an exemption from 14 day isolation if required to travel interstate to maintain equipment.

s47B(b), s47C

**ACTION:** AHPPC Members to send points of contact details through to s47F.

**ACTION:** AHPPC secretariat to circulate the revised CDNA case definition to members

**AGENDA ITEM 5 – CDNA UPDATE**

No Update.

**AGENDA ITEM 6 – FUNERAL DIRECTORS**

**ENDORSED:** AHPPC endorsed the Funeral Directors paper.

**AGENDA ITEM 7 – JURISDICTIONAL UPDATES****School closures**

s37(1)(c) asked each jurisdiction to confirm their current positions for school closures.

- ACT, NSW and VIC all confirmed that they were closing schools early for the term break.
- SA, WA, TAS and NT will keep schools open for the moment.

**Indoor and Outdoor gatherings**

**ACTION:** AHPPC members to send the secretariat ideas on venues that should be closed to compile a consolidated list for National Cabinet by 12:00PM Tuesday 24 March 2020.

Next Meeting – Tuesday 24 March 2020 – 2:00-4:00PM

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# Australian Health Protection Principal Committee

## Outcomes - Emergency Teleconference

### Novel Coronavirus COVID19

Tuesday 24 March 2020 14:00 – 15:50 AEDT

Members attending	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Dr Nick Coatsworth	Deputy Commonwealth Chief Medical Officer
Ms Allison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrer	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Kerry Coleman	Chief Health Officer, ACT
Dr Hugh Heggie	Chief Health Officer, Northern Territory
RADM Sarah Sharkey Vicki	Commander Joint Health and Surgeon General, ADF
Mr Rob Cameron	EMA
Dr Caroline McElany	NZ Ministry of Health
Dr Sonya Bennett	CDNA
Ms Bronte Martin	NCCTRC
Invited Experts	
Professor Jodie McVernon Professor James McCaw	University of Melbourne
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
Department of Health	
Ms Celia Street	First Assistant Secretary, Office of Health Protection
Ms Rhonda Owen	Assistant Secretary, Health Emergency Management Branch
Dr Cath Kelaher	Principal Medical Officer, MSAU
Dr Gary Lum	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
s22	AHPPC Secretariat

**AGENDA ITEM 1 – MEETING OPENING**

Prof Brendan Murphy, Chief Medical Officer opened the meeting.

**AGENDA ITEM 2 – CDNA UPDATE**

s37(1)(c) provided members with an update on the revised case definition for COVID-19.

Members noted the change to the epidemiological and clinical criteria including the addition of High Risk Settings.

s37(1)(c) requested that AHPPC consider laboratory capacity and when to stop the testing of cases.

**ACTION:** AHPPC to consider a narrative around this on Friday 27 March 2020.

s37(1)(c) requested that the setting of “Military Training Bases” be changed to Military Operational Settings.

**ACTION:** s37(1)(c) to provide the correct wording to CDNA.

Members raised concerns that the change in the case definition would increase the number of tests being undertaken. The CMO suggested that members could define the outbreak areas in each jurisdiction and this information could be communicated to GPs.

**ACTION:** AHPPC members to send an update on any new outbreak areas, by 6:00PM, or web link of outbreak locations to the AHPPC Secretariat to include in the GP communique.

**AGENDA ITEM 3 – AHPPC ADVICE TO NATIONAL CABINET**

s37(1)(c) led discussion on AHPPC advice to National Cabinet and sought agreement on the content. Members noted that s37(1)(c) would be presenting the advice at the National Cabinet meeting on Tuesday 24 March 2020.

**CLARIFICATION OF CURRENT MEASURES****Indoor Gatherings**

**AGREED** – Gatherings in private homes should be limited to 10 people, except where 10 people normally reside in the residence. Principles of social distancing should be adhered to.

**AGREED** – Shops and businesses should remain open but must abide by the 4 square metre social distancing rule. Appropriate enhanced hygiene measures should be adhered to.

**AGREED** – Places of worship should be closed.

**AGREED** - No face-to-face weddings due to the close contact environment and the number of outbreaks to date as a result of weddings.

**AGREED** - Funerals with fewer than 10 people in attendance may proceed but must abide by the 4 square metre social distancing rule.

**AGREED** – Highly discretionary services that involve very close and prolonged contact between provider and client, including tattoo and massage parlours, beauty therapy, nail salons, and body piercing services should be closed.

**AGREED** – AHPPC recommends that Universities not allow groups of more than 10 people in an indoor gathering.

#### **Outdoor Gatherings**

**AGREED** – AHPPC recommends that a limit of no more than 10 people in a related group gather outdoors.

**AGREED** – AHPPC recommends the discontinuation of organised sporting events of greater than 10 people. This will include fun fairs and fetes.

#### **ADDITIONAL MEASURES**

Members noted that the new restrictive social distancing measures, border measures and quarantine provisions have only been introduced and that it was too early to assess the impact of the current social distancing measures.

Members agreed that more disruptive measures should be held in reserve until further assessment of the initial measures is possible.

#### **TEMPORARY SUSPENSION OF ALL NON-URGENT ELECTIVE SURGERY**

**AGREED** – All non-urgent elective surgery to stop to preserve the critical stocks of PPE. Only Category 1 and the most urgent Category 2 elective surgeries will continue.

**ACTION** – AHPPC to consider advice on the limitation of non-elective dental procedures at the 25 March 2020 meeting.

#### **AGENDA ITEM 4 – ICU CAPACITY MODELLING**

Members noted that the data gathered by the ANSIC's national monitoring system for real-time intensive care activity provides a good approximation on Australia's ICU capacity.

Members also noted the ICU capacity and social distancing modelling provided by s47F

**ACTION:** AHPPC members to send papers through to the AHPPC Secretariat for circulation.

#### **AGENDA ITEM 5 – OTHER BUSINESS**

No update



# Australian Health Protection Principal Committee

## Agenda - Emergency Teleconference

### Novel Coronavirus COVID19

Wednesday 25 March 2020 14:00 – 15:30 AEDT

Members attending	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Dr Nick Coatsworth	Deputy Commonwealth Chief Medical Officer
Ms Allison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Kerry Coleman	Chief Health Officer, ACT
Dr Hugh Heggie	Chief Health Officer, Northern Territory
A/Prof Dianne Stephens	Deputy Chief Health Officer, Northern Territory
Vicki Ross	ADF
Mr Rob Cameron	EMA
Dr Sonya Bennett	CDNA
Ms Bronte Martin	NCCTRC
Invited Experts	
Professor Jodie McVernon Professor James McCaw	University of Melbourne
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
Professor Lyn Gilbert	Director, Infection Prevention and Control, Institute of Clinical Pathology, University of Sydney
Prof Michael Kidd	Principal Medical Adviser & Professor of Primary Care
Department of Health	
Ms Celia Street	First Assistant Secretary, Office of Health Protection
Ms Rhonda Owen	Assistant Secretary, Health Emergency Management Branch
Dr Cath Kelaheer	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
s22	AHPPC Secretariat

**AGENDA ITEM 1 – MEETING OPENING**

Professor Brendan Murphy, Chief Medical Officer opened the meeting.

**AGENDA ITEM 2 – ELECTIVE DENTAL CARE**

s47F

provided members with an overview the Australian Dental Associations Guidelines for Managing COVID-19 and the Dental Service Restrictions in COVID-19.

Members agreed that a nationally consistent message was required for dental practitioners  
s47B(b), s47C

Members agreed the following statement:

“All practitioners should adhere to the Australian Dental Association Guidelines. AHPHC supports the Dental Service Restrictions in COVID-19 which currently have five levels. Restrictions should move to level three at this stage for dental treatments for acute procedures that are not aerosol generating. This situation will be reviewed regularly and could move to level four as an overall recommendation in the in the near future.

**ACTION:** s47F to send the final documents to the AHPHC secretariat for dissemination to members.

**AGENDA ITEM 3 - CANCER SCREENING**

s47F

led discussion on cancer screening and the proposal for a temporary three month pause of the three national population cancer screening programs, breast, bowel and cervical. Members noted that individuals who were currently in the process of screening would continue screening and those who had already undertaken testing with a screen detected abnormality will continue to be followed up.

Members agreed to support the temporary suspension of new invitations to undertake cervical cancer screening due to the ability to preserve the reagents used however would prefer further not to make a decision on breast and bowel screening at this stage.

**ACTION:** s47F to continue discussions with the breast and bowel screening providers.

**AGENDA ITEM 4 – EAR NOSE AND THROAT SURGEONS**

s37(1)(c)

provided members with an overview of the guidelines for ENT surgeons. Members noted that the guidance needed to be consistent with that for anterior approach neurosurgery, maxillofacial surgery and ophthalmology.

s47F noted that testing provides false reassurance and does not mean that patients will be negative at the time of surgery and that it is infeasible in urgent surgery to delay 1-2 days while awaiting test results.

Members considered the issue of ENT surgery, anterior approach neurosurgery, maxillofacial surgery and ophthalmology and noted the temporary suspension of all non-elective surgery

except Category 1 and the most urgent of Category 2. Members also noted that work will continue on the guidelines.

**ACTION:** s37(1)(c) to review the advice.

#### **AGENDA ITEM 5 – Whole of Government Update**

s47B(b), s47C

#### **AGENDA ITEM 6 - School Based Immunisation Programme**

s37(1)(c) led discussion on the temporary suspension of the school based immunisation program.

Members noted that the HPV vaccination program could be suspended for up to one year however the meningococcal vaccine would need to be delivered before winter. Members also discussed the possibility of using GPs or pharmacies to deliver the vaccine. They noted it might be an impost on many GPs at this time. Members also noted that pharmacies immunising children was not a solution for all jurisdictions.

#### **AGENDA ITEM 7 – Thresholds for the next stage**

The CMO led discussion on the thresholds which would lead to transition to the next stage.

Members agreed that a review needed to be made of the current containment and border measures to see the impact they were making. Members considered that measures could be more restrictive in some parts of the country rather than locking down the whole country.

#### **AGENDA ITEM 8 – CDNA update**

No update

#### **AGENDA ITEM 9 – Guidelines for correctional and detention facilities in Australia**

To be discussed at the next meeting 26 March 2020

#### **AGENDA ITEM 10 – Other Business**

##### *Epidemiological data*

s37(1)(c) requested that as a committee members use the epidemiological data to its advantage and consider what the data means.

s47F noted the following indicators:

- Overall - overall number and incidence rate, proportion of tests positive.
- Social distancing: contacts per case.
- Health system capacity - number/growth of admissions, ICU admissions and projected requirements.
- Public health capacity: time to diagnosis, time to complete contact tracing.
- Community transmission: Number/growth of unlinked cases.

Next meeting – Thursday 26 March 2020



# Australian Health Protection Principal Committee

## Agenda - Emergency Teleconference

### Novel Coronavirus COVID19

Thursday 26 March 2020 1200 – 1300 AEDT – 1300 – 1330 Health Ministers

Members attending	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Dr Nick Coatsworth	Deputy Commonwealth Chief Medical Officer
Ms Alison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
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Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Kerryn Coleman	Chief Health Officer, ACT
Dr Hugh Heggie	Chief Health Officer, Northern Territory
A/Prof Dianne Stephens	Deputy Chief Health Officer, Northern Territory
RADM Sarah Sharkey	Commander Joint Health and Surgeon General, ADF
Mr Rob Cameron	EMA
Dr Christine Selvey	CDNA
Invited Experts	
Professor Jodie McVernon Professor James McCaw	University of Melbourne
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
Professor Lyn Gilbert	Director, Infection Prevention and Control, Institute of Clinical Pathology, University of Sydney
Department of Health	
Ms Rhonda Owen	Assistant Secretary, Health Emergency Management Branch
Dr Cath Kelaher	Principal Medical Officer, MSAU
Dr Gary Lum	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
Mr Graeme Barden	Assistant Secretary, NIR
s22	AHPPC Secretariat

**AGENDA 1 – MEETING OPENING**

Professor Brendan Murphy, Chief Medical Officer opened the meeting and provided members with an overview of the considerations by National Cabinet.

Members noted the items to be considered by National Cabinet including ICU modelling, lab testing capacity, mental health issues and economic issues.

**AGENDA 2 – CDNA UPDATE**

- Discussed below

**AGENDA 3 – AHPPC STATEMENT ON VULNERABLE PEOPLE IN ESSENTIAL WORKPLACES**

s37(1)(c) provided an overview of CDNA's consideration of the vulnerable workers statement. s37(1)(c) noted that the document still needs to include a risk assessment which assesses the health of the worker, the workplace setting and the work being undertaken.

Members noted that a defined absolute age based on a risk profile would be beneficial.

**ACTION:** CDNA to consider an absolute age based on risk profile.

**AGENDA 4 – MANAGEMENT OF RETURNING TRAVELLERS**

Members discussed the current issue of the heightened transmission of COVID-19 by international travellers arriving in Australia.

Members noted that there is localised transmission in Australia however the biggest source of new cases is still returning international travellers. Of concern is the travel between the arrival point, and the travellers' homes, particularly if interstate. Members also noted that Border Force would be applying the rules and would use the powers under *The Biosecurity Act 2015* to order the travellers into quarantine.

**AGREED:** Members considered the option of all international travellers arriving by plane or cruise ship being ordered into quarantine for a 14 day period on arrival in Australia.

Members noted that further consideration is needed where quarantine should take place.

**AGENDA 5 – GUIDELINES FOR CORRECTIONAL AND DETENTION FACILITIES**

Members reviewed and endorsed the Guidelines for Correctional and Detention Facilities and noted that any measures to reduce the overcrowding in detention facilities would be beneficial.

**AGENDA 6 – COVID-19 TESTING**

s37(1)(c) provided members with an overview of the current laboratory testing capacity and supply-chain issues which have informed the statement for National Cabinet.

**ENDORSED** - AHPPC endorsed the statement for National Cabinet.

**AGENDA 7 – INCREASE TO FLU VACCINES FOR OVER 60**

s37(1)(c) advised that QLD Health are moving to provide free influenza vaccine to Queenslanders aged 60 and above, and QLD Health will pay for the additional immunisations for the 60 to 65 cohort.

**ACTION:** s47F and vaccine experts to consider who would receive the vaccine and provide advice to AHPPC.

**AGENDA 8 – ACCELERATING THE MOVEMENT OF PEOPLE FROM HOSPITAL INTO NDIS OR AGED CARE FACILITIES**

Members noted the issue raised by s37(1)(c)

**AGENDA 9 – OTHER BUSINESS**

Information about routine environmental cleaning and disinfection in the community.

**ENDORSED** - AHPPC endorsed the Information about routine environmental cleaning and disinfection in the community.

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# Australian Health Protection Principal Committee

## Agenda - Emergency Teleconference

### Novel Coronavirus COVID19

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Mr Rob Cameron	Director-General, EMA
Dr Sonya Bennett	Chair, CDNA
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Department of Health	
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Dr Lucas de Toca	Assistant Secretary, Indigenous Health
s22	AHPPC Secretariat

**Agenda Item 1 – Meeting opening**

Dr Paul Kelly, Deputy Chief Medical Officer opened the meeting on behalf of Professor Brendan Murphy, Chief Medical Officer.

**Agenda Item 2 – Management Plan for Aboriginal and Torres Strait Islander Populations (Management Plan) [PAPER]**

s37(1)(c) advised members that the Chief Medical Officer commissioned the development of a management plan for Aboriginal and Torres Strait Islander populations, to complement the national health emergency response plan. Members noted an advisory group has been formed, co-chaired by the Commonwealth and NACCHO, which includes jurisdictional and sector representatives. s37(1)(c) explained the plan is an operational guide to help contextualise and guide action, in line with jurisdictional plans. Members noted this plan will provide a good foundation to include in the AHMPPI in future. The management plan has already been endorsed by the Advisory Group, and CDNA.

**ENDORSED:** Members endorsed the Management Plan for Aboriginal and Torres Strait Islander populations.

**Agenda Item 3 – Whole of Government Update**

s37(1)(c) joined the meeting for this item, advising members that NSW, VIC and QLD have held back on additional restrictions at this stage. Stage 3 restrictions will be revisited on Sunday. Additional information is recorded under Agenda Item 4.

**Agenda Item 4 – Guidance for Posts on flight to/from Australia**

s37(1)(c) summarised CDNA's advice regarding returned travellers, noting the importance of strengthening the self-isolation message, regardless of how they arrived in country.

s37(1)(c) sought additional advice offline and explained to members that incoming travellers will be required to remain where they land until the conclusion of their quarantine period, starting from tomorrow evening. Each jurisdiction is working with Home Affairs and Border Force regarding logistics, including arranging hotels. Jurisdictions agreed that they will liaise with Public Health Units to arrange staff to assist with logistics. Jurisdictions requested that s37(1)(c) provide additional advice regarding protocol for outgoing travellers.

s37(1)(c) joined the call and confirmed with members that each jurisdiction has agreed to quarantine every returned traveller where they land, noting they will be bussed to hotels.

**ACTIONS:**

1. s37(1)(c) to follow up with protocol for outgoing travellers from Home Affairs/ABF perspective and provide advice to jurisdictions.
2. Jurisdictions to liaise with Public Health Units to arrange staff to assist with logistics in quarantining returning travellers in hotels.

**Agenda Item 5 – Vulnerable people in the workplace [PAPER]**

Members noted this paper went back to CDNA yesterday and noted further changes had been made after AHPPC members discussed yesterday. Members requested additional amendments to further clarify the document and remove ambiguity.

Members endorsed the paper with the discussed amendments, agreed that it should be released and thanked CDNA for their efforts on the paper.

**ACTION**

3. CDNA to amend the paper in line with the changes requested by members.
4. AHPPC Secretariat to upload all AHPPC Statements to GovTeams to ensure members can easily access all statements.

**Agenda Item 6 – CDNA update**

s37(1)(c) advised members that a paper on prisons would come back to AHPPC tomorrow (Saturday 28 March 2020).

**Agenda Item 7 – Other business****National Health Warnings Framework for COVID-19**

s37(1)(c) advised members that s47F would like to work on a nationally consistent health emergency warning system, similar to that used for smoke/thunderstorm asthma warnings. Jurisdictions supported this proposal. s37(1)(c) advised he will commission this work through the Australian Institute of Disaster Resilience.

**Addition of other closed residential settings into the aged care visitor directions**

s37(1)(c) asked members to include other closed residential settings, such as disability SRS, in aged care visitors directions. Members noted that the Commonwealth has recognised this issue and it was intended that other closed residential settings be captured in the aged care visitor directions. Members agreed that the same directions could and should be used for other closed residential settings, including disability SRS.

Members noted some jurisdictions have developed specific public health directions on close contacts in closed residential settings.

**Infection Control Expert Group – Revised advice on care of people at risk of or with suspected or confirmed COVID-19, including the use of personal protective equipment [PAPER]**

s47F advised members this document is for preventing and managing cases of COVID-19 in residential aged care facilities and was taken from a longer CDNA document. Members noted that the revised version of the paper had not yet been circulated for consideration.

**ACTION**

5. AHPPC Secretariat to circulate the most recent document to members for consideration out of session.

**Convalescent plasma**

Members noted that the Chief Medical Officer of the Australian Red Cross Life Blood had previously written to s37(1)(c) regarding potential collection and supply of convalescent plasma. It was agreed:

- This work should now progress.
- AHPPC should engage with Lifeblood in relation to serosurveillance of those who donate blood as this can give an understanding of COVID-19 immunity in the population.
- Serosurveillance of pregnant women would also be useful.

**ACTION**

6. AHPPC Secretariat to draft letter for s37(1)(c) to agree this work should progress and request serosurveillance of those who donate blood and pregnant women.

**PPE**

Members noted that the Australian Federal Police (AFP) has released health advice for staff that about the use of PPE during operational duty. Members agreed that s47F should look at this advice and work with the AFP to revise.

Members noted that VIC has broadened its directions to healthcare workers regarding PPE. s37(1) advised s37(1)(c) would correspond with VIC to request consideration of the impact of this decision on the National Medical Stockpile.

**ACTION**

7. s47F to review AFP advice to staff regarding PPE and work with the AFP to consider revising their messaging.

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# Australian Health Protection Principal Committee

## Agenda - Emergency Teleconference

### Novel Coronavirus COVID19

Thursday 26 March 2020 1200 – 1300 AEDT – 1300 – 1330 Health Ministers

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**ACTION**

7. s37(1)(c) to review AFP advice to staff regarding PPE and work with the AFP to consider revising their messaging.

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## Australian Health Protection Principal Committee

### Agenda - Emergency Teleconference

### Novel Coronavirus COVID19

Saturday 28 March 2020 1200 – 1400 AEDT

Members attending	
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer (Chair)
Dr Nick Coatsworth	Deputy Commonwealth Chief Medical Officer
Prof Michael Kidd AM	Deputy Commonwealth Chief Medical Officer
Ms Alison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeremy McAnulty	Director of Health Protection, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Director of Public Health, Tasmania
Dr Vanessa Johnston	A/g Chief Health Officer, ACT
Dr Hugh Heggie	Chief Health Officer, Northern Territory
? Dr Craig Torun	Commander Joint Health and Surgeon General, ADF
Mr Rob Cameron	EMA
Dr Sonya Bennett	Chair, CDNA
Dr Ben Howden	Chair, PHLN
Ms Bronte Martin	NCCTRC
Invited Experts	
Professor James McCaw	University of Melbourne
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
Professor Lyn Gilbert	Director, Infection Prevention and Control, Institute of Clinical Pathology, University of Sydney
Department of Health	
Ms Rhonda Owen	Assistant Secretary, Health Emergency Management Branch
Dr Cath Kelaheer	Principal Medical Officer, MSAU
Mr Graeme Barden	Assistant Secretary, NIR
s22	AHPPC Secretariat

**Agenda Item 1 – Meeting opening**

Dr Paul Kelly, Deputy Chief Medical Officer opened the meeting on behalf of Professor Brendan Murphy, Chief Medical Officer. He welcomed Professor Michael Kidd AM who has joined the Commonwealth Department of Health as a Deputy Chief Medical Officer.

**Agenda Item 2 – Cruise ships**

Members discussed the issue of cruise ships and noted a key issue is national coordination. Members also noted the issue that a number of people are returning to Australia without sufficient notice for jurisdictions. The Commonwealth is working with DFAT to resolve this issue.

s37(1)(c) updated members on the Artania cruise ship off the coast of WA, noting that 12 passengers have been taken to hospital from the ship. There are a number of unwell people still on board who will be removed if possible. The remaining passengers fly to Germany tomorrow. Management of the crew is still to be addressed.

s37(1)(c) also noted that the Vasco da Gama does not appear to have disease at this stage. New Zealanders will disembark from the ship today. The Magnifica left Fremantle for Germany yesterday.

Members noted that AUSMAT will not be contacted directly to assist with cruise ship issues. Members noted that the Prime Minister announced that as late as midnight tonight anyone arriving in Australia will be quarantined. ACT and NSW have already enacted this direction. Other jurisdictions will follow as per PM's direction. Members noted the higher risk for disease in passengers from cruise ships.

Members agreed that anyone coming either directly from a cruise ship, or who has been on a cruise ship in the last 14 days, should be quarantined immediately.

**Agenda Item 3 – Timely data on ICU and hospitalisation**

Members noted that ICU capacity would be an important issue for the Government this week. s37(1)(c) asked that jurisdictions make available information about their ICU capacity, and numbers of people in ICU. Jurisdictions advised the current number in ICU beds, due to COVID-19 are as follows:

QLD – 3 confirmed cases, s47F

NSW – 19 (9 requiring ventilation)

VIC – 3

ACT – 1

TAS – 0

WA – 2 (from Artania)

NT – 1

SA - 6

Members also discussed a dashboard which includes epidemiological information of COVID-19 in Australia. Members were interested in heat maps of cases in their jurisdictions.

**ACTION**

1. Commonwealth Health to circulate COVID-19 dashboard to jurisdictions.

**Agenda Item 4 – Enhanced screening protocol for healthcare workers and Agenda Item 5 – AHPPC Statement on use of PPE by Healthcare Workers**

Members noted the significant concerns healthcare workers (HCW) have about the risk of contracting COVID-19. Members agreed that there was a need to understand how infections in HCW have been acquired. While this work would be ongoing, a snapshot of the current situation is

important to inform AHPPC. Members noted national consistency is important including a national position of the use of PPE for healthcare workers, as well as avoiding overuse of PPE. Members noted work being conducted at the University of NSW, the outcomes of the outbreak in Hubei province (1% HCW) and an article in the New Yorker (circulated).

s47B(b), s47C

## **ACTION**

2. AHPPC Statement on use of PPE by Healthcare Workers to be reconsidered by members at a future meeting.

## **Agenda Item 6 – Enhanced Border Measures**

### **Application of Biosecurity Act at airports**

The Commonwealth raised an interest in using the emergency direction power to enforce closure of duty free shops, excluding food outlets and pharmacies, at international ports to prevent the potential spread of COVID-19. Members agreed that duty free shops posed a transmission risk, noted particularly the importance of social distancing and the difficulty of achieving this in that context, and that the majority of cases identified in Australia continue to be imported, or close contacts of imported cases.

AHPPC members agreed that this direction will prevent the entry and spread of COVID-19 into Australia and Australian territory, is likely to be effective in contributing to this aim, is appropriate in the circumstances, and is no more restrictive or intrusive than is justified in the circumstances.

### **Possible exemptions**

Members discussed the principles for exemptions to the quarantine requirements announced by National Cabinet on 27 March 2020. Members agreed that exemptions should be minimised and would require agreement between the Chief Health Officers of the entry and home jurisdictions.

### Pacific Islanders

Members noted that DFAT requested advice from AHPPC on this matter. Members agreed that travellers from Australia to Pacific Island countries and Timor Leste without 14 days quarantine in Australia posed a serious risk to those countries. Members recommended 14 days quarantine in Australia would assist our small Pacific neighbours in combatting the spread of COVID-19. It was agreed to that seek clarification from DFAT to help AHPPC's considerations.

### Unaccompanied Minors,

In recognition that:

- Children are more likely to have mild disease and thus less likely to be transmitters of COVID-19; and
- There are human rights issues in keeping minors separated from their family

All jurisdictions agreed to the on-bound travel of minors. Relevant social distancing on flights should be conducted, including the clearance of the passenger's row, two rows forward and two rows behind. No unaccompanied minor should fly if ill.

If on-bound interstate travel is required, a state-by-state arrangement based on agreement of both Chief Health Officers is required.

An isolated minor will be required to be accompanied by a parent or guardian in the isolation accommodation.

#### Ongoing isolation

Jurisdictions were canvassed about whether an additional 14 days of quarantine would be required on return to a home state if they had already completed 14 days quarantine at the port of arrival. There was not unanimous agreement. Jurisdictional requirements are as below:

s47B(b), s47C

#### Interstate transfer of returned healthcare workers

There are no exemption for quarantine for returned healthcare workers.

s47B(b), s47C

#### Transit passengers

Transit passengers:

- with up to 8 hours until a departing international? flight should remain at the airport and be permitted to onward travel, maintaining social distancing.
- with 8 to 72 hours before departing international? flight should remain quarantined at the quarantine facility until moving to the airport to depart.
- no domestic on-bound travel will be allowed

#### Crew

Airline crew are exempt from the 14 day quarantine if they are joining another flight for work purposes. Crew should quarantine in their accommodation until their next flight.

#### Diplomats

Australia has international legal obligations under the Vienna Conventions to ensure diplomats' freedom of movement and travel, and protection from detention. There is also a duty on diplomats to respect the laws of the receiving state (Australia).

It is recommended that diplomats comply with the requirement to self-isolate for 14 days on arrival in Australia, but be allowed to do so at their usual place of residence or in privately arranged accommodation but in both cases with the support of their mission.

In some instances this would mean a domestic transfer eg Sydney to Canberra. The onus would be on the mission to ensure private transport as much as possible. s47B(b), s47C

#### **Agenda Item 7 - Coronavirus Disease 2019 (COVID-19) Outbreaks in Correctional and Detention Facilities**

Members advised that they would like a statement outlining the rationale about why a separate policy is required. It was noted that the policy was largely drawn from the Aged Care policy.

s47B(b), s47C

**ACTION**

1. AHPPC Secretariat to recirculate AHPPC statement regarding COVID-19 Outbreaks in Correctional and Detention Facilities for member comment by 6pm tonight.

**Agenda Item 8 – Other business**

**COVID-19 Prevention and Control in Residential Care Facilities**

Members agreed to provide comment on this document out of session.

**ACTION**

1. AHPPC Secretariat to recirculate AHPPC statement regarding COVID-19 Prevention and Control in Residential Care Facilities for member comment by 6pm tonight.

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## Australian Health Protection Principal Committee

### Agenda - Emergency Teleconference

### Novel Coronavirus COVID19

Sunday 29 March 2020 1200 – 1400 AEDT

<b>Members attending</b>	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Dr Nick Coatsworth	Deputy Commonwealth Chief Medical Officer
Prof Michael Kidd AM	Deputy Commonwealth Chief Medical Officer
Ms Allison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Director of Public Health, Tasmania
Dr Vanessa Johnston	Acting Chief Health Officer, ACT
Dr Hugh Heggie	Chief Health Officer, Northern Territory
A/Prof Dianne Stephens	Deputy Chief Health Officer, Northern Territory
RADM Sarah Sharkey	Commander Joint Health and Surgeon General, ADF
Mr Rob Cameron	Director General, EMA
Dr Caroline McElany	NZ Ministry of Health
Dr Sonya Bennett	Chair, CDNA
Prof Ben Howden	Chair, PHLN
Ms Bronte Martin	Nursing Director, NCCTRC
<b>Invited Experts</b>	
Professor Jodie McVernon	University of Melbourne
Professor James McCaw	
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
Professor Lyn Gilbert	Director, Infection Prevention and Control, Institute of Clinical Pathology, University of Sydney
<b>Department of Health</b>	
Ms Celia Street	First Assistant Secretary, Office of Health Protection
Ms Rhonda Owen	Assistant Secretary, Health Emergency Management Branch
Dr Cath Kelaher	Principal Medical Officer, MSAU
Dr Gary Lum	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
Mr Graeme Barden	Assistant Secretary, NIR

s22

AHPPC Secretariat

**Agenda Item 1 – Meeting opening**

Professor Brendan Murphy opened the meeting and provided a snapshot update of the current situation in Australia. Currently about 3800 cases. The growth is not exponential, but it is still growing. Of greatest concern in the community are those cases without an epidemiological link. The numbers of passengers arriving from overseas is getting lower. Only 500 arrived overnight.

**Agenda Item 2 – CDNA Update**

s37(1)(c) advised that CDNA's focus today had been on education staff. Education unions wrote seeking specific advice. Of note, CDNA advised that there have been no outbreaks attributed to pupils infecting teachers in schools either in Australia, or globally.

s47B(b) advised that they already have priority testing in place for teachers and childcare workers in that jurisdiction.

Members agreed that as there are already recommendations in place for vulnerable people, those can apply to teachers who fall into those categories.

**Action:** CDNA will draft a response for Prof Murphy to sign on behalf of AHPPC.

**Agenda Item 3 – Enhanced Border Measures**

Members discussed a number of border issues and agreed that AHPPC should release the following statement pending endorsement:

Advice for international airline crews

s47B(b), s47C

s47B(b), s47C

To that end, the AHPPC recommend that international flight crew are granted a concession from the mandatory 14 day quarantine requirements for individuals arriving in Australia. This is in recognition of their extensive training in infection prevention and control, use of personal protective equipment, whereby the risk from these individuals is considered to be lower than other international travellers. Air crew will continue to practise social distancing, cough etiquette and hand hygiene as required of the Australian public more broadly.

AHPPC also recommend that maritime crew are granted a concession from the mandatory 14 day quarantine requirements. These crew members already practise self-quarantine on arrival in Australia and between movements in and out of the country. These arrangements should continue to apply, and as with air crew, maritime crew will continue to practise social distancing, cough etiquette and hand hygiene as required of any Australian.

s47B(b), s47C

#### Agenda Item 4 – Healthcare workers

##### Enhanced Screening Protocol

s47F advised that a working group had been established to consider matters around appropriate testing and screening of healthcare workers. Members of this working group are: s47F, s37(1)(c) and the Commonwealth Department of Health's epidemiological team.

Members noted that there is a level of anxiety among healthcare workers about their risk of contracting COVID19 and that therefore it is important to understand the epidemiology and the serology of those affected healthcare workers.

Members discussed that guidelines on the appropriate use of PPE would be helpful. s47F has developed some FAQs and he will provide those to s37(1)(c).

s37(1)(c) provided an update of surgical masks already held in Australia, and expected within the next few weeks. s33(a)(i)

**Action:** The working group will consider the current *infection control* guidelines for healthcare workers for use during the COVID19 pandemic, and will bring advice back to AHPPC as soon as possible. This will include advice about the appropriate use of PPE.

**Agenda item 5 – Other business**

COVID-19 Prevention and Control in Residential Care Facilities

Members supported the updates to this advice, and approved it pending updates to the embedded links.

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Feedback to AFP regarding PPE advice

Members noted that s37(1)(c) from the Commonwealth Department of Health spoke with s37(1)(c) CMO, today about the AFP document presented to AHPPC on 27 March 2020 - Health Advice #6 Novel Coronavirus (COVID-19) Updated Guidance on PPE dated 26 March 2020.

She advised me that this was a draft document that had not yet been formally released and welcomed advice from the Department. s37(1)(c) agreed that full PPE would only be required if an AFP officer was likely to meet the close contact definition, and that the risk is considered low with most other community policing settings, so long as the social distancing and hygiene measures are implemented. This includes those working alongside border staff at the primary line and in bio security screening areas (except where involved in interviewing in a closed space).

Hand sanitiser

s37(1)(c), on the invitation of the Attorney-General, will be meeting with the ACTU this Monday, to discuss PPE issues for supermarket workers, including hand sanitiser, use of surgical masks and physical distancing measures. Members noted that 70% ethanol or 60% alcohol were the appropriate measures for hand sanitiser.

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# Australian Health Protection Principal Committee

## Agenda - Emergency Teleconference

### Novel Coronavirus COVID19

Monday 30 March 2020 12:00 – 14:00 AEDT

Members attending	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Dr Nick Coatsworth	Deputy Commonwealth Chief Medical Officer
Dr Michael Kidd	Deputy Commonwealth Chief Medical Officer
Ms Alison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Kerry Coleman	Chief Health Officer, ACT
Dr Hugh Heggie	Chief Health Officer, Northern Territory
RADM Sarah Sharkey	Commander Joint Health and Surgeon General, ADF
Mr Rob Cameron	EMA
Dr Caroline McElany	NZ Ministry of Health
Dr Sonya Bennett	Chair, CDNA
Dr Ben Howden	Chair, PHLN
Ms Bronte Martin	NCCTRC
Invited Experts	
Professor Jodie McVernon	University of Melbourne
Professor James McCaw	
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
Professor Lyn Gilbert	Director, Infection Prevention and Control, Institute of Clinical Pathology, University of Sydney
Department of Health	
Ms Celia Street	First Assistant Secretary, Office of Health Protection
Ms Rhonda Owen	Assistant Secretary, Health Emergency Management Branch
Dr Cath Kelaher	Principal Medical Officer, MSAU
Dr Gary Lum	Principal Medical Officer, MSAU
Dr Jenny Firman	Chief Medical Officer, DVA
Mr Graeme Barden	Assistant Secretary, NIR
s22	AHPPC Secretariat

## Agenda Item 1 – Meeting opening

Professor Brendan Murphy opened the meeting and discussed the previous night's announcements from the National Cabinet which provide consistent messaging to stay at home unless at work, getting essential supplies or for individual exercise. The National Cabinet are intending to make a forward-leaning statement that can be consistently applied across the country, noting that there will be some regional differences. Some jurisdictions will be applying regulation to some of the recent social distancing announcements.

## Agenda Item 2 – CDNA Update

s37(1)(c) advised members that s37(1)(c) and s37(1)(c) from the Aboriginal and Torres Strait Islander COVID-19 Advisory Group provided an update to CDNA. The Advisory Group has commenced developing text for the SoNG to build on the Aboriginal and Torres Strait Islander component. There is an ongoing issue of ID on lab request forms, and this might be the right time to elevate this matter.

s37(1)(c) and s37(1)(c) also offered to also present directly to an upcoming AHPPC meeting if time permits.

## Agenda Item 3 – Review of additional social distancing measures

AHPC members agreed on the importance of ensuring consistency in narrative and messaging in AHPPC's advice. After discussion and consideration, members agreed to the changes as outlined in the AHPPC advice titled: *Australian Health Protection Principal Committee recommendations on application of regional additional social distancing measures to combat COVID-19*.

## Agenda Item 4 – Review of AHPPC Statement – vulnerable people in the workplace

In light of recent advice provided to their Ministers by Tasmania, South Australia, Western Australia and the Northern Territory, members reviewed the previously cleared AHPPC Statement on vulnerable people in the workplace. Minor changes were agreed, in particular, in relation to disease definitions. Members noted that advice may change depending on the evolving epidemiological evidence. This statement will be presented to National Cabinet today.

Members agreed that a small working group should be established to consider the evolving evidence around chronic diseases and provide advice to AHPPC to support the statement. s37(1)(c) will Chair this working group, and will be supported by s37(1)(c) and s47F. First list of chronic diseases will be published with the AHPPC statement today.

## Agenda Item 5 – Restaurant closures and impact on truck drivers

Members noted the effect of restaurant closures on freight drivers, and supports the exemption. Members agreed that:

- The exemptions apply to businesses operating a truck driver lounge, truck driver room or similar facility at a roadside service centre or service station.
- These facilities will be authorised to continue providing services to heavy vehicle drivers in need of food, showers, restrooms and a place to break from driving to manage their fatigue under the Heavy Vehicle National Law.

- This exemption is subject to the service station, service centre, road house or similar facility implementing the appropriate social distancing and hygiene protocols.
- The facility will remain closed to all other patrons who are not part of the heavy vehicle supply chain.

### Agenda Item 6 – Incoming Charter Flights

s37(1)(c) [redacted] advised that there are still 2095 Australians on cruise ships around the world, and that many of those people will be returning to Australia by charter flight. s47B(b), s47C [redacted]

Members further discussed other issues relating to cruise ships, including updates about ships that are, or were, recently in Australian waters.

Members noted that in some instances, while only crew remain on-board some ships, where illness is evident, we may need to allow ships to stay offshore until the outbreak is managed.

s42 [redacted]

### Agenda Item 7 – Other Business

#### Quarantine in hotels

s47B(b), s47C [redacted]

Members considered, as a late item, *AHPPC Guidance on use of PPE by Australian Defence Force members assisting in the quarantine of returned travellers*. Members agreed that as long as this guidance aligned with that recently provided to the AFP, they would endorse.

s37(1)(c) [redacted] s47B(b), s47C [redacted]

#### Jurisdictional updates

CHOs provided updates on ICU numbers and capacity, and also updated other members about current issues.

#### Advice to Department of Education

s47B(b), s47C [redacted]

Members agreed that schools are considered essential s47B(b), s47C [redacted]

. However, best endeavours in relation to social distancing would be encouraged. s47B(b), s47C [redacted]

### GovTeams

s22 [REDACTED] advised that the ~~S~~ecretariat would send out links to members to GovTeams, which would be used as a platform to hold documents, and ultimately, for agenda papers. Papers will still be emailed until all members are comfortable with the new system.

### Heatmap

s37(1)(c) [REDACTED] advised the Heatmap was almost ready for release. Members are keen to use the maps for their own communications/messaging. May be an issue with NSW Intensivists to resolve before some data collection is agreed.

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## Australian Health Protection Principal Committee

### Agenda - Emergency Teleconference

### Novel Coronavirus COVID19

Tuesday 31 March 2020 12:00 – 14:00 AEDT

Members attending	
Prof Brendan Murphy	Prof Brendan Murphy Commonwealth Chief Medical Officer
Prof Paul Kelly	Deputy Commonwealth Chief Medical Officer
Dr Nick Coatsworth	Deputy Commonwealth Chief Medical Officer
Dr Michael Kidd	Deputy Commonwealth Chief Medical Officer
Ms Alison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Dr Brett Sutton	Chief Health Officer, Victoria
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Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Kerry Coleman	Chief Health Officer, ACT
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RADM Sarah Sharkey	Commander Joint Health and Surgeon General, ADF
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Dr Caroline McElany	NZ Minister of Health
Dr Sonya Bennett	Chair, CDNA
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Invited Experts	
Professor Jodie McVernon Professor James McCaw	University of Melbourne
Professor Allen Cheng	Director, Infection, Prevention and Healthcare Epidemiology Unit, Alfred Health
Professor Lyn Gilbert	Director, Infection Prevention and Control, Institute of Clinical Pathology, University of Sydney
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## Agenda Item 1

The Chair welcomed members.

## Agenda Item 2 – Contact tracing – “CovidCare” App

s37(1)(c), Digital Transformation Agency (DTA) joined the meeting to discuss the CovidCare App.

DTA has been working with a number of agencies to develop the app. s37(1)(c) explained that the purpose of the app was for members of the public to have on their phone. It is intended that people will register their status on their phone. If one of the registered people contracts COVID-19, then they will confirm that via the app. Then, anyone who was in Bluetooth range with that phone, will be advised, including how many times they may have been close to the person with COVID-19. He explained that the purpose of the app was not for use as an enforcement measure, but was for the benefit of the individual.

Ministers are scheduled to meet on Thursday to discuss the release of this app.

The information collected is anonymous.

Members were keen to know if it would be of use to them in public health terms, for contact tracing, or even for assistance with enforcing quarantine and isolation measures.

s37(1)(c) asked for CDNA to be briefed and would like to understand how the algorithm works.

s37(1)(c) expressed concern that there may be some academics links which were lost when the work transferred between agencies.

**Action:** s37(1)(c) to discuss offline over the next 24 hours.

**Action:** Secretariat to explore how members will be able to hold a visual demonstration on the App.

## Agenda Item 3 - Remaining issues with Cruise ship crews

Members discussed the current situation with cruise ships currently in Australian waters.

s37(1)(c) advised:

- Seven people were taken off the Ruby Princess yesterday.
- NSW Health is having daily teleconferences with the doctors on Ruby Princess.
- Ill crew members will be taken ashore for treatment, as will any pregnant women.
- Any Australian residents will also be able to come ashore.
- The Government has directed the ship to leave Australian waters, and the ship is due to depart on Saturday 4 April 2020.
  - Departure contingencies include ensuring there are additional medical staff on board.

s37(1)(c) advised that ships are still alongside, and that 15 passengers are still on board. WA Health will work with the doctors on board, and with Border Force to identify what the issues are around those passengers staying on board, and will seek to expatriate them quickly if possible.

s47C

#### Agenda Item 4 – Quarantine hotels

s37(1)(c) provided an update in relation to governance arrangements around the use of hotels for compulsory quarantining returning travellers.

The governance around quarantining the first cruise ship returns was not ideal, but is now running more smoothly.

Members noted it was important to ensure that returning travellers understood their obligations under quarantine, and that they were supported, both socially, and medically if required. Concerns were also raised for the mental health of people being so closely confined. Many returning travellers were expecting to go home, wash their clothes, have new prescriptions filled, and so on. The medical needs of returning travellers was complex, and included a number of complex medical issues that require management.

s37(1)(c) summarised:

1. These returning travellers are currently the people with the highest risk of having COVID-19.
2. What risk is there to other people entering and leaving the hotel?
3. Returning travellers need to be monitored and supported, both medically, socially, and also to ensure appropriate quarantine compliance.

s37(1)(c) advised that s47B(b) has developed a management plan. s37(1)(c) will share that plan with members.

Similar issues were experienced in the s37(1)(c) also offered to provide the management plan that s47B(b) used when travelers were quarantined in Howard Springs.

s47B(b), s47C

**Action:** AHPPC secretariat to put the management plans onto GovTeams and email to members for information.

#### Agenda Item 5 – Chloroquine and hydroxychloroquine – FDA developments

The FDA has approved the use of the malaria drugs chloroquine and hydroxychloroquine for use in treating COVID-19. The Chair noted that there is limited evidence on the efficacy of using these medications as treatments for COVID-19, and the Department has enacted scheduling changes to try preserve supplies of these medications.

The Chair suggested that a literary review may be useful, and advice from CDNA to inform an AHPPC statement.

It was noted that there are a number of trials underway, including in Queensland and in NSW.

s37(1)(c) noted that the PBS scheduling changes has had the effect that some patients no longer have access to the medication which they need. He is due to meet with peak bodies later today, and will bring views back to AHPPC tomorrow.

**Action:** s47F to provide a draft position statement based on her literary review for CNDA's consideration and AHPPC meeting, 1 April 2020.

## **Agenda Item 6 – Other Business**

### Healthcare Workers PPE

The Chair noted that there was increasing clamour about healthcare workers, and the use of PPE. Members noted that s37(1)(c) was working with the Colleges to assess need. s33(a)(i)

Members noted the agreed position that any healthcare worker caring for someone with symptoms of respiratory illness should wear PPE. However, members also noted there is a strong argument for healthcare workers to use PPE for all patient interactions, in areas where there has been significant community transmission.

Members agreed to release a statement to respond to the concerns raised by healthcare workers.

**Action:** s47F agreed to work with s47F and others to update the modelling on mask use for a number of different scenarios.

**Action:** s47F to clear a draft statement for release and provide to the CMO.

### Triggers for the removal of measures

Members noted that there was some modelling work being done to try and identify what might trigger removal of measures. Members agreed that this is useful, and that would support AHPPC to provide consistent messaging about the length of time measures may need to continue.

### Support for public health measures

The Chair asked members to consider if they needed anything to help in their public health responses to this pandemic. There was discussion about contact tracing data bases, and connectivity issues with existing systems, including the NDIS. This was a particular issue for SA, and the Chair agreed to get advice and report back.

**Action:** Chair to seek advice on NDIS and report back to a future meeting.

Members noted the face to face meeting scheduled for 2 April 2020 will not proceed.

## **Australian Health Protection Principal Committee (AHPPC) Advice**

### **Sunday 22<sup>nd</sup> March 2020**

#### **Further Short Term Social Distancing Measures**

National Cabinet has asked AHPPC for advice on options for the progressive scale up of social distancing measures in response to the COVID-19 outbreak. There was a specific request to look at stronger measures in relation to non-essential gatherings initially, followed by further more intense options. The Cabinet has further asked for the triggers for introduction of stronger measures, either as a focal response or nationally.

#### **The First Thousand Cases**

We now have 1,000 cases and we are clearly concerned at the rate of rise in cases and potential trajectory. Without diminishing the significance of the rise in case numbers, it is worth noting that the situation with our first 1,000 is somewhat different to that of other countries such as Italy and the USA when they were at 1,000. Please refer to the charts and table attached as Appendix A.

More than half our cases are still imported from overseas or their direct contacts. We have one of the lowest COVID-19 test positivity rates in the world (0.7% compared to USA 13%, UK 5% and even ROK 3%). We have had only 7 deaths, all in people aged 75 or over and so far, less than 20 people have needed ICU treatment. This suggests that we do not have as large a proportion of undetected cases in the population, as was likely the case in the USA, Italy and other countries. Our early detection and control work was effective.

#### **Current measures**

Despite the above, the recent rapid influx in imported cases and associated chains of transmission, including cruise ships and super-spreader events, means we do need to do more now. It is too soon for the measures introduced only last week to have impacted on the epidemiology, but we are seeing evidence of non-compliance with these new measures, people not taking this seriously. We have also now had two 'super spreader' events in Sydney - one a wedding (35 infected) and one at a church service.

There is a strong argument to do more, at least in the short term, to enforce the new way of life in social distancing that we will have to endure and to adapt the Community mindset. This will also allow more time to consolidate health system preparations and evaluate measures already implemented in Australia, and to learn from interventions in other countries.

#### **Option 1 – National discontinuation of all non-essential gatherings**

AHPPC recognises the importance of a nationally consistent approach to measures to reduce the spread of COVID-19. <sup>s47C</sup>

These measures could be reviewed at one month, <sup>s47C</sup>

The duration of any measures must also take into account the

changed trajectory of case numbers. If control is not strong at the end of one month, these measures may be continued for some months with some societal functioning. Effectiveness will depend on population-level compliance with social distancing and enhancements to case-finding, early isolation, contact tracing and quarantine.

These measures would also allow some of the health system preparedness concerns to be addressed, for the impact of the social distancing interventions implemented in mid-March to be assessed and future interventions to be planned.

AHPPC is also concerned about large informal outside gatherings and will come back to National Cabinet with more guidance. It is very important to encourage the community to adhere to social distancing prior to the application of more stringent measures.

s47C

### **Option 3 – Option 1 or 2 plus close schools and early childhood education centres nationally or regionally**

AHPPC does not support the closure of schools given the lack of evidence of significant disease in children and the lack of reported major disease spreading in schools. Furthermore, the closure of schools poses a major risk to children's education, mental health and wellbeing, particularly those from low socioeconomic regions, where schools provide an important environment for nurturing and learning. The impact on the critical workforce and potential exposure of elderly relatives caring for children is also of significance. School closure would achieve some degree of additional social distancing but the evidence of its benefit at this stage is minimal. AHPPC views schools as an essential service and strongly supports keeping schools open.

There are significant opportunities to improve social distancing within schools, and we will continue to work to provide advice to the sector. AHPPC will continue to review developing evidence regarding the effect of the disease in children and the role of children in the transmission of the virus.

School closures are likely to be more effective when approaching the peak of the epidemic and enforced for a shorter period. If there is a strong desire to close schools at this later stage, it is essential that an option is provided for children of essential service providers, such as health care workers, to attend school or be otherwise cared for.

AHPPC notes one state has elected to bring forward their Easter school holidays.

#### **Option 4 – total lock down for 4-6 weeks – nationally or in focal hotspots as per Option 2**

Many countries have taken this approach after having cases numbering in the thousands, and a growing number of deaths. Total lockdown is seen as the most dramatic way to limit spread. It entails citizens (other than essential service workers) staying at home, only going out for supplies or for medical attention. The aim is to reduce transmission to below  $R_0=1$  and stop the growth in cases in the short-term.

It is not clear what the strategy for paring back of restrictions should be. Proponents talk about relaxing these measures when control is achieved, by keeping the borders closed for over 12 months until a vaccine is developed. Other proponents have a narrative that a 4-6 week total lock down would enable greater focus on case detection and isolation, contact tracing and quarantine, and to consolidate preparedness of the health system.

The social disruption of this option is extreme and good compliance has generally required strong law enforcement/military presence. The public messaging of this Option would be challenging and need to ensure that it does not give false hope that any subsequent epidemic will either not occur or be materially modified as the long term effect of this intervention is unknown.

#### **Supplementary Option 5 – Even stronger enforcement of quarantine and isolation**

The continued growth of cases in returned travellers (including the Ruby Princess) necessitates even stronger action on enforcing the quarantine of any returned traveller, with phone checks, mobile phone tracking and other measures. Similar attention needs to be given to case contacts in quarantine. Of most importance is the checking on the actual confirmed cases, if they are in isolation in their homes. It is not practical to keep them all in hospital but they must be checked daily with provision for formal supervised isolation for any non-compliance. Social support may also be required. This must include progressive expansion in the testing criteria, subject to availability of testing. Major supplementation of the public health workforce is in train and must continue.

#### **Evaluation of efficacy of interventions**

AHPPC will develop a suite of measures to assess the efficacy of all interventions. These measures will include:

- Evidence for efficacy of strengthened border measures/ travel advisories: reduction in the number of imported cases detected over time
- Evidence of efficacy of the reduction in non-essential gatherings and mixing group sizes: reduction in the average number of secondary infections per case, based in contact tracing
- Evidence for the combined efficacy of case finding and contact quarantine measures augmented by social distancing: reduction in the rate of growth of locally acquired infected cases

Urgent unintended matters will be addressed through ongoing reviews undertaken twice weekly at AHPPC and the National Cabinet.

#### **Triggers for Implementing Further Options**

National cabinet asked if measures of case density in a given area would be a valuable guide to trigger further action. As can be seen from the heat maps (Appendix 2), the spread of cases, while still mostly in large eastern seaboard cities is widespread across these cities. This is expected, given the preponderance at this stage of imported cases.

Previously AHPPC considered an important trigger in a given area to be when >50% of cases are locally transmitted, but recent international evidence suggests that action needs to be taken earlier than that point, given the lag in epidemiology. Nationally, Australia is close to 50% community transmission at this time but the major trigger is not focal. Rather it is the rapid growth in total cases and the case-load particularly in Sydney, Melbourne and Brisbane/Gold Coast. The call for action is now based on the principle of getting ahead of the curve the delay in the impact of new interventions.

A trigger for local lock down provisions in a part (or parts) of the country (as seen in Italy and elsewhere) would be a substantial growth in locally transmitted cases, which could be predicted to exceed the future capacity of the region's health services. More modelling will be conducted to refine such predictive measures.

### **Recommendations**

The growth trajectory of cases in Australia and the incomplete and slow implementation of social distancing measures, which is still a new concept for Australians, requires significantly stronger measures in social distancing in the short (initially for one month) term.

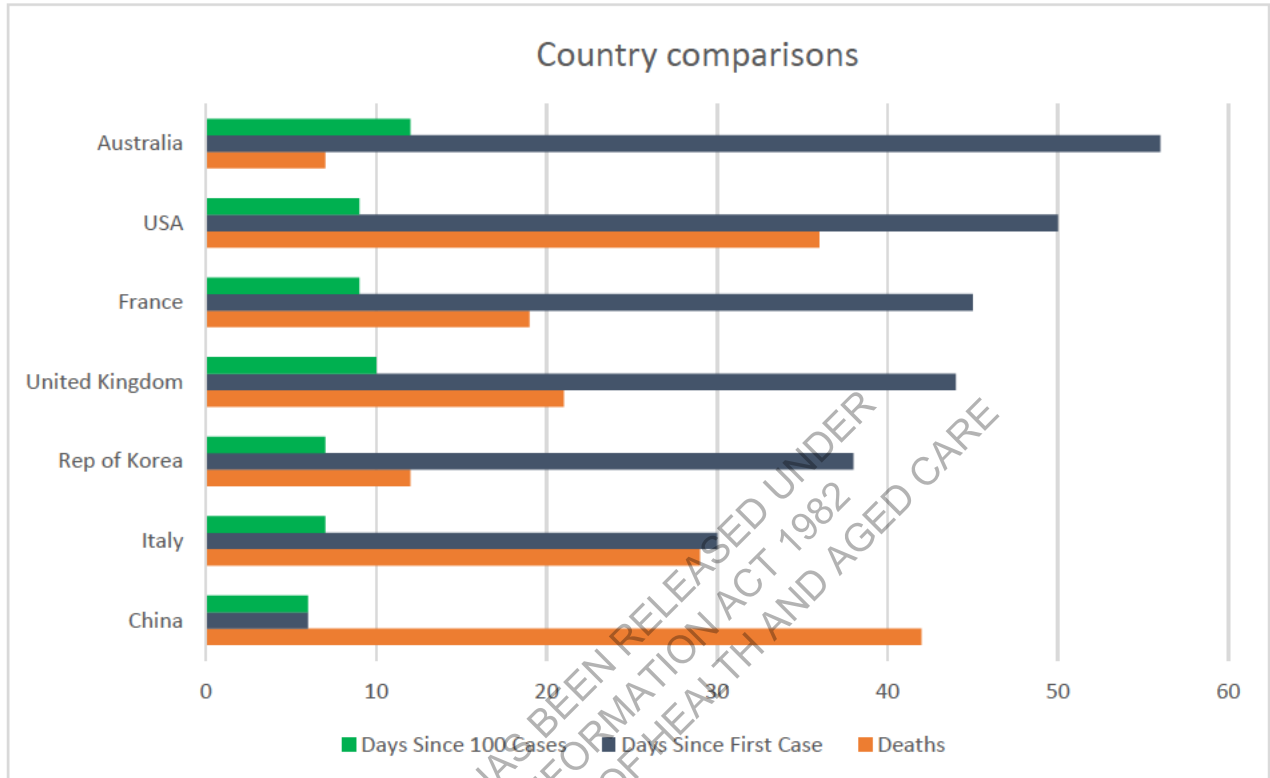
AHPPC recommends National Cabinet Consider immediately implementing s47C

AHPPC believes that s47C should be held in reserve at this time with close daily review of the epidemiology.

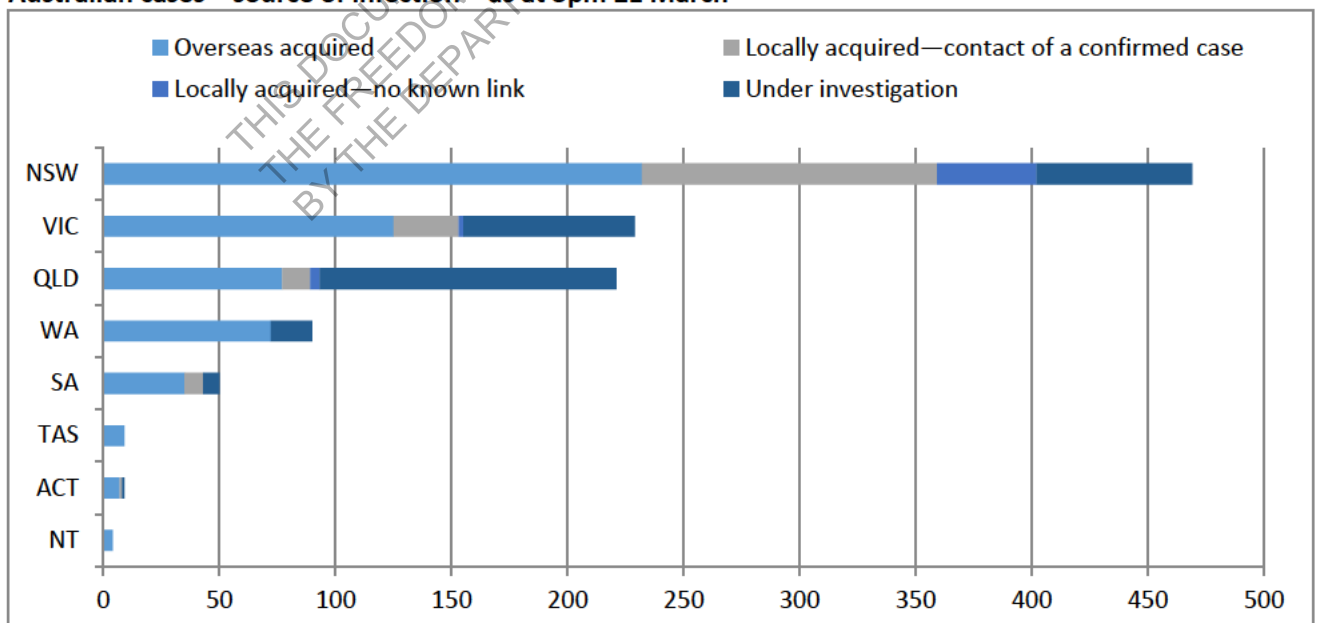
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### Appendix 1 – First 1,000 cases – international comparison

As at 21 March there are 19 countries that have reported more than 1000 confirmed cases. The graph below compares 6 countries on the day they reported more than 1000 confirmed cases.



### Australian cases – source of infection – as at 3pm 21 March



**COVID-19 testing data**

Country	Cases	Tests	Percent COVID-19 positive	Population	Test by 100,000 population	Date
Australia	1081	123,000	0.9%	25,633,000	480	As of 21 March
South Korea	8565	282,555	3.0%	51,470,000	549	As of 19 March
UK	3269	66,976	4.9%	66,440,000	101	As of 20 March
USA	4484	54,205	8.3%	327,200,000	17	As of 20 March
Austria	2013	18,545	10.9%	8,822,000	210	As of 21 March
France	6153	36,747	16.7%	66,990,000	55	As of 15 March

\*Please note different countries have different testing regimes based on their case definition and testing capability.

Australian testing rate equates approximately to testing of almost 5 people per 1000 population.

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## **Australian Health Protection Principal Committee (AHPPC) Advice to National Cabinet - Tuesday 24 March 2020**

### **Refinement of Current Social Distancing Measures & Consideration of Additional Measures, if required**

National Cabinet has asked AHPPC for advice on options for the progressive scale up of social distancing measures in response to the COVID-19 outbreak. There was a specific request to look at stronger measures in relation to non-essential gatherings initially, followed by consideration of further more intense options. <sup>s47C</sup>

### **Epidemiology**

There has been significant further growth in cases, still with substantial numbers of returned travellers and small community outbreaks associated with travellers. Cases of locally acquired disease with no link to returned travel or a confirmed case are starting to occur in specific geographic regions. The severe disease and death rate remain very low, but the test positivity rate is increasing. Weddings and Church services continue to feature in transmission events <sup>s47C</sup>

### **Clarification of current measures**

In the advice provided on Sunday 22nd March, the list of indoor gatherings recommended for closure was prepared <sup>s47C</sup>. The National Cabinet provided some clarification and asked AHPPC to consider, as a first step, any additional gatherings, the exclusion of which was inconsistent with the principles and approach of closing non-essential gatherings, including outdoor gatherings.

AHPPC considered some options provided by jurisdictions and agreed that the original list of indoor gatherings that could close should include:

#### **Indoor gatherings**

1. All galleries, museums and libraries
2. Organised meetings for social, educational or recreational purposes (for example Rotary, mothers' groups, U3A, study groups). Domestic and family violence and drug and <sup>s47C</sup>
3. Gaming or gambling venues not currently covered by the casino or licensed venue restrictions
4. All brothels and sex on premises venues
5. <sup>s47C</sup>

## Other clarifications

6. Implementation of the 1 person per 4 square metre rule in all shops and businesses remaining open (customer limit, which must be displayed on a sign) with enhanced cleaning provisions in place
7. Clarification that funerals with fewer than 10 people in attendance at any one time (adhering to the 1 person per 4 square metre rule) may proceed, <sup>s47C</sup> [REDACTED]
8. Clarification that places of worship should be closed
9. We note that we have previously recommended moving universities to online platforms, and employing social distancing practices of 1 person per 4 square metre rule). <sup>s47C</sup> [REDACTED]
10. Highly discretionary services that require close and prolonged personal contact between the service provider and client, including beauty therapy, nail salons, massage parlours, body piercing services and tattoo parlours.
11. <sup>s47C</sup> [REDACTED]

## Outdoor gatherings

AHPPC noted that current restrictions exist prohibiting gatherings of more than 500 people. The strong imposition of the restriction of the population density measure of no more than 1 person per 4 square metres of ground area is required as is the strong communication of the general principles of social distancing.

In context of the recent restrictions on sporting events, AHPPC recommends the National Cabinet imposes no more than 10 persons in a related group in an outdoor gathering. This will entail the closing of funfairs and fetes. <sup>s47C</sup> [REDACTED]


## Additional Measures in a next stage of more intense social distancing

AHPPC noted that the new restrictive social distancing measures have only just been introduced and that the border measures and enhancing quarantining provisions for returned travellers are also recent. It is too early to assess the impact of current social distancing measures.


AHPPC noted there remains scope for more aggressive contact tracing and enforcement of quarantine for contacts; this is in progress and is of equal importance than the social distancing measures.

Whilst clarification of the principles of the existing measures (which address the highest risk gatherings) are important, additional, materially more disruptive measures, should ideally be held in reserve until some assessment of the initial measures is possible.

The next step is likely to be a carefully considered closure of all activity except essential industries and services. <sup>s47C</sup>



All states and territories are in agreement with the above, except Victoria, <sup>s47C</sup>




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### **Temporary Suspension of all non-urgent elective surgery**

The national supply of PPE remains of great concern with continued depletion of the national stockpile. The Commonwealth has significant orders placed but cannot guarantee supply due to international considerations. At this time, it is inappropriate to continue to do elective surgery. <sup>s47C</sup>



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**Australian Health Protection Principal Committee (AHPPC) Advice to National Cabinet**

**25 March 2020**

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### **School Immunisation Programs**

AHPPC noted that there are significant challenges to the delivery of school based immunisation programs, with school attendance falling and some potential school closures.

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Individuals who wish to access vaccines provided in school settings during this time, remain able to access these vaccines through their general practitioner.

Catch up arrangements to ensure students who were not able to receive one or multiple school based immunisations either at school or through their GP will be implemented once schools reopen.

### **Dental Services**

AHPPC s47C

the Australian Dental Association outlining additional infection control precautions to manage coronavirus risks in dental practices as well as management practices for: (1) patients at risk of COVID-19 who require urgent dental care; (2) patients confirmed with COVID-19 who require urgent dental care; and (3) patients diagnosed with COVID-19, after a dental appointment

This notes that:

- Should access to urgent dental care cease entirely, this would place a burden on medical primary care and emergency services.
- Restrictions can be implemented gradually to defer dental treatments based on urgency and need, which would allow for additional infection prevention control measures to be implemented to mitigate the risk of infection to dentists (including reducing aerosol-generating procedures and the need for P2 masks).
- There may rarely be a situation in which a patient with confirmed or possible COVID-19 infection has a significant dental emergency which requires treatment and cannot be delayed until they are out of quarantine or isolation.

AHPPC recommends adopting the 'managing COVID-19 guidelines' published by the ADA and implementing a triage system for dental practice.

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## Australian Health Protection Principal Committee recommendations on application of regional additional social distancing measures to combat COVID-19

**30 March 2020**

Following the progressively scaled up social distancing measures over the last week, Australia has now achieved significant behavioural change and a clear narrative on the message to “stay at home unless doing limited essential activities”.

The measures so far introduced are, in large part, similar to many overseas countries. Secondary effects of these measures are also being observed, such as the voluntary closure of many retail chains. While there has been broad behaviour change, it is not clear if compliance with physical distancing measures has reached a sufficient threshold to drive down transmission.

These measures and the recently enhancing quarantine of returned travellers will not be predicted to have maximum impact for several days.

It is too early to say whether the small positive recent moves in the epidemiology curve are significant or will be sustained.

The biggest single concern remains the evidence of cases without an epidemiology link, suggesting community transmission with undetected cases. Other potential points of concern include local public health capacity and health system capacity.

AHPPC recognises that States and Territories will be at different points in their outbreak and outbreak response. Whilst we strongly support the long-term nationwide maintenance and enforcement of the severe restrictions currently in place, we recognise that local circumstances may prompt States and Territories to introduce additional measures for a period to further control community transmission.

These local decisions should be on the advice of the local Chief Health Officer informed by the local epidemiology at the time:

The factors influencing such a recommendation will include consideration of:

- The overall number of new cases, and particularly the rate of change
- The proportion of locally acquired cases without known links to other cases
- Multiple outbreaks in vulnerable populations, including remote Indigenous communities and residential aged care facilities
- Capacity of laboratory testing, public health and health system to respond to current and predicted load.

AHPPC notes that there is no ‘formula’ to guide such decisions. Rather the local assessment has to be made on the current evidence and the knowledge that there is a lag time of at least 7-14 days before the real impact of additional measures will be seen on case incidence, and longer for critical care requirements and mortality.