Australian, State and Territory Governments

National Cabinet Paper

Title	Update on Implementation of Recommendations to the National Review of Hotel Quarantine
Sponsoring Minister(s)	Prime Minister

Summary

Proposed Action

The National Cabinet is asked to note the progress update on the implementation of recommendations from the National Review of Hotel Quarantine (Review). This includes progress made by each state and territory and work undertaken at the national level.

Key reasons

On 23 October 2020, National Cabinet accepted the recommendations from the Review conducted by A/Prof Jane Halton AO PSM. This paper provides a progress report on the implementation of recommendations from the Review.

The recommendation tracker at Attachment A1 notes the status of implementation of recommendations 1-3 as reported by individual states and territories, according to principles against which implementation may be measured, and recommendations 4-6 at the national level.

Regular progress updates enable monitoring of the implementation of recommendations from the Review by National Cabinet to ensure satisfactory progress. The tracker was endorsed by the Australian Health Protection Principal Committee (AHPPC) on 2 February 2021.

Key risks and sensitivities

Escalating transmission of COVID-19 overseas poses the greatest threat to Australia. Hotel quarantine arrangements remain a crucial measure to minimise the risk of COVID-19 transmission to the community from returning travellers. Quarantine arrangements must undergo continuous monitoring to ensure they meet acceptable standards. This is especially so in the context of spreading variants with higher transmissibility than the original virus.

1 Proposed Actions

I recommend the National Cabinet:

1. Note the update on the progress of implementation of recommendations from the Review.

2 Detail of Proposal

Background

2.1 The Australian Government is working cooperatively with all the states and territories, to implement measures to control the spread of COVID-19.

2.2 On 27 March 2020 the National Cabinet agreed to restrict the movement of incoming travellers to Australia by implementing mandatory hotel quarantine.

2.3 To date over 210,000 (211,550 to 31 January) people have returned to Australia through hotel quarantine (since 31 March 2020).

2.4 Hotel quarantine, along with public hygiene, social distancing, local health response and shortly vaccines, are vital to Australia's response to suppressing COVID-19.

2.5 Hotel quarantine requirements are implemented under state and territory legislation (public health orders) - as are many other COVID-19 prevention measures such as state hotel quarantine requirements for domestic travellers, mask wearing and localised lockdown.

2.6 This arrangement reflects state and territory experience delivering healthcare, logistics and law enforcement services.

Progress update on implementation of recommendations from the Review

2.7 As agreed by the National Cabinet, state and territory governments manage hotel quarantine. As such, many of the recommendations from the review are implemented locally. States and territories are undertaking a range of implementation steps within their various management models.

2.8 The recommendation tracker at Attachment A1 provides an overview of the progress of implementation of recommendations 1-3 by states and territories, and recommendations 4-6 at the national level.

2.9 Recommendation 1 has been divided into nine principles for implementation, Recommendation 2 into four principles and Recommendation 3 into two principles.

2.10 The Commonwealth continues to provide assistance through the Australian Defence Force (ADF), Australian Border Force (ABF), Australian Federal Police (AFP), Australian Medical Assistance Teams (AUSMAT) and other Commonwealth agencies.

2.11 The Commonwealth has also provided financial support for a wide range of online and phone mental health services that are available to all people in quarantine.

2.12 Principles to guide cross-jurisdictional approaches to mental health support in COVID-19 quarantine have been developed by Christine Morgan (CEO, National Mental

Health Commission) and Dr Ruth Vine (Deputy Chief Medical Officer, Mental Health), which were noted by National Cabinet on 13 November 2020.

2.13 The Commonwealth has also entered into an agreement with the Northern Territory Government to establish the Centre for National Resilience at Howard Springs to provide national capacity to quarantine 850 individuals on a fortnightly basis.

Concurrent work in progress

2.14 The Commonwealth is backing in the states and territories quarantine systems with support from the ADF, AFP and ABF where required (and requested), AUSMAT personnel and information to help people prepare for quarantine, including resources to support their mental health.

> Over 1,500 ADF deployed across Australia currently assist states and territories, including over 1,000 ADF personnel assisting directly on quarantine.
>
> Financial support for a wide range of online and phone mental health services that are available to all people in quarantine.
>
> DFAT has supported over 39,000 Australians to return including more than 14,000 people on 100 Government facilitated flights (since March).
>
> The Commonwealth is further providing financial support to the Northern Territory and Tasmania for COVID-19 quarantine arrangements for the repatriation of Australians who are overseas.

2.15 The AHPPC has developed and agreed to the National Hotel Quarantine Principles (Attachment A2), which were published on 24 December 2020. Through the AHPPC, states and territories are developing national hotel quarantine guidelines to support the Principles. These guidelines will be reviewed by the Infection Control Expert Group before AHPPC endorsement. The Commonwealth will be engaging New Zealand in the development of these guidelines, and potential for use in their hotel quarantine program. It is anticipated that the guidelines will be finalised in mid to late March.

2.16 States and territories have a number of recommendations outstanding across the three relevant recommendations, including implementation of PPE training and practices end to end and publication online of information regarding psychological preparation and in multiple languages. New South Wales, Northern Territory, South Australia have implemented all recommendations.

3 Risks and sensitivities

3.1 COVID-19 still poses a threat to the Australian community, particularly due to the overall high daily incidence in many regions globally and emerging high-transmissibility variants of concern. Hotel quarantine has been instrumental in minimising the risk of COVID-19 transmission to the community from returning travellers.

3.2 Transmission of COVID-19 from individuals in hotel quarantine to the community is not common but given the virus' ability to spread quickly, which is increasing with certain new variants of concern, overall risk from imported cases remains high. Even one occurrence of transmission from a person in hotel quarantine can lead to significant outbreaks requiring public health responses that consume resources and can affect economic activity.

3.3 Implementation of recommendations from the Review contributes to continual improvement of Australia's quarantine arrangements. This is particularly important as consideration is given to broadening international travel and in light of variants of concern.

3.4 To inform the recommendations tracker, states and territories have provided the Australian Government Department of Health, through the Australian Health Protection Principle Committee, with details regarding the progress of implementation of recommendations 1-3. Attachment A shows a high-level summary of the detail provided by states and territories.

3.5 Jurisdictions are already conducting their own internal reviews of their quarantine arrangements. A system of reporting ensures ongoing monitoring of progress.

4 Impacts

4.1 Ongoing monitoring of the progress of implementation of recommendations from the Review contributes to continual improvement of Australia's quarantine arrangements. Effective quarantine arrangements remain a vital component of Australia's COVID-19 response.

5 Consultation

5.1 All states and territories have provided a progress update on their implementation of recommendations from the Review.

5.2 The AHPPC endorsed the tracker at its 2 February meeting.

5.3 Department of the Prime Minister and Cabinet.

Attachments

Attachments

A1 National Review of Hotel Quarantine - Recommendation Tracker

A2 AHPPC National Hotel Quarantine Principles

Attachment A1 – Recommendation tracker

Completed	In Progress	To be considered	Off Track	State / territory update not available

National Review of Hotel Quarantine Recommendation Tracker*

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA
Recommendation 1. States and Territories should embed end-to-end assurance mechanisms and look to continuously improve hotel quarantine to ensure that it is delivered consistent with good practice.	Suitable personnel with appropriate training engaged at facilities. Where possible personnel have no or minimal engagement with other high risk workplaces (e.g. aged care facilities).								
	Security and video surveillance provided for transfers and at facilities.								
	Appropriate PPE training and practices in place end to end.#								
	Assurance processes / audits conducted regularly to ensure appropriate use of PPE#								
	Arrivals, transfers and check-ins are well coordinated.								
	Facilities have good ventilation, provide access to fresh air and entertainment activities.								
	High quality meals are available.								
	Mental health screening and support available.								
	Feedback mechanisms in place to highlight potential areas for improvement.								
Recommendation 2. Information on the quarantine system should be easy to access by travellers in order to ensure their understanding of quarantine and to better psychologically prepare them for the experience. This should be provided across relevant Commonwealth/State and Territory websites.	Information provided on arrival in Australia in pamphlet form with QR codes with information in other languages.								
	Website information reviewed and updated regularly in a range of languages.								
	Information regarding psychological preparation available online.								
	Information on mental health services provided online or to each individual.								
Recommendation 3. People in quarantine should have access to timely decision making, review processes and complaints mechanisms, including pathways for escalation.	Complaints mechanisms are in place to address concerns relating to quarantine experience. May include issues regarding room cleanliness, food quality, access to health services, exemptions to requirements.								
	Information on review processes and complaints mechanisms are communicated to guests.								

* Self-assessed as at 2 February 2021.

States and Territories are utilising a systematic risk management approach. Risk is managed by applying multiple layered controls using the hierarchy of controls.

Recommendation 4. Options for new models of quarantine should be developed for consideration by National Cabinet including a risk assessment of these options and an analysis of traveller suitability.	ONGOING The emergence of new high-transmissibility variants of concern has created additional risk of transmission by cases in hotel quarantine. Alternatives to hotel quarantine may carry an increased risk of leakage of the virus into the community. Alternative models of quarantine may be considered in the future.
Recommendation 5. National Cabinet should consider exempting low risk cohorts, such as travellers from New Zealand, from mandatory quarantine.	ONGOING Country risk assessments are underway. A travel bubble with New Zealand has been established and is under continuous monitoring. This monitoring process helped inform a recent pause in flights, demonstrating its effectiveness. Travel bubbles with other countries are being considered. The Commonwealth will be engaging with New Zealand on the development of guidelines for hotel quarantine.
Recommendation 6. The Australian Government should consider the establishment a national facility for quarantine to be used for emergency situations, emergency evacuations or urgent scalability.	ONGOING A facility at Howard Springs has been successfully established. Additional facilities are being considered in other states and territories to expand national capacity. Consideration is being given to specific requirements such as proximity to health care facilities, staffing and other requirements.

Attachment A2 – AHPPC National Hotel Quarantine Principles

1. Consistent with Australia's strategy of suppression with a goal of no community transmission, the major focus of hotel quarantine programs must be to minimise the risk of transmission of infection into the community.
2. Hotel quarantine programs commence when travellers arrive into Australia. Programs therefore extend from international ports of entry and transfers to hotels quarantine facilities.
3. The health, mental health and wellbeing of international arrivals and workers is paramount in all hotel quarantine programs and proactive supports need to be available, in-line with 'Advice on mental health screening, Assessment and support during COVID-19 quarantine'.
4. Hotel quarantine programs must be underpinned by strong and transparent governance arrangements. This includes clear chains of command and decision making processes, communication, operational plans (e.g. response to positive cases, outbreak management plans) and record keeping.
5. Hotel quarantine programs must use a systematic risk management approach to minimise the risk of transmission of SARS-CoV-2. Effective controls must be applied using the hierarchy of controls, a step-by-step approach to manage risks that ranks controls from the highest level of protection and reliability through to the lowest and least reliable protection. Risk management plans should use higher level controls where possible and include strong end to end infection prevention and control in line with a nationally agreed standard and comprehensive infection prevention and control training, and use of standard precautions.
6. Hotel quarantine workers must be protected as this will be where transmission of the infection into the community may occur. It should be ensured that workers have an adequate understanding of their role and responsibilities in relation to infection prevention and control practices and behaviours, and reporting requirements if concerns are identified. Appropriate supervision is required at all times and a strong reporting culture of alerting supervisors to concerns should be fostered.
7. Testing, screening and surveillance, for international arrivals and workers associated with hotel quarantine programs, should align with national guidelines endorsed by AHPPC. These may be supplemented with additional measures, such as pre-emptive contact identification of regular close contacts of workers in case transmission occurs.
8. Facilities used for hotel quarantine must be selected against specific criteria which reduce the risk of transmission as identified in the control hierarchy. This includes consideration of the hotel environment and its suitability for infection prevention and control.
9. In addition, quarantine accommodation needs to be:
    - adequately provisioned and resourced to be able to manage the health of residents and staff in the hotel quarantine facility
    - meeting cultural needs and the needs of those with disabilities, the elderly and infirm
    - located in reasonable proximity to the international port of arrival that is the port of entry
    - located in reasonable proximity of a hospital capable of managing COVID-19 patients
    - considerate of the vulnerability of the local population.
10. Hotel quarantine programs must have established escalation processes with the ambulance and hospital sector for a health emergency. Separate facilities for positive cases or those with complex needs may also be considered.

11. Hotel quarantine programs should apply an assurance process, with regular audits against standards for quarantine, a regular review of controls and their effectiveness and application of a continuous quality improvement process.
12. Hotel quarantine programs should be supported by tools for:
    - Effective data collection, sharing and validation through
        - A nationally agreed data set able to be collected daily
        - National sharing of data on cases and for contact tracing purposes
        - Information on transmission events
        - Monitor and evaluate the effectiveness of the hotel quarantine program to guide policies, protocols and procedures.
    - Monitoring the accommodation and movement of international arrivals and workers in common areas by remote means such as CCTV and/or QR codes.

Australian Government
Department of Health
National Incident Room

Novel Coronavirus (COVID-19)

Epidemiology update as at 1500h, *25 February to 03 March 2021*

Data presented in this report are based on data reported from jurisdictional daily updates or data extracted from the National Notifiable Diseases Surveillance System (NNDSS). Due to the dynamic nature of epidemiological data, data in this report rely on a mix of sources, each of which are subject to retrospective revision and may vary from data reported in published NNDSS or jurisdictional reports.

Key messages for the week

- **Cases overall –** The number of nationally reported COVID-19 cases has increased this week, with the majority of these cases being overseas acquired.
- **Locally acquired cases –** There were 2 locally acquired cases reported this week, both reported by Victoria and linked to the 'Holiday Inn' cluster. The last case associated with this cluster was reported on 26 February 2021.
- **Overseas acquired cases –** There were 53 overseas acquired cases reported this week, all of whom were in managed quarantine facilities.
- **Public health measures –** Public health measures eased in a number of jurisdictions in response to low numbers of locally acquired cases.
- **Hospitalisations –** There are 20 cases currently in hospital, which is the same as the previous week. There was one case in ICU. It should be noted that cases may be hospitalised for isolation purposes.
- **Deaths –** No new deaths were reported this week.
- **Testing –** Testing numbers decreased this week (down 21%) compared to the previous week.
- **Vaccinations –** Nationally, over 49,000 COVID-19 vaccination doses have been administered since 21 February 2021, including over 7,900 vaccine doses in the previous 24 hours.
- **International situation –** New Zealand reported 4 locally-acquired cases this week, all were linked to the South Auckland cluster which was first reported on 14 February 2021; the source of the outbreak is still under investigation.

Summary	Total Cases	Locally acquired[a]	Overseas acquired	Hospitalised	ICU care	Tests	Deaths
Current week ending 3 Mar (trend)	55 (↑)	2 (↓)	53 (↑)	20 (↑)	1 (↑)	275,982 (↓)	0 (-)
Previous week ending 24 Feb	25	3	22	12	0	348,302	0
Cumulative	28,996	22,363	6,633	3,791[b]	503[b]	14,466,586	909

a Locally acquired cases include cases under investigation

b Cumulative hospitalisations are sourced from NNDSS. All other figures are sourced from State and Territory daily reporting to the Department of Health.

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Australian situation summary

As at 1500h on *03 March 2021*, states and territories had reported a total of *28,996* cases of COVID-19 in Australia, including 909 deaths.

Case numbers *increased* in the last week, with a total of *55* cases reported over the last 7 days (an average of *8* cases per day), compared to *25* cases in the previous week. The majority of cases reported in the last 7 days were in *NSW* (*62%* of all cases), all of which were overseas acquired. The ACT reported two overseas acquired cases this week, *breaking a 14 week streak of no cases.* Tas was the only jurisdiction to report no cases this week. At the time of this report there were *74* active cases in Australia.

Table 1. Newly confirmed cases and deaths in the past week, as at *03 March 2021**

Data source: State and Territory daily reporting to the Department of Health

	Australia	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
Past 7 days									
Total new cases	**55**	**2**	**34**	**1**	**12**	**3**	**0**	**2**	**1**
Overseas acquired	53	2	34	1	12	3	0	0	1
Locally acquired - contact of a confirmed case	2	0	0	0	0	0	0	2	0
Locally acquired - contact not identified	0	0	0	0	0	0	0	0	0
Locally acquired - interstate travel	0	0	0	0	0	0	0	0	0
Under investigation	0	0	0	0	0	0	0	0	0
Deaths	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

* These data are presented as initially reported by states and territories. Due to the dynamic nature of surveillance data, our daily reports are subject to retrospective revision.

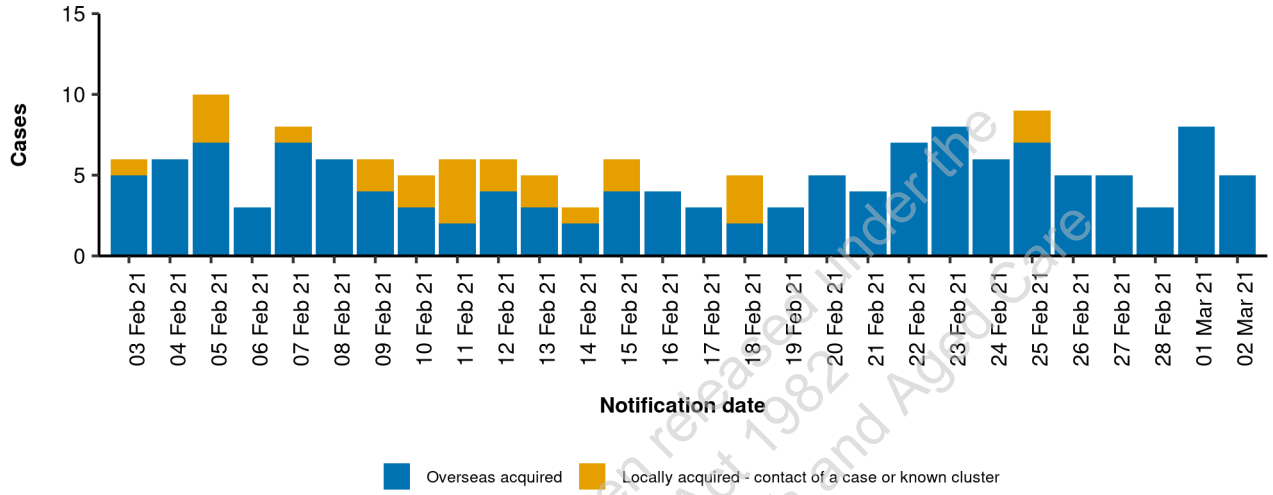
Source of acquisition

To date, 23% of cases in the NNDSS were reported as overseas acquired. The remaining cases were locally acquired or under investigation. Since *01 January 2021*, *83%* of cases in the NNDSS were reported as overseas acquired, with *17%* of cases locally acquired or under investigation. Overall, the number of overseas acquired cases has been *declining since early January likely due to the implementation of pre-departure testing and adjustments to the overseas arrival cap* (Figure 1 and Figure 3).

Based on NNDSS data, in the previous 28 days (*03 February 2021 – 02 March 2021*), *84%* of cases were overseas acquired and *16%* were locally acquired (Figure 1). The last locally acquired case notified to the NNDSS was on *25 February 2021*.

Figure 1. COVID-19 cases by source of acquisition and notification received date* *03 February– 02 March 2021*

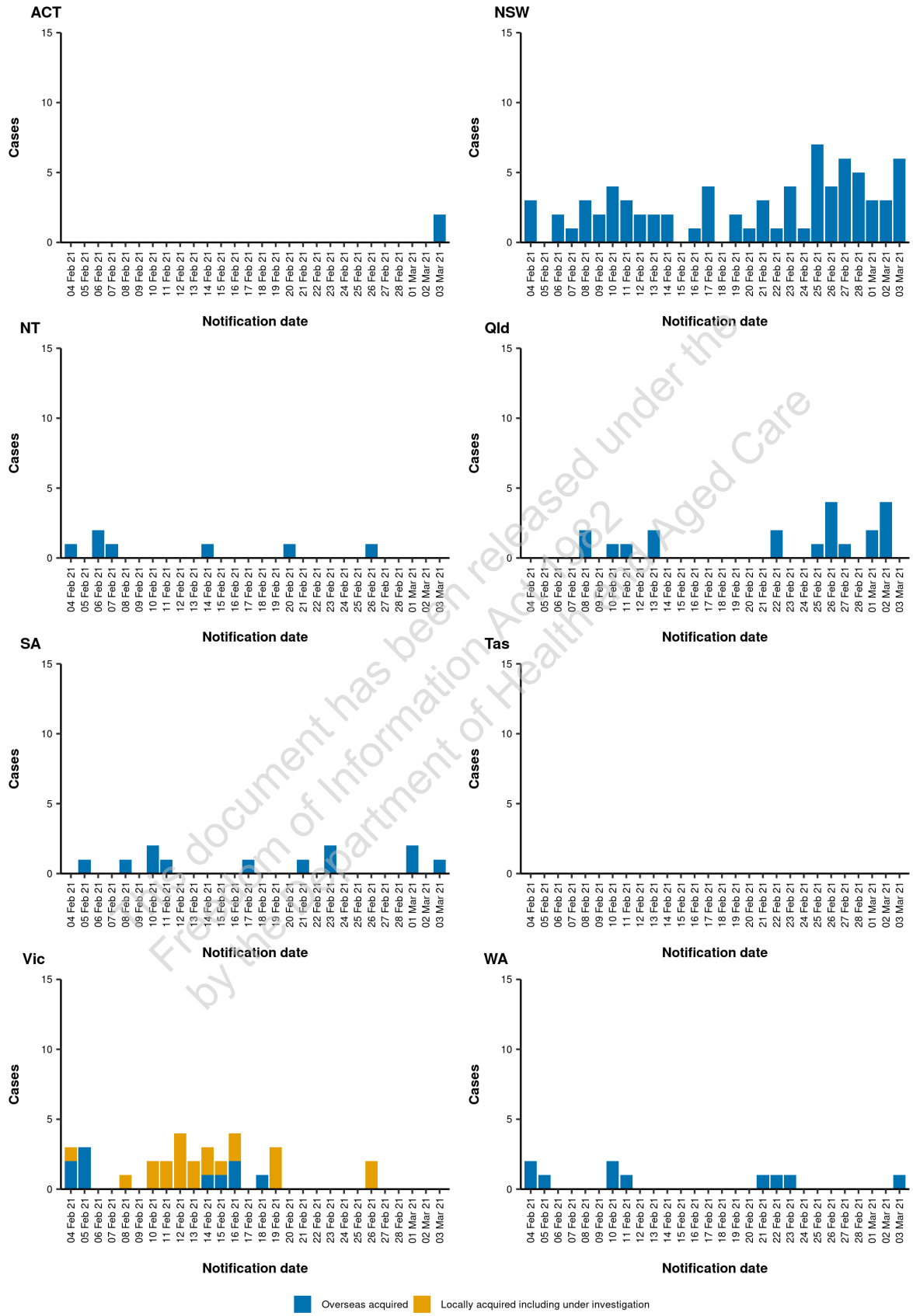
Data source: National Notifiable Diseases Surveillance System, extracted *03 March 2021*



*Note: there is a delay in newly confirmed cases being received by NNDSS, with the most recent day's data likely to be incomplete.

Figure 2. Newly confirmed cases over the previous 28 days, as reported daily, by State and Territory

Data source: State and Territory daily reporting to the Department of Health, as at *03 March 2021*.



Locally acquired cases

This section describes locally acquired cases over the last 28 days in each jurisdiction (Figure 2). The next section provides a summary of locally acquired outbreaks and high risk settings.

In the last 28 days, locally acquired cases have been reported in Vic all associated with hotel quarantine settings. While one case in a hotel quarantine worker - on 04 February 2021 - was not associated with further cases; Vic reported a cluster of locally acquired cases that arose after a second case in a hotel quarantine worker was reported on 08 February 2021, known as the 'Holiday Inn (Melbourne Airport) cluster.

Clusters and high risk settings

Victoria

Holiday Inn (Melbourne Airport) cluster

The Vic 'Holiday Inn' cluster is associated with a total of *24* cases, including *11* cases linked to a private dining venue in Coburg.

- The first locally acquired case associated with this cluster was reported on 08 February 2021 in a hotel quarantine worker.
- The most recent cases linked to this cluster were reported on *26 February 2021*.
- The cluster breakdown includes three index cases (overseas acquired), four residents on the same floor of the hotel, four workers at the hotel quarantine facility and several close contacts.
- Genomic sequencing results for several cases in this cluster have confirmed that the cases are infected with the UK variant strain (B.1.1.7 lineage).

Overseas acquired cases

The following section is a summary of overseas acquired cases over the past week, and includes a summary of air arrivals and place of acquisition of overseas acquired cases.

Overseas acquired cases over the past week

Overseas acquired cases were reported in NSW (*34* cases), Qld (*12* cases), SA (*3* cases), ACT (*2* cases), WA (*1* cases), NT (*1* case). Vic and Tas reported no overseas acquired cases this week (Table 1).

Estimated cases among air arrivals

The COVID-19 positivity rate among international air arrivals was 6.7% in early April 2020 when quarantine arrangements for international arrivals first commenced. Since this time positivity amongst international air arrivals remained relatively stable at less than 1%, with some occasional weekly fluctuations over this time (range 0.3% to *1.4%*).

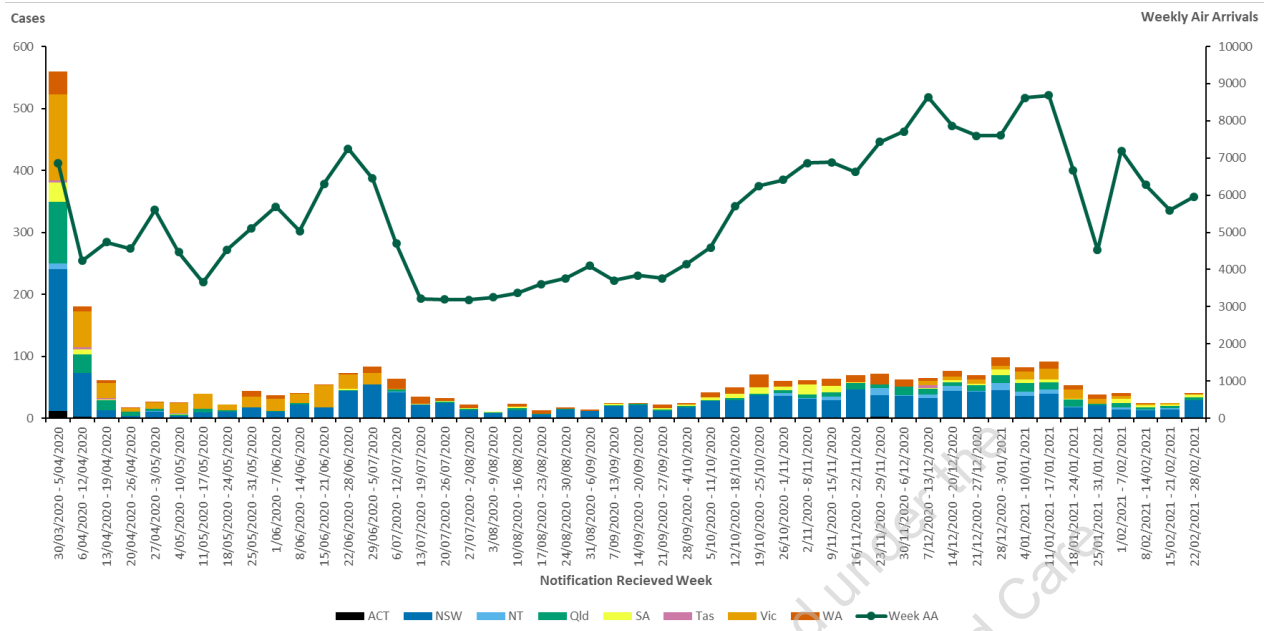
The number of international air arrivals peaked at approximately 8,700 around mid-January 2021 from a low of approximately 3,200 arrivals around late July to mid-August 2020.

Over the past 14 days, the number of air arrivals per week *has decreased slightly with an average of 5,900 arrivals compared to an average of approximately 6,300 arrivals in the previous 14 days*. The number of overseas acquired cases over the last 14 days *is stable* with an average of *33* cases per week, *the same* as the previous 14 days (Figure 3). This is likely associated with the implementation of pre-departure testing and adjustments to the overseas arrival cap. The percentage of positive cases *increased slightly* to *0.6%* in the last 14 days compared to *0.5%* in the previous 14 days.

Generally, the number of cases correlates with the number of weekly arrivals by air, the prevalence of COVID-19 in the country the person is arriving from and any quarantine arrangements prior to departure. There may also be a delay between the date a case arrived and the date they tested positive. Recent trends should also be interpreted with caution as there may be a lag in both case notifications and air arrival data.

Figure 3. Weekly number of overseas acquired cases (excluding cases acquired at sea) by state and the weekly number of international arrivals by air (excluding crew)

Data source: National Notifiable Diseases Surveillance System, extracted *03 March 2021*, and Australian Border Force arrivals data.



Note: the estimate of overseas acquired cases excludes cases with a place of infection reported as 'at sea' and the estimate of international arrivals by air excludes crew.

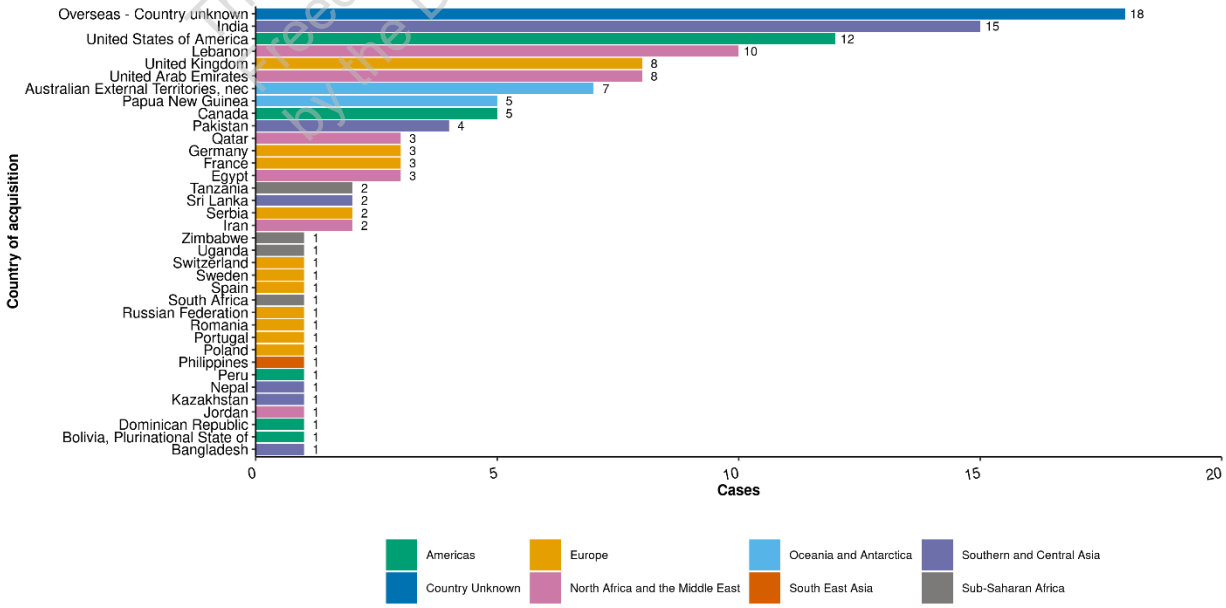
Country of acquisition

In the last 28 days (*03 February 2021 – 02 March 2021*), approximately *14%* of confirmed overseas acquired cases reported to the NNDSS did not have a country of acquisition reported. Recent arrivals from *India* contributed to a further *12%* of overseas cases. Note, although several confirmed overseas acquired case were reported as being from Australian External Territories, this place of acquisition data is likely to represent an error in reporting.

Trends in country of acquisition are influenced both by the countries of origin for repatriation flights and by the prevalence in the countries which the case has returned from.

Figure 4. Number of overseas acquired cases by top countries of acquisition, *03 February to 02 March 2021*

Data source: National Notifiable Diseases Surveillance System, extracted *03 March 2021.*



Virology (GISAID)

Since 30 November 2020, Australian laboratories uploaded a total of *117* sequences of the UK variant (B.1.1.7 lineage) to the global sequence repository - GISAID. A further *20* sequences have been identified as the South African variant (B.1.351 lineage). Australia has reported no cases of the P.1 Brazilian variant of concern. It is important to note that there may be delays between jurisdictional reporting and uploads.

Descriptive epidemiology

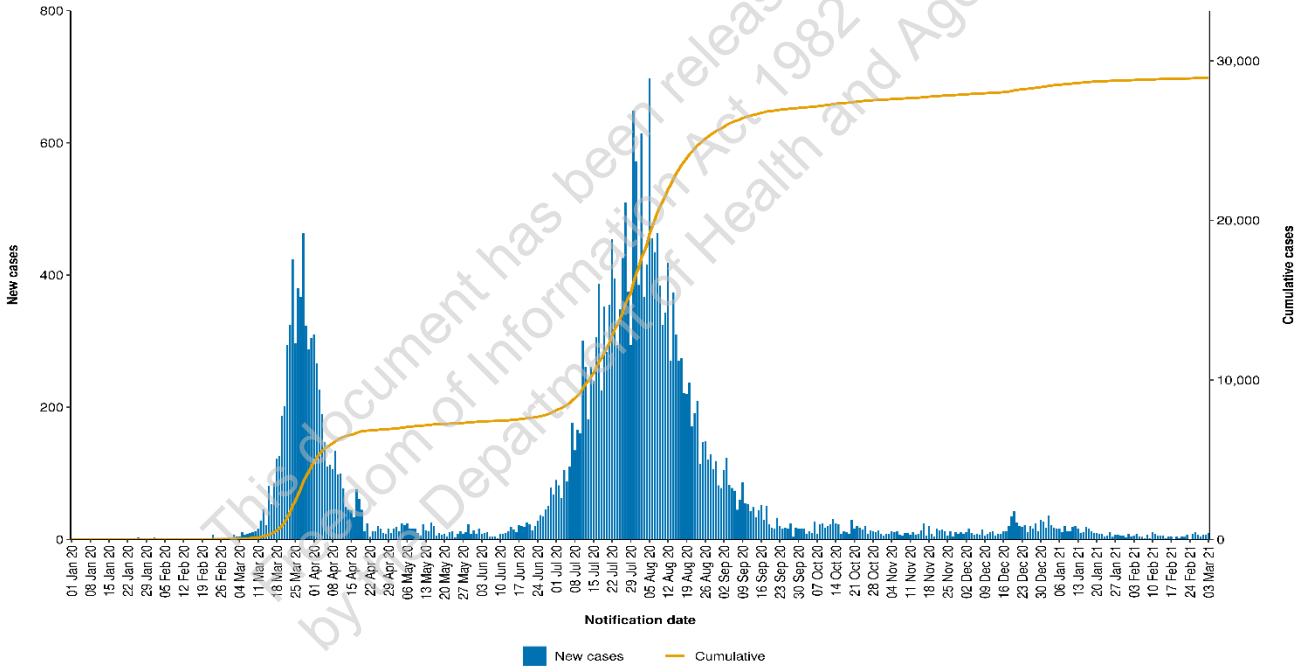
This section describes the epidemiology of COVID-19 in Australia. For more detailed information see the routine epidemiology reports in Communicable Diseases Intelligence.

Cases to date

Following a peak of cases at the end of March, low numbers of cases were reported each day until early-June 2020. From mid-June 2020, cases increased and peaked in early August 2020 and then declined. From late-September 2020, a low number of new cases continue to be reported each day (Figure 5).

Figure 5. Number of new and cumulative confirmed cases, by date of notification, Australia

Data source: State and Territory daily reporting to the Department of Health, as at *03 March 2021*.



Age and sex

The median age of all cases reported to date was 37 years (range 0 to 106 years). The rate of infection (number of cases per 100,000 persons) was highest in persons over 90 years of age (Figure 6). The median age of overseas acquired cases was *37* years, similar to locally acquired cases where the median was 35 years. Cumulatively, the male-to-female rate ratio of cases was approximately 1:1 in most age groups.

In the last 7 days (*24 February – 03 March 2021*), the median age of cases was *33 years* (*range 1 to 77 years*). The number of cases was highest in persons aged 30-39 years and the rate of infection (number of cases per 100,000 persons) was highest in persons aged 30-39 years. Given the low numbers of locally acquired cases; age distribution trends among recent cases are reflective of international arrival passenger cohorts.

Table 2. Summary of COVID-19 cases, 30 January 2020 to *03 March 2021*

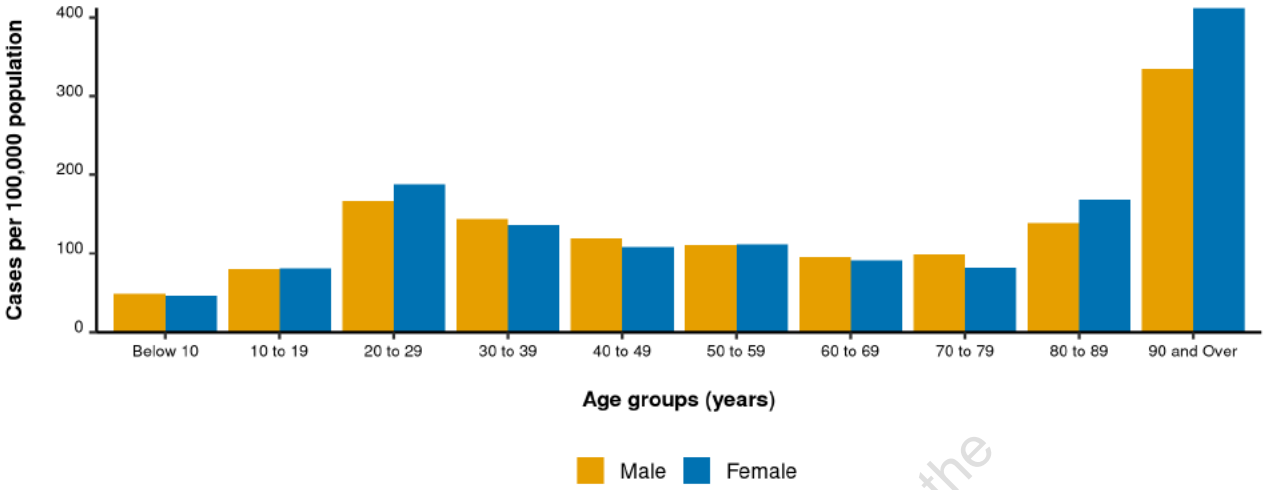
Data source: State and Territory daily reporting to the Department of Health.

COVID-19 cases[#]	Australia	ACT	NSW*	NT	Qld	SA	Tas	Vic	WA
Source of acquisition (cumulative to date)									
Overseas acquired	6,633	91	3,012	101	1,028	431	85	1,071	814
Locally acquired - contact of confirmed case and/or in a known cluster	17,932	25	1,641	2	243	152	141	15,648	80
Locally acquired - contact not identified	4,277	1	446	0	41	9	5	3,762	13
Locally acquired - contact not identified interstate travel	154	3	90	2	23	26	3	0	7
Under investigation	0	0	0	0	0	0	0	0	0
Total[#]	**28,996**	**120**	**5,189**	**105**	**1,335**	**618**	**234**	**20,481**	**914**
Deaths	**909**	**3**	**54**	**0**	**6**	**4**	**13**	**820**	**9**
COVID-19 status (current)									
Active cases	**74**	**0**	**43**	**1**	**14**	**4**	**0**	**8**	**4**
Hospitalised (total)	20	0	3	1	14	0	0	2	0
Hospitalised - ICU (of those hospitalised)	1	0	1	0	0	0	0	0	0
Hospitalised - ICU ventilated (of those admitted to ICU)	0	0	0	0	0	0	0	0	0
Comparison over time of cumulative case count									
Locally acquired, including under investigation in the last 7 days (Week ending 3 Mar 2021)	2	0	0	0	0	0	0	2	0
Locally acquired, including under investigation in the previous last 7 days (Week ending 24 Feb 2021)	3	0	0	0	0	0	0	3	0
Overseas acquired in the last 7 days (Week ending 3 Mar 2021)	53	2	34	1	12	3	0	0	1
Overseas acquired in the previous last 7 days (Week ending 24 Feb 2021)	22	0	12	1	2	3	0	1	3
Locally acquired - contact not identified in the last 14 days	0	0	0	0	0	0	0	0	0
COVID-19 testing (cumulative to date)									
Total tests (both positive and negative)	**14,466,586**	**173,690**	**5,046,949**	**127,131**	**1,970,686**	**1,098,890**	**175,389**	**4,999,764**	**874,087**
Testing in the last 7 days (Week ending 3 Mar 2021)	275,982	4,277	92,588	6,042	43,866	20,110	3,861	91,935	13,303
Testing in the previous 7 day period (Week ending 24 Feb 2021)	348,302	3,771	108,153	6,356	48,556	31,115	3,993	125,341	21,017
Tests in the last 7 days per 1,000 population	10.9	10.0	11.5	24.6	8.6	11.5	7.2	13.9	5.1
Percent testing positivity (cumulative)	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.4%	0.1%

#Due to the dynamic nature of surveillance data, our daily reports from state and territories are subject to retrospective revision. Data under investigation will be allocated to another category once known, and therefore may result in negative values. Qld and SA report both probable and confirmed cases, while all other jurisdictions include only confirmed cases.

Figure 6. Rates of cumulative cases per 100,000 population by age group and sex, Australia

Data source: National Notifiable Diseases Surveillance System, extracted *03 March 2021*.



Aboriginal and Torres Strait Islander cases

As at *03 March 2021*, there were 150 cases in Aboriginal and Torres Strait Islander people, approximately 0.5% of all confirmed cases in Australia, since the beginning of the epidemic. There were no deaths associated with COVID-19 in Aboriginal and Torres Strait Islander people.

Remoteness

The majority of locally acquired (excluding interstate acquired) cases reported to NNDSS are residents of major cities (*72%*), followed by residents of inner regional Australia (3%). Less than 0.1% of locally acquired cases were reported in residents of outer regional, remote or very remote areas (Table 3). These data were based on area of usual residence and did not necessarily represent the areas where they acquired their infection or were tested or managed.

Table 3. Locally acquired confirmed cases of COVID-19, by remoteness area, reported by notification received date*

Data source: National Notifiable Diseases Surveillance System by notification received date, as at *02 March 2021*.

	Locally acquired#				Other	
	Major Cities	Inner Regional	Outer Regional	Remote & Very Remote	Interstate acquired	Unknown remoteness
Past week	3	0	0	0	0	0
Cumulative	20,841	946	229	17	60	238

*Note: there is a delay in newly confirmed cases being received by NNDSS, with the most recent day's data likely to be incomplete.
#Data excludes probable cases and confirmed cases where the infection was in an overseas resident, or acquired overseas. Locally acquired includes cases under investigation.

Severity

Hospitalisations

The number of hospitalised cases has *increased* this week (*20* cases) compared to the same time last week (12 cases). However, cases may be hospitalised for isolation purposes and may not reflect severity of illness. As at *03 March 2021*, *one* case was reported to be receiving care in ICU.

Other severity measures are reporting on a monthly basis, and are included in the routine epidemiology reports in Communicable Diseases Intelligence.

Deaths

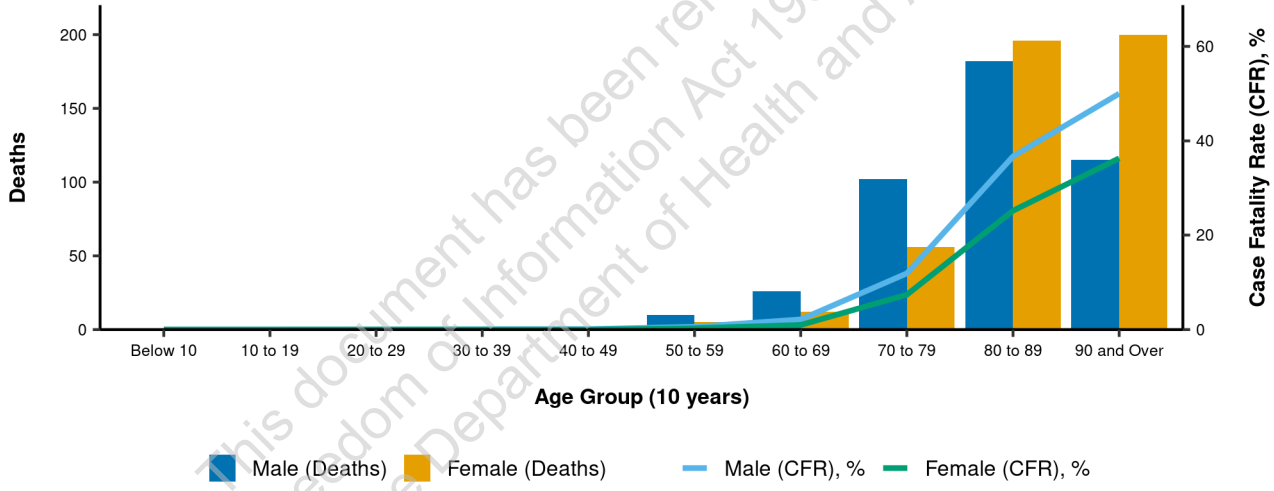
A total of 909 COVID-19 deaths have been reported across Australia since the beginning of the pandemic. All of these deaths were associated with COVID-19 as defined in the Series of National Guidelines (SoNG). The most recent death occurred on 21 December 2020 and was reported on 28 December 2020.

The median age of COVID-19 cases who died was 86 years (range 27 to 106 years, IQR: 80 to 91 years), with a relatively similar proportion among males and females (Figure 7).

Overall, the case fatality rate was relatively similar in males (3.1%) and females (3.2%), which was consistent with the crude case fatality ratio of 3.1%.

Figure 7. Number of deaths and case fatality rate, by age group and sex, Australia

Data source: National Notifiable Diseases Surveillance System, extracted *03 March 2021*.



Testing

As at *03 March 2021*, over *14,466,500* tests had been conducted across Australia since the beginning of the pandemic (Table 4 & Figure 8). Over the past week, there was an average of *39,400* tests conducted each day, which was a *decrease* of *21%* from the previous week where there was an average of *49,800* tests conducted each day. Decreased testing in most jurisdictions was associated with decreased numbers of locally acquired cases.

The percentage of positive tests in the past week remained at less than 0.1%. Jurisdictional testing rates are driven by current case numbers and the number of people experiencing symptoms.

Over the last week (ending *03 March 2021*) testing rates decreased in all jurisdictions. The highest testing rate per 1,000 population was in NT this reporting period.

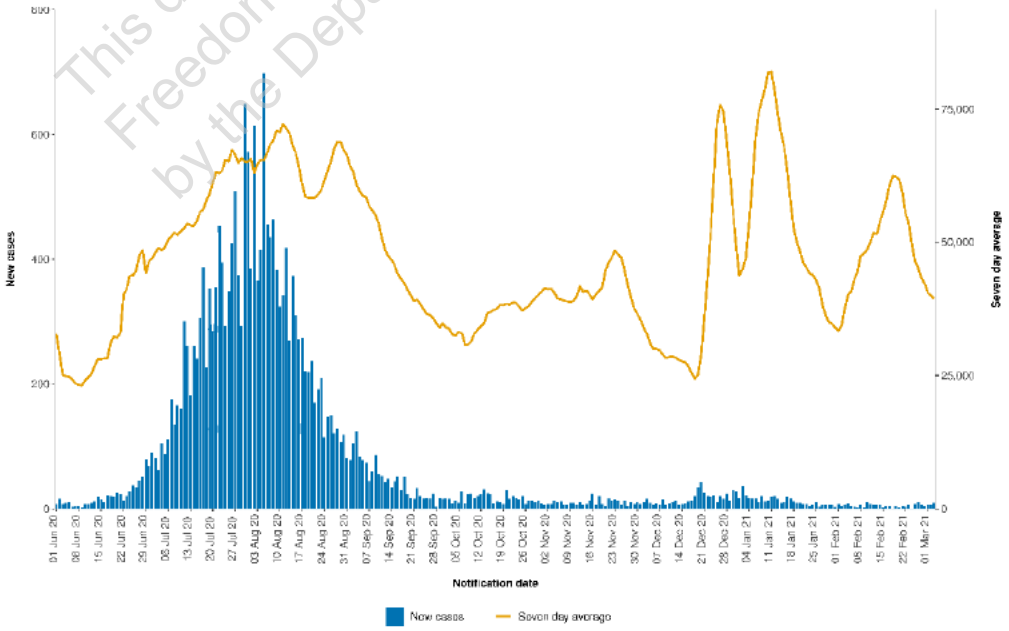
Table 4. Weekly COVID-19 PCR tests performed, by jurisdiction, Australia, as at *03 March 2021*

Data source: State and Territory daily reporting to the Department of Health.

Jurisdiction	Tests past week 18 –24 February			Tests current week 25 February–03 March			Cumulative tests to 03 March		
	n	Positivity (%)	Per 1,000 population	n	Positivity (%)	Per 1,000 population	n	Positivity (%)	Per 1,000 population
ACT	3,771	0.00	8.9	4,277	0.05	10.0	173,690	0.07	407.6
NSW	108,153	0.01	13.4	92,588	0.04	11.5	5,046,949	0.10	624.2
NT	6,356	0.02	25.8	6,042	0.02	24.6	127,131	0.08	516.6
Qld	48,556	0.01	9.5	43,866	0.03	8.6	1,970,686	0.07	387.0
SA	31,115	0.02	17.8	20,110	0.02	11.5	1,098,890	0.06	627.1
Tas	3,993	0.00	7.5	3,861	0.00	7.2	175,389	0.13	328.1
Vic	125,341	0.00	19.0	91,935	0.00	13.9	4,999,764	0.41	758.2
WA	21,017	0.01	8.0	13,303	0.01	5.1	874,087	0.10	333.4
Australia	**348,302**	**0.01**	**13.7**	**275,982**	**0.02**	**10.9**	**14,466,586**	**0.20**	**570.5**

Figure 8. Number of daily reported cases and 7 day average of tests conducted (since 01 June 2020), Australia

Data source: State and Territory daily reporting to the Department of Health as of *03 March 2021*.



International situation

Countries and Territories in the near region

- New Zealand (*2,028* cumulative cases, 26 deaths): last reported *03 March 2021*. In the past 7 days, *19* cases were reported, of which *4* were locally acquired. On *03 March 2021*, there were 62 active cases. The South Auckland cluster now totals *15* active cases across *4* separate households. The potential source of the transmission is still under investigation.
- Papua New Guinea (*1,365* cumulative cases, *14* deaths): last reported *02 March 2021*. Authorities reported *309* new cases and *4* new deaths in the last week.
- Timor-Leste (*113* cumulative cases, no deaths): last reported on *02 March 2021. Ten* new cases were reported in the past week.
- New Caledonia (*58* cumulative cases): last reported *02 March 2021.* Authorities are reporting *398* people are in hotel quarantine with no cases in ICU.
- Guam (*7,742* cases, *131* deaths): last reported *02 March 2021*. Authorities reported *15* new cases and *1* death in the last 7 days. There were *31* cases in active isolation. Guam had administered a total of *52,027* vaccinations, with *20,232* individuals fully immunised.
- French Polynesia (*18,429* cumulative cases, *140* deaths): last reported *02 March 2021*. Authorities reported *15* new cases in the last 24 hours, with *9* cases currently hospitalised and *2* in ICU. French Polynesia had administered *6,934* first doses of the vaccine and *3,615* individuals have had a second dose.
- Commonwealth of the Northern Mariana Islands (CNMI) (143 cumulative cases, 2 deaths): last reported *03 March 2021*. CNMI had administered *11,059* first doses of the vaccine and *7,827* individuals have had a second dose.
- Fiji (*59* cumulative cases, 2 deaths): last reported *01 March 2021*. As at *02 March 2021*, Fiji is currently reporting *317* days since their last case outside of a border quarantine facility and *4* days since their last border quarantine case. There are *3* active cases in the country.
- American Samoa, the Cook Islands, Kiribati, Nauru, Niue, Palau, Tonga and Tuvalu continue to report no confirmed cases to the WHO.

Global Update (data as at 28 February 2021)

Further information on the international situation is available in the WHO's Weekly Epidemiological Update.

For the first time in six weeks, the number of new COVID-19 cases increased this week by *7%*, with just over *2.6* million new cases reported. The increase in new cases may be due to continued spread of variants of concern and relaxation of social and public health measures. New deaths decreased by *6%* over the same period with *63,000* new deaths. Over *113* million cumulative cases and over *2.5* million cumulative deaths have been reported since the start of the pandemic. The regions of the Americas and Europe accounted for *82%* of new global cases and *87%* of new global deaths (Table 5 and Figure 9). The rate of new cases increased in all regions this week except for the *African* and *Western Pacific* regions where new cases this week decreased by *24% and 2% respectively*. The rate of new deaths decreased in all regions except the *Eastern Mediterranean (5% increase)*. Australia continues to report low numbers of cases when compared internationally (Figure 10).

Figure 9. Logarithmic curve of the 7 day rolling average number of new cases per 100,000 population after the first 100 cases of COVID-19 aggregated by region, as at *02 March 2021*

Data source: World Health Organization, extracted *03 March 2021*.

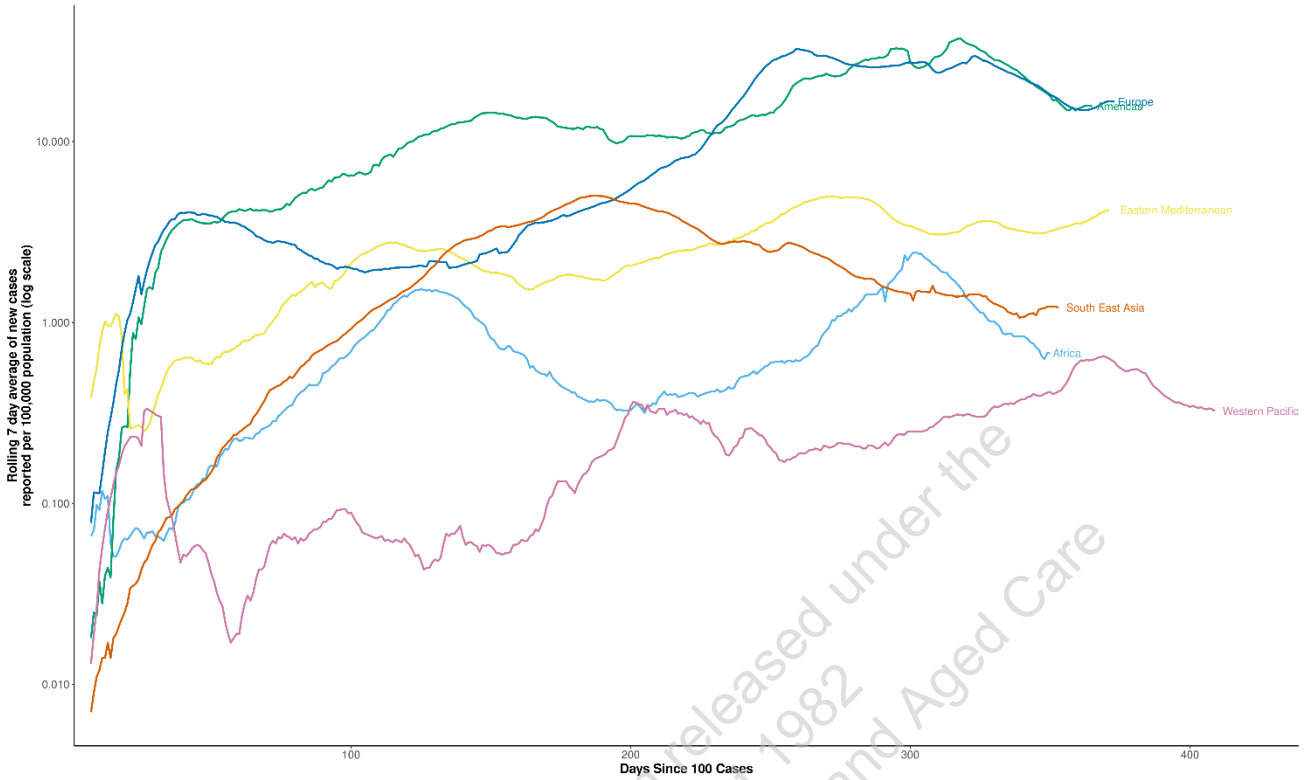


Figure 10. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for select countries, as at *02 March 2021*

Data source: World Health Organization, extracted *03 March 2021*.

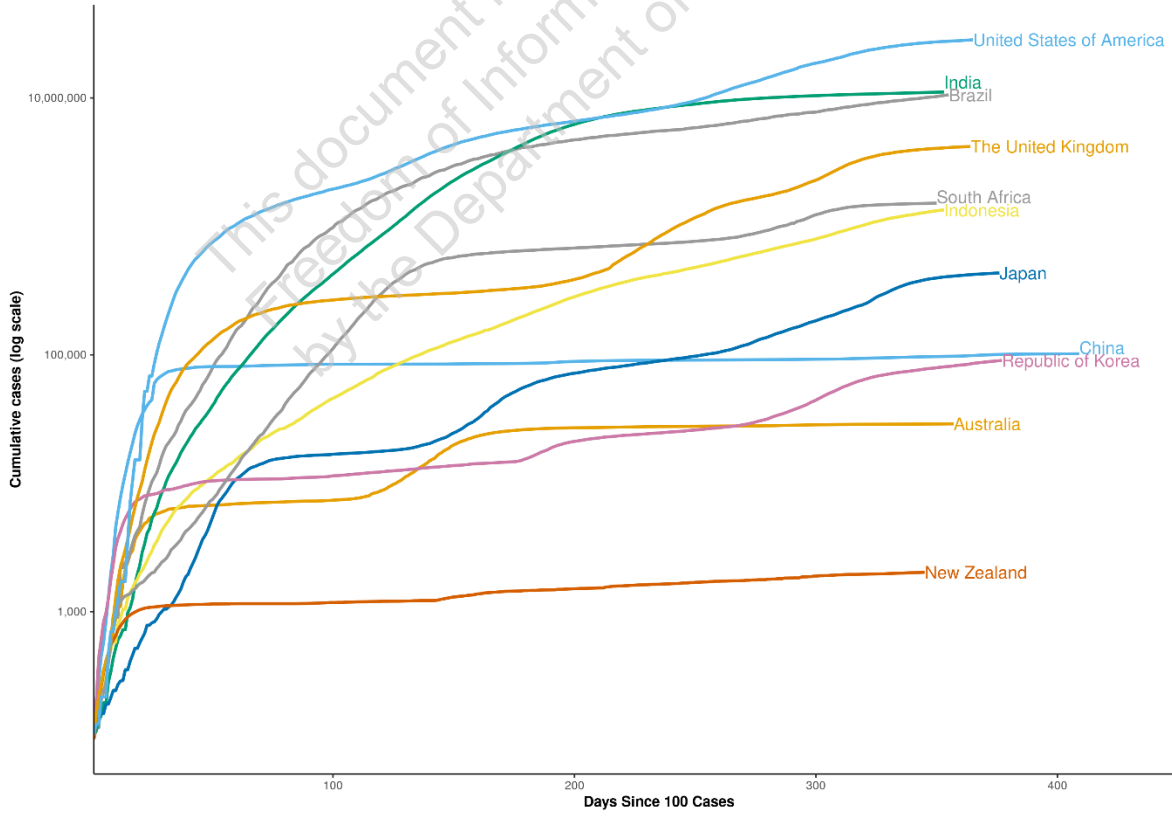


Table 5. Weekly WHO Dashboard data as at *02 March 2021*

Data source: World Health Organization, extracted *03 March 2021.*

WHO Region / Country	Weekly new cases		Weekly case % change	Cumulative cases		Cases per 100,000 pop	Cumulative deaths		Cumulative CFR
	N	%*		N	%*		N	%*	
Africa	**53,024**	**2.0**	**-12.5**	**2,818,827**	**2.5**	**253**	**71,949**	**2.8**	**2.6**
Algeria	1,161	2.2	-3.2	113,255	4.0	258	2,987	4.2	2.6
Nigeria	3,401	6.4	-40.2	156,017	5.5	76	1,915	2.7	1.2
South Africa	9,371	17.7	-19.8	1,513,959	53.7	2,553	50,077	69.6	3.3
Zimbabwe	253	0.5	-60.5	36,115	1.3	243	1,468	2.0	4.1
Americas	**1,121,609**	**41.9**	**1.8**	**50,709,269**	**44.4**	**4,959**	**1,212,859**	**47.8**	**2.4**
Brazil	383,085	34.2	14.8	10,551,259	20.8	4,964	254,942	21.0	2.4
Canada	20,851	1.9	5.0	866,503	1.7	2,299	21,994	1.8	2.5
Colombia	25,428	2.3	-18.6	2,251,690	4.4	4,425	59,766	4.9	2.7
United States of America	466,439	41.6	-4.9	28,294,809	55.8	8,525	509,645	42.0	1.8
Eastern Mediterranean	**213,461**	**8.0**	**13.7**	**6,449,232**	**5.7**	**889**	**145,271**	**5.7**	**2.3**
Iran (Islamic Republic of)	57,404	26.9	2.0	1,639,679	25.4	1,952	60,181	41.4	3.7
Pakistan	9,031	4.2	9.4	581,365	9.0	263	12,896	8.9	2.2
Saudi Arabia	2,367	1.1	3.5	377,700	5.9	1,085	6,500	4.5	1.7
United Arab Emirates	21,520	10.1	4.3	394,050	6.1	3,984	1,238	0.9	0.3
Europe	**1,076,350**	**40.2**	**8.0**	**38,931,803**	**34.1**	**4,203**	**867,279**	**34.2**	**2.2**
France	148,069	13.8	8.6	3,695,124	9.5	5,479	86,361	10.0	2.3
Germany	56,200	5.2	8.1	2,451,011	6.3	2,965	70,463	8.1	2.9
Ireland	4,530	0.4	-15.2	220,273	0.6	4,465	4,319	0.5	2.0
Russian Federation	79,062	7.3	-12.0	4,268,215	11.0	2,959	86,896	10.0	2.0
The United Kingdom	55,859	5.2	-28.7	4,182,013	10.7	6,221	122,953	14.2	2.9
South East Asia	**169,042**	**6.3**	**2.4**	**13,559,358**	**11.9**	**679**	**208,588**	**8.2**	**1.5**
Bangladesh	3,084	1.8	15.1	546,801	4.0	332	8,416	4.0	1.5
India	108,093	63.9	19.1	11,124,527	82.0	806	157,248	75.4	1.4
Indonesia	52,481	31.0	-19.1	1,341,314	9.9	490	36,325	17.4	2.7
Nepal	660	0.4	-7.8	274,216	2.0	941	2,777	1.3	1.0
Western Pacific	**42,793**	**1.6**	**-4.9**	**1,631,837**	**1.4**	**86**	**29,133**	**1.1**	**1.8**
Japan	7,048	16.5	-18.9	433,504	26.6	345	7,933	27.2	1.8
Malaysia	16,819	39.3	-12.9	302,580	18.5	935	1,135	3.9	0.4
Papua New Guinea	288	0.7	136.1	1,365	0.1	15	14	0.0	1.0
Philippines	14,925	34.9	18.5	578,381	35.4	528	12,322	42.3	2.1
Singapore	69	0.2	-1.4	59,948	3.7	1,039	29	0.1	0.0

*For proportions: Figures against the WHO Region name represent the regional proportion of the global total, while proportions against specific countries represent the proportion of the country's total within the region.

~~COMMITTEE IN CONFIDENCE~~

Australian Government
Department of Health

Australian Health Protection Principal Committee

AHPPC statement on continuous learning in managed quarantine for international arrivals

Managed quarantine for international arrivals to Australia - including hotel quarantine and other highly controlled settings - is Australia's first line of defense against COVID-19 and continues to play a vital role in Australia's public health response. Our rigorous quarantine system has allowed Australia to succeed in implementing a suppression strategy, with a goal of no community transmission.

The Australian Health Protection Principal Committee (AHPPC) continues to consider current managed quarantine arrangements. The goal of managed quarantine is to prevent transmission of COVID-19 and protect the Australian community. In line with AHPPC's National Hotel Quarantine Principles, AHPPC has considered options for continuous quality improvement processes to strengthen and optimise Australia's managed quarantine program. AHPPC has been guided by the expert advice of the Communicable Diseases Network Australia (CDNA), the Public Health Laboratory Network (PHLN) and the Infection Control Expert Group (ICEG).

Framework supporting continuous improvement in managed quarantine

AHPPC considered processes for quality assurance, review and continuous improvement in managed quarantine. AHPPC recommended that:

- Checks, audits and reviews are to focus on assuring compliance and on identifying aspects of the system that could be managed by the modification of existing controls or by the application of additional controls.
    - Risk mitigation strategies and resourcing decisions are to be informed by the recognised hierarchy of controls within managed quarantine settings to prevent and reduce transmission of COVID-19.
    - The hierarchy of controls is a way to mitigate the risk of hazards. It takes a holistic approach to eliminating, substituting or implementing measures to control risk. For example, Personal Protective Equipment (PPE) is a control aimed at protecting workers from transmission.
- States and territories will regularly review their managed quarantine programs to identify and address areas for improvement as they arise.
- Jurisdictions should develop assurance processes for managed quarantine programs to inform and refine processes and support continuous improvement.
    - Programs should consider the inclusion of routine regular monitoring and compliance, reviews following transmission events and a more formal independent review process on at least a quarterly basis.
    - Assurance processes will take into account differences between jurisdictional guidance and operations.
- State and territories implement formal auditing, conducted by an independent body, in line with state and territory requirements.
    - This independent body may be jurisdictionally based or work across jurisdictions, and methodology and outcomes will be shared between jurisdictions, where relevant.

~~COMMITTEE IN CONFIDENCE~~

    - Jurisdictions may also consider peer reviewing managed quarantine programs, from time to time. This may form part of a formal auditing process.
- Managed quarantine programs encourage an environment of constant vigilance, reinforcement of best practice, and high levels of support for quarantine workers to raise concerns and issues within their employment setting through a culture of speaking up for safety.
- The results of audits, evaluations and reviews be shared with all states and territories to facilitate learning and the continuing development and implementation of best practice.
    - A new community of practice will be established to facilitate this shared exchange of learnings and best practice.
    - This community of practice will be open to all agencies involved in the quarantine process, noting that health authorities do not hold primary responsibility for managed quarantine in all jurisdictions.
    - The community of practice will foster the sharing of learnings, audit and review methodology and outcomes.
    - Establishment of a national register of formal audits and reviews into managed quarantine.

AHPPC will continue to consider lessons learned in managed quarantine settings and will discuss on a weekly basis. This will include considering the results of audits and any future reviews into managed quarantine. Regular routine consideration is designed to support a process of continuous improvement. Future guidance regarding managed quarantine will consider the outcomes of reviews, audits and evaluations to optimise national arrangements.

<u>Priorities for continuous improvement</u>

Given the emergence of COVID-19 variants of concern and acknowledging recent incursions linked to managed quarantine, AHPPC has highlighted the importance of continuing to evaluate new research and evidence to optimise managed quarantine arrangements. AHPPC has identified and is progressing work in the following priority areas:

- Application of a systems based approach to risk assessment and management, to manage the risk of transmission in managed quarantine facilities.
- Symptom screening and testing of individuals (if symptomatic) following the quarantine period.
- Airflow and ventilation in managed quarantine (e.g. aerosol transmission and airflow studies) and what this may mean for resident cohorting and infection prevention and control (IPC), including the appropriate use and standards for personal protective equipment (PPE).
- Alternative testing approaches, to exploit the benefits of frequent testing, e.g. optimising saliva as a specimen for RT-PCR testing.
- Assurance mechanisms to identify upstream sources following incursions within hotel quarantine.
- Impact of COVID-19 vaccines on policies governing the management and safety of quarantine residents and workers and programs, including policies for industry managed quarantine programs.
- Ongoing review and analysis of emerging issues including variants of concern.

AHPPC has requested the assistance of expert committees including ICEG, CDNA, PHLN and the National COVID-19 Health and Research Advisory Committee (NCHRAC) to consider these matters. AHPPC will continuously evaluate emerging evidence and apply findings and lessons learned to managed quarantine policies.

These matters, and emerging priorities, will be considered during AHPPC's weekly discussion on managed quarantine. AHPPC's priorities will evolve in line with the findings of audits and reviews, in order to best support continuous quarantine improvement processes.

<ITEM_NUMBER>

Australian, State and Territory Governments

National Cabinet Paper

Title	Managed Quarantine Continuous Improvement Framework
Sponsoring Minister(s)	Professor Paul Kelly, Chief Medical Officer

Summary

Proposed Action

National Cabinet is asked to note the Australian Health Protection Principal Committee (AHPPC) statement on its continuous improvement framework for managed quarantine for international arrivals. In line with the priorities outlined in this statement, National Cabinet is asked to note progress towards strengthening end-to-end managed quarantine arrangements.

Key reasons

As outlined within the statement, AHPPC has developed a framework to support continuous improvement in managed quarantine arrangements and has highlighted current priorities. This work will strengthen Australia's end-to-end quarantine arrangements.

Key risks and sensitivities

There has been significant media attention regarding a nationally consistent approach to managed (including hotel) quarantine. This framework builds on robust processes to date and, acknowledges and accommodates for jurisdictional differences in managed quarantine arrangements, without detailing national guidance,

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1 Proposed Actions

I recommend the National Cabinet:

1. Note and agree to publish the Australian Health Protection Principal Committee (AHPPC) statement on continuous learning in managed quarantine for international arrivals (see Attachment A1).
2. Note recent work undertaken by the AHPPC in line with the priorities for continuous improvement, including requesting expert sub-committees to consider recent research and evidence.
3. Note the AHPPC has committed to discussing continuous improvement in quarantine on a weekly basis, including the findings of relevant audits, reviews and evaluations.

2 Detail of Proposal

Current managed quarantine arrangements

2.1 Since 28 March 2020, Australia has implemented mandatory 14-day managed quarantine (hotel or equivalent facility) for all returning international travellers. This requirement has been central to Australia's ability to limit importation and transmission of COVID-19 into the community.

2.2 The managed quarantine model has undergone several major reviews including the Halton Review, and there has been an emphasis on strengthening end-to-end protocols to minimise the risk of incursion.

2.3 On 24 December 2021, AHPPC published 'Australia's National Quarantine Principles'. Principle 11 states 'hotel quarantine programs should apply an assurance process, with regular audits against standards or quarantine, a regular review of controls and their effectiveness and application of a continuous quality improvement process'.

2.4 Given the emergence of SARS-CoV-2 Variants of Concern, and incursions linked to managed quarantine settings, National Cabinet requested AHPPC consider options for continuously improving end-to-end quarantine arrangements.

Framework supporting continuous improvement in managed quarantine

2.5 AHPPC considered options for continuous quality improvement processes to strengthen and optimise Australia's managed quarantine program. These considerations were guided by the expert advice, where relevant, of the Communicable Diseases Network Australia (CDNA), the Public Health Laboratory Network (PHLN) and the Infection Control Expert Group (ICEG).

2.6 AHPPC considered processes for quality assurance, review and continuous improvement in managed quarantine. AHPPC outlined a framework to support continuous improvement in managed quarantine (see attachment A1).

2.7 This framework includes recommendations for:

2.7.1. Regularly reviewing managed quarantine programs through both monitoring and formal auditing.

2.7.2. Reinforcing best practice and vigilance among workers, including a culture of speaking up for safety, in line with the recognised hierarchy of controls.

The hierarchy of controls is a way to mitigate the risk of hazards. It takes a holistic approach to eliminating, substituting or implementing measures to control risk.

2.7.3. Establishing a national quarantine community of practice to facilitate sharing of lessons learned and best practice approaches.

2.8 AHPPC committed to discussing continuous improvement in managed quarantine on a weekly basis, including the results of audits, reviews and evaluations.

Priorities for continuous improvement in managed quarantine

2.9 AHPPC identified current priorities for continuous improvement (see attachment A1). AHPPC has commenced work to consider these matters and has requested the assistance of ICEG, CDNA, PHLN and the National COVID-19 Health and Research Advisory Committee (NCHRAC).

2.10 To date, progress by AHPPC and expert sub-committees towards the priorities includes:

2.10.1. CDNA and AHPPC have considered symptom screening and testing of individuals (if symptomatic) following the quarantine period. AHPPC will discuss and evaluate the results of a trial once available, and consider expansion.

2.10.2. NCHRAC have considered current research and evidence on airflow and ventilation in managed quarantine.

2.10.3. ICEG have considered minimum requirements for personal protective equipment (PPE) in managed quarantine.

2.11 These matters and emerging priorities will be considered during AHPPC's weekly discussion on managed quarantine.

COVID-19 vaccination rollout and managed quarantine

2.12 On 22 February 2021, Australia commenced the COVID-19 vaccine implementation Phase 1a. Quarantine workers are included in Phase 1a and are currently being vaccinated.

2.13 The vaccination of quarantine workers further strengthens Australia's end-to-end managed quarantine arrangements. It is unclear what effect vaccination will have on transmission of COVID-19.

2.14 AHPPC has identified the impact of COVID-19 vaccines on policies governing the management and safety of quarantine workers and programs as a priority for continuous improvement. AHPPC will continue to monitor evidence as it emerges.

3 Risks and sensitivities

Risk of importation and seeding into the community

3.1 The global epidemiological situation, with the emergence of variants of concern, and the increasing number of returning international travellers, increases the risk of transmission in managed quarantine.

3.2 The continuous improvement framework is designed to identify weaknesses and strengthen end-to-end managed quarantine arrangements. Given the heightened risk, incursions may still occur. It is important that National Cabinet is aware of this ongoing risk, to assist public messaging. The framework outlines actions for review following a transmission event.

Public perception of the lack of nationally consistent guidance

3.3 Recently, there has been significant media attention regarding differences in quarantine arrangements between jurisdictions, including the use of PPE.

3.4 States and territories manage their public health response to COVID-19. This includes managing quarantine protocols and processes that are tailored and adapted to each jurisdiction's public health and epidemiological situation. Due to the differences between jurisdictional arrangements, it is not considered practical to have comprehensive national guidance for managed quarantine.

3.5 AHPPC, CDNA, ICEG and PHLN provide national guidance regarding minimum standards for managed quarantine, such as testing requirements, quarantine duration, and guidance on the hierarchy of controls. States and territories are responsible for ensuring compliance with these requirements.

4 Impacts

Jurisdictional managed quarantine program workload

4.1 The framework may require additional assurance processes and reviews beyond those currently implemented by jurisdictions, such as quarterly formal auditing by an independent body. This may increase the burden of operating managed quarantine programs.

4.2 The framework recommends information sharing between states and territories. This involves creating a national quarantine community of practice including all relevant agencies involved in quarantine. This may also increase the burden of work for managed quarantine workers.

Jurisdictional managed quarantine program processes and protocols

4.3 The framework aims to enable AHPPC to consider lessons learned in managed quarantine on a weekly basis to support a process of continuous improvement. It is intended that national guidance will be continuously developed and updated based on the outcomes of reviews, audits and evaluations. This will require jurisdictions to regularly update their quarantine arrangements in line with nationally agreed guidance.

5 Consultation

5.1 The AHPPC statement (see attachment A1), including the framework and current priorities for continuous improvement, has been considered by all jurisdictions through their Chief Health Officers (as members of AHPPC).

5.2 The approach was discussed with the First Deputies Group.

Attachments

Attachments

A1: AHPPC statement on continuous learning in managed quarantine for international arrivals

Australian Government
Department of Health
National Incident Room

Novel Coronavirus (COVID-19)

Epidemiology update as at 1500h, 01 April to 07 April 2021

Data presented in this report are based on data reported from jurisdictional daily updates or data extracted from the National Notifiable Diseases Surveillance System (NNDSS). Due to the dynamic nature of epidemiological data, data in this report rely on a mix of sources, each of which are subject to retrospective revision and may vary from data reported in published NNDSS or jurisdictional reports.

Snapshot

Of interest this week ending 07 April 2021:

- There were three locally acquired cases this week, two in Queensland and one in New South Wales. All cases were associated with a known close contact or a cluster.
- Queensland reported the highest number of cases of all jurisdictions, with 41% of all cases (28/69; Table 1).
- At the end of this reporting period, two cases were in ICU care, one each in Queensland and South Australia

Comparing this week to last week (Data source: Jurisdictional reporting to NIR)	This week ending 7 April 2021	Last week ending 31 March 2021*
Total new cases	69	79
Locally acquired*	3 (4%)	14 (18%)
Overseas acquired	66 (96%)	65 (82%)
Deaths	0	0
Tests	340,398	317,642

Comparing this year to the pandemic as a whole (Data source: NNDSS, using notification received date)	This year overall from 1 Jan to today 7 April 2021	Cumulative to today 7 April 2021
Total new cases	861	29,263
Locally acquired*	123 (14%)	22,386 (76%)
Overseas acquired	738 (86%)	6,877 (24%)
Deaths	0	909 (Crude CFR: 3%)

* Includes cases that are under investigation

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Australian situation summary

Cases this week

The number of cases reported in the past week is lower than last week. A total of 69 cases were reported over the last 7 days (an average of 10 cases per day), compared to 79 cases in the previous week. The majority of cases reported in the last 7 days were in Qld (41%; 28/69 of all cases), followed by NSW (36%; 25/69). The ACT, Tas and Victoria were the only jurisdictions to report no cases this week, while other jurisdictions (excluding Qld and NSW) reported only overseas cases. At the time of this report there were 151 active cases in Australia.

Table 1. Newly confirmed cases and deaths reported to NNDSS in the past week, as at 07 April 2021*

Data source: Jurisdictional reporting to NIR, as at 07 April 2021.

	Australia	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
Past 7 days									
Total new cases	**69**	**0**	**25**	**4**	**28**	**3**	**0**	**0**	**9**
Overseas acquired	66 (96%)	0	24 (96%)	4 (100%)	26 (93%)	3 (100%)	0	0	9 (100%)
Locally acquired – contact known	3 (4%)	0	1 (4%)	0	2 (7%)	0	0	0	0
Locally acquired – contact unknown	0	0	0	0	0	0	0	0	0
Under investigation	0	0	0	0	0	0	0	0	0
Deaths	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

* These data are presented as initially reported by states and territories. Due to the dynamic nature of surveillance data, our daily reports are subject to retrospective revision.

Cumulatively

As at 1500h on 07 April 2021, states and territories had reported a total of 29,379[a] cases of COVID-19 in Australia to the NIR, including 909 deaths.

According to NNDSS, Vic has reported the highest number of cases of all jurisdictions, with 70% (20,486/29,263[α]) of all cases and 95% (19,412/20,485) of these locally acquired (Table 2).

Table 2. Confirmed cases and deaths reported to NNDSS since 13 January 2020, as at 7 April 2021*

Data source National Notifiable Diseases Surveillance System using notification received date, extracted 7 April 2021.

	Australia	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
Cumulative cases									
Total cases	**29,263[α]**	**123**	**5,270**	**112**	**1,458**	**630**	**234**	**20,486**	**950**
Overseas acquired	6,877	94	3,091	108	1,133	443	85	1,074	849
Locally acquired – contact known	17,945	25	1,640	2	259	163	141	15,649	66
Locally acquired – contact unknown	4,275	1	450	0	44	9	5	3,752	14
Interstate acquired	160	3	89	2	20	14	3	10	19
Under investigation	4	0	0	0	1	1	0	1	1
Source of acquisition missing	2	0	0	0	1	0	0	0	1
Deaths	**909**	**3**	**54**	**0**	**6**	**4**	**13**	**820**	**9**

*Note: there is a delay in newly confirmed cases being received by NNDSS, with data from recent days likely to be incomplete. Currently, several cases reported in the NNDSS have a source of acquisition noted as 'under investigation'. These cases may be categorised as overseas or locally acquired in the jurisdictional reporting data in Table 1.

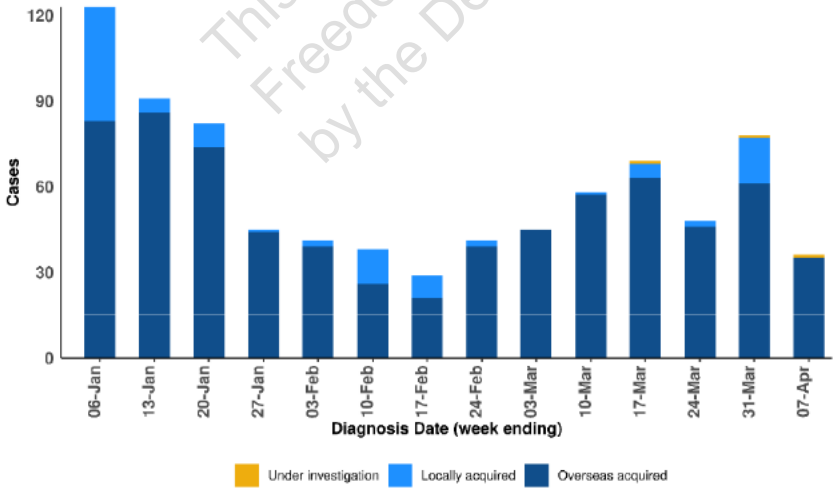
α The overall number of cases in Australia will differ depending on the data source used.

Source of acquisition

As shown in Table 1, the majority of cases this week (96%; 66/69) have acquired their infection overseas. Based on NNDSS data using the date a notification was received, 85% (738/861) of cases this year have been overseas acquired and 14% (119/861) have been locally acquired. Three cases remain under investigation and one case does not have a source of acquisition noted in NNDSS for this year to date.

Figure 1. COVID-19 cases by source of acquisition and diagnosis date* 01 January to 7 April 2021

Data source: National Notifiable Diseases Surveillance System, extracted 7 April 2021.



*Note: there is a delay in newly confirmed cases being received by NNDSS, with the most recent day's data likely to be incomplete. Currently, several cases reported in the NNDSS have a source of acquisition noted as 'under investigation'. These cases may be categorised as overseas or locally acquired in the jurisdictional reporting data in Table 1.

Locally acquired cases

Summary of daily jurisdictional reporting of cases this week:

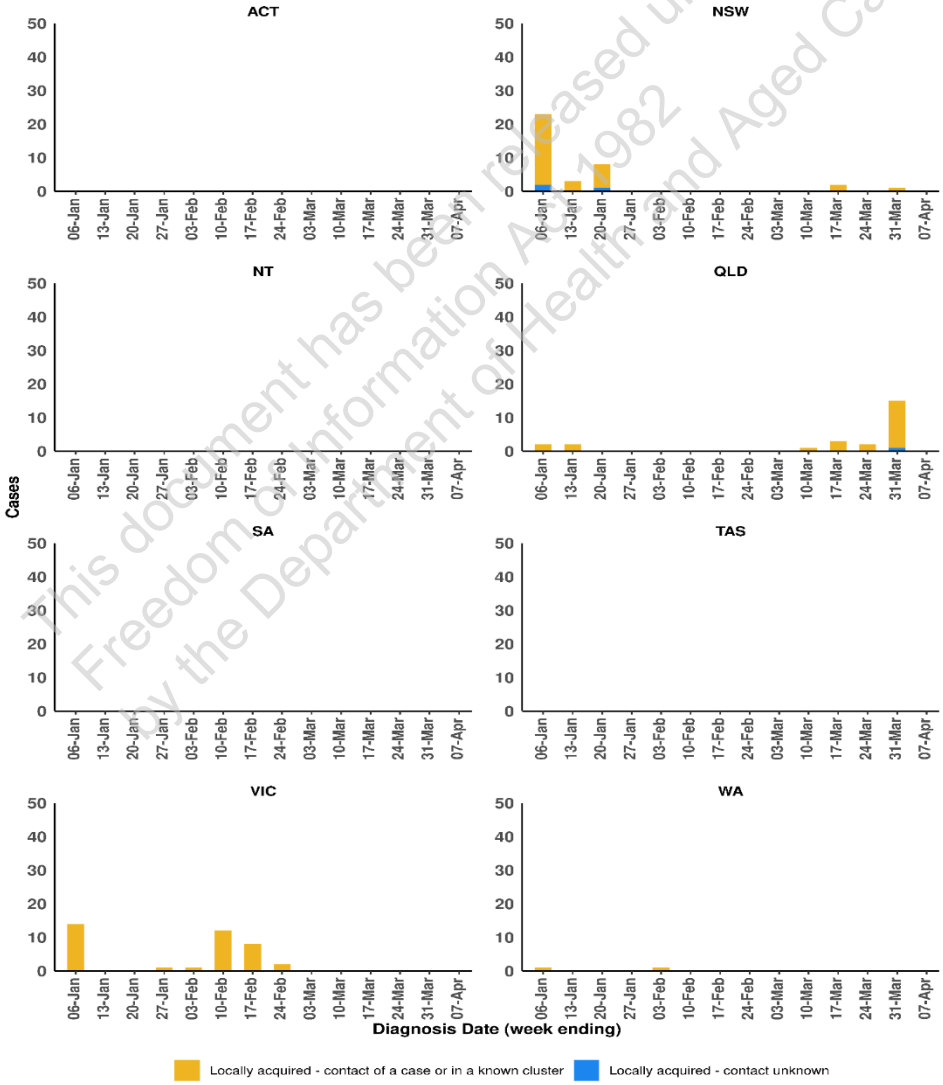
This week there have been three locally acquired cases, two in Qld and one in NSW. The contact or cluster source was known for all three locally acquired cases (Table 1).

Compared to NNDSS reporting this year:

For this year to date, 92% (110/119) of locally acquired cases notified to the NNDSS have a known contact source or are part of a known cluster and 8% (9/119) have an unknown contact source. The last locally acquired case notified to the NNDSS was on 2 April 2021.

Figure 2. Locally acquired cases this year by contact known and unknown by jurisdiction, using diagnosis date 01 January 2021 to 7 March 2021

Data source: National Notifiable Diseases Surveillance System, extracted 7 April 2021, differences may be due to use of diagnosis date.



Clusters and high risk settings

There were no new clusters or high risk settings identified in this reporting period. Locally acquired cases were associated with known clusters and settings in Queensland and New South Wales.

For a detailed description of the history of active clusters and high risk settings, please refer to the Daily Situation Report.

Overseas acquired cases

Overseas acquired cases over the past week

Summary of daily jurisdictional reporting of cases this week:

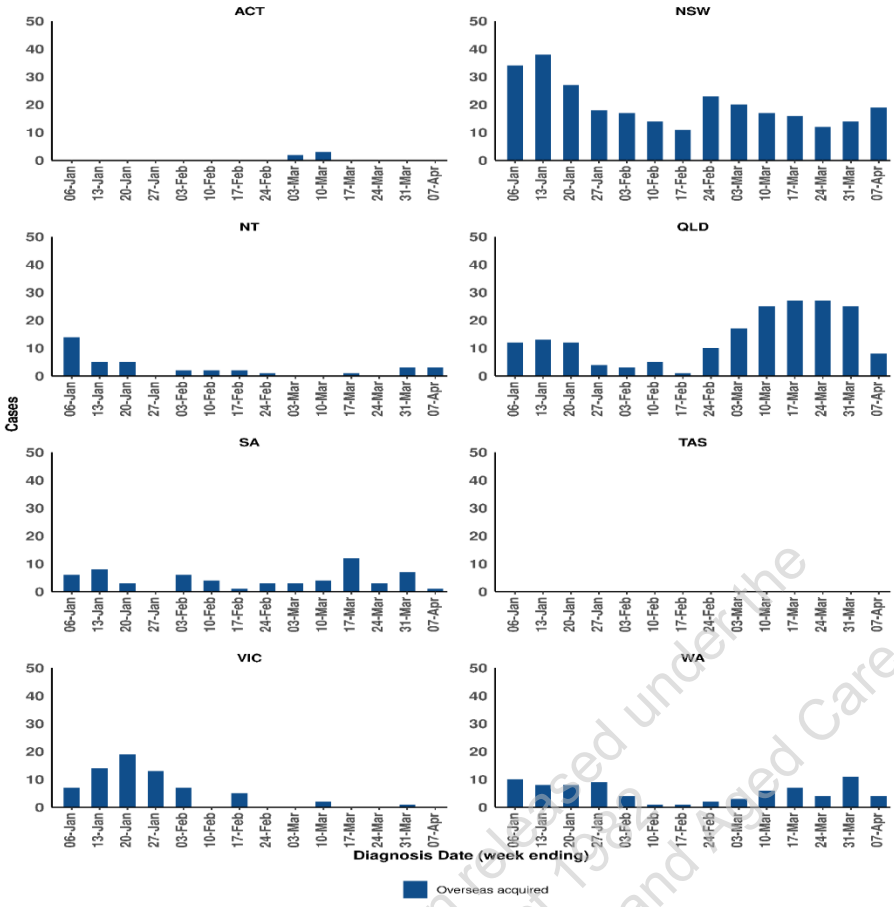
Of 66 overseas acquired cases reported this week, the majority came from Qld (39%; 26/66), followed by NSW (32%; 21/66). NT (6%; 4/66), SA (5%; 3/66) and WA (14%; 9/66) also reported overseas-acquired cases, while the ACT, Vic and Tas did not report any overseas acquired cases this week (Table 1).

Compared to NNDSS reporting this year:

Of 861 overseas acquired cases reported to the NNDSS this year, the majority were reported by NSW (40%; 345/861), followed by Qld (25%; 217/861), Vic (13% 112/861) and then WA (10%; 85/861) (Table 2).

Figure 3. Overseas acquired cases by jurisdiction, using diagnosis date 01 January 2021 to 7 April 2021

Data source: National Notifiable Diseases Surveillance System, extracted 7 April 2021, differences may be due to use of diagnosis date.



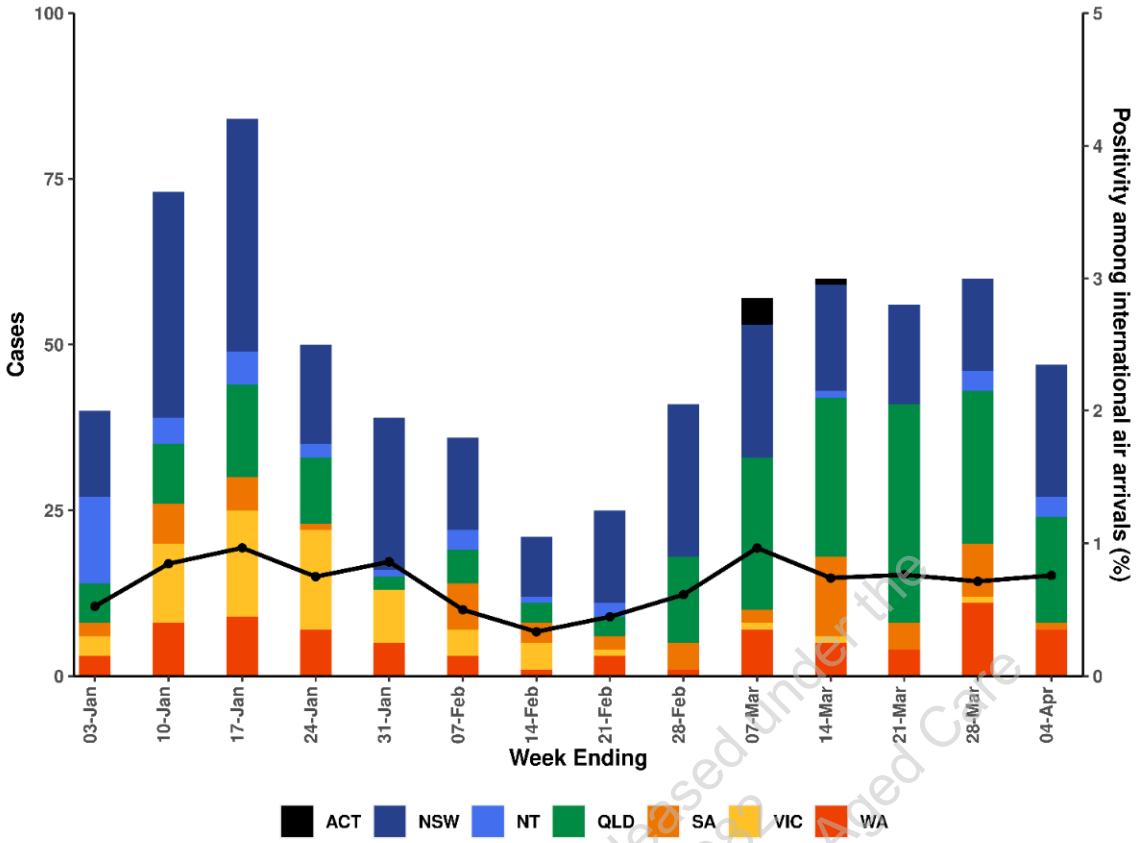
Estimated cases among air arrivals

Over the past 14 days, the number of international air arrivals per week has decreased, with an average of 7,300 arrivals compared to an average of 7,700 arrivals in the previous 14 days. The number of overseas acquired cases over the last 14 days has also decreased, with an average of 51 cases per week, compared to 64 cases per week in the previous 14 days (Figure 4). The percentage of positive cases has remained stable at 0.7% over the last 14 days, compared with 0.8% positivity in the previous 14 days.

Generally, the number of cases correlates with the number of weekly arrivals by air, the prevalence of COVID-19 in the country the person is arriving from and any quarantine arrangements prior to departure. There may also be a delay between the date a case arrived and the date they tested positive. Recent trends should also be interpreted with caution as there may be a lag in both case notifications and air arrival data.

Figure 4. Weekly number of overseas acquired cases (excluding cases acquired at sea) by state and the weekly number of international arrivals by air (excluding crew) for the period 03 January to 07 April 2021

Data source: National Notifiable Diseases Surveillance System, extracted 07 April 2021, and Australian Border Force arrivals data.



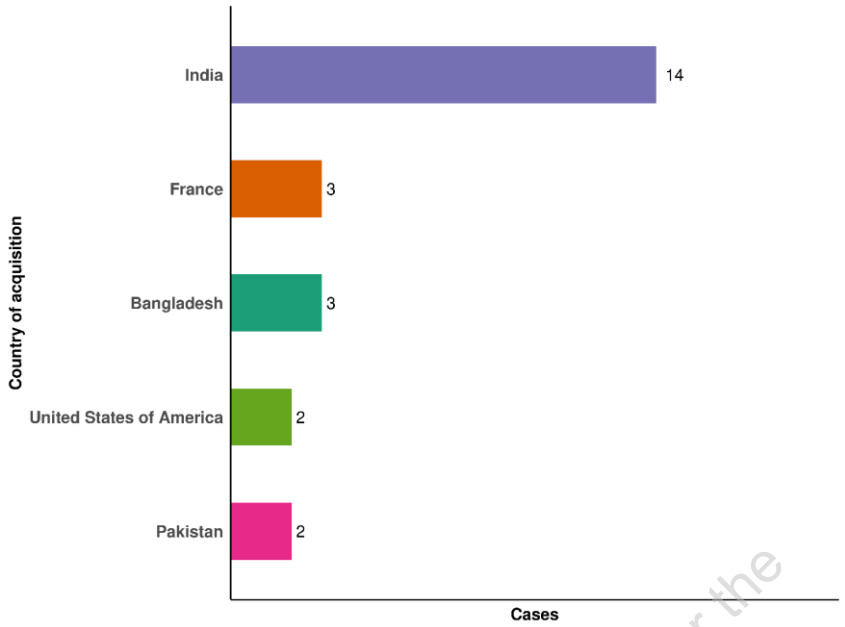
Note: the estimate of overseas acquired cases excludes cases with a place of infection reported as 'at sea' and the estimate of international arrivals by air excludes crew.

Country of acquisition

In the past 7 days (01 – 07 April 2021), approximately 9% (3/35) of confirmed overseas acquired cases reported to the NNDSS did not have a specific country of acquisition identified. Of those that did identify a country of acquisition, recent arrivals from India contributed 44% (14/32).

Figure 5. Number of overseas acquired cases by top countries of acquisition, 01 to 07 March 2021

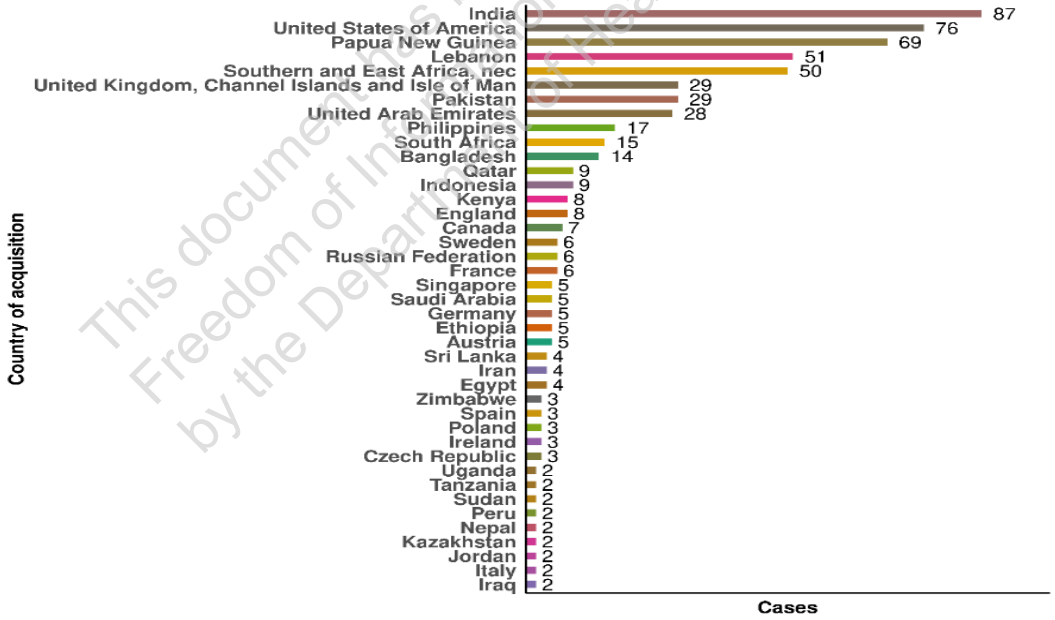
Data source: National Notifiable Diseases Surveillance System, extracted 07 March 2021.



In comparison, in this year to date (01 January – 07 April *2021*), approximately 11% (79/700) of confirmed overseas acquired cases reported to the NNDSS did not have a specific country of acquisition identified. Of those that did identify a country of acquisition, arrivals from India contributed 14% (87/621) of overseas cases while arrivals from the United States of America contributed approximately 12% (76/621) and those from Papua New Guinea contributed approximately 11% (69/621).

Figure 6. Number of overseas acquired cases by top countries of acquisition, 01 January to 07 April *2021*

Data source: National Notifiable Diseases Surveillance System, extracted 07 April 2021.



Virology (AusTrakka)

Since June 2020, AusTrakka has been receiving SARS-Cov-2 sequences from contributing laboratories in all jurisdictions across Australia. From December 2020, there has been a particular interest in surveillance of the three specific Variants of Concern (VOC) in the Australian population: B.1.1.7, B.1.351 and P.1. From 30 March 2021, Lineages of Interest P.2, P.3 and B.1.466.2 have been included in monitoring activities. Notably, B.1.466.2 appears to be the dominant lineage in returned travellers from Papua New Guinea at the moment; however, the biological significance of the lineage is still unclear.

Below is a summary of the latest data from AusTrakka, reporting on the number of samples identified as VOCs or Lineages of Interest in Australia to date.

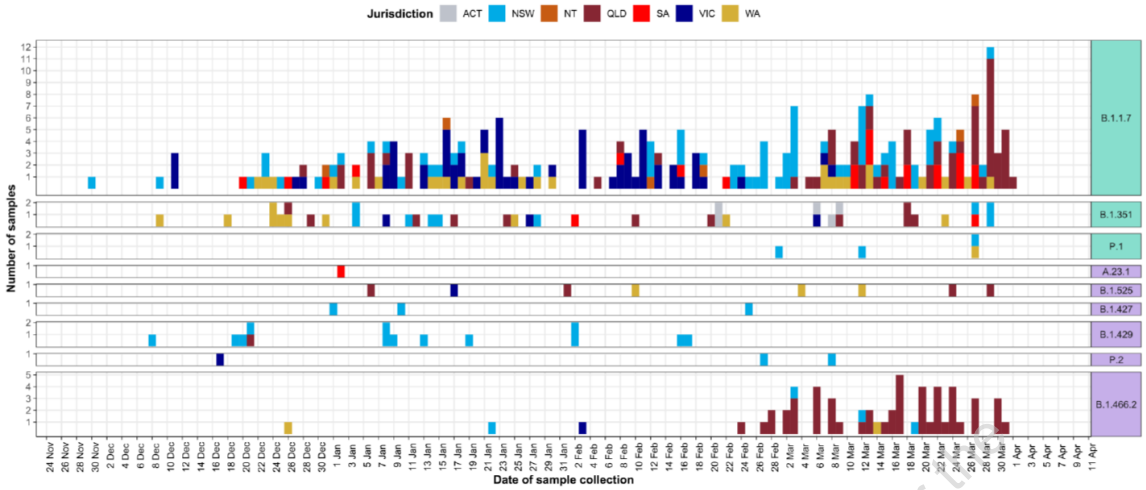
Table 3. Number of samples identified as Variants of Concern and Lineages of Interest in the Australian population, 1 December 2020 to 5 April 2021

Data source: AusTrakka Phylogenetic Analysis Report SARS-CoV-2: Variant strains – Update 29, as at 5 April 2021

Variants of Concern	Number of samples identified
B.1.1.7	258
B.1.351	40
P.1	4
Lineages of Interest	**Number of samples identified**
B.1.525	8
A.23.1	1
B.1.427 and B.1.429	17
P.2	3
P.3	0
B.1.466.2	57

Figure 7. Samples identified as Variants of Concern (teal) and Variant under Investigation (purple), by state and collection date, 24 November 2020 to 5 April 2021

Data source: AusTrakka Phylogenetic Analysis Report SARS-CoV-2: Variant strains – Update 29, as at 5 April 2021



Descriptive epidemiology

This section describes the epidemiology of COVID-19 in Australia. For more detailed information see the routine epidemiology reports in Communicable Diseases Intelligence.

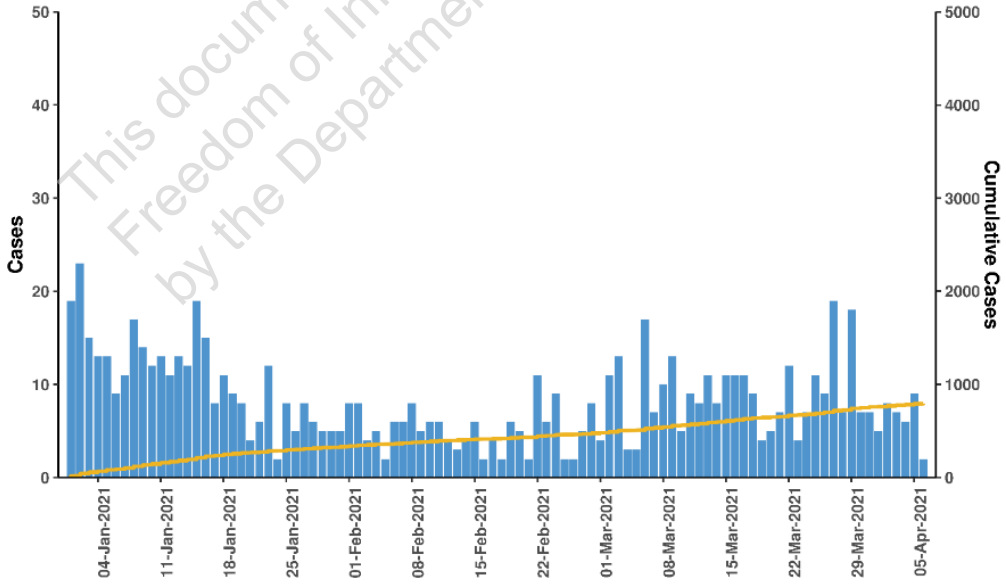
Cases to date

This year

Focusing on this year only, case numbers have remained low at less than 25 cases per day (Figure 8).

Figure 8. Number of new and cumulative confirmed cases in the year 2021, by diagnosis date*

Data source: National Notifiable Diseases Surveillance System, extracted 07 April 2021



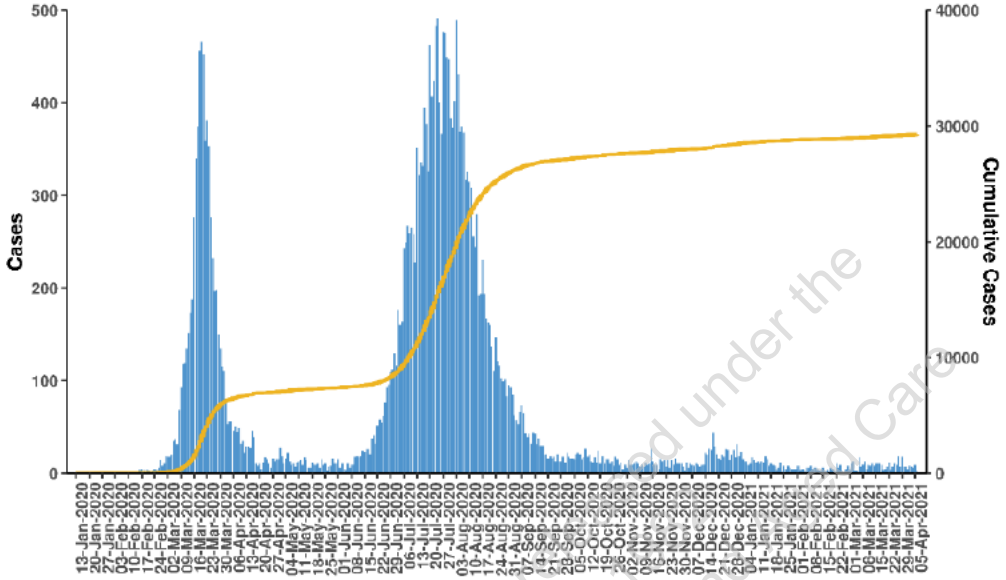
*Note: there is a delay in newly confirmed cases being received by NNDSS, with the most recent day's data likely to be incomplete.

Cumulative cases

Over the course of the epidemic in Australia, there have been two distinct peaks in March and July 2020. From early August 2020, the number of reported cases began to decline. Since late-September 2020 a low number of new cases have been reported each day (Figure 9).

Figure 9. Number of new and cumulative confirmed cases since the beginning of the epidemic in Australia, by diagnosis date

Data source: National Notifiable Diseases Surveillance System, extracted 07 April 2021



Age of cases

The median age of overseas acquired cases has remained similar this week to the rest of 2021, driven by the profile of returned international travellers. The median age of locally acquired cases for the year 2021 suggests that older aged members of the community have been less at risk this year so far.

Table 4. Median age of cases, including interquartile range and overall range, comparing this week, year-to-date and overall among locally and overseas acquired cases, as at 7 April 2021

Data source: National Notifiable Diseases Surveillance System, extracted 7 April 2021

	Locally acquired cases			Overseas acquired cases		
	Median	Interquartile range	Range	Median	Interquartile range	Range
This week	NA∞	NA∞	NA∞	33	27 to 38	1 to 73
This year	33	24 to 45	1 to 71	34	26 to 45	0 to 86
Cumulative	35	24 to 54	0 to 106	42	28 to 60	0 to 97

∞ Only one of the locally acquired cases reported to the NIR this week has a notification received date in the NNDSS

Aboriginal and Torres Strait Islander cases

As at 7 April 2021, 0.5% of all confirmed cases in Australia, since the beginning of the epidemic. There were no deaths associated with COVID-19 in Aboriginal and Torres Strait Islander people.

Severity

Hospitalisations and cases in ICU

According to jurisdictional daily reporting to the NIR, the number of hospitalised cases is higher this week (82 cases) compared to the same time last week (76 cases). It should be noted that cases may be hospitalised for isolation purposes and may not reflect severity of illness.

Table 5 Hospitalisations and cases in ICU, as at 7 April 2021

Data source: Jurisdictional reporting to the NIR on a daily basis, NNDSS, extracted 7 April 2021

	Australia	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
Today 07 April 2021									
Cases in hospital	**82**	**0**	**2**	**6**	**73**	**1**	**0**	**0**	**0**
Of which in ICU	2	0	0	0	1	1	0	0	0
Deaths	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Cumulative									
Total deaths	**909**	**3**	**54**	**0**	**6**	**4**	**13**	**820**	**9**

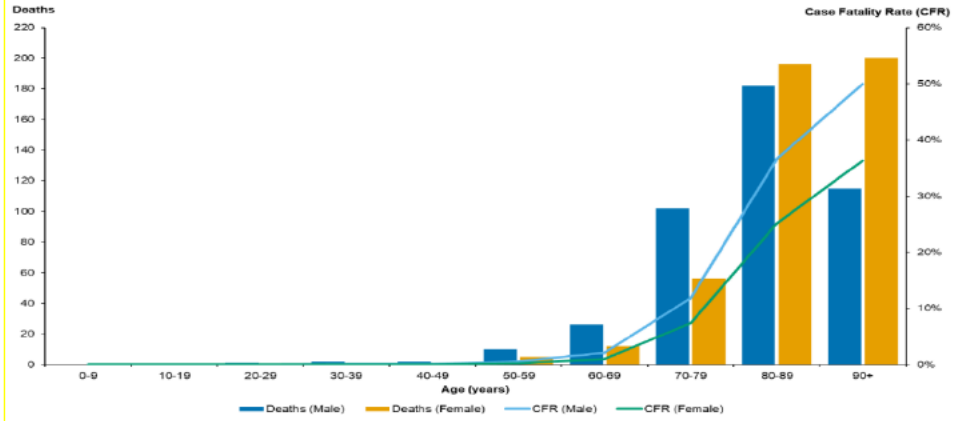
Other severity measures are reported on a monthly basis, and are included in the routine epidemiology reports in Communicable Diseases Intelligence.

Deaths

A total of 909 COVID-19 deaths have been reported across Australia since the beginning of the pandemic. All of these deaths were associated with COVID-19 as defined in the Series of National Guidelines (SoNG). The most recent death occurred on 21 December 2020 and was reported on 28 December 2020. The median age of COVID-19 cases who died was 86 years (range 27 to 106 years, IQR: 80 to 91 years), with a relatively similar proportion among males and females (Figure 10). Overall, the case fatality rate was relatively similar in males (3.1%) and females (3.2%), which was consistent with the crude case fatality ratio of 3.1%.

Figure 10. Number of deaths and case fatality rate, by age group and sex, Australia

Data source: National Notifiable Diseases Surveillance System, extracted 07 April 2021.



International situation

Countries and Territories in the near region

Globally, new COVID-19 cases rose for a sixth consecutive week with over 4 million new cases reported in the past week. New deaths increased for the third consecutive week with over 77,000 new deaths reported.

In Australia's near region, the WHO regions of South East Asia and Western Pacific reported almost 700,000 new cases and over 5,000 new deaths in the past week.

Of interest this week:

Papua New Guinea (7,038 cumulative cases, 61 deaths): last reported 4 April 2021. Authorities reported 1,833 new cases and 16 new deaths in the last week, which is a minor decrease from the previous week [1]. Twenty of the 22 provinces continue to report positive cases, with the National Capital District the most affected with 2,998 confirmed cases and 49 deaths reported. Vaccination of frontline healthcare workers commenced in late March 2021, with a further 684,000 doses expected to be received from the COVAX initiative during 2021[2].

Timor-Leste (714 cumulative cases, no deaths): last reported 6 April 2021. The World Health Organization noted 234 new cases in the past week, a 45.7% increase in cases in the past week[3]. Timor-Leste has experienced extensive flooding from Tropical Cyclone Seroja in the past week which has caused deaths and disrupted the lockdown imposed on the capital Dili, with residents moving to crowded designated evacuation centres with limited social distancing capability. The national public health laboratory was also temporarily affected by flooding[3]. COVID-19 vaccination will commence on 8 April 2021, with more than 100,000 additional doses expected from the COVAX initiative throughout 2021[2].

Indonesia (1,527,524 cumulative cases, 41,242 deaths): last reported 6 April 2021. The World Health Organization noted 35,522 new cases and 878 new deaths in the last 7 days, which is a slight increase from the week prior[4]. Indonesia has also experienced catastrophic flooding and landslides due to Tropical Cyclone Seroja over the past week, which may disrupt COVID-19 response measures similarly to the situation in Timor-Leste[3]. Over 9 million people have received their first COVID-19 vaccine[5], with more than 13 million additional doses expected through COVAX throughout 2021[2].

1 Data source: Papua New Guinea Joint Agency Taskforce: National Control Centre for COVID-19 – accessed 7 April 2021. Available from: https://covid19.info.gov.pg/index.php/2021/04/04/181-new-covid-19-cases-recorded-pngs-total-at-7038/

2 Data source: Global Alliance for Vaccines and Immunization (GAVI) – accessed 7 April 2021. Available from: https://www.gavi.org/sites/default/files/covid/covax/COVAX-Interim-Distribution-Forecast.pdf

3 Data source: ABC News – accessed 7 April 2021. Available from: https://www.abc.net.au/radio-australia/programs/pacificbeat/timor-flooding-covid/13290124

4 Data source: World Health Organization – accessed 7 April 2021. Available from: https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---6-april-2021

5 Data source: Ministry of Health Indonesia – Accessed 7 April 2021. Available from: https://www.kemkes.go.id/article/view/21030300004/Situasi-Vaksinasi-COVID-19.html

Further information on the international situation is available in the WHO's Weekly Epidemiological Update and Coronavirus (COVID-19) Dashboard.

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Australian Government
Department of Health

Chief Medical Officer

CMO National Cabinet Update – 9 April 2020

Update on COVID-19 Epidemiology

National Situation

- As at midday 7 April, only 928 cases have been reported in Australia in 2021, predominantly in hotel quarantine (86%). It has been 4 days since the last locally-acquired case was reported.
- 82 cases are currently hospitalised, with 2 cases in ICU. Of these, 25 are cases acquired in PNG and currently located in Queensland, where all COVID-19 cases are hospitalised.
- The first death in 2021 from COVID-19 occurred in Queensland on Tuesday, in a PNG/UK dual national who had been brought to Australia from PNG in late March for treatment.

International Situation

- In 2021, over 49 million cases and over 1 million deaths have been recorded worldwide.
    - New COVID-19 cases have risen for a sixth consecutive week, with over 4 million new cases reported in the last week, and over 500,000 cases reported in the past 24 hours, including 7,400 deaths.
- The largest increases in case incidence in the past week were observed in the South-East Asia and the Western Pacific regions.
    - In the past 24 hours, India has recorded 100,000 new cases and has experienced a steep increase in cases since mid-March.
- All regions, except for the African Region, reported increases in the number of deaths over the past week, with the largest increase of 46% from the South-East Asia Region.

Papua New Guinea

- As of 6 April 2021, 7,406 cases and 67 deaths have been reported, including 368 cases and four deaths in the past 24 hours.
    - 21 of 22 provinces have now been affected.
- Preparations are underway to deploy 17 members of the AUSMAT Bravo team from Darwin on 9 April 2021. Three AUSMAT Bravo team members are already in-country as part of the forward assessment team.
- A delivery of 132,000 AstraZeneca (AZ) vaccine doses is expected through the COVAX facility on 13 April.
    - 8,480 AZ vaccines have been deployed to PNG from Australia's stocks. The Government is continuing to negotiate with the EU for provision of further Australian-contracted AZ vaccine.
    - Over 97,000 gowns, 51,000 goggles and over 100,000 pairs of gloves have also been deployed to PNG since the beginning of their outbreak.

~~CABINET IN CONFIDENCE~~

- DFAT is consulting with PNG central and local authorities on a plan to vaccinate the PNG Treaty Villages, focusing on health workers in Mabaduan and Daru General Hospital (approx. 1,300-1,500 workers) in the first instance.
- Post has advised a number of provinces are reporting shortages of GeneXpert testing cartridges due to low national stock. The 3,000 Australian donated cartridges are helping fill a critical gap.
    - DFAT is progressing a larger procurement of 40,000 cartridges with delivery of the first 20,000 expected during the week beginning of 12 April 2021.

Timor-Leste

- As of 6 April 2021, 472 cases have been reported, including 123 in the past five days and the first reported death.
    - There was no government report on Sunday following the weekend flood event.
    - The Australian Government funded Vera Cruz isolation centre was flooded and is out of commission – temporarily reducing Timor-Leste's isolation capacity for critical to severe cases.
- On 6 April the AHPPC endorsed a small AUSMAT forward support team to assist Timor-Leste with their response to COVID-19 and the recent floods.
    - The Department of Health is currently waiting on a formal request from the Timor-Leste Government (via DFAT) before deploying the team.
- The first allocation of COVAX vaccines (24,000 doses) arrived at Dili international airport yesterday and have been safely transported to the National Medical Store.
- An increase in the number of individuals seeking to leave Dili could further spread COVID-19 to the municipalities, while displaced households due to the floods currently sheltering at evacuation centres (up to 10,000 people across at least 12 sites) will likely accelerate the spread in Dili.

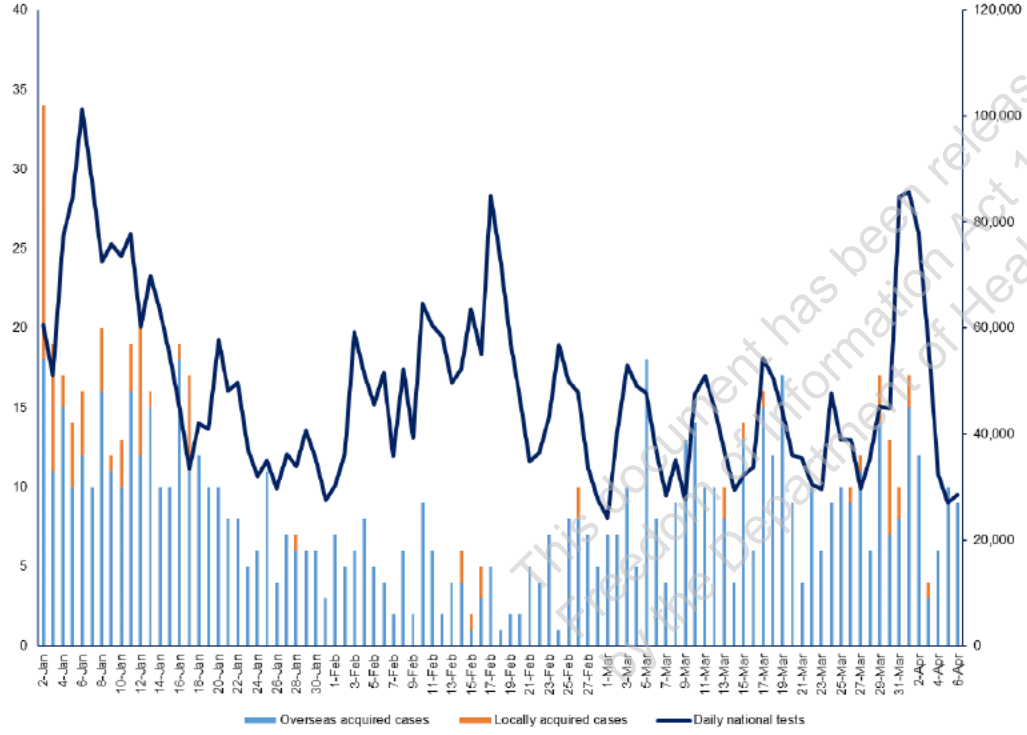
COVID-19 epidemiology update

National Cabinet - 9 April 2021

Australian, State and Territory Governments

Confirmed cases and testing, 2021

Source: Jurisdictional reporting as at 06 April 2021



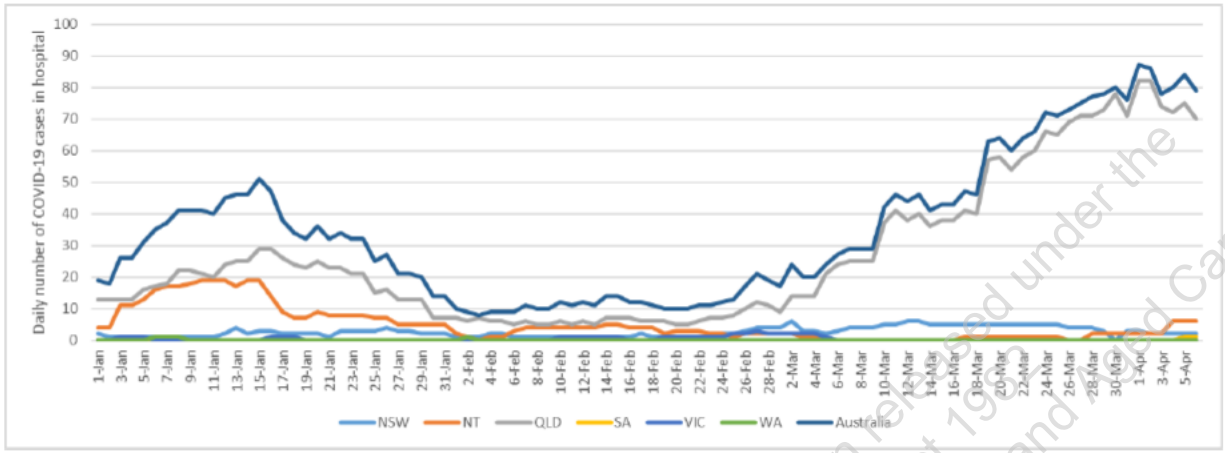
Where we are now:

As at 1200hrs, **08 April 2021**:

- A total of **29,385 cases**, including **909 deaths** have been reported since January 2020.
- Since the beginning of 2021:
  - **932 cases** and **no deaths** have been reported.
  - **86% of cases** overseas acquired.
  - **59% of days** in 2021 with no locally acquired cases.
- Over the past week, there were **69 cases**. Of these, **96% (66 cases) were overseas acquired**.
- There are currently **151 active cases**.
- There is currently **one** person in ICU.

Australian, State and Territory Governments

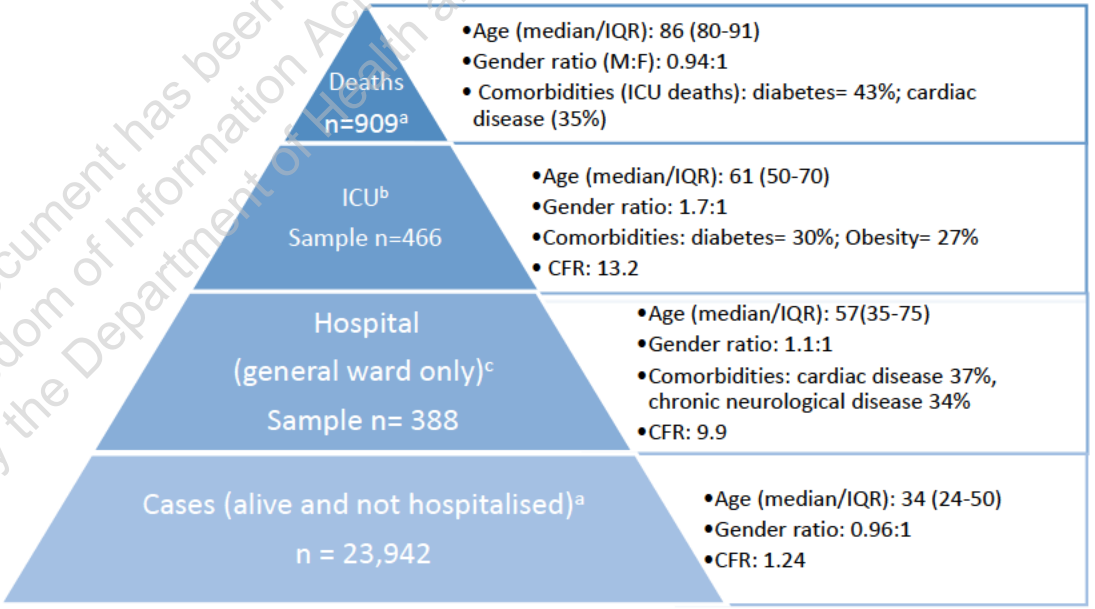
Hospital occupancy trends



Daily number of hospitalised COVID-19 cases by jurisdiction, year to date (06 April, 2021)

Disease severity trends

- Males more likely admitted to hospital and particularly ICU.
- Median age increases with disease severity.
- Case fatality rate increases with each decade of life.
- Comorbidities - risk factors for severe disease and death include hypertension, obesity and diabetes.



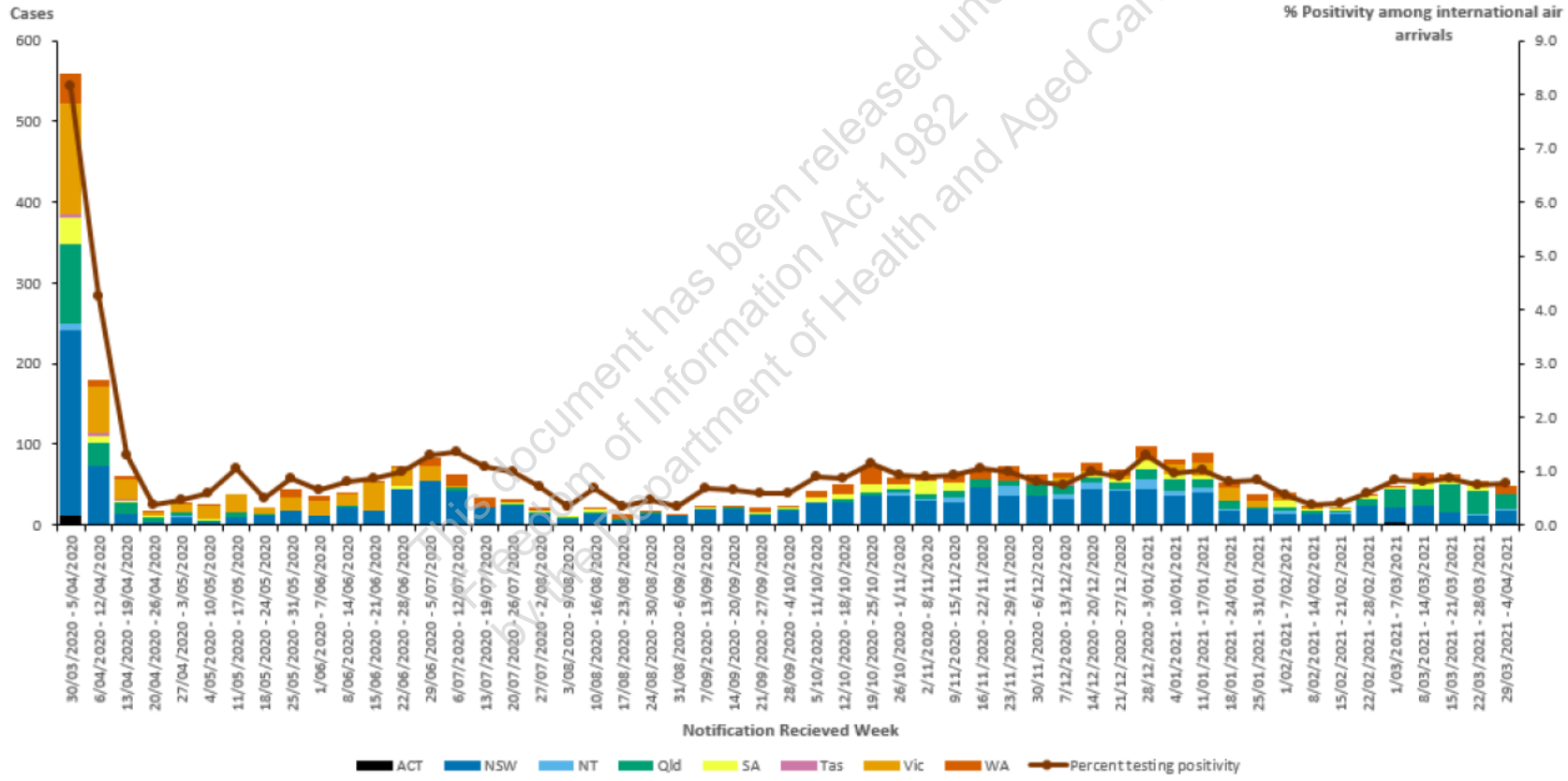
a Source: National Notifiable Diseases Surveillance System (NNDSS) – data to 6 April, 2021
b Source: SPRINT-SARI – data to 25 October, 2020
c Source: FluCAN – data to 14 March, 2020

Australian, State and Territory Governments

Overseas-acquired cases by state and positivity among air arrivals

30 March 2020 to 04 April 2021

Source: NNDSS and ABF, as at 06 April 2021

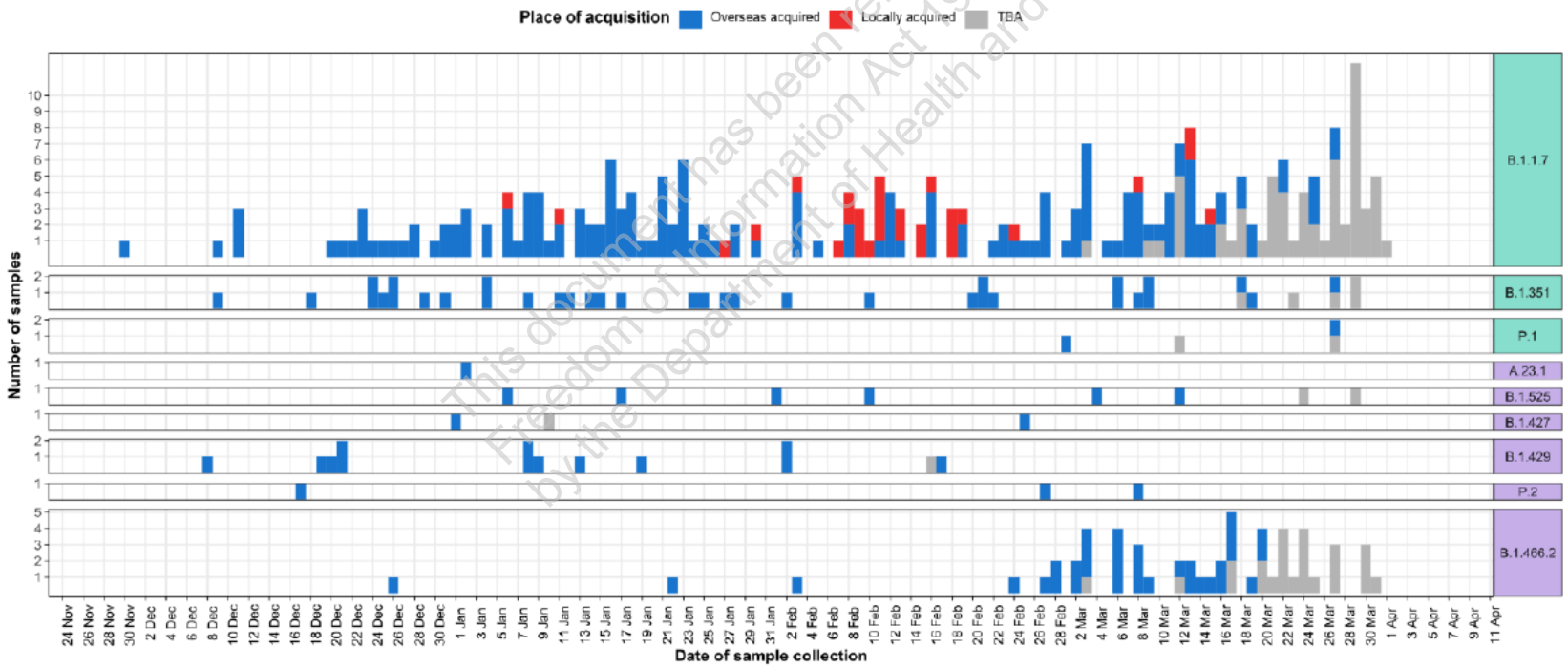


Australian, State and Territory Governments

COVID-19 Variants of Concern and Lineages of Interest

Place of acquisition for samples identified as Variants of Concern (teal) or Variants under Investigation (purple) by lineage and collection date

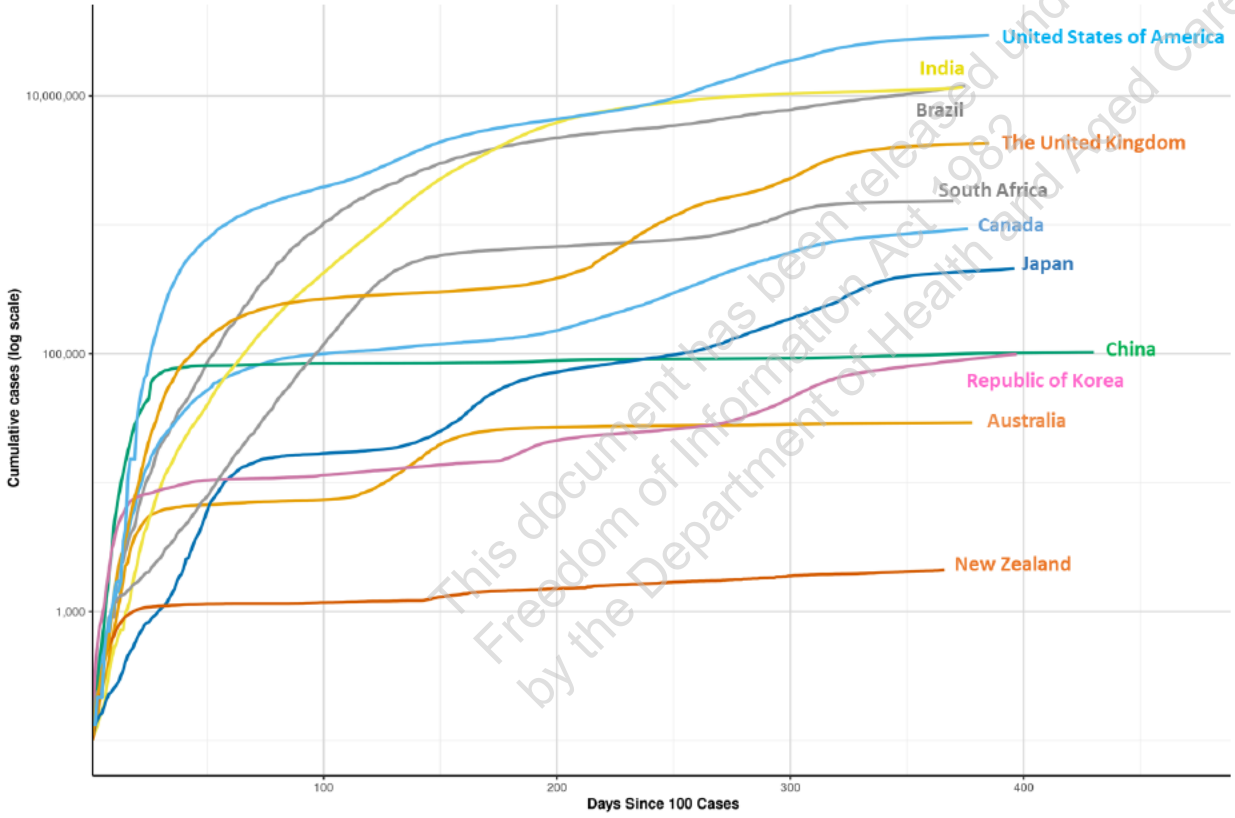
Source: Prepared by the AusTrakka National Analysis Team on behalf of the Communicable Diseases Genomics Network. Based on data available in AusTrakka 05 April 2021.



Australian, State and Territory Governments

Global – Logarithmic epidemic curve of confirmed cases after the first 100 cases of COVID-19 for various countries

Source: WHO Coronavirus 2019 Dashboard, as at 08 April 2021



As at 1200hrs, 08 April 2021:

Over **132 million** cases globally, including over **2.8 million** deaths, have been reported.

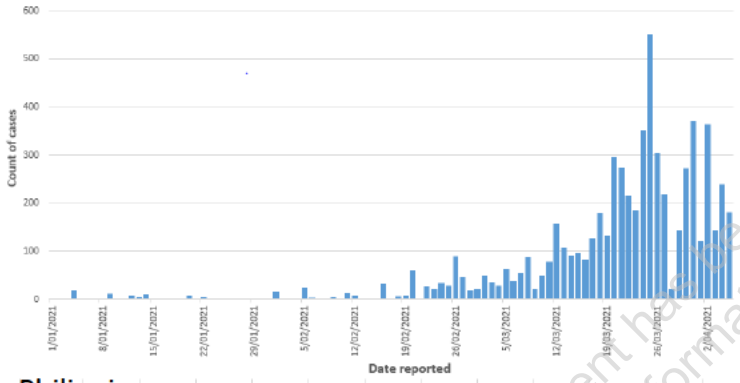
Since **the beginning of 2021**, over **50.3 million cases globally**, including over **1 million deaths**, have been reported.

Australian, State and Territory Governments

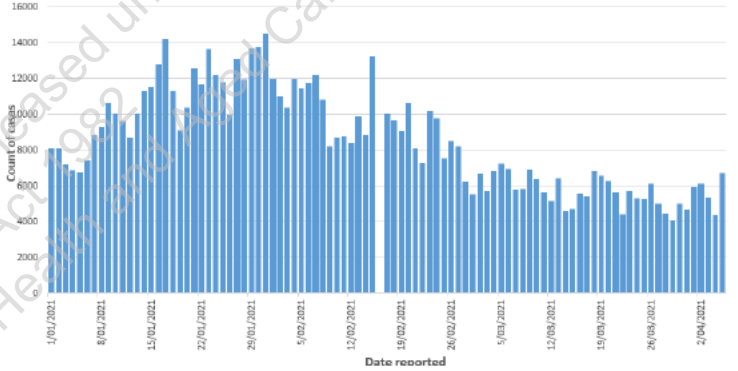
Epidemic curves of countries in the region 01 January to 05 April 2021

Source: World Health Organization, extracted 06 April 2021

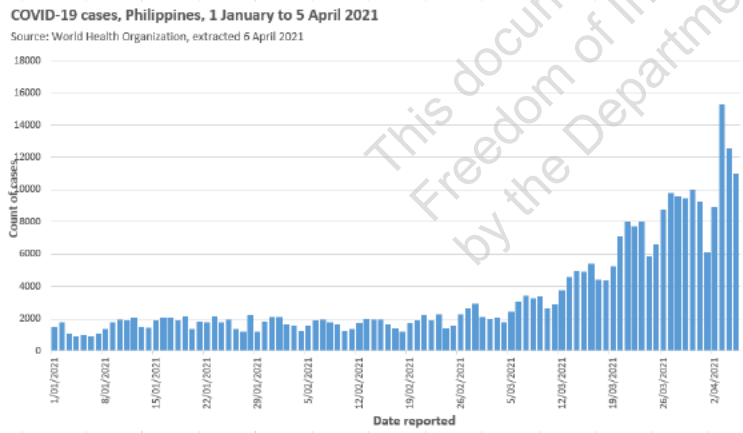
Papua New Guinea



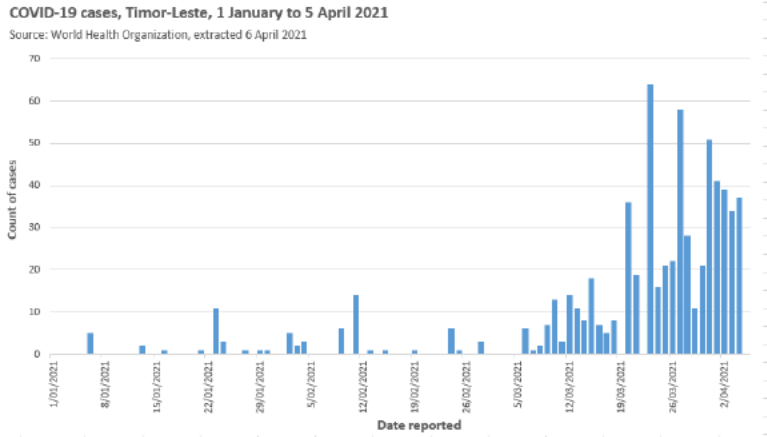
Indonesia



Philippines

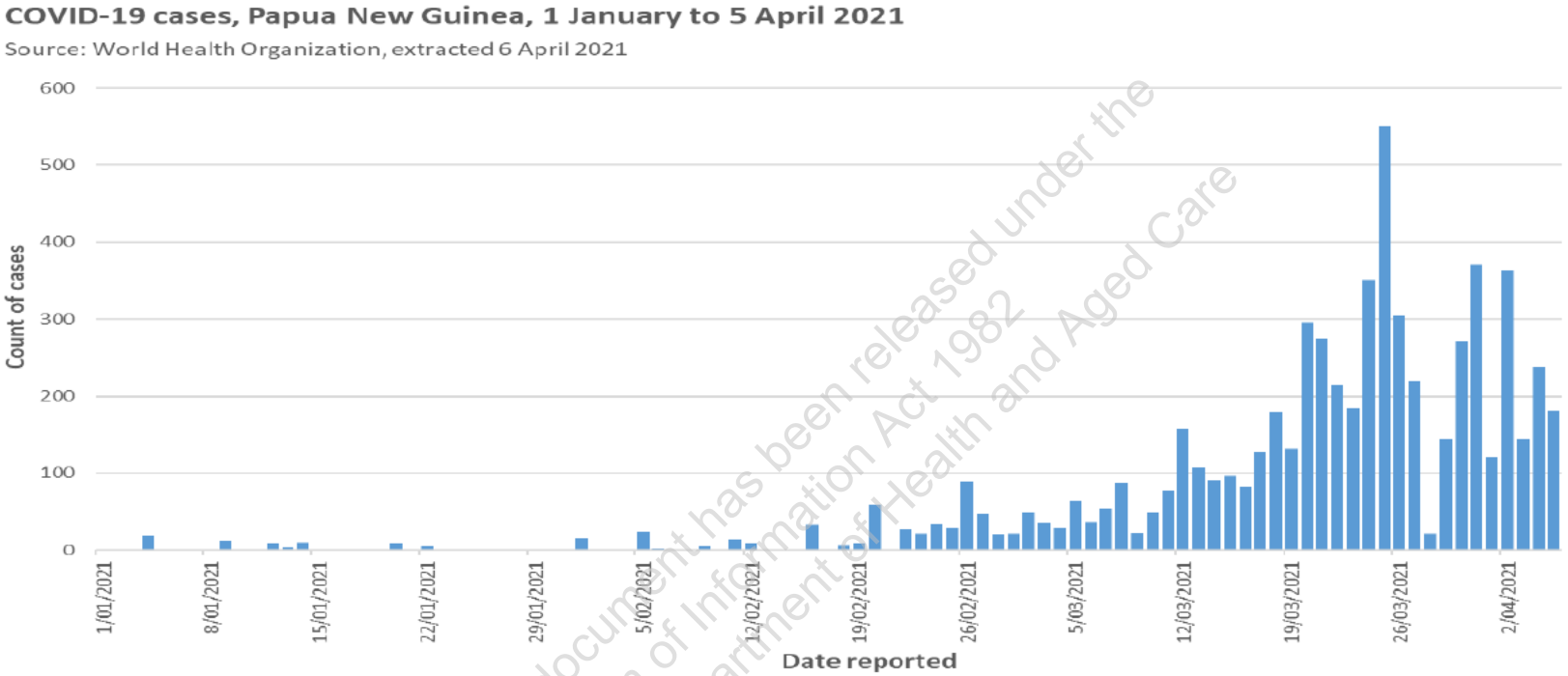


Timor-Leste



Australian, State and Territory Governments

COVID-19 outbreak in Papua New Guinea



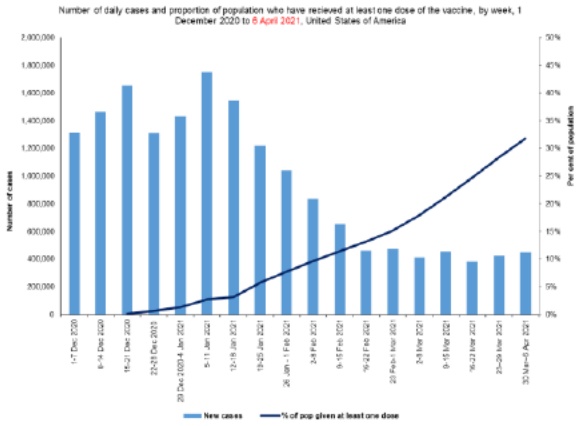
Update on Australian assistance to PNG

- AUSMAT BRAVO 20 member team to be deployed to PNG on 9 April.
- 8,480 doses of AstraZeneca vaccines from Australia's stock were deployed to Port Moresby with associated vaccine consumables on 23 March 2021.
- Health is supporting DFAT, Queensland Health and the PNG Government to develop options for the vaccination of PNG Treaty Villages.

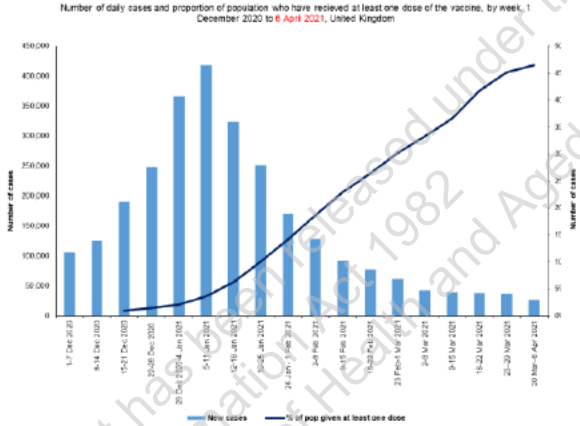
Australian, State and Territory Governments

Countries of interest snapshot – Cases and proportion of population received at least one vaccine dose, by week, 01 December 2020 to 06 April 2021

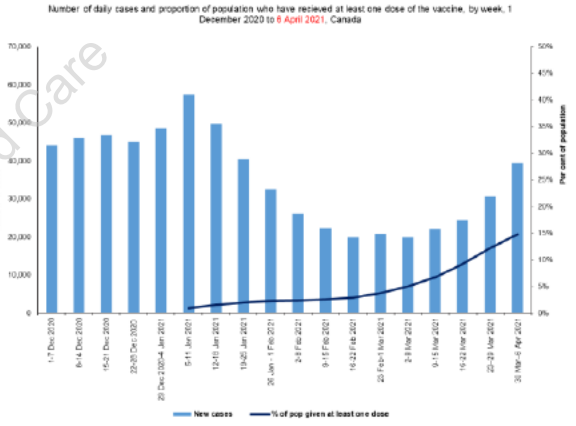
United States



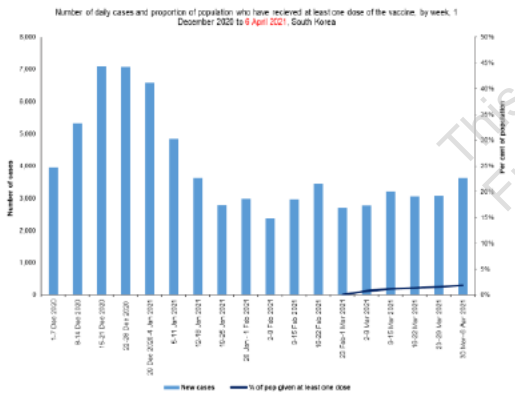
United Kingdom



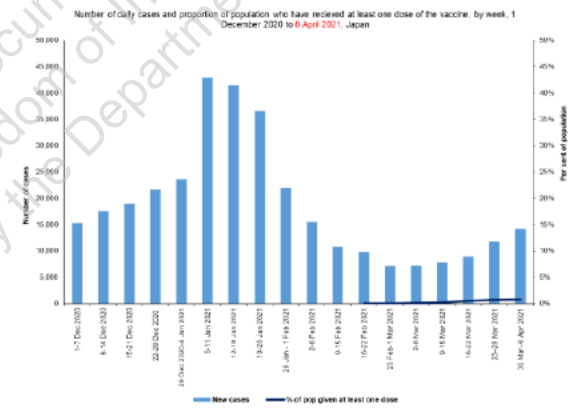
Canada



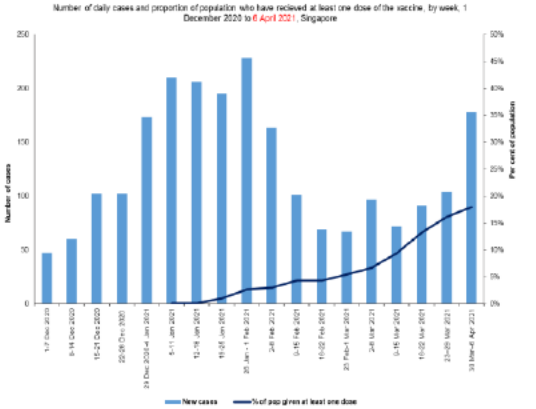
South Korea



Japan



Singapore



Source: WHO COVID-19 dashboard and the Our World in Data (OWID) COVID-19 Vaccination dashboard

~~COMMITTEE IN CONFIDENCE~~

Australian Government
Department of Health

Australian Health Protection Principal Committee

AHPPC statement on continuous learning in managed quarantine for international arrivals

Managed quarantine for international arrivals to Australia - including hotel quarantine and other highly controlled settings - is Australia's first line of defense against COVID-19 and continues to play a vital role in Australia's public health response. Our rigorous quarantine system has allowed Australia to succeed in implementing a suppression strategy, with a goal of no community transmission.

The Australian Health Protection Principal Committee (AHPPC) continues to consider current managed quarantine arrangements. The goal of managed quarantine is to prevent transmission of COVID-19 and protect the Australian community.

Framework supporting continuous improvement in managed quarantine

In line with AHPPC's National Hotel Quarantine Principles, AHPPC has considered options for continuous quality improvement processes to strengthen and optimise Australia's managed quarantine program. AHPPC has been guided by the expert advice of the Communicable Diseases Network Australia (CDNA), the Public Health Laboratory Network (PHLN) and the Infection Control Expert Group (ICEG).

AHPPC considered processes for quality assurance, review and continuous improvement in managed quarantine. AHPPC recommended that:

- Checks, audits and reviews are to focus on assuring compliance and identifying aspects of the system that could be managed by the modification of existing controls or by the application of additional controls.
    - Risk mitigation strategies and resourcing decisions should be informed by the Hierarchy of Controls[1] to prevent and reduce transmission of COVID-19.
    - The Hierarchy of Controls ranks mitigation measures by the level of protection and reliability, so that higher level controls are implemented, where possible.
    - For example, pre-flight testing of individuals aims to prevent importation of COVID-19 into Australia – a higher level control. Whereas the use of Personal Protective Equipment (PPE) is a lower level control aimed at protecting workers from transmission.
- States and territories will regularly review their managed quarantine programs to identify and address areas for improvement as they arise.
- Jurisdictions should develop assurance processes for managed quarantine programs to inform and refine processes and support continuous improvement.
    - Programs should consider the inclusion of routine regular monitoring and compliance.
    - Formal reviews should be conducted following transmission events to inform best practice arrangements.

[1] https://www.health.gov.au/resources/publications/minimising-the-risk-of-infectious-respiratory-disease-transmission-in-the-context-of-covid-19-the-hierarchy-of-controls

    - Assurance processes should take into account differences between jurisdictional guidance and operations.
    - Jurisdictions may also consider peer reviewing managed quarantine programs, from time to time.
- Managed quarantine programs encourage an environment of constant vigilance, reinforcement of best practice, and high levels of support for quarantine workers to raise concerns and issues within their employment setting through a culture of speaking up for safety.
- The results of audits, evaluations and reviews be shared with all states and territories to facilitate learning and the continuing development and implementation of best practice.
    - This will include establishing a national register of formal audits and reviews into managed quarantine.

AHPPC will continue to consider lessons learned in managed quarantine settings and will discuss on a weekly basis. This will include considering the results of audits and any future reviews into managed quarantine. Regular routine consideration is designed to support a process of continuous improvement. Future guidance regarding managed quarantine will consider the outcomes of reviews, audits and evaluations to optimise national arrangements.

Priorities for continuous improvement

Given the emergence of COVID-19 variants of concern and acknowledging recent incursions linked to managed quarantine, AHPPC has highlighted the importance of continuing to evaluate new research and evidence to optimise managed quarantine arrangements. AHPPC has identified a range of priority matters requiring further consideration and research. AHPPC has requested the assistance of expert committees including ICEG, CDNA, PHLN and the National COVID-19 Health and Research Advisory Committee (NCHRAC) to consider current and future priorities.

AHPPC will continuously evaluate emerging evidence and apply findings and lessons learned to managed quarantine policies. AHPPC will consider the expert advice of ICEG, CDNA, PHLN and NCHRAC during the AHPPC's weekly discussion on managed quarantine. AHPPC's priority issues will continuously evolve in line with the findings of audits and reviews, in order to best support continuous quarantine improvement processes.

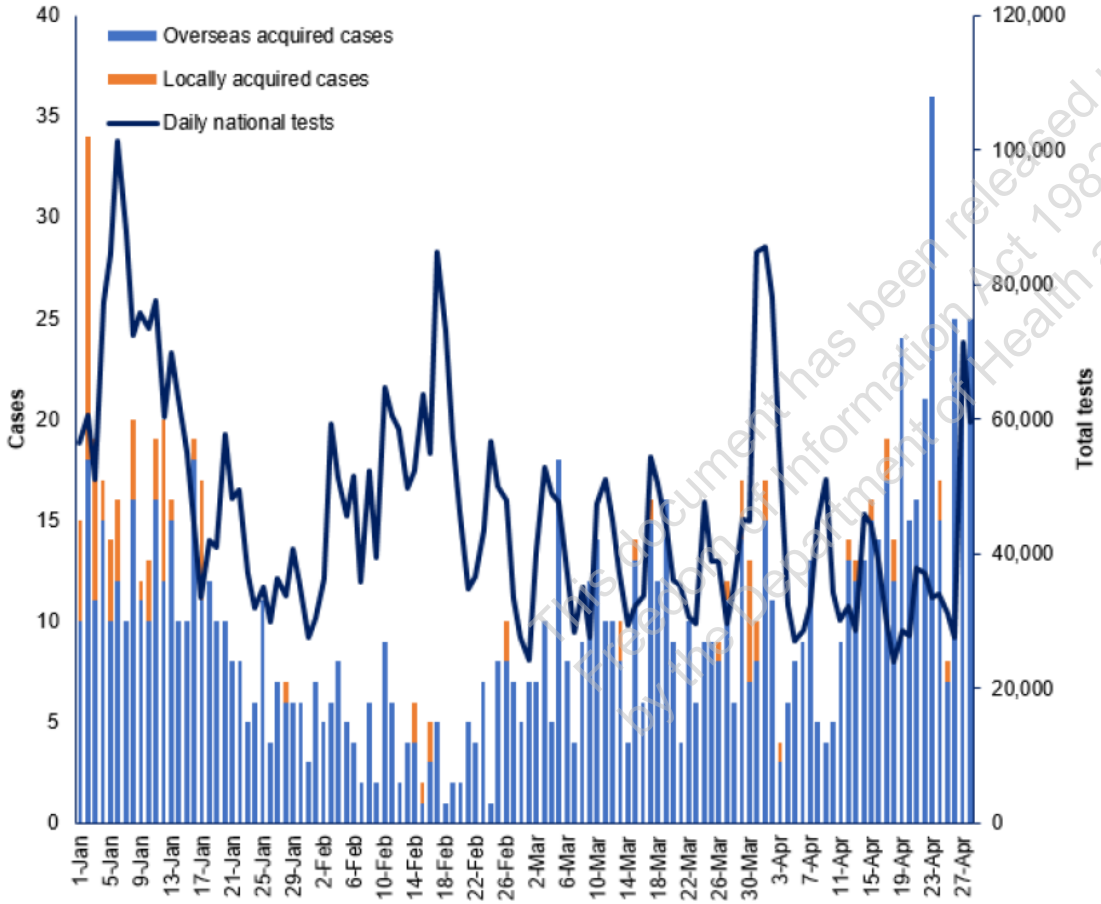
COVID-19 epidemiology update

National Cabinet - 30 April 2021

Australian, State and Territory Governments

Confirmed cases and testing, 2021

Source: Jurisdictional reporting as at 28 April 2021



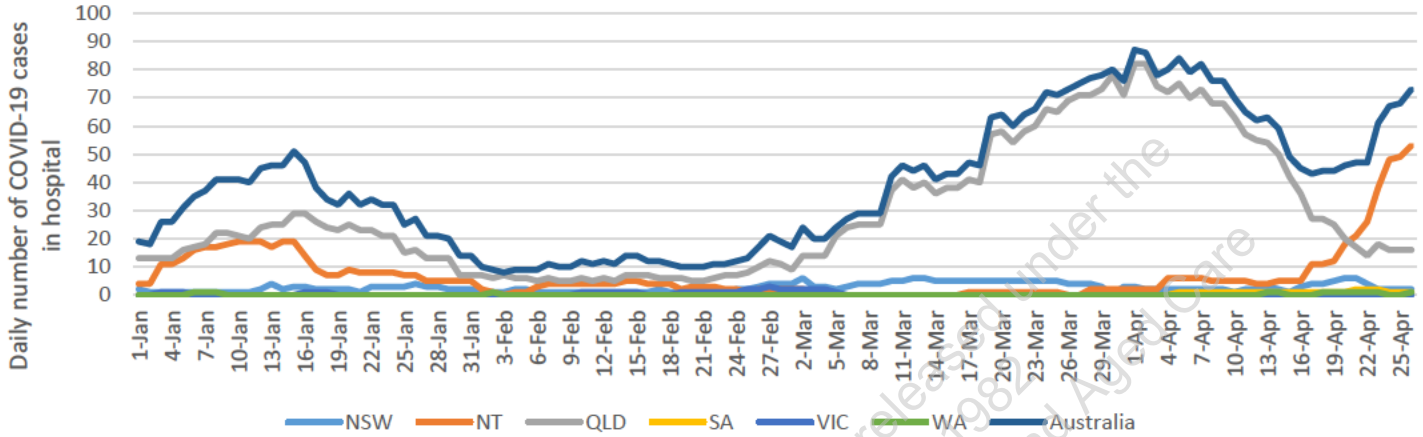
Where we are now:

As at 1200hrs, **28 April 2021**:

- A total of **29,749 cases**, including **910 deaths** have been reported since January 2020.
- Since the beginning of 2021:
  - **1,261 cases** and **1 death** have been reported.
  - **89%** of cases have been overseas acquired.
  - **71 days** where there were no locally acquired cases reported.
- Over the past week, there were **155 cases**. Of these, **98% (152 cases) were overseas acquired.**
- There are currently **256 active cases.**
- There is currently **two people** in ICU.

Australian, State and Territory Governments

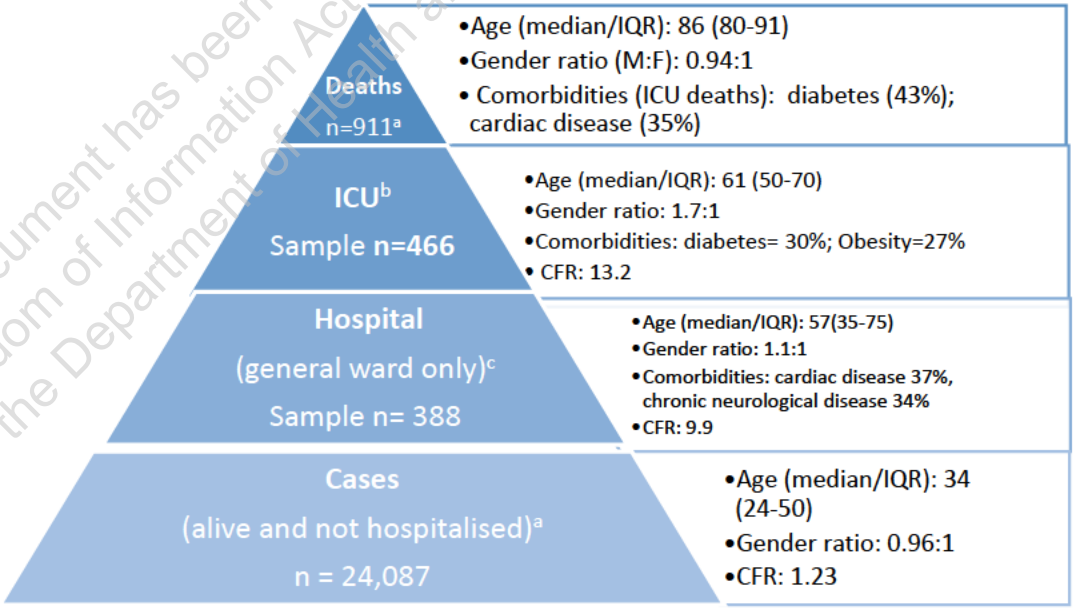
Hospital occupancy trends



Daily number of hospitalised COVID-19 cases by jurisdiction, year to date
(27 April, 2021)

Disease severity trends

- Males more likely admitted to hospital and particularly ICU.
- Median age increases with disease severity.
- Case fatality rate increases with each decade of life.
- Comorbidities - risk factors for severe disease and death include hypertension, obesity and diabetes.



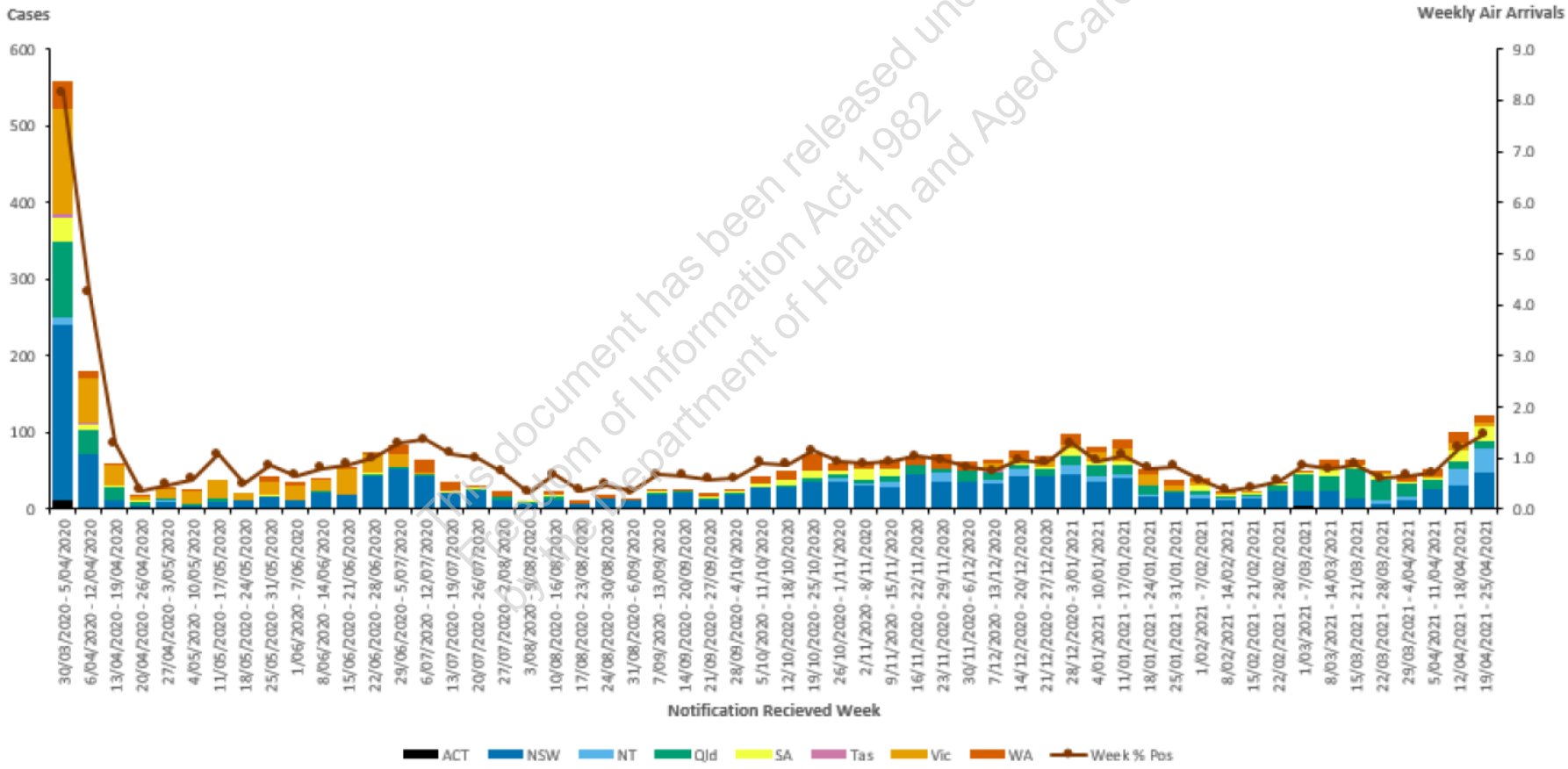
a Source: National Notifiable Diseases Surveillance System (NNDSS) – data to 6 April, 2021
b Source: SPRINT-SARI – data to 25 October, 2020
c Source: FluCAN – data to 14 March, 2020

Australian, State and Territory Governments

Overseas-acquired cases by state and positivity among air arrivals

30 March 2020 to 25 April 2021

Source: NNDSS and ABF, as at 25 April 2021

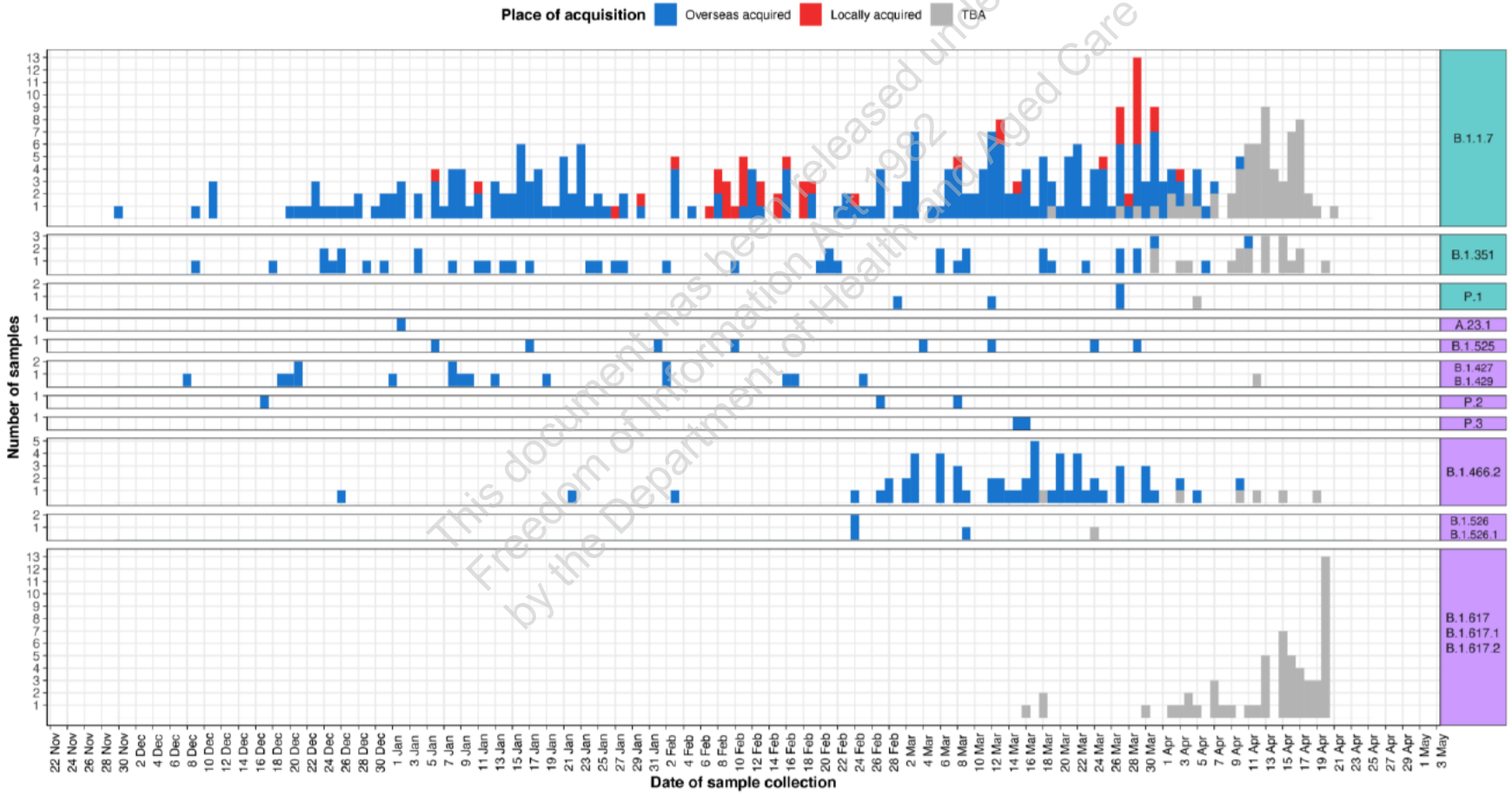


Australian, State and Territory Governments

COVID-19 Variants of Concern and Lineages of Interest

Place of acquisition for samples identified as Variants of Concern (teal) or Variants under Investigation (purple) by lineage and collection date

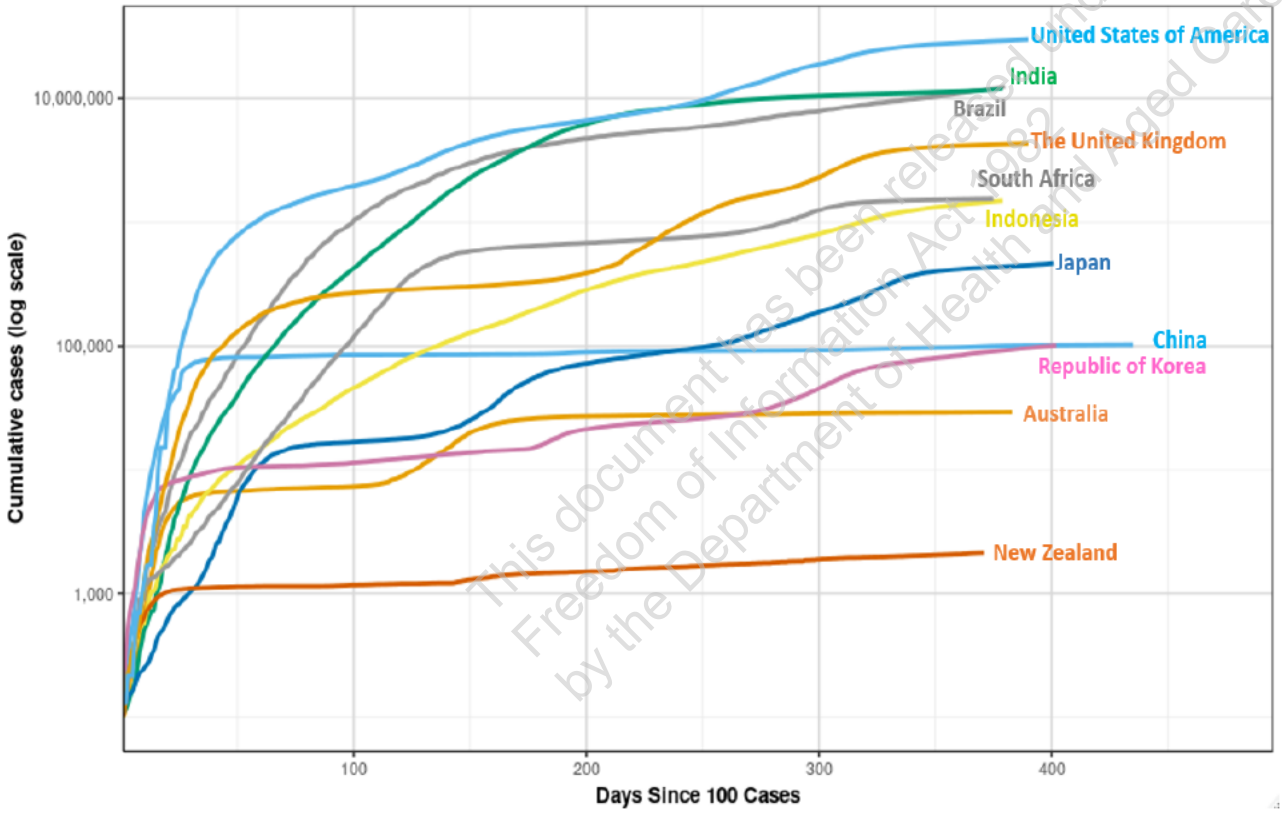
Source: Prepared by the AusTrakka National Analysis Team on behalf of the Communicable Diseases Genomics Network. Based on data available in AusTrakka 26 April 2021.



Australian, State and Territory Governments

Global – Logarithmic epidemic curve of confirmed cases after the first 100 cases of COVID-19 for various countries

Source: WHO Coronavirus 2019 Dashboard, as at 28 April 2021

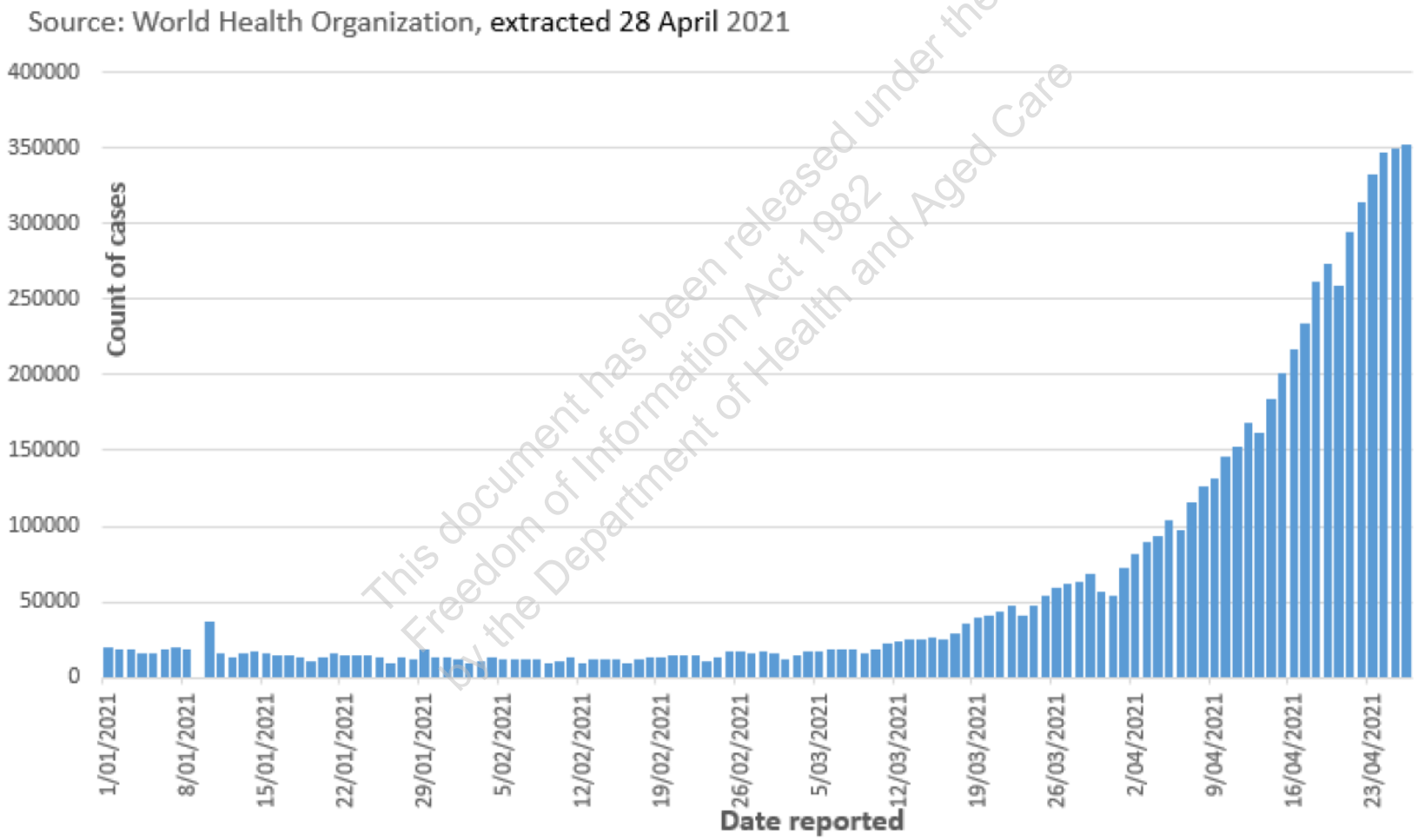


As at 1200hrs, 28 April 2021:

- Over **147 million cases** globally, including over **3.1 million deaths**, have been reported.
- Since the beginning of 2021:
  - over **65 million cases** globally, including over **1.3 million deaths**, have been reported.

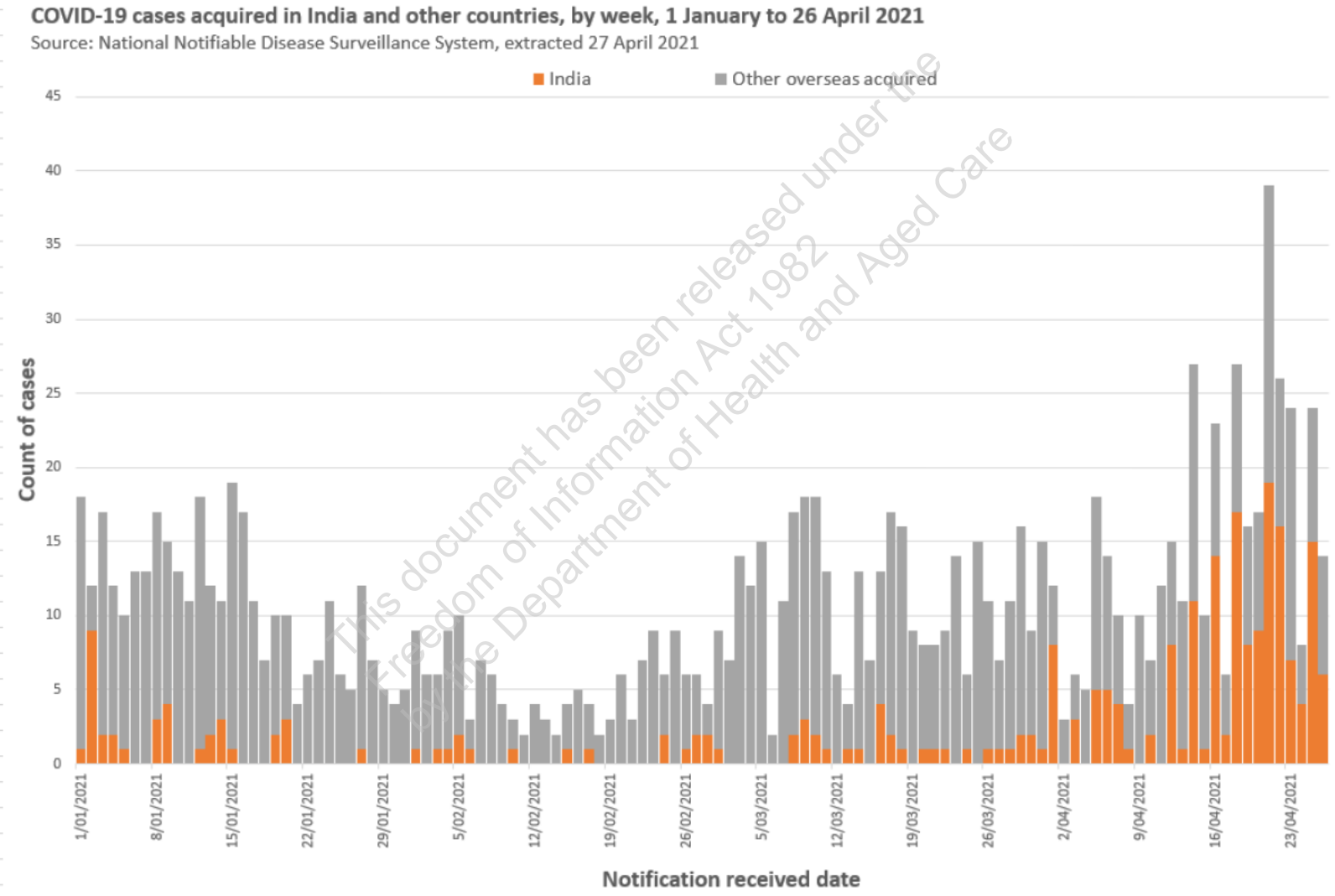
Australian, State and Territory Governments

COVID-19 cases reported in India



Australian, State and Territory Governments

Overseas acquired COVID-19 cases from India and other countries

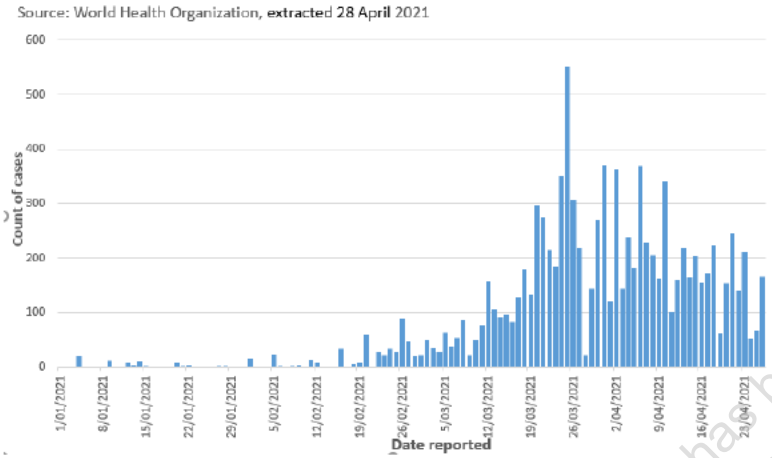


Australian, State and Territory Governments

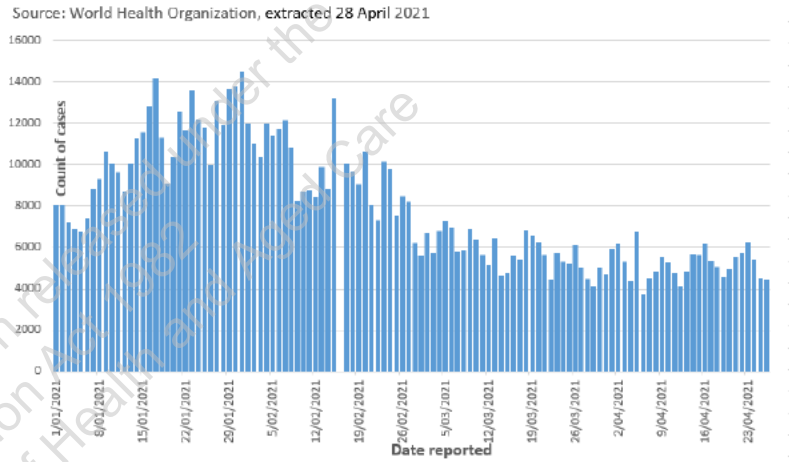
Epidemic curves of countries in the region 01 January to 28 April 2021

Source: World Health Organization, extracted 28 April 2021

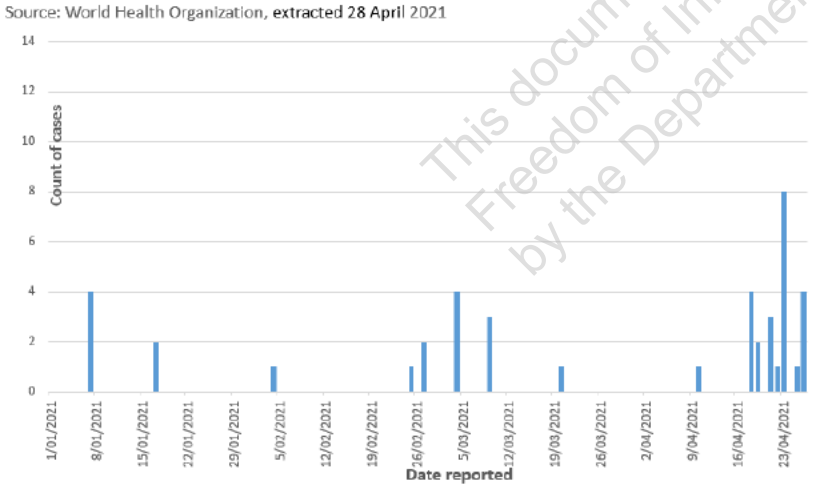
Papua New Guinea



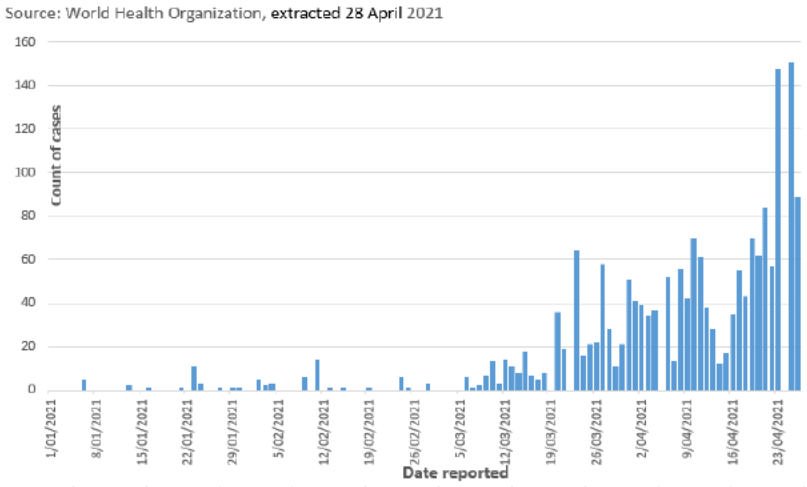
Indonesia



Fiji



Timor-Leste



Australian Government
Department of Health
National Incident Room

Novel Coronavirus (COVID-19)

Epidemiology update - 26 April to 02 May 2021

Snapshot

Of interest during this week ending 02 May 2021:

- Based on data reported to the National Incident Room from states and territories, there were three locally acquired cases reported for WA over this period. NNDSS data, which is used in this epidemiology report to enable more detailed epidemiological analyses of cases, however only has one locally acquired case reported for WA and another case under investigation for WA. Interpretations of the epidemiology of cases in the most recent week should therefore be undertaken with caution.
- Based on data in the NNDSS*, the majority of cases (94%; 100/106) were reported as being acquired overseas.
    - There was one new locally acquired case reported with a diagnosis date within this week, from Western Australia.
    - The source of infection of five cases was under investigation: three of these cases were from NSW, one was from SA and the other was from WA.
- A downward trend in the positivity among international air arrivals continued this week, with 0.6% of international air arrivals testing positive for COVID-19 (compared to 0.7% last week and 1.0% the week before).
- The situation in India continues to escalate, with over 700,000 new cases and 6,800 deaths reported in the last week.

A note on the data sources used for this report:

** Data presented in this report are based on data reported by states and territories to the National Notifiable Diseases Surveillance System (NNDSS) as well as data from the Australian Border Force, AusTrakka and the WHO. Due to the dynamic nature of epidemiological data, data in this report relies on a mix of sources, each of which are subject to retrospective revision and may vary from data reported in other published reports. Data for this report were extracted on 4 May 2021.*

The primary reporting data source for this report is the NNDSS. The number of cases presented over respective time periods in this report may differ slightly from formal state and territory daily reporting due to differing daily data cut off points. Data from NNDSS will reflect the number of cases reported to NNDSS with a diagnosis date within the respective reporting period. Diagnosis date is the most reliably reported date in NNDSS at present, and is epidemiologically relevant in terms of providing an indicator of when a case was likely to be infectious.

As there can be a delay in newly confirmed cases being received by NNDSS, data from the most recent days is likely to be incomplete. For this reason, an earlier reporting period using epidemiological weeks from Monday to Sunday will be used for all reports from now on, with a data extraction date two days later (on the Tuesday), to allow time for data updates. The data are therefore subject to retrospective revisions after publication, and case numbers may not always match from week to week.

Australian situation summary

Cases this week

The number of cases reported in the past week is slightly lower than last week. A total of 106 cases were reported with a diagnosis date within the last 7 days (an average of 15 cases per day), compared to 126 cases (18 cases average per day) in the previous week. Over half the cases reported in the last 7 days were in NSW (52%; 55/106 of all cases), followed by Qld (18%; 19/106) and Vic (13%; 14/106) and then SA (10%; 11/106) and WA (7%; 7/106). The ACT, NT and TAS did not report any cases with a diagnosis date within this week. At the end of this reporting period, five cases were reported with a source of acquisition under investigation, three from NSW and one each from SA and WA.

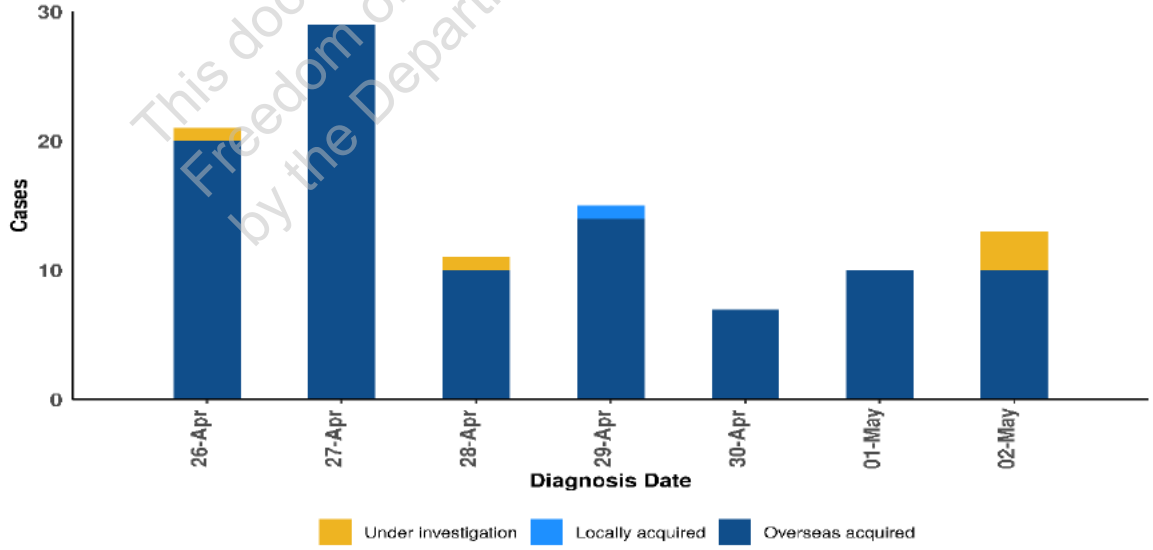
Table 1. Confirmed cases reported to NNDSS with a diagnosis date in the past week, 26 April to 02 May 2021

Data source: NNDSS, extracted 04 May 2021, based on diagnosis date.

	Australia	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
Past 7 days									
Overseas acquired	100 (94%)	0 (0%)	52 (95%)	0 (0%)	19(100 %)	10 (91%)	0 (0%)	14 (100%)	5 (71%)
Locally acquired – contact known	1 (0.9%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (14%)
Locally acquired – contact unknown	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Under investigation	5 (5%)	0 (0%)	3 (5%)	0 (0%)0	0 (0%)	1 (9%)	0 (0%)	0 (0%)	1 (14%)
Total new cases	**106**	**0**	**55**	**0**	**19**	**11**	**0**	**14**	**7**

Figure 1. Source of acquisition of confirmed cases reported to NNDSS with a diagnosis date in the past week, 26 April to 02 May 2021

Data source: NNDSS, extracted 04 May 2021, based on diagnosis date.



Cases this year

Up to 02 May 2021, states and territories had reported a total of 1,182 cases of COVID-19 in Australia to the NIR in 2021. NSW has reported the highest number of cases of all jurisdictions (38%; 448/1,182), followed by Qld (22%; 260/1,182). ACT and NT have only reported overseas acquired cases this year and Tas has not reported any cases at all this year.

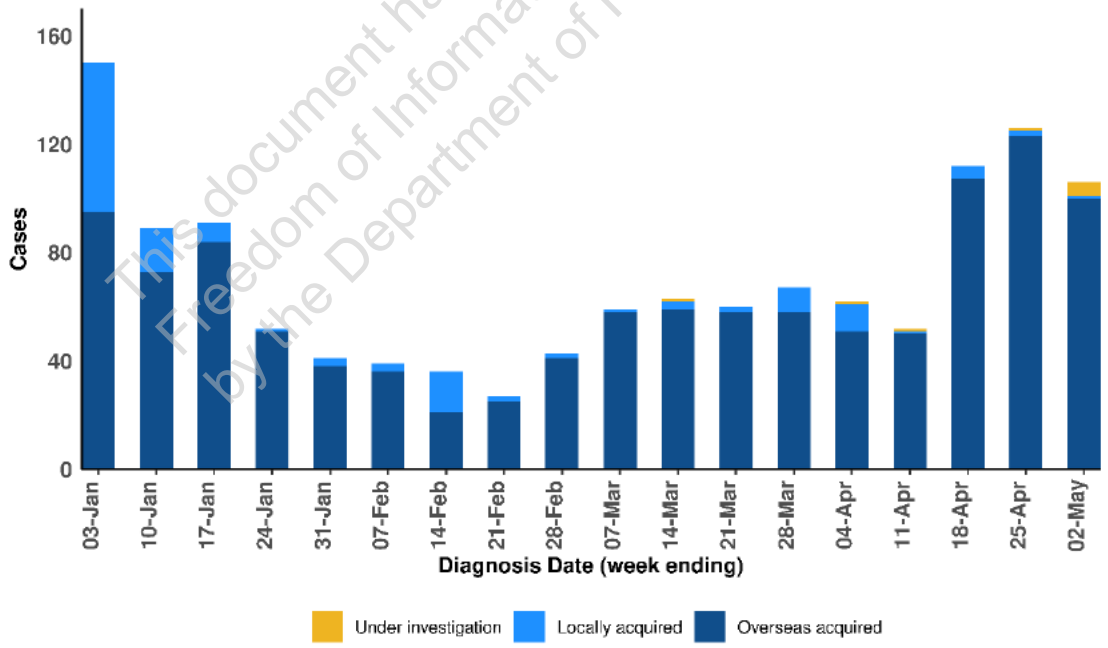
Table 2. Confirmed cases reported to NNDSS with a diagnosis date in 2021, up to 18 April 2021

Data source: NNDSS, extracted 20 April 2021, based on diagnosis date.

	Australia	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
This year									
Overseas acquired	1,073 (91%)	5 (100%)	411 (92%)	92 (100%)	233 (90%)	104 (98%)	0 (0%)	109 (75%)	119 (94%)
Locally acquired – contact known	97 (8%)	0 (0%)	31 (7%)	0 (0%)	26 (10%)	0 (0%)	0 (0%)	35 (24%)	5 (4%)
Locally acquired – contact unknown	3 (0.3%)	0 (0%)	3 (0.7%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Under investigation	9 (0.8%)	0 (0%)	3 (0.7%)	0 (0%)	1 (0.4%)	2 (2%)	0 (0%)	1 (0.7%)	2 (2%)
Total new cases	**1,182**	**5**	**448**	**92**	**260**	**106**	**0**	**145**	**126**

Figure 2. Source of acquisition of confirmed cases reported to NNDSS with a diagnosis date in 2021, up to 02 May 2021

Data source: NNDSS, extracted 04 May 2021, based on diagnosis date.



All cases to date

Up to 02 May 2021, states and territories had reported a total of 29,650 cases of COVID-19 in Australia to the NNDSS. According to NNDSS, Vic has reported the highest number of cases of all jurisdictions, with 69% (20,530/29,650) of all cases and 95% (19,402/20,530) of these locally acquired (Table 3).

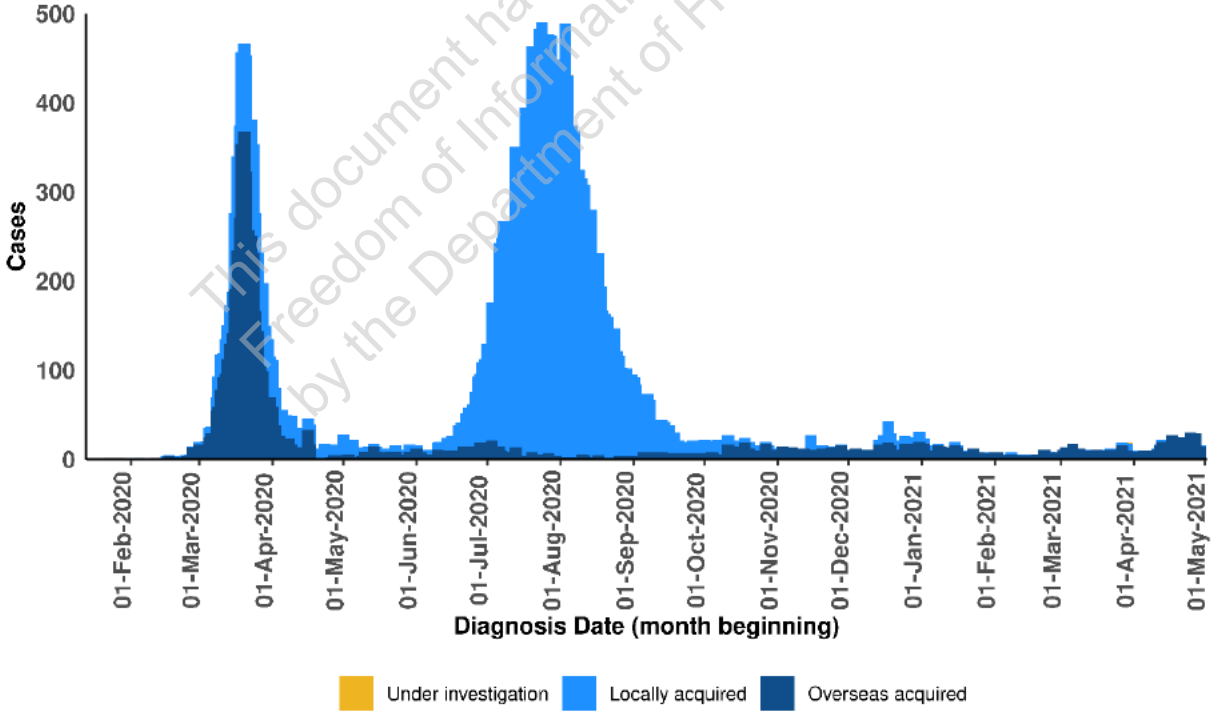
Table 3. Confirmed cases reported to NNDSS with a diagnosis date since 13 January 2020, up to 02 May 2021

Data source: NNDSS, extracted 05 May 2021, based on diagnosis date.

	Australia	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
All cases to date									
Overseas acquired	7,250 (24%)	94 (76%)	3,232 (60%)	162 (98%)	1,178 (78%)	489 (72%)	85 (36%)	1,117 (5%)	893 (90%)
Locally acquired – contact known	17,955 (61%)	25 (20%)	1,644 (30%)	2 (1%)	261 (17%)	163 (24%)	141 (60%)	15,649 (76%)	70 (7%)
Locally acquired – contact unknown	4,275 (14%)	1 (1%)	450 (8%)	0 (0%)	43 (3%)	9 (1%)	5 (2%)	3,753 (18%)	14 (1%)
Interstate acquired	160 (0.5%)	3 (2%)	89 (2%)	2 (1%)	20 (1%)	14 (2%)	3 (1%)	10 (0.1%)	19 (2%)
Under investigation	10 (0%)	0 (0%)	3 (0.1%)	0 (0%)	1 (0.1%)	2 (0.3%)	0 (0%)	1 (0%)	3 (0.3%)
Total cases	**29,650**	**123**	**5,329**	**166**	**1,472**	**646**	**234**	**20,530**	**999**

Figure 3. Source of acquisition of confirmed cases reported to NNDSS with a diagnosis date since 13 January 2020, up to 02 May 2021

Data source: NNDSS, extracted 04 May 2021, based on diagnosis date.



Source of acquisition

As shown in Table 1, the majority of cases this week (94%; 100/106) have acquired their infection overseas. Based on NNDSS data using the date a case was diagnosed, 91% (1,073/1,182) of cases this year have been overseas acquired and 8% (100/920) have been locally acquired (Table 2). Nine cases remain under investigation in NNDSS for this year to date.

Locally acquired cases

This week there has been one locally acquired case with a diagnosis date within the reporting period, in WA. The contact or cluster source was known for this case (Table 1). For this year to date, 97% (97/100) of locally acquired cases notified to the NNDSS have a known contact source or are part of a known cluster and 3% (3/100) have an unknown contact source.

Most recent locally acquired cases

The diagnosis date of the last locally acquired case with known source was three days before the end of this reporting period on 29 April 2021. The last locally acquired case with unknown source was 107 days ago on 15 January 2021.

Table 4. Days since last locally acquired COVID-19 case (source unknown and source known), by jurisdiction, 02 May 2021

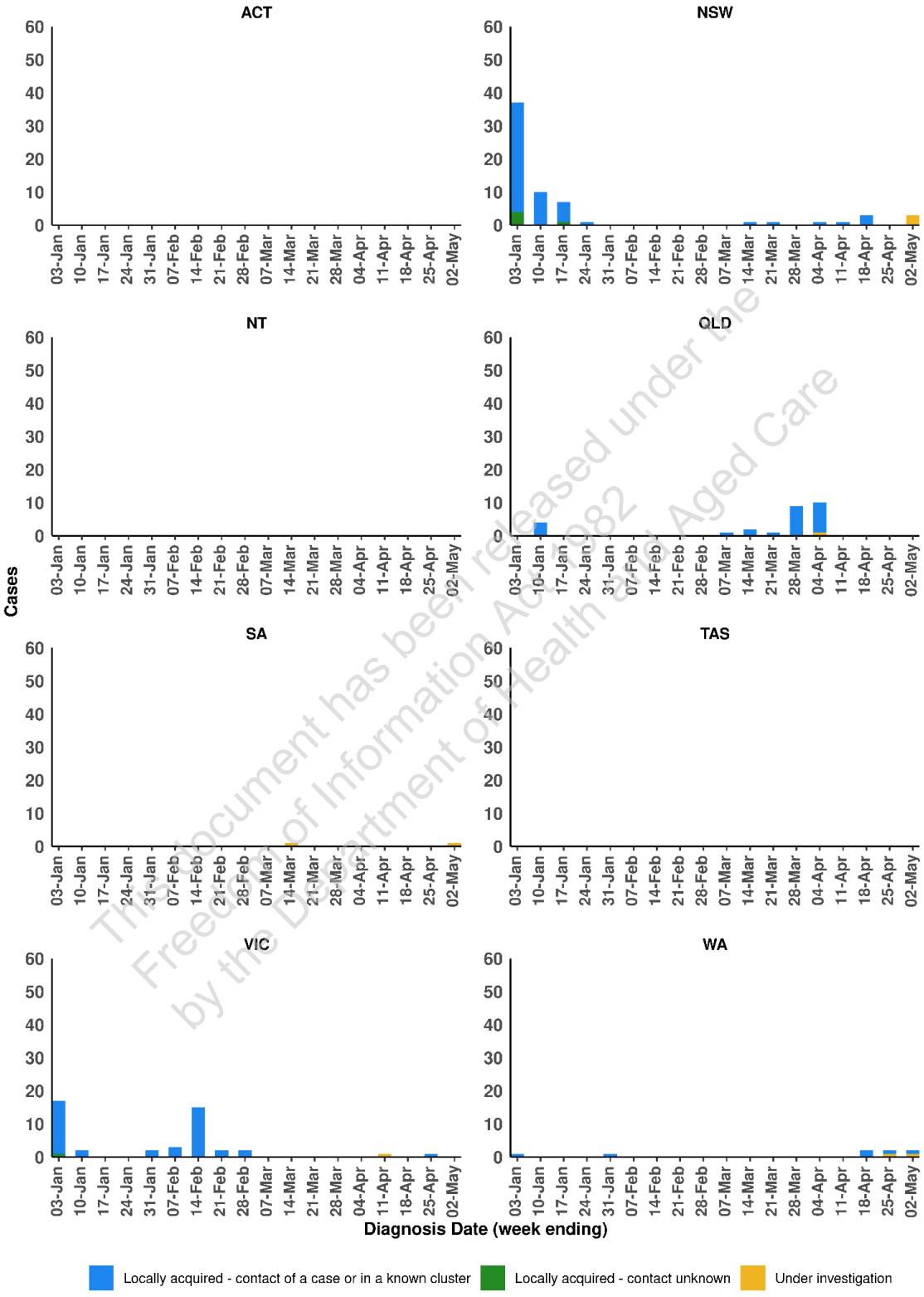
Data source: NNDSS, extracted 04 May 2021, based on diagnosis date.

	Locally acquired – source unknown		Locally acquired – source known	
Jurisdiction	Date of last case	Days since last case	Date of last case	Days since last case
NSW	15 January 2021	107	15 April 2021	17
Vic	30 December 2020	123	22 April 2021	10
Qld	23 August 2020	252	3 April 2021	29
WA	3 April 2020	394	29 April 2021	3
SA	24 March 2020	404	27 November 2020	156
Tas	9 August 2020	266	24 April 2020	373
NT#	-	-	3 April 2020	394
ACT	21 March 2020	407	7 July 2020	299

NT has not reported any cases with an unknown source of infection.

Figure 4. Locally acquired cases this year by contact known and unknown by jurisdiction, using diagnosis date 01 January 2021 to 02 May 2021

Data source: National Notifiable Diseases Surveillance System, extracted 04 May 2021



Clusters and high risk settings

Of note this week, there were three locally acquired cases reported in WA that were associated with a hotel quarantine facility transmission event. The cases included a hotel quarantine worker and two close contacts.

For a detailed description of the history of active clusters and high risk settings, please refer to the Daily Situation Report.

Most recent interstate acquired cases

There have been no cases identified as acquired interstate this year. The diagnosis date of the last interstate acquired case was 22 December 2020.

Overseas acquired cases

Of 100 overseas acquired cases reported this week, more than half came from NSW (52%; 52/100), followed by Qld (19%; 19/100) and Vic (14%; 14/100). SA (10%; 10/100) and WA (5%; 5/100) also reported overseas-acquired cases, while the ACT and Tas did not report any overseas acquired cases this week (Table 1).

Of 1,073 overseas acquired cases reported to the NNDSS this year, the majority were reported by NSW (38%; 411/1,073), followed by Qld (22%; 233/1,073), WA (11%; 119/1,073) and then Vic (10%; 109/1,1073) (Table 2). Tas has not reported any overseas acquired cases this year.

Estimated cases among air arrivals

For the week 26 April to 02 May 2021, the number of international air arrivals per week was approximately 18,900, similar to the previous week when there were approximately 18,500 air arrivals. The number of overseas acquired cases over the last week has decreased this week compared to last week, with 100 overseas acquired cases this week, compared to 123 overseas acquired cases in the previous week (Figure 6). The percentage of positive cases has remained under 1% over the last week.

Generally, the number of cases correlates with the number of weekly arrivals by air, the prevalence of COVID-19 in the country the person is arriving from and any quarantine arrangements prior to departure. There may also be a delay between the date a case arrived and the date they tested positive. Recent trends should also be interpreted with caution as there may be a lag in both case notifications and air arrival data.

Figure 5. Overseas acquired cases this year by jurisdiction, using diagnosis date 01 January 2021 to 02 May 2021

Data source: National Notifiable Diseases Surveillance System, extracted 04 May 2021, differences may be due to use of diagnosis date.

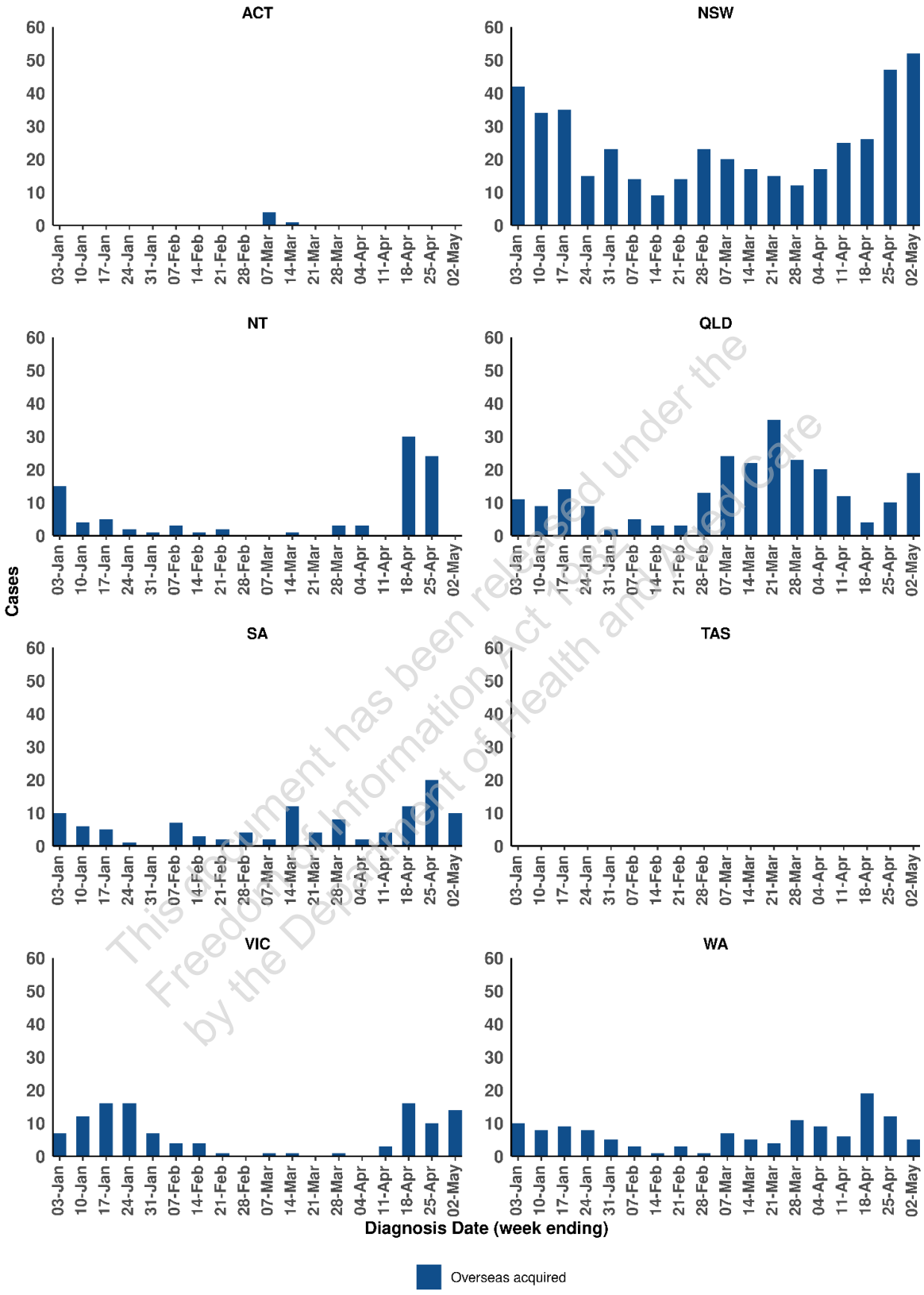
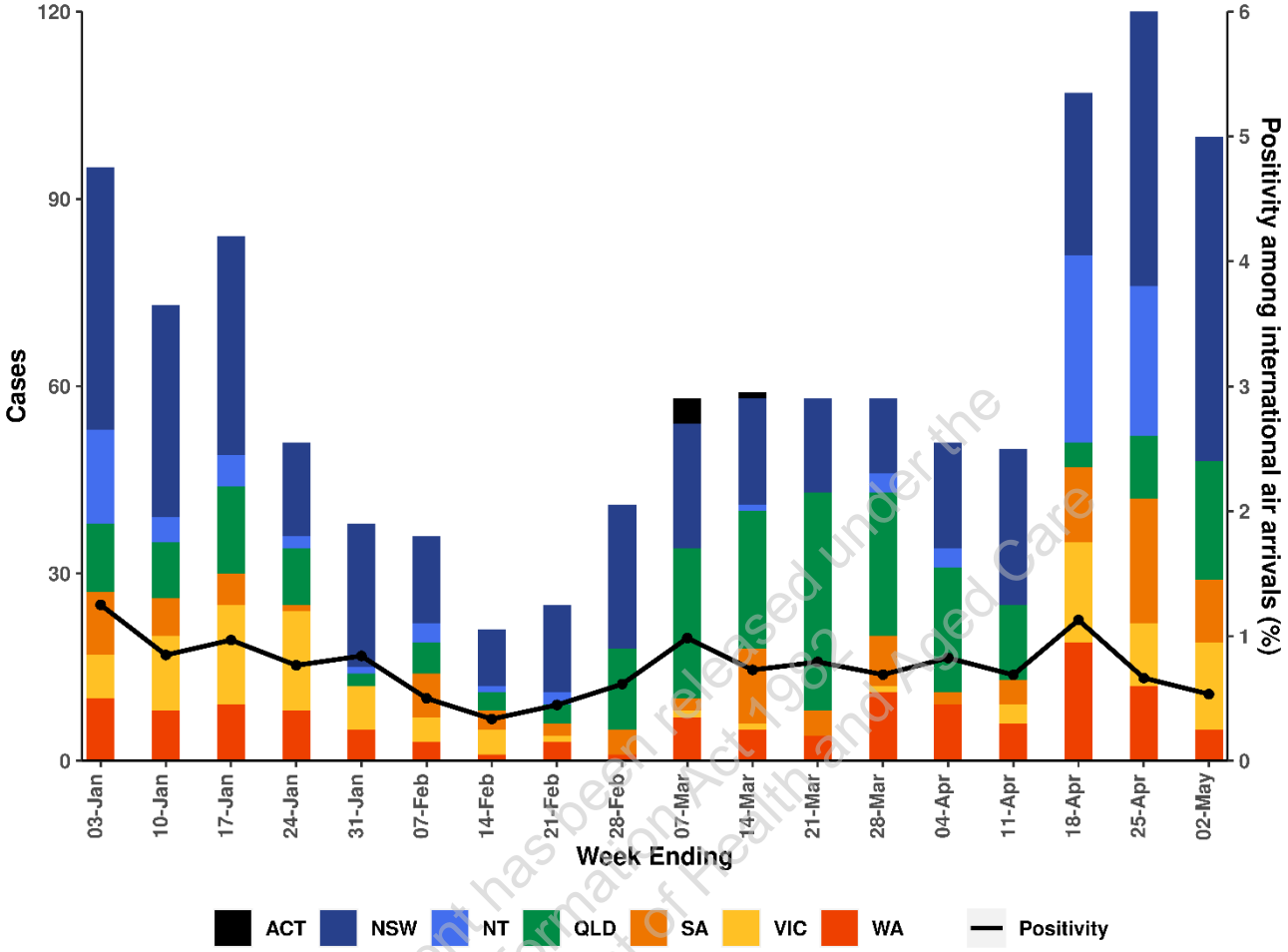


Figure 6. Weekly number of overseas acquired cases (excluding cases acquired at sea) by state and the weekly number of international arrivals by air (excluding crew) for the period 03 January to 02 May 2021

Data source: National Notifiable Diseases Surveillance System, extracted 04 May 2021, and Australian Border Force arrivals data up to 02 May 2021.



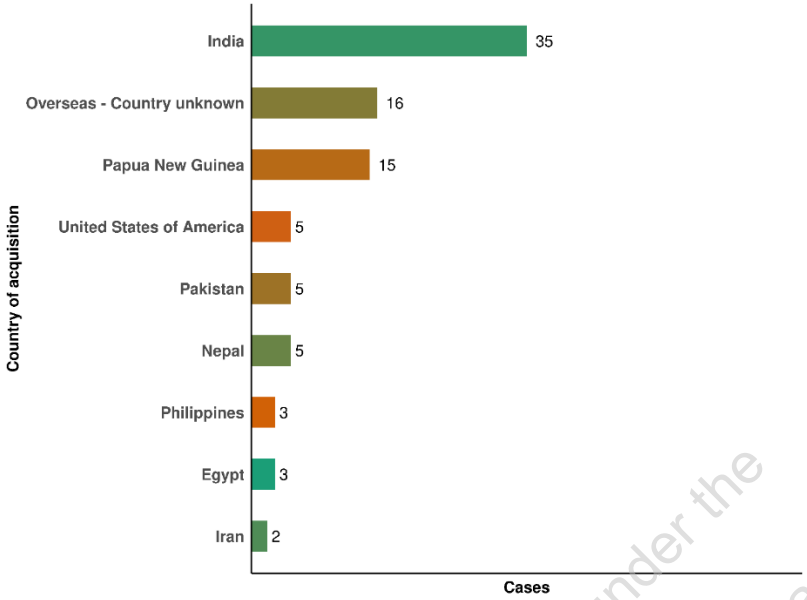
Note: the estimate of overseas acquired cases excludes cases with a place of infection reported as 'at sea' and the estimate of international arrivals by air excludes crew.

Country of acquisition

In the past 7 days (26 April – 02 May 2021), approximately 16% (16/100) of confirmed overseas acquired cases reported to the NNDSS did not have a specific country of acquisition identified. Of those that did identify a country of acquisition, recent arrivals from India contributed 42% (35/84) and those from Papua New Guinea contributed 18% (15/84) (Figure 7).

Figure 7. Number of overseas acquired cases by top countries of acquisition, 26 April to 02 May 2021

Data source: National Notifiable Diseases Surveillance System, extracted 04 May 2021.



In comparison, in the past 28 days (05 April to 02 May 2021), approximately 8% of confirmed overseas acquired cases had an unknown country of acquisition. Cases from India (49%; 186/380) dominated those with an identified country of acquisition in the past 28 days, followed by Papua New Guinea (7%; 27/380) and Pakistan (7%; 26/380) (Figure 8). In this year to date (01 January – 02 May 2021), approximately 10% (103/1,073) of confirmed overseas acquired cases reported to the NNDSS did not have a specific country of acquisition identified. Of those that did identify a country of acquisition, arrivals from India contributed 28% (270/970) of overseas cases while arrivals from the United States of America and Papua New Guinea each contributed approximately 10% (98/970 and 94/970 respectively) (Figure 9).

Figure 8. Number of overseas acquired cases by top countries of acquisition, 05 April to 02 May 2021

Data source: National Notifiable Diseases Surveillance System, extracted 04 May 2021.

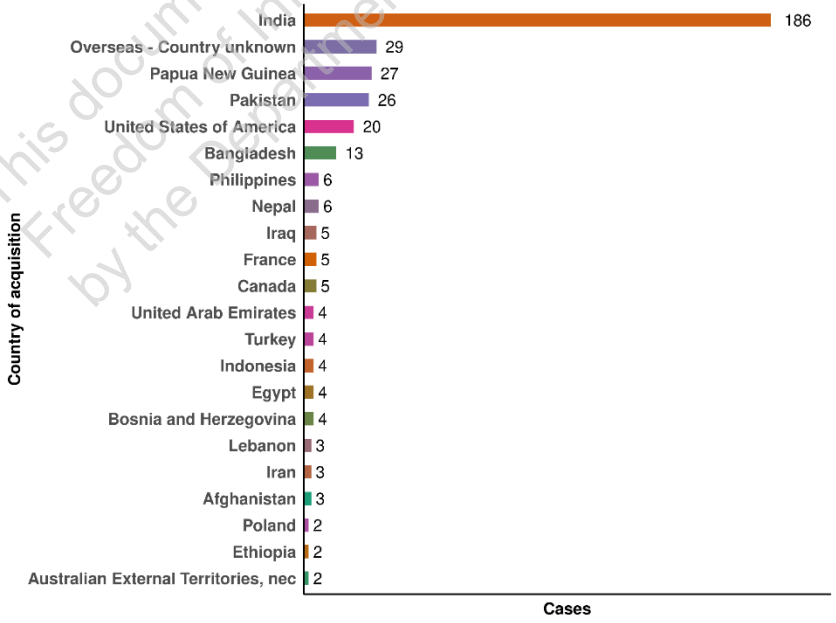
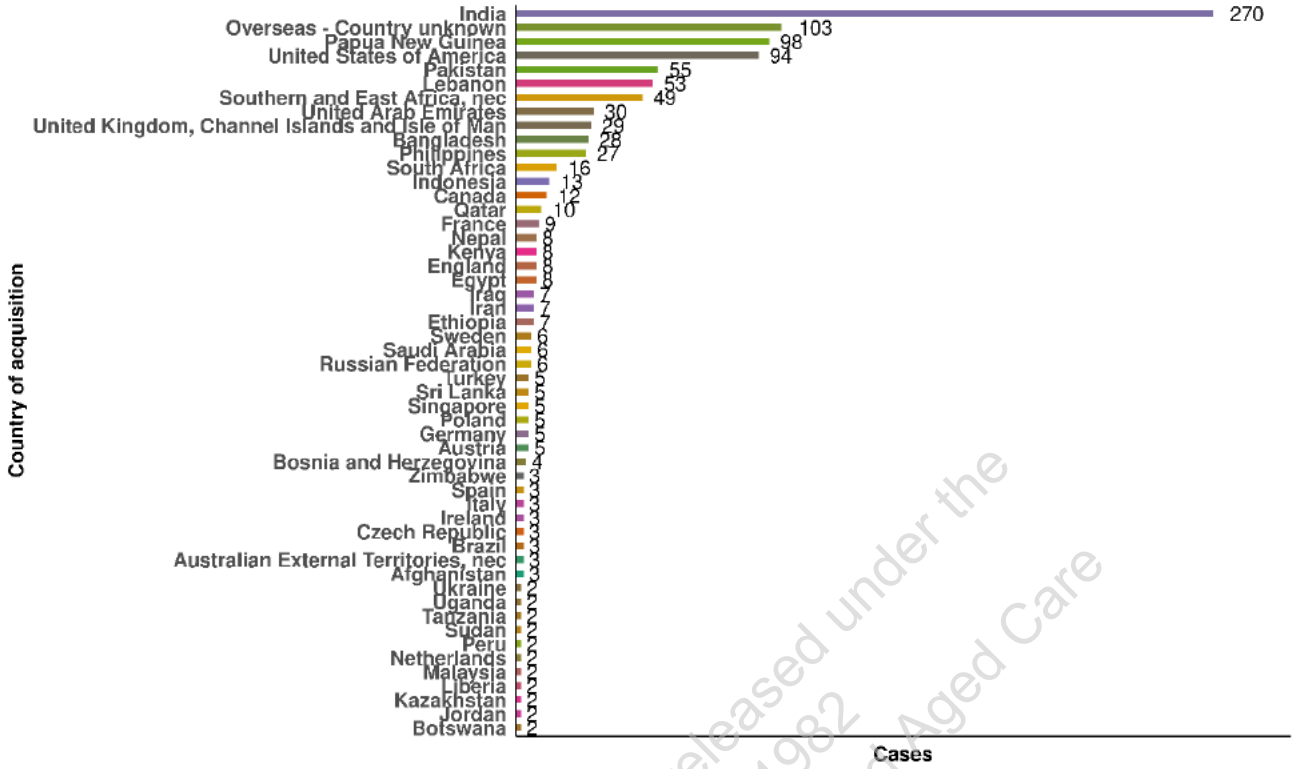


Figure 9. Number of overseas acquired cases by top countries of acquisition, 01 January to 02 May 2021

Data source: National Notifiable Diseases Surveillance System, extracted 04 May 2021.



Virology (AusTrakka)

Since June 2020, AusTrakka has been receiving SARS-CoV-2 sequences from contributing laboratories in all jurisdictions across Australia and New Zealand. From December 2020, there has been a particular interest in surveillance of the three specific Variants of Concern (VOC) in the Australian and New Zealand populations: B.1.1.7, B.1.351 and P.1. A number of Variants of Interest (VOI) are also included in AusTrakka monitoring activities. Notably, B.1.466.2 appears to be the dominant lineage in returned travellers from Papua New Guinea at the moment; however, the biological significance of the lineage is still unclear.

Below is a summary of the latest data from AusTrakka, reporting on the number of samples identified as VOCs or VOIs in Australia and New Zealand to date.

Table 5. Number of samples identified as variants of concern and variants of interest in the Australian population, 1 December 2020 to 19 April 2021

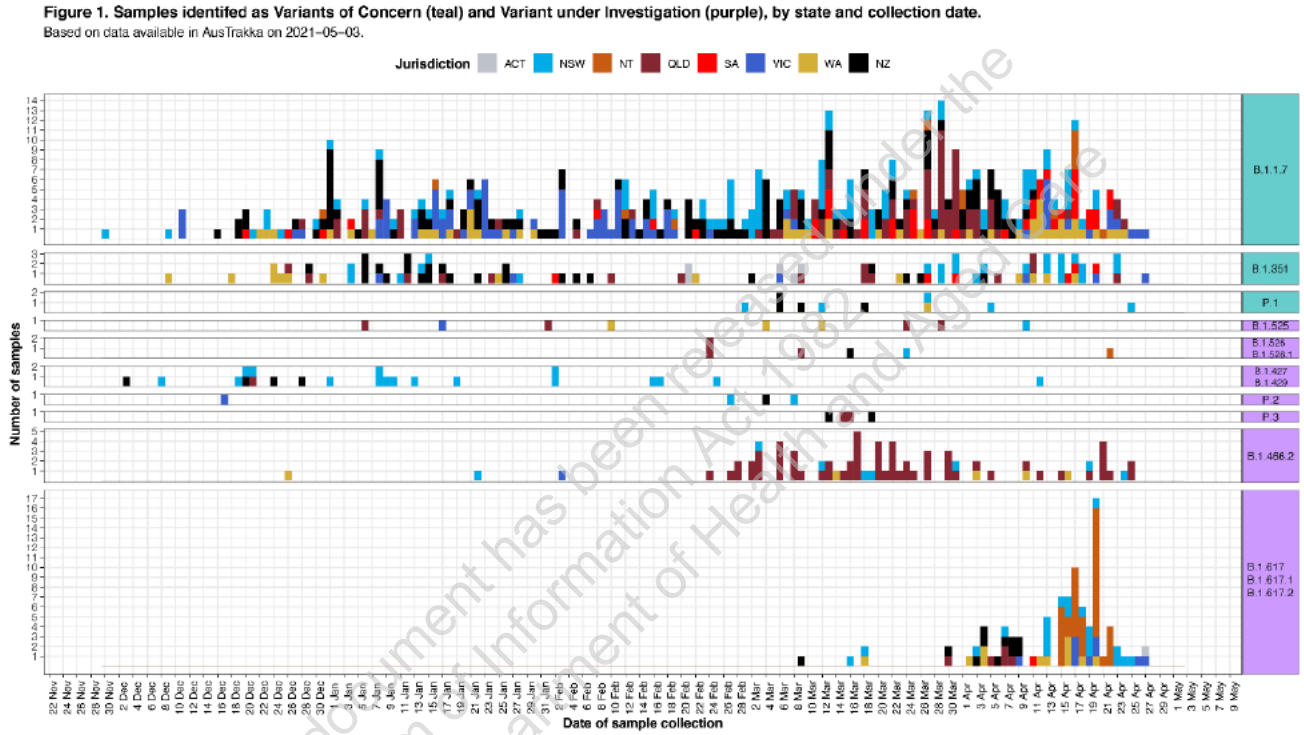
Data source: AusTrakka Phylogenetic Analysis Report SARS-CoV-2: Variant strains – Update 37, as at 03 May 2021

Variants of Concern	Number of samples identified in Australia	Number of samples identified in New Zealand
B.1.1.7	368	120
B.1.351	70	24
P.1	5	4
Variants of Interest	**Number of samples identified in Australia**	**Number of samples identified in New Zealand**

B.1.525	8	0
B.1.427 and B.1.429	18	4
P.2	3	1
P.3	2	2
B.1.466.2	75	0
B.1.526, B.1.526.1 and B.1.526.2	5	1
B.1.617, B.1.617.1 and B.1.617.2	92	11

Figure 10. Samples identified as variants of concern (teal) and variants under investigation (purple), by state and collection date

Data source: AusTrakka Phylogenetic Analysis Report SARS-CoV-2: Variant strains – Update 37, as at 03 May 2021



Descriptive epidemiology

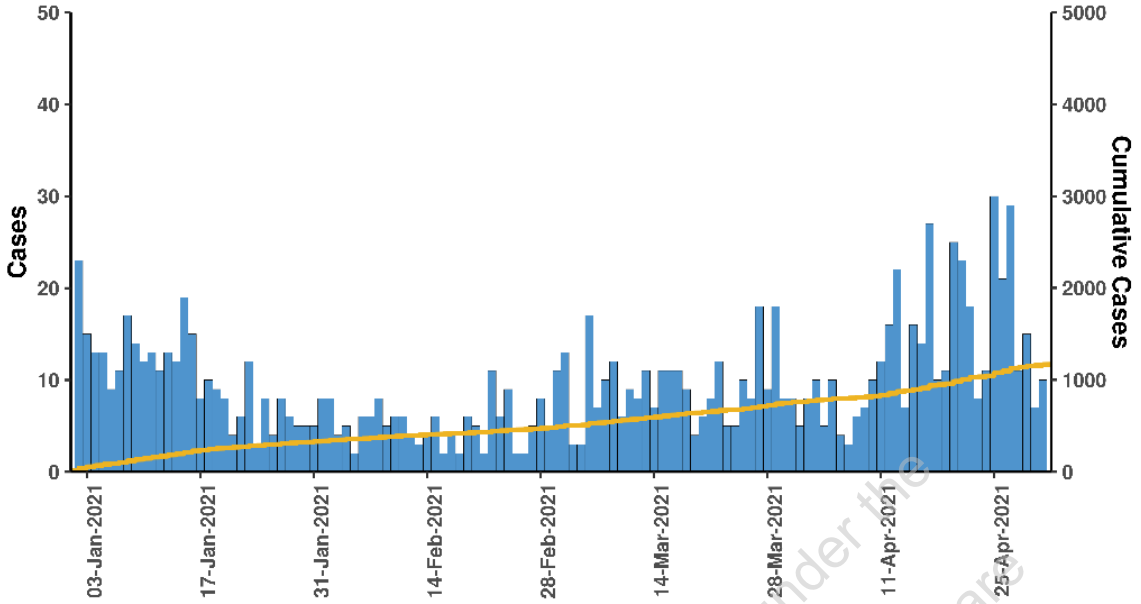
This section describes the epidemiology of COVID-19 in Australia. For more detailed information see the routine epidemiology reports in Communicable Diseases Intelligence.

Cases to date

Focusing on this year only and using diagnosis date from NNDSS, case numbers have remained low at less than 30 cases per day (Figure 11).

Figure 11. Number of new and cumulative confirmed cases in the year 2021, by diagnosis date*

Data source: National Notifiable Diseases Surveillance System, extracted 04 May 2021

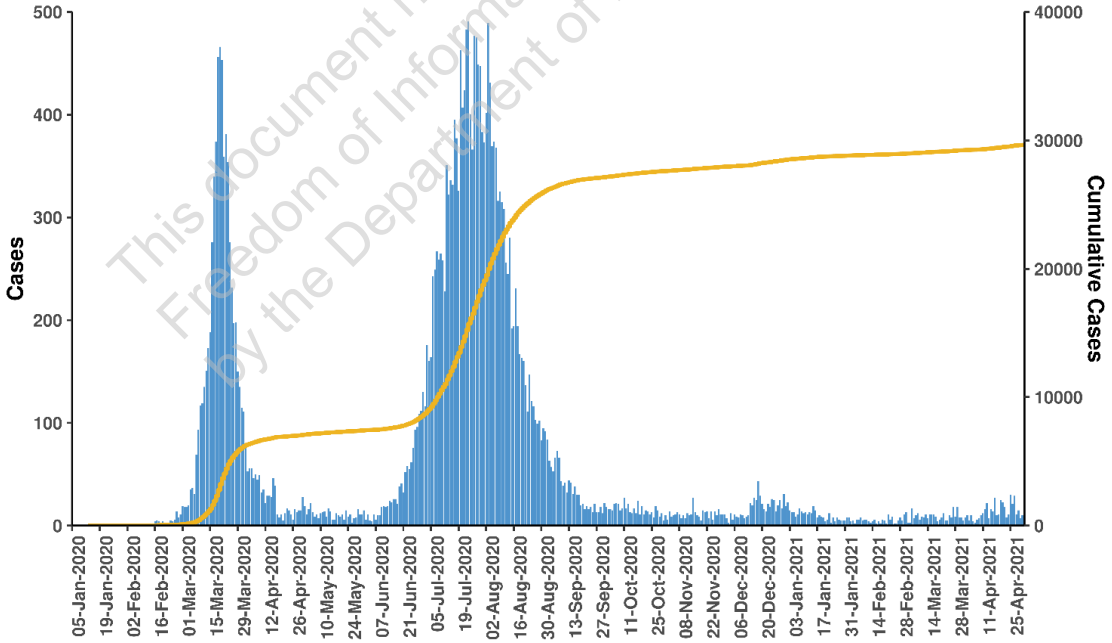


Cumulative cases

Over the course of the epidemic in Australia, there have been two distinct peaks in March and July 2020. From early August 2020, the number of reported cases began to decline. Since late-September 2020 a low number of new cases have been reported each day (Figure 12).

Figure 12. Number of new and cumulative confirmed cases since the beginning of the epidemic in Australia, by diagnosis date

Data source: National Notifiable Diseases Surveillance System, extracted 04 May 2021



Age of cases

The median age of overseas acquired cases is similar this week to that for 2021 as a whole, driven by the profile of returned international travellers. The median age and upper age limits of both locally and overseas acquired cases for the year 2021 compared to cumulatively suggest that older aged members of the community have been less at risk this year so far.

Table 6. Median age of cases, including interquartile range and overall range, comparing this week, year-to-date and overall among locally and overseas acquired cases, up to 18 April 2021

Data source: National Notifiable Diseases Surveillance System, extracted 20 April 2021

	Locally acquired cases			Overseas acquired cases		
	Median	Interquartile range	Range	Median	Interquartile range	Range
This week	NA∞	NA∞	NA∞	34	24 to 41	0 to 72
This year	33	24 to 47	1 to 77	33	25 to 44	0 to 86
Cumulative	35	24 to 54	0 to 106	41	28 to 59	0 to 97

∞ There was only one locally acquired cases with a diagnosis date within this week

Aboriginal and Torres Strait Islander cases

Up to 02 May 2021, there have been 153 cases in Aboriginal and Torres Strait islander people, approximately 0.5% of all confirmed cases in Australia, since the beginning of the epidemic. The Indigenous status is unknown for 7% (2,034/29,650) of cases.

There have been no deaths associated with COVID-19 in Aboriginal and Torres Strait Islander people. Up to 2 May 2021, it has been 34 days since the last locally acquired Aboriginal and Torres Strait Islander case was diagnosed and 18 days since the last overseas acquired Aboriginal and Torres Strait Islander case was diagnosed. The majority of Aboriginal and Torres Strait Islander cases were reported as locally acquired (75%; 117/153). The median age of all Aboriginal and Torres Strait Islander cases is 31 years old (range 1 to 95 years, IQR: 21 to 50 years) and there have been slightly more female (57%; 87/153) than male (43%; 66/153) cases in this population.

Severity

Deaths

Up to 18 April 2021, a total of 910 COVID-19 deaths have been reported across Australia since the beginning of the pandemic.

All of these deaths were associated with COVID-19 as defined in the Series of National Guidelines (SoNG). The date of death for the most recent case has not yet been reported to the NNDSS. The median age of males who died from COVID-19 was 84 years (range 27 to 101 years, IQR: 77 to 90 years), while the median age of females was 88 years (range 53 to 106 years, IQR: 83 to 93 years). Overall, the proportion of deaths (crude case fatality ratio) is relatively similar among males and females with 3.2% of male cases resulting in death (441/13,782) compared to 3.3% of female cases (469/14,342).

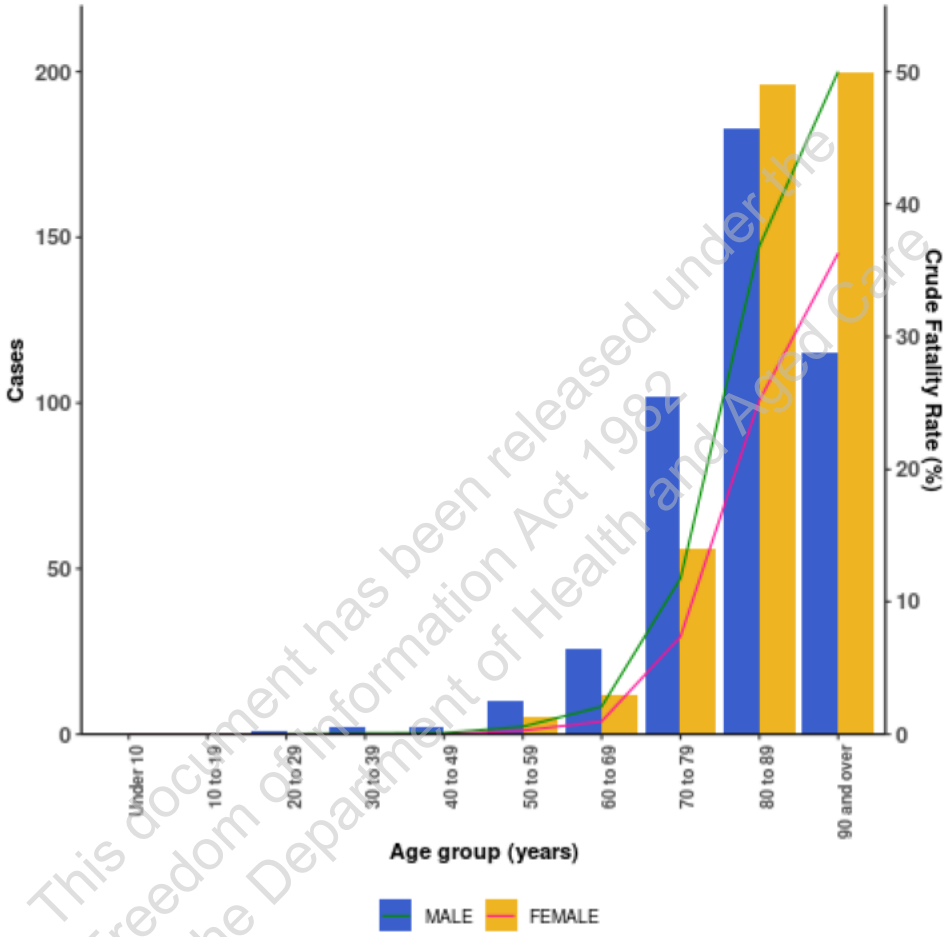
Table 7. Deaths by jurisdiction

Data source: NNDSS, extracted 04 May 2021, based on diagnosis date.

	Australia	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
Total deaths	**910**	3 (0.3%)	54 (5.9%)	0 (0.0%)	7 (0.8%)	4 (0.4%)	13 (1.4%)	820 (90.1%)	9 (1.0%)

Figure 13. Number of deaths and case fatality rate, by age group and sex, Australia

Data source: National Notifiable Diseases Surveillance System, extracted 04 May 2021.



International situation

Countries and Territories in the near region

Globally, new COVID-19 cases rose for a ninth consecutive week with over 5.7 million new cases reported in the past week. For the second successive week, the number of new cases reported in a weekly period is the highest since the start of the pandemic. New deaths increased for a seventh consecutive week with over 93,000 reported, with the total global death toll from COVID-19 at over 3.1 million since the pandemic commenced [1]. India, Brazil and the United States of America reported both the most new cases in the past week and the most new deaths in the last 7 days [2].

In Australia's near region, the WHO regions of South East Asia and Western Pacific reported over 2.8 million new cases and almost 26,000 new deaths in the past week. The South East Asia Region reported the highest increase in new cases (47%) and second highest increase in deaths (27%) worldwide, driven largely by the increase in COVID-19 activity in India. The Western Pacific Region recorded the second lowest increase in cases globally (2%) and the lowest increase in new deaths (1%) [1]. Of interest this week:

India (20,282,833 cumulative cases, 222,408 deaths): last reported 3 May 2021. The World Health Organization reported 725,376 new cases and 6,866 deaths in the past week, bringing the cumulative cases of COVID-19 in India to over 20 million since the start of the pandemic [2]. On Sunday 2 May, almost 3,700 new deaths were recorded, the highest ever daily number in India. Some states have enforced varying levels of lockdown, with discussions regarding a nationwide lockdown ongoing [3].

Nepal (343,418 cumulative cases, 3,362 deaths): last reported 4 May 2021. The World Health Organization reported 14,525 new cases and 64 deaths in the past week so far, noting the data may be incomplete at the time of reporting [2]. Nepal is experiencing a significant spike in new cases, with the highest number of new weekly cases since the start of the pandemic occurring in the previous week and the highest daily tally of 7,137 cases reported on Sunday 2 May. A national lockdown has been in force since 29 April, and all domestic and international flights cancelled until May 14. All international travellers are required to obtain a negative PCR test 72 hours prior to departure to Nepal, as well as being subject to mandatory 10 days of hotel quarantine upon arrival [4].

The Philippines (1,067,892 cumulative cases, 17,622 deaths): last reported 4 May 2021. The Philippines Department of Health reported 14,549 new cases and 405 deaths in the last week, noting that the most current numbers are an underrepresentation of actual cases due to a number of testing laboratories not submitting figures before the reporting deadline. Data from the previous two weeks shows the number of new cases and deaths are declining, but are still at levels significantly higher than observed before the current outbreak. Bed occupancy is at 48.7% nationwide, with 196 out of 824 facilities with COVID-19 beds at 85% occupancy or greater [5].

Further information on the international situation is available in the WHO's Weekly Epidemiological Update and Coronavirus (COVID-19) Dashboard.

References

1. World Health Organization – accessed 5 May 2021. Available from: https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---4-may-2021

2. World Health Organization – accessed 5 May 2021. Available from: https://covid19.who.int/

3. BBC News – accessed 5 May 2021. Available from: https://www.bbc.com/news/world-asia-india-56976214

4. Economic Times – accessed 5 May 2021. Available from: https://economictimes.indiatimes.com/news/international/world-news/amid-covid-19-surge-nepal-bans-all-domestic-international-flights/articleshow/82363371.cms

5. Republic of the Philippines Department of Health – accessed 5 May 2021. Available from: https://doh.gov.ph/covid19tracker

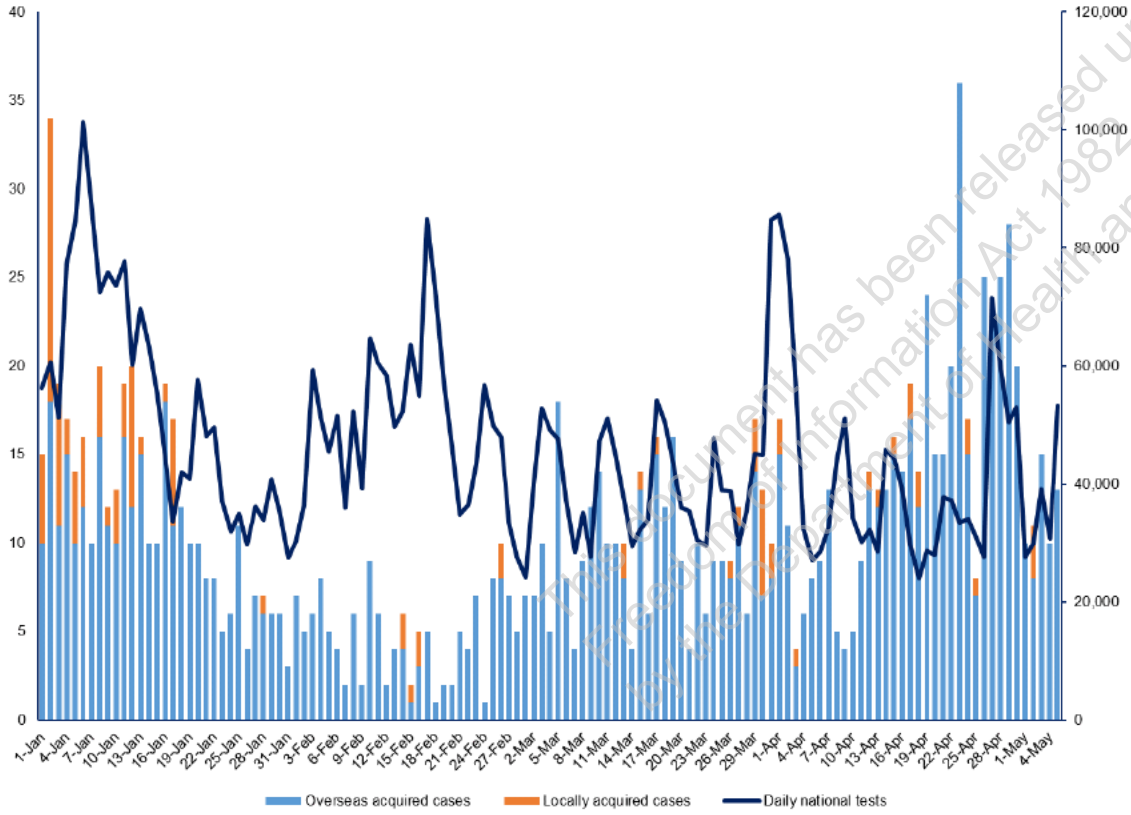
COVID-19 epidemiology update

National Cabinet – 7 May 2021

Australian, State and Territory Governments

Confirmed cases and testing, 2021

Source: Jurisdictional reporting as at 5 May 2021



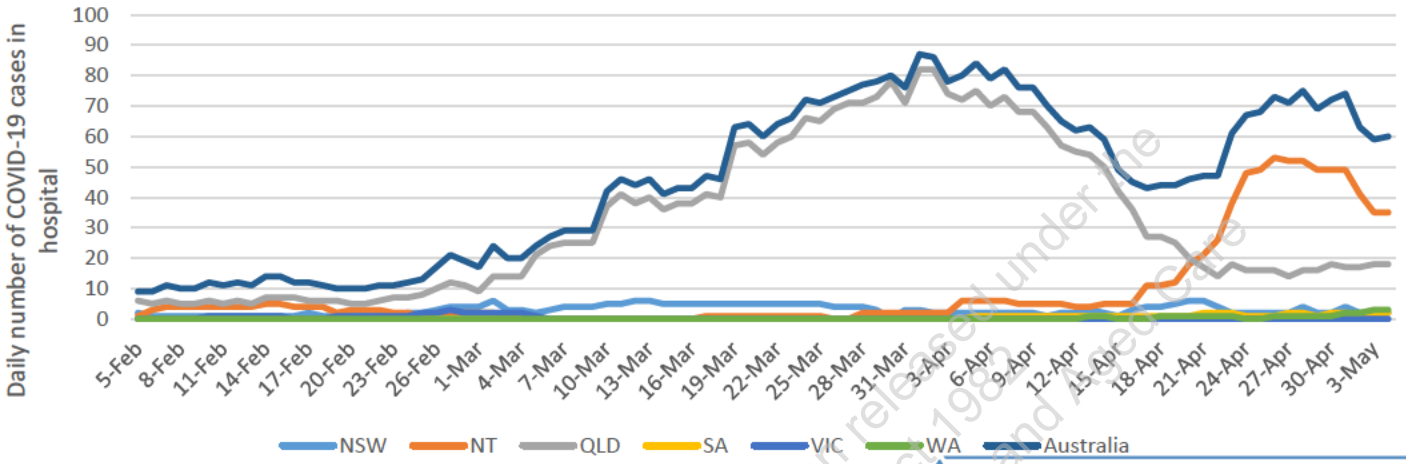
Where we are now:

As at 1200hrs, **06 May 2021**:

- A total of **29,886 cases**, including **910 deaths** have been reported since January 2020.
- Since the beginning of 2021:
  - **1,365 cases** and **1 death** have been reported.
  - **90%** of cases have been overseas acquired.
  - **77 days** where there were no locally acquired cases reported.
- Over the past week, there were **108 cases**. Of these, **96% (104 cases) were overseas acquired.**
- There are currently **243 active cases.**
- There is currently **one person** in ICU.

Australian, State and Territory Governments

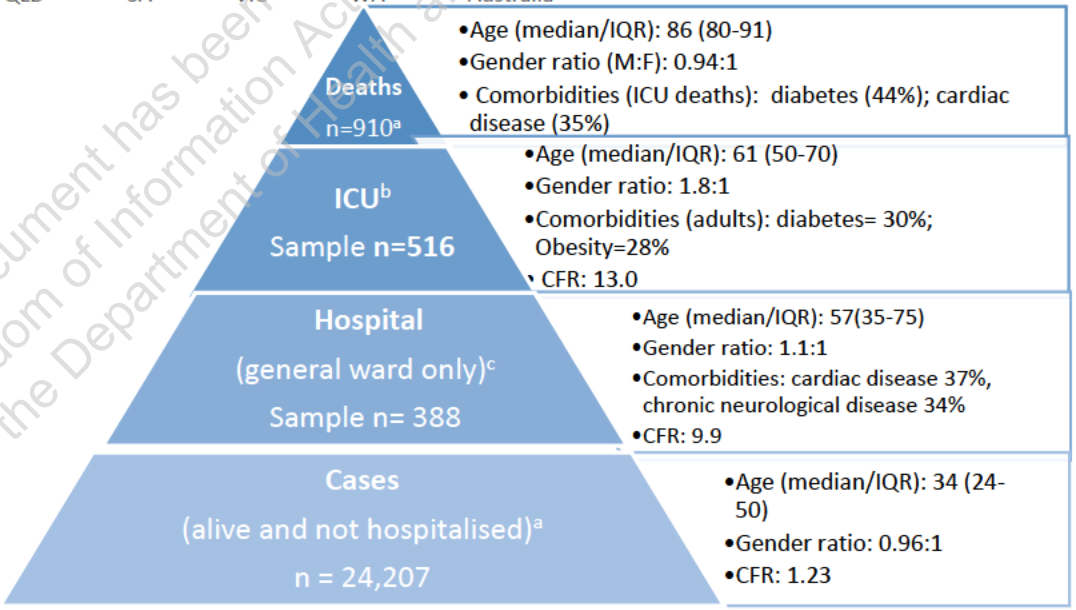
Hospital occupancy trends – 3 months



Daily number of hospitalised COVID-19 cases by jurisdiction, 5 February to 4 May 2021

Disease severity trends

- Males more likely admitted to hospital and particularly ICU.
- Median age increases with disease severity.
- Case fatality rate increases with each decade of life.
- Comorbidities - risk factors for severe disease and death include hypertension, obesity and diabetes.



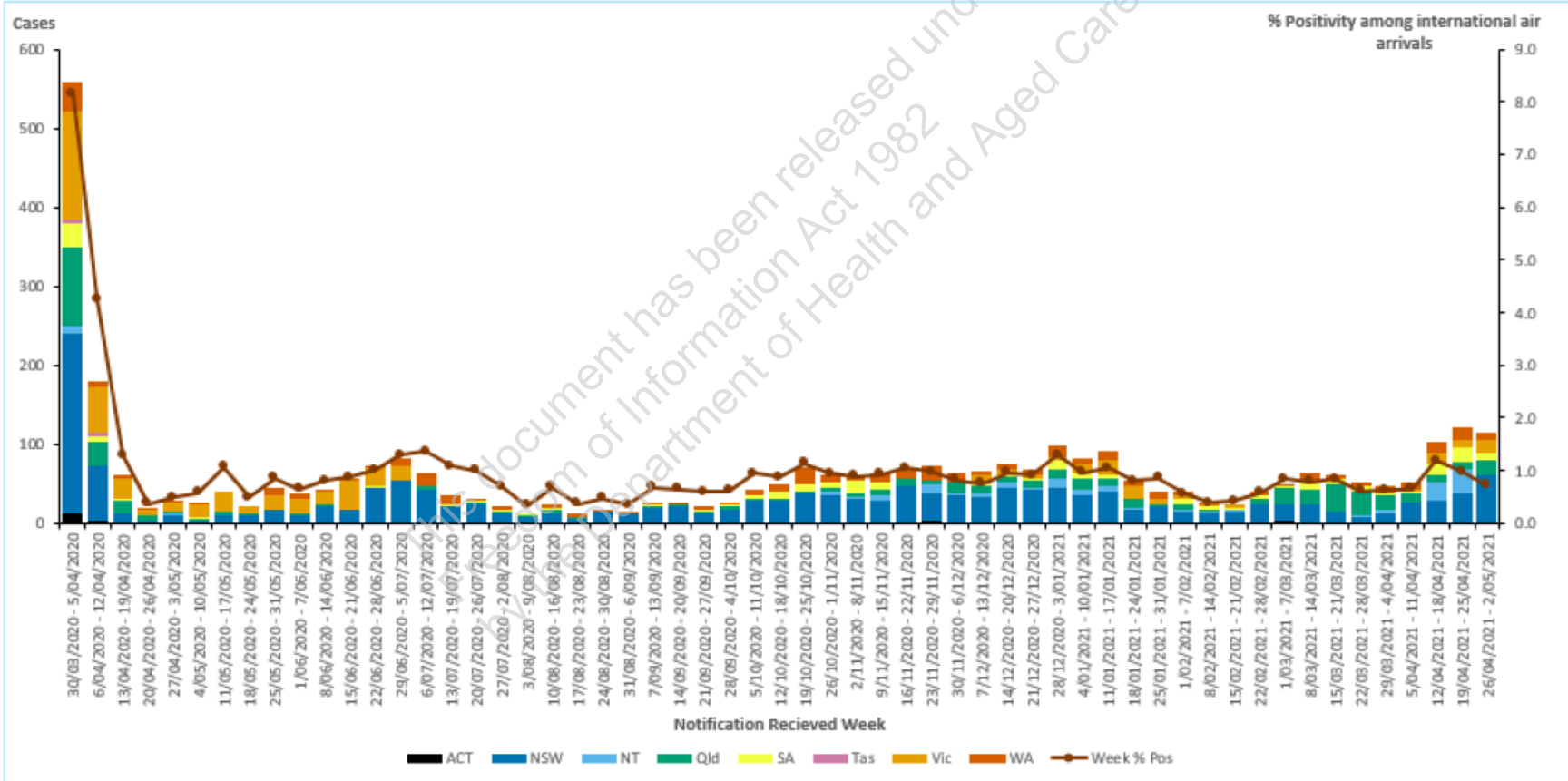
a Source: National Notifiable Diseases Surveillance System (NNDSS) – data to 6 April, 2021
b Source: SPRINT-SARI – data to 25 October, 2020
c Source: FluCAN – data to 14 March, 2020

Australian, State and Territory Governments

Overseas-acquired cases by state and positivity among air arrivals

30 March 2020 to 2 May2021

Source: NNDSS and ABF, as at 2 May 2021

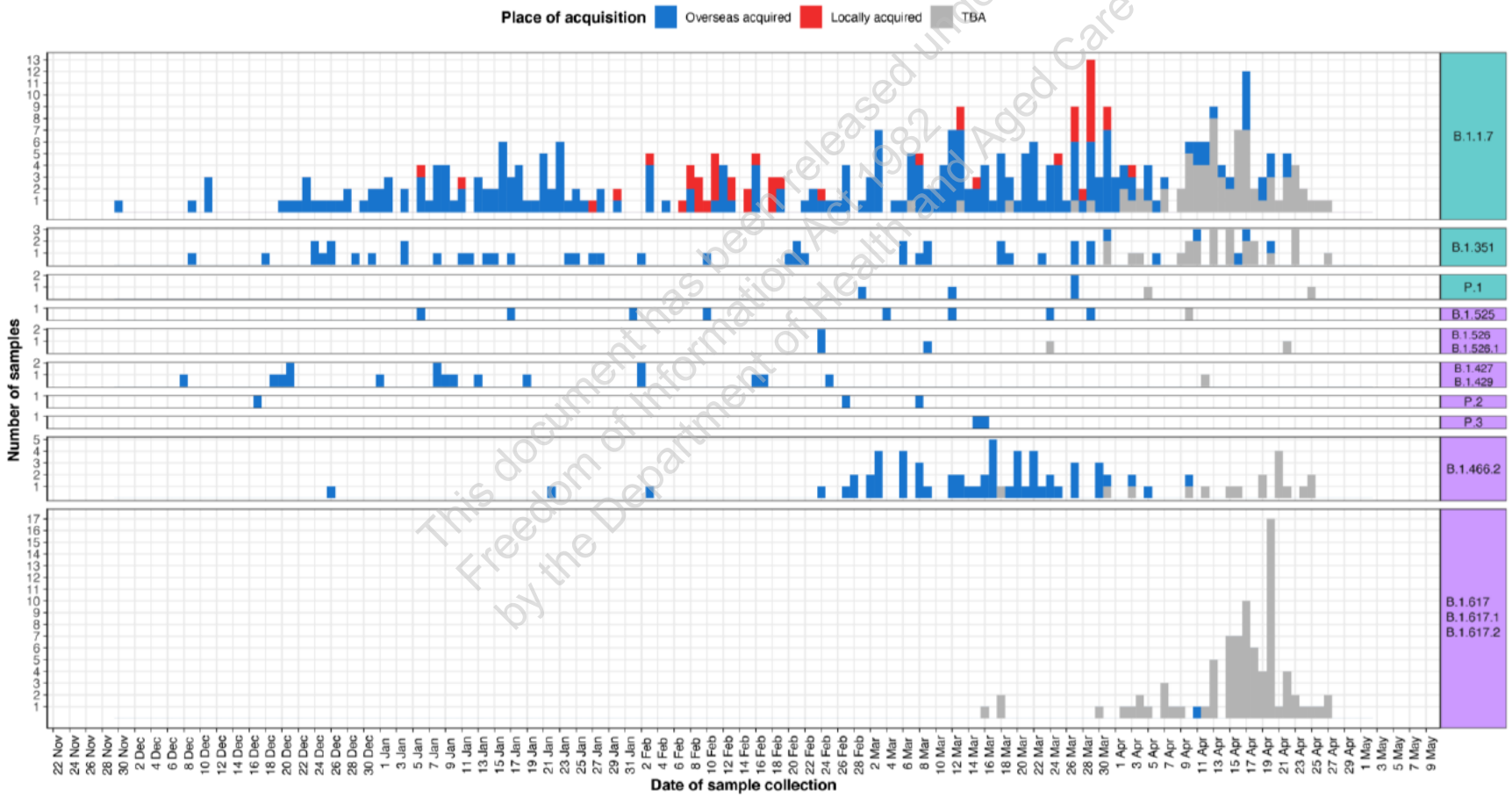


Australian, State and Territory Governments

COVID-19 Variants of Concern and Lineages of Interest

Place of acquisition for samples identified as Variants of Concern (teal) or Variants under Investigation (purple) by lineage and collection date

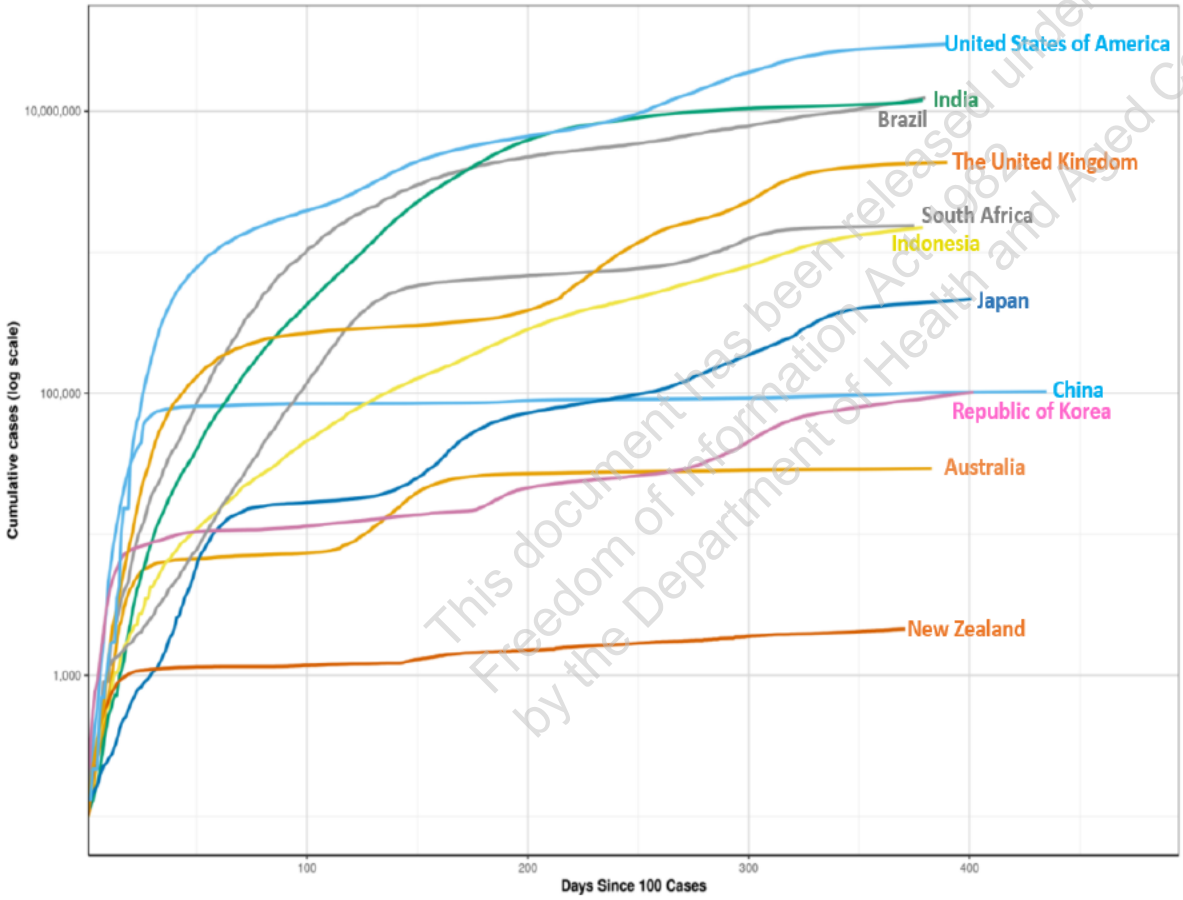
Source: Prepared by the AusTrakka National Analysis Team on behalf of the Communicable Diseases Genomics Network. Based on data available in AusTrakka 3 May 2021.



Australian, State and Territory Governments

Global – Logarithmic epidemic curve of confirmed cases after the first 100 cases of COVID-19 for various countries

Source: WHO Coronavirus 2019 Dashboard, as at 5 May 2021



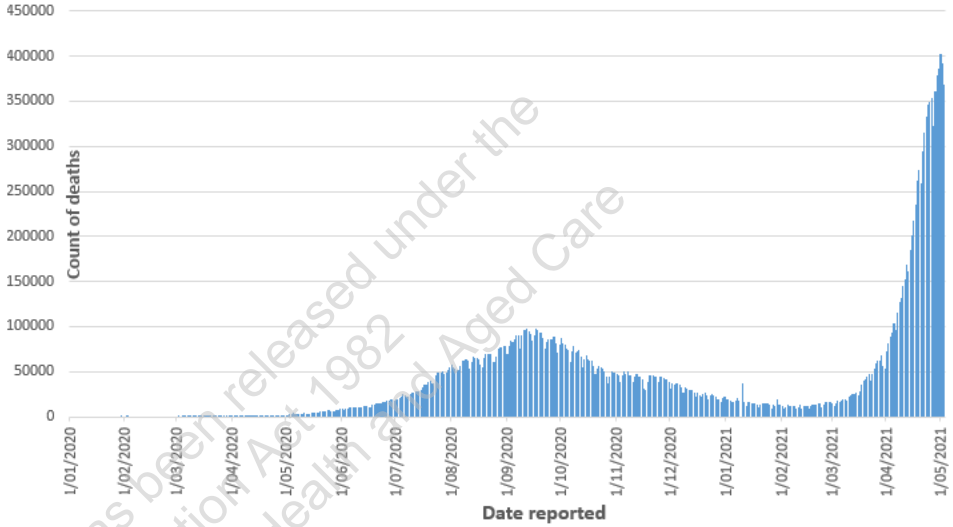
As at 1200hrs, 06 May 2021:

- Over **154 million cases** globally, including over **3.2 million deaths**, have been reported.
- Since the beginning of 2021:
  - **72 million cases** globally, including over **1.4 million deaths**, have been reported.

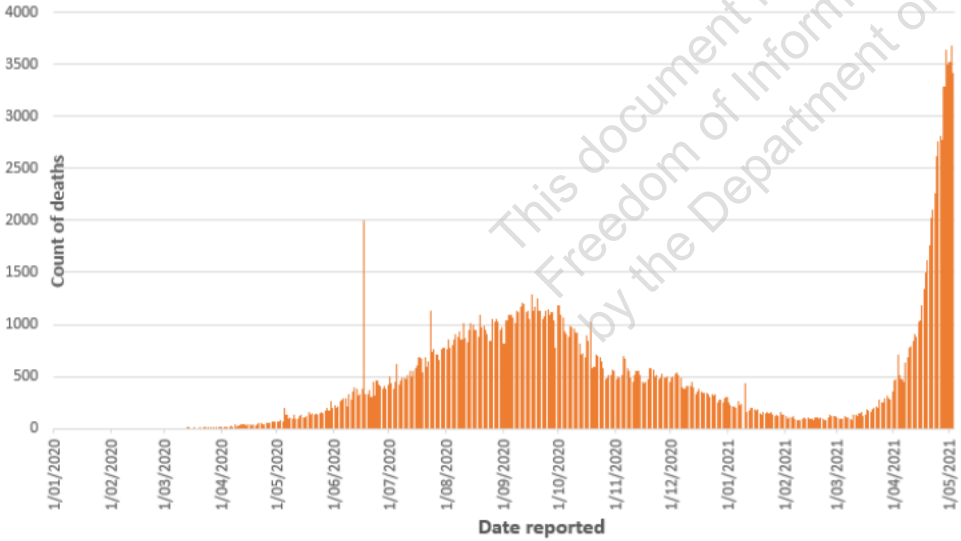
Australian, State and Territory Governments

COVID-19 cases and deaths reported in India

COVID-19 cases, India, 1 January 2020 to 4 May 2021
Source: World Health Organization, extracted 5 May 2021



COVID-19 deaths, India, 1 January 2020 to 4 May 2021
Source: World Health Organization, extracted 5 May 2021

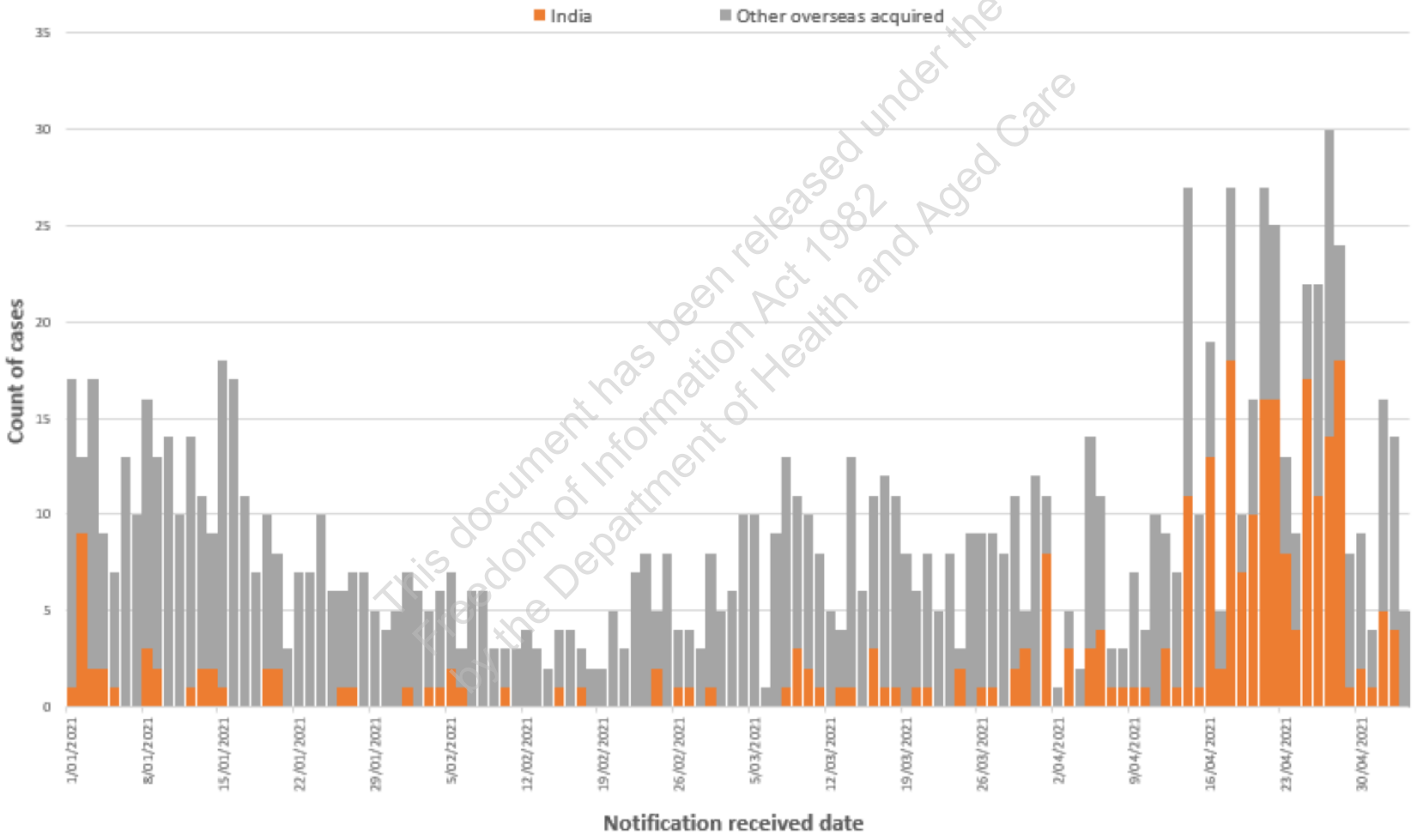


Australian, State and Territory Governments

Overseas acquired COVID-19 cases from India and other countries

Covid-19 cases acquired in India and other countries, by week 1 January to 04 May 2021

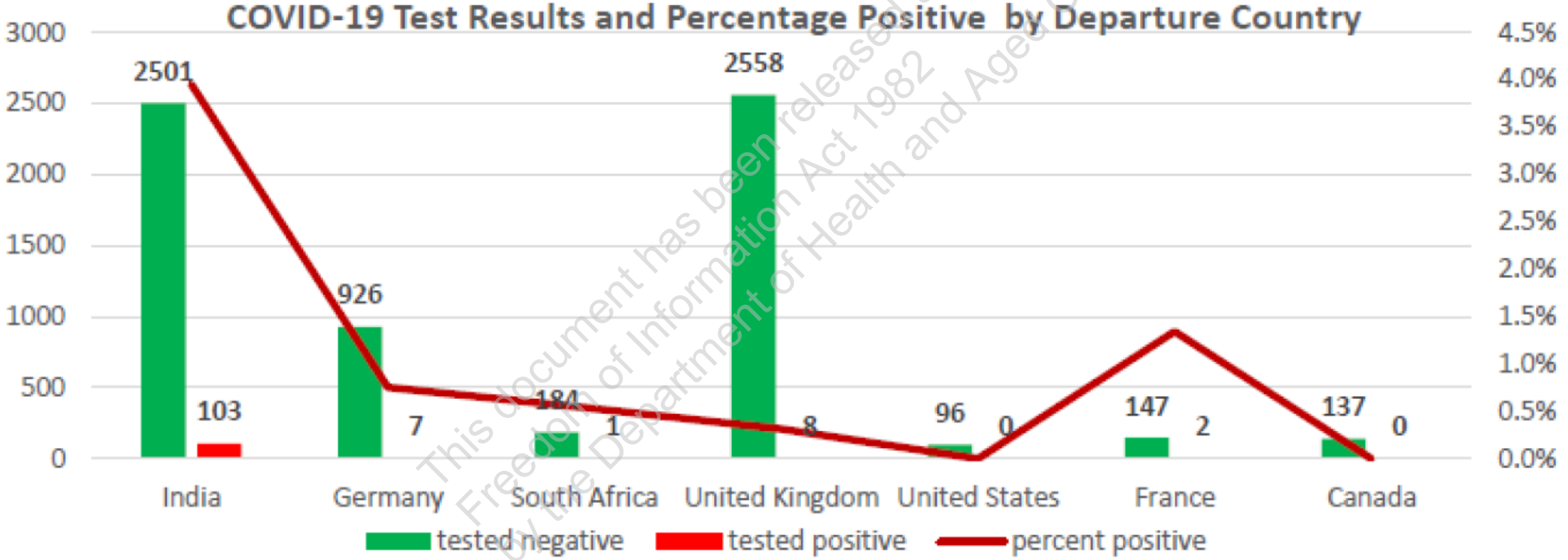
Source: National Notifiable Disease Surveillance System, extracted 5 May 2021



Australian, State and Territory Governments

Organised national repatriation of Australians – Howard Springs

COVID-19 positivity by country of repatriation, 23 October 2020 to 30 April 2021 2021
Source: Howard Springs Repatriation data, 30 April 2021



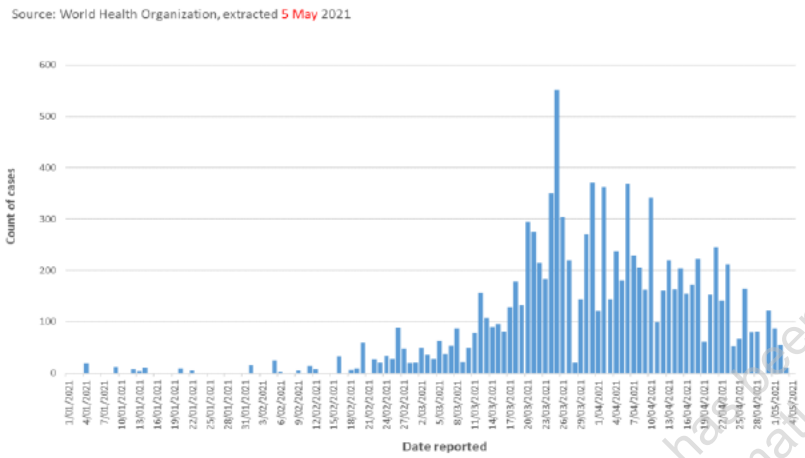
*Note: 'India' refers to a repatriation flight on 8 January 2021 which received passengers in both New Delhi and Chennai

Australian, State and Territory Governments

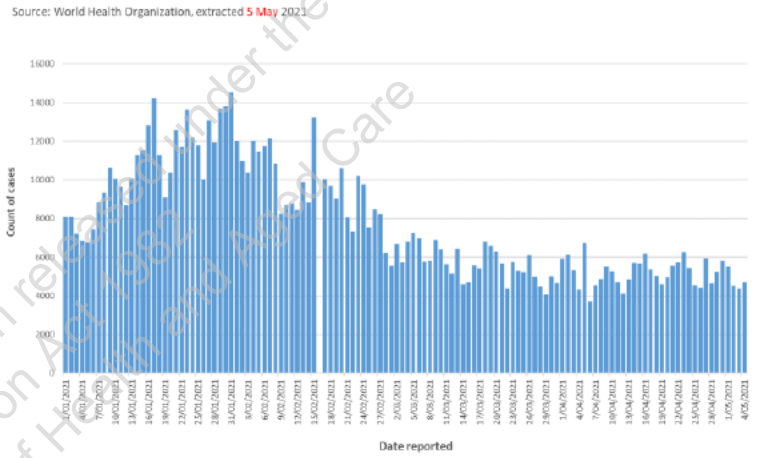
Epidemic curves of countries in the region 01 January to 28 April 2021

Source: World Health Organization, extracted 5 May 2021

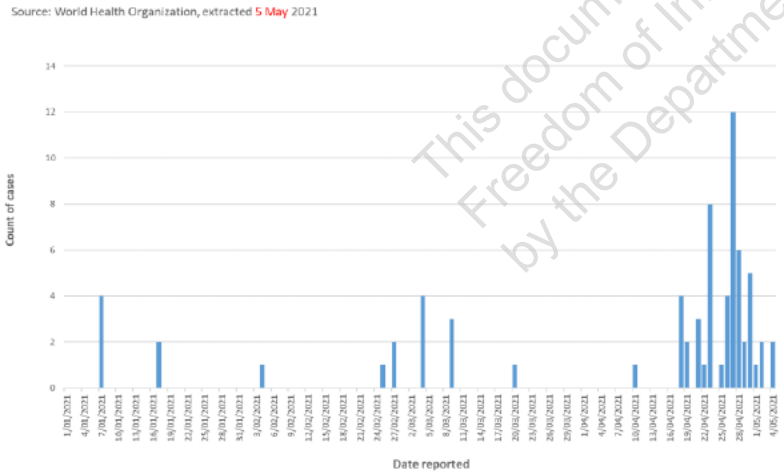
Papua New Guinea



Indonesia



Fiji



Timor-Leste