# STATUS OF PRECEDENT CONDITIONS

| Precedent Conditions | Status – 27 May 2020 | Status – 10 June 2020 | Status – 24 June 2020 |
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| Situational awareness of current measures and their impact |
| Sophisticated surveillance of disease incidence and spread | Expansion of disease surveillance mechanisms nationally is occurring in-line with the Australian National Disease Surveillance Plan for COVID-19. Indicators identified in the surveillance plan that support evaluation of disease incidence and spread are currently considered to be fully implemented for the most part within jurisdictions, with accurate capture at the national level in the process of being finalised.Testing recommendations are being implemented by jurisdictions in accordance with the Communicable Diseases Network Australia (CDNA) national COVID-19 guidelines for public health units and AHPPC recommendations. | No Change | No Change |
| At the national level, serosurveillance is a longer term goal that will be guided by the Australian National Disease Surveillance Plan for COVID-19. Jurisdictions are involved in the advanced planning stage for the first national serosurveillance study, coordinated by National Centre for Immunisation Research and Surveillance and the Kirby Institute (funded by the NHMRC).A NSW-based seroprevalence survey is currently underway. | No Change | No Change |
| Community adherence and acceptance to public health measures | Acceptance - Community acceptance has been assessed over the past 8 weeks and will be ongoing. Adherence - While there has been a steady increase in population mobility, this does not differentiate between ‘macro-distancing’ and micro-distancing’ | Acceptance - although community acceptance of public health measures has remained relatively stable during the reporting period, there has been a slight decrease in some key preventative behaviours.Adherence - modelling suggests that while the increase in macro-distancing is consistent with changes, there is a decrease in adherence to the 1.5m rule (micro-distancing). | Acceptance - community acceptance of public health measures has remained stable. Adherence - modelling suggests that levels of both macro-distancing and micro-distancing behaviour have waned since both peak adherence in early April and the last PHIP reporting period. There has been a decrease in good hygiene, physical distancing and self-isolation. |
| **FINALISED SURVEILLANCE PLAN** |
| Must be wholly enabled with adequate resources | The Australian National Disease Surveillance Plan for COVID-19 has been finalised. Implementation continues. | No change | No change |
| **MODELLING** |
| A better understanding of the implications of the modelling and a better understanding of the characteristics and transmission of the virus. | Modelling has been conducted the effective reproduction rate, deviation from state-level transmission potential, future impact on health care system capacity community adherence, PPE and testing demand. All analyses appear to have sufficient data though modelling of community adherence only provides an overall picture of population mobility, rather than the types of mobility. | No change | No change |
| **COMPLETE MATURATION OF PUBLIC HEALTH CAPACITY** |
| Capacity to conduct testing more broadly | Jurisdictions have already expanded testing.  | No change | No change |
| Testing has expanded, as per the COVID-19 Testing Framework. | No change | No change |
| Testing has been expanded to include those with acute respiratory illness. Further encouragement of those who have respiratory symptoms to seek testing is needed, and expansion of contact tracing and time limited epidemiological cohort studies are being developed. | No change | No change |
| Supply chains for tests, reagents and swabs is established and continues to be monitored. Continuity of supply into the Australian market of tests and reagents of the COVID-19 testing platforms in use is assured and is enough to meet demand at the moment. | No change | No change |
| Public health workforce | Jurisdictions have well developed, skilled core public health teams available to respond quickly to cases. | No change | No change |
| Contact-tracing capacity | Contact tracing mechanisms are well established in jurisdictions, and the Australian National Disease Surveillance Plan for COVID-19, in conjunction with the Testing Framework detail expansion of disease surveillance and testing. | No change | No change |
| Jurisdictions have plans in place to rapidly surge capacity for contact tracing. | No change | No change |
| Technology for contact tracing, data collection and analysis | As at 25 May, the number of COVIDSafe registrations was > 6.million. | As at 7 June, the number of COVIDSafe registrations was >6.3 million | As at 23rd June, the number of COVIDSafe registrations was 6.4 million. |
| **ASSURANCE OF ADEQUATE HEALTH SYSTEM CAPACITY** |
| Health system status | The health system is currently able to manage usual healthcare needs in addition to current levels of COVID-19 related illness. | No change | No change |
| Surge Capacity | The health system currently has the ability to surge. | No change | No change |
| Hospital beds/Ventilators | Jurisdictions provide daily updates on bed states, including ICU beds and patients requiring ventilation/ECMO (Extracorporeal membrane oxygenation).  | No change | Hospital beds/Ventilators |
| Stocks of PPE – Masks  | The National Medical Stockpile details Personal Protective Equipment stores in Australia.National Medical Stockpile has capacity to meet 8 week mask demand for States and Territories and Primary Health Network distributions, out until end December 2020 (at current usage rates). Significant additional orders are still to come and local manufacturing capability is developing. | No change | No change |
| Stocks of PPE – Gowns and gloves | Jurisdictional data indicate that the supply lines for gowns have improved, however gloves (sterile and non-sterile) remain a potential pressure.  | No change | Pressure on the supply of gowns has eased, though some jurisdictions are still experiencing issues. Supply of both sterile and non-sterile gloves is still an issue which will be monitored. |
| Stocks of healthcare consumables | TGA monitors drug and Australian Register of Therapeutic Goods registered consumable shortages. There are currently no reported shortages. | No change | No change |
| Stocks of laboratory consumables (tests, reagents and swabs) | The Department has invested heavily in securing a strategic reserve of pathology supplies, including COVID-19 tests, reagents and swabs; and is working in collaboration with public and private pathology providers to ensure that laboratory consumable needs continue to meet testing demand. | No change | The first modelling report is being reviewed by the Department. |
| Ongoing workforce training | Ongoing training for critical care nurses is occurring. | No change | No change |