

STATUS OF PRECEDENT CONDITIONS

PRECEDENT CONDITIONS	STATUS – 27 MAY 2020	STATUS – 10 JUNE 2020	STATUS – 24 JUNE
SITUATIONAL AWARENESS C	DF CURRENT MEASURES AND THEIR IMPAC	СТ	
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 - communit measures has remained Adherence - modelling distancing and micro-di since both peak adhere reporting period. There hygiene, physical distar



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ng suggests that levels of both macrodistancing behaviour have waned erence in early April and the last PHIP re has been a decrease in good tancing and self-isolation.



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FINALISED SURVEILLANCE PLAN	N		
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 PU	BLIC HEALTH CAPACITY		
Capacity to conduct testing more	Jurisdictions have already expanded testing.	No change	No change
broadly	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



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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 nu was 6.4 million.
ASSURANCE OF ADEQUATE HEA	ALTH 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/Ventilator
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 jurisdictions are still exp sterile and non-sterile g monitored.
Stocks of healthcare consumables	TGA monitors drug and Australian Register of Therapeutic Goods registered consumable	No change	No change



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y of gowns has eased, though some periencing issues. Supply of both gloves is still an issue which will be



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		shortages. There are currently no reported shortages.		
	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 repor Department.
	Ongoing workforce training	Ongoing training for critical care nurses is occurring.	No change	No change



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