

## STATUS OF PRECEDENT CONDITIONS

PRECEDENT CONDITIONS	STATUS – 1 MAY 2020	STATUS – 27 MAY 2020	STATUS – 10 JUNE 2020
<b>SITUATIONAL AWARENESS OF CURRENT MEASURES AND THEIR IMPACT</b>			
Sophisticated surveillance of disease incidence and spread	PART 2: IMMEDIATE ACTIONS	<p>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.</p> <p>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.</p>	No change
	Three areas in which all jurisdictions can immediately act to fundamentally alter the trajectory of mental health impacts of COVID-19 and limit adverse downstream outcomes are detailed below.	<p>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.</p>	No change
Community adherence and acceptance to public health measures	<p>Community adherence to public health measures is currently being assessed through modelling of mobility data available from public and other sources. There will be ongoing evaluation of this, which will be aligned with any adjustments of public health measures; to examine whether, and to what degree, the public is adhering to current advice. Public adherence will also be impacted by acceptability of public health measures. These will be monitored and assessed through market research (including surveys, polls, social media comments)</p>	<p>Acceptance - Community acceptance has been assessed over the past 8 weeks and will be ongoing.</p> <p>Adherence - While there has been a steady increase in population mobility, this does not differentiate between 'macro-distancing' and micro-distancing'</p>	<p>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.</p> <p>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).</p>

FINALISED SURVEILLANCE PLAN			
Must be wholly enabled with adequate resources	The Australian National Disease Surveillance Plan for COVID-19 has been developed and will continue to be updated.	The Australian National Disease Surveillance Plan for COVID-19 has been finalised. Implementation continues.	No change
MODELLING			
A better understanding of the implications of the modelling and a better understanding of the characteristics and transmission of the virus.	Regular modelling updates are provided. As more data is collected, the accuracy of models and our confidence in them increases.	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
COMPLETE MATURATION OF PUBLIC HEALTH CAPACITY			
Capacity to conduct testing more broadly	Jurisdictions have already expanded testing.	No change	No change
	As per the COVID-19 Testing Framework, there will be further testing increases.	Testing has expanded, as per the COVID-19 Testing Framework.	No change
	Of note is that testing has already 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	Sufficient public health personnel currently to contact trace quickly and extensively. Surge capacity is available, however as case numbers are currently low the workforce has been redistributed. Jurisdictions are confident that the workforce can be rapidly redeployed.	Jurisdictions have well developed, skilled core public health teams available to respond quickly to cases.	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 currently have the ability to contact trace both quickly and thoroughly, with the ability of this workforce to surge already established through training and upskilling of additional personnel.	Jurisdictions have plans in place to rapidly surge capacity for contact tracing.	No change
Technology for contact tracing, data collection and analysis	The COVIDSafe App was launched on 27 April 2020, with significant uptake within the first 24 hours (>2 million).	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
<b>ASSURANCE OF ADEQUATE HEALTH SYSTEM CAPACITY</b>			
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	
Surge Capacity	The health system currently has the ability to surge.	No change	
Hospital beds/Ventilators	Jurisdictions provide daily updates on bed states, including ICU beds and patients requiring ventilation/ECMO (Extracorporeal membrane oxygenation). Current status: has capacity, and surge abilities	No change	No change
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
Stocks of PPE – Gowns and gloves	Status of all holdings of gowns and gloves in the States and Territories requires confirmation. Further modelling, and an assessment on the security of supply lines are needed.	Jurisdictional data indicate that the supply lines for gowns have improved, however gloves (sterile and non-sterile) remain a potential pressure.	No change
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)	<p>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.</p> <p>Further modelling to support laboratory testing planning activities has been commissioned and is on track.</p>	No change	No change
Ongoing workforce training	<p>Workforce training to upskill and expand employee training has already occurred. There are currently enough workforce personnel (with surge capabilities able to be utilised if required). Ongoing training for critical care nurses would be required if an ICU surge occurred.</p>	No change. Ongoing training for critical care nurses is occurring.	No change