# STATUS OF PRECEDENT CONDITIONS

| Precedent Conditions | Status – 24 June 2020 | Status – 8 JULY 2020 | STATUS – 22 JULY 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 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. | No Change | Acceptance - Community acceptance of public health measures has remained stable during the reporting period.  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 in all states/territories except Victoria. In Victoria, there is evidence of increased adherence to the 1.5m rule and decreased population mobility. |
| **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. | Jurisdictions have redirected resources to Victoria to provide assistance where required. | 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. | Jurisdictions have redirected resources to Victoria to provide assistance where required. | No change |
| Technology for contact tracing, data collection and analysis | As at 23 June, the number of COVIDSafe registrations was 6.4 million. | As at 7 July, the number of COVIDSafe registrations was 6.5 million. The COVIDSafe App has now been released in the following languages: English, Mandarin, Cantonese, Vietnamese, Arabic and Korean. | As of 20 July there were over 6.74m registrations for the COVIDSafe app. The COVIDSafe App has now been released in the following languages: English, Mandarin, Cantonese, Vietnamese, Arabic, Korean, Greek  and Italian. |
| **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 | 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 | No change |
| Stocks of PPE – Gowns  and gloves | 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. | Jurisdictional data shows the supply of both sterile and non-sterile gloves continues to improve. However, the potential deficit of gloves remains an issue at this stage. | 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) | The first modelling report is being reviewed by  the Department. | Feedback on final modelling report provided to project team for action. | Final modelling report presented to AHPPC, PHLN  and CDNA. |
| Ongoing workforce training | Ongoing training for critical care nurses is occurring. | No change | No change |