

Record of meeting between the Minister for Health and the Acting Chief Health Officer

8 July 2022

Minister for Health: The Hon. Mary-Anne Thomas MP

Acting Chief Health Officer: Professor Ben Cowie

Acting Secretary, Department of Health: Katherine Whetton

Acting Deputy Secretary, Department of Health: Ryan Heath

Minister Thomas I would appreciate an update on the general epidemiological situation in Victoria.

Professor Cowie Transmission of COVID-19 is increasing in Victoria currently because of BA4/5 variants of concern. This has resulted in pressures on the hospital system noting that there are 629 people with COVID-19 in hospital today.

In considering the current situation, and what to expect moving forward, there are three key factors to consider:

1. Variants of concern – the Omicron variant of concern continues to pose a risk to Victoria as it is highly transmissible and more capable of evading existing vaccine- or naturally-acquired immunity. Available modelling suggests that this will result in a significant surge in cases in July-August 2022.
2. Plateauing vaccine uptake and waning immunity from past infection or vaccination – however I note the recent update from the Australian Technical Advisory Group on Immunisation regarding expanded eligibility for a fourth dose of COVID-19 vaccine to those aged 30 and above.
3. Impact of seasonality – COVID-19, like other respiratory infections is associated with a higher attack rate during winter due to higher levels of clustering indoors among other factors.

I note that there are similar pressures being experienced across other States and Territories as well.

Minister Thomas Given that update, what is your advice on measures to consider over the remainder of the winter period?

Professor Cowie I will take you through each proposed change, and I refer you to the table (also see below) sent through for further details.

1. I recommend that the three existing pandemic orders (Public Safety, Workplace, and Quarantine Isolation Testing Order) be continued.
2. Reinfection timeframes – in keeping with expected advice from AHPPC, the period recovered cases do not need to be tested or managed as a contact is reduced from 12 weeks to 4 weeks (28 days). This recognises the increased capacity for BA4/5 to breakthrough immunity provided by previous vaccination or infection.
3. Self-quarantine / isolation requirements – add a reason for cases to leave home to transport another person they live with to obtain essential food. In the context of some COVID-19 food relief programs scaling back or ceasing, this will provide additional ways for households to continue to access food and ensure those that may be disproportionately impacted by current restrictions will still be able to obtain essential food supplies.

4. Masks – I recommend that face covering requirements be amended to include the following additional settings:
 - a. Staff at early childhood services;
 - b. All staff at primary schools (across all year levels) and children (except prep to grade 2);
 - c. All staff and students at secondary schools;
 - d. Workers at retail and hospitality settings; and
 - e. Staff in public facing areas of airports.

Face coverings remain a low impost intervention that have been demonstrated to reduce the risks of COVID-19 transmission when applied with high uptake and coverage. I acknowledge that face mask requirements are not universally supported in the community, and it is open to the Minister to consider other means to achieve higher levels of mask use.

Minister Thomas Thanks to you and the public health team for this advice. Is there anything further you or others would like to add?

Ryan Heath Yes, I would advise that the 100% elective surgery volume cap be removed for private hospitals. This is essentially an administrative change which will allow more flexibility in the system. We are not recommending any restrictions to surgery noting there are other options for ensuring capacity in the system. There are consistent challenges in elective surgery across other jurisdictions.

Professor Cowie I support that advice. Minister, I would also like to provide some additional advice for consideration outside of Orders.

1. I note yesterday's update from ATAGI that expanded fourth dose vaccine access for all people aged 30 and above. I recommend that we take efforts to promote uptake by eligible people in Victoria.
2. Per my written advice, I strongly recommend that, during the coming period of increased transmission and resulting health system pressure in July and August, people work from home where practical to do so. While I acknowledge that working from home is not practicable for many essential workers, particularly from an equity perspective, I urge workplaces and higher education providers to use their discretion to facilitate working and studying from home if practicable.

Minister Thomas Can I clarify the conditions for a person leaving home to transport someone to obtain essential food?

Professor Cowie The Order requires that any person take appropriate precautions (e.g. wearing a mask) and only make the trip if essential.

Minister Thomas Are any other jurisdictions implementing mask mandates?

Professor Cowie I am not aware of any other jurisdictions implementing mask mandates at this time.

Minister Thomas Thank you. I acknowledge your advice. What timeframe are you working towards for new Orders?

Professor Cowie We are working towards new Orders to be effective at 23:59, Tuesday 12 July.

Minister Thomas Thank you, I am comfortable with that timing.

Meeting concludes

As at 8 July 2022, renewal of the three existing pandemic orders will likely be required as at 12 July 2022. Those orders are:

Item	Theme	Issue summary	Proposed Orders Change	PH Rationale for change or retaining current position
Public Safety Order				
1.	Pandemic Declaration Rollover of Public Safety Order	Renew order in line with the extension of the Pandemic Declaration.	<p>Retain the following settings:</p> <ul style="list-style-type: none"> • Face coverings must be carried and worn by individuals aged 8 and above: <ul style="list-style-type: none"> ○ in publicly accessible indoor area of a healthcare premises ○ on public transport ○ staff in courts, justice centres, prisons, remand centres and ○ in a resident-facing role at a care facility ○ inside an aircraft, if above the age of 12 • RA testing for visitors to a care facility 	<p>With more Victorians gathering indoors during cooler months, face coverings remain a low impost intervention that have been demonstrated to reduce the risks of COVID-19 transmission.</p> <p>Face masks should continue to be required in high-risk settings, including - but not limited to - hospitals, care facilities, healthcare settings, public transport (including aircraft), and custodial settings to reduce the risk of transmission, particularly as individuals who are at most risk of serious outcomes from COVID-19 may be living in or attending these settings. Masks are mandatory while inside an aircraft for those aged 12 years and older.</p> <p>Care facilities provide care and support for members of the community who may be elderly, frail immunocompromised, have complex care needs or multiple comorbidities. These health factors confer greater risk of severe adverse health outcomes due to COVID-19. Accordingly, in the context of sustained high levels of community transmission, it is proportionate to retain entry requirements for care facilities. Visitor entry requirements include attestation, pre-entry RA testing and face mask requirements.</p>
Workplace Order				
2.	Pandemic Declaration Rollover of Workplace Order	Renew order in line with the extension of the Pandemic Declaration.	<p>Retain the following settings:</p> <ul style="list-style-type: none"> • COVIDSafe Plan for work premises • Signage requirements to inform where face coverings are required • Protocols for responding to a symptomatic person in the workplace • COVID-19 third dose vaccination requirements for: <ul style="list-style-type: none"> ○ custodial workers ○ disability workers ○ emergency service workers ○ healthcare workers 	<p>As COVID-19 continues to circulate in the community there will be an ongoing risk of incursion, transmission, and outbreaks in workplace settings. To mitigate these workplace risks, employers should continue to maintain an up-to-date COVIDSafe Plan.</p> <p>Workplaces must still respond to a symptomatic person in the workplace by following the appropriate protocols and abiding by their COVIDSafe Plan for work premises.</p> <p>Third dose (booster) mandates should be retained for certain workforce cohorts that are involved in the care of at-risk populations, are at higher occupational risk of COVID-19 or are critical to maintaining emergency services.</p>

			<ul style="list-style-type: none"> ○ residential aged care facility workers, and workers at specialist school ● An employer/operator must collect, record and hold vaccination information where vaccination requirements apply ● Restrictions on elective surgery 	Protecting the health and wellbeing of these workers may also limit workforce shortages, and ensure the ongoing delivery of safe and high-quality care to residents and patients. This is important as the healthcare system is expected to remain under stress throughout the winter period.
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Quarantine, Isolation and Testing Order (QITO)

3.	Pandemic Declaration Rollover of Quarantine, Isolation and Testing Order	Renew order in line with the extension of the Pandemic Declaration.	<p>Retain the following settings:</p> <ul style="list-style-type: none"> ● Diagnosed persons and probable cases must self-isolate for 7 days from the date they undertook a test which returned a positive result for COVID-19 ● Close contacts are not required to self-quarantine if they meet certain conditions, including: <ul style="list-style-type: none"> ○ undertaking RA tests 5 times within 7 days, ○ wearing a face covering whilst indoors when outside of home; and ○ avoiding sensitive settings. ● If close contacts do not comply with these conditions, they must self-quarantine for a period of 7 days ● Diagnosed persons, probable cases and close contacts can leave self-isolation or self-quarantine in circumstances including but not limited to an emergency, when required to do so by law, to escape the risk of harm, to receive urgent medical care, or similar ● Diagnosed persons and probable cases can also leave home to transport someone they reside with to work/education/healthcare under certain conditions ● CHO, DCHO, Directors of a Medical Lead or LPHU hold exemption powers to vary self-isolation or self-quarantine requirements. 	<p>Quarantine, isolation and testing requirements remain an important means of reducing transmission, protecting the community and maintaining health system capacity. Despite Victoria moving increasingly towards individual and community-led management of COVID-19, community transmission remains high.</p> <p>Isolation remains an effective intervention for reducing COVID-19 transmission, particularly as omicron and emerging sublineages continue to pose a risk. With increased transmission likely over the cooler months as people tend to gather indoors more and for longer periods, as well as plateauing vaccine uptake and waning immunity, retaining isolation settings will continue to protect the Victorian community and health system.</p> <p>Close contacts should continue to be required to either quarantine for seven days or be permitted to leave quarantine if specific additional precautions are taken to reduce the risk of onward transmission. These measures mitigate against societal disruption and workforce burdens associated with quarantine requirements while taking necessary steps to reduce onward transmission particularly in sensitive settings.</p> <p>The limited reasons an individual can leave isolation and self-quarantine will continue to ensure the health, wellbeing and safety of all Victorians. Exemptions to vary self-isolation and self-quarantine requirements may be granted at the discretion of the CHO, DCHO, Directors of a Medical Lead or LPHU.</p>
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In addition, below are proposed indicative amendments to the orders for consideration by the Minister for Health:

Item	Theme	Issue summary	Proposed Orders change	PH Rationale for change or retaining current position
Quarantine, Isolation and Testing Order (QITO)				
1.	Reinfection timeframes	<p>Diagnosed persons (positive COVID-19 test via PCR) and probable cases (positive COVID-19 test via RAT), are exempt from testing, quarantine and isolation requirements for a period of 12 weeks following the completion of their quarantine or isolation period.</p> <p>The number of repeat infections continues to rise, and with the emergence of additional variants, the immunity provided through infection may not be proportionate to the current exemption period.</p>	Amend the period of time that someone is recognised as a recent confirmed case from within 12 weeks, to within 4 weeks of the end of their isolation period.	This change aligns with recent guidance provided by the Communicable Disease Network Australia (CDNA) and endorsed advice from the Australian Health Protection Principals Committee (AHPPC) that the period recovered cases do not need to be tested or managed as a contact is reduced from 12 weeks to 4 weeks (28 days). There are multiple emerging Omicron sublineages that are becoming increasingly prevalent locally in Victoria and other Australian jurisdictions and will become dominant, as they have internationally. Emerging evidence suggests that the BA.4, BA.5 and BA.2.12.1 sublineages can evade prior immunity gained from vaccination (with increased risk from waning) and previous infection with BA.1 and probably BA.2 and increase the risk of reinfection.
2.	Reason to leave self-isolation – transporting household member	<p>Diagnosed persons and probable cases may leave self-isolation for the purposes of transporting another person with whom they reside to, or from, a work premises, an education facility or a healthcare appointment only if:</p> <ul style="list-style-type: none"> the need for transportation is essential or other arrangements cannot be made; and the person being transported is not required to isolate or quarantine; and travel is direct, a face covering is worn, ventilation is optimised (e.g. leaving windows open) and the person does not leave the vehicle (unless reasonably required to escort the person, for example, a child to daycare). <p>As some food relief programs are scaling back or ending 30 June 2022, amending this provision to include transporting a household member to obtain essential food will ensure those most in need have alternative avenues to obtain food supplies.</p>	Add a reason to leave self-isolation to transport a household member to obtain essential food (subject to the same requirements).	<p>Victoria continues to experience a high level of community transmission, with many individuals required to isolate following a positive test result. This additional reason to leave home will ensure that individuals isolating with COVID-19 are able to provide transport for their household members to obtain essential food.</p> <p>Some COVID-19 food relief programs will scale back or cease from 30 June 2022, which raises an additional welfare risk to at-risk Victorian communities. Providing additional ways for households to continue to access food will ensure those that may be disproportionately impacted by current restrictions will still be able to obtain essential food supplies.</p> <p>Given recent changes to allow diagnosed persons and probable cases to leave self-isolation to transport their household members for other essential reasons, it is proportionate for this to be extended to essential food provision. Cases are still advised to wear</p>

				a mask, stay in the car and where possible, optimise ventilation (e.g. leaving windows open).
Public Safety Order				
3.	Face covering requirement	<p>Currently face coverings must be carried and worn by individuals aged 8 and above:</p> <ul style="list-style-type: none"> in publicly accessible areas of a healthcare premises on public transport staff in courts, justice centres, prisons, remand centres and in a resident-facing role at a care facility inside an aircraft, if above the age of 12. <p>In consideration of escalating case numbers of COVID-19, additional variants and expected continuing increase in transmission across winter months, it is appropriate to consider amending face covering requirements to require a face covering in certain additional high-risk settings.</p>	<p>Amend face covering requirement to require a face covering in the following additional settings:</p> <ul style="list-style-type: none"> a person (aged 8 and above) must wear a face covering in high-risk indoor settings including but not limited to: <ul style="list-style-type: none"> Staff at early childhood services; All staff at primary schools (across all year levels) and children (except prep to grade 2); All staff and students at secondary schools Workers at retail and hospitality settings; Staff in public facing areas of airports <p>Even when not required as part of Orders, masks are strongly recommended, particularly in all indoor settings and outdoor settings when unable to maintain physical distance from others such as at entry and exit points at large events.</p>	<p>In Victoria, multiple emerging sublineages, BA.2.12.1, BA.4 and BA.5, are becoming increasingly prevalent. These sublineages have a growth advantage over the previously dominant sublineage BA.2, which may result in greater community transmission and impacts on hospitalisations, deaths and critical services (through workforce infection).</p> <p>In addition to the highly transmissible sublineages, the cooler winter weather will likely lead to more Victorians gathering indoors, further increasing this risk of transmission.</p> <p>Immediate measures are required to reduce transmission and the impact of BA.4/5 epidemic. Early intervention will have the most impact on reducing transmission if instituted early in an epidemic wave.</p> <p>Face coverings remain a low impost intervention that have been demonstrated to reduce the risks of COVID-19 transmission when applied with high uptake and coverage. High quality face coverings, such as surgical and N95 masks, are preferred as these confer higher transmission protection than cloth masks. Face coverings are currently strongly recommended in indoor settings, but community uptake has not been optimal.</p> <p>Due to these risks posed by the new sublineages, it is proportionate to introduce face covering requirements for certain high risk settings as part of a comprehensive package of interventions to reduce transmission. Even when not required as part of Orders, masks are strongly recommended, particularly in indoor settings and outdoor settings when unable to maintain physical distance from others such as at entry and exit points at large events.</p> <p>This in turn will directly reduce the number of hospitalisations and deaths from COVID-19. In addition, it will indirectly reduce the strain on the hospital system to ensure the ongoing delivery of safe, effective care for those that need it.</p> <p>This is particularly important as the healthcare system is anticipated to be under increased strain throughout the winter months. In addition to COVID-19 driven demand, the colder weather is</p>

				<p>associated with a rise of influenza and other respiratory viruses, and exacerbation of underlying respiratory and cardiovascular illnesses.</p> <p>It is acknowledged that face mask requirements are not universally supported in the community, and it is open to the Minister to consider other means to rapidly achieve higher levels of mask use.</p>
Workplace Order				
4.	Schedule 1 – elective surgery capacity – private hospitals	Currently, private hospitals are not permitted to exceed 100% of the usual volume of allocated list time prior to the introduction of restrictions on elective surgery procedures under revoked Workplace (Additional Industry Obligations) Directions (No 51).	Remove elective surgery cap for private hospitals.	It is no longer necessary to restrict the capacity of private hospitals noting the need to meet significant surgical volume.