The Hon. Scott Morrison MP
Prime Minister

MEDIA STATEMENT

Friday 5 November 2021

National Cabinet Statement

National Cabinet met today to discuss Australia's COVID-19 response, recent outbreaks of COVID-19 and the Australian COVID-19 Vaccine Strategy.

Chief Medical Officer Professor Paul Kelly provided an update on the current COVID-19 situation and health response across Australia including new principles for test, trace, isolate and quarantine as well as public health and safety measures.

Since the beginning of the pandemic there have been 177,393 confirmed cases in Australia and, sadly, 1,795 people have died. More than 44 million tests have been undertaken. Testing has increased nationally over recent days with 1,088,293 tests reported in the past 7 days.

Globally there have been over 248 million cases and sadly over 5 million deaths, with 502,386 new cases and 7,801 deaths reported in the last 24 hours. The COVID-19 pandemic continues to surge in many countries around the world.

Australia's COVID-19 vaccine roll out continues to expand. To date 36.4 million doses of COVID-19 vaccines have been administered in Australia, including a record 181,833 doses in the previous 24 hours.

In the previous 7 days, more than 1.1 million vaccines have been administered in Australia. More than 89 per cent of the Australian population aged 16 years and over have now had a first dose of a COVID-19 vaccine, including over 95 per cent of over 50 year olds and more than 99 per cent of over 70 year olds.

More than 79 per cent of Australians aged 16 years and over are now fully vaccinated, including more than 87 per cent of over 50 year olds and more than 92 per cent of Australians over 70 years of age.

Lieutenant General John Frewen, DSC, AM, Coordinator General of the National COVID Vaccine Taskforce (Operation COVID Shield) also reported on work underway to support a higher level of vaccination uptake amongst Indigenous Australians. All leaders reiterated the importance of Australians, especially those in vulnerable groups, to get two doses of a COVID-19 vaccination.

Lt General Frewen, Commonwealth Chief Medical Officer Professor Paul Kelly and Secretary of the Commonwealth Department of Health Professor Brendan Murphy also provided an update on boosters and third dose vaccinations.

National Cabinet and the National Federation Reform Council agreed to meet next on Friday 10 December.

Vaccination and Booster Plans

National Cabinet discussed the roll out of the booster program following approvals by the Therapeutic Goods Administration (TGA) and Australian Technology Advisory Group on Immunisation (ATAGI) supporting COVID-19 boosters for Australians aged 18 and over who have received two doses at least six months ago.

The booster program has commenced for immunocompromised Australians and high priority groups. Already around 150,000 third doses have been administered. The booster program will open more broadly on 8 November 2021.

The booster roll out will continue to utilise the existing vaccination infrastructure with around 10,000 general practices and pharmacies, augmented by in-reach services and state clinics across Australia. Commonwealth funding under the vaccine schedule of the National Partnership on COVID-19 Response will continue.

Lt General Frewen provided an update on plans to accelerate the roll out for Aboriginal and Torres Strait Islander people across all jurisdictions in order to deliver vaccinations in partnership with Aboriginal Community Controlled Health Organisations (ACCHOs) and relevant jurisdictions. With supplies available, there are significant opportunities available to be vaccinated across urban, rural, remote and very remote areas. Hesitancy continues to be a factor in low uptake, with all jurisdictions introducing measures to reduce hesitancy.

National Cabinet received advice from the Chief Medical Officer on emerging scientific evidence of the benefits of vaccinating for 5-11 year olds. A vaccination program for children aged 5-11 years will be implemented, if supported by upcoming regulatory decisions from the TGA and advice from ATAGI.

Ensuring COVID-19 Outbreak Readiness for Indigenous Communities

National Cabinet noted the risks of COVID-19 outbreaks for Indigenous communities from the easing restrictions in Phases B and C of the National Plan to transition Australia's National COVID-19 Response, particularly where vaccination rates are lower, including in regional and remote communities.

National Cabinet noted recent developments provided an opportunity to update existing outbreak preparedness plans, including revised Communicable Diseases Network Australia (CDNA) National Guidance for remote Aboriginal and Torres Strait Islander Communities for COVID-19, due to be updated in early November; revised Doherty modelling of outbreak scenarios which take higher vaccination rates into account; and learnings from recent outbreaks.

National Cabinet agreed that the Commonwealth and all jurisdictions will update outbreak management plans, in partnership with the Aboriginal and Torres Strait Islander community sector, and ensure that Emergency Management Australia (EMA) is consulted in the updated planning, and that plans include timely requests for support through EMA where needed, particularly to support localised vaccine acceleration and/or establishing quarantine facilities.

The Commonwealth and all jurisdictions will return to National Cabinet in December with updated outbreak management plans for final agreement.

National Plan to Transition Australia's COVID-19 Response

National Cabinet received its final update from Professor Jodie McVernon from the Doherty Institute on the second phase of modelling work under the National Plan to transition Australia's National COVID-19 Response.

National Cabinet noted that this modelling, which incorporates updated parameters and recent evidence, confirms that Doherty's previous findings regarding the thresholds for moving to Phases B and C of the National Plan remain robust.

The modelling also confirmed the importance of high vaccine coverage in the Australian population, combined with public health strategies. Streamlined public health responses, such as testing and isolating only close contacts, combined with high vaccination rates, can also reduce transmission risks. It also finds shorter periods of quarantine below 14 days may be effective for vaccinated people testing positive.

Doherty found that localised health strategies may be required with high case numbers and for key high risk groups, areas and settings, including Indigenous communities and in schools.

The modelling found that cases resulting from international arrivals would be manageable once 80 per cent or more of the eligible Australian population is fully vaccinated.

Doherty found that surveillance in high risk areas to identify outbreaks early and contact management can reduce infections, keep schools open and minimise disruptions to face-to-face learning.

The Doherty Institute, in consultation with the CDNA and the AHPPC, identified strategies to streamline and focus test, trace, isolate and quarantine responses as jurisdictions move into Phases B and C of the National Plan in the context of increasing caseloads, the current Delta strain and high vaccine coverage.

National Cabinet thanked the Doherty Institute and Professor McVernon for their work which has informed the development and implementation of the National Plan.

The Taskforce summary of these findings is attached and will be available on www.pmc.gov.au. Detailed modelling reports will be released by The Doherty Institute over the coming days.

Living with COVID-19 - Revised Test, Trace, Isolate and Quarantine (TTIQ) and Public Health and Social Measures (PHSMs)

National Cabinet received updated advice from AHPPC on test, trace, isolate and quarantine (TTIQ) measures and public health and social measures (PHSMs) in place during the transition to living with COVID-19.

National Cabinet agreed to the AHPPC principles of test, trace, isolate and quarantine (TTIQ) applicable from Phase B of the National Plan, and the AHPPC principles to guide the application of public health and social measures (PHSM) appropriate to maintain disease control.

National Cabinet further agreed to adopt the baseline PHSM with the implementation of Phase C of the National Plan, with flexibility to apply variable PHSM in communities with less than 80 per cent vaccination coverage, and as required by specific epidemiological circumstances.

National Cabinet also agreed, from Phase C, to adopt a risk-based approach to changes to quarantine arrangements for contacts, including differential arrangements for fully vaccinated close contacts.

For vaccinated primary close contacts:

- Jurisdictions to adopt an appropriate testing regime
- Jurisdictions to consider risk-based quarantine arrangements for fully vaccinated primary contacts, including no quarantine or minimal quarantine for up to 7 days
- Casual contacts, where identified, required only to seek testing and isolate if experiencing symptoms, and avoid high risk settings until a negative result
- Unvaccinated close contacts quarantining for 14 days

The National Coordinating Mechanism will develop and communicate TTIQ approaches to maintain operation of key sectors of the economy (including food distribution) in high-case scenarios, in consultation with relevant government and non-government bodies.

National Cabinet further agreed that the Commonwealth Department of Health with the AHPPC will develop a nationally consistent framework for the use of Rapid Antigen Testing (RAT), including recommended cadence for screening and outbreak management, protocols for management of positive RAT and advice on high risk settings and prevalence.

National Cabinet further noted the Second Review of Quarantine Arrangements in Australia and thanked Ms Jane Halton AO PSM on the recommendations which align with the phases in the National Plan to transition Australia's National COVID-19 Response.

Living with COVID-19 - Health System Capacity

National Cabinet received an update on progress being made by all jurisdictions on enhancing health system capacity planning under the various phases of the National Plan to Transition Australia's National COVID-19 response.

All states and territories have confirmed that each has sufficient health system capacity to transition to living with COVID-19 and under different levels of community transmission.

National Cabinet agreed to release updated Doherty Institute modelling in coming days on health system capacities at living with COVID and surge capacity at different levels of community transmission.

National Cabinet noted the Commonwealth's additional support for the health sector during the transition to living with COVID, including primary health care support, the minimum funding guarantee for hospitals continuing through 2021-22, the extension of COVID-19 AUSMAT Support for Vulnerable Australian Communities and support to facilitating overseas health practitioner migration.

National Cabinet agreed to release a revised Common Operating Picture including revised metrics for health system capacity.

National Cabinet endorsed the AHPPC papers on vaccinations of home care and disability care workers.

Borders and International Travel

National Cabinet noted the successful reopening of international borders with no quarantine into New South Wales, the Australian Capital Territory and Victoria for fully vaccinated international arrivals. Since the last National Cabinet:

- Commonwealth has set new caps for vaccinated and unvaccinated inbound arrivals
- One way travel bubble has reopened with New Zealand
- Removal of restrictions on outbound travel for fully vaccinated Australians
- Quarantine free travel into NSW, Victoria and ACT for fully vaccinated international arrivals, including Australians, permanent residents, immediate family, parents and exempt foreigners visa holders. Already around 7,000 fully vaccinated travellers have arrived through Sydney and Melbourne Airports
- Commencement of Pacific Pathways Plan for workers from COVID free Pacific countries
- Extension of travel exemptions for inbound travel for parents of Australians
- Singapore two way travel bubble for Singaporean Nationals will commence on 21 November

National Cabinet also noted a paper on international cruise ship reopening.

National Cabinet noted that states and territories will control the recommencement of cruises in each jurisdiction when the Commonwealth Minister for Health and Aged Care has revoked the BioSecurity (Human Biosecurity Emergency)(Human Coronavirus with Pandemic Potential)(Emergency Requirements for Cruise Ships).

High Risk Weather Events

National Cabinet received a briefing from Emergency Management Australia on the 2021-22 High Risk Weather Season, and noted that a La Niña watch has been issued in 2021.

[ENDS]

Australian Government
Department of the
Prime Minister and Cabinet

Doherty Institute COVID-19 modelling:

2nd tranche

November 2021

** All graphs in this slide deck are from the Doherty Institute*

Overview

On 6 August 2021, the National Cabinet commissioned the Doherty Institute to undertake a second tranche of COVID-19 modelling to further inform decisions on the staged reopening of Australian jurisdictions.

The second tranche comprised three work packages:

Public health response

Risk settings

Indigenous Communities

Local Government Areas

Schools

International arrivals and quarantine

Doherty's latest modelling incorporates updated parameters and recent evidence, and again confirms the previous recommendations regarding the 70% and 80% thresholds for moving to Phases B and C of the National Plan to transition Australia's National COVID-19 Response remain robust.

Public health responses

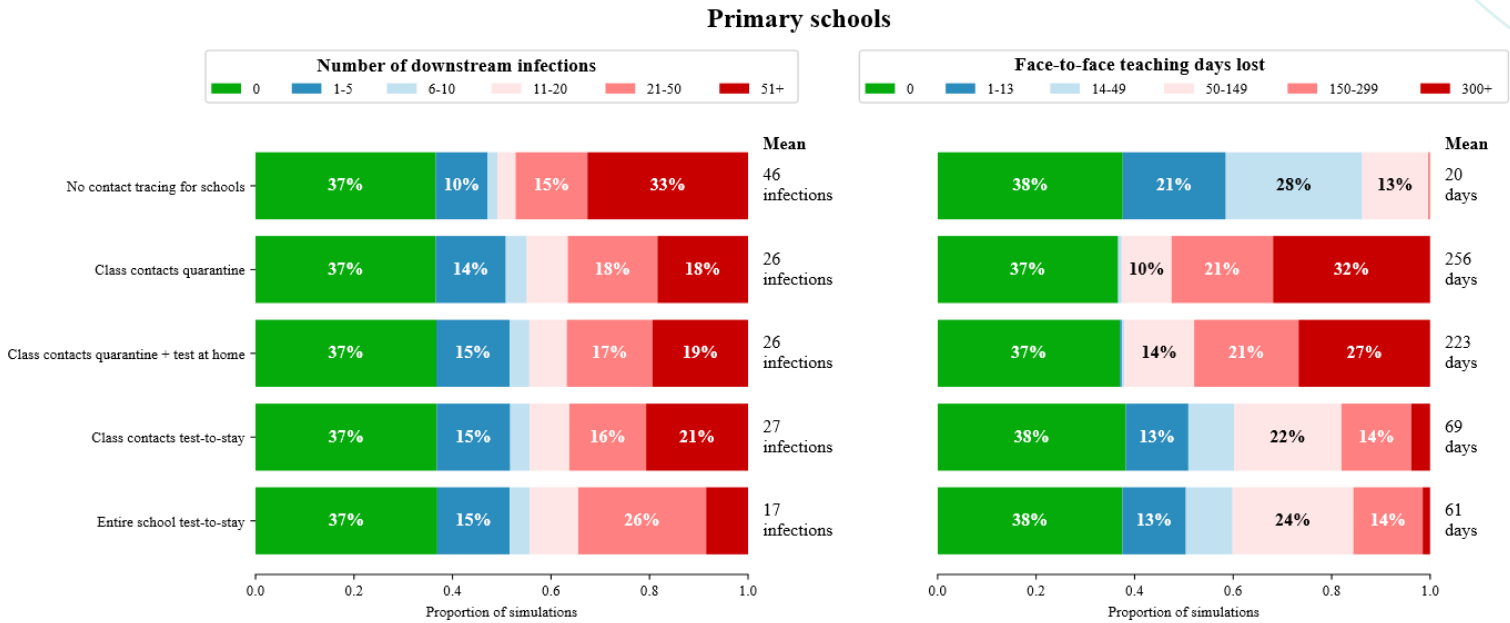
- With high case numbers and high vaccination rates, tracking down every casual contact and conducting long interviews is not effective nor sustainable.
- Streamlined public health responses, such as testing and isolating only close contacts, combined with high vaccination rates, are effective at reducing transmission risks in a community with high case numbers and/or more susceptible to COVID-19. There is no requirement for casual contacts to test or quarantine
- Ongoing evaluation and assessment will help ensure responses are fit for purpose and effective.

7 days of isolation for vaccinated people who test positive is, on average, as effective at reducing transmission risk as 14 days of isolation.

With a high level of case-initiated contact tracing, NSW reduced transmission potential by 40%

Keeping schools open

- Twice-weekly rapid antigen testing (RATs) screening of students helps detect cases early and significantly reduces the chance of an outbreak in schools, particularly in communities at high risk of outbreaks.
- If an outbreak is detected, daily testing of class contacts for 7 days and excluding only positive cases (test-to-stay) would reduce outbreaks and minimise days of face-to-face learning lost (as illustrated below).



The graph above shows the **impact of alternative contact management approaches** on size of secondary infections and days of face-to-face learning lost in primary schools over 45 days following an outbreak. The results are for 1,000 simulations.

Indigenous Australians

- 80% vaccination coverage combined with strong public health measures will manage transmission and improve health outcomes for Indigenous populations.
- Quarantining of cases and close contacts off-community, such as in a hospital or other safe location, further reduces the overall size of an outbreak and its health impacts.
- Providing access to effective treatments will further promote health outcomes, particularly given limitations of clinical services in regional and remote Australia.
- A targeted reactive vaccination program can significantly reduce the total number of infections and severe health outcomes.

Once approved, high levels of vaccination coverage in children aged 5-11 years will help as children under 12 make up a larger proportion of these populations (3 times the national average in remote communities).

The Wilcannia outbreak demonstrated the effectiveness of community-led responses, such as door-to-door vaccination and local leadership to encourage vaccination, minimise the impact of COVID-19 outbreaks and prevent more severe outcomes.

Local government areas

- Transmission potential and the impact of vaccination and public health measures, such as stay at home orders, will differ across geographic areas and within subpopulations.
- Lockdowns are less effective in local government areas where there are a high number of people, including essential workers, who are unable to work from home.
- Test, trace, isolation and quarantine will continue to contribute to controlling transmission.
- Public health measures, and additional strategies in schools and workplaces, may be required to control outbreaks, particularly in higher risk areas.

Australian Government

National Plan to transition Australia's National COVID-19 Response

National Cabinet agreed plan to transition Australia's National COVID-19 Response from its current pre vaccination settings, focussing on continued suppression of community transmission, to post vaccination settings focussed on prevention of serious illness, hospitalisation and fatality, and the public health management of other infectious diseases

Phases triggered in a jurisdiction when the average vaccination rates across the nation have reached the threshold and that rate is achieved in a jurisdiction expressed as a percentage of the eligible population (16+), based on the scientific modelling conducted for the COVID-19 Risk Analysis and Response Task Force

~70% vaccination (2 doses) · ≥80% vaccination (2 doses)

A. Current Phase: Vaccinate, Prepare and Pilot*

Continue to strongly suppress the virus for the purpose of minimising community transmission

Measures may include:

- Accelerate vaccination rates;
- Close international borders to keep COVID-19 out;
- Early, stringent and short lockdowns if outbreaks occur;
- Minimise cases in the community through effective test, trace and isolate capabilities;
- Implement the national vaccination plan to offer every Australian an opportunity to be vaccinated with the necessary doses of the relevant vaccine as soon as possible;
- Inbound passenger caps temporarily reduced
- Domestic travel restrictions directly proportionate to lockdown requirements;
- Commonwealth to facilitate increased commercial flights to increase international repatriations to Darwin for quarantine at the Centre for National Resilience in Howard Springs;
- International Freight Assistance Mechanism extended;
- Trial and pilot the introduction of alternative quarantine options, including home quarantine for returning vaccinated travellers;
- Expand commercial trials for limited entry of student and economic visa holders;
- Recognise and adopt the existing digital Medicare Vaccination Certificate (automatically generated for every vaccination registered on AIR);
- Establish digital vaccination authentication at international borders;
- Prepare vaccine booster programme; and
- Undertake a further review of the national hotel quarantine network.

B. Vaccination Transition Phase

Seek to minimise serious illness, hospitalisation and fatality as a result of COVID-19 with low level restrictions

Measures may include:

- Maintain high vaccination rates, encouraging uptake through incentives and other measures;
- Minimise cases in the community through ongoing low-level restrictions and effective track and trace;
- Lockdowns less likely but possible;
- International border caps and low-level international arrivals, with safe and proportionate quarantine to minimise the risk of COVID entering;
- Ease restrictions on vaccinated residents (TBD);
- Restore inbound passenger caps at previous levels for unvaccinated returning travellers and larger caps for vaccinated returning travellers;
- Allow capped entry of student and economic visa holders subject to quarantine arrangements and availability;
- Introduce new reduced quarantine arrangements for vaccinated residents; and
- Prepare/implement vaccine booster programme (depending on timing).

C. Vaccination Consolidation Phase

Seek to minimise serious illness, hospitalisations and fatalities as a result of COVID-19 with baseline restrictions

Measures may include:

- Maximise vaccination coverage;
- Minimum ongoing baseline restrictions, adjusted to minimise cases without lockdowns;
- Highly targeted lockdowns only;
- Continue vaccine booster programme;
- Exempt vaccinated residents from all domestic restrictions;
- Abolish caps on returning vaccinated Australians;
- Allow increased capped entry of student, economic, and humanitarian visa holders;
- Lift all restrictions on outbound travel for vaccinated Australians; and
- Extend travel bubble for unrestricted travel to new candidate countries (Singapore, Pacific);
- Gradual reopening of inward and outward international travel, with safe countries and proportionate quarantine and reduced requirements for fully vaccinated inbound travellers.

D. Final Post-Vaccination Phase

Manage COVID-19 consistent with public health management of other infectious diseases

Measures may include:

- Open international borders;
- Quarantine for high-risk inbound travel;
- Minimise cases in the community without ongoing restrictions or lockdowns;
- Live with COVID-19 management consistent with influenza or other infectious diseases;
- Boosters as necessary;
- Allow uncapped inbound arrivals for all vaccinated persons, without quarantine; and
- Allow uncapped arrivals of non-vaccinated travellers subject to pre-flight and on arrival testing.

*No jurisdiction required to increase restrictions beyond current settings
The Plan is based on the current situation and is subject to change if required
The COVID-19 Risk Analysis and Response Taskforce's report is available at: pmc.gov.au*

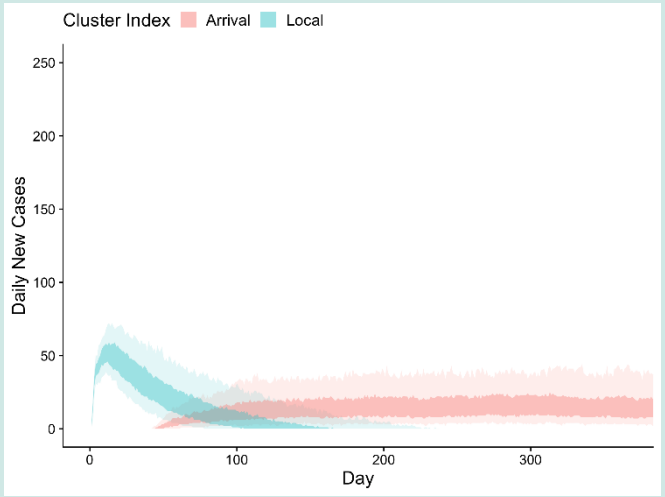
Under the National Plan, lockdowns will become less likely.

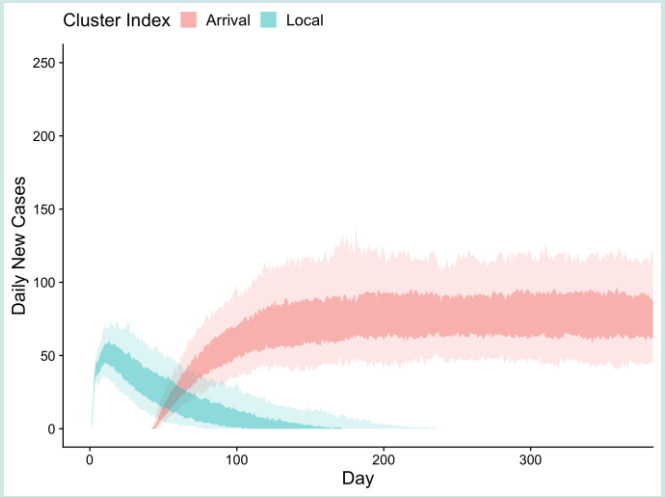
International arrivals

Vaccination of the Australian population reduces the risk from international arrivals. At 80% vaccination coverage, with ongoing 'low' PHSMs and partial TTIQ, allowing international arrivals will not lead to large outbreaks and cases are manageable, both in jurisdictions with established outbreaks and those with few or no local cases.

Within this context of local controls, numbers of cases resulting from importations are anticipated to remain manageable within health system capacity. This remains the case for either a 7 day home quarantine or 'no quarantine' pathway.

7-day home quarantine	No quarantine





In the above graphs, teal shading shows new cases resulting from existing domestic outbreaks at the beginning of the simulation. Pink shading shows transmission initiated by infected international arrivals. Shaded areas show uncertainty across multiple simulations.

Traveller volumes in this scenario are 32,767 international arrivals a week for a single jurisdiction, with 80% of the Australian population aged 16+ fully vaccinated, with ongoing 'low' PHSMs and partial TTIQ. Assuming all travelers are tested on days 1 and 5 following arrival.