

## Brendan's paper with my edits

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**Date:** Thu, 26 Mar 2020 22:47:19 +1100  
**Attachments:** Nat Cab Advice CHOs.docx (36.29 kB)

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Hi Kym,

Not sure if Brendan will accept this, but have agreed to edit his version and see where we land – are you OK with this?

Brett

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Please note that I work from home on Thursdays and am contactable on the numbers above.

## **Advice to National Cabinet from NSW, Vic, Qld & Commonwealth CHOs on Next Step Measures**

There has been significant further growth in cases, still with substantial numbers of returned travellers and small community outbreaks associated with travellers. Overall case numbers in Australia are very concerning, although comparison with many other countries, when they were at this level, suggests much better case ascertainment in Australia. Small clusters are evident in Sydney and there is growth in cases with no epidemiology link. Victoria has small numbers of cases with no epidemiology link, including some health care workers. Data from Victoria also show a delay between symptoms to diagnosis that is currently too long. Queensland has a significant caseload but no clear evidence of community transmission. Given the case load in major Eastern Seaboard cities is the most material, all three States are keen to take consistent measures and have consistent messages

All three states continue to be significantly impacted by returned travellers and all are supportive of very stringent new boarder measures.

Whilst there is some evidence of flattening of the epidemic curve and evidence of impact of recent social distancing measures (foot traffic, public transport utilisation), it is too early for a clear assessment of the long-term measures recently introduced. If only 70-80% of the population is included in, and compliant with, social distancing criteria, it is unlikely to succeed to control the outbreak, with compliance above 90% required to significantly flatten the epidemiological curve.

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It is also likely that more stringent border measures will also take several days to take effect.

There is concern that any further action that may be required (particularly in Sydney) should be implemented early for best effect. There is a 10-12 day lag between introducing an intervention and seeing its effect on case numbers but in this time, if there is material community transmission, cases could continue to grow exponentially with potential impact on the health system.

A suppression strategy should continue to be supported to ensure the best health outcomes.

Accordingly some additional short-term measures are worthy of consideration in the three major affected Cities to buy some additional time to observe the trend of the epidemiology over the next week.

There does not seem to be a clear indication for additional measures in the remainder of the country at this stage, provided new highly effective border measures are urgently implemented.

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### Additional Measures recommended:

1. In addition to the existing enforced quarantine arrangements for international travellers arriving in Australia, it is recommended that in high risk cases, monitored placement in a facility such as a hotel is enforced for those who would normally reside with others at home.
2. Given the epidemiology in Greater Sydney, Greater Melbourne and South East Queensland, it is proposed that these jurisdictions consider immediately instituting additional physical distancing measures through closure of some or all non-essential services for a short-term period.

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**Deleted:** <#>Vulnerable people will be strongly directed and supported to undertake home isolation. These include <#>People age 60 or older with one or more chronic diseases including hypertension, diabetes, heart disease and lung disease¶ <#>All people age 70 or older¶ <#>Aboriginal and Torres Strait Islanders age 50 or older with one or more chronic disease¶

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### Additional Consideration of Triggers

The officials were unable to agree on any set numerical triggers for further action given the need for a contextualised assessment of the outbreak in a given area. The previously proposed parameters include an assessment of the following:

- The overall epidemic curve, which demonstrates 'rate of growth' nationally or potentially regionally if a regional lock down is proposed. This needs to be interpreted in the local context.
- Clusters without clear epidemiology links are the strongest indication of outbreaks, which are unlikely to be contained by public health intervention.
- The degree of expected impact of current social distancing on transmission rates.
- Health system impact. An assessment that demand for general or specific health services (particularly critical care services) will likely exceed capacity within 2 to 3 weeks.
- Case positivity rate as an indicator of testing.
- Time to diagnosis and time to complete contact tracing as well as the number of contacts per case as an indicator of public health response capacity.

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