



Australian Government

Department of Health and Aged Care

Chief Medical Officer

The Hon Anthony Albanese MP
Prime Minister
PO Box 6022
House of Representatives
Parliament House
Canberra ACT 2600

Dear Prime Minister

I understand from our conversation earlier today that you are seeking medical advice with regard to the proposal to remove mandated isolation for those who test positive for COVID-19.

It is my long-held view that public health measures need to be based on available evidence, proportionate and equitable. The agreed policy intent of the Australian response to the COVID-19 pandemic has moved away from the elimination of community transmission to protecting the most vulnerable from severe disease and death. In the current Australian context of low community transmission and high hybrid immunity from vaccination and recent infection, it is my view that removing mandated isolation requirements in the current period would not materially detract from Australia's pandemic response and would be consistent with the current aims of that response.

I stress that this does not in any way diminish the importance of strongly encouraging those with respiratory illness, and particularly people with confirmed COVID, to stay at home and particularly to avoid high risk settings whilst they are symptomatic and therefore likely to be at the peak of infectiousness.

However, isolation periods should not be considered independently of other important factors because the epidemiological situation in Australia can change quickly, as we saw with the emergence of the Omicron variant in the summer of 2021-22. I therefore suggest that you task the appropriate body to come back to National Cabinet with a detailed transition plan which would adequately prepare

Australia to respond to a surge in cases likely to impact the health system and/or a new variant of concern with greater severity in the future.

Below is my rationale for this advice.

Current state of the pandemic in Australia

We have seen a rapid and substantial decrease in cases, hospitalisations and ICU admissions, and the number and size of Residential Aged Care outbreaks since the peak of the most recent BA.5 wave at the end of July 2022. Recognising that testing and therefore case ascertainment is likely lower than previously, we are in a better epidemiological situation than at any time since December 2021 for most measures, and April 2022 for hospitalisations. Whilst we are closely monitoring new sub-variants of the Omicron variant which continue to emerge, at this stage the situation in Australia is stable.

High levels of hybrid immunity from vaccination and infection

Australians are highly vaccinated with two doses and a high proportion of those who are most vulnerable to severe infection having received at least one booster dose. Additionally, serosurvey studies have shown that almost half of Australian adults and almost two thirds of young adults had been infected at least once by June 2022, with further increases during the most recent wave. It is likely that an even higher number of children have been infected at least once. This hybrid immunity will continue to provide protection against severe disease and will, at least in the short term, modify transmission in the community.

Pandemic control modalities have changed

In contrast to earlier stages in the pandemic response, Australia now has a number of readily accessed pharmaceutical measures (vaccines and treatments), rapid diagnostic capability, adequate personal protective equipment and appropriate infection prevention and control procedures to protect those at higher risk of severe COVID-19 and to limit outbreaks in high-risk settings.

Uncertain future and the need for constant vigilance and capacity to respond

It is highly likely that further waves of infection will continue to occur over the next two years at least. This is due to a combination of viral factors (continued genetic variation resulting in immune escape, higher transmissibility, and possibly higher severity), human biology (waning immunity from infection and vaccination), human behaviour (lower adherence to public health messaging including mask wearing, testing, staying home when sick and vaccine fatigue), and environmental factors (winter seasons and removal of remnant public health and social measures (PHSM) and test, trace, isolate and quarantine (TTIQ) measures). We may even see the emergence of a very different variant before the end of 2022.

On the basis of these current epidemiological and pandemic control settings, in the context of high underlying immunity within the population, as well as readily available pharmaceutical interventions, I consider that a change in mandated isolation periods at this time is a reasonable approach. Constant vigilance and a strong commitment as well as continued capacity to surge the response if required will remain important in the next phase of Australia's COVID-19 pandemic response transition.

Yours sincerely

Professor Paul Kelly
Chief Medical Officer
29 September 2022

Cc: The Hon Mark Butler MP, Minister for Health and Aged Care