

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Inquiry into Australian Government's response to the COVID-19 pandemic**

**Spoken Question, 11 March 2021**

**PDR Number: IQ21-000055**

**Departmental advice on TRIPS waiver**

**Spoken**

**Hansard Page number: 16**

**Senator: Rachel Siewert**

**Question:**

Senator SIEWERT: They have not approached you for any advice? Can I be very clear about this?

Dr Murphy: We provide advice all the time on the health implications and the need, particularly in our regional communities. We're involved in discussions on the Pacific Islands, in Papua New Guinea. We have been asked to assist in vaccine responses in Pacific Islands in the past. We sent a team in to do measles vaccination in Samoa when they had an outbreak. So we are prepared to help but we're not the lead agency in this place.

Senator SIEWERT: I am specifically asking about: have you been approached around the concerns about the barriers that intellectual property presents and Australia's position on the TRIPS waiver.

Dr Murphy: I have not had a direct approach on the TRIPS waiver. I don't believe any of my colleagues have either.

Senator SIEWERT: From anybody in any agency in government?

Dr Murphy: Not that I'm aware of, no. We can certainly take on notice to find out if we have had any approaches but I'm not aware of any.

**Answer:**

The Department of Foreign Affairs and Trade (DFAT) is the lead agency on Trade-Related Aspects of Intellectual Property Rights (TRIPS). DFAT shared information and sought advice at middle management officer level from Health. DFAT formulated Australia's position regarding a proposed waiver of TRIPS agreement obligations in response to COVID-19. Engagement between agencies focussed on factors that influence international vaccine distribution and access.

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## **Department of Health**

### **Senate Select Committee on COVID-19**

#### **Australian Government's response to the COVID-19 pandemic**

**11 March 2021**

**PDR Number: IQ21-000058**

**Hotel quarantine issues air handling and ventilation work done by AHPPC:**

**Spoken**

**Hansard Page number: 24-25**

**Senator: Rachel Siewert**

#### **Question:**

Senator SIEWERT: Can I go to the issue of quarantine facilities and ask where the state and territories are up to in terms of dealing with some of the issues that have come up recently in terms of ventilation and the effectiveness of some of the facilities? Are you engaged with the states and territories over this issue, and, if so, could you provide us with an update?

Dr Murphy: These issues are discussed at AHPPC, and Professor Kelly might be best placed to answer it, but I do know that—

Senator SIEWERT: I was going to try to ask that, but we ran out of time!

Dr Murphy: I'm sorry! I can advise that there has been increasing speculation—I mean, I think we all agree that most transmission of COVID is by droplet or direct contact, but there have been a number of instances, particularly in Victoria, where concerns have been raised that transmission might have occurred through air handling or across a corridor when two doors have been opened. I'm advised that one of the reasons the Victorian department have delayed the recommencement of their hotel quarantine is that they're doing some work on looking at air handling and ventilation.

We still believe that the best protection for hotel quarantine workers is absolutely impeccable adherence to wearing good-quality, properly fitting PPE and avoiding any unnecessary contact. Some of the cases of hotel quarantine related infections have been thought to be related to ventilation issues but often, on investigation, turned out to be in fact due to a breach of protocol. We are well aware that aerosol transmission can occur and may occur—it's certainly been on the minds of those states and territories operating hotel quarantine—but I think we could probably take your question on notice.

Professor Kelly could provide a response on the work that AHPPC has been looking at in that space. I think it is important to note, though, that we have a one per cent rate of positivity in hotel quarantine. There are many thousands of people a week coming back. Eighty-four per cent of our 649 cases this year have been hotel quarantine related, and, as for the incidence of breaches and transmission, there has been a handful. Having said that, they're always a risk and they're unfortunate, but having hotel quarantine has brought back half a million Australians since it started, with very few hotel quarantine related outbreaks—

obviously, one well-known one that had significant consequences. But, in the majority, it's been working very well.

**Answer:**

States and territories have primary responsibility for hotel quarantine arrangements in their jurisdiction. The Australian Health Protection Principal Committee (AHPPC) and its expert sub-committees provide expert medical advice to inform national hotel quarantine policy.

The AHPPC statement<sup>1</sup> on Australia's National Hotel Quarantine Principles states "hotel quarantine programs must use a systematic risk management approach to minimise the risk of transmission of SARS-CoV-2. Effective controls must be applied using the hierarchy of controls." The Infection Control Expert Group (ICEG) statement<sup>2</sup> on the hierarchies of controls outlines potential risk minimisation strategies, including considering airflow and ventilation.

As per COVID-19 public health best practice, all states and territories are required to ensure their hotel quarantine operations comply with the advice of the AHPPC. States and territories implement their own requirements, guidelines, and protocols for hotel quarantine, in line with this advice.

The AHPPC meets on a weekly basis to discuss managed (including hotel) quarantine. It is in the public interest to preserve the ability for the Commonwealth to freely engage in open discussions with the States. Disclosure of meeting outcomes, including the deliberations of the AHPPC, may harm the relationships between the Commonwealth and the States by diminishing the confidence of the AHPPC members to provide information between themselves.

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<sup>1</sup> See <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-australias-national-hotel-quarantine-principles>

<sup>2</sup> See <https://www.health.gov.au/resources/publications/minimising-the-risk-of-infectious-respiratory-disease-transmission-in-the-context-of-covid-19-the-hierarchy-of-controls>

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**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's response to the COVID-19 pandemic**

**11 March 2021**

**PDR Number: IQ21-000060**

**AHPPC reviews of previous outbreaks in hotel quarantine:**

**Spoken**

**Hansard Page number: 25**

**Senator:** Rachel Siewert

**Question:**

Dr Murphy: Sure, absolutely, I acknowledge that. State and Territory public health officials are very risk averse and have taken steps because they're obviously very concerned about those. But, obviously, we want to do everything we can, and AHPPC is now doing a weekly in-depth analysis of hotel quarantine and looking at continuous improvement practices to make it as safe as possible.

Senator SIEWERT: When you say 'weekly in-depth analysis', could you explain what that is?

Dr Murphy: My understanding is, and Professor Kelly would have to confirm this, that AHPPC is devoting one meeting a week to discussing issues that have arisen in hotel quarantine—evidence that any of the state and territory public health officials have observed; what testing regimens people are using; and things like everyone is now moving to mandatory use of respirator masks, whereas they were using surgical masks in the past. So there is a continuous improvement process that the states and territories and the Commonwealth health and leadership have been working on.

Senator SIEWERT: You offered to take this issue on notice. Could you take on notice whether the reviews of the previous outbreaks have been completed by AHPPC, what they have found and what actions have been taken to address those issues.

**Answer:**

States and territories have primary responsibility for hotel quarantine arrangements in their jurisdiction. The Australian Health Protection Principal Committee (AHPPC) and its expert sub-committees provide expert medical advice to inform national hotel quarantine policy.

The AHPPC has considered the findings of major reviews into hotel quarantine including the National Review of Hotel Quarantine conducted by Ms Jane Halton, AO PSM; the National Contact Tracing Review conducted by Dr Alan Finkel, AO; and the Inquiry into the Victorian COVID-19 Hotel Quarantine Program conducted by the Hon. Jennifer Coate, AO. The AHPPC

have published a statement<sup>1</sup> on Australia's National Hotel Quarantine Principles, which outlines nationally agreed guiding principles informed by these reviews.

Disclosure of AHPPC considerations of these reviews including actions taken would reveal the deliberations of National Cabinet and Cabinet. There is a public interest in preserving the confidentiality of the briefings because the Cabinet process would be diminished if the details of past deliberations was disclosed. The harm caused by the disclosure is that it would adversely affect the ability of Ministers, and public officers, to freely provide advice to inform decision making that is integral to the safety and national security of Australia.

The AHPPC meets on a weekly basis to discuss managed (including hotel) quarantine. It is in the public interest to preserve the ability for the Commonwealth to freely engage in robust discussions with the States. Disclosure of meeting outcomes including the deliberations of the AHPPC may harm the relationships between the Commonwealth and the States by diminishing the confidence of the AHPPC members to provide information between themselves.

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<sup>1</sup> See <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-australias-national-hotel-quarantine-principles>