

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's Response to the COVID-19 Pandemic**

**Thursday 23 April 2020**

**PDR Number: IQ20-000063**

**Question Number: 02**

**Question Subject:** Timelines of decisions made by the Federal Government

**Type of Questions:** Hansard, page 5, 23 April 2020

**Questioner:** Senator Paterson

**Question:**

**Senator PATERSON:** Thank you very much, Chair. I'll start my questions with Professor Murphy, because I believe his time is more limited today, and, Ms Edwards, I might return to you later. I just want to flag at the outset—I know departments have been invited to make submissions to the committee—that one thing that would be helpful, either in the Department of Health's submission or the PM&C submission, from a whole-of-government point of view, is a time line of decisions made by the federal government. That will allow the committee to ask appropriate follow-up questions about those decisions.

**Prof. Murphy:** We're very happy to provide that. We can provide a more detailed time line of actions and decisions, if you like. We can provide a comprehensive time line of how it's all evolved.

**Answer:**

The Department of Prime Minister and Cabinet intends to make a submission to the inquiry in early May 2020. The submission will include a list and dates of all the measures announced by the Australian Government in response to COVID-19.



**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's Response to the COVID-19 Pandemic**

**Thursday 23 April 2020**

**PDR Number: IQ20-000066**

**Question Number: 05**

**Question Subject:** MARS Report

**Type of Questions:** Hansard, page 10, 23 April 2020

**Questioner:** Senator Keneally

**Question:**

**Senator KENEALLY:** That's what I'm trying to understand—at what point did the Department of Agriculture first get a MARS report?

**Prof. Murphy:** Sure. We can find out when those reports came to the department of agriculture. We can take that on notice.

**Answer:**

The Department of Agriculture, Water and Environment (DAWE) received a pre-arrival report from the Ruby Princess via the Maritime Arrivals Reporting System (MARS) on 16 March 2020.

Three human health updates were made to the pre-arrival report after it was first submitted, consistent with requirements under the *Biosecurity Regulation 2016*. One was submitted on 16 March 2020 and two on 18 March 2020.



# PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Australian Government's Response to the COVID-19 Pandemic

Thursday 23 April 2020

PDR Number: IQ20-000067

Question Number: 06

**Question Subject:** Up to date figures on the Ruby Princess

**Type of Questions:** Hansard, page 10, 23 April 2020

**Questioner:** Senator Keneally

## Question:

**Senator KENEALLY:** I'll put some questions on notice in relation to that. I'm aware that I only have a few moments left. I'll also put on notice—or, if you can, update the committee here today—a request for the most up-to-date figures on the *Ruby Princess* in terms of how many cases are directly linked to it, how many deaths have occurred and how many cases of community transmission have occurred as a result of the *Ruby Princess*, and the same for the other cruise ships that arrived after the determination was put in place.

**Prof. Murphy:** We can certainly do that. I should make the point, though, that most of the cases on the *Ruby Princess* would have happened whether or not it had disembarked. Those cases were contracted on the ship. The public health concern that you're rightly raising is that if a disembarkation had been into a more structured quarantine process there may have been less community transmission as a result of that, but the vast majority of those cases did contract the virus on the ship and were managed, obviously, when they got off the ship. New South Wales Health were very proactive once they realised there were cases on the ship. Every single passenger around the country was contacted. But we can certainly provide all that information for you.

## Answer:

As of 23:59hrs on 26 April 2020, there have been 1,050 cases of COVID-19 acquired on cruise ships reported to the National Notifiable Diseases Surveillance System.

The Australian Government Department of Health has been following up data from states and territories in relation to cases of COVID-19 amongst passengers on cruise ship vessels and any associated cases.

As reported by states and territories on 21-22 April 2020, there have been 661 primary cases of COVID-19 amongst passengers on the Ruby Princess and 18 deaths. A further 52 cases and no deaths have been reported as being associated with the Ruby Princess. Investigations are ongoing and it is possible that these figures will be revised if duplication of cases by states and territories are identified or if further cases are confirmed to be associated with the Ruby Princess.

On 18 March 2020, a legal instrument came into effect requiring that international cruise ships must not enter Australian ports before 15 April 2020 unless permission is given, or the ship departed a port outside Australia before the end of 15 March 2020 and was bound directly for a port in Australian territory. These requirements have since been updated to prevent any cruise ship from entering Australian territory until 15 June 2020, with exemptions available as determined by the Australian Border Force Commissioner.

As reported by states and territories, excluding NSW\*, on 26-27 April 2020, there have been cases of COVID-19 associated with three cruise ships that have entered Australia under the parameters outlined in the legal instrument in addition to the Ruby Princess. These include the Voyager of the Seas (60 cases and 1 death amongst passengers, and 2 associated cases), Ovation of the Seas (106 cases and no deaths amongst passengers, and 11 associated cases) and the Celebrity Solstice (21 cases and 2 deaths amongst passengers, and 1 associated case).

\*These figures do not currently include NSW as data were not reported in time to meet the timeframe of the Committee.

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's Response to the COVID-19 Pandemic**

**Thursday 23 April 2020**

**PDR Number: IQ20-000069**

**Question Number: 08**

**Question Subject:** Alcohol and Drugs Sector

**Type of Questions:** Hansard, page 23, 23 April 2020

**Questioner:** Senator Di Natale

**Question:**

**Senator DI NATALE:** I have a question on the alcohol and other drugs sector. I understand some dedicated funding for mental health has already been allocated, but as far as I can tell there hasn't been any dedicated funding to the alcohol and other drugs sector. Obviously we've seen reports about increased alcohol consumption, we've seen evidence of people turning to other drugs during the pandemic, and there's been some anecdotal evidence of an increase in demand for services from some of the alcohol and other drugs service providers. Again, is there any specific attention being given to that sector and is there any dedicated funding for public health campaigns and so on, either for people currently in treatment or for people who may develop a problem with substance abuse? Has there been any consideration given to dedicated funding in support of some of those public health campaigns?

**Ms Edwards:** I'll have to take on notice exactly where it's up to, because I'm not up with the latest, but we've certainly been looking at that in particular. We also share concerns about potential increases in drug and alcohol use, and potential misuse, and we're looking actively at the issue. Can I take on notice exactly where we've got to on it and come back to you?

**Answer:**

The National COVID-19 Health Campaign provides the latest health advice. The Campaign promotes strategies to help maintain mental wellbeing (i.e. it encourages people to eat well, stay active and keep connected with friends and family) and encourages people to connect with relevant information and support services.

On 24 April 2020 the Minister for Health, the Hon Greg Hunt MP announced that online and phone support services for people experiencing drug and alcohol problems will receive an additional \$6 million from the Australian Government during the COVID-19 pandemic. The funding will be provided urgently to allow online and phone counselling, and information services to meet additional demand caused by isolation and social distancing measures.

<https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/additional-6-million-to-support-drug-and-alcohol-services-during-covid-19>



# PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Australian Government's Response to the COVID-19 Pandemic

Thursday 23 April 2020

PDR Number: IQ20-000071

Question Number: 10

**Question Subject:**

**Type of Questions:** Hansard, page 25, 23 April 2020

**Questioner:** Senator Siewert

**Question: Mental Health Services**

**Senator SIEWERT:** ... As you articulated earlier, you have committed quite a lot of resources to mental health services. I'd like an update on whether you are monitoring the effectiveness of that spending and what the take-up of those services has been.

**Ms Edwards:** Can I take that on notice? I don't know if I have a level of detail now. We are, of course, monitoring very closely what's happening with the demand for and the supply of our services. We can take it on notice. That was for mental health services? You cut out for a moment.

**Senator SIEWERT:** That was for mental health services, yes.

**Ms Edwards:** I'll take it on notice.

**Senator SIEWERT:** That'd be appreciated. I'm after a level of detail on the uptake and the effectiveness and whether you're monitoring the effectiveness of the services to make sure that you're meeting need, particularly in regard to the telehealth mental health services. Does that make sense?

**Ms Edwards:** Yes, it does. Because it's such a new measure, we'll come back to you about how much effort we've put in thus far in order to have results, but we certainly are very interested in making sure what the take-up is and are monitoring that closely now. We can provide figures, and we will be interested to know what impact it has had. Obviously, one of the lessons learned when this is all over is how we've gone with delivering all these extra services very quickly in a normal way.

**Senator SIEWERT:** Yes, exactly. Perhaps you could outline the detail of what processes for monitoring you have in place—I appreciate there won't be much actual response yet from that monitoring. I'm going to run out of time, which is why I'm trying to move quickly, so I apologise. Are you considering other measures to be put in place to support people as we come out of the lockdown and to look at the potential longer term mental health issues that result from this whole crisis situation?

**Ms Edwards:** We certainly will do that. We're still at the point of implementing measures at the moment. As you can imagine, it has been a very busy time, but we are already planning for what happens next and where we go to at the end of those specific measures. We're just getting to that now, but, obviously, we're interested in what happens next. We're all a little bit cautious about moving too far ahead. We've got these fantastic figures at the moment, but, really, the whole department is on standby to respond if it were to get worse again, and I'm very keen to keep us all in that mode for a little while longer at least. But we're very aware that over time we'll have to be thinking about what next. If the numbers hold and we really can show we have flattened the curve as dramatically as it appears at the moment, then, of course, coming out of the measures, we'll need to work on how we do that appropriately and the lessons learned and, also, what comes next.

**Answer:**

The Department of Health is undertaking frequent monitoring of COVID-related Medicare Benefits Schedule (MBS) mental health telehealth items, and the use of government funded mental health and wellbeing services provided through phone lines and digital platforms.

This monitoring looks at supply, demand and historical trends. The department has arrangements in place with mental health service providers and the Australian Institute of Health Welfare (AIHW) to regularly obtain and analyse the data on service use and MBS mental health items.

Between 13 March and 19 April 2020, 1,137,050 MBS mental health services were accessed. Of these, 822,559 (72.3%) were face to face and 314,491 (27.7%) were accessed through telehealth. The proportion of MBS mental health services accessed by telehealth has increased since the introduction of the COVID-19 MBS mental health telehealth items. In the week ending 19 April 2020, 50% of MBS mental health services were accessed via telehealth.

On 29 March 2020, the Australian Government announced \$74 million to support the mental health and wellbeing of Australians, as we face the challenges of the Coronavirus pandemic.

Head to Health, Beyond Blue, Lifeline, Kids Helpline and other organisations have already begun to update and expand their service capacity and materials available, as more people seek support to cope with stress and anxiety as a result of COVID-19. The Government is continuing to work with other mental health providers to rapidly implement the remaining measures.

This package provides careful, targeted and practical measures to support mental health and wellbeing for Australians during this crisis, giving people direct access to online support and counselling services when and where they need it most.

The Government will continue to work closely with the mental health sector to monitor and respond to emerging needs.

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

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**Australian Government's Response to the COVID-19 Pandemic**

**Thursday 23 April 2020**

**PDR Number: IQ20-000073**

**Question Number: 12**

**Question Subject:** Advice to parents regarding schools

**Type of Questions:** Hansard, page 26, 23 April 2020

**Questioner:** Senator Keneally

**Question:**

**Senator KENEALLY:** I'd like to pick up on some of the questions asked earlier around schools, to see if we can tease it out a bit more. Could you succinctly provide to us what the federal government's advice to parents is regarding sending their children to school?

**Ms Edwards:** Very similarly to the suppression/elimination question, the advice of the federal government is what comes out of the national cabinet, which is supported by advice from the AHPPC. But the Department of Health is not directly providing that advice. I'm aware of the advice that comes out of the national cabinet and I'm aware of the advice of the ACT government in relation to my own children at school, but I couldn't speak from the point of view of the Department of Health to give an authoritative answer on it.

**Senator KENEALLY:** Sorry—isn't the Department of Health running a public health campaign right now regarding coronavirus?

**Ms Edwards:** Yes, it is. I can take on notice—

**Senator KENEALLY:** What is the advice of that campaign regarding parents sending their children to school? What is that campaign advising parents?

**Ms Edwards:** I'll have to take on notice what any of our advisory materials might have been, but my understanding is that states and territories are providing advice about what should happen in schools in their jurisdictions. I'm not aware, and, if there is something the department is aware of, I'll take it on notice. But these are decisions of national cabinet on the advice of the AHPPC—which, for these purposes, operates separately from the Department of Health—having regard to the advice of the department of education and all of the advice of the states and territories, and then the national cabinet makes its decisions

**Answer:**

The National COVID-19 Health Campaign provides national advice on restrictions including social/physical distancing, along with information on hygiene, supporting older people, mental health and travel.

The National COVID-19 Health Campaign provides the latest health advice. The appropriateness of the operation of schools has been considered by National Cabinet having regard to the advice of Australian Health Protection Principal Committee (AHPPC).

The AHPPC advice is there is very limited evidence of transmission between children in the school environment. The views of AHPPC are published at <https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc>.

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's Response to the COVID-19 Pandemic**

**Thursday 23 April 2020**

**PDR Number: IQ20-000074**

**Question Number: 13**

**Question Subject:** Social distancing at school

**Type of Questions:** Hansard, page 26, 23 April 2020

**Questioner:** Senator Keneally

**Question:**

**Senator KENEALLY:** I would like to put on notice what the federal Department of Health's public health campaign is advising parents in regard to sending their children to school. Some of the questions I have are probably better directed to the CMO, but we can see what you are able to answer for us. Bearing in mind what the CMO told us earlier about what we know and don't know about children and the virus, is there any advice as to whether it's safe to send children to school if it's not possible for them to maintain the 1.5 metre social distance at their school?

**Ms Edwards:** It's definitely a question for the CMO, and I think it's one that the AHPPC have been considering, so it would be, when they've finished that advice, publicly available.

**Answer:**

The National COVID-19 Health Campaign provides national advice on restrictions including social/physical distancing, along with information on hygiene, supporting older people, mental health and travel.

The National COVID-19 Health Campaign provides the latest health advice. The appropriateness of the operation of schools has been considered by National Cabinet having regard to the advice of Australian Health Protection Principal Committee (AHPPC).

The AHPPC advice is there is very limited evidence of transmission between children in the school environment. The views of AHPPC are published at

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**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's Response to the COVID-19 Pandemic**

**Thursday 23 April 2020**

**PDR Number: IQ20-000075**

**Question Number: 14**

**Question Subject:** Public education campaign

**Type of Questions:** Hansard, page 27, 23 April 2020

**Questioner:** Senator Keneally

**Question:**

**Ms Edwards:** There is advice that goes to the AHPPC, to the national cabinet. If it isn't published when it's concluded, you'd have to address that to them or to the CMO, who advises the national cabinet on these issues.

**Senator KENEALLY:** Again, does the public education campaign from the Department of Health contain any messaging?

**Ms Edwards:** Not that I'm aware of, but I'll take it on notice with the other question.

**Senator KENEALLY:** Thank you. I would've liked to ask the CMO this but I will ask

**Answer:**

The National COVID-19 Health Campaign provides national advice on restrictions including social/physical distancing, along with information on hygiene, supporting older people, mental health and travel.

The National COVID-19 Health Campaign provides the latest health advice. The appropriateness of the operation of schools has been considered by National Cabinet having regard to the advice of Australian Health Protection Principal Committee (AHPPC).

The AHPPC advice is there is very limited evidence of transmission between children in the school environment. The views of AHPPC are published at

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**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's Response to the COVID-19 Pandemic**

**Thursday 23 April 2020**

**PDR Number: IQ20-000076**

**Question Number: 15**

**Question Subject:** Access to telehealth

**Type of Questions:** Hansard, page 30, 23 April 2020

**Questioner:** Senator Lambie

**Question:**

**Ms Edwards:** Access to telehealth for allied and GP access for mental health services was increased on 13 March and then increased again very broadly on 30 March. So when you talk—

**Senator LAMBIE:** But that's not to counsellors, is it? Is that to counsellors?

**Ms Edwards:** I'll take on notice the exact scope of the measure, but it certainly applies to a range of allied health people who do psychological drug treatment. It's not restricted to doctors. I'll take on notice for you exactly who can have access to it, but there's very broad telehealth available for mental health services now.

**Answer:**

On 30 March 2020, a telehealth whole-of-population model of care was implemented and includes mental health, allied health professionals and general practice. All Medicare eligible Australians can access these services, which allow people to access essential Medicare-funded health services in their homes and reduce their risk of exposure to COVID-19 within the community.

Expansion of telehealth did not introduce new types of services, it made face-to-face services already subsidised under Medicare available through remote service models. Under Better Access, Psychological Therapy services can be provided by eligible clinical psychologists, and Focussed Psychological Strategies services can be provided by registered psychologists, eligible social workers, occupational therapists and appropriately qualified GPs. Health professionals who do not hold any of the above qualifications are not eligible for face-to-face or telehealth rebates.

Counsellors play an important role in assisting individuals and families during relationship difficulties, in managing grief and loss and in providing assistance in times of personal crisis. People experiencing stressful life events can be at risk of developing a mental disorder, and or drug and alcohol dependence. For these reasons, counsellors are the target providers for a number of early intervention and support programs, such as the telephone/web crisis support programs funded by the Australian Government.

As a part of the response to the COVID-19 pandemic, on 29 March 2020, the Government announced a \$74 million package over 2019-20 and 2020-21 to support the mental health and wellbeing of all Australians. This package included significant investment in telephone and web based counselling services provided by organisations such as Beyond Blue, Lifeline and Kids Helpline.

The Medicare Benefits Schedule (MBS) Review Taskforce has been reviewing the MBS, including mental health MBS items, to consider how the items can be aligned with contemporary clinical evidence and practice and improve health outcomes for patients. The review has included registered and clinical psychologists, mental health nurses and counsellors.

# PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Australian Government's Response to the COVID-19 Pandemic

Thursday 23 April 2020

PDR Number: IQ20-000077

Question Number: 16

**Question Subject:** Australia's research

**Type of Questions:** Hansard, page 30-31, 23 April 2020

**Questioner:** Senator Davey

## Question:

**Senator DAVEY:** Great. I just want to go back to the issue of vaccines and our research capacity in this area. I note that an Australian lab was one of the first in the world to map the virus. Can you outline for us what we're doing in research in Australia not only for vaccines but also further research into the virus or similar viruses, and what capacity we have to be part of that global network of researchers in disease prevention?

**Ms Edwards:** We are already part of the global research work, but in this research specifically we moved quite early on research in relation to COVID-19. I can provide on notice detail of exactly what. In summary, there has been a bit more than \$36 million released from the Medical Research Future Fund so far. That's for vaccine development through \$3.35 million to the University of Queensland in partnership with the Queensland government and Ramsay Health Care, \$2 million for a competitive grant opportunity also in relation to vaccines and \$13.6 million still to be earmarked for vaccine development. We are really keen to make sure we invest in the places with the absolutely best prospects of moving forward on a vaccine.

We're also investing in antivirals—obviously a good treatment for COVID in its serious form is another aim that would help us to manage the issue—and that includes \$8 million for a competitive grant opportunity to identify and develop antivirals. We're also looking at work with the Walter and Eliza Hall project assessing the effectiveness of hydroxychloroquine, although that's not in place as yet.

We've got \$5 million for clinical trials to support better treatment and management of COVID patients with severe acute respiratory distress, and, further, an investment in diagnostics. So that's \$2.6 million for the Peter Doherty Institute of Immunity and Infection to increase our ability for widespread testing; \$1 million to the University of Sydney for a project using artificial intelligence to support frontline health workers, using CT scans to diagnose more quickly the severest of patients; and \$1.5 million in public health for living guidelines on the clinical management of patients.

**Answer:**

The Australian Government plays a strong role in contributing to global 'readiness' efforts for pandemics such as COVID-19:

- In 2018-19 the Government provided \$2 million to the Coalition for Epidemic Preparedness Innovations (CEPI) from the Medical Research Future Fund (MRFF) to contribute to the development of vaccines that are ready to deploy to prepare Australia and the globe for epidemics and pandemics.
- Through 2019-2022 the Government will provide a further \$4.5 million to CEPI for vaccine development to fight infectious disease epidemics as part of the Government's \$300 million Health Security Initiative for the Indo-Pacific.

In direct response to the COVID-19 pandemic, in March 2020 the Government announced the contribution of \$3.35 million in funding (in partnership with the Queensland Government) for vaccine research and clinical trials being progressed at the University of Queensland. The University of Queensland has been selected as one of ten groups worldwide by CEPI to develop a COVID-19 vaccine.

Further, the CSIRO is also currently partnering with CEPI to undertake the first pre-clinical (animal) trials of two additional vaccine candidates.

- The WHO and CEPI identified these vaccine candidates based on work by the University of Oxford and Inovio Pharmaceuticals Incorporated from ten candidates funded by CEPI, including the University of Queensland candidate.

Australia continues to engage with its partners and participate in international discussions to exchange information about COVID-19 research. This includes the Chief Scientist's participation in regular dialogues of international Chief Scientific Advisers and other science leaders on the COVID 19 worldwide crisis.

# PARLIAMENTARY INQUIRY QUESTION ON NOTICE

## Department of Health

### Senate Select Committee on COVID-19

#### Australian Government's Response to the COVID-19 Pandemic

Thursday 23 April 2020

PDR Number: IQ20-000078

Question Number: 17

**Question Subject:** Clinical trials of certain vaccines

**Type of Questions:** Hansard, page 31, 23 April 2020

**Questioner:** Senator Davey

#### Question:

**Senator DAVEY:** I note that this morning or overnight there were announcements in Britain, I think, and in some other nations that they've actually moved to clinical trials of certain vaccines. Are there any clinical trials currently approved or occurring or pending in Australia for either antiviral treatment or vaccinations?

**Ms Edwards:** I'm not aware of any currently underway, but I'll take that on notice. I'm not sure I will be able to answer the pending part, because obviously the clinical trial will follow identification of a candidate molecule—I think that's what they call it—but we're certainly very much in the forefront of the work. Frankly, I don't care which country comes up with it first; let's find a vaccine so that we can help everybody.

#### Answer:

As at Monday 27 April 2020, the following clinical trials relevant to COVID-19 antiviral treatment or vaccination were registered in Australia<sup>1</sup>

- One for the use of Bacillus Calmette-Guerin vaccine<sup>2</sup> for prevention of COVID-19 amongst health care workers
- Two for the use of therapeutics for prevention of COVID infection among health care workers (hydroxychloroquine and chloroquine)
- Four for the use of therapeutics for antiviral treatment of COVID-19 infection (including one or more of the following: a nasal cavity spray; hydroxychloroquine; lopinavir/ritonavir; and immune modulating drugs such as interferon-β1a).

In addition, the University of Queensland has announced that it will commence clinical trials of its COVID-19 vaccine in the second half of 2020.

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<sup>1</sup> Australian New Zealand Clinical Trials Registry (ANZCTR) data, accessed online, 27 April 2020, anzctr.org.au.

<sup>2</sup> Registered for prevention of Tuberculosis.



**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's Response to the COVID-19 Pandemic**

**Thursday 23 April**

**PDR Number: IQ20-000079**

**Question Number: 18**

**Question Subject:** Biosecurity declaration

**Type of Questions:** Hansard, page 32

**Questioner:** Senator Patrick

**Question:**

**Senator PATRICK:** The Chief Medical Officer indicated that a biosecurity declaration was made around 24 January. Is there a declaration in place in relation to an endemic transfer of this disease? That goes to the real question I want to get to: will there be some formal declaration made that we are no longer in those circumstances?

**Ms Edwards:** I think the answer to that is yes. I'd have to take on notice exactly when it was made and what the process would be for reversing it. I think I referred to it in my opening statement as the activation of the health sector emergency response plan. So there will be a point, hopefully sooner rather than later, at which that emergency response will no longer be in force. I can take the process on notice.

**Senator PATRICK:** Is that a legislative declaration or is that a policy declaration?

**Ms Edwards:** Can I take that on notice. I think it's under the health regulations and pandemic plan that Professor Murphy is responsible for. I wouldn't want to have an imprecise answer for you.

**Senator PATRICK:** The question ultimately goes to whether a declaration that this is over will be made at the end, and how that would happen. Thank you very much.

**Answer:**

'Human coronavirus with pandemic potential' was declared as a 'listed human disease' by the Chief Medical Officer under the *Biosecurity Act 2015* on 21 January 2020. This declaration reflected the potential harm to human health posed by COVID-19, and was necessary to enable the use of human biosecurity powers under that Act.

On 18 March 2020, the Governor-General, on advice from the Health Minister, who in turn was advised by the Chief Medical Officer, declared a human biosecurity emergency under the *Biosecurity Act 2015*. The human biosecurity emergency declaration provides the Health

Minister with a range of powers to respond to COVID-19, including those that have been used to restrict Australians from undertaking overseas travel and preventing the movement of cruise vessels.

The human biosecurity emergency ceases on 17 June 2020. It may be revoked earlier, or extended for a further three months if the Health Minister, based on advice of the Chief Medical Officer and the Australian Health Protection Principal Committee, is satisfied that an extension is required.