

██████████  
██████████  
██████████████████████  
  
Dear ██████████

### **DECISION ON YOUR ACCESS APPLICATION**

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received originally by Chief Minister, Treasury and Economic Development Directorate (CMTEDD) and partially transferred under Section 57 of the FOI Act to the ACT Health Directorate (ACTHD) on **Thursday 2 September 2021** and rescoped on **Thursday 9 September 2021**.

This application requested access to:

- All *final ministerial briefings provided to the Chief Minister, Deputy Chief Minister, Treasurer (if any briefings were separate to ones provided under the CM masthead), Health Minister, Housing Minister and Disability Minister between Wednesday 11 August and Wednesday 1 September inclusive that cover COVID-19, health and lockdown advice and information for each portfolio area, and the impact on the economy with regards to the treasury portfolio*
- *Whole of Government Talking Points as prepared daily by the Public Information Coordination Centre for the period Wednesday 11 August to 1 September 2021 inclusive.*
- *Talking points prepared for the Chief Minister and Health Minister for the following dates: 12 August, 16 August and 31 August.*

I am an Information Officer appointed by the Director-General of ACT Health Directorate (ACTHD) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Friday, 29 October 2021**.

Searches were completed for the relevant documents, and I have identified 18 documents holding the information within the scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

#### **Decisions on access**

I have decided to:

- grant full access to five documents;
- grant partial access to ten documents; and
- refuse access to three documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as [Attachment B](#) to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

### **Full Access**

I have decided to grant full access to five documents at references 1, 5, 7, 15 and 16.

### **Refuse Access**

I have decided to refuse access to three documents.

Documents at references 12, 17 and 18 are wholly comprised of information that would reveal deliberations of Cabinet. This document is therefore taken to be contrary to the public interest to release, under Schedule 1.6 (1) Cabinet Information (d) the disclosure of which would reveal any deliberation of Cabinet.

### **Partial Access**

I have decided to grant partial access to ten documents.

Documents at references 2, 4, 6, 10 and 13 contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in Section 17 of the Act as the information contained in these folios is partially comprised of personal information, being ACT Government employees' mobile numbers.

I have identified that there are no relevant factors favouring disclosure of this information under Schedule 2.1.

This information has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy under *Schedule 2.2 (a) (ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004*. The disclosure of this detail would not provide any government information pertinent to your request therefore, I have decided this factor outweighs the public interest factors in the disclosure of this information.

Documents at references 3, 11 and 14 are partially comprised of information that would reveal deliberations of Cabinet and is therefore taken to be contrary to the public interest to release, under Schedule 1.6 (1) Cabinet Information (d) the disclosure of which would reveal any deliberation of Cabinet.

Documents at references 8 and 9 are partially comprised of information relating to the business affairs of non-government businesses. Document 9 is also comprised of information that would reveal deliberations of Cabinet and is therefore taken to be contrary to the public interest to release, under Schedule 1.6 (1) Cabinet Information (d) the disclosure of which would reveal any deliberation of Cabinet.

### **Public Interest Factors Favouring Disclosure**

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2.1 (a)(i) promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2.1 (a)(ii) contribute to positive and informed debate on important issues or matters of public interest;
- Schedule 2.1 (a)(iv) ensure effective oversight of expenditure of public funds; and
- Schedule 2.1 (a)(viii) reveal the reason for a government decision and any background or contextual information that informed the decision.

### Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2.2 (a)(xi) prejudice trade secrets, business affairs or research of an agency or person.

On balance, the factors favouring disclosure do not outweigh the factors favouring non-disclosure. The release of this information would or could reasonably be expected to have a detrimental effect for the agency's ongoing relationship with other non-ACT Government businesses. Therefore, I determined the information identified is contrary to the public interest and I have decided not to disclose this information.

### **Charges**

Processing charges are not applicable to this request.

### **Disclosure Log**

Under section 28 of the FOI Act, ACTHD maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>

### **Ombudsman review**

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601  
Via email: [ACTFOI@ombudsman.gov.au](mailto:ACTFOI@ombudsman.gov.au)  
Website: [ombudsman.act.gov.au](http://ombudsman.act.gov.au)

### ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal  
Level 4, 1 Moore St  
GPO Box 370  
Canberra City ACT 2601  
Telephone: (02) 6207 1740  
<http://www.acat.act.gov.au/>

**Further assistance**

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au)

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sallyanne Pini'.

Sallyanne Pini  
**A/g Executive Branch Manager**  
Office of the Director-General

29 October 2021

## FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME		WHAT ARE THE PARAMETERS OF THE REQUEST				FILE NUMBER
[REDACTED]		<ul style="list-style-type: none"> <li>All <i>final</i> ministerial briefings provided to the Chief Minister, Deputy Chief Minister, Treasurer (if any briefings were separate to ones provided under the CM masthead), Health Minister, Housing Minister and Disability Minister between Wednesday 11 August and Wednesday 1 September inclusive that cover COVID-19, health and lockdown advice and information for each portfolio area, and the impact on the economy with regards to the treasury portfolio</li> <li>Whole of Government Talking Points as prepared daily by the Public Information Coordination Centre for the period Wednesday 11 August to 1 September 2021 inclusive.</li> <li>Talking points prepared for the Chief Minister and Health Minister for the following dates: 12 August, 16 August and 31 August.</li> </ul>				ACTHDFOI21-22.19
Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 15	GBC21/463 Ministerial Brief - Chief Health Officer's report on the Public Health Emergency Declaration due to COVID-19 report to the Minister for Health – 9 August 2021	11 August 2021	Full Release		YES
2.	16 – 27	MIN21/1473 Caveat Brief - COVID-19 Vaccination Program – Week 25 Data Report	13 August 2021	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES

3.	28 – 45	GBC21/469 Ministerial Brief – Minister’s Weekly Brief for 2-6 August 2021	13 August 2021	Partial Release	Schedule 1.6 Cabinet Information. Redactions made to information Out of Scope.	YES
4.	46 – 64	MIN21/1447 Ministerial Brief - COVID-19 Vaccination Program - Equity to Access Programs - Update	16 August 2021	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
5.	65 – 77	MIN21/1079 Ministerial Brief - Mandatory Vaccinations for Aviation Workers - Andrew Parker, Qantas	18 August 2021	Full Release		YES
6.	78 – 89	MIN21/1530 Caveat Brief - COVID-19 Vaccination Program – Week 26 Data Report	18 August 2021	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
7.	90 – 102	GBC21/491 Ministerial Brief - Regulatory amendment to support an increase in the COVID-19 vaccination workforce	18 August 2021	Full Release		YES
8.	103 - 106	MIN21/1480 Ministerial Brief - Canberra Club using Third Party Providers to fulfill Check in Requirements	20 August 2021	Partial Release	Schedule 2.2 (a)(xi) Business Affairs	YES
9.	107 – 114	MIN21/1559 Ministerial Brief - Dedicated COVID-19 quarantine facilities in the ACT	24 August 2021	Partial Release	Schedule 1.6 Cabinet Information & Schedule 2.2 (a)(xi) Business Affairs	YES
10.	115 – 144	MIN21/1576 Ministerial Brief - COVID-19 Vaccination Program: Children young people rollout planning	24 August 2021	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES

11.	145 – 163	GBC21/484 Ministerial Brief – Minister’s Weekly Brief for 9-13 August 2021	24 August 2021	Partial Release	Schedule 1.6 Cabinet Information. Redactions made to information Out of Scope.	YES
12.	164 – 177	GBC21/507 Cabinet Submission - COVID-19 Vaccination Program – AIS Arena mass clinic and program update (CAB21/571)	25 August 2021	Refuse Release	Schedule 1.6 Cabinet Information.	NO
13.	178 – 188	IGR21/137 Caveat Brief - COVID-19 Vaccination Program - Week 27 Data Report	25 August 2021	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
14.	189 – 210	GBC21/500 Ministerial Brief – Minister’s Weekly Brief for 16-20 August 2021	27 August 2021	Partial Release	Schedule 1.6 Cabinet Information. Redactions made to information Out of Scope.	YES
15.	211 – 212	Media Release – COVID-19 vaccine bookings now available for 16-29 Canberrans	27 August 2021	Full Release		YES
16.	213 – 214	Talking Points & QA	27 August 2021	Full Release		YES
17.	215 – 217	GBC21/477 Ministerial Brief - Final Cabinet Submission - 2020-21 COVID-19 Expenditure and Activity report July 2020 - June 2021	30 August 2021	Refuse Release	Schedule 1.6 Cabinet Information.	NO
18.	218 – 223	Covering brief for Cabinet Submissions; <ul style="list-style-type: none"> <li>• GBC21/523</li> </ul> CAB2021/586 COVID-19 Vaccination Passport – Implementation Approach	31 August 2021	Refuse Release	Schedule 1.6 Cabinet Information.	NO

		<ul style="list-style-type: none"> <li>• GBC21/524</li> </ul> <p>21/587 CO-SPOSNORED Proof of vaccination in public settings</p> <ul style="list-style-type: none"> <li>• GBC21/528</li> </ul> <p>COPY OF CMTEDD BRIEF: COVID-19 Cabinet Submissions: 21/586 – Integration of proof of vaccination status with Check In CBR – Implementation options - 21/587 – Proof of vaccination in public settings</p>				
<b>Total Number of Documents</b>						
<b>18</b>						





## ACT Health Directorate

**To:** Minister for Health

Tracking No.: GBC21/463

**CC:** Rebecca Cross, Director-General

Leesa Croke, Coordinator General, Whole of Government (Non-Health)  
Response to COVID-19

Meg Brighton, Deputy Director-General, Health Systems, Policy and Research

**From:** Dr Kerryn Coleman, Chief Health Officer

**Subject:** Chief Health Officer's report on the Public Health Emergency Declaration due to COVID-19 report to the Minister for Health – 9 August 2021

**Critical Date:** 09/08/2021

**Critical Reason:** The 30-day reporting requirement stipulates that the Chief Health Officer must report to you on the status of the emergency by this date

### Recommendations

That you:

1. Agree to sign the Notifiable Instrument at Attachment B to further extend the public health emergency due to COVID-19 in the ACT for 90 days (until 14 November 2021) based on the advice outlined in this brief and in the Chief Health Officer's report at Attachment A; and

Agreed / Not Agreed / Please Discuss

2. Note the 17th CHO report on the status of the public health emergency declaration due to COVID-19 at Attachment A dated 9 August 2021.

Noted / Please Discuss

Rachel Stephen-Smith MLA .....  ..... 13/8/21

Minister's Office Feedback

## OFFICIAL

**Background**

1. On 16 March 2020, you declared a public health emergency in the ACT due to the public health risks posed by coronavirus disease (COVID-19).
2. The declaration of a public health emergency allows the Chief Health Officer (CHO) to take the necessary actions required to reduce threats to public health.
3. Section 119 (4B) of the *Public Health Act 1997* provides that if the “COVID-19 declaration has been extended or further extended under subsection (4), the Chief Health Officer must advise the Minister at least every 30 days about:
  - (a) the status of the emergency; and
  - (b) whether the Chief Health Officer considers the declaration is still justified.”
4. Sixteen previous CHO reports have been provided during the public health emergency, the most recent dated 10 July 2021.
5. On 17 May 2021 you agreed to extend the public health emergency declaration for a further 90 days until 16 August 2021.

**Issues**

6. The 17th CHO report on the status of the public health emergency declaration in the ACT due to COVID-19, dated 9 August 2021, is at [Attachment A](#) for your consideration.
7. The report provides you with advice on the current status of the pandemic in the ACT, nationally and internationally, and recommends to you that the public health emergency declaration in the ACT be extended for a further 90 days (beyond 16 August 2021) due to the ongoing public health risk posed by COVID-19.
8. A notifiable instrument giving effect to a 90-day extension of the public health emergency is provided for your signature at [Attachment B](#).
9. All other jurisdictions in Australia have similar public health emergency declarations in place (or similar) to enable respective health authorities to respond to the continued risks associated with COVID-19.
10. The numbers of new cases of COVID-19 in Australia have recently increased, with local community outbreaks in several jurisdictions. Global case numbers and deaths also continue to increase. New variants of COVID-19 found overseas continue to pose a risk of spreading to Australia and are present in countries where Australians are travelling from to return home. Notably, the highly transmissible Delta variant entered Australia through returning travellers, and has quickly spread throughout parts of Victoria in June 2021, and in New South Wales from June 2021.
11. It is anticipated that the Commonwealth Government will move to extend the human biosecurity emergency period for an additional three months from 17 September 2021 to 17 December 2021 to prevent or control the entry, emergence, establishment or spread of COVID-19 in Australia.

## OFFICIAL

12. The next CHO report will be provided to you by 8 September 2021 in accordance with the 30-day reporting requirement.

**Financial Implications**

13. Not applicable.

**Consultation**Internal and Cross Directorate

14. ACT Health is continuing to work closely with other directorates in the response to COVID-19.

External

15. The CHO attends Australian Health Protection Principal Committee (AHPPC) meetings on COVID-19 on a regular basis and discusses and communicates expert public health advice on COVID-19 via this forum.
16. The Deputy Chief Health Officer attends the Communicable Disease Network Australia on a regular basis which also provides expert public health advice about the prevention and control of communicable diseases.

**Work Health and Safety**

17. Not applicable.

**Benefits/Sensitivities**

18. The 30-day reporting provisions in the *Public Health Act 1997* provides for a high level of transparency around the justification for continuing the public health emergency that is delivered on a regular basis.
19. The CHO has kept you updated on a regular basis on the state of the public health emergency through informal means, including meetings and briefing channels.
20. On 9 June 2021, Cabinet considered a submission providing options in relation to the public health emergency and agreed that the public health emergency declaration remained appropriate due to the risk posed by COVID-19.

**Communications, media and engagement implications**

21. All communications and media engagement arrangements relating to COVID-19 are being handled through the Public Information Coordination Centre.
22. Talking points or supporting media/communications in relation to the extension of the public health emergency declaration can be provided at the request of your office.

## OFFICIAL

Signatory Name: Dr Kerryn Coleman, Chief Health Officer Phone: 49442

Action Officer: Vanessa Dal Molin, Executive Branch Manager, Phone: 49401  
COVID-19 Policy and Support

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	17th CHO report on the status of the public health emergency declaration in the ACT due to COVID-19 (9 August 2021)
Attachment B	Notifiable Instrument - Public Health (Emergency) Declaration Further Extension 2021 (No 3)



Ms Rachel Stephen-Smith MLA  
Minister for Health  
ACT Legislative Assembly  
London Circuit  
CANBERRA ACT 2601

Dear Minister

**CHIEF HEALTH OFFICER REPORT ON THE STATUS OF THE PUBLIC HEALTH  
EMERGENCY DUE TO COVID-19 – 9 AUGUST 2021**

Please find herein my report to you, as Minister for Health, in relation to the declaration of a public health emergency in the ACT due to COVID-19.

Section 119 (4B) of the *Public Health Act 1997* provides that if the “COVID-19 declaration has been extended or further extended under subsection (4), the chief health officer must advise the Minister at least every 30 days about—

- (a) the status of the emergency; and
- (b) whether the chief health officer considers the declaration is still justified.”

Minister, my advice is that COVID-19 continues to pose a public health risk to the ACT community. My recommendation to you, as of 9 August 2021, is that the public health emergency declaration in the ACT be extended for a further 90 days effective from 16 August 2021 until 14 November 2021, subject to regular review.

All Australian jurisdictions are maintaining public health emergency status or similar at this time and continue to focus on the suppression of COVID-19.

Yours sincerely

A handwritten signature in black ink, which appears to read 'K. Coleman', is written over a horizontal line.

Dr Kerry Coleman  
Chief Health Officer  
9 August 2021

## CHIEF HEALTH OFFICER REPORT ON THE STATUS OF THE PUBLIC HEALTH EMERGENCY DUE TO COVID-19 – 9 AUGUST 2021

### Declaration of a public health emergency in the ACT

A public health emergency declaration is in force in the ACT due to the public health risk of COVID-19 to the ACT community. The public health emergency declaration is scheduled to expire on 16 August 2021. As Chief Health Officer, I make a recommendation to the Minister for Health that the public health emergency declaration be extended for a further 90 days due to the ongoing public health risk COVID-19 presents.

The public health emergency declaration enables me, as Chief Health Officer, to take necessary actions to reduce threats to public health, including issuing public health directions that aim to limit the spread of COVID-19 in our community. These directions include the requirement for returned international travellers to undertake hotel quarantine and for confirmed cases of COVID-19 and their close contacts to self-isolate.

The ACT's public health response to COVID-19 is guided by the advice of the Australian Health Protection Principal Committee (AHPPC) and National Cabinet.

### Global situational update

Globally, as of 6 August 2021, there have been 200,840,180 confirmed cases of COVID-19, and sadly 4,265,903 deaths reported to the World Health Organization (WHO)<sup>1</sup>.

After a decline in international cases in late April 2021, cases and deaths have steadily increased since mid-June 2021, with over 4 million cases reported in the past week. This trend is largely attributable to increases in cases in the Americas, Europe and Western Pacific regions. The Americas and Europe reported the greatest number of weekly cases and deaths by population size. Cases have also increased significantly in the past week in the United States of America (USA), India, Indonesia and Brazil.

The Delta variant has become the dominant strain of COVID-19 circulating in a number of countries, and is increasing in countries where vaccination rates remain below the modelled threshold for widespread protection against outbreaks. The Delta variant is now responsible for more than 80% of COVID-19 cases being reported in the USA, the United Kingdom, Spain, India, Italy and Germany.

On 4 August 2021, China reported its highest number of locally transmitted COVID-19 cases since January 2021, and commenced mass testing of the population of Wuhan due to an outbreak of the Delta variant.

---

<sup>1</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports> Coronavirus disease (COVID-19) Weekly Epidemiological Update and Weekly Operational Update, accessed 9 August 2021

## National situational update<sup>2</sup>

As at 9:00am on 9 August 2021, there have been a total of 36,330 cases of COVID-19 reported in Australia and 936 deaths. Nationally, there were 1,897 new locally acquired cases reported in the past seven days, with an additional 44 overseas acquired cases. The vast majority of locally acquired cases in the past 30 days were associated with the Greater Sydney Outbreak. Across Australia, there is currently an estimated 4,727 active cases and 433 cases hospitalised.

Over the past month, COVID-19 outbreaks have occurred in several jurisdictions and the Greater Sydney Outbreak which began in July has steadily grown. Widespread seeding of cases throughout Australia over the past month have resulted in the ACT declaring multiple jurisdictions and interstate locations as COVID-19 Areas of Concern with associated travel restrictions implemented to limit risk of the virus spreading to the ACT.

In Queensland, there have been over 100 locally acquired cases linked to the Indooroopilly cluster, resulting in the Queensland Government announcing a seven-day lockdown commencing from 31 July 2021 for 11 impacted Local Government Areas (LGAs) of South East Queensland. While the Queensland lockdown restrictions were in place, the ACT introduced stay-at-home requirements for all travellers who had been in the 11 impacted LGAs and restricted entry to non-ACT residents, with exemptions only granted in exceptional circumstances. Lockdown restrictions for the 11 affected LGAs were lifted by the Queensland Government on 8 August 2021, and correspondingly removed in the ACT.

On the same day, the Queensland Government announced a three-day period of lockdown for the Cairns Regional Council and Yarrabah Aboriginal Shire in response to a new positive case detected in a taxi driver linked to a previous positive case in a pilot who travelled in the person's taxi. The ACT Government introduced a stay-at-home requirement for the Cairns Regional Council and Yarrabah Aboriginal Shire Council mirroring Queensland's restrictions. Whilst these restrictions are in place, non-ACT residents seeking to travel to the ACT from these areas must not enter without an approved exemption. ACT residents who have spent time in these areas on or after 29 July 2021 may return to the ACT but must complete an online declaration form within 24 hours prior to arriving in the ACT and travel directly to the residence where they are spending the stay-at-home period and may leave only for an approved purpose.

On 15 July 2021, the Victorian Government announced a state-wide lockdown in response to an outbreak of cases that was seeded from the Greater Sydney outbreak. Lockdown restrictions were lifted on 27 July 2021 and reintroduced on 5 August 2021. The ACT implemented stay at home restrictions which require returning ACT residents to complete an online declaration and non-ACT residents to seek an exemption before travel. Currently, these requirements remain in place for any person who has been in Greater Melbourne after 11:59pm on 5 August 2021 with restrictions for regional Victoria were removed from 11:59pm on 9 August 2021.

---

<sup>2</sup> <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers#covid19-summary-statistics> Coronavirus (COVID-19) at a glance – 9 August 2021, Australian Government Department of Health, accessed 9 August 2021

### New South Wales situation

The COVID-19 situation in NSW continues to evolve. In response to a rise in locally acquired cases in the Greater Sydney region, particularly a persisting proportion that were infectious in community, the ACT declared Greater Sydney, Blue Mountains, Central Coast, Wollongong and Shellharbour as COVID-19 Affected Areas on 9 July 2021. Greater Sydney and the surrounding regions remain as COVID-19 Affected areas in response to ongoing community transmission. On 28 July 2021, the NSW Government extended the Greater Sydney lockdown measures to 28 August 2021. There are currently over 8,000 cases linked to the Greater Sydney outbreak.

At this time, anyone who leaves a NSW COVID-19 affected area and travels to the ACT must enter quarantine for 14 days upon their arrival in the ACT. ACT residents and non-ACT residents are required to obtain an approved exemption from ACT Health prior to their travel however ACT residents automatically receive an exemption and are supported to safely quarantine at their home.

In response to the NSW Government's announcement of several exposure locations, travellers from Orange City Council, Blayney Shire Council and Cabonne Shire Council local government areas (LGAs) were temporarily required to adhere to stay at home requirements from 21 July 2021 until restrictions were lifted on 27 July 2021.

On 9 August 2021, the ACT Government declared Tamworth Regional Council, Byron Shire, City of Lismore, Ballina Shire Council and Richmond Valley Council as COVID-19 affected areas in addition to the LGAs of Armidale, Dubbo, Newcastle, Muswellbrook Shire and Singleton which were declared as COVID-19 affected areas on 5 August 2021. These declarations are in response to the identification of positive cases and/or positive wastewater detections.

Currently, there are more than 700 individuals from a COVID-19 Affected area in quarantine in the ACT. To date, ACT Health has received 6,756 exemption requests from travellers from NSW, of which 2,943 have been approved, 2,236 have not been approved, 591 have been withdrawn and/or are not required under the Public Health Direction and 774 applications are yet to be processed or ACT Health is awaiting further information.

ACT Health continues to closely monitor the NSW situation and in particular, Canberra's surrounding region, and may introduce further travel restrictions if needed to minimise the risk of virus transmission in the ACT.

### **ACT situational update**

As of 9 August 2021, there are no active COVID-19 cases in the ACT and there is currently no evidence of community transmission. Of the ACT's 124 cases, 121 cases have recovered, and sadly there were three deaths early in the pandemic. There have been no new cases notified in the ACT in the past 30 days.

As of 11.59pm on 8 August 2021, the total number of vaccine doses administered by the ACT Government is 156,171.

There is currently no mandatory requirement to wear face masks in the ACT except at Canberra Airport and on flights departing and arriving into the ACT, however ACT Health continues to encourage people to wear masks in settings where physical distancing is not possible such as public transport or crowded indoor venues.



Checking in using the Check In CBR app at certain businesses, venues and locations is a requirement for anyone aged 16 years and older, regardless of how long they will be on the premises. From 15 July 2021, the use of the Check In CBR app in all retail settings, public transport, and taxi and rideshare services became mandatory in addition to restricted businesses and venues where this requirement was already in place. The expanded coverage of the Check In CBR app helps to ensure contact tracing teams are able to access the best available data to quickly and effectively contact any individual who may be exposed to a COVID-19 case in the ACT.

As of 1 August 2021, more than 17,000 venues had registered with Check In CBR, over 30 million people had checked in using the app, and the app had been downloaded 912,004 times. The use of the Check In CBR app by patrons attending businesses and venues in the ACT provides additional assurance to ACT Health and the local community that contact tracing teams can respond quickly and effectively if a new locally acquired case is identified.

As of 9 August 2021, there are 930 people in quarantine in the ACT being supported by ACT Health, the majority of whom are individuals who have been in a COVID-19 affected area and are quarantining at their home residence. The ACT is continuing to manage the frequent return of diplomats and government officials travelling to Canberra for official duties.

The Health Protection Service, Access Canberra and ACT Policing are continuing to undertake compliance and enforcement activity across the ACT community to help protect the community as the pandemic response continues. Compliance activities are currently focused on supporting the use of the Check In CBR app and maximum occupancy compliance.

As of 9 August 2021, ACT Policing has issued 21 infringements (three businesses and the 18 to individuals), 16 cautions, and made five arrests for the breach of COVID-19 Public Health Directions. ACT Policing will continue to conduct COVID-19 compliance activities including checking of individuals subject to current directions such as mandatory quarantine.

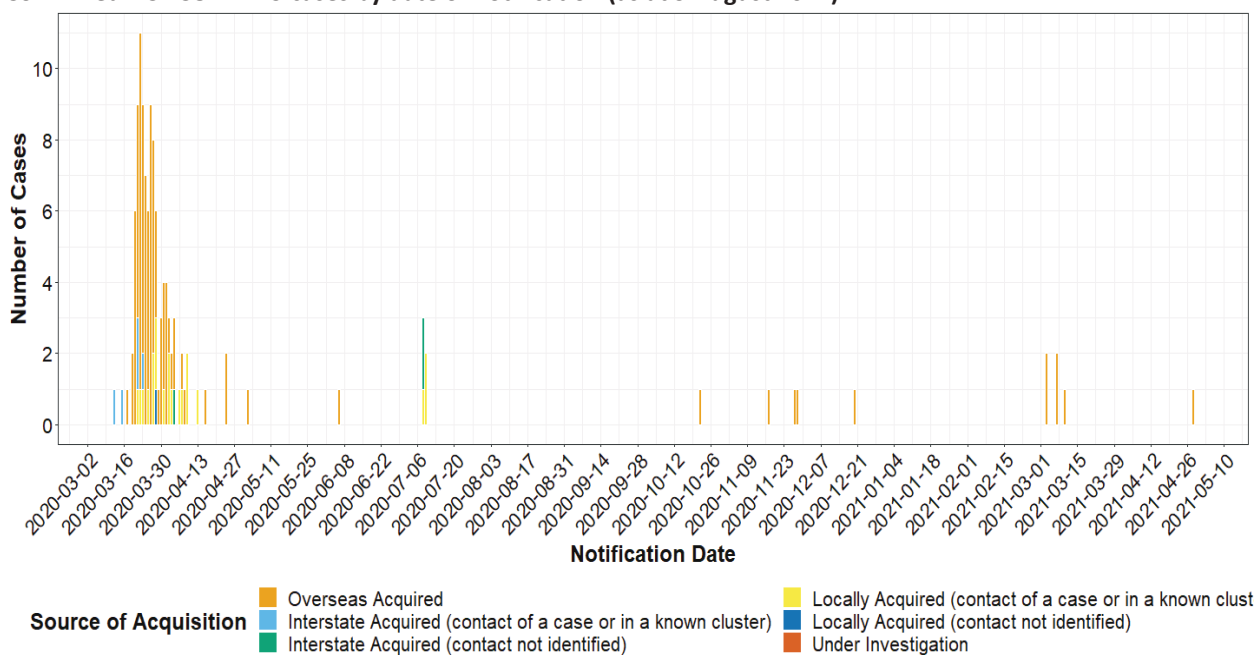
Access Canberra has undertaken a total of 10,396 proactive inspections and engagements across businesses and industry impacted by public health directions and COVID-19 restrictions as of 31 July 2021, with a focus on ensuring businesses and the wider community are complying with restrictions under the *Public Health (Restricted Activities – Gatherings, Business or Undertakings) Emergency Direction 2020 (No 4)*, including the expansion of the Check In CBR app to retail settings.

As of 31 July 2021, Health Protection Service (HPS) has undertaken 6,505 proactive inspections and engagements across businesses and industry to ensure compliance with the Direction and associated restrictions. The commencement of the Public Health (Check In Requirements) Emergency Direction 2021 on 1 July 2021 captured retail businesses that had been previously outside the scope of Directions with check in requirements such as supermarkets and clothing retailers. The new Direction requires all non-essential businesses and retail settings to be registered and to take reasonable steps to ensure patrons record their attendance using the Check In CBR app. The majority of inspections conducted by HPS are food businesses (5,815), with a smaller proportion of infection control premises (290), retailers (204) places of worship (113) and swimming pools (83). No warning letters were issued during the reporting period.

There was a significant increase in COVID-19 related complaints with a total of 29 COVID-19 complaints received this reporting period, resulting in 24 investigations being undertaken; compared to sixteen 16 COVID-19 complaints that resulted in 14 investigations in the last reporting period to June 2021. The complaints were diverse but mainly related to Check In CBR (availability of the QR code and patrons not checking in) and mandatory face mask directions. One complaint was related to interstate courier drivers and this was resolved by providing information clarifying the scope of the exemption.

The rate of food business compliance with public health directions across the ACT dropped over this reporting period. The drop in compliance can be attributed to non-compliance with COVID Safety Plan and maximum occupancy requirements. Access Canberra and Health Protection Service are actively engaging with business to ensure they understand their requirements under the Public Health Directions and to resolve any non-compliance. The rate of compliance with public health directions across the ACT remains relatively stable although a reduction in compliance with occupancy limits and/or COVID-19 Safety Plan requirements has been noted. Access Canberra and Health Protection Service are actively engaging with business to ensure they understand their requirements under the Public Health Directions and to resolve non-compliance.

**Confirmed ACT COVID-19 cases by date of notification (as at 9 August 2021)**



### ACT COVID-19 Vaccination Program

The rollout of the ACT's COVID-19 Vaccination Program is progressing well. ACT Health's priority is to ensure that the rollout progresses in an efficient, accessible, and above all, safe manner.

More than half of the ACT's adult population has now had at least one COVID-19 vaccine dose and 25% are fully vaccinated. The ACT is on track to deliver both doses for all individuals aged 16 years and over, who choose to be vaccinated, by December 2021 (subject to supply).

Approximately 87 general practices and respiratory clinics are onboarded as Commonwealth COVID-19 Vaccinating Sites administering Pfizer and/or AstraZeneca vaccines to eligible Canberrans. Of these GP's 23 are administering Pfizer. Over time, the Commonwealth Government will approve more general practices as Commonwealth Vaccinating Sites (noting that 142 general practitioners currently vaccinate in some form across the ACT).

The Commonwealth-led program for vaccinations in Residential Aged Care Facilities is being closely monitored by ACT Health, with some improvements in staff vaccination uptake. The ACT Government encourages aged care workers to come forward for COVID-19 vaccination. Since early June, ACT Health has offered all consenting unvaccinated aged care staff can be contacted directly for a priority booking for Pfizer as part of an expedited booking process.

The ACT Government has three mass vaccination clinics in operation. The Garran COVID-19 mass vaccination clinic is administering the Pfizer vaccine and the Calvary Public Hospital COVID-19 vaccination clinic is administering the AstraZeneca vaccine. The recently opened third mass vaccination clinic at the Canberra Airport Precinct is increasing the delivery of Pfizer doses to the Canberra community. Across the three dedicated ACT Government clinics there is currently capacity to administer more than 15,000 vaccination doses per week. This capacity will be rapidly scaled up as Commonwealth supply of vaccine is received in coming weeks and months.

The ACT Government COVID-19 vaccination clinics are administering vaccinations to the identified priority groups in line with the national rollout strategy. In addition, anyone aged 30 years and over and all Aboriginal and Torres Strait Islander people aged 12 years and over are eligible for vaccination. To ensure that groups such as healthcare, aged care and disability workers can access an earlier vaccination ACT Health has reserved 2,000 vaccination appointments per week to support these priority workforces.

The Therapeutic Goods Administration (TGA) has approved the use of Pfizer COVID-19 vaccine to include children and young people aged 12 to 15 years. The Australian Government has accepted the Australian Technical Advisory Group on Immunisation (ATAGI) recommendation to expand program eligibility to those children and young people with underlying medical conditions, disability, or who are Aboriginal and Torres Strait Islander. This approval may impact any predicted vaccination coverage targets.

Canberran children aged between 12 and 15 years of age who are at greater risk from the effects of COVID-19 are now eligible to book a Pfizer vaccination, including those aged 12 years and older who have a specified underlying medical condition, disability or are Aboriginal and Torres Strait Islander.

Under the national rollout, pregnant women are eligible to book a Pfizer COVID-19 vaccine appointment. However, it is recommended that pregnant women continue to discuss their vaccination with their health professional prior to making a booking.

The ACT Government Vaccination Clinics are live on the Australian Government's Vaccine Eligibility Checker. Eligible Canberrans can make a booking online, with the Checker linking people directly to the MyDHR Digital Health Record platform. The ACT Government COVID-19 vaccination phone booking line is also available for those who are unable to register for MyDHR or who prefer to speak with someone to make a booking.

On Tuesday 3 August, eligibility for vaccination in the ACT Government clinics was opened for people aged 30 to 39 years. On this single day, 21,823 bookings were made, with 94% of these bookings made by those in the 30 to 39 eligibility cohort. Many of this cohort (over 20,000) had registered their interest in anticipation of the expanded eligibility and were able to streamline their booking.

ACT Health is continuing to work with the Commonwealth, Public Health Network and aged care sector to assist staff to receive vaccinations through fast-tracked appointments at ACT Government clinics and primary care.

The ACT's priority continues to be the delivery of a safe, efficient and targeted vaccination program. The ACT Government is working closely with the Commonwealth Government to ensure Canberrans are well informed about the vaccination program.

### **Surveillance and monitoring**

Testing numbers in the ACT continue to reflect the COVID-19 case situation across Australia with a total of 279,109 negative tests conducted as of 9 August 2021.

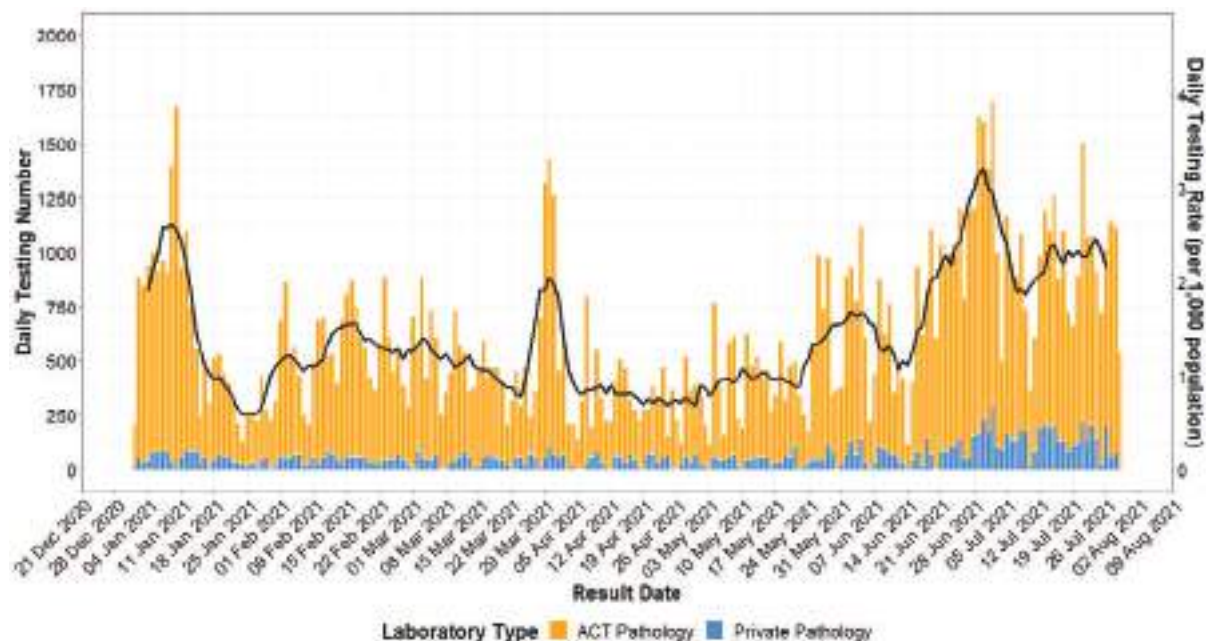
There have been no new cases of COVID-19 detected in the past 30 days and there is no evidence of community transmission. This is a testament to Canberrans continuing to do the right thing by following the latest public health advice, including notifying ACT Health before returning from a COVID-19 affected area, observing quarantine or stay at home requirements, and getting tested when required.

The number of tests undertaken in the past 30 days remains above 2 tests per 1,000 population per day. Furthermore, COVID-19 tests continue to be routinely conducted for influenza-like illness outbreaks in aged care facilities and for individuals hospitalised with respiratory illness. These surveillance mechanisms provides confidence in the ACT's ability to detect a positive case if incursion from another jurisdiction was to occur.

No fragments of COVID-19 have been detected in ACT's wastewater in the past 30 days.

ACT Health is continuing to encourage all Canberrans to present for testing if experiencing any COVID-19 symptoms, no matter how mild, to ensure any positive cases in the community are quickly identified. Strong testing rates are crucial for ACT Health to maintain rigorous surveillance of the COVID-19 situation and act quickly if a case is detected.

### All COVID-19 tests for ACT Residents in the ACT by result date: all laboratories (as at 1 July 2021)



### The ACT community's response

The ACT is operating under 'COVID normal' restrictions. The efforts of the ACT community, including businesses, have been, and continue to be, vital in slowing the spread of COVID-19. Businesses are asked to follow their COVID Safety Plans to support the safety of the community and their staff. For certain restricted businesses, venues and facilities, as well as all retail settings, public transport and taxi and rideshare services, the use of the Check In CBR app is mandatory, and businesses must use their best endeavours to ensure people aged 16 years and over check in (including staff). This enables ACT Health to quickly access patron information to alert people who may have been in contact with a person with COVID-19, if required.

The community is being reminded to continue to follow the health advice to help to keep our community safe. As we move through this next stage of the pandemic, we ask Canberrans to:

- Physically distance from other groups whenever possible
- Continue good hand and respiratory hygiene
- Use the Check In CBR app to check in when out and about
- Stay home if unwell and get tested if experiencing any COVID-19 symptoms
- Monitor travel advice
- Book a COVID-19 vaccination when eligible to protect yourself and the community.

## **Conclusion**

The ACT remains well placed in responding to the COVID-19 pandemic with no evidence of community transmission at this time despite a continuing rise in cases in NSW. The ACT's testing rates continue to reflect the epidemiological situation.

The recent increase in locally acquired cases in Australia demonstrates the need for public health restrictions to remain in place as appropriate to the situation to ensure the ACT can respond quickly and effectively to any new cases detected within the community.

With COVID-19 cases recently identified across several states, ACT Health continues to ask Canberrans to reconsider the need for non-essential interstate travel at this time to help to minimise the risk of COVID-19 entering the ACT. Canberrans should not travel to areas which are under stay-at-home or quarantine requirements. ACT Health will continue to monitor the COVID-19 situation in all jurisdictions very closely and will put in place further directions if required in order to keep our community safe.

The continuing rise in cases nationally and overseas demonstrates the need for all jurisdictions in Australia to maintain a robust quarantine program for returning international travellers and a level of public health restrictions in response to COVID-19.

The ACT, along with all jurisdictions, continues to focus on strong suppression to minimise community transmission of the virus, consistent with the first phase of the four-step National Plan to transition Australia's National COVID-19 Response. As agreed by National Cabinet, the transition between phases will be based on Australia reaching key vaccination thresholds. As highlighted earlier, vaccination coverage in the ACT vaccination is progressing very well, with the number of vaccination bookings growing as Commonwealth supply of vaccine to the ACT Government increases.

Importantly, the ACT's focus remains on early detection of new cases; preparedness to thoroughly investigate cases, clusters and outbreaks and ensure our workforce is equipped to surge when required; and public messaging to businesses and the community about the importance of continuing to practise COVID safe behaviours and to book an appointment to get vaccinated when eligible. COVID-normal restrictions remain in place and are an important component in reducing the risk of virus transmission in the ACT.

## **Recommendation**

As Chief Health Officer, I advise the Minister for Health that the public health emergency declaration should be extended for a further 90 days due to the public health risk posed by COVID-19. I advise that the risk of COVID-19 is sufficient to justify maintaining public health control measures to safeguard against a resurgence of COVID-19 cases in the ACT and to ensure the ACT can adequately respond to the potential of new outbreaks. This recommendation is consistent with that of other Australian jurisdictions which are maintaining emergency status or similar at this time and focusing on suppression with a goal of no community transmission.

Australian Capital Territory

## Public Health (Emergency) Declaration Further Extension 2021 (No 3)

Notifiable instrument NI2021–489

made under the

Public Health Act 1997, s 119 (Emergency declarations)

---

**1 Name of instrument**

This instrument is the *Public Health (Emergency) Declaration Further Extension 2021 (No 3)*.

**2 Commencement**

This instrument commences the day after its notification day.

**3 Further extension of period of emergency—Act, section 119 (4)**

I further extend the period during which the *Public Health (Emergency) Declaration 2020 (No 1)* [NI2020-153] is in force for a period of 90 days.



Rachel Stephen-Smith MLA  
Minister for Health

13 August 2021



## FOR OFFICIAL USE ONLY

**To:** Rachel Stephen-Smith MLA, Minister for Health  
Andrew Barr MLA, Chief Minister

**cc:** Director-General, ACT Health Directorate  
Interim Chief Executive Officer, Canberra Health Services  
Coordinator-General, COVID-19 (Non-Health)

**From:** Kerryn Coleman, Chief Health Officer

**Subject:** COVID-19 Vaccination Program – Week 25 Data Report

**Issues**

- This weekly report (Week 25) includes data as 1159pm Wednesday 11 August 2021. Refer to Attachment A – COVID-19 Vaccination Program Report.
- Currently 53% of ACT adults (aged 16 and over) have had at least one dose of a COVID-19 vaccine and 29% are fully vaccinated (Table 1).
- Those in the oldest age groups have the highest levels of immunisation, with more than 90% of those aged 70 and over vaccinated with one dose and over 60% covered with two doses (61% of 70 to 79 year olds and 64% of those aged 80 and over).
- On Tuesday 3 August, eligibility for vaccination in the ACT was opened for people aged 30 to 39 years. Over one in four (27%) in this group have now received one dose and an additional 31,429 in this age group have a booking for a first dose (Table 10). When these appointments are completed, 72% of people in this age group will have received at least one dose.
- As at 1159pm on 11 August, the first available appointments for eligible individuals seeking a vaccination is:
  - 13 October (Week 32) at Garran (Pfizer);
  - 17 October (Week 32) at the Airport Precinct Clinic (Pfizer);
  - 16 August for the Access and Sensory Clinic (Pfizer); and
  - 7 August at Calvary (AstraZeneca).
- Next available appointment dates do not include the 2,000 weekly reserved appointments for health, aged and disability care workers (1,200 at Garran and 800 at Airport). Any unfilled reserved appointments are released to the eligible public two to three days prior, and all are filled by online and phone bookings, or people with a later



## OFFICIAL

appointment who are contacted and offered an earlier appointment. This ensures maximum clinic throughput is achieved.

- A dedicated vaccination booking phone line exclusively for health, aged and disability care workers has been established. These calls will be prioritised to minimise wait times. There is no call back feature. Callers will also be offered expedited appointments (with some basic questions in case the number becomes known publicly). The phone number is 5124 3999, 7 am to 7 pm, 7 days per week. This has been provided directly to all Residential Aged Care Facilities in the ACT.
- Vaccine uptake in younger Aboriginal and Torres Strait Islander people (16 to 59) is lower than the territory wide percentage for this age group - 36% of Aboriginal and Torres Strait Islander people under 60 are vaccinated with one dose compared to 43% for all people in this age group, a 7% shortfall (Table 2). This is a slight improvement from last week when the gap was 8%.
- The proportion of older (over 60 years) Aboriginal and Torres Strait Islander people living in the ACT who are vaccinated with one dose now exceeds 100%. This suggests that estimates of the population are below actuals. ACT Health is working with Winnunga Nimmityjah Aboriginal Health Service to ascertain vaccination needs for Aboriginal and Torres Strait Islander people and deliver these by providing grant funding for three nurses for three months to increase vaccination uptake.
- Table 3 shows that on 11 August, vaccination rates for residents in Residential Aged Care Facilities are high (89% first doses administered and 88% second doses administered).
- Residential Aged Care Facilities staff vaccination rates are improving but remain low relative to other jurisdictions at 46% of staff vaccinated with at least one dose (up from 39% last week) and 31% of staff covered by two doses (up from 28% last week). We are continuing to work with Aspen Medical and Aged Care Facilities to improve take up. Roving in-reach vaccination clinics scheduled for next week will continue during lock down.
  - The importance of increasing staff vaccination levels was emphasised by ACT Health Directorate Deputy Director General to all Residential Aged Care Facilities managers at lock down webinar on 12 August 2021.
  - A letter was also sent to all Residential Aged Care Facilities managers and workers on 12 August 2021 from the Chief Health Officer advising of all possible vaccination options and confirming that an Emergency Public Health direction mandating first dose of COVID-19 vaccination for workers would be in effect by 17 September 2021.
- Table 4 shows that an additional 1,148 health, aged care, or disability support workers were vaccinated over the last week. This is likely to underestimate the number of

## OFFICIAL

people in this category as they may have selected another relevant categories when reporting their eligibility group.

- On Monday 9 August new vaccine forecasts for September were confirmed by the Commonwealth Department of Health (Table 6). The increase to 17,550 Pfizer doses per week is scheduled for mid-September.

**Noted / Please Discuss**



-----  
Rachel Stephen-Smith MLA  
Minister for Health

13./..8./2021

Contact Officer: Charmaine Smith  
Contact Number: Schedule 2.2(a)(i) Privacy  
Date: 12 August 2021

**COVID-19 Vaccination Program Report****List of Tables****Immunisation across the ACT community**

- Table 1. All COVID-19 vaccine doses administered to ACT residents (all providers) as reported in the Australian Immunisation Register, by age group and as a proportion of the population as at 11 August 2021.
- Table 2. All COVID-19 vaccine doses administered to Aboriginal and Torres Strait Islander ACT residents and all ACT residents as reported in the Australian Immunisation Register, by age group and as a proportion of the population as at 11 August 2021.
- Table 3. Residential aged care in the ACT, My Aged Care portal, staff and residents vaccinated by state and territory as at 11 August 2021.
- Table 4. ACT Government COVID-19 clinics, number of vaccine doses administered to eligibility cohorts to 11 August 2021 and change since 4 August 2021.
- Table 5. COVID-19 vaccine doses administered in the ACT and proportion of doses to non-ACT residents; ACT Government (ACT Health data) and all vaccination providers, as at 11 August 2021

**Vaccine supply**

- Table 6. Forecast weekly supply of COVID-19 vaccine doses from the Commonwealth to the ACT (ACT Government and Primary Care), by vaccine brand, as reported at 9 August 2021

**Vaccine administration**

- Table 7. ACT Government COVID-19 vaccine doses administered per week by vaccine brand, to 11 August 2021.

**ACT vaccine demand**

- Table 8. ACT Government COVID-19 clinics, number of vaccination bookings made per week by booking method to 11 August 2021
- Table 9. ACT Government COVID-19 clinics, future vaccine appointments for all doses by week of appointment date, number and proportion of clinic capacity, for weeks 25 (from 11 August) to Week 33.
- Table 10. ACT Government COVID-19 clinics, number of future first dose vaccination appointments by age of person booking and vaccine brand to 11 August 2021
- Table 11. ACT Government COVID-19 Pfizer clinics, vaccine appointments cancelled and proportion immediately rebooked by dose number, per week to 11 August 2021
- Table 12. ACT Government COVID-19 AstraZeneca clinic, vaccine appointments cancelled and proportion immediately rebooked by dose number, per week to 11 August 2021
- Table 13. ACT Government COVID-19 Pfizer clinics, vaccine appointments not attended, number and as a proportion of booked appointments, per week to 11 August 2021.
- Table 14. ACT Government COVID-19 AstraZeneca clinic, vaccine appointments not attended, number and as a proportion of booked appointments, per week to 11 August 2021.

**Vaccine booking line activity and performance**

- Table 15. Calls to ACT Government COVID-19 vaccine booking line, 5 August to 11 August 2021.

## OFFICIAL

## Immunisation across the ACT community

**Table 1. All COVID-19 vaccine doses administered to ACT residents (all providers) as reported in the Australian Immunisation Register, by age group and as a proportion of the population as at 11 August 2021<sup>1</sup>**

Age group	First dose	Proportion of population covered with first dose <sup>2</sup>	Second dose	Proportion of population covered with two doses <sup>2</sup>
16 to 20	1,460	15,250 8%	709	4%
20 to 29	13,365	66,825 20%	7,497	11%
30 to 39	19,362	88,000 27%	11,138	16%
40 to 49	41,569	70%	26,906	45%
50 to 59	38,112	77%	15,737	32%
60 to 69	32,273	84%	11,574	30%
70 to 79	24,876	94%	16,175	61%
80 and above	12,472	92%	8,671	64%
<b>Total<sup>3</sup></b>	<b>183,489</b>	<b>53%</b>	<b>98,407</b>	<b>29%</b>

**Note:**

1. This table provides data for ACT residents vaccinated by all vaccination providers reporting to the Australian Immunisation Register, including ACT Government clinics.
2. Proportion of total population covered is calculated for adults (16 years and over).
3. Vaccinations that occur in the ACT are also provided to non-ACT residents. Vaccinations occurring in the ACT for non-ACT residents are not included in this table.

*Source:* Australian Immunisation Register, QLIK reports. Population estimates are sourced from ACT Government Treasury projections, 2021 estimate.

**Table 2. All COVID-19 vaccine doses administered to Aboriginal and Torres Strait Islander ACT residents and all ACT residents as reported in the Australian Immunisation Register, by age group and as a proportion of the population as at 11 August 2021<sup>1</sup>**

Age group	First dose	Proportion of population covered with first dose <sup>2</sup>	Second dose	Proportion of population covered with two doses <sup>2</sup>
<b>Aboriginal and Torres Strait Islander residents</b>				
16 to 59	1,748	36%	986	20%
60 and above	447	102%	259	59%
<b>Total<sup>3</sup></b>	<b>2,195</b>	<b>41%</b>	<b>1,245</b>	<b>23%</b>
<b>All ACT residents</b>				
16 to 59	113,868	43%	61,987	23%
60 and above	69,621	89%	36,420	46%
<b>Total<sup>3</sup></b>	<b>183,489</b>	<b>53%</b>	<b>98,407</b>	<b>29%</b>

**Note:**

1. This table provides data for Aboriginal and Torres Strait Islander ACT residents vaccinated by all vaccination providers reporting to the Australian Immunisation Register, including ACT Government clinics.
2. Proportion of total population covered is calculated for adults (16 years and over).
3. Vaccinations that occur in the ACT are also provided to non-ACT residents. Vaccinations occurring in the ACT for non-ACT residents are not included in this table.

*Source:* Australian Immunisation Register, QLIK reports. Population estimates are sourced from ACT Government Treasury projections, 2021 estimate.

## OFFICIAL

**Table 3. Residential aged care in the ACT, My Aged Care portal, staff and residents vaccinated by state and territory as at 11 August 2021.<sup>1,2</sup>**

Jurisdiction	Staff			Residents		
	Number	Percent Dose 1	Percent Dose 2	Number	Percent Dose 1	Percent Dose 2
ACT	3,164	46%	31%	2,339	89%	88%
NSW	82,027	65%	44%			
VIC	76,357	69%	47%			
QLD	51,883	52%	32%			
SA	28,324	57%	37%			
WA	24,993	50%	29%			
TAS	7,838	56%	41%			
NT	939	71%	55%			
<b>Total</b>	<b>275,525</b>	<b>61%</b>	<b>41%</b>			

Note:

1. Staff vaccinated is reported by RACs through the Commonwealth My Aged Care Portal. Reporting is mandatory for Aged Care Organisations. Reporting of vaccination status is not obligatory for staff.
2. Staff working at more than one facility are counted only once. May include administration staff.
3. State and Territory comparisons for resident vaccinations were not made available this week.

Source: Commonwealth My Aged Care Portal.

**Table 4. ACT Government COVID-19 clinics, number of vaccine doses administered to eligibility cohorts to 11 August 2021 and change since 4 August 2021**

Cohort	Dose 1	Change since 4 August	Dose 2	Change since 4 August
Health, aged care, or disability workers (inc. frontline) <sup>2</sup>	20,413	1,148	16,281	429
Carers	3,157	399	1,619	163
People with a disability or underlying medical condition	8,293	660	5,542	338
Quarantine or border workers	393	54	221	15
Close & household contacts of quarantine & border worker	645	68	404	24
Critical and high-risk workers	5,761	417	4,076	251
Aboriginal or Torres Strait Islander persons	397	54	149	41
Aged 30 years and over	57,226	5,551	28,720	5,557
Pregnant aged 16 and over	286	94	1	0
Exceptions (including for travel)	4,592	115	3,899	98
Other	890	136	13	2
<b>Total<sup>1</sup></b>	<b>102,053</b>	<b>8,696</b>	<b>60,925</b>	<b>6,918</b>

Note:

1. Only one eligibility category is selected per person to determine their priority for vaccination. A person may belong to more than one of the categories. E.g, a frontline health worker may also be an Aboriginal and Torres Strait Islander person but will only be counted in the category selected.
2. The weekly change in vaccinations for health, aged care and disability workers is monitored to demonstrate the level of uptake of the reserved appointments for this group.
3. For three doses that were administered at ACT Government clinics, the first or second dose category was not recorded.

Source: ACT Health Data Repository.

## OFFICIAL

**Table 5. COVID-19 vaccine doses administered in the ACT and proportion of doses to non-ACT residents; ACT Government (ACT Health data) and all vaccination providers, as at 11 August 2021**

	ACT Government administered doses (ACT Health records)	ACT Government administered doses % to non-ACT residents	All providers administered doses (AIR reported) <sup>1</sup>	All providers administered doses % to non- ACT residents
First dose	102,053	10%	220,336	17%
Second dose	60,925	9%	120,782	19%
<b>Total doses<sup>2</sup></b>	<b>162,981</b>	<b>10%</b>	<b>341,118</b>	<b>17%</b>

*Notes:*

1. AIR reported vaccine doses and ACT Government reported vaccine doses do not align due to such issues as differences in the timing of uploads and extractions, and cases that are held back from AIR reporting due to delays in matching to existing patient records. Discrepancies are monitored ensure data quality is maintained withing reasonable parameters.
2. For three doses that were administered at ACT Government clinics, the first or second dose category was not recorded.

*Source:* ACT Health Data Repository, vaccine dashboard. Extract of ACT Government clinic data submitted to the Australian Immunisation Register. Australian Immunisation Register data for all providers vaccinating in the ACT as reported by Australian Government Department of Health SITREP.

## OFFICIAL

**ACT vaccine supply****Table 6. Forecast weekly supply of COVID-19 vaccine doses from the Commonwealth to the ACT (ACT Government and Primary Care), by vaccine brand, as reported at 9 August 2021.**

ACT stock on hand, 11 August		Forecast supply							
		25 9 Aug	26 16 Aug	27 23 Aug	28 30 Aug	29 6 Sep	30 13 Sep	31 20 Sep	32 27 Sep
<b>Week number</b>									
<b>Week commencing</b>									
<b>Commonwealth forecast supply for ACT Government clinics</b>									
Pfizer doses <sup>1</sup>	19,734	14,040	14,040	14,040	14,040	14,040	17,550	17,550	17,550
AstraZeneca doses <sup>2</sup>	2,340	3,400	3,400	3,400	3,400	3,400	3,400	3,400	3,400
<b>Total</b>	<b>22,074</b>	<b>17,440</b>	<b>17,440</b>	<b>17,440</b>	<b>17,440</b>	<b>17,440</b>	<b>20,950</b>	<b>20,950</b>	<b>20,950</b>
<b>ACT ordered supply<sup>3</sup></b>									
Pfizer doses <sup>1</sup>		14,040	14,040	14,040	-	-	-	-	-
AstraZeneca doses <sup>2</sup>		2,000	-	-	-	-	-	-	-
<b>Total</b>		<b>16,040</b>	<b>14,040</b>	<b>14,040</b>	-	-	-	-	-
<b>Primary care forecast supply</b>									
Pfizer doses		6,300	6,900	6,900	7,200	8,700	8,700	8,700	8,700
AstraZeneca doses		35,900	35,900	35,900	35,900	35,900	35,900	35,900	35,900
<b>Total</b>		<b>42,200</b>	<b>42,800</b>	<b>42,800</b>	<b>43,100</b>	<b>44,600</b>	<b>44,600</b>	<b>44,600</b>	<b>44,600</b>
<b>Total all vaccine (ACT Gov ordered and Primary care forecast)</b>		<b>58,240</b>	<b>56,840</b>	<b>56,840</b>					

**Note:**

1. Commonwealth data assumes six doses from every Pfizer vial to calculate utilisation rate. The number of doses achieved per vial is subject to availability of low dead space needles and syringes. The ACT clinics are consistently extracting six doses per vial.
2. The ACT Government has elected to suspend supply of AstraZeneca to utilise existing stock on hand. Additional AstraZeneca supplies have been provided from DFAT. Ordering occurs when required.
3. Under dynamic reallocation principles, vaccines not able to be utilised by Primary Care will be redirected to ACT Government Clinics.

*Source:* Stock on hand: ACT Health Data Repository, vaccine dashboard. Extract of data from CHS Merlin inventory system. Forecast supply: ACT Allocation, 9 August, as provided by National COVID Vaccine Taskforce.

## OFFICIAL

## Vaccine administration

**Table 7. ACT Government COVID-19 vaccine doses administered per week by vaccine brand, to 11 August 2021<sup>1</sup>.**

Week	Pfizer			AstraZeneca		
	Dose 1	Dose 2	Total doses <sup>2</sup>	Dose 1	Dose 2	Total doses
Cumulative to Week 20	52,523	32,633	85,156	12,517	3,652	16,169
Week 21	5,386	3,429	8,815	509	311	820
Week 22	8,394	4,832	13,226	324	677	1,001
Week 23	9,264	4,959	14,223	266	861	1,127
Week 24	9,526	5,001	14,527	200	904	1,104
Week 25 (9 to 11 August)	3,107	3,117	6,224	37	549	586
<b>Total</b>	<b>88,200</b>	<b>53,971</b>	<b>142,171</b>	<b>13,853</b>	<b>6,954</b>	<b>20,807</b>

Note:

1. This data only includes vaccinations administered by ACT Government. It does not include those administered in the ACT through the Australian Government program.
2. For three doses that were administered at ACT Government clinics, the first or second dose category was not recorded.

Source: ACT Health Data Repository. Extract of data sourced from EPIC.

## ACT vaccine demand

**Table 8. ACT Government COVID-19 clinics, number of vaccination bookings made per week by booking method to 11 August 2021<sup>1</sup>.**

Week	Online booking	Phone booking	Total bookings
Week 21	3,053	3,985	7,054
Week 22	7,741	5,918	13,665
Week 23	3,972	4,495	8,467
Week 24	27,167	8,314	35,481
Week 25 (9 to 11 August)	2,898	3,454	6,352

Note:

1. This table reports the data for the date a booking is made, not the date of the appointment secured.

Source: ACT Health Data Repository. Extract of data sourced from EPIC.



## OFFICIAL

**Table 9. ACT Government COVID-19 clinics, future vaccine appointments for all doses by week of appointment date, number and proportion of clinic capacity<sup>1</sup>, for weeks 25 (from 9 August) to Week 33.**

Week	Pfizer clinics		AstraZeneca clinics	
	Number	Proportion of capacity <sup>2</sup>	Number	Proportion of capacity <sup>3</sup>
Week 25	8,116	98%	617	97%
Week 26	14,581	100%	1,183	93%
Week 27	14,365	99%	842	66%
Week 28	13,262	91%	640	50%
Week 29	6,066	42%	436	34%
Week 30	5,540	38%	638	50%
Week 31	5,382	37%	800	63%
Week 32	5,423	37%	439	34%
Week 33	5,412	37%	308	24%

**Note:**

1. When a booking for a first dose appointment is made, a second dose appointment is reserved but is not confirmed until the first dose appointment occurs. For Pfizer clinics the reserved second dose appointment is at an interval of 21 days. This is why utilisation of clinic capacity appears to be low three weeks from the current date. In addition, the lower than capacity use of Pfizer clinics is due to the reservation of appointments for people who identify as health care workers and workers in disability or aged care. These are currently being filled.
2. Appointments made as a proportion of clinic capacity is calculated using a denominator of the total number of appointments in a week that are available across all clinics providing the vaccine brand. Each clinic has an additional overbooking capacity (not included in denominator) which is used to minimise vaccine wastage.
3. AstraZeneca clinic is the Calvary Hospital vaccination centre (capacity = 1,274 per week). Capacity was reduced at this clinic by closing on Sundays due to declining demand (Week 23). Garran mass vaccination centre (capacity = 9,786 per week); Access and Sensory Clinic (capacity = 108 per week); and Airport precinct (capacity = 4,620).

Source: ACT Health Data Repository, vaccine dashboard. Extract of data sourced from EPIC.

**Table 10. ACT Government COVID-19 clinics, number of future first dose vaccination appointments by age of person booking and vaccine brand as at August 2021.**

Week	Pfizer	AstraZeneca	Total bookings
16 to 19	935		935
20 to 29	3,421		3,421
30 to 39	31,429		31,429
40 to 49	7,381		7,381
50 to 59	4,527	2	4,529
60 to 69	120	368	488
70 to 79	36	98	134
80 and above	15	29	44
<b>Total<sup>3</sup></b>	<b>47,864</b>	<b>497</b>	<b>48,361</b>

Note: ACT Government is no longer taking new bookings for AstraZeneca for people aged 50 to 59.

Source: ACT Health Data Repository. Extract of data sourced from EPIC.

## OFFICIAL

**Table 11. ACT Government COVID-19 Pfizer clinics, vaccine appointments cancelled and proportion immediately rebooked by dose number, per week to 11 August 2021.**

Week	Garran Pfizer clinic				Airport Precinct clinic			
	Dose 1 cancel	Dose 1 % rebook	Dose 2 Cancel	Dose 2 % rebook	Dose 1 cancel	Dose 1 % rebook	Dose 2 Cancel	Dose 2 % rebook
Week 21	628	66%	1,996	94%	278	64%	10	50%
Week 22	1,048	68%	1,390	89%	463	61%	129	72%
Week 23	1,393	70%	1,592	89%	768	67%	464	93%
Week 24	1,635	74%	1,542	89%	912	69%	794	94%
Week 25 (9-11 Aug)	1,121	75%	1,465	92%	638	73%	882	95%

Source: ACT Health Data Repository. Extract of data sourced from EPIC.

**Table 12. ACT Government COVID-19 AstraZeneca clinic, vaccine appointments cancelled and proportion immediately rebooked by dose number, per week to 11 August 2021.**

	Dose 1 cancel	Dose 1 % rebook	Dose 2 Cancel	Dose 2 % rebook
Week 21	1,470	46%	267	50%
Week 22	615	56%	288	62%
Week 23	219	44%	362	66%
Week 24	74	41%	280	69%
Week 25 (9 to 11 August)	15	53%	318	85%

Source: ACT Health Data Repository. Extract of data sourced from EPIC.

**Table 13. ACT Government COVID-19 Pfizer clinics, vaccine appointments not attended, number and as a proportion of booked appointments, per week to 11 August 2021.**

Week	Garran Pfizer clinic				Airport Precinct clinic			
	Dose 1 no show	Dose 1 % bookings no show	Dose 2 No show	Dose 2 % bookings no show	Dose 1 no show	Dose 1 % bookings no show	Dose 2 No show	Dose 2 % bookings no show
Week 21	47	1%	35	1%	0	0%	0	0%
Week 22	68	1%	40	1%	0	0%	0	0%
Week 23	95	2%	45	1%	0	0%	0	0%
Week 24	99	2%	25	1%	1	0%	2	0%
Week 25 (9-11 Aug)	49	2%	22	1%	7	1%	2	0%

Source: ACT Health Data Repository. Extract of data sourced from EPIC.

## OFFICIAL

**Table 14. ACT Government COVID-19 AstraZeneca clinic, vaccine appointments not attended, number and as a proportion of booked appointments, per week to 11 August 2021.**

	Dose 1 no show	Dose 1 % bookings no show	Dose 2 No show	Dose 2 % bookings no show
Week 21	27	6%	8	4%
Week 22	11	4%	15	2%
Week 23	6	3%	20	3%
Week 24	5	3%	13	2%
Week 25 (9 to 11 August)	0	0%	15	2%

Source: ACT Health Data Repository. Extract of data sourced from EPIC.

## Vaccine booking line activity and performance

**Table 15. Calls to ACT Government COVID-19 vaccine booking line, 5 August to 10 August 2021.**

Date	Incoming calls	Calls dealt with, booking team	Call backs dealt with	Calls dealt with, DSS	Calls dealt with, Access clinic	Average queue time <sup>1</sup>	Maximum queue time
Thu 5 August	2,842	461	1,137	518	57	0:12:44	3:40:15
Fri 6 August	2,230	339	904	416	58	0:12:50	2:26:26
Sat 7 August	900	367	284	142	19	0:11:57	1:25:14
Sun 8 August	755	617	105	84	21	0:02:58	0:17:15
Mon 9 August	2,703	647	1,038	278	88	0:09:18	5:25:10
Tue 10 August	2,268	421	861	355	58	0:11:45	2:13:13
Wed 11 August	1,811	379	684	261	58	0:11:39	1:57:09

Note:

1. Incoming call average queue time is the total queue time for all calls (whether answered, hanging up, or opting for another call option) divided by the total number of incoming calls.

Source: ICT telephone record system

### Limitations on data

- Figures on vaccine supply, inventory and doses administered are not able to be reconciled. This is due to a range of factors including late delivery of vaccine, notified changes in delivery, the number of doses that can be drawn from Pfizer vials, and some anticipated vaccine wastage due to human error in the complex handling of the Pfizer vaccine and multi-use vials.
- Data discrepancies between the Australian Immunisation Register (AIR) and the Health Data Repository are being monitored with the view to minimising or eliminating differences between the two data sources. On Wednesday 11 August 2021 there was a 1.8% difference between the two data sources for total vaccinations administered.
- The Australian Government Department of Health have commenced publication of state and territory age and sex specific vaccination rates. These rates are calculated for the location of vaccine administration not the residential location of the person vaccinated.

SENSITIVE - CABINET



MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC21/469

**To:** Minister for Health

---

**From:** Meg Brighton, Deputy Director-General

---

**CC:** Rebecca Cross, Director-General

---

**Subject:** Minister's Weekly Brief

---

**Critical Date:** Friday, 13 August 2021

---

**Critical Reason:** To ensure you are briefed on current issues and events.

---

Recommendations

That you note the:

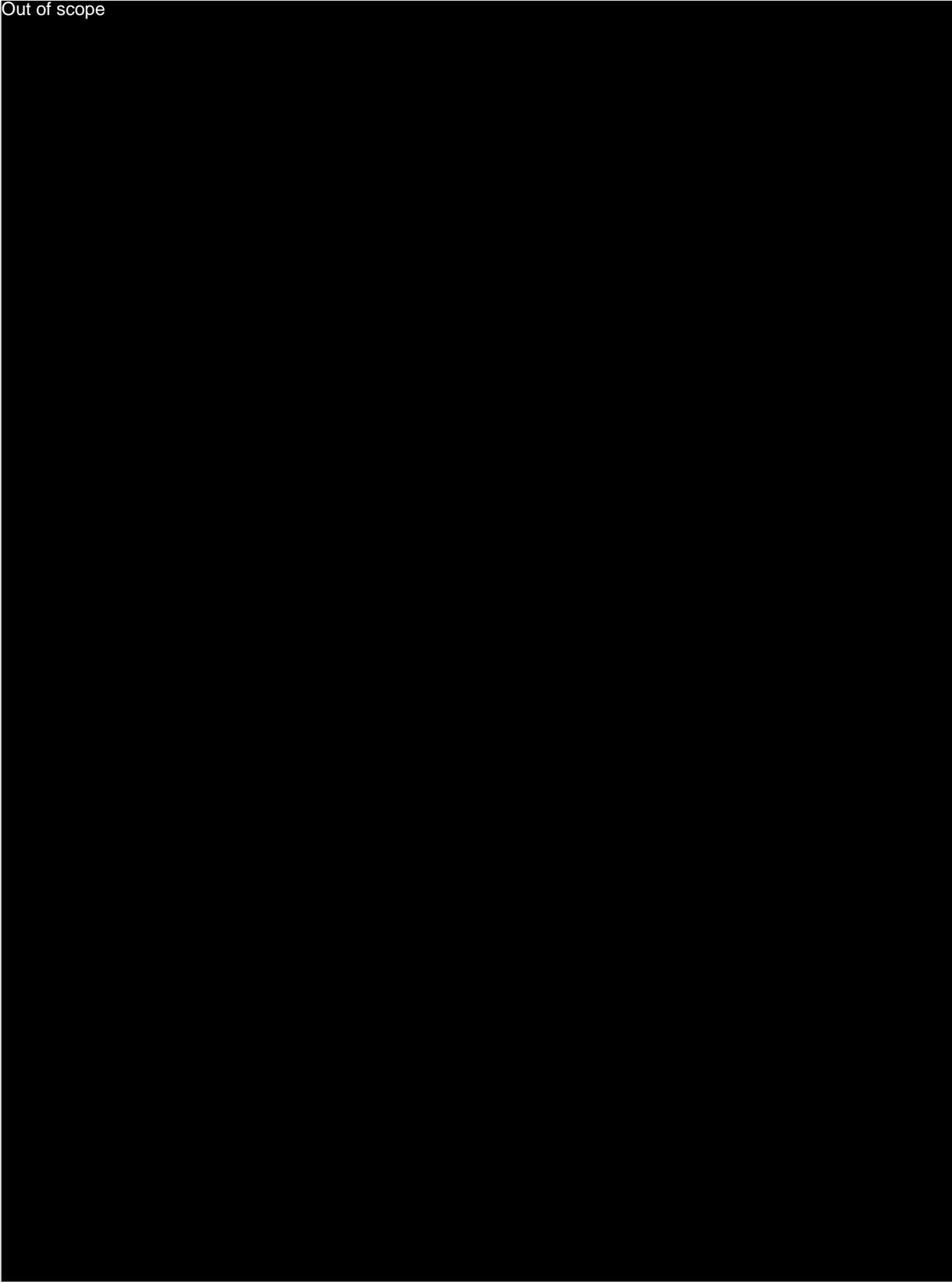
- Information in the Minister's Weekly Brief for 2-6 August 2021;
- Media and Communication forecast at (Attachment A);
- Freedom of Information requests update (Attachment B);
- Ministerial & Government Services Report (Attachment C); and
- WhOG Cabinet Forecast at (Attachment D).

**Noted** Please Discuss

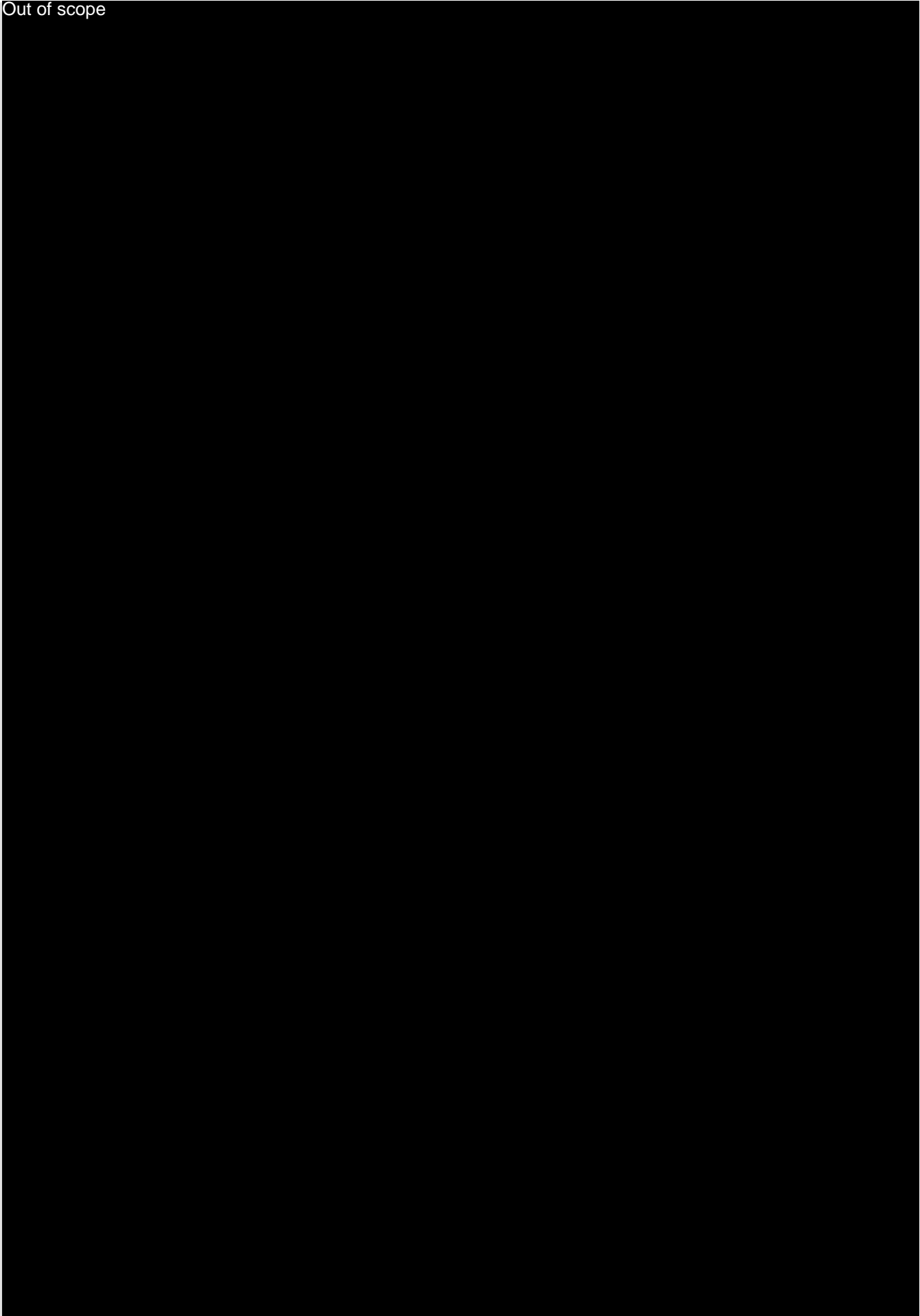
Rachel Stephen-Smith MLA ..... *RSS* 20/9/21

Minister's Office Feedback
Out of scope

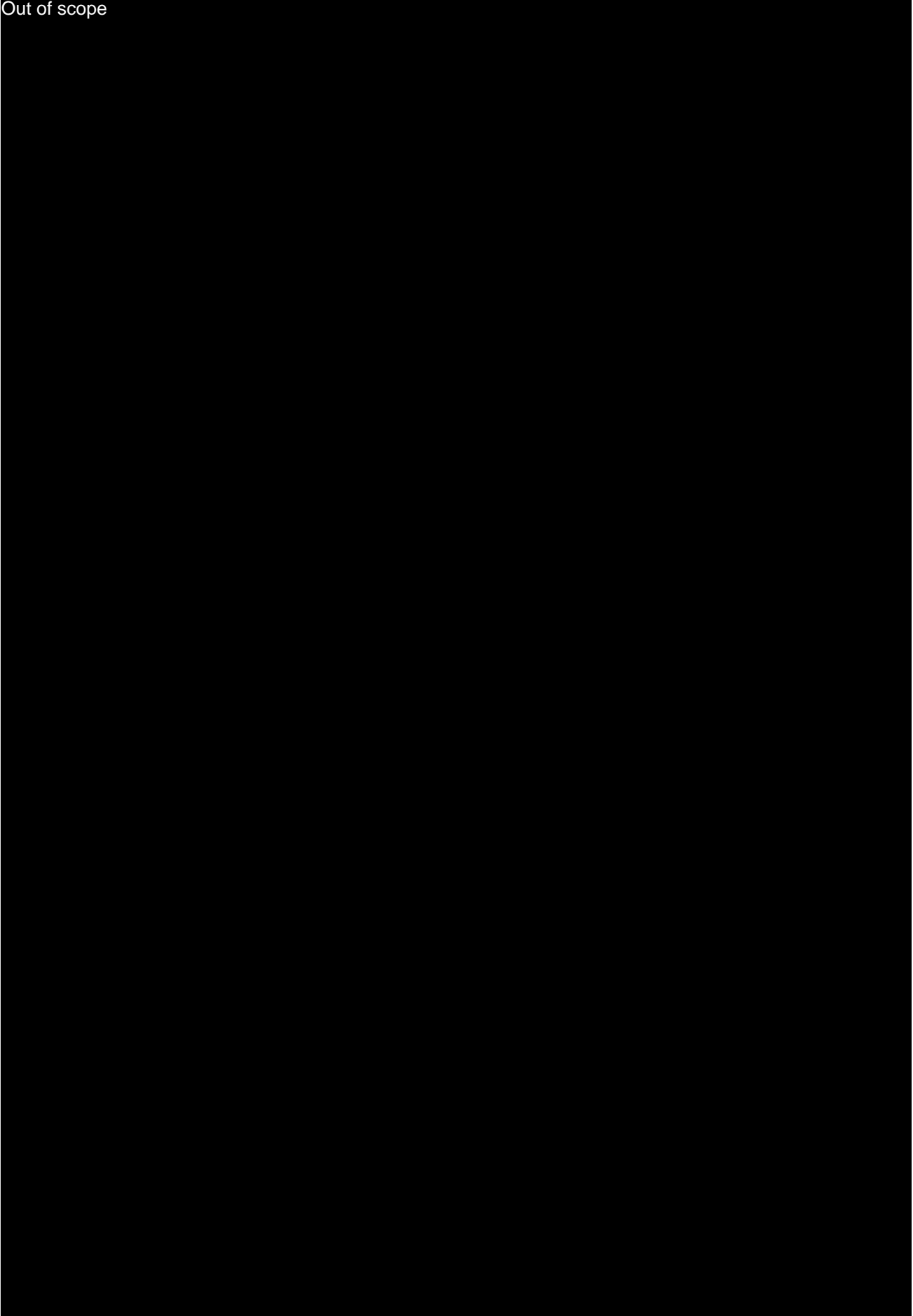
Out of scope



Out of scope



Out of scope



Out of scope

Signatory Name: Meg Brighton, Deputy Director-General



16/08/2021

Action Officer: Chadia Rad, A/g Senior Director, Ministerial and Government Services

#### Attachments

Attachment	Title
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report
Attachment D	WhOG Cabinet Forecast



## Communications report for the **Minister for Health (as 09 August 2021)**

### Known media:

- NIL

### Potential issues:

- NIL

### Communication and media forecast:

Date	Announcement/project	Activity	Comms contact(s)	Approach
Ongoing	COVID-19 vaccine program implementation (below the line activities (non-campaign))	Ongoing communication and promotion via ACT Government channels – social media scheduling and monitoring, COVID-19 website, phone line scripting, stakeholder messaging including fortnightly CHO messages and Community Partner Bulletins.	Jo Spencer Hoami Southwell	Encouraging eligible people to get vaccinated, debunking myths, increasing awareness and understanding of the COVID-19 vaccination program.

Out of scope

# COMMS UPDATE


TBC (August)	Healthy Canberra Grants	Companion House video about refugees on the COVID front line	Andrew Benson	Share on social media. Possible direct pitch to Sunday Canberra Times.
Out of scope				
Week commencing 9 August	COVID-19 vaccinations	<b>Social:</b> <ul style="list-style-type: none"> <li>Children aged 12-15 who have a higher risk of severe illness are now eligible for a Pfizer COVID-19 vaccine.</li> <li>Pregnant people now eligible for vaccinations</li> <li>New COVID-19 vaccines resources webpage</li> </ul> <b>External (below the line) comms:</b> <ul style="list-style-type: none"> <li>Aged, disability and health care workers – you're prioritised, get a vaccination now.</li> </ul> <b>Campaign (paid):</b> <ul style="list-style-type: none"> <li>Finalising communication plan for burst three</li> <li>Our Canberra September – liftout</li> </ul>	Hoami Southwell	Information and awareness Social media, web, CHO message, Community Partner Updates, stakeholder channels, communication resources
Out of scope				



**ACT Health**

# COMMS UPDATE

Out of scope

A large black rectangular redaction box covers the majority of the page content, starting below the "Out of scope" text and extending down to just above the footer.

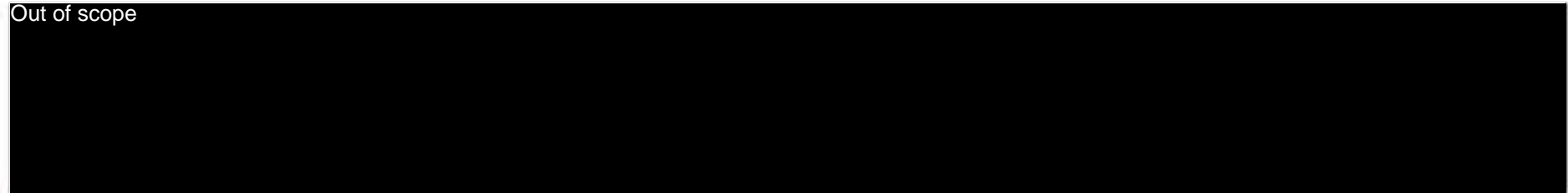
# COMMS UPDATE

## Major campaigns and communication strategies

Campaign Dates	Description and channels	Referral to Independent Review (Y/N)	Comms contact(s)
Out of scope			
<p><b>COVID-19 vaccine public information campaign</b> (supporting program roll out)</p> <p>Burst one: in market 19 May – 20 June</p> <p>Burst two: in market 21 June – mid August</p> <p>Burst three: in market August - December</p>	<p>Currently upscaling campaign, as approved by Minister’s Office, to support a successful rollout of the ACT’s COVID-19 vaccine program.</p> <ul style="list-style-type: none"> <li>• Social media targeted to CALD, ATSI and 30+</li> <li>• Digital (CT and search terms)</li> <li>• Print (Canberra Weekly and Canberra Times)</li> <li>• Mainstream, community (in language) and ATN radio</li> <li>• Whole of government communication channels</li> </ul>	Yes	Jo Spencer/Hoami Southwell

# COMMS UPDATE

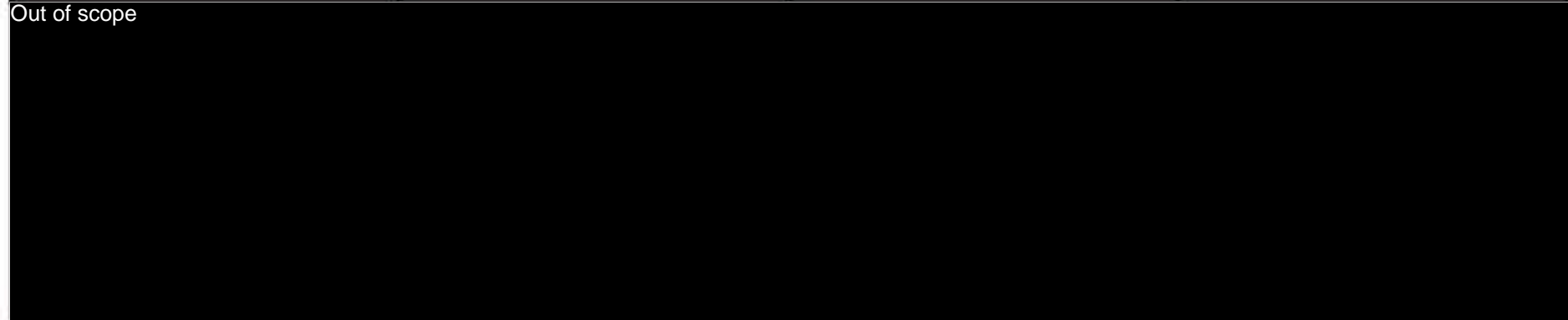
Out of scope



## Community engagement and consultation activities

Date	Name and purpose of engagement	Location/channel	Notes
------	--------------------------------	------------------	-------

Out of scope



## Upcoming reports and publications

---



# COMMS UPDATE

Date	Report/publication
------	--------------------

Out of scope

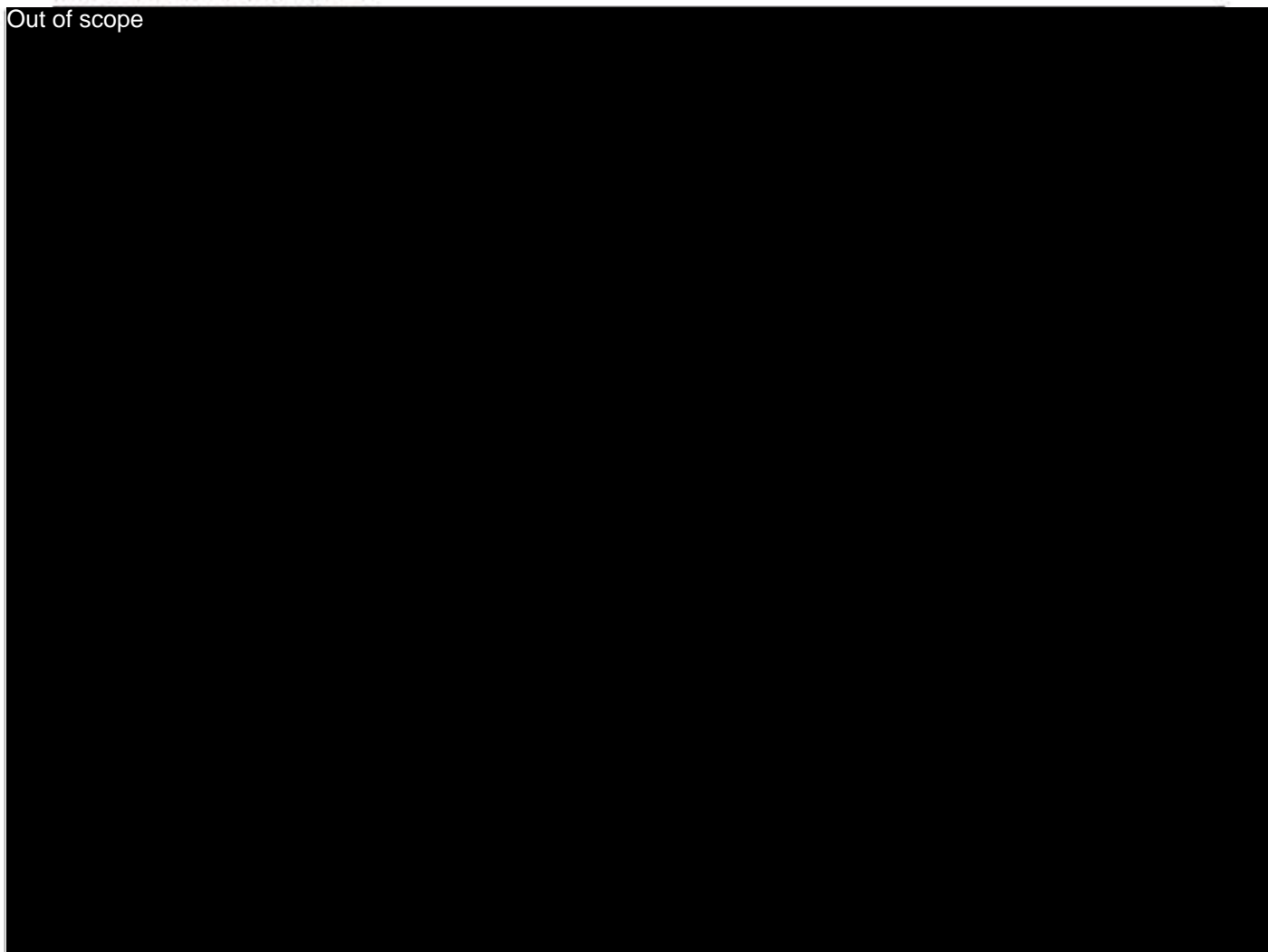
13 August | The first year of COVID-19 in Australia: direct and indirect health effects

Out of scope

**FREEDOM OF INFORMATION ACCESS APPLICATIONS**

**ACT Health Directorate**

Out of scope



**Minister for Health**

**REPORTING PERIOD**

**Week of 9 August 2021**


Schedule 1.6 Cabinet information



**ASSEMBLY**

The next ACT Legislative Assembly sitting period is 3-5 August 2021. The following matter is scheduled presentation:

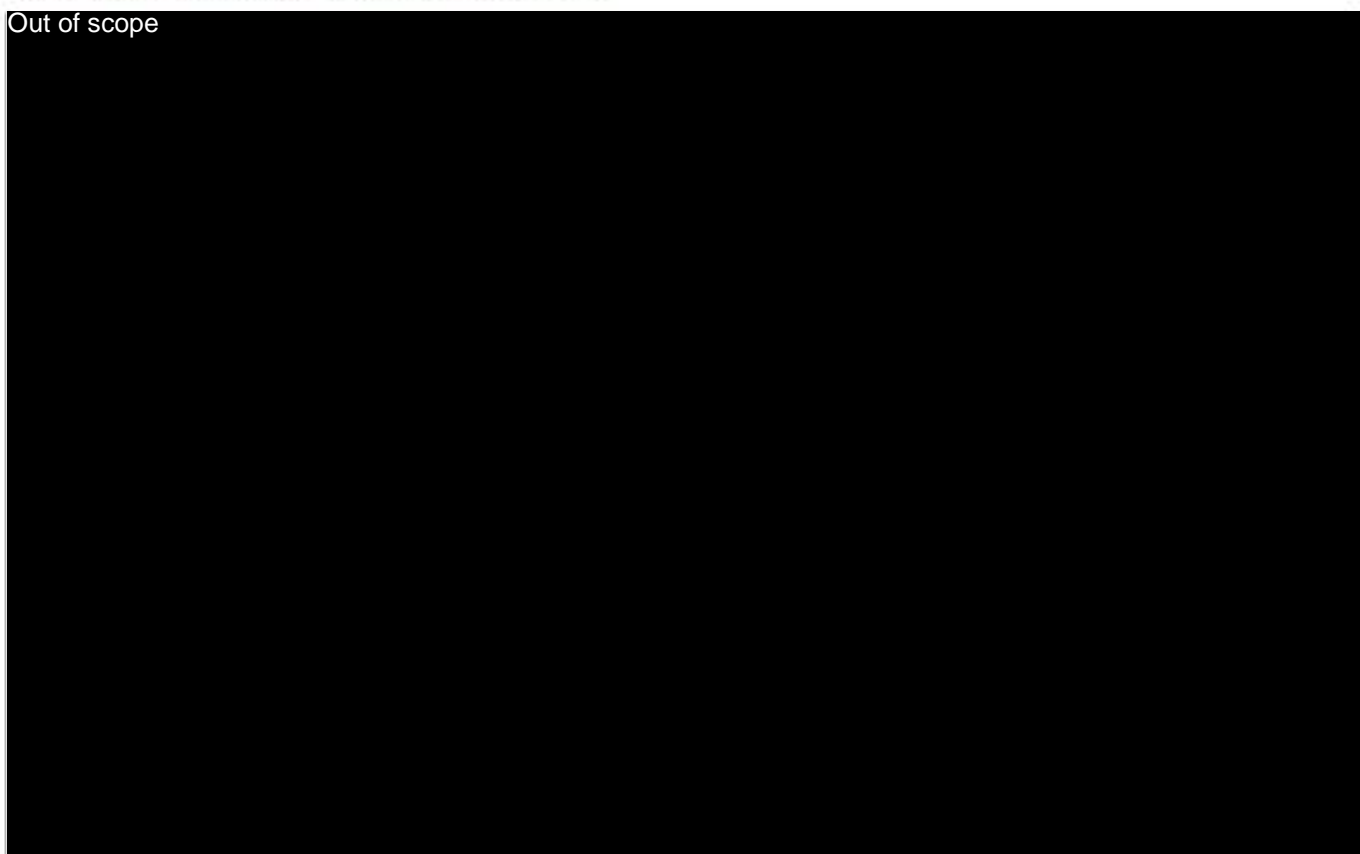
Out of scope



- *Ministerial Statement - COVID-19 - Status of public health emergency*
- *Chief Health Officer update on Status of public health emergency - report 16- 10 July 2021*
- *Introduction of the COVID-19 Emergency Response (Check In Information) Amendment Bill 2021*

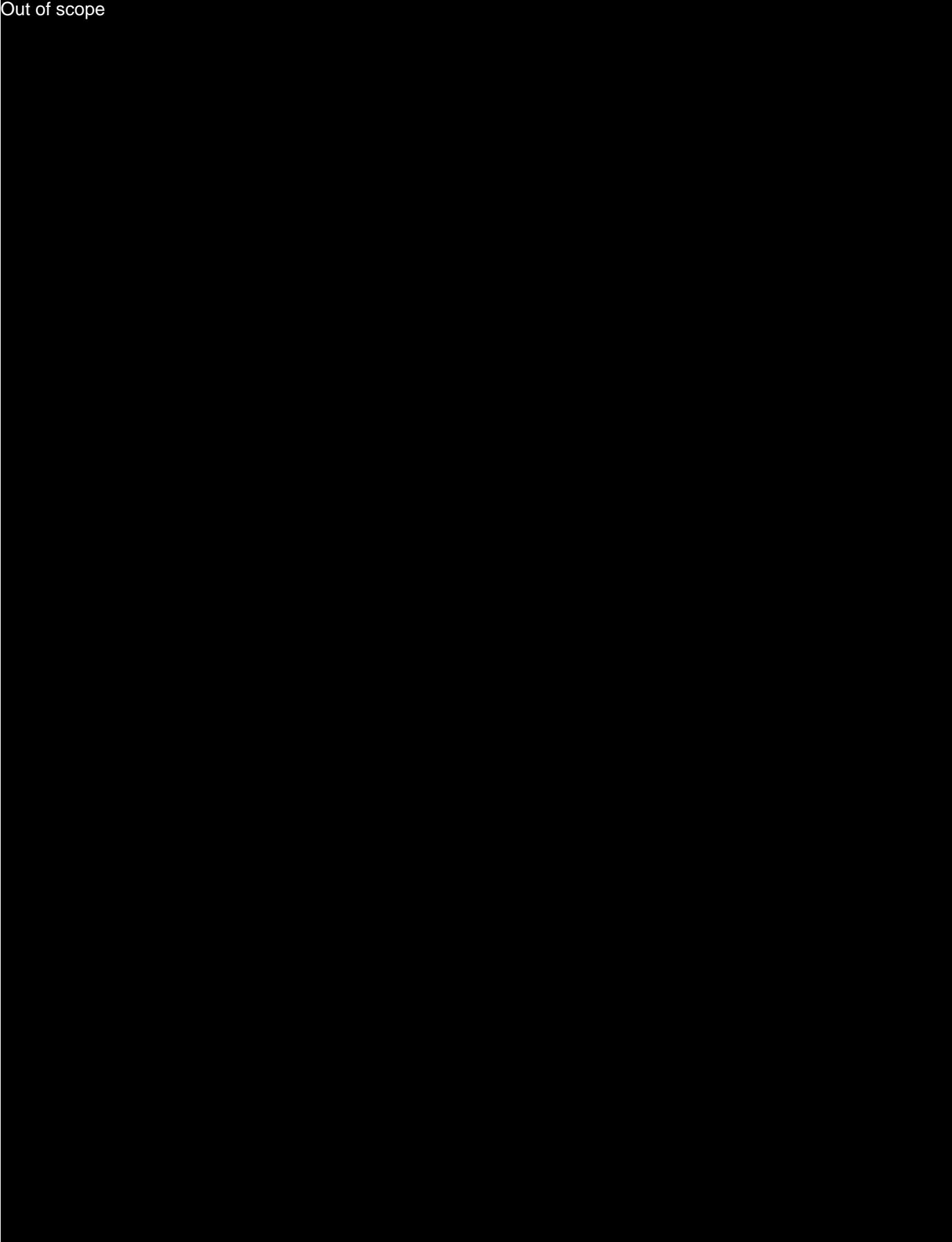
The Senior Director, Ministerial & Government Services will continue consult with your office prior to the next sitting to determine any additional requirements.

Out of scope



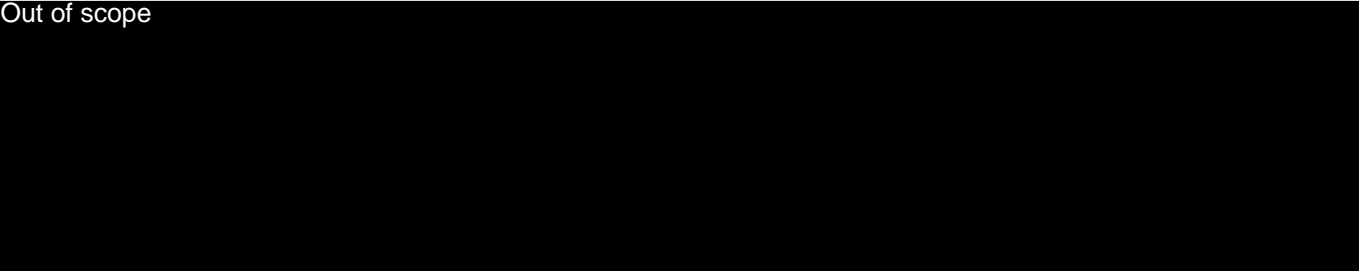


Out of scope

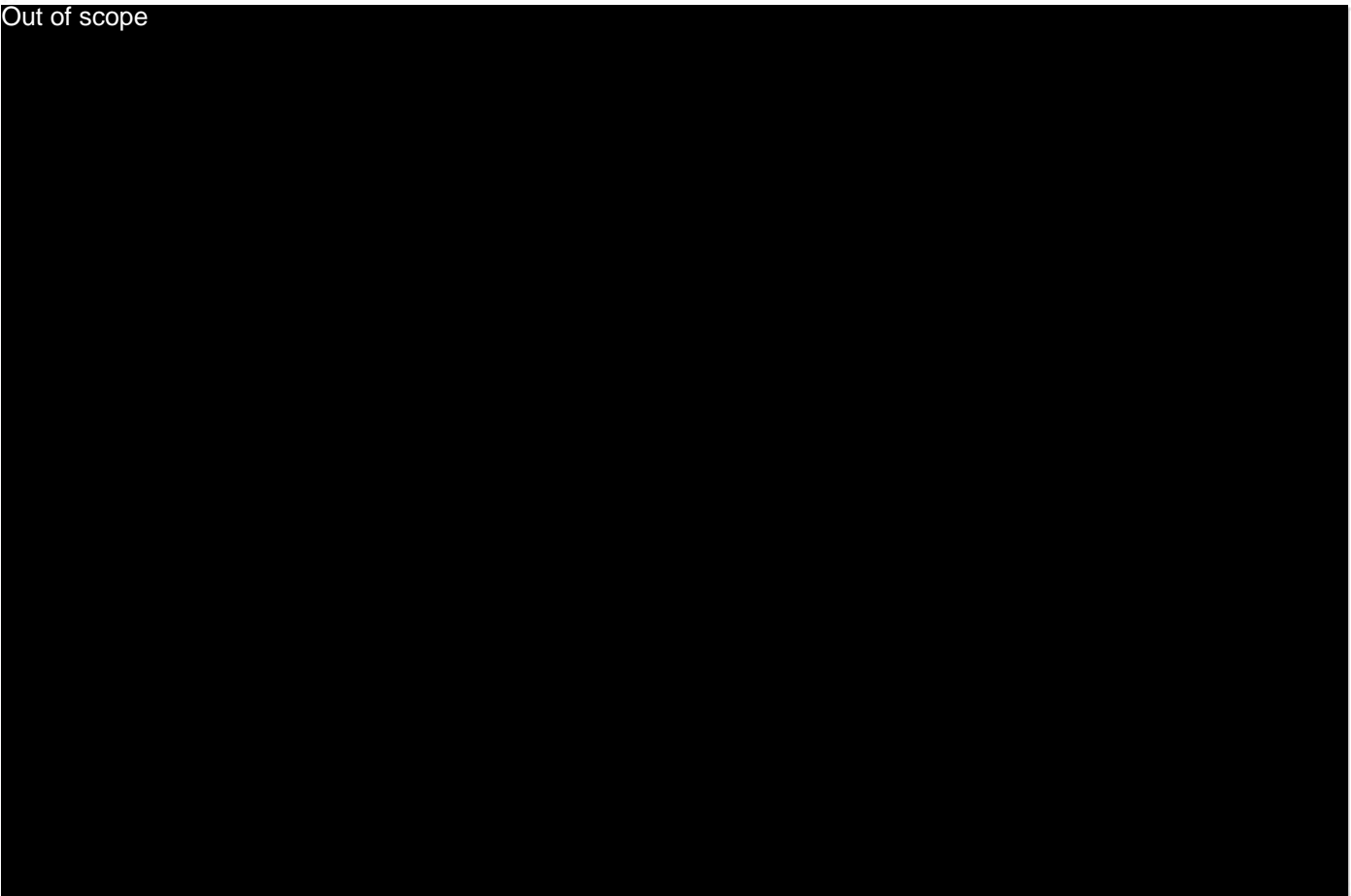


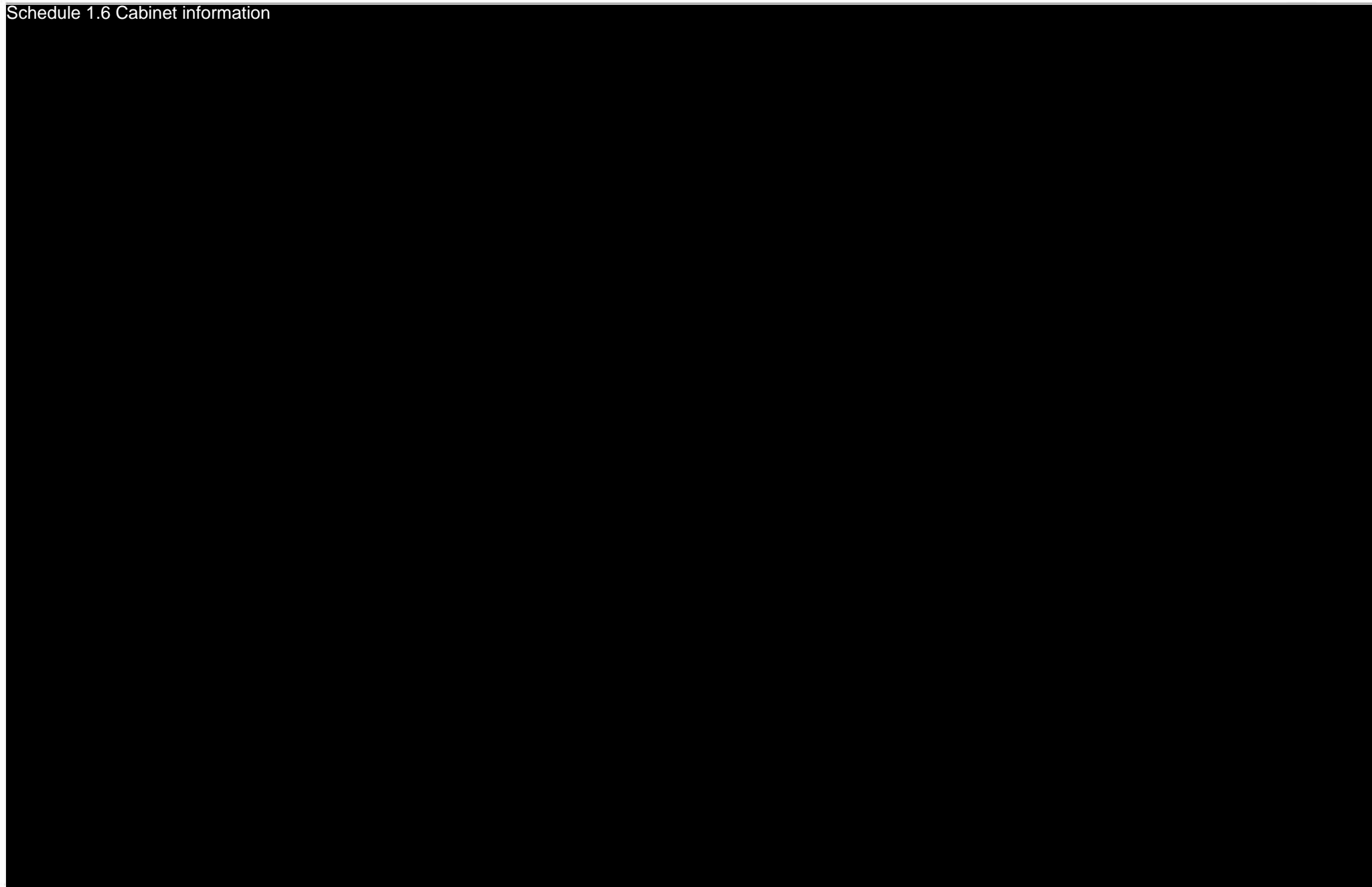
---

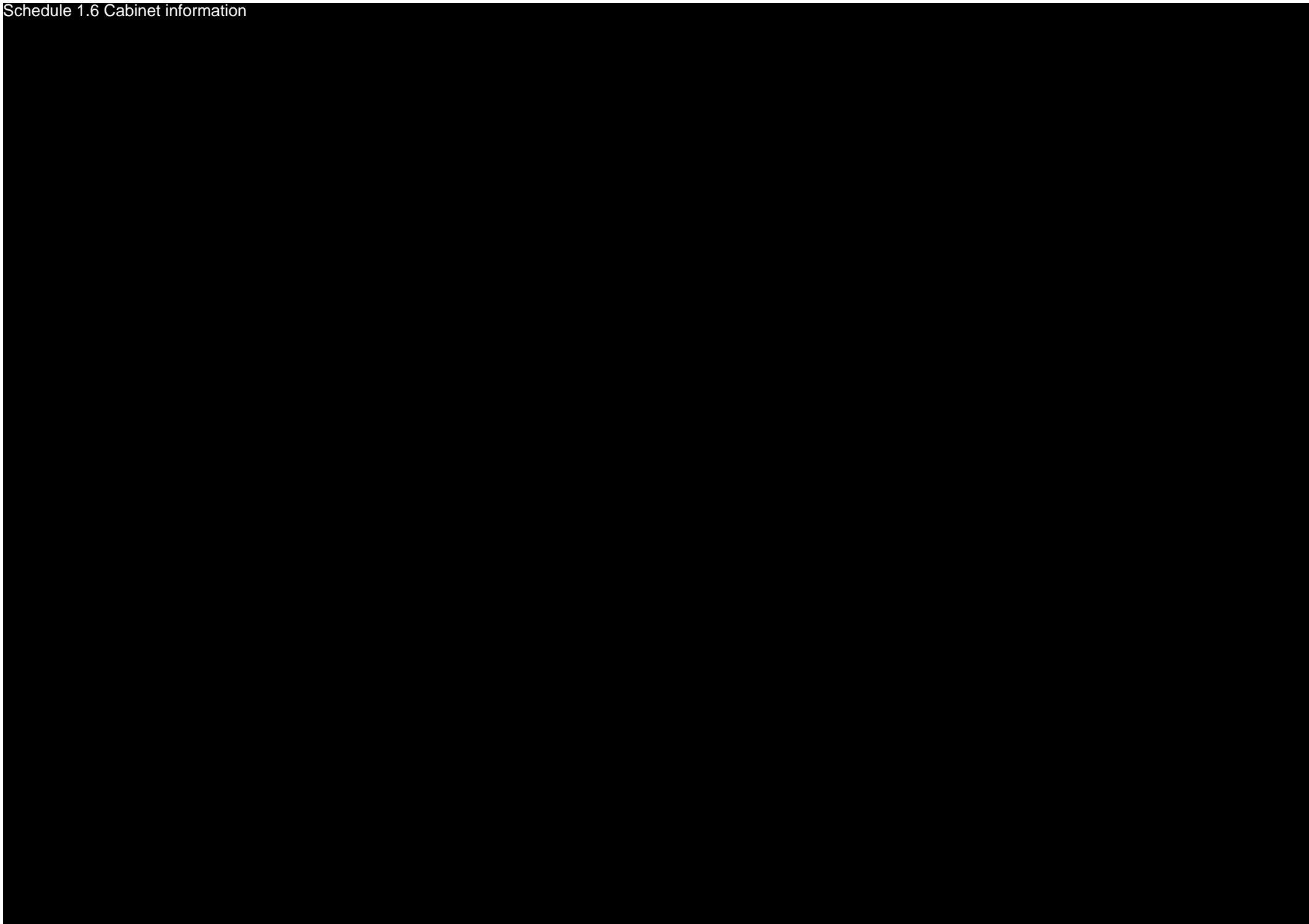
Out of scope

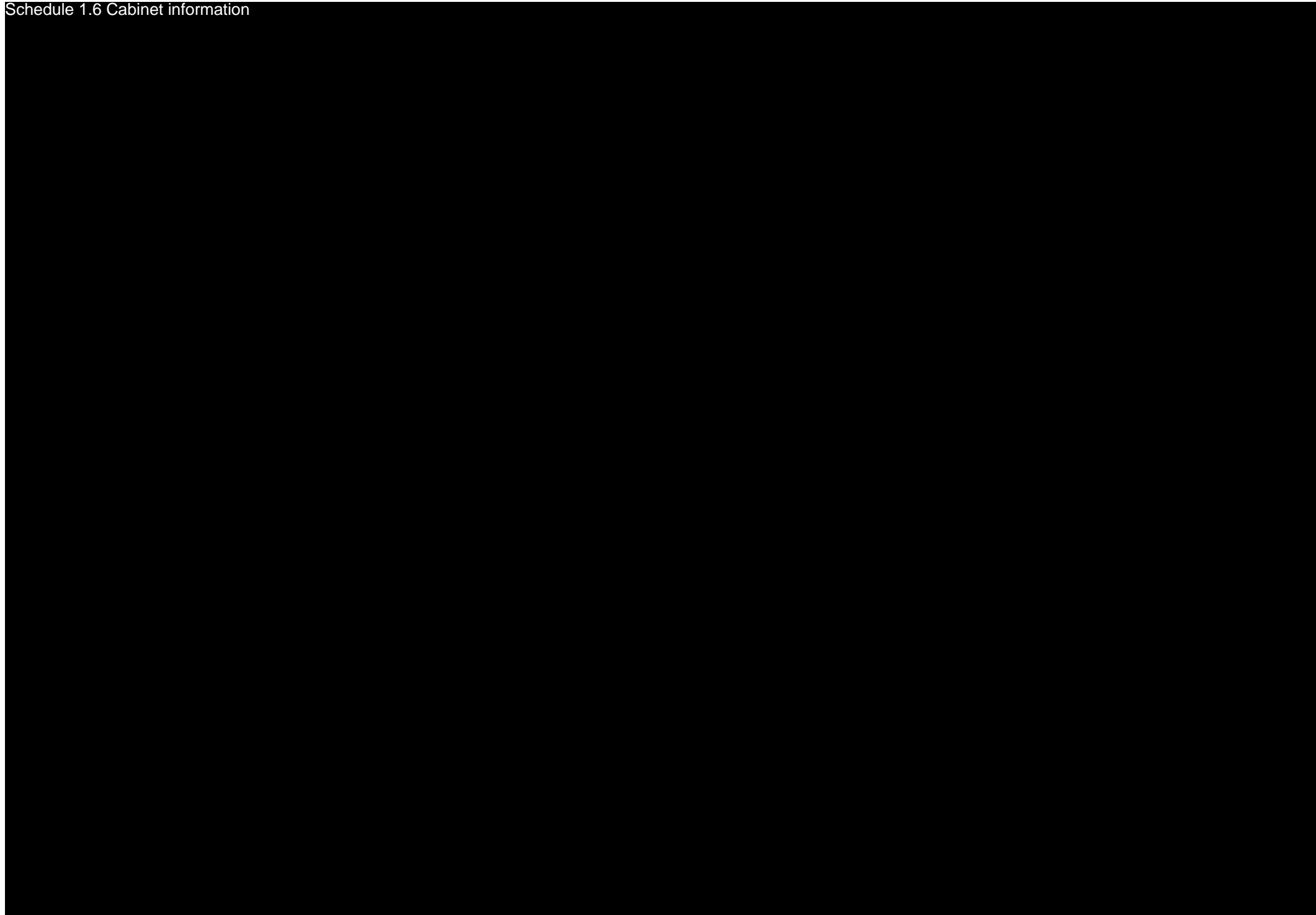


Out of scope









**ACT Health Directorate**

**To:** Minister for Health Tracking No.: MIN21/1447

---

**CC:** Minister for Housing and Suburban Development  
Minister for Multicultural Affairs  
Minister for Homelessness and Housing Services  
Minister for Disability, Justice Health and Mental Health  
Rebecca Cross, Director General  
Dave Peffer, A/g Chief Executive Officer, Canberra Health Services

---

**From:** Kerryn Coleman, Chief Health Officer

---

**Subject:** COVID-19 Vaccination Program – Equity to Access programs – update

---

**Critical Date:** 16/08/2021

---

**Critical Reason:** External equity of access programs will commence next week or sooner if possible (at the Early Morning centre).

- DDG 6/8/2021

**Recommendations**

That you:

1. Note the *COVID-19 Vaccination Program: Equity of Access Framework (Attachment 1)* that has been developed in collaboration with the cross-Directorate vaccination operations working group.

**Noted / Please Discuss**

2. Note that an Equity of Access program has been scheduled to commence during the week of 16 August 2021 (currently being expedited) at the Early Morning Centre aimed at rough sleepers and Canberra's housing insecure, residents of Ainslie Village, Havelock House, Oaks Estate the Ainslie Avenue precinct and any other clients accessing organisations targeting these cohorts.

**Noted / Please Discuss**

3. Note the draft schedule for other Equity of Access programs (Attachment A) to the framework at (Attachment 1), including this is a living document that will be subject to change in consultation with stakeholders and vaccination providers, including Canberra Health Services.

**Noted/ Please Discuss**

Rachel Stephen-Smith MLA



17/8/21

Minister's Office Feedback

### Background

1. Canberrans' uptake of COVID-19 vaccinations is amongst the highest in the country. Internal Health Directorate modelling suggests that the ACT will reach the 70% and 80% fully vaccinated adults (aged 16+) targets several weeks before the required national average is achieved. The Doherty modelling underpinning these targets presents a concerning picture for unvaccinated Australians, and the likelihood of a disproportionate public health impact within marginalised or disadvantaged groups and individuals.
2. A significant component of planning and policy effort is focussed on improving vaccination uptake among high-risk groups such as aged and disability residential care (staff and residents), as well as ensuring equity of access to vaccines to those Canberrans who are less likely to engage with health services. This includes homeless and housing insecure populations, Culturally And Linguistically Diverse (CALD) communities, people living with drug and alcohol dependencies or mental health and some congregate living arrangements including secure facilities, higher density public housing, supported accommodation and refuges.
3. A range of programs are already in place or under development. This brief presents a framework to guide this work and updates you and other ministers with overlapping portfolio responsibility on progress to date, priority programs and future work.

### Issues

#### *Equity of Access Framework*

4. A framework has been developed to guide this work and sets out principles, target cohorts, stakeholders, deliverables, timeframes and roles and responsibilities. It is designed to be flexible so approaches can be adapted to respond to the changing nature of the national vaccination program, any outbreaks experienced in the ACT and evolving need. The framework is established in accordance with the ACT COVID-19 Vaccination Program – Governance Arrangements and has been noted by the cross-Directorate

Operational Working Group and the Clinical Health Emergency Coordination Centre (CHECC). A copy for your noting is at [Attachment 1](#).

5. The overarching principles for the framework are inclusiveness, evidence-based and transparency. The objectives are to engage and develop programs that are culturally competent and respectful, to identify and reduce barriers to vaccination, prioritise high risk groups and acknowledge lived experiences. Programs will be delivered in partnership with community organisations (wherever possible) through a range of methods ranging from engagement and targeted communication, to assistance to access vaccination hubs or providers, through to bespoke clinic arrangements or in-reach activities.

*Programs delivered to date*

6. As noted in the framework, a range of equity in access vaccination initiatives are already underway within the ACT Government, these include:
  - a. tailored and targeted communications: local and national information to people with disability, people from culturally and linguistically diverse (CALD) backgrounds and Aboriginal and Torres Strait Islander people.
  - b. tailored clinics: the *Access and Sensory Clinic* for people with disability, their carers and support workers; an Alexander Maconochie Centre (AMC) vaccination program; and opportunistic vaccinations for eligible CHECC public health patients.
  - c. prioritised vaccination arrangements: to support the prioritisation of eligible population groups including frontline public health workers, residential disability and residential aged care workers and residents.
7. The Commonwealth Government also has a range of initiatives to encourage or facilitate vaccinations to marginalised groups or individuals who cannot access established vaccination pathways. These include:
  - a. In-reach and roving vaccination clinics for residential disability and residential aged care workers and residents.
  - b. A special NDIA payment to Supported Independent Living (SIL) providers to assist with transporting clients to vaccination appointments.
  - c. A Medicare Benefits Scheme (MBS) schedule item to facilitate home-based vaccination through participating general practitioners (including in residential aged care facilities for both residents and workers).
  - d. Targeted onboarding of primary care providers (in collaboration with ACT Government) including Winnunga Nimmityjah Aboriginal Health and Community Services and general practitioners with particular interest in groups such as people with drug and alcohol dependencies and CALD communities (eg. Interchange Health Co-operative and Directions Health Services).
8. The Commonwealth Government is currently finalising additional funding arrangements for the Primary Health Network (PHN) to facilitate or incentivise primary care vaccination programs for marginalised groups. This funding will by no means cover the entire program within the ACT but presents some opportunity to reduce overall program costs. Health Directorate is working collaboratively with the PHN on all aspects of the program,



## OFFICIAL

including this work, and we will collaborate to ensure the funds are allocated to priority programs and in a manner that responds to gaps and minimises duplication.

9. Programs, in particular bespoke clinics or in reach, will be delivered through a range of methods, including:
  - a. CHECC in-reach services (currently limited due to workforce capacity);
  - b. partnering with existing vaccination providers (via workforce assistance, supply of vaccine, facilitation grants, requests for quote, expressions of interest and procurement processes, or a combination of these); and
  - c. Securing external in-reach providers under contract.

*Upcoming priority programs*

10. The CHECC continues to offer, expand, and formalise its opportunistic in-reach programs to public health patients and clients (including the adult and secure mental health wards, methadone clinic clients and ward patients, including paediatrics). However, there is limited capacity at present to deliver in-reach programs beyond the CHECC campus.
11. ACT Health Directorate (ACTHD) has secured an arrangement for the Commonwealth Government provider (Aspen Medical) to vaccinate identified single persons living at home who have limited mobility or unable to access a fixed service (at no cost to the ACT Government), for the duration of Aspen's in-reach contract (mid-September at this stage). We continue to work across directorates and with stakeholders to identify and obtain consent from these individuals, including people with disability, older Canberrans and people in receipt of injury and accident compensation.
12. ACTHD is currently finalising arrangements, including facilitation grants, for priority bespoke and in-reach clinics. The first, and most significant will be held over 12 four-hour sessions at the Early Morning Centre in the city. Stakeholder engagement has commenced, client health promotion and education was scheduled to commence in the week of 16 August, with clinic delivery scheduled to commence in the week of 23 August. However, given recent COVID-19 developments we are working to expedite this program.
13. These clinics will be aimed at rough sleepers and Canberra's housing insecure, residents of Ainslie Village, Havelock House, Oaks Estate, the Ainslie Avenue precinct, the clients of any other organisations who target these cohorts. It will be a collaboration between Health Directorate, the Early Morning Centre and Interchange Health Co-Operative and presents a significant risk minimisation measure for these individuals. The program involves considerable client engagement, education and support to encourage vaccination uptake, responds to potential Adverse Events Following Immunisation (AEFI), and increases the likelihood of clients returning for second doses.
14. ACTHD is also working to expedite programs set out in Phase C of ([Attachment A](#)) to the framework at ([Attachment 1](#)) in consultation with directorates and stakeholders. This includes other housing insecure and congregate living settings (including support for Directions Health Services), mental health services, alcohol and drug services, refuges and rehabs.

## OFFICIAL

15. Aspen Medical has also indicated some workforce availability from next month, for a short period ahead of anticipated workplace programs. A request for quote is being finalised to explore the opportunity to secure this ready in-reach workforce for a short period to expedite a range of in-reach opportunities including in disability day programs, CALD community locations (including Companion House), and other priority settings. This decision will be subject to costs, progression of programs through the PHN, and the ability of CHECC in-reach capacity to scale up.
16. While Aspen offers a ready workforce, its services may not be appropriate for certain client groups, and its use will be determined in close consultation with stakeholders and supplemented by ACTHD staff (from the vaccine team or the Office of the Chief Nurse), if deemed appropriate. This option also presents a risk mitigation measure should in-reach need to scale up in response to an outbreak.

**Financial Implications**

17. The business case has been considered by Expenditure Review Committee and an upfront and rolling funding approach has been agreed. The business case took a high-level approach to accommodate a range of delivery options, including costings for 200 CHECC in-reach vaccinations per week, and a fixed amount to Health Directorate for program support (\$300,000). Along with all program costs, expenditure will be monitored closely and subject to review in consultation with Treasury.

**Consultation**Internal

18. The Covid-19 Response Branch is working closely with the Health System Planning and Evaluation Group on engagement with stakeholders, development of grants and procurement activities.

Cross Directorate

19. The whole of whole-of-government COVID-19 vaccination program operations working group has been consulted on the framework and will continue to oversee programs and initiatives. The CHECC has been consulted. Health Directorate is working closely with the Community Services Directorate (including Housing ACT) on these programs.

External

20. Stakeholder engagement is ongoing and many organisations have been consulted to date including the Joint Pathways Executive Group (including, but not limited to, YWCA, Catholic Care, Toora Women's Inc, and Vinnies), ACTCOSS, ATODA, Carers ACT, MARSS, the PHN, the Early Morning Centre, Interchange Health Co-Operative and Directions Health Services.

**Work Health and Safety**

21. No particular impact for this brief. All clinics and programs are established with paramount consideration of client, patient and worker safety. Delivery of Equity of Access programs, including in-reach will have full regard to worker health and safety.

## OFFICIAL

**Benefits/Sensitivities**

22. It is essential that Canberra's most vulnerable groups and individuals have access to vaccinations in a manner that encourages uptake, as soon as possible. Some jurisdictions have already commenced vaccination programs for rough sleepers.
23. It is possible that some Equity of Access programs will overlap and provide multiple offers of vaccination to the same clients. It is also possible that some programs will be delivered but only administer vaccinations to a very small number of individuals (or none during some clinics). These risks are outweighed by the benefits of the opportunity to vaccinate, and the need to engage with some clients on multiple occasions to establish trust prior to the administration of a vaccine.
24. The risk of individuals receiving more than two doses will be mitigated through providers being required to review vaccination status in the Australian Immunisation Register when appropriate (noting there are no significant health effects from receiving multiple vaccinations, although this will be avoided as far as possible). The risk of clients not returning for a second dose, or suffering an AEFI in an unsafe environment, will be mitigated through partnering with community organisations, many of whom have pre-existing trusted relationships with clients and their other support providers.

**Communications, media and engagement implications**

25. The communications campaign in relation to the ACT program has commenced and will be updated as the program continues to evolve and targeted to relevant groups and stakeholders as the programs roll-out. Communication strategies will be developed as appropriate to encourage or promote Equity of Access program uptake. Media opportunities on the delivery of certain programs will be considered in consultation with your office. It may be appropriate to delay any broader promotion of the Early Morning Centre program until later in its delivery or following completion.

Signatory Name: Kerry Coleman

Phone: Schedule 2.2(a)  
(ii) Privacy

Action Officer: Fiona Barbaro and Sarah-Jane Olsen

Phone:

**Attachments**

Attachment	Title
Attachment 1	Equity Framework
Attachment A	Equity of Access programs

## ACT COVID-19 Vaccination Program – Equity of Access Programs – Framework

### Purpose

To provide a framework to guide ACT Government-led Equity of Access programs to ensure safe, efficient, and equitable access to COVID-19 vaccinations for all Canberrans. This particularly includes individuals and groups who are likely to experience a disproportionate burden of disease. The framework sets out principles, target cohorts, stakeholders, deliverables, timeframes and roles and responsibilities. It is designed to be flexible so approaches can be adapted to respond to the changing nature of the national vaccination program, any outbreaks experienced in the ACT and evolving need.

The framework is established in accordance with the *ACT COVID-19 Vaccination Program – Governance Arrangements* and noted by the Operational Working Group and the Clinical Health Emergency Coordination Centre (CHECC).

An outline of all current and proposed Equity of Access programs is at [Attachment A](#). A draft program plan for in-reach initiatives including phases, deliverables and timeframes is at [Attachment B](#) – noting that this is a living document and will be subject to change.

### Background

Equity of Access programs are developed in recognition that public health emergencies more broadly, and pandemics specifically, disproportionately affect already marginalised communities. Some community members require a more tailored service response to encourage or facilitate vaccination. These may range from communication initiatives, to assistance with transport to bespoke vaccination opportunities or incentives.

A range of Equity of Access vaccination initiatives are already underway within the ACT. For example, these include:

- a. tailored and targeted communications: local and national information to people with disability, people from culturally and linguistically diverse (CALD) backgrounds and Aboriginal and Torres Strait Islander people.
- b. tailored clinics: the *Access and Sensory Clinic* for people with disability, their carers and support workers; an Alexander Maconochie Centre (AMC) vaccination program; and opportunistic vaccinations for eligible CHECC public health patients.
- c. prioritised vaccination arrangements: to support the prioritisation of eligible population groups including frontline public health workers, residential disability and residential aged care workers, volunteers and residents.

The Commonwealth Government also has a range of initiatives to encourage or facilitate vaccinations to marginalised groups or individuals who cannot access established vaccination pathways. These include:

- a. in-reach and roving vaccination clinics for residential disability and residential aged care workers and residents.

- b. a special National Disability Insurance Agency (NDIA) payment to supported independent living (SIL) providers to assist with transporting clients to vaccination appointments.
- c. a Medicare Benefits Scheme (MBS) schedule item to facilitate home-based vaccination through participating general practitioners (including in residential aged care facilities for both residents and workers).
- d. targeted onboarding of primary care providers (in collaboration with ACT Government), including Winnunga Nimmityjah Aboriginal Health and Community Services and general practitioners who provide specialised primary care services for people with drug and alcohol dependencies and CALD communities.

## Principles

The overarching principles of this program are inclusiveness, evidence-based and transparency.<sup>1</sup>

Inclusiveness: the programs incorporate direct input from affected groups who may otherwise be excluded or marginalised.

Evidence-based: program decisions are founded on best available evidence regarding burden of disease, risk of transmission, and the promotion of social wellbeing.

Transparency: the program endeavours to communicate accurately, clearly, and openly about decisions informing its development.

Equity of Access programs will be delivered consistent with the Commonwealth Government vaccination strategy and do not intend to expand on agreed priority population groups. The focus is on communities who are known to be minimally engaged with mainstream health services and for whom multiple barriers to access will normally preclude their engagement in a mass vaccination setting.

Evidence shows that while Equity of Access programs will not ameliorate overall health inequities for marginalised communities, targeted action focussed on those most vulnerable is critical to the broader public health response of COVID-19. All offers of vaccination under the program will be voluntary.

Removing barriers to access for marginalised communities requires a multifaceted approach. The programs will require close collaboration between Health Directorate, Canberra Health Services, Community Services Directorate and other relevant directorates to ensure logistics and resources are allocated accordingly.

---

<sup>1</sup> Preliminary advice on general principles to guide the prioritisation of target populations in a COVID-19 vaccination program in Australia [https://www.health.gov.au/sites/default/files/documents/2020/11/atagi-preliminary-advice-on-general-principles-to-guide-the-prioritisation-of-target-populations-in-a-covid-19-vaccination-program-in-australia\\_0.pdf](https://www.health.gov.au/sites/default/files/documents/2020/11/atagi-preliminary-advice-on-general-principles-to-guide-the-prioritisation-of-target-populations-in-a-covid-19-vaccination-program-in-australia_0.pdf)

## Application of program principles

The program objectives will be achieved by applying the program principles<sup>2</sup>, by:

- engage communities of interest to improve vaccine program design and effectiveness of reach.
- developing program structures that are culturally competent and respectful.
- identifying and addressing inequities within communities of interest to reduce barriers of access.
- prioritise those who experience disproportionate social impacts because they are systemically marginalised, experience stigma, and are at highest risk of severe illness.
- acknowledging and accounting for lived experience that results in people experiencing multiple burdens with multiple barriers.

## Target cohorts

The following is a non-exhaustive list of individuals, cohorts and groups who may require an Equity of Access program response:

- Aboriginal and Torres Strait Islander people
- people living with disability, particularly those living alone or who did not qualify for phase 1 a Commonwealth Government-led in-reach programs
- clients in custodial settings
- people who are experiencing homelessness or are housing insecure
- people residing in group accommodation (congregate living settings) and high-density housing, including, but not limited to:
  - residential rehabilitation programs
  - domestic violence shelters
  - other group home settings
- people with severe mental health issues
- Culturally and Linguistically Diverse (CALD) communities
- those who are engaged with alcohol and drug services, such as OMT services
- people living with medical health issues that require a specialised person-centred response
- those experiencing severe social isolation at any age or demographic.

## Deliverables

Programs will be delivered through a range of methods to ensure appropriate management of resources as well as effective engagement with specific cohorts. All approaches will be coupled with clear and consistent communications. Wherever possible, programs will be delivered in partnership

---

<sup>2</sup> Johns Hopkins. Interim Framework for COVID-19 Vaccine Allocation and Distribution in the United States [https://www.centerforhealthsecurity.org/our-work/pubs\\_archive/pubs-pdfs/2020/200819-vaccine-allocation.pdf](https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200819-vaccine-allocation.pdf)

with community organisations, and build on existing contracts or arrangements to leverage existing trusted relationships and expedite delivery timeframes.

Bespoke or in-reach vaccination clinics will only be offered in circumstances supported by evidence and justification. The spectrum of methods used to engage include:

- a. targeted information and communications – designed in collaboration with the COVID-19 communications team and directorates to ensure individuals and targeted groups are aware of existing vaccination pathways and initiatives (for example, through the government clinics, primary care, service providers or the Commonwealth Government).
- b. vaccination assistance or facilitation – this might include programs to assist with transport to a government clinic or other vaccination provider, where the individual or group does not have access to an existing arrangement or transport option.
- c. bespoke clinic arrangements – building on the success of the *Access and Sensory Clinic* for people with disability, this might include designated clinic times or arrangements. Potential cohorts suitable for this may include groups currently engaged with services who could assist with bulk transport to an existing vaccination clinic, or groups requiring bespoke arrangements (such as language spoken or people seeking additional accommodations).
- d. Home visits or in-reach clinics – delivered by dedicated in-reach teams, primary care provider or other arrangement in partnership with existing service providers. For example, the current planning for an in-reach clinic to Companion House (a primary healthcare NGO that specifically services vulnerable refugees and migrant communities and is already vaccinating using AstraZeneca) to reach those vulnerable younger refugees who are currently eligible for Pfizer under 1b but are unable to navigate the mass vaccination site at Garran due to multiple barriers. When other options have been exhausted, the in-reach team may be available to provide home visits

As different communities have varying levels of trust in the government and vaccine hesitancy continues and evolves, any strategies undertaken to reach marginalised communities may not appear successful if numbers are smaller than hoped. However, as these groups are impacted by a disproportionate burden of disease, have multiple and intersecting vulnerabilities, and underlying health conditions, the numbers should not need to be high to make an impact. Meaningful engagement with the stakeholders who are already involved and trusted by these cohorts should help minimise this risk.

### **Clinical governance**

A CHECC in-reach team has been established to deliver in-reach vaccinations to individuals or groups. The clinical governance for any program operating out of a government-led clinic will be led and overseen by the CHECC.

The CHECC in-reach team will initially focus on campus vaccinations (eg. Canberra Hospital or Calvary Public patients) and will expand to non-campus activities as soon as possible.

Additional in-reach capacity may be procured by Health Directorate via grants, expression of interest, requests for quote or procurement activities. This is necessary to manage workforce constraints and expedite vaccination delivery and programs. Wherever possible, capacity will be

drawn from pre-approved COVID-19 vaccination providers (eg. primary care or contracted vaccinators under the Commonwealth Government vaccination program).

Health Directorate will continue to collaborate with the Primary Health Network on opportunities under national program arrangements, and to determine primary care capacity and areas of focus.

Consistent with the entire program, vaccinations will be voluntary, but strongly encouraged. Some clients will be required to provide informed consent prior to vaccination (and will be supported to do so, if required), particularly those who are unable to consent for themselves or, for example, have a medical guardianship in place.

### **Allocation criteria**

Allocation and prioritisation criteria will generally be applied as follows:

1. risk of acquiring and transmitting the virus
2. highest risk of severe illness
3. least likely to be engaged with mainstream services
4. disproportionate social impacts.

### **Stakeholder Engagement**

Stakeholder management will generally be led by the Health Directorate in close consultation with the CHECC and relevant directorates.

Stakeholder engagement is a crucial component to the success of the program. Stakeholders have already begun to be engaged and engagement will be ongoing. Collaboration with Directorates will be key to identifying engagement opportunities with communities.

### **Financial Implications**

The programs will incur some costs. These costs should be minimal and will be used to both enable individuals to be vaccinated in a way that best suits them and to support key stakeholders to engage with their communities of interest. Costs may include facilitation grants (entirely separate to MBS vaccine administration payments under the national program), rental of rooms, catering for patients, transport, and tailored resources. An allocation has been included in the Health Directorate COVID-19 vaccination program business case (\$300,000).

There will be costs for in-reach and clinical staff, which have been accounted for within the wider ACT vaccination program.



## Roles and Responsibilities

Roles and responsibilities are as follows, noting there may need to be adjustments subject to the program nature and deliverables:

Role	Responsibility
<b>Program oversight</b>	Operations Working Group (including managing and the mitigation of the ongoing risks of the program through the Operations Working Group Risk Register)
<b>Program policy</b>	Health Directorate, COVID-19 Response
<b>Program prioritisation</b>	Health Directorate, COVID-19 Response  (in collaboration with relevant directorates - CHECC for campus patients, subject to the program outline)
<b>Stakeholder management, including ongoing identifying and connecting with key marginalised communities (and their supporters) who will require additional support to access vaccination</b>	Health Directorate, COVID-19 Response  (in collaboration with relevant directorates - CHECC for campus patients, subject to the program outline)
<b>Program communications</b>	Health Directorate, COVID-19 Response and communications team  (in collaboration with relevant directorates)
<b>Clinical governance – government clinics</b>	CHECC
<b>Clinical governance – CHECC in-reach</b>	CHECC
<b>Clinical Government – Health Directorate in-reach</b>	Vaccination providers or contractors, overseen through contract arrangements
<b>Site visit to determine appropriateness of venue and risk assessment</b>	In-reach team
<b>Vaccine and consumable ordering and management</b>	CHECC

**Timeframes**

The framework and programs are agile and recognise that some groups will be ready to proceed with a dedicated vaccination program before others. The programs are intended to be complete, subject to broader vaccination rollout management, by 31 December 2021. Ongoing program management will be considered as part of future service planning.

## Attachment A – Equity of Access Programs – Overview of existing work

Program/Initiative	Description	Status
Tailored and targeted communications	<ul style="list-style-type: none"> <li>• People with disability, their support workers, and carers</li> <li>• Residential disability employers and their employees</li> <li>• Residential aged care facilities and their employees</li> <li>• People living with HIV</li> <li>• People from CALD backgrounds and their community services</li> </ul>	Ongoing
	<ul style="list-style-type: none"> <li>• School cleaners from CALD backgrounds with no Medicare prioritised under the national program</li> </ul>	Complete
	<ul style="list-style-type: none"> <li>• Key support workers, eg. domestic violence support workers</li> </ul>	In progress
<u>Tailored Clinics</u>	<ul style="list-style-type: none"> <li>• Access and Sensory Clinic</li> <li>• Alexander Maconochie Centre (AMC) vaccination program</li> <li>• In-reach into designated wards (ad hoc)</li> <li>• On request by ward nurses or patients</li> </ul>	Ongoing
	<ul style="list-style-type: none"> <li>• In-reach clinic to support vaccination of people from refugee backgrounds at Companion House</li> </ul>	In progress
Prioritised Vaccination Arrangements	<ul style="list-style-type: none"> <li>• RACF, Disability Residential and public health workers</li> </ul>	Ongoing

## Equity of Access – Draft In-reach programs

Program	Target Cohort	Description	Responsibility	Timeframe	Status
<b>Phase A – opportunistic vaccinations</b>					
The Canberra Hospital – wards	Patients on Canberra Hospital wards (including paediatrics)	<ul style="list-style-type: none"> <li>In-reach into designated wards (ad hoc)</li> <li>On request by ward nurses or patients</li> </ul>	CHECC	ongoing/ completion by 31 December 2021	Commenced
Calvary Public Hospital - wards	Patients on Calvary Hospital wards	<ul style="list-style-type: none"> <li>In-reach into designated wards (ad hoc)</li> <li>On request by ward nurses or patients</li> </ul>	CHECC	ongoing/ completion by 31 December 2021	Commenced
To be reviewed and completed					
<b>Phase B – proactive vaccinations – CHECC clients</b>					
AMC/Corrections program	AMC clients		CHECC (including Justice Health and Corrections ACT)	ongoing/ completion by September 2021	Commenced (and ongoing)

Program	Target Cohort	Description	Responsibility	Timeframe	Status
Bimberi Youth Justice Centre	Bimberi clients – vulnerable youth, congregate living	An in-reach program to offer vaccination to clients	CHECCC		Under development
Dhulwa Mental Health Unit	The secure adult mental health facility		CHECC		
CHECC long term patient vaccination policy	Long term patients in The Canberra Hospital, Calvary Public Hospital and National Capital Private Hospital	A proactive policy and program to offer vaccination to long term CHECC patients	CHECC	Policy development and implementation: TBA/August 2021 (and ongoing)	Will commence 11/08/2021
CHECC patient admission /discharge vaccination policy	Patients of above hospitals on admission or discharge	A proactive policy and program to offer vaccination to CHECC patients on admission or discharge	CHECC	Policy development and implementation: August 2021 (and ongoing)	Currently opportunistic, official proactive policy under consideration
The Acute mental health ward	Patients of the acute mental health ward	An in-reach program to offer vaccination to patients	CHECC HD – stakeholder management	August, program delivery	Ongoing weekly in-reach program
Methadone clinic	Clients of the methadone program accessing services in Building 7 of TCH	An in-reach program to offer vaccination to clients	CHECC HD – stakeholder management	Commence stakeholder engagement August, program delivery September 2021	

Program	Target Cohort	Description	Responsibility	Timeframe	Status
Canberra Sexual Health clinic	Clients living with HIV, blood-borne viruses or other viruses	An in-reach program to offer vaccination to clients	CHECC	TBA	
<b>Phase C – proactive vaccinations – non-CHECC clients</b>					
Disability resident in-reach	People living with disability who did not qualify for phase 1a in reach and who do not have access to transport or able to access clinic or primary care (including vehicle compensation recipients)	An in-reach program to offer vaccination to eligible clients (requested through service providers) or through centre-based disability care.	Health Directorate in-reach team (in collaboration with Office of Disability, CSD)  Arrangement via Commonwealth Government	August to September 2021	Phase 1: individuals living alone - commenced
CALD Communities	CALD Communities through Companion House	An in-reach program to offer vaccination to clients who are prioritised under 1b and are from refugee backgrounds  Two first dose visits, two second dose visits	CHECC or Health Directorate	Urgent  Health Directorate progressing	Due to Companion House being an exposure site on 12/08/21 the clinic planned for 13//08/21 has been postponed, but we will work to expedite the next clinic.

Program	Target Cohort	Description	Responsibility	Timeframe	Status
Homelessness, Housing Insecure, and people living in congregate living settings	<p>Early Morning Centre / IGP</p> <p>Havelock Housing</p> <p>Argyle Housing</p> <p>YWCA</p> <p>Catholic Care</p> <p>Beryl Women Inc</p> <p>Sam's House</p> <p>Vinnies</p> <p>Shelter ACT</p> <p>Richmond Fellowship</p> <p><i>Non-exclusive list</i></p>	A series of activities including, but not limited to, targeted communications and a bespoke in-reach clinic dedicated to the cohort eg. a clinic held somewhere like Havelock House where other agencies can bring their clients to receive vaccination	<p>Health Directorate arranged in-reach (in close collaboration with Housing ACT, CSD)</p> <p>Phase 1: Early Morning Centre and Interchange General Practice</p>	Under development August and September	About to commence
Congregate living settings, group accommodation and high-density housing:	<p>Rehabs</p> <p>Domestic Violence shelters</p> <p>Other group home settings not covered in another program</p>	Some will most likely require in-reach for staff and residents, such as DV shelters and rehabs (including mental health supported accommodation)	Health Directorate in-reach team (in collaboration with Housing ACT, CSD)	Commence stakeholder engagement July/August, program delivery August 2021	Phase 1 part of EMC program (for Ainslie Ave Precinct)
Alcohol and Drug services	People engaged with AOD services	A series of activities including, but not limited to, targeted	Health Directorate in-reach team (in	Commence stakeholder engagement	Planning

Program	Target Cohort	Description	Responsibility	Timeframe	Status
		communications and a bespoke in-reach clinic where needed	collaboration with Housing ACT, CSD)	September, program delivery September/October 2021	



**ACT Health Directorate****To:** Minister for Health

Tracking No.: MIN21/1079

**Cc:** Rebecca Cross, Director-General**From:** Kerryn Coleman, Chief Health Officer**Subject:** Mandatory Vaccinations for Aviation Workers - Andrew Parker, Qantas**Critical Date:** Not applicable**Critical Reason:** Not applicable**Recommendations**

That you:

1. Sign the letter to Mr Andrew Parker at Attachment D; and

**Signed / Not Signed / Please Discuss**

2. Note the copy of the letter from Dr Ian Hosegood sent to Professor Paul Kelly at Attachment B; and

**Noted / Please Discuss**

3. Note the Australian Health Protection Principal Committee (AHPPC) statement at Attachment C.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback

## Background

1. On 1 July 2021, Mr Andrew Parker from Qantas Airways wrote to you ([Attachment A](#)), requesting all front-line aviation workers be vaccinated as a priority. The current NSW Health Public Health Order mandates airport workers but it does not include domestic air crew.
2. Qantas is seeking consideration to the following recommendations:
  - Mandate COVID-19 vaccination for all operational airline workers (encompassing ground and aircrew);
  - facilitate the implementation of this order by moving these workers into a higher eligibility category of the National COVID-19 Vaccination Program, to ensure priority access to available vaccines;
  - establish workplace vaccination hubs to facilitate access; and
  - develop a revised set of nationally consistent operational requirements for vaccinated aircrew during domestic border closures and restrictions.
3. Mr Andrew Parker enclosed a letter of correspondence from Qantas Chief Health Officer, Dr Ian Hosegood sent to Professor Paul Kelly, Chief Medical Officer and Chair of the AHPPC at [Attachment B](#).

## Issues

4. On 9 July 2021, the AHPPC released a statement on vaccination arrangements for workers in mobile workforce ([Attachment C](#)). AHPPC is strongly encouraging industries to promote and facilitate the COVID-19 vaccination.
5. On 3 August 2021, the Australian Government announced the expansion of the COVID-19 vaccinations to all adults aged 30-39 years old. The roll out of the COVID-19 vaccines in the ACT is guided by the Australian Government who make decisions about the rollout based on recommendations provided by the Australian Technical Advisory Group on Immunisation.
6. A letter of response has been prepared providing further information to Qantas workers at [Attachment D](#).

## Financial Implications

7. Not applicable.

## Consultation

### Internal

8. Not applicable.

### Cross Directorate

9. Not applicable.

External

10. Not applicable.

**Work Health and Safety**

11. Not applicable.

**Benefits/Sensitivities**

12. Not applicable.

**Communications, media and engagement implications**

13. Not applicable.

Signatory Name: Charmaine Smith Phone: X46394  
Executive Branch Manager, COVID-19  
Vaccine Program

Action Officer: Dee Chicco, Business Manager Phone: X49946

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Letter from Andrew Parker, Qantas
Attachment B	Letter from Dr Ian Hosegood sent to Professor Paul Kelly, Chief Medical Officer
Attachment C	Australian Health Protection Principal Committee (AHPPC) statement
Attachment D	Response letter to Andrew Parker, Qantas



1 July 2021

Ms Rachel Stephen-Smith MLA  
Minister for Health  
ACT Government  
GPO Box 1020  
CANBERRA ACT 2601

Via email: [stephen-smith@act.gov.au](mailto:stephen-smith@act.gov.au)

**URGENT AND CONFIDENTIAL**

Dear Minister,

**RE: MANDATORY VACCINATIONS FOR AVIATION WORKERS**

I am writing with reference to two key resolutions from the National Cabinet held on 28 June 2021, namely:

1. National Cabinet's endorsement of the Australian Health Protection Principal Committee's (AHPPC) advice to require the vaccination and testing of Quarantine workers, including those involved in transportation; and
2. National Cabinet's agreement to seek AHPPC's advice on COVID-19 vaccination requirements for aviation, interstate freight transport and mining (FIFO) workers.

As AHPPC members would be aware, the Qantas Group (Qantas) already has in place comprehensive COVID-Safe measures to reduce and mitigate the risk of transmission during travel. However, as raised with the Commonwealth and all states and territories in March of this year, we believe that the additional protection conferred through vaccinating all front-line aviation workers, is an important and necessary addition to the existing hierarchy of controls.

The challenge being faced across the country from the most recent outbreak of the Delta strain has highlighted the need for additional controls to be in place for air crew responsible for facilitating the movement of people across wide geographic areas and domestic borders. For airlines to require their workforce to become vaccinated in the absence of an appropriate legal framework is already proving to be problematic.



The current NSW Health Public Health Order mandating COVID-19 vaccination for airport workers is a move in the right direction but it does not include domestic air crew. This leaves the airline sector – which has a uniquely mobile workforce, moving frequently between jurisdictions – without a nationally-consistent approach to this critically important issue.

Qantas is therefore seeking your urgent consideration of a recommendation to:

- Mandate COVID-19 vaccination for all operational airline workers (encompassing ground and aircrew);
- Facilitate the implementation of this order by moving these workers into a higher eligibility category of the National COVID-19 Vaccination Program, to ensure priority access to available vaccines;
- Establish workplace vaccination hubs to facilitate access; and
- Develop a revised set of nationally consistent operational requirements for vaccinated aircrew during domestic border closures and restrictions.

Attached to this letter is a copy of correspondence Qantas Chief Health Officer Dr Ian Hosegood has sent to Professor Paul Kelly, Chief Medical Officer and Chair of the AHPPC today.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Andrew Parker', with a long horizontal stroke extending to the left.

**Andrew Parker**

Group Executive, Government, Industry, International, Sustainability

CC: Mr Andrew Barr MLA, Chief Minister  
Dr Kerry Coleman, Chief Health Officer

1 July 2021

Professor Paul Kelly  
Chief Medical Officer; and  
Chair of the Australian Health Protection Principal Committee  
Department of Health  
GPO Box 9848  
CANBERRA ACT 2601

Via email: [Paul.Kelly@health.gov.au](mailto:Paul.Kelly@health.gov.au)

Dear Professor Kelly,

**RE NATIONAL CABINET STATEMENT - COVID-19 VACCINATIONS FOR AVIATION WORKERS**

I refer to the statement issued following the National Cabinet meeting on 28<sup>th</sup> June 2021. Two items in particular in the statement will affect the Qantas Group and the aviation industry generally.

The first was National Cabinet's endorsement of the Australian Health Protection Principal Committee's (AHPPC) advice to require the vaccination and testing of Quarantine workers, including those involved in transportation. The second was National Cabinet's agreement to seek AHPPC's advice on COVID-19 vaccination requirements for aviation, interstate freight transport and mining (FIFO) workers.

The Qantas Group acknowledges that any decision to mandate vaccinations must be taken with the greatest of care. In Qantas' view, the need for a consistent, national approach to the mandating of vaccination for any cohort, the vulnerability of essential air services to the impacts of COVID-19 exposure, and the capacity for essential air services to accelerate the geographical spread of COVID-19 all provide a strong case for the mandating of vaccination for all aviation operational staff in Australia. This issue is compounded by the recent outbreaks across Australia associated with the B.1.617.2 Delta Variant of Concern. It is Qantas' belief that such a mandate would need to be supported by improved access to the vaccine for those staff.

Throughout the COVID-19 pandemic, the Qantas Group has always supported appropriate and consistent industry measures that safely mitigate the risk (likelihood, consequence and transmissibility) of COVID-19 for employees, the travelling public and the broader population.

Working with Government and industry, the Qantas Group with other industry players has successfully implemented a broad and holistic range of COVID-safe flying controls across domestic and international operations. These measures continue to provide protections for air travel, evidenced by extremely low levels of inflight transmission.

However, in circumstances where New South Wales has implemented a vaccine mandate for specific international facing roles, and the National Cabinet is seeking advice from the AHPPC on vaccination requirements, the Qantas Group believes there is a strong case for a Federal mandate for vaccination of all operational aviation personnel, including domestic air and ground workers.

Extensive empirical evidence and the robust assurance activities of the Therapeutic Goods Administration demonstrate the safety and effectiveness of the currently approved vaccines in Australia and that vaccination is the most effective and sustainable risk control available to any person or industry globally. Vaccination in addition to the existing suite of controls addresses the

unique risk factors and consequences of the aviation environment that are otherwise difficult to eliminate.

### **Avoidance of spread from higher transmission to lower transmission communities**

The primary controls for the spread of COVID-19 are the public health orders imposed by States and Territories during periods of increased community transmission, including, in particular, the stay-at-home orders and/or border closures that operate during local outbreaks.

Essential workers, including aviation industry workers, appropriately operate under an exemption from such controls. Consequently, essential workers who travel from an area of higher to lower community prevalence can inadvertently contribute to the spread of COVID-19 into lower endemicity communities. The geographical reach, not just across suburbs but across States, means aviation has a different consequential impact compared with other essential industries. Examples of this are evident in the current NSW-based outbreak, including an essential mineworker who attended work in the Northern Territory, and another airline's cabin crew member who operated five sectors during their infectious period.

It should also be acknowledged that close contact between people is an unavoidable part of essential aviation work. The primary public health mitigations of stay-at-home, time minimisation during social activities, and strict physical distancing cannot consistently apply.

### **The NSW Mandate and national consistency**

The NSW Government has mandated vaccination for airport workers who provide services to 'relevant persons'. A 'relevant person' means anyone arriving in NSW who has been outside of Australia or New Zealand in the past 14 days. Airport workers include airport staff, airline/freight staff, ground handlers, caterers, cleaners, customer service agents, ramp workers, baggage handlers, engineers, security and other private contractors. For the moment, the public health order excludes Trans-Tasman travellers from the definition of 'relevant persons' and does not capture freight flying crew and others in the international airport who do not provide services to 'relevant persons'. NSW Health has suggested that position may change. No other State has yet introduced similar legislation, yet the risk is identical in each State and Territory. In fact, in States and Territories where international and domestic operations share passenger terminals and operational facilities, unlike Sydney, the risk may be greater.

The Qantas Group has begun implementing the NSW public health order across its Sydney International Airport workforce, and working with its suppliers and contractors to ensure their compliance. However, the vaccination requirement for certain staff highlights real anomalies, none of which appear to the Qantas Group to be reasonable or practical in the long term. As examples, the "escape" of COVID-19 strains from hotel quarantine facilities and in the latest NSW outbreak from transport workers, have resulted in the nationwide spread of the virus, including through domestic airline passengers, and most recently a domestic cabin crew member.

Further, as airline employees from different functions are required to interact with each other, a whole of operation perspective is required, not just highlighting those in clearly customer facing roles.

### **Maintaining resilient essential air services**

As critical national infrastructure, aviation is required to maintain essential air corridors, ensuring the movement of eligible persons and to support essential freight, in, out and around the country.

Existing robust risk mitigations cannot entirely control for an employee unwittingly attending work with COVID-19 infection or a customer inadvertently travelling while infectious. While there is



negligible risk of onboard transmission of COVID-19, the potential infection of domestic staff at airports, terminals and associated infrastructure – including the regular interaction with other tech and cabin crew, as well as ground, customer service and baggage/ramp crew – and their potential onward transmission at the point of departure, transit and arrival (e.g. airport terminals and then their community), means that nationally critical workgroups and workplaces are vulnerable to being effectively decommissioned when a worker or customer is infected with COVID-19. Recent examples include:

- the large numbers of workers who were required to quarantine when airport terminals have been designated as exposure sites;
- entire crews being designated as close contacts following a passenger being identified as COVID-19 positive post flight (despite the low risk profile and out of an abundance of caution); and
- the required closure of Qantas' entire Melbourne Freight operation when a small number of positive workers were identified in the workplace, compromising the ability to manage essential freight services.

#### **Aviation Industry Vaccination Mandate Request**

For the reasons set out above, the Qantas Group requests that AHPPC consider the following policy positions:

- nationally mandating COVID-19 vaccination for all operational aviation workers, both domestic and international, encompassing ground and aircrew;
- facilitating implementation of this mandate by ensuring all impacted individuals be included into a current eligibility category of the National COVID-19 Vaccination Program, ensuring priority access to available vaccines;
- establishing workplace vaccination hubs and prioritising supply to facilitate access in a timely way;
- developing a revised set of nationally consistent operational requirements for vaccinated aircrew during domestic border closures and restrictions.

Finally, we hope that mandatory vaccination of aircrew may create a pathway for the AHPPC to review the current controls on international aircrew who are subject to rolling 14-day home quarantine and other requirements with significant mental health and operational consequences.

The Qantas Group thanks the AHPPC for its continued efforts during this pandemic and consultation on matters affecting public health and the broader aviation industry.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "Ian Hosegood". The signature is stylized and includes a circular flourish on the left side.

Dr. Ian Hosegood

Chief Health Officer, Qantas Group



16 July 2021 [Coronavirus \(COVID-19\) health alert](#)Australian Government  
Department of Health[About us](#) [Ministers](#) [News](#) [Contact us](#)[Home](#)[Health topics](#)[Initiatives and programs](#)[Resources](#)[Translations](#)[Home](#)[News](#)

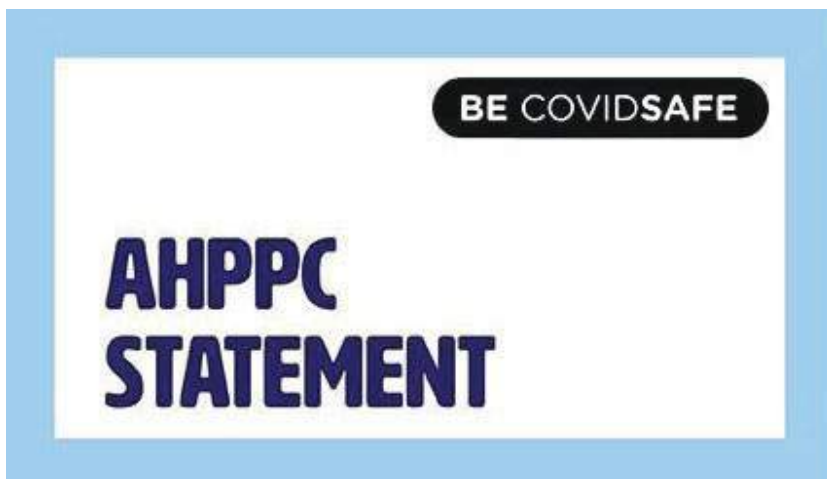
# Australian Health Protection Principal Committee (AHPPC) statement on vaccination arrangements for workers in mobile workforce

A statement from the Australian Health Protection  
Principal Committee (AHPPC) on vaccination  
arrangements for workers in mobile workforce.

**Date published:** 9 July 2021

**Type:** News

**Intended audience:** General public



Employees in sectors with high mobility, such as the aviation, mining resources and freight sectors pose an increased risk for wide dispersion of infections across long distances, and between jurisdictions should they contract SARS-CoV-2. Ensuring repeat testing and high vaccination rates among these workers will assist in mitigating the risk of COVID-19 transmission into the broader community, particularly into vulnerable populations.

There have been recent COVID-19 outbreaks among employees of the Fly-in Fly-out (FIFO) mining sector and the aviation industry. Testing and vaccination of persons that are highly mobile in the Australian community is an important mechanism to protect not only individuals from acquiring SARS-CoV-2, but also reducing the likelihood of onward transmission.

Because of the risk of seeding of outbreaks across the country, AHPPC strongly encourages industries to promote and facilitate vaccination.

Any consideration of mandating vaccination in these work cohorts would require further work to address occupational health and specific industry based concerns.

The Australian Government will continue to consult with the FIFO and airline industry on how to encourage take up of vaccinations as well as the proposal to mandate vaccinations.

---

**Tags:**

[Communicable diseases](#)

[Emergency health management](#)

[Immunisation](#)

[Coronavirus \(COVID-19\)](#)

[Is there anything wrong with this page?](#)

[← All news](#)

## About Health

[About us](#)

[Ministers](#)

[Careers](#)

[Corporate reporting](#)

[Portfolio agencies](#)

[Contact us](#)

[Directory](#)

## Follow us

[Media centre](#)

[News](#)

[Facebook](#)

[LinkedIn](#)

[Twitter](#)

[Youtube](#)

[Instagram](#)

## Using our websites

[About our website](#)

[Accessibility](#)

[Copyright](#)

[Disclaimer](#)

[Privacy](#)

[Social media](#)

[Subscriptions](#)

[Vulnerability disclosure policy](#)

## Help us improve

We are always looking for ways to improve our website.

[Provide feedback](#)

---

The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

---

© Commonwealth of Australia | [Department of Health](#)



**Rachel Stephen-Smith MLA**  
Minister for Health  
Minister for Families and Community Services  
Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

---

Mr Andrew Parker  
Group Executive  
Qantas Airways Limited  
10 Bourke Road  
MASCOT NSW 2020

Dear Mr Parker

Thank you for your letter of 1 July 2021 regarding the consideration of recommendations in relation to the COVID-19 vaccination of aviation workers. I apologise for the delay in responding to you.

I recognise the important place the aviation industry holds in our national infrastructure and the initiative that Qantas Group has taken to ensure the health of its workforce and our community. The advice of industry groups such as yours is vital to the successful implementation of the national vaccination program, particularly in relation to complex issues such as the mandating of vaccinations for employees. However, at this stage of the vaccination program, the ACT Government does not intend to implement mandatory vaccination requirements for aviation workers, although we do strongly encourage all Qantas workers to get vaccinated.

As you are likely aware, the rollout of COVID-19 vaccines in the ACT is guided by the Commonwealth Government who make program decisions based on recommendations provided by the Australian Technical Advisory Group on Immunisation. National Cabinet is responsive to the emerging issues and changing risk profile for industry and community groups. The ACT vaccination program is implemented in a manner that is consistent with decisions of National Cabinet, including in relation to the prioritisation of particular groups.

---

ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601



+61 2 6205 2661



[stephen-smith@act.gov.au](mailto:stephen-smith@act.gov.au)



[@RacheISS\\_MLA](https://twitter.com/RacheISS_MLA)



[rachelSSMLA](https://www.facebook.com/rachelSSMLA)



[rachelss\\_mla](https://www.instagram.com/rachelss_mla)

Further information on the ACT COVID-19 vaccination program can be found online either on the ACT Health Directorate website, <https://www.covid19.act.gov.au/stay-safe-and-healthy/vaccine> or the Department of Health website, <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines>.

Thank you for writing to me regarding this matter.

Yours sincerely

Rachel Stephen-Smith MLA



## FOR OFFICIAL USE ONLY

**To:** Rachel Stephen-Smith MLA, Minister for Health  
Andrew Barr MLA, Chief Minister

**cc:** Head of Service  
Director-General, ACT Health Directorate  
Interim Chief Executive Officer, Canberra Health Services  
Coordinator-General, COVID-19 (Non-Health)

**From:** Vanessa Johnston, Acting Chief Health Officer

**Subject:** COVID-19 Vaccination Program – Week 26 Data Report

**Issues**

- This weekly report (Week 26) includes data as at end of day Wednesday 18 August 2021. Refer to Attachment A – COVID-19 Vaccination Program Report.
- Currently 57.3% of ACT adults (aged 16 and over) have had at least one dose of a COVID-19 vaccine and 33.1% are fully vaccinated (Table 1). Those in the oldest age groups have the highest levels of immunisation, with 67.2% of 70 to 79 year olds and 68.7% of those aged 80 years and over fully vaccinated.
- On Tuesday 3 August, eligibility for vaccination in the ACT was opened for people aged 30 to 39 years. Almost one third (31.3%) in this group have now received one dose and an additional 37,244 people of in this age group (52.4%) have a booking at an ACT Government clinic for a first dose (Table 11). When these appointments are completed, 83.7% of people aged 30 to 39 years will have received at least one dose.
- Currently, 78.0% of 40 to 59 years olds have received one dose and 46.7% have received two doses. An additional 12,034 people in this age group (11.1%) have a booking at an ACT Government clinic for a first dose. When these appointments are completed, 89.1% of people in this age group will have received at least one dose.
- Vaccine uptake is increasing for Aboriginal and Torres Strait Islander people aged 16 to 59 years (See Table 2). An additional 192 people in this age group received a first dose in the week since 11 August, bringing the total to 1,940 (40% of the population). While this is lower than the rate for non-Aboriginal and Torres Strait Islander people in this age group, the gap is narrowing and is now 6.7% (7.2% the previous week).
- Residential Aged Care Facilities staff vaccination rates have improved substantially over the last week (See Table 3), with 66% of staff vaccinated with at least one dose (up from 46% last week) and 40% of staff covered by two doses (up from 31% last week). Aspen clinics opened specifically for Residential Aged Care Facilities' staff are

**OFFICIAL**

booked out for the next fortnight. ACT Government clinics are offering priority bookings for people working in this sector.

- For people with a disability who are recipients of an active NDIS package (as at 16 August), 52% have had at least one dose and 33% have received two doses (Table 4). Individuals with a disability who reside in residential aged care are most likely to be vaccinated (88% with one dose and 85% covered by two doses). Supported Independent Living is less well covered at 74% with one dose (up from 67% on 22 July) and 63% with two doses (up from 45% on 22 July). Data is not available on support worker vaccination rates.
- As at 7:00am 19 August, the first available appointments for eligible individuals seeking a vaccination are:
  - 20 October (Week 32) at Garran (Pfizer);
  - 14 October (Week 32) at the Airport Precinct Clinic (Pfizer);
  - 14 October for the Access and Sensory Clinic (Pfizer); and
  - 26 August at Calvary (AstraZeneca).
- Next available appointment dates do not include the almost 3,000 weekly reserved appointments for health, aged and disability care workers (2,100 at Garran and 882 at Airport). We are also offering prioritised appointments to people in mandatory quarantine who are unable to attend their scheduled vaccination appointment due to movement restrictions.
- Table 4 shows that an additional 923 health, aged care, or disability support workers were vaccinated with their first dose over the last week. This is likely to underestimate the number of people in this category as they may have selected another relevant categories when reporting their eligibility group.
- On 15 August the Commonwealth government announced additional Pfizer vaccine doses from the Republic of Poland to arrive in Australia and distributed across states and territories in Week 26. Of these 530,010 doses are prioritised for the 12 Greater Sydney Local Government Areas. The remaining 470,340 Pfizer doses are distributed on a per capita basis to other states and territories, to fast-track the vaccination of 20 to 39 year olds and other high risk groups.

**OFFICIAL**

- Under this arrangement, the ACT has obtained an additional 14,040 doses in Week 26. These doses have been directed to the priority vaccination of health, aged care and disability workers including additional workforce brought on board to manage testing, vaccination, tracking, tracking and other roles needed to manage the current outbreak.

**Noted / Please Discuss**

.....  
**Rachel Stephen-Smith MLA**  
**Minister for Health**  
...../...../2021

Contact Officer: Charmaine Smith  
Contact Number: Schedule 2.2(a)(i) Privacy  
Date: 19 August 2021



## COVID-19 Vaccination Program Report

### List of Tables

#### Immunisation across the ACT community

- Table 1. All COVID-19 vaccine doses administered to ACT residents (all providers) as reported in the Australian Immunisation Register, by age group and as a proportion of the population as at 18 August 2021.
- Table 2. All COVID-19 vaccine doses administered to Aboriginal and Torres Strait Islander ACT residents and non-Aboriginal and Torres Strait Islander ACT residents reported in the Australian Immunisation Register (AIR), by age group and as a proportion of the eligible population as at 18 August 2021.
- Table 3. Residential aged care in the ACT, My Aged Care portal, staff and residents vaccinated by state and territory as at 18 August 2021.
- Table 4. National Disability Insurance Scheme, recipients aged 16 and over vaccinated by living arrangement, ACT and Australia as at 16 August 2021
- Table 5. ACT Government COVID-19 clinics, number of vaccine doses administered to eligibility cohorts to 18 August 2021 and change since 11 August 2021.
- Table 6. COVID-19 vaccine doses administered in the ACT and proportion of doses to non-ACT residents; ACT Government (ACT Health data) and all vaccination providers, as at 11 August 2021

#### Vaccine supply

- Table 7. Forecast weekly supply of COVID-19 vaccine doses from the Commonwealth to the ACT (ACT Government and Primary Care), by vaccine brand, , updated 16 August 2021

#### Vaccine administration

- Table 8. ACT Government COVID-19 vaccine doses administered per week by vaccine brand, to 18 August 2021.

#### ACT vaccine demand

- Table 9. ACT Government COVID-19 clinics, number of vaccination bookings made per week by booking method to 18 August 2021
- Table 10. ACT Government COVID-19 clinics, future vaccine appointments for all doses by week of appointment date, number and proportion of clinic capacity<sup>1</sup>, for weeks 26 (from 16 August) to Week 34.
- Table 11. ACT Government COVID-19 clinics, number of future first dose vaccination appointments by age of person booking and vaccine brand as at 19 August 2021.
- Table 12. ACT Government COVID-19 Pfizer and AstraZeneca clinics, vaccine appointments cancelled and proportion immediately rebooked by dose number, per week to 18 August 2021
- Table 13. ACT Government COVID-19 Pfizer and AstraZeneca clinics, vaccine appointments not attended, number and as a proportion of booked appointments, per week to 18 August 2021

#### Vaccine booking line activity and performance

- Table 14. Calls to ACT Government COVID-19 vaccine booking line, 12 August to 18 August 2021.

## OFFICIAL

### Immunisation across the ACT community

**Table 1. All COVID-19 vaccine doses administered to ACT residents (all providers) as reported in the Australian Immunisation Register (AIR), by age group and as a proportion of the eligible population as at 18 August 2021<sup>1</sup>**

Age group	First dose	Population covered with first dose <sup>2</sup>	Second dose	Population covered with two doses <sup>2</sup>
16 to 20	1,980	10.3%	819	4.3%
20 to 29	16,988	25.5%	8,226	12.4%
30 to 39	22,230	31.3%	12,245	17.2%
40 to 49	44,399	75.0%	30,065	50.8%
50 to 59	40,223	81.7%	20,624	41.9%
60 to 69	33,284	86.3%	14,637	38.0%
70 to 79	25,323	96.1%	17,715	67.2%
80 and above	12,704	93.6%	9,325	68.7%
<b>Total<sup>3</sup></b>	<b>197,131</b>	<b>57.3%</b>	<b>113,656</b>	<b>33.1%</b>

Note:

1. This table provides data for ACT residents vaccinated by all vaccination providers reporting to the Australian Immunisation Register, including ACT Government clinics.
2. Proportion of total population covered is calculated for adults (16 years and over).
3. Vaccinations occurring in the ACT for non-ACT residents are not included in this table.

Source: Australian Immunisation Register, QLIK reports. Population estimates are sourced from ACT Government Treasury projections, 2021 estimate.

**Table 2. All COVID-19 vaccine doses administered to Aboriginal and Torres Strait Islander ACT residents and non-Aboriginal and Torres Strait Islander ACT residents reported in the Australian Immunisation Register (AIR), by age group and as a proportion of the eligible population as at 18 August 2021<sup>1</sup>**

Age group	First dose	Population covered with first dose <sup>2</sup>	Second dose	Population covered with two doses <sup>2</sup>
<b>Aboriginal and Torres Strait Islander residents</b>				
16 to 59	1,940	39.6%	1,159	23.7%
60 and above	460	104.8%	282	64.2%
<b>Total<sup>3</sup></b>	<b>2,400</b>	<b>45.0%</b>	<b>1,441</b>	<b>27.0%</b>
<b>Non-Aboriginal and Torres Strait Islander residents</b>				
16 to 59	120,591	46.3%	69,121	26.5%
60 and above	70,491	90.3%	41,270	52.9%
<b>Total<sup>3</sup></b>	<b>191,082</b>	<b>56.5%</b>	<b>110,391</b>	<b>32.6%</b>

Note:

1. This table provides vaccinations for Aboriginal and Torres Strait Islander ACT residents by all vaccination providers reporting to the AIR, including ACT Government clinics.
2. Proportion of total population covered is calculated for adults (16 years and over).
3. Vaccinations occurring in the ACT for non-ACT residents are not included in this table.
4. There are 3,649 first dose vaccinations to people for whom Aboriginal and Torres Strait Islander status is unknown (not included in the table).
5. The proportion of older (over 60 years) Aboriginal and Torres Strait Islander people living in the ACT who are vaccinated with one dose now exceeds 100%. Under reporting of Aboriginal and Torres Strait Islander in the Census and relevant administrative data collections has resulted in estimates of the population that are below the actual population.

Source: Australian Immunisation Register, QLIK reports. Population estimates are sourced from ACT Government Treasury projections, 2021 estimate.

## OFFICIAL

**Table 3. Residential aged care in the ACT, My Aged Care portal, staff and residents vaccinated by state and territory as at 18 August 2021.<sup>1,2</sup>**

Jurisdiction	Staff			Residents		
	Number	Percent Dose 1	Percent Dose 2	Number	Percent Dose 1	Percent Dose 2
ACT	3,138	66%	40%	2,267	91%	82%
NSW	83,202	71%	51%			
VIC	76,350	74%	52%			
QLD	51,945	60%	38%			
SA	28,401	65%	43%			
WA	26,382	52%	32%			
TAS	7,918	61%	44%			
NT	932	80%	65%			
<b>Total</b>	<b>3,138</b>	<b>66%</b>	<b>40%</b>			

Note:

1. Staff vaccinated is reported by RACs through the Commonwealth My Aged Care Portal. Reporting is mandatory for Aged Care Organisations. Reporting of vaccination status is not obligatory for staff.
2. Staff working at more than one facility are counted only once. May include administration staff.
3. State and Territory comparisons for resident vaccinations were not made available this week.

Source: Commonwealth My Aged Care Portal.

**Table 4. National Disability Insurance Scheme, recipients aged 16 and over vaccinated by living arrangement, ACT and Australia as at 16 August 2021.**

	Number of persons	Percent Dose 1	Percent Dose 2
<b>Australian Capital Territory</b>			
Supported Independent Living	447	74%	63%
Residential Aged Care	40	88%	85%
All NDIS recipients aged 16 and over	5,025	52%	33%
<b>Australia</b>			
Supported Independent Living	22,368	64%	46%
Residential Aged Care	4,925	78%	71%
All NDIS recipients aged 16 and over	267,526	43%	25%

Source: National Disability Insurance Scheme and AIR data matching undertaken by Australian Government, Department of Health.

## OFFICIAL

**Table 5. ACT Government COVID-19 clinics, number of vaccine doses administered to eligibility cohorts to 18 August 2021 and change since 11 August 2021**

Cohort	Dose 1	Change since 11 August	Dose 2	Change since 11 August
Health, aged care, or disability workers (inc. frontline) <sup>2</sup>	21,336	923	17,064	783
Carers	3,311	154	2,020	401
People with a disability or underlying medical condition	8,654	361	6,179	637
Quarantine or border workers	430	37	258	37
Close & household contacts of quarantine & border worker	691	46	443	39
Critical and high-risk workers	6,040	279	4,484	408
Aboriginal or Torres Strait Islander persons (aged 12+)	439	42	210	61
Aged 30 years and over	60,849	3,623	36,005	7,285
Pregnant aged 16 and over	358	72	56	55
Exceptions (including for travel)	4,742	150	4,039	140
Other	978	88	16	3
<b>Total<sup>1</sup></b>	<b>107,828</b>	<b>5,775</b>	<b>70,774</b>	<b>9,849</b>

Note:

1. Only one eligibility category is selected per person to determine their priority for vaccination. A person may belong to more than one of the categories. E.g, a frontline health worker may also be an Aboriginal and Torres Strait Islander person but will only be counted in the category selected.
2. The weekly change in vaccinations for health, aged care and disability workers is monitored to demonstrate the level of uptake of the reserved appointments for this group.
3. For three doses that were administered at ACT Government clinics, the first or second dose category was not recorded.

Source: ACT Health Data Repository.

**Table 6. COVID-19 vaccine doses administered in the ACT and proportion of doses to non-ACT residents; ACT Government (ACT Health data) and all vaccination providers, as at 18 August 2021**

	ACT Government administered doses (ACT Health records) <sup>1</sup>	ACT Government administered doses % to non-ACT residents	All providers administered doses (Department of Health) <sup>2</sup>	All providers administered doses % to non-ACT residents <sup>3</sup>
First dose	107,828	10%	238,229	9%
Second dose	70,774	9%	140,019	9%
<b>Total doses</b>	<b>178,605</b>	<b>10%</b>	<b>378,248</b>	<b>9%</b>

Notes:

1. For three doses that were administered at ACT Government clinics, the first or second dose category was not recorded.
2. Department of Health reported vaccine doses and AIR QLIK reported vaccine doses do not align due to such issues as differences in the timing of uploads and extractions.
3. Proportion of doses administered to non-ACT residents by all providers is extracted from the AIR QLIK report for geographic region of doses provided in the ACT.

Source: ACT Health Data Repository, vaccine dashboard. Extract of ACT Government clinic data submitted to the Australian Immunisation Register (AIR). AIR data for all providers vaccinating in the ACT from the AIR, QLIK reports.

## OFFICIAL

## ACT vaccine supply

Table 7. Forecast weekly supply of COVID-19 vaccine doses from the Commonwealth to the ACT (ACT Government and Primary Care), by vaccine brand.

ACT stock on hand, 18 August		Forecast supply						
Week number		26	27	28	29	30	31	32
Week commencing		16-Aug	23-Aug	30-Aug	06-Sep	13-Sep	20-Sep	27-Sep
<b>Forecast supply to ACT Government clinics</b>								
Pfizer doses <sup>1</sup>	19,092	29,370	14,040	14,040	14,040	17,550	17,550	17,550
AstraZeneca doses <sup>2</sup>	1,400	3,400	3,400	3,400	3,400	3,400	3,400	3,400
<b>Total</b>	<b>20,492</b>	<b>32,770</b>	<b>17,440</b>	<b>17,440</b>	<b>17,440</b>	<b>20,950</b>	<b>20,950</b>	<b>20,950</b>
<b>ACT Government clinics ordered supply by week of delivery</b>								
Pfizer doses <sup>1</sup>		15,330	28,080	14,040				
AstraZeneca doses <sup>2</sup>		-	3,400	3,400				
<b>Total</b>		<b>15,330</b>	<b>31,480</b>	<b>17,440</b>				
<b>Forecast supply to primary care</b>								
Pfizer doses		6,060	6,060	6,060	8,700	8,700	8,700	8,700
AstraZeneca doses		38,400	38,400	38,400	35,900	35,900	35,900	35,900
<b>Total</b>		<b>44,460</b>	<b>44,460</b>	<b>44,460</b>	<b>44,600</b>	<b>44,600</b>	<b>44,600</b>	<b>44,600</b>
<b>Total all vaccine (ACT Gov ordered and Primary care forecast)</b>		<b>59,790</b>	<b>75,940</b>	<b>61,900</b>				

## Note:

1. Commonwealth data assumes six doses from every Pfizer vial to calculate utilisation rate. The number of doses achieved per vial is subject to availability of low dead space needles and syringes. The ACT clinics are consistently extracting six doses per vial.
2. The ACT Government has elected to suspend supply of AstraZeneca to utilise existing stock on hand. Additional AstraZeneca supplies have been provided from DFAT. Ordering occurs when required.
3. Under dynamic reallocation principles, vaccines not able to be utilised by Primary Care will be redirected to ACT Government Clinics. An additional 1,290 Pfizer doses were provided in Week 26 under this arrangement.

Source: Stock on hand: ACT Health Data Repository, vaccine dashboard. Extract of data from CHS Merlin inventory system. Forecast supply: ACT Allocation, 16 August, as provided by National COVID Vaccine Taskforce.

## OFFICIAL

## Vaccine administration

Table 8. ACT Government COVID-19 clinics, vaccine doses administered per week by vaccine brand, to 18 August 2021<sup>1</sup>.

Week	Pfizer			AstraZeneca		
	Dose 1	Dose 2	Total doses <sup>2</sup>	Dose 1	Dose 2	Total doses
Cumulative to Week 21	57,909	36,062	93,974	13,026	3,963	16,989
Week 22	8,394	4,832	13,226	324	677	1,001
Week 23	9,264	4,959	14,223	266	861	1,127
Week 24	9,526	5,001	14,527	200	904	1,104
Week 25	6,129	8,077	14,206	153	1,030	1,183
Week 26 (16 to 18 Aug)	2,490	4,019	6,509	147	389	536
<b>Total</b>	<b>93,712</b>	<b>62,950</b>	<b>156,665</b>	<b>14,116</b>	<b>7,824</b>	<b>21,940</b>

Note:

1. This data only includes vaccinations administered by ACT Government. It does not include those administered in the ACT through the Australian Government program.
2. For three doses that were administered at ACT Government clinics, the first or second dose category was not recorded.

Source: ACT Health Data Repository. Extract of data sourced from EPIC.

## ACT vaccine demand

Table 9. ACT Government COVID-19 clinics, number of vaccination bookings made per week by booking method to 18 August 2021<sup>1</sup>.

Week	Online booking	Phone booking	Total bookings
Week 22	7,741	5,918	13,665
Week 23	3,972	4,495	8,467
Week 24	27,167	8,314	35,481
Week 25	9,912	8,326	18,238
Week 26 (16 to 18 August)	4,764	2,345	7,109

Note:

1. This table reports the data for the date a booking is made, not the date of the appointment secured.

Source: ACT Health Data Repository. Extract of data sourced from EPIC.

## OFFICIAL

**Table 10. ACT Government COVID-19 clinics, future vaccine appointments for all doses by week of appointment date, number and proportion of clinic capacity<sup>1</sup>, for weeks 26 (from 16 August) to Week 34.**

Week	Pfizer clinics		AstraZeneca clinics	
	Number	Proportion of capacity <sup>2</sup>	Number	Proportion of capacity <sup>3</sup>
Week 26	8,583	86%	617	97%
Week 27	14,495	83%	1,069	84%
Week 28	14,622	84%	674	53%
Week 29	11,721	67%	436	34%
Week 30	6,671	38%	641	50%
Week 31	6,444	37%	804	63%
Week 32	6,498	37%	443	35%
Week 33	6,454	37%	306	24%
Week 34	6,455	37%	263	21%

**Note:**

1. When a booking for a first dose appointment is made, a second dose appointment is reserved but is not confirmed until the first dose appointment occurs. For Pfizer clinics the reserved second dose appointment is at an interval of 21 days. This is why utilisation of clinic capacity appears to be low three weeks from the current date. In addition, the lower than capacity use of Pfizer clinics is due to the reservation of appointments for people who identify as health care, aged care and disability support workers and people who could not attend their appointment due to quarantine requirements. The policy intent is to be able to give priority appointments within the week. These are currently being filled.
2. Appointments made as a proportion of clinic capacity is calculated using a denominator of the total number of appointments in a week that are available across all clinics providing the vaccine brand. This includes 3,000 appointments per week reserved for health care, aged care, and disability support workers. These are held open for these workers until 72 hours prior to the appointment time.
3. AstraZeneca clinic is the Calvary Hospital vaccination centre (capacity = 1,274 per week). Capacity was reduced at this clinic by closing on Sundays due to declining demand (Week 23). Garran mass vaccination centre (capacity = 9,786 per week); Access and Sensory Clinic (capacity = 108 per week); and Airport precinct (capacity = 4,620).

Source: ACT Health Data Repository, vaccine dashboard. Extract of data sourced from EPIC.

**Table 11. ACT Government COVID-19 clinics, number of future first dose vaccination appointments by age of person booking and vaccine brand as at 19 August 2021.**

Week	Pfizer	AstraZeneca	Total bookings
16 to 19	1,687	0	1,687
20 to 29	4,974	0	4,974
30 to 39	37,244	0	37,244
40 to 49	7,670	0	7,670
50 to 59	4,364	1	4,365
60 to 69	124	450	574
70 to 79	29	112	141
80 and above	31	11	42
<b>Total<sup>3</sup></b>	594	56,103	56,697

Note: ACT Government is no longer taking new bookings for AstraZeneca for people aged 50 to 59.

Source: ACT Health Data Repository. Extract of data sourced from EPIC.

## OFFICIAL

**Table 12. ACT Government COVID-19 Pfizer and AstraZeneca clinics, vaccine appointments cancelled and proportion immediately rebooked by dose number, per week to 18 August 2021.**

Week	Pfizer clinics				AstraZeneca clinic			
	Dose 1 cancel	Dose 1 % rebook	Dose 2 Cancel	Dose 2 % rebook	Dose 1 cancel	Dose 1 % rebook	Dose 2 Cancel	Dose 2 % rebook
Week 22	1,517	66%	1,529	87%	616	56%	302	75%
Week 23	2,161	69%	2,063	89%	220	44%	382	77%
Week 24	2,547	73%	2,337	91%	74	41%	291	77%
Week 25	3,269	74%	4,574	93%	66	44%	624	86%
Week 26 (16-18 Aug)	2,175	78%	4,018	93%	118	31%	291	77%

Source: ACT Health Data Repository. Extract of data sourced from EPIC.

**Table 13. ACT Government COVID-19 Pfizer and AstraZeneca clinics, vaccine appointments not attended, number and as a proportion of booked appointments, per week to 18 August 2021.**

Week	Pfizer clinics				AstraZeneca clinic			
	Dose 1 no show	Dose 1 % bookings no show	Dose 2 No show	Dose 2 % bookings no show	Dose 1 no show	Dose 1 % bookings no show	Dose 2 No show	Dose 2 % bookings no show
Week 22	68	1%	55	1%	11	4%	22	4%
Week 23	107	1%	52	1%	7	3%	24	2%
Week 24	116	1%	25	1%	4	3%	16	2%
Week 25	94	2%	91	1%	8	7%	30	3%
Week 26 (16-18 Aug)	89	3%	85	2%	3	2%	12	3%

Source: ACT Health Data Repository. Extract of data sourced from EPIC.

## Vaccine booking line activity and performance

**Table 14. Calls to ACT Government COVID-19 vaccine booking line, 12 August to 18 August 2021.**

Date	Incoming calls	Calls dealt with, booking team <sup>1</sup>	Call backs dealt with	Calls dealt with, DSS	Calls dealt with, Access clinic	Average queue time <sup>2</sup>	Maximum queue time
Thu 12 August	3,035	268	1,256	512	81	0:14:54	6:21:23
Fri 13 August	3,582	144	1,602	757	109	0:17:51	5:54:43
Sat 14 August	1,924	720	587	250	69	0:12:27	4:50:13
Sun 15 August	1,440	732	301	233	46	0:08:19	4:35:23
Mon 16 August	3,559	131	1,458	579	117	0:14:08	6:12:43
Tue 17 August	3,857	319	2,037	690	153	0:16:43	5:50:35
Wed 18 August	4,294	485	542	767	204	0:16:55	4:07:27

Note:

1. Call backs dealt with are recorded against the date of request for call back. Requests made on Wednesday 18 August and dealt with the following day will not be included in this report.
2. Incoming call average queue time is the total queue time for all calls (whether answered, hanging up, or opting for another call option) divided by the total number of incoming calls.

Source: ICT telephone record system



## OFFICIAL

**Limitations on data**

- The Australian Government Department of Health have commenced publication of state and territory age and sex specific vaccination rates. These reports vary from figures provided by the Australian Immunisation Register QLIK reports with the same date stamp (accessible to State and Territory officials) and used for ACT population reporting in this brief. Variance may be attributed to different times of extraction from the AIR data repository (affecting the numerator) and possibly different methods of determining residential address (based on Medicare address matching). The Department of Health has not provided information on the differences between the AIR QLIK reports (also managed by Department of Health) and the new reports currently being published. Negligible differences occur due to the differences in population base used in this report (ACT Government Treasury projections for June 2021) compared to the Australian Government Department of Health (ABS Estimated Resident Population for June 2020). See Table A1.

**Table A1. ACT eligible population; ACT Treasury projections and ABS Estimated Resident Population, June 2020**

<b>Age group</b>	<b>ACT Treasury population projections for June 2021</b>	<b>ERP June 2020 (ABS)</b>
16 to 19	19,255	19,251
20 to 29	66,561	66,598
30 to 39	71,028	71,044
40 to 49	59,208	59,234
50 to 59	49,234	49,289
60 to 69	38,547	38,622
70 to 79	26,346	26,395
80 +	13,567	13,580
<b>Total</b>	<b>343,746</b>	<b>344,013</b>

- Figures on vaccine supply, inventory and doses administered are not able to be reconciled. This is due to a range of factors including late delivery of vaccine, notified changes in delivery, the number of doses that can be drawn from Pfizer vials, and some anticipated vaccine wastage due to human error in the complex handling of the Pfizer vaccine and multi-use vials.
- Data discrepancies between the Australian Immunisation Register (AIR) and the ACT Health Data Repository are being monitored with the view to minimising or eliminating differences between the two data sources. On Wednesday 18 August 2021 there was a 0.03% difference between the two data sources for total vaccinations administered.



## ACT Health Directorate

<b>To:</b>	Minister for Health	Tracking No.: GBC21/491
<b>From:</b>	Meg Brighton, Deputy Director-General	
<b>CC:</b>	Andrew Barr MLA, Chief Minister Rebecca Cross, Director-General	
<b>Subject:</b>	Regulatory amendment to support an increase in the COVID-19 vaccination workforce.	
<b>Critical Date:</b>	18/08/2021	
<b>Critical Reason:</b>	To ensure adequate workforce for COVID-19 vaccinations at public clinics.	

• DG *ind/ind*

## Recommendations

That you:

1. Agree to the draft amendment regulation at Attachment A;  
**Agreed** / Not Agreed / Please Discuss
2. Co-sign the amendment regulation at Attachment A with the Chief Minister; and  
**Signed** / Not Signed / Please Discuss
3. Note the explanatory statement for the disallowable instrument at Attachment B.  
**Noted** / Please Discuss

Rachel Stephen-Smith MLA

17/8/21

Minister's Office Feedback

## Background

1. The MPTG Regulation provides the detail for the regulatory framework established under the *Medicines, Poisons and Therapeutic Goods Act 2008*. This framework authorises certain health professionals to deal with medicines.
2. Under the MPTG Regulation doctors, intern doctors, nurse practitioners, registered nurses, midwives, pharmacists, intern pharmacists, ambulance officers and medical radiation practitioners are authorised to administer a COVID-19 vaccine.
3. The Medicines, Poisons and Therapeutic Goods (Nurse and Midwife Immuniser) Direction 2020 (No 1) and the Medicines, Poisons and Therapeutic Goods (Vaccinations by Pharmacists) Direction 2021 (No 1) authorise pharmacists, nurses and midwives to administer specified vaccines without a prescription or standing order.
4. Due to increased demand for COVID-19 vaccinations, several Australian jurisdictions have substantially increased the scope of their vaccination workforce, including New South Wales (NSW), Victoria (VIC) and Queensland (QLD).

## Issues

5. ACTHD is working with partners to expand rapidly the ACT's vaccinating work force to administer COVID-19 vaccines in public clinics. Consideration is being given to authorise students and regulated health practitioners to deal with COVID vaccines under supervision.
6. ACTHD recommends the MPTG Regulation be amended to establish a mechanism for the Chief Health Officer (CHO) to approve a person to deal with COVID-19 vaccines.
7. The Parliamentary Counsel's Office has prepared the draft Medicines, Poisons and Therapeutic Goods Amendment Regulation 2021 (No. 1) (Amendment Regulation) at Attachment A.
8. The draft Amendment Regulation enables the Chief Health Officer (CHO) to approve a person to deal with a COVID-19 vaccine by notifiable instrument, subject to any conditions that the CHO considers appropriate.
9. The proposed Amendment Regulation is time limited and will expire at the end of a 12-month period during which no COVID-19 emergency has been in force.
10. In order for the Executive to approve and give effect to the Amendment Regulation, the draft Amendment Regulation at Attachment A needs to be signed by you and the Chief Minister.
11. An explanatory statement for this Amendment Regulation is at Attachment B.

## OFFICIAL

12. ACTHD is prioritising authorisations for enrolled nurses, student nurses and student midwives at this stage, with a view to considering authorisations for medical and other students and health practitioners separately.
13. On 13 August 2021, ACTHD commenced consultation with the nursing sector on a draft CHO Approval instrument that will authorise enrolled nurses, student nurses and midwives to administer COVID-19 vaccines, which will be provided to the CHO subject to your agreement to the Amendment Regulation.
14. Employment conditions, classifications and models for supervised practice are being considered in parallel to authorisations under the MPTG Act. ACTHD is working with Chief Minister, Treasury and Economic Development Directorate (CMTEDD) and Canberra Health Services (CHS) to establish a new classification under the Nursing and Midwifery Enterprise Agreement to support student employment for this purpose.
15. For this reason, amendments to the MPTG Regulation and the instrument will be guided by a systems approach to ensure the two effectively meet strategic, policy and operational needs.

**Financial Implications**

16. This amendment will have no direct impacts on ACTHD.
17. Employment of additional health practitioners and students will be investigated through CHS, People and Culture.

**Consultation**Internal

18. The Health Protection Service (HPS) and COVID-19 Vaccine Operations team have worked collaboratively on this proposal.
19. The Chief Allied Health Officer, Chief Nursing and Midwifery Officer and Chief Medical Officer have provided input on the proposed Amendment Regulation.
20. HPS is working closely with the Chief Nursing and Midwifery Officer regarding nursing and midwifery student authorisations and employment conditions.

Cross Directorate

21. The Director of Nursing, COVID Vaccination and Testing Services within CHS has provided input on the proposed Amendment Regulation.
22. ACTHD is liaising with a range of Executive stakeholders in CHS regarding details of student authorisations and employment conditions.
23. The Deputy Director-General, Workforce Capability and Governance, CMTEDD is leading assistance to ACTHD to establish a new nursing employment classification.

## OFFICIAL

24. The Parliamentary Counsel's Office has provided assistance to develop the Amendment Regulation and subordinate CHO Approval instrument.

External

25. External stakeholders have not been consulted on the Amendment Regulation.
26. The ACTHD is consulting with the Australian Nursing and Midwifery Federation (ANMF), Australian National University, the University of Canberra, the Australian Catholic University, Australian College of Nurses and Australian College of Midwives on the draft CHO Approval instrument.

**Work Health and Safety**

27. Not applicable.

**Benefits/Sensitivities**

28. There is significant public health benefit to increasing the workforce capable to administering COVID-19 vaccinations. This will ensure the ACT can vaccinate its population within a timely manner and keep up with the ACT Vaccine Allocation Horizons.
29. Matters relating to remuneration and employment conditions are being considered with the ANMF and other partners in parallel to the amendment regulation and authorising instrument, taking a systems-based approach.
30. The Australian Medical Association has raised informal concerns to ACTHD that medical student authorisations are not being prioritised alongside nursing and midwifery student authorisations. ACTHD will progress medical and other student authorisations as a second priority in parallel to nursing and midwifery student authorisations.

**Communications, media and engagement implications**

31. Student vaccine authorisations has attracted media attention including a Canberra Times article on 19 July 2021.

Signatory Name: Meg Brighton, Deputy Director-  
General, Health Systems Policy and  
Research

Phone: 5124 9786

..... /.../....

Action Officer: Victor Martin, Executive Branch  
Manager Health Protection Service

Phone: 5124 9262

OFFICIAL

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Medicines, Poisons and Therapeutic Goods Amendment Regulation 2021 (No 1)
Attachment B	Explanatory statement

## Medicines, Poisons and Therapeutic Goods Amendment Regulation 2021 (No )

Subordinate Law SL2021-

---

The Australian Capital Territory Executive makes the following regulation under  
the *Medicines, Poisons and Therapeutic Goods Act 2008*.

Dated 17 AUGUST 2021.



Chief Minister



Minister

# Medicines, Poisons and Therapeutic Goods Amendment Regulation 2021 (No )

Subordinate Law SL2021-

made under the

Medicines, Poisons and Therapeutic Goods Act 2008

---

1	Name of regulation
---	--------------------

This regulation is the *Medicines, Poisons and Therapeutic Goods Amendment Regulation 2021 (No )*.



## 2 Commencement

This regulation commences on the day after its notification day.

*Note* The naming and commencement provisions automatically commence on the notification day (see Legislation Act, s 75 (1)).

## 3 Legislation amended

This regulation amends the *Medicines, Poisons and Therapeutic Goods Regulation 2008*.

## 4 New part 9.7

*insert*

### Part 9.7 Authorisations for dealing with COVID-19 vaccines

#### 491 Authorisation for dealing with COVID-19 vaccine during public health emergency—Act, s 20 (1) (c)

- (1) A person is authorised to deal with a COVID-19 vaccine if—
  - (a) the person is approved under this section to deal with a COVID-19 vaccine; and
  - (b) the dealing is consistent with any condition mentioned in the approval for the dealing of a COVID-19 vaccine; and
  - (c) for the supply of a COVID-19 vaccine to another person—the other person is authorised to possess a COVID-19 vaccine.
- (2) The chief health officer may approve a person to deal with a COVID-19 vaccine—
  - (a) if the chief health officer is satisfied that the person is suitable to deal with a COVID-19 vaccine; and

- (b) subject to any conditions the chief health officer considers appropriate.

**Examples—par (a)**

- health practitioner not already authorised under sch 1
- non-registered health practitioner
- student of a health profession
- Australian Defence Force medical technician

*Note* Power to make an approval includes power to make different provision in relation to different matters or different classes of matters and to make an approval that applies differently by reference to stated exceptions or factors (see Legislation Act, s 48).

- (3) An approval is a notifiable instrument.
- (4) Nothing in this section affects an authorisation of a person otherwise under the Act to deal with a COVID-19 vaccine.
- (5) In this section:

**COVID-19** means the coronavirus disease 2019 (COVID-19) caused by the novel coronavirus SARS-CoV-2.

**COVID-19 emergency** means—

- (a) a state of emergency declared under the *Emergencies Act 2004*, section 156 because of COVID-19; or
- (b) an emergency declared under the *Public Health Act 1997*, section 119 (including any extension or further extension) because of COVID-19.

**COVID-19 vaccine** means SARS-COV-2 (COVID-19) vaccine listed in the medicines and poisons standard, schedule 4.

**deal**, with a COVID-19 vaccine, means—

- (a) administer a COVID-19 vaccine; or
- (b) obtain a COVID-19 vaccine; or

Section 4

---

- (c) possess a COVID-19 vaccine; or
- (d) supply a COVID-19 vaccine.

**492 Expiry—pt 9.7**

- (1) This part expires at the end of a 12-month period during which no COVID-19 emergency has been in force.
- (2) In this section:  
*COVID-19 emergency*—see section 491 (5).

---

**Endnotes****1 Notification**

Notified under the Legislation Act on 2021.

**2 Republications of amended laws**

For the latest republication of amended laws, see [www.legislation.act.gov.au](http://www.legislation.act.gov.au).

---

© Australian Capital Territory 2021

Australian Capital Territory

# Medicines, Poisons and Therapeutic Goods Amendment Regulation 2021 (No )

Subordinate law SL2021-

made under the

*Medicines, Poisons and Therapeutic Goods Act 2008*, Section 184 (Regulation-making power)

## EXPLANATORY STATEMENT

---

The objective of the *Medicines, Poisons and Therapeutic Goods Act 2008* (MPTG Act) is to promote and protect public health and safety by minimising medicinal misadventure with, and diversion of, regulated substances, and the manufacture of regulated substances that are subject to abuse.

The Medicines, Poisons and Therapeutic Goods Regulation 2008 (MPTG Regulation) provides the detail for the regulatory framework established by the MPTG Act. With reference to medicine and poisons categorised by the Poisons Standard, the MPTG Regulation sets out which health professionals are able to prescribe, administer and dispense a medicine, and conditions relating to such dealings. Some provisions of the MPTG Regulation also prescribe additional information required for licences or authorisations.

Part 9.7 of the MPTG Regulation outlines the authorisations for dealing with COVID-19 vaccines. Section 491 of the MPTG Regulation enables the Chief Health Officer (CHO) to approve a person to deal with a COVID-19 vaccine and make that approval, subject to any conditions that the CHO considers appropriate. This section stipulates that a CHO approval is a notifiable instrument.

Under Part 9.7, a dealing with a COVID-19 vaccine is defined to mean administer, obtain, possess, or supply a COVID-19 vaccine.

Part 9.7 will expire twelve months after the end of the declared COVID-19 emergency in the ACT. This new Part is intended to be a temporary measure to support vaccination efforts at public clinics during the COVID-19 emergency and for twelve months following this period.

This instrument does not affect any other authorisation of a person under the MPTG Act to deal with a COVID-19 vaccine. Part 9.7 of the MPTG Regulation has been inserted so as to not interfere with persons under an existing authorisation,

including doctors, registered nurses, registered midwives and pharmacists who may administer a COVID-19 vaccine.

The intent of this amendment regulation is to support expansion of the COVID-19 vaccinating workforce at ACT Government operated vaccination clinics, to ensure the ACT has sufficient authorised immunisers to meet the forecast increase in supply and demand for COVID-19 vaccines and meet vaccination targets set out by the Australian Government *Vaccination Allocation Horizons*.



OFFICIAL

MINISTERIAL BRIEF

## ACT Health Directorate

To: Minister for Health

Tracking No.: MIN21/1480

CC: Rebecca Cross, Director General

From: Peter O'Halloran, Chief Information Officer, ACT Health Directorate

Subject: Canberra Club using Third Party Providers to fulfill Check in Requirements

Critical Date: 20/08/2021

Critical Reason: It is proposed that ACT Health will write to the affected Club by the end of the month, pending the conclusion of the current lockdown.

## Recommendations

That you note the information contained in this brief.

Noted / Please Discuss

Rachel Stephen-Smith MLA

23/8/21

Minister's Office Feedback

## OFFICIAL

**Background**

1. ACT Health Directorate (ACTHD) has become aware that a licensed club in the ACT, Schedule 2.2(a)(xi) Business affairs (the Club) is using a third party vendor to automatically check patrons in to the Check In CBR App (the app) through their Club membership card.
2. Club members swipe their membership card using the club member system and the relevant data is then pushed to the third-party app solution which automatically inputs the data fields into the Check in CBR App.
3. ACTHD became aware of this practice through compliance checks at the venue followed by an enquiry made by another club about implementing a similar system.
4. Under the Public Health (Restricted Activities – Gatherings, Business and Undertakings) Emergency Direction 2021 (No 4), licenced clubs are considered a restricted business.
5. The Public Health (Check In Requirements) Emergency Direction 2021 (No 2) (the Direction) requires that restricted businesses, retail settings, public transport services and events register to use the Check In CBR app and display a QR code for people to record their attendance at the premises. Businesses must take reasonable steps to ensure all people aged 16 years or older who are entering the premises record their attendance using the Check In CBR app, regardless of the length of time they are planning to stay.
6. The ACT Human Rights Commission and the ACT Information Privacy Commissioner have raised concerns about the privacy and protection of personal information collected through checking in.
7. The COVID-19 Emergency Response (Check-in Information) Amendment Bill 2021 (the Bill) was introduced into the Legislative Assembly on 4 August 2021. The Bill includes a proposed offence to prevent the use of third party apps or systems from being used for checking in and will enshrine in primary legislation that personal data collected through Check In CBR is collected and securely stored by ACT Health and deleted after 28 days.

**Issues**

8. ACTHD recently sought advice from the Government Solicitor's Office (GSO) in relation to whether the Club's third party arrangement constitutes a breach of the Direction. GSO has advised that the arrangement is not compliant and has provided guidance around engaging with the Club about the practice.
9. The third party app arrangement used by the Club is problematic for a number of potential reasons including privacy, security of data and information and non-compliance with the Direction:
  - a. Data storage – ACT Health does not have visibility of how the data is being used, stored or deleted by the third-party provider. The third-party app may



## OFFICIAL

be collecting data for other purposes, including storing the data longer than the 28-day data retention rule;

- b. Systems – Lack of alignment between the Check in CBR App and the third-party solution, which could see a break in the information exchange as software updates occur to the Check in CBR app;
  - c. Reputational – Possible reputational damage to the ACT Government, noting the promotion of the Check in CBR app is not integrated with third-parties nor permitted under the Direction.
  - d. Breach of privacy – ACT Health is concerned that the collection of personal information through the third party app into the Check in CBR App may be occurring without the consent of patrons who are checking in to the Club.
  - e. Security – ACT Health cannot assure that the personal information being used by the third party to send to the Check In CBR app is encrypted, secure or being stored within Australia.
10. The introduction of the Bill will put beyond any doubt that third party providers are not permitted to be used for check in purposes.
11. ACTHD, led by the Health Protection Service (HPS) and the Chief Information Officer (CIO), will engage with the Club to advise of the recent introduction of the Bill, the concerns held by ACTHD in relation to the use of third parties, and suggestions for implementing new processes to assist with the check in requirements. It is envisaged that correspondence will be sent to the Club by the end of the month, pending the conclusion of the current lockdown, offering to meet to discuss the requirements and any concerns that might arise for the Club.

### **Financial Implications**

12. Not applicable.

### **Consultation**

#### Internal and Cross Directorate

13. There has been ongoing consultation between the Office of the Chief Health Officer, HPS, ACT Health's Digital Solutions Division, Access Canberra and the Public Information Coordination Centre with regard to this matter and potential actions to be taken.

#### External

14. ACT Health sought advice from the ACT Government Solicitor's Office in relation to this arrangement.

### **Work Health and Safety**

15. Not applicable.

## OFFICIAL

**Benefits/Sensitivities**

16. The concerns relating to the use of third parties are outlined under Issues above.
17. It is envisaged that the Club will raise concerns about the need to cease any arrangements in place with the third party provider, noting that it is likely that they have invested financially. It is unfortunate that the proposal was not first raised with ACT Health or any of the compliance agencies which engage with the Club on a regular basis prior to implementation.
18. It is envisaged that engagement with the Club, HPS and the CIO will assist to mitigate any concerns.
19. The Club will have a 30 day grace period, should the Bill be passed by the ACT Legislative Assembly in order to cease operating through a third party for Check in arrangements.

**Communications, media and engagement implications**

20. ACT Health, in consultation with the PICC, will respond to any queries raised from media.

Signatory Name: Peter O'Halloran/Kerryn Coleman Phone: 49442



ACT Health Directorate

**To:** Chief Minister  
Minister for Health

**Tracking No.:** MIN21/1559

---

**CC:** Leesa Croke, Coordinator-General, COVID-19 (Non-health) Response

---

**From:** Rebecca Cross, Director-General

---

**Subject:** Dedicated COVID-19 quarantine facilities in the ACT

---

**Critical Date:** 24/08/2021

---

**Critical Reason:** To ensure you are informed of updated quarantine facility arrangements with the ANU.

---

Recommendation

That you note the information contained in this brief.

**Noted / Please Discuss**

Andrew Barr MLA ..... *Andrew Barr* 25/8/21

Minister's Office Feedback

That you note the information contained in this brief.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA ..... /...../.....

Minister's Office Feedback

**Background****Schedule 1.6 Cabinet information**

2. ACTHD and ACT Policing conducted a site visit of ANU's Liversidge Court Apartments on the ANU campus, and the apartments were assessed as operationally sound and meet ACTHD's minimum standards for quarantine i.e., self-contained cooking and laundry facilities, balconies or access to fresh air, etc.
3. On 21 July 2021, ACTHD and ANU entered into an initial short term agreement for the use of Liversidge Court Apartments as a dedicated quarantine facility for arriving VIP flights, diplomats and government officials and international travellers required to quarantine.
4. Chief Minister, Treasury and Economic Development Directorate (CMTEDD) and the Department of Home Affairs have also commenced negotiations to develop a Memorandum of Understanding (MoU) to support longer term contractual arrangements between ACTHD and the ANU.

**Issues**

5. On 12 August 2021, following advice from the ACT Chief Health Officer (CHO), the Chief Minister announced that the ACT would enter a seven-day lockdown following the notification of a COVID-19 positive case with an unknown source of infection in the community. The ACT lockdown was then extended for a further two weeks, until 2 September 2021.
6. As reported on 24 August 2021, to 8pm on 23 August 2021, there are 167 active cases of COVID-19 in the ACT.
7. As at 2pm on 24 August 2021, there are 12 people residing at Liversidge Court because they are either positive COVID cases (10 people) or close contacts (2 people). Given the current COVID-19 outbreak in the ACT, and the need for a dedicated quarantine facility, CMTEDD and ACTHD have been working with the ANU to secure additional rooms for quarantine purposes.

8. The ANU provided [REDACTED] self-contained apartments for the initial period of 12 August 2021 to 23 August 2021. The breakdown is as follows:
  - a. Schedule 2.2(a)(xi) Business affairs [REDACTED]
  - b. Schedule 2.2(a)(xi) Business affairs [REDACTED]
  - c. Schedule 2.2(a)(xi) Business affairs [REDACTED]
  
9. Following further discussions between CMTEDD, ACTHD and the ANU, the ANU has confirmed that it can provide a total of [REDACTED] self-contained apartments across Liversidge Court and Judith Wright Court from 23 August 2021 to 18 October 2021 (56 nights), as well as the 'blue cottage' for the forward command room for ACTHD Operations and ACT Police. The breakdown is as follows:
  - a. Schedule 2.2(a)(xi) Business affairs [REDACTED]
  - b. Schedule 2.2(a)(xi) Business affairs [REDACTED]
  - c. Schedule 2.2(a)(xi) Business affairs [REDACTED]
  - d. Schedule 2.2(a)(xi) Business affairs [REDACTED]
  
10. The daily rates are based on single occupancy. The ANU has advised that should rooms accommodate more than one individual, an additional charge of [REDACTED] per person per 15 night occupancy will apply.
  
11. [REDACTED] apartments [REDACTED] will be unavailable for an estimated 5 nights of the 56 night period, to enable necessary sewer works.
  
12. The ACT Chief Health Officer has provided agreement to the arrangements with the ANU to secure the additional rooms for the two-month period.
  
13. The ANU, the Coordinator-General, COVID-19 (Non-Health) Response and the Director-General ACTHD, will formalise the agreement via an exchange of letters. Minor adjustments to the agreement and costs may be required should the public health response to the current COVID-19 outbreak require it.
  
14. The Department of Home Affairs has been advised of the ACT-ANU arrangement for the period to 18 October 2021. During this period, the ANU Liversidge Apartments will not be available for returning government officials. Home Affairs has undertaken to communicate this across Commonwealth departments so that any planned travel dates and arrangements can be considered within that context.

### Financial Implications

15. The total cost is \$487,765. This includes the [REDACTED] apartments for the period between 12 August 2021 to 23 August 2021, the [REDACTED] apartments and the forward command centre for the period between 23 August 2021 and 18 October 2021, and the ANU mobilisation fee [REDACTED].
  
16. The total cost has been adjusted to reflect the unavailability of [REDACTED] apartments for 5 nights to enable necessary sewer works.

## OFFICIAL

17. The average cost per night per room is around [REDACTED] under the agreement with the ANU. By comparison, Pacific Suites was around [REDACTED] per night per room for the six-month option quoted earlier this year.

**Consultation**Internal

18. The ACT CHO has provided support for these further arrangements with the ANU.

Cross Directorate

19. ACTHD, CMTEDD and the Coordinator-General, COVID-19 (Non-Health) Response, have been liaising with the ANU on these arrangements.

External

20. As above.

**Work Health and Safety**

21. ACTHD and the ANU have established and agreed roles, responsibilities and health, safety and security protocols and plans to support these arrangements.

**Benefits/Sensitivities**

22. Negotiations for a longer term arrangement at Liversidge Apartments, largely for quarantining returning Commonwealth government officials will continue, however, the timing of an MoU between CMTEDD and the Department of Home Affairs, and a further agreement between ACTHD and the ANU, will need to be considered in the context of the current ACT public health response and requirements to manage the current outbreak.

**Communications, media and engagement implications**

23. All communications and media engagement arrangements relating to COVID-19 are being handled through the Public Information Coordination Centre (PICC).

Signatory Name:	Rebecca Cross Director-General	Phone:	5124 9400
	24 August 2021		
Action Officer:	Sallyanne Pini A/g Executive Branch Manager	Phone:	6205 4689



**ACT Health Directorate**

**To:** Chief Minister  
Minister for Health

Tracking No.: MIN21/1559

**CC:** Leesa Croke, Coordinator-General, COVID-19 (Non-health) Response

**From:** Rebecca Cross, Director-General

**Subject:** Dedicated COVID-19 quarantine facilities in the ACT

**Critical Date:** 24/08/2021

**Critical Reason:** To ensure you are informed of updated quarantine facility arrangements with the ANU.

**Recommendation**

That you note the information contained in this brief.


**Noted / Please Discuss**

Andrew Barr MLA ...../...../.....

Minister's Office Feedback

That you note the information contained in this brief.

**Noted / Please Discuss**

Rachel Stephen-Smith MLA .....  ..... 25/8/21

Minister's Office Feedback

**Background**

## Schedule 1.6 Cabinet information

2. ACTHD and ACT Policing conducted a site visit of ANU's Liversidge Court Apartments on the ANU campus, and the apartments were assessed as operationally sound and meet ACTHD's minimum standards for quarantine i.e., self-contained cooking and laundry facilities, balconies or access to fresh air, etc.
3. On 21 July 2021, ACTHD and ANU entered into an initial short term agreement for the use of Liversidge Court Apartments as a dedicated quarantine facility for arriving VIP flights, diplomats and government officials and international travellers required to quarantine.
4. Chief Minister, Treasury and Economic Development Directorate (CMTEDD) and the Department of Home Affairs have also commenced negotiations to develop a Memorandum of Understanding (MoU) to support longer term contractual arrangements between ACTHD and the ANU.

**Issues**

5. On 12 August 2021, following advice from the ACT Chief Health Officer (CHO), the Chief Minister announced that the ACT would enter a seven-day lockdown following the notification of a COVID-19 positive case with an unknown source of infection in the community. The ACT lockdown was then extended for a further two weeks, until 2 September 2021.
6. As reported on 24 August 2021, to 8pm on 23 August 2021, there are 167 active cases of COVID-19 in the ACT.
7. As at 2pm on 24 August 2021, there are 12 people residing at Liversidge Court because they are either positive COVID cases (10 people) or close contacts (2 people). Given the current COVID-19 outbreak in the ACT, and the need for a dedicated quarantine facility, CMTEDD and ACTHD have been working with the ANU to secure additional rooms for quarantine purposes.



## OFFICIAL

8. The ANU provided [REDACTED] self-contained apartments for the initial period of 12 August 2021 to 23 August 2021. The breakdown is as follows:
  - a. Schedule 2.2(a)(xi) Business affairs [REDACTED]
  - b. Schedule 2.2(a)(xi) Business affairs [REDACTED]
  - c. Schedule 2.2(a)(xi) Business affairs [REDACTED]
  
9. Following further discussions between CMTEDD, ACTHD and the ANU, the ANU has confirmed that it can provide a total of [REDACTED] self-contained apartments across Liversidge Court and Judith Wright Court from 23 August 2021 to 18 October 2021 (56 nights), as well as the 'blue cottage' for the forward command room for ACTHD Operations and ACT Police. The breakdown is as follows:
  - a. Schedule 2.2(a)(xi) Business affairs [REDACTED]
  - b. Schedule 2.2(a)(xi) Business affairs [REDACTED]
  - c. Schedule 2.2(a)(xi) Business affairs [REDACTED]
  - d. Schedule 2.2(a)(xi) Business affairs [REDACTED]
  
10. The daily rates are based on single occupancy. The ANU has advised that should rooms accommodate more than one individual, an additional charge of [REDACTED] per person per 15 night occupancy will apply.
  
11. [REDACTED] apartments [REDACTED] Schedule 2.2(a)(xi) Business affairs [REDACTED] will be unavailable for an estimated 5 nights of the 56 night period, to enable necessary sewer works.
  
12. The ACT Chief Health Officer has provided agreement to the arrangements with the ANU to secure the additional rooms for the two-month period.
  
13. The ANU, the Coordinator-General, COVID-19 (Non-Health) Response and the Director-General ACTHD, will formalise the agreement via an exchange of letters. Minor adjustments to the agreement and costs may be required should the public health response to the current COVID-19 outbreak require it.
  
14. The Department of Home Affairs has been advised of the ACT-ANU arrangement for the period to 18 October 2021. During this period, the ANU Liversidge Apartments will not be available for returning government officials. Home Affairs has undertaken to communicate this across Commonwealth departments so that any planned travel dates and arrangements can be considered within that context.

### Financial Implications

15. The total cost is \$487,765. This includes the [REDACTED] apartments for the period between 12 August 2021 to 23 August 2021, the [REDACTED] apartments and the forward command centre for the period between 23 August 2021 and 18 October 2021, and the ANU mobilisation fee [REDACTED]
  
16. The total cost has been adjusted to reflect the unavailability of [REDACTED] apartments for 5 nights to enable necessary sewer works.



**ACT Health Directorate**

<b>To:</b>	Minister for Health Chief Minister Minister for Education and Youth Affairs	Tracking No.: MIN21/1576
<b>Date:</b>	24/08/2021	
<b>CC:</b>	Rebecca Cross, Director-General, Health Directorate Katy Haire, Director-General, Education Directorate Dave Pepper, Chief Executive Officer, Canberra Health Services Leesa Croke, Coordinator General (non-health) COVID-19	
<b>From:</b>	Kerryn Coleman, ACT Chief Health Officer	
<b>Subject:</b>	COVID-19 Vaccination Program: children young people rollout planning	
<b>Critical Date:</b>	25/08/2021	
<b>Critical Reason:</b>	National Cabinet has sought advice from States and Territories regarding plans to expand COVID-19 Vaccination to children and young people (12+) at the next meeting of 27 August 2021	

- DDG, Health Directorate
- DDG, Education Directorate

**Recommendations**

That you:

1. note the ongoing cross-Directorate planning to expand the COVID-19 Vaccination Program to children and young people aged 12 and over (subject to ATAGI advice)

**Noted / Please Discuss**

2. note the range of issues under consideration for program rollout to children and young people, and the paramount considerations of a safe, effective and equitable rollout

**Noted / Please Discuss**

3. agree in-principle, to the high-level plan for program rollout to children and young people with an initial focus on attendance at mass vaccination hubs (including exploration of transport options) and primary care, followed by consideration of community-based or regional hub delivery, and ongoing planning for a school-based program in 2022.

**Agree in-principle / Disagree / Please Discuss**

4. note that a Canberra Health Services vaccination program for children and young people in Bimberi Youth Justice Centre will commence in the coming week (in collaboration with the Community Services Directorate), and consideration of an appropriate approach for the five specialist schools is progressing.

**Noted / Please Discuss**

5. agree to open COVID-19 vaccination program eligibility to all Year 12 students (and associated teachers and volunteers), and to prioritise appointments to facilitate the safest possible delivery of the ACT scaling test (AST) in October 2021

**Agree / Disagree / Please Discuss**

6. agree that the Ministers for Health and Education and Youth Affairs finalise the ACT plan for vaccinating children over 12-years.

**Agree / Disagree / Please Discuss**

Rachel Stephen-Smith MLA ...../...../.....

Minister's Office Feedback
----------------------------

That you:

1. note the ongoing cross-Directorate planning to expand the COVID-19 Vaccination Program to children and young people aged 12 and over (subject to ATAGI advice)

**Noted / Please Discuss**

2. note the range of issues under consideration for program rollout to children and young people, and the paramount considerations of a safe, effective and equitable rollout

**Noted / Please Discuss**

- note, the high-level plan for program rollout to children and young people with an initial focus on attendance at mass vaccination hubs (including exploration of transport options) and primary care, followed by consideration of community-based or regional hub delivery, and ongoing planning for a school-based program in 2022.

**Noted / Please Discuss**

- note that a Canberra Health Services vaccination program for children and young people in Bimberi Youth Justice Centre will commence in the coming week (in collaboration with the Community Services Directorate), and consideration of an appropriate approach for the five specialist schools is progressing.

**Noted / Please Discuss**

- note the recommendation to the Minister for Health and Minister for Education and Youth Affairs to open COVID-19 vaccination program eligibility to all Year 12 students (and associated teachers and volunteers), and to prioritise appointments to facilitate the safest possible delivery of the ACT scaling test (AST) in October 2021

**Noted / Please Discuss**

- agree that the Ministers for Health and Education and Youth Affairs finalise the ACT plan for vaccinating children over 12-years.

**Agree / Disagree / Please Discuss**

Andrew Barr MLA .....  ..... 26./8./21.

Minister's Office Feedback

That you:

- note the ongoing cross-Directorate planning to expand the COVID-19 Vaccination Program to children and young people aged 12 and over (subject to ATAGI advice)

**Noted / Please Discuss**

2. note the range of issues under consideration for program rollout to children and young people, and the paramount considerations of a safe, effective and equitable rollout

**Noted / Please Discuss**

3. agree in-principle, to the high-level plan for program rollout to children and young people with an initial focus on attendance at mass vaccination hubs (including exploration of transport options) and primary care, followed by consideration of community-based or regional hub delivery, and ongoing planning for a school-based program in 2022.

**Agree in-principle / Disagree / Please Discuss**

4. note that a Canberra Health Services vaccination program for children and young people in Bimberi Youth Justice Centre will commence in the coming week (in collaboration with the Community Services Directorate), and consideration of an appropriate approach for the five specialist schools is progressing.

**Noted / Please Discuss**

5. agree to open COVID-19 vaccination program eligibility to all Year 12 students (and associated teachers and volunteers), and to prioritise appointments to facilitate the safest possible delivery of the ACT scaling test (AST) in October 2021

**Agree / Disagree / Please Discuss**

6. agree that the Ministers for Health and Education and Youth Affairs finalise the ACT plan for vaccinating children over 12-years.

**Agree / Disagree / Please Discuss**

Yvette Berry MLA ...../...../.....

Minister's Office Feedback
----------------------------

**Background**

1. The Health Directorate, Canberra Health Services (CHS) and the Education Directorate have been working collaboratively, through the cross-Directorate COVID-19 Vaccination Program Operations Working Group, to plan program rollout to children and young people in the ACT. Consistent with other jurisdictions, initial planning was focussed around expanding vaccine eligibility to children and young people later this year, followed by a

rollout into high-schools and colleges to cover any unvaccinated students, commencing in early 2022. This could also involve integration into the existing school-based vaccination program in future years.

2. A number of factors have accelerated the need for program rollout to children and young people this year. These include:
  - a. the Prime Minister's announcement on 19 August that all Australians aged 12 and over will be vaccinated by Christmas (supported by ACT, subject to vaccine supply), high level consideration of a youth vaccination program at National Cabinet on 20 August, further consideration scheduled on Friday 27 August, and officer-level advice indicating program commencement as early as 21 September
  - b. the bringing forward of anticipated Australian Technical Advisory Group on Immunisation (ATAGI) advice (from a 'few months-time' to the end of August 2021) to expand Pfizer and Moderna vaccine eligibility to all children and young people aged 12 to 15 (currently Pfizer eligibility only applies to those with underlying medical conditions, who are Aboriginal and Torres Strait Islander young people, or who live in rural and remote areas)
  - c. the greater impact of COVID-19 on the younger population, including high transmissibility demonstrated in school settings, in 2021 compared to 2020 (including that approximately 45% of Canberrans in the current outbreak are aged under 18 years).
3. This brief outlines options for responsible ministers on program rollout. It also recommends fast-tracking a vaccination program for all Year 12 students to facilitate the safest possible AST day in October 2021.
4. There are two cohorts of children and young people that are not contemplated as part of this rollout:
  - a. Young people in Bimberi Youth Justice Centre (Bimberi): noting that a CHS lead in-reach program is commencing in the coming week, in collaboration with the Community Services Directorate. This involves vaccination of only a small number of individuals.
  - b. Students attending Canberra's five specialist schools (Black Mountain, Cranleigh, Malkara, the Woden School and Galilee School): which is being progressed separately. Students at these schools form part of the COVID-19 Vaccination Program Equity of Access response. As part of this, Aspen Medical have been engaged to deliver in-reach vaccination, and will be considered, in consultation with parents and stakeholders to provide an in-reach services to these students (and other cohorts) in school or at other appropriate places (eg. centre-based care locations). Aspen Medical will commence working with ACT Health from 13 September, for 60-business days.

## Issues

### Considerations for a children and young people program

5. There are multiple considerations for vaccine rollout to children and young people. The paramount goal is to deliver a safe and efficient program that ensures equitable access to vaccines for all children and young people in the ACT. A traditional school-based program represents the best model from both a public health and social equity perspective. School-based programs have high levels of participation and ensure equity of access for all students. However, they are also resource intensive and would require some planning, risk management and redesign in a COVID-19 vaccine context.
6. The overarching consideration in a COVID-19 context is one of constrained vaccine supply – it is unlikely that broad eligibility will be expanded to people under the age of 16 until late September or October at the earliest. Other key considerations are outlined in greater detail in Attachment A and include vaccine type (including storage and transport requirements), workforce constraints, timing, priority populations, public health environment (including the status of lockdown or school outbreaks), family engagement and consent, adverse events/side effects following immunisation (particularly the second dose of MRnA vaccines), and child safety requirements.
7. Attachment A also sets out important dates and figures relevant for a school vaccination context.
8. There are benefits in considering a vaccination program for children and young people that utilises or goes beyond the schools context (this year), particularly for vulnerable or vaccine hesitant families, so they can be vaccinated together, in order to address hesitancy and improve overall uptake. This can proceed in tandem with development of a school program in 2022.

### National and jurisdictional approaches

9. National Cabinet is expected to consider a ‘youth vaccination plan’ (informed by state and territory input) on Friday 27 August. Officials have suggested that the Commonwealth’s intention is to require youth programs to commence as early as 21 September (noting this is the start of school-holidays in several jurisdictions, including the ACT).
10. No detail has been provided about the Commonwealth’s role in program rollout, the method of delivery (e.g. in-reach, in-schools), the preferred vaccine type or how limitations in supply will be overcome. All jurisdictions are working collaboratively on plans for a safe, efficient and effective rollout. Some states have indicated a preference for school-based programs commencing in term 4 or 2022, while others (particularly those in lock-down) intend to direct young people to vaccination clinics and/or primary care providers. Variability in school holiday dates between public and private schools and across jurisdictions, coupled with a difference in the age of students across grade-levels (eg. Queensland) will make it difficult to adopt a consistent, national approach.



11. There is a preference among most jurisdictions to frame the program away from traditional school-in reach (this year at least) and progress as a community-based model, aimed at vaccinating families and young people together.

12. Further, some jurisdictions have already acted to make vaccinations available to students, for example year 12 students in western Sydney are receiving targeted vaccinations due to COVID-19 outbreak; all Year 11 and 12 students in Tasmania will begin receiving school-based vaccinations over 10-weeks from 23 August; and Western Australia is considering arranging dedicated Year 11 and 12 sessions at state-run clinics with arranged transportation to support their attendance.

#### Existing targeted vaccination programs

13. CHS is already responsible for facilitating the successful school-based vaccination programs to young people in years 7 and 10. At a minimum it is preferred that the CHS team be involved in any rollout to children and young people and, where possible, have a presence at vaccination sites. CHS note there are complexities that must be considered before any COVID-19 vaccination program can be delivered including timing and impact on other school-based vaccination programs.

#### Rollout options

14. Subject to national parameters and health advice, options under consideration include:

- a. opening access to government-run mass vaccination clinics or primary care
- b. an in-reach vaccination program, delivered at each high-school or college
- c. consideration of regional hubs or vaccination 'pop-ups' to allow students and their families to be vaccinated together, and
- d. arranging free transport to vaccination sites from schools for students, if face-to-face learning resumes.

15. More detail, including advantages and disadvantages of each model, is at Attachment B.

16. We recommend progressing a combination of the above options in a phased delivery approach. This will achieve maximum vaccination coverage of young people.

17. Immediate efforts will be focussed on:

- a. **Expanding eligibility to school age children and young people (aged 12 and over) through current mass vaccination clinics and primary care (eg. GPs and pharmacies).** This will occur in the context of national health advice, policy parameters and vaccine supply. It will enable parents and guardians to take children and young people to mass vaccination clinics, their GP or (pending a change in ATAGI advice regarding the Moderna vaccine) a community pharmacy. The Health Directorate continues to work with the Commonwealth to ensure that regulatory frameworks and communications support vaccination accessibility to all eligible

persons as vaccines become available and eligibility requirements open. This would not be impacted by the lockdown of schools.

- b. **Exploring options to transport Year 7 to 12 students to mass vaccination hubs during term 4, 2021.** Many parents are likely to take their children and dependants to general practice or government clinics on their own accord, and this approach would be targeted at remaining students. There are 47 educational sites across the ACT that host year 7 to 12 students. The approach would be subject to vaccine supply, available appointments and transport capacity. It would also require legal advice around consent and health advice to ensure the safest possible return trip post vaccination.

Year 11 and 12 (26 educational sites) could commence first to ensure minimal exam interference and given most are already approved for Pfizer vaccination (as they are aged over 16 years). This out-reach option could support all students in the target cohort to be vaccinated while taking advantage of the efficiencies achieved by mass vaccination clinics. An option to include family members (to overcome levels of vaccine hesitancy) will also be explored. This will be particularly relevant if schools are still engaged in home learning. Infection control and social distancing would be a key transport consideration.

- 18. Subsequent efforts will be focussed on:

- a. **Options to establish regional hubs or pop-ups.** Planning has already commenced and will continue to explore options to establish regional vaccination hubs or pop-ups (potentially utilising school or college sites) targeted to students, their family and broader community members (similar to COVID-19 testing popups at impacted schools). This is more achievable in the last months of the year, and potentially January 2022, before school returns. The option will be subject to workforce constraints and may change or face acceleration depending on the COVID-19 environment.

School boards and community will need to be consulted. Consideration may also be given to establishing hubs in existing health centres, community or cultural settings (ie. in the context of the Equity of Access framework which guides vaccination in-reach for vulnerable and marginalised groups and anticipates programs in community settings). While not as beneficial as a school-based program, there is opportunity for families to be vaccinated together.

- b. **Delivery of a widespread school-based years 7 to 12 vaccination program for potential commencement in 2022.** Planning has already commenced for a program, possibly commencing in term 1 2022. This will continue and enable directorates to undertake the communication and engagement needed with school principals, their boards, unions, parents, and related associations to ensure local support and cooperation. The ACT is likely to have at least 90% vaccination coverage by this

time, so widespread lockdowns preventing school attendance are less likely and healthcare resources more readily available. This approach will also place the ACT in a good position to consider the role of the school-based program, in the context of anticipated 2022 booster programs. Some 12 year olds may be missed as they are in Year 6, but will be picked up in the following year of schooling.

### **Accelerated program for year 12 students**

19. An accelerated program for Year 12 ACT school students is recommended through existing mass vaccination clinics. Agreement is sought from all relevant ministers as soon as possible to fast-track arrangements. This cohort (i.e. 16-18 year olds) are already approved for the Pfizer vaccine (further advice from ATAGI is not required) but awaiting general eligibility under the national program. The Education Directorate has advised that the annual ACT scaling test (AST) scheduled for 31 August and 1 September has been postponed and they are working as a matter of urgency with the Board of Secondary Studies (BSSS) on options to hold the tests in the safest manner possible. Tests need to be conducted face-to-face, before 29 October (currently rescheduled to 12 and 13 October).

20. While COVID-safe arrangements are being explored, vaccination of this cohort presents an additional measure to mitigate risk of exposure, viral spread, student illness and securing necessary volunteers required to oversee exams. There are over 2,800 year 12 students undertaking a tertiary package and 5,200 year 12 students overall (requiring 10,400 vaccine doses). It is recommended that an expedited offer is made to all year 12 students, on the basis of fairness, rather than limited to the tertiary package cohort only. There is an option to extend to all Year 11 students to increase efficiency of any transport arrangements, however this is not recommended on the basis of timing, planning and vaccine supply. This option may need students obtain the consent of a parent or guardian to be vaccinated, as the Gillick principle (informed age-appropriate consent) is otherwise needed to administer medical treatment for people under 18-years. Further investigation into this legal issue will continue.

21. NSW has taken a similar approach to Year 12 students in western Sydney, but encountered a level of community criticism. This was based on redirecting regional vaccine supply for the program, and subsequent short-notice cancellation of existing appointments. In contrast, the Health Directorate would seek an advancement of a full week of Pfizer supply (14,040 doses) which is generally permitted in an outbreak context. This means, future supply that would have been accessible to this cohort, would be brought forward, minimising risk of negative perception within the community. Failing Commonwealth Government approval of advanced supply, the Health Directorate could allocate doses from the small stockpile and anticipated supply for this purpose. Eligibility would also be expanded to any teacher or volunteer involved in the AST and no existing appointments would be cancelled. Some risks would remain around the optics of prioritising Year 12 students over 16-29 year olds more generally. These could also be addressed in the context

of the impact of COVID currently being seen on the younger population combined with imminent increase in vaccine supply and appointments.

22. This recommendation is made on the basis of facilitating essential exams for a cohort who is also more likely to experience negative impacts on their long-term social and educational outcomes associated with COVID-19, including missing formative exams or longer-term educational opportunities due to illness, side-effects or lockdowns. Communication around viral protection levels would need to be clear, noting it take 2-3 weeks to build maximum protection after a vaccine, which also requires two doses at least 21 days apart. Only a level of protection would be achieved in the current timeframe.

23. We envisage the program would commence in September, to align with the transfer of the Garran Mass Vaccination clinic to the AIS Arena (and associated increased throughput) and involve reserving some of the new appointments for year 12 students and eligible teachers. Students and teachers could make their own appointment and arrangements to access the vaccination hub, this allows parents to attend with the student to provide consent. We will also work on public or school transport options, noting workforce constraints in this area also. An expedited schools consultation process would be led by the Education Directorate and assistance would be sought from schools to stagger appointments to avoid second doses (in particular) aligning with critical school activities (i.e. exams), and where appropriate, allow students to attend vaccination appointments during school hours.

24. Attachment C provides Ministers with a summary of the key COVID-19 Vaccination Program elements which we have proposed in this briefing package. Your in-principle agreement is sought to these high-level elements.

### **Financial Implications**

25. A schools program was anticipated in the high level figures considered by the Expenditure Review Committee in early August 2021. This included additional provision to the Education Directorate for an officer to coordinate a school program. Initial overall program funding has been secured, and arrangements in place for ongoing provision and review. All expenditure will be recorded and attributed to overall program delivery.

### **Consultation**

#### Internal

26. Internal consultation and collaboration is ongoing including with the Digital Solutions Division and communications team.

#### Cross Directorate

27. This is a joint brief from Health Directorate and Education Directorate. CHS is also being consulted and have had considerable input into planning, including this brief. A cross-Directorate working group reporting to the Directors-General of Health and Education will be convened to oversee expansion of the COVID-19 vaccination program to children and young people, and include the Community Services Directorate.

External

28. External consultation will occur as more detailed planning takes place. Any program will need to be developed and delivered in conjunction with the Catholic Education Office, the Association of Interdependent Schools and other non-government stakeholders.

**Work Health and Safety**

29. Work health and safety will form a key consideration as more detailed planning takes place.

**Benefits/Sensitivities**

30. The US Centre for Disease Control has identified 1,249 reports of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the external heart lining) following Pfizer or Moderna vaccination. These conditions have **not** been demonstrably linked to vaccination but are reported with greater frequency in young people and males. ACT Health will monitor this situation and engage in proactive communication about the benefits, risks and symptoms of vaccination in young people as more information becomes available. The Commonwealth Government has updated consent process to take account of this risk.

31. ACT Government Solicitor advice will be sought on risks and mitigation strategies associated with the rollout to children and young people and in particular the Education Directorate's role. ACTIA will be notified. The Commonwealth has commenced design of a national vaccination indemnity scheme, that will be backdated to commencement of the program. ACT Government may consider joining the scheme, once details are further developed and become known.

**Communications, media and engagement implications**

32. Internal planning remains the focus pending further direction from the Commonwealth. As full communications and media strategy will accompany any future rollout and be developed in close collaboration with CHS and the Education Directorate.

Signatory  
Name:

Dr Kerryn Coleman

Phone:

Schedule 2.2(a)(ii)  
Privacy

Action Officer: Fiona Barbaro (Health Directorate)

Phone:

David Matthews (Education Directorate)

**Attachments**

Attachment A	Issues and Considerations for rollout of COVID-19 Vaccinations to children and young people
Attachment B	Options for the rollout of COVID-19 Vaccinations to children and young people
Attachment C	Summary of key COVID-19 Vaccination Program elements which we have proposed in this briefing package

**ACT Health Directorate**

**To:** Minister for Health  
Chief Minister  
Minister for Education and Youth Affairs

**Date:** 24/08/2021

**CC:** Rebecca Cross, Director-General, Health Directorate  
Katy Haire, Director-General, Education Directorate  
Dave Pepper, Chief Executive Officer, Canberra Health Services  
Leesa Croke, Coordinator General (non-health) COVID-19

**From:** Kerryn Coleman, ACT Chief Health Officer

**Subject:** COVID-19 Vaccination Program: children young people rollout planning

**Critical Date:** 25/08/2021

**Critical Reason:** National Cabinet has sought advice from States and Territories regarding plans to expand COVID-19 Vaccination to children and young people (12+) at the next meeting of 27 August 2021

• DDG, Health Directorate  
• DDG, Education Directorate

Tracking No.: MIN21/1576

**Recommendations**

That you:

1. note the ongoing cross-Directorate planning to expand the COVID-19 Vaccination Program to children and young people aged 12 and over (subject to ATAGI advice)

**Noted / Please Discuss**

2. note the range of issues under consideration for program rollout to children and young people, and the paramount considerations of a safe, effective and equitable rollout

**Noted / Please Discuss**

3. agree in-principle, to the high-level plan for program rollout to children and young people with an initial focus on attendance at mass vaccination hubs (including exploration of transport options) and primary care, followed by consideration of community-based or regional hub delivery, and ongoing planning for a school-based program in 2022.

**Agree in-principle / Disagree / Please Discuss**

4. note that a Canberra Health Services vaccination program for children and young people in Bimberi Youth Justice Centre will commence in the coming week (in collaboration with the Community Services Directorate), and consideration of an appropriate approach for the five specialist schools is progressing.

**Noted / Please Discuss**

5. agree to open COVID-19 vaccination program eligibility to all Year 12 students (and associated teachers and volunteers), and to prioritise appointments to facilitate the safest possible delivery of the ACT scaling test (AST) in October 2021

**Agree / Disagree / Please Discuss**

6. agree that the Ministers for Health and Education and Youth Affairs finalise the ACT plan for vaccinating children over 12-years.

**Agree / Disagree / Please Discuss**

Rachel Stephen-Smith MLA

*RSS*

25/8/21

Minister's Office Feedback

That you:

1. note the ongoing cross-Directorate planning to expand the COVID-19 Vaccination Program to children and young people aged 12 and over (subject to ATAGI advice)

**Noted / Please Discuss**

2. note the range of issues under consideration for program rollout to children and young people, and the paramount considerations of a safe, effective and equitable rollout

**Noted / Please Discuss**



3. note, the high-level plan for program rollout to children and young people with an initial focus on attendance at mass vaccination hubs (including exploration of transport options) and primary care, followed by consideration of community-based or regional hub delivery, and ongoing planning for a school-based program in 2022.

**Noted / Please Discuss**

4. note that a Canberra Health Services vaccination program for children and young people in Bimberi Youth Justice Centre will commence in the coming week (in collaboration with the Community Services Directorate), and consideration of an appropriate approach for the five specialist schools is progressing.

**Noted / Please Discuss**

5. note the recommendation to the Minister for Health and Minister for Education and Youth Affairs to open COVID-19 vaccination program eligibility to all Year 12 students (and associated teachers and volunteers), and to prioritise appointments to facilitate the safest possible delivery of the ACT scaling test (AST) in October 2021

**Noted / Please Discuss**

6. agree that the Ministers for Health and Education and Youth Affairs finalise the ACT plan for vaccinating children over 12-years.

**Agree / Disagree / Please Discuss**

Andrew Barr MLA ..... /...../.....

Minister's Office Feedback
----------------------------

That you:

1. note the ongoing cross-Directorate planning to expand the COVID-19 Vaccination Program to children and young people aged 12 and over (subject to ATAGI advice)

**Noted / Please Discuss**

- note the range of issues under consideration for program rollout to children and young people, and the paramount considerations of a safe, effective and equitable rollout

**Noted / Please Discuss**

- agree in-principle, to the high-level plan for program rollout to children and young people with an initial focus on attendance at mass vaccination hubs (including exploration of transport options) and primary care, followed by consideration of community-based or regional hub delivery, and ongoing planning for a school-based program in 2022.

**Agree in-principle / Disagree / Please Discuss**

- note that a Canberra Health Services vaccination program for children and young people in Bimberi Youth Justice Centre will commence in the coming week (in collaboration with the Community Services Directorate), and consideration of an appropriate approach for the five specialist schools is progressing.

**Noted / Please Discuss**

- agree to open COVID-19 vaccination program eligibility to all Year 12 students (and associated teachers and volunteers), and to prioritise appointments to facilitate the safest possible delivery of the ACT scaling test (AST) in October 2021

**Agree / Disagree / Please Discuss**

- agree that the Ministers for Health and Education and Youth Affairs finalise the ACT plan for vaccinating children over 12-years.

**Agree / Disagree / Please Discuss**

Yvette Berry MLA ..... /...../.....

Minister's Office Feedback

**Background**

- The Health Directorate, Canberra Health Services (CHS) and the Education Directorate have been working collaboratively, through the cross-Directorate COVID-19 Vaccination Program Operations Working Group, to plan program rollout to children and young people in the ACT. Consistent with other jurisdictions, initial planning was focussed around expanding vaccine eligibility to children and young people later this year, followed by a

rollout into high-schools and colleges to cover any unvaccinated students, commencing in early 2022. This could also involve integration into the existing school-based vaccination program in future years.

2. A number of factors have accelerated the need for program rollout to children and young people this year. These include:

- a. the Prime Minister's announcement on 19 August that all Australians aged 12 and over will be vaccinated by Christmas (supported by ACT, subject to vaccine supply), high level consideration of a youth vaccination program at National Cabinet on 20 August, further consideration scheduled on Friday 27 August, and officer-level advice indicating program commencement as early as 21 September
- b. the bringing forward of anticipated Australian Technical Advisory Group on Immunisation (ATAGI) advice (from a 'few months-time' to the end of August 2021) to expand Pfizer and Moderna vaccine eligibility to all children and young people aged 12 to 15 (currently Pfizer eligibility only applies to those with underlying medical conditions, who are Aboriginal and Torres Strait Islander young people, or who live in rural and remote areas)
- c. the greater impact of COVID-19 on the younger population, including high transmissibility demonstrated in school settings, in 2021 compared to 2020 (including that approximately 45% of Canberrans in the current outbreak are aged under 18 years).

3. This brief outlines options for responsible ministers on program rollout. It also recommends fast-tracking a vaccination program for all Year 12 students to facilitate the safest possible AST day in October 2021.

4. There are two cohorts of children and young people that are not contemplated as part of this rollout:

- a. Young people in Bimberi Youth Justice Centre (Bimberi): noting that a CHS lead in-reach program is commencing in the coming week, in collaboration with the Community Services Directorate. This involves vaccination of only a small number of individuals.
- b. Students attending Canberra's five specialist schools (Black Mountain, Cranleigh, Malkara, the Woden School and Galilee School): which is being progressed separately. Students at these schools form part of the COVID-19 Vaccination Program Equity of Access response. As part of this, Aspen Medical have been engaged to deliver in-reach vaccination, and will be considered, in consultation with parents and stakeholders to provide an in-reach services to these students (and other cohorts) in school or at other appropriate places (eg. centre-based care locations). Aspen Medical will commence working with ACT Health from 13 September, for 60-business days.

## Issues

### Considerations for a children and young people program

5. There are multiple considerations for vaccine rollout to children and young people. The paramount goal is to deliver a safe and efficient program that ensures equitable access to vaccines for all children and young people in the ACT. A traditional school-based program represents the best model from both a public health and social equity perspective. School-based programs have high levels of participation and ensure equity of access for all students. However, they are also resource intensive and would require some planning, risk management and redesign in a COVID-19 vaccine context.
6. The overarching consideration in a COVID-19 context is one of constrained vaccine supply – it is unlikely that broad eligibility will be expanded to people under the age of 16 until late September or October at the earliest. Other key considerations are outlined in greater detail in Attachment A and include vaccine type (including storage and transport requirements), workforce constraints, timing, priority populations, public health environment (including the status of lockdown or school outbreaks), family engagement and consent, adverse events/side effects following immunisation (particularly the second dose of MRnA vaccines), and child safety requirements.
7. Attachment A also sets out important dates and figures relevant for a school vaccination context.
8. There are benefits in considering a vaccination program for children and young people that utilises or goes beyond the schools context (this year), particularly for vulnerable or vaccine hesitant families, so they can be vaccinated together, in order to address hesitancy and improve overall uptake. This can proceed in tandem with development of a school program in 2022.

### National and jurisdictional approaches

9. National Cabinet is expected to consider a ‘youth vaccination plan’ (informed by state and territory input) on Friday 27 August. Officials have suggested that the Commonwealth’s intention is to require youth programs to commence as early as 21 September (noting this is the start of school-holidays in several jurisdictions, including the ACT).
10. No detail has been provided about the Commonwealth’s role in program rollout, the method of delivery (e.g. in-reach, in-schools), the preferred vaccine type or how limitations in supply will be overcome. All jurisdictions are working collaboratively on plans for a safe, efficient and effective rollout. Some states have indicated a preference for school-based programs commencing in term 4 or 2022, while others (particularly those in lock-down) intend to direct young people to vaccination clinics and/or primary care providers. Variability in school holiday dates between public and private schools and across jurisdictions, coupled with a difference in the age of students across grade-levels (eg. Queensland) will make it difficult to adopt a consistent, national approach.

11. There is a preference among most jurisdictions to frame the program away from traditional school-in reach (this year at least) and progress as a community-based model, aimed at vaccinating families and young people together.

12. Further, some jurisdictions have already acted to make vaccinations available to students, for example year 12 students in western Sydney are receiving targeted vaccinations due to COVID-19 outbreak; all Year 11 and 12 students in Tasmania will begin receiving school-based vaccinations over 10-weeks from 23 August; and Western Australia is considering arranging dedicated Year 11 and 12 sessions at state-run clinics with arranged transportation to support their attendance.

#### Existing targeted vaccination programs

13. CHS is already responsible for facilitating the successful school-based vaccination programs to young people in years 7 and 10. At a minimum it is preferred that the CHS team be involved in any rollout to children and young people and, where possible, have a presence at vaccination sites. CHS note there are complexities that must be considered before any COVID-19 vaccination program can be delivered including timing and impact on other school-based vaccination programs.

#### Rollout options

14. Subject to national parameters and health advice, options under consideration include:

- a. opening access to government-run mass vaccination clinics or primary care
- b. an in-reach vaccination program, delivered at each high-school or college
- c. consideration of regional hubs or vaccination 'pop-ups' to allow students and their families to be vaccinated together, and
- d. arranging free transport to vaccination sites from schools for students, if face-to-face learning resumes.

15. More detail, including advantages and disadvantages of each model, is at Attachment B.

16. We recommend progressing a combination of the above options in a phased delivery approach. This will achieve maximum vaccination coverage of young people.

17. Immediate efforts will be focussed on:

- a. **Expanding eligibility to school age children and young people (aged 12 and over) through current mass vaccination clinics and primary care (eg. GPs and pharmacies).** This will occur in the context of national health advice, policy parameters and vaccine supply. It will enable parents and guardians to take children and young people to mass vaccination clinics, their GP or (pending a change in ATAGI advice regarding the Moderna vaccine) a community pharmacy. The Health Directorate continues to work with the Commonwealth to ensure that regulatory frameworks and communications support vaccination accessibility to all eligible

persons as vaccines become available and eligibility requirements open. This would not be impacted by the lockdown of schools.

- b. **Exploring options to transport Year 7 to 12 students to mass vaccination hubs during term 4, 2021.** Many parents are likely to take their children and dependants to general practice or government clinics on their own accord, and this approach would be targeted at remaining students. There are 47 educational sites across the ACT that host year 7 to 12 students. The approach would be subject to vaccine supply, available appointments and transport capacity. It would also require legal advice around consent and health advice to ensure the safest possible return trip post vaccination.

Year 11 and 12 (26 educational sites) could commence first to ensure minimal exam interference and given most are already approved for Pfizer vaccination (as they are aged over 16 years). This out-reach option could support all students in the target cohort to be vaccinated while taking advantage of the efficiencies achieved by mass vaccination clinics. An option to include family members (to overcome levels of vaccine hesitancy) will also be explored. This will be particularly relevant if schools are still engaged in home learning. Infection control and social distancing would be a key transport consideration.

18. Subsequent efforts will be focussed on:

- a. **Options to establish regional hubs or pop-ups.** Planning has already commenced and will continue to explore options to establish regional vaccination hubs or pop-ups (potentially utilising school or college sites) targeted to students, their family and broader community members (similar to COVID-19 testing popups at impacted schools). This is more achievable in the last months of the year, and potentially January 2022, before school returns. The option will be subject to workforce constraints and may change or face acceleration depending on the COVID-19 environment.

School boards and community will need to be consulted. Consideration may also be given to establishing hubs in existing health centres, community or cultural settings (ie. in the context of the Equity of Access framework which guides vaccination in-reach for vulnerable and marginalised groups and anticipates programs in community settings). While not as beneficial as a school-based program, there is opportunity for families to be vaccinated together.

- b. **Delivery of a widespread school-based years 7 to 12 vaccination program for potential commencement in 2022.** Planning has already commenced for a program, possibly commencing in term 1 2022. This will continue and enable directorates to undertake the communication and engagement needed with school principals, their boards, unions, parents, and related associations to ensure local support and cooperation. The ACT is likely to have at least 90% vaccination coverage by this

time, so widespread lockdowns preventing school attendance are less likely and healthcare resources more readily available. This approach will also place the ACT in a good position to consider the role of the school-based program, in the context of anticipated 2022 booster programs. Some 12 year olds may be missed as they are in Year 6, but will be picked up in the following year of schooling.

#### **Accelerated program for year 12 students**

19. An accelerated program for Year 12 ACT school students is recommended through existing mass vaccination clinics. Agreement is sought from all relevant ministers as soon as possible to fast-track arrangements. This cohort (i.e. 16-18 year olds) are already approved for the Pfizer vaccine (further advice from ATAGI is not required) but awaiting general eligibility under the national program. The Education Directorate has advised that the annual ACT scaling test (AST) scheduled for 31 August and 1 September has been postponed and they are working as a matter of urgency with the Board of Secondary Studies (BSSS) on options to hold the tests in the safest manner possible. Tests need to be conducted face-to-face, before 29 October (currently rescheduled to 12 and 13 October).

20. While COVID-safe arrangements are being explored, vaccination of this cohort presents an additional measure to mitigate risk of exposure, viral spread, student illness and securing necessary volunteers required to oversee exams. There are over 2,800 year 12 students undertaking a tertiary package and 5,200 year 12 students overall (requiring 10,400 vaccine doses). It is recommended that an expedited offer is made to all year 12 students, on the basis of fairness, rather than limited to the tertiary package cohort only. There is an option to extend to all Year 11 students to increase efficiency of any transport arrangements, however this is not recommended on the basis of timing, planning and vaccine supply. This option may need students obtain the consent of a parent or guardian to be vaccinated, as the Gillick principle (informed age-appropriate consent) is otherwise needed to administer medical treatment for people under 18-years. Further investigation into this legal issue will continue.

21. NSW has taken a similar approach to Year 12 students in western Sydney, but encountered a level of community criticism. This was based on redirecting regional vaccine supply for the program, and subsequent short-notice cancellation of existing appointments. In contrast, the Health Directorate would seek an advancement of a full week of Pfizer supply (14,040 doses) which is generally permitted in an outbreak context. This means, future supply that would have been accessible to this cohort, would be brought forward, minimising risk of negative perception within the community. Failing Commonwealth Government approval of advanced supply, the Health Directorate could allocate doses from the small stockpile and anticipated supply for this purpose. Eligibility would also be expanded to any teacher or volunteer involved in the AST and no existing appointments would be cancelled. Some risks would remain around the optics of prioritising Year 12 students over 16-29 year olds more generally. These could also be addressed in the context

of the impact of COVID currently being seen on the younger population combined with imminent increase in vaccine supply and appointments.

22. This recommendation is made on the basis of facilitating essential exams for a cohort who is also more likely to experience negative impacts on their long-term social and educational outcomes associated with COVID-19, including missing formative exams or longer-term educational opportunities due to illness, side-effects or lockdowns.

Communication around viral protection levels would need to be clear, noting it take 2-3 weeks to build maximum protection after a vaccine, which also requires two doses at least 21 days apart. Only a level of protection would be achieved in the current timeframe.

23. We envisage the program would commence in September, to align with the transfer of the Garran Mass Vaccination clinic to the AIS Arena (and associated increased throughput) and involve reserving some of the new appointments for year 12 students and eligible teachers. Students and teachers could make their own appointment and arrangements to access the vaccination hub, this allows parents to attend with the student to provide consent. We will also work on public or school transport options, noting workforce constraints in this area also. An expedited schools consultation process would be led by the Education Directorate and assistance would be sought from schools to stagger appointments to avoid second doses (in particular) aligning with critical school activities (i.e. exams), and where appropriate, allow students to attend vaccination appointments during school hours.

24. Attachment C provides Ministers with a summary of the key COVID-19 Vaccination Program elements which we have proposed in this briefing package. Your in-principle agreement is sought to these high-level elements.

### **Financial Implications**

25. A schools program was anticipated in the high level figures considered by the Expenditure Review Committee in early August 2021. This included additional provision to the Education Directorate for an officer to coordinate a school program. Initial overall program funding has been secured, and arrangements in place for ongoing provision and review. All expenditure will be recorded and attributed to overall program delivery.

### **Consultation**

#### Internal

26. Internal consultation and collaboration is ongoing including with the Digital Solutions Division and communications team.

#### Cross Directorate

27. This is a joint brief from Health Directorate and Education Directorate. CHS is also being consulted and have had considerable input into planning, including this brief. A cross-Directorate working group reporting to the Directors-General of Health and Education will be convened to oversee expansion of the COVID-19 vaccination program to children and young people, and include the Community Services Directorate.



External

28. External consultation will occur as more detailed planning takes place. Any program will need to be developed and delivered in conjunction with the Catholic Education Office, the Association of Interdependent Schools and other non-government stakeholders.

**Work Health and Safety**

29. Work health and safety will form a key consideration as more detailed planning takes place.

**Benefits/Sensitivities**

30. The US Centre for Disease Control has identified 1,249 reports of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the external heart lining) following Pfizer or Moderna vaccination. These conditions have **not** been demonstrably linked to vaccination but are reported with greater frequency in young people and males. ACT Health will monitor this situation and engage in proactive communication about the benefits, risks and symptoms of vaccination in young people as more information becomes available. The Commonwealth Government has updated consent process to take account of this risk.

31. ACT Government Solicitor advice will be sought on risks and mitigation strategies associated with the rollout to children and young people and in particular the Education Directorate's role. ACTIA will be notified. The Commonwealth has commenced design of a national vaccination indemnity scheme, that will be backdated to commencement of the program. ACT Government may consider joining the scheme, once details are further developed and become known.

**Communications, media and engagement implications**

32. Internal planning remains the focus pending further direction from the Commonwealth. As full communications and media strategy will accompany any future rollout and be developed in close collaboration with CHS and the Education Directorate.

Signatory  
Name:

Dr Kerryn Coleman

Phone:

Schedule 2.2(a)(ii)  
Privacy

Action Officer:

Fiona Barbaro (Health Directorate)

Phone:

David Matthews (Education Directorate)

**Attachments**

Attachment A	Issues and Considerations for rollout of COVID-19 Vaccinations to children and young people
Attachment B	Options for the rollout of COVID-19 Vaccinations to children and young people
Attachment C	Summary of key COVID-19 Vaccination Program elements which we have proposed in this briefing package

## COVID-19 Vaccination Program: children and young people rollout

### Issues and Considerations

Directorates have already begun work to plan for the expansion of the COVID-19 Vaccination rollout to children and young people, with a goal to deliver a safe and efficient program that ensures equitable vaccine access to all young people in the ACT. Planning for the safe and equitable rollout of COVID-19 vaccinations to young people involves the consideration of several factors, including some that are not present with the adult population.

Issues for consideration include:

1. Method for program delivery – the pros and cons of each are listed in Attachment B.
2. Age of eligibility – a school-based program may only be suitable for young people in Year 7 to 12 only. Concerns around child safety, support and consent are exacerbated among primary school aged students and this will require a different approach, possibly aligned with the CHS Early Childhood Immunisation Clinics (currently available for NIP schedule for 0-5 years) GPs or a hybrid approach.
3. Consent to medical treatment – until the age of 18 years, consent is usually obtained from a parent or guardian to receive medical treatment, like vaccination. A fast-tracked program is likely to encounter vaccine hesitancy within some groups, and the potential for some parents refusing consent. In these circumstances, Gillick consent (informed, aged appropriate consent) can be obtained from the young person, but can also be a slower process to ensure understanding.
4. Student assessment and the ACT scaling test – particularly during term 4 as students sitting the ACT Scaling Test (AST) require careful consideration of vaccination timing (particularly dose 2 which accounts for a higher portion of side-effects following immunisation), and as both could require use of the same building infrastructure e.g., gymnasiums. Option A that allows Year 12 students to attend an existing mass vaccination hub gives students the ability to schedule their vaccines around their exam timetable.
5. Multi-dose scheduling – a small proportion of vaccine recipients experience adverse side effects. Scheduling of both vaccine doses will need to reduce the risk of absenteeism during key assessment periods and allow sufficient time to recover. Moving the current year 7 NIP vaccines from term 4 to a catch up program in 2022 will mitigate the risk of vaccine scheduling error with the COVID vaccine.
6. Provision of age-appropriate care – young people have rapidly evolving cognitive and emotional support needs that need to be accommodated during vaccination. This will require delivery of targeted programs appropriate to age and maturity similar to the school-based immunisation program.

7. The type of vaccine and health advice – the Pfizer-BioNTech vaccine is the only vaccine that is currently approved for use in young people aged 12 to 15 years by the Therapeutic Goods Administration (TGA). ATAGI has recommended the targeted administration of this vaccine to Aboriginal and Torres Strait Islander young people and those with specified medical conditions. The Commonwealth has flagged that they expect this advice to change in the coming week.

Provisional approval of Moderna vaccines has also been granted by the TGA in adults (18-years and older). National Cabinet has advised that ATAGI is in the final stages of endorsing advice that Moderna be approved in individuals aged 16-years and older. International use cases suggest that this approval may be later extended to include young people aged 12-to-15 years. The Commonwealth anticipates that Moderna vaccines will be made readily available in pharmacies nationally, at a date and supply to be advised.

8. Logistical limitations – all COVID-19 vaccines come in multi-use vials requiring a complex drawing-up process that means that on average, only 6-Pfizer doses can be drawn every 15-minutes. Quality assurance measures taken throughout this process require the support of at least two staff – this makes in-reach programs, slow and resource intensive. The process has been fine-tuned in centralised mass vaccination clinics, but the pandemic response means that we have insufficient skilled resources available to support immediate and timely school-based administration. Pop-up clinics also offer an avenue to enable coordinated site drawing across a single site, creating efficiencies that would be comparable to existing vaccination clinics. Storage and transport requirements for vaccine vials, and pre-drawn syringes, are also complex and constantly changing.

#### Important facts and figures: Education Directorate

9. The final day of the school year for public schools is 17 December 2021. The term dates vary across the public and non-government sectors.
10. Term 4 commences on 4 October 2021. Term 4 has 11 weeks in 2021, as opposed to the usual 10 weeks.
11. The physical attendance of secondary students (year 11 and 12) at school tapers off from mid term 4.
12. Students generally turn 12 years of age at some stage during year 6. Students generally turn 18 years during Year 12.
13. There are 21 public high schools and seven public Colleges.
14. There are five systemic catholic high schools (all include college).
15. There are 14 independent high schools (most include college but some do not).

## COVID-19 Vaccination Program: children and young people rollout

### Rollout options

#### Option 1: opening access to government-run mass vaccination clinics or primary care

Under this option, when children and young people become eligible under the national program, they would be directed to mass clinics or the primary care program

Advantages	Disadvantages
Parental control over vaccination choices	Lower uptake anticipated (based on evidence from past vaccination programs delivered in primary care only)
Parent able to provide consent for student under 18 years	
Year 12 students can schedule their vaccines around exams	
Highest clinical governance (as may be delivered through existing health care provider)	Not all GPs participating in program (88 in total) – some parents would need to attend another GP
Likely to reflect future COVID-19 vaccination program	May lack equity of access to vaccines for some children and young people
Lowest resource impact and risk for government	Vaccine hesitant parents/guardians less likely to take initiative to get themselves or their children vaccinated

#### Option 2: an in-reach vaccination program, delivered at each high-school or college

This option reflects the more traditional school-based vaccination program, with in-reach delivered in each high school and college

Advantages	Disadvantages
Access and equity for all students	Resource intensive – if required to deliver to all high schools and colleges in one term
High uptake levels in a school-based program	May encounter a level of vaccine hesitancy if rolled out too early (making program inefficient and a need to be repeated later)

Utilise existing highly qualified school in-reach team and processes (with some enhancement)

Barriers to overcome in terms of clinical processes such as the drawing up of vaccines

Established cold chain procedures for storing and transporting vaccines

Potential to expand to families, parents and community groups

### **Option 3: regional hubs or vaccination ‘pop-ups’ to ensure equitable access and improved uptake**

This option would be a variation of a school in-reach program, and be offered at a small number of schools only, with potential to expand to families and community members. Identification of locations would take account of location, ICT readiness, size, school board and community views, vaccine coverage (i.e. targeted toward lower uptake demographics) and vaccine provider coverage (i.e. targeted in areas with fewer primary care vaccination providers, or with less access to government-run clinics e.g. Tuggeranong).

#### **Advantages**

Access and equity for some students

Potentially high uptake levels

Utilise existing highly qualified school in-reach team and processes (with some modification and enhancement)

Target resources to areas of need

Established cold chain procedure for storing and transporting vaccines

#### **Disadvantages**

Resource intensive (less so than option 2)

Not available at every school – equity and fairness issues

Barriers to overcome in terms of clinical process like the drawing up of vaccines

### **Option 4: transport students to government-run vaccination hubs**

Under this option, students would be transported to government run vaccination hubs (via public transport and/or school transport), with potential to expand to families and community members. This could be combined with a learning experience (e.g. behind the scenes tour of the vaccination hub and/or AIS)

#### **Advantages**

Efficient way to ensure equity of access and high uptake levels

#### **Disadvantages**

Lockdown – at home learning

Workforce constraints – public transport

Fast to arrange and rollout – subject to supply and appointment availability

Utilise existing highly qualified school in-reach team within the vaccination hub

Potential to combine visit with a learning experience e.g. behind the scenes tour of vaccination hub and/or AIS

Social distancing while on bus makes transport less efficient

Barriers to overcome in terms of clinical risks – transporting students, managing AEFIs on bus on way back to school – health and legal advice required

A parental consent process is preferred for students under 18-years. Gillick can be used but is a slower process.

Clinical risk

**COVID-19 Vaccination program: Elements of high-level plan for enabling the targeted  
vaccination of high-school and college students enrolled at ACT schools**

<b>Timing</b>	<b>Cohort</b>	<b>Vaccination model</b>	<b>Dependencies</b>	<b>Related options/benefits</b>
ASAP	All ACT year 12 students	Prioritised appointments  Through existing vaccine hubs	Vaccine prioritisation from current ACT supply	AST test
From 4 October 2021	Year 11 students	Prioritised appointment  Transport from school to vaccine hubs	Vaccine supply  Alternative transport if lockdown still in place and students not at school	
From 4 October 2021	All young people 12 and above	Expand eligibility to attend mass vaccination hubs and GPs and pharmacies by appointment	Vaccine supply  Lockdown would impact ability to assist with transport	Could prioritise transport for children to attend
December 2021/ January 2022 (or earlier)	All young people	Regional hubs in schools or other clinics	Vaccine supply  Workforce constraints  Approval to use schools (constrained if classes return)	Other family members and vulnerable people could also be included, subject to safety and workforce constraints
From 1 February 2022	All remaining young people 12 and under	School-based or regional hub-based mass vaccination	Vaccine supply  ATAGI advice	Other family members and vulnerable people could also be included, subject to safety and workforce constraints



SENSITIVE - CABINET



## MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC21/484

**To:** Minister for Health

---

**From:** Meg Brighton, Deputy Director-General

---

**CC:** Rebecca Cross, Director-General

---

**Subject:** Minister's Weekly Brief

---

**Critical Date:** Tuesday, 24 August 2021

---

**Critical Reason:** To ensure you are briefed on current issues and events.

---

## Recommendations

That you note the:

- Information in the Minister's Weekly Brief for 9-13 August 2021;
- Media and Communication forecast at ([Attachment A](#));
- Freedom of Information requests update ([Attachment B](#)); and
- Ministerial & Government Services Report ([Attachment C](#)).

**Noted / Please Discuss**Rachel Stephen-Smith MLA ..... *RSS* ..... 20/9/21

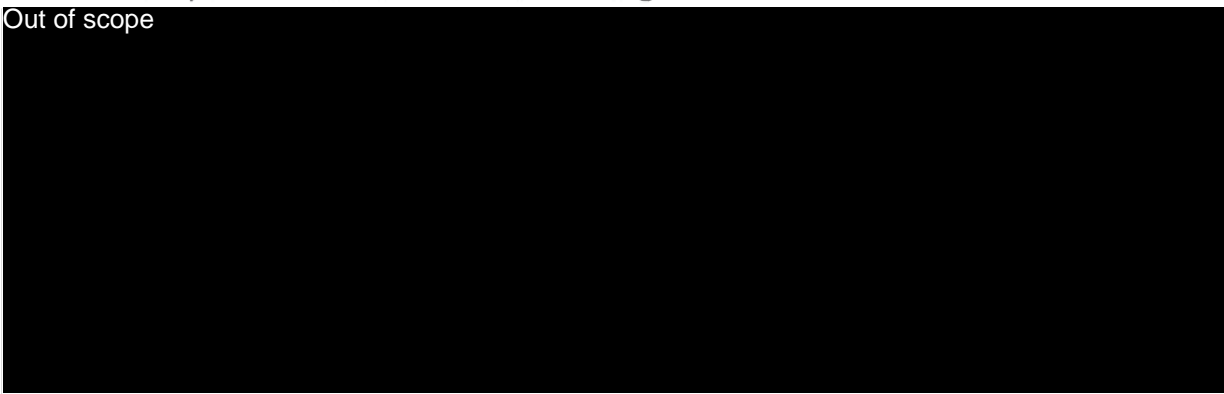
Minister's Office Feedback

Out of scope

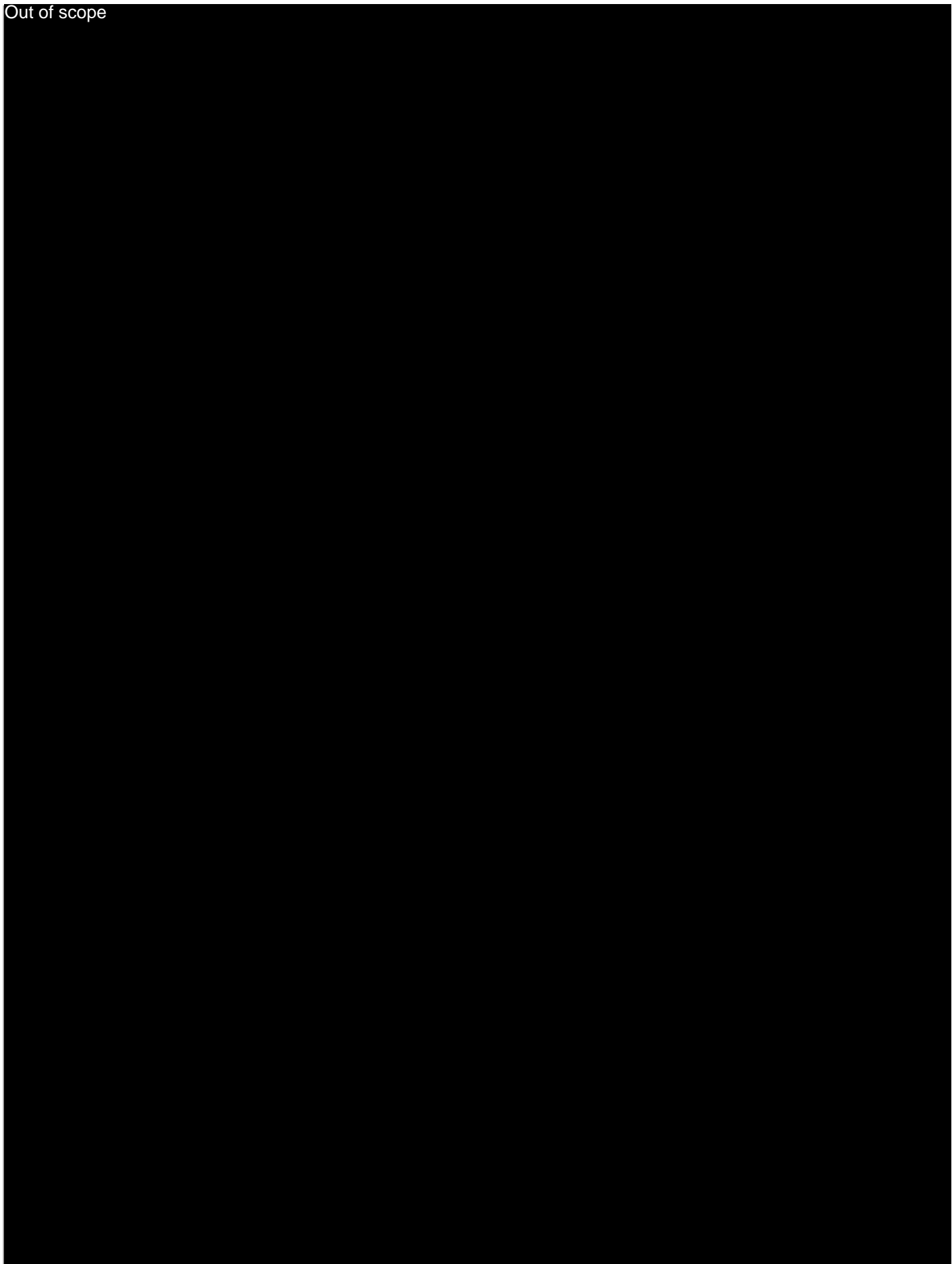
**KEY TOPICS/EMERGING ISSUES****COVID-19 Vaccine Claims Scheme**

1. Department of Health met with all states and territories on 3 August 2021 to discuss co-design of a COVID-19 vaccine claims scheme with states & territories that is administered by the Commonwealth, specifically to cover moderate to severe reactions to the COVID-19 vaccine where the vaccinated person has suffered injury or income loss. The meeting was chaired A/g Deputy Secretary, Paul McBride.
2. In attendance for the ACT was Executive Branch Manager, COVID-19 Vaccination Branch, ACT Health Directorate (ACTHD), and A/g Senior Director, Health Policy and Strategy Branch, Policy, Partnerships and Programs (PPP) Division, ACTHD.
3. The intention for the claims scheme is that the Government will compensate those harmed by the vaccine itself or the administration of the vaccine:
  - a) Claims will be apportioned to vaccine manufacture (Commonwealth liability) and/or administration (state/territory liability);
  - b) If apportioned to state/territory then the Commonwealth will pay the claim and seek payment from the state/territory;
  - c) Manufacturing issues include development of blood clots; administration issues include negligence (e.g. accidental delivery of 3 injections);
  - d) The proposal is to backdate the scheme to 22 Feb 2021.
4. Total expected liability has been modelled to be in the vicinity of \$10-20 million but the Department of Health are waiting for further advice from the Australian Government Actuary on this.
5. It is proposed that smaller claims (\$20K) would be settled even if attributable to state/territory processes; that larger claims are to be assessed by a panel of experts (potentially including state and territory representatives as well as medical experts); and that the panel would work out the appropriate compensation amount for the claim.
6. The person making the claim would need to demonstrate harm from vaccine itself (manufacture) or application/injection of vaccine.
7. State and territory representatives present at the meeting fed back that although most were supportive of participating in the process they would like to know more and expect more detail before committing.

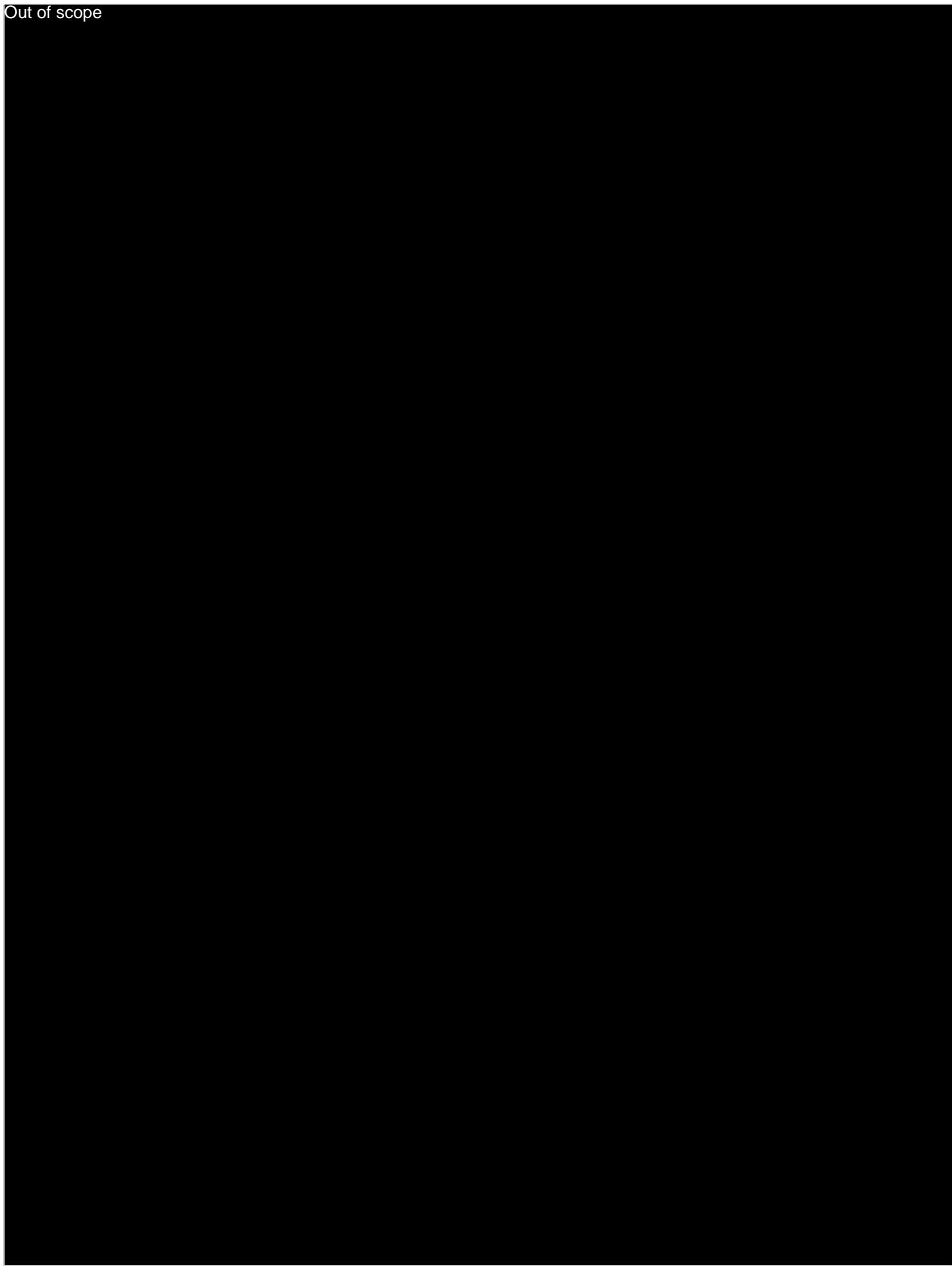
Out of scope



Out of scope




Out of scope



## SENSITIVE - CABINET

Out of scope



Signatory Name: Meg Brighton, Deputy Director-General

Action Officer: Chadia Rad, A/g Senior Director, Ministerial and  
Government Services

**Attachments**

<b>Attachment</b>	<b>Title</b>
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report

# COMMS UPDATE

## Communications report for the **Minister for Health (as 16 August 2021)**

### Known media:

- NIL

### Potential issues:

- NIL

### Communication and media forecast:

Date	Announcement/project	Activity	Comms contact(s)	Approach
Ongoing	COVID-19 vaccine program implementation (below the line activities (non-campaign))	Ongoing communication and promotion via ACT Government channels – social media scheduling and monitoring, COVID-19 website, phone line scripting, stakeholder messaging including fortnightly CHO messages and Community Partner Bulletins.	Jo Spencer Hoami Southwell	Encouraging eligible people to get vaccinated, debunking myths, increasing awareness and understanding of the COVID-19 vaccination program.

Out of scope

# COMMS UPDATE

TBC (August/September)	Healthy Canberra Grants	Companion House video about refugees on the COVID front line	Andrew Benson	Share on social media. Possible direct pitch to Sunday Canberra Times.
Out of scope				
Week commencing 9 August	COVID-19 vaccinations	<b>Social:</b> <ul style="list-style-type: none"> <li>Children aged 12-15 who have a higher risk of severe illness are now eligible for a Pfizer COVID-19 vaccine.</li> <li>Pregnant people now eligible for vaccinations</li> <li>New COVID-19 vaccines resources webpage</li> </ul> <b>External (below the line) comms:</b> <ul style="list-style-type: none"> <li>Aged, disability and health care workers – you're prioritised, get a vaccination now.</li> </ul> <b>Campaign (paid):</b> <ul style="list-style-type: none"> <li>Finalising communication plan for burst three</li> <li>Our Canberra September – liftout</li> </ul>	Hoami Southwell	Information and awareness Social media, web, CHO message, Community Partner Updates, stakeholder channels, communication resources
Out of scope				



**ACT Health**

# COMMS UPDATE

Out of scope

---





# COMMS UPDATE

## Major campaigns and communication strategies

Campaign Dates	Description and channels	Referral to Independent Review (Y/N)	Comms contact(s)
Out of scope			
<p><b>COVID-19 vaccine public information campaign</b> (supporting program roll out)</p> <p>Burst one: in market 19 May – 20 June</p> <p>Burst two: in market 21 June – mid August</p> <p>Burst three: in market August - December</p>	<p>Currently upscaling campaign, as approved by Minister’s Office, to support a successful rollout of the ACT’s COVID-19 vaccine program.</p> <ul style="list-style-type: none"> <li>• Social media targeted to CALD, ATSI and 30+</li> <li>• Digital (CT and search terms)</li> <li>• Print (Canberra Weekly and Canberra Times)</li> <li>• Mainstream, community (in language) and ATN radio</li> <li>• Whole of government communication channels</li> </ul>	<p>Yes</p>	<p>Jo Spencer/Hoami Southwell</p>

# COMMS UPDATE

Out of scope

## Community engagement and consultation activities

Date	Name and purpose of engagement	Location/channel	Notes
------	--------------------------------	------------------	-------

Out of scope

## Upcoming reports and publications



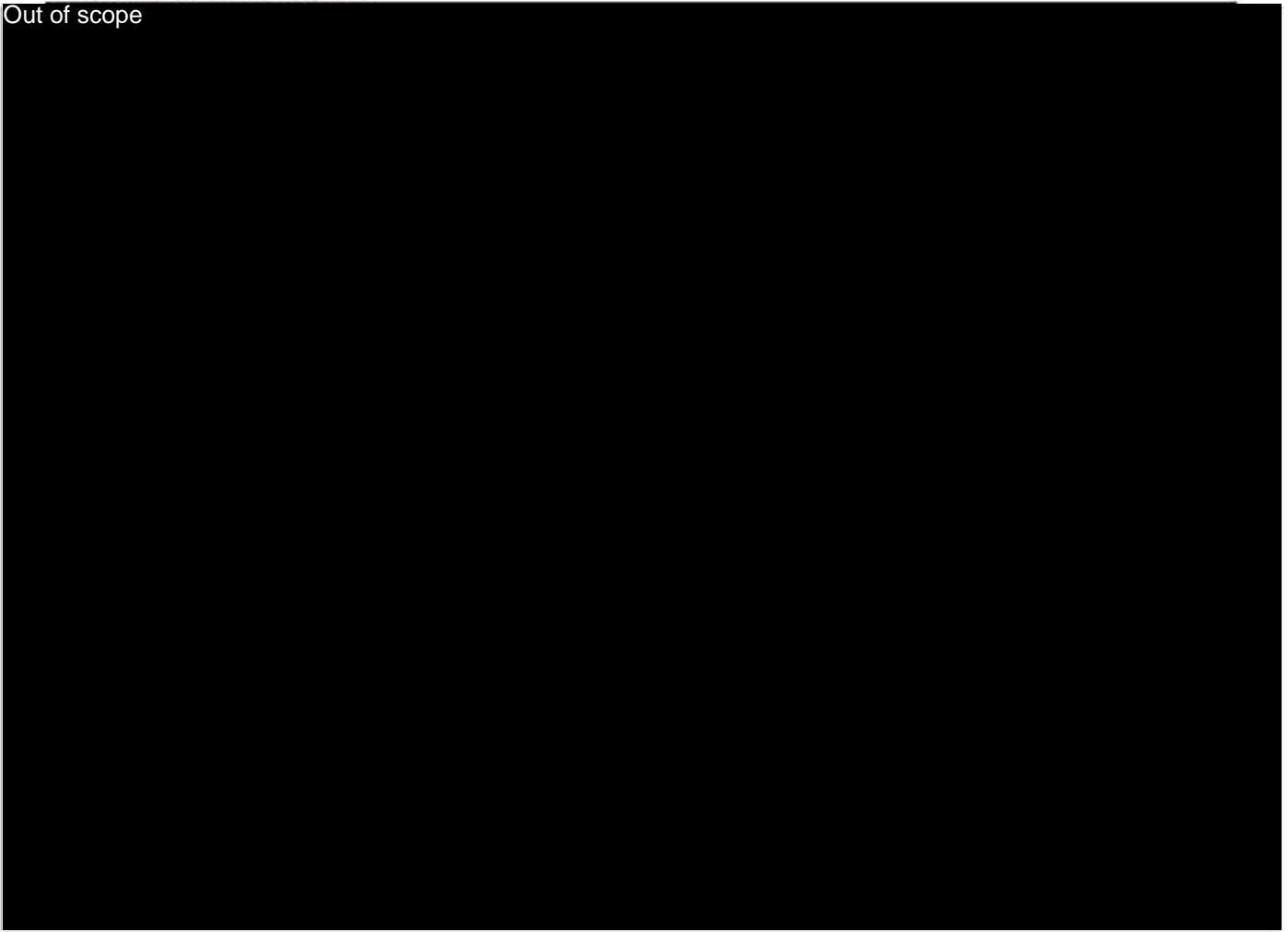
# COMMS UPDATE

Date	Report/publication
Out of scope	

**FREEDOM OF INFORMATION ACCESS APPLICATIONS**

**ACT Health Directorate**

Out of scope



**Minister for Health**

REPORTING PERIOD

Week of 23 August 2021

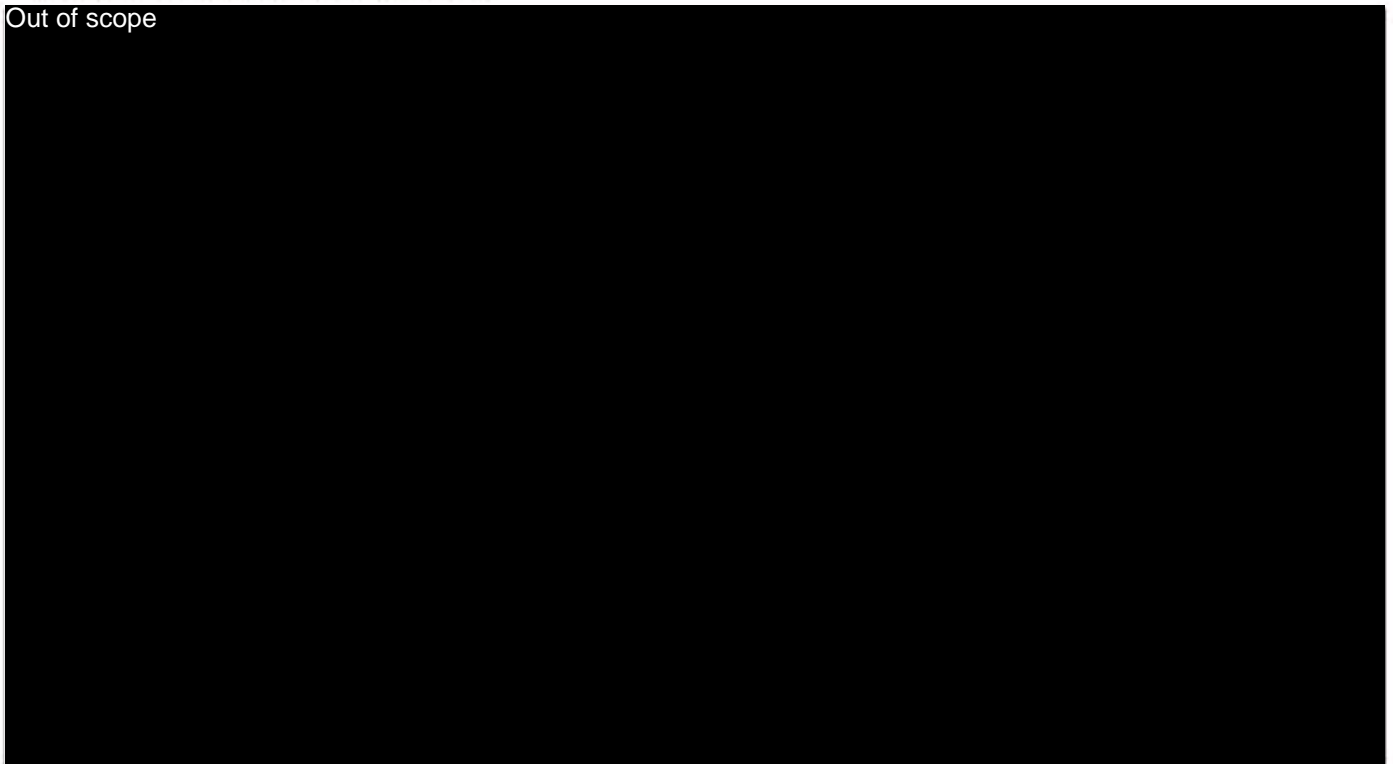
Schedule 1.6 Cabinet information

**ASSEMBLY**

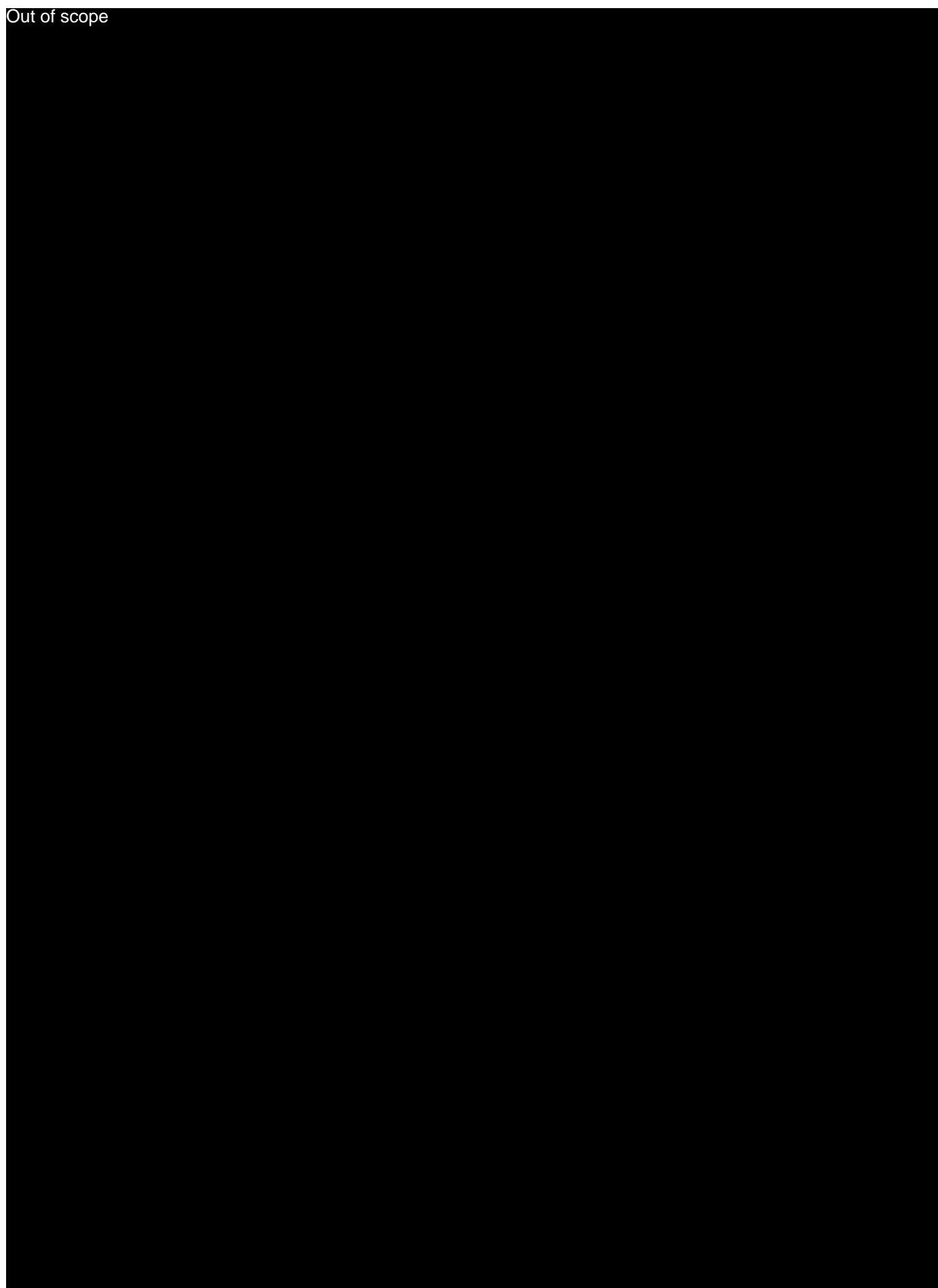
The next ACT Legislative Assembly sitting period is anticipate for the 16 September 2021, following Cabinet endorsement of the revised 2021 sitting program.

The Senior Director, Ministerial & Government Services continues to consult with your office prior to the next sitting to determine any requirements.

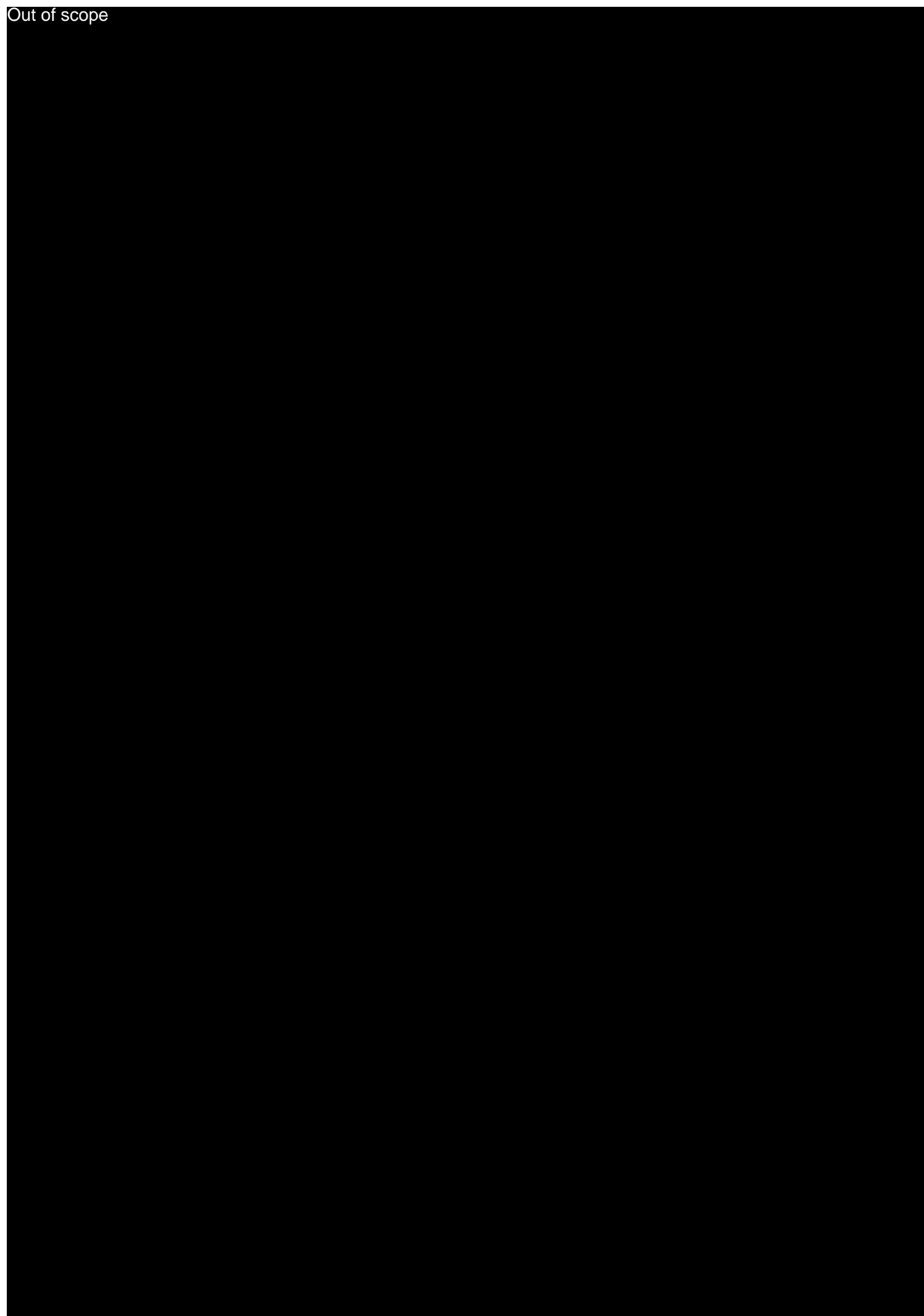
Out of scope



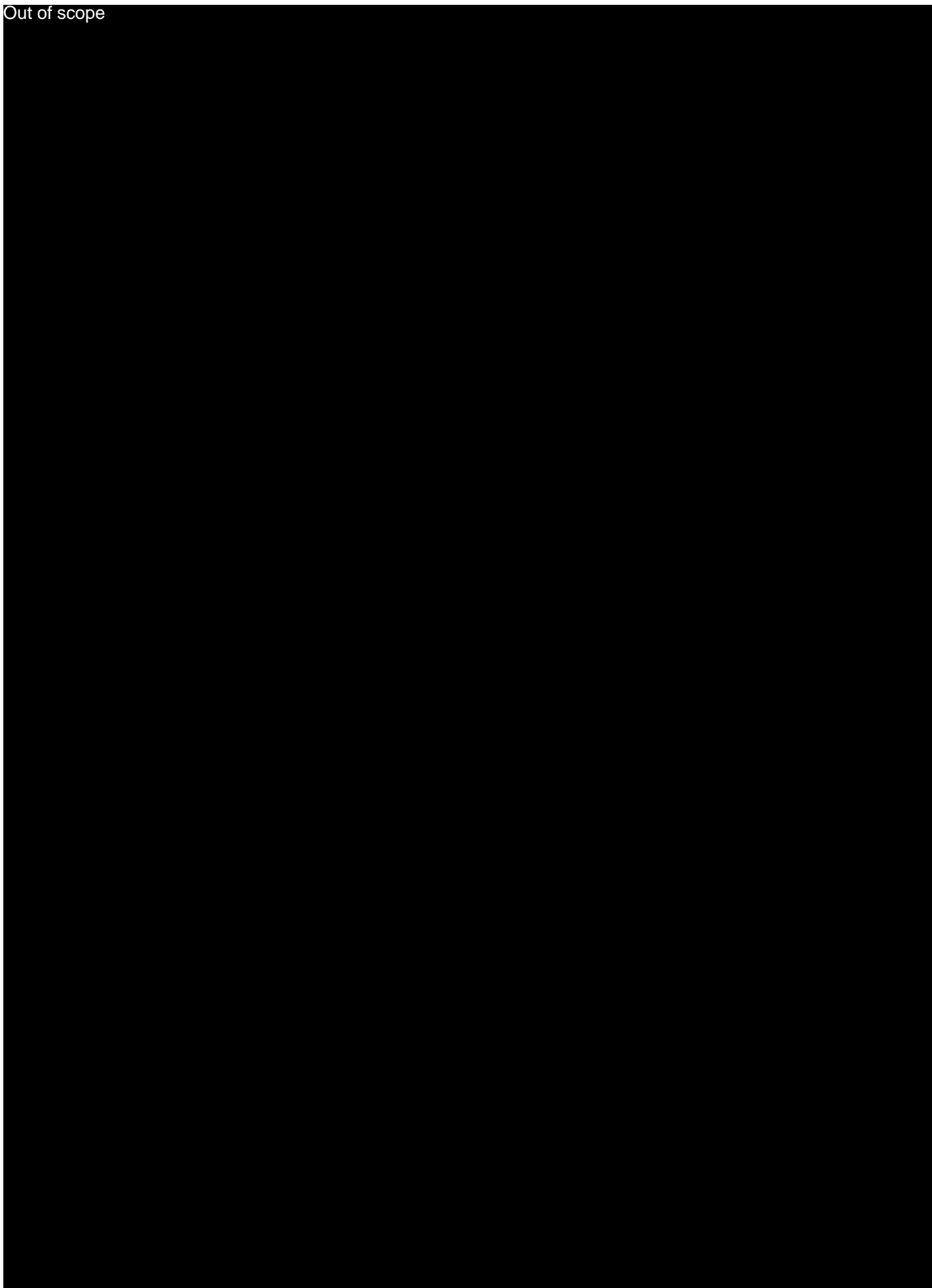
Out of scope



Out of scope

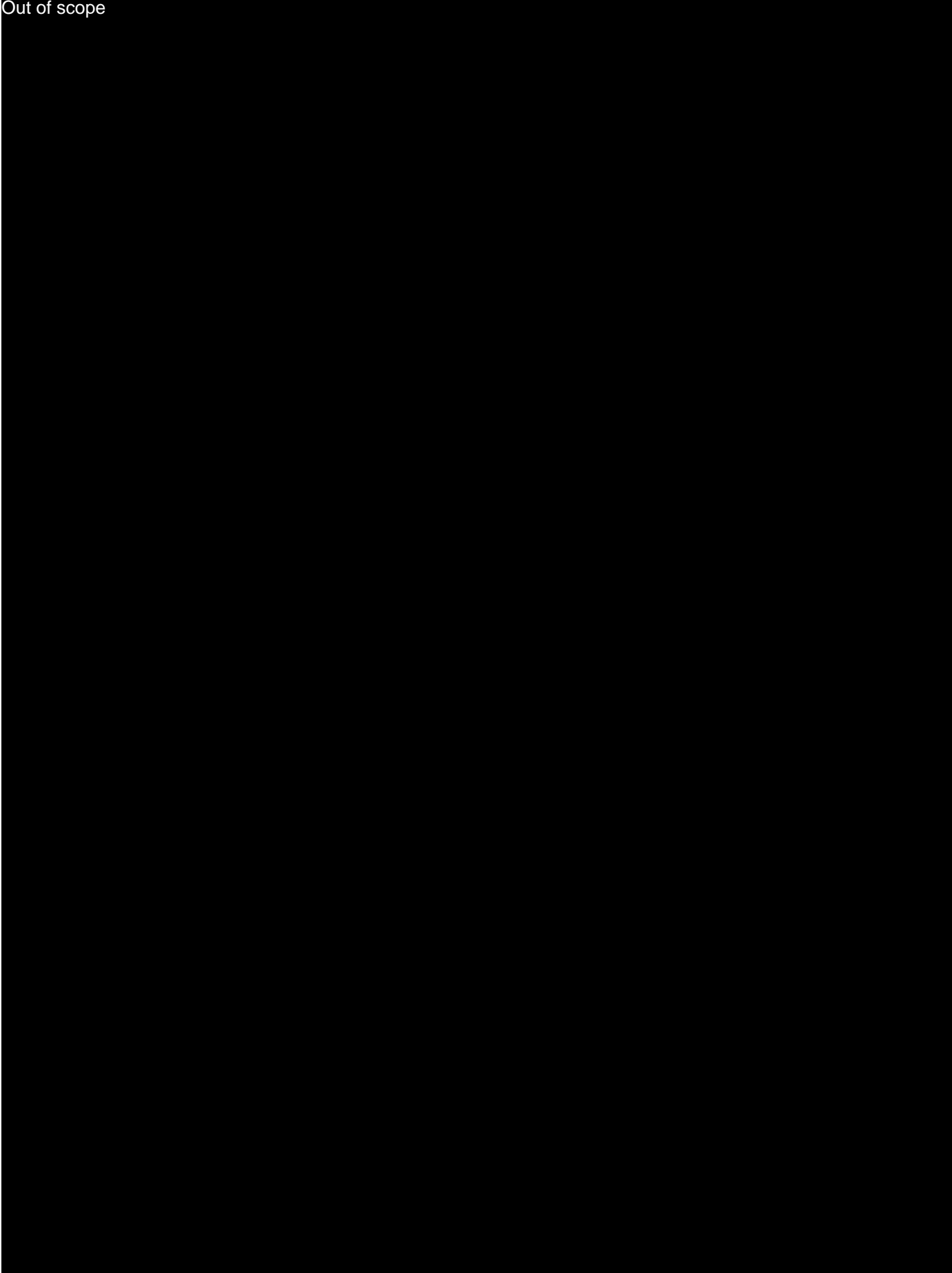


Out of scope

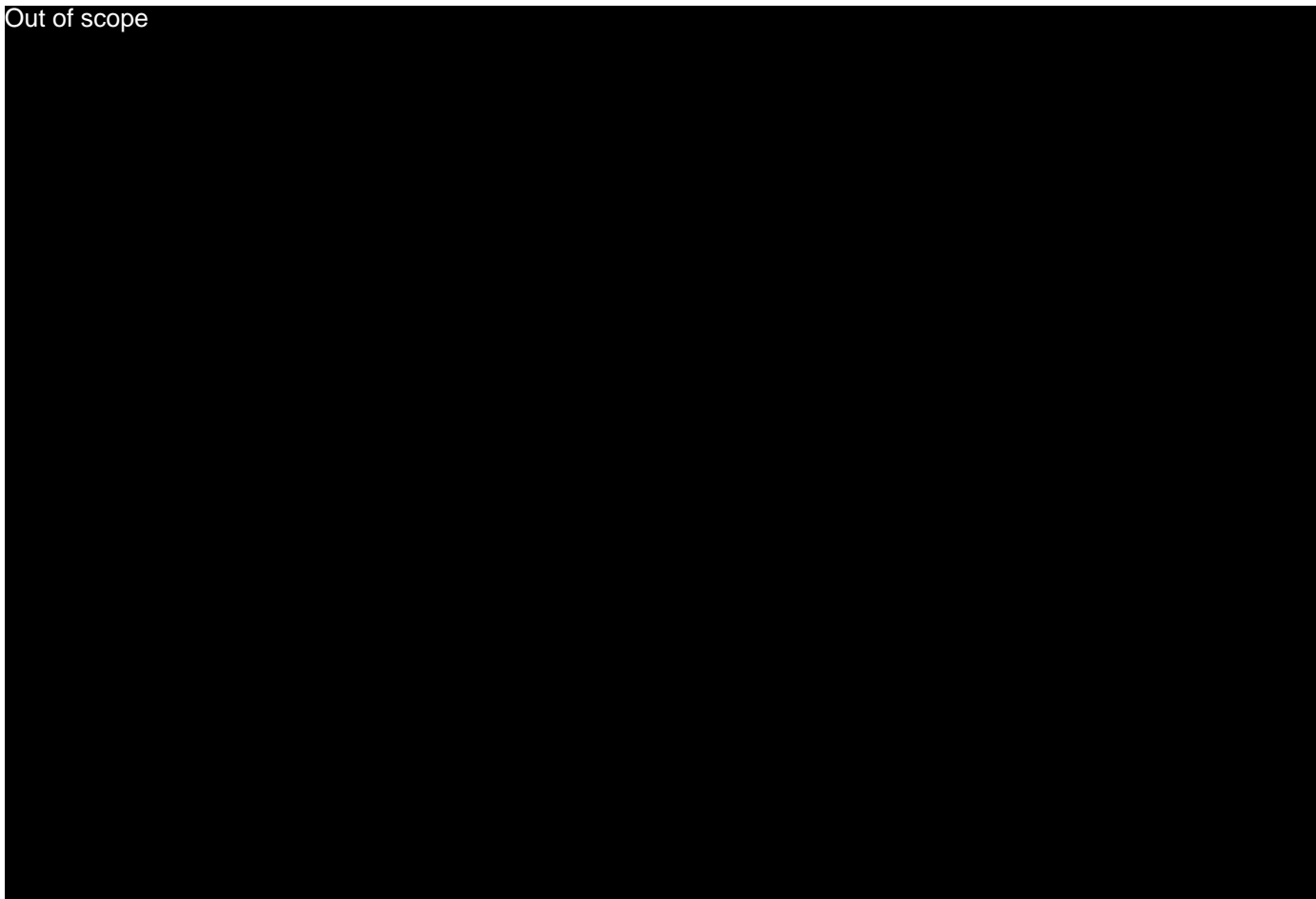




Out of scope



Out of scope







































**ACT**  
Government

**ACT Health**

OFFICIAL

CAVEAT BRIEF

FOR OFFICIAL USE ONLY

**To:** Rachel Stephen-Smith MLA, Minister for Health  
Andrew Barr MLA, Chief Minister

**cc:** Head of Service  
Director-General, ACT Health Directorate  
Interim Chief Executive Officer, Canberra Health Services  
Coordinator-General, COVID-19 (Non-Health)

**From:** Vanessa Johnston, Acting Chief Health Officer

**Subject:** COVID-19 Vaccination Program – Week 27 Data Report

#### Issues

- This weekly report (Week 27) includes data as at end of day Wednesday 25 August 2021. Refer to Attachment A – COVID-19 Vaccination Program Report.
- Initiatives to improve the vaccination rates among Residential Aged Care Facilities staff have produced clear positive results, as shown by the data made available by Department of Health this week (Table 5). There are now 82% of staff of ACT Residential Aged Care Facilities staff who have had a first dose (up from 66% on 18 August). This increased has moved the ACT from last amongst jurisdictions for RACF staff coverage to second with only the Northern Territory having a higher rate at 85%. There are now 47% of ACT Residential Aged Care Facilities staff who have had a second dose. A similar increase in second dose vaccination rates will occur in coming weeks according to the three week gap for Pfizer doses. We also understand that targeted RACF staff only vaccination clinics run by Aspen Medical and promoted by ACT Health and Capital Health Network are at capacity next week.
- The ACT Government clinic data shows a substantial increase in vaccination uptake at ACT clinics by health, aged care and disability support workers (Table 5). There are now 23,637 people in this group who have had a first dose, an increase of 2,301 since the previous week. A dedicated ACT COVID-19 vaccination line for aged care workers was established to fast-track bookings – this is answered as first priority by the booking call centre and vaccination appointments are guaranteed within a few days.
- The big focus on initiatives to improve the vaccination rates will shift to disability workers this week. This includes a targeted CHO letter to disability providers and their workers highlighting the dedicated ACT COVID-19 vaccination line initiative plus vaccination in-reach options available for their disability support organisations. Data from the Department of Health shows that currently just 54% of screened NDIS staff have received a first dose (Table 4).

## OFFICIAL

- With the opening of eligibility for vaccination of the 30 to 39 year age group on 3 August, over 27,000 have received a first dose (38% of this age cohort) and over 14,500 have received a second dose (20% of this age group) (Table 1). There are almost 38,000 future appointments booked at ACT clinics for a first dose for this age group (Table 11). When complete, 92% of 30 to 39 year olds will be covered with a first dose.
- Registrations for people aged 16 to 29 opened on 23 August. In the three days since opening, over 20,000 registrations have been received.
- As at 7:00am 19 August, the first available appointments for eligible individuals seeking a vaccination are 24 October (Week 32) at Garran (Pfizer); 27 October (Week 32) at the Airport Precinct Clinic (Pfizer); 2 November for the Access and Sensory Clinic (Pfizer); and 26 August at Calvary (AstraZeneca).
- Next available appointment dates do not include the prioritised weekly reserved appointments for health, aged and disability care workers. We are also offering prioritised appointments to people in mandatory quarantine who are unable to attend their scheduled vaccination appointment due to movement restrictions.
- Increased opportunities for appointments at the Access and Sensory Clinic will be developed this week in conjunction with disability representatives and stakeholders. This will hopefully ensure that first available appointment for this clinic moves to less than a couple of weeks.
- On 15 August the Commonwealth government announced additional Pfizer vaccine doses from the Republic of Poland to arrive in Australia and distributed across states and territories in Week 26. Of these 530,010 doses are prioritised for the 12 Greater Sydney Local Government Areas. The remaining 470,340 Pfizer doses are distributed on a per capita basis to other states and territories, to fast-track the vaccination of 20 to 39 year olds and other high risk groups.
- Under this arrangement, the ACT has obtained an additional 14,040 doses in Week 26. These doses have been directed to the priority vaccination of health, aged care and disability workers including additional workforce brought on board to manage testing, vaccination, to manage the current outbreak.

**Noted / Please Discuss**

.....  
**Rachel Stephen-Smith MLA**  
**Minister for Health**  
 ..../..../2021

Contact Officer: Charmaine Smith  
 Contact Number: Schedule 2.2(a)(ii) Privacy  
 Date: 26 August 2021

## COVID-19 Vaccination Program Report

### List of Tables

#### Immunisation across the ACT community

- Table 1. All COVID-19 vaccine doses administered to ACT residents (all providers) as reported in the Australian Immunisation Register, by age group and as a proportion of the population as at 25 August 2021.
- Table 2. All COVID-19 vaccine doses administered to Aboriginal and Torres Strait Islander ACT residents and non-Aboriginal and Torres Strait Islander ACT residents reported in the Australian Immunisation Register (AIR), by age group and as a proportion of the eligible population as at 25 August 2021.
- Table 3. Residential aged care in the ACT, My Aged Care portal, staff and residents vaccinated by state and territory as at 25 August 2021.
- Table 4. National Disability Insurance Scheme, recipients aged 16 and over vaccinated by living arrangement, ACT and Australia as at 20 August 2021
- Table 5. ACT Government COVID-19 clinics, number of vaccine doses administered to eligibility cohorts to 25 August 2021 and change since 18 August 2021.
- Table 6. COVID-19 vaccine doses administered in the ACT and proportion of doses to non-ACT residents; ACT Government (ACT Health data) and all vaccination providers, as at 25 August 2021

#### Vaccine supply

- Table 7. Forecast weekly supply of COVID-19 vaccine doses from the Commonwealth to the ACT (ACT Government and Primary Care), by vaccine brand.

#### Vaccine administration

- Table 8. ACT Government COVID-19 vaccine doses administered per week by vaccine brand, to 25 August 2021.

#### ACT vaccine demand

- Table 9. ACT Government COVID-19 clinics, number of vaccination bookings made per week by booking method to 25 August 2021
- Table 10. ACT Government COVID-19 clinics, future vaccine appointments for all doses by week of appointment date, number and proportion of clinic capacity, for Weeks 27 (from 26 August) to Week 35.
- Table 11. ACT Government COVID-19 clinics, number of future first dose vaccination appointments by age of person booking and vaccine brand as at 25 August 2021.
- Table 12. ACT Government COVID-19 Pfizer and AstraZeneca clinics, vaccine appointments cancelled and proportion immediately rebooked by dose number, per week to 25 August 2021
- Table 13. ACT Government COVID-19 Pfizer and AstraZeneca clinics, vaccine appointments not attended, number and as a proportion of booked appointments, per week to 25 August 2021

#### Vaccine booking line activity and performance

- Table 14. Calls to ACT Government COVID-19 vaccine booking line, 19 August to 25 August 2021.

## OFFICIAL

### Immunisation across the ACT community

**Table 1. All COVID-19 vaccine doses administered to ACT residents (all providers) as reported in the AIR, by age group and as a proportion of the eligible population as at 25 August 2021<sup>1,2</sup>**

Age group	First dose	Population covered with first dose	Second dose	Population covered with two doses
12 to 15	234	1.2%	38	0.2%
16 to 19	2,842	14.8%	990	5.1%
20 to 29	22,106	33.2%	9,433	14.2%
30 to 39	27,194	38.3%	14,552	20.5%
40 to 49	47,336	79.9%	35,036	59.2%
50 to 59	42,505	86.3%	27,731	56.3%
60 to 69	34,020	88.3%	17,987	46.7%
70 to 79	26,215	99.5%	19,298	73.2%
80 and above	13,474	99.3%	10,142	74.8%
<b>Total 12 and over<sup>3</sup></b>	<b>216,565</b>	<b>59.6%</b>	<b>135,307</b>	<b>37.2%</b>
<b>Total 16 and over<sup>3</sup></b>	<b>216,331</b>	<b>62.9%</b>	<b>135,269</b>	<b>39.4%</b>

Note:

1. This table provides data for ACT residents vaccinated by all vaccination providers reporting to the Australian Immunisation Register (AIR), including ACT Government clinics.
2. Vaccinations occurring in the ACT for non-ACT residents are not included in this table.
3. Age data is missing for 639 first dose and 100 second dose cases.

Source: Australian Immunisation Register, QLIK reports. Population estimates are sourced from ACT Government Treasury projections, 2021 estimate.

**Table 2. All COVID-19 vaccine doses administered to Aboriginal and Torres Strait Islander ACT residents and non-Aboriginal and Torres Strait Islander ACT residents reported in the Australian Immunisation Register, by age group and as a proportion of the eligible population as at 25 August 2021<sup>1</sup>**

Age group	First dose	Population covered with first dose <sup>2</sup>	Second dose	Population covered with two doses <sup>2</sup>
<b>Aboriginal and Torres Strait Islander residents</b>				
12 to 59	2,259	41.2%	1,372	25.0%
60 and above	490	111.6%	311	70.8%
<b>Total<sup>3</sup></b>	<b>2,749</b>	<b>46.4%</b>	<b>1,683</b>	<b>28.4%</b>
<b>Non-Aboriginal and Torres Strait Islander residents</b>				
12 to 59	135,777	48.6%	84,242	32.4%
60 and above	73,594	94.3%	47,151	60.4%
<b>Total<sup>3</sup></b>	<b>209,371</b>	<b>61.9%</b>	<b>131,393</b>	<b>38.8%</b>

Note:

1. This table provides vaccinations for Aboriginal and Torres Strait Islander ACT residents by all vaccination providers reporting to the AIR, including ACT Government clinics.
2. Vaccinations occurring in the ACT for non-ACT residents are not included in this table.
3. There are 4,221 first dose vaccinations and 2,169 second dose vaccinations to people for whom Aboriginal and Torres Strait Islander status is unknown (not included in the table).
4. The proportion of older (over 60 years) Aboriginal and Torres Strait Islander people living in the ACT who are vaccinated with one dose exceeds 100%. Under reporting of Aboriginal and Torres Strait Islander in the Census and relevant administrative data collections has resulted in estimates of the population that are below the actual population.

Source: Australian Immunisation Register, QLIK reports. Population estimates are sourced from ACT Government Treasury projections, 2021 estimate.

## OFFICIAL

**Table 3. Residential aged care in the ACT, My Aged Care portal, staff and residents vaccinated by state and territory as at 25 August 2021.<sup>1,2</sup>**

Jurisdiction	Staff			Residents		
	Number	Percent Dose 1	Percent Dose 2	Number	Percent Dose 1	Percent Dose 2
ACT	3,089	82.0%	47.2%	2,357	92.7%	82.3%
NSW	83,011	78.7%	58.1%			
VIC	75,294	80.5%	59.6%			
QLD	51,472	71.2%	45.9%			
SA	27,785	74.5%	52.1%			
WA	24,652	68.4%	42.9%			
TAS	7,958	65.4%	48.4%			
NT	920	84.9%	71.2%			
<b>Total</b>	<b>274,181</b>	<b>76.1%</b>	<b>53.9%</b>			

Note:

1. Staff vaccinated is reported by RACs through the Commonwealth My Aged Care Portal. Reporting is mandatory for Aged Care Organisations. Reporting of vaccination status is not obligatory for staff.
2. Staff working at more than one facility are counted only once. May include administration staff.
3. State and Territory comparisons for resident vaccinations were not made available this week.

Source: Commonwealth My Aged Care Portal.

**Table 4. National Disability Insurance Scheme, recipients aged 16 and over by living arrangement and NDIS screened staff vaccinated, ACT and Australia as at 20 August 2021.**

	Number of persons	Percent Dose 1	Percent Dose 2
<b>Australian Capital Territory</b>			
Supported Independent Living	447	74.0%	64.4%
Residential Aged Care	40	92.5%	85.0%
All NDIS recipients aged 16 and over	5,025	54.5%	35.1%
NDIS screened staff	686	54.2%	35.4%
<b>Australia</b>			
Supported Independent Living	22,368	64.9%	47.6%
Residential Aged Care	4,925	78.0%	71.4%
All NDIS recipients aged 16 and over	267,526	44.9%	26.9%
NDIS screened staff	164,660	53.6%	34.6%

Source: National Disability Insurance Scheme and AIR data matching undertaken by Australian Government, Department of Health.

## OFFICIAL

**Table 5. ACT Government COVID-19 clinics, number of vaccine doses administered to eligibility cohorts to 25 August 2021 and change since 18 August 2021**

Cohort	Dose 1	Change since 18 August	Dose 2	Change since 18 August
Health, aged care, or disability workers (inc. frontline) <sup>2</sup>	23,637	2,301	17,952	888
Carers	3,547	236	2,434	414
People with a disability or underlying medical condition	9,187	533	6,924	745
Quarantine or border workers	476	46	304	46
Close & household contacts of quarantine & border worker	923	232	514	71
Critical and high-risk workers	6,453	413	4,919	435
Aboriginal or Torres Strait Islander persons (aged 12+)	494	55	276	66
Aged 30 years and over	65,514	4,665	42,310	6,305
Aged 16 years to 29 years	56	56	24	24
Pregnant aged 16 and over	466	108	149	93
Exceptions (including for travel)	4,959	217	4,153	114
Other	1,094	116	15	-1
<b>Total<sup>1</sup></b>	<b>116,806</b>	<b>8,978</b>	<b>79,974</b>	<b>9,200</b>

Note:

1. Only one eligibility category is selected per person to determine their priority for vaccination. A person may belong to more than one of the categories. E.g, a frontline health worker may also be an Aboriginal and Torres Strait Islander person but will only be counted in the category selected.
2. The weekly change in vaccinations for health, aged care and disability workers is monitored to demonstrate the level of uptake of the reserved appointments for this group.

Source: ACT Health Data Repository.

**Table 6. COVID-19 vaccine doses administered in the ACT and proportion of doses to non-ACT residents; ACT Government (ACT Health data) and all vaccination providers, as at 25 August 2021**

	ACT Government administered doses (ACT Health records) <sup>1</sup>	ACT Government administered doses % to non-ACT residents	All providers administered doses (Department of Health) <sup>2</sup>	All providers administered doses % to non- ACT residents <sup>3</sup>
First dose	116,806	10%	262,726	18%
Second dose	79,974	9%	165,857	18%
<b>Total doses</b>	<b>196,783</b>	<b>10%</b>	<b>429,311</b>	<b>18%</b>

Notes:

1. For three doses that were administered at ACT Government clinics, the first or second dose category was not recorded.
2. Department of Health reported vaccine doses and AIR QLIK reported vaccine doses do not align due to such issues as differences in the timing of uploads and extractions.
3. Proportion of doses administered to non-ACT residents by all providers is extracted from the AIR QLIK report for vaccination providers located in the ACT.

Source: ACT Health Data Repository, vaccine dashboard. Extract of ACT Government clinic data submitted to the Australian Immunisation Register (AIR). AIR data for all providers vaccinating in the ACT from the AIR, QLIK reports.

## OFFICIAL

## ACT vaccine supply

Table 7. Forecast weekly supply of COVID-19 vaccine doses from the Commonwealth to the ACT (ACT Government and Primary Care), by vaccine brand.

ACT stock on hand, 23 August		Forecast supply						
Week number		26	27	28	29	30	31	32
Week commencing		16-Aug	23-Aug	30-Aug	06-Sep	13-Sep	20-Sep	27-Sep
<b>Forecast supply to ACT Government clinics</b>								
Pfizer doses <sup>1</sup>	21,804	29,370	14,040	14,040	14,040	17,550	17,550	17,550
AstraZeneca doses <sup>2</sup>	2,730	3,400	3,400	3,400	3,400	3,400	3,400	3,400
<b>Total</b>	<b>24,534</b>	<b>32,770</b>	<b>17,440</b>	<b>17,440</b>	<b>17,440</b>	<b>20,950</b>	<b>20,950</b>	<b>20,950</b>
<b>ACT Government clinics ordered supply by week of delivery</b>								
Pfizer doses <sup>1</sup>		15,330	28,080	14,040	14,040			
AstraZeneca doses <sup>2</sup>		-	3,400	3,400	3,400			
<b>Total</b>		<b>15,330</b>	<b>31,480</b>	<b>17,440</b>	<b>17,440</b>			
<b>Forecast supply to primary care</b>								
Pfizer doses		6,060	6,060	6,060	8,700	8,700	8,700	8,700
AstraZeneca doses		38,400	38,400	38,400	35,900	35,900	35,900	35,900
<b>Total</b>		<b>44,460</b>	<b>44,460</b>	<b>44,460</b>	<b>44,600</b>	<b>44,600</b>	<b>44,600</b>	<b>44,600</b>
<b>Total all vaccine (ACT Gov ordered and Primary care forecast)</b>		<b>59,790</b>	<b>75,940</b>	<b>61,900</b>	<b>62,040</b>			

## Note:

1. Commonwealth data assumes six doses from every Pfizer vial to calculate utilisation rate. The number of doses achieved per vial is subject to availability of low dead space needles and syringes. The ACT clinics are consistently extracting six doses per vial.
2. The ACT Government has elected to suspend supply of AstraZeneca to utilise existing stock on hand. Additional AstraZeneca supplies have been provided from DFAT. Ordering occurs when required.
3. Under dynamic reallocation principles, vaccines not able to be utilised by Primary Care will be redirected to ACT Government Clinics. An additional 1,290 Pfizer doses were provided in Week 26 under this arrangement. The additional supply from Poland was made available in Week 26 but ordered in Week 27.

Source: Stock on hand: ACT Health Data Repository, vaccine dashboard. Extract of data from CHS Merlin inventory system. Forecast supply: ACT Allocation, 16 August, as provided by National COVID Vaccine Taskforce.



## OFFICIAL

## Vaccine administration

Table 8. ACT Government COVID-19 clinics, vaccine doses administered per week by vaccine brand, to 25 August 2021<sup>1</sup>.

Week	Pfizer			AstraZeneca		
	Dose 1	Dose 2	Total doses <sup>2</sup>	Dose 1	Dose 2	Total doses
Cumulative to Week 22	66,303	40,894	107,197	13,350	4,640	17,990
Week 23	9,264	4,959	14,223	266	861	1,127
Week 24	9,526	5,001	14,527	200	904	1,104
Week 25	6,129	8,077	14,206	153	1,030	1,183
Week 26	7,308	8,879	16,187	462	631	1093
Week 27 (23 to 25 Aug)	3,635	3,748	7,383	210	350	560
<b>Total</b>	<b>102,165</b>	<b>71,558</b>	<b>173,726</b>	<b>14,641</b>	<b>8,416</b>	<b>23,057</b>

Note:

1. This data only includes vaccinations administered by ACT Government. It does not include those administered in the ACT through the Australian Government program.
2. For three doses that were administered at ACT Government clinics, the first or second dose category was not recorded.

Source: ACT Health Data Repository. Extract of data sourced from EPIC.

## ACT vaccine demand

Table 9. ACT Government COVID-19 clinics, number of vaccination bookings made per week by booking method to 25 August 2021<sup>1</sup>.

Week	Online booking	Phone booking	Total bookings
Week 23	3,972	4,495	8,467
Week 24	27,167	8,314	35,481
Week 25	9,912	8,326	18,238
Week 26	15,785	10,251	26,036
Week 27 (23 to 25 August)	5,578	3,028	8,606

Note:

1. This table reports the data for the date a booking is made, not the date of the appointment secured.

Source: ACT Health Data Repository. Extract of data sourced from EPIC.

## OFFICIAL

**Table 10. ACT Government COVID-19 clinics, future vaccine appointments for all doses by week of appointment date, number and proportion of clinic capacity<sup>1</sup>, for Weeks 27 (from 26 August) to Week 35.**

Week	Pfizer clinics		AstraZeneca clinics	
	Number	Proportion of capacity <sup>2</sup>	Number	Proportion of capacity <sup>3</sup>
Week 27 (26 to 29)	9,436	94%	542	85%
Week 28	14,853	85%	701	55%
Week 29	14,696	84%	438	34%
Week 30	12,364	71%	641	50%
Week 31	6,541	37%	803	63%
Week 32	6,519	37%	440	35%
Week 33	6,465	37%	304	24%
Week 34	6,475	37%	261	20%
Week 35	6,269	36%	179	14%

*Note:*

1. When a booking for a first dose appointment is made, a second dose appointment is reserved but is not confirmed until the first dose appointment occurs. For Pfizer clinics the reserved second dose appointment is at an interval of 21 days. This is why utilisation of clinic capacity appears to be low three weeks from the current date. In addition, the lower than capacity use of Pfizer clinics is due to the reservation of appointments for people who identify as health care, aged care and disability support workers and people who could not attend their appointment due to quarantine requirements. The policy intent is to be able to give priority appointments within the week. These are currently being filled.
2. Appointments made as a proportion of clinic capacity is calculated using a denominator of the total number of appointments in a week that are available across all clinics providing the vaccine brand. This includes 3,000 appointments per week reserved for health care, aged care, and disability support workers. These are held open for these workers until 72 hours prior to the appointment time.
3. AstraZeneca clinic is the Calvary Hospital vaccination centre (capacity = 1,274 per week). Capacity was reduced at this clinic by closing on Sundays due to declining demand (Week 23). Garran mass vaccination centre (capacity = 9,786 per week); Access and Sensory Clinic (capacity = 108 per week); and Airport precinct (capacity = 4,620).

*Source:* ACT Health Data Repository, vaccine dashboard. Extract of data sourced from EPIC.

**Table 11. ACT Government COVID-19 clinics, number of future first dose vaccination appointments by age of person booking and vaccine brand as at 25 August 2021.**

Week	Pfizer	AstraZeneca	Total bookings
12 to 19	2,211	0	2,211
20 to 29	5,304	0	5,304
30 to 39	37,963	0	37,963
40 to 49	6,784	0	6,784
50 to 59	3,733	0	3,733
60 to 69	115	187	302
70 to 79	28	50	78
80 and above	7	7	14
<b>Total<sup>3</sup></b>	<b>56,145</b>	<b>244</b>	<b>56,389</b>

*Note:* ACT Government is no longer taking new bookings for AstraZeneca for people aged 50 to 59.

*Source:* ACT Health Data Repository. Extract of data sourced from EPIC.

## OFFICIAL

**Table 12. ACT Government COVID-19 Pfizer and AstraZeneca clinics, vaccine appointments cancelled and proportion immediately rebooked by dose number, per week to 25 August 2021.**

Week	Pfizer clinics				AstraZeneca clinic			
	Dose 1 cancel	Dose 1 % rebook	Dose 2 Cancel	Dose 2 % rebook	Dose 1 cancel	Dose 1 % rebook	Dose 2 Cancel	Dose 2 % rebook
Week 23	2,161	69%	2,063	89%	220	44%	382	65%
Week 24	2,547	73%	2,337	91%	74	41%	291	70%
Week 25	3,269	74%	4,574	93%	66	44%	624	82%
Week 26	4,280	77%	6,447	93%	230	32%	410	58%
Week 27 (23-25 Aug)	2,802	78%	2,904	93%	146	28%	218	53%

Source: ACT Health Data Repository. Extract of data sourced from EPIC.

**Table 13. ACT Government COVID-19 Pfizer and AstraZeneca clinics, vaccine appointments not attended, number and as a proportion of booked appointments, per week to 25 August 2021.**

Week	Pfizer clinics				AstraZeneca clinic			
	Dose 1 no show	Dose 1 % bookings no show	Dose 2 No show	Dose 2 % bookings no show	Dose 1 no show	Dose 1 % bookings no show	Dose 2 No show	Dose 2 % bookings no show
Week 23	95	1%	45	1%	6	3%	22	2%
Week 24	100	1%	27	1%	5	3%	13	2%
Week 25	122	2%	96	1%	7	7%	27	2%
Week 26	198	3%	177	2%	30	8%	30	4%
Week 27 (23-25 Aug)	94	2%	60	1%	23	8%	20	4%

Source: ACT Health Data Repository. Extract of data sourced from EPIC.

## Vaccine booking line activity and performance

**Table 14. Calls to ACT Government COVID-19 vaccine booking line, 19 August to 25 August 2021.**

Date	Incoming calls	Calls dealt with, booking team <sup>1</sup>	Call backs dealt with	Calls dealt with, DSS	Calls dealt with, Access clinic	Average queue time <sup>2</sup>	Maximum queue time
Thu 19 August	4,015	238	1,989	632	132	0:18:29	6:39:42
Fri 20 August	3,074	627	1,334	563	98	0:15:26	8:58:18
Sat 21 August	1,570	324	644	224	43	0:14:47	4:01:31
Sun 22 August	1,328	329	513	195	41	0:14:32	5:10:44
Mon 23 August	5,638	165	3,655	2,177	220	0:16:15	10:10:22
Tue 24 August	5,441	104	4,041	1,012	171	0:19:33	11:59:28
Wed 25 August	4,217	75	348	1,029	152	0:20:26	11:09:32

Note:

1. Call backs dealt with are recorded against the date of request for call back. Requests made on Wednesday 25 August and dealt with the following day will not be included in this report.
2. Incoming call average queue time is the total queue time for all calls (whether answered, hanging up, or opting for another call option) divided by the total number of incoming calls.

Source: ICT telephone record system

## OFFICIAL

**Limitations on data**

- The Australian Government Department of Health have commenced publication of state and territory age and sex specific vaccination rates. These reports vary from figures provided by the Australian Immunisation Register QLIK reports with the same date stamp (accessible to State and Territory officials) and used for ACT population reporting in this brief. Variance may be attributed to different times of extraction from the AIR data repository (affecting the numerator) and possibly different methods of determining residential address (based on Medicare address matching). The Department of Health has not provided information on the differences between the AIR QLIK reports (also managed by Department of Health) and the new reports currently being published. Negligible differences occur due to the differences in population base used in this report (ACT Government Treasury projections for June 2021) compared to the Australian Government Department of Health (ABS Estimated Resident Population for June 2020). See Table A1.

**Table A1. ACT eligible population; ACT Treasury projections and ABS Estimated Resident Population, June 2020**

<b>Age group</b>	<b>ACT Treasury population projections for June 2021</b>	<b>ERP June 2020 (ABS)</b>
16 to 19	19,255	19,251
20 to 29	66,561	66,598
30 to 39	71,028	71,044
40 to 49	59,208	59,234
50 to 59	49,234	49,289
60 to 69	38,547	38,622
70 to 79	26,346	26,395
80 +	13,567	13,580
<b>Total</b>	<b>343,746</b>	<b>344,013</b>

- Figures on vaccine supply, inventory and doses administered are not able to be reconciled. This is due to a range of factors including late delivery of vaccine, notified changes in delivery, the number of doses that can be drawn from Pfizer vials, and some anticipated vaccine wastage due to human error in the complex handling of the Pfizer vaccine and multi-use vials.
- Data discrepancies between the Australian Immunisation Register (AIR) and the ACT Health Data Repository are being monitored with the view to minimising or eliminating differences between the two data sources. On Wednesday 25 August 2021 there was a -0.07% difference between the two data sources for total vaccinations administered.

SENSITIVE - CABINET



## MINISTERIAL BRIEF

ACT Health Directorate

Tracking No.: GBC21/500

**To:** Minister for Health

---

**From:** Meg Brighton, Deputy Director-General

---

**CC:** Rebecca Cross, Director-General

---

**Subject:** Minister's Weekly Brief

---

**Critical Date:** Friday, 27 August 2021

---

**Critical Reason:** To ensure you are briefed on current issues and events.

---

**Recommendations**

That you note the:

- Information in the Minister's Weekly Brief for 16-20 August 2021;
- Media and Communication forecast at (Attachment A);
- Freedom of Information requests update (Attachment B); and
- Ministerial & Government Services Report (Attachment C).

**Noted / Please Discuss**

Rachel Stephen-Smith MLA .....

20/9/21

Minister's Office Feedback

## SENSITIVE - CABINET

**KEY TOPICS/EMERGING ISSUES****COVID-19 – NGO service delivery update**

1. On 18 August 2021, ACT Health Directorate (ACTHD) contacted all funded non-government health service providers and invited feedback on any significant impacts on capacity or changes to modes of service delivery because of the current COVID-19 lockdown.
2. Feedback from providers indicates that services continue to be delivered, albeit with varying levels of staffing and client demand.
3. Staff shortages arising from workers being identified as close contacts and/or testing positive for COVID-19 is a potential risk to the continued delivery of some non-government services. Equally, some providers report their workers are under-utilised because of declining client demand.
4. ACTHD and Community Services Directorate are working jointly with a group of non-government sector leaders, including ACTCOSS, Carers ACT, Health Care Consumers Association and Families ACT, to develop processes to support the redeployment of non-government workers to fill critical staff shortages across both the non-government and government sectors.
5. ACTHD is also continuing to engage with non-government providers to monitor demand for services. There are reports, for example, of very high demand for some mental health services, while demand for Kidsafe services, including the fitting of child car seats, has declined. ACTHD will continue to monitor the situation and provide you with further advice as required.

**Closure of QEII Family Centre due to COVID-19**

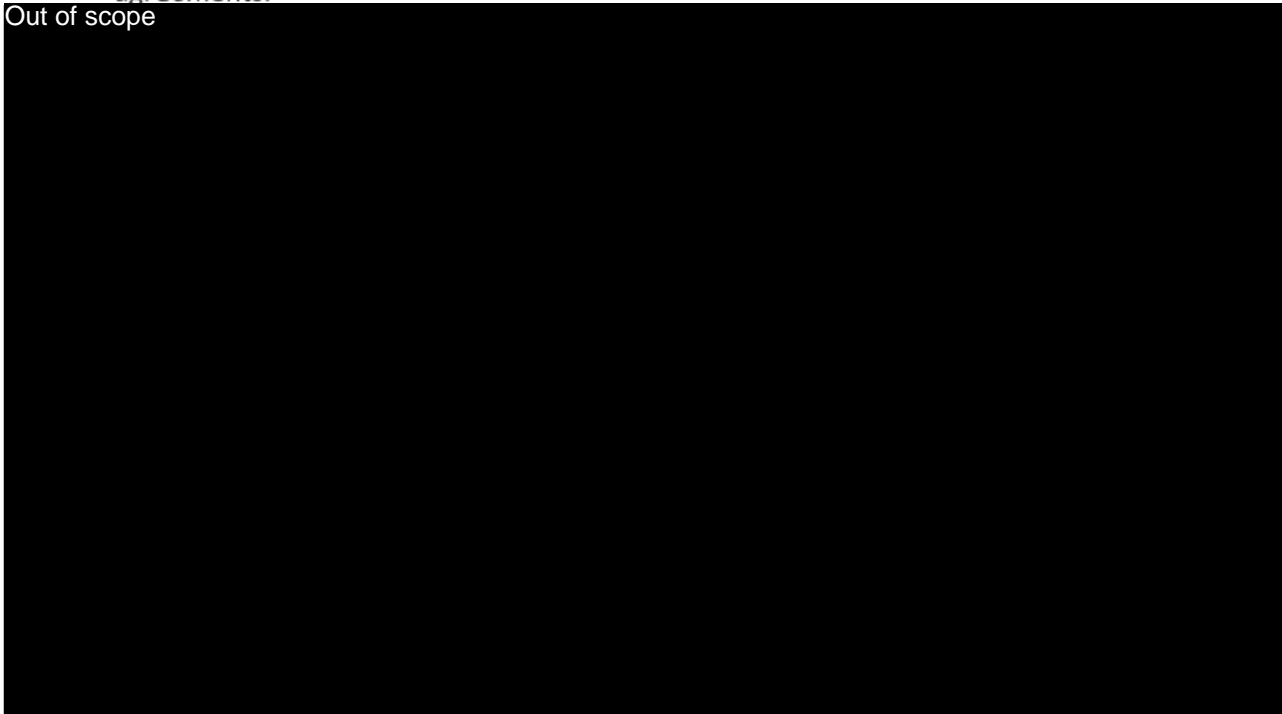
6. On 18 August 2021, Tresillian notified ACTHD that a person who had been at the QEII Family Centre for four days (a father whose family were clients), had been identified as a close contact and advised to get tested for COVID-19.
7. Tresillian undertook an assessment using the CHECC Advice No. 79 – *Quarantine requirements for staff working in Healthcare Settings*.
8. After initial assessment, Tresillian met with Executive Group Manager, Health Services, Planning and Evaluation who advised on the basis of available information that planning should commence to close the Centre on the basis of advice that it would not be able to be staffed safely, because of the number of secondary contacts who were required to leave work for testing and quarantine.
9. Tresillian commenced communication with staff and families about closing the facility pending results of COVID testing on the identified close contact.
10. There were five families receiving care at QEII on 18 August 2021. The last family left the Centre at 19:30 on 18 August 2021. Plans were put in place to provide virtual assistance to identified families while the centre was closed.
11. On 20 August 2021, ACTHD was advised that the close contact had tested negative.
12. Tresillian Chief Executive received updated Clinical Health Emergency Coordination Centre (CHECC) advice and staff commenced back at QEII on Monday 23 August 2021, with plans to admit families on Tuesday, 24 August 2021.

## SENSITIVE - CABINET

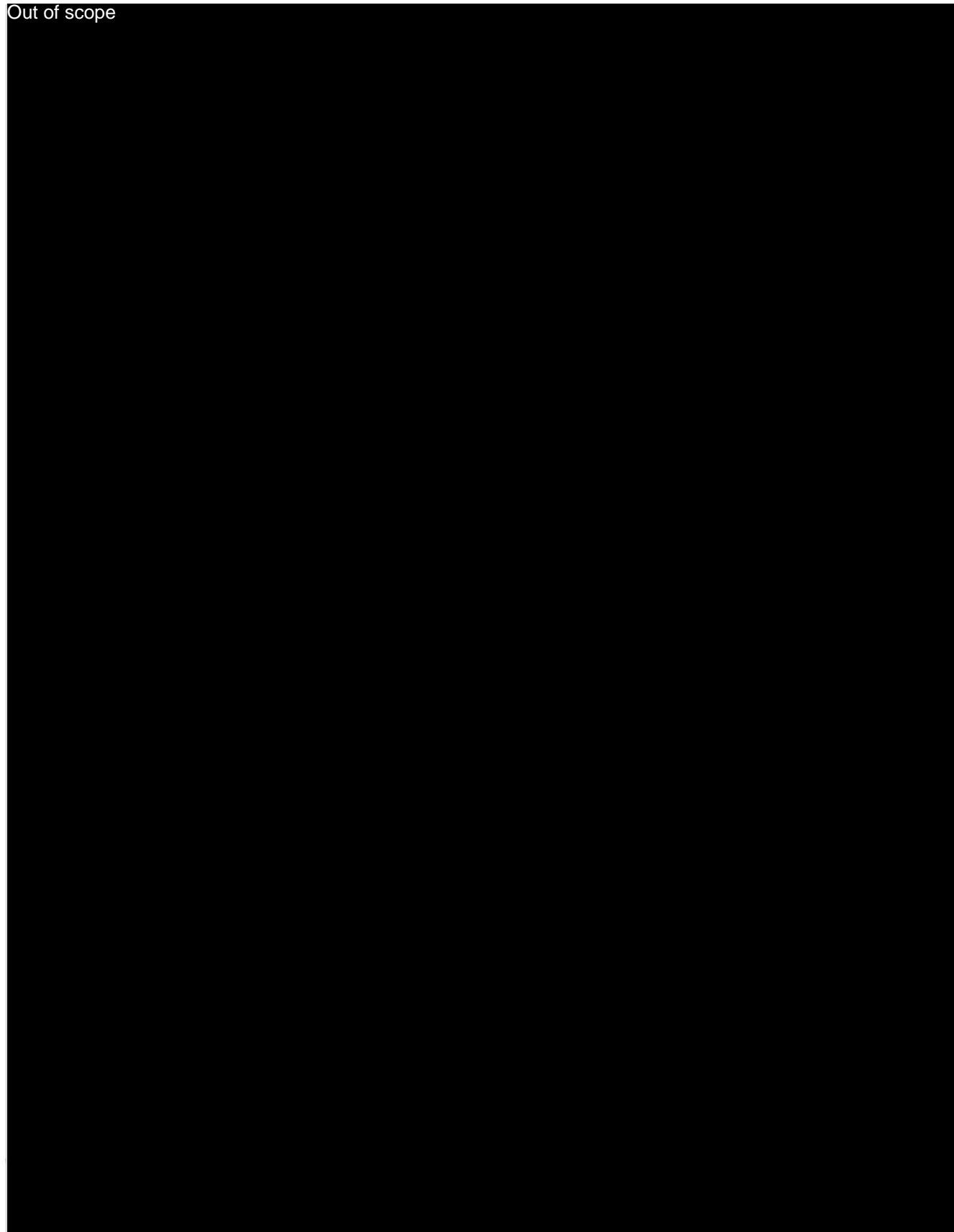
**Work with ACT private hospitals under the COVID-19 response plan:**

13. The Territory is seeking to form agreements with several of the private hospitals in Canberra as part of the COVID-19 response and provided draft agreements on 18 August 2021.
14. The agreements with the private operators will enable the Territory to:
  - a) use the private hospitals' capacity for public patients, which will free space in the public hospitals for treatment of COVID-19 patients as needed;
  - b) second workforce from the private hospitals into the health emergency response, and, potentially, other resources if needed.
15. The agreements will also enable those private hospitals to access a financial viability guarantee payment, fully funded by the Commonwealth, should the Territory's call on their resources have an adverse impact on them financially.
16. The financial viability payment (FVP) is subject to eligibility requirements determined by the Commonwealth under the National Partnership on COVID-19 Response (NPCR).
17. The private hospitals are advanced in their review of the documentation although, as at 23 August 2021, written feedback has been received from only one operator (responsible for operating 2 facilities).
18. ACTHD understands that active operational discussions are continuing between the private hospitals and the CHECC about capacity and workforce availability via the CHECC Health Facility COVID-19 Network. ✓
19. ACTHD is working Canberra Health Services, Health Emergency Control Centre (HECC) and Calvary Public Hospital Bruce on processes related to implementation of the agreements. ✓

Out of scope

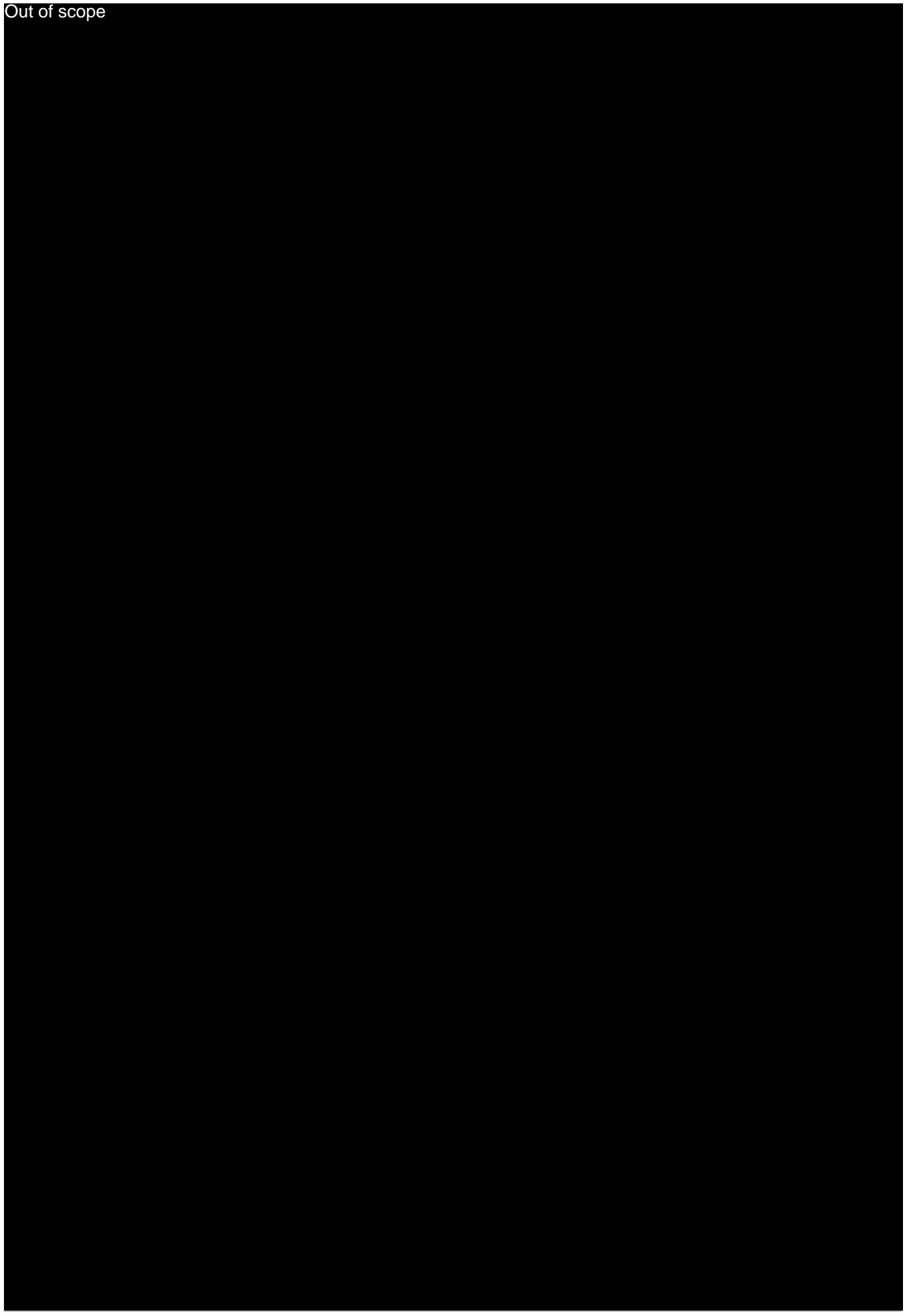


Out of scope

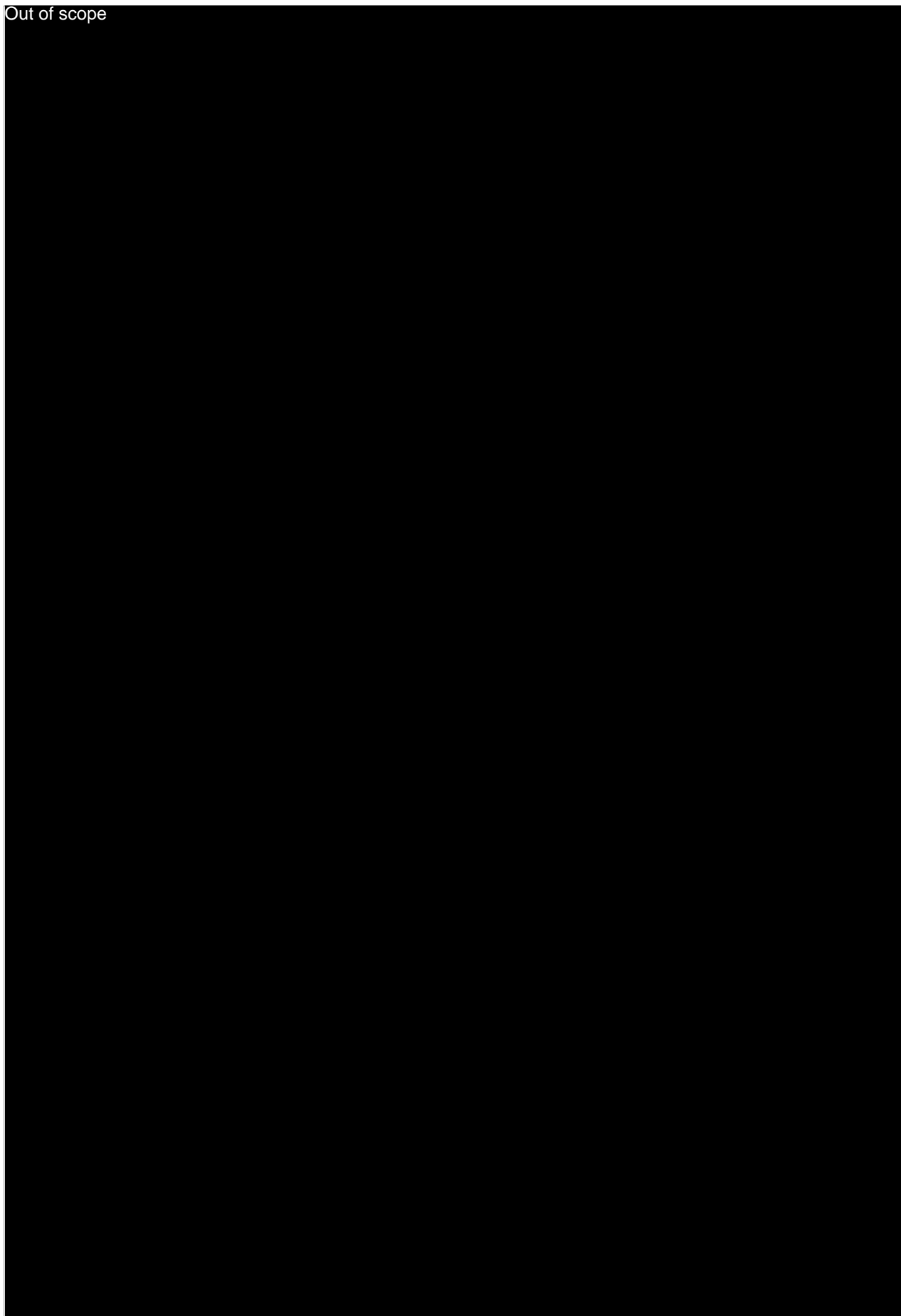




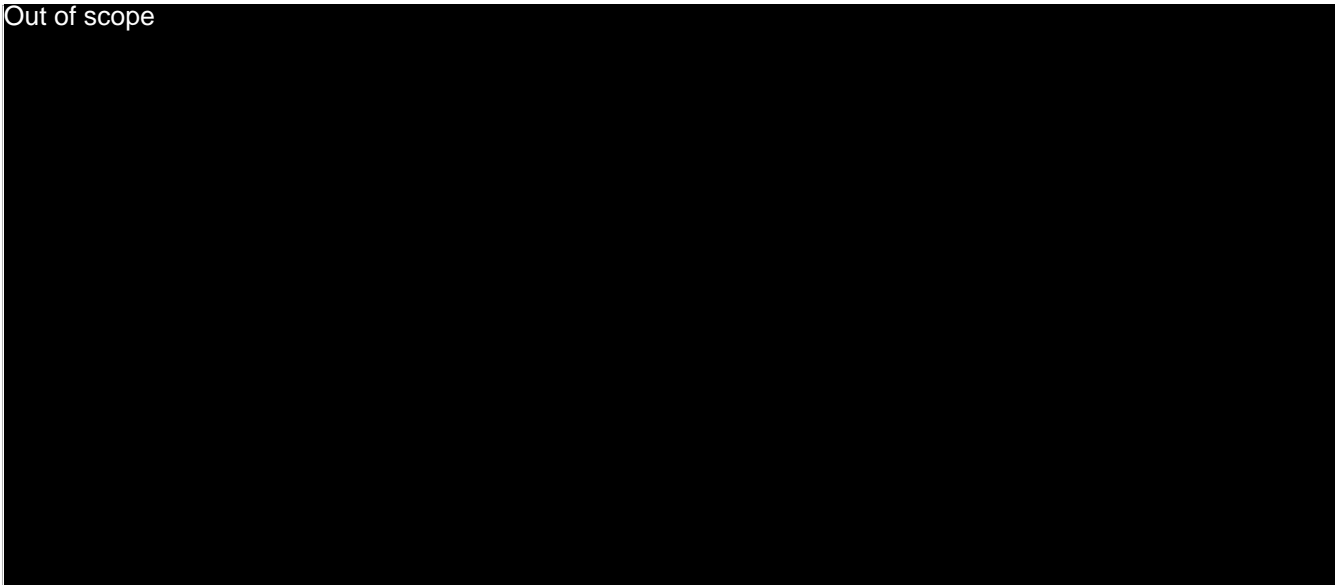
Out of scope



Out of scope



Out of scope



Signatory Name: Meg Brighton, Deputy Director-General

Action Officer: Chadia Rad, A/g Senior Director, Ministerial and Government Services

#### Attachments

Attachment	Title
Attachment A	Media and Communications Forecast
Attachment B	Freedom of Information Requests Update
Attachment C	Ministerial & Government Services Report



ACT Health

# COMMS UPDATE

## Communications report for the Minister for Health (as 25 August 2021)

### Known media:

- NIL

### Potential issues:

- NIL

### Communication and media forecast:

Date	Announcement/project	Activity	Comms contact(s)	Approach
Ongoing	COVID-19 vaccine program implementation (below the line activities (non-campaign))	Ongoing communication and promotion via ACT Government channels – social media scheduling and monitoring, COVID-19 website, phone line scripting, stakeholder messaging including fortnightly CHO messages and Community Partner Bulletins.	Jo Spencer Hoami Southwell	Encouraging eligible people to get vaccinated, debunking myths, increasing awareness and understanding of the COVID-19 vaccination program.

Out of scope

# COMMS UPDATE

## Communications report for the **Minister for Health (as 25 August 2021)**

### Known media:

- NIL

### Potential issues:

- NIL

### Communication and media forecast:

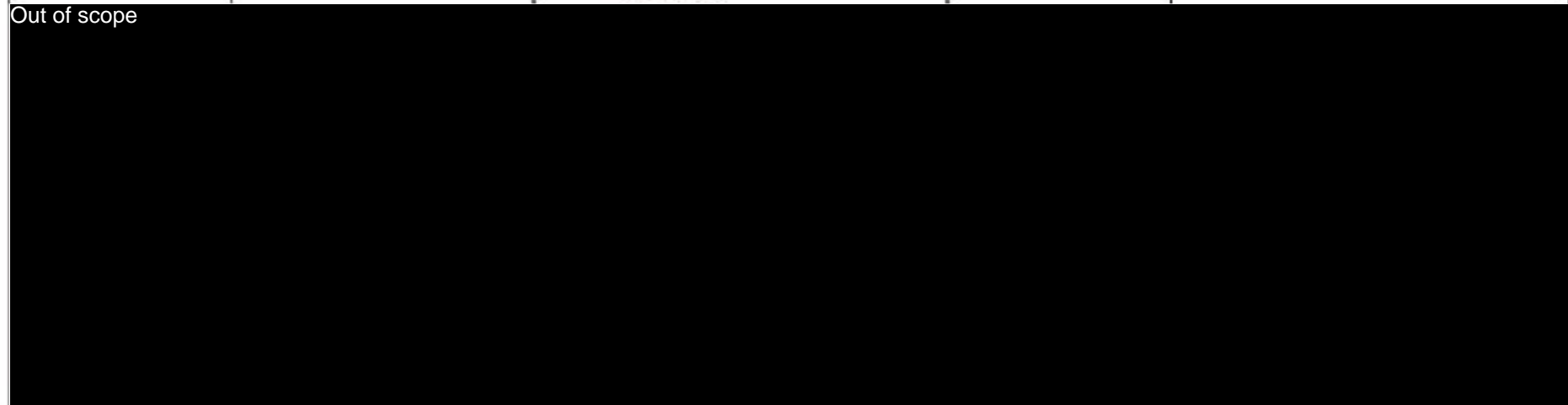
Date	Announcement/project	Activity	Comms contact(s)	Approach
Ongoing	COVID-19 vaccine program implementation (below the line activities (non-campaign))	Ongoing communication and promotion via ACT Government channels – social media scheduling and monitoring, COVID-19 website, phone line scripting, stakeholder messaging including fortnightly CHO messages and Community Partner Bulletins.	Jo Spencer Hoami Southwell	Encouraging eligible people to get vaccinated, debunking myths, increasing awareness and understanding of the COVID-19 vaccination program.

Out of scope



# COMMS UPDATE

				Out of scope
Week commencing 23 August	New mass vaccination clinic – details to be confirmed	Media release and inclusion in daily press conference	Andrew Benson	Extensive announcement activities including social media and stakeholder engagement.
Week commencing 23 August	COVID-10	<ul style="list-style-type: none"> <li>• 16-29 years eligible for bookings</li> <li>• Closure of Garran opening of the AIS mass vaccination clinic</li> <li>• Move of access and sensory clinic to the airport precinct clinic</li> <li>• Continued push for priority workers</li> </ul>		





**ACT Health**

# COMMS UPDATE

---



# COMMS UPDATE

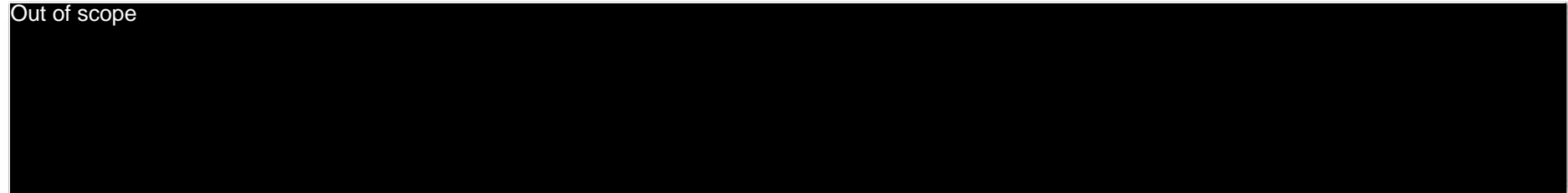
## Major campaigns and communication strategies

Campaign Dates	Description and channels	Referral to Independent Review (Y/N)	Comms contact(s)
Out of scope			
<p><b>COVID-19 vaccine public information campaign</b> (supporting program roll out)</p> <p>Burst one: in market 19 May – 20 June</p> <p>Burst two: in market 21 June – mid August</p> <p>Burst three: in market August - December</p>	<p>Currently upscaling campaign, as approved by Minister’s Office, to support a successful rollout of the ACT’s COVID-19 vaccine program.</p> <ul style="list-style-type: none"> <li>• Social media targeted to CALD, ATSI and 30+</li> <li>• Digital (CT and search terms)</li> <li>• Print (Canberra Weekly and Canberra Times)</li> <li>• Mainstream, community (in language) and ATN radio</li> <li>• Whole of government communication channels</li> </ul>	Yes	Jo Spencer/Hoami Southwell



# COMMS UPDATE

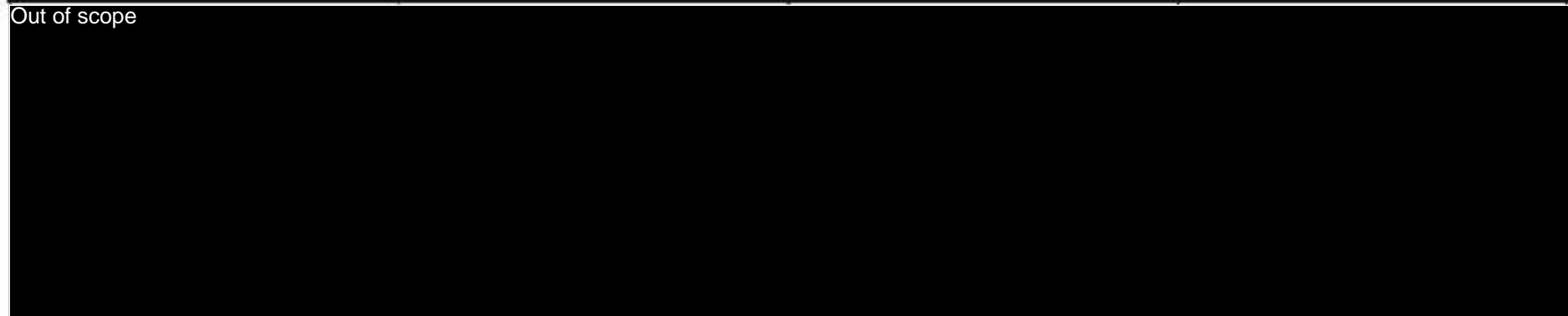
Out of scope



## Community engagement and consultation activities

Date	Name and purpose of engagement	Location/channel	Notes
------	--------------------------------	------------------	-------

Out of scope



## Upcoming reports and publications

---



# COMMS UPDATE

Date	Report/publication
------	--------------------

Out of scope


02 September | The first year of COVID-19 in Australia: direct and indirect health effects

Out of scope

**FREEDOM OF INFORMATION ACCESS APPLICATIONS**

**ACT Health Directorate**

Out of scope



**Minister for Health**

REPORTING PERIOD

Week of 30 August 2021

Schedule 1.6 Cabinet information

**ASSEMBLY**

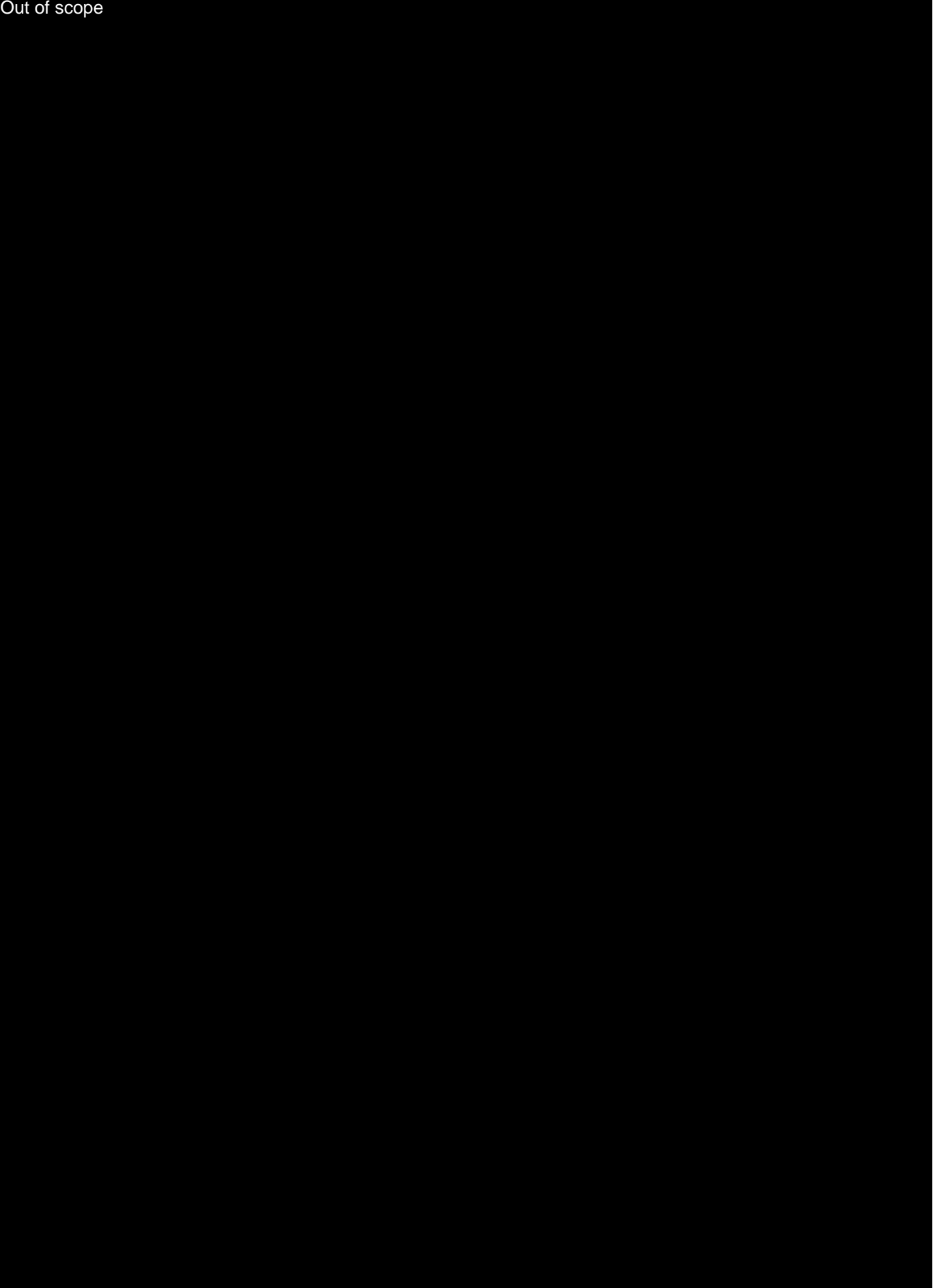
The next ACT Legislative Assembly sitting period is 16 September. The following matter is scheduled presentation:

- Ministerial Statement - ACT Government Response to Coronavirus (COVID-19)
  - Present Chief Health Officer Reports on the status of public health emergency due to COVID-19 - Report 17: August 2021 and Report 18: September 2021

The Senior Director, Ministerial & Government Services will continue consult with your office prior to the next sitting to determine any additional requirements.

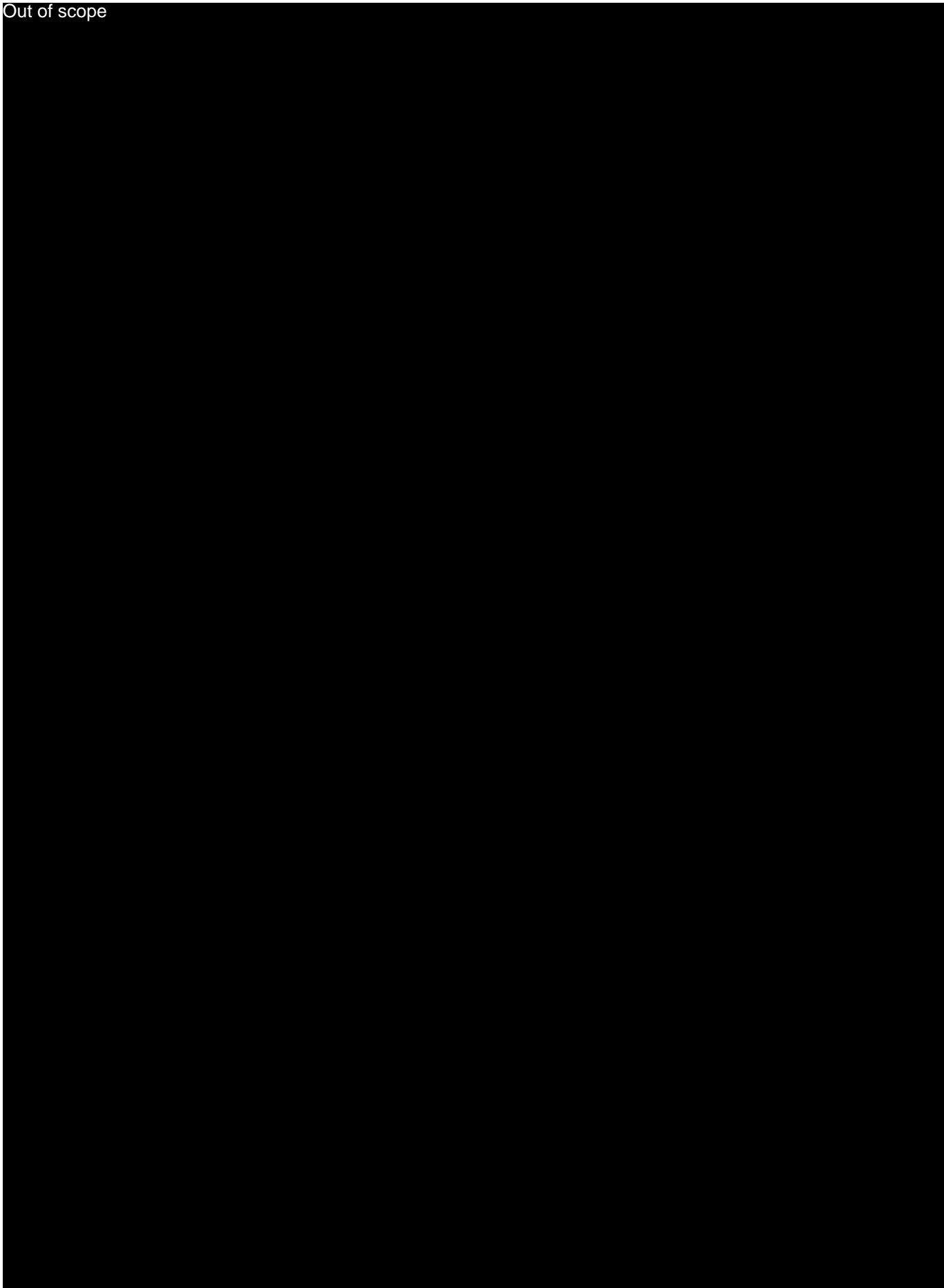
Out of scope

Out of scope



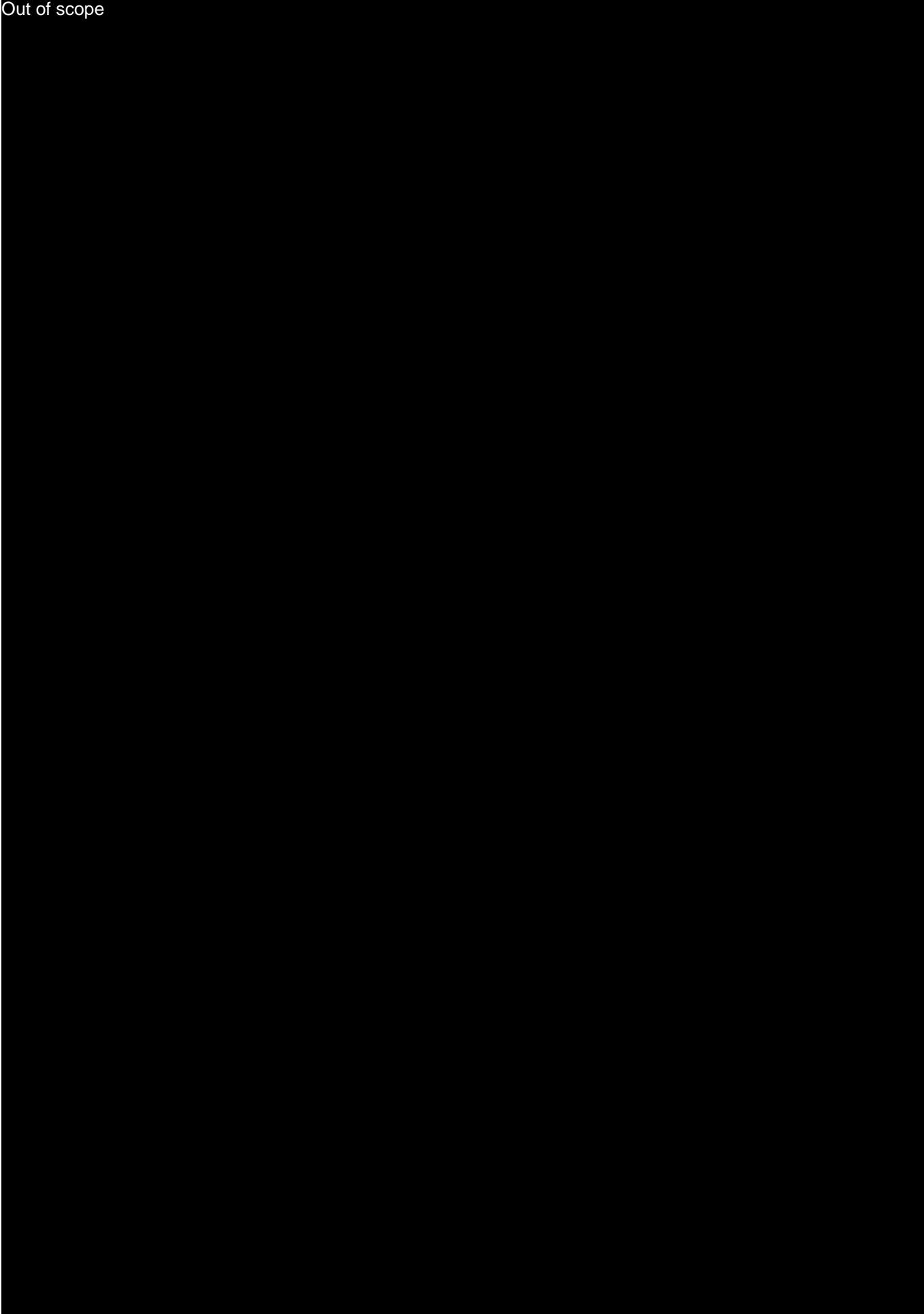
---

Out of scope

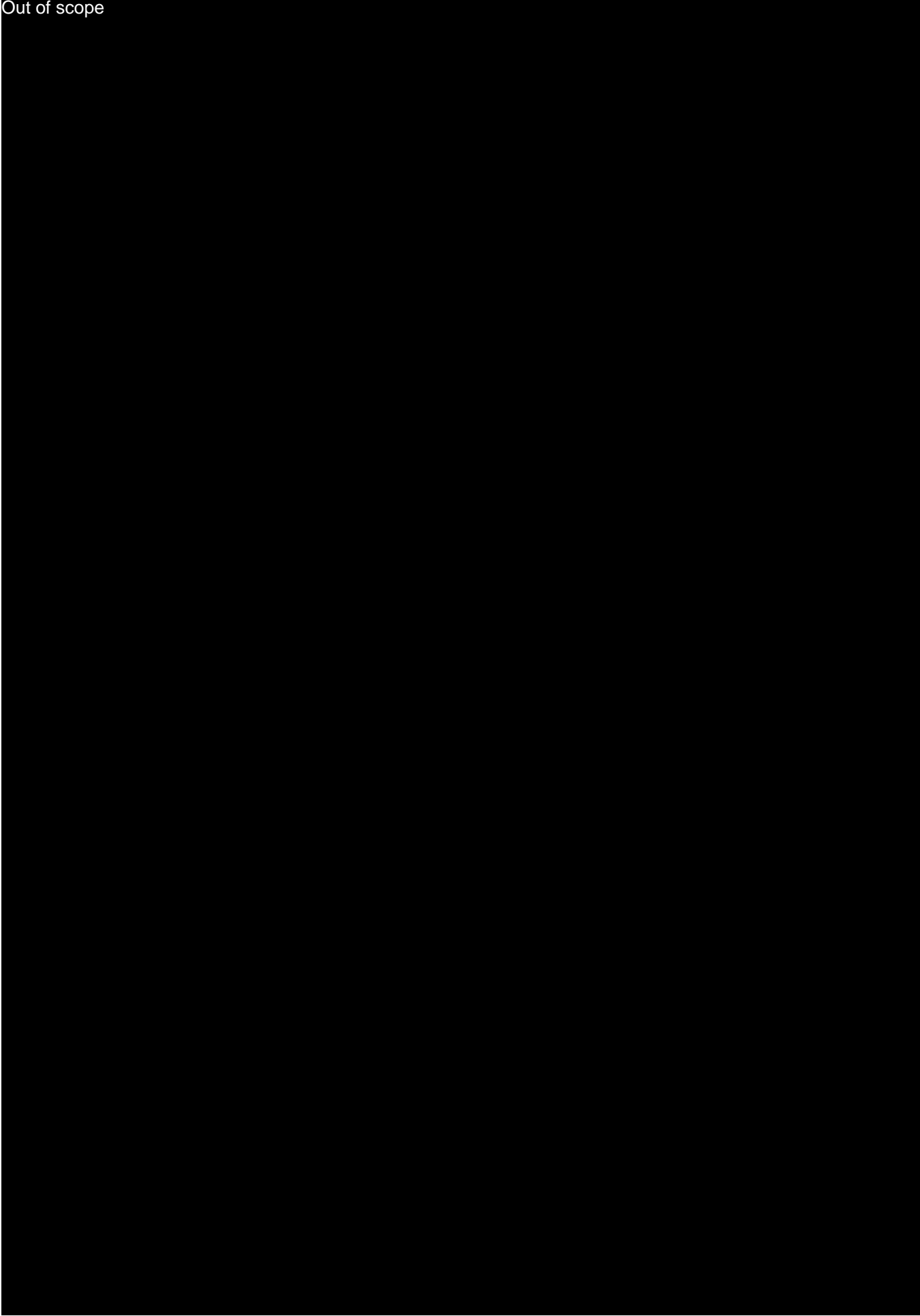


---

Out of scope

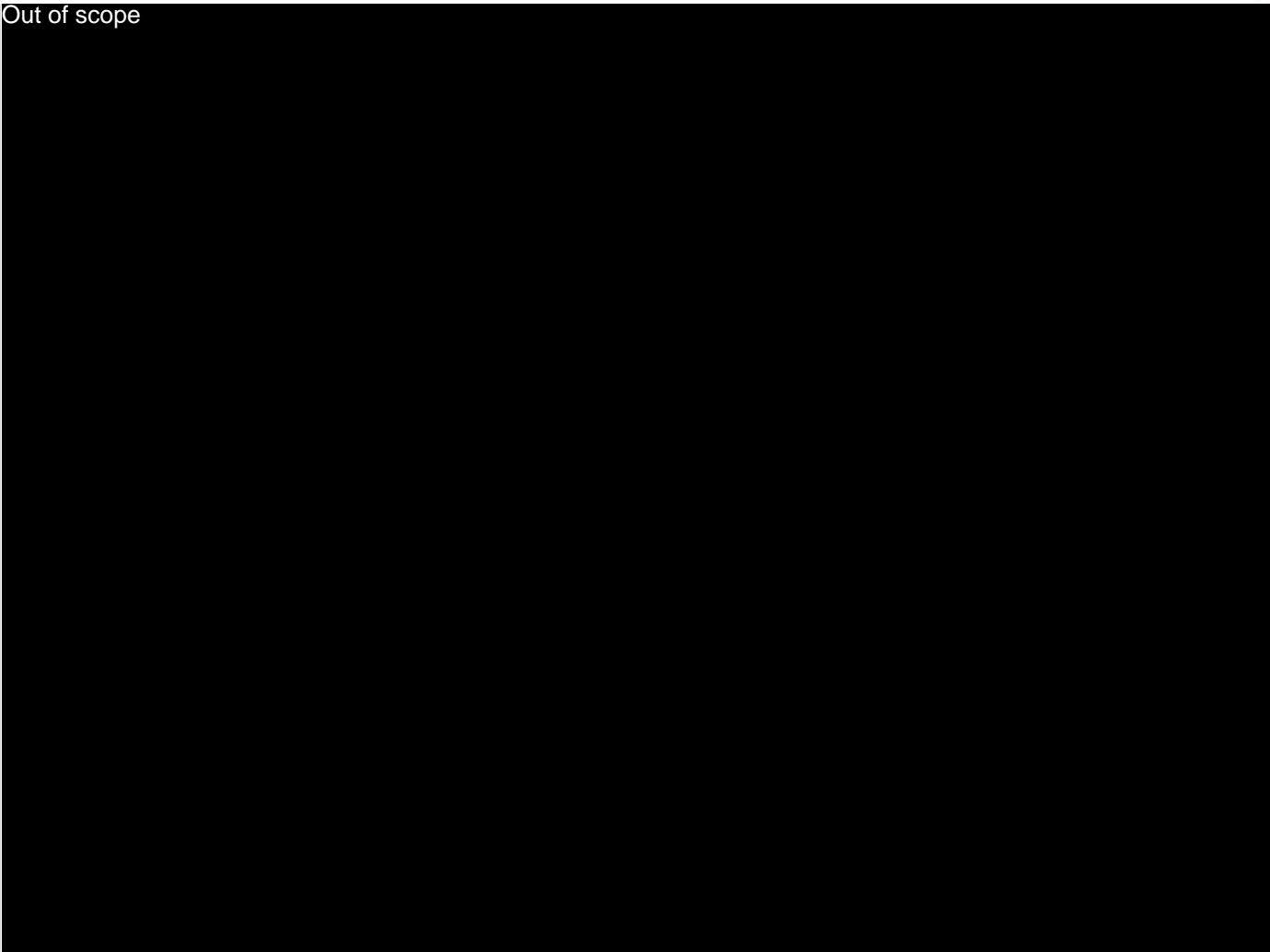


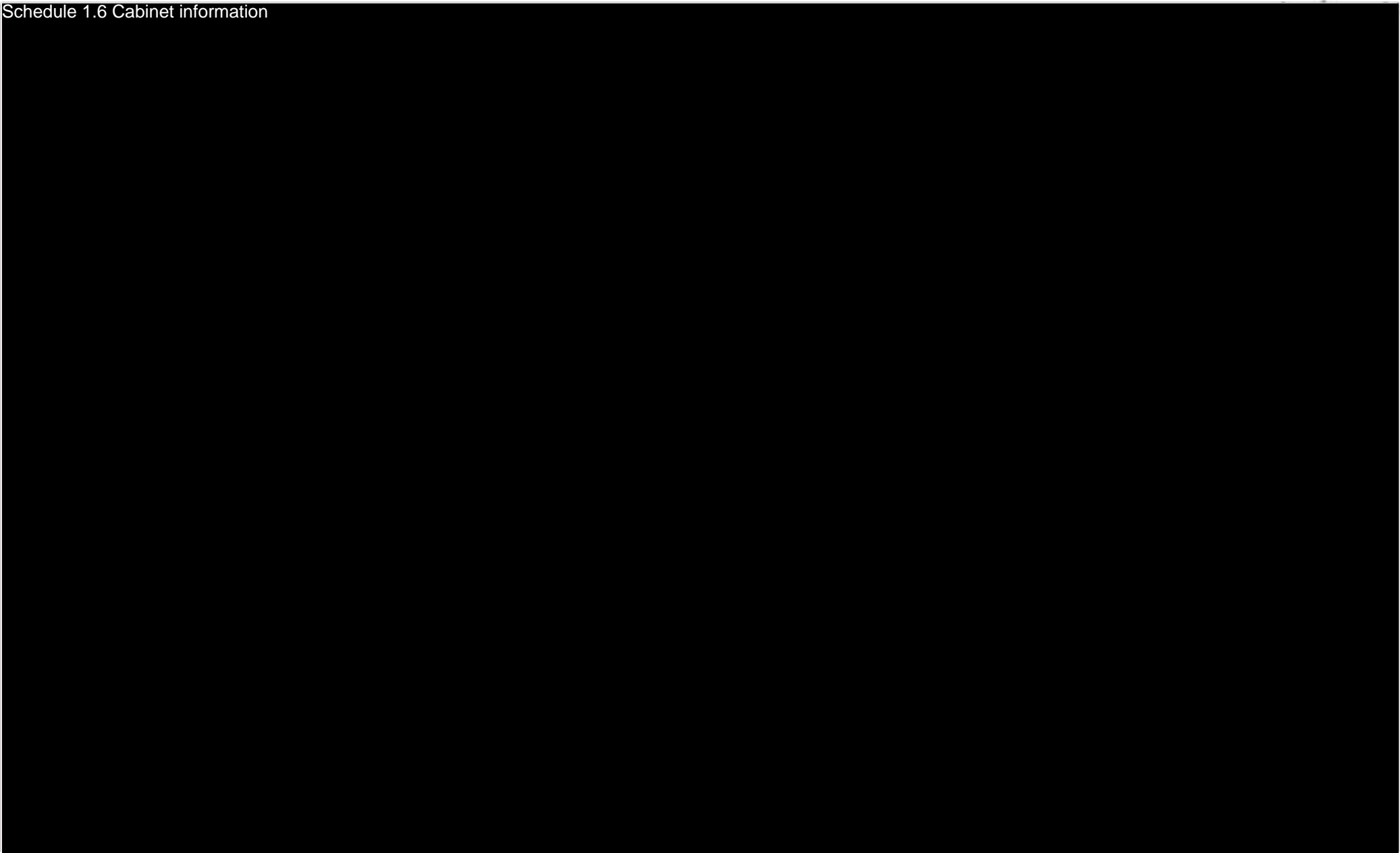
Out of scope





Out of scope







# Media release

**Andrew Barr** MLA

**Chief Minister**

Treasurer

Minister for Climate Action

Minister for Economic Development

Minister for Tourism

Member for Kurrajong

27 August 2021

## COVID-19 vaccine bookings now available for 16-29 Canberrans

Canberrans between the ages of 16 and 29 can now book in for a Pfizer COVID-19 vaccination.

"I know that younger Canberrans are incredibly eager to get vaccinated and I am glad that we can now give them the opportunity to book a Pfizer vaccination," Chief Minister Andrew Barr said.

"Of the roughly 85,000 people in the 16-29 years cohort nearly 25,000 have already been vaccinated, and **more than 30,000** have registered for MyDHR in anticipation of making a vaccination booking at an ACT Government COVID-19 mass vaccination clinic.

"This is a great start and I urge everybody who is eligible but hasn't yet had a vaccine to book in as soon as possible.

"While our new AIS Arena COVID-19 Mass Vaccination Clinic will help us do more vaccinations when we get increased supply, our ACT Government clinics are currently booked out for general appointments until late October. Pfizer vaccinations are also available through participating GPs.

"Canberrans aged 18 and over can also talk to a trusted healthcare professional about the AstraZeneca vaccine, which is widely available at GPs and pharmacies in the ACT."

ACT Health will contact people who registered through MyDHR to invite them to book online.

ACT Minister for Health Rachel Stephen-Smith said the current outbreak in the ACT was an ongoing reminder of the importance of vaccination.

"Vaccination is the best thing you can do to protect yourself, your family and the whole community," Minister Stephen-Smith said.

"People who are vaccinated are less likely to be infected, less likely to infect others, and very importantly, much less likely to suffer the most severe effects of COVID-19.

ACT Legislative Assembly London Circuit, GPO Box 1020, Canberra ACT 2601

+61 2 6205 0011

barr@act.gov.au

@ABarrMLA

AndrewBarrMLA

andrewbarrmla



# Media release

## Andrew Barr MLA

### Chief Minister

Treasurer  
 Minister for Climate Action  
 Minister for Economic Development  
 Minister for Tourism

Member for Kurrajong

"The enthusiasm of Canberrans for getting vaccinated is helping us lead the nation. More than 95 per cent of people over 70 year of age have already had at least one dose and more than 90 per cent of 30 to 39-year-olds have either had at least one dose or are booked in for one.

"I fully expect to see just as much enthusiasm from 16 to 29-year-olds now that they have access to the Pfizer vaccine."

If people want an appointment at an ACT Government run clinic, the fastest and easiest way to book is online through the MyDHR portal. If people do need to book by phone, they should use the call back option to save waiting in the phone queue.

With the next available vaccination bookings already in late October, bookings made today might be some distance away. People may be able to reschedule an earlier appointment as our supply increases through September and more appointments potentially become available.

People can also use the Commonwealth Government's eligibility checker to find participating GPs and pharmacists.

"We expect a huge number of phone calls and an even larger amount of online traffic so we ask that you please be patient, kind and considerate if the booking process takes a little time," Minister Stephen-Smith said.

We will continue to work with the Commonwealth Government and healthcare providers to ensure we deliver a safe, effective and accessible COVID-19 vaccine program in the ACT.

For more information on who is eligible for a COVID-19 vaccine and how to book an appointment:  
[www.covid19.act.gov.au/vaccine](http://www.covid19.act.gov.au/vaccine)

**Statement ends**

**Media contact:**

**Kaarin Dynon** T (02) 6205 2974 M 0422 772 215 [kaarin.dynon@act.gov.au](mailto:kaarin.dynon@act.gov.au)

## Talking Points

Canberrans between the ages of 16 and 29 can now book in for a Pfizer COVID-19 vaccination. This can be done at an ACT COVID-19 mass vaccination clinic or through a participating general practitioner.

Canberrans are incredibly eager to get vaccinated and I am glad that we can now give 16 to 29-year-olds the opportunity to book a Pfizer vaccination.

Of the roughly 85,000 people in this cohort **about 25,000** have already been vaccinated, and **more than 30,000** have registered for MyDHR in anticipation of making a vaccination booking at an ACT Government vaccination clinic.

This is a great start and I urge everybody who is eligible but hasn't yet had a vaccine to book in at a clinic or general practice as soon as possible.

Vaccination is the best thing you can do to protect yourself, your family and the whole community.

ACT Government clinics are currently booked out for general appointments until late October. However more appointments will be coming online over the coming weeks and months as our Pfizer supply increases. If you make an appointment now, you can go online to MyDHR to check if an earlier appointment becomes available.

Canberrans aged 18 or over can also talk to a trusted healthcare professional about the AstraZeneca vaccine, which is widely available at GPs and pharmacies in the ACT.

ACT Health will contact every person who registered through MyDHR to invite them to book online.

The fastest and easiest way to book is online through the MyDHR portal but if people do need to book by phone, they should use the call back option to save waiting in the phone queue.

For more information on who is eligible for a COVID-19 vaccine and how to book an appointment: [www.covid19.act.gov.au/vaccine](http://www.covid19.act.gov.au/vaccine)

## Q&A

### **The next available appointment is in October, why should I book now?**

Once you have booked an appointment you can use the MyDHR portal to check for sooner appointments if and when they become available.

We expect to create additional appointments at the AIS Arena Mass Vaccination Hub through September and October when the Commonwealth has forecast an increase in vaccine supply.

### **Where and when will my appointment be?**

Appointments are currently available at the Airport and AIS Arena mass vaccination clinics from late October.

We expect appointments will be booked rapidly when bookings open for 16 to 29-year-olds on Monday morning and appointments will quickly start being booked into early November.

**Do I need to book today when it is really busy?**

Booking online today should be relatively quick and easy if you have already registered for MyDHR. There may however be some short waits as we limit the number of people booking at any one time.

You should be able to reschedule to an earlier booking when new appointments are created over the coming weeks and months?.

People booking on the phone can expect long waits and we recommend people choose the call back option.

Alternatively, you could wait a day or two to try and book by phone.

Appointments booked over the next few days will likely be in late October or early November but people should be able to reschedule to an earlier booking when new appointments are created in September and October.

**Can I get a closer appointment date?**

At this stage your appointment will likely be in late October or early November but you should be able to reschedule to an earlier booking when new appointments are created in September and October.

**How many Canberrans are already vaccinated?**

Nearly 65 per cent of Canberrans aged 16+ have already had at least one dose and more than 40 per cent have had at least two doses.

More than 95 per cent of people over 70 year of age have already had at least one dose and more than 90 per cent of 30 to 39-year-olds have either had at least one dose or are booked in for one.

“I fully expect to see just as much enthusiasm from 16 to 29-year-olds now that they have access to the Pfizer vaccine.”



















