

22 March 2020

The Hon Greg Hunt MP  
Minister for Health  
Parliament House  
[REDACTED]

Dear Minister,

Last week we were requested by the CMO, Professor Brendan Murphy, to convene a group of Go8 Experts to discuss and synthesize recommendations on the scope and scale of Social Distancing Measures, with particular attention to School Closures and Public Gatherings in the context of Australia's response to COVID.

Please find attached the advice of that group of eminent Go8 infectious disease researchers; the national leaders; many globally recognised as leaders in their fields; and some with critical experience in management of EBOLA and SARS management.

From that infectious disease lens and from the escalation of cases in just the past few hours in Australia, **we support the stronger decisions being now taken by Government and what we term as the "go now, go hard and go smart" strategy.**

The Go8 sees its role as to provide you with the very best possible advice to assist you in making extremely difficult and complex political decisions. We are basically here at your service and will continue to be within any timeframe you require of us.

To that end, the short time available to us for this specific advice, did not allow for modelling nor for strategic 'exit' strategies nor timescales. We will move on to that immediately. We can provide this high-quality advice for you, and most likely within less than a week.

I can liaise with the CMO's office to discuss this further as you wish.

I hope we have helped you with the following advice, and that it can assist you as you wrestle with solutions and in making decisions, that while for the nation's good, may not be welcomed by all.

You have our expertise to refer back to as support at all times.

Yours sincerely



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**CHIEF EXECUTIVE**



**PROFESSOR PETER RATHJEN AO**  
**CHAIR**

Cc: Professor Brendan Murphy, Chief Medical Officer [REDACTED]

## Recommendations on Australia's COVID-19 response

### Introduction

This document provides the consensus/advice of a group of eminent Go8 researchers across a range of disciplines and practices relevant to the Non-Pharmaceutical Interventions (NPIs) in response to pandemics and, in particular, the COVID-19 pandemic.

Australia is earlier than other nations which have not managed this virus optimally (e.g. Italy, UK, US) in total cases and community transmission. This gives the Government a short and vital window to act and avoid the trajectory of those nations.

While the stronger measures recommended increase the upfront cost of action, there is evidence that it **increases the likelihood of a speedier move to a national social and economic recovery phase.**

The recommendations here are based on what the group believes is the best current scientific evidence on the national benefits of the introduction of **strong, immediate and coordinated social distancing measures**, accompanied by an enhanced COVID-19 testing regime as part of Australia's national public health response – something that will be needed not just in peak times, but may become a required longer term position.

COVID-19 is a new virus, which means uncertainties will remain around optimal strategies until more data become available. The group provides here its expert scientific advice, acknowledging that the final decisions on measures are for Government. Government must balance a myriad social and economic considerations.

### Recommendations

1. Australia without delay implements national stronger social distancing measures, more extensive banning of mass gatherings, school closure or class dismissal.
2. Australia urgently seeks mechanisms to enable a much-enhanced and coordinated regime of COVID-19 testing without delay. This should include community testing to estimate the rates of disease in the population – and this should guide further decision making.
3. Strengthen the messaging around the importance of people complying with all of the requirements of isolation or quarantine and having increased compliance monitoring and support to allow them to do so (estimated that around 20-30 per cent will not comply).
4. Social distancing, especially when introduced vigorously across so many areas of life, will have significant costs for individuals and groups in society. These consequences will impact unequally. Governments should plan for this and ensure flexible and supportive policy responses for all who may be disadvantaged.

### Rationale – Summary

- Countries with significant COVID-19 infections have eventually been forced into strong public health measures in a reactive manner. It became unavoidable from a public health perspective. The only difference is at what point these measures are implemented, whether proactive or reactive, and how large the resulting epidemic will be. Proactive measures will result in a smaller epidemic and less stress on the health system. Reactive measures (such as in Italy) may result in a greater burden of morbidity and mortality and delay in reaching the point of recovery.

- Current evidence from around the world is that the earlier stronger social distancing measures are implemented (and with a carrot and stick approach) the greater the likelihood of controlling the COVID-19 spread throughout the community; to do otherwise is risking collapse of our health service and the breakdown of COVID-19 management.
- China and South Korea successfully implemented such strong social distancing measures and Australia is currently at the same point of the COVID-19 infection curve (the steepest rise in exponential growth and a very short doubling time) as China and South Korea when they took such action. As Government is aware, the doubling time is approximately every 1.6 days in Australia, compared to 6 days in February. The reduction in doubling time is an indicator that the window for proactive intervention is very small. **At this current rate Australia could theoretically expect over 6,000 cases by the end of next week and over 50,000 cases by Easter.**
- Many of the cases that have occurred in Australia are reported to have been brought in by international travelers. The Go8 supports the Government (State and Federal) in moving to control this flow through border control, but it should not be assumed that this alone will be sufficient to prevent community spread. We therefore recommend this needs to be supplemented by other measures (as we have seen announced by State Governments on 22 March).
- Currently Australia does not test as widely as Singapore did, nor screen for fever in schools, so cannot afford to be relaxed about social distancing. Korea took a more targeted approach to social distancing by testing at scale. We could afford to continue and more speedily ease agreed levels of social distancing if we massively increased testing capacity.
- The implementation of an enhanced and coordinated regime of COVID-19 testing provides for Australia to control and manage COVID-19 infections; with the aim of being able to successfully lift the stronger social distancing measures (if epidemic growth does not become uncontrolled) and move, with careful management, back to a social and economic recovery phase faster – and before Australia can benefit from the development of an effective COVID-19 vaccine. \*However, as a nation we should ensure that while people are becoming socially distant to combat the spread of COVID-19 they are not becoming socially isolated and/or lonely, particularly for those people who are already struggling.

#### **What is the evidence that national strong social distancing measures is the best response and why now?**

- The only two countries to demonstrate “flattening of the curve” to date are China and South Korea taken when their “case doubling” was at a similar point to where Australia’s is now.
- While we recognise there are significant cultural differences between both of these countries and Australia, they remain the best examples we have in the current global response. Given that community compliance rates will be crucial to the effectiveness of whatever measures are implemented, we suggest that the Australian community is more likely to respond to a carrot, rather than a stick, approach, with the stick only used when necessary.

### **What are the consequences if Australia does not move to implement strong social distancing measures now?**

- Interventions need to be comprehensive and simultaneous to have the most impact – a slow trickle of interventions, or suburb-by-suburb lockdowns likely will not be adequate. China implemented large scale lockdowns on January 23rd, when the epidemic was in the sharp exponential growth phase, and within the predicted 2 weeks, cases started to fall. They were at roughly the same stage of exponential growth (short doubling time) as Australia is right now in late March.
- A few weeks can make a large difference, and where we go from here will depend on how comprehensively and quickly, we can implement proportionate social distancing at scale, expand testing and case-finding capacity and maintain contact tracing and quarantine. The influx of passengers from up to four cruise ships in the last fortnight makes this more urgent. We need to implement extensive but proportionate social distancing immediately to prevent an epidemic that exceeds our health system capacity. Once that occurs, a domino effect will be seen, with lack of PPE for health workers, health workers forced to work without PPE and becoming infected, hospital bed capacity being unavailable for other acute illnesses such as cardiovascular disease, and mass panic of a much larger scale in society.

### **What do national COVID-19 strong social distancing measures look like for Australia?**

The WHO provides guidance on the use of social distancing during a pandemic of influenza. These guidelines provide a comprehensive overview of the existing evidence for social distancing.

While the group was undivided in the need for expanded testing and greater social distancing measures – there were two views on how this should be implemented on the basis of evidence available as of March 22, 2020.

One view, influenced by our position on the epidemic curve, the limitations of wide community testing and surveillance and the experience of other countries, argues for a comprehensive, simultaneous ban across Australia.

The other, influenced by the fact that a large number of our cases are a direct/contacts of importation [which has now been stopped], influenced by the large variation in case density across Australia and the adverse consequences of closure and the sustainability and compliance to an early closure argued for a more proportionate response.

**Both views are provided, with the former being a dominant position in this group.**

#### **Comprehensive and Simultaneous Closure**

- Immediate cancellation of all mass gatherings.
- Immediate closure of clubs, indoor cafes, and other social venues
- Immediate school and childcare closures – options include:
  - Extend school holidays combined with Easter break to provide 6-8-week period of closure

- To support our healthcare workers and maintain social functioning as much as possible school and childcare centre closures can be achieved using the “class dismissal” model stipulated by the WHO. This allows schools to remain open for children of essential workers while others stay home.
- For phased lifting once the epidemic has peaked and is falling, suggest high schools could move to online learning – many high schools use Moodle (which is a free Learning Management System). This would enable reduced numbers in the school system learning face to face (with only primary schools and childcare returning at a later date).
- Universities – no face to face classes, all learning online only

### **Regionalized and Phased Response**

#### **Public Gatherings**

- Immediate cancellation of all mass gatherings in localised areas once sustained local community transmission is identified or likely to be occurring. Areas to be defined a priori based on administrative and operational considerations.
- Religious services staggered or cancelled to reduce social interaction
- Closure of clubs, indoor cafes, and other social venues when sustained local community transmission is identified or likely to be occurring.

- **School closures**

Implemented on the following basis:

- Blanket full closure in regions which reach a defined threshold metric (such as a defined case incidence or other appropriate trigger point), supplemented by:
- Rolling implementation in all other areas as soon as a student or staff member tests positive for COVID-19 and lifted 14 days after the last identified case assuming no one displays symptoms.
- To support our healthcare workers and maintain social functioning as much as possible, school and childcare centre closures can be achieved using the “class dismissal” model stipulated by the WHO. This advocates for schools to remain open with administrative staff to allow the children of essential workers to continue to attend.<sup>1</sup> [Same view as in option above]
- School staff who are in a vulnerable demographic should be encouraged to either take paid leave or take alternative measures to protect themselves.
- Keeping schools open at this time – according to the measures outlined above - allows for us to continue to monitor and supervise children while also training them in social distancing, regular handwashing, cough and sneeze etiquette and avoiding touching their faces.
- In the event schools are closed there is a genuine risk that children will not remain isolated in their homes and congregate in shopping centres and other venues in an unsupervised environment, removing any benefit of the school closures. For this reason, schools should be encouraged to continue teaching via alternative means wherever possible (e.g., online or remote learning).

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<sup>1</sup> *Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza*, World Health Organisation, 2019, p.52

A useful analysis of social distancing measures as applied by the UK has been published by UK Government Scientific Advisory Group for Emergencies (SAGE)<sup>2</sup> and the Go8 expert group recommend consideration of this document in Australian discussions.

### **What are the triggers for lifting strong social distancing measures once implemented?**

- It is important to identify the triggers that would allow the lifting of strong social distancing measures once implemented and a plan to move as quickly as possible to activating those triggers once achieved. This is important to get public buy-in, as opposed to an “indefinite” shutdown, or a “we will see as we go along” position.
- The obvious marker for lifting strong measures is a demonstrable significant improvement in the situation. Defining what this means, in the Australian context, with its unique geography, transmission patterns and healthcare system remains a major priority. Nonetheless, any lifting of restrictions will be linked to testing results.

**However, given the critical importance of this issue, the Go8 Expert Group offers to continue to work to identify a set of triggers that could be used, if this would be of use to Government.**

### **What volume and implementation of testing will be required to maximise chances of a managed lifting of severe social distancing measures?**

Testing at scale in the same manner as we implemented for influenza following the 2009 pandemic is the least one would expect given the fatality of this disease. Given influenza has similar transmission and may result in similar attack rates, we should aim at least for the testing capacity as we have for seasonal influenza. This allows any febrile patient (and some asymptomatics who feel they are at risk) to be tested in a variety of settings including drive-through testing. Use of rapid POCT will be helpful. Use of a multiplex respiratory PCR which can identify other infections will also help, as the rate of co-infection of COVID-19 and other viruses is low, and we will soon be heading into our influenza season.

### **How do we support the population through the social distancing period?**

It will be important to recognise the social and mental health impacts on the population of a period of “hard” social distancing, especially those deemed to be in vulnerable groups. The Go8 Expert Group would be willing to work to refine these over time with possible examples including:

- Consideration of outreach methods for people without mobile phones or internet;
- The possibility of Services Australia considering a “smart data mining” exercise by interrogating its vulnerability flag system on former and current social security recipient files to build a proactive contact or other program reach out. We understand that models for doing this cheaply and “smartly” already exist.

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<sup>2</sup>Scientific Advisory Group for Emergencies (SAGE): Potential impact of behavioural and social interventions on an epidemic of Covid-19 in the UK, <https://www.gov.uk/government/groups/scientific-advisory-group-for-emergencies-sage-coronavirus-covid-19-response>

- Considering NDIS service provision to be a priority for ensuring minimization of impacts on the vulnerable, due to many workers on whom clients rely being unable to work due to the need to care for their own children.
- Recognition that, while asset testing is being waived--care needs to be taken that mutual obligation or other current 'client compliance' measures do not impose barriers to access.
- Consideration of how Australia might offer counselling, mental health outreach and domestic violence services to deal with the associated psychological health effects of lock-down on top of loss of employment.