AUSTRALIAN HEALTH PRINCIPAL PROTECTION COMMITTEE (AHPPC) STATUS OF PRECEDENT CONDITIONS

PRECEDENT CONDITIONS	STATUS
SITUATIONAL AWARENESS OF CURRENT MEASURES A	AND THEIR IMPACT
Sophisticated surveillance of disease incidence and spread	Surveillance mechanisms are well established in jurisdictions, with planned expansion of disease surveillance and testing. Testing has already been expanded to include those with acute respiratory illness. Serosurveillance is a longer term goal, and requires further funding and consideration.
Community adherence to public health measures	Community adherence to public health measures is currently being assessed through modelling of mobility data available from public sources (Apple: directions for driving; Google: time at residence; Facebook: movement range). There will be ongoing evaluation of this, which will be aligned with any adjustments of public health measures, to examine whether, and to what degree, the public is adhering to current advice. Public adherence will also be impacted by acceptability of public health measures. These will be monitored and assessed through market research (including surveys, polls, social media comments)
FINALISED SURVEILLANCE PLAN	
Must be wholly enabled with adequate resources	The Australian National Disease Surveillance Plan for COVID-19 has been developed and will continue to be updated (Attachment 2). Resources, including funding, still need to be secured for parts of the plan to be enacted.
MODELLING	
A better understanding of the implications of the modelling and a better understanding of the characteristics and transmission of the virus.	Regular modelling updates are provided. As more data is collected, the accuracy of models and our confidence in them increases.
COMPLETE MATURATION OF PUBLIC HEALTH CAPACI	тү
Capacity to conduct testing more broadly	Jurisdictions have already expanded testing. As per the COVID-19 Testing Framework (Attachment 3), there will be further testing increases.

Public health workforce	Sufficient public health personnel currently to contact trace quickly and extensively.
	Surge capacity is available, however as case numbers are currently low the workforce has been redistributed. Jurisdictions are confident that the workforce can be rapidly redeployed.
Contact-tracing capacity	Contact tracing mechanisms are well established in jurisdictions, and the Australian National Disease Surveillance Plan for COVID-19, in conjunction with the Testing Framework detail expansion of disease surveillance and testing.
	Of note is that testing has already been expanded to include those with acute respiratory illness. Further encouragement of those who have respiratory symptoms to seek testing is needed, and expansion of contact tracing and time limited epidemiological cohort studies are being developed.
	Serosurveillance is a longer term goal to better understand the predicted immunity status of the Australian population, and requires further funding and consideration.
	Jurisdictions currently have the ability to contact trace both quickly and thoroughly, with the ability of this workforce to surge already established through training and upskilling of additional personnel.
Technology for contact tracing, data collection and	The COVIDSafe App was launched on 27 April 2020, with significant uptake within the first 24 hours (>2
analysis	million). Details regarding jurisdictional access/use of the data are currently being developed.
ASSURANCE OF ADEQUATE HEALTH SYSTEM CAPACITY	* Investigation of data sources and consistency within jurisdictions for this information is needed.
Health system status	The health system is currently able to manage usual healthcare needs in addition to current levels of COVID-19 related illness.
Surge Capacity	The health system currently has the ability to surge.
Hospital beds/Ventilators	Jurisdictions provide daily updates on bed states, including ICU beds and patients requiring ventilation/ECMO. Current status: has capacity, and surge abilities
Stocks of PPE – Masks	The National Medical Stockpile details PPE stores in Australia.
	NMS has capacity to meet 8 week mask demand for States and Territories and PHN distributions, out until end December 2020 (at current usage rates). Significant additional orders are still to come and local manufacturing capability is developing.

	Further modelling, and an assessment on the security of supply lines are needed.
Stocks of healthcare consumables	TGA monitors drug and ARTG registered consumable shortages. There are currently no reported shortages.
Ongoing workforce training	Workforce training to upskill and expand employee training has already occurred. There are currently enough workforce personnel (with surge capabilities able to be utilised if required). Ongoing training for critical care nurses would be required if an ICU surge occurred.