

Right to Information Application (RTI 2202) – COVID-19 Lockdown decisions

Scope of application

The health and medical advice that has led to the decision by the CHO and Qld Government to lockdown residents of Southeast Qld and other regions in Qld from 6pm Tuesday 29 June 2021 to 6pm Friday 2 July 2021.

Documents from the Qld CHO

Documents from other health authorities

Internal memos

Emails

Important information

Our priority is, and will always be, the health and safety of Queenslanders.

When putting in place directions or other measures to prevent the spread of COVID-19, the Chief Health Officer has access to a range of expertise. These include: experienced staff such as clinicians, public health specialists, environmental health scientists, epidemiologists and policy advisors (both within and external to Queensland Health); and the advice of the Australian Health Protection Principal Committee (AHPPC) and Communicable Diseases Network of Australia (CDNA).

A range of issues are considered before any restrictions may need to be put in place. These include:

- the number and nature of new cases in any state or local government area,*
- the amount of testing, including wastewater testing, being undertaken,*
- the restrictions in place in that state at the time,*
- the restrictions in place in Queensland at the time, and*
- information provided by that state's public health officials, including internal travel restrictions they may put in place to help manage any outbreak*

The Chief Health Officer public health directions can be found at: <https://www.health.qld.gov.au/system-governance/legislation/cho-public-health-directions-under-expanded-public-health-act-powers>

Public Health Directions – Human Rights Assessment
Border Restrictions Direction (No. 26)

Title	<i>Border Restrictions Direction (No. 26)</i>
Date effective	28 June 2021 at 1am

Background

The *Border Restrictions Direction (No. 26)* (Direction) is issued by the Chief Health Officer pursuant to the powers under section 362B of the *Public Health Act 2005*.

This analysis should be read in conjunction with the Human Rights Statement of Compatibility prepared in accordance with section 38 of the *Human Rights Act 2019* with respect to the Public Health and Other Legislation (Public Health Emergency) Amendment Bill 2020. This Bill amended the *Public Health Act 2005* to enable the Chief Health Officer to issue directions that are reasonably necessary to assist in containing or responding to the spread of COVID-19.

Purpose of the Direction

The purpose of the Direction is to limit the spread of COVID-19 within the community, including by limiting the spread of COVID-19 into Queensland from persons arriving from COVID-19 hotspots.

In preparing the Direction, risks to the health and safety of Queenslanders were identified and the current epidemiological situation, both in and beyond Queensland, were considered. The risks and epidemiological situation are more fully set out in the Policy Rationale that informed the direction, and form part of the purpose of the Direction. As the below human rights analysis draws on the information contained in the Policy Rationale, they should be read together.

The Direction revokes and replaces the *Border Restrictions Direction (No. 25)*. The Direction has been updated to:

- remove the requirement for a person who has been in a State or Territory with a declared COVID-19 hotspot to complete a Queensland Border Declaration Pass. These people will only be required to complete a Queensland Travel Declaration under the *Queensland Travel Declaration Direction (No.3)*; and
- require a Queensland resident or New South Wales border zone resident who has only been in the New South Wales border zone or Queensland in the previous 14 days and is entering Queensland by road to complete a Queensland Border Declaration Pass if required under the Direction.

How the Direction achieves the purpose

The restrictions for persons entering Queensland from a COVID-19 hotspot respond to an acute public health risk identified in these locations.

Anyone who is seeking to enter Queensland who has been in a COVID-19 hotspot in the previous 14 days or since the start date identified for the COVID-19 hotspot, whichever is shorter will be required to complete a Queensland Border Declaration Pass.

The following exceptions of people not required to complete the declaration pass will remain:

- maritime crew who are not required to complete a Queensland Border Declaration Pass if permitted under the Protocol for Maritime Crew approved by the Chief Health Officer while acting in compliance with that Protocol;

- a person performing an essential activity related to national and state security, police, health or emergency services who enters Queensland to respond to an emergency;
- a passenger of an ambulance or aeromedical service; and
- a person remanded in custody of a state, territory or commonwealth law enforcement agency, subject to an extradition order or otherwise, who is required to enter Queensland to comply with a court order or assist with or participate in an investigation or other action at the direction of the law enforcement agency; and
- a disaster management worker who is not required to give a Queensland Border Declaration Pass if permitted under the Operational protocol for the disaster management workers entering Queensland.

The Queensland Border Declaration Pass includes an undertaking that the person must have a COVID-19 test if they develop symptoms consistent with COVID-19 while in Queensland. A fine of \$4,004 will apply to anyone who provides false or misleading information in their Queensland Border Declaration Pass. A penalty of up to 6 months imprisonment may also apply if a person is prosecuted for an offence of contravening the Direction. This is intended to provide a stronger deterrent against failing to comply with the Direction.

The Direction prohibits people from entering Queensland if they have been in a declared COVID-19 hotspot in the last 14 days or since the start date of the declared COVID-19 hotspot, whichever is shorter, preceding entry. However, limited categories of people will still be permitted to enter Queensland subject to meeting the relevant entry requirements. This includes, but is not limited to, returning Queensland residents, persons entering to fulfill shared parenting arrangements, or a person performing an essential activity in Queensland such as specialist or essential workers, disaster management workers or those providing emergency energy, drinking water, sewerage, liquid fuel, resources or telecommunications services.

The Direction imposes restrictions on persons entering Queensland from a COVID-19 hotspot as a protective measure to ensure the health and safety of residents by limiting the spread of COVID-19 from interstate travel from areas with known community transmission of COVID-19.

Persons who are permitted to enter Queensland from a COVID-19 hotspot are generally required to undergo mandatory quarantine. This is in government nominated premises, such as a hotel, for 14 days. The period of 14 days is based on the median incubation period of 5 to 6 days, with a range of 1 to 14 days. Hotel quarantine under police enforcement will ensure that persons at risk of COVID-19, should they develop the disease, are not putting other members of the public at risk of disease. Quarantine in this manner also ensures that a person has access to necessary food and medical supplies during their period of quarantine.

Persons arriving into Queensland who are required to quarantine must travel directly to the quarantine premises, and may not leave during the 14-day period, or the period they are required to be in Queensland, whichever is shorter, except for the purpose of obtaining essential medical care, to comply with a legal obligation such as a court order, to avoid injury or illness or to escape a risk of harm, or as otherwise required or permitted under a direction given to the person by a relevant authority.

Under the Direction, transport operators engaged to transport quarantined persons to and from quarantine hotels or other premises must be endorsed by a government authority and have a transport plan in place.

Any travel to and from a nominated quarantine premises when a person is permitted to leave their nominated premises must be via ambulance service, emergency services vehicle or transport arranged

by a government authority. If a person needs to leave quarantine for essential medical care, transport must be via ambulance service both to the hospital or other facility and when returning to the nominated premises, if applicable.

Under the Direction, a person may end quarantine prior to completing 14 days if the COVID-19 hotspot they had been prior to entering Queensland is removed from the list of hotspots while they are in quarantine.

Those in quarantine are also prohibited from allowing others to enter the nominated premises unless the person also resides in the premises for the purpose of complying with the direction, enters to provide emergency or medical care to a person at the premises, or is otherwise required or permitted under a direction given by a relevant authority.

The Direction also restricts the reasons that a person quarantining at a nominated premises can open the door to their room and requires that surgical masks must be worn by all occupants of a room any time the door is open. Unless the quarantined person is leaving the nominated premises for a permitted purpose, they must only open the door to their allocated room when permitted to do so by a quarantine facility worker.

The Direction also imposes strict requirements for when a quarantined person is present on their balcony in a quarantine hotel. The Direction requires that a surgical mask must be worn whenever a person is present on their balcony. It also restricts a quarantined person from having physical contact or exchanging items with a person on another balcony.

Some persons may quarantine in other suitable premises. For example, a person coming to Queensland for patient health care may quarantine at the health facility.

A person, including an unaccompanied minor, will also be able to enter Queensland from a COVID-19 hotspot without quarantining if they have completed a minimum 14 days of government mandated quarantine in a COVID-19 hotspot in another State or Territory. These people must be able to provide written confirmation that they have completed quarantine and had a negative COVID-19 test result after day 10 (or later) of the government mandated quarantine from a government authority of another State or Territory where the government mandated quarantine was completed. They must also provide an undertaking that they travelled directly to Queensland after leaving the premises of government mandated quarantine and wore a protective mask on their journey.

A person required to quarantine may be requested by an emergency officer (public health) to submit to a COVID-19 test. A person will be detained for a further period of 14 days if the person denies an emergency officer's (public health) request to be tested.

A person entering for an essential activity must comply with any protocol approved by the Chief Health Officer that relates to the activity being performed. These protocols are made in consultation with industry.

The Chief Health Officer or a delegate may grant a person an exemption from all or part of the Direction based on extreme exceptional circumstances. Exemptions can be given subject to conditions.

Human rights engaged

- Right to equality and non-discrimination (section 15): The restrictions on people entering Queensland from a COVID-19 hotspot indirectly discriminates between residents of hotspots and

residents of non-hotspot areas. The definition of 'discrimination' under the *Human Rights Act* is inclusive. Discrimination may include discrimination on the basis of interstate residence, as it does with respect to the right to equality under the Canadian Charter, which also contains an inclusive definition of discrimination: *R v Turpin* [1989] 1 SCR 1296. Additionally, requiring certain people from other states and territories to quarantine when entering Queensland indirectly discriminates against those individuals.

- Right to life (section 16): The right to life places a positive obligation on the State to take all necessary steps to protect the lives of individuals in a health emergency. Under international law, this right is an absolute right which must be realised and outweighs the potential impacts on any one individual's rights.
- Protection from torture and cruel, inhuman or degrading treatment (section 17): This right includes the right not to be subjected to medical treatment without consent. The requirement for persons entering Queensland to agree to a COVID-19 test if they develop symptoms limits a person's ability to make an autonomous decision about medical treatment. A person's right to provide full, free and informed consent to the test is limited as their ability to enter Queensland is predicated on agreeing to the test. It may be argued that the testing is compulsory and not consensual.
- Freedom of movement (section 19): The Direction limits the freedom of movement by preventing travellers from COVID-19 hotspots from entering Queensland. The travellers who are permitted to enter from a COVID-19 hotspot under the Direction are generally required to quarantine at a government nominated premises prior to being able to move freely in Queensland. The Direction limits this right by restricting a person's movement to any other premises, other than in essential or emergency situations, for 14 days.
- People who have been in an identified COVID-19 hotspot in the previous 14 days or have been in the State or Territory where the COVID-19 hotspot is located are also required to complete a Queensland Border Declaration Pass and agree to be tested if they develop symptoms of COVID-19 while in Queensland. This requirement engages freedom of movement as it prevents those individuals from entering Queensland if they refuse to be tested.
- Freedom of thought, conscience, religion and belief (section 20): The Direction may limit this right by requiring the majority of people entering from a hotspot to quarantine for a period of 14 days. People in quarantine will be unable to publicly demonstrate and practise their religion or beliefs as they may not be able to attend a church, mosque, temple or other religious institution to perform their usual religious practice. In so far as a person from a COVID-19 hotspot has a religion or belief that can only be manifested in Queensland (for example at a particular sacred site in Queensland), the right may also be limited by preventing these people from being able to enter Queensland to access a sacred site in Queensland. Requiring a person to submit to a COVID-19 test may infringe on a person's religious or personal views.
- Freedom of expression (section 21): The Direction limits this right by requiring some people to quarantine or preventing some people from entering Queensland, thereby restricting the ways in which people choose to express themselves freely (for example, orally in person).
- Peaceful assembly and freedom of association (section 22): By requiring people to quarantine or restricting entry into Queensland, the Direction may limit the ability of people to engage in peaceful assembly and to associate freely.
- Property rights (section 24): One of the aspects of the right to property is the right to use and enjoy one's property. The right may be limited by preventing a person from a COVID-19 hotspot from entering Queensland and requiring certain people to quarantine at a government nominated premises at their own expense prior to being able to access property in Queensland.
- Privacy and reputation (section 25): The Direction limits this right as it may interfere with people's right to make and maintain interstate social and family connections. Interference with privacy may also occur by making a person provide personal details by way of a Queensland Border Declaration or exemption to enter Queensland. The Direction may also limit a person's right to

work by not allowing people to enter Queensland from a COVID-19 hotspot for work purposes. The Direction may also limit a person's right to work by requiring a person to quarantine for 14 days before they can return to work.

- The right to privacy also includes a right to bodily integrity (see *Re Kracke and Mental Health Review Board* (2009) 29 VAR 1, 126 599] and 'personal inviolability' in the sense of 'the freedom of all persons not to be subjected to physical or psychological interference, including medical treatment, without consent.' See *PBU v Mental Health Tribunal* (2018 56 VAR 141, 180-1 [128]). It is arguable that the Direction engages this aspect of the right through the requirement for a person to either agree to a COVID-19 test during quarantine or be subjected to an additional 14 days of quarantine. Although this aspect of the right may be engaged, it is considered not to be limited as the Direction includes a practical alternative of an additional 14 day quarantine.
- Protection of families and children (section 26): The Direction limits this right as it restricts family members, children and other personal visitors from visiting their loved ones. For example, if a person is required to quarantine for 14 days after entering Queensland before seeing their family or if a person is prevented from entering Queensland as they are from a hotspot.
- Cultural rights – generally (section 27): The Direction limits a person's ability to engage with others who share their cultural background by preventing entry into Queensland or prohibiting certain people from congregating for the purpose of cultural expression without first undertaking 14 days of quarantine at their own expense.
- Cultural rights – Aboriginal peoples and Torres Strait Islander peoples (section 28): The Direction limits the right to maintain distinctive spiritual, material and economic relationships with land, water and other resources that there is a connection with traditional laws and customs as it restricts entry to Queensland to people who have been in a COVID-19 hotspot in the last 14 days, or from the start of declared hotspot, whichever period is shorter, unless they can undertake 14 days of quarantine at their own expense.
- Right to liberty (section 29): The requirement to undertake mandatory quarantine at a government-nominated premises may go beyond restricting freedom of movement to restricting liberty.
- Right to humane treatment when deprived of liberty (section 30): The requirement to quarantine at government-nominated premises such as supervised hotel room may be particularly onerous for some people, and arguably may engage the right to humane treatment when deprived of liberty. However, the Direction allows for the Chief Health Officer to provide individual exemptions in extreme exceptional circumstances. Additionally, the restriction against visitors to the nominated premises while quarantining may be a limit on the right to humane treatment when deprived of liberty.
- Right to education (section 36): Requiring a person to quarantine in a government-nominated premises limits these rights by restricting their movements and their ability to engage with community and, if the detained person is a school aged child, restricting school attendance. Prohibiting people from hotspots from entering Queensland will also engage this right.

Compatibility with Human Rights

Proper purpose (section 13(2)(b))

The limitations on the above human rights arise from the:

- requirement to quarantine, and be subject to a COVID-19 test during quarantine, for some people entering Queensland; and
- ban on people from COVID-19 hotspots entering Queensland, except for certain reasons or activities; and
- requirement for people permitted to enter Queensland to agree to a COVID-19 test if they develop symptoms while in Queensland
- requirement for people entering Queensland who have been in a COVID-19 hotspot to complete a Queensland Border Declaration Pass.

The purpose of restricting entry into Queensland is to reduce the risk of COVID-19 cases arriving from interstate, particularly parts of Australia which currently have a cluster of active COVID-19 cases. Restricting entry from those jurisdictions will help prevent the spread of COVID-19 within the broader Queensland community.

Additionally, requiring most people entering Queensland to quarantine in nominated premises is to confine potential outbreaks and enable appropriate support of quarantined individuals within available resources. It also enables monitoring and enforcement of the requirements under the Direction, noting the increased strain on front-line emergency responders and police due to the COVID-19 pandemic. The Direction is also in effect for a temporary period, and the restrictions as applying to a person only last for 14-days, which is tied with the typical incubation period for COVID-19. Ultimately, the purpose of quarantine is to limit the opportunity for transmission of COVID-19 during the potential incubation period.

The aim of protecting public health is a proper purpose. Protecting people in the community from the risk of COVID-19 also promotes their human rights to life (section 16) and health (section 37). At international law, the right to health includes '[t]he prevention, treatment and control of epidemic, endemic, ... and other diseases': *International Covenant on Economic, Social and Cultural Rights*, opened for signature 16 December 1966, 993 UNTS 3 (entered into force 3 January 1976) art 12(2)(c). The purpose of protecting and promoting human rights is necessarily consistent with a society 'based on human dignity, equality and freedom' (section 13(2)(b) of the Human Rights Act).

Suitability (section 13(2)(c))

The limits on human rights will help to achieve the intended purpose. Requiring certain people to quarantine when they enter Queensland and preventing people coming from hotspots or those awaiting COVID-19 test results from entering Queensland will help to achieve the same purpose, by limiting the opportunities for transmission of COVID-19 during the potential incubation period.

Additionally, the quarantine requirements have been tailored to the needs of different cohorts of people. For example, a minor who is required to quarantine may have a parent or guardian quarantine with them at their own expense. Similarly, a person unable to live independently without ongoing or regular support may have a carer or support person quarantine with them. This approach balances the needs of minors or people unable to live independently with the potential public health risks of allowing this cohort to quarantine at a personal residence.

People in quarantine are also permitted to leave their place of quarantine in some circumstances, which include but are not limited to, obtaining essential medical care or in an emergency. This approach ensures the Direction is suitably tailored to address the public health risks associated with COVID-19 while acknowledging there may be individual circumstances that need to be managed appropriately.

Necessary (s 13(2)(d))

The limits on human rights are necessary to achieve the purpose. There is no other way to address the risk of COVID-19 spreading into Queensland from interstate which would be (a) reasonably available (that is, as practicable), and (b) less restrictive of human rights.

In particular:

- Applying a quarantine period for everyone, including people from hotspots, wishing to enter Queensland would not be practicable because of the resourcing requirements of policing the number of quarantine orders involved. It would require the availability of appropriate quarantine facilities for travellers that allow a person to access the necessary supplies and

services without leaving their accommodation. Allowing people from hotspots to enter Queensland, subject to a quarantine period, also potentially exposes Queensland to the risk of community transmission, or an outbreak, if there is any leakage.

- Relying on other measures such as contact tracing and testing at the border (without border restrictions) would not be as effective in achieving the purpose of limiting the spread of COVID-19 into Queensland, given the possibility that people arriving from COVID-19 hotspots with COVID-19 may be asymptomatic, presymptomatic, or produce a false negative. In addition, one person could have a substantial number of contacts that need to be traced. For example, a single positive case can have more than 200 contacts requiring investigation. This can be an onerous task given there are a limited number of contact tracing officers available.
- Requiring a person who enters Queensland from a COVID-19 hotspot to agree to undergo a COVID-19 test if they develop symptoms is aimed at addressing the risk presented by COVID-19 in situations where a person is not required to complete mandatory quarantine in a government-nominated premises. The need to address the risk of a potential outbreak or community transmission of COVID-19 in Queensland, outweighs the impact on human rights.

There are exceptions built into the Direction which are designed to protect human rights. For example, the exception for people avoiding injury or escaping risk of harm (such as a domestic or family violence situation) protects the rights to security of person and life (ss 16 and 29(1)). These exceptions are designed to tailor the limits on human rights to those necessary.

Additionally, only those people who have been in a COVID-19 hotspot are required to complete a Queensland Border Declaration Pass. Anyone else entering Queensland is only required to complete the less onerous Queensland Travel Declaration. The Queensland Travel Declaration requires a person to provide less personal information in recognition that the public health risk is lower for a person who has not been in a COVID-19 hotspot.

Further, the Direction allows the Chief Health Officer, Deputy Chief Health Officer, or their delegate to grant an exemption from refusal of entry or a requirement to quarantine. Any such exemption can be granted subject to conditions. This allows the Chief Health Officer, Deputy Chief Health Officer or their delegate to tailor the limit on human rights only to what is reasonably necessary to achieve the purpose of limiting the risk of COVID-19 spreading into Queensland.

Fair balance (section 13(2)(e), (f) and (g))

Many of the limits on human rights are incidental.

- As to the limitation on freedom of religion, a person is only prevented from practising their religion or belief in person in community with others. They are not prevented from practising their religion or beliefs in other ways such as from a hotspot, or at their nominated premises such as a hotel room, through private prayer, or participating in religious services in Queensland using remote means.
- As to the limits on the right to privacy, the freedom of expression, and the right to family, the Direction does not prohibit people from communicating in non-physical ways, for example, by telephone or video calls, and special consideration has been given to maintaining parenting and child contact agreements. Further, a person is not prevented from choosing to participate in work more generally, remotely, or from seeking alternative employment.
- As to the limits on cultural rights, the Direction does not target any religious or cultural groups or restrict people from engaging in their cultural or religious practices in other ways.

The need to address particular circumstances is considered under the Direction. For example, people may continue to enter Queensland to receive essential health care subject to confirmation from a

prescribed health practitioner or person in charge of the relevant health facility that the person cannot obtain the treatment elsewhere or where the health care continues an existing clinical relationship.

People attending inpatient appointments or appointments at the Queensland Children's Hospital will be permitted to quarantine at the facility rather than a government nominated hotel. Outpatients will continue to be required to quarantine in a hotel at their own expense but may leave quarantine to attend their appointment. This approach balances the need to ensure people can continue to access essential health care with the wider public health considerations.

The extent of the limitation on human rights is further reduced in other ways. For example, the Direction is only in force for a temporary period. The Chief Health Officer has the power to grant an exemption, including in cases where the limit on human rights is disproportionate to the public health need. Nonetheless, the impact on some human rights will be large, in particular, the right to equality for people from a hotspot, and the freedom of movement.

However, the importance of limiting the spread of COVID-19 into Queensland (taking into account the right to life) outweighs the impact on other human rights. Indeed, it is difficult to overstate the importance to society of addressing the risk posed by a pandemic. Ultimately, the Direction strikes a fair balance between the human rights it limits and the need to reduce the risk of COVID-19 spreading into Queensland.

Public Health Directions – Human Rights Assessment
Queensland Travel Declaration Direction (No. 3)

Title	Queensland Travel Declaration Direction (No. 3)
Date effective	28 June 2021 at 1am

Background

The *Queensland Travel Declaration Direction (No. 3)* (Direction) is issued by the Chief Health Officer pursuant to the powers under section 362B of the *Public Health Act 2005*.

This analysis should be read in conjunction with the Human Rights Statement of Compatibility prepared in accordance with section 38 of the *Human Rights Act 2019* with respect to the Public Health and Other Legislation (Public Health Emergency) Amendment Bill 2020. This Bill amended the *Public Health Act 2005* to enable the Chief Health Officer to issue directions that are reasonably necessary to assist in containing or responding to the spread of COVID-19.

Purpose of the Direction

The purpose of the Direction is to limit the spread of COVID-19 within the community, including by limiting the spread of COVID-19 into Queensland from persons arriving from COVID-19 hotspots.

In preparing the Direction, risks to the health and safety of Queenslanders were identified and the current epidemiological situation, both in and beyond Queensland, were considered. The risks and epidemiological situation are more fully set out in the Policy Rationale that informed the direction, and form part of the purpose of the Direction. As the below human rights analysis draws on the information contained in the Policy Rationale, they should be read together.

The Direction revokes and replaces the *Queensland Travel Declaration Direction (No.2)*. The Direction has been updated to require that a Queensland resident or New South Wales border zone resident who has only been in the New South Wales border zone or Queensland in the previous 14 days and is entering Queensland by road will have to complete a Queensland Border Declaration Pass.

How the Direction achieves the purpose

The Direction does not restrict entry to Queensland. The Direction requires all travellers entering Queensland, from an Australian State or Territory; or on a quarantine-free flight from a safe travel zone country; to provide a *Queensland Travel Declaration*.

Separately, the Queensland Border Declaration Pass is required under the *Border Restrictions Direction* for individuals who have been in a hotspot in the 14 days prior; or since the identified start date of the declared COVID-19 hotspot. Travellers who have been to COVID-19 hotspots during these timeframes are required to obtain a Queensland Border Declaration Pass and follow the requirements of the *Border Restrictions Direction*.

The objective behind the Queensland Travel Declaration Direction is to create a less restrictive and more flexible environment for the majority of travellers to Queensland; while retaining the safety measures needed to protect the health of the community by enabling targeted communication with specific cohorts if the situation changes quickly.

The Queensland Travel Declaration must be made in the 72-hour period immediately prior to entering Queensland and must declare the following:

- whether the person has in the previous 14 days:
 - been in an Australian State or Territory with a COVID-19 hotspot
 - been at an interstate exposure venue;
 - been in another State, Territory or safe travel zone country;
 - been in government-mandated hotel quarantine;
- the mode of transport the person will be using to enter Queensland;
- the person's name, date of birth, phone number, last planned address prior to entering Queensland and email address;
- if the person is completing a Queensland Travel Declaration on behalf of their dependents, the name and date of birth of each dependent person;
- the person's planned date of entry into Queensland;
- if the person's last address prior to entering Queensland is different from their primary place of residence, the person's primary place of residence;
- the town, city or suburb that will be the person's main destination in Queensland;
- they will present for a COVID-19 test if they develop symptoms consistent with COVID-19 within 14 days after entry; and
- any other information or documents required by an emergency officer (public health) or required by the application for the Queensland Travel Declaration; and
- the person must provide their Queensland Travel Declaration at any time when requested by an emergency officer after entry.

A person who has only been in the New South Wales border zone (a certain area of northern New South Wales) and is entering by road, will need to complete the Queensland Travel Declaration.

Similar to the Queensland Border Declaration Pass, there are exceptions to the requirement to complete the Queensland Travel Declaration; such as in the case of emergency health provision or national defence; a person remanded in custody; some disaster management workers; and travellers who are covered by an alternative protocol that has already been approved by the Chief Health Officer.

The Chief Health Officer or a delegate may grant a person an exemption from all or part of the Direction based on extreme exceptional circumstances. Exemptions can be given subject to conditions.

Human rights engaged

- Right to life (section 16): The right to life places a positive obligation on the State to take all necessary steps to protect the lives of individuals in a health emergency. Under international law, this right is an absolute right which must be realised and outweighs the potential impacts on any one individual's rights.
- Protection from torture and cruel, inhumane or degrading treatment (section 17(c)): This right includes the right not to be subjected to medical treatment without full, free and informed consent. This right includes treatment of any kind, even if the treatment benefits the person (*Kracke v Mental Health Review Board* (2009 29 VAR 1, 123 [576])). The requirement for persons entering Queensland to agree to a COVID-19 test if they develop symptoms limits a person's ability to make an autonomous decision about medical treatment. It may be argued that the testing is compulsory and not consensual. However, the Direction does not limit the holding of a belief or opinion about COVID-19 or testing.
- Privacy and reputation (section 25): The Direction limits this right by making a person provide personal details by way of a Queensland Travel Declaration.

- The right to privacy also includes a right to bodily integrity (see *Re Kracke and Mental Health Review Board* (2009) 29 VAR 1, 126 599] and ‘personal inviolability’ in the sense of ‘the freedom of all persons not to be subjected to physical or psychological interference, including medical treatment, without consent.’ See *PBU v Mental Health Tribunal* (2018 56 VAR 141, 180-1 [128]). It is arguable that the Direction engages this aspect of the right through the requirement for a person to either agree to a COVID-19 test if they develop symptoms after entering Queensland.

Compatibility with Human Rights

Proper purpose (section 13(2)(b))

The limitations on the above human rights arise from the:

- requirement to provide a Queensland Travel Declaration before entering Queensland;
- requirement for people entering Queensland to agree to a COVID-19 test if they develop symptoms while in Queensland.

The purpose of requiring personal details from people entering Queensland is to support contact tracing efforts if there is a COVID-19 outbreak or exposure venues in another state or territory. The requirement for people to agree to a test is to help limit the spread of COVID-19 by identifying potential cases as quickly as possible and limit the spread in the community.

The aim of protecting public health is a proper purpose. Protecting people in the community from the risk of COVID-19 also promotes their human rights to life (section 16) and health (section 37). At international law, the right to health includes ‘[t]he prevention, treatment and control of epidemic, endemic, ... and other diseases’: *International Covenant on Economic, Social and Cultural Rights*, opened for signature 16 December 1966, 993 UNTS 3 (entered into force 3 January 1976) art 12(2)(c). The purpose of protecting and promoting human rights is necessarily consistent with a society ‘based on human dignity, equality and freedom’ (section 13(2)(b) of the Human Rights Act).

Suitability (section 13(2)(c))

Reducing and containing the spread of COVID-19 within the community is achieved by the Direction. The limits on human rights will help to achieve the intended purpose.

Necessary (s 13(2)(d))

The limits on human rights are necessary to achieve the purpose. There is no other way to address the risk of COVID-19 spreading into Queensland from interstate which would be (a) reasonably available (that is, as practicable), and (b) less restrictive of human rights.

In particular, requiring a person who enters Queensland to undergo a COVID-19 test if they develop symptoms is aimed at addressing the risk presented by COVID-19 in situations where a person is not required to complete mandatory quarantine in a government-nominated premises. The need to address the risk of a potential outbreak or community transmission of COVID-19 in Queensland, outweighs the impact on human rights. Early detection of the virus is crucial to preventing the transmission of the virus into the community.

There are exceptions built into the Direction which are designed to protect human rights. For example, the exception from completing a Queensland Travel Declaration for people in an emergency situation protects the rights to security of person and life (ss 16 and 29(1)). These exceptions are designed to tailor the limits on human rights to those necessary.

Further, the Direction allows the Chief Health Officer, Deputy Chief Health Officer, or their delegate to grant an exemption from the requirement to complete a Queensland Travel Declaration. Any such exemption can be granted subject to conditions. This allows the Chief Health Officer, Deputy Chief

Health Officer or their delegate to tailor the limit on human rights only to what is reasonably necessary to achieve the purpose of limiting the risk of COVID-19 spreading into Queensland.

Fair balance (section 13(2)(e), (f) and (g))

The purpose of the Direction is to reduce the spread of COVID-19 within the community. The benefit of achieving this purpose is that by reducing the risk of transmission of COVID-19 to the community the overall increase in the enjoyment of the right to life is measurable. Conversely, a failure to mitigate the risk of transmission is also measurable in loss of life. The benefit also translates to a reduced impact on the health care system by preventing the significant pressure on the health care system caused by the spread of COVID-19 in the community.

The benefits come at the cost of:

- invading the right to a person's bodily integrity and their autonomy to make decisions about their own bodies (section 17(c) and section 25(a)) by requiring them to agree to a COVID-19 test if they become symptomatic;
- the right to privacy (section 25) by requiring them to provide personal details before entering Queensland.

However, the extent of the impact on human rights is reduced by the following factors:

- Saliva and swab testing is at the lower end of seriousness of medical interventions. It does not involve more than a remote risk to the person's health.
- As to the limits on the right to privacy, the Direction does not require the person to provide any information other than what is necessary to support effective contact tracing.

The extent of the limitation on human rights is further reduced in other ways. For example, the Direction is only in force for a temporary period. The Chief Health Officer has the power to grant an exemption, including in cases where the limit on human rights is disproportionate to the public health need.

Overall, the limitations on human rights are reasonable and demonstrably justifiable, as the Direction is only in force for a temporary period and will help contain the spread of COVID-19, thereby protecting the health and safety of the community. The overwhelming health benefits to the broader community by implementing the Direction outweighs any potential limitation on the person's right to privacy and right to full and informed consent to medical treatment.

COVID-19 Public Health Rationale

Border Restrictions Direction (No. 26) and Queensland Travel Declaration Direction (No. 3)

DRAFT NOT GOVERNMENT POLICY

Summary

In support of a more nuanced and agile approach to restrictions in the event of transmission events, Queensland draws upon a suite of public health measures to mitigate the risk of exposure to and community transmission of COVID-19. The overall intent of the Directions described in this document is to provide for targeted protection for Queenslanders from exposure to COVID-19 due to interstate community transmission events or periods of elevated risk in other jurisdictions.

The overarching intent of *Border Restrictions Direction* is to reduce the risk of COVID-19 transmission in the community by specifying the circumstances under which people may enter Queensland from a declared hotspot, how and when they might enter Queensland from a hotspot and the few circumstances in which people might be exempt from quarantine in a government nominated hotel.

The intent of the *Queensland Travel Declaration Direction* is to collect traveller information and enable a scalable response when an event occurs in another jurisdiction, such as requiring quarantine for affected travellers and undertaking targeted messaging to support contact tracing.

The changes to the Directions discussed in this rationale are to:

- make an amendment to the Border Restrictions Direction to only require a Border Declaration Pass for persons who have been in a declared hotspot, and remove the requirement that anyone from a hotspot affected jurisdiction must complete a Border Pass, noting that all other travellers must complete a Travel Declaration which includes a declaration that they have not been in a hotspot in the previous 14 days.
- remove the New South Wales (NSW) border zone from the Travel Declaration Direction and the Border Restrictions Direction, due to the current and evolving epidemiological situation in NSW, meaning that NSW border zone residents must complete a Travel Declaration to enter Queensland.

Relevant amendments will also be made to the *Operational protocol for freight movements entering Queensland*, *Operational protocol for disaster management workers entering Queensland* and the *Protocol for maritime crew members joining or signing off a vessel in Queensland* for consistency.

This policy rationale should be read in conjunction with the policy rationale that accompanies the declaration of hotspots. The hotspots declaration lists the Local Government Areas (LGAs) that are restricted in the Border Restrictions Direction. The two documents are prepared separately as hotspots are updated in line with changes to the interstate epidemiological situation and can occur without the need to amend the direction.

Background and rationale

Streamlining Queensland entry requirements for interstate travellers

The Queensland Travel Declaration Direction and the Border Restrictions Direction work together to protect Queensland when community transmission occurs interstate.

A Travel Declaration is now required at all times for all entrants to Queensland. It is designed for information, monitoring and risk mitigation purposes when the risks interstate at some venues are elevated. A Border Pass,

provided for under the Border Restrictions Direction, is currently required for anyone entering Queensland from a State or Territory with a hotspot, or who has been in a hotspot in the previous 14 days – when the risk in some locations interstate is considered high. A Border Pass is designed for when entry to Queensland is restricted (i.e. the border is closed to some people).

Until recently, the requirement to provide travel history and contact information was only active when a hotspot declaration was in place, and only for those who had been in a hotspot, or in a State or Territory with a declared hotspot.

With the introduction of the Travel Declaration Direction on 17 June, this requirement has been made continuous and more fine-grained. This means that every person entering Queensland must now provide this information as well as a declaration that they have not been at a venue or place of increased COVID-19 risk (including a declared hotspot) and that they will present for a COVID-19 test if they develop symptoms consistent with COVID-19 within 14 days after entry. They must also monitor interstate exposure venues from the time they complete the Queensland Travel Declaration and for 14 days after their arrival in Queensland and comply with the requirements under the *Interstate Exposure Venues Direction (No.2)* if an interstate exposure venue the person has visited during the exposure period is published after the person arrives in Queensland.

The purpose of the Travel Declaration is not to restrict entry to Queensland, but to capture traveller contact information and identify where additional requirements may need to be imposed due to elevated risk. For example, where a person has been to a published interstate exposure venue in the 14 days before entering Queensland, they are permitted to enter Queensland but must undertake mandatory quarantine in government nominated accommodation.

Entry to Queensland is only restricted when a person has been to a declared hotspot in the last 14 days.

The Border Pass has been in use since July 2020, with the primary intention to identify travellers for whom entry to Queensland is restricted and subject to mandatory quarantine in government nominated accommodation during times when there are active hotspot declarations. Having been until recently the principal monitoring tool during periods of heightened risk, as a risk mitigation and compliance measure, the requirement for a Border Declaration Pass also extends to anyone from a State or Territory with a declared hotspot.

The Travel Declaration system now serves this monitoring purpose and there is an opportunity to better align the Directions to the policy intent. For this reason, the Border Restrictions Direction will be amended to require a Border Pass only when a person has been in a hotspot and strict conditions must be placed on their entry to Queensland.

From the user perspective, it is expected that this will support a simplified understanding of obligations – a Travel Declaration will be always required from travellers and will only be granted to those who have not been in a declared hotspot. Where a person has been in a declared hotspot in the previous 14 days but wishes to enter Queensland, they will need to complete a Border Pass and meet other conditions in order to enter Queensland and undertake mandatory quarantine.

The intent is that the only exception to the Travel Declaration requirement would be for residents of the NSW border zone when the impost associated with completing a Travel Declaration is not considered proportionate to the risk of COVID-19 exposure and transmission in these border communities.

Removal of the New South Wales Border Zone exemption from providing a Declaration

The purpose of the Border Zone is to maximise freedom of movement while minimising the risk to the community posed by COVID transmission. Many residents of the LGAs along the NSW-QLD border and further south,

particularly along the eastern coast, travel to Queensland towns and cities, including as far as Brisbane and Toowoomba, to access a range of services, including health care, financial and legal services, schooling and work.

Due to the frequency of cross-border movement in the Border Zone, restrictions on movement and requirements imposed on these communities are therefore carefully balanced against risk.

Currently, the Travel Declaration Direction and Border Restrictions Directions provide that Queensland residents and NSW border zone residents who have only been in the NSW border zone or Queensland in the previous 14 days are not required to provide travel information in the form of a Travel Declaration or a Border Pass, unless they have been at an exposure venue or a hotspot has been declared in the border zone.

The current epidemiological situation in NSW involving the Delta variant is of extreme concern and is evolving rapidly. There have now been 65 cases reported since the first cases were detected on 17 June. NSW Health has published 227 public exposure sites (including 66 linked to public transport routes), with a high likelihood of additional exposure sites being added as more linked cases undergo contact tracing interviews.

While the majority of COVID-19 cases in outbreaks to date have become infected by very close contacts, or following attendance at an exposure site at the same time as a known case, there are several cases in the NSW outbreak where the virus was transmitted after only “fleeting contact. This type of transmission has occurred in retail and public venues, but also at outdoor venues.

Following updated health advice and in recognition of the risk associated with an increasing number of exposure venues where transmission has occurred, stay-at-home orders have been introduced in NSW.

From 11.59pm Friday 25 June until at least 11.59pm on Friday 2 July, residents of, or people whose usual place of work is in Woollahra, Waverley, Randwick and City of Sydney Councils must stay at home unless it is for an essential reason. These reasons include shopping for food or other essential goods and services; medical care or compassionate needs; exercise outdoors in groups of 10 or fewer; and essential work, or education, where this cannot be achieved from home. People should also only enter the four LGAs for essential purposes.

Anyone who lives or works in the City of Sydney, Waverley, Randwick, Canada Bay, Inner West, Bayside, and Woollahra LGAs, is not permitted to travel outside metropolitan Sydney for non-essential reasons.

Public health advice to residents across greater Sydney is to limit unnecessary activity and avoid large gatherings in coming days. Masks are mandatory on all public transport and in all indoor venues.

On 26 June, Queensland updated the COVID-19 hotspot list to declare the LGAs of Randwick, City of Sydney, Woollahra and Waverley to be retrospectively effective from 1am 11 June due to the timing of community exposure. Anyone currently in Queensland who has been in Woollahra, Waverley, Randwick and City of Sydney Councils since 1:00 am 11 June 2021 must stay at home. A person may leave their place of residence only for essential reasons and under certain conditions as given in the *Places of Concern Direction*.

Wastewater has surveillance detected fragments of COVID-19 at the Bourke sewage treatment plant in western NSW. There have been no prior detections at this site which is equidistant from Sydney and the Queensland border. The sample was taken on 22 June.

It is critically important for Queensland to have safeguards in place to mitigate the risk of interjurisdictional transmission and ensure Queenslanders are protected. Given the current risk profile of NSW, reference to the NSW border zone will be removed in this iteration of the Queensland Travel Declaration and the Border Restrictions Direction and with it the exemption from completing a Declaration. Anyone entering Queensland by road must complete a Travel Declaration. If a person has been in a declared hotspot, they will be required to complete a Border Pass and may not be permitted to enter Queensland. The intent is that the Travel declaration would be valid for 14 days unless the persons circumstances changed, this is to minimise the impact on people

who frequently enter Queensland from a non-hotspot location, particularly those that live in the border zone and work and/or access essential services in Queensland. At this point in time the impact on people and workplaces does not outweigh the public health risk; however, this could change rapidly in the current context of the Delta variant.

Public Health Considerations as at 25 June 2021

Epidemiological situation

Queensland

- As at 25 June 2021, Queensland has 41 active cases, with the state's total case numbers at 1,679. It has been 6 days since a case was infectious in the community and detected on 19 June.
- Following commencement of Queensland's COVID-19 vaccination program at the Gold Coast University Hospital on 22 February, the vaccination program is now being offered across more than 100 sites.
- Vaccinations have also been taking place across Queensland's residential aged care facilities for more than 88,000 staff and residents, under the Australian Government-led arm of the rollout.
- On 25 May, the Queensland Government announced 14 community-based vaccination hubs across the state to assist Queensland's vaccine roll-out. It was also announced that members of the general public aged 40-49 can register to receive a COVID-19 Pfizer vaccination online.
- Community uptake of the vaccine has steadily increased with more vaccination sites being added on an ongoing basis.
- There were 2 new cases reported in the 24 hours to 25 June. Both cases were locally acquired, detected in home quarantine and were known contacts of a case who was infectious in the community on the 19 June 2021.
- In total, six confirmed cases have now been linked to the case who was infectious in the community on 19 June. Two of these were close personal contacts who had been with the case for most of the day, while four acquired infection through attendance at the Portuguese Family Centre Restaurant.

National

- As at 24 June, a total of 30,408 COVID-19 cases have been reported in Australia, including 910 deaths.
- As at 24 June, jurisdictions are reporting a total of more than 6.9 million vaccine doses administered since 21 February 2021.

Victoria Situation

- On 27 May Victoria announced a 7-day lockdown to respond to the current cluster of 26 cases. On 2 June Victoria announced an extension of the lockdown for another 7 days to prevent the spread of this cluster, which as at 23 June has a total of 60 cases. Lockdown restrictions were eased on 11 June, with some movement and gathering restrictions to remaining in place, which were eased further on 17 June.
- Queensland lifted all hotspot declarations for Victoria on 25 June.

- On 25 June, Victoria reported two new cases of the Delta variant in a returned traveller who had been in Sydney and a close contact who had been isolating. A number of close contacts have been identified and additional exposure sites published.

New South Wales situation

- This is described in detail in the main body of this document.

Global

- As at 24 June, over 179 million COVID-19 cases and over 3.88 million deaths had been reported globally to the World Health Organization (WHO).
- Global numbers of cases and deaths continued to decrease over the past week (14-20 June 2021) with just over 2.5 million new weekly cases and over 64 000 deaths, a 6 per cent and a 12 per cent decrease respectively, compared to the previous week.
- The lowest weekly case incidence since February 2021 was reported last week.
- Globally, mortality remains high with more than 9000 deaths reported each day over the past week, however, the number of new deaths reported in the past week decreased across all Regions except for the Eastern Mediterranean and the African Regions.
- Declines in the number of new weekly cases, compared to the previous week, were reported across all Regions except for the African Region. The number of new deaths reported in the past week decreased across all the regions except for the African and South-East Asia Regions.

Public Health System capacity

- Queensland Public Health Units continue to work to ensure the Queensland community is complying with public health controls. Another key focus for Queensland's Public Health Units is to ensure that those directed to undertake quarantine comply with all requirements, including the testing regime.
- Additional restrictions are imposed and lifted in response to evidence of community outbreaks to ensure the safety of Queenslanders, and more specifically our most vulnerable people in residential aged care facilities, hospitals, and disability accommodation services.
- While responses to COVID-19 community clusters have been managed well, it is important to mitigate against further clusters, and in particular, quickly bring clusters under control through effective contact tracing, in order to maintain the integrity of the health system to respond to non-COVID-19 related care.

Health Care System capacity

- Queensland's hospitals and health workers are well prepared and well equipped to meet the challenge of COVID-19.
- Hospitalised cases recently approached the highest number of cases since early in the pandemic. The vast majority of these are in south-east Queensland. The implications of increasing positive cases among overseas arrivals if accompanied by a wider local outbreak could be serious for public health system capacity.
- Queensland's Personal Protective Equipment (PPE) supply chain is sound and Queensland Health has adequate stock holdings.

- Queensland has sufficient ventilators for a mild or moderate outbreak and additional ventilators have been procured, along with other critical medical equipment, to ensure Queensland is well prepared.
- It is critical to mitigate any increase in cases that could lead to a local or system wide impact on delivery of usual health services.

Community acceptance and adherence

- The public health response to COVID-19 has been in place for over 16 months. The public is familiar with standard measures to reduce transmission (e.g. physical distancing), and businesses have embedded COVID-safe practices. Queensland is in a strong position and Queenslanders are enjoying minimal restrictions and confidence in our public health response.
- Earlier in the pandemic there were mixed reports on compliance with public health controls, such as defined areas in pubs, and a strong appetite from industry for further relaxations, many of which have since been made. Compliance issues were primarily in relation to social distancing and controlling crowd numbers.
- The slightly increased risk of eased restrictions within Queensland has been considered to be offset by increasing community awareness, particularly given experiences with the widespread consequences of non-compliance and outbreaks, and the application of practical steps to reduce transmission such as mask wearing where physical distancing is difficult to maintain (for example at airports, and on public transport).

Wastewater monitoring

- To strengthen our surveillance capabilities and increase confidence that transmission is not occurring here, Queensland conducts a surveillance program to detect traces of coronavirus in wastewater in 19 communities across the state.
- Wastewater monitoring systems detect viral fragments and can help experts determine where in the state there might be people with a current or recent COVID-19 infection. The system has significant value in its potential to serve as an early warning system for potentially undetected cases. It cannot pinpoint the exact source of the viral fragments.
- Viral fragments were detected at:
 - Pimpama and Luggage Point in the week ending on 6 June 2021;
 - Kawana and Fairfield in the week ending on 13 June; and
 - Luggage Point and Maryborough in the week ending on 20 June

COVID-19 Public Health Rationale – Lockdown for South East Qld, Townsville including Magnetic Island and Palm Island

*Restrictions for Impacted Areas Direction (No.5) and Queensland COVID-19 Restricted Areas
Direction (No.16)*

29 June 2021 DRAFT NOT GOVERNMENT POLICY

Overarching intent

Queensland draws from a suite of Public Health Directions and measures that are designed to provide ongoing targeted protection from exposure to COVID-19 due to community transmission events or periods of elevated risk both within Queensland and interstate in other jurisdictions. Throughout the pandemic, restrictions have balanced the needs of the community and business against the immediate risks posed by COVID-19.

The overarching intent of the *Restrictions for Impacted Areas Direction* is to identify particular areas of elevated risk and restrict movement and gathering, impose mandatory mask wearing and enact restrictions on businesses, activities and undertakings in a targeted and time-limited way. The primary purpose of imposing restrictions in this way is to slow the potential for spread and support an effective public health response (testing, contact tracing and isolation) to contain an emerging outbreak as quickly as possible.

In recent days, a range of public health protections and controls have been activated in Queensland in response to interstate and local COVID-19 community transmission. The epidemiological situation and risk profile in Queensland has further escalated overnight.

There are now multiple transmission events and active clusters of growing concern within Queensland, in addition to the evolving situation nationally. Further details are given in the body of this document, but current risks within Queensland include:

- *Delta variant* – reported on 29 June; a case in a worker at The Prince Charles Hospital COVID-19 ward, infectious in the community since 19 June, with travel to Magnetic Island (24 – 27 June) and symptomatic close contacts.
- *Delta variant* – two cases in association with the Novotel - Newmont Tanami Mine Cluster, one with movement in the community while infectious including to the Sunshine Coast. More than 270 close contacts in Queensland are directly associated with the mine site.
- *Delta variant* – two flights where a Sydney based air crew member worked while infectious have movements in Brisbane. Contacts have been isolated and are being tested.
- *Alpha variant* - an active cluster, now at 10 cases. Two cases have been infectious in the community for a number of days, with dozens of exposure sites across Brisbane, extending out to Warwick and the Glass House Mountains.

The risk profile for Queensland is now considered sufficiently high that the maximum level of public health protections is needed in the identified higher-risk areas. This iteration of the Direction will impose 'lockdown' conditions on the 11 LGAs of South-East Queensland - Noosa, Sunshine Coast, Ipswich, Logan, Redlands, Brisbane, Gold Coast, Scenic Rim, Lockyer Valley, Moreton Bay and Somerset already identified and subject to increased restrictions. The LGAs of Townsville (including Magnetic Island) and Palm Island will also be included as impacted areas in the updated Direction. The lockdown has been announced for an initial 72-hour period before review.

Townsville, including Magnetic Island and Palm Island will also be added as restricted areas under the *Queensland COVID-19 Restricted Areas Direction (No.15)* for the purposes of restricting visitors and increasing protections for vulnerable cohorts in aged care, hospital and disability accommodation facilities.

Background and considerations at 29 June 2021

In Queensland and other Australian jurisdictions, the public health response continues to evolve. State-wide restrictions have gradually been eased over the past year, and the focus has shifted from longer-term movement and activity restrictions to rapid ring-fencing of community transmission events through contact tracing, testing and isolation - based on the context and risk assessment. Queensland's response to local and interstate incidents also has become more nuanced and agile, developed both through experience in managing local outbreaks, and in recognition of the effectiveness of other jurisdictions' responses to incidents. These approaches are being met with high levels of community compliance and responsiveness.

A number of protections and controls are currently in place to protect Queensland from active interstate outbreaks, including hotspot declarations for affected Local Government Areas (LGAs) in NSW (from 24 June), and most recently the Perth and Peel regions of Western Australia (WA) and Darwin (NT) announced as declared hotspots (from 30 June).

All arrivals to Queensland must complete a Travel Declaration declaring whether they have been at an interstate exposure venue. Entry conditions for Queensland are carefully controlled according to risk (e.g. mandatory quarantine requirements if exposure venue attended). Anyone with travel to a hotspot or interstate exposure venue in the last 14 days is restricted from visiting a hospital, aged care facility, disability accommodation facility or correctional service.

Nationally, lockdowns in response to community spread of the Delta variant are currently in place for at-risk LGAs in NSW (Greater Sydney), and in recent days WA (Perth and Peel region) and the NT (Darwin).

From 25 June and expanded on 27 June - stay at home ('lockdown') conditions are in place for all persons already in Queensland from affected areas in NSW, matched to the locations, length and timing of the NSW lockdown. Refer to the Policy Rationale for the *Interstate Places of Concern (Stay at Home in Queensland) Direction (No.2)* for more detail.

The current situation within Queensland is evolving rapidly.

Since 27 June, additional public health protections of reduced occupant density (1 person per 2 square metres in indoor places) and gatherings (limits on wedding ceremonies and funerals, household gatherings limited to 100 people) have been activated for all of Queensland. The intent was that these restrictions be in place for two weeks to support a general increase in vigilance and protection in the context of national developments and the emerging situation in Queensland, with the potential for extension in accordance with the risk assessment, local and national circumstances at that time. Refer to the Policy Rationale for *Restricted Businesses, Activities and Undertakings (No.21)* and the *Movement and Gathering Direction (No.11)* for more detail.

On 29 June, 11 LGAs in South-East Queensland - Noosa, Sunshine Coast, Ipswich, Logan, Redlands, Brisbane, Gold Coast, Scenic Rim, Lockyer Valley, Moreton Bay and Somerset – were declared as restricted and impacted areas. Visitor restrictions have been imposed for vulnerable facilities as well as additional restrictions on occupant density and gatherings, mandatory mask wearing, and restrictions on dancing and vertical consumption of food and drink. The intent was that more targeted protections were needed in these higher-risk areas due to the local cases and the high likelihood of movement of close contacts through this region. Refer to the Policy Rationale for *Queensland COVID-19 Restricted Areas Direction (No.15)* and the *Restrictions for Impacted Areas Direction (No.4)* for more detail.

Ongoing existing protections are in place across the State such as the mandatory use of the Check In App across all public facing business settings (from 25 June) and public messaging about physical distancing, isolating when sick and getting tested.

There are now four transmission events and active clusters of growing concern within Queensland:

DELTA VARIANT

- **The Prince Charles Hospital (TPCH) worker** - An additional case has been detected today (29 June), a worker at the Prince Charles Hospital, estimated to be infectious in the community since 19 June, with travel north to Townsville and Magnetic Island (24 – 27 June) and symptomatic close contacts.
- **Novotel - Newmont Tanami Mine Cluster** - Two positive cases have now also been detected in association with the Granite Gold Mine in the Northern Territory (NT) one of whom (reported on 28 June) had movement in the community while infectious including to the Sunshine Coast, and the other testing positive while in isolation (reported on 29 June). There are more than 270 close contacts directly associated with the mine site.
- **Virgin flight attendant** - As at 27 June, NSW Health was notified of five flights between east-coast cities associated with confirmed case of COVID-19. A Sydney based air crew member worked while infectious. Flights between Sydney, Brisbane and Melbourne are affected. Two of the five flights have movements in Brisbane and contacts have been isolated.

ALPHA VARIANT

- **Alpha Cluster** - An active community transmission cluster associated with the Alpha variant, now at 10 cases, including the original case, with the infectious period dated back to 19 June. Two cases (reported on 27 June) have been infectious in the community for a number of days, with dozens of exposure sites across Brisbane, extending out to Warwick and the Glass House Mountains.

Current data indicates that the Delta variant is more resilient in airway cells, meaning an increased viral load in the infected person. In turn, this may result in more virus expelled into the air to pass on to the next person. This appears to be supported by international testing data, which show that the CT value (cycle threshold)—the number of amplification cycles needed for the virus to be detected—seems to be lower in samples from delta infected people, meaning they contain more virus. Another suggestion is that if this variant is better at infecting human airway cells, meaning people may become infected after a lower exposure.¹

The *effective reproductive number* gives an indication of the transmission potential of a disease. The transmission potential for Delta is around twice that of the original strain of COVID-19. The effective reproductive number is estimated to be 97 per cent higher (95% CI: 76%–117%), and the Alpha variant 29 per cent higher (95% CI: 24%–33%) than the original strain.² This increased transmissibility can be seen in the secondary attack rate being observed in the NSW Bondi cluster where 100 per cent of household contacts are reportedly becoming infected with COVID-19.

The increased transmissibility of the Delta variant also impacts upon the proportion of the population that needs to be vaccinated in order to reach the herd immunity threshold. The original strain has a basic reproductive number of 2.5, this translates to a herd immunity threshold of 60%, and a vaccination coverage of 67% for a vaccine that is 90% effective against infection. For Delta (with an estimated $R_0=4.9$), the herd immunity threshold is 80%, which would require 89% vaccine coverage for a vaccine that is 90% effective against infection.³

¹ Mahase, E. Delta variant: What is happening with transmission, hospital admissions, and restrictions? BMJ 2021; 373 doi: <https://doi.org/10.1136/bmj.n1513> (Published 15 June 2021)

² Campbell et al, Increased transmissibility and global spread of SARS-CoV-2 variants of concern as at June 2021. Increased transmissibility and global spread of SARS-CoV-2 variants of concern as at June 2021. Euro Surveill. 2021;26(24):pii=2100509. <https://doi.org/10.2807/1560-7917.ES.2021.26.24.2100509>

³ Calculations performed by COVID-19 Response Lead – Reporting, 26 June 2021

In the context of a mostly unvaccinated population in Queensland and nationally, the consequences of an uncontrolled outbreak of the Delta variant will be severe.

Additional factors increasing risk within Queensland include the potential for community exposure to the Alpha variant due to the active cluster described above. It is noteworthy that, prior to current events, community transmission of the Alpha variant has been sufficiently concerning that it has triggered multiple lockdowns in Queensland and nationally in recent months.

Queensland's approach to COVID-19 transmission events and clusters is to "go hard and fast".⁴ A decisive and rapid response is crucial to prevent the spread of COVID-19 and its associated morbidity and mortality, and the need for longer-lasting restrictive measures (i.e. longer lockdowns) with accompanying social and economic disruption. Jurisdictions around the world that have been successful in controlling the virus have all taken a proactive approach to restrictions.

Queensland has until recently been operating with a high degree of community and industry freedom. Until recently, the national epidemiological situation was stable and there were few or no limits on outdoor and household gatherings, dancing, self-service food or events. This freedom of movement and a noticeable decline in physical distancing⁵ in recent months creates the potential for a larger scale outbreak in Queensland. There are number of additional factors during this time of the year that compound the risk that widespread community transmission will occur. For instance, the school holidays are a time when people are more socially active and more likely to intermix with groups and attend more venues for social gatherings. Winter, although comparatively mild in Queensland, is also a time of increased indoor activities and the potential for reduced air flow with windows closed and outdoor areas used less frequently. During this period increased intra- and interstate travel also takes place. It is reasonable to assume that tourists and locals alike generally travel further from their residence over the holiday period, increasing the risk of wider and faster spread of the virus. An example of this risk realised is the case reported today with travel to north Queensland while infectious.

Preventing further transmission in the community is crucial to enable contact tracers to quickly ascertain the size and scale of the issue associated with the known and emerging cases, without additional community exposure occurring at the same time. This puts the public health response on the 'front foot' rather than the 'back foot'.

Given current context in Queensland of multiple evolving transmission events and active clusters involving variants of concern, an increasing number of exposure sites and potential contacts now extending as far north as Magnetic Island (Townsville), as well as national spread and seeding of the Delta variant, expert public health advice is that the maximum level of protective measures be activated.

Ring-fencing current cases by identifying and isolating close contacts to prevent a wider outbreak will require all non-essential activities to cease for at least 72 hours in targeted high-risk areas. This will immediately reduce the movement of people within, into and out of these areas and allow for comprehensive contact tracing and testing to occur.

⁴ Premier Palaszczuk, statements to the media, 29 June 2021

⁵ See media comments, Premier Palaszczuk, 26 March 2021.

Declaration of impacted and restricted areas

For all the reasons and risk factors described above and taking into account the locations of exposure sites in Queensland, the maximum level of home-confinement restrictions for at least 72 hours are now necessary for the 11 LGAs of South-East Queensland - Noosa, Sunshine Coast, Ipswich, Logan, Redlands, Brisbane, Gold Coast, Scenic Rim, Lockyer Valley, Moreton Bay and Somerset already identified and subject to increased restrictions.

The LGAs of Townsville (including Magnetic Island) and Palm Island will also be included as impacted areas in the updated Direction. This most recent case is infected with the Delta variant, and there may be more cases detected among their close contacts in the coming days. Given the case's travel to Townsville and Magnetic Island, it is therefore appropriate to extend the restrictions that apply in South-East Queensland to these areas, including Townsville, Magnetic Island and Palm Island. This is particularly important given the higher at-risk populations of older and Aboriginal and Torres Strait Islander Queenslanders in these areas, and the unique considerations that apply to the island populations in terms of their infrastructure and access to health services.

See Attachment 1 for a map of the impacted areas and additional detail to support the inclusion of these areas as impacted areas.

Requirements for impacted areas

The *Restrictions for Impacted Areas Direction (No.5)* will require persons in an impacted area to stay at home except for a limited number of reasons and will mandate mask wearing if leaving home.

People in these LGAs will be required to stay at home except for a limited number of reasons and must wear a mask if leaving home.

People will only be allowed to leave home for permitted reasons, considered essential for health, amenity and wellbeing. These include, at a high level:

- to buy essentials such as groceries or medications (including to get a COVID-19 vaccination)
- work or study if these cannot be performed from home
- exercise in the local area (with no more than one person outside the household)
- healthcare, including to get a COVID-19 vaccination, or to provide help, care or support to a vulnerable person.

Protecting vulnerable cohorts

A number of protections are in place to protect the health and wellbeing of aged care facilities, hospitals, residential disability services and prisons who, despite the commencement of the vaccine rollout, remain among the most vulnerable to morbidity and mortality from COVID-19.

Applying public health controls to the operations of facilities at certain points in time is important to minimise the risk of COVID-19 transmission. They remain a significant public health protection strategy as residents at these facilities are at higher risk from COVID-19 due to a number of factors, including:

- a greater risk of more serious illness if infected by COVID-19
- physical distancing can be difficult or impossible for some people as they rely on support and assistance from family members, carers and support workers
- some people at these facilities may face barriers to implementing basic hygiene measures and safely wearing face masks.

From 29 June, aged care, disability accommodation, hospital and correctional facilities in the 11 declared LGAs were declared as restricted areas and closed to visitors, except in exceptional circumstances.

To protect vulnerable cohorts in north Queensland, Townsville, Magnetic Island and Palm Island will also be declared as *restricted areas* under the Queensland COVID-19 Restricted Areas Direction. This means that aged care, disability accommodation, hospital and correctional facilities in these areas will be closed to visitors.

The Chief Health Officer will request that corrective services facilities and youth detention centres in the affected LGAs implement the same restrictions under their arrangements.

The *Aged Care Direction* and *Disability Accommodation Services Direction* contain provisions regarding the mandatory use of masks in restricted facilities, requiring these facilities to escalate PPE use in accordance with risk levels.

Under an increase to a “moderate” risk category under the *Personal protective equipment in healthcare delivery guidelines* all health and care settings in these LGAs will also escalate use of PPE, including hospitals, residential aged care and residential disability care facilities, prison health services, youth detention health services, community health care settings (including general practice, dentistry and home care settings) and Queensland Health Vaccination Clinics.

Movement and gathering restrictions

COVID-19 most commonly spreads during close contact. With the Delta variant, it is apparent that transmission is also occurring with only fleeting contact. People who are physically near a person (within 2 metres) with COVID-19 or have direct contact with that person are at greatest risk of infection.

Physical distancing and movement restrictions are among the easiest and most effective ways to reduce the risk of transmission and rate of spread of COVID-19. Anywhere that groups of people spend extended periods together, where they are engaged in loud conversation or in proximity to one another and around other groups are known to be higher risk environments for transmission of COVID-19. This risk is increased when people move freely around an area and mingle. Prolonged comingling of people from different households exposes large numbers of people to potential COVID-19 transmission.

Home confinement measures with strict limits on visitors support the maximum degree of both macro- (community-wide) and micro- (within households) distancing. Home confinement is one of the strictest public health measures and can have significant impacts on social and emotional wellbeing. For this reason, this measure is applied judiciously, intended for only short periods and only when the wide-reaching consequences of not doing so outweigh the individual burden.

For wellbeing and amenity, a range of reasons to leave home are provided for.

Funerals and weddings, acknowledged as pivotal cultural and wellbeing events for the community, will not be prohibited, but the risk of wider transmission at this time is sufficiently high that limits must be imposed. The infectiousness of this variant means that even a casual contact may be at risk of contracting the virus.

Because they are events where social distancing is more difficult to practice, where hugging and other displays of affection are common, a limit on attendance is even more critical. Wedding ceremonies will be limited to 10 attendees and funerals to 20 people. Funerals have a higher attendance limit than weddings because of the time-critical nature of funerals in comparison to a wedding ceremony.

For avoidance of doubt, events that may occur before or after the officiated wedding ceremony or funeral are not permitted. The officiated wedding ceremony is the ceremony lead by a celebrant or equivalent person (e.g. priest) legally authorised to marry two people. An officiated funeral is the period during which a faith leader (e.g. priest) or funeral company official leads a ceremony to remember and bury/cremate the deceased.

Non-essential businesses, activities and undertakings

Certain types of businesses, events, activities and undertakings present higher risks of COVID-19 transmission than others. These typically involve people being close proximity and being more likely to expel virus particles. It is expected that more cases will be detected in coming days. The highly infectious nature of the Delta variant means that the potential for an uncontrolled outbreak is high. This changes the risk profile of non-essential businesses, activities and undertakings. While many non-essential businesses have implemented COVID-safe practices, the current risk is substantially elevated. There is window of opportunity for rapid intervention, and it is necessary for non-essential activities, such as dining out with friends and going to entertainment venues (cinema, movies) in impacted areas, to cease temporarily.

For wellbeing and amenity, the public health response to the current epidemiological situation provides for the continuation of essential services and certain critical activities, which include but are not limited to access to groceries, take away food service, financial services, and accessing medical and health care, including attending an appointment to receive a COVID-19 vaccine, and work, where this cannot reasonably be undertaken at home.

Restricted access to impacted areas

The intent of imposing lockdown restrictions in a defined area where the risk of transmission is higher is to restrict the movement of and contact between persons in the identified at-risk area to the maximum extent possible. Containing, as far as practicable, people in this area and requiring that persons avoid the declared area except in essential circumstances is critical to support this aim. Some exceptions to this requirement for essential services, wellbeing and safety are provided for.

In accordance with the intent of the restrictions in place to reduce the risk of spread in the community, anyone who has been in an impacted area must continue to abide by the requirements when outside the impacted area, including the restrictions on home confinement, gathering, receiving visitors and wearing a face mask.

Mandatory wearing of masks

A systematic review of 172 studies on COVID-19, and other serious respiratory illnesses (SARS and MERS) published in the Lancet in June 2020 confirmed that wearing face masks protects both health-care workers and the general public against infection by these coronaviruses.⁶ Protective measures to limit airborne spread are even more important in the context of more highly transmissible variants, transmitting even in the context of fleeting contact.

The Australian Government continues to advise that where there is low community transmission of COVID-19, wearing a mask in the community when well is not generally recommended. There have in the past been concerns that mask-wearing in these circumstances may give a false sense of protection and may undermine the implementation of other protective measures. However, community acceptance and familiarity with mask-wearing has progressed considerably during the pandemic and mask mandates have been employed at various times, not just for the immediate infection prevention benefits but as a valuable reminder to practise physical distancing and exercise increased vigilance during key risk periods.

Given the current risk profile, lockdown requirements include mandatory mask wearing for the impacted LGAs when outside the home, along with ongoing strong messaging about physical distancing and hand hygiene, to enable the community to limit their exposure to and transmission of any respiratory droplets or

⁶ The Lancet Respiratory Medicine, Physical distancing, face masks, and eye- protection to prevent person-to-person transmission of SARS-COV-2 and CVOVID-19: a systematic review and meta-analysis , The Lancet Respiratory Medicine, 2020, ISSN 2213-2600 ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31142-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext))

aerosolised virus when leaving the home and around other people. Consistent with other advice this would not apply to children under the age of 12, anyone affected by health or other medical conditions or who are hard of hearing. Masks will also not be required when travelling alone or with members of the household in a vehicle, eating, or when in the workplace, not accessible to the public, where physical distancing cannot be maintained.

Anyone who has been in a declared impacted LGA and who travels outside the region, must carry a mask and wear it whenever they are outside the house.

Like businesses, the public have shown a high level of compliance with public health measures and taking steps to reduce the risk of transmission. This includes physical distancing, checking in, good hand hygiene and staying home and getting tested when sick. Public messaging will continue to highlight public health measures and the obligations on individuals to provide check in / provide contact information.

Public Health Considerations as at 29 June 2021

Epidemiological situation

Queensland

- As at 29 June 2021, Queensland has 41 active cases, with the state's total case numbers at 1,692.
- Since the Travel Declaration went live on 17 June, as at 25 June, 182,924 travel declarations have been completed; 26 are subject to mandatory quarantine. They will be validated to ensure they have done as instructed. If not contact will be made.
- Of the declarations made to date, 53 per cent of declarations have been made from NSW and 13 per cent have been made from VIC.
- As at 28 June over 63,354 locations/business have applied and been approved for Check In Qld which is a 31 per cent growth in registrations from prior week.
- Check In Qld has reached over 73.5 million check-ins by customers. Approximately 3.7M devices have download the app.
- Following commencement of Queensland's COVID-19 vaccination program at the Gold Coast University Hospital on 22 February, the vaccination program is now being offered across more than 100 sites. Vaccinations have also been taking place across Queensland's residential aged care facilities for more than 88,000 staff and residents, under the Australian Government-led arm of the rollout.
- On 25 May, the Queensland Government announced 14 community-based vaccination hubs across the state to assist Queensland's vaccine roll-out. It was also announced that members of the general public aged 40-49 can register to receive a COVID-19 Pfizer vaccination online.
- Community uptake of the vaccine has steadily increased with more vaccination sites being added on an ongoing basis. With current events, a surge in vaccination demand is anticipated in the coming weeks.

National

- The national situation is evolving rapidly, with cases detected in the community in NSW, the Northern Territory, Western Australia, and Queensland. Cases have been detected in Victoria but have been in isolation during their infectious period.
- On 27 June, NSW Health was notified of five flights between east-coast cities associated with confirmed case of COVID-19. This case is a Sydney based air crew member who is a close contact of a positive COVID-19 case from a known cluster in Sydney but were not aware they were a close contact

until after they completed their last flight on 26 June. Flights between Sydney, Brisbane and Melbourne were affected, and contact tracing is underway.

New South Wales situation

- There have now been 149 cases reported in NSW since the first cases were detected on 17 June. NSW Health has published hundreds of public exposure sites (including dozens linked to public transport routes), with many additional exposure sites being added as more linked cases undergo contact tracing interviews.
- Following updated health advice and in recognition of the risk associated with an increasing number of exposure venues where transmission has occurred, wide-reaching stay-at-home orders are in place across eastern NSW, expected at this stage to be in place for 14 days (to 9 July).
- A range of other density, gathering and mask-wearing restrictions have been imposed in all other parts of NSW.

Western Australian situation

- The Western Australian government has imposed restrictions on the Perth and Peel regions following a positive case in a returned traveller from Sydney, likely to be the Delta variant, with movement through the community, considered infectious since 22 June.
- Restrictions were initially expected to be in place for at least three days and include density of 1 per 2 square metres, mask wearing indoors, capped gatherings and events.
- An additional case who had had minimal contact with the index case, was reported on 28 June. This has prompted the Western Australian government to impose a five-day lockdown for the Perth and Peel regions.
- People in these regions are only allowed to leave their home for limited reasons.

Northern Territory situation

- On 26 June, a locally acquired case was detected in Northern Territory, who travelled from Victoria to Northern Territory, transiting Queensland. This case arrived in Queensland on 17 June and departed on 18 June, staying at the Novotel Hotel in room 501.
- There are now 7 cases in association with this cluster. Cases have been confirmed to be infected with the Delta variant with more cases expected to be announced.
- Over 240 people have been identified as high-risk contacts, all will be transferred to National Centre for Resilience. 15 people in Darwin are unaccounted for. The Northern Territory government are operating under the assumption that they are positive and that there are exposure sites; 2 isolated contacts are also uncontactable.
- Darwin, Litchfield and Palmerston LGAs are in lockdown. Initially this was announced for 48 hours from 27 June but has been extended to five days. The situation is evolving rapidly and is of serious concern, given the vulnerable population and relative inexperience of the Northern Territory community in managing outbreaks.

Victoria Situation

- On 27 May Victoria announced a 7-day lockdown to respond to the current cluster of 26 cases. On 2 June Victoria announced an extension of the lockdown for another 7 days to prevent the spread of this cluster, which as at 23 June has a total of 60 cases. Lockdown restrictions were eased on 11 June, with some movement and gathering restrictions to remaining in place, which were eased further on 17 June.

- Queensland lifted all hotspot declarations for Victoria on 25 June.
- On 25 June, Victoria reported two new cases of the Delta variant in a returned traveller who had been in Sydney and a close contact who had been isolating. A number of close contacts have been identified and additional exposure sites published.

Global

- As at 28 June, over 181 million COVID-19 cases and over 3.9 million deaths had been reported globally to the World Health Organization (WHO).
- Global numbers of cases and deaths continued to decrease over the past week (14-20 June 2021) with just over 2.5 million new weekly cases and over 64 000 deaths, a 6 per cent and a 12 per cent decrease respectively, compared to the previous week.
- While the number of cases reported globally now exceeds 177 million, the lowest weekly case incidence since February 2021 was reported last week.
- The number of daily reported cases of COVID-19 have been increasing in the United Kingdom over the past month. 22,868 new cases were reported on 28 June—the highest since late January 2021. This increase in cases is being driven by the Delta variant that entered the UK at a time when restrictions were beginning to be relaxed.
- South Africa has announced new restrictions following a surge in cases linked to the Delta variant of concern. The number of newly reported cases there increased 107% over the two weeks to 27 June.
- Similar increases have been observed in Indonesia where new cases increased 114% to 27 June.

Public Health System capacity

- Queensland Public Health Units, particularly in South East Queensland and now also in Townsville are managing increased workloads of contact tracing and compliance work to ensure the Queensland community is complying with public health controls and interstate and international quarantine requirements are managed. Another key focus for Queensland's Public Health Units is to ensure that those directed to undertake quarantine comply with all requirements, including the testing regime.
- Additional restrictions are imposed and lifted in response to evidence of community outbreaks to ensure the safety of Queenslanders, and more specifically our most vulnerable people in residential aged care facilities, hospitals, and disability accommodation services.
- While responses to COVID-19 community clusters have been managed well, it is important to mitigate against further clusters, and in particular, quickly bring clusters under control through effective contact tracing, in order to maintain the integrity of the health system to respond to non-COVID-19 related care.

Health Care System capacity

- Queensland's hospitals and health workers are well prepared and well equipped to meet the challenge of COVID-19. However, in recent months have faced increase demand for business as usual emergency services, causing significant issues in South East Queensland in particular with Ambulance ramping. Mobilising both COVID-19 testing and vaccination responses is also causing workforce pressures. While innovative solutions are being found to enable the necessary uplift in workforce capacity the impact will take some time to be felt.
- Hospitalised cases recently approached the highest number of cases since early in the pandemic. The vast majority of these are in south-east Queensland. The implications of increasing positive cases among overseas arrivals if accompanied by a wider local outbreak could be serious for public health system capacity.

- Queensland's Personal Protective Equipment (PPE) supply chain is sound and Queensland Health has adequate stock holdings. Queensland has sufficient ventilators for a mild or moderate outbreak and additional ventilators have been procured, along with other critical medical equipment, to ensure Queensland is well prepared.
- It is critical to mitigate any increase in cases that could lead to a local or system wide impact on delivery of usual health services.

Community acceptance and adherence

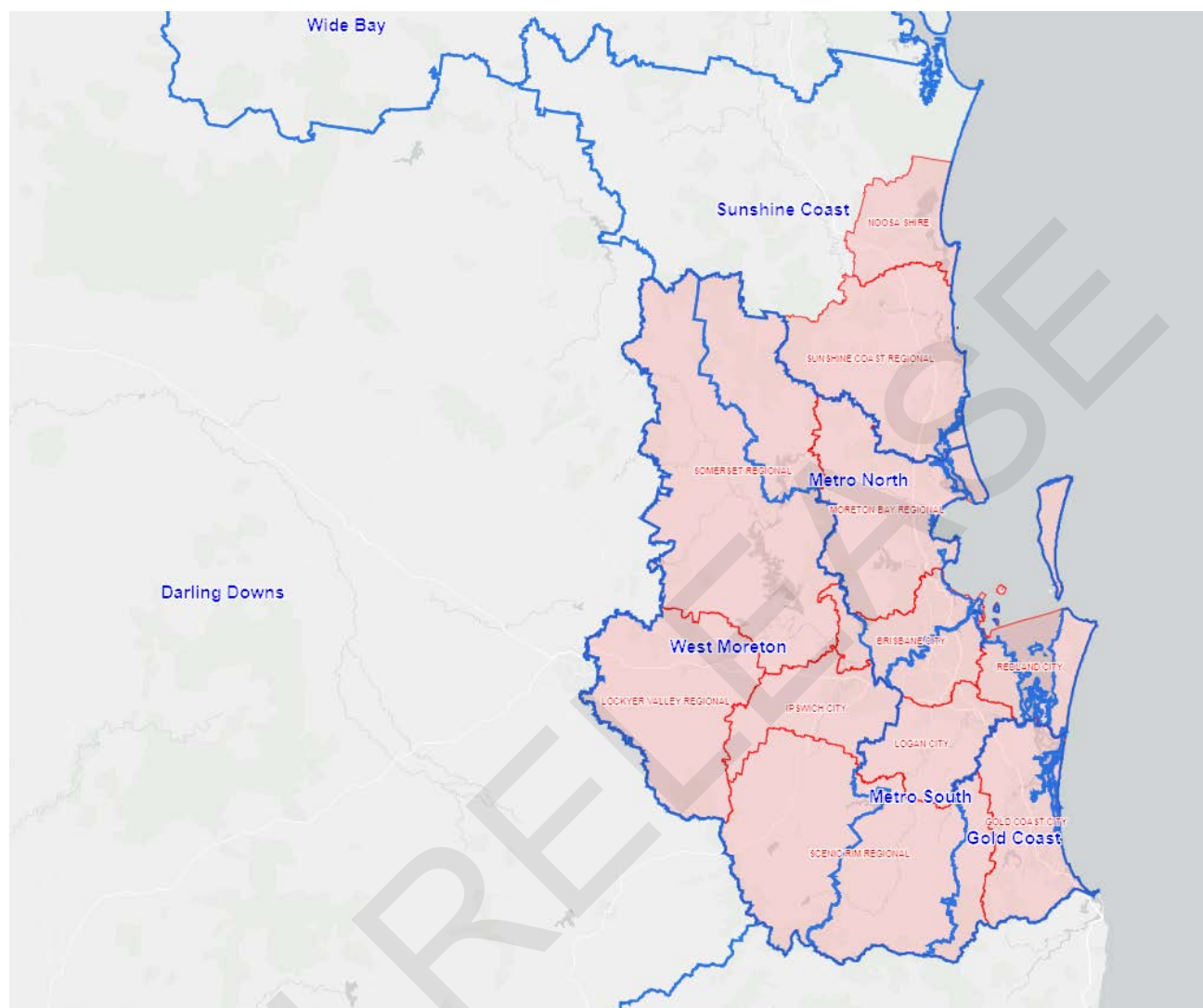
- The public health response to COVID-19 has been in place for over 16 months. The public is familiar with standard measures to reduce transmission (e.g. physical distancing), and businesses have embedded COVID-safe practices. Queensland is in a strong position and Queenslanders are enjoying minimal restrictions and confidence in our public health response.
- Earlier in the pandemic there were mixed reports on compliance with public health controls, such as defined areas in pubs, and a strong appetite from industry for further relaxations, many of which have since been made. Compliance issues were primarily in relation to social distancing and controlling crowd numbers.
- The slightly increased risk of eased restrictions within Queensland has been considered to be offset by increasing community awareness, particularly given experiences with the widespread consequences of non-compliance and outbreaks, and the application of practical steps to reduce transmission such as mask wearing where physical distancing is difficult to maintain (for example at airports, and on public transport).

Wastewater monitoring

- To strengthen our surveillance capabilities and increase confidence that transmission is not occurring here, Queensland conducts a surveillance program to detect traces of coronavirus in wastewater in 19 communities across the state.
- Wastewater monitoring systems detect viral fragments and can help experts determine where in the state there might be people with a current or recent COVID-19 infection. The system has significant value in its potential to serve as an early warning system for potentially undetected cases. It cannot pinpoint the exact source of the viral fragments.
- Viral fragments were detected at:
 - Kawana and Fairfield in the week ending on 13 June; and
 - Luggage Point and Maryborough in the week ending on 20 June.
 - Luggage Point, Wacol and Oxley Creek in the week ending 27 June, with some sites still to be tested.

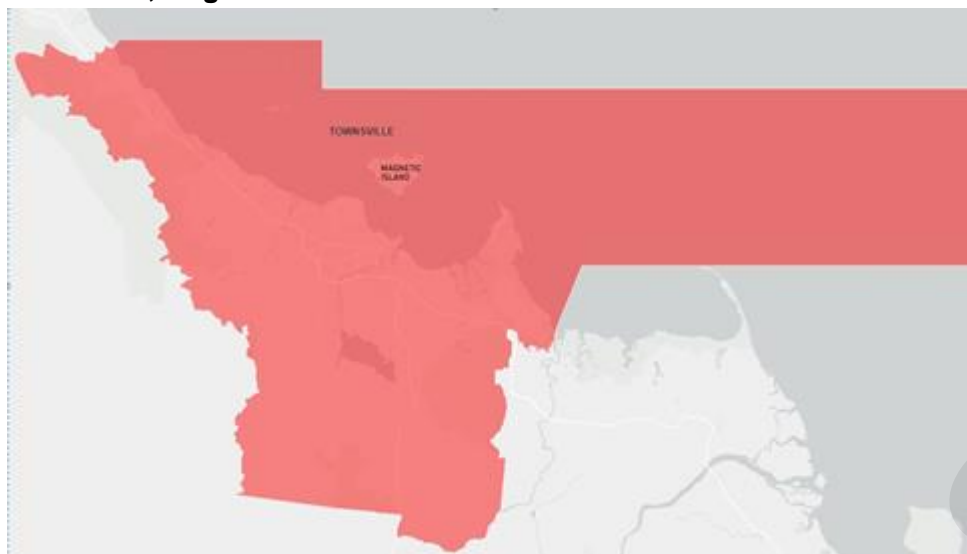
ATTACHMENT 1 – MAP OF IMPACTED AREAS

South East Queensland



The inclusion of these LGAs recognises that greater Brisbane and the coastal regions are well interconnected with an extensive public transport system. Movement patterns include community members engaging in professional and social activities at considerable distances from their place of residence. This increases the chance that people from areas as diverse as Redlands and Moreton Bay visiting or coming into contact with other people that visited sites in Brisbane's inner-city area. An example would be an office worker or construction site worker going one of the exposure sites during the course of the day and returning home to in the Ipswich, Logan, Moreton or Redlands region. In addition, the current list of identified public exposure sites is likely to grow if and when additional cases are detected in the community.

Townsville, Magnetic Island and Palm Island



The city of Townsville had a population of 229,031 in the 2016 census. It has a significant Aboriginal and Torres Strait Islander population – 7.9% of the broader population. People aged 65 years and older make up 13.7% of the Townsville population.

Magnetic Island is 8km offshore from Townsville. It is part of the Townsville Local Government Area and is accessible by regular ferries. In the 2016 census, it had a population of 2,335, with Aboriginal and/or Torres Strait Islander people making up 2.8% of the population. Magnetic Island has a significant number of people who are aged 65 years and older, representing 24.7% of the population.

Being a small island, Magnetic Island does not have comprehensive health infrastructure. The Magnetic Island Health Service Centre provides clinical nursing services to residents and visitors, and there is a general practice on the island, but the nearest hospital services are in Townsville. In the event of COVID-19 spreading on the island, accessing these hospital services for confirmed cases will present a significant challenge.

Palm Island is an Aboriginal Shire north of Townsville and Magnetic Island. At the 2016 Census it had 2,298 residents, 94.1% of whom are Aboriginal or Torres Strait Islander people. It has a dedicated Primary Health Care Centre that provides services to residents, including general practice, immunisations, dental services and child and family health services. As with Magnetic Island, its nearest hospital services are on the mainland.

Public Health Directions – Human Rights Assessment
Restrictions for Impacted Areas Direction (No. 8)

Title	<i>Restrictions for Impacted Areas Direction (No. 8)</i>
Date effective	3 July 2021

Background

The *Restrictions for Impacted Areas Direction (No. 8)* is issued by the Chief Health Officer pursuant to the powers under section 362B of the *Public Health Act 2005*.

This analysis is prepared to consider the impacts of the Direction on the human rights identified in the *Human Rights Act 2019* and should be read in conjunction with the Human Rights Statement of Compatibility prepared in accordance with section 38 of the *Human Rights Act 2019* with respect to the Public Health and Other Legislation (Public Health Emergency) Amendment Bill 2020.

Purpose of the Direction

The purpose of the *Restrictions for Impacted Areas Direction (No. 8)* (Direction) is to slow the spread of COVID-19 by restricting the movement and gathering of people, implementing social distancing measures, mandating the wearing of masks in certain circumstances and requiring restricted businesses to operate with certain limits such as occupant density.

In preparing the Direction, risks to the health and safety of Queenslanders have been identified and the current epidemiological situation, both in Queensland and internationally, were considered. The risks and epidemiological situation are more fully set out in the Policy Rationale that informed the Direction, and form part of the purpose of the Direction. As the below human rights analysis draws on the information contained in the Policy Rationale, they should be read together.

This Direction introduces the following restrictions for the Local Government Areas of Brisbane City Council and Moreton Bay Regional Council from 6pm on 3 July until 6pm on 16 July 2021:

- only 30 people are permitted to gather in a private residence or public spaces;
- people are required to wear masks outside of their homes in both indoor and outdoor spaces including in indoor workplaces where physical distancing isn't possible;
- indoor spaces are subject to an occupant density of:
 - for venues over 200 square metres - 1 person per 4 square metres for areas used by patrons or 100% of a venue's capacity where there is ticketed and allocated seating
 - for venues under 200 square metres - 1 person 2 square metres for areas used by patrons up to a maximum of 50 people;
- outdoor venues or spaces are subject to an occupant density of 1 person per 2 square metres or 100% of a venue's capacity where there is ticketed and allocated seating (whichever is greater);
- venues that serve food and drinks must operate for seated patrons only;

- restricted businesses, activities or undertakings in impacted areas must operate in accordance with the COVID Safe Checklist – Impacted Areas or the COVID Safe Event Checklist – Impacted Areas;
- wedding ceremonies and funerals are limited to a maximum attendance of 100 people;
- dancing at a wedding reception is permitted to a maximum of 20 people.

The above restrictions also apply to the Local Government Areas of City of Ipswich, Logan City, Redland City, Sunshine Coast, Gold Coast City, Noosa Shire, Somerset Region, Lockyer Valley Region, Scenic Rim Region, Townsville City Council and Palm Island Aboriginal Shire Council since 6pm on 2 July until 6pm on 16 July 2021. These were imposed under the preceding Direction (No. 7).

Human rights engaged

The human rights engaged by the Direction are:

- Right to recognition and equity before the law (section 15)
- Right to life (section 16)
- Freedom of movement (section 19)
- Freedom of thought, conscience, religion and belief (section 20)
- Freedom of expression (section 21)
- Peaceful assembly and freedom of association (section 22) Privacy (section 25)
- Protection of families and children (section 26)
- Cultural rights – generally (section 27)
- Cultural rights – Aboriginal peoples and Torres Strait Islander peoples (section 28)
- Right to education (section 36)
- Right to health services (section 37)

The right to life is protected under section 16 of the Human Rights Act. The right to life places a positive obligation on the State to take all necessary steps to protect the lives of individuals in a health emergency. This right is an absolute right which must be realised and outweighs the potential impacts on any one individual's rights. The Direction promotes the right to life by protecting the health, safety and wellbeing of people in the Queensland by placing restrictions on how people may gather, move and interact. It also restricts how certain businesses, activities and undertakings may operate. By requiring people to wear masks in high risk environments in the 13 local government areas (South East Queensland, Townsville, including Magnetic Island, and Palm Island), the Direction promotes the right to life by protecting the health, safety and wellbeing of people in the Queensland, by reducing the risk of the spread of COVID-19.

Right to recognition and equality under the law

Every person has the right to recognition as a person before the law and the right to enjoy their human rights without discrimination. Every person is equal before the law and is entitled to equal protection of the law without discrimination. Every person is entitled to equal and effective protection against discrimination. The requirements to wear face masks in high risk environments discriminates against people with particular medical conditions, history of trauma or a disability for whom wearing a face mask is unsuitable. For example, masks may make it harder for people with hearing loss to lip read and communicate. The definition of

'discrimination' under the Human Rights Act is inclusive. Discrimination may include discrimination on the basis certain attributes such as disability or race, as it does with respect to the right to equality under the Canadian Charter, which also contains an inclusive definition of discrimination: *R v Turpin* [1989] 1 SCR 1296.

Freedom of movement

Every person lawfully within Queensland has the right to move freely within Queensland, enter or leave Queensland, and choose where they live. The right means that a person cannot be arbitrarily forced to remain in, or move to or from, a place. The right also includes the freedom to choose where to live, and freedom from physical and procedural barriers, like requiring permission before entering a public park or participating in a public demonstration in a public place. The right may be engaged where a public entity actively curtails a person's freedom of movement.

Freedom of thought, conscience, religion and belief; Freedom of expression; Peaceful assembly and freedom of association; Cultural rights – generally; Cultural rights – Aboriginal peoples and Torres Strait Islander peoples

The right to freedom of thought, conscience, religion and belief includes the freedom to demonstrate the person's religion or belief 'either individually or as part of a community, in public or in private' (section 20(1)(b) of the Human Rights Act). The right to hold a belief is so important that it is an absolute right, however limits on how a person manifests their belief can be justified.

The right to freedom of expression includes the freedom to seek, receive and impart information and ideas of all kinds. It protects almost all kinds of expression, if it conveys or attempts to convey a meaning. Ideas and opinions can be expressed in various ways, including in writing, through art, or orally. While the concept of freedom of expression is broad, the way a person can exercise it can be limited. Restricting a person's contact with others limits the ways in which they can express their opinions and ideas. The Direction limits this right by restricting how a person may express themselves orally or through the garments they wear by requiring them to wear a certain type of face mask in high risks environments in Queensland. A person may still make or purchase a cloth mask of their choosing and is permitted to remove the mask in certain circumstances such as when making announcements, teaching or live broadcasting.

The right to peaceful assembly is the right of individuals to gather for a common purpose or to pursue common goals. It protects both the participants and organisers of peaceful assemblies. Restricting a person's movements and banning gatherings of more than 30 persons limits the ability for a person to peacefully assemble with others for a common purpose.

Cultural rights protect the rights of all people with particular cultural, religious, racial and linguistic backgrounds to enjoy their culture, declare and practice their religion, and use their language in community. It promotes the right to practise and maintain shared traditions and activities and recognises that enjoying one's culture is intertwined with the capacity to do so in connection with others from the same cultural background. Limiting gatherings to 30 persons and reduced occupant density in places of worship may limit a person's ability to engage with others who share their cultural or religious background.

In addition to the general cultural rights, the Human Rights Act recognises that Aboriginal peoples and Torres Strait Islander peoples hold distinct cultural rights as Australia's first peoples. They have the right to enjoy, maintain, control, protect and develop their culture, language and kinship ties with other members of their community. The right also protects Aboriginal peoples and Torres Strait Islander people's right to maintain and strengthen their distinct spiritual relationship with the land, territories, waters, coastal seas and other resources, and to conserve and protect the environment. Directions to prohibit gatherings of more than 30 people, may limit the ability of Aboriginal peoples and Torres Strait Islander peoples to engage with community and their traditionally owned or otherwise occupied lands and waters.

Right to privacy

The right to privacy also includes a right to bodily integrity (see *Re Kracke and Mental Health Review Board* (2009) 29 VAR 1, 126 599] and 'personal inviolability' in the sense of 'the freedom of all persons not to be subjected to physical or psychological interference, including medical treatment, without consent.' See *PBU v Mental Health Tribunal* (2018 56 VAR 141, 180-1 [128]. It is arguable that the Direction engages this aspect of the right through the requirement for a person to wear a face mask or potentially be fined. However, the extent of the impact on human rights is reduced by the fact that there a number of lawful excuses for removing a face mask in certain situations such as to eat, drink, consume medicine or receive medical treatment. The right also encompasses an individual's rights to establish and develop meaningful social relations (*Krake v Mental Health Review Board (General)* (2009 29 VAR 1, [619]-[620]. The right to privacy may also incorporate a right to work of some kind and in some circumstances (*ZZ v Secretary, Department of Justice* [2013] VSC 267, [72]-[95] (Bell J)). The Direction may limit this right as it may interfere with people's right to make and maintain social connections at homes, such as at parties and celebrations.

Right to protection of families and children

Queensland recognises families as the fundamental unit of society entitled to protection. This right encompasses more than non-interference; it is a guarantee of institutional protection of the family by society and the state. 'Family' is interpreted broadly, extending to different cultural understandings of family. Internal limitations of lawfulness and arbitrariness apply to the right of the family.

Every child has the right, without discrimination, to the protection that is in their best interests as a child. The right recognises that special measures to protect children are necessary given their vulnerability due to age. The best interests of the child should be considered in all actions affecting a child, aimed at ensuring both the full and effective enjoyment of all the child's human rights and the holistic development of the child. Best interests depend on the individual circumstances of the child. The requirements contained in the Direction also has the potential to impact children through, for example, temporarily reducing their access to certain facilities or events. The Direction also may limit this right as it places limits on family members, children and other personal visitors from gathering in private places by restricting gatherings to no more than 30 people.

Right to liberty and security of person

Every person in Queensland has the right to liberty and security and must not be subjected to arbitrary arrest or detention or deprived of their liberty except on grounds, and in accordance

with procedures, established by law. The concept of detention includes not only detention in a prison, but all forms of detention, including for the purposes of medical treatment.

This right is subject to a number of internal limitations and qualifications. Relevantly, the detention must not be arbitrary in the sense that it must not be capricious, unpredictable or unjust or otherwise disproportionate to the legitimate aim that is sought.

The right to liberty and security also incorporates a number of procedural elements, including that a person who is detained must be informed at the time of detention of the reason for detention and that a detained person is able to apply to a court for a declaration or order regarding the lawfulness of the person's detention. These procedural aspects of the right will continue to be limited. The requirements for a person to be given notice of the direction or order for detention and the reason for the detention will be clear in the notice

Right to education

The right of every child to access primary and secondary education appropriate to their needs is protected in Queensland. The right to education also says that every person has the right to have access, based on their abilities, to equally accessible further vocational education and training. The right to education is intended to be interpreted in line with the *Education (General Provisions) Act 2006* and to provide rights in relation to aspects of Queensland's responsibilities for education service delivery.

Internationally, this right has been interpreted as requiring that education be accessible to all individuals without discrimination.

Right to health services

Every person has the right to access health services without discrimination and must not be refused necessary emergency medical treatment. The Direction does not limit or place any impediments on a person's right to receive health services.

Protecting the health and safety of the public is a fundamental responsibility of government and is consistent with a free and democratic society based on human dignity, equality and freedom. The purpose of the limitations on human rights is to protect the Queensland public from serious risks to health and safety, including the potential for widespread loss of life that could occur if public health officials are unable to coordinate an effective public health response to the COVID-19 pandemic.

Based on the best available evidence and the experience of public health officials and populations in other countries, there is a risk that COVID-19 may spread rapidly throughout Queensland and not remain contained unless extraordinary measures are put in place for a period of time. This presents a clear and present danger to the health and wellbeing of Queenslanders, particularly vulnerable persons including the elderly and immunocompromised. The uncontained spread of COVID-19 also has the potential to cause severe adverse economic and social consequences.

Against these indications, there is a need for the Direction to implement the various response measures, such as physical distancing measures, to prevent COVID-19 spreading throughout the community and to mitigate potential adverse economic and social consequences associated with the disruption that will inevitably follow.

Justification

The purpose of the public health direction is to reduce the spread of the COVID-19 within the broader community, which can only be achieved by restricting movement in public places in order to contain and prevent the spread of the virus.

Requiring people to wear a mask in most indoor and outdoor settings is to confine potential outbreaks. The Direction is in effect for a temporary period, and the face mask restrictions do not apply in particular environments. For example, a person can remove their mask when in an indoor space that is a residence, temporary accommodation premises or workplace, unless the person cannot observe physical distancing. Face masks are also not required to be worn when a person is outdoors alone, or outdoors and only with members of their household. Ultimately, the purpose of wearing masks is to limit the opportunity for transmission of COVID-19 from high risk environments to the Queensland community.

To the extent that the Direction limits the right to freedom of movement, this is considered justified to minimise the spread of COVID-19 to other members of the community.

To the extent the Direction limits the right to equality and non-discrimination, the extent of the impact on human rights is reduced by the fact that there a number of lawful excuses for removing a face mask such as to communicate with a person who is deaf or hard of hearing and visibility of the mouth is essential for communication. A person is not required to wear a mask in high risk environments if they have a physical or mental health illness or condition, or disability, which makes wearing a face mask unsuitable.

The limitation on the freedom to demonstrate religion or belief as part of a community is considered justified, as the purpose is to limit the spread and impact of the virus on the community, which will also reduce the strain on the public health system. A person is not prevented from practising their religion or beliefs at home, such as, through private prayer.

The right to property provides that a person has the right not be arbitrarily deprived of their property. 'Arbitrary' refers to conduct that is capricious, unpredictable or unjust, and interferences that are proportionate to a legitimate aim that is sought. The Direction will not operate arbitrarily and is sufficiently aligned with the purpose for which it has been enforced – that is, to stop the spread of COVID-19 within the broader community. Additionally, a deprivation of property will generally not occur where the measure is provisional or temporary (Poiss v Austria (1988) 10 EHRR 231). The limitation on property rights is limited to the duration of the Direction. The interference with property rights is therefore considered justified.

The right to privacy is subject to an internal limitation in that it applies only to interferences with privacy that are 'unlawful' or 'arbitrary'. This internal limitation may apply where the Direction authorises restrictions on movement pursuant to a lawful direction based on a reasonable belief that the restriction is necessary to assist in containing or responding to the spread of COVID-19 within the community. The Direction does not prohibit people from communicating in non-physical ways, for example, by telephone or video calls. Further, a person is not prevented from choosing to participate in work more generally or from seeking alternative employment. Gatherings in private residences and non-residences are also permitted for up to 30 people. The Direction is therefore compatible with the right to privacy.

The Direction imposes a reasonable limitation on both religious and cultural rights. The requirements are proportionate and necessary to the unprecedented threat to public health,

including the pressing need for social distancing requirements. The Direction does not: limit the right to hold a religious belief; target any religious or cultural groups; or restrict people from engaging in their cultural or religious practices in other ways. For example, through private gatherings of up to 30 people, private prayer, online tools, or meetings at places of worship, with no more than one person per 4 square metres. The limitations on religious and cultural rights are considered justified.

Overall, the limitations on human rights are justified, as the Direction is only in force for a temporary period and will help contain the spread of COVID-19, thereby protecting the health and safety of the community. The Chief Health Officer, Deputy Chief Health Officer or delegate may also grant a person an exemption from the requirements under the Direction due to extreme exceptional circumstances. However, restricted businesses are not able to request an exemption under the Direction.

The Direction eases restrictions after the three-day lockdown period following a review to ensure the least restrictive direction is in place to achieve the intent of limiting the risk of COVID-19 in light of changing circumstances. This is compatible with the objective of the Human Rights Act.

From a public health perspective, the approach is to gradually increase the number of places where people may go, and the number of people that might gather. This reduces the likelihood of sudden outbreaks of the virus across the State, therefore reducing the risk to individuals and ensuring that the health system can mobilise a quick public health response to identify and isolate cases, and appropriately trace and manage contacts.

The limitation of human rights is necessary to ensure that public health officials can implement effective containment and mitigation measures in response to the COVID-19 pandemic. These measures will protect Queenslanders where possible from exposure to COVID-19, including to the more transmissible variants, and, in the event of significant community exposure, slow the rate of transmission, particularly to vulnerable persons who may develop complications or otherwise require emergency or life sustaining treatment.

If these measures are not implemented and an outbreak of COVID-19 occurs in Queensland, demand for emergency and life-sustaining treatment could quickly exceed capacity and overwhelm the State's public health infrastructure. In addition to loss of life and serious adverse health impacts, this could potentially cause widespread economic disruption, social panic and civil unrest, further jeopardising the safety and wellbeing of the community.

The purpose of the Direction cannot be achieved through any other reasonably available and less restrictive means. Extensive campaigns by the Queensland and Commonwealth Governments are in place to educate members of the public about the risks of COVID-19 and how to minimise their potential exposure to infection. Experience abroad underscores that voluntary containment measures are inadequate to arrest the spread of COVID-19, particularly of the more contagious variant of COVID-19, and that governments must proactively pursue more prescriptive approaches to respond effectively to this unprecedented public health emergency.

Queensland Health will continue to monitor and assess the situation to determine whether further restrictions are required or if restrictions may be eased. Accordingly, the Direction is only in force for a limited period of time (until 16 July 2021) and enables the Government and Queensland Health to further assess the current situation. The limitations under the Direction

is reasonable as stricter restrictions are applied only to the affected 13 local government areas (South East Queensland, Townsville, including Magnetic Island, and Palm Island). The rest of Queensland is not subject to the stricter restrictions and can operate under the current level of eased requirements.

The benefits of significantly reducing Queenslanders' exposure to disease and preserving access to emergency and life-sustaining treatment for persons who develop serious health complications as a result of a COVID-19 outbreak substantially outweigh the limitations on human rights.

Failure to impose these measures may result in Queensland's health infrastructure becoming overwhelmed, with the result that decisions will need to be made as to who receives lifesaving treatment and otherwise preventable deaths occurring. This is not an abstract threat; there are several countries which have been unable to mount an effective public health response that are now experiencing deaths at a higher rate than in countries that have implemented stronger containment and social distancing measures.

Although the Direction may potentially limit many rights, in many instances the limitations are minor in nature and frequently consistent with internal limitations in the Human Rights Act. It should also be noted that many Queenslanders are already taking voluntary precautions, to limit their potential exposure to COVID-19 and avoid spreading this disease to family members, friends and the broader community. Many individuals are already undertaking these measures voluntarily, which suggests they are unlikely to impose an unjustified burden on human rights.

Several safeguards exist in the Public Health Act and the Direction to ensure that any limitations on human rights are no more onerous than is required to slow the spread of COVID-19. On balance, any limitations on human rights are reasonable and justified to ensure the preservation of life and protection of the community from the worse impacts of a pandemic.

Policy Rationale – Lifting Lockdown restrictions for Brisbane and Moreton Bay LGAs

3 July 2021

DRAFT NOT GOVERNMENT POLICY

- Revocation of the *Restrictions for Lockdown Areas (Brisbane and Moreton Bay Lockdown) Direction*
- An updated iteration of the *Restrictions for Impacted Areas Direction (No.8)*

This Policy Rationale should be read in conjunction with the Policy Rationales for the imposition of the current lockdown restrictions for Brisbane City and Moreton Bay LGAs (Refining restrictions for Queensland on 2 July 2023), the previous restrictions for Lockdown for 11 South Queensland LGAs and Townsville (including Magnetic Island) and Palm Island (30 June 2021), and the heightened restrictions (29 June 2021).

Overarching intent

An initial three-day lockdown for South East Queensland and parts of North Queensland was put in place between 30 June to 2 July in response to several community transmission events which developed into multiple clusters involving both the Alpha and Delta variants. This lockdown was warranted on the basis of the significant risks to the Queensland community and public health system associated with a rapidly growing list of exposure sites and close and casual contacts being identified in these areas, simultaneous outbreaks occurring across the country and a largely unvaccinated population which have enjoyed high levels of interstate and intrastate freedom of movement.

During this period, no additional cases or exposure venues of high concern were identified on most of the affected Local Government Areas (LGAs). In addition, extensive contact tracing, high rates of testing, since provided a reasonable level of confidence that the virus had not spread widely among those communities. Therefore, lockdown restrictions were lifted, except in the Brisbane City Council and Moreton Bay Regional Council LGAs where additional cases and associated exposure venues were identified.

Of particular concern were the number and type of contact tracing venues, including the Brisbane International Airport, and the number of days these cases were infectious in the community prior to lockdown. As a result, the lockdown was extended on 2 July for an additional 24 hours in the Brisbane City Council and Moreton Bay Regional Council LGAs, to allow for the completion of investigations and contact tracing.

While a further five community acquired cases have been detected in the past 24 hours, these cases are of less concern at this point because one was detected on day 12 of hotel quarantine so has not been infectious in the community, and for the remaining cases they are linked or suspected to be linked to existing cases. Also, the recent lockdown limits the time these cases would have been infectious in the community and the high community testing rates during the recent lockdown period provides some confidence that additional cases would have been picked up or will be picked up quickly.

Not all restrictions will lift. Strong public health messaging about and compliance with remaining restrictions in relation to mask wearing, physical distancing and using the Check In Queensland app, will also occur and is essential to mitigate the risk of further lockdowns.

This provides a level of confidence that the stringent measures provided by the lockdown can be eased in the Brisbane City Council and Moreton Bay Regional Council LGAs without compromising public health protection objectives.

Therefore, it is appropriate for the *Restrictions for Lockdown Areas (Brisbane and Moreton Bay Lockdown) Direction* to be revoked to allow greater freedom of movement and social and economic activities in these LGAs. As the risk of undetected community transmission remains, it is critical that measures such as mandatory wearing of face masks and social distancing continue to apply in these areas. The latest iteration

of the Restrictions for Impacted Areas Direction (No.8) will apply to Brisbane City Council and Moreton Bay Regional Council LGAs in addition to other 9 South East Queensland and Townsville (Including Magnetic Island) and Palm Island LGAs.

Background

In Queensland and other Australian jurisdictions, the public health response continues to evolve. State-wide restrictions have gradually been eased over the past year, and the focus has shifted from longer-term movement and activity restrictions to rapid ring-fencing of community transmission events through contact tracing, testing and isolation - based on the context and risk assessment. Queensland's response to local and interstate incidents also has become more nuanced and agile, developed both through experience in managing local outbreaks, and in recognition of the effectiveness of other jurisdictions' responses to incidents. These approaches are being met with high levels of community compliance and responsiveness.

All arrivals to Queensland must complete a Travel Declaration declaring whether they have been at an interstate exposure venue. Entry conditions for Queensland are carefully controlled according to risk (e.g. mandatory quarantine requirements if exposure venue attended). Anyone who travelled to a hotspot or interstate exposure venue in the last 14 days is restricted from visiting a hospital, aged care facility, disability accommodation facility or correctional service. Ongoing protections are in place across the State such as the mandatory use of the Check In App across all public facing business settings (from 25 June) and public messaging about physical distancing, isolating when sick and getting tested.

The situation nationally in recent weeks, and within Queensland over the last week, has evolved rapidly.

Nationally, lockdowns in response to community spread of the Delta variant have recently been declared for at-risk LGAs in NSW (Greater Sydney; 14 days to at least 9 July subject to review), Western Australia (Perth and Peel region; ending on 2 July after 5 days) and the Northern Territory (Darwin and Alice Springs; ending on 2 July after 5 and 2 days respectively). From 25 June and expanded on 27 June - stay at home ('lockdown') conditions have been in place for all persons already in Queensland from affected areas in NSW, matched to the locations, length and timing of the NSW lockdown and their date of arrival.¹

A number of protections and controls are currently in place to protect Queensland from active interstate outbreaks, including hotspot declarations for affected Local Government Areas (LGAs) in NSW (from 24 June), and most recently the Perth and Peel regions of Western Australia (WA) and Darwin (NT) announced as declared hotspots (from 30 June). The NT hotspot declaration was removed on 2 July to coincide with the NT government's revised assessment of risk and removal of lockdown conditions.

In the context of national developments and the emerging situation in Queensland, to support a general increase in vigilance and protection, temporary increases in restrictions to increase physical distancing and reduce the size of gatherings were imposed across Queensland on 27 June.² Further restrictions were subsequently imposed for 11 higher-risk LGAs in South-East Queensland - Noosa, Sunshine Coast, Ipswich, Logan, Redlands, Brisbane, Gold Coast, Scenic Rim, Lockyer Valley, Moreton Bay and Somerset.³

By 29 June there were several transmission events and active clusters in South East and north Queensland with the potential to rapidly deteriorate, involving the Alpha and Delta variant of COVID-19. At the time, the source of infection was pending for a number of cases and dozens of exposure sites had been identified. As the extent of community transmission was not known, a three-day lockdown and increased restrictions were

¹ Refer to the Policy Rationales for the Interstate Places of Concern (Stay at Home in Queensland) Direction iterations 1 and 2 for more detail.

² Refer to the Policy Rationale for *Restricted Businesses, Activities and Undertakings* (No.21) and the *Movement and Gathering Direction* (No.11) on 24 June 2021 for more detail.

³ Refer to the Policy Rationale for *Queensland COVID-19 Restricted Areas Direction* (No.15) and the *Restrictions for Impacted Areas Direction* (No.4) on 27 June 2021 for more detail.

imposed across the 11 LGAs of South East Queensland, Townsville City (including Magnetic Island) and Palm Island to act as a circuit-breaker.

This immediately reduced the movement of people within, into and out of these areas and allowed for comprehensive contact tracing and testing to occur to prevent a larger outbreak in Queensland.⁴

People in these LGAs were required to stay at home except for a limited number of reasons and to wear a mask if leaving home. Permitted reasons, considered essential for health, amenity and wellbeing include, at a high level:

- to buy essentials such as groceries or medications (including to get a COVID-19 vaccination)
- work or study if these cannot be performed from home
- exercise in the local area (with no more than one person outside the household)
- healthcare, including to get a COVID-19 vaccination, or to provide help, care or support to a vulnerable person.

On 2 July, the lockdown for Townsville, including Magnetic Island, and Palm Island, Noosa, Sunshine Coast, Ipswich, Logan, Redlands, Gold Coast, Scenic Rim, Lockyer Valley, and Somerset LGAs ended subject to the increased restrictions that were in place for the LGAs of South East Queensland prior to the lockdown.

However, lockdown conditions were maintained for the Brisbane City Council and Moreton Bay Regional Council LGAs for an additional, to allow for to allow for the completion of investigations and contact tracing. This extension was subject to review after a period of 24 hours.

Current situation and rationale for easing some restrictions

During the additional 24 hours lockdown period for Brisbane City Council and Moreton Bay Regional Council LGAs, 5 additional locally acquired cases were identified. While the epidemiological link is still being determined in some instances, genomic sequencing performed during lockdown has confirmed links to existing clusters which provides a level of confidence to health authorities and assurance about the degree of community spread.

Due to the strengthening of restriction in the past week, these cases have been to few exposure sites, have fewer close contacts (some of whom have already tested negative), and were infectious in the community for a much shorter period than the cases detected in Brisbane prior to the lockdown. In addition, there has been extensive community testing (with over 26,000 tests being conducted in the past 24 hours across the state) and targeted testing at sites of concern such as the domestic and international airports where over 700 staff have been tested. Extensive contact tracing has also taken place.

This provide a high level of confidence that the stringent measures provided by the lockdown can be eased in the Brisbane City Council and Moreton Bay Regional Council LGAs to allow for greater freedom of movement and social and economic activities without compromising public health protection objectives.

In the context of strong contact tracing efforts and testing rates over the last 24 hours, the risk profile across Brisbane City Council and Moreton Bay Regional Council LGAs has shifted and is considered appropriate to lift lockdown conditions in some areas, subject to some temporarily increased protections, and maintain limits in other areas for a short period to reach a level of assurance that the risk has been sufficiently contained.

Extending stringent lockdown restrictions for an entire virus incubation period when there is sufficient capacity to contact trace and test and when all identified close contacts are in isolation may have the unintended effect

⁴ Refer to the Policy Rationale for *Queensland COVID-19 Restricted Areas Direction (No. 16)* and the *Restrictions for Impacted Areas Direction (No.5)* dated 29 June 2021 for more detail.

of creating complacency or fatigue among the community. This may make compliance more of a challenge in the future should restrictions need to be reimposed.

As such, it is proposed that from 6 pm 3 July, the *Restrictions for Lockdown Areas (Brisbane and Moreton Bay Lockdown) Direction* will be revoked to allow community members and businesses in Brisbane City Council and Moreton Bay Regional Council LGAs to end home confinement and resume their social and economic activities.

Throughout the pandemic, Queensland's approach to easing restrictions, including lockdown conditions, has been gradual. While there is a level of confidence that community transmission risks in the Brisbane City Council and Moreton Bay Regional Council LGAs, has lowered since the lockdown was first imposed, there is still a considerable likelihood of undetected community transmission. Therefore, it is appropriate that increased restrictions around the movement and gathering of people and business, undertakings and activities that were in place in these two LGAs immediately prior to the lockdown continue to apply until Friday 16 July.

This is consistent with how Queensland and other Australian jurisdictions have managed their way out of lockdowns this year, with heightened restrictions removed a fortnight after the lockdown commenced, following no further community transmission.

Accordingly, the updated iteration of the *Restrictions for Impacted Areas Direction (No. 8)* will implement restrictions that were in place prior to lockdown in these two LGAs and are currently in place for the remaining nine local government areas in South East Queensland (Noosa, Sunshine Coast, Ipswich, Logan, Redlands, Gold Coast, Scenic Rim, Lockyer Valley and Somerset), and Townsville (including Magnetic Island) and Palm Island. This includes but is not limited to restrictions on gatherings at private residences to 30 people, occupant density of 1 person per 4 square metres indoors and 1 person per 2 square metres outdoors, patrons must be seated to dine or drink and wedding ceremonies and funerals are limited to a maximum of 100 people irrespective of density requirements, and dancing at weddings is limited to 20 people.

For the rest of the state, occupant density and gathering limits will continue to apply as per the *Restrictions on Businesses, Activities and Undertakings Direction (No.21)* and the *Movement and Gathering Direction (No.11)*. Changes made to these Directions on 27 June temporarily reduced occupant density to 1 person per 2 square metres in indoor places, and limited household gatherings to 100 people. Indoor wedding ceremonies and funerals were capped at the greater of 1 person per 2 square metres, 200 people or 100% ticketed and allocated seating. These restrictions are due for review on 9 July.

An update to the Direction has been included to clarify that when a person transits through an impacted area without stopping, they are not considered to have entered the area and therefore do not have to follow the mask wearing rules wherever they are in Queensland. Rules apply to the transit.

Masks must be carried at all times and be worn indoors or outdoors unless in own home or car, or in certain other circumstances like at work or outdoors alone provided physical distancing is possible. To ensure mask protections extend outside these regions, these mask rules apply across Queensland for anyone who has been in the South East or north Queensland areas since 29 June.

Until the risk is considered to be completely contained, visitors will continue to be restricted at vulnerable facilities in the 11 South East Queensland, Townsville (including Magnetic Island) and Palm Island LGAs for until 16 July.

Public Health Considerations as at 3 July 2021

Epidemiological situation

Queensland

- As at 3 July 2021, Queensland has 47 active cases, with the state's total case numbers at 1,714.

- To 28 June 2021, Queensland has seen 92 cases of the Alpha variant, 25 of the Beta variant, and 29 cases of the Delta variant.
- There have been 4 transmission events involving hotel quarantine in Queensland, all since January 2021. All involved transmission between quarantining guests, and one also transmitted to a staff member. Three involved the Alpha variant, and one the Delta variant.
- Following commencement of Queensland's COVID-19 vaccination program at the Gold Coast University Hospital on 22 February, the vaccination program is now being offered across more than 100 sites. Vaccinations have also been taking place across Queensland's residential aged care facilities for more than 88,000 staff and residents, under the Australian Government-led arm of the rollout.
- On 25 May, the Queensland Government announced 14 community-based vaccination hubs across the state to assist Queensland's vaccine roll-out. It was also announced that members of the general public aged 40-49 can register to receive a COVID-19 Pfizer vaccination online.
- Community uptake of the vaccine has steadily increased with more vaccination sites being added on an ongoing basis. With current events, a surge in vaccination demand is anticipated in the coming weeks.

National

- The national situation is evolving rapidly, with cases detected in the community in NSW, the Northern Territory, Western Australia, and Queensland. Cases have been detected in Victoria but have been in isolation during their infectious period.
- Outbreaks in New South Wales, Western Australia and the Northern Territory, and recently in Victoria, have been seeded by transmission events in association with quarantine – one event a driver transporting a passenger to quarantine, and the remainder transmission to a quarantined guest who then had movement in the community.

New South Wales situation

- There have now been 149 cases reported in NSW since the first cases were detected on 17 June. NSW Health has published hundreds of public exposure sites (including dozens linked to public transport routes), with many additional exposure sites being added as more linked cases undergo contact tracing interviews.
- Following updated health advice and in recognition of the risk associated with an increasing number of exposure venues where transmission has occurred, wide-reaching stay-at-home orders are in place across eastern NSW, expected at this stage to be in place for 14 days (to 9 July).
- A range of other density, gathering and mask-wearing restrictions have been imposed in all other parts of NSW.

Western Australian situation

- The Western Australian government has imposed restrictions on the Perth and Peel regions following a positive case in a returned traveller from Sydney, likely to be the Delta variant, with movement through the community, considered infectious since 22 June.
- Restrictions were initially expected to be in place for at least three days and include density of 1 per 2 square metres, mask wearing indoors, capped gatherings and events.
- An additional case who had had minimal contact with the index case, was reported on 28 June. This has prompted the Western Australian government to impose a five-day lockdown for the Perth and Peel regions.
- People in these regions are only allowed to leave their home for limited reasons.

Northern Territory situation

- On 26 June, a locally acquired case was detected in Northern Territory, who travelled from Victoria to Northern Territory, transiting Queensland. This case arrived in Queensland on 17 June and departed on 18 June, staying at the Novotel Hotel in room 501.
- With cases in the community and concerns about close contacts in Darwin unaccounted for, Darwin, Litchfield and Palmerston LGAs entered lockdown. Initially this was announced for 48 hours from 27 June but was extended to five days. Due to transmission concerns, on 30 June, Alice Spring was also placed into lockdown. On 2 July the NT government considered the risk sufficiently contained and lifted the lockdown.

Victoria Situation

- On 27 May Victoria announced a 7-day lockdown to respond to the current cluster of 26 cases. On 2 June Victoria announced an extension of the lockdown for another 7 days to prevent the spread of this cluster, which as at 23 June has a total of 60 cases. Lockdown restrictions were eased on 11 June, with some movement and gathering restrictions to remaining in place, which were eased further on 17 June.
- Queensland lifted all hotspot declarations for Victoria on 25 June.

Global

- As at 2 July, over 181 million COVID-19 cases and over 3.9 million deaths had been reported globally to the World Health Organization (WHO).
- Global numbers of cases and deaths continued to decrease over the past week (14-20 June 2021) with just over 2.5 million new weekly cases and over 64 000 deaths, a 6 per cent and a 12 per cent decrease respectively, compared to the previous week.
- While the number of cases reported globally now exceeds 177 million, the lowest weekly case incidence since February 2021 was reported last week.
- The number of daily reported cases of COVID-19 have been increasing in the United Kingdom over the past month. 22,868 new cases were reported on 28 June—the highest since late January 2021. This increase in cases is being driven by the Delta variant that entered the UK at a time when restrictions were beginning to be relaxed.
- South Africa has announced new restrictions following a surge in cases linked to the Delta variant of concern. The number of newly reported cases there increased 107% over the two weeks to 27 June.
- Similar increases have been observed in Indonesia where new cases increased 114% to 27 June.

Public Health System capacity

- Queensland Public Health Units continue to work to ensure the Queensland community is complying with public health controls. Another key focus for Queensland's Public Health Units is to ensure that those directed to undertake quarantine comply with all requirements, including the testing regime.
- Additional restrictions are imposed and lifted in response to evidence of community outbreaks to ensure the safety of Queenslanders, and more specifically our most vulnerable people in residential aged care facilities, hospitals, and disability accommodation services.
- While responses to COVID-19 community clusters have been managed well, it is important to mitigate against further clusters, and in particular, quickly bring clusters under control through effective contact tracing, in order to maintain the integrity of the health system to respond to non-COVID-19 related care.

Health Care System capacity

- Queensland's hospitals and health workers are well prepared and well equipped to meet the challenge of COVID-19.
- Hospitalised cases in recent months approached the highest number of cases since early in the pandemic with increased number of positive cases among overseas arrivals. The vast majority of cases were in south-east Queensland. The implications of a community outbreak in addition to ongoing management of overseas cases are serious for public health system capacity.
- Queensland's Personal Protective Equipment (PPE) supply chain is sound and Queensland Health has adequate stock holdings. Queensland has sufficient ventilators for a mild or moderate outbreak and additional ventilators have been procured, along with other critical medical equipment, to ensure Queensland is well prepared.
- It is critical to mitigate any increase in cases that could lead to a local or system wide impact on delivery of usual health services.

Community acceptance and adherence

- The public health response to COVID-19 has been in place for over 16 months. The public is familiar with standard measures to reduce transmission (e.g. physical distancing), and businesses have embedded COVID-safe practices. Queensland is in a strong position and Queenslanders are enjoying minimal restrictions and confidence in our public health response.
- Earlier in the pandemic there were mixed reports on compliance with public health controls, such as defined areas in pubs, and a strong appetite from industry for further relaxations, many of which have since been made. Compliance issues were primarily in relation to social distancing and controlling crowd numbers.
- Over time, the slightly increased risk of eased restrictions within Queensland has been considered to be offset by increasing community awareness, particularly given experiences with the widespread consequences of non-compliance and outbreaks, and the application of practical steps to reduce transmission such as mask wearing where physical distancing is difficult to maintain (for example at airports, and on public transport).
- Restrictions are increased from time to time when risk is elevated. Queensland has now undergone three periods of time-limited lockdown in response to the threat of a widespread outbreak and community compliance and acceptance of this measure has been overall high.

Wastewater monitoring

- To strengthen our surveillance capabilities and increase confidence that transmission is not occurring here, Queensland conducts a surveillance program to detect traces of coronavirus in wastewater in 19 communities across the state.
- Wastewater monitoring systems detect viral fragments and can help experts determine where in the state there might be people with a current or recent COVID-19 infection. The system has significant value in its potential to serve as an early warning system for potentially undetected cases. It cannot pinpoint the exact source of the viral fragments.
- Viral fragments were detected at:
 - Luggage Point and Maryborough in the week ending on 20 June.
 - Luggage Point, Wacol and Oxley Creek in the week ending 27 June
 - Sandgate and Wynnum in the week ending 4 July, with sites still to be tested.