

Senate Select Committee on COVID-19 – 26 May 2020

Professor Brendan Murphy, Chief Medical Officer, Department of Health – Opening Statement

Thank you for the invitation to address the Committee in relation to the current status of COVID-19 in Australia.

We are now four months into the pandemic in Australia and whilst we have experienced just over 7,100 cases nationally; it can be said that we have avoided the high case numbers, the overwhelmed health system and the high death rates of so many other countries around the world. We currently have fewer than 500 active COVID-19 cases in Australia, so it is a good moment to pause and reflect on the epidemiology of the disease to date.

Our first case, from Wuhan, was reported on 25 January 2020. For the next 3 weeks, there were very few cases reported and almost all were related to recent overseas travel, with the next group of cases (n=10) related to the repatriated Diamond Princess cruise ship passengers (n=164) quarantined at Howard Springs near Darwin. From early March, the number of daily diagnoses started to rise quickly, following a similar trajectory to other countries around the world.

Border restrictions, intensified quarantine and social distancing measures were introduced in early February and throughout March. Assuming we can avoid a significant resurgence, the pandemic peaked in late March and began to subside, corresponding closely to the introduction of these measures. All jurisdictions have had cases, mostly in our major cities, and concentrated in our most populous states. In the past month we have averaged 20 cases or fewer per day, with many of these cases linked to known clusters or in returned travellers from overseas.

The story of the first wave in Australia is largely one of imported infections, with limited local transmission which has been rapidly identified and controlled. Despite the border closures and travel bans being introduced from 1 February 2020, to date almost two-thirds of cases are reported as being overseas acquired. Only 10% of cases have an unknown source, highlighting the thorough and rapid work of our state and territory – “disease detectives” – to rapidly find cases and establish the epidemiological linkages, isolating those who are infectious or potentially infected and thereby successfully interrupting the chains of transmission which fuel a pandemic.

We have looked hard to find hidden pockets of cases. We have continued to expand our case definition and testing. Australia continues to have one of the highest testing rates in the world. We have now completed over 1.2 million tests, with a consistently low positivity rate (currently less than 0.1%), one of the lowest in the world. This demonstrates that it is highly unlikely that we are missing many cases.

While the median age of all cases is 47 years, the proportion of cases among children continues to be low, with approximately 2% of cases among those aged less than 15 years. Whilst there have been reports globally of a rare clinical presentation of paediatric inflammatory multisystem syndrome resembling Kawasaki disease (a rare acute febrile illness with inflammation of small and medium sized blood vessels, particularly affected the vessels around the heart) in children who have recently had COVID-19; to date, no cases have been reported in Australia.

Less than 1% of all confirmed cases of COVID-19 have occurred in Aboriginal and Torres Strait Islander persons. The majority of these have been residents of major cities, with no cases being reported from remote areas of Australia. The median age of Aboriginal and Torres Strait Islander cases is 37 years, much lower than the median age of non-Indigenous cases, with 37% acquiring their infection overseas.

Approximately 12% of cases have been hospitalised during their course of illness, with 20% of these cases requiring admission to an intensive care unit. Just over 50 cases have required ventilation.

Compared with the global average death rate of approximately 7%, our death rate has remained low at 1.4%. We have unfortunately had just over 100 Australians die as a result of COVID-19. These deaths have largely occurred among our older population, mostly among those aged 70 years and over, with many having one or more co-morbidities reported – a trend that has been observed globally.

To date, the largest outbreaks have been associated with cruise ships, with over 1,300 cases, including a number of associated deaths, being reported. There have also been some other large outbreaks associated with health care and aged care facilities, an abattoir, as well as private functions such as weddings.

Our healthcare workforce has continued to provide essential care, especially among those more severe cases that have required hospitalisation. To date, the largest outbreak of COVID-19 in a healthcare setting occurred in hospitals in North West Tasmania. There were 130 cases of COVID-19 associated with this outbreak, including 79 cases in healthcare workers. Nationally, approximately 160 healthcare workers are thought to have acquired their infections in a healthcare setting. This is relatively rare given the higher occupational risk and size of the health workforce. Appropriate use of personal protective equipment and good infection control practices have been effective in minimising health care associated infections in Australia.

Residents of aged care facilities are at increased risk of COVID-19 infection through living in a communal setting, and they are more vulnerable to serious complications if they become infected. There have been just over 30 residential aged care facilities affected by COVID-19. Two of these facilities have experienced a substantial number of cases, which sadly involved a number of deaths in residents. The other facilities have had a remarkably small number of cases among residents or staff, typically only 1 or 2 cases with no onward transmission.

Following the emergence of COVID-19 in early January, Australia and the world has learnt a lot. The epidemiology of the disease in Australia points to our successful control of COVID-19 to date, in stark contrast to many other countries. This success has been achieved through a cohesive and coordinated response that is appropriate to the COVID-19 epidemic status in Australia.

The collaboration across the Federation, at both the health level and amongst Governments has been remarkable. Equally important has been our Australian community's support of the response which has enabled our continued suppression of the transmission and impact of COVID-19 on our community. Our Department will continue to work closely with our state and territory government counterparts, as well as national government agencies, to ensure these critical successes that we have achieved in Australia are continued.