

TRANSCRIPT

LEGISLATIVE COUNCIL ECONOMY AND INFRASTRUCTURE COMMITTEE

Inquiry into the Impact of the COVID-19 Pandemic on the Tourism and Events Sectors

Melbourne—Monday, 28 June 2021

(via videoconference)

MEMBERS

Mr Enver Erdogan—Chair

Mrs Bev McArthur

Mr Bernie Finn—Deputy Chair

Mr Tim Quilty

Mr Rodney Barton

Mr Lee Tarlamis

Mr Mark Gepp

PARTICIPATING MEMBERS

Dr Matthew Bach

Mr Edward O'Donohue

Ms Melina Bath

Mr Craig Ondarchie

Dr Catherine Cumming

Mr Gordon Rich-Phillips

Mr David Davis

Ms Harriet Shing

Mr David Limbrick

Ms Kaushaliya Vaghela

Ms Wendy Lovell

Ms Sheena Watt

Mr Andy Meddick

WITNESSES

Professor Euan Wallace, AM, Secretary,

Ms Nicole Brady, Deputy Secretary, COVID-19 Strategy and Policy, and

Professor Brett Sutton, Chief Health Officer, Department of Health.

The CHAIR: I declare the Economy and Infrastructure Committee public hearing for the Inquiry into the Impact of the COVID-19 Pandemic on the Tourism and Events Sectors is continuing. Please ensure that mobile phones have been switched to silent and that any background noise is minimised.

I wish to acknowledge the traditional owners of the land, and I pay my respects to their elders past, present and emerging. I wish to welcome any members of the public that are watching via the live broadcast.

My name is Enver Erdogan, and I am Chair of the committee. I would like to acknowledge my fellow committee members present here today: Mr Lee Tarlamis, Mr Tim Quilty, Mrs Beverly McArthur, Ms Sheena Watt and Mr David Davis. That is all that is on at the moment.

To witnesses, all evidence taken at this hearing is protected by parliamentary privilege as provided by the *Constitution Act* and further subject to the provisions of the Legislative Council standing orders. Therefore the information you provide during the hearings is protected by law; however, any comment repeated outside the hearing may not be protected. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded, and you will be provided with proof versions of the transcript. Ultimately transcripts will be made public on the committee website.

We welcome your opening comments but ask they be kept to a maximum of 10 to 15 minutes to allow plenty of time for discussion and questions from the committee. Could you please begin by stating your names for the benefit of our Hansard team and then begin your presentation? Over to you, witnesses.

Visual presentation.

Prof. WALLACE: Thanks, Chair, and morning, everybody. My name is Euan Wallace. I am the Secretary for the Department of Health, and I am joined this morning by Professor Brett Sutton, our Chief Health Officer, and Ms Nicole Brady, Deputy Secretary for our policy division and COVID response. And Vicky, we might bring up the slides, if we may. On behalf of my colleagues, I too just acknowledge traditional owners of the lands of which we are dialling in from, paying our respects to elders past, present and emerging. I just thank the committee for an opportunity to present this morning and to answer your questions.

Just go to the next slide. Thanks, Vicky. I am just going to hand over to our Chief Health Officer, who will just have a very brief presentation, Chair, around the role and the approach the department has taken during the pandemic and then a summary of the pandemic itself. Thank you. Brett, over to you.

Prof. SUTTON: Thanks, Professor Wallace. Thank you, Chair and committee members. Brett Sutton, Chief Health Officer. I do just want to take you through a few slides starting with this one—our integrated approach to COVID management—just to show the key pillars of that management. There are three essential pillars: vaccination, which is prevention par excellence; other prevention measures; and containment. With each and every outbreak we have had in Victoria, we have looked to nuance and improve our response as much as possible, aiming to balance the risk of the reintroduction of COVID-19 into the community or indeed the amplification and transmission of COVID-19 while minimising impact and further hardship, recognising that there is no zero-harm approach in managing COVID around the world. There is always hardship associated with the choices that need to be made. Victoria certainly embraced a continuous improvement model, adapting our response based on emerging information, changing circumstances and a deeper understanding of COVID-19 transmission as time has gone by.

Although this year further easing was intended to come into effect on 28 May, it was paused in response to the B.1.617.1 variant, or the kappa variant, that was found to be circulating in the Victorian community. So on

25 May this year metropolitan Melbourne did move to tighter restrictions. There were further limits on private and public gatherings and face masks mandatorily required indoors. In response to the first couple of days after that and really worsening epidemiology revealing itself, on 27 May Victoria entered circuit-breaker restrictions, and those actions obviously impacted tourism and the events sector, as with other sectors, as part of a broader suite of restrictions to really very substantially limit the aggregate movement of Victorians and control the spread of that virus, which we appear to have done. We are on the tail end of managing that current outbreak.

It is also worth mentioning that Victoria has a border permit system, which supports the system capability in responding to outbreaks interstate and to be able to track the movements of people coming from areas of various levels of risk. As committee members are aware, Sydney is now in a 14-day lockdown, so greater Sydney, Wollongong, Central Coast and Shellharbour have been declared a red zone. Regional New South Wales and the Australian Capital Territory have been declared an orange zone, and then as of last night additional orange zones for greater Brisbane, for greater Perth and Peel and we have also declared the greater Darwin area as a red zone due to cases of the delta variant who had moved there. Next slide, please, Vicky.

So this is the trajectory of the pandemic through most of last year. As we are all acutely aware, there was really significant hardship for Victorians through 2020—personal loss, personal hardship, but very broad economic hardship and hardship with respect to our usual freedoms. Of course it has impacted the events and tourism sectors. I am always aware of what the counterfactual would mean for Victoria. We have followed the national cabinet decision of aggressive suppression with effective zero community transmission across Australia as our primary aim. That has been a driving and overarching objective in managing the challenges that we had through 2020 in the first wave, trying to drive down to zero community transmission and then being faced with a very substantial second wave, again needing to drive that down to zero community transmission to get to a place where we could enjoy some of the freedoms and economic activity that are a corollary of being able to get to that point in time. The counterfactual is what you are faced with when you have got hundreds of cases per day—indeed what we have seen where mitigation of transmission has been the objective in many places around the world, not driving down to zero community transmission and really seeing substantial constraints that have been in place since March of last year right up until this point in time, so 18 months of restrictions, including for some sectors and industries where there has been no activity whatsoever because of the high-risk nature of those settings.

When the second wave peaked in August of 2020 the number of new daily cases in Victoria was over 700 or around 700. Mobility was limited through a curfew and a movement radius limit of 5 kilometres put in place for metropolitan Melbourne to reduce the risk of the virus seeding from metro Melbourne to regional Victoria, which was a really important measure, and it is also reflected in the border restrictions that are happening around Australia now. There was movement restriction into those areas. This boundary between metro Melbourne and regional Victoria remained in place until 8 November last year and was essential in protecting regional Victoria during the second wave. The Victorian road map for reopening was published on 6 September 2020 to try and give as much forward notice and a detailed and enduring high-level phase plan for Victoria to emerge from its second wave. The road map was the product of extensive intergovernmental, industry and community engagement and analysis of local and global evidence and really significant and high-quality predictive modelling, which does not predict the future but gives our best estimates of the trajectory of that second wave based on the epidemiology that we were seeing.

The gradual easing through the first, second and third steps of that road map was cautious and considered the evidence emerging on COVID-19 in Victoria. That meant that outdoor settings were eased first, followed by indoor settings, with a further differentiation based on the type of activity that was occurring within those settings and the risk of transmission by virtue of that activity. During this time businesses were encouraged to think of innovative ways to support tourism, such as broadcasting, to ensure the public could still access entertainment in a safe way but with that absolute requirement to stop that person-to-person, close interaction. In November of 2020 Victoria entered the last step of the road map. This step saw continued, gradual easing throughout the summer months into our COVID-safe summer settings. During the second wave borders were closed to Victoria, with some professional sporting leagues such as the AFL opting for hubs in other states, further impacting events in Victoria. Next slide.

This has been our trajectory through November of last year up until now. You can see that the case numbers are much smaller but we have nonetheless dealt with small clusters and outbreaks. The easing of roaming events occurred in May of 2021. Since the public events framework has gone live there have been 61 tier 3 and 128

tier 2 events that have been approved in Victoria. That has included the Australian Open, which ran under strict player protocols and spectator plans and a strict quarantine system.

Restrictions on international arrivals have significantly impacted the events and tourism sectors, without question. All initial introductions of COVID-19 into Australia were from overseas travellers. Testing, isolation and quarantine measures for this group have been effective in reducing the new cases from this source, particularly since enhanced border restrictions were put in place, and the approach to quarantine of returned travellers was and continues to be guided by the federal government. Next slide, please.

Our public events framework has gone through iterative changes over time. It was introduced in November of 2020. It did include three phases. As I said, the Black Rock and Holiday Inn outbreaks have prevented some of the transitions between those phases. There was an update to the PEF in March of 2021 as we were reviewing the continued epidemiology and had a low- and high-risk split—again, really taking a more nuanced account of the settings in which events took place, the number of people who were interacting, where they were coming from, how well they could be compartmentalised in time and space with zones and subzones and the kinds of check-in through ticketing, through QR systems and through other checks between zones. It has meant a reduced workload and the ability for some attestation being turned around in 24 hours. There have been further revisions to the public events framework in April of this year. That went live on 14 May—further refinement really of the approvals processes and less matters coming through formally for the public health assessment panel, really with a recognition that there are some lower risk tier events that can be self-monitored with a kind of self-attestation about the requirements that need to be put in place. Next slide, please.

And finally, look, we know that the ultimate pathway out of all of our restrictions or very substantially out of our restrictions will be the primacy of prevention through vaccination, and so there is an enormous focus on our vaccine strategy, with four overarching objectives: one, ensuring all Victorians can access COVID vaccinations as quickly and as easily as possible in line with vaccine supply and again in accordance with the commonwealth's prioritisation framework for all of the cohorts by age, their activity, the sectors in which they work; two, enabling the highest level of vaccine safety and quality—obviously that is the responsibility of the Therapeutic Goods Administration and then with ATAGI, the Australian Technical Advisory Group on Immunisation, providing the assurance around the vaccines that should be available and to whom they should be provided; building and sustaining public trust and confidence through a range of broad and targeted communications, and I hope I have been a champion with regard to promotion of vaccination; and then establishing an ongoing program into 2022 and beyond, knowing that we will need a sustained ability to provide ongoing vaccination for cohorts coming through and for any booster doses or revised vaccine programs into the future. Thank you, Chair. That is all.

The CHAIR: Thank you very much for that, Professor Sutton. For anyone that has just tuned into our live broadcast of the Economy and Infrastructure Committee Inquiry into the Impact of the COVID-19 Pandemic on the Tourism and Events Sectors, we have the Department of Health, in particular Professor Brett Sutton, Professor Euan Wallace and Ms Nicole Brady, the Deputy Secretary of the department, with us now. I would like to go over to committee members to ask questions, but I want to remind committee members of the terms of reference and to please limit preambles and just ask questions of the witnesses who have so kindly presented here today. I will go over to Mr Davis first and I might then pass over to Mr Tarlamis to ask the first two questions. Could committee members please limit themselves to two questions in light of the time constraints. So Mr Davis to go first.

Mr DAVIS: Okay. My question, Chair, is for Professor Sutton, and it is very specifically about the events sector and not the major events sector. So we have a good understanding of AFL and these sorts of things. The events sector has had great difficulty engaging with both the Department of Jobs, Precincts and Regions but also with the Department of Health, and indeed I understand that they met with Nicole Brady on 7 June and in fact this was the first set of meetings that they had been able to obtain with the department through all of this process. So my point here is: the engagement with sectors is important—the conveying of information through those sorts of meetings where detailed understanding is there. So in the case of not the major events but the small business events and all of those, which are not many of them entertainment at all—they are actually functional things that are parts of the economy—I do not understand why it took so long. So that is the first part of the question. The second is, given that those events are actually highly controlled—they are more than ticketed; these are people who, you know, come to a business event, for example, and they have paid often

thousands of dollars for a speaker or information or so forth—it is not clear why they have had such a difficult time engaging with the department and getting a nuanced and thoughtful set of responses.

Prof. SUTTON: Thanks, Mr Davis. I will start by saying I do not think it is true that it has taken that long. There has been continued engagement right through last year and into this year.

Mr DAVIS: With the Department of Health or its predecessor?

Prof. SUTTON: Absolutely.

The CHAIR: Mr Davis, can you please allow the witness to answer the question?

Prof. SUTTON: Thank you, Chair. Absolutely, with the Department of Health on multiple occasions, and Nicole Brady as the Deputy Secretary leading our policy area has really led that engagement with her team on my behalf. There have been multiple engagements, and I will let Ms Brady speak to those, because they have been continuous. There have been a number of roundtable discussions with the sector, and there are continuous weekly, often daily, engagements with specific individuals who are stakeholders within those industry areas. But I will pass to Ms Brady to speak to some of those specifics and the time lines.

Ms BRADY: Yes, thank you so much. And I would absolutely reinforce that—that we are constantly working with our colleagues at the Department of Jobs, Precincts and Regions. They are the advocates on behalf of industry. They connect us with industry. They invite us to attend round tables and meetings with industry, which we do extremely regularly, as well as also seeking their advice as we are devising policy, which we often need to do quickly. By example, there was a meeting convened by DJPR last week with some of the leading events organisers from across—

Mr DAVIS: 7 June. Those people say quite specifically that is the first meeting they have had.

Ms BRADY: That might have been potentially one or two people, but there have been others that we have met with through previous engagements throughout last year. And just on Thursday of last week we met with people that we were advised were the leading events representatives from across Victoria, including—we can list them if you like, but there has been a constant stream—

Mr DAVIS: The schedule of these engagements would be very helpful to the inquiry because we need to understand that engagement, and certainly we have had quite divergent information. I obviously want to get to the bottom of this quite directly.

Ms BRADY: Yes. We are happy to provide our engagements and to share with you the people that we have met with in conjunction with our colleagues at DJPR, who have also been doing an excellent job in representing the views and the needs of industry as we have worked with them to support their safe return. We also have a public health advisory team who work on the events work, and they are in constant engagement as well with members of the events community and supporting the safe return of the events sector. So we will be able to provide advice back on behalf of themselves and my team as well.

The CHAIR: Thank you, Ms Brady.

Mr DAVIS: Further to Professor Sutton.

The CHAIR: One final question, Mr Davis, because I know all the members have a number of questions. If we get time, we will come back to you.

Mr DAVIS: I will be very quick with Professor Sutton. Professor Sutton, I have called repeatedly for the release of information behind many of the health orders. That information exists, and the government has refused—now, it may not be your decision—to release that information. You mentioned the curfew before, for example. We know that there were a bundle of documents behind the curfew decision. The government has actually told the Parliament about the documents. Now, within the frame of the *Public Health and Wellbeing Act* transparency and accountability and proportionality are central. Why have you not insisted on these documents being made public?

Prof. SUTTON: Could I check with the Chair if this is in scope with this inquiry?

Mr DAVIS: It is in scope, given the curfew.

The CHAIR: No. I think it is out of order, Mr Davis. In the end the inquiry is about the tourism and events sectors and the effects of the pandemic on the tourism and events sectors. You are asking a question about—

Mr DAVIS: And he has mentioned the curfew, and I am very specifically seeking information on account of his discussion.

The CHAIR: which information can be released. You have already asked this question in the chamber a number of times. I do not think it is in the terms of reference.

Mr DAVIS: Well, no, it is, with respect, Chair. It is, with respect, in the terms of reference. You might want to run a protection racket, but you cannot do that.

The CHAIR: No, not at all. I mean, the terms of reference are—

Mr DAVIS: The truth is the curfew has had an impact on the events sector and obviously on the tourism sector too. It is entirely in order for me to seek, for example, a document—attachment D, policy paper, new restrictions, 2 August 2020—which lays out a whole set of policy information about the decision on the curfew. That has been suppressed by government, and I am asking Professor Sutton why that would not be released.

The CHAIR: Mr Davis, it seems that question is a question for the government, not for the witnesses here. So that is why is out of order.

Mr DAVIS: Well, he is actually responsible.

The CHAIR: That is why I am ruling it out of order, Mr Davis.

Mr DAVIS: No, no. Actually it is quite clear. He is responsible for the *Public Health and Wellbeing Act*, Chair, and he can insist on the release of these sorts of documents.

The CHAIR: I think if you ask a question—you have already asked a couple of questions about the tourism sector and the consultation, and I think the Deputy Secretary, Ms Brady, has answered that. And I think that—

Mr DAVIS: Well, Chair, I will record that you are determined to close down the question and Professor Sutton seems determined to sit there and not answer it.

Mr TARLAMIS: On a point of order, Chair, you have made a ruling, and Mr Davis is continuing to defy that ruling. I mean, it is very clear that he should be respecting your ruling, otherwise he is reflecting on you as the Chair.

Mr DAVIS: I think the Chair is running a protection racket, Mr Tarlamis. He does not like tough questions.

Mr TARLAMIS: That is inappropriate, Mr Davis. I mean, you know it is out of order.

Mr DAVIS: No, it is not. It is clearly squarely in the witness's—

Mr TARLAMIS: It actually is, and I think you have been a member of Parliament long enough to know that it is. You have got form in this regard to just making outrageous statements to try and get a 5-minute grab from media.

Mr DAVIS: Well, Mr Tarlamis, you might want to not have those questions answered, but I certainly do.

The CHAIR: Mr Davis, I might move on the next question because, like I said, I think you have already had a couple—

Mr DAVIS: Well, I am recording my disappointment.

The CHAIR: Ms Brady has provided a response.

Mr DAVIS: And the muteness of the witness.

The CHAIR: She will forward any more information she has. On that point I might actually pass to Mr Tarlamis to ask the next question. Mr Tarlamis, can we please keep preambles short—to all committee members appearing today—just so that we can get through all the questions.

Mr TARLAMIS: Thank you, Chair, and thank you, Professor Wallace and Professor Sutton and Ms Brady, for appearing today and providing some assistance and some advice with regard to our inquiry. I just want to touch on part of that line of questioning where you spoke about the engagement the department undertakes with organisers of events. I just wanted to ask if you could describe the engagement that the department does undertake with organisers to support the development of COVID-safe plans, and it is probably a question best directed to, I am not sure, Professor Wallace, maybe.

Prof. WALLACE: Thanks, Mr Tarlamis. What I might do is ask Ms Brady just to describe those processes. Clearly the department, in partnership with our sister departments, particularly DJPR, works very closely with industry and event organisers et cetera to ensure that they have COVID-safe plans. I think as the Chief Health Officer has described, our approach to this has evolved over time to try and make it as accessible and as easy and as manageable as possible for event organisers. That is reflected through the evolution of the events framework that the CHO alluded to. But I might ask Nicole just to describe exactly how we work in particular with event organisers around COVID-safe plans.

Ms BRADY: Thank you so much for the question. Really in regard to COVID-safe plans and the event organisers, they would make applications using materials that have been prepared and published online which give them guidance in regard to how to safely run an event, all of the things they need to think about in regard to how we would be expecting them to be able to require people to check in and to make sure that at times when we are requiring people to wear indoor masks, for example, they would have a COVID-safe marshal. So all of that material is prepared and available online for them to use and to download and to guide them.

Then we also have a public health advisory panel if they are seeking to have a certain number of people above 1000 people at an event, growing up to the really large events that we have been able to support industry to hold, such as you might think about beginning with the Boxing Day Test, the Australian Open and then through to the return of AFL games in Victoria. It is a panel of people that provides advice to them in being able to think about particularly how they could do contract tracing, should that need to occur, and then to gradually be allowed to build up to larger numbers of people being able to return to indoor events. For example, the MCEC, which is the Melbourne Convention and Exhibition Centre, before the most recent lockdown the team had been working with them and they were able to return to the freestanding and roaming events, which are indoors up to 75 per cent of their capacity, which would be the sort of thing that we would regard as probably in a COVID environment something that we would be concerned about with the return of people indoors, moving around, interacting with each other and potentially coming across lots of different people. So having the team support them to be able to put those applications in safely and to provide advice up to the Chief Health Officer, who can then authorise them and make that recommendation that they are safe to go ahead, understanding all of the controls that are available to them, has been something where there is this dedicated team of people who actually have employed quite a number of people who used to work in the events sector. So they really have strong industry knowledge as they provide advice to the Chief Health Officer and then back to event organisers around how to conduct themselves safely and gradually bring back large numbers of people into the events sector across Victoria. Professor Sutton might wish to add more, because he has very close work in regard to the advice of the panel as well.

Prof. SUTTON: Thanks, Nicole. Yes—certainly to add that the public health assessment panel go through a very detailed and iterative process with the event organisers. If there are improvements that can be made, they will review those, the feasibility of them and how much they will additionally help to mitigate risk. That has been a process that has also undergone some testing, and so we can also see the extent to which, should we need to conduct a contact-tracing exercise, the kinds of things assist in that process, whether it be through ticketing, how group ticketing occurs, how the QR code data gets transmitted as quickly as possible and the relationships and the communications and engagement that happens with those event organisers and those who have responsibility in the sector to be able to ensure that those mitigations are genuinely going to work. There are clearly some elements that are difficult to implement in certain areas, and so the broader mitigations have to be around either the caps or those hard zones to stay within the contact tracing capability so that you have not got thousands of people to follow up. We have largely framed the decisions around those routine events, with the epidemiology that exists in Victoria at the time and indeed around other jurisdictions if they are moving into

Victoria. So it has had to be agile as the epidemiology has changed. But that has been a really intensive process, and you know, there have been over 20 roundtable events with our team to engage on that and, as Nicole says, a continuous process with our public health assessment panel with those event organisers. Thank you.

The CHAIR: Thank you. I might pass over to Mr Quilty to ask a question, and then I may have a question myself. So Mr Quilty.

Mr QUILTY: Okay. We have heard from the events industry people that they are expert risk managers and they would be able to work with the Department of Health to treat risk very effectively, but many witnesses repeatedly told us they have had no consultation and just a one-size-fits-all approach to all the smaller events. We are not talking about the football here; we are talking about smaller events. You seem very confident that you are doing an excellent job of liaising with the events organisers, but they are not. Do you think there are any opportunities to improve their input so that they can actually run their events?

Prof. WALLACE: Thanks, Mr Quilty. I think, as the CHO outlined, our approach from the beginning has always been one of continuous improvement. So are there opportunities to improve? I think there are, and I think the evolution of the events framework, again, is an example of this sort of relentless pursuit of trying to ensure that the measures are proportionate to what is trying to be achieved. So at all times public health and the Chief Health Officer more specifically have tried to ensure that the measures are servicing the public health risks as they evolve, as they increase or decrease through the course of the pandemic or a series of outbreaks. As you can imagine, there are thousands of events through our different tier system, and again, the processes that we have evolved have evolved through the consultations that both Brett and Nicole have alluded to. So there are hundreds of engagements, the 20-plus or so industry-wide round tables, and other ongoing opportunities to understand the nuances of different sizes of events, different venues and different settings in terms of metro, regional or rural Victoria—you know, of course there are. And I think that the future for us and other states and territories in the country, as this pandemic continues to evolve, is for us to ensure that our settings are always meeting the public health risks but at the same time are proportionate, so that events that can go on can go on safely and that need new nuances, as the CHO has outlined, are nuanced properly. So I think there are always opportunities for improvement, and we are working very closely not just with industry but also with our partners in DJPR to try and deliver that.

The CHAIR: Mr Quilty, do you have an additional question?

Mr QUILTY: I do. So we just heard from Professor Bennett that it is very important that the evidence and data be released so that we can analyse what works best and what the minimum necessary responses are. If we have got that data, it would be possible for the events industry people to better develop their plans—nuance their plans, if you like. So why do you think it is appropriate not to release the data?

Prof. WALLACE: What data are you referring to?

Mr QUILTY: The evidence around how you have made your decisions and the data for how COVID responses happened for each decision you made, each lockdown decision and so on. Professor Bennett seemed to think that we could at least have much more access to information.

Prof. WALLACE: Yes. Well, the data are changing all the time of course and the decisions that are being made evolve in response to the settings at the time, and as others have commented throughout the pandemic, the department has worked very closely with industry experts. Of course the Chief Health Officer has his own team of experts in the department and in public health, but we work very closely with colleagues at University of Melbourne and the Burnet, and the Burnet itself has published some of that modelling in its own websites, and of course then we have our own modellers. So the data continues to change, and I think in terms of how that information is then shared, some of that is a matter for others, not for us.

The CHAIR: Thank you for that. I have got a couple of questions, and then I will pass over to Mrs McArthur and then Ms Watt. In the presentation we saw that we try to limit movement in relation to limiting, I guess, the virus spread. Maybe Professor Sutton or Professor Wallace could answer this: we know that tourism from Melbourne to regional Victoria is a very important part of the local economies over there; can you explain why limiting this movement was necessary? And a second part of that is: as part of our inquiry we travelled up to Bright and heard from the alpine resorts, and most recently we saw that we require that people

need to get negative tests before going to alpine resorts; can you explain why that is necessary—to Professor Sutton or Professor Wallace?

Prof. SUTTON: Thank you, Chair. I might begin if that is all right. Certainly it has been an intrinsic part of the Australian response that protecting areas that are COVID free or have very limited COVID transmission from areas of higher transmission or transmission risk has been a key component of the response, and one of the key reasons for that is because it becomes much harder to manage transmission that suddenly emerges in any community rather than never introducing it in the first place. The response to incursions will always be stood up, but it is extremely challenging. Sometimes when there has not been transmission in areas for weeks—and there have been areas where there has not been transmission for months—the human behaviours, the expectations about the risk and the way that people interact can be a driver for transmission, and people do not test as often or as early as they might in areas of higher transmission. So that needs to be taken into consideration.

The modelling that Professor Wallace referred to takes account of what would happen if you detect a case where there have been a few generations of transmission because people have not tested early or because there has not been expectation that someone with compatible symptoms might have COVID. The restrictions on movement from areas where there has been high transmission therefore effectively protects those areas. We bring those barriers down as soon as we possibly can, but you need to mitigate the risk in those higher transmission areas first. And a single case has been the start of outbreaks across Australia; we have to bear that in mind.

On the issue of alpine resorts, again we were trying to balance the proportionate response. There could have been an entire restriction on the movement of people into alpine areas during that period of time. We considered the impost of a test in the 72 hours before going up to the mountain as a means of identifying people who might already be positive but have not developed symptoms or who might have mild symptoms but would not normally be tested just to make sure that those individuals were identified. It was in a period where we were dealing with both a kappa and a delta variant within Melbourne. Ski resorts, alpine resorts across the world have shown a propensity for superspreading events. That is not to say that the industry in Victoria is not engaged, is not trying to do everything in its power to mitigate risk and is not absolutely willing to follow the policy and procedure directives of the Victorian government in order to do just that.

That said, between the temperature, humidity, indoor movements of people, exertion, mask wearing when we know people are eating and drinking, all of those things combine to create a very particular risk in alpine areas. The Tyrol region in Austria was really a superspreading event for the whole of Europe in the early part of 2020. It is estimated to have contributed up to half of all cases in some countries because of skiers who went to that region. Whistler, Aspen, other areas in British Columbia have had superspreading events both in the winter season in 2020 but also with new variants, including the delta variant and the P1 variant from Brazil, in 2021. And so it was really a short-term, proportionate measure to try and bring down the risk that was low but potentially catastrophic if a superspreading event occurred—down to the lowest feasible level that we could get to.

The CHAIR: Thank you very much for explaining that need, especially in the alpine resort sector. I might pass on to Mrs McArthur and then Ms Watt. So Mrs McArthur.

Mrs McARTHUR: Thank you, Chair, and thank you, witnesses. I want to go to the issue of evidence and inconsistencies. A major source of concern for the event industry has been the huge inconsistencies in what is allowed for different activities right through this crisis. At the moment the capacities are: 300 people with only one per 4 square metres for business events, yet it is 1000 for theatres, which is about one per 2 square metres; 5000 for stadia; and 25 000 for the MCG, noting that the MCG facilities are largely indoors. We have all been told that next week we can expect it to stay at 300 people with one per 4 square metres for business events yet go up to 100 per cent, so 2000, for theatres, which is about one per 1 square metre, and 85 000 for the MCG. I might also note that you allowed 85 000 at the MCG and nobody really at the Anzac Day ceremonies. So event organisers all have a huge amount of risk management—in fact they probably do it better than your department or anybody else has done in terms of managing hotel quarantine, contact tracing and everything else. In fact I am wondering why they were not engaged to roll out some of these facilities that you needed to be involved in. So how can you justify the inconsistencies between business events and especially sporting events or arts events when the business event industry is actually the largest contributor of event income to this state?

The CHAIR: Mrs McArthur, sorry to interrupt, but can you please just confirm your question? I understood the preamble, but what are the two questions you had to—

Mrs McARTHUR: Can the Chief Health Officer or the Secretary of the department or the Deputy Secretary please explain how they can justify the inconsistencies between the restrictions on events, different events and especially sporting events, and where is the evidence to back up these inconsistencies?

Prof. WALLACE: Thank you. I am happy to start, and I think that there are certainly differences across different settings. I do not think the differences reflect inconsistencies. The differences are informed by the assessments of risk in different settings—different events, different venues and different behaviours at those events—and they are perhaps exemplified by the different cap and capacity numbers that are applied to weddings and funerals, because the behaviours at those two events when people are coming together are quite different and so the risks are different. So while it might be—

Mrs McARTHUR: I specifically referred to business events.

Prof. WALLACE: Yes, but I am trying to explain that while they might be perceived as inconsistencies, there are differences based on differential risk assessments for different venues and different settings and different behaviours. Again, the MCG is a largely open-air event compared to theatres and small venues. I do not know if either the Chief Health Officer or Ms Brady wishes to add to that to explain our approach to how the capacity numbers are limited for different venues and different events.

Prof. SUTTON: Thanks, Euan. Yes, I would absolutely add: we are trying to manage aggregate risk across the state. So when you have particular restrictions for a particular setting, you bear in mind how many of those events will take place on any one day across the state. A single event, even a major event, of 50 000 will not have as many people coming together as 1000 people coming together in 1000 different locations across the state. So we have to bear in mind the constraints within those settings with regard to the aggregate risk that occurs. Indoor settings are of greater risk. Settings where people come from disparate geographic areas and are normally strangers to each other or are not household members are of greater risk—and the nature of the activity that takes place within those settings.

The public events framework has deliberately carved out smaller gatherings of under 1000 for the very reason that we know that they will be less of a risk than larger gatherings, but they all carry a risk, even managed in the best possible way, because it involves people coming together in close contact and interacting with multiple other individuals. Outdoor settings are manifestly lesser risk and indoor settings for prolonged periods of time are greater risk, and where exertion occurs—and we have reflected that in the tiered risk assessment—that is a greater risk again. So I think the public health assessment panel has provided exactly that frame in determining those recommendations to me around differential management of those settings.

The CHAIR: Thank you, Professor. Mrs McArthur, yes, a follow-up question.

Mrs McARTHUR: Just a follow-up question. But at the MCG all the toilets, bars et cetera are inside, and what is the difference between a theatre with much closer numbers of people that you are allowing and a business event where they are in a huge auditorium? And will you please release all the evidence on which you have based these decisions?

Prof. SUTTON: There are many people who use bathrooms at the MCG, but again the risk is the aggregate risk. So there will be on any one day at a major sporting event 50 000 people who require food and drinks or need to go to the bathroom, but across thousands of other smaller settings—business events or other smaller settings—there will be people with exactly the same needs, and they will contribute an aggregate risk in the same way. With respect to the indoor entertainment or theatre, we are again reflecting on the aggregate risk by virtue of the number of events that are taking place there and all of the mitigations that they can put in place. It is a higher risk environment; that is why they are capped. And I know you spoke to proposed levels, but that is all dependent on the epidemiology that we will have this week in Victoria and around Australia.

Mrs McARTHUR: Sorry, Chair, but Professor Sutton still has not answered the question of why a business event of 1000 or 2000 people—the same number as a theatre—is treated so differently.

The CHAIR: Mrs McArthur, I felt that the witnesses, professors Wallace and Sutton, answered that. They talked about the behaviour risks and all the other aggregate factors that come into play to a number of risk factors. Also we can look at the transcript after if you like, but I felt as though they did answer it in terms of a risk-based approach and it is not just on raw numbers.

Mrs McARTHUR: So theatregoers are less likely to spread at events?

The CHAIR: That is the answer I got from it, but I am happy to look over the transcript afterwards. I am happy to put questions on notice, because I know a number of people have questions. I am sure yourself, Mr Davis, Mr Tarlamis—people have expressed that they would like more time for questions. We can put them on notice and in due course we can send them over to the department, and they will, I am sure, answer and return by way of correspondence. On that point I will pass over to Ms Watt to ask the next question—two questions please, Ms Watt.

Ms WATT: Thank you, Chair. I will just ask the one, and I begin by thanking Professor Wallace, Professor Sutton and Ms Brady for your time today and for your expertise and leadership over the last 18 months. I have a particular question around interstate borders. We have seen that when there are cases in the community other states and territories have certainly responded by closing our borders, which has had an impact particularly on our events and tourism sectors. I just wonder: can you reflect on how national responses to COVID-19, such as other jurisdictions making decisions on their borders, impact Victoria's decision-making when it comes to management of outbreaks? I am just interested to see the interrelationship between Victorian decision-making and what then happens interstate and the relevant impact then on our industries, including tourism and events.

Prof. WALLACE: Thanks, Ms Watt. I might ask Professor Sutton to share with us the national approach, but just by way of introduction, as you know, the national committee, the AHPPC, which is a meeting of all the CHOs, meets at times daily to share the assessments from each jurisdiction about what is going on, which then helps inform as best as possible a national approach, but ultimately every jurisdiction is responsible for the decisions regarding its own borders. In recent times we have tried as best as possible that the decisions about our borders mirror those decisions that are made in that particular jurisdiction. For example, just in the past few days when the Northern Territory determined Darwin and associated cities as a 48-hour lockdown, then the Chief Health Officer reflected that as a red zone for our traffic light system and similarly for greater Sydney, a red zone. So we have particularly in the last six months or so tried that our border restrictions reflect those that are in place in another jurisdiction, but I might ask Brett to describe our traffic light system and then how we apply that and how he makes the decisions about how that is applied.

Prof. SUTTON: Thanks, Euan. And thanks for the question. The traffic light system—essentially green, orange and red—if there are no cases, no transmission and very minimal risk in an area, we have got a green permit system. People are still required to complete it so that we have a record, because cases might emerge and we would like to know if people have come from those areas of risk and be able to reconcile them against testing and their presence in Victoria. The orange traffic light really represents a lower risk of transmission, so areas where there have been exposures but not necessarily active cases or significant transmission. That requires people to test within 72 hours of entering Victoria and to isolate until they have a negative test returned. And then the red zone permit really excludes non-Victorian residents from coming to Victoria except through the exceptions and exemptions process, which they are free to apply for.

Returning Victorian residents can come into Victoria, but they need to quarantine formally at home for 14 days, or they can be supported in the formal quarantine system, and they must be tested through that 14 days of quarantine. But non-residents cannot, and Victorian residents if they had been a close contact at an exposure site or a close contact with a case or indeed are symptomatic or have a test result pending, they are not allowed to travel. So there are some absolute limits to return to Victoria as well.

I would support Professor Wallace in saying we do as a general principle try and reflect the restrictions that are in place in various regions or cities. That is really in support of those jurisdictional government decisions that are applying to their own citizens. We are trying to reinforce that to say, 'If you've been told to strictly stay at home, then you shouldn't be coming to Victoria for the same reason'.

The CHAIR: Thanks for that. I know a number of committee members do have a number of questions still outstanding, but I believe in the limited time we will not be able to get across to all of them, so I will take

questions on notice from committee members, and we will be forwarding correspondence. We have a number of questions relating to vaccination and a whole range of other matters that I have already from committee members putting forward to me. But in light of the time constraints, I wish to thank you all, Professor Sutton, Professor Wallace and Ms Brady, for appearing before our hearing today. It has been quite informative and will be taken into consideration when we have our deliberations. Thank you.

Prof. WALLACE: Thank you, Chair.

Prof. SUTTON: Thank you, Chair and committee members.

Witnesses withdrew.