COMMUNITY SUPPORT AND SERVICES COMMITTEE

Members present:
Ms CP McMillan MP—Chair
Mr SA Bennett MP (virtual)
Mr MC Berkman MP
Mr JM Krause MP
Mr JR Martin MP
Mr RCJ Skelton MP

Staff present:
Ms L Pretty—Acting Committee Secretary
Ms M Salisbury—Assistant Committee Secretary

PUBLIC BRIEFING—INQUIRY INTO THE PUBLIC HEALTH AND OTHER LEGISLATION (EXTENSION OF EXPIRING PROVISIONS) AMENDMENT BILL 2022

TRANSCRIPT OF PROCEEDINGS

MONDAY, 7 MARCH 2022

Brisbane

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The committee met at 3.33 pm.

CHAIR: I declare open this public briefing for the Community Support and Services Committee's inquiry into the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2022. First, I would like to respectfully acknowledge the traditional custodians of the land on which we meet this afternoon and pay our respects to elders past, present and emerging. We are very fortunate to live in a country with two of the oldest continuing cultures in Aboriginal and Torres Strait Islander people whose lands, winds and waters we now all share.

On 22 February 2022, the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2022 was referred to this committee for examination, with a reporting date of 25 March 2022. My name is Corrine McMillan. I am the member for Mansfield and the chair of the committee. Mr Stephen Bennett, the member for Burnett, is the deputy chair and is joining us via teleconference. The other committee members are Mr Michael Berkman, the member for Maiwar; Mr Krause, the member for Scenic Rim; Mr Robert Skelton, the member for Nicklin; and we have a visiting member, Mr James Martin, the member for Stretton, who is here today as a substitute for Ms Cynthia Lui, the member for Cook.

The purpose of today's hearing is to assist the committee with its inquiry into the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2022. At the outset the committee would like to thank each and every one of you immensely for the daily briefings that you have provided to our Queensland community and the extent to which you as professional people and as a professional body within Queensland Health have provided leadership and direction for our state and for our constituents. We thank you immensely for the time that those daily briefings take as well as the work behind the scenes. We thank each and every one of you for your work.

Today's hearing is to assist the committee with its inquiry around extending the public health and other legislation amendment bill 2022. I ask that any responses to questions taken on notice today are provided to the committee by 5 pm Friday, 11 March 2022. The committee's proceedings are proceedings of the Queensland parliament and are subject to the standing rules and orders of the parliament. The proceedings are being recorded by Hansard and broadcast live on the parliament's website.

Media may be present and will be subject to my direction at all times. The media rules endorsed by the committee are available from committee staff if required. All those present today should note that it is possible you may be filmed or photographed during the proceedings by media and images may also appear on the parliament's website or social media pages. I am sure each and every one of you is used to those expectations. The program for today has been published on the committee's webpage and there are hard copies available from the committee staff.

I ask everyone present to turn mobile phones off or to silent mode. Finally, in line with the Queensland parliament's COVID-19 requirements, all members and visitors will be required to wear a mask—no, we are not required to wear a mask during today's proceedings. Thank you to our Queensland Health staff for your direction and certainly to our Chief Health Officer, Dr John Gerrard. Smiles are back. However, members and witnesses are asked to continue to maintain social distancing throughout the hearing. We thank you all for your attendance this afternoon. I now welcome representatives from the Department of Health.

GERRARD, Dr John, Chief Health Officer, Department of Health

LAW, Ms Kirsten, Director, Legislative Policy Unit, Department of Health

STEWART-KOSTER, Ms Rachel, Manager, Legislative Policy Unit, Department of Health

WAKEFIELD, Dr John PSM, Director-General, Department of Health

CHAIR: Good afternoon all and thank you for appearing before the committee today. I invite you to make a brief opening statement after which committee members will have some very important questions for you. Over to you, Dr Wakefield.

Dr Wakefield: I do have a short opening statement. With the agreement of the chair, I would like to ask Dr Gerrard to also make a short opening statement in relation to the matters before the committee this afternoon.

Thank you for the opportunity to brief you about the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill. I also would like to start by respectfully acknowledging the traditional custodians of the land on which we meet today, the Jagera people and the Turrbal people, and pay respects to their elders past, present and emerging. I am the Director-General of Queensland Health.

The main purpose of the bill is to extend provisions to directly support Queensland's COVID-19 public health response. The bill amends the provisions beyond their current expiry date of 30 April 2022 for a period of up to six months. For the last two years COVID has presented significant challenges to health systems, economies, governments and families across the world, and Queensland's successful management of COVID-19 to date has enabled high vaccination rates across the Queensland population. This has certainly mitigated the impact of the public health emergency on our health system and on the community and has ultimately saved lives. This success is largely due to the swift and flexible public health response that began from the initial detection and identification of the virus.

Queensland was able to implement decisive public health measures to keep COVID-19 contained until we reached 80 per cent vaccination of the eligible population, until indeed a vaccination was actually developed and then administered. Public health measures such as border restrictions, mask wearing and quarantine meant Queensland could manage the transmission of COVID-19 into Queensland in a controlled way once the population was maximally protected by vaccination for serious disease.

These public health measures were made possible by temporary legislative changes made in 2020, and these legislative changes have been extended and supplemented in subsequent amendment acts. The temporary legislative framework has been critical in enabling us to respond quickly and flexibly to evolving circumstances. This has been really important given the continuing unpredictability of the pandemic. An agile and rapid public health response continues to be necessary as Queensland transitions from a containment approach to living with the risks of COVID-19.

Whilst Queensland is returning to more normal social and economic conditions, COVID-19 remains a risk to people's health and the health system. For this reason the bill proposes to extend the expiry date for all temporary legislative measures that are directly related to the public health response beyond the current expiry date of 30 April 2022. The bill does this by inserting an expiry date for public health measures as the COVID-19 public health legislation expiry day. The bill defines this day as 31 October 2022 or the day that the Minister for Health and Ambulance Services ends the declared public health emergency under the Public Health Act—whichever is earlier.

Under the Public Health Act the minister must end the declared public health emergency by written order if the minister is satisfied that the declaration is no longer necessary to prevent or minimise serious adverse effects on human health. In particular, the bill extends the amendments in the Public Health Act that give emergency powers to the Chief Health Officer and emergency officers to make directions to limit or respond to the spread of COVID-19 in Queensland. It is under these powers that the Chief Health Officer can give public health directions such as vaccination requirements for workers in high-risk settings, mask wearing during times of increased or increasing community transmission, and isolation and quarantine requirements for cases and close contacts.

The bill also extends the temporary provisions in the Public Health Act that provide for quarantine fees to be recovered, that authorise the disclosure of confidential information for contact-tracing purposes, and that increase the period for which a regulation may extend a declared public health emergency from seven to 90 days during the COVID-19 emergency. The bill also extends amendments to the Corrective Services Act 2006, the Disaster Management Act 2003 and the Mental Health Act 2016 to directly support the public health response. All of the measures proposed for extension are essential to protecting Queenslanders from the health risks of COVID-19.

The powers allow for a proportionate response tailored to the level of risk. The powers do not need to be exercised if the risk level remains low and can be scaled up or down to respond to varying risk profiles in different geographic areas or settings. Other temporary measures that have been put in place to support Queensland's institutional or economic response to COVID-19 are due to expire on 30 April 2022. The bill does not change this date. The expiry date was set in September last year under the public health and other legislation amendment act 2021.

This means most of the extraordinary regulations and statutory instruments made under the modification framework in the COVID-19 Emergency Response Act 2020 will expire as planned on 30 April 2022. These measures provided additional flexibility for government, businesses and other institutions to continue to function and to minimise potential disruption during the earlier phases of the pandemic. However, as we transition to the new normal of living with COVID-19, these measures are no longer required.

While most of the other COVID-19 measures will expire on 30 April 2022, the bill continues several savings and transition provisions in the COVID-19 Emergency Response Act. These include: provisions to support the temporary business commissioner until a permanent commissioner is appointed as proposed under the Small Business Commissioner Bill 2021; the continuation of the Retail Shop Leases and Other Commercial Leases (COVID-19 Emergency Response) Regulation 2020, which has already been extended until 30 April 2024; and the power to make a transitional regulation for a COVID-19 law. The bill inserts an ultimate expiry date for the COVID-19 Emergency Response Act as two years after the COVID-19 public health legislation expiry day. As I have already said, that is 31 October 2024 at the latest.

The bill includes amendments to a number of acts outside the Health portfolio. Whilst we endeavour to provide whatever assistance we can to the committee today, officials of Queensland Health are not in a position to provide specific or detailed advice about aspects of the bill that fall within the administrative responsibility of other departments. We are of course happy to take questions on notice and to coordinate with other departments to provide any additional information that the committee may require. The explanatory notes and written briefing provided to the committee hopefully provide further information on these measures that would be extended by the bill. Through the chair, I would like to now refer to Dr Gerrard to make a few brief remarks, and then together with my colleagues I am very happy to take questions.

Dr Gerrard: I also would like to start by respectfully acknowledging the traditional custodians of the land on which I am now speaking, the Jagera and Turrbal people, and pay respects to their elders past, present and emerging. I am pleased to speak to you about the bill which seeks to extend public health COVID-19 emergency powers. Unfortunately, COVID-19 remains of concern to Queensland. The virus continues to be unpredictable in nature and has the potential to significantly impact our hospital and health system. Although Queensland has fared much better compared to other parts of the world, the recent peak of the first Omicron wave serves as a reminder that we must remain vigilant.

Since the borders reopened on 13 December 2021, there have been over half a million reported cases and 592 deaths in Queensland. Even now, after the peak of the first Omicron wave, Queensland still has around 30,000 active COVID-19 cases reported around the state, and we know the true number of active cases is significantly higher. Over the coming months as we move into winter and the climate becomes cooler and drier, we are expecting higher transmission of the virus. Australia is of course in the Southern Hemisphere so we will be one of the first developed countries to experience winter after the global Omicron wave. We simply do not know what is going to happen with certainty as we enter the winter. Being able to respond rapidly and flexibly to the risks of COVID-19 will be crucial as we navigate the next few months and winter and as more international travellers come to Queensland.

The public health directions play an important role in Queensland's ongoing COVID-19 response. During peak periods of transmission and when risks are high, we have restrictions in place to protect us. When the risks of COVID-19 are low, restrictions are lifted. This is particularly important in the current context of ongoing COVID-19 transmission globally and the likely emergence of new variants in the future—for example, as of 6 pm Friday, Queensland's indoor mask mandate was lifted. If the situation changes again and we see a spike in cases, mask mandates may need to be reinstated in order to keep us safe.

Given the current epidemiological situation, legislative powers are still needed to manage overseas arrivals and to respond to localised outbreaks rapidly and flexibly. The proportionate exercise of these powers will go a long way to managing the current clusters and transitioning Queensland towards living with the risks of COVID-19, particularly when paired with the valued efforts of Queenslanders by maintaining physical distancing, staying home when unwell, getting tested and getting vaccinated. The emergency powers included in the Public Health Act provide mechanisms to respond flexibly to the challenges of the pandemic.

Although the powers provided to my position as Chief Health Officer, and those of emergency officers supporting, under the Public Health Act are necessarily broad, they are given with appropriate constraints. Importantly, the powers do not need to be exercised if the risk level remains low. As Queensland's Chief Health Officer, I am supported by an excellent team of experts and advisers here

in Queensland. I also receive advice and support from a range of sources, including other state and territory chief health officers and the Australian Health Protection Principal Committee. The contributions from numerous sources have enabled Queensland to respond proportionately to the risk posed by the pandemic. The measures being extended in this bill are necessary to allow Queensland to continue to effectively respond to COVID-19.

CHAIR: Thank you, Dr Gerrard. We will now go to questions.

Mr BENNETT: My apologies for not being with you in person. Can I also go on record, Dr Wakefield, to congratulate you on your service and wish you all the best in your future endeavours as you move into another part of your career, retirement or whatever it is. Dr Gerrard, large parts of the response are now self-driven and self-managed. We are managing symptoms, we are testing and we are self-isolating. What would you say to the people who are contacting us about this? Are we not in a position to let the population manage themselves now?

Dr Gerrard: I can answer that question a number of ways. We have three types of responses that we are currently undertaking: we have the mask provisions, which have largely been removed, although they still stay in place in vulnerable settings; we have various vaccination mandates pertaining to vulnerable settings and also other public settings; and we have the isolation and quarantine provisions. The Omicron wave has really only just ended within the last two weeks, but we are still seeing about 4,000 to 5,000 new cases per day. Those are the ones we are diagnosing and there are many more that we are not diagnosing, so we know that the virus is continuing to spread.

The good news is that the impact on the hospitals has been controlled. As a result of that, I made the decision to withdraw the mandatory indoor mask mandate for most areas in Queensland. However, we need to observe carefully what the impact of that is on the transmission of the virus in the coming weeks before continuing to withdraw further public health provisions.

I have patients with kidney transplants coming to me saying that they are fearful of acquiring COVID-19 in the community and they are fearful of the relaxation of these mandates, so it is a balancing act of what we institute and what we withdraw. I feel the time has come to withdraw the first of these major mandates. May I say that the withdrawal of the mask mandate on Friday was a very major undertaking. We do not yet know whether it will or will not have an impact on transmission in the Queensland community.

The other thing I mentioned in my introduction is the fact that we are heading into winter. Most epidemiologists believe there will be some sort of spike coming in the winter. We do not know whether it will be a small spike or a big spike. It is quite unpredictable. I believe it would be reckless to withdraw all of the measures on one occasion as soon as we ended this wave.

Mr BENNETT: Thank you.

Mr SKELTON: The bill provides that the expiry of part 12A of the Disaster Management Act be extended until the COVID-19 public health legislation expiry date, allowing for a range of powers to be exercised for a disaster situation by persons authorised under the act. Can you please provide examples of when these powers would be engaged and by whom in relation to COVID-19?

Dr Wakefield: There are some technical aspects to that so I will ask Rachel to answer.

Ms Stewart-Koster: The declared disaster powers under the Disaster Management Act include the power to close roads to traffic and to direct the movement of persons, animals and vehicles within a declared disaster area. They have been used throughout the COVID-19 emergency to give effect to the Chief Health Officer's public health directions—for example, implementing the road closures for the state border restrictions and also throughout earlier parts of the pandemic when access was restricted to some of the vulnerable First Nations communities, some of those remote communities, where road closures were implemented because visitors were restricted in and out of those communities. That is an example of when those powers have been used.

Mr KRAUSE: Could you please enlighten the committee on what associated COVID-19 measures are actually being allowed to expire under this bill?

Ms Stewart-Koster: There is a raft of measures that were put in place, mostly under the COVID-19 Emergency Response Act 2020, that set up a modification framework for extraordinary regulations. I do not have a complete list to hand out, but we did attach a list to our written briefing that we provided to the committee of all the emergency regulations that are expiring. For example, it is things like electronic witnessing of certain documents under the Justice portfolio and a range of measures like that. It is more the institutional response and not the public health measures in the Public Health Act.

Mr KRAUSE: Some of those have been made permanent in any case.

Ms Stewart-Koster: Some have been made permanent. I can provide you with those.

Mr KRAUSE: You mentioned the institutional response: it is not so much the ones that a person on the street feels in their daily lives; it is more people in business or in government. That is more of the flavour you are talking about.

Ms Stewart-Koster: That is correct.

Mr KRAUSE: Dr Gerrard, you made a comment about some of the major health mandates, and you referred to the mask mandate and the vaccination mandate.

Dr Gerrard: And isolation and quarantine is the third one. By isolation and quarantine, what I am referring to is when someone gets sick they are isolated and their household contacts are quarantined. That is what I am referring to when I am talking about quarantine.

Mr KRAUSE: You referred to the vaccination mandate in vulnerable settings and also other public settings. Can I ask you about the other public settings? You said that you did some work into reviewing and removing the mask mandate. Are you examining the efficacy of mandates in public settings?

Dr Gerrard: Yes, very much so. We are looking at all of the measures. Assuming the virus remains under control and there is not a big spike in hospital admissions, it would be our intention to steadily withdraw the various public health measures, including vaccination, in other public settings. That would be the intention. We are actively looking at that. Remember, we only just stopped the mask mandate on Friday, so we do need a couple of weeks to have a look to see what happens with transmission in the community. I must say, I do have patients who come to me—I think I mentioned my kidney transplant patients—who are fearful of going to a hotel or a pub if we say people can go there if they are not vaccinated. We meet with various stakeholders groups, and I have to weigh up their anxiety about going to the pub with unvaccinated people versus what is the relative risk of withdrawing that measure. It is a balance, and we will be looking at that in the coming weeks. We have started to slowly withdraw.

The withdrawal of the mask mandate was a very significant decision, and again some have criticised us for that. There are experts out there who say that is risky because it may increase transmission in the community. I think it was a measured and appropriate response. One thing about the mask mandate is that it is a measure that is relatively easy to reimplement if something goes wrong and numbers suddenly start to spike. That is in contradistinction, for example, to the vaccination mandates, which would be very hard to reimplement once they are taken away. One of the advantages of the mask mandate is that if we just say everyone wears masks again it is easy, but it would be much more difficult to reimplement the vaccination mandates. Once we withdraw vaccination mandates it would be hard to reimplement them. We are looking at them. We are looking at all of this very actively.

Dr Wakefield: In relation to that question, it is important to note that this bill provides an enabling environment. It enables, but it does not require those interventions to be made. The deliberations and considerations about policy matters that Dr Gerrard has been talking about are in the context of an environment which enables those to be made, and if that is withdrawn then that is not possible. The argument is not so much in front of the committee around what the current status is. Those policy measures are all under active consideration over a period. It is really the framework that enables that to occur, whether they be light touch, heavy touch or withdrawn altogether.

Mr KRAUSE: Dr Gerrard, thank you for that answer. I appreciate what you are saying. Part of my question went to the efficacy or the usefulness of those mandates. I would like you to tell us, if you can, your view about how effective they have been, particularly the one about vaccinations, in preventing the spread of COVID-19. I also want to touch on a couple of specific case examples of how that mandate is impacting small business such as cafes and restaurants, and the cost imposed there, as well as community organisations, especially showgrounds and things like that, where there is a broad mandate requirement for them to adhere to. What is your view on the usefulness of that in those contexts?

Dr Gerrard: If we just start in broad terms—and I may as well state this out loud—clearly, vaccination of the Queensland community has been the single most important public health measure. That is the reason why our hospitals are not overflowing and we do not have thousands of deaths. That is in broad terms about vaccination in general. On the specifics of vaccination mandates, vaccination prevents the transmission of infection and the acquisition of infection and it does have an impact on the transmission of the virus in the community, including at pubs and clubs.

I fully acknowledge that as our vaccination rates exceed 90 per cent the benefit gets less. There is no question and I do not dispute that. That is why we are actively looking at all of these measures, but we are withdrawing measures sequentially and logically one at a time. We do not want to withdraw all measures simultaneously. That is really what it boils down to. We have this array of measures, and I thought we should target masks first because I thought it had the highest impact, it benefitted everybody and it is relatively easy to reimplement should things go awry. These other measures will be looked at later.

With regard to isolation and quarantine—that is that seven-day, seven-day rule—that will probably be decided at the national level rather than at the Queensland level. We probably will not stray from what is decided nationally. From our point of view, at the Queensland level we are focusing on the vaccination mandates and masks. Masks were a big one. Vaccination is the one we need to look at going forward.

On the specific issue of showgrounds, I am very sympathetic to that particular issue and we are very actively looking at it.

Mr KRAUSE: Please look quickly. Shows are being cancelled because of the costs imposed because of that.

Dr Gerrard: I am very aware of that. Thank you for bringing it to my attention.

CHAIR: Dr Gerrard, my question relates to your observations of the Northern Hemisphere. They are coming into spring. In many of the developed countries they have had a troublesome winter. What are you hearing from your colleagues worldwide in relation to variants of COVID-19? What are your expectations around coming into winter here in the Southern Hemisphere and the incidents of influenza coupled with the risk of COVID-19 and variants?

Dr Gerrard: There is still significant transmission of the virus worldwide. Even though the numbers are declining worldwide, we are still talking about many millions of cases of COVID-19. The risks of an individual variant developing that might be resistant to vaccines and more transmissible et cetera, more virulent, is there all the time. With regard to the specific issue of winter, I think it is generally felt among epidemiologists both here and overseas that winter, particularly when it is cool and dry, is a particular risk factor for the transmission of the virus. The general belief among epidemiologists is that there will be some sort of surge in cases in the winter. I hope that is not the case. It may not be the case. It is quite conceivable that the level of immunity developing in the community will be such that it will suppress any transmission in winter. That is definitely what we are hoping for and that is definitely possible, but there is a significant risk.

I think all of us believe there is a risk coming into winter, coupled, of course, with the fact that we have effectively had no influenza in Australia for the last two years, that all of us have lost significant immunity to this virus, so if it comes this winter or next winter—it will come sometime—it is likely that it will be a significant event at that time because our immunity has waned. Small children under three or four have probably never been exposed to the influenza virus, so it is likely there will be a significant concomitant influenza epidemic. Whether it is this year or not with influenza is not clear, but we are planning for it. We are assuming it will be the case.

The general principle, though, is that we do not know. I really must emphasise that: we do not know. That is why it is so critical that we have the capacity to upregulate these measures if required. Hopefully they will not be required, but we need to be able to act quickly if it becomes the case.

Mr BERKMAN: Dr Wakefield, you will recall the inquiry that was undertaken by the former health committee in the previous parliament that looked at the COVID-19 health response. You appeared a few times, along with Dr Young as the then CHO. In your view, would a similar parliamentary inquiry or standing committee inquiry with oversight of the COVID response create an unmanageable or unreasonable impost on the department or otherwise cut across the department's work or the COVID-19 response?

Dr Wakefield: In terms of specifically answering that question, it is sort of hypothetical. Our job as public servants here today is that if that is a decision of government then we would respond to that. It would certainly add to the administrative burden, I guess. The biggest issue by far is the speed and agility at which we can respond. The key question that I would ask is: for what benefit? Dr Gerrard and Dr Young before him stood up pretty much every day to explain the basis for decisions and what those decisions were. I would have to say that, in terms of outcomes, I would happily compare Queensland's outcomes with any jurisdiction in the world.

Mr BERKMAN: I have a quick follow-up question. I do accept your point. Press conferences are a very important part of communicating about the government's health response and having that kind of direct parliamentary oversight, which is a pretty fundamental part of how our democracy operates here in Queensland. Do you have a view on whether specifically that kind of transparency measure can help maintain public confidence in the government's response?

Dr Wakefield: My answer to that is that that is a matter for government. Obviously we would respond to whatever decisions the parliament made around that. In respect of all the policy decisions that are made I can say there is very clear objective scrutiny of those decisions internally, including human rights assessments, policy, explanatory notes and so on. As far as whether those are provided to the parliament directly or some sort of oversight committee, that is a matter for government. I can say that we have operated all of those decisions with appropriate due diligence.

Mr BERKMAN: I will move on to a broader question, if I might, Chair?

CHAIR: Member for Maiwar, can we ensure that the questions are not asking for political opinion or directed to the work of public servants, just in respect of the work that our public servants do.

Mr BERKMAN: Absolutely. I do want to turn briefly to the issue of vaccine mandates. These have obviously been hugely contentious. One of the concerns I have is that, in my experience in the electorate office, they have really hardened opposition to the broader health response in some important ways. I have seen that they have kind of armed reactionary organisations with arguments about government control. They have driven misinformation campaigns that I expect have broader health and social consequences. Are these factors that are taken into account when deciding to impose and maintain vaccine mandates?

Dr Gerrard: Yes. We look at the human rights aspect of the vaccine mandate so I guess in that sense we do take it into account. I do not know if we look at the broader political impact of vaccine mandates, but looking at the human rights aspect of vaccination mandate is something that we very actively take into account.

Mr BERKMAN: The Human Rights Commissioner has, at different points, indicated the commission's view more generally; that is, the health advice that is the basis of these decisions should be made publicly available. What is the substantive barrier to that happening?

Dr Wakefield: I am happy to answer that. That question is a question for government. I can tell you—as Dr Gerrard has told you—how we go about making decisions. Obviously, the agility and rapidity—certainly on the way up; it is slightly different on the way down—meant that we had to move very quickly and assimilate a lot of information very quickly. There is substantial documentation behind decisions and particularly all of the directions that have been made. If government decides there is some kind of mandate to publish, that is a decision for government. Again I would respectfully say that that is a matter for government and the committee to consider.

CHAIR: Do you have something to offer, Ms Stewart-Koster?

Ms Stewart-Koster: No, thank you.

Mr MARTIN: I have one question in relation to consultation. In the explanatory notes you referred to targeted consultation with key representative bodies to extend the powers. What were the outcomes of that consultation, if there is anything of particular interest, that you could enlighten the committee on?

Ms Stewart-Koster: I am happy to take that one. The consultation paper went out for a month over December to January. I believe there were 10 responses received. Most stakeholders were supportive of the extension, but one stakeholder did highlight the need for some balancing of the human rights considerations and whether there was a continuing need for the measures given that there is a high percentage of the population now vaccinated and the hospital system is coping, but that was generally the response.

Mr BENNETT: Dr Gerrard, with the success we have had from vaccination measures or mandates with over 90 per cent vaccinated, I put it to you, sir, that we are not discussing where to go next for the community. I have heard today some really interesting and very enlightening comments from yourself about masks being removed and now with this bill we have the flexibility to have them reinstated. I would argue that most Queenslanders do not understand that part of your statement today. It would be very helpful to have that information in the electoral offices when we are dealing with concerns and frustrations. As you said, there are a lot of people out there extremely frightened about the virus and what it means for them. Is there not an argument to say, 'The mask mandate is now over and we may have to jump back into that again, but wear a mask if you are feeling vulnerable'? Secondary to that, should we not be talking to the population now about a fourth booster?

Dr Gerrard: With regard to wearing a mask if you feel vulnerable, that is certainly the case—in fact, I wear a mask in crowded environments—even if you are not vulnerable. That is the message that I have attempted to send, absolutely. Of course, the whole community wearing masks, so both the person who potentially has COVID and the person who potentially acquires COVID, does offer better protection. As you would be aware, you can carry COVID-19 and not be aware you are carrying it. That is the main logic behind the mask mandate: you are putting masks on somebody who may transmit the virus without being aware of it. That double level of protection is superior to an individual wearing a mask. Wearing a mask to protect yourself is certainly of value.

With regard to the fourth dose, that is something that is being actively looked at nationally by ATAGI, which is the national body looking at vaccination coming into winter. They are deliberating on that at present.

Mr BENNETT: The other part of my question was about having such a high success rate with vaccination percentages in the high 90s. Is there a conversation that Queenslanders need to hear from yourself, sir, about what the next six months may look like? I do not know that many Queenslanders have heard what you have articulated to the committee, with all due respect, this afternoon.

Dr Gerrard: When we reach the next stage—and presumably I will be withdrawing any further mandates—then I will be talking about that in public. That would probably be the time when we would be doing that publicly, I think.

Mr BENNETT: That makes sense. I thank you for that.

Mr SKELTON: Following on from the member for Burnett's question, I do not think the general public realise the implication of having COVID in the community and then an upcoming winter with influenza coming back into the community, as you said, after two or three years absence. I am alluding to what the member for Burnett was saying: when will we start that messaging, getting that out there to the community?

Dr Gerrard: Yes, that is a good question. It is something that we in Health should be looking at in the coming weeks. In terms of public health generally, that certainly is something we should be looking at in the next weeks or months.

Mr SKELTON: We just do not hear that in the community at the moment. They are not forewarned, as it were.

Dr Gerrard: It is a little early, but, yes, your point is taken.

Mr KRAUSE: Dr Wakefield, I want to follow on from the question from the member for Maiwar. In relation to the health advice, you said that was a matter for government about whether or not that should be released. However, you are here as a witness for this bill which is asking that the powers around those mandates and, by extension, the health advice that backs them up is extended through the parliament. The committee has a right to ask these questions. I would ask you again: is there an issue with that health advice being provided to this committee for our examination of this bill? Why can it not be provided?

Dr Wakefield: As I have said—

Mr KRAUSE: It is not a matter for government, Dr Wakefield. It is relevant to this bill.

Dr Wakefield: Perhaps the question is: what information is the committee looking to access? It would be helpful to know what you are looking for.

Mr KRAUSE: It is in relation to particular settings where restrictions have been imposed on people's movements, on people's employment, on the ability of community groups and small businesses to run their businesses, all resulting from directives that will be empowered again under this bill. The people of Queensland would have greatly enhanced confidence if the health advice behind all of those things was released.

Dr Wakefield: That is a comment. As I have said before, respectfully, decisions about release of information in that regard are a matter for the minister and a matter for government.

CHAIR: Thank you, Dr Wakefield. Member for Scenic Rim, are you finished with your questioning?

Mr KRAUSE: I think the member for Maiwar has a question while I find another one.

CHAIR: We will turn to the government and then we will return to the member for Maiwar. Member for Nicklin?

Mr SKELTON: You mentioned earlier before the committee that it does cancel out some of the other parts of legislation. You alluded to them being institutional. There is talk about ending this and ending that. What are the triggers in the data that we are trying to find so we can say, 'We have reached that'? It is different for different things? I am not an epidemiologist, but presuming that there is some sort of data maybe somewhere in another jurisdiction about getting some sort of herd mentality, would that inform decisions around relaxations or the curtailing of emergency powers?

Dr Gerrard: At the moment, the main things we are looking at are hospitalisation rates. We are not expecting to eliminate or eradicate this virus. There is going to be ongoing transmission and we are expecting that; we are seeing cases in their thousands. That in and of itself is not unexpected and not of undue concern because most of the people who are acquiring the infection at the moment are vaccinated and the illness they are getting is mild. That is not of major concern. We will start to get concerned if we see hospitalisation rates rise. What we have seen in the last four weeks is that hospitalisation rates have been steadily falling every week. They are falling week on week, and that is very good news. Whether or not that continues is what is not clear.

One of the problems we have is that the whole world has experienced this Omicron wave almost simultaneously, so it is not like we can look to see what happened over there to give us some idea of what the next bit is going to look like. As I said before, we are heading into winter, so we are more likely to get a surge.

If you are asking what parameter am I most interested in in determining whether we go into further relaxation, it is probably hospitalisation rates. Case numbers will be important, too, because hospitalisation often conceals case numbers. It is particularly hospitalisation rates because lots of cases, if they are mild, are not a big problem, even if it is thousands of cases. If it is just a flu-like illness where no-one is hospitalised and the death rate is low, so that is not the issue. It is when hospitalisation starts to rise that we start to get concerned, and that is the sort of thing that would stop us from relaxing mandates or perhaps reimplementing mask mandates. I really hope that does not happen and probably it won't, but we do not know.

Dr Wakefield: To add to that, 13 December was essentially when the borders were opened and that was when we reached vaccine thresholds. To that point over the two years we had around 2,000 cases. It is worth noting that in a very short time since then we have had the first peak. These epidemics or pandemics often have multiple peaks where, as Dr Gerrard said, over half a million known cases could well be doubled or whatever in terms of the unknown. It is very early days. I think it is great that we have had this rapid peak and we have gone from almost 1,000 hospitalisations down to less than 300.

I think one of the concerns that we have, and maybe it comes from some of the messaging that members have talked about, is that it is not like this is done, dusted and gone. That is one of the things that we need to be very careful and cautious of.

In respect of business, for example, the strategies that we have put in place are economically—as the Treasurer has said, Queensland is $12 billion better off than other eastern seaboard states. We have had 21 days of lockdown compared to months and months. I think we need to bear that in mind in terms of it always being a trade-off, it always being a balancing act. But it would be a mistake to think that it is done; that we are out of here. It is too early, as Dr Gerrard has said, and I think we need to proceed with cautious optimism. I think that is what this is all about. There is no rule book for the future. Omicron could give way to other variants and so on. We need to proceed with some level of caution. I think if we get to winter and things are okay, I would assume—although it is not my call—that that would give a lot more optimism to then really move to that next level. I would hesitate to give any sense to the community that we are done. That is not the case at this stage.

Mr BERKMAN: In the time that we have left, I want to flesh out briefly the process of deliberation and decision-making around the exercise of the powers extended by the bill. I accept, and I think we would all agree as a broad proposition, that these decisions are based on health advice and that is why we have seen the extraordinary success that we have in Queensland. For clarity, Dr Gerrard, would you agree that there are necessarily other factors that weigh into this decision-making—for example, something as quantifiable as resource constraints, like hospital capacity numbers of beds, or something as broad as the risk appetite of the decision-maker? There are certainly other factors involved; is that fair?

Dr Gerrard: I guess so. Particularly when it comes to withdrawing measures, there is a degree of risk there. I can maintain Queensland perfectly safe by having everyone wear masks, not go out, lock down the state, and that would be very effective. Any measure that we withdraw entails some

degree of risk. Yes, I would say that the risk appetite is there. I believe that we do have to take some degree of risk, and we have taken that. By removing the mask mandate, there is some risk. There are those—and I have said it before—who said that that was a very risky undertaking. I do not believe so. I think it was the right decision. Yes, I acknowledge what you say.

Mr BERKMAN: One specific example is the decision around ending the use of the Check In Queensland app. I ask this question because I am very interested in the inevitable politics of the decision-making—and I use lower-case p, 'politics'. That was a decision that was made hot on the heels of political calls to end the use of the app. My particular interest is in transparency around these decisions. Would you agree that there is an inevitable political element in some of the decisions that are made in exercising these powers?

CHAIR: Member for Maiwar, I think what you are asking of the public servants is not within the standing orders.

Mr BERKMAN: Chair, I would dispute that.

CHAIR: I think you need to focus on the decision-making that has occurred around the health advice rather than—even your first question was bordering on decision-making by government.

Mr BERKMAN: Chair, just to be clear: I am asking specifically about the factors that weigh on decision-making around the exercise of the powers extended by this bill. If that was not clear, then I would seek to clarify that.

CHAIR: I give our public servants the due respect of suggesting that should you not wish to answer the question because you do not feel comfortable in answering it as you may believe it is one of a political nature, then by all means you are able to exercise that position.

Dr Wakefield: If I may, through the chair—

Mr BERKMAN: Chair, if you feel the question is out of order, you could rule it out of order.

CHAIR: I am sorry, member for Maiwar. Dr Wakefield?

Dr Wakefield: I understand what the member for Maiwar is asking. We will not, as public servants, provide opinions. I do not think it is our job to provide opinions to the committee. What I would say, though—and I think this goes to the question—is that public health decisions have to take into account the community behaviour, the group behaviour, of segments of the community or the community. As such, they do have to take into account those issues that influence the behaviour of the community. Clearly that is what public health is. Those are indeed considerations that are made by the department and obviously considered by the Chief Health Officer. Obviously in terms of asking us whether we have an opinion about whether political decision-making influences that, I think it is not a question that we would seek to respond to. I think that is a question for the ministers and government.

Mr BERKMAN: I appreciate the answer, thank you, Doctor.

CHAIR: Member for Maiwar, do you have another question pertinent to the work of our public servants?

Mr BERKMAN: Along the same lines, to get really granular, on the decision to end the use of the Check In Queensland app, precisely whose decision was that and what advice was it based on? Is that written advice that exists or is it some other type of advice?

Dr Wakefield: The decisions to make a direction by the CHO are CHO decisions. Again, no chief health officer sits on their own in a room. In the end, the Chief Health Officer sources information from a wide range of sources for any decision that is made. The extent that a decision was made around the Check In app, there of course was consideration of a whole range of factors, including in respect of my last point: the public behaviour and particularly the association of public behaviour in the context of mandatory vaccination for venues that we have talked about earlier in the meeting. Those factors are important. They go to public behaviour and public health. All of those decisions take into account a range of information, including the impact of public behaviour and community sentiment. It is important.

CHAIR: Thank you, Dr Wakefield. It being past 4.30 pm—we know that you all have other meetings to go to—it would be disrespectful of us to keep you longer than this. I thank you for your time today. I thank you for the sentiment in which you answered the questions of the committee. It is important that the opposition are given time to question you as public servants, and we do appreciate your support there in relation to the work that you do. I also thank you for your time this afternoon and for your attendance today. The committee very much appreciates the leadership that you continue to provide Queenslanders.

Thank you to our Hansard reporters. A transcript of these proceedings will be available on the committee's parliamentary web page in due course. I now declare this public briefing closed.

The committee adjourned at 4.35 pm.