

# **PORTFOLIO COMMITTEE NO. 2 – HEALTH**

**Thursday, 12 March 2020**

**Examination of proposed expenditure for the portfolio area**

**HEALTH AND MEDICAL RESEARCH**

**UNCORRECTED**

**The Committee met at 9:30 am**

## **MEMBERS**

The Hon. Greg Donnelly (Chair)  
The Hon. Lou Amato  
Ms Cate Faehrmann  
The Hon. Wes Fang  
The Hon. Courtney Houssos  
The Hon. Emma Hurst (Deputy Chair)  
The Hon. Natasha Maclaren-Jones  
The Hon. Walt Secord

## **PRESENT**

**The Hon. Brad Hazzard**, *Minister for Health and Medical Research*

## **CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS**

**Corrections should be marked on a photocopy of the proof and forwarded to:**

**Budget Estimates secretariat  
Room 812  
Parliament House  
Macquarie Street  
SYDNEY NSW 2000**



**The CHAIR:** Welcome to the public hearing for the inquiry into budget estimates 2019-2020, further hearings. Before I commence I would like to acknowledge the Gadigal people, who are the traditional custodians of this land. I would also like to pay respects to the Elders past and present of the Eora nation and extend that respect to other Aboriginals present, who may join us today or may be joining us on the internet. I welcome, in particular, Minister Hazzard and the accompanying officials to the hearing. Today the Committee will examine the proposed expenditure for the portfolio areas of Health and Medical Research.

Today's hearing is open to the public and is being broadcast live via the Parliament's website. In accordance with the broadcasting guidelines, while members of the media may film or record Committee members and witnesses, people in the public gallery should not be the primary focus of any filming or photography. I would also remind media representatives that you must take responsibility for what you publish about the Committee's proceedings today. The guidelines for the broadcast of proceedings are available from the Committee secretariat. All witnesses in budget estimates hearings have a right to procedural fairness according to the procedural fairness resolution adopted by the House in 2018. There may be some questions that a witness could only answer if they had more time or with certain documents to hand. In these circumstances, witnesses are advised that they can take a question on notice and provide an answer within 21 days.

Any messages from advisers or members of staff seated in the public gallery should be delivered through the Committee secretariat. Minister, I remind you and other officials accompanying you that you are free to pass notes and refer directly to your advisers seated at the table behind you. Transcripts of this hearing will be available on the web as soon as possible. Finally, please everyone check that their mobile phones are set on silent for the duration of the hearing. With respect to witnesses, all witnesses from departments, statutory bodies or corporations will be sworn prior to giving evidence. Minister Hazzard, I remind you that you do not need to be sworn as you have already sworn an oath of office as a member of Parliament. I would also like to remind the following witnesses that you do not need to be sworn as you have been sworn at an earlier budget estimates hearing for this Committee: Dr Chant, Ms Koff, Ms Pearce, Mr Minns, Dr Lyons and Mr Hunter. This therefore means that Ms Dawson and Ms Wark are the two who need to be sworn in today, so we will do that.

**REBECCA WARK**, Chief Executive Officer, Health Infrastructure, NSW Health, affirmed and examined

**SUSAN DAWSON**, NSW Health Care Complaints Commissioner, affirmed and examined

**PHIL MINNS**, Deputy Secretary, People, Culture and Governance, NSW Health, on former oath

**SUSAN PEARCE**, Deputy Secretary, Patient Experience and System Performance Division, NSW Health, on former oath

**KERRY CHANT**, Chief Health Officer and Deputy Secretary, Population and Public Health, NSW Health, on former oath

**ELIZABETH KOFF**, Secretary, NSW Health, on former oath

**DR NIGEL LYONS**, Deputy Secretary, Health System Strategy and Planning, NSW Health, on former oath

**DANIEL HUNTER**, Deputy Secretary, Finance and Asset Management and Chief Financial Officer, NSW Health, on former oath

**The CHAIR:** With respect to the proceedings today in terms of the time, the hearing today has commenced and will proceed through to 12 noon with the Minister and departmental witnesses, but the Committee has noted and has agreed to Dr Chant's request to leave at 11.00 a.m. A need to leave earlier will be favourably taken into account. May I say, Minister, if there is some urgent matter that arises over the course of this morning, please immediately draw it to our attention and we will give you favourable consideration.

**Mr BRAD HAZZARD:** Thank you.

**The CHAIR:** I would like to acknowledge up-front the challenging work that is being done and the excellent work that is being done on behalf of the State by yourself and the Department of Health, and I wish you very well in this big challenge before us. As I said, we will be favourably considering any requests this morning.

**Mr BRAD HAZZARD:** I thank the Committee for that. Thank you.

**The CHAIR:** We will now move to the questioning and we will commence with the Opposition, the crossbench, and we will rotate on that basis as we proceed over the course of this morning. There are two crossbench members here from Animal Justice and The Greens. The Government members, as we understand, are not intending to question over the course of the morning. With that, I will pass over the first questions to the Opposition.

**The Hon. WALT SECORD:** Health Minister, Director General, Chief Health Officer, senior ministerial and departmental staff, thank you for attending today session. We acknowledge you are very busy and in that spirit we will try to keep this as focused as possible. Make no mistake, these are exceptional times and exceptional circumstances, and I note that the World Health Organization has overnight upgraded COVID-19 from epidemic to pandemic. I also acknowledge that we have one parliamentary colleague, an MP, in self-isolation as per the Parliament's official instructions due to his contact with a staff member who has shown suspected symptoms.

Let me say from the outset that you have the Labor Opposition's full bipartisan support as you work to protect our communities. As you would be aware, we immediately agreed to the 4 March request to release the Chief Health Officer, Dr Kerry Chant, from budget estimates so she could continue to lead. But she has decided to appear, so we welcome and acknowledge your precious time. However, if you have to leave at any point, please do so. I also acknowledge that we have agreed to a half-day budget estimates. Therefore, this will be a highly unusual budget estimates session for Health. We will raise issues in a collaborative and constructive manner. But as the State's house of review, we have an important scrutiny role of executive government for New South Wales communities and that does not diminish at this time.

Truly this is a case of all hands on deck. For the record, the current events remind me of the 1998 cryptosporidium Sydney water contamination. The then Premier and the relevant Minister held repeated press conferences and briefings for the community. They were straightforward, straight up and when they did not have answers to questions about public safety, they admitted so. I trust and I hope that the Berejiklian Government takes the same approach. The Sydney water crisis taught us about the need for a clear and seamless flow of information and I recognise that you will not have all the answers to our questions today. That is understandable and we acknowledge and understand that.

However, when things settle and COVID-19 passes, we will post-assess and capture learnings from the process. We will do that and I pledge also to work in a bipartisan manner when that occurs. Finally, I acknowledge health Minister Brad Hazzard and the Chief Health Officer—you have been very hands on and accessible to the

community. Once again, thank you for attending and I will now open with questions. What does the upgrading last night from epidemic to pandemic mean to New South Wales and to Australia?

**Mr BRAD HAZZARD:** Thank you, Mr Secord, for your question. The upgrading by the World Health Organization to pandemic level obviously sends a message to jurisdictions across the world that perhaps might have had a different view or a different approach to what Australia has had. I have to acknowledge that the work that has been done, first of all, by Dr Kerry Chant but also her team and the Health team here in New South Wales has been extraordinary. I think that the work around the country, though, by Liberal and Labor governments has also been extraordinary. They have all worked together. The particular approach of New South Wales right from the get-go has been on the basis that we will treat this as if it is a pandemic, notwithstanding the fact that the World Health Organisation [WHO] has taken a certain amount of time to determine that it is a pandemic. Every day at two o'clock there is a formal meeting that occurs between each of the chief medical officers and their teams around the country—Australian Health Protection Principal Committee [AHPPC]. It is led by Professor Brendan Murphy. Each one of those teams has been collaborative and working as if it is a pandemic.

I know as late as yesterday the Labor Government in Western Australia—the Premier and the health Minister, Roger Cook, were talking about the fact that they have been operating on the basis of pandemic. They have upgraded their pandemic plan because there is was a little older than some, but still their team has been working extremely well. Steven Miles from Queensland—the Labor Minister there—has been doing an extraordinarily good job; Jenny Mikakos in Victoria, the Labor Minister there—extraordinarily good job; Stephen Wade in South Australia; the Tasmanians have been working on it. I think everybody has actually been working on, if you like, a pandemic level.

Having said that, New South Wales has certainly been at the forefront. Everybody knows that New South Wales is generally the gateway to the rest of Australia so you would expect, no matter what is going, on that we would be leading in terms of the people who are coming into Australia, particularly in the early stages—back in middle to late January. We had just four cases in that first couple of weeks and they were all from China. The next step was people coming from Iran, then South Korea and now, of course, Europe. The latest iterations of our figures are showing that we have got quite an increase in people coming from the United States of America. So I would stress that—Dr Chant, I am sure, would confirm this if there are other questions in due course—that every moment, every hour, every day at the moment, or every day, every hour, every moment is different.

I would certainly be encouraging the community to listen to up-to-date messages because this is one of the greatest challenges that our country has faced for decades. We need to be listening to the professionals who are leading us in this, and that is primarily the Federal Government with each of the chief health officers around the country. I am satisfied that people are being kept as safe as possible. It is not a time for anything other than calm listening and calm responding. We seem to be doing well but if we think back—I do not have the immediate number to hand, but I think maybe a week and a half ago we were only at about nine or 10 cases. In that week and a half we have jumped to 77 and last night, or in the past 24 hours, we have had the single biggest increase at all in the entire period. I think it has gone up by 16 cases just over the past 24 hours.

**Ms CATE FAEHRMANN:** Nationally, Minister?

**Mr BRAD HAZZARD:** No, New South Wales. Of those 16, when you break that down further, it also has a message for the community because 44 per cent—as I said to you at the start there, Mr Secord, in the first few weeks it was really people coming in from overseas. But now we have reached the stage where 44 per cent are from overseas but 42 per cent are transmitted here on New South Wales soil.

**The Hon. WALT SECORD:** Person to person?

**Mr BRAD HAZZARD:** Person-to-person transmission.

**Dr CHANT:** I could probably clarify. I think, Minister, you were reflecting—there are probably three groups.

**Mr BRAD HAZZARD:** I was about to come to the three groups but you can do that. Dr Chant is enthusiastically wanting to answer and I think, as the Minister, I will show due respect to Dr Chant. There is another small group of about four people who are in a transition.

**Dr CHANT:** I suppose the way most usefully for the public to be kept informed, and we will be segmenting this data on our website so that this community is kept—not all cases pose an ongoing risk. Obviously, if we have got travellers and they are heeding our advice, they are self-isolating and they do the right thing and get testing, those individuals—obviously, we want to get them detected and we want to then identify close contacts and then isolate those and prevent ongoing transmission. So that group, we continue. As we are a global entry

point for the world, we would expect to be seeing increasing case numbers. Mr Secord, if we were not seeing increased cases amongst travellers, that indicates that we have got blockages or people are not coming forward to testing.

The next group is where we have got contacts of cases. We know that the greatest risk is going to be amongst close contacts, and this is particularly family members. The policy is that if you have got a confirmed case, we interview you and we identify all your close contacts according to a national guidance document. Those individuals are put in isolation and we check with them daily. If they get any symptoms, we test them. So, again, that group does not—it concerns me that anyone is getting COVID-19, but that group does not present a risk of ongoing transmission because they have actually been identified and isolated.

The group that does cause me concern is the group where we do not actually have any epidemiological links. So it is a person in the community who has not travelled overseas and who is not a contact of a known case. We then need to investigate that case to identify whether there are any yet unknown linkages—whether they have had a friend in common or there have been any linkages. That work is painstaking and it commences immediately, but for some cases we will not identify a source person. That means that someone has been missed in the community who has had the disease and then could have on-transmitted. We know from the modelling exercises that we will never get 100 per cent identification.

I think why, from an early stage—and if you go back and listen to the press conferences I gave, I have been segueing to the fact that we are going to be challenged with containing this virus. Some of the characteristics of this virus that make it very difficult to contain are its mildness. I suspect what has happened in many countries overseas is—mildness for 80 per cent of the population; 20 per cent severe. But because it can present with such mild illness, people are not seeking testing or seeking health care. It then presents when you suddenly have case reports of deaths in those facilities. Then, when you go back, there was probably quite a lot of community transmission because by the time you are reporting deaths, it represents a much broader transmission in the community.

**The Hon. WALT SECORD:** You talk about this third group of unknown linkages.

**Dr CHANT:** Yes.

**The Hon. WALT SECORD:** How big is that group?

**Dr CHANT:** Apart from last night—and I have got to say that the pathology tests are come coming in at every point in the hour. Many of the runs are coming in at eight o'clock, nine o'clock and then into 11 o'clock till midnight. We have to then, obviously, contact people and assess them. So the information I am giving is preliminary. We are updating the community at 12 o'clock and, as I said, we will be updating our website to more tease out these different categories because they mean different things. In terms of the other cases, we have a cluster of cases that are linked between the nursing home—the Dorothy Henderson Lodge at Macquarie Park—and how that person acquired their infection. We are still trying to track down what the source for that is, but there are linkages between that group, the Ryde Hospital and also a defence link. So there is actually a link: family links and connections and links into the two schools—the children that go to the schools. So, as I said, it is a web of contact tracing where we are isolating contacts and finding those linkages. I suspect we will not find the source case in most, but we are doing our best investigative endeavours because what we want to do is make sure there are not paths of spread that we have not closed down.

**The Hon. WALT SECORD:** Dr Chant, if you were to describe the current situation as a wave or a cycle, where are we? Are we at the peak? Are we before—

**Dr CHANT:** No, nowhere near the peak, Mr Secord. We are early. We have got early evidence of limited community transmission. Now is the time where we are continuing our endeavours to contact trace, isolate cases and get our messaging out to returning overseas travellers around their risk and the actions they need to take, as well as considering a range of other measures.

**Mr BRAD HAZZARD:** The Federal Chief Health Officer made the point when he was asked that only yesterday that we are not quite sure whether this is going to be eight weeks, 14 weeks, it is just not certain. But depending on how Dr Chant and the other health teams around the country manage to isolate and know people—and that is very challenging—we could be facing basically a different topography. With the work that is being done, we are aiming to flatten it out so there is least impact on the health system. But if that does not work, then we are looking at a peak which is much higher and that puts enormous pressure on the entire Australian health system. That could be another six to eight weeks. Yes, we have a challenge.

**The Hon. WALT SECORD:** Dr Chant, in your previous answer you referred to people coming from the United States and other international visitors or people returning.

**Dr CHANT:** Our guidance, Mr Secord, is anyone who is returning from overseas. That reflects the fact that we are just seeing an increasing burden. Just because a country is not reporting a disease does not mean it is not there because if you are not testing you do not find.

**Mr BRAD HAZZARD:** Anybody coming in from overseas?

**Dr CHANT:** Health officials look at the data in a couple of different ways. We look at those that are reporting cases but we also look at how much testing is going on in those countries.

**The Hon. WALT SECORD:** I will give a personal example: My brother-in-law is a businessman in Berlin. He has companies in Eastern Europe. His flight arrived in Kiev this morning and he sent footage to me. When the plane landed they took the temperature of every single passenger. He showed me the footage. They just went from passenger to passenger. Is that a worthwhile exercise and are we looking at things like that?

**Dr CHANT:** For high-risk countries there has been border screening in place at the airport and we have been working with our colleagues in Border Force to support deployment of health teams to Sydney Airport. We have a protocol whereby the border security go onto high-risk planes. Initially that was China and it has changed to the other countries. Those people that have had a temperature or are unwell go onto the health team. We have also been undertaking testing. We have released publicly how many tests we have done on returning travellers. It is important to recognise that that is not foolproof in any way. There is an incubation period of up to 14 days that has currently been there, so the reality is that people have to be prudent for that 14 days. That is the basis of the self-isolation provisions for those that have come back from the high-risk countries, which Italy has been recently added to. So anyone returning from 6.00 p.m. last night will be requested to be in self-isolation for 14 days after returning from Italy.

**The Hon. WALT SECORD:** There was some discussion yesterday and a bit this morning about social distancing measures. Are we looking at social distancing measures in New South Wales and what do they mean?

**Dr CHANT:** Currently anybody returning from overseas is recommended to socially distance. I will go through what that actually means. Just to be clear, people who have come from the high-risk countries—and they will be provided advice at the border—but there is a list of high-risk countries on the Commonwealth website. That gets changed but it contains China, Italy, Iran and South Korea. For those countries that are considered to be high risk and for those you have to self-isolate, the basis of the self-isolation provisions is because of this concern that you might be infectious just before you get symptom onset because that is the whole premise of self-isolation.

For the rest of people coming from any country overseas, we are asking you to be vigilant for signs and symptoms, immediately get a test if you have even mild disease and what we call social distancing. Social distancing means separating yourself from other people as much as possible when you are in public places; avoiding crowded places, practically you should attempt to keep it distance of 1.5 metres between yourself and others; avoid crowds and mass gatherings where it is difficult to keep the appropriate distance away from others; avoid small gatherings and enclosed spaces, for example, family celebrations; avoid shaking hands; avoid visiting vulnerable people such as those in aged care facilities or hospitals. We would not want a recently returned overseas traveller from anywhere visiting hospitals or going into our facilities. The risk to our patients is too great.

**The Hon. WALT SECORD:** You talked about large gatherings. Earlier in the week we had a discussion with the arts Minister about Opera in the Domain, the Sydney Opera House, the Sydney Film Festival where there would be gatherings of 2,000 people. I read overnight that Israel has now advised that you should not be involved in gatherings of more than 100 people. Italy and Switzerland before developments had rules on gatherings of 1,000. What is the New South Wales Government's advice?

**Mr BRAD HAZZARD:** Can I just stress before Dr Chant answers at the medical level, as I said at the outset when you asked the first question, this is really changing daily, hourly, momentarily. Dr Chant, as the situation is changing, is considering all of those issues. But in specific terms in regard to the gatherings you are talking about, obviously that is something that is under constant review right now.

**Dr CHANT:** The Australian Health Protection Principle Committee considered this and I am happy to forward the statement that they made earlier in the week. Earlier in the week they indicated that the cancellation of public gatherings and mass gatherings was not considered given where we were at that day but also noted the situation is continuing to evolve and has to be considered. So I am happy to circulate that advice. Clearly, even the information overnight, where yesterday we saw some cases of local transmission changes, what we know



about the disease spread. We have to reflect on those. We have daily meetings. Also the Communicable Disease Network Australia is developing a principles document that would give you some understanding.

It is also important that the evidence around the intent of actions to deal with mass gatherings or public gatherings has different effects when early as opposed to later on. If you have a lot of community transmission, the aim of reducing mass gatherings is to flatten the curve, as the Minister said, whereas very early on it might have a role in preventing seeding transmission. Again there has been extensive evidence reviews. I think you made a very valid point that after every event we learn lots of things. After swine flu in 2009 we have learnt lots of things and there has been lots of evidence reviews, improved enhanced modelling that can inform our public health response consequent of the learnings from 2009.

**Ms CATE FAEHRMANN:** I echo Mr Walt Secord's views in terms of all of you being here this morning. Thank you for all of the work you are doing during this incredibly stressful time for everyone. I wanted to get a sense of how many additional beds both in terms of hospital beds as well as intensive care beds the Government is planning for in terms of worst-case scenario?

**Dr CHANT:** Currently there is a lot of modelling done, as we have indicated. We will be working with the community and everyone to flatten the epidemic curve so that at no point we exceed health system capacity. We have asked our emergency departments to plan for a significantly increased burden of presentations that may be occurring concurrently with influenza season. We have currently asked our system to plan for a doubling of intensive care unit [ICU] capacity, which also includes a doubling of ventilator capacity. We continue to review the modelling and the information coming out of countries such as Korea and other countries because, as you are aware, the mortality estimates differ very much depending on the country and the need for intensive care. All of those learnings will influence further, but as our initial tranche we have said double ICU capacity and double ventilator capacity.

**Mr BRAD HAZZARD:** But that is evolving, Ms Faehrmann. We are really just not sure at this stage. There are a whole lot of things being done with the 15 local health districts. Keeping in mind that most of the cases so far are primarily centred in Sydney, Health have had—and I have been on it as well—15 local health district chief executives, ambulance and all the other pillars in Health talking about how we actually build capacity and divert people, for example, out of the emergency departments. Some of the hospitals—Royal Prince Alfred [RPA], Randwick, Northern Beaches—have already established different pathways. The latest advice, just picking Northern Beaches, was about 50 or 60 people taken out of the emergency department and located through a separate pathway. The Federal Government has announced plans to have 100 different pathways of respiratory clinics to try to divert people.

All that will work really well in the sense that as things go up and as we reduce perhaps the level of the point where you actually have to have a test—and we are likely to reduce that the way things are going at the moment. Up until now it has been if you have come from overseas or been in touch with somebody who has got COVID-19 you are one of the people who should be tested through the pathology. We are now likely to be moving towards lowering that a bit in due course, but not yet, so there will be more people probably being tested. All those things are being done to try and, if you like, relieve the impact on the hospitals—as you were talking about before, flattening out the need for a lot of immediate responses. Preparing for the worst but hoping for the best is the old saying.

**Ms CATE FAEHRMANN:** Preparing for the worst is, the epidemiologists have said, that 10 per cent, 15 per cent of people who get the virus—and of course they are suggesting 50 per cent, 70 per cent of the population could get the virus—and then of the people who get the virus 15 per cent hospitalised, roughly. Are those the figures you are working on and then 5 per cent in intensive care? What statistics are you using for New South Wales?

**Dr CHANT:** Just to be clear, there are different numbers going around. One of the explanations for why, for instance, some countries have higher mortality rates is it is who has actually been infected and how many people have actually had the disease. Up to this time we have not actually had a serological marker. Normally we use serology in the community to find out how many people have been infected. We had this same issue with H1N1. When we first observed the issue in 2009 coming out of Mexico there were very high death rates reported, but what was actually happening is at the time there had been a wider community transmission of the virus that had not been detected and then going back those mortality rates had to be adjusted. We are taking the best evidence around the inputs around things like the proportion—we were anticipating sort of 20 per cent of the population in the first wave to be infected. We can share other data about the inputs to it. What is also very important, and I think very important for the public, is to know the key driver for this, which is the R0. The R0 value is how many people one person transmits it to. Currently the thinking is that the R0 for this virus is around 2.68.

**Mr BRAD HAZZARD:** So each person infects 2.68 people.

**Dr CHANT:** Infects 2.68 people on average. If you can actually modify that through your measures—so things like contact tracing, and you do not need to have everyone—the data suggests that you can actually get a 25 per cent or 50 per cent flattening of the number of people, the curve, by just doing those measures of isolating contacts and continuing to quarantine close contacts, isolating cases and quarantining close contacts. Similarly things like social distancing and behaviour change—if people are actually washing their hands. We are planning across the nation prudently for a significant impact.

**Ms CATE FAEHRMANN:** Sorry, I have only got 10 minutes and that was very useful. If you are planning for 20 per cent of the New South Wales population, that is still one and a half million people.

**Dr CHANT:** Some of those people will get clinical illness and other clinical illness. I suppose—

**Ms CATE FAEHRMANN:** What percentage of those one half million people do you think will be hospitalised and then would require intensive care? If we are operating on say 5 per cent of the one and a half million people that could get infected in New South Wales that is still, I think, roughly 75,000 people who will need intensive care beds. It is still 250,000 additional people who will need to be hospitalised potentially over this winter. Is that correct? That is based on 20 per cent.

**Dr CHANT:** Yes, but it is not quite like the 20 per cent. So 20 per cent of the population is affected; then you have a clinical attack rate, which is that portion of the population—

**Ms CATE FAEHRMANN:** What percentage is that?

**Dr CHANT:** I am happy to provide that data—

**Ms CATE FAEHRMANN:** Dr Chant, as NSW Chief Medical Officer you would be working on a statistic—

**Mr BRAD HAZZARD:** Ms Faehrmann, we are dealing with the NSW Chief Medical Officer and she is actually trying to lead all of New South Wales. There is no desire to give you anything other than the facts. Please keep the tone respectful—

**Ms CATE FAEHRMANN:** But I am sure you are working on statistics—

**Dr CHANT:** Ms Faehrmann, what we are working on—and I can get you the slides in terms of the numbers—

**Ms CATE FAEHRMANN:** The question is just how prepared in terms of additional beds—

**The Hon. WES FANG:** Point of order—

**Dr CHANT:** We are anticipating that the first stage of planning for this is doubling. We have already done extensive planning and preparation for a pandemic in terms of critical care. If you look, I am really proud of the work that critical care groups have done. In 2009 we were the first ones to have validated tools for scale up. At the moment we have asked the system to go for two times, including increasing ventilator capacity for twice that. They are some of the actions that we can take. Every day our intensive care unit [ICU] capacity is filled with potentially people who may need surgery. There are obviously strategies where we can turn that off for a short period of time to free up beds.

There is also a time where we can use and surge into our perioperative areas and turn them into ICUs. We have given a target at the moment and we are currently reviewing their plans. Ms Pearce is actively reviewing the plans. The first target we have said is go away and do your plans for a doubling of your ICU capacity and a doubling of your ventilator capacity. We will work and ensure that the districts have capacity for that and then we will reflect and keep doing the modelling to indicate with the best—so there are modellers across the nation who are working with countries in the Centers for Disease Control [CDC], the US and Europe to form those estimates. We think doubling is prudent in the first stage, but if we have to do more—

**Ms CATE FAEHRMANN:** Exactly, so a doubling—the World Health Organization has just declared it a pandemic overnight. If two weeks down the track you work out you have to quadruple your ventilators and quadruple your beds is the money there to do that and are the ventilators there to quadruple the number of ventilators in New South Wales, for example?

**Dr CHANT:** There has been extensive planning. I can say that we are thinking that the first tranche of planning around this—the first thing you do with this is that there was always a concern right at the beginning that this virus may have been difficult to control because of its characteristics. The planning for this has

commenced well before, because that is about a prudent approach to actually responding to these issues. We will be clearly seeing that there are plans in place to absolutely double. We have looked at workforce strategies of retraining staff. None of this is going to be easy.

**Ms CATE FAEHRMANN:** Of course.

**Dr CHANT:** I have got to say that our workforce has been really engaged in this. We are also grappling with some quite complex clinical issues about optimum management and other clinical things, as well as looking at what drugs we are going to use. There is a lot of work going on in order to make sure that we can deliver the highest services we can. But we think doubling is the prudent approach now and if we need to do further we will. There is a range of strategies we need to put in place.

**The CHAIR:** Ms Pearce, did you have something to add?

**Ms PEARCE:** No, thank you.

**The Hon. EMMA HURST:** I have just got a couple of questions about antimicrobial resistance [AMR] in relation to the coronavirus and whether that will be affecting it. Antimicrobial resistance was described by the Australian Government as one of the biggest threats to human and animal health today. Minister, I know we talked a little bit about AMR in the last budget estimates. Is the Government or NSW Health doing anything to address AMR, particularly in relation to the large number of antibiotics in animal farming?

**Mr BRAD HAZZARD:** Having in mind that I gave you the answer the best that I could last time, I will pass to Dr Chant and maybe she can broaden it.

**Dr CHANT:** I suppose, to go back, that coronavirus—I am sorry, I know you know this, but just for Hansard—is a virus and so currently we do not know the efficacy of any antivirals against it. Currently that is the subject of a number of clinical trials in China; clearly they were impacted first. The outcomes of those clinical trials are due to report in the next couple of weeks. One of the key issues is that we would not want people to be treated with antibiotics if they have actually got COVID-19. There will be some people who have COVID-19 who can have secondary bacterial infections. I think the prudent use of antibiotics in the treatment of patients is a key focus of our health system to make sure that antibiotics are used prudently and according to the evidence. In terms of your issues around antibiotic use in the animal system, the NSW Food Authority, which sits within the Primary Industries portfolio, has remit for those issues. Obviously Health engages very much in a One Health dimension with the Department of Primary Industries [DPI]. In terms of the coronavirus, the main issue for us is making sure patients are diagnosed and not unnecessarily prescribed antibiotics.

**The Hon. EMMA HURST:** Is there much research being done here in New South Wales into the coronavirus and medication for it?

**Mr BRAD HAZZARD:** It was first identified by the Doherty Institute. We should acknowledge that Victorians have done some good work.

**Ms CATE FAEHRMANN:** There is good money going into medical research there.

**Mr BRAD HAZZARD:** In here too actually, there is quite a lot. The genomics are actually the challenge. Sorry, Dr Chant, continue.

**Dr CHANT:** So, pleasingly, we have invested in our infectious disease capability, particularly at the Westmead site at the Institute of Clinical Pathology and Medical Research [ICPMR]. I commend that group for their hard work in standing up the testing. You have probably seen the international challenges with the testing so it is pleasing to see that we have high-quality, reliable tests across Australia. They have also shared and sequenced. They have grown and isolated the virus, and that has been important in supporting potentially vaccine development in Australia.

**Mr BRAD HAZZARD:** That was at Westmead too.

**Dr CHANT:** At Westmead. Also they have gene sequenced the virus because that is important in understanding the variability—that is, changes—in the virus. What is really pleasing in this area, more so than anything else, has been how rapidly information is shared. Those sequences are posted in almost real-time so that other researchers across the globe can look at that and investigate it. In terms of clinical trials, we will be waiting for the outcomes for some of the clinical trials coming out of China and assessing that. Clearly, we are keen on setting up clinical trials so we can rapidly learn what are the best therapies based on the best evidence at this time.

Our researchers are also reaching out to a number of international places and looking at whether there is any investigational drugs or other drugs that we want to be part of clinical trials. So the Australian community

should understand that our clinicians are already thinking about should we have a large number of unwell patients, what would be the best clinical treatment, how we can enrol them in trials and what drugs might we like to use on them.

**The Hon. EMMA HURST:** With that research being done at Westmead and elsewhere in New South Wales, are they animal-based models?

**Dr CHANT:** No. The genome sequencing is they have been— because Westmead has been the site where we have initially had the cases referred to they have actually got a large number of the patients. So they have been isolating the virus from the patients that have been diagnosed. That is where they have got the gene sequencing.

**The Hon. EMMA HURST:** What procedures are they using to develop vaccines? Are they using cell-based research?

**Dr CHANT:** They are not necessarily the vaccine developers. Having the virus and sharing the virus sequences is very important for vaccine as well as some validation and creating validation tests for laboratory testing. So as we upscale testing they can share the virus isolates and in quality assurance [QA] programs through pathology. So their work has been very important but it is part of an ecosystem of research to support us getting a vaccine.

**The Hon. EMMA HURST:** Is it just Westmead that is doing that work in New South Wales?

**Dr CHANT:** There is a network of researchers. We have just engaged with the National Centre for Immunisation Research and Surveillance [NCIRS] to answer some questions around children. So we are also interested in knowing how children—

**Mr BRAD HAZZARD:** Why it does not seem to affect them.

**Dr CHANT:** Children seem to have milder disease and we know they are getting infected. The fundamental question we need to understand is how infectious they are? They are getting the disease but are they actually transmitting it? This is a pivotal question for us because in our day-to-day society we have many times where young children come into contact with elder parents or grandparents. It is very important that we have that piece of information. So we are looking at how to collect that information. We have a very collaborative environment about thinking what are the driving public health questions we need to answer—all clinical questions—and how can we work together with our colleagues in the professional colleges such as the Australia and New Zealand Intensive Care Society [ANZICS] and others to answer these questions.

**The Hon. EMMA HURST:** With some of those other networks, are you aware of any animal-based models being used or is that not information that you have?

**Dr CHANT:** That is not information that I have collected. In vaccine development, there are sometimes steps where animal models are created for vaccine development. I am not familiar with that but there are Australian universities that are attempting to develop vaccines. As a public health practitioner, I really appreciate that a vaccine would be very welcome in adding to our response to coronavirus.

**The Hon. EMMA HURST:** It has been reported in the media that the consumption of wild animals may have played a part in the spread of coronavirus in China and China has now banned its wild animal trade as a result of that. As the Minister for health, are you concerned about the risk of disease associated with our own wild animal trade here in New South Wales?

**Mr BRAD HAZZARD:** The emphasis, Ms Hurst, was on the wet markets rather than anything that would be comparable to here in Australia. While there were some discussions earlier on that perhaps the Chinese Government were not being as fulsome as they could be, I have to say all indications in recent times is that they have been doing an extraordinary job, really good. They have shut down their wet markets throughout China. It remains a problem through other parts of Asia that the wet markets are the issue. It is the transmission particularly by wet—I think it is a euphemism really for where the animals are actually killed in close proximity to other animals and humans. That remains an issue for us all but there is nothing comparable here in Australia.

**The Hon. EMMA HURST:** It is interesting you say there is nothing comparable but obviously we have got the wild animal trade and killing of kangaroos—and in fact Russia has banned the import of kangaroo meat from Australia because of the health risks of the kangaroo-killing wild animal trade here in Australia.

**Mr BRAD HAZZARD:** I think it is a big leap to make that comparison. There are very strict guidelines around the slaughtering of animals—wild or otherwise—here in Australia for eating. Nothing has come to me that would indicate that is a concern.

**The Hon. EMMA HURST:** We talked a little bit about H1N1, swine flu and bird flu and those quite dramatic sudden rushes of diseases amongst animals, and obviously with H1N1 that was quite heavily linked with intensive farming practices where there is a large number of animals living in very close proximity, in quite tight conditions, often living in faecal matter et cetera for many weeks in a row. Has that got any connection with a potential threat in future with regard to coronavirus?

**Dr CHANT:** At the moment we have the coronavirus spreading person to person so the issue—

**The Hon. EMMA HURST:** Or mutating?

**Dr CHANT:** That tack is probably not the most important for us because we have now got the virus circulating person to person—

**Mr BRAD HAZZARD:** That is the H1N1. It passes around like a normal flu now every season.

**Dr CHANT:** Sorry, my comment then related to COVID-19. Now COVID-19 has the capacity to spread from person to person. We think that it originated from bats and then probably went through an intermediate host—which is yet to be determined, although there has been scientific speculation—and then acquired the ability to infect a human, and then gradually developed the capacity to spread human to human. What we are interested in is mapping the genetic variability and monitoring that virus—that it has animal origins is becoming less of an issue for us. It is really around its spread and whether it is changing and whether it changes in any way because that will have influence for the development of a vaccine.

**The Hon. COURTNEY HOUSSOS:** Thank you, Mr Chair, and can I acknowledge the comments of my colleague and associate myself with them. We really appreciate your time here today and all the efforts you are making.

**Mr BRAD HAZZARD:** Thank you for that.

**The Hon. COURTNEY HOUSSOS:** Dr Chant, what is the latest advice we have from the World Health Organization, or wherever it might come from, about how long the coronavirus can last on a surface?

**Dr CHANT:** There is just such a wide variance from hours to days. That reflects that we have not had the studies done that clarify that. We know that the days means in ideal circumstances. I would also like to reassure the public that we have cleaning instructions on our websites. Normal cleaning products, using disinfectant cleaning products, detergent and disinfectant, will be appropriate. Like a disinfectant bleach, a detergent with a diluted bleach, will be fine for killing the coronavirus. We would just encourage, so, yes, it still is a matter but the advice is also that there is not a risk from getting parcels from overseas by the time they have journeyed and it is not the ideal environment that is specified. But there is unknown and we need to be frank about that. Going to Mr Secord's point, we obviously need to be clear what we know and what we do not know.

**The Hon. COURTNEY HOUSSOS:** And obviously it is constantly evolving as well.

**Dr CHANT:** It is constantly evolving.

**Mr BRAD HAZZARD:** That is the virus, yes.

**Dr CHANT:** One of the challenges for us is just how quickly the information changes. You probably were aware that there was that case report of the lady from China who went to the German conference and the cases. Then there was the spectrum of the 48 hours that she was asymptomatic—asymptomatic transmission got raised and whether she was unwell. Then a few days later there was a retraction published because another group had actually contacted the person and she did actually have symptoms. So one of the issues for us is every day—and I can imagine why the community is challenged—there is an eagerness to share everything in the international community but each of those reports has to be then thoroughly appraised to understand what it means because there are many reasons.

Even when there has been talk about a longer incubation period than 14 days, is that really a longer incubation period or have you missed someone who has actually been in contact with that person? What you have then actually missed is another person that would then explain why it is within 14 days. Every paper that comes in we have our teams looking at them. The communicable disease network meets at 12 o'clock every day and then at two o'clock the Australian Health Protection Principal Committee [AHPPC] meets. We have also eminent virologists on that meeting—Alan Chang. We have modellers—Jodie McVernon. We have Lyn Gilbert from an

infection control perspective. And it is really important that we reflect. But sometimes what comes out in the scientific has got caveats and their interpretation is not what everyone else agrees to or there is subsequent information which changes. So I can understand the challenge but it is also important that we thoroughly review that and then are thoughtful about modifying it so that we do not mislead the public.

**Mr BRAD HAZZARD:** The AHPCC is the committee I referred to earlier. They have their two o'clock meeting every day with all the chief medical officers and a whole range of other senior health and research people. Can I just say you just got the health answer but I would say: Operate on a precautionary principle for the entire community. Hard surfaces, assume that it has been, if there has been anybody that could have been near it. In fact, I just asked for hand disinfectant to be brought in because I am sitting here in Parliament. Obviously the Hon. Walt Secord opened with telling us that there had been a member of the Parliament who is under—precautionary principles. Community, be very cautious. Wash your hands frequently and if you have touched a hard surface just washing them with soap and water if you have nothing else for 20 seconds. Do it like you have seen the doctors do on TV. Do that. It will help to try to dampen down the transmission and hopefully protect you and your family.

**The Hon. COURTNEY HOUSSOS:** Absolutely. That is great advice. I did notice you earlier using the hand sanitiser. We are fortunate that we are in a workplace that is able to offer that. Is the Government looking at initiatives to expand the use of hand sanitiser across other public institutions, across our transport network, across our hospitals?

**Mr BRAD HAZZARD:** There are some challenges. Obviously all public institutions, all companies, all businesses and all families should be using hand sanitiser now but there is a shortage because of perhaps an overreaction in the community. That is why I stress soap and water, wash for 20 seconds. But I will ask Dr Chant because she is the expert.

**Dr CHANT:** I think it is also very important for people to be comforted by using good hand washing. We preserve the hand sanitiser for when you are out and about and not in a position to use running water. So whenever you can, pop into a toilet facility or at home, preserve your hand sanitiser for those times when you are out and about. It is important that you avoid touching your mouth and eyes and also that you obviously wash your hands. We say wash your hands after going to the toilet—it sounds like it is self-explanatory—

**Mr BRAD HAZZARD:** Sadly some people do not do it.

**Dr CHANT:** —but also before eating just as an important measure so that you are not introducing the virus from your hands into your mouth. These are just simple precautions. They will reduce the spread. There is advice on our website for GPs who may be seeing patients, like infection control about what to wipe down the surfaces of, how to manage those—that is on our health professionals website. We also make that available should someone have in their house a confirmed case. We are managing people in their homes, given the mildness of the disease. Initially we were hospitalising all our cases even though many of them would not have required hospitalisation. But as we have got more comfort working with it we are also happy to manage cases in home settings provided they can self-isolate themselves. That really means that they are not placing anyone else in that household at risk.

**The Hon. COURTNEY HOUSSOS:** Minister, you outlined that there are shortages of hand sanitiser. Are you looking at—

**Mr BRAD HAZZARD:** Go to Woolworths or Coles and you will see it is not on the shelves.

**The Hon. COURTNEY HOUSSOS:** I had the same experience myself. I tried to buy some on the weekend and I was not able to. My pharmacist gave me some great advice about how to make it myself.

**Mr BRAD HAZZARD:** You could put that up and patent it.

**The Hon. COURTNEY HOUSSOS:** Minister, the Government obviously has more opportunity to purchase hand sanitiser to provide it to the community. Are you looking at doing it at our major transport hubs? We have got hundreds of thousands of people going through Central station every day, millions of people every week. Is it time to start putting it into our public transport?

**Mr BRAD HAZZARD:** As part of the structure when you have a crisis situation, and it is in that category, we have a State emergency centre that has been stood up, as the public service like to call it, where Health is represented but also all of the other government agencies. All of those issues are being discussed as to how that might be done right now—it is being done actually at a Federal level as well—working our way through what those paths might be. Certainly there are some steps that are being taken already. Dr Chant, do you want to expand on that?

**Dr CHANT:** Yes. We are working with Transport to look at deployment of that. Clearly with the convergence of people off trains and other things you need to promote self hand sanitiser as well as having access points on the train stations for hand sanitisers. We have already worked with Transport to have posters in train stations. They are not labelled "COVID-19" but they are very much respiratory hygiene messages because we are conscious that we could be dealing with flu and to some extent we want to work with the community to actually manage all respiratory virus transmission much better. With them we have provided advice about increased cleaning. Also whenever we are interacting with any institutions we are talking about high touchpoint or throughput—things like lifts, handrails, areas where there are a lot of hands being placed.

But I cannot stress enough we are going to need the community to stop soldiering on in terms of soldiering on when you are sick, making sure that you do not go into your workplace when you are unwell. We are really also messaging around businesses to have business continuity plans. Look at those work-from-home options. In our engagement with Education it is really pleasing to see how, when we isolated some of the children for self-isolation as contacts of a case, the schools have got very robust systems of giving them online learning so it is not detrimental to their education. We are actually asking everyone to think about what it would look like if you have either been put in self-isolation but similarly if you have a mild respiratory illness, why would you not take the steps? Can you do your work from home and just not introduce anything into the workplace?

**Mr BRAD HAZZARD:** Can I add on that front that it is interesting too—we are not quite sure but there does appear to be an increase in early flu presence as well. But that could be because the testing regime has been picked up. But normally by about April or so you start to see that spike. Well, we are seeing the increase already. So the message should be from all of us to the community, as soon as the flu shots are available, the latest batch, which I think is due in about April, isn't it?

**Dr CHANT:** April, but there will be those that private market suppliers bring on a little bit earlier. We are expecting and requesting that the community have a high uptake of influenza vaccination. It is very important for our health system that we manage influenza well, which will then free up—

**Mr BRAD HAZZARD:** Our beds.

**Dr CHANT:** —the beds for others. The other group that we are working closely with is the Aboriginal Community Controlled Health Organisation. We want to make sure that we support them at this time, both to manage flu optimally and in the COVID-19 response.

**Mr BRAD HAZZARD:** I think that the deal here is that normally there is a certain category you recommend it for, like over-65s or those with comorbidities. What Dr Chant is telling us now is that basically—I could be wrong on this, so I had better check with her—this season might be the time for everybody to have a flu shot.

**The Hon. WALT SECORD:** On that note, I actually had my flu shot yesterday.

**Mr BRAD HAZZARD:** It must have been a private one.

**The Hon. WALT SECORD:** A private one at a local pharmacy. They said that supplies were coming in in April but their supplies arrived early.

**Mr BRAD HAZZARD:** Very good.

**The Hon. WES FANG:** You can find suppliers on Facebook.

**Mr BRAD HAZZARD:** It is already up, is it?

**The Hon. WES FANG:** Yes.

**Mr BRAD HAZZARD:** Normally I would stir with you, but I think it is great that you are doing that.

**The Hon. WALT SECORD:** Can we go back to the previous line of questioning from my colleague the Hon. Courtney Houssos? The number of passengers going through Central Station is 1.9 million. We have hand sanitisers here that have been installed. Would it not be logical to put them in shopping malls like Westfield, put them at Central Station where there are high traffic points?

**Dr CHANT:** Yes. Clearly we are working with Transport on how to have access to hand sanitisers in those environments. All I am saying is that we need a mix of strategies because we need to make sure that sick people are not going on the trains. We need to make sure that people take their own hand wash because it does not matter how many hand sanitiser dispenser points you have, because of flux in the way that the trains work, there is still going to be a challenge with the backlog and queue. We need to get people to take some responsibility

while also improving access at those sites. We also need to manage things like slip risk and some of the other consequences. We are working actively with Transport to look at how we can improve access to those hand sanitisers. The message is: Sick people stay at home. We are upping the cleaning, particularly at high touch points where there might be individual hand sanitiser. We also need to make sure that we have improved access across the community to those points of high traffic areas.

**The Hon. WALT SECORD:** Dr Chant, I am asking the next question as shadow Treasurer. What was the response when you made the comment that "there will be no more soldiering on"? What was the response from business bodies and things like that? What was their response to your saying that rather than, "We will soldier on. Don't call in sick"?

**Dr CHANT:** I think there has been a great understanding. Everyone I have spoken to understands that we have had a culture where going to work when you are unwell is—

**The Hon. COURTNEY HOUSSOS:** A rite of passage.

**Dr CHANT:** —yes, the rite of passage. I think we have to change that. We have so many technologies that can help us work productively for a few days out of the office. For many jobs—not all jobs—we have alternatives. We are expecting businesses to think about that and think about what to do if they have absenteeism rates that are raised. They need to think about how they would work without key employees. We also need to understand that workplaces may be hit by people having carer responsibilities. Industry and business have a role to play and we want them to ask and act.

**The Hon. WALT SECORD:** Yesterday there was some public comment about miscommunication or a misunderstanding between State and Federal health authorities on information and things like that. Have those communication links and lines of communication been repaired? There was some maybe contradictory information or they were missing each other, I think.

**Dr CHANT:** My understanding of this is that there were some comments from Minister Hunt that may have been misinterpreted. I believe there was a retraction or some clarification statement by the Chief Medical Officer about the intent. It is always a challenge when you do media in terms of saying one thing and, if the words before it do not get captured, it is difficult.

**Mr BRAD HAZZARD:** That is unusual, isn't it!

**The Hon. WALT SECORD:** Yes, never happens!

**The CHAIR:** Context, context, context.

**Dr CHANT:** That did mean that there was confusion. In a heightened area of anxiety that then led, to be perfectly frank, to the next couple of days being very challenging days because then a lot of people came for testing. That is a good thing, but as I said before it is a balancing act. We need to make sure that we are testing promptly.

**The Hon. WALT SECORD:** I would like to segue to testing. What is happening out there? Are people stampeding to get tested? What is the volume? Can you give us an indication of what is happening in the area of testing? I saw footage of people waiting outside hospitals to get tested. What is going on with that?

**Dr CHANT:** We need to understand that that was in response to that—

**Mr BRAD HAZZARD:** Comment.

**Dr CHANT:** —comment. Initially testing was in the two laboratories, our Institute of Clinical Pathology and Medical Research [ICPMR] at Westmead stood up testing. We worked across the nation to get testing that was valid. We then brought on our other reference laboratory, which is based at Prince of Wales, for the testing. We are now scaling up that testing across other laboratories in our centralised NSW Health Pathology. The private pathology companies are now coming on for testing. I am pleased to say that Douglas Hanley Moir had its first run either on the Tuesday or the Wednesday. I will have to clarify that. They will be sending all the positives to Westmead for confirmation, but they have a test up and running. The advice provided to me is that Laverty is due to come on next week. NSW Health has been supporting the private pathology collectors with personal protective equipment [PPE] to allow access through their collection sites but the private pathology companies have had some difficulty because some of the sites that they selected for testing have had some concerns raised by other—

**Mr BRAD HAZZARD:** Negative media, you will be surprised to know. The journalists got excited.



**Dr CHANT:** What we have actually had to do is stand up rapidly, with the assistance of Susan Pearce, some collection sectors on our health facilities, staffed by staff that we have brought on. What was happening was a problem with the booking times. If you rang up Douglas Hanley Moir you could not get a booking for a while.

**Mr BRAD HAZZARD:** A week or two.

**Dr CHANT:** I see Ms Pearce is texting to see that everything is going well. We have stood up four clinics and we will assess those clinics. That is to stop the backlog in the collection of the samples, which we recognised because of the influx of cases that occurred. As I said, when Lavery comes online that will also assist. A benefit of the private companies being engaged in this is that the usual process by which test results are conveyed back to doctors is via an electronic system and patients can ring their doctors about the results. It keeps the care pathway connected and does not require more phone calls or issues with delays in results being returned.

**The Hon. COURTNEY HOUSSOS:** How are rural and regional areas accessing testing? Obviously the outbreak so far has been quite city-centric but we need to make testing available there as well.

**Dr CHANT:** Certainly, and what has happened is that we have NSW Health Pathology, which is a statewide service. Every day there are specimens that travel across the State and get tested. Depending on the nature of the test, they are done at the local lab or if they are highly specialised they get couriered to a specialist lab. Increasingly we are going to be rolling out the testing in other regional labs—for instance, John Hunter is coming on board shortly. However, I have to say that there are some challenges, given the international supply situation. Everyone is trying to ramp up testing. A lot of the reagents and probes come from overseas, so we are doing our best to scale up the testing to work in partnership with the private providers. But there is a fine balance between our testing being swamped and the fact that we do need to preserve our testing capacity for those who are at highest risk. It will be a juggling act as we move through this.

**The Hon. COURTNEY HOUSSOS:** I ask one final question, with the indulgence of the Committee. Can you give a rough idea of the number of tests that are currently being undertaken and what you are actually anticipating to ramp up to?

**Dr CHANT:** I will be putting up some graphs of the tests because we have that centralised data on testing and by location but we have, currently, I think it would be over 9,500 tests.

**The Hon. COURTNEY HOUSSOS:** Is that each day?

**Dr CHANT:** Sorry, that is total, but you will have seen a massive ramp-up.

**The Hon. COURTNEY HOUSSOS:** Of course.

**Dr CHANT:** So just bringing on the privates, they have incredibly increased the capacity, so we would be up to, potentially, thousands of tests a day.

**Mr BRAD HAZZARD:** But it is a challenge.

**The Hon. COURTNEY HOUSSOS:** Yes, a key challenge.

**Mr BRAD HAZZARD:** Particularly on the fact that the sites that were going to be used through Lavery, our illustrious media got a bit excited and scared everybody about it. It is the nature of the environment at the present time but we are doing everything we can.

**The Hon. COURTNEY HOUSSOS:** We might come back to this, but thank you very much.

**Ms CATE FAEHRMANN:** Dr Chant, you said that workers, if they have symptoms—flu-like, cold-like symptoms—should be asked to work from home wherever possible?

**Dr CHANT:** Yes.

**Ms CATE FAEHRMANN:** But it is true as well that coronavirus is infectious before symptoms appear. Is that not the case?

**Dr CHANT:** Anyone who has had the overseas travel requirements from high-risk countries, if they are a healthcare worker they are not allowed to return to work for the 14 days. Then what we are saying is that if you are, obviously, a contact of the case, so if we have found that you have worked and cared for a case without appropriate PPE then you are placed in home isolation and you are not working; you are not allowed to see patients and you are not allowed to enter the facilities. Then, as an added precaution, because the impact—if a healthcare worker has got COVID-19—is high, we are actually messaging now, which is only a recent change.

We want to work with the profession to have a more rapid way of excluding COVID-19, even in people who have not travelled overseas. That is a reflection of the fact that they are dealing with vulnerable patients and we want to do everything we can to keep vulnerable patients safe. The other thing is that whilst there is currently consideration in our guidelines that there is 24 hours before onset of symptoms that you are infectious, that has two elements. That has an element that some of the symptoms are mild and therefore people may well have not really perceived they had symptoms but it also relates to some evidence that people are PCR-positive before getting disease.

**Mr BRAD HAZZARD:** PCR?

**Dr CHANT:** Sorry, polymerase chain reaction. This is the way we diagnose the actual virus. What we can say is that we can find virus in a person's nose and throat before they develop symptoms—sometimes 24 hours before they develop symptoms. The question we do not know is, is that in levels that is infectious? But the consensus in everyone I have spoken to, as well as internationally—CDC and others—is that having a strong focus on early symptom recognition and making sure you exclude yourself very promptly will reduce the most lot of cases.

**Ms CATE FAEHRMANN:** Other countries have started to realise that self-isolation, clearly, is the main way you stop this spreading.

**Dr CHANT:** Yes.

**Ms CATE FAEHRMANN:** Beginning with cancelling public gatherings. I think Denmark has just taken the drastic step of closing down all schools. Governments are suggesting people cancel gatherings over 100 people. We are a little bit behind Europe. Again, the statistics suggest that within a few days 10 times more people could have this virus than what they have today and within two weeks it could be 100 times based on what has happened so far across the world. Is the Government considering recommending cancelling public gatherings and recommending people cancel large social gatherings?

**Mr BRAD HAZZARD:** Ms Faehrmann, can I just answer your question? You asked whether the Government is considering. The Government is taking the Chief Medical Officer's advice and it is working with the group that you heard about that meet at 2.00 p.m. every day. Each State and Territory has slightly different circumstances. As I said, as of today, we have 77 cases. We have had a big spike in the last 24 hours. It is a case of as things evolve we are looking to the Chief Medical Officer and her team for that advice.

**Ms CATE FAEHRMANN:** Yes, so, yesterday was 16 more cases.

**Mr BRAD HAZZARD:** Yes, 16 in 24 hours.

**Ms CATE FAEHRMANN:** You said that 42 per cent of those were person-to-person transmission, not from overseas.

**Mr BRAD HAZZARD:** Yes, that is right. What we are doing is we are listening to her advice—

**Dr CHANT:** Some of that bundle is actually contacts of confirmed cases, so not—

**Mr BRAD HAZZARD:** It is still transmission, though.

**Dr CHANT:** —the 42 per cent. The ones we really worry about are the ones where there is no epidemiological link.

**Mr BRAD HAZZARD:** I would say to you that the Government will make announcements with the Chief Medical Officer as we progress, but we are certainly looking at how best to manage those large gatherings where the Chief Medical Officer has talked about the fact that in close proximity there can be some issues but I will ask Dr Chant, since she is here, giving us some time, to share some more thoughts on that.

**Ms CATE FAEHRMANN:** Because that would be the best way to contain it at this point in time.

**Mr BRAD HAZZARD:** It is part of what is being considered.

**Ms CATE FAEHRMANN:** We are just sitting here hearing, of course, that a member of the upper House working on level 11, which is the same level that we all work on, has undergone testing.

**Dr CHANT:** Just to be clear, of the 77 cases that were reported—and that will change and we will update that number. As I said, the fact that the number gets increased, some of those numbers are actually positives because if we are not detecting anyone who is a returning overseas traveller, those people are likely to be onward transmitting it. Of the 77, 34 were overseas-acquired and that is 44 per cent; 42 per cent had contact with a known

case. So when they have contact with a known case that is not that they are onward transmitting it. If they are a known case they will have been isolated at home and therefore not on-spreading it. The group that concerns me is the 11 where the source is unknown, so that is 14 per cent. Some of that 11 is associated with some cluster of cases but some of it is, increasingly, cases where we have had people unrelated to that Ryde-Macquarie Park cluster, and they are the ones that came overnight. Those results came back at 8.00 p.m. We reported them and we have been working on them overnight.

I cannot stress it enough that everyone will look at this data and make a decision, and what we said yesterday—and I think I have said this at every press conference—this is an evolving situation and rapidly evolving. We have got to do the right strategies at the right time, and we ask the forbearance of the community in the fact that our messages will be changing all the time, and that is what is the best to protect them. So our advice today, we will reflect on these numbers, we have a CDNA meeting—sorry, Communicable Diseases Network Australia meeting—at 12.00 p.m. We then have an AHPCC meeting at 2.00 p.m. and we will determine some key policy issues at that time, and then I will duly provide advice to the Government about any additional steps we have to say. But I am also going to be reiterating in the 12.00 p.m. media release some of the prudent advice that is already there to make it very clear that anyone who is returning from overseas, that we are asking you to socially distance, so that will be not going to any family gatherings, any events, except for those who have come from those high-risk countries where it is an absolute self-isolation because of the higher risk for that group.

**Mr BRAD HAZZARD:** So if you are coming back, if you have got no symptoms, Dr Chant—I am just checking what the latest advice here is—what happens then?

**Ms CATE FAEHRMANN:** And also within what amount of time?

**Dr CHANT:** So 14 days since you left the country or arrived here because we are also concerned about transmission in airports and other things. Basically the risk exists universally now so I would say 14 days from when you step foot in Sydney, your time starts. If you do not have any symptom onset in the 14 days then you can know that you have not got COVID-19, but if you develop any symptoms in that time we ask you to come forward for testing. We are asking all overseas travellers to be prudent and not attend public gatherings—not attend even family gatherings. I went through those social distancing recommendations with Mr Secord and I am happy to make those available too. Anyone who has come back from those high-risk countries needs to be in absolute self-isolation. Anyone who is in contact with a case needs to be certainly self-isolating and we are monitoring those people daily.

**Ms CATE FAEHRMANN:** Thank you. What is the threshold, then, that you are using for new cases within a certain amount of time to escalate the situation in terms of public gatherings and self-isolation? When does that become necessary?

**Dr CHANT:** Some of the discussion is—and the Communicable Disease Network Australia is currently developing a principles paper, and there was a request yesterday that that has some of those thresholds. The thresholds that are being considered are the proportion of where you have no source unknown, compared to your other cases. Because, to some extent, we would expect to continue to see cases in returning travellers. If you are not seeing the cases in returning travellers, that is indicating that you are missing cases. It is probably the ratio of overall cases and the proportion that are linked to unknown source is the trigger that we are most concerned about.

**Mr BRAD HAZZARD:** Just imagine, Cate, I have to listen to that all day, every day.

**The Hon. EMMA HURST:** Minister, while I understand your mind obviously is elsewhere at the moment—

**Mr BRAD HAZZARD:** No, it was very good, it is just very complex, isn't it? Go on.

**The Hon. EMMA HURST:** I do want to ask about the baboons in the incident that occurred two weeks ago, where three baboons being held for experimental purposes escaped from the Royal Prince Alfred Hospital. I personally used to run a rehoming organisation for animals that had been used in medical research and, as part of that organisation that I ran, I used to have to sign a contract that I would never reveal what medical experimentations happened on those animals. Are you under similar restrictions on the information that you are able to make public if you are given information about how animals are being used?

**Mr BRAD HAZZARD:** You mean as a Minister?

**The Hon. EMMA HURST:** Yes.

**The Hon. WALT SECORD:** Try keeping this guy quiet.

**Mr BRAD HAZZARD:** Yes, I was going to say—thank you, Walt, I appreciate that—it is very comforting that you recognise that in me. No, Emma, not at all. In fact, I agree with Walt on that one—must be the first time I have ever agreed with Walt—that no-one can keep me quiet if I want to say something.

**The Hon. COURTNEY HOUSSOS:** It has been twice this morning.

**Mr BRAD HAZZARD:** You are right.

**The Hon. COURTNEY HOUSSOS:** I am keeping a tally.

**The Hon. EMMA HURST:** Minister, do you have information about what experimental protocols those three baboons were placed under in their lifetimes?

**Mr BRAD HAZZARD:** No, I do not. What I do know is that—I think it was Greg Hunt who said that his heart was with the baboons and I think we probably all share that. I would say this: Obviously, these baboons are in a particular group of baboons that have been bred for the purpose of research. They are treated under the guidelines under the National Health and Medical Research Council [NHMRC]. I think that one could be satisfied that they are actually looked after as humanly best as possible. Certainly, all the conversations I had with people at that time, indicated that people were very caring towards them. I mean, they are a primate that has a great similarity to us and we have just spent the past two hours talking about trying to save the lives of human beings across the world. I think there are obviously issues in development of a whole lot of medical issues that need to be researched, so if it is done in an ethical and appropriate way, I think, as sadly as human beings we might think that, in terms of our greater species, we have to accept it.

**The Hon. EMMA HURST:** Minister, considering that you do not actually know what experiments have been done on these baboons—I know one of the baboons was about 15 years old.

**Mr BRAD HAZZARD:** The male was 15 or 16—later called Houdini, I understand, for his escape trip.

**The Hon. EMMA HURST:** I heard that the community actually called him Alfred, after the hospital.

**Mr BRAD HAZZARD:** We will call him Alfred/Houdini, also known as Houdini.

**The Hon. EMMA HURST:** We will call him Alfred. How do we know if there was a human health risk with these baboons escaping, if we do not know what experiments that they were put under?

**Mr BRAD HAZZARD:** In the way that we have just sat here for the past two hours, Emma, and listened to the expert advice from Dr Chant, who is in consultation with other experts around the country. I have to, as Minister, accept that. If you were in my position you would have to accept the same advice.

**The Hon. EMMA HURST:** You did get advice that these baboons had not undergone any kind of research that involved unnatural diseases—

**Mr BRAD HAZZARD:** But that is not what you just asked. You asked whether there was any impact on humans and I am just saying—

**The Hon. EMMA HURST:** No, my question was about their escaping. If we do not know what research protocols that they had been put under, how can we confirm that those animals had not been put through protocols which could have put humans at risk?

**Mr BRAD HAZZARD:** I was advised that that was not the case.

**The Hon. EMMA HURST:** And who were you advised by on that?

**Mr BRAD HAZZARD:** The researchers who were actually knowledgeable about the issue.

**The Hon. EMMA HURST:** Do you think the public also has a right to know what kind of research protocols those animals were put under, considering they were out in the community?

**Mr BRAD HAZZARD:** I do not know whether you are talking about—the protocols, as I said, are laid down by the NHMRC, which is a national body not a State body. It sets those down and it is done in conformity with the best practice worldwide.

**The Hon. EMMA HURST:** So you can confirm that there is no human health risk with those animals escaping?

**Mr BRAD HAZZARD:** That is what I just said.

**The Hon. EMMA HURST:** What about other animals? I understand there are hundreds of primates being held for experimental purposes and millions of other animals for various other experiments. Are any of those animals in research protocols now—

**Mr BRAD HAZZARD:** Are you saying millions by Australia or millions by New South Wales or millions by multiple researchers?

**The Hon. EMMA HURST:** Millions across Australia—so, tens of thousands, I believe, in New South Wales, from my understanding of the latest released statistics, which are very old, but that is the latest we have.

**Mr BRAD HAZZARD:** What is the source of those statistics? I am sorry, I have not seen them.

**The Hon. EMMA HURST:** They are up on the Humane Research Australia website. Are you debating the number of animals that are being used in medical research?

**Mr BRAD HAZZARD:** I am just querying where you got figures from. I have not heard that figure.

**The Hon. EMMA HURST:** I got it from Humane Research Australia, which has the latest State—

**Mr BRAD HAZZARD:** Emma, at a human level, I share your concerns, obviously. But, as Minister for Health and Medical Research, I also have to take advice from the appropriate research authorities and the Australian guidelines, and all of those indicate that all of the appropriate protocols and procedures are followed and the animals are treated as humanely as humanly possible.

**The Hon. EMMA HURST:** Minister, I am not asking about the humane way that the animals have been treated, I am asking if there any current research protocols where, if the animals escaped, there could be a human health risk.

**Mr BRAD HAZZARD:** You know what? I think if they follow the guidelines—and I cannot comment about all other animals—then I would think that that is not the case. Having in mind that Dr Chant is talking about only coronavirus this morning, I think it is time we let Dr Chant answer that question to the best of her medical ability.

**Dr CHANT:** To the best of my knowledge, whilst I have not seen the specific briefings around this case, researchers would take that very seriously. I understand and, again, I would have to check, that research involving animals to look at viruses and whether they can be infected is only conducted—for big animals—in AAHL, in Victoria.

**The CHAIR:** Sorry, Doctor, where?

**Dr CHANT:** It is called AAHL.

**Mr BRAD HAZZARD:** How do you spell that?

**The CHAIR:** Is that another acronym?

**Dr CHANT:** It is another acronym—Australian Animal Health Laboratory [AAHL].

**The CHAIR:** That is okay, I thought it might have been a location.

**Mr BRAD HAZZARD:** I thought it was a town, so I am glad you asked.

**Dr CHANT:** It is a designated high security that works with—if we are talking about pathogens and animals. On a COVID line it has actually been raised, "Can domestic animals get COVID-19?"

**The Hon. EMMA HURST:** I have seen the media on that one, yes. You mentioned that that is for large animals. Are you aware of any smaller animals—guinea pigs, mice, et cetera?

**Dr CHANT:** I think our research community would be absolutely concerned about anything where there was potential risk in this way. I am happy to clarify that.

**The Hon. EMMA HURST:** Thank you.

**Dr CHANT:** Sorry, I am just googling and finding it.

**Mr BRAD HAZZARD:** How about we take that on notice and we will get an answer for you, Emma?

**The Hon. EMMA HURST:** Yes, pop it on notice. Minister, since the incident two weeks ago I have been contacted personally by a lot of community members who are quite shocked and outraged about the fact that primates are still being used in medical research—a lot of them were unaware. It is obviously very difficult to find

out any information in the public domain. Are there any plans to improve the transparency around the use of animals in research so that the community can at least access that information and find out what is going on?

**Mr BRAD HAZZARD:** As I said before, the guidelines are laid down at a Federal level and that is why the NHMRC guidelines are what is followed. That is really a question that should be directed to Federal authorities, not to State.

**The Hon. EMMA HURST:** Given the public outcry and concerns from a lot of community members, do you regret your first statements that made light of the situation about the animals fleeing?

**Mr BRAD HAZZARD:** No.

**The Hon. EMMA HURST:** You do not regret it?

**Mr BRAD HAZZARD:** No.

**The Hon. EMMA HURST:** You have on your Twitter page things like Houdini and you mentioned Houdini now. That has caused quite a lot of upset.

**Mr BRAD HAZZARD:** I think the animals—it is unfortunate that there was a breakdown in the security, which I first thought, by the way, was a door on the truck. Later on I was advised that it was a crate lock that had somehow not worked and they have stepped up the arrangements for transportation in future. But I actually think what was happening that particular day was a really good outcome because as I understood it—not in the sense of escaping but in the sense of the older male. A lot of thought had gone into what would happen with him because he has a troop, I think, from memory—and you would understand that right now I am dealing with a whole lot of other things to do with coronavirus.

**The Hon. EMMA HURST:** I understand that.

**Mr BRAD HAZZARD:** My best recollection is that he has a troop—sorry, the troop consists of the male and females. He has a harem. He has a harem of six, is what the proper terminology is. Six females. And the concern was would he continue breeding with that harem? The option was to remove him from his long-term family of six females, or would he have a vasectomy in order that he could continue in his family life with his six females, none the wiser that he had had the vasectomy, hopefully? So the researchers took the view that the most humane thing to do would be to actually care for him by allowing him to have the vasectomy and return to his harem of six. He actually was also transported with two females. I asked the question—because all of these sorts of issues that you are concerned about, I was concerned about. I asked the question, "Why did he come with two females?"

The answer was because when he was off having his surgery—first of all, in the transportation, having two of his harem there with him, two of his female mates, would keep him and them comfortable and happy. And then when he went off to have the operation, having two females rather than one there meant that they could comfort each other, and I think that is exactly what happened. So I think the researchers, whilst there are those other issues that you from one point of view can certainly raise—I think they did everything possible to look after them. My worry was at the time they would have been scared when they actually got out and realised that they were not back home. I think the authorities—and I want to congratulate the police, the health authorities, the researchers and everybody came together to keep them calm and then to transport them back into an environment where they were altogether. He was well looked after. I think within 24 hours he was back and they were back at their home and none the wiser.

**Dr CHANT:** For the record, it is the Australian Animal Health Laboratory and the abbreviation is AAHL. That is in Geelong. It is a CSIRO facility and its role is a high-containment facility designed to allow scientific research into infectious agents.

**The CHAIR:** Thank you. Dr Chant, I just note we have gone 11.00 a.m.

**Mr BRAD HAZZARD:** Do you want to bolt? Are there any other questions? Dr Chant is quite happy to take any final questions.

**The Hon. WALT SECORD:** We have lots of questions but Dr Chant may go.

**Ms CATE FAEHRMANN:** Thank you for everything you are doing.

**The CHAIR:** Before you go, Dr Chant, can we just offer our sincere thanks for the wonderful work you are doing on behalf of the people of the State? Thank you.

**Dr CHANT:** Thank you.

(Dr Chant withdrew.)

**Mr BRAD HAZZARD:** Thank you for saying that, Mr Chair, because she has worked incredibly hard and I am actually trying to get her to work a little less hard because I am worried that she will wear herself out. Thank you for that.

**The CHAIR:** Thank you. We will now return to the Opposition questioning.

**Mr BRAD HAZZARD:** Just for the record, she is often back in the office until nearly midnight along with her team and her staff. It has been an actually horrific period for the last couple of months now.

**The Hon. COURTNEY HOUSSOS:** Minister, I just wanted to ask you about something that I asked the education Minister about during her estimates hearings—

**Mr BRAD HAZZARD:** About what, sorry?

**The Hon. COURTNEY HOUSSOS:** It was something that I asked the education Minister about—a series of questions during her hearings.

**Mr BRAD HAZZARD:** Sure. I have been a bit busy with corona so I have not heard what you asked her, sorry.

**The Hon. COURTNEY HOUSSOS:** That is perfectly acceptable. Minister, there have been some reports of school cleaners in New South Wales being contracted to go over and clean the *Diamond Princess* or the quarantine station. It was unclear about that. Have you got any more information about—

**Mr BRAD HAZZARD:** I have not, but I heard that there was some circular that went out. It was all second-hand information. It was not official lines and asking for cleaners to go to do that job—I would have thought that the *Diamond Princess* would have required high-level, trained staff. But I cannot answer that; I just do not know. I can find out for you, if it is really necessary.

**The Hon. COURTNEY HOUSSOS:** I would agree with you. Yes, I think it is just useful in terms of—it was publicly reported that there were 12 that went.

**Mr BRAD HAZZARD:** That went or that were asked?

**The Hon. COURTNEY HOUSSOS:** No, there were definitely more than 12 that were asked, but it was publicly reported that there were 12 who went on the—

**Mr BRAD HAZZARD:** Was it a formal request from someone in government or was it the Princess people asking?

**The Hon. COURTNEY HOUSSOS:** My understanding was that the same company, Broadspectrum, who have the cleaning contract for a number of government buildings, including for schools and also incidentally MPs' offices in some parts of Sydney—it is the advice I was given that they were contacting their employees to fly them to Japan. The concerning part for me was that a lot of our advice is around self-isolation of people once they are returning. These are people who, if they do go, are going to have direct contact with the virus. I was interested to know—

**Mr BRAD HAZZARD:** Well, query, yes. But—likely.

**The Hon. COURTNEY HOUSSOS:** —what the arrangements would be in place?

**Mr BRAD HAZZARD:** I do not know, Ms Houssos, but actually now you have raised it I think that is a sensible question. In the spirit of bipartisanship but also just of common sense I will get that followed up. If they came back having been in that environment—yes. We would want to know what were the arrangements.

**The Hon. COURTNEY HOUSSOS:** The public advice that was provided was that they would fly over, clean whatever it was they were cleaning and then fly back, and then do their self-isolation on site—

**Mr BRAD HAZZARD:** When they got back here?

**The Hon. COURTNEY HOUSSOS:** —which would obviously be putting the people who were travelling with them in immediate danger. That was where my questions were arising from. What were the arrangements that were in place?

**Mr BRAD HAZZARD:** Did Minister Mitchell have any idea?

**The Hon. COURTNEY HOUSSOS:** No. She said that it would be covered by the Federal guidelines.

**Mr BRAD HAZZARD:** We will double-check anyway.

**The Hon. COURTNEY HOUSSOS:** I appreciate your comments around a precautionary principle and I would totally agree with that in this situation. I think independent checking before they re-enter schools—if the advice at the moment is people who are going into healthcare centres who are returning from overseas should not be returning, then certainly that should be the case for our schools as well.

**Mr BRAD HAZZARD:** Let us find out.

**The Hon. COURTNEY HOUSSOS:** Thank you very much, Minister.

**Mr BRAD HAZZARD:** Ms Koff, can you make sure?

**Ms KOFF:** Yes, I am taking note.

**The Hon. WALT SECORD:** Minister, I would like to ask—I understand that we are in extraordinary times. We are in uncharted new waters. But I am curious what has been the impact of COVID-19 on elective surgery waiting lists in New South Wales? I am asking this as an exploratory question. I am not asking you in a challenging manner.

**Mr BRAD HAZZARD:** I think, to date, very little. But there have been in the last little while reports—I will ask the secretary perhaps because she led the discussions the other day. Was it last Friday we had that meeting?

**Ms KOFF:** On Monday we had it with the chief executives of the districts.

**Mr BRAD HAZZARD:** On Monday there was a big meeting with the—

**Ms PEARCE:** I can take that question and answer it if you want.

**Mr BRAD HAZZARD:** Okay. Do you know what? I am going to let Susan Pearce do it because she is now—Susan is a deputy secretary and she has also now stepped up to help Dr Chant because Dr Chant has been basically doing everything at the moment. And so, now we have changed the structure slightly so that Susan Pearce as deputy secretary can look at the system issues. I will ask her to perhaps help us on that.

**Ms PEARCE:** Mr Secord, the impact at the moment is minimal on elective surgery but we are planning for a potential impact on it as we move into the future. We have discussed this with our chief executives, as the Minister said, on Monday, at which he and the secretary both were present as well along with all of the chief executives right across the State. We are currently working at a local level in all of our local health districts, where relevant, to partner with private hospitals to assist us. In fact, some of that work is already starting. Westmead has this week commenced doing some of their, for example, cardiothoracic surgery at Westmead Private Hospital. To assist them we will continue with those plans and we have asked all of the districts to review their lists. For example, there may be some patients we would wish to bring forward to ensure that they are done in as timely a fashion as possible.

**The Hon. WALT SECORD:** So, do them early before there is—

**Mr BRAD HAZZARD:** Yes.

**Ms PEARCE:** You may be aware that elective surgery in New South Wales—we have three categories. Our category 1 performance is exceptionally good, and in that category—that is our 30-day category—we performed 100 per cent of those on time basically all of the time. We do have the ability to manoeuvre with our lists for less urgent cases to move those around, and that is exactly what we are planning for. Having said that, we are obviously very keen that when we move through this period, we minimise a long tail of elective surgery as much as possible. But it is a balancing act and our emergency departments will need access to beds as we move through this period. Elective surgery, obviously, is a component of our system where we have got some ability to manage. But we are acutely aware that when people are scheduled for surgery and awaiting those procedures, we try to disrupt them as little as possible. We will have to ask the community to bear with us on this one as we work through it.

**The Hon. WALT SECORD:** We saw reports yesterday of drive-through testing facilities for COVID-19. Are there any drive-through facilities in New South Wales? Are we looking at that?

**Mr BRAD HAZZARD:** There are not any yet. They are looking at—as I said to you earlier, the testing at the moment is being done more in concert with the hospitals. I mentioned a few of them that have actually set up separate pathways. I am hearing that Secretary Pearce would like to answer this one, but certainly we may get to that. They are very enthusiastic today, aren't they?



**Ms PEARCE:** We are very exercised—

**The CHAIR:** It is all happening in real time, Ms Pearce.

**The Hon. WALT SECORD:** Brad, what are you doing? They are doing all the work.

**Mr BRAD HAZZARD:** They are doing all the work. It is actually the first time in 10 years; it is quite good.

**The CHAIR:** Enjoy.

**Mr BRAD HAZZARD:** I am not complaining.

**Ms PEARCE:** We are energised around planning for this, as you can well imagine, and have been for some considerable period of time, as Dr Chant mentioned. Dr Chant also mentioned that we had assisted a private pathology provider to set up some collection points within New South Wales health facilities. We are currently considering a drive-through-type option. We have not finalised that as yet and we will continue to work on those types of models. We are also aware, of course, that in primary health settings those types of models are starting to establish. But we again ask for a sensible approach to the testing and we will continue to focus on that.

**Mr BRAD HAZZARD:** Can I just emphasise that everybody in Health talks about the primary health care. I do not think normal people actually understand that. Primary health care means the GPs. GPs are not the State Government's responsibility, although, obviously, we work with them closely. With what the Federal Government has announced yesterday and what they are going to announce today, as I understand it, with the additional funds, the question will be for us to work out what are they funding and where, with their particular clinics or drive-throughs or whatever it might be. We make sure, then, that that we are not having two within half a kilometre of each other or something. There has got to be a little bit of work done yet, once we know exactly what they are putting up with the extra money to support those additional facilities, to where we might have ours— a bit of work to do on that front yet but, as I said, it is all evolving.

**The Hon. COURTNEY HOUSSOS:** On the question of testing locations, that is obviously something that has received a lot of publicity. Have you got a public list of facilities and are you going to be providing that?

**Mr BRAD HAZZARD:** Yes, sure. As I think Dr Chant said earlier, it started off at Westmead, then went to Randwick and there is Royal Prince Alfred and there are a number of others that are doing it. But we are working with the Federal colleagues at the moment to work out what this new funding arrangement is to support GPs—their GPs—who are prepared to do it. Some GPs are not prepared to do it, I have to say. You sort of get that, because if you are a GP in a really small practice—they are looking after their few thousand patients and they will be worried about "Well, if I go down sick, what's going to happen to my three or four thousand patients?" So there is a lot of work that is going on to try and satisfy GPs. I cannot tell you how many times Dr Chant has had webinars with GPs, even though it is not our bailiwick. It is not our responsibility. I know Brendan Murphy has had some as well, so there is this constant overlapping at the moment between the Federal and State responsibilities just to try and make sure that, at the end of the day, patients are well looked after. But it is evolving and we will know a little bit more probably after today.

It will be a few days before we work through exactly how much money is coming and what we can do to expect GPs who might be prepared to do this—and also, as we heard earlier about Laverty and Douglass Hanly Moir, how that is going to work. Douglass Hanly Moir and Laverty—the private ones would normally only respond—correct me if I am wrong here, because it is not the first time Hazzard will be wrong, but normally that would only be off the back of a GP. You go to your GP; the GP sends it to a private pathology firm. There are issues around that too, because normally that would come back to the doctor. Some doctors—some GPs—would require their patient to come back in and talk about it. Is that a sensible thing in the current environment, if they have got an issue—bringing them back in if they are a positive? Should there be some direct communication, perhaps, from the pathology to the patient? All those things have to be worked out and that is right smack bang in the middle of the issue that we are facing.

**The Hon. COURTNEY HOUSSOS:** And, of course, the way that that is financed at a Federal level—I understand all of that will have important implications. The other part I wanted to ask you about with the testing is—there have been community concerns about transmission of the virus. I have had a phone call to my office this morning raising concerns about the possibility of a testing location in a suburb. I understand that people are at a very heightened level of concern, but I do think that giving the locations out is an important—

**Mr BRAD HAZZARD:** They will be very public. They have to be because we have to get people to go there.

**The Hon. COURTNEY HOUSSOS:** Of course, but then also for people who may be immunosuppressed to be avoiding those areas as well, if we know that this is where people are going with the virus—that is the concern. Like I said, I got a phone call to my office this morning, raising concerns.

**Mr BRAD HAZZARD:** Let us take that one on board. I think everybody is learning about the issues. The public is learning about how they do what. But I think, generally, if you have got immunosuppressed systems, yes, you need to be even more cautious. That means talk to your medical professional. Talk to your usual GP about how you would do it in the safest way possible. Take medical advice.

**The Hon. COURTNEY HOUSSOS:** No, of course. Obviously, information is so important in this.

**Mr BRAD HAZZARD:** Yes, exactly.

**The Hon. WALT SECORD:** Minister, you might want to direct this to the Director-General; it is up to you.

**Mr BRAD HAZZARD:** Secretary these days, Walt. You have said Director-General a few times. She would like to be Director-General again, but she is actually the secretary.

**The Hon. WALT SECORD:** What has been the impact on the NSW Health workforce? Has the New South Wales Government cancelled unnecessary leave or anything in that regard?

**Mr BRAD HAZZARD:** Actually, there have been circulars from the local health districts out to their staff on a range of issues. It is mainly about managing the availability of frontline staff. I heard a report that they have cancelled leave. No, they have not. What they have done is they have said, "We need to manage when people are taking leave." If you have got three people from a particular department all wanting to go the same week, that is a bit crazy. They are managing those sorts of issues. Would that be one for you, Ms Koff?

**Ms KOFF:** No, it is one for Mr Minns. It is the workforce division that put that one out.

**Mr MINNS:** Like everything else, it continues to evolve. We issued notice to the system yesterday. We issued advice to the system yesterday, which was a refresh of earlier advice. For people who have already had leave approved, that leave stands unless a consideration of the resource requirements means that we request that people reconsider it. As new leave requests come in, they will need to be looked at within the context of the now position and the prediction about the future. It does not mean that leave will not be approved, but it will be a little bit less automatic than is often the case. Generally speaking, when people apply for leave they tend to get it. There is still access to leave and there is no plan to take any more serious measures. We have been briefing our relevant unions regularly—at least once a week, sometimes twice a week—and they both have a corporate history of what happened the last time there was an event similar. They have been working with us to understand how we approach this issue, particularly if we face a significant challenge in the next two to three months.

**The Hon. WALT SECORD:** Minister, you may want to direct this to your secretary. Whenever we have a flu season in the Northern Hemisphere, there is always a tail or a response in the Southern Hemisphere. What are we expecting for a flu season in Australia and New South Wales, and how will that play out on top of COVID-19?

**Mr BRAD HAZZARD:** As I said, that is our concern at the present time and the early indications. Normally we would not have as many people testing positive for the flu as we have at this stage but that could be because there is more testing being done. We have a very big concern about the convergence of the flu season, which is normally in our winter from April onwards: April, May, June, July and sometimes later. Last year was a very long season. We are working very hard to try to make sure that we flatten down that by encouraging people to have those flu shots we were talking about before and you have already led the way. You can get both. You can have flu and you can have COVID-19. It is not like they are exclusive.

It would be a very good idea for people to dampen down the likelihood; one has a vaccine, one does not. The vaccine is available for flu based on what normally is developed and it is refined every year based on what happens in the northern winter, northern season. We need people to actually understand having both of those things together operating is a huge problem for our health system. It is a huge problem for you if you are one of the people who is most vulnerable, particularly those people that are over 65 with comorbidities, with other issues such as respiratory issues, diabetes and so on, pulmonary and cardiac issues, you really need to be serious about this year. This is a year to get serious about vaccinations. Do not listen to the anti-vaxxers; just get serious.

**The Hon. COURTNEY HOUSSOS:** We are on a unity ticket on that one.

**Mr BRAD HAZZARD:** It is quite impressive how much the Labor Party, the Liberal party and the National Party are all on the same—

**The Hon. WES FANG:** Thank you, I was waiting for that.

**Mr BRAD HAZZARD:** Would not have forgotten the National Party; we love you all.

**The Hon. WES FANG:** We will not let you, don't worry.

**The Hon. COURTNEY HOUSSOS:** I wanted to ask you about the co-presence of COVID-19 and flu. Obviously overseas this is happening during their flu season through Europe and parts of Asia. What is the experience so far? Is that an extra, added danger?

**Mr BRAD HAZZARD:** I was just saying, yes, absolutely. That is why you have got to have your flu shots. Absolutely. That is what I was saying earlier. It is not just the normal target groups that need to have the flu shot this year. COVID-19 is coming down the line. You need to actually make sure you have everything else, as far as possible, managed. Flu is one thing you can manage by having your flu shot.

**The Hon. COURTNEY HOUSSOS:** Minister, can I move to a slightly different issue, which is the question of how you are communicating with non-English-speaking communities, particularly those within residential aged care with non-English-speaking backgrounds? We have got various different communities around Sydney who operate those. How are you communicating with them and with those particular communities?

**Mr BRAD HAZZARD:** Right from the word go that has been a challenge. In the very first instance we had—because most of the people were coming from China or Hubei province, I took advice from colleagues here on both sides of the Parliament who have high Asian or Chinese communities. Off the back of that we set up separate media conferences with the Chinese community. It was quite interesting that we found, you are right, you have to target to different ethnic groups. As I said, because it is bipartisan, we had discussions on both sides of the House and I got good advice from both sides who were saying the Chinese community, for example, the Chinese media, people do not feel comfortable in a large media pack. Our Australian media team tend to be a little bit more enthusiastic, I would say, and can sometimes intimidate other groups.

We have learnt off that very early on that we need to target that and be responsive. We need to be asking the question: It is all right to give the message but how are the people who we are targeting receiving it? What is their priority? And to the health people who are working flat out on that trying to reach the various groups, hopefully in the next few days too we will have letters go out to MPs on both sides. Questions and answers so you can get them out to your various constituents because basically in New South Wales we cover the field. We have all either got upper House or lower House seats, so we are doing lots of things on that front. And I might add, on the documents the first translations are into Mandarin, Arabic and so on.

**The Hon. COURTNEY HOUSSOS:** They will be directly communicating with those aged care facilities that are predominantly—

**Mr BRAD HAZZARD:** That is happening as well but also I am saying it is even getting to the point now where it is going out to Labor MPs sometime in the next week. Part of the problem is that I wanted to get them out but the information is changing.

**The Hon. COURTNEY HOUSSOS:** Of course.

**Mr BRAD HAZZARD:** By the time they got printed, I looked last night and thought, "Well, that really does not cut it now. I have got to get that updated again." It is a real problem.

**Ms KOFF:** In terms of the aged care facilities, given they are Commonwealth-run institutions it creates a little bit of mixed communication mechanism. However, we have been quite active in the space in providing information for the facility itself and their staff because of their techniques and depending on their training of the use of PPE gear. The protective equipment is critical. Families and residents, they really need to understand as the Chief Health Officer described, the social distancing. They eat communal meals and all those other sort of topics that we are having conversations with them about; looking at, wherever possible, minimising visits, especially when people are unwell. There is a range of strategies where the Commonwealth actually is doing a comprehensive package also of communication. As the Chief Health Officer indicated, the harmonisation of those communication strategies is going to be absolutely critical because our messaging needs to be consistent. The environment we are operating in is changing rapidly. That is our challenge that we will do it.

**Mr BRAD HAZZARD:** That is a really good point because we were trying to get our own out and then when we had the discussions with the Federal Government and the other States and Territories it dawned on us

that we need to have primarily, if we can do it, national uniform information going to the various groups so there are no changes in that. If you have got, for example, retirement villages or residential aged care facilities, they may be run by a company that crosses borders. So we need to try to get uniform. This is one of the biggest challenges I think Health has had in many, many years because it crosses the State boundaries, it crosses into Federal domains and it is relationships, it is information. It is a challenge.

**Ms CATE FAEHRMANN:** Minister, earlier you said, "COVID-19 is coming down the line". We know from other countries that the number of infections can increase by at least 10 times a week, 100 times in two weeks. Why is the Government only looking at doubling the capacity of beds in hospitals and doubling the numbers of ventilators then? Is it a budgetary thing?

**Mr BRAD HAZZARD:** No, it is not, and in fact I do not think anybody has talked about the budget aspects. It is just doing what we need to do. It is the best advice the Chief Health Officer has given us and she has explained that as to why. I think we need to understand and remember—I would certainly encourage all of you to remember when you are talking to your constituents—whilst it is coming down the line, 80 per cent of people will be managed in their own homes. For the first two or three weeks people were going into hospital and we were effectively quarantining in them in the hospital because we really did not quite know how it would play out. What we do know now three weeks, four weeks later is that 80 per cent of people have very mild symptoms.

**Ms CATE FAEHRMANN:** That is right, Minister. It is the 20 per cent though that I am referring to in terms of the demands on the hospital system.

**Mr BRAD HAZZARD:** That is why Kerry Chant was trying to explain earlier that in dealing with such an active tracing element of looking for people who are contacts, the two graphs that we have got are basically that if you do not do certain things the graphs come very high. That is what the Federal chief officer was explaining publicly, that we will have a much greater number of people going into hospitals earlier on. The steps that all of the Labor and Liberal States around the country are taking, all States and Territories, is to try to flatten that so it runs over a longer period but allows to have a medical system that works.

**Ms CATE FAEHRMANN:** The steps that other countries have taken that have essentially flattened the curve are more extreme measures like social distancing, cancelling public events. If you think about how China got in control of it, if you think about what Italy is doing, if you think about what the European Union is doing, Singapore for example—

**Mr BRAD HAZZARD:** I do not think we could do what China did.

**Ms CATE FAEHRMANN:** That is right. The Government cannot do what China has done simply because I understand that would be incredibly difficult.

**Mr BRAD HAZZARD:** We could but we will not. Under the Public Health Act—

**Ms CATE FAEHRMANN:** Other countries are levelling the curve, if they have, by social distancing.

**Mr BRAD HAZZARD:** That is what Dr Chant has just talked about. It is evolving as we speak. The biggest increase we have had in New South Wales is in the last 24 hours.

**Ms CATE FAEHRMANN:** That is right.

**Mr BRAD HAZZARD:** So we have estimates straight off the back of the biggest increase.

**Ms CATE FAEHRMANN:** But Dr Chant did not talk about social distancing in terms of getting ahead of the curve, if you like, and trying to get ahead of it before—

**Mr BRAD HAZZARD:** No, that is exactly what she is doing. That is exactly what she is talking about.

**Ms CATE FAEHRMANN:** So which events have been cancelled in New South Wales?

**Mr BRAD HAZZARD:** At this stage that has not been necessary on our numbers and on our evolution, but the evolving aspects are currently very much in the minds of our Chief Health Officer as to whether or not it might become necessary or how to manage those issues. She made the point during a press conference this morning that people need to listen to those messages, particularly in the next couple of weeks, as she is working through, with her team and the Federal authorities, how to approach those issues.

**Ms CATE FAEHRMANN:** So we will wait and listen to the updates every day, almost every hour, at this stage. I understand it is a changing situation, but the evidence from all the other countries so far suggest that extreme social distancing measures have been what is necessary. Just back to the numbers of people hospitalised, then, particularly focused on concerns for remote regions of New South Wales and also remote Aboriginal

populations in New South Wales. What is the Government doing to ensure that people living in remote communities, particularly with complex health issues, are being looked after during this pandemic?

**Mr BRAD HAZZARD:** The entire regional areas, not just the very remote, are very much at the forefront of the discussions that have been going on with the Chief Health Officer and the local health districts. Those local health districts have been asked to put in place—the thing about it is that the 15 local health districts, the urban ones are fine, but the rural ones are not fine—how can I put this? There is a certain commonality in the urban ones around Sydney and maybe even Newcastle and Wollongong. But once you get out, it is very different in the Far West—you are right to raise that issue with the remote communities—and very different local health district approaches. We have actually raised the issues with them. I sat in meetings where the Chief Health Officer and the secretary have been out actually asking them to come back, recognising the vast evolution of what is going on, and coming back with plans as to how they will manage those in the event that there is effectively a seeding—you know, someone who goes into that area. Do you want to add to that?

**Ms CATE FAEHRMANN:** I would also just ask whether you are considering potentially isolating those communities as well, obviously in a manner that—

**Mr BRAD HAZZARD:** How do you mean? Tell them that they cannot move?

**Ms CATE FAEHRMANN:** No, I am thinking in terms of vulnerable populations, such as the elderly and also our vulnerable populations potentially in Far West New South Wales. Trying not to allow people who have been overseas, for example, in those communities.

**Mr BRAD HAZZARD:** To go there? Well, again, it is the isolation that the Chief Health Officer was talking about. Do you want to add to that?

**Ms KOFF:** Yes. A couple of points I would make. The Chief Health Officer consistently describes the precautionary approach. Going too early and imposing severe things when there have not been high levels of community transmission, I think that was consistently echoed by the Chief Health Officer. The majority of the cases are still related to a diagnosed transmission from someone, rather than a random episode in the community. That is what gives them the confidence as to what timing should social distancing come into play. I think the other important factor from the modelling, as I understand, despite the fact that you do say 20 per cent infection rate has been identified, it is the number of hospitalisations that might be necessary associated with that infection. That is what the data is telling us at the moment. As was referenced earlier, not everybody is going to be seriously sick and require a hospital admission.

**Ms CATE FAEHRMANN:** What percentage are you using? What percentage are you planning for in terms of hospitalisation here in New South Wales?

**Ms KOFF:** Roughly at the moment, and the assumptions change, but on the advice of the Chief Health Officer and the expertise of the advice of the Australian Health Protection Principal Committee [AHPPC]—

**Mr BRAD HAZZARD:** And the planners nationally, not just ours.

**Ms KOFF:** Yes, the national committee, we are looking at one in 20 infections potentially having to be hospitalised, but there is a range in that number also. I think with reference to your rural commentary, I think it is absolutely critical where we work in close collaboration with the Commonwealth, because yesterday the Commonwealth did make a wide range of announcements for their activity in this space, particularly with GPs. In many rural areas GPs are a predominant source of health care in conjunction and strong partnership with the hospitals. So they are looking at introducing telehealth consultations, telephone consultations—

**Mr BRAD HAZZARD:** The Feds are funding it.

**Ms KOFF:** —that now can be Medicare Benefits Schedule [MBS] billed. So, quite clearly for chronic patients, elderly patients, it is far preferable that you do not have to come to the GP clinic. You can ring it by phone. There are some special packages also for aged care facilities and some special packages for vulnerable populations in the Aboriginal communities.

**Ms CATE FAEHRMANN:** Can I just check, so that was a 5 per cent hospitalisation for people—

**Mr BRAD HAZZARD:** That is averaged out, though.

**Ms CATE FAEHRMANN:** Sure. For people who are infected, 5 per cent. That sounds like that is very much on the low, if not the lowest, percentage of countries so far in terms of hospitalisation. Is that correct?

**Mr BRAD HAZZARD:** We are leading the world at the moment in terms of our lower infection rates and our management, but it is because I think of a whole bunch of factors that have been taken into account. So far we are doing extremely well.

**Ms CATE FAEHRMANN:** Yes, but so far we do not have as many cases compared to other countries.

**Mr BRAD HAZZARD:** But that is the reason, because we have been handling it well. Right from the word go we moved very quickly. I am not claiming credit for New South Wales, I am saying Australia wide, all of the governments around the country have been working very collaboratively. I think we are doing pretty well. Having said that, it is a bit logarithmic, you would have to say. When we had those first few, I think it was four, then we had a gap for a while, we had a couple of weeks.

**Ms KOFF:** Yes, we did. We were a long time at four.

**Mr BRAD HAZZARD:** We had a couple of weeks, actually, before we had any further ones. But in the last couple of weeks it has picked up and that is what Dr Chant was talking about in terms of the worry about transmission issues. I think it was only about two weeks ago that we had nine or 10 and now we are up to 77. In fact I have just been given information there might be another one, so it is rolling on.

**The Hon. EMMA HURST:** Minister, you mentioned that the male baboon, Alfred, and the females have returned to the Wallacia facility.

**Mr BRAD HAZZARD:** Yes.

**The Hon. EMMA HURST:** Will they continue to be used in medical experimentation in future?

**Mr BRAD HAZZARD:** I cannot answer that. I do not know, but I would assume that they are part of a research family there, so it may be the case. I do not know.

**The Hon. EMMA HURST:** You have announced an investigation into the incident with the three baboons.

**Mr BRAD HAZZARD:** I announced an investigation. I said I wanted to investigate what went wrong and I have had it orally advised that it was a problem with some sort of locking device on the crate.

**The Hon. EMMA HURST:** So that investigation is closed. Is there any further investigation?

**Mr BRAD HAZZARD:** I have not said anything in writing yet, but you would appreciate that I might have had some other priorities in the last few weeks.

**The Hon. EMMA HURST:** So you will have something in writing at some point on that?

**Mr BRAD HAZZARD:** Hopefully, yes.

**The Hon. EMMA HURST:** And will it be more than how it happened, or is it just what you have been given orally about—

**Mr BRAD HAZZARD:** All I was asking was how did they escape and why did they escape, yes.

**The Hon. EMMA HURST:** I assume you also asked if there was any risk to human health?

**Mr BRAD HAZZARD:** I asked that orally and was advised no, there was not. The Chief Medical Officer just answered that one too.

**The Hon. EMMA HURST:** The primate breeding colony in Wallacia was once funded Federally by the National Health and Medical Research Council [NHMRC], but that ground has expired. Do you know how the facility is being funded now?

**Mr BRAD HAZZARD:** No. I can find out for you, but I thought it was following the guidelines of the NHMRC. Whether or not it is funded by them I am not sure.

**The Hon. EMMA HURST:** The funding was ceased in December 2018 is my understanding.

**Mr BRAD HAZZARD:** I will take it on notice and find out for you.

**The Hon. EMMA HURST:** Do you know if the New South Wales Government is also providing any funding at all?

**Mr BRAD HAZZARD:** I just said I do not know. I would assume they are but I do not know.

**The Hon. EMMA HURST:** If you could take that on notice, please.

**Mr BRAD HAZZARD:** Sure.

**The Hon. EMMA HURST:** Do you know how much funding the New South Wales Government contributes towards all medical research on animals each year? Again, I am happy for you to take that on notice.

**Mr BRAD HAZZARD:** I think that would be a very difficult issue to break down. I know there is about a quarter of a billion that goes annually into research, but how much of that—animals are very much integral to some of the research. I know when I visited various medical research institutes I have seen tiny little fish—they do not seem to be harmed, but their genomic structure had been changed that allows further research to identify the outcomes for human beings. But I do not know about that.

**The Hon. EMMA HURST:** Are you saying that you are not sure if the data is even collected to know how much is being funded towards animal research specifically?

**Mr BRAD HAZZARD:** I doubt it is but I will find out for you. I mean, I will ask the question. I will ask the question.

**The Hon. EMMA HURST:** Thank you.

**Mr BRAD HAZZARD:** So your specific question is? Just give it to me. I just do not want to have researchers spending too much time when they should be researching. So just give me the actual question you are asking.

**The Hon. EMMA HURST:** The question is how much funding does the New South Wales Government contribute towards medical research on animals each year?

**Mr BRAD HAZZARD:** Medical research on animals?

**The Hon. EMMA HURST:** Or in the past five years.

**Mr BRAD HAZZARD:** Or medical research for humans involving animals?

**The Hon. EMMA HURST:** No, just medical research on animals.

**Mr BRAD HAZZARD:** I am not sure what that actually means.

**The Hon. EMMA HURST:** Well, for the benefit of humans would be another subcategory because obviously there is a lot of medical research done on animals for other animals, veterinary research.

**Mr BRAD HAZZARD:** Any research involving animals, is that what you want, the cost?

**The Hon. EMMA HURST:** Yes. The amount of funding the New South Wales Government contributes towards medical research—

**Mr BRAD HAZZARD:** Ms Hurst, I will take that on notice and I will ask the question. But can I say in the way that other questions that come in, they have to be judged on how much it would cost the Government. Whether it is practical to get the answer I have to find that out too, so I am not guaranteeing I will give you a precise answer. But I will ask the question and see how much time and effort has to go into that to deal with it.

**The Hon. EMMA HURST:** Thank you. I am not breaking it down into different purposes for the research. I think that would make it very complex and I imagine that would not be available. There is increasing research to show that conducting medical experimentation on animals can be very expensive and ineffective. To give you some data from the United States Food and Drug Administration, it showed that up to 95 per cent of drugs that are tested on animals fail when translated to humans. Have you heard about any of this research?

**Mr BRAD HAZZARD:** No.

**The Hon. EMMA HURST:** You are not aware of it?

**Mr BRAD HAZZARD:** No.

**The Hon. EMMA HURST:** Or the success rates of drugs tested on animals in New South Wales?

**Mr BRAD HAZZARD:** I have to say, as health Minister and as medical research Minister I rely on the researchers and the medical people. My dealing is with the policy issues principally, although there are times, like this, where there is human danger, with coronavirus, that I am very actively involved in all these issues. But I think you are probably conflating and inflating what the health Minister and research Minister would normally do.

**The Hon. EMMA HURST:** I guess I am looking at the effectiveness of medical research on animals in regards to human health.

**Mr BRAD HAZZARD:** I cannot comment on that. I do not know.

**The Hon. EMMA HURST:** So that is not something that is targeted or collected within your ministerial role?

**Mr BRAD HAZZARD:** No.

**The Hon. EMMA HURST:** In the budget estimates last year you told me, and I am going to quote you—

**Mr BRAD HAZZARD:** Always a good thing to do.

**The Hon. EMMA HURST:** Yes. "NSW Health research funding is provided for a number of projects which reduce or replace the number of animals in research."

**Mr BRAD HAZZARD:** Sorry, say that again.

**The Hon. EMMA HURST:** "NSW Health research funding is provided for a number of projects which reduce or replace the number of animals in research." Again, this is something that you may need to take on notice, but I would appreciate if you could advise the amount of funding that New South Wales has been provided for projects developing alternatives for animal testing in the past five years.

**Mr BRAD HAZZARD:** I will take it on notice. But I will also say again that it depends on the amount of time that taxpayers' staff would have to pay—

**The Hon. EMMA HURST:** With all due respect, Minister, this area of animal research—and it was something that obviously the media found very frustrating when these baboons escaped—is that there is so much secrecy in this area and that is why there are so many questions. People just have no idea the number of animals being used, the species of animals being used, the research being conducted. So that is why I am bringing in a lot of the questions that the community has sent us today. Again, there seem to be no answers.

**Mr BRAD HAZZARD:** I appreciate that but as health Minister I have to prioritise the use of taxpayers' dollars in answering those sorts of detailed questions. Because where would it take us? It might take us absolutely nowhere. Ms Hurst, I am not saying I will not. I am just going to ask the questions and if the public servants can give me an idea of the costs and weigh that up against the outcome and the likely value of that, I will certainly ask those questions for you.

**The Hon. EMMA HURST:** Australia as a country experiments on more animals than almost anywhere else in the world. I think we are in fourth place on the number of animals that are used in animal experimentation worldwide. Do you think we need to be doing more progress and research on alternative methods for testing, such as cell-based research and computer modelling?

**Mr BRAD HAZZARD:** You are asking me for my opinion. As you would appreciate, under the standing orders of both the upper House and the lower House, that is not really an appropriate thing. And it is there for a reason, because I am not a researcher and I am not the scientist who is doing these things. So I think I would have to take advice on that question. If I get an advice from an appropriate authority, then I am happy to share that with you.

**The Hon. EMMA HURST:** Just going back to the incident with the male baboon at the hospital, one question was around the vasectomy that was being performed and why it was being performed at a hospital rather than a vet. Do you know anything about that?

**Mr BRAD HAZZARD:** It was not being performed at a hospital. It was being performed in an animal facility that was actually there in the grounds of Royal Prince Alfred Hospital.

**The Hon. EMMA HURST:** Why was it not performed at the Wallacia facility?

**Mr BRAD HAZZARD:** I gather because the people with the expertise to do it were at the animal facility.

**The Hon. EMMA HURST:** I have spoken to you previously about Food Frontier, a not-for-profit think tank and industry adviser on alternate proteins. In its most recent report it found that the number one reason for Australians to eat less meat is for better health. Is there anything that is being done in particular to support and promote that alternative protein sector for better health for humans?



**Mr BRAD HAZZARD:** By whom, I am sorry?

**The Hon. EMMA HURST:** Sorry, what do you mean "by whom"?

**Mr BRAD HAZZARD:** You just asked me whether anything is being done. I have no idea.

**The Hon. EMMA HURST:** Is anything being done by the Government from your role, Minister?

**Mr BRAD HAZZARD:** No.

**The Hon. EMMA HURST:** In December New York passed a landmark bill that guaranteed hospital patients a healthy, plant-based option at every meal. Currently a lot of hospitals in New South Wales do not offer any plant-based meal. That came after pressure from the American Medical Association, which in 2017 passed a Healthy Food Options in Hospitals resolution that calls on the US hospitals to provide the health of patients, staff and visitors by providing plant-based meals. Would you consider doing something like this?

**Mr BRAD HAZZARD:** I think my understanding was that patients who have particular needs for dietary matters could actually make that request. So I am surprised that you are indicating there is not any. But I will ask the question.

**The Hon. EMMA HURST:** Thank you.

**The Hon. COURTNEY HOUSSOS:** Minister, obviously we have talked about how the coronavirus is placing a lot of added stress on the entire hospital system, or the entire health system I should say. I wanted to ask you about ambulance response times. What is the median response time for ambulance responses last year, say for priority 1 responses?

**Mr BRAD HAZZARD:** Off the top of my head I think it is about seven minutes. Heavens, that is a bit of a worry, isn't it? It is 7.4 minutes approximately. That is a worry, isn't it?

**Ms PEARCE:** If I may, that is to the most urgent cases and that has stayed very stable for quite a long time.

**Mr BRAD HAZZARD:** I have to say it is a challenge because just in the last seven years people going to emergency departments—and many of those come via ambulance—has gone up by a million. It has been huge in the last seven years. I am a little frustrated, I have to say, because I think some of that relates to there not being ample money coming from the Federal Government to GPs through Medicare so that there is not a lot of encouragement to GPs to be actually—I mean, they are finding it very difficult to run their practices, putting it bluntly. So a lot more people are heading to—the problem with that is if I asked anybody in the room here the last time you went to your GP, did you get it through Medicare only? The chances are "no". It is actually an amount that you have to pay over and above. So the whole system is interconnected and the net result is that we are seeing people avoiding their GPs to avoid having to pay the excess and they end up coming into our emergency departments. I will ask Susan Pearce to just confirm or deny it but I think it is nearly an extra million people in the last seven years, is that right?

**Ms PEARCE:** Look, it is around that number, Minister. We have had various increases, as you would be aware, of emergency department [ED] attendances over the last 10 years. Ambulance calls—for example, in the last Bureau of Health Information [BHI] quarterly that was published for winter last year—are up by 9 per cent on the same quarter the previous year. So it is an area for us I think—and we have definitely communicated with the public around "Is your urgency an emergency?" The utilisation of ambulance resources needs to be really restricted to emergency calls and the Ambulance Service has attempted to get that message out to the community.

**The Hon. COURTNEY HOUSSOS:** You talked about the most urgent, so there is priority 1 [P1], that is the most urgent, and then there is priority 2 [P2]. What is the average wait time? Is it P1, P2, P3, P4?

**Ms PEARCE:** Yes, there are a range of priority codes.

**Mr BRAD HAZZARD:** They prioritise it at the headquarters and work out on a matrix how long it should take to get there.

**The Hon. COURTNEY HOUSSOS:** Can you give me an average for each—P1, P2, P3, P4?

**Mr BRAD HAZZARD:** Can I take it on notice and get it to you?

**The Hon. COURTNEY HOUSSOS:** Yes. Can you tell me how they compare to other States?

**Mr BRAD HAZZARD:** It is challenging. I have to say Queensland is doing a little better than us on some things. I think that is my understanding. It is okay but what are your thoughts on that?

**Ms PEARCE:** Again, our responses to those most urgent cases performs quite well. We have got some challenges, as the Minister has pointed out, in some of the geographically dispersed regions of the State. So it can be challenging to compare State to State.

**Mr BRAD HAZZARD:** Even area to area because of the geographic—

**Ms PEARCE:** Because it may be traffic related, it may be geographic related, so there are factors that influence those response times. If you have to travel further, it makes sense that the response time—and we have obviously been increasing our paramedic workforce and we always continually review areas where we need more. But this is an area we are constantly focused on.

**Mr BRAD HAZZARD:** Can I say to you, it is a real challenge too. The message that Ms Pearce started to say was to the community: "If you do not need it, if it is not a serious emergency, do not call the ambulance." I will not say the area but I was up talking to frontline paramedics and I remember I asked these two paramedics in an ambulance what they had done that morning and they said, "Minister, unbelievable, we got called to a case this morning and the man wanted a bandaid." Seriously? When you talk to the ambulance at the headquarters, at the control centre, they get far too many calls for matters that really should not be called.

**The Hon. COURTNEY HOUSSOS:** Can I just ask you, because obviously we do want it just to be used for the most urgent cases, is it true that 11 per cent of those most urgent cases wait over an hour?

**Ms PEARCE:** I would have to take that on notice.

**The Hon. COURTNEY HOUSSOS:** I wanted to come back to coronavirus again. Minister, you started talking about the provisions under the Public Health Act. What provisions does the Government actually have under the Public Health Act to take more extreme measures as they are required?

**Mr BRAD HAZZARD:** It is under section 6 of the Public Health Act that I have quite extraordinary powers to make various decisions. In fact I might have it. I was looking at this obviously the last week, it is not part of my folder for today, but I have brought it. Power to deal with risk to public health, section 7, power may be exercised where, "the Minister considers on reasonable grounds that a situation has arisen that is, or is likely to be, a risk to public health." Any "order must be published in the *Gazette*" and expires after 90 days. It has no effect "to any part of the State for which a state of emergency exists". So there is also an overlap between it being declared a state of emergency versus what my powers would be if I chose to exercise them. Obviously, as the Minister, you would not exercise them without the wonderful Dr Chant telling us what to do and giving us the advice.

**The Hon. COURTNEY HOUSSOS:** That reassures us all.

**Mr BRAD HAZZARD:** I am sure it would, I am sure it would. There are many people who would say that, many. Some of my closest mates would say that. And it says:

... the Minister—

- (a) may take such action, and
- (b) may by order give such directions,

as the Minister considers necessary to deal with the risk and its possible consequences.

...

... an order may declare any part of the State to be a public health risk area and, in that event, may contain such directions as the Minister considers necessary—

- (a) to reduce or remove any risk to public health in the area, and—

This is very important—

- (b) to segregate or isolate inhabitants of the area, and
- (c) to prevent, or conditionally permit, access to the area.

So there are quite extraordinary powers that the Chief Health Officer also has separately under the Public Health Act. But grab a copy of the Public Health Act and go through it. It is actually really interesting what can happen but so far it has been done in a collaborative way.

**The Hon. COURTNEY HOUSSOS:** In other States we have seen they have had to introduce legislation to require self-isolation, to require quarantining. We do not need to do any of those legislative measures?

**Mr BRAD HAZZARD:** We have all that. New South Wales is leading the way.

**The Hon. COURTNEY HOUSSOS:** If we were to implement some, you said earlier when we were talking about Chinese-style lockdowns that they have had to implement, you said technically under the law you would be able to then implement those—

**Mr BRAD HAZZARD:** Yes.

**The Hon. COURTNEY HOUSSOS:** —if it was required.

**Mr BRAD HAZZARD:** Absolutely.

**Ms CATE FAEHRMANN:** Still on coronavirus, I wanted to turn to an article in *The Guardian* by an anonymous GP. They are doing stories from people on the front line. On Saturday 7 March he talks about a shift that they did in their clinic and somebody came in to be tested for coronavirus. The doctor writes:

I try and read up the NSW Health guidelines on how to disinfect the other room. There are pages and pages of information on everything but I don't find my answer. Where are the flow charts? Where are our clear guidelines? Where do I look now? Do we have a CDC? Do I just google it? Public health won't answer their phones ... what now?

Are you aware of doctors complaining about this and what action is being taken to make it clearer?

**Mr BRAD HAZZARD:** Is this a GP you are talking about?

**Ms CATE FAEHRMANN:** It is a GP.

**Mr BRAD HAZZARD:** I think there is an element that goes back to what I was saying before, Ms Faehrmann, about the GPs not being technically our responsibility. But we are certainly trying to help them, and there have been a lot of forums to do that. I think GPs obviously are dealing now with the edge of their knowledge, to say the least—

**Ms CATE FAEHRMANN:** Sure.

**Mr BRAD HAZZARD:** —on how to manage it. But hold fire—

**Ms CATE FAEHRMANN:** Because this does talk about NSW Health guidelines on how to disinfect rooms.

**Mr BRAD HAZZARD:** I have to say we have had everybody else starring here on the main part, so I am going to ask Dr Lyons, also a deputy secretary, a medical doctor, to answer your question. I am sure he would have insights.

**Dr LYONS:** Thanks for the question. Dr Chant and myself had a two-hour session with GPs yesterday evening from 6.00 p.m. to 8.00 p.m. where we were listening to the concerns that they have around a range of issues. This issue around the source of information that supports them to do their work was certainly a major factor for them because they are being inundated with pieces of information from everywhere. That is the first thing. What they want to do is to be able to access the information they need to support their practice in a timely way but get a source of information that they can trust and have confidence in. So we had a lot of discussion around what is the best way to do that. There was some advice given to us about the format or some of the information that we provide, which is very comprehensive, but needs to be simplified, as we have heard in that piece of feedback.

But what was agreed is that the College of General Practitioners will be taking the lead in communicating daily because, as we have heard through the course of this morning, the situation is evolving and the communication that needs to go out to our health professionals and to the system will need to change. So there is an agreement that the College of General Practitioners will send out a daily update. We will provide each day some advice from NSW Health about the most appropriate information based on the public health messaging and communication, link that with what is being provided federally to ensure that there is consistent messaging and that there are appropriate links to whatever other information is required, to the appropriate websites. That will be the basis on which the information will be communicated to the GPs. The advice we got back from them is that that would be most useful for them. It will go out under the College of General Practitioners and they have committed to actually introduce that arrangement. So there is a need to improve it and we are working with them to identify how we can best do that and listening to their needs.

**Ms CATE FAEHRMANN:** My next question is around the additional capacity provided to hospitals and clinics to deal with the number of people who are enquiring. I have just been told that somebody had been tested recently and was trying to get in touch with the Royal North Shore Hospital fever clinic number. She said it was almost impossible to get through; it took her several hours. The test has been delayed until tomorrow. She was told it was going to be this morning. So clearly there are delays in the tests because of the numbers and it is

taking a long time for people to get through. This is in the early stages of this outbreak. So what further, additional resources are being provided to ensure that—

**Mr BRAD HAZZARD:** That is what we were talking about before. The issue was, as Dr Chant highlighted, that there was some commentary that came from the Federal Government that was misinterpreted, which is the best we can put on it. North Shore, for example, the one you are raising, normally get about 200 people through their EDs in a day and it was up over something like 460 or 470.

**Ms CATE FAEHRMANN:** No, this is somebody who was asked to self isolate who is a doctor herself.

**The Hon. WES FANG:** Point of order—

**Ms CATE FAEHRMANN:** He is about to respond and I have limited time. It is not just about random people coming to the emergency department.

**Mr BRAD HAZZARD:** I am quite happy to answer your questions. I am not trying to duck it. All I am saying is that there were actually increased numbers coming through. They have set up the separate clinic. I will let Ms Pearce just explain that, please.

**Ms PEARCE:** Earlier this week after the announcement that Dr Chant referred to earlier, we did see a very significant increase in people attending our hospitals, including locations where we do have COVID and flu assessment centres, North Shore being one of those. On Monday the combination of attendees, as the Minister has pointed out, normal emergency attendees plus flu clinic attendees was 468, so a very significant number. That is why we will be continuing to establish clinics right across the State in our hospitals, as the Minister has already commented on, in partnership with the announcement of the Federal Government yesterday. So there will be the Federal Government clinics that they have announced. We have a range of clinics that we are standing up right across the State to continue to deal with that demand and that is also why we have extended the pathology that Dr Chant talked about earlier, so that we can ensure the testing gets done as properly as is possible for the right people.

**Ms CATE FAEHRMANN:** How much additional funding has been allocated to NSW Health within the overall budget to manage this? Have you been reallocating within the Health budget? Or has more been allocated and what is that allocation?

**Mr BRAD HAZZARD:** I think at this stage the money that has been put in the system for pathology is coping at the current time, but I mean—

**Ms CATE FAEHRMANN:** I am talking about the overall Health budget, Minister, not just for pathology, to cope with the whole outbreak.

**Mr BRAD HAZZARD:** We have got a budget and we live within the budget. The Treasurer Federally has made announcements, now additional funds that are going to be distributed amongst the State. That has only been done in the last 24 hours, so we are waiting to see how that works and we will very happily accept any support from our Federal colleagues.

**Ms CATE FAEHRMANN:** So you have the Federal Government support, which I am sure will be very well received.

**Mr BRAD HAZZARD:** All States and Territories.

**Ms CATE FAEHRMANN:** Exactly, within the State budget no additional request has been made to Treasury, for example, for additional funds for Health?

**Mr BRAD HAZZARD:** Not at this stage, but I have, as Minister, raised with the Treasurer the fact, as you would expect—Ministers talk about these issues—and I have raised the issue with him that it may be necessary as we progress. He has been extremely cooperative and said, "Well, come back and tell us if it does get to the point where you need additional funds." So it happens all the time, Ms Faehrmann, in government, when things are becoming an issue. That is government.

**The CHAIR:** Just two quick questions before I thank you and bid you farewell. With respect to the top end of the peninsula, Minister—

**Mr BRAD HAZZARD:** Which peninsula?

**The CHAIR:** Northern beaches. With respect to the residents at the top end who might have concerns about COVID-19 virus, ought they be considering going to the urgent care centre or to Northern Beaches Hospital? It has just been raised with me specifically in the last couple of days.

**Mr BRAD HAZZARD:** I love the fact that you are calling it the top end. I thought that was Northern Territory. Anyway, that is good.

**The CHAIR:** The top end of the Northern Beaches.

**Mr BRAD HAZZARD:** The top end of the northern beaches, yes. Down at Mona Vale they have already established a separate—as I understand it, I will check this. There is one at Northern Beaches Hospital and there is one down at Mona Vale.

**The CHAIR:** Sorry, what is there?

**Mr BRAD HAZZARD:** There is a separate respiratory clinic.

**The CHAIR:** Thank you. I can pass that on. Finally, this is just important to round it off, a statement—

**Mr BRAD HAZZARD:** Are there Labor voters down there at the Northern Beaches Hospital now, Mr Donnelly?

**The CHAIR:** There are always Labor voters down there. They are all around the State, Minister.

**Mr BRAD HAZZARD:** Okay.

**The CHAIR:** Just to finalise this point, because it is critical for people who may read the *Hansard* tomorrow, and it is an opportunity to say this, Minister, where should citizens of the State go to source the most accurate and up-to-date information about the COVID-19 virus? Because there is a whole lot out there. This is a chance to be very definitive about where they ought go to source the information and the updating of that information.

**Mr BRAD HAZZARD:** If they think they might have it then I suggest they use the national number, which is 1800 022 222. That has capacity to give you the various information you need. I will just repeat that: 1800 022 222. But there are two avenues for the source of truth—either the NSW Health website or the Federal Government Health website.

**The CHAIR:** Thank you very much. With that, Minister, I thank you, your officers, your staff and, importantly, all those great employees of NSW Health who are doing outstanding work for and on behalf of the citizens of the State. On behalf of the whole Committee, as the Chair, I offer our support and encouragement to you, Minister, and everyone, for the work that you are all doing and wish you all very well in the days and weeks ahead. I would also like to say that we do ask that you look after your own health in terms of the pressures on everyone at various times. Thank you, once again, and we look forward to seeing you at the next budget estimates.

**(The witnesses withdrew.)**

**The Committee proceeded to deliberate.**