

CHAPTER 4

Understanding Victoria's decision to set up a Hotel Quarantine Program

1. Effective as of 11:59pm Sunday 15 March 2020, the National Cabinet agreed to a 'precautionary self-isolation requirement' on all international arrivals. The rationale for this decision was stated by the Prime Minister as being to reduce community transmission to 'help stay ahead of the curve'.¹
2. The overall intent of the decision was clear. It was 'about reducing the spread of the virus in Australia and saving lives'.²
3. The National Cabinet position was reflected in a Direction from the Chief Health Officer (CHO), issued on 16 March 2020, requiring overseas travellers to '... travel from the airport to a premises that is suitable for the person to reside in for a period of 14 days' (the Self-Quarantine following Overseas Travel Direction).³ A further Direction (the Airport Arrivals Direction), in substantially similar terms, was issued by the Deputy Chief Health Officer (DCHO) on 18 March 2020.⁴ In this Chapter, I refer to these Directions collectively as the 'Self-Isolation Directions'. For most returning Victorian residents, the Self-Isolation Directions would have meant self-isolating at home. The penalty for non-compliance was substantial (\$19,826.40).⁵
4. As noted in the previous chapter of this Report, no plan for a mass quarantine program existed in Victoria⁶ or in Australia more broadly.⁷
5. Yet within 12 days of 16 March 2020, Australian states and territories had transitioned from self-quarantine to mandatory mass quarantine at 'designated premises'.
6. This transition occurred as a result of National Cabinet agreeing to a mass quarantine program for all returned travellers to Australia from 11.59pm on 28 March 2020.⁸
7. Victoria reflected the national decision when the DCHO issued a Direction and Detention Notice to all overseas travellers arriving in Victoria from 11.59pm on 28 March 2020. The penalty for non-compliance remained at \$19,826.40.⁹
8. According to both the Prime Minister and the Premier, the rationale for a mandatory mass quarantine program at designated premises was to reduce community transmission of the COVID-19 virus.¹⁰
9. It is relevant to the Inquiry's Terms of Reference to understand why there was a shift in Victoria from a requirement to self-isolate at suitable premises to a mandatory, mass quarantine program, particularly in the context of there having been no prior planning for a mass quarantine program.

4.1 Events leading to 27 March 2020

10. As outlined in Chapter 1 of this Report, the COVID-19 pandemic was seen to be escalating rapidly in the early months of 2020, from Australia's first case on 25 January 2020 to 112 cases some six weeks later.¹¹
11. The evidence of Victoria's DCHO, Dr Annaliese van Diemen, highlighted how quickly COVID-19 cases were increasing in March 2020. Dr van Diemen stated that:

We were increasing our case numbers by four times every week, week on week, from the first week of March. We had a four-fold increase every week, which put us on track to somewhere in the vicinity of 32,000 cases within a couple of weeks.¹²

12. Dr van Diemen also noted that every introduction of COVID-19 would increase that exponential growth.¹³
13. Given the increase of COVID-19 cases in Victoria, and the growth in cases globally (as outlined in Chapter 1), it is not surprising that the National Cabinet was established on 13 March 2020 with its stated aim to address and ensure consistency in Australia's response to the COVID-19 pandemic.¹⁴
14. By 15 March 2020, when the National Cabinet's 'universal precautionary self-isolation requirement on all international arrivals' was implemented,¹⁵ Australia had a total of 298 confirmed COVID-19 cases, with 57 of these cases in Victoria.¹⁶

The shift from self-isolation to mandatory, mass quarantine

15. What, then, led to the shift from the precautionary self-isolation requirement on 15 March 2020 to a mandatory quarantine program, only 12 days later?
16. It appears that an exponential increase in COVID-19 cases in Australia played a role in this shift. By 27 March 2020, there was a total of 3,162 COVID-19 cases in Australia, with 574 of these cases in Victoria.¹⁷ This represented an approximate eleven-fold increase in COVID-19 cases in Australia and a ten-fold increase in COVID-19 cases in Victoria since 15 March 2020.

Table 4.1: Cumulative COVID-19 cases in Australia and Victoria between 15 March and 27 March 2020

Date	COVID-19 cases in Australia (cumulative total)	COVID-19 cases in Victoria (cumulative total and subset of Australian total)
15 March 2020	298	57
16 March 2020	352	71
17 March 2020	437	94
18 March 2020	559	121
19 March 2020	685	150
20 March 2020	872	178
21 March 2020	1,074	229
22 March 2020	1,368	296
23 March 2020	1,694	355
24 March 2020	2,118	411
25 March 2020	2,415	466
26 March 2020	2,795	520
27 March 2020	3,162	574

Source for Australian COVID-19 figures: Department of Health (Commonwealth) COVID-19 current situation and case numbers: daily reported cases, <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers#daily-reported-cases>; Source for Victorian COVID-19 figures: <https://www.dhhs.vic.gov.au/media-hub-coronavirus-disease-covid-19> (figures extracted from media releases 15 March – 27 March 2020).

17. Moreover, during this period, there had been an outbreak on the Ruby Princess cruise ship, which had docked in Sydney.
18. Passengers from the Ruby Princess had disembarked into Sydney on the morning of 19 March 2020¹⁸ and had been allowed to disperse, greatly compounding the task of contact tracing and infection control. The outbreak from the Ruby Princess was linked to more than 800 COVID-19 cases.¹⁹

4.2 The basis of the decision to quarantine rather than continue or expand self-isolation for all returning travellers

Increasing COVID-19 cases and community transmission

19. When announcing the National Cabinet decision to enforce quarantine at a designated facility, the Prime Minister noted that 'substantial numbers of returned travellers and small community outbreaks associated with travellers continue to contribute most of the significant further growth in COVID-19 cases in Australia'.²⁰
20. The Premier, similarly, noted that:

While Victoria has seen some community transmission of this virus, most cases have been the result of travellers returning from overseas who then pass it onto their close contacts. To ensure this no longer happens, National Cabinet has agreed that all states and territories will put in place enforced quarantine measures.²¹

21. It is, therefore, reasonable to conclude that the increase in COVID-19 cases, and community transmission linked to returned travellers, influenced the National Cabinet's decision to review the effectiveness of self-quarantine and to elect to enforce a mandatory quarantine program on all returned travellers.²²

Advice from the AHPPC

22. The decision of National Cabinet was announced by the Prime Minister as being based on the advice of medical experts.²³ As outlined in Chapter 1, the Australian Health Protection Principal Committee (AHPPC), led by the Commonwealth's Chief Medical Officer and comprising the chief health and medical officers from each jurisdiction, was the key medical advisory body to the National Cabinet.²⁴
23. Professor Brett Sutton, Victoria's CHO and a member of the AHPPC, gave evidence that the AHPPC had not endorsed a hotel quarantine program for all returned travellers either prior to, or in the wake of, the Prime Minister's announcement on 27 March 2020.²⁵

24. In his evidence, Prof. Sutton stated that 'on 26 March 2020, the AHPPC recommended to governments that the single most important thing that could be done was to stop the capacity for any returning traveller transmitting the virus'.²⁶ However, the AHPPC 'did not endorse the idea of quarantining travellers at hotels (or other designated facilities)'.²⁷
25. The evidence of the Premier was that the AHPPC's advice to National Cabinet recommended that only so-called 'high-risk' cases, where those people would normally reside with others at home, should be placed in an enforced quarantine in facilities such as hotels.²⁸ This evidence is consistent with versions of a draft advice passing from Prof. Sutton to Kym Peake, then Secretary to DHHS, on the evening of 26 March and the early morning of 27 March 2020.²⁹
26. In his witness statement, the Premier said that the 'National Cabinet considered the measure recommended by the AHPPC, but in respect to all returned travellers ... That extended measure was ultimately agreed by National Cabinet'.³⁰

Figure 4.1: Draft AHPPC advice regarding quarantine arrangements for returned travellers noting that high risk cases be placed in a facility such a hotel

Additional Measures recommended:

- In addition to the existing enforced quarantine arrangements for international travellers arriving in Australia, it is recommended that in high risk cases, monitored placement in a facility such as a hotel is enforced for those who would normally reside with others at home.
- Given the epidemiology in Greater Sydney, Greater Melbourne and South East Queensland, it is proposed that these jurisdictions consider immediately instituting additional physical distancing measures through closure of some or all non-essential services for a short-term period.

Additional Consideration of Triggers
The officials were unable to agree on any set numerical triggers for further action given the need for a contextualised assessment of the outbreak in a given area. The previously proposed parameters include an assessment of the following:

- The overall epidemic curve, which demonstrates 'rate of growth' nationally or potentially regionally if a regional lock down is proposed. This needs to be interpreted in the local context.
- Clusters without clear epidemiology links are the strongest indication of outbreaks, which are unlikely to be contained by public health intervention.
- The degree of expected impact of current social distancing on transmission rates.
- Health system impact. An assessment that demand for general or specific health services (particularly critical care services) will likely exceed capacity within 2 to 3 weeks.
- Case positivity rate as an indicator of testing.
- Time to diagnosis and time to complete contact tracing as well as the number of contacts per case as an indicator of public health response capacity.

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Source: Exhibit HQ10192_RP, draft advice to National Cabinet.

27. It, therefore, appears that, as at 27 March 2020, while the AHPPC recommended enforced quarantine for 'high-risk' cases, the AHPPC did not recommend or advise on an enforced quarantine program for all returned travellers as a way to minimise the growth or spread of COVID-19 cases.
28. This position changed in the months following the implementation of hotel quarantine programs across Australia. On 26 June 2020, the AHPPC published a statement noting that, on the advice of the Communicable Diseases Network Australia (CDNA), the AHPPC considered two options for addressing what it described as, at that time, an increasing risk of COVID-19 in returning travellers:³¹
- reducing the time of quarantine in a hotel for international travellers. This included most spending part of the time in home quarantine
 - continuing the current model of 14-day quarantine in a hotel.

29. The statement noted that, having considered these options, the AHPPC:
- A. considered that there was not enough data to justify reducing the need for hotel quarantine
 - B. recommended that all international travellers continue to undertake 14 days' quarantine in a supervised hotel.
30. Notwithstanding the AHPPC position as at 27 March 2020, Prof. Sutton confirmed he supported the idea of a hotel quarantine facility for all returned travellers at that time.³² His rationale for supporting this idea is discussed below at paragraph 36.
31. Similarly, Dr van Diemen was of the view that mass quarantining of returning travellers was warranted. This was necessarily so, as it was Dr van Diemen who had to consider whether or not to issue the Direction and Detention Notice that gave effect to the National Cabinet's announcement in Victoria.³³

4.3 Factors that influenced support for an enforced quarantine program for all returned travellers in Victoria

32. The evidence of the Premier, Prof. Sutton and Dr van Diemen was that several key factors drove their support for reducing community transmission of COVID-19 via a program of mandatory, mass quarantine for returning travellers:
- A. the continued increase in COVID-19 cases and the associated rising community concern³⁴
 - B. some evidence of recent arrivals to Victoria who were not complying with requirements to self-isolate at home³⁵
 - C. concern about the rising number of COVID-19 cases internationally and the prospect of our hospitals becoming overwhelmed if returning travellers were permitted to self-quarantine.³⁶
33. The Premier gave evidence regarding the factors that influenced his own agreement with the National Cabinet decision:
- A. Firstly, it would make compliance and enforcement an easier task from a policy perspective.³⁷ The Premier's understanding was that there had been instances of non-compliance with the home quarantine direction for returned travellers in place at that time. The Premier considered that the honesty-based system of home quarantine that had existed to that point was too risky, and he had come to a view that quarantining people in a designated facility would reduce the risk.³⁸
 - B. Secondly, the Premier stated that it was not certain, at that time, how many Victorians who had not been overseas might contract the virus. The Government was trying to buy time to prepare the health system and expecting that the situation would unfold as it had in other parts of the world.³⁹ This evidence accords with remarks made by the Premier at a press conference on 28 March 2020, where he stated that the decision was 'appropriate' and that it was more likely to reduce cases in Victoria and flatten the curve.⁴⁰
 - C. Thirdly, the Premier was aware of a decision of the Expenditure Review Committee (ERC) on 20 March 2020 to allocate \$80 million dollars for procuring hotel rooms. This was for an accommodation package to support key workers and provide emergency accommodation to people in need, including what became known as the Hotels for Heroes program.⁴¹ The Premier agreed, in evidence, that his knowledge of this work was key to his view that it would be feasible for Victoria to implement a mandatory quarantine program.⁴²

Continued increase in COVID-19 cases

34. As noted at paragraph 12, the rapid rate of COVID-19 transmission was concerning.
35. Dr van Diemen's evidence was that she had observed, primarily through international experience, that the disease spread rapidly with very high fatality rates.⁴³ Further, with no vaccine and no treatment to mitigate the effects of COVID-19, the virus was observed as being an 'exceedingly significant risk to public health'.⁴⁴
36. It is clear that the concern over rising COVID-19 case numbers had played a significant role in Victoria supporting the idea of an enforced quarantine program.
37. Indeed, in his evidence, Prof. Sutton stated that he, personally, supported the idea of all returned travellers being quarantined in a hotel.⁴⁵ He discussed this view with Dr van Diemen, where the constraints on individual liberties and individual rights of a mandatory quarantine program were balanced against a 'recognition that countries like Italy were going through thousands of cases and were facing a catastrophic epidemic that ultimately killed tens-of-thousands of people in that country ...'.⁴⁶
38. The Premier, by way of explaining why he considered, by late March, that the Airport Arrival Direction of 18 March 2020 was insufficient to mitigate the risks to Victorians, stated 'it was apparent that, if the virus seeded in a Victorian city, there would be no containing it without the imposition of unprecedented measures'.⁴⁷
39. This was in the context of international borders being closed to non-Australian citizens and residents, and anticipation of a significant number of Australians, returning home in light of the pandemic.⁴⁸ The Premier stated that:

In those circumstances, it was anticipated that a significant proportion of returned travellers would already be infected with the virus. That had been shown to have occurred with at least one group of travellers returning to Melbourne from Aspen, in the United States, and in the large number of infected passengers who had disembarked from the Ruby Princess cruise ship in Sydney, on 19 March 2020, and dispersed from there, with the virus, to other parts of Australia.⁴⁹

Evidence of non-compliance with the Self-Isolation Directions

40. The Inquiry heard evidence from Dr van Diemen, the Premier and former Chief Commissioner of Victoria Police, Graham Ashton, that, prior to 27 March 2020, some recent arrivals to Victoria were not strictly complying with the home quarantine requirements imposed on them.
41. As Dr van Diemen recalled, DHHS had observed, through identified cases and subsequent interviews and outbreaks, that people were not adhering to the home isolation requirements. Dr van Diemen noted that DHHS had a 'reasonable amount of evidence, albeit over a short period of time, that people were not adhering to the home quarantine requirements as strictly as we needed them to ...'.⁵⁰
42. Mr Ashton also noted, in his evidence, that there were levels of non-compliance, though he did also note that, on many occasions, people were isolating but not at the place where the Australian Border Force thought they would be. Police accordingly adjusted records and data on peoples' actual location.⁵¹

43. Notwithstanding that some people had incorrect location details, there was a level of concern about people not adhering to self-quarantine requirements. Indeed, the Premier noted, in late March, that he was mindful of reports Victoria Police had 'expressed concerns about instances of non-compliance with the Chief Health Officer's direction, including people continuing to breach self-quarantine requirements'.⁵²
44. In this context, it was the evidence of Dr van Diemen that Victoria had a small window to stop the number of virus importations into the community. It was her view that quick action was needed because for 'every introduction of the virus to the community, there was significant amounts of spread being seen'.⁵³
45. Taking into account the continued increase in COVID-19 cases and the information as to recent arrivals to Victoria not complying with requirements to self-isolate at home, there was support for an enforced quarantine program by the Premier, Prof. Sutton and Dr van Diemen. As stated by the Premier:

I went into the National Cabinet meeting on 27 March 2020 with the firm view that, as a policy for stopping large numbers of returned travellers from spreading the virus, self-quarantine posed an unacceptable risk to the Australian community and to Victoria, and it was therefore insufficient.⁵⁴

46. As set out in Section 2 of the Interim Report, on examination during the Inquiry, the evidence of non-compliance with the existing Self-Isolation Directions was not extensive and was set in the context of poor dissemination of information to those who were subject to the Directions. Mr Ashton's media comments from 23 and 26 March 2020 were played in evidence.⁵⁵ They indicated a degree of non-compliance on 23 March 2020, which was observed by 26 March 2020 to be improving as returned travellers gained a better understanding of the requirements.⁵⁶ In his evidence, Mr Ashton said that some people who were, at first, thought to be breaching their Directions, were later found to be self-isolating at a different address.⁵⁷ However, the Premier's view remained that the risk posed by self-isolation at home was too high.⁵⁸
47. Section 2.8 of the Inquiry's Interim Report discusses the evidence of non-compliance during self-quarantine at home. Noting that the evidence of non-compliance with the existing Self-Isolation Directions was not extensive, concerns about non-compliance remain proper and must be addressed. Recommendations 60–67 of the Interim Report, which are now adopted into this Final Report, provide a pathway for managing non-compliance in an optional home-based quarantine model through a thorough risk assessment, clear communication and understanding of the Home Quarantine Directions and consideration of a range of methods for monitoring compliance with home quarantine requirements.

Concern about the rising number of COVID-19 cases internationally and the prospect of hospitals becoming overwhelmed if returning travellers were permitted to self-quarantine

48. The then Secretary of DHHS, Ms Peake, shared the Premier's concern to 'buy time' to prevent Victoria's health system from being overwhelmed.⁵⁹ Ms Peake focused the concern thus:

Our modelling showed that without intervention, at the peak of the pandemic we would have had 10,304 people in hospital and 5,118 ICU admissions. At the time we had 448 staffed ICU beds and the capacity to surge to 2,000 beds across private and public sectors.⁶⁰

49. The State Controller — Health, Andrea Spiteri, expressed a similar sentiment about the prevailing thinking within DHHS at the start of the Hotel Quarantine Program:

It was also at a time where health services themselves were gearing up for a potential influx of patients that might need intensive care. So at that time it was a very different environment, when the program started, to where we were a couple of months later, with the lifting of restrictions in Victoria, with the easing of the potential pressure on health services, and their ability to be able to potentially support into that environment.⁶¹

50. Given contemporary understanding of the situation facing Victoria as at 27 March 2020, such concerns were doubtless reasonably and sincerely held. The prospect that an influx of people needing hospitalisation could overwhelm the health system was unquestionably a legitimate consideration for health authorities and government at that time. Victoria chose to address those concerns with an appropriate response at that time.
51. That said, it leaves open the question of whether there were and currently are other options available either as an alternative to hotel quarantine, or in conjunction with hotel quarantine in some cases.

4.4 Alternatives to hotel quarantine

52. Addressing the option of a home-based quarantine model, as is contained in Section 2 of the Interim Report, is not to be seen as a criticism of the decision taken on 27 March 2020 to respond to the rapidly rising numbers of cases internationally and the risk of returning travellers spreading the virus into the Victorian community. Rather, the recommendations contained in Section 2 of the Interim Report come after having had the ability to examine the actual evidence as to non-compliance and the context in which that arose.
53. It also comes after consideration, not only of that evidence, but also with time to give consideration to the steps available to minimise the risk that those assessed as suitable to quarantine in residential premises will not comply with Directions to do so. Section 2 of the Interim Report discusses what is necessary to address the issues that arose in the evidence including ensuring that people are properly advised of what is required of them together with the penalties for failing to comply and addressing the need for both support and monitoring for compliance.
54. Further, the recommendations also come set in the evidence that the greatest risk has come from transmission events from returned travellers in hotel quarantine to those working at the hotels. This appears to have happened in other states, too.
55. As stated at the outset to this Chapter, this was done in the Interim Report not to criticise the decision that was made **at the time** to abandon the Self-Isolation Directions for quarantining at home but rather to more closely examine, now, what actually happened and to re-assess what can now be considered as a more nuanced and potentially safer approach to quarantining as recommended in the Interim Report.
56. Section 2.7 of the Interim Report contains a summary of the evidence as to the forms of communication that were being used to advise international arrivals by air of their obligations to self-quarantine at that time. As I concluded at paragraph 49 of Section 2.7, this fell 'well short' of what was needed to effectively communicate what each person's legal obligations were as they entered the country. The consequences of non-compliance (particularly in terms of the spread of infection, but also of penalty) required far more direct, personal and reliable communication than such a system provided.
57. Section 2 of the Interim Report and the attached recommendations as to a home quarantine model set out what I have concluded and recommended in this regard.

4.5 Conclusions

58. As at 15 March 2020, Victoria adopted the agreement reached at National Cabinet to make precautionary self-isolation directions to all international arrivals to reduce the risk of community transmission from those potentially carrying the virus in from international locations.
59. At that time, numbers of cases were starting to rise in Australia and in Victoria. By 15 March 2020, Australia had a total of 298 confirmed COVID-19 cases and Victoria had 57 of those cases.
60. The DCHO and other experts were noting that, without effective intervention, those numbers would continue to rise exponentially.
61. By 27 March 2020, there was a total of 3,162 cases in Australia and 574 of those cases were in Victoria. This represented a ten-fold increase in cases in Victoria. Moreover, during this period, there had been an outbreak on the Ruby Princess cruise ship, which had docked in Sydney, with infected passengers allowed to disperse across the nation. This event was linked to 800 cases in Australia.
62. The view of National Cabinet, echoed by the Victorian Premier, was that the majority of cases in the community at that time were linked to the virus coming in via international arrivals.
63. Together with the considerable concern raised in the wake of the Ruby Princess, there was evidence that some returned travellers were not adhering to the requirement to self-isolate at home.
64. Notwithstanding that, as at 27 March 2020, the AHPPC had only recommended enforced quarantine to the National Cabinet for 'high-risk' cases, both the National Cabinet and the Victorian Premier took the decision to direct the mandatory detention of all international arrivals into designated facilities which, in Victoria, were hotels. Both the CHO and the DCHO supported the decision based on the following:
 - A. an exponential increase in COVID-19 cases
 - B. a link between returned travellers and community transmission rates
 - C. perceived rates of non-compliance with Self-Isolation Directions
 - D. perceived inadequacy of the Self-Isolation Directions.
65. As at 27 March 2020, there was a proper and grave concern being expressed about the extent to which Victoria's health system might be overrun by COVID-19. The situation in many countries was already very grave, with substantial rates of infection and serious illness that had caused demand for hospital care to exceed existing medical services.
66. Recommendation 58 of the Interim Report states that, in conjunction with a facility-based model for international arrivals, the Victorian Government should develop the necessary functionality to implement a supported home-based model for those international arrivals assessed as suitable for such an option.
67. Given the physical limitations of hotels as quarantine facilities (as in, they are not designed as such), a major risk of the hotel model is the daily movement of personnel in and out of the facility and then into the communities in which they live. Even in a best practice model, which has dedicated personnel not moving between facilities, clinical and non-clinical personnel are, of necessity, coming in and out of a facility which, by definition, contains potentially infected people.
68. Minimising the number of people working in such environments, by only having those unable to quarantine safely at home, in the facility, reduces this risk of transmission to the broader community.

Endnotes

- 1 Prime Minister, 'Coronavirus Measures Endorsed by National Cabinet' (Media Release 16 March 2020), <<https://www.pm.gov.au/media/coronavirus-measures-endorsed-national-cabinet>>.
- 2 Exhibit HQI0142_RP Voluntary Submission from the Commonwealth of Australia, HQI.0001.0002.0050.
- 3 Exhibit HQI0155_RP Annexures to witness statement of Prof. Brett Sutton, DHS.6000.0066.3880-3882.
- 4 Ibid DHS.6000.0084.0648-0649.
- 5 From 1 July 2019 to 30 June 2020 a penalty unit in Victoria was \$165.22, 120 penalty units were attached to this fine, <<http://www.gazette.vic.gov.au/gazette/Gazettes2019/GG2019G014.pdf>>.
- 6 Exhibit HQI00211_P First witness statement of the Hon. Jenny Mikakos, former MP, 9 [47]; Exhibit HQI0218_P Witness statement of the Hon. Daniel Andrews MP, 8 [39].
- 7 Transcript of day 18 hearing 16 September 2020, 1471-1472.
- 8 Exhibit HQI0157_P Transcript of Prime Minister's Press Conference 27 March 2020, 3.
- 9 Dr Annaliese van Diemen, 'Revocation of Airport Arrivals Direction and Cruise Ship Docking Direction' in Victoria, *Victoria Government Gazette*, No S 167, 30 March 2020, 1 <<http://www.gazette.vic.gov.au/gazette/Gazettes2020/GG2020S167.pdf>>.
- 10 Exhibit HQI0157_P Transcript of Prime Minister's Press Conference 27 March 2020, 5; Premier of Victoria, 'Enforced Quarantine for Returned Travellers to Combat Coronavirus', (Media Statement 27 March 2020) <<https://www.premier.vic.gov.au/sites/default/files/2020-04/200327-Enforced-Quarantine-For-Returned-Travellers-To-Combat-Coronavirus-1.pdf>>.
- 11 World Health Organization, 'Coronavirus disease 2019 (COVID-19) Situation Report 51' (Situation Report, 11 March 2020) 1 <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_10>; Department of Health, 'COVID-19 current situation and case numbers: daily reported cases' (Web page), <<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers#daily-reported-cases>>.
- 12 Transcript of day 18 hearing 16 September 2020, 1536-1537.
- 13 Ibid 1537.
- 14 Prime Minister, Minister for Health, Chief Medical Officer, 'Advice on Coronavirus' (Media Release, 13 March 2020) <<https://www.pm.gov.au/media/advice-coronavirus>>.
- 15 Prime Minister, 'Coronavirus Measures Endorsed by National Cabinet' (Media Release, 16 March 2020) <<https://www.pm.gov.au/media/coronavirus-measures-endorsed-national-cabinet>>.
- 16 Department of Health 'COVID-19 current situation and case numbers: daily reported cases' (Web page) <<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers#daily-reported-cases>>; Department of Health and Human Services 'More COVID-19 cases confirmed in Victoria' (Media Release 15 March 2020) <<https://www2.health.vic.gov.au/about/media-centre/MediaReleases/more-covid19-cases-confirmed-victoria-15-march>>.
- 17 Department of Health 'COVID-19 current situation and case numbers: daily reported cases' (Web page) <<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers#daily-reported-cases>>; Department of Health and Human Services 'Coronavirus update for Victoria' (Media Release 27 March 2020) <<https://www.dhhs.vic.gov.au/coronavirus-update-victoria-27-march-2020>>.
- 18 Special Commission of Inquiry into the Ruby Princess, 'Report of the Special Commission of Inquiry into the Ruby Princess' (Report, 14 August 2020) 265 [14.1] <<https://www.dpc.nsw.gov.au/assets/dpc-nsw-gov-au/publications/The-Special-Commission-of-Inquiry-into-the-Ruby-Princess-Listing-1628/Report-of-the-Special-Commission-of-Inquiry-into-the-Ruby-Princess.pdf>>.
- 19 Ibid 252-256 [13.21]-[13.43], 263 [13.64]-[13.65], 265 [14.2], 265 [14.4], 267 [14.10] <<https://www.dpc.nsw.gov.au/assets/dpc-nsw-gov-au/publications/The-Special-Commission-of-Inquiry-into-the-Ruby-Princess-Listing-1628/Report-of-the-Special-Commission-of-Inquiry-into-the-Ruby-Princess.pdf>>. The Ruby Princess Report notes that, of the 1,682 Australian passengers, there were 663 cases, and an additional 62 reported secondary and tertiary cases in Australia. Further, the Report notes of the Tasmanian outbreak, at the North West Regional Hospital, that the original source of the 138 cases (as at August 2020) was due to one or both of two inpatients who had acquired COVID-19 on the Ruby Princess.
- 20 Prime Minister, 'Update on Coronavirus measures' (Media Release 27 March 2020) <<https://www.pm.gov.au/media/update-coronavirus-measures-270320>>.
- 21 Premier of Victoria, 'Enforced Quarantine for Returned Travellers to Combat Coronavirus', (Media Statement 27 March 2020), <<https://www.premier.vic.gov.au/sites/default/files/2020-04/200327-Enforced-Quarantine-For-Returned-Travellers-To-Combat-Coronavirus-1.pdf>>.

- 22 Exhibit HQI0218_P Witness statement of the Hon. Daniel Andrews MP, [18]-[24] and [29].
- 23 Exhibit HQI0157_P Transcript of Prime Minister's Press Conference 27 March 2020, 12.
- 24 Prime Minister, 'Advice on Coronavirus' (Media Release 13 March 2020) <<https://www.pm.gov.au/media/advice-coronavirus>>.
- 25 Transcript of day 18 hearing 16 September 2020, 1476-1477; Exhibit HQI0153_RP Witness statement Prof. Brett Sutton, 32 [176]-[177].
- 26 Exhibit HQI0153_RP Witness statement Prof. Brett Sutton, 32 [178].
- 27 Ibid [176].
- 28 Exhibit HQI0218_P Witness statement of the Hon. Daniel Andrews MP, 3 [13].
- 29 Exhibit HQI0192_RP DHHS draft advice to National Cabinet; Transcript of day 22 hearings 22 September 2020, 1891.
- 30 Exhibit HQI0218_P Witness statement of the Hon. Daniel Andrews MP, 3 [13].
- 31 AHPPC, Australian Health Protection Principal Committee (AHPPC) statement on hotel quarantine (News Release, 26 June 2020) <<https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-hotel-quarantine>>.
- 32 Transcript of day 18 hearing 16 September 2020, 1477-1478.
- 33 Exhibit HQI0160_P Witness Statement of Dr Annaliese van Diemen, 7-8 [34]-[37].
- 34 Transcript of day 18 hearing 16 September 2020, 1481, 1536; Exhibit HQI0160_P Witness statement of Dr Annaliese van Diemen, 8 [36]-[37].
- 35 Transcript of day 18 hearing 16 September 2020, 1537; Exhibit HQI0218_P Witness statement of the Hon. Daniel Andrews MP, 5 [24].
- 36 Transcript of day 18 hearing 16 September 2020, 1536-1537; Exhibit HQI0218_P Witness statement of the Hon. Daniel Andrews MP, 4 [17] [20].
- 37 Transcript of day 25 hearing 25 September 2020, 2133.
- 38 Ibid 2188; 2133.
- 39 Ibid 2133.
- 40 Premier of Victoria, 'Victorian Premier Daniel Andrews Update on Cases' (Press Conference, 28 March 2020) <<https://www.theage.com.au/national/victoria/victoria-records-biggest-jump-in-virus-cases-as-on-the-spot-fines-introduced-20200328-p54erz.html>>.
- 41 Transcript of day 25 hearing 25 September 2020, 2122.
- 42 Ibid 2127.
- 43 Transcript of day 18 hearing 16 September 2020, 1536.
- 44 Ibid.
- 45 Ibid 1478.
- 46 Ibid.
- 47 Exhibit HQI0218_P Witness statement of the Hon. Daniel Andrews MP, 5 [21].
- 48 Ibid 4 [19].
- 49 Ibid [20].
- 50 Transcript of day 18 hearing 16 September 2020, 1537.
- 51 Transcript of day 19 hearing 17 September 2020, 1681.
- 52 Exhibit HQI0218_P Witness statement of the Hon. Daniel Andrews MP, 5 [23].
- 53 Transcript of day 18 hearing 16 September 2020, 1537.
- 54 Exhibit HQI0218_P Witness statement of the Hon. Daniel Andrews MP, 5 [24].
- 55 Transcript of day 25 hearing 25 September 2020, 2118-2120.
- 56 Exhibit HQI0220_P Transcript of press conference by the Hon. Daniel Andrews MP, HQI.0001.0033.0028; Exhibit HQI0221_P Transcript of press conference by former Chief Commissioner Graham Ashton, HQI.0001.0033.0067.
- 57 Transcript of day 19 hearing 17 September 2020, 1681.
- 58 Transcript of day 25 hearing 25 September 2020, 2133.
- 59 Exhibit HQI0218_P Witness statement of the Hon. Daniel Andrews MP, 5 [22].
- 60 Exhibit HQI0188_RP Second witness statement of Ms Kym Peake, 11 [30].
- 61 Transcript of day 19 hearing 17 September 2020, 1602.