

NT HEALTH

CHIEF HEALTH OFFICER'S REPORT

The COVID-19 Public Health Emergency
18 March 2020 to 15 June 2022

Acknowledgements

The Northern Territory Government respectfully acknowledges the Australian Aboriginal and Torres Strait Islander peoples of this nation, and recognises their continuing connection to their lands, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures and to their ancestors and Elders past, present and emerging.

While this strategy uses the term 'Aboriginal', we respectfully acknowledge that Torres Strait Islander peoples are First Nations people living in the Territory. Therefore, references to 'Aboriginal' Territorians should be read to include both Aboriginal and Torres Strait Islander Territorians.

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Suggested citation: Chief Health Officer's Report: The COVID-19 public health emergency 18 March 2020 to 15 June 2022. Darwin: World Health Organisation; August 2022. License: CC BY-NC 3.0.

ISBN 978-0-646-86577-5

Note: There is the potential for minor updates to data in this report. Please check the online version at <https://digitallibrary.health.nt.gov.au/> for any revisions.

Cover image: Alfred Farrell, Regional Support Officer, Department of the Chief Minister and Cabinet's Aboriginal Interpreter Service working at the testing clinic at Eastside shops during the November 2021 outbreak in Katherine.

Disclaimer

This report has been prepared for the Chief Health Officer by a team of experts from across the Northern Territory health system. This report would not have been possible without the contributions of Local, Territory and Australian Government agencies.

The Department of Health has made every effort to ensure that the information provided in this report is up to date at the time of publication. Data within this report is correct as at the date of publication however, data, comparisons and trends are subject to change over time.

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Hon Natasha Fyles MLA
Minister for Health
Parliament House
DARWIN NT 0800

Dear Minister

RE: CHIEF HEALTH OFFICER REPORT ON THE PUBLIC HEALTH EMERGENCY

Pursuant to section 55(1) of the *Public and Environmental Health Act 2011*, I present to you a report detailing:

- (a) the events that gave rise to the COVID-19 public health emergency from 18 March 2020 to 15 June 2022;
- (b) the action taken under Division 2 of the *Act* to deal with the emergency;
- (c) the directions given by the Chief Health Officer under Division 2 of the *Act* in the course of the emergency;
- (d) the outcomes of the action taken in dealing with the emergency.

Section 55(3) of the *Act* requires that this report be tabled in the Legislative Assembly within six sitting days after you receive this report.

Yours sincerely

A handwritten signature in black ink, appearing to read "Charles Pain".

Dr Charles Pain
A/Chief Health Officer

16 September 2022



Executive summary

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The world and the Northern Territory has been in the grip of a global COVID-19 pandemic since January 2020.

On 18 March 2020, the Northern Territory Minister for Health declared a public health emergency under the *Public and Environmental Health Act 2011*. On 26 March 2020, the *Emergency Legislation Amendment Act 2020* commenced which enabled the Chief Health Officer (CHO) to use emergency powers to enforce Directions that he considered necessary, appropriate or desirable to alleviate the public health emergency. This report describes the events that led to the activation of CHO Directions and the impact of these Directions on easing the burden of the pandemic on Territorians, the health system and the community.

In March 2020, the Territory had its first case of COVID-19. At this time the world was struggling to understand and manage this novel disease, and deaths from COVID-19 were escalating worldwide. The CHO emergency powers were executed under the Act enabling him to issue Directions to alleviate the public health emergency arising in the Territory.

A wide range of CHO Directions were released over the pandemic period in response to key events. This report highlights the key CHO Directions issued during the pandemic. Over the early periods of the COVID-19 pandemic in 2020-21, key CHO Directions such as border restrictions were implemented to protect Territorians from COVID-19 outbreaks emerging internationally and in the Australian southern states. Once COVID-19 vaccinations were available from February 2021, Directions were issued to increase vaccination rates and thus protect Territorians from severe disease and reduce the spread of COVID-19. By late December 2021 when the Territory vaccination rates had increased to provide sufficient protection, CHO Directions began to ease.

The Territory's response to the COVID-19 pandemic has been outstanding. The Territory had no community transmission or deaths from COVID-19 until early November 2021. The counterfactual modelling noted in this report outlines what could have happened without the key CHO Directions of border restrictions and vaccine mandates.

The response to COVID-19 has required an enormous effort by organisations across the Territory. A huge range of organisations have worked together to alleviate the public health emergency including all Northern Territory Government agencies, local and Australian governments, the Aboriginal community controlled health sector, land councils, local industry, and non-government organisations. This report acknowledges the work of all these organisations and the impact on the Territory community, business and health sectors.

As the impact of COVID-19 eased with increasing vaccination levels the public health emergency was lifted on 15 June 2022. Several CHO Directions remain in place to protect high risk settings and prevent potential emerging variants from adversely impacting Territorians. The Territory is now better prepared for future COVID-19 outbreaks and for any future emergencies due to this incredible experience.

Chief Health Officer's message

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Looking back on the COVID-19 emergency response, the willingness and ability of Territorians to step up and protect their community is what stands out.

Throughout the pandemic the Territory was one of the safest places in Australia and in the world thanks to the strength and resilience of our community, our gold standard quarantine facilities, agile border responses, high vaccination rates, outdoor lifestyle and wide open spaces.

The Territory's strategy was to act swiftly to suppress the virus. We did that to protect our vulnerable communities and prevent our health system from being overwhelmed. We successfully prevented COVID-19 from causing the widespread transmission that it did in other states when vaccination rates were low by implementing strict border controls, public health measures and at times limiting movement within the Territory.

We created the rare chance in the Territory for our community to get vaccinated before COVID-19 arrived. We did everything we could to keep COVID-19 out while Territorians got vaccinated, so that our systems could manage when it arrived. We undertook an extraordinary vaccination program that included significant community engagement, remote vaccination teams, door-to-door house visits, school visits, dedicated vaccination centres and pop-up clinics to make sure every Territorian was provided with an opportunity to access a COVID-19 vaccine.

We kept COVID-19 out of the Territory for a long time. But when the Delta variant arrived and we had widespread transmission of Omicron, we were able to manage the virus just as we had planned and prepared for. Our high vaccination rates resulted in less severe outcomes for Territorians and most people were able to manage their illness at home.

At the beginning of the pandemic, the Territory Government intensively planned our response in the face of uncertainty, limited information about COVID-19 and how events would unfold. We relied on longstanding public health principles to guide our actions and this proved to be highly successful. While other countries waited to get as much information as they could before acting, often missing the window to prevent the virus from causing widespread illness and death, we acted decisively. With our vulnerable populations in mind, we worked hard to get the balance right through applying the best health advice in a proportionate and practical way that worked for our communities.

In the Territory, we are used to dealing with emergencies, and deal with them often. We used this knowledge and experience to activate our response plans early and connect in with our communities and partners. Our partnerships with key stakeholders and Aboriginal health organisations were more important than ever before and were critical to our COVID-19 response. It was an outstanding effort, with so many people involved, working to tailor and target our approach to individual

communities during outbreaks. While our partnerships were strong before, we are now highly interconnected and continue to share ideas, information and knowledge.

The roll-out of the COVID-19 vaccine was a mammoth task but something that we should all be proud of with 94 per cent of Territorians aged five years and over receiving at least two doses of the vaccine within a 16 month period. We started our planning for the COVID-19 vaccine months before it became available, knowing it was the key to keeping Territorians safe. The COVID-19 vaccines worked, overwhelmingly preventing Territorians from severe illness and keeping them out of hospital and the ICU. Thanks to our high vaccination rates, Territorians were able to enjoy substantial freedoms and because every rule or restriction implemented was only in place for as long as it was needed.

COVID-19 tested us in so many ways. It tested our health systems and community sector, our ability to respond while continuing essential services, and our ability to work together to provide a coordinated whole of community response. My colleagues and I had to make some difficult decisions. We used the best epidemiological evidence available to us, and worked closely with our Chief Health Officer colleagues in other states and territories through the Australian Health Protection Principals Committee. We aimed for responses that were calm, fair and effective as we navigated through the complexities and changing circumstances of COVID-19. It wasn't easy enabling families to be together during their times of distress and grief, keeping important services going, businesses open and people at work, while most importantly keeping the Territory and our vulnerable communities safe.

Every Territorian made a sacrifice. Those sacrifices meant that we were able to stay in control of COVID-19 even at the peak of our outbreaks. It meant that while our hospital system was challenged it was not overwhelmed and that every person was able to receive the best care available.

While we focus on the future, with our emergency response to the COVID-19 pandemic ending, it is important for us to acknowledge the risks that remain. At the end of the Public Health Emergency on 15 June 2022, 56 Territorians had passed away while positive for COVID-19. Although all of those individuals had serious underlying health issues, it does not make their passing any less tragic. Every death is a tragedy and our thoughts are with their families.

COVID-19 remains a present threat and will be with us for a long time to come. The social, economic and long term health impacts are still not fully known and are likely to persist for some time. But we know now that we can, and will continue to live with the virus. Physical distancing, good hand hygiene, staying home when sick and vaccination will remain our front line defence.

It is hard for one document to summarise the massive effort, commitment and passion of the public service and Territorians to respond to the COVID-19 pandemic for more than two years to protect our community and way of life. It took a whole of society response; and that is powerful.

I am inspired by the many stories from urban areas, small towns and remote communities across the Territory. From our health workers who worked long hours in PPE and the many people behind the scenes, to every single Territorian who wore a mask, stayed home when asked, and got vaccinated. Our success managing COVID-19 in the Territory belongs to each and every one of you.

When history is written, the Territory's response will be recognised not just here in Australia, but across the world as a stand out example in managing COVID-19. The patience, strength, support and resilience of Territorians is what set us apart.

Dr Hugh Heggie PSM
Chief Health Officer

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About this report

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This report has been prepared pursuant to Section 55 of the *Public and Environmental Health Act 2011*. It describes the COVID-19 pandemic emergency response in the Northern Territory which lasted from 18 March 2020 to 15 June 2022.

The report is written from the perspective of the Chief Health Officer (CHO) and documents the main events, actions taken in response, and the outcomes of those actions.

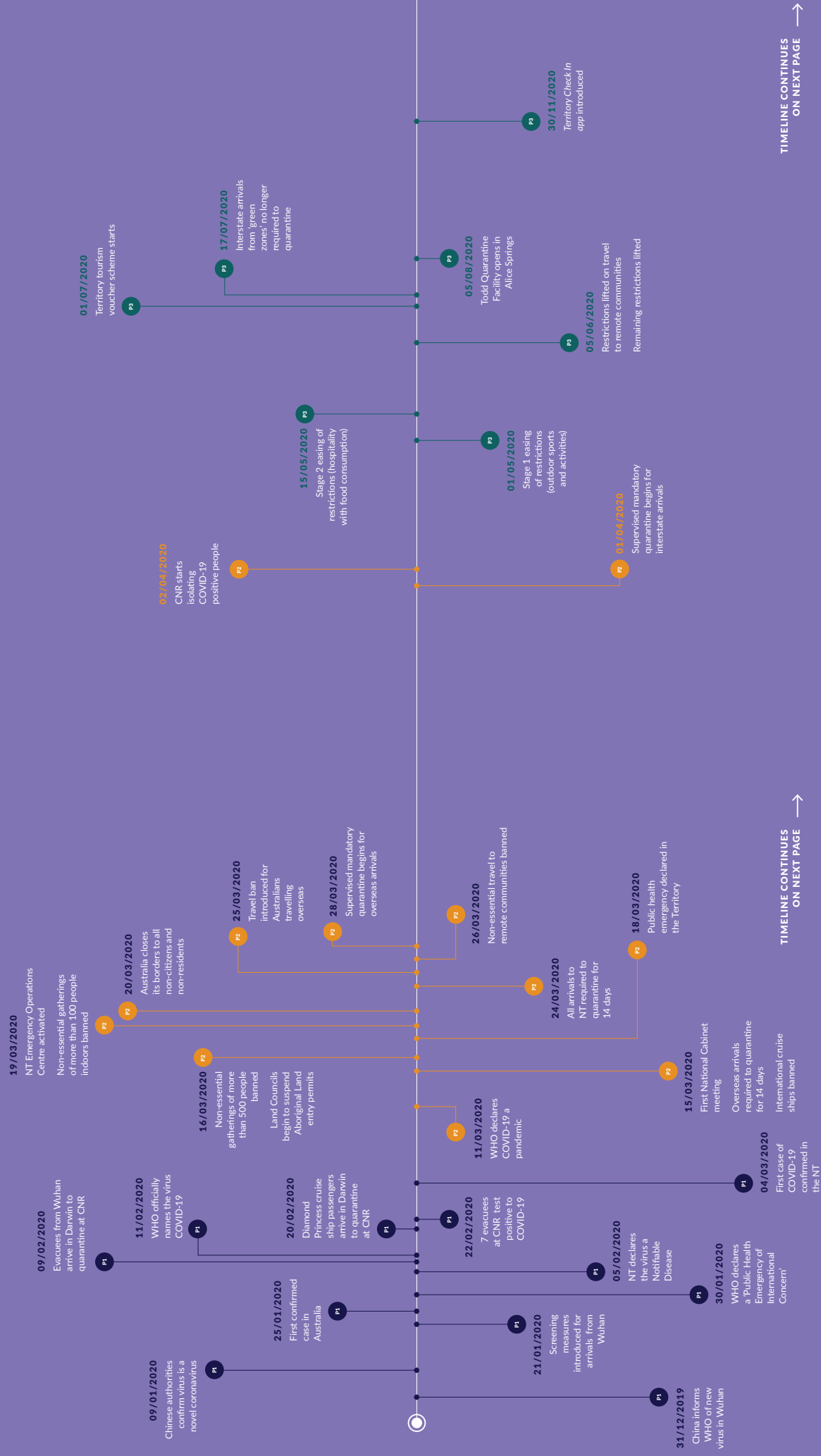
This report cannot do justice to the wide range, depth and impact of all efforts that were undertaken by non-governmental and private sector entities throughout the emergency period. Readers are encouraged to read the separate annual reports and publications of those organisations to understand the full scope of their role in the emergency response. The pandemic required the CHO to issue Directions to protect the Territory and mitigate its health and economic impact. This report also describes the main CHO Directions issued during the pandemic and others are listed in the tables later in the document. The report also includes actions beyond the CHO Directions to demonstrate the wide-ranging actions of the Territory Government to address this unprecedented event.

The emergency required a whole of government and whole of society response by the Northern Territory.

The report is presented in the following sections:

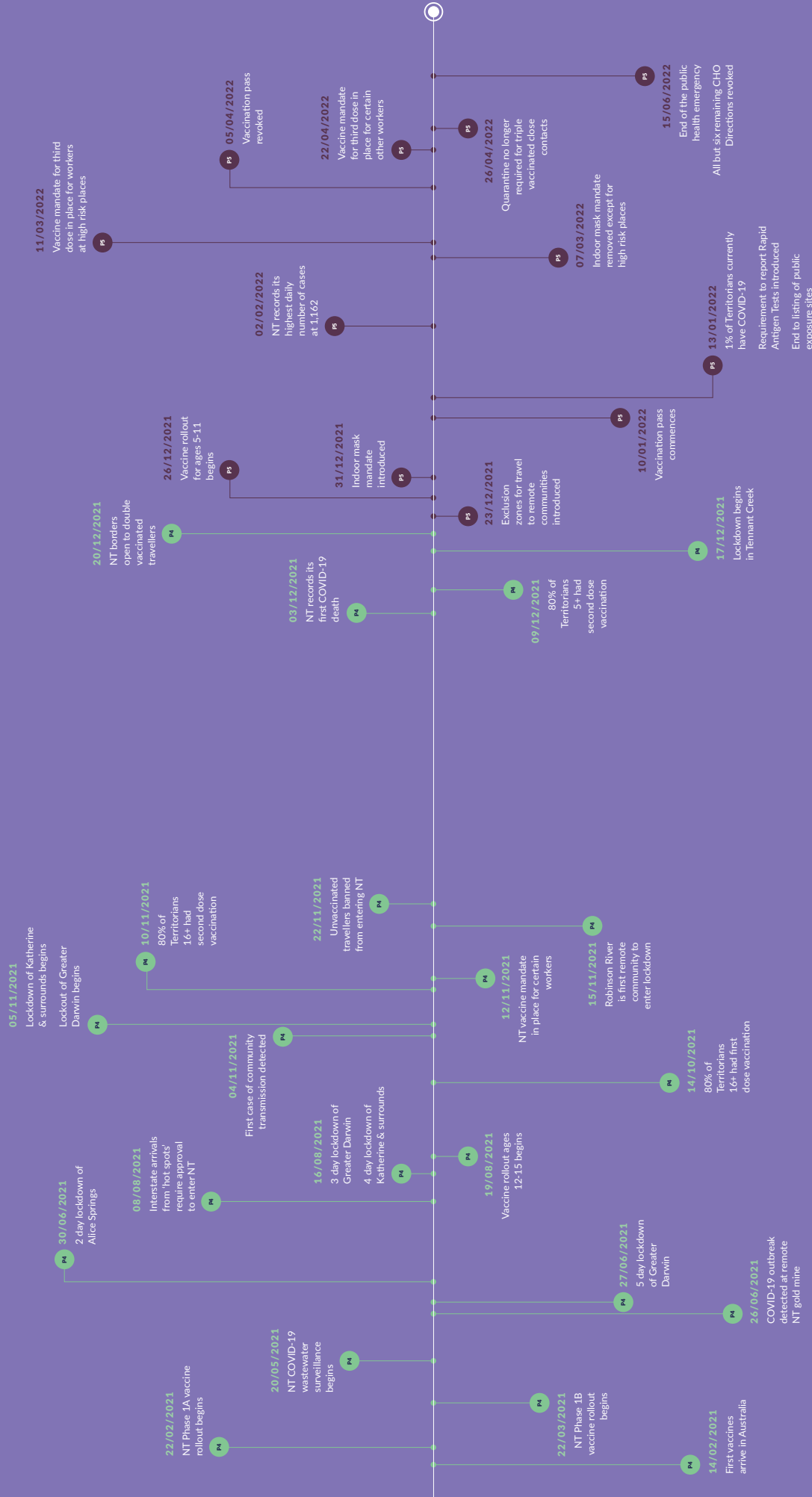
- **Timeline** – of events during the Public Health Emergency
- **Emergency governance** – explains the roles and responsibilities of Territory Government agencies within the emergency response, and gives insight into the expertise that informed public health decisions
- **Use of emergency powers** – describes the landscape of emergency powers used in the Territory during the health emergency
- **Communications** – describes how the Territory engaged with and informed the public
- **Situational overview** – a high level survey of the major events and policy decisions that defined the COVID-19 pandemic in the Territory; providing key statistics and discussion on what ‘living with COVID-19’ may mean for the Territory going forward
- **Public health and social measures** – details the wide range of public health and social measures taken in response to the emergency
- **Responses to alleviate social and economic impacts** – efforts made to alleviate social and economic impacts on individuals, businesses and the Territory lifestyle
- **Impact on the broader NT health system and health of Territorians**
- **The Centre for National Resilience (CNR)** – outlines the central role that the former workers camp at Howard Springs in Greater Darwin, played in Australia’s and the Territory’s pandemic response
- **Future readiness** – reflects on how the experiences of the COVID-19 health emergency has shaped our preparedness for future events

Unless noted otherwise, statistics provided in this report are as at the date on which the declared health emergency ended - 15 June 2022. Technical terminology has been avoided however a glossary has been included in the report.



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DATA SUMMARY

Total cases
of COVID-19
recorded

74,874

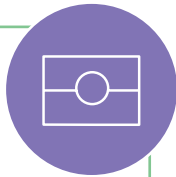


30.4% of the population infected



28.6%

of cases in
Aboriginal Territorians



Females
52.3%
of cases



Males
47.7%
of cases



Highest daily cases

1,162 on 2 February 2022



94.4%

of eligible
Territorians double
vaccinated



Highest
daily
number of
hospital
inpatients with
COVID-19

171 on
11 February
2022



Average
length of
hospital stay
with COVID-19

6.9 days



Total deaths

56





41,724

PEOPLE
COMPLETED DOMESTIC
QUARANTINE

or isolation at the
Centre for National Resilience



2,228

PEOPLE
COMPLETED DOMESTIC
QUARANTINE

or isolation at the **Alice
Springs Quarantine Facility**



141
repatriation
flights

ARRIVED INTO DARWIN
from 15 international ports



NT COVID-19
WEBSITE

highest daily
website visits

141,238

on 16 August 2021



42 million
check-ins
using the

TERRITORY CHECK IN APP
between November 2020
and March 2022



MORE THAN

800,000

PCR tests
performed



77,000

CALLS MADE TO
NT COVID-19 hotlines
in January 2022



EMERGENCY GOVERNANCE

Structure and responsibilities

COVID-19 arrived in the Territory in March 2020 and the NT Minister for Health enacted a Public Health Emergency Declaration under the *Public and Environmental Health Act 2011* (NT Government (NTG), 2021). This gave the CHO powers to deliver Public Health Directions to protect the health of Territorians. NT Health via the Chief Executive Officer (CEO) handed controlling authority to the Territory Controller, as per the NT Emergency Services Territory Emergency Plan, and NT Health continued as the Hazard Management Authority. The 2020 Pandemic Plan was the guiding document for this response. Strategic decisions were made through the Territory Emergency Management Council (TEMC) and the Security and Emergency Management Subcommittee of Cabinet (SEMSC).

The job of implementing the CHO's Directions fell to a wide range of Territory government

agencies and relied on many of the emergency structures and actions set out in the *Territory Emergency Plan*.

The Territory Controller opened the Emergency Operations Centre (EOC) in Darwin on 17 March 2020 as the overarching command centre for the NT and the Top End Region of the NT. The Central Region stood up the Southern Emergency Management Committee (EMC), establishing a Southern command to help with the overall NT response. East Arnhem, Big Rivers, and Barkly Regions stood up their Local Emergency Management Committees (LEMC) staffed by Local Emergency Controllers. The NT Health Commander represented NT Health in the EOC acknowledging NT Health's position as the Hazard Management Authority, and provided subject matter expertise to the CEO of Health and the Incident Controller. The Emergency Operations Centre was disestablished on 30 June 2022.

“

The Territory's COVID-19 response was a staggering achievement. There was no rulebook for understanding how the global COVID-19 pandemic would play out and the response from our communities and staff exceeded all expectations.

Our swift response helped to slow the spread across the Northern Territory so that we could manage positive cases, protect the health of Territorians and prevent our health system from being overwhelmed.

All NT Health staff were involved in the COVID-19 response at some point. From our border entry, quarantine and vaccination teams through to our busy regional hospitals and smaller clinics in the farthest parts of the Territory. NT Health staff proved they would do whatever it took to protect Territorians against COVID-19.

Our partnerships across government, with key stakeholders and Aboriginal health organisations were critical and resulted in an outstanding collective effort. Thanks to the commitment and actions of everyone involved as well as the broader Territory community, we have been able to transition to a living with COVID-19 model, applying the personal behaviours that we know work to limit transmission.

COVID-19 will continue to be part of our lives. Our strength throughout the pandemic has been our agility and responsiveness no matter the circumstances and I am confident we will continue to shine in this regard.

Thank you to all of those involved in the COVID-19 response for your amazing efforts to achieve the best health and wellbeing outcomes for all Territorians.

– Dr Frank Daly, Chief Executive Officer, NT Health

”



Roles and responsibilities

Chief Health Officer

The Chief Health Officer (CHO) has a range of statutory functions under Northern Territory legislation, including the *Public and Environmental Health Act 2011*, *Food Act 2004*, *Medicines, Poisons and Therapeutic Goods Act 2012*, *Notifiable Diseases Act 1981*, *Radiation Protection Act 2004*, *Volatile Substance Abuse Prevention Act 2005*, and the *Mental Health and Related Services Act 1998*.

During non-emergency periods, the CHO works to promote health protection and prevention for Territorians, and provides high level public health advice to the Minister for Health, the CEO of NT Health, and to other Territory Government agencies on health related issues.

Appointments to the position of CHO under the *Public and Environmental Act 2011 Part 6, division 1 (67)* are made by the NT Minister of Health. The CHO reports to the CEO of Health when advising of measures to be taken from an operational perspective. The CHO and/or the Deputy CHO attended 198 Security and Emergency Management Sub Committee of Cabinet (SEMSC) meetings between 18 March 2020 and 15 June 2022.

During this period there were 268 CHO Directions, CHO Direction amendments or revocations released.

Year	Directions Made
2020	63
2021	143
2022	62

Table 1: Number of CHO Directions by year

Security and Emergency Management Sub-Committee of Cabinet (SEMSC)

Provides a forum for senior government ministers to receive information concerning security situations or major emergencies. The SEMSC may receive information from the Territory Controller and the Territory Recovery Coordinator, in their capacity as co-chairs of the Territory Emergency Management Committee – from Territory Emergency Plan.

Territory Emergency Management Committee (TEMC)

Membership is made up of the Territory Controller (Commissioner of Police), Territory Recovery Coordinator, the Director of the NT Emergency Services and CE's of NT Government Departments. This group advised the Minister for Health and the Chief Minister in relation to emergency planning and operations, advised, assisted and directed the Territory Controller, the Territory Recovery Coordinator and the Director of the Northern Territory Emergency Service in exercising their powers and the performance of their functions – from Territory Emergency Plan.

Territory Controller – Commissioner of Police

The Territory Controller was responsible for directing emergency operations in the NT. During the COVID-19 pandemic this was strongly influenced by NT Health due to the nature of the emergency.

Incident Controller – Police

The Incident Controller is appointed by the Controlling Authority. The Incident Controller was the lead in the EOC, heading up the Incident Management Teams where functional groups came together to discuss concerns from their urban and regional liaison officers. The Incident Controller was able to direct functional group leads to implement CHO Directions and channel community resources to areas of need throughout the COVID-19 pandemic.

NT Health Commander

The NT Health Commander was NT Health's representative as the hazard management authority. The Health Commander worked with the Incident Controller providing timely situation reports on NT Health's responses to COVID-19, operationalising CHO Directions and coordinating the outbreak and recovery responses. This was achieved by enacting the NT Health COVID Incident Management Team. The NT Health Commander was a member of the TEOC IMT. The NT Health Commander was situated in the EOC and reported to the CE of Health and, via the emergency management structure, the Territory Controller.

COVID-19 Expert Reference Group (ERG)

Chaired by the Deputy CHO, this group provided expert advice on infection prevention and control measures and models of care, including quarantine services. It recommended changes to clinical guidelines in line with evolving evidence. These actions ensured the safe provision of services.

Functional groups

Functional groups were enacted through the Emergency Management Plan and supported a coordinated approach to COVID-19 emergency management objectives. Functional groups are comprised of both government and non-government agencies. All functional groups were activated before and during the COVID-19 outbreak response from March 2020 to June 2022.

At its peak, the COVID-19 response saw in excess of 150 NTPFES members deployed to activities protecting our community, an incredible commitment given the size of our organisation. The COVID response has been no easy task. Our members, staff and volunteers repeatedly and willingly went the extra mile including in some of the most remote parts of the Northern Territory. It was a time of uncertainty yet we kept the NT operating and enjoyed freedoms many others could not whilst keeping the threat away from our communities for so long. As the Controlling Authority, we worked more closely with our colleagues at other government agencies, NCCTRC, Australian Federal Police and Australian Defence Force than we ever had before. As a community, our collective effort and support for all that we did was felt and appreciated. We should all be justifiably proud of what was achieved from keeping Territorians safe right through to repatriating Australians caught overseas. I commend all those involved for their dedication, commitment and passion in enabling the Territory to lead the way. Our people did the NT proud!

– Mr Jamie Chalker, Commissioner and Chief Executive, NT Police, Fire and Emergency Services

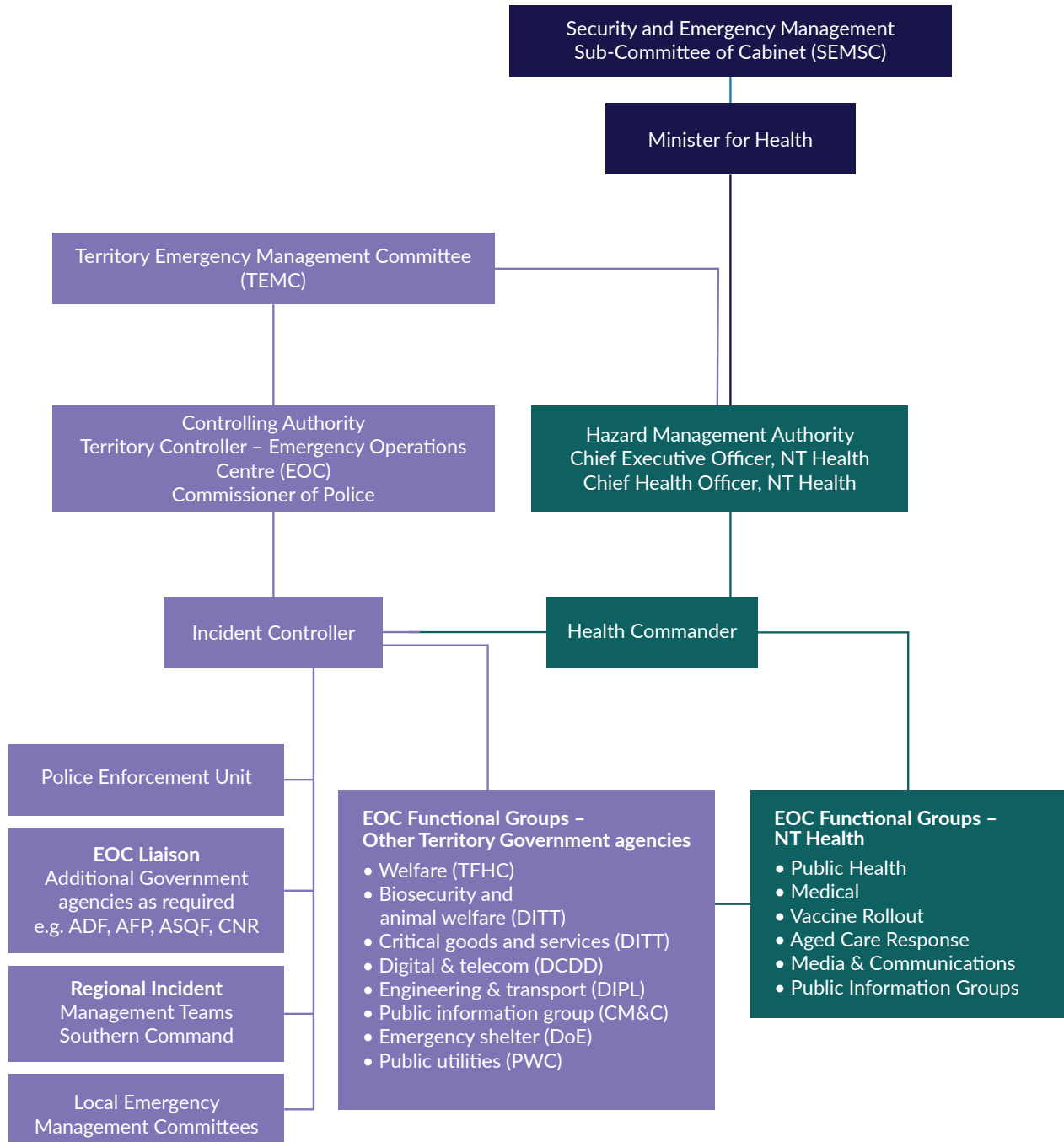


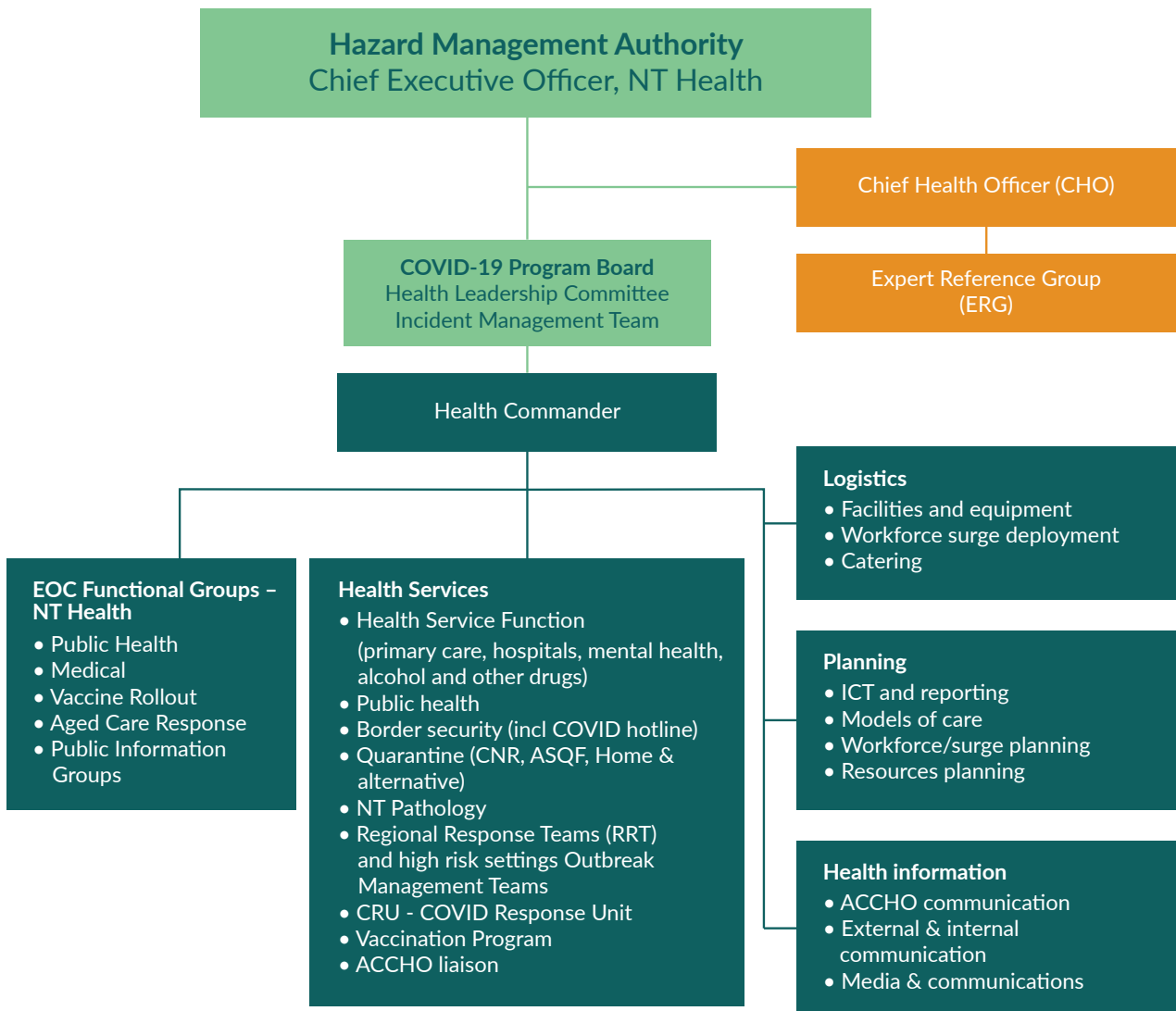


Summary of functional groups COVID-19 responses

Functional group	Role in COVID-19 response
Biosecurity and Animal Welfare Group	Provided support for people who had animals and pets that required care whilst they were in isolation or quarantine.
Digital and Telecommunications Group Department of Corporate and Digital Development	Developed numerous IT programs and systems including border entry forms, databases, COVID check in app, COVID-19 dashboards, and provided support to the G2G program.
Critical Goods and Services Group Department of Industry, Tourism and Trade	As part of the Remote Outbreak Management Plan, arranged essential food packages for people in community who had to isolate. Worked with staff in community stores to ensure continuity of operation during lockdowns and outbreaks.
Emergency Shelter Group Department of Education	Ensured schools could operate to care for children of essential workers. Provided home based teaching for other students.
Engineering Group	Coordinated additional lease agreements and facilities for surge capabilities. Established and demobilised the border control points.
Industry Functional Group Department of Industry, Tourism and Trade	Assisted businesses to navigate CHO Directions and Biosecurity zones to allow delivery of goods throughout lockdowns.
Medical Group NT Health	Coordinated international medical arrivals, supported acute care to ensure continuity and preparation for outbreaks.
Public Health Group NT Health	Assisted with development of and monitored compliance for home quarantine, businesses and events.
Public Information Group Department of the Chief Minister and Cabinet	Coordinated communications and media across government relating to COVID-19.
Public Utilities Group	Ensured essential workers could travel to communities to maintain critical services.
Transport Group	Undertook traffic management for surge testing and vaccination clinics. Supported surge retrieval and transport of well COVID patients and close contacts.
Survey, Rescue and Impact Assessment Group	Not activated
Welfare Group	Assisted and managed domestic quarantine facilities, supported people in home quarantine including remote. Hardship payments to assist people.

NT Emergency Operational Governance Structure





Using the best available information

CHO Directions and public health measures implemented across the Territory were informed by the best available scientific evidence and expert advice; and took into account longstanding public health principles, National Cabinet decisions, and reflected the Territory's unique circumstances of remoteness and vulnerable communities.

To inform his actions, the CHO, his delegates and the Territory Government's health experts joined counterparts from across Australia in collaborative forums including the:

- Australian Health Protection Principal Committee (AHPPC) – the key national decision-making committee for public health emergencies, comprising all state and territory Chief Health Officer's and chaired by Australia's Chief Medical Officer. During the pandemic it met frequently including on weekends
- Communicable Diseases Network Australia (CDNA) – shared advice and guidelines on best practice responses to COVID-19 with public health authorities across Australia. It met frequently during the pandemic
- Infection Prevention and Control Group (ICEG) – an Australian Government entity this group advises the AHPPC on COVID-19 infection control and prevention principles and write guidelines for variable settings for IPC practices
- Public Health Laboratory Network (PHLN) – gave guidance on laboratory testing for COVID-19, including the detection of different variants
- Therapeutic Goods Administration (TGA) – approved the use of medicines including COVID-19 vaccines in Australia
- Australian Technical Advisory Group on Immunisations (ATAGI) – provided advice on the clinical recommendations of using COVID-19 vaccines
- Advisory Committee on the Health Emergency Response to COVID-19 for People with Disability – the primary formal consultation mechanism to consult with the disability sector regarding the pandemic; met fortnightly
- Aboriginal and Torres Strait Islander Advisory Group on COVID-19 – provided culturally appropriate advice on ways to protect Aboriginal communities from the spread of COVID-19. Consisted of representatives from each state and territory, as well as general practitioners and Aboriginal and Torres Strait Islander epidemiologists
- CHO Advisory Group – a Territory-based group that provided advice to the CHO on the vaccination program, public health control measures and practical implementation of CHO Directions. It included representatives of Aboriginal-Community Controlled Health Services, and met weekly for most of the pandemic
- COVID-19 Expert Reference Group – a Territory-based group of experts on infectious diseases and infection prevention and control. It provides advice on quarantine standards and hospital and health service infection control measures.

Plans

In early 2020 the Territory Government undertook the largest simultaneous emergency planning exercise in its history, working with local leaders, Aboriginal Health experts, ACCHOs, Land Councils and other Aboriginal-led organisations to develop COVID-19 response plans for 73 remote communities. Those plans, founded on an intention to transfer any COVID-19 positive cases and their close contacts out of communities and into urban centres, remained in place until early 2022.

Multiple outbreak scenarios were tested by local Emergency Management Committees supported by the Emergency Operations Centre and public health staff.

Early in 2020, outbreak management plans were developed for the Territory's major population centres (Alice Springs, Darwin, Katherine, Nhulunbuy and Tennant Creek). Alongside these reports plans for high risk settings such as residential aged care and corrections facilities were developed by the Aged Care Taskforce and Population and Primary Health Care teams respectively.

Most of the critical elements used by the Territory Government and other jurisdictions in Australia were based on what is called the COVID-19 'SoNG' (Series of National Guidelines). The COVID-19 SoNGs were developed by CDNA, approved by AHPPC, and used by the CHO and Territory Government health staff to inform the public on what was known about COVID-19 and how to respond.



NT Health hierarchy of plans

Overarching plans

COVID-19 NT Health Pandemic Plan

COVID-19 Top End Health Service Outbreak Management Plan

Northern Territory Southern Region Pandemic (COVID-19) Management Plan

COVID-19 Regional Outbreak Management Plans

COVID-19 Outbreak Management Urban Environment

COVID-19 Remote Community Outbreak Management Plan

High risk facilities

COVID-19 NT Residential Aged Care Facilities Outbreak Management Plan

Correctional Facilities and Disability Services – sit under the COVID-19 Outbreak Management Urban Environment

Hospital plans

COVID-19 Outbreak Management Plan RDPH

COVID-19 Outbreak Management Gove District Hospital

COVID-19 Outbreak Management Plan TEMHAOD Service Plan

COVID-19 Katherine Hospital Outbreak Management Plan

COVID-19 Alice Springs Hospital Emergency Department Plan

COVID-19 Alice Springs Hospital Intensive Care Unit Summary Plan and Procedure

Hierarchy of plans – taken from the Southern and Northern Region Emergency Plans

- Territory Emergency Plan: describes the Northern Territory's approach to emergency and recovery operations, the governance and coordination arrangements and roles and responsibilities of agencies. The plan is supported by regional, local and hazard specific plans and functional group sub plans.
- Regional Emergency Plans: the regional emergency management structure is based upon two Police Regions, Northern and Southern. The plans provide a basis for coordinated emergency and recovery operations in the region.
- Local Emergency Plans: developed for coordinated emergency and recovery operations in the identified locality.
- Functional Group Plans: developed for agencies or functional groups to deliver the functions and operations of their agency during an emergency or disaster.
- Australian Government Plans and Arrangements. The Australian Government publish a range of national plans to deal with emergencies and disasters.



USE OF EMERGENCY POWERS

While the Territory avoided widespread and long-lasting lockdowns, the COVID-19 pandemic disrupted the lives of Territorians in unprecedented ways. The Australian Government and all State and Territory Governments used wide-ranging emergency powers to slow the spread of the virus and to minimise serious illness and death. Many of these extraordinary powers had never been used in Australia prior to the pandemic.

On 13 March 2020 the National Cabinet was established as a forum for the Prime Minister, Premiers and Chief Ministers to collaborate on the national response to COVID-19. At the first meeting of the National Cabinet, all jurisdictions discussed the rapidly evolving situation in relation to the pandemic, and the possibility of enacting their respective emergency powers.

On 18 March 2020 the NT Minister for Health made the first ever public health emergency declaration under section 48 of the *Public and Environmental Health Act 2011* (the PEHA) in order to declare a public health emergency in relation to COVID-19.

Before making this declaration, the Minister had to be satisfied that:

- circumstances of such seriousness and urgency exist that are, or threaten to cause, an immediate serious public health risk; and
- a state of disaster or state of emergency has not been declared under the *Emergency Management Act 2013* for the same emergency circumstances
- and it is not appropriate to declare a state of disaster or state of emergency under that Act.

The declaration was made under the *PEHA* because the emergency powers given to the Chief Health Officer (CHO) in the *PEHA* were designed with a public health emergency in mind, such as requiring a person to quarantine or to undergo a medical examination. The *Emergency Management Act 2013*, on the other hand, contains powers that are appropriate to be used in a situation such as a cyclone, a bushfire or another type of emergency or disaster.

The CHO also has significant powers under the *Notifiable Diseases Act 1981*, many of which mirror those under the *PEHA*. However there is a requirement in that Act for a person to be individually served with a notice requiring them to do certain things, if required

by a medical officer. The requirement of individually serving notices was not feasible for a pandemic.

At the time of the emergency declaration, the *PEHA* only allowed an emergency declaration of up to five days, with five day extension periods. It quickly became clear that this would not work for a pandemic that was, at the time, envisaged to last for at least six months. To fix this, the *Emergency Legislation Amendment Act 2020* was introduced and passed on urgency by the Territory Legislative Assembly on 24 March 2020. This Act amended the *PEHA* to allow emergency declarations to be made for periods not exceeding 90 days, and for extension periods to not exceed 90 days.

Instrument signed	From	Expiring midnight
18 March 2020	22 March 2020	22 March 2020
20 March 2020	23 March 2020	27 March 2020
27 March 2020	18 March 2020	25 June 2020
22 June 2020	26 June 2020	23 September 2020
22 September 2020	24 September 2020	22 December 2020
8 December 2020	23 December 2020	22 March 2021
1 March 2021	23 March 2021	20 June 2021
8 June 2021	21 June 2021	18 September 2021
6 September 2021	19 September 2021	17 December 2021
17 November 2021	18 December 2021	17 March 2022
15 March 2022	18 March 2022	15 June 2022

Table 2: Northern Territory Government emergency declarations under *PEHA* March 2020 – June 2022

The *Emergency Legislation Amendment Act 2020* also amended sections 4 and 81A of the *Information Act 2002*. This is because in certain emergency situations, information needs to be shared quickly. The *Information Act 2002* accounts for emergency declarations under the *Emergency Management Act*, but until these amendments, public health emergencies were not treated in the same way.

The declaration of the public health emergency gave the CHO broad powers under section 52 of the *PEHA*. It gave the CHO the power to take the actions (including giving oral or written directions) the CHO considers necessary, appropriate or desirable to alleviate the public health emergency related to COVID-19. CHO Directions are laws. It is an offence to contravene a Direction of the CHO.

Between 18 March 2020 and 15 June 2022, the CHO made numerous Directions that he considered to be necessary, appropriate or desirable to prevent the spread of COVID-19 in the Territory. All current and revoked Directions applicable to the broader public have been published on the NT COVID-19 website, and are listed at the end of this report.

On a number of occasions the CHO made specific Directions for individuals or businesses. These directions were not routinely published, but were provided to the affected individuals.

As well as the CHO, a number of other people have powers under the *PEHA*, such as Police, who are automatically considered authorised officers. There are also other kinds of authorised officers such as Environmental Health Officers, who undertook the routine powers set out in *PEHA* in their day to day roles. In addition, the CHO has the power to appoint authorised officers for the purpose

of assisting with the public health emergency. The CHO appointed a large number of additional authorised officers to assist with CHO Direction compliance. These authorised officers worked in areas such as airports, the COVID-19 Hotline, the Emergency Operations Centre and at quarantine facilities. They had various powers under the CHO Directions, such as the power to direct a person to test, or to direct a person to quarantine. They also had the power to issue infringement notices for non-compliance.

The public health emergency declaration under the *PEHA* in respect of COVID-19 expired on 16 June 2022.

In May 2022 the *Public and Environmental Health Amendment Act 2022* was passed by the Legislative Assembly. It grants post-emergency powers to the CHO for a two year period following the expiry of the public health emergency. A small number of post-emergency CHO Directions remain in place to ensure the Territory can continue to respond to COVID-19. In making these Directions, the CHO has to take into account social considerations, economic considerations and public health considerations, and consult with certain Cabinet Ministers if the directions are to have broad-reaching impact.





Arrivals					Scheduled/Estimated Gate	Status
Flight	Type	Origin				
QF223	Domestic	Sydney			10:00	5
QF224	Domestic	Sydney			10:00	6
QF225	Domestic	Sydney			10:00	6
QF226	Domestic	Sydney			10:00	6
QF227	Domestic	Sydney			10:00	6
QF228	Domestic	Sydney			10:00	6
QF229	Domestic	Sydney			10:00	6
QF230	Domestic	Sydney			10:00	6
QF231	Domestic	Sydney			10:00	6
QF232	Domestic	Sydney			10:00	6
QF233	Domestic	Sydney			10:00	6
QF234	Domestic	Sydney			10:00	6
QF235	Domestic	Sydney			10:00	6
QF236	Domestic	Sydney			10:00	6
QF237	Domestic	Sydney			10:00	6
QF238	Domestic	Sydney			10:00	6
QF239	Domestic	Sydney			10:00	6
QF240	Domestic	Sydney			10:00	6

AUSTRALIAN WAY



COMMUNICATIONS STRATEGY

The Territory set a strong mandate for public information and community engagement during the COVID-19 health emergency.

The emergence of COVID-19 was accompanied globally by a wave of misinformation and disinformation that sometimes hindered public health efforts, particularly among groups with lower levels of health literacy. False information often spread through non-public messaging services, focused at different times on whether COVID-19 was in fact a serious disease, how it was spread, whether people could protect themselves with public health measures like mask-wearing, erroneous treatments and cures, and the safety and efficacy of vaccines.

The Territory Government's public information strategy provided frequent, factual, consistent and clear messaging delivered by trusted health and community leaders, on platforms and in languages to suit the diverse needs of Territorians. A complementary wide-scale effort relied on regular interactive engagement with Aboriginal-led organisations,

industry groups, institutions, professional associations and community organisations.

Public health messaging and news updates were primarily disseminated through an official NT COVID-19 website and the NT COVID-19 hotline, supplemented by regular live news conferences, social media messages, e-news, radio, print and public space advertising, and through screens in community centres and stores. This mass messaging was complemented by targeted communications campaigns to reach at-risk groups, multicultural and remote audiences. Advertising, public health messages, engagement and consultative forums often featured high profile community members such as Aboriginal Elders, religious leaders, local councillors and heads of industry.

The Territory Government held almost daily press conferences, issued daily COVID-19 media releases and social media posts during the emergency period. From 24 January 2022 press conferences were supported by a locally-based Australian Sign Language (Auslan) interpreter.

**PROTECT OUR ELDERS,
OUR LANGUAGE AND
OUR CULTURE**

Ross Jakamarra Williams, Chairperson of
Anyinginyi Health Aboriginal Corporation

BOOK YOUR COVID-19 VACCINE
COVID-19 is in our community. The best
thing you can do to protect yourself is to
get the COVID-19 vaccine.

coronavirus.nt.gov.au
1800 490 484

Culturally effective communications

ACCHOs, Land Councils and other Aboriginal-led organisations in the Territory played a pivotal role in raising awareness of COVID-19 and preparing community members to keep themselves safe.

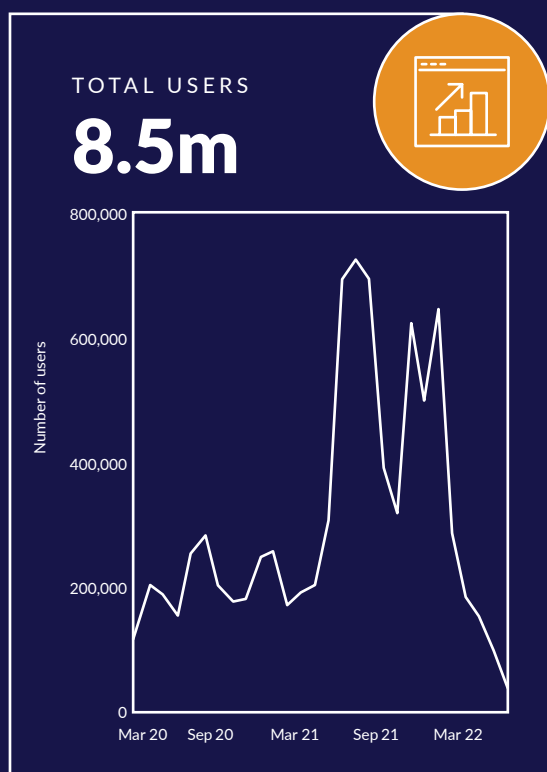
Organisations such as Central Australian Aboriginal Congress did face to face doorknocking in communities to explain the seriousness of the virus and the steps that individuals could take to protect themselves and their families. This was complemented by very effective posts on social media explaining all the key messages and exploding some of the myths that appeared during the early stages of the pandemic, including the fallacy that the virus was only a “white man’s disease”. The Territory Government shared its multimedia staff resources with ACCHOs to assist with production of collateral suited to local needs.

Territory Government information about COVID-19 symptoms, testing, isolation, vaccination, lockdown, Rapid Antigen Tests (RAT) and mask mandates was broadcast on Aboriginal radio stations. Animated health information translated into various languages was shown through public library wi-fi in 52 remote communities. Multiple flyers, posters, video and animation content covering a majority of the Territory’s Aboriginal language groups was delivered to 75 remote health clinics and a large number of community stores. The Territory Government also funded and shared geo-targeted social media content developed by other organisations containing health information in language. Short video messages from Aboriginal leaders in both

local languages and English were among the Territory’s most effective and widely shared social media posts during the emergency period.

In addition to extensive communication in local Aboriginal and Torres Strait Island languages, key messages were also tailored to various multicultural groups. With around 20% of the Territory’s residents born overseas, efforts were also made to tailor public health messaging to various multicultural groups. The Territory Government made extensive use of translation services and interpreters throughout the emergency period. Materials were translated into Greek, Indonesian, simplified and traditional Chinese, Thai, Vietnamese, Arabic, Swahili and French. These were distributed by multicultural and religious organisations, through social media and the NT COVID-19 website. Each of the Territory’s multicultural community leaders and associations were contacted directly to make sure that communications were adequate and reaching community members. Community information sessions were also held to inform multicultural groups and enable them to ask questions about COVID-19 and associated vaccinations

The comfort of being asked ‘How are you?’ in your own language cannot be underestimated. Translators and speakers were recruited to support people for whom English was not their first language. These speakers in languages such as Hindi, Samoan, Indonesian, Mandarin, French, Spanish, Greek, Thai, and Czech assisted people undertaking quarantine. In-language support in quarantine was also provided to Territorians in local languages such as Pitjantjarra, Anmatjere, Yolngu Matha, Luritja Pintupi, Warlpiri and Western Arrente.



NT COVID-19 website

The NT COVID-19 website at coronavirus.nt.gov.au was launched on 20 March 2020. It formed the 'single source of truth' for public information about COVID-19 symptoms, where to get tested, CHO Directions, health and hygiene messages, travel and border restrictions, information for business, data and statistics and vaccinations. The website proved to be a key tool to inform the community about COVID-19 updates with a monthly average of 306,671 users, peaking in July 2021 with more than 700,000 users using the site in a single month. On 16 August 2021 during lockdowns in greater Darwin and Katherine, the website saw its highest daily visit rates at 141,238.

The website provided advice on how individuals might prepare a COVID-19 Care Plan, as well as how to manage the virus at home and what to do if they were a close contact. A COVID-19 symptoms diary was accessible to assist individuals to track symptoms and a tool to report a positive RAT result. The site also included the NT Government vaccine booking system for NT Government COVID-19 vaccination clinics and shared vaccination statistics for the whole of the Territory and individual communities.

Also featured were information and resources targeted towards at-risk groups, including people living and working in remote communities, Aboriginal people, and other people from a culturally and linguistically diverse backgrounds. The site also included an online enquiry form (through which enquiries were directed to relevant areas of government for responses), information on accessing the Australian Government's MyAus COVID-19 mobile app, and featured a resources sections containing information and short animations about COVID-19 in 29 different languages.



Hotlines

The Territory Government operated six free call services throughout the pandemic. These were the:

- **Centre for Disease Control (CDC) COVID Hotline** (1800 008 002): provided personalised advice regarding COVID-19 to Territorians and those from other jurisdictions. Advice related to all aspects of COVID-19 including clinical information, testing, quarantine, travel and border information
- **COVID-19 Hotline (formerly the Border Information Hotline)** (1800 490 484): provided personalised information and advice regarding the healthcare and support services available to Territorians. The same hotline was used to book PCR testing. This hotline provided escalation options for vulnerable and special needs callers including those identifying as a person with a disability or residing within a high-risk setting, their families and carers. This service eventually merged with the CDC COVID Hotline
- **COVID-19 Remote Community Travel Hotline** (1800 518 189): provided information for people wanting to travel to one of the Territory's remote communities
- **COVID-19 Mass Gatherings Hotline** (1800 518 055): provided information to the public and event organisers regarding upcoming mass gatherings and events, including advice on preparing and submitting COVID-19 Safety Plans
- **COVID-19 Quarantine Wellness Hotline** (1800 570 827): provided referrals, support and advice for residents of the Territory's supervised quarantine facilities
- **Territory Business Centre** (1800 193 111): provided advice on grants and other support available for businesses during the emergency period and was staffed 24/7 during lockdown periods.

The capacity of these COVID-19 hotlines was expanded and hours of operation extended during peak periods. Despite these expansions, wait times for callers could be lengthy at times, and a call back service was offered to those unable to wait on the line. The highest number of calls were received in January 2022, with over 77,000 calls made to the various hotlines. That month saw a range of significant

changes in CHO Directions COVID-19 public messaging, including changes in border entry requirements, the introduction of the COVID@Home program, mask mandates and the spread of COVID-19 into remote communities. Call numbers decreased sharply in February 2022 once peak infection numbers had been reached.

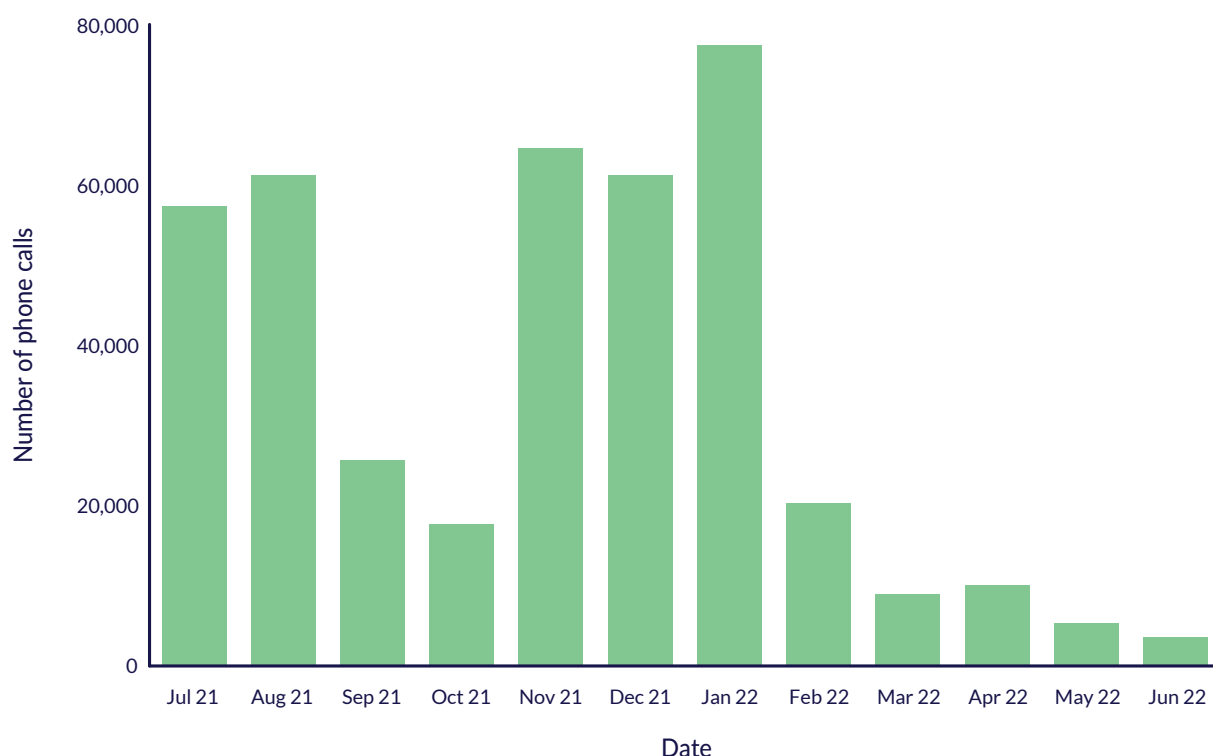
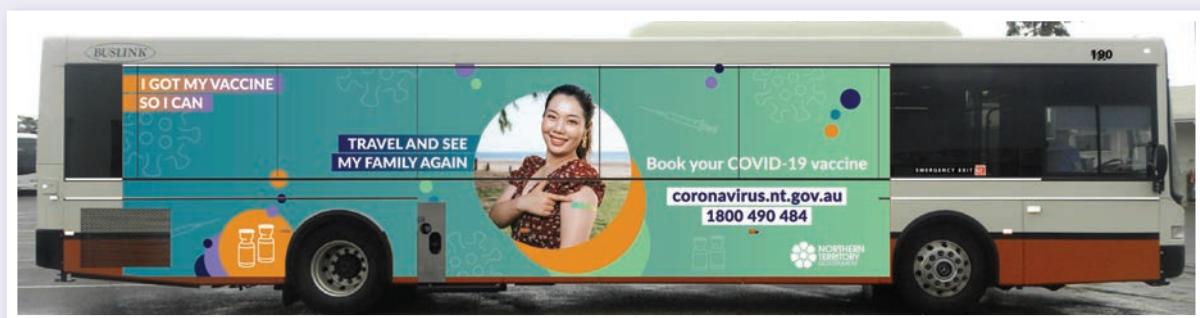


Figure 1: Monthly calls made to the Northern Territory COVID-19 Hotlines July 2021 – June 2022 (excludes calls to the Territory Business Centre)



COVID-19 vaccine television and social media campaign



Public transport vaccination campaign

SITUATIONAL OVERVIEW

Emergence and repatriations

On 9 January 2020, the Northern Territory Centre for Disease Control (NT CDC) was made aware of a cluster of viral pneumonia cases caused by a novel coronavirus in Wuhan, China. The following day, NT CDC issued its first alert about the pneumonia cluster to medical professionals across the Territory. From 20 January 2020 the Territory participated in daily meetings of the Australian Health Protection Principal Committee (AHPPC), which was the key national health decision making body during the emergency.

Global experience of outbreaks of other novel coronaviruses, including severe acute respiratory syndrome (SARS) in 2003 and Middle East respiratory syndrome (MERS) from 2012, suggested that the outbreak in Wuhan was a potentially international problem. On 13 January 2020 officials in Thailand reported the first case of the virus outside China.

Through its participation in daily meetings of the Communicable Disease Network of Australia (CDNA), a subcommittee of AHPPC, NT CDC began assessing what would be required to respond to an outbreak in the Territory and contributed to the production of national public health guidelines. The development of a response strategy for Australia and the Territory was well underway on 30 January 2020 when the World Health Organisation (WHO) declared the outbreak of '2019-nCoV' a Public Health Emergency of International Concern. On 30 January 2020 WHO reported 7,834 confirmed cases in total in 19 countries worldwide.

In late January 2020 an Australian Medical Assistance Team (AUSMAT) was mobilised through the Darwin-based National Critical Care and Trauma Response Centre (NCCTRC) to assist in the evacuation and quarantine of Australian citizens and their dependents from Wuhan, which was then in lockdown.

Whilst the first two cohorts of Wuhan evacuees went to Christmas Island for quarantine, the third group of 266 were evacuated in early February 2020 to a quarantine facility established at the dormant Manigurr-ma workers village in Howard Springs on the outskirts of Darwin. That facility became known as the Centre for National Resilience (CNR) and was fully funded by the Australian Government and operated by AUSMAT. The Territory Government provided support with community engagement and restoring the dormant facility to safe occupancy standards. Later in February, 164 Australians were evacuated from the *Diamond Princess* cruise ship in Japan, also being quarantined at CNR in the care of AUSMAT. Several of the *Diamond Princess* evacuees became the Territory's first COVID-19 positive cases, all of whom were transferred from the CNR to hospitals in their home states for ongoing care.

The lessons learned from those early repatriations were invaluable for the Territory and the nation and allowed the Territory Government to prepare for the ongoing response to the virus.

On 5 February 2020 the Minister for Health, the Hon. Natasha Fyles MLA, declared the novel coronavirus 2019-nCoV to be a Notifiable Disease under the *Notifiable Diseases Act 1981*. This declaration meant that information about people with the infection, or suspected to have the infection, could be urgently communicated to the NT's Chief Health Officer (CHO), to provide a coordinated response for the Territory.

On 11 February 2020 the WHO named the disease caused by the novel coronavirus COVID-19.

In late February 2020 when it seemed increasingly likely that the WHO would declare a pandemic, the Territory Government

developed plans to protect four priority groups identified as being at greatest risk from outbreaks and severe manifestations of COVID-19. These priority groups were Territorians in aged care settings, in correctional facilities, in remote communities, and those living with disability. Risk factors for serious disease, environments that would likely facilitate spread of the virus and health service constraints all informed the decision to focus early preparations on these four vulnerable groups. Over the course of the pandemic, the Territory's health experts continually developed and adapted plans to provide protection to the community as evidence arose of the nature of the threat from the virus and as new evidence and new variants emerged.

On 4 March 2020, the Territory recorded its first case of COVID-19 in the community in a traveller who had arrived the day before on a flight from Sydney. That marked the beginning of contact tracing in the Territory, an effort that would continue as needed for more than two years to suppress community transmission.

Emergence and repatriations – January 2020 – March 2020

Key Territory strategies
<ul style="list-style-type: none"> • Participating in national health expert forums • Developing plans for vulnerable groups • Supporting the establishment of CNR in Darwin for international repatriations
Outcomes
<ul style="list-style-type: none"> • Daily meetings of expert health forums (including on weekends) • 266 Australian evacuees from Wuhan and 164 from Japan safely quarantined at CNR • One confirmed local case

Stay at home if you can

On 11 March 2020 the WHO declared COVID-19 a pandemic and called on all countries to activate and scale up their emergency response mechanisms.

The Territory moved rapidly during the following weeks to a position of border restrictions, limitations on gatherings, and the closure of some businesses including restaurants, pubs and clubs; ahead of national responses but informed by positions being adopted by other Chief Health Officer's across Australia.

On 18 March 2020, the Minister for Health declared a public health emergency for the whole of the Northern Territory under section 48 of the *Public and Environmental Health Act 2011*. The following day at 7:00am an Emergency Operations Centre (EOC), under the control of NT Police, Fire and Emergency Services was formally established to coordinate all-of-government support for the emergency. That same week, the Anindilyakwa Land Council (ALC), Central Land Council (CLC), Northern Land Council (NLC), and Tiwi Land Council (TLC) suspended all non-essential travel to Aboriginal Land within their jurisdictions.

At that time, the majority of COVID-19 cases in Australia were still in returned travellers. By 19 March 2020, 565 cases had been diagnosed in Australia with six deaths recorded. Only 100 of those cases had been acquired locally, with the remainder driven by international travel. The Territory had only one confirmed case at that stage.

Border restrictions introduced

The CHO issued his first Direction on 18 March 2020. CHO Direction 1/2020 introduced the first of the Territory's border restrictions, with a requirement for all overseas travellers arriving in the Territory to quarantine for 14 days. On 20 March 2020 Australia's international borders were closed, with only Australian citizens, residents and immediate family members allowed to travel to Australia. From 24 March 2020, interstate arrivals into the Territory were also required to quarantine for 14 days.

Australia-wide, measures were taken to reduce pressure on public hospitals to ensure they could continue to operate throughout the COVID-19 response, including providing continuing urgent care needs for non-COVID patients. On 2 April 2020, the Territory Government activated CNR as a place of isolation for COVID-19 positive people who did not need hospitalisation.

In line with a decision from National Cabinet, CHO 1/2020 had also banned non-essential gatherings of more than 500 people outdoors, and 100 people indoors. On 23 March 2020 with five confirmed cases in the Territory, CHO Direction 6/2020 implemented a National Cabinet decision to close entertainment and indoor sporting venues across the Territory. During the following weeks, these closures were expanded to all non-essential businesses.



Our COVID-19 response showed how Aboriginal Land Councils truly lead from the front with both government and the non-government sectors to make good decisions for our people. During the pandemic we formed a productive and strong working relationship with the Chief Health Officer and his team. There was open dialogue and the Chief Health Officer was responsive to our requests and respectful of our perspectives. That openness was crucial to our success in helping to keep our constituents safe, informed and supported. One of the silver linings of the pandemic was that we found ourselves working more closely than ever with other Aboriginal Land Councils, health professionals, police and governments. The working relationships that we built will serve us well as we deliver on other priorities for our people.



– Samuel Bush-Blansi, Chairman Northern Land Council

Biosecurity zones

On 26 March 2020 in response to calls from community leaders, the Australian Government used emergency biosecurity legislation to restrict access to 73 remote communities, and more than 500 homelands and outstations, located on Aboriginal land in the Territory.

In other parts of Australia, public health measures succeeded in ‘flattening the curve’ by slowing community transmission to avoid overwhelming Australia’s health systems, in the Territory the result was the successful elimination of the virus in the community. That enabled many Territorians to resume most of their usual activities, even as other areas of Australia entered prolonged periods of lockdown and restrictions.

Stay home if you can March 2020 – May 2020

Key Territory strategies

- Limits on gatherings
- Closure of places and activities
- 14 day quarantine for domestic and international arrivals
- CNR activated for isolation and quarantine
- Commonwealth Biosecurity zones restricted access to remote communities

Outcomes

- COVID-19 eliminated locally



Transition to a new normal

On 30 April 2020, Chief Minister, the Hon. Michael Gunner released the Territory's *Roadmap to the New Normal*. The plan set out the staged and steady reopening of businesses that could operate with certain public health measures in place. It followed 24 consecutive days of no new COVID-19 cases and made the Territory the first place in Australia to begin easing restrictions on daily life.

On 15 May 2020, Territorians were able to return to cafes, dining venues, and licensed venues with food consumption. By 5 June 2020 all places, business, activities and services that had been closed were able to reopen or resume with a COVID-19 Safety Plan in place. That included all sporting activities with spectators, and events with more than 500 attendees. Restrictions on

travel to remote communities were also lifted. On 18 June 2020, the Territory became the first jurisdiction in Australia to officially eliminate COVID-19, having recorded 28 days without any cases.

Interstate borders opened

On 17 July 2020, the Territory opened its borders to most interstate travellers; only requiring 14 days quarantine for travellers who had recently spent time in an area declared as a 'hotspot' by the CHO. Hotspots (later known as 'red zones') were areas in Australia with high numbers of COVID-19 cases or at risk of an outbreak. Travellers arriving into the Territory from other areas known as 'green zones' were no longer required to quarantine. That stance remained in place until late 2021.

International arrivals

Restrictions on international travel, including limits on the number of people arriving on international flights had been imposed by individual states and territories since early 2020. This was done to reduce the risk of COVID-19 being brought into Australia. By the second half of 2020, public health authorities had learned that on average only two per cent of international travellers were symptomatic on arrival, or tested positive for COVID-19 during quarantine, although that percentage varied for arrivals from particular countries. In October 2020, to facilitate the return and quarantine of Australian citizens residing or trapped overseas and wanting to return home, the Australian and Territory Governments agreed to establish an international repatriation quarantine operation at the Centre for National Resilience. The international quarantine operation was funded by the Australian Government and operated by AUSMAT. It was initially capable of quarantining up to 500 individuals per fortnight and was separated from the domestic quarantine operation that had been running under the management of the Territory Government since July 2020.

On 29 November 2020, a group of 63 international students, the first to enter Australia since March 2020, landed in Darwin on a charter flight and quarantined at the Centre for National Resilience.

The Territory Check In app

On the 30 November 2020, *The Territory Check In* mobile app was introduced at venues and business to bolster the efficiency of the Territory's contact tracing efforts.

The ACT Department of Health developed the app and provided the NT Government access to customise it for our needs.

The app was free to use and meant that venues required to collect visitor information didn't have to set up their own system. The app provided a contactless, secure and simple way for customers and visitors to use when checking-in at businesses and venues, using a single QR code. Customer details were stored directly by NT Health for 28 days so they could be easily accessed if required for contact tracing to reduce the spread of COVID-19.

Transition to a new normal April 2020 – December 2020

Key Territory strategies

- Businesses, places and activities reopened
- Territory borders reopened for interstate travellers
- Territory Government-managed quarantine facilities opened at CNR and ASQF for interstate travellers
- AUSMAT-managed quarantine facility opened at CNR for international travellers
- *The Territory Check In* app introduced

Outcomes

- First international students to be allowed into Australia since March 2020 land in Darwin and undertake quarantine

Vaccine rollout and outbreaks

In early 2021, the Territory's public health goal was to suppress COVID-19 long enough to get Territorians vaccinated to reduce serious illness, hospitalisation and death, and so that our health system could manage when the virus arrived.

The Therapeutic Goods Administration (TGA) assessed and approved the AstraZeneca and Pfizer COVID-19 vaccines for use in Australia. The first vaccines arrived in Australia on 14 February 2021 and the Territory began its rollout eight days later, prioritising frontline health and quarantine workers, border control staff, aged care and disability residents and staff.

Towards the end of 2020, a new Alpha COVID-19 variant was detected in the United Kingdom. The Alpha variant was 50 per cent more transmissible than the original Wuhan strain. Since then, researchers have identified many other COVID-19 variants, with five labelled as variants of concern. One of those, the Delta variant, caused more severe disease than earlier strains and was first detected in Australia in May 2021.

On 26 June 2021 and with only 14 per cent of eligible Territorians double vaccinated against COVID-19, a mine worker at a remote site in the Territory tested positive to the Delta variant of COVID-19 having arrived from Brisbane by charter plane eight days earlier.

Around-the-clock contact tracing was undertaken to contact 900 people who had left the mine site since the worker arrived, including 244 in the Territory. A number of positive cases were detected and linked to the mine site outbreak. On 27 June 2021, a CHO Direction was made to lock down Greater Darwin, followed by Alice Springs on 30 June 2021. The lockdowns, which ended on 2 July 2021, were designed to give health teams

the time to identify, trace and isolate any close contacts. After the lockdowns, people were able to travel across the Territory but a number of restrictions remained in place for certain entertainment and sporting venues. People were also required to wear face masks when unable to apply physical distancing. These public health measures enabled the outbreak to be contained.

The detection of the Delta COVID-19 variant in the Territory increased the urgency to get Territorians vaccinated.

The Territory vaccination program included significant community engagement that was tailored to the needs of each group, door-to-door house visits, school visits and dedicated vaccination centres and pop-up clinics.

The COVID-19 vaccine roll-out in remote communities focused on community engagement and utilised local connections and champions to inform the community about the importance of getting vaccinated. Partnerships with stakeholders and Aboriginal health organisations were critical with a collective effort made to make the vaccine accessible to every Territorian no matter where they lived.

By the end of July 2021, more than 28 per cent of eligible Territorians were double vaccinated and the Territory led the nation with the highest double vaccination rate for persons aged 16 years and over. Within remote communities supported by Territory Government health clinics, more than 41 per cent of eligible remote Territorians had received their first vaccine dose and 24 per cent had received their second dose.


By 31 August 2021, those numbers had jumped to 46 per cent, 52 per cent and 34 per cent respectively. While these numbers were impressive, considerable work remained to achieve the greater than 80 per cent coverage that modelling had shown was



necessary to reduce the risk of severe disease and death, particularly among vulnerable Territorians.

On 16 August 2021 an international visitor tested positive to COVID-19 despite being asymptomatic and having completed 14 days' quarantine in Sydney before travelling to the Territory. Greater Darwin and Katherine entered into a short and sharp lockdown while extensive contact tracing and testing was undertaken. Restrictions on certain entertainment and sporting venues and a requirement to wear face masks when unable to stay 1.5m from others, remained in place until 26 August 2021. These lockdowns prompted a sharp rise in vaccine appointments, and by 23 August 2021, 60 per cent per cent of eligible Territorians had received a first dose of the vaccine, with more than 40 per cent double vaccinated.

Most Territorians welcomed the rollout of vaccines however misinformation, complacency and hesitancy meant that vaccination rates lagged in some groups and communities. From September 2021, the Territory Government took a number of steps to overcome vaccine hesitancy, working as part of the National COVID-19 Vaccine Taskforce with ACCHOs, Aboriginal-led organisations and remote community leaders to boost vaccination rates in regional and remote areas. On 12 November 2021, COVID-19 vaccination became mandatory in the Territory for frontline workers, workers in high risk settings and workers likely to come into contact with vulnerable people. While low vaccination rates persisted in some communities, by 4 November 2021, 88 per cent of Territorians had received their first dose and 74 per cent had been double vaccinated. Evidence showed that vaccination against COVID-19 not only reduced the risk of infection, hospitalisation and death for individuals, but also dramatically reduced the risk of transmission between close contacts.



Modelling produced on 8 November 2021 for the Australian Government by the Peter Doherty Institute for Infection and Immunity showed that the Territory was on track to become one of the very few places in the world to succeed in suppressing COVID-19 until vaccination rates were high enough to protect the community and ensure the hospital system could manage once the virus arrived.

The Territory Government announced that borders would reopen once 80 per cent of the eligible population had been double vaccinated.

The 80 per cent vaccination rate was achieved on 10 November 2021. This was timely as on 4 November 2021 the Territory detected its first case of community transmission – a male who had recently spent time in Darwin and Katherine. Greater Darwin entered into a lockout and Katherine entered into a lockdown while contact tracers worked to identify exposure sites and inform close contacts. There was subsequent spread in Katherine and to the surrounding communities of the Delta variant. Intensive efforts were undertaken through contact tracing and movement controls to limit the spread of this variant, to buy time so that vaccination rates in remote communities could be improved.

On 15 November 2021 the Territory recorded its first positive case in the remote community of Robinson River, 800km from Katherine. Contact tracers were able to link the woman with a known positive case in Katherine. Rapid response health teams supported the Robinson River community to test close contacts, provide vaccinations, and assist with infection control. On 18 November 2021 wastewater testing detected further COVID-19 in the remote community of Binjari, just West of Katherine, which then entered a hard lockdown.

By 20 November 2021, nine positive COVID-19 cases had been evacuated from Binjari to the Centre for National Resilience. On 28 November 2021, the remote community of Lajamanu, situated 560km from Darwin on the northern edge of the Tanami Desert, entered into a hard lockdown following a positive wastewater test. Within a week, more than 700 COVID-19 tests had been completed, revealing a positive case, who was connected to the Katherine outbreak, and the likely source of the positive waste water result. No further community spread occurred in the Lajamanu community related to the Katherine outbreak.

COVID-19 continued to spread across the Big Rivers region and surrounding remote communities.

On 3 December 2021, the Territory announced the first death of a person with COVID-19, from the Binjari community.

Vaccination efforts intensified particularly for the remote communities that had very low vaccination rates, or were experiencing a COVID-19 outbreak.

Urban centres across the Territory also continued to experience outbreaks. Tennant Creek entered into a lockdown for the first time from 17 to 20 December 2021, before transitioning to a lock-out. A whole-of-Territory lockout was in place from 6 to 10 January 2022 and in Alice Springs from 16 to 30 January 2022.

Reopening and living with COVID-19

On 22 November 2021, border restrictions and quarantine periods were eased for fully vaccinated travellers. Borders remained closed to unvaccinated interstate travellers. Returning Territorians and those with approved exemptions entered supervised quarantine for 14 days at their own expense.

The quarantine period for fully vaccinated travellers arriving from red zones was reduced from 14 to seven days, with travellers required to complete a Rapid Antigen Testing (RAT) regime and remain in a high vaccination zone. This followed a successful 14-day home quarantine pilot program.

From 20 December 2021 vaccinated interstate arrivals to the Territory were no longer required to quarantine, however RAT requirements continued. Interstate arrivals were allowed to travel outside high vaccination zones but were unable to visit excluded communities (those places where less than 80 per cent of eligible residents were fully vaccinated). On 18 February 2022, all border restrictions for unvaccinated travellers were lifted.

As remote communities often experience high levels of underlying chronic health conditions and overcrowded housing, plans for managing COVID-19 outbreaks often relied on hard lockdowns and transferring all positive cases and close contacts to urban centres for isolation and quarantine.

That strategy was the centrepiece of planning against the Delta variant. In February 2022, high vaccination rates, the availability of new antiviral medications and, genomic sequencing showing the less severe Omicron variant as the dominant strain meant a transformative shift in policy could be made.

From 3 February 2022, Territorians in remote communities who were COVID-19 positive and their close contacts, were able to isolate, quarantine and be cared for within their communities by ACCHOs and remote health clinics. Only those people at risk of serious illness were evacuated to hospitals or facilities in urban centres. The increasing role of ACCHOs and remote health clinics in caring for people with a mild COVID-19 illness mirrored the increasing role played by the Territory's urban general practitioners in caring for COVID-19 positive residents within their own homes.

On 31 March 2022, the CHO directed changes to public events in line with the Territory's progression to living with COVID-19. Proof of vaccination was no longer needed to attend a sporting venue when participating in or watching sport or exercise. Proof of vaccination was no longer required at public events of over 500 people in major population centres, or at public events with more than 100 people outside major centres. CHO approval was also no longer required to hold such events.

Vaccination rates continued to increase, and on 5 April 2022 proof of vaccination was no longer required to enter certain venues such as bars, pubs, nightclubs, restaurants, casinos, cinemas and theatres.

On 26 April 2022, in line with the Territory's progression to living with COVID-19, which had seen a transition from suppression of the virus to managing the rate of spread and preventing serious illness, changes were made to the CHO Directions for close contacts. Close contacts who were up-to-date with their COVID-19 vaccinations (having had at least three doses) and with no symptoms, were no longer required to quarantine but still required to undertake a testing regime. Close contacts who were unvaccinated or partially vaccinated for COVID-19 were required to isolate for seven days.

In May 2022, a new set of post-emergency powers were put in place, enabling the CHO to implement the public health measures required to continue to protect Territorians into the future. The new legislation, together with high rates of vaccination across the Territory, removed the need for any further extension of the public health emergency. The COVID-19 public health emergency expired at 11:59pm on 15 June 2022. That milestone saw the revocation of most CHO Directions including the vaccine mandate. To ensure the Territory could continue to respond to COVID-19, a small number of CHO Directions remained in place.

Case numbers and statistics

Early outlook

National modelling on the potential impact of COVID-19 to Australia's health system as well as the expected benefits of public health measures was first made available to the Territory in May 2020. The modelling showed that isolation and quarantine alone would not be enough to prevent our health system from being overwhelmed by COVID-19, and that additional restrictions would be needed over the course of the pandemic.

Based on that modelling, the Territory Government's epidemiologists estimated that 60 per cent of Territorians could fall ill from COVID-19 over four months. Of those, 80 per cent of COVID-19 infections were forecast to be mild and manageable at home, 15 per cent potentially requiring hospitalisation, and five per cent needing intensive care. Those figures would have far exceeded the Territory's hospital bed and ICU capacity and meant an additional 900 hospital beds and 320 intensive care unit (ICU) beds would be needed. Territory hospitals closely monitored hospital capacity and enacted a number of practices throughout the pandemic to manage any peaks until pressure eased.

Under that same scenario up to 2,000 Territorians could have died. Aboriginal Territorians, many of whom experience chronic disease and overcrowded housing, were likely to have been disproportionately represented in morbidity and mortality from the virus. The modelling indicated that if infections could be controlled so only 20 per cent of the population became infected over eight months, the Territory would need an extra 400 hospital beds and 160 ICU beds, which was still much higher than what our health system could manage. The potential health system requirements and poor outcomes forecast

for Territorians led to the development of the remote outbreak management plan to protect the most vulnerable Territorians. The early and strong response from across Australia and the Territory particularly through border closures, restrictions on movement and intensive contact tracing, aimed to prevent the outcomes outlined in the modelling from becoming a reality.

Later modelling and advice from the Doherty Institute was considered by National Cabinet in July 2021. The modelling showed that when 80 per cent of Territorians aged 16 years and over were double vaccinated – the Territory's health system would be able to handle 30-100 new COVID-19 cases a day. The predicted peak ICU demand under that scenario was six beds at any one time, well within existing capacity. It should be noted that the July 2021 modelling was based on the Delta variant rather than the less severe but more infectious Omicron variant of COVID-19 that dominated the peak of the Territory's infections in February 2022.

Statistics to 15 June 2022

Infections

By 15 June 2022, a total of 74 874 COVID-19 positive cases had been recorded in the Territory. That equated to an infection rate of 30.4 per cent of the population. Females accounted for 52.3 per cent of cases compared to 47.7 per cent of cases for males. The age groups with the greatest number of cases were 25-29 year olds and 30-34 year olds for both males and females. Infection rates were generally lower among male age groups compared to females, except among those aged 80 years and over. The majority of COVID-19 positive cases were from the Top End region of the Territory with 67.4 per cent of cases, followed by Central Australia with 15.8 per cent of cases.

Of the Territory's COVID-19 positive cases, 28.6 per cent were among Aboriginal people, who make up about 26.3 per cent of the population. Due to language and technical barriers, it is believed that the self-reporting of positive RAT results may not have been as high among Aboriginal people in the Territory.

The Territory reported its highest number of new infections on 2 February 2022 with 1,162 cases recorded that day.

Age group	Cases	Per cent
≤4	4,057	5.4
5-11	8,165	10.9
12-19	8,437	11.3
20-39	29,769	39.8
40-59	18,202	24.3
≥60	6,244	8.3

Region*	Cases	Per cent
Top End	50,453	67.4
Central Australia	11,782	15.7
Big Rivers	4,767	6.4
East Arnhem	3,315	4.4
Barkly	1,739	2.3
Interstate	2,716	3.6
Overseas	34	0.1
Not recorded	68	0.1

*Based on residential address

Table 3: COVID-19 cases by age group and region in the Northern Territory
4 November 2021 – 15 June 2022

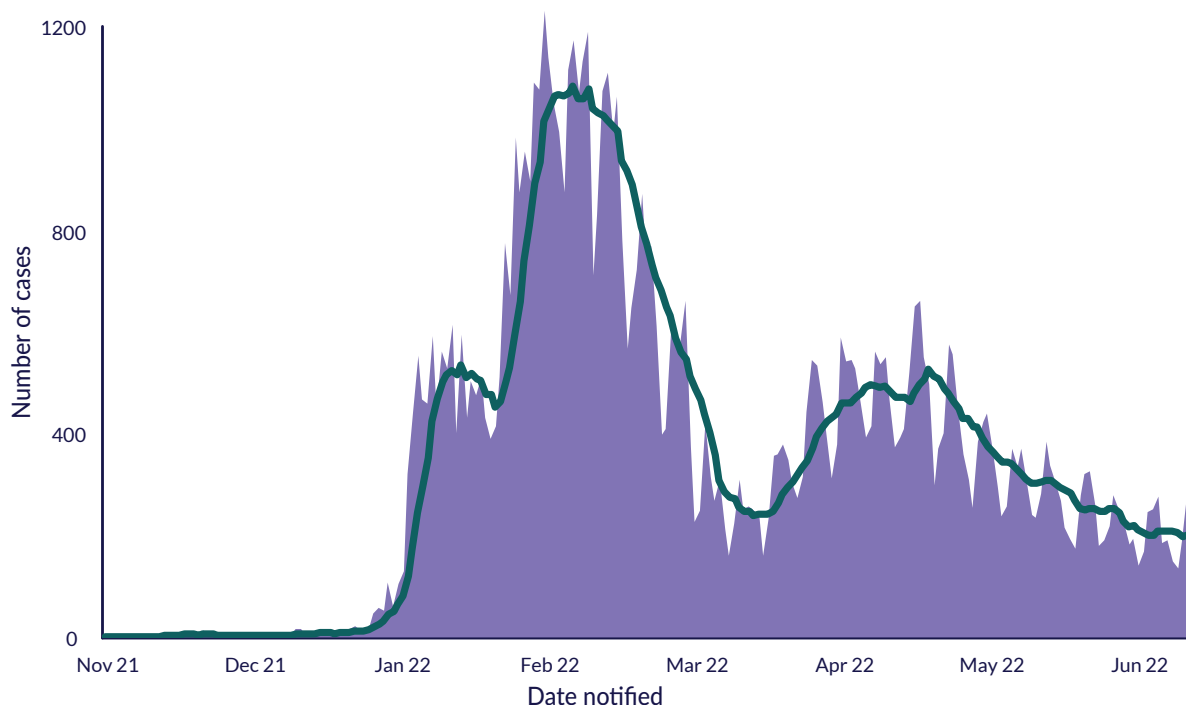


Figure 2: Epidemiological curve of COVID-19 cases notified in the Northern Territory 1 November 2021 – 15 June 2022

New variants

During the period of the public health emergency, the Territory experienced a range of COVID-19 variants. Until November 2021 genomic sequencing results, which identify variants, were provided to the Territory by the Doherty Institute. The Territory Government developed the capacity to provide these results in September 2021. The Territory recorded one case of the Alpha variant in 2020, another eight cases of the Alpha variant between January and March 2021; 10 cases of Kappa, one Beta and one Iota variant in April 2021, all of which were acquired overseas.

The Delta variant dominated the Territory's June 2021 outbreak and subsequent outbreaks in Katherine, Darwin and surrounding areas in August 2021 in the Katherine region outbreak in November 2021.

The Territory's first COVID-19 'wave' occurred from early January to early March 2022, with Omicron BA.1 becoming the dominant variant. A second and smaller COVID-19 wave occurred from late March, extending to early June 2022, with the Omicron BA.2 variant dominating, but with the appearance of the BA.4 and BA.5 sub-lineages.

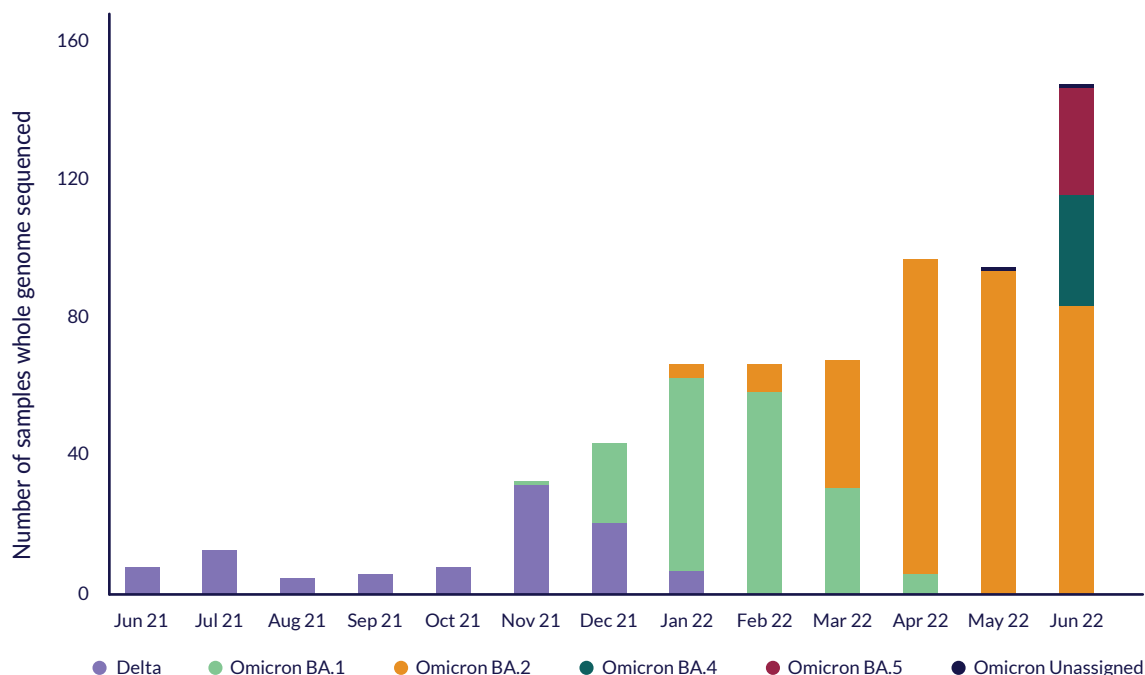


Figure 3: COVID-19 variant (sub-lineage) identified from samples whole genome sequenced by month 1 June 2021–15 June 2022

Hospitalisations

During the emergency period 2,647 COVID-19 positive individuals were admitted to Territory hospitals. Of those, 2,616 were admitted between 1 November 2021 and 15 June 2022. A total of 83 per cent of admissions were primarily admitted for COVID-19 while the remainder were admitted for other reasons but tested positive to COVID-19 while in hospital. The average length of stay in hospital with COVID-19 was 6.9 days.

The number of COVID-19 patients admitted to hospital peaked on 2 February 2022 when 57 patients were admitted. Throughout the emergency period 74 patients were admitted to ICU.

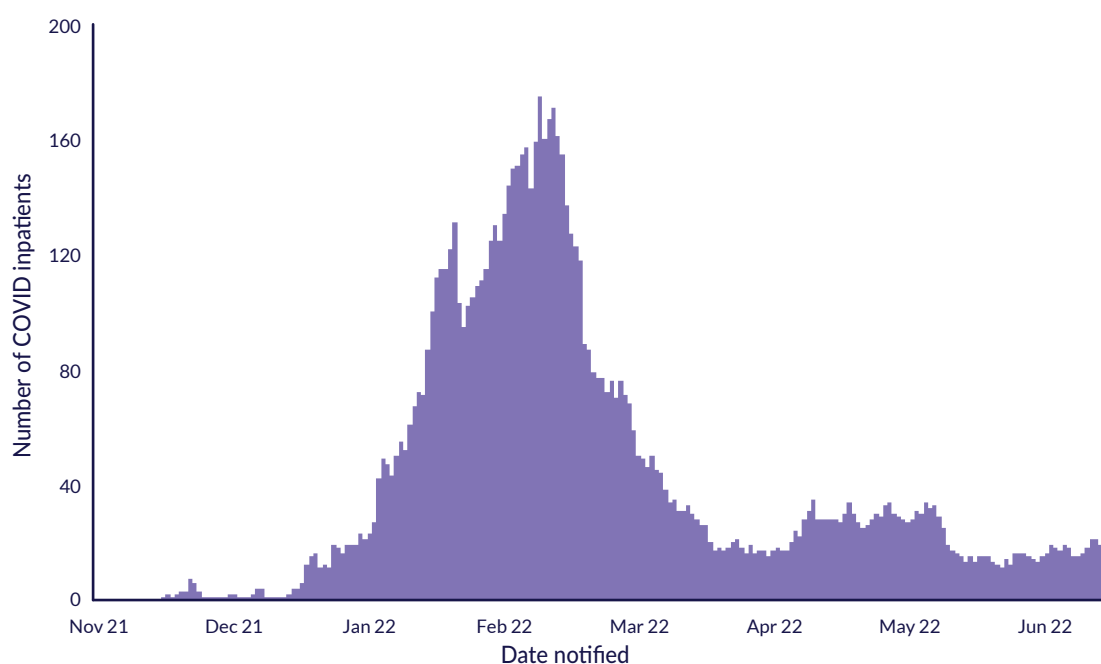


Figure 4: Number of COVID-19 inpatients in Northern Territory hospitals 1 November 2021 – 15 June 2022

Deaths

The highest proportion of deaths in the Territory with COVID-19 was among older people, with 90 percent of deaths in people aged 50 years and over. All of those who died in the Territory suffered from pre-existing chronic health conditions, or were advanced in age. A total of 58 percent of deaths from COVID-19 in the Territory were among Aboriginal people, reflecting a mortality ratio 3.2 times higher among Aboriginal people (40.8 deaths per 100,000 population) than seen in the non-Aboriginal population (12.7 deaths per 100,000).

When recording COVID-19 mortality, the Territory applied the national definition of a COVID-19 death from the COVID-19 Communicable Diseases Network Australia (CDNA) Guidelines for Public Health Units, v 6.5, 21 February 2022:

"A COVID-19 death is defined for surveillance purposes as a death in a confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID-19 (e.g. trauma). There should be no period of complete recovery from COVID-19 between illness and death. Where a Coroner's report is available, these findings are to be observed."

Decisions regarding cause of death were required to be made by an authorised clinician and had to be informed by those with knowledge of the patient and their medical condition. The Medical Certificate of Cause of Death informed the decision regarding whether a patient's death was to be reported as a COVID-19 death under the national definition. Each death was then reviewed by a group of medical experts to confirm that the national definition had been met.

Following a review of deaths an additional four COVID-19 deaths were reported after 15 June 2022 and as such are not included in the table below.

Age groups	Non-Aboriginal		Aboriginal		Total
	Female	Male	Female	Male	
30-39	0	0	0	1	1
40-49	0	0	4	0	4
50-59	0	0	3	5	8
60-69	3	6	5	5	19
70-79	2	4	6	0	12
≥80	3	6	2	1	12
Total	8	16	20	12	56

Note: There have been no deaths reported in cases aged <29 years

Table 4: COVID-19 deaths in the Northern by Aboriginal status, sex and age groups to 15 June 2022



Jurisdictional comparison

Table 5 compares the cumulative recorded COVID-19 deaths and COVID-19 case-fatality ratio for the Territory to other Australian jurisdictions, national estimates and country level estimates for Singapore, Canada, United Kingdom and the United States of America. Although these are relatively crude measures for comparing COVID-19 mortality, they generally illustrate the overall lower burden of deaths that have occurred in the Territory over the course of the pandemic.

Country/State	Deaths (per 100,000 population)	Cumulative case-fatality ratio (%)
WA	12.1	0.04
TAS	14.2	0.05
ACT	15.2	0.05
QLD	21.7	0.09
NT	22.5	0.07
SA	27.4	0.09
NSW	36.7	0.12
VIC	55.6	0.18
Australia	35.8	0.12
Singapore	25.7	0.10
Canada	109.2	1.06
United States	300.7	1.18
United Kingdom	594.3	1.77

Table 5: Comparative table of cumulative COVID-19 deaths and case-fatality ratio for Australia, Australian states and territories and selected countries

Counterfactual modelling

Researchers and epidemiologists from the Epidemiological Modelling unit in the School of Public Health and Preventive Medicine at Monash University modelled case numbers and health outcomes based on counterfactual scenarios for two of the Territory Government's key public health strategies; border restrictions and vaccine mandates. The model derived results by evaluating two scenarios: (1) if the Territory had no vaccine mandate and (2) if the Territory had no border restrictions.

The results suggested that these key public health strategies have contributed significantly to saving lives, reducing case numbers and reducing severity of disease.

This included reducing hospitalisations, ICU admissions and lives lost. Delaying community transmission provided time for the Territory to achieve higher vaccination levels and prepare government, health services and partners in the sector for the infection burden.

If the Territory had not implemented border restrictions on states and territories that had local transmission events and international travellers and the Delta variant was able to establish community transmission in the Territory, the model demonstrates that a Delta wave in 2021 would have resulted in increased lives lost, increased ICU admissions and hospitalisations.

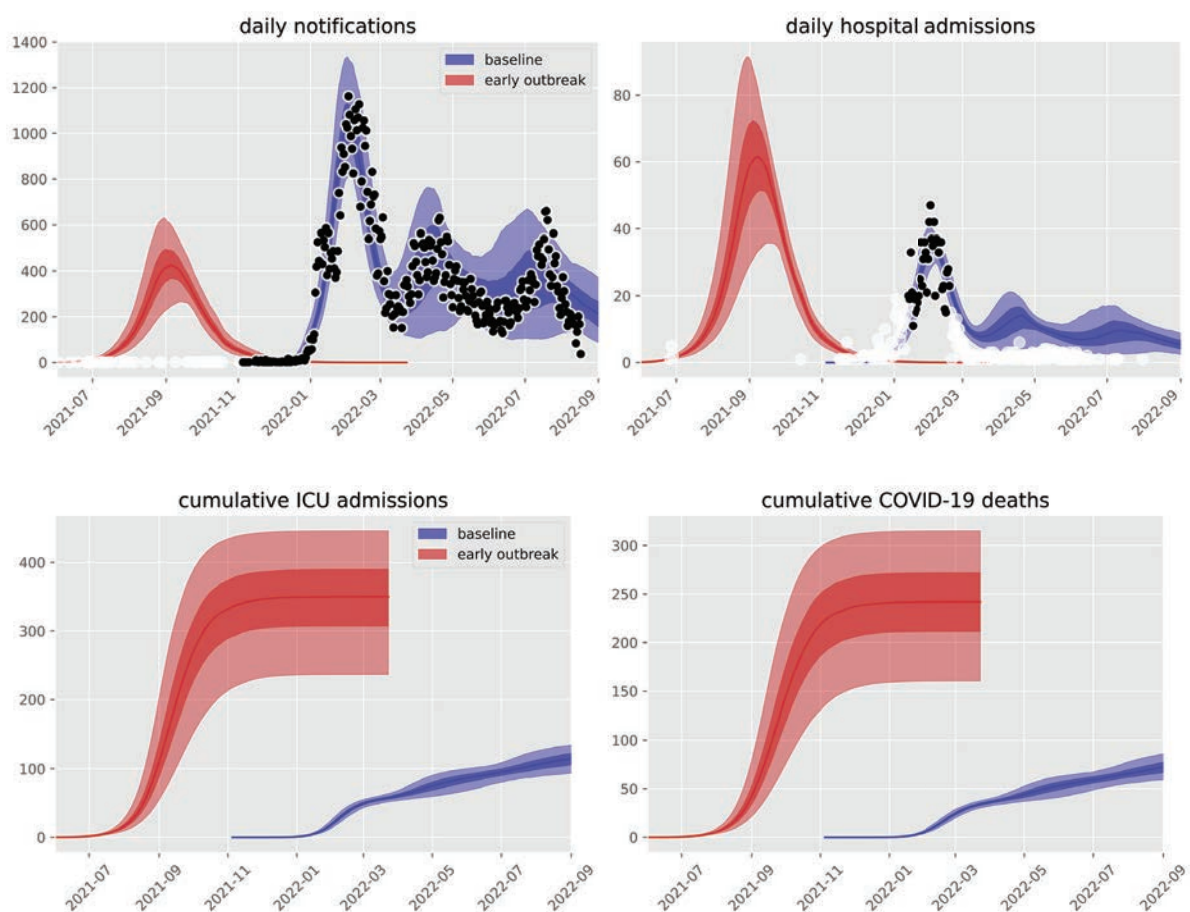
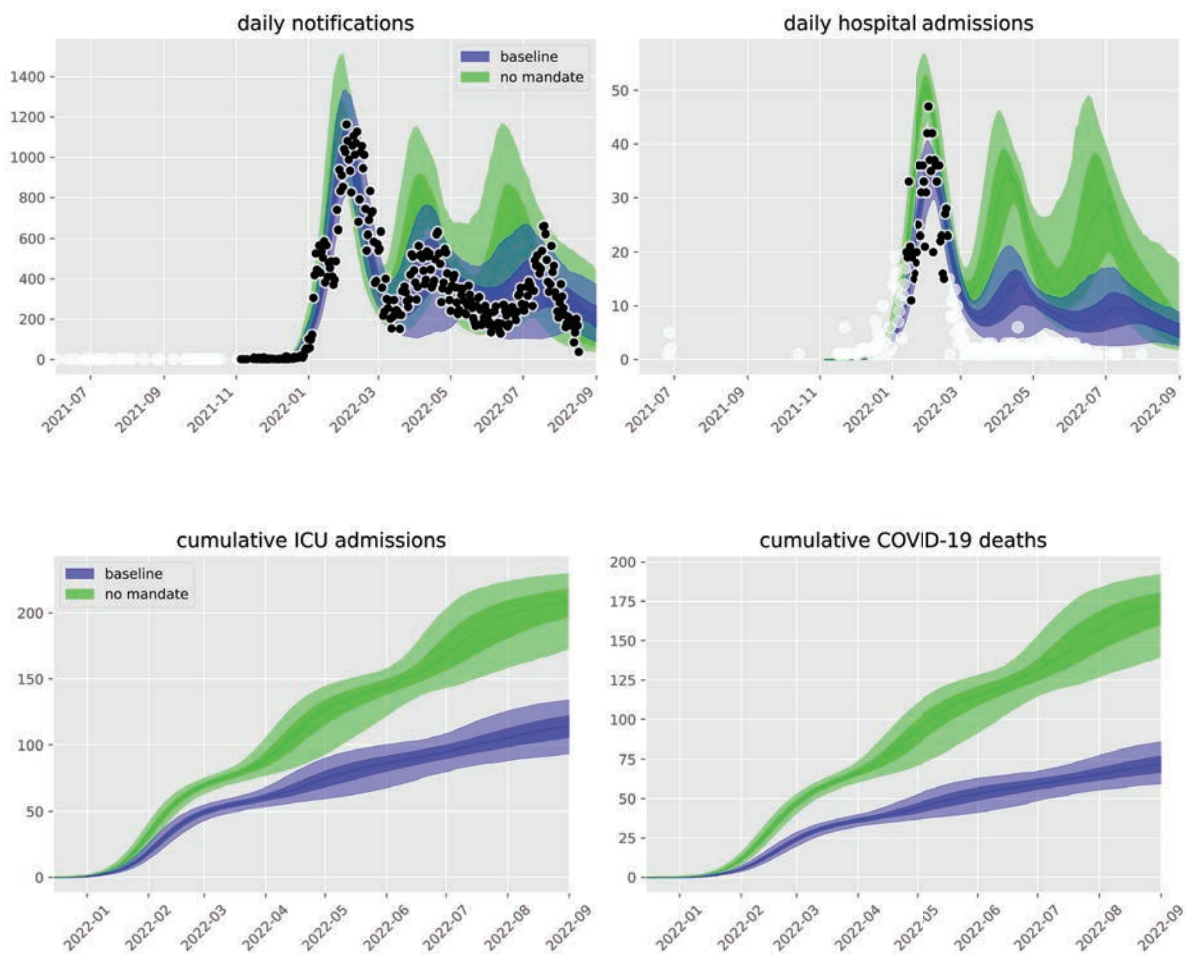


Figure 5: Modelled impact if no border restrictions were introduced in the Delta wave (red line) compared with observed impact of COVID-19 infections (blue)

Notably, a Delta wave would not have resulted in higher case numbers than the first Omicron wave as this variant is less infectious. But in line with international epidemiological evidence, the model demonstrates that an outbreak of the Delta variant would have resulted in more lives lost and severe health outcomes.

If the Territory had not implemented a vaccine mandate and if vaccination rates had plateaued as a result, the model suggests there would have been more adverse epidemic outcomes, particularly for the later Omicron sub-variants (BA.2 and BA.5). This includes an increase in case numbers and hospital admissions, peaking at a similar magnitude to the BA.1 wave, as well as an approximate two-fold increase in total number of ICU admissions and three-fold increase in the cumulative number of deaths. The COVID-19 vaccine mandate in the Territory contributed to higher vaccination rates and offered increased protection against severe disease and death.

Figure 6: Modelled impact if no vaccine mandate was introduced (green line) compared with observed impact of COVID-19 infections (blue line)



Dr Charles Pain
Acting Chief Health Officer
Northern Territory Department of Health
Manunda Place
38 Cavenagh Street
Darwin NT 0800

Dear Dr Pain,

On behalf of the Epidemiological Modelling Unit at the School of Public Health and Preventive Medicine at Monash University I am pleased to submit the results of the counterfactual COVID-19 modelling undertaken for the Northern Territory (NT). We have now completed the engagement.

In the course of this work my team and I developed a mathematical model that aims to capture COVID-19 epidemiological dynamics over the course of the Omicron outbreaks through this year. The model, based on previous work done for other jurisdictions in Australia and overseas, was contextualised to the NT based on local data for cases, hospitalisations and deaths due to COVID-19 over the modelled period. Once the model was calibrated to the COVID-19 epidemic in the NT, retrospective counterfactual simulations of COVID-19 epidemiology were used to evaluate the impact of different public health and social measures, such as vaccination policy and border restrictions under certain assumptions.

I confirm that:

- our work was carried out at arms' length from the Department of Health with no requested revisions of results, or efforts by you to influence the development of the model or our findings
- the summarised results of our Technical Report as presented in the *Chief Health Officer's Report: The COVID-19 public health emergency 18 March 2020 to 15 June 2022*, fairly and accurately reflect, in the form and context in which it appears, our findings

Yours sincerely,



Associate Professor James Trauer
Head, Epidemiological Modelling Unit
School of Public Health and Preventive Medicine
Monash University

Forward outlook

Since the end of the emergency period on 15 June 2022 the Territory has experienced a third wave of the Omicron variant of COVID-19, with sub variants BA.4 and BA.5 becoming the dominant strains of the virus. These dominant strains were more infectious than previous COVID-19 variants and sub variants, and appeared to be better at circumventing the immunity provided by vaccines or from a previous infection. The risk of severe illness and death remain significantly greater for vulnerable Territorians, including older people, those with a disability, people with underlying medical conditions and those unable to be vaccinated.

The virus continues to evolve, new variants or sub-variants could emerge to challenge our public health measures and we are likely to continue to see waves of infection. However, the Territory is well prepared due to our high vaccination rates, the availability of antiviral medication and a world-class hospital system. Next-generation vaccines will be an important tool for protecting our community. The Territory has public health plans in place that will continue to adapt and evolve to each new challenge that COVID-19 presents.





PUBLIC HEALTH AND SOCIAL MEASURES

Like other public health agencies across Australia, the Territory Government had strategies prior to COVID-19, to prevent, control and respond to a respiratory virus pandemic, and how to minimise its impact on the health of Territorians and the health system. Those strategies provided the foundation for the Territory's response to the COVID-19 pandemic.

While some characteristics of COVID-19, such as the prevalence of asymptomatic cases initially challenged some details of this strategy, its core public health response components remained consistent – epidemiology, surveillance, containment measures and the use of treatments and vaccines.

From early January 2020, the Territory Government's epidemiologists shared data with colleagues nationally and internationally about the novel coronavirus, to help determine how the virus was spread. The understanding was that it could be transmitted through the air, on surfaces

and by people without symptoms. This gave weight to public health responses around mask wearing, social distancing and sanitising and informed the Territory's frontline health workers about how to protect themselves while caring for people during the pandemic.

The Territory Government and national epidemiologists studied the incubation and infection periods of the virus, and helped to predict how many people an infected person would pass COVID-19 onto if no controls were put in place to curb the spread. This knowledge shaped decisions around the length of time for quarantine and isolation. Those epidemiologists also monitored how the virus was affecting other places around the world, to understand what proportion and particular groups of people in the Territory, who became infected with COVID-19, might become significantly unwell or not survive the illness. That information, which needed to be updated for each new variant of COVID-19, helped the Territory to refine its efforts to protect vulnerable populations and people in high-risk settings.



Surveillance and response measures

The longstanding public health practices of Test, Trace, Investigate and Quarantine (TTIQ) were implemented by many jurisdictions worldwide and in all Australian states and territories during COVID-19. In the Territory, this approach was called “Trace, Test and Trap” and saw a strong focus on surveillance activities such as increased testing, rapid contact tracing to identify close contacts of confirmed cases and adaptive approaches to quarantine and isolation.

Testing

Well before high community vaccination rates were reached, a focus on testing for COVID-19 enabled health authorities to find and suppress the virus in the community and prevent it from spreading across the Territory. COVID-19 specific testing infrastructure was in place in

the Territory by 9 February 2020 when the first Wuhan evacuees arrived at the Centre for National Resilience.

The Territory relied on conventional diagnostic testing methods as well as innovative wastewater monitoring. Polymerase chain reaction (PCR) testing remains the gold standard test for diagnosing COVID-19. In line with National Cabinet recommendations, the Territory used PCR testing throughout the emergency period. Testing regimes were adjusted to fit different circumstances, most often to suit changing arrangements for people entering the Territory, quarantine and isolation. While PCR test results in urban areas were usually available within 48 hours, logistical constraints meant that the turnaround time for tests from more remote areas could be up to five days. By May 2020, PCR testing equipment had been installed in laboratories in the Territory's six public hospitals with high volume testing in Darwin.

In early 2020 through Australian Government funding, the Kirby Institute and Flinders International Centre for Point of Care Testing worked in partnership with Territory stakeholders to develop and implement Gene Expert PCR processing machines in 34 of the Territory's remote communities. These low volume machines provided results locally within an hour, whereas previously tests flown to regional centres for processing would not provide results for several days.

In late 2021 when the Territory was tackling numerous outbreaks in remote communities, PCR results could not be obtained quickly enough to inform contact tracing and infection control efforts with tests arriving in bulk to be processed causing delays. With added concerns that transport delays during cyclone season could further extend those timeframes, Rapid Antigen Tests (RAT) were introduced in remote communities and high volume settings.

When the Omicron variant arrived in the Territory in December 2021, the expected PCR testing capacity of the Territory had to be reconsidered. This was because testing capacity was spread across all regions of the Territory, meaning samples would need to be transported away from Darwin causing further delays in results. In addition PCR testing capacity had been determined using a low positivity rate of pooled samples, which changed with the Omicron variant as it had a high positivity rate.

On 13 January 2022, both PCR and RAT testing methods became equally recognised for the purposes of diagnosing a COVID-19 case. Those with a positive RAT result were legally required to self-report their results online. With high rates of community

transmission across the Territory the public health benefit of enabling people to test themselves without leaving their homes and to more quickly connect infected people with appropriate care, was thought to outweigh a delayed but more accurate PCR diagnosis. About 35 per cent of the NT population was estimated to have been infected with COVID-19 between November 2021 and July 2022.

By the peak of the first Omicron wave, up to 60,000 RATs were being used per week, with most provided by the Territory Government. This resulted in pressures on supply chain and a significant investment by the Territory Government to ensure ongoing supply. There remains a secure supply of RATs which can be accessed by Territorians through published distributions sites.

Testing locations

The Royal Darwin Hospital pandemic clinic commenced operations on 10 March 2020 using clinical space offered by the Menzies School of Health Research. It was the first of numerous COVID-19 testing centres operating in larger population centres across the Territory and funded and commissioned by the Northern Territory and Australian Governments.

Throughout the pandemic, testing locations were escalated as required and in response to COVID-19 outbreaks in the community. This included the establishment of multi-lane drive through testing sites, door-to-door testing by Rapid Response Teams in remote communities and high risk areas and the establishment of RAT distribution points so people with symptoms could collect and undertake their own test at home.

Location	Testing facility	Dates of operation
Alice Springs	Wilkinson street drive through testing clinic	17 July 2020 – 25 August 2020
	Todd facility drive through testing clinic	26 August 2020 – 30 December 2021
	Traeger park drive through testing clinic	31 December 2021 – 23 January 2022
	Pandemic coordination centre	24 January 2022 – 30 June 2022
	Motor Vehicle Registry motorcycle facility (for transport and freight operators)	6 December 2021 – 18 February 2022
Darwin	Royal Darwin Hospital pandemic clinic	10 March 2020 – 30 December 2021
	Marrara drive-through testing site, Charles Darwin University netball stadium	23 March 2020 – 25 August 2020
		9 – 21 September 2020
		28 – 30 May 2021
		28 June – 6 July 2021
		17 – 19 August 2021
		5 – 9 November 2021
		18 – 21 November 2021
		6 – 29 December 2021
	Howard Springs drive-through pandemic clinic, Centre for National Resilience	23 March 2020 – 31 July 2020
		4 January 2021 – 30 March 2021
	Palmerston GP Super Clinic	March 2020 – November 2021
	Truck central testing station (for transport and freight operators)	25 September 2020 – 21 February 2022
Katherine	Royal Darwin Hospital Clinic-19 (for health care workers)	21 December 2020 – still operational
	East Arm testing clinic	30 December 2021 – 30 June 2022
Katherine	Katherine Hospital pandemic clinic (drive-through testing site)	28 August 2020 – 8 April 2022
	Katherine East testing facility	16 November 2021 – 20 December 2021
Nhulunbuy	Respiratory clinic (run by Arnhem Family Medical Centre)	10 January 2022 – 30 September 2022
	Nhulunbuy Hospital pandemic clinic	31 March 2020 – 14 March 2022
	Nhulunbuy Hospital drive-through testing site	26 December 2021 – 14 March 2022
Tennant Creek	Tennant Creek Hospital pandemic clinic	24 November 2020 – 30 June 2022

Table 6: Polymerase Chain Reaction (PCR) testing locations (some funded by the Territory Government and others commissioned by the Australian Government)

Wastewater surveillance

In December 2020, together with counterparts from South Australia and Western Australia, the Territory formally signed on as a partner to the Collaboration on Sewage Surveillance of SARS-CoV-2 (ColoSSoS) initiative, led by Water Research Australia. ColoSSoS gave the Territory access to experts in the sampling and interpretation of results from wastewater surveillance. Pilot wastewater sampling commenced in the Territory in May 2021, initially in Greater Darwin at 10 sites covering the Centre for National Resilience (CNR), a major sewer catchment in Palmerston not affected by the CNR flow, strategic locations across the Darwin Central Business District, major sewage treatment plants and ponds, and sites covering mass gathering events such as BASSINTHEGRASS. Following the pilot, regular wastewater testing was expanded to all regions of the Territory and in remote communities as required.

The Territory's use of this technology was unique in Australia because it was not only used to monitor how well public health measures were working during outbreaks in remote communities, but also as an early warning system when there were no reported cases. Once the Territory started having COVID-19 cases, waste water results became part of public communications.

Wastewater surveillance detected virus fragments in the remote community of Lajamanu when no one there had yet tested positive, leading to a lockdown in December 2021. Wastewater surveillance also enabled the Territory to target its responses to a small suburban area within Katherine in November 2021. In the first six months of the wastewater surveillance program, samples were sent to South Australia for processing. A Territory Government grant to Charles Darwin University (CDU) enabled it to begin processing results in the Territory from January 2022.

Processing

To ensure the fastest possible turnaround times between a test and a result the Territory Government's own pathology services were used for the majority of PCR test processing, with laboratories at the Darwin, Alice Springs, Katherine, Nhulunbuy and Tennant Creek hospitals able to process high volumes. Equipment was scaled up and diversified to reduce reliance on the reagents used in testing that were in short supply worldwide in 2020. At times during the pandemic, those laboratories processed a combined total of 2,500 tests per day, more than five times their usual workload. Territorians were notified of their results by SMS message or phone. During the emergency period the Territory's pathology laboratories processed more than 800,000 COVID-19 PCR tests.

Genomic sequencing

As well as rapidly processing large numbers of PCR tests on site, the Territory Government's pathology service began to use a genomic sequencing process to examine virus samples in November 2021. This process helped to identify which COVID-19 variants were present in the Territory, providing links between known outbreaks and new positive cases, and providing the Chief Health Officer (CHO) with confidence that an outbreak had been contained. In some instances this data enabled lockdowns and other restrictions to be eased sooner than planned. The capability for genomic sequencing has ongoing uses in the Territory for infectious disease and cancer diagnosis and management, and is a positive legacy from the pandemic.



Contact tracing

Contact tracing is the process of identifying, assessing, and managing people who have been exposed to someone who has been infected with the COVID-19 virus. These people are known as close contacts. Contact tracing and the quarantine of close contacts played a major role in the Territory to stop transmission between people and reduce the spread of the virus. Contact tracing also provided evidence to identify exposure sites communities and locations where there was the potential of an outbreak.

In early January 2020 and before the first case of COVID-19 was detected, the Territory Government established an electronic online contact tracing system. Through this system, NT Health were able to inform close contacts that they had been exposed to someone who was COVID-19 positive, assess them for symptoms and provide them with advice to quarantine and monitor for any signs of illness. The Territory Government's early 2020 contact tracing efforts were supported by members of the Australian Defence Force. In time, a large workforce of Territory health care workers and public servants in urban and remote areas were trained to enable the rapid scaling up of time-critical contact tracing efforts.

The Territory Check In app

As the COVID-19 pandemic progressed, on-line apps were developed to assist with contact tracing. These apps enabled much faster identification of close contacts. The first digital contact tracing app was the COVIDSafe app released by the Australian Government on 26 April 2020 to help combat the ongoing COVID-19 pandemic.

The Territory Check In app was launched on 30 November 2020 following introduction of a CHO Direction requiring certain businesses and venues in the Territory to collect customer contact details to assist with contact tracing in

the event of a COVID-19 community case.

On 12 July 2021, it became mandatory for most places, businesses, organisations, community groups, venues, services and activities to use the app, regardless of whether another check-in system is in place.

The app enabled individuals to check-in to venues, organisations and businesses and have the data stored by NT Health so contact tracing could be quickly undertaken if required. It also allowed individuals to check-in friends and family who may not have had their own device.

Customers were required to provide their name and phone number or email, home address or other means to be contacted, as well as the date and time of entry into the venue.

Information collected was safely and securely stored by NT Health for 28 days and was only accessed if required for the purposes of contact tracing.

The *Territory Check-In App* was also used to provide proof of a COVID-19 vaccination, including booster doses. It was also used to send COVID-19 Case Alerts. People who checked-in at a venue using *The Territory Check In app*, were sent a notification if they had been at a location at the same time as a person who had recently tested positive for COVID-19. Business owners were informed through an email notification if a COVID-19 positive person had visited their venue.

On 3 March 2022, the requirement for businesses to collect customer details was removed and the community was no longer required to check in when attending businesses and venues in the Territory.

Between 30 November 2020 and March 2022, more than 42 million people had checked in at Territory venues.

Contact tracing during COVID-19 outbreaks

Within hours of an outbreak linked to a remote Territory mine site on 29 June 2021, close contacts who had left the mine site were identified by the contact tracing team, ensuring reduced transmission to other parts of the Territory and to other jurisdictions.

A rapid assessment team was also deployed to the mine site to assist with contact tracing and to manage the outbreak on the ground. CHO Direction (18/2021) was introduced and required all Territory adults to check the NT COVID-19 website daily to determine if they had been in a COVID-19 public exposure site. This step was designed to further strengthen contact tracing efforts.

Date	Number of check-ins
July 2021	5,263,358
August 2021	5,168,853
September 2021	4,307,118
October 2021	3,816,891
November 2021	5,176,879
December 2021	4,958,794
January 2022	5,626,467
February 2022	1,809,285
March 2022	1,092,408
TOTAL	37,220,053

Table 7: Number of check-ins using The Territory Check In app July 2021 – March 2022

From November 2021 when positive COVID-19 cases emerged in the Territory's town camps and remote communities, a joint effort by Aboriginal community leaders, Aboriginal staff from ACCHOs and the Territory's remote health clinics, teachers and police proved crucial to enabling contact tracing to be done thoroughly and in a culturally safe and effective way. Rapid assessment teams deployed to communities with high transmission rates aided in identifying close contacts on the ground.

From March 2022, Territorians who tested positive to COVID-19 were required to inform their contacts about their positive test result. With widespread COVID-19 community transmission, the decision was taken to reallocate health resources to high risk areas of concern such as aged care facilities, disability settings, correctional facilities, hostels, shelters, and boarding schools. That change was in line with other jurisdictions in Australia and recommendations internationally. Contact tracing continued past the end of the emergency period in high risk settings such as aged care facilities, and in some hospitals.





Isolation and quarantine

COVID-19 spreads mainly between people who are in close contact with each other. Infectious particles can be spread through coughing, sneezing, speaking, singing and breathing. The particles pass through the air and are inhaled at short range by another person, or come into contact with the eyes, nose or mouth of another person. People can also become infected when touching their eyes, nose or mouth after touching surfaces or objects that have been contaminated by COVID-19.

Isolation measures were used in the Territory and across the world to prevent transmission of COVID-19 by separating people with the virus from people who were not sick. Quarantining was used to keep close contacts apart from others, to see if they became sick, and to prevent transmission to more people.

Isolation for asymptomatic and mild cases

During the early weeks of the pandemic, public health experts noted that people infected with SARS-CoV-2 who had not developed symptoms of COVID-19, exhibited a similar potential to spread the virus to others in the community. In the Territory these 'asymptomatic' infected people were initially isolated at Royal Darwin Hospital and Alice Springs Hospital. Asymptomatic infected people and those with mild COVID-19 symptoms undertook isolation at the CNR from 3 April 2020 and at the Alice Springs

Quarantine Facility (ASQF) from July 2020 to reduce pressure on hospitals and reduce the risk of transmission to other hospital patients.

Central Australia's success in preventing outbreaks of the virus meant that ASQF did not accept its first COVID-19 positive resident for isolation until mid-December 2021.

Quarantine for interstate and international arrivals

On 28 March 2020, CHO Directions were introduced requiring people infected with COVID-19 to enter isolation. People arriving in the Territory were also required to undertake 14 days quarantine. By 1 April 2020, and in line with national practice, all quarantine was being undertaken with supervision at designated hotels in Darwin and Alice Springs. For a short time the expense of supervised hotel quarantine was met by the Territory Government. However on 3 April 2020 arrivals were required to pay for their own accommodation and food in quarantine, at a cost of around \$2,500 per room per fortnight. Penalties of a possible six-month jail term, or a fine of \$1,256 were introduced for those who breached the quarantine and isolation requirements. The Territory's fines were modest in comparison to those in place elsewhere in Australia. In Western Australia, penalties could be up to \$50,000 and 12 months in jail.

With no community transmission and tight border controls, restrictions were eased in the Territory and on 15 June 2020 arrangements shifted to at-home quarantine for those with suitable accommodation. On 1 July 2020, only interstate arrivals from declared 'hotspots' were required to quarantine.

Mandatory supervised quarantine

When the Territory's borders reopened on 17 July 2020, arrivals from hotspots were required to enter mandatory supervised quarantine at CNR and ASQF and pay for this at their own expense. The quarantine fee for individuals was \$250 a day, to a maximum of \$2,500 per room per fortnight. For family units the cost was \$500 a day, to a maximum of \$5,000 per fortnight while low-income earners could apply for a 50 per cent reduction.

Throughout the second half of 2020, occupancy surged periodically at supervised quarantine facilities as COVID-19 outbreaks interstate led to the declaration of hotspots. In July 2021, with about half of Australia's population living in declared hotspots, a surge in Territorians returning from interstate led to a decision to allow 17 returning Alice Springs residents to quarantine at home subject to strict compliance checks. In November 2020, the declaration of a hotspot in South Australia saw ASQF reach capacity, with overflow travellers being transferred to CNR or approved to quarantine at home.

Home quarantine

The next significant shift in quarantine measures occurred as a result of rising vaccination rates in the Territory and growing evidence that vaccines significantly reduced the onward transmission of COVID-19. On 26 October 2021 and 1 November 2021 CHO Directions were implemented allowing Territorians returning from interstate to Darwin and Alice Springs respectively, to apply to undertake quarantine at home or at a suitable alternative location.

From 23 November 2021 this option became available to all Territorians living in an area with 4G mobile phone coverage where double dose vaccination rates were also above 80 per cent.

People who quarantined at an alternative location to one of the supervised quarantine facilities, used an electronic monitoring system – the G2G NOW App – to maintain contact with health and compliance teams. The App was used in conjunction with physical checks to monitor residents' compliance with quarantine, using geospatial location and facial recognition technology. At its peak in January 2022, the App was used by 38,329 people in the Territory.

Managing people in approved alternate places of quarantine represented a significant effort involving police and environmental health teams. In total, 53,647 quarantine compliance checks were completed during the COVID-19 emergency period.

On 22 November 2021, CHO Directions reduced the quarantine period for vaccinated travellers entering the Territory from a red zone (previously called a 'hotspot') from 14 to seven days. From 20 December 2021, quarantine requirements were removed for all double vaccinated arrivals in the Territory. Vaccinated arrivals were required to have a negative PCR test before entering the Territory and were provided Rapid Antigen Tests upon arrival to the NT to complete the required testing regime. Returning Territorians who were unvaccinated had to enter supervised quarantine for 14 days at their own expense. From 18 February 2022, no arrivals into the Territory (except those returning from overseas under the Commonwealth Repatriation Program) were required to quarantine on arrival.

Quarantine requirements were also eased for vaccinated Territory residents who were close contacts of confirmed COVID-19 positive persons. From 11 January 2022, vaccinated

close contacts who were essential workers were permitted to leave home quarantine to attend work.

Supervised quarantine facilities continued to be used for quarantining of close contacts of confirmed COVID-19 positive persons, and for isolation of asymptomatic or mild cases of COVID-19, when those people did not have a suitable place to quarantine or isolate.

This included Territorians evacuated between 3 November 2021 and 3 February 2022 from outbreaks in regional centres such as Katherine, Tennant Creek, and Nhulunbuy, and surrounding remote communities. ASQF discharged its last resident on 29 April 2022, while the Centre for National Resilience (CNR) discharged its last domestic quarantine resident on 3 May 2022. During the COVID-19 emergency period 41,724 people completed domestic quarantine or isolation at the CNR while 2,228 people completed domestic quarantine or isolation at ASQF.

Individual measures

Hand washing, coughing and sneezing etiquette, mask wearing, and social distancing were essential defences against infection during the health emergency and some of the most effective actions that could be taken by Territorians to prevent the spread of COVID-19.

Public health messaging throughout the emergency period reminded Territorians of the importance of and best practices for hand hygiene. Shaking hands in business and social settings declined as a practice in 2020 and 2021. Hand sanitiser became widely used in those situations when hands could not be washed thoroughly with soap and water. In early 2020 when hand sanitiser demand outpaced commercial supply, high school and university students manufactured the product locally. The importance of staying home if unwell was a key community message and remains an ongoing public health measure to reduce the spread and protect the vulnerable in our community.

Mask wearing was a critical measure implemented following health advice that the risk of COVID-19 transmission decreased if one person in a setting wore a mask, and substantially decreased if both people wore a mask. Surgical masks and respirators provided the greatest protection; however cloth masks (particularly those with multiple layers) were also effective to reduce the transmission of respiratory droplets. While mask wearing was recommended at all times when physical distancing could not be maintained, the wearing of masks was mandated at times during the pandemic. CHO Directions required masks to be worn inside airports and on flights (in line with Australian Government requirements) from 20 January 2021. Masks were also required to be worn in high risk settings, during certain lockdown periods or times of high community transmission and following a COVID-19 infection.

Masks were one of the critical elements of personal protective equipment (PPE) used to protect frontline workers. The Territory Government's infection control experts provided advice and training to health and frontline workers across the Territory on how to 'doff and don' PPE; this included workshops and in-person assistance given to non-government organisations and sector governing bodies.



The Territory Government maintained a stockpile of PPE, which was distributed to vulnerable people, essential workers, ACCHOs and other organisations as needed when other supply lines fell short. As of 31 March 2022, the value of PPE supplied to individual ACCHO, non-government organisations and other government agencies totalled \$423,888.

PPE item	Stock
Face Shield	265,791
Gloves	7,801,470
Gowns	419,655
Masks	8,930,523
Spectacles	6,050
Sanitiser bottles	36,503
Universal wipe packets	2,168,058

Table 8: Territory Government stock levels of personal protective equipment as at 8 November 2021

Environmental measures

Territorians were reminded through regular public communications, including in languages other than English, of steps that they could take to reduce the spread of COVID-19 through the decontamination of surfaces and improving environmental conditions such as undertaking activities outside or inside with sufficient ventilation.

Councils, businesses and other organisations increased the frequency and depth of cleaning of surfaces in spaces such as workplaces, personal care businesses, schools, child care centres, public seating, lifts and playgrounds. A total of \$800,000 in joint Territory and Australian Government funding delivered infection control training in 2020 to businesses and also to aged and disability care providers. Territorians were reminded to regularly disinfect their mobile phones. And while most Territorians had the advantage of

greater access to and time spent outdoors than people in other jurisdictions, efforts were made to improve ventilation and air quality in indoor settings such as Territory hospitals and schools.

Social and physical distancing measures

The respiratory droplets that carry COVID-19 can remain suspended in the air or travel further than conversational distance. This means that crowded indoor settings where people tend to spend longer periods of time, increase the risk of transmission. A number of emergency response measures were taken to minimise the risk.

Closure of businesses and public spaces

To minimise the movement of people and reduce opportunities for transmission of the virus, CHO Directions required certain businesses, places and activities to close at times during the emergency period. On 23 March 2020, entertainment, food and beverage, and sporting venues were closed in the Territory, in line with the rest of Australia. Jury trials in the Territory were suspended from 25 March until 5 June 2020. From 26 March 2020, Territory campgrounds, multi-day walks and high-use day areas that encourage groups to gather, were closed. By 4 April 2020 almost all activities involving close contact (e.g. massage therapists, beauty salons) that were not deemed to be essential services had closed. Online business activities were not affected. A number of local hospitality venues began offering takeaway and delivery of food and drink options.

With no cases of COVID-19 in the Territory community, these closures were progressively lifted and most places and activities were reopened by 5 May 2020. Before they could re-open, businesses were required to develop and submit a COVID-19 Safety Plan, in a form approved by the CHO, to provide



hand sanitiser or handwashing facilities for patrons and to put place markings on the floor to indicate 1.5m spacing in queuing areas. Each business nominated a staff member to implement its COVID-19 Safety Plan. By 16 July 2020 the CHO had received 5,600 COVID-19 Safety Plans and environmental health teams had conducted 4,751 compliance inspections at reopened venues. By 31 March 2022, the number of business compliance checks had risen to 14,801. Businesses that had submitted a COVID-19 Safety Plan received a Statement of Commitment to display to the public, stating that they understood the principles of COVID-19 transmission and they were committed to keeping their business operating in a COVID-19-safe manner.

Non-essential businesses, places and activities were closed during the Territory's

few lockdowns in urban areas and regional centres. In those cases, venues at higher risk of transmission such as markets, sporting facilities and gyms remained closed for a short period after the lockdown had ended. The Mindil Beach Sunset Markets, for example, only operated on Sundays in 2020 with about half of the usual number of stallholders, and began in June rather than its usual April start date.

At times during the emergency period, individual places were closed in response to specific circumstances. For example, when two flights of passengers from Sydney arrived at Yulara, only to have Sydney declared a hotspot, the Uluru-Kata Tjuta National Park was temporarily closed at the request of Traditional Owners until all passengers either tested negative or left the park area.

As the Territory transitioned to living with



COVID-19, individual businesses occasionally closed for short periods when COVID-19 diagnoses led to staff shortages. As an example, the Territory Wildlife Park closed for a weekend in late April 2022 after multiple staff tested positive for COVID-19.

Mass gatherings

Mid-March 2020 saw the introduction of significant social distancing measures across Australia as governments sought to reduce opportunities for the transmission of COVID-19.

On 13 March 2020, Australia's Chief Medical Officer recommended to National Cabinet that gatherings of more than 500 people should be cancelled. The first cancellation of a planned event in the Territory occurred on 13 March 2020 when in caution, CDU cancelled an event by world-famous shadow puppeteer I Made Sidia. The following day the Northern Territory Football League Grand Final went ahead in Darwin, while the highly anticipated Tiwi Islands grand final on Bathurst Island proceeded without visitors from the mainland. The increasing likelihood of restrictions on mass gatherings led the

Northern Territory Cattleman's Association to cancel its planned 26-27 March 2020 annual conference in Alice Springs.

Following a National Cabinet Decision, the CHO issued his first Direction on 18 March 2020. CHO 1/2020 banned non-essential gatherings of more than 500 people outdoors and more than 100 people indoors. Dozens of planned events were soon cancelled for 2020, including Anzac Day commemorations, the Garma Festival, the Wide Open Space music festival, Territory Day events and fireworks, GleNTi, all regional shows and the Humpty Ball. 2020 marked the first time in 69 years that the Royal Darwin Show was not held. The Darwin Aboriginal Art Fair, National Indigenous Music Awards, Telstra National Aboriginal and Torres Strait Islander Art Awards, and the new National Indigenous Fashion Awards were held, but in an online format. Other events such as BASSINTHEGRASS, Parttjima – A Festival in Light, Mindil Beach Markets, the Barunga Festival and the Katherine Junk Festival were postponed with hopes that they could be held later in 2020.

The successful eradication of COVID-19 in the Territory by mid-2020 meant that major events and mass gatherings could resume. Organisers of major events (>1,000 people Territory-wide and 100-1,000 people for events outside major population centres) were required to submit COVID-19 Safety Plans to the CHO for approval, demonstrating that adequate safety measures could be taken.

The Territory was one of the first places in Australia to welcome back live events. In August 2020 the Darwin Cup Carnival went ahead with 7,500 in attendance and thousands enjoyed the Supercars Darwin Triple Crown event. The 2020 Darwin Festival registered its highest ever proportion (98 per cent) of sold-out shows. In addition, 94 per cent of the Festival's artists were Territory locals, after travel restrictions prevented most scheduled interstate artists from attending. That same month, Darwin hosted two Australian Football League games, including the Essendon versus Richmond Dreamtime game. In September 2020, Parrtjima – A Festival in Light and the Red Centre NATS automotive festival were held in Alice Springs, while Reset2020 - Australia's first live music concert since the pandemic began - took place in Darwin. Other large scale live events that took place in late 2020 included Oktoberfest, the City2Surf fun run and the Laksa Festival in Darwin.

Major events continued to be held in the Territory in 2021. In April 2021, Parrtjima – A Festival in Light, a National Rugby League game in Darwin and Anzac Day services went ahead. May 2021 saw the largest ever attendance at BASSINTHEGRASS in Darwin; June 2021 included GleNTi, the Barunga Festival, both of which had been cancelled in 2020.

The annual City2Surf race was the last major event to be held before Darwin and Alice

Springs entered a brief lockdown following a COVID-19 outbreak at a remote Territory mine site. That lockdown saw the cancellation of the Alice Springs Show, Tennant Creek Show and Darwin Fringe Festival and the postponement of Territory Day celebrations. The successful eradication of that outbreak enabled major events to resume and in July 2021 the Darwin Cup Carnival and Royal Darwin Show were held, however the National Indigenous Music Awards was postponed due to a surge in interstate COVID-19 cases.

In August 2021 a sold-out Viking Funeral was held in Darwin, and the Darwin Festival commenced. The festival was interrupted by a brief lockdown in mid-August, but resumed the following day. During the lockdown, a major business conference taking place in Darwin moved online. The lockdown also led to the cancellation of a public event in Darwin to celebrate the return to Australia of a number of Olympians, who had been quarantined at the CNR.

In September 2021 thousands attended the traditional Beer Can Regatta in Darwin. Uncertainty around COVID-19 led to the deferral of the Alice Springs Masters Games from 2020 to 2021 and in November 2021 it was announced that the Games would be planned to return in 2023.

In the midst of widespread community transmission of COVID-19, in early February 2022 Darwin's Chung Wah Society's Chinese New Year Lion Dance blessings for businesses and places were cancelled for the first time in living memory.

Despite occasional disruptions, Territorians were able to safely enjoy many successful major events throughout the emergency period, in contrast with the experience of residents interstate. By 15 June 2022, 222 major event safety plans had been approved.

Lockdowns

Lockdowns were used judiciously as a control measure to suppress outbreaks during the emergency period. The length of lockdowns, lockouts and lock-in periods were designed to enable rapid contact tracing, targeted testing and/or for positive cases and close contacts to be moved to a suitable place for quarantine or isolation. The aim of this approach was to prevent community transmission of the virus. The lockdowns were kept as short as possible to minimise broader economic and social impacts.

Movement restrictions were fundamental to allowing frontline workers to prepare and respond to outbreaks. The restrictions provided time for the health care system and hospitals to respond to surges in demand for care of COVID-19 patients.

These restrictions, despite placing limitations on the lives of Territorians, were broadly supported by the community.

In the Territory, four styles of lockdown were used:

Hard lockdown

In which residents could only leave home for medical reasons or an emergency



Lockdown

Everyone in an area except essential workers were required to stay at home. The only reasons permitted to leave home were for medical treatment, to buy essential goods and services like groceries and medicines, for an hour of exercise a day within 5km of the home, with one other person from the household or to provide care to a family member or person who could not support themselves. Masks were required to be worn when outside the home.



Lockout

Vaccinated people in an area were able to live normally but were required to wear a mask when outside the home. Unvaccinated people and those not-fully-vaccinated were required to stay at home and only leave home for the reasons permitted during a lockdown.



Lock-in

People could move freely within an area but were not permitted to leave the area unless for an authorised reason.



The Territory's first lockdown was in response to the confirmation on 26 June 2021 of a positive COVID-19 case at a remote Territory gold mine. Transmission of COVID-19 occurred at the mine site, after which a number of people had departed the site and been mobile in the Territory community. The CHO implemented a direction to lockdown Darwin and surrounding areas from 27 June 2021 and for Alice Springs from 30 June 2021. The lockdowns ended on 2 and 3 July 2021 respectively with no evidence of continued transmission in the Territory.

On 16 August 2021, Katherine, Greater Darwin and surrounding areas were locked down following the diagnosis of an asymptomatic COVID-19 positive person who had entered the Territory from interstate. Those lockdowns ended on 19 August in Greater Darwin and 20 August 2021 in Katherine.

The risk of transmission between close contacts is dramatically reduced when people are fully vaccinated against COVID-19. With rising vaccination rates, the Territory began to implement lock-out approaches whenever possible as they were less restrictive for vaccinated people.

On 5 November 2021, a decision was taken to introduce a short lock-out in Darwin and surrounds and lock down Katherine following the first detection of community transmission in the Territory. Greater Darwin exited lock-out on 9 November 2021. Despite efforts to limit movement in Katherine, the outbreak spread first to the nearby Robinson River community and eventually to many Aboriginal communities and homelands across the Territory including Binjari, Rockhole, Lajamanu, Kalkarindji, Daguragu and Timber Creek.

Urban centres also continued to experience outbreaks with Tennant Creek locked down from 17 until 22 December 2022 before transitioning to a lock-out. A whole-of-Territory lockdown was undertaken from 6 to 10 January 2022 and in Alice Springs from 16 to 30 January 2022.

On 17 January 2022, Yirrkala, Elcho Islands and Wessel Islands entered lock down. Yirrkala exited lockdown on 20 January 2022, however Elcho Island and Wessel Islands remained in lockdown until 31 January 2022.

A small number of urban Aboriginal communities elected to enter self-imposed lock-ins during times of outbreaks. The Bagot, Minmarama, and Kulaluk communities in Darwin took this step in January and February 2022, supported by on-site mobile testing centres and the provision of food and other essential goods.

With high vaccination rates in many areas and anti-viral medication available to treat people within their communities, the Territory's final CHO Directed lock-in ended on 7 February 2022.

Throughout the emergency period, exemptions to lockdown restrictions with alternative safety measures in place were provided on pragmatic and compassionate grounds, such as for individuals to spend time with terminally ill loved ones, and for those for whom confinement indoors may have led to adverse mental health episodes.

Area	Hard lockdown	Lockdown	Lockout	Lock-in
Whole of Territory			06/01/2021 – 10/01/2022	
Darwin, Palmerston and surrounding areas		27/06/2021 – 02/07/2021 16/08/2021 – 19/08/2021	05/11/2021 – 09/11/2021	
Katherine		16/08/2021 – 20/08/2021 05/11/2021 – 07/11/2021 15/11/2021 – 04/12/2021	07/11/2021 – 08/11/2021 27/11/2021 – 08/12/2021	
Alice Springs		30/06/2021 – 02/07/2021	16/01/2022 – 30/01/2022	
Tennant Creek		17/12/2021 – 22/12/2021	23/12/2021 – 29/12/2021	
Beswick			11/12/2021 – 14/12/2021	
Binjari	20/11/2021 – 02/12/2021	02/12/2021 – 06/12/2021	06/12/2021 – 08/12/2021	
Rockhole	20/11/2021 – 25/11/2021	25/11/2021 – 04/12/2021		
Lajamanu and surrounding homelands		27/11/2021 – 01/12/2021	01/12/2021 – 07/12/2021	31/01/2022 – 07/02/2022
Robinson River and surrounding homelands		15/11/2021 – 22/11/2021	22/11/2021 – 01/12/2021	
Kalkarindji and Daguragu			14/12/2021 – 17/12/2021	
Timber Creek and Gilwi			14/12/2021 – 17/12/2021	
Ali Curung, Imangara, Imperrenth, Double D, Junkaji and Wakurlpu		19/12/2021 – 23/12/2021		
Yuendumu and Yuelam			10/01/2021 – 30/01/2021	
Amoonguna			13/01/2022 – 30/01/2022	
Elcho Island (including Galiwinku) and Wessel Islands (including Martjanba)		17/01/2022 – 31/01/2022		30/01/2022 – 06/02/2022

Table continues on next page...

Area	Hard lockdown	Lockdown	Lockout	Lock-in
Yirrkala		17/01/2022 – 20/01/2022		
Wurrumiyanga and Gunyangara		22/01/2022 – 29/01/2022		
Utopia Homelands		22/01/2022 – 29/01/2022		
Milikapiti		24/01/2022 – 30/01/2022		30/01/2022 – 06/02/2022
Ampilatwatja		28/01/2022 – 30/01/2022		30/01/2022 – 06/02/2022
Milingimbi				30/01/2022 – 06/02/2022
Nganmarriyanga (Palumpa)				30/01/2022 – 06/02/2022





Border restrictions

Alongside mandatory vaccination, the Territory's strict border controls were significant to preventing the entry and spread of COVID-19.

The Territory's borders closed on 24 March 2020 (CHO 3/2020) with all arrivals required to quarantine for 14 days at a suitable location and to complete a border entry form. The form was used to declare places the person had been to during the previous 30 days, contact details and intentions for travel while in the Territory.

Exemptions applied to this and all subsequent CHO Directions that altered border restrictions and quarantine requirements. Exemptions generally applied to essential workers and people needing to come to the Territory to visit sick or dying relatives. FIFO workers were subject to the same conditions as other

border entry workers, unless applied to on compassionate grounds. There were specific arrangements applied to by Santos and other companies, however, they were still subject to quarantine requirements. The work of assessing and processing exemption requests was significant and at times overwhelmed the growing team assembled to undertake that work. To demonstrate the scale of effort, between 25 March and 7 May 2020, 8,838 calls relating to exemptions were received by the NT COVID-19 Hotline and 2,000 applications for exemption were received.

From 17 July 2020, when the Territory reopened its borders, border restrictions applied differently depending on where a traveller had arrived from.

Those arriving to the Territory from an interstate hotspot (or who had recently visited a hotspot) were subject to stricter public health measures in terms of quarantine



and testing. Decisions to declare and revoke certain areas of Australia as hotspots were made by the CHO, taking into account detailed epidemiological data made available through the Australian Health Protection Principal Committee (AHPPC).

The information required to be declared by individuals on arrival expanded to include whether or not they had been in a hotspot in the 14 days prior to entry. More than 210,000 people arrived by domestic travel into the Territory between 1 July 2020 and 9 November 2020 including 126,516 people by air, 8,3176 people by road, 2,015 people by The Ghan and 1,336 people by sea.

On 8 August 2021, amidst growing outbreaks interstate, border restrictions were tightened to prevent people from hotspots, except returning residents and those with approval from entering the Territory. From 22 November 2021, unvaccinated people were prevented from entering the Territory and vaccination status was checked on arrival. Exemptions were

provided in limited circumstances, for example to enable cross-border medical retrievals.

People crossing the Territory's domestic border via air, rail, sea and road were subject to border controls. Achieving border controls in a jurisdiction with the most dispersed population and remote borders with multiple backtracks was an outstanding effort by many agencies.

The Territory's three key road entry points were secured by Territory and Australian Federal Police within two days of the 24 March 2020 CHO decision to close borders. Checkpoints, known as Vehicle Control Points, were established at the Barkly Highway to Queensland, Victoria Highway to Western Australia and Stuart Highway to South Australia. Minor road border entry check points were set up at Docker River (Kaltukatjara), Tobermorey, Lake Nash (Alpururulam), Mulga Park (Warnkula), Curtain Springs, Tanami (Chanamee), Kintore (Walungurru) and Finke (Aputula).

In December 2020, a permanent police presence at the minor road border entry check points was replaced with licence plate recognition technology. In February 2021, the same technology was used to enable police to demobilise from the three major road entry points.

In late March 2020, 15 checkpoints, known as Biosecurity Check Points (BCPs), were also established within the Territory to enforce biosecurity determinations protecting remote Aboriginal communities until biosecurity restrictions ended on 5 June 2020.

Controls at the Territory's second most utilised border entry method – airports – were initially managed by Australian Federal Police with assistance from the Territory Government's Border Control Unit. From 1 August 2020 and until screening ended on 18 February 2022, the Territory Government undertook this function which covered airports at Alice Springs, Darwin, Nhulunbuy and Yulara.

Arriving passengers were processed on arrival, with separate processing areas for flights arriving from declared hotspots around Australia. Initially every passenger was screened on arrival, however, from late January 2022 a random sample of arrivals were screened. A similar approach was taken to passengers arriving in Alice Springs from South Australia on The Ghan passenger train. At times, border control teams were required to board planes and trains to inform passengers that a hotspot had been declared during their journey and that they were subsequently required to decide whether to enter supervised quarantine at their expense, or return to their point of origin. Welfare officers also worked with Australian Federal Police to identify passengers with complex needs, and connect them with supports while in quarantine.

Arrivals by sea were predominately managed by the Water Police section of NT Police and the Australian Border Force. Maritime crew were governed by their own CHO Direction in line with a national agreement. There were occasions where private vessels made requests for entry into the Territory. If they were deemed to be international travellers or from a declared COVID-19 hotspot they were required to undertake 14 days of mandatory supervised quarantine at the CNR.

In April 2021, domestic cruising of expedition and small passenger vessels recommenced in Territory waters. The Border Control Unit managed the screening of domestic small passenger and expedition cruise vessel arrivals.

NT Health worked closely with Tourism NT and the cruise industry to recommence domestic cruising of expedition and small passenger vessels in NT waters. Due to the close interaction with passengers and crew over a prolonged period cruise vessels were determined to be high risk settings for the transmission of COVID-19. Territory authorities developed a set of key principles to support the safe recommencement of expedition cruising. The principles were developed based on scientific evidence and advice from the AHPPC, infection control and prevention clinical experts and the CHO.

The principles determined certain parameters that must be met in order for NT Health to consider the application of a COVID-19 Management Plan for a cruise vessel or large passenger vessel to commence operations in the Territory. Some of the parameters included a limit on the total number of people on board; the number of vessels in port at any time and the requirement of a suitably qualified infection control health practitioner on each trip. Cruise vessels CHO Direction was signed by the CHO on 15 April 2021.

From 21 February 2022, travellers to the Territory were no longer required to complete a border entry form, and unvaccinated travellers could enter the Territory. That milestone ended the Territory's border restrictions.

The continuation of air travel required an intensive and sustained effort on behalf of airports, aircrew and border control unit staff. These partnerships ensured that interstate and international travel to and from the Territory continued by implementing administrative processes for travellers while protecting the Territory from potential incursions.

Throughout the response, changes were made as required and as the virus changed. These changes included transitioning from administrative to electronic applications and reconfiguration of the airport to meet the needs of the border restriction processes for both interstate and international arrivals. Between 1 July 2020 and 8 February 2022, 77.5 per cent of the 1.1 million arrivals into the Territory came via airports.

1 July 2020 to 8 February 2022:

AIR ARRIVALS

869,782



ROAD ARRIVALS

236,122



RAIL ARRIVALS

11,266



SEA ARRIVALS

4,528



TOTAL

1,121,698



VACCINES AND TREATMENTS

The campaign to deliver COVID-19 vaccines across the Territory was an effort shared between the Australian Government, Territory Government and others, with a particularly strong role played in the Territory by ACCHOs and other key stakeholders. The Australian Government was responsible for purchasing vaccines and for setting eligibility phases due to constrained supply. During phases 1A and 1B of the vaccine rollout which took place from February 2021, the Pfizer and AstraZeneca COVID-19 vaccines were approved for use.

Phases 1A and 1B of the vaccine rollout which took place between February and April 2021 followed an agreement made between the Territory and Australian Governments regarding responsibility for vaccinating different groups. The Territory Government agreed to vaccinate frontline pandemic response workers and older people in the 52 remote communities where the Territory Government provides primary health care services. The Australian Government had

responsibility for vaccinating Residential and Community Aged Care residents and staff, disability care facilities and staff. They did this by contracting private providers to undertake the vaccinations. They also had responsibility for vaccinating the balance of Territorians through GPs, Aboriginal health organisations and other Australian Government funded primary care providers.

The Territory was initially allocated Pfizer and AstraZeneca vaccines. This required the Territory to acquire deep freezers that could hold Pfizer vaccines in the required storage conditions of -70°C . Bringing these freezer units from interstate to Darwin and Alice Springs in time for the 22 February 2021 commencement of the vaccination program, led to an intensive road freight exercise in the midst of nationwide border restrictions.

At first, plans were made to roll out AstraZeneca vaccines in the Territory's remote health centres due to the logistical challenges posed by Pfizer's ultralow temperature storage requirements.



Evidence of a likely link between the AstraZeneca vaccine and an extremely rare blood-clotting syndrome (thrombosis with thrombocytopenia) led the Australian Government to announce on 8 April 2021 that the Pfizer vaccine was the preferred vaccine for Australians aged under 50 years.

Following further risk assessment this age cut-off was revised to 60 years on 17 June 2021. That revision required a significant adjustment to the Territory's vaccination strategy and a departure from the national approach. Community concerns around blood-clotting resulted in a decision to exclusively rollout the Pfizer vaccine in remote areas, regardless of age. The practicality of distributing vaccines to small numbers of older people across the Territory's remote areas initially contributed to a slower vaccine rollout, and led to a decision in July 2021 to expand the remote vaccination program to offer Pfizer vaccines to all Territorians regardless of age or nationwide eligibility.

An intensive and multifaceted campaign was undertaken utilising light aircraft and small vehicle transport to deliver Pfizer vaccines to the communities where they were needed. Pfizer vaccines could only be used within five days of leaving the deep freeze, and could only survive 12 hours of movement during transport. As such all available air services to remote areas were coordinated to deliver the vaccines to remote health services; at times requiring special approval from air safety regulators to enable sufficient dry ice to be on board each aircraft. On 24 May 2021, the health advice was updated to allow Pfizer vaccines to be used within 31 days of defrosting which reduced the complexity of logistics.

From February 2021, Territory Government vaccination centres were established at Royal Darwin Hospital and Alice Springs Hospital, and by June 2021 vaccination programs were underway in all regional centres and remote areas. The challenge of vaccinating Territorians living in remote areas within the NT involved

a huge collaborative effort between Territory Government vaccinating teams Aboriginal Community Controlled Health Organisations. Vaccination teams from Darwin and Alice Springs provided a visiting service to Territory Government serviced remote communities in each of the Territory's five regions. Vaccination teams travelled by plane and road to visit communities, with additional challenges during the wet season when many roads were closed. It is estimated that in the initial year of remote COVID-19 vaccinations, the Alice Springs based vaccination team travelled over 200,000km. As the roll out progressed and teams were established in Katherine and Nhulunbuy, the support for remote areas within the Big Rivers and East Arnhem regions transitioned to the relevant local team.

To maximise coverage, the Territory Government used a combination of

vaccination clinics, pop up clinics, community vaccination information stalls(markets, shopping centres and mobile vaccination clinics). Mobile vaccination outreach teams operated across the Territory, providing vaccinations to hospital and clinic patients and their visitors, students and staff at primary, middle and high schools and international students at university campuses, people living in social housing and other high-density housing situations, rough sleepers, farm workers, shopping centres, at and large sporting events. The Territory worked with ACCHOs and other stakeholders to deliver targeted vaccination campaigns for children in the youth justice system, people living in public housing and people aged over 85 years not in residential care. The Australian Government took responsibility for vaccinating people in residential aged care, and residential disability settings.



The Territory's rollout of vaccines to different age groups deviated from the national rollout. On 14 May 2021, all Territorians aged 50 years and over became eligible for vaccination. On 19 May 2021, all Territorians aged 16 years and over outside Greater Darwin became eligible and on 7 June 2021 (ahead of the national schedule) all Territorians aged 16 years and over could be vaccinated. The Territory was again ahead of national timelines when on 26 August 2021, the Territory Government opened eligibility to all children aged 12-15 years. In September 2021, Moderna became the third COVID-19 vaccine choice available to Territorians. On 9 September 2021, in response to ongoing community concern around AstraZeneca, the Territory Government allowed vaccination choice, allowing Territorians of all ages to choose which brand of vaccine they received.

By September 2021, vaccine uptake in the Territory overall was progressing, however there were concerns about low take-up rates in some populations. Misinformation campaigns led to the need for multiple visits to support community members with opportunities to ask questions and provide accurate information. The need for such community engagement sessions, along with expanding age based eligibility, meant that some communities required three to eight visits by vaccination teams to reach vaccination coverage rates of over 80 per cent. The Territory Government, ACCHOs and others joined the Australian Government in a regional Aboriginal acceleration plan. The plan tackled vaccine hesitancy in some Aboriginal communities that had arisen from misinformation being spread particularly in the Barkly and Central Australia regions. Health workers engaged community champions such as Elders and Traditional Owners to develop a tailored community by community approach, build rapport and increase confidence in the safety of the COVID-19 vaccines.

Vaccination rates in remote Central and Barkly communities did see a large jump November 2021 after outbreaks were recorded in those locations. Unfortunately the late uptake of vaccinations by some remote communities resulted in a delayed eligibility for second and third doses in those areas. As the roll out progressed and the remote community vaccination rates increased, local health centre based health teams continued to provide the COVID-19 vaccine to protect Territorians from severe disease

Multicultural groups and multi-faith leaders in Darwin and Alice Springs helped to facilitate forums and engagement activities in October and November 2021 to promote vaccinations to their communities and people who visited their places of worship.

In September 2021, to further boost vaccination rates and protect people who were medically unable to be vaccinated, the Territory announced Australia's strongest vaccination plan, which included making the vaccine mandatory for workers in high-risk environments and essential workers on 12 November 2021. In addition to this, some workplaces required mandatory vaccination for all their staff. The Territory Government required vaccination as a condition of public servants' ongoing employment.

Additional public health measures were introduced for remote communities with a first dose vaccination rate under 70 per cent and for those communities that had not disclosed their vaccination status. From 5 November 2021, stricter limits on mobility were imposed on unvaccinated people during lockdowns in the Territory, and eligibility for the fourth round of the Territory Government's popular Tourism Voucher Scheme which launched on 14 November 2021 was restricted to those who had been vaccinated.

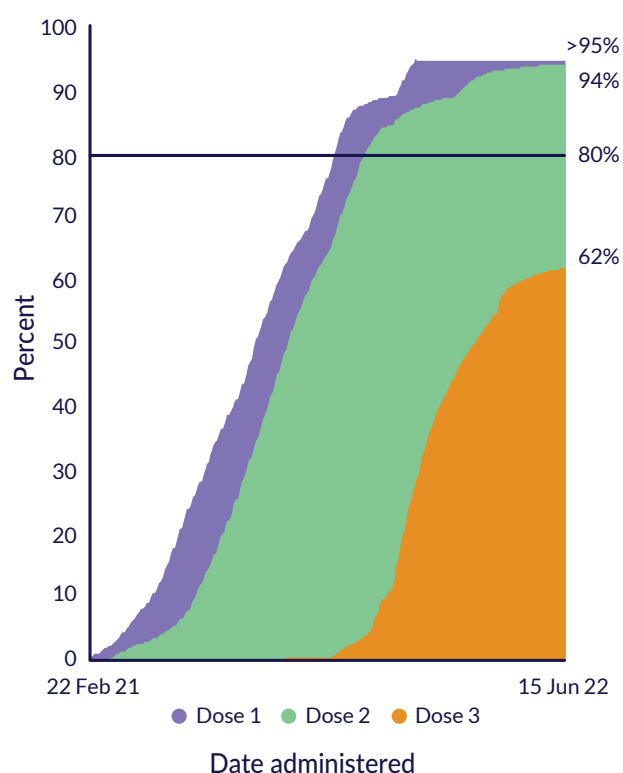
To make it easier for patrons to confirm their vaccination status when entering businesses, changes were made to *The Territory Check In app* on 10 November 2021, to enable Territorians to show their Australian Government vaccination record. To increase vaccination rates across the Territory, from 10 January 2022 proof of vaccination (also known as the Territory vaccine pass) was required to enter and receive services at licensed premises, entertainment venues and major events. In addition to this, a digital certificate, immunisation history statement, immunisation medical exemption or international COVID-19 vaccination certificate were also accepted as proof of vaccination.

Those combined measures succeeded dramatically in boosting vaccine uptake. By 14 October 2021, 80 per cent of Territorians aged 16 years and over had their first vaccination dose. Less than a month later on 12 November 2021, 80 per cent of Territorians aged 16 years and over had received their second vaccination. By 7 December 2021, more than 95 per cent of Territorians aged 16 years and over had their first dose, 91 per cent had their second dose and all remote communities in the Top End, Big Rivers and East Arnhem Regions had a first dose vaccination rate above 70 per cent.

Restrictions on the minority of Territorians and Australians visiting the Territory who were not yet fully vaccinated, began to ease from February 2022. This coincided with unvaccinated people being able to travel to the Territory from 21 February 2022, to attend sports venues and large public events from 1 April 2022, attend licensed venues from 6 April 2022, and to be employed in a workplace where they might come into contact with vulnerable people from 10 June 2022.

Early government planning had envisaged that Phases 2 onwards of the Territory's vaccine rollout would be delivered in urban areas by general practices (GPs) and other primary care providers. However capacity constraints within the Territory's urban GP and pharmacy network meant that until April 2022, Territory Government vaccination hubs remained as major provider of vaccines to the community. The last Territory Government COVID-19 Vaccination Centre closed in June 2022.

Clinical trials and real world data has shown that COVID-19 vaccines provide immunity against infection and are highly effective in preventing severe illness, hospitalisation and death. Vaccinated people who catch COVID-19 also spread the virus to fewer people. Protection is particularly significant for older individuals in both Aboriginal and non-Aboriginal populations. Multiple doses of the vaccine have been, and may continue to be required, to maintain these protective effects over time.



Note: Vaccine coverage > 95% represented as 95%

Figure 7: Percentage of eligible Territorians vaccinated 22 February 2021 – 15 June 2022



Antiviral medicines

Whilst vaccination remains the best protection against COVID-19, antiviral medications are available and interfere with the virus' ability to multiply. These medications are effective in treating people with mild to moderate COVID-19 particularly those who have a high risk of progressing to severe disease. Judicious use of antiviral medications can reduce hospital admissions, ICU occupancy and mortality.

The Therapeutic Goods Administration (TGA) granted provisional approval for the first intravenous treatment for COVID-19 in July 2020. Monoclonal antibody and intravenous antivirals commenced in Territory hospitals and at the Lorraine Brennan Centre in

2020 and later via the COVID of Concern program. Access to treatment was set up across urban and regional settings in the Territory, with Sotroviravir widely used in early 2022. In January 2022 the TGA granted provisional approval for the first oral antiviral treatments for COVID-19 in Australia. From 8 February 2022, these prescription medications were available in the Territory. These medications have played an important role in the Territory. They were key to enabling eligible Territorians in remote areas who were at high risk of disease progression, to be cared for in their communities rather than needing to be evacuated to hospitals far from family, country and community connections. Antiviral medications were also a key plank in the Territory Government's responses to outbreaks in residential aged care settings.

PRIORITY RESPONSES

Remote community responses

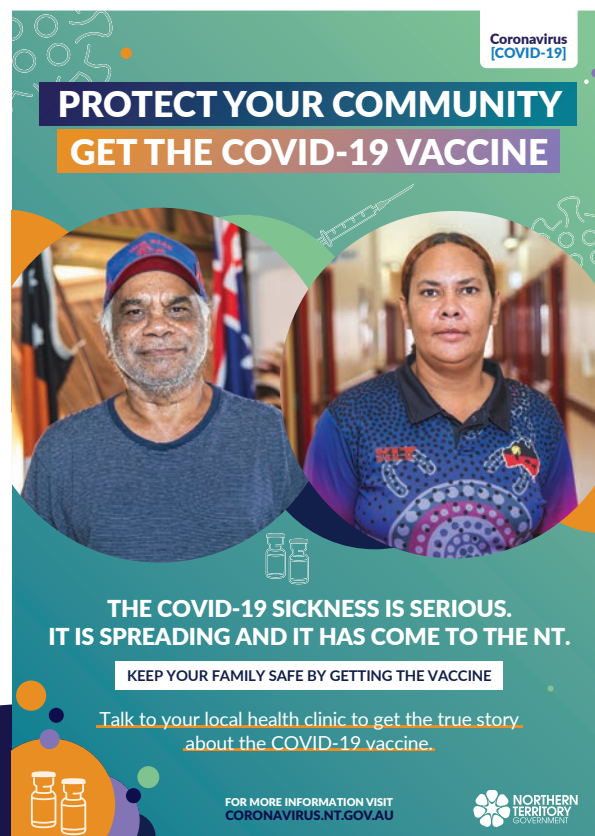
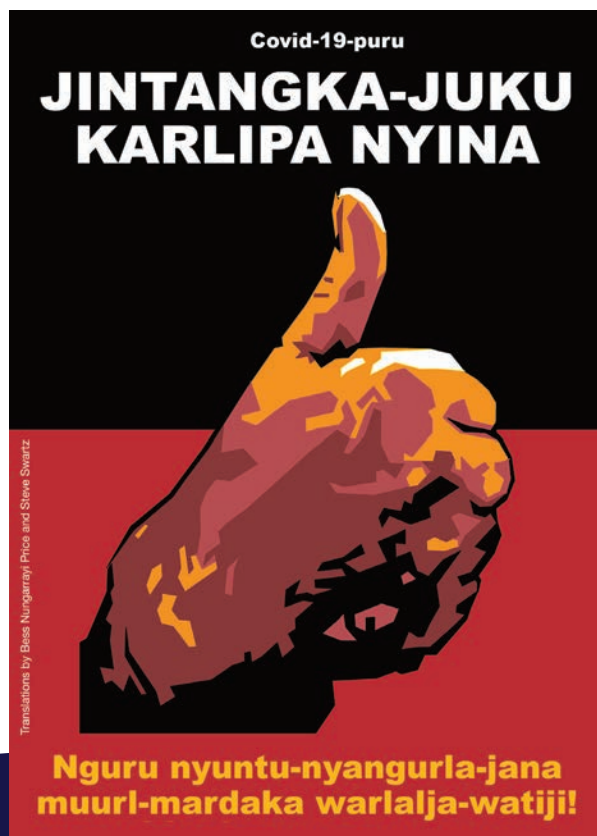
Aboriginal Territorians were highly responsive to the seriousness of COVID-19 and the impacts it could have on vulnerable people, the elderly and those with chronic health conditions. Aboriginal controlled organisations showed leadership throughout the emergency response, reflecting their knowledge and close connection with communities. The emphasis of Territory Government support in remote communities was therefore on providing assistance, advice and resources to non-government organisations rather than providing support directly to individuals as was usually the case in urban centres.

Authentic engagement

Throughout 2020 and 2021, the Territory Government and Aboriginal Medical Services Alliance Northern Territory (AMSANT) jointly engaged, through the Regional and Remote

Taskforce, with a wide range of Aboriginal-led and other organisations to manage the impacts of the pandemic on remote communities. The health emergency exacerbated food security and supply chain issues regularly experienced by some remote communities, and this joint engagement was used to make sure that a supply of critical goods including food, PPE, vaccines and COVID-19 test kits was maintained to at-risk communities. The Taskforce also provided transparent, credible and up-to-date information for community leaders to help them deliver local responses. Such information was sometimes needed to counter misinformation circulating on social media and through unverified sources.

This unprecedented joint effort concluded on 6 June 2022, but its effectiveness in mitigating severe impacts for Territorians living in remote areas means that it may be reconvened for future emergency responses.



“

The pandemic response showed the strength of both community controlled and government agencies to work together to ensure good outcomes for community members. There were many challenging moments and times where the workload felt overwhelming and unachievable but the collaborative nature by which we all worked together ensured that we were able to provide the best care possible for clients at risk. From the first outbreak in the Katherine region in early November we saw a great response from our communities and received a great deal of support from our colleagues throughout the Territory. Once the borders opened in late December 2021 our approach rapidly changed from avoiding cases to containment of the existing cases. As the situation evolved and we transitioned our approach to community led management this created a range of additional pressures on both community and our staff. There were times where we felt that there were elements of the response that could've had better support however we understand that we were all dealing with a situation that was unprecedented in our environment and continued to work collaboratively in the interests of the best outcomes for our clients.

”

– **Sinon Cooney, Chief Executive Officer, Katherine West Health Board**



Biosecurity zones

ACCHOs and Land Councils advocated early in the emergency period for the strongest possible public health responses for Aboriginal people, including strict controls on movement. In mid-March 2020, the Territory's four Land Councils suspended or revoked all non-essential Aboriginal Land entry permits.

In response to calls from Aboriginal leaders, on 26 March 2020, the federal Minister for Health issued the *Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements for Remote Communities) Determination 2020* to prevent or control the entry and spread of COVID-19 in designated areas in the Northern Territory, Queensland, Western Australia and South Australia. The Biosecurity Determination effectively restricted access to the 73 remote communities and more than 500 homelands and outstations located on Aboriginal Land in the Territory.

The *Determination* identified nine designated biosecurity areas in the Territory. The boundaries of biosecurity areas were amended three times between March and June 2020, to exclude a small number of communities and outstations that needed to travel to nearby towns for their goods and services. A Territory Government online public interactive map showing the biosecurity areas, affected communities, boat ramps and exempt areas was accessed 150,000 times between March and June 2020.

While some Aboriginal leaders have reflected on the increased opportunities that the *Determination* brought for people to spend more time out bush for respite and recharging, this period posed challenges in terms of keeping people safe on country. Land Councils and governments provided emergency relief and social assistance, including in Central Australia which experiences freezing winter night conditions. Support included winter



clothes and bedding, urgent housing repairs, furniture, new public wi-fi hotspots, healthy takeaway food, water and hygiene products, cleaning products, fuel and tyre changing, mental health forums, arts workshops, cultural and recreational programs.

The *Determination* required returning community members to quarantine for 14 days prior to entering a biosecurity area. The Territory Government worked with Larrakia Nation to put in place Territory-wide culturally appropriate quarantine accommodation and a Return to Country program. An Approved Remote Essential Worker (AREW) identification and permitting process was put in place to ensure that health and other essential services (such as repairs to housing) could continue. By 5 June 2020 when biosecurity arrangements were lifted in the Territory, more than 9,800 AREW cards had been issued and more than 18,000 calls answered by its associated hotline.

Territory Police, together with the Australian Federal Police and Australian Defence Forces, managed compliance with the *Determination* through 14 biosecurity checkpoints. At various stages of the response Territory Police had upwards of 100 members staffing the checkpoints at any one time. Between 26 March and 5 June 2020 Territory Police only issued 35 infringement notices to individuals in relation to non-compliance with the *Determination*.

In early 2022, the Territory Government supported Land Councils and ACCHOs in writing to the Australian Government seeking a reintroduction of biosecurity zone measures. On 2 February 2022, a Biosecurity Determination was again introduced for certain Local Government Areas. These measures were strongly supported by

Aboriginal communities, buying them the time needed to increase vaccination efforts for adults and to increase vaccination coverage amongst children aged 5-11. The biosecurity measures ceased on 3 March 2022 as a result of lower daily COVID-19 case numbers and much higher vaccination rates with more than 80 per cent of people aged 16 years and over in remote areas having received their second dose in all regions except the Barkly.

Rapid responses to outbreaks

Fundamental COVID-19 safety measures – including physical distancing, deep cleaning, self-isolation and quarantine – proved challenging in remote communities with overcrowded households and inadequate environmental health infrastructure. Despite Aboriginal Territorians' genuine attempts, those environmental conditions meant that at times, compliance with isolation and stay-at-home orders proved extremely arduous.

Concerns about how difficult it would be to contain an outbreak in such conditions were reflected in the remote community outbreak plans that had been developed in early 2020. Under those plans, remote outbreaks were to be managed by evacuating any positive cases and close contacts to urban centres for isolation and quarantine.

The Territory recorded its first case of community transmission on 4 November 2021 leading to the reintroduction of travel restrictions 14 days later to remote communities. On 15 November 2021, the first COVID-19 positive case was detected in the remote community of Robinson River. A large proportion of the Robinson River community was evacuated to CNR for quarantine. On 27 November 2021, wastewater surveillance indicated that the virus was active in Lajamanu.

Emergency rapid response teams (RRT) comprising medical professionals, environmental health experts and police flew to each affected remote community to provide short term assistance to local health services to undertake testing, infection control, contact tracing and to ensure compliance with CHO Directions.

Another factor that made management of remote outbreaks more challenging than those in regional and urban centres was the reduced access to testing to diagnose all cases, particularly those people who were asymptomatic or who had only mild symptoms. Some communities had local PCR test equipment, however were not able to process the volume of tests required for all close contacts during an outbreak. Logistical constraints meant that the results of tests sent to urban centres for pathology processing would not be received quickly enough to contain outbreaks. The need for rapid local test results led to the acceptance of RATs for diagnosis in the Territory.

From late November 2021 to 7 February 2022, a series of lockdowns were implemented across remote areas of the Territory in an effort to eradicate and contain outbreaks. Hundreds of Territorians were evacuated to urban centres for isolation and quarantine, with the result that ASQF and CNR neared capacity.

The CHO issued a Determination on 6 January 2022 to introduce travel restrictions to remote communities with low vaccination rates ('exclusion zones') and issued a second Determination in mid-February 2022 to only evacuate COVID-19 positive cases who were at risk of serious illness. A new COVID-In-Community model was developed, which enabled the majority of positive cases in remote communities to be cared for at home – an option that was already available to Territorians in urban areas. Communities were removed from exclusion zones once they had reached 80 per cent full vaccination coverage for people aged 16 years and over.

Aged care

The risk for severe illness with COVID-19 increases with age, particularly for people aged over 70. With high rates of underlying chronic disease, Aboriginal Territorians are at greater risk at a younger age. Older people who become infected with COVID-19 have a higher likelihood of needing hospitalisation, intensive care, or a ventilator to help them breathe. Older people are also at higher risk of dying from the virus.

In August 2020, following deadly outbreaks in residential aged care settings in Victoria, National Cabinet agreed on nationwide, sector-specific preparations for residential aged care settings across Australia.

The Territory's success in suppressing outbreaks of COVID-19 throughout 2020 and much of 2021 enabled our public health experts to learn from other jurisdictions to strengthen our own preparations for older Territorians requiring various levels of care.

During lockdowns, lockouts and outbreaks in the broader community there were restrictions on visitors to aged care facilities and additional conditions on residential aged care operations. From June 2021 workers and visitors were required to wear masks in aged care facilities and residents were required to wear masks when outside their rooms.

In 2020 the Territory Government established a dedicated response centre to work with the Territory's nine mainstream Residential Aged Care Facilities (RACF) and eight National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) services to manage a COVID-19 outbreak. This preparation began with training about testing, recognition of symptoms, cleaning protocols and infection control. In an initiative not seen elsewhere in Australia, in January 2022 once antiviral medications became available in the Territory, the Territory Government worked with GPs and aged care providers to undertake clinical pre-assessments of residents in all but one of

the Territory's 17 RACFs/NATSIFACs. Those assessments reviewed vaccination and medical records for each resident to determine whether each resident would be eligible for antiviral treatment in the event of an infection and obtained consent in advance for antiviral treatment. This meant that in the event of an outbreak in an aged care facility, services could move quickly to administer lifesaving treatment.

Health authorities responded to a single COVID-19 positive case in an aged care facility as high priority. They worked with providers during outbreaks, supplementing staff shortages, testing residents, providing public health advice and managing infection control within facilities. From the beginning of the pandemic to 15 June 2022, 457 cases were notified from residential aged care settings across the Territory, including 179 residents and 278 staff. The first death of a person from COVID-19 in an aged care facility was recorded in Alice Springs on 4 April 2022. By the end of the emergency period on 15 June 2022, 13.4 per cent of total COVID-19 related deaths had been among aged care residents.

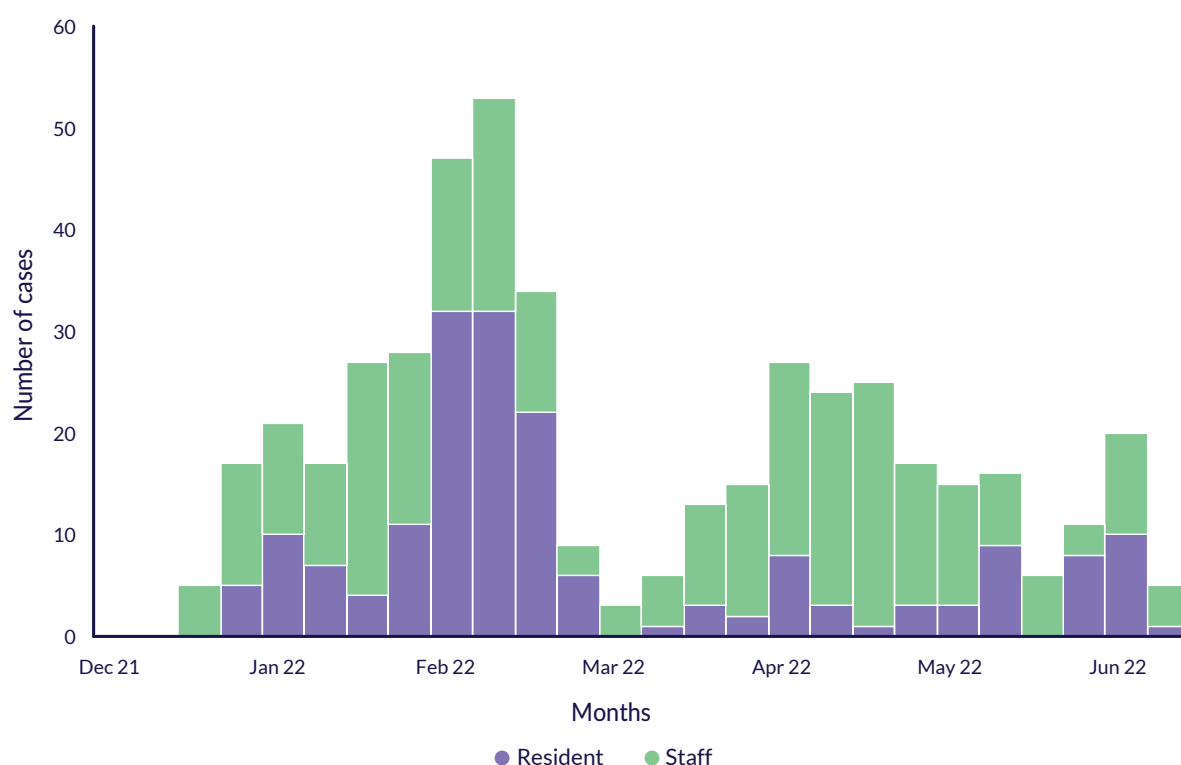


Figure 8: Weekly COVID-19 cases in Northern Territory aged care settings by resident and staff 19 December 2021 – 15 June 2022



Disability settings

While the COVID-19 response for participants in the National Disability Insurance Scheme (NDIS) was led by the Australian Government, the Territory Government's emergency health response teams provided support to service providers. The Territory's senior public health physicians provided advice on the application of CHO Directions for the sector, including advice on infection control. The Territory Government supplied residential disability settings with equipment from its stockpile.

In the event of an outbreak in a residential disability setting, the Territory's public health experts engaged with the facility's management around testing regimens, reporting of positive cases, resident monitoring, isolation and quarantine. NT Health also supported escalation of care when required.

Any person in the Territory whose disability meant that they could not understand or complete the form used for COVID-19 case reporting, was supported by the COVID Hotline where public health support workers assisted to complete the form online one on one with the person.

Other high risk settings

Enclosed settings in the Territory where people work and stay, represented a high risk for the rapid spread of COVID-19 and as such required individual pandemic plans. This included prisons, youth detention centres, renal hostels, family violence shelters and sobering up shelters.

All people entering prisons throughout the emergency period were screened for COVID-19, isolated from the general correctional community for 14 days to reduce the risk of spread to other prisoners, and underwent an additional medical examination before joining the rest of the general correctional facility population. Prisoners from areas subject to biosecurity travel restrictions or from remote communities in exclusion zones who were ready for release were allowed to return directly home, when they had served 14 or more days in a correctional facility; time served being treated as time in quarantine. Processes such as video or audioconferencing, and COVID-19 testing prior to court appearances, were put in place so that prisoners could continue to access justice services.

In early January 2022, the Territory recorded its first COVID-19 positive case in a custodial facility. During COVID-19 outbreaks within correctional facilities, prisoner movements were restricted in an effort to prevent the virus from spreading. Prisoner movement was also limited during COVID-19 outbreaks in the broader Territory community, and social visits were suspended at those times. Surge vaccination campaigns were rolled out in correctional facilities and all prisoners at work camps and those working external to correctional facilities were required to be fully vaccinated.



RESPONSES TO ALLEVIATE SOCIAL AND ECONOMIC IMPACTS

Accommodation and utilities

Public and social housing

Throughout the pandemic, frontline welfare and public health teams made welfare checks and phone calls to vulnerable tenants including senior and health-compromised tenants living in public and social housing. This outreach raised awareness about COVID-19 and promoted steps that residents could take to help keep themselves safe. Support was also offered to tenants experiencing rental stress.

People experiencing homelessness

Almost 90 per cent of the homeless population in the Territory's urban areas is Aboriginal. People from remote communities come to towns for a wide range of reasons, including for medical appointments, to visit relatives, or to escape violence and other problems at home.

Travel restrictions to remote communities and the medical evacuation of close contacts during the pandemic led to a rise in people sleeping rough in urban areas as people were delayed in returning to their communities. Larrakia Nation patrols engaged with an additional 12 per cent of people sleeping rough in Darwin in December 2020 compared to the same period in 2019.

The Territory Government's public health experts and welfare teams joined with the City of Darwin's Assertive Outreach teams during the pandemic, to provide assistance to rough sleepers. As well as connecting itinerants camped in public areas with housing and other supports, the joint teams distributed masks and meals to rough sleepers. This work was particularly important during lockdowns and times when people who had travelled to Darwin from remote communities were temporarily stranded in town due to limited transport connections, biosecurity or other travel restrictions.

Household utilities

To help mitigate the financial hardship likely to be caused by disruptions to employment and the economy, in March 2020 the Territory Government announced that tariffs for household electricity, water and wastewater would be frozen throughout 2020-21.

Alcohol and other drugs

While a necessary and effective public health measure, the introduction of quarantine and isolation measures had significant implications for those with alcohol and drug dependencies. People who were alcohol and or other drug dependent who may go into withdrawal while in quarantine, and those on opioid pharmacotherapy therapy who may not be able to access medication were at particular risk. Frontline operational staff across the Territory supported people in quarantine or lockdown who may have needed support to manage nicotine, alcohol or other drug withdrawal.

Within supervised quarantine facilities this meant that medical teams were guided by addiction medicine specialists who tailored care to the needs of individual residents. A harm reduction guide was provided for frontline staff. The guide outlined options for a smoking area or access to nicotine replacement therapy for quarantine residents who were nicotine dependent. Crisis management plans were developed for complex clients. Needle and Syringe Program (NSP) facilities were established at ASQF and CNR; the respective quarantine facilities stocked fit-kits (each fit-kit contained sterile injecting equipment, a sharps container, swabs, sterile water and condoms). Key messages focussed on the prevention of blood borne viral (hepatitis C and B, HIV), sexually transmissible infections, and preventing other injecting related harms were also made available.

The three primary NSP outlets run by the Northern Territory AIDS and Hepatitis

Council (NTAHC) remained open during lockdowns and business shutdown periods to ensure continuous access to sterile injecting equipment and safe sharps disposal. NTAHC also ensured that after hours dispensing units in Darwin, Palmerston, Katherine and Alice Springs remained stocked throughout the emergency period.

All of the Territory's non-government rehabilitation providers remained open during lockdown periods, though some had to reduce numbers of beds for short periods to enable social distancing to occur. The Territory's Sobering Up Shelters also continued to provide services throughout the emergency period.

Arts, culture, screen and recreation

Creative industries across Australia were significantly disrupted as events, venues, markets and access to art were shut down in order to protect Australians from the virus. While Territorians were able to enjoy access to local events for much of the pandemic period, people employed locally in the creative industries were disproportionately affected by a reduction in income from the loss of international visitors, loss of access to global sales forums and performance opportunities. COVID-19 posed similar challenges for sports and recreation activities, with most major sporting events worldwide postponed in 2020 and the local closure during outbreaks of gyms, fitness studios and organised recreational events.

Arts and screen

In April 2020 the Territory Government announced support for both Art and Screen sectors. The \$2 million Creative Industries Sector Immediate Response and Resilience Program provided \$200,000 in funding to 24 visual artists and arts organisations to deliver digital content, and funding to support regional galleries and museums.

An additional \$1 million was distributed to screen practitioners through the Territory Government's screen grants program to mitigate the impact of industry disruptions. Grants were provided to Territory screen practitioners and screen businesses for production finance, project development, online conference attendance, industry development, and professional development opportunities. Those measures ultimately enabled the Territory's vibrant screen sector to continue physical production despite border restrictions. Screen projects such as *MaveriX*, *Outback Ringer Season 2*, *Barrumbi Kids* and *True Colours* were completed during the emergency, contributing significant local spending into the Territory economy.

In July 2021 a further \$150,000 Arts and Culture 2021 COVID-19 Interruption Support Program provided funding to assist with losses in terms of income, venue hire, travel and accommodation expenses incurred during the lockdown in greater Darwin and Katherine. The COVID-19 Interruption Support program was extended in August 2021.

Recreation

In late March 2020 the Territory's gyms, indoors sporting facilities, yoga studios, swimming pools and recreational lakes were closed and organised sporting activities were suspended. In early April 2020 closures extended to public playgrounds, campgrounds and multi-day walks, outdoor gym equipment, boot camps and golf courses. Outdoor exercising was limited to two people from the same household. Territorians were encouraged to camp in their own backyards over the 10-13 April 2020 Easter long weekend.

On 1 May 2020 skate parks, playgrounds and outdoor gym equipment, outdoor sporting facilities and boot camps were able to reopen, followed on 15 May 2020 by gyms. Contact sports resumed on 27 November 2020.

In April and May 2020 the Territory Government's \$1.3 million Sport and Active Recreation Response and Resilience Program offered grants to organisations to deliver online recreation programs, to maintain sporting fields, for staff and volunteer training, and to deliver remote and regional activities.

The inaugural first Northern Territory Regional Sports Volunteer Awards was held in July 2021, to recognise the efforts of volunteers to get grass roots sports back up and running as communities transitioned to a new normal during the COVID-19 pandemic. Award ceremonies were held in Katherine, Darwin, Nhulunbuy, Alice Springs and Tennant Creek.

Domestic violence

Stresses related to employment uncertainty, food insecurity and confinement within accommodation during quarantine, isolation and lockdowns drove increased concerns around intimate partner violence and child abuse during the pandemic. There were 10,548 child protection notifications associated with domestic violence in 2020-21, representing a 21 per cent increase on 2019-20 levels.

From May 2020, the Territory Government provided almost \$3 million to 10 organisations across the Territory to deliver 35 projects focussed on domestic and family violence support. The projects introduced new or enhanced counselling services, created flexible care packages for clients, expanded critical outreach services and strengthened operations.

Welfare officers provided support while police undertook essential intervention on those occasions when partners and family members faced domestic violence while in supervised quarantine.

Food security and supply chains

On 4 March 2020 following the confirmation of the Territory's first case of COVID-19, Territorians joined consumers around Australia in concern for hand sanitiser and toilet paper availability. As a consequence, local supplies of many essential items were exhausted at major supermarkets. Purchase limits were introduced in urban and regional centres to ensure that all Territorians could purchase particular items. By 14 March 2020 purchase limits had also been introduced on staple food items such as pasta, flour and rice and by 18 March 2020 this was expanded to include most packaged food items. Refund policies were adjusted to discourage over-purchasing. Products were not actually in short supply nationally, however anxiety about the virus led people to make significantly larger purchases than usual. Major supermarkets reduced trading hours to enable them to restock shelves during periods of high demand. Dedicated shopping times were temporarily introduced for the elderly and people with disability. By the end of March 2020 national retailers had introduced limits on alcohol purchases to discourage stockpiling.

Numerous local cafes, restaurants and individuals across the Territory offered low cost and free meals to Territorians experiencing economic hardship. Other venues diversified to sell staples such as bread, milk, pasta and toilet paper.

Panic buying in urban areas and regional centres temporarily exacerbated food shortages for charities that rely on donations (at a time of rising demand for their services) and remote communities. During non-emergency times Aboriginal communities experience food insecurity up to seven times the national rate. Pastoralists who rely on infrequent large orders of essential goods were also affected. Major supermarkets introduced direct supply to charities, and to Territorians in some affected Aboriginal

communities. Major supermarkets also added pastoralists to their list of vulnerable groups needing special arrangements. Under biosecurity arrangements in place in the Territory from 26 March to 5 June 2020 the delivery of food and essentials was exempted from travel restrictions.

In May 2021 the Territory Government launched its *Territory Small Business Supply Chain Solver* program, which provided direct advice to businesses on resolving supply chain issues caused by COVID-19 restrictions.

The June 2021 announcement of a case of COVID-19 at a remote Territory mine site, and associated brief lockdowns in Darwin and Alice Springs again caused panic buying; this time leading to the introduction of temporary purchase limits on toilet paper, face masks, eggs, bread, milk, flour and meat.

During the late November 2021 hard lockdown in Binjari, emergency response teams provided essential goods and services to residents, supplemented by food donations from private and non-profit organisations. Regular supply chain arrangements were utilised for subsequent remote community lockdowns.

From January 2022 as rates of infection rose across the Territory, shortages were briefly experienced in the commercial supply of RATs. Major supermarkets again reported temporary gaps in supply of products such as meat, however this time shortages arose from COVID-19-driven staff absences within their distribution centres and stores.

Transport and engineering specialists in the EOC expended considerable effort throughout the emergency period to ensure that freight movements and supply chains to and within the Territory were not interrupted as a result of border restrictions and biosecurity determinations.



Childcare and education

Early childhood education and care

The Territory's 224 early childhood education and care providers remained open throughout the emergency period. During lockdown periods, childcare centres were open for vulnerable children and the children of essential workers. These services enabled essential Territory workers to stay at work on the frontline of the emergency response. In May 2020 the Territory Government announced one-off grants of up to \$10,000 for childcare operators to offset the costs of supplies, cleaning and maintenance, and a decline in enrolments. A total of \$100,000 in grants was provided to 90 operators. Dedicated support was also provided to childcare operators to help them to navigate Australian Government pandemic funding packages.

Schools

On 28 January 2020 Term 1 of the school year started as usual for primary and senior

secondary school students. However during week 8 of Term 1, National Cabinet announced that school would be optional across Australia for the remainder of term.

The Territory Government offered a retention incentive to encourage teaching staff in remote areas not to leave their designated biosecurity areas during the term 1 break. Almost 100 per cent of eligible staff remained in their remote communities.

COVID-19 restrictions meant that Term 1 school holiday programs were unable to proceed, so the Territory Government worked with service providers to adapt activities and amend funding agreements to support innovative online programs, and to facilitate targeted outreach to provide vulnerable young people with food security and support. Those efforts continued during other affected school holiday periods throughout the emergency period.

By mid-April 2020, public health advice was that the spread and severity of coronavirus

among children was low. Based on that advice, the Territory's very small number of cases to date and its strict border controls, it was determined that school was the safest place in the Territory for children to be. While some States in Australia had moved to online learning, school attendance was compulsory in the Territory when Term 2 resumed on 20 April 2020, with physical attendance expected unless alternative arrangements had been made between parents and schools. Schools introduced new preventative health measures including minimising the number of adults entering school grounds, specialist cleaning, disallowing drinking directly from shared water bubblers, staggering recess and lunchtimes, and cancelling assemblies and some contact sporting activities. Students who were unwell were required to stay at home, and schools provided learning materials to students in quarantine. By May 2020 attendance at Territory schools had returned to pre-pandemic levels.

The Territory Government had been making preparations in the event that school attendance was disrupted in 2020. Keep Kids Learning packs were distributed in April 2020 to government and non-government schools across the Territory. The packs were designed to enable parents to facilitate learning at home if needed. Contingency plans were also made to enable Year 12 students to complete their education in 2020 if school attendance was disrupted. The Territory Government gave reassurances that it would continue to pay the more than 1,700 casual staff it employed in the event of schools needing to be closed. These measures were not required and in the Territory, unlike other areas of Australia, the 2020 school year ended without interruption.

During the first half of 2020 the Territory Government developed a series of engaging educational online videos aimed at supporting students and families across Australia who were learning from home and those in the

Territory interested in education resources. The 'Discover from Home' series delivered an educational and entertaining journey, featuring videos of the Territory Wildlife Park, the Alice Springs Desert Park, park rangers, tourism businesses, Library & Archives NT experts and George Brown Darwin Botanic Gardens botanists. Due to the success of the series, Channel Nine Darwin offered to broadcast the Territory Wildlife Park educational experiences on television as part of a partnership with its 'Darwin We Love It' campaign.

Teachers and school staff planning to travel interstate at the end of the 2020 school year were encouraged to register their travel plans with the Department of Education. This enabled efficient communication and contingency planning for the 2021 school year in the event that changing interstate regulations or border restrictions prevented them from returning in time to resume work.

While Year 12 studies in the Territory were not disrupted in 2020, access to interstate work experience, career and training options was reduced for senior secondary students due to economic disruption, border closures and lockdowns across Australia. In response, the Territory Government offered 11 month paid work placements within the Territory Public Service to students graduating high school in 2020, and made the same offer to students in 2021. Additionally, a joint Australian-Territory Government JobTrainer scheme provided people aged 17 to 24 with free or low cost accredited qualification and short courses for "in-demand" sectors such as building and construction, community service, primary industries, tourism and hospitality.

The first half of the 2021 school year proceeded without COVID-19 interruption, but again with protective hygiene and social distancing measures in place. During the brief June 2021 Greater Darwin lockdown and the August 2021 lockdown of Katherine and Greater Darwin, schools were only open

for vulnerable children and the children of essential workers. In February 2022 with COVID-19 becoming endemic in the Territory, schools opened with additional safety measures. Air intake and circulation performance at air conditioning systems at Government schools was audited, air purifiers were installed in 77 schools that didn't have central air conditioning (particularly in remote areas), and students in levels Year 3 and above were encouraged to wear masks. All adults wore masks except when teaching, and practiced physical distancing. Regular handwashing and sanitising continued and schools took advantage of outdoor learning opportunities.

Contingency plans were in place in anticipation of staff shortages and student absences due to illness. With joint funding from the Australian Government, the Territory Government provided RATs to all schools and early learning centres from 9 February 2022. One third of schools reported cases of the virus in week 1 of Term 1, but cases represented only one per cent of the student population.

Territorians attending interstate boarding schools

Young Territorians attending interstate boarding schools did experience disruption at various times during the emergency period. Some parents, often from remote Aboriginal communities and cattle stations in the Territory, had brought their children home early in 2020 as schools closed interstate. However when those boarding schools reopened and ceased online learning in favour of a return to the classroom, families were faced with significant mandatory quarantine periods if they chose to accompany their children to resettle them at school interstate. The Territory Government helped more than 900 boarding school students to return to their local communities during the peak of national pandemic restrictions in 2020 or during times of outbreaks interstate, and

worked with families to facilitate students' return to schools. In mid-December 2021, rules designed to protect vulnerable Territorians in remote Aboriginal communities with low vaccination rates had the unintended consequence of preventing Territory students at interstate boarding schools from travelling directly home for the Christmas period. Amendments were made to CHO Directions to allow homeward travel without quarantine in those cases.

University students

From 30 March 2020 all students enrolled at CDU studied online until face-to-face teaching resumed in February 2021.

From March 2020 Australia's borders were closed to international students. International students who remained in Australia during the pandemic period experienced additional challenges in terms of loss of employment and worry about family members in their home countries. In early 2020 the Territory Government's Worker and Wellbeing Fund funded the Australian Red Cross, which in partnership with Melaleuca Australia, provided immediate financial and counselling support to international students and visa holders who had lost employment. In July 2020 the Territory Government's Study NT Student Ambassadors held a Reconnect Festival at the Darwin Waterfront to alleviate international students' sense of disconnection from each other and the community. Over 200 international students attended the festival and participated in live music, cultural performances and enjoyed different cuisines, all while reconnecting with their peers, community groups, local businesses and employers.

On 30 November 2020 the Territory became the first jurisdiction in Australia to again welcome international students, when 63 students from China, Hong Kong, Japan, Vietnam, and Indonesia arrived in Darwin on a charter flight. Following their 14 day

quarantine period at CNR, they received Territory Government support in the form of employability skills training, social networking events, wellbeing workshops and employer meet and greet programs.

In June 2021 the Territory Government provided a \$5,000 grant to Kindness Shake's Lockdown Meals of Kindness program to support international students during the lockdown of greater Darwin. Kindness Shake was a program that had been initiated by CDU students in April 2020 that distributed Friday evening meals to international students, migrants, refugees, and temporary visa holders who were experiencing financial difficulties.

In 2021 and 2022 the Territory Government offered local businesses, student groups and community organisations grants of up to \$10,000 in funding for activities and events that promote and improve the wellbeing of international students studying in the Territory. Successful activities supported by these International Student Wellbeing Grants in 2021 included the Darwin international students Karaoke competition organised by the Global Cultural Exchange Company, a mental health resilience project run by Australian Red Cross First Aid and Mental Health, and an International Students Multicultural Day delivered by Charles Darwin University.



Messages of Support in Quarantine

In February 2020 when the Centre for National Resilience (CNR) was established at a former workers camp at Howard Springs in outer Darwin, some parents and staff at nearby Good Shepherd Lutheran College raised concerns about whether children were at risk of COVID-19 infection. These fears were alleviated when the Territory's Chief Health Officer visited the school to reassure parents that the virus was not spread by mosquito and could not be transmitted by air to the school. Once those concerns had been addressed, students demonstrated their school's values of love and compassion by writing letters and cards of encouragement, and donating games to the families staying at CNR. The residents at CNR, including 92 children evacuated from Wuhan, China were touched by these expressions of welcome. A number of the families that had undertaken quarantine at CNR wrote to the College once they had returned to their home states, expressing their gratitude for this small, but very kind, meaningful gesture!



Wellbeing and social services

The Territory's frontline welfare staff proved adaptable in their support for families and individuals in quarantine. Whether it was delivering birthday cakes, Easter gifts for children or Mother's Day notes, staff took time when they could to meet the specific needs of individuals in quarantine for example by providing medical supplies, delivering crossword puzzles, books and special food requests.

Lockdowns and the closure of places and activities, introduced particular challenges for at-risk and disadvantaged young people in overcrowded housing, in correctional facilities and in other challenging circumstances. The Territory's youth services sector continued to operate throughout the emergency period, adapting to provide outreach programs, online mentoring, gaming, music and sporting opportunities, online mental health support, Tik Tok competitions, creative webinars and arts workshops, and delivering meals to young people.

Pets and animals

Territorians were advised to make arrangements for the care of their pets during the emergency period if they might be away from home for a period of time such as for hospital stays, travelling and unforeseen quarantine lockdowns or border closures. Pets were not permitted in supervised quarantine facilities. Worry for and separation from their pets increased the stress of some people in quarantine. A small number of vulnerable Territorians did arrive at quarantine facilities with dogs, and in those rare cases animal welfare teams worked with local animal shelters to provide care for the pets. In some instances pet food donated by Animal Management in Rural and Remote Indigenous Communities, was delivered with the assistance of regional councils or the Territory Government's animal welfare staff, to remote

communities from which large numbers of COVID-19 positive cases and their close contacts had been evacuated.

Veterinary practices remained open throughout the emergency period. Many practices introduced online ordering and home delivery services for prescriptions and food, to limit opportunities for virus transmission.

Business and economy

In early 2020 Commonwealth Treasury and the Reserve Bank of Australia advised National Cabinet that immediate and wide ranging assistance would be needed to minimise the damage to the economy arising from the necessary business and travel restrictions required by the COVID-19 public health response. The Territory Government implemented a broad suite of measures to protect businesses, households and workers from the economic hardship that came with COVID-19 and to position the Territory economy to adapt and rebound with strong long term growth and job creation. Those measures, which were implemented from March 2020 to March 2022 were collectively known as the Jobs Rescue and Recovery Plan. Those elements of the Jobs Rescue and Recovery Plan involving improvements to dwelling and businesses were complemented by the suspension of some planning regulations so that work could begin with urgency.

As well as the suite of financial support and advisory initiatives listed in the accompanying table, in May 2020 the Territory Government published the *Operation Rebound Green Paper*, highlighting the need to position the Territory economy for a post-pandemic global and national operating environment. As an initiative of the *Green Paper*, the Territory Economic Reconstruction Commission (TERC) was established. TERC's December 2020 final report included 62 recommendations designed to win more private investment, create more jobs and grow a \$40 billion Territory economy

by 2030. With all recommendations accepted by Government, a multi-year implementation program commenced in early 2021.

Figures below show the drop in business confidence and economic contraction that the Territory experienced in the March 2020 and June 2020 quarters as a result of temporary local business closures, a collapse in the global tourism industry and deteriorating trade conditions caused by the pandemic. Despite these challenges, the Territory still reported an increase in the number of businesses operating in 2019-20, with 2.1 per cent growth on 2018-19 figures. Supported by the Jobs Rescue and Recovery Plan and intensive engagement between the Territory Government, industry associations and businesses, the Territory's business confidence levels rebounded strongly in 2021 and to 30 June 2022. Minimal lockdowns and trading

restrictions and strong protection from COVID-19 offered by border restrictions enabled most Territory businesses to continue operating largely as normal.

This resulted in the Territory's economic recovery in 2020 and 2021 being faster than anticipated, driven by a strong rebound in household consumption, with year on year growth of 6.2 per cent in 2020 and 7.3 per cent in calendar year 2021. Business investment picked up in 2021, with year-on-year growth to March 2022 of 46.1 per cent, the main driver of state final demand, a measure of total consumption and investment activity, with the Territory recording year-on-year growth to March 2022 of 10.0 per cent, the strongest result in the nation.

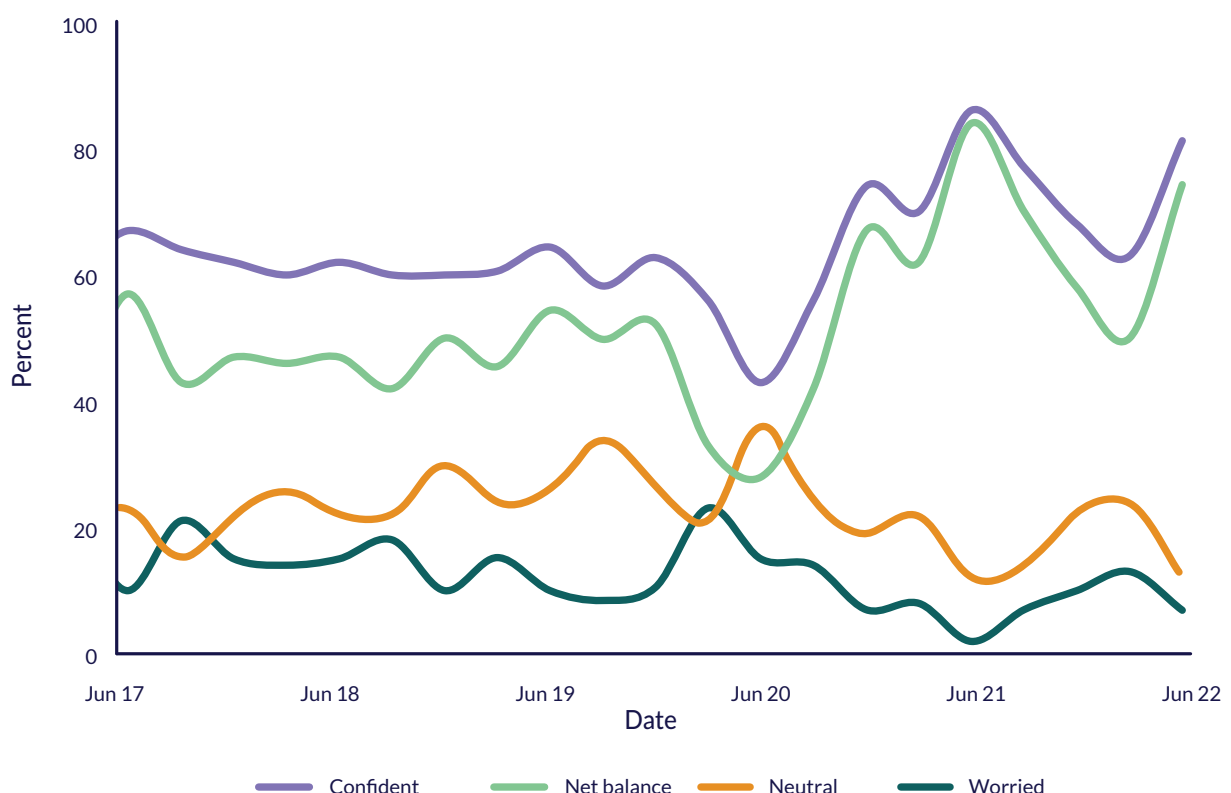


Figure 9: Business Confidence in the Northern Territory June 2017 – June 2022

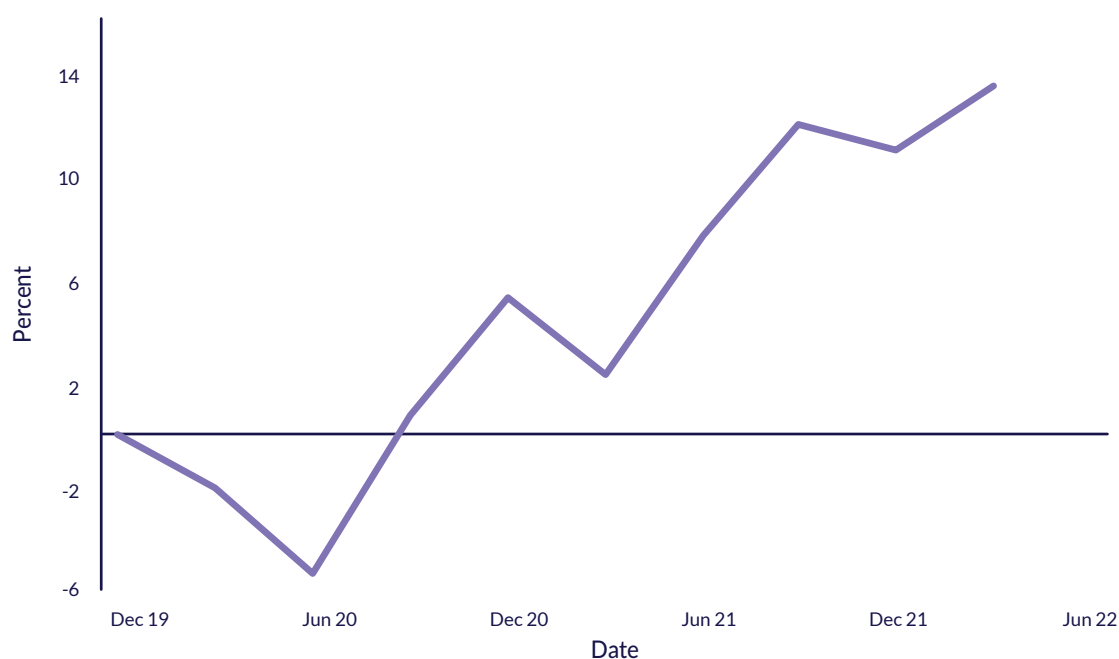


Figure 10: Northern Territory economic growth and recovery December 2019 – June 2022

March 2020	Home Improvement Scheme - launch	To support trades and contractors, and to help small business survive, by progressing screwdriver-ready projects in Territory homes. \$6,000 grant for a Territory homeowner or landlord who also contributes \$2,000; or a \$4,000 grant for a \$1,000 contribution
March 2020	Business Improvement Grants	To support trade and contractors, and keep cash flowing, through grants of up to \$20,000 to businesses to make improvements to commercial premises
March 2020	Immediate Works Grant	To support trades and contractors, and keep cash flowing, through grants of up to \$100,000 to not-for profit organisations to make permanent improvements to their premises
March 2020	Small Business Survival Fund – Immediate Survival Payments	An immediate payment of between \$2,000 and \$50,000 to help offset the immediate cost pressures, specifically targeting hospitality, restaurants, tourism and entertainment small businesses
April 2020	Classroom Construction Stimulus	\$10.8 million construction industry spending to build 15 new pre-fabricated classrooms, with the majority of the classrooms likely to be transported to remote communities
April 2020	Hospitality and Community Clubs tax relief	March 2020 gaming machine taxes waived for community clubs, pubs, hotels and casinos. Gaming tax rate also returned to 2016 levels
April 2020	Home Improvement Scheme - expansion	To support trades and contractors, and to help small business survive, by progressing screwdriver-ready projects in Territory homes. \$6,000 grant for a Territory homeowner or landlord who also contributes \$2,000; or a \$4,000 grant for a \$1,000 contribution
April 2020	Freezing Government fees and charges	All government fees and charges - including electricity and water – frozen for Territory businesses until July 2021

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April 2020	Business Hardship Package	6 months' assistance for businesses who have proven hardship from the coronavirus pandemic, with reduced payroll tax, reduced utilities bills, incentives for commercial landlords to reduce rents and working with councils to reduce rates
May 2020	Small Business Survival Fund (rebound grants)	Grants of \$1,000 and \$5,000 for small businesses to make physical alterations to adhere to physical distancing regulations, COVID-19 signage, staff training, strategic planning, advertising and marketing. A further \$10,000 is also available if the business also contributes \$10,000
June 2020	Infrastructure Investment	A jointly funded package Australian Government (\$40.4 million) and Territory Government (\$12.7 million) of road safety upgrades and other shovel ready infrastructure works
September 2020	Small Business Rebound and Adaptation Grant	A grant of up to \$10,000 when matched dollar-for-dollar for improvements to physical premises. For businesses who did not receive Small Business Survival Fund (rebound grants) or Business Improvement Grants
September 2020	Immediate Work Grants Scheme - Round 2	Grants of up to \$100,000 for incorporated not-for-profit and community organisations – including clubs – to undertake repairs, renovations and upgrades to their premises/facilities
December 2020	JobMaker Booster	To supplement and extend the Commonwealth's JobMaker hiring credit scheme providing small businesses with funding to employ people
January 2021	Small Business Customer Experience (CX) Grant	A one-off grant of up to \$20,000 with a 50:50 co-contribution to make front of house improvements for consumers
February 2021	Small Business Saver Grant	Grants of up to \$10,000 with a 50:50 co-contribution to projects that reduce overall running costs
June 2021	Small Business Lockdown Payment	A weekly support payment of between \$1,000 and \$4,000 Territory businesses and sole traders during the lockdown in Darwin, Palmerston and Litchfield Council areas, and Wagait and Belyuen Shires
July 2021	Extra Small Business Lockdown Payment	An additional \$1,000 for businesses which couldn't open when others did due to current COVID-19 restrictions, such as gyms, yoga studios and market holder
August 2021	Small Business Pivot Grant	Grants of up to \$10,000 on a 50:50 co-contribution basis to Territory businesses to enhance their digital capabilities, and to use technology to improve their presence and profitability
August 2021	Territory Business Lockdown Payment	A weekly support payment of between \$1,000 and \$4,000 Territory businesses, sole traders, not-for-profits and incorporated associations during the lockdown in Darwin, Palmerston and Litchfield Council areas, the Wagait and Belyuen Shires, Dundee, Bynoe, Charlotte, Cox Peninsula, and the municipality of Katherine, including Tindal.
August 2021	Trade Support Scheme – COVID-19 Quick Response Grants	Grants of up to \$7,500 on a 50:50 co-contribution basis for export planning or developing new digital marketing solutions for export
September 2021	Immediate Business Acceleration Program (IBAP)	Online expert advice on managing company resources during disruptions such as the pandemic

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September 2021	Business Growth Expansion	Access to professional services on a 50:50 co-contribution basis for mentoring, coaching or advice on small business performance, sustainability and profitability
September 2021	Small Business Pivot Grants – round 2	Grants of up to \$10,000 on a 50:50 co-contribution basis to Territory businesses to enhance their digital capabilities, and to use technology to improve their presence and profitability
September 2021	Not-For-Profit Business Governance Training	Face to face and online training to improve governance and sustainability of the Territory's 1600 Not-For-Profit associations
September 2021	Small Business Fitness Training	Face to face or online training in financial fitness and cash flow, business planning and digital marketing
November 2021	Territory Business Lockdown Payment	A weekly support payment of between \$1,000 and \$4,000 for Territory businesses and sole traders during the lockdown in Katherine and Robinson River
December 2021	Territory Business Lockdown Payment	An immediate payment of \$1,000 for Territory businesses and sole traders affected by the lockdown in Tennant Creek
February 2022	Business Hardship Register 2.0	A one-off grant of \$3,000 for employing businesses, and \$1,000 for sole traders, a payroll waiver and a 30% reduction in utilities bills for businesses that a 40 per cent reduction in turnover in December 2021 or January 2022 compared to the equivalent period in 2019-20
March 2022	Business Hardship Register 2.0	An three-fold increase in the one-off grant, for businesses with a decline in turnover of 60% or more

Table 9: Northern Territory Government COVID-19 related business and economic support measures
March 2020 – March 2022

Employment and workforce

In the early months of the pandemic, underemployment and unemployment hit historic high levels across Australia. The tourism and hospitality sectors were among the hardest hit. The Territory lost 11,000 jobs between March and September 2020, with most of those occurring between March and May 2020 and driven by a decline in domestic and international visitors.

In March 2020 the Territory Government established a \$5 million Worker and Wellbeing Fund to support local workers. The Fund provided access to financial and relationship counselling, helped people to navigate Australian Government financial support, linked Territorians with emergency accommodation and other essentials, and launched a new Jobs Hub. The Jobs Hub was a free service to connect employers with

jobseekers. By the time that the Hub was closed on 1 February 2021, 2,583 workers and 157 Territory employers had registered and a total of 930 job seekers had been connected with potential employers.

In partnership with registered training organisations, the Territory Government developed an offering of 70 free or low cost short courses to upskill and reskill workers. Between May and June 2020 CDU also opened enrolments to a range of free short courses in hospitality, health, education, business, environmental and digital students.

When the success of early aggressive public health measures including lockdowns and border restrictions saw Territory businesses reopen and domestic visitor numbers start to recover, new workforce challenges emerged. This was a national issue and included local businesses being reluctant to hire new staff

because of ongoing uncertainty around the pandemic. The Australian Government's JobMaker Hiring Credit Scheme, which ran from October 2020 to October 2021 incentivised employers to hire younger workers. In December 2020 the Territory Government filled gaps in that program with its own \$7.8 million JobMaker Booster program, offering incentives for local small businesses to take on workers aged 30 years and over. The Territory Government also provided funding to industry bodies to help fill jobs or skills from the Northern Territory's Skills and Occupations Priority List. Additionally, the Territory Government provided financial support to the Australian Apprenticeships Support Network to ensure that apprentices and traineeships could continue throughout the pandemic.

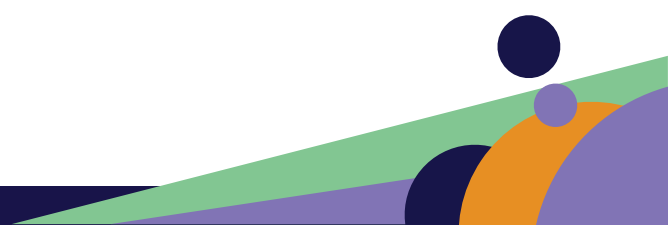
In December 2020 the Territory became one of only two places in Australia (the other was Western Australia) to see job numbers rise since the start of the pandemic.

By early 2021 sectors that traditionally relied on seasonal workers, working holidaymakers and international students struggled to operate at pre-COVID-19 levels due to labour shortages. On 23 April 2021 the Territory launched a \$2 million Critical Worker Support Package aimed at attracting hospitality and tourism workers to the Territory. The Package offered free short courses, apprenticeships, and English literacy training for Territory workers. It also funded the Work Stay Play attraction incentive that aimed to attract critical workers to the Territory, or encourage visitors to stay for work. Eligible businesses could apply for up to \$1,500 for each new eligible worker to help reimburse the cost of relocating for work, with a total claim amount of \$60,000. A new Territory Jobs Board website was created for the duration of the Work Stay Play initiative, allowing employers to register jobs at no cost.

Work Stay Play was expanded in August 2020 to include the agribusiness and aged care sectors and extended until the end of December 2021.

Significant advocacy work was also undertaken by the Territory Government, resulting in the Australian Government's announcement in May 2021 that student visa holder employment restrictions would be temporarily lifted. New visa pathways were also established for working holiday makers, enabling temporary visa holders working in or intending to work in tourism and hospitality to apply to extend their visa and stay in Australia for up to an additional 12 months. These visa changes helped alleviate skill shortages in the Territory during the 2021 peak tourism season.

In February 2022 to capitalise on the Australian Government's decision to reopen international borders to tourists, the Territory Government launched a \$12.8 million Global Worker Attraction Campaign. The campaign included a relaunch of the Work Stay Play program, this time to support all industries experiencing extreme skills shortages, including construction. The campaign also delivered a new \$2.6 million interstate and overseas marketing campaign to attract tourism and hospitality workers to the Territory, a \$3 million Flexible Workforce Initiative Fund for industry projects and strategies to attract and retain staff, \$1.35 million in increased funding for skilled migration programs, and the launch of a new online platform to better support overseas skilled workers and connect them with Territory job opportunities. By mid-May 2022 the Work Stay Play initiative had already helped to bring 700 workers to the Territory.





Agribusiness sector

Like tourism and hospitality, the Territory's agribusiness sector relies on seasonal workers and the ability to move goods and experts across borders. The COVID-19 pandemic affected both of those economic enablers in ways unique to the sector. Some of the Territory's large cattle properties sit across state borders. Some remote cattle stations rely on stores located over nearby state borders, to buy essential goods and medical supplies.

The movement of managers and expert staff was also challenged by border restrictions. Examples included those agribusinesses whose managers need to frequently move between properties across the north of Australia. Captain and crew also needed to travel to the Territory for seasonal fishing efforts. One of the nation's few mustering helicopter servicing professionals needed to visit the Territory so that certifications could be in place in time for the annual April cattle mustering season. Cattle station workers

from nearby Aboriginal communities faced the prospect of not being able to attend work during times when biosecurity restrictions were in place. From the earliest stages of the Territory's border restrictions, the Territory Government's primary industry support staff supported agricultural enterprises and farmers to navigate exemption and approval processes so that enough cross-border movement could be maintained to keep the sector operating.

It was not only the tourism and hospitality sectors that faced acute worker shortages during the emergency period. In March 2020 the Seasonal Worker Program and Pacific Labour Scheme was shut down. The Scheme was an important source of labour for the Territory's melon and mango growers, was shut down. In a typical mango harvest season 98 per cent of labour comes from overseas. A 12 month visa extension allowed a small number of Pacific workers to remain in the Territory allowing day to day work to continue on local farms.

Concerns grew that without new seasonal workers and with COVID-19 travel restrictions preventing the arrival of backpackers there would be a shortfall of around 1,000 workers needed to pick the 2020 mango crop. The Territory is Australia's largest grower of mangoes, producing around 52 per cent of the national crop. In August 2020 the Territory Government partnered with the Northern Territory Farmers Association (NT Farmers) to launch a local worker attraction campaign encouraging Territorians to be local heroes by signing up for fruit picking jobs to help farmers get their produce to market. Within 48 hours of launching the campaign, NT Farmers had received more than 1,100 expressions of interest.

In September 2020 NT Farmers organised a charter flight to bring 162 workers from Vanuatu to the Territory to help with the imminent mango season. Vanuatu had no cases of COVID-19 at that time. This pilot program was the first time that seasonal workers had been allowed into Australia since the nation's hard borders were enforced in March 2020. NT Farmers covered the cost of the flight and of quarantining at CNR. Other flights followed, and the program was expanded to support the aquaculture and hospitality sectors as well as the 2021 melon harvest, which requires up to 200 seasonal workers each year to manually harvest 75,000 melons.

The Territory Government provided additional support to find workers for the 2021 melon season, with a \$745,000 emergency package in April 2021 to attract seasonal workers residing in Australia to travel to the Territory for work on six melon farms in the Douglas-Daly, Katherine and Mataranka regions. The package enabled businesses to offer sign-on bonuses of up to \$1,000 per worker for up to 200 workers and a loyalty bonus to retain workers, as well as funding to market and advertise the roles.

Tourism

COVID-19 presented the most significant and persistent challenge for the global tourism sector since World War II. The bushfires that affected regional communities in Australia's eastern and southern states also impacted the Territory's tourism sector in late 2019 and early 2020, with tourism cancellations and reduced confidence in travelling.

In response to the impact of the bushfires, on 10 February 2020 the Territory Government announced an Immediate Tourism Resilience Plan, including four new programs aimed at supporting industry. Extended shortly thereafter as the impact of COVID-19 became apparent, the Plan was the first of a wide range of support measures introduced throughout the emergency period.

Tourism in the Territory was at a peak at the end of March 2020, with previous Territory Government investments in Turbocharging Tourism packages delivering strong results in terms of holiday travel. A bumper tourism season was expected, however the abrupt closure of Australia's international borders in March 2020, and the subsequent impact on state and territory borders, brought tourism to a stand-still. Occupancy rates in Territory hotels were 19 per cent for the month of April 2020 (occupancy in April 2019 was 58 per cent) and cancellation of forward bookings ensued.

From 16 March 2020 non-essential businesses, entertainment venues and places including parks and camping areas were closed as part of the Territory Government's efforts to limit the movement and close contact of people while early public health measures could be put in place. This effectively closed all tourism operators and recreation venues across the Territory. With no COVID-19 positive cases in the community, on 1 May 2020 some of the Territory's parks, recreation and camping areas began to reopen.



By 18 June 2022 all parks had reopened, including Kakadu and Uluru-Kata Tjuta National Parks, however as all flights into Yulara were grounded and Ayers Rock Resort had closed there was virtually no visitation to Uluru, one of the Territory's premiere tourism icons.

Immediate adjustments were made to the Territory's tourism marketing and sales approach, including pausing all global tourism sales and marketing activity from 20 March 2020. This included reducing international marketing representation contracts to maintenance levels, cancelling six domestic tourism marketing campaigns and pausing another 11 campaigns.

Cessation of cruise ships and reduction in flights

The expedition cruise vessel *Coral Adventurer* visited Darwin on 22 March 2020 and represented the final cruise ship for more than twelve months, with the sector ceasing all operations in the Territory in accordance with CHO Directions. The truncated season saw 14 ships cancel their voyages to Darwin, presenting a further blow to local tourism and hospitality providers.

From mid-April 2020 all international air services into the Territory were suspended, as were all domestic services operated by Virgin Australia and Jetstar Australia. Qantas temporarily re-routed its London service over Darwin (from Singapore) for a refuelling stop until the service ceased at the end of

the month, while it maintained minimum interstate connectivity only. Airnorth maintained its intra-Territory routes with some reduced frequencies. Financial support from the Australian Government under its Domestic Aviation Network Scheme and Regional Aviation Network Schemes was essential in maintaining some level of interstate air service into the Territory. Globally most airline fleets became grounded due to the pandemic, and Territorians in Central Australia became accustomed to seeing rows and rows of the planes from the world's airlines being stored at the Asia Pacific Aircraft Storage (APAS) facility.

Modelling undertaken by the Territory Government estimated that the cumulative tourism loss from COVID-19 in the 2020 calendar year could reach 1.092 million fewer visitors, a loss of \$1.38 billion in visitor expenditure and a loss of 5,000 direct tourism jobs. Actual results reported by Tourism Research Australia were 1.015 million fewer visitors, a loss of \$1.64 billion in visitor expenditure and 4,900 direct tourism jobs lost.

With no community transmission of COVID-19, interstate borders were reopened in July 2020. The Territory Government launched a new marketing campaign 'The Territory is the answer' which was aimed at encouraging those interstate holiday makers willing to travel, to come to the Territory. During the campaign 2.8 million Australians viewed one of the four television advertisements.



Introduction of the Tourism Voucher scheme

Recognising that it was difficult for Territorians to travel interstate, in July 2020 the Territory became the first destination to offer a Tourism Voucher scheme to stimulate the local economy and support tourism businesses. A \$200 redeemable voucher was offered on a dollar-for-dollar spend basis to match the Northern Territory Government's contribution. Ultimately four rounds of the voucher scheme were offered, with 91,965 vouchers redeemed, \$35.7 million in gross sales achieved and 383 individual tourism products supported.

From 1 October 2020 to 31 March 2021 the Territory Government partnered with all Australian shop front travel retailers to deliver a \$5 million 'NT Summer Sale' campaign; the Territory's largest summer activity. The activity offered consumers \$200 off every \$1,000 spent on a Territory booking made through campaign partners, up to a maximum of \$1,000 discount. The campaign generated over \$15.5 million in gross sales to Territory tourism operators, with a total of 12,914 products booked.

A boom in drive holidays

Throughout the first year of the pandemic, Australia's international border restrictions led to a resurgence in popularity of caravanning and drive holidays. To capitalise, in November 2020 the Territory Government announced a new Roadhouse to Recovery Fund that would prepare for this trend by upgrading infrastructure and amenities at regional roadhouses, caravan parks and wayside inns. Almost \$4 million in total was awarded to 35 Territory businesses.

The Territory launched a national marketing campaign 'Nothing like your normal road trip' designed to capitalise on the booming drive tourism market. The campaign which

ran from April to May 2021 included national advertising, drive itineraries, a dedicated drive guide, specific drive deals and a competition. Overall the campaign delivered over 32 million media impressions, 50,000 competition entries and generated over 4,000 conversions.

Resumption of cruise ships

In April 2021 CHO Directions allowed for the resumption of domestic expedition cruises with a cap of 150 passengers and crew. Soon after, the Territory welcomed back Australian operator *Coral Expeditions*.

In May 2021 the Territory Government announced a Territory Tourism Comeback Plan to help sustain the sector. The Plan included a fourth round of Tourism Vouchers, funding for sales incentives, and grant programs.

The 2021 peak tourism season was gearing up to be a good year, however snap lockdowns in Darwin and Alice Springs in June and August 2021 resulted in waves of mass booking cancellations and disrupted travel plans. The Australian and Territory Governments announced two joint industry support packages to assist local operators under significant financial distress. Opening on 25 August 2021, the Tourism Survival Fund was aimed at touring companies, professional event organisers including exhibition build companies, and eligible attractions. It recognised that these businesses did not benefit from the Territory Tourism Voucher scheme. Support of between \$5,000 and \$90,000 was available depending on the level of business turnover. The Visitation Reliant Support Program was aimed at businesses that rely on visitors for trade, and that did not fall within eligible sectors for the Tourism Survival Fund. Support of between \$1,000 and \$3,000 was available for sole traders and between \$3,000 and \$9,000 for employing businesses. Round two of these programs opened in 4 December and increased available support three-fold, subject to a higher level of turnover

decline being reached. Overall, these packages provided more than \$4 million in support to Territory tourism operators.

Direct flights to London

As part of its recommencement of the 'Kangaroo route' between Australia and the United Kingdom and with its previous hubs in Perth and Singapore not being ready for international air arrivals, Qantas moved its Sydney and Melbourne services to stop over in Darwin. Sydney-Darwin-London flights commenced on 1 November 2021, and Melbourne-Darwin-London from 27 November 2021. The Melbourne service returned to its Perth hub from 23 May 2022, and the Sydney service to Singapore from 19 June 2022.

In September 2021 the Territory again launched an 'NT Summer Sale' (funded under the Territory Tourism Comeback Plan), with Government discounts only available for fully vaccinated travellers. \$4.5 million in gross bookings were achieved.

Following Australia opening its borders to vaccinated international visitors, in December 2021 the Territory saw its first regularly scheduled commercial flight from Southeast Asia since March 2020, when Jetstar Asia resumed its regular Darwin-Singapore service.

Further visitor cancellations were experienced from November 2021 following COVID-19 outbreaks in the Territory.

Resumption of international marketing

Australia's international borders reopened on 21 February 2022 and the Territory began to adjust to life with COVID-19. A range of programs were announced to restart international tourism marketing, including

an initial focus on the United Kingdom and Europe to leverage Qantas' London-to-Darwin flights, and to attract back working holiday makers which have traditionally underpinned the Territory's peak season tourism workforce.

On 12 February 2022 CHO Direction 40/2022 lifted the cap on cruise ship passengers and crew to 350 persons. On 17 April 2022 the Australian Government permitted access to Australia for international cruise ships. *La Laperouse*, the first international expedition ship to return to Australia since the pandemic, arrived into Darwin on 28 April 2022 to recommence its Kimberley cruising season. Four expedition cruise companies operated in Territory waters during 2021-22.

The Territory Government worked closely with industry bodies and tourism operators throughout the pandemic. These efforts were intensified in March 2022 to help operators and visitors begin to self-manage situations where visitors tested positive to COVID-19 and to normalise life with COVID-19. Travellers were informed that they needed to have contingency plans in place including for their own accommodation and care, in the event that they became COVID-19 positive while in the Territory. With high rates of vaccination and the dominance of the less severe Omicron strain, the industry's COVID-19 management plans were able to shift to those pre-2020 plans that would have been used if a traveller developed influenza or any other mild illness while on holidays. Those plans did not assume a reliance on hospital emergency departments except in cases of severe illness.

February 2020	Immediate Tourism Resilience Plan - Industry Program – business support	Targeted business support for Territory tourism businesses, including a fast track business support program with the Business Enterprise Centre, financial planning assistance through KPMG and Power-up tutorials in partnership with the Regional Tourist Associations.
February 2020	Immediate Tourism Resilience Plan - Industry Program – NVEP	An additional grant round for the Visitor Experience Enhancement Program (VEEP)
February 2020	Immediate Tourism Resilience Plan - Industry Program – Education Tourism Rebate	An increased Education Tourism Rebate Incentive from \$1,000 to \$3,000 for any trips booked for September 2020 to March 2021
February 2020	Immediate Tourism Resilience Plan - Partnership Program	Free tourist partnership activities with Activate Darwin and Hospitality NT, Alice Springs Town Council and other local organisations to target the drive market
February 2020	Immediate Tourism Resilience Plan - NT Business Event Support Fund	Doubling the incentive offered, to \$200 per delegate
February 2020	Immediate Tourism Resilience Plan - Domestic Marketing Boost	Offering a range of discounted advertising opportunities for NT operators through the 'Holiday Here This Year' campaign
February 2020	'Time to be a Territorian'	Intra-Territory marketing campaign encouraging Territorians to holiday locally
June 2020	'The Territory is the answer'	National marketing campaign to attract interstate visitors
July 2020	Territory Tourism Voucher Scheme Round 1	Travel vouchers worth up to \$200 for Territorians
September 2020	'NT Summer Sale'	National marketing campaign to attract interstate visitors
November 2020	Territory Tourism Voucher Scheme Round 2	Travel vouchers worth up to \$400 for Territorians
November 2020	Roadhouse to Recovery Round 1	3:1 Government matched funding up to a maximum of \$150,000 to upgrade Territory roadhouses, wayside inns and caravan parks
November 2020	International Student Arrivals Pilot	Australia's first and only international student arrivals program, which was 63 international students return to the Territory.
February 2021	Road to Recovery - '2021 Event'	National marketing campaign to attract interstate visitors. Focusing on 3 main events – Parrtjima Festival, Barunga Festival and the Darwin Aboriginal Art Fair
February 2021	Territory Tourism Voucher Scheme Round 3	Travel vouchers worth up to \$400 for Territorians
February 2021	'Seek Different'	National marketing campaign to attract interstate visitors
April 2021	'It's nothing like your normal road trip'	National marketing campaign to attract interstate visitors
August 2021	Tourism Survival Fund Round 1	Grants of \$5,000 to \$30,000 for eligible businesses experiencing mass cancellations from travel restrictions by interstate governments (30% turnover decline required)
August 2021	Visitation Reliant Support Program Round 1	One off payments of \$3,000 to eligible business and \$1,000 to sole traders (30 per cent turnover decline required)
October 2021	Territory Tourism Comeback Plan - Territory Tourism Voucher Scheme Round 4	Travel vouchers worth up to \$400 for fully vaccinated Territorians

Table continues on next page...

October 2021	Territory Tourism Comeback Plan - Roadhouse to Recovery Round 2	3:1 Government matched funding up to a maximum of \$150,000 to upgrade Territory roadhouses, wayside inns and caravan parks
December 2021	Tourism Survival Fund Round 2	Grants of \$15,000 and \$90,000 for eligible businesses experiencing mass cancellations from travel restrictions by interstate governments (50% turnover decline required)
December 2021	Visitation Reliant Support Program Round 2	One off payments of \$9,000 to business and \$3,000 to sole traders (50% turnover decline required)
March 2022	International Restart Support Fund	3:1 grants of up to \$15,000 for local businesses to attract international visitors
March 2022	'Work Hard Play Hard'	UK and German marketing campaign to attract working holidaymakers to the Territory \$500 travel incentives for hospitality and tourism workers A new Territory wide jobs portal for Territory tourism and hospitality businesses looking for short-term workers

Table 10: Northern Territory Government COVID-19 related tourism industry support measures March 2020 – March 2022

Transport sector

While public health measures were the most visible emergency responses during the COVID-19 pandemic, efforts to maintain a functioning transport sector underpinned many of the activities described in this report. Perhaps even more than elsewhere in Australia because of our widely distributed population centres, nearly every sector of the Territory economy relies on either air, road or barge transport to move their raw materials, finished products and people.

Time-sensitive freight

In February 2020, nationwide concerns about COVID-19 transmission led to a significant reduction in the frequency of interstate flights to and from the Territory. Almost all flights stopped when Territory border restrictions were introduced in March 2020. The loss of interstate air services had immediate practical implications for time-sensitive freight. One example was the transport of isotopes needed for radiation therapy in lifesaving cancer treatment. These isotopes only have a 12 hour shelf life and are usually transported on daily flights from Adelaide. Transport experts worked to source the isotopes from other

Australian capitals that still had flights coming into the Territory. Most of these flights were indirect meaning that much of the shelf life had elapsed before the isotopes were received at Royal Darwin Hospital. Patients and hospital staff needed to quickly be in position once the isotopes arrived each day, even if that meant beginning cancer treatment late at night.

Interstate trucking

Much of the Territory's food supplies and basic living essentials arrive by truck from interstate. During times of business closures and lockdowns due to COVID-19, exemptions were provided for roadhouses, dedicated truck stop facilities and driver lounges to remain open so that heavy vehicle drivers had access to restrooms and facilities to undertake their mandated fatigue management breaks.

Passenger transport

Many Territorians rely on passenger vehicles such as buses, taxis and minibuses to access supplies, medical and general services, and for social contact. Operators of these services faced particular challenges during the pandemic – a decline in people travelling associated with reduced tourism activity, remote community biosecurity zones, and strict requirements for social distancing and hygiene.

From 27 March 2020 when severe economic and employment impacts were being felt, the Territory Government provided free bus services to almost 831,800 passengers. To keep commercial passenger transport operating, a \$1 passenger levy payments for point to point commercial operators, and commercial passenger vehicle licence fees for taxis and minibuses were suspended for three months in early 2020. The vehicle age limit for commercial operators was also temporarily extended to ten years. The Territory Government also provided 113 litres of hand sanitiser, 256 paper towel rolls and 340 litres of disinfectant in 2019-20 to private passenger transport operators. Operators not affiliated with a network were also offered these products.

On 6 April 2020, in recognition of the reduced demand on the tourism sector, the Territory Government permitted tourist vehicle and motor omnibus operators to cancel vehicle registration, receive a refund and retain their registration number plates (rather than surrendering them). The retention of the number plate enabled operators to re-commence operations without having to attend a motor vehicle registry office.

In April 2020, Transport Subsidy Scheme (TSS) members were permitted to access their scheme entitlements for delivery services entailing essential goods.

Taxi and minibus drivers were permitted to access the TSS for 100 per cent of fares until 30 June 2020. During this period, taxis were also permitted to be used as a courier service for people with COVID-19 who were unable to collect essential goods such as groceries and medicine.

Public transport aviation and barge services

Vast distances from the Territory to interstate capital cities or from major Territory centres to outlying communities meant that many Territorians rely on regular public transport (RPT) aviation services for critical healthcare, education, commerce and social welfare services. Smaller remote communities do not receive RPT services and instead rely on the charter airline industry. The introduction of biosecurity travel restrictions in March 2020 led to a significant decline in bookings for RPT businesses. In response, the Territory Government delivered a \$2 million funding support package to sustain the Territory's four regular air transport providers to ensure that they could continue to transport critical freight and essential personnel to support the COVID-19 response. Under this package, 50 tonnes of essential freight and 1,500 passengers were carried to 14 remote and regional locations on 223 flights.

With significant logistics experience in place as the Territory approached the second year of the pandemic, similar financial support for RPT operators was not required during the lockdowns of remote communities in the 2022 wet season. However considerable work was still needed to assist freight companies and workers to navigate approval and exemption processes, and to negotiate conditions in which they could continue to provide supplies and services to remote communities. This extended to the barge services that brought freight to and people to and from coastal communities across the Top End.

Motor Vehicle Registry (MVR)

From 16 April 2020 due to the impact of COVID-19, there was an increase in the numbers of requests from customers wanting to cancel multiple vehicle registrations. An exemption was granted by the Territory Registrar of Motor Vehicles so that customers did not have to immediately surrender the licence plate for each vehicle upon cancellation. This allowed fleet operators to cancel their registrations and obtain a refund with ease.

Interstate roadworthy inspections were also offered for registration renewals for up to three consecutive years for customers that might not have been able to come back to the Territory due to the travel restrictions.

The Territory Government also actively promoted alternate channels to do business with MVR, such as online processing and emails to offer alternatives then attending MVR in person.

Local government

Municipal, regional and shire councils played a key role in emergency management activities. Unlike other jurisdictions, local government in the Territory does not have legislative responsibility to manage or control an emergency event. However a number of services provided by councils are essential to public health including rubbish removal, cleaning and maintenance of public spaces, ranger duties and more.

Territory Government support

The Northern Territory was the first jurisdiction to announce COVID-19 support measures for the local government sector, targeted at helping councils in their efforts to create and strengthen locally-based responses to and recovery from the impacts of COVID-19 to their local communities and businesses. The Territory Government established a one-off \$7.1 million Special Community Assistance and Local Employment (SCALE) program to provide immediate funding to assist with council employment and operating costs; support job creation and maintenance opportunities in communities; assist with COVID-19-related compliance and management costs; and enable councils to offer rates waivers and deferrals for commercial ratepayers facing hardship.

Digital discounts at local businesses

In May 2020 the City of Darwin introduced a voucher scheme designed to encourage residents to spend money with local tourism, hospitality and retail businesses. Three rounds of the scheme, known as myDarwin, ran between May and July 2020 and were funded using council parking revenue. The success of the scheme led to it being expanded across the Territory with Territory Government funding support. By April 2022 ten rounds of myDarwin had been launched and fully subscribed. myDarwin delivered over \$9.9 million of local economic benefit to 476 businesses across the 10 rounds. Successful programs also operated in the Palmerston, Alice Springs, Litchfield, Barkly and Katherine local government areas.





IMPACT ON THE BROADER TERRITORY HEALTH SYSTEM AND HEALTH OF TERRITORIANS

Primary care

Primary health care (PHC) is usually the first contact a patient has with the health care system. The PHC workforce is diverse, including general practitioners, nurses, Aboriginal health practitioners, pharmacists and allied health professionals such as optometrists and physiotherapists and dental practitioners. During the COVID-19 pandemic, PHC teams played a significant part in frontline pandemic emergency responses, community public health support and education of COVID-19, whilst continuing to provide Territorians with essential health care to manage non COVID-19 related illness and secondary health impacts from COVID-19.

During the early months of the pandemic, concerns about transmission, clinic closures and redesign, PPE shortages and the need to reduce unnecessary travel to remote areas saw reduced GP and primary care service delivery in urban areas and a significant reduction in mobile remote outreach visits.

Public oral health services were scaled back to emergency services only, but dentists were rostered at Royal Darwin Hospital to manage additional presentations. Hearing health and remote outreach breast screening services were paused. Staff displaced by the reduction in services were redeployed to assist with the pandemic response elsewhere.

During mandated lockdowns, many primary care providers reoriented their services toward providing care through home visits, especially for those older in age or with chronic health conditions that put them at greater risk from COVID-19. Community allied health and aged care teams found creative ways to undertake crucial child development and aged care assessments in urban and remote areas by using a hybrid model of telehealth with local remote school staff, allied health assistants and community based workers to allow for supported telehealth assessments or by doing traditional face to face assessments in full PPE.

Primary care teams took on new roles particularly in remote areas where specialised staff were not available. They worked with communities to improve health literacy and develop community-focussed messaging, rolled out COVID-19 vaccination programs, implemented various community or individual COVID-19 testing regimes and triaged people for care.

Widespread community transmission of the Omicron variant in the Territory in January and February 2022 led to a marked shift in the role played by GPs and primary care practitioners. The high numbers of cases, levels of community vaccination and different illness profile of the Omicron variant required a different model of care for COVID-19 positive cases and a rethink of our approach the Territory wide load. The most significant shift in strategy was the change from bringing all COVID-19 people out of their home and community to be treated in hospital, and all their close contacts to a designated quarantine facility, to instead supporting people to be managed at home, in community, with assessment and support from their usual primary care team. This had the dual benefit of leaving people in their home surroundings with family and normal health and social care supports, and also allowing retrieval and hospital capacity to be saved for the most unwell or at risk patients. In remote communities this change was significant, with ACCHOs and remote health clinics demonstrating agility in finding ways to care for most COVID-19 positive people within the community, whilst still delivering non COVID-19 care.

The COVID CareNT program (described in greater detail later in this section) recognised the importance of and time needed to prepare primary care providers to care for their own COVID-19 patients. As treatments became available for COVID-19 it was increasingly important that a person could connect with



their normal care provider to have person-centred discussions about their care and medication options. The COVID CareNT program ensured that primary care capacity was boosted during the initial surge of cases whilst primary care prepared to fully take over care of their COVID-19 positive patients having reconfigured their services, upskilled and having access to the medication in streamlined local and national pathways. Each region had a COVID CareNT group to support regional COVID Care cases until primary care services had capacity to do so. These had regionally different names – CCCU (Darwin), TERRC (Top End Remote), BROCC (Big Rivers), Alice COVID@home (Central Australia) and CMOOTCH (Tennant Creek) and remained in place until July 2022, when COVID CareNT transitioned to normal pathways of care and a primary care-led model.

The remote primary care sector, which in non-pandemic times relies heavily on locum and fly-in fly-out clinical and allied health professionals was particularly affected by border closures and travel restrictions. Workforce shortages were exacerbated during the emergency period as staff were diverted to frontline response efforts. A period of rebuilding is now underway with many paused primary care and allied health programs restarting across the Territory.

Hospitals

Having learned from the experience of counterparts overseas and interstate, the Territory's hospital managers and senior clinicians were aware of the significant impact that outbreaks of COVID-19 could have on patients within a hospital environment. Even though the Territory did not record its first case of community transmission until 4 November 2021, 18 months into the emergency period, the Territory's public hospitals had prepared comprehensively for high numbers of COVID-19 positive people.

From late March 2020, Royal Darwin Hospital was able to safely provide medical care in an isolated physical situation for small numbers of confirmed cases who had tested

positive either while in quarantine at CNR after having travelled to the Territory from overseas or interstate, or who had returned a positive test from Royal Darwin Hospital's drop-in pandemic clinic. This effort continued as needed until community transmission eventuated.

The Territory's six public hospitals prepared for COVID-19 in early 2020 by enhancing stocks of PPE and air purification equipment, expanding ICU bed capacity, increasing PPE training, refreshing staff knowledge around infection control relating to respiratory diseases, and upskilling anaesthetists and theatre nursing staff so that they could be redeployed to ICU if needed. To prepare for COVID-19 patients that may need intubation (which presents a high risk for aerosolisation



of virus particles) staff trained in and rehearsed the use of specific procedures and PPE in a designated negative pressure isolation room. Each hospital developed plans for separate COVID-19 isolation wards which were enacted when required. Arrangements were made to enable COVID-19 positive women to give birth in hospitals. The needs of COVID-19 positive haemodialysis patients were supported by the addition of new dialysis ports in Royal Darwin Hospital the Lorraine Brennan Centre (a separate building on the Royal Darwin Hospital campus) and Nightcliff Renal Unit.

From 20 March 2020 in line with a National Cabinet decision, Royal Darwin, Palmerston and Alice Springs Hospitals temporarily postponed some elective surgeries and restricted visitor hours and numbers, to enable staff to step up preparations for future outbreaks, and to minimise the risk of transmission of the virus within hospitals. Visitor hours were less restricted for maternity, paediatric, very unwell, palliative care patients and patients with disabilities. Elective surgery was paused intermittently throughout the pandemic in line with outbreaks and peaks in cases. Infrastructure upgrades to hospitals that had been planned pre-pandemic were postponed to minimise disruption to hospital capacity.

For patients traveling to the Territory's public hospitals for surgery and outpatient treatment, health experts were concerned that hospitals may actually become an unintended source of community transmission of COVID-19. It was also recognised that if patients underwent surgery with unrecognised, early COVID-19 infection, they had a significant risk of post-operative complications. Those concerns were addressed by implementing a risk assessment tool for all patients due for surgery using a questionnaire about symptoms, contacts and recent travel. In close liaison with infectious

disease specialists, at-risk patients were tested for COVID-19 before proceeding with surgery. Throughout 2020 and 2021, elective surgery was prioritised to focus on the most urgent cases. Anaesthetists and surgeons were deployed to hospitals in regional centres to minimise the need for patients to travel to Darwin. Whilst onsite, those specialist staff helped regional hospitals to expand their capacity to provide critical care to future COVID-19 cases.

Public hospital outpatient clinics across the Territory shifted to a model of consultation via telephone or video calls by default, to minimise patient visits to hospital and travel into major population centres.

From 1 September 2020 all Territory hospital staff working in clinical areas and visitors were encouraged to wear masks as a precautionary measure. Hospital entry checks asking about symptoms and travel, and temperature checks, were implemented then later ceased at the entrance to Territory hospitals. As case numbers fluctuated in each region and across the Territory our hospitals moved between tiers of public health measures to decrease risk of introduction and spread of the virus. These measures included restrictions on visiting hours, RAT testing before entry to a hospital, grades of masks worn by staff, patients and visitors and mandatory or voluntary mask wearing.

A number of steps were taken to mitigate pressures on public hospital capacity by freeing up hospital beds and resources, including an expansion of telehealth consultations and expansion of Royal Darwin Hospital's Hospital in the Home service which enabled less severely ill patients to be safely cared for by hospital clinicians while remaining in their private homes, commercial accommodation and residential aged care facilities.

From 2 April 2020 a separate area of CNR was used for the isolation of close contacts who had no suitable place to quarantine. From late 2021 the Lorraine Brennan Centre was used for the isolation of COVID-19 positive persons who did not need hospital-level care. In February 2022 when community transmission was peaking in the Territory and Lorraine Brennan Centre reached capacity, an Aboriginal hostel in Darwin supported an area with capacity to accommodate a number of COVID-19 positive persons from remote communities who were required to be in town for daytime medical outpatient appointments. Similar measures were implemented at regional hospitals in Alice Springs, Katherine and Gove to maintain hospital bed capacity for the most severe COVID-19 cases. In line with national measures the Territory Government temporarily procured beds at Darwin Private Hospital to provide extra capacity for non-COVID-19 patients.

Long COVID

While most people with COVID-19 will recover completely within a few weeks of becoming infected with the virus, some may continue to experience symptoms for months after diagnosis. These symptoms are called 'post COVID-19 conditions' or 'long COVID'. The symptoms may include:

- anxiety and mental health concerns
- extreme tiredness
- coughing
- breathlessness
- problems with memory and concentration

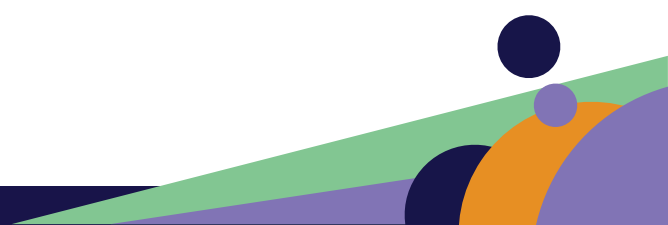
COVID-19 vaccines can help reduce the chance of experiencing long COVID. The severity of the COVID-19 illness that individuals experienced does not affect their likelihood of experiencing long COVID.

It might be difficult to accurately diagnose long COVID in remote communities and other settings where there are already high levels of chronic diseases and mental health concerns, which can present with symptoms similar to long COVID. In August 2022 the Territory Government surveyed 29,000 people who had registered a positive COVID-19 test online prior to May 2022, asking them whether they were experiencing ongoing symptoms from COVID-19 and what impact those symptoms were having on their daily functioning. Early results suggest 20 per cent of people have ongoing symptoms, with many of those experiencing anxiety, mood disorder, coughing or breathlessness. The survey provided direction to respondents on what steps they should take depending on their answers. The survey information was also used to assist health services and hospitals to plan for the potential demand for specialist treatments.

Research is underway worldwide to understand why some people experience these symptoms of long COVID, and to develop effective treatments. For now, treatments are focussed on the level of impairment that individuals experience. Primary care providers, including general practitioners, have pathways of care in place to help those experiencing post COVID-19 symptoms. Territorians who are worried about their symptoms should consult their GP or local health service.

Mental health

Many of the impacts of the COVID-19 emergency, including loss of employment and social interaction, restrictions on movement, delayed plans, and ongoing uncertainty, at times caused people to experience increased stress, anger and confusion. While the pandemic may have exacerbated mental health conditions, most people will not experience long term mental health impacts.



The Territory's pandemic response for mental health focused on three areas – community-wide support and interventions to deal with the distress caused by economic and social disruption, maintaining support and care for existing consumers and carers of mental health services, and enhancing the Territory's ability to respond to emerging community needs, including emergency response capacity.

At a whole-of-community level, Territory Government communications directed people to large national online mental health forums, resources and phone lines. These national services, including Lifeline, BlackDog, Beyond Blue and Kids Help Line, had the capacity and infrastructure in place to deal with a surge in calls. From the earliest lockdowns the Territory Government used social media messaging about COVID-19 restrictions as an opportunity to include mental health care links. In January 2022 information about self-care for anxiety and stress was added to the NT COVID-19 website, as well as other tips for wellbeing. Similar information was distributed to workers through industry bodies and employer support services. Culturally considered wellbeing resources were developed for Aboriginal communities and translated into six language groups.

Following a self-funded pilot of TeamTALK, a Territory based phone and internet chat line for those needing mental health support, it was evident that there was a great need for local online capacity to support people's mental health needs across the Territory. The Territory Government funded an expansion of this program to support those in CNR from early 2021 and through Territory Government funding and Commonwealth commissioned funding it is now available to all Territorians. TeamTALK supported 4530 calls in 2021-22 with an average call length of 30 minutes.

Territorians with pre-existing mental health support needs were reminded of the support always available from online and phone services such as Head to Health, Smiling Mind, Headspace, Brave Online, ReachOut, Open Arms and in the event of a crisis, the 24/7 NT Mental Health Access Line.

Training was provided to GPs, psychologists and other clinicians to enable them to provide wellbeing support via telehealth during biosecurity lockdowns, and to boost the capacity of primary care health clinics to identify and respond to people in distress. This was particularly important in rural and remote centres when specialist outreach was temporarily unavailable. The Territory Government also worked with ACCHOs to promote existing social and emotional wellbeing programs in Aboriginal communities. That effort complemented initiatives under a COVID-19 Aboriginal Mental Health and Social and Emotional Wellbeing Response Plan developed by AMSANT.

Where feasible, people in hospital with mental health conditions were transferred to community care facilities or to their homes during the pandemic to reduce the chance of transmission from COVID-19 patients, and to maximise hospital capacity in the event of a COVID-19 outbreak. Health services also ensured access to their usual mental health medications for consumers during lockdowns. A new partnership response model with police and ambulance services in greater Darwin enabled mental health emergency clinical responses to be delivered in community, resulting in 75 per cent of Triple Zero (000) callouts being diverted away from hospital emergency departments.

Impact on other diseases

COVID-19 measures demonstrated some benefits for Territorian's overall health. Public health and social measures associated with COVID-19 (increased hand hygiene, mask wearing, physical distancing, reduced interstate and international travel) led to a reduction in some of the diseases associated with social interaction and travel including influenza, measles and meningococcal disease in the Territory.

The Territory saw almost 300 cases of influenza between January and mid-April 2020, but only seven cases in the following six months. One person in the Territory died from the flu in 2020, compared to five deaths in 2019. Seasonal influenza vaccination occurs in the Territory every year with a peak in demand from April to June. Immunisation against influenza was identified by the Australian Government as a key public health measure during the COVID-19 pandemic. The 2020 influenza vaccine rollout experienced early delays and difficulties in distribution due a combination of high public demand and supply chain issues associated with COVID-19. The 2021 influenza vaccination program faced fewer challenges; ahead of another season of low flu numbers in the Territory. Unfortunately, Territorians may be more vulnerable to influenza in 2022 due to recent lower exposure to the virus. Almost 1,000 cases had already been recorded in the Territory by 25 May 2022, with a large proportion concentrated in Central Australia, and 36 per cent of those needing hospitalisation.

Public health experts at the NT CDC found that from 15 March to 15 May 2020 when Territorians and other Australians faced a period of strict physical distancing and limited mobility due to COVID-19, some food and waterborne illnesses such as shigellosis and rotavirus which mainly transmit through

person to person contact, declined by 86 per cent and 41 per cent respectively, compared with the preceding four months.

On the other hand there were significant short term and ongoing impacts on other diseases and health issues due to the focus and restrictions of COVID-19 management. While urgent elective surgeries and hospital treatment did continue during the emergency period, the diversion of resources away from non-urgent health services meant that people did not receive the primary care monitoring of chronic disease, preventative health checks usually supported to improve health care outcomes and people's quality of life was often worsened due to delays in surgical procedures and specialist consultation. Decisions by individuals to avoid clinical environments meant some Territorians visited their primary health care teams and hospital specialist visits less frequently during the pandemic or chose not to travel for an appointment or surgery despite their need. Not all patients were comfortable with alternative telehealth services that were offered in lieu of face to face consultations. This may mean that some Territorians have delayed treatments, become deconditioned or delayed diagnoses for other diseases during the COVID-19 emergency period.

Given the high levels of chronic disease in the Territory these consequences of the focus on COVID-19 are likely to have a significant and more marked impact than in other parts of Australia. In the last two years there has been a 5 per cent increase in Territory population with one or more chronic disease, yet a 7 per cent decrease in care planning for chronic diseases and a 20 per cent increase in retrievals from community to hospital for treatment of non COVID-19 conditions.

The impact of COVID-19 resource diversion on other care will continue and models of care to facilitate management of this increased burden of acute and chronic disease are being designed.



Innovation

The COVID-19 health emergency introduced a number of innovations to health care in Australia. The Territory's unique setting provided its own set of challenges and opportunities for innovation.

Telehealth

Even before COVID-19 the Territory's vast geographical spread and small population had made it an early adopter of telehealth, both video and telephone, and other technology. From March 2020 adjustments were made to the Australian Government's Medicare rebates for primary health care services, to fund phone or video consultations with patients. Territorians were able to use telehealth services on a scale not before seen, for a wide range of consultations include renewing prescriptions, GP services, appointments with medical specialists, nurse practitioners, mental health treatment, chronic disease management, Aboriginal health assessments, services to people with eating disorders, pregnancy counselling, services to patients in aged care facilities, children with autism and after-hours consultations.

Telehealth was introduced to the CNR through the AUSMAT teams that established the facility. Telehealth was further utilised in the CNR by the Territory Government to be a tele-wellbeing service and used to connect residents in quarantine and isolation at CNR with GP telemedicine services, as well as language translation, pharmacy orders, psychological and allied health services. Residents at CNR had voluntary access to armbands that monitored vital signs (oxygen saturation, skin temperature, heart rate and respiratory rate) at least twice daily, allowing abnormal levels to automatically trigger an alert to the telehealth team for follow up.

In December 2021 the Territory Government deepened its long-term commitment to telehealth, announcing an enhanced video call service for 10 specialities and services. In time all remaining relevant specialities across the public health system will be available on the platform.

Outreach

Leading Aboriginal health organisations in the Territory adapted quickly to the needs of their consumers. For example, Central Australian Aboriginal Congress (Congress) established a model of outreach, provided home based COVID-19 testing early in the pandemic and received funding from the Australian Government to establish a GP Respiratory Clinic in Alice Springs, which maintained the outreach model along with a drive-up testing service. Those initiatives resulted in Aboriginal people in Central Australia having the highest rate of testing of any group anywhere in the Territory in the first half of 2020. Congress also established a GP staffed, freecall COVID-19 hotline to enable Aboriginal people to obtain advice on how to access its services. Anyone phoning Congress in the normal way was also offered a telehealth consult where possible or a home visit if needed. Influenza, pneumonia and other immunisations were provided via an outreach service beginning with elderly people. Medications were delivered to people's homes. Those measures by Aboriginal measures dramatically reduced the number of people attending Congress' clinics while still ensuring they received essential health care.

COVID CareNT

In December 2021 hospital-supported models of COVID@home were implemented in Darwin and Alice Springs. As the Omicron wave arrived, initially in Darwin, the numbers of people requiring COVID@home support outstripped the capacity of this model. COVID CareNT was therefore designed and introduced to ensure every person with COVID-19 was connected to an appropriate level of clinical and social support and to ensure there was enough clinical resource available to support remote communities as the outbreak spread.

Once a person had undertaken the mandatory reporting of their COVID-19 illness they were redirected to an online registration for COVID CareNT which collected information about their location, underlying health conditions and current symptoms from COVID-19. An automated triaging capability then provided an assessment of their risk and allocated them to one of 5 pathways of care:

- **COVID Well** – self managed with links to online health support resources through the NT COVID-19 website and national healthdirect tools and help lines
- **COVID of Concern GP** – people with underlying risk factors or moderate symptoms who needed early GP review and management
- **COVID of Concern HITH** – people with both underlying risk factors and moderate or severe symptoms who needed early input from hospital specialists and ongoing monitoring
- **COVID in Hospital** – people who required hospitalisation of their illness

In remote communities clinics facilitated this process and those without internet access were supported to register through the NT COVID-19 Hotline.

The aim of this was to ensure people were connected to the most appropriate level of clinical and social care for their underlying health needs. Each region had primary care and hospital specialist staff who managed the load for their region based on the triage assessment. This was the first time in Australia any jurisdiction had had oversight of the clinical triage of all COVID-19 positive people and it allowed regional support to primary care and planning for service resourcing and redeployment to meet the clinical needs of the community.

In remote areas primary care quickly took over the triage and clinical management function, which was slower to develop in urban areas due to the pre-existing pressures on GPs. Under the COVID CareNT program equity of access to COVID-19 medication was facilitated through chartered flights delivering infusions of Sotrovimab to remote communities for those at highest risk of severe disease, early stocking of ACCHOs with antiviral medication by the Australian Government and facilitation of enhanced access pathways for oral antivirals through Territory hospitals, pharmacies and primary care providers.

On 7 July 2022 COVID CareNT closed. When a person is COVID-19 positive they are now provided with an NT COVID-19 risk matrix which helps them assess their own level of risk and indicates what care they should seek and in what timeframe. Ongoing education to the public about the availability of antivirals has increased the uptake of these medications with COVID-19 management and clinical care now reverting back to a normal Australian health care models of primary care oversight with referral to tertiary care as required.

Growing health literacy

From the earliest signs of a pandemic Australian and Territory Governments recognised the importance of health professionals' and community health literacy. Communication programs were rolled out at a national and Territory level explaining the concepts of "pandemic", the risk of community spread of the COVID-19 virus, the principles of "Test, Treat and Trap" and "flattening the curve", the role and safety of vaccines, the role of lockdowns/lockouts and lock-ins and the importance of public health measure: hand hygiene, masks and social distancing. The Territory Government worked with key stakeholders to ensure community messaging in language and through elders was facilitated in remote communities and CALD groups.

Throughout 2021 Territorians proved agile in their ability to adapt and change with constantly updated information, requirements and directions. The January 2022 decision to accept the results of self-administered COVID-19 RATs and to trust Territorians to notify health authorities of their COVID-19 positive status marked the first time that health consumers had self-reported any disease in the Territory on a wide scale.

At the same time the implementation of COVID CareNT provided people with tools for care planning in advance and localised information about pathways for self-care through NT COVID-19 website. Those who were allocated to the COVID Well pathway of care were directed to national health direct online resources, symptom checkers and call lines for further clinical support. This was wide scale patient activation which the community responded to positively.

Following the success of the COVID CareNT triage process the cessation of COVID CareNT in July 2022 was premised on the ability of individuals to be able to assess their COVID-19 risk from a matrix and their knowledge of their underlying health status.

The experience of COVID-19 has been that many Territorians have adequate health literacy and a preference, with access to advice when needed, for directing their own health care in certain circumstances. This self-activation by health consumers aligns with global trends and suggests future opportunities to provide Territorians with the information to play a greater role in their own health care decisions, enabling some health resources to be redirected towards under-resourced areas that would benefit vulnerable and high needs individuals.

The Centre for National Resilience

The locality of Howard Springs became a household name around Australia from early 2020 when it was established as a dedicated quarantine and testing centre to accommodate Australians repatriated from overseas COVID-19 hotspots. The area is named for the freshwater spring at the head of the Howard River, which was the first major water supply area for Darwin.

The facility was constructed as a 3,500 room workers village on a 67 hectare site at Howard Springs in 2014 to service the construction of the Ichthys liquefied natural gas project. The facility was named Manigurr-ma by the Larrakia Traditional Owners of Darwin after the Stringybark Tree traditionally used to create shelters. The various operations undertaken at the site were referred to as the Howard Springs Quarantine Facility, Howard Springs Isolation Facility and the Centre for National Resilience (CNR), but for simplicity is referred to as CNR throughout this document.

CNR proved to be one of Australia's most important and high profile assets throughout the pandemic.



Evacuees from Wuhan and the Diamond Princess

On 7 February 2020, the facility was declared an isolation area under the *Notifiable Diseases Act 1981*, which enabled movement into or out of the premises to be strictly controlled and enforceable by law. With support from the Territory Government's infrastructure and environmental health experts, the mothballed workers village was reopened within a matter of days, having reconnected fire systems, audited electrical safety, re-established safety certifications, deep cleaned and reconnected utilities. Almost 100 contractors were on site to ready the facility.

The 2002 Bali bombings in which Australia's emergency response was led from Darwin resulted in the establishment of Australia's National Critical Care and Trauma Response Centre (NCCTRC). NCCTRC, funded by the Australian Government, coordinates and deploys the Australian Medical Assistance Teams (AUSMAT). Since 2002, AUSMAT teams, including Territory health experts, had responded to a wide range of international emergencies including Ebola outbreaks, earthquakes and oil spills.

On 9 February 2020 266 people were evacuated by the Australian Department of Foreign Affairs and Trade, supported by the ADF, from Wuhan China to CNR for COVID-19 quarantine managed by AUSMAT and funded by the Australian Government.



PEOPLE ACCOMMODATED

At its peak the CNR
Village accommodated

2,678 people

on 9 September 2021



REPATRIATION QUARANTINE

21,906 people

completed their repatriation
quarantine at CNR. 182 of
those people were diagnosed
with COVID-19 during their
stay at CNR Village



DOMESTIC QUARANTINE

18 210 people

completed domestic
quarantine or isolation
at CNR Village



FLIGHTS RECEIVED

Over the course of the
Australian Government
Repatriation Program, which
ended on the 22 March 2022,

141 flights

arrived into Darwin from
15 international ports: New
Delhi, London, Istanbul,
Frankfurt, Paris, Chennai,
Vancouver, Los Angeles,
Denpasar, Islamabad, Tokyo,
Dubai, Johannesburg, Buenos
Aires and Singapore





The evacuees were Australian citizens and permanent residents as well as eight students from the Pacific Islands who were evacuated to Darwin on humanitarian grounds.

Guests were cohorted into defined areas and living spaces within the facility. Rooms were allocated based on family size, single status or couples. Those identified as needing more support were located closest to food, medical and other services. Residents were screened daily for symptoms of upper respiratory tract infection and managed according to national guidelines. Any suspect cases were relocated to an isolation area for swabbing and further management as needed. Basic hygiene supplies were provided to residents and an online shopping system was introduced. Information was provided to residents in English and Mandarin. Based on knowledge of the virus at the time, residents were able to leave their rooms to use shared recreational areas at the village including a swimming pool, an indoor basketball court, an indoor multisport facility, an indoor children's entertainment area and a cinema. That practice ended for later residents of CNR, based on new information about the virus's transmissibility. The departure of the Wuhan cohort to their home states was planned in conjunction with ADF and included

a celebration breakfast on 26 February 2022, their final day of quarantine.

On 20 February 2020 prior to the departure of the Wuhan cohort, the COVID-19 quarantine and testing centre at CNR welcomed 164 Australian citizens who had been evacuated from the *Diamond Princess* cruise ship in Yokohama Port, Japan. The *Diamond Princess* cohort was housed in a separate control area at the facility. Additional steps were taken to safeguard the health of the *Diamond Princess* evacuees, because most were over 70 years of age. Eight cases of COVID-19 were detected during their quarantine period at CNR. Twelve residents were evacuated to their home state of residence (eight confirmed cases and four travelling companions of cases, two of whom subsequently tested positive for COVID-19). One case died as a result of COVID-19 following their evacuation to their home state of Western Australia. Three residents of CNR were transferred to Royal Darwin Hospital for treatment conditions unrelated to COVID-19; all returned to CNR to complete their quarantine period. By 9 March 2020, once all evacuees had returned to their home States or Territories, AUSMAT handed the CNR site to the Territory Government.

Domestic isolation and quarantine

To relieve pressure on public hospitals, from 2 April 2020 a separate area of CNR was used for the isolation of COVID-19 positive persons who did not need hospital-level care, and close contacts who had no suitable place to quarantine.

On 17 July 2020 CNR was again activated, this time to accommodate interstate arrivals from designated COVID-19 hot spots, who were required to undertake mandatory supervised quarantine under a CHO Direction (45/2020). The cost of quarantine was \$5,000 for a family, \$2,500 for individuals and \$1,250 for unaccompanied minors per fortnight. Applications could be made for a reduction in fees due to financial hardship.

Commonwealth repatriation Program

From 23 October 2020 AUSMAT (under the auspices of NCCTRC) returned to CNR to stand up a quarantine facility for repatriated Australians, residents and visa holders arriving on flights facilitated by the Commonwealth Department of Foreign Affairs and Trade (DFAT). Its initial capacity was 500 residents per fortnight, increased in January 2021 to 850 returnees per fortnight. In March 2021, the Territory Government's agreement with the Australian Government for the use of CNR was again varied, this time to increase capacity to 2,000 repatriations per fortnight, and extending the agreement to 31 December 2021. The Commonwealth funded 100 per cent of costs of international repatriation quarantine operations.

Combined operation

On 25 May 2021 AUSMAT's deployment concluded and the Territory Government assumed management of CNR.

On 2 August 2021 approximately 160 Afghan citizens landed in Darwin on a humanitarian flight and commenced quarantine at CNR. Many of them had fled Kabul with only the clothes they were wearing. Territory Government welfare and health teams worked with Save The Children to provide fresh clothing, hygiene kits for women and toys and games for children in this cohort at CNR.

On 8 August 2021 as CNR came close to reaching capacity, a ban was introduced on people using the facility to quarantine en route to another jurisdiction in Australia. From then on, domestic quarantine was only available to individuals with a stated intention of remaining in the Territory following their quarantine period.

A final variation to the Australian Government's agreement with the Territory Government provided quarantine arrangements for up to 1,600 repatriations per fortnight through to 30 June 2022. That variation expanded the categories of people able to repatriate at CNR to include humanitarian arrivals and other international cohorts.

Following the peak of COVID-19 cases in February 2022, the requirement for unvaccinated repatriated overseas arrivals to be in supervised quarantine was reduced to seven days from 1 March 2022, and fully vaccinated passengers were no longer required to quarantine. That led to a significant decrease in occupancy at CNR.

Recognition of those who worked and volunteered

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During the pandemic the Territory Government worked in partnership with a multitude of non-government organisation (NGOs), ACCHOs, industry, businesses and the wider community to respond with a coordinated effort across the Territory to protect Territorians. The Territory's COVID-19 pandemic response required a mammoth effort on so many fronts and there were many people and organisations that came together over an extended period of time to support the Territory Government's effort.

The Territory Government takes this opportunity to recognise and thank those who participated, supported and helped us during this unprecedented period.



A&P Private Hire Cars	Amoonguna Health Service Aboriginal Corporation (CAAC)	Baptist Care NT
AAT Kings Coach Company	Ampilatawatja Health Centre Aboriginal Corporation	Barkly Regional Council
ABCorp Australasia	Anglicare NT	Batchelor Institute
Aboriginal Hostels Australia	Animal Management in Rural and Remote Indigenous Communities (AMRRIC)	Berrimah Taxis
Aboriginal Housing Association Northern Territory (AHANT)	Anindilyakwa Land Council (ALC)	Beyond Blue
Aboriginal Medical Services Alliance Northern Territory (AMSANT)	Anyinginyi Health Aboriginal Corporation (AHAC)	Big NT Print Services
Aboriginal Peak Organisations of the Northern Territory (APONT)	Arafura Aviation	Biluru Butji Binnilutlum Health Service
ACT Health	ARDS Aboriginal Corporation	Binjari Community Aboriginal Corporation
Adjumarllarl Store (Gunbalanya)	Arnhem Allied Health	Black Diamond Aviation
Aged Care Facilities	Arnhem Land Progress Aboriginal Corporation (ALPA)	Blue Stone Motor Inn
Aged Care Quality and Safety Commission	ATG Downunder	Blue Taxi Company
Air Arnhem	Auriga Marine	Borroloola Rent A Car
Air Frontier	AUSMAT (Australian Medical Assistance Teams)	BRAVE Program
Airnorth	Australian Border Force (ABF)	Bruce Mahlangu
Akron Group NT	Australian Defence Force (ADF)	Buku Larrnggay Art Centre
Alana Kaye College	Australian Education Union (AEU)	Business Enterprise Centre NT (BEC NT)
Alice Silver Passenger Services	Australian Electoral Commission	Buslink NT
Alice Springs Air Charter	Australian Federal Police	CareFlight NT
Alice Springs Airport	Australian Government	CASSE Australia
Alice Springs Animal Shelter	Australian Health Practitioner Regulation Agency	Catholic Care NT
Alice Springs Taxis	Australian Maritime Safety Authority	Central Australia Remote Health Development Services (CARHDS)
Alice Springs Town Council	Australian Red Cross	Central Australian Aboriginal Alcohol Programs Unit (CAAPU)
All Hours Plumbing		Central Australian Aboriginal Congress (CAAC)
Alliance Airlines		

Central Australian Youth Link-up Service (CAYLUS)	Darwin International Airport	Ex-Serving Organisations (defence)
Central Desert Regional Council	Darwin Netball Association	EY Australia
Central Land Council (CLC)	Darwin Port Authority	Fast Ass Couriers
Centre Bush Bus	Darwin Private Hospital	FCD Health
Chamber of Commerce NT	Darwin Radio Taxi	Flinders University
Charles Darwin University (CDU)	Darwin River Civil	Fly Tiwi
Chartair	Dawn House	Foodbank NT
Children's Ground Nightcliff	Deaf Connect	Foodbank SA
Chubb Security Services	Defend Fire	Fox Education and Consultancy
City of Darwin	Deloitte	Galiwin'ku Women's Space
City of Palmerston Council	Demountable Sales and Hire	Golden Glow Nursing
Civil Contractors Federation (CCF) NT	Denis's Private Hire	Gonj-Däl Aboriginal Corporation
Coates	Department of Defence	Good Shepherd Lutheran College
Colemans Printing	Department of Foreign Affairs and Trade	Gove Buff Club
Coles	Department of Health and Aged Care	Gove Logistics
Contour Hotel Katherine	Department of Home Affairs	Gove Peninsula Motel
Coomalie Community Government Council	Department of Social Services	Gove Rentals and Mechanical
Core Traffic Control	Des's Cabs Darwin	Gove Scrubbit Cleaning Services
Council on the Ageing NT (COTA NT)	Diggamen	Gove Taxi
Danila Dilba Health Service	Dinybulu Lodge	Gove Transport
Darky's Mechanical Services	Earl James & Associates	Gove Warehouse
Darwin Aboriginal and Torres Strait Islander Women's Shelter (DAIWS)	EASA	Gove Woolworths
Darwin Christian Ministries	East Arnhem Regional Council	Grand Touring
Darwin Dive Co	ECB Training	Greyhound Australia
	Eldorado Motor Inn	Groote Eylandt Aboriginal Trust
	Everly Blue Essential Services	Groote Eylandt and Bickerton Island Enterprises (GEBIE)

Groote Eylandt Mining Company (GEMCO)	Journey Beyond – Ghan Railway	Mahesh Mahendra
Group Training NT (GTNT)	Julalikari Council Aboriginal Corporation	Mala'la Health Service Aboriginal Corporation
Gulkula Mining Company	Kalano Community Association	Maningrida Progress Association Motel
Gumatj Corporation	Kansas Transportation	Manungurra Aboriginal Corporation
Gunbalanya Air Charters	Kanti's Kleaning Services	Marthakal Homelands Health Service
Gunbalanya Women's Safe House (GWSH)	Karen Sheldon Catering	Marthakal Motel
Gwalwa Daraniki Association	Katherine Aviation	Mareva & Dan Solutions (MDS 247)
Hardt Transport	Katherine Coaches	Melaleuca Australia
Hardy Aviation	Katherine Taxis	Mental Health Association Central Australia (MHACA)
Head to Health	Katherine Town Council	Menzies School of Health Research
Headspace	Katherine West Health Board (KWHB)	Metro Mini Bus
Helloworld Travel Darwin	Katherine Women's Crisis Centre (KWCC)	Middy's Darwin
HK Training and Consultancy	Keegan Plumbing & Gas Services	Milikapiti Sports and Social Club
Honeywell	Kings Transport and Logistics	Mission Australia
Hospitality NT	Knotts Crossing Resort	Mission Aviation Fellowship (MAF)
Industry Capability Network NT (ICN NT)	KPMG	Mistar Aircraft Charter
Industry Skills Advisory Council NT (ISACNT)	Larrakia Nation Aboriginal Corporation	Miwatj Health Aboriginal Corporation
Isolated Children's Parents Association (ICPA)	Laynhapuy Homelands Aboriginal Corporation (LHAC)	Moodgym
Jabiru Food Land	Lifeline	Mpwelarre Health Service
Jandakot Flight Centre (JFC) Darwin	Lions Club of Tennant Creek	Murin Travel and Freight Services
Jawoyn Association	Litchfield Council	Murrinhpatha Nimmipa Store
Jetstar Australia	Local Government Association Northern Territory (LGANT)	
Jetstream Air Services	Low Ecological Services	
Joint Defence Facility Pine Gap (JDFPG)	Macdonnell Regional Council	

Mutitjulu Community Aboriginal Corporation	NT Bush Bus	Palmerston GP Super Clinic
Mutitjulu Community Health Service	NT Cattlemen's Association	Paradise Group NT
National Critical Care and Trauma Response Centre (NCCTRC)	NT Council of Churches	ParentLine
National Indigenous Australians Agency (NIAA)	NT Council of Government School Organisations (COGSO)	PAWS
Neil Mansell Transport	NT Council of Social Services (NTCOSS)	Peppimenarti Health Centre
Netball NT	NT Electrical Group	Pharmacy Guild of Australia
Newmont Australia	NT Farmers Association	Philips Earthmoving Contractors
Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council	NT Indigenous Business Network (NT IBN)	Pintupi Homelands Health Service
Ngalkanbuy Wellbeing Centre	NT Link	Port Melville Accommodation Village
Ngurratjuta/Pmara Ntjarra Aboriginal Corporation	NT Major Events Company	Purple House
Nhulunbuy Corporation	NT News	PWC Indigenous Consulting
Nhulunbuy Rotary Club	NT Primary Health Network (NT PHN)	Qantas Group
Nhulunbuy Uniting Church	NT Principal's Association (NT PA)	Quest Palmerston
Nighthawk Transport	NT Road Transport Association (NT RTA)	ReachOut
North East Arnhem Land (NEAL) Aboriginal Corporation	NT School Councils	Red Lily Health Board
Northern Australian Aboriginal Justice Agency (NAAJA)	NT Seafood Council	Red Shield Hostel
Northern Land Council	NT Shelter	Regina's Cleaning Group
Northern Rise Village Services	Nungalinga College	Response Services Employment & Training
Northern Transportables	Nutrien Ag Solutions (Katherine)	Ricardo Bernabe
NT AIDS and Hepatitis Council (NTAHC)	Office of Township Leasing	Rio Tinto
NT Air Services	One Tree Community Services	Rirratjingu Aboriginal Corporation
	Open Arms	RN Employment Services
	Orange Sky Australia	Roper Gulf Regional Council
	Outback Stores	Royal Flying Doctor Service (RFDS)
		Royal Wolf

Royal Society for the Prevention of Cruelty to Animals (RSPCA)	Sunrise Health Service	Warlpiri Youth Development Aboriginal Corporation (WYDAC)
Ruku Lodge	Tangentyere Council	
Salvation Army NT Property Trust	TeamHEALTH	West Arnhem Regional Council
Save the Children	Telstra	West Daly Regional Council
SDA Plumbing	Tennant Creek Transport	Western Diagnostic Pathology
Sea Swift	Territory Air Services	Wheelies Private Hire
SeaLink Northern Territory	Territory Transit	Wilson Security
Serco	Thamarrurr Development Corporation (TDC) Village Hundred Man Camp	Women's Safety Services of Central Australia (WoSSCA)
Services Australia	The Cool Guys	Wurli Wurlinjang Aboriginal Health Service
SH Build	Thrifty Rhys's Nebo Rd Cars	Yalu Aboriginal Corporation
Shredded Chef	Timber Creek Hotel	Yapa-Kurlanga Ngurrara Aboriginal Corporation (YKNAC)
Singapore Airlines	Tiwi Islands Regional Council	
SLR Consulting Australia	Tiwi Land Council (TLC)	Yilli Rreung Housing Aboriginal Corporation
Smiling Mind	Top Water	YiSSA
Sodexo	Tourism Central Australia	Yurrampi Child and Family Centre
Somerville Community Services	Tourism Top End	YWCA Australia
South Australia Water	Trop Water	
Southern Cross Care (Pearl Retirement Resort)	Uniting Church	
Spotless Cleaning Group	Urapuntja Health Service	
St John Ambulance Australia	Victoria Daly Regional Council	
St Vincent de Paul Society (NT)	Virgin Australia	
Stelph Medical	Voyages Indigenous Tourism Australia	
Sterling NT	Wadeye Safe House	
Suicide Callback Service	Wagait Shire Council	
Sunrise Centre Homeless Men's Program	Walkabout Lodge and Tavern	
	Wanta Aboriginal Corporation	

Chief Health Officer Directions

Section 52 of the *Public and Environmental Health Act 2011* provided the Chief Health Officer (CHO) with the power to take actions to alleviate the public health emergency in the Territory.

The tables below summarises significant Directions that were made by the CHO during the public health emergency. The tables do not include all Directions. More Directions can be found at <https://health.nt.gov.au/covid-19/restrictions/chief-health-officer-directions>.

Testing

No	Effective date	Date revoked	Title and description
21/2020	16/04/2020	06/01/2022	Required a person who is potentially infected with COVID-19 to undergo testing for infection with COVID-19.
38/2020	15/06/2020	17/07/2020	Required both interstate and international arrivals to submit to testing as directed by the CHO.
41/2020	25/06/2020	17/07/2020	Required international arrivals who are exempted from quarantine to submit to COVID-19 testing as directed by the CHO.
44/2020	17/07/2020	17/07/2020	Required a person who has been in a hotspot to submit to COVID-19 testing at any time during their quarantine period as directed by the CHO.
45/2020	17/07/2020	24/08/2020	Required a person who had been in a hotspot to submit to testing at any time during their quarantine period as directed by the CHO. Required those people refusing to be tested, to complete an additional 10 days in quarantine.
46/2020	17/07/2020	28/08/2020	Required maritime crew members to submit to COVID-19 testing if required by the CHO.
47/2020	23/07/2020	24/08/2020	Required people who arrived in the Territory from a place later declared as a hotspot to submit to testing at any time during their quarantine period as directed by the CHO.
50/2020	28/08/2020	4/06/2021	Required freight workers to submit to COVID-19 testing at a time and place specified by the CHO.
53/2020	1/10/2020	4/06/2021	Required agriculture workers who are exempt from quarantine to submit to COVID-19 testing as directed by the CHO.

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60/2020	21/12/2020	4/06/2021	Required people who arrived in the Territory from a place later declared as a hotspot to submit to COVID-19 testing as directed by the CHO. Required that if a person was required to submit to testing, they must travel directly to a suitable place for quarantine and remain in that place, except to submit to the test or assessment or in an emergency, until notified of the results of the test or assessment.
2/2021	20/01/2021	4/06/2021	Required international air crew to be tested on arrival in the Territory if they had not been tested in Australia in the previous 7 days.
6/2021	23/04/2021	27/06/2021	Required workers at quarantine facilities to submit to a COVID-19 testing procedure approved by the CHO. Required employers to enforce testing. Required people who refused to test to quarantine for 14 days at a place specified by the CHO.
8/2021	5/06/2021	22/11/2021	Required arrivals to the Territory to submit to testing if required by the CHO at any time during the 28 days after entry. Refusal to test would result in quarantine for 10 days, or an extension of quarantine for 10 days for those who were already in quarantine. Stated that interstate travellers who had been in a COVID-19 exposure site may be required to undertake quarantine or testing (or both).
18/2021	29/06/2021	11/01/2022	Required people who had been at a close contact public exposure site to call the NT COVID-19 Hotline and identify themselves, submit to COVID-19 testing and quarantine for 14 days from when they were at the site (regardless of receiving a negative test result). Required people who had been at a casual contact public exposure site to call the NT COVID-19 Hotline and identify themselves, submit to COVID-19 testing and quarantine until they return a negative result. Required people who had been at a low risk public exposure site to monitor for symptoms for 14 days and submit to COVID-19 testing if they become symptomatic. If tested, a person was required to quarantine until the person returned a negative test result.
34/2021	23/07/2021	19/08/2021	Required people entering the Territory who had left managed quarantine in another jurisdiction to submit to COVID-19 testing on the 3rd day after exiting quarantine or as soon as possible after that day, unless they had already been tested by another State or Territory after leaving quarantine. Required people who had not tested by the end of the 5th day after exiting quarantine in another jurisdiction to enter quarantine in the Territory and remain there until they have tested negative for COVID-19. Required people who refused to test to undertake 14 days quarantine but permitted the person to leave quarantine if the person tested negative while in quarantine.
44/2021	19/08/2021	22/11/2021	Required people entering the Territory who had left quarantine in another jurisdiction to submit to testing on the 3rd day after exiting that quarantine. The person must remain in quarantine until they return a negative test result.
47/2021	19/08/2021	20/08/2021	Required people who are permitted to enter an aged care facility in Katherine to submit to a COVID-19 testing procedure at the times, places and frequencies determined by the CHO.
56/2021	21/10/2021	20/12/2021	Required freight workers to submit to COVID-19 testing on entry, or as soon as practicable after entry, into the Territory. Required freight workers to submit to COVID-19 testing every 7 days while in the Territory. Required a freight worker who failed to comply with testing requirements to enter 14 days quarantine.

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58/2021	29/10/2021	22/11/2021	<p>Required people who were sharing accommodation with a person required to quarantine, to submit to COVID-19 testing from the time they begin sharing accommodation with the person required to quarantine until 3 days after the quarantine period ends.</p> <p>For a 14 day quarantine period, the testing regime was days 1, 3, 5, 7 and 12 and 17. For a quarantine period less than 14 days, the person must test on the same days as the person who is required to quarantine and 3 days after the end of the quarantine period.</p>
96/2021	22/11/2021	20/12/2021	<p>Required each person entering the Territory to declare whether they had tested for COVID-19 in the past 72 hours and, if so, the type of test and the results of the test.</p> <p>Required people who arrived in the Territory from a place later declared as a red zone to submit to COVID-19 testing as directed by the CHO.</p> <p>Enabled people to leave quarantine for testing.</p> <p>Required people entering the Territory from a red zone to undertake a RAT test on entry and a PCR test on days 5, 8 and 14 after entry.</p> <p>Required people who refused to test to undertake an additional 7 days' quarantine.</p> <p>Required an unvaccinated person arriving from a green zone to travel directly to a suitable place for quarantine, submit to testing and remain in quarantine until a negative result is returned.</p> <p>Enabled interstate travellers who had been quarantined because the traveller had been in a hotspot to leave quarantine if the traveller had been in quarantine for at least 7 days and received a negative 5th day test.</p>
99/2021	22/11/2021	20/12/2021	<p>Clarified that only a person who had been in a red zone in the previous 14 days was required to provide their pre-arrival PCR test results upon entry into the Territory.</p> <p>Required people who arrived in the Territory from a red zone without providing evidence of a negative pre-arrival PCR test, to go to supervised quarantine for PCR testing. If the test result was negative, the person was able to enter home quarantine if eligible.</p>
102/2021	25/11/21	15/06/2022	<p>Permitted vaccinated people to exit the Katherine lockdown to enter an approved home quarantine zone if they were a resident of the zone and had submitted to PCR testing within 72 hours before exiting Katherine.</p> <p>Required those people to undertake a Rapid Antigen Test (RAT) when exiting Katherine and a PCR test 5 days after exiting.</p> <p>Required those people to contact the NT COVID-19 Hotline or a medical practitioner, if they developed symptoms, to determine whether to be tested or assessed for COVID-19.</p> <p>Required people who refused to test to undertake an additional 7 days quarantine.</p>
110/2021	30/11/2021	08/12/2021	<p>Required people entering the Territory who had been in South Australia within the previous 14 days prior to their entry into the Territory to submit to COVID-19 testing 5 days after their arrival in the Territory.</p>
118/2021	9/12/2021	10/12/2021	<p>Required residents of Katherine East to be tested for infection with COVID-19 before exiting Katherine East or on request from an authorised officer.</p> <p>Required people who refused to test to enter quarantine.</p> <p>Provided an exemption to testing if the person was an essential worker, required urgent medical attention or had had a COVID-19 test within the past 72 hours and could provide evidence of the test.</p>

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119/2021	10/12/2021	11/12/2021	<p>Required residents of Katherine East to be tested for infection with COVID-19 before exiting Katherine East or on request from an authorised officer.</p> <p>Required people who refused to test to enter quarantine.</p> <p>Provided an exemption to testing if the person was an essential worker, required urgent medical attention or had had a COVID-19 test within the past 72 hours and could provide evidence of the test.</p>
123/2021	13/12/2021	20/12/2021	<p>Required all people who had been in Katherine in the past 14 days and who had exited to get a PCR test within 72 hours.</p> <p>Clarified that those people were not required to isolate while awaiting their test results.</p> <p>Exempted those people who had already been PCR tested since leaving Katherine.</p> <p>Clarified that people who had exited or would exit Katherine in order to leave the Territory were not required to test if the person is leaving the Territory by the most direct route and within 48 hours.</p>
132/2021	20/12/2021	03/02/2022	<p>Required freight workers to submit to COVID-19 testing every 7 days.</p> <p>Required a freight worker who failed to comply with testing requirements to enter 14 days quarantine.</p>
134/2021	19/12/2021	18/02/2022	<p>Enabled people in areas of the Territory where PCR testing was not available to satisfy day 3 and day 6 test requirements with a self-administered RAT. The person must retain photos of the test result, the packaging displaying the batch number and a document identifying the person, and complete an online declaration within 8 days of entry into the Territory.</p> <p>Exempted vaccinated interstate arrivals from having to submit to a day 3 test as required by the CHO if the arrival submitted to a PCR test as soon as practicable after arriving in the Territory.</p>
1/2022	4/01/2022	18/02/2022	<p>Removed the requirement for travellers to have a pre-arrival PCR test.</p> <p>Required people entering the Territory to submit to testing by a RAT within 2 hours of entering the Territory and on the 3rd and 6th day after entry. The person must complete timely online declarations regarding the tests.</p> <p>Children aged under 2 years were exempt from testing requirements.</p> <p>Required people who tested positive on a RAT to notify the NT COVID-19 Hotline and remain in quarantine and follow the directions of an authorised officer.</p>
6/2022	7/01/2022	15/06/2022	<p>Required people to submit to testing by a RAT within 24 hours before travelling to an exclusion zone.</p>
7/2022	9/01/2022	15/06/2022	<p>Excluded residents on the Gove Peninsula travelling between Excluded Communities (currently including Yirrkala, Gunyangara, Galaru, and Daliwuy Bay), the township of Nhulunbuy and residents of Groote Eylandt travelling between Angurugu and the service centre of Alyangula, from the requirement to submit to a RAT before travelling or entering another exclusion zone in the area.</p> <p>Required essential workers in the same circumstances to submit to testing by a RAT every three days while in the area.</p> <p>Required residents and essential workers who travelled outside of either the Gove Peninsula or Groote Eylandt to submit to testing by a RAT before they returned.</p>
11/2022	11/01/2022	15/06/2022	<p>Enabled essential workers who are close contacts to return to work if they submitted to daily testing by a RAT and returned a negative result.</p> <p>Enabled the reporting of self-administered positive RAT tests via either a form on the NT COVID-19 website or calling the NT COVID-19 Hotline.</p>

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13/2022	13/01/2022	23/01/2022	Enabled children that are close contacts in quarantine to attend school/ day care if they submitted to daily testing by a RAT and returned a negative result.
15/2022	13/01/2022	15/06/2022	Clarified that testing requirements could be satisfied with either a RAT or PCR test.
16/2022	13/01/2022	15/06/2022	Required people with a positive result from a RAT to report that result online or if reporting online is not practicable, contact the NT COVID-19 Hotline to report the result.
22/2022	23/01/2022	24/03/2022	<p>Required middle and senior school students to submit to daily testing by a RAT and return a negative result before entering school for 7 days after becoming a close contact.</p> <p>Required symptomatic close contact children up to Grade 12, who had not returned a positive result after undergoing testing, to quarantine for 7 days.</p> <p>Required vaccinated adults who were close contacts to quarantine for 7 days and if the adult was unable to submit to testing by a RAT on day 6 of the adult's quarantine period, the quarantine period was extended to 10 days in total.</p>
35/2022	1/02/2022	18/02/2022	Removed the requirement for people entering the Territory to follow a COVID-19 testing regime.
42/2022	18/02/2022	24/03/2022	<p>Clarified that a formerly infected person is not required to test for 28 days after the end of their isolation period under any CHO Directions.</p> <p>Required symptomatic close contact children up to Grade 12, who had returned a negative test result to quarantine for 7 days or when symptoms end, whichever is the shorter period.</p>
59/2022	12/04/2022	15/06/2022	Clarified that a person who was infected with COVID-19 will not be considered a close contact or be required to undertake testing for twelve weeks after they exit isolation.
54/2022	24/03/2022	29/04/2022	Clarified that a person who was infected with COVID-19 will not be considered a close contact or be required to undertake testing for eight weeks after they exit isolation.

Contact tracing

No	Effective date	Date revoked	Title and description
56/2020	30/11/2020	12/07/2021	<p>Required a wide range of businesses to collect contact information from people (excluding staff or volunteers) who had been at the business for 15 minutes or more. Required the collected information to be destroyed after 28 days of being securely stored.</p> <p>Required a wide range of businesses to implement COVID-19 safety plan and COVID-19 safety supervisor.</p>
18/2021	29/06/2021	11/01/2022	<p>Required each adult in the Territory to check the NT COVID-19 website at least once in every 24 hours to determine whether the adult and any child for whom the adult is responsible had been in a COVID-19 public exposure site during an exposure period.</p> <p>Defined 3 categories of people who had been at public exposure sites, of which 2 were required to call the NT COVID-19 Hotline and identify themselves as someone who had been at a public exposure site.</p>
35/2021	12/07/2021	15/06/2022	<p>Expanded the number of places, businesses, activities, services and premises required to collect contact tracing information.</p> <p>Stipulated that the method of collection must be via the <i>Territory Check-In App</i>.</p>

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46/2022	3/03/2022	4/03/2022	Removed the requirement for certain business and places to collect contact tracing information. The requirement continued to apply for businesses and venues that could not be attended by unvaccinated people.
47/2022	4/03/2022	15/06/2022	Removed the requirement for patrons of businesses and venues to provide contact tracing information.

Isolation, quarantine and border restrictions

No	Effective date	Date revoked	Title and description
1/2020	18/03/2020	24/03/2020	Introduced requirement for overseas travellers to quarantine for 14 days. Provided an exemption to quarantine for flight crew and transit passengers.
3/2020	24/03/2020	24/03/2020	Introduced requirement for all people entering the Territory to quarantine for 14 days. Established limited quarantine exemptions.
7/2020	28/03/2020	6/01/2022	Required people infected with COVID-19 to travel directly to a hospital or other specified place for isolation, and to remain isolated until notified otherwise.
8/2020	24/03/2020	28/03/2020	Clarified the quarantine timeframe for overseas arrivals and provided limited exemptions to quarantine.
13/2020	28/03/2020	1/04/2020	Required international arrivals to travel directly to a place specified by the CHO to quarantine for 14 days. Required interstate arrivals to travel directly to a suitable place for quarantine to quarantine for 14 days.
16/2020	1/04/2020	9/04/2020	Clarified quarantine arrangements for unaccompanied minors (children under 18 years of age). Required interstate arrivals to quarantine at a place specified by the CHO. Exempted people entering the Territory for the primary purpose of crossing into another jurisdiction within 48 hours of their arrival.
21/2020	16/04/2020	6/01/2022	Required people potentially infected with COVID-19 to travel directly to a hospital or other specified place for isolation, and to remain isolated until notified otherwise.
22/2020	17/04/2020	21/05/2020	Clarified the start and end times for 14 days quarantine.
27/2020	1/05/2020	21/05/2020	Amended the limited exemptions from quarantine to include an Australian lawyer whose appearance is required in court.
31/2020	21/05/2020	26/06/2020	Implemented nationally agreed quarantine requirements for maritime crew.
38/2020	15/06/2020	3/07/2020	Enabled interstate arrivals to self-quarantine at home if facilities were suitable and the place for quarantining is located within a specified area.
41/2020	25/06/2020	3/07/2020	Clarified the definition of an international arrival for the purposes of quarantine and amended the limited exemptions from quarantine. Minor amendment to include the Darwin Waterfront Precinct as a listed area suitable for the purposes of quarantine.

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42/2020	26/06/2020	17/07/2020	Clarified the quarantine requirements for maritime crew.
44/2020	3/07/2020	3/07/2020	Removed the quarantine requirement for interstate arrivals who had not been in a COVID-19 hotspot within 14 days of their arrival into the Territory.
45/2020	17/07/2020	24/08/2020	International arrivals and arrivals from declared COVID-19 hotspots must quarantine for 14 days at a place specified by the CHO.
46/2020	16/07/2020	28/08/2020	Amended the quarantine requirements for maritime crew to align with border requirements of 45/2020 - international arrivals and arrivals from declared COVID-19 hotspots must quarantine for 14 days.
48/2020	7/08/2020	24/08/2020	Enabled quarantine to end for those who had been in a COVID-19 hotspot that was revoked before the end of their quarantine period.
49/2020	24/08/2020	5/06/2021	Adjusted the length of quarantine for arrivals who had been in a COVID-19 hotspot. Removed the ability for unaccompanied minors to quarantine at home. Prevented those quarantining in commercial visitor accommodation from using common areas.
50/2020	28/08/2020	5/06/2021	Implemented nationally agreed quarantine requirements for freight workers.
51/2020	28/08/2020	17/03/2021	Amended the quarantine requirements for maritime crew.
52/2020	12/09/2020	12/11/2020	Specified requirements for staying in supervised quarantine including maximum time permitted to leave rooms.
53/2020	2/10/2020	5/06/2021	Introduced a quarantine exemption for certain agricultural industry workers.
55/2020	12/11/2020	1/09/2021	Implemented rules for quarantine at CNR and ASQF. Rules included staying in allocated room (except for permitted allocated time outside room), mask mandates and social distancing.
63/2020	19/01/2021	1/09/2021	Added Lot 5238 Town of Darwin (Top End Quarantine Facility) to the list of supervised quarantine facilities.
2/2021	19/01/2021	5/06/2021	Amended the quarantine requirements for international aircrew.
3/2021	17/03/2021	03/02/2022	Amended the locations at which maritime crew were permitted to quarantine.
12/2021	27/06/2021	4/10/2021	Prevented people from working at more than one quarantine facility at a time or another workplace.
18/2021	29/06/2021	15/06/2022	Defined three categories of public exposure sites within the Territory. Required each adult in the Territory to check an online list of public exposure sites to determine whether they fell within any of the three categories. Two categories required people to quarantine for specified time periods.
56/2021	21/10/2021	20/12/2021	Amended the quarantine requirements for freight workers in relation to COVID-19 hotspot and COVID-19 public exposure sites.
96/2021	22/11/2021	20/12/2021	Required vaccinated people entering the Territory from a red zone to quarantine for 7 days in either greater Darwin or Alice Springs and prevented the person from entering a high risk setting for 7 days after quarantine. Required unvaccinated people entering the Territory to undertake 14 days supervised quarantine.

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102/2021	25/11/2021	15/06/2022	Enabled vaccinated Darwin and Alice Springs residents to exit the Katherine lockdown in order to return home for 7 days home quarantine and prevented them from entering a high risk setting in the following 7 days.
114/2021	06/12/2021	20/12/2021	Clarified the commencement of a quarantine period.
132/2021	20/12/2021	03/02/2022	Removed the quarantine requirement for freight workers.
134/2021	19/12/2021	18/02/2022	Required children under 16 entering the Territory on a repatriation flight, to enter 14 days supervised quarantine.
4/2022	06/01/2022	23/01/2022	Reduced the quarantine period for vaccinated close contacts to 7 days. Reduced the isolation period for vaccinated infected people to 7 days upon a negative day 6 test.
11/2022	11/01/2022	15/06/2022	Enabled vaccinated close contacts who were essential workers to leave quarantine to attend work, if showing no symptoms of COVID-19 and testing negative daily.
13/2022	13/01/2022	23/01/2022	Allowed children who were close contacts but testing negative daily, to attend school and childcare.
22/2022	23/01/2022	24/03/2022	Established new quarantine and isolation requirements for infected persons and close contacts: <ul style="list-style-type: none"> vaccinated adults in isolation without symptoms are required to isolate for 7 days (10 days for unvaccinated adults); vaccinated adults in isolation with symptoms are required to obtain written evidence from their doctor that they are no longer infectious after 7 days isolation; vaccinated adults who are close contacts must quarantine for 7 days (14 days for unvaccinated adults); symptomatic children up to grade 12 who are close contacts but testing negative were required to quarantine for 7 days.
29/2022	25/01/2022	24/03/2022	Amended the essential workers list to include Australian Electoral Commission workers.
42/2022	18/02/2022	24/03/2022	Allowed close contacts to leave quarantine to obtain food if there is no other way of obtaining food. Added hostels to the list of suitable places to quarantine. Required symptomatic close contact children up to Grade 12, who had returned a negative test result to quarantine for 7 days or when symptoms end, whichever is the shorter period.
44/2022	23/02/2022	15/06/2022	Removed border restrictions for people who are passengers who enter the Territory on a flight facilitated by the Commonwealth Department of Foreign Affairs and Trade and are vaccinated or exempt from being vaccinated.
45/2022	01/03/2022	15/06/2022	Requirement for unvaccinated overseas repatriated travellers to quarantine was reduced to 7 days.
51/2022	11/03/2022	15/06/2022	Allowed people to work at more than one quarantine facility at a time and at other workplaces.
54/2022	24/03/2022	29/04/2022	Allowed infected people to leave isolation to transport children to and from childcare and school, to facilitate shared parenting arrangements and for any other educational, recreational or health related purposes. Allowed people in isolation to leave the Territory.
61/2022	29/04/2022	16/06/2022	Specified 0-day quarantine periods for certain close contacts.
62/2022	06/05/2022	16/06/2022	Provided an exemption for a close contact in quarantine to leave quarantine for the purposes of voting in the Federal election.

Masks

No	Effective date	Date revoked	Title and description
1/2021	20/01/2021	16/06/2022	Required people aged above 12 to wear face masks while on board an aircraft and inside airports, except when eating and drinking.
14/2021	27/06/2021	02/07/2021	Required people to produce evidence of medical reasons not to wear a face mask.
26/2021	2/07/2021	09/11/2021	Required people aged above 12 in the former lockdown areas of greater Darwin and Alice Springs to wear face masks outside of their homes if they were unable to maintain 1.5m distance from other people, limited exemptions applied such as eating, drinking or exercising.
30/2021	2/07/2021	09/11/2021	Clarified face mask rule to provide exemption to permit face masks to be removed for dental or medical treatment.
31/2021	6/07/2021	09/11/2021	Exempted teachers and child care workers from the requirement to wear face masks while teaching and exempted people from the requirement to wear face masks while being treated by a health practitioner.
37/2021	22/07/2021	15/06/2022	Required people to produce evidence of medical reasons not to wear a face mask inside an airport.
42/2021	16/08/2021	19/08/2021	Required people aged above 12 in the greater Darwin and Katherine lockdown area to wear a face mask at all times, limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment or exercising. Required essential workers permitted to leave the lockdown areas, to wear a face mask at all times.
45/2021	19/08/2021	9/11/2021	Required people aged above 12 in greater Darwin and Katherine to wear a face mask when a distance of 1.5m could not be maintained, limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment. Required essential workers permitted to leave the lockdown areas, to wear a mask at all times except in limited specified circumstances. Required people who exited the former lockdown area to comply with the rules in place for the former lockdown area as though they were still in the former lockdown area. This means those people must comply with the new face mask wearing rules and must not attend a business that is closed under the new rules.
47/2021	19/08/2021	20/08/2021	Required all people entering aged care facilities in Katherine to wear face masks while in the facility but provided an exemption for residents in the facility from the requirement to wear face masks while the resident is inside the resident's room.
50/2021	20/08/2021	26/08/2021	Required people aged above 12 in Katherine to wear a face mask when a distance of 1.5m could not be maintained, limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment or exercising.
52/2021	1/09/2021	15/06/2022	Required people in supervised quarantine to wear a face mask when on a verandah and in other specified circumstances.
74/2021	8/11/2021	15/11/2021	Required people in Katherine to wear face masks if they could not maintain 1.5m distance from people that they did not ordinarily reside with until 12 November 2021. Limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment or exercising.

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79/2021	9/11/2021	15/06/2022	Required people in the Greater Darwin area to wear face masks if they could not maintain 1.5m distance from people that they did not ordinarily reside with until 12 November 2021. Limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment or exercising.
82/2021	12/11/2021	15/11/2021	Extended the Katherine face mask mandate until 13 November 2021.
83/2021	15/11/2021	15/06/2022	Required face masks to be worn for 7 days after entering a low vaccinated community while in the community. Face masks were to be worn while the person was outside their residence and was within 1.5m of another person who did not live with them. Limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment or exercising.
84/2021	13/11/2021	15/11/2021	Extended the Katherine face mask wearing directions until 15 November 2021
85/2021	15/11/2021	27/11/2021	Required face masks to be worn in the Katherine lockdown area. Limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment or exercising.
86/2021	15/11/2021	22/11/2021	Required face masks to be worn in the Robinson River and surrounding homelands lockdown area. Limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment or exercising.
89/2021	16/11/2021	20/11/2021	Required masks to be worn across the Territory (Katherine, Robinson River and low vaccination communities already had face mask mandates in place). Face masks were to be worn while the person was outside their residence and was within 1.5m of another person who did not live with them. Limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment or exercising.
93/2021	20/11/2021	15/06/2022	Revoked face mask mandates except in the lockdown areas of Katherine and Robinson River remains.
95/2021	21/11/2021	26/11/2021	Required people in Roper Gulf and Victoria-Daly (except for Robinson River which already had a mask mandate in place) to wear face masks if they could not maintain 1.5m distance from people that they did not ordinarily reside with. Limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment or exercising.
103/2021	26/11/2021	15/06/2022	Revoked the face mask mandate in Roper Gulf and Victoria-Daly.
116/2021	8/12/2021	20/12/2021	Required people in Katherine to wear face masks if they could not maintain 1.5m distance from people that they did not ordinarily reside with until 15 December 2021. Limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment or exercising.
120/2021	11/12/2021	20/12/2021	Required people in Barunga and Manyallaluk to wear face masks if they could not maintain 1.5m distance from people that they did not ordinarily reside with until 14 December 2021. Limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment or exercising.

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122/2021	12/12/2021	20/12/2021	Required people in Bulla, Tennant Creek, Daguragu, Kalkarindji, Pigeon Hole and Lajamanu to wear face masks if they could not maintain 1.5m distance from people that they did not ordinarily reside with. Limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment or exercising.
124/2021	14/12/2021	20/12/2021	Extended the face mask wearing directions in Katherine, Barunga, Manyallaluk, Bulla, Tennant Creek, Daguragu, Kalkarindji, Pigeon Hole and Lajamanu until 17 December 2021. Required people in Timber Creek and Beswick to wear face masks if they could not maintain 1.5m distance from people that they did not ordinarily reside with until 17 December 2021, limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment or exercising.
128/2021	17/12/2021	15/06/2022	Required people in the Barkly region to wear face masks if they could not maintain 1.5m distance from people that they did not ordinarily reside with until 20 December 2021. Limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment or exercising.
129/2021	17/12/2021	20/12/2021	Required people in Timber Creek, Gilwi, Kalkarindji and Daguragu to wear face masks if they could not maintain 1.5m distance from people that they did not ordinarily reside with them until 20 December 2021. Limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment or exercising.
130/2021	17/12/2021	20/12/2021	Extended face mask wearing directions in Bulla, Pigeon Hole, Lajamanu and Beswick until 20 December 2021.
135/2021	20/12/2021	15/06/2022	Extended the mask wearing directions in the Barkly Region until 22 December 2021.
137/2021	22/12/2021	31/12/2021	Required people in Alice Springs and Amoonguna to wear face masks in public indoor settings until 24 December 2021, limited exemptions applied such as in a private vehicle, for teaching, when receiving medical or dental treatment or exercising.
138/2021	22/12/2021	15/06/2022	Extended the mask wearing directions in the Barkly Region until 23 December 2021.
139/2021	23/12/2021	15/06/2022	Extended the mask wearing directions in the Barkly Region until 29 December 2021.
142/2021	31/12/2021	07/03/2022	Required masks to be worn across the Territory when outside of home and within 1.5m of another person who did not live with them. Limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment or exercising.
143/2021	31/12/2021	07/03/2022	Clarified face mask rules for a person undertaking beauty therapy or body art and clarified the definition of residence.
20/2022	17/01/2022	30/01/2022	Required face masks to be worn at all times when outside of the home on Elcho Island including Galiwinku and Wessel Islands including Martjanba, and in Yirrkala until 24 January 2022. Limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment or exercising.
21/2022	17/01/2022	20/01/2022	Required face masks to be worn at all times when outside of the home in Yirrkala until 20 January 2022. Limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment or exercising.

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32/2022	29/01/2022	15/06/2022	Expanded the current Territory-wide indoor mask mandate to require a person to wear a face mask when outside their residence. Limited exemptions applied such as when at home, in a private vehicle, for teaching, when receiving medical or dental treatment or exercising.
49/2022	7/03/2022	15/06/2022	Required face masks to be worn across the Territory when 1.5m distance from others could not be maintained in high risk settings, GP clinics and remote health clinics and by disability support workers and personal carers. Limited exemptions applied to people under 12 years or attending primary school, when exercising, eating, drinking, teaching or receiving medical treatment, dental treatment or beauty therapy or body art.
50/2022	11/03/2022	15/06/2022	Removed the requirement for face masks to be worn indoors in Big Rivers when 1.5m distance could not be maintained, but retained the Territory-wide mask mandate for when 1.5m distance from others could not be maintained in high risk settings, GP clinics and remote health clinics and by disability support workers and personal carers.

Closure of businesses, places and activities

No	Effective date	Date revoked	Title and description
6/2020	23/03/2020	24/03/2020	Closed entertainment venues, casinos, gyms and places of worship, except for the purposes of a wedding or funeral. Prevented businesses from serving food or beverage on the premises of the business.
9/2020	24/03/2020	30/03/2020	Expanded the list of closed businesses and venues to include indoor sporting facilities and amusement venues.
10/2020	25/03/2020	30/03/2020	Expanded the list of closed businesses and venues to include indoor markets, auctions, real estate open houses, beauty salons, tattoo parlours, yoga and Pilates studios, strip clubs and places providing sexual services, pools and recreational lakes, galleries and museums and organised sporting activities. Prevented weddings with more than 5 people present and funerals with more than 10 people present.
12/2020	27/03/2020	30/03/2020	Prohibited sporting activities being engaged in by 2 or more people who do not live together.
15/2020	30/03/2020	02/04/2020	Expanded on current directions in place to close public playgrounds, and outdoor gym equipment. Prevented outdoor physical training (boot camps) with more than 10 people present.
17/2020	2/04/2020	5/04/2020	Prohibited boot camps and other outdoor training with more than 2 people present.
18/2020	5/04/2020	15/04/2020	Provided an exemption to specified businesses to be allowed to serve food and beverages to a person providing services for the transport or freight of goods and related logistics for consumption on those premises. Provided that the CHO could allow more attendees at a wedding or funeral on a case by case basis.
20/2020	15/04/2020	1/05/2020	Minor amendment to the current directions to include toy libraries as a closed business.

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28/2020	1/05/2020	15/05/2020	Continued the closure of a range of businesses and services but permitted skate parks, playgrounds and outdoor gym equipment, auction houses, outdoor sporting facilities, boot camps, historical sites to reopen. Increased the number of people permitted at indoor weddings to 10.
30/2020	15/05/2020	21/05/2020	Allowed a range of businesses and places to reopen, including places of worship and gyms. Required contact sports, gaming areas and beauty therapy services for the face to remain closed. Required businesses allowed to reopen to complete and submit a COVID-19 safety plan checklist before reopening, place markings on the floor to indicate 1.5m spacing at places where the public queue and provide sanitiser or handwashing facilities to the public (unless handwashing facilities are available). Placed further directions on businesses that served food or beverages such as seating limits and requiring guests to consume food and beverages seated at a table.
33/2020	21/05/2020	22/05/2020	Introduced requirements for the service of alcohol by businesses in a food court.
35/2020	22/05/2020	5/06/2020	Required members of the public to comply with safety measures implemented by an occupier of a place or the proprietor of a business when attending the place or business.
36/2020	5/06/2020	30/11/2020	Allowed all places, businesses, activities or services that were required to close or cease under previous Directions to reopen or resume. Required reopening businesses complete and submit a COVID-19 safety plan checklist before reopening, place markings on the floor to indicate 1.5m spacing at places where the public queue and provide sanitiser or handwashing facilities to the public (unless handwashing facilities are available).
56/2020	30/11/2020	15/06/2022	Required businesses to review COVID-19 Safety Plan at least every 6 months. Required businesses to appoint a COVID-19 Safety Supervisor to implement the Safety Plan and any CHO Directions that may apply to the business.
10/2021	27/06/2021	28/06/2021	Closed businesses, activities and services in Darwin, Palmerston, Litchfield, Wagait, Belyuen and Dundee Beach for 48 hours as part of the Darwin lockdown.
17/2021	28/06/2021	02/07/2021	Extended the closure of businesses, activities and services in Darwin, Palmerston, Litchfield, Wagait, Belyuen and Dundee Beach to 2 July 2021. Permitted funerals with up to 10 attendees.
22/2021	30/06/2021	1/07/2021	Closed businesses, activities and services in Alice Springs until 3 July 2021 as part of a lockdown. Permitted funerals with up to 10 attendees.
24/2021	1/07/2021	02/07/2021	Closed businesses, activities and services in Alice Springs until 3 July 2021 as part of a lockdown. Permitted funerals with up to 10 attendees.
27/2021	2/07/2021	06/07/2021	Lifted the closure of certain businesses that were closed during the lockdown but required markets, gyms and pools to remain closed in Darwin and Alice Springs until 9 July 2021. Only permitted food and beverages service for patrons who are seated or getting takeaway.

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28/2021	2/07/2021	06/07/2021	Required people who left a lockdown area to not attend markets, gyms and pools outside the lockdown area while the direction remains in force.
32/2021	6/07/2021	09/11/2021	Clarified that for places or businesses that provide indoor sporting or physical training activities only the part of the place or business that provides those activities must close.
40/2021	16/08/2021	15/06/2022	Closed businesses, activities and services in greater Darwin and Katherine during lockdown until 19 August 2021.
43/2021	16/08/2021	19/08/2021	Included newsagencies in greater Darwin and Katherine as a business that is required to close until 19 August 2021.
45/2021	19/08/2021	09/11/2021	Extended the closure of markets, gyms, pools and contact sports in greater Darwin until 26 August 2021. Only permitted food and beverages service for patrons who are seated or getting takeaway. Restricted gatherings in private residences to 10 people not including the residents of the place.
49/2021	19/08/2021	20/08/2021	Extended the closure of businesses, activities and services in Katherine until 20 August 2021.
50/2021	20/08/2021	09/11/2021	Extended the closure of markets, gyms, pools and contact sports in Katherine until 26 August 2021. Only permitted food and beverages service for patrons who are seated or getting takeaway.
60/2021	5/11/2021	07/11/2021	Closed businesses places and activities in Katherine as part of a lockdown until 8 November 2021. Permitted funerals with up to 10 attendees.
65/2021	5/11/2021	08/11/2021	Permitted schools in Katherine to remain open for all children, not just children of essential workers.

Social distancing, gatherings and major events

No	Effective date	Date revoked	Title and description
1/2020	18/03/2020	22/03/2020	Placed restrictions on gatherings to 500 people outdoors and 100 people indoors and provided limited exemptions such as airports, medical facilities and correctional centres.
14/2020	30/03/2022	20/04/2020	Restricted gatherings outdoors, indoors and on vessels to 10 people with limited exemptions.
23/2020	20/04/2020	15/06/2022	Continued gathering limits for people outdoors, indoors and on vessels and implemented restrictions for gatherings in private residences to 10 people or the density of people present is more than one person per 4 m ² . Provided exemptions to enable certain businesses to operate such as commercial primary production businesses (e.g. agribusiness, fisheries) to continue operating.
25/2020	1/05/2020	15/06/2022	Removed restrictions on indoor or outdoor gatherings.
29/2020	1/05/2020	11/06/2020	Directed that persons outdoors must comply with the physical distancing principles published on the coronavirus.nt.gov.au website.
37/2020	11/06/2020	15/06/2022	Removed the restriction on physical distancing outdoors.

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39/2020	19/06/2020	30/11/2020	<p>Required the organiser of a major public event (defined as an event expected to have more than 500 people in attendance) to complete and submit to NT Health a COVID-19 event safety plan.</p> <p>The organiser of a major public event must not hold the event unless the event safety plan is approved by the CHO.</p> <p>The organiser of a major public event must comply with the approved safety plan and must comply with any conditions placed on the approval by the CHO.</p>
57/2020	30/11/2020	12/07/2021	Required the organiser of a major public event to designate a person to implement, on behalf of the organiser, the COVID-19 event safety plan for the event.
29/2021	02/07/2021	09/07/2021	Restricted gatherings of more than 10 people in private residence in Darwin and surrounding areas (not including residents of the residence).
36/2021	12/07/2021	31/03/2022	Required the organiser of a major public event to collect contact information from each member of the public attending the event using <i>The Territory Check In app</i> .
56/2022	31/03/2022	15/06/2022	<p>Amended the definition of major public event to an event that is located inside a major population centre and is expected to have more than 1000 people in attendance and an event that is located outside a major population centre and is expected to have more than 500 people in attendance.</p> <p>Removed the requirement to submit a COVID-19 event safety plan for a major public event unless the event is expected to have more than 5000 people for an event inside a major population centre and 2000 people for an event outside a major population centre.</p> <p>Removed the requirement for members of the public to check into the event using <i>The Territory Check In app</i>.</p>

Lockdowns, lockouts and lock-ins

No	Effective date	Date revoked	Title and description
9/2021	27/06/2021	27/06/2021	Darwin, Palmerston, Litchfield, Wagait, Belyuen and Dundee Beach locked down for 48 hours
13/2021	27/06/2021	28/06/2021	Darwin and surrounding areas locked down until 29 June 2021
16/2021	28/06/2021	01/07/2021	<p>Extended lockdown of Darwin and surrounding areas until 2 July 2021.</p> <p>Amended the area affected by the lockdown.</p>
20/2021	29/06/2021	01/07/2021	<p>Amended the list of essential workers able to undertake work and exit the lockdown in Darwin and surrounding areas.</p> <p>Expanded the list of reasons that a person was able to leave their house during the lockdown.</p>
21/2021	30/06/2021	01/07/2021	Alice Springs locked down until 3 July 2021.
23/2021	1/07/2021	02/07/2021	<p>Clarified lockdown directions for Alice Springs.</p> <p>Amended the list of essential workers able to undertake work during the lockdown in Alice Springs.</p>
25/2021	1/07/2021	02/07/2021	<p>Clarified lockdown directions for Darwin and surrounding areas.</p> <p>Amended the list of essential workers able to undertake work during the lockdown in Darwin and surrounding areas.</p>
39/2021	16/08/2021	16/08/2021	Darwin and surrounding areas and Katherine locked down until 19 August 2021.
40/2021	16/08/2021	19/08/2021	Clarified which services, places and activities may continue during the lockdown in Darwin and surrounding areas and Katherine.

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42/2021	16/08/2021	19/08/2021	Clarified terms of the lockdown of Darwin and surrounding areas and Katherine in place until 19 August 2021.
45/2021	19/08/2021	9/11/2021	Darwin and surrounding areas transition out of lockdown. Katherine remains locked down. People from Darwin will not be permitted to enter Katherine, except to transit through or for essential work purposes.
46/2021	19/08/2021	20/08/2021	Katherine locked down until 20 August 2021.
49/2021	19/08/2021	20/08/2021	Clarified which services, places and activities may continue during the lockdown in Darwin and surrounding areas and Katherine.
50/2021	20/08/2021	26/08/2021	Katherine transitions out of lockdown.
59/2021	5/11/2021	5/11/2021	Katherine locked down 5 November to 8 November 2021.
61/2021	5/11/2021	5/11/2021	Darwin and surrounding areas locked out 5 November to 7 November 2021.
67/2021	5/11/2021	8/11/2021	Darwin and surrounding areas locked out 5 November to 7 November 2021.
68/2021	5/11/2021	7/11/2021	Katherine locked down 5 November to 8 November 2021.
70/2021	6/11/2021	09/11/2021	Allowed Territory residents to leave the lockdown or lockout areas in order to leave the Territory.
71/2021	7/11/2021	8/11/2021	Katherine transitioned from lockdown to lockout.
73/2021	7/11/2021	9/11/2021	Extended the Darwin lockout to 8 November 2021. Permitted fully vaccinated people to travel between Katherine and Darwin.
76/2021	8/11/2021	9/11/2021	Extended the Darwin lockout to 9 November 2021.
85/2021	15/11/2021	27/11/2021	Katherine locked down from 15 November to 18 November 2021.
86/2021	15/11/2021	22/11/2021	Robinson River and 11 homelands locked down from 15 November to 18 November 2021.
88/2021	16/11/2021	27/11/2021	Permitted secondary school students in the Katherine lockdown area to sit their senior secondary school exams and allowed primary and secondary school students to attend school if they are a vulnerable child or the child of an essential worker.
90/2021	16/11/2021	27/11/2021	Extended the Katherine lockdown to 22 November 2021.
91/2021	17/11/2021	22/11/2021	Extended the Robinson River and 11 homelands lockdown to 22 November 2021. Reduced the boundaries of the Robinson River and 11 homelands lockdown areas to align with boundaries described in a Commonwealth Biosecurity Determination.
94/2021	20/11/2021	27/11/2021	Binjari and Rockhole (which are within Katherine) transitioned from lockdown to a hard lockdown.
97/2021	22/11/2021	15/06/2022	Robinson River and 11 surrounding homelands transitioned from lockdown to lockout.
98/2021	22/11/2021	27/11/2021	Extended the Katherine lockdown and the hard lockdown of Binjari and Rockhole to 24 November 2021.
100/2021	24/11/2021	27/11/2021	Extended the Katherine lockdown and the hard lockdown of Binjari and Rockhole to 4 December 2021.
101/2021	25/11/2021	27/11/2021	Rockhole transitioned from hard lockdown to lockdown.

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102/2021	25/11/2021	15/06/2022	Permitted vaccinated Darwin and Alice Springs residents to exit the Katherine lockdown in order to return home and enter home quarantine.
105/2021	27/11/2021	02/12/2021	Extended the hard lockdown of Binjari to 7 December 2021.
106/2021	27/11/2021	15/06/2022	Katherine (excluding Binjari) transitioned from lockdown to lockout until 7 December 2021.
107/2021	27/11/2021	15/06/2022	Permitted vaccinated Darwin and Alice Springs residents to exit the Katherine lockout in order to return home.
108/2021	27/11/2021	11/12/2021	Lajamanu and homelands locked down until 11 December 2021.
109/2021	28/11/2021	21/12/2021	Permitted people to exit a lockdown area or lockout area in order to leave the Territory by road.
111/2021	1/12/2021	15/06/2022	Lajamanu and homelands transitioned from lockdown to lock out.
112/2021	2/12/2021	06/12/2021	Binjari transitioned from hard lockdown to lockdown.
115/2021	6/12/2021	15/06/2022	Binjari transitioned from lockdown to lockout. Extended the Katherine lockout (including Binjari) to 8 December 2021.
121/2021	11/12/2021	15/06/2022	Beswick locked out until 14 December 2021.
125/2021	14/12/2021	15/06/2022	Kalkarindji and Daguragu locked out until 17 December 2021.
126/2021	14/12/2021	15/06/2022	Timber Creek and Gilwi locked out until 17 December 2021.
127/2021	17/12/2021	23/12/2021	Tennant Creek locked down until 20 December 2021.
133/2021	19/12/2021	23/12/2021	Ali Curung, Imangara, Imperrenth, Double D, Junkaji and Wakurlpu locked down until 22 December 2021.
135/2021	20/12/2021	15/06/2022	Extended the Tennant Creek lockdown until 22 December 2021.
136/2021	21/12/2021	30/01/2022	Permitted people to exit a lockdown area or lockout area to leave the Territory by road or air.
138/2021	22/12/2021	15/06/2022	Extended the lockdown of Tennant Creek, Ali Curung, Imangara, Imperrenth, Double D, Junkaji and Wakurlpu until 23 December 2021.
140/2021	23/12/2021	15/06/2022	Tennant Creek transitioned from lockdown to lockout.
2/2022	6/01/2022	30/01/2022	Whole of the Territory locked out until 10 January 2022.
5/2022	6/01/2021	30/01/2022	Permitted unvaccinated people to exit the Territory during the Territory-wide lockout.
10/2022	10/01/2022	30/01/2022	Yuendumu and Yuelam locked out until 15 January 2022.
12/2022	13/01/2022	30/01/2022	Amoonguna locked out until 18 January 2022.
17/2022	14/01/2022	30/01/2022	Extended the Yuendumu and Yuelamu lockouts until 20 January 2022.
18/2022	16/01/2022	30/01/2022	Extended the Yuendumu and Yuelamu lockouts until 23 January 2022.
19/2022	16/01/2022	30/01/2022	Created a combined Alice Springs and Amoonguna lockout area until 23 January 2022.
20/2022	17/01/2022	30/01/2022	Elcho Island including Galiwinku and Wessel Islands including Martjanba locked down until 24 January 2022.
21/2022	17/01/2022	20/01/2022	Yirrkala locked down until 20 January 2022.
23/2022	22/01/2022	30/01/2022	Extended the Yuendumu and Yuelamu lockouts until 30 January 2022.
24/2022	22/01/2022	30/01/2022	Wurrumiyanga and Gunyangara locked down until 29 January 2022.

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25/2022	22/01/2022	30/01/2022	Utopia Homelands locked down until 29 January 2022.
26/2022	23/01/2022	30/01/2022	Extended the Alice Springs and Amoonguna lock out to 30 January 2022.
27/2022	24/01/2022	30/01/2022	Extended lockdown of Elcho Island (including Galiwinku) and Wessel Island (including Martjanba) lockdowns to 31 January 2022.
28/2022	24/01/2022	30/01/2022	Milikapiti locked down until 27 January 2022.
30/2022	27/01/2022	30/01/2022	Extended the Milikapiti lockdown to 30 January 2022.
31/2022	28/01/2022	30/01/2022	Ampilatwatja locked down until 30 January 2022.
33/2022	30/01/2022	15/06/2022	Milikapiti, Ampilatwatja, Elcho Island (including Galiwinku) and Wessel Island (including Martjanba) transitioned from lockdown to lock-in until 6 February 2022. Nganmarriyanga (also known as Palumpa) and Milingimbi locked-in until 6 February 2022.
34/2022	31/01/2022	15/06/2022	Lajamanu and surrounding homelands locked-in until 7 February 2022.
36/2022	1/02/2022	15/06/2022	Amended the list of reasons in which people were permitted to exit a lock-in area.
39/2022	4/02/2022	15/06/2022	Amended the list of reasons in which people were permitted to exit a lock-in area.

Border restrictions

No	Effective date	Date revoked	Title and description
3/2020	23/03/2020	24/03/2020	Introduced border arrival process that required every person (international and interstate arrivals) entering the Territory must declare the information contained in the arrivals form and must submit to a screening procedure. Required all persons to quarantine for 14 days unless the person met an exemption category.
11/2020	25/03/2020	28/03/2020	Permitted a traveller to enter the Territory to stay overnight at a hotel in close proximity to the airport before departing the Territory on a flight.
13/2020	28/03/2020	01/04/2020	Introduced different quarantine arrangements for interstate arrivals (quarantine in suitable place) and international arrivals (quarantine in supervised place).
16/2020	01/04/2020	09/04/2020	Required all arrivals into the Territory (interstate and international) to undertake quarantine at a supervised place except unaccompanied minors who must quarantine at their place of residence.
38/2020	15/06/2020	17/07/2020	Introduced different quarantine arrangements for interstate arrivals (quarantine in suitable place in specified urban area of the Territory) and international arrivals (quarantine in supervised place).
41/2020	25/06/2020	17/07/2020	Clarified that a person is considered an international arrival if the person arrived in a different State or Territory within 14 days before entering the Territory. Provided the CHO with the power to exempt an international arrival from quarantine if the person posed minimal risk to the public health of the Territory and the person had a compelling reason to justify the exemption.
43/2020	26/06/2020	17/07/2020	Introduced COVID-19 hotspots for the purposes of quarantine. A person who has an exemption to quarantine is no longer eligible for that exemption if the person had been in a COVID-19 hotspot within 28 days of their arrival in the Territory.

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45/2020	17/07/2020	24/08/2020	<p>Permitted interstate travellers to enter the Territory without undertaking quarantine if the person had not been overseas or in a COVID-19 hotspot within the previous 14 days of the person's arrival into the Territory.</p> <p>If the person had been overseas or in a COVID-19 hotspot within the previous 14 days of the person's arrival into the Territory, the person was required to undertake quarantine.</p>
53/2020	02/10/2020	05/06/2021	Exempted agricultural industry workers who provide urgent services that are critical to ensure continuity of the agricultural industry, other than abattoir or meat packing workers, from having to undertake quarantine on their arrival into the Territory.
54/2020	16/10/2020	05/06/2021	Permitted people travelling from New Zealand to enter the Territory without needing to undertake quarantine.
4/2021	26/03/2021	15/04/2021	<p>Prohibited cruise vessels of more than 100 on board from entering Territory waters.</p> <p>Prevented people arriving on cruise vessels from disembarking until they submit to a screening procedure.</p>
5/2021	15/04/2021	12/02/2022	Prohibited cruise vessels of more than 150 on board from entering Territory waters.
08/2021	05/06/2021	22/11/2021	Introduced COVID-19 public exposure sites for the purposes of quarantine – if a person had been at a COVID-19 public exposure site during the public exposure period as determined by the CHO may be required to quarantine or submit to testing as required by the CHO.
38/2021	09/08/2021	22/11/2021	<p>Prohibited people from entering the Territory if within 14 days prior to their entry to the Territory, the person was in a COVID-19 hotspot or was in a COVID-19 public exposure site.</p> <p>Required people who were prevented from entering the Territory to leave as soon as possible</p>
54/2021	06/10/2021	22/11/2021	Clarified that people who were prohibited from entering needed to leave the Territory as soon as possible unless the person was given an exemption.
57/2021	29/10/2021	22/11/2021	Required a person to provide their vaccination status upon entering the Territory. This will occur via the border entry form.
96/2021	22/11/2021	20/12/2021	<p>Restricted entry into the Territory to only persons who are residents of the NT, persons who are vaccinated or exempt from being vaccinated, persons who received permission from the CHO to enter the Territory or aircrew members.</p> <p>Introduced red zones for the purposes of quarantine – a person who had been in a red zone as determined by the CHO within the previous 14 days of arrival into the Territory must quarantine.</p>
99/2021	22/11/2021	20/12/2021	Provided an exemption to allow unvaccinated persons to enter the Territory if they are entering the Territory to enter a hospital in an emergency or for another urgent medical reason.
104/2021	27/11/2021	30/11/2021	Required persons entering the Territory from South Australia to submit to a Rapid Antigen Test on arrival into the Territory. If the person refused to submit to testing, the person is required to undertake quarantine for 7 days.
110/2021	30/11/2021	08/12/2021	Required persons entering the Territory who had been in South Australia within the previous 14 days prior to their entry into the Territory to obtain, within 72 hours immediately prior to arrival into the Territory, a PCR COVID-19 testing procedure.

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131/2021	20/12/2021	18/02/2022	Continued to restrict entry into the Territory to specified persons and restricted entry into exclusions zones as determined by the CHO for 14 days after a person's arrival into the Territory.
1/2022	04/01/2022	18/02/2022	Required persons to test for infection with COVID-19 within 2 hours of entering the Territory and again on day 3 and day 6.
3/2022	6/01/2022	15/06/2022	Defined the term 'exclusion zone'. Prevented people from entering an exclusion zone unless they were a resident an essential worker.
6/2022	7/01/2022	15/06/2022	Prevented people from entering an exclusion zone, ongoing, unless they were a resident or an essential worker.
40/2022	12/02/2022		Prohibited cruise vessels of more than 350 on board from entering Territory waters.
43/2022	18/02/2022	15/06/2022	Removed border restrictions for all people except for people who are passengers (but not members of the crew) who enter the Territory on a flight facilitated by the Commonwealth Department of Foreign Affairs and Trade.
44/2022	23/02/2022	15/06/2022	Removed border restrictions for persons who are passengers who enter the Territory on a flight facilitated by the Commonwealth Department of Foreign Affairs and Trade and are vaccinated or exempt from being vaccinated.

Vaccination

No	Effective date	Date revoked	Title and description
53/2021	4/10/2021	15/06/2022	Required workers at quarantine facilities to be vaccinated.
55/2021	13/10/2021	22/04/2022	Introduced a broad based vaccination mandate for workers in the Territory. Prevented an unvaccinated worker from attending their workplace. Required the first dose of the vaccine to be obtained by 13 November 2021 and the second dose by 24 December 2021. Required business owners and operators to ensure that unvaccinated workers do not attend the workplace. Required business owners and operators to keep a register of the vaccination status of workers.
56/2021	21/10/2021	20/12/2021	Made vaccination mandatory for freight workers entering the Territory. Required freight workers to have the first dose of the vaccine by 1 November 2021 and the second dose by 13 December 2021.
57/2021	29/10/2021	22/11/2021	Required people to provide their vaccination status upon entering the Territory.
58/2021	29/10/2021	22/11/2021	Defined 'COVID-19 high vaccination zone'.
62/2021	5/11/2021	5/11/2021	Required business owners and operators under lock-out conditions in greater Darwin and Katherine to refuse entry and service to unvaccinated people. Exemptions were provided enabling unvaccinated people to purchase essential goods and services and attend small funerals.
64/2021	5/11/2021	06/11/2021	Permitted unvaccinated essential workers in Darwin and surrounding areas to attend work.

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66/2021	5/11/2021	7/11/2021	Required a proprietor of a business in Darwin and surrounding areas to check vaccination status and regulate service and access to places, activities and services.
72/2021	7/11/2021	8/11/2021	Directions to check vaccination status and regulate service and access to places, activities and services in Darwin and surrounding areas of the Territory and in Katherine. These directions effectively extend the requirement for vaccination status checks from Darwin alone, to encompass both Darwin and Katherine.
77/2021	8/11/2021	09/11/2021	Directions to check vaccination status and regulate service and access to places, activities and services in Darwin (no longer applicable to the Katherine area).
81/2021	10/11/2021	22/04/2022	Expanded the categories of workers required to be vaccinated to include volunteers of incorporated associations. Exempted workers at consulates or diplomatic premises from the vaccine mandate.
5/2022	6/01/2022	30/01/2022	During the Territory-wide lockdown, permitted unvaccinated people to leave home to exit the Territory.
8/2022	10/01/2022	05/04/2022	Required licensed premises and entertainment venues to refuse entry and service to unvaccinated people.
9/2022	10/01/2022	05/04/2022	Required licensed premises to refuse entry and service to unvaccinated people at all times.
14/2022	13/01/2022	05/04/2022	Permitted unvaccinated people to access licensed premises and entertainment venues to collect and pay for (takeaway) food or beverages.
52/2022	22/04/2022	15/06/2022	Amended the vaccine mandate to require certain workers to have at least 3 doses of a COVID-9 vaccine.
55/2022	30/03/2022	05/04/2022	Amended the list of exemptions for unvaccinated people that licensed premises and entertainment venues were required to refuse entry and service to.
57/2022	5/04/2022	15/06/2022	Ended the requirement for licensed premises and entertainment venues to refuse entry and service to unvaccinated people.
53/2022	22/04/2022	15/06/2022	Revocation of the broad vaccine mandate.

Aged care facilities and other high risk settings

No	Effective date	Date revoked	Title and description
2/2020	22/03/2020	23/04/2020	Implemented restrictions to aged care facilities. Specified who can enter aged care facilities. Specified visitors providing care and support to a resident may only visit for 2 hours a day and restricted visitors under 16 years of age. Persons with COVID-19 symptoms or had not received the influenza vaccination were not permitted to enter the aged care facility.
24/2020	23/04/2020	24/06/2020	Permitted representatives of the Aged Care Quality and Safety Commission to visit aged care facilities.
40/2020	24/06/2020	3/06/2021	Aged care facility restrictions eased slightly - allowed people under 16 years of age to visit, removed the time limit on visits, however, visitors were restricted to 2 people at a time per resident, permitted emergency workers to enter aged care facilities without having had the influenza vaccination.

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7/2021	3/06/2021	27/06/2021	Aged care facility restrictions eased further - visitor number limit removed. Prohibited at risk visitors such as close contacts and people who had recently been in a hotspot from visiting aged care facilities, required visitors to aged care facilities to wear a mask and required aged care facilities to collect visitors' contact information for contact tracing purposes.
11/2021	27/06/2021	1/07/2021	Aged care facility restrictions increased - prohibited visitors to aged care facilities except those providing end of life care and essential workers, increased mask wearing for workers and residents and prohibited aged care facility workers from working in another workplace.
15/2021	27/06/2021	1/07/2021	Removed the prohibition on workers in aged care facilities from working in any other workplace.
19/2021	1/07/2021	9/07/2021	Expanded the definition of aged care facility to include National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) services and extended the current restrictions for aged care facilities.
33/2021	9/07/2021	16/08/2021	Easing of restrictions in aged care facilities - visitors able to visit but restrictions apply for at risk visitors (such as close contacts and people who were in a hotspot within the previous 14 days) and visitors must provide contact information via the <i>Territory Check In app</i> when entering an aged care facility.
41/2021	16/08/2021	19/08/2021	Increased restrictions in aged care facilities in Katherine and Greater Darwin until 19 August 2021 - prohibited visitors to aged care facilities except those providing end of life care and essential workers (but prohibited at risk persons such as close contacts and people who had recently been in a hotspot), required all persons entering an aged care facility must wear a mask and submit to testing if required.
47/2021	19/08/2021	20/08/2021	Extended the current restrictions for aged care facilities in Katherine to 20 August 2021
48/2021	19/08/2021	8/11/2021	Easing of restrictions in aged care facilities - visitors able to visit but restrictions apply for at risk visitors (such as close contacts and people who were in a hotspot within the previous 14 days) and visitors must provide contact information via the <i>Territory Check In app</i> when entering an aged care facility. Implemented mandatory COVID-19 vaccination requirements for aged care workers - required all aged care workers are to have had at least their first vaccination by 17 September 2021 and their second dose by 31 October 2021. Required aged care workers at an aged care facility to supply certain information about other workplaces to the facility.
63/2021	5/11/2021	9/11/2021	Increases restrictions in aged care facilities in Katherine and Greater Darwin until 8 November 2021 - prohibited unvaccinated visitors to aged care facilities, permitted vaccinated visitors, persons providing end of life care and essential workers (but prohibited at risk persons such as close contacts and people who had recently been in a hotspot) to enter aged care facilities, required all persons entering an aged care facility must wear a mask and submit to testing if required.
69/2021	5/11/2021	9/11/2021	Extended current restrictions in aged care facilities in Katherine and greater Darwin and prohibited vaccinated visitors entering aged care facilities.
73/2021	7/11/2021	15/06/2022	Extended current restrictions in aged care facilities in Greater Darwin and Katherine for a further 24 hours (until 9 November 2021).
75/2021	8/11/2021	24/12/2021	Restrictions eased for aged care facilities excluding facilities in the Darwin lockout area- removed the prohibition on visitors to aged care facilities, removed visitor number limits, retained the prohibition on close contacts and people who had recently been in a hotspot from visiting an aged care facility and required aged care facilities to collect visitors' contact information using <i>The Territory Check In app</i> .

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78/2021	8/11/2021	9/11/2021	Extended the restrictions currently in place for aged care facilities in the Darwin lockdown area until 10 November 2021.
80/2021	9/11/2021	15/06/2022	Restrictions eased for aged care facilities in the former Darwin lockdown area - removed the prohibition on visitors to aged care facilities, removed visitor number limits, retained the prohibition on close contacts and people who had recently been in a hotspot from visiting an aged care facility and required aged care facilities to collect visitors' contact information using <i>The Territory Check In app</i> .
87/2021	15/11/2021	27/11/2021	Prohibited visitors to aged care facilities in Katherine except persons performing end of life support and essential workers. Required all persons entering an aged care facility to wear a mask when in the facility and required residents to wear masks when outside their rooms. Required people entering aged care facilities to submit to testing if required.
92/2021	18/11/2021	27/11/2021	Extended the restrictions for aged care facilities in Katherine until 22 November 2021.
98/2021	22/11/2021	27/11/2021	Extended the restrictions for aged care facilities in Katherine until 24 November 2021.
100/2021	24/11/2021	27/11/2021	Extended the restrictions for aged care facilities in Katherine until 4 December 2021.
117/2021	8/12/2021	15/12/2021	Prohibited visitors to aged care facilities in Katherine except persons performing end of life support and essential workers. Required all persons entering an aged care facility to wear a mask when in the facility and required residents to wear masks when outside their rooms. Required people entering aged care facilities to submit to testing if required.
141/2021	24/12/2021	15/06/2022	Implemented directions Territory-wide for aged care facilities – permitted visitors to aged care facilities (excluding at risk visitors such as close contacts and people who do not have an up to date influenza vaccination). Required persons who were subject to border directions and entering an aged care facility to submit to a daily RAT testing procedure. Required aged care facilities to collect visitors' contact information using <i>The Territory Check In app</i> .
41/2022	11/03/2022	15/06/2022	Required workers in high risk settings to have had at least 3 vaccine doses to attend the high risk setting workplace.
58/2022	20/04/2022	15/06/2022	Easing of restrictions for aged care facilities – reduced the period of prohibition of entry into aged care facilities for close contacts from 14 days to 7 days to align with other directions and removed the check-in requirements for visitors to aged care facilities.

Authorised officers

No	Effective date	Date revoked	Title and description
5/2020	22/03/2020	15/06/2022	Required assistance from authorised officers under section 76(1) (f) of the <i>Public and Environmental Health Act 2011</i> to assist the CHO in exercising powers under Part 5, Division 2 of the Act, including to ensure, by means the CHO considers necessary, appropriate or desirable, compliance with any directions from the CHO.

Future readiness

The end of the public health emergency ended on 15 June 2022 with Territorians well adapted to living with COVID-19. From a public health perspective, the experience of the COVID-19 emergency provides opportunities to reflect on learnings and insights.

The COVID-19 health emergency exacerbated and highlighted the disadvantages that affect many Territorians and the challenges of delivering services and responses to diverse cultural settings across our large geography. The many health, welfare and community development teams working within and outside government in the Territory already appreciate that it can be difficult to improve health outcomes for disadvantaged and vulnerable Territorians if other aspects of life are not simultaneously improved. These factors, known as social determinants of health are the conditions in which people are born, grow up, live, work and age. It is very difficult to remain isolated during a health emergency if you don't have secure access to food. It is difficult to socially distance in an overcrowded household. Addressing inequities will reduce the chances of overwhelming our health systems during times of emergency. While the Territory Government and many others are already working on these social determinants, the COVID-19 health emergency reinforced the importance of working closely with non-governmental organisations, including ACCHOs to be effective in our efforts to improve living conditions and opportunities for disadvantaged and vulnerable Territorians. The pandemic required fast-paced and reactive decision-making, and consultation and implementation was often challenging. This improved over time, and what was learned through those experiences can now improve our two way consultation and shared decision making.

The COVID-19 pandemic also drew attention to the challenges that many organisations in the Territory face to maintain a stable health workforce, especially in remote areas. The additional workload associated with the pandemic coupled with necessary border controls and internal movement restrictions challenged health workforce models in the Territory. Telehealth and technology offers the promise to connect people with distant health services when needed, however in the near term, COVID-19 illness continues to affect staffing levels across the sector.

The pandemic demonstrated the intensive and consistent effort needed to uphold public trust in vaccines. This highlighted how important timely, tailored and accurate public communication is during an effective emergency response. The Territory population did extraordinarily well in taking up COVID-19 vaccines to help protect the community. That uptake allowed the Territory to keep its economy functioning, to keep schools open, to open borders and see loved ones, in ways that other jurisdictions could not enjoy

The Territory's public health teams and other emergency responders are already preparing our health system and other structures for future challenges, whether those be new variants of COVID-19, a new virus or the health impacts of increasing extremes in our climate. A well-functioning community-based public health system is vital to keeping individuals and the population safe and healthy.

Abbreviations and definitions

Acronyms and abbreviations

ACCHOs	Aboriginal Community Controlled Health Organisations
AHPPC	Australian Health Principal Protection Committee
AIHW	Australian Institute of Health & Welfare
AMSANT	Aboriginal Medical Services Alliance Northern Territory
APAS	Asia-Pacific Aircraft Storage
AREW	Approved Remote Essential Worker
ASQF	Alice Springs Quarantine Facility
ATAGI	Australian Technical Advisory Group on Immunisations
AUSMAT	Australian Medical Assistance Teams
BAU	Business As Usual
BCP	Business Continuity Plan
BRU	Border Restriction Unit
CCCU	COVID Central Coordination Unit
CDC	Centre for Disease Control
CDNA	Communicable Diseases Network Australia
CDU	Charles Darwin University
CEO	Chief Executive Officer
CNR	Centre for National Resilience
ColoSSoS	Collaboration on Sewage Surveillance of SARS-CoV-2 (ColoSSoS)
CM&C	Department of the Chief Minister and Cabinet
DoE	Department of Education
DoH	Department of Health
EMSC	Emergency Management Sub-committee of Cabinet
ICU	Intensive Care Unit
IFD	Infectious Disease
MERS	Middle East Respiratory Syndrome
NCCTRC	National Critical Care and Trauma Response Centre
NDS NT	National Disability Services Northern Territory
NIAA	National Indigenous Australians Agency
NNDSS	National Notifiable Diseases Surveillance System
NT PHN	Northern Territory Primary Health Network
NTEOC	Northern Territory Emergency Operations Centre

PCR	Polymerase chain reaction tests
PHAG	Public Health Advisory Group
PHC	Primary Health Care
PHLN	Public Health Laboratory Network
PHSM	Public Health and Social Measures
PHU	Public Health Unit
PPE	Personal Protective Equipment
PPHC	Primary and Public Health Care
RACF	Residential Aged Care Facilities
RAT	Rapid Antigen Test
RED	Regional Executive Director
RRT	Rapid Response Team
SARS	Severe Acute Respiratory Syndrome
SCALE	Special Community Assistance and Local Employment
SEMSC	Security and Emergency Management Sub-Committee of Cabinet
SoNG	Series of National Guidelines
TEMC	Territory Emergency Management Council
TERC	Territory Economic Reconstruction Commission
TGA	Therapeutic Goods Administration
TTIQ	Test, Trace, Investigate, Quarantine

Definitions

Community spread	Community spread means the disease is spread within a community, as opposed to arriving from an outside source
Contact tracing	Interviews of cases to identify potential contacts
Coronaviruses	Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases
COVID-19	Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus
Disinformation	Deliberately misleading or biased information; manipulated narrative or facts; propaganda
Elimination	Elimination generally sits in the context of a global eradication goal. This is achieved by employing a number of control measures e.g. testing and quarantining of contacts
Endemic	A disease outbreak is endemic when it is consistently present but limited to a particular region
Epidemic	An outbreak of disease that spreads quickly and affects many individuals at the same time
Eradication	Permanent reduction to zero of the incidence of infection caused by a specific agent as a result of deliberate efforts; intervention measures are no longer needed
Isolation	Separation of ill or infected persons from others
Misinformation	False information that is spread, regardless of intent to mislead
Novel virus	A novel virus is one that has not previously been recorded.

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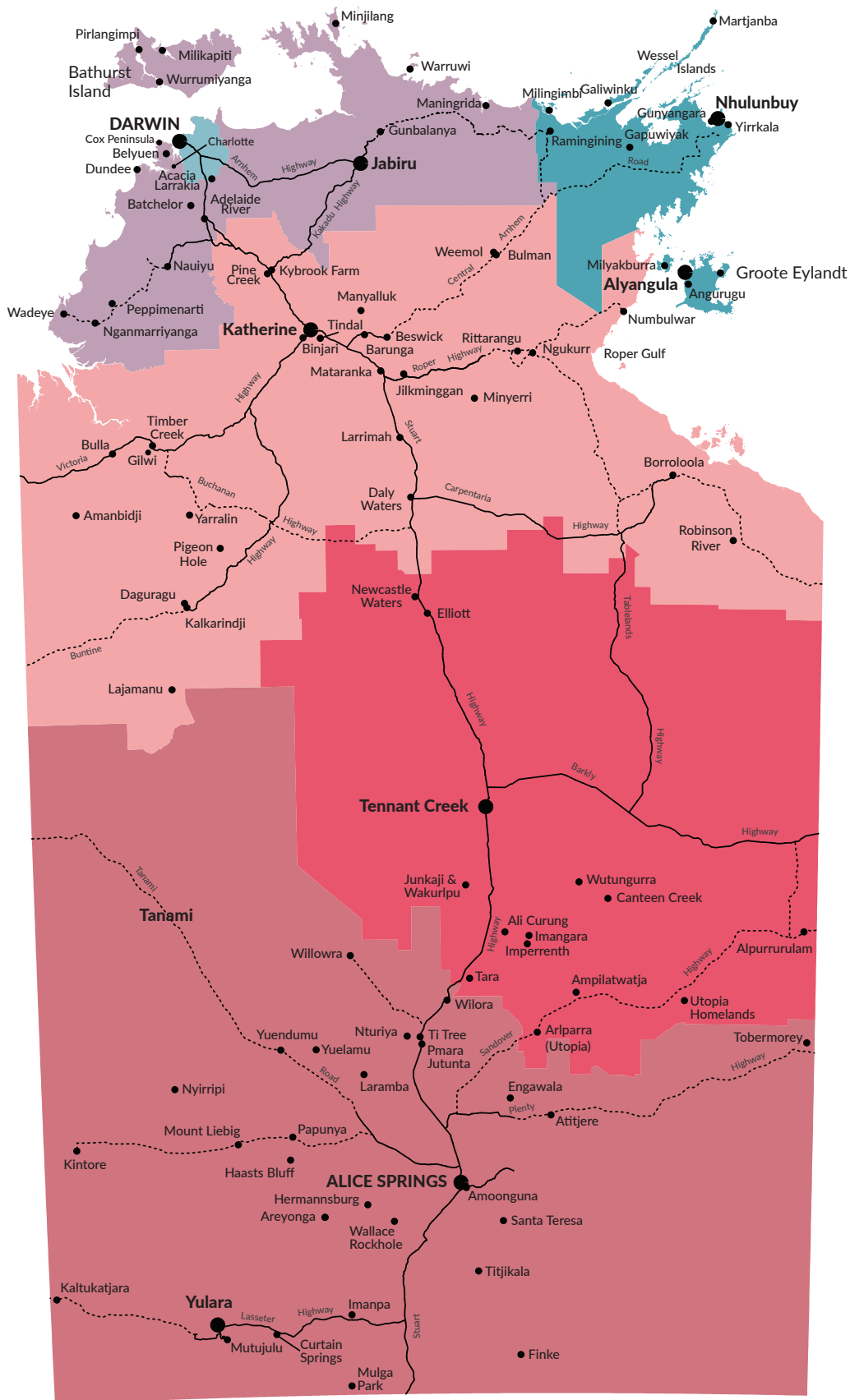
Pandemic	An outbreak of a disease that occurs over a wide geographic area (such as multiple countries or continents) and typically affects a significant proportion of the population. The difference between an epidemic and a pandemic isn't in the severity of the disease, but the degree to which it has spread. The World Health Organization (WHO) declares a pandemic when a disease's growth is exponential
Physical distancing	Remaining at a distance of at least 1.5m from other individuals without touching
Quarantine	Restriction of activities or the separation of persons who are not ill but who may have been exposed to a case to monitor their health for the development of illness
Telehealth	Telehealth allows you to consult a healthcare provider by phone or a video call, which improves the provision of healthcare by improving access to timely services
Territory Government	References to the Territory Government refers to the Northern Territory Government
Vaccine	A preparation that is administered (as by injection) to stimulate the body's immune response against a specific infectious agent or disease

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● Barkly
 ● Big Rivers
 ● Central Australia
 ● Darwin, Palmerston & Litchfield
 ● East Arnhem
 ● Top End

CHIEF HEALTH OFFICER'S REPORT

The COVID-19 Public Health Emergency
28 March 2020 to 15 June 2022

