

CORONAVIRUS — INTERSTATE BORDER RESTRICTIONS

31. Ms M.J. DAVIES to the Premier:

I have a supplementary question. If the Premier does not have modelling for Omicron and no specific thresholds for opening have been provided by the Chief Health Officer, what is he basing his decisions on in relation to opening the state border?

Mr M. McGOWAN replied:

Honestly! I will explain it to the Leader of the Opposition again. A review is currently being conducted by Health in conjunction with the Chief Health Officer. A range of factors will be considered as part of that. I will take the Leader of the Opposition through them again. The first is the vaccination rate in Western Australia, particularly for the third dose. All evidence is that the third dose of the vaccine, particularly Pfizer, is very successful in suppressing the impact of Omicron on people. Getting to a higher rate of third dose—I think I outlined before that the rate is 53.5 per cent or thereabouts for the third dose—will ensure that our state is better protected as part of any reopening plan. Getting to a higher third-dose rate is part of that. Secondly, getting to a higher vaccination rate for children is part of the consideration, bearing in mind that children aged between five and 11 could get vaccinated from only 10 January. Thirdly, watching the infection rates in the east, particularly how many cases are likely to seed into Western Australia on an opening date on which there is no requirement for quarantine or ongoing testing, is obviously an important consideration as well. They are three considerations, but there are a range of others as part of it.

I point out to the Leader of the Opposition that the Prime Minister backed-in what we announced. He said that it was the right decision because Omicron changed everything. One would have to be living in a cave—to quote someone—not to have noticed that Omicron changed everything. It was transmissibility. In the first part of this year, on some days there were 5 000 people in hospital and hundreds of people in intensive care units and on ventilators and the like in the eastern states. Some days they had nearly 100 people dying, per day—dying. We are actually dealing with life and death here. It should not be a matter of glib politics and silly sloganeering; it is life and death. That is why we are being cautious and considered in what we do in response to these matters, and we will make further announcements, no doubt later this month.