

Inquiry into the Victorian Government's COVID-19 Contact Tracing System and Testing Regime

Dr Tim Read

Organisation Name:

Your position or role:

YOUR SUBMISSION

Submission:

I raise several points to consider in your inquiry.

1. What are the limitations of contact tracing in controlling SARS-CoV-2 outbreaks? I'm concerned that Victorian decision-makers put too much faith in our "army of disease detectives" in June and July this year, when the epidemic had grown too large to suppress with contact tracing. We need to know when contact tracing is "out of its depth" and we need to institute community-wide measures.

2. The committee should seek a detailed understanding of what problems prevented contact tracing from effectively controlling the hotel quarantine outbreak in June. Unless we understand that, we cannot be confident that these problems have been fixed. One obvious problem was that test results in June/July were taking too long to come back. I had constituents report they had not received results by ten days. This has now been fixed, but this would obviously have crippled contact tracing. What other factors hampered contact tracing at that time? Did those leading the contact tracing effort understand the problems?

3. Online contact tracing tools for sexually transmitted infections such as letthemknow.org.au allow the index case to enter their own contacts who are then automatically notified by text or email. The obvious differences between STI and SARS CoV-2 mean that this will not capture many contacts, but it could speed up some of the workload, and it may be helpful to know if tools such as these were trialed or adapted for this epidemic.

4. We are now investing considerable resources into contact tracing that may not be required for much longer for this virus, given the prospects of a successful vaccine. So we should ask what kind of contact tracing capability we want to retain after we've vaccinated most of the population. Contact tracing was mainly used for TB and STI before this pandemic but there may be a need for more contact tracing and field epidemiology in other infectious diseases that are not always thoroughly investigated in Victoria. Thus we have an opportunity to train and develop a workforce capable of investigating outbreaks of various communicable diseases. Our STI contact tracing team was unable to chase down all the syphilis in Victoria pre-pandemic, so increased resources may be useful there.

It has been suggested that we have contact tracing teams in various hubs across Victoria. This sounds fine, but there's a risk that over time and with disuse, individual regional hubs will atrophy. But if team members have another role, in addition to contact tracing, in their community, they are more likely to remain. It is worth thinking about retaining some capability for contact tracers to work within particular ethnic groups and having a stand-by workforce who work in other fields but can be rapidly deployed when needed.

FILE ATTACHMENTS

File1:

File2:

File3:

Confidentiality:

Signature:
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