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Health And Education

Coronavirus pandemic

WA and Queensland borders start to come down

Tom Burton and Brad Thompson

Oct 30, 2020 - 5.26pm



Western Australia and Queensland have made their first steps to reopen borders, as public health authorities are urged to take greater advantage of rapid testing to help infection control.

Western Australian Premier Mark McGowan announced the first relaxation of its hard border, allowing people from "very low risk" states of Tasmania, Queensland, South Australia, ACT and the Northern Territory to enter, subject to a temperature and health check from November 14.





The SA and WA border is set to be reopened after being closed for over seven months. **Nicki Penman**

Under the new rules, travellers from NSW and Victoria will also be allowed to enter WA, but will be required to self-quarantine for 14 days.

Mr McGowan said the move to controlled borders, after 202 days of hard border restrictions, would be subject to locally acquired cases levels remaining at current or lower levels.

NSW and Victoria will be required to maintain their current 14-day case average of less than five local cases. The less populous states must maintain their current status of having no local cases in the previous 28 days.

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The Chamber of Minerals and Energy WA welcomed the move to allow quarantine-

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He said it would also allow mining and resources sector operators improved opportunities to address current and future workforce needs.

Day off for Andrews

Queensland also began to open its border to its southern states, deciding to allow regional NSW residents – but not Sydneysiders – to cross the Tweed River, without quarantine from November 3.

The slow but steady reopening of state borders followed another day of low case numbers with Victoria reporting four new cases – two of which are suspected false positives.

NSW reported six new cases, all from hotel quarantine, with South Australia, Queensland and Western Australia also reporting single cases from a returning traveller, leaving a national total of 13 new cases.

Across the nation, there are now 200 active cases and 19 cases in hospital. Over the past fortnight Australia has recorded an average daily community infection rate of 4.2 cases, all coming from NSW and Victoria.

Reflecting the improved situation in Victoria, Premier [Daniel Andrews](#) announced he will take his first day off after standing up for Victoria's daily coronavirus press conferences for 120 days in a row.

"I will not see you tomorrow, the Minister for Health will conduct the daily briefing, I am sure you are all very pleased to hear that," Mr Andrews said.

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results are available after 10 minutes.

Rapid tests usually either look for antibodies to reveal previous infection or for markers of the virus such as antigens that stimulate an immune response to COVID-19.

Rapid testing

The Therapeutic Goods Administration has [noted antigen tests are generally considered to be less sensitive](#) than the widely used PCR test, which it says is the gold standard in COVID-19 virus diagnosis.

"The clinical utility of rapid antigen tests in screening asymptomatic persons has not been established," according to advice from the TGA.

However, the managing director of listed biotech Atomo, John Kelly, told *The Australian Financial Review* that with up to 20 per cent of infections asymptomatic, many countries were establishing regular, proactive testing regimes.

Atomo's antigen test was [this week given TGA approval](#), joining six other offerings that have been approved and joins a suite of rapid testing offerings now being assessed for real world performance by the Doherty Institute.

"Governments have been lukewarm [about rapid testing]. I think that reflects the advisory groups and not necessarily the utility of the rapid tests themselves," Mr

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"We are finding a lot more interest from corporates than we are from public health."

Mr Kelly pointed to ignorance and incumbent business interests.

"The pathology groups within public health and the private sector are made up and represented by pathologists who have grown up with lab-based systems, and there's a natural resistance, because they don't know as much about rapid tests.

"The whole industry is being built around big labs and rapid tests are disruptive to that.

"They've got the ear of policymakers and public health and I think that's why Australia has been quite slow to adopt these new community-facing point of care solutions."

Mr Kelly said the typical use for the antigen test was for high-risk cohorts.

"So that's obviously frontline health workers, anyone interfacing with lots of members of the public, anyone in logistics and hospitality."



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Mr Kelly said rapid testing would help labour hire employment agencies to screen staff as part of their offering of safe workforces, the resource sector with staff flying in and flying out, and for airports, particularly for interstate travel.

Antigen tests typically have a 90 per cent accuracy rate but Mr Kelly said this was a

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"We're not saying that an 88 per cent sensitive test is better than 98 per cent sensitive test. We are saying an 88 per cent sensitive test is better than no test being done, which is the situation in a lot of settings because of the turnaround time lapse," Mr Kelly said.

Professor Deborah Williamson from the Doherty Institute is leading the validation work on rapid testing.

"At the moment we are pretty well served by having PCR testing capacity in Australia and you know that that is still the gold standard test. These rapid tests, particularly the antigen tests, have been used extensively overseas but the disease does look quite different overseas, particularly in the United States where the tests have been used widely.

"The tests are at this stage designed to be used in symptomatic individuals in the first few days of symptom onset. That's where the tests have the most utility."

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