

The national opportunity to invest in the sustainable health of Australian children with better pandemic protections that enable them to thrive

My name is Suzanne Jennings; I am the mother of three daughters and a Primary School Integration Aide who is passionate about helping children with additional needs. Currently I am unable to work as an Integration Aide; [REDACTED] a school is no longer a safe workplace. I am also co-founder of the Cleaner Air Collective, a grassroots advocacy group with hundreds of Australian parents amongst our members. My submission focuses on the neglected health impact for children of repeated COVID-19 infections. As well as specifically addressing the government's failure to allow children access to updated vaccines and to provide clean air in childcare/schools, I consider opportunities for improvement in the future – both for further waves of COVID-19 and for new pandemic diseases. This meets the Term of Reference: “mechanisms to better target future responses to the needs of particular populations (including across age groups)”. Thank you for the opportunity to contribute to this Inquiry; I am available and interested to participate in further targeted stakeholder engagement in 2024.

To begin with, I note that while schools are under state jurisdiction, there is precedent for the Federal government to offer support and leadership. For example, the Federal Schools Upgrade Fund (SUF)¹ provides more equitable access to resources to support schools and has been used to fund HEPA air purifiers and CO2 monitors for individual schools in 2023.

I also note that my submission is not a call for further lockdowns; indeed, I want the opposite. I am advocating for well protected children thriving in safe learning environments – a worthy investment. Those who only examine the impact of lockdowns on children, without considering the impact of repeated infections, are conducting an incomplete analysis and missing the point that children don't merely have the right to education, but the right to SAFE ACCESS to education. Children shouldn't have to risk their health, quality of life and future for their education. The right to education must sit alongside children's fundamental rights to life, health, and safety, all of which have been besieged in educational settings.

It is a shortcoming of Australia's COVID-19 response that children's long term physical health in the face of repeated COVID-19 infections has not been at the forefront. Our youngest children (0-5 years) have been denied access to the protection of vaccination, unlike their counterparts around the world,⁴ and Australian schoolchildren have been denied updated vaccine boosters and safe air in schools. While parliamentarians at state and federal levels enjoy the safest air through upgraded ventilation and filtration², high density classrooms facilitate unmitigated transmission of a myriad of infectious diseases, causing constant waves of serious illness and educational absences for students. We should not tolerate severe illness, chronic disability and deaths when our children could be better protected through an available vaccine and the implementation of national Indoor Air Quality standards.

Harm and the protective opportunity of vaccination

In its findings through the Long Covid Inquiry, the Federal Health Committee raised the issue of insufficient research into the impact of COVID-19 and Long Covid in children, especially given they will be affected over a long period, have lower rates of vaccination and face higher rates of reinfection (increasing the risk of Long Covid). The University of Melbourne has advised that understanding Long Covid in children is particularly important as “[s]ymptoms in children are different to those in adults but are poorly recognised. In addition to acute impacts on health, there are also likely consequences of Long Covid on social and cognitive development that affect learning with subsequent longer-term impacts.” [REDACTED] has estimated the age-specific burden of Long Covid in Australia, including the estimated total children 0-4 years of age with Long Covid by December 2023, is 43,910.³

It is a myth that children do not experience severe acute COVID-19 symptoms – that it is, for them, overwhelmingly a mild infection. Thousands of our children have been hospitalised with COVID-19, and a child every day in Australia has needed to be admitted to intensive care with COVID-19 infection⁴. The highest numbers are for children under five years old. This is unacceptable and demonstrates the severity of illness children are suffering. I have gathered much scientific evidence and data, both international and Australian, regarding severe outcomes, and I am providing these to the panel in this attachment. [Evidence for children's vaccination/boosters](#)

The Australian National Clinical Evidence Taskforce states in its “Pathways to Care for Children and Adolescents with COVID-19” document that having “no vaccine dose or SARS-CoV-2 infection in the past 6 months” is a “risk factor for poor outcomes” in children⁴. Given our national strategy in Australia is built on protection by “hybrid immunity”,

how are children under 5 years old supposed to achieve that without access to vaccines? How can schoolchildren maintain hybrid immunity if they have not been given access to updated boosters?

Chief Medical Officer Paul Kelly has said it is a positive that the majority of Australians were not exposed to COVID-19 before having at least two vaccine doses and that major risk factors for Long Covid are “having had infection before vaccination and being unvaccinated”⁵. If we had vaccinated Australian children at 6 months old, this would have ensured most of them had their first exposure via vaccination not infection. Our children deserved this protection, just as the majority of Australians enjoyed in 2020/21. In the future, this recommendation should apply for all Australians of **all** ages, otherwise we will continue to leave our children behind, unprotected against poor outcomes.

Indeed, the US CDC recommends: “COVID-19 prevention strategies, **including vaccination for all eligible persons aged ≥6 months**, are critical to preventing SARS-CoV-2 infection and subsequent illness, and reducing the public health impact of post-COVID-19 symptoms and conditions among persons aged 0–17 years.”⁴ The CDC has made COVID-19 vaccines part of its ongoing normal immunisation schedule, and Australia should do the same for all aged 6 months and older.

As noted, children are not exempt from serious COVID-19 impacts. The list of poor outcomes and severe disease that children experience as a consequence of infection is worryingly long and continues to expand. It includes:

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| • Multisystem Inflammatory Syndrome (MIS C) | immune system dysfunction |
| • acute pulmonary embolism | myocarditis and cardiomyopathy |
| • stroke | venous thromboembolic event |
| • acute and unspecified renal failure | type 1 diabetes mellitus |
| • Long Covid | and death. ⁴ |

Miscellaneous persistent symptoms (after 6 months) for children include ongoing dizziness, skipping meals, loss of smell, chills, headache, muscle pains, shortness of breath and tiredness, all of which cause significant reduction in quality of life and loss of ability to participate in education⁴. Children’s vaccines reduce the incidence of persistent symptoms and can also help prevent immune dysfunction. Post-COVID-19 immune dysfunction leads to children being more susceptible to a myriad of viruses and infections circulating at any time, and this, in turn, leads to poor outcomes such as multiple school absences, interrupted learning and parents forced to miss work to care for constantly sick children.

The protective opportunity of clean air investment

During 2021/22 the Victorian government provided schools with HEPA air purifiers in all classrooms⁶; this was a positive step despite some ongoing issues over correct usage/maintenance. It was also potentially helpful that the Federal SUF invited schools to apply for a grant to fund HEPA air purifiers and CO2 monitors, to upgrade ventilation systems, and to build covered outdoor learning spaces. However, it is unacceptable that schools had to compete against each other for a relatively small pool of funding. Questions must be asked: what happens for the schools that missed out on the funding they applied for? What is the plan to bridge the widening gap between the schools that can protect children and those that can’t? To help prevent the spread of airborne infections, both currently and in the future, there must be a nationally consistent, apolitical strategy providing equal access to clean air technologies.

As we face winter in 2024 with a viral triple threat including COVID-19, influenza, and Respiratory Syncytial Virus (RSV) (not to mention the new worldwide threat of mycoplasma pneumonia which has already started spreading amongst Australian children⁷), it is crucial that every school has access to the tools essential for protecting students and staff. Schools should not have to compete for funding and resources to provide safe and healthy learning environments. Every school deserves equal access to protection for children and staff, not just the lucky ones who happen to receive funding.

The risk of COVID-19 spreading in crowded indoor spaces is much higher than outdoors. This is because COVID-19 is airborne: a fine aerosol spray from an infected person can stay in the air and spread to others who breathe it in, spreading the virus. Providing sufficient ventilation has been shown to reduce the spread of COVID-19 and other respiratory diseases by up to 80%⁸. Improving air quality has been shown to have a significant positive impact on the health and well-being of students and staff, improving the overall learning environment and learning outcomes. It will reduce the disruption of both student and staff absenteeism due to illness as well as reducing the costs of relief staff.

HEPA filtered air purifiers improve air quality because they capture particles such as dust, pollen and pet dander (which can aggravate allergies and asthma) in a filter. They also capture viral particles, including COVID-19. By installing these purifiers in classrooms, hallways, and other common areas, schools can greatly reduce the risk of airborne disease

transmission. CO2 monitors, on the other hand, will help to ensure classrooms are properly ventilated. High levels of CO2 can indicate poor air quality and a lack of fresh air, which can lead to fatigue, headaches, and other health problems. By installing these monitors, ventilation issues can be detected and addressed before they become a major problem. Other measures that would further protect children at school include Public Health campaigns and provision of rapid antigen tests with a requirement to test and isolate, which can help identify cases early and prevent them from sparking an outbreak. In addition, the distribution of free but fully optional N95/P2 masks to students and staff can help reduce the risk of transmission.

Beyond the importance of protecting children's health and healthy futures, there is the opportunity to utilise vaccination and clean air to ameliorate the cascading negative impacts of repeated COVID-19 waves and immune dysfunction-caused waves of other infectious diseases – all of which significantly impact on working parents, Australian businesses and the economy. It is simply not a sustainable strategy to tolerate unmitigated reinfection waves through Australian schools, which then spread to homes and families throughout the country, impacting educational development, workforce absences, productivity and long-term health issues.

In conclusion, protecting children from the ravages of pandemics is not only critical for their health, well-being and future, but it is also essential for the overall health of our economy. I urge you to consider the benefits of protecting children and recommend to the federal government the following immediate actions:

Actions:

1. Extend eligibility for already approved paediatric COVID-19 vaccines to all Australian children 6 months to 5 years
2. Extend eligibility for already approved updated COVID-19 boosters to all Australian children 5 years to 18 years who haven't received one
3. In future, link children's boosters with currently approved adult schedule
4. Use Federal Schools Upgrade Fund to provide grants to ensure every Australian classroom has HEPA air purifiers, CO2 monitoring and education for staff on their importance while assessing future ventilation upgrades
5. Provide grants to childcare facilities to invest in HEPA air purifiers and CO2 monitors
6. Take action on Recommendation 7 of the Long Covid Inquiry to develop national indoor air quality standards⁹

Your leadership and action on these critical issues will make a real difference to the lives of countless families and to the future of our country, and I thank you for your consideration.

References:

1. <https://www.education.gov.au/schools-upgrade-fund>
2. <https://www.smh.com.au/politics/nsw/eastern-suburbs-to-get-pfizer-priority-as-COVID-19-cases-spread-in-record-numbers-20210829-p58mxc.html>
3. https://parlinfo.aph.gov.au/parlInfo/download/committees/reportrep/RB000006/toc_pdf/SickandtiredCastingalongshadow.pdf
4. [Evidence for children's vaccination/boosters](#)
5. <https://amp.abc.net.au/article/101522054>
6. <https://amp.theage.com.au/politics/victoria/victorian-air-filter-for-schools-plan-set-to-be-national-model-20220122-p59qco.html>
7. <https://www.nature.com/articles/d41586-023-04032-z>
8. <https://www.reuters.com/world/europe/italian-study-shows-ventilation-can-cut-school-COVID-19-cases-by-82-2022-03-22/>
9. https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/LongandRepeatedCOVID-19/Report/List_of_recommendations