RESPONSE TO THE COVID INQUIRY

Thank you for the opportunity to contribute to the inquiry into the Commonwealth Government's response to the COVID-19 pandemic.

We are writing primarily as parents to [redacted] children [redacted] As individuals, one is a [redacted] by profession working as a sole trader, and one worked until recently as an [redacted] professional who is currently the primary caregiver to our [redacted] children. We have taken a keen interest in the scientific developments surrounding SARS-CoV-2 over the course of the pandemic and how governments, both in Australia and internationally, have approached its management. This led us to become members of the advocacy group, Cleaner Air Collective, to support action towards a future where 'clean air' (from pollutants and pathogens) is prioritised by government.

Governance and public health responses

We perceive there have been two broad phases of governance in pandemic management in Australia. We view them as: (1) the period between March 2020 and October 2021 when any COVID outbreaks were contained in the push towards stopping SARS-CoV-2 transmission in the community; and (2) the period starting from October 2021, still ongoing to the present day, when the strategy shifted to allow COVID transmission within the community (colloquially known as 'let it rip').

We largely understood the health response measures that were implemented during the first phase of the pandemic: border closures, quarantine, lockdowns when necessary, contact tracing and testing, free and easy access to PCR testing, a vaccination roll-out, and financial support for isolation. Overall, we were grateful to the Australian government's response to the emergence of SARS-CoV-2. There were, still, certainly lessons to be learned that could improve the implementation of these mitigations for future airborne pandemics: more appropriate quarantine facilities that avoided 'sharing the air' between those isolating and potentially infectious; faster vaccine procurement and roll-out; greater transparency regarding measures put in place, more streamlined systems to support individuals needing to travel inter-state, to name a few.

It is the responses (or rather, lack of) during the second phase of the pandemic, still ongoing today, that are more difficult for us to understand. We understood the creation of National Cabinet early in the pandemic was to "coordinate and deliver a consistent national response to COVID-19", yet states continued to follow different approaches (notably in late 2021 and throughout 2022, still ongoing to the present day), and information leading to decisions made at a federal level have not been communicated openly, clearly, or seemingly based on evidence (particularly about the long-term, or chronic, risks posed by SARS-CoV-2 infection).

This lack of transparency has made it very difficult for us to make informed decisions about our health, and our children's health, in this ongoing pandemic. As one example, CMO Paul Kelly publicly stated in late 2021 that catching the Omicron variant of SARS-CoV-2 "would be my number one Christmas present", and in a radio interview in late 2022 stated that the population now had "high hybrid immunity" (a phrase since used liberally by politicians at federal and state level and now in the lexicon of the wider community, often stated as 'fact'). Many have critiqued this notion of "hybrid immunity", however, in that any immunity from future infection is short-lived, giving little protection against re-infection when new variants emerge (which *will* emerge when there is unmitigated transmission) – like we are observing today, in late 2023, with the arrival of JN.1 in Australia.

Despite the evident lack of "hybrid immunity" from infection in the population, there has been no adaptation in COVID health response measures by the government to better curb infection rates, acute management, nor long-term considerations from post-COVID complications (such as long COVID, cardiovascular and neurological sequelae, [redacted], etc.). In fact, those measures which have been in place, have been gradually dismantled throughout 2023 despite the growing evidence base of long-term complications even with 'mild' acute infections, including in children. Our current Health Minister, Mark Butler, stated in February 2023 that lessons would be learned from the 2022-2023 COVID wave to "protect Australians from the impact of this virus", yet since that time we have lost: access to free, open air, PCR testing; access to free RATs; access to reporting positive results; access to accurate and timely reporting of testing figures; access to data on hospitalisations and deaths; access to safe healthcare due to dropping of mask mandates in healthcare facilities; access to high-risk settings pandemic payments. Recommendations from the long COVID inquiry's report, published in April 2023, have yet to be acted upon. Neither ourselves, nor our children, are being protected from the "impact of this virus" by letting SARS-CoV-2 run rampant in the community for over two years now.

Our biggest concerns, still, relate to: (1) lack of access to vaccinations (particularly for children, including those under 5); (2) lack, and removal, of public health response measures, including education about how to protect yourself from infection, lack of use of appropriate PPE in public spaces and healthcare facilities, and lack of access to timely and accurate testing.

1. Lack of access to vaccinations (particularly for children, including those under 5)

Despite the slow roll out of safe and effective COVID vaccines in Australia, we were grateful that other layers of protection remained in place during this time. However, we were alarmed when we began to hear messaging from politicians that

oversold the vaccine and then when the government began to relax mitigation measures out of step with what was publicly communicated via the Doherty modelling plan (there has still not been any transparency over why the stated plan to 'safely' open up was seemingly left by the wayside in October 2021). Since then, we have not been able to access updated boosters as adults (the XBB monovalent vaccine was approved by the US Food and Drug Administration [FDA] months before it became available in Australia, and we are still not eligible to receive a booster despite being in a COVID wave in December 2023). Further, the Novavax XBB booster, which has been approved by the US FDA, is still under consideration with its Australian counterpart. Most Australians have not kept up to date with their boosters, eligibility criteria is confusing for even the most COVID-literate members of the population, and at odds with other countries.

Of most concern to us, however, is that a COVID vaccine was approved by the US FDA for children over 6 months in June 2022. At the time, we had been following this news closely and were aware that the Moderna and Pfizer-BioTech vaccines for children over six months were approved by the Australian Therapeutic Goods Administration shortly after. We cannot understand, now 18 months later, why ATAGI have limited the vaccine in this age group to only those with severe immunocompromise, disability, and those with complex health conditions at increased risk of severe acute COVID-19 disease. The US CDC recommend that everyone six months and over receive a COVID vaccination and they have even made it part of its national immunisation schedule. We, as parents of [redacted] cannot access vaccination for them despite us being aware of the myriad of reasons why vaccination would offer them greater protection against both acute, and chronic, COVID-19 disease, including:

- Acute COVID infection is not always 'mild' in children. In fact, children under 5 are the most likely age of children to require hospitalisation (1.4% of the population vs 0.85% of children aged 5-14 years; AIHW admitted patient care statistics 2021-2022). In other countries where SARS-CoV-2 transmission was less well controlled early in the pandemic (e.g., the US), COVID became the leading infectious cause of death for children 2020-2022.
- Children are not exempt from post-acute sequelae, such as long COVID: persistent symptoms such as ongoing dizziness, loss of smell, headache, muscle pains, shortness of breath, fatigue. Rates of long COVID appear similar amongst children as they are for adults (12-16% per infection or reinfection). Children are also susceptible to a range of other poor long-term outcomes after COVID infection. Multi-inflammatory syndrome in children (MIS-C) is a rare, but recognised, consequence from infection (for which vaccination is largely protective). Other sequelae include: acute pulmonary embolism, stroke, renal failure, immune system dysfunction, myocarditis, cardiomyopathy, and type 1 diabetes mellitus.
- Infection before vaccination results in higher risk of poor outcomes. Having the opportunity to be vaccinated prior to infection reduces the incidence of persistent symptoms and can help prevent immune system dysfunction.
- These acute and post-acute COVID sequelae from infections and reinfections (as experienced by children today) will undoubtedly have implications beyond their physical health to further impact their development, learning, and mental health, and impact caregivers. Consideration of these long-term consequences has been absent from public health messaging and pandemic management decisions around paediatric vaccination as far as we are aware (due to the lack of transparency over deliberations and focus only on acute infection periods in any public messaging).

2. Lack, and removal, of public health response measures

Underscoring our perception of the lack of public health response measures, is an appalling lack of, even misleading, public health messaging. Such messaging has come from federal, and state, governments and governmental departments. There has been a notable lack of education about the following:

- How SARS-CoV-2 spreads as an airborne pathogen, and exactly what this means.
- The impacts of SARS-CoV-2 infection, including both during the acute stage and the increased risks faced long-term following infection, and reinfection.
- The rationale for using respiratory protective equipment (RPE) amongst Australian citizens in different contexts, education about how N95/P2 respirators work, why they work as an infection control measure against SARS-CoV-2, and active encouragement for all Australians to adopt RPE at appropriate times.
- The rationale for monitoring the air quality of indoor spaces and implementing ventilation and/or mechanical filtration when needed.
- The rationale for using air purifiers (with HEPA filters) to mechanically remove virus particles from the air when natural ventilation is insufficient.
- Information about why and how to improve ventilation passively when indoors.
- Information about how to take steps to prevent transmission within households including actionable guides to support households to contain family outbreaks.

It is perhaps, not surprising, that most of the community, including healthcare workers working with high-risk patients, healthcare facilities caring for the most vulnerable, aged care homes, and schools, therefore, do not have a basic understanding: (1) that SARS-CoV-2 is transmitted via suspended particles in the air; (2) that poorly ventilated spaces

increase the risk of transmission; and (3) what actions they can take as individuals, services, or communities to reduce the risks of transmission. In our personal experience, we have had specialist medics try to reassure us that they wash their hands and so are, therefore, not going to transmit COVID to us (whilst simultaneously not wearing a respirator), friends tell us that "COVID is just a cold now", and family insist that infection is not only inevitable, but necessary for this so-called (fleeting) "hybrid immunity".

The amount of mis- and dis-information being propagated in mainstream media is staggering and the government have made, seemingly, no effort to correct misleading narratives. They have, in fact, sometimes participated in them. We will note that whilst the examples below are at the state level, it is an indictment on the federal response that it is possible for state governments to have such discrepant advice. At the start of the latest COVID wave in Australia (in late 2023), the Victorian CHO publicly gave advice to "wear a mask" (and recommended an N95 respirator); conversely NSW Health has publicly advised in their 'tips to stay COVID safe' to "be kind to those who choose to wear a mask" (no mention of actually wearing one); and QLD Health has publicly suggested that 'good hygiene habits' against respiratory disease include "washing your hands with soap and water". How is it possible for one country to have such differing approaches to the same problem? The virus, physics, biology, and human behaviour do not stop or change when they cross imaginary lines on a map, and the federal government have a responsibility to its citizens to ensure we are all getting accurate, timely, evidence-based information to help us navigate life in a pandemic.

Preparedness for a future pandemic

Our opinions below relate, primarily, to how the government could better respond to the current SARS-CoV-2 pandemic, which would also have impacts on any future pandemic responses. In no particular order:

- Review and broaden advisors to government to include a diverse range of disciplines (including aerosol scientists and engineers) that span the knowledge required to tackle the myriad of problems posed by a pandemic.
- Access to vaccinations should be based on evidence demonstrating both acute and long-term benefits: to expand SARS-CoV-2 vaccination access presently to include all individuals 6 months and over, timely boosters for all ages based on updated vaccines to new strains and evidence.
- Provide appropriate PPE, including RPE, to frontline staff (healthcare workers, aged care workers, teachers, early childhood educators). Ensure members of the community have access to affordable RPE.
- Provide education and training in why, how, and when, to use RPE effectively for all members of the Australian community.
- Make efforts to shift the health message narrative from "be kind to those who choose to wear a mask" (with increasingly anti-mask rhetoric) to explain why respirators are an important line of defence against an airborne pathogen.
- Ensure everyone living in Australian has access to safe healthcare, where they will not be exposed to airborne pathogens (audit the air quality in hospitals, introduce measures to improve the air quality, implement mechanical air filtration where needed, implement mask mandates across all healthcare settings).
- Provide support for monitoring and upgrading ventilation and mechanical filtration across *all* schools and childcare centres across the country.
- Provide support and guidance to businesses and commercial landlords to improve ventilation and upgrade mechanical filtration to make working environments safer (and more productive).
- Ensure ongoing access to free and safe ways to test for relevant pathogens (in the current context, to reinstate drive through PCR testing, provide free 'very high sensitivity' RATs to the community).
- Remain competitive internationally in terms of access to quick, sensitive, and specific tests and treatments (e.g., the US have access to a range of at-home molecular tests available to the community, those in New Zealand even have access to these tests, which are unavailable in Australia).
- Provide education and awareness raising campaigns on the need for testing and reporting positive results.
- Reinstate mandatory isolation periods (with exit testing criteria).
- Provide adequate state support for those who need to isolate and/or provide care for those isolating. Provide support for flexible working initiatives to better support parents facing impossible decisions.
- Advocate, and action, for reducing the transmission of SARS-CoV-2 now.
- Expedite funding into developing 'next-gen' vaccines, tests, and treatments both for managing the acute stage of COVID-19 and its long-term implications.
- Adopt the precautionary principle in any future pandemic (like how it was applied during the first phase of the government's response in this pandemic). Avoid following a laissez-faire approach (like that experienced here since late 2021). We note that in a pandemic of an airborne pathogen, transmitted between people through the air they breathe, pushing for 'personal responsibility' is a misnomer that can never be realised. We are an interconnected species where others' actions have impacts on us: collective action is necessary not only for the supposed 'vulnerable' but for every member of society that can be affected by this, and future, viruses.