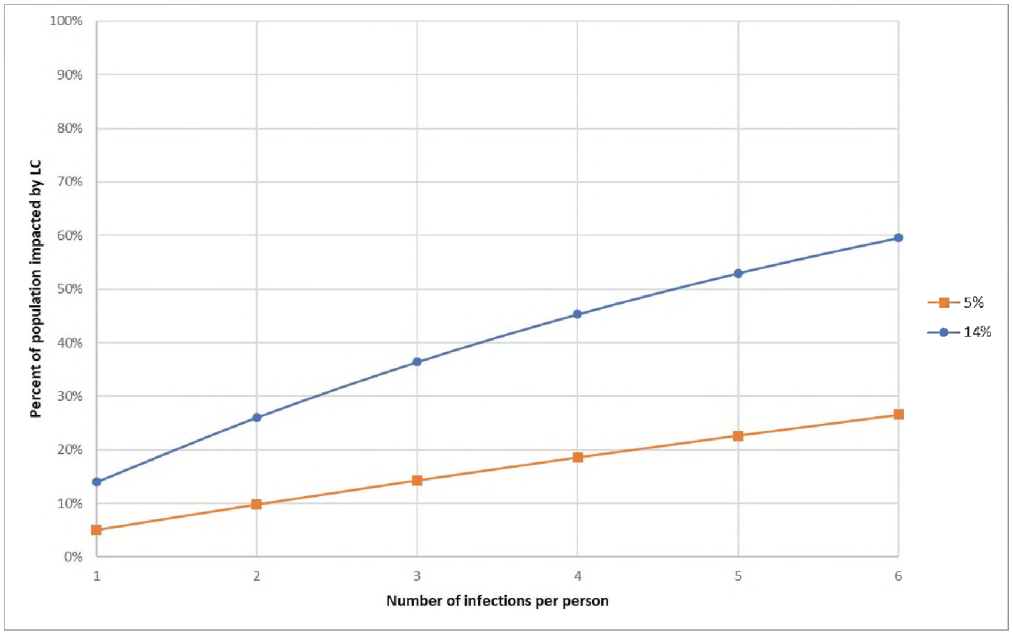
1. Introduce yourself, and explain a little about why your voice is important

Hi am a 36-year-old male who is the father [redacted] My child is ineligible for a vaccination and is therefore at high risk of both the acute phase and long-term impacts of COVID-19. Presently my wife [redacted] looks after our child, whilst I work full time. My partner and I can mask and are also vaccinated (recent XBB vaccine) to reduce our risk from both the acute phase and long-term impacts of the virus. If our child was to contract COVID-19, it is almost certain that both my wife and I would also contract the virus. This exposes our entire family to a high risk of serious health impacts. If my child is disabled from Long Covid (LC), my wife would have to remain his carer and would not be able to return to the workforce [redacted]. If my wife has LC, [redacted] then I would have to drop out of the workforce (I [redacted] earn in the second-highest income bracket) to look after both her and our child. Presently our child cannot get vaccinated (he could if we lived in USA [redacted], why not here?) and he is also too young to wear a mask. The simple act of accessing healthcare at the moment risks exposing him to catching COVID-19, as no healthcare setting in Australia currently requires persons to wear a mask, and if they ask people to wear one not everyone wears one or does so properly.

In summary, the pandemic has not gone away. The current wave (Dec 2023) is indicative of that. Millions of Australians are presently being infected by a biological safety level 3 airborne pathogen, yet all levels of government are doing close to nothing about it – it is rarely even being talked about in the media and data (thanks to governments stripping back testing and reporting) is largely at guesswork levels. To continue doing nothing, as is the present norm, COVID-19 is not going away. A recent Canadian government statistics report outlines how around 14% of people who catch COVID-19 are left with LC. The Australian Institute of Health and Welfare state that the LC rate is around 5%-10%. The below graph plots both 5% and 14% LC rates, showing how as a person is infected multiple times, their risk of having LC increases. Australians are most likely at around 1-3 infections at present and are catching COVID-19 at least once per year. Thus, by the time we have all had 4-5 infections, 20% to 50% of the Australian population could have LC.



The economic impacts of 20%-50% of the population being impacted by Long Covid would far outweigh any economical impact of the previous lockdowns, or mask mandates, or purchasing vaccines or providing adequate public health messaging, or for even doing SOMETHING to end this pandemic. The German government recently (Dec 2023) stated this exact message. The Australian Government should take head.

2. What are your suggestions and feedback about the role of the Federal Government, National Cabinet, the Australian Health Protection Principal Committee (AHPPC) and/or other advisory bodies?

As I understand, the Therapeutic Goods Associate (TGA) is the federal government *regulatory* body that has approved the COVID-19 vaccines for the Australian Public. It then appears that the Australian Technical Advisory Group on Immunisation (ATAGI) *advises* the federal government and makes a *recommendation* as to when the vaccines can be made available to different groups within the Australian Public. Throughout the course of the pandemic, it has appeared that the TGA has promptly reviewed new vaccines and approved them, whilst ATAGI has delayed providing their recommendations to the government of the day, and thus the government has then delayed providing access to the latest vaccines for those who need it. The federal government has used ATAGI as a scapegoat to blame them for delaying access to vaccines, when the TGA has already approved the vaccine. Why does the government need to wait on approval from an advisory panel, when the regulatory body has already given their approval? I believe that ATAGI is redundant in this respect when related to pandemic response.

Throughout the pandemic the response from the federal and state governments, including national cabinet and various bodies related to health have failed to provide a unified approach to managing the COVID pandemic. The various levels of politics, be it Liberal or Labor, state or federal, have each played off/blamed each other at various times. This haphazard approach has led to at times an ineffective approach – one such example being the Ruby Princess where the state health department blamed the federal border force department. Incorrect public health messages have also been stated, such as: COVID is not airborne, children are not impacted by COVID, and the pandemic is over. These messages are inherently dangerous to eliminating COVID and should be retracted and corrected. I do note that the World Health Organisation now notes that COVID is airborne, but has not come out and stated that they got it wrong at the start.

For future pandemics, there needs to be <u>one</u> single pandemic response body that advises the federal and state governments and their health departments, border security etc. This single national response body should be made up of experts from various industries such as health, police, epidemiology, biosecurity, vaccinology, actuaries, doctors, nurses and representatives of business and government.

3. What are your suggestions and feedback about key health response measures, e.g. COVID-19 vaccinations and treatments, key medical supplies such as personal protective eguipment, guarantine facilities, and public health messaging?

It appeared at the beginning of the pandemic that the Australian government did not have sufficient emergency supplies stored, such as PPE and of pertinence to an airborne pathogen such as COVID-19, N95/P2 masks. This was not OK.

The various Australian state governments set up temporary quarantine facilities in the early stages of the pandemic, usually inside commercial hotels in major cities. These hotels were not suited to an airborne pathogen as airborne covid particles were able to be spread from room to room and into hallways through inappropriate air conditioning systems. This was not OK.

As stated earlier, a single national pandemic response body would be able to provide consistent, clear and decisive public health messaging to the Australian public. As we did not have this, the public health messaging through out the pandemic has been all over the shop. What one state chief health officer said was juxtaposed by another. Incorrect facts were stated as discussed earlier. What one doctor would say on a TV interview would be at odds with what the science and health department was saying at the time. This was not OK.

And finally, regarding vaccines. Firstly the federal government appeared to be late negotiating deals with Pfizer and Moderna, instead putting all their eggs into the Astra Zeneca basket. The AZ vaccine then proved to have a rather high percentage of severe side effects. And now in recent months, the federal government, as 'advised' by ATAGI, has only just released access to the new XBB monovalent vaccines (in December) when these vaccines have been available in other countries (such as USA) since September. There was no reason for such a delay as the Australian TGA approved these vaccines at the start of October. This is not OK.

Furthermore, in the USA access to Paxlovid is far more readily available than in Australia. This also needs to change. This is not OK

9. What are your suggestions and feedback for "improving Australia's preparedness for (current and) future pandemics"?

A collection of Australian experts have created OzSAGE and are also involved in the international John Snow Project. A wealth of well-researched and robustly debated independent expert advice is available from both of these organisations and the Australian Government should take notice. As suggested earlier, experts from these two organisations should be invited to the one national pandemic response advisory agency.

One particular example: [redacted] is the Head of the Biosecurity Program at The Kirby Institute UNSW and researched emerging infections, pandemics, vaccinology, bioterrorism, and public health security. She has presented to agencies in the USA regarding pandemic response to both natural and man-made pathogens. Why did the Australian Government not rely upon advice from such an expert?

Denying listening to these experts will be at the detriment of Australia for the remainder of this current and future pandemics.

It is also clear that future pandemics will most likely enter the human body either by the air (such as covid) or droplets/blood. Therefore, the government should at all times maintain an sufficient and appropriate stockpile of personal protective equipment (PPE) in preparedness for a pandemic. Such PPE should include N95/P2 masks, gloves, sanitisers, gowns etc.