I am a professional who decided to stay at home to care for my [redacted] because of the lack of vaccination/protection for the under 5s for COVID-19 other than to infect the children repeatedly to 'gain immunity'. My submission relates specifically to the lack of protection and exposure to a Biosafety Level 3 airborne coronavirus (Interim Guidelines for Biosafety and COVID-19 | CDC, https://www.cdc.gov/coronavirus/2019-ncov/lab/lab-biosafety-guidelines.html) for the under 5s of the population from the early days of the pandemic, up to now.

Before I provide suggestions and feedback on the various components of the inquiry, I would like to invite the panel to imagine a [redacted] standing in front of you. Now look into their eyes and say the following:

> *"There is nothing I will do to protect you. In exchange for making little friends, your wellbeing, education and development, you will have to be infected again and again with a coronavirus that can disable you or cause long term vascular and neurological harm to your little body with each infection. I will not protect you from this airborne virus with a vaccine or any known mitigation tools such as cleaning the air, respirator use, isolating, contact tracing or testing. But hey, you made friends and you learnt the alphabet – these are far more important than your health, or your brains, your heart or your immune system. Signed, an adult."*

As a parent, this is what I see many politicians, health officials, healthcare workers, educators and many others are doing to the future of our nation – our children. This has also forced many parents, including myself, to make the difficult decision of assessing health risks vs development risks. As a parent, there are many situations where a child may be exposed to harm – and there are associated preventive measures to keep them safe for example safe sleeping, child seats, bicycle helmets etc. Exposing my child to a novel pathogen known to damage almost every organ in the body without any preventive measures or even treatment if one is infected was not one I anticipated. There are tools already identified to minimise transmission or effects of long covid, but these tools (e.g. vaccines) are still not available to my child. Despite mounting evidence of COVID-19's harmful effects to humans (a simple google will suffice) - Why and how adults can continue to inflict harm on our children, rests with you - the panel, if you search deep enough.

Access to vaccination for under 5s

- Governance including the role of the Commonwealth Government, responsibilities of state and territory governments, national governance mechanisms (such as National Cabinet, the National Coordination Mechanism and the Australian Health Protection Principal Committee) and advisory bodies supporting responses to COVID-19.
- International policies to support Australians at home and abroad (including with regard to international border closures, and securing vaccine supply deals with international partners for domestic use in Australia).

Children under 5 years old still cannot access COVID-19 vaccination, as it was not recommended by Australian Technical Advisory Group on Immunisation (ATAGI). This despite countries like the United States (CDC Recommends COVID-19 Vaccines for Young Children | CDC Online Newsroom | CDC, https://www.cdc.gov/media/releases/2022/s0618-children-vaccine.html#:~:text=Parents%20and%20caregivers%20can%20now,%2D19%2C%20should%20get%20vaccinated.) and Singapore(MOH | Child Vaccination, https://www.moh.gov.sg/covid-19/vaccination/child#:~:text=Children%20aged%206%20months%20to,Pfizer%2DBioNTech%2FComirnaty%20vaccine.) have already included COVID-10 vaccinations for children 6 months to 5 years of age since 2022.

The federal government supports preventive health such as free immunisation to protect people against disease. This ATAGI recommendation of no vaccines other than infection appears to contradict the federal government's strategy to "*improve the health and wellbeing of all Australians at all stages of life, through a systems-based approach to prevention that addresses the wider determinants of health, reduces health inequities and decreases the overall burden of disease*". (About preventive health in Australia | Australian Government Department of Health and Aged Care, https://www.health.gov.au/topics/preventive-health/about#What%20We%E2%80%99Re%20Doing%20About%20Preventive%20Health).

Without vaccine protection and the removal of COVID-19 transmission prevention measures (RACGP - Coronavirus (COVID-19) information for GPs, https://www.racgp.org.au/coronavirus – see under 'Face mask'), the under 5s can potentially be infected with COVID-19 at least once a year up to 5 years of age – anecdotally, I know of children who have been infected at least twice by the age of 3. While ATAGI's guidance is based on

"The very low risk of severe COVID-19 (e.g. hospitalisation due to COVID-19) in healthy children aged 6 months to <5 years", it is not clear that ATAGI considered the effects of multiple infections of COVID-19 on the children.

My suggestion going forward is for ATAGI to re-look into vaccine protection for the under 5 years – we are entering into the 5th year of this virus, there would be sufficient evidence to identify the benefits of vaccine protection over multiple infections in children.

Lack of protection of under 5s

- Key health response measures (for example across COVID-19 vaccinations and treatments, key medical supplies such as personal protective equipment, quarantine facilities, and public health messaging).

Public health messaging has been strong and clear at the beginning of the pandemic, noting that there was little reference to COVID-19 being an airborne disease. As of today, unless one seeks out, there is little public health messaging on how COVID-19 can significantly harm the body. Amongst my friends and family, it has been tooted as 'just like the cold', 'nothing to be afraid of'. This shows a lack of accurate public health messaging that leads to many equating a severe disease to the common cold and thereby minimising the illness and preventive measures that these vulnerable population should take in the first instance. There needs to be very clear statement to say to the effect of "Covid-19 is a severe airborne disease that can cause long term harm to the body with each infection". Respirators (such as N95) should be continued in high-risk, indoor settings such as public transport, hospitals, medical centres and aged care. Infected people need to stay home when sick. One cannot just wash hands to prevent an airborne virus transmission.

COVID-19 continues to be a hazard and the hierarchy of controls to minimise transmission or eliminate COVID-19 has fallen to the wayside. There are currently little or no public health actions on elimination, substitution, engineering controls (such as cleaning the air, ventilation), administrative controls (such as testing and isolating) or Personal protective equipment (PPE) such as mask mandates in high risk areas (public transport, hospitals). These are public health measures proven to work in 2020-2021 leading to zero covid cases. The virus has not changed, the story around the virus has changed, and there are no more preventive measures or collective effort to stop or minimise transmissions – it is up to the individual to protect oneself. More importantly, without a respirator or mask, children are exposed. However, there are social pressures, not scientific evidence, to not wear a mask, even in the face of an debilitating airborne disease – how is this fair to children who are defenceless, and rely on adults to protect them, when even adults who are covid positive do not want to wear masks or stay at home.

Access to safe education

- Community supports (across early childhood education and care, higher education, housing and homelessness measures, family and domestic violence measures in areas of Commonwealth Government responsibility).

The Department of Education in Victoria has recommended tools to make education settings safe – anecdotally, there is little education for educators and parents to get on board. Without understanding the severity of this disease, these tools (such as ventilation, HEPA filters, staying at home when sick, respirators, outdoor play) are seen by parents / educators as barriers to education and development than ways to minimise transmission and provide a healthy environment for which children can thrive. These mitigation tools need to be implemented consistently across schools and early learning centres, and educating parents and educators that there is a better way to educate our children safely.

For those under 5s, children play close to each other, nap in the same room, eat in communal tables – there is every opportunity for children to transmit illnesses easily, whether covid or not. These children are unvaccinated for Covid-19, but vaccinated for every other disease that we know to be harmful - measles, mumps, rubella, flu to name a few. This age-old myth of 'you need to get sick to build up immunity' or the new 'immunity debt' appear to be more a cultural phenomenon than science-based. The designers of COVID-19 responses clearly have forgotten or not spent time watching children play where they are on mostly on top of each other. Clearly, these children need to have the highest level of protection because (1) how do they know to social distance? (2) how can they wear mask appropriately and most importantly, (3) how do their immature bodies protect them from a virus?

Not all parents are able to not work or keep kids away from childcare when sick, there is a systemic issue running in the background (number of sick leave days, high cost of living). One can easily google or go into any

facebook parents group and read all the comments from parents who send kids to childcare / kindy sick, or parents who then complain their kids are getting sick all the time, or parents and educators getting sick themselves from these kids getting sick. I do not need a medical degree to ask this question: "Why do we accept the vicious cycle of putting kids in a petri dish so society as a whole can get sick together?" Unfortunately, the lessons were not learnt from 2020-2021, we do not need a COVID-19 inquiry to tell people to do the right thing – it will be too late and more children harmed. So we keep working when sick, and go to work when sick and go to school when sick – this has to stop, through appropriate sick leave, work from home policies to prevent as much as possible sick people from attend school or work.

I want my child to be part of the broader community, to make friends, develop and learn well. Without mitigation measures in place, Parents like myself struggle with sending children to school or kindergarten because we know that it will be inevitable that they will be exposed to COVID-19 in schools or kindergarten. There is seemingly an unwillingness by society to accept the severe consequences of COVID-19 infections - our children's development has been used against parents like myself that we need to expose them to the virus or fall out from society. I don't need to suggest anything new, there are already important practices outlined on Victoria's Department of Education website (COVID-19 — School Operations: Advice | education.vic.gov.au, https://www2.education.vic.gov.au/pal/covid-19-school-operations/advice) to reduce the risk of COVID-19 transmission - These are practices that can be mandated and funded. For example

"Schools must continue to:

- *ensure air purifiers are in use*
- *maximise external ventilation*
- *encourage good personal hygiene*
- *make face masks available for staff and visitors who wish to wear them."*

Access to safe healthcare

- Community supports (across early childhood education and care, higher education, housing and homelessness measures, family and domestic violence measures in areas of Commonwealth Government responsibility).

The RACGP has acknowledged on its website that "As *COVID-19 transmission prevention measures are removed, use of face masks in general practice in no longer mandated*." Our frontline doctors – General Practitioners are not doing all it can to prevent transmission of a BSL Level 3 disease, waiting for a mandate to do the right thing when it can take the lead in informing the doctors and therefore patients the consequences of not preventing transmissions. GPs need to be more informed of the severity of illnesses and do all it can to minimise transmission in its medical facilities. Without mitigation tools in place (example respirator use by both clinicians, administrators and patients, HEPA filters in medical facilities), a routine vaccination visit to the GP can easily lead to an unmasked 1 year old catching COVID-19 that can then lead to complications. Again, these safety measures do not need a COVID-19 inquiry or a mandate to implement, they can be implemented now.

The government does not need to wait for an inquiry to start taking actions now to manage this ongoing pandemic that is still causing illnesses, hospitalisations and deaths, including protecting the under 5s. Do better.