Submission to Covid 19 response inquiry

I am writing as member of general public with no specialist expertise or understanding of infectious diseases and their influence on public health.

I see the stages that we went through with Covid as:

- recognising it as a public health issue likely to affect many of the population,
- the need to control the spread of the disease,
- the need to develop and apply one or more counters i.e. vaccination or prevention of transmission, and
- keeping the public informed with progress on the above topics.

1. Recognising it as a public health issue likely to affect many of the population.

The health staff of the federal government recognised that the initial source of infection was from overseas and convinced decision makers that the infection was a risk to many people. Subsequently the federal cabinet basically closed the national borders. This limited the quantity of infectious people within the community and permitted better management of the spread.

I would like to see greater recognition of those public health officials who recognised the threat and were pro-active on behalf of the population.

In the future if another epidemic developed from within Australia the approach of closing national borders would have a very limited effect.

2. The need to control the spread of the disease.

An early decision after the borders were closed was to form a national cabinet to share information and encourage consistency across state jurisdictions. Initially that seemed to be successful but once the states remembered they were not bound by the decisions of national cabinet then we saw a lack of consistency in decisions. There was also variations between areas of the states with no reasonable explanations provided to justify those inconsistent decisions – the best we were given was 'medical advice'.

The question that was never really asked was why is the medical advice varying so much between jurisdictions?

Once it was accepted there was a public health crisis many forecasts were made. Based on previous research over various fields most forecasts are wildly inaccurate and the forecasts for Covid followed a similar pattern. On a few occasions we were provided with some of the assumptions eg the reproduction rate, but generally we were asked to just trust the decision makers.
However, there also did not appear to be modifications to assumptions as research narrowed transmission behaviours and survival times of the virus under different circumstances.

Covid was new and early data came from the northern hemisphere where it was winter. However there did not appear to be any adjustment to assumptions behind forecasts as it became obvious that Australia was in summer and conditions for the spread of Covid were not as favourable.

Early in the pandemic I thought I saw a summary of an Australian based research paper that suggested the virus would not survive for more than 10 minutes in the atmosphere at 30°C. Unfortunately I have been unable to find that reference again. Last year there was research done in China showing the reduction of survival time for the virus from 4°C with the testing finishing at

20°C. As all of Australia was in summer and other world wide maps were showing lower infection rates in higher temperature areas there appeared to be no modification of assumptions for the effect of temperature on the survival of the virus and therefore its successful transmission from person to person.

It is easy to assume that the severity of the Covid infection was influenced by Australian conditions, yet no evidence was presented to show forecasts used Australian specific data.

Switzerland encouraged its population to continue to exercise outdoors while Australia applied total lockdowns. Never any explanation or justification.

Reviewing the death toll in Sweden, where they did not appear to lock down or limit community interaction, with Denmark which took the opposite approach suggests the overall death toll per capita was similar. Just at different stages of the pandemic. There has been an anecdotal suggestion that Sweden had a lower death toll overall because their decisions encouraged the development of community immunity, maybe aided by better preventative measures.

3. The need to develop and apply one or more counters i.e. vaccination or prevention of transmission

Very early in the pandemic it was consistently described as 'flu like' yet it took some months for the recommendation for the wearing of masks to be encouraged – especially N95 or P2 type masks. Earlier encouragement for the wearing of masks may have reduced the spread of the infection and resulted in subsequent benefits for the health system.

It now provides us with a lesson to maintain a supply of masks, both individually and collectively, as they do not deteriorate over time.

There was obviously a number of research institutions looking for vaccines and other mitigating agents. In the future decisions should not 'bet the future' on a single solution, but allow for other solutions to emerge and have resources to obtain later solutions. In other words take a path of moderation. Practically this will result in decision makers being criticised for not purchasing enough of the early solutions. However hindsight now shows us that the decision makers will be criticised for any decision that later shows not to have been the better or ideal decision.

As part of the counter measures economic support should be given for Australian specific research on how the pathogen is transmitted and what natural conditions reduce the effectiveness of the pathogen within Australia. Any promising theories for vaccine development should be encouraged and researchers encouraged to be in contact with overseas institutions researching in similar areas.

4. Keeping the public informed with progress

For many months of the pandemic a Premier and/or Health Minister had a daily briefing and told us the number of deaths and hospitalisations. What they did not tell us was how the numbers of deaths compared with the deaths during a normal flu season. These briefings could have been presented in a wider context, both from the number of deaths and the information that was being used to make decisions. This seems particularly relevant while there is ongoing discussions over a bill to control mis-information.

During the pandemic there was much research being undertaken and the results were published online for faster distribution. I would have found it beneficial to have seen a list of titles of those papers (with URLs) on an official Australian website to be able to separate reported fact from

fiction or factual distortion. Publishing this information may have reduced the influence of social media and its ability to spread inaccurate or false information and assisted public health officials – through the media – provide what was believed to be accurate, current details of the behaviour of the virus and how it spreads.

I also feel that some Australian researchers should have been encouraged to research the survival rates and transmission characteristics of the virus under Australian conditions, with those results being made available to the public.

Final comments

There were many forecasts made on the economic effect the virus would have. Like most forecasts they were inaccurate – which has been admitted by the Reserve Bank – so that future decisions need to be tempered with moderation so the long term consequences are not as drastic.

Australia now needs to learn the lessons associated with the disruption of our supply chains and be prepared to have greater self sufficiency, even though that will increase the unit cost to Australian consumers.

We also need to recognise that despite all the doom and gloom forecasts it did not reduce the population drastically and its effect tapered to barely visible after three years, similar to other pandemics.