Submission to the Commonwealth Government COVID-19 Response Inquiry

Thank you for the opportunity to contribute to this inquiry. I am making this submission as a concerned citizen who has tried to be aware of COVID research and findings, part of a family that has old and young vulnerable members, and a member of advocacy group Cleaner Air Collective. I live in [redacted]

Firstly, I want to establish that this pandemic is ongoing, although the WHO has declared it is no longer a Public Health Emergency of International Concern (PHEIC) it is still having a significant impact on health globally and it is therefore important that government still do the necessary work of acting on the best evidence to keep citizens both safe and healthy. This COVID-19 pandemic has been the biggest disruption that I have witnessed in my lifetime and given how much impact it has had and still has it therefore demands an extraordinary response from government to manage it.

Focus on prevention and transmission reduction

We are now into the fifth year of this pandemic and during that time we have seen government policy range from preventing transmission pre-Omicron and pre-vaccines which made a great deal of sense, to pursuing a policy of widespread COVID infection with the arrival of Omicron in a bid to achieve "hybrid immunity" (vaccination + infection).

The first year of the pandemic saw the government putting health first. People were given income support and a number of things were paused in order to make the impact manageable for people. PCR testing was widely available, people could isolate and there was contact tracing. Given the number of unknowns with the virus and no vaccine and a lack of PPE it was as good as it could be expected, and many lives were saved.

However, once vaccines became available we saw many layers of mitigations being wound back without justification. The issue is that focus has been on managing the acute infection phase and ensuring our hospitals can handle the load, when it is equally important to have measures in place to put downward pressure on transmission and to also take into account the increasing cumulative cases of people with Long COVID.

What we know now and for which there is increasing evidence for indicating "hybrid immunity" as a flawed aim is:

- Infection and reinfection is not trivial or risk free. There is increased risk of death and sequelae in various organ systems in the acute and postacute phase. There is cumulative risks with reinfection.
- Can only get Long COVID if you get a COVID-19 infection. The only way to mitigate against Long COVID is to prevent infection.
- The risks of Long COVID increases significantly with reinfection. The impacts are debilitating and there is no definitive cause for it. You can get Long COVID even with mild infections. There is currently no effective cure for it. It affects women in greater numbers than men.
- Children can also get Long COVID. Infection in children worsens diabetic symptoms and increases the risk for diabetes. There are neurologic complications and brain damage.
- Vaccination only decreases the risk of Long COVID slightly.
- There is waning immunity and an increasing number of strains and variants that people who are vaccinated or have had past infections for are not protected against. You can be reinfected over and over again.

Given all the above it is therefore important that our focus must change to a "vaccines-plus" strategy. The risks and downsides of continued infection and reinfection outweighs any benefit that might be gained. If we continue with the current settings we risk continued waves where we see burn out of healthcare workers, more Long COVID, more virus evolution, more inflation due to supply issues in many industries and worker shortages as businesses and individuals bear the costs. We will also see increased chronic illness and a greater strain on GP's and our health system.

This is what we have to see:

- Recognition and widespread acceptance and education (across all levels of government and public bodies) that COVID is airborne and what that means. The World Health Organisation (WHO) formally recognised that Covid is airborne in a scientific brief on the WHO website on the 30th of April 2021. There is a paper published in the Lancet indicating that Covid-19 is predominantly spread through airborne transmission.
- Widespread understanding and education that every infection is doing damage. And reinfection increases risks of Long COVID and there is no effective cure currently for Long COVID. Prevention is therefore key.

- Which then leads to the recognition and acceptance that we need clean air policies across all industries as all workplaces need to be safe for workers, customers and patients. We need to see improved ventilation guidelines and engineering standards, use of HEPA air filters and high quality masks recommended and encouraged in a number of situations. Particularly in places like healthcare settings and in aged care.
- Recognising that there is no safe level of infection for children, that they are vulnerable and they require vaccination and policies that put downward pressure on transmission, particularly in schools and childcare.

Better public health messaging

The key change has to happen with messaging to the public about the harms of COVID infection/reinfection. It needs to pivot to show and educate that "every infection is doing damage", just like our anti-smoking messaging that "every cigarette is doing you damage". COVID is already a leading cause of death in Australia and a growing cause of chronic illness and disablement and yet we do not treat it as exceptional.

We need to shift away from the messaging that only vulnerable or high-risk people need to take precautionary measures. This ignores the fact that COVID infection is increasing the number of high-risk people and that the vulnerable and high-risk are people who live and work in our communities and are part of families. It is not possible to segment out the vulnerable and high-risk and they deserve safe access to healthcare (we need P2/N95 respirators at a minimum in health settings), safe access to education, safe access to work and public transport. When we consider this, it should become immediately clear that no one is safe unless everyone is safe and hence we need inclusive messaging and communication.

The reason why people do not think they need vaccine boosters or that we need to take airborne mitigations seriously is because people are not well informed about COVID. They are not aware of how it spreads, how transmission can be prevented or why it matters. If they knew that it is spread through the air and that every infection causes damage there would be wider acceptance of mitigations as to how transmission can be prevented. We need to see a shift away from the focus on respiratory droplets, social distancing and hand-washing. These are all good infection control protocols for something spread via droplets but not effective for something that is primarily spread via aerosols. Appropriate messaging about this will see greater understanding and acceptance for the need for ventilation, the wearing of P2/N95 respirators, HEPA filters, CO2 and air quality monitors.

So it is imperative that public health officials and leaders provide accurate, up-to-date information to the Australian people. COVID is not over and and it is airborne. Although vaccines help to reduce severe illness and death, we know now that we have too many fast evolving variants and current vaccines are not matched well enough to prevent transmission and every infection does damage. That we have a growing issue with Long COVID and the only way we can prevent Long COVID is to prevent COVID infection.

Focus on children

The current policy settings have seen children largely ignored this pandemic. In the early days of the pandemic it was thought that children have very mild infections and that they will get "hybrid immunity" from a mild infection.

We now know this to be problematic based on a growing body of data and they can get Long COVID. The long term impacts of COVID infection on children can profoundly impact them and given they may have to live with this for the rest of their lives there needs to be a greater focus here on prevention and vaccination.

The majority of under 5s cannot be vaccinated. The rationale for this does not seem to be based on the latest data and seems to be based around cost. The CDC recommends updated COVID-19 vaccines for everyone 6 months and older. There are clear benefits of vaccination and it does not make sense we are discriminating based on age. Besides the US recommending it for children 6 months and older, there is also Canada, China, Hong Kong, France, Singapore, Thailand, Ireland and Japan. Since we currently have a vaccines-only strategy in place it makes sense to recommend and offer vaccines to this cohort to give them some protection against severe illness, hospitalisation and death, given there is no long lasting immunity conferred via infection with a fast evolving virus.

We need to urgently reduce transmission in schools and childcare to protect children. We have studies indicating that children play a major role in terms of household viral transmission and that rates drop during school breaks. This cannot be underestimated as school age children generally have working age parents and interact with older family like grandparents. This has wider implications for the community and the economy. If children are sick they need adults to take time out of the

workforce to care for them, and if the adults become sick they need to take further time off to recover. Not to mention that teachers are getting sick too and there is a widespread teacher shortage. The fact this disruption can be repeated over and over should mean this should be an important priority for the government. Government has not provided adequate guidelines for schools and childcare as to what can be done to reduce transmission. It first needs to start with educating schools/childcare and their families on why it matters and how, the importance of ventilation, the benefits of avoiding large indoor gatherings and having more activities outdoors, and encouraging staff and students to wear P2/N95 masks where it makes sense to do so.

Governance and national governance mechanisms (National Cabinet, AHPPC, ATAGI, TGA) and advisory bodies supporting responses to COVID-19.

During this pandemic decisions have been made which have had a profound impact on the lives of all Australians. It is critical that there be transparency and accountability regarding what information informed these decisions and why certain steps were taken and that these be made available to the public.

National Cabinet, AHPPC, TGA and ATAGI have made decisions that have seen reporting being wound back or dropped, mask mandates in healthcare no longer required, slow approvals on tools that could assist with COVID prevention and vaccine eligibility that is overly restrictive or out of date once announced.

There is an issue that we have a CMO that sees Omicron infections as a positive thing to achieve "hybrid immunity". We know that immunity via infection is not safe and that it is not lasting and that with fast evolving variants it is not enough. Not only that but if "hybrid immunity" is the aim, it is an impediment to any strategy aimed at prevention. The government should consider replacing the current CMO.

The other issue we have is that the AHPPC is informed by ICEG and they oversee a number of standing committees and an advisory group. The issue with this is that the AHPPC is made up of the state and territory CHO's and the CMO and ICEG is made up of 'practising clinicians and experts in infection control, clinical microbiology and infectious diseases'. What this has resulted in is a focus on droplets and surface disinfection and a reliance on handwashing. They are not experts in airborne transmission and without taking into account the main form of transmission and understanding how this works we will not be in a position to manage this current pandemic we're still in or any future one. This set up is not fit for purpose and is vulnerable to political interference given the CHO's report to the Health Minister in each state/territory and the CMO reports to the Federal Health Minister.

The Long COVID and Repeated COVID Infections Inquiry recommendation 7 states that 'the Australian Government establish and fund a multidisciplinary advisory body including ventilation experts, architects, aerosol scientists, industry, building code regulators and public health experts'. This inquiry should recommend similar and that it is vital this advisory body must be independent and able to provide the latest evidence-based advice to the government. If AHPPC is the key decision-making committee for health emergencies, it must also consult with the multidisciplinary advisory committee and take on board their advice. The inquiry should also recommend government seek to use other independent world-renowned experts in their field to help inform their response.

As for ATAGI, we have seen advice that is out of step with the rest of the world. We see other countries recommend vaccinations for >6 months, but this is not the case here. We also see certain ages not be eligible for the latest vaccine (monovalent) when other countries have recommended it as it is treated as a new vaccine and the bivalent ones are no longer authorised and discarded. For some reason the bivalent is still offered in Australia. ATAGI does not seem to take into account Long COVID, and seem to have outdated data and making decisions based on costs which are misguided.

For this pandemic and any future pandemic I ask the inquiry to recommend that minutes of the meetings regarding public health of bodies like National Cabinet and AHPPC and the multidisciplinary advisory body be made public. Minutes of ATAGI meetings regarding pandemic vaccine advice also need to be made public. We need to see that decisions being discussed and weighed up are made in the best interests of the health and safety of Australians and that the right considerations are being made which takes into account the latest data.