

#### PREAMBLE

As a retired academic and long time govt policy and research officer, I offer the following points to the panel. It is essential that we view Covid as a long-term health issue that can be significantly reduced with low-cost policies that will impact the burden of future disease and skills shortages in Australia

#### DISCUSSION POINTS

1. Persons at risk from Covid & overlooked issues (Page 1)
2. Improving ATAGI language (Page 2)
3. Evidence used by ATAGI – Superficial (Page 2)
4. Benefits of providing all persons a 6-month Covid vaccine (Page 3)
5. Covid data improvements (Page 3)
6. Capturing long Covid data (Page 3)
7. Following the science (Page 4)

#### SUBMISSION POINTS

##### **1. Persons At Risk From Covid 19 – Overlooked Issues**

There are approx. 6+ million persons who are in the govt's defined persons at risk from C19 (refer Notes & references below). Below are some overlooked issues

- a) The ATAGI Statement of 20/11/2023 ensured all persons in groups at high risk could access the updated Monovalent vaccine, BUT there were only 3 million doses ordered (as advised by Minister ████████ on the ABC News – 21/11/2023)
- b) If persons at risk should receive C19 vaccines, then the supply should match the numbers of persons in these groups
- c) Persons aged 65+ years number 4.2 million, yet by simple observation, very few wear masks when shopping during a Covid wave. This reflects the lack of information for at risk groups. Govt media releases to news sources and health campaigns to promote mask use and uptake of C19 vaccines would lead to higher levels of self-mitigation

##### **Notes & References for Point 1**

Australia's Covid Vulnerable Groups – as outlined by the federal govt

Total No: As there will be a number of persons that may belong to all three groups, a conservative figure of 6 million has been used

A. Persons Who Are Severely Immunocompromised: 2.5% of population. 500,000 persons

<https://health.gov.au/ministers/the-hon-greg-hunt-mp/media/booster-shot-for-severely-immunocompromised-australians>

B. Persons With Comorbidities: 2+ Conditions 18.6% of population. Just under 5 million persons

<https://abs.gov.au/statistics/health/health-conditions-and-risks/health-conditions-prevalence/latest-release>

C. Persons Aged 65+ Years: 16% of population (2020). 4.2 million persons

<https://www.aihw.gov.au/reports/older-people/older-australians/contents/demographic-profile>

## **2. Improving ATAGI Language**

- Current terms used to inform Australians whether or not they are eligible for a C19 vaccine are unnecessarily complex and difficult for many to follow
- After the 20/11/2023 ATAGI Statement, there was widespread confusion about whether people were eligible or not as noticed on Twitter/X
- Instead of words such as “additional” – the term Dose 2 would be preferable
- Rather than using “recommended” or “not recommended” – terms such as can access , or cannot access the vaccine are easier to understand
- A number of documents on the federal DoH site give the impression that anyone can access a vaccine in 2023 if 6 months has passed – this was clearly not correct – clearly no one is editing these documents with a view to ensure they are accurate and easy to understand

## **3. Evidence used by ATAGI – Superficial**

- Evidence used by ATAGI is often lacking in detail
- This is best illustrated by comparing the reference list and evidence used to arrive at their decisions from the 20/11/2023 ATAGI Statement and the U.S. CDC September 2023 equivalent (see below – Notes & References for Point 3)
- The CDC advice, which was 2 months before the ATAGI Statement, made extensive use of data and peer-reviewed material
- The ATAGI equivalent used only 6 references of low-grade quality

### **Notes & References for Point 3**

ATAGI 20/11/2023 Statement

<https://www.health.gov.au/news/atagi-recommendations-on-use-of-the-moderna-and-pfizer-monovalent-omicron-xbb15-covid-19-vaccines>

#### **4. Benefits of providing all persons a 6-month Covid vaccine**

- There are numerous peer-reviewed studies showing that current Covid vaccines wane from 4-6 months
- In this govt imposed era of all Australians being asked to take personal responsibility for their Covid safety, then everyone should be given the opportunity to obtain a covid vaccine every 6 months
- If the govt does not wish to pay for persons not in defined at risk groups to obtain a second Covid vaccine each year, they should be given the opportunity to purchase one
- Covid vaccines have been proven to not only protect from severe illness and death, but also to reduce the prevalence of long Covid and excess deaths
- Long Covid afflicts every age group and is NOT confined to at risk groups
- Providing 6-monthly Covid vaccine doses will reduce illness, death and long Covid for all age groups

#### **5. Covid data improvements**

- The federal DoH monthly Covid data needs to include Covid deaths, Covid hospital cases and Covid ICU cases for each jurisdiction in both graph and table formats
- By not providing this, there is a clear level of obfuscation that cannot be justified
- As someone with a significant [REDACTED] I relied on the tabled data to comprehend trends – with the move towards aggregated chart data only, I am unable to discern what is occurring
- It is essential that the following data be included in the monthly Covid report to ensure we have the full picture to take mitigation steps
  - Covid deaths: All jurisdictions – table & graph data
  - Covid hospital cases: All jurisdictions – table & graph data
  - Covid ICU cases: All jurisdictions – table & graph data
  - Covid meds: All jurisdictions – table & graph data
  - AC Covid deaths: All jurisdictions – table & graph data
  - AC Covid breakouts: All jurisdictions – table & graph data

#### **6. Capturing long Covid data**

- There are numerous studies that seek to document the prevalence of long Covid (LC)
- As there are many forms of LC, it is imperative that this be defined in several categories that can each be ascribed a Medicare Item Number
- Advantages of using Medicare Item Nos for LC
  - Ascertaining a more accurate number of persons with LC
  - By also ascertaining if LC is impairing work, this can better inform Australia's current skills shortage issues
  - The Medicare Item Nos should also include provision for including categories of work or non-work as used by the ABS for research purposes
  - Data from these LC Medicare Nos should be used by the ABS & Treasury to better understand how many persons are unable to work in their normal industry and the probable length of infirmity

## 7. Following the science

Peer-reviewed science for Covid is extensive and should be used to reduce the burden of Covid on the community in a number of ways. Below are some suggestions

- Covid Is Not the Same As the Flu: It is imperative that references to Covid as being the same as the flu be discontinued as this gives the false impression that health outcomes from both are similar – they are not (refer graph below)
- Excess Deaths: There is evidence globally that excess deaths have risen substantially in recent years (link below)
- Covid Hospital Acquired Deaths: According to an FOI application from The Age, C19 HAIs in VIC during 2022 were 11.7% (link below) – Well in excess of community Covid deaths
- Covid Vaccines – 6-Monthly For All: To reduce cases of LC & higher excess deaths, all persons should be permitted to obtain a Covid vaccine every 6 months
- Clean Air Ventilation For Indoor Areas: The Govt could offer subsidies for large shopping centres, indoor entertainment and education facilities to phase in ventilation systems that remove airborne particles such as Covid, influenza and so forth from crowded indoor areas
- Joining The U.S Project Next Gen: The U.S has put aside US\$5 Billion to develop intranasal vaccines that will block transmission of Covid completely. IT would be wise for Australia to offer an additional US\$1 Billion in order to have a stake in the manufacture of these game changer vaccines

Suggestions to follow the science

- a. Ensure all persons have access to the dangers of Covid via:
- Public health campaigns of the full dangers of Covid, including LC & excess deaths
  - Mask mandates in hospitals to reduce high levels of C19 HAIs
  - Order sufficient Covid vaccines in a timely manner & make them available to all every 6 months
  - Subsidies to expand clean air ventilation
  - Join the U.S. Project Next Gen with a US\$1 Billion in order to have a stake in the manufacture of the game changing intra nasal Covid vaccines and to hasten their arrival onto the market – These will put an end to all future Covid expenditure

## **Notes & References for Point 7**

C19 MORE Deadly Than Influenza: [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(23\)00684-9/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(23)00684-9/fulltext)

Excess Deaths: <https://www.thetimes.co.uk/article/middle-aged-adults-deaths-monthly-since-covid-pandemic-7dnxj3jdc>

C19 HAIs – 11.7%: <https://www.theage.com.au/national/victoria/a-death-sentence-more-than-600-people-die-after-catching-covid-in-hospital-20230621-p5di7x.html>

Covid- Third Highest Cause Of Death 2022: <https://www.abs.gov.au/media-centre/media-releases/covid-19-first-infectious-disease-top-5-causes-death-1970>

