

Phil Chippendale

To: cssc@parliament.qld.gov.au
Subject: Public Health and other Legislation (Extension of Expiring Provisions) Amendment.

Hello to all the valued members sitting on this committee.

My name is Phillip Chippendale I live in Rockhampton Qld, I am 51 years old , married & have 3 beautiful children. I currently work in the Ag industry.

I am writing my submission to you all today in the hope that the committee can place some common sense into this move by the Qld Government to increase or extend its "emergency powers" .

As per the explanatory notes provided in relevance to this extension, I ask you all to please pay attention to facts / figures provided under the title "Policy objectives and the reasons for them ".

The Australian Government Department of Health reported as at Feb 16, 2022, that Australia had 4.732 deaths. (Page 1 attached)

I have also provided (attached) for you attention the latest report provided by the Australian Bureau of statistics, released on 15/02/2022 that states Australia recorded 2,639 deaths that died "with" or "from" Covid.

This raises a very important question, whom should we believe ? And why is there such a big difference between the 2 reports??

Given Our Qld Premier has been using FEAR & Panic to Coerce the masses to have these " provisionally approved" still experimental Covid vaccines, with such statements as "this virus will hunt the Unvaccinated down" !!

I ask you how many people have died "exclusively" from Covid alone.

As per the ABS report, 69.5% of the deaths reported had pre-existing chronic health conditions, equating to 1,776 deaths of the total 2,639 deaths reported. There were also another 83 deaths reported as "dying with Covid" rather than directly from the virus itself.

That brings us back to a total of 780 deaths for over 2 years in Australia from Covid.

All deaths are tragic & my deepest sympathies go to those who have lost loved ones for any cause. However, these percentages must be put in perspective.

Even at the reported 2,639 Covid "related" deaths reported by the ABS, this figure amounts to 1% of the overall total deaths recorded in Australia for the period of the "Covid" pandemic.

Prior to the Covid pandemic in early 2020 in Australia, in 2017 there were 1,100 Flu related deaths reported, in 2019 there were 900. Both figures are higher in one year than the combined total of "covid related deaths" during the Pandemic of now over 2 years!

Given we now have many overseas Countries removing all internal Covid restrictions , including no longer requiring masks, curfews or gathering limits, no vaccine passports, no limits on restaurants or bars.

Countries such as the UK, Ireland, Denmark, Sweden , Norway, and the list is growing every day. Some of these countries are also now implementing ZERO entry requirements for Covid, meaning not even any restrictions for those that are "unvaccinated".

I implore you to ask yourselves exactly why the Qld Government is asking to extend " emergency health restrictions/orders" when the rest of the world has moved to "living" with Covid.

This Virus despite high vaccination rates has become a virus that is now "endemic" the "pandemic" has ended.

Emergency powers are sometimes warranted, however they should only ever be exercised with "extreme" care & caution and that these powers are not over extended for any time or purpose whatsoever.

A return to our freedoms prior to the Pandemic must be granted without imposing more restrictions on the public.

Thank you for your time & consideration on this very important decision.

Good health to all.

Phillip Chippendale

 01/03/2022

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The number of deaths published in this report are provisional and will increase as additional registrations are received by the ABS.

Deaths due to COVID-19 are coded to ICD-10 codes U07.1 and U07.2 using rules in accordance with the most current advice from the World Health Organization.

Deaths in this article on COVID-19 occur up to 31 January 2022.

Deaths in this article are sourced from the civil registration system. The data is not directly comparable with data sourced from health surveillance systems.

Deaths due to COVID-19 in Australia

The Coronavirus Disease 2019 (COVID-19) is a respiratory infection caused by a new coronavirus. On 11 March 2020 the World Health Organization (WHO) declared COVID-19 to be a pandemic.

There are 2,639 death registrations that have been received by the ABS where an individual is certified as having died from or with COVID-19 between the start of the pandemic and 31 January 2022. Approximately 1% of the 273,901 death registrations received by the ABS and certified by a doctor in Australia during the pandemic period are of people who have died with or from COVID-19. This number of deaths is a preliminary figure and represents only deaths where the death registration process through the jurisdictional Registries of Births, Deaths and Marriages (the civil registration system) has been completed. The number of deaths of people who have died with or from COVID-19 during this time period will increase as additional registrations are received by the ABS.

Data published by the ABS is collected through the civil registration system and is not directly comparable with that released from disease surveillance systems which are designed to release information rapidly on both infections and mortality.

Information about mortality sourced from the registration-based system takes longer to receive than information reported through the surveillance system, but it is more comprehensive and can provide important additional insights into deaths from COVID-19. Cause of death information is sourced from the Medical Certificate of Cause of Death (MCCD), which enables identification of the underlying cause of death and other associated causes. These data sources also provide demographic information about the decedent (e.g. age, sex and country of birth).

Certification of COVID-19 on the MCCD in Australia

There were 2,704 deaths which occurred and were registered by 31 January 2022 and had COVID-19 written as a term on the death certificate. Of these 2,704 deaths, 2,556 were deaths due to COVID-19, including:

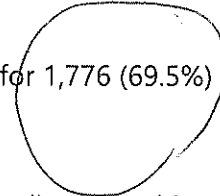
- 2,519 which were directly due to acute COVID-19 infection with the virus being laboratory confirmed.
- 20 deaths that were due to long term effects of COVID-19 (e.g. long COVID-19).
- 17 deaths that were certified as being due to suspected COVID-19 with the virus not confirmed in a laboratory at the time of certification.

These 2,556 deaths are considered to be "due to" COVID-19 and are included in underlying cause mortality tabulation in this report

Deaths due to COVID-19: Associated causes, pre-existing chronic conditions

People with pre-existing chronic conditions have greater risk of developing severe illness from COVID-19. While pre-existing chronic conditions do not cause COVID-19, they increase the risk of COVID-19 complications and therefore increase the risk of death.

Pre-existing chronic conditions were reported on death certificates for 1,776 (69.5%) of the 2,556 deaths due to COVID-19 deaths outlined in this report. Of these 1,776 deaths:



Bm. 780 cases

- Chronic cardiac conditions including coronary atherosclerosis, cardiomyopathies and atrial fibrillation were the most commonly certified co-morbidities, present in 35.8% of the 1,776 deaths.
- Dementia including Alzheimer's disease was certified in over 30% of deaths due to COVID-19.
- Diabetes, a condition that weakens the immune system was certified as a pre-existing condition in 20.6% of deaths with a chronic condition mentioned.
- Cancer was a pre-existing condition in 14.1% of the 1,776 deaths. Blood and lymph cancers (e.g. leukaemia) were the most commonly certified cancer type among those deaths.
- The type of comorbidities most commonly present in Australian deaths due to COVID-19 are consistent with those reported internationally.

Quintile	Males	COVID-19	Females	COVID-19
1 (lowest)	510	35.7	429	38.0
2	330	23.1	241	21.4
3	242	16.9	191	16.9
4	202	14.1	175	15.5
5 (highest)	136	9.5	92	8.2

- a. This table only includes information on registered deaths due to COVID-19. Numbers of deaths will differ to disease surveillance systems.
- b. Information on deaths due to COVID-19 include all deaths due to the disease that occurred and were registered by 31 January 2022.
- c. Deaths due to COVID-19 in this report have an underlying cause of either ICD-10 code U07.1 COVID-19, virus identified or U07.2 COVID-19, virus not identified.
- d. This data is provisional and will change as additional data is received.
- e. Refer to methodology for more information regarding the data in this graph.
- f. Data for SEIFA (IRSD) quintiles have been calculated using a meshblock to SEIFA (IRSD) correspondence.

COVID-19 related-deaths (dying with COVID-19)

For death registrations received by the ABS up to 31 January 2022 there were 83 people who died with COVID-19 rather than directly from the virus itself. In this article, these deaths are referred to as COVID-19 related deaths.

A COVID-19 related death is one where there is a disease or injury pathway to death that is not directly caused by the virus. For example, a person may have late stage cancer that has metastasised extensively causing organ damage leading to death. This person may also have contracted COVID-19. While the virus may have negatively impacted health in an immuno-compromised person, the virus itself did not cause the terminal event leading to death (e.g. organ failure caused by metastases). In this example, the underlying cause of death would be recorded as cancer and COVID-19 would be considered an associated cause of death.

The majority of recorded COVID-19 related-deaths (74 deaths, 89.2%) occurred during the Delta and Omicron waves. There were 9 COVID-19 related deaths (11.8%) recorded during wave 1 and 2 of the pandemic in Australia. The number of COVID-19 related-deaths is expected to increase as additional registrations are received by the ABS.

Of the 83 people who died with COVID-19, cancer was the most common underlying cause of death. Lung cancer was the most common primary site of cancer. Circulatory system diseases, encompassing chronic cardiac conditions was the second most common underlying cause of death in COVID-19 related deaths.

Most common underlying cause in COVID-19 related-deaths (a)(b)(c)(d)(e)

Underlying cause of death	No. of deaths	Proportion (%)
Cancer	32	38.6
Circulatory system diseases	17	20.5
Dementia including Alzheimers	10	12.0
Falls	8	9.6
Other conditions	16	19.3
Total deaths	83	100

a. This table includes information on registered deaths. Numbers of deaths will differ to disease surveillance systems.

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Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2022

Explanatory Notes

Short title

The short title of the Bill is the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2022 (the Bill).

Policy objectives and the reasons for them

On 29 January 2020, a public health emergency was declared for all of Queensland under section 319 of the *Public Health Act 2005* due to the outbreak of COVID-19, its pandemic potential and the public health implications of persons having recently travelled to Queensland from the epicentre of the outbreak (the COVID-19 emergency).

As at 16 February 2022, the World Health Organization reported a total of 414,525,183 confirmed positive COVID-19 cases reported globally. The Australian Government Department of Health reported 2,609,599 confirmed COVID-19 cases, including 4,732 deaths in Australia. In Queensland, there have been 507,746 confirmed cases of COVID-19, with 399 deaths relating to COVID-19 being Queensland residents.

While Queensland's management of COVID-19 has proven to be rapid and effective, the pandemic continues to be unpredictable, presenting significant challenges over the past two years to Queensland's health system, economy and community. Queensland's effective public health response has enabled high vaccination rates to be reached across the Queensland population. Although this high coverage provides protections, the risk of adverse impacts to the health system, economy and the community remains, as demonstrated recently by the high rate of transmission occurring from the Omicron variant (Omicron).

Overview of Queensland's temporary legislative framework to respond to COVID-19

Queensland's swift and effective response to the COVID-19 emergency has been underpinned by amendments to legislation across a range of portfolios. This temporary framework comprises:

- amendments to the Public Health Act to increase powers for emergency officers and the Chief Health Officer to limit, or respond to, the spread of COVID-19 in Queensland, support testing and quarantine requirements and authorise other public health measures;
- amendments and modifications to other legislation across a range of portfolios to protect the health, safety and welfare of Queenslanders, mitigate the spread of COVID-19 in the community, and facilitate the continued functioning of Queensland institutions and the economy to the extent possible (associated COVID-19 measures). The associated