

4 March 2022

Committee Secretary
Community Support and Services Committee
Parliament House
George Street
Brisbane Qld 4000

Email: cssc@parliament.qld.gov.au

Dear Committee Secretary,

On 22 February 2022 the Minister for Health and Ambulance Services introduced the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2022 into the Queensland Parliament.

The bill seeks to extend the legislative expiry date for certain Acts from 30 April 2022 to 31 October 2022, or the day the Minister for Health ends the declared public health emergency, whichever day is earlier.

The temporary measures which are to be further extended seek to increase powers for emergency officers and the Chief Health Officer to respond to Covid-19 in Queensland. :

I would like to register my STRONG OBJECTION to the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2022.

An extension of the expiry date will allow for the Chief Health Officer to continue to impose lockdowns, vaccine mandates and restrictions on how unvaccinated people can move about society. These measures can no longer be justified and in fact lead to harm and discrimination. These measures and an extension of emergency powers cannot be supported with evidence or data.

CASE FATALITY RATES:

- Since the start of the Covid-19 Pandemic, Australia has recorded a total of 2,920,706 cases and 5,317 deaths.
- This represents an overall case fatality ratio of 0.18% **or a recovery rate of 99.82%**
- If we break this down further, by age group (see table below), recovery rates are even higher for those under 60 years of age and statistically close to 100% for those under 30 years of age.

	MALE				FEMALE			
	Cases by age group	Deaths by age group	% of cases died	% of cases survived	Cases by age group	Deaths by age group	% of cases died	% of cases survived
0 - 9 yrs	108569	1	0.0009%	99.9991%	101427	3	0.0030%	99.9970%
10 -19 yrs	133224	1	0.0008%	99.9992%	142314	1	0.0007%	99.9993%
20 - 29 yrs	233799	10	0.0043%	99.9957%	245969	3	0.0012%	99.9988%
30 - 39 yrs	176722	31	0.0175%	99.9825%	188663	17	0.0090%	99.9910%
40 - 49 yrs	123702	52	0.0420%	99.9580%	136754	31	0.0227%	99.9773%
50 - 59 yrs	95204	143	0.1502%	99.8498%	102711	87	0.0847%	99.9153%
60 - 69 yrs	61377	326	0.5311%	99.4689%	61540	161	0.2616%	99.7384%
70 - 79 yrs	32282	729	2.2582%	97.7418%	2953	366	12.3942%	87.6058%
80 - 89 yrs	13222	1073	8.1153%	91.8847%	13792	755	5.4742%	94.5258%
90+ yrs	3159	576	18.2336%	81.7664%	5537	669	12.0824%	87.9176%

(Source: NINDSS data 04/03/2022

<https://www.health.gov.au/health-alerts/covid-19/case-numbers-and-statistics#cases-and-deaths-by-age-and-sex>)

Many government officials are also on record stating that these case numbers are significantly under-reported as a large percentage of people are simply unaware that they have Covid-19 and are therefore not tested and included in these numbers.

For example, in early February 2022, after random tests were undertaken showing up to 90% of people did not know they had Covid-19, Queensland's Chief Health Officer John Gerrard said "the results showed corona virus was much more prevalent in the state than test results demonstrated. At this stage we still don't know exactly the total number of people... in Queensland that have been infected with the virus."

Given that this is the case, the recovery rate would be even higher than 99.82%.

At the start of the pandemic, countries around the world were experiencing higher Case Fatality Ratios, justifying the need for emergency legislation to instigate and manage health measures but these CFR's have now dropped dramatically.

At 31 August, 2020 the overall CFR for Australia was 2.7%. At this time the majority of cases were due to the Alpha or Delta variants.

At 4 March 2022, the CFR is 0.18% and the majority of cases are the milder Omicron variant.

Many Queenslanders have now had COVID-19, have either been vaccinated or have natural immunity, and according to the Government's own modelling the peak has now passed.

AUSTRALIAN BUREAU OF STATISTICS:

Further supporting that an extension of emergency powers cannot be justified, the Australian Bureau of Statistics released data on the 15th February, covering the period from March 2020 to January 31 2022, stating that:

- only 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
- In that same period- about 100,000 Australians died of cancer, 30,000 died from heart disease, 30,000 with Alzheimer's and Dementia and 10,000 from Diabetes.
- The median age of those who died with corona virus was 81 for men and 86 for women - both above our national life expectancy.
- Of the 2,639 corona virus deaths recorded by the ABSA from March 2020, 92% had roughly 3 other underlying health conditions, in other words it wasn't just Covid that claimed their lives.

(Source <https://www.abs.gov.au/articles/covid-19-mortality-australia>)

Also according to the Australian Bureau of Statistics, in 2020 COVID-19 was only the 38th leading cause of death (898 deaths). By comparison, in 2019, Influenza and Pneumonia was ranked as the 9th leading cause of death (4124 deaths).

To further break this down, in 2019, there were 313,033 notifications of laboratory-confirmed influenza to the National Notifiable Diseases Surveillance System (NNDSS). The number of deaths reported was 953. This would give a case fatality ratio of 0.3044%. Significantly higher than the current case fatality ratio for Covid-19 of 0.18%. However there was no state of emergency called in 2019, there were no lockdowns and there were no vaccination mandates imposed on any sector of society.

VACCINATION AND VACCINATION MANDATES:

With respect to vaccination, current data makes it clear that continued imposition of vaccine mandates and restrictions on unvaccinated people are not logical and in fact discriminatory.

There is a growing body of evidence of harm from Covid-19 vaccines, across all adverse event reporting databases around the world. In Australia alone:

- Across ALL vaccines given in Australia from 1971 to now, *over 50 years*, there have been 59 reports of deaths to DAENS
- From the start of the Covid-19 vaccines rollout until Feb 18, 2022, so in *less than 1 year*, there have been 767 reports of death received and 111,317 adverse events reported.

It is widely accepted that only between 1-10% of adverse events are even reported, so the figures above would represent significant under-reporting. These numbers should be alarming given that DAENS is meant to be an early warning system.

All Covid-19 vaccines available in Australia are only emergency use approved and are still the subject of clinical trials until 2023/2024. Greg Hunt himself stated that Australia "was participating in the largest global vaccination trial ever".

When the borders of QLD were opened on December 17, they were closed to unvaccinated individuals, so it was abundantly clear that Covid-19 came into the state with vaccinated individuals. According to the QLD Health contact tracing information the vast majority of exposure sites were places where only vaccinated individuals were allowed access.

It is also abundantly clear, anecdotally and from current data, that vaccinated individuals are catching and transmitting Covid-19 and also suffering serious disease and death.

An analysis of daily updates in Queensland since December 17 shows that approx 70% of deaths in Queensland have been in those who are vaccinated and approx 90% of deaths were in those over the age of 70. (As per the previously referred to ABS reports we also know that approx 92% of these deaths would be in those with at least 3 underlying health issues.)

The random testing exercise conducted on the Gold Coast in February showed that an extremely high percentage of vaccinated individuals are moving about society as usual without even knowing that they have Covid-19, thereby spreading the disease into the community.

Further data around vaccination comes from the UK Health Security Agency (UKHSA) weekly Covid-19 Vaccine Surveillance Report, the most recent of which is from Thursday 24th Feb 22.

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1057599/Vaccine_surveillance_report_-_week-8.pdf)

- Table 10, found on page 41 shows the number of Covid-19 cases by vaccination status in England between 24th Jan and 20th Feb 22, and it confirms the vast majority were recorded among the triple vaccinated population.
- Table 12, found on page 43 shows the number of Covid-19 deaths by vaccination status in England between 24th Jan and 20th Feb 22, and it confirms yet again that the vast majority were recorded among the triple vaccinated population. The most recent figures show in all, there were 4,861 Covid-19 deaths between 24th Jan and 20th Feb 22. The triple vaccinated population accounted for 3,120 of them and the not-vaccinated population accounted for just 559.
- Overall, the vaccinated population accounted for 89% of all Covid-19 deaths during these four weeks, with 4,302 recorded deaths. This means the vaccinated population in the UK now account for 9 in every 10 deaths, and the triple vaccinated population account for 4 in every 5 of them.
- This report also confirms that deaths are rising dramatically among the triple vaccinated population whilst declining steadily among the not-vaccinated population in England.

With respect to mandates, it is a basic human right to be able to give informed consent to a medical procedure without the presence of undue pressure or coercion. The threat of loss of jobs and income due to an imposed vaccine mandate is undue pressure and coercion.

Many countries around the world have managed this pandemic WITHOUT vaccine mandates, thereby allowing their citizens to exercise freedom of medical choice.

Given what we know about the risks of Covid-19 disease, the risks of Covid-19 vaccines and also the data around infection, transmission, illness and death in both the vaccinated and unvaccinated population, it is reasonable for an individual to conduct their own risk-benefit assessment, taking into account their age and personal health status and an overall 99.82% recovery rate from Covid-19. Unvaccinated individuals can effectively contribute to keeping the vulnerable population safe by staying at home when sick or taking a Rapid Antigen Test before heading out. It is therefore reasonable to make the choice not to be vaccinated at this time. It is not reasonable to impose mandates on any sector of society - this simply cannot be justified with logic, evidence or data.

LOCKDOWNS:

It has been well documented around the world that lockdowns have many negative impacts such as but not limited to:

- long-term health outcomes
- mental health and well-being due to isolation
- impact on children due to school disruption
- small businesses crippled or shut down
- increased unemployment
- increased domestic violence
- increased substance abuse
- long-term damage to our GDP impacting future spending on human wellbeing

Many experts will attest to lockdowns costing more lives than they save and argue that long-term damage to our GDP will have a negative impact on future spending on human wellbeing.

To conclude, current available data makes it clear that any extension to the date of expiry of emergency legislation and powers cannot be justified. Any extension could lead to further damaging and ineffective lockdowns and continued discrimination against unvaccinated individuals. These things are simply not acceptable in any democratic society when there is an absence of evidence to support such measures.

There is a clear lack of evidence to back support for the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2022. An extension to the expiry date to 31 October 2022 is not warranted and should NOT be granted.



Tracie Deans

