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Submission to Parliament – Public Health and Other Legislation (Extension to Expiring provisions)
Amendment Bill

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Key Points

1. Availability of real data regarding Covid occurrence and impact vs predictive data
2. Opportunity and uptake of vaccination by adults and children in Qld
3. Economic/workforce impacts may have greater long-term impact than health impacts
4. Ongoing application of infection control measures
5. Definition of emergency under the legislation

Availability of real data vs predictive data regarding Covid infection occurrence

<https://www.health.gov.au/health-alerts/covid-19/case-numbers-and-statistics#total-covid19-cases-by-source-of-infection>

When the pandemic came to Australia in March 2020, little was known about the impact and decisions by governments were based on predictive data, in order to respond to this threat to public health. However, 2 years later, the availability of data from Australia Bureau of Statistics (ABS), and other health and scientific fields has provided alternative information, that needs to be considered. That is:

- *According to ABS, Deaths attributed to COVID alone for 2020 – 2021 were 83.* Although there were many individuals who may have died with covid, their death was not attributed to Covid. This suggests that many in this group may have died of other health conditions had they not contracted covid.
- Of those who contracted Covid with and without additional health concerns, in Qld 386 380 persons, only 315 persons required hospitalization, of that 315 people, 26 required ICU, therefore 386 065 persons, were able to manage the symptoms of the illness at home, or with GP support, from a Qld population of 5,252,452 people. This is vastly different to the predictions that suggested hospitals and indeed ICU admissions would be overwhelmed. This has not occurred. In hindsight, it was a sensible decision to use restrictions in order to aim to “flatten the curve” and support the Qld health system. However, as case numbers and hospital admissions for Covid continue to decrease, this rationale for restrictions is no longer valid.
- Additionally, each state health system can produce figures for tests, infections, hospitalisations, etc which may not be available to the public, but are likely to provide evidence that the lived experience of covid, has not met the predicted impact.

Opportunity and uptake of vaccination by adults and children

The Australian Federal Government supported by Qld Government has subsidized and made available several mRNA vaccines in 2021 and continues to approve new vaccines [such as Novovax] in 2022. The Therapeutic Goods Administration has supported the roll out through testing and

approval, and availability of vaccination centers throughout Queensland has facilitated current figures of 90.9 % of Queenslanders currently double vaccinated.

In comparison to vaccination for other communicable diseases, ABS figures for Australia state that:

From 1 July 2010 to 30 June 2011, an estimated 91% of one-year old's, 93% of two-year old's and 89% of five-year old's, were fully immunised as recorded in ACIR including, highly infectious illnesses such as Measles, and Chicken pox. Each year large numbers of adults voluntarily receive an updated flu vaccination to protect against seasonal infections.

This means that as a percentage Queenslanders vaccinated against Covid are on par with other communicable diseases. Yet these other, comparable communicable disease do not call for social exclusion or forced unemployment, or even check-in requirements to track potential outbreaks. Premier Palaszczuk has communicated the urgency of vaccination and the community majority has responded. Therefore, with Government support, the community have embraced vaccination as a prevention strategy, potentially contributing the currently reducing numbers of COVID cases. Thus to continue exclusionary or coercive measures on a highly vaccinated population is no longer be justifiable by comparable statistics.

Economic/workforce impacts may have greater long-term impact than health impacts

Since pandemic commenced, the Federal Government have supported businesses and individuals through the economic impacts, with programs such as Job keeper and Job seeker benefits. However, these programs were not intended as a long-term strategy. The Australia economy has relied on growth in industries such as tourism, mining and education, with the economic challenges pre pandemic were related to skilled labour and meeting demand for workers across several industries.

The economic challenges in 2022 are significantly different, as we collectively have experienced:

- Decline or closure of small businesses (and lost employment opportunities)
- Decline in number of Queenslanders in stable employment
- Decline in housing options due to loss of income, loss of stable employment
- Mandated vaccination affecting industries such as teaching and healthcare (some rural areas losing up to 30% of their workforce)
- Loss of skilled workers who exited industries rather than submit to mandated vaccination (teaching and healthcare significantly impacted)
- Increase in mental health concerns, which will have an effect on Health spending and an effect of employment possibilities or engagement.

Additionally, the impact of mental health concerns is both a health and economic factor in responding to COVID. ABS can evidence the increase in suicide rates throughout Australia, as well as figures produced by Beyond Blue and public mental health service provisions. For example:

- Depression is the leading cause of non fatal disability in Australia
- Approx. quarter of workers take time off to manage their mental health
- Mental health concerns are the third biggest health concern in Australia after heart disease and cancer, and the seventh highest cause of death.

Researchers [from Beyond Blue and others] have identified that restrictions, mandates, loss of employment and other economic impacts from pandemic conditions have contributed to the increase in these figures. Although the Qld Government has successfully responded to the physical component (covid infections) the long term impact of pandemic conditions will be experienced by mental health services, carers and families into the long term. As individuals experience depression, anxiety or suicidal thoughts, increased by their experience of restrictions, this will directly impact their ability to function in community, attend and maintain employment and participate in economic or societal roles. The community sector and public mental health system is currently calling for additional funding, and an extension to restrictions will result in a mental health challenge that far outweighs the physical health concerns of this pandemic.

Ongoing application of infection control measures

Although Covid has not disappeared, the decrease in cases, is reason for a review of mitigation measures. There is indisputable evidence that Infection control centered around hand hygiene, social distancing, isolating when unwell, options to work from home (where possible) and wearing of PPE in high-risk settings, have all controlled infection rates in high-risk settings.

There has been a strong and well receive public health campaign to increase hygiene practices for all community members, and the use of hand sanitizer, additional cleaning in public places, have all contributed to infection control. The ongoing use of additional hygiene practices in high-risk settings should continue, and there is potential for the use of these additional practices to continue to other at-risk settings such as education settings, shopping centers, public transport, Gov Service centers, healthcare providers etc. Many individuals including children have heeded and adopted additional hygiene practices and continue to do so by their personal choice. Therefore, now is the time for decisions of personal health and hygiene to be placed in the hands of the individual, supported by Government guidance and health advice, with ultimate decision being personal choice (including use of additional measure such as masks).

Definition of emergency or extension of emergency

The introduction of emergency powers was based on the Public Health Act 1997 section 319, giving federal govenemtn minister for Health power to declare a health emergency if sufficient evidence supports the threat to public health in Australia. By this definition, and the limited information available in 2020, looking at this use of this power in hindsight reflects a sensible decision for the greater good.

However, the evidence available in March 2022 differs significantly to the information available for all levels of decision makers in 2020.

In the explanatory notes for the Queensland amendment bill this paragraph states:

*As Queensland transitions towards more normal social and economic conditions there is no longer a compelling need or justification for continuing most of the associated COVID-19 measures. The Public Health Measures linked to vaccination status – a plan for 80% and beyond sets out measures to protect Queenslanders as the **state reopens and restrictions ease** for businesses and vaccinated individuals. The phased approach to less restrictive measures means that most of the temporary*

*measures introduced to facilitate the continued functioning of Queensland institutions and the economy to the extent possible are **not expected to be needed beyond 30 April 2022**.*

As noted above, Qld has reached vaccination targets, and planning was already in place to reduce restrictions from 30 April, based on predicted changing landscape of pandemic conditions. As the Government aims to extend their emergency powers, the Queensland Government should also provide data which suggests that there is an ongoing health emergency related to Covid infections. The data provided to the public does not suggest that Queensland is experiencing Covid to higher rates, nor is there any international data to suggest an increased threat. Therefore, I ask the government, on what basis is this legislation needed currently or for future powers be extended, if the definition of emergency, **previous used can no longer be evidenced with real data?**

From publicly available information, it appears that Queensland has met vaccination targets, individuals have and continue to follow health advice and the current statistics suggest a decline in cases, as such, all vaccination mandates and restrictions need to cease, there is a lack of evidence to support the extension of emergency powers, and allow Queenslanders to return to usual functioning, get on with life, and contribute to rebuilding Queensland's economic future.