

Adrian Hards



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

Position on bill: I am opposed to the bill with the extension of the expiring provisions.

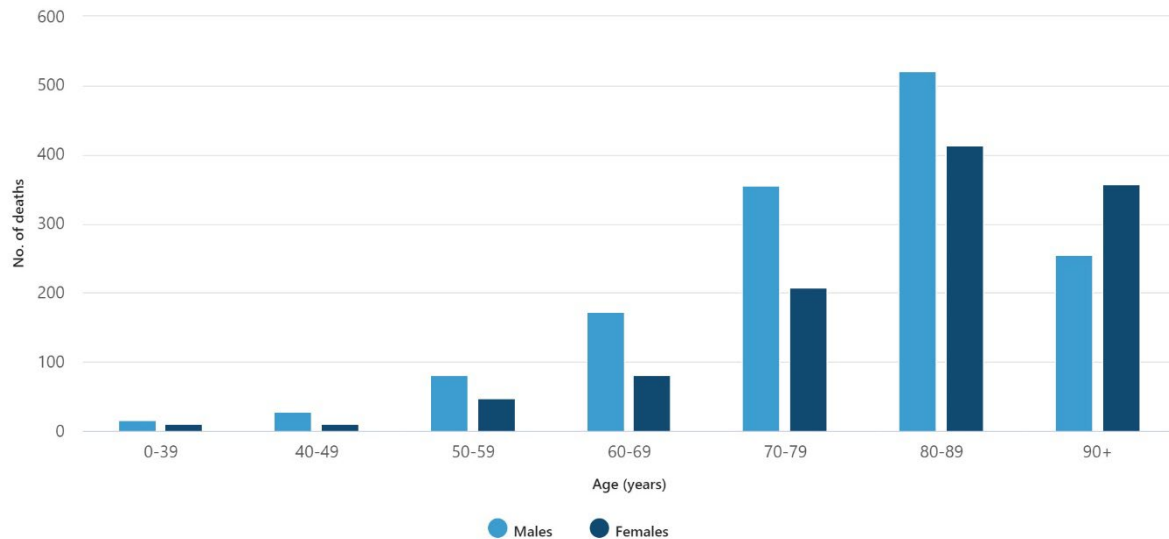
Provisions of the bill not warranted:

Over the period that Covid had been in the world more and more information on its impacts have become available. What is key is that the generic widespread health restrictions have a far greater reach than just a single disease management and have other secondary health and economic impacts. The at risk persons based on ABS data is a much smaller proportion of the community and it would be best at directing attention in protecting those people rather than blanket decisions on those not at significant risk.

Age profile of risk:

The ABS data found at: [COVID-19 Mortality in Australia | Australian Bureau of Statistics \(abs.gov.au\)](https://abs.gov.au) shows that the previous deaths are significantly associated with higher ages and that targeting those of younger ages with the health directives are not warranted.

COVID-19 registered deaths by age and sex (a)(b)(c)(d)(e)



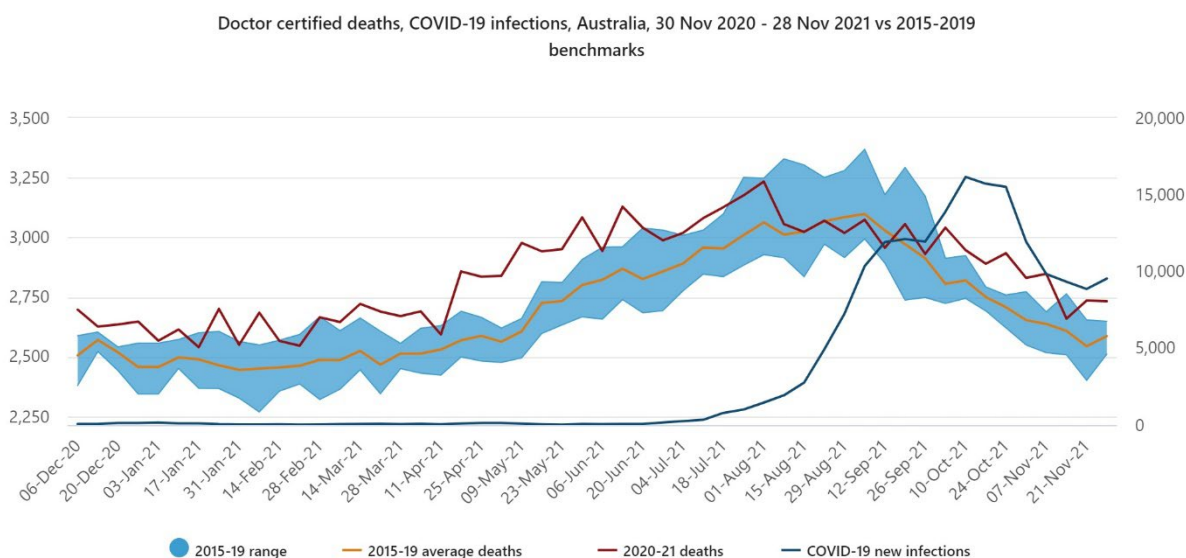
- a. This graph only includes information on registered deaths due to COVID-19. Numbers of deaths will differ to disease surveillance systems.
b. Information on deaths due to COVID-19 include all deaths due to the disease that occurred and were registered by 31 January 2022.
c. Deaths due to COVID-19 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 considered to be provisional and subject to change as additional data is received.
e. Refer to methodology for more information regarding the data in this graph.

Source: Australian Bureau of Statistics, COVID-19 Mortality in Australia 15/02/2022

Excess deaths:

The original intent of the health orders was to limit the burden on hospitals until more was known about the disease. What can be seen from the ABS data is that during the implementation of the health orders there was in fact an increase of deaths that did not follow the infection rate of Covid. That would firstly indicate that the health orders were not successful in reducing excess deaths and that they had no impact on limiting Covid related deaths when measures were implemented.

[Provisional Mortality Statistics, Jan 2020 - Nov 2021 | Australian Bureau of Statistics \(abs.gov.au\)](https://abs.gov.au)



a. This graph is compiled by the date the death occurred.

b. This data is considered to be provisional and subject to change as additional data is received.

c. In line with the ISO (International Organization for Standardisation) week date system, weeks are defined as seven-day periods which start on a Monday. Week 1 of any given year is the week which starts on the Monday closest to 1 January, and for which the majority of its days fall in January (i.e. four days or more). Week 1 therefore always contains the 4th of January and always contains the first Thursday of the year. Using the ISO structure, some years (e.g. 2015 and 2020) contain 53 weeks.

d. Refer to explanatory notes on the Methodology page of this publication for more information regarding the data in this graph.

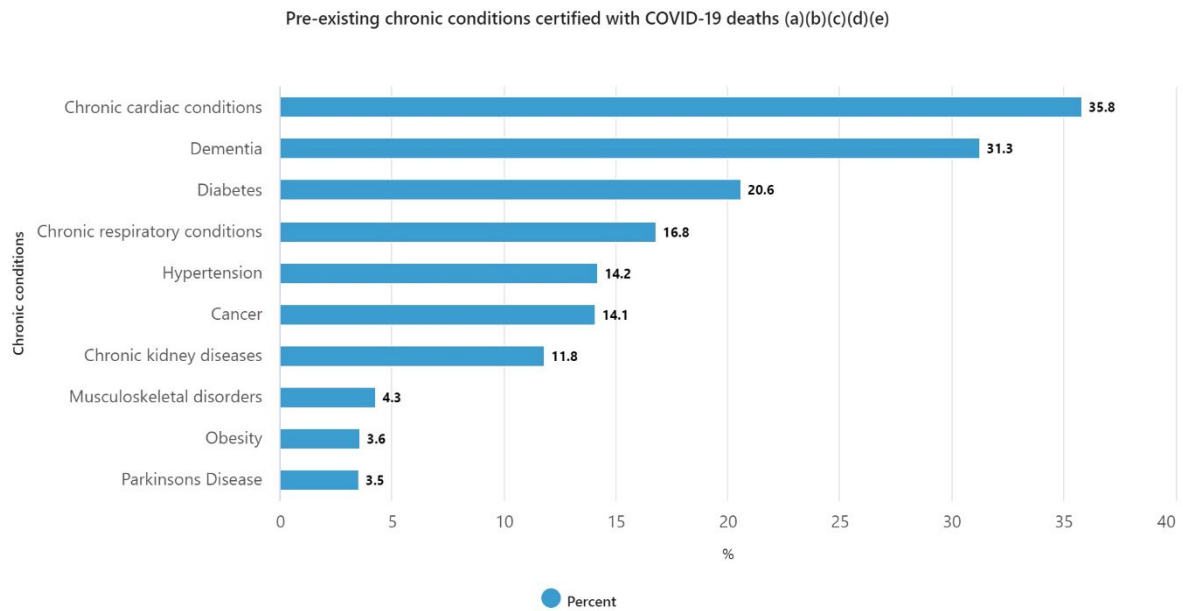
e. Data for the number of COVID-19 infections has been sourced from the COVID-19 daily infections graph published on the Australian Government Department of Health website. Data extracted 8 December 2021.

Source: Australian Bureau of Statistics, Provisional Mortality Statistics Jan 2020 - Nov 2021

Pre-existing conditions:

What is clearly evident from the ABS data is that people who already have health issues are at risk as outlined in the quote "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." The health orders do nothing in targeting and assisting these 69.5% of at risk persons in our community. It is clear that more needs to be done in helping these at risk persons which is not achieved by these widespread health orders. The data from the ABS shown below:

COVID-19 Mortality in Australia | Australian Bureau of Statistics (abs.gov.au)



- a. This graph 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 deaths that occurred and were registered by 31 January 2022.
 c. All deaths due to COVID-19 in this report have been coded to ICD-10 code U07.1 COVID-19, virus identified or U07.2, virus not identified as the underlying cause of death.
 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.

Source: Australian Bureau of Statistics, COVID-19 Mortality in Australia 15/02/2022

Time to move on:

The data from the ABS clearly shows that widespread health orders that cover most of the community not at risk are not the best approach and that a target approach looking to assist those at risk is of greater value. Actually helping people adjust their lifestyle to one with is health is likely to have a greater benefit than any of the widespread health orders.