

Chief Medical Officer Opening Statement

Senate Estimates hearing – 6 April 2022

- I'd like to thank the committee for the opportunity to make an opening statement today.
- As this committee would be aware, National Cabinet met last month and agreed to take a nationally consistent approach to managing both the COVID-19 pandemic and the likely co-circulation of influenza over this year's winter season.
- The approach agreed to by National Cabinet is aimed at minimising the health impacts while supporting the economy.
- Although it is difficult to predict the scale in which this likely co-circulation may occur, National Cabinet's approach assumed the possibility of significant outbreaks of both COVID-19 and influenza.
- The Australian Health Protection Principal Committee, which I chair, subsequently met face-to-face for the first time in a year to discuss the outcomes of the National Cabinet meeting.
- I'd like to put on record the discussions at that meeting were both open and collegial – and pleasingly, there was a strong commitment to national consistency.
- As Australia enters the final phase of the national plan to respond to COVID-19 – and as we start to live with the virus – the 2022 winter season may well present challenges to health systems, healthcare providers, aged care and disability care residents, communities and the economy.
- I can report to the committee that despite the current increase in COVID-19 case numbers, Australia's health systems are all coping well.

- Increasing predominance of the Omicron BA.2 variant of concern, resurgence of Omicron BA.1 and the emergence of new COVID-19 variants are all possible scenarios in the coming months.
- Again, I would like to reassure the committee, as a country, we are very well prepared to respond to any or all of these scenarios.
- Work is well under way in all states and territories, supported by the Commonwealth, to prepare our healthcare systems for the likely co-circulation of COVID-19 and influenza.
- The AHPPC is currently finalising its advice about how best to implement the approach agreed to by National Cabinet – but the general principle will be a move away from reducing COVID-19 transmission to protecting people at higher risk of developing severe disease.
- The focus will be on supporting normal community functions and minimising disruptions to our health systems and society.
- Why are we changing our approach? Because we are in a vastly different space to where we were at the start of the pandemic.
- Our extremely high vaccination rates, particularly for people aged 65 and over, coupled with the recent availability of effective treatments, mean we can shift the focus away from reducing transmission to minimising harm from COVID in our at-risk population groups, for instance the elderly and those with underlying health conditions.
- As part of this shift in focus, it is important everyone continues to do all the good things they have done to combat the spread of COVID-19. That means ...
 - Continuing to observe safe hygiene practices, such as getting tested and isolating if you have symptoms,

- And making sure you remain up to date with your COVID-19 vaccination (getting a booster – and a winter booster – when you become eligible).
- I would now like to turn to an uncomfortable but important topic of COVID-19-associated deaths.
- At the outset, I want to acknowledge that every death is a person, with a family and friends and loved ones.
- I am very mindful of the sensitivities associated with citing death data, but the reality is, the lives of many thousands of Australians have been saved because of the measures that were put in to respond to the pandemic.
- This is an indisputable fact.
- If we look back to early 2020, many countries around the world, including Italy, the UK, and the US, had overwhelmed healthcare systems and extremely high levels of death.
- Of course, as we all know, back then there were no vaccines against COVID-19, nor the effective treatments that exist today.
- We need to move away from counting the number of people who die from COVID-19 on any one day, towards a concept known as “excess deaths”.
- In simple terms, this can be seen as the difference between the number of people who we would expect to die over a given period of time – or as a result of a particular event, such as a pandemic – and the actual number of deaths recorded.
- On this metric, Australia has performed extremely well throughout the COVID-19 pandemic.

- Were it not for the measures we put in place, from closing our international borders, to social distancing and the wearing of masks, tens of thousands of additional Australians would have died from COVID-19.
- According to the *Lancet* journal, Australia was one of just five countries – the others being Iceland, New Zealand, Singapore and Taiwan – to record what’s called a “negative excess mortality rate” due to COVID-19 in 2020–21.
- What that means is that in Australia, along with the four other countries, fewer people died of COVID-19 in 2020–21 than was expected.
- Again, although every death from COVID-19 is a sad event for family and friends and as a country, this is an outcome we should acknowledge.
- While there may be challenges ahead, I see no reason why, even with the easing of restrictions we are now enjoying, the strong position Australia is in should change over the coming winter months.
- I would again like to stress the best protection a person can have against COVID-19 and the flu is vaccination.
- More than 95 per cent of the eligible population in Australia has had two doses of COVID-19 vaccine – and almost 70 per cent has had a booster.
- For over 65s, the news is even more remarkable.
- Australia ranks fifth among OECD countries for both people who are fully vaccinated, and the vaccination of children 5 to 11 years of age.
- Australians in vulnerable population groups are now able to receive their free flu vaccination through the National Immunisation Program ...

... and I would encourage these people to make a booking as soon as possible – and if possible, to get their winter COVID-19 booster at the same time if they’re eligible and haven’t yet received it.

- Thank you.

[Ends]