

Opening statement – Professor Chandini Raina MacIntyre, The Kirby Institute, UNSW

Overview

The pandemic is an unprecedented event in our lifetimes, arguably worse than the 1918/19 Spanish flu. We were fortunate in 1919 too, keeping the Spanish flu pandemic at bay for nearly a year and suffering fewer deaths than other countries. The COVID-19 pandemic is getting worse globally, and therefore is not over for us. We will continue to see outbreaks and we will have to walk a tightrope in the coming year or so, balancing the re-opening of society with mitigating spread of COVID-19 until we have an effective vaccine. What we see today in Victoria could be any other state. They have been exemplary in the response and it could, and probably will, happen anywhere in Australia. What we need is to work together across our differences in our mutual desire to protect Australia. The pillars of disease control are:

1. finding all cases (which relies on testing capacity and testing strategy)
2. tracking their contacts and quarantining them (to stop transmission from those who are infected)
3. travel bans (which [can be tailored](#) to overseas disease incidence) and
4. physical distancing.

Relaxing any of these will result in resurgence. [Face masks](#) are also a cheap, effective way of allowing society to re-open more safely and should be embraced. We need stronger messaging that both conveys the gravity of the situation and the hope for the future, and ask for social contracts with people – in return for freedoms, they should maintain physical distancing, download the COVIDSafe App and wear a mask. The gravity of COVID-19 is not a reality to many Australians – we must convey how fortunate we are to be in Australia, and how hard we must fight to maintain our gains in disease control, especially as this has come with a heavy economic price for our country.

I am confident we will have vaccines – more than one. They may not be perfect, but they should help. This will be the first time in the experience of all health officials in Australia that we will need mass vaccination, across the whole lifespan, not just in children or older people. It is likely we will face shortages initially, and we will need to prioritise who gets vaccine first, and this must be planned for carefully. This is a new experience globally - the last time we needed mass vaccination was smallpox. Australia never used mass vaccination for smallpox – we relied instead on closing borders and targeted vaccination campaigns. There is no living memory among public health practitioners today of the lessons from this – but they include innovative ways of mass scale-up of vaccination capacity. It is in our national interest to diversify vaccine procurement and encourage domestic manufacturing because one vaccine candidate may be safer or more effective than another. I will end with my summary of the strengths and limitations of the response in Australia.

Strengths

- Australia is an exemplar globally and the government has done an excellent job in bringing disease incidence down.
- Border control (travel bans and hotel quarantine of travellers) is the single most important measure that has averted a catastrophic epidemic in Australia that would have overwhelmed the health system.

- The lockdown period in March/April has also been influential.
- The States and Territories have done an excellent job at the frontline of finding cases, tracking contacts and stopping transmission.
- Rapid procurement of testing and masks by the Commonwealth.
- Culturally, Australians are accepting and trusting of government, which makes disease control much easier than some other countries
- Government has been responsive to a rapidly changing information landscape as new knowledge emerges about COVID-19
- The government has moved quickly to help people in financial distress and improve social cohesion.

Limitations

- Stockpiling has failed to have anywhere near the required masks and respirators for health workers. A year ago I presented [modelling](#) to The Chair of the Communicable Diseases Network of Australia which showed that for a serious epidemic in Sydney that lasted 6 months, we needed over 30 million respirators for Sydney alone. This was not heeded. Prior to the bushfires, we have nowhere near this amount. We must not make this mistake again. The role of other vaccines such as pneumococcal vaccine to prevent secondary bacterial pneumonia is also overlooked.
- Community mask use is shown to be effective, but we have not recommended it wholeheartedly. As we resume social contact and mixing, mask use will make a substantial difference and should be promoted widely with positive messaging.
- The recommendations for respiratory protection for health workers are not adequate. Their safety is paramount and they are a precious asset in this fight. I am happy to speak to this in question time and have a statement from some frontline clinicians which I could read out, and which I will provide to the committee.
- Research funding could be more substantial – eg 2 million for vaccine research from MRFF is not even enough for one group to develop a vaccine. Having domestic capacity in vaccine research and the global influence that comes with it is critical for the ability to rapidly scale up vaccination in Australia.

Opportunities

- Provide more funding for State and Territory health departments to scale up operational response capacity (epidemiologists, public health personnel, vaccinators, contact tracers). They have and are working at capacity, to breaking point, and this is not sustainable in the long term. This may prove critical in preventing a resurgence of COVID-19.
- Increase funding for training in public health and disease control – there was such a scheme until 2010 in Australia, called PHERP for this purpose. We need expanded workforce capacity in this area urgently and this should be reviewed.
- Increase funding for COVID-19 research and development of capacity in Australia through MRFF.
- Increase the uptake of the COVIDSafe App by whatever means possible, including financial incentives – this may play a critical role in containing new epidemics as

they arise, especially during large epidemics where human resource capacity is exceeded.

- Expand the eligibility for Jobkeeper – eg. support artists and musicians who are unable to work because of restrictions. Social cohesion is critical during a pandemic.
- Support domestic manufacturing as much as possible and decrease reliance on imports, especially for essential medicines and medical equipment such as masks and ventilators, as well as food. This will also boost the economy and increase jobs in Australia.