Excess Mortality Submission 5



Level 13 Tower B 799 Pacific Highway Chatswood NSW 2067

Senate Standing Committees on Community Affairs PO Box 6100 Parliament House Canberra ACT 2600

Wednesday 15 May 2024

Dear Committee Members,

Re: Excess Mortality

Asthma Australia welcomes the opportunity to comment on excess mortality in Australia over recent years. We recognise that there is a significant opportunity to learn from the COVID-19 pandemic in terms of the impact of the public health measures that were implemented in 2020/21 to protect people in Australia from COVID-19, including in relation to mortality rates. Indeed, fewer people with asthma died from their condition in Australia (or were hospitalised with asthma) when these measures were in place than in previous or subsequent years.

In our submission, we provide an overview of the asthma mortality rates in Australia before, during and after the pandemic public health measures and briefly set out how these measures helped to safeguard people with asthma. Our submission responds to the Inquiry's Terms of Reference D, any other matter.

Asthma mortality rates

While asthma is not a leading cause of death in Australia and therefore may not have a strong impact on overall excess mortality, asthma mortality rates in recent years suggest that deaths due to asthma can be significantly reduced as a result of public health measures. The age-standardised asthma death rate in Australia was 1.2 asthma deaths per 100,000 population in 2018, 1.3 in 2019 and 2020, 1.0 in 2021 and 1.3 in 2022. Hence, the removal of COVID restrictions and the return of international travel in 2022 also saw a 30% excess in asthma deaths with 1.3 deaths per 100,000 population (age-standardised) compared to the 1.0 in 2021.

In addition, we saw fewer asthma deaths in the year 2021, when pandemic public health measures were in place. In 2022, asthma deaths (and the age-standardised death-rate) returned to prepandemic levels. iv There were:

- 394 asthma deaths in 2018
- 423 asthma deaths in 2019
- 417 asthma deaths in 2020
- 349 asthma deaths in 2021, and

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455 asthma deaths in 2022.



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Pandemic public health measures and people with asthma

The public health measures that were introduced in 2020 and continued until 2022 in Australia included hygiene measures (e.g. hand washing, mask wearing and social distancing), lockdowns, domestic and international travel restrictions, COVID-19 testing and mandatory vaccination. Such measures help to protect people with asthma as they reduce the spread of respiratory infections. Remarkably, there were 21,000 cases of influenza notified in 2020 and only 753 cases of Influenza notified in 2021, compared to over 313,000 cases in 2019 and over 234,000 in 2022. Similarly, 1,554 cases of respiratory syncytial virus (RSV) were notified in 2021, compared to nearly 100,000 in 2022. Viral infections, such as influenza and RSV, are the most common trigger for asthma flareups, including serious acute asthma requiring hospital admission. Viii While associated with the development of asthma in childhood, they are also associated with the cause of deaths for asthma. During 2019-2021 influenza and/or pneumonia was associated with 25% of deaths due to asthma. In addition, deaths due to asthma in Australia are the highest in winter for people aged 65 and over and the risk of death due to asthma is higher in late winter and May for those aged 35-64. These trends are likely due to the increase of viral respiratory infections and the flu season.

Hence, the public health measures in place due to the pandemic likely shielded people with asthma not only from COVID-19 but also from a range of other viral infections, the most common trigger of their symptoms and exacerbations. These measures are also thought to have reduced asthma exacerbations, and therefore the risk of death, by reducing exposure to outdoor pollution (as, for example, people were confined indoors more and there were also less cars on the road). *ii Outdoor air pollution is another important asthma trigger.

Lessons for public health from the pandemic

While many of the pandemic public health measures are not acceptable or practical today, the continued promotion of good hygiene, staying at home when unwell and having regular influenza and COVID-19 vaccinations accessible to everyone in the community remains important to helping people with asthma maintain control of their condition and to staying out of hospital. XiII Asthma Australia notes and welcomes the introduction of new vaccines in Australia that are important for many people with asthma, including RSV immunisation products to protect infants and the elderly. XIV We strongly support equitable access to all immunisation products that may help reduce asthma exacerbations and deaths.

As people increasingly forget about the positive impacts of some of these less disruptive measures from the pandemic, it becomes more important that Australian governments invest in them. Indeed, their promotion is critical in the context of the out-of-season increases in viral infections that have followed the lifting of the pandemic's public health measures and as people's immunity to them dipped during the pandemic.**

In addition, lessons from the pandemic also highlight the importance of air quality in keeping people with asthma safe. Reducing air pollution from avoidable sources, such as wood heaters, vehicles, and industry, will reduce the burden of asthma and prevent a range of other adverse health impacts. Ensuring that buildings and homes are equipped with appropriate ventilation and air filtration are important in the reduction of airborne virus transmission and in helping to keep indoor air quality

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healthy from internal asthma triggers, such as mould and gas cooktops and gas and wood heaters, as well as from outside asthma triggers that can seep indoors, such as bushfires and pollen.

We recommend that the Committee consider the significant lessons from the COVID-19 pandemic, which include the positive effects of public health measures implemented in 2020-21 that reduced viral infections and improved air quality. In addition to limiting the impact of COVID-19 on the Australian community, these measures are likely to have contributed to the reduction in asthma mortality, and should be adapted to reduce risk factors in the community for asthma and other conditions.

Yours sincerely,

Doris Whitmore
Interim CEO Asthma Australia

ABOUT ASTHMA AUSTRALIA

Asthma Australia is a for-purpose, consumer organisation which has been improving the lives of people with asthma since 1962. Asthma affects one in nine Australians or 2.7 million people. Asthma is an inflammatory condition of the airways, restricting airflow and it can be fatal. There is no cure, but most people with asthma can experience good control. Our purpose is to help people breathe better so they can live freely. We deliver evidence-based prevention and health strategies to more than half a million people each year.

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REFERENCES

¹ Australia Bureau of Statistics (ABS, 2023). Causes of Death, Australia, 2022. Canberra: ABS. Available from: https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release#data-downloads

ii Ibid.

iii Ibid.

iv Ibid.

^v Department of Health and Aged Care (DHAC, 2024). National Notifiable Disease Surveillance System. National Communicable Disease Surveillance dashboard. Accessed 10/05/2024. Available from: https://nindss.health.gov.au/pbi-dashboard/

vi Immunisation Coalition. Influenza Statistics [Internet]. Accessed 10/05/2024. Available from:

https://www.immunisationcoalition.org.au/wp-content/uploads/2024/05/MAIN-Aust-Flu-Stats-worksheet-2024.xlsx-2.pdf

vii DHAC (2024). National Communicable Disease Surveillance Dashboard [Internet]. Accessed 14/05/2024. Available from: https://nindss.health.gov.au/pbi-dashboard/

viii ABS (2023). Causes of Death, Australia, 2022. Canberra: ABS. Available from:

https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release#data-downloads

^{ix} National Asthma Council Australia (NACA, 2020). Australian Asthma Handbook. Available from:

https://www.nationalasthma.org.au/health-professionals/australian-asthma-handbook

x Australian Institute of Health and Welfare (AIHW, 2023). Deaths in Australia [Internet]. Canberra: AIHW [cited 2023 Jul. 11]. Available from: https://www.aihw.gov.au/reports/life-expectancy-death/deaths-in-australia (see data downloads, Table S3.2 and Table S7.2)

xi Australian Centre for Asthma Monitoring (ACAM, 2011). Asthma in Australia 2011. Canberra: AIHW.

xii Homaira, N., Hu, N., Owens, L. et al (2022). Impact of lockdowns on paediatric asthma hospital presentations over three waves of COVID-19 pandemic. Allergy Asthma Clin Immunol 18, 53.

xiii NACA (2020). Australian Asthma Handbook. Available from:

https://www.asthmahandbook.org.au/prevention/preventive-care/immunisation

xiv Immunisation coalition. RSV [Internet]. Accessed 9/04/2023. Available from:

https://www.immunisationcoalition.org.au/diseases/rsv/

^{xv} Almeida T, Guimarães JT, Rebelo S (2023). Epidemiological Changes in Respiratory Viral Infections in Children: The Influence of the COVID-19 Pandemic. Viruses. 2023 Sep 5;15(9):1880.