

COVID-19 has become a leading cause of death in Australia – Urgent Call for Action

Working Group:

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Background

With COVID-19 cases and new variants of concern still spreading in the Australian community, Australia must take protective action to prevent deaths and disability.

Hospitalisations remain high, with over 3,200 people currently admitted nationwide. This has resulted in overcrowded emergency departments and contributed to ambulance ramping and unacceptable ambulance response times, adversely affecting the provision of care for other health conditions. Higher COVID-19 case numbers are leading to increased hospitalisation, suffering and death.

This is the first time an infectious disease has been a leading cause of death in modern history.

Deaths

Over 70% of the 9,277 reported deaths from COVID-19 in Australia to date have occurred in 2022 – and it's still only July (Fig 1). The Australian Bureau of Statistics found that, of the deaths that occurred up to 30 April 2022, COVID-19 was the underlying cause of death in ~90% – that is, the overwhelming majority of deaths were *from* COVID, not *with* COVID.

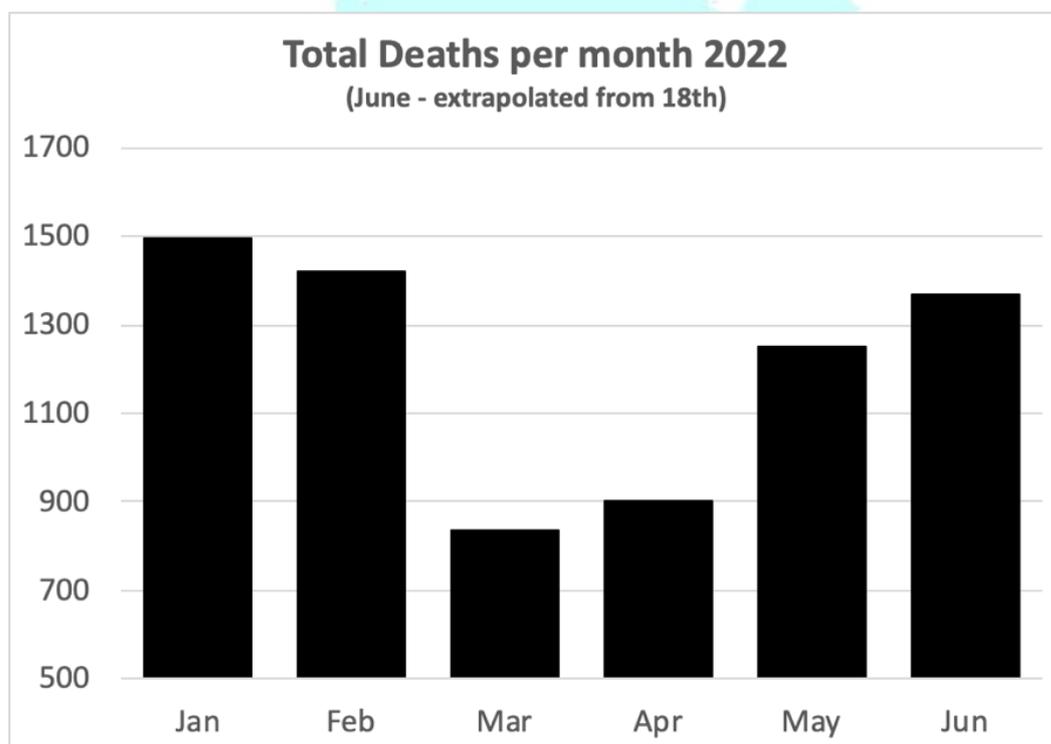


Figure 1 Australia total deaths per month 2022

It is important to note that the deaths that have occurred to date were not limited to elderly Australians and include 632 people aged 20 to 59 years, and 18 deaths in children and adolescents. During Australia's first wave, the Australian Institute of Health and Welfare calculated that an average of 8-9 years of life were lost per person dying of COVID.

Deaths per day have been climbing, and currently sit at 45 deaths per day (7 day moving average). We are on track to reach approximately 15,000 to 18,000 deaths from COVID in 2022 – up to sixteen times the annual road toll (1,127 in 2021) and six times the deaths from the worst recent flu season (3,024 deaths in 2017).

As of 8 May, there were at least 120 deaths due to COVID among Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander people are at particularly high risk of hospitalisation and death from COVID due to existing health and socioeconomic inequities.

Our previous OzSAGE document – released February 2022 (Statement on Deaths in Australia from Covid-19)– called for care and respect for all deaths due to COVID-19, for transparent disclosure of data on mortality, and for the causes of death to be discussed with scientific authenticity and integrity.

There is a significant misconception in the general community that once a person has had COVID, they are 'immune'. But this is not the case. The prospect of re-infection looms large for all Australians. Current surveillance data do not accurately capture prevalence of re-infection, however multiple instances of re-infection within weeks have been reported. A significant drop in life expectancy has been noted in other countries since the beginning of the pandemic. OzSAGE's recommendations are aimed at reducing the impact of COVID-19 in Australia, which currently has one of the highest case rates in the world.

Vaccination

Despite achieving 95% two-dose vaccination in those over 12 years of age, 3rd dose vaccination rates have stalled at 70.5% in over 16 year olds. Two vaccine doses is not adequate protection. Increasing the rates of Australians with a 3rd vaccination dose will help prevent infections, hospitalisations, and deaths. Many people aged 16 years and over who were vaccinated early in the rollout are now 6 months post their 3rd dose. ATAGI has expanded access to the fourth dose (second booster) on July 6th 2022 to people 30 years and over, citing the risk of myocarditis in young males as a reason for not allowing it for younger people. However, the risk of myocarditis with COVID-19 is far higher than following the vaccine. A fourth dose protects much better than three doses, even against death and hospitalisation. While we face a B.A4/5 wave, higher rates of the second booster will prevent more deaths and serious complications.

Young people aged 12-15 years remain unable to access 3rd doses under current guidelines, except for those who are immunocompromised, and children aged 0-5 years are completely unprotected. ATAGI's recommendation for a 4th dose should be expanded to protect everyone 18 years and over. Health workers remain ignored in these recommendations, and many are younger than 30 years of age.

Failure to invest in Safe Public Indoor Air Standards and Infrastructure

Two doses of vaccine do not adequately protect against the Omicron variant and the rates of third dose vaccination are low. Even three doses do not fully protect against all of the known

consequences of infection, such as long COVID. Safe indoor air and respirators (high quality masks) are therefore a key part of a **Ventilation and Vaccine-PLUS** strategy.

Unlike countries such as **Belgium**, Australia is yet to set safe public indoor air quality standards for airborne diseases, or recommend appropriate mitigation measures to create safe indoor air in public spaces.

During the third cholera pandemic in the 19th century the discovery that the disease was waterborne prompted the provision of clean water supplies to fix the problem. Now, with the problem of an airborne disease – COVID-19 – and a partially effective vaccine, ensuring clean air is key to making COVID-19 manageable. Thus, in addition to vaccines, we need to breathe clean air by proper ventilation and filtration. This “Vaccines-PLUS” strategy is the only way forward that we have available currently.

Better Masks

In January 2022, OzSAGE issued further recommendations on **community mask use**. The Omicron variant and lineages with further mutations are more transmissible.

Governments across Australia are considering reintroduction of protections like masks as beneficial for limiting load on ambulance and hospitals and work absence.

Living with COVID – Restrictive Eligibility and Limited Access to Treatment

The rhetoric has been that the community needs to learn to live with COVID, yet effective antivirals such as Molnupiravir and Paxlovid and other treatments for COVID are restricted or practically unavailable. There is a paucity of guidelines for GPs on treatment options in the community and some jurisdictions need referral, delaying time-critical access. This matters, because even cases which are initially asymptomatic or mild can sometimes result in complications like heart attacks, strokes and long COVID.

Testing

Rapid antigen tests (RATs) remain expensive in most jurisdictions and free PCR tests are restricted. Poor or delayed access to testing restricts eligibility for time-critical antiviral treatment (such as initiation within 5 days of symptom onset) and other therapies and increases the risk of hospitalisation and death.

OzSAGE recommends that all governments immediately respond by:

IMPROVING VACCINE ACCESS AND UPTAKE

- Renewing efforts to increase booster rates (as the Federal government has begun to do with the “**Take on Winter**” vaccination campaign), and broadening eligibility for fourth and subsequent doses. The 4th dose prevents **more deaths and hospitalisations than 3 doses**, and if all adults were able to get a 4th dose, this would reduce deaths and hospitalisations.
- Ensuring adequate access of vaccines and **antivirals to at-risk populations** including older Australians, residents of residential aged care facilities, First Nations Peoples, regional, rural and remote-living residents, people with disabilities, and lower socio-economic groups.
- Being ahead in planning for variant-specific, combination or newer vaccines.

PUBLIC HEALTH EDUCATION

- Launching a concerted public health campaign to educate the community on what individuals can do to help protect themselves from infection, with a focus on the airborne nature of COVID-19 and benefits of ventilation and filtration. (Similar to the campaigns for skin cancer, road deaths, and smoking.) Public health campaigns should be focused on at-risk groups as listed above, and those belonging to culturally and linguistically diverse groups.
- Communicating the need for respirators (high quality masks) and physical distancing in all settings where transmission is likely to occur, such as indoor venues with poor ventilation.
- Making P2/N95 respirators (high-quality masks) freely available to the community with a public campaign on their use.

SAFE INDOOR AIR: VENTILATION/FILTRATION

- Legislating new standards for safe indoor air through ventilation and filtration.
- Support Work Health and Safety regulators to investigate adherence to laws around workplace air quality and transmissible diseases.
- Educating and providing toolkits for ventilation assessments (e.g. CO2 monitoring).
- Offering grants to improve ventilation infrastructure, similar to the Victorian Government's Small Business Ventilation Program (Ventilation Rebate).
- Developing detailed plans to guarantee healthy air quality, especially in high-risk places such as aged and residential care facilities.

TESTING/TRACING/REPORTING

- Providing free and easily accessible PCR testing and free rapid antigen test kits to households.
- Transparently reporting cases, hospitalisations and deaths from COVID. Data must be timely, sufficiently detailed, and annotated with its limitations and omissions, as described in OzSAGE's previous [Statement on Deaths in Australia from COVID-19](#).
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IMPROVING ACCESS TO HEALTHCARE

- Developing and improving healthcare protocols and alternative pathways to timely treatment, including access to antivirals, and educating clinicians and the public about effective treatments such as antivirals and budesonide.
- Improving access to primary care for treatment, including clear alternate pathways to treatment, especially for those living in areas of GP shortage or with limited financial means.
- Reinstating pandemic response Medicare item rebates for telehealth consultation.

PREVENTING FURTHER OUTBREAKS

- Creating teams including an Occupational Physician, Occupational Nurse, and Occupational Hygienist in each state/territory to review residential care facilities' controls/protections alongside Public Health and advise on practical adjustments to prevent future outbreaks. Similar work should be done for schools and other organisations.
- Supporting the efforts of the National Aboriginal Community Controlled Health Organisation (NACCHO) and other community-controlled organisations to mitigate the effects of COVID in all communities.

Disclaimer

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