

Statement for Oz-Sage Conference 22nd of November 2021 – Dr. Kalinda Griffiths

Before we begin today, I would like to do the acknowledgement of Country. I would like to acknowledge the traditional custodians of the many lands of which we are meeting. I am coming to you from Larrakia Country in Darwin, upon the lands of the Larrakia people where sovereignty has never been ceded. I would like to pay my respects to all elders those of the past, present and the future as well as other Aboriginal and Torres Strait Islander people online and watching.

My name is Dr Kalinda Griffiths and I am epidemiologist at the Centre for Big Data Research in Health at the University of New South Wales. I am a Yawuru woman, my family name is Corpus, and my county is in Broome in Western Australia. And I am going to give a brief COVID update impacting Aboriginal and Torres Strait Islander people.

To date there have now been over 8,300 Aboriginal and Torres Strait Islander COVID19 cases. Most of these cases have been in NSW with 6,700 cases, 1,329 cases have occurred in Victoria, 219 cases have been reported in the ACT and 35 cases in the Northern Territory.

It is a primary remit of the OzSAGE group that no one is left behind. As Australia begins to open up, the risk to those populations who do not have higher rates of vaccination increases.

We know that gap in vaccination rates between Aboriginal and Torres Strait Islander people and non-Indigenous people still continues to persist at around 15%. This is an improvement of about 5% and it is thanks to the extensive efforts of health care services. The fact that it still persists though highlights a range of issues with how governments and systems can best support those populations who need it the most.

It has been the recommendation of the Aboriginal and Torres Strait Islander OzSAGE working group since quite early on in this pandemic that 95 to 100% of Aboriginal and Torres Strait Islander people over the age of 12 years need to be fully vaccinated before states and territories opens up.

Preliminary modelling undertaken by Professor Emma McBryde from James Cook University has shown that in even with 80% of Aboriginal and Torres Strait Islander

people over the age of 5 years vaccinated, the risk of death is a little over 30 people per 100,000 people in the population. But if the uptake is 95% in over 5 year olds then risk of death is near 0.

So this is what we are going with. 95% of all Aboriginal and Torres Strait Islander people over the age of 5 years need to be vaccinated to ensure that Aboriginal and Torres Strait Islander lives are not lost.

Nationally, there are currently 57% of Aboriginal and Torres Strait Islander people over the age of 12 years fully vaccinated. Almost 70% have had at least one vaccine. Still about 15% lower than non-Indigenous people.

In those states that have been impacted the most we have seen higher rates of vaccination than other jurisdictions with NSW and Victoria are now at 78% and the ACT is at 84% of Aboriginal and Torres Strait Islander people fully vaccinated.

The Northern Territory is currently in their first outbreak, with the majority of people impacted being Aboriginal people in outer regional, remote and very remote areas. Only 53% of the Aboriginal and Torres Strait Islander population aged 12 years and older are currently vaccinated.

This is almost a 30 point difference between Indigenous and non-Indigenous Territorians with some communities still being less than 40% fully vaccinated.

As of this week South Australia opens up. And only 46% of the Aboriginal and Torres Strait Islander population is currently fully vaccinated for those aged 12 and older.

As the borders open up around Australia, there is major concern for those jurisdictions and areas that have wide disparity gaps in vaccination rates. We also need to better understand who requires and needs to source booster shots.

The most recent reporting shows that there have now been over 800 Aboriginal and Torres Strait Islander cases hospitalised with 90 people that have been admitted to ICU. 16 Aboriginal people have died, all in NSW.

There are currently four people in hospital in the Northern Territory although we are unsure of the number of Aboriginal and Torres Strait Islander hospitalisations. This

highlighting a gap in the timeliness of hospitalisations data that requires immediate redressing.

Additionally, there is also a need to reiterate that disaggregated data particularly at local government areas should be presented in routine reporting in each of the states and territories. In order to assess the needs of different communities and different regions, there is a requirement for information on service availability and impact. Despite the recommendations and ongoing call for accurate and appropriate data, there is still a clear need to improve the transparency, quality, as well as the availability of disaggregated data relevant to COVID19.

COVID is a disease of the unvaccinated, so as it gets into regions and communities with lower vaccination rates and higher risks of transmission, it will spread very fast. In NSW particularly we have witnessed some of the impact that can occur and know there are devastating consequences due to this disease continuing to spread, particularly through regional and remote Australia. With already stretched health care services and limited workforce availability to manage COVID patients in regional and remote areas, it is anticipated that things can, and will, get much worse.

Aboriginal and Torres Strait Islander people are at greater risk of transmitting and having worse impact from COVID, this is due to a younger age distribution, higher rates of underlying conditions that can impact disease severity caused by COVID as well as less access to services.

This means that there is a need for equitable approaches to ensure that Aboriginal and Torres Strait Islander people can be tested without any barriers. This includes removing costing and access barriers that may currently exist. We know that having culturally safe health services on the ground to work with communities in regional and remote areas supports vaccine uptake. Going door to door is effective. And we recommend that governments and health services work towards having people in those regions that need them the most.

With the lower vaccination rates and greater impact from COVID, it is therefore very important that attention, resources and innovative approaches to supporting Aboriginal and Torres Strait Islander people and communities. We are aware that resources are required to better support those most in need, specifically those who are experiencing homelessness and addiction to assist in reducing the rate of transmission.

There are still many people in the general population who are not vaccinated and an even higher proportion of Aboriginal and Torres Strait Islander people unvaccinated which means this matter is urgent. We recommend that there is an assessment of each jurisdiction in the decision making regarding the approach taken to support those populations at higher risk and how this impacts outbreaks. At this point it should also include the plan for providing boosters shots to Aboriginal and Torres Strait Islander people.

We recommend that surveillance of Aboriginal and Torres Strait Islander vaccination and booster rates as well as hospitalisations be presented by state and territory Local Government Areas (if appropriate) and that this information is released more frequently.

We also encourage Aboriginal and Torres Strait Islander people to go and get tested if you have been a close contact and for those who have not yet been vaccinated, to go get the jab. Any concerns regarding the vaccinations can be discussed with an Aboriginal Community Controlled Health Service or health provider.

As states and territories move towards opening up and Australia plans on opening up everyone needs to work to look after each other. Stay safe, get vaccinated and leave no one left behind.