

Statement for Oz-Sage Conference 29th of November 2021 – Dr. Kalinda Griffiths

Before we begin today, 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 8,500 Aboriginal and Torres Strait Islander COVID19 cases.

It is a primary remit of the OzSAGE group that no one is left behind.

We know that the gap in vaccination rates between Aboriginal and Torres Strait Islander people and non-Indigenous people still continues to persist at around 15%. The fact that it still persists 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, 58% of Aboriginal and Torres Strait Islander people over the age of 12 years are fully vaccinated. 70% have had at least one vaccine. This is still about 15% lower than non-Indigenous people.

In those states that have been impacted by outbreaks we have seen higher rates of vaccination than in other jurisdictions with NSW at 79%, Victoria now at 80% and the ACT is at 84% of Aboriginal and Torres Strait Islander people fully vaccinated.

The outbreak in the Northern Territory continues, with the majority of cases being Aboriginal people in outer regional, remote and very remote areas. 57% of the Aboriginal and Torres Strait Islander people aged 12 years and older are currently vaccinated, this is a 4 point increase over the past week, highlighting the major efforts to improve vaccination rates in the Northern Territory.

However, there continues to be about a 30 point difference between Indigenous and non-Indigenous Territorians still with some communities being less than 40% fully vaccinated.

South Australia has now opened its borders, the first of the states and territories to do so. While 80% of people aged 16 years and older have been vaccinated, less than half, 48%, of Aboriginal and Torres Strait Islander people are currently fully vaccinated for those aged 12 and older.

The gaps between the vaccination rates of Aboriginal and Torres Strait Islander people and the rest of the Australian population requires a spotlight. It is clear that despite being a priority population, Aboriginal and Torres Strait Islander people have been left behind. There are opportunities for people to work together to build cohesive health promotion capabilities in delivering appropriate health messaging and addressing misinformation across the jurisdictions. This needs to be at all levels, federal, state/territory and local. There is also a pressing need to further support the community controlled sector to ensure the timely delivery of health services including the delivery of vaccines. This includes ensuring people are also able to source and get booster shots.

As the borders open up around Australia, there is major concern for those jurisdictions and areas that have lower rates of vaccinations and wide disparity gaps in vaccination rates, particularly as different variants like Delta and Omicron, arise.

The most recent reporting shows that there have now been 826 Aboriginal and Torres Strait Islander cases hospitalised with 94 people that have been admitted to ICU. 16 Aboriginal people have died, all in NSW.

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.

One specific concern is that people are not going to get their second jab. There are a number of Aboriginal and Torres Strait Islander people who are overdue for their second COVID shot. While the gap has closed from over 3500 people with Astra Zeneca down to a bit over 1000 people there are still gaps between the first and second shots. Approaches to better support communities to improve the uptake of vaccines, which also involves making sure that everyone completes their vaccination schedule, is critical to ensure that people are adequately protected against COVID. Again, this requires appropriate health promotion efforts and support for the community controlled sector to provide required services.

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.

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 booster shots to Aboriginal and Torres Strait Islander people.

We recommend that the 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. If there are population groups and regions that have lower vaccination rates than other areas then it is critical to direct information, resources and workforce to better support vaccine uptake.

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.