

From: s22
To: s22
Cc: s22
Subject: RE: Detailed data on hospitalisation/ICU/deaths for evidence Taskforce [SEC=OFFICIAL]
Date: Monday, 8 November 2021 6:37:15 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
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[image006.png](#)
[image007.png](#)
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[image010.png](#)
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[image012.png](#)
[image013.png](#)

Hi s22

Please see the proposed data and notes below. Have reviewed comorbidity data and as predicted it has poor completeness (only around 30% complete for LA cases notified this year), so have not included.

Thanks,
s22

Data Notes:

- Data was extracted from the National Interoperable Notifiable Diseases Surveillance System (NINDSS) on 8 November 2021, and includes confirmed locally acquired cases notified from 1 January 2021, with an illness onset up to 24 October 2021.
 - Cases with an illness onset in the last two weeks (25 October to 8 November 2021) were excluded to account for the delay between onset and development of severe illness.
- Excludes cases for whom Indigenous status was unknown or blank.
 - Indigenous status was unknown for 20% (26,959/132,857) of locally acquired cases notified from 1 January 2021, with an illness onset up to 24 October 2021. The majority of these cases were from Vic (66%; 18,022/26,959) and NSW (33%; 8,911/26,959), and were predominately recently reported cases.
- Note that hospitalisation data in NINDSS should be interpreted with caution: hospitalisation is not always reflective of severe illness, as cases may be hospitalised for reasons other than clinical COVID-19 related care; additionally, hospitalisation and ICU status in NINDSS is likely incomplete.
- The risk of a case developing severe illness is influenced by a range of factors including vaccination status, age, underlying illnesses and timeliness of seeking health care. Information on the extent to which COVID-19 contributed to hospitalisation/ICU admission/death and the underlying illnesses of the individual case are not available.
- Comparisons of severity between Aboriginal and Torres Strait Islander and non-Indigenous cases should also take into consideration varying interventions/treatments implemented to respond to outbreaks in specific geographic areas and settings (e.g. outbreaks in regional/remote areas), which may have a higher Aboriginal population.

Table 1. Locally acquired confirmed COVID-19 cases in Aboriginal and Torres Strait Islander people by age and highest level of illness severity, Australia, 1 January to 24 October 2021^A

Aboriginal and Torres Strait Islander cases					
Age Group	Not severe	Hospitalised only (not ICU or died)	ICU (not died)	Died	Total cases
<20	2,888	129	9	0	3,026

20 - 24	528	65	4	0	597
25 - 29	560	76	5	0	641
30 - 34	445	68	6	0	519
35 - 39	358	55	6	0	419
40 - 44	281	52	8	1	342
45 - 49	246	48	8	2	304
50-54	197	33	7	1	238
55 - 59	118	30	7	3	158
60 - 64	60	26	6	1	93
65 - 69	45	21	4	2	72
70+	28	23	5	5	61
Unknown	0	0	0	0	0
Total	5,754	626	75	15	6,470

^ Excludes cases for whom Indigenous status was unknown or missing

Table 2. Locally acquired confirmed COVID-19 cases in non-Indigenous people by age and highest level of illness severity, Australia, 1 January to 24 October 2021[^]

Non -Indigenous cases					
Age Group	Not severe	Hospitalised only (not ICU or died)	ICU (not died)	Died	Total cases
<20	28,648	980	35	2	29,665
20 - 24	9,826	625	41	4	10,496
25 - 29	9,525	798	88	4	10,415
30 - 34	8,462	866	95	6	9,429
35 - 39	7,442	823	108	7	8,380
40 - 44	5,720	758	105	5	6,588
45 - 49	4,940	760	149	16	5,865
50-54	4,301	732	169	26	5,228
55 - 59	3,282	620	166	39	4,107
60 - 64	2,389	574	145	40	3,148
65 - 69	1,436	469	121	64	2,090
70+	2,028	1,371	163	450	4,012
Unknown	5	0	0	0	5
Total	88,004	9,376	1,385	663	99,428

^ Excludes cases for whom Indigenous status was unknown or missing

From: s22 s22 @health.gov.au>
Sent: Monday, 8 November 2021 5:19 PM
To: s22 @health.gov.au>
Cc: s22 @health.gov.au>
Subject: FW: Detailed data on hospitalisation/ICU/deaths for evidence Taskforce [SEC=OFFICIAL]

For visibility

From: HARPER, Emily <Emily.HARPER@Health.gov.au>
Sent: Monday, 8 November 2021 5:18 PM
To: Jason Agostino <jason.agostino@naccho.org.au>
Cc: DE TOCA, Lucas <Lucas.DeToca@health.gov.au>; HEDGES, Sheryl <Sheryl.HEDGES@Health.gov.au>; s22 @health.gov.au>; s22 @health.gov.au>;

s22

[@health.gov.au](mailto:health.gov.au); s22

[@health.gov.au](mailto:health.gov.au)>

Subject: RE: Detailed data on hospitalisation/ICU/deaths for evidence Taskforce [SEC=OFFICIAL]

Hi Jason,

Thanks for your email.

A short update on this request.

I am advised that this has been flagged at CDNA, and the team is currently preparing the data as requested. I look forward to sharing with you soon, along with some additional context which may assist in your analysis.

Kind regards,

Emily

Emily Harper

Assistant Secretary – Communicable Diseases Branch

Office of Health Protection and Response | Chief Medical Officer Group
Australian Government Department of Health

T: 02 6289 4547 | E: Emily.Harper@health.gov.au

s22

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

From: Jason Agostino <jason.agostino@naccho.org.au>

Sent: Monday, 8 November 2021 8:55 AM

To: HARPER, Emily <Emily.HARPER@Health.gov.au>

Cc: DE TOCA, Lucas <Lucas.DeToca@health.gov.au>; HEDGES, Sheryl <Sheryl.HEDGES@Health.gov.au>;

s22 [@health.gov.au](mailto:health.gov.au); s22 [@health.gov.au](mailto:health.gov.au);

s22 [@health.gov.au](mailto:health.gov.au)>

Subject: RE: Detailed data on hospitalisation/ICU/deaths for evidence Taskforce [SEC=OFFICIAL]

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Hi Emily,

Thanks for the update. Am I able to attend the CDNA COVID JEG item when they discuss this? I would like be part of the discussions on what data are required or alternatives. The Aboriginal and Torres Strait Islander COVID-19 Advisory Group has been extremely clear on the need for better use and transparency of COVID data on Aboriginal and Torres Strait Islander peoples.

Kind regards,

Jason

Jason Agostino
Medical Advisor

s22

Stay connected, engaged and informed



The National Aboriginal Community Controlled Health Organisation (NACCHO) acknowledges the Nggunawal people, traditional custodians of the lands where our office is situated. NACCHO wish to acknowledge and respect their continuing culture and contribution they make to the life of Canberra and the region. NACCHO also acknowledge all other First Nations Peoples on whose land we gather.

From: HARPER, Emily <Emily.HARPER@Health.gov.au>
Sent: Friday, 5 November 2021 5:31 PM
To: Jason Agostino <jason.agostino@naccho.org.au>
Cc: DE TOCA, Lucas <Lucas.DeToca@health.gov.au>; HEDGES, Sheryl <Sheryl.HEDGES@Health.gov.au>;
s22 <s22@health.gov.au>; **s22** <s22@health.gov.au>;
s22 <s22@health.gov.au>
Subject: RE: Detailed data on hospitalisation/ICU/deaths for evidence Taskforce [SEC=OFFICIAL]

Hi Jason

I have touched base with the team and the request is going to CDNA COVID JEG next week for consideration of whether the data is appropriate for the analysis, and if not alternative sources of data that would achieve the project aims.

The process is well underway and Kate Pennington will be in touch with you shortly to discuss further.

Kind regards,

Emily

Emily Harper

Assistant Secretary – Communicable Diseases Branch

Office of Health Protection and Response | Chief Medical Officer Group

Australian Government Department of Health

T: 02 6289 4547 | E: Emily.Harper@health.gov.au

s22

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From: HARPER, Emily <Emily.HARPER@Health.gov.au>
Sent: Thursday, 4 November 2021 6:22 PM
To: Jason Agostino <jason.agostino@naccho.org.au>
Cc: DE TOCA, Lucas <Lucas.DeToca@health.gov.au>; HEDGES, Sheryl <Sheryl.HEDGES@Health.gov.au>;
s22 <s22@health.gov.au>; **s22** <s22@health.gov.au>;
Subject: RE: Detailed data on hospitalisation/ICU/deaths for evidence Taskforce [SEC=OFFICIAL]
[SEC=OFFICIAL]

Thanks Jason - will be in touch soon.

Kind regards

Emily

Sent from Workspace ONE Boxer

[SEC=OFFICIAL]

On 4 Nov 2021 17:19, Jason Agostino <jason.agostino@naccho.org.au> wrote:

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Thanks Emily, and nice to bump into you in this role.

Essentially we would like the most up-to-date tables within the CDI reports on disease severity by 5-year age groups and disaggregated by Indigenous and non-Indigenous (with not stated/unknown excluded from non-Indigenous table). I know that we need to maintain a two-week delay on disease severity data due to the clinical course of COVID.

This achieves a few things

- It will show severity in under 55 more clearly as this is currently hidden
- It will give information to the Taskforce to determine where an appropriate cut-off could be set
- Removes people with unknown Indigenous status

If possible, data on co-morbidities would be helpful, as this strengthens the argument for an age-based criteria, not simply comorbidity based criteria. To achieve this you could divide each column into two categories (i.e. Hospitalised only (no comorbidities) Hospitalised only (comorbidities))

While some cell numbers will be <5, the lack of geographic information makes it very hard to identify and every single Aboriginal and Torres Strait Islander death has already been widely reported in the media.

An example of one of the tables is below. Happy to talk through.

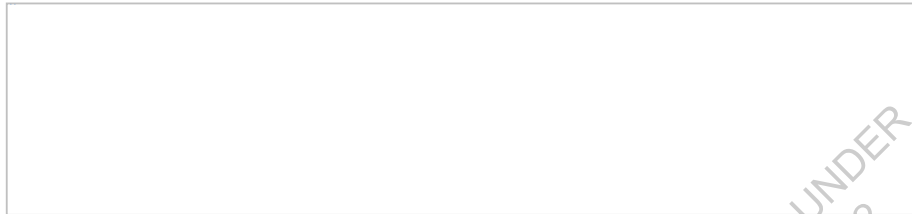
Aboriginal and Torres Strait Islander data					
	Not severe	Hospitalised only (not ICU or died)	ICU (not died)	Died	Total cases
<20					
20 - 24					
25 - 29					
30 - 34					
35 - 39					
40 - 44					
45 - 49					
50-54					
55 - 59					
60 - 64					
65 - 69					
70+					
Unknown					
Total					

Kind regards,
Jason

Jason Agostino
Medical Advisor

s22

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From: HARPER, Emily <Emily.HARPER@Health.gov.au>

Sent: Thursday, 4 November 2021 4:08 PM

To: Jason Agostino <jason.agostino@naccho.org.au>

Cc: DE TOCA, Lucas <Lucas.DeToca@health.gov.au>; s22 <s22@health.gov.au>;

HEDGES, Sheryl <Sheryl.HEDGES@Health.gov.au>; s22 <s22@health.gov.au>

Subject: FW: Detailed data on hospitalisation/ICU/deaths for evidence Taskforce [SEC=OFFICIAL]

Good Afternoon Jason,

Thank you for your time briefly on the phone just now. As discussed, it would be very helpful if you could please provide some detail of the data tables you seeking (a mock-up of data would be ideal).

This will assist us in determining whether jurisdictions (via the Communicable Diseases Network Australia) need to approve a data release (i.e. line listed data or data with risk of identifiable information) or if it's material that I may be able to approve for release (i.e. aggregate data with low risk of re-identification).

I look forward to hearing from you soon (and to working with you again into the future!).

Kind regards,

Emily

Emily Harper

Assistant Secretary – Communicable Diseases Branch

Office of Health Protection and Response | Chief Medical Officer Group

Australian Government Department of Health

T: 02 6289 4547 | E: Emily.Harper@health.gov.au

s22

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From: Jason Agostino <jason.agostino@naccho.org.au>
Sent: Wednesday, 3 November 2021 12:42 PM
To: DE TOCA, Lucas <Lucas.DeToca@health.gov.au>; HEDGES, Sheryl <Sheryl.HEDGES@Health.gov.au>;
s22 <s22@health.gov.au>
Cc: Dawn Casey <Dawn.Casey@naccho.org.au>
Subject: Detailed data on hospitalisation/ICU/deaths for evidence Taskforce

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Hi Lucas and team,

The National COVID-19 Evidence Taskforce will be considering a consensus recommendation on a lower age of eligibility for Sotrovimab and other novel COVID-19 disease modifying treatments for Aboriginal and Torres Strait Islander peoples. At the moment the Taskforce has age limits on eligibility, based on the patients enrolled in the main studies (>55). However, the populations enrolled in the study are obviously not representative of Aboriginal and Torres Strait Islander peoples. While NSW Health has a recommendation to consider treatment down to age 35 (or younger if comorbidities) Vic and ACT have stuck to 55.

To assist the Taskforce's decision-making process, could we share detailed data on hospitalisations and deaths with them. Specifically, hospitalisation/ICU/deaths in people under the age of 55 (which is the current cut-off age). I'd be happy to work with the data team to produce tables that would be of use. The Taskforce has asked for data by this Friday to enable discussion at their meeting next week.

Kind regards,
Jason

Jason Agostino
Medical Advisor

s22

Stay connected, engaged and informed

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