



Burnet Institute Medical Research. Practical Action.

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Burnet Institute Support of [Congress Vaccination strategy](#)

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On behalf of Burnet Institute, we would like to affirm our support for the efforts of the Central Australian Aboriginal Congress (Congress) to protect Aboriginal and Torres Strait Islander communities from the Delta variant of the SARS-Cov-2 virus.

We note that the leadership of community-controlled services like Congress helped keep Aboriginal and Torres Strait Islander communities safe during the first and second waves of COVID-19 during 2020. The success of that control effort was driven in no small part by the self-determining and community-led responses that should underpin the delivery of all health services to Indigenous communities.

This [just published paper](#) co-authored by Burnet colleague Troy Combo offers some interesting insights into the response to the pandemic by Indigenous communities in Brisbane.

Burnet's consistent message to the public has been to 'leave no one behind'. We note the low vaccination coverage among Indigenous Australians in most states and territories. We also note the demonstrated vulnerability of these communities in Western NSW to the severe impacts of Delta infections. The outbreaks in the West and Far West local health districts of NSW could be repeated in other areas of Australia unless Indigenous communities are protected by high vaccination rates and other public health measures.

We believe that if jurisdictions haven't acted to effectively prioritise these vulnerable communities when their health systems are not stretched by 'living with COVID', what hope is there that they would be able to do so afterwards?

We agree with the calls made by the Aboriginal Controlled Health Organisations around the country that under the national transition plan, the country should not move to Phases B and C until vaccination coverage in each jurisdiction's Aboriginal and Torres Strait Islander communities is as high, or even higher, as in the general community. We support incorporating this metric into the official version of the plan as soon as possible.

We believe that the national plan is iterative and can be modified according to new information. We understand that the current modelling commissioned by the Federal Government includes one group that is looking at specific vaccination coverage targets in Aboriginal and Torres Strait Islanders, which may need to be higher than the 70 per cent and 80 per cent specified in the plan. Our own modelling team is aware of this and will track the findings carefully.

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It's also important that communities understand that vaccination alone is not a passport out of the pandemic. All modelling, including that of the Doherty Institute, has emphasised the need to maintain strong public health measures, including an effective test-trace-isolate system, mask wearing, attention to indoor ventilation, physical distancing and, occasionally, localised lockdowns. This needs to be accompanied by culturally and linguistically specific efforts to counter misinformation about vaccines, masks, etc.

Work needs to start immediately on improving the management of outbreaks so we don't have the sudden rush of activity, as is occurring in Western NSW at the moment. There needs to be a clear cohesive plan – that is a combination of both local inputs (from the community) with government support to enact that plan. The plan needs to clearly state the leadership of Traditional Owners and their representatives and avoid having to resort to interventions like the deployment of the ADF in Western NSW.

However, some words of caution are needed. If low vaccination rates among Aboriginal and Torres Strait Islanders postpone the easing of restrictions, for example under NSW's roadmap, this could lead to stigma targeted at those communities. So, it is important to act *now* to increase vaccination coverage to high levels.

We recognise that the Aboriginal and Torres Strait Islander community, together with the community-controlled health sector, are critical to improving vaccine uptake and coverage. Aboriginal and Torres Strait Islander governance is required at all levels of the vaccination program with strong leadership in local communities. This is emphasised in [this article](#).

Professor Mike Toole AM, Professor Brendan Crabb AC, Troy Combo, Dr Suman Majumdar, Associate Professor David Anderson, Professor Margaret Hellard AM, Professor Mark Stoové, Dr Alyce Wilson and Alexander Thomas (on behalf of the Burnet Reconciliation Action Plan Team)