

27 August 2024

Hon. Mary- Anne Thomas  
Minister for Health  
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Melbourne, VIC 3000

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Dear Hon Ms Thomas

**Feedback relevant to the review of ‘Vaccination of Health Care & Ambulance Workers  
(COVID-19) Secretary Directions’**

1. The Nurses Professional Association of Victoria (“NPAV”) and the Australian Medical Professionals Society (“AMPS”) are aware that the Victorian Department of Health (“**the Department**”) is currently reviewing the Secretary Directions mandating COVID-19 vaccination for healthcare workers in Victoria (“**Directions**”). We offer our remarks in the hopes it will broaden the diversity of opinions that your Department receives so that your decision making may be better informed.
2. The current Directions, issued by the Secretary of the Department of Health mandating COVID-19 vaccinations for healthcare workers in Victoria, is outdated and inconsistent with public health policies across other Australian states.
3. In short; NPAV and AMPS would welcome removal of the Directions but maintain serious concerns that the Department may not be appropriately informed by a diverse base of health advisors.

**Our approach to this feedback**

4. We welcome you to consider whether the following information was advised or properly ingested by the Department when decision making during the chaos of COVID-19, and if not, that the Department take immediate action to review who advises it and ensure it’s accepting scientific and medical debate when decision making (such as advising them of literature in **ATTACHMENT 1**).
5. The following information is provided based on our trust that the Department recognises that it serves the interests of Victorians and human visitors to the State of Victoria, even where considering such information may offend proponents of certain public health campaigns.
6. We are willing to provide source documentation and evidence to the Department that substantiates any assertion contained in our feedback, below. Simply cite the paragraph in question in return correspondence or upon accepting our invitation to meet.

## **Rational critique of the Directions**

7. NPAV and AMPS have been vocal critics of COVID-19 vaccination mandates as a public health control measure, advocating a more critical analysis of COVID-19 vaccine safety and efficacy.

### *Lack of best-evidence*

8. It is clear upon review from researchers amongst our membership that these vaccines were unfortunately not fit for purpose regarding their stated goals to “protect the health and safety of those employed or engaged by the health service...” and “to protect the health and safety of patients (including mitigating the risk of transmission of COVID-19 to patients)...” on account of the lack of best-evidence supporting their efficacy in preventing transmission or reducing hospitalisation and serious disease. Although there was a large body of literature relied on by proponents of the Directions, there were large gaps in overall evidence that would be expected for policies of such consequence as the Directions (for example, immunotoxicity, carcinogenicity, genotoxicity - more on this below).

### *Provisional approval*

9. The novel genetic lipid nanoparticle synthetic modified RNA and DNA COVID-19 vaccinations were only provisionally approved when the mandates were enforced. It is also important to note that, just before the enforcement of mandates, the mostly industry-sponsored TGA amended the Therapeutic Goods Regulation Act to lower the safety and efficacy requirements for medicines used specifically for the treatment or prevention of COVID-19. From the available government health directive policy documentation, it is unclear whether the potential health harms to practitioners were adequately risk assessed. Provisional approval by definition means the product lacks safety and efficacy data necessary for full approval.

### *Effect on transmission never proven beyond transitory*

10. According to the Department’s documents and statements from proponents, the COVID-19 vaccine mandates were purportedly justified as a reasonable and lawful direction to minimise the transmission of SARS-CoV-2, to protect the public, and to safeguard the health and safety of people at work.
11. However, there was never any evidence that the available therapeutics would have a measurable effect on transmission. Reports from the TGA’s Australian Public Health Assessment reports, Advisory Committee on Vaccines, and the FDA all confirm that the vaccines were not tested for transmission, stating there are no data “to show efficacy against asymptomatic infection and viral transmission”.
12. Any purported benefit waned quickly, necessitating repeated booster doses, for which safety was unknown. Pfizer's data indicated that the absolute risk reduction for their mRNA injection was less than 1%. There is no reasonable, rational basis for a mandate when medical and political authorities acknowledge the provisionally approved vaccines fail to accomplish their stated goal of stopping or measurably reducing the spread of SARS-CoV-2 from person to person.

### *Substandard safety and efficacy according to best-evidence*

13. The highest standard of evidence, derived from Pfizer’s original randomised controlled trial (“RCT”) conducted in 2020 during the Wuhan strain's prevalence, underscores substantial safety and efficacy concerns. This trial revealed a considerable increase in severe adverse events—events

that disrupt daily activities, necessitating medical intervention, emergency department visits, or hospitalisation—in the Comirnaty group compared to the placebo. Moreover, the trial failed to establish a statistically significant mortality benefit, with a higher number of deaths in the vaccine arm than in the placebo arm, including a noticeable rise in cardiovascular-related fatalities.

14. It is critical to note that this RCT did not demonstrate Comirnaty's ability to prevent severe disease and death from COVID-19 to a statistically significant degree, as corroborated by the Australian Public Assessment Reports (AusPARs) and Clinical Evaluation Reports for the COVID-19 vaccines. Furthermore, this trial did not assess the vaccine's effect on the risk of developing long COVID. According to the Australian Register of Therapeutic Goods (ARTG), the only licensed indication for COVID-19 vaccines is for active immunisation to prevent COVID-19 disease—an indication it failed to achieve. There is no licensed indication for the prevention of severe disease, death, or long COVID.

*Unfavorable risk-benefit for many demographic groups re analysis of UK data*

15. UK data shows that for working-age people without comorbidities, preventing a single COVID-19 hospitalisation would require vaccinating tens of thousands. At the same time, it has been estimated that for every 10,000 vaccinations, approximately 12 serious adverse events of special interest occur, any of which could lead to hospitalisation, persistent or significant disability, incapacity, or death. These figures are not conjecture; they are derived from UK Government data and published peer-reviewed research. The risk profile of this provisional intervention was known to be high, with extremely poor efficacy for a disease with a highly stratified infection fatality rate, posing minimal risk to the vast majority of the population.

*Changed approach*

16. It is telling that the Australian Technical Advisory Group on Immunisation (ATAGI) now only recommends COVID-19 vaccines every 6 to 12 months for older adults and adults with severe immunocompromisation from their ongoing risk of severe COVID-19, a stark departure from Vic Health's "Double-vaxxed isn't fully vaxxed" campaign of 2022.

*Adverse class-switching to non-neutralising antibodies & negative efficacy*

17. The reasons for this shift may be evident in findings published throughout literature, but most recently in the Australian Journal of General Practice. Recipients of two or more mRNA vaccine doses exhibit a class switch to IgG4 antibodies, which could potentially lead to autoimmune diseases, promote cancer growth, or cause autoimmune myocarditis and other IgG4-related diseases in the susceptible. These findings raise serious concerns about the long-term safety of vaccine boosting and its contribution to long COVID-like symptoms, further complicating the public health landscape.
18. This may also be one of many explanations for Cleveland Clinic's recent publications of surveillance on their 40,000+ healthcare staff that "Risk of COVID-19 was lower among those previously infected with an XBB or more recent lineage, and increased with the number of vaccine doses previously received."

*Novel pathophysiological effects of spike-protein*

19. The spike protein used in COVID-19 vaccines, including Pfizer's Comirnaty, may share similar toxic effects with the viral counterpart, contributing to post-acute sequelae following SARS-CoV-2 infection or vaccination, colloquially termed 'Long Vax(x)'. The vaccines were approved without

long-term safety data, making it premature to assume that prior SARS-CoV-2 infection is the sole factor in long COVID.

*The Directions are no longer justified*

20. The potential benefits of these vaccines are difficult to justify in light of the evidence now available. Any potential efficacy wanes over time, ultimately resulting in a negative effect where later (booster) injections actually increase the patient's susceptibility to infection with COVID-19. Controls implemented under emergency measures were for variants that have become less virulent, and for which the treatment has become outdated; indeed, they may now be fuelling antibody-resistant escape variants and adverse immune modulatory effects.
21. The currently marketed vaccines do not and cannot accomplish their stated goal; therefore, there is no rationale for mandates. The health, safety, and well-being issues that have arisen directly from vaccine mandate policies continue to threaten public health and safety, further straining an already crisis-ridden healthcare system. Even if a vaccine did, denying thousands of workers the right to work because of rational and discerning hesitancy is a gross contravention of human rights and good governance. (Please see **ATTACHMENT 2** for relevant considerations regarding the Directions).

### **Moving forward**

22. AMPS and the NPAV call for the immediate revocation of the Directions to align Victoria with public health directives nationwide. Victoria now stands as the only state imposing this unjustifiable requirement on its public healthcare workers.
23. We advocate that the Department's persistence in maintaining the Directions demonstrates a fundamental misunderstanding or recklessness as to reality regarding COVID-19 vaccinations and that the government must revert back to an advisory role, and avoid gate-keeping to employment and workers' medical-decision making.
24. Could you please confirm, during consultation:
  - a. Will you please set a time to meet with us to discuss in further detail the issues related to the imposition of COVID-19 mandates?
  - b. If you are not prepared to meet with us, can you please explain why?

Sincerely

*The Nurses Professional Association of Victoria and  
The Australian Medical Professionals Society*

Enclosed:

**ATTACHMENT 1 - Summary of medical literature**

**ATTACHMENT 2 - List of Human Rights to be considered**