

Senate Select Committee on COVID-19

ANSWERS TO QUESTIONS ON NOTICE

Prime Minister and Cabinet Portfolio

Department/Agency: Department of the Prime Minister and Cabinet

Topic: Australia' Health performance comparison to Smart COVID-19 Management Group

Senator: Paterson

Question reference number: 0065

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Number of pages: 2

Question:

Mr Colquhoun:

Regarding how Australia's health performance compares to the group, Australia's testing rates, infection rates and mortality rates are comparable to other members. If the committee would like further detail, we can provide an actual breakdown, to the best of our knowledge, on notice.

Senator PATERSON: Yes, please, on notice; that would be great.

Answer:

The below provides comparative data of 'Smart COVID-19 Management Group' members on COVID-19 infection rates and mortality rates.

<i>Country</i>	Confirmed Cases#	Confirmed COVID-19 Deaths#	% of deaths to cases	Population (millions)	COVID-19 Deaths per million people	Testing rates per 100,000 population*	Date of testing data update*
<i>Australia</i>	7,276	102	1.4%	25.7	4.0	6,597	10 June
<i>Austria</i>	17,005	673	4.0%	8.8	76.1	5,662	9 June
<i>Costa Rica</i>	1,461	12	0.8%	5.0	2.4	598	9 June
<i>Denmark</i>	12,216	593	4.9%	5.8	102.4	12,608	9 June
<i>Czech Republic</i>	9,787	330	3.4%	10.6	31	4,506	9 June
<i>Israel</i>	18,355	299	1.6%	8.9	33.7	7,632	9 June
<i>Norway</i>	8,588	239	2.8%	5.3	45	4,975	9 June
<i>Greece</i>	3,068	183	6.0%	10.7	17.1	2,160	9 June
<i>Singapore</i>	38,965	25	0.1%	5.6	4.4	7,245	1 June
<i>New Zealand</i>	1,504	22	1.5%	4.8	4.5	6,167	10 June

Data extracted from Johns Hopkins University dataset, 0630hrs 11 June 2020.

** Sources: Department of Health, Johns Hopkins University, National Health websites, and academic research tracking. Testing criteria vary between countries and will be variable over time for each country dependant on their local epidemic context. For some countries the number of tests do not necessarily reflect the number of individuals tested. Additionally, testing data from countries will also be influenced by laboratory capacity and populations targeted for testing, all of which will vary over time.*