

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health and Aged Care

Senate Community Affairs References Committee

Inquiry into Excess Mortality

13 June 2024

PDR Number: IQ24-000077

Increase in cancer incidence

Written

Senator: Malcolm Roberts

Question:

3. Have you seen an increase in cancer incidence above a 2013-2019 age adjusted baseline in either cancer as an aggregate or individual types of cancer, and if so please specify?

Answer:

3. With more Australians living to older ages, the number of cancer cases diagnosed each year continues to rise.

For all cancers combined, the Australian Institute of Health and Welfare reports that the age-adjusted cancer incidence rate increased from 616.2 cases per 100,000 people in 2013 to an estimated 617.6 cases per 100,000 people in 2019.

Between 2013 and 2023, of the more common cancers, breast and melanoma of the skin increased from 76.9 to 78.6 cases per 100,000 people, and 61.3 to 69.4 cases per 100,000 people, respectively. During this time, prostate cancer decreased from 97.0 to 96.8 cases per 100,000 people, as did colorectal which also decreased from 72.4 to 58.4 cases per 100,000 people and lung cancer from 56.8 and 56.2 cases per 100,000 people.

Over a similar period, age-adjusted cancer mortality rates decreased from 216.6 deaths per 100,000 people in 2015 to an estimated 194.8 deaths per 100,000 people in 2023.

(Data uses aged standardised rates – 2023 Australian population; and can be found at www.aihw.gov.au/reports/cancer/cancer-data-in-australia/contents/cancer-mortality-by-age-visualisation).

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13 June 2024

PDR Number: IQ24-000078

Serious health effects against vaccination status

Written

Senator: Malcolm Roberts

Question:

4. Evidence in the last Senate Estimates from the ABS made it clear the ability to cross-reference serious health effects against vaccination status. In the 4 years COVID has been a health priority, is it your evidence the Health Department never prepared for that analysis as part of “vaccine” preparation, and never conducted the analysis once the “vaccines” rolled out?

Answer:

4. The Department of Health and Aged Care undertakes and supports a wide range of research as part of the COVID-19 response.

Provided in the submission to this inquiry is an overview of the Australian Government’s investment into COVID-19 research through the Medical Research Future Fund and National Health and Medical Research Council. In addition to this work the department has undertaken its own internal research, commissioned other pieces such as those referenced in IQ24-000066.

Refer to IQ24-000072 for an overview of how the Therapeutic Goods Administration monitors and reports adverse event information in the Database of Adverse Event Notifications.

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Department of Health and Aged Care

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Inquiry into Excess Mortality

13 June 2024

PDR Number: IQ24-000081

Delayed medical treatment for the increase in excess deaths

Written

Senator: Malcolm Roberts

Question:

7. Your submission blames delayed medical treatment for the increase in excess deaths. Please provide the data to prove this is the case?

Answer:

7. The Department of Health and Aged Care's submission to the Inquiry into Excess Mortality points to COVID-19 as the main contributor to excess mortality. The department also acknowledges there are other drivers that may also explain mortality patterns observed across Australia in recent times. This may include delays in emergency and routine health care during the COVID-19 pandemic.

The Australia Institute of Health and Welfare (AIHW) has published a number of reports outlining changes in health service use during the pandemic.

One report, which reviews the direct and indirect health effects of the first year of the pandemic showed that:

- For the whole 2019-20 financial year, there was a 1.4% decrease in emergency department presentations compared with the previous financial year.
- Before the pandemic, elective admissions involving surgery in public hospitals had been increasing steadily each year. In contrast, in 2019-20 the number decreased 9.3%.
 - Due to the nature of the restrictions, reductions were in the less urgent groups. Between 2018-19 and 2019-20 there was a 9.2% decline in semi-urgent procedures and an 18.2% decline in non-urgent ones.
 - Similar patterns were seen for operations for private patients subsidised through Medicare (in private as well as public hospitals). There was a 34% decrease in operations in April and May 2020 compared with the same period in 2019.

- The full report is available here: www.aihw.gov.au/getmedia/a69ee08a-857f-412b-b617-a29acb66a475/aihw-phe-287.pdf?v=20230605184353&inline=true.

The AIHW's publication "Changes in the health of Australians during the COVID-19 period" report, which reviews changes from 2020, 2021 and early 2022, showed that:

- Over the two years from 2019-20 to 2020-21, there were around 120,000 fewer elective surgery procedures in public hospitals than expected, based on previous trends; for private patients (in public or private hospitals), there were more procedures in 2021 than expected.
- A number of data sources provide evidence of delayed or missed cancer screening and procedures – such as a large decline in colonoscopies – with rates well below what was expected in 2020. However, the impact of COVID-19 on the respective national screening programs cannot be quantified without further years of data.
- The full report is available here: www.aihw.gov.au/getmedia/cb5f5bbb-df0b-4a1c-9796-25ea2e94e447/aihw-aus-240_chapter_2.pdf.aspx.

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

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Senate Community Affairs References Committee

Inquiry into Excess Mortality

13 June 2024

PDR Number: IQ24-000084

COVID was the product of gain-of-function research

Written

Senator: Malcolm Roberts

Question:

11. COVID was the product of gain-of-function research. Whether you agree or not, the proof is now overwhelming that it's source was human error - a lab leak. The Covid "vaccines" were man-made, the health response including delayed care, lockdowns, attacks on the physical and mental health of the population to blackmail them into taking the "vaccines" were all man-made. Whichever way you look at it, the medical profession killed millions of people, starting from gain or function research through to the boosters you're still promoting. Do you accept that whatever way you look at it these thousands of death and now illness is the result of human actions?

Answer:

11. The Department of Health and Aged Care does not agree with the premise of this question.

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13 June 2024

PDR Number: IQ24-000085

Seasonal spike in excess deaths

Written

Senator: Malcolm Roberts

Question:

12. Health Dept's Opening Statement mentioned a seasonal spike in Excess Deaths in April 2021. Please elaborate on this.

Answer:

12. There was no mention of a seasonal spike in excess deaths in April 2021 in the Department of Health and Aged Care's opening statement. There was a mention of mortality rates increasing around post-April and post May 2021. As advised at the hearing, this occurs nearly every year as we move towards a winter seasonal spike in mortality.

Excess mortality in April 2021 was within normal bounds.

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Inquiry into Excess Mortality

13 June 2024

PDR Number: IQ24-000088

COVID vaccine adverse event

Written

Senator: Malcolm Roberts

Question:

17. A person receives a COVID “vaccine” and then experiences an adverse event. What guidelines do you use to assess that adverse event as being caused by the vaccine, or not caused by the vaccine. I assume you have a paper or a guide on it to train your staff and your IT, may I have a copy please?

Answer:

17. Information on the Therapeutic Goods Administration’s (TGA) processes and methods for causality assessment, as well as the role of individual causality assessments in safety signal detection and investigation, has previously been provided in:

- Responses to Questions on Notice, including:
 - SQ22-000104 (published 30 June 2022)
 - SQ22-000105 (published 20 June 2022)
 - SQ22-000199 (published 22 June 2022)
 - SQ22-000527 (published 16 December 2022)
 - SQ23-002126 (published 24 January 2024)
- Documents released under FOI (for example FOIs 4029 and 4302, which are available on the TGA FOI disclosure log at: www.tga.gov.au/foi-disclosure-log).

The TGA takes a risk-based approach to identifying cases requiring detailed individual causality assessment. When the TGA receives an adverse event report for a COVID-19 vaccine, almost all are recorded as 'causality possible'. This means that regardless of the outcome of any individual causality assessment, all adverse event reports are included in analyses to identify and investigate signals that may not be apparent through review of individual cases. This approach is consistent with the approach recommended by the World Health Organization.