**Special Series: Living with COVID**

**Interview with Deputy Chief Health Officer, Professor Michael Kidd**

**George Taleporos:** Hi. Welcome to Reasonable and Necessary, Australia’s premier podcast series on everything everyone wanted to know about the National Disability Insurance Scheme. Brought to you by the Summer Foundation. I’m your host, Dr George Taleporos. And in this episode of our special series on Covid-19, I speak with Deputy Chief Medical Officer, Professor Michael Kidd about rapid antigen testing in the disability sector, vaccination when there’s a substitute decision maker, and much more. Check it out.

Hi, Michael. Thanks for joining us.

**Michael Kidd:** Thank you, George. It’s great to have the opportunity to be with you today.

**George Taleporos:** Now, for people that don’t know, can you tell us about your role as the Deputy Chief Medical Officer?

**Michael Kidd:** Yeah, I’m happy to do so. So, I’m a medical practitioner. I’m a general practitioner by background. I joined the Australian Government Department of Health in March last year, just as the pandemic was beginning. I came back to Australia from overseas. I was working overseas as Director of the World Health Organisation’s Centre for Primary Care, based in Canada. And my role as Deputy Chief Medical Officer is to provide medical advice to the Australian Government and to the Department of Health, particularly on the development of health policy and on the development and rollout of health programs. And as you can imagine, during the COVID-19 pandemic, we’ve been very busy developing a lot of health policy on the run, as this pandemic has unfolded here in Australia and around the world.

My particular area of expertise and responsibility is in primary healthcare. Primary care and general practice. So, healthcare outside of hospital settings. And of course, much of the work that we’re doing with Covid-19 is occurring out in the community. It’s the public health measures. It’s the vaccination programs. It’s the testing. It’s the care for people with COVID who don’t need to be hospitalised. So, it’s been a very busy time. I’ve been working with a lot of stakeholder groups and of course you and I have been involved with the Disability Advisory Committee providing advice to the Australian Government. But I’ve also been involved with many other stakeholder groups, making sure that the voices of the people of Australia are informing the national healthcare policy at this really challenging time.

**George Taleporos:** That’s very important work. This particular series is about helping us all to understand what we need to do to live with Covid. And I just want to ask you, as our Chief Medical Officer – or Deputy Chief Medical Officer – what do people with disability need to do to prepare for a situation, for example, where we or someone in our household or in our support team becomes Covid positive?

**Michael Kidd:** Yes, well firstly of course we want to be preventing people from becoming infected with Covid. And much of the focus has been on vaccination and the importance of vaccination. And it’s been really wonderful to see so many people across Australia turn up and get their first 2 doses of the Covid-19 vaccines. And of course, now we’re starting booster programs for people as well. But it’s not just vaccination. It’s also all the other public health measures which have been in place of course since March of last year. It’s the wearing of masks. It’s the appropriate physical distancing. It’s people, if they do get symptoms, staying home away from other people and going to get tested to reduce the likelihood of transmitting to other people.

But we’re also of course, as you say, preparing to live with Covid-19. And accepting that as our borders open, both our internal borders between states and territories in Australia, but also our international borders, that there will be more transmission of Covid-19 occurring in Australia. Which of course is what we’ve seen in so many other countries also around the world. Now, because the majority of our population are protected with vaccination from becoming seriously unwell if infected with Covid-19, now is a much safer time to be opening up our borders. We’re not opening up quickly. We’re opening up progressively over the weeks and months ahead.

But if someone in your household does become infected with Covid-19, it’s going to be very important to monitor that person’s health to make sure they’re not becoming seriously unwell. And hopefully people will be reaching out to their general practitioner. We will have a hotline available through healthdirect, for people infected with Covid-19 to be able to talk regularly to a healthcare professional to get advice. And if people do become seriously unwell with symptoms of Covid-19, then to know when is it going to be time to call an ambulance? When is it going to be time to go to the hospital?

At the same time, it’s going to be important to try and prevent transmission of Covid-19 from the infected person in the home to other people in the home. So, we have advice on how to reduce transmission within the home. And also one of the areas which we haven't been talking a lot about, but which I’m very concerned about, is the mental health impact of being infected with Covid-19. There are a lot of people who we know are very anxious about Covid-19, and if they do get infected are going to be very worried about what does this mean. The vast majority of people infected with Covid-19, if they’re double vaccinated, are only going to have mild symptoms if they have any symptoms at all. But I expect that many people will still be anxious and wanting to reach out for advice.

**George Taleporos:** Absolutely. And I think we need to look at this from a psychological element as well. I’m very aware, as someone who hasn’t really left the house since the pandemic began, that there is a need to think about the impact of Covid on our mental health. And also, if you do become positive, and how that affects you both physically and mentally. I’d like to turn to the issue of rapid antigen tests, which I find very exciting in a kind of nerdy kind of way. Can you talk to us about the role of these tests, particularly how you see the role played out in the disability sector?

**Michael Kidd:** Yes, it’s a really important question, George. So, most people will be used to the Covid-19 PCR tests. These are the tests which we’ve been having over the last 2 years where you go somewhere and usually a nurse will swab the back of your nose and the back of your throat, send that specimen away, and some time between 12 hours, sometimes a couple of days, you’ll get notified about your result. The rapid antigen tests of course provide a result almost straight away. And these are tests which you can do yourself at home. So, there are now self-test kits which are available through chemists and through supermarkets which people can purchase. But also there are test kits which are being done in a number of different healthcare settings, aged care settings, and in different industries, where people, before they go into a setting, can have a test done to see if they test positive or negative for Covid-19.

The rapid antigen tests, they’re not quite as accurate as the traditional tests that we’ve been using, but they’re still a very valuable tool in helping to screen out someone who may be positive with Covid-19 from coming into a setting and putting people at risk. We’re still working out where will be the most appropriate settings for the use of these tests, how often they would be sensible to do, and of course, who pays for the tests to be done. I mean, you can pay yourself by purchasing the tests from the chemist or the supermarket, but if they’re being used, for example, in a hospital or an aged care or disability care facility, or a school, who would be paying for those tests?

But I expect we’re going to see quite a big uptake of the tests. It may be, George, that people with disability in their own homes or in a group home would like the people coming into your home each day to do a rapid antigen test before coming into the home. And of course, this is going to be important where there is significant community transmission of Covid-19 occurring in your state or in your territory. So, at the moment for example, in Victoria where there’s around 1,000 cases being diagnosed a day, there may be a good argument for the people coming into your home to do a rapid antigen test each day or every – if they’re coming in each day, every 2 or 3 days.

And of course, if someone has a positive rapid antigen test, then they should not come into the facility or into your home. They should go home. They should get a formal PCR test to confirm whether or not they have Covid-19.

**George Taleporos:** So, I started doing rapid antigen testing with my support workers. And yeah, I’ve done a bit of research and I’ve said ‘do it every 3 days’. Because I understand that that’s a good number of days. And I said to myself if I’m double vaccinated – I’m actually triple vaccinated now. But if we’re all double vaccinated, and doing rapid antigen tests, you know, so that there’s a negative result, then it really does put my mind at ease. Which has been part of the problem that I’m constantly stressing out about it, because I live in Victoria where, you know, we love Covid down here. Does that mean that I can be more relaxed when it comes to social distancing or the use of masks? I mean, what do we do when we come to a point where there’s different kinds of things that are available to us? Do we keep doing all of them? Or can we get a bit more relaxed?

**Michael Kidd:** Look, I think at the moment we’re in a transition phase with Covid-19. So, we’ve been in a position in Australia where we’ve tried to keep Covid-19 out of our country and then we’ve gone through the phase of vaccinating and offering vaccines to everybody who is in Australia. And now we’re moving to a phase where we expect we will get more cases of Covid-19 in the community and we will start to live with Covid-19. And I think that while we’re going through this transition phase, it’s still going to be important to adhere to some of the other public health measures as well. So yes, vaccination of the person with disability and their care workers, their visitors and others, is very important. The rapid antigen tests add that extra level of confidence. But also, I think the importance of hand hygiene, which we’ve been doing since the beginning of the pandemic. The importance of masks, because masks again are another added protection against transmission of Covid-19. And of course, very importantly, if someone has symptoms, no matter how mild, of flu or fever or cold, that they stay away and that they arrange to get a formal PCR test carried out.

So, I think it’s this combination of protective measures which are going to be really important. And so, I would still be asking people to wear masks. I think obviously if people are providing care, then the physical distancing of course is not possible much of the time. But washing their hands scrupulously, wearing their mask, and the testing as appropriate.

**George Taleporos:** Let’s talk about boosters, if we can. So, when should we have boosters? And I understand that even though vaccination is compulsory for support workers, boosters are not compulsory. What do you think about that?

**Michael Kidd:** Yeah, so really important thing to focus on at the moment. So, for most people in Australia, if they get 2 doses of a Covid-19 vaccine, they’re currently regarded as being fully vaccinated. For people who are immunocompromised, are taking immunosuppressive medicines, or have some other reason why their immunity may be reduced, these people we are, recommended a third dose now. And that after the third dose, they’ll be regarded as being fully immunised. However, we’re also recommending booster doses 6 months after your second shot. And the booster doses are just going to help to lift the level of protection that people have. They give your immune system a boost, if you like. And they reduce the risk of if you come in contact with someone with Covid-19, of you being infected and also being at risk of transmitting onto somebody else.

Now, many people who get infected are not going to have any symptoms at all. That’s what we call asymptomatic infection. So may not even know they’ve got Covid-19 but they still may be able to transmit to others. So, the booster dose we’re recommended at 6 months. Now, most people in Australia have only had their second or third shot within the last 6 months. So, most people aren’t yet ready for a booster. But as that 6-month point comes, then we’re recommending that people get a booster dose.

At the moment, there’s no mandates for people to get a booster. What we’re doing is we’re following the research here in Australia, but also around the world, around the benefits of the booster doses. There are a couple of countries which are starting to look at mandating boosters. Israel is 1 country. Israel is a few months ahead of Australia when it comes to its vaccine rollout. So, we’re following very closely the research and the evidence to see whether there might be a case for mandating booster doses in some situations. At the moment we don’t have the evidence to support that, but we’re keeping a very close eye on that. Of course, one of the things, George, which has been confusing during the Covid-19 pandemic is that our advice has changed over time as we’ve learned more and more about Covid-19. And so it may well be that the advice which we’re presenting today changes as the evidence changes over the months ahead.

**George Taleporos:** Yes, it certainly has been one of those things where we learn more and more as time goes on. And as someone who’s had my booster, I’m encouraging other people to do the same. I felt very relieved when I had my booster. I felt like I was – you know, had extra super immunity as a result of it. So, I encourage others to do the same. And I also said to my support workers that, you know, put it in your diary, work out when your 6 months is up, and book it in. Because it’s good for you and for the people around you that you work with.

Professor, I’d like to ask you about an issue that concerns myself and other advocates greatly. And that’s that there are people who have substitute decision-makers who make decisions for them about their health. And for some people, their substitute decision-makers are deciding not to consent to vaccination. Are you aware of this issue?

**Michael Kidd:** Yes, I am. And like you, George, I’m very concerned where people are making decisions for other people that may be contrary to the best interests of that person. Clearly there are legal and ethical and human rights issues here at play. But as a doctor, what I’d like to see happen here is, you know, often there are reasons why someone won’t consent to vaccination. And sometimes sitting down with a trusted GP or a trusted nurse or talking to your local pharmacist can help to get to the core of why someone is not supporting vaccination and help them to address the concerns they might have. And then reach the point where consent for vaccination is provided. I also think, obviously this is a decision which people who may have decision-making authority need to be making in consultation with the person with disability. So, I hope that those discussions are taking place as well.

**George Taleporos:** Yeah, it is very important, but I also think that as the Deputy CMO, it’s really valuable to hear from you about the importance of listening to the science, right?

**Michael Kidd:** Yes. Yes, absolutely. And look, we know these vaccines are very effective at preventing people from becoming seriously unwell and at risk of losing their lives from Covid-19. And of course, we know also that many people who have chronic health conditions, which of course includes many people with disability, people are at increased risk of becoming seriously unwell. So, we need to be doing everything we can to protect people from Covid-19. So, I’d really encourage if people have questions about vaccinations, about the safety of the vaccinations, to talk to your trusted GP, talk to your pharmacist, talk to the nurse at your local practice. And talk through the issues. And what we find is that often if people have that conversation, then they reach a point of being comfortable about having the vaccination themselves and of consenting to their loved one to have the vaccination.

**George Taleporos:** Yeah. Just on the other aspect of this, what advice do you have for the sector or the people who work alongside families where there’s this vaccine hesitancy? Because often I’m hearing providers were really struggling to put that message forward. Do you have any words of advice for them?

**Michael Kidd:** Yes, look, what we’ve been doing, we’ve had a number of providers who have told us how distressed their staff are when people who they’re providing care to have not been vaccinated and protected. And that’s especially in places where we currently have community transmission, like in Melbourne and Sydney, but also in other parts of the country where we expect we’re going to have community transmission over the weeks and months ahead. One of the things which providers have done is to have meetings. So, family meetings where you bring in someone like the local general practitioner, local pharmacist, someone who’s trusted by the members of the community to talk about vaccination and to address the questions that people might have. And often we’ve seen after these meetings where people have been able to air their concerns and to hear from a trusted healthcare professional, that people have then consented and we’ve been able to proceed with the vaccinations.

So, information sharing, communication, listening to trusted voices, these are all important ways of helping to address the concerns which people may have.

**George Taleporos:** Yeah, that’s very important. Before we go, I just – I want to ask you a bit of a question that’s been on my mind lately. I’ve been in a situation where having been in the pandemic in Victoria where there’s – you know, we’ve had mandated masks and a lot of community transmission, do you think that in 12 months’ time that we’re going to be back to a relatively normal life? What do you predict for the next 12 months?

**Michael Kidd:** For the next 12 months? So obviously over the next 12 months we still have about 15-20% of the population aged 12 and above who haven’t yet been vaccinated. And obviously we’d like to see all those people be vaccinated and protected as well. We’re going to have the boosters rolling out, of course. And just like you, I’m very keen to see people get their booster vaccine 6 months or so after they’ve had their second shot. We don’t know what’s going to happen with Covid-19, so a year ago the Delta variant appeared. And that really created a disruption to many of our plans. We may see more variants start to appear around the world. And we’ll be keeping a close eye on that in Australia.

I’m worried about next winter in Australia. I think it’s going to be very important that we have a strong campaign to get people immunised against influenza next April and May. Because we might have a serious influenza outbreak next winter. We haven't had influenza for the last 2 winters in Australia, but with things opening up around the world and in Australia, that could be a risk as well. So, I think that I’m going to still be busy in my job over the next 12 months, because we’re still going to have lots of public health challenges. Our knowledge is going to continue to grow around Covid-19. And of course, we’re going to have people who do get infected with Covid-19 in Australia and become seriously unwell. So, our healthcare system is going to be under some pressure over that time.

At the same time, we know that we’re going to have people presenting with mental health problems and concerns related to the disruption in our lives over the last 2 years. And we have some catch-up to do, because there’s lots of people who have not been able to have investigations, operations, appointments with their dentist, with their specialist doctor and with others. So, there’s going to be a real catch-up in our healthcare services over the next 12 months. So it’s going to be a busy time, George. And I think that the work that we’ve been doing with the Disability Advisory Committee, that’s going to be really important as well as new issues emerge. And making sure that the policy being developed by the Australian Government is taking heed of the voices of people with disability and making sure that nobody is missing out on the public health measures in our country.

**George Taleporos:** Absolutely vital that that happens. Professor Michael Kidd, Deputy Chief Medical Officer, thank you for joining us.

**Michael Kidd:** Thank you, George. And thank you for the great work that you’ve been doing. Thank you for your advocacy and thank you to all your listeners for their active involvement as well. Thank you.

**George Taleporos:** Thank you. That’s all we have time for on today’s episode of Reasonable & Necessary, brought to you by the Summer Foundation. To be notified of future episodes, don’t forget to hit the subscribe button and the notification bell. Thanks for watching, and until next time, stay well and reasonable.