

s. 22(1)(a)(ii)

From: s. 47F(1) @health.gov.au
Sent: Friday, 6 November 2020 10:11 AM
To: inLanguage COVID19 <inLanguageCOVID19@homeaffairs.gov.au>
Cc: s. 47F(1) @health.gov.au <s. 47F(1)@health.gov.au>
Subject: RE: Misinformation and Truths about Coronavirus [SEC=OFFICIAL]

Hi s. 22(1)(a)(ii)

Happy Friday, please find the updated and medically cleared version of the Misinformation and Truths document.

Kind regards,
s. 47F(1)



Australian Government

Misinformation and truths about Coronavirus (COVID-19)

MYTH: You can treat coronavirus with antibiotics or antimalarial medicines

FACT: There is no vaccine or treatment for coronavirus yet.

Researchers around the world are working hard to develop a vaccine for the virus. Several vaccine candidates are currently in clinical trials. However, we don't know how long vaccine development will take.

Researchers are also looking into the use of new and currently available medicines that may help treat coronavirus. For example, an anti-viral medication called remdesivir, has received temporary approval in Australia to treat people with severe COVID-19. Other medicines being investigated include treatments for arthritis, malaria and HIV. These medicines will not cure coronavirus, but they may decrease the number of people who get the virus and the severity of cases.

It is important, therefore, to protect yourself by practising good hand and respiratory hygiene, maintain physical distancing, staying home and getting tested if you are unwell, and wearing a mask if you are in an area with significant community transmission, particularly when it is difficult to practise physical distancing.

MYTH: Children are 'super spreaders' of COVID-19

FACT: While younger children are known to be 'super spreaders' of germs and bugs generally, such as for influenza, the current evidence for COVID-19 suggests that child-to-child transmission in schools is uncommon. Further, there is no data anywhere in the world that shows that major spreading of this virus has occurred with younger children. Although it is possible, the evidence currently suggests that children are not super spreaders of the virus that causes COVID-19.

MYTH: Australia can't obtain enough medical equipment and supplies (ventilators, masks, testing kits)

FACT: Australia has been very successful in flattening the curve, which has meant that we have avoided increasing pressure on our hospitals.

We have plenty of personal protective equipment available in Australia, with more being produced in Australia and delivered to Australia all the time. For instance, the National

Medical Stockpile remains well stocked and has ordered more than half a billion masks for staggered delivery through to 2021.

Advisory committees to the Australian Government, including the Communicable Diseases Network Australia and the Public Health Laboratory Network, meet frequently to reassess the guidance on COVID-19 testing requirements, to ensure that essential testing is conducted to support our public health response to the COVID-19 pandemic.

MYTH: Australia's hospitals won't be able to cope with increased demand due to COVID-19

FACT: Australia has been very successful in flattening the curve, which has meant that we have avoided increasing pressure on our hospitals. Australia has a world-class health system that is well placed to meet additional demand during the COVID-19 pandemic if required. This includes the capacity for additional hospital beds, medical equipment, supplies, and medical staff through a partnership between the Australian Government, state and territory governments and the private health sector.

MYTH: A two week lockdown will stop the spread of COVID-19

FACT: Imposing restrictions for two or three weeks and then lifting them and returning to our normal lives will not stop the spread of COVID-19.

The majority of people with COVID-19 have only mild or no symptoms. A risk of only a two-week lockdown is that people with asymptomatic COVID-19 may unknowingly expose other people to the virus when everything is opened up after the lockdown.

The best way to help slow the spread of COVID-19 is to practise good hand and respiratory hygiene, maintain physical distancing, stay at home and get tested if you feel unwell, and wear a mask if you are in an area of community transmission and physical distancing is not possible.

Our health experts will continue to monitor the number of new cases each day in Australia and where transmission is taking place. They will then make recommendations based on the evidence as to any new rules or restrictions that need to be enacted. Everyone should stay up to date with current restrictions by visiting www.australia.gov.au.

MYTH: Testing everyone will stop the spread of coronavirus

FACT: Testing does not stop the spread of the virus.

One of the fundamental pillars in the prevention and control of COVID-19 is timely, scalable and accurate diagnostic testing. Diagnostic testing plays a critical role in defining the epidemiology of the disease, informing case and contact management, and ultimately in reducing viral transmission.

However, testing negative to COVID-19 doesn't mean you're not at risk, or a risk to others. You can test negative to COVID-19 after you have been exposed to SARS-CoV-2 (the virus that causes COVID-19) but before you develop symptoms. That is why it is so important to practise good hygiene and physical distancing, and to stay at home when feeling unwell. These actions, together with targeted testing, are helping to prevent the transmission of COVID-19 and other infectious diseases, reducing demand on the Australian health system.

Successful public health management of increasing case numbers and outbreaks in a region requires that testing must be carefully targeted to strike the right balance between maintaining epidemic control and protecting the sustainability of laboratory and testing site capacity.

Widespread testing of Australians showing no symptoms (asymptomatic) is strongly discouraged. This testing strategy is neither epidemiologically sound nor a cost-effective approach to identify disease transmission. The Australian Government recognises that there may be a role for asymptomatic testing in specific contexts for disease control and surveillance purposes. These contexts include outbreak settings, populations of higher risk of transmission to low incidence areas, populations at significantly higher risk of exposure, and those in high risk transmission settings who are also vulnerable to severe disease if infected.

The Australian Government continues to recommend that testing strategies, including workplace screening programs for asymptomatic people, be developed in consultation with relevant public health authorities and laboratory directors. This is to ensure the most appropriate and effective approaches are employed. For more information on the Australian Government's position on widespread asymptomatic testing, please see the [Department of Health website](#).

MYTH: Testing kits are not accurate

FACT: In Australia, COVID-19 tests are very accurate. All testing methods used in Australia have been comprehensively validated. They continue to be closely monitored by the Therapeutic Goods Administration (TGA) and through mandatory participation in quality assurance programs that have been developed specifically for SARS-CoV-2 (the virus that causes COVID-19).

In Australia, laboratory-based polymerase chain reaction testing (PCR) is the gold standard test used to diagnose acute SARS-CoV-2 infection in your body, and requires collection of a respiratory sample to conduct the test. PCR tests are very sensitive and detect the smallest genetic fragments that are specific to SARS-CoV-2 in a respiratory sample.

Any testing technology new to Australia requires very careful assessment by the TGA to ensure the quality and reliability of results and enable its legal supply. For up-to-date information on which COVID-19 tests are included on the Australian Register of Therapeutic Goods, please visit TGA's website at: www.tga.gov.au/covid-19-test-kits-included-artg-legal-supply-australia.

MYTH: Coronavirus is a hoax

FACT: COVID-19 is caused by a coronavirus (SARS-CoV-2), which is part of a large family of viruses that can lead to respiratory infections in both humans and animals. These infections can range from the common cold to more serious illness. COVID-19 is spread between people by droplets and via contaminated surfaces.

In Australia, the Victorian Infectious Diseases Reference Laboratory (VIDRL) at the Peter Doherty Institute for Infection and Immunity, was the first laboratory outside China to isolate SARS-CoV-2. VIDRL shared the isolated virus with other Australian laboratories, the World Health Organization and other countries, to enable the development, validation and verification of diagnostic tests for COVID-19.

Australia is fortunate to be supported by an expert network of public and private pathology laboratories with the capability and appropriate accreditation to detect and confirm SARS-

CoV-2. The ability of these laboratories to scale-up testing capacity has been essential to Australia's success in flattening the curve and avoiding the devastating infection rates seen in other countries. Information on the number of people with COVID-19 and the number of deaths from the disease is collected in Australia and around the world. Data are published daily by the [Australian Department of Health](#).

MYTH: Masks are ineffective and/or unsafe.

FACT: Masks, when used with other precautions such as good hygiene, physical distancing, and staying home and getting tested when unwell, help to slow the spread of COVID-19.

Like most respiratory viruses, SARS-CoV-2 (the virus that causes COVID-19) is mainly spread by virus-containing droplets, which are produced when an infected person speaks, coughs or sneezes. Spread can also occur via contaminated surfaces. A mask can be used by a person with a respiratory viral infection, including COVID-19, with or without symptoms, to protect others by decreasing the spread of infected respiratory droplets. Masks are used by health and care workers to protect themselves when they are unable to maintain physical distancing from a person with a respiratory infection, including COVID-19.

Wearing a mask is only one step in slowing the spread of COVID-19 and is not a substitute for other precautions. It is important to continue practising good hand and respiratory hygiene, physical distancing, and staying home and getting tested when unwell.

There is no evidence that wearing a mask is unsafe or that it leads to problems such as lack of oxygen. Health care providers have worn masks for extended periods of time for many years without these problems.

Access this website regularly to stay informed about key developments in the Australian Government's response to COVID-19.

[SBS](#) also has a range of information on COVID-19 in your language. You can also use mobile phone apps and browser extensions to translate government information. Search for one that meets your needs.

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s. 22(1)(a)(ii)

From: s. 47F(1) health.gov.au>
Sent: Tuesday, 2 March 2021 3:19 PM
To: inLanguage COVID19 <inLanguageCOVID19@homeaffairs.gov.au>
Cc: s. 47F(1) @health.gov.au; s. 47F(1) health.gov.au;>
s. 47F(1) @health.gov.au>
Subject: Misinformation and Truths factsheet - stakeholder pack [SEC=OFFICIAL]

Hi s. 22(1)(a)(ii)

We would really like to be able to disseminate the new **misinformation and truths** fact sheet (attached) in our next CALD outreach pack. Just wanted to confirm that you would be happy for us to share it with our stakeholders?

Thanks

s. 47F(1)

Public Information Branch | COVID-19 National Incident Room
Australian Government Department of Health
T: s. 47F(1) @health.gov.au
GPO Box 9848, Canberra ACT 2601, Australia

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

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Australian Government

Misinformation and truths about Coronavirus (COVID-19)

COVID-19 vaccine misinformation

MISINFORMATION: COVID-19 vaccines are dangerous and have had serious adverse effects in recipients overseas.

FACT: The Therapeutic Goods Administration approves vaccines for use in Australia. All vaccines are thoroughly tested for safety before they are approved for use in Australia. This includes careful analysis of clinical trial data, ingredients, chemistry, manufacturing and other factors. Information on COVID-19 vaccines can be found on the TGA's website at <https://www.tga.gov.au/covid-19-vaccines>

In addition to assessing every batch of COVID-19 vaccines, the Therapeutic Goods Administration monitors vaccines for safety after they are supplied in Australia. The Australian Government is also closely monitoring immunisation programs overseas, including in the UK, Germany and Norway. Together, this information will help to ensure that Australians have access to a safe and effective COVID-19 vaccine.

If you do experience a side effect from a vaccine, seek assistance from a health professional and report it to the TGA (1300 134 237).

MISINFORMATION: More people will die from negative side effects of the vaccine than from COVID-19 itself.

FACT: Any vaccine can cause some mild side effects. The main side effects from vaccines are some soreness, redness or swelling where you had the injection, a headache or mild fever and fatigue. Most of these can be managed with some mild pain relief and are no cause for alarm.

The Therapeutic Goods Administration – Australia's medicines regulator – will not approve a vaccine that is not safe and effective. One of the things they are looking at very closely is severe side effects.

Australia has one of the best approval processes in the world and any medication that would cause severe negative side effects would not be approved in this country. The TGA's job does not stop with approval. They also keep a close eye on the data coming in from overseas and the rollout here. Nothing is left to chance.

If you do experience a side effect from a vaccine, seek assistance from a health professional and report it to the TGA (1300 134 237).

MISINFORMATION: The Government is using vaccine rollout as a cover to collect/alter your DNA.

FACT: Vaccines are injected into your body, they don't remove anything from your body and they do not alter your DNA. Some of the new COVID-19 vaccines use a fragment of Messenger RNA (mRNA) to instruct your body to make an immune response against COVID-19. The mRNA does not do anything to your DNA.

MISINFORMATION: The virus mutates so fast that a vaccine will never work.

FACT: All viruses mutate. It's a normal part of their natural evolution and COVID-19 is no different. Based on the evidence, COVID-19 vaccines will still be effective against new variants.

It may mean people need booster shots or need to be vaccinated again – like for the flu. The vaccines currently approved for use in Australia have demonstrated they are highly effective in preventing severe illness from COVID-19.

MISINFORMATION: People who have had COVID-19 and recovered don't need to get vaccinated.

FACT: The protection someone gains from having COVID-19 varies from person to person. Because this virus is new, we don't know how long any natural immunity might last. Even if you have already had COVID-19, you should still get the COVID-19 vaccine when you can.

MISINFORMATION: The COVID-19 vaccine contains software/microchips used for surveillance.

FACT: None of the COVID-19 vaccines contain software or microchips.

Other COVID-19 misinformation

MISINFORMATION: Children are 'super spreaders' of COVID-19

FACT: While younger children are known to be 'super spreaders' of germs and bugs generally, such as for influenza, the current evidence for COVID-19 suggests that child-to-child transmission in schools is uncommon. Further, there is no data anywhere in the world that shows that major spreading of this virus has occurred with younger children. Although it is possible, the evidence currently suggests that children are not super spreaders of the virus that causes COVID-19.

MISINFORMATION: Australia can't obtain enough medical equipment and supplies (ventilators, masks, testing kits)

FACT: Australia has been very successful in flattening the curve, which has meant that we have avoided increasing pressure on our hospitals.

We have plenty of personal protective equipment available in Australia, with more being produced in Australia and delivered to Australia all the time. For instance, the National

Medical Stockpile remains well stocked and has ordered more than half a billion masks for staggered delivery through to 2021.

Advisory committees to the Australian Government, including the Communicable Diseases Network Australia and the Public Health Laboratory Network, meet frequently to reassess the guidance on COVID-19 testing requirements, to ensure that essential testing is conducted to support our public health response to the COVID-19 pandemic.

MISINFORMATION: Australia's hospitals won't be able to cope with increased demand due to COVID-19

FACT: Australia has been very successful in flattening the curve, which has meant that we have avoided increasing pressure on our hospitals. Australia has a world-class health system that is well placed to meet additional demand during the COVID-19 pandemic if required. This includes the capacity for additional hospital beds, medical equipment, supplies, and medical staff through a partnership between the Australian Government, state and territory governments and the private health sector.

MISINFORMATION: A two week lockdown will stop the spread of COVID-19

FACT: Imposing restrictions for two or three weeks and then lifting them and returning to our normal lives will not stop the spread of COVID-19.

The majority of people with COVID-19 have only mild or no symptoms. A risk of only a two-week lockdown is that people with asymptomatic COVID-19 may unknowingly expose other people to the virus when everything is opened up after the lockdown.

The best way to help slow the spread of COVID-19 is to practise good hand and respiratory hygiene, maintain physical distancing, stay at home and get tested if you feel unwell, and wear a mask if you are in an area of community transmission and physical distancing is not possible.

Our health experts will continue to monitor the number of new cases each day in Australia and where transmission is taking place. They will then make recommendations based on the evidence as to any new rules or restrictions that need to be enacted. Everyone should stay up to date with current restrictions by visiting www.australia.gov.au.

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FACT: Testing does not stop the spread of the virus.

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MISINFORMATION: Coronavirus is a hoax

FACT: COVID-19 is caused by a coronavirus (SARS-CoV-2), which is part of a large family of viruses that can lead to respiratory infections in both humans and animals. These infections can range from the common cold to more serious illness. COVID-19 is spread between people by droplets and via contaminated surfaces.

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Wearing a mask is only one step in slowing the spread of COVID-19 and is not a substitute for other precautions. It is important to continue practising good hand and respiratory hygiene, physical distancing, and staying home and getting tested when unwell.

There is no evidence that wearing a mask is unsafe or that it leads to problems such as lack of oxygen. Health care providers have worn masks for extended periods of time for many years without these problems.

Access this website regularly to stay informed about key developments in the Australian Government's response to COVID-19.

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To access additional information in English, visit www.australia.gov.au.

s. 22(1)(a)(ii)

From s. 47F(1) @Health.gov.au>
Sent: Thursday, 2 September 2021 7:52 AM
To: s. 22(1)(a)(ii) @HOMEAFFAIRS.GOV.AU> s. 47F(1)
s. 47F(1) @health.gov.au>
Cc: s. 22(1)(a)(ii) @homeaffairs.gov.au>; s. 47F(1)
s. 47F(1) @health.gov.au>; s. 47F(1) @health.gov.au>
Subject: RE: CLEARANCE: 'Misinformation and truths about coronavirus' factsheet
[SEC=OFFICIAL]

H s. 22(1)(a)(ii)

Apologies for the delay – please see attached your document, reviewed by the Health department.

Thanks,
s. 47F(1)

s. 47F(1)

Communications Officer



Australian Government Department of Health

T: s. 47F(1) @health.gov.au

Location: Sirius Building 3.N.402

GPO Box 9848, Canberra ACT 2601, Australia

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

s. 22(1)(a)(ii)

From: s. 47F(1) @Health.gov.au>

Sent: Tuesday, 31 August 2021 3:32 PM

To: s. 47F(1) @health.gov.au> s. 22(1)(a)(ii)

s. 22(1)(a)(ii) @HOMEAFFAIRS.GOV.AU>

Cc: s. 22(1)(a)(ii) homeaffairs.gov.au>

Subject: RE: CLEARANCE: 'Misinformation and truths about coronavirus' factsheet
[SEC=OFFICIAL]

Hi s. 22(1)(a)(ii)

Your document is now with the final group (3/3) to review – I'm hoping to have it back from them by tomorrow morning.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Apologies for the delay!

s. 47F(1)

s. 47F(1)

Communications Officer



Australian Government Department of Health

T s. 47F(1) @health.gov.au

Location: Sirius Building 3.N.402

GPO Box 9848, Canberra ACT 2601, Australia

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From: s. 47F(1) @health.gov.au>

Sent: Monday, 30 August 2021 12:10 PM

To: s. 22(1)(a)(ii) HOMEAFFAIRS.GOV.AU>

Cc: s. 22(1)(a)(ii) @homeaffairs.gov.au>; s. 47F(1)

s. 47F(1) @Health.gov.au>

Subject: RE: CLEARANCE: 'Misinformation and truths about coronavirus' factsheet
[SEC=OFFICIAL]

Hi s. 22(1)(a)(ii)

We are chasing and doing our best.

All public facing content needs to be cleared through our Medical and Scientific Advisory Unit. As you can appreciate there is a significant volume of content that goes through that team, particularly when eligibility requirements change as they did late last week.

We will continue to chase and get it back to you just as soon as we have it.

Thanks

s. 47F(1)

s. 47F(1)

s. 47F(1)

Australian Government Department of Health

T: s. 47F(1) @health.gov.au

Location: Sirius Building 3.N.117

PO Box 9848, Canberra ACT 2601, Australia

Follow on: [Twitter](#) | [Facebook](#) | [Pinterest](#) | [YouTube](#)

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Released by Department of Home Affairs
under the Freedom of Information Act 1982

s. 22(1)(a)(ii)

From: s. 47F(1) <[redacted]@health.gov.au>
Sent: Friday, 27 August 2021 12:41 PM
To: s. 22(1)(a)(ii) <[redacted]@HOMEAFFAIRS.GOV.AU> s. 47F(1) <[redacted]@Health.gov.au>
Cc: s. 22(1)(a)(ii) <[redacted]@homeaffairs.gov.au>
Subject: RE: CLEARANCE: 'Misinformation and truths about coronavirus' factsheet [SEC=OFFICIAL]

Hi [redacted]

Sorry I missed your call earlier. I understand you spoke with [redacted] who is progressing this for clearances. Approval today is unlikely but working to Monday.

Thanks

s. 47F(1)

s. 47F(1)
s. 47F(1)

s. 47F(1)

Australian Government Department of Health
T s. 47F(1) @health.gov.au
Location: Sirius Building 3.N.117
PO Box 9848, Canberra ACT 2601, Australia

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s. 22(1)(a)(ii)

Released by Department of Home Affairs
under the Freedom of Information Act 1982



Australian Government

Misinformation and truths about coronavirus (COVID-19)

As Australia continues to respond to the COVID-19 pandemic, we face the challenge navigating large amounts of information related to the virus. Some of this information may be false and potentially harmful. This is called misinformation.

Misinformation can spread widely and quickly and make it difficult for the public to identify verified facts and advice from misinformation.

With new COVID-19 updates and developments occurring daily, it's normal to have questions or concerns, and possibly feel hesitant about COVID-19 and getting vaccinated. This document aims to provide accurate, evidence-based answers to commonly asked questions and misinformation relating to COVID-19 vaccines.

For the latest updates and recommendations please visit www.health.gov.au or <https://covid19inlanguage.homeaffairs.gov.au/>

COVID-19 vaccine misinformation

MISINFORMATION Hydroxychloroquine, ivermectin, doxycycline, and zinc are safe and effective COVID-19 treatments and/or cures.

FACT The Australian Government is closely monitoring worldwide research into COVID-19 treatments and cures. COVID-19 vaccinations remain the most effective way to prevent the development of COVID-19 symptoms and protect against severe disease.

There is currently insufficient evidence to support the safe and effective use of ivermectin, doxycycline and zinc (either separately, or in combination) for the prevention or treatment of COVID-19.

Australia's National COVID-19 Clinical Evidence Taskforce does not recommend the use of hydroxychloroquine, ivermectin, doxycycline or zinc for the treatment of COVID-19.

The use of hydroxychloroquine (with or without zinc) for the treatment of COVID-19 is not recommended outside of randomised trials with ethical approval. Hydroxychloroquine has well known risks that can result in heart attacks, eye damage and severe depletion of blood sugar levels (potentially leading to a coma).

MISINFORMATION COVID-19 vaccines cause infertility.

FACT There is no scientific evidence to support that any of the COVID-19 vaccines currently approved by the Therapeutic Goods Administration (TGA) cause sterilisation and/or infertility. The TGA will not approve a vaccine for use in Australia unless it is safe and effective. This includes impacts on fertility. The COVID-19 vaccine, like other vaccines, works by training our bodies to develop antibodies to fight against the virus that causes COVID-19, to prevent future illness. There is currently no evidence that antibodies formed from COVID-19 vaccination cause any problems with pregnancy, including the development of the placenta.

MISINFORMATION COVID-19 vaccines alter your DNA.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

FACT COVID-19 vaccines do not alter your DNA. The vaccines work with the body's natural defences to help develop immunity to COVID-19 disease.

There are two COVID-19 vaccines currently approved and in use in Australia – the Pfizer vaccine which uses an mRNA platform; and the AstraZeneca vaccine which uses a viral vector platform. Vector vaccines use a harmless, weakened animal virus that contains the genetic code for a protein unique to the coronavirus, usually the spike protein, while mRNA vaccines use a genetic code called RNA to spark the production of the coronavirus' specific spike protein. Neither vaccine can change your DNA.

A common COVID-19 vaccine myth falsely claims that mRNA vaccines can change your DNA, which is not true. mRNA vaccines use a genetic code called RNA to prompt the production of the coronavirus' specific spike protein. Once the mRNA enters the body's cells, the cells use the instructions contained in the RNA to make the spike protein. The cells display the spike protein on their surface and break down the mRNA that was delivered by the vaccine. Immune cells then recognise the spike protein as foreign and begin building an immune response against it. The RNA from the vaccine does not change or interact with our DNA in any way.

The Moderna COVID-19 vaccine (Spikevax) also uses a fragment of mRNA.

MISINFORMATION The COVID-19 vaccine rollout is a cover to collect your DNA.

FACT There is not, and has never been, any intent to collect DNA during the vaccination process.

The objective of the Australian Government's COVID-19 vaccine rollout is to protect the health of Australians, providing COVID-19 vaccines to prevent individuals from developing severe disease and death from the SARS-CoV-2 virus.

COVID-19 vaccines approved for use in Australia are given by injection into a muscle, usually into the deltoid muscle of the upper arm. There is nothing taken from your body, including your DNA. COVID-19 vaccines also cannot alter your genes or DNA.

MISINFORMATION COVID-19 vaccines were developed too quickly, were not properly tested and are unsafe.

FACT COVID-19 vaccines have been developed rapidly without compromising quality, safety and effectiveness.

Researchers around the world have been working hard to develop COVID-19 vaccines from the earliest stages of the pandemic. They have been able to speed up development of vaccines thanks to the collaboration between scientists, manufacturers and distributors.

Unprecedented global funding has allowed for the development and implementation planning phases of COVID-19 vaccines to be run side-by-side, instead of one after the other. Most of the COVID-19 vaccines being developed have now included tens of thousands of people in their clinical trials.

In addition, research into how to respond to a pandemic had been occurring well before COVID-19. This research looks at data from previous coronaviruses such as SARS in 2002 and MERS in 2012, giving researchers a head start when it comes to building the COVID-19 vaccines.

In Australia, the Therapeutic Goods Administration (TGA) rigorously assesses the potential COVID-19 vaccines prior to approval for use for safety, quality and effectiveness. The TGA is continually monitoring the safety of the COVID-19 vaccines and they also check each COVID-19 vaccine batch to make sure it meets the same quality standards.

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MISINFORMATION COVID-19 vaccines can connect you to the internet, Wi-Fi, 5G or Bluetooth.

FACT COVID-19 vaccines do not, and cannot, connect you to the internet, Wi-Fi, 5G, Bluetooth, or enable any sort of wireless connectivity.

Some of the mRNA vaccines being developed include the use of a material called a hydrogel, which might help disperse the vaccine slowly into our cells. Bioengineers have used similar hydrogels for many years in different ways. For instance, they've used them to help stem cells survive after being put inside our bodies. Because of this, some people believe that hydrogels are needed for electronic implants, which can connect to the internet.

The Pfizer/BioNTech vaccine (Comirnaty) does not use hydrogels as a component. The Pfizer/BioNTech vaccine contains a piece of mRNA which is coated in a lipid (fatty) droplet. The lipid helps the vaccine enter our cells, as the membrane holding our cells together is also made mostly of lipid. The vaccine and the membrane can fuse easily, depositing the mRNA inside the cell.

MISINFORMATION COVID-19 vaccines contain a microchip or form of tracking technology.

FACT The approved COVID-19 vaccines do not contain any form of software or microchips. They cannot be used to track people.

The Product Information available on the Therapeutic Goods Administration (TGA) website lists all ingredients in each vaccine. The TGA undertakes batch testing of all vaccines prior to use to ensure quality and monitor if any safety concerns arise.

MISINFORMATION COVID-19 vaccines give you COVID-19.

FACT None of the approved vaccines in Australia contain the live virus. This means they cannot give you COVID-19.

Some of the side effects from COVID-19 vaccinations, such as fever and fatigue can mimic the symptoms of COVID-19. These symptoms are normal and are a sign that the body is building protection against the virus that causes COVID-19.

It usually takes your body a minimum of 2 weeks to begin build immunity (protection against the virus that causes COVID-19) after each dose of the vaccine. That means it's possible a person could be infected with COVID-19 just before or just after vaccination and still get sick.

It is also possible for a person to become infected with COVID-19 even when they are fully vaccinated, but it is significantly less likely.

It is important that you get both doses of the vaccine and ensure that you isolate and get tested if you have any COVID-19 symptoms.

MISINFORMATION COVID-19 vaccines can 'shed' to affect those unvaccinated.

FACT COVID-19 vaccines do not 'shed' to affect unvaccinated people. This is not possible. Such shedding can only occur with vaccines that use weakened, live forms of the virus. None of the COVID-19 vaccines approved for use in Australia have live forms of coronavirus.

MISINFORMATION PCR (polymerase chain reaction) tests to detect COVID-19 are unreliable and cannot distinguish coronavirus from other illnesses, such as the common cold and influenza.

FACT Polymerase Chain Reaction (PCR) tests continue to be regarded as a reliable and highly specific diagnostic tool. PCR tests are very sensitive and detect nucleic acid sequences that are specific to the SARS-CoV-2 virus in a respiratory sample. COVID-19 PCR tests are designed to look for and then amplify a target region of the viral genome which is specific to the SARS-CoV-2 virus. No test is 100% perfect, but the COVID-19 tests used in Australia are highly specific, and are not likely to provide a positive result for any other pathogen. It is true that the PCR test may still result in a positive test for COVID-19 after the infectious period has passed because of remaining non-infectious viral material present within the patient.

Some people have misunderstood the change in testing advice from the United States Centers for Disease Control and Prevention which provided advice on the use of PCR tests which incorporate multiple pathogen targets for different viral causes of respiratory infections. For examples, these tests can diagnose infections like COVID-19 and influenza at the same time and correctly differentiate between the two. As the northern hemisphere enters winter with more circulating respiratory infections it makes sense to do this. This happens regularly and has been standard practice in Australia since the advent of these PCR tests which incorporate multiple targets. In Australia, it's common to use PCR tests which will correctly detect influenza viruses, parainfluenza viruses, Human Metapneumovirus, Respiratory Syncytial virus as well as others including some of the commonly circulating human coronaviruses which were circulating before SARS-COV-2.

MISINFORMATION COVID-19 vaccines are dangerous and more people will die from adverse side effects of the vaccine than COVID-19 itself.

FACT The benefits of the COVID-19 vaccine far outweigh its risks. Clinical trials of the Pfizer/BioNTech (Comirnaty) and AstraZeneca (Vaxzevria) vaccines have shown to be effective in preventing the development of COVID-19 symptoms and protection against severe disease.

Common side effects of vaccination include fatigue, headache, body aches and fever. More severe side effects include anaphylaxis and a rare condition called thrombosis with thrombocytopenia syndrome (TTS) associated with the COVID-19 vaccine AstraZeneca. TTS or Vaccine Induced thrombotic thrombocytopenia (VITT), is a rare newly identified condition with a different mechanism to other causes of thrombosis. Among case reports, there are no known markers for increased risk for TTS.

TTS involves blood clots (thrombosis) and low levels of blood platelets (thrombocytopenia) that can occur in different parts of the body.

Overall, there is a very low chance of TTS as a side effect. The risk of TTS is estimated in Australia at around 2.9 per 100,000 AstraZeneca doses in those under 60 years of age and 1.8 per 100,000 in those 60 years and older. TTS appears to be rarer following the second dose of AstraZeneca, with data from the United Kingdom (UK) indicating a rate of 1.5 per million second doses.

Of the TTS cases that have been classified by the Therapeutic Goods Administration (TGA) as confirmed or probable, the majority have been discharged from hospital. Since the beginning of the vaccine rollout to 26 August 2021, over 17.1 million doses of COVID-19 vaccines have been given. The TGA has received and reviewed a large number of reports of deaths in people who have recently been vaccinated and found only seven (7) that were linked to immunisation. These deaths were all related to the first dose of the AstraZeneca vaccine – six were TTS cases and one was a case of immune thrombocytopenia.

People who have a personal history or family history of blood clots, have risk factors for blood clots or take anticoagulant medication can have AstraZeneca. As a precaution there is a very small group of people with clotting disorders who should get an alternative COVID-19 vaccine.

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If you do experience a side effect from a vaccine, seek assistance from a health professional and report it to the TGA (phone: 1300 134 237).

MISINFORMATION The COVID-19 vaccine does not work against mutated strains of coronavirus.

FACT All viruses mutate. COVID-19 is no different and there have been reports in media recently about new variants of the virus. This does not mean the vaccines won't be effective on new variants.

All the vaccines that are currently approved for use in Australia and other countries have demonstrated they are highly effective in preventing severe illness from any variant of the SARS-CoV-2 virus that have emerged so far.

The Therapeutic Goods Administration (TGA) continue to closely look at this as part of their approval and monitoring processes. It may mean people need booster shots like tetanus and whooping cough, or it may mean we need to be vaccinated again – like we are for the flu vaccine each year. Researchers are still investigating this, but they do know the virus has not mutated enough to make current vaccines ineffective.

MISINFORMATION People who have had COVID-19 and recovered don't need to get vaccinated.

FACT Even if you have already had COVID-19, it is recommended you should get the COVID-19 vaccine around 6 months after the acute COVID-19 illness.

Natural infection with SARS-CoV-2 virus stimulates immunity to offer some protection against reinfection, but the strength of the immune response and length of time that the protection lasts is still being actively researched around the world.

Due to the severe health risks associated with COVID-19, and the fact that reinfection and onward transmission of the virus is possible, those who have already had COVID-19 still need to have a COVID-19 vaccine to boost their immune system.

Other COVID-19 misinformation

MISINFORMATION Australia can't obtain enough medical equipment and supplies (ventilators, masks, testing kits).

FACT Australia has plenty of personal protective equipment available, with more being produced in Australia and delivered to Australia all the time.

Advisory committees to the Australian Government, including the Communicable Diseases Network Australia and the Public Health Laboratory Network, meet frequently to reassess the guidance on COVID-19 testing approaches and requirements, to ensure that essential testing is conducted to support our public health response to the COVID-19 pandemic, ensuring access to and continuity of testing supplies, personal protective equipment and other medical supplies.

MISINFORMATION Australia's hospitals won't be able to cope with increased demand due to COVID-19.

FACT Australia has a world-class health system that is well placed to meet additional demand during the COVID-19 pandemic if required. This includes the capacity for additional hospital beds, medical equipment, supplies, and medical staff through a partnership between the Australian Government, state and territory governments and the private health sector.

MISINFORMATION A period of 'lockdown' will stop the spread of COVID-19.

FACT Imposing restrictions and a period of lockdown and then lifting such restrictions to return to our 'normal lives' will not stop the spread of COVID-19 entirely. Lockdowns, however, do help to greatly reduce the rate of transmission of COVID-19 and support State and Territory Government's to complete contact tracing.

A significant number of people with COVID-19 have either mild symptoms or are asymptomatic during the infectious period. A short two-week lockdown period risks those that are asymptomatic with COVID-19 to unknowingly expose other people to the virus upon the lockdown's lifting.

The most effective way to help slow the spread of COVID-19 is to get the COVID-19 vaccine, wear a mask, maintain physical distancing, practice good hand and respiratory hygiene, stay at home and get tested if you feel unwell.

Health experts will continue to monitor the number of new cases each day in Australia and where community transmission is occurring. Recommendations will be made based on the evidence as to any new rules or restrictions that need to be enforced. Everyone should stay up-to-date with current restrictions by visiting www.australia.gov.au.

MISINFORMATION Testing everyone will stop the spread of COVID-19.

FACT Testing does not stop the spread of the COVID-19.

Diagnostic testing plays a critical role in defining the epidemiology of the disease, informing case and contact management, and ultimately in reducing viral transmission. The COVID-19 vaccine is the best way to stop the spread of COVID-19 in the community.

Testing negative to COVID-19, however, does not mean you're not at risk, or a risk to others. You can test negative to COVID-19 in the early stages of exposure to SARS-CoV-2 (the virus that causes COVID-19) as well as before you develop symptoms. Because of this, it is important to practice good hygiene, physical distancing, and to stay at home when feeling unwell. These actions, together with targeted testing, are assisting to prevent the transmission of COVID-19 and other infectious diseases, reducing demand on the Australian health system.

Testing must be carefully targeted to strike the right balance between maintaining epidemic control whilst protecting the sustainability of laboratory and testing site capacity.

The Australian Government continues to recommend that testing strategies, including workplace screening programs for asymptomatic people, be developed in consultation with relevant public health authorities. For more information on the Australian Government's position on widespread asymptomatic testing, please see the [Department of Health's website](#).

MISINFORMATION Testing kits are not accurate.

FACT In Australia, COVID-19 tests are very accurate. All testing methods used in Australia have been comprehensively validated. They continue to be closely monitored by the TGA and through mandatory participation in quality assurance programs that have been developed specifically for SARS-CoV-2 (the virus that causes COVID-19).

In Australia, laboratory-based polymerase chain reaction testing (PCR) is the gold standard test used to diagnose acute SARS-CoV-2 infection in your body. It requires collection of a respiratory sample to conduct the test. PCR tests are very sensitive and detect nucleic acid sequences that are specific to the SARS-CoV-2 virus in a respiratory sample.

Any testing technology new to Australia requires careful assessment by the TGA to ensure the quality and reliability of results and enable its legal supply. For up-to-date information on which COVID-19 tests are included on the Australian Register of Therapeutic Goods, please visit TGA's website at: www.tga.gov.au

MISINFORMATION COVID-19 is a hoax.

FACT COVID-19 is caused by a novel coronavirus (SARS-CoV-2), which is part of a large family of viruses that can lead to respiratory infections in both humans and animals. These infections can range from the common cold to more serious illness. COVID-19 is spread between people by droplets and via contaminated surfaces.

Multiple scientific studies across the world demonstrate that highly reputable expert laboratories have isolated and sequenced the virus that causes COVID-19, demonstrating that the virus exists, that it is different from the influenza virus, and that it causes a disease that has resulted in more than four million deaths worldwide in just over 18 months.

In Australia, the Victorian Infectious Diseases Reference Laboratory (VIDRL) at the Peter Doherty Institute for Infection and Immunity, was the first laboratory outside China to isolate SARS-CoV-2. VIDRL shared the isolated virus with other Australian laboratories, the World Health Organization and other countries, to enable the development, validation and verification of diagnostic tests for COVID-19.

Australia is fortunate to be supported by an expert network of public and private pathology laboratories with the capability and appropriate accreditation to detect and confirm SARS-CoV-2. The ability of these laboratories to scale-up testing capacity has been essential to Australia's success in flattening the curve and avoiding the devastating infection rates seen in other countries. Information on the number of people with COVID-19 and the number of deaths from the disease is collected in Australia and around the world. You can check the daily COVID-19 Australia-related data at www.health.gov.au.

MISINFORMATION Masks are ineffective against COVID-19 and/or are unsafe to use.

FACT Masks are a key measure to suppress transmission of COVID-19. Masks should be used as part of a comprehensive approach that includes physical distancing, avoiding crowded, closed and close-contact settings, good ventilation, cleaning hands, covering sneezes and coughs, and more. A mask is not a substitute for physical distancing.

Masks are a simple barrier to help prevent your respiratory droplets from reaching others. Studies show that masks reduce the spray of droplets when worn over the nose and mouth. Depending on the type, masks can be used for either protection of healthy persons or to prevent onward transmission.

There is no evidence that wearing a mask is unsafe or that it leads to problems such as lack of oxygen or increased inhalation of carbon dioxide (CO₂) levels. Health care providers have worn masks for extended periods of time for many years without such problems.

All healthcare workers should follow standard and transmission-based precautions as described in the Australian Guidelines for the Prevention and Control of Infection in Healthcare. The National COVID-19 Clinical Evidence Taskforce provided a consensus recommendation that all healthcare workers providing direct patient care or working within the patient/client/resident zone for individuals with suspected or confirmed COVID-19 should have access to P2/N95 respirators.


Access this website regularly to stay informed about key developments in the Australian Government's response to COVID-19. SBS also has a range of information on COVID-19 in your language. You can also use mobile phone apps and browser extensions to translate government information. Search for one that meets your needs. To access additional information in English, visit www.australia.gov.au.

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s. 22(1)(a)(ii)

From s. 47F(1) [redacted] Health.gov.au>
Sent: Monday, 17 January 2022 2:28 PM
To s. 22(1)(a)(ii) [redacted] homeaffairs.gov.au>
Subject: FW: Updated fact sheets [SEC=OFFICIAL]

s. 47F(1) [redacted]
Communications Officer


Australian Government Department of Health
T: s. 47F(1) [redacted] E: s. 47F(1) [redacted] health.gov.au
Location: Sirius Building 3.N.402
GPO Box 9848, Canberra ACT 2601, Australia

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Misinformation and truths about coronavirus (COVID-19)

As Australia continues to respond to the COVID-19 pandemic, we face the challenge of navigating large amounts of information related to the virus. Some of this information may be false and potentially harmful. This is called misinformation.

Misinformation can spread widely and quickly and make it difficult for the public to identify verified facts and advice from misinformation.

With new COVID-19 updates and developments occurring daily, it's normal to have questions or concerns, and possibly feel hesitant about COVID-19 and getting vaccinated. This document aims to provide accurate, evidence-based answers to commonly asked questions and misinformation relating to COVID-19 vaccines.

For the latest updates and recommendations please visit www.health.gov.au or <https://covid19inlanguage.homeaffairs.gov.au/>

Covid-19 is a hoax

MISINFORMATION COVID-19 is a hoax.

FACT COVID-19 is caused by a novel coronavirus (SARS-CoV-2), which is part of a large family of viruses that can lead to respiratory infections in both humans and animals. These infections can range from the common cold to more serious illness. COVID-19 is spread between people by droplets and via contaminated surfaces.

Multiple scientific studies across the world demonstrate that highly reputable laboratory medicine experts have isolated and sequenced the virus that causes COVID-19, demonstrating that the virus exists, that it is different from the influenza virus, and that it causes a disease that has resulted in more than 5.3 million deaths worldwide in just over 23 months.

Australia is fortunate to be supported by an expert network of public and private pathology laboratories with the capability and appropriate accreditation to detect and confirm SARS-CoV-2. Scientists at the Victorian Infectious Diseases Reference Laboratory (VIDRL) at the Peter Doherty Institute for Infection and Immunity were the first to isolate SARS-CoV-2. This important information was immediately shared with local and overseas laboratories and also provided scientific evidence for the existence of this deadly virus.

Information on the number of people with COVID-19 and the number of deaths from the disease is collected in Australia and around the world. You can check the daily COVID-19 Australia-related data at www.health.gov.au

Vaccines

MISINFORMATION COVID-19 vaccines were developed too quickly, were not properly tested and are unsafe.

FACT COVID-19 vaccines have been developed rapidly without compromising quality, safety, and effectiveness. Researchers around the world have been working hard to develop COVID-19 vaccines from the earliest stages of the pandemic. They have been able to

speed up development of vaccines thanks to the collaboration between scientists, manufacturers, and distributors.

Unprecedented global funding has allowed for the development and implementation planning phases of COVID-19 vaccines to be run side-by side, instead of one after the other. Most of the COVID-19 vaccines being developed have now included tens of thousands of people in their clinical trials.

In addition, research into how to respond to a pandemic had been occurring well before COVID-19. This research looks at data from previous coronaviruses such as SARS in 2002 and MERS in 2012, giving researchers a head start when it comes to building the COVID-19 vaccines.

In Australia, the Therapeutic Goods Administration (TGA) rigorously assesses the potential COVID-19 vaccines prior to approval for use for safety, quality, and effectiveness. The TGA is continually monitoring the safety of the COVID-19 vaccines and they also check each COVID-19 vaccine batch to make sure it meets the same quality standards.

MISINFORMATION COVID-19 vaccines are dangerous, and more people will die from adverse side effects of the vaccine than COVID-19 itself.

FACT The benefits of the COVID-19 vaccine far outweigh its risks. Clinical trials of the Pfizer/BioNTech (Comirnaty), Spikevax (Moderna) and AstraZeneca (Vaxzevria) vaccines have shown to be effective in preventing the development of COVID-19 symptoms and protection against severe disease.

Common side effects of vaccination include fatigue, headache, body aches and fever. More severe side effects include anaphylaxis and a rare condition called thrombosis with thrombocytopenia syndrome (TTS) associated with the COVID-19 vaccine AstraZeneca. TTS or Vaccine Induced thrombotic thrombocytopenia (VITT), is a rare newly identified condition with a different mechanism to other causes of thrombosis. Among case reports, there are no known markers for increased risk for TTS.

TTS involves blood clots (thrombosis) and low levels of blood platelets (thrombocytopenia) that can occur in different parts of the body.

Overall, there is a very low chance of TTS as a side effect. The risk of TTS is estimated in Australia at around 2.0 per 100,000 AstraZeneca doses. TTS appears to be rarer following the second dose of AstraZeneca, with data from the United Kingdom (UK) indicating a rate of 1.5 per million second doses.

Of the TTS cases that have been classified by the TGA as confirmed or probable, the majority have been discharged from hospital. Since the beginning of the vaccine rollout to 2 December 2021, more than 39.1 million doses of COVID-19 vaccines have been given. The TGA has received and reviewed a large number of reports of deaths in people who have recently been vaccinated and found only 9 that were linked to immunisation. These deaths were all related to the first dose of the AstraZeneca vaccine – 8 were TTS cases and one was a case of immune thrombocytopenia.

People who have a personal history or family history of blood clots, have risk factors for blood clots or take anticoagulant medication can have AstraZeneca vaccine. As a precaution there is a very small group of people with clotting disorders who should get an alternative COVID-19 vaccine.

If you do experience a side effect from a vaccine, seek assistance from a health professional and report it to the TGA (phone: 1300 134 237).

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MISINFORMATION The COVID-19 vaccine rollout is a cover to collect your DNA.

FACT There is not, and has never been, any intent to collect DNA during the vaccination process.

The objective of the Australian Government's COVID-19 vaccine rollout is to protect the health of Australians, providing COVID-19 vaccines to prevent individuals from developing severe disease and death from the SARS-CoV-2 virus.

COVID-19 vaccines approved for use in Australia are given by injection into a muscle, usually into the deltoid muscle of the upper arm. There is nothing taken from your body, including your DNA. COVID-19 vaccines also cannot alter your genes or DNA.

MISINFORMATION COVID-19 vaccines cause infertility.

FACT There is no scientific evidence to support that any of the COVID-19 vaccines currently approved by the TGA cause sterilisation and/or infertility. The TGA will not approve a vaccine for use in Australia unless it is safe and effective. This includes impacts on fertility. The COVID-19 vaccine, like other vaccines, works by training our bodies to develop antibodies to fight against the virus that causes COVID-19, to prevent future illness. There is currently no evidence that antibodies formed from COVID-19 vaccination cause any problems with pregnancy, including the development of the placenta.

MISINFORMATION COVID-19 vaccines alter your DNA.

FACT COVID-19 vaccines do not alter your DNA. The vaccines work with the body's natural defences to help develop immunity to COVID-19 disease.

There are 3 COVID-19 vaccines currently approved and in use in Australia – the Pfizer vaccine and Moderna vaccine which use an mRNA platform, and the AstraZeneca vaccine which uses a viral vector platform.

Vector vaccines use a harmless, weakened animal virus that contains the genetic code for a protein unique to the coronavirus, usually the spike protein, while mRNA vaccines use a genetic code called RNA to spark the production of the coronavirus' specific spike protein. Neither vaccine can change your DNA.

A common COVID-19 vaccine myth falsely claims that mRNA vaccines can change your DNA, which is not true. mRNA vaccines use a genetic code called RNA to prompt the production of the coronavirus' specific spike protein. Once the mRNA enters the body's cells, the cells use the instructions contained in the RNA to make the spike protein. The cells display the spike protein on their surface and break down the mRNA that was delivered by the vaccine. Immune cells then recognise the spike protein as foreign and begin building an immune response against it. The RNA from the vaccine does not change or interact with our DNA in any way.

MISINFORMATION COVID-19 vaccines can connect you to the internet, Wi-Fi, 5G or Bluetooth.

FACT COVID-19 vaccines do not, and cannot, connect you to the internet, Wi-Fi, 5G, Bluetooth, or enable any sort of wireless connectivity.

Some of the mRNA vaccines being developed include the use of a material called a hydrogel, which might help disperse the vaccine slowly into our cells. Bioengineers have used similar hydrogels for many years in different ways. For instance, they've used them to help stem cells survive after being put inside our bodies. Because of this, some people believe that hydrogels are needed for electronic implants, which can connect to the internet.

The Pfizer/BioNTech vaccine (Comirnaty) does not use hydrogels as a component. The Pfizer/BioNTech vaccine contains a piece of mRNA which is coated in a lipid (fatty) droplet. The lipid helps the vaccine enter our cells, as the membrane holding our cells together is

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also made mostly of lipid. The vaccine and the membrane can fuse easily, depositing the mRNA inside the cell.

MISINFORMATION COVID-19 vaccines contain a microchip or form of tracking technology.

FACT The approved COVID-19 vaccines do not contain any form of software or microchips. They cannot be used to track people.

The Product Information available on the TGA website lists all ingredients in each vaccine. The TGA undertakes batch testing of all vaccines prior to use to ensure quality and monitor if any safety concerns arise.

MISINFORMATION COVID-19 vaccines give you COVID-19.

FACT None of the approved vaccines in Australia contain the live virus. This means they cannot give you COVID-19.

Some of the side effects from COVID-19 vaccinations, such as fever and fatigue can mimic the symptoms of COVID-19. These symptoms are normal and are a sign that the body is building protection against the virus that causes COVID-19.

It usually takes your body a minimum of 2 weeks to begin build immunity (protection against the virus that causes COVID-19) after each dose of the vaccine. That means it's possible a person could be infected with COVID-19 just before or just after vaccination and still get sick.

It is also possible for a person to become infected with COVID-19 even when they are fully vaccinated, but it is significantly less likely.

It is important that you get both doses of the vaccine and ensure that you isolate and get tested if you have any COVID-19 symptoms.

MISINFORMATION COVID-19 vaccines can 'shed' to affect those unvaccinated.

FACT COVID-19 vaccines do not 'shed' to affect unvaccinated people. This is not possible. Such shedding can only occur with vaccines that use weakened, live forms of the virus. None of the COVID-19 vaccines approved for use in Australia have live forms of coronavirus.

MISINFORMATION The COVID-19 vaccine does not work against mutated strains of coronavirus.

FACT All viruses, including SARS-CoV-2, change over time as part of their natural evolution. There have been reports in media recently about new variants of the virus, such as the Delta and Omicron variant. This does not mean the vaccines won't be effective on new variants.

All the vaccines that are currently approved for use in Australia and other countries have demonstrated they are highly effective in preventing severe illness from any variant of the SARS-CoV-2 virus that have emerged so far.

The TGA continue to closely look at this as part of their approval and monitoring processes. It may mean people need booster shots like tetanus and whooping cough, or it may mean we need to be vaccinated again – like we are for the flu vaccine each year. Researchers are still investigating this, but they do know the virus has not mutated enough to make current vaccines ineffective.

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MISINFORMATION People who have had COVID-19 and recovered don't need to get vaccinated.

FACT Even if you have already had COVID-19, it is recommended you should get the COVID-19 vaccine.

Natural infection with SARS-CoV-2 virus stimulates immunity to offer some protection against reinfection, but the strength of the immune response and length of time that the protection lasts is still being actively researched around the world.

Due to the severe health risks associated with COVID-19, and the fact that reinfection and onward transmission of the virus is possible, those who have already had COVID-19 still need to have a COVID-19 vaccine to boost their immune system.

Australia's medical response

MISINFORMATION Australia can't obtain enough medical equipment and supplies (ventilators, masks, testing kits).

FACT Australia has plenty of personal protective equipment available, with more being produced in Australia and delivered to Australia all the time.

Advisory committees to the Australian Government, including the Communicable Diseases Network Australia and the Public Health Laboratory Network, meet frequently. They continually reassess the guidance on COVID-19 testing approaches and requirements, to ensure that essential testing is conducted to support our public health response to the COVID-19 pandemic, and there is a continuity of testing supplies, personal protective equipment and other medical supplies.

MISINFORMATION Australia's hospitals won't be able to cope with increased demand due to COVID-19.

FACT Australia has a world-class health system that is well placed to meet additional demand during the COVID-19 pandemic if required. This includes the capacity for additional hospital beds, medical equipment, supplies, and medical staff through a partnership between the Australian Government, state and territory governments and the private health sector.

Testing and treatment

MISINFORMATION Hydroxychloroquine, ivermectin, doxycycline, and zinc are safe and effective COVID-19 treatments and/or cures.

FACT The Australian Government is closely monitoring worldwide research into COVID-19 treatments and cures. COVID-19 vaccinations remain the most effective way to prevent the development of COVID-19 symptoms and protect against severe disease.

There is currently insufficient evidence to support the safe and effective use of ivermectin, doxycycline and zinc (either separately, or in combination) for the prevention or treatment of COVID-19.

Australia's National COVID-19 Clinical Evidence Taskforce does not recommend the use of hydroxychloroquine, ivermectin, doxycycline or zinc for the treatment of COVID-19.

The use of hydroxychloroquine (with or without zinc) for the treatment of COVID-19 is not recommended outside of randomised trials with ethical approval. Hydroxychloroquine has well known risks that can result in heart attacks, eye damage and severe depletion of blood sugar levels (potentially leading to a coma).

MISINFORMATION PCR (polymerase chain reaction) tests to detect COVID-19 are unreliable and cannot distinguish coronavirus from other illnesses, such as the common cold and influenza.

FACT In Australia, nucleic acid amplification (NAA) tests using polymerase chain reaction (PCR) on a respiratory sample collected by a throat and nasal swab is the gold standard test to diagnose viral infections (for example, COVID-19 and influenza). This test method is very sensitive and detects fragments that are specific to the viruses (that is SARS-CoV-2 or any other viruses). PCR testing has been approved for use and continues to be monitored by pathology laboratories both locally and internationally to ensure a high testing and performance standard is met.

Some people have misunderstood the change in testing advice from the United States Centers for Disease Control and Prevention that provided advice on the use of PCR tests that incorporate multiple pathogen targets for different viral causes of respiratory infections. For example, these tests can diagnose infections like COVID-19 and influenza at the same time and correctly differentiate between the two. This happens regularly and has been standard practice in Australia since the advent of these PCR tests which incorporate multiple targets. In Australia, it's common to use PCR tests which will correctly detect influenza viruses, parainfluenza viruses, Human Metapneumovirus, Respiratory Syncytial virus as well as others including some of the commonly circulating human coronaviruses which were circulating before SARS-CoV-2.

MISINFORMATION Testing everyone will stop the spread of COVID-19.

FACT Testing does not stop the spread of the COVID-19.

Diagnostic testing plays a critical role in defining the epidemiology of the disease, informing case and contact management, and ultimately in reducing viral transmission. The COVID-19 vaccine is the best way to stop the spread of COVID-19 in the community.

Testing negative to COVID-19, however, does not mean you are not at risk, or a risk to others. It is important to note that no test is 100% accurate in all circumstances. Diagnostic tests may not always detect the virus when it is present in low levels. For example, after initial infection with SARS-CoV-2, it takes a number of days for the virus to be detected by PCR, roughly 2–3 days before symptoms become apparent. Testing during the start of infection may return a negative result, even when an individual is infected with SARS-CoV-2. Currently, there is no test that will reliably detect the virus during the beginning of infection when a person is asymptomatic. There is also no test that can reliably detect whether an individual is infectious.

It is important to practise good hygiene, physical distancing, and to stay at home when feeling unwell. These actions, together with targeted testing, are assisting to prevent the transmission of COVID-19 and other infectious diseases, reducing demand on the Australian health system.

The Australian Government continues to recommend that testing strategies, including workplace screening programs for asymptomatic people, be developed in consultation with relevant public health authorities. For more information on the Australian Government's position on widespread asymptomatic testing, please see the [Department of Health's website](#).

MISINFORMATION Testing kits are not accurate.

FACT In Australia, we use 2 types of tests to detect SARS-CoV-2:

1. RT-PCR (reverse transcription polymerase chain reaction)
2. RAT (rapid antigen testing)

Both test if the SARS-CoV-2 virus is present in your throat, nose, nasal secretions or saliva.

PCR tests are better at detecting the presence of the SARS-CoV-2 virus and are currently used for confirming a diagnosis of COVID-19. PCR tests can detect the virus early in its infection, and can sometimes even detect the virus before a person becomes unwell.

Laboratory-based PCR tests are high-throughput although complicated to do. They need specialist scientists to run the tests in a laboratory. Some low-throughput point-of-care PCR tests are available for specific settings, such as emergency departments and remote areas.

Rapid antigen tests work by detecting the presence of specific proteins of the virus. They are most accurate when used to test people who have symptoms.

Rapid antigen tests are generally best performed within the first 7 days after symptoms first appear. They are not as accurate if you do not have symptoms and can produce false negative or false positive results.

Most rapid antigen tests produce a result within 10–20 minutes.

If you have a positive RAT at home, you do not have to get a PCR test at a testing clinic to confirm that result.

The Therapeutic Goods Administration (TGA) assesses and approves all testing methods used in Australia. The TGA applies strict performance criteria to ensure tests are effective and reliable.

For up-to-date information on which COVID-19 tests are included on the Australian Register of Therapeutic Goods, please visit TGA's website at: www.tga.gov.au

Lockdown and masks

MISINFORMATION A period of 'lockdown' will stop the spread of COVID-19.

FACT Imposing restrictions and a period of lockdown and then lifting such restrictions to return to our 'normal lives' will not stop the spread of COVID-19 entirely. However lockdowns do help reduce the rate of transmission of COVID-19 in the community.

The most effective way to help slow the spread of COVID-19 is to get the COVID-19 vaccine, wear a mask, maintain physical distancing, practice good hand and respiratory hygiene, stay at home and get tested if you feel unwell.

A significant number of people with COVID-19 have either mild symptoms or are asymptomatic during the infectious period. A short two-week lockdown period risks those that are asymptomatic with COVID-19 to unknowingly expose other people to the virus upon the lockdown's lifting.

Lockdowns also support State and Territory Government's to conduct contact tracing. Health experts continue monitoring the number of new cases each day in Australia and where community transmission is occurring. Recommendations will be made based on the evidence as to any new rules or restrictions that need to be enforced. Everyone should stay up-to-date with current restrictions by visiting www.australia.gov.au

MISINFORMATION Masks are ineffective against COVID-19 and/or are unsafe to use.

FACT Masks are a key measure to suppress transmission of COVID-19. Masks should be used as part of a comprehensive approach that includes physical distancing, avoiding crowded, closed and close-contact settings, good ventilation, cleaning hands, covering sneezes and coughs, and more. A mask is not a substitute for physical distancing.

Masks are a simple barrier to help prevent your respiratory droplets from reaching others. Studies show that masks reduce the spray of droplets when worn over the nose and mouth. Depending on the type, masks can be used for either protection of healthy persons or to prevent onward transmission.

There is no evidence that wearing a mask is unsafe or that it leads to problems such as lack of oxygen or increased inhalation of carbon dioxide (CO₂). Health care providers have worn masks for extended periods of time for many years without such problems.

All healthcare workers should follow standard and transmission-based precautions as described in the Australian Guidelines for the Prevention and Control of Infection in Healthcare. The National COVID-19 Clinical Evidence Taskforce provided a consensus recommendation that all healthcare workers providing direct patient care or working within the patient/client/resident zone for individuals with suspected or confirmed COVID-19 should have access to P2/N95 respirators.

Access this website regularly to stay informed about key developments in the Australian Government's response to COVID-19. [SBS](#) also has a range of information on COVID-19 in your language. You can also use mobile phone apps and browser extensions to translate government information. Search for one that meets your needs. To access additional information in English, visit www.australia.gov.au.

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s. 22(1)(a)(ii)

From s. 47F(1) @health.gov.au
Sent: Thursday, 15 September 2022 11:53 AM
To s. 22(1)(a)(ii) homeaffairs.gov.au; s. 22(1)(a)(ii) s. 22(1)(a)(ii) HOMEAFFAIRS.GOV.AU>
Cc s. 22(1)(a)(ii) @homeaffairs.gov.au; s. 22(1)(a)(ii) s. 22(1)(a)(ii)@homeaffairs.gov.au; s. 47F(1) @Health.gov.au; s. 47F(1) @health.gov.au; s. 47F(1) @health.gov.au
Subject: RE: Misinformation and truths about coronavirus factsheet [SEC=OFFICIAL]

Hi team

Sorry for the delay on this one. The fact sheet has been reviewed by the medical experts in the Department. Can you please let us know if you are happy with the changes before we progress for translation?

Thanks
s. 47F(1)

From: s. 47F(1)
Sent: Thursday, 1 September 2022 11:38 AM
To: s. 22(1)(a)(ii) <[redacted]@homeaffairs.gov.au>; s. 22(1)(a)(ii) <[redacted]@HOMEAFFAIRS.GOV.AU>
Cc: s. 22(1)(a)(ii) <[redacted]@homeaffairs.gov.au>; s. 22(1)(a)(ii) <[redacted]@homeaffairs.gov.au>; s. 47F(1) <[redacted]@health.gov.au>; s. 47F(1) <[redacted]@health.gov.au>; s. 47F(1) <[redacted]@health.gov.au>
Subject: RE: Misinformation and truths about coronavirus factsheet [SEC=OFFICIAL]

Good morning s. 22(1)(a)(ii)

Thank you for sending through the annotated fact sheet. Just to keep you updated, it is currently being reviewed by our Health and Medical experts in the Department.

We will come back to you with any questions.

Kind regards
s. 47F(1)

s. 22(1)(a)(ii)



Misinformation and truths about coronavirus (COVID-19)

As Australia continues to respond to the COVID-19 pandemic, we face the challenge of navigating large amounts of information related to the virus. Some of this information may be false and potentially harmful. This is called misinformation.

Misinformation can spread widely and quickly and make it difficult for the public to identify verified facts and advice from misinformation.

With new COVID-19 updates and developments occurring daily, it's normal to have questions or concerns, and possibly feel hesitant about COVID-19 and getting vaccinated. This document aims to provide accurate, evidence-based answers to commonly asked questions and misinformation relating to COVID-19 vaccines.

For the latest updates and recommendations please visit www.health.gov.au or <https://covid19inlanguage.homeaffairs.gov.au/>

Covid-19 is a hoax

MISINFORMATION COVID-19 is a hoax.

FACT COVID-19 is caused by a novel coronavirus (SARS-CoV-2), which is part of a large family of viruses that can lead to respiratory infections in both humans and animals. These infections can range from the common cold to more serious illness. COVID-19 is spread between people by respiratory droplets and via contaminated surfaces.

Multiple scientific studies across the world demonstrate that highly reputable laboratory medicine experts have isolated and sequenced the virus that causes COVID-19, demonstrating that the virus exists, that it is different from the influenza virus, and that it causes a disease that has resulted in more than 5.3 million deaths worldwide in just over 23 months.

Australia is fortunate to be supported by an expert network of public and private pathology laboratories with the capability and appropriate accreditation to detect and confirm SARS-CoV-2. Scientists at the Victorian Infectious Diseases Reference Laboratory (VIDRL) at the Peter Doherty Institute for Infection and Immunity were the first to isolate SARS-CoV-2. This important information was immediately shared with local and overseas laboratories and also provided scientific evidence for the existence of this deadly virus.

Information on the number of people with COVID-19 and the number of deaths from the disease is collected in Australia and around the world. You can check the daily COVID-19 Australia-related data at www.health.gov.au

Vaccines

MISINFORMATION COVID-19 vaccines were developed too quickly, were not properly tested and are unsafe.

FACT COVID-19 vaccines have been developed rapidly without compromising quality, safety, and effectiveness. Researchers around the world have been working hard to develop COVID-19 vaccines from the earliest stages of the pandemic. They have been able to

speed up development of vaccines thanks to the collaboration between scientists, manufacturers, and distributors.

Unprecedented global funding has allowed for the development and implementation planning phases of COVID-19 vaccines to be run side-by side, instead of one after the other. Most of the COVID-19 vaccines being developed have now included tens of thousands of people in their clinical trials.

In addition, research into how to respond to a pandemic had been occurring well before COVID-19. This research looks at data from previous coronaviruses such as SARS in 2002 and MERS in 2012, giving researchers a head start when it comes to building the COVID-19 vaccines.

In Australia, the Therapeutic Goods Administration (TGA) rigorously assesses the potential COVID-19 vaccines prior to approval for use for safety, quality, and effectiveness. The TGA is continually monitoring the safety of the COVID-19 vaccines and they also check each COVID-19 vaccine batch to make sure it meets the same quality standards.

MISINFORMATION COVID-19 vaccines are dangerous, and more people will die from adverse side effects of the vaccine than COVID-19 itself.

FACT The benefits of the COVID-19 vaccines far outweigh their risks. Clinical trials of the Pfizer/BioNTech (Comirnaty), Spikevax (Moderna), AstraZeneca (Vaxzevria) and Novavax (Nuvaxovid) vaccines have shown to be effective in preventing the development of COVID-19 symptoms and protection against severe disease.

Common side effects of vaccination include fatigue, headache, body aches and fever. More severe, but rare, side effects include anaphylaxis, pericarditis (inflammation of the lining around the heart), myocarditis (inflammation of the heart), and thrombosis with thrombocytopenia syndrome (TTS).

Myocarditis is a very rare side effect of the Pfizer and Moderna COVID-19 vaccines. It is usually temporary, with most people getting better within a few days. Myocarditis is reported in around 1-2 in every 100,000 people who receive the Pfizer vaccine and around 2 in every 100,000 people who receive the Moderna vaccine. It is more common after the second dose in boys aged 12-17 years (13-21 cases per 100,000 people who receive these vaccines) and in men aged under 30 years (9-22 cases per 100,000 people).

TTS or Vaccine Induced thrombotic thrombocytopenia (VITT), is a very rare newly identified condition associated with the COVID-19 vaccine AstraZeneca that has a different mechanism to other causes of thrombosis (blood clots). Among case reports, there are no known markers for increased risk for TTS. TTS involves blood clots (thrombosis) and low levels of blood platelets (thrombocytopenia) that can occur in different parts of the body. It has been reported in about 2 in every 100,000 vaccinated people following the first dose and 0.3 in every 100,000 vaccinated people after the second dose.

Vaccines can lead to death in extremely rare instances. However, most deaths that occur after vaccination are not caused by the vaccine. The TGA closely reviews all deaths reported in the days and weeks after COVID-19 vaccination. Since the beginning of the COVID-19 vaccine rollout to 21 August 2022, about 63 million doses of COVID-19 vaccines have been given in Australia. The TGA has identified 13 reports where the cause of death was likely linked to vaccination. Of these, 8 were associated with TTS, 2 were linked with Guillain Barre syndrome, 2 related to very rare conditions involving the nervous system, and one was a case of immune thrombocytopenia (ITP). There have been no deaths in children or people aged under 34 years.

If you do experience a side effect from a vaccine, seek assistance from a health professional and report it to the TGA (phone: 1300 134 237).

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MISINFORMATION The COVID-19 vaccine rollout is a cover to collect your DNA.

FACT There is not, and has never been, any intent to collect DNA during the vaccination process.

The objective of the Australian Government's COVID-19 vaccine rollout is to protect the health of Australians, providing COVID-19 vaccines to prevent individuals from developing severe disease and death from the SARS-CoV-2 virus.

COVID-19 vaccines approved for use in Australia are given by injection into a muscle, usually into the deltoid muscle of the upper arm. There is nothing taken from your body, including your DNA. COVID-19 vaccines also cannot alter your genes or DNA.

MISINFORMATION COVID-19 vaccines cause infertility.

FACT There is no scientific evidence to support that any of the COVID-19 vaccines currently approved by the TGA cause sterilisation and/or infertility. The TGA will not approve a vaccine for use in Australia unless it is safe and effective. This includes impacts on fertility. The COVID-19 vaccine, like other vaccines, works by training our bodies to develop antibodies to fight against the virus that causes COVID-19, to prevent future illness. There is currently no evidence that antibodies formed from COVID-19 vaccination cause any problems with pregnancy, including the development of the placenta.

MISINFORMATION COVID-19 vaccines alter your DNA.

FACT COVID-19 vaccines do not alter your DNA. The vaccines work with the body's natural defences to help develop immunity to COVID-19 disease.

There are 4 COVID-19 vaccines currently approved and in use in Australia – the Pfizer vaccine and Moderna vaccine which use an mRNA platform, the AstraZeneca vaccine which uses a viral vector platform, and the Novavax vaccine which is a protein-based vaccine.

Vector vaccines use a harmless, weakened animal virus that contains the genetic code for a protein unique to the coronavirus, usually the spike protein, while mRNA vaccines use a genetic code called RNA to spark the production of the coronavirus' specific spike protein. Neither vaccine can change your DNA.

A common COVID-19 vaccine myth falsely claims that mRNA vaccines can change your DNA, which is not true. mRNA vaccines use a genetic code called RNA to prompt the production of the coronavirus' specific spike protein. Once the mRNA enters the body's cells, the cells use the instructions contained in the RNA to make the spike protein. The cells display the spike protein on their surface and break down the mRNA that was delivered by the vaccine. Immune cells then recognise the spike protein as foreign and begin building an immune response against it. The RNA from the vaccine does not change or interact with our DNA in any way.

MISINFORMATION COVID-19 vaccines can connect you to the internet, Wi-Fi, 5G or Bluetooth.

FACT COVID-19 vaccines do not, and cannot, connect you to the internet, Wi-Fi, 5G, Bluetooth, or enable any sort of wireless connectivity.

Some of the mRNA vaccines being developed include the use of a material called a hydrogel, which might help disperse the vaccine slowly into our cells. Bioengineers have used similar hydrogels for many years in different ways. For instance, they've used them to help stem cells survive after being put inside our bodies. Because of this, some people believe that hydrogels are needed for electronic implants, which can connect to the internet.

The Pfizer/BioNTech vaccine (Comirnaty) does not use hydrogels as a component. The Pfizer/BioNTech vaccine contains a piece of mRNA which is coated in a lipid (fatty) droplet.

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The lipid helps the vaccine enter our cells, as the membrane holding our cells together is also made mostly of lipid. The vaccine and the membrane can fuse easily, depositing the mRNA inside the cell.

MISINFORMATION COVID-19 vaccines contain a microchip or form of tracking technology.

FACT The approved COVID-19 vaccines do not contain any form of software or microchips. They cannot be used to track people.

The Product Information available on the TGA website lists all ingredients in each vaccine. The TGA undertakes batch testing of all vaccines prior to use to ensure quality and monitor if any safety concerns arise.

MISINFORMATION COVID-19 vaccines give you COVID-19.

FACT None of the approved vaccines in Australia contain the live virus. This means they cannot give you COVID-19.

Some of the side effects from COVID-19 vaccinations, such as fever and fatigue can mimic the symptoms of COVID-19. These symptoms are normal and are a sign that the body is building protection against the virus that causes COVID-19.

It usually takes your body a minimum of 2 weeks to begin build immunity (protection against the virus that causes COVID-19) after each dose of the vaccine. That means it's possible a person could be infected with COVID-19 just before or just after vaccination and still get sick.

It is also possible for a person to become infected with COVID-19 even when they are fully vaccinated, but it is significantly less likely.

It is important that you get both doses of the vaccine and ensure that you isolate and get tested if you have any COVID-19 symptoms.

MISINFORMATION COVID-19 vaccines can 'shed' to affect those unvaccinated.

FACT COVID-19 vaccines do not 'shed' to affect unvaccinated people. This is not possible. Such shedding can only occur with vaccines that use weakened, live forms of the virus. None of the COVID-19 vaccines approved for use in Australia have live forms of coronavirus.

MISINFORMATION The COVID-19 vaccine does not work against mutated strains of coronavirus.

FACT All viruses, including SARS-CoV-2, change over time as part of their natural evolution. This does not mean the vaccines won't be effective on new variants.

All the vaccines that are currently approved for use in Australia have demonstrated they are highly effective in preventing severe illness from any variant of the SARS-CoV-2 virus that have emerged so far.

The TGA continue to closely look at this as part of their approval and monitoring processes. It may mean people need booster shots like tetanus and whooping cough, or it may mean we need to be vaccinated again – like we are for the flu vaccine each year. Researchers are still investigating this, but they do know the virus has not mutated enough to make current vaccines ineffective.

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MISINFORMATION People who have had COVID-19 and recovered don't need to get vaccinated.

FACT Even if you have already had COVID-19, it is recommended you should get the COVID-19 vaccine.

Natural infection with SARS-CoV-2 virus stimulates immunity to offer some protection against reinfection, but the strength of the immune response and length of time that the protection lasts is still being actively researched around the world.

Due to the severe health risks associated with COVID-19, and the fact that reinfection and onward transmission of the virus is possible, those who have already had COVID-19 still need to have a COVID-19 vaccine to boost their immune system.

Australia's medical response

MISINFORMATION Australia's hospitals won't be able to cope with increased demand due to COVID-19.

FACT Australia has a world-class health system that is well placed to meet additional demand during the COVID-19 pandemic if required. This includes the capacity for additional hospital beds, medical equipment, supplies, and medical staff through a partnership between the Australian Government, state and territory governments and the private health sector.

Testing and treatment

MISINFORMATION Hydroxychloroquine, ivermectin, doxycycline, and zinc are safe and effective COVID-19 treatments and/or cures.

FACT The Australian Government is closely monitoring worldwide research into COVID-19 treatments and cures. COVID-19 vaccinations remain the most effective way to prevent the development of COVID-19 symptoms and protect against severe disease.

There is currently insufficient evidence to support the safe and effective use of ivermectin, doxycycline and zinc (either separately, or in combination) for the prevention or treatment of COVID-19.

Australia's National COVID-19 Clinical Evidence Taskforce does not recommend the use of hydroxychloroquine, ivermectin, doxycycline or zinc for the treatment of COVID-19.

The use of hydroxychloroquine (with or without zinc) for the treatment of COVID-19 is not recommended outside of randomised trials with ethical approval. Hydroxychloroquine has well known risks that can result in heart attacks, eye damage and severe depletion of blood sugar levels (potentially leading to a coma).

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MISINFORMATION PCR (polymerase chain reaction) tests to detect COVID-19 are unreliable and cannot distinguish coronavirus from other illnesses, such as the common cold and influenza.

FACT In Australia, nucleic acid amplification (NAA) tests using polymerase chain reaction (PCR) on a respiratory sample collected by a throat and nasal swab is the gold standard test to diagnose viral infections (for example, COVID-19 and influenza). This test method is very sensitive and detects fragments that are specific to the viruses (that is SARS-CoV-2 or any other viruses). PCR testing has been approved for use and continues to be monitored by pathology laboratories both locally and internationally to ensure a high testing and performance standard is met.

Some people have misunderstood the change in testing advice from the United States Centers for Disease Control and Prevention that provided advice on the use of PCR tests that incorporate multiple pathogen targets for different viral causes of respiratory infections. For example, these tests can diagnose infections like COVID-19 and influenza at the same time and correctly differentiate between the two. This happens regularly and has been standard practice in Australia since the advent of these PCR tests which incorporate multiple targets. In Australia, it's common to use PCR tests which will correctly detect influenza viruses, parainfluenza viruses, Human Metapneumovirus, Respiratory Syncytial virus as well as others including some of the commonly circulating human coronaviruses which were circulating before SARS-COV-2.

MISINFORMATION Testing everyone will stop the spread of COVID-19.

FACT Testing does not stop the spread of the COVID-19.

Diagnostic testing plays a critical role in defining the epidemiology of the disease, informing case and contact management, and ultimately in reducing viral transmission. The COVID-19 vaccine is the best way to stop the spread of COVID-19 in the community.

Testing negative to COVID-19, however, does not mean you are not at risk, or a risk to others. It is important to note that no test is 100% accurate in all circumstances. Diagnostic tests may not always detect the virus when it is present in low levels. For example, after initial infection with SARS-CoV-2, it takes a number of days for the virus to be detected by PCR, roughly 2–3 days before symptoms become apparent. Testing during the start of infection may return a negative result, even when an individual is infected with SARS-CoV-2. Currently, there is no test that will reliably detect the virus during the beginning of infection when a person is asymptomatic. There is also no test that can reliably detect whether an individual is infectious.

It is important to practise good hygiene, physical distancing, and to stay at home when feeling unwell. These actions, together with targeted testing, are assisting to prevent the transmission of COVID-19 and other infectious diseases, reducing demand on the Australian health system.

The Australian Government continues to recommend that testing strategies, including workplace screening programs for asymptomatic people, be developed in consultation with relevant public health authorities. For more information on the Australian Government's position on widespread asymptomatic testing, please see the [Department of Health's website](#).

MISINFORMATION Testing kits are not accurate.

FACT In Australia, we use 2 types of tests to detect SARS-CoV-2:

1. RT-PCR (reverse transcription polymerase chain reaction)
2. RAT (rapid antigen testing)

Both test if the SARS-CoV-2 virus is present in your throat, nose, nasal secretions or saliva.

PCR tests are better at detecting the presence of the SARS-CoV-2 virus and are currently used for confirming a diagnosis of COVID-19. PCR tests can detect the virus early in its infection, and can sometimes even detect the virus before a person becomes unwell.

Laboratory-based PCR tests are high-throughput although complicated to do. They need specialist scientists to run the tests in a laboratory. Some low-throughput point-of-care PCR tests are available for specific settings, such as emergency departments and remote areas.

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FACT Imposing restrictions and a period of lockdown and then lifting such restrictions to return to our 'normal lives' does not stop the spread of COVID-19 entirely. However lockdowns do help reduce the rate of transmission of COVID-19 in the community.

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Lockdowns also support State and Territory Governments to conduct contact tracing. Health experts continue monitoring the number of new cases each day in Australia and where community transmission is occurring. Recommendations are made based on the evidence as to any new rules or restrictions that need to be enforced. Everyone should stay up-to-date with current restrictions by visiting www.australia.gov.au

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