State government ends Brisbane lockdown as Australia's vaccine rollout is in a shambles

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The Queensland Labor government yesterday ended a three-day lockdown of Brisbane that it had announced on Sunday in response to the spread of the highly infectious B117 "UK" variant of COVID-19 in the state capital.

In a press conference announcing that there would be no extension of the lockdown, Queensland Premier Annastacia Palaszczuk and Chief Health Officer Dr Jeannette Young invoked low case numbers to justify the decision. After at least seventeen local infections were detected in the first several days of the outbreak, just one new case was confirmed yesterday from more than 30,000 tests and none were reported this morning.

State authorities, however, had widely been tipped to continue the lockdown, regardless of infection levels. The three-day partial shutdown was well under the two-week incubation period of the virus, and it is highly likely that the UK variant is continuing to circulate in the community. Even if this is currently at a low level, the situation could change rapidly, as it did in Britain and much of Western Europe at the beginning of the year, when limited transmission of the more infectious strains quickly mushroomed into mass outbreaks.

Clearly, the ending of the lockdown was not solely, or even primarily a public health decision. It was a political response to the furious reaction to the restrictions from the corporate and financial elite.

As has occurred previously, the announcement of the lockdown was met by condemnations from the financial press, which presented the measure as an "overreaction."

Small businesspeople and tourism lobbyists were then provided with a platform to denounce the "outrageous" and "unacceptable" prioritisation of public health over their operations, even though Palaszczuk only instituted the lockdown belatedly, as evidence that the virus was spreading became indisputable. And finally, in the lead up to yesterday's announcement, various corporate outlets published articles along the lines of "fingers crossed for the end of the Brisbane lockdown before Easter."

This was presented as an expression of concern for the family gatherings and social activities of ordinary people. But the obvious motive was to ensure maximum profit-making activities over the long-weekend, which has been presented for weeks as a potential bonanza, especially in the tourism sector.

The consequence is a government policy characterised by almost total recklessness.

Young and other officials have stated that the outbreaks are not yet "cleared," but the government is encouraging masses of people to travel across Queensland and elsewhere in the country, as well as to gather in large numbers at Easter celebrations within Brisbane. As many as 30 people can attend a house gathering and up to 500 can congregate outdoors.

Palaszczuk even brought forward the ending of the lockdown from 5 p.m. to midday, so that people could "get on the road" and begin their Easter travels. Camping sites are already at 70 percent capacity and are expected to swell today and tomorrow. To the extent that the virus remains present in the community, these policies will only ensure its further spread.

In an article on the *Conversation* website, Hassan Vally, an associate professor at La Trobe University, noted that the lockdown was ended under conditions in which "we still don't know exactly how the clusters that lead to the lockdowns in the first place arose. We know the two separate health workers looking after two separate COVID cases at Brisbane's Princess Alexandra [PA] hospital had yet to be vaccinated at the time they became infected."

As of yesterday, the means by which the second cluster had begun was unknown. As if on cue, Queensland authorities said this morning that they had discovered the "missing link," claiming the infection originated with a previously undetected case of another nurse at PA

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hospital, who contracted the virus from the same returned traveller who had previously passed it on to another staff-member at the hospital.

The timing is fortuitous for Queensland authorities, serving to damp-down concerns over unknown chains of transmission. Even if the assertions are correct, there remain unanswered questions about why multiple health workers are contracting the virus. As Vally asked, "But were these health workers wearing the correct PPE? Were they infected via airborne transmission? We don't have the answers."

The absence of answers to these questions is particularly concerning, given that Chief Medical Officer Young said yesterday that there was an "extraordinary risk" of further outbreaks, with 82 active cases currently in Queensland hospitals, most among overseas travellers infected with the highly-infectious variants.

"What I'm concerned about is the amount of virus each person has," Young said. "They've got enormous amounts of virus. We didn't see that early in the pandemic. They were different variants. We know the risk is extraordinarily high and we are getting more and more of these extraordinarily high-risk patients in our hospitals." A "tiny, tiny error" could lead to a new outbreak.

Throughout the pandemic, most outbreaks in Australia have originated in hotel quarantines and in hospitals.

In the case of the former, hotels, with poor air-flow systems and no medical facilities, have been staffed by low-paid, untrained casuals, who have been thrust onto the frontlines of an unprecedented health crisis. Outbreaks in hospitals, especially during the Victorian outbreak last July–August, during which thousands of health workers were infected, have often involved apparent airborne transmission, which has been downplayed or denied by the authorities.

While many questions remain, the outbreaks have placed a spotlight on the shambolic character of Australia's vaccine rollout.

It has now been confirmed that the national plan to have administered four million vaccine doses over March fell short by 3.6 million. All residents of aged care and disability homes were to have received at least one dose by the end of last month. Only a third of such facilities have been provided with the vaccines. Just one tenth of the total have received the Pfizer vaccine, the others having been given the less effective AstraZeneca product.

In comments to the *Guardian*, Dr Sarah Russell, from the Aged Care Reform Now group, branded the rollout in the sector as a "shemozzle," adding, ""The commonwealth does not have the expertise or the experience to deliver services at this scale. "Given aged care is a high-risk population and the staff are mobile, I consider them a priority group along with hospitals."

The crisis-ridden character of the rollout has prompted conflict between state and federal governments. This week, it was revealed that the Queensland government had administered roughly 60 percent of the more than 100,000 doses that it has been provided. Federal Liberal-National government ministers accused the state authorities of "stockpiling." They responded by stating that they did not have confidence that future shipments, including of the Pfizer vaccine, would arrive on time.

There appear to be a number of factors underlying the shambles. It has occurred amid a rise in vaccine nationalism, including in Europe, where all of the vaccines delivered in Australia thus far have come from. Production at the CSL facility in Melbourne did not begin until late last month.

The gutting of the public sector, at the state and federal levels, including in health, has been revealed multiple times during the pandemic. In some states, such as Victoria, contact tracing units for infectious diseases had been reduced to a skeleton staff that numbered in the single digits, prior to 2020. The public infrastructure for a mass, coordinated and rapid program targeting the entire population, simply does not appear to exist.

As a consequence, much of the broader administration of the vaccine is to be conducted by general practitioners. A number of them have spoken to the media, expressing their dismay at their phone numbers being placed on government vaccine rollout websites, before they have even received any doses.

As has been the case internationally, the vaccine has been presented by the federal and state governments and the corporate media in Australia as a silver-bullet that renders lockdowns and other preventative measures unnecessary. Most restrictions throughout the country have been lifted and mass gatherings are proceeding, as politicians present the pandemic almost as a thing of the past. The outbreak in Queensland, however the immediate situation plays out, underscores the dangers.

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