

NC19CET Response to Media Watch inquiry 06/02/21

Comments to be attributed to A/Prof Julian Elliott, Executive Director, National COVID-19 Clinical Evidence Taskforce (Bio attached)

Federal MP Craig Kelly has accused the task force of not being up to date with research on possible

covid 19 treatments. He told Andrew Bolt on Tuesday night on Sky News (in relation to ivermectin as a covid 19 treatment)... "...this mob, Andrew, have looked at less than 10% of the evidence. Their recommendations are simply not up to date!

He said to Sky News on 5 January, in relation to ivermectin as a covid 19 treatment and the covid task force "If these bureaucrats had've listened to Professor Borody 6 months ago, we wouldn't be in this mess and this chaos that we currently are."

What's your response to these comments from Mr Kelly and his allegations that the covid taskforce isn't making timely decisions about the treatments available for covid 19?

The Taskforce maintains daily surveillance of COVID-19 research and rapidly updates the national guidelines as new evidence becomes available.

Our guidelines are the most frequently updated in the world. This is the first time anywhere in the world that weekly updating of evidence-based national guidelines has been achieved.

The Taskforce guidance is based on rigorous scientific appraisal and clinical interpretation of the evidence and is developed following international best-practice methods as set out by the National Health Medical Research Council (NHMRC). Our recommendations are developed by more than 200 of Australia's leading clinical and evidence experts and approved by our 32-member national peak clinical bodies.

Mr Kelly made this comment in a podcast released this week, in relation to the media coverage of him and his promotion of ivermectin and hydroxychloroquine... "All these people have been denied access to these treatments because the media has said they don't work. Now if the media go back and go 'Hang on a minute, we actually got that wrong!' Well, hang on a minute, you got that wrong and all these people have died without having the option of the treatment. How the hell did you get it wrong?!" Is there any credibility to his claim that many people (with covid

19) have died because they haven't had access to "these treatments" (ivermectin and hydroxychloroquine)?

Our evidence surveillance has not identified any reliable evidence to support these claims.

As per globally-accepted standards for evidence synthesis and guideline development, the Taskforce always bases its recommendations on the best available evidence.

Based on currently available evidence, Taskforce guidelines include a strong recommendation that hydroxychloroquine should not be used for the treatment of COVID-19. There is very strong evidence from 11 randomised controlled trials that hydroxychloroquine is not effective for the treatment of COVID-19 and can be potentially harmful.

(HCQ recommendation can be found here on our guidelines platform)

There is limited high quality evidence evaluating the effectiveness of ivermectin for treatment of COVID-19. Given this, the Taskforce recommends that ivermectin only be used in the context of randomised trials with appropriate ethical approval, from which reliable evidence on its effectiveness or otherwise could be generated. A number of trials are currently underway and when their results are published, the Taskforce will incorporate these trials into the evidence review and update the recommendation as appropriate.

(Ivermectin recommendation can be found <u>here</u> on our guidelines platform)

Mr Kelly has been questioning why both hydroxychloroquine and ivermectin aren't available in Australia as treatments for covid 19. What's the covid taskforce's current position on hydroxychloroquine and ivermectin as treatments for covid 19 and why?

As above

We understand that the covid task force has written to Mr Kelly in relation to his comments about treatments for covid 19. Why did the task force write to Mr Kelly and what did you say? Would it be possible to see your correspondence? Did you receive any reply from him?

The Taskforce received emails from Mr Kelly and responded with explanations of our processes and the evidence underpinning the national guideline recommendations, details of which are presented on our website.

Associate Professor Julian Elliott

Associate Professor Julian Elliott is the Executive Director of the National COVID-19 Clinical Evidence Taskforce, Lead for Evidence Systems at Cochrane, Senior Research Fellow at Cochrane Australia, and a physician in the Department of Infectious Diseases at the Alfred Hospital and Monash University.

A/Prof Elliott leads Cochrane's development of innovative global evidence systems, combining machine learning, artificial intelligence and citizen science to improve the production and impact of systematic reviews. He is also the co-founder and CEO of Covidence, a non-profit online platform enabling efficient systematic review production.

A/Prof Elliott's ongoing focus is the development and use of 'living evidence' to inform high quality, responsive and up-to-date health guidelines, policies and care around the world. Julian has served as a consultant to the World Health Organization (WHO), UNAIDS and the World Bank, and in 2017 received the Commonwealth Health Minister's Award for Excellence in Health and Medical Research in Australia.