



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.

MISINFORMATION: 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](#).

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 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.

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.

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](http://www.health.gov.au).

MISINFORMATION: 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.