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RACP Submission to the Parliamentary Inquiry into Long COVID and repeated COVID infections

November 2022

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 20,000 physicians and 9,000 trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients and the community.

We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

Executive Summary

The Royal Australasian College of Physicians (RACP) has been called on to sit on key advisory national and state/territory COVID-19 committees and taskforces, including the National COVID-19 Clinical Evidence Taskforce Steering Committee, and we welcome the opportunity to contribute to the Parliamentary Inquiry into Long COVID and repeated COVID infections. As demonstrated throughout the COVID-19 pandemic, the RACP is well placed to provide expert advice in Australia's COVID-19 recovery planning, particularly in relation to Long COVID and repeated COVID-19 infections (see **Appendix**).

During the global COVID-19 pandemic in 2020, reports began to emerge that some patients were experiencing persistent symptoms weeks or months following COVID-19 infection. In October 2021, the World Health Organization (WHO) officially recognised 'post-COVID-19' (the WHO's definition for Long COVID) as a clinical condition, with warnings to healthcare workers of an influx of patients with the condition following infection with the COVID-19 virus. Post-COVID-19 condition is defined by WHO as the illness that occurs in people who have a history of probable or confirmed SARS-CoV-2 infection; usually within three months from the onset; with symptoms and effects that last for at least two months. The symptoms and effects of post-COVID-19 condition cannot be explained by an alternative diagnosis[1]. The RACP recommends that the term 'post-COVID condition' be used when referring to Long COVID to align with the WHO guidance. Long COVID is used within this submission in line with the Inquiry Terms of Reference.

Estimates of the global prevalence of Long COVID range from about 5-50% of COVID cases:

- According to the WHO, current evidence indicates that approximately 10-20% of COVID-19 patients are impacted by Long COVID[2];
- A recent Dutch study indicates that 1 in 8 adults (12.7%) experience long-term symptoms due to COVID-19[3];
- A recent report from the United States of America (USA) Centers for Disease Control and Prevention, National Center for Health Statistics, indicates that 1 in 13 USA adults (7.5%) experience Long COVID[4]; and

[1] World Health Organization website. Online: https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-(covid-19)-post-covid-19-condition#:~:text=What%20is%20post%20COVID%2D19,they%20have%20had%20COVID%2D19 [last accessed 02/11/2022]
[2] Post COVID-19 Condition (Long COVID) [Internet]. World Health Organization. [last accessed: 02/11/2022]. Available from: https://www.who.int/europe/news-room/fact-sheets/item/post-covid-19-condition
[3] Ballering AV, van Zon SK, olde Hartman TC, Rosmalen JG. Persistence of somatic symptoms after COVID-19 in the Netherlands: An observational cohort study. *The Lancet*. 2022;400(10350):452–61.
[4] Nearly one in five American adults who have had COVID-19 still have "long covid". Centers for Disease Control and Prevention [Internet]. 2022 Jun.2022 [last accessed: 02/11/2022]. Available from: https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/20220622.htm#:~:text=For%20all%20U.S.%20adults%2C%20the,to%20their%20COVID%2D19%20infection

- A recent study by the Australian National University[5] reports that nearly 5% of Australian adults that have had COVID-19 have experienced symptoms lasting three months or more.

As of 21 October 2022, over 10.3 million cases of COVID-19 have been reported in Australia[6]. Omicron subvariants, including BA.4 and BA.5 responsible for the COVID-19 winter surge, appear to evade immunity despite high vaccination rates. Many Australians are no longer experiencing COVID-19 for the first time, but rather their second, third or fourth time. Should 5% of these cases go on to develop Long COVID, at least 500,000 will require assistance. Despite these estimates the response of health systems has been slow, variable and inadequate, and people are suffering from what is, in effect, a new disease.

A preliminary study in the USA based on the health records of more than 5.6 million people treated in the Veterans Affairs Health System, found that, compared with those with just one COVID-19 infection, those with two or more documented infections had more than twice the risk of death and three times the risk of being hospitalised within six months of their last infection. They also had higher risks for lung and heart problems, fatigue, digestive and kidney disorders, diabetes and neurologic problems[7].

It is essential that the Government take urgent action to adequately prepare for this next health crisis.

Recommendations

The RACP calls on the Australian Government to implement the following measures to mitigate the ongoing impacts of COVID-19 on the health system and healthcare workers:

- **Improved access to, and number of, general and Long COVID multidisciplinary clinics and inpatient hospital services**, especially for those living in regional, rural and remote locations, as well as First Nations communities. Leadership should be provided by key specialist physicians, such as rehabilitation physicians from the RACP Australasian Faculty of Rehabilitation Medicine, in liaison with Neurologists, Respiratory Physicians and Infectious Disease Physicians. Specialist occupational and environmental physicians from the RACP Australasian Faculty of Occupational and Environmental Medicine can also

[5] Biddle N, Korda R. The experience of COVID-19 in Australia, including long-COVID – Evidence from the COVID-19 Impact Monitoring Survey Series, August 2022. Australia: Australian National University, ANU Centre for Social Research and Methods National Centre for Epidemiology and Population Health; 2022. Available from: https://csrm.cass.anu.edu.au/sites/default/files/docs/2022/10/The_experience_of_COVID-19_in_Australia_-_For_web.pdf
[6] Australia: WHO coronavirus disease (covid-19) dashboard with vaccination data [Internet]. World Health Organization. [last accessed 02/11/2022]. Available from: https://covid19.who.int/region/wpro/country/au
[7] Al-Aly Z, Bowe B, Xie Y. Outcomes of SARS-COV-2 reinfection. 2022; DOI: https://doi.org/10.21203/rs.3.rs-1749502/v1

assess fitness for and promote return to work as a treatment for workers impacted by Long COVID.

- **Post-COVID monitoring supports,** inclusive of increased supports for Australians with post-COVID conditions**.** Ongoing supports to review individuals infected with COVID-19 at regular, ongoing intervals post initial infection, to assess lingering or persistent symptoms. Also need to ensure specialist physicians are supported to identify and manage the treatment of these conditions to ensure equitable patient access to specialists and health care services across the country.
- **Funding for clinical research** to investigate the long-lasting health effects of COVID-19 to support planning and provision of ongoing health care needs.
- **Establishment of a nationally consistent data collection approach for people experiencing post-COVID-19 symptoms**. A nationally consistent approach among states and territories to record post-COVID-19 data is needed to understand the public health needs and inform the development of policy and strategies to address this public health issue.
- **Be led by medical advice and use public health measures when needed.** The RACP supports improving building ventilation and establishing National Standards; the use of masks in public settings; COVID-19 vaccination; equitable access to Rapid Antigen Test (RATs), polymerase chain reaction (PCR) testing and antiviral treatments, and general measures such as staying home when unwell, physical distancing, hand hygiene and cough/sneeze etiquette. As part of this all Australians must be provided with up-to-date information that is accessible, easily understood, and consistent.
- **Providing appropriate levels of investment in staffing and infrastructure to meet current and projected health care demands directly and indirectly related to COVID-19**. This includes multidisciplinary acute, sub-acute, community and workplace-based health services, ambulatory care and rehabilitation services. There is a critical need to address post-acute COVID-19 conditions, reinfection, ongoing chronic health needs and management of sub-acute health conditions neglected due to the reallocation of resources to acute care during the COVID-19 crisis. Investment will be required across public and private hospital and community-based physician-led services, primary health care services and allied health providers. Education and processes are needed to optimise referral and liaison between these services and healthcare providers, particularly in non-metropolitan areas.

The remainder of this submission now addresses the Inquiry's Terms of Reference.

The patient experience in Australia of Long COVID and/or repeated COVID infections, particularly diagnosis and treatment

Long COVID diagnosis and subsequent treatment is complex due to the wide-ranging, multisystem impact and varying nature of symptoms between individuals. Knowledge about Long COVID is still emerging and therefore treatment and support options provided are limited at present. With no diagnostic test available, individuals are often left understandably frustrated as to how to manage their symptoms or where to seek assistance. Education, training and support for healthcare workers is needed to help identify and assist in the management of Long COVID and ensure that consistent, high-value care is provided to individuals impacted. RACP members have reported that it can be challenging to support individuals through recovery while ensuring that patients are not subjected to low-value testing, treatment and procedures. The RACP has undertaken much activity in this space which led to the establishment of Evolve[8], a flagship initiative led by physicians and the RACP. The initiative aims to support physicians to, safely and responsibly, phase out low-value tests, treatments and procedures, where appropriate; provide high-value care to patients based on evidence and expertise, and influence the best use of health resources, reducing wasted expenditure.

Communication and distribution of information to the Australian population, including the healthcare community, was a challenging experience during the early years of the pandemic and this challenge continues as focus turns to COVID-19 recovery measures. As knowledge about Long COVID is still developing, there has been less than ideal sharing of information about assessment, diagnosis and treatment to ensure healthcare workers are supported with patient care. There is also inconsistent post-COVID infection follow-up options to assess lingering symptoms for patients and often patients are discharged from hospital care without a follow-up or discharge care plan in place, or do not have a local doctor to continue management in primary care.

The experience of healthcare service providers supporting patients with Long COVID and/or repeated COVID infections

It is recognised that most post-COVID issues resolve and are managed via primary care. However, for ongoing or more severe issues, patients will require access to specialist multidisciplinary clinics or 'Long COVID clinics' run collaboratively across medical specialties. Examples are currently operational with respiratory and rehabilitation physicians leading the establishment of Long COVID clinics in Sydney, Melbourne, Canberra, Brisbane and Adelaide.

[8] Evolve. The Royal Australasian College of Physicians; [last accessed 10/11/2022]. Available from: https://evolve.edu.au/

The need for more Long COVID clinics has been highlighted by media coverage in August 2022 that patients were experiencing 5-month wait times[9]. There have also been further media reports of patients living in rural and remote areas being turned away from metropolitan-based clinics due to existing caseloads[10]. Funding to establish more Long COVID clinics around the country is needed to support the treatment and care of Long COVID patients, particularly those in rural and remote areas where access to healthcare is an existing issue.

The response to COVID-19 saw remarkable collaboration between the various healthcare sectors. This precedent provides a unique opportunity for health reform as the focus shifts from acute management towards recovery opportunities. These include greater collaboration between primary and tertiary healthcare sectors, as well as collaboration between the public and private health sectors. To effectively treat and manage this new disease it is vital that adequate funding is allocated to support health reforms required to meet the evolving needs of people now and into the future. The RACP would welcome the opportunity explore how the RACP can support the primary healthcare sector and community-based services to alleviate the burden that Long COVID and repeated COVID infections presents.

Many post-Covid conditions, including Long COVID, can be well managed by GPs and community allied health providers with support as needed from hospital-based, physician-led rehabilitation services. More funding for general rehabilitation services, and education of referrers and patients on the benefits and referral processes for these services would help relieve the burden on Long COVID clinics and ensure that patients can receive timely care when needed. In rural and remote areas, where direct funding of local specialist services may not be as feasible, funding should be available to support local services through strong linkages with larger specialist centres via outreach services or telehealth services.

Unfortunately, there remains a significant shortage of specialist physicians in many regional and remote areas, with disproportionate impact on many First Nations communities. Expanding the availability of regional and remote training opportunities for medical students and non-GP specialist training and continuing to build the specialist workforce in these settings is an important step towards addressing the regional and remote healthcare shortages and promoting equity in medical and health care.

A study of more than 9,000 Australian healthcare workers investigating the severity and prevalence of mental health issues, as well as the social, workplace and financial disruptions

[9] Long COVID Clinic wait times blow out to five months as Australia's health experts call for national approach. The Guardian. [Internet]. 2022 Aug 14 [last accessed 02/11/2022]. Available from: https://www.theguardian.com/australia-news/2022/aug/14/long-covid-clinic-wait-times-blow-out-as-health-experts-call-for-national-approach-to-condition

[10] Wakatama G. 'I don't feel like the same person', long COVID sufferer says [Internet]. ABC News [internet]. 2022 Jun 30 [last accessed: 02/11/2022]. Available from: https://www.abc.net.au/news/2022-06-30/long-covid-sufferers-in-regional-nsw-turned-away-from-sydney/101192818

experienced during the COVID-19 pandemic revealed that 71% experienced moderate to severe burnout[11]. Those affected by burnout may reduce their hours of work, quit their jobs, or retire early. These preventable staff reductions contribute to workforce shortages, meaning fewer healthcare workers available to provide care to patients and increased pressures on the existing workforce. The future health workforce has also been severely impacted due to interrupted education, training and disrupted clinical placements which saw junior doctors redeployed to areas of need rather than to sought-after training placements. Border closures also reduced the number of available overseas trained health care workers available.

A WHO media release in September 2022 warned that burnout, coupled with an ageing workforce, is a ticking time bomb that could lead to extensive poor health outcomes, long waiting times for treatment, many preventable deaths, and potentially even health system collapse[12].

The RACP surveyed its members across Australia between September and October 2021 and from 812 respondents found that:

- 87% said they were concerned about staff burnout.
- 76% said they were concerned about an increase in COVID-19 hospital admissions.
- 82% said they were concerned about reduced capacity to address non-COVID-19 hospital admissions.
- 81% said they were concerned about delays in screening leading to exacerbations of other medical conditions[13].

Throughout the pandemic, healthcare workers have had to balance professional duties and responsibilities to provide medical care with personal safety in the face of extraordinary pressure. Difficult ethical decisions regarding prioritisation of care has led to moral distress in many healthcare workers, contributing to burnout[14].

[11] Smallwood N, Karimi L, Bismark M, Putland M, Johnson D, Dharmage SC, et al. High levels of psychosocial distress among Australian frontline healthcare workers during the COVID-19 pandemic: A cross-sectional survey. General Psychiatry. 2021;34(5).
[12] Ticking timebomb: Without immediate action, health and care workforce gaps in the European Region could spell disaster. World Health Organization [internet] 2022 Sep 14 [last accessed: 02/11/2022] Available from: https://www.who.int/europe/news/item/14-09-2022-ticking-timebomb--without-immediate-action--health-and-care-workforce-gaps-in-the-european-region-could-spell-disaster
[13] Results of RACP member survey: "are you covid-19 safe?" – a full report [Internet]. The Royal Australasian College of Physicians; 2021 [last accessed: 02/11/2022]. Available from: https://www.racp.edu.au/docs/default-source/news-and-events/covid-19/are-you-covid-19-safe-member-survey-report.pdf
[14] Spilg EG, Rushton CH, Phillips JL, Kendzerska T, Saad M, Gifford W, et al. The New Frontline: Exploring the links between moral distress, moral resilience and mental health in healthcare workers during the COVID-19 pandemic. BMC Psychiatry. 2022;22(1).

Research into the potential and known effects, causes, risk factors, prevalence, management, and treatment of Long COVID and/or repeated COVID infections in Australia

The COVID-19 pandemic saw an unprecedented level of rapid research made possible by the collaboration of leading experts from around the world working towards a common goal. However, Long COVID and COVID-19 reinfections are essentially new diseases. Research and evidence on the impact of COVID-19 reinfection, as well as the long-term implications of COVID-19, is still emerging. As such, health and medical professions are continually learning how to manage these new health conditions and seek guidance on how best to adapt emerging evidence into evidence-based approaches to ensure that consistent, high-value care is provided to individuals impacted by Long COVID and COVID-19 reinfection. The limited research and data available poses a challenge to understanding the true impact of this disease now and into the future.

Most published research on Long COVID has low generalisability to the Australian context. This is due to research focusing on cohorts of people during time of lower vaccination rates (compared to Australia's high vaccination rate), and COVID-19 infection caused by the earlier Delta strain (compared to the Omicron strain that has been prominent in Australia). Australia's National COVID-19 Clinical Evidence Taskforce's recommendations for treating Long COVID were updated in October 2022[15], however these borrow heavily from United Kingdom (UK) recommendations. Although studies conclude that the Omicron strain poses a slightly lower risk of Long COVID than COVID-19 infection from the Delta strain, a high volume of Omicron cases globally indicates there will be greater numbers of Long COVID cases overall attributable to the Omicron waves[16,17].

There are currently no Long COVID cohort studies in Australia focusing on children and adolescents. Vaccination rates of children in the 5-12 year age group continue to be low, and the 6 months to under 5 years age group remaining primarily unvaccinated because vaccination is limited to children at greater risk of severe disease[18]. While the risk of severe COVID-19 illness in children is low, the risk of Long COVID following infection remains unknown and the

[15] Care of people after COVID-19 [Internet]. National COVID-19 Clinical Expert Taskforce; [last accessed 02/11/2022]. Available from: https://clinicalevidence.net.au/wp-content/uploads/FLOWCHART-CARE-AFTER-COVID-19.pdf?=220907-233509
[16] Canas LS, Molteni E, Deng J, Sudre CH, Murray B, Kerfoot E, et al. Profiling post-COVID syndrome across different variants of SARS-COV-2. 2022; DOI: https://doi.org/10.1101/2022.07.28.22278159
[17] Antonelli M, Pujol JC, Spector TD, Ourselin S, Steves CJ. Risk of long covid associated with Delta versus omicron variants of SARS-COV-2. The Lancet. 2022;399(10343):2263–4.
[18] Australian Technical Advisory Group on Immunisation (ATAGI), ATAGI recommendations on COVID-19 vaccine use in children aged 6 months to <5 years; [last accessed 09/11/2022]. Available from: ATAGI recommendations on COVID-19 vaccine use in children aged 6 months to (health.gov.au)

physiology in this age group are poorly characterised. A recent study indicates that up to 1 in 50 children may go on to suffer from Long COVID[19].

It is difficult to tease out the many nuances associated with COVID-19, specifically, whether other respiratory viruses have a similar, yet undescribed, trajectory; whether the societal disruption caused by COVID-19 may contribute to the experience of Long COVID symptoms, and whether other post-infectious illnesses should be appropriately considered together with Long COVID to ensure equitable access for all patients with post-infectious illnesses across Australia.

Without evidence and data it is difficult to fully understand the scale of Long COVID, which is an impediment to planning and provision of care. Investment in research to better understand the problem is needed – starting with outcome data, including long-term outcomes, in people with repeated COVID-19 infection, and longitudinal population-based studies to determine prevalence of Long COVID, its impact on sufferers and its evolution over time.

In February 2021, Director of the USA National Institute of Health announced a $1.5 billion investment into research to investigate the long-lasting health effects of COVID-19[20]. In the UK, the National Institute for Health and Care Research has allocated more than $89 million in Long COVID research projects and support. In comparison, Australia's Federal Budget announced in October 2022 revealed a $2.6 billion investment towards the ongoing COVID-19 response, however, no funding was allocated towards the rising public health issue that is Long COVID.

The health, social, educational and economic impacts in Australia on individuals who develop Long COVID and/or have repeated COVID infections, their families, and the broader community, including for groups that face a greater risk of serious illness due to factors such as age, existing health conditions, disability and background

The global COVID-19 pandemic highlighted health and social inequities experience by populations worldwide. Throughout the COVID-19 pandemic, the RACP has advocated for a greater emphasis on equity and access in the ongoing response and recovery from the impacts of COVID-19, inclusive of people with disabilities, children and young people, First Nations populations, older people, and those of lower socio-economic backgrounds.

With a shift towards a focus on COVID-19 recovery, many of the services in place to support Australians impacted by COVID-19 have either ended or are due to end shortly. Given the rising

[19] Zimmermann P, Pittet LF, Curtis N. How common is long covid in children and adolescents? *Pediatric Infectious Disease Journal*. 2021;40(12).
[20] NIH launches new initiative to study "long covid" [Internet]. National Institutes of Health. U.S. Department of Health and Human Services; 2021 [last accessed 10/11/2022]. Available from: https://www.nih.gov/about-nih/who-we-are/nih-director/statements/nih-launches-new-initiative-study-long-covid

issue of Long COVID and repeated COVID infections, the need to address the health and social inequities experienced by Australia's 'vulnerable and marginalised' populations remains. With many public health measures no longer mandatory across the country Australia's 'vulnerable and marginalised' populations will continue to be disproportionately impacted by COVID-19 transmission and the unknown long-term impacts.

In the UK, the National Health Service has established services for children and young people with Long COVID where primary health care reviews are able to escalate to specialist telehealth appointments and case conferences, to support ongoing management in primary health care. This approach could be implemented in Australia for the general population and would require detailed medical, psychiatric/psychological, allied health and nursing resourcing to be effective.

While most people who develop COVID-19 fully recover, some continue to experience symptoms for an extended period following initial COVID infection. Individuals unable to work due to the impact of Long COVID symptoms on daily life face financial stress in addition to the emotional stress of their illness. Due to the complexity of Long COVID and without a diagnostic test, eligibility for financial support via the National Disability Insurance Scheme (NDIS) or Disability Support Pension (DSP) is unclear.

The impact of Long COVID on general health is significant; challenging normal functioning and an individual's ability to work. An international study reported that 45.2% of patients with Long COVID had to reduce their work schedule compared to the period before the illness and that 22.3% were not working (at the time of the study) for various reasons (sick leave, dismissal or resignation, unsuccessful job search)[21]. The RACP Australasian Faculty of Occupational and Environmental Medicine have highlighted the need to consider appropriate return to work support for individuals impacted by Long COVID.

It has been well recognised that older and more frail people are disproportionately affected by COVID-19, often experiencing illness and death at rates much higher than any other age group[22]. Older, frail, co-morbidly unwell people, often from Residential Aged Care Facilities (RACFs), have disproportionately experienced severe illness and death from COVID-19. COVID-19 also causes other geriatric syndromes and complications such as delirium, falls, functional decline and increased length of stay in hospital.

While the prevalence in this age group is still unknown, older people are at increased risk of Long COVID and repeated COVID infection. Long COVID and repeated COVID infection can result in a deterioration in cognition and/or function that can then have an impact on the health

[21] Davis HE, Assaf GS, McCorkell L, Wei H, Low RJ, Re'em Y, et al. Characterizing long COVID in an international cohort: 7 months of symptoms and their impact. *eClinicalMedicine*. 2021;38:101019.
[22] Lithander FE, Neumann S, Tenison E, Lloyd K, Welsh TJ, Rodrigues JC, et al. Covid-19 in older people: A rapid clinical review. Age and Ageing. 2020;49(4):501–15.

and quality of life of an older person, and consequently, their carers. Many people who were living at home in the community, now need Residential Aged Care post COVID-19 infection. The capacity of many RACFs to manage additional complexity related to COVID has become severely constrained. Capacity constraints for RACFs to manage increased complex resident care could potentially lead to residents being sent to hospital for ongoing care needs.

Long COVID and/or repeated COVID infections may also have an impact on Australia's overall health system, particularly in relation to deferred treatment, reduced health screening, postponed elective surgery, and increased risk of various conditions including cardiovascular, neurological and immunological conditions in the general population. The healthcare workforce has been under severe strain during the pandemic, and the expected increased in burden of disease from Long COVID is expected to be an additional pressure on a system in crisis.

Australia is facing the real risk of a diminished healthcare workforce, with 42% of healthcare workers responding to a survey less willing to work during the pandemic than before[23]. Healthcare workers will continue to be among those impacted by Long COVID and repeated infections. The healthcare system relies on a healthy workforce, so it is critically important that they are supported to access care and appropriate recovery time.

An appropriately funded and safe medical specialist workforce is essential to a functioning, effective and sustainable health system. The Australian health workforce faces several issues which have been further exacerbated by the ongoing COVID-19 pandemic, including increasing pressures and demands affecting health workers' mental health and wellbeing and an uneven distribution of medical professionals across both locations and specialties[24], leading to difficulties in patient access to care in some circumstances. In October 2022, the US Bureau of Labor Statistics estimated that the USA health-care sector had lost nearly half a million workers since February 2020[25]. Numerous media reports indicate that healthcare workers in Australia are also witnessing significant strain on the system[26,27,28].

During the peak of the COVID-19 pandemic, the strain on health service delivery resulted in modified care pathways and staffing models, with health professionals reallocated to work in

[23] Hill M, Smith E, Mills B. Willingness to work amongst Australian frontline healthcare workers during Australia's first wave of covid-19 community transmission: Results of an online survey. *Disaster Medicine and Public Health Preparedness*. 2021;1–7.
[24] National Medical Workforce strategy 2021–2031 [Internet]. Australian Government Department of Health and Aged Care. Australian Government Department of Health and Aged Care; 2022 [last accessed: 02/11/2022]. Available from: https://www.health.gov.au/initiatives-and-programs/national-medical-workforce-strategy-2021-2031
[25] The Employment Situation - March 2022 [Internet]. Bureau Of Labor Statistics; 2022 Oct 07 [last accessed: 02/11/2022]. Available from: https://www.bls.gov/news.release/pdf/empsit.pdf
[26] Senior doctor warns of health system on the brink, says workers facing immense pressure. ABC News [Internet]. 2022 Jun 6 [last accessed 02/11/2022] Available from: https://www.abc.net.au/news/2022-06-06/fears-of-mass-exodus-of-hospital-workers-doctors-nurses-burnout/101123524
[27] 'We are also human beings': Omicron pushes 'drained' health workers to quit. SBS News [internet] 2022 Jan 25 [last accessed 02/11/2022]. Available from: https://www.sbs.com.au/language/malayalam/en/article/we-are-also-human-beings-omicron-pushes-drained-health-workers-to-quit/ht0fxi9ox
[28] 'A dire situation that is unprecedented': Senior Alfred doctor quits, warning of mass burnout. The Age [internet] 2022 May 12 [last accessed: 02/11/2022] Available from: https://www.theage.com.au/national/victoria/a-dire-situation-that-is-unprecedented-senior-alfred-doctor-quits-warning-of-mass-burnout-20220511-p5akcx.html

critical care settings resulting in deferred care for many. The cumulative risk of reduced health screening, delayed diagnosis and deferred treatment over time may be significant. Many individuals who might have otherwise been detected and treated earlier will likely present for medical and health care with new or dangerously out-of-control conditions. However, the real concern is the longer-term population-based consequences of failure to detect, prevent, and treat conditions. As a new disease, it is unknown whether Long COVID or repeated COVID infections will exacerbate existing chronic health conditions, or be considered a separate chronic condition moving forward, however immediate action is needed to ensure that the health system can provide care to a population likely to present with increased comorbidities and greater health care needs into the future.

The RACP has ongoing concerns regarding health system capacity during the COVID-19 recovery. There is a need to address pandemic-related impacts on screening and other preventive programs; as well as maintaining and strengthening other healthcare services, such as mental health, and child and adolescent welfare. There is a need for healthcare services and programs to be maintained and developed across public and private practice, including metropolitan, regional, rural, and remote areas with appropriate liaison with First Nations leaders and communities, as well as multicultural leaders and communities.

It is vital that a nationally consistent recovery plan is established to address the ongoing and long-term impacts of Long COVID and recurrent COVID infection, and ensure Australia is adequately prepared for future pandemics. Australia is the only Organization for Economic Cooperation and Development (OECD) country without the equivalent of a Centre of Prevention and Disease Control. The RACP welcomes the recent announcement that $3.2 million has been allocated in the Federal budget to undertake initial design for establishing an Australian Centre for Disease Control to improve pandemic preparedness and prevent chronic disease. Ideally any COVID recovery plan would be advised by this national agency.

Best practice responses regarding the prevention, diagnosis and treatment of Long COVID and/or repeated COVID infections, both in Australia and internationally

Physician-led multidisciplinary services are proficient in the assessment, management and support of patients who experience Long COVID and repeated infections. Current practices involving RACP members include:

- Well-developed Geriatric Medicine multidisciplinary outreach teams in residential aged care facilities that help GPs and aged care staff in the assessment and management of people whose health has deteriorated as a result of COVID-19. These services could be further strengthened by increased collaboration with Rehabilitation Physicians to facilitate provision

of programmes within residential aged care facilities with the combined aim of health improvements and reduction of disability in this group.

- Respiratory and Rehabilitation physicians have led the establishment of multi-disciplinary specialist medical and allied health outpatient services to diagnose and manage symptoms of Long COVID.

Given the vast array of experience and expertise amongst RACP members, as identified in the **Appendix**, we welcome the opportunity to provide further advice and support in the development of the Committee's report and any recommendations and activity resulting from this Inquiry.

Should the Committee wish to contact the RACP to clarify any details contained within this submission, please contact Policy and Advocacy via Policy@racp.edu.au.

APPENDIX

RACP Physicians from a range of specialities have specific interest in Long COVID and repeated COVID-19 infection, including:

- **Respiratory physicians**: are involved in the diagnosis and treatment of lung conditions and disease. Lingering respiratory symptoms following COVID infection are some of the most reported symptoms of Long COVID.
- **Infectious disease physicians:** investigate and understand how pathogens, such as viruses and bacteria, cause illness, how to prevent and control their spread, and how to treat infected patients effectively.
- **Rehabilitation physicians:** diagnose, assess and manage people with sub-acute and chronic health conditions and impairments including Long COVID to assist the return to their previous level of function or to learn to function with a new disability. They work with hospital and community-based health workers, patients, families and other care providers to enhance and restore functional ability, independence and quality of life. The Rehabilitation Medicine Society of Australia and New Zealand have published their position statement on role of rehabilitation physicians in the management of COVID-19 patients.29
- **Occupational and environmental physicians:** provide specialist knowledge to ensure a healthy, productive workforce and connect a workplace with the diverse range of health services necessary to optimise the health and wellbeing of employees. These physicians work with governments, regulators, employers, workers and other health professionals to promote the Health Benefits of Good Work® to both workers and employers and recommend return to work as a treatment for injured workers including those impacted by Long COVID.
- **Public health physicians:** train in both clinical medicine and public health and are primarily concerned with the health and care of populations. The work of these physician includes health promotion, prevention of disease and illness, assessment of a community's health needs, provision of health services to communities and smaller population groups and public health research.
- **Paediatricians**: manage the health of children, including physical, behaviour and mental health issues. Paediatricians play an important role in meeting the needs of children and adolescents that may develop Long COVID.

[29] Position Statement on the Role of Rehabilitation Medicine Physicians in the management of COVID-19 patients [Internet] Rehabilitation Medicine Society of Australia and New Zealand; 2022 Sep [last accessed: 03/11/2022] Available from: https://rmsanz.net/wp-content/uploads/2022/09/Final-RMSANZ-Position-Statement-COVID-19.pdf

- **Geriatricians**: are specialists in understanding the health needs and challenges of older people. They are trained to identify and assess decline or the need for decline preventing strategies in an older person, such strategies are critical to minimising or reversing any negative impact on function, such as Long COVID.
- **Palliative medicine physicians:** work collaboratively with a multidisciplinary team to support individuals with life-limiting illness and their families to ensure a person's best quality of life.
- **Neurologists**: are involved in the diagnosis and treatment of children and adults experiencing neurological issues, of which fatigue, memory difficulties and confusion have **been commonly reported as Long COVID symptoms.**
- **Addiction medicine physicians:** manage the comprehensive care of people with a wide range of addiction disorders, including drug and alcohol addiction, and pharmaceutical dependency. People vulnerable to substance use disorder are at higher risk of severe COVID-19 illness, especially when the substance use disorder is in an active phase.
- **General and acute physicians:** treat patients with acute illness and are also specialists in multimorbidity and the management of chronic disease, which can contribute to, or be impacted by, Long COVID.
- **Endocrinologists**: diagnose and treat disorders involving the endocrine system, including renal dysfunction, which can be impacted by COVID infection and Long COVID.