

*OzSAGE is a registered public health charity - it is a multi-disciplinary network of Australian experts from a broad range of sectors relevant to the well-being of the Australian population in the COVID-19 pandemic.*

### Governance

- The economic and health impacts of COVID-19 could be reduced with low impact public health interventions that are already well known but are under-utilised because of confused public health policies that have been compromised by political objective.
- Under the current strategy of severely limited access to anti-viral medications, vaccines and boosters, and widespread permissive transmission of SARS-COV-2, Australia is likely to see a large increase in the prevalence of chronic illness and disability related to Long COVID. This will place considerable pressure on already stretched health, rehabilitation and disability services and supports.
- Reducing transmission of SARS-COV-2 to mitigate this burden should be a high priority for the Commonwealth and National Cabinet, and can be achieved through strategies targeting cleaner indoor air, increased masking during epidemic periods, better availability of testing and increased access to vaccines, boosters and anti-viral medication.
- Commonwealth, state and territory governments need to plan for the potential increased demand for disability services, including the NDIS, in coming years.
- Support should then be directed to people who are disabled by long COVID-19 to receive the necessary services and support through the health system, rehabilitation, tier 2 disability supports, and the NDIS where they experience significant and permanent disablement.
- Limitations on eligibility for the NDIS means that people with fluctuating disabilities, a common feature of Long COVID, risk missing out on support.
- Hospital acquired COVID-19 is a national crisis, and is causing a greater burden of disease than other nosocomial infections such as wound infections and antimicrobial resistance. Data obtained from Victorian health authorities indicated that over 3000 people acquired infection with COVID-19 while in hospital in Victoria in 2022, and more than 10% of these (at least 344) died of hospital-acquired COVID-19. Patients have a right to safe healthcare, and to be protected, using all reasonably practicable measures, from acquiring any type of infection, including COVID-19, in healthcare facilities.
- Prevention of hospital acquired infection is a core responsibility of Infection Prevention and Control Committees (IPACs). Most states have removed the requirement for masking in healthcare, and where guidelines state that masks should be worn when treating vulnerable patients are not being effectively enforced in the view of OzSAGE.
- Australia's performance on cumulative deaths per million from COVID-19 has now slipped behind that of Japan (which never utilised lockdowns) and Thailand. OZSAGE recommends the public health precautions contained in our [Vaccine-Plus strategy](#), and:
  - Urgent revision of vaccination guidelines - in line with the recommendations of the US ACIP, which are publicly transparent and backed by data - in contrast to the inexplicable lack of transparency of ATAGI.
  - Mandating indoor air quality standards for high occupancy buildings.
  - The mandated use of masks in crowded settings during periods of high community transmission.
  - Widened access to testing.
  - Widened access to antivirals, which may reduce the burden of Long COVID.
- National standards for clean indoor air are essential, as explained at the National [Clean Air Forum](#). The foundation for the standards in form of clear recommendations were presented by [Morawska et al 2022](#) (Morawska, L., Marks, G.B., Monty, J. Healthy indoor air is our fundamental need: the time to act on this is now. *Medical Journal of Australia*, 217(11): 578-581, 2022.) and these recommendations were adopted by the Parliamentary report : [Sick and tired: Casting a long shadow: Inquiry into long COVID and repeated COVID infections](#). House of Representatives Standing Committee on Health, Aged Care and Sport.
  - "The Committee recommends the Australian Government establish and fund a multidisciplinary advisory body including ventilation experts, architects, aerosol scientists, industry, building code regulators and public health experts to": "oversee an assessment of the impact of poor indoor air quality and ventilation on the economy with particular consideration given to high-risk settings such as hospitals, aged care facilities, childcare and

educational settings” and “lead the development of national indoor air quality standards for use in Australia.”

- Peer countries are beginning to set targets for CO2 levels in indoor spaces as a proxy measure for good ventilation. The [Whitehouse summit](#) on improving indoor air quality also provides guidance. Australia must decrease the spread of COVID-19 in poorly ventilated indoor spaces.
- Introducing IAQ regulations aimed at airborne infection transmission and modernising buildings to improve IAQ will be a paradigm change comparable with the transformation of sanitation infrastructure in the UK in the 19th century (Morawska L, Allen J, Bahnfleth W, Bluysen PM, Boerstra A, Buonanno G, et al. [A paradigm-shift to combat indoor respiratory infection](#). Science. 2021 May 14;372(6543):689–91.
- In the design and build of new health care facilities considerations for pandemic planning should be mandated to allow effective isolation of cases and protection of staff.
- Policy decisions must contemplate the reality of Long COVID. Four years into the pandemic, despite enormous research evidence on Long COVID, policy decisions about vaccines, antivirals and other mitigations are still based solely on death and hospitalisation as the only measured outcomes.
- Workplace exposure in the health care setting is common and protections for health care workers and patients should be in place, as mandated by Workplace Health and Safety (WHS) laws which should be enforced by SafeWork Australia.

### Key health response measures

- There is a clear need for independent public health advice and depoliticization of public health to ensure that health advice is unaffected by conflicting political objectives. The design of the proposed Australian Centre for Disease Control should ensure independence.
- Despite evidence from SARS-1 two decades ago and the initial data published from WHO indicating a significant risk of airborne transmission, a precautionary approach to airborne disease was rejected by Australian health authorities, a poor decision which continues to create confusion.
- Vaccine roll-out was unnecessarily delayed. Over reliance on an Australian developed vaccine proved unwise when it failed to become viable for mass use, and then large stocks of other vaccines were not obtained leading to dependence on AstraZeneca, for which there were thrombosis concerns which ultimately resulting in its withdrawal.
- Suggestions that “hybrid immunity” (acquired via a combination of vaccination and infection) is enough to provide ongoing protection are demonstrably incorrect. The USA has more liberal vaccination parameters for their populace than those current in Australia, allowing new boosters for any adult, as well as primary courses for children 6 months and older.
- Expanding access to vaccination and anti-viral medication could make significant impact on Long COVID-19 incidence.
- Most children less than five years of age are not entitled to vaccination and yet COVID-19 is the leading infectious cause of death in children. One Australian study estimated that 4.7% of Australians have had or currently have long COVID, which is already impacting individuals, society and the economy.
- Ensuring that Australians have access to updated vaccines will significantly reduce the ongoing impact of COVID-19, including hospitalisation, death, and [long COVID](#).

### International policies to support Australians at home and abroad

- Before vaccines and anti-viral medication were available, Australia did well, compared with other countries on all outcomes - as demonstrated by Johns Hopkins data.
- Border closures were the most important measure in protecting Australia at that time, but the lack of transition to smart borders with more effective quarantine, and prioritisation of commercial over personal reasons for travel lead to unnecessary hardship for many.

### Support for industry and businesses

- [Australian Bureau of Statistics data](#) showed an increase in the number of people working fewer hours due to continued disruption from the Omicron variant and influenza between April and May 2022.

- In addition to acute illness disrupting the workforce, longer term effects are already being seen due to long COVID, with most evidence coming from countries that experienced large waves of COVID-19 earlier than Australia.
- Workers taking days off for COVID-19 health reasons are more likely to be out of work in the future.
- [US Census data](#) show a 13% increase in cognitive disability (having trouble concentrating, remembering or making decisions) in April/May 2022 average compared with January/February 2020 average. [Around 2.0 million people in the UK](#) (3.1% of the population) were experiencing self-reported long COVID-19 as of 1 May 2022, and around 398,000 (20%) reported that their ability to perform day-to-day activities had been “limited a lot”.
- The US Department of Health and Human Services has [recognised long COVID-19 as a disability](#) under the Americans with Disabilities Act (ADA). In the UK, levels of disability following infection are affecting the workforce. [A quarter of employers](#) reported that long COVID-19 is a major cause of workplace absence.
- Reinfection with SARS-CoV-2 is common and it is likely that the majority of Australians will be infected repeatedly throughout their lifetime (possibly two to three times per year) unless mitigation measures are put in place to limit the spread of COVID-19.

### **Financial support for individuals**

- Practically unmitigated spread of COVID-19 in communities causes financial hardship and post COVID-19 complications. Prolonged symptoms continue to affect individuals and their families over the long term. We recommend expanding paid sick leave, improving workplace accommodations, and wider access to disability support.

### **Conclusion - all terms of reference**

OzSAGE calls on Australian governments and health providers to:

- Ensure that ongoing, updated vaccine boosters are offered to people of all ages, including children, at appropriate intervals based on evidence for protection against adverse outcomes due to COVID-19 infection, not limited to severe disease and death. People for whom vaccination is contraindicated should be supported with other mitigation measures.
- The Federal Government must lead the collection of data and establish systems for transparent monitoring and reporting on hospital-acquired COVID-19. This should include comparison of infection and death rates with other hospital acquired infections which are key performance targets for IPACs such as surgical site infections and spread of antimicrobial resistant organisms.
- State, Territory and Federal governments should add Hospital Acquired COVID to other preventable infections which are measured and reported as performance targets for hospitals.
- All health care settings must provide clean air to a clinical standard.
- State and hospital based IPACs must urgently address the disease and death toll caused by hospital acquired COVID-19 as is their remit and responsibility.
- We call on all governments to mandate indoor air quality standards for high occupancy buildings, for example schools, aged care facilities, shops, pubs and clubs.
- Governments should provide better and broader health supports for people impacted by COVID-19 including adequate sick leave and implement international policies to support Australians at home and abroad and to ensure adequate vaccine supply from international sources for domestic use in Australia.
- Planning to deliver safe quarantine facilities is necessary in case a high death rate variant of COVID-19 emerges and for when there is another pandemic.
- Financial support for individuals (including income support payments) should be on standby for such circumstances.
- Explicit mechanisms to better target future responses to the needs of particular populations should be developed as a matter of urgency (including across genders, age groups, socio-economic status, geographic location, people with disability, First Nations peoples and communities and people from culturally and linguistically diverse communities).

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