RDAA submission to the House of Representatives Standing Committee on Health, Aged Care and Sport Inquiry into Long COVID and repeated COVID infections

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The Rural Doctors Association of Australia (RDAA) is the peak national body representing the interests of doctors working in rural and remote areas and their patients and communities.

RDAA thanks the House of Representatives Standing Committee on Health, Aged Care and Sport (the Committee) for the opportunity to provide this submission to its Inquiry into Long COVID and repeated COVID infections.

Introduction

Since the advent of the SARS-CoV-2 virus and what has become known as the COVID-19 pandemic (the pandemic) medical and other health professionals in Australia have been under enormous pressure. Rural doctors[1,2] and other health professionals have been hard hit. In addition to their normal practice (already beset by workforce and other challenges), they have had to contend with large-scale, climate-change-induced catastrophes, as well as provide pandemic-related health care.

The various pandemic waves have exacerbated the numerous challenges confronting rural medical practitioners, including permanent, locum and surge workforce maldistribution and shortages , isolation requirements, maintaining high quality health services when doctors and staff are under quarantine, delays in pathology services (which mean that specimens can become unviable), and interruptions to supply chains impacting on medical supplies – including personal protective equipment (PPE) and vaccines.

The emerging condition, that has become known as long COVID or post-acute COVID syndrome, is yet another significant concern. While post-viral syndromes are familiar to clinicians, long COVID is a new entity which is unlikely to be a single condition, but rather a combination of conditions that can affect almost all bodily systems that have differing underlying causes, risk factors and health outcomes.[3,4] While there are some commonly experienced symptoms, such as fatigue, headaches, joint pain, breathlessness and 'brain fog', long COVID has been has been associated with more than 50 conditions and 200 symptoms so far[5].

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[1] RDAA uses the term 'rural' to encompass locations described by Modified Monash Model (MMM) levels 3-7 (The MMM is a scaled classification system that measures geographical remoteness and population size with MMM1 being a major city and MMM 7 being very remote).

[2] Rural doctors are rural GPs, Rural Generalists and consultant specialists (resident and visiting) who provide ongoing medical services in these areas. A Rural Generalist is "a medical practitioner who is trained to meet the specific current and future healthcare needs of Australian rural and remote communities, in a sustainable and cost-effective way by providing both comprehensive General Practice and emergency care and required components of other medical specialist care in hospital and/or community settings as part of a rural healthcare team".
National Rural Generalist Taskforce (2018). Advice to the National Rural Health Commissioner on the Development of the National Rural Generalist Pathway https://www.health.gov.au/sites/default/files/documents/2021/05/advice-to-the-national-rural-health-commissioner-on-the-development-of-the-national-rural-generalist-pathway_0.pdf (p5). Viewed 18 November 2022.

[3] University of Sydney (2022). Opinion _ 'Long COVID' presents a major health challenge - how can Australia be prepared? https://www.sydney.edu.au/news-opinion/news/2022/06/30/long-covid-presents-a-major-health-challenge-how-can-australia-b.html Viewed 8 November 2022.

[4] Harvard T H Chan School of Public Health (2022). Confronting the challenges of long COVID https://www.hsph.harvard.edu/news/features/confronting-the-challenges-of-long-covid/. Viewed 8 November 2022.

[5] Harvard T H Chan School of Public Health (2022). Confronting the challenges of long COVID. Quote attributed to Admiral Rachel Levine, Assistant Secretary for health, US Department of Health and Human Services.

Long COVID has been described as the "unseen public health crisis" affecting millions of people around the globe:

> "… we still barely understand this emerging condition. Its devastating and lasting symptoms prevent people from working, socializing, and carrying on with their day-to-day lives; for some, the effects are completely debilitating. And like so many chronic-disease sufferers before them, COVID long-haulers face ambivalence and even outright distrust from the very health systems responsible for their care.
> We need to raise awareness and better understand this disease in order to head off the next public health crisis." [6]

In Australia, it is estimated that over 10 million people have had or have COVID-19[7], and the number of daily cases is rising[8]. Estimating the number of people who will experience long COVID, and the impact of vaccination rates and government policies on the number, is difficult, with the duration and long term health outcomes being indeterminate variables.

There is a real and continuing risk of more pandemic waves and repeated infection within the community. The occupational risk of repeated infection for rural health professionals is extremely high.

Rural doctors provide essential medical services in their communities often working across both the general practice setting and the hospital. Every time rural doctors and their colleagues succumb to infection rural medical services are threatened. Temporary or long-term closure of rural medical services will have negative impact on the health and wellbeing of people living in those communities, and result in even greater pressure on the health system.

With the possibility of more pandemic waves, the risk of repeat infection and the as yet unknown extent of long COVID, it is critical to ensure that Australia's health system is as prepared, agile and responsive as possible to meet future challenges. This will entail investment to support rural doctors and other health professionals to maintain their own health and welfare and ensure essential medical services are able to function; as well as investment in initiatives to redress the systemic issues that have been exacerbated over the last three years (including the poorer access to nursing and allied health professionals in rural areas which compromises the management of long COVID).

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https://www.hsph.harvard.edu/news/features/confronting-the-challenges-of-long-covid/. Viewed 8 November 2022.

[6] Harvard T H Chan School of Public Health (2021). Understanding Long COVID: The Unseen Public Health Crisis https://www.hsph.harvard.edu/event/understanding-long-covid-the-unseen-public-health-crisis/. Viewed 8 November 2022.

[7] https://www.worldometers.info/coronavirus/country/australia/. Viewed 8 November 2022.

[8] Australian Government Department of Health and Aged Care. Coronavirus (COVID-19) case numbers and statistics https://www.health.gov.au/health-alerts/covid-19/case-numbers-and-statistics#covid19-case-notifications. Viewed 8 November 2022.

Recommendations

RDAA makes the following recommendations for the Committee's consideration:

- Treat long COVID as a chronic disease, and develop care pathways to give patients access to multi-disciplinary care and additional resources, including by:
    - Providing better support and resources for rural doctors to treat long COVID and/or repeated infection.
    - Establishing regional long COVID clinics with outreach services to smaller rural hospitals.

- Ensure that planning for the management of initial, repeated and long COVID includes consideration of the circumstances and challenges that exist in rural Australia and fund initiatives accordingly.

- Maintain medical services in rural Australia by making specific arrangements to support rural doctors and their teams who, because of their high occupational risk, succumb to repeated and/or long COVID, including by providing:
    - Continued access to additional paid leave to manage repeat infections and/or long COVID
    - Priority access and financial support for rural GPs and Rural Generalists to engage locums to maintain medical services in rural areas.

- Develop an agreed definition of long COVID to use across all federal and state/territory channels to prevent confusion.

- Develop and disseminate evidence-based and culturally appropriate communications using a variety of media to improve public understanding, including training call centre staff and health workers, to provide in person information and explanations.

- Invest in research to understand long COVID, including into any increasing risk of long COVID with repeated SARS-CoV-2 infection, and how to best treat it.

- Continued surveillance to track rates of initial, repeated and long COVID infection and monitor the symptoms and impact on work and quality of life over time of long COVID.

- Work with rural doctors and other rural health stakeholders to identify and address underlying systemic factors that have contributed to poorer access to health professionals and services and health outcomes in rural areas.

Response to Terms of Reference

1. The patient experience in Australia of long COVID and/or repeated COVID infections, particularly diagnosis and treatment;

In many parts of rural Australia, doctors have grappled for decades with the issues that destabilise the delivery of high quality medical services, including workforce maldistribution and maintaining viable and sustainable practices. The pandemic has exacerbated existing shortcomings of a cumbersome health system, placing rural doctors, their teams and practices under duress, and negatively impacting patient care. Long wait times for appointments and delays in the delivery of needed medications, equipment and supplies are not uncommon even when the number of people being infected recedes. More infection waves are still a possibility.

Seeing their GP or Rural Generalist is often the first step for people seeking help with long COVID and/or repeated COVID infections. Although these doctors have experience managing post-viral illnesses and some guidelines exist for the care of post-COVID conditions, they need additional support and resources to provide an effective response, including to work with multi-disciplinary teams to ensure those people experiencing repeated and/or long COVID receive the best possible care. Hensher and Angeles have pointed out that: "state and territory health departments and health service leaders must recognise that Long COVID requires an effective response in primary health care and cannot be adequately managed by relying exclusively by specialised Long COVID clinics in tertiary health care centres. Demand is gravely outstripping the capacity of such specialist clinics to cope in many countries."[9] The establishment of satellite long COVID clinics in regional centres (with outreach services to smaller rural hospitals and engagement with local Rural Generalists and rural GPs) is needed to provide rural patients with the best possible access to care.

While there has been significant improvement in access to pandemic-related telehealth services, people living in rural areas still have less access overall to health professionals, treatments and services, including to doctors and community nurses, respiratory clinics, and mental health services, than people in more urban areas. Business and social services, such as for the delivery of medications and food, can also be problematic. For someone with long COVID symptoms that incapacitate them, who have no family or friend support, this can be a real issue.

Rural doctors and other health professionals also contract COVID-19, becoming patients who are highly susceptible to repeated infection. Quarantining is non-negotiable to ensure that they do not spread the virus to others, including their vulnerable, high-risk patients. As noted previously, rural doctors provide essential care both in general practice settings and rural hospitals.

Any failure of these services can have dire consequences for rural communities. Specific arrangements to support them must be put in place, including:

- Providing rural doctors and their teams with continued access to additional paid leave to manage repeat infections and/or long COVID
- Priority access and financial support for rural GPs and Rural Generalists to engage locums to maintain medical services in rural areas.

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[9] Martin Hensher and Mary Rose Angeles. Briefing Paper: Estimating the likely scale of Long COVID as Australia re-opens. Deakin University Institute for Health Transformation. https://iht.deakin.edu.au/wp-content/uploads/sites/153/2021/12/Briefing-Paper_Long-Covid_Final.pdf Viewed 29 November 2022.

To improve the experience of rural patients who succumb to initial and repeated infection, and to long COVID, the health system needs to be better prepared and sufficiently agile to be able to respond quickly and efficiently to emerging needs and any future challenges. Planning for care, isolation arrangements and escalation, including for patient transfer, is extremely important especially as there are often no neighbouring facilities to which patients can be referred. This planning and care coordination must be underpinned by adequate resourcing, particularly in rural areas where the scope, circumstances and complexity of rural medical practice are greater.

2. The experience of healthcare services providers supporting patients with long COVID and/or repeated COVID infections;

Throughout the pandemic rural doctors and other health professionals, already working in an under-resourced sector of the health system, have been responding to evolving circumstances and evidence that impact on treatment options and delivery of care for patients experiencing long COVID and/or repeated COVID infections.

According to the Australian Department of Health and Aged Care, a person experiences long COVID when their symptoms remain, or develop, usually after four weeks after they first had COVID[10]. The World Health Organization (WHO) has developed a clinical case definition:

> "Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms and that last for at least 2 months and cannot be explained by an alternative diagnosis. Common symptoms include fatigue, shortness of breath, cognitive dysfunction but also others and generally have an impact on everyday functioning. Symptoms may be new onset following initial recovery from an acute COVID-19 episode or persist from the initial illness. Symptoms may also fluctuate or relapse over time."[11]

Various state and territory governments use definitions based on the WHO definition. For example, the New South Wales (NSW) Government uses "An illness that occurs in people who have a history of probable or confirmed SARS-CoV-2 (COVID-19) infection; usually within 3 months from the onset of COVID-19, with symptoms and effects that last for at least 2 months"[12]. The Victorian Government describes long COVID as "a condition where people continue to experience COVID-19 symptoms usually for at least 3 months from the onset of COVID-19"[13]. This can be confusing for people, especially those challenged by poor language and health literacy, who are trying to work out whether, and when, they should seek treatment. An agreed definition should be used in all federal, state and territory communications to prevent confusion.

Long COVID is a condition that is not well understood by medical researchers and clinicians, nor by the general public, including those who live in rural areas where English literacy,

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[10] Australian Government Department of Health and Aged Care. COVID-19 disease and symptoms https://www.health.gov.au/health-alerts/covid-19/symptoms#long-covid. Viewed 15 November 2022.
[11] World Health Organization (2021). A clinical case definition of post COVID-19 condition by a Delphi consensus, 6 October 2021 https://www.who.int/publications/i/item/WHO-2019-nCoV-Post_COVID-19_condition-Clinical_case_definition-2021.1. Viewed 8 November 2022.
[12] NSW Government (2022). Long COVID. https://www.nsw.gov.au/covid-19/management/long-covid. Viewed 1 December 2022
[13]Victorian Government. Long COVID. https://www.coronavirus.vic.gov.au/long-covid. Viewed 1 December 2022.

health literacy, science literacy, digital literacy, and digital access are challenges that rural patients and their doctors contend with. Specific communications strategies and resources are needed to assist rural doctors and their teams to explain the issues and rapid changes that occur, including as a result government policy, the vaccine and other drug approvals process, and new evidence about the virus and variants. These strategies should include easily understood graphic material and training so that call centre staff and health professionals are able to provide simple in-person explanations, as those people experiencing low language, health and digital literacy can have difficulty with written material on websites or in pamphlets.

As Australia moves toward a 'living with COVID' stance, the number of people infected with the virus and the death rate are no longer highly publicised, and there appears to be a laissez faire (and in some cases aggressively antithetical) attitude toward adopting recommended public health guidelines (such as on physical distancing and mask wearing) among the general population. Public health messaging that reinforces social responsibility in relation to infection control should be considered.

The lower uptake of third dose vaccinations across Australia (about 72 percent of the population over 16 years of age compared with 97 percent and 96 percent of first and second doses respectively[14]) may indicate that there is a lack of public understanding about the optimal way in which vaccinations work as part of a suite of public health measures to maximise individual immunity and minimise the further spread of the virus in the Australian community. There is also appears to be a lack of understanding of the raised risk of long COVID for people who experience repeated infections.

Better evidence-based and culturally appropriate communication using a variety of media is needed to improve public understanding.

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

While over the years since the advent of the COVID-19 pandemic, early research has provided some evidence about "the potential and known effects, causes, risk factors, prevalence, management, and treatment" of COVID-19 and reviews of the evidence are emerging[15] there is still much more that is not known. There is a clear need for more research to understand long COVID, including into any increasing risk of long COVID with repeated SARS-CoV-2 infection, and how to best treat it.

The introduction and impact of building ventilation and air filtration policies to retrofit current buildings and are enforced for new builds should be considered. This approach will lead to improved health by reducing transmission of the SARS-CoV-2 virus and other aerosol spread diseases such as influenza. It will also help improve air quality generally - an often overlooked aspect of environmentally-caused disease.

There are currently no agreed diagnostic criteria for long COVID, although some guidelines for post-COVID care exist. Further investigation is needed to provide the clinical evidence to

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[14] Australian Government Department of Health and Aged Care. Vaccination numbers and statistics. https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/numbers-statistics. Viewed 16 November 2022.

[15] Ho Cheng Koc; Jing Xiao; Weiwei Liu; Yong Li and Guokai Chen (2022). Long COVID and its Management. Int J Biol Sci. 2022; 18(12): 4768–4780. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9305273/. Viewed 8 November 2022.

enable medical practitioners to provide the best possible care. Easily accessed, high quality and up-to-date clinical information, guidelines and pathways which treat long COVID as a chronic condition (see comment under Item 6) are needed.

Continued surveillance to track rates of initial, repeated and long COVID infection and monitor the symptoms and impact on work and quality of life over time of long COVID will be necessary to ensure public health measures are appropriate and effective.

4. 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;

Rural Australians and Aboriginal and Torres Strait Islander people experience higher rates of many chronic illnesses, comorbidities, risky health behaviours and shorter lifespans than people who live in more urban areas. This puts them at higher risk of severe outcomes from COVID-19. An under-resourced rural primary care sector [16] and hospitals that are not necessarily well equipped to isolate and treat people who have severe COVID illness, together with the "paucity of healthcare and other services in non-metropolitan areas, and the lack of reserve health system capacity, means that it is less feasible to "live with" circulating COVID-19, than in metropolitan areas" [17].

Federal and state/territory government policies have also had an impact on people who have been required to return to face-to-face work. Rural doctors have reported that they have treated teachers who have returned to in person classroom teaching, and have been infected with COVID-19 and subsequently long COVID. Reportedly these patients face uphill battles as they seek worker's compensation for loss of income as their banks threaten to foreclose home loans. This takes its toll on mental as well as physical health.

The negative health, social, educational and economic impacts in Australia are made worse in areas severely impacted by climate-related events. Some people whose homes were destroyed in the 2019-20 bushfires are still living in temporary accommodation, and the current flood events have effects as yet to fully unfold on the lives of people living in affected areas. Housing, education, employment and other social determinants of health will have a significant impact on people's ability to recover from long and/or repeated COVID infection.

5. The impact of long COVID and/or repeated COVID infections 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; and

Long COVID and repeated COVID infections put a great strain on Australia's health system. In rural Australia, the situation is even more dire as rural medical practitioners and their teams have been contending with decades-long underinvestment in rural health, and poorly designed and implemented policy initiatives that have failed to remedy the maldistribution of the health workforce and deliver more equitable access to health services.

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[16] The National Rural Health Alliance put the Medicare expenditure differential at $4 billion per annum in 2021. National Rural Health Alliance. Strategic Plan 2019-22. https://www.ruralhealth.org.au/sites/default/files/Strategic-plan_2019-22_Indicators_of_Success.pdf. Viewed 18 November 2022.

[17] OzSAGE. Protecting the people of regional, rural and remote Australia in the next phase of the COVID-19 pandemic. https://ozsage.org/wp-content/uploads/2021/10/Regional-Rural-and-Remote-25-October-2021.pdf. Viewed 17 November 2022.

Within this context the time doctors and their teams spend treating long and/or repeated COVID, means less time to manage their patients' other health needs. Patients who have delayed normal visits to their primary care physician (for reasons such as fear of COVID infection, cost, stoicism, or other) often arrive for a standard consultation with a long list of concerns especially as they want to make the long wait time for an appointment "worth it", especially in rural areas where people have also had to travel long distances for that appointment. Rural doctors face a continuing struggle with prioritising and managing patient needs, and the throughput imperative related to what Medicare item numbers can be applied, that can lead to quality of care being compromised.

The health system must become more agile and responsive. Government services and support can bolster support for people experiencing initial and repeated infection, and/or long COVID but access varies across the country. Anecdotal evidence suggests that the patient experience of support provided by each state and territory are very different.

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

There is currently no effective treatment for initial or repeated COVID-19 cases. Symptoms can vary from no apparent symptoms to extremely acute leading to death. Therefore, the best management approach is to prevent infection.

A continued public health response that works to provide affordable access to newly developed effective vaccines as soon as possible is essential. Public health policy makers also have a role in ensuring: that Australians have access to trustworthy guidelines on prevention and other pandemic information presented through a variety of media; that the spread of misinformation is negated and halted; and that mechanisms to support infection control (for example mass vaccination clinics, provision of personal protective equipment to health professionals) are robust and seamlessly implemented.

Given that clinical evidence on the SARS-CoV-2 virus and its effects is still being amassed, and that the duration of long COVID is unknown, it should be managed as a chronic disease. This should include developing care pathways so that patients have access to multi-disciplinary care and additional resources, and continued investment and support for the role primary care doctors play in preventing initial and repeat infections, and providing early intervention and ongoing treatment and services.

Conclusion

While the pandemic continues with new variants appearing, initial and repeat infections and the extent and nature of long COVID still being investigated, rural doctors not only provide COVID-related care, but continue to manage the other episodic and chronic conditions of their patients under difficult circumstances made worse in many areas by climate-related events. Their work is obstructed by systemic inadequacies and failings that have impacted on rural health for many years. The COVID-19 pandemic has pushed rural health to a tipping point that cannot be avoided without urgent action to maintain essential medical services in rural areas, including to redress inequities and support rural doctors and their teams.