

25.01.2023

## **What are your thoughts on this – do you support a COVID-19 transmission prevention strategy?**

### **Why/why not?**

- We support a COVID-19 transmission prevention strategy as opposed to the current strategy of protection of the vulnerable. We agree with Professor Brendan Crabb that the vulnerable are not being well protected given higher death rates in older people, Aboriginal people, people with disabilities and other higher risk groups. Given how infectious COVID 19 is, protecting higher risk groups from COVID 19 would require complete isolation from the rest of society – this is not feasible or acceptable. A whole of population public health strategy with particular focus on high risk groups is what is needed.
- Aboriginal and Torres Strait Islander people have significantly higher rates of chronic disease compared to non Aboriginal people and chronic disease occurs on average at a much younger age.
- From the literature, around 10% of people with COVID will develop long COVID. The impacts of long COVID are far reaching and cannot be underestimated. Long COVID is often a very debilitating condition.
- Importantly, people have higher risk of developing dementia, diabetes, strokes and heart conditions after COVID-19 infection. Data from the Australian Bureau of Statistics in 2022 also demonstrate increased rates of mortality due to dementia and diabetes.
- Emerging research suggests that even in people who have recovered from mild infections, there is a reasonably high rate of organ damage and even cognitive deficits. The long term implications of this are unknown.
- The over-representation of chronic conditions among Aboriginal and Torres Strait Islander people increases the risk of both acute COVID-19 severity and long COVID.
- We are particularly concerned about the increase of new medical conditions or exacerbation of pre-existing medical conditions following acute COVID-19 infections.
- Reinfection increases the risk of long COVID whilst vaccination offers some protection. It is not known what the impact of multiple reinfections will be on long term health.
- Knowledge about the long term impacts of COVID 19 is still developing. However, clearly even mild cases can have serious long term consequences and the growing burden of long term COVID 19 related health challenges is substantial. We must do more now to limit both deaths and morbidity from COVID.

## **What more can be done in 2023 to prevent infections and/or minimise the impact of COVID?**

- A traffic light approach to public health advice and restrictions has been used successfully in Queensland and New Zealand. A national strategy is required based on a traffic light system that includes clear evidence based criteria for escalation of public health measures. This plan should be publicised so that people are aware of the next steps if the situation deteriorates.
- A public education campaign about the long term risks of COVID 19 is needed now. Most of the public consider COVID to be a mild illness and are unaware of the very serious long term implications.
- Booster rates have flagged with fourth vaccination rates being much lower than third vaccination rates including for older Aboriginal people. Many people have waning protection as their last vaccination was more than six months ago. New Omicron specific Bivalent vaccines are now available and offer more protection but have not been promoted

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adequately. There has been very low uptake of vaccination in children under five. The criteria for vaccination in this age group should be reconsidered given this low uptake particularly as evidence is emerging about long COVID /post COVID 19 sequelae in children and there are have been some ( albeit rare) cases of severe COVID 19 in very young children.

- A reinvigorated public education campaign about boosters particularly targeting higher risk groups is needed. Importantly, people in those higher risk groups must be involved in the design of promotion campaigns as effectiveness of campaigns has been mixed. A decision must be made soon about another booster and this must be communicated clearly. Vaccination provides partial but significant protection against long COVID and this information should be included in public education.
- Public Education about benefits of antivirals and who is eligible for antiviral medications. There has been some education but it has not been well targeted to high risk groups. Eligibility criteria for Aboriginal people are quite wide particularly in remote areas but some may not be aware that they are eligible.
- There also needs to be greater emphasis on physical distancing and hygiene particularly in public spaces. This would reduce transmission of multiple diseases. ‘
- All these education campaigns must include targeted information to Aboriginal people and other high risk groups.
- There should be a review of how effective communication campaigns have been to date so they can be improved.
- The eligibility for antiviral medications should be reviewed. Some higher risk people are not eligible for these very useful medications but there is now evidence that they may reduce the risk of long COVID.
- Easier access to PCR testing for COVID-19: PCR tests are good at detecting the virus early in the infection, sometimes before a person develops any symptoms or when symptoms are very mild. At this stage, a RAT test is often negative. Early diagnosis of COVID-19 also allows the eligible patients to start antiviral treatments as soon as possible. It is now currently very difficult to get a PCR test quickly – this must be remedied.
- Encourage mask wearing at indoor public spaces: mask wearing provides protection to those wearing masks and also decreases viral transmission to others. Mask mandates should be introduced at clear trigger points as the risk escalates. There is a strong case for considering mask mandates now in public transport, airports and other essential services which higher risk groups have no option but to use but which expose them to infection. Current political and public messaging focused on personal responsibility and underplaying of risk has resulted in the virtual complete abandonment of mask wearing in public and this must be turned around.’
- N95 Masks should be provided at either a subsidised or low cost to higher risk groups. They should be available in higher risk settings particularly if their use is mandated.
- Continue to encourage self-isolation following a positive COVID-19 test to limit the spread and protect our community. For higher risk front line industries, government support should be provided to workers who are casual or who have no sick leave to support them to isolate.
- Improved ventilation and air flow in higher risk venues such as schools, health facilities, restaurants and other public enclosed spaces where crowding occurs. Government must fund upgrades to ventilation systems in government facilities and support private business to also upgrade with subsidies and technical support. Improving ventilation in indoor spaces has a significant impact on reducing spread of COVID 19 and other airborne pathogens including influenza.
- Providing more support for the ACCHS system to cope with the increased burden of disease including long COVID.

### **How are the ACCHO's in NT managing from the latest COVID-19 wave?**

- ACCHOs have played a significant role in educating communities about COVID 19, promoting, and delivering vaccines, managing outbreaks and supporting those contracting COVID-19.
- It has taken a huge effort from the ACCHOs to limit COVID-19 related mortality with data demonstrating high uptake of antiviral medications by Aboriginal people.
- The sector is dealing with severe workforce shortages and primary health care indicators suggest that service delivery has been impacted significantly
- The sector can not afford another serious wave –services need time to recover.

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