

The Australasian Society for Infectious Diseases (ASID) is the peak professional body for infectious diseases professionals in Australia and New Zealand. Membership encompasses Infectious Diseases Physicians, Clinical Microbiologists, Scientists, Infection Control Practitioners, Public Health Physicians, Sexual Health Physicians, Veterinarians, and other practitioners eminent in the field of infectious diseases.

Our members were involved at all levels of the COVID-19 response, including:

- care of individual patients and their families
- prevention of transmission in hospitals, aged care and other facilities
- provision of the latest expert health advice to health care facilities, other organisations and governments including recommendations around novel testing, treatments and vaccinations
- provision of laboratory testing and reporting, with an unprecedented upscaling of laboratory capacity
- COVID-19 research and modelling, and
- leading or provision of significant contributions to the public health response.

As a technical group, our feedback for this review is largely in relation to governance, response measures and support for the vulnerable patient groups we care for.

Overall comments

ASID recognises that the data and information available to policy makers continuously evolved throughout the COVID-19 pandemic, highlighting the importance for this and other reviews to view decisions made in the context of the data and information that was available at the time. It is also important to view the outcomes in terms of the potential counterfactual - what would have happened if the decisions taken had not been implemented? This is particularly relevant for decisions made early in the pandemic. The relatively low population mortality in Australia during this time stand in contrast to most other countries with similar characteristics. The "public health paradox" is that a well-functioning public health system is largely invisible as its output is measured in cases that do not occur.

As we enter the post-pandemic era, larger and sustained investments in primary and preventative health will be vital in not only protecting against future pandemics, but also strengthening our health system more generally. ASID acknowledges workforce challenges experienced during the pandemic particularly for those with roles in public health, infectious diseases, primary care, and emergency first response. Although these workers are no longer under the extreme duress of a protracted pandemic response, the workforce challenges extend beyond the end of the emergency declaration.

Governance

ASID supports a key role for the new Australian Centre for Disease Control (ACDC) in inter-government and inter-agency co-ordination. The roles of ACDC should include co-ordinated and collated surveillance, leadership in policy development and public facing communications to support the community, public health professionals and the clinical workforce. ASID proposes that the provision of technical advice via the ACDC should be free from political overlay.

Whether through the ACDC and/or via other mechanisms such as memoranda of understanding, it will remain important for responses to be co-ordinated between governments. The importance of co-ordinated

public policy cannot be overstated - both between federal departments (e.g., *JobKeeper payments mitigating the impacts of COVID-19 control*) and between different levels of government (e.g., *quarantine as a Commonwealth responsibility but operationalised by jurisdictional governments*).

Key health response measures

Pandemic Preparedness

Although a pandemic of this impact had not been seen since 1918-19, we note new and re-emerging infections are becoming increasingly common. Contemporary examples of national relevance include the ongoing risk of zoonotic influenza, recent emergence of mpox and widespread local transmission of Japanese encephalitis virus.

A One Health approach to emerging infections must be adopted, with legislative instruments that support information sharing and collaborative response between agencies. Infectious diseases threats occur in the context of changing human behaviour and interactions, the human-animal interface and our place within the natural environment on which our health and life depend. ASID supports an evidence-based approach to preparedness and mitigation measures for infectious diseases that is considered in the broader view of converging health threats related to climate change, biodiversity collapse, stressed ecosystems, antimicrobial resistance and an ageing and increasingly comorbid population.

Policy implementation

Many of the challenges experienced during the pandemic were in implementing public health policy. ASID recommends pandemic preparedness include consideration and testing operational capacity including establishment of surge workforce capacity. Data systems must be fit for purpose and scalable.

ASID recognises a strong need to build and maintain trust and transparent communication between the Australian community, public health decision makers, operational units and clinicians. This approach will have benefits far beyond pandemics and other public health emergencies. Investment in a skilled workforce in behavioural science, science communication and health economics integrated with technical experts will be key in achieving this aspiration.

Evidence-based practice and research

ASID highlights a key need in synthesising evidence for clinicians as it emerges. The National COVID-19 Evidence Taskforce, supported by 32 member organisations including ASID, was a world leading example of rapidly and quickly assessing evidence for treatments that were effective, and as importantly treatments that were not effective.

ASID identifies a need for timely research support to generate evidence in collaboration with international groups. Conventional grant application processes through Medical Research Future fund (MRFF) and National Health and Medical Research Council (NHMRC) were too slow and piecemeal, and often poorly co-ordinated with international groups. The UK public health research approach in anticipating and identifying key questions was a good example of an ideal research model that Australia could adopt, with the establishment of key studies to inform treatments in hospitalised patients (RECOVERY), patients with COVID-19 in the community (PANORAMIC), vaccines in healthy (COV-COM/BOOST) and immunocompromised patients (OCTAVE).

The delayed entry of COVID-19 into Australia, and the relatively low incidence meant that our health system was not overwhelmed, allowing time to learn how to optimally treat patients as evidence emerged.

International policies

The pandemic highlighted the importance of Australia's continuing partnership and support for our regional international neighbours. ASID propose that the ACDC should be an important mechanism via which our regional role in pandemic preparedness and response is actioned. The aim should be to share knowledge, access to clinical and public health technical advice, diagnostics, and foster research partnerships. There should be a shared approach to the development of local novel vaccines and therapeutics with in-built mechanisms that allow low- and middle-income countries (LMIC) in our region have equitable access.

Population-based response mechanisms

ASID recommends health equity, and a human rights-based approach should be a core component for all public health policy with tailoring to meet the needs of the vulnerable a fundamental consideration from policy inception. Specific examples are as follows:

Aboriginal and Torres Strait Islander people

The successful approach in empowering Aboriginal and Torres Strait Islander communities to advise on measures to protect themselves through dedicated advisory groups was a crucial protective factor for this group in the early phase of the pandemic. ASID recommends the Commonwealth government continue to pursue a sustained and genuine partnership with Aboriginal and Torres Strait Islander peoples such that this group are at the centre of decision making on all issues affecting them including pandemic preparedness and response.

Children

ASID highlights the profound and potentially long-term detrimental impacts of school and playground closures on childhood education, emotional and physical development, and mental health. We recognise the disproportionate effect on children from disadvantaged backgrounds. Early childhood and education centres and schools should be classified as essential services, with staff vaccinated as a priority group and remote learning only considered as a last resort. Australia must collaborate with international agencies to advocate that children and young people are not forgotten in pandemic planning, with early inclusion of these groups in high quality vaccine and therapeutics trials. Research on the benefits and harms and specific needs of children must be considered in deployment of non-pharmaceutical interventions. We recommend adequate representation of children and their advocates in policy decision making to ensure the best interests of children are observed, including advocating for the establishment of the role of Chief Paediatrician. We note the Human Rights Commission's call for a national human rights act similar to those in Victoria, ACT and Queensland which may be one potential mechanism to enshrine advocacy for children in law.

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