SUBMISSION

Commonwealth Government COVID-19 Response Inquiry

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ADOHTA 2023

AUSTRALIAN DENTAL AND ORAL HEALTH THERAPISTS' ASSOCIATION

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The Australian Dental and Oral Health Therapists' Association (ADOHTA) represents registered dental and oral health therapists, who are independent practitioners focused on preventing oral disease and promoting oral health. Despite a new pandemic wave,[1] there is a lack of clear leadership from the Commonwealth, leading to concerns such as low vaccination rates among older Australians, inconsistent mask-wearing messaging, and delays in distributing the XBB monovalent vaccine.

With COVID-19 ranking as the third leading cause of death in 2022, [2] the government's response is unclear, and there is no strategy for sustainable coexistence with the virus. ADOHTA is concerned about the pandemic's impact on the oral health workforce and timely access to care. The recent disruption at our Launceston Continuing Professional Development (CPD) Event serves as an example, with key speakers and attendees—health practitioners—unable to participate due to COVID-19. Currently, there is no support for peak professional associations like ADOHTA, operated by volunteer professionals, to navigate pandemic repercussions. In this submission, ADOHTA provides insights relevant to its members, emphasising the lasting effects of the pandemic on oral health services access, aligning with the COVID-19 Response Inquiry's Terms of Reference.

Governance including the role of the Commonwealth Government, responsibilities of state and territory governments, national governance mechanisms (such as the National Cabinet, the National Coordination Mechanism and the Australian Health Protection Principal Committee) and advisory bodies supporting responses to COVID-19.

Australia's early and effective pandemic response was attributed in part to well-established governance structures. The National Cabinet facilitated collaboration among jurisdictions, and the Australian Health Protection Principal Committee (AHPPC), including Chief Health Officers, provided crucial advice. States and territories retained autonomy in implementing restrictions based on local needs.

Despite the perceived effectiveness, weaknesses were identified. A survey of ADOHTA members found that 75% of respondents felt unclear about the roles of the Commonwealth, states, territories, and governance frameworks in responding to COVID-19. Concerns included a lack of consistent and clear infection prevention and control (IPC) guidance or leadership to provide clarification on treatment scenarios and community impact. **We recommend the appointment of a Chief Oral Health Officer to provide national leadership in this crucial area.** While the Australian Dental Association (ADA) played a central role in advising dental and oral health professionals, reliance on a professional association for national leadership raised issues.

During the initial pandemic stages, the ADA's *Managing COVID-19 Guidelines* and *ADA dental restriction levels in COVID-19* garnered AHPPC's support,[3] which was seen as a Commonwealth endorsement. The guidance itself deviated from the NHMRC's risk-based approach to IPC.[4] This reliance on a professional association, rather than government bodies, for IPC guidance, highlighted a need for clearer national leadership in oral health during crises.

> ***"Although the ADA was instrumental in supporting the COVID-19 response recommendations, there was no collaboration or consultation with other peak oral health professional associations. This largely arose because Australia does not have an appointed Chief Oral Health Officer to provide national leadership for the oral health context."*** **- ADOHTA Member**

[1] https://theconversation.com/were-in-a-new-covid-wave-what-can-we-expect-this-time-216820
[2] https://www.abs.gov.au/media-centre/media-releases/covid-19-first-infectious-disease-top-5-causes-death-1970
[3] https://www.dentalboard.gov.au/News/2020-04-23-COVID19-update-to-dental-practitioners-23-April.aspx
[4] https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019

"Whilst I agree that an initial response by [the] government to reduce any risk to clinicians, patients and the wider community was needed to establish risk, I believe this was extended for far too long. It did not give clinicians the ability to risk mitigate independently and continue to provide important health care services in a timely matter. This should have been implemented earlier." - ADOHTA Member

The COVID-19 vaccination program faced governance issues as the Commonwealth took full control, leading to a poorly managed rollout. To improve future responses, the National COVID-19 Vaccine Program should transition to the National Immunisation Program's state and territory model. The Australian Centre for Disease Control can aid in pandemic coordination but should not have legislative powers over states. It is best suited for roles like environmental scanning, international relations, and collaboration with state public health branches.

We also note the importance of utilising the full extent and scope of the health workforce, particularly in a pandemic, for example, the ability of dental and oral health therapists to support the wider health workforce by providing PCR testing and vaccinations is an area that warrants further investigation within the public health response framework.

"As a hospital employee, our department was seconded to hospital entry "temperature" testing. We then moved into COVID testing. I was heavily involved with a large-scale setting at Showgrounds and pop-up sites (initially in collaboration with the defence forces) we trained our DA's to COVID test and ran a very successful program (but despite this we were never involved on any management level). All the while rotating staff through what clinical services were allowed at the time. I could see what an amazing asset our department was (especially the normally high standard and understanding of infection control there is with Dental) and that there could have been potential for us to have been more heavily involved from the beginning." - ADOHTA Member

Key health response measures (for example across COVID-19 vaccinations and treatments, key medical supplies such as personal protective equipment, quarantine facilities, and public health messaging).

As previously emphasised, the management of the COVID-19 vaccination program by the Commonwealth was suboptimal, leading to delays in distributing vaccines to vulnerable groups, particularly children, immunocompromised individuals, Aboriginal and Torres Strait Islander communities, and residents of aged care facilities. States and territories had to step in to ensure timely vaccination of our most at-risk populations. A similar issue arose during the Mpox outbreak in 2022, where vaccines were not acquired promptly, resulting in uneven distribution among states and territories, favouring the Eastern states.

Likewise, the handling of the antiviral Paxlovid was deficient, with limited eligibility for many vulnerable individuals in Australia compared to the United States and the United Kingdom. This discrepancy puts Australia at a disadvantage in safeguarding our vulnerable populations. Given the ongoing spikes in COVID-19 infections, it is imperative for the Commonwealth to promptly reassess Paxlovid eligibility criteria in Australia. In the future, the Commonwealth should proactively secure treatments, align eligibility criteria with international counterparts, and explore manufacturing options.

The lack of consistency in public health messaging throughout the pandemic has led to confusion, particularly regarding vaccination and mask-wearing.[5] The Commonwealth should take a leading role in crafting unified public health messages that states and territories can then adapt to suit local communities.

"There was mixed messaging about the approach to Australia's COVID-19 response, particularly early response being elimination rather than suppression." - ADOHTA Member

[5] https://theconversation.com/with-covid-surging-should-i-wear-a-mask-217902

"Public health messaging was confusing for all, unclear and discouraged patients from seeking care. Many of which deferred their treatments for 6-12+ months." - ADOHTA Member

Broader health supports for people impacted by COVID-19 and/or lockdowns (for example mental health and suicide prevention supports, and access to screening and other preventive health measures).

When ADOHTA surveyed its members on their views of the broader health supports for people impacted by COVID-19 there were two specific trends in responses:

1. The increase in waiting list times and limited access to care and
2. The increased mention of patients' fear or phobia of treatment

While the increased waiting list times and limited access to care were an expected trend the mention of fear and phobia was not. This highlighted the mental and physical impacts of COVID-19 on patients and the community continues to linger. **We recommend this is an area requiring further research noting the unique link between oral and general health.**

"[the lack of timely treatment] invoked unnecessary trauma and dental phobia to young children. I have worked with many children and young people since who have struggled to work through their fears." - ADOHTA Member

"Increased barriers for those who suffer with anxiety disorders, complex health histories and the like and those who were unsure/untrusting of the government restrictions (vaccinations/mask wearing etc)" - ADOHTA Member

"Increase in dental disease and worsening of conditions. Lots of patients are afraid of treatment." - ADOHTA Member

We trust this submission highlights the COVID-19 response experiences of oral health practitioners as well as highlights the contribution dental and oral health therapists can make in pandemic management for future public health response frameworks.

Should you wish to discuss this submission further please feel free to contact ADOHTA Executive Officer Jasmine Bulman at [redacted]

Yours sincerely,

Tim Budden
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ADOHTA LTD