

SUBMISSION : INQUIRY INTO LONG COVID

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Long COVID is an emerging and serious issue for the Australian health care system.

1. Long COVID is not a single condition, it comes in a variety of forms, and the long-term impacts are still not known. One of us (Sarah) contracted COVID in the pre-vaccination period (October 2020) at age 25, and then suffered one form of long-COVID, parosmia, a distortion of taste and smell, for the next 14 months. There was no treatment for this. Since contracting COVID, Sarah has observed she is more likely to get other illnesses (e.g. flu) than her experience pre-COVID. Many others have reported the same.

2. By definition, long COVID, in whatever form it takes, is about ongoing consequences arising from – or the incidence of which is increased as a result of - the initial COVID infection. These may be exhibited as respiratory, cardiac or other body system impacts. Long COVID will therefore put additional pressure on the hospital system. Historic projections (extrapolations) of need will underestimate future need.

3. Because of #2, Commonwealth-state hospital funding will need to change. Currently the Commonwealth contribution to state public hospital funding is capped at 6.5% per annum. This cap was an arbitrary change to the previously negotiated funding agreement and the basis of the 6.5% number is unclear. However, it was designed to include population change effects, inflation, and the increase in age-sex standardised utilisation rates. If the 6.5% rate was reasonable in a pre Long COVID environment, it is certainly not reasonable now. The 6.5% cap needs to be revised.

4. Related to #2, there will be increased demand for primary care too, and so primary care respiratory clinics should be an ongoing feature of the health system

5. Public health leaders and politicians should acknowledge in their messaging that long COVID is a risk from any COVID infection, and that people of any age can be impacted, and also acknowledge the best way of preventing it is to reduce the incidence of COVID.