Avant
By doctors for doctors

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17 November 2022

Committee Secretariat
Standing Committee on Health, Aged Care and Sport
PO Box 6021
Parliament House
CANBERRA ACT 2600

By email: health.reps@aph.gov.au

Dear Secretariat

Inquiry into Long COVID and Repeated COVID Infections

Thank you for the opportunity to provide input into the Committee's Inquiry into Long COVID and Repeated COVID Infections.

Avant is a member-owned doctors' organisation and Australia's largest medical indemnity insurer, committed to supporting a sustainable health system that provides quality care to the Australian community. Avant provides professional indemnity insurance and legal advice and assistance to more than 82,000 healthcare practitioners and students around Australia (more than half of Australia's doctors). Our members are from all medical specialities and career stages and from every state and territory in Australia.

Our submission is attached.

Please contact me on the details below if you require any further information or clarification of the matters raised in this submission.

Yours sincerely

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Avant Submission to the Inquiry into Long COVID and Repeated COVID Infections

Avant is a mutual organisation, owned by its doctor members, and is Australia's largest medical indemnity insurer, providing professional indemnity insurance and legal advice and assistance to more than 82,000 healthcare practitioners and students around Australia. Over half of all Australian doctors are Avant members. Members come from all medical specialities and career stages, and every state and territory.

We assist members in civil litigation, professional conduct matters, coronial matters and a range of other matters. We have a Medico-legal Advisory Service that provides support and advice to members and insured medical practices when they encounter medico-legal issues. We also provide medico-legal education to our members with a view to improving patient care and reducing medico-legal risk.

Key points in relation to long COVID and repeated infections:

- Long COVID is not well understood which makes diagnosing and treating the condition challenging, especially because at this stage there is no definitive test and a very wide range of reported symptoms.
- The absence of consistent and credible information causes significant concern for doctors when trying to diagnose, treat and follow up their patients. This has been a consistent theme voiced by doctors since the start of the pandemic. This gives rise to medico-legal risk.
- Throughout the pandemic Avant has recommended that members rely on information from credible sources on COVID to support quality, safe and professional medical practice.
- The National Clinical Evidence Taskforce is the primary credible source in Australia for evidence-based clinical guidance on COVID. We encourage ongoing support for the Taskforce in continuing to develop and update its COVID guidance for both acute and long COVID as new evidence emerges, as this will support medical and other health practitioners and patients in receiving safe care.

Avant's experience supporting doctors managing COVID

The COVID pandemic has been a key challenge for doctors. Since the start of the pandemic in 2020, we engaged with key stakeholders and advocated to government about COVID-related issues. Through our Medico-legal Advisory Service, we provided advice to doctor members and practices as they grappled with the ever-changing clinical, legislative and regulatory environment.

Avant published frequently answered questions (FAQs) to readily respond to and anticipate queries and concerns faced by doctors and medical practices. These continue to be reviewed and updated regularly. The FAQs site has received almost 180,000 views since the start of the pandemic and this resource has been identified by key stakeholders as a reputable source of information. Avant also hosted and participated in numerous

webinars to provide up to date information to members and answer their questions in a rapidly changing environment.

We continue to engage with government and provide ongoing advice to support our members. More information about Avant's work supporting members and practices during COVID can be found in Avant's published Claims Insight document "Avant - COVID-19 claims, complaints and medico-legal queries" (**Annexure A**).

The challenges faced by lack of accurate information

One strong theme that has emerged throughout engaging with our members has been their need for consistent and reliable guidance, particularly while misinformation and disinformation was circulating and where the situation was changing rapidly.

The science associated with long COVID and the consequences of repeated infection is not yet settled. Long COVID is poorly understood and what is known now may well change as the understanding of the condition develops and improves. This has been true throughout the pandemic.

During the pandemic, information was available from innumerable sources. It was very difficult for doctors working on the ground to determine the credibility of this information and appropriately assess that information to ensure they were practising in ways that were clinically responsible.

This challenge was compounded by the fact that any available guidance changed rapidly, making it very confusing for medical and health practitioners to know how to appropriately treat their patients. This applies to the current situation regarding long COVID and repeated COVID infections.

At present, there is no definitive diagnosis or test for long COVID and there is a wide range of reported symptoms. It is therefore very difficult for doctors to determine the appropriate clinical assessment, if investigations are indicated and then what treatment or follow up plan to initiate.

This uncertainty impacts upon doctors' ability to provide safe and appropriate patient care and advice, and this in turn poses medico-legal risk.

The need for credible information from reliable sources

Throughout the pandemic Avant has recommended that members rely on information from credible sources on COVID to support quality, safe and professional medical practice. In our view, these are preferably Australian and prepared based on the input of relevant medical specialists, epidemiologists and skilled research analysts.

The National Clinical Evidence Taskforce (the Taskforce) is well placed to take the lead in this regard. The Taskforce is a multidisciplinary collaborative organisation and should be

the primary source in Australia for evidence-based clinical guidance on COVID. We encourage ongoing support for the Taskforce in continuing to develop and update its COVID guidance for both acute and long COVID as new evidence emerges.

The "Care of People after COVID-19" flowchart (**Annexure B**) published by the Taskforce in October 2022 (updated on 10 November 2022) is a good example of a useful resource that supports practitioners and patients alike. It is important that there is an agreed definition for what is long COVID, and importantly what it is not. It is also important that this definition is reviewed and amended as additional evidence and information becomes available.

The Taskforce may also be in a position to identify emerging clinical themes and to advocate for research evidence-based diagnostics and therapies. Within this framework, it would be preferable for any emerging treatments to be explored within a proper clinical trial with appropriate ethics approval, or with the robust support of a reasonable body of peers for the particular treatment.

This is in accordance with the professional obligations of all registered health practitioners articulated in the relevant codes of conduct. For example, section 3.2 of the Medical Board of Australia's "Good Medical Practice: A code of conduct for doctors practising in Australia" states that good patient care involves:

- providing treatment options based on the best available information (3.2.6); and
- only recommending treatments when there is an identified therapeutic need and/or clinical recognised treatment (3.2.7).

At present, more than 300 long COVID studies are being undertaken with a wide range of focus areas, demonstrating that researchers acknowledge the extent of the unknown aspects of the condition. The outcomes of this research can be incorporated into future clinical guidelines.

All published information should be as up to date and accurate as possible. As a multidisciplinary collaboration of relevant member organisations, the Taskforce is also well placed to ensure there is ongoing input and collaboration to regularly review, amend and update any published information and guidance. This should be done as the need arises, more frequently at present but may be able to become less frequent as the passage of the COVID pandemic changes.

All information should be widely disseminated to healthcare practitioners. This can be done through the Taskforce's existing collaborative arrangements, such as the specialist medical Colleges. There may also be a role for information to be circulated to all registered health practitioners through the Australian Health Practitioner Regulation Agency.

This should also be accompanied by a thorough public education campaign so that patient care is not undermined by misinformation and also to empower the general public to know when and how to seek care.

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It is vital for doctors, and all health practitioners involved in patient care, to have credible sources that they can rely on so they and their patients can be confident that they are delivering effective, safe and consistent healthcare.

Avant Mutual Group
17 November 2022

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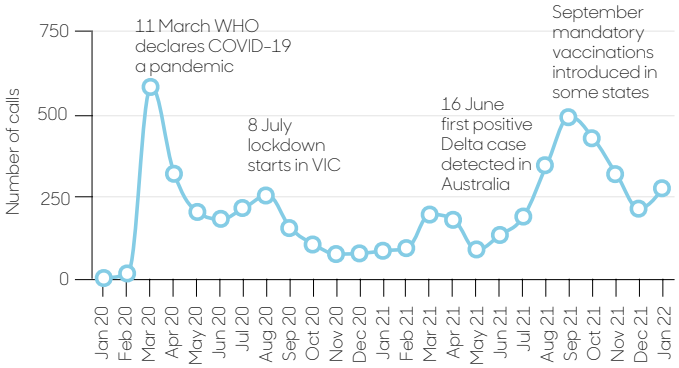
Claims, complaints and medico-legal queries COVID-19

Medico-legal calls and common queries

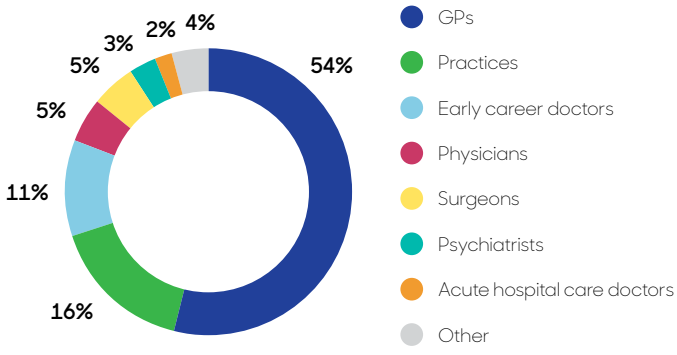
Since the pandemic began our Medico-legal Advisory Service (MLAS) has responded to over 5,000 member and practice calls about COVID-19. Calls were highest at the start of the pandemic and in September 2021 when mask/vaccination mandates were introduced during the Delta wave.



The most common queries related to:

1. **Vaccination** e.g. rules, age thresholds, brands, boosters, parental disputes about consent, expiry of doses, informed consent.
2. **Medical certificates** e.g. requests for vaccine exemptions, mask exemptions, return to work clearances, letters to support working from home.
3. **Complaints and incidents** e.g. patient complaints for declining vaccine exemptions or mask exemptions, being asked to follow COVIDSafe protocols, not being seen face-to-face, not being seen in a consult room, suspicious exemption certificates, members seeking to end doctor-patient relationships with patients who are aggressive or not following COVIDSafe protocols.
4. **Employment issues** e.g. managing unvaccinated staff or staff with mask exemptions, contract variations, mandatory vaccination.
5. **Practice management** e.g. advice on COVIDSafe policies, managing unvaccinated patients, patients with COVID-19 or patients not wearing a mask.

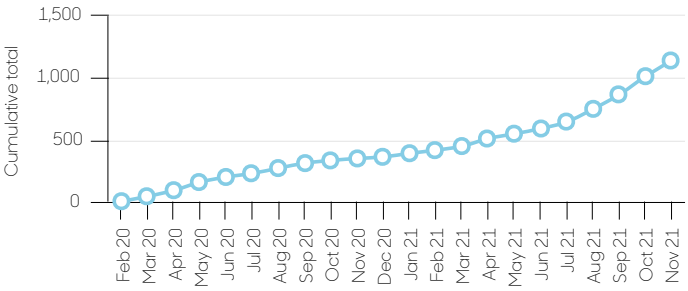
The majority of calls were from:



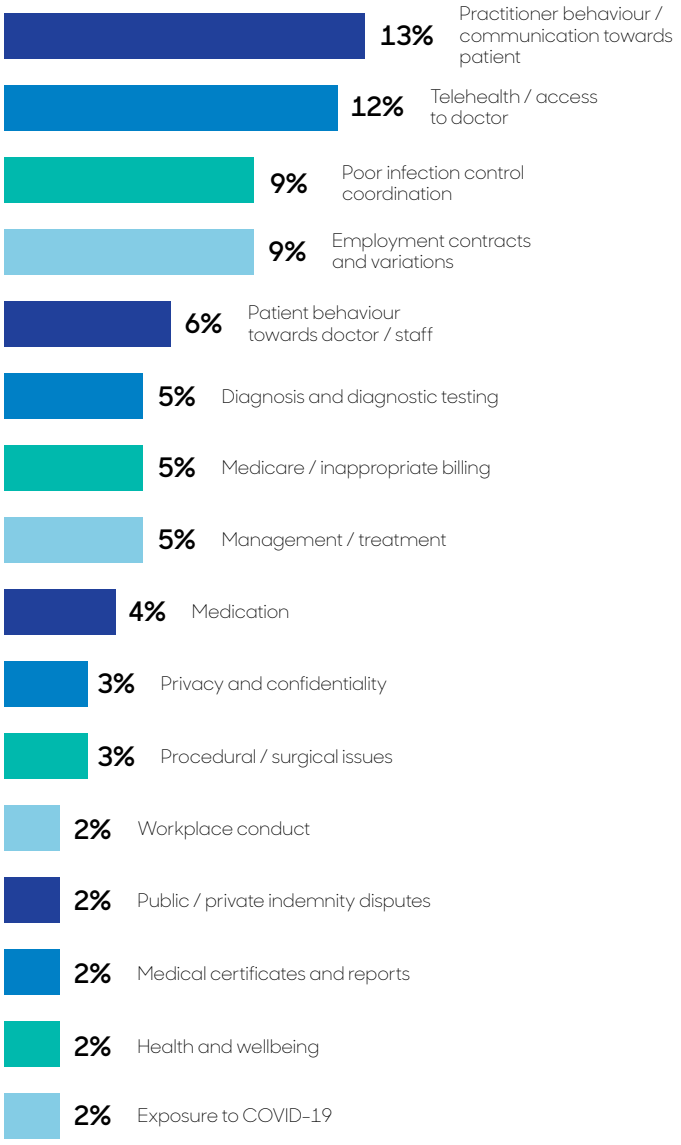
* Data source: Avant MLAS calls 1 January 2020 to 27 January 2022

Claims and notifications of incidents

We have had approximately 1,200 notifications and claims related to COVID-19 since the start of the pandemic.



The most common allegations / issues raised were:



* Data source: Avant COVID-19 coded claims data to end of November 2021

Our other COVID-19 work

In addition to MLAS and claims assistance, since March 2020:

- We advocated to government on a range of issues. We attended regular meetings with the Australian Government Department of Health, the Australian Technical Advisory Group on Immunisation (ATAGI), Medicare and medical colleges and associations, including over 100 meetings with the COVID-19 GP peak body to identify and resolve issues related to COVID-19.
- We updated you and answered many of your questions in webinars. We hosted over 27 COVID-19-focused webinars for members and participated in 33 webinars with external partners. In total, the audience from these events (including on-demand views) was 17,326 doctors and practice staff.
- We published frequently asked questions (FAQs) to anticipate or respond to concerns faced by members and practices. These questions are continually reviewed and updated, and there are currently over 100 COVID-19 FAQs available on the Avant website. These have been referred to by Ahpra and the Medical Board as a reputable source of medico-legal information. Since the COVID-19 pandemic began the site has had over 160,000 views.
- We provided members with clarity and reassurance about their indemnity coverage (including cover for administering vaccines).

We have published numerous articles focused on COVID-19 – some of our most popular were:

- New coronavirus Medicare telehealth item numbers avant.org.au/news/new-coronavirus-medicare-telehealth-item-numbers
- Clarity on providing medical certificates during COVID-19 avant.org.au/news/clarity-on-providing-medical-certificates-during-covid-19
- Mandatory face covering – The medico-legal issues avant.org.au/news/mandatory-face-covering-the-medico-legal-issues

Glossary

Claims refers to patient claims for compensation / civil claims, formal complaints to regulators, e.g. Ahpra, employment disputes and other claim types such as Medicare audits.

Notifications refers to notifications and notices of incidents or adverse events which may lead to a formal claim or complaint.

Resources

If you have a question about COVID-19 or you receive a claim or complaint, contact us on **1800 128 268** for expert medico-legal advice on how to respond – available 24/7 in emergencies.

For updates on our medico-legal advice for members regarding COVID-19, visit our COVID-19 FAQs page – avant.org.au/covid-19

For any queries on this analysis, please contact us at research@avant.org.au

For more information on our educational materials, visit the Avant Learning Centre, **avant.org.au/avant-learning-centre**, where you will find articles, case studies, podcasts, webinars, videos, factsheets and many other resources.

CARE OF PEOPLE AFTER COVID-19

NATIONAL CLINICAL EVIDENCE TASKFORCE

COVID-19

VERSION 7.0

PUBLISHED 10 NOVEMBER 2022

FORMS OF GUIDANCE

Evidence-Based Recommendation **(EBR)**
Consensus Recommendation **(CBR)**
Practice Point **(PP)**

Types of EBRs: RECOMMENDATION FOR USE; RECOMMENDATION AGAINST USE; CONDITIONAL RECOMMENDATION FOR USE; CONDITIONAL RECOMMENDATION AGAINST USE

General

- This flowchart applies to **adults, adolescents and children** with signs and symptoms that continue, or develop, after acute COVID-19.
- These signs and symptoms are commonly referred to as 'long COVID'.
- A range of symptoms have been reported in both adults and children, with variation in the duration of symptoms and clinical sequelae. Growing evidence shows that these symptoms are driven by underlying immunological and biological changes.
- Symptoms may be experienced by people who had either mild, moderate or severe COVID-19.
- Some symptoms subside gradually with self-directed care alone, while other symptoms may require care from a health professional, and new symptoms may arise over time.
- Preventing COVID infection (and reinfection) is the most effective way of minimising the risk of developing post-COVID condition.

CURRENT DEFINITIONS

Acute COVID-19

- Signs and symptoms of COVID-19 for up to 4 weeks.

Post-COVID-19 condition/syndrome

- Signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis. It usually presents with clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any system in the body. Post-COVID-19 condition may be considered before 12 weeks while the possibility of an alternative underlying disease is also being assessed.

CBR [Taskforce/NICE/WHO]

Goals of Care

COMMUNICATION

Due to the broad range of symptoms and signs following acute COVID-19, a biopsychosocial approach to care, within the local context, is important. Take the time to listen to the patient, validate their experience and offer information about the symptoms that they are experiencing, including management options. **PP** [Taskforce]

COORDINATED CARE

The primary health care team is well placed to coordinate person-centred care and should remain a central point in the care team along with the person's carer or significant other. Best practice would include a multidisciplinary team. This could be accessed through general practice, community health, rehabilitation programs or post-COVID-19 clinics, where these are available. **PP** [Taskforce]

Use case conferences to facilitate coordinated care. **PP** [Taskforce]

ACCESS TO CARE

This flowchart should be applied after considering features of the individual, their preferences and the context in terms of rurality/remoteness, public health responses and proximity to rehabilitation or higher-level care. For those needing active rehabilitation, involving a larger centre or specialist care could be considered. Use of virtual care, including telehealth, should be considered. **PP** [Taskforce]

Assessment

INITIAL INVESTIGATIONS

- Confirm that the person had COVID-19 (by checking that they had a positive rapid antigen test or PCR) or is likely to have had COVID-19 (by checking that they have had symptoms consistent with a SARS-CoV-2 infection and/or known contact with a positive case or high risk setting). Document details of the acute illness.
- Check the current symptoms and ask the person about their concerns, functioning and wishes in terms of their needs.
- Assess whether the current symptoms are likely to be related to acute COVID-19.
- Assess whether the symptoms may be related to, or are exacerbated by, comorbid conditions.

PP [Taskforce/NSW HealthPathways]

There is no definitive test for post-COVID-19. To avoid adding burden to the person, limit investigations to those that are necessary for determining care. **PP** [Taskforce/CDC]

SYMPTOM-BASED TESTING

Decisions about blood tests should be guided by the person's symptoms. **If clinically indicated**, offer blood tests, which may include a full blood count, kidney and liver function tests, C-reactive protein, ferritin, B-type natriuretic peptide (BNP), HbA1c and thyroid function tests. **EBR** [NICE]

If appropriate, offer an exercise tolerance test suited to the person's ability (for example, the 1-minute sit-to-stand test). During the exercise test, record level of breathlessness, heart rate and oxygen saturation. Follow an appropriate protocol to carry out the test safely. **EBR** [NICE]

For people with postural symptoms, for example palpitations or dizziness on standing, carry out lying and standing blood pressure and heart rate recordings (3-minute active stand test for orthostatic hypotension, or 10 minutes if you suspect postural tachycardia syndrome, or other forms of orthostatic intolerance). **CBR** [NICE]

Offer a chest X-ray by 12 weeks after acute COVID-19 only if the person has continuing respiratory symptoms **and it is clinically indicated**. Chest X-ray appearances alone should not determine the need for referral for further care. **EBR** [NICE]

Assessment

COMMON SYMPTOMS IN ADULTS

Investigate symptoms as per usual care. **CBR** [Taskforce]

The most commonly reported symptoms described by **adults** after COVID-19 include:

Respiratory symptoms
- Shortness of breath
- Cough

Generalised symptoms
- Fatigue
- Fever
- Pain

Cardiovascular symptoms
- Chest tightness
- Chest pain
- Palpitations

Neurological symptoms
- Cognitive impairment ('brain fog', loss of concentration or memory issues)
- Headache
- Sleep disturbance
- Peripheral neuropathy (pins and needles and numbness)
- Dizziness
- Delirium (in older populations)
- Mobility impairment
- Visual disturbance

Gastrointestinal symptoms
- Abdominal pain
- Nausea and vomiting
- Diarrhoea
- Weight loss and reduced appetite

Musculoskeletal symptoms
- Joint pain
- Muscle pain

Ear, nose and throat symptoms
- Tinnitus
- Earache
- Sore throat
- Dizziness
- Loss of taste and/or smell
- Nasal congestion

Dermatological symptoms
- Skin rashes
- Hair loss

Psychological/psychiatric symptoms
- Depression
- Anxiety
- Post-traumatic stress disorder

CBR [Taskforce/NICE]

The list of symptoms will be updated as new evidence emerges.

COMMON SYMPTOMS IN CHILDREN

The most commonly reported symptoms in **children** after COVID-19 include:

Generalised symptoms
- Fatigue
- Exercise intolerance

Neurological symptoms
- Sleep disorders (e.g. insomnia, hypersomnia, and poor sleep quality)
- Headache
- Cognitive symptoms (e.g. less concentration, learning difficulties, confusion, memory loss)

Respiratory symptoms

Ear, nose and throat symptoms
- Sputum production or nasal congestion
- Altered smell

Gastrointestinal symptoms
- Loss of appetite

Psychological symptoms
- Mood symptoms

CBR [Taskforce/Lopez-Leon 2022]

The list of symptoms will be updated as new evidence emerges.

OTHER MANIFESTATIONS

Long COVID symptoms also manifest in ongoing complications from acute COVID-19, new symptoms following recovery of COVID-19, along with decompensation of pre-existing medical conditions.

Complications from acute COVID-19 include:
- Extra-pulmonary medical complications of COVID (e.g. DVT), pulmonary embolism, pulmonary fibrosis or scarring
- Myocarditis (cardiac muscle inflammation)

Conditions that can manifest following acute COVID-19 include:
- Post-intensive care syndrome (PICS) – symptoms may include anxiety, depression, cognitive impairment, memory loss, muscle weakness, dysphagia and reduced quality of life
- Multisystem inflammatory syndrome – symptoms corresponding with the syndrome have been reported in adults and children
- Cardiovascular dysautonomia such as postural orthostatic tachycardia syndrome (POTS)
- New and/or co-incident medical conditions
- De-stabilisation or exacerbation of pre-existing medical conditions

PP [Taskforce]

Monitoring

THINGS TO WATCH FOR

Be alert to any developing or worsening symptoms that could mean that referral or further investigation is needed. **PP** [Taskforce]

In some people, symptoms may indicate ongoing, worsening or new COVID-19 infection.

If goals of care include active disease management, refer to the appropriate Clinical Flowchart for adults
- Management of adults with mild COVID-19
- Management of adults with moderate to severe COVID-19
- Management of adults with severe to critical COVID-19

For management of active disease in children and adolescents, refer to
- Care at home for children and adolescents with mild COVID-19
- Care in hospital for children and adolescents with mild to moderate COVID-19
- Care in hospital for children and adolescents with severe to critical COVID-19

ESCALATION OF CARE

RED FLAG symptoms and signs

Any of the following:
- severe, new onset or worsening breathlessness or hypoxia
- syncope
- unexplained chest pain, palpitations or arrhythmias
- severe psychiatric symptoms including risk of self-harm or suicide
- delirium
- focal neurological signs or symptoms.

PP [Taskforce/NSW HealthPathways]

Arrange for an emergency assessment in hospital

Management

RECOMMENDATIONS FOR CARE

In patients with continuing symptoms after COVID-19

- use established symptom management approaches (e.g. breathing retraining to improve symptoms of dyspnoea)
- monitor and optimise management of underlying medical conditions
- monitor and manage lifestyle factors (e.g. smoking, nutrition, sleep, alcohol use and physical activity).

CBR [Taskforce]

In people with signs and symptoms of a new or exacerbated pre-existing mental health condition post-COVID-19, provide psychosocial, psychological and psychiatric support if indicated. **CBR** [Taskforce]

In patients with persistent symptoms or functional impairment following COVID-19, begin rehabilitation as soon as possible, as appropriate to the individual's circumstance, setting and tolerance. **CBR** [Taskforce]

Where appropriate, treatment may involve physical and occupational therapy, speech and language therapy, vocational therapy, as well as neurological rehabilitation and dietary interventions. **PP** [Taskforce]

Use local and regional protocols and HealthPathways to determine optimal referral pathways. **PP** [Taskforce]

In patients with post-exertional fatigue, use a conservative physical rehabilitation plan involving consultation with physiotherapy or exercise physiology for cautious initiation and pacing of activity or movement. **CBR** [Taskforce]

For most patients, gradual return to exercise as tolerated may be beneficial. Clinicians should assess whether exercise exacerbates symptoms, and adjust rehabilitation plans as necessary. **PP** [Taskforce]

Additional caution and specialist review should be sought before commencing exercise programs in patients who are known to have myocarditis. **PP** [Taskforce]

Schedule regular review as necessary and discuss patient function and symptomatology. **CBR** [Taskforce]

Where possible, use standardised tools to monitor changes in function and symptomatology. **PP** [Taskforce]

Use education and skills training on self-management strategies for symptoms. **CBR** [Taskforce]

The World Health Organization provides patient resources on self-management.

EMERGING THERAPIES

In patients with continuing symptoms after COVID-19, do not use unproven therapies outside of guidelines or randomised trials with appropriate ethical approval. **CBR** [Taskforce]

FOLLOW UP CARE

Review medications that were stopped or started during the acute phase of the illness. **PP** [Taskforce]

When providing care in the community, refer the person to the RACGP patient resource on Managing post-COVID-19 symptoms. **PP** [Taskforce]

Give people information on COVID-19 vaccines and encourage them to follow current official guidance for vaccination. Explain that it is not known if vaccines have any effect on ongoing symptomatic COVID-19 or post-COVID-19 condition. **CBR** [Taskforce/NICE]

Sources

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