The House Standing Committee on Health, Aged Care and Sport Inquiry into Long COVID and Repeated COVID Infections.

Introduction

AstraZeneca's contribution and commitment to COVID-19 prevention and treatment

AstraZeneca is a global biopharmaceutical company employing more than 700 people across Australia and New Zealand. AstraZeneca is extremely proud of our contribution to the global and local fight against COVID-19 and our commitment to play a leading role in safe-guarding the health of all those in the community.

Recognising the urgent need for a vaccine to defeat the virus, AstraZeneca initially joined forces with the University of Oxford to rapidly develop and supply Vaxzevria (also known as COVID-19 Vaccine AstraZeneca). This vaccine, provided to the world at no profit during this pandemic, is estimated to have saved more than 6.3 million lives worldwide in the first year of its availability[i].

Complementing our vaccination approach, we also quickly mobilised research efforts to develop a coronavirus-neutralising antibody combination called Evusheld, for the prevention and treatment of COVID-19. Evusheld was provisionally approved by the Therapeutic Goods Administration (TGA) in February 2022 for the prevention of COVID-19 in people not expected to mount an adequate immune response to vaccination. This is particularly pertinent for people who are immunocompromised due to a medical condition or receipt of immunosuppressive medications. Australia's National COVID-19 Clinical Evidence Taskforce (CET) as well as state and territory-based guidelines recommend Evusheld for pre-exposure prophylaxis therapy of immunocompromised patients.[ii] The National COVID-19 CET also recommends Evusheld for treatment of COVID-19.[iii]

Long COVID in Australia

We commend the House Standing Committee on Health, Aged Care and Sport's Inquiry into Long COVID and Repeated COVID Infections.

AstraZeneca proposes three recommendations to the Committee for consideration which address the following Terms of Reference (ToR) pertaining to the Inquiry.

3. Research into the potential and known effects, causes, risk factors, prevalence, management, and treatment of long COVID and/or repeated COVID infections in Australia;

and

6. Best practice responses regarding the prevention, diagnosis and treatment of long COVID and/or repeated COVID infections, both in Australia and internationally.

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Recommendation 1 (ToR 6.):

Continue to invest in vaccination and pre-exposure prophylaxis to help prevent and/or reduce long COVID

During 2020-21 and into 2022, Australia placed a strong emphasis on the prevention of contracting COVID-19.

Australia is a highly vaccinated country, with 95.8% of the population (16 years+) receiving two doses of a COVID-19 vaccine[iv]. However, the uptake of a subsequent booster dose is significantly lower. Approximately 72.2% have had one booster (third dose). Australians considered most at risk of severe illness and those aged 30 and over are also eligible to receive a fourth dose three months after their third dose. However, just 41.7%[v] of this eligible population have received four or more vaccinations. In addition to vaccination, for many moderately or severely immunocompromised people, immune responses to COVID-19 vaccination are not as strong as in people who are healthy, so they are at an increased risk of severe COVID-19 illness and death. Per the US Centers for Disease Control and Prevention, Long COVID conditions are found more often in people who have had severe COVID-19 illness. People who are not vaccinated against COVID-19 and been infected with the virus are also considered at higher risk of developing post-COVID conditions.[vi]

Therefore, given the known benefit of prophylaxis (vaccines or antibodies) in preventing SARS-CoV-2 infection and reducing severe COVID-19 illness, we strongly endorse the implementation of a sustained public campaign to encourage greater vaccine booster uptake and the availability of options for the prevention and treatment of COVID-19.

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Recommendation 2 (ToR 6):

An Australian Long COVID Integrated Health Plan needs to be established

An Australian Long COVID Integrated Health Plan would be a key strategic driver in how Australia moves to deal with the growing issues associated with long COVID.

We recommend this Health Plan should encompass a national and long-term approach to better understand the epidemiology, treatment and long-term care for people living with long COVID. Currently, there are a very limited number of state-based co-operations looking at Long COVID in Australia including the Long-COVID Australia Collaboration (LCAC) in NSW, the ADAPT study at St Vincent's Hospital Sydney, the PERCEIVE study at the Baker Institute in Melbourne, and the WA Government announced in October a patient survey to explore impacts of long COVID. However, there is currently no national framework guiding priority areas for research or implementation of clinical practices so to bring these experts together, consolidate findings from ongoing research, and ultimately develop a framework directing Australia's priorities.

Based on the above, we recommend the development and implementation of an Australian Long COVID Integrated Health Plan that defines, directs, and supports a national approach to prevent long COVID as well as improve health outcomes of the many people affected by long COVID.

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Recommendation 3 (ToR 3):

Establish a national framework for collecting Real World Data (RWD) on long COVID: Understanding the epidemiology, diagnosis, and management in Australia

The development and ongoing global rollout of COVID-19 vaccines was made possible through post approval real world data (RWD) collection and studies. These insights reflect daily interactions with the healthcare system for millions of people, including those often excluded from randomised controlled trials (RCTs).

It is essential that Australia collects its own data on Long COVID. Each country has experienced different variant waves at different times, and Australia's vaccination rates and rollout are unique. For example, Australia had a very high vaccination rate during the first national wave driven by the omicron variant. In contrast, this is very different in many countries where vaccination rates are much lower and infection waves have included variants other than omicron. This means information about Long COVID coming from overseas data may only be partially applicable to Australia.

We recommend establishing a linked framework for Australian clinics and hospitals to collect real time data on long COVID-19. This presents a real opportunity for Australia to be world leaders in the research field and importantly enable us to truly understand the magnitude of Long COVID in Australia. This would enable an evidence-based approach for development of Australia's Long COVID action plan including diagnosis, management, and treatment.

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[i] Chuenkitmongkol S et al. Expert review on global real-world vaccine effectiveness against SARS-CoV-2. Available at: https://www.tandfonline.com/doi/full/10.1080/14760584.2022.2092472.

[ii] https://app.magicapp.org/#/guideline/L4Q5An/section/jWDvvL (accessed 16 Nov 2022)

[iii] https://app.magicapp.org/#/guideline/6755/rec/134173 (accessed 16 Nov 2022)

[iv] https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/numbers-statistics

[v] https://www.health.gov.au/resources/publications/covid-19-vaccine-rollout-update-3-november-2022

[vi] https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html (accessed 16 Nov 2022).