

My name is Dr Lorraine Baker, a GP who owns (with her husband who is [REDACTED]) and operates a general practice in the inner eastern suburbs of Melbourne. I have practised there for more than 40 years and have seven colleagues working with me – all female, all mothers of children ranging from infancy to young adult. I have underlying health problems of my own. We continue to provide the highest standard of infection control onsite – with expensive self-funded modifications to the building to allow fresh air ventilation, Hepa Filters in every space, CO2 monitors in every space to assess air quality and an ongoing mandate for masks to be worn in the building by staff, doctors and patients aged 8 years and older. It is no longer a concern simply for transmission of Covid-19 – but other airborne pathogens which are increasingly prevalent.

2. What are your suggestions and feedback about the role of the Federal Government, National Cabinet, the Australian Health Protection Principal Committee (AHPPC) and/or

- a) My feedback regarding the role played by AHPPC is that it was understood initially that worldwide we were dealing with an infectious organism for which we were learning on the run. It was absolutely necessary to manage using the first principles of infection control which would have acknowledged that aerosol transmission was always a possibility (even if not confirmed until later). It was necessary to take apparently draconian measures until knowledge increased.
- b) Advice given to government from Australia's Chief Medical Officer was initially adequate but failed to acknowledge aerosol transmission was possible. By debunking aerosol transmission as a risk – a community mistrust was created and when aerosol transmission was eventually acknowledged, this affected community confidence and engagement in simple measures such as ventilation and mask wearing.
- c) The personal impact of the decisions made by National Cabinet and other bodies – made daily planning for effective safe and compliant operation within the guidelines and eligibility criteria for testing, vaccinations and Covid 19 management (and eventually eligibility for anti-viral therapy)

I would suggest that practising GPs, pharmacists, and other frontline health care workers (HCW) have a portal provided to feedback how this plays out at the coal face.

3. What are your suggestions and feedback about key health response measures, e.g. COVID-19 vaccinations and treatments, key medical supplies such as personal protective equipment, quarantine facilities, and public health messaging?

In my personal experience, COVID-19 vaccinations and/or treatments have been restricted in ways that now contribute to excessive waste of the available supplies. GPs and other

vaccinators should be given opportunity to deliver vaccines across all age groups where supplies are available.

One of the saddest situations is that we are allowing children under the age of 5 to be repeatedly infected with SARS-Cov 2 and at an observational level this is creating a population of immunocompromised young people. My practice has never seen and/or documented so many recurrent infections in young children. This keeps them from their educational settings, requires their parents to be unavailable for their employment and respectively impairs the developmental progress of the child and reduces productivity within the workforce.

The Federal Health department could improve Public Health messaging by having consistent and ongoing health promotion at the very least - alerting the population to the benefits of checking ventilation, ongoing booster vaccination and self-protection with mask wearing in crowded indoor settings.

4. What are your suggestions and feedback about international policies with regard to securing vaccine supply deals?

The impact of the government's vaccine eligibility policy on my practice has led to frustration for both doctors, nurses and patients(who with informed consent would happily have received booster vaccines outside arbitrary guidelines – e.g. why can't carers of the immuno-compromised receive regular boosters, also HCWs who have increased occupational exposure?)

5. What are your suggestions and feedback about financial support for individuals?

I have limited experience with this.

6. What are your suggestions and feedback about support for industry and businesses?

Labour shortages can only be addressed if we maintain the highest standards of workplace safety – which includes infection control – minimum ventilation standards, PPE, regular surveillance testing.

7. What are your suggestions and feedback about community supports?

Clear and consistent guidelines to stay at home when infectious (i.e. any symptoms - particularly respiratory but also any febrile illness) should be supported across workplaces to minimise cross infections and escalation of workforce shortage.

8. What are your suggestions and feedback about targeted govt response to the needs of particular populations?

Recognise that the illness commonly referred to as Long Covid – disproportionately affects women. Women also represent the majority of the paid and unpaid caring workforce. To have a minimum 10% unable to work at any given time suggests prevention, prevention, prevention is key to allow some abatement of this ongoing depletion of individual and community wellbeing. Funds should be directed to research around managing and treating Long Covid

9. What are your suggestions and feedback for “improving Australia’s preparedness for (current and) future pandemics”?

Australia would be better prepared for current and future pandemics if the government acknowledged that retaining the quarantine facilities which were activated or created in each jurisdiction were maintained in a state for re-commissioning if needed.

Acknowledging hospital services are a shared Federal and State funding responsibility – each jurisdiction should have a designated centre of excellence in Infectious diseases management for treating outbreaks of significant/previously unknown infections (e.g. as per Fairfield Infectious diseases hospital)