

As a retired public health physician with an interest in infectious diseases I would like to make the following observations and suggestions.

- 1) By comparison with many other countries Australia got off lightly during the COVID pandemic. We may not be so lucky again. COVID mortality was under 1% but even so there has been disruption, fear, anger and scepticism
- 2) A future pandemic caused by a different agent (eg influenza, SARS) with many-times higher mortality, is a definite possibility. This could happen at any time and with little warning
- 3) In the COVID pandemic's early stages there was a scramble by politicians and experts who were apparently caught napping. Previous pandemic preparedness efforts had not been maintained and stockpiles run down
- 4) State and federal authorities' management of the pandemic changed the country. Control measures used then would be far more difficult now due to politicisation of key elements (mask wearing, vaccination, isolation, border closures).
- 5) To its credit the federal government has been establishing a national Centre for Disease Control, albeit slowly. Meanwhile though, our population remains dangerously exposed
- 6) High quality leadership and funding adequacy of this national CDC will be critical to how well the country fares during future pandemics. Like the defence portfolio the CDC is a national security initiative requiring strong bipartisan support
- 7) A close relationship between the national CDC, its state and territory counterparts and AIH&W will be critical
- 8) Team building and joint professional development of these groups will reduce the chances of confused public messages and poor advice to politicians. Long term contracts or permanent appointments are needed so good people are attracted and held
- 9) During any future pandemic this expert body must be capable of a two way relationship with the community - listening to concerns, answering questions, and providing regular updates and practical advice
- 10) A high quality media strategy is needed, ready to be rolled out - not merely amateur talking head experts spouting mixed messages as has happened with COVID. Like epidemiology, health promotion is a discipline with an evidence base and methodologies. Both are key to better management of future pandemics
- 11) Many of us trying to follow the course of the COVID pandemic have been frustrated by haphazard, incomplete data collection and presentation and in some cases outright secrecy by health officials
- 12) Regular consistent public reporting and interpretation of COVID data would have built trust and made it more likely that people would comply with health advice. "Level with the public!" as treasurer Chalmers says
- 13) Without application of a better strategy it is likely there will continue to be waves of COVID infection across the population every few months as new variants arise and people's immunity wanes
- 14) Large numbers of residential aged care facilities are currently dealing with COVID outbreaks among their staff and residents and yet only a minority of these people are up to date with boosters - a serious policy failure
- 15) Since COVID infection is known to increase the risks of heart attacks and strokes it is possible these are contributing to hospital overcrowding