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1. Critical delay in advice from Commonwealth or State Health regarding home quarantine. The delay was such that school principals were themselves assessing the evident risk and outlining parameters for the impending return of their students for the start of the school year 2020, advice that in retrospect was largely appropriate. The risk of asymptomatic airborne transmission was evident in early data out of China and also accessible on WHO site in January 2020 at the time (footnote to WHO table published mentioned asymptomatic 2 year old child with bilateral pneumonia on scan) and from previous SARS knowledge. Our Commonwealth health department did not act in an adequate precautionary timely way for community needs. The delay in appropriate advice resulted in changing and confusing instructions for Australian students and their guardians. The late acknowledgement of airborne transmission caused unnecessary stress and wasted professional time wrangling over multiple versions of health guidelines of various types across the community, not only for education but for other industry and health silos.

*****For our health departments to act in a more timely and effective way for these catastrophic risk events, broad diverse gender and ethnic group representation to advise Commonwealth and State is imperative. *****

2. No timely practical logistics support to accompany Commonwealth Health advice. In a 28 January 2020 email from RACP, I received from the Chief Medical Officer of Australia dated 26 January 2019, asking for assistance to identify new cases of novel Corona virus infection, there were four confirmed cases in Australia. The letter stated "25% of cases have severe disease... it is not known how infective people are before symptoms develop..."

Doctors who are not working in hospitals had no way of reliably accessing respirators as they were sold out. The relatively late limited supply of inferior masks to GPs (for many they were not respirators such as needed for superior protection for pandemic airborne viral disease protection or bioterrorism viral attack), did not include out of hospital doctors such as specialists in private practice. These specialist doctors provide a significant amount of medical care to the community and whose loss from the workforce due to pandemic disease would have had catastrophic impact on the community.

*****Out of hospital doctors who are not GPs are an important subgroup providing medical care for which logistics of support in pandemics MUST be planned and provided for by government*****

3. *****I recommend that the current inquiry panel co-opts advice from qualified medical doctors and virologists for review of the submissions***** as I note that the current panel members are not qualified in medicine nor are they virologists and important learnings may well be lost or underappreciated.