

Senate Select Committee on COVID-19

Inquiry into the Australian Government's response to COVID-19

Submission by Asthma Australia, May 2020

ABOUT ASTHMA AUSTRALIA

Asthma Australia is a for-purpose, consumer organisation which has been improving the lives of people with asthma since 1962. Asthma affects one in nine Australians or 2.7 million people. Asthma is an inflammatory condition of the airways, restricting airflow and can be fatal. There is no cure, but most people with asthma can experience good control.

Our purpose is to help people breathe better so they can live freely.

We operate across New South Wales, Victoria, Queensland, Tasmania, South Australia, and the Australian Capital Territory to deliver evidence-based prevention and health strategies to more than half a million people each year. Asthma Australia works in partnership with the Asthma Foundations of Western Australia and the Northern Territory to deliver consistent services across the nation.

Our work is enabled by the financial support of governments, industry and the generous donations from the community to provide free, accessible services to the community, cutting-edge research, effective healthcare programs, and advocacy.

EXECUTIVE SUMMARY

Asthma Australia welcomes the opportunity to submit to the Senate Select Committee Inquiry into the Australian Government's response to COVID-19.

People with asthma in Australia have been heavily impacted by the COVID-19 pandemic, despite the available evidence suggesting that most people with asthma are not at greater risk of contracting COVID-19. When the virus began to spread in Australia, we experienced a marked increase in contacts from people with asthma.¹ Common concerns included being at grave risk of COVID-19, interruptions in access to health care, difficulty accessing vital medications, and profound fear, anxiety and other mental health impacts as a result of the unique circumstances. Asthma Australia conducted a survey of 1,805 people with asthma in April 2020 to quantify these concerns and is currently finalising analysis of the results. We have provided early survey findings in this submission and are willing to share the final survey report with the Senate Select Committee, as well as the results of our ongoing weekly surveys which monitor community sentiment.

We recognise that the response of the Australian Government (and its state and territory counterparts) to the COVID-19 pandemic has been among the best in the world and has so far spared

¹ Calls to Asthma Australia doubled in March 2020 compared with the previous month – even higher than call volumes during the Black Summer bushfires. Engagement levels across digital channels were up to 3-5 times higher in March. Asthma educators said calls during COVID-19 were longer and much more complex with a greater need for information and anxiety support.

us the widespread tragedy seen in other countries. However, the pandemic is ongoing and, as COVID-19 is a novel virus, more research is needed into its impact, including on people with asthma. Recognising the response by the Australian Government is continuing, aligned to the evolving nature of the situation, there are improvements that can be made in some areas to benefit future pandemic responses.

Our overarching recommendation is that a National Steering Committee should be established to review existing pandemic plans, investigate areas for improvement, and build on the existing plans to create a comprehensive National Pandemic Preparedness Plan. This should take place once Australia is well established in the recovery phase of the COVID-19 pandemic.

Our submission outlines the proposal for a National Steering Committee and comprehensive plan for future pandemics before focusing on four key areas for improvement that would benefit people with asthma:

- **Research into the epidemiology of COVID-19 and asthma**
- **Access to medical care**
- **Access to medications**
- **The mental health impact of COVID-19 on people with asthma**

We make recommendations for further investigation by the proposed National Steering Committee or policy interventions based on the information currently available.

Asthma Australia Survey of People with Asthma during COVID-19 – Key Findings:

More than two-thirds of participants reported they were self-isolating, primarily to reduce their risk of contracting COVID-19 or protect someone they cared for. People with severe asthma and poorly controlled asthma were more likely to report they were self-isolating.

Nearly two-thirds of participants were concerned or very concerned about contracting COVID-19.

- Over half of respondents rated their anxiety about COVID-19 at a 6 or higher on a scale of 1-10
- Nearly 1 in 5 respondents said their anxiety was a 9 or 10.

44% of participants reported they experienced new or increased symptoms of anxiety or depression during COVID-19.

- One quarter said feelings of anxiety, stress and depression had been triggering their asthma.

Over a quarter of respondents experienced challenges accessing their asthma medication due to stock supply problems.

One-third of respondents were concerned about COVID-19 exposure when attending health services.

(n=1,805)

COMPLEMENTARY SUBMISSIONS

Asthma Australia supports the submissions of our fellow respiratory health organisations, the Lung Foundation Australia and the National Asthma Council.

A National Steering Committee to strengthen existing pandemic plans

There have been three respiratory pandemic threats in the past two decades and Asthma Australia understands the existing plan for pandemic influenza was adapted to COVID-19 as the disease began to spread. While the Australian Government's quick response to COVID-19 and cooperation with state and territory governments have meant that COVID-19 has been successfully suppressed so far, there are areas for improvement that could be addressed in a broader National Pandemic Preparedness Plan. This could build on existing plans, retaining the elements that have worked well in the COVID-19 response.

We believe this work would be best done by a National Steering Committee once Australia is established in the recovery phase of the COVID-19 pandemic. The National Steering Committee should comprise representatives of all state and territory government health agencies, as well as representatives from key health peak bodies, including respiratory health care, consumer health peak bodies, pharmaceutical peak bodies and the mental health sector. It could be established by:

- **Option 1:** The Australian Government Department of Health; or
- **Option 2:** The Australian Health Ministers' Advisory Council (AHMAC).

The objective of the National Steering Committee would be to produce a comprehensive national pandemic preparedness plan, which would likely include actions for the peak bodies as well as government agencies to undertake in a future respiratory pandemic.

Important areas for the National Steering Committee to focus on include:

- **Improved plans for communication with the public**, including clear messages about social distancing and a step-up approach for community action as the outbreak progresses. International examples may offer options, such as Singapore's 'Disease Outbreak Response System Condition', or DORSCON, which is accompanied by public-facing messaging around the impact on daily life and advice for each of the 4 colour coded stages of an outbreak. The proposed Committee should also consider approaches to communicating the need to protect groups at higher risk of contracting COVID-19, or having a more serious case of COVID-19, for example the United Kingdom's shielding advice. Asthma Australia's survey found that 67% of participants were self-isolating. However, health advice only recommended self-isolation for people with severe asthma, who make up between 3% and 10% of people with asthma.² This may suggest the self-isolation concept was misunderstood by many in the community.
- **Arrangements for continuity of care for people with chronic respiratory illnesses**, as existing pandemic response plans did not appear to prepare for the continuing need for respiratory care for patients with chronic respiratory illnesses, particularly those dependent on outpatient care, once resources were redirected to COVID-19 (see section below for more detail). Asthma Australia is also aware that accessing primary health care has been difficult for some people with asthma during COVID-19 because cough is a common symptom of both asthma and COVID-19. As a result, some people with asthma have been unable to access in-person primary health care services (see section below for more detail).
- **Access to medications**, as existing pandemic response plans did not appear to anticipate increased demand for certain medications. We heard about stock outages for several asthma reliever and preventer medicines, in many locations, sometimes for weeks at a time (see section below for more detail).
- **The mental health impact of a respiratory pandemic**, including on people with chronic respiratory conditions and those who need to self-isolate (see section below for more detail).

² Hekking, P. P., Wener, R. R., Amelink, M., Zwinderman, A. H., Bouvy, M. L., & Bel, E. H. (2015). The prevalence of severe refractory asthma. *Journal of Clinical Immunology*, 135, 896-902.

Key recommendation:

Either the Australian Government Department of Health or the Australian Health Ministers' Advisory Council establish a National Steering Committee to:

- **Review existing pandemic plans;**
- **Investigate areas for improvement in the response to COVID-19;**
- **Consult with a wide range of stakeholders including respiratory specialists and respiratory consumer health groups;**
- **Appoint specialist working groups where necessary; and**
- **Build on existing pandemic plans to produce a comprehensive National Pandemic Preparedness Plan.**

Research into the epidemiology of COVID-19 and asthma

As a novel virus, there is limited research on the epidemiology of COVID-19 and asthma. While the available data suggests people with asthma are not overly represented in COVID-19 caseloads, we don't know why this is. Further, people with asthma are diverse in age, severity of disease, medication needs, comorbidities and socio-economic background. As the pandemic continues and with the possibility that a vaccine may not be found, it is critical to fund research into the interaction between COVID-19 and asthma so that evidence-based guidelines can be given to people with asthma.

Asthma Australia has commissioned a literature review of the available evidence around susceptibility to COVID-19 infection among people with asthma, including the vulnerability of people with severe asthma. However, we need to know more about the epidemiology of COVID-19 among people with chronic respiratory illness, which affect 1 in 3 Australians, so we can provide clear information and education to stay safe during respiratory pandemics. This includes the biological factors underpinning the epidemiology as well as health service delivery, public health and health seeking factors that influence vulnerability and burden experienced.

Recommendation:

Funding for research into the epidemiology of COVID-19 and chronic respiratory illnesses including asthma.

Access to medical care

Asthma is a respiratory illness which ranges in severity and health care needs. Patients with severe asthma were affected by the early response to COVID-19 with some respiratory clinics redirecting resources in anticipation of the COVID-19 caseload. There did not appear to be a plan in place for communicating these changes or providing directions for alternative care for patients with chronic respiratory illnesses. This meant that many people with severe asthma did not know how to access their life-saving biologic medications or oral corticosteroids which are dispensed in limited quantities and according to strict protocols.

We worked closely with respiratory specialists and drug manufacturers to provide information to patients about alternative ways to access medications, however this process was time consuming and ideally these options would have already been mapped. The proposed National Steering Committee – or a working group it establishes - could consider the needs of people with chronic lung diseases to ensure continuity of care when respiratory care is redirected towards a pandemic response.

Recommendation:

The proposed National Steering Committee investigates the impact of the COVID-19 response on continuity of care for patients of respiratory specialists and include continuity of care in the proposed National Pandemic Preparedness Plan.

Some people without severe asthma also faced continuity of care issues as they were reluctant to access GPs or pharmacies due to concerns about contracting COVID-19 or burdening the healthcare system. According to Asthma Australia's first weekly Pulse Survey of 480 people with asthma, 22% avoided attending the emergency department, calling an ambulance or going to their doctor. While available evidence suggests that well-controlled asthma is not a risk factor for contracting COVID-19, it is understandable that many people with asthma assume they are at greater risk of a respiratory virus. Further, they have been warned for years that respiratory viruses can trigger asthma flareups.

For many people with respiratory illnesses, common symptoms of their illness can mimic those of respiratory virus infection. Measures to enable health services to provide continuity of care and avoid putting people at risk through deterring health service use would be important in a respiratory pandemic plan.

We know that mental health issues can trigger asthma flareups, and that asthma and some mental health symptoms can be hard to distinguish for sufferers. In Asthma Australia's Survey, 44% of participants reported experiencing new or increasing symptoms of anxiety and depression during the COVID-19 pandemic, and one quarter said that feelings of anxiety, stress and depression had been triggering their asthma. This may have caused an increased need for primary health care to help control asthma symptoms.

The funding and fast-tracking of telehealth and electronic prescriptions have given people with asthma additional options for continuity of care. However, telehealth isn't suitable for all consultations or all patients. It is important that telehealth services be delivered in a nuanced and tailored way that is appropriate to the range of respiratory illnesses, including the specific needs of people with chronic illnesses like asthma. Asthma Australia supports permanent funding for telehealth, so long as evaluation of services occurs alongside its implementation to assure quality of care and outcomes.

We understand many people have delayed their usual health care for fear of being exposed to COVID-19, or because care was not accessible as a result of the COVID-19 response. A National Pandemic Preparedness Plan should include measures to ensure health care remains accessible, and messaging which emphasises the importance of continued care, from the outset of the pandemic response.

Recommendation:

Government funding for telehealth become permanent to expand options for continuity of care for people with asthma, with evaluation of services occurring alongside implementation to assure quality of care and outcomes.

Access to medications

Being unable to access reliever medication or interrupting preventer treatment can be life threatening for people with asthma. When the COVID-19 outbreak escalated in Australia, many people with asthma experienced difficulties accessing essential reliever and preventer medications.

We were told about stock outages for a number of these medications in many locations and sometimes for weeks at a time.

Two factors may have contributed to medication shortages: reported stockpiling by consumers and then delays in distribution to replace stock. As this problem continued, Asthma Australia was in regular contact with pharmaceutical companies and pharmacy peak bodies. We were told there was ample supply of medications and any difficulties with access were due to local stock shortages. However, Asthma Australia's survey revealed that over a quarter of people with asthma said a challenge they faced during the COVID-19 pandemic was their asthma medication being out of stock.

We note that this problem came shortly after the catastrophic 'Black Summer' bushfires which saw asthma medications out of stock in some areas affected by persistent smoke, suggesting access to these medications is a broader issue in times of crisis.

We have been told that equity of access and continuity of supply are critical issue for smaller pharmacies and that stock shortages are felt hardest in smaller rural and remote communities where there may be only one pharmacy and no alternative local source of supply. The proposed National Steering Committee should consider the role of wholesalers in the supply issues experienced during COVID-19, as they are responsible for distribution of PBS medications to community pharmacies and hospital networks, as well as the retail marketing franchises, many of which are owned by wholesalers. The Committee could also consider mandating under the wholesalers' Community Service Obligation (CSO) charters that minimum levels of critical medicines, including essential reliever and preventer medicines for people with asthma, be available across the network in a respiratory pandemic.

Finally, we welcome the intention behind measures which were introduced to improve access to essential medications. However, it is important to evaluate the consequences of these measures. Some people with asthma reported being unable to access the quantities they needed due to limitations on reliever medication. Further, the common reliever medication salbutamol is available over the counter and we heard reports of consumers having difficulty providing proof of diagnosis as they hadn't needed to do so previously.

Access to medications during a pandemic is an important topic for further investigation by the proposed National Steering Committee, and it may require a working group to be established comprising representatives from the pharmaceutical sector. The National Pandemic Preparedness Plan should include access to medications provisions for vulnerable health needs groups including people with respiratory conditions. These provisions may include:

- A minimum requirement for Australian-made drugs including essential reliever and preventer medications which experienced shortages during the COVID-19 pandemic.
- Government stockpile of reliever and preventer medications.
- Clear communication from government on any announcements around access to medications.
- Mandating under wholesalers' Community Service Obligation charters that minimum levels of critical medicines be available across the pharmacy network in a respiratory pandemic.

A working group comprising respiratory health care professional peak bodies, respiratory consumer health groups and pharmaceutical industry representatives could work with federal, state and territory health officials to formulate the respiratory component of the National Pandemic Preparedness Plan to ensure continuity of care, including ensuring access to medications.

Recommendation:

The proposed National Steering Committee establish a working group to investigate the causes of medication shortages during the COVID-19 pandemic, including representatives from respiratory consumer health groups, pharmaceutical companies, wholesalers, retail banner groups and peak bodies. The proposed National Pandemic Preparedness Plan addresses potential medication shortages.

The mental health impact of COVID-19 on people with asthma

COVID-19 is having a significant impact on the mental health of Australians. This is often exacerbated for people with asthma, who have experienced many frightening episodes of being unable to breathe, and are fearful of contracting the virus which could worsen their asthma and cause further severe episodes requiring hospitalisation.

Asthma Australia's survey of people with asthma quantified these fears, with two-thirds of participants saying they were concerned or very concerned about contracting COVID-19. Many people with asthma expressed fears they would not be able to breathe or would die if they contracted COVID-19. People with severe asthma and very poorly controlled asthma were more likely to be very concerned about contracting COVID-19.

We also know that anxiety and depression can trigger asthma flare ups. In addition to anxiety over contracting COVID-19, people with asthma may have experienced anxiety or depression symptoms due to self-isolation, a more stringent form of self-protection than physical distancing or social distancing, which all Australians were asked to practice. In Asthma Australia's survey of people with asthma, 67% of participants reported they were self-isolating.

Mental health should be a primary focus in reviewing the response to COVID-19 and the unprecedented strain it has placed on the lives of Australians. The proposed National Steering Committee could investigate mental health needs, including those of people with chronic respiratory illness who are in a unique position. It is also important to ensure options in accessing mental health support services such as telehealth, which is vital for those advised to self-isolate, and resources for mainstream providers.

Recommendation:

The proposed National Steering Committee investigate mental health needs, including of people with chronic respiratory illness, and address these needs in the proposed National Pandemic Preparedness Plan.

Recommendation:

Government funding for telehealth for mental health services become permanent to expand options for people with asthma.

Recommendation:

Develop resources and tools for mainstream health providers and multidisciplinary teams to assess and support mental health needs at the point of interaction, as well as appropriate training to support skill development in this area.